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Full Board Meeting
February 24, 2026
8:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Minutes of the Board of Trustees Meeting Held on Tuesday, January 27, 2026
(*EXHIBIT F-1*)
 - B. Minutes of the Board of Trustees Meeting Held on Saturday, January 31, 2026
(*EXHIBIT F-2*)
- IV. CHIEF EXECUTIVE OFFICER'S REPORT**
- V. COMMITTEE REPORTS AND ACTIONS**
 - A. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
 - B. Resource Committee Report and/or Action
(*G. Womack, Chair*)
 - C. Program Committee Report and/or Action
(*M. Miller, Jr., Chair*)
 - D. Quality Committee Report and/or Action
(*J. Lankford, Chair*)
- VI. CONSENT AGENDA**
 - A. FY'26 Year-to-Date Budget Report- January
(*EXHIBIT F-3 Stanley Adams*)
 - B. February 2026 Contract Amendments Over 250K
(*EXHIBIT F-4 Stanley Adams*)
 - C. February 2026 Interlocal Agreements
(*EXHIBIT F-5 Ernest Savoy*)
 - D. Accessibility Plan Policy
(*EXHIBIT F-6*)
 - E. Assurance of Individual Rights Policy
(*EXHIBIT F-7*)
 - F. Business Associate and Subcontractor Policy
(*EXHIBIT F-8*)
 - G. Cash Receipts & Bank Deposits Policy
(*EXHIBIT F-9*)
 - H. Charity Care Policy
(*EXHIBIT F-10*)

- I. Corporate Card Policy
(EXHIBIT F-11)
- J. Development and Management for Mental Health and IDD Service
Wait/Interest List Policy
(EXHIBIT F-12)
- K. Disposal of Fixed Assets Policy
(EXHIBIT F-13)
- L. Dues and Membership Fees Policy
(EXHIBIT F-14)
- M. Employment Policy
(EXHIBIT F-15)
- N. Faxing & Emailing Patient Identifying Information Policy
(EXHIBIT F-16)
- O. Patient/Individual Records Administration Policy
(EXHIBIT F-17)
- P. Personal Property Policy
(EXHIBIT F-18)
- Q. Pregnant Workers and Accommodations Policy
(EXHIBIT F-19)
- R. Return to In-Patient Care of Furloughed Patient Policy
(EXHIBIT F-20)
- S. Section 504 of the Rehabilitation Act (The Act) Policy
(EXHIBIT F-21)
- T. Subpoenas Policy
(EXHIBIT F-22)
- U. Tenant Selection Policy
(EXHIBIT F-23)
- V. Behavioral Crisis Safety and Intervention Policy
(EXHIBIT F-24)
- W. Compliance Documentation and Claims Integrity Plan Policy
(EXHIBIT F-25)
- X. Compliance Plan FY26 Policy
(EXHIBIT F-26)
- Y. Drug Diversion Reporting and Responses Policy
(EXHIBIT F-27)
- Z. Pharmacy and Unit Medications/Drug Inventory Policy
(EXHIBIT F-28)
- AA. Pharmacy Services and Outpatient Prescriptions Policy
(EXHIBIT F-29)
- AB. Prescription Monitoring Program (PMP) Policy
(EXHIBIT F-30)

AC. Screening and Assessment for Mental Health, Substance Use and Intellectual and Development Disabilities (IDD) Services Policy
(EXHIBIT F-31)

AD. Workforce Member Network Internet Use Policy
(EXHIBIT F-32)

AE. Artificial Intelligence Acceptable use and Work Productivity Policy
(EXHIBIT F-33)

AF. Canva Use Policy
(EXHIBIT F-34)

AG. Delegation of Medical Acts Policy
(EXHIBIT F-35)

AH. Viva Engage use Policy
(EXHIBIT F-36)

AI. Workplace Bullying Policy
(EXHIBIT F-37)

VII. CONSIDER AND TAKE ACTION

A. Audit Committee Members Election
(*Jim Lykes*)

VIII. BOARD CHAIR'S REPORT

IX. EXECUTIVE SESSION

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

• In accordance with §§551.071 and 551.072 of the Texas Government Code, to consult with attorney and deliberate the purchase, exchange, lease or value of real property. Wayne Young, CEO and Ernest Savoy, Senior Assistant General Counsel-Contract Services & Real Estate

• As authorized by §551.071 of the Texas Government Code, consultation with attorney regarding litigation styled Case 4:25-cv-05430 B. Starks v. The Harris Center Foundation d/b/a/ The Harris Center for Mental Health and IDD. Bijul Enahwo, Assistant General Counsel and Toby Hicks, Senior Director-People Partners & Labor Relations.

• In accordance with §551.074 of the Texas Government Code, discussion of personnel matters related to the nomination and election of individual Board members to the Audit Committee. Dr. Robin Gearing, Board Chair and Mr. James Lykes, Chair of the Governance Committee.

X. RECONVENE INTO OPEN SESSION

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

XII. INFORMATION ONLY

A. A Safer Tomorrow Starts Today Presentation
(EXHIBIT F-38)

B. Board Meeting Update of UWHC meeting with CEO
(EXHIBIT F-39)

XIII. ADJOURN

Veronica Franco

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

EXHIBIT F-1

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

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: January 27, 2026

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

TRUSTEES ABSENT:

I. Declaration of Quorum

Dr. R. Gearing, Chair, called the meeting to order at 8:38 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

No public comments

III. Approval of Minutes

MOTION BY: LANKFORD SECOND: MILLER, JR.

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, November 18, 2025 as presented under Exhibit F-1, are approved.

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

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

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

- A. Audit Committee Reports and/or Action-J. Lykes, Chair
- B. Resource Committee Reports and/or Action-G. Womack-Chair
- C. Program Committee Reports and/or Action-M. Miller, Jr. - Chair
- D. Quality Committee Reports and/or Action-J. Lankford-Chair

VI. CONSENT AGENDA

- A. FY'26 Year-To-Date Budget Report-November
- B. FY'26 Year-To-Date Budget Report-December
- C. January 2026 New Contracts Over 250K
- D. January 2026 Contract Renewals Over 250K
- E. January 2026 Contract Amendments Over 250K

MOTION: LYKES SECOND: BACON**With unanimous affirmative votes****BE IT RESOLVED** Consent Agenda item A-E, Exhibit F2-F6 as presented are approved.

- F. January 2026 Internal Agreements

Dr. Lankford recused himself from the discussion and vote because the Board was considering taking action on a contract with the University of Texas Health Science Center at Houston on behalf of the Harris County Psychiatric Center. Dr. Lankford is employed with the University of Texas Health Science Center.

MOTION: WOMACK SECOND: LYKES**With unanimous affirmative votes****BE IT RESOLVED** Consent Agenda item F, Exhibit F7 as presented are approved.**VII. CONSIDER AND TAKE ACTION**

- A. FY2025 Annual Audit-

Dr. Gearing has requested to enter Executive Session for legal advice. Following Executive Session, the Board decided to defer their vote until a final draft of the audit report has been prepared.

- B. Resolution for the Juvenile Justice & Youth Diversion Project Grant Application

MOTION: BACON SECOND: LYKES**With unanimous affirmative votes****BE IT RESOLVED** Resolution for the Juvenile Justice & Youth Diversion Project Grant Application item B as presented is approved.**VIII. REVIEW AND COMMENT**

- A. **Harris Center for Mental Health and IDD Systems Assessment**-Bradley Griese and Nic Nunn-Faron from BDO presented to the Full Board.

IX. Board Chair's Report

Dr. Gearing appointed Board members to serve on the Governance, Resource, Program and Quality Committees for the 2026 calendar year.

Governance Committee-
J. Lykes-Chair
G. Womack-Member
Dr. J. Lankford-Member

Resource Committee-
G Womack-Chair
J. Lykes-Member
Dr. M. Miller, Jr. – Member

Program Committee-
Dr. M. Miller, Jr. – Chair
Dr. Q. Moore-Member
Dr. K. Bacon-member
R. Thomas-Member

Quality Committee-
Dr. J. Lankford-Chair
Dr. K. Bacon-Member
Dr. Q. Moore-Member

IX. Executive Session- The Board entered into Executive Session at 10:14 am for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding contract between the Ring Central and the Harris Center. Kendra Thomas, General Counsel and Ernest Savoy, Senior Assistant General Counsel-Contracts & Real Estate
- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding litigation styled Case 4:25-cv-05430 B. Starks v. The Harris Center Foundation d/b/a/ The Harris Center for Mental Health and IDD. Bijul Enaohwo, Assistant General Counsel and Toby Hicks, Senior Director-People Partners & Labor Relations.

X. Reconvene into Open Session-The Board reconvened into open session at 11:02 am.

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

- As authorized by Section 551.071 of the Texas Government Code, consultation with attorney regarding contract between the Ring Central and the Harris Center. Kendra Thomas, General Counsel and Ernest Savoy, Senior Assistant General Counsel-Contracts & Real Estate

MOTION: WOMACK

I move that the board ratify and approve the execution of the Ring Central License Renewal executed July 23, 2025.

SECOND: BACON

Approved with unanimous affirmative votes.

XII. ADJOURN

MOTION: WOMACK SECOND: BACON

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 11:06 AM

Respectfully submitted,

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

EXHIBIT F-2

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: January 31, 2026

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
Gerald Womack-Secretary
Dr. Jeremy Lankford
Resha Thomas-video conference
Dr. Quianta Moore
Dr. Katherine Bacon

TRUSTEES ABSENT: Jim Lykes, Vice Chairperson
Dr. Max Miller, Jr-Vice Chairperson
Sheriff Ed Gonzalez

I. Declaration of Quorum

Dr. R. Gearing, Chair, called the meeting to order at 9:00 a.m. noting that a quorum of the Board was in attendance.

II. Public Comments-

No public comments

III. CONSIDER AND TAKE ACTION

A. FY2025 Annual Audit

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED FY2025 Annual Audit Exhibit F-1 as presented is approved.

IV. EXECUTIVE SESSION-There was no Executive Session.

V. Reconvene into Open Session

VI. Consider and take action as a result of the executive session
There was no Executive Session held.

VII. ADJOURN
MOTION: MOORE SECOND: BACON

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 9:25 AM

Respectfully submitted,

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

DRAFT

EXHIBIT F-3

The Harris Center for Mental Health and IDD

**Results of Financial Operations and Comparison to Original Budget
January 31, 2026**

Fiscal Year 2026

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

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

The Report on Results of Financial Operations and Comparison to Original Budget (the Report) submitted herewith was prepared by The Center's Accounting Department.

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

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

The Center's accounting records for its general fund are maintained on a modified accrual basis of accounting. Under this method, revenues are recognized in the period when they become both measurable and available, and expenditures are recognized when the related fund liability is incurred, if measurable.

The Report submitted herewith was prepared on a budgetary basis which is not in accordance with generally accepted accounting principles nor with financial reporting principles set forth by the Governmental Accounting Standards Board (GASB). The Report has not been audited by an independent auditor.

Stanley Adams

Stanley Adams

Chief Financial Officer

The Harris Center for Mental Health and IDD
Combined - Results of Financial Operations and Comparison to Original Budget
January 31, 2026
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue	\$ 11,145,628	\$ 11,084,961	\$ (60,667)	-1%	\$ 55,728,140	\$ 55,105,357	\$ (622,783)	-1%
Harris County and Local	4,683,587	4,455,819	(227,768)	-5%	23,417,935	23,567,167	149,232	1%
Federal Contracts and Grants	4,466,048	4,001,678	(464,370)	-10%	22,330,240	21,141,475	(1,188,765)	-5%
State Contract and Grants	1,993,454	1,612,477	(380,977)	-19%	9,967,270	8,732,265	(1,235,005)	-12%
Third Party Billing	3,465,049	2,871,109	(593,940)	-17%	17,325,245	15,929,646	(1,395,599)	-8%
Charity Care Pool	3,590,350	5,911,772	2,321,422	65%	17,951,750	20,273,171	2,321,421	13%
Directed Payment Programs	450,000	437,942	(12,058)	-3%	2,250,000	2,521,264	271,264	12%
Patient Assistance Program (PAP)	1,098,200	1,356,384	258,184	24%	5,491,000	6,257,212	766,212	14%
Interest Income	277,083	221,358	(55,725)	-20%	1,385,415	1,026,819	(358,596)	-26%
Revenues, total	\$ 31,169,399	\$ 31,953,500	\$ 784,101	3%	\$ 155,846,995	\$ 154,554,376	\$ (1,292,619)	-1%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 20,173,621	\$ 306,979	1%	\$ 102,403,000	\$ 103,308,166	(905,166)	-1%
Contracts and Consultants	1,260,282	1,206,050	54,232	4%	6,301,410	4,115,110	2,186,300	35%
Contracts and Consultants-HCPC	3,960,586	3,887,426	73,160	2%	19,802,930	19,437,132	365,798	2%
Supplies	354,213	1,096,501	(742,288)	-210%	1,771,065	2,345,844	(574,779)	-32%
Drugs	2,310,715	2,692,949	(382,234)	-17%	11,553,575	12,385,055	(831,480)	-7%
Purchases, Repairs and Maintenance of:								
Equipment	156,054	186,968	(30,914)	-20%	780,270	667,017	113,253	15%
Building	281,354	300,647	(19,293)	-7%	1,406,770	1,230,489	176,281	13%
Vehicle	90,602	62,747	27,855	31%	453,010	356,697	96,313	21%
Software	346,270	367,926	(21,656)	-6%	1,731,350	1,371,973	359,377	21%
Telephone and Utilities	318,602	233,878	84,724	27%	1,593,010	1,413,092	179,918	11%
Insurance, Legal and Audit	209,827	282,576	(72,749)	-35%	1,049,135	1,051,334	(2,199)	0%
Travel & Training	252,185	247,155	5,030	2%	1,260,925	952,803	308,122	24%
Dues & Subscriptions	630,342	441,707	188,635	30%	3,151,710	2,640,132	511,578	16%
Other Expenditures	371,551	561,072	(189,521)	-51%	1,857,755	2,019,253	(161,498)	-9%
Expenditures, total	\$ 31,023,183	\$ 31,741,223	\$ (718,040)	-2%	\$ 155,115,915	\$ 153,294,097	\$ 1,821,818	1%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ 212,277	\$ 66,061		\$ 731,080	\$ 1,260,279	\$ 529,199	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	-	146,216		731,080	1,223,231	(492,151)	
Capital outlay	-	91,446	(91,446)		-	1,437,748	(1,437,748)	
Other Financing Sources (Uses)								
Insurance proceeds	-	1,618	1,618		-	1,618	1,618	
Sale of Capital Assets	-	13,470	13,470		-	189,901	189,901	
Other Financing Sources	-	78,685	78,685		-	137,360	137,360	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ 2,327	\$ 148,543		\$ (731,080)	\$ (2,332,100)	\$ (1,601,020)	
Change in Fund Balance/Net Position	\$ -	\$ 214,604	\$ 214,604		\$ -	\$ (1,071,821)	\$ (1,071,821)	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
January 31, 2026

Results of Financial Operations and Comparison to Original Budget

A Federal Contract and Grants

Funding for the Mobile Crisis Outreach Team Grant was reduced following a budget adjustment of ARPA funds from the Houston Police Department. The total impact is approximately \$578K of which \$55K affected January. Several other programs were unfavorable to budget due to increased program revenue which offsets grant revenue, slower than expected spending, and vacancies in January. These included Other ECI (\$173K), Federal SAPT Block Grant (\$83K), Federal TPWD Youth and Family Wellness Center (\$101K), Federal SAMHSA (\$101K), and DFPS TX Family First (\$74K).

B State Contract and Grants

Several programs were unfavorable to budget due to slower than expected spending and vacancies in January including Local Harris SB292 (\$77K), Jail Based Comp Resp Pilot (\$45K), Other State TCOMI-Special Need (\$47K), and Other State Rider 52 MST (\$57K).

C Third Party Billing

While Local Private Insurance was favorable to budget (\$1.26M on a budget of \$1.11M), it was offset by the (\$223K) unfavorable budget in Local Patient Fees. We also collected less from ICFMR than anticipated (\$65K), Medicaid (\$146K), ECI Targeted Case Management (\$52K), and Federal THL Waiver (\$85K).

D Charity Care Pool

January includes a true-up of the actual Public Health Provider Charity Care Program payment expected from the State. We will receive \$5.7M more than originally expected. The remaining \$3.4M pick-up will help offset the \$1.7M YTD unfavorable Revenue variance.

E Supplies and Other Expenditures

The transition from Citibank to US Bank caused delayed pcard charges (approximately \$300K) from December to January. Additionally, we continue to see an uptake related to various program. January included over \$170K in computer purchases for clients served.

The Harris Center for Mental Health and IDD
Balance Sheet
January 31, 2026
Non-GAAP / Budgetary-Basis Reporting
Unaudited - Subject to Change

	December - 2025	January - 2026	Change	%	
Assets					
Current Assets					
Cash and Cash Equivalents					
Cash and Petty Cash	\$ 18,194,070	\$ 36,592,027	\$ 18,397,957	101%	AA
Cash Equivalents	60,429,752	45,086,152	(15,343,600)	-25%	
Cash and Cash Equivalents, total	\$ 78,623,822	\$ 81,678,179	\$ 3,054,357	4%	
Inventories, Deposits & Prepaids	8,458,863	14,753,111	6,294,248	74%	
Accounts Receivable:					
Patient A/R, net of allowance	1,732,082	1,660,199	(71,883)	-4%	
A/R from other governments	10,603,626	10,361,640	(241,986)	-2%	
Other A/R	684,192	731,967	47,775	7%	
Current Assets, total	\$ 100,102,585	\$ 109,185,096	\$ 9,082,511	9%	
Restricted Cash and Cash Equivalents	19,973,557	19,973,557	-	0%	
Capital Assets:					
Land	12,709,144	21,064,529	8,355,385	66%	BB
Building and Improvements	55,610,903	81,855,633	26,244,730	47%	BB
Right-to-use assets (Leases & SBITA)	6,312,466	5,265,206	(1,047,260)	-17%	
Furniture, Equipment and Vehicles	7,996,133	8,376,669	380,536	5%	
Construction in Progress	11,376,400	11,960,561	584,161	5%	
Accumulated Depreciation/Amortization	(38,908,961)	(41,918,606)	(3,009,645)	8%	
Capital Assets, net total	\$ 55,096,085	\$ 86,603,992	\$ 31,507,907	57%	
Total Assets	\$ 175,172,227	\$ 215,762,645	\$ 40,590,418	23%	
Liabilities & Fund Balance/Net Position					
Liabilities					
Accounts Payable and Accrued Liabilities					
Accounts Payable and Accrued Liabilities	\$ 13,289,338	\$ 17,306,716	\$ 4,017,378	30%	
Unearned Revenues	10,395,452	15,724,910	5,329,458	51%	
Noncurrent liabilities:					
Due within one year	2,614,540	2,262,101	(352,439)	-13%	
Due in more than one year	45,870,771	40,743,565	(5,127,206)	-11%	
Forgivable Long-Term Obligations	-	13,377,334	13,377,334	100%	CC
Liabilities, total	\$ 72,170,101	\$ 89,414,626	\$ 17,244,525	24%	
Fund Balance/Net Position					
Net Investment in Capital Assets	43,018,158	51,159,916	8,141,758	19%	
Restricted for Capital Projects	19,973,557	19,973,557	-	0%	
Nonspendable	8,458,863	14,753,111	6,294,248	74%	
Assigned	15,434,386	6,848,202	(8,586,184)	-56%	
Unassigned/Unrestricted	17,281,351	34,685,053	17,403,702	101%	
Change in fund balance/net position	(1,164,190)	(1,071,821)	92,369	-8%	
Fund Balance/Net Position, Total	\$ 103,002,126	\$ 126,348,019	\$ 23,345,893	23%	
Total Liabilities & Fund Balance/Net Position	\$ 175,172,227	\$ 215,762,645	\$ 40,590,418	23%	

The Harris Center for Mental Health and IDD
Notes to Statements Presented
Non-GAAP / Budgetary-Basis reporting
January 31, 2026

Balance Sheet

AA Cash and Cash Equivalents

Received \$24M for our annual Harris County allocation in January.

BB Land, Building, and Improvements

Land, Building, and Improvements increased due to the ReCenter/Hope Harbor \$38M real estate transaction recorded during the annual financial statement audit.

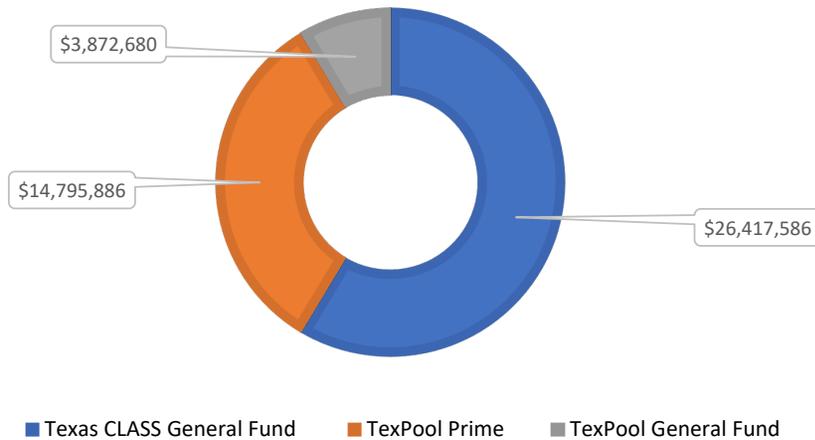
CC Forgivable Long-Term Obligations

Loans on property acquired through the ReCenter/Hope Harbor real estate transaction were \$5.8 and \$3M, respectively. Both loans are forgivable upon passage of their respective compliance periods.

**The Harris Center for Mental Health and IDD
Investment Portfolio
January 31, 2026**

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	26,331,254	\$ -	\$ -	\$ 86,332	\$ 26,417,586	58.59%	3.85%
<i>TexPool</i>							
TexPool Prime	30,237,983	300,000	(15,800,000)	57,903	14,795,886	32.82%	3.87%
TexPool General Fund	3,860,516			12,164	3,872,680	8.59%	3.71%
<i>TexPool Sub-Total</i>	<u>34,098,499</u>	<u>300,000</u>	<u>(15,800,000)</u>	<u>70,067</u>	<u>18,668,566</u>	<u>41.41%</u>	<u>3.84%</u>
Total Investments	\$ 60,429,753	\$ 300,000	\$ (15,800,000)	156,399	\$ 45,086,152	100.00%	3.85%
				Additional Interest on Checking Accounts	38,594		
				Total Interest Earned during the current month	<u><u>194,993</u></u>		

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	4.19%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 week)	4.05%
Interest Rate - JPMorgan Hybrid Checking	2.90%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	3.00%

This Investment Portfolio Report of The Harris Center for Mental Health and IDD as of January 31, 2026, is in compliance with the provisions of the Public Funds Investment Act (PFIA), Chapter 2256 of the Texas Government Code and the Investment Strategy approved by the Board of Trustees.

Approved:

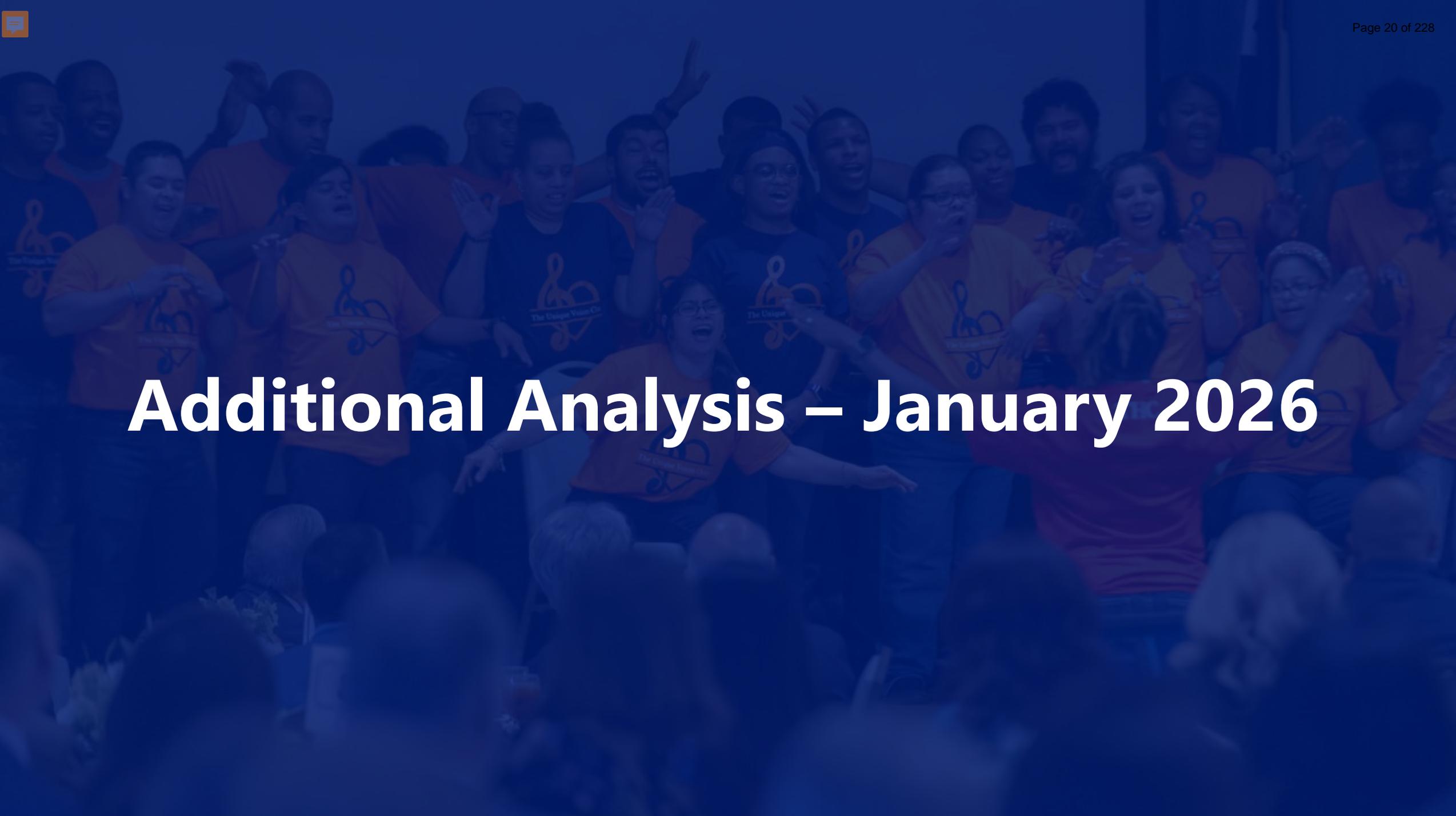
Roxanne Carr
Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions Related to Payments of Liabilities for Employee Benefits
January 31, 2026

Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jan-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,126,915	\$11,230,960
Cigna	Health and Dental Insurance	\$3,300,000	\$0	\$7,798,066
UNUM	Life Insurance	\$310,000	\$0	\$601,451

Notes:

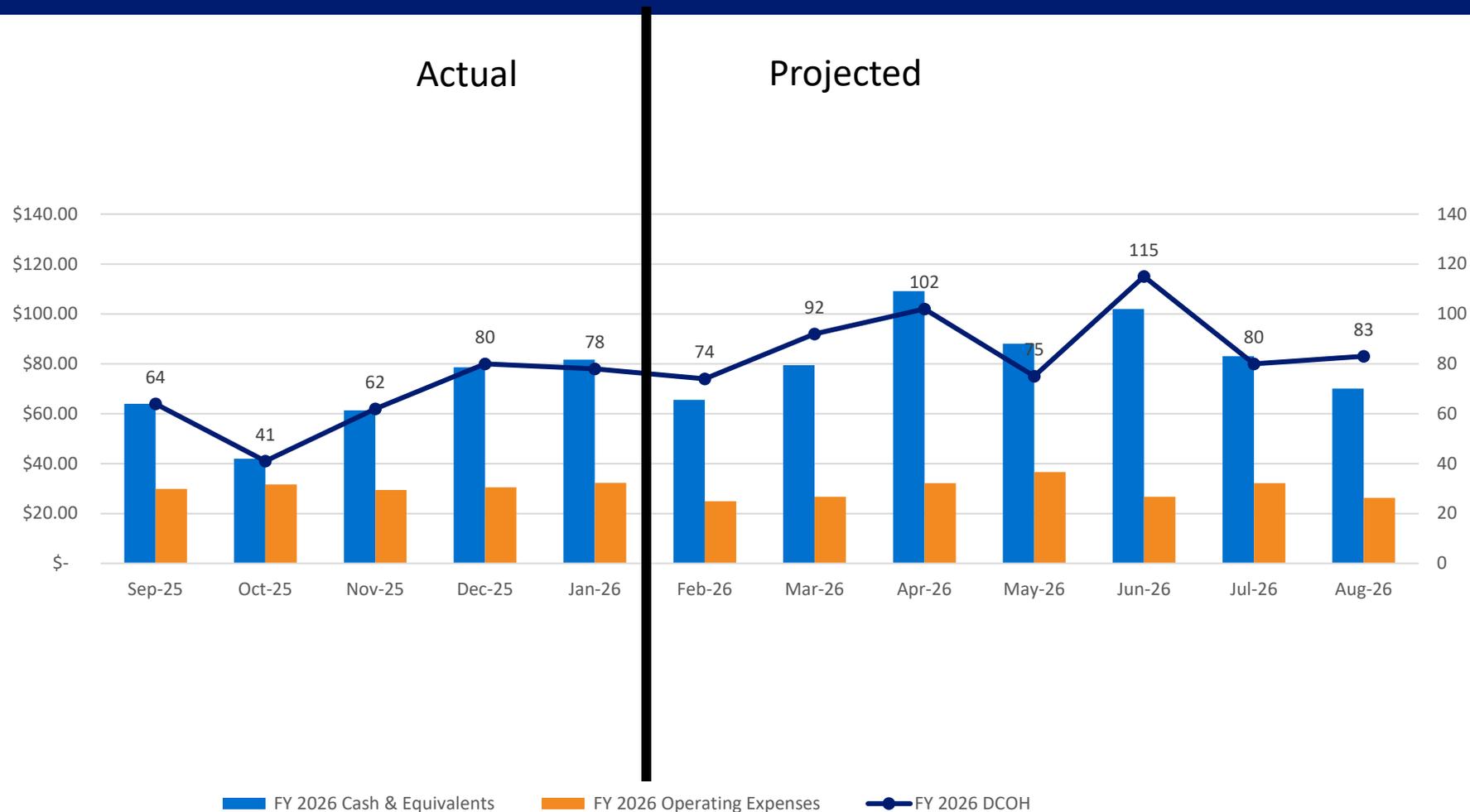
⁽¹⁾ *As established by the Board Resolution approved October 28, 2025: Harris Center Board of Trustees Signature Authorization and Delegation Authority for Certain Items effective September 1, 2025.*



Additional Analysis – January 2026

Days-Cash-On-Hand (DCOH)– as of 1/31/2026

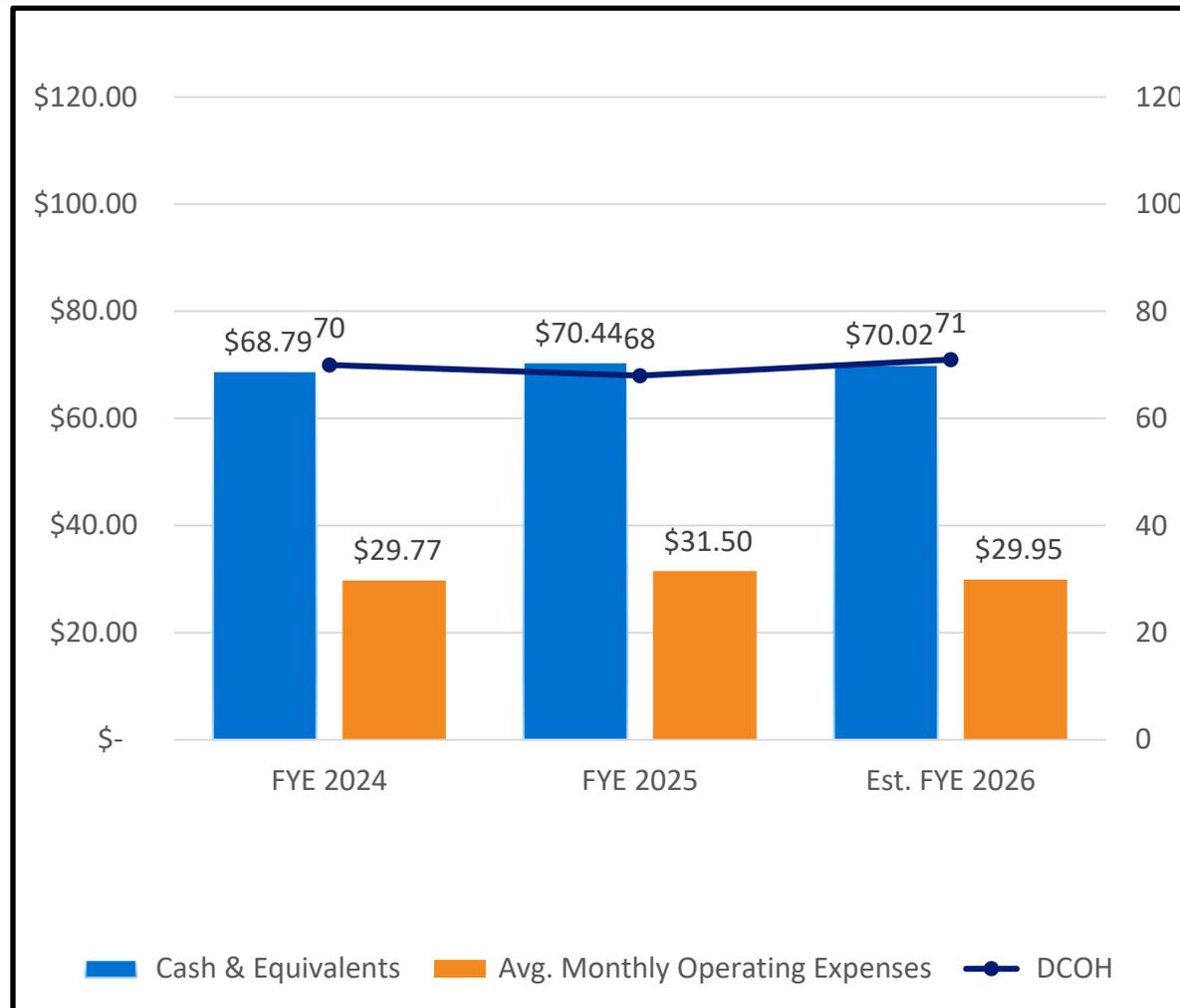
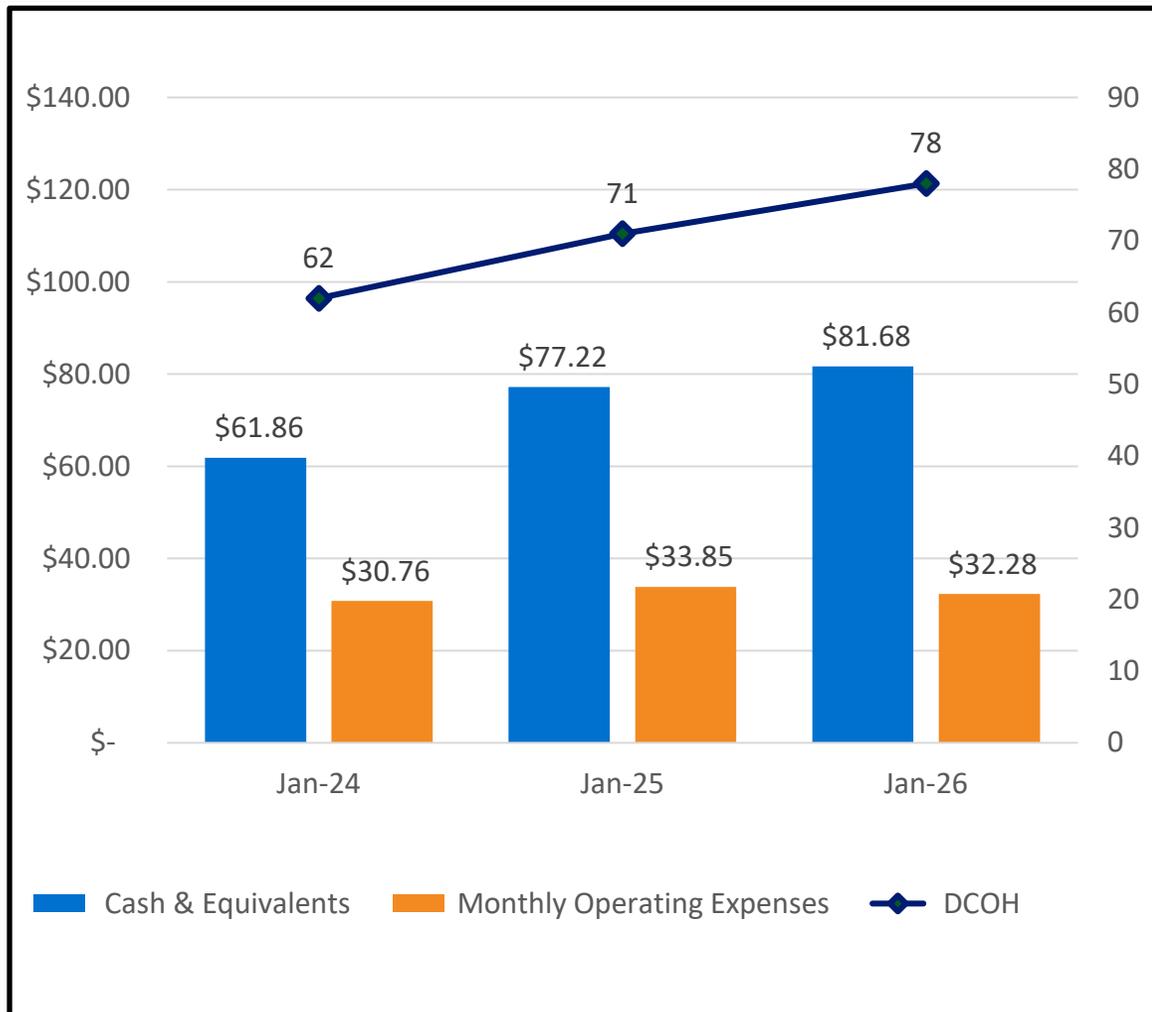
Month-over-month (“MoM”) (\$ amounts in millions)



DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
 Months in FY 2026 after current Month are based on projections

Days-Cash-On-Hand (DCOH)– as of 1/31/2026

Year-over-year (“YoY”) (\$ amounts in millions)



DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
 Months in FY 2026 after current Month are based on projections

Capital Outlay – as of 01/31/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	405,622
Fund Balance	405,622
IT Capital Projects	48,925
Fund Balance	48,925
6168 Apartments	880,687
CHC Grant (9271)	630,523
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	41,146.00
Bond Series 2024	41,146
NPC Renovation	13,425
Bond Series 2024	13,425
SW Foundation Repair	3,734
Bond Series 2024	3,734
Emergency Projects	44,209
Fund Balance	44,209
Grand Total	1,437,748

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 498,756
Facilities Capital Projects	\$ 405,622
IT Capital Projects	\$ 48,925
Emergency Projects	\$ 44,209
Bond Series 2024	\$ 58,305
Northeast Clinic Design and Construction	\$ 41,146
NPC Renovation	\$ 13,425
SW Foundation Repair	\$ 3,734
CHC Grant (9271)	\$ 630,523
6168 Apartments	\$ 630,523
COH Loan (9272)	\$ 250,165
6168 Apartments	\$ 250,165
Grand Total	\$ 1,437,748

EXHIBIT F-4

FEBRUARY 2026 AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section



Contractor*

BDO USA, P.C

Contract ID #*

2025-1052

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

BDO USA, P.C & The Harris Center for Mental Health and IDD

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

5/1/2025

Contract Term End Date* (?)

8/31/2026

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

Administrative Change

Current Contract Amount*

\$ 96,000.00

Increase Not to Exceed*

\$ 227,151.00

Revised Total Not to Exceed (NTE)*

\$ 323,151.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 323,151.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

BDO Advisory Support for Enterprise System Procurement, Readiness & Selection

Contract Owner*

Stanley Adams

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

05/01/2025-08/31/2025

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Contract ID No. 2025-1052 - Amendment 1 to Consultant Agreement - 2026
Jan 28.pdf

202.01KB

Vendor/Contractor Contact Person



Name*

Corey Eide

Address*

Street Address

2300 Patterson Avenue SouthEast

Address Line 2

Suite 100

City

Grand Rapids

Postal / Zip Code

49512

State / Province / Region

MI

Country

United States

Phone Number*

7037701079

Email*

stateandlocal@bdo.com

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1101	\$ 323,151.00	542000
Budget Manager		Secondary Budget Manager
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

RFP Drafting & Procurement Readiness:

160-180

\$47,200-\$53,100

System Selection:

295-330

\$87,025-\$97,350

Optional: OBM Services:

250-325

\$73,750-\$95,875

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

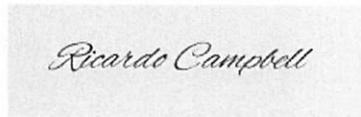
Oquin, Shiela

Submission Date

2/2/2026

Budget Manager Approval(s)

Approved by



Approval Date

2/2/2026

Procurement Approval

File Upload (?)

Approved by

Approval Date

Sign

Contract Owner Approval



Approved by

Approval Date

Stanley Cornin Adams

2/2/2026

Contracts Approval

Approve *

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

Approved by *

Approval Date *

Belinda Stude

2/2/2026

EXHIBIT F-5

FEBRUARY 2026 INTERLOCAL AGREEMENTS

THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

SNAPSHOT SUMMARY
INTERLOCALSFEBRUARY 2026
FISCAL YEAR 2026

	CONTRACTOR	PRODUCT/SERVICE DESCRIPTION	Action Type	CONTRACT PERIOD	FUNDING	COMMENTS
1	Administrative Office of District Courts of Harris County (Harris County)	Jail Re-Entry Program at the Southmore Crisis Residential Program and Main Street Campus	New Contract	1/22/2026 - 9/30/2026	County	New Revenue Agreement for the Agency to provide residential placement through the Jail Re-Entry Program by transitioning individuals from jail and/or felony court to an appropriate level of care at the Southmore Crisis Residential Program or the Main Street Campus based upon the individual's clinical picture and level of need for a total of 54 beds (the "Services"). [FY26 Revenue NTE: \$450,000.00]
2	City of Houston	Homelessness Assistance and Supportive Services through the continued operations of the Behavioral Health Response Team (BHRT)	New Contract	1/1/2026 - 12/31/2026	Federal Grant	New interlocal subrecipient agreement with the City of Houston to address the need for homelessness assistance and supportive services through the continued operations of the Behavioral Health Response Team (BHRT) [FY26 Revenue NTE: \$948,841.34].
3	East Texas A&M University	East Texas A&M University's School of Social Work Program	New Contract	1/1/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement to allow Students enrolled in East Texas A&M University's School of Social Work to complete their clinical placements as part of their degree requirements.
4	Gulf Coast Center	Crisis Line Services	New Contract	3/1/2026 - 2/28/2027	Private Pay Source	New Replacement Revenue Agreement for the Harris Center to provide Crisis Line Services to Consumers. [FY26/27 Revenue NTE: \$108,000.00]
5	Harris County Resources for Children and Adults	Crisis Respite Services to Youth between the ages of 13-17 years old for the Youth Diversion Center	Amendment	9/1/2025 - 6/30/2026	Federal Grant	Amendment for funding to continue providing respite services to youth between the ages of 13-17 years old who are being diverted from juvenile detention center to create a normalized environment, provide a venue for biological, psychological and social interventions targeted at the current crisis, while fostering community and family reintegration. [FY26 Revenue NTE: \$597,269.00; total award to date: \$8,208,910.00].
6	Harris County Sheriff's Office	Provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County.	Amendment	9/1/2025 - 8/31/2026	County	Amendment to provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County. Locations: Humble - 1485 Farm to Market 1960 Bypass Rd E Suite 340, Humble, TX 77338 Tomball - 1200 W Main St, Tomball, TX 77375 Katy - 750 Westgreen Blvd, Katy, TX 77450 Community Resource and Referral Centers (CRRCs) - 1700 Webster Street, Houston, TX 77003 Domiciliary - Houston VA Domiciliary 4320 Old Spanish Trail Houston, TX 77021
7	Harris County Sheriff's Office (HCSO)	Mental Health Crisis Assessments through the Clinician and Officer Remote Evaluation (CORE) Telehealth Program	Renewal	3/1/2026 - 2/28/2027	County	Annual renewal of Revenue Agreement with HCSO where the Agency provides mental health crisis assessments through the Clinician and Officer Remote Evaluation (CORE) Telehealth Program whereas Harris County Commissioners Court appropriated funds for the CORE Program. [FY26 Revenue NTE: \$853,600.00].
8	Lone Star College	New Affiliation Agreement with the School of Nursing	New Contract	1/19/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement will allow students enrolled in Lone Star College in the School of Nursing to complete their clinical placements as part of their degree requirements.
9	Spindletop Center	Crisis Line Services	New Contract	3/1/2026 - 2/28/2027	Private Pay Source	New Agreement as a replacement to provide Crisis Line Services to consumers and the community. [FY26 Revenue NTE: \$98,400.00].
10	Texas A&M University- Kingsville	New Affiliation Agreement with the Texas A&M Kingsville-Department of Educational Leadership and Counseling	New Contract	1/19/2026 - 1/31/2030	General Revenue (GR)	New Affiliation Agreement allow students enrolled in Texas A&M University- Kingsville in the Department of Educational Leadership and Counseling to complete field placements as part of their degree requirements.
11	University of Texas Health Science Center at Houston	Continuing Medical Education Training Services for E&M Coding	New Contract	1/26/2026 - 12/31/2028	General Revenue (GR)	New Agreement to provide four (4) hours of enduring material CME training for E&M coding.



Executive Contract Summary

Contract Section



Contractor*

Administrative Office of District Courts of Harris County (Harris County)

Contract ID #*

TBD

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

The Harris Center for Mental Health & IDD and Harris County

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/22/2026

Contract Term End Date* (?)

9/30/2026

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

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Funding Source*

County

Contract Description / Type* (?)

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

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

A) Agency shall provide residential placement through the Jail Re-Entry Program by transitioning individuals from jail and/or felony court to an appropriate level of care at the Southmore Crisis Residential Program or the Main Street Campus based upon the individual's clinical picture and level of need for a total of 54 beds (the "Services"), as further outlined in the Felony Court Proposal for Beds, attached hereto as Exhibit A and incorporated herein by reference.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Currently active Harris County interlocal agreement for various CPEP programs including Harris County Jail Diversion

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Corey T. Douglas, Director of Purchasing Services

Address *

Street Address

1111 Fannin St

Address Line 2

12th floor

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

713-274-4481

Email *

Corey.Douglas@pur.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9266	\$ 450,000.00	403029
Budget Manager		Secondary Budget Manager
Ramirez, Priscilla		Puente, Giovanni

Provide Rate and Rate Descriptions if applicable* (?)

Monthly rate is \$37,500.00 fixed flat rate

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Ramirez, Priscilla

Submission Date

1/22/2026

Budget Manager Approval(s)

Approved by

Priscilla Maria Ramirez

Approval Date

1/22/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Kim Kopnmayer

Approval Date

1/23/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/23/2026



Executive Contract Summary

Contract Section



Contractor*

City of Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

The City of Houston and The Harris Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

1/1/2026

Contract Term End Date* (?)

12/31/2026

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

Calendar Year 2026

Fiscal Year* (?)

2026

Funding Source *

Federal Grant

Contract Description / Type* (?)

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

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

To address the need for homelessness assistance and supportive services through the continued operations of the Behavioral Health Response Team (BHRT)

Contract Owner *

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor *

Yes No Unknown

Please add previous contract dates and what services were provided *

The Harris Center has partnered with The City of Houston for approximately 20 years. BHRT contracted with the COH between 2022 and 2024.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name *

The City of Houston HCD

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Stacey Higgins

Address *

Street Address

2100 Travis Street

Address Line 2

City

Houston

Postal / Zip Code

77002-8709

State / Province / Region

TX

Country

US

Phone Number *

832-982-7192

Email*

stacey.higgins@houston.tx.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9245	\$ 948,841.34	540000
Budget Manager Ramirez, Priscilla		Secondary Budget Manager Oshman, Jodel

Provide Rate and Rate Descriptions if applicable* (?)

NA

Project WBS (Work Breakdown Structure)* (?)

NA

Requester Name

Honsinger, Amber

Submission Date

12/16/2025

Budget Manager Approval(s)

Approved by

Priscilla M. Ramirez

Approval Date

12/18/2025

IT Director Approval

Approved by

Anthony Jones

Approval Date

1/12/2026

IT Approval Comments

Approved -

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

KIM KORNMEYER

Approval Date

1/12/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/14/2026



Executive Contract Summary

Contract Section



Contractor *

East Texas A&M University

Contract ID # *

N/A

Presented To *

- Resource Committee
- Full Board

Date Presented *

1/20/2026

Parties* (?)

East Texas A&M University and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- Yes
- No

Funding Information *

- New Contract
- Amendment

Contract Term Start Date * (?)

1/1/2026

Contract Term End Date * (?)

1/31/2030

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

Fiscal Year * (?)

2026

Amount * (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input checked="" type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

This agreement will allow students enrolled in East Texas A&M University in the School of Social Work to complete their clinical placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

East Texas A&M University.pdf	287.67KB
East Texas A&M University 2.pdf	8.95MB

Vendor/Contractor Contact Person

Name*

Leilani A. White

Address*

Street Address

2600 West Neal Street

Address Line 2

1977 Butler 4th floor

City

Commerce

Postal / Zip Code

75428

State / Province / Region

TX

Country

US

Phone Number*

903-886-5620

Email*

Leilani.White@etamu.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
Budget Manager Moynihan, Kelly		Secondary Budget Manager Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name	Submission Date
Hemanes, Danyette	1/13/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/14/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/14/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/21/2026



Executive Contract Summary

Contract Section



Contractor*

Gulf Coast Center

Contract ID #*

7409

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

The Harris Center Crisis Line and Gulf Coast Center

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2026

Contract Term End Date* (?)

2/28/2027

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

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

Crisis Line Services

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

03/01/2025-02/28/2026, Crisis Line Services

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Gulf Coast Center

Supporting Documentation Upload (?)

ID 7409 Gulf Coast Center - FY25-26 Renewal Revenue Document (Helpline) - fully executed.pdf 340.14KB

Vendor/Contractor Contact Person

Name*

Jerry Freshour

Address*

Street Address

10000 Emmett F Lowry Expressway

Address Line 2

1977 Butler 4th floor

City

Texas City

Postal / Zip Code

77591

State / Province / Region

TX

Country

US

Phone Number*

832-849-5224

Email*

JerryF@gulfcoastcenter.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 108,000.00	420015
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$9000 per month and \$15 for calls over 750 after 10% overage has incurred

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Wong, Millie

Submission Date

1/20/2026

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

1/20/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/21/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Resources for Children and Adults

Contract ID #*

2023-0614

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

Office of County Administration and The Harris Center for MH and IDD.

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

6/30/2026

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

Fiscal Year* (?)

2026

Funding Source*

Federal Grant

Contract Description / Type* (?)

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

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

Provide crisis respite services to youth between the ages of 13-17 years old who are being diverted from juvenile detention center to create a normalized environment, provide a venue for biological, psychological and social interventions targeted at the current crisis, while fostering community and family reintegration. This will provide bridge funding until a fully executed contract can be entered with other state entities.

Contract Owner*

Sean McElroy

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

Youth Diversion Center Cottage 3.
Contract dates: 3/1/2025 - 2/28/2026

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Harris County Office of County Administration

Supporting Documentation Upload (?)

26GEN0111_The Harris Center - Youth Diversion Center_Fourth Amendment_v1.pdf	264.82KB
Exhibit F - Budget Summary.pdf	2.27MB

Vendor/Contractor Contact Person

Name*

Xavier D. Perry / Office of County Administration

Address*

Street Address

1001 Preston Street

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77002

Country

US

Phone Number*

713-274-1157

Email*

xavier.perry@harriscountytexas.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6500	\$ 597,269.00	540000
Budget Manager	Secondary Budget Manager	
Williams-Wesley, Sheenia	Reyes, Elizabeth	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Reyes, Elizabeth

Submission Date

1/14/2026

Budget Manager Approval(s)

Approved by

Sheenia Williams-Wesley

Approval Date

1/14/2026

Contract Owner Approval

Approved by

Sean McElroy

Approval Date

1/15/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/15/2026



Executive Contract Summary

Contract Section



Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

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

Agenda Item Submitted For:* (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

- Yes No

Funding Information*

- New Contract Amendment

Contract Term Start Date* (?)

9/1/2025

Contract Term End Date* (?)

8/31/2026

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

Fiscal Year* (?)

2026

Funding Source *

County

Contract Description / Type* (?)

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

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

Provide five (5) iPads to the Veterans Administration clinic police for use at their five (5) outpatient clinics located in Harris County.

Locations:

Humble - 1485 Farm to Market 1960 Bypass Rd E Suite 340, Humble, TX 77338

Tomball - 1200 W Main St, Tomball, TX 77375

Katy - 750 Westgreen Blvd, Katy, TX 77450

Community Resource and Referral Centers (CRRCs) - 1700 Webster Street, Houston, TX 77003

Domiciliary - Houston VA Domiciliary 4320 Old Spanish Trail Houston, TX 77021

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Currently under contract.

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name*

Major Quentin Milroe Jr.

Address*

Street Address

2002 Holcombe Boulevard

Address Line 2

City

Houston

State / Province / Region

TX

Postal / Zip Code

77030

Country

US

Phone Number*

832-378-3608

Email*

quentin.milroe@va.gov

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

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

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

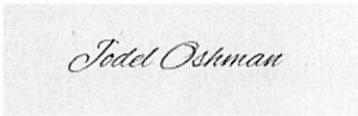
Singh, Patricia

Submission Date

12/10/2025

Budget Manager Approval(s)

Approved by

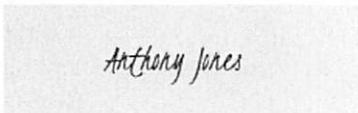


Approval Date

12/10/2025

IT Director Approval

Approved by



Approval Date

1/7/2026

IT Approval Comments

The hardware will be purchased using our current procurement procedures.

Contract Owner Approval

Approved by

Kim Kornmayer

Approval Date

1/8/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

1/9/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information



Select Header For This Contract *

Interlocal

Current Fiscal Year

2026

Contract ID# *

2022-0477

Contractor Name *

Harris County Sheriff's Office (HCSO)

Renewal Term Start Date

3/1/2026

Renewal Term End Date

2/28/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

- | | |
|--|---|
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Consumer Driven Contract | <input type="checkbox"/> New Contract/Agreement |
| <input type="checkbox"/> Memorandum of Understanding | <input type="checkbox"/> Amendment to Existing Contract |
| <input type="checkbox"/> Affiliation or Preceptor | <input type="checkbox"/> Service/Maintenance |
| <input type="checkbox"/> BAA/DUA | <input type="checkbox"/> IT/Software License Agreement |
| <input type="checkbox"/> Pooled Contract | <input type="checkbox"/> Lease |
| <input checked="" type="checkbox"/> Renewal of Existing Contract | <input type="checkbox"/> Other |

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

- Yes
- No
- Unknown

Contract NTE* (?)

\$ 853,000.00

Rate(s)/Rate(s) Description

\$853,000.00

Unit(s) Served *

9259

G/L Code(s) *

403024

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)

Renewal Determination



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

Yes No

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

A goals of the agency strategic plan it to expand program availability and services and to reach all Harris County zip codes.

Renewal Information for Next Fiscal Year



Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager*

Oshman, Jodel

Secondary Budget Manager*

Ramirez, Priscilla

Provide Rate and Rate Descriptions if applicable (?)

NA

Project WBS (Work Breakdown Structure) (?)

NA

Fiscal Year* (?)

2026

Amount* (?)

\$ 853,600.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source *

County

Contract Content Changes

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

Yes No

Will the scope of the Services change? *

Yes No

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

Yes No

Are there any changes in the Performance Targets? *

Yes No

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

Yes No

File Upload (?)

Contract Owner

Contract Owner * (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jedidiah Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approved by

Belinda Stude

Approval Date

1/14/2026



Executive Contract Summary

Contract Section



Contractor*

Lone Star College

Contract ID #*

N/A

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

Lone Star College and The Harris Center for Mental Health & IDD

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)?*

*

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/19/2026

Contract Term End Date* (?)

1/31/2030

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled in Lone Star College in the School of Nursing to complete their clinical placements as part of their degree requirements. The students will utilize the skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

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

Yes No Unknown

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

SP 25 NURS 4161 L&M Clinical_Susana Hernandez.pdf

297.15KB

Vendor/Contractor Contact Person

Name*

Deirdre Wesche

Address*

Street Address

3200 College Park Drive

Address Line 2

City

Conroe

Postal / Zip Code

77384-4500

State / Province / Region

TX

Country

US

Phone Number*

8328136241

Email*

Deirdre.n.wesche@lonestar.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Budget Manager	Secondary Budget Manager
Moynihan, Kelly	Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)
N/A

Project WBS (Work Breakdown Structure)* (?)
N/A

Requester Name	Submission Date
Hemanes, Danyette	1/8/2026

Budget Manager Approval(s)

Approved by	Approval Date
	1/8/2026

Procurement Approval

File Upload (?)

Approved by	Approval Date
<input type="text" value="Sign"/>	

Contract Owner Approval

Approved by	Approval Date
	1/9/2026

Contracts Approval

Approve*
 Yes
 No, reject entire submission
 Return for correction

Approved by*	Approval Date*
	1/12/2026



Executive Contract Summary

Contract Section



Contractor*

Spindletop Center

Contract ID #*

2026-1176

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

The Harris Center Crisis Line and Spindletop Agency

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

3/1/2026

Contract Term End Date* (?)

2/28/2027

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

Fiscal Year* (?)

2026

Fiscal Year* (?)

2027

Funding Source*

Private Pay Source

Contract Description / Type* (?)

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

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

Crisis Line Services

Contract Owner*

Jennifer Battle

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

03/01/2025 to 02/28/2026, Crisis Line services

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Specify Name*

Spindletop

Supporting Documentation Upload (?)

ID 7424 Spindletop - FY25-26 Renewal Revenue Document (Helpline) - fully executed.pdf

339.29KB

Vendor/Contractor Contact Person

Name*

Heather Champion

Address*

Street Address

2750 South 8th Street

Address Line 2

12th floor

City

Beaumont

Postal / Zip Code

77701

State / Province / Region

TX

Country

US

Phone Number*

(409) 839-2299

Email*

heather.champion@stctr.org

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
7001	\$ 98,400.00	420015
Budget Manager	Secondary Budget Manager	
Ilejay, Kevin	Campbell, Ricardo	

Provide Rate and Rate Descriptions if applicable* (?)

\$8200 a month and \$15 for each call over 750 calls after 10% overage has incurred.

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Wong, Millie

Submission Date

1/20/2026

Budget Manager Approval(s)

Approved by

Kevin Ilejay

Approval Date

1/20/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Jennifer Battle

Approval Date

1/26/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/27/2026



Executive Contract Summary

Contract Section



Contractor *

Texas A&M University

Contract ID # *

2021-0221

Presented To *

- Resource Committee
- Full Board

Date Presented *

2/17/2026

Parties * (?)

Assignment of Party Change. Original contract name University of Houston - Victoria. Campus transfer under new name Texas A&M University - Victoria.

Parties will be, Texas A&M University – Victoria and The Harris Center for Mental Health & IDD.

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- Yes No

Funding Information *

- New Contract Amendment

Contract Term Start Date * (?)

1/1/2026

Contract Term End Date * (?)

1/31/2030

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

Current Contract Amount*

\$ 0.00

Increase Not to Exceed*

\$ 0.00

Revised Total Not to Exceed (NTE)*

\$ 0.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 0.00

Funding Source*

General Revenue (GR)

Contract Description / Type* (?)

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

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

This agreement will allow students enrolled at Texas A&M University - Victoria, formally known as UH-Victoria, in the Department of Psychology: Forensics and Counseling Psychology Master's Program supporting clinical field placements as part of their degree requirements. The students will utilize these skills gained through education while adhering to agency policy and procedures.

Contract Owner*

Ninfa Escobar

Previous History of Contracting with Vendor/Contractor*

- Yes
- No
- Unknown

Please add previous contract dates and what services were provided*

FY 2025

Department of Psychology: Forensics and Counseling Psychology Master's Program supporting clinical field placements as part of their degree requirements.

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

- Yes
- No
- Unknown

Community Partnership* (?)

- Yes
- No
- Unknown

Supporting Documentation Upload (?)

PSYC 6304 2025 Fall Practicum Syllabus.pdf	477.04KB
Harris Center for Mental Health an IDD TAMUV agreement.docx.pdf	570.64KB

Vendor/Contractor Contact Person



Name*

Danielle Todaro

Address*

Street Address

3007 North Ben Wilson Street

Address Line 2

City

Victoria

Postal / Zip Code

77901-5731

State / Province / Region

TX

Country

US

Phone Number*

832-779-2440

Email*

todarod@uhv.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1108	\$ 0.00	N/A
Budget Manager		Secondary Budget Manager
Moynihan, Kelly		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Requester Name

Hemanes, Danyette

Submission Date

1/16/2026

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Approval Date

1/21/2026

Contract Owner Approval

Approved by

Ninfa Escobar

Approval Date

1/21/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/27/2026



Executive Contract Summary

Contract Section

**Contractor***

University of Texas Health Science Center at Houston

Contract ID #*

NA

Presented To*

- Resource Committee
- Full Board

Date Presented*

2/17/2026

Parties* (?)

UT Health Houston and THC

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

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

Does this contract contain an element of Information Technology (Hardware, Software, or Professional Services)? *

- Yes
- No

Funding Information*

- New Contract
- Amendment

Contract Term Start Date* (?)

1/26/2026

Contract Term End Date* (?)

12/31/2028

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

Fiscal Year* (?)

2026

Amount* (?)

\$ 1,700.00

Funding Source *

General Revenue (GR)

Contract Description / Type* (?)

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

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

4 unit hours of enduring material CME

Contract Owner *

Danyalle Evans

Previous History of Contracting with Vendor/Contractor*

Yes No Unknown

Please add previous contract dates and what services were provided*

Many UT contracts

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

Yes No Unknown

Please provide an explanation*

Many UT contracts

Community Partnership* (?)

Yes No Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person

Name *

Dr. Zi Yang Jiang

Address *

Street Address

TBD

Address Line 2

1977 Butler 4th floor

City

Houston

Postal / Zip Code

77030

State / Province / Region

Texas

Country

US

Phone Number *

773-816-3190

Email *

cme@uth.tmc.edu

Budget Section

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2200	\$ 1,700.00	549005
Budget Manager Shelby, Debbie		Secondary Budget Manager Smith, Janai

Provide Rate and Rate Descriptions if applicable* (?)

4 unit hours of enduring material CME for 2026-2028

Project WBS (Work Breakdown Structure)* (?)

4 unit hours of enduring material CME for 2026-2028

Requester Name	Submission Date
Evans, Danyalle	1/21/2026

Budget Manager Approval(s)

Approved by

Debbie Chambers & Shelby

Approval Date

1/21/2026

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval

Approved by

Danyalle Evans

Approval Date

1/22/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

1/23/2026

EXHIBIT F-6

Status **Pending** PolicyStat ID **19108548**



Origination	08/2019	Owner	Eunice Davis: Dir
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	11/2024		
Next Review	1 year after approval		

EM.P.6 Accessibility Plan

Accessibility Plan

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

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

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

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

Surveys for input.

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

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

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

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

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

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

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

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

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

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

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

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

TECHNOLOGY: The Harris Center shall ensure all digital tools comply with WCAG 2.1 standards, require accessible design in procurement processes, and offer assistive technologies (e.g. screen readers, voice recognition software) where needed. Barriers will be identified through audits and user testing, prioritized based on severity and addressed through remediation plans, while engaging users with disabilities in continuous feedback and improvement processes. The Technology Accessibility Plan is as follows:

Assessment- Start by evaluating existing technologies (websites, applications, software, hardware) for accessibility.

Policy: All new technology purchases, updates or developments will be required to meet

accessibility standards pursuant to WCAG 2.1 or Section 508.

Training- Include staff training on accessible technology design and usage.

Procurement- Ensure contracts with vendors specify accessibility requirements.

Assistive Technology- Plan for providing assistive devices (e.g. screen readers, voice recognition, software) to those who need them.

Continuous Monitoring- Schedule regular reviews and audits of technology to catch and fix accessibility issues.

Addressing Technology Barriers:

Identify Barriers- Use audits, user feedback and accessibility testing tools to find barriers (e.g. non-captioned video, small touch targets, or non-keyboard-navigable forms).

Prioritize Fixes-Tackle the most critical issues first (those preventing access entirely) and develop a timeline for the others.

Involve Users- Include people with disabilities in testing and reviewing technology to ensure real-world accessibility.

Provide Alternatives- Where full accessibility is not immediately possible, offer accessible alternatives (e.g. alternative formats or support staff).

Ongoing Education- Keep technology teams updated with best practices and new tools for accessibility.

ASSESSMENT AND WORK PLAN:

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

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

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

Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
2nd Legal Review	Kendra Thomas: Counsel	12/2025
1st Legal Review	Bijul Enahwo	11/2025
Compliance Director Review	Demetria Lockett	11/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Eunice Davis: Dir	10/2025

EXHIBIT F-7

Status **Pending** PolicyStat ID **14688792**

Origination	01/2022	Owner	Deauc Dentaen
Last Approved	N/A	Area	Rights & Responsibilities
Effective	365 Days After Approval	Document Type	Agency Policy
Last Revised	02/2026		
Next Review	1 year after approval		

RR.A.2 Assurance of Individual Rights

1. PURPOSE:

The purpose of this policy is to assure the protection of civil and human rights for all individuals receiving services through The Harris Center for Mental Health and IDD (The Harris Center) and to assure that the rights of individuals are not violated.

2. POLICY:

It is the policy of The Harris Center that an individual receiving services from The Harris Center shall have the same rights, benefits and privileges guaranteed by state and federal laws. The Harris Center will ensure the protection of these rights through its policies and procedures. All services shall be provided in a manner consistent with recognized professional and ethical standards. The Harris Center shall promote the rights of the consumers to be free from humiliation and the right to informed consent or refusal or expression of choice regarding composition of the service delivery team.

3. APPLICABILITY/SCOPE:

All Harris Center employees, contract providers, contract personnel, volunteers, students, clients and family/legally authorized representative as applicable.

4. PROCEDURES:

- [RR.B.2 Assurance of Individual Rights](#)

5. RELATED POLICIES/FORMS:

- The Harris Center Individual Rights handbook

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Individual Rights Handbook- The Harris Center.
- Rights of Persons with an Intellectual Disability, Tex. Health & Safety Code Ch. 592 (2015).
- Admission and Commitment to Intellectual Disability Services, Tex. Health & Safety Code Ch. 593 (2015).
- Rights of Patients, Tex. Health & Safety Code Ch. 576.
- Local Mental Health Authority Notification and Appeal, 25 Tex. Admin. Code § 401.464.
- Rights of Individuals Receiving Mental Health Services, 26 Tex. Admin. Code Ch. 320 (2024).
- Abuse, Neglect, and Exploitation in Local Authorities and Community Centers, 25 Tex. Admin. Code § 414.551 (2001).
- LIDDA, LMHA, and LBHA Notification and Appeal Process, 26 Tex. Admin. Code § 301.155 (2024).
- Administrative Hearings Under Texas Health and Safety Code, 40 Tex. Admin. Code §4.151-4.162 (2004).
- CARF: Section 1. Subsection K., Rights of Person Served.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enaohwo	01/2026
Compliance Director Review	Demetria Lockett	01/2026
Initial Assignment	Deauc Dentaen	12/2025

EXHIBIT F-8

Status **Pending** PolicyStat ID **19152354**

Origination	10/2020	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2026		
Next Review	1 year after approval		

LD.A.2 Business Associate and Subcontractor Policy

1. PURPOSE:

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

2. POLICY:

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

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

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

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

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

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

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

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

3. PROCEDURES:

[LD.B.1 Business Associate](#)

4. APPLICABILITY/SCOPE:

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

5. RELATED POLICIES/FORMS:

Business Associate Agreement

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enaohwo	12/2025
Compliance Director	Demetria Lockett	12/2025
Initial Assignment	Kendra Thomas: Counsel	10/2025

EXHIBIT F-9

Status **Pending** PolicyStat ID **18455933**

Origination	04/1987	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

FM.A.14 Cash Receipts & Bank Deposits

1. PURPOSE

The purpose of this policy is to establish The Harris Center for Mental Health and IDD (The Harris Center) policy for the handling of all cash receipts, to include currency, coin, checks, ACH transactions, and credit card transactions. To ensure all cash received and deposited are recorded, processed and secured appropriately.

2. POLICY

It is the policy of The Harris Center that clinics will establish proper and adequate controls to ensure the safeguarding of cash and checks received by the Center for payment of consumer services. Deposits will be made in a timely basis to allow for more efficient use of Agency funds. Reports will be prepared timely and consistently to allow for accurate financial reporting. Finance will maintain all related procedures.

3. APPLICABILITY/SCOPE

This policy applies to all Harris Center staff, contractors, visitors, and individuals served.

4. PROCEDURES

5. RELATED POLICES/FORMS:

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Stanley Adams	11/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Stanley Adams	10/2025

EXHIBIT F-10

Status **Pending** PolicyStat ID **18455932**



Origination	08/2022	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2026		
Next Review	1 year after approval		

FM.A.11 Charity Care Policy

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) is committed to providing charity care to persons who have health-care needs and are uninsured, under-insured, or otherwise unable to pay, for medically necessary care based on their individual financial situation. The Harris Center strives to ensure that the financial capacity of clients who need quality health care services does not prevent them from seeking or receiving care.

2. POLICY:

It is the policy of The Harris Center to manage its resources responsibly and to allow the Harris Center to provide the appropriate level of assistance to the greatest number of people in need, the Board of Trustees establishes the following guidelines for the provision of client charity care.

Clients are expected to cooperate with the Harris Center's procedures for obtaining charity care or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay subject to the rules, regulations, and contractual requirements of the Harris Center's various funding agencies

- Includes eligibility criteria for financial assistance – free and discounted (partial charity care)
- Describes the basis for calculating amounts charged to clients served eligible for financial assistance under this policy
- Describes the method by which clients served may apply for financial assistance
- Describes how the Center will widely publicize the policy to the Community
- Limits the amounts that the Center will charge for eligible services provided to clients

qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).

3. APPLICABILITY/SCOPE:

This applies to all persons served who meet the eligibility criteria and have a financial need.

4. RELATED POLICIES/FORMS:

[ACC.A.11 Financial Assessment](#)

5. PROCEDURES:

[FM.B.11 Charity Care](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Health and Human Services Commission

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	11/2025
Legal Review	Kendra Thomas: Counsel	10/2025
Compliance Director Review	Demetria Lockett	10/2025
Department Review	Stanley Adams	10/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Stanley Adams	07/2025

EXHIBIT F-11

Status **Pending** PolicyStat ID **18455904**



Origination	06/2013	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2026		
Next Review	1 year after approval		

FM.A.15 Corporate Card

1. PURPOSE:

The purpose of the Corporate Card is to provide The Harris Center for Mental Health and IDD (The Harris Center) Executive Team with an efficient and controllable method for making authorized purchases and paying for the expenses of The Harris Center.

2. POLICY:

It is the policy of The Harris Center to issue corporate cards only to personnel who have been approved by the Chief Executive Officer. The corporate card may only be used for Harris Center- related expenses. Unauthorized or personal purchases are prohibited and the card holder will be subject to disciplinary action up to and including termination and prosecution for any violation of this policy.

3. APPLICABILITY/SCOPE:

This policy applies to all The Harris Center employees and/or staff issued or in possession of a Corporate Card.

4. RELATED POLICIES/FORMS:

Corporate Card Agreement

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	11/2025
Department Review	Stanley Adams	10/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Stanley Adams	07/2025

EXHIBIT F-12

Status **Pending** PolicyStat ID **18449743**



Origination	02/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2025
Next Review	1 year after approval

Owner	Lance Britt: Dir
Area	Assessment, Care & Continuity
Document Type	Agency Policy

ACC.A.3 Development and Management for Mental Health and IDD Service Wait/ Interest List

1. PURPOSE:

To define the policy, the development, and maintenance of waiting/interest lists, when The Harris Center for Mental Health and IDD (The Harris Center) has reached or exceeded its capacity to provide services. This is in accordance with the Texas Health and Human Services Commission (HHSC) performance contracts and Texas Administrative Codes (TAC).

2. POLICY:

It is the policy of The Harris Center that the Executive Management Team review the capacity of The Harris Center's services and will approve the establishment of waiting/ Interest lists for Center services. These determinations will be consistent with HHSC requirements. The Board of Trustees will be informed at the first regular board meeting following the establishment of the waiting list.

3. APPLICABILITY/SCOPE:

The Harris Center programs.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

ACC.B.3 Development and Management for Mental Health and IDD Services Wait/Interest list

6. REFERENCES: RULES/REGULATIONS/ STANDARDS

- Texas Health and Human Services Commission. (2021). Information Item R: Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual.
- LIDDA, LMHA, and LBHA Responsibilities Related to the PASRR Process, 26 Tex. Admin. Code § 303.302 (2024).
- Texas Health and Human Services Commission. (2023). Report on Waiting Lists for Mental Health Services: As Required by Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 50).
- Texas Health and Human Services Commission. (2015). HCS and TxHmL Interest List Manual: Attachment J – Interest List Maintenance.
- HCS Interest List, 26 Tex. Admin. Code § 263.103 (2023).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	01/2026
1st Legal Review	Bijul Enaohwo	12/2025
Departmental Review	Keena Pace: Exec	12/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Lance Britt: Dir	10/2025

EXHIBIT F-13

Status **Pending** PolicyStat ID **18455936**



Origination	10/2005	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

FM.A.2 Disposal of Fixed Assets

1. PURPOSE:

The purpose of this policy is to establish Agency requirements related to maintaining an accurate record of equipment owned by or in the custody of The Harris Center for Mental Health and IDD (The Harris Center) and the disposal of equipment.

2. POLICY:

It is the policy of The Harris Center that each Unit Manager is accountable for all the fixed asset equipment items assigned to their unit(s). Therefore, it is necessary to properly record and account for the disposal of all fixed assets. The Harris Center has set forth guidelines for deleting and disposing of equipment:

1. The Harris Center fixed assets that are obsolete, worn-out, or unusable tangible property can be disposed.
2. Unit Managers are responsible for ensuring the retention of the property while the equipment is in the department's custody.

3. APPLICABILITY/SCOPE:

This applies to all employees, staff, unit managers and departments within the agency.

4. RELATED POLICIES/FORMS:

[FM.A.7 The Requisitioning and Purchasing of Goods and/or Services](#)

5. PROCEDURE:

FM.B.2 Disposal of Fixed Assets

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF: Section 1. Subsection F.6.a., Financial Planning and Management

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Stanley Adams	11/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Stanley Adams	07/2025

EXHIBIT F-14

Status **Pending** PolicyStat ID **18455930**



Origination	03/1976	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2025		
Next Review	1 year after approval		

FM.A.16 Dues and Membership Fees

1. PURPOSE:

The purpose of this policy is to determine responsibility for payment of dues and membership fees for employees of The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

It is the policy of The Harris Center as a general rule, that the Agency will not cover the cost of dues and professional memberships for employees, unless approved by the Chief Executive Officer. However, the Agency will assume the expense for Agency memberships when appropriate. In cases where an Agency membership cannot be assigned to the Agency itself but must be assigned to an individual, the Chief Executive Officer will designate the appropriate individual.

Employees are responsible for any licenses, dues, or membership fees that are conditions of their employment. If a specific fee is not a condition of employment but arises due to additional job duties, the Agency will cover this expense one (1) time only. Upon renewal, the employee is responsible for covering the cost.

Approval of dues and membership fees, whether for individuals or Agency memberships, rests with the discretion of the Chief Executive Officer.

3. APPLICABILITY/SCOPE:

The Harris Center employees, contractors, interns and volunteers.

4. RELATED POLICIES/FORMS:

None

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

None

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Stanley Adams	11/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Stanley Adams	10/2025

EXHIBIT F-15

Status **Pending** PolicyStat ID **17873265**



Origination	03/1993	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2026		
Next Review	1 year after approval		

HR.A.8 Employment

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. It is the policy of The Harris Center to provide equal opportunity to employment matters 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. Additionally, The Harris Center will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to the Agency.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[HR.B.8 Employment Procedure](#)

5. RELATED POLICIES/FORMS:

[HR.A.4 Employee Job Descriptions](#)

[HR.A.25 Transfers, Promotions, Demotions](#)

[HR.A.2 Criminal History Clearance](#)

[HR.A.14 Licensure, Certification, and Registration](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Policy and Procedure Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enaohwo	12/2025
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Kendra Thomas: Counsel	10/2025
Initial Assignment	Toby Hicks	10/2025

EXHIBIT F-16

Status **Pending** PolicyStat ID **19152353**

Origination	10/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2026		
Next Review	1 year after approval		

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

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

5. RELATED POLICIES/FORMS:

[HIM.EHR.A.3 Confidentiality and Disclosure of Patient Identifying Information](#)

[LD.A.19 Incident Reporting](#)

Patient Information Facsimile Cover Sheet

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Mustafa Cochinwala: Dir	11/2025
Initial Assignment	Rita Alford: Dir	11/2025

EXHIBIT F-17

Status **Active** PolicyStat ID **19152349**

Origination 05/1998
 Last Approved 01/2026
 Effective 01/2026
 Last Revised 01/2026
 Next Review 01/2027

Owner Rita Alford: Dir
 Area Information Management
 Document Agency Policy
 Type

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[HIM.IT.A.2 Information Security Policy](#)

[HIM.EHR.A.1 Agency Abbreviation List](#)

[HIM.EHR.A.3 Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[HIM.EHR.A.14 Retention of Patient/Individual Records](#)

[HIM.EHR.A.5 Content of Patient/Individual Records](#)

[HIM.EHR.A.6 Correcting Documentation and Coding Errors](#)

5. PROCEDURES:

[HIM.EHR.B.9 Patient/Individual Records Administration](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Mental Health Records, Tex. Health & Safety Code Ch. 611

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

Medical Records, 22 Tex. Admin. Code Ch.163, Subchapter A

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	01/2026
CEO Approval	Wayne Young: Exec	01/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Mustafa Cochinwala: Dir	11/2025
Initial Assignment	Rita Alford: Dir	11/2025

EXHIBIT F-18

Status **Pending** PolicyStat ID **18106544**

Origination 02/2022

Last Approved N/A

Effective Upon Approval

Last Revised 01/2026

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.12 Personal Property

1. PURPOSE:

The purpose of this policy is to establish guidelines relating to the handling of excluded or allowable personal items brought into programs by both employees and visitors.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to exclude all weapons, illegal drugs, and tobacco products from the premises of all Harris Center facilities and authorized program locations to the maximum extent allowable by law. Items, including legal drugs and prescription medications, are allowable based on regulations and laws governing transport and storage.

The Harris Center will post a list of excluded items in a visible location in all facilities. Storage for items will be provided based on the setting as described in the Personal Property procedure.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[LD.A.19 Incident Reporting](#)

[MED.NUR.A.1 Least Restrictive Interventions and Management of Aggressive Behavior](#)

MH Outpatient Property Management Form

Neuropsychiatric Center Patient Property Management Form

Statement of Weapon Confiscation

5. PROCEDURES:

[ACC.B.12 Personal Property](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

The Harris Center's Policy and Procedure Handbook

Weapons, Tex. Penal Code Ch. 46.

Trespass by License Holder with a Concealed Handgun, Tex. Penal Code § 30.06 (2025).

Trespass by License Holder with an Openly Carried Handgun, Tex. Penal Code § 30.07 (2025).

License to Carry a Handgun, Tex. Govt. Code Ch. 411.

Restrictions on Prohibiting Employee Transportation or Storage of Certain Firearms or Ammunition, Tex. Lab. Code §§ 52.061- 52.064.

Texas Controlled Substances Act, Tex. Health & Safety Code Ch. 481.

CARF: Section 2. Subsection A., General Program Standards

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
1st Legal Review	Bijul Enaohwo	12/2025
Departmental Review	Keena Pace: Exec	12/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Lance Britt: Dir	10/2025

EXHIBIT F-19

Status **Pending** PolicyStat ID **19108528**



Origination 06/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2025
 Next Review 1 year after approval

Owner Eunice Davis: Dir
 Area General Administration
 Document Type Agency Policy

GA.A.3 Pregnant Workers and Accommodations

1. PURPOSE:

To ensure that temporary reasonable accommodations are provided to pregnant job applicants and employees at The Harris Center for Mental Health and IDD (The Harris Center) as set forth under the Pregnant Workers Fairness Act (PWFA).

2. POLICY:

It is the policy of The Harris Center to provide a reasonable accommodation to a qualified job applicant and employee's known limitations, related to pregnancy, childbirth, or related medical conditions unless providing the accommodation would impose an undue hardship on the Harris Center.

3. APPLICABILITY/SCOPE:

This policy applies to Harris Center employees.

4. RELATED POLICIES/FORMS:

[HR.A.8 Employment Policy](#)

Pregnancy Accommodation Request Form

5. PROCEDURES:

[GA.B.3 Pregnant Workers and Accommodations](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Pregnant Workers Fairness Act, 42 U.S.C. §2000gg
- Title VII of the Civil Rights Act of 1964 as amended by the Pregnancy Discrimination Act of 1978, 42 U.S.C. sec. 2000e

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Initial Assignment	Eunice Davis: Dir	12/2025

EXHIBIT F-20

Status **Pending** PolicyStat ID **19042780**

Origination 02/1992

Last Approved N/A

Effective Upon Approval

Last Revised 10/2025

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE

This policy applies to all residential programs of The Harris Center.

4. PROCEDURES

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

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF: Section 3. Subsection J., Inpatient Treatment

Court-Ordered Mental Health Services, 7 Tex. Health & Safety Code §§ 574.001- 574.203.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
1st Legal Review	Bijul Enaohwo	12/2025
Departmental Review	Keena Pace: Exec	12/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Lance Britt: Dir	10/2025

EXHIBIT F-21

Status **Pending** PolicyStat ID **17873300**



Origination	06/2008	Owner	Eunice Davis: Dir
Last Approved	N/A	Area	Environmental Management
Effective	365 Days After Approval	Document Type	Agency Policy
Last Revised	01/2026		
Next Review	1 year after approval		

HR.A.1 Section 504 of the Rehabilitation Act ("The Act") and, the American with Disabilities Act ("ADA") (Consumers)

1. PURPOSE:

The purpose of this policy is to establish guidelines to ensure that qualified individuals with disabilities at The Harris Center for Mental Health and IDD (The Harris Center) are protected from discrimination as set forth in Federal and State laws and regulations.

2. POLICY:

It is the policy of The Harris Center to provide reasonable accommodation(s) to qualified individuals with disabilities. No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of The Harris Center, or be subjected to discriminatory action by the Center or its agents.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center services and programs.

4. RELATED POLICIES/FORMS:

- [RR.A.2 Assurance of Individual Rights](#)
- [EM.P.6 Accessibility Plan](#)
- [The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to](#)

Patients and Visitors

- EM.A.18 Reasonable Accommodation (Employees)

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Consumer Rights Protection Handbook
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.
- Americans with Disabilities Act of 1990, 42 U.S.C. § 12101.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
2nd Legal Review	Kendra Thomas: Counsel	12/2025
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director Review	Demetria Lockett	10/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial Assignment	Eunice Davis: Dir	09/2025

EXHIBIT F-22

Status **Pending** PolicyStat ID **19152356**



Origination	08/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2026
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

LD.A.8 Subpoenas

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

N/A

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enahwo	12/2025
Compliance Director	Demetria Lockett	12/2025
Initial Assignment	Kendra Thomas: Counsel	10/2025

EXHIBIT F-23

Status **Pending** PolicyStat ID **18455942**



Origination	08/2024
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2025
Next Review	1 year after approval

Owner	Christina Gerardo: Paralegal
Area	Environmental Management
Document Type	Agency Policy

EM.A.13 Tenant Selection Policy

1. PURPOSE:

The purpose of this policy is to establish a tenant selection process to determine applicants' eligibility to reside in subsidized housing to comply with the rules governing tenancy.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to strongly support the goals of equal access to housing and will comply with all applicable federal laws and any state or local law prohibiting discrimination in housing. All applicants of subsidized housing must meet eligibility criteria established in the tenant selection plan to qualify for tenancy. The Harris Center will provide a copy of the Tenant Selection Plan to each applicant before their application is processed.

3. APPLICABILITY/SCOPE:

This policy applies to all applicants of Harris Center's subsidized housing programs.

4. RELATED POLICIES/FORMS:

- [EM.P.6 Tenant Selection Plan](#)

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Fair Housing Amendments Act of 1988, 42 U.S.C. §§3601-3620 (2018), *amended by* Housing for Older Persons Act of 1995.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.
- Americans with Disabilities Act of 1990, 42 U.S.C. § 12101.
- Civil Rights Act of 1964, 42 U.S.C. §§ 2000d–2000d-7.
- Age Discrimination Act of 1975, 42 U.S.C. §§ 6101-6107.
- Texas Fair Housing Act, Tex. Prop. Code Ann. § 301 (West 2025).
- Exec. Order No. 11063, 3 C.F.R. 652 (1962).

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 Review	Demetria Lockett	10/2025
Compliance 1st Review	Christopher Webb: Audit	09/2025
Initial Assignment	Christina Gerardo: Paralegal	09/2025

EXHIBIT F-24

Status **Pending** PolicyStat ID **18489365**

Origination	09/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2026
Next Review	1 year after approval

Owner	Maheshkumar Patel
Area	Medical Services
Document Type	Agency Policy

MED.MH.A.1 Behavioral Crisis Safety and Intervention

1. PURPOSE:

To ensure the safety of ~~consumers~~ **persons served** and employees to the fullest extent possible by providing timely, prudent and the least restrictive action when a person poses a threat of harm to self or others.

2. POLICY:

It is the policy of The Harris Center **for Mental Health and IDD (The Harris Center)** to protect the health, safety, and well-being of its consumers and employees by taking timely, prudent and the least restrictive action to prevent, assess the risk of, intervene in and respond to threats of harm to self (suicide), others (violence) and or behavioral health crisis.

3. APPLICABILITY/SCOPE:

All Harris Center programs and locations.

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

- ~~The Harris Center's Policy and Procedure Handbook (hyperlink)~~
- Event Report (RLS)
- The Harris Center Suicide Prevention CARE PATHWAY (include hyperlink here)
- HPD CIRCULAR (review if it needs to be in a procedure) (include hyperlink here)

5. PROCEDURES:

N/A

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- ~~TAC Title 37 Part 11 Chapter 380 Subchapter C. Division 4. Health Care Services. Rule 380.9187. Suicide Alert Definitions~~
- American Association of Suicidology. <https://suicidology.org/resources/warning-signs/><https://suicidology.org/resources/warning-signs/>
- Mental Health Community ~~Services~~Service Standards, ~~26 Tex. General Provisions Admin. Texas Administrative Code Subchapter G, Ch. Title 26 Part 1. Chapter 301. Subchapter G. Division 1. Rule 301.303. Definitions.~~
- ~~Texas Mental Health Code Chapter 571. General Provisions: Sec 571.002~~
- ~~Provider Clinical Responsibilities Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415~~
- Prescribing of Psychoactive ~~Medications~~Medication, ~~2526 Tex. Admin. Code, Part 1, Chapter 415, Subchapter A § 320.201.~~
- Interventions in Mental Health Services, ~~2526 Tex. Admin. Code, Part 1, Chapter 415, Subchapter F § 320.105.~~
- Determination of Manifest Dangerousness, ~~25 Tex. Admin. Code, Part 1, Chapter § 415, Subchapter G.301.~~
- Emergency Detention, ~~Tex. Health and Safety Code, Title 7 Mental Health and Intellectual Disability, Subtitle C Texas Mental Health Code, Chapter Ch. 573~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	01/2026
Legal 2nd Review	Kendra Thomas: Counsel	12/2025
Legal 1st Review	Bijul Enaohwo	12/2025
Compliance Director Review	Demetria Lockett	12/2025
4th Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2025

3rd Department Review	Maheshkumar Patel	11/2025
2nd Department Review	Kia Walker: Chief Nursing Officer	11/2025
1st Department Review	Danyalle Evans	11/2025
Initial	Maheshkumar Patel	10/2025

EXHIBIT F-25

Status **Pending** PolicyStat ID **17150382**



Origination	01/2024	Owner	Demetria Lockett
Last Approved	N/A	Area	Plans
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	10/2025		
Next Review	1 year after approval		

EM.P.4 Compliance Documentation and Claims Integrity Plan

~~Corporate~~ Compliance Documentation and Claims Integrity Plan

I. PURPOSE:

- A. It is the practice of The Harris Center for Mental Health and IDD (The Harris Center) to obey the law and to follow ethical business and service practices, especially as it pertains to quantitative and qualitative documentation requirements of professional services and fee and claims billing. The Harris Center requires its employees, volunteers, and contract providers to be fully informed about and in compliance with all applicable laws, regulations, and regulatory requirements.
- B. The Harris Center has developed a fraud and abuse compliance program that sets out the responsibilities and obligations of all employees, volunteers, and contract providers regarding submissions for reimbursement to Medicare, Medicaid, and other government payers for services rendered by The Harris Center and any of its employees, volunteers and contract providers, subsidiaries, divisions, and contractors. In addition, this Policy is intended to apply to all business arrangements with physicians, vendors, contract providers, and other persons who may be impacted by federal or state laws relating to claims of fraud and abuse.
- C. In order to support this commitment, The Harris Center has established the following:
 1. Designation of the Compliance Director as The Harris Center employee responsible for directing the effort to enhance compliance, including implementation of the Policy.

2. Incorporation of standards and procedures that guide The Harris Center employees, volunteers, contract providers, and others involved with operational practices and administrative guidelines;
3. Identification of legal issues that may apply to business relationships;
4. Development of compliance initiatives/requirements at the unit level;
5. Coordinated training of clinical and administrative staff, volunteers, and contract providers concerning applicable compliance requirements and The Harris Center procedures;
6. A uniform mechanism for employees, volunteers, and contract providers, to raise questions and receive appropriate guidance concerning operational compliance issues;
7. Regular review and audit to assess compliance to identify issues requiring further education and to identify potential problems;
8. A process for employees, volunteers, and contract providers to report possible compliance issues and for such report to be fully and independently reviewed by the ~~Corporate~~ Compliance Director;
9. Enforcement of standards through well-publicized disciplinary guidelines.
10. Formulation of corrective action plans to address any compliance problems which are identified;
11. Regular review of the overall compliance effort to ensure that operational practices reflect current requirements that other adjustments are made to improve The Harris Center operations;
12. Coordination between The Harris Center departments and divisions and contract providers to ensure effective compliance in areas where activities might overlap.

II.SCOPE

- A. This Plan applies to all The Harris Center staff, volunteers, contractors, and service activities and administrative actions governed by federal and state regulations related to health care providers.
- B. It is the intent of The Harris Center that the scope of all documentation and claims compliance policies, and procedures should promote integrity, support objectivity and foster trust between providers and clients and payors.

III.Compliance Director

- A. The primary responsibility for implementing and managing The Harris Center 's compliance Policy shall be assigned to The Harris Center Compliance Director. The Compliance Director will report documentation, ethical or compliance issues to the Chief Executive Officer (CEO), to the General Counsel, ---directly to the Board of Trustees. The Harris Center Board of Trustees endorses this activity and requires that all The Harris Center staff, volunteers, contract providers and affiliates to comply with state and federal guidelines related to billing and claims as well as federal and state laws related to fraud, waste and abuse.
- B. The Compliance Director will, with oversight of the CEO of The Harris Center and General Counsel, perform the following activities:
 1. Review and amend as necessary, the Code of Conduct for all The Harris Center

employees, volunteers and contract providers.

2. Assist in the review, revision, and formulation of appropriate guidelines for all activities and functions of The Harris Center, which involve issues of compliance.
3. Develop methods to ensure The Harris Center employees, volunteers and contract providers and vendors are aware of The Harris Center Code of Conduct and ~~Corporate~~ Compliance Policy and understand the importance of compliance.
4. Developing and delivering educational and training programs.
5. Coordinate compliance reviews and audits in accordance with The Harris Center procedures.
6. Receive and investigate instances of suspected compliance issues, as set forth in Sections IX, X and XI of this Policy.
7. Assist in the development of appropriate corrective actions as set forth in Section XI of this Policy.
8. Prepare Annual Compliance Review, as set forth in Section XII of this Policy.
9. Prepare Annual ~~Corporate~~ Compliance Work Policy, as set forth in Section XIII of this Policy
10. Prepare proposed revisions to the Compliance Policy, as set forth in Section XIV of this Policy.
11. Provide other assistance as directed by the Harris Center Board of Trustees, General Counsel, CEO and COO.

IV. STAFF TRAINING

- A. All staff, volunteers and contract providers providing services or involved in the billing and claims process must participate in billing and claims compliance training. This training shall be documented and all staff must demonstrate competency before they are allowed to submit bills and claims of services rendered. Individual staff are responsible for maintaining compliance with The Harris Center billing and claims procedures and their managers are required to assure staff under their supervision is performing as required. The Harris Center has also adopted a Code of Conduct to guide all of its business activity.
- B. All new hires receive ~~Corporate~~ Compliance training at new employee orientation. They demonstrate ~~corporate~~ competence and acknowledge the Code of Conduct as a condition of The Harris Center employment. All staff will take ~~Corporate~~ Compliance training (self-study), demonstrate corporate citizenship and acknowledge the Code of Conduct annually thereafter. Management staff may request additional ~~Corporate Compliance~~ ~~compliance~~ training at any time. At a minimum the training shall include:
 1. A review of The Harris Center 's ~~Corporate~~ Compliance program,
 2. An overview of the fraud and abuse laws as they relate to the claim development and submission process;
 3. An overview of the federal agencies that take the lead in combating fraud, waste and abuse;
 4. An overview of the fraud, waste and abuse laws as they relate to prohibitions against

payments for referrals, kickbacks and rebates and other illegal inducements;

5. The consequences to both individuals and The Harris Center of failing to comply with applicable laws.

C. Documentation of ~~Corporate~~ Compliance Training.

The Harris Center shall document the training provided (class or self- study) to each employee, volunteer and contract provider. The documentation shall include the name of the employees, volunteers and contract providers, the date and duration of the educational activity or program; and a brief description of the subject matter of the education.

All training materials and curriculum directed to address regulatory compliance issues will be reviewed and updated as needed by the Compliance Director.

V. PHYSICIAN CONTRACTS

- A. It is the policy of The Harris Center that all Federal and state anti-kickback and physician self-referral laws, which prohibit the offer or payment of any compensation to any party for the referral of clients, be followed. All physician contracts as applicable shall be reviewed and approved by legal counsel prior to the execution to avoid violation of federal anti-kickback or self-referral laws.
- B. To comply with applicable laws regarding client referrals, The Harris Center :
 1. Shall comply with the polices governing gifts set forth in The Harris Center Employee Handbook;
 2. Shall not submit nor cause to be submitted a bill or claim for reimbursement for services provided pursuant to a prohibited referral.

The Harris Center also shall ensure that any physician with whom an agreement is executed, and/or who serves as an attending physician in the facility, has current valid licenses as required by law and has not been excluded from participation in the Medicare and Medicaid programs.

VI. DOCUMENTATION AND CLAIMS AUDITS

- A. Ongoing review and ~~audit of all~~ audits within The Harris Center's operations, including contracted services will occur and will be coordinated by The Harris Center Compliance Director. Such reviews and audits will be regular and ongoing, the results of which will be reported to The Harris Center 's CEO.
- B. The Harris Center Compliance Director may, after consultation with the CEO and The Harris Center's legal counsel, engage external experts to perform focused reviews as needed. Monitoring shall occur at the provider level as well as with through third party review coordinated by the Compliance Director. Billing and claims issues identified through reviews shall be reported by T he Harris Center Compliance Director to the CEO and The Harris Center 's legal counsel and others as needed.
- C. In order to assure compliance with Medicare/Medicaid and other government funded healthcare payment programs, The Harris Center has adopted a billing audit procedure to assist in its efforts to monitor the accuracy of claims. This procedure is adopted to ensure that representative claims from all The Harris Center 's individual and institutional providers are

periodically reviewed in a manner which will enable The Harris Center to promptly identify deficiencies in the claim development and submission process, which could result in inaccurate claims.

D. **AUDIT PROCESS**

The Harris Center will conduct audits on a regular basis. The audits will be executed in accordance with the policies and procedures contained in the applicable auditing tool or protocol utilized by The Harris Center . The Harris Center will devote such resources as are reasonably necessary to ensure that the audits are initiated by persons with appropriate knowledge and experience to reflect changes in applicable laws and regulations.

E. **AUDIT POLICY**

1. **Chart Audits.** It is the policy of The Harris Center and the responsibility of each department manager to ensure that employees, volunteers and contract providers who have a direct impact on the claim development and submission to process are provided adequate and appropriate training. One mechanism for ensuring the accuracy of The Harris Center 's claims is to ensure that each new employee, volunteers and contract providers adequately understands the essential elements of his/her jobs functions. In furtherance of this objective, it is the policy of The Harris Center to review the work of employees, volunteers and contract providers in the manner set forth below:
2. **Billers and Coders.** Each employee, volunteer and contract provider whose principle function includes the billing or coding of claims to be submitted to the Medicare or Medicaid program shall have **alla sample** of such employee's, volunteer's and contract provider's claim related work reviewed by the employee's, volunteer's and contract provider's supervisor for a period of not less than 15 days following the commencement date, or such later date as the manager is satisfied that the accuracy of the employees, volunteers and contract provider's claims justify cessations of the reviews.
 - a. **Clinical Staff.** Patient care providers shall be provided written guidelines with respect to documentation services rendered by such providers at least one (1) time during the first 60 days of employment of client care personnel, the providers (manager, supervisor, or other appropriate persons) shall review **alla sample** of the provider's documentation to ensure that the provider is accurately and completely documenting the services rendered by the provider. For the purpose of this policy, the term provider includes physicians, nurses, allied health professionals and other persons who may document the delivery of services in The Harris Center 's records (including medical records).
 - b. **Periodic Audits.** The Harris Center will conduct periodic audits of claims submitted to the Medicare and Medicaid programs. At a minimum, The Harris Center's audit activities shall consist of: (1) individual provider audits – the audit of not less than 100 claims annually of a sample randomly selected within an individual program site. Focus audits may also be conducted on individual staff.
 - c. **Complaint Audits/Focused Reviews.** Upon receipt of a credible allegation or complaint alleging improper or inaccurate billing practices at The Harris

Center, The Harris Center shall undertake a review of the matter, including an extensive audit as dictated in The Harris Center ~~Corporate~~ Compliance Policy.

VII. COST REPORT SUBMISSIONS

- A. The Harris Center is required to submit various cost reports to federal and state governments in connection with its operation and to receive payment. Such reports will be prepared as accurately as possible and in conformity with applicable laws and regulations. If errors are discovered, billing personnel shall contact an immediate supervisor promptly for advice concerning how to correct the error(s) and notify the appropriate payor. In some instances, errors shall also be reported to The Harris Center Compliance Director if it is suspected that the error has affected The Harris Center-wide billing process or jeopardized The Harris Center's on-going participation in federally funded programs.
- B. In the preparation of cost reports for Medicare or Medicaid or any other state or federal cost reporting documents, all employees, volunteers, and contract providers involved in the preparation shall ensure that:
 - 1. Information provided for or used in the cost report is adequately supported by documentation.
 - 2. Non-allowable costs are properly identified and removed;
 - 3. Statistics are based on reliable information;
 - 4. Related parties are identified and their services treated in accordance with program rules; and
 - 5. Costs claimed in non-conformity with program rules, as interpreted by the Medicare or Medicaid program or the fiscal intermediary, either are disclosed in a letter accompanying the cost report or are in protested amounts.

VIII. REPORTING COMPLIANCE ISSUES

- A. Billing and claims shall be made only for services provided to clients, directly or under contract, pursuant to all terms and conditions specified by the government or third-party payor and consistent with industry practice. The Harris Center and its employees, volunteers, and contract providers shall not make or submit any false or misleading entries on any bills or claim forms, and no employees, volunteers, or contract providers shall engage in any arrangement or participate in such an arrangement at the direction of another employees, volunteers and contract providers (including any supervisor), that results in such prohibited acts. Any false statements on any bill or claim form shall subject the employees, volunteers, and contract providers to disciplinary action by The Harris Center, including possible termination of employment.
- B. False claims and billing fraud may take a variety of different forms, including but not limited to false statements supporting claims for payment, misrepresentation of material facts, concealment of material facts, or theft of benefits or payments from the part entitled to receive them. The Harris Center and employees, volunteers, and contract providers shall specifically refrain from engaging in the following billing practices:
 - 1. Making claims for items or services not rendered or not provided as claimed;

2. Submitting claims to any payor, including Medicare and Medicaid, for services or supplies that are not medically necessary;
 3. Submitting claims for items or services that are not provided as claimed;
 4. Submitting claims to any payor, including Medicare and Medicaid, for individual items or services when such items or services either are included in The Harris Center's per diem rate or are of the type that may be billed only as a unit and not unbundled;
 5. Double billings (billing for the same item or service more than once);
 6. Paying or receiving anything of financial benefit in exchange for Medicare or Medicaid referrals (such as receiving non-covered medical products at no charge in exchange for ordering Medicare-reimbursed products); or
 7. Billing clients for services or supplies that are included in the per diem payment from Medicare, Medicaid, a managed care Policy or other payor.
 8. Submitting a false statement, false information, misrepresentation, or omitting pertinent facts to obtain greater compensation than the provider is legally entitled to.
 9. Submitting false statements, false information, or misrepresentation, or omitting pertinent facts on any application or any document requested as a prerequisite for payment.
- C. If an employee, volunteer or contract provider has any reason to believe that anyone (including themselves) is engaging in false billing practices, that employee, volunteer, or contract provider shall immediately report the practice to The Harris Center's Compliance Director or at www.fraudhl.com; 1-855-372-8345 (1-855-FRAUD-HL). All reports to The Harris Center shall remain confidential.
- D. Failure to act when an employee, volunteer or contract provider has knowledge that someone is engaged in false billing practices shall be considered a breach of that employee's, volunteer's or contract provider's responsibilities and shall subject him/her to disciplinary action by The Harris Center, including possible termination of employment and prosecution.
- E. Questions about operational issues should be directed to the person(s) having supervisory responsibility for a specific clinical provider, program or unit. Training materials will instruct The Harris Center employees, volunteers and contract providers that they need to report to The Harris Center's Compliance Director any activity that they believe to be inconsistent with The Harris Center's policies and or legal requirements. The materials will explain how the Compliance Director can be contacted.
- F. Employees, volunteers and contract providers must immediately report all known or suspected instances of documentation and claims fraud to the Compliance Director. Employees, volunteers and contract providers who become aware of potential violations of professional licensing and certification requirements are to report them immediately to their immediate supervisor and to the Compliance Director.
- G. The Qui Tam Act- Whistleblowers Protection Act protects all employees, volunteers and contract providers who report in good faith of known or suspected compliance issues. No employees, volunteers or contract providers shall be subjected to retaliation or harassment of any kind. Concerns about possible retaliation or harassment should be reported to the

Compliance Director, who will immediately report to the CEO.

- H. The Harris Center Compliance Director will maintain a log of compliance concerns that are reported to the Compliance Office. All reports will be undertaken with a preliminary investigation, which will determine if a full investigation is warranted. In instances where a full inquiry is not warranted, the log should explain why no investigation was undertaken. This log will record the issue, the clinical providers, units, departments and/or organizations affected, the result of the any investigation and whether the issue has been addressed. The log reports should note any issues, which remain open. This log is to be treated as a confidential document and access will be limited to the ~~Corporate~~-Compliance Director and to the CEO.

IX. COMPLIANCE HOTLINE

The Harris Center has established a telephone "FRAUD Hotline" to permit compliance issues to be reported on a confidential basis. The Hotline 1-855-FRAUD-HL (1-855-372-8345) available 24 hours a day, seven days a week. Use the Company ID "Harris" to submit a report.

X. INVESTIGATING COMPLIANCE ISSUES

- A. Whenever conduct is inconsistent with The Harris Center's ~~Corporate~~-Compliance operating procedures and is reported, The Harris Center's Compliance Director should determine whether there is reasonable cause to believe that a material compliance issue may exist. If a preliminary review indicates a problem may exist, an inquiry into the matter will be undertaken. Responsibility for conducting the review will be decided on a case-by-case basis. The results of the inquiry will be made available to the General Counsel, CEO and COO.
- B. The Harris Center employees, volunteers, and contract providers will be expected to cooperate fully with inquiries undertaken pursuant to this Policy. To the extent practical and appropriate, efforts should be made to maintain the confidentiality of such inquiries and the information gathered.
- C. Investigation of all calls and reports of potential fraud shall occur according to the following guidelines:
1. **Purpose of the Investigation.** The purpose of the investigation shall be to identify those situations in which the laws, rules, and standards of the Medicare and Medicaid programs may not have been followed; and to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed in a manner which violated Medicare or Medicaid laws, rules or standards; to identify individuals who may have knowingly or inadvertently violated the Codes of Conduct; to identify individuals who may have knowingly or inadvertently violated The Harris Center policies or procedures; to facilitate the correction of any practices not in compliance with the Medicare or Medicaid laws, rules and standards; to implement those procedures necessary to insure future compliance; to protect The Harris Center in the event of civil or criminal enforcement actions, and to preserve and protect The Harris Center 's assets.
 2. **Control of Investigations.** All reports received, whether by a manager of The Harris Center's program component or directly through an internal audit shall be forwarded to the Compliance Director. The Compliance Director will be responsible for directing the investigation of the alleged problem or incident or recommending that legal counsel conduct the investigation. Under the direction of the CEO, in undertaking this investigation, the Compliance Director may

solicit the support and assistance of legal counsel and internal or external auditors, and internal or external resources with knowledge of the applicable laws and regulations and required policies, procedures or standards that relate to the specific problem in question.

3. **Investigative Process.** Upon receipt of an employee's, volunteer's, or contract provider's complaint, report, or other information (including audit results), that suggests that the existence of a serious pattern of conduct in violation of the compliance policies, or applicable laws or regulations, an investigation under the direction and control of the Compliance Director shall be commenced. Steps to be followed in undertaking the investigation shall include at a minimum:
 - a. The Compliance Director will notify the CEO, General Counsel and the COO of the nature of the complaint and the Compliance Director will conduct a preliminary investigation into the allegation to determine the level of investigation necessary based on the seriousness of the allegation. After the CEO, General Counsel and COO review the preliminary investigation, they will determine and advise the Compliance Director whether to proceed with a full formal investigation. In some instances, a complaint may be resolved with a simple phone call, while others will require a formal investigation. If the Compliance Director has reasonable cause to believe that a risk issue exists, the Compliance Director will report the issue to the CEO, General Counsel and COO, who will make a case-by-case decision as to whether an employee, volunteer, or contract provider should be removed from his/her work area during the investigation.
 - b. The investigation shall be commenced as soon as possible but in no more than five (5) business days following the receipt of the complaint or report. A full investigation will not exceed more than 30 business days. In instances where additional time is needed, a request by the Compliance Director with an explanation as to why may be sent to and approval may be granted by the CEO. The investigations shall include, as applicable, but need not be limited to:
 1. An interview of the complainant, the person who is the focus of the complaint, and other persons who may have knowledge of the alleged problem or process and a review of the applicable laws and regulations which might be relevant to or provide guidance with respect to the appropriateness or inappropriateness of the activity in question, to determine whether or not a problem actually exists.
 - a. If the preliminary review results in conclusions or findings that are permitted under applicable laws, regulations or policy or that the complained of act did not occur as alleged or that it does not otherwise appear to be a problem, the investigation shall be closed. The CEO, COO, and the person who is the focus of the investigation will be notified that the case has been closed.
 - b. If the preliminary investigation concludes that there is the existence of a serious pattern of conduct in violation of the compliance Policy, improper billing occurring, that practices are occurring which are contrary to applicable law, inaccurate claims are being submitted, or that additional evidence is necessary, the investigation shall proceed to the next step—a full formal

investigation. If a full formal investigation is required, the CEO, General Counsel, COO and the appropriate Executive Management Team member shall be notified a formal investigation will be required.

2. The identification and review of representative bills or claims submitted to the Medicare/Medicaid programs to determine the nature of the problem, the scope of the problem, the frequency of the problem, the duration of the problem, and the potential financial magnitude of the problem.
3. Identifying witnesses, taking written statements, and interviews of the person or persons in the departments and institutions who appeared to play a role in the process in which the problems exists. The purpose of the interview will be to determine the facts related to the complained of activity, and may include, but shall not be limited to:
 - a. Individual understanding of the Medicare and Medicaid laws, rules and regulations.
 - b. Collecting documentary and demonstrative evidence such as medical records, financial records, Human Resource files and records, copies of contracts or agreements with employees, agents, vendors an external contractors which describe business relationships;
 - c. The identification of persons with supervisory or managerial responsibility in the process;
 - d. The adequacy of the training of the individuals performing the functions within the process;
 - e. The extent to which any person knowingly or with reckless disregard or intentional indifference acted contrary to the Medicare or Medicaid laws, rules or regulations;
 - f. The nature and extent of potential civil or criminal liability of individuals or The Harris Center ; and
 - g. Drawing conclusions and reporting investigative findings and preparation of a summary report which (1) defines the nature of the problem (2) summarizes the investigation process, (3) identifies any person whom the investigator believes to have either acted deliberately or with reckless disregard or intentional indifference toward the Medicare/Medicaid laws, rules and policies, (4) if possible, estimates the nature and extent of the resulting overpayment by the government, if any.
 - h. When an investigation is concluded, and a case has been confirmed, the Compliance Director will notify the CEO, General Counsel, COO and the appropriate VP of the findings. The Federal False Claims Act requires that persons holding management positions be held responsible for awareness and practices of their staff. Persons in management positions may

be held accountable for the foreseeable failure of staff to adhere to standards, policies, regulations and laws whether there is actual knowledge, deliberate ignorance or reckless disregard on the part of the management staff.

- i. When an investigation is concluded and a case has been found to be unconfirmed, inconclusive or unfounded, the Compliance Director will notify the CEO, General Counsel, COO, and the appropriate VP of the findings. The person who is the focus of the investigation will be notified that the case has been closed.
- j. Investigation reports will have one of the four findings:
 - i. Confirmed—An allegation that is supported by evidence collected during an investigation.
 - ii. Unconfirmed—Evidence collected during the investigation proved that the allegation did not occur.
 - iii. Inconclusive—Evidence collected during the investigation led to no conclusion or definite result due to a lack of witnesses or other relevant evidence.
 - iv. Unfounded—Allegation is determined not to be true prior to any investigation.

D. ORGANIZATIONAL RESPONSE

1. **Criminal Activity.** In the event The Harris Center uncovers what appears to be criminal activity on the part of any employees, volunteers, and contract providers or program component, it shall undertake the following steps.
 - a. Immediately stop all billing related to the problem in the unit(s) where the problem exists until such time as the offending practices are corrected.
 - b. Initiate appropriate disciplinary action against the person or persons whose conduct appears to have been intentional, willfully indifferent, or with reckless disregard for the Medicare and Medicaid laws. Appropriate disciplinary action shall include, at a minimum, the removal of the person from any position with oversight for or impact upon the claims submission or billing process and may include, in addition, suspension, demotion, and discharge.
 - c. Make reports to governmental authorities and law enforcement officials as appropriate.
2. **Non-Criminal Activity.** In the event the investigation reveals billing or other problems, that do not appear to be the result of conduct, that is intentional, willfully indifferent, or with reckless disregard for the Medicare and Medicaid laws, The Harris Center shall nevertheless undertake the following steps.
 - a. **Improper Payments:** In the event the problem results in duplicate payments by Medicare or Medicaid, or payments for services not rendered or provided other than as claimed, it shall:
 1. Correct the defective practice or procedure as quickly as possible;
 2. Calculate and repay to the appropriate governmental entity duplicate payments for improper payments resulting from the act or omission;

3. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include, but is not limited to, reprimand, demotion, suspension and discharge.
 4. Promptly undertake a program of education at the appropriate business unit to prevent future similar problems.
- b. **No improper Payment:** In the event the problem has or does not result in an overpayment by the Medicare or Medicaid program, The Harris Center :
1. Correct the defective practice or procedure as quickly as possible.
 2. Initiate such disciplinary action, if any, as appropriate given the facts and circumstances. Appropriate disciplinary action may include but is not limited to, reprimand, demotion, suspension, and discharge.
 3. Promptly undertake a program of education at the appropriate business unit to prevent future similar problems.

E. STAFF DISCIPLINE

Employees, volunteers and contract providers may be subject to adverse personnel action for failing to participate in organizational compliance efforts, including but not limited to:

1. The failure of an employee, volunteer or contract provider to comply with The Harris Center policy and procedure and/or perform any obligation required of the employees, volunteers or contract providers relating to compliance with the program or applicable laws or regulations.
2. The failure to report suspected violations of compliance programs laws or applicable laws or regulations to an appropriate person; and
3. The failure on the part of a supervisory or managerial employee, volunteer, and contract provider to implement and maintain policies and procedures reasonably necessary to ensure compliance with the terms of the program or applicable laws and regulations.

Disciplinary actions will follow The Human Resources policies and procedures.

XI. CORRECTIVE ACTION POLICY

- A. Whenever a compliance issue has been identified, the Compliance Director has the responsibility and authority to take or direct appropriate action to address the issue. The corrective action will be set forth in writing. In developing the Corrective Action Policy, the Compliance Director should obtain advice and guidance from others as necessary, such as the CEO and COO and The Harris Center's legal counsel if needed. Information about corrective action plans shall be provided to the CEO and General Counsel.
- B. Corrective Action shall be pre-approved by, at a minimum, the CEO and General Counsel. Corrective action should be designed to ensure not only that the specific issue at hand is addressed but also systems are placed in operation, which would prohibit the repeat of similar problems. Corrective actions may require certain functions to be reassigned, training to take place, restrictions on personnel, reassignment of duties, terminating contractual relationships, that repayment be made, or that the matter be disclosed externally. Corrective action may include recommendations that a sanction or disciplinary action be imposed. Moreover, if the Compliance Director believes that any non-compliance has been willful, that belief and the basis for it shall be reported to the CEO and General Counsel. The Harris Center employees,

volunteers, and contract providers who have engaged in willful billing and claims misconduct will be subject to disciplinary action up to and including termination and criminal prosecution.

XII. ANNUAL COMPLIANCE REVIEW

- ~~A. On or before the end of each fiscal year, the Compliance Director will arrange for a review of The Harris Center's current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of The Harris Center are within standards.~~

XIII. ANNUAL REPORT (Memorandum of Record)

- ~~A. On or before September 1, the Compliance Director shall prepare and distribute to the General Counsel and CEO a report describing the compliance efforts during the preceding fiscal year. The report shall include the following elements:~~
- ~~1. A summary of the general compliance activities undertaken during the preceding fiscal year, including any changes made to the Compliance Policy;~~
 - ~~2. A summary of the Hotline log for the preceding fiscal year;~~
 - ~~3. A summary of the preceding fiscal year's Compliance Review;~~
 - ~~4. A description of actions taken to ensure the effectiveness of the training and education efforts;~~
 - ~~5. A summary of actions to ensure compliance with The Harris Center's policy on dealing with excluded persons;~~
 - ~~6. Recommendations and result of recommendations for changes in the policy that might improve the effectiveness of The Harris Center's compliance effort; and~~
 - ~~7. Any other information specifically requested by the General Counsel, CEO and the Board of Trustees.~~

XIVXII. REVISIONS TO THE INTEGRITY POLICY PLAN

- A. This Compliance Policy is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The Policy shall be regularly reviewed to assess whether it is working and effective. The Harris Center's CEO shall have the authority to amend the Policy at any time.

XVXIII. EXCLUDED PERSONS

- A. The Harris Center complies with 42 U.S.C. 1320a-7a(a)(6), which imposes penalties for "arranging (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in a Federal health care program for the provision of items or services for which payment may be made under such a program". Accordingly, prior to employing or contracting with any provider for whom The Harris Center intends to submit bills to a Federal health program and on a monthly basis, The Harris Center confirms the provider has not been excluded from participation in federally funded programs. Those steps will include checking the provider's name against the HHS/OIG Cumulative Sanctions list and the GSA Debarred Bidders List. The Harris Center's Compliance Director will ensure that The Harris Center staff responsible for credentialing has addressed this with each new hire. The Harris Center will neither use nor hire a provider who is barred from participation in a federally funded program. If The Harris Center learns that any of its current providers (either as

employees, volunteers or contract providers) has been proposed for exclusion or excluded, it will remove such persons from any involvement in or responsibility for Federal health insurance programs until such time that The Harris Center has confirmed the matter has been resolved.

XVIXIV. REFERENCES:

- A. The Deficit Reduction Act-2005
- B. The Federal Anti-Kickback Statute
- C. The Stark Law
- D. The Texas Illegal Remuneration Statute
- E. Civil Money Penalties Statute
- F. The Federal False Claims Act
- G. The Medicaid Fraud Prevention Act
- H. Center for Medicare and Medicaid Services
- I. Office of the Attorney General
- J. U.S. Department of Justice / Federal Bureau of Investigation

XVIXV. ATTACHMENTS

Code of Conduct

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	02/2026
1st Legal Review	Bijul Enahwo	10/2025
Compliance Director Review	Demetria Lockett	10/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial	Demetria Lockett	10/2025

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LD.P.1 Compliance Plan FY26

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2. I. INTRODUCTION

1. Overview.

The Harris Center for Mental Health and IDD (The Harris Center) is proud of the standards that drive our success. These standards help create an environment and culture that places great value on business ethics and personal integrity, which are demonstrated through the services we provide. The Harris Center is committed to conducting its business in an ethical and law-abiding fashion. We are intolerant of violations of any applicable federal, state, or local laws, and regulations. The Harris Center will maintain a business culture that builds and promotes compliance consciousness and encourages employees to conduct all business with honesty and integrity. The Harris Center's commitment to compliance includes communicating to all employees and contractors, clear business ethical guidelines to follow; providing general and specific education regarding applicable laws, regulations, and policies; and providing monitoring and oversight to help ensure that The Harris Center meets our compliance commitment. The

Harris Center promotes open and free communication regarding our ethical and compliance standards and provide a work environment free of retaliation.

As we strive to become the most innovative behavioral health system in the country, it is imperative we understand and adhere to the standards and principles set forth in this document and protect the integrity of The Harris Center. The goal of the Compliance Department (Compliance) is to continually improve the **agencyHarris Center's** awareness and accountability, while increasing the **agencyHarris Center's** responsiveness to those we serve using a corporate compliance model. The compliance model is developed in accordance with guidance provided by the Office of Inspector General (OIG) of the **Department of Health and Human Services** Commission concerning the elements of an effective compliance plan.

2. Application of Compliance Plan Guidance

The purpose of The Harris Center's Compliance Plan is to provide uniform guidance for the provision of services by The Harris Center, including billing and accounting activities. The Harris Center's Clinical Transformation & Quality Department (formerly Program Improvement Department) maintains The Harris Center's quality management and performance improvement plans, protocols, and processes that support the overarching agency Compliance Plan; please refer to the Performance Improvement Plan for further details. The Harris Center's Compliance Plan is a comprehensive strategy to ensure:

- a. Services are provided and documented according to applicable regulations.
- b. Claims submitted to all payers, including private entities, government agencies, and consumers, are consistently accurate.
- c. Accounting of collections is consistently accurate.
- d. The Harris Center's employees comply with the applicable laws, policies/procedures and regulations, and payer requirements relating to their participation in these programs.

3. THE HARRIS CENTER'S Purpose, Mission, Vision, and Core Values

Our Purpose

The Harris Center is committed to providing professional, comprehensive, and quality care to individuals with mental health and intellectual and developmental disabilities (IDD). The obligation to implement this plan is shared by all employed by The Harris Center, including direct care staff, administrative staff, support staff, contracted providers, and other agency affiliates.

Health-care is one of the most highly regulated industries in the country, and there are many laws and regulations which may not be directly addressed herein. Although an exhaustive list of all applicable regulations is not presented here, all regulations are essential to The Harris Center and may be addressed elsewhere within the agency's governing documentation.

The Compliance Plan serves to outline the agency's ethical commitment, standards of conduct, and legal and regulatory requirements. This plan also communicates the organization's pledge to operate by established guidelines, statutes, rules, regulations, and policies set by the government, executive leadership of THE HARRIS CENTER, and negotiated agreements.

Our Mission

Transform the lives of people with behavioral health and IDD needs.

Our Vision

Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care.

Our Core Values

- Collaboration
- Compassion
- Excellence
- Integrity
- Leadership
- Quality
- Responsiveness
- Safety

II. COMPLIANCE DEPARTMENT REPORTING STRUCTURE:

Framework:

The Harris Center's Compliance Plan has the following primary components:

The Audit Committee:

The Audit Committee shall consist of Harris Center Board members elected annually by the Harris Center Board of Trustees.

Chief Executive Officer:

Serves as the Chief Executive Director leader for all operations at The Harris Center. Reports to the Board of Trustees.

General Counsel

Oversees the Department of Compliance and Rights Office. Works closely with the Executive Team and actively engages in critical operations and top emerging issues to provide guidance in developing effective compliance strategies. Researches, recommends, and implements best practice tools and methodologies for The Harris Center.

Compliance Director:

Oversees the development, administration and oversight of the Harris Center Compliance Plan.

Compliance Auditor:

The compliance auditor is tasked with helping to ensure that The Harris Center is adhering to federal, state, and local laws and regulations relevant to its business practices and services rendered. The compliance auditor will have specialized training and appropriate credentials and is responsible for coordinating and/or assisting with the management of both internal agency audits and external audits or reviews as necessary. Compliance auditors, during or at the close of a review, will make recommendations based on audit findings to assist the agency in adopting changes to procedures or practices that are out of compliance with stated regulations. Compliance auditors will also analyze potential risks and gaps within operational areas of The Harris Center in order to avoid non-compliance.

The Harris Center's compliance auditors will conduct audits in accordance with an approved audit schedule, which allows for review of agency programs at least annually, but more frequently for programs or areas requiring more intensive review. All audits and reviews will be executed in accordance with appropriate standards, policies, procedures and within the scope of the authority that is granted. The Harris Center shall ensure that audits are adequately developed, initiated by persons with appropriate knowledge and experience, and utilize audit tools and protocols that are periodically updated to reflect changes in applicable laws and regulations.

Compliance auditors will also monitor any violations reported against The Harris Center and actively assist in the development of responses and plans, including education and training, to address the violations.

Operational Vice Presidents:

The Vice Presidents are responsible for divisional oversight and assuring that the compliance plan is implemented and adhered to throughout the divisions they supervise. They are responsible for being aware of divisional monitoring activities and will be required to sign audit and review reports, acknowledging awareness of findings for programs within their divisions.

Program Directors/Practice Managers:

Program Directors/Practice Managers have day-to-day oversight of program activities and are responsible for assuring that program operations align with agency standards and the compliance plan.

Personnel:

All agency personnel have the responsibility to ensure that all services provided, and the documentation thereof is in accordance with the standards set forth in the compliance plan.

III. Statutes, Laws, Regulations/Regulatory Bodies:

1. **Code of Conduct** – A *code of conduct* is a collection of rules and regulations that include what is and is not acceptable or expected behavior.
2. **Health and Human Service Commission (HHSC)** - The federal agency that oversees CMS, which administers programs for protecting the health of all Americans, including Medicare, the

Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP).

3. **Office of Inspector General (OIG)** - The Office of Inspector General for the United States Department of Health and Human Services (HHS) is charged with identifying and combating waste, fraud, and abuse in the HHS's more than 300 programs, including Medicare and programs conducted by agencies within HHS.
4. **Texas Administrative Code (TAC)** - The Texas Administrative Code is a compilation of all state agency rules in Texas.
5. **Health Insurance Portability and Accountability Act (HIPAA)** – The Health Insurance Portability and Accountability is a federal law enacted in 1996 that protects continuity of health coverage when a person changes or loses a job, that limits health-plan exclusions for preexisting medical conditions, that requires that patient medical information be kept private and secure, that standardizes electronic transactions involving health information, and that permits tax deduction of health insurance premiums by the self-employed. HIPAA established a Social Security Act Section that created the Health Care Fraud and Abuse Control Program to coordinate federal, state and local law enforcement efforts relating to health care fraud and abuse with respect to health plans; conduct investigations, audits, and inspections and evaluations relating to the delivery of and payment for health care in the United States; facilitate enforcement of all applicable remedies for fraud; and provide education and guidance regarding complying with current health care law.
6. **Health Information Technology for Economic and Clinical Health Act (HITECH)** - The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act was created to motivate the implementation of electronic health records (EHR) and supporting technology in the United States.
7. **Stark Law**- Stark Law is a healthcare fraud and abuse law that prohibits physicians from referring patients for certain designated health services paid for by Medicare or Medicaid programs to any entity in which they have a "financial relationship." The federal government interprets the term "financial relationship" broadly to include any direct or indirect ownership or investment interest by the referring physician, any financial interests held by any of the physician's immediate family members or a compensation arrangement between the physician (or immediate family member) and the entity. Unlike the federal Anti-Kickback Statute, the Stark Law is not a criminal statute. The Stark Law may be violated even if the parties do not intend to violate the law. The Office of the Inspector General (OIG) for the Department of Health and Human Services ("HHS") can pursue a civil action against Stark Law violators under the civil monetary penalties law. Stark Law violations can result in penalties of up to \$15,000 for each billed service that is based on a prohibited referral, plus three times the amount of the government overpayment. Violations of the Stark Law may result in the exclusion of any party from Medicaid and Medicare programs.
8. **Civil False Claims Act (FCA)** - The False Claim Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded.
9. **Sarbanes-Oxley Act (SOX)** - The Sarbanes-Oxley Act of 2002 is a federal law that established sweeping auditing and financial regulations for public companies. Lawmakers created the legislation to help protect shareholders, employees and the public from accounting errors and

fraudulent financial practices.

10. **Anti-Kickback Statute-** The federal Anti-Kickback Statute is a healthcare fraud and abuse statute that prohibits the exchange of remuneration—which the statute defines broadly as anything of value—for referrals for services or purchasing, leasing, ordering, or arranging for or recommending the purchase, lease or ordering of any good, facility, service or item that are payable by a federal health care program. The Anti-Kickback Law requires the person to act willfully and knowingly. Violation of the Anti-Kickback law may result in criminal and civil penalties and exclusion from federal health care programs.
11. **Federal Trade Commission Act of 1914** – The Federal Trade Commission Act outlaws unfair methods of competition and outlaws unfair acts or practices that affect commerce.
12. **Tax Exempt Standards** – The Tax Exempt Standards state all 501(c)(3) non-profit organizations may not pay more than "reasonable" compensation to a private individual or entity from which it purchases service or items.
13. **Other - Applicable Law**" means any law, rule, regulation, condition, requirement, guideline, ruling, ordinance or order of or any legal entitlement issued by any Governmental Body and applicable from time to time to the performance of the obligations of the parties to an Agreement.

IV. Seven Elements of The Harris Center's Compliance Plan

Element 1: Written Policies and Procedures

Policies establish formal guidance needed to coordinate and execute activity throughout the agency. When effectively deployed, policy statements help to focus attention and resources on high priority issues, thereby aligning and merging efforts to achieve the institutional vision. Procedures serve as the operational processes required to implement organizational policy. If policy is "what" the agency does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.

All policies and procedures shall adhere to state, federal, and any other applicable regulatory guidelines. The Harris Center will continue to develop and maintain policies and procedures, which defines internal management and operations. Maintenance of the agency's policies and procedures will be coordinated by The Compliance Department (Compliance) via an electronic management system and will include, but not be limited to periodic review, creation, and archiving of policies and procedures. Policies require approval by the Board of Trustees, while procedures are routed and reviewed internally, with approval by the Chief Executive Officer or his/her designee.

A. Standards of Behavior for The Harris Center Personnel

Based on each of the eight core values of The Harris Center, these guidelines establish clear expectations for how we interact with the people we serve and our fellow team members. As team leaders, we commit to follow these guidelines to help improve the way we carry out The Harris Center's mission of transforming the lives of people with behavioral health and IDD needs.

1. Collaboration:

We trust that teamwork and working together toward shared goals are essential to our success.

I will:

- i. Offer my assistance to those who may need help, or find someone who can, to create the best outcome
- ii. Use respect and courtesy as I share messages and information
- iii. Recognize and celebrate the achievements and successes of others
- iv. Make new staff and people served feel welcomed and supported using positive verbal and non-verbal communication
- v. Acknowledge and value workplace diversity to strengthen our organizational culture
- vi. Share my expertise and work with community partners and outside entities to improve the lives of people served

2. Compassion:

We strive to make every encounter an opportunity to show care and kindness.

I will:

- i. Show others that I want to listen and understand by giving my full attention (e.g., face the person when speaking and listening)
- ii. Contribute towards building a positive work environment by having positive and solution-oriented interactions with colleagues and people served
- iii. Smile, make eye contact, and greet everyone with enthusiasm
- iv. Treat everyone with respect and dignity
- v. Have an open mind and make time to listen and guide those in need

3. Excellence:

We exhibit professionalism and exceed expectations by continuously improving our performance.

I will:

- i. Strive to exceed expectations, not just meet them
- ii. Provide exceptional customer service to people served and contribute to build a supportive work environment with my colleagues
- iii. Be innovative, seeking new solutions to achieve organizational goals and to improve the lives of those whom I serve
- iv. Perform my duties to the best of my ability every day
- v. Present myself professionally by dressing in a neat and respectable manner with appropriate fit

4. Integrity:

We demonstrate honesty, trust, and sound moral and ethical principles.

I will:

- i. Be fair, truthful, and honest at all times
- ii. Maintain a high level of composure in communication with co-workers, employees, and management
- iii. Maintain appropriate social boundaries because I am representing myself and The Harris Center
- iv. Take responsibility for my mistakes and offer solutions
- v. Behave professionally on a daily basis and assume full responsibility for my behavior
- vi. Welcome feedback and not respond defensively if I do not agree with what is being said

5. Leadership:

We inspire, take responsibility, and lead by example.

I will:

- i. Strive to do my best every day to carry out the mission of The Harris Center and provide ideas to improve our organization's capability to positively impact the community
- ii. Be open-minded, supportive, respectful, and encouraging
- iii. Ask others for their opinions and acknowledge their contributions
- iv. Demonstrate the characteristics of a positive role model
- v. Deliberately seek learning opportunities to develop as a leader and to understand one's personal strengths and weaknesses
- vi. Strive to learn something every day by looking at myself and people around me

6. Quality:

We create an environment for high quality care and continuous enhancement of our performance standards.

I will:

- i. Strive to provide the highest quality services to people served and staff every day
- ii. Continue to expand my knowledge in my area of responsibility so I am able to provide high quality services
- iii. Be proactive rather than reactive
- iv. Strive for accuracy in my work and actions

7. Responsiveness:

We communicate clearly, effectively, professionally, and in a timely manner.

I will:

- i. Welcome feedback and address concerns in a timely manner
- ii. Respond to incoming communication in a timely manner (within 24-48 hours)
- iii. Respond clearly and directly to all forms of communication that I receive from people served and co-workers, providing an opportunity for others to seek clarification if needed
- iv. Thank my colleagues and people served for waiting and apologize for any delays or barriers
- v. Handle complaints and advice with care and without taking personal offense

8. Safety:

We think safe, act safe, and stay safe.

- i. Be alert and aware of my surroundings
- ii. Actively participate in keeping all work areas, meeting rooms, and public places clean, safe, and organized
- iii. Seek ways to reduce risks and report all errors and near-misses
- iv. Dispose of litter, clean up spills, and/or report them immediately to the appropriate department
- v. Hold myself, my colleagues, and leaders accountable for the safety of people served
- vi. Make the safety, health, privacy and welfare of people served my top priority

B. Common Risk Areas.

The Harris Center is committed to identifying, addressing and/or mitigating risks. Listed below are common risk areas that have been identified across behavioral health-care agencies as a whole:

1. Medical Billing/Coding;
2. Clinical Documentation Integrity (CDI);
3. Contract compliance;
4. Comprehensive Psychiatric Emergency Programs services;
5. Credentialing;
6. Agency security protocols;
7. Rights Protection and Advocacy;
8. Incident reporting;
9. Jail Diversion Programs and Services;
10. Investigations;
11. HIPAA and HITECH Compliance; and
12. Fraud, Waste, and Abuse.

C. Claim Development and Submission Process

The Harris Center will:

1. Provide a mechanism for the billing or reimbursement of services provided;
2. Provide for proper and timely documentation of all physician and other professional services prior to billing to ensure that only accurate and properly documented services are billed;
3. Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained, appropriately organized in legible form, and available for audit and review. The documentation, which may include patient records, should record the date and time the activity was conducted, the appropriate coding for the service, the identity of the individual providing the service including signature and credentials, the client to whom the service was provided, and the location of the service;
4. Ensure service records and documentation used as a basis for a claim submission are appropriately organized in a fashion that allows for accessibility for review and auditing purposes;
5. Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other authorized documentation;
6. Establish a process for pre- and post-submission review of claims to ensure claims submitted for reimbursement accurately represent services provided, are supported by sufficient documentation and are in conformity with any applicable coverage criteria for reimbursement;
7. Ensure all billing reflects true and accurate information and conform to all pertinent Federal and state laws and regulations.

D. Integrity of Data Systems Procedures

To ensure and maintain the accuracy and integrity of electronic data systems used for charting client data, claims submission, collections, credit balances and other relevant reports, The Harris Center will:

1. Ensure data is backed up on a regular basis;
2. Ensure regularly scheduled integrity checks are performed;
3. Ensure electronic data is protected against unauthorized access or disclosure by limiting access to data systems to only authorized personnel (password protected)

E. Retention of Records

The Harris Center will:

1. Hold employees accountable for the integrity and accuracy of The Harris Center 's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to defend business practices and actions.
2. Prohibit the tampering with, altering of, or falsification of information on any record or document.
3. Ensure medical documents, business documents and records are retained in accordance with

the law and service specific records retention policy.

- i. Medical and business documents include but are not limited to paper documents, computer-based or electronic information, and any other medium that contains information about The Harris Center or its business activities.

F. Compliance as an Element of a Performance Plan

The promotion of and adherence to the elements of this compliance program will be a factor in evaluating the performance of all employees. All agency managers and supervisors will:

1. Discuss with all supervised employees and relevant contractors the compliance policies and legal requirements applicable to their function;
2. Ensure employees are periodically trained in new compliance policies and procedures;
3. Inform all supervised personnel that strict compliance with these guidelines, and policies of The Harris Center is a condition of employment;
4. Disclose to all supervised personnel that The Harris Center will take disciplinary action up to and including termination for violation of these guidelines, policies or requirements;
5. Be reprimanded for failure to instruct their subordinates adequately or for failure to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations.

Element 2: Designation of a Compliance Director and an Audit Committee

Compliance strives to protect The Harris Center as an organization by detecting and preventing improper conduct while promoting adherence to the organization's legal and ethical obligations. As regulatory guidance and applicable laws change, the compliance plan will be reviewed and forwarded to the Chief Executive Officer (CEO) and the board of trustees. Review and updating of the compliance plan will occur as needed, but in any event shall be reviewed annually.

Regulations, standards and/or regulatory bodies with which the agency must remain in compliance with include, but are not limited to the following:

1. Anti-Kickback Statute
2. Centers for Medicare and Medicaid Services (CMS)
3. False Claims Act
4. Federal Trade Commission Act of 1914
5. Health and Human Service Commission (HHSC)
6. Health Information Technology for Economic and Clinical Health Act (HITECH)
7. Health Insurance Portability and Accountability Act (HIPAA)
8. Occupational Safety and Health Administration (OSHA)
9. Office of Inspector General (OIG)
10. Sarbanes-Oxley Act (SOX)

11. Stark Law
12. Texas Administrative Code (TAC)
13. The Harris Center's Code of Conduct

To ensure the effective operation of a compliance program, The Harris Center will designate a Compliance Director who is not assigned directly to any of The Harris Center's programs, who is responsible for the compliance department and compliance activities of THE HARRIS CENTER. The Compliance Director will report to General Counsel, who also has a duty to report to the Board of Trustees.

A. Compliance Director

The Harris Center's Compliance Director will:

1. Oversee and monitor implementation of the Compliance Program.
2. Review the program to ensure relevance and compliance with current local, state, and Federal laws and regulations.
3. Ensure the components of the Compliance Program are implemented to reduce fraud, waste, abuse, and mismanagement agency wide.
4. Ensure that contractors, vendors, and agents who furnish services to the facility are aware of the facility's compliance program and its respective coding and billing policies and procedures.
5. Have the authority to access and review all documentation and other information relevant to agency compliance activities.
6. Assist the business office, agency divisions/programs, and internal audit concerning compliance review activities related to service provision and/or revenue cycle within the agency.
7. Investigate issues related to compliance.
8. Assist in identifying processes for improvement and document compliance issues as necessary.
9. Encourage the reporting of suspected fraud, waste, abuse, or mismanagement across agency staff without fear of retaliation through training and other means of communication.
10. Notify employees of applicable regulations, procedures, and guidelines.
11. Report to The Harris Center's General Counsel and The Harris Center's Board of Trustees on a regular basis regarding the results of any audits/reviews, Compliance activities, trainings, reports of fraud, waste, abuse, reportable investigations, and any resulting employee discipline.

B. Audit Committee

The Audit Committee is established to assist the Compliance Director in the development, implementation and monitoring of compliance activities.

The Harris Center Audit Committee will:

1. Advise the Compliance Director and assist in the implementation of the compliance program.
2. Assess compliance violation investigations to determine whether a violation of the compliance plan actually exists.
3. Continually assess current policies and procedures to ensure compliance, relevance, and practicability.
4. Work with appropriate personnel to develop standards of conduct and policies to promote adherence to The Harris Center compliance program.
5. Monitor internal controls to implement the program and recommend changes as needed.
6. Ensure periodic audits of claims development and claims processing procedures are performed and that internal fiscal and administrative controls are implemented and maintained.

Element 3: Conducting Effective Training and Education

Education and training are critical elements of the compliance plan. Every employee is expected to be familiar with and knowledgeable concerning the regulations governing The Harris Center's activities and have a solid working knowledge of his or her responsibilities under the plan. Compliance related policies and procedures will be communicated to all employees through required training programs and electronic communications.

1. Compliance shall collaborate with all agency departments, including the **Education and Development (E&D) Organizational** department, and **agency Harris Center** committees to ensure staff training and development align with state and federal regulations.
2. Compliance trainings will be appropriate to specific position responsibilities. All employees of The Harris Center will receive annual compliance training to ensure commitment to the agency's high ethical standards of professional and business conduct.
3. Compliance will collaborate with The Harris Center's training department to relay the objectives of Compliance in New Employee Orientation (NEO) classes. Compliance will also collaborate with The Harris Center's training department to ensure that annual compliance training is provided to the agency. The trainings will include but not be limited to:
 - i. An overview of the Compliance Plan.
 - ii. The role of Compliance within the agency.
 - iii. Code of conduct.
 - iv. Reporting of suspected fraud, waste and abuse, and violations of laws and regulations
4. All employees will have access to in person and on-line compliance training through the **agency Harris Center's** training system and receive notifications of upcoming trainings. Management is responsible for ensuring their employees are familiar with regulations, are aware of issues affecting their units, and are updated with information provided by Compliance. Compliance will provide periodic trainings on compliance with regulations, the compliance plan and the compliance department's activities. Such training shall occur as often as appropriate, but at least once annually.

Element 4: Developing Effective Lines of Communication.

Staff members will have the ability to communicate compliance issues without the fear of retaliation. Staff members shall be able to ask for clarification when they're unsure about a policy, procedure or potential compliance violation.

1. If an employee has a compliance related question or has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her immediate supervisor and the Compliance Director at 713.970.3432. Reports to the Compliance Director remain confidential.

Element 5: Enforcing Standards through Well-Publicized Disciplinary Guidelines.

Disciplinary action will be applicable to all individuals within The Harris Center who fail to comply with their obligations in accordance with The Harris Center's policies and procedures. When there is information of potential violations or misconduct, the Compliance Director has the responsibility of conducting an internal investigation. An internal investigation would include interviews and a review of individual records, billings, and other relevant documents.

1. New employees to The Harris Center or employees new to a position will be trained to ensure that their work is consistent with standards to prevent fraud, waste, abuse, or mismanagement. The Harris Center is responsible for providing the same training to employees providing services for The Harris Center as contractors or affiliates of The Harris Center.
2. Employees shall be informed of disciplinary action and the nature of the offense that was violated, noting the specific incident(s), the date(s) of the incident(s), actions necessary to correct the problem, period in which improvements must be made, and the consequences for not correcting or repeating the offense.

An agency-approved form should be used to document the type of disciplinary action being issued the employee dated and signed by both the supervisor and employee, then forwarded to the Department of Human Resources.

Corrective Discipline:

The Harris Center's best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Although employment with the The Harris Center is based on mutual consent and both the employee and the The Harris Center have the right to terminate employment at will, with or without cause or advance notice. The Harris Center may use corrective discipline in accordance with Harris Center policies and procedures.

Corrective action should take into account the seriousness of the problem, past performance, previous warnings and the result of prior corrective steps. Depending on circumstances of individual cases, corrective actions ranging from verbal warning to involuntary termination may be appropriate as an initial or repeated step; the order of disciplinary steps listed below need not be followed in all cases. Corrective

action may also involve demotion, or reassignment. Salary increases are not granted during any corrective discipline probationary period.

Written Warning:

A Written Warning serves to notify the employee of a serious job performance or work-related conduct problem which cannot be permitted to continue, worsen or recur. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

Administrative Leave:

Administrative leave ~~with or without pay~~ may be appropriate during an investigation, as an initial or follow-up action when the continued presence of the employee may threaten safety, property, operations, investigations or Harris Center reputation, allegations of abuse, neglect and exploitation have been reported or when a serious job performance or conduct problem occurs.

Disciplinary Probation:

An employee may be placed on disciplinary probation for a designated period of time for significant performance deficiencies which are determined to be within the employee's ability and intent to correct. A supervisor may also put an employee on probation until they resolve a problem with credentials that are required for their position.

Involuntary Termination:

Involuntary Termination may be appropriate when the employee fails to demonstrate sustained improvement, sufficient ability or intent to meet job expectations or has engaged in conduct which violates Agency policies and procedures.

Prosecution may be pursued as determined by the ~~Agency~~[Harris Center's](#) management.

Element 6: Auditing and Monitoring

Ongoing auditing and monitoring efforts should include:

1. Monitoring the ~~agency~~[Harris Center's](#) compliance with specific rules and policies that have been the focus of particular attention by The Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), Managed Care Organizations (MCO), The Office of the Inspector General (OIG), OIG audits and evaluations, Special Fraud Alerts, internal or external reporting, law enforcement initiatives, etc.
2. On-site visits, interviews with management responsible for the operations (e.g., coding, claims development and submission, patient care, and other related activities).
3. Reviews of medical and financial records and/or other source documents that support claims for reimbursement in order to ensure the accuracy of claims.
4. Questionnaires or surveys ~~were~~ developed to solicit impressions of a broad cross-section of the employees and staff about compliance issues.
5. Results of ongoing auditing and monitoring must specifically identify areas where corrective action plans (CAP) are needed to prevent problems from recurring. When monitoring discloses program deficiencies, appropriate immediate corrective action measures must be

implemented.

6. When a CAP is required, Compliance will review and validate the corrective measures and will reassess the program at a designated time to ensure that the corrective actions have been implemented and are effective. If it is determined that a program is out of compliance after a CAP has been implemented, Compliance will close the review and recommend that the program ~~to~~ collaborate with the Clinical Transformation & Quality Assurance Department to establish a plan of improvement (POI). Within one hundred eighty (180) days of the implementation of the POI, Compliance will reassess the program.
7. Compliance will maintain records of reviews conducted.
8. Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions.
9. Any correspondence from any regulatory agency charged with administering a federally, state, or locally- funded program received by any department of the agency shall be immediately copied and forwarded to the Compliance Director for review.
10. Immediate notification of the Compliance Director of any visits, audits, investigations, or surveys by any federal, state, or county agency or authority.

Individual Program Divisions may have specific monitoring requirements outlined in performance contracts with Health and Human Services, other regulatory bodies, or as established internally through other agency programs.

In regard to IDD services, the IDD Division will develop measurements, monitoring plans, and improvement actions as needed for:

- LIDDA authority functions (Intake and Eligibility, Service Coordination)
- Access to, capacity of, and the improvement of LIDDA services;
- Timeliness and accuracy of LIDDA data submission;
- Actions related to responses to circumstances surrounding critical incident reports;
- Actions related to the reduction of instances of abuse, neglect or exploitation of individuals served;
- Assessing and improving the rights restriction review process.

The Compliance Plan is also reviewed by The Harris Center Board of Trustees and posted on THE HARRIS CENTER website: www.TheHarrisCenter.org.

Element 7: Responding to Detected Offenses and Developing Corrective Action Initiatives

A. Violations:

1. Common compliance violations that can result in disciplinary action.
2. Involvement in non-compliant conduct and/or activity;
3. Failure to report known non-compliant conduct and/or activity.
4. Supervisors who were aware or should have been aware of non-compliant conduct or activity

and failed to correct deficiencies.

B. Investigations and Reporting Procedures:

All Compliance related violations will be assessed by The Harris Center's Compliance Department to determine whether a violation of the compliance plan actually exists. When a violation has been confirmed, Compliance will then have to determine if the conduct was due to negligence and was inadvertent or if it was willful and done knowingly. All personnel disciplinary actions taken related to compliance violations are at the discretion of the Personnel's direct Supervisor, and/or designee, with assistance from the Human Resources Director.

1. Negligence and/or Inadvertent Conduct or Gross Negligence : If it is determined after investigation that non-compliant conduct occurred because of negligence, inadvertence or Gross Negligence, the matter shall be handled by the appropriate supervisor, who shall inform The Harris Center's Compliance Director of the Corrective action taken to address the problem. All final Corrective Actions shall be documented in the employee electronic personnel file.
2. Any individual dissatisfied with the corrective action related to the imposition of a Performance Improvement Plan, Probation or termination may appeal the decision within five (5) business days from the date of imposition of the corrective action.

C. Corrective Actions:

Appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required, and in the support of The Harris Center's Compliance Program, will be managed in accordance with the Harris Center disciplinary policies and procedures.

D. Audit Performance Escalation Pathway:

See attached "Audit Performance Escalation Pathway for Programs Failing to Meet Compliance Thresholds" for full detail.

The Harris Center requires all programs to maintain a minimum audit score of 95%. When programs fall below this standard, a structured **Audit Performance Escalation Pathway** is initiated to ensure timely corrective action, increased oversight, and accountability. The escalation model consists of four progressive levels based on audit performance, repeated deficiencies, and the severity of noncompliance.

Level 1 – Initial Non-Compliance

Triggered by the first audit score below 95%. Programs must develop a **Corrective Action Plan (CAP)** within 7 business days, implement corrective steps within 90 days, and demonstrate progress through a follow-up audit. Program leadership is responsible for training, resource allocation, and remediation efforts.

Level 2 – Repeat Non-Compliance

Initiated when a second audit fails within the audit cycle or when a Level 1 CAP follow-up review is unsuccessful. Programs enter **Heightened Monitoring**, develop a structured **Performance Improvement Plan (PIP)**, undergo targeted training and weekly/biweekly reviews, and are subject to monthly focused

audits for at least six months. Leadership involvement and accountability increase significantly.

Level 3 – Sustained or High-Risk Non-Compliance

Applies when programs fail three audits within 12 months, do not meet Level 2 improvement benchmarks, or demonstrate systemic/high-risk deficiencies (e.g., billing integrity, safety, regulatory issues). Programs are placed under **Comprehensive Compliance Oversight (CCO)** for 6–12 months and must complete an executive-level Remediation and Accountability Plan with CEO, General Counsel, and Audit Committee review.

Level 4 – Critical or Willful Non-Compliance

Reserved for persistent failures, negligence, or conduct that places the agency at financial, legal, or operational risk. Consequences may include suspension of billing privileges, program restructuring or closure, leadership or personnel changes, HR disciplinary action, and required reporting to external regulatory bodies.

Return to Compliance

Programs may return to routine monitoring after achieving:

- : Two consecutive audits scoring $\geq 95\%$
- : Verified completion of all CAP/PIP requirements
- : Evidence of sustained corrective practices
- : No new significant compliance issues

Documentation & Reporting

Compliance maintains all records related to escalations, CAPs, PIPs, audits, and monitoring activities. Escalation status is reported quarterly to General Counsel and semi-annually to the Audit Committee. Program leadership must ensure that all documentation is submitted to the designated compliance repository in a timely manner.

V. The Harris Center's Compliance Program Effectiveness.

1. Code of Conduct

This Code of Conduct has been adopted by the Board of Directors of The Harris Center to provide guidance to The Harris Center's employees ~~as it relates to~~ regarding documentation, billing, and other claims -related issues. This code adheres to and ~~takes the stance~~ affirms that adherence ~~with~~ to The Harris Center's mission, vision, and core values is required of all staff at all times.

The principles set forth in this Code of Conduct shall be distributed to all employees upon hire and periodically thereafter. All employees are responsible ~~to ensure~~ for ensuring that their behavior and activities are consistent with this code and understand that failure to ~~maintain this code~~ do so may result in termination of employment.

As used in this Code of Conduct, the terms "officer," "director," "employee," and "volunteer" include any

persons who fill such roles or provide services on behalf of The Harris Center or any of its divisions, subsidiaries, or operating or business units.

Principle 1 – Legal Compliance

The Harris Center will strive to ensure all ~~activity~~activities by or on behalf of the agency ~~complies~~comply with all applicable laws.

Principle 2 – Business Ethics

In furtherance of The Harris Center's commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent The Harris Center and will not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Principle 3 – Confidentiality

THE HARRIS CENTER employees shall strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

Principle 4 – Conflicts of interest

Directors, officers, committee members, and all employees owe a duty of loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

Principle 5 – Business Relationships

Business transactions with vendors, contractors, and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 6 – Protection of Assets

All employees will strive to preserve and protect THE HARRIS ~~CENTER~~Center's assets by making prudent and effective use of THE HARRIS ~~CENTER~~Center's resources and properly and accurately reporting its financial condition.

Employee Code of Conduct

Quality of Care & Service

We are committed to providing high quality, caring, ethical, and professionally competent services to our clients and their families, our community partners/stakeholders, and our community service areas.

We:

- Apply sound behavioral health principles in our daily work and activities with an emphasis on evidence-based treatment.
- Participate in activities that promote quality improvement and bring deficiencies to the attention of those who can assess and resolve the problems.
- Treat clients and constituents in a manner appropriate to their ~~background~~backgrounds,

- culturecultures, religionreligions, and heritage-and are, and be mindful of individual differences.
- Do not deny care based on race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin, or any other discriminatory characteristic.
 - Will promote the rights of ~~the~~ consumers to be free from humiliation and ~~the right~~ to informed consent-or, refusal, or expression of choice regarding ~~the~~ composition of the service delivery team.
 - Ensure that the source or amount of payment for client services shall not affect the quality of care or service.
 - Provide clients with the information needed to make fully informed decisions. Clients have the right to receive information about The Harris Center's services, policies, procedures, fees, network provider list, and confidentiality requirements. Clients are informed of their treatment options, goals, and expected length of care.
 - Strive to enhance clients' capacity and opportunity to change and address their own needs by including them in developing treatment goals and plans to every extent possible.
 - Provide competent services within the boundaries of our education, training, license, certification, consultation received, experience, or other relevant professional experience.
 - Document all client service encounters in The Harris Center record accurately, completely, and following established documentation guidelines.

Workplace Conduct

We ensure our work environment supports high standards of professional behavior and promotes dignity, integrity, fairness, respect, teamwork and safety.

We:

- Respect the basic rights, dignity, and values of clients and staff, including, but not limited to, race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin, or any other discriminatory characteristic.
- Use work hours to accomplish The Harris Center duties and assignments in a productive and professional manner.
- Promote a positive image for The Harris Center, its employees and services.
- Take personal responsibility for performing duties in good faith and exercise sound judgment.
- Strive for positive and cooperative relationships within The Harris Center by treating our colleagues with respect, dignity, fairness, and courtesy.
- Maintain a working environment free from all forms of harassment or intimidation – verbal, sexual, or otherwise. The Harris Center has zero tolerance for discriminatory treatment, abuse, violence or intimidation.
- Comply with work and safety policies in accordance with The Harris Center policies, including, but not limited to, the mandated non-smoking/tobacco-free policy in and near The Harris Center buildings and vehicles, as well as the drug and alcohol policy prohibiting the use of alcohol or illicit drugs in the workplace. Over-the-counter medications and prescriptions ordered by a physician are used in ~~the~~ dosage and frequency described on the medication or package insert unless specified otherwise by the prescribing physician. Follow The Harris

Center, weapons policy and our zero-tolerance policy for violence or harassment in the workplace.

- Cooperate in achieving The Harris Center commitment to maintain a work environment that promotes the prevention, to detection, reporting and resolution of conduct that may not conform to codes of ethics and standards of The Harris Center and our respective professions.
- Require staff who oversee or supervise the work of others to 1) provide clear direction about what is expected of staff regarding both job responsibilities and workplace conduct and 2) ensure no employee is required to compromise their professional integrity, standards, judgment or objectivity in the performance of their duties.

Staff-Client Relationships

We are committed to providing services by qualified staff that is compassionate, courteous, culturally competent, fiscally responsible, ethical and effective.

We:

- Conduct ourselves in a manner that shows concern and respect for ~~the clients'~~ clients' dignity ~~of clients,~~ treating them ~~in a manner appropriate to~~ appropriately based on their background, culture, religion, and heritage. The welfare of clients and their families is placed above all other concerns ~~unless, except when~~ one's safety is threatened.
- Do not take unfair advantage of the professional relationship with current or former clients or exploit them to further our personal, religious, political, social, or business interests. Dual or multiple relationships include when the client is also a student, friend, family member, employee or business associate of the therapist/service provider. Because of the risk of exploitation or potential harm to the client, such relationships are prohibited for two (2) years after a client is discharged from services or the date of the last professional contact or per licensing standards.
- Understand that in the course of events, there is the possibility that a dual relationship may be discovered and/or is unavoidable. In such instances, the details of the relationship and any potential conflicts will be immediately disclosed to the supervisor for guidance regarding the conflict. We are responsible ~~to set~~ for setting clear, appropriate, and culturally sensitive boundaries.
- Respect clients' right to privacy and protect ~~clients'~~ their confidentiality by adhering to all rules, regulations, professional practices ~~and, and privacy and confidentiality standards of privacy and confidentiality.~~ We avoid discussing confidential information in public or semipublic areas such as hallways, front/reception desk, waiting rooms, ~~rest rooms~~ restrooms, elevators, and restaurants. Confidential information is never used for personal benefit or for the benefit of any other person, including other employees, ~~as the confidential information requires~~ unless there is a need to know.
- Do not knowingly disclose confidential client information to others without the express written consent of the client or pursuant to a court order and in accordance with ~~others without express written consent of the client or pursuant to court order and in accordance with~~ the applicable law. Information should be shared only ~~be shared~~ on a need-to-know basis and under ~~certain~~ circumstances as allowable permitted by Federal and State regulations.
- Provide clients with reasonable access to their medical records following in accordance with

policy ~~based on~~and regulations. Where there is concern a client's access to his/her record could cause misunderstanding or harm, clinical staff assist the client in interpreting the records as explained in agency policies, procedures, and rights handbooks

- Do not involve clients, families, or other service providers in your/other staff criticism or controversy related to The Harris Center's internal policies, practices, staff actions, or personalities. In no case is this information ever part of the medical record.

Adhering to Laws and Regulations

We follow the letter and the spirit of applicable laws and regulations and conduct business ethically and honestly.

We:

- Comply with all applicable laws, rules, regulations, standards, and other requirements of the federal, state, and local governments. We comply with all federal ~~mental health care and alcohol and drug program~~ statutes, regulations, and guidelines governing mental health care and alcohol and drug programs.
- Do not engage in any practice that involves unethical or illegal activity. If unsure of the meaning or application of a statute, regulation, policy, or legality, we seek guidance from our supervisor or the Compliance Officer.
- Strive to ensure no false, fraudulent, inaccurate, or fictitious claims for payment or reimbursement of any kind are submitted. These claims include, but are not limited to ~~timecards, time cards~~/reports, travel claims, Progress Notes, claims, and cost reports.
- Take reasonable ~~precaution~~precautions to ensure billing and coding of claims are prepared and submitted accurately, timely, and are consistent with federal, state, and local laws and regulations, as well as The Harris Center policies and procedures and/or agreements with third-party payers. This includes federal health care program regulations and procedures, ~~or~~as well as instructions otherwise communicated by regulatory agencies such as the Centers for Medicare ~~and~~& Medicaid Services or their agents.
- Bill only for eligible services actually rendered, reported to the minute, and fully documented. When services must be coded, we use only billing codes that accurately describe the services provided.
- Act promptly to investigate and correct problems if errors in claims or billings are discovered. Alert your Supervisor and the Compliance Officer to these issues/problems.
- Voluntarily disclose to third-party law enforcement or regulatory agencies violations of law, regulations, or standards during investigations and audits, ~~and audits~~ where appropriate and legally required.
- Do not intimidate, threaten, coerce, discriminate against, ~~nor~~or take other retaliatory action against any client, constituent, contractor, or employee who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.

Conflicts of Interest

We avoid conflicts of interest or the appearance of conflicts between our own personal interests and the best interests of THE HARRIS CENTER.

We:

- Avoid commitments that interfere with our ability to properly perform our duties for The Harris Center or any activity that conflicts with the known interests of The Harris Center, its clients, or constituents. Examples include but are not limited to: 1) the use of The Harris Center's time, facilities, or equipment for private gain or advantage for oneself or another; and 2) the solicitation of future employment with a company doing business with The Harris Center over which the employee has some control or influence in his/her official capacity.
- Report any potential conflicts of interest for ourselves or others to the appropriate supervisor, manager, Compliance Director, or the General Counsel.
- Prohibit individual staff in private practice from referring clients to themselves or actively engaging in any relationship with other staff to promote referrals to their private practices.
- Do not accept or provide any gift of more than nominal value or any hospitality or entertainment, which, because of its source or value, might influence independent judgment in transactions involving The Harris Center, including lunches.
- You may not engage in outside employment or activities that conflict with your duties and responsibilities to The Harris Center. The Outside Employment Policy requires each employee to notify, provide relevant information, and receive approval from the proper authority before accepting employment with another employer.
- Voluntarily disclose to your immediate supervisor, the Compliance Director, or the General Counsel any financial interest, official position, ownership interest or any other relationship an employee or member of his/her immediate family has with The Harris Center vendors, contractors or referral sources.

External Relationships

We continually strive to honor, uphold and promote the public trust in all our activities.

We:

- Carry out our duties in a way that encourages participation and access to The Harris Center programs and resources and that enhances The Harris Center standing in the community.
- Are honest and forthright in providing information to clients, vendors, payers, other agencies and the community within the constraints of privacy and confidentiality requirements and as allowed by law.
- Seek helpful and cooperative relationships with external agencies and community groups to enhance services and resources available to the public.
- Ensure all legally required reports or other information provided to any external entity including federal, state and local government agencies are accurate and submitted timely. Only authorized staff or their official designee sign reports requiring certifying signatures.

Records Maintenance

We are conscientious in maintaining accurate and appropriate records in accordance with all federal, state and local laws and regulations and THE HARRIS CENTER policies and procedures.

We:

- Maintain complete, accurate, timely and thorough client and administrative records.
- Follow all privacy and security policies and procedures to the letter to guard against internal and external privacy breaches.
- Abide by professional, legal and ethical codes governing confidentiality to ensure all records in any medium and at all service locations are maintained in a manner to protect employee and client privacy rights and to provide factual information.
- Maintain, train and monitor adherence to documentation and record keeping guidelines following legal requirements. Records are maintained for at least the minimum period required by laws and regulations.

CODE OF CONDUCT FOR CONTRACTORS

The Harris Center for Mental Health & IDD is firmly committed to full compliance with all federal, state, and local laws, regulations, rules and guidelines that apply to the provision and payment of behavioral health services. The Harris Center's contractors and the manner in which they conduct themselves are a vital part of this commitment.

To ensure contractors share in The Harris Center dedication to honesty, fairness and integrity, The Harris Center contractors and their employees are required to abide by The Harris Center *Code of Ethical Conduct for Contractors* as a condition of contractual arrangement.

This code is not intended to be an exhaustive list of all standards by which The Harris Center contractors are to be governed. Rather, its intent is to convey The Harris Center commitment to the high standards set for its contractors. All contractors are expected to perform their duties in good faith and in a manner reasonably believed to be in the best interest of The Harris Center and the public it serves. Contractor and its employees will:

- Comply with all applicable laws, rules, regulations, standards, and other requirements of federal, state and local government.
- Conduct themselves with honesty, integrity, courtesy and fairness in their professional dealings related to their contract with The Harris Center and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of The Harris Center.
- Treat all The Harris Center employees, consumers, and other contractors fairly and with respect.
- Not engage in any activity in violation of The Harris Center Compliance Program, nor engage in any other conduct which violates any federal, state, or local law, regulation, rule or guideline.
- Take precautions to ensure claims are prepared and submitted accurately, timely and are consistent with federal, state and local law, regulation, rule or guideline.
- Ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
- Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
- Act promptly to investigate when errors in claims or billing are discovered, make needed corrections and notify The Harris Center of these incidents.

- Promptly report to The Harris Center Compliance Officer any activity involving financial improprieties as it relates to The Harris Center contract, past or present.
- Promptly report to The Harris Center Compliance Director any suspected violation of this *Code of Ethical Conduct for Contractors* by The Harris Center employees or other The Harris Center contractors.
- Consult with The Harris Center Compliance Director if uncertain about any requirements of the *Code of Ethical Conduct for Contractors* or other applicable law, regulation, rule or guideline, privacy, confidentiality and access.

2. Regular Review of Compliance Program Effectiveness

The Harris Center's Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. This plan shall be reviewed as often as necessary and modified/updated at least annually. ~~This~~ The Harris Center's Compliance Plan shall be certified by ~~The~~the Harris Center's CEO upon implementation and ~~when~~upon the occurrence of major revisions ~~are required~~.

VI. SELF-REPORTING.

Regulations require that ~~THE HARRIS CENTER~~The Harris Center self-disclose certain errors we discover, and refund identified over-payments, or ~~THE HARRIS CENTER~~The Harris Center can be held accountable for intentional fraud. The regulations limit response time to sixty (60) days after the issue is identified, so timely reporting of errors is critical. Any errors or over-payments discovered as a result of the ongoing auditing and monitoring will result in the prompt return of any overpayment, with appropriate documentation and a thorough explanation of the reason for the refund, ~~of~~ which will be reported to the CEO.

If credible evidence of misconduct is discovered and, after reasonable inquiry, it is determined that this misconduct may have violated criminal, civil, or administrative law, The Harris Center's legal office/ counsel should be contacted promptly to determine self-reporting requirements.

VII. CONCLUSION.

Compliance is everyone's responsibility. Ignorance of the rules is not a defense for non-compliance in the eyes of the government. The rules are widely published and available, and we have a responsibility to understand and follow them to the best of our ability. Only with the commitment of all The Harris Center's personnel and affiliates can we ensure our compliance with the various laws, standards, and regulations that govern us. Please share your commitment to compliance with those around you and do not hesitate to contact your supervisor or the compliance department with questions – they are there to assist you with understanding the rules and providing guidance on their implementation.

The compliance plan, as presented in this document, establishes a framework for effective billing and legal compliance by The Harris Center. It does not identify all of The Harris Center's substantive programs and policies that are designed to achieve compliance. The Harris Center works diligently to ensure the presence of and adherence to policies and procedures. Policies and procedures also help to shape the agency's overall commitment to compliance and the enforcement thereof.

ATTESTATION

Where applicable to my role,

I will:

- Respect the basic rights and values of all staff, clients and volunteers treating everyone with consideration, patience, dignity, courtesy and integrity.
- Support The Harris Center efforts to provide culturally competent services.
- Promote a positive image for The Harris Center.
- Be honest and fair following the letter and spirit of applicable laws.
- Appreciate that staff have a responsibility to care for their clients. This duty cannot be delegated or transferred to others.
- Acknowledge that the CEO/Executive Director is the only OFFICIAL spokesperson for The Harris Center.
- Not bind The Harris Center to any legal or contractual obligations by offering assurances either verbally or in writing.
- Observe strict confidentiality with respect to all client information and any other information that is confidential to The Harris Center gained through participation at The Harris Center.
- Accept and follow directions from the Director and job supervisor seeking guidance through clarification as needed.
- I will familiarize myself with The Harris Center policies and procedures as required to carry out my assignments.
- Take personal responsibility for performing duties in good faith, strive for cooperation and teamwork, and exercise sound judgment.
- Comply with work and safety practices avoiding unnecessary risks, apply reasonable instructions given by supervisors and report any hazard or hazardous practice in the workplace.
- Not smoke or use tobacco products (except on breaks) or be under the influence of alcohol or illegal drugs when on the job/assignment.
- Report any problems as they arise to the job supervisor including incidents, injury, suspected or known unethical or illegal conduct.
- Avoid waste or extravagance and make proper use of The Harris Center resources. This includes the fax machines, the computer, the copier, office supplies, etc.
- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, and professional practices and standards of privacy and confidentiality. Avoid discussing confidential information in public or semi-public areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person, including other employees. The Consumer's record/chart and treatment is confidential information is on a need to know.

Attachments

[Audit Performance Escalation Pathway_.pdf](#)

[External Review Procedure.docx](#)

[FY2026 Audit Schedule.pptx](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enaohwo	10/2025
Compliance Director Review	Demetria Lockett	10/2025
Compliance 1st Review	Christopher Webb: Audit	10/2025
Initial	Christopher Webb: Audit	10/2025

EXHIBIT F-27

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Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

MED.PHA.A.13 Drug Diversion Reporting and Response Policy

1. PURPOSE:

The purpose of this policy is to ~~properly~~ establish a standardized process to identify, report, and investigate suspected drug diversion. ~~Examples of drug~~ Drug diversion may include, but ~~are~~ is not limited to ~~theft of medication~~ theft, using or taking possession or use of a medication without a valid order or prescription, forging or inappropriately modifying a prescription ~~and using or taking, and unauthorized use or~~ possession of medication waste.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to provide a systematic, coordinated, and timely approach to ~~identification~~ identifying, reporting ~~and investigation of, and investigating~~ suspected drug diversion by involving The Harris Center for Mental Health and IDD employees, patients, and visitors.

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD employees, patients and visitors.

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

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

~~Pharmacy Operations and Prescription Processing Policy~~

5. PROCEDURE:

~~Pharmacy Texas PMP (Prescription Monitoring Program) Review Procedure~~

~~MED.PHA.B.5.34 Pharmacy Controlled Substances Procedure~~

~~Pharmacy Prescription Forgery Procedure~~~~MED.PHA.B.5.10 Pharmacy Drug Destruction Procedure~~

~~Pharmacy Security Procedure~~~~MED.PHA.B.40 Pharmacy Guide to Prescription Fraud & Forgery Procedure~~

~~Pharmacy Drug Destruction Procedure~~~~MED.PHA.B.5.18 Pharmacy Security Procedure~~

~~Pharmacy Controlled Substances Procedure~~~~MED.PHA.B.5.32 Pharmacy Texas PMP (Prescription Monitoring Program) Review Procedure~~

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~USDOJ DEA Diversion Control Division Pharmacists Manual Appendix D~~

~~EO-DEA154R1,~~

~~DEA-DC-046R1~~

~~Code of Federal Regulations 21 Part 1300 and CFR §1306.04 (a)~~

~~Controlled Substance Act 21 U.S.C Parts 802 & 803 §§827, 842, 958(d)~~

~~Texas State Board of Pharmacy Rules and Regulations DEA Pharmacist Manual, Section IX~~

~~Definitions Relating to Controlled Substances, 21 C.F.R. § 1300.~~

~~Purpose of Issue of Prescription, 21 C.F.R. §1306.04 (2025).~~

~~Definitions, 21 U.S.C. §802 (2025).~~

~~Records and Reports of Registrants, 21 U.S.C. §827 (2022).~~

~~Order Forms, 21 U.S.C. §828 (2010).~~

~~Penalties for Simple Possession, 21 U.S.C. §844 (2010).~~

~~CARF Section 2E~~

~~Drug Enforcement Administration Pharmacist's Manual~~

~~Inventory Requirements, 22 Tex. Admin. Code § 291.17 (2025).~~

~~Texas Records, 6 Tex. Health & Safety Code §481.067, §481 (2016).074 and § 481.075~~

~~The Controlled Substances Act, DEA United States Drug Enforcement Administration.~~
~~<https://www.dea.gov/drug-information/esa>~~

~~Texas Administrative Code §291.17~~

~~The Harris Center's Policy and Procedure Handbook CARF Section 2E~~

Prescriptions, 6 Tex. Health & Safety Code §481.074 (2019).

Schedule II Prescriptions, 6 Tex. Health & Safety Code § 481.075 (2019).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	02/2026
Legal 2nd Review	Kendra Thomas: Counsel	01/2026
Legal 1st Review	Bijul Enaohwo	12/2025
Compliance Director	Demetria Lockett	12/2025
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	11/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2025
Pharmacy Department Review	Lauren Kainer: RPh	11/2025
Initial	Lauren Kainer: RPh	11/2025

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Owner Lauren Kainer:
 RPh
 Area Medical Services
 Document Type Agency Policy

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

1. PURPOSE:

~~To~~The purpose of this policy is to establish a ~~uniform policy to~~ standardized process to ensure proper control and account for, accountability, and documentation of all medications received, dispensed, and destroyed by ~~the pharmacy~~ The Harris Center for Mental Health and IDD (The Harris Center) pharmacies.

2. POLICY

It is the policy of The Harris Center to account for stock supplies of prescription drugs and at a minimum, conduct inventory twice per year. The Harris Center pharmacies shall maintain records of all pharmacy transactions in accordance with legal requirements. In order to control and account for all medication, these records shall include documentation of the receipt ~~and,~~ delivery, dispensing, and destruction of prescription drugs ~~as well as those dispensed.~~

The Harris Center units may maintain stock supplies of medications for consumer use as deemed appropriate by The Pharmacy and Therapeutics Committee. Any medication stocked by a unit will be the responsibility of the Unit's Lead Psychiatrist.

3. APPLICABILITY/SCOPE

All Harris Center mental health and IDD service sites, clinics, treatment programs, residential care programs and pharmacies.

4. PROCEDURES

~~A. Clinic Pharmacies Inventory (AMH)~~

~~B. Clinic Nurses' Station Inventory (AMH) C. IDD Residential Units' Inventory~~

[MED.PHA.B.5.34 Pharmacy Controlled Substances Procedure](#)

[MED.PHA.B.9 Pharmacy PAP Haldol Injection Procedure](#)

[MED.PHA.B.5.26 Multi Dose Vials Procedure](#)

5. RELATED POLICIES/FORMS:

[Clinic Pharmacies Inventory \(AMH\)](#)

[Clinic Nurses' Station Inventory \(AMH\)](#)

[IDD Residential Units' Inventory](#)

[MED.PHA.A.2 Medication Storage, Preparation, and Administration Areas](#)

6. REFERENCES/RULES/REGULATIONS/STANDARDS:

- ~~Controlled Substances Act, 21 U.S.C. §§827, 842, 958(d)~~
- ~~Tex. Controlled Substances Act, Tex. Health & Safety Code §481.067~~
- ~~Pharmacies-All Classes of Pharmacies-Inventory Requirements, 22 Tex. Admin. Code §291.17~~
- ~~The Harris Center's Policy and Procedure Handbook CARF Section 2E~~

[CARF Section 2E](#)

[Controlled Substances Act, 21 U.S.C. §§827, 842](#)

[Pharmacies-All Classes of Pharmacies-Inventory Requirements, 22 Tex. Admin. Code §291.17 \(2019\)](#)

[Tex. Controlled Substances Act, Tex. Health & Safety Code §481.067 \(2016\)](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	01/2026

Legal 2nd Review	Kendra Thomas: Counsel	12/2025
Legal 1st Review	Bijul Enahwo	10/2025
Compliance Director	Demetria Lockett	10/2025
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	10/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	08/2025
Pharmacy Department Review	Lauren Kainer: RPh	08/2025
Initial	Lauren Kainer: RPh	08/2025

EXHIBIT F-29

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Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2026		
Next Review	1 year after approval		

MED.PHA.A.5 Pharmacy Services and Outpatient Prescriptions Policy

1. PURPOSE:

To provide pharmaceutical services to the persons served by The Harris Center ~~patients via~~ for Mental Health and IDD (The Harris Center ~~or contractual pharmacies)~~, either directly through The Harris Center pharmacy or through its contracted pharmacy providers.

2. POLICY:

It is the goal of The Harris Center to ensure all ~~consumers~~ persons served in need of "**all medications**" or "**psychoactive and other medications**" receive those medications. To this end, The Harris Center shall maintain pharmacy services, which will be available either at The Harris Center program sites or through contractual agreements. The Harris Center Pharmacies shall be licensed by the Texas State Board of Pharmacy and shall operate in accordance with all applicable state and federal laws. A licensed pharmacist will staff The Harris Center Pharmacies. Medication prescribed by an ~~Agency~~ agency or contract prescriber will be provided to the consumer at a cost based on the consumer's ability to pay.

The Harris Center pharmacy program will primarily dispense prescriptions written by The Harris Center prescribers or contractual prescribers ~~based on~~ in accordance with the agency's established formulary. The Harris Center ~~Formulary(s)~~ Pharmacy is also authorized to dispense prescriptions issued by external prescribers, as well as non-formulary medications, when such dispensing is clinically appropriate and in accordance with agency policy and procedures.

3. APPLICABILITY/SCOPE:

The Harris Center Pharmacies and contracted pharmacies.

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

~~The Harris Center Fee Manual~~

~~Harris Center Prescription Form PHAR: 2.001~~

[ACC.A.11 Financial Assessment](#)

5. PROCEDURES:

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

[MED.PHA. B.52 Pharmacy 2nd Generation Antipsychotic LAI Clinical Criteria](#)

[MED.PHA.B.15 Pharmacy Early Prescription Refill Procedure](#)

[MED.PHA.B.25 Pharmacy External Provider Prescription Procedure](#)

[MED.PHA.B.5.25 Pharmacy Formulary Development](#)

[MED.PHA.B.5.30 Pharmacy Mailing Prescriptions to Patients](#)

[MED.PHA.B.9 Pharmacy PAP Haldol Injection Procedure](#)

[MED.PHA.B.5 Pharmacy Services and Outpatient Prescription Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~General Provisions. Pharmacy and Pharmacists, Title 3. Tex. Occ. Code, Subtitle J, Chapters 551-569~~

~~Administrative Practice and Procedures. Title 22. Tex. Admin. Code, Chapters 281-315~~

~~Texas Food, Drug, and Cosmetic Act. Title 6. Tex. Health & Safety Code, Chapters 431-486~~

[Texas State Board of Pharmacy, 22 Tex. Admin. Code §§ 281-315.](#)

CARF Section 2E

[General Provisions Pharmacy and Pharmacists, 3. Tex. Occ. Code § 551.](#)

[Practice by License Holder Pharmacy and Pharmacists, 3. Tex. Occ. Code §§ 562.001 - 561.005.](#)

[Prescription Requirements: Delegation of Administration and Provision of Dangerous Drugs, 3 Tex. Occ. Code §§ 563.001- 563.054.](#)

Texas Food, Drug, and Cosmetic Act, 6 Tex. Health & Safety Code § 431.

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Legal 2nd Review	Kendra Thomas: Counsel	01/2026
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Compliance Director	Demetria Lockett	12/2025
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	11/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2025
Pharmacy Department Review	Lauren Kainer: RPh	11/2025
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EXHIBIT F-30

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Owner	Lauren Kainer: RPh
Area	Medical Services
Document Type	Agency Policy

MED.PHA.A.38 Prescription Monitoring Program (PMP) Policy

1. PURPOSE:

The purpose of this policy is to ensure that all applicable employees at The Harris Center for Mental Health and IDD (The Harris Center) evaluate the appropriate dispensing of controlled substances to ~~consumers~~patients and report Texas Prescription Monitoring Program (~~Texas~~-PMP) data.

2. POLICY:

~~Its it the Policy of the~~It is the policy of The Harris Center to value the safety of all patients and to follow all legal requirements set forth by governing bodies. Before prescribing and dispensing certain medications, all applicable staff will check the Texas Prescription Monitoring Program (PMP), a statewide database that tracks prescription data of controlled substances and medications with misuse potential. These medications include opioids, benzodiazepines, barbiturates, stimulants, sedatives, and muscle relaxers. The Harris Center shall submit dispensing data for all required controlled substances to the Texas PMP in accordance with all applicable laws and regulations.

3. APPLICABILITY/SCOPE:

All individuals employed by the Harris Center with ~~Prescribing Authority~~prescribing authority including interns, externs, residents, and all pharmacy staff.

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

~~[MED.PHA.A.5 Pharmacy Services and Outpatient Prescription Purchase Plan](#)~~

~~[MED.PHA.A.5The Harris Center Professional Review Committee Policy](#)~~

~~[MED.PHA.A.6 The Harris Center Pharmacy Peer Review Policy](#)~~

~~[MED.PHA.A.13 Drug Diversion Reporting and Response Policy](#)~~

~~[How to Register for TX PMP AWARE.docx](#)~~ ~~[How to Register for PMP AWARxE](#)~~

5. PROCEDURE:

~~[Pharmacy Texas PMP \(Prescription Monitoring Program\) Review Procedure](#)~~ ~~[MED.PHA.B.38.Pharmacy Texas PMP \(Prescription Monitoring Program\) Review Procedures](#)~~

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~[About - Texas Prescription Monitoring Program \(txpmp.org\)](#)~~

~~[Texas State Board of Pharmacy Rules and Regulations DEA Pharmacist Manual, Section IX](#)~~

~~[21 C.F.R. §1306.04 \(2020\)](#)~~

~~[21 U.S.C. §802 \(2025\)](#)~~

~~[Access Requirements, 22 Tex. Admin. Code § 315.15 \(2021\)](#)~~

~~[Drug Enforcement Administration Pharmacist's Manual](#)~~

~~[Pharmacy Responsibility - Electronic Reporting, 22 Tex. Admin. Code § 315.6 \(2023\)](#)~~

~~[Prescriptions, 22 Tex. Admin. Code § 315.3 \(2021\)](#)~~

~~[Professional Responsibility of Pharmacists, 22 Tex. Admin. Code § 291.29 \(2022\)](#)~~

~~[Prescriptions, TexasTex. Health & Safety-Code §481.074 \(2019\)](#)~~

~~[Schedule II Prescriptions, TexasTex. Health & Safety-Code §481.075 \(2019\)](#)~~

~~[The Controlled Substances Act, DEA United States Drug Enforcement Administration.](#)~~

~~<https://www.dea.gov/drug-information/csa>~~

~~[Persons Entitled to Fill Prescriptions, 21 CFR §1306.04 \(a\)](#)~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	02/2026
Legal 2nd Review	Kendra Thomas: Counsel	01/2026
Legal 1st Review	Bijul Enahwo	12/2025
Compliance Director	Demetria Lockett	12/2025
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	10/2025
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	09/2025
Pharmacy Department Review	Lauren Kainer: RPh	08/2025
Initial	Lauren Kainer: RPh	08/2025

EXHIBIT F-31

Status **Pending** PolicyStat ID **19152350**

Origination	02/2019	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2026		
Next Review	1 year after approval		

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

1. PURPOSE:

The purpose of the admission policy is to have a uniform method and efficient guidelines to ensure consistency by providing a framework for operations for admitting clients into services and to identify individual needs to plan the most appropriate intervention.

2. POLICY:

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

process. Services are subject to all state standards for the provision of both voluntary and court-ordered services.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Mental Health Community Service Standards, 26 Tex. Admin. Code §§ 301.301- 301.363
- Behavioral Health Delivery System, 26 Tex. Admin. Code Ch. 306 (2020).
- Lidda Role and Responsibilities, 26 Tex. Admin. Code Ch. 330 (2024).
- Standard of Care Applicable to All Providers, 26 Tex. Admin. Code § 564.4 (2024).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
1st Legal Review	Bijul Enahwo	11/2025
Departmental Review	Keena Pace: Exec	11/2025
Compliance 1st Review	Christopher Webb: Audit	11/2025
Initial Assignment	Lance Britt: Dir	11/2025

EXHIBIT F-32

Status **Pending** PolicyStat ID **18455943**

Origination	03/2005	Owner	Mustafa Cochinwala: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	12/2025		
Next Review	1 year after approval		

HIM.IT.A.1 Workforce Member Network Internet Use Policy

1. PURPOSE:

The Harris Center [for Mental Health and IDD \(The Harris Center\)](#) recognizes that the use of the agency's network, Internet, and email has many benefits and can make conducting Harris Center business and workplace communication more efficient and effective. Therefore, workforce members are encouraged to use the Internet and email systems for job-related purposes, in accordance with Workforce Member Network and Internet Use Procedures.

Unacceptable use of the Internet and e-mail can place The Harris Center and others at risk and is prohibited. The Harris Center complies with all applicable federal, state, and local laws as they concern the employer/employee relationship and nothing contained herein should be construed to violate any of the rights or responsibilities contained in such laws.

2. POLICY:

It is the [policy of the Harris Center to provide employees with access to The Harris Center's ~~policy to provide employees with computers, network communication system, and other IT resources for business purposes only, which includes~~ access to ~~The Harris Center's computers, network communication system, and other IT resources for business purposes only, which includes access to~~ the Internet, email, intranet services, and internal & external web services. All communication, data, and information created, transmitted by, received from, stored, or processed on The Harris Center network and computing devices is Harris Center property and, as such, is intended to be used for job-related purposes. Therefore, employees shall have no expectation of privacy whatsoever in any message, file, data, document, facsimile, or any kind or form of information or communication transmitted to, received, printed from, stored, or recorded on the Harris Center's electronic information and communication systems.](#)

3. APPLICABILITY/SCOPE:

This policy must be followed in conjunction with other Harris Center policies governing appropriate workplace conduct and behavior. This policy applies to all Harris Center employees, interns, contractors, volunteers, and partners who access our network and computers. This policy governs all IT resources and communications systems owned by or available at The Harris Center, and all use of such resources and systems when accessed using personally owned resources, including but not limited to:

- Email systems and accounts
- Internet and Intranet access
- Telephones, cell phones, voicemail systems
- Printers, photocopiers, and scanners
- Face machines, e-fax machines
- All other associated computer, network, and communication systems, hardware, and software.

INAPPROPRIATE USE OF HARRIS CENTER IT RESOURCES AND COMMUNICATIONS SYSTEMS

~~The Harris Center management and its employees, interns, contractors, volunteers, and partners with access to the Harris Center IT system will cooperate fully with Human Resources, the Harris Center Information Security team, and local, state, or federal officials in any investigation concerning or relating to any illegal activities allegedly conducted through the Harris Center's IT system.~~

DISCIPLINE

~~In the event there is an allegation that an employee has violated The Harris Center Network and Internet Use Policy, the employee will be provided with a written notice of the alleged violation and an opportunity to present an explanation to Harris Center management. Employee violations of this policy will be handled in accordance with currently established disciplinary procedures. Violations of this policy can lead to disciplinary action, up to and including, revocation of access and/or termination.~~

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

5. PROCEDURE:

[HIM.IT.B.1 Workforce Member Network Internet Use Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- HIPAA-SecurityStandardsforthe Protection of Electronic Protected Health Information, 45 CFR Part 164, Subpart C
- NIST SP 800-53 Rev. 4 AT-2, PM-13

- 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	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Mustafa Cochinwala: Dir	11/2025
Initial Assignment	Mustafa Cochinwala: Dir	11/2025

EXHIBIT F-33

Status **Pending** PolicyStat ID **19238401**

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

Artificial Intelligence Acceptable Use and Work Productivity Policy

1. PURPOSE:

The purpose of this policy is to define acceptable use of artificial intelligence (AI) technologies to support work productivity, promote responsible and ethical use, and safeguard The Harris Center's assets and data..

2. POLICY:

- A. This policy is guided by the following principles and values. Adherence aims to promote ethical AI adoption, protect The Harris Center and Customer interests, and foster trust in AI technologies within our ecosystem.
 1. Fairness: Striving for impartial and unbiased AI systems.
 2. Transparency: Maintaining openness about AI processes and decision-making.
 3. Accountability: Assigning responsibility for AI-driven outcomes.
 4. Privacy and Security: Protecting The Harris Center's data and ensuring the security of AI applications.
- B. Uses of AI will be for limited functions and maintain human oversight to mitigate risks with accountability and the protection of The Harris Center and Customer data.
- C. AI tools intended to enhance work productivity must receive prior approval from The Harris Center's Security Officer, Privacy Officer, or designee authority before being used.
- D. Vendors providing AI solutions must be assessed in accordance with The Harris Center's *Third*

Party Risk Management Policy and Procedure.

- E. The Information Security Officer will periodically provide guidance and recommendations for data governance, security, and privacy protections are maintained, as applicable to:
1. Compliance with HIPAA, state laws, and other relevant regulations.
 2. Data security through the implementation of encryption, de-identification, and anonymization practices.

3. APPLICABILITY/SCOPE:

This policy applies to all The Harris Center workforce members, information systems, data, and networks and any person or device that gains access to The Harris Center's systems or data.

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

5. PROCEDURE:

Artificial Intelligence Acceptable Use and Work Productivity Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Framework:

- [AI Risk Management Framework](#) Resources

Internal:

- Artificial Intelligence Acceptable Use and Work Productivity Procedure
- Data Governance and Data Classification Policy and Procedure

External:

- Current e-CFR [Part 164, Security, Breach, and Privacy Regulations](#)
- OCR Guidance: [Use of Online Tracking Technologies by HIPAA Covered Entities and Business Associates](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Mustafa Cochinwala: Dir	11/2025
Initial Assignment	Wesley Farris: ITSecOfcr	11/2025

EXHIBIT F-34

Status **Pending** PolicyStat ID **19461610**

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

Owner	Nicole Lievsay: Dir
Area	General Administration
Document Type	Agency Policy

Canva Use Policy

1. PURPOSE:

The purpose of this policy is to establish standards, access requirements, and approval expectations for the use of Canva for design, publishing, and distribution of agency-related content. The goal is to maintain consistent branding, protect agency identity, ensure equitable access to limited Canva licenses, and mitigate risk associated with visual communications.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to provide access to Canva on a limited-license basis for the creation of official agency flyers, brochures, signage, social graphics, digital assets, presentations, and related visual materials. Use of Canva must support business needs and align with Communications brand standards, accessibility guidance, and copyright requirements. Access and approval processes are required to ensure quality, compliance, and consistency. Access through Okta does not guarantee access to The Harris Center Canva Team. Licenses are centrally managed by Communications, and seat assignments may be revoked or reassigned when necessary to maintain fair usage and support operational priorities.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, interns, and volunteers who create or manage agency-related visual or digital content using Canva.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

Canva Access and Content Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Brand Standards Guidelines (2022)

Attachments

[Feb 2022_Brand Guidelines.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	01/2026
Department Review	Keena Pace: Exec	12/2025
Initial Assignment	Nicole Lievsay: Dir	12/2025

EXHIBIT F-35

Status **Pending** PolicyStat ID **18814775**

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

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

MED.A.9 Delegation of Medical Acts

1. PURPOSE:

The purpose of this policy is to define the process that 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. Physicians are responsible for ensuring compliance with the Texas Medical Board, Texas Occupational Code and 22 Tex Admin. Code Ch. 169. It is not the intent to describe every situation in which an act may be delegated, but the procedure is designed to provide the framework necessary to delegate and /or assign certain acts in a safe and appropriately supervised manner.

2. POLICY:

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.

The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas Medical Board (TMB) as applicable for delegation. The Harris Center physician entering into an agreement to supervise will complete and sign The Harris Center Delegation Protocol and the Prescriptive Authority Agreement or Collaborative Drug Therapy Management Protocol which outline the scope of medical practice and prescription/drug prescribing parameters. These agreements shall be individualized and based upon the experience and training of the person, as determined by the supervising physician. The Harris Center will set expectations regarding the frequency of supervision

and the number of monthly chart reviews completed by the supervising physician.

3. APPLICABILITY/SCOPE:

All Harris Center programs providing medical services.

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

General Authority of Physician to Delegate

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:

- A. The act
 - 1. Can be properly and safely performed by the person to whom the medical act is delegated.
 - 2. Is performed in its customary manner; and
 - 3. Is no in violation of any other statute; 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.
 - 1. An act constitutes the practice of medicine, not inconsistent with this chapter; and
 - 2. A medical act may be properly or safely delegated by physicians.

The scope of what a physician may delegate to a non-physician 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 person'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. PROCEDURES

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

[MED.B.9 Delegation of Medical Acts](#)

[MED.PHA.B.5.5 Clinical Pharmacy Specialist Procedure](#)

[HR.B.35 Credentialing, Re-Credentialing and Privileging Guideline and Procedure](#)

5. RELATED POLICIES/FORMS:

Prescriptive Authority Agreement

Physician Assistants (PA), Advanced Practice Registered Nurses Delegation Protocol

Collaborative Drug Therapy Management Protocols

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

[MED.NUR.A.4 Delegation and Supervision of Certain Nursing Acts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Authority of Physician to Delegate Certain Medical Acts, Tex. Occ. Code Ch. 157.

Physician Assistants- Licensing Requirements, Exemptions, and Renewal, Tex Occ. Code, §§ 204.151-204.353.

Nursing Practice Act, Tex. Occ. Code § 301.154.

Delegation, 22 Tex. Admin. Code Ch. 169

Physician Assistants, 22 Tex. Admin. Code Ch. 183.

Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, 22 Texas Admin. Code § 295.13.

Texas Board of Nursing: <https://www.bon.texas.gov/index.asp.html>

Texas State Board of Pharmacy: <https://www.pharmacy.texas.gov/>

Texas Medical Board: <https://www.tmb.state.tx.us/>

Notification and Appeals Process, 26 Tex. Admin. Code § 301.55 (2024).

Approval Signatures

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

CEO Approval	Wayne Young: Exec	02/2026
Final Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enaohwo	12/2025
Compliance Director	Demetria Lockett	12/2025
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	11/2025
2nd Department Review	Kia Walker: Chief Nursing Officer	10/2025
1st Department Review	Danyalle Evans	10/2025
Initial Assignment	Danyalle Evans	10/2025

EXHIBIT F-36

Status **Pending** PolicyStat ID **19461863**



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

Owner	Nicole Lievsay: Dir
Area	General Administration
Document Type	Agency Policy

Viva Engage Use Policy

1. PURPOSE:

The purpose of this policy is to establish expectations for the appropriate, respectful, and professional use of Viva Engage as an internal communication and engagement platform for The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

It is the policy of The Harris Center to provide a secure, professional channel through Viva Engage for internal collaboration, knowledge sharing, recognition, announcements, and employee engagement. All users are responsible for ensuring posts are factual, courteous, and consistent with The Harris Center's brand, privacy standards, and Codes of Conduct. Use of Viva Engage must support business operations and foster a productive work environment. Users should exercise good judgment, maintain professional tone, and avoid impropriety or the appearance of impropriety. Employees must not post confidential information, protected health information (PHI), consumer details, case notes, legally protected data, or personal identifying information. Communications may review and remove posts that are inaccurate, unprofessional, out of compliance, or inconsistent with agency brand and messaging standards.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, interns, volunteers, and Board of Trustees members who access or use Viva Engage as part of their work with The Harris Center.

4. RELATED POLICIES/FORMS:

[LD.A.14 Social Media Use Policy](#)

[HIM.EHR.A.11 Sanctions for Breach of Security and/or Privacy Violations of Health Information](#)

[HIM.EHR.A.3 Confidentiality and Disclosure of Patient/ Individual Health Information](#)

5. PROCEDURE:

Viva Engage Posting and Moderation Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Employee Code of Conduct

Communications Branding Standards

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2026
Legal Review	Kendra Thomas: Counsel	01/2026
Compliance Director Review	Demetria Lockett	01/2026
Department Review	Keena Pace: Exec	12/2025
Initial Assignment	Nicole Lievsay: Dir	12/2025

EXHIBIT F-37

Status **Pending** PolicyStat ID **18037667**

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

HR.A.38 Workplace Bullying

1. PURPOSE:

The purpose of this policy is to ensure a safe and respectful work environment for all employees at The Harris Center for Mental Health and IDD. Workplace bullying can negatively impact employee health, morale, and productivity. This policy aims to prevent and address bullying behavior promptly and effectively.

2. POLICY:

The Harris Center for Mental Health and IDD is committed to providing a workplace free from bullying. Workplace bullying is defined as repeated, unreasonable actions directed towards an employee or group of employees that create a risk to health and safety. This includes both physical and psychological abuse. The Harris Center will not tolerate any form of bullying and will take appropriate action to address and resolve complaints.

3. APPLICABILITY/SCOPE:

This policy applies to all employees, contractors, volunteers, and visitors at The Harris Center for Mental Health and IDD. It covers behaviors that occur during work hours, at work-related events, and through all methods of communication, including face-to-face, email, text messaging, and social media platforms.

4. RELATED POLICIES/FORMS:

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

5. PROCEDURE

[HR.B.38 Workplace Bullying Procedure](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

This policy is in accordance with the guidelines set forth by the Equal Employment Opportunity Commission (EEOC) and relevant federal laws, including:

- **Title VII of the Civil Rights Act of 1964**
- **Age Discrimination in Employment Act of 1967 (ADEA)**
- **Americans with Disabilities Act of 1990 (ADA)**

These laws prohibit harassment and discrimination based on protected characteristics such as race, color, religion, sex, national origin, disability, age, and genetic information.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2026
2nd Legal Review	Kendra Thomas: Counsel	01/2026
1st Legal Review	Bijul Enahwo	12/2025
Compliance Director Review	Demetria Lockett	12/2025
Department Review	Kendra Thomas: Counsel	10/2025
Initial Assignment	Toby Hicks	10/2025

EXHIBIT F-38



A SAFER TOMORROW STARTS TODAY

CONTINUING AN INNOVATIVE APPROACH TO SUICIDE PREVENTION UTILIZING LAW ENFORCEMENT AND MENTAL HEALTH PARTNERSHIP TO IMPLEMENT THE ZERO SUICIDE FRAMEWORK IN THE HARRIS COUNTY SHERIFF'S DEPARTMENT



DISCLOSURES

None





THE HARRIS CENTER FOR MENTAL HEALTH AND IDD

- Local Mental Health Authority for Harris County
 - Largest LMHA in Texas
- Serving over 4.7 million residents of Harris County, TX
 - 53.9% uninsured
- 20.2% speak a language other than English at home
 - Approx 90,000 distinct clients in FY25
 - Over 2M services provided in FY25
 - Regional Suicide Care Support Center



BY THE NUMBERS:

Fiscal Year 2022 2023 2024 **2025**

Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug

Transforming lives by providing over **2M** services

Division
All

Count of PatientDurableKey
89621
Total Number Served

A profile of the services we provide.



708K

Adult Mental Health Services



312K

Intellectual Developmental Disability Services



144K

Child Mental Health Services



5,622

Consumer Benefits Services



388K

Crisis and Psychiatric Emergency Services



96K

Early Childhood Intervention Services



34K

Forensic Services



388K

Pharmacy Services



127K

Telehealth Visits



96K

Jail Services



1653

Total Care Providers

Meeting the needs where they are.

Service Locations	School Co-Locations	Crisis/ Access Calls Answered	Diverted 911 Calls Received
57	27	336K	5033



HARRIS COUNTY SHERIFF'S DEPARTMENT

- 2nd largest local jail in the United States
- Largest local jail in the state of Texas

- Average incarcerated resident population: 9,500
- 78% of population self report mental health concerns on intake via TCJS medical screening

- 28% of population currently receiving psychotropic medication for a mental health diagnosis (January)

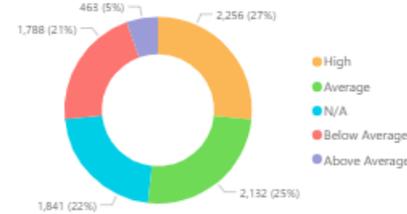
- 4.2% of intakes self reported previous suicide attempts
- 4,878 total employees/1,789 females

Jail Population

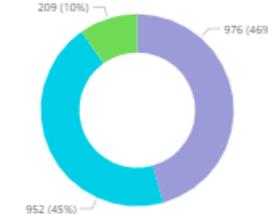
Summary



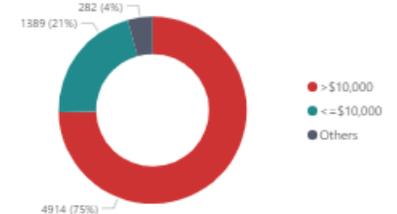
Pretrial Risk Score



Holds

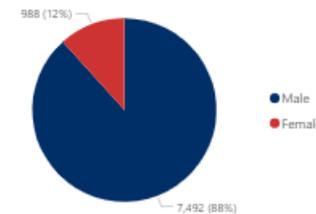


Bond Amount

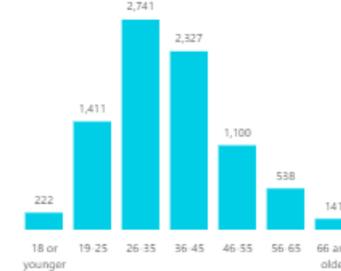


Demographics

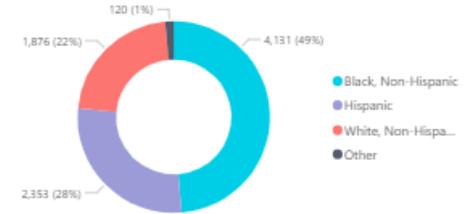
Gender



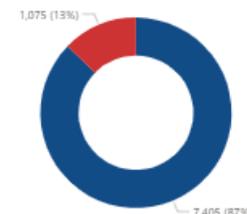
SPN Count by Age Groups



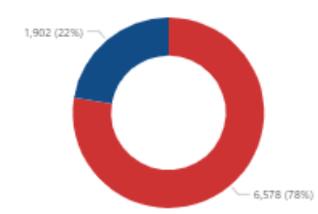
Race/Ethnicity



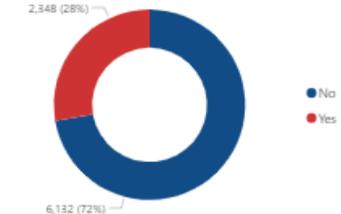
Homeless (Self-Reported)



Mental Health Indicator

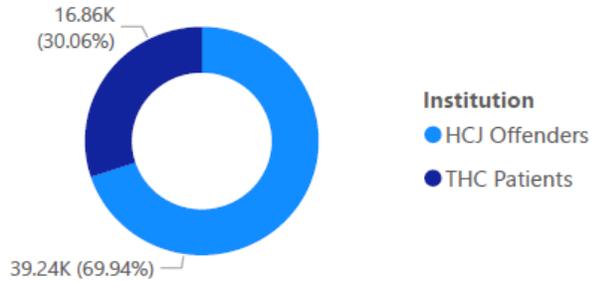


Currently on Psychotropic Medication

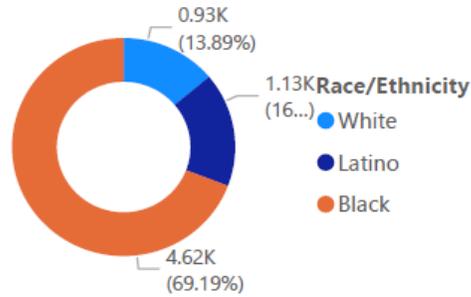


WHY IS THIS COLLABORATION RELEVANT

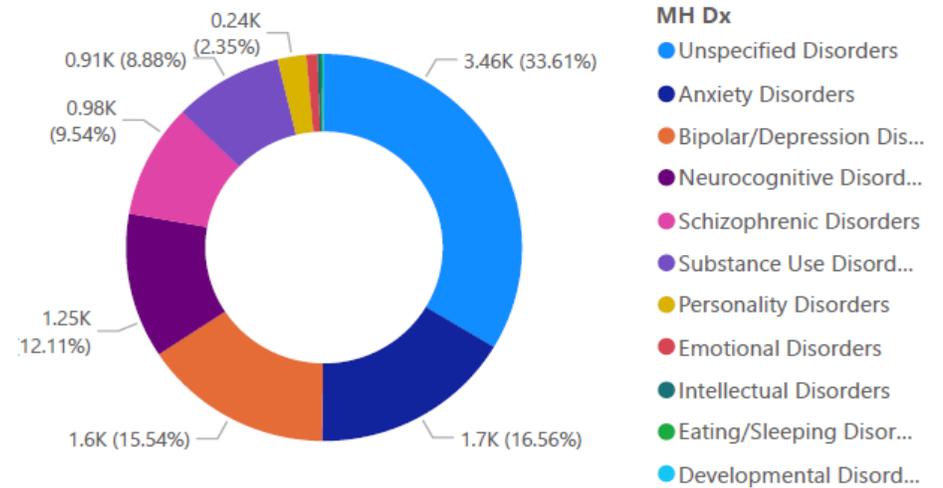
HCJ Arrestees (n=56,097) in 2025: Institution



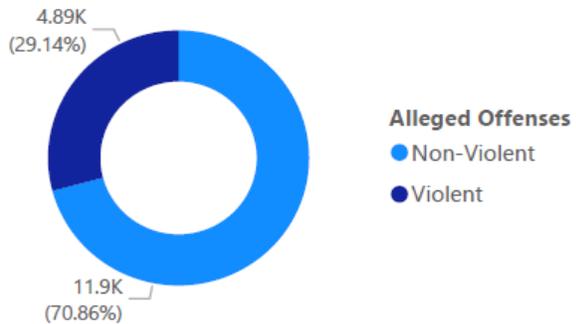
THC Arrestees (n=16,861) in 2025: Race



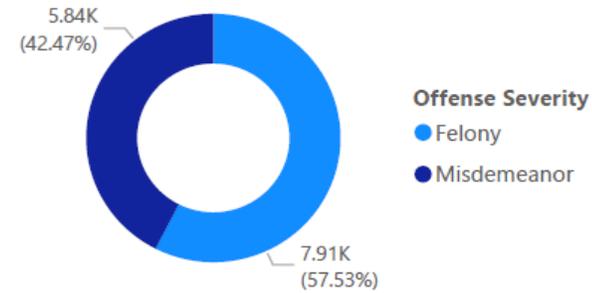
THC Arrestees (n=16,861) in 2025: MH Dx



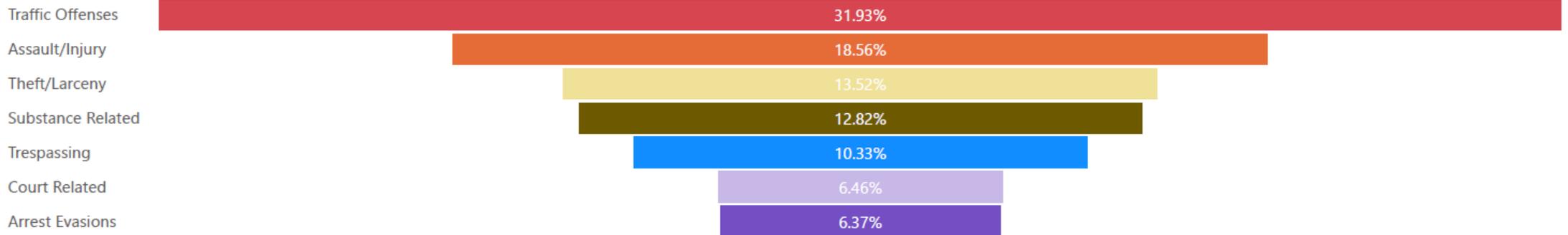
THC Arrestees (n=16,861) in 2025: Violentness



THC Arrestees (n=16,861) in 2025: Severity



(Top 7) Alleged Offenses (n=40,789) in 2025 by THC Arrestees (n=16,861)



OBJECTIVES



Suicide amongst incarcerated individuals and those who have dedicated their lives to the judicial system is a growing concern. Innovative and collaborative approaches that address all aspects of care must be applied to decrease risk and decrease the loss of life by suicide.

What is the Zero Suicide Framework?

The facts about suicide across the lines of the justice system

Breaking the stigma and collaborating for a common cause

Adapting and implementing key initiatives

Promoting a culture of compassion for success

Evaluating progress and sustainability

Resources and references

Create a safer and more compassionate environment within the justice system, addressing suicide risk holistically and fostering a culture of care.

THE UNDENIABLE FEMALE IMPACT ON THE JUSTICE SYSTEM

2019 National Institute of Justice Special Report:

- Women officers are less likely to use excessive force
- Women officers are less likely to engage in police misconduct

Women officers have an impact on violence against women and sex crimes:

- One study found as the number of female officers increased in a specific area, reporting of violent crimes against women significantly increased, as well as a decline in intimate partner homicide

Women officers help improve community relations

- View criminal justice and law enforcement work as a public service rather than a position of control and authority
- High levels of interpersonal communication skills lead women to excel at establishing rapport and building trust with vulnerable groups
- Think about problem solving from a more maternal place (how would I want my children to grow up? Or be treated?)

Women have advanced problem-solving skills

- Rely on thinking outside the box
- Establishing trust
- Using de-escalation (use dialogue before force)

Women in leadership roles within law enforcement agencies bring about a different leadership style prioritizing:

- Teamwork
- Communication
- Understanding
- Role modeling for young girls and women

“WONDERWOMEN” of Harris County, TX



Retired Major
Lynette Anderson



Commander Ruth
McClanahan



Captain Lisa
Strong



Lieutenant Ellysa
Rhen



Sergeant Melissa
Barajas



Sergeant Alyssa
Faerman



Sergeant Melissa
Ince

30X30 ADVANCING AND SUPPORTING
WOMEN IN POLICING



Samantha Patrizze



Katrina
Camacho



Former Detention
Officer Kathleen
Pruessner

“

The experience I have had is that once you start talking about experiencing a mental health struggle, you realize that actually you're part of quite a big club

”

Prince Harry

Different Backgrounds. Different Roles. Different Responsibilities. One Common Goal.



Section 1: What is the Zero Suicide Framework

WHAT IS THE ZERO SUICIDE FRAMEWORK?

- System-wide, organizational commitment to safer suicide care
- Evidence-based, researched methods shown to decrease suicide attempts and deaths
- Culture shift to holistic, comprehensive approach to caring for suicidal individuals and those who are providing care to clients with suicidal thoughts and other mental health diagnosis



Transforming Systems for Safer Care

Suicide deaths for individuals at risk of suicide in health and behavioral health systems are preventable. For systems dedicated to improving patient care and outcomes, the Zero Suicide framework presents both an aspirational challenge and a way forward.

Zero Suicide Framework

People who die by suicide are often seen within the health care system before their death. Of those who die by suicide, 83% have seen a healthcare provider in the year before their death. Only 19% of those who died in the past year were seen in outpatient behavioral health.

Across healthcare disciplines and settings, there are many opportunities to identify and provide care to those at risk for suicide; however, suicide prevention must be seen as a core responsibility of healthcare.

The Zero Suicide framework is defined by a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems.

It represents a culture shift from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement—the most fundamental responsibility of health care—and to the safety and support of staff, who do the demanding work of caring for suicidal individuals.

Elements of Zero Suicide

- 1 Lead system-wide culture change committed to reducing suicides
- 2 Train a competent, confident, and caring workforce
- 3 Identify individuals with suicide risk via comprehensive screening and assessment
- 4 Engage all individuals at-risk of suicide using a suicide care management plan
- 5 Treat suicidal thoughts and behaviors using evidence-based treatments
- 6 Transition individuals through care with warm hand-offs and supportive contacts
- 7 Improve policies and procedures through continuous quality improvement



The bond of our common humanity is stronger than the divisiveness of our fears and prejudices



Jimmy Carter

Different Backgrounds. Different Roles. Different Responsibilities. One Common Goal.



Section 2: The Facts About Suicide Across the Lines of the Justice System

ACROSS THE LINES...THE FACTS ON SUICIDE IN THE JUSTICE SYSTEM



Local and Federal Jails 2000-2019

Nationally over 6,200 incarcerated individuals died by suicide while in custody of a local jail

2018-2019: suicides in local jails increased by 5%

66% of suicides in local jails occurred in the first 30 days of incarceration

Over 4,500 in custody deaths by suicide in state and federal prisons nationally

2001-2019: suicides in state and federal prisons increased by 83%

Majority of suicides in state and federal prisons were within the first year of incarceration

Similar profile across all settings: male, non-Hispanic, arrested for violent offense; however female suicides increased by 65% between 2000-4 and 2015-2019 time frame

Law Enforcement and Corrections 2015-2024

Nationally since 2018: 1,400 first responder deaths by suicide (2024: 153, Jan-July 2025: 71)

2020-2026: 916 suicides (LEO, Corrections, Dispatch)

Caucasian males account for the largest demographic group of officer suicides

National average years of service

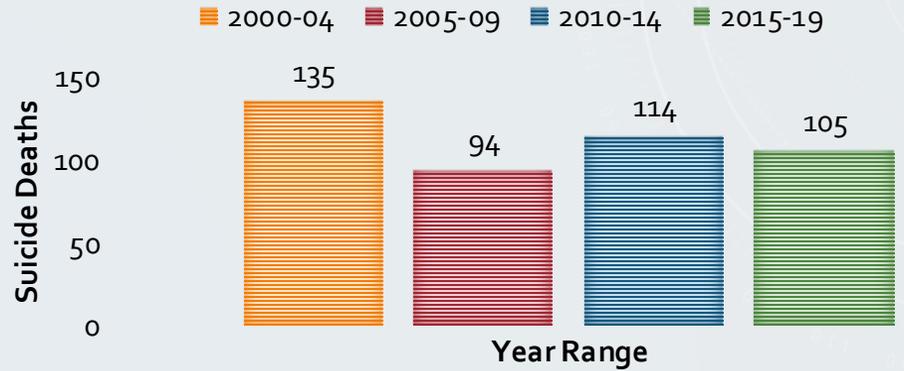
- Law Enforcement Officer: 16.5
- Dispatcher: 6
- Corrections: 12.48

2015-2017: 1% of all suicides nationally were first responders; 58% of those were Law Enforcement Officers

ACROSS THE LINES...TEXAS

Local Jails

HIGHEST NUMBER OF SUICIDES IN SOUTH REGION



Law Enforcement and Corrections

- 3rd highest number of suicides nationally between 2020-2026 (108)
- Highest prevalence within Law Enforcement
- Caucasian males make up overwhelming majority

RISK FACTORS AND CHALLENGES

Incarcerated individuals have the same general risk factors as the rest of us, however, they also face a unique set of risk factors specific to their situation

Pre-trial individuals

First time arrestees

Arrested for a violent crime

Recent drinking or drug abuse

Withdrawal symptoms

History of current mental health concern (not always diagnosed)

Loss of resources/support system

Younger arrestees

UNIQUE CHALLENGES AND STRESSORS FOR THOSE WORKING IN THE JUSTICE SYSTEM

- Poor interpersonal relationships outside of work
- Fatigue
- Risk of injury on the job
- Lack of staff and support
- Lack of adequate equipment
- Exposure to traumatic events
- Exposure to firearms

“If you are entrusted with bringing about change, you likely possess the knowledge needed to advance the organization, and you might have a plan—but knowledge is not enough. You have to bring yourself to each interaction in a deeply authentic way. People don't care how much you know until they know how much you care.”

Doug Conant

Different Backgrounds. Different Roles. Different Responsibilities. One Common Goal.



Section 3: Breaking the Stigma and Collaborating for a Common Cause

CHANGE MANAGEMENT WITHIN A MULTIAGENCY COLLABORATION



Communication

- Standardized Verbiage about Zero Suicide
- Table Talks
- Screensavers
- Debrief Communications

Additional and Targeted Self Care/Compassion Fatigue Training for All Staff

Zero Suicide Principles Training Video for ALL (HCSO and Vendors) staff at New Employee Training

Align Suicide Death Review Process with Root Cause Analysis Model

Resource Packet for All Individuals Released from Custody

Use of Closed Loop TVs for Resource Sharing, Training and Educational Material Related to Suicide Prevention

QUICK WINS/GOALS/FOCUSES

Hardwiring of Just Culture Into All Levels and Processes



Documentation Clarification and Standardization



Collaborative Training Model

Role Specific Suicide Training	Streamlining Suicide Trainings Across HCSO, HC and HHS	Agreed Upon Training Methods	Linked Training System and Opportunities
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Increased Suicide Screening at Strategic High-Risk Times During Incarceration



Incarcerated Resident Training

3 rd Floor JPC/WEC	Closed Loop TVs	Computer Based Training	Collaborative Videos	Gatekeeper Training Schedule
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LARGE SCALE INITIATIVES

BREAKING THE STIGMA ACROSS THE LINES



- Personable and relatable content
 - Training content that is relevant to the audience
 - Normalize discussing personal experience
- Relationship building across agencies with peers and subordinates
 - Understand different roles and responsibilities
- Understand the “Why”
- Use fact-based evidence to educate personnel
- Using peer support services



OFFICER WELL-BEING



- Shifting from “Asking for help makes me look weak” to “I am strong because I reached out when I was fearful of what it could mean for myself and my career”
- Promoting prioritization of mental health care within the ranks (especially front-line leaders)
- Open discussions for non-critical incidents: allowing staff to feel heard and valued during times of frustration on the job
 - Incidents that cause officer embarrassment
 - Incidents of officer verbal abuse from incarcerated individuals

Teammate Of The Week

Harris County Sheriff's Office Sheriff Ed Gonzalez

Instagram Harris County Sheriff's O...

Facebook Harris County Sheriff's.....

We must break the stigma in our own teams in order to help others and each other

- Resources, Resources, Resources
 - Officer specific
 - Internal vs. External
 - Where can they be found?
 - How can they be contacted?
 - Are we encouraging staff to make appointments by allowing them time to complete them?
- Using Peer Programs
- Promoting public recognition of positive stories, events and happenings for officers



Every minute you spend on planning saves 10 minutes in execution; this gives you a 1,000 percent return on energy



Brian Tracy

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Section 4: Implementation of Key Initiatives

ADAPTING AND IMPLEMENTING KEY INITIATIVES

- Universal Zero Suicide training for all employees of Harris County Sheriff's Office
 - New and existing employees
 - Contractors: Harris Health System and The Harris Center
- Incarcerated resident training in evidence-based suicide prevention
- Resource sharing and collaboration
- Officer focused events and educational opportunities



A SAFER TOMORROW STARTS TODAY

HARRIS COUNTY SHERIFF'S OFFICE
SHERIFF ED GONZALEZ

The HARRIS CENTER for Mental Health and IDD

Working Together to Prevent Suicide

An Innovative Approach to Suicide Prevention

A Collaboration Between The Harris County Sheriff's Office and The Harris Center for Mental Health



UNIVERSAL ZERO SUICIDE TRAINING

- Support from highest level of leadership
- Invite contractors to be part of system wide training
- Mandated training for all staff
- Relevant training material for the environment
 - Corrections based statistics and prevention
- Accessible for all shifts
 - Multiple trainings a week at various times via Zoom/In Person to start
- Live and web-based trainings
 - Module training in e-learning system for existing employees
 - Live, in person training for new hires
- TCOLE certified



INCARCERATED RESIDENT TRAINING

- Use evidence-based suicide prevention training AS+K (ASK about Suicide to Save a Life) to train incarcerated individuals how to recognize signs of suicide risk and start meaningful conversation
- Identify key staff to serve as suicide care focused trainers for the incarcerated resident population
 - Utilize team members from collaborating agencies
- Start with small, controlled groups
 - Program based cell blocks
 - High risk populations
- Provide incentives to attend training
 - Snacks
 - Certificates
- Establish training frequency based on unit turnover
- Provide continuous suicide prevention training through kiosks, ipads and closed-circuit TVs (in progress)



STATISTICS

1. Women's Empowerment Center

Date	Participants
11/8/24	71
12/9/24	52
2/3/25	22
3/18/25	67
4/30/25	30
6/9/25	28

2. Harris County Jail 701

Date	Participants
7/21/25	39
9/29/25	42
10/13/25	32
12/1/25	35
2/2/26	32

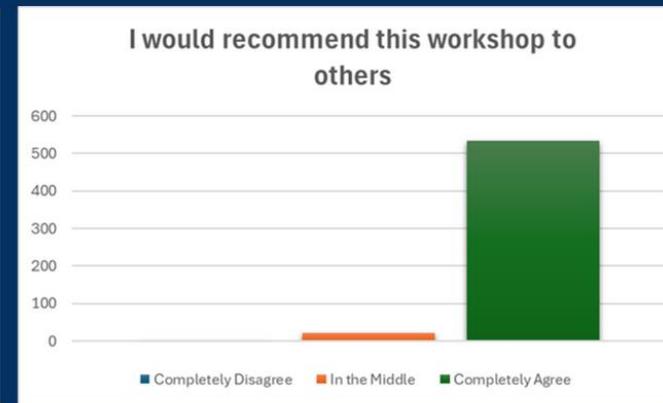
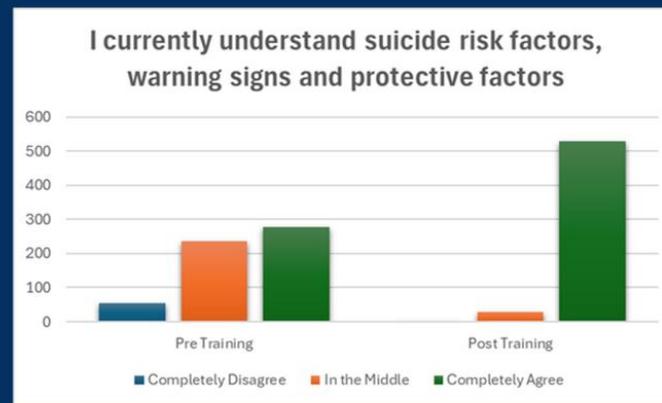
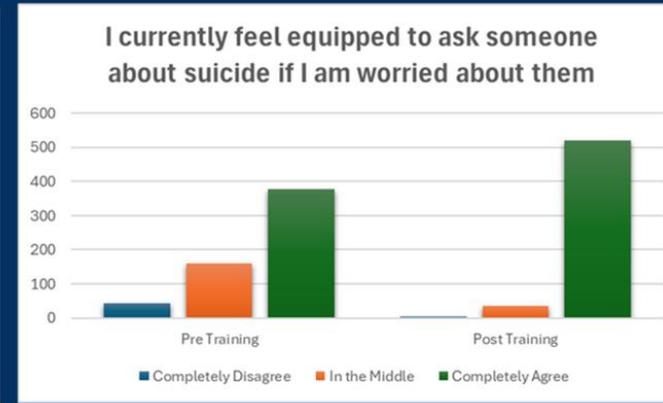
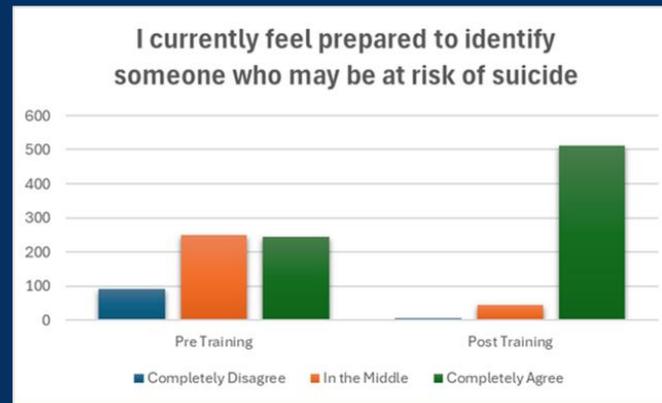
3. Brothers In Arms

Date	Participants
11/8/24	67

4. Joint Processing Center

Date	Participants
3/28/25	72

TOTAL PARTICIPANTS = 651



*The numbers varied due to circumstances

RESOURCE SHARING AND COLLABORATION

- Extend invitation across agencies for relevant “Train the Trainer” opportunities
- Share relevant educational materials between collaborating agencies
- Partner on financial responsibility and contributions

A SAFER TOMORROW STARTS TODAY

HARRIS COUNTY SHERIFFS OFFICE SHERIFF ED GONZALEZ | **88** The HARRIS CENTER for Mental Health and IDD

An Innovative Approach to Suicide Prevention

Dear HCSO Team,

The HCSO takes great pride in its commitment to the well-being and safety of our team as well as the citizens of Harris County. As part of our ongoing efforts to enhance mental health support and address the critical issue of suicide care within our organization, we are delighted to inform you that you have been chosen to participate in our Zero Suicide Academy.

Event Details:
 Date: 7/19/2023
 Location: 3200 Baker St, 1st Floor HR Conference Room
 Time: 8am-2pm (registration starts at 7:30am, light breakfast and full lunch will be served)

The Zero Suicide Academy will take us through an in depth look at the Zero Suicide framework and will offer a unique opportunity to gain valuable insights, engage in meaningful discussions, and participate in the formation of the HCSO Zero Suicide Work Plan for implementation.

While at the Zero Suicide Academy you will:

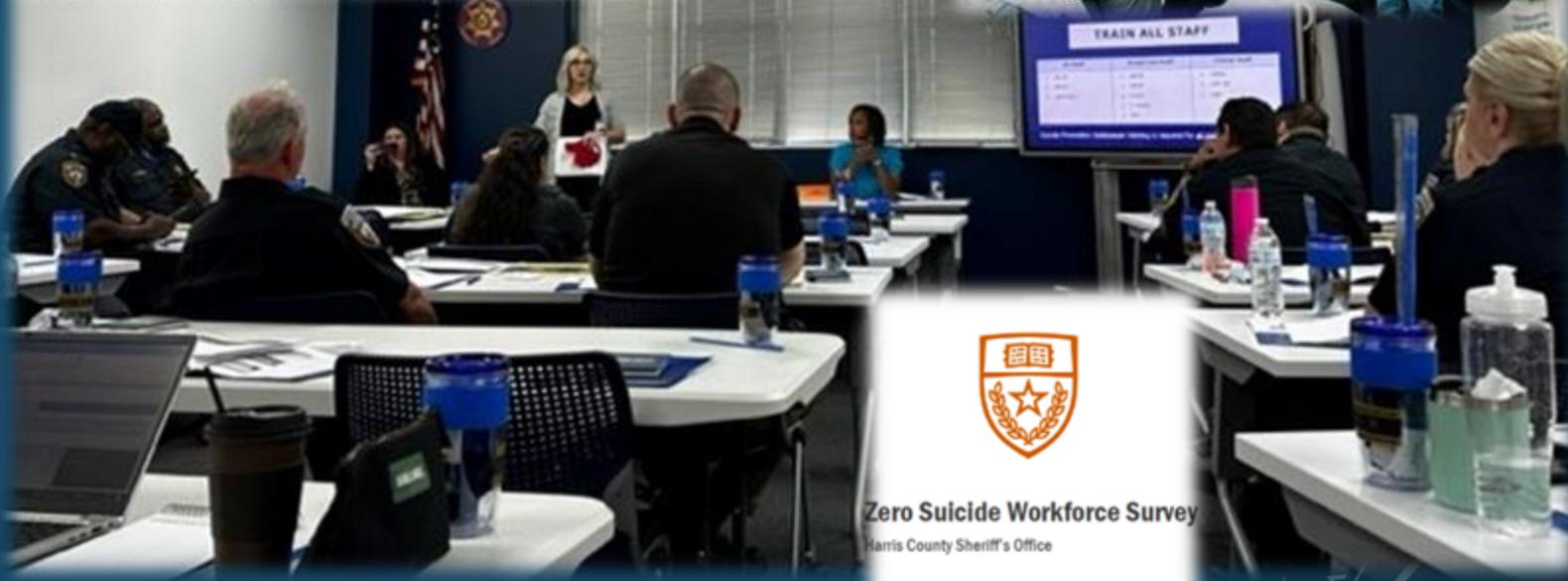
1. Gain significant insight into the seven elements of Zero Suicide in relation to our mission.
2. Work in teams to brainstorm goals and ideas related to each element of Zero Suicide and set initial timelines and plans for meeting those goals.
3. Network with other HCSO team members who will be a key part of this initiative.
4. Have the opportunity to ask questions and learn from one of the state Suicide Safe Care Coordinators with Texas Health and Human Services.

The Zero Suicide Academy is a unique chance for our agency to strengthen our commitment to addressing suicide care among law enforcement officers. We believe that your participation will contribute significantly to our shared goal of fostering a culture of commitment to suicide prevention.

A Guide for Law Enforcement Families

Caring for Those Who Protect the Public

Facebook and Instagram are proud to work with Suicide Awareness Voices of Education (SAVE) and other nonprofits that work to promote the health, well-being and care of those in the law enforcement community. This guide, written by SAVE, is intended to help the families of those who put their lives on the line every day.



Holiday Season Self-Care for Correctional Staff

LONG SHIFTS, FAMILY EXPECTATIONS, AND EMOTIONAL DEMANDS ADD UP FAST. YOU'RE HUMAN — STRESS IS NORMAL. YOU PROTECT OTHERS DAILY — THIS SEASON, PROTECT YOURSELF, TOO.

- Choose one small win: rest, movement, or meaningful connection.
- Set boundaries to protect your energy.
- Reach out to people who help you breathe easier.
- Skip the holiday overload — you don't have to do it all.

OFF-SHIFT RECHARGE

- 60-second breath: In slow, out slow.
- Grounding check: Notice 5 things you see, 4 you feel, 3 you hear.
- Fuel up: Drink water + grab a quick snack to stay sharp.
- Lean on your team: Connection lowers stress.

QUICK ON-SHIFT RECHARGE

- Peer Support / EAP
- Supervisor or Team Lead
- 988 Suicide & Crisis Lifeline (24/7)

SUPPORT IS ALWAYS AVAILABLE

Feeling irritable, drained, overwhelmed, or disconnected? Pay attention. Reach out early.

YOUR MENTAL HEALTH MATTERS

HARRIS COUNTY SHERIFFS OFFICE SHERIFF ED GONZALEZ | **88** The HARRIS CENTER for Mental Health and IDD



Zero Suicide Workforce Survey
 Harris County Sheriff's Office

OFFICER FOCUSED EVENTS AND EDUCATIONAL OPPORTUNITIES



Working Together to Prevent Suicide

Fitness Expo

- Behavioral Health Division
- Harris Health
- The Harris Center
- Insurance/Employee Wellness Provider
- Fitness competition
- Healthy foods and activities exhibit

Suicide Prevention Month Table Events

- Corrections and law enforcement specific handouts
- Giveaways with shared initiative logo
- Multiple times and locations throughout complex
- Shared staffing of tables between partner agencies

Winter Watch: A Season of Hope and Support

- Holiday wellness initiative for any and all staff working at The Harris County Jail complex
- Animal support visits
- Multidisciplinary centralized event
- "De-stress Stations" in all four main break areas with daily candy, treats and activities
- Holiday card making for child clients at The Harris Center

[WinterWatch on Vimeo](#)



OFFICER FOCUSED EVENTS AND EDUCATIONAL OPPORTUNITIES

- Law enforcement and corrections-based webinars
 - Suicide prevention
 - Burnout/Compassion Fatigue
- Evidence based suicide prevention trainings
 - AS+K
 - ASIST
 - Safety Planning Intervention
 - CBT-SP
 - DBT Skills



AS+K?
Ask About Suicide
To Save a Life™



LIVINGWORKS
ASIST

"

Compassion is not a virtue – it is a commitment. It is not something we have or don't have – its something we choose to practice.

"

Brene' Brown

Different Backgrounds. Different Roles. Different Responsibilities. One Common Goal.



Section 5: Promoting a Culture of Compassion for Success

PROMOTING A CULTURE OF COMPASSION FOR SUCCESS

- Back to the basics
 - Starts with leaders
 - Trauma informed care
 - Being kind
- Finding common ground and common goals
 - Keeping each other safe
 - Preventing loss of life
 - Impact on families and friends
- Discussion of Just Culture
 - Process vs. people
 - Encouraging reporting near miss situations
- Understanding boundaries vs. appropriate trust building between officers and justice involved individuals
- Listening to understand, not respond; Listening without judgement



HOLIDAY SUPPORT FOR INCARCERATED INDIVIDUALS

- Recognizing that we all share many of the same stressors through the holidays
- Increased stress in the incarcerated population can create more hostile environments and cause increased tension between officer and inmate
- Multiple support efforts provided this holiday season:
 - Visit to pods with animal support services
 - Increased visitation days for 2 weeks leading up to new year and week after
 - Texans visit for group of incarcerated males who completed parenting course
 - Gifts provided by Texans players for the children of those participating



"

It is impossible to make a sustainable change in society without a corresponding one in one's own behavior, values and philosophy.

"

Radhanath Swami

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Section 6: Evaluating progress and sustainability

EVALUATING PROGRESS AND SUSTAINABILITY

Evaluating Progress

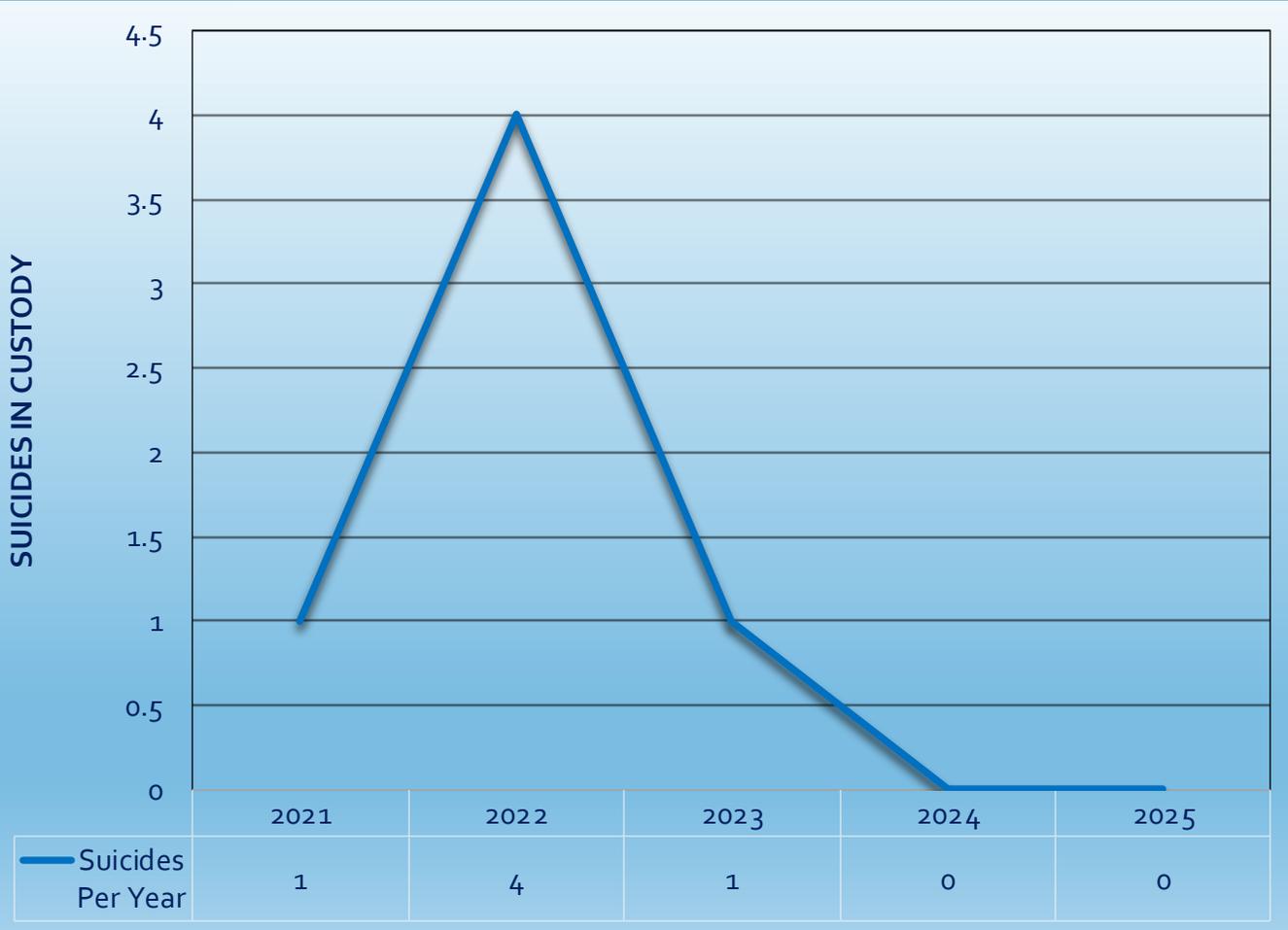
- PDSA Cycles (Plan, Do, Study, Act)
- Create measurable and attainable goals
 - SMART Goals (Specific, Measurable, Achievable, Relevant, Time Bound)
- Start evaluating early and often
- Be transparent with evaluation and findings
- Share data/progress in an understandable and organized way

Sustaining Momentum

- This is a marathon, not a sprint
- Be intentional
- Start small, work out the kinks
- Celebrate small wins
- Stay engaged
- Prioritize teamwork and group efforts

COLLABORATIVE ACCOMPLISHMENTS

April 2023 - Present



- Staff trained in Zero Suicide Principles
 - Over 4,100 Harris County Sheriff’s Office staff
 - Over 680 Harris Health System forensics staff
 - Over 65 Harris Center staff
- Evidence based suicide prevention trainers
 - 2 HCSO officers trained as ASIST trainers
 - 6 HCSO officers trained in DBT Skills
 - 3 HCSO staff trained as AS+K trainers
- 14 incarcerated resident AS+K Trainings
 - Over 650 trained (voluntarily)
- Multi-agency Facebook Live panel during suicide prevention month
- Collaborative media coverage
- Large scale multi-agency holiday wellness and support event

QUESTIONS?





CONTACT INFORMATION

- Tiffany Bittner MSN, RN,
CPHQ, PMH-BC, NE-BC
 - Tiffany.bittner@theharriscenter.org
- Ellysa Rhen, Detention
Lieutenant
 - Ellysa.Rhen@sheriff.hctx.net

Texas Law Enforcement Peer Network

The Texas Law Enforcement Peer Network (TLEPN) is a state-wide program designed to give every Texas law enforcement^[1] officer access to a specially trained peer to address stressors, trauma, fatigue, and other needs to combat workforce burnout and end Police suicide and self-harm. The network will train and mentor police officer volunteers to assist their fellow officers manage stressors both on and off the job.

Cops helping cops Each volunteer for the Peer Network will receive subject matter expert designed and TCOLE approved training to assist their peers in handling the day-to-day stress and trauma associated with life as a police officer.

The app The uniquely designed software application can be confidentially downloaded onto smartphones and allow both peers and those needing assistance an immediate direct connection to begin communication, as well as a link to appropriate resources.

Completely anonymous The officers will be provided a safe as well as anonymous environment to share their experiences, needs, and concerns without fear of negative consequences. Anonymity and confidentiality is assured. The legislation prohibits any information being shared and/or being used as action against a licensee.

Independent of any single department The TLEPN is operated by the Caruth Police Institute at UNT Dallas and is not in the reporting structure for any police department or operated by a state agency.

Access It is recommended that all officers download the app before it is ever needed. To download, scan the QR code below. The access code can be found by going to your MyTCOLE 3.0 Account. <https://tcledds.tcole.texas.gov/IAM/Identity/Account/Login>

Contact- For additional information please reach out to The TLEPN team by:

Email: TLEPN@untdallas.edu

Phone: (972)-338-1314 (Informational line)

Website: <https://www.untdallas.edu/cpi/tlepn/>

Facebook: Texas Law Enforcement Peer Network

EXHIBIT F-39

Board Meeting Update of UWHC meeting with CEO Wayne Young

CECE Meeting Agenda 1/27/26

1. Financial Analysis Questions
2. Payroll dues collection issues
 - a. Requested presence of Harris Center staff Toby Hicks, Senior Director of Human Resources; Kip Baughman, Director of Total Rewards; and Olivia Hudson, Senior Payroll Manager
 - b. UWHC requested presence of Anthony Pandolfino via Zoom
3. Changes in full time status
4. Flyers policy and outreach to employees
5. Business from last meeting - Appeals of grievances discussion

In attendance:

Alma Castillo - Vice President of UWHC

Brian Kelley - Treasurer of UWHC

Kenya Coffman - Board Member of UWHC

Karlas Smith - Board Member of UWHC

Wayne Young - CEO of The Harris Center

Missy Bolbecker (Senior Campaign Lead of CWA District 6)

Anthony Pandolfino via Zoom- Local 6154 staff

1. Financial Analysis Questions

UWHC completed a financial analysis to understand more about the recent state of finances at Harris Center. Only in understanding and transparency can UWHC hope to make proposals to support better wages and benefits urgently needed to attract and retain the talented workforce needed to provide quality services to our community. Following are the questions we asked in the meeting and they were emailed to CEO on 2/4.

- a. How were the historic pandemic -era investments in Harris Center spent?
- b. What explains the Harris Center's challenges in operational budget in FY 21-FY 23? Why has spending on outside contractors risen so significantly over the last decade?

- c. What is the plan to ensure that government partners provide Harris Center with the funding necessary to offer the high quality jobs necessary to fully staff our critical public services
- d. What are the Harris Center leaders and their partners in state and local government prioritizing new construction to the amount of nearly \$50 million in public debt at a time when we struggle to retain staff by providing cost of living wages?

UWHC understands that Mr. Young would have not had all specifics to questions prepared. He stated that he did not think some questions were within scope of wages and employment conditions. Mr Young did give some general responses

a. Pandemic investments were spent by providing some COVID time bonuses periodically in the years of the pandemic with the amount dependent on employee positions and funds were spent on the positions that were laid off when the funds ended.

b. Mr Young indicated the Federal Government canceled ARPA funds - urgency was that funding was cut with 30 days' notice. He stated that he has no control over losing \$27 million in a year. UWHC indicated at one point in the year comments made by the CFO that there would be approximately a 3% merit increase for employees in FY25. He advised that there was never an expectation that employees would receive a raise due to lack of funds. CEO states that he always indicated that if 15 million could be found somehow that the funds would go to employee raises. Mr Young did not answer why contractor services had risen from 4.4% of budget to 16% in a decade.

c. Wayne also stated that he could not ask the state, county, or city for funding to fill the gaps caused by the \$27 million in federal funds that were canceled in 2025. He could only respond to RFPs put out by other governmental entities, not ask for support to help keep current programs, staff, or services. Wayne says we have less than 90 days in reserves, and \$25 million in debt.

d. When asked why is Harris Center prioritizing construction, CEO responds that SB30 only for construction. States that if he can expand agency programs, then he will. He says that this money (SB 30) can't go for anything else (salaries for staff). He did indicate that Dept of Family Services would likely pay for staff salaries at the crisis residential unit being built. Wayne

stated that their true debt is \$22 million not \$50 million in public debt. Wayne is taking advantage of funding available that has local match, and those funds won't be available in the future. Harris Center took on \$22 million in bonds, rules changed so some leases are shown as debt. He says true debt is \$22 million. The way city funded departments is through forgivable loans as transitional housing, as long as you live out the terms of the agreement, will be forgiven at end of that term.

When Missy asked about the \$24 million taken out for construction, with interest of \$17.8 million over term of loan. He disputed that figure. Wayne says including cost of capital is not debt, because if paid back sooner you wouldn't pay back interest. When asked about pledged revenue from services to pay back this loan, Wayne explained that using the stability of the state with regards to continuing funding they have committed to is what backs up the loan.

2. Payroll Deduction Issues.

For the last 2 months UWHC has not been receiving payment of dues collected by The Harris Center via payroll deduction in a timely manner. At the December CECE meeting HR director Toby Hicks was present and UWHC and management reviewed and agreed on a specific procedure for payroll deduction. However, issues persist and there is no or little response from HR. UWHC was asked that HR staff be present for January CECE meeting due to continuing issues. UWHC staff was present via Zoom. HR staff did not show up for the January meeting.

CEO later asked to confirm his understanding of the timeline of payroll issues via email.

Anthony (UWHC staff) followed up by email to Mr Young with a detailed timeline of events.

Central issues needing to be addressed are setting reasonable expectations for response by HR to questions/errors in payroll collection. Late and no response from HR holds up invoices and payment. HR staff are aware that UWHC has a staff person and he is managing the dues collection process.

(CEO has the timeline of events and corresponding documents, not included in the this packet)

3. Changes in full-time status for group of employees at NPC

- a. Employees cannot understand why their shifts/time is being changed.
 - i. We explained that some NPC staff were not consulted about change to shifts and less than full time work, but were told the policy would be

implemented in 30 days, and Wayne responded that he did not know about this.

- b. Wayne stated that he would specifically check on these things:
 - i. Is the PTO going down?
 - ii. Was that an accident or was it known and intended but not communicated?
 - iii. If it was intended, was that the right decision to make?
 - iv. If no conversation with staff before making change, there should have been

4. Flyers policy and outreach to employees -not able to discuss due to hour long meeting time over

5. Business from last meeting - Appeals of grievances discussion-not able to review due to hour long meeting time over