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

Live View: https://theharriscentertx.new.swagit.com/views/834/

Full Board Meeting
November 18, 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, October 28, 2025
(EXHIBIT F-1)

IV. **CHIEF EXECUTIVE OFFICER'S REPORT**

V. **COMMITTEE REPORTS AND ACTIONS**

A. Governance Committee Report and/or Action
(J. Lykes, Chair)

B. Resource Committee Report and/or Action
(G. Womack, Chair)

C. Program Committee Report and/or Action
(M. Miller, Jr., Chair)

D. Quality Committee Report and/or Action
(J. Lankford, Chair)

E. Foundation Report and/or Action
(N. Hurtado, Chair)

VI. **CONSENT AGENDA**

A. November 2025 Contract Renewals Over 250K
(EXHIBIT F-2)

B. November 2025 Interlocal Agreements
(EXHIBIT F-3)

C. Bylaws of the Board of Trustees-The Harris Center
(EXHIBIT F-4)

D. Communication with the Media and Other Entities
(EXHIBIT F-5)

E. Delegation of Medical Acts for Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff
(EXHIBIT F-6)

F. Equal Employment Opportunity
(EXHBIT F-7)

G. IRB Research Procedures and the Committee for the Protection of Human Subjects
(EXHIBIT F-8)

H. Pharmacy Hazardous Drugs Policy

(EXHIBIT F-9)

I. Pharmaceutical or Patient Assistance Programs (PAP)
(EXHIBIT F-10)

J. Payment of Accrued Leave Upon Separation
(EXHIBIT F-11)

K. Whistleblower
(EXHIBIT F-12)

L. Cellular Phone Distribution and Management
(EXHIBIT F-13)

M. Court-Ordered Outpatient Mental Health Services
(EXHIBIT F-14)

N. Dressing and Grooming Policy
(EXHIBIT F-15)

O. Drug/Alcohol Testing Pre-Employment
(EXHIBIT F-16)

P. Drug Free Workplace
(EXHIBIT F-17)

Q. Employee Counseling, Supervision, Progressive Discipline and Termination
(EXHIBIT F-18)

R. Family and Medical Leave (FMLA)
(EXHIBIT F-19)

S. Infection Control Plan/Airborne Precautions
(EXHIBIT F-20)

T. Moonlighting
(EXHIBIT F-21)

U. Organizational Development
(EXHIBIT F-22)

V. Outreach Screening Assessment Referral (OSAR) Policy & Procedure Manual
(EXHIBIT F-23)

W. Sexual Harassment
(EXHIBIT F-24)

X. H1-B Visa Request
(EXHIBIT F-25)

Y. Posting Materials on Agency Property
(EXHIBIT F-26)

Z. Recommendation No440R: IDD-PAC Organization Application-Avondale House (rep. Kevin Kern)
(EXHIBIT F-27)

AA. Recommendation No 441R: IDD-PAC Individual Application from LaVette Allen

(EXHIBIT F-28)

AB. Recommendation No. 442R: IDD-PAC Org. Application from Waller
(EXHIBIT F-29)

AC. Recommendation No443R: IDD-PAC Indiv. Application from Jenny Cheng
(EXHIBIT F-30)

AD. Recommendation No 444R: IDD-PAC Org. Application from Light & Salt Association
(EXHIBIT F-31)

VII. **CONSIDER AND TAKE ACTION**

A. Approve FY'26 Year-to-Date Budget Report- October
(EXHIBIT F-32 Stanley Adams)

VIII. **REVIEW AND COMMENT**

A. Employee Survey Results
(Ninfa Escobar/Toby Hicks)

B. Strategic Plan Review
(Wayne Young)

C. Reduction in Force
(Ninfa Escobar/Toby Hicks)

IX. **BOARD CHAIR'S REPORT**

X. **EXECUTIVE SESSION**

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

• Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

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

• In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters.

XI. **RECONVENE INTO OPEN SESSION**

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

XIII. **ADJOURN**

Veronica Franco

_____

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

EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: October 28, 2025

TRUSTEES IN ATTENDANCE: Dr. Robin Gearing, PhD-Chair
Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson
Gerald Womack-Secretary
Dr. Katherine Bacon
Dr. Jeremy Lankford
Resha Thomas

TRUSTEES ABSENT: Natali Hurtado
Dr. Quianta Moore
Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. Robin Gearing, Chair, called the meeting to order at 8:33 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

The following persons spoke during Public Comment: L. Morales, TX Gulf Coast Area Labor Foundation, C. McGregor, S. Knight, A. Shah, CWA Local 6154, B. Kelley, United Workers of Harris Center CWA6154, S. Hollister, representing CWA local 6154, J. Green, United Workers of Harris Center-CWA/Medical Records, T. Cooks, Harris Center, A. Castillo, UWHC, M. Gedutis, Texas State Employees Union CWA6156, I. Daniels Ross, Texas State Employees Union, K. Coffman, United Workers of Harris Center, C. Ermitanio, AFSCME 1550/Harris Health, J. Wald, CWA-TSFU 6186, C. Rabotte, Communication Workers of America, B. Webber, B. Aguilar, CWA gave public comments concern of layoffs and budget cuts.

III. Approval of Minutes

MOTION BY: WOMACK SECOND: BACON

With unanimous affirmative votes
BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, September 23, 2025 as presented under Exhibit F-1, are approved.

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

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

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

A. Governance Committee Reports and/or Action-J. Lykes, Chair
B. Resource Committee Reports and/or Action-G. Womack-Chair
C. Program Committee Reports and./or Action-M. Miller, Jr. - Chair
D. Quality Committee Reports and/or Action-J. Lankford-Chair
E. Foundation Report and/or Action-N. Hurtado, Chair

VI. Consent Agenda

A. FY'25 Year-to-Date Budget Report-August

MOTION: WOMACK SECOND: BACON
With unanimous affirmative votes
BE IT RESOLVED Consent Agenda item A, Exhibit F2 as presented are approved.

B. October 2025 New Contracts Over 250K

MOTION: WOMACK SECOND: BACON
With unanimous affirmative votes
BE IT RESOLVED October 2025 New Contracts Over 250K item B Exhibit F3 as presented are approved.

C. October 2025 Interlocal Agreements

Dr. Lankford recused himself from the #7 UT Health San Antonio (Be Well Texas)

MOTION: WOMACK SECOND: MILLER, JR.
With unanimous affirmative votes
BE IT RESOLVED Consent Agenda item C Exhibit F4 as presented are approved.

D. 2026 PI Plan

MOTION: WOMACK SECOND: LANKFORD
With unanimous affirmative votes
BE IT RESOLVED Consent Agenda item D Exhibit F5 as presented are approved.

VII. CONSIDER AND TAKE ACTION

A. Proposed 2026 Board of Trustees Calendar

MOTION: LANKFORD SECOND: LYKES
With unanimous affirmative votes
BE IT RESOLVED Consent Agenda item A Exhibit F6 as presented are approved.

B. Resolution-Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items

MOTION: WOMACK SECOND: BACON
With unanimous affirmative votes
BE IT RESOLVED Consent Agenda item B Exhibit F7 as presented are approved.

C. Resolution-Retirement Plan 2026

This agenda item was referred for discussion during Executive Session.

VIII. REVIEW AND COMMENT

A. Strategic Plan Review-This agenda item has been tabled until the November Full Board meeting.

IX. Board Chair's Report

Dr. Gearing welcomed Dr. Q. Moore to The Harris Center Board of Trustees and appointed Dr. Moore to serve on the Program and Quality Committees.

IX. Executive Session- entered into Executive Session at 10:01am

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

- As authorized by Section 551.074 of the Texas Government Code, to review and discuss the performance evaluation of the Chief Executive Officer. Dr. Robin Gearing, Board Chair

- As authorized by Section 551.071 of the Texas Government Code, to seek legal advice from attorney regarding amendments to the Harris Center Retirement Plans. Kendra Thomas, General Counsel

- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding Interlocal Agreement between the City of Houston and the Harris Center related to mental health care services for unhoused persons. Kendra Thomas, General Counsel

X. Reconvene into Open Session-Reconvene into open session at 10:53am

XI. Consider and take action as a result of the executive session

- As authorized by Section 551.071 of the Texas Government Code, to seek legal advice from attorney regarding amendments to the Harris Center Retirement Plans. Kendra Thomas, General Counsel

MOTION: I **Dr. Bacon** moved The Harris Center Board of Trustees approve the following

1. First Amendment to the 401A retirement plan
2. Amendment and restatement of the 403B retirement plan
3. Amendment and restatement of the 457B retirement plan

and Authorize the CEO to do all things necessary or appropriate to execute any amendments as may be required.

SECOND: **LANKFORD**

XII. ADJOURN

MOTION: WOMACK SECOND: LANKFORD

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:54 AM

Respectfully submitted,

_____

Veronica Franco, Board Liaison

Dr. Robin Gearing, Chair, Board of Trustees

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

EXHIBIT F-2

NOVEMBER 2025

RENEWALS OVER 250k

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
CONTRACT RENEWALS
MORE THAN $250,000

NOVEMBER 2025
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	FY 2025 NTE AMOUNT	FY 2026 NTE AMOUNT	CONTRACT PERIOD	FUNDING	BID/TAG-ON	COMMENTS
	ACCESS							
	ADMINISTRATION							
1	Escape Velocity Holdings, Inc. d/b/a Trace2, LLC	Crowdstrike Falcon Complete External Threat Protection Software and Support	$284,516.27	$284,516.27	12/18/2025 - 12/17/2026	General Revenue (GR)	Tag-On Choice Partners 21/031KN-55	Annual renewal fee for Subscription for Crowdstrike Falcon complete external threat protection software and support services.
	CPEP/CRISIS SERVICES							
	FORENSICS							
	INTELLECTUAL DEVELOPMENTAL DISABILITY SERVICES							
	MENTAL HEALTH							
	MENTAL HEALTH SERVICES-ECI							
	LEASES							

The HARRIS CENTER for Mental Health and IDD

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2023-0813

Contractor Name*

Escape Velocity Holdings, Inc. d/b/a Trace2, LLC

Service Provided* (?)

Crowdstrike FalconComplete Threat Protection Software and Support purchased thru Choice Partners: 21/031KN-55.

Renewal Term Start Date*

12/18/2025

Renewal Term End Date*

12/17/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

- [ ] Competitive Bid
- [ ] Request for Proposal
- [ ] Request for Application
- [ ] Request for Quote
- [ ] Interlocal
- [ ] Not Applicable (If there are no funds required)
- [ ] Competitive Proposal
- [ ] Sole Source
- [ ] Request for Qualification
- [x] Tag-On
- [ ] Consumer Driven
- [x] Other Choice Partners 21/031KN-55

Contract Description / Type

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

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

- ( ) Yes
- (•) No
- ( ) Unknown

Contract NTE* (?)

$ 284,516.27

Rate(s)/Rate(s) Description

Varies

Unit(s) Served*

1130

G/L Code(s)*

570000

Current Fiscal Year Purchase Order Number*

CT144100

Contract Requestor*

Rick Hurst

Contract Owner*

Mustafa Cochinwala

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

○ Yes ◉ No

Were Services delivered as specified in the contract?*

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

Renewal Determination

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

◉ Yes ○ No

How does this contract support Agency/Unit Strategic priorities?*

Supports our initiative for a robust Information Security posture

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number* 1130

Amount Charged to Unit* $ 284,516.27

Expense/GL Code No.* 574000

Budget Manager* Campbell, Ricardo

Secondary Budget Manager* Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

Year 3 of 3
$284,516.27

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?) 2026

Amount* (?) $ 284,516.27

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

○ Yes ◉ No

Will the scope of the Services change?*

○ Yes ◉ No

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

○ Yes ◉ No

Are there any changes in the Performance Targets?*

○ Yes ◉ No

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

○ Yes ◉ No

File Upload (?)

FY2026 Trace3 - Crowdstrike Year 3 of 3.pdf 222.45KB

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Mustafa Cochinwala

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Mustafa Cochinwala

Contracts Approval

Approve*

- (•) Yes
- ( ) No, reject entire submission
- ( ) Return for correction

Approved by*

Belinda Stude

Approval Date*

10/23/2025

EXHIBIT F-3

NOVEMBER 2025

INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALS

NOVEMBER 2025
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Harris County Resources for Children and Adults	Comprehensive Mental Health Services for the TRIAD Prevention program for at-risk youth and their families.	Renewal	10/1/2025 - 9/30/2026	County	Annual renewal of the TRIAD Prevention program Agreement for at-risk youth and their families. [FY26/27 Revenue NTE: $392,374.00].

Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID# *

2022-0515

Contractor Name *

Harris County Resources for Children and Adults

Service Provided * (?)

Comprehensive Mental Health Services for the TRIAD Prevention program for at-risk youth and their families.

Renewal Term Start Date *

10/1/2025

Renewal Term End Date *

9/30/2026

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s) *

Check all that Apply

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

Contract Description / Type

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

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

- ( ) Yes
- (•) No
- ( ) Unknown

Contract NTE* (?)
$ 392,374.00

Rate(s)/Rate(s) Description
N/A

Unit(s) Served*
N/A

G/L Code(s)*
N/A

Current Fiscal Year Purchase Order Number*
N/A

Contract Requestor*
Sheenia Williams-Wesley

Contract Owner*
Monalisa Jiles

File Upload (?)

Renewal Determination

Is the contract being renewed for next fiscal year with this Contractor?* (?)
(•) Yes ( ) No

How does this contract support Agency/Unit Strategic priorities?*
Working with at-risk youth and their families to divert them from the juvenile justice system

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6702	$ 392,374.00	540000

Budget Manager*	Secondary Budget Manager*
Williams-Wesley, Sheenia	Reyes, Elizabeth

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

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

Fiscal Year* (?)	Amount* (?)
2026	$ 359,676.00
2027	$ 32,698.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes

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

○ Yes ◉ No

Will the scope of the Services change? *

○ Yes ◉ No

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

○ Yes ◉ No

Are there any changes in the Performance Targets? *

○ Yes ◉ No

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

○ Yes ◉ No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Sean McElroy

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Contract Owner Approval

Approved by

Sean McElroy

Contracts Approval

Approve *

◉ Yes

○ No, reject entire submission

○ Return for correction

Approved by *

Approval Date *

10/13/2025

EXHIBIT F-4

Status **Pending** PolicyStat ID **19250075**

Origination	03/1976
Last Approved	N/A
Effective	Upon Approval
Last Revised	11/2025
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	ByLaws
Document Type	Bylaws

ACC.BYL.2 Bylaws of the Board of Trustees of the Harris Center for Mental Health and Intellectual Developmental Disabilities

1. Name

The name of the organization (hereinafter referred to as the "Board") is **BOARD OF TRUSTEES FOR THE HARRIS CENTER FOR MENTAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES (hereinafter the "Agency").**

2. Office

The Principal office of the Board shall be located at 9401 Southwest Freeway, Houston, Texas. The location of such principal office may be changed from time to time by the Board.

3. Activities

The Board shall govern the operation of the Agency as a community mental health and intellectual disability center that provides mental health and intellectual disability services to persons in Harris County, Texas, in accordance with chapter 534 of the Texas Health and Safety Code, rules and regulations promulgated by the Texas Department of Health Services thereunder, and applicable federal laws. In that connection, the Board shall also ensure that the Agency acts in partnership with the Harris County Commissioner's Court, Harris Health, and other local agencies in Harris County, for the purpose of providing mental health and intellectual disability services to the people of Harris County, Texas, in the most productive and efficient manner possible.

4. Trustees

The members of the Board shall consist of nine (9) trustees who are residents of and qualified voters in Harris County, Texas. Such trustees shall be appointed by the Harris County Commissioners Court for terms of two years from the date of their appointment or until their successors are appointed. The Harris County Commissioners Court shall appoint trustees so that at least three vacancies on the Board should occur each year.

The Harris County Commissioners Court shall appoint a local county sheriff to serve as an ex officio nonvoting member of the Board for the duration of the sheriff's term in office. An ex-officio nonvoting member shall have all rights and privileges of being board a member except voting.

A trustee may resign from the Board at any time, submitting his resignation in writing to the Commissioners Court with notification to the Chairman or Secretary of the Board. If a vacancy shall occur on the Board by reason of death, resignation, or otherwise, the Board shall request the Harris County Commissioners Court to appoint a successor or successors for the unexpired term or terms. A trustee may be re- appointed to the Board by the Harris County Commissioners Court at the expiration of his/her term of office.

5. Meetings of the Board

a. **Procedure**
Robert's Rules of Order shall govern the procedure at meetings unless notified by standing or special rules of the Board or by a majority vote of a quorum present at a particular meeting.

b. **Quorum**
A majority of the existing membership of the Board at any meeting shall constitute a quorum for the transaction of business and each member present at any meeting shall be entitled to one vote on any matter brought before said meeting and there shall be no absentee voting by any member of the Board under any conditions; provided, however, that a member may participate in and vote at a meeting by video conference call, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec.551.127. The nonvoting ex- officio board member shall not be included in the count for the purpose of establishing a quorum.

c. **Election of Officers**
The Board shall annually elect officers at its regularly scheduled meeting each ~~January,~~November or as necessary to fill vacancies in officer positions.

d. **Vacancies; Resignation of Officers** If a vacancy of an officer position shall occur because of resignation, death, or otherwise, the Board shall immediately vote to elect a trustee to fill the officer position until the next annual elections in January. A Trustee resigning from an officer position shall provide a letter of resignation to the Commissioner's Court, the Board Chair and Secretary of the Board that includes the effective date of the Trustee's resignation and a statement that the Trustee is resigning from an officer position. An officer's resignation takes effect on the later effective date or future event specified in the letter of resignation or on the date the Board Chair and Secretary receives the notice if no specific event or date indicated in the letter of resignation.

e. **Regular Meetings**

Regular meetings of the Board shall be held monthly in Harris County, Texas at a place and time designated by the Board. Board meetings are open to the public and recorded to the extent required and in accordance with the Open Meetings Law. Members of the public may attend the Board meetings in-person or view the meeting live through a link posted on the Board agenda.

f. **Special Meetings**
Special meetings of the Board may be called by the Chairperson, the Vice- Chairperson (when performing the duties of the Chairperson), or by vote of the Board.

g. **Emergency Meetings and Subject Added to Agenda**
Emergency meetings of the Board may be held, and an emergency item added to an already posted agenda, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec. 551.045.

h. **Notice of Meetings**
Written notice of the time, place, and agenda of each regular or special meeting must be posted in a place readily accessible to the general public at all times, no later than seventy-two (72) hours before the scheduled time of the meeting, as required under the Texas Open Meetings Act, Tex. Gov't Code, chapter 551, subchapter C.

It shall be the duty of the Chairperson, the Secretary of the Board, or an approved designee to timely notify the members of the Board of all meetings and any supplemental subject being added to an agenda.

Pursuant to the Texas Open Meetings Act, Tex. Gov't Code Sec. 551.045, notice of an emergency meeting or the supplemental notice of an emergency item added to an agenda shall be posted for at least two (2) hours before the meeting is convened. Notice of an emergency meeting or an emergency item must clearly identify the emergency or urgent public necessity for call the meeting or for adding the item to the agenda of a previously scheduled meeting.

i. **Order of Business**

Generally, the order of business will be as follows:

1. Declaration of a quorum
2. Public Comments
3. Approval of Minutes
4. Chief Executive Officer's report
5. Consent Agenda, including consideration and action on recommendations of Board Committees
6. Items for separate Board consideration and action, as required
7. Review and Comment
8. Board Chair's Report
9. Executive Session
10. Reconvene into Open Session

11. Consider and Take Action on Executive Session items
12. Information
13. Adjournment

j. **Public Comments**
Members of the public may attend the meetings of the Harris Center Board of Trustees and may address the Board during the public comment section of the agenda. Members of the public may make comments on posted agenda items or topics that do not address a specific agenda item. ~~Members~~A member of the public ~~must register in advance~~who requests to speak ~~at the Harris Center Board of Trustees meetings~~about a topic that does not address a specific agenda item will speak after all agenda related speakers. ~~Members of the public who intend to provide public~~Public comment ~~virtually, must complete and submit the registration form no later than 4pm the day before the meeting and a meeting link~~ will ~~be provided. Members of the public who intend to provide public comment in-person must register~~occur prior to the ~~start of the meeting at the location of the meeting. Every citizens shall be permitted two (2) minutes for public comments at each Board meeting. Members of the public providing comments virtually will be removed from the meeting after speaking and have the option to join the meeting live via the link provided on the Board~~consideration of all agenda~~. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of the translator. Public comment will occur prior to the consideration of all agenda~~ items.

k. ~~**Board Committees**~~
~~The Board shall convene committees as it deems appropriate. The Board shall convene committees as it deems appropriate. The Board shall maintain as standing committees a Program, Resource, Quality, Governance, and Audit Committee.~~

~~1. The role of each of the committees shall be as follows:~~

~~1. Program Committee – oversees all Agency patient/consumer services and programs and related matters.~~
~~2. Resource Committee – oversees all matters pertaining and/or related to financial resources, personnel, facilities, and capital assets of the Agency.~~
~~3. Quality Committee – oversees all Agency quality, effectiveness and outcome related matters.~~
~~4. Governance Committee – reviews and recommends all Board policies and procedures, Board operations, Nominations for officers, and the Board development plan.~~
~~5. Audit Committee – adheres to the investment policy and oversees all Agency audit and compliance activities, both financial and programmatic, from internal or external sources.~~

~~2. **Resource, Program, Quality and Governance Committee Appointments**~~
~~Membership on the Board Program, Resource, Quality and Governance Committees, including the Chair of each such committee, shall be by appointment of the Board Chair. Each committee shall be composed of no less than three (3) Board members and no more than five (5). Each member of the Board shall be assigned to one or more committees. The Chair of the Board shall be an ex-officio member of each of~~

these committees. As a general rule, each committee shall meet at a regular time and day per month, although the exact day and time may be varied from time to time to accommodate Board member schedules and Agency business considerations. Each committee member shall notify the committee chair, or his/her designee, at least 24 hours in advance if he/she is unable to attend a specific meeting due to schedule conflicts or other reason.
To ensure a quorum and facilitate the business of the Board committees:

a. The Board Chair shall appoint at least one Board member to serve as an alternate member of each committee on an on-going basis. The alternate member will have voting status on the committee for which he/she has been appointed as an alternate in the event a quorum of the standing members is not available for a given meeting. The alternates are encouraged to attend and participate in their committee's discussion on a regular basis. The Board Chair shall also have the authority to appoint additional alternate members with voting status for any committee on an ad hoc basis, if the same is necessary to achieve a quorum at any given meeting.

b. Alternatively, the Chairs of the Program, Resource, Quality and Governance Committees may designate Board members present at any given Committee meeting as voting members of the Committee. Members of the Audit Committee may serve on the Audit Committee only in accordance with subsection (c).

c. In addition, the Board Chair shall serve as an ex-officio member of the Program, Resource, Quality, Governance and Audit Committees and shall be included for purposes of determining the existence of a quorum. The Board Chair may also vote on any matter before the committee for which a vote is taken.

3. **Audit Committee Appointments**
The Audit Committee may be comprised of up to seven (7) members, including a minimum of four (4) Board members, approved by the Board of Trustees at the next regular meeting of the Board following Board Officer elections. The Audit Committee may also include outside members, approved in the same manner. The members of the Audit
Committee shall meet the independence and experience requirements as established by the Board of Trustees with at least two members having basic knowledge about financial statements (i.e., "financial literacy").

The Officers of the Board will collaborate with the Chief Executive Officer in recommending Board members for Board consideration and approval. Members shall be recommended based on:

1. Interest and willingness to serve
2. Expertise as it pertains to the Committee carrying out its charge
3. Diversity of the Committee

~~The chair of the Audit Committee shall be selected by the Board Chair from amongst those Board members on the committee. The various members shall serve for two-year terms, staggered to assure continuity. An individual may serve additional terms on the Committee should the member and the Board so desire. Additional members or replacement members to fill vacancies shall be recommended under the same policy and approved at the next regular Board meeting following their recommendation.~~

1. **Registration and Request to Address the Harris Center Board of Trustees**

   a. A member of the public who wishes to address the Harris Center Board of Trustees must complete a "Registration and Request to Address the Harris Center for Mental Health and IDD Board of Trustees form", indicating which issue being considered by the Board he or she wishes to speak on by delivering the completed form to the Harris Center Board liaison prior to the start of the meeting.

   b. The "Registration and Request to Address the Harris Center for Mental Health and IDD Board of Trustees form" must be completed and submitted to the Board Liaison before the commencement of a meeting at the location of the meeting. All persons speaking must indicate what items they address. Persons who fail to complete a Registration and Request to Address the Harris Center for Mental Health and IDD Board of Trustees form will not be permitted to address the Board.

   c. Members of the public who wish to address the Board who require translation services should make every effort to submit their "Registration and Request to Address the Harris Center for Mental Health and IDD Board of Trustees form" as early as possible before the meeting.

2. **Conduct of Meetings**: Members of the public who have properly submitted a completed Registration and Request to Address the Harris Center Board form may address the Board after being recognized by the Presiding Officer or their designee.

3. **Order of Consideration of Public Comments**: The Board shall consider public comments regarding a specific item on the agenda when recognized by the Presiding Officer or their designee.

4. **Time Limits:** Each member of the public who appears before the Board to speak about a topic is limited to two (2) minutes to make his or her remarks. A member of the public who requests to speak about a topic that does not address a specific agenda item will speak after all agenda related speakers. A member of the public who addresses the Board through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of the translator.

5. P**roper Conduct Required**: It is the intention of the Harris Center Board to provide open access to all members of the public of Harris County. All persons in attendance at any meeting of the Board shall conduct themselves with proper respect and decorum in addressing the Board, in participating in public discussions before the Board and in all actions in the presence of the Board. Profane, insulting or threatening language and racial, ethnic or gender slurs or epithets will not be tolerated. Unauthorized remarks from the audience, including applauding, booing, stamping feet, whistles, yelling, finger snapping or otherwise audibly expressing approval or disapproval of the actions taken by the Board or from the public speakers' table in a loud and raucous manner calculated to disturb the meeting, shall not be permitted, except for public recognition initiated by the Board. Persons who do not conduct

themselves in an orderly and appropriate manner will be ordered to leave the meeting at the request of the Presiding Officer or a majority of the Board.

6. Media: The media may audio and video record the open sessions of the Board meeting. Media personnel and/or equipment, including cameras, microphones, or lights, may not be located behind the dais of the Board. Reporters and media technicians' movement, equipment setup and take down, and other activities shall not disrupt the Board's deliberations or the publics ability to hear, see, and participate in the meetings. Interviews shall not be conducted inside the Board room while the Board is in session.

Board Committees

1. The role of each of the committees shall be as follows:
    1. Program Committee – oversees all Agency patient/consumer services and programs and related matters.
    2. Resource Committee – oversees all matters pertaining and/or related to financial resources, personnel, facilities, and capital assets of the Agency.
    3. Quality Committee – oversees all Agency quality, effectiveness and outcome related matters.
    4. Governance Committee – reviews and recommends all Board policies and procedures, Board operations, Nominations for officers, and the Board development plan.
    5. Audit Committee – adheres to the investment policy and oversees all Agency audit and compliance activities, both financial and programmatic, from internal or external sources.

2. **Resource, Program, Quality and Governance Committee Appointments**
   Membership on the Board Program, Resource, Quality and Governance Committees, including the Chair of each such committee, shall be by appointment of the Board Chair. Each committee shall be composed of no less than three (3) Board members and no more than five (5). Each member of the Board shall be assigned to one or more committees. The Chair of the Board shall be an ex-officio member of each of these committees. As a general rule, each committee shall meet at a regular time and day per month, although the exact day and time may be varied from time to time to accommodate Board member schedules and Agency business considerations. Each committee member shall notify the committee chair, or his/her designee, at least 24 hours in advance if he/she is unable to attend a specific meeting due to schedule conflicts or other reason.
   To ensure a quorum and facilitate the business of the Board committees:
    a. The Board Chair shall appoint at least one Board member to serve as an alternate member of each committee on an on-going basis. The alternate member will have voting status on the committee for which he/she has been appointed as an alternate in the event a quorum of the standing members is not available for a given meeting. The alternates are encouraged to attend and participate in their committee's discussion on a regular basis. The Board Chair shall also have the authority to appoint additional alternate members with voting status for any committee on an ad hoc basis, if the same is necessary to achieve a quorum at any given meeting.

b. Alternatively, the Chairs of the Program, Resource, Quality and Governance Committees may designate Board members present at any given Committee meeting as voting members of the Committee. Members of the Audit Committee may serve on the Audit Committee only in accordance with subsection (c).

c. In addition, the Board Chair shall serve as an ex-officio member of the Program, Resource, Quality, Governance and Audit Committees and shall be included for purposes of determining the existence of a quorum. The Board Chair may also vote on any matter before the committee for which a vote is taken.

d. **Audit Committee Appointments**
The Audit Committee may be comprised of up to seven (7) members, including a minimum of four (4) Board members, approved by the Board of Trustees at the next regular meeting of the Board following Board Officer elections. The Audit Committee may also include outside members, approved in the same manner. The members of the Audit
Committee shall meet the independence and experience requirements as established by the Board of Trustees with at least two members having basic knowledge about financial statements (i.e., "financial literacy").

The Officers of the Board will collaborate with the Chief Executive Officer in recommending Board members for Board consideration and approval. Members shall be recommended based on:

1. Interest and willingness to serve
2. Expertise as it pertains to the Committee carrying out its charge
3. Diversity of the Committee

3. The chair of the Audit Committee shall be selected by the Board Chair from amongst those Board members on the committee. The various members shall serve for two-year terms, staggered to assure continuity. An individual may serve additional terms on the Committee should the member and the Board so desire. Additional members or replacement members to fill vacancies shall be recommended under the same policy and approved at the next regular Board meeting following their recommendation.

The Board shall convene committees as it deems appropriate. The Board shall convene committees as it deems appropriate. The Board shall maintain as standing committees a Program, Resource, Quality, Governance, and Audit Committee.

6. Powers and Duties of the Board

The Board shall have such powers and authority and perform such duties as shall be conferred upon it by state law, including Tex. Health & Safety Code, Chapter 534, as it may be amended, consistent with the creation of The Harris Center for Mental Health & IDD (formerly known as the Mental Health and Mental Retardation Authority of Harris County) by the Harris County Commissioners Court.

a. **Attendance**
If a Trustee intends to be absent from a Board Meeting, Board Committee Meeting or a Special Call Meeting, he/she shall provide notice of his/her absence by submitting written notice to the

Secretary of the Board, the Chair of the Board or the Chief Executive Officer (CEO) prior to the meeting being convened.

b. **Attendance Records**
Attendance records of all members of the Board of Trustees for all regular Board meetings, Board Committee meetings and Special Call meetings shall be maintained in the office of the CEO. Complete and cumulative attendance records of all members of the Board for all regular Board meetings, Board committee meetings and Special Call Meeting shall be forwarded by the office of the CEO to the Commissioner's Court annually and upon request.

7. Officers of the Board

The officers of the Board shall consist of a Chair, one or more Vice Chairs, and a Secretary, who shall be elected annually by the Board and shall hold office until their successors have been elected and qualified. In the event of the absence or disability of any officer of the Board, the Board may delegate such officer's powers and duties, for the time being, to any other officer or member of the Board.

a. **Duties of the Chair**
The Chair shall preside at all meetings of the Board. He/she shall be the chief executive of the Board and shall perform all duties commonly incident to his/her office and such other duties as the Board shall designate from time to time.

b. **Duties of the Vice Chair**
The Vice Chair shall be vested with all the powers and shall perform all of the duties of the Chair, in case of the absence or disability of the Chair and, in addition, shall have such powers and perform such duties as the Board may from time to time determine.

c. **Duties of the Secretary**
The Secretary shall ensure that accurate minutes are kept of all meetings of the Board, shall perform all of the duties commonly incident to his/her office, and shall perform such other duties and have such other powers as the Board shall designate from time to time.

8. Communicating with the Board

a. The Board shall have the right and duty to be fully informed on all matters which influence its obligations as trustees. Nothing herein shall be construed to prevent the Board from informing itself as it deems proper. The Board shall at all times be free to seek and receive information to ensure its policies and directives are effectuated.
Individual Board members may also seek and receive information from the Chief Executive Officer ("CEO") and with the express prior consent of the CEO, seek and receive the information from specified staff members. In no event, however, may individual Board members direct staff in the performance of their duties.

b. The channel of staff communication to and from the Board shall be through the CEO, accept that the Internal Auditor, Chief Financial Officer or Chief Compliance Officer may communicate directly with the Board as their fiduciary obligations may require. The Board and its committees may also communicate directly with staff at called meetings.

c. All proposals for consideration by the Board shall be presented by staff to the CEO in sufficient time for review and inclusion in the published agenda materials. The CEO shall consider such proposals and make recommendation thereon in the agenda prepared for a Board committee

or monthly Board meeting. Except in the case of an emergency, proposals not received by the CEO within the time prescribed shall be automatically deferred until the next meeting of the Board. The final Board agenda must be approved by the CEO and the Chair.

d. All Board members shall have Harris Center email accounts. Members of the Board shall use The Harris Center email accounts for all Board-related electronic communications. All electronic communications regarding public business shall be limited to emails only.

9. Board Training Requirements: The Responsibility of Governance

a. **New Board Member Training**
Before a member of a Board of Trustees commence service on the Board, the member shall attend at least one training session administered by The Harris Center's professional staff to receive information as required by Ch. 534 of the Tex. Health & Safety Code relating to:

1. The enabling legislation that created the community center;
2. The programs the community center operates;
3. The results of the most recent formal audit of the community center;
4. The requirements of the Texas Open Meetings Act, Tex. Gov't Code, Ch. 551, and Texas Public Information Act, Tex. Gov't Code, Ch. 552;
5. The requirements of conflict of interest laws and other laws relating to public officials; and,
6. Any ethics policies adopted by the community center.

b. **Annual Board Training**
Each Board member shall participate in an annual training program administered by the professional staff of The Harris Center, including The Harris Center's legal counsel which shall cover subjects as provided for in statute and regulation.

c. **Training Development**
The Board of Trustees shall establish an advisory committee to identify subjects for training. The advisory committee shall include representatives of advocates for persons with mental illness or an intellectual disability and representatives of the Board's Governance Committee.

10. Amendments

These Bylaws and these Policies may be amended at any meeting of the Board by two-thirds (2/3) vote of the trustees present, provided that notice of the proposed amendment or amendments shall have been given in the notice of such meeting. Notice of proposed amendments shall be given to the trustees at least seven (7) days prior to the meeting.

11. Statutory Requirements

The foregoing provisions of these Bylaws notwithstanding, neither the Board nor any committee shall be formed, convened, or appointed, exercise any power, authority, prerogative, or assume any duty or responsibility which is contrary to the Texas Health and Safety Code, Chapter 534, or any other provision

of the laws and Constitution of the State of Texas.

12. Effective Administration of the Agency

1. The Board of Trustees, as a body, is responsible for governance of the Agency through the adoption and enforcement of Agency policy, and the performance of duties and obligations as required by law. Individual Board members have no authority except when acting as part of the Board in a duly called meeting or as a Board officer, performing the specific duties of the position to which he or she has been elected.
2. The CEO is responsible for the day to day operation of the Agency, including the employment, training, evaluation, and supervision of all personnel necessary to administer the Agency's programs and services.

13. Trustee

A Trustee may be censured by the Board and/or his or her removal recommended to the Harris County Commissioners Court for conduct which is contrary to the policies of the Agency or is against the best interests of the Agency. Actions considered not to be in the best interest of the Agency include, but are not limited to the following:

a. Failure to abide by the laws of the United States, the State of Texas, county and municipal authorities; and
b. Serious violations of the Agency's bylaws, policies, or employee guidelines.

14. Chief Executive Officer (CEO)

The Board of Trustees shall conduct an annual written performance evaluation of the CEO. The Board of Trustees shall consider the CEO job description, annual goals and objectives and any other relevant factors identified and approved by the Board. The CEO performance evaluation period shall begin in September and conclude in November each year. The steps for the Chief Executive Officer performance appraisal process is as follows:

a. In September, the Board of Trustees shall review the Performance Appraisal Process by disseminating the appraisal tool to all Trustees and the self-evaluation tool to the Chief Executive Officer.
b. In October, the Board of Trustees shall convene an Executive session to discuss the appraisal and review the CEO written self-evaluation.
c. In November, the Board of Trustees shall convene an Executive session and finalize the results and recommendations for the CEO performance appraisal. The Board of Trustees shall meet with the CEO to discuss the results of the appraisal process and the resulting Board decisions and recommendations.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
2nd Legal Review	Kendra Thomas: Counsel	11/2025
1st Legal Review	Bijul Enaohwo [CW]	11/2025
Compliance Director	Demetria Luckett	11/2025
Initial Assignment	Kendra Thomas: Counsel	11/2025

EXHIBIT F-5

Status **Pending** PolicyStat ID **19152355**

Origination	07/1992	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

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

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

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

- Media consent form
- Consent for release of confidential information

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
2nd Legal Review	Kendra Thomas: Counsel	10/2025
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director	Demetria Luckett	10/2025
Initial Assignment	Kendra Thomas: Counsel	10/2025

EXHIBIT F-6

Status Pending PolicyStat ID 18455940

Origination	08/2024	Owner	Danyalle Evans
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

MED.A.10 Delegation of Medical Acts for Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff

1. PURPOSE:

The purpose of this policy is to define the process by which The Harris Center for Mental Health and IDD (The Harris Center) complies with rules established by the Texas Medical Board delegating or assigning certain medical acts to non-licensed individuals. Physicians are responsible for ensuring compliance with the Texas Medical Board, Texas Occupational Code and 22 Texas Administrative Code Section 193.4. It is not the intent to describe every situation in which an act may be delegated, but the policy is designed to provide the framework necessary to delegate and assign certain acts in a safe and appropriately supervised manner.

2. POLICY:

It is the policy of The Harris Center that a credentialed, actively practicing Harris Center physician may delegate to a qualified and properly trained individual any medical act within the scope of sound medical judgment to delegate. Medical acts that can be delegated must comply with the requirements of the Texas Medical Board, Texas Occupational Code, Texas Administrative Code, and other applicable laws. The delegated acts must be performed by qualified and properly trained person, and each of the conditions specified at section 157.001 of the Texas Occupations Code must be met.

3. APPLICABILITY/SCOPE:

The general delegation clause, containing the required conditions, is as follows:

General Authority of Physician to Delegate

A. A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:
    I. The act
        a. Can be properly and safely performed by the person to whom the medical act is delegated.
        b. Is performed in its customary manner; and
        c. Is no in violation of any other statue; and

B. The Person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine
The delegating Physician remains responsible for the medical acts of the person performing the delegated medical acts.

C. The board may determine whether:
An act constitutes the practice of medicine, not inconsistent with this chapter; and
A medical act may be properly or safely delegated by physicians.
    I. An act constitutes the practice of medicine, not inconsistent with this chapter; and
    II. A medical act may be properly or safely delegated by physicians.

The scope of what a physician may delegate to a non-physician, be that person a registered nurse (RN), licensed vocational nurse (LVN), certified medical assistant (MA), licensed social worker (LCSW, LMSW), psychiatric technicians, single accountable individuals (SAIs), is governed by this general rule. Regardless of that person's title, the law specifies that the person to whom the act is delegated must be "qualified and properly trained." The individual's title merely provides some indication that the person has met some set of qualifications and training.

The physician must nevertheless determine if the skill set underlying those certifications or licenses makes the person qualified and trained to perform the delegated medical activity. Conversely, persons without licenses or certifications may have the qualifications and training to perform some delegated medical acts.

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

- Not applicable

5. PROCEDURE:

- Delegation of Duties by a Physician to Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Texas Medical Board Rules
- Medication Services, 26 Tex. Admin. Code § 301.355
- General Authority of Physician to Delegate, Tex. Occ. Code Ann § 157.001 (West 1999)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
Final Legal Review	Kendra Thomas: Counsel	10/2025
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director	Demetria Luckett	10/2025
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	10/2025
2nd Department Review	Kia Walker: Chief Nursing Officer	10/2025
1st Department Review	Danyalle Evans	10/2025
Initial Assignment	Danyalle Evans	10/2025

EXHIBIT F-7

Status **Pending** PolicyStat ID **18115551**

Origination	03/1993	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

HR.A.10 Equal Employment Opportunity

1. PURPOSE:

The purpose of this policy is to extend equal employment opportunities, based on individual merit and qualifications, to all applicants for employment and to all The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) employees.

2. POLICY:

The Harris Center has a strong commitment to equal employment opportunity and fosters the concept of workforce diversity. It is the policy of The Harris Center to provide equal opportunity to all terms and conditions of employment including, but not limited to, recruitment, hiring, testing, compensation, transfer, promotion, upgrade, realignment, demotion, training, layoff, and discharge regardless 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. As defined by law, sex includes gender identity, sexual orientation, and transgender status. Sexual orientation, gender identity, and transgender status will not have any influence on Harris Center employment decisions or opportunities.

The Harris Center strictly prohibits and does not tolerate discrimination against employees, applicants or any covered person because of the protected classes described above. All Harris Center employees are prohibited from engaging in unlawful discrimination.

Additionally, the Harris Center complies with the Americans with Disability Act (ADA), as amended by the ADA Amendments Act, the Texas Commission on Human Rights Act, and all applicable state and local laws. Consistent with those requirements, The Harris Center will make reasonable accommodations for qualified individuals with a disability if such accommodation would allow the individual to perform the

essential functions of the job, unless doing so would result in an undue hardship to the Harris Center. Also, the Harris Center will, where appropriate, provide reasonable accommodations for an employee's religious beliefs or practices.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

Employee Job Descriptions Transfers, Promotions, Demotions
Personnel Requisition Action Form
The Harris Center Application for Employment

- Creating a New Position
- Filling a New Position
- Filling a Vacant Position
- Changing a Current Position
- Posting of Vacancies
- Conditions of Employment

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§2000e to 2000e-17
- The Americans with Disabilities Act , as amended by the ADA Amendment Act, 42 U.S.C. §12101-12213
- The Age Discrimination in Employment Act, 29 U.S.C. §§621-634
- The Genetic Information Nondiscrimination Act, 42 U.S.C. §§2000ff-2000ff-11
- Uniformed Services Employment Reemployment Rights Act, 38 U.S.C. §4311
- Section 1981 Civil Rights Act of 1866, 42 U.S.C. §1981
- The Equal Pay Act, 29 U.S.C. §206(d)
- Immigration Reform and Control Act, Pub.L. No. 99-603, 100 Stat. 3359 (1986)
- Texas Commission on Human Rights Act, Tex. Lab. Code Ann. §§21.101, 21.106, 21.051, & 21.402
- Employment Discrimination for Participating in Emergency Evacuation, Tex. Lab. Code Ch. 22
- Texas Worker's Compensation Act. Tex. Lab. Code, Ch. 451
- Texas Military Forces, § 437.204

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
2nd Legal Review	Kendra Thomas: Counsel [BE]	08/2025
1st Legal Review	Bijul Enaohwo	07/2025
Compliance Director Review	Demetria Luckett [LW]	07/2025
Compliance Manager	Lisa Walker	07/2025
Department Review	Kendra Thomas: Counsel	06/2025
Initial Assignment	Toby Hicks	05/2025

EXHIBIT F-8

Status **Pending** PolicyStat ID **18286454**

Origination	09/2002	Owner	Reyes Keeme-Sayre
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2025		
Next Review	1 year after approval		

MED.IRB.A.1 IRB Research Procedures and the Committee for the Protection of Human Subjects

1. PURPOSE:

The purpose of the policy is to establish a uniform process for the review, selection, approval, and handling of inquiries or requests for any research, studies, or clinical trials involving The Harris Center for Mental Health and IDD (hereinafter "The Harris Center") patients.

2. POLICY:

It is the policy of The Harris Center to permit certain research programs and research training to be conducted, whereby Agency consumers or staff serve as research subjects.

Any research conducted on human subjects must be done in compliance with the rules and regulations as outlined by the U.S. Department of Health and Human Services (HHS) and as governed by other state and federal guidelines.

Research involving the use of interventional techniques or aversive procedures (aversive stimuli and/or effortful tasks, including forced exercise and negative practice), placebos, convulsive therapy, deep brain stimulation, or phase I, phase II, or phase III investigational and experimental drugs shall not be allowed.

Any research being done by individuals working under the auspices of an academic institution, health care system, or research sponsor, must have the approval of their institutions' Institutional Review Board (IRB) before it can be considered by The Harris Center's IRB. Researchers must submit a full research protocol describing research procedures for The Harris Center's IRB review.

The Harris Center IRB Committee (or approved designee – university partner, in accordance with state

and federal guidelines) must review and approve any research studies prior to soliciting research subjects (both consumers or staff). The Harris Center IRB Committee (or approved designee) must provide a formal letter stating that research can be conducted at The Harris Center. Without formal approval, no research subjects shall be solicited, verbally, through mail or e-mail, or through posting, nor shall research be conducted involving consumers or staff.

3. APPLICABILITY/SCOPE:

All research conducted at The Harris Center or in connection with The Harris Center programs and/ or clinical services.

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

Confidentiality and Disclosure of Patient/ Individual Health Information

Consents and Authorizations

Compliance Plan

5. PROCEDURES:

Confidentiality and Disclosure of Patient/ Individual Health Information

Consents and Authorizations

MED.IRB.B.1 IRB Request for Protocol Approval for the Committee for the Protection of Human Subjects

MED.IRB.B.1.1 IRB Exemptions of the Committee for the Protection of Human Subjects

MED.IRB.B.1.2 IRB Expedited Review of the Committee for the Protection of Human Subjects

MED.IRB.B.4 IRB Roles and Responsibilities of the Committee for the Protection of Human Subjects

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Protection of Human Subjects, 45 CFR Part 46,

Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 & Part 164

Rights of Individuals Receiving Mental Health Services, 26 Tex. Admin. Code Ch. 320, Subchapter A

Rights and Protection of Individuals with an Intellectual Disability, 26 Tex. Admin. Code Ch. 334

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
Final Legal Review	Kendra Thomas: Counsel	10/2025
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director	Demetria Luckett	09/2025
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	09/2025
2nd Department Review	Kia Walker: Chief Nursing Officer	08/2025
1st Department Review	Danyalle Evans	08/2025
Initial Assignment	Reyes Keeme-Sayre	08/2025

EXHIBIT F-9

Status **Pending** PolicyStat ID **18374907**

Origination	08/2024	Owner	Lauren Kainer: RPh
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2025		
Next Review	1 year after approval		

MED.PHA.A.12 Pharmacy Hazardous Drugs Policy

1. PURPOSE:

The purpose of this policy is to ensure that all healthcare personnel (employed and contracted) by The Harris Center for Mental Health and IDD (The Harris Center) understand the U.S. Pharmacopeia (USP) General Chapter <800> requirements and responsibilities of handling hazardous drugs.

2. POLICY:

It is the policy of The Harris Center to ensure that all healthcare personnel (employed and contracted) who receive, prepare, administer, transport, or otherwise come in contact with hazardous drugs understand the requirements of USP General Chapter <800>, including responsibilities of handling hazardous drugs; facility and engineering controls; procedures for deactivating, decontaminating, and cleaning; spill control; and documentation in all environments in which they are handled.

3. APPLICABILITY/SCOPE:

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

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

MED.PHA.A.2 - Medication Storage, Preparation, and Administration Areas Policy

MED.PHA.A.4 - Pharmacy and Unit Medication/Drug Inventory

5. PROCEDURE:

MED.PHA.B.12 Hazardous Drugs

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF 2E1-2E5

NIOSH List of Hazardous Drugs in Healthcare Settings, 2024.

USP General Chapter<800> Hazardous Drugs - Handling in Healthcare Settings, 2019.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	11/2025
Legal 2nd Review	Kendra Thomas: Counsel	10/2025
Pharmacy &Therapeutic Committee	Holly Cumbie: RPh	10/2025
Legal 1st Review	Bijul Enaohwo	07/2025
Compliance Director	Demetria Luckett [LW]	07/2025
Compliance Manager	Lisa Walker [CW]	07/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2025
Pharmacy Department Review	Lauren Kainer: RPh	06/2025
Initial	Lauren Kainer: RPh	06/2025

EXHIBIT F-10

Status **Pending** PolicyStat ID **18489364**

Origination	08/2017
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2025
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

MED.PHA.A.1 Pharmaceutical or Patient Assistance Programs (PAP)

1. PURPOSE:

The purpose of this policy is to establish best practices regarding any Patient or Pharmacy Assistance Program (PAP).

2. POLICY:

It is the policy of The Harris Center to ensure and support best practices for the management and governance of PAP and that the following policies are to be adhered to:

- Adhere to applicable governing laws, regulations, rules, and manufacturer guidelines for PAP brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the Pharmacy, dispensing to Financially Disadvantaged or Indigent patients and disposition of expired or unused pharmaceuticals.
- PAP products are received at each pharmacy location or at a centralized location to reduce the chances of package loss and to streamline the package receipt process. Packages distributed to the central location shall be transferred to individual clinics for PAP management. Dispensing consistent with internal pharmacy procedures and in accordance with sponsored program recommendations will be done in all cases. Patient specific PAP oral medications may be shipped by sponsoring PAP programs to the patient's residence, unless deemed inappropriate by the prescriber and/or pharmacy team.
- Annually Physicians and Pharmacists will receive a PAP Authorization and Pharmacy Acknowledgment form for review and signature for the applicable PAP program. The form reaffirms the professional's participation in PAP and notice of any applicable rules, regulations,

guidelines, or legal change(s).

- All pharmaceuticals are to be disposed of in accordance with internal disposition procedures and/or per manufacturer request as confirmed and documented with individual manufacturer.
- Information gathered or exchanged through PAP is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA) such that access is limited in accordance with 45 CFR Part 160 and Part 164.
- PAP has no requirement of financial remuneration and there is never a charge for PAP medication brand or generic.

3. APPLICABILITY/SCOPE:

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

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

- Patient Attestation Form – The HARRIS CENTER
- PAP Authorization to Disclose – Medicaid Eligibility Status Form
- Texas HHS Form H1003 – Appointment of an Authorized Representative to Allow Another Person to Act for You
- Authorization to Provide Navigator Support to Complete a Medicaid Application On-Line
- PAP Notification of Pending Eligibility Status
- Zero Income Letter
- Zero Income Letter Modifiable for Special Circumstances
- Distribution of PAP from SW to other Clinic Pharmacies
- Transfer of Medications in or Out of a Pharmacy
- Transfers of Medications in or Out of Pharmacy Form(s)
- Monthly Unit Inspections
- Monthly Unit Inspection Form
- PAP Haldol Injection Protocol
- Pharmacy Records Retention
- PAP Disposition
- PAP Disposition Documentation Log

5. PROCEDURES:

MED.PHA.B.1 Pharmaceutical or Patient Assistance Programs (PAP)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Texas Food, Drug and Cosmetic Act, Drug Donation Program, Texas Health and Safety Code Chapter 431
- Charitable Immunity & Liability, Texas Civil Practice and Remedies Code Chapter 84
- Pharmacy and Pharmacists, Texas Occ Code, Chapters 551-556, 559
- Texas State Board of Pharmacy, 22 Tex. Admin. Code, Part 15, Ch 281-311
- Donation of Unused Drugs, 25 Tex. Admin. Code, Chapter 229, Subchapter B
- CARF Section 2

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
Final Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	09/2025
2nd Department Review	Kia Walker: Chief Nursing Officer	08/2025
Compliance Director	Demetria Luckett [LW]	07/2025
1st Department Review	Danyalle Evans	07/2025
Initial Assignment	Danyalle Evans	07/2025

EXHIBIT F-11

Status **Pending** PolicyStat ID **18455938**

Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2025		
Next Review	1 year after approval		

HR.A.18 Payment of Accrued Leave Upon Separation

1. PURPOSE:

The purpose of this policy is to define employee payment of accrued leave upon separation from The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

2. POLICY:

It is the policy of The Harris Center to pay employees for accrued time upon separation, in accordance with applicable laws and the Harris Center's Paid Time Off Plan Summary, and to maintain the required supporting documents and records. Payment of accrued paid time off may be withheld if the employee fails to return The Harris Center property (e.g. electronic devices) upon voluntary separation. Involuntary terminations will result in no payout of accrued paid time off. However, an involuntary termination due to reduction in force (RIF) or layoff is paid out subject to the Paid Time Off Plan Summary and return of The Harris Center property.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center.

4. RELATED POLICIES/FORMS:

- N/A

5. PROCEDURES:

- HR.B.20 Recording Employee Time Worked and Maintaining

- Paid Time Off Plan Summary

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	08/2025
Department Review	Kendra Thomas: Counsel	08/2025
Initial Assignment	Toby Hicks	07/2025

EXHIBIT F-12

Status **Pending** PolicyStat ID **18455961**

Origination	06/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2025
Next Review	1 year after approval
Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

LD.A.16 Whistleblower

1. PURPOSE:

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

2. POLICY:

It is the Policy of The Harris Center to:

(a) Encourage and enable employees and representatives to raise concerns regarding suspected illegal or unethical conduct or practices or violations of The Harris Center's policies on a confidential and, if desired, anonymous basis.

(b) Protect employees and representatives from retaliation for raising such concerns.

(c) Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.

Each employee and representative has the responsibility to report in good faith any concerns about actual or suspected violations of The Harris Center's policies or any federal, state, or municipal law or regulations governing The Harris Center's operations (each, a "Concern") to The Harris Center's Enterprise Risk Management Department or to an appropriate law enforcement authority. Appropriate subjects to report under this Policy include, but are not limited to, financial improprieties,

accounting or audit matters, ethical violations, or other similar illegal or improper practices, such as:

(a) False Claims

(b) Fraud

(c) Theft

(d) Embezzlement

(e) Bribery or kickbacks

(f) Misuse of The Harris Center's assets

(g) Undisclosed conflicts of interest

(h) Danger to public health or safety

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation of law and/or ethical standards. Any unfounded allegation that proves to have been made maliciously, recklessly, or knowingly to be false will be viewed as a serious offense and result in disciplinary action, up to and including termination of employment or volunteer status.

Employees shall use The Harris Center's existing complaint procedures and mechanisms to report other issues, unless those channels are themselves implicated in wrongdoing. This Policy is not intended to provide a means of appealing the outcomes resulting from those other mechanisms.

No employee who in good faith reports a Concern or participates in a review or investigation of a Concern shall be subject to harassment, retaliation, or, in the case of an employee, adverse employment consequences because of such report or participation. This protection extends to employees who report in good faith, even if the allegations are, after an investigation, not substantiated.

Any employee who retaliates against someone who in good faith has reported or participated in a review or investigation of a Concern will be subject to discipline, up to and including, termination of employment or volunteer status.

i. The Harris Center

1. Call: 1-800-737-6789

2. Report Online: www.safetyalerthotline.com

ii. US Office of Inspector General

1. Call: 1-800-323-8603 toll free

2. TTY: 1-844-889-4357 toll free

3. U.S. Mail:

DHS Office of Inspector General/MAIL STOP 0305
Attn: Office of Investigations - Hotline
245 Murray Lane SW
Washington, DC 20528-0305

5. https://hotline.oig.dhs.gov/#step-1

iii. Texas State Auditor's Office (SAO)

1. (800) TX-AUDIT (892-8348)
2. https://sao.fraud.texas.gov/

iv. Texas Attorney General's Office

1. https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-fraud-and-abuse

3. APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

4. PROCEDURE:

LD.B.16 Whistleblower Procedure

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

LD.A.12 Compliance Program

LD.P.1 Compliance Plan FY25

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Whistleblower Act, 5 Tex. Gov't Code §554.001 (1995).

Texas Medicaid Fraud Prevention Act, 2 Tex. Hum. Res. Code §36.001.

Approval Signatures

Step Description	Approver	Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
2nd Legal Review	Kendra Thomas: Counsel	10/2025
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director	Demetria Luckett	09/2025
Initial Assignment	Kendra Thomas: Counsel	09/2025

EXHIBIT F-13

Status **Pending** PolicyStat ID **18455934**

Origination	02/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2025
Next Review	1 year after approval
Owner	Wesley Farris: ITSecOfcr
Area	Information Management
Document Type	Agency Policy

HIM.IT.A.6 Cellular Phone Distribution and Management

1. PURPOSE:

The purpose of this document is to define The Harris Center for Mental Health and IDD (The Harris Center) Cellular and Smartphone management policies.

2. POLICY:

It is the policy of The Harris Center ~~will~~to ensure that Center-issued Smartphones are distributed appropriately and that the data contained therein is securely managed.

- Smartphones intended for workforce member use must have mobile device management enforced before distribution.
- Cellular phones intended for consumer use must not be smartphones unless approved by the Chief Information Officer (CIO) and Information Security Officer (ISO) on a per-use-case basis.
- The Harris Center staff members must not distribute/provide smartphones configured with Center staff credentials to other staff members, even for temporary/single-use cases.
- The Harris Center staff members must not distribute/provide smartphones configured with Center staff credentials to consumers, even for temporary/single-use cases.
- The Harris Center smartphones must be assigned to the intended user by the Information Technology (IT) Department. The CIO and ISO must approve exceptions.
- The assigned smartphone user is responsible for the device and the information on the device and must return the device to the IT department for service/reassignment, etc.
- End-user departments shall not assign/reassign cellular phones.

3. APPLICABILITY/SCOPE:

All employees, staff, contractors, interns, and volunteers assigning or using Harris Center-issued cellular phones.

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

HIM.IT.A.2 Information Security Policy

5. PROCEDURES:

~~Cellular Phone Distribution and Management Procedure~~

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- NIST Special Publication 800-53 Rev. 5: AC-19
- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
Legal Review	Kendra Thomas: Counsel	10/2025
Compliance Director Review	Demetria Luckett	09/2025
Department Review	Mustafa Cochinwala: Dir	09/2025
Initial Assignment	Wesley Farris: ITSecOfcr	09/2025

EXHIBIT F-14

Status **Pending** PolicyStat ID **18175649**

Origination	06/2000	Owner	Shiela Oquin: ExecAsst
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

ACC.A.1 Court-Ordered Outpatient Mental Health Services

1. PURPOSE:

The purpose of this policy is to comply with current state laws regarding court-ordered outpatient mental health services.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) that court-ordered outpatient treatment should be limited to circumstances in which a less restrictive alternative will not effectively respond to treatment non-adherence or risk associated with relapse or re-hospitalization, dangerous behavior, or deterioration.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

~~Section I: Routes to Court-Ordered Out-Patient Mental Health Services~~

~~Section II: Order Following Hearing on Application for Temporary Mental Health Services~~

~~Section III: Modification of In-Patient to Out-Patient Commitment~~

~~Section IV: Efforts to Engage Consumer in Court-Ordered Out-Patient Treatment~~

~~Section V: Termination of Commitment~~

~~Section VI: Modification of Court Ordered Out Patient Treatment to Court Ordered In-Patient Treatment~~

~~Section VII: Treatment Failure~~

~~Section VIII: Procedure for Transmitting Documents to Court Staff Training~~

~~Section IX: Staff Training~~

~~Section X: Review of Policy and Procedure~~

~~Section XI: References~~

~~Section XII: Forms~~

~~Section XIII: Attachments~~

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

ACC.B.11 Financial Assessment

MED.PHA.B.19 Pharmacy Copay Financial Assistance Procedure

HIM.EHR.B.3 Confidentiality and Disclosure of Patient/Individual Health Information

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

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Mental Health Code, Texas Health & Safety Code, Chapter 574
~~CARF: Section 1. Subsection E., Legal Requirements~~

CARF: Section 1. Subsection E., Legal Requirements

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
Legal Review	Kendra Thomas: Counsel	09/2025

Compliance Director Review	Demetria Luckett	09/2025
Departmental Review	Keena Pace: Exec	08/2025
Initial Assignment	Shiela Oquin: ExecAsst	08/2025

EXHIBIT F-15

Status **Pending** PolicyStat ID **18115521**

Origination	10/2006	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	1 year after approval		

HR.A.19 Dressing and Grooming Policy

1. PURPOSE:

The Harris Center for Mental Health and IDD (THe Harris Center) recognizes each individual as a unique person. Dress and Grooming standards are intended to promote and support patient, family, visitor, and coworker confidence in The Harris Center's employees as highly competent members of a strong team committed to customer service, professionalism, high quality care, and employee and patient safety. Employees represent The Harris Center with every encounter with customers both internal and external. Appearance and grooming are important to the success of these interactions. Anything that is exaggerated or overdone detracts from The Harris Center's ability to be the trusted champion for all patients and clients.

2. POLICY:

It is ~~not the intent of this~~the policy ~~to cover every item or style of dress that is available, but rather~~of The Harris Center to provide guidelines regarding the professional appearance of The Harris Center's staff. Department leadership has the accountability ~~for determining whether an~~to ensure employee's appearance and attire meets the dress and grooming standards and addressing any inconsistencies. It is not intended to outline all dress and grooming standards, rather those that are acceptable during scheduled work hours and while on premises for work-related events.

This policy does not ban, limit, or otherwise restrict natural hair or hairstyles which are associated with racial, ethnic, or cultural identities. Employees may request a reasonable accommodation based on religious beliefs, for medical/physical conditions, or for other legally protected reasons. The Harris Center will review requests on a case-by-case basis and in accordance with federal, state, and local laws. If an employee requires an accommodation, he/she should speak to their manager or HR partner.

At The Harris Center, we prioritize professionalism and adherence to our internal Dressing and Grooming Policy as an essential aspect of our commitment to patient care and organizational standards. However, there may be instances where our employees or qualified personnel are required to administer services within or in collaboration with other healthcare organizations. In such cases, it is vital to recognize that the Dressing and Grooming Policy of the external organization takes precedence.

Supervisors should communicate any department-specific workplace attire and grooming guidelines to staff members during new-hire orientation and evaluation periods. Any questions about the department's guidelines for attire should be discussed with the employee's immediate supervisor.

Any employee who does not meet the attire or grooming standards will be subject to corrective action and may be asked to leave the premises to change clothing. Hourly paid staff members will not be compensated for any work time missed because of failure to comply with designated workplace attire and grooming standards.

All staff members must carry or wear their Harris Center issued identification badge at all times while at work.

When our employees or qualified personnel are housed within another healthcare organization or collaborating with external partners, they are expected to respect and conform to the dressing and grooming guidelines set forth by the host organization. This is to ensure that they seamlessly integrate with the external organization's environment and maintain the highest level of professionalism and compliance within that specific context.

Employees who are inappropriately dressed will be sent home and directed to return in appropriate attire. Exempt employees and non-exempt employees alike will be sent to rectify their attire will be required to utilize their PTO (Paid Time Off), if an employee does not have PTO, they will be placed on LWOP (Leave Without Pay) until their return. Continued failure to comply with this policy will result in corrective action up to and including termination. Leadership is responsible to set an example for others in carrying out the accountability for administering the dress and grooming standards consistently and determining the appropriateness of an employee's attire.

3. APPLICABILITY/SCOPE:

All employees, volunteers, contractors, and interns are expected to comply with dress and grooming standards while at work, including during meetings and educational events, regardless of location or modality. This requirement extends to all Harris Center locations across the network and when representing the agency in any capacity.

4. RELATED POLICIES/FORMS:

The Harris Center Employee Handbook

HR.A.8 Employment

The Harris Center Standards of Behavior

5. PROCEDURE:

HR.B.19 General Dress & Grooming Standards

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

N/A

Attachments

Employee Handbook (1).pdf

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	08/2025
Initial Assignment	Toby Hicks	08/2025

EXHIBIT F-16

Status **Pending** PolicyStat ID **18455915**

Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	1 year after approval		

HR.A.3 Drug/Alcohol Testing Pre-Employment

1. PURPOSE:

The purpose of the drug and alcohol pre-employment testing policy for The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) is to promote a drug-free, safe work environment for Harris Center staff and the community we serve.

2. POLICY:

It is the policy of The Harris Center ~~requires~~to require all prospective new hires to submit to pre-employment testing for illegal drug and alcohol usage only after a conditional job offer is made.

~~All~~It is the policy of The Harris Center that all offers of employment with The Harris Center are conditioned upon the prospective new hire submitting to and receiving a negative drug and alcohol test in accordance with the Harris Center testing procedures. Should the result of a urine test show diluted, the prospective new hire will be asked to retest. A diluted sample is not a negative test result.

It is the policy of The Harris Center to withdraw the conditional job offer If the individual has a positive test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, ~~the conditional job offer~~and the individual will not be ~~withdrawn, and the individual will not be~~ considered for further employment.

~~Any~~It is the policy of The Harris Center for any prospective new hire, who refuses to take the test, refuses to sign the consent form, fails to appear for testing, or tampers with the testing process or sample will be deemed to have withdrawn themselves from the application process and will be ineligible for hire. All records relating to the individual's drug and alcohol test results shall be kept confidential and maintained separately from their personnel file.

3. APPLICABILITY/SCOPE:

This policy applies to all The Harris Center employees, staff, contractors, volunteers, ~~and~~ interns and the prospective new hires.

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

- ~~Drug Testing Authorization and Chain of Custody Form~~
- ~~The Harris Center Employee Handbook~~

Drug Testing Authorization and Chain of Custody Form

5. PROCEDURES:

HR.B.3 Drug/Alcohol Testing Pre-Employment

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Americans with Disabilities Act, 42 U.S.C. §§12101-12134, and §12210
- Texas Commission on Human Rights Act, Tex. Labor Code Ch. 21
- Authority to Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use, Tex. Occupation Code §§169.001-169.005

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
Legal Review	Kendra Thomas: Counsel	09/2025
Compliance Director Review	Demetria Luckett	09/2025
Initial Assignment	Toby Hicks	08/2025

EXHIBIT F-17

Status **Pending** PolicyStat ID **18455911**

Origination	06/2023	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2025		
Next Review	1 year after approval		

HR.A.33 Drug Free Workplace

1. PURPOSE:

The purpose is for The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) to promote a safe, drug-free work environment for both Harris Center staff and the community we serve.

2. POLICY:

It is the policy of The Harris Center ~~for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) provides~~to maintain a drug-free workplace in compliance with Public Law 100-690, Title V, Subtitle D of the Drug-Free Workplace Act of 1988. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance such as inhalants, illegal drugs, or alcoholic beverages is prohibited on the premises of The Harris Center or any of its facilities. Any Employee who violates this prohibition is subject to disciplinary action up to and including termination under Center rules. All employees, as a condition of employment, must comply with this policy. Employees are prohibited from using or being under the influence of drugs and/or alcohol when providing services, representing The Harris Center, or performing any agency activities, except as prescribed by a physician.

3. APPLICABILITY/SCOPE:

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

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

~~only)~~:

HR.A.3 Drug/Alcohol Testing Pre-Employment

5. PROCEDURES:

HR.B.33 Drug-Free Workplace

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Drug-Free Workplace Act of 1988, 41 U.S.C. §§ 8101–8106 (2018)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	08/2025
Department Review	Kendra Thomas: Counsel	08/2025
Initial Assignment	Toby Hicks	07/2025

EXHIBIT F-18

Status **Pending** PolicyStat ID **18455917**

Origination	11/2020	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	1 year after approval		

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

1. PURPOSE:

This policy provides a mechanism to inform employees of the expected standards of conduct or performance and the consequences when these expectations are not met. This policy enables The Harris Center for Mental Health and IDD's (THe Harris 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. 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.

Employment with The Harris Center is at-will. This means that either the employee or The Harris Center may terminate the employment relationship at any time, with or without cause or notice, subject to applicable federal and state laws. Nothing in this statement or any other communication shall be construed to alter the at-will nature of the employment relationship unless explicitly stated in a written agreement signed by both the employee and an authorized representative of The Harris Center.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations and shall never be discriminatory or retaliatory.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

- Notice of Disciplinary Action

5. PROCEDURE:

- HR.B.37 Employee Disciplinary Review Procedure

6. REFERENCE: RULES/REGULATIONS/ STANDARDS:

- ~~The Harris Center's Employee Handbook~~The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	09/2025
Initial Assignment	Toby Hicks	09/2025

EXHIBIT F-19

Status **Pending** PolicyStat ID **17873268**

Origination	09/2003	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	1 year after approval		

HR.A.12 Family and Medical Leave Act (FMLA)

1. PURPOSE:

The purpose of this policy is to give covered employees the right to take unpaid leave for qualified medical and family reasons under the Family and Medical Leave Act (FMLA) of 1993, as amended.

2. POLICY:

It is the policy of The Harris Center ~~adheres~~for Mental health and IDD (The Harri Center) to adhere to the provisions of the Family and Medical Leave Act (FMLA) of 1993, as amended. ~~The FMLA provides eligible employees with up to:~~

The FMLA provides eligible employees with up to:

a. 12 work weeks of leave in a 12-month period for:
    i. the birth of a child and to care for the newborn child within one year of birth;
    ii. the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
    iii. to care for the employee's spouse, child, or parent who has a serious health condition;
    iv. a serious health condition that makes the employee unable to perform the essential functions of his or her job;
    v. any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**

b. Military Caregiver Leave- 26 work weeks of leave during a single 12-month period to care for a

covered service member with a serious injury or illness suffered in the line of duty while on active military duty if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (nearest blood relative).

3. APPLICABILITY/SCOPE:

All The Harris Center employees and staff who qualify for FMLA.

Eligibility

~~To qualify for FMLA leave, you must: (1) have worked for the Harris Center for at least (12) months, although it need not be consecutive; (2) worked at least 1,250 hours in the last (12) months; and (3) be employed at a work site that has 50 or more employees within 75 miles.~~

- To qualify for FMLA leave, you must: (1) have worked for the Harris Center for at least (12) months, although it need not be consecutive; (2) worked at least 1,250 hours in the last (12) months; and (3) be employed at a work site that has 50 or more employees within 75 miles

Leave is Unpaid

~~FMLA leave is without pay (except for employees who are receiving workers' compensation wage benefits). If an employee has accrued available paid leave time to use, The Harris Center requires that accrued paid time off leave be used concurrently with FMLA leave. The substitution of paid leave time for unpaid FMLA leave time does not extend the 12 or 26 weeks (whichever is applicable) of the FMLA leave period. In no case can the substitution of paid leave time for unpaid leave time result in your receipt of more than 100% of your salary.~~

~~4. APPLICABILITY/SCOPE:~~

~~All The Harris Center employees and staff.~~

- FMLA leave is without pay (except for employees who are receiving workers' compensation wage benefits). If an employee has accrued available paid leave time to use, The Harris Center requires that accrued paid time off leave be used concurrently with FMLA leave. The substitution of paid leave time for unpaid FMLA leave time does not extend the 12 or 26 weeks (whichever is applicable) of the FMLA leave period. In no case can the substitution of paid leave time for unpaid leave time result in your receipt of more than 100% of your salary.

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

- The Harris Center Employee Handbook
- FMLA Checklist
- FMLA Source Portal

6. PROCEDURES:

- Not Applicable

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Family Medical Leave Act, 29 CFR §825.100-825.800

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
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Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	08/2025
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EXHIBIT F-20

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Last Revised	09/2025
Next Review	1 year after approval
Owner	Vanessa Miller: Mgr
Area	Medical Services
Document Type	Agency Plan

MED.P.19 Infection Control Plan/Airborne Precautions

Infection Control Plan/Airborne Precautions

The purpose of this plan is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees.

~~The Harris Center has developed a COVID-19 Plan ("Covid Plan"). The Covid Plan includes policies and procedures aimed at minimizing the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures are responded to in an effective manner.~~

The Harris Center for Mental Health and IDD employees and all volunteers and contractors.

Communicable Disease:

An illness due to an infectious agent or its toxic products which is transmitted directly to a well person from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Communicable diseases may spread by physical contact with an infected person, contact with a contaminated surface or object, bites from insects or animals capable of transmitting the disease and travel through the air. Bacteria, fungi, parasites and viruses may cause communicable diseases.

Control of Airborne Pathogens

Use Airborne Precautions for patients known to or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

Practice source control: Put a mask on the patient.

Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient, and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.

Restrict susceptible health care personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune health care personnel are available.

Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for health care personnel.

Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Health-care personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella, or smallpox).

Control of Infection occurs by:

Identifying consumers and/or staff with communicable or potentially communicable infections.

Implementing appropriate Infection Control measures.

Educating staff on Infection Control procedures and standards.

Providing information to all departments related to managing on site Infection control issues.

Disease Prevention:

The prevention of infection in staff and consumers occurs through:

Dissemination of Infection Control guidelines.

Ongoing updates of Infection control procedures and practices

Monitoring of Infection Control practices within the Departments.

Exposure

Condition of being exposed to an infectious agent.

Investigation and Surveillance Involves the following:

Systematic Data collection.

Analysis of the data with determination of specific events to be monitored.

Development and implementation of measurable quality improvement plans.

Evaluation of the quality improvement plans.

Reporting of infections occurs by:

Staff reporting possible exposures to infectious diseases.

Reporting to the DSHS notifiable conditions and isolates. Communicable Diseases. 25 TAC Part 1, Chapter 97, Subchapter A

Disease Prevention occurs by the Infection Control Manager:

Identifying consumers or staff with communicable or potentially communicable infections.

Implementing appropriate Infection Control measures.

Partnering with local pharmacies to provide vaccine clinics to employees.

Educating staff on Infection Control procedures, standards, and continued updates.

Providing information to all departments related to managing on-site Infection Control issues.

Monitoring of Infection Control Practices within the Department

Investigation and Surveillance Involves the following:

Systematic Data collection

Analysis of the data with a determination of specific events to be monitored.

Development and implementation of measurable quality improvement plans

Evaluation of quality improvement plans

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
Final Legal Review	Kendra Thomas: Counsel	10/2025

Compliance Director	Demetria Luckett	10/2025
Department Review I	Kia Walker: Chief Nursing Officer	09/2025
Initial Assignment	Vanessa Miller: Mgr	09/2025

EXHIBIT F-21

Status **Pending** PolicyStat ID **18455957**

Origination	11/2022	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2025		
Next Review	1 year after approval		

HR.A.31 Moonlighting

1. PURPOSE:

The purpose of The Harris Center for Mental Health and IDD (The Harris Center) Moonlighting policy is to (1) provide staff the ability to work and earn additional wages while contributing their knowledge, skills, and abilities in other areas within the agency outside of their original position or department of hire. (2) Ensure the additional work performed is billed to the correct area within the agency for labor cost purposes.

2. POLICY:

It is the Policy of The Harris Center supports staff members providing coverage in an area of the Agency outside of their normal home work-area; however, in certain cases, the work may be in the same work area covering additional shifts separate from the staff member's typical work shift.

Local area management is responsible for (1) ensuring moonlighting staff are qualified for the position based on requirements as documented on the job description on file including any training, certifications or licensures, etc., (2) documenting and confirming the Moonlighting work required for the business is being performed, (3) ensuring the appropriate department is billed for the Moonlighting labor costs, and (4) submitting required documentation to Payroll. (5) Moonlighting would generate overtime for all non-exempt employees as all hours worked under the Moonlighting code are considered as hours worked. Exempt employees would be paid as straight time as the Overtime provisions would not apply. (6) All full-time employees must first meet their full-time shift commitment before being eligible for moonlighting pay. (7) Moonlighting pay will be affected if the employee calls in prior to their scheduled shift. In this event, moonlight pay will start after the employee meets their required full-time or part-time shift(s). (8)

Any scheduled PTO time does not exclude an employee from obtaining moonlighting pay. (9) Relief employees must first meet their Relief commitment before being eligible for moonlighting pay.

3. APPLICABILITY/SCOPE:

All Harris Center employees and staff who meet the criteria are eligible to work in the role designated as a Moonlighting role. Example: Employees interested in moonlighting as a direct care provider, must meet all documented criteria to work in a direct care provider role.

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

Employee Handbook

5. PROCEDURES:

HR.B.31 Moonlighting

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Code of Ethics

~~7. PROCEDURES:~~

~~Moonlighting~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
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Initial Assignment	Toby Hicks	07/2025

EXHIBIT F-22

Status **Pending** PolicyStat ID **15738296**

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Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

HR.A.16 Organizational Development

1. PURPOSE:

To establish a uniform policy for the training and professional development of all employees, volunteers, interns, and contractors.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ensure its workforce, volunteers, interns, and contractors receive and maintain job-specific, competency training as required by federal and state regulations and laws, accreditation standards, licensing boards, and other contract specifications.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

HR~~15A~~.A.14 Licensure, Certification, and Registration

~~MED36A~~HR.A.35 Credentialing Policy

NEO Training Checklist
~~Training Requirements Grid~~

Training Requirements Grid

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- CCBHC I.c.2 - Cultural Competence and Other Training
- CARF 1.I. Workforce Development and Management
- HIPAA Security and Privacy Rule, 45 CFR § 164.308; 45 CFR § 164.530
- IDD-BH Contractor Administrative Functions, 26 Tex. Admin. Code Ch. 301, Subchapter G, §301.331
- Behavioral Health Delivery System, 26 Tex. Admin Code Ch. 306, Subchapter F, §306.273, §306.325
- Service Coordination for Individuals with an Intellectual Disability, Title 40 Texas Administrative Code Part 1, Chapter 2, Subchapter L, §2.560

Approval Signatures

Step Description	Approver	Date
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2nd Legal Review	Kendra Thomas: Counsel	09/2025
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Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	09/2025
Initial Assignment	Ninfa Escobar: Dir	09/2025

EXHIBIT F-23

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Last Revised	11/2025
Next Review	1 year after approval
Owner	Byanca Hernandez: Lead
Area	Manuals
Document Type	Program Policy and Procedure Manual

MAN.1 Outreach Screening Assessment Referral (OSAR) Policy & Procedure Manual

THE HARRIS CENTER FOR MENTAL HEALTH & IDD

OSAR - OUTREACH SCREENING ASSESSMENT REFERRAL POLICY & PROCEDURE MANUAL

~~FY2023~~

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~~INTRODUCTION~~

INTRODUCTION

OSAR - outreach, screening, assessment, and referral, provides coordinated access to a continuum of substance use services. The OSAR Program is funded by the Health and Human Services Commission (HHS) via contract with The Harris Center for Mental Health and IDD (The Harris Center). The Harris Center subcontracts OSAR services with The Council on Recovery (The Council). OSAR services are provided to all Texas residents who are seeking substance abuse services.

To guide referrals, OSAR uses severity guidelines mapped to specific levels of care and identify priority populations at the time of assessment. OSAR also maintains residential treatment waiting lists. OSAR staff maintain communication with individuals waiting for treatment, and refer patients to an appropriate level of care as soon as space becomes available.

Clinical services include confidential alcohol and drug screenings and assessments for all ages, referrals for state funded inpatient and outpatient drug and alcohol treatment, brief interventions, which include motivational counseling, education and support. Case management is provided for clients who need assistance in accessing supportive services, interim services and weekly contacts.

~~OSAR maintains a vast list of resources **(See Attachment A)** to provide appropriate referral services to general and specific populations. A few of the resources are listed below:~~

OSAR maintains a vast list of resources **(See Attachment A)** to provide appropriate referral services to general and specific populations. OSAR engages and collaborates with community resources using Memorandum Of Understanding (MOU's) to document collaborative relationships. Also ensuring all MOUs and local agreements incorporate confidentiality requirements, including but not limited to: Title 42 Code of Federal Regulations Part 2 requirements (42 CFR Part 2), confidentiality requirements, Protected Health Information (PHI) transmission, and Health Insurance Portability and Accountability Act (HIPAA) compliance. A few of the resources are listed below:

A. Opioid Substitution Therapy
B. Adult Medical Detox HHS
C. Medication Assisted Treatment
D. Men's Residential Provider HHS
E. Men's Non HHS Services Shelters

F. Female Residential HHS
G. Pregnant Women and Women with Children
H. TRF Specialized Females HHS
I. Women with Children Residential
J. Sober Living Services for Women
K. Other Residential Programs
L. Recovery Coaches

There are some special accommodations made for the following priority populations.

- Department of Family and Protective Services (DFPS) - local agreement to address the referral process, coordination of services, and sharing of information. DFPS clients are seen within 3 business days of a DFPS referral.
- All other high priority clients are also seen within 3 business days of the referral.
    - Pregnant injecting drug users
    - Pregnant substance abusers
    - Injecting drug users

Additional Information:

- Marijuana (includes synthetic marijuana), does not qualify for state funded treatment.
- Veterans are served
- Services are extended to the following counties: Harris, Liberty, Montgomery, Waller, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Matagorda, Wharton

SERVICE ASPECTS

Referrals for the OSAR Program can be made at The Council on Recovery (The Council) at 713-942-4100, 1-855-942-4100, or at https://www.councilonrecovery.org/get-help-now/

The Council on Recovery

303 Jackson Hill

Houston, TX. 77007

The Council's primary offices are open and available for OSAR services Monday to Thursday from 8:00 AM - 9:00 PM; Friday 8:00 AM - 6:00 PM; and Saturday from 8:00 AM - 2:00 PM.

~~OSAR services are also available from 8:00am - 5:00pm, at each of the primary Harris Center Clinics, located in the following areas of Harris County.~~

- ~~Northwest Community Service Center (3737 Dacoma, Houston)~~
- ~~Southwest Community Service Center (9401 Southwest Freeway, Houston)~~
- ~~Southeast Community Service Center (5901 Long Drive, Houston)~~

- ~~Northeast Community Service Center (7200 N. Loop E. Freeway, Houston)~~

~~OSAR services are also provided remotely, at the Harris County Psychiatric Center and Crisis Residential Unit.~~

To meet the needs of individuals and maximize access to SUD treatment, OSAR services are offered at additional times and locations The Council deems appropriate for enhanced access to services.

The Harris Center for Mental Health and IDD provides 24 hour crisis emergency services at 713-970-7000

The Harris Center OSAR Responsible Staff:

1. ~~Sandra Brock, Director of Mental Health Projects 713-970-3307~~

Byanca Hernandez - Program Director III Substance Use Recovery Services

713-970-4432 or Cell 713-724-2230

If Director is unavailable for immediate assistance call

1. ~~**Leonard Jeffcoat** - Coordinator of Outpatient Services 713-942-4100 ext: 1241 or Cell: 713-907-8108, or~~
2. ~~**Cheryl Kalinec** - Director for Clinical Assessment, Referrals, and Engagement 713-942-4100 ext. 1282~~

Bridget McCauley- Coordinator of Outpatient Services and Clinical Director

Email: bmccauley@councilonrecovery.org

Office: 281-200-9262 or Cell: 832-470-9550

*Onsite refers to services provided at Jackson Hill Street. **~~Offsite~~ Off site refers to services provided ~~within~~by The Harris Center ~~locations.~~

All OSAR main offices and satellite offices where a person is screened have posted notices in all applicable lobbies containing the federal and state priority population admission requirements.

This manual contains policies and procedures that are not The Harris Center's policies and procedures. However, the identified policies and procedures represent The Harris Center's approach to monitoring the subcontractor's delivery of OSAR services and program management.

~~PROCEDURES FOR CLIENT SERVICES~~

PROCEDURES FOR CLIENT SERVICES

Counselors work with clients seeking assistance in obtaining services to address their substance use and/or other related problems or issues. The goals of the ~~Outpatient~~OSAR Services is to engage with clients from the point of initial contact, to provide quality screening and brief intervention services, and refer appropriate clients directly to education, intervention or treatment services as needed. ~~Additionally, provide~~Also providing quality clinical services that may include overdose prevention education, ensuring access to adequate and appropriate medical and psychological tobacco cessation education and Utilize

Culturally and Linguistically Appropriate Services (CLAS). Counselors will follow all OSAR and Health and Human Services Commission (HHSC) rules and regulations throughout the process including ~~but not limited to individual, group and family counseling to clients. Counselors will follow~~documentation and reporting requirements of documenting all ~~OSAR and~~specified activities and services in the HHSC Clinical Management for Behavioral Health ~~and Human~~ Services ~~Commission~~ (~~HHS~~CMBHS) ~~rules and regulations throughout the process including documentation and reporting requirements~~system.

~~A. FINANCIAL ELIGIBILITY~~

A. Financial Eligibility

This is the documentation attesting to the ~~applicantâ€™~~applicant's financial and residency status. -To establish that the applicant lives in Texas, copy one of the following documents:

- Current utility bill in applicant's name,
- Current voter registration for applicant,
- Texas ID or Texas Driver's License with current Texas address,
- Current lease agreement in applicant's name,
- A signed Attestation Statement

To establish the applicant's reported income, copy of one or more of the following documents:

- Last pay stub,
- W-2 form or last year's income tax return if the applicant' income is unchanged,
- Income verification letter from employer,
- Statement of income from Workforce Solutions Office
- A signed Attestation Statement

1. Financial eligibility information is collected and entered into Clinical Management for Behavioral Health Services (CMBHS) on the Financial Eligibility Form.

2. If a client does not have all the financial documentation required then an attestation form will be completed at that time.

3. If a client is found to be ineligible for state-funding due to financial status or residency, the counselor will discuss options available and give the client appropriate contact information.

4. Relevant documentation is copied and placed in the file and electronically attached to Financial Eligibility Form in CMBHS.

a. Onsite: If client did not present proof of income, valid ID, address, or insurance, then an attestation statement must be filled out correctly and signed by client, witness of signature (unit coordinator) and counselor. It should then be attached electronically to CMBHS financial eligibility.

b. ~~Offsite: If client did not present proof of income, valid ID, address, or insurance, then an attestation statement must be filled out correctly and signed by client and counselor. It should then be attached electronically to CMBHS financial eligibility.~~

~~B. ONSET OF SERVICES~~

~~Onsite~~

B. Onset of Services

On site

1. Appointment Procedures
    a. Screenings are completed on Monday-Friday mornings/afternoons from 8AM-5PM on a walk-in basis, first come, first served, no appointment required.
2. Upon client arrival, the Unit Coordinator will:
    a. Check (CMBHS) to see if client has been here previously. If client was seen within the past 12 months, the chart is pulled and paperwork updated.
    b. Give client appropriate paperwork to be filled out, and explain all forms (client rights, consents, confidential data sheet, Pre Readiness Ruler **(See Attachment B)**. Ensure all forms have been completed before referring client to counselor.
    c. Financial eligibility information is collected and entered into CMBHS according to procedure described in A.1. Relevant documentation is copied and placed in the file and electronically attached to financial eligibility forms in CMBHS. If client did not present proof of income, valid ID, address, or insurance, an attestation statement must be filled out correctly and signed by client, witness of signature (unit coordinator) and attached electronically to CMBHS financial eligibility.

~~Offsite~~

~~1. Referral Procedures~~
    ~~a. The Harris Center staff will identify characteristics for appropriate referrals to assigned OSAR staff located at each of the Harris Center Clinics.~~
~~2. Upon receipt of referral:~~
    ~~a. Check (CMBHS) to see if client has previous service treatment history. If client was seen within the past 12 months, then contact Unit Coordinator will pull chart to update paperwork.~~
    ~~b. Give client appropriate paperwork to be filled out, and explain all forms (client rights, consents, confidential data sheet, Pre Readiness Ruler **(See Attachment B)**. Ensure all forms have been completed before referring client to counselor.~~
    ~~c. Financial eligibility information is collected and entered into CMBHS according to procedure. Relevant documentation is copied and placed in the file and electronically attached to financial eligibility forms in CMBHS. If client did not present proof of income, valid ID, address, or insurance, an attestation statement must be filled out correctly and signed by client and counselor then attach electronically to CMBHS financial eligibility.~~

~~C. INITIAL CLIENT/COUNSELOR MEETING~~

Off site

1. Referral Procedures
    a. The Harris Center staff will identify characteristics for appropriate referrals to OSAR.
2. Upon determination of referral Harris Center staff will:
    a. Complete a consent for the Council on Recovery to share and receive information specific to the client's substance use treatment.
    b. Make the residential referral in Epic.
    c. Work with the client to complete the Council on Recovery's referral form
    d. Email the consent and the referral form to HC@CouncilOnRecovery.org, including SubstanceUseReferrals@theharriscenter.org to ensure the ability to follow up as needed and track submitted referrals.
    e. A care coordination note will be completed indicating the referral for residential or detox was made.

C. Initial Client/Counselor Meeting

1. Counselor reviews paperwork with client before screening process to explain and ensure client understands all documentation forms.
2. Counselor ensures financial eligibility information is correct and all documents are present and attached, and has the client sign the CMBHS financial form.
3. Appropriate (CMBHS) consent release forms must be signed by client and the counselor for any person or facility whom the client wishes to share their screening and or other information with. The consent should specify time period of consent activity, and what specific information is to be shared with person or facility. Client should be notified that their consent can be revoked at any time at their request
4. Under no circumstances should a client be requested or permitted to sign a blank consent form or a form that is not completely filled out.
5. Complete CMBHS screening by asking all questions on screening tool **(See Attachment C)**.
    a. If no substance use disorder problems are identified (screening score below 2), make appropriate referrals for other needed services. Create service plan and follow up to ensure appropriate services are received or to provide additional referrals if needed. (See follow up process below).
    b. Substance use disorder problems are identified (screening score above 2)
        i. If client meets HHS funding requirements, refer to a HHS funded treatment provider using preliminary DSM V diagnosis and criteria, however; other non HHS services may be utilized if appropriate. Create service plan and call providers while client is in office to get client on wait list and/ or to initiate referral and admit appointment.
        ii. Referrals and contact information should be given to client on a recommendation form for all needed and identified problems by the client and counselor.
6. At completion of screening, Post Readiness Ruler **(See Attachment B)**/Client Satisfaction Survey **(See Attachment S)** are to be given to the client to fill out.

a. Onsite: Survey is given to unit coordinator/front desk/or data entry person specified.

b. ~~Offsite: Completed folder is to be returned to data entry specialist for data entry.~~

7. After data is entered, the data entry clerk will return client chart to clinician for follow up completion.
8. Counselors are ultimately responsible for all documents in chart which includes financial documentation being entered appropriately in CMBHS and signed by client and the counselor.
9. Upload to an administrative note in CMBHS, clinical documentation that is handwritten and not transcribed into the client's CMBHS record

~~D. FOLLOW UP PROCESS~~

D. Follow Up

Requirement

All referrals require a referral follow-up. Complete and document all referrals and referral follow-ups in CMBHS using the referral function. Referral follow-ups should be conducted no later than 10 business days after the referral is placed in CMBHS.

- a. Assist the client with service coordination by connecting the client and service provider via telephone call, in-person meeting, or other form of communication that allows the client to engage with the receiving service provider.
- b. If a client indicates that they have entered SUD treatment during a referral follow-up, obtain a reverse consent form from their SUD treatment provider.
- c. This requirement also applies to Long Term Services and Supports (LTSS) referrals which are automatically generated when the answers on the screening indicate the potential need for LTSS. If a referral for LTSS is generated a consent to HHSC will need to be completed so the referral and screening information can be submitted.

Process

1. An initial follow up is to be done within 48 hours after screening interview. At this time the counselor will document
    a. If the client has followed through on the recommendations and referrals made, including if they have accessed any recovery support services. These may include: AA, NA, CA, Health Screening, Smoking Cessation, Counseling, Mental health services, Community and faith-based organizations, etc.
    b. If the client has used any mind altering substances or not since the screening
    c. Provide additional assistance or referrals if needed at that time, including a Motivational Interviewing session (must be documented) if client is willing and appropriate for process.
2. As long as the client is not placed in a treatment facility or program, additional weekly follow ups are warranted until the client is placed. These follow ups must be entered and documented in CMBHS.

3. At least 3 attempts 1 week apart should be made to contact client and/or authorized contact unsuccessfully before file can be closed complete due to no contact.
4. After the initial follow up within 48 hours at least two of the follow up attempts should be completed a week apart, 1 week after 1st follow up and the week following making it 2.5 to 3 weeks since initial screening before the file is closed and only if both the client and authorized contact have not been reached.
5. After client is placed, is no longer seeking services, or all attempts to contact client and authorized contact have been exhausted the note is closed indicating the following
    a. Outcome:
        i. Unable to contact client, file closed; Or
        ii. Client is currently placed in residential treatment at treatment facility (Santa Maria), no further services are needed at this time, file closed.
    b. Counselor will document client's abstinence or level of use at case closure.
    c. Counselor will document whether client has engaged in any support or recovery group/meetings.
    d. File Closed must be indicated in ending statement. Then print out and sign note and give to the data entry clerk
6. If client is not placed into treatment facility or program after 4 weeks of follow-up, Counselor will staff case during Outpatient Services case staffing for recommendations. The recommendation will be followed and documented in CMBHS.
7. If required or requested and a release is signed and in place, reports to a referral source (CPS, probation, etc.) will be emailed (Encrypted) or mailed.
8. Client charts are to be stored in the file room at all times. If a chart still needs additional work (such as continued follow up attempts), it can be kept in the counselor "open-file" drawer in the locked file room. Once the counselor is finished, the chart is to be submitted to unit coordinator or data entry personnel for filing. Under no circumstances are client charts to be stored overnight in office, desks, briefcases.
9. OSAR will assist appropriate clients under special circumstances to meet one-time needs that are preventing admission to System-Agency funded substance use disorder treatment services, such as filling prescriptions, medications or providing transportation to treatment services.
    1. Policy: This policy is to provide guidance on the decision process and available resources for when OSAR provides one time support to clients. All decisions for providing client support should be approved by a Director.
        a. Procedure: At point of scheduling the initial screening visit, the Client should be made aware to provide their own transportation to and from The Council.
        b. If a person presents in a manner, or has extenuating circumstances, that lead staff to determine the person is unable to effectively or safely leave under their own volition (for reasons provided below), OSAR may provide the person with transportation to their home, a residential facility or

medical care facility, per this policy.

c. If an employee determines that a client does not have transportation to leave the facility, they should notify a Manager, Director or Designee immediately

~~E. ADOLESCENT CLIENTS (AGE APPROPRIATE CLIENT RIGHTS)~~

E. Adolescent Clients (Age Appropriate Client Rights)

1. Consenter - The individual legally responsible for giving informed consent for a client. This may be the client, parent, guardian, or conservator. Unless otherwise provided by law, a legally competent adult is his or her own consenter. Consenters include adult clients, clients 16 or 17 years of age, and clients under 16 years of age admitting themselves for chemical dependency counseling under the provisions of the Texas Family Code, Â§32.004 **(See Attachment D)**.
2. Information gathered by an adolescent during an assessment may not be released to the parent(s)/guardian(s) without written consent from the youth--even if the parent consented for the assessment. Make sure this is understood by the parent or guardian prior to meeting with the youth.

~~F. PROCEDURE FOR COGNITIVELY IMPAIRED CLIENTS, AGGRESSIVE CLIENTS~~

F. Procedure For Cognitively Impaired Clients, Aggressive Clients

1. Staff will immediately report to his/her supervisor if a client demonstrates any significant signs or symptoms of using any mind-/mood-altering substances or other cognitive impairment, aggressive or other problematic behavior.
2. IF IMMEDIATE SUPERVISOR ISN'T PRESENT, FOLLOW THE CHAIN OF COMMAND.
3. The supervisor will interview the client to determine whether the client has used Mind/mood-altering substances and/or if there is other significant cognitive or behavioral impairment.
4. The supervisor shall make a determination as to whether it is in both the client's and the program's best interest for the client to attend their session.
5. If at any time a client becomes aggressive or otherwise problematic during the waiting room or screening process, counselor or staff member should notify supervisor immediately or request that a co-worker notify a supervisor. This can be done by using the Instant messaging program (Lync on counselor's desktop), excusing yourself from the office and speaking with a supervisor directly or calling or requesting that a co-worker do so.
6. If the supervisor determines it is not in either the client's or the program's best interest that the client attend their session, the supervisor will inform the client of this determination and the reasons the determination has been made. The client will be given appropriate referrals and escorted from the facility immediately.
7. If the client is driving themselves and seems to present a danger to the public, if he/she were to attempt to drive, the supervisor will urge the client to contact a friend or family member to provide transportation.
    a. At this time the manager and director are to be notified. If the client has previously signed an authorization to release information to a family member or friend, the supervisor may call, or direct another staff member to call, that individual and

arrange for transportation.

8. If no signed authorization to contact a friend or family member exists and the client clearly states he/she does not want any person contacted, the client's wishes will be respected. The supervisor and manager/director shall continue to encourage the client to take responsible action. If the client expresses a desire to leave the facility, refuses to allow anyone to be contacted, and in the opinion of the manager/director will pose a danger to self and others if the client operated a motor vehicle, then the manager/director should offer the client a cab-ride home at The Council's expense.
9. If the client expresses a determination to leave and drive him/herself from the agency, and in the opinion of the manager/director the client's level of impairment is so significant that a reasonable person would conclude the client's act of driving would place either the client or public in any danger, the client will be notified that the appropriate law enforcement agency will be made aware of the situation. The client will be advised that this action will be taken if the client persists in his/her attempts to drive.
10. The supervisor or manger/director will escort the client to their car and take note of the car make, model, color, and license plate.
11. The authorities shall be immediately notified and supervisor shall ensure an incident report **(See Attachment E)** is completed within 24 hours of the event, in accordance with The Council and The Harris Center procedures. The manager/director involved shall be contacted to sign off on the report. Incidents shall also be reported to The Harris Center Director of Mental Health Projects and the applicable regulatory agencies as soon as practical. (The Harris Center EM4A Incident Reporting Policy dated 02/2023 Updated)**(see Attachment O)**.
12. If a client record exists, the events will also be appropriately documented in the client record by the supervisor or program manager.
13. Counselor and immediate supervisor shall ensure an incident report is completed within 24 hours of the event, in accordance with Council procedures. The manager/director involved shall be contacted to sign off on the report.
14. If a client record exists, the events will also be appropriately documented in the client record by the supervisor or program manager.

~~G. SUICIDAL CLIENTS~~

G. Suicidal Clients

1. In the event that a client responds "yes" to the CMBHS assessment questions regarding suicidal ideations/attempts currently or within the past 30 days, the counselor will use the Suicide Screener **(See Attachment F)**/ Risk Assessment **(See Attachment G)** and No Harm Contract **(See Attachment H)**.
2. If the client appears to be at low risk for self-harming behaviors, a no-harm contract specifying that the client agrees to contact a mental health professional or suicide hotline if the impulse to commit suicide occurs will be signed by both counselor and client. Several referrals for the client will be specified on the no harm contract. It must also be documented that, in the counselor's professional opinion, it did not appear the client was an imminent threat to themselves or others at that time. Client will get a copy of the contract with the referral phone numbers, and the original will be placed in the client's chart.

3. If the client is deemed to be at high risk for self- harming behaviors including suicide
    a. The counselor will encourage the client to voluntarily admit to a psychiatric facility. The counselor will notify immediate supervisor of situation. Immediate supervisor will contact MCOT, The Mobile Crisis Outreach Team, while counselor waits with client.
        i. If they refuse to do so, a supervisor must be contacted and the chain of command followed. At that time, if a release of information for a friend or family member has not been signed, one will try to be obtained so that they may be contacted to transport the client for services to either NPC or HCPC (contact and location information will be provided to them by the counselor).
        ii. If the client refuses to sign the release or the client does not want to authorize a friend/family member to be contacted, then 911 will be called to transport the client for emergency services.
    b. The counselor will follow policies and procedures set forth by The Harris Center regarding suicidal clients.
4. An incident report must be completed within 24 hrs.by the involved staff member and submitted to their direct supervisor or designee.
5. Appropriate documentation of the interview will be noted in the client record and the completed Suicide Screener, Risk Assessment Scale, and No Harm Contract will be placed in the clients chart by the counselor.
6. This information will also need to be documented separately in CMBHS by counselor using an administrative note titled: **Crisis Intervention.**
7. This procedure aligns with processes set by The Harris Center related to suicide/homicide prevention policy effective 08/2022 **(See Attachment I)**.

~~OTHER SCREENING PROCEDURES~~

~~A. TEXAS TARGETED OPIOID RESPONSE~~

H. Motivational Interviewing

As appropriate and as needed, provide and document brief interventions as pre-treatment services to help clients prepare for treatment services and move through the stages of change using an evidence-based model to a state of readiness to address SUD. When providing Motivational Interviewing (MI), ensure the following:

A. For clients to be eligible for MI, the CMBHS client profile, screening, financial eligibility, and open case components must be completed. Documentation of MI will include the topic of the session, the client's response, and clinical observations relating to the client's readiness to change. Complete the close case in CMBHS when the individual is no longer receiving MI services
B. MI may include face-to-face (i.e., in person) and telehealth (i.e., audio-only or audio-visual) sessions as needed or indicated by client need

C. MI may be provided as follows:
i. As a pre-treatment for clients to help increase motivation and confidence to make changes related to their substance use;
ii. As an interim service for maintaining engagement with clients who are on a waiting list for intake to a treatment provider;
iii. As an independent service for clients who decline recommended services;
iv. As a follow-up service for clients who may need further assistance; and/or
v. As clinically indicated or needed. "

OTHER SCREENING PROCEDURES

A. Texas Targeted Opioid Response

1. Outpatient services will designate a Priority Admissions Counselor (PAC) and at least one additional counselor that will conduct PAC activities when the PAC is unavailable. PACs and their designated staff will be responsible for:
    a. Conducting targeted outreach to individuals with opioid use disorders (OUDs);
    b. Screening all individuals identifying as having an OUD;
    c. Engaging individuals in a process of informed consent;
    d. Ensuring timely treatment entry in accordance with state and federal guidelines, and
    e. Providing overdose prevention education.

~~B. PREGNANT INDIVIDUALS WITH OPIOID/OPIATE USE DISORDER~~

B. Pregnant Individuals With Opioid/Opiate Use Disorder

1. Counselor shall engage the individual in a process of informed consent explaining all risks as listed and document using the form provided by HHS. These clients shall be immediately referred to a PPI program (Cradles). The consent form must also be uploaded and attached into CMBHS per HHS contract requirements.

~~C. COMMUNICABLE DISEASE AND HIV SCREENING~~

C. Communicable Disease and HIV Screening

1. Counselors must provide and document screening for Tuberculosis, Hepatitis B, and C, sexually transmitted diseases, and Human Immunodeficiency Virus (HIV).
2. If the screening indicates the client is at risk for communicable diseases and or sexually transmitted diseases, the counselor shall refer the client to the appropriate community resources for further testing and counseling.
3. If the client is HIV positive, counselor shall refer the client to a HHS funded Early Intervention (HEI) case manager or an HIV Ryan White case manager. If no HEI case manager is available then consider referral to the HHS - funded HIV residential provider.
4. **See Attachment J** - HIV Workplace and Education Policy

~~D. TOBACCO SCREENING~~

D. Tobacco Screening

1. Assess tobacco use for all clients, noting preliminary tobacco use disorder as an official diagnosis, if applicable.
2. Include tobacco cessation in the service plan, if the client chooses to pursue quitting.
3. Discuss readiness to change and treatment options with clients.
4. Provide all tobacco users who are motivated to quit with interventions appropriate to the treatment setting, such as a referral to hospital or other cessation resources. Unless otherwise directed by HHS, counselor shall offer a referral to the HHS funded Quitline (telephone cessation counseling service) with a referral for Nicotine Replacement Therapy and provide client with resource materials on tobacco cessation.
5. Document these services in the CMBHS note.

~~E. Medicaid/Healthcare Screening~~

E. Medicaid/Healthcare Screening

1. Clients who have underage children, elderly or have a disability may be eligible for Medicaid or other Texas Benefits refer to www.yourtexasbenefits.com or www.healthcare.gov to complete additional screening and to apply online.
2. If client does not have internet access refer clients to call 211 or 1 -877-541-7905 from 8AM - 6PM for assistance over the phone or refer them to a Medicaid community partner for assistance.
3. Clients will be referred to the community partner office closest to them by entering their zip code on this webpage and making sure offices are open for referrals https://www.texascommunitypartnerprogram.com/TCPP_Site_PartnerResources?lang=
4. Clients can also attend their closest HHS office that can be identified on the www.yourtexasbenifits.com website.
5. Screening and administrative note should state if client has healthcare or not and if not that they were referred to www.yourtexasbenefits.com and/or www.healthcare.gov, 211, or other Texas partner referral.
6. Add all referrals to recommendation sheet and CMBHS.

~~STAFF TRAINING REQUIREMENTS~~

~~A. TRAINING~~

F. Funds

A. Funds may be used to assist clients to meet one-time needs that are preventing admission to HHSC-funded SUD treatment services, such as assisting with one-time medical costs (e.g., testing, prescription medication), personal hygiene items, or transportation to and from residential treatment services.

B. Cash shall not be given directly to a client.

C. Maintain a log of financial assistance provided to clients that details the CMBHS client number, cost, and nature of the assistance

G. Outside Service Area

Upon referral to a treatment provider outside of the service area an assessment may be conducted upon request or in coordination with the referral facility to limit duplication of services. An assessment may be conducted telephonically (i.e., audio-only) or via electronic means (i.e., audio-visual) when a confidential face-to-face, in-person appointment creates a barrier to care.

STAFF REQUIREMENTS

All staff responsible for planning, directing, or supervising services shall be Qualified Credentialed Counselors (QCCs), as defined in 26 TAC 564.1 and receive the training and supervision necessary to ensure compliance with HHSC rules, provision of appropriate and individualized treatment, and protection of client health, safety, and welfare. Additionally, all OSAR staff receive a copy of the service requirements and have access to all MOUs for HHSC providers in the OSAR service area, and utilization management guidelines for review as needed.

A. Training

Clinical staff must have specific documented training within 90 days of start of contract or the date of hire, whichever is later in the following:

1. Motivational Enhancement Therapy (MET) or MI Techniques.
2. ~~Stages of change, relapse prevention, strengths-based, trauma-informed, abuse and neglect, violence, post-traumatic stress disorder and related conditions.~~
3. ~~Cultural competency, specifically including, but not limited to, gender and sexual~~
4. ~~identity and orientation issues;~~
5. Education on Infectious and Communicable Infections
6. Trauma Informed Care
7. Cultural Competency,
8. Risk and Harm Reduction Strategies
9. Treatment for Pregnant Women with Substance Use
10. Aspects of PreNatal and PostPartum Care
11. NeoNatal Abstinence Syndrome
12. Fetal Alcohol Spectrum Disorders
13. Medicaid Eligibility
14. Hippa Privacy
15. Confidentiality of Mental Health and Substance Use REcords (42 CFR Part 2)
16. State of Texas Co-Occurring Psychiatric and Substance Use Disorder (COPSD) training.
17. ~~Medicaid Eligibility~~
18. LCDC license renewal requires 40 hr. continuing education every two years without a Master's Degree (Masters only requires 24hrs). These must include 3 hours in ethics, 6 hr.HIV/Hep-C/

and other sexually transmitted diseases, and 3 hr. clinical supervision for supervisors.

19. Licensed Chemical Dependency Counselors (LCDCs) recognize the limitations of the licensee's ability and shall not provide services outside the licensee's scope of practice or licensur or use techniques that exceed the person's license authorization or professional competence.

Additional training for Priority Admissions Counselor (PAC) staff responsible for screening individuals identifying as having an opioid use disorder shall have additional training in the following:

1. System Agency-approved Overdose Prevention Training
2. System Agency-approved Medication Assisted Treatment (MAT) Advocate Training
3. Minimum ten hours of training each fiscal year in any of the following areas:
    a. Motivational interviewing techniques;
    b. Health literacy;
    c. Risk- and harm-reduction strategies;
    d. Substance abuse and trauma issues;
    e. Community outreach;
    f. Aspects of Prenatal and Postpartum Care;
    g. Neonatal Abstinence Syndrome;
    h. Fetal Alcohol Spectrum Disorders.

~~B. BACKGROUND CHECKS~~

B. Background Checks

1. The Council's pre-employment background checks are conducted as outlined in section 110 of The Council on Recovery OSAR Program Staff Handbook **(See Attachment K)**

~~C. VOLUNTEERS~~

C. Volunteers

Section: Human Resources

Subject: Students, Volunteers and Subcontractors § ~~448~~564.602 (See Attachment W)

Policy: The Council on Recovery for the OSAR program ensures that volunteers, including students/ interns, and subcontractors comply with standards of performance, conduct, and rules.

Procedure: Students, volunteers and subcontractors must be appropriate and qualified to perform assigned duties and are subject to background check and drug testing policies, when required and appropriate. Refer to: The Council on Recovery TRAINING INSTITUTE:STUDENT INTERN/VOLUNTEER ORIENTATION PACKET **(See Attachment L)**.

Students and volunteers will receive orientation and training appropriate to their qualifications and responsibilities, which includes but is not limited to, confidentiality, policy and procedures and identification of duties.

Students will be assigned a supervisor that meets the requirements of The Council and their school, if applicable. Supervisors will meet with students and volunteers regularly to provide instruction and feedback necessary to meet established learning objectives.

Subcontractors and volunteers will have an assigned Council point person to address questions about assignments, performance, conduct and rules.

~~D. GENERAL STANDARDS OF CONDUCT~~

D. General Standards of Conduct

The standards of conduct for the staff of the OSAR program are outlined in The Council on Recovery OSAR Staff Handbook **(See Attachment M and Attachment R)**

~~OTHER DEPARTMENT PROCEDURES~~

~~A. CLIENT GRIEVANCES~~

OTHER DEPARTMENT PROCEDURES

A. Client Grievances

1. Clients must be told that they can file a grievance in writing or by phone and staff must provide pen, paper, addresses, postage, assistance in writing, or access to a telephone so that the client may call HHS directly if wanted.
2. Staff should respond to a grievance by investigating it thoroughly, objectively and by obtaining any additional information needed.
3. Staff should refer within 24 hours any grievances received to their direct supervisor and/or follow the chain of command with their guidance attempt to resolve all grievances promptly and fairly.
4. All grievances and their final disposition should be kept in a central file in the Director's office or their designee.
5. See the ***Client's Rights*** for further detail (**See Attachment V.** Clients are provided this document upon admission.) The Client's Rights align with The Harris Center's Policy RR3A Assurance of Individual Rights effective 11/2022.; **(See Attachment N)**

~~B. CHART AUDIT PROCEDURES~~

B. Chart Audit Procedures

1. It is the Outpatient Services policy to self-monitor or review its program in an effort to provide quality services **(See Attachment T)**.
2. Chart reviews will be completed on a quarterly basis by both The Council on Recovery and The Harris Center.
3. Chart reviews may result in findings that are of concern. Minor findings may include but are not limited to:
    a. Forms being out of order

b. Blank areas in non-signature lines

4. Significant concerns and/or re-occurring concerns may include but are not limited to:
    a. The placement/referral is not justified by the DSM-V diagnosis
    b. The DSM V documentation does not support the fact that the client met the criteria for substance use disorder
    c. Lack of client signature on a release and/or any other form (Note: Client may refuse to sign. If so this should be indicated on the form and an administrative note on all applicable documentation.
5. In the event the review completed by The Council on Recovery results in minor or significant concerns, the coordinator and program manager may take the following action:
    a. No action at all
    b. Discuss concern with director for clinical assessment referrals and engagement.
    c. Note concern on audit report; discuss with director for clinical assessment referrals and engagement.
    d. Additional training might be reccomneded
    e. Re-occurring concern. Note concern on audit report. Coordinator will notify Harris Center Director of Mental Health Projects and the director of Clinical Assessment and Referral.
6. Review dates will be determined by the Director of Mental Health Projects.
7. The number of charts reviewed is to be determined by the Director of Mental Health Projects but, should be a representative sampling. Two or three randomly chosen files from each counselor should be reviewed.
8. All completed reviews will be discussed with the counselor regardless of findings.
9. The Harris Center Performance Improvement Department will review the OSAR Program annually to ensure continued compliance.
    1. ~~In the event the review completed by The Harris Center results in minor or significant concerns, the coordinator will take the following action: a. Discuss minor concerns with Director of Mental Health Projects for review b. Provide audit report and discuss significant concerns with Director of Mental health Projects for review and next steps~~

       In the event the review completed by The Harris Center results in minor or significant concerns, the coordinator will take the following action:

        a. Discuss minor concerns with Director of Mental Health Projects for review
        b. Provide audit report and discuss significant concerns with Director of Mental health Projects for review and next steps

    2. ~~Director of Mental Health Projects will provide audit findings to OSAR Director for Clinical Assessment, Referrals and request Corrective Action Plan.~~

Director of Mental Health Projects will provide audit findings to OSAR Director for Clinical Assessment, Referrals and request Corrective Action Plan.

3. ~~Review dates will be determined by the Director of Mental Health Projects~~

   Review dates will be determined by the Director of Mental Health Projects

4. ~~The Director of Mental Health Projects has determined that five (5) charts will be reviewed quarterly. Two or more randomly chosen files from each counselor~~

   The Director of Mental Health Projects has determined that five (5) charts will be reviewed quarterly. Two or more randomly chosen files from each counselor

5. ~~The Harris Center Performance Improvement Department will review the OSAR Program annually to ensure continued compliance.~~

   The Harris Center Performance Improvement Department will review the OSAR Program annually to ensure continued compliance.

~~**C. REPORTING INCIDENTS**~~

C. Reporting Incidents

1. OSAR staff will notify their immediate supervisor of the incident, ASAP & follow the OSAR chain of command.
2. OSAR staff will complete a written incident report within 24 hours of the incident for all cases of:
   a. Accidents and injuries;
   b. Medical-emergencies and/or psychiatric emergencies including but not limited to those that result in an inpatient admission.
   c. Illegal or violent behavior;
   d. Aggressiveness and or threat to self or others
   e. Loss of a client record
   f. Use of personal or mechanical restraint or seclusion
   g. Release of confidential information without client consent
   h. Violation of client rights (abuse, neglect, exploitation)
   i. Fire; or any natural disaster that results in disruption of services;
   j. Death of an active client;
   k. Suicide attempt by an active client (on or off site);
   l. Mandatory reporting incident (CPS, APS)
   m. Impaired Individual (on or off site)
   n. Any other significant disruption.
3. The incident report shall be written within 24 hours of having witnessed or been informed of the incident whether on site or off and should be given to the immediate supervisor.

4. The incident report must be reported on the OSAR Facility/Program Incident Report form **(See Attachment E)**, be signed, dated, and include the time, location, persons involved and a detailed description of the actual event. It should also include any action taken.
5. The immediate supervisor will review Facility/Program Incident Report form and submit to OSAR Chief Strategy Office and Director of MH Projects for review and filing.
6. All incident reports will be available for review by The Harris Center Director of MH Projects upon request.

~~**D. CONFIDENTIALITY OF CLIENT RECORDS**~~

D. Confidentiality of Client's Records

These are not The Harris Center's policies and procedures as The Harris Center currently has an EHR system (EPIC). However, these practices do align with The Harris Center's approach to monitoring the subcontractor's identified policies and procedures regarding confidentiality of client records.

All Client Records must be in a locked area. Client records will be maintained in the secure file room when not in use.

1. All client records must be returned to the file room at the end of each working day.
2. No client records shall be kept in counselor offices overnight.
    a. Release of records to clients: Clients have a right to receive a copy of their records
    b. Refer clients requesting a copy of their records to the front desk with unit coordinator. Explain that copies of requested documents will be available within 48 business hours.
3. When offsite, all Client Records must be in a locked area. Client records will be maintained in the secure file room when not in use.
4. Counselor should follow policies and procedures set forth by The Counsel pertaining to storing and confidentiality of client records.
5. See ***Confidentiality Policy*** for further details **(The Council on Recovery Osar Staff Handbook Section 240; Attachment M.)**

~~**RECORD KEEPING**~~

RECORD KEEPING

Policy and Procedure References

- PROCEDURES FOR CLIENT SERVICES - Page 5
- Financial Eligibility Section A Page 5
- Onset of Services Section B Page 6
- Follow Up Process Section D Page 7
- Adolescent Clients Section E Page 9
- OTHER SCREENING PROCEDURES - Page ~~14~~ 13

~~CLIENT'S RIGHTS POLICY~~

~~Client's Rights~~

CLIENT'S RIGHTS POLICY

Client's Rights

These policies and procedures are not The Harris Center's policies and procedures. However, the identified policies and procedures represent The Harris Center's approach to monitoring the subcontractor's delivery of OSAR services and program management. (See Attachment N)

As a participant of The Council on Recovery's contracted OSAR program, client's have the following rights:

1. A humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
2. Be free from abuse, neglect, and exploitation.
3. Be treated with dignity and respect.
4. Be informed of the program rules and regulations before participation.
5. Be informed of any other appropriate services.
6. Accept or refuse services after being informed of services and responsibilities.
7. Participate in the development of a service plan.

8. Refuse participation in any research efforts and have all research protocols and goals explained fully.
9. Have confidentiality maintained about any information concerning the participant and family.
10. Receive an explanation of rights in a way the participant can understand.
11. Make a complaint to the program or the Texas Health and Human Services Commission at any time; and
12. Access a program, not inhibited by race, color, sex, handicap, or national origin of the participant.

To register a complaint or a violation of rights contact:

Texas Health and Human Services Commission

Program Compliance Division

1100 West 49th Street

Austin, Texas 78756

1-800-832-9623

~~HIPAA Privacy Policy~~

~~**Notice of Privacy Practices**~~

HIPAA PRIVACY POLICY

Notice of Privacy Practices

The Harris Center requires The Council on Recovery to maintain the privacy of OSAR clients identifiable health information. The Council on Recovery is required by law to maintain confidentiality of health information that identifies a client. Federal regulations (42 CFR Part 2) prohibit disclosure without the specific written consent of the person to whom it pertains or otherwise permitted by such regulation. A general authorization for release of medical or other information is not sufficient for this purpose. The Council on Recovery is also required by law to provide clients with this notice of their legal duties and the privacy practices maintaining concerns of Protected Health Information (PHI). By federal law, The Council on Recovery must follow the terms of this notice of privacy practices that are in effect at the present time. This notice is currently in effect and applies to all PHI as defined by Federal Law. The Council on Recovery realizes that these laws are complicated, but must provide client with the following important information:

- How we use and disclose your PHI
- Your rights regarding your PHI
- Our obligations concerning the use and disclosure of your PHI

~~**I. Uses and Disclosures for Treatment, Payment, and Operations**~~

I. Uses and Disclosures for Treatment, Payment, and Operations

Following are examples of the types of uses and disclosures of your Protected Healthcare Information (PHI) that The Council is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures. The Council may use or disclose your PHI for treatment, payment, and health care operations purposes.

Treatment. We may use and disclose your PHI to provide, coordinate, and manage the services you receive.

Payment. We may use and disclose your PHI in order to bill and collect payment for the services you may receive.

Health Care Operations. We may use your PHI for certain operational, administrative, accounting, continuum of care, and quality assurance activities.

Business Associates. We may share your PHI with a third party business associate that performs various activities (e.g., billing, transcription services). Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Fundraising. The Council on Recovery is a nonprofit organization. As such, we may engage in fundraising efforts to support our mission. We may use your information to contact you for fundraising purposes. We may disclose the contact information to The Council's related foundation, The Foundation for The Council on Recovery, so that they may contact you for similar purposes. If you do not want us or The Foundation to contact you for fundraising efforts, you may opt out by following the opt-out instructions on the communication or by contacting our Privacy Officer at the address below.

Marketing. In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with general information about our health-related services and with promotional gifts of nominal value.

~~**II. Uses and Disclosures with Neither Consent nor Authorization**~~

II. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose your protected health information in the following situations without your authorization:

Disclosures Required By Law. We will use and disclose your PHI when we are required to do so by federal, state or local law.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority to report child abuse or neglect. If we believe you have been a victim of abuse, neglect, or domestic violence, we will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Serious Threat to Health or Safety. If we determine that there is a probability of imminent physical injury

by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.

Public Health. As required by law, we may use or disclose your PHI to public health authorities charged with preventing or controlling injury or disability or to a person who is at risk of contracting or spreading your disease.

Law Enforcement. We may disclose your PHI for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Agency Oversight Activities. We may disclose your PHI to an oversight agency as required by law. These oversight activities may include audits, investigations, inspections, and credentialing, as required for licensure and the government to monitor government programs and compliance with civil rights laws.

Lawsuits and Similar Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research. We may use your PHI for the purpose of research when the research has been approved be an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member or another person responsible for your care, regarding your location and general condition.

~~**III. Authorization Revocation**~~

III. Authorization Revocation

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

~~**IV. Your Rights Regarding Your Protected Health Information**~~

IV. Your Rights Regarding Your Protected Health Information

Confidential Communications. You have the right to request that our office communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that we contact you at home, rather than work. Your request must specify the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to

make decisions about you, including the client record and billing records, but not including psychotherapy notes. You must submit your request in order to inspect and/or obtain a copy of your PHI. We will charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Requesting Restrictions. You have the right to ask us not to use or disclose certain parts of your protected health information for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.

Amendment. You have the right to ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment as long as the information is kept by our office. To request an amendment, you must provide us with a reason request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the Protected Health Information kept by or for The Council; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our office. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Accounting of Disclosures. You have the right to request an accounting of disclosures that we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. Use of your PHI as part of the routine client care in our office is not required to be documented. This information is subject to certain exceptions, restrictions and limitations. All requests for an accounting of disclosures must state a time period, which may not be longer than five (5) years from the date of disclosure and may not include dates before April 14, 2003.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our agency has created or maintained in the past, or will do so in the future. We will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time by contacting our Privacy Officer.

Right to File a Complaint. If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact The Council's Privacy Officer at 713-942-4100. If you believe that your privacy rights have been violated and you wish to file a complaint, you may send your written complaint to:

The Council on Recovery Privacy Officer (In Person)

303 Jackson Hill St. Houston, TX 77007

P.O. Box 2768 Houston, TX 77252-2768 (By Mail)

You will not be penalized for filing a complaint.

~~GRIEVANCE RIGHTS POLICY~~

GRIEVANCE RIGHTS POLICY

~~Section:~~ Rights of the Person Served

Subject: Grievance Reporting § ~~448~~564.702 (See Attachment W)

Policy: It is the policy of The Council on Recovery for the OSAR contract that every effort shall be made to resolve a client's grievance in a fair and equitable manner, and that all grievances will be investigated and resolved promptly in accordance with the Texas Health and Human Services Commission (HHS). Annual reviews of formal complaints/grievances made in writing, are completed and reported on by the The Council on Recovery Director of Quality Assurance.

Procedure: The Council staff receives a written client grievance procedure. Staff have clients sign a copy of the grievance procedure during admission/orientation and explain it in clear, simple terms that the client understands as well as provide a copy to the client at the time of admission.

Staff are given the Grievance Procedure upon hire so they have a full understanding of the grievance procedure for clients.

The grievance procedure explains to clients that they can:

a. File a grievance about any violation of client rights or Health and Human Services Commission rules;
b. Submit a grievance in writing and get help writing it if they are unable to read or write;
c. Request pens, paper, envelopes, postage, and access to a telephone for the purpose of fifiling a grievance.

Clients must be informed upon admission that, if the need arises, they may make a complaint directly to the State at any time and the address and telephone number of the Investigations Division of the State is supplied to the client at the time of admission.

~~Responding to Client Grievances~~

Responding to Client Grievances

It is the policy of The Council for the OSAR contract that staff who receive a grievance from a client shall:

a. Evaluate the grievance thoroughly and objectively, obtaining additional information as needed, to see if the problem can be worked out to the satisfaction of everyone involved;
b. Report unresolved grievances to their supervisor; if a supervisor cannot resolve the issue the client is asked to put the grievance in writing so it can be reported to senior leadership;
c. Take action to resolve all grievances promptly and fairly, attempt to contact the individual making the grievance will be made within 1 to 2 business days and provide a written response within 7 business days ; and,
d. Document all formal grievances made in writing, including the final disposition, and keep the

documentation in a single file.

The staff in The Council programs for the OSAR contract shall not:

a. Discourage, intimidate, harass, or seek retribution against clients who exercise their rights or file a grievance;

b. Restrict, discourage, or interfere with client communication with an attorney or with the commission for the purposes of filing a grievance;

c. Impose barriers to services;

d. Limit access to available advocates or assistance with filing and/or responding to a grievance.

~~**Procedure for Grievance Reporting**~~

Procedure for Grievance Reporting

It is the policy of The Council on Recovery for the OSAR contract to facilitate a grievance process if the need arises. Council staff will answer questions about client rights and assist in filing complaints. All staff members are prohibited from discouraging, intimidating, harassing or seeking retribution against clients who seek to exercise their rights or file a complaint.

1. Upon admission to the program, all clients are (a) informed of and given a copy of their client rights
and the grievance reporting procedure and (b) sign a form that this was accomplished.
2. In the event of a grievance or complaint by a client of any nature, including complaints of abuse,
neglect or exploitation, the client has the right and is expected to consult his/her service provider,
or any other staff member, to see whether the problem can be worked out to the satisfaction of everyone involved.
3. If the problem cannot be resolved in this manner, the client has the right to state the grievance in
writing to The Council's Chief Strategy Officer or contact the Harris Center's MH Projects director , then the Harris Center's Rights Protection Officer at 713-970-7204. There will be a consultation with the appropriate person and a hearing granted to the client. The client will have the opportunity at this time to state his/her side of the grievance and the defendant to state his/hers. If a resolution cannot be reached the grievance will be handled as stated below.
4. Clients may submit the complaint in writing and may have assistance in writing the complaint if
they are unable to read or write.
5. All complaints shall be responded to within 24 hours during the regular work week and 72 hours if
the complaint is received on a weekend.
6. The client has the right to go directly to the Texas Health and Human Services Commission at any
time.
7. The address and phone number of the Texas Health and Human Services Commission is

clearly
posted in the Council reception area and is set forth below.

8. Client will be provided upon request pens, paper, envelopes and postage for filing complaints. Upon request, clients will have access to a telephone in order to call the Texas Health and Human
Services Commission to file a complaint.
9. All complaints that cannot be resolved are forwarded to the Texas Health and Human Services Commission.

Texas Health and Human Services Commission

Program Compliance Division

1100 West 49th Street

Austin, Texas 78756

1-800-832-9623

~~**CONFIDENTIALITY POLICY**~~

CONFIDENTIALITY POLICY

Section: Rights of the Person Served

Subject: Confidentiality § ~~448~~564.210 (See Attachment W)

Policy: The Council on Recovery, for the OSAR contract, protects the privacy of individuals served. Federal confidentiality regulations regarding substance use education, services or treatment are very specific and override any state/local mandates that conflict. There are also strict client/therapist restraints on disclosing client identity, clinical and health information that applies to our clientele. All of these laws and regulations exist to provide clients with the assurance that their problems, their treatment and their confidences will not be disclosed to anyone without their prior knowledge and consent unless records are under an issued court order signed by a judge. Confidentiality is not protected under the Duty to Warn clause, allowing disclosure of information in cases where prevention of or lessening serious threat to health or safety of person served or for a crime on the premises or against program personnel.

~~Procedure:~~

Procedure: The Council shall protect the privacy of individuals served and shall not disclose confidential information without expressed written consent, except as permitted by law. Exceptions or limitations to confidentiality include the following:

- Information about suspected abuse, neglect or exploitation of a child, the elderly or a disabled person from being reported under state law to appropriate state or local authorities (timeframe: past, present, future acts).
- Reports of intent to harm self or someone else, will be reported to medical personnel or law enforcement.

- If a judge has signed a court order in accordance with federal confidentiality laws.
- A signed and valid Release of Information (ROI) consent is in the client's file.

The Council shall remain knowledgeable of, and obey, all State and Federal laws and regulations relating to confidentiality of records relating to the provision of services.

The Council shall not discuss or divulge information obtained in clinical or consulting relationshipsexcept in appropriate settings and for professional purposes that demonstrably relate to the case.

Confidential information acquired during delivery of services shall be safeguarded from illegal or inappropriate use, access and disclosure or from loss, destruction or tampering. These safeguards shall protect against verbal disclosure, prevent unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

The Council cannot and will not use client information in directories, marketing materials, and fundraising materials or events.

All records revealing client identities must always be protected from public view.

Only office business should be discussed in the open areas, waiting rooms, and hallways of The Council. Discussions regarding clients or other company business should occur in private offices behind closed doors or in some other location where confidentiality is guaranteed. Discussions should be done quietly to ensure professionalism and the protection of our clients.

All information shared within groups at The Council is confidential and may not be released without prior, written consent from the client(s). Clients participating in groups are routinely reminded to keep information shared during groups confidential. Clients who do not respect other clients' confidentiality may be dismissed from a group and/or services at The Council.

All clients entering clinical programs are informed of privacy practices and confidentiality rules and are requested to sign acknowledgment of receipt. The original signature of acknowledgement is maintained in the client's file and a copy is offered to the client.

Phone Inquiries - Telephone inquiries regarding a client's participation in treatment typically comes from significant others and family members. Releasing any information to a third party may only be done with prior, written consent of the client. This includes information related to client enrollment and participation in treatment, presence on site, urine screen results, attendance, and contents of individual and group sessions. All staff members are trained to state "I cannot confirm nor deny if a person is or ever was a client of The Council without a valid Release of Information" if a phone inquiry is received regarding a client and a valid ROI cannot be confirmed. If the caller is persistent or becomes forceful they should be transferred to a Director.

Client Records

Paper Charts - All client records should be maintained in double locked locations including a locking file cabinets, behind locked doors, or behind two separate locked doors. All client charts are maintained in a locked facility for seven (7) years. Adolescent and children charts are maintained for ten (10) years after their 18th birthday. Duplicate information is shredded to protect confidentiality. Disposal of client records

will occur by destroying all paper documents.

Electronic Charts - Client records that are kept electronically are stored securely and access to information is privileged based on staff job function. Council staff that do not need access to client information stored in an electronic chart is not given a sign in for the respective system. Staff access is revoked immediately upon termination.

Written Releases - Any information regarding a client currently or in the past receiving treatment from The Council may only be released with prior, written consent from the client. Written consents should specify the party to whom the information is to be released, the type of information to be released and a time limit for the effectiveness of the release. The release should be signed by the client and witnessed by a staff member. Any release of information should be documented in the client's record.

Written permission must be obtained by the client before any records can be released. Requests for information from most sources (including subpoenas and court orders) should follow clinical protocols for Responding to a Request for Client Records. No records are to be released without consent unless it is mandated by the courts with an appropriate court order. Every effort should be made to verify the authenticity of the client signature by speaking with the client prior to releasing the records if an authorization for records is received by an outside source.

~~POLICIES/PROCEDURES~~

~~A. ABUSE AND NEGLECT~~

POLICIES/PROCEDURES

A. Abuse and Neglect

Section: Rights of Person Served

Subject: Abuse, Neglect and Exploitation § ~~448~~564.703 & § ~~448~~564.213 (See Attachment W)

Policy: Abuse, neglect, humiliation, retaliation and exploitation of a client are strictly prohibited. It is the policy of The Council on Recovery for the OSAR contract, in accordance with law, to report any client abuse, neglect, humiliation, retaliation or exploitation by any staff member, volunteer, board member, or affiliate of the agency to the appropriate agencies. During orientation, all employees receive instructions on this policy and sign an acknowledgement of understanding. (This policy aligns with The Harris Center's Policy on Abuse, Neglect, etc.)**(See Attachment U)**

Procedure:

Abuse, neglect humiliation, retaliation and exploitation of a client are absolutely prohibited and will not be tolerated. Any staff member, volunteer or affiliate who has knowledge of an alleged incident or witnessed an incident of client abuse, neglect, humiliation, retaliation or exploitation must make an immediate verbal report to a Director or Officer. If the allegation involves the Chief Executive Officer, it shall be reported directly to the governing body. This includes situations in which an employee receives a client complaint alleging acts or omissions which may constitute abuse, neglect, humiliation, retaliation or exploitation. Failure to report such an incident will be viewed as an attempt to conceal the incident

and will result in disciplinary action. Protection of the client's rights is our most important consideration.

Any Director who receives an allegation, or has reason to suspect that a client has been, is, or will be abused, neglected, humiliated, retaliated or exploited, must immediately inform a member of senior leadership (Officer, Vice President, President/CEO). Senior leadership or designee will immediately inform Texas Health and Human Services Commission's (HHS) Investigations Division.

Allegations of child abuse or neglect must be reported to the Texas Department of Protective and Regulatory Services as required by the Texas Family Code, Â§261.101. Allegations of abuse or neglect of an elderly or disabled individual must be reported to the Texas Department of Protective and Regulatory Services as required by the Texas Human Resources Code, §48.051.

If the allegation involves sexual exploitation, senior leadership must comply with reporting requirements listed in the Civil Practice and Remedies Code, §81.006.

Senior leadership must take immediate action to prevent or stop the abuse, neglect, humiliation, retaliation or exploitation and provide appropriate care and treatment, and must ensure a report has been, or is made, to the required parties as described above.

The employee who reported the incident must submit a written incident report within 24~hours.

A written report must be submitted to the HHS's Investigations Division within 2-working days and after receiving notification of the incident. This report must include: 1) the name of the client and the person the allegations are against; 2) the information required in the incident report, or a copy of the incident report; 3) other individuals, organizations, and law enforcement agencies notified.

Senior leadership or designee must also notify the client's guardian, if applicable. If the client does not require a guardian, family members and significant others may be notified only if the client gives written consent.

The Council on Recovery staff must investigate the complaint and take appropriate action unless otherwise directed by HHS. The investigation and the results must be documented.

The Council on Recovery staff must take action needed to prevent any confirmed incident

from recurring.

The Council on Recovery must: 1) document all investigations and resulting actions and keep the documentation in a single, segregated file; 2) have a written policy that clearly prohibits the abuse, neglect, humiliation, retaliation and exploitation of clients; 3) enforce the policy and provide appropriate sanctions for confirmed violations.

Definitions:

Physical/Emotional Abuse: Physical abuse is a physical act by an employee which causes pain, suffering or hurt to a client or which chastises, belittles, embarrasses, humiliates, degrades a client or which a person in the employeeâ€™s position should reasonably have known the client would have perceived as an act of chastising, belittling, embarrassing, humiliating, degrading or threatening or use of an unapproved or excessive physical restraint technique toward a client by an employee.

Sexual Abuse: Sexual abuse is any sexual activity between an employee and a client, even if such actions are consented to by the client or which a person in the employee's position should have reasonably known the client would have perceived the act as sexual activity, or any employee using his or her position for sexual gratification or exploitation of clients.

Verbal Abuse: Verbal abuse is any derogatory, threatening, derisive, or demeaning language whether in writing, oral or in gestures directed toward a client by an employee, or which a person in the employee's position would reasonably have known the client would have perceived as a derogatory, threatening, derisive, or demeaning act; or any profane or obscene language directed toward the client by an employee.

Fiduciary Abuse: Refers to any exploitation of the persons served for financial gain. This abuse could include misuse of the funds of the persons served or taking advantage of the provider relationship with the person served.

Neglect/Mistreatment: Neglect is failure or refusal to attend to the necessary care and necessary treatment of a client by an employee or an action or inaction by an employee which denies clients the prescribed treatment to which they are entitled or actions by an employee contrary to the prescribed treatment or program, or failure to implement individual treatment as designed by the treatment team, or unauthorized use of seclusion or restraint, or failure to intervene and protect the client from abuse or mistreatment by another client or employee.

Exploitation: Exploitation is an act or process to use, either directly or indirectly, the labor or personal resources of a client for monetary or personal benefit, profit or gain of another individual or organization. Exploitation also exists if the agency or provider charges exorbitant or unreasonable fees for any services; or receives a commission or benefit of any kind related to the referral of an individual for services.

Employees: Employees are those individuals who are paid staff and those individuals, paid or unpaid, who relate to the clients as an adjunct of staff: Program Managers, Therapists, Professional Consultants (including subcontactors), Volunteers, Administrative staff and Trainees.

Humiliation: An emotions felt by a person whose social status either by force or willingly, has just decreased. It can be brought about through intimidation, physical or mental mistreatment or trickery, or by embarrassment if a person is revealed to have committed a socially or legally unacceptable act. (Wikipedia)

Retaliation: The act of harming someone because they have harmed oneself; revenge.

Exploitation § ~~448~~564.213 (See Attachment W)

The Council on Recovery shall not exploit relationships with individuals receiving services for personal or financial gain of The Council on Recovery or its personnel. The Council on Recovery shall not charge exorbitant or unreasonable fees for any service. The Council on Recovery shall not pay or receive any commission, consideration, or benefit of any kind related to the referral of an individual for services.

****See Attachment R**: The Harris Center - Reporting Allegations of Abuse, Neglect and Exploitation of children, elderly Persons and Persons with Disabilities

~~B. INFECTION CONTROL - HIV AND AIDS~~

B. Infection Control - HIV and AIDS

** **See Attachment J**: The Council on Recovery OSAR Staff Handbook Section 520 - HIV and Communicable Diseases Workplace and Education Policy

~~C. COMMUNICABLE DISEASES~~

C. Communicable Diseases

** **See Attachment J**: The Council on Recovery OSAR Staff Handbook Section 520 - HIV and Communicable Diseases Workplace and Education Policy

~~QUALITY MANAGEMENT PLAN~~

QUALITY MANAGEMENT PLAN

** **See Attachment P:** The Council on Recovery OSAR Quality Management Plan

~~PERFORMANCE IMPROVEMENT PLAN~~

PERFORMANCE IMPROVEMENT PLAN

** **See Attachment Q:** The Harris Center - Performance Improvement Plan

~~OPERATIONAL PLANNING~~

~~Section: Organizational Documentation~~

OPERATIONAL PLANNING

Organizational Documentation

Subject: Operational Planning §~~448~~564.502 (See Attachment W)

Purpose: To ensure The Council on Recovery for the OSAR contract (The Council) develops systems to increase quality and performance in all aspects of the organization. The Operational Plan utilizes metrics from various mechanisms to gauge the services provided, the level of performance, and the efficacy of the services provided.

Policy: The Council on Recovery, and all programs operated by The Council, shall operate according to an operational plan that reflects the program purpose or mission statement; services and how they are provided; description of the population to be served; and goals and objectives of the program.

Procedure: The Council on Recovery develops and maintains agency policies and procedures. Each program at The Council also develops and maintains policies and procedures that ~~arespecific~~are specific to the services provided. The Director of Quality Assurance and the Senior Director of Program Operations work together to ensure that each set of policies and procedures do not conflict with one another, are properly referenced in each document, and meet all state Substance Abuse Standard of Care Rules and state contracts. Annually, all policies and procedures are reviewed to ensure consistency;

compliance with applicable laws, licensure rules and contract requirements. Necessary edits are then made to the documents.

~~REQUIREMENTS FOR REGIONAL COLLABORATIVE MEETINGS~~

REQUIREMENTS FOR REGIONAL COLLABORATIVE MEETINGS

The Council on Recovery for the OSAR contract (The Council) is required to maintain documentation of agendas, meeting minutes and sign-in-sheets to support regional collaborative meetings that meet the following:

- Regional substance use disorder treatment system issue resolution
- Strengthening collaboration between HHS-funded providers
- Maintaining referral processes with DFPS, probation and parole
- Identifying additional entities that can support clients through the recovery continuum to be involved in the quarterly regional meetings
- Reviewing changes to local area resources such as changes in service areas or servicesoffered.

The Council will ensure the following required stakeholders are invited to the meeting.

- All HHS-funded substance use disorder treatment, intervention and prevention providers within the Program Service Area
- All HHS-funded LMHA's within the Program Service Area
- All Regional Public Health Centers, FQHC's, and other medical or health providers serving low-income populations within the Program Service Area
- Regional/local Veteran's Administration staff
- Regional DFPS staff
- Probation, parole, drug court departments
- Housing resource staff
- Community-and faith-based recovery organizations within Program Service Area
- Community-and faith based social service organizations within Program Service Area
- Local University and college student support groups
- Representatives of Local Police Departments
- Local Hospitals
- United Way representatives
- Local Chamber of Commerce,
- HHS program staff.

~~DISASTER PLAN~~

~~Disaster Services Plan~~

REPORTING AND SUBMISSION REQUIREMENTS

Required reports of monitoring activities are to be submitted to HHSC by the applicable due date outlined by HHSC Statement of Work.. The reports must be submitted to HHSC through CMBHS, an alternate HHSC approved submission system, or email to the
SUD Mailbox: SUD.Contracts@hhs.texas.gov, by the required due date and report name described in the HHSC Statement of Work Table 1:Submission Requirements.

CLINICAL MANAGEMENT FOR BEHAVIORAL HEALTH SERVICES (CMBHS) SYSTEM MINIMUM REQUIREMENTS

1. Designate a Security Administrator and a back-up Security Administrator. The Security Administrator is required to implement and maintain a system for management of user accounts/user roles to ensure that all the CMBHS user accounts are current.
2. Establish and maintain a security policy that ensures adequate system security and protection of confidential information.
3. Notify the CMBHS Help Desk within ten (10) business days of any change to the designated Security Administrator or the back-up Security Administrator.
4. Ensure that access to CMBHS is restricted to only authorized users. Grantee shall, within 24 hours, remove access to users who are no longer authorized to have access to secure data.
5. In addition to CMBHS Help Desk notification, submit a signed CMBHS Security Attestation Form and a list of employees, contracted laborers and sub-Performing Agencies authorized to have access to secure data. The CMBHS Security
Attestation Form shall be submitted on or before September 15th and March 15th, each fiscal year.
6. Attend HHSC training on CMBHS documentation.

DISASTER PLAN

Disaster Services Plan

In the event of a local, state or federal emergency, including natural, man-made, criminal, terrorist, and/or bioterrorism events, declared as a state disaster by the Governor, or a federal disaster by the appropriate federal official, The Council on Recovery for the OSAR contract (The Council) will assist the Texas Department of Health and Human Services (HHS) in providing services, as appropriate in the following areas: community evacuation, health and medical assistance, assessment of health and medical needs; health surveillance; medical care personnel; health and medical equipment and supplies; patient evacuations; in-hospital care and hospital facility status; food, drug and medical device safety; worker health and safety; mental health and substance abuse; public health information; vector control and veterinary services; and victim identification and mortuary services.

The Council will also assist:

- In mitigating the psychological trauma experienced by victims, survivors, and responders to

such an emergency;

- The individual or family in returning to a normal (pre-disaster) level of functioning and assist in decreasing the psychological and physical effects of acute and/or prolonged stress; and
- Clients already receiving substance abuse or other mental health services in conjunction with the individualâ€™s current support system.

Disaster services will be carried out in the manner that is most responsive to the needs of the emergency is cost effective and least intrusive on The Council's primary services.

~~POLICIES AND PROCEDURES~~

1. ~~The Council will make appropriate staff available to the Texas Department of Health and Human Services (HHS) to assist with disaster mental health services.~~
    A. ~~The Council will provide HHS (in the form required by HHS) with the names and 24-hour contact information of the staff person acting in the capacity of a Risk Manager or Safety Manager and at least two professional staff members trained in mental health, substance abuse or crisis counseling to act as disaster contacts. The list will be updated and submitted as directed by HHS.~~
    B. ~~The Council will provide HHS with one additional contact for each 250,000 persons in the Region 6 service area. This equals approximately 22 staff members. Identified staff members will be, at a minimum, licensed chemical dependency counselors with training in substance abuse, mental health or crisis counseling. The list will be updated and submitted as directed by HHS.~~
2. ~~The Council will collaborate with HHS staff to coordinate disaster/incident response.~~
    A. ~~Completion and submission of status reports.~~
        i. ~~Council staff will be provided with HHS forms to track/document contacts and expenses. The number and type of contacts with responders, survivors, local government and assistive organizations will be tracked from the very beginning of the disaster. Justification for disaster funding support is driven by the number of people seen as well as the anticipated number of survivors that may require crisis counseling services.~~
        ii. ~~Responding staff will be trained in the use of HHS forms to track contacts and expenses.~~
        iii. ~~Service staff will document what they are encountering in the community (i.e. availability of resources, most heavily impacted populations, transportation issues, etc.). HHS may utilize this information as additional narrative justification for services.~~
        iv. ~~The Council's administrative contact will ensure coordination of administrative support functions, especially personnel, accounting and purchasing, so that the program is set up rapidly and expenses are accurately tracked with supporting documentation.~~
    B. ~~Provision of screening, assessment, outreach, referral, crisis counseling, stress management and other appropriate services.~~

i. Disaster contact or designee will identify staff roles and responsibilities and develop a schedule for those working the disaster.

ii. The Council will mobilize and send staff, if requested, into the community immediately after safety has been established. Staff providing direct services will meet daily to share information and debrief.

iii. As on-site provider, The Council will provide information to DHSH on a daily basis regarding damage and both its general and perceived emotional impact on the community. This information will help determine whether or not to pursue a FEMA Immediate Services Program (ISP) Crisis Counseling grant. If the decision is made to apply for the grant and The Council agrees to host a crisis counseling team, then the hiring process will begin immediately.

iv. Disaster contacts need to have easy access to these policies and procedures and copies of the agency's emergency procedures for rapidly posting positions and hiring crisis counseling staff.

3. Assignment of employees to assist HHS to meet staffing needs for morgues, schools, hospitals, disaster recovery centers, and other necessary services during local, state or federal emergencies.

A. When a disaster occurs, staff should be prepared to have both their schedules disrupted for a brief period and to work non-traditional hours (up to 12-hour days) in non-traditional locations with little notice.

B. When contacted by the State about a critical incident, the disaster contact will need to advise HHS of any Council actions being taken in response to the event. Additionally, HHS will need information on the impact the event has had on consumers, employees and The Council.

C. The Council will provide materials, transportation, etc. to assist the response personnel and to track the costs of resources.

D. The Council will make contact with local emergency management to inform them of availability (including service limits), actions being taken, and points and means of contact. Whenever possible a Council representative will be at an emergency operations center or incident command post to gather and provide information about the event and to be available for informal stress management.

E. Designated Council staff members may be required to assist HHS in staffing the State Operations Center (SOC), Disaster Recovery Centers (DRCs) and the Federal/ State Joint Field Office (JFO).

4. Contract with the State to provide FEMA-funded Crisis Counseling Program (CCP) after federal declarations as appropriate.

A. Temporary hires under the Crisis Counseling Program will not necessarily be Qualified Credentialed Counselors (QCCs). They will generally be a mix of experienced/knowledgeable substance abuse and/or mental health workers and indigenous, otherwise qualified staff. Such qualifications include, but are not limited to, fluency in a needed foreign language and excellent speaking abilities.

~~B. Services will include housing, hiring and co-managing CCP Teams as appropriate.~~

~~5. Participate in disaster mental health, substance abuse education and public health training programs as necessary.~~

~~A. The Council will hold periodic exercises which test the agency's disaster plan and alert process.~~

~~B. Council personnel will participate in disaster exercises with local emergency management, both live and table-top, as requested.~~

~~C. Several staff members will be trained in Critical Incident Stress Management (CISM), a very brief modality that provides stress management immediately after a psychologically traumatic event.~~

~~D. Several staff members will receive training in the American Red Cross Disaster Mental Health Program, a service provision model specific to disaster populations and Red Cross outreach policy.~~

~~**I. PRE-DISASTER PLANNING**~~

Policies and Procedures

A. The Council will make appropriate staff available to the Texas Department of Health and Human Services (HHS) to assist with disaster mental health services.

A. The Council will provide HHS (in the form required by HHS) with the names and 24-hour contact information of the staff person acting in the capacity of a Risk Manager or Safety Manager and at least two professional staff members trained in mental health, substance abuse or crisis counseling to act as disaster contacts. The list will be updated
and submitted as directed by HHS.

B. The Council will provide HHS with one additional contact for each 250,000 persons in the Region 6 service area. This equals approximately 22 staff members. Identified staff members will be, at a minimum, licensed chemical dependency counselors with training in substance abuse, mental health or crisis counseling. The list will be updated and submitted as directed by HHS.

B. The Council will collaborate with HHS staff to coordinate disaster/incident response.

A. Completion and submission of status reports.

i. Council staff will be provided with HHS forms to track/document contacts and expenses. The number and type of contacts with responders, survivors, local government and assistive organizations will be tracked from the very beginning of the disaster. Justification for disaster funding support is driven by the number of people seen as well as the anticipated number of survivors that may require crisis counseling services.

ii. Responding staff will be trained in the use of HHS forms to track contacts and expenses.

iii. Service staff will document what they are encountering in the community (i.e. availability of resources, most heavily impacted populations,

transportation issues, etc.). HHS may utilize this information as additional narrative justification for services.

iv. The Council's administrative contact will ensure coordination of administrative support functions, especially personnel, accounting and purchasing, so that the program is set up rapidly and expenses are accurately tracked with supporting documentation.

B. Provision of screening, assessment, outreach, referral, crisis counseling, stress management and other appropriate services.

i. Disaster contact or designee will identify staff roles and responsibilities and develop a schedule for those working the disaster.

ii. The Council will mobilize and send staff, if requested, into the community immediately after safety has been established. Staff providing direct services will meet daily to share information and debrief.

iii. As on-site provider, The Council will provide information to DHSH on a daily basis regarding damage and both its general and perceived emotional impact on the community. This information will help determine whether or not to pursue a FEMA Immediate Services Program (ISP) Crisis Counseling grant. If the decision is made to apply for the grant and The Council agrees to host a crisis counseling team, then the hiring process will begin immediately.

iv. Disaster contacts need to have easy access to these policies and procedures and copies of the agency's emergency procedures for rapidly posting positions and hiring crisis counseling staff.

C. Assignment of employees to assist HHS to meet staffing needs for morgues, schools, hospitals, disaster recovery centers, and other necessary services during local, state or federal emergencies.

A. When a disaster occurs, staff should be prepared to have both their schedules disrupted for a brief period and to work non-traditional hours (up to 12-hour days) in non-traditional locations with little notice.

B. When contacted by the State about a critical incident, the disaster contact will need to advise HHS of any Council actions being taken in response to the event. Additionally, HHS will need information on the impact the event has had on consumers, employees and The Council.

C. The Council will provide materials, transportation, etc. to assist the response personnel and to track the costs of resources.

D. The Council will make contact with local emergency management to inform them of availability (including service limits), actions being taken, and points and means of contact. Whenever possible a Council representative will be at an emergency operations center or incident command post to gather and provide information about the event and to be available for informal stress management.

E. Designated Council staff members may be required to assist HHS in staffing the State Operations Center (SOC), Disaster Recovery Centers (DRCs) and the Federal/

State Joint Field Office (JFO).

D. Contract with the State to provide FEMA-funded Crisis Counseling Program (CCP) after federal declarations as appropriate.

   A. Temporary hires under the Crisis Counseling Program will not necessarily be Qualified Credentialed Counselors (QCCs). They will generally be a mix of experienced/knowledgeable substance abuse and/or mental health workers and indigenous, otherwise qualified staff. Such qualifications include, but are not limited to, fluency in a needed foreign language and excellent speaking abilities.

   B. Services will include housing, hiring and co-managing CCP Teams as appropriate.

E. Participate in disaster mental health, substance abuse education and public health training programs as necessary.

   A. The Council will hold periodic exercises which test the agency's disaster plan and alert process.

   B. Council personnel will participate in disaster exercises with local emergency management, both live and table-top, as requested.

   C. Several staff members will be trained in Critical Incident Stress Management (CISM), a very brief modality that provides stress management immediately after a psychologically traumatic event.

   D. Several staff members will receive training in the American Red Cross Disaster Mental Health Program, a service provision model specific to disaster populations and Red Cross outreach policy.

F. TTOR Additional Disaster - Assign PAC to assist HHSC to meet staffing needs for shelters, morgues, schools, hospitals,disaster recovery centers, community support centers, death notifications, mass inoculations sites, and other necessary services during local, state, or federal emergencies.

G. Covid 19 Harm Reduction Resources -

   1. Funds may be used to assist individuals enrolled in OSAR, substance use prevention, substance use intervention, substance use treatment, or substance use recovery support services for youth and adults, or providers/organizations providing substance use services, to meet one-time needs relating to harm reduction and overdose prevention needs resulting from the COVID-19 pandemic.

   2. Funds may be used to purchase the following items in order to provide substance use resources related to the COVID-19 pandemic, including but not limited to:
   i. Overdose prevention kits (e.g., Narcan/naloxone); and
   ii. Harm reduction supplies (e.g., condoms, cleaning kits).

   3. Cash shall not be given directly to a client.

   4. Expenditures for items not listed above must have written justification and receive written approval from HHSC Program Coordinator and Contract Manager. Other non-expenditure-related approvals must go through the HHSC Program Coordinator and Contract Manager.

I. Pre-Disaster Planning

A. Notification/What staff should do:

- Council staff members designated as disaster contacts will be directed by Council leadership to report any emerging critical incident (i.e. school shooting, bomb threat, chemical spills, large fire, etc.) or natural disaster to The Council's leadership.
- When a disaster occurs, staff should be prepared to have both their schedules disruptedfor a brief period and to work non-traditional hours (up to 12-hour days) in non-traditional locations with little notice.

B. Resources:

- Have a master copy of the "Recovering from the Emotional Aftermath of a Disaster" brochure which provides information about typical emotional responses and coping techniques for a disaster along with Council contact phone numbers. A limited supply of copies should be available for immediate use.
- Prepare a basic office supply box with pens, paper clips, tape, note pads, plain paper and crayons (for children) for staff members to take to work sites.
- Coordinate with local public health officials to have a method for staff to quickly receive vaccinations, if necessary.
- Make available a copy of the sections of these policies and procedures describing expected services.
- Provide staff with HHS forms to track/document contacts and expenses. These forms are available by contacting HHS.
- Provide copies of local resource directories for staff to have in the field.
- A working alliance with local emergency management is strongly encouraged. This allows The Council to integrate substance abuse services into the local/county emergency management plan.

C. What Actions to Take in the First Hours/Days:

- When contacted by the State about a critical incident, the disaster contact will need to advise HHS of any Council actions being taken in response to the event. Additionally, HHS will need information on the impact the event has had on consumers, employees and the agency.
- The Council needs to provide materials, transportation, etc. to assist the response personnel and to track the costs of these resources.
- Whenever possible the State will seek reimbursement for travel and employee costs. However, this occurs infrequently unless the event is declared a federal disaster.

~~**II. Pre-Declaration of Federal Disaster**~~

II. Pre-Declaration of Federal Disaster

A. What Actions to Take in the First Hours/Days:

- As the disaster or incident is occurring, the disaster contact and center management need to begin planning how The Council will respond. HHS will work with the disaster contact or designee to coordinate services and information.

- Outreach: When it is safe to go into the affected areas, previously designated staff need to be sent in to physically assess damages, provide support (i.e. handouts, active listening and referrals) to survivors in the area and report this information back to the designated contact. The Council should also be assessing any damage to property and determining the status of consumers and employees.
- Contact the Red Cross, Salvation Army or other agencies providing assistance to establish a cooperative working relationship and to prevent duplication of effort. Staff need to be prepared to go into affected areas to meet with distressed survivors or responders. During this period the expected need will be to assist those whose coping skills have been overwhelmed.
- HHS, through the State or FEMA, will publish center crisis hotline numbers. Notifycounseling staff that there will be calls from disaster survivors and others needing crisis counseling services or referrals. Develop a plan to address or refer these calls internally to designated staff.
- Make contact with local emergency management to inform them of availability (including service limits), actions being taken and points and means of contact. Whenever possible a Council representative should be at an emergency operations center or incident command post to gather and provide information about the event and to be available for informal stress management.

B. Getting a Crisis Counseling Program Operational:

- The disaster contact or designee will need to identify staff roles and responsibilities and develop a schedule for those working the disaster.
- The Council will need to mobilize and send staff into the community immediately after safety has been established, if requested. Staff providing direct services should meet daily to share information and debrief. Responding staff need to know how to use HHS forms to track contacts and expenses.
- As on-site provider, The Council will need to provide information to HHS on a daily basis regarding damage and both its general and perceived emotional impact on the community. This information will help determine whether or not to pursue a FEMA Immediate Services Program (ISP) Crisis Counseling grant. If the decision is made to apply for the grant and The Council agrees to host a crisis counseling team, then the hiring process should begin immediately.
- Disaster contacts need to have this manual and copies of The Council's emergency procedures for rapidly posting positions and hiring crisis counseling staff.
- The Council's administrative contact needs to ensure coordination of administrative support functions, especially personnel, accounting and purchasing, so that the program is set up rapidly and expenses are accurately tracked with supporting documentation.

~~**III. Disaster Response**~~

III. Disaster Response

A. Types of Services:

- As the crisis counseling program is primarily outreach, staff may be going door-to-door in affected areas to locate survivors and provide emotional support and referrals, if necessary.

- Crisis counseling involves active listening as survivors are given the opportunity to ventilate and tell their story. Staff should reassure the individual that they are experiencing normal reactions and emotions and suggest coping skills and strategies to minimize stress. While listening, staff are assessing whether or not the person's response indicates a need for formal mental health intervention or a follow-up contact.
- In order to assist individuals with their physical and financial needs, referrals to other disaster services should be made as deemed appropriate and necessary.
- When providing stress management for emergency responders, staff should be available as requested. A good process to follow is to **ASK** what is happening with the individual and what is the worst part of his or her experience; **LISTEN** and provide reassurance that such feelings are normal in that type of situation and **INFORM** the individual that the point of talking is to help them return to their normal pre-disaster level of functioning.
- Ask the individual if they are feeling stressed and, if so, what they are doing to decrease stress. Staff should suggest common stress management methods of self-care, including deep breathing exercises, taking short walks, maintaining a "normal" schedule, and taking time to relax.
- The Local Mental Health Authority (LMHA), city or county organizations may ask you to provide assistance to their personnel, especially if a particularly traumatic incident has occurred. If necessary the LMHA can request outside Critical Incident Stress Management (CISM) resources through the Texas Crisis Consortium or through contact with HHS.

B. Duration:

- While it is difficult to estimate the time and resources required to provide adequate disaster substance abuse/mental health services, there will inevitably be a disruption to regular Council services.
- While it is understood that The Council is mandated to serve its priority population, it is also required to support HHS by providing disaster substance abuse/mental health services during times of emergency.

C. Locations:

- In a disaster, services will be provided as needed in the impacted areas, at assistive agency service sites and other related areas such as morgues, hospitals, and schools.
- In a federally-declared disaster, services will be provided at the same locations as described above. In addition, centers will be required to staff Disaster Recovery Centers (DRCs) until CCP teams are hired/established.

D. Reimbursement for Costs:

- The Council must track all direct service costs associated with disaster assistance (i.e. travel, salary, copy costs, cell phone use, etc.).
- After a federal declaration, HHS will seek reimbursement for the above costs through the crisis counseling grant. Extensive documentation (i.e. time sheets, travel logs, cell phone bills, etc.) will be required when The Council invoices HHS.
- Depending on the length of The Councilâ€™s intervention and redirected resources, a modification to The Council's quarterly performance targets may also be possible.

~~IV. Federal Disaster Response~~

IV. Federal Disaster Response

A. How to help HHS with the FEMA Grant Process:

- Track the number and type of contacts with responders, survivors, local government and assistive organizations from the very beginning. Justification for the grant is driven by the number of people seen as well as the anticipated number of survivors that may require crisis counseling services.
- Service staff should document what they are encountering in the community (i.e. availability of resources, most heavily impacted populations, transportation issues, etc.). HHS will utilize this information as additional narrative justification for services.

B. Types of Services in the Crisis Counseling Program:

- Door-to-door outreach, in affected areas, to locate those affected by the disaster and provide emotional support and crisis counseling services. This includes both personal residences and businesses.
- Crisis counseling services include, but are not limited to, outreach, screening and assessment, counseling, information and referral, public education and stress management services.

C. Service Locations:

- Council staff may be required to work in the impacted areas, temporary morgues, temporary housing sites, at the DRC's and/or other sites as needed. Staff may also be asked to attend community and governmental meetings, both as presenters and to provide mental health support.

D. Duration:

- HHS, in consultation with the impacted organizations(s), must apply for the Crisis Counseling Immediate Services Program (ISP) grant within fourteen days of the federal declaration of a disaster. The ISP is a sixty-day grant, beginning on the date of declaration, that allows HHS to provide crisis counseling services while also providing sufficient time to determine whether or not there is a need for a Regular Services Program (RSP) grant.
- If HHS concludes that an RSP grant is needed, HHS will request continuation of the ISP until a decision is reached regarding the RSP application. Such a decision can take anywhere from 60 to 120 days, effectively making the ISP a four to six-month grant.
- Following approval, the RSP can potentially last up to nine months.
- The Crisis Counseling Program, both ISP and RSP, will often be in operation for up to one year, following the date of the disaster's declaration.

V. Anniversaries

- The one-year anniversary of a disaster often arouses emotions and reactions, similar to those experienced during the actual disaster.
- If both ISP and RSP grants are awarded, it is expected that on the first anniversary of the disaster, program staff will still be present to assist the community as needed.

- The Council may also choose to collaborate with the community in the development of a commemorative event. For many people, part of the healing process involves simply acknowledging the impact the event had on his or herself as well as reflecting on his or her recovery over the last year.
- It is important to remember that impacted communities will recover at different rates. Where one community may be ready for an anniversary event, celebrating their survival and recovery, another community may choose not to acknowledge this passing of time.

** In the event of emergency closure of Harris Center clinics, OSAR Coordinator of outpatient services will be notified by the Harris Center Director of Mental Health Projects.

MARKETING

The OSAR Program has developed and maintains a marketing plan to engage local referral sources and provide information to these sources regarding the availability of SUD treatment services in the Region and the eligibility criteria for admission. The marketing plan is available to HHSC for review upon request.

Outreach Activities

A. Outreach activities are as outlined in 26 TAC §321.55. The provision of health-substance abuse - related information, activities, and services to a specified group that has traditionally been under served.

- Outreach Strategy is taking services and activities where the group resides and works

B. Outreach Activities are reported to HHSC quarterly. **(See Attachment X)**

ATTACHMENTS

Attachment A: The OSAR Resource Directory

Attachment B: Readiness Rulers (Pre and Post)

Attachment C: CMBHS Screening Tool

A. Screening Intake
B. Substance Use Assessment
C. Financial Eligibility

Attachment D: Texas Family Code 32.004 - Consent to Counseling

Attachment E: Incident Reports

A. The Harris Center's Incident Reporting Policy ~~EM4 RE: Contractors~~LDA.19
    - Aligns with The Council on Recovery procedures.
B. The Council on Recovery - Facility /Program Incident Report

Attachment F: Suicide Screener

Attachment G: Risk Assessment

Attachment H: No Harm Contract

Attachment I: Suicide/Homicide Prevention - The Harris Center"s Policy ACC~~12A~~.A.10

Attachment J: The Council on Recovery OSAR Program Staff Handbook - Section 520 - HIV and Communicable Diseases

- Section 520 contains policies and procedures that are not The Harris Center's. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.

Attachment K: The Council on Recovery OSAR Program Staff Handbook - Section 110 - Employee Background Checks

- Section 110 contains policies and procedures that are not The Harris Center's. However, the identified policies and procedures represent The Harris Center's approach to monitoring the delivery of OSAR services and program management.

Attachment L: The Council on Recovery - Students Volunteers and Subcontractors

A. Texas Administrative Code ~~448~~564.602 **(See Attachment W)**
B. The Council on Recovery - Students Volunteers and Subcontractors Procedure
    - This procedure is not The Harris Center's. However, the identified procedure represents The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.
C. The Council on Recovery Training Institute Non-clinical Volunteer/Student Intern Orientation Packet
    - This packet is not The Harris Center's policy or procedure. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services.

Attachment M: The Council on Recovery OSAR Program Staff Handbook

- This handbook is not The Harris Center's policy or procedure. However, the identified policies and procedures represent The Harris Center's approach to monitoring The Council on Recovery's delivery of OSAR services and management.

Attachment N: The Harris Center's Policy RR~~3A~~.A.2 - Assurance of Individual Rights

- The Clients Bill of Rights aligns with the Harris Center's Policy of Assurance of Individual rights

Attachment O: The Harris Center's Incident Response and Reporting Policy HIM~~5A~~.IT.A.3

Attachment P: The Council on Recovery OSAR Quality Management Plan

Attachment Q: The Harris Center Performance Improvement Plan

Attachment R: The Harris Center Workforce Member Network and Internet Use Policy HIM~~3A~~.IT.A.1

Attachment S: The OSAR Satisfaction Survey

Attachment T: OSAR Chart Audit Form

Attachment U: The Harris Center's Policy RR.A.1~~B~~ Reporting Allegations of Abuse, Neglect and Exploitation of Elderly Persons with Disabilities

Attachment V: Clients Rights

Attachment W: Referenced Texas Administrative Codes

Attachment X: OSAR Marketing Plan Procedure

Attachments

- A -OSAR Resource Directory.pdf
- B - Readiness Rulers Pre and Post.pdf
- C - CMBHS Screening Tool.pdf
- D - Texas Family Code 32.004 - Consent to Counseling.pdf
- E - The Council on Recovery - Facility Program Incident Report.pdf
- E - The Harris Centers Policy LD.A.19 Incident Reporting
- F - Suicide Screener.pdf
- G - Risk Assessment.pdf
- H - No Harm Contract.pdf
- I - The Harris Centers Policy ACC.A.10 Suicide Homicide Prevention .pdf
- J - Section 520 - The Council on Recovery OSAR Program Staff Handbook.pdf
- K - Section 110 - The Council on Recovery OSAR Program Staff Handbook.pdf
- L - The Council on Recovery - Students Volunteers and Subconctractors Policies Procedures Orientation Packet.pdf
- M - The Council on Recovery OSAR Program Staff Handbook.pdf
- N - The Harris Center's Policy RR.A.2 Assurance of Individual Rights
- O - The Harris Centers Policy HIM.IT.A.3 Incident Response Policy.pdf
- P - The Council on Recovery Quality Management Plan.pdf
- Q - The Harris Center Performance Improvement Plan.pdf

R - The Harris Centers Policy HIM.IT.A.1 Workforce Member Network Internet Use Policy.pdf

S - The OSAR Satisfaction Survey.pdf

T - OSAR Chart Audit Form.pdf

U - The Harris Centers Policy RR.A.1 Reporting Allegations of Abuse, Neglect and Exploitation of Elderly Persons with Disabilities.pdf

V - Clients Rights.pdf

W - Referenced Texas Administrative Codes.pdf

X - OSAR Marketing Plan Procedure.pdf

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	09/2025
Legal Review	Kendra Thomas: Counsel	09/2025
Compliance Director Review	Demetria Luckett	08/2025
Departmental Review	Keena Pace: Exec	07/2025
Initial Assignment	Byanca Hernandez: Lead	07/2025

EXHIBIT F-24

Status **Pending** PolicyStat ID **18455939**

Origination	08/2022	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2025		
Next Review	1 year after approval		

HR.A.28 Sexual Harassment Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris center) to provide a work environment that is free from sexual harassment. In support of this commitment, The Harris Center adheres to all applicable federal, state, and local laws and regulations concerning sexual harassment.

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

3. APPLICABILITY/SCOPE:

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

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

~~The Harris Center Compliance PlanLD11A Corporate Compliance~~

LD.P.1 Compliance Plan FY25

5. PROCEDURE:

~~Sexual Harassment Procedure~~

HR.B.28 Discrimination, Harassment, and Retaliation

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	08/2025
Department Review	Kendra Thomas: Counsel [BE]	08/2025
Initial Assignment	Toby Hicks	07/2025

EXHIBIT F-25

Status **Pending** PolicyStat ID **17898890**

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		

H1-B Visa Request Policy

1. PURPOSE:

To establish a policy and guidelines for managing H1-B visa requests at the Harris Center for Mental Health and IDD (The Harris Center) under rare and exceptional circumstances, once it has been determined such action is in the best interest of the organization.

2. POLICY:

It is the policy of The Harris Center to be in committed to full compliance with all applicable immigration laws and regulations. As an agency of the state and unit of local government, The Harris Center is currently unable to sponsor H1-B visas.

3. APPLICABILITY/SCOPE:

Applies to:

- All employees (full-time, part-time, relief staff)
- Prospective applicants who disclose the need for sponsorship and meet exception criteria

4. RELATED POLICIES/FORMS:

Not applicable

5. PROCEDURE:

H1B- Visa Request Procedure

6. REGULATIONS/STANDARDS

- U.S. Citizenship and Immigration Services (USCIS) H1-B Visa Regulations
- Immigration and Nationality Act (INA), 8 U.S.C.A. 1101
- Department of Labor (DOL) H1-B Labor Condition Application requirements

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	10/2025
2nd Legal Review	Kendra Thomas: Counsel	09/2025
1st Legal Review	Bijul Enaohwo	09/2025
Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	08/2025
Initial Assignment	Toby Hicks	08/2025

EXHIBIT F-26

Status **Active** PolicyStat ID **18688048**

Origination	09/2025	Owner	Nicole Lievsay: Dir
Last Approved	09/2025	Area	Leadership
Effective	09/2025	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	09/2026		

GA.A.8 Posting Materials on Agency Property

1. PURPOSE:

To ensure that all materials posted on agency property uphold the values, mission, and professional standards of The Harris Center for Mental Health and IDD (The Harris Center). This policy supports the agency's commitment to consistent, inclusive, and brand-aligned communications in all public-facing environments.

2. POLICY:

It is the policy of The Harris Center that all physical and digital materials intended for posting or display on agency property must receive prior approval from the Communications Team. Approved materials must align with the agency's mission, values, and branding and must support agency-related programs, services, or employment-related activities. Unauthorized postings are not permitted and may be removed without notice.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, interns, volunteers, contractors, and external partners seeking to post materials on any agency-owned or leased property.

It includes, but is not limited to:

- Flyers
- Announcements
- Banners
- Posters

- Digital Signage
- Table displays in common areas
- Mandated Postings

4. RELATED POLICIES/FORMS:

Not Applicable

5. PROCEDURES:

GA.B.8 Posting Materials on Agency Property Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center Brand Standards Guide

Attachments

Feb 2022_Brand Guidelines.pdf

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	09/2025
CEO Approval	Wayne Young: Exec	08/2025
2nd Legal Review	Kendra Thomas: Counsel	08/2025
1st Legal Review	Bijul Enaohwo	08/2025
Compliance Director	Demetria Luckett	08/2025
Initial Assignment	Nicole Lievsay: Dir	08/2025

EXHIBIT F-27

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

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

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Avondale House

Mailing Address: 3737 O'Meara Drive

City: Houston State: Texas Zip code: 77025

Telephone: 713-400-2626 Fax No.: _____

E-mail Address: kevink@avondalehouse.org

Relationship to The Harris Center: Has been a long time previous member of the PAC representing another organization.

We were referred to The Harris Center by: Self Referral- Former PAC member

Who will represent your organization on the Advisory Council? Kevin Kern, COO of Avondale House

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Avondale House is a nonprofit organization that provides individuals with autism the resources, education, and training to develop to their fullest potential.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Texas Health and Human Services Commission as a licensed ISS and ICF/IID Provider, Texas Alliance of Accredited Private Schools

PAGE 2 OF 3

PART II

Name: Kevin Kern

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: 3737 O'Meara Drive

City: Houston State: TX Zip code: 77025

Telephone: Home: _____ Work: 713-400-2626 Cell: 832-707-8072

E-Mail Address: kevink@avondalehouse.org

Fax No.: _____ Occupation: Chief Operating Officer

Name of Company/Agency: Avondale House

Business Address: 3737 O'Meara Drive

City: Houston State: Texas Zip code: 77025

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Avondale House
(Organization Name)

Organization Authorization: Steve Net, CEO
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?
I have worked in this field for over 25 years and am passionate and dedicated to ensuring that individuals with autism, IDD or similar conditions have the resources and supports that they need to reach their fullest potential. I also want to learn from other PAC members so that I can continue to serve to the best of my ability

What special interests, talents, or experience do you feel you bring to the Advisory Council?
I have over 25 years of experience in the field and have worked in both Texas and Pennsylvania. I believe my experiences and knowledge can bring suggestions, ideas and recommendations on a variety of topics.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

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

Please list your organization's memberships in other professional and/or civic organizations and associations:

Private Providers Association of Texas

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Nurw Nuss, COO

(Signature of Officer Making Application/Title)

8/6/25

(Date)

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

Attachments:

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

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, Kevin Kern, hereby certify on behalf

of Avondale House, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

(Signature of Organization Representative)

Chief Operating Officer

(Title)

8/6/25

(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☒

Your Name: Kevin Kern

Representing: Avondale House

Signature: Kevin Kern

Date: 8/6/25

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

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Kevin Kern

(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

8/6/25

(Date)

Kevin Kern

(Signature)

EXHIBIT F-28

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

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

Please Print:

Name: LaVette Allen

☐ Mr. ☐ Mrs. ☑ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted] Redgate DR.

City: Houston State: Texas Zip Code: [redacted]

Telephone: Home N/A Work 713-858-1904 Cell 713-858-1904

Fax No.: N/A E-mail Address: lavette.allen@gmail.com

Occupation: Retired Paralegal

Employed by: N/A - former Employer - Linebarger Goggan & Blair law firm

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

I am being nominated by: Person who recommended me become IDD-PAC member

[Yourself or person who recommended you become an IDD-PAC member]

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

I can help evaluate the suitability of specific disabilities learning, health Needs that being over looked

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

I bring a unique and valuable contributions to the ~~Special~~ Special Need by being a Mother of two daughter's that's Special Need. These capabilities can significantly enhance communication and improving overall outcomes for Special Need Individu

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

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

PAGE 2 OF 2

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

☑ Yes ☐ No If no, please explain: _____

_____

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

Phillis Wheatley High School Alumni Committee
Inspire Church - Her Women's Ministry
Martin Family - Event Planner
The Gate - Prayer Group - Founder
Board member of - Embracing The Master Plan

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

_____ 10/4/2025

(SIGNATURE) (DATE)

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

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

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.*

EXCEPTION:

_____

_____

I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

_____

_____

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family*.

EXCEPTION:

_____

_____

I am not employed by The Harris Center, nor is any member of my immediate family*.

EXCEPTION:

_____

_____

I have no other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any member of my immediate family*.

EXCEPTION:

_____

_____

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: LaVette Allen

Signature: LaVette Allen

Date: 10/4/2025

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

THE HARRIS CENTER INDIVIDUAL MEMBER OF ADVISORY COUNCIL CERTIFICATION OF COMPLIANCE

THE HARRIS CENTER'S CODE OF ETHICS

I, LaVette Allen hereby certify that I have read and will comply with the Code of Ethics as adopted by the Board of Trustees with the most recent revision having been adopted on November 1, 2006 by unanimous affirmative vote of the Board of Trustees FOR The Harris Center.

(Signature)

10/4/2025

(Date)

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

LaVette Allen
(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)

☑ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☐ **Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/4/2025
(Date)

(Signature)

EXHIBIT F-29

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

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

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Waller ISD

Mailing Address: 20600 Fields Store Road

City: Waller State: Tx Zip code: 77484

Telephone: 936-931-9146 Fax No.: _____

E-mail Address: jfurrh@wallerisd.net

Relationship to The Harris Center: Professional

We were referred to The Harris Center by: Past Member of IDD PAC

Who will represent your organization on the Advisory Council? Jeff Furrh - Director Student Support Services

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Independent School District - Special Education and 504 Services

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Region 4 educational Service Center

Texas Council of Adminitrators of Special Education

PART II

Name: Jeff Furrh

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: 20600 Fields Store Road

City: Waller State: Tx Zip code: 77484

Telephone: Home: 936-931-9146 Work: 936-931-9146 Cell: 832-755-5386

E-Mail Address: JFurrh@wallerisd.net

Fax No.: _____ Occupation: Director - Student Support Services

Name of Company/Agency: Waller ISD

Business Address: 20600 Fields Store Road

City: Waller State: TX Zip code: 77484

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: _____
(Organization Name)

Organization Authorization: _____
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?
To insure that WISD is providing parents and students with the most up to date information related to the Harris Center.
To also insure that if needed parent/staff concerns can be shared with the PAC.

What special interests, talents, or experience do you feel you bring to the Advisory Council?
Local Education Agency supporting/working with families with Disabilities.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

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

PAGE 3 0F 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

Region 4 Educational Service Center, Texas Council of Adminstrators of Special Education

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustecs of The Harris Center. Please include these statements with this information form and return to Thc Harris Center.

Organization Authorization: _____

(Signature of Officer Making Application/Title)

_____

(Date)

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

Attachments:

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

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Jeff Furrh

(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/13/25

(Date)

Jeff Furrh

(Signature)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☐

Your Name: Jeff Furrh

Representing: Waller ISD

Signature: Jeff Furrh

Date: 10/13/23

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

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, _____, hereby certify on behalf

of _____, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Jeff Furch

(Signature of Organization Representative)

Director - Student Support Serv

(Title)

10-13-23

(Date)

EXHIBIT F-30

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR INDIVIDUAL NOMINEES TO THE

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

Please Print:

Name: Jenny Cheng

☐ Mr. ☐ Mrs. ☒ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted]

City: Houston State: TX Zip Code: [redacted]

Telephone: Home 626-321-8270 Work _____ Cell 626-321-8270

Fax No.: _____ E-mail Address: jennycheng1015@gmail.com

Occupation: shipping sales

Employed by: Intertrans Express

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

I am being nominated by: Yurise Foundation

[Yourself or person who recommended you become an IDD-PAC member]

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

What special interests, talents, or experience do you feel you bring to the IDD-PAC?
We would like to learn more about employments opportunity, gov benefits, day program, group home, etc,.

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

INDIVIDUAL APPLICATION TO THE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL [IDD-PAC]
PAGE 2 OF 2

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

☒ Yes ☐ No If no, please explain: _____

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

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

(SIGNATURE)

Oct 20, 2025
(DATE)

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

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

THE HARRIS CENTER INDIVIDUAL MEMBER OF

ADVISORY COUNCIL CERTIFICATION OF

COMPLIANCE

THE HARRIS CENTER'S CODE OF ETHICS

I, Jenny Cheng hereby certify that I have read and will comply with the Code of Ethics as adopted by the Board of Trustees with the most recent revision having been adopted on November 1, 2006 by unanimous affirmative vote of the Board of Trustees FOR The Harris Center.

Jenny Cheng

(Signature)

Oct 20, 2025

(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR INDIVIDUAL MEMBER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES PLANNING ADVISORY COUNCIL

I own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of my immediate family.*

EXCEPTION:

_____

Yes _____

I am not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor is any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I receive no income or payment of any kind from The Harris Center, nor does any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I am not employed by The Harris Center, nor is any member of my immediate family*.

EXCEPTION:

_____

Yes _____

I have no other conflict of interest which would make it undesirable for me to serve on this Advisory Council, nor does any member of my immediate family*.

EXCEPTION:

_____

Yes _____

Intellectual and Developmental Disabilities Planning Advisory Council

Print Your Name: Jenny Cheng

Signature: _____

Date: Oct 20, 2025

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

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Jenny Cheng
(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had an intellectual disability having been diagnosed at some point in my life as having an intellectual disability.)

☒ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family – mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☐ **Legally Authorized Representative** (I consider myself to be a person who represents a person who has been diagnosed with an intellectual disability.)

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

Oct 20, 2025
(Date)

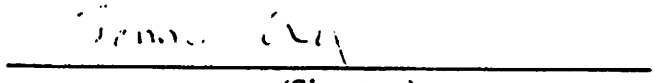

(Signature)

EXHIBIT F-31

THE HARRIS CENTER
9401 Southwest Freeway
Houston, TX 77074

INFORMATION FORM FOR ORGANIZATION NOMINEES TO THE

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

Organization representation on The Harris Center Advisory Councils should be one which provides services to or for persons with mental illness, emotional disturbances, Autism or other intellectual and developmental disabilities or an organization which advocates for the interests of persons from the aforementioned disability groups; and/or has demonstrated a commitment and interest in the improvement of services for persons with the aforementioned disabilities.

If your organization is currently a Board-approved member of the Council, disregard PART I and have your designated representative complete PART II.

PART I

Organization Name: Light and Salt Association

Mailing Address: 3535 Briarpark Dr. #135

City: Houston State: TX Zip code: 77042

Telephone: 713-988-4724 Fax No.: _____

E-mail Address: LSAHOUSTON@Gmail.com

Relationship to The Harris Center: Our organization collaborates with The Harris Center to provide coordinated services and support for individuals with mental health and intellectual/developmental disabilities.

We were referred to The Harris Center by: Williams, Mary Jane

Who will represent your organization on the Advisory Council? Sharon Cheng/ Director

(Name and Position in Organization)

Please describe your organization and its support or services for persons with mental disabilities.
Please enclose a copy of your organization's Mission Statement.

Light & Salt Association is a community service agency dedicated to supporting individuals with intellectual and developmental disabilities. This includes Individualized Skills and Socialization (ISS), community integration, daily living skills training, and behavioral support. Our staff works closely with individuals, families, and community partners to develop personalized plans that enhance quality of life and promote meaningful community participation.

Please list your organization's memberships in or affiliation with other professional and/or civic organizations and associations that address the needs of persons with mental disabilities:

Texas Health and Human Services Commission (HHSC) ;The Harris Center for Mental Health and IDD

Participate in local coalitions, disability awareness events, and inter-agency collaborations that support individuals with mental health and developmental needs.

PAGE 2 OF 3

PART II

Name: Sharon Cheng

☐ Mr. ☒ Mrs. ☐ Ms. ☐ Dr. ☐ Consumer ☐ Family Member of Consumer*

Mailing Address: [redacted]

City: [redacted] State: TX Zip code: [redacted]

Telephone: Home: _____ Work: 713-988-4724 Cell: 304-376-3719

E-Mail Address: sharon.cheng@lightandsaltassociation.org

Fax No.: _____ Occupation: Special Needs Program director

Name of Company/Agency: Light and Salt Association

Business Address: 3535 Briarpark Dr. #135

City: Houston State: TX Zip code: 77042

As an organization representative, I understand the organization I represent must be a Harris Center Board-approved organization appropriate to the specific Advisory Council which provides services to or for persons with mental illness, emotional disturbances, or intellectual and developmental disabilities.

I am being nominated by: Light and Salt Association
(Organization Name)

Organization Authorization: _____
(Signature of Officer Making Nomination/Title)

Why do you want to be a member of the Advisory Council?

Our organization wishes to join the Advisory Council to contribute our experience in serving individuals with intellectual and developmental disabilities. We believe collaboration and shared expertise among community partners are key to improving the quality, accessibility, and coordination of services. Through active participation, we hope to support The Harris Center's mission and help shape initiatives that promote person-centered care and inclusion.

What special interests, talents, or experience do you feel you bring to the Advisory Council?

Our agency provides community-based, person-centered services for individuals with intellectual and developmental disabilities, with particular experience serving culturally diverse immigrant families. We are committed to advocacy, empowerment, and inclusion, and work closely with families to coordinate resources and create meaningful community opportunities. We aim to use this experience to support the Advisory Committee's mission and strengthen connections among providers, individuals, and families.

The Advisory Council meets one time per month during workday hours. Are you available to attend these monthly meetings on a regular basis?

☒ Yes ☐ No If no, please explain: _____

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

PAGE 3 0F 3

Please list your organization's memberships in other professional and/or civic organizations and associations:

We are partner with Texas Health and Human Services Commission (HHSC)

Approved ISS provider under the Home and Community-Based Services (HCS) and Texas Home Living (TxHmL) programs.

Community and Civic Organizations – Participation in local coalitions, disability awareness events, and inter-agency collaborations supporting individuals with mental health and developmental needs.

Upon submittal of notice to The Harris Center of a desire to be an Advisory Council organization member or to change your representative, you and/or your representative are provided a copy of The Harris Center policy (Board By-Laws) pertaining to Advisory Council membership and the Code of Ethics for review. Your representative is requested to review and sign, on behalf of your organization, a non-conflict of interest statement regarding participation on the Council and commit that your organization and he/she will be guided by the Code of Ethics of the Board of Trustees of The Harris Center. Please include these statements with this information form and return to The Harris Center.

Organization Authorization: Sharon Cheng-Director

(Signature of Officer Making Application/Title)

10/23/2025

(Date)

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

Attachments:

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

THE HARRIS CENTER ORGANIZATION MEMBERS OF ADVISORY COUNCILS CERTIFICATION OF COMPLIANCE WITH THE HARRIS CENTER'S CODE OF ETHICS

I, Sharon Cheng, hereby certify on behalf

of Light and Salt Association, an organization which is

seeking to hold an organization member slot on the Intellectual and Developmental Disabilities Planning Advisory Council, that we have received and will comply with the Code of Ethics as adopted by the Board of Trustees for The Harris Center, the most recent revision having been adopted in November 1, 2006 by unanimous affirmative vote of the Board.

Sharon Cheng -Director
(Signature of Organization Representative)

(Title)

OCT 23, 2025
(Date)

THE HARRIS CENTER CONFLICT OF INTEREST DECLARATION FOR ADVISORY COUNCIL ORGANIZATION MEMBERS

We own no interest in any business, company, or firm which contracts with or sells merchandise or services to The Harris Center, nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We are not employed by a business, company, or firm which has a contract with The Harris Center or sells its merchandise or services nor does any member of the immediate family of our organization representative.

EXCEPTION:

_____

_____

We receive no income or payment of any kind from The Harris Center nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

We are not employed by The Harris Center nor is any member of our representative's immediate family.

EXCEPTION:

_____

_____

We have no other conflict of interest which would make it undesirable for a representative of our organization to serve on this Advisory Council, nor does any member of the immediate family* of our organization representative.

EXCEPTION:

_____

_____

Advisory Council:

Intellectual and Developmental Disabilities ☐

Your Name: Sharon Chang

Representing: Light and Salt Association

Signature: Sharon Chang

Date: OCT 23, 2025

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

The Harris Center

Intellectual and Developmental Disabilities Planning Advisory Council

Voluntary Disclosure Statement

Sharon Cheng
(Name)

Please check one:

☐ **Consumer** (I consider myself to be a person who has or has had a mental disability having been diagnosed at some point in my life as having a mental disability.)

☐ **Family Member** (I consider myself to be a family member, as I have a person who has been diagnosed with an intellectual disability in my immediate family -- mother, father, brother, sister, son, daughter, husband, wife, grandmother, grandfather.)

☒ **Concerned Community Citizen** (I do not consider myself to be either a consumer or family member).

I hereby give The Harris Center permission to utilize the above designation as needed to respond to inquiries as to the composition and/or representation of persons with intellectual disabilities or their family members with regard to the planning, evaluation, and input processes of the Agency.

10/23/2025
(Date)

Sharon Cheng
(Signature)

EXHIBIT F-32

The Harris Center for Mental Health and IDD

Results of Financial Operations and Comparison to Original Budget
October 31, 2025

Fiscal Year 2026

The Harris Center for Mental Health and IDD

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

The Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

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

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

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams
Chief Financial Officer

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget - Operating Activities
October 31, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date				
	Original Budget	Actual	Variance $	%	Original Budget	Actual	Variance $	%	
Operating Revenues									
State General Revenue	$ 11,145,628	$ 10,803,472	(342,156)	-3%	$ 22,291,256	$ 21,819,091	(472,165)	-2%	
Harris County and Local	4,683,587	5,058,121	374,534	8%	9,367,174	9,254,393	(112,781)	-1%	A
Federal Contracts and Grants	4,466,048	5,655,938	1,189,890	27%	8,932,096	9,367,399	435,303	5%	B
State Contract and Grants	1,993,454	2,132,930	139,476	7%	3,986,908	3,808,907	(178,001)	-4%	
Third Party Billing	3,465,049	3,098,025	(367,024)	-11%	6,930,098	6,687,697	(242,401)	-3%	C
Charity Care Pool	3,590,350	3,590,350	-	0%	7,180,700	7,180,699	(1)	0%	
Directed Payment Programs	450,000	437,942	(12,058)	-3%	900,000	875,885	(24,115)	-3%	
Patient Assistance Program (PAP)	1,098,200	1,356,900	258,700	24%	2,196,400	2,535,623	339,223	15%	D
Interest Income	277,083	145,436	(131,647)	-48%	554,166	338,224	(215,942)	-39%	
Operating Revenues, total	$ 31,169,399	$ 32,279,114	$ 1,109,715	4%	$ 62,338,798	$ 61,867,918	$ (470,880)	-1%	
Operating Expenditures									
Salaries and Fringe Benefits	$ 20,480,600	$ 21,374,348	(893,748)	-4%	$ 40,961,200	$ 42,415,248	$ (1,454,048)	-4%	E
Contracts and Consultants	1,260,282	945,251	315,031	25%	2,520,564	1,705,331	815,233	32%	
Contracts and Consultants-HCPC	3,960,586	3,890,426	70,160	2%	7,921,172	7,780,853	140,319	2%	
Supplies	354,213	446,211	(91,998)	-26%	708,426	490,118	218,308	31%	
Drugs	2,310,715	2,779,184	(468,469)	-20%	4,621,430	5,188,214	(566,784)	-12%	F
Purchases, Repairs and Maintenance of:									
Equipment	156,054	148,084	7,970	5%	312,108	191,279	120,829	39%	
Building	281,354	151,413	129,941	46%	562,708	210,100	352,608	63%	
Vehicle	90,602	134,562	(43,960)	-49%	181,204	153,612	27,592	15%	
Software	346,270	397,464	(51,194)	-15%	692,540	455,885	236,655	34%	
Telephone and Utilities	318,602	342,978	(24,376)	-8%	637,204	599,939	37,265	6%	
Insurance, Legal and Audit	209,827	199,129	10,698	5%	419,654	368,314	51,340	12%	
Travel & Training	252,185	191,219	60,966	24%	504,370	210,349	294,021	58%	
Dues & Subscriptions	630,342	478,912	151,430	24%	1,260,684	811,165	449,519	36%	
Other Expenditures	371,551	172,053	199,498	54%	743,102	984,508	(241,406)	-32%	
Operating Expenditures, total	$ 31,023,183	$ 31,651,234	$ (628,051)	-2%	$ 62,046,366	$ 61,564,915	$ 481,451	1%	
Operating Activities - Change in Fund Balance/Net Position	**$ 146,216**	**$ 627,880**	**$ 481,664**		**$ 292,432**	**$ 303,003**	**$ 10,571**		

The Harris Center for Mental Health and IDD
Results of Financial Operations and Comparison to Original Budget - Capital Outlay & Debt Service Related Activities
October 31, 2025
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance $	%	Original Budget	Actual	Variance $	%
Revenues								
Harris County and Local (CHC)	$ -	$ -	-		$ -	$ -	$ -	
State Contract and Grants (HHSC)	-	-	-		-	-	-	
Revenues, total	$ -	$ -	$ -		$ -	$ -	$ -	
Expenditures								
Debt Service	$ 146,216	$ -	$ 146,216	100%	$ 292,432	$ -	$ 292,432	100%
Capital outlay	-	17,766	(17,766)		-	115,191	(115,191)	
Expenditures, total	$ 146,216	$ 17,766	$ 128,450		$ 292,432	$ 115,191	$ 177,241	
Excess (Deficiency) of revenues over expenditures	$ (146,216)	$ (17,766)	128,450	-88%	$ (292,432)	$ (115,191)	177,241	
Other Financing Sources								
Sale of Capital Assets	-	70,401	70,401		-	70,401	70,401	
Other Financing Sources	-	-	-		-	-	-	
Other Financing Uses	-	-	-		-	-	-	
Other Financing Sources, total	$ -	$ 70,401	$ 70,401		$ -	$ 70,401	$ 70,401	
Capital Outlay & Debt Service Activities - Change in Fund Balance/Net Position	**$ (146,216)**	**$ 52,635**	**$ 198,851**		**$ (292,432)**	**$ (44,790)**	**$ 247,642**	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
October 31, 2025

Results of Financial Operations and Comparison to Original Budget

A Harris County and Local
Revenue recognition is driven by salaries and wages. There were three pay dates in October resulting in $460K additional revenue accrued.

B Federal Contract and Grants
Our Early Childhood Intervention (ECI) runs on a federal fiscal year (Oct-Sept). However, the contract exhausted its FY25 budget in June 2025, therefore, October is the first month in FY26 to recognize revenue. September expenditures under this grant totaled $721K, which were included in October's revenue.

C Third Party Billing
The unfavorable variance is due to an increase of $489K in bad debt associated with self-pay accounts.

D Patient Assistance Program (PAP)
The Patient Assistance Program is pass through revenue as it is offset by corresponding drug expense based on the volume of clients we serve. The 24% increase is consistent with the 20% increase in drug expense.

E Salaries and Fringe Benefits
October included 3 playdates and 23 working days, which is higher than average (21.75). Our budget for salaries and fringe benefits is straight-line throughout the year.

F Drugs
The 20% unfavorable variance in drug expense is consistent with the 24% increase in revenue under the Patient Assistance Program (see Note D above).

The Harris Center for Mental Health and IDD

Balance Sheet

October 31, 2025

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	September - 2025	October - 2025	Change	
Assets				
Current Assets				
Cash and Cash Equivalents				
Cash and Petty Cash	$ 22,540,138	$ 19,256,258	$ (3,283,880)	
Cash Equivalents	41,441,846	22,659,652	(18,782,194)	
Cash and Cash Equivalents, total	$ 63,981,984	$ 41,915,910	$ (22,066,074)	AA
Inventories, Deposits & Prepaids	6,104,750	7,261,941	1,157,191	
Accounts Receivable:				
Patient A/R, net of allowance	2,074,402	1,579,202	(495,200)	
A/R from other governments	37,881,623	58,396,027	20,514,404	BB
Other A/R	729,086	165,468	(563,618)	
Current Assets, total	$ 110,771,845	$ 109,318,548	$ (1,453,297)	
Restricted Cash and Cash Equivalents	19,966,242	19,973,557	7,315	
Capital Assets:				
Land	12,709,144	12,709,144	-	
Building and Improvements	55,610,903	55,610,903	-	
Right-to-use assets (Leases & SBITA)	6,312,466	6,312,466	-	
Furniture, Equipment and Vehicles	7,960,059	7,960,059	-	
Construction in Progress	11,376,400	11,376,400	-	
Accumulated Depreciation/Amortization	(38,908,961)	(38,908,961)	-	
Capital Assets, net total	$ 55,060,011	$ 55,060,011	$ -	
Total Assets	**$ 185,798,098**	**$ 184,352,116**	**$ (1,445,982)**	
Liabilities & Fund Balance/Net Position				
Liabilities				
Accounts Payable and Accrued Liabilities	$ 16,923,228	$ 18,627,917	$ 1,704,689	
Unearned Revenues	13,387,373	12,583,885	(803,488)	
Noncurrent liabilities:				
Due within one year	2,963,041	2,599,540	(363,501)	
Due in more than one year	39,321,749	39,213,583	(108,166)	
Liabilities, total	$ 72,595,391	$ 73,024,925	$ 429,534	
Fund Balance/Net Position				
Net Investment in Capital Assets	42,299,769	42,307,084	7,315	
Restricted for Capital Projects	19,966,242	19,973,557	7,315	
Nonspendable	6,104,750	7,261,941	1,157,191	
Assigned	15,434,386	15,434,386	-	
Unassigned/Unrestricted	29,819,862	26,092,009	(3,727,853)	CC
Change in fund balance/net position	(422,302)	258,213	680,515	CC
Fund Balance/Net Position, Total	$ 113,202,707	$ 111,327,191	$ (1,875,516)	
Total Liabilities & Fund Balance/Net Position	**$ 185,798,098**	**$ 184,352,116**	**$ (1,445,982)**	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
October 31, 2025

Balance Sheet

AA Cash and Investments

The $22.1M net decrease in cash is primarily due to a delay in the Q1 payment for the FY26-FY27 State Performance contract. We expect to receive the payment in the range of $38M in November, which is at the end of the 1st quarter. Historically, it is received at the beginning of the quarter in either September or early October. As a result of not receiving the funds timely, the impact on cash is apparent. If we had received the funding, our cash would have been in the $79M range at the end of October despite the reduction in cash due to a 3rd pay period during the month. In addition, with December being the first month of the second quarter, we expect to receive another $38M by the end of December. This will put our projected cash in the $80M to $85M range.

BB A/R from Other Governments

The increase of $20.5M is primarily attributable to $10.4M associated with an additional month of service provided related to our State Performance contract. The Q1 payment for the FY26-FY27 State Performance contract has not yet been received and is expected in November. The payment will increase cash and unearned revenues and decrease A/R from Other Governments. This increase in A/R from Other Governments is also driven by receivables for the CCP funding ($3.5M) and the Harris County General Allocation ($2.0M).

CC Change in Fund Balance and Unassigned/Unrestricted

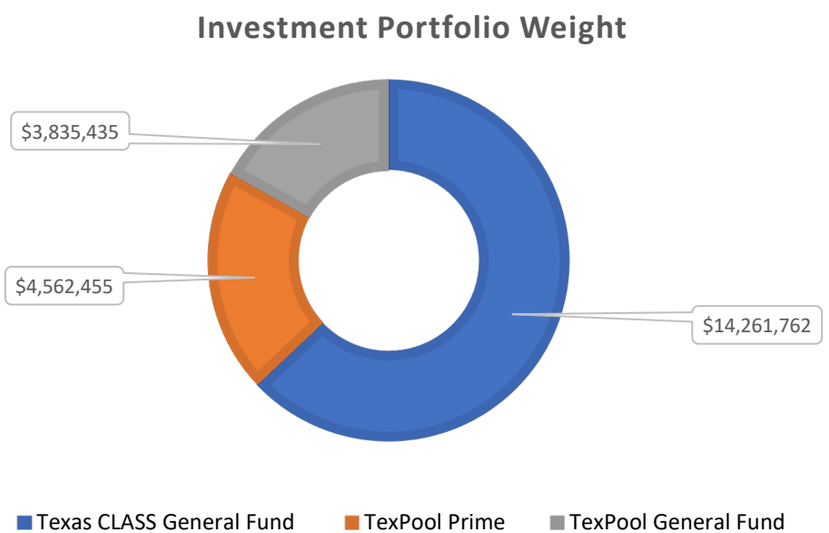
This report includes a change in the line item balance from September. The change is related to removing the impact of the prior fiscal year. The change in Fund Balance for September 2025 now reflects the combined impact of the Change in Fund Balance/Net Position from Operating Activities and Capital Outlay & Debt Service Activities as reported in September's financials. There is no net effect.

The Harris Center for Mental Health and IDD

Investment Portfolio

October 31, 2025

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
Texas CLASS							
Texas CLASS General Fund	$ 27,175,184		$ (13,000,000)	$ 86,578	$ 14,261,762	62.94%	4.39%
TexPool							
TexPool Prime	10,444,672		(5,900,000)	17,782	4,562,455	20.13%	4.42%
TexPool General Fund	3,821,990			13,445	3,835,435	16.93%	4.31%
TexPool Sub-Total	14,266,663	-	(5,900,000)	31,227	8,397,890	37.06%	4.37%
Total Investments	$ 41,441,846	$ -	$ (18,900,000)	117,805	$ 22,659,652	100.00%	4.38%
	Additional Interest on Checking Accounts			27,631			
	Total Interest Earned during the current month			145,436			



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.30%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week	4.14%
Interest Rate - JPMorgan Hybrid Checking	2.90%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of October 31, 2025, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

Michael T. Hooper Jr.

Michael T. Hooper Jr.
Director of Financial Accounting & Reporting

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
October 31, 2025

Vendor	Description	Monthly Not-To-Exceed [(1)]	Oct-25	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	$3,650,000	$2,051,827	$4,076,169
Blue Cross Blue Shield of TX	Health and Dental Insurance	$3,300,000	$2,608,842	$5,263,019
UNUM	Life Insurance	$310,000	$202,271	$202,271

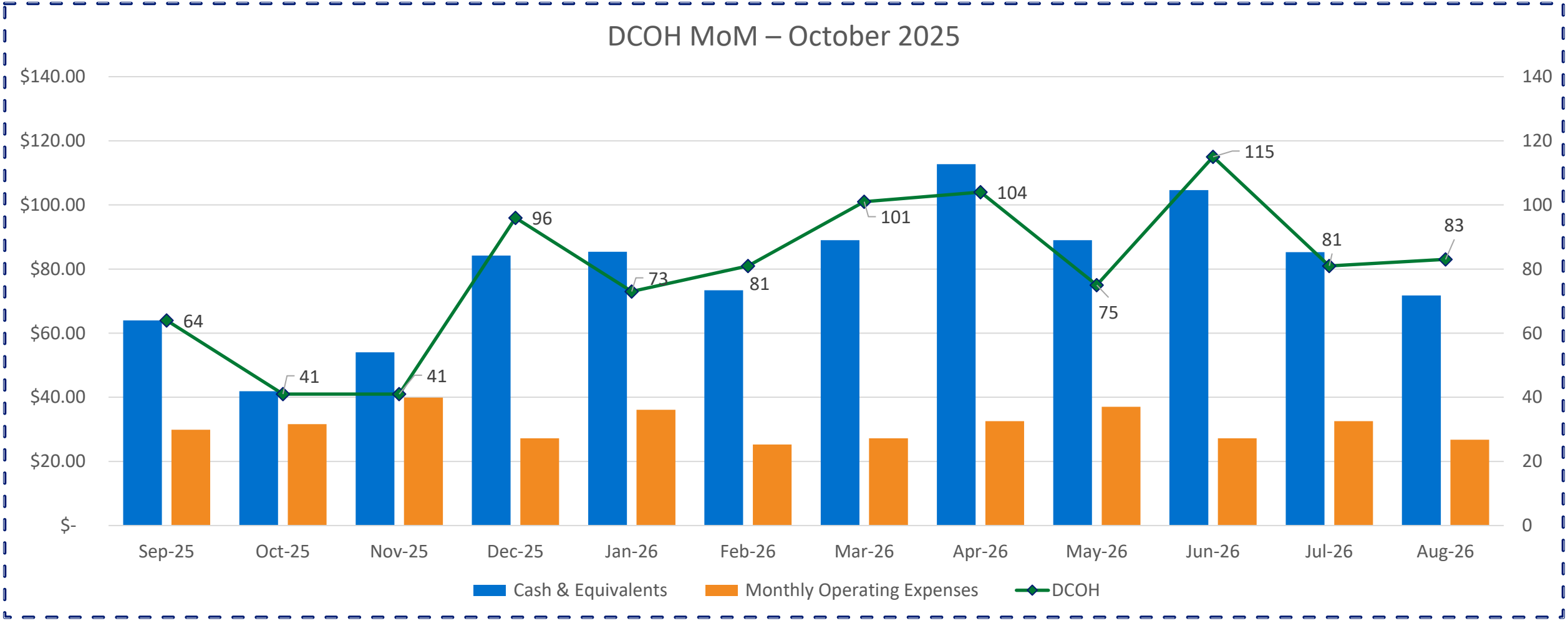
Notes:
[(1)] *As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.*

Additional Analysis – October 2025

Days-Cash-On-Hand (DCOH)– as of 10/31/2025

Month-over-month ("MoM") ($ amounts in millions)

The HARRIS CENTER for Mental Health and IDD

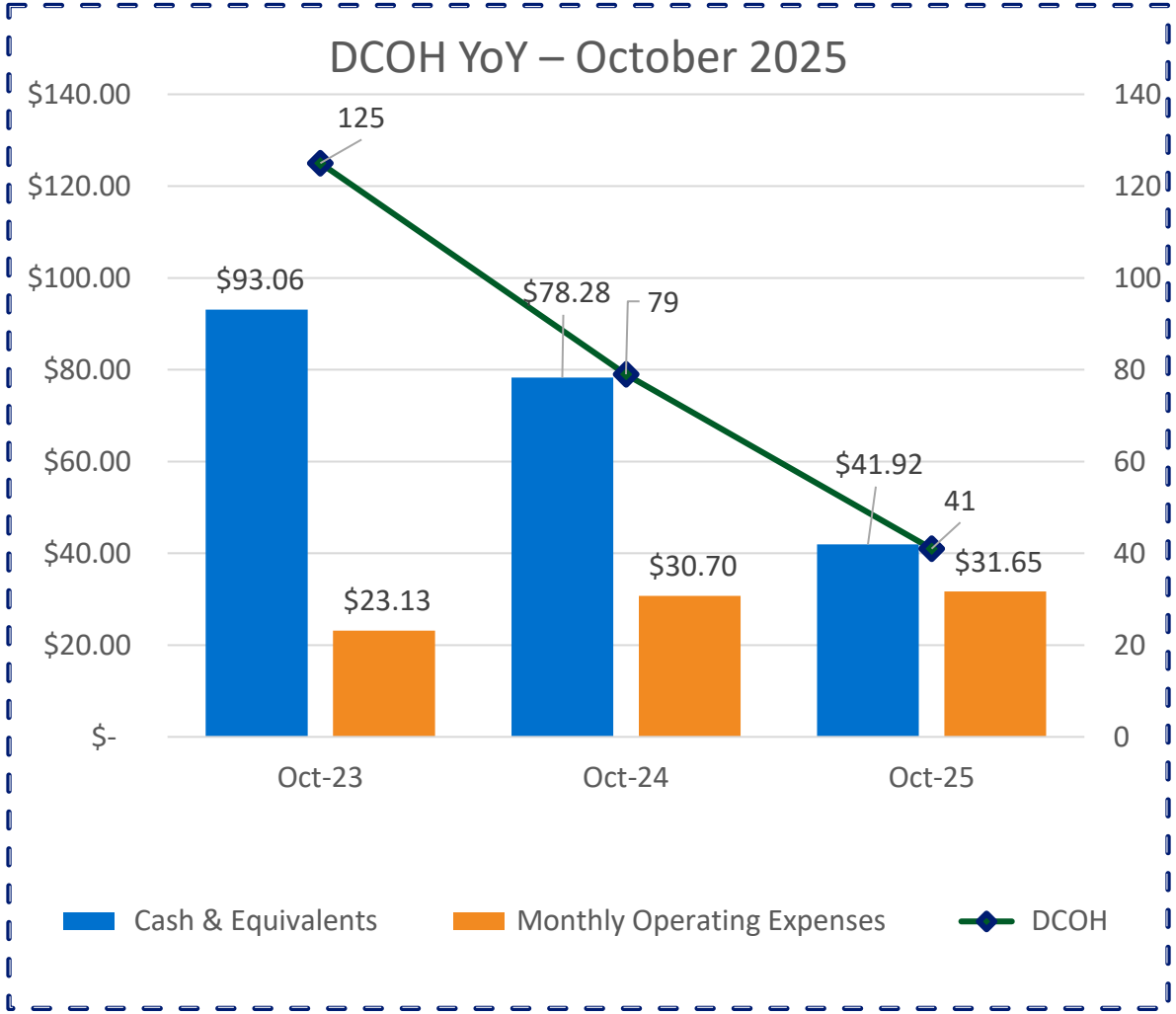


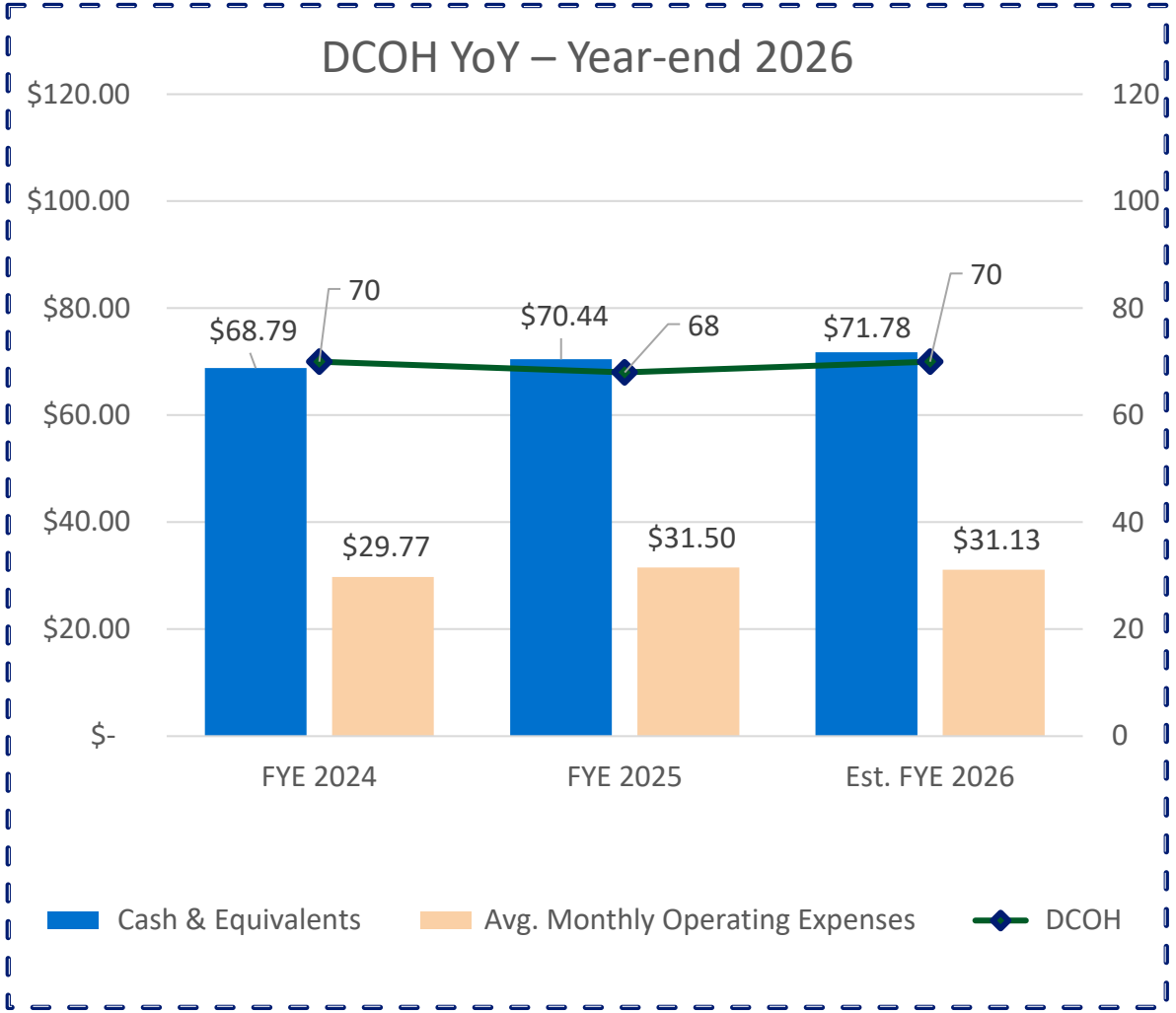
DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

Days-Cash-On-Hand (DCOH)– as of 10/31/2025

Year-over-year ("YoY") ($ amounts in millions)

The HARRIS CENTER for Mental Health and IDD





DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
Months in FY 2026 after current Month are based on projections

Capital Outlay – as of 10/31/2025

The HARRIS CENTER for Mental Health and IDD

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	**100,289**
Fund Balance	100,289
IT Capital Projects	**6,205**
Fund Balance	6,205
6168 Apartments	**4,964**
HHSC GRANT (9268)	4,964
SW Foundation Repair	**3,734**
Bond Series 2024	3,734
Grand Total	**115,191**

Funding Source/Project		Year-to-date Total
Fund Balance	**$**	**106,494**
Facilities Capital Projects	$	100,289
IT Capital Projects	$	6,205
HHSC GRANT (9268)	**$**	**4,964**
6168 Apartments	$	4,964
Bond Series 2024	**$**	**3,734**
SW Foundation Repair	$	3,734
Grand Total	**$**	**115,191**