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Governance Committee Meeting
May 19, 2026
8:30 am

- I. DECLARATION OF QUORUM**
- II. PUBLIC COMMENTS**
- III. APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, March 17, 2026
(EXHIBIT G-1)
- IV. REVIEW AND COMMENT**
 - A. Employee Labor Organization
(EXHIBIT G-2)
- V. CONSIDER AND RECOMMEND ACTION**
 - A. No Changes
 1. All Contracts Policy
(EXHIBIT G-3)
 2. Business Associate Policy
(EXHIBIT G-4)
 3. Community Needs Assessment Policy
(EXHIBIT G-5)
 4. Compliance Program Policy
(EXHIBIT G-6)
 5. Consents and Authorizations Policy
(EXHIBIT G-7)
 6. Content of Patient/Individual Records Policy
(EXHIBIT G-8)
 7. Correcting Documentation and Coding Errors Policy
(EXHIBIT G-9)
 8. Credentialing Policy
(EXHIBIT G-10)
 9. Criminal History Clearances Policy
(EXHIBIT G-11)
 10. Emergency Codes, Alerts, and Response Policy
(EXHIBIT G-12)
 11. Employee Disciplinary Review Policy
(EXHIBIT G-13)
 12. Licensure, Certification, and Registration Policy
(EXHIBIT G-14)
 13. Lobbying Policy

(EXHIBIT G-15)

14. Management of Legal Documents & Litigation Policy
(EXHIBIT G-16)
15. Meal Period and Break Policy
(EXHIBIT G-17)
16. Medical Peer Review Policy
(EXHIBIT G-18)
17. Nursing Peer Review: Incident Based or Safe Harbor Policy
(EXHIBIT G-19)
18. Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs Policy
(EXHIBIT G-20)
19. Out of State Employment Policy
(EXHIBIT G-21)
20. Overtime Compensation Policy
(EXHIBIT G-22)
21. Patient Conduct Policy
(EXHIBIT G-23)
22. Patient/ Individual Access to Medical Records Policy
(EXHIBIT G-24)
23. Pharmaceutical Representatives Policy
(EXHIBIT G-25)
24. Plan of Care Policy
(EXHIBIT G-26)
25. Retention of Patient/Individual Records Policy
(EXHIBIT G-27)
26. Sanctions for Breach of Security and/or Privacy Violations of Health Information Policy
(EXHIBIT G-28)
27. Security of Patient/ Individual Identifying Information Policy
(EXHIBIT G-29)
28. Supervision of Peer Specialists Policy
(EXHIBIT G-30)
29. System Quality, Safety and Experience Committee Policy
(EXHIBIT G-31)
30. The Development and Maintenance of Center Policies
(EXHIBIT G-32)
31. Time and Attendance Policy
(EXHIBIT G-33)
32. Transfers - Promotions - Demotions Policy
(EXHIBIT G-34)

33. Voting Time Off Policy
(EXHIBIT G-35)
34. Work Force Reduction Policy
(EXHIBIT G-36)

B. Policy Changes

1. Accident Reporting Policy
(EXHIBIT G-37)
2. Adding and Receiving Equipment Policy
(EXHIBIT G-38)
3. Check and Electronic Payment Signature Authorization
(EXHIBIT G-39)
4. Continuing Employee Communication and Engagement Policy
(EXHIBIT G-40)
5. Crisis Stabilization Unit- Workplace Violence Prevention Plan
(EXHIBIT G-41)
6. Financial Assessment Policy
(EXHIBIT G-42)
7. Investment Policy
(EXHIBIT G-43)
8. Relief Service Employee Policy
(EXHIBIT G-44)
9. Risk Management Plan
(EXHIBIT G-45)
10. Tenant Selection Plan
(EXHIBIT G-46)

C. New Policy's

1. Artificial Intelligence Acceptable Use and Work Policy
(EXHIBIT G-47)
2. Charitable Patient Assistance Programs (CPAP) - Grant Funds Policy
(EXHIBIT G-48)

VI. EXECUTIVE SESSION

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

VII. RECONVENE INTO OPEN SESSION

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

IX. ADJOURN

Veronica Franco

Veronica Franco, Board Liaison

Jim Lykes, Chairman

Governance Committee

The Harris Center for Mental Health and IDD

EXHIBIT G-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, MARCH 17, 2026
MINUTES**

CALL TO ORDER

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

RECORD OF ATTENDANCE

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

Committee Member Absent: Dr. R. Gearing

Other Board Member Present: Dr. K. Bacon, BG (Ret) E. Grantham

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. J. Lykes designated Dr. K. Bacon and BG (Ret) E. Grantham as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:31 a.m.

3. PUBLIC COMMENTS

No public comments.

4. APPROVAL OF MINUTES

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, February 17, 2026

MOTION: WOMACK SECOND: LANKFORD

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, February 17, 2026, EXHIBIT G-1 has been approved and recommended to the Full Board.

5. CONSIDER AND RECOMMEND ACTION

A. No Changes

1. Center Related Meeting Expense Policy (Exhibit G-2)

2. Reporting Automobile Accidents Policy (Exhibit G-3)

MOTION: WOMACK moved to approve agenda Exhibits G2-G3

SECOND: BACON moved to approve agenda Exhibits G2-G3

BE IT RESOLVED, with unanimous affirmative vote, agenda Exhibits G2-G3 are approved and recommended to Full Board for final approval.

B. Policy Changes

1. Crisis Stabilization Unit Workplace Violence Prevention Policy (Exhibit G-4)

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

BE IT RESOLVED, Crisis Stabilization Unit Workplace Violence Prevention Policy, EXHIBIT G-4 has been approved and recommended to the Full Board.

2. Medication Administration Policy (Exhibit G-5)

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

BE IT RESOLVED, Medication Administration Policy, EXHIBIT G-5 has been approved and recommended to the Full Board.

3. Safety and Security Discharge Policy (Exhibit G-6)

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

BE IT RESOLVED, Safety and Security Discharge Policy, EXHIBIT G-6 has been approved and recommended to the Full Board.

4. Vehicle Operations Policy (Exhibit G-7)

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

BE IT RESOLVED, Vehicle Operations Policy, EXHIBIT G-7 has been approved and recommended to the Full Board.

C. New Policy's

1. Assertive and Community Treatment (ACT) Medication and Education Training and Medication Room and Delivery Policy (Exhibit G-8)

MOTION: BACON SECOND: LANKFORD

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Assertive and Community Treatment (ACT) Medication and Education Training and Medication Room and Delivery Policy, EXHIBIT G-8 has been approved and recommended to the Full Board.

- 6. **EXECUTIVE SESSION** –There was no Executive Session.
- 7. **RECONVENED INTO OPEN SESSION -**
- 8. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
No action taken
- 9. **ADJOURN**
MOTION: LANKFORD SECOND: BACON
The meeting was adjourned at 8:37 A.M.

Respectfully submitted,

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

EXHIBIT G-2

HR.A.36 Continuing Employee Communication and Engagement

Status: Active

PolicyStat ID: 17537627

Origination: 07/2024

Last Approved: 02/2025

Effective: 02/2025

Last Revised: 02/2025

Next Review: 02/2026

Owner: Joseph Gorczyca

Area: Human Resources

Document Type: Agency Policy

1. PURPOSE

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

2. DEFINITIONS

The following definitions shall apply:

1. **Board** shall mean the Board of Trustees of the Harris Center.
2. **CEO** shall mean the Chief Executive Officer of the Harris Center.
3. **Employee labor organization** shall be defined consistent with TEX. GOV'T CODE §617.001, that is, any organization in which employees participate and that exists in whole or in part, to deal with Harris Center concerning grievances, labor disputes, wages, hours of employment, working conditions and that does not claim the right to

strike.

4. **Employee representatives** shall mean the representatives of the employee labor organizations.
5. **Employee Communication Plan** refers to all the measures and methods employed by Harris Center Executive Management to engage with front-line employees, solicit feedback, encourage good morale and staff retention, and improve working conditions and relationships.

3. POLICY

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

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

A. COMMITMENT TO EMPLOYEE ENGAGEMENT

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

- Developing an Employee Communication Plan
- Evaluate the ongoing impact of the Employee Communication Plan
- Annual employee surveys soliciting anonymous feedback
- Routine meetings with Employee groups
- Regular Townhall meetings at various Harris Center locations

- Regular employee forums to have dialogue with the CEO and/or other members of the Harris Center leadership team
- Employee Suggestion program for the improvement and implementation of new ideas
- Team building exercises through collaborative workshops and retreats
- Celebrate festive events and occasions, such as Employee Appreciation Day
- Establishing a regular recurring meeting with Employee Labor Organization(s)

1. MONITORING AND COMPLIANCE

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

2. COMMUNICATION SCHEDULE

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

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

Also, employee labor organizations shall have the opportunity to present no more than four (4) Governance Committee meetings per year provided that they submit a written request to the Chair of the Governance Committee and CEO at least nine (9) calendar days prior to the Governance Committee meeting. Additional opportunities for presentations to the Governance Committee are not permitted. The purpose of the reports is to provide employee labor

organizations with the opportunity for the unilateral presentation of information to the Governance Committee and are not intended to be a dialogue or discussion with the Governance Committee. All topics and presentations must be related to wages, hours, and conditions of employment and matters covered by personnel policies.

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

B. HARRIS CENTER EMPLOYEE LABOR ORGANIZATIONS OR UNIONS

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

1. EMPLOYEE LABOR ORGANIZATION MEETINGS

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

~~The Employee Labor Organization(s) meeting shall be composed of up to five representatives from employee labor organizations as designated by the organizations and the CEO or designee(s). The Employee Labor Organization(s) meeting shall be composed of up to five representatives from employee labor organization(s), as designated by the organizations, and up to five members of the Harris Center Executive Leadership Team or their designees. Executive Leadership Team participation should include, when appropriate, the CEO, Human Resources, Legal Counsel, Chief Financial Officer, Chief Operating Officer, or other executive leaders whose departments are relevant to the agenda items being discussed. Other designated representatives with subject matter expertise on the items selected for discussion~~

may attend meetings as needed. These representatives shall attend for informational purposes only and shall not replace the designated employee labor organization representatives or the designated Executive Leadership Team representatives. Employee Labor Organization meetings attended by executive leadership shall be audio recorded or otherwise documented through notes approved by all parties to ensure an accurate record of the discussion, follow up items, and any commitments made during the meeting.

Twelve (12) meetings per calendar year shall be held. Any member of the Employee Labor Organization(s) meeting may request items related to wages, hours and conditions of employment to be placed on the agenda for discussion. Twelve (12) meetings per calendar year shall be held. Each regular Employee Labor Organization meeting shall be scheduled for up to two (2) hours to allow for thorough discussion of agenda items related to wages, hours, working conditions, employee concerns, and matters covered by personnel policies. Proposed agenda items must be submitted, in writing, to the CEO designee at least one week prior to the scheduled meeting. The meeting agenda shall be included with the meeting notification.

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

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

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

2. EMPLOYEE ENGAGEMENT ACTIVITIES

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

activities, must be conducted outside the union members' regularly scheduled work hours. Harris Center employees and Employee Labor Organization representatives are permitted to meet with, talk to, share information with, and generally engage any Harris Center employee regarding Employee Labor Organization activities before or after shifts, during breaks, during lunch periods, and in non-work areas, so long as the activity does not interfere with work duties or client care.

This includes, but is not limited to, sharing leaflets and other printed materials at employee entrances, speaking with employees in breakrooms and other appropriate non-work areas, maintaining union information on employee breakroom boards, sharing information through approved Harris Center digital boards or email systems, and engaging with employees attending New Employee Orientation.

Employee Labor Organizations may also request to hold an information tables at employee wellness fairs, benefit fairs, New Employee Orientation, and similar employee-facing events where employees receive information about workplace resources, benefits, training opportunities, scholarships, health coverage, or other employee supports.

These activities are intended to support clear communication, employee education, and meaningful engagement under this policy. The Harris Center shall not unreasonably deny or limit these activities when they do not interfere with work duties, operations, or client care.

3. UNPAID TIME FOR DESIGNATED EMPLOYEE LABOR ORGANIZATION REPRESENTATIVES

Designated Employee Labor Organization representatives may request unpaid time away from regular work duties to participate in union related activities, including meetings, trainings, preparation, representation, employee engagement, and matters related to wages, hours, working conditions, grievances, or personnel policies. The Harris Center shall make all reasonable efforts to approve these requests when coverage is available and client care or essential operations are not unreasonably impacted. Requests shall not be unreasonably denied, delayed, or treated differently because they relate to Employee Labor Organization activity.

43. REPRESENTATION

The Harris Center has an employee complaint, grievance and resolution process outlined in the Employee Handbook. Consistent with Harris Center's current practice, every employee filing a grievance related to their wages, hours or work conditions may opt to have a representative, including someone from an employee labor organization, of their choice represent them. Employees who receive coaching or disciplinary action may include their comments and

perspective in response to those actions in a manner that is included in their personnel file. Additionally, employees placed on probation, a Performance Improvement Plan (PIP) or terminated by the Harris Center have the right to appeal. With advance notice, employees are permitted to have representation, including someone from an employee labor organization, at the appeal review hearing.

5. EMPLOYEE OMBUDSMAN AND DISPUTE RESOLUTION SUPPORT

The Harris Center shall establish an Employee Ombudsman process to provide employees with a fair, neutral, and confidential point of contact for workplace concerns, disputes, grievances, harassment complaints, retaliation concerns, and matters related to wages, hours, working conditions, or personnel policies. The employee ombudsman is a Harris Center employee outside of all chain of commands that reports directly to the Board of Trustees

The Employee Ombudsman should be outside the normal Human Resources and management chain of command to help ensure employees have a trusted process for raising concerns without fear of retaliation.

Employees using the Ombudsman process may have a representative of their choice, including a representative from an Employee Labor Organization, present in meetings, interviews, or proceedings related to the concern.

The Ombudsman process shall include clear timelines, investigation requirements, written findings, access to relevant information, anti-retaliation protections, and a written outcome that identifies the issue presented, relevant facts, evidence considered, policy relied upon, findings, and any recommended remedy.

Participation in the Ombudsman process shall not waive, limit, or replace any rights available under law, policy, grievance procedures, whistleblower protections, employee labor organization representation, or any other complaint process.

54. PAYROLL DEDUCTION OF MEMBERSHIP DUES

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

4. APPLICABILITY / SCOPE

This policy applies equally to all Harris Center employees.

5. RELATED POLICIES / FORMS

- HR.A.10 Equal Employment Opportunity
 - HR.A.5 Employee Counseling, Supervision, Progressive Discipline and Termination
 - HR.A.29 Time and Attendance
-

6. PROCEDURE

N/A

Suggested Change / Notes:

7. REFERENCES: RULES / REGULATIONS / STANDARDS

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

Approval Signatures

Step Description

Approver

Date

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

Employee Engagement Access

Suggested language / concern:

Meeting Structure and Timelines

Suggested language / concern:

Board Reporting and Written Reports

Suggested language / concern:

Representation Rights

Suggested language / concern:

Anti-Retaliation Protections

Suggested language / concern:

Access to Information and Notes

Suggested language / concern:

Payroll Deduction

Suggested language / concern:

EXHIBIT G-3

Status **Pending** PolicyStat ID **19603738**



Origination	01/2024	Owner	Ernest Savoy
Last Approved	N/A	Area	General Administration
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

GA.A.6 All Contracts

1. PURPOSE:

The purpose of this policy is to protect the business interests of The Harris Center for Mental Health and IDD (The Harris Center) and ensure that any commitment of The Harris Center's financial resources and all contracts obligating The Harris Center are properly reviewed, prepared, approved, and executed by authorized personnel.

2. POLICY:

It is the policy of The Harris Center for the Contract Services department under the supervision of the General Counsel to conduct the legal review and preparation of all contracts. All purchases of goods and services shall be made pursuant to a contract. Funds will only be disbursed through properly completed and approved contracts and amendments.

3. APPLICABILITY/SCOPE:

This policy applies to all contracts for goods and services awarded by The Harris Center and to which The Harris Center is a party, regardless of whether they have been drafted by The Harris Center or a third party. Contracts include, without limitation, all agreements, licenses, leases, purchase orders, promissory notes, assignments, powers of attorney, terms and conditions, memorandum of understanding, letters of intent, settlements, releases, waivers, renewals, amendments, or modifications to existing contracts, and other similar documents.

This policy applies to all employees of the Harris Center (including Trustees, officers, managers, directors and Executive Leaders). All employees shall comply with the policy and procedures for

initiating, reviewing, and executing any contract to which The Harris Center is a party.

4. RELATED POLICIES/FORMS:

Executive Contract Summary

5. PROCEDURE:

[GA.B.6 All Contracts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Contracts Management for Local Authorities, 26 Tex. Admin. Code, Ch. 301, Subchapter A
 Uniform Grant and Contract Management Act, Tex. Government Code, Chapter 783
 Texas Health & Safety Code, Chapter 250, §§533.007, 533.035, 534.052, 534.055, 534.061, 534.065, and 534.066

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	03/2026
Compliance Director Review	Demetria Lockett	02/2026
Department Review	Keena Pace: Exec	01/2026
Initial Assignment	Ernest Savoy	01/2026

EXHIBIT G-4

Status **Pending** PolicyStat ID **19800356**

Origination	10/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Policy

LD.A.1 - Business Associate Policy

1. PURPOSE:

The purpose of this policy is to ensure The Harris Center for Mental Health and IDD (The Harris Center) executes Business Associate agreements in compliance with the relevant provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA) to establish the permitted and required uses and disclosures of protected health information (PHI).

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 must sign the Business Associate agreement prior to performing any services on behalf of the Harris Center. The Harris Center shall allow its business associates to create, receive, maintain, or transmit protected health information (PHI) on its behalf, if the Harris Center obtains satisfactory written assurance that the business associate will appropriately maintain the privacy and security of the PHI and fulfill HIPAA business associate obligations.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES:

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

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	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director	Demetria Lockett	04/2026
Initial Assignment	Kendra Thomas: Counsel	03/2026

EXHIBIT G-5

Status **Pending** PolicyStat ID **19595731**

Origination	03/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Luc Josaphat: Director of Quality Assurance
Area	General Administration
Document Type	Agency Policy

GA.A.7 Community Needs Assessment Policy

1. PURPOSE:

The purpose of this policy is to establish a systematic approach for conducting community needs assessments to identify and address the needs and priorities of the community effectively.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to conduct regular triennial community needs assessment to gather data and insights about the community's needs, preferences, and challenges. The assessment process will involve engaging with community members, stakeholders, and partners to ensure a comprehensive understanding of the community's needs. The findings from the assessments will inform the strategic planning for programs and services.

3. APPLICABILITY/SCOPE:

This policy applies to all departments and staff involved in planning, developing, and delivering programs and services within The Harris Center for Mental Health and IDD. It also applies to any external partners or contractors engaged in conducting community needs assessments on behalf of the organization.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

[GA.B.7 Community Needs Assessment](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Administrative Code, Title 26, Part 1, Chapter 306, Subchapter C,
CCBHC Program Requirement 1: Needs Assessment and Staffing: 1.a.1

Attachments

[📎 The Harris Center Community Needs Assessment 2024 .docx](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	03/2026
Compliance Director	Demetria Lockett	02/2026
Department Review 2	Luming Li: Chief Medical Ofcr (1101 1817)	01/2026
Department Review	Gertrude Leidich: Vice President Clinical Transformation and Quality	01/2026
Initial	Luc Josaphat: Director of Quality Assurance	01/2026

EXHIBIT G-6

Status **Pending** PolicyStat ID **19800360**



Origination 03/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.12 Compliance Program

1. PURPOSE:

To ensure The Harris Center complies with all federal, state, and local laws and regulations.

2. POLICY:

It is the policy of The Harris Center to provide services pursuant to the highest ethical, business, and legal standards. The Harris Center through its Compliance Plan will perpetuate a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal, state, and local laws.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[LD.B.16 Whistleblower](#)

5. RELATED POLICIES/FORMS:

[LD.P.1 The Harris Center Compliance Plan](#)

[LD.A.16 Whistleblower](#)

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

CARF1.A.6.a.,b.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	03/2026
Compliance Director Review	Demetria Lockett	02/2026
Department Review	Keena Pace: Exec	02/2026
Initial Assignment	Kendra Thomas: Counsel	02/2026

EXHIBIT G-7

Status **Pending** PolicyStat ID **20227076**

Origination	05/1993	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

HIM.EHR.A.4 Consents and Authorizations

1. PURPOSE:

To obtain and document consent from the patient or legally authorized representative for treatment. To obtain and document authorizations to allow the exchange of patient information. This ensures information is provide to the patient allowing an informed consent to be made.

2. POLICY:

It is the policy of The Harris Center to utilize and maintain written consents from patients or the legally authorized representative for patient treatment/program services, as well as, other specific purposes, such as medication, transportation, media purposes, etc. Consents shall be reviewed and explained in a manner and language a patient can understand. All consents shall be signed and dated by the patient or legally authorized representative. Consents shall be maintained in a timely fashion and copies shall be scanned in the patient record.

The Harris Center shall obtain written authorizations from patients and legally authorized representatives prior to the use and/or disclosure of protected health information. Under no circumstance will The Harris Center staff use or disclose patient protected health information without permission or authorization as specified by state and federal law.

3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff, contractors, interns, volunteers and Business Associates.

4. PROCEDURES:

[HIM.EHR.B.4 Consents and Authorizations](#)

5. RELATED POLICIES/FORMS:

[MED.IRB. A.1 Research Procedures and the Committee for the Protection of Human Subjects](#)

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

Consent to Treatment with Medication

Transportation Consent for Minors/Patient/Individuals with Guardians Form

Media Consent Form

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164
- Consent to Treatment of Child by Nonparent of Child, Texas Family Code Chapter 32
- Rights & Duties in Parent-Child Relationship, Texas Family Code Chapter 151
- Medical Records Privacy, Tex. Health & Safety Code Chapter 181
- Rights of Patients, Texas Health & Safety Code Chapter 576
- Mental Health Records, Texas Health & Safety Code Chapter 611
- Telemedicine, Title 22 Tex. Admin. Code Chapter 174
- Protection of Clients & Staff-Mental Health Services, Title 25 Texas Administrative Code Chapter 404, Subchapter E
- Rights & Protection of Persons Receiving Mental Health Services, Title 25 Texas Administrative Code Chapter 414, Subchapter I
- patient Rights' Handbook (MH/MR, 9/2006), Title 40 Texas Administrative Code Chapter 2, Subchapter H

Approval Signatures

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

CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	03/2026

EXHIBIT G-8

Status **Pending** PolicyStat ID **20227074**



Origination 01/1998
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

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

HIM.EHR.A.5 Content of Patient/Individual Records

1. PURPOSE:

To ensure a complete and accurate record (electronic or paper-based) shall be maintain for each registered and admitted patient/individual receiving services through The Harris Center.

2. POLICY:

It is the policy of The Harris Center that the content and required documentation in the patient/individual record shall be developed to comply with applicable regulatory, legal and/or accrediting standards.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

Policies	References
Agency Abbreviations	HIM.EHR.A.1
Patient Records Administration	HIM.EHR.A.9
Request for New, Revised, and Deleted Individual Record Paper Forms	
Consents and Authorizations	HIM.EHR.A.4
Assurance of Patient Rights	RR.A.2
Medication Administration	MED.NUR.A.2

5. PROCEDURES:

HIM.EHR.B.5 Content of Patient/Individual Records

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Medical Records, 22 Tex. Admin. Code Ch. 165
- Medication Services, 26 Tex. Admin. Code §301.355
- Medical Records System, 26 Tex. Admin. Code §301.329
- Psychological Records, Test Data, & Test Materials, 22 Tex. Admin. Code §465.22
- Mental Health Community Service Standards, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Mental Health Case Management, 26 Tex. Admin. Code §306.275
- Service Coordination for Individual with Intellectual Disability, 40 Texas Admin. Code Chapter 2, Subchapter L

Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	04/2026
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Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
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EXHIBIT G-9

Status **Pending** PolicyStat ID **19741380**

Origination 06/2000

Last Approved N/A

Effective Upon Approval

Last Revised 04/2026

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Owner Rita Alford: Dir

Area Information Management

Document Type Agency Policy

HIM.EHR.A.6 Correcting Documentation and Coding Errors

1. PURPOSE:

Data entry corrections may need to be made as a result of data errors such as miscoding, omission of direct service data entries/medical record documentation, or discrepancies between medical record and computer information related to date, time, location, provider name, and unit number entries identified by internal or external chart reviews.

2. POLICY:

It is the policy of The Harris Center that patient/individual records will be free from errors and discrepancies.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

5. PROCEDURES:

[HIM.EHR.B.6 Correcting Documentation and Code Errors](#)

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

Health Insurance Portability and Accountability Act, 45 CFR Part 164
 Confidentiality of Substance Use of 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
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Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	02/2026

EXHIBIT G-10

Status **Pending** PolicyStat ID **20227088**

Origination	07/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

HR.A.35 Credentialing Policy

1. PURPOSE:

The purpose of this policy is to define the terms and standards required for credentialing and re-credentialing for all licensed Providers, peer providers, family partners, and every QMHP-CS and CSSP.

2. POLICY:

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. All physicians (Medical Doctors (MD), Doctor of Osteopathy (DO)), Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Clinical Pharmacy Specialist (CPS), Licensed Mental Health Professionals (LPHAs), Qualified Mental Health Professionals (QMHP), Qualified Intellectual Disability Professionals, Peer Professionals, Family Partners, Community Services Specialists (CSSP), and Nursing staff, are credentialed before appointment to an assigned position.

All applications for credentialing and re-credentialing will be evaluated based on current licensure, education, training or experience, current competence, and ability to perform the clinical duties requested.

3. APPLICABILITY/SCOPE:

The policy applies to all licensed or non-licensed providers required by law to be credentialed.

4. RELATED POLICIES/FORMS:

[HR.A.8 Employment](#)

[HR.A.9 Employment Eligibility Verification for Worker in the United States](#)

5. PROCEDURES:

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

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).

Mental Health Targeted Case Management and Mental Health Rehabilitation, 1 Tex. Admin. Code §§ 353.1403- 353.1415.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Final Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director	Demetria Lockett	04/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	03/2026
1st Department Review	Danyalle Evans	03/2026
Initial Assignment	Danyalle Evans	03/2026

EXHIBIT G-11

Status **Pending** PolicyStat ID **20227069**



Origination 03/2000
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Camelia Lee:
 HRGen
 Area Human Resources
 Document Type Agency Policy

HR.A.2 Criminal History Clearances

1. PURPOSE:

The purpose of this policy is to minimize the potential risk of criminal activity, evaluate the accuracy of applicants, contractors or employees' credentials, as well as increase safety and wellness of Harris Center employees, student interns, contractors, patients, visitors and guests.

2. POLICY:

It is the policy of The Harris Center to protect individuals receiving services provided by The Harris Center and contract providers of such services and the property of those individuals. In order to promote a safe environment, pursuant to law, The Harris Center conducts criminal history clearances of applicants for: 1) employment, 2) individual contractors who would provide direct care services, 3) student internships, and 4) volunteer positions.

The Harris Center will also conduct annual criminal history clearances on all existing employees, individual contractors, student interns, and volunteers. All background check information will be kept confidential. All information obtained as a result of a background check will be used solely for employment purposes.

3. APPLICABILITY/SCOPE:

Applicants for employment, all Harris Center employees, contractors providing direct care services, interns, volunteer applicants and volunteers.

4. PROCEDURES:

[HR.B.2 - Criminal History Clearances](#)

5. RELATED POLICIES/FORMS:

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

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Access to Criminal History Information: Department of State Health Services & Human Services Commission; Local Authorities; Community Centers- Texas Government Code §411.115
- Nurse Aide Registry & Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly, Persons with Disabilities or Persons with Terminal Illness- Texas Health & Safety Code, Chapter 250
- Use of Criminal History Record Information-Texas Health & Safety Code §533.007
- Criminal History & Registry Clearance-Title 26 Texas Administrative Code, Part 1, Subchapter B, Chapter 301

Approval Signatures

Step Description	Approver	Date
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2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-12

Status **Pending** PolicyStat ID **19669796**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
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Owner Kendra Thomas:
 Counsel
 Area Environmental
 Management
 Document Type Agency Policy

EM.A.2 Emergency Codes, Alerts, and Response

1. PURPOSE:

To provide plain language emergency alerts and procedures to be used in response to emergency situations.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) that The Harris Center Emergency Management Services is responsible for using plain language emergency notification to alert staff and prompt appropriate, predetermined actions and responses, in the event of an emergency situation.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[EM.P.1 Risk Management Plan](#)

5. PROCEDURES:

EM.B.2.1 [Security Alert - Armed Intruder](#)

EM.B.2.2 [Facility Alert - Hazardous Spill](#)

EM.B.2.3 [Facility Alert - Utility Systems Failures](#)

EM.B.2.4 [Medical Alert - Code Blue](#)

EM.B.2.5 [Medical Alert - Crisis Intervention](#)

EM.B.2.6 [Security Alert - Bomb Threat/Suspicious Package](#)

EM.B.2.7 [Security Alert - Hostage Situation](#)

EM.B.2.8 [Security Alert - Missing Child/Abduction of Child](#)

EM.B.2.9 [Facility Alert - Fire Evacuation Plan](#)

EM.B.2.11 [Weather Alert](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF: Risk Management 1.G.1; Health and Safety 1.H.2

ALERT CATEGORIES: MEDICAL, FACILITY, SECURITY, AND WEATHER

A. Medical Alert:

- i. **Code Blue:** Indicates a suspected or imminent cardiopulmonary arrest
 - "Medical Alert + Code Blue + Location"
- ii. **Medical Emergency:** Indicates an acute injury or illness which poses an immediate risk to an individual's life or health.
 - "Medical Emergency + Location"
- iii. **Crisis Intervention:** Indicates patient is harmful to self or others in a Harris Center facility.
 - "Medical Alert + Crisis Intervention + Location"

B. Security Alert:

- i. **Active Shooter/ Armed Intruder:** Indicates there is an active shooter or an armed intruder (knife, bat, etc.) incident in a Harris Center Facility.
 - "Security Alert + Active Shooter/ Armed Intruder + Location"
- ii. **Hostage Situation:** Indicates there is a hostage situation at a Harris Center facility.
 - "Security Alert + Hostage Situation"
- iii. **Missing Child:** Indicates a missing or abducted child who is a visitor or child/ adolescent patient in a Harris Center facility.
 - "Security Alert + Missing Child & Adult + Location"
- iv. **Suspicious Package:** Indicates a bomb threat or the discovery of a suspicious

device in a Harris Center facility.

- "Security Alert + Suspicious Package + Location"

C. Facility Alert:

- i. **System Failure:** Indicates a utility or system failure in a Harris Center facility.
 - "Facility Alert + Utility Failure + Location"
- ii. **Hazardous Spill:** Indicates an unintentional release of one or more hazardous substances which could harm human health or the environment in and around a Harris Center facility.
 - "Facility Alert + Hazardous Spill + Location"
- iii. **Code Red:** Indicates an actual or suspected fire in a Harris Center facility.
 - "Facility Alert + Code Red + Location"

D. Weather Alert:

- i. Indicates a severe weather condition (e.g., tornado, flooding, ice storm, etc.) at or near a Harris Center facility.
 - "Weather Alert + Description + Location"

PLAIN LANGUAGE ALERT CODES DESK TOOL

Emergency	Alerts & Communication	Notification Mode
Code Blue/Medical Emergency	Medical Alert+ Code Blue+ Location	Overhead page
Crisis Intervention	Medical Alert + Crisis Intervention + Location	Overhead page
Active Shooter/ Armed Intruder	Security Alert + Active Shooter/Armed Intruder + Location	Alert System Overhead page
Hostage Situation	Security Alert + Hostage Situation + Location	Alert System
Missing Child	Security Alert + Missing Child + Location	Alert System & Overhead page
Bomb Threat/ Suspicious Package	Security Alert + Suspicious Package + Location	Alert System If bomb threat, use bomb threat checklist
Utility or System Failure	Facility Alert + Utility Failure + Location	Alert System
Hazardous Spill	Facility Alert + Hazardous Spill + Location	Alert System
Code Red/Fire	Facility Alert + Code Red + Location	Overhead page
Tornado, flooding, hurricane	Weather Alert + Description + Location	Alert System & Overhead page

Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Compliance 1st Review	Christopher Webb: Audit	02/2026
Initial Assignment	Kendra Thomas: Counsel	01/2026

EXHIBIT G-13

Status **Pending** PolicyStat ID **19741393**

Origination	02/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Human Resources
Document Type	Agency Policy

HR.A.37 Employee Disciplinary Review

1. PURPOSE:

The purpose of this policy is to provide employees placed on probation, a Performance Improvement Plan (PIP) or terminated by the Harris Center for Mental Health and IDD (The Harris Center) an opportunity to file an appeal through the Employee Disciplinary Review process.

2. POLICY:

It is the policy of The Harris Center that the Employee Disciplinary Review is an administrative, fact-finding process where in the Harris Center offers employees an opportunity to appeal a decision made by a supervisor or manager to place the employee on probation, a Performance Improvement Plan (PIP) or terminate the employment. The Employee Disciplinary Review process shall be an impartial review of evidence by an administrative third party.

3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff with at least six (6) months of continuous employment with the Harris Center.

4. RELATED POLICIES/FORMS:

The Harris Center Employee Handbook

[HR.A.5 Employee Counseling, Supervision, Progressive Discipline and Termination](#)

5. PROCEDURE:

[HR.B.37 Employee Disciplinary Review 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	04/2026
2nd Legal Review	Kendra Thomas: Counsel	03/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director Review	Demetria Lockett	02/2026
Department Review	Kendra Thomas: Counsel	02/2026
Initial Assignment	Kendra Thomas: Counsel	01/2026

EXHIBIT G-14

Status **Pending** PolicyStat ID **20227083**

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Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.14 - Licensure, Certification, and Registration

1. PURPOSE:

The purpose of this policy is to ensure The Harris Center for Mental Health and IDD (The Harris Center) verifies the professional licensure, registration and certification of employees, volunteers and contractors who are in identified positions or job classifications that require an occupational license, certification or registration.

2. POLICY:

It is the policy of The Harris Center that requires employees in identified positions and/or job classifications to hold and maintain in good standing applicable professional licenses, registrations, certifications, and educational credentials. Employees must provide The Harris Center proof of the existence and current status of such professional licenses, registration, certifications and educational records by submitting official copies that bear authenticity. Upon receipt of proof, it is the policy of The Harris Center to validate such licenses, registrations and certifications electronically, as appropriate, when available.

3. APPLICABILITY/SCOPE:

All The Harris Center employees, volunteers and contractors whose position requires a license, certification, and/or registration.

4. PROCEDURES:

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

5. RELATED POLICIES/FORMS:

- [HR.A.35 - Credentialing Policy](#)
- [HR.A.9 - Employment Eligibility Verification](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Competency and Credentialing, 26 Tex. Admin. Code §301.331
- Local Mental Health Authority, Local Behavioral Health Authority and Continuity of Care Liaison Responsibilities, 26 Tex. Admin. Code §306.155
- LIDDA, LMHA, and LBHA Responsibilities Related to the PASRR Process, 26 Tex. Admin. Code §303.302
- 26 Tex. Admin. Code §§306.221, 306.271, 306.273, 306.325
- Tex. Health & Safety Code §534.001–534.003
- HHSC Community Mental Health Contracts, Information Item A
- HHSC Behavioral Health Services Provider Guidelines

Approval Signatures

Step Description	Approver	Date
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2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-15

Status **Pending** PolicyStat ID **19800361**



Origination 03/2023
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Owner Kendra Thomas:
 Counsel
 Area General
 Administration
 Document Type Agency Policy

GA.A.2 Lobbying

1. PURPOSE:

The purpose of this policy is to encourage employees to participate in lawful political activities on the employee's own personal time and not on behalf of The Harris Center for Mental Health and IDD (The Harris Center) or at any of our facilities.

2. POLICY:

The Harris Center believes its employees should be free to participate in lawful political activity as they see fit. It is the policy of The Harris Center that the following lobbying and political activities are prohibited while on duty at The Harris Center:

- Use any equipment (computer, fax, phone, copier)
- Demonstrating
- Circulating petitions
- Soliciting votes at any time in any work area of The Harris Center
- Conducting or participating in polls
- Fundraising
- Sending political messages or materials to co-workers
- Harassment of any co-workers regarding political preferences

Participating in these activities must be conducted on the employee's own time and should in no way suggest The Harris Center's support. Vacation leave may be requested to conduct such activities.

ADDITIONAL PROHIBITED ACTIVITIES OF AGENCIES AND INDIVIDUALS

- a. The Harris Center and employees may not use any money under its control, including appropriated money, to finance or otherwise support the candidacy of a person for an office in the legislative, executive, or judicial branch of state government or of the government of the United States. This prohibition extends to the direct or indirect employment of a person to perform an action described by this section.
- b. The Harris Center and employees may not use leased vehicles to engage in any prohibited acts outlined in this policy.
- c. The Harris Center and employees may not use appropriated money to attempt to influence the passage or defeat of a legislative measure. This section does not prohibit employees from using resources to provide public information or to provide information responsive to a request.
- d. The Harris Center and employees may not use their official authority or influence, or permit the use of a program administered by The Harris Center to interfere with or affect the result of an election or nomination of a candidate or to achieve any other political purpose.
- e. The Harris Center and employees must not coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan, or contribution of anything of value to a person or political organization for a political purpose.

EMPLOYMENT OF LOBBYIST

- a. The Harris Center may not use appropriated money to employ, as a regular full-time, part-time, or contract employee, a person is required by state law to register as a lobbyist.
- b. The Harris Center may not use appropriated money to pay, on behalf of The Harris Center or an officer or employee of The Harris Center, membership dues to an organization that pays part or all of the salary of a person who is required by state law to register as a lobbyist.
- c. If the Harris Center violates Subsection (a) it is subject to a reduction of amounts appropriated for administration by the General Appropriations Act for the biennium following the biennium in which the violation occurs in an amount not to exceed \$100,000 for each violation.

RESTRICTIONS ON LOBBYING EXPENDITURES

- a. The Harris Center may not use state funds to pay:
 1. lobbying expenses incurred by The Harris Center;
 2. a person or entity that is required to register with the Texas Ethics Commission under Chapter 305;
 3. any partner, employee, employer, relative, contractor, consultant, or related entity of a person or entity described who is required to register with the Texas Ethics Commission); or
 4. a person or entity that has been hired to represent associations or other entities for the purpose of affecting the outcome of legislation, agency rules, ordinances, or other government policies.

- b. A political subdivision or private entity that violates Subsection (a) is not eligible to receive additional state funds.

DISCIPLINARY ACTION

Any Harris Center employee who is in violation of this policy may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

NA

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Gov't Code Ch. 556

Approval Signatures

Step Description	Approver	Date
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Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	02/2026
Department Review	Keena Pace: Exec	02/2026
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EXHIBIT G-16

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 Last Revised 04/2026
 Next Review 1 year after approval

Owner Kendra Thomas:
 Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.11 - Management of Legal Documents & Litigation

1. PURPOSE:

To ensure all staff of The Harris Center for Mental Health & Intellectual and Developmental Disability (The Harris Center) properly respond to service of lawsuits, court orders, legal documents and other official notices.

2. POLICY:

It is the policy of The Harris Center to comply and respond timely to lawsuits, court orders, legal documents or other official documents served on The Harris Center to avoid any delay in legal proceedings and to protect the legal rights of The Harris Center, its staff and persons served.

The Harris Center's Legal Services Department is administratively responsible for all legal matters related to The Harris Center, including management of litigation.

3. APPLICABILITY/SCOPE:

All Harris Center Staff, contractors, volunteers and interns.

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

[LD.A.8 Subpoenas](#)

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

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center Compliance Plan

Approval Signatures

Step Description	Approver	Date
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CEO Approval	Wayne Young: Exec	04/2026
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Compliance Director	Demetria Lockett	03/2026
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EXHIBIT G-17

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 Next Review 1 year after approval

Owner Camelia Lee:
 HRGen
 Area Human Resources
 Document Type Agency Policy

HR.A.48 Meal Period and Break Policy

1. PURPOSE:

The purpose of this policy is to:

- Ensure compliance with relevant labor laws.
- Provide clear guidelines for scheduling and taking meal periods and paid breaks.
- Promote the health and well-being of employees.
- Maintain consistent and fair practices across the organization.
- Ensure minimal disruption to operations and continuity of care provided to clients.

2. POLICY:

it is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to outline the guidelines for meal periods and paid breaks for all employees of The Harris Center. The organization is committed to ensuring that all employees have adequate time to rest and recharge during their shifts, promoting overall well-being and maintaining operational efficiency.

3. APPLICABILITY/SCOPE:

All employees, contractors and relief staff of The Harris Center.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

HR.B.48 - Meal Period and Paid Break Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Fair Labor Standards Act (FSLA)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-18

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Next Review	1 year after approval

Owner	Luming Li: Chief Medical Ofcr (1101 1817)
Area	Medical Services
Document Type	Agency Policy

MED.A.3 - Medical Peer Review Policy

1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by physicians and physician assistants at The Harris Center for Mental Health & IDD (The Harris Center) is physician-peer-driven and meets professionally recognized standards of health care via ongoing objective, non-judgmental, consistent and fair evaluation by the medical staff.

2. POLICY:

It is the policy of The Harris Center to consistently assess, monitor, and evaluate physician-patient care activity to ensure the highest quality of care for all patients of The Harris Center. Triggers for physicians and physician assistants may include findings from routine patient record reviews, incident reports, patient or staff complaints, sentinel events or critical incident reviews. The deliberations of the medical peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations in regard to confidentiality and privileged nature of medical peer review deliberations and proceedings. The Medical Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE:

This policy applies to any employed and contracted licensed physicians and physician assistants for the evaluation of clinical practice under the supervision of a licensed physician.

4. PROCEDURES:

MED.B.3 Medical Peer Review Procedure

5. RELATED POLICIES/FORMS:

COM.A.6 Professional Review Committee

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Health Care Quality Improvement Act of 1986, 42 U.S.C. §§11101, et seq.

Report and Confidentiality Requirements, Tex. Occupations Code, Subchapter A. §§160.001, et. seq.

Physician Assistants- Duty to Report; Medical Peer Review, Texas Occupations Code Subchapter A. §204.208

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Final Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director	Demetria Lockett	02/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	01/2026
1st Department Review	Danyalle Evans	01/2026
Initial Assignment	Luming Li: Chief Medical Ofcr (1101 1817)	01/2026

EXHIBIT G-19

Status **Pending** PolicyStat ID **20038714**

Origination	06/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Vanessa Miller: Mgr
Area	Medical Services
Document Type	Agency Policy

MED.NUR.A.3 Nursing Peer Review: Incident Based or Safe Harbor

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) is committed to ensuring high quality health care through the utilization of the nursing peer review process. The process is one of fact-finding, analysis, and study of events by nurses in a climate of collegial problem-solving focused on obtaining all relevant information about an event.

2. POLICY:

The Nursing Peer Review Committee ("NPRC") shall evaluate nursing services, the qualifications of a nurse, the quality of patient care rendered by nurses, the merits of a complaint concerning a nurse or nursing care, and a determination or recommendation regarding a complaint. The NPRC may review the nursing practice of a LVN, RN, or APRN (RN with advanced practice authorization).

The Nursing Peer Review Committee shall also convene If a nurse requests a safe harbor nursing peer review determination of whether the requested conduct or assignment violated the nurse's duty to a patient. The Harris Center's Nursing Peer Review Committee shall comply with state law and applicable Board rules related to nursing peer review and safe harbor nursing peer review. The NPRC is a subcommittee of the Professional Review Committee ("PRC").

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD nurse employees and contractors.

4. RELATED POLICIES/FORMS:

- Notice of Receipt of Report to Peer Review Committee
- Confidentiality Guidelines for Participants in Nursing Peer Review Process
- Detailed Summary of Peer Review Committee Findings
- Peer Review Committee's Final Report to Administration
- BON Safe Harbor Quick Request Form
- BON Comprehensive Written Request for Safe Harbor Nursing Peer Review
- Safe Harbor Request to Question the Medical Reasonableness of a Physician's Order

5. PROCEDURES:

- [MED.NUR.B.3 Nursing Peer Review: Incident Based or Safe Harbor](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nursing Practice Act, Texas Occupations Code Chapter 301
- Nursing Peer Review, Texas Occupations Code Chapter 303
- Licensure, Peer Assistance and Practice, Title 22 Texas Administrative Code, §§217.19,

Attachments

[BONComprehensiveWrittenRequestforSafeHarborNursingPeerReview.pdf](#)

[BONSafeHarborQuickRequestForm.pdf](#)

[BONSafeHarborResourcesforFacilities.pdf](#)

[SHNPR-Resource.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026

2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enahwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review I	Kia Walker: Chief Nursing Officer	03/2026
Initial	Vanessa Miller: Mgr	03/2026

EXHIBIT G-20

Status **Pending** PolicyStat ID **20227072**



Origination 01/2012
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Camelia Lee:
 HRGen
 Area Human Resources
 Document Type Agency Policy

HR.A.15 Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs

1. PURPOSE

The purpose of this policy is to establish guidelines, which prohibit The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from employing an individual or entity that has been excluded from Federally-funded health care programs. The guidelines set in place by this policy ensures the integrity and accountability as it relates to The Health & Human Services Department - Office of Inspector General (HHSC-OIG)

2. POLICY

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability ("The Harris Center" or "Agency") to comply with federal rules - Social Security Act, 42 U.S.C. 1320a-7, Section 1128

The Agency shall conduct both State and Federal List of Excluded Individuals/Entities (LEIE) searches prior to hire and monthly on all existing employees, interns, contractors, volunteers and entities.

3. APPLICABILITY/SCOPE

All staff employed by The Harris Center including, direct hire, contractors, volunteers, interns and entities. Candidates for hire and contracted entities whom are excluded are considered ineligible for employment or providing services with The Harris Center and will **NOT** be offered a position.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

[HR.B.15 Obligation to Identify Individuals or Entities from Participation in Federal Health Care Programs](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Social Security Act 42 U.S.C.A. 1320a-7

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-21

Status **Pending** PolicyStat ID **20227089**

Origination	08/2024
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2025
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.40.Out of State Employment

1. PURPOSE:

The purpose of this policy is to define work arrangements for all Harris Center staff, volunteers, contractors, and interns who reside and work outside the State of Texas to ensure compliance with state and federal laws.

2. POLICY:

It is the policy of The Harris Center that all staff, volunteers, interns, and contractors hired to perform services on behalf of the Harris Center are required to complete their duties within Texas. Out-of-state work arrangements may be granted on an exception basis to meet the business operation needs of the Harris Center and are not intended to be long term telecommuting assignments.

Prior to informing or approving any request from a current or former employee, advance approval from the Division Chief and VP, Human Resources is required. This applies to any form of Out-of-state working arrangements, including hiring an employee to work at a location outside of Texas, the assigning of current staff to work at a location outside of Texas and the use of a Harris Center approved telecommuting work arrangement outside of Texas.

Out-of-state work arrangements shall be limited to mission critical projects that are necessary to meet the business needs of the Harris Center and not as a method to fill vacant positions. Relief Staff that resides in the state of Texas should be utilized. In reviewing the request for an out-of-state work arrangement, the Division Chief, Legal Counsel and VP, Human Resources will evaluate the Harris Center's business needs and the compliance requirements. In most cases, however, out-of-state work arrangements are not a viable option.

Employees approved to work outside of Texas are responsible for verifying that appropriate state tax deductions are withheld from their pay. Additionally, all employees are responsible for updating their home and mailing addresses to reflect the out of state residential address.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff, volunteers, contractors and interns. This policy applies to the hiring of staff. This policy does not apply to an out-of-state work arrangement for a temporary period and will be reviewed on a case by case basis.

4. RELATED POLICIES/FORMS:

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

[HR.A.10 Equal Employment Opportunity](#)

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

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

[HIM.IT.A.4 Off-Premises Equipment Usage](#)

Out of State Employee Exception Request Form

5. PROCEDURE:

[HR.B.40.Out of State Employees](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Attachments

[Out of State Employment Request.pdf](#)

Approval Signatures

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

CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	03/2026

EXHIBIT G-22

Status **Pending** PolicyStat ID **20227073**

Origination	11/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.17 Overtime Compensation

1. PURPOSE:

The purpose of this policy is to comply with applicable local, state and federal laws, and to provide equitable consideration for hours worked over 40 in the standard work week.

2. POLICY:

It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) in compliance with the Fair Labor Standards Act (FLSA) and the Equal Pay Act has established a maximum work week of forty (40) hours, except as noted herein. Unless exempt, the Harris Center will compensate employees for overtime worked in excess of the established workweek in accordance with FLSA and the provisions of this policy. Overtime for certain employees classified as "Exempt" by the FLSA is not required. Overtime for employees classified as "Nonexempt" will be compensated at a rate not less than one and one-half hours for each hour of overtime.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

- Employees Exempt from Overtime
- Overtime Approval
- Neuro-Psychiatric Center Overtime Computation

- Overtime Compensation
- Employee Volunteers

5. RELATED POLICIES/FORMS:

[LD.A.5 Signature for Authorization](#)

[HR.A.22 Shift Differential](#)

[HR.A.8 Employment](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Fair Labor Standards Act 29 U.S.C. § 203

Equal Pay Law, Texas Government Code §659.001

The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enahwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-23

Status **Pending** PolicyStat ID **19741392**



Origination 02/2025

Last Approved N/A

Effective Upon Approval

Last Revised 04/2026

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.17 Patient Conduct

1. PURPOSE:

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) is committed to providing a safe and inclusive environment for all consumers.

2. POLICY:

It is the policy of The Harris Center that consumers are to conduct themselves in a respectful and courteous manner. If consumers display disruptive behaviors or safety concerns, they will be addressed in a manner that protects all involved.

If an event arises that involves disruptive behavior by a patient, then Harris Center clinical staff and leadership will discuss alternatives to providing the required care for the patient including possible termination of the patient relationship with clinical staff.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center patients and clinical staff.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

[ACC.B.17 Patient Conduct 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	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director	Demetria Lockett	02/2026
Initial Assignment	Lance Britt: Dir	01/2026

EXHIBIT G-24

Status **Pending** PolicyStat ID **20227075**



Origination	05/1993	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

HIM.EHR.A.8 Patient/ Individual Access to Medical Records

1. PURPOSE

To establish guidelines for the contents, maintenance, and confidentiality of patient/ individual medical records that meet the requirements set forth in Federal and State laws and regulations, and to define the portion of a patient/ individual's healthcare information, whether in paper or electronic format, that comprises the medical record.

2. POLICY

It is the policy of The Harris Center that subject to specific contraindications by a qualified professional and to any legal constraints, the content of a patient/ individual's medical record shall be made available to the patient/ individual upon written request.

3. APPLICABILITY/SCOPE

This policy applies to all employees of The Harris Center

4. PROCEDURES

[HIM.EHR. B.8 Patient/ Individual Access to Medical Records](#)

5. RELATED POLICIES/FORMS

Policies and Procedures	
Confidentiality and Disclosure of Patient/ Individual Health Information	HIM.EHR.A.3

Notice of Privacy Practices	
Consumer Request for Review (Appeal) of a Center Decision	
Request for an Accounting of Disclosures of Health Information	
Consumer Request for Confidential Communications	
Request to Correct or Amend Consumer Health Information	
Request to Restrict the Use/Disclosure of Consumer Health Information	
Notice of Privacy Practices Acknowledgement	
Release of Information Processing Fee	Attachment F

6. REFERENCES: RULES/REGULATIONS/ STANDARDS

Physician-Patient Communication, Texas Occupations Code, Chapter 159

Medical Records Privacy Act, Texas Health and Safety Code chapter 181

Mental Health Records, Texas Health and Safety Code Chapter 611

HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

The 21st Century Cures Act, Pub. L. No. 114-255 (2016); 29 U.S.C. § 1185a; 26 U.S.C. § 9812

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	03/2026

EXHIBIT G-25

Status **Pending** PolicyStat ID **19741386**



Origination 02/2016
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2026
 Next Review 1 year after approval

Owner Gertrude Leidich:
 Vice President
 Clinical
 Transformation
 and Quality
 Area Medical Services
 Document Type Agency Policy

MED.PHA.A.3 - Pharmaceutical Representatives Policy

1. PURPOSE:

To provide guidelines for the activities of pharmaceutical representatives as they relate to The Harris Center for Mental Health and IDD (The Harris Center) associated matters.

2. POLICY:

It is the policy of The Harris Center to ensure positive, constructive, and objective relationship activities between The Harris Center and Pharmaceutical Company representatives. Pharmaceutical Representative's access to clinical sites and The Harris Center personnel shall occur on a scheduled basis as approved by the Harris Center Chief Medical Officer or Divisional VPs of Medical Services. These activities include, but are not limited to, the review of product information, sponsorship of medical education, coordination of studies for new and existing drugs and products, and responses to requests for procurement or recall of specific products.

The Harris Center personnel are strictly prohibited from accepting any form of gifts, courtesies, meals, or remuneration in any amount from pharmaceutical company representatives. The Harris Center personnel are required to immediately report any form of employment with pharmaceutical companies, including payments for speaking fees, travel, or food, on behalf of pharmaceutical companies, to their immediate supervisor and complete the Outside Practice Questionnaire for Licensed or Non-Licensed Staff.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

Outside Practice for Employees of the Harris Center form

Outside Practice for Non-licensed Personnel of the Harris Center form

5. PROCEDURES:

[MED.PHA.B.3 Pharmaceutical Representative Procedure](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	03/2026
Final Legal Review	Kendra Thomas: Counsel	03/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director	Demetria Lockett	02/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	02/2026
1st Department Review	Danyalle Evans	02/2026
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	02/2026

EXHIBIT G-26

Status **Pending** PolicyStat ID **19741387**

Origination	09/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

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

ACC.A.2 Plan of Care

1. PURPOSE:

To ensure the development of a comprehensive person-centered plan based on client, family/legal guardian input, assessments and narrative summaries

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to ensure every client served will be an active participant in the development of his or her Person-Centered Plan in conjunction with his/her assigned interdisciplinary treatment team.

3. APPLICABILITY/SCOPE:

This applies to all of The Harris Center Programs/Units that provide services.

4. RELATED POLICIES/FORMS:

- Person and Family Centered Recovery Plan
- Individual Plan of Care
- Safety Plan
- Person Directed Plan
- Progress Notes

5. PROCEDURES:

ACC.B.2 Plan of Care

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Mental Health Community Service Standards, 26 Tex. Admin. Code § 301
- Behavioral Health Delivery System, 26 Tex. Admin. Code § 306 (2020).
- Lidda Role and Responsibilities, 26 Tex. Admin. Code § 330 (2024).
- Texas Home Living (TXHML) Program and Community First Choice (CFC) Certification Standards, 26 Tex. Admin. Code § 566.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	03/2026
1st Legal Review	Bijul Enahwo	02/2026
Departmental Review	Keena Pace: Exec	01/2026
Compliance 1st Review	Christopher Webb: Audit	01/2026
Initial Assignment	Lance Britt: Dir	01/2026

EXHIBIT G-27

Status **Pending** PolicyStat ID **19741381**



Origination	01/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

HIM.EHR.A.14 Retention of Patient/Individual Records

1. PURPOSE:

A patient/individual record will be maintained for every individual registered and/or opened for services with the Harris Center.

2. POLICY:

It is the policy of The Harris Center that all patient/individual records shall be retained for specified periods based on legal, accrediting, and regulatory requirements, as well as, its uses for patient/individual care, legal, research and educational purposes. Patient/individual records may be retained in paper-based, images, and EHR.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

[HIM.EHR. A.16 Security of Patient/Individual Identifying Information](#)

5. PROCEDURES:

[HIM.EHR.B.14 Retention of Patient/Individual Record](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

American Health Information Management Association Practice Brief: Retention of Health Information Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2, Subpart B
 Health Insurance Portability and Accountability Act, 45 CFR §§164.509,164.515
 Texas Medical Records Privacy Act, Tex. Health & Safety Code Chapter 181
 Medical Records, 22 Tex. Admin. Code, Chapter 165
 Psychological Records, Test Data & Test Materials, 22 Tex. Admin. Code §465.22
 Rights of All Persons Receiving Mental Health Services, 25 Tex. Admin. Code §404.154

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	02/2026

EXHIBIT G-28

Status **Pending** PolicyStat ID **19741379**

Origination	11/2002	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

HIM.EHR.A.11 Sanctions for Breach of Security and/or Privacy Violations of Health Information

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) and its staff are entrusted with personal and clinical information regarding the patients/ Individuals we serve. The Harris Center, as an employee health plan sponsor, is also entrusted with employee health information. We recognize that these pieces of information are highly confidential and must be treated with great respect and care by all staff with access to the information.

2. POLICY:

It is the policy of The Harris Center that any breach in confidentiality or security by a staff person shall be subject to formal disciplinary action as set forth in this policy and procedure. Confidentiality breaches are also subject to federal investigations and possible fines and imprisonment as set forth in the Health Insurance Portability and Accountability Act, Privacy Rule.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

Policy and Procedures

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

[HIM.EHR.A.16 Security of Patient /Individual Identifying Information](#)

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

5. PROCEDURES:

[HIM.EHR. B.11 Sanctions for Breach of Security and /or Privacy Violations of Health Information](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

American Health Information Management Association Practice Brief: Retention of Health Information
 Health Insurance Portability and Accountability Act, 45CFR Part 160, Subpart D
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part2, Subpart A
 Physician-Patient Communication, Tex. Occupation Code Ch. 159
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181
 Mental Health Record, 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	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	02/2026

EXHIBIT G-29

Status **Pending** PolicyStat ID **20227079**



Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2025		
Next Review	1 year after approval		

HIM.EHR.A.16 Security of Patient/ Individual Identifying Information

1. PURPOSE:

All patient/individual identifying information, regardless of the medium or format, is considered confidential and shall be available only to authorized users.

2. POLICY:

It is the policy of The Harris Center to maintain the security of all patient/individual identifying information and safeguard this information against loss, destruction, tampering and unauthorized access and use.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[HIM.EHR.B.16 Security of Patient/ Individual Identifying Information](#)

5. RELATED POLICIES/FORMS:

<ul style="list-style-type: none"> Confidentiality and Disclosure of Patient/Individual Identifying Information 	HIM.EHR. A.3
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• Retention of Patient/Individual Record	HIM.EHR.A.14
• Patient/Individual Records Administration	HIM.EHR.A.9
• Incident Reporting	LD.A.4

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- American Health Information Management Association - Practice Brief on Information Security
- Medicare Conditions of Participation for Hospitals
- Health Insurance Portability and Accountability Act

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	03/2026
Initial Assignment	Rita Alford: Dir	03/2026

EXHIBIT G-30

Status **Pending** PolicyStat ID **19622506**

Origination	05/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Shiela Oquin: ExecAsst
Area	Assessment, Care & Continuity
Document Type	Agency Policy

ACC.A.15 - Supervision of Peer Specialists

1. PURPOSE:

To ensure effective supervision of Peer Specialists across all divisions and programs at The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

It is the policy of The Harris Center to provide supervision to all Peer Specialists consistent with state rules and laws. Peer Specialist supervision must focus on peer specialists' provision of services, including review of cases and activities, skill building, problem resolution, and professional growth. Supervision may also include aspects specific to the Harris Center, such as following organizational policy or other administrative matters.

3. APPLICABILITY/SCOPE:

This policy will apply to all Peer Specialists across all divisions and programs at The Harris Center.

4. RELATED POLICIES/FORMS:

- Supervision Verification Form
- Direct Hours Tracking/Supervised Work Experience Form

5. PROCEDURES:

[ACC.B.15 Supervision of Peer Specialist](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Rules Governing Peer Specialists, Tex. Gov't. Code § 547.0003 (2025).

Medical Assistance Program, Tex. Hum. Res. Code § 32.001 et al.

Peer Specialist Services, 1 Tex. Admin. Code Ch. 354, Subchapter N

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	03/2026
1st Legal Review	Bijul Enaohwo	02/2026
Departmental Review	Keena Pace: Exec	01/2026
Compliance 1st Review	Christopher Webb: Audit	01/2026
Initial Assignment	Shiela Oquin: ExecAsst	01/2026

EXHIBIT G-31

Status **Pending** PolicyStat ID **19800367**



Origination 07/2021
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Gertrude Leidich:
 Vice President
 Clinical
 Transformation
 and Quality
 Area Medical Services
 Document Type Agency Policy

MED.A.4 System Quality, Safety and Experience Committee

1. PURPOSE:

The purpose of this policy is to promote best practices, improve the quality, and safety of patient care, and reduce risk to patients through an environment that encourages internal reporting and ongoing evaluation and analysis of processes and occurrences. The System Quality, Safety, and Experience Committee was operationalized by the Professional Review Committee (PRC) and is a sub-committee of the PRC.

2. POLICY:

It is the policy of the System Quality, Safety and Experience Committee to continually enhance the quality and safety of patient care at The Harris Center through a systematic and collaborative approach that supports the ongoing evaluation of The Harris Center's patient care processes and services.

3. APPLICABILITY/SCOPE:

This policy applies to all staff and contractors of The Harris Center for Mental Health and IDD and the services provided.

4. RELATED POLICIES/FORMS:

- Reporting Allegations of Abuse, Neglect and Exploitation
- Confidentiality Guidelines for Participants in System Quality, Safety and Experience Committee Process
- Incident Review Form - Patient Safety Committee

- Incident Referral Form - Patient Safety Committee

5. PROCEDURES:

MED.B.4 System Quality, Safety and Experience Committee Procedure

- Pharmacy and Therapeutics Committee
- Infection Prevention
- System Accreditation
- All PI Councils and internal learning collaboratives (e.g., Zero Suicide, Substance Use Disorders)
- Approval of Care Pathways
- Patient Experience / Satisfaction

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Medical Practices Act, Tex. Occ. Code Ch. 151
- Requirements Relating to Medical Peer Review, Tex. Occ. Code Ch. 160
- Nursing Peer Review, Tex. Occ. Code Ch. 303
- Incident-based Nursing Peer Review & Whistleblower Protections, 22 Tex. Admin. Code §217.19
- Rights and Protections of Persons Receiving Mental Health Services, 25 Tex. Admin. Code §414

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Final Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enahwo	04/2026
Compliance Director	Demetria Lockett	04/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026

2nd Department Review	Kia Walker: Chief Nursing Officer	02/2026
1st Department Review	Danyalle Evans	02/2026
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	02/2026

EXHIBIT G-32

Status **Pending** PolicyStat ID **19800359**

Origination	03/2023	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

LD.A.18 The Development and Maintenance of Center Policies

1. PURPOSE:

The purpose of this policy is to establish the guidelines of The Harris Center for Mental Health and IDD (The Harris Center) for the development of agency policies.

2. POLICY:

It is the policy of The Harris Center to develop and maintain policies and procedures, which define the internal management and operations of the agency. All policies, procedures, plans, protocols notices and all other regulatory documents shall comply with state/local contracts, grants, rules, regulations, The Harris Center's Board of Trustees' policies and other applicable statutes. Policies shall be reviewed and updated at least annually, unless changes in regulations, laws, changes within The Harris Center's privacy practices or The Harris Center business needs require an earlier review.

Updated copies of the agency's policies are maintained within a data management system accessible to all staff. Suggestions for the development of new agency policies or revisions to existing policies may be made by contacting The Harris Center's Compliance department. When immediate action is needed and timing precludes the normal review and approval, process, the CEO may issue Administrative Directives that are followed up with the formal policy and procedure development process. Board Committee and Full Board meeting agendas will include two sections, as it relates to policies. One section will include new and revised policies for consideration. The other section will include policies with no substantive changes from review period to review period, but which require an annual review and approval.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[LD.B.12 Policy Changes Outside of Board Review and Approval](#)

5. RELATED POLICIES/FORMS:

[ACC.BYL.2 Bylaws of the Board of Trustees of The Harris Center for Mental Health and IDD](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF Section 1. Aspire to Excellence

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	03/2026
Compliance Director	Demetria Lockett	03/2026
Initial Assignment	Kendra Thomas: Counsel	03/2026

EXHIBIT G-33

Status **Pending** PolicyStat ID **20227070**

Origination	11/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.29 Time and Attendance

1. PURPOSE:

The purpose of this policy is to communicate expectations of maintaining good attendance, punctuality, and accurate and timely punches for non-exempt employees.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD that employees report to work on time for each scheduled workday or shift unless for approved Paid Time Off (PTO), call off following company protocol, approved leave, or other qualifying reason. Also, non-exempt employees who use time clocks are expected to clock in and out (make punches) timely and complete and approve their time-sheets consistent with unit procedures.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center non-exempt employees

4. RELATED POLICIES/FORMS:

[HR.A.5 Employee Counseling, Supervision, Progressive Discipline, and Termination Policy](#)

Employee Handbook

5. PROCEDURES:

[HR.B.29 Time and Attendance 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	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Camelia Lee: HRGen	03/2026

EXHIBIT G-34

Status **Pending** PolicyStat ID **18611957**



Origination 03/1995
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Camelia Lee: HRGen
 Area Human Resources
 Document Type Agency Policy

HR.A.25 Transfers - Promotions - Demotions

1. PURPOSE:

The purpose of this policy is to develop, mobilize, and retain staff of the highest quality. The Harris Center for Mental Health and IDD (The Harris Center) provides equal opportunities for the recruitment, professional growth, and advancement of all employees while providing guidelines for employee promotion, transfer, and demotion.

2. POLICY:

It is the policy of The Harris Center that any transfer, promotion, or demotion will be based on documented evidence of the employee's job qualifications and performance.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) including, both direct and contracted employees.

4. RELATED POLICIES/FORMS:

• Personnel Action Form	
• Referral for Hire Form	

5. PROCEDURES:

HR.B.25 Transfers - Promotions - Demotions

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Employment
- The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	02/2026

EXHIBIT G-35

Status **Pending** PolicyStat ID **20227087**

Origination	05/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	05/2025
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.59 Voting - Time Off

1. PURPOSE:

The purpose of this policy is to encourage and support employees in exercising their right to vote in local, state, and national elections. We recognize the importance of civic engagement and aim to provide employees with the necessary time and resources to participate in the electoral process.

2. POLICY:

The Harris Center for Mental Health and IDD is committed to fostering a culture of civic responsibility and participation. We believe that voting is a fundamental right and duty of every citizen. To support this, we will provide employees with the time and flexibility needed to vote in elections without compromising their work responsibilities.

3. APPLICABILITY/SCOPE:

This policy applies to all full-time and part-time employees of The Harris Center for Mental Health and IDD. It covers all local, state, and national elections, including primaries and general elections.

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

[HR.B.59 Voting Time Off - Procedure](#)

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

Tex. Elec. Code § 276.004

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	03/2026

EXHIBIT G-36

Status **Pending** PolicyStat ID **20227109**

Origination	08/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Camelia Lee: HRGen
Area	Human Resources
Document Type	Agency Policy

HR.A.27 - Work Force Reduction

1. PURPOSE:

The purpose of this policy is to provide for an orderly and equitable transition in staffing when a work force reduction is necessary.

2. POLICY:

As a result of budget constraints, business necessity, program redirections, or related justifications, administrative actions may be taken to reduce the number of budgeted positions and/or Agency employees. A key management concern will be to achieve targeted staffing levels in the least disruptive manner to the delivery of consumer services and affected employees. The Chief Executive Officer, working with the Board of Trustees, shall determine and approve programs, functions, or units to be discontinued or consolidated. It is the policy of The Harris Center for Mental Health & Intellectual and Developmental Disability (hereinafter "The Harris Center") decisions regarding workforce reduction will be coordinated by the Chief Executive Officer, appropriate Division Chief, General Counsel and the Vice President of Human Resources.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[HR.A.8 Employment](#)

5. PROCEDURES:

6. REFERENCES/ RULES/REGULATIONS/ STANDARDS:

NA

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	04/2026

EXHIBIT G-37

Status **Pending** PolicyStat ID **18455948**

Origination	08/2024
Last Approved	N/A
Effective	Upon Approval
Last Revised	04/2026
Next Review	1 year after approval

Owner	Eunice Davis: Dir
Area	Environmental Management
Document Type	Agency Policy

EM.A.12 Accident Reporting Policy

PURPOSE:

The purpose of this accident reporting policy is to provide guidelines on how and when to report workplace accidents, from minor incidents to severe injuries. It ensures timely investigation and implementation of safety measures.

POLICY:

~~On-the-job accidents that employees must report include any events that have caused minor or severe injuries or incidents resulting from negligence or inadequate safety precautions.~~

It is the policy of The Harris Center for Mental health and IDD (The Harris Center) to ensure that all on-the-job accidents are promptly reported by employees. This includes any incidents that result in minor or severe injuries, as well as those caused by negligence or inadequate safety precautions. Timely reporting supports a safe work environment and allows for appropriate follow-up and prevention measures. Employees are expected to review and follow all safety protocols to minimize risk.

APPLICABILITY/SCOPE:

This policy pertains to all ~~center~~Harris Center staff and relief workers. This policy includes employees who were injured while performing their duties on center premises or off-site locations, in course and scope of employment, and in center-owned or privately-owned vehicles.

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

Employee Handbook

PROCEDURE:

~~Workers' Compensation Notice of Injury procedure~~ [EM.B.20 Workers' Compensation Notice of Injury Procedure](#)

REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Department of Insurance

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enahwo	03/2026
Compliance Director	Demetria Lockett	03/2026
Initial Assignment	Eunice Davis: Dir	02/2026

EXHIBIT G-38

Status **Pending** PolicyStat ID **19152352**



Origination	10/2005	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	04/2026		
Next Review	1 year after approval		

FM.A.1 Adding and Receiving Equipment

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

~~The Harris Center for Mental Health and IDD~~

4. DEFINITIONS:

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

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

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

This policy applies to all The Harris Center employees and/or staff who are supervisors or are accountable for the use and reasonable care of all capital items and controlled assets assigned to them.

5. RELATED POLICIES/FORMS:

6. PROCEDURES:

FM.B.1 Adding and Receiving Equipment

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Stanley Adams	02/2026
Compliance 1st Review	Christopher Webb: Audit	11/2025
Initial Assignment	Stanley Adams	11/2025

EXHIBIT G-39

Status **Pending** PolicyStat ID **19741385**

Origination	04/1993	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2026		
Next Review	1 year after approval		

FM.A.13 Check and Electronic Payment Signature Authorization

1. PURPOSE:

The purpose of this policy is to clearly describe how checks and electronic payment authorizations are to be handled at The Harris Center [for Mental Health and IDD \(The Harris Center\)](#).

This policy establishes clear guidelines to ensure rigorous oversight and accountability in financial transactions at the Harris Center. Additionally, it promotes seamless operations and maintains transparent accountability in the delegation of authority within the Agency.

2. POLICY:

It is the policy of The Harris Center to have clearly designated financial thresholds and signature authorization authority for checks and electronic payments.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees and vendors. [This policy does not apply to transfers from one financial institution account owned by the Harris Center to another financial institution account owned by the Harris Center](#)

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

[LD.A.4 - Delegations in the Absence of the Chief Executive Officer \(CEO\)](#)

[LD.A.5 - Signature for Authorization](#)

[LD.B.5 Signature for Authorization](#)

5. PROCEDURE:

A. Primary Signature and Authorization Authority for Checks and Electronic Payments

The authority for signing checks and authorizing electronic payments is structured as follows:

1. Checks \$15,000 and less:
The Chief Executive Officer has the authority to electronically sign checks of \$15,000 and less.
2. Checks from \$15,000 to \$49,999:
All checks in this range, require one facsimile of the Chief Executive Officer and an original signature of any one of the following individuals:
 - Chief Financial Officer
 - ~~Deputy Chief~~ ~~Operating~~ ~~Executive~~ Officer
 - ~~Chief Administrative Officer~~
 - Controller
 - Board Chair
 - Any Member of the Board of Trustees
3. Electronic Payment Authorizations under \$49,999:
Electronic payment authorizations under this threshold must be approved by any one of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - ~~Deputy Chief~~ ~~Operating~~ ~~Executive~~ Officer
 - ~~Chief Administrative Officer~~
 - Controller
 - Board Chair
 - Any Member of the Board of Trustees
4. Checks and Electronic Payment Authorizations between \$50,000 to \$149,999:
 - All checks in this range require the original signature of any two of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - ~~Deputy Chief~~ ~~Operating~~ ~~Executive~~ Officer
 - ~~Chief Administrative Officer~~
 - Board Chair

- Any Member of the Board of Trustees
 - Electronic payment authorizations in this range require approval of any two of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - ~~Deputy Chief~~ ~~Operating Executive~~ Officer
 - ~~Chief Administrative Officer~~
 - Board Chair
 - Any Member of the Board of Trustees
5. Checks and Electronic Payment Authorizations over \$150,000:
- All checks over \$150,000, require the original signature of either:
 - One Board Member and the Chief Executive Officer, or
 - Two Members of the Board of Trustees
 - Electronic payment authorizations over \$150,000, require the approval of either:
 - One Board Member and the Chief Executive Officer, or
 - Two Members of the Board of Trustees

B. Delegation of Authority

In situations where authorized signatories are temporarily unavailable due to vacation, illness, travel or unforeseen events, their signature and approval authority shall be delegated to ensure the uninterrupted continuation of the Harris Center operations and business functions. The authorized signatories must ensure that their delegates fully understand their delegated authority.

1. Checks and Electronic Payments less than \$150,000:
The Chief Executive Officer may delegate authority to the ~~Deputy Chief~~ ~~Operating Executive~~ Officer, ~~or~~ the Chief Financial ~~Officer, or the Chief Administrative~~ Officer. The Chief Financial Officer may further delegate authority to the Controller.
2. Checks and Electronic Payment Authorizations of \$150,000 or more:
The Chief Executive Officer may delegate authority to the ~~Deputy Chief~~ ~~Operating Executive~~ Officer, ~~or~~ the Chief Financial ~~Officer, or the Chief Administrative~~ Officer.

C. Revocation of Authority

Any delegation or sub-delegation of authority may be revoked in writing at any time by the delegator, the Board of Trustees, or the Chief Executive Officer. Upon revocation, the delegating authority must immediately notify, in writing, the Controller, the Chief Financial Officer, the Chair of the Board of Trustees, and the General Counsel.

D. Board of Trustees Signature Authorization and Delegation of Authority of Certain Items

For the business operations of the Harris Center to function in a proper an efficient manner, the Board of Trustees may determine that it is necessary and prudent to delegate certain powers

and control over the Harris Center's affairs to designated officers; see related adopted Resolution(s) in the Attachments section of this policy.

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

NA

Attachments

[Board of Trustees Signature Authorization and Delegation Authority for Certain Items.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2026
Legal Review	Kendra Thomas: Counsel	05/2026
Compliance Director Review	Demetria Lockett	05/2026
Department Review	Stanley Adams	03/2026
Compliance 1st Review	Christopher Webb: Audit	02/2026
Initial Assignment	Stanley Adams	02/2026

EXHIBIT G-40

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

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

Owner Joseph Gorczyca
 Area Human Resources
 Document Type Agency Policy

HR.A.36 Continuing Employee Communication and Engagement

1. PURPOSE:

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

2. DEFINITIONS:

The following definitions shall apply:

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

6. Designated Spaces refers to Conference rooms or other administrative spaces identified and approved by Harris Center leadership for employee labor organization related activities. Designated spaces are most commonly conference rooms or areas free from patient care activities and operational disruption. Designated spaces do not include lobbies, reception areas, breakrooms (unless specific permission has been granted by Harris Center leadership), parking lots, building entrances or areas where patient care, public access, or routine operations occur.

3. POLICY:

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

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

A. COMMITMENT TO EMPLOYEE ENGAGEMENT

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

- ~~Developing an~~ Employee Communication Plan
- ~~Evaluate the ongoing impact of the Employee Communication Plan~~
- Annual employee surveys ~~soliciting anonymous feedback~~
- Routine meetings with ~~Employee-employee~~ groups
- ~~Regular Townhalls and employee forums~~ meetings at various Harris Center locations
- ~~Regular employee forums to have dialogue with the CEO and/or other members of the Harris Center leadership team~~
- Employee ~~Suggestion-suggestion~~ programs ~~for the improvement and implementation of new ideas~~
- Team building ~~initiatives~~ exercises through collaborative workshops and retreats

- Employee recognition programs Celebrate festive events and occasions, such as Employee Appreciation Day
- Establishing a r Regular recurring meeting with Employee Labor Organization(s)

1. MONITORING AND COMPLIANCE

~~The development, implementation, evaluation and monitoring of the Employee Communication Plan and related initiatives shall be the responsibility of the Vice President of Human Resources.~~ Human Resources is responsible for implementation, evaluation, and monitoring of employee engagement initiatives.

2. COMMUNICATION SCHEDULE

Routine updates at Board meetings, including employee engagement activities, updates from meetings with employee labor organizations, the level of employee engagement and policy proposals, will be provided by the CEO and Vice President of designated Human Resources leaders. Also, Harris Center staff will receive regular communication via CEO videos, the Harris Center newsletter and Intranet about employee engagement initiatives and opportunities for employees to provide feedback. Communication will be provided to inform employees of updates from suggestions and opportunities identified. ~~These~~ This communications will be done consistent with employee feedback about preferred types, style and means of communication.

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

Employee labor organizations are responsible for adhering to all Harris Center Board meeting submission deadlines and ensuring that all documents included for the Board packet are in a single, formatted document.

Also, employee labor organizations shall have the opportunity to present no more than ~~four~~ three (4 3) Governance Committee meetings per year provided ~~that~~ they submit a written request to the Chair of the Governance Committee and CEO at least nine (9) calendar days prior to the Governance Committee meeting. Additional opportunities for presentations to the Governance Committee are not permitted. The purpose of the reports is to provide employee labor organizations with the opportunity for the unilateral presentation of information to the Governance Committee and are not intended to be a dialogue or discussion with the Governance Committee. All topics and presentations must be related to wages, hours, and conditions of employment and matters covered by personnel policies.

The written request must include a brief description and summary of the topic. All supporting documents and presentation materials must accompany the written request. Presentation materials

should be in a single, formatted document. All reports shall be limited to ten (10) minutes unless the Governance Committee approves additional time.

B. HARRIS CENTER EMPLOYEE LABOR ORGANIZATIONS ~~OR UNIONS~~

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

1. EMPLOYEE LABOR ORGANIZATION MEETINGS Scope, Purpose, and Conduct of Employee Labor Organization Meetings

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

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

All meetings shall preserve The Harris Center's unilateral right to establish, modify, and enforce employment terms, conditions, and workplace policies consistent with Texas Government Code Chapter 617.

Meetings are intended solely for information sharing and discussion and do not constitute collective bargaining, joint decision-making, or negotiations intended to result in a binding agreement. Nothing in this policy shall be constructed as recognizing a employee labor organization as a bargaining representative or limiting Harris Center management rights.

~~Twelve-Four (124)~~ meetings per calendar year shall be held. Any member of the Employee Labor Organization(s) meeting may request items related to wages, hours and conditions of employment to be placed on the agenda for discussion. Proposed agenda items must relate to authorized discussion topics and be submitted, in writing, to the CEO designee at least one week prior to the ~~scheduled~~ meeting. The meeting agenda shall be included with the meeting notification.

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

Good faith efforts will be made to provide information relevant to the agenda in advance of the meetings upon request by the Employee Labor Organization(s). As a governmental entity, the Harris

Center is required to adhere to the Texas Public Information Act. The Texas Public Information Act remains an additional available option for the public to request public information.

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

Labor organization representatives currently employed by The Harris Center will remain on the clock and paid to attend the scheduled meetings with the CEO or designee. Mileage to and from the meeting will not be paid by The Harris Center and should not be submitted by labor organization representatives. Meetings with the CEO are the only meetings that the 5 designated labor organizations representatives will remain on the clock to attend.

2. EMPLOYEE ENGAGEMENT ACTIVITIES

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

Engagement activities are not to occur in lobbies, reception areas, breakrooms (unless specific permission has been granted by Harris Center leadership), at new hire orientation, externally funded engagement events, parking lots, building entrances or areas where patient care, public access, or routine operations occur.

This applies to all The Harris Center owned locations and does not apply to locations that house Harris Center programs but owned by another organization/entity.

3. Use of Harris Center–Owned Systems, Platforms, and Resources

Use of Harris Center–owned or managed systems, platforms, or communication resources for promotional, organizing, advocacy, or recruitment efforts related to an Employee Labor Organization is expressly prohibited.

These resources are reserved exclusively for official Harris Center business and sanctioned activities. Prohibited use includes, but is not limited to:

- Electronic bulletin boards and digital signage

- Internal or external Harris Center social media
- The Harrisphere
- Viva Engage
- Microsoft Teams
- Outlook email, calendars, and distribution lists, email signature blocks
- Intranet pages and shared drives
- Harris Center-issued devices and accounts

Violations may result in content removal, access restrictions, and disciplinary action in accordance with Harris Center personnel policies.

4. Compensation and Outside Employment Restrictions

Current Harris Center employees serving as site representatives, officers, stewards, or leaders of an Employee Labor Organization shall not receive compensation from both The Harris Center and the Employee Labor Organization for the same period of service.

Dual compensation constitutes a violation of the Harris Center's Outside Employment policy and applicable Texas law. Employees must comply with all policies governing conflicts of interest, time and attendance, and use of agency resources.

The CEO may approve written, case-by-case exceptions when deemed appropriate and in the best interest of The Harris Center. All exceptions will be in limited scope and clearly documented.

5. REPRESENTATION

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

The Harris Center will comply with all Patient Privacy, HIPAA and Patient Rights Federal, State and Local requirements as it pertains to release of that information for the said purpose of a appeal review hearing.

Labor Organization Representatives attending discharge hearings with an employee must utilize PTO to attend the discharge hearings. Good faith efforts should be made to ensure all parties are available at a time that does not interfered with the client care, service or treatment.

46. PAYROLL DEDUCTION OF MEMBERSHIP DUES

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

~~The Harris Center will discontinue the process of payroll deduction of membership dues.~~

4. APPLICABILITY/SCOPE:

This policy applies equally to all Harris Center employees.

5. RELATED POLICIES/FORMS:

- ~~[GA.A.8 Posting Materials on Agency Property](#)~~
- ~~[GA.A.10 Viva Engage Use](#)~~
- ~~[LD.A.14 Social Media Use](#)~~
- ~~[LD.B.14 Social Media Use During Work Time](#)~~
- ~~[HR.A.10 Equal Employment Opportunity](#)~~
- ~~[HR.A.5 Employee Counseling, Supervision, Progressive Discipline and Termination](#)~~

- ~~[HR.A.29 Time and Attendance](#)~~
- ~~[HR.A.41 No Solicitation Policy](#)~~

~~HR.A.10 Equal Employment Opportunity~~

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

~~HR.A.29 Time and Attendance~~

6. PROCEDURE:

N/A

7. REFERENCES: RULES/REGULATIONS/

STANDARDS:

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

EXHIBIT G-41

Status **Pending** PolicyStat ID **18455962**



Origination 08/2024
 Last Approved N/A
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 Next Review 1 year after approval

Owner Evelyn Locklin: Dir
 Area Medical Services
 Document Type Agency Plan

MED.CPEP.1 Crisis Stabilization Unit - Workplace Violence Prevention Plan

The Workplace Violence Protection Plan is designed to safeguard all health care providers and employees from violent behavior and threats of violence occurring within The Harris Center’s Workplace Violence Protection Plan is to protect health care providers and employees from violent behaviors and threats of violent behavior occurring at the for Mental Health and IDD (The Harris Center) Crisis Stabilization Unit.

DEFINITIONS

DEFINITIONS

Emergency - Unanticipated circumstances that can be life threatening or pose a risk of significant injuries to employees or other persons.

Serious injury or illness - Any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

Threat of violence - Any verbal or written statement, including, but not limited to, texts, electronic messages, social media messages, or other online posts, or any behavioral or physical conduct, that conveys an intent, or that is reasonably perceived to convey an intent, to cause physical harm or to place someone in fear of physical harm, and that serves no legitimate purpose.

Workplace violence - Any act of violence, threat of violence, harassment, intimidation, or threatening

disruptive behavior that occurs in a place of employment.

Workplace violence includes, but is not limited to, the following:

- An act or threat of physical force against a health care provider or employee that results in, or is likely to result in, physical injury or psychological trauma.
- An incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider or employee is injured by the weapon.

Annual Training and Education

Annual Training and Education

The Harris Center will implement ~~an~~ annual training and education on workplace violence, either in-person ~~or virtually~~, ~~virtually~~ or incorporate ~~it~~ into our learning management system ~~to~~, ~~for~~ all employees who provide direct ~~patient~~ care ~~to patients~~.

Reporting Incidents

Reporting Incidents

All ~~healthcare~~ ~~health-care~~ providers and employees will adhere to the Harris Center’s current policies and procedures relating to incident reporting. Incident reports should be submitted ~~to our reporting system~~ within ~~a 24-hour period to our reporting system~~ ~~hours~~.

Response and Investigating Incidents

Response and Investigating Incidents

The Harris Center will provide immediate post ~~incident~~ services to any staff ~~who was~~ ~~member~~ involved in an incident, including medical treatment ~~and~~, ~~and will~~ conduct an investigation. Staff will be allowed to ~~make a report~~ ~~a workplace violence incident~~ to law enforcement ~~regarding a workplace violence incident~~ and will not be impeded or coerced from ~~making a report~~ ~~doing so~~. Reports of impeding or coercion by ~~healthcare~~ ~~a health-care~~ provider or employee will not be tolerated, and such persons may be subject to disciplinary action or termination. The Harris Center will not discipline, including suspension or termination of employment, discriminate against, or retaliate against another employee who: 1) in good faith reports an incident or workplace violence; or 2) advises a health care provider or employee of the provider’s or employee’s right to report an incident of workplace violence.

Physical Security and Safety

The Harris Center will follow the policy and procedure for Harris Health System. The Harris Center will review, identify, and address potential risks with the Workplace Violence Prevention Committee and Harris Health.

Healthcare Provider and Employee Feedback – Employee Involvement

Health-care Provider and Employee Feedback – Employee

Involvement

The Harris Center will establish a process for ~~healthcare~~health-care providers and employees to provide confidential feedback on what should be considered and addressed when creating the plan. The Harris Center will also create a focus group to meet quarterly with staff for additional feedback. All information provided will remain confidential, and all committee members will be trained in the importance of maintaining confidentiality. Retaliation is prohibited, and all staff will be informed that any actions may lead to disciplinary action, including termination. All committee members and participants must sign a confidentiality statement at each meeting to ensure the confidentiality of information provided and to protect employees who report any retaliation.

~~Client Care Assignments~~

Client Care Assignments

Patients who have threatened physical abuse or who have assaulted a ~~healthcare~~health-care provider or employee will be reassigned to other staff or to a new setting for continued patient care upon completion of the treatment team's review.

~~Annual Review of Workplace Violence Prevention Plan~~

Annual Review of Workplace Violence Prevention Plan

The Workplace Violence Prevention Plan will be reviewed and evaluated annually ~~and report the~~, and the evaluation results ~~of the evaluation to the~~ will be reported to The Harris Center's governing body ~~of The Harris Center~~.

~~Access to Plan~~

Access to Plan

The Workplace Violence Plan will be accessible to all staff, contractors, volunteers, and interns, either electronically or via ~~access to~~ Policy Stat.

References:

- Incident Reporting <https://theharriscenter.policystat.com/policy/15267529/latest>
- Critical Incidents <https://theharriscenter.policystat.com/policy/15283872/latest>
- Workplace Violence Prevention, Tex. Health & Safety Code Ch 331

Approval Signatures

Step Description

Approver

Date

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Review	Wayne Young: Exec	04/2026
Final Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enahwo	02/2026
Compliance Director Review	Demetria Lockett	01/2026
Chief Medical Officer Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2025
Chief Nursing Officer Review	Kia Walker: Chief Nursing Officer	12/2025
2nd Department Review	Vinay Kapoor: VP	12/2025
1st Department Review	Danyalle Evans	09/2025
Initial	Evelyn Locklin: Dir	08/2025

EXHIBIT G-42

Status **Pending** PolicyStat ID **19741388**

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Last Approved N/A

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Last Revised 04/2026

Next Review 1 year after approval

Owner Lance Britt: Dir

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.11 Financial Assessment

1. PURPOSE:

The purpose of this policy is to complete a financial assessment at intake and yearly thereafter to ensure compliance ~~to~~with the state rules and laws by establishing a uniform evaluation of patients' financial status and residency that determines the patient's ~~financial status and residency that determines the~~ patient's ability to pay by using a sliding fee scale.

2. POLICY:

It is the policy of the Harris Center for Mental Health and IDD (The Harris Center) to conduct and document a financial assessment for each patient within the first thirty (30) days of services. The Harris Center shall update the financial assessment for patients at least on a yearly basis and whenever the consumer reports any significant change in income, insurance, family size, or extraordinary expenses in which case the financial will be updated before the yearly anniversary of the previous financial.

~~3. PROCEDURES:~~

~~Financial Assessment~~

4. APPLICABILITY/SCOPE:

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

5. RELATED POLICIES/FORMS:

- ~~Fee Schedule/Standard Charge~~ACC.A.9 Fee Schedule/Standard Charge

- ~~FM25A Charity Care Policy~~ [FM.A.11 Charity Care Policy](#)

6. PROCEDURES:

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

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

- ~~Community Centers-Fees for Services, Tex. Health & Safety Code §§533.035, 534.017, & 534.067~~
[Fees for Services, Tex. Health & Safety Code § 534.017 \(2015\).](#)
- ~~Local Mental Health Authorities Responsibilities, Charges for Community Services, 25 Tex. Admin. Code, Chapter 412, Subchapter C~~
[Charges for Community Services, 26 Tex. Admin. Code § 301.501 \(2024\).](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	03/2026
1st Legal Review	Bijul Enahwo	02/2026
Departmental Review	Keena Pace: Exec	01/2026
Compliance 1st Review	Christopher Webb: Audit	01/2026
Initial Assignment	Lance Britt: Dir	01/2026

EXHIBIT G-43

Status **Pending** PolicyStat ID **20589769**

Origination	10/2017	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2026		
Next Review	1 year after approval		

FM.A.17 Investment Policy

I. PURPOSE

The purpose of this investment policy is to comply with Chapter 2256 of the Government Code ("Public Funds Investment Act"), which requires each entity to adopt a written investment policy regarding the investment of its funds and funds under its control. The Investment Policy addresses the methods, procedures and practices that must be exercised to ensure effective and judicious fiscal management of The Harris Center's funds.

II. POLICY

It is the policy of The Harris Center for Mental Health and IDD (~~formerly MHMRA of The Harris County, and The Harris Center for short~~) that after allowing for its anticipated cash flow requirements all available funds shall be invested in conformance with these legal and administrative guidelines, seeking to preserve the principal and optimize interest earnings to the maximum extent possible.

Effective cash management is recognized as essential to good fiscal management. Investment income is a source of revenue to The Harris Center. The investment portfolio shall be designed and managed to maximize this revenue source, to be responsive to the public trust, and to be in compliance with legal requirements and limitations.

III. SCOPE

This Investment Policy shall govern the investment of all financial assets of The Harris Center. These funds are accounted for in the Annual Comprehensive ~~Annual~~ Financial Report (CAFRACFR) and include:

- **General Fund**

- **Any new fund created by The Harris Center unless specifically exempted from this Policy by the Board of Trustees (Board) or by law.**

This Investment Policy shall apply to all transactions involving the financial assets and related activity for the foregoing fund. **However, this policy does not apply to the assets administered for the benefit of The Harris Center by outside agencies under deferred compensation programs.**

IV. INVESTMENT OBJECTIVES

The Harris Center shall manage and invest its cash with four primary objectives, listed in order of priority: safety, liquidity, public trust, and yield, expressed as optimization of interest earnings. The safety of the principal invested always remains the primary objective. All investments shall be designed and managed in a manner responsive to the public trust and consistent with state and local laws.

The Harris Center shall maintain a comprehensive cash management program, which includes collection of account receivables, vendor payments in accordance with invoice terms, and prudent investment of available cash. Cash management is defined as the process of managing monies in order to insure maximum cash availability and maximum earnings on short-term investment of idle cash.

A. Safety [PFIA 2256.005(b) (2)]

Safety of principal is the foremost objective of the investment program. Investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit and interest rate risk.

- **Credit Risk** - The Entity will minimize credit risk, the risk of loss due to the failure of the issuer or backer of the investment, by:
 - Limiting investments to the safest types of investments
 - Pre-qualifying the financial institutions and broker/dealers with which the Entity will do business
 - Diversifying the investment portfolio so that potential losses on individual issuers will be minimized.
- **Interest Rate Risk** - the Entity will minimize the risk that the interest earnings and the market value of investments in the portfolio will fall due to changes in general interest rates, by:
 - Structuring the investment portfolio so that investments mature to meet cash requirements for ongoing operations, thereby avoiding the need to liquidate investments prior to maturity.
 - Investing operating funds primarily in certificates of deposit, shorter-term securities, money market mutual funds, or local government investment pools functioning as money market mutual funds.
 - Diversifying maturities and staggering purchase dates to minimize the impact of market movements over time.

B. Liquidity (PFIA 2256.005(b) (2))

The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated. This is accomplished by structuring the portfolio so that investments mature concurrent with cash needs to meet anticipated demands. Because all possible cash demands cannot be anticipated, a portion of the portfolio will be invested in shares of money market mutual funds or local government investment pools that offer same-day liquidity. In addition, a portion of the portfolio will consist of securities with active secondary or resale markets.

C. Public Trust

All participants in The Harris Center's investment process shall seek to act responsibly as custodians of the public trust. Investment officers shall avoid any transaction that might impair public confidence in the entity's ability to govern effectively.

D. Yield (Optimization of Interest Earnings) [PFIA 2256.005(b) (3)]

The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs. Return on investment is of secondary importance compared to the safety and liquidity objectives described above.

E. Investment Strategy [PFIA 2256.005 (d)]

As an integral part of this investment policy, the Board shall adopt a separate written investment strategy for each of the funds or group of funds under its control. This investment strategy shall describe the investment objectives of the particular fund using the following priorities in order of importance:

1. suitability of the investment to the financial requirements of The Harris Center;
2. preservation and safety of principal;
3. liquidity;
4. marketability of the investment if the need arises to liquidate the investment before maturity;
5. diversification of the investment portfolio; and
6. yield

V. RESPONSIBILITY AND CONTROL

A. Delegation of Authority [PFIA 2256.005(f)]

In accordance with The Harris Center's policy and the Public Funds Investment Act, the Board designates the Chief Financial Officer and the Controller as the entity's Investment Officers. An Investment Officer is authorized to execute and delegate the execution of investment transactions on behalf of The Harris

Center. This includes transferring funds from one financial institution account owned by The Harris Center to another financial institution account owned by The Harris Center with the intent of maximizing interest and reducing fees. Documentation of authorization to execute investment transactions by the Investment Officer is satisfied through email, electronic signature, or physical signature on an investment transaction request. Additionally, an Investment Officer's authorization for payment via check or other electronic payment means is sufficient authorization for transferring funds necessary to satisfy that payment obligation and no additional authorization to execute the transfer of funds will be considered necessary. No person may engage in an investment transaction or the management of The Harris Center's funds except as provided under the terms of this Investment Policy as approved by the Board. The investment authority granted to the investing officers is effective until rescinded by the Board.

B. Quality and Capability of Investment Management [PFIA 2256.005(b) (3)]

The Harris Center shall provide periodic training in investments for the designated investment officers and other investment personnel through courses and seminars offered by professional organizations, associations, and other independent sources in order to insure the quality and capability of investment management in compliance with the Public Funds Investment Act.

C. Training Requirement (PFIA 2256.008)

In accordance with The Harris Center's policy and the Public Funds Investment Act, designated Investment Officers shall attend an investment training session no less often than once every two years commencing September 1, 1997 and shall receive not less than 10 hours of instruction relating to investment responsibilities. A newly appointed Investment Officer must attend a training session of at least 10 hours of instruction within twelve months of the date the officer took office or assumed the officer's duties. The investment training session shall be provided by an independent source. For purposes of this policy, an "independent source" from which investment training shall be obtained shall include a professional organization, an institution of higher education or any other sponsor other than a business organization with whom The Harris Center may engage in an investment transaction. An institution of higher education that would be considered an "independent source" is the Center for Public Management at the University of North Texas. A professional organization that would be considered an "independent source" is the Government Treasurer's Organization of Texas. Any other sponsor that would be considered an "independent source" is the Texas State Board of Public Accountancy and any of its' related continuing professional education sponsors.

The training shall include instruction relating to the officer's responsibilities and education in investment controls, security risks, strategy risks, market risks, diversification of investment portfolio, and compliance with the Public Funds Investment Act (PFIA).

D. Internal Controls (Best Practice)

The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the entity are protected from loss, theft, or misuse. The internal

control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Accordingly, the Chief Financial Officer shall establish a process for annual independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

- Control of collusion.
- Separation of transactions authority from accounting and record keeping.
- Custodial safekeeping.
- Avoidance of physical delivery of securities.
- Clear delegation of authority to subordinate staff members.
- Written confirmation for telephone (voice) transactions for investments and wire transfers.
Development of a wire transfer agreement with the depository bank or third-party custodian.

E. Prudence (PFIA 2256.006)

The standard of prudence to be applied by the Investment Officer shall be the "prudent investor" rule. This rule states that "Investments shall be made with judgment and care, under prevailing circumstances, that a person of prudence, discretion and intelligence would exercise in the management of the person's own affairs, not for speculation, but for investment, considering the probable safety of their capital and the probable income to be derived." Investment of funds shall be governed by the following investment objectives, in order of priority:

- Preservation and safety of principal;
- Liquidity; and
- Yield

In determining whether an Investment Officer has exercised prudence with respect to an investment decision, the determination shall be made taking into consideration:

- The investment of all funds, or funds under The Harris Center's control, over which the officer had responsibility rather than a consideration as to the prudence of a single investment; and
- Whether the investment decision was consistent with the written approved investment policy of The Harris Center.

F. Indemnification

The Investment Officer, acting in accordance with written procedures and exercising due diligence, shall not be held personally responsible for a specific investment's credit risk or market price changes, provided that these deviations are reported immediately and the appropriate action is taken to control adverse developments.

G. Ethics and Conflicts of Interest [PFIA 2256.005(1)]

Officers and employees involved in the investment process shall refrain from personal business activity that would conflict with the proper execution and management of the investment program, or that would impair their ability to make impartial decisions. Employees and Investment Officers shall disclose any personal business relationship in financial institutions with which they conduct business. They shall further disclose any personal financial/investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with which business is conducted on behalf of The Harris Center.

An Investment Officer of The Harris Center who has a personal business relationship with an organization seeking to sell an investment to The Harris Center shall file a statement disclosing that personal business interest. An investment Officer who is related within the second degree by affinity or consanguinity to an individual seeking to sell an investment to The Harris Center shall file a statement disclosing that relationship. A statement required under this subsection must be filed with the Board and the Texas Ethics Commission.

An investment officer has a personal business relationship with a business organization if:

- The investment officer owns 10% or more of the voting stock or shares of the business organization or owns \$5,000 or more of the fair market value of the business organization;
- Funds received by the investment officer from the business organization exceeds 10% of the investment officer's gross income for the previous year; or
- The investment officer has acquired from the business organization during the previous year investments with a book value of \$2,500 or more for the personal account of the investment officer.

VI. SUITABLE AND AUTHORIZED INVESTMENTS

A. Portfolio Management

The Harris Center currently has a "buy and hold" portfolio strategy. Maturity dates are matched with cash flow requirements and investments are purchased with the intent to be held until maturity. However, investments may be liquidated prior to maturity for the following reasons:

- An investment with declining credit may be liquidated early to minimize loss of principal.
- Cash flow needs of The Harris Center require that the investment be liquidated.

B. Investments [PFIA 2256.005(b) (4) (A)]

The Harris Center funds governed by this policy may be invested in the instruments described below, all of which are authorized by Chapter 2256 of the Government Code (Public Funds Investment Act). Investment of The Harris Center funds in any instrument or security not authorized for investment under the Act is prohibited. The Harris Center will not be required to liquidate an investment that becomes

unauthorized subsequent to its purchase.

1. Authorized

- a. Obligations issued or guaranteed as to principal and interest by the Government of the United States of America, its agencies and instrumentality's including;
 - i. Federal Farm Credit Banks (FFCB) Consolidated System-wide Discount Notes and Bonds;
 - ii. Federal Home Loan Banks (FHLB) Consolidated System-wide Discount Notes and Bonds;
 - iii. Federal National Mortgage Association (FNMA or "Fannie Mae") Discount Notes and Debentures. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - iv. Federal Home Loan Mortgage Corporation (FHLMC or "Freddie Mac") Discount Notes and Debentures. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - v. Government National Mortgage Association (GNMA or "Ginnie Mae") Notes, Bonds and Participation Certificates. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - vi. Student Loan Marketing Association (SLMA or "Sally Mae") Discount Notes and Bonds;
 - vii. Letters Of Credit
- b. Certificates of Deposit issued by a bank organized under Texas law, the laws of another state, or federal law, that has its main office or a branch office in Texas, or by a savings and loan association or a savings bank organized under Texas law, the laws of another state, or federal law, that has its main office or a branch office in Texas and that is guaranteed or insured by the Federal Deposit Insurance or its successor or the National Credit Union Share Insurance Fund or its successor; or secured by obligations in a manner and amount provided by law for deposits of The Harris Center. An investment in negotiable certificates of deposits issued by a bank that has a certificate of deposit rating of at least 1 or the equivalent by a nationally recognized credit rating agency.
- c. Fully collateralized direct repurchase agreements with a defined termination date secured by obligations of the United States or its agencies and instrumentalities. These shall be pledged to The Harris Center, held in its name, and deposited at the time the investment is made with The Harris Center or with a third party selected and approved by The Harris Center. Repurchase agreements must be purchased through a primary government securities dealer, as defined by the Federal Reserve, or a financial institution doing business in Texas. A Master Repurchase Agreement must be signed by the bank/dealer prior to investment in a repurchase agreement. All repurchase agreement transactions will be on a delivery vs. payment basis. Securities received for repurchase agreements must have a market value greater than or equal to 102 percent at the time funds are disbursed. (Sweep Accounts and/or Bond Proceeds)

- d. Money Market Mutual funds that are 1) no load money market mutual funds that are registered and regulated by the Securities and Exchange Commission, no load mutual funds are authorized if these are registered with the SEC; 2) have a weighted average stated maturity of less than 2 years, invested exclusively in obligations approved by the PFIA 3) is continuously rated as to investment quality by at least one nationally recognized investment rating firm, 4) has a duration of one year or more and is invested exclusively in obligations approved by this subchapter or has a duration of less than one year and the investment portfolio is limited to investment grade securities, excluding asset-backed securities, 5) complies with SEC Rule 2a-7 (17C.F.R. Section 270.2a-7) and 6) of not less than the highest liquidity rating given to United States Treasury obligations and conforms to the requirements set forth in section 2256.016 (b) and (c) relating to the eligibility of investment pools to receive and invest funds of an investing entity. The Harris Center shall be provided with a prospectus and other information required by the Securities and Exchange Act of 1934 (15 USC Section 781 et esq.) or the Investment Company Act of 1940 (15 USC Section 80a-l et esq.).
- e. Eligible Local Government Investment Pools-Public funds investment pools which invest in instruments and follow practices allowed by the current law and which 1) meet the requirements of Chapter 2256.016 of the Public Funds Investment Act, 2) an Investment Pool must be continuously rated no lower than the highest liquidity rating given to United States Treasury obligations by at least one nationally recognized rating service, 3) seek to maintain a \$1.00 net asset value, the governing body of the public funds investment pool shall take action as the body determines necessary to eliminate or reduce to the extent reasonably practicable any dilution or unfair result to existing participants, including a sale of portfolio holdings to attempt to maintain a \$1.00 net asset value, and the pool marks its portfolio to market daily; 4) are authorized by resolution or ordinance by the Board 5) the pool shall have furnished the Investment Officer an offering circular containing the information required by Section 2256.016(b) of the Texas Government Code 6) the pool shall furnish the Investment Officer investment transaction confirmations with respect to all investments made with it, 7) the pools shall furnish to the Investment Officer monthly reports containing the information required under Section 2256.016(c) of the Texas Government Code, 8) the pool's investment philosophy and strategy are consistent with this Policy, and 9) the pool's policy regarding holding deposits in cash.
- f. Direct obligations of the State of Texas or its agencies and instrumentalities.
- g. Obligations of states, agencies, counties, cities, and other political subdivisions of any state rated as to investment quality by a nationally recognized investment rating firm and having received a rating of not less than A or its equivalent.
- h. Prime Domestic Bankers Acceptances with stated maturities of 270 days or less from date of issuance that will be liquidated in full at maturity, that are investment-grade and insured by FDIC. They will be eligible for collateral for borrowing purposes from a Federal Reserve Bank and is accepted by a bank organized under Texas law, the laws of another state or federal law.
- i. Deposits in savings banks, cooperative banks, federal savings and loan institutions,

credit unions and interest-bearing banking deposits or other obligations. They will be guaranteed or insured by the Federal Deposit Insurance Corporation or its successor or the National Credit Union Share Insurance Fund or its successor. They will be secured by obligations that are described by PFIA 2256.0089 (a), including mortgage backed securities issued directly by a federal agency or instrumentality that have a market value of not less than the principal amount of the deposit but excluding those mortgage backed sureties of the nature described by PFIA 2256.009 (b).

- j. Commercial paper with a stated maturity of 365 days or less from the date of its issuance and are rated A-1 or P-1 or an equivalent rating by at least two nationally recognized credit rating agencies; or one nationally recognized credit rating agency and is fully secured by an irrevocable letter of credit issued by a bank organized and existing under the laws of the United States or any state.

All prudent measures will be taken to liquidate an investment that is downgraded to less than the required minimum rating. (PFIA 2256.021)

2. Not Authorized (PFIA 2256.009(b) (1-4)]

Investments including interest-only or principal-only strips of obligations with underlying mortgage-backed security collateral, collateralized mortgage obligations with an inverse floating interest rate or a maturity date of over 10 years are strictly prohibited. The following transactions or securities are either prohibited or restricted as indicated:

- a. Futures Contracts. A futures contract is an agreement calling for a fixed-price; delivery of standardized securities, usually Treasury and Agency issues and is a prohibited investment;
- b. Zero-Coupon Bonds. They have an extreme degree of price volatility and are a prohibited investment;
- c. Inverse Floaters. The value of this security moves in the opposite direction of interest rates. They have an extreme degree of price volatility and are a prohibited investment;
- d. Residuals. This security is the excess cash flow from a mortgage-backed security after all other payments have been satisfied. They are a prohibited investment;
- e. Interest-only (I Os) and Principal-only (POs) are stripped mortgage-backed securities. They have an extreme degree of price volatility and are a prohibited investment.
- f. Forward Contract - Standby Commitment. This calls for the sale of a security at a future date whereby the buyer is required to accept delivery at the option of the seller. The use of this contract is limited to hedging the risk associated with packaging mortgage loans and is a prohibited investment.
- g. Forward Contract - Cash Forward. This is an agreement to purchase or sell a security at a future date with mandatory delivery and acceptance. This is a prohibited investment.

VII. INVESTMENT PARAMETERS

A. Maximum Maturities [PFIA 2256.005(b) (4) (B)]

The longer the maturity of investments, the greater their price volatility. Therefore, it is The Harris Center's policy to concentrate its investment portfolio in shorter-term securities in order to limit principal risk caused by changes in interest rates.

The Harris Center attempts to match its investments with anticipated cash flow requirements. The Harris Center will not directly invest in securities maturing more than five (5) years from the date of purchase; however, the above described obligations, certificates, or agreements may be collateralized using longer dated investments. In addition, the average maturity of the overall portfolio may not exceed three (3) years. This dollar-weighted average maturity will be calculated using the stated final maturity dates of each security. [PFIA 2256.005(b) (4) (C)].

Because no secondary market exists for repurchase agreements, the maximum maturity shall be 120 days except in the case of a flexible repurchase agreement for bond proceeds. The maximum maturity for such an investment shall be determined in accordance with project cash flow projections and the requirements of the governing bond ordinance.

B. Diversification [PFIA 2256.005(b) (3)]

The Harris Center recognizes that investment risks can result from issuer defaults, market price changes or various technical complications leading to temporary illiquidity. Risk is controlled through portfolio diversification that shall be achieved by the following general guidelines:

- Limiting investments to avoid over-concentration in investments from a specific issuer or business sector (excluding U.S. Treasury & Agency securities, and certificates of deposit that are fully insured and collateralized in accordance with state and federal law),
- Limiting investment in investments that have higher credit risks
- Investing in investments with varying maturities, and
- Continuously investing a portion of the portfolio in readily available funds such as local government investment pools (LGIPs), money market funds or overnight repurchase agreements to ensure that appropriate liquidity is maintained in order to meet ongoing obligations.

VIII. SELECTION OF BROKER DEALERS

A. Authorized Brokers/Dealers (PFIA 2256.025)

The Harris Center shall, at least annually Request for Information to prospective brokers/dealers, review, evaluate and rate their responses according to pre-established criteria, and recommend to the Board a list of qualified brokers/dealers. Nonetheless, the Investment Officers shall review and recommend annually to the Board a list of qualified brokers/dealers that are authorized to engage in investment transactions with The Harris Center. Those firms that request to become qualified bidders for securities

transactions will be required to provide a completed broker/dealer questionnaire that provides information regarding creditworthiness, experience and reputation. Authorized firms may include primary dealers or regional dealers that qualify under Securities & Exchange Commission Rule 15C3-1 (Uniform Net Capital Rule), and qualified depositories. All investment providers, including financial institutions, banks, money market mutual funds, and local government investment pools must review The Harris Center's investment policy to ensure reasonable procedures and controls have been implemented to preclude investment transactions that are not authorized by the entity's policy. In addition to this requirement, all government pools must also sign a certification acknowledging that the organization has received and reviewed The Harris Center's investment policy [PFIA 2256.005(k-l)]. All investment providers stated above may perform an analysis of the makeup of The Harris Center's entire portfolio or an interpretation of subjective investment standards.

B. Competitive Bids

It is the policy of The Harris Center to require competitive bidding for all individual security purchases and sales except for: a) transactions with money market mutual funds and local government investment pools and b) treasury and agency securities purchased at issue through an approved broker/dealer or financial institution. At least 3 competitive offers or bids for all individual security purchases and sales shall be solicited. At least annually, the Investment Officers shall review, revise, and recommend to the Board a list of qualified brokers/dealers that are authorized to engage in investment transactions with The Harris Center. [PFIA 2256.025]

C. Delivery vs. Payment [PFIA 2256.005(b) (4) (E)]

Securities shall be purchased using the delivery vs. payment method with the exception of investment pools and mutual funds. Funds will be released after notification that the purchased security has been received. The following policies will be followed:

1. U.S. Treasury & Agency securities will be held in safekeeping by the securities custodian.
2. When physical delivery of securities is made, payment for investments will be made against delivery, and for sales of investments, delivery will be made against payment.
3. When an investment is purchased, evidence of the wire transfer of the funds shall be retained until the instrument matures and the funds are returned.

IX. SAFEKEEPING OF SECURITIES AND COLLATERAL

A. Safekeeping and Custodian Agreements

The Harris Center shall contract with a bank or banks for the safekeeping of securities purchased by the agency or held as collateral to secure demand or time deposits. Securities owned by the Agency shall be held in the name of The Harris Center as evidenced by safekeeping receipts of the institution holding the securities.

Collateral for deposits will be held by a third-party custodian designated by The Harris Center and pledged to them as evidenced by safekeeping receipts of the institution with which the collateral is deposited. Original safekeeping receipts shall be obtained. Collateral may be held by the depository bank's trust department, a Federal Reserve Bank or branch of a Federal Reserve Bank, a Federal Home Loan Bank, or a third-party bank approved by The Harris Center.

B. Collateral Policy (PFCA 2257.023)

Consistent with the requirements of the Public Funds Collateral Act, it is the policy of The Harris Center to require full collateralization of all entity funds on deposit with a depository bank, other than investments. In order to anticipate market changes and provide a level of security for all funds, the collateralization level will be 102% of market value of principal and accrued interest on the deposits or investments less an amount insured by the FDIC. At its discretion, The Harris Center may require a higher level of collateralization for certain investment securities. Securities pledged as collateral shall be held by an independent third party with whom The Harris Center has a current custodial agreement. The Chief Financial Officer is responsible for entering into collateralization agreements with third party custodians in compliance with this Policy. The agreements are to specify the acceptable investment securities for collateral, including provisions relating to possession of the collateral, the substitution or release of investment securities, ownership of securities, and the method of valuation of securities. A clearly marked evidence of ownership (safekeeping receipt) must be supplied to The Harris Center and retained. Collateral shall be reviewed at least monthly to assure that the market value of the pledged securities is adequate.

C. Collateral Defined

The Harris Center shall accept only the following types of collateral:

- Obligations of the United States or its agencies and instrumentalities
- Direct obligations of the state of Texas or its agencies and instrumentalities
- Collateralized mortgage obligations directly issued by a federal agency or instrumentality of the United States, the underlying security for which is guaranteed by an agency or instrumentality of the United States
- Obligations of states, agencies, counties, cities, and other political subdivisions of any state rated as to investment quality by a nationally recognized rating firm not less than A or its equivalent with a remaining maturity often (10) years or less
- A surety bond issued by an insurance company rated as to investment quality by a nationally recognized rating firm not less than A
- A letter of credit issued by the Federal Home Loan Bank

D. Subject to Audit

All collateral shall be subject to inspection and audit by the Chief Financial Officer, Internal Audit Department, or The Harris Center's independent auditors.

X. PERFORMANCE

A. Performance Standards

The Harris Center's investment portfolio will be managed in accordance with the parameters specified within this policy. The portfolio shall be designed with the objective of obtaining a rate of return through budgetary and economic cycles, commensurate with the investment risk constraints and the cash flow requirements of the entity.

B. Performance Benchmark

It is the policy of The Harris Center to purchase investments with maturity dates coinciding with cash flow needs. Through this strategy, the entity shall seek to optimize interest earnings utilizing allowable investments available on the market at that time. Market value will be calculated on a quarterly basis on all securities owned and compared to current book value. The Harris Center's portfolio shall be designed with the objective of regularly meeting or exceeding the average rate of return on U.S. Treasury Bills at a maturity level comparable to the entity's weighted average maturity in days.

XI. REPORTING (PFIA 2256.023)

A. Methods

The Investment Officer shall prepare an investment report on a quarterly basis that summarizes investment strategies employed in the most recent quarter and describes the portfolio in terms of investment securities, maturities, and shall explain the total investment return for the quarter.

The quarterly investment report shall include a summary statement of investment activity. This summary will be prepared in a manner that will allow The Harris Center to ascertain whether investment activities during the reporting period have conformed to the Investment Policy. The report will be provided to the Board. The report will include the following:

- A listing of individual securities held at the end of the reporting period.
- Unrealized gains or losses resulting from appreciation or depreciation by listing the ending book and market value of securities for the period.
- Average weighted yield to maturity of portfolio as compared to applicable benchmark.
- Listing of investments by maturity date.
- Fully accrued interest for the reporting period
- The percentage of the total portfolio that each type of investment represents.
- Statement of compliance of The Harris Center's (formerly MHMRA of Harris County's) investment portfolio with state law and the investment strategy and policy approved by the Board.
- Schedule of the Investment Portfolio's Comparative Weighted Average Maturity and Weighted Average Yield.

- A. An independent auditor will perform a formal annual review of the quarterly reports with the results reported to the governing body [PFIA 2256.023(d)].

B. Monitoring Market Value [PFIA 2256.005(b) (4) (D)]

Market value of all securities in the portfolio will be determined on a quarterly basis. These values will be obtained from a reputable and independent source and disclosed to the governing body quarterly in a written report.

XII. INVESTMENT POLICY ADOPTION [PFIA 2256.005(e)]

The Harris County's investment policy shall be adopted by resolution of the Board. It is the entity's intent to comply with state laws and regulations. The Harris Center's investment policy shall be subject to revisions consistent with changing laws, regulations, and needs of the entity. The Board shall adopt a resolution stating that it has reviewed the policy and investment strategies annually, approving any changes or modifications.

The Harris Center for Mental Health and IDD Investment Strategy for the General Fund

I. OBJECTIVES

The Harris Center shall purchase securities that mature when funds are required to meet expected obligations. This strategy will determine the suitability of the investment to the financial requirements of the Agency. The focus of this type of investment strategy is preservation and safety of principal, liquidity and optimization of yield. This strategy is very conservative.

II. PRESERVATION AND SAFETY OF PRINCIPAL

The preservation and safety of principal shall be ensured through the allocation and diversification of the investment portfolio consistent with The Harris Center's Investment Policy, state and federal regulations and prudent investment practices. Only those securities allowed by the Agency's Investment Policy and the Public Funds Investment Act shall be purchased.

Diversification shall be achieved by utilizing Broker/Dealers from a Board approved list and investing in different investment instruments.

III. LIQUIDITY

A monthly cash projection shall be developed to determine the cash requirements of The Harris Center for a period of six (6) months or more. As a conservative measure, the equivalent of one and half (11/2) month's requirements shall be placed in highly liquid instruments.

The maturity of the remaining portfolio shall be timed to coincide with the projected cash requirements

of The Harris Center. As an added measure, particular emphasis shall be placed on the marketability of the investment should the need arise to liquidate prior to maturity. The primary determinants of a security's liquidity are its marketability and maturity. The Harris Center therefore shall only invest in short term (1 year or less) and medium term (1- 5 years) investment alternatives which are traded in an active secondary market.

IV. YIELD

The Harris Center shall optimize yield to the extent the preservation and safety of principal can be achieved and liquidity maintained.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	05/2026
Legal Review	Kendra Thomas: Counsel	05/2026
Compliance Director Review	Demetria Lockett	05/2026
Department Review	Stanley Adams [RC]	05/2026
Compliance 1st Review	Christopher Webb: Audit	05/2026
Initial Assignment	Stanley Adams [RC]	05/2026

EXHIBIT G-44

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 Next Review 1 year after approval

Owner Camelia Lee:
 HRGen
 Area Human Resources
 Document Type Agency Policy

HR.A.21 Relief Service Employees

1. PURPOSE:

This policy sets out procedures and protocols for the use of relief services employees at The Harris Center for Mental Health and ~~Intellectual and Developmental Disability~~IDD (The Harris Center).

2. POLICY:

~~It is the policy of The Harris Center to provide internal temporary staffing services to Harris Center facilities, by utilization of the Relief Service Pool~~ exists to provide internal temporary staffing services to The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) facilities.

Requests to hire relief service pool employees must be submitted by the ~~Manager~~manager to the Position Justification Committee for approval.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

- [HR.A.8 Employment](#)
- ~~Staff Training and Development~~

<ul style="list-style-type: none"> ▪ Orientation for New Employees
<ul style="list-style-type: none"> ▪ Relief Service Employee Time Sheet
<ul style="list-style-type: none"> ▪ Relief Service Employee Performance Evaluation

- : [HR.A.8 Employment](#)
- : [Staff Training and Development](#)
- : [Orientation for New Employees](#)
- : [Relief Service Employee Time Sheet](#)
- : [Relief Service Employee Performance Evaluation](#)

5. PROCEDURES:

~~HR.B.21 Relief Services Employees~~

- : [HR.B.21 Relief Service Employees](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~The Harris Center's Policy and Procedure~~

~~The Harris Center Employee Handbook~~

- : [The Harris Center Employee Handbook](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director Review	Demetria Lockett	02/2026
Department Review	Kendra Thomas: Counsel	01/2026
Initial Assignment	Toby Hicks	12/2025

EXHIBIT G-45

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Effective	Upon Approval
Last Revised	02/2026
Next Review	1 year after approval

Owner	Eunice Davis: Dir
Area	Environmental Management
Document Type	Agency Plan

EM.P.1 Risk Management Plan

1. Purpose

The purpose of the Risk Management Program is to strengthen The Harris Center for Mental Health and IDD's (The Harris Center) mission and vision related to consumer safety, clinical risk, and the safety of visitors, employees, property, and operations.

2. Guiding Principles

The Risk Management Program supports The Harris Center's philosophy that safety and risk management is everyone's responsibility. Employees shall observe safe work practices, rules, policies, and procedures to provide a safe environment for everyone at The Harris Center's facilities or properties. Employees shall assist individuals served at The Harris Center and our visitors in complying with these procedures and activities.

3. Program Goals and Objectives

The Harris Center's goal is to provide employees, consumers, and visitors a safe environment. The Harris Center is committed to continuous improvement of quality of care, safety and minimizing or preventing errors through risk management activities.

The Harris Center's Risk Management Program aims to reduce the frequency of losses and severity of accidents. Root Cause Analyses will guide implementation of appropriate methods for correcting, reducing, managing, and/or eliminating risks. Risk retention is the practice of setting up a self insurance program and Commercial Insurance Program to pay for losses as they occur. Risk transfer is a risk management and control strategy that involves contractually shifting risk, potential loss from an adverse outcome and financial responsibility that may or may not occur to a contractor. The Harris Center uses an Agent of Record to support risk aversion, analyze the insurance market on an annual basis and make

recommendations for appropriate coverage of exposures to its programs, personnel, consumers, and assets.

4. Leadership

Following the lead of the Board of Trustees, employees of The Harris Center are committed to promoting the safety of all consumers, visitors, employees, volunteers and other individuals participating in organizational operations. The responsibilities of the Board of Trustees, executive leadership, directors, managers, supervisors, and employees are established in the Risk Management Program. The Harris Center's executive leadership is committed to the effectiveness of The Harris Center's Risk Management plan and its role in serving the Harris County community.

5. Role of the Risk Management Director

The Risk Management Director is empowered by The Harris Center to implement the functions and activities of the Risk Management Plan. The role of the Risk Management Director is to maintain a proactive Risk Management Program that complies with the provisions of federal, state, and local laws and regulations. The Risk Management Director is responsible for creating, implementing, and evaluating the outcomes of the Risk Management Plan. The Risk Management Director shall utilize reports, audits, inspections, and reviews for evidence-based decisions. The Risk Management Director shall serve on the System Quality, Safety and Experience Committee and Safety and Risk Management Committee to provide and review information and trends learned from the The Harris Center's incident reporting system.

6. Components of the Risk Management Program

The Harris Center Risk Management Program includes the following components:

- A. Designated Risk Management Director and System Quality, Safety and Experience Committee and Safety and Risk Management Committee shall perform the following responsibilities:**
 1. Demonstrate training and expertise in conducting investigations, evaluating incidents, root cause analysis, and data analysis.
 2. Review, identify, monitor, and minimize risks, and potential risks associated with injury, infectious disease, medication errors, property damage or loss, and harm to individuals being served.
 3. Document all aspects of the reviews, including employee training, serious injuries, annual review of data, safety inspections, ongoing monitoring, and actions taken to reduce risk.
- B. Incident Reporting System ("IRS")** is utilized for reporting incidents involving consumers, employees, or property. Employees are required to report all events in The Harris Center Incident Reporting system as outlined in the Harris Center's Incident Reporting policy. Clinical Risk Management reviews are required for incidents that indicate follow-up is necessary. Clinical reviews are conducted by the Professional Review Committee and its subcommittees. Employees are required to complete an incident report training during orientation. The incident report training includes when to complete an incident report, how to complete an incident report, and consequences for failure to report a serious injury or incident.
- C. Annual Risk Assessment** is conducted annually to help identify and bring attention to the

likelihood of a risk event occurring and the potential impact if the risk event occurs. A Risk Event refers to any unforeseen or unexpected occurrence that can cause losses for the Harris Center. Classifications of the likelihood of risk range from "rare to almost certain", with consequences of likely risks ranging from "insignificant to severe". This type of risk assessment assists the organization's response to certain practices, situations, and policies that may help reduce the risk of harm to consumers, employees, visitors, and property.

- D. **Ongoing Monitoring and Data Analysis** of harm and potential harm to identify and promptly respond to risks.
- E. **Root Cause Analyses:** The Harris Center is committed to the utilization of improvement models, tools, and techniques such as root cause analysis (RCA). Sources of data will include prospective, concurrent, and retrospective reviews of records and events, reports from regulatory and contracting agencies relating to care deficiencies, complaints, grievances, and clinical reviews of sentinel events.
- F. **Life Safety Inspections** are performed annually at each service location owned by The Harris Center. The Facility Services Department oversees that applicable permits required by local government are maintained for fire safety surveys, alarms, fire box keys, intrusion alarms, and sprinkler systems. Rented or leased facilities are governed through risk transfer administered by the Contract Services Department.
- G. **Death Mortality Reviews** of the deaths of consumers served in The Harris Center programs, including consumers served in The Harris Center contracted placements, are conducted by the Closed Records Committee [See MED16A & MED16B Policy and Procedures for Closed Records Committee.] Closed Record reviews are conducted to identify clinically related problems requiring correction and opportunities to improve the quality of care pursuant to requirements of the Texas Administrative Code (TAC)[See Community Centers: Clinical Death Review [2526](#) TAC [§405301.274415](#).]
- H. **Commercial Insurance Program:** The Harris Center carries the following lines of coverage:
- **Workers' Compensation** coverage responds to injuries to center employees who are injured on the job while in the course of their employment. Workers' compensation covers medical bills, rehabilitative, and lost income benefits for center employees.
 - **Liability** coverage includes automobile liability (AL), general liability (GL), [professional/](#)medical malpractice for both mental health and primary health care (PL), public official's errors & omissions (E&O) coverage, and Excess Liability (EL) to provide additional limits of insurance of the underlying liability policies.
 - **Property** coverage includes buildings, office contents, computers, contractor's equipment, and vehicles owned by The Harris Center. Basic crime coverage is included within property coverage.
 - **Cyber Liability** coverage includes the response to an incident with forensics, attorneys, notification, and public relations strategies. Coverage is also provided for damage caused by a breach, penalties or fines and injury to the public from a breach.
 - **Flood** coverage provides property coverage to The Harris Center properties that are within federally identified flood zones.
 - The Texas Council Risk Management Fund also provides safety consulting, assistance with auditing processes for determining premiums, leadership training, risk management

consulting, claim service, and the ability of The Harris Center to have input in the claim management and settlement practices.

7. Risk Management in Operational Units

The following risk management elements are in place and support the Risk Management Plan and its reach and mission.

A. Compliance and Financial Risk Management

The Harris Center follows legal and fiscal requirements of all funders and regulatory agencies. Operational units are audited by Internal Audit and Compliance departments.

B. Health and Safety

The Harris Center safety program includes the following:

- System Quality, Safety and Experience Committee ~~and Safety and Risk Management Committee~~
- [Safety and Risk Management Committee](#)
- Incident Reporting
- ~~Prevention and Management of Aggressive Behavior (PMAB) 25 TAC §417.515~~
 - ~~The Harris Center uses Handle with Care to comply with this requirement.~~
- [Handle with Care Behavioral Management Program \("Handle with Care" or "HWC"\)](#)
- Vehicle and Driver Safety Campaign
- Slips, Trips and Falls Campaign
- Accident Investigation
- Infection Control and Prevention
- Emergency Response and Disaster Preparedness
- Online Training
 - Electrical Safe Practices
 - Hazardous Materials
 - Chair ergonomics and safety
 - [Emergency Response Drills](#)
 - [Bloodborne Pathogens](#)
- [Safety & Security Officers](#)
- Entrapment prevention environment review

C. Risk Management in Clinical Setting

- Physicians and nurses at The Harris Center provide leadership and oversight for medical and nursing practices through continuous monitoring of the quality of care and peer review. Clinic spaces are equipped and staffed for consumer treatment. Medical supplies and pharmaceuticals are secured with access control measures. Clinic spaces are to be cleaned in accordance to the Infection Control and Prevention Plan overseen by the Chief Nursing Officer.

D. Contracting Practices

- The Harris Center contracts shall be reviewed by the Contracts Services Department. Contracts shall contain indemnification language and minimum insurance coverages and amounts that contractors shall carry. The Harris Center Board of Trustees reviews and approves all contracts within its authority.

E. Security of Information including Client Confidentiality

- The Harris Center follows federal and state laws and regulations regarding privacy and consumer information. The Information Security Officer and Health Information Management Department oversee policies and procedures to protect consumer information.

F. Conflict of Interest

- The Harris Center has policies and procedures to protect against conflicts of interests [LD12A Code of Ethics, LD5A Solicitation of/and Acceptance of Donations, FM19B Requisitioning and Purchasing of Goods and/ or Services, MED10B Pharmaceutical Representatives]. All contractors or vendors are surveyed for conflicts of interest and employees on vendor selection committees are required to sign a conflict of interest acknowledgement form. The Harris Center Board of Trustees are required to complete Conflict of Interest Disclosure forms.

G. Employment Practices

- Leadership training is offered to employees online that covers topics such as discrimination, sexual harassment, and retaliation at work.

H. Inter-agency Collaborations or Joint Ventures

- The Harris Center has inter-agency collaborations with city, county, and state public health and emergency management agencies.

I. Public Relations Risk Management

- The Harris Center has policies on Communications (LD2A Communications with the Media and Other Entities) and Social Media (LD13A Social Media Use). Requests for information, interviews, or postings on social media sites shall be forwarded to the Communications Department per policy.

J. Risk Management Monitoring and Metrics

- Incident Reporting assists in monitoring the frequency of events. The incident reporting process at The Harris Center has three main purposes:
 1. Quality Control related to the services and people affected by risk events;
 2. Use data about risk events to revise or modify processes, premises, or services; and
 3. Provide measures of the effectiveness of risk control efforts.

Data is used by Risk Management and Clinical Transformation & Quality to provide improvements at The Harris Center. Internal reporting of incidents and external claims records provided by the Texas Council Risk Management Fund assist in the risk management process. The Harris Center shall conduct an

annual Risk Analysis in collaboration with the Texas Council Risk Management Fund to identify risk areas of improvement, progress, actions taken, and department responsibility for operational leaders that shall be incorporated into this plan by reference. The Risk Management Plan shall operate in conjunction with the Infection Control Plan.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	03/2026
Compliance Director Review	Demetria Lockett	03/2026
Compliance 1st Review	Christopher Webb: Audit	02/2026
Initial Assignment	Eunice Davis: Dir	02/2026

EXHIBIT G-46

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Owner	Evelyn Locklin: Dir
Area	Environmental Management
Document Type	Agency Plan

EM.P.6 Tenant Selection Plan

~~1. PURPOSE:~~

2. Purpose:

The purpose of this [procedure plan](#) is to adhere to state and federal regulations and laws and establish a Tenant Selection Plan to determine applicants' eligibility for tenancy in subsidized housing for Very Low Income Families experiencing unstable housing or are at-risk of homelessness and live with mental illness, intellectual or developmental disability and a co-occurring substance use disorder, in Harris County.

~~3. APPLICABILITY/SCOPE:~~

~~All applicants of Harris Center subsidized housing programs.~~

~~4. REGULATORY/REFERENCE DOCUMENTS:~~

- ~~• The Fair Housing Amendments Act of 1988, 42 U.S.C.A. §§3601-3620, as modified by the Housing for Older Americans Act of 1995~~
- ~~• The Americans with Disabilities Act of 1990, 42 U.S.C.A. §§12101-12213~~
- ~~• Title VI of the Civil Rights Act of 1964, 42 U.S.C.A §2000d~~
- ~~• The Age Discrimination Act of 1975, 42 U.S.C.A. §§6101-6107~~
- ~~• Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A §794 et seq.~~
- ~~• HUD- Home Investment Partnerships Program, 24 CFR Part 92~~

- ~~Texas Fair Housing Act, Tex. Property Code Ch. 301~~
- ~~Equal Opportunity in Housing, Executive Order 11063~~

~~5. DEFINITIONS:~~

6. Definitions:

Annual gross anticipated income -is the gross income the applicant anticipates it will receive in the 12-month period following the effective date of certification of income.

Family- Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity or marital status:

- ~~1. A single person, who may be an elderly person, displaced person, disabled person, near elderly person or any other single person; or~~
 - ~~2. A group of persons residing together, and such group includes, but is not limited to:

 - ~~a. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);~~
 - ~~b. An elderly family;~~
 - ~~c. A near-elderly family;~~
 - ~~d. A disabled family;~~
 - ~~e. A displaced family; and~~
 - ~~f. The remaining member of a tenant family.~~~~
- A. A single person, who may be an elderly person, displaced person, disabled person, near elderly person or any other single person; or
 - B. A group of persons residing together, and such group includes, but is not limited to:

 1. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 2. An elderly family;
 3. A near-elderly family;
 4. A disabled family;
 5. A displaced family; and
 6. The remaining member of a tenant family.

Property Management (“Management”) – Contractor engaged by the Harris Center to manage, operate and maintain Property in an efficient, reasonable and satisfactory manner subject to the terms of the Tenant Selection Plan.

Tenant-based rental assistance – A form of rental assistance in which the assisted tenant may move from a dwelling unit with a right to continued assistance. Tenant-based rental assistance includes security deposits for rental of dwelling units.

Very Low Income Families – Low income families whose annual incomes do not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50 percent of the median for the area on the basis of HUD findings that such variations are necessary because of prevailing levels of construction costs or fair market rents, or unusually high or low family incomes. An individual does not qualify as a very low-income family if the individual is a student who is not eligible [for](#) Section 8 assistance.

7. PROCEDURES:

A. ~~Non-Discrimination Policy~~

8. Non-Discrimination Policy

It is the policy of The Harris Center and Management to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state regulations and laws related to discrimination in housing.

In carrying out the Plan, Management will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy.

No person may be refused the right to apply for housing unless the waiting list is closed for a particular unit size or type.

Management will make reasonable accommodations in the application process and during residency in accordance with the HUD Handbook 4350.3, Fair Housing Act, and other relevant civil rights laws and statutes.

Management will take affirmative steps to communicate with persons who need services or information in a language other than English.

Management will not discriminate against an applicant or tenant on the basis that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

B. ~~Affirmative Marketing Procedures~~

9. Affirmative Marketing Procedures

In accordance with the HOME regulations and in furtherance of the Harris Center's commitment to non-discrimination and equal opportunity in housing, the Harris Center shall implement an affirmative marketing procedure for HOME-assisted projects consisting of five or more housing units. The affirmative marketing steps consist of actions to provide information and otherwise attract HOME-eligible persons in the area to available housing without regard to race, color, national origin, sex, religion, familial status or disability. The affirmative marketing procedures will be reviewed periodically.

C. ~~Application Intake~~

10. Application Intake

All applicants eighteen (18) or older must present picture identification (ID) issued by local, state, or federal government agency, (i.e., driver's license, identification card, valid passport, travel visa). Applicants must also provide a US issued Social Security card for credit screening purposes. If a Social Security card has not been obtained, an Individual Taxpayer Identification Number (ITIN) may be considered. All provided forms of identification must be valid through the term of the lease.

Release & Consent: Applicants eighteen (18) or older must sign a consent form giving Management permission to communicate with employers, financial institutions, government agencies or other sources as applicable for the purpose of determining eligibility.

To be considered for selection, applicants must submit a completed application and relevant consent forms. Information the applicant supplies must be true and complete and made in good faith. Any willful false statements or failure to provide satisfactory, complete and accurate information (regardless of whether inaccuracy is intentional or unintentional) will be denied on the basis of falsification. In addition, refusal to comply with a request for information shall constitute cause for immediate rejection of the application or lease termination by management. If an application has to be returned due to incompleteness then the application process stops.

Applications will be accepted:

- In person at 6168 South Loop East, Houston, Texas 77087
- By mail sent to: 6168 South Loop East, Houston, Texas 77087or
- Other reasonable accommodation provided by Management at the request of the applicant.

Management will assist the applicant in completing the application, explain the tenant selection process, define preferences, and explain the verification process with respect to preferences.

Upon receipt of the application, Management will:

- Review the application for completeness, and return an incomplete application;
- Make a preliminary determination of eligibility based on the application without verification; and
- Place the applicant on the waiting list in the order the completed application was received, or provide a Notice of Rejection if ineligible.

To determine eligibility for placement on the Waiting List, the application may be accepted as a self-certifying statement. All applicants must sign a Consent for the Release of Information prior to receiving assistance, and annually thereafter.

It is the policy of the Management to guard the privacy of individuals in accordance with the Federal Privacy Act of 1974, and to ensure the protection of records maintained by the property concerning the applicants or tenants.

D. Waiting List

11. Waiting List

Management will place applicants on a written waiting list by on a first come, first served basis. As units become available, applications will be taken in the order of the waiting list. Applicants who meet the preferences noted above will be reviewed in order until all preferences have been considered.

The waiting list will be maintained throughout the period of affordability. It will remain open, unless closed by approval of Management and The Harris Center. Management and The Harris Center may periodically update the waiting list or conduct outreach to applicants to determine if they continue to be eligible and interested in the housing. Failure to respond to update requests will result in removal from the waiting list.

Accessible Units

12. Accessible Units

~~A separate~~ Applicants requesting accessible units will be tracked on waiting list. Persons with mobility, visual, or hearing impairments, or applicants containing at least one person with such impairment, will have first priority for units with the required accessibility features. If Management does not receive an Application to lease an accessible unit from an eligible applicant, the unit may be ~~maintained for units with accessibility features. Persons with mobility, visual, or hearing impairments, or applicants containing at least one person with such impairment,~~ leased to a non-eligible Applicant. If Management receives a request to lease the accessible unit from an eligible priority Applicant, Management will ~~have first priority for units with the required accessibility features. If Management does not receive an Application to lease an accessible unit from an eligible applicant, the unit may be leased to a~~ give the non-eligible Applicant. If Management receives a request to lease the accessible unit from an eligible priority Applicant, Management will ~~give the non-~~ handicap resident a 30-day notice to transfer to another suitable sized unit within the community, should an appropriate unit become available. Non-handicap residents are responsible for all costs associated with moving.

F. Applicant Screening & Selection

13. Applicant Screening & Selection

Selection will be made on the basis of the written application and supplemental materials provided and collected as part of the application, including verifications of income and family composition and such other data. All screening will be non-discriminatory and uniformly applied to all applicants.

~~Income Eligibility Requirements~~ **Income Eligibility Requirements:** HUD establishes and publishes income limits annually based on family size for each county in the United States based on the median income of the geographical area. The family's annual income must not exceed program income limits. Income limits for this property are listed below:

Very low-income limit	50% of median income	\$32,650
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The applicant (i.e., any person age 18 and over) must identify all income sources and assets held by the

tenant or prospective resident. Assets will be included as part of the applicant's income. Management must be able to confirm employment and reported salary listed on the application. All income and asset sources will be verified in accordance with the HOME Program. Income verification for W-2 employees will be obtained by an employment verification, work number and/or an average of 4 – 6 check stubs. Non-W-2 or 1099 employees must provide documentation that they have been in business for a minimum of six (6) full months and the self-employed income has been reported and claimed on the tax return by providing a copy of the prior year's tax transcript obtained from the IRS and, when needed, IRS 1040 form with schedules. If a tax return is due and has not been filed, the applicant will automatically be denied. If newly self-employed, a minimum of six (6) full months of active engagement is required, documented by Year-to-Date Business Receipts, check stubs, or a Profit and Loss Statement prepared by a CPA.

Verifications will be obtained by the Management for every income source. All income verifications must use **at least three (3) months source documentation**. Once all the income and asset verifications have been obtained, Management will prepare a Tenant Income Certification form for each applicant.

Note: Income eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.

Suitability Screening

Suitability Screening: All applicants age 18 or older will be screened for suitability prior to residency. Screening criteria will be non-discriminatory, applied consistently to all applicants for assisted and unassisted units, and related to ability to perform lease obligations. In selecting tenants, Management will consider the essential requirements of tenancy and determine whether an applicant should be rejected for failing to meet such requirements.

Criteria that will be used to screen all applicants Criteria that will be used to screen all applicants:

Prior criminal history Prior criminal history – Upon receipt of the Rental Application and screening fee, Management will conduct a search of records to determine whether an applicant or any proposed resident or occupant has a Conviction. A conviction **meets means** charges pending as of the date of the application, a conviction, a guilty plea, a no contest plea for any of the following crimes: drug-related crimes; crimes against persons; sex offense; crime involving financial fraud (including identity theft and forgery); or any other crime if the conduct for which an applicant was convicted or is charged is of a nature that would adversely affect property of Management or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents. Management will not consider a previous arrest that did not result in a Conviction or expunged records.

If an applicant, or any proposed occupant, has a Conviction in their past which would disqualify them under these criminal conviction criteria, and desires to submit additional information to Management along with the application so Management can engage in an individualized assessment upon receipt of the results of the criminal background check and prior to a denial, applicant should do so. A conviction for any of the following, subject to the result of the criminal conviction review process shall be grounds for denial of the rental application: *Note: The same criteria regarding criminal history applies to live-in aides also.

- Felonies involving murder, manslaughter, arson, rape, kidnapping, child sex crimes, or manufacturing or distribution of a controlled substance;
- Misdemeanors involving: drug related crimes, sex offenses, domestic violence, violation of a restraining order, stalking, weapons, criminal impersonation, financial fraud crimes where the date of disposition has occurred in the last five(5) years.
- Misdemeanors not listed above involving: theft, criminal trespass, criminal mischief, property crimes or any other crime if the conduct for which applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of the residents, the landlord or the landlord's agent, where two misdemeanors in which disposition dates have occurred in the last three(3) years.
- Management determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug or alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. Screening standards will be based on behavior, not the condition of alcoholism. Criminal history may be used to establish a pattern.
- Failure to disclose criminal behavior or provide a complete list of states all members of the household is grounds for rejection or eviction.
- Any member of the applicant's household has been convicted of the manufacture of methamphetamine on the premises of federally subsidized housing.
- Violent criminal activity, which indicates a pattern of violence that may threaten the safety of residents or staff. Violent criminal activity includes, but is not limited to, sex crimes, crimes against children, aggravated assault.
- Any criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, the owner or any employee who is involved in the housing operations.

Applicants and occupants convicted of the following crimes are explicitly denied admission or occupancy and are not eligible for the Criminal Conviction Review Process:

- Any household member has been evicted from federally assisted housing and convicted for drug-related criminal activity, for three (3) years from the date of eviction.
- Any member of the household is subject to a lifetime registration requirement or is currently registered under a state sex offender registration program. During the admissions screening process, Management will perform the necessary criminal history background checks in the state where the housing is located and in all other states where the household members are known to have resided.

~~Criminal Conviction Review Process.~~ **Criminal Conviction Review Process** - Management will engage in an individualized assessment of the applicant's, or other proposed occupant's, Convictions if applicant has satisfied all other criteria (the denial was based solely on one or more Convictions) and:

1. ~~Applicant has submitted supporting documentation prior to the public records search; or~~
Applicant has submitted supporting documentation prior to the public records search; or
2. ~~Applicant is denied based on failure to satisfy these criminal criteria and has submitted a~~

~~written request along with supporting documentation. Supporting documentation may include:~~

Applicant is denied based on failure to satisfy these criminal criteria and has submitted a written request along with supporting documentation. Supporting documentation may include:

- i. ~~Letter from parole or probation office;~~
Letter from parole or probation office;
- ii. ~~Letter from caseworker, therapist, counselor, etc.;~~
Letter from caseworker, therapist, counselor, etc.;
- iii. ~~Certifications of treatments/rehab programs;~~
Certifications of treatments/rehab programs;
- iv. ~~Letter from employer, teacher, etc.~~
Letter from employer, teacher, etc.
- v. ~~Certification of trainings completed;~~
Certification of trainings completed;
- vi. ~~Proof of employment; and~~
Proof of employment; and
- vii. ~~Statement of the applicant.~~
Statement of the applicant.

Management will:

- a. Consider relevant individualized evidence of mitigating factors, which may include: the facts or circumstances surrounding the criminal conduct; the age of the convicted person at the time of the conduct; time since the criminal conduct; time since release from incarceration or completion of parole; evidence that the individual has maintained a good tenant history before and/or after the conviction or conduct; and evidence of rehabilitation efforts. Management may request additional information and may consider whether there have been multiple Convictions as part of this process.
- b. Notify applicant of the results of Management's review within a reasonable time after receipt of all required information.
- c. Hold the unit for which the application was received for a reasonable time under all the circumstances to complete the review unless prior to receipt of applicant's written request (if made after denial) the unit was committed to another applicant.

~~Verification of citizenship/immigration status~~**Verification of citizenship/immigration status** –

Management will do a primary verification through the INS automated system (Systematic Alien Verification for Entitlements (SAVE)). If primary verification does not confirm status then a secondary verification must be performed. Secondary search will be a manual search of INS records. Applicants can also utilize SAVE Case Check - www.uscis.gov/save/save-casecheck for status of case.

~~Prior housing history (landlord references)~~ **Prior housing history (landlord references)** – Applicants who meet the income, credit & background qualifications can also be denied based on a poor landlord reference under the following (a-e) categories: (a) Three (3) or more late payments during past twelve (12) months; (b) Being evicted in the past twenty-four (24) months for non-payment of rent or violation of rental policy; (c) Three (3) or more Eviction Filings less than or equal to twelve (12) months (d) Statement from a prior landlord that they would not re-rent due to lease violation(s), number of late rental payments, or non-payment; (e) Unpaid Landlord debt / Rental history balance(s).

~~Credit history furnished by a credit bureau~~ **Credit history furnished by a credit bureau** – All applicants are subject to approval through a third- party applicant-screening agency. Approvals are based on an ~~empirical system that incorporates~~ various credit factors ~~along with~~ **including** other non-statistical scoring factors to determine overall applicant worthiness. In addition, the following categories (a-d) will automatically Fail/Deny an applicant: (a) Eviction Judgments and (b) Foreclosures with the past twenty-four (24) months (c) Three or more Eviction Filings less than or equal to twelve (12) months (d) ~~Any Filed Bankruptcy within the last (12) months or any pending bankruptcy that has not been discharged or dismissed. Furthermore, the following auto score categories (e-h) will return for Conditional review by a Manager:~~ (e) “Other” categorized Bankruptcies (f) **Unpaid gas, electric, water and sewer utility accounts** (g) ~~Unpaid gas, electric, water and sewer utility accounts~~ (h) Fraud Alerts. Conditional approval may be considered if applicant provides verifiable evidence that, their Landlord debt/Rental balance and/or Utility balance(s) have been paid in full. Should an applicant be approved with conditions, a double security deposit is required.

Acceptance of Unit and Lease Execution

14. Acceptance of Unit and Lease Execution

Upon offer of a unit, the applicant shall have an opportunity to inspect the unit along with management and to sign a rejection or acceptance of the unit. If applicant is accepting unit the following will occur at lease signing:

- The new resident pays the security deposit, if applicable, and pro-rated or full rent (depending upon the date the lease begins);
- The resident will sign the lease;
- The resident receives his/her keys, and information about the unit and development;
- Management gives the resident a written notice asking them to report deteriorated paint, and giving the name, address and phone number for reporting;
- The resident receives a copy of the lease and all the required attachments;
- The resident is informed about the Management’s move-in policies (if any);
- The resident is receives and signs the community guidelines
- The property manager receives the resident’s file; and
- The resident’s name is removed from the waiting list.

Notice of Rejection

15. Notice of Rejection

Rejection of an applicant is appropriate where the applicant does not meet the occupancy criteria stated in this Plan, or Management has a reasonable basis to believe that the applicant cannot meet the essential requirements of tenancy, such as:

- To pay rent and other charges under the lease in a timely manner;
- To care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to not create health or safety hazards;
- Not to interfere with the rights and enjoyment of others and not to damage the property of others;
- Not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons, and not to engage in any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises; and
- To comply with necessary and reasonable rules and program requirements of the housing provider.

Management must provide written notice of rejection stating grounds for the rejection. The applicant has the right to respond in writing or request a meeting to dispute the rejection within 14 days of the notice. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Any meeting with the applicant to discuss the applicant's rejection must be conducted by a member of Management who was not involved in the initial decision to deny admission or assistance. Within 5 business days of Management's response or meeting, Management must advise the applicant in writing of the final decision on eligibility.

Records of all applications and rejections will be maintained and available for review by The Harris Center or HUD.

F. VAWA Disclosures

16. VAWA Disclosures

Management will provide to all applicants the The HOME Program Notice of Occupancy Rights under the Violence Against Women Act (VAWA).

The Notice explains applicant and tenant rights under the Violence Against Women Act (VAWA) for victims of domestic violence, dating violence, sexual assault, or stalking. An applicant cannot be denied occupancy on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

A VAWA Certification of Domestic Violence must accompany the Notice.

G. Occupancy

17. Occupancy

The following procedures apply to the assignment of a selected tenant to a HOME-assisted unit and the execution of the approved lease.

~~Occupancy Standards~~ Occupancy Standards

Applicant characteristics, such as the number, age, relationship and gender of family members, must be appropriate to the size of the unit and adaptations made therein. The following standards will be applied:

- The maximum occupancy allowed will be one (1) person per bedroom.

Exceptions may be considered based on applicant requests and circumstances.

~~Lease & Tenant Protections~~ Lease & Tenant Protections

Any applicant qualified and selected for occupancy must enter into a lease and agree to pay the rent approved for the unit. Management must approve the lease form as complying with HOME regulations, including 30-day notice for rent increases or termination of tenancy.

The Lease will contain the VAWA Lease Addendum. No tenant of assisted housing may be terminated from participation in or evicted from the housing on the basis that the applicant or tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or tenant otherwise qualifies for occupancy. Incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking shall not be construed as a serious or repeated violation of a lease for HOME-assisted housing by the victim or threatened victim of such incident, or good cause for terminating the assistance, tenancy or occupancy rights of the victim of such incident victim of such incident.

The victim of domestic violence, dating violence, sexual assault or stalking may request relocation within the project or externally to a safe unit. This must be requested in writing. The lease will be terminated without penalty if the emergency transfer is approved.

Any information submitted to Management, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking, shall be maintained in confidence and may not be entered into any shared database or disclosed to any other entity or individual other than RIH, except to the extent that the disclosure is requested or consented to by the individual in writing, and required for use in an eviction proceeding against any individual who is a tenant or lawful occupant of the housing and who engages in criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking, or otherwise required by law.

~~H. Drug-Free Housing~~

18. Drug-Free Housing

All applicants eighteen (18) or older must have the ability and willingness to consent to comply with the drug free housing policy. Activity that includes, but is not limited to, the possession, sale, and use of illegal substances or weapons is an automatic violation of the lease and grounds for immediate termination by Management.

~~I. Consideration of Extenuating/Mitigating Circumstances~~

19. Consideration of Extenuating/Mitigating Circumstances

Management may consider extenuating/mitigating circumstances in evaluating information obtained during the screening process to assist in determining the eligibility of an applicant. Management will require evidence of the applicant's ability to meet the obligations of tenancy.

J. Recertification

20. Recertification

Tenant income eligibility will be determined annually. Tenants must provide Management with income information to determine continued eligibility. If a tenant is over income, the tenant may remain in the unit, but rent will be calculated based on the adjusted income.

K. Conflict of Interest

21. Conflict of Interest

The conflict of interest provisions apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, or of a unit of general local government, or of the developer, The Harris Center or manager. The provisions also apply to those with whom they have immediate family (spouse, parent, child, sibling, grandparents and in-laws of the person) or business ties. No such covered person may occupy a unit without prior approval of HUD.

An exception is made for an employee or agent of The Harris Center who occupies a housing unit as the project manager or maintenance worker. Other exceptions can be made upon the written request of the participating jurisdiction, HUD may grant an exception on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME Investment Partnerships Program and the effective and efficient administration of the participating jurisdiction's program or project. An exception may be considered only after the participating jurisdiction has provided the following:

- A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- An opinion of the participating jurisdiction's or State recipient's attorney that the interest for which the exception is sought would not violate State or local law.

In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements, HUD will consider the cumulative effect of the following factors, where applicable:

- Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- Whether the person affected is a member of a group or class of low-income persons intended

to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

- Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question;
- Whether the interest or benefit was present before the affected person was in a position as described in paragraph (c) of this section;
- Whether undue hardship will result either to the participating jurisdiction or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- Any other relevant considerations.

Upon written request of a housing owner or developer, the participating jurisdiction (or State recipient, if authorized by the State participating jurisdiction) may grant an exception on a case-by- case basis when it determines that the exception will serve to further the purposes of the HOME program and the effective and efficient administration of the owner's or developer's HOME-assisted project. In determining whether to grant a requested exception, the participating jurisdiction shall consider the following factors:

- Whether the person receiving the benefit is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted housing, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- Whether the person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted housing in question;
- Whether the tenant protection requirements of [§ 92.253](#) are being observed;
- Whether the affirmative marketing requirements of [§ 92.351](#) are being observed and followed; and
- Any other factor relevant to the participating jurisdiction's determination, including the timing of the requested exception.

L. Grievance Policy and Procedures

22. Grievance Policy and Procedures

Any tenant who feels aggrieved by any act or failure to act by Management in accordance with the individual tenant's lease or HUD regulations which adversely affect the individual tenant's rights, duties, welfare or status shall be afforded an opportunity to file a grievance and a hearing on the grievance in accordance with the Tenant Grievance Procedure.

M. Modifications to this Tenant Selection Plan

23. Modifications to this Tenant Selection Plan

Modifications to this plan will be made only with the consent of The Harris Center.

24. Regulatory/Rederence Documents:

- : [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 \(1962\).](#)
- : [HOME Investment Partnerships Act, 24 C.F.R. §92 \(2025\).](#)

25. RELATED POLICIES/FORMS:

[EM.A.13 Tenant Selection Policy](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
2nd Legal Review	Kendra Thomas: Counsel	04/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director Review	Demetria Lockett	01/2026
Compliance 1st Review	Christopher Webb: Audit	12/2025
Initial Assignment	Christina Gerardo: Paralegal	12/2025

EXHIBIT G-47

Status **Pending** PolicyStat ID **19428605**

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

Owner	Wesley Farris: ITSecOfcr
Area	Information Management
Document Type	Agency Policy

Artificial Intelligence Acceptable Use and Work

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 for Mental Health and IDD (The Harris Center) assets and data.

2. POLICY:

It is the policy of The Harris Center that AI technologies are used only for limited and defined functions and are subject to appropriate human oversight to mitigate risks, ensure accountability, and protect The Harris Center and customer data.

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:

N/A

5. PROCEDURE:

[HIM.IT. B.26 Artificial Intelligence Acceptable Use and Work Procedure](#)

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

N/A

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	04/2026
Legal Review	Kendra Thomas: Counsel	04/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review	Mustafa Cochinwala: Dir	02/2026
Initial Assignment	Wesley Farris: ITSecOfcr	12/2025

EXHIBIT G-48

Status **Pending** PolicyStat ID **17920422**

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

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

Charitable Patient Assistance Programs (CPAP) - Grant Funds Policy

1. PURPOSE:

The purpose of this policy is to establish best practices for the application and utilization of grant funds provided through Charitable Patient Assistance Programs (CPAP). These funds, when available, are intended to provide copay assistance to eligible, under-insured patients.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to ensure proper management and governance of grant funds provided through Charitable Patient Assistance Programs (CPAP) for eligible patients with insurance, and the following policies are to be adhered to:

- A. Comply with all governing laws, regulations, rules, and guidelines for CPAP grants, including but not limited to the application process and appropriate handling of such funds.
- B. Treat all information gathered or exchanged through CPAP grants as protected health information (PHI) subject to the Health Insurance Portability and Accountability Act (HIPAA).

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

4. RELATED POLICIES/FORMS:

[MED.PHA. A.55 Pharmacy Data and Record Retention Policy](#)

Patient Attestation Form - The Harris Center

Zero Income Letter

5. PROCEDURE:

[Charitable Patient Assistance Programs \(CPAP\) - Grant Funds Procedure](#)

[MED.PHA. B.55 Pharmacy Record Retention Procedure](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

General Administrative Requirements, 45 C.F.R. Part 160.

Security and Privacy, 45 C.F.R. Part 164.

OIG, Special Advisory Bulletin on Patient Assistance Programs for Medicare Part D Enrollees, 70 FR 70623 (Nov. 22, 2005)

Attachments

[PAP ATTESTATION CONSENT Form - The Harris Center.doc](#)

[Zero Income Letter - Modifiable.doc](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	04/2026
Legal 2nd Review	Kendra Thomas: Counsel	04/2026
Legal 1st Review	Bijul Enaohwo	03/2026
Compliance Director	Demetria Lockett	03/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	02/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026

2nd Department Review	Arume Tsekiri	02/2026
Pharmacy Department Review	Lauren Kainer: RPh	12/2025
Initial	Lauren Kainer: RPh	12/2025