REVISED

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/

Governance Committee Meeting
November 11, 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, September 16, 2025
(EXHIBIT G-1)

IV. **REVIEW AND COMMENT**

A. Employee Labor Organization

V. **CONISDER AND TAKE ACTION**

A. Bylaws of the Board of Trustees - The Harris Center
(Kendra Thomas)

B. Board Officers 2026
(Jim Lykes)

C. No Changes

1. Communication with the Media and Other Entities
(EXHIBIT G-2)
2. Delegation of Medical Acts for Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff
(EXHIBIT G-3)
3. Equal Employment Opportunity
(EXHIBIT G-4)
4. IRB Research Procedures and the Committee for the Protection of Human Subjects
(EXHIBIT G-5)
5. Pharmacy Hazardous Drugs Policy
(EXHIBIT G-6)
6. Pharmaceutical or Patient Assistance Programs (PAP)
(EXHIBIT G-7)
7. Payment of Accrued Leave Upon Separation
(EXHIBIT G-8)
8. Whistleblower
(EXHIBIT G-9)

D. Policy Changes

1. Cellular Phone Distribution and Management
(EXHIBIT G-10)

2. Court-Ordered Outpatient Mental Health Services
   (EXHIBIT G-11)
3. Dressing and Grooming Policy
   (EXHIBIT G-12)
4. Drug/Alcohol Testing Pre-Employment
   (EXHIBIT G-13)
5. Drug Free Workplace
   (EXHIBIT G-14)
6. Employee Counseling, Supervision, Progressive Discipline and Termination
   (EXHIBIT G-15)
7. Family and Medical Leave Act (FMLA)
   (EXHIBIT G-16)
8. Infection Control Plan/Airborne Precautions
   (EXHIBIT G-17)
9. Moonlighting
   (EXHIBIT G-18)
10. Organizational Development
    (EXHIBIT G-19)
11. Outreach Screening Assessment Referral (OSAR) Policy & Procedure Manual
    (EXHBIIT G-20)
12. Sexual Harassment
    (EXHIBIT G-21)

E. New Policy's
1. H1-B Visa Request
   (EXHIBIT G-22)
2. Posting Materials on Agency Property
   (EXHIBIT G-23)

VI. **EXECUTIVE SESSION**

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

VII. **RECONVENE INTO OPEN SESSION**

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

IX. **ADJOURN**

Veronica Franco

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

EXHIBIT G-1

BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, SEPTEMBER 16, 2025
MINUTES

CALL TO ORDER
Mr. Jim Lykes, Chairman called the meeting to order at 8:31 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

Committee Member Absent: Ms. N. Hurtado

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

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS
Mr. J. Lykes designated Dr. K. Bacon, Dr. M. Miller, Jr. and Dr. J. Lankford as voting members of the committee.

2. DECLARATION OF QUORUM
The meeting was called to order at 8:31 a.m.

3. PUBLIC COMMENTS
No public comments.

4. APPROVAL OF MINUTES
Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 19, 2025

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

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, August 19, 2025, EXHIBIT G-1 has been approved and recommended to the Full Board.

5. CONSIDER AND TAKE ACTION

A. No Changes

1. Confidentiality and Disclosure of Patient/Individual Health Information (Exhibit G-2)

2. Employee Job Descriptions (Exhibit G-3)
3. Employee Performance Evaluations (Exhibit G-4)
4. Incident Response Policy (Exhibit G-5)
5. Information Security Policy (Exhibit G-6)
6. Obligation to Identify individuals or Entities Excluded from Participation in Federal Healthcare Program (Exhibit G-7)
7. Off-Premises Equipment (Exhibit G-8)
8. Signature for Authorization (Exhibit G-9)
9. Suicide/Homicide Prevention (Exhibit G-10)

MOTION: GEARING moved to approve agenda Exhibits G2-G10
SECOND: LANKFORD moved to approve agenda Exhibits G2-G10
BE IT RESOLVED, with unanimous affirmative vote, agenda Exhibits G2-G10 are approved and recommended to Full Board for final approval.

B**.** Policy Changes

1. Declaration of Mental Health Treatment (Exhibit G-11)

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

BE IT RESOLVED, Declaration of Mental Health Treatment, EXHIBIT G-11 has been approved and recommended to the Full Board.

2. Pregnant Workers and Accommodations (Exhibit G-12)

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

BE IT RESOLVED, Pregnant Workers and Accommodations, EXHIBIT G-12 has been approved and recommended to the Full Board.

3. Termination of General Revenue Contract Providers with Harris Center-IDD Services (Exhibit G-13)

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

BE IT RESOLVED, Termination of General Revenue Contract Providers with Harris Center-IDD Services, EXHIBIT G-13 has been approved and recommended to the Full Board.

C. New Policy's

a. Recording Policy (Exhibit G-14)

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

BE IT RESOLVED, Recording Policy, EXHIBIT G-14 has been approved and recommended to the Full Board.

6. EXECUTIVE SESSION –Mr. Lykes announced the Governance Committee would enter into Executive Session at 8:55am

7. RECONVENED INTO OPEN SESSION – The Governance Committee reconvened at 9:35am

8. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
No action taken

9. ADJOURN
MOTION: BACON SECOND: MILLER, JR.
The meeting was adjourned at 9:34 A.M.

Respectfully submitted,

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

EXHIBIT G-2

Status **Pending** PolicyStat ID **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 G-3

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 G-4

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 G-5

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 G-6

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

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

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 G-7

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

Origination	08/2017	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.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 G-8

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 G-9

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

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

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 G-10

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

Origination	02/2023
Last Approved	N/A
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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 G-11

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 G-12

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
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Compliance Director Review	Demetria Luckett	09/2025
Department Review	Kendra Thomas: Counsel	08/2025
Initial Assignment	Toby Hicks	08/2025

EXHIBIT G-13

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 G-14

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 G-15

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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 G-16

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
Initial Assignment	Toby Hicks	08/2025

EXHIBIT G-17

Status **Pending** PolicyStat ID **18455958**

Origination	08/2024	Owner	Vanessa Miller: Mgr
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	09/2025		
Next Review	1 year after approval		

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 G-18

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
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	07/2025

EXHIBIT G-19

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Last Approved	N/A	Area	Human Resources
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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
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	09/2025
Initial Assignment	Ninfa Escobar: Dir	09/2025

EXHIBIT G-20

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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 G-21

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 G-22

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 G-23

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