

Full Board Meeting
August 25, 2026
8:30 am

I. DECLARATION OF QUORUM

II. MISSION MOMENT

III. PUBLIC COMMENTS

IV. APPROVAL OF MINUTES

- A. Minutes of the Board of Trustees Meeting Held on Tuesday, July 28, 2026
(*EXHIBIT F-1*)

V. CHIEF EXECUTIVE OFFICER'S REPORT

VI. COMMITTEE REPORTS AND ACTIONS

- A. Governance Committee Report and/or Action
(*J. Lykes, Chair*)
- B. Resource Committee Report and/or Action
(*G. Womack, Chair*)
- C. Program Committee Report and/or Action
(*M. Miller, Jr., Chair*)
- D. Quality Committee Report and/or Action
(*J. Lankford, Chair*)

VII. CONSENT AGENDA

- A. FY'26 Year-to-Date Budget Report- July
(*EXHIBIT F-2*)
- B. August 2026 Contracts Amendments Over 250K
(*EXHIBIT F-3*)
- C. August 2026 Contract Renewals Over 250K
(*EXHIBIT F-4*)
- D. August 2026 Interlocal Agreements
(*EXHIBIT F-5*)
- E. Agency Wide Moving and Storage Services RFP
(*EXHIBIT F-6*)
- F. Agency Wide Clinical Laboratory Services RFP
(*EXHIBIT F-7*)
- G. Agency Abbreviations Policy
(*EXHIBIT F-8*)
- H. Breach Notification Policy
(*EXHIBIT F-9*)
- I. Burglaries or Theft Policy

(EXHIBIT F-10)

- J. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature

(EXHIBIT F-11)

- K. Clinician Peer Review Policy

(EXHIBIT F-12)

- L. Code of Ethics Policy

(EXHIBIT F-13)

- M. Coordination of Care Policy

(EXHIBIT F-14)

- N. Declaration of Mental Health Treatment Policy

(EXHIBIT F-15)

- O. Delegation and Supervision of Certain Nursing Acts Policy

(EXHIBIT F-16)

- P. Emergency Medical Care for Consumers, Employees and Volunteers Policy

(EXHIBIT F-17)

- Q. Fee Schedule/Standard Charge Policy

(EXHIBIT F-18)

- R. Harris Center Advisory Committee Policy

(EXHIBIT F-19)

- S. Infection Control and Prevention Policy

(EXHIBIT F-20)

- T. IT Investigation Requests related to Personnel Access and Data Policy

(EXHIBIT F-21)

- U. Linguistic Competence Services Policy

(EXHIBIT F-22)

- V. Nurse Staffing Advisory Committee Policy

(EXHIBIT F-23)

- W. Nursing Services Policy

(EXHIBIT F-24)

- X. Performance Reporting and Monitoring of Service Contracts Policy

(EXHIBIT F-25)

- Y. Pharmacy Hazardous Drugs Policy

(EXHIBIT F-26)

- Z. Pharmacy Medication Destruction Policy

(EXHIBIT F-27)

- AA. Pharmacy Peer Review Policy

(EXHIBIT F-28)

- AB. Pharmacy Personal Safety Policy

(EXHIBIT F-29)

- AC. Pharmacy Staff Training Policy
(EXHIBIT F-30)
- AD. Pharmacy Third Party Insurance Billing Policy
(EXHIBIT F-31)
- AE. Physician Assistant, Advanced Practice Registered Nurse,
Pharmacist Delegation Policy
(EXHIBIT F-32)
- AF. Professional Practice Evaluation Policy
(EXHIBIT F-33)
- AG. Professional Review Committee Policy
(EXHIBIT F-34)
- AH. Referral, Transition, and Discharge Policy
(EXHIBIT F-35)
- AI. Resilience In Stressful Events (We RISE) Program Policy
(EXHIBIT F-36)
- AJ. Search Warrant Policy
(EXHIBIT F-37)
- AK. Solicitation of/and Acceptance of Donations (Money, Goods or
Services) Policy
(EXHIBIT F-38)
- AL. Standardized Patient Record Form Policy
(EXHIBIT F-39)
- AM. State Service Contract Monitoring and Performance Reporting Policy
(EXHIBIT F-40)
- AN. Third Party Participation in Patient Services Policy
(EXHIBIT F-41)
- AO. Workplace Bullying Policy
(EXHIBIT F-42)
- AP. Writing Off Self Pay Balances Policy
(EXHIBIT F-43)
- AQ. Delegations in the Absence of the Chief Executive Officer (CEO)
Policy
(EXHIBIT F-44)
- AR. Disinfection of Glucometer, Electrocardiogram, and Blood Pressure
Cuff Equipment Policy
(EXHIBIT F-45)
- AS. Litigation Hold Policy
(EXHIBIT F-46)
- AT. 90 Day Probationary Period Policy
(EXHIBIT F-47)
- AU. Sentinel Event and Root Cause Analysis (RCA)Policy
(EXHIBIT F-48)

- AV. Dental Services for Intermediate Care Facilities for IDD (ICF IID) Policy
(EXHIBIT F-49)
- AW. Utilization of Security Officer Services Policy
(EXHIBIT F-50)
- AX. Travel Policy
(EXHIBIT F-51)
- AY. Shift Differential Policy
(EXHIBIT F-52)
- AZ. Religious Accommodations Policy
(EXHIBIT F-53)
- BA. Credentialing Policy
(EXHIBIT F-54)
- BB. No Solicitation Policy
(EXHIBIT F-55)
- BC. Social Media Use Policy
(EXHIBIT F-56)
- BD. Incident Reporting Policy
(EXHIBIT F-57)
- BE. Intellectual and Developmental Disabilities Division Intermediate Care Facilities (ICF/IID) Policy
(EXHIBIT F-58)
- BF. Pharmacy and Therapeutic Committee Policy
(EXHIBIT F-59)
- BG. Medical Services Policy
(EXHIBIT F-60)
- BH. Closed Record Review Committee Policy
(EXHIBIT F-61)
- BI. Pharmacy Dispensary of Hope (DoH) Program Policy
(EXHIBIT F-62)
- BJ. Pharmacy After Hours Service Policy
(EXHIBIT F-63)
- BK. Pharmacy Copay Assistance Policy
(EXHIBIT F-64)
- BL. Pharmacy Data and Record Retention Policy
(EXHIBIT F-65)
- BM. Pharmacy Staffing Policy
(EXHIBIT F-66)
- BN. Pharmacy Prescription Dispensing and Counseling Policy
(EXHIBIT F-67)
- BO. Privacy Officer Policy
(EXHIBIT F-68)

BP. Medication Storage, Preparation, and Administration Areas Policy
(EXHIBIT F-69)

BQ. Narcan (Naloxone) Policy
(EXHIBIT F-70)

BR. Reporting Allegations of Abuse, Neglect and Exploitation of Children,
Elderly Persons and Persons with Disabilities Policy
(EXHIBIT F-71)

VIII. REVIEW AND RECOMMEND ACTION

- A. FY27 Budget Approval
(EXHIBIT F-72 Stanley Adams)
- B. 2027 Benefits
(EXHIBIT F-73 Stanley Adams)
- C. FY27Capital Budget
(EXHIBIT F-74 Stanley Adams)
- D. Insurance Final Approval
(EXHIBIT F-75 Dennis Northington)

IX. BOARD CHAIR'S REPORT

X. EXECUTIVE SESSION

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with §§551.072 of the Texas Government Code, to consult with attorney and deliberate the purchase, exchange, lease or value of real property. Ernest Savoy, Senior Assistant General Counsel-Contract Services & Real Estate
- In accordance with §§551.0761 and 551.089 of the Texas Government Code, deliberations regarding cybersecurity measures, security assessments, and security audits. Wes Farris, Director of Information Security and Enterprise Architect

XI. RECONVENE INTO OPEN SESSION

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

XIII. ADJOURN

Veronica Franco

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

EXHIBIT F-1

THE HARRIS CENTER *for*
Mental Health and IDD

MINUTES OF THE BOARD OF TRUSTEES MEETING

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

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

TYPE OF MEETING: Regular

DATE: July 28, 2026

**TRUSTEES
IN ATTENDANCE:** Dr. Robin Gearing, PhD-Chair
 Gerald Womack-Secretary
 Dr. Katherine Bacon
 Dr. Quianta Moore
 General Edwin “Buddy” Grantham-videoconference
 Resha Thomas
 Sheriff Ed Gonzalez

TRUSTEES ABSENT: Jim Lykes, Vice Chairperson
 Dr. Max Miller, Jr-Vice Chairperson
 Dr. Jeremy Lankford

I. Declaration of Quorum

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

II. Public Comments-

Judy Blake made a public comment on community backed alternatives.

III. A. Approval of Minutes -Tuesday, June 16, 2026

MOTION BY: BACON

SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED the Minutes of the Regular Board of Trustees meeting held on Tuesday, June 16, 2026 as presented under Exhibit F-1, are approved.

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

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

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

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

VI. CONSENT AGENDA

- A. FY'26 Year-To-Date Budget Report-June
- B. July 2026 Contracts Amendments over 250K
- C. July 2026 Contract Renewals over 250K
- D. July 2026 Interlocal Agreements
- E. Courier Services-Mail & Pharmacy

MOTION: BACON SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items A-E, Exhibit F-2-F6 as presented is approved.

VII. REVIEW AND RECOMMENDATION ACTION

- A. Compliance Department FY2027 Work Plan

MOTION: BACON SECOND: MOORE

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items A, Exhibit F-7 as presented is approved.

- B. FY2027 Tentative Audit Schedule

MOTION: WOMACK SECOND: BACON

With unanimous affirmative votes

BE IT RESOLVED Consent Agenda items B, Exhibit F-8 as presented is approved.

VIII. Executive Session- The Board entered Executive Session at 9:26 am for the following reasons:

- As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during this meeting to seek legal advice from its attorney about any matters listed on the agenda.
- In accordance with Texas Government Code § 551.074 to deliberate the duties, compensation, evaluation, employment contract, resignation, transition services, and other terms and conditions of employment of the Chief Executive Officer. Paul Lamp, Spalding Nichols Lamp Langlois.

- In accordance with § 551.074 of the Texas Government Code, to deliberate the compensation, evaluation and other terms and conditions of employment of personnel. Dr. Robin Gearing, Board Chair
- In accordance with §551.071 of the Texas Government Code, consultation with attorney regarding Case No.2024-168-6, Joseph Reveles, et al v. the Harris Center for Mental Health & IDD. Kendra Thomas, General Counsel
- In accordance with §551.071 of the Texas Government Code, consultation with attorney regarding Case No.: 2024-85210, Latresa Washington v. The Harris Center for Mental Health and IDD. Kendra Thomas, General Counsel
- In accordance with § 551.071 of the Texas Government Code, consultation with attorney regarding Case No. 4:26-cv-00685, Citterece McGregor, as personal representative and administrator of Kristopher McGregor v. Harris County, Texas, et. al. Kendra Thomas, General Counsel

VII. Reconvene into Open Session-The Board reconvened into open session at 10:36 am.

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

- In accordance with Texas Government Code § 551.074 to deliberate the duties, compensation, evaluation, employment contract, resignation, transition services, and other terms and conditions of employment of the Chief Executive Officer. Paul Lamp, Spalding Nichols Lamp Langlois.

MOTION: BACON, I move that the Board approve the Chief Executive Officer's Contract of Employment between The Harris Center for Mental Health and IDD and Keena Pace and authorize the Board Chair to execute the Agreement on behalf of the Board on July 28, 2026.

SECOND: WOMACK

With unanimous affirmative votes

IX. ADJOURN

MOTION: BACON SECOND: MOORE

Motion passed with unanimous affirmative votes.

The meeting was adjourned at 10:44 AM

Respectfully submitted,

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

EXHIBIT F-2

The Harris Center for Mental Health and IDD

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

Fiscal Year 2026

The Harris Center for Mental Health and IDD

Resource Committee

Board of Trustees

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

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

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

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

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

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

Stanley Adams

Stanley Adams

Chief Financial Officer

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

	For the Month Ended				Fiscal Year to Date			
	Original Budget	Actual	Variance \$	%	Original Budget	Actual	Variance \$	%
Revenues								
State General Revenue	\$ 11,145,628	\$ 10,823,947	\$ (321,681)	-3%	\$ 122,601,908	\$ 123,113,959	\$ 512,051	0%
Harris County and Local	4,683,587	4,713,489	29,902	1%	51,519,457	51,077,095	(442,362)	-1%
Federal Contracts and Grants	4,466,048	4,225,645	(240,403)	-5%	49,126,528	45,929,605	(3,196,923)	-7%
State Contract and Grants	1,993,454	2,199,662	206,208	10%	21,927,994	20,194,836	(1,733,158)	-8%
Third Party Billing	3,465,049	3,287,042	(178,007)	-5%	38,115,539	36,184,795	(1,930,744)	-5%
Charity Care Pool	3,590,350	4,045,836	455,486	13%	39,493,850	44,503,046	5,009,196	13%
Directed Payment Programs	450,000	361,988	(88,012)	-20%	4,950,000	4,553,968	(396,032)	-8%
Patient Assistance Program (PAP)	1,098,200	1,653,814	555,614	51%	12,080,200	14,907,446	2,827,246	23% A
Interest Income	277,083	226,021	(51,062)	-18%	3,047,913	2,324,036	(723,877)	-24%
Revenues, total	\$ 31,169,399	\$ 31,537,444	\$ 368,045	1%	\$ 342,863,389	\$ 342,788,786	\$ (74,603)	0%
Expenditures								
Salaries and Fringe Benefits	\$ 20,480,600	\$ 22,642,108	\$ (2,161,508)	-11%	\$ 225,286,600	\$ 229,357,996	\$ (4,071,396)	-2% B
Contracts and Consultants	1,260,282	533,016	727,266	58%	13,863,102	10,027,004	3,836,098	28% C
Contracts and Consultants-HCPC	3,960,586	3,913,348	47,238	1%	43,566,446	44,412,396	(845,950)	-2%
Supplies	354,213	297,755	56,458	16%	3,896,343	4,263,727	(367,384)	-9%
Drugs	2,310,715	3,330,861	(1,020,146)	-44%	25,417,865	29,322,018	(3,904,153)	-15% A
Purchases, Repairs and Maintenance of:								
Equipment	156,054	102,160	53,894	35%	1,716,594	1,961,469	(244,875)	-14%
Building	281,354	463,580	(182,226)	-65%	3,094,894	3,061,582	33,312	1% D
Vehicle	90,602	91,182	(580)	-1%	996,622	871,698	124,924	13%
Software	346,270	62,154	284,116	82%	3,808,970	3,027,641	781,329	21%
Telephone and Utilities	318,602	393,099	(74,497)	-23%	3,504,622	3,471,602	33,020	1%
Insurance, Legal and Audit	209,827	247,130	(37,303)	-18%	2,308,097	2,400,114	(92,017)	-4%
Travel & Training	252,185	280,026	(27,841)	-11%	2,774,035	2,560,493	213,542	8%
Dues & Subscriptions	630,342	150,186	480,156	76%	6,933,762	5,732,755	1,201,007	17%
Other Expenditures	371,551	599,639	(228,088)	-61%	4,087,061	5,892,352	(1,805,291)	-44% E
Expenditures, total	\$ 31,023,183	\$ 33,106,244	\$ (2,083,061)	-7%	\$ 341,255,013	\$ 346,362,847	\$ (5,107,834)	-1%
Excess (Deficiency) of Operating Revenues over Expenditures	\$ 146,216	\$ (1,568,800)	\$ (1,715,016)		\$ 1,608,376	\$ (3,574,061)	\$ (5,182,437)	
Capital Outlay & Debt Service Activities								
Debt Service	146,216	-	146,216		1,608,376	1,754,588	(146,212)	
Capital outlay	-	136,408	(136,408)		-	12,913,488	(12,913,488)	
Other Financing Sources (Uses)								
Insurance proceeds	-	-	-		-	173,905	173,905	
Sale of Capital Assets	-	-	-		-	279,815	279,815	
Capital Contributions	-	-	-		-	10,832,482	10,832,482	
Other Financing Sources	-	55,288	55,288		-	720,625	720,625	
Other Sources (Uses) of Funds, total	\$ (146,216)	\$ (81,120)	\$ 65,096		\$ (1,608,376)	\$ (2,661,249)	\$ (1,052,873)	
Change in Fund Balance/Net Position	\$ -	\$ (1,649,920)	\$ (1,649,920)		\$ -	\$ (6,235,310)	\$ (6,235,310)	

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

Results of Financial Operations and Comparison to Original Budget

A Patient Assistance Program (PAP)

Revenue from the Pharmacy **Patient Assistance Program** continues to trend favorable to budget. This is pass through revenue as the offset is **Drugs** expense.

B Salaries and Fringe Benefits

We budget Salaries and Fringe Benefits on a straight line basis. However, there were 23 working days in July which increased salary expense by approximately \$1.9M for the month. Additionally, we incurred \$229K in salary expense for Emancipation in July and this was not included in the original budget.

C Contracts and Consultants

July includes a pick up of nearly \$300K from Psychiatric Bed expense in which the actual invoice was lower than the amount accrued in prior month.

D Building (purchase, repair and maintenance)

The Agency incurred \$169K for non-routine building repair expense on a budget of \$42K.

E Other Expenditures

Other Expenditures include \$184K for our Respite Care program which is budgeted within **Contracts and Consultants** and \$192K in Security Services.

The Harris Center for Mental Health and IDD

Balance Sheet

July 31, 2026

Non-GAAP / Budgetary-Basis Reporting

Unaudited - Subject to Change

	June - 2026	July - 2026	Monthly Change
Assets			
Current Assets			
Cash and Cash Equivalents			
Cash and Petty Cash	\$ 7,700,335	\$ 9,312,562	\$ 1,612,227
Cash Equivalents	71,448,328	60,757,479	(10,690,849)
Cash and Cash Equivalents, total	\$ 79,148,663	\$ 70,070,041	\$ (9,078,622) AA
Inventories, Deposits & Prepaids	11,556,245	8,498,953	(3,057,292)
Accounts Receivable:			
Patient A/R, Net of Allowance	1,694,630	1,589,850	(104,780)
A/R from Other Governments - Local	12,058,953	12,642,998	584,045
A/R from Other Governments - Federal	14,579,242	11,454,006	(3,125,236) BB
A/R from Other Governments - State	5,241,822	5,708,905	467,083
Other A/R	859,052	982,327	123,275
Current Assets, total	\$ 125,138,607	\$ 110,947,080	\$ (14,191,527)
Restricted Cash and Cash Equivalents	19,973,558	19,973,558	-
Capital Assets:			
Land	21,064,529	21,064,529	-
Building and Improvements	81,657,701	81,657,701	-
Right-to-use Assets (Leases & SBITA)	5,265,206	5,265,206	-
Furniture, Equipment and Vehicles	8,202,069	8,202,069	-
Construction in Progress	11,960,561	11,960,561	-
Accumulated Depreciation/Amortization	(41,546,075)	(41,546,075)	-
Capital Assets, net total	\$ 86,603,991	\$ 86,603,991	\$ -
Total Assets	\$ 231,716,156	\$ 217,524,629	\$ (14,191,527)
Liabilities & Fund Balance/Net Position			
Liabilities			
Accounts Payable	\$ 1,849,376	\$ 2,228,878	\$ 379,502
Accrued Liabilities	6,786,204	11,231,604	4,445,400
Unearned Revenues	43,378,158	25,900,391	(17,477,767) CC
Noncurrent Liabilities:			
Due within one year	14,541,652	14,640,369	98,717
Due in more than one year	28,948,986	28,961,526	12,540
Forgivable Long-Term Obligations	13,627,499	13,627,499	-
Liabilities, total	\$ 109,131,875	\$ 96,590,267	\$ (12,541,608)
Fund Balance/Net Position			
Net Investment in Capital Assets	66,378,211	66,378,211	-
Restricted for Capital Projects	19,973,558	19,973,558	-
Nonspendable	11,556,245	8,498,953	(3,057,292)
Assigned	23,688,186	23,799,443	111,257
Unassigned/Unrestricted	5,573,471	8,519,506	2,946,035
Change in Fund Balance/Net Position	(4,585,389)	(6,235,310)	(1,649,921)
Fund Balance/Net Position, Total	\$ 122,584,281	\$ 120,934,360	\$ (1,649,921)
Total Liabilities & Fund Balance/Net Position	\$ 231,716,156	\$ 217,524,627	\$ (14,191,529)

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

Balance Sheet

AA Cash and Cash Equivalents

The decrease in cash is consistent with the additional payroll days.

BB A/R from Other Governments - Federal

The Agency received \$4.4M payment for Texas Parks and Wildlife funding, therefore decreasing accounts receivable.

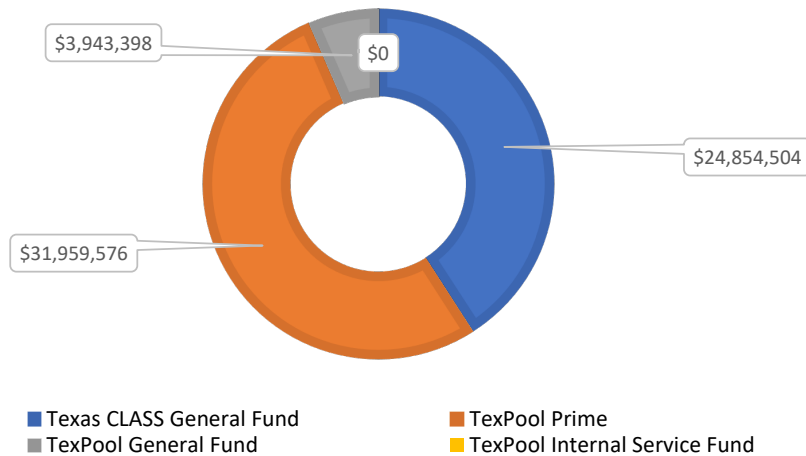
CC Unearned Revenues

The decrease in Unearned Revenue is consistent with month over month revenue allocations.

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

Local Government Investment Pools (LGIPs)	Beginning Balance	Transfer In	Transfer Out	Interest Income	Ending Balance	Portfolio %	Monthly Yield
<i>Texas CLASS</i>							
Texas CLASS General Fund	29,265,153	\$ -	\$ (4,500,000)	\$ 89,351	\$ 24,854,504	40.91%	3.77%
<i>TexPool</i>							
TexPool Prime	38,251,958		(6,400,000)	107,618	31,959,576	52.60%	3.81%
TexPool General Fund	3,931,217	-	-	12,181	3,943,398	6.49%	3.66%
TexPool Internal Service Fund	-		-		-	0.00%	
<i>TexPool Sub-Total</i>	42,183,175	-	(6,400,000)	119,799	35,902,974	59.09%	3.80%
Total Investments	\$ 71,448,328	\$ -	\$ (10,900,000)	209,150	\$ 60,757,478	100.00%	3.78%
Additional Interest on Checking Accounts				16,870			
Total Interest Earned during the current month				<u>226,020</u>			

Investment Portfolio Weight



3 Month Weighted Average Maturity (Days)	1.00
3 Month Weighted Average Yield	3.77%
3 Month Rolling Weighted Average Daily Treasury Bill Rate (4 weeks)	3.62%
Interest Rate - JPMorgan Hybrid Checking	2.25%
Earnings credit rate (ECR) - JPMorgan Hybrid Checking	2.15%

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

Approved:

Roxanne Carr

Roxanne Carr
Controller

The Harris Center for Mental Health and IDD
Monthly Report of Financial Transactions
July 31, 2026

Payment of Liabilities for Employee Benefits				
Vendor	Description	Monthly Not-To-Exceed ⁽¹⁾	Jul-26	Fiscal Year to Date Total
Lincoln Financial Group (LFG)	Retirement Funds (401a, 403b, 457)	\$3,650,000	\$2,148,039	\$24,848,478
BCBS/Cigna ⁽²⁾	Health and Dental Insurance	\$3,300,000	\$2,759,146	\$28,241,341
UNUM	Life Insurance	\$310,000	\$258,508	\$2,358,127

Local Government Investment Pool Transfers				
From	To	Date	Amount	Approval
TexPool Prime	JP Morgan Chase	7/8/2026	\$ 6,400,000	CFO
Texas Class	JP Morgan Chase	7/13/2026	\$ 1,300,000	CFO
Texas Class	JP Morgan Chase	7/22/2026	\$ 1,400,000	CFO
Texas Class	JP Morgan Chase	7/28/2026	\$ 1,800,000	CFO

Notes:

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

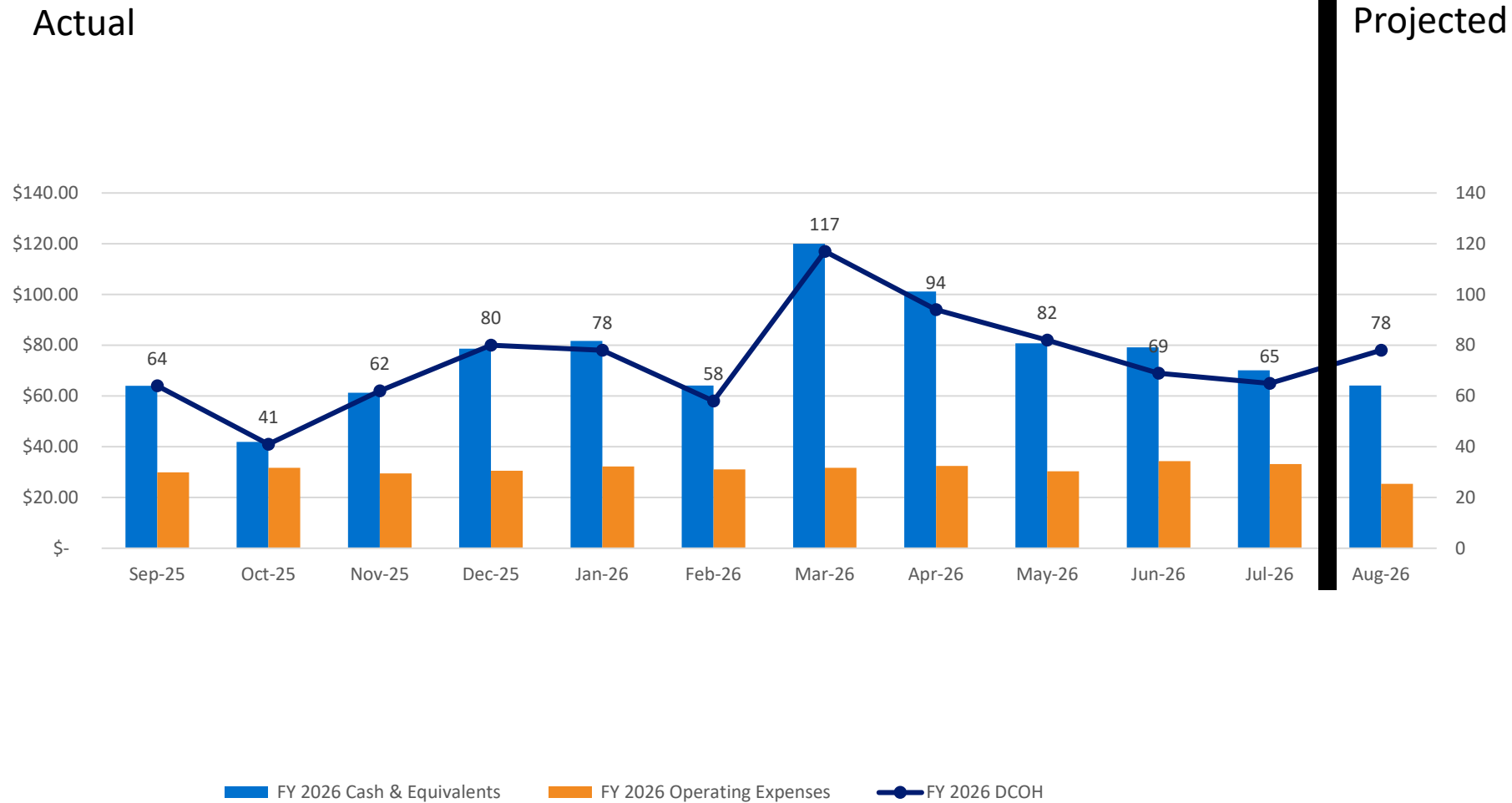
⁽²⁾ BCBS/Cigna - the invoices for FEB26 and MAR26 premiums were paid in March. The second payment was approved by the Board of Trustees.



Additional Analysis – JULY 2026

Days-Cash-On-Hand (DCOH)– as of 07/31/2026

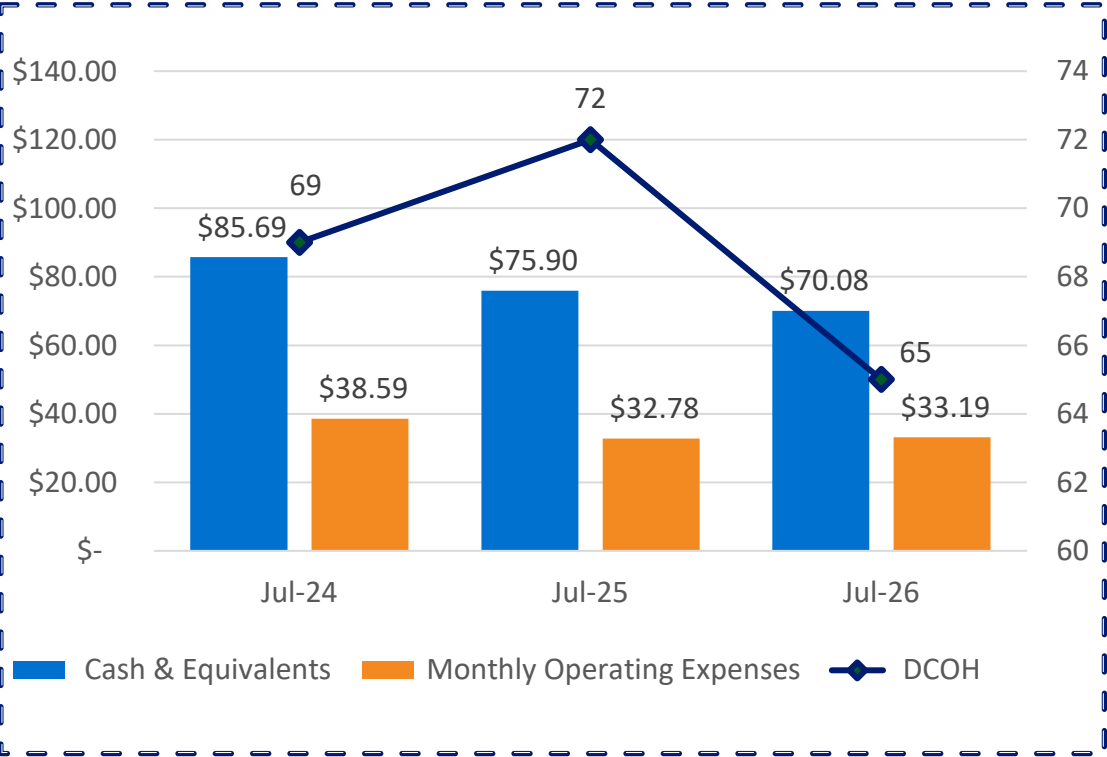
Month-over-month (“MoM”) (\$ amounts in millions)



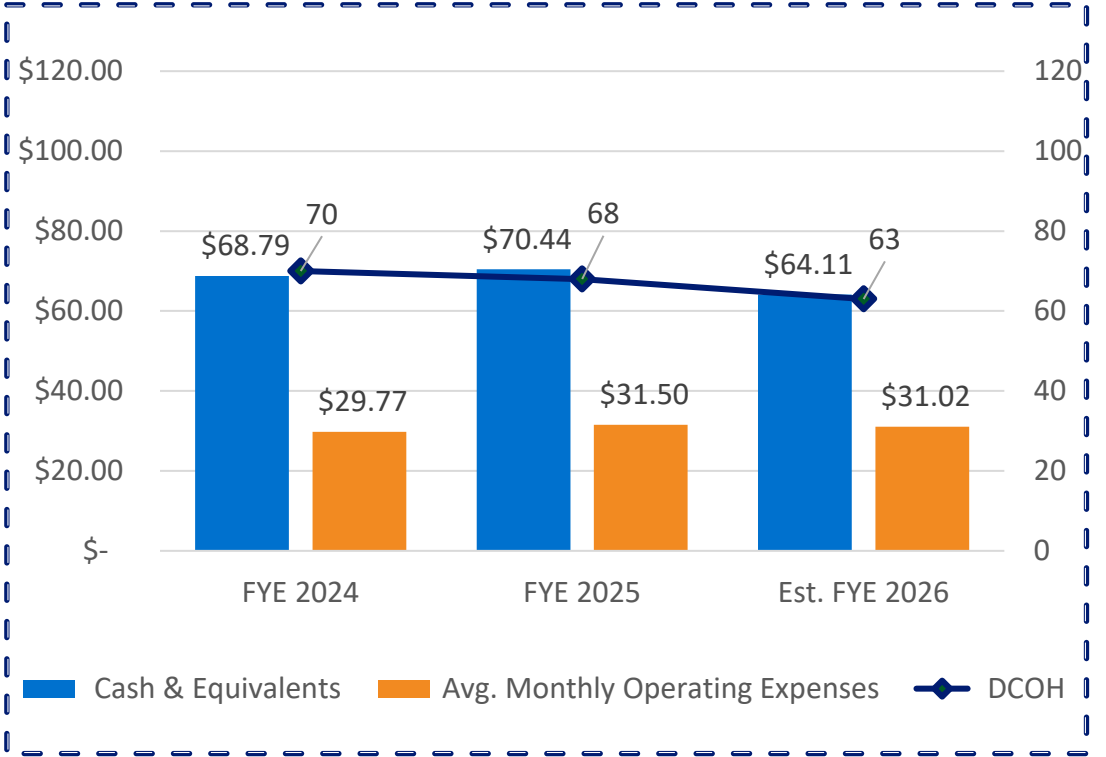
DCOH = Cash & Equivalents @ Month End divided by Daily Operating Expenses
 Months in FY 2026 after current Month are based on projections

Days-Cash-On-Hand (DCOH) Year-over-year ("YoY") (\$ amounts in millions)

For the Month Ending 7/31



For the Fiscal Year Ending 8/31



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

Capital Outlay – as of 07/31/2026

Project/Funding Source	Year-to-date Total
Facilities Capital Projects	\$ 460,111
Fund Balance	460,111
IT Capital Projects	\$ 48,925
Fund Balance	48,925
6168 Apartments	\$ 921,583
CHC Grant (9271)	671,419
COH Loan (9272)	250,165
Northeast Clinic Design and Construction	\$ 11,246,642
Bond Series 2024	1,098,373
TPWD Grant (4781)	4,866,054
TPWD Grant (4782)	5,282,214
NPC Renovation	\$ 95,983
Bond Series 2024	95,983
SW Foundation Repair	\$ 6,234
Bond Series 2024	6,234
SB30 3809 Main Street 1 (1501)	\$ 17,042
SB30 (150x)	17,042
SB30 Burnett Bayland Park (CWOP) (1503)	\$ 93,302
SB30 (150x)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	\$ 2,402
SB30 (150x)	2,402
SB30 Dennis Street (1505)	\$ 21,264
SB30 (150x)	21,264
Grand Total	\$ 12,913,488

Funding Source/Project	Year-to-date Total
Fund Balance	\$ 509,036
Facilities Capital Projects	460,111
IT Capital Projects	48,925
Bond Series 2024	\$ 1,200,589
Northeast Clinic Design and Construction	1,098,373
NPC Renovation	95,983
SW Foundation Repair	6,234
CHC Grant (9271)	\$ 671,419
6168 Apartments	671,419
COH Loan (9272)	\$ 250,165
6168 Apartments	250,165
SB30 (150x)	\$ 134,010
SB30 3809 Main Street 1 (1501)	17,042
SB30 Burnett Bayland Park (CWOP) (1503)	93,302
SB30 NPC/Ben Taub (NPC) (1504)	2,402
SB30 Dennis Street (1505)	21,264
TPWD Grant (4781)	\$ 4,866,054
Northeast Clinic Design and Construction	4,866,054
TPWD Grant (4782)	\$ 5,282,214
Northeast Clinic Design and Construction	5,282,214
Grand Total	\$ 12,913,488

EXHIBIT F-3

AUGUST 2026

AMENDMENTS OVER 250k



Executive Contract Summary

Contract Section

Contractor*

The Council on Recovery

Contract ID #*

2026-1237

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

The Harris Center for Mental Health and IDD
The Council on Recovery

Agenda Item Submitted For: * (?)

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

Procurement Method(s)*

Check all that Apply

- | | |
|--|--|
| ☐ Competitive Bid | ☐ Competitive Proposal |
| ☐ Request for Proposal | ☐ Sole Source |
| ☐ Request for Application | ☐ Request for Qualification |
| ☐ Request for Quote | ☐ Tag-On |
| ☐ Interlocal | ☐ Consumer Driven |
| ☐ Not Applicable (If there are no funds required) | ☒ Other Substance Abuse Treatment - State Driven |

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

- ☐ Yes ☒ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information*

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Current Contract Amount*

\$ 779,929.00

Increase Not to Exceed*

\$ 13,125.00

Revised Total Not to Exceed (NTE)*

\$ 793,054.00

Fiscal Year* (?)

2026

Amount* (?)

\$ 793,054.00

Funding Source*

State Grant

Contract Description / Type* (?)

- ☐ Personal/Professional Services
☐ Consumer Driven Contract
☐ Memorandum of Understanding
☐ Affiliation or Preceptor
☐ BAA/DUA
☐ Pooled Contract
☐ Renewal of Existing Contract

- ☐ Consultant
☐ New Contract/Agreement
☒ Amendment to Existing Contract
☐ Service/Maintenance
☐ IT/Software License Agreement
☐ Lease
☐ Other

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

Increasing NTE to support ongoing collaboration between The Council on Recovery and The Harris Center to provide OSAR services to Texas Region 6 per state driven contract.

Contract Owner*

Lance Britt

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Ongoing subcontracting of OSAR services, current 3-yr contract cycle with HHSC began FY26

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☐ Yes ☐ No ☒ Unknown

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Tracey Burnett-Greenup

Address*

Street Address

303 Jackson Hill Street

Address Line 2

City

Houston

Postal / Zip Code

77007-7407

State / Province / Region

TX

Country

United States

Phone Number*

2812009329

Email*

tburnett-greenup@councilonrecovery.org

Budget Section**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2234	\$ 793,054.00	543061
Budget Manager	Secondary Budget Manager	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Requester Name

Smith, Janai

Submission Date

8/5/2026

Budget Manager Approval(s)

Approved by

Janai Lynnette Smith

Approval Date

8/5/2026

Contract Owner Approval

Approved by

Lance Britt

Approval Date

8/5/2026

Contracts Approval

Approve*

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

Approved by*

Belinda Stride

Approval Date*

8/5/2026

EXHIBIT F-4

AUGUST 2026

RENEWALS OVER 250k

AUGUST 2026
FISCAL YEAR 2026

[illegible]



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Select Header For This Contract*

Administration

Current Fiscal Year

2026

Contract ID#*

2022-0594

Contractor Name*

Rey de la Reza Architects, Inc. d/b/a RDLR Architect

Renewal Term Start Date

9/1/2026

Renewal Term End Date

8/31/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
- ☐ No
- ☒ Unknown

Contract NTE* (?)

\$ 545,036.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

1126

G/L Code(s)*

900040

Current Fiscal Year Purchase Order Number*

CT144208

Contract Requestor*

Sarah Harper

Contract Owner*

Ben Mendez

File Upload (?)

Evaluation of Current Fiscal Year Performance

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

☐ Yes ☒ No

Were Services delivered as specified in the contract?*

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

☒ Yes ☐ No

Renewal Determination

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

☒ Yes ☐ No

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

FM21.1126.18 NE Programming and Design (BP25.8001.01 NE Clinic Design and Construction - new clinic to better service consumers

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
1126	\$ 0.00	900040
Budget Manager*		Secondary Budget Manager*
Campbell, Ricardo		Campbell, Ricardo

Provide Rate and Rate Descriptions if applicable (?)

CT144208 will roll over into FY2027 for continuity and dollar amount will reflect remaining balance on PO at that time

Project WBS (Work Breakdown Structure) (?)

FM21.1126.18 NE Programming and Design (BP25.8001.01 NE Clinic Design and Construction)

Fiscal Year* (?)	Amount* (?)
2027	\$ 545,036.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

General Revenue (GR)

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change? *

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets? *

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Ben Mendez

Budget Manager Approval(s)

Approved by

Ricardo Campbell

Contract Owner Approval

Approved by

Ben Mendez

Contracts Approval

Approved by

Belinda Stude

Approval Date

7/30/2026

EXHIBIT F-5

AUGUST 2026

INTERLOCAL AGREEMENTS



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2022-0467

Contractor Name*

Harris County Public Health

Service Provided* (?)

Accessing Coordinated Care and Empowering Self Sufficiency's ("ACCESS Harris County") Multi-Disciplinary Team ("IMDT"). (automatic renewal)

Renewal Term Start Date*

1/1/2027

Renewal Term End Date*

1/31/2028

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
- ☒ No
- ☐ Unknown

Contract NTE* (?)

\$ 275,000.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Janai Smith

Contract Owner*

Lance Britt

File Upload (?)

Renewal Determination

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

☒ Yes ☐ No

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

Contract supports providing SUDS services and care to clients by funding 3 LCDC positions within Behavioral Health

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year

Budget Units and Amounts Charged to each Budget Unit

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
2370	\$ 275,000.00	403017

Budget Manager*	Secondary Budget Manager*
Smith, Janai	Shelby, Debbie

Provide Rate and Rate Descriptions if applicable* (?)

N/A

Project WBS (Work Breakdown Structure)* (?)

N/A

Fiscal Year* (?)

2027

Amount* (?)

\$ 275,000.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

☒ Yes ☐ No

Please Explain*

Need to request of funder that contract language and approved budget details be amended to align allowable costs with actual costs that are incurred to support program.

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Lance Britt

Budget Manager Approval(s)

Approved by

Janae Lynnette Smith

Contract Owner Approval

Approved by

Lance Britt

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/3/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2024-0973

Contractor Name*

Harris County Resources for Children and Adults

Service Provided* (?)

AWARE Harris Projective Narrative via SAMSHA Program for Agency's Clinicians to provide therapy, crisis intervention, substance abuse counseling, group therapy and education to children and adolescents.

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

10/1/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 830,650.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/a

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Mohagany Bowser

Contract Owner*

Tiffanie Williams-Brooks

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

- ☒ Yes ☐ No

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

By increasing school safety through the development and expansion of evidence-based, violence prevention, reduction programs, and strategies to support school climate by maximizing resources, at no cost, and prevent duplication of services.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
4110	\$ 680,953.00	435031
Budget Manager*	Secondary Budget Manager*	
Smith, Janai	Shelby, Debbie	

Provide Rate and Rate Descriptions if applicable* (?)

0.00

Project WBS (Work Breakdown Structure)* (?)

0.00

Fiscal Year* (?)

2027

Amount* (?)

\$ 680,953.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

State Grant

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Tiffanie Williams-Brooks

Budget Manager Approval(s)

Approved by

Tanai Lynnette Smith

Contract Owner Approval

Approved by

Elaine Williams-Bond, M.A., LSC-S

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

7/13/2026



Executive Contract Summary

Contract Section

Contractor*

Harris County Sheriff's Office

Contract ID #*

na

Presented To*

- ☒ Resource Committee
☐ Full Board

Date Presented*

8/18/2026

Parties* (?)

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

Agenda Item Submitted For: * (?)

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

Procurement Method(s) *

Check all that Apply

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

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

- ☒ Yes ☐ No

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☒ Yes ☐ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Funding Information *

- ☐ New Contract ☒ Amendment

Contract Term Start Date* (?)

9/1/2026

Contract Term End Date* (?)

8/31/2027

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

Fiscal Year* (?)

2027

Funding Source*

County

Contract Description / Type* (?)

- ☐ Personal/Professional Services
☐ Consumer Driven Contract
☐ Memorandum of Understanding
☐ Affiliation or Preceptor
☐ BAA/DUA
☐ Pooled Contract
☐ Renewal of Existing Contract

- ☐ Consultant
☐ New Contract/Agreement
☒ Amendment to Existing Contract
☐ Service/Maintenance
☐ IT/Software License Agreement
☐ Lease
☐ Other

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

This is a revenue contract in the amount of \$853,600. Harris County has funded the CORE Program to cover all expenditures for the 26/27 Fiscal year (County FY).

Amendment to extend the use of the CORE program to assess patient housed in Harris County jail on weekends and overnight when there are less clinicians to access the jail patients for housing assignments.

Contract Owner*

Kim Kornmayer

Previous History of Contracting with Vendor/Contractor*

☒ Yes ☐ No ☐ Unknown

Please add previous contract dates and what services were provided*

Currently under contract

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

☐ Yes ☐ No ☒ Unknown

Community Partnership* (?)

☒ Yes ☐ No ☐ Unknown

Specify Name*

Harris County

Supporting Documentation Upload (?)

Vendor/Contractor Contact Person



Name*

Phillp Bosquez, Asst Chief of Detention Operations
Command

Address *

Street Address

1200 Baker Street

Address Line 2

City

Houston

Postal / Zip Code

77002

State / Province / Region

TX

Country

US

Phone Number *

713-755-6044

Email *

Phillip.Bosquez@sheriff.hctx.net

Budget Section

Budget Units and Amounts Charged to each Budget Unit

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

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Requester Name

Singh, Patricia

Submission Date

7/22/2026

Budget Manager Approval(s)

Approved by

Jodel Oshman

Approval Date

7/22/2026

IT Director Approval

Approved by

Anthony Jones

Approval Date

7/23/2026

IT Approval Comments

Approved - AJones

Procurement Approval

File Upload (?)

Approved by

Sign

Approval Date

Contract Owner Approval



Approved by

KIMBERLY KORNMEYER

Approval Date

7/30/2026

Contracts Approval

Approve *

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

Approved by *

Belinda Stude

Approval Date *

8/4/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1020

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Mental Health and Intellectual Developmental Disability services through the Crisis Intervention Response Team (CIRT)

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

9/30/2027

Term for Off-Cycle Only (For Reference Only)

Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 953,030.00

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Patricia Singh

Contract Owner*

Kim Kornmayer

File Upload (?)**Renewal Determination****Is the contract being renewed for next fiscal year with this Contractor?* (?)**☒ Yes ☐ No**How does this contract support Agency/Unit Strategic priorities?***

This program, in which law enforcement officers and clinicians ride together in the field to provide assessments and treatment linkage for individuals in a mental health crisis, aims to decrease the number of people booked into the Harris County Jail system.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

☒ Yes ☐ No

** Note: This will only apply to IT contracts related to cybersecurity, all others can select NO*

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
9228	\$ 953,030.00	403011
Budget Manager*	Secondary Budget Manager*	
Oshman, Jodel	Ramirez, Priscilla	

Provide Rate and Rate Descriptions if applicable* (?)

na

Project WBS (Work Breakdown Structure)* (?)

na

Fiscal Year* (?)

2027

Amount* (?)

\$ 953,030.00

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

0

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Kim Kornmayer

Budget Manager Approval(s)

Approved by

Jeddel Ostman

Contract Owner Approval

Approved by

KIM KORNMAYER

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/4/2026



Annual Renewal Evaluation

Current Fiscal Year Contract Information

Current Fiscal Year

2026

Contract ID#*

2025-1043

Contractor Name*

Harris County Sheriff's Office

Service Provided* (?)

Jail Based Competency Restoration Program (JBRC) and for the expansion of the Forensic Single Portal Authority Program Services to Inmates Housed in the Detention Facilities Operated by the Harris County Sheriff's Office

Renewal Term Start Date*

10/1/2026

Renewal Term End Date*

9/30/2027

Term for Off-Cycle Only (For Reference Only)
Agenda Item Submitted For: (?)

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

Procurement Method(s)*

Check all that Apply

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

Contract Description / Type

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

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

- ☐ Yes
☒ No
☐ Unknown

Contract NTE* (?)

\$ 998,239.87

Rate(s)/Rate(s) Description

N/A

Unit(s) Served*

N/A

G/L Code(s)*

N/A

Current Fiscal Year Purchase Order Number*

N/A

Contract Requestor*

Sheenia Williams-Wesley

Contract Owner*

Krystin Holmes

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

- ☒ Yes ☐ No

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

To help individuals determined to be incompetent to stand trial and to reduce the number of individuals in the Harris County jail who are on the State Hospital waitlist.

Does the following apply to the contract?

Exception: Confidentiality of Cybersecurity Measures according to Texas Government Code Public Information §552.1391.

- ☐ Yes ☒ No

* Note: This will only apply to IT contracts related to cybersecurity, all others can select NO

Renewal Information for Next Fiscal Year**Budget Units and Amounts Charged to each Budget Unit**

Budget Unit Number*	Amount Charged to Unit*	Expense/GL Code No.*
6207	\$ 998,239.87	540000

Budget Manager*

Williams-Wesley, Sheenia

Secondary Budget Manager*

Reyes, Elizabeth

Provide Rate and Rate Descriptions if applicable* (?)

n/a

Project WBS (Work Breakdown Structure)* (?)

n/a

Fiscal Year* (?)	Amount* (?)
2027	\$ 915,053.21
Fiscal Year* (?)	Amount* (?)
2028	\$ 83,186.66

Next Fiscal Year Not to Exceed Amount for Master Pooled Contracts

Contract Funding Source*

County

Contract Content Changes

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

☐ Yes ☒ No

Will the scope of the Services change?*

☐ Yes ☒ No

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

☐ Yes ☒ No

Are there any changes in the Performance Targets?*

☐ Yes ☒ No

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

☐ Yes ☒ No

File Upload (?)

Contract Owner

Contract Owner* (?)

Please Select Contract Owner

Krystin Holmes

Budget Manager Approval(s)

Approved by

Sherrin Williams-Wesley

Contract Owner Approval

Approved by

Kristin Holmes

Contracts Approval

Approve*

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

Approved by*

Belinda Stude

Approval Date*

8/4/2026

EXHIBIT F-6

Agency Wide Moving & Storage Services RFP

Project# FY26-0382

Presented by: Stanley Adams, MBA
Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Overall Program Concept	30%
Understanding	25%
Financial Condition	10%
References	15%
Past Performance	10%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #1	Vendor #2	Vendor #3
Evaluator 1	100	73	66
Evaluator 2	98	96	92
Evaluator 3	97	94	90
Evaluator 4	100	91	87
Average Evaluation Score	98.75	88.50	83.75

The total possible score is 100 points.

Note: We evaluated eight vendor proposals and shortlisted the top three to maintain a concise presentation. Full scoring matrices and pricing details are available upon request.

Vendor #1 RFP – Pricing

HOURLY SERVICE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour per Person	\$33.06	\$36.37	\$36.37	\$40.01
Lead Man	Per Hour per Person	\$18.00	\$18.00	\$18.00	\$18.00
Driver	Per Hour per Person	\$33.06	\$36.37	\$36.37	\$40.01
Mover(s) – Per Person	Per Hour per Person	\$25.00	\$27.50	\$27.50	\$30.25
Installer / Assembler	Per Hour per Person	\$30.00	\$33.00	\$33.00	\$36.30
Packing Service of All Common Areas and Records	Per Hour	\$18.00	\$18.00	\$18.00	\$18.00
Vehicle(s) – All types included	Per Hour per Vehicle	\$28.00	\$28.00	\$28.00	\$28.00
If other services, not listed above, are provided by your company, please list here:	UoM				
	STATE UNIT OF MEASURE				

Vendor #1 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
WAREHOUSING & STORAGE	MONTHLY BILLING	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Square Foot per Month	\$0.65	\$0.65	\$0.65	\$0.65
Open Floor Gallery Storage – NON-Climate Controlled	Per Square Foot per Month	\$0.65	\$0.65	\$0.65	0.65
Enclosed Storage Vaults (7'x7'x6') – Stored in Climate Controlled Environment	Per Vault per Month	\$50.00	\$50.00	\$50.00	\$50.00
Enclosed Storage Vaults (7'x7'x6') – Stored in NON- Climate Controlled Environment	Per Vault per Month	\$50.00	\$50.00	\$50.00	\$50.00
Mobile Storage Trailer (48' long)	Per Trailer per Month				
If other storage options are provided by your company, please list here:	UoM				
	MONTHLY BILLING				

Vendor #1 RFP – Pricing

WAREHOUSE AND STORAGE “AFTER HOURS” ACCESS FEES					
Description of Fee(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Warehouse & Storage “After Hours” Access Fee	Per Each Request for “After Hours” Access	\$25.00	\$25.00	\$25.00	\$25.00

Vendor #1 RFP – Pricing

MOVING SUPPLIES					
Description of Supplies	UoM	Unit Price	Unit Price	Unit Price	Unit Price
	STATE				
	STANDARD UNIT	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Bins tri-wall all purpose containers		\$20.00	\$20.00	\$20.00	\$20.00
Book carton	Ea. (17x12x11)	\$2.50	\$2.50	\$2.50	\$2.50
Medium carton	Ea. (18x18x16)	\$3.00	\$3.00	\$3.00	\$3.00
Dish pack	Ea. (18x18x28)	\$8.00	\$8.00	\$8.00	\$8.00
Mirror carton	Ea. (37x3x61)	\$12.00	\$12.00	\$12.00	\$12.00
Large carton	Ea. (18x18x24)	\$3.50	\$3.50	\$3.50	\$3.50
Two-way, city wide radios	N/A	NC	NC	NC	NC
Corrugated wall covering	Each	\$50.00	\$50.00	\$50.00	\$50.00
Foam wrap wall covering	Per Roll	NC	NC	NC	NC
Blue, (3-M) or comparable mild adhesive tape	Per Roll	\$3.00	\$3.00	\$3.00	\$3.00
Masonite floor covering	Each	\$15.00	\$15.00	\$15.00	\$15.00
Door and corner guards	Each	NC	NC	NC	NC
Elevator guards	Each	NC	NC	NC	NC
Packing boxes for contents, interlocks	Each				
Colored moving labels	Roll (#250)	\$15.00	\$15.00	\$15.00	\$15.00
Large ziplock bags for IT Equipment/Cables/Phones	Each	\$2.00	\$2.00	\$2.00	\$2.00
Packing paper for delicate items	Per Pound	\$0.50	\$0.50	\$0.50	\$0.50
Bubble wrap for PC's (Anti-static)	Each	\$2.00	\$2.00	\$2.00	\$2.00
Foam wrap for packing and layering	Per Roll				
Shrink wrap and sealer	Per Roll (18' Wide)	\$25.00	\$25.00	\$25.00	\$25.00
Packing tape, general purpose	Per Roll	\$3.00	\$3.00	\$3.00	\$3.00
Peanuts, loose packing filler	Bag				
Heavy duty gondolas	Each	\$28.00	\$28.00	\$28.00	\$28.00
Paper pads for glass and art	48x72	\$28.00	\$28.00	\$28.00	\$28.00

Vendor #1 RFP – Pricing

MOVING SUPPLIES & DISPOSAL					
Description of Supplies		Unit Price	Unit Price	Unit Price	Unit Price
	UoM				
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	STATE STANDARD UNIT OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Wardrobes for maps, drawings, clothing	Each	\$12.00	\$12.00	\$12.00	\$12.00
List here if disposal services are offered	C-Van	\$200.00	\$200.00	\$200.00	\$200.00
List here if disposal services are offered	C-Van 1/2 Load	\$400.00	\$400.00		
List here if disposal services are offered	Bobtail Full Load	\$800.00	\$800.00	\$800.00	\$800.00
List here if disposal services are offered	Bobtail 1/2/Load	\$400.00	\$400.00	\$400.00	\$400.00

Vendor #2 RFP – Pricing

HOURLY SERVICE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour per Person	\$40.00	\$40.00	\$40.00	\$40.00
Lead Man	Per Hour per Person	\$32.00	\$32.00	\$32.00	\$32.00
Driver	Per Hour per Person	\$32.00	\$32.00	\$32.00	\$32.00
Mover(s) – Per Person	Per Hour per Person	\$28.00	\$28.00	\$28.00	\$28.00
Installer / Assembler	Per Hour per Person	\$35.00	\$35.00	\$35.00	\$35.00
Packing Service of All Common Areas and Records	Per Hour	\$28.00	\$28.00	\$28.00	\$28.00
Vehicle(s) – All types included	Per Hour per Vehicle	\$25.00	\$25.00	\$25.00	\$25.00
If other services, not listed above, are provided by your company, please list here:	UoM				
	STATE UNIT OF MEASURE				
IT Tech	Per Hour Per Person	\$35.00	\$35.00	\$35.00	\$35.00
Fuel Surcharge	Per Truck Per Day	\$75.00	\$75.00	\$75.00	\$75.00
Project Manager	Per Hour Per Person	\$60.00	\$60.00	\$60.00	\$60.00

Vendor #2 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES					
Description of Service(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
WAREHOUSING & STORAGE	MONTHLY BILLING	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Square Foot per Month	\$1.75	\$1.75	\$1.75	\$1.75
Open Floor Gallery Storage – NON-Climate Controlled	Per Square Foot per Month	\$1.25	\$1.25	\$1.25	\$1.25
Enclosed Storage Vaults (7'x7'x6") – Stored in Climate Controlled Environment	Per Vault per Month	\$45.00	\$45.00	\$45.00	\$45.00
Enclosed Storage Vaults (7'x7'x6") – Stored in NON- Climate Controlled Environment	Per Vault per Month	\$30.00	\$30.00	\$30.00	\$30.00
Mobile Storage Trailer (48' long)	Per Trailer per Month	\$500.00	\$500.00	\$500.00	\$500.00
If other storage options are provided by your company, please list here:	UoM				
	MONTHLY BILLING				

Vendor #2 RFP – Pricing

WAREHOUSE AND STORAGE “AFTER HOURS” ACCESS FEES					
Description of Fee(s)	UoM	Unit Price	Unit Price	Unit Price	Unit Price
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Warehouse & Storage “After Hours” Access Fee	Per Each Request for “After Hours” Access	\$80.00	\$80.00	\$80.00	\$80.00

Vendor #2 RFP – Pricing

MOVING SUPPLIES					
Description of Supplies	UoM	Unit Price	Unit Price	Unit Price	Unit Price
	STATE STANDARD UNIT OF MEASURE (e.g. Per 300' roll, Per Package of 200, etc.)	Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
		8/01/2028 to 8/31/2028	8/01/2028 to 8/31/2029	8/01/2029 to 8/31/2030	8/01/2030 to 8/31/2031
Bins tri-wall all purpose containers		\$0.00	\$0.00	\$0.00	\$0.00
Book carton	Ea. (17x12x11)	\$3.00	\$3.00	\$3.00	\$3.00
Medium carton	Ea. (18x18x16)	\$4.25	\$4.25	\$4.25	\$4.25
Dish pack	Ea. (18x18x28)	\$13.00	\$13.00	\$13.00	\$13.00
Mirror carton	Ea. (37x3x61)	\$15.00	\$15.00	\$15.00	\$15.00
Large carton	Ea. (18x18x24)	\$7.50	\$7.50	\$7.50	\$7.50
Two-way, city wide radios	N/A				
Corrugated wall covering	Each	\$110.00	\$110.00	\$110.00	\$110.00
Foam wrap wall covering	Per Roll				
Blue, (3-M) or comparable mild adhesive tape	Per Roll	\$14.00	\$14.00	\$14.00	\$14.00
Masonite floor covering	Each	\$0.00	\$0.00	\$0.00	\$0.00
Door and corner guards	Each	\$0.00	\$0.00	\$0.00	\$0.00
Elevator guards	Each	\$0.00	\$0.00	\$0.00	\$0.00
Packing boxes for contents, interlocks	Each	\$3.50	\$3.50	\$3.50	\$3.50
Colored moving labels	Roll (#500)	\$32.00	\$32.00	\$32.00	\$32.00
Large ziplock bags for IT Equipment/Cables/Phones	Each	\$2.00	\$2.00	\$2.00	\$2.00
Packing paper for delicate items	Per 25 pound bundle	\$30.00	\$30.00	\$30.00	\$30.00
Bubble wrap for PC's (Anti-static)	Each	\$6.00	\$6.00	\$6.00	\$6.00
Foam wrap for packing and layering	Per Roll				
Shrink wrap and sealer	Per Roll (18' Wide)	\$32.00	\$32.00	\$32.00	\$32.00
Packing tape, general purpose	Per Roll	\$3.50	\$3.50	\$3.50	\$3.50
Peanuts, loose packing filler	Bag	N/a	n/a	n/a	n/a
Heavy duty gondolas	Each	\$28.00	\$28.00	\$28.00	\$28.00
Paper pads for glass and art	48x72	\$5.00	\$5.00	\$5.00	\$5.00

Vendor #2 RFP – Pricing

MOVING SUPPLIES & DISPOSAL					
Description of Supplies		Unit Price	Unit Price	Unit Price	Unit Price
	UoM				
		Initial Contract Period	First One-Year Renewal Period	Second One-Year Renewal Period	Third One-Year Renewal Period
	STATE STANDARD UNIT OF (e.g. Per 300' roll, Per Package of 200, etc.)	9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Wardrobes for maps, drawings, clothing	Each	\$18.00	\$18.00	\$18.00	\$18.00
List here if disposal services are offered	C-Van	N/A	N/A	N/A	N/A
List here if disposal services are offered	C-Van 1/2 Load	N/A	N/A	N/A	N/A
List here if disposal services are offered	Bobtail Full Load	\$500.00	\$500.00	\$500.00	\$500.00
List here if disposal services are offered	Bobtail 1/2/Load	\$260.00	\$260.00	\$260.00	\$260.00

Vendor #3 RFP – Pricing

HOURLY SERVICE CHARGES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Supervisor	Per Hour / Per Person	\$75.00	\$75.00	\$75.00	\$75.00
Lead Man	Per Hour / Per Person	\$70.00	\$70.00	\$70.00	\$70.00
Driver	Per Hour / Per Person	\$60.00	\$60.00	\$60.00	\$60.00
Mover(s)	Per Hour / Per Person	\$60.00	\$60.00	\$60.00	\$60.00
Installer / Assembler	Per Hour / Per Person	\$75.00	\$75.00	\$75.00	\$75.00
Project Manager / Move Coordinator	Per Hour / Per Person	\$95.00	\$95.00	\$95.00	\$95.00
Packing Service – Common Areas and Records	Per Hour	\$60.00	\$60.00	\$60.00	\$60.00
Vehicle – Bobtail Truck	Per Hour / Per Vehicle	\$55.00	\$55.00	\$55.00	\$55.00
Vehicle – Tractor/Trailer	Per Hour / Per Vehicle	\$85.00	\$85.00	\$85.00	\$85.00
4-Hour Minimum Charge (all labor)	Per Move / Minimum	See Note	See Note	See Note	See Note

Vendor #3 RFP – Pricing

MONTHLY WAREHOUSING AND STORAGE CHARGES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
					9/01/2030 to 8/31/2031
Open Floor Gallery Storage – Climate Controlled	Per Sq Ft / Month	\$3.00	\$3.00	\$3.00	\$3.00
Open Floor Gallery Storage – NON-Climate Controlled	Per Sq Ft / Month	\$2.50	\$2.50	\$2.50	\$2.50
Enclosed Storage Vaults (7'x7'x6') – Climate Controlled	Per Vault / Month	\$175.00	\$175.00	\$175.00	\$175.00
Enclosed Storage Vaults (7'x7'x6') – NON-Climate Controlled	Per Vault / Month	\$135.00	\$135.00	\$135.00	\$135.00
Mobile Storage Trailer (48' long)	Per Trailer / Month	\$950.00	\$950.00	\$950.00	\$950.00

Vendor #3 RFP – Pricing

WAREHOUSE AND STORAGE "AFTER HOURS" ACCESS FEES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Warehouse & Storage "After Hours" Access Fee	Per Request	\$85.00	\$85.00	\$85.00	\$85.00

Vendor #3 RFP – Pricing

MOVING SUPPLIES					
Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Bins – Tri-wall all purpose containers	Each	\$18.00	\$18.00	\$18.00	\$18.00
Book carton (17x12x11)	Each	\$5.50	\$5.50	\$5.50	\$5.50
Medium carton (18x18x16)	Each	\$4.25	\$4.25	\$4.25	\$4.25
Dish pack (18x18x28)	Each	\$6.50	\$6.50	\$6.50	\$6.50
Mirror carton (37x3x61)					\$8.00
Large carton (18x18x24)					\$5.00
Two-way, city wide radios	N/A	N/C	N/C	N/C	N/C
Corrugated wall covering	Each	\$12.00	\$12.00	\$12.00	\$12.00
Foam wrap wall covering	Per Roll	\$22.00	\$22.00	\$22.00	\$22.00
Blue (3-M) or comparable mild adhesive tape	Per Roll	\$9.50	\$9.50	\$9.50	\$9.50
Masonite floor covering	Each	\$18.50	\$18.50	\$18.50	\$18.50
Door and corner guards	Each	\$5.00	\$5.00	\$5.00	\$5.00
Elevator guards	Each	\$35.00	\$35.00	\$35.00	\$35.00
	Each	\$4.50	\$4.50	\$4.50	\$4.50
	Roll (#250)	\$8.00	\$8.00	\$8.00	\$8.00
	Each	\$1.25	\$1.25	\$1.25	\$1.25
	Per Pound	\$2.50	\$2.50	\$2.50	\$2.50
	Each	\$14.00	\$14.00	\$14.00	\$14.00
Foam wrap for packing and layering	Per Roll	\$18.00	\$18.00	\$18.00	\$18.00
Shrink wrap and sealer	Per Roll (18" Wide)	\$30.00	\$30.00	\$30.00	\$30.00
Packing tape, general purpose	Per Roll	\$3.50	\$3.50	\$3.50	\$3.50
Peanuts, loose packing filler	Bag	\$9.00	\$9.00	\$9.00	\$9.00
Heavy duty gondolas	Each	\$45.00	\$45.00	\$45.00	\$45.00
Paper pads for glass and art (48x72)	Each	\$8.50	\$8.50	\$8.50	\$8.50
Wardrobes for maps, drawings, clothing	Each	\$12.00	\$12.00	\$12.00	\$12.00

Vendor #3 RFP – Pricing

DISPOSAL SERVICES

Description of Service(s)	Unit of Measure	Initial Contract Period (2 Years)	First One-Year Renewal	Second One-Year Renewal	Third One-Year Renewal
		9/01/2026 to 8/31/2028	9/01/2028 to 8/31/2029	9/01/2029 to 8/31/2030	9/01/2030 to 8/31/2031
Disposal Services – Bobtail Full Load	Bobtail Full Load	\$750.00	\$750.00	\$750.00	\$750.00
Disposal Services – Bobtail Half Load	Bobtail 1/2 Load	\$550.00	\$550.00	\$550.00	\$550.00

Award Recommendation

Docusign Envelope ID: 21611DAB-91A6-8D69-8365-52CA8B23859F



**Award Recommendation
Agency Wide Moving and Storage Services RFP
Project# FY26-0382**

The Request for Proposal opened for Agency Wide Moving and Storage Services on, June 10, 2026, at 11:00 A.M.

The Project Team consisted of the following members: James Blunt, Buyer II, Sharon Brauner, Purchasing Manager, Sarah Harper, Services Project Coordinator, Karen Hurst, Assistant Director Facility Services, Benjamin Mendez, Director Facility Services and Mustafa Cochunwala, Chief Information Officer.

One hundred and sixty-nine (169) vendors were identified in this area of interest by our procurement software, Bonfire. Thirty-four (34) vendors were identified from buyer research, and the previous vendor list was also contacted. The specifications were posted on four (4) local newspapers, The Harris Center's website, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC), and Houston Business Journal.

Eight (8) responses received and zero (0) did not participate. Eight (8) responses were deemed responsive and evaluated by the project team.

Recommended Vendor:

A-Rocket Moving & Storage, Inc.

The team members rated each response using a qualitative approach. After weighing all categories, it was determined that A-Rocket has a good understanding of what is needed by the Agency. This vendor offers the most cost-effective solution among the proposals, combined with a highly collaborative working style and exceptional responsiveness.

The initial contract period is anticipated to begin upon the award of contract for two (2) based years with three (3) optional annual renewals at the sole discretion of The HARRIS CENTER based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

The total NTE (Not to Exceed) for five (5) years is \$350,000.00 to be funded annually subject to availability of the budget each year. Forecast for each year is:

Docusign Envelope ID: 21611DAB-91A6-8D69-8365-52CA8B23859F

FY27: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY27: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

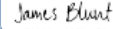
FY28: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY28: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY29: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY29: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY30: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY30: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

FY31: Services \$65,000.00 (Funding Source is Unit# 1899, GL# 571000)
FY31: Services \$5,000.00 (Funding Source is Unit# 1124, GL# 571000)

Submitted By:

Docusign by:
 7/10/2026
James Blunt, C.P.M.
Buyer II

Recommended By:

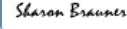
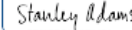
Docusign by:
 7/10/2026
Sharon Brauner, C.P.M., A.P.P.
Purchasing Manager
Docusign by:
 7/10/2026
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT F-7

Agency Wide Clinical Laboratory Services RFP

Project# FY26-0273

Presented by: Stanley Adams, MBA
Chief Financial Officer



Request For Proposal – Evaluation Criteria

Evaluation Category	Relative Weight
Complete Proposal	10%
References	10%
Performance History	10%
Standards Compliance	10%
Electronic Medical Record (EMR) Interface	30%
Laboratory Test	20%
Cost	10%
TOTAL	100%

Request for Proposal – Proposal Evaluation Scores

Evaluation Team	Vendor #1
Evaluator 1	98
Evaluator 2	94
Evaluator 3	76
Average Evaluation Score	89.33

The total possible score is 100 points.

Vendor Pricing-

	Vendor #1
NTE for 5 Years	\$1,784.835.00

Vendor #1 RFP – Pricing (Additional Pricing on Slides 6-9)

TEST NAME	PRICE PER TEST " WITHOUT" PHLEBOTOMY	DISCOUNT		PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT	
		MORE THAN			MORE THAN	
		ONE TEST			ONE TEST	
ALBUMIN/CRT RATIO,RNDM UR	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50	\$ 10.50
ALKALINE PHOSPHATASE ISO	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
AMITRIPTYLINE	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00
AMMONIA	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25	\$ 13.25
ANTI-NUCLEAR ANTIBODIES	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
AUTO UA W/ MICROSCOPIC	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
AUTOMATED HEMOGRAM	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
BASIC METABOLIC PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
BRAIN NATRIURETIC PEPTIDE	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00
BUN	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CANDIDA BY PCR	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00	\$ 60.00
CARBAMAZEPINE,TOTAL	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
CBC W/MANUAL DIFF	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
CBC W/O DIFF,WITH PLATE	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
CBC WIT ABSOLUTE	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
BV, CANDIDA, CT/NG,TRICH	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00	\$ 162.00
CHROMOSOME ANALYSIS	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00	\$ 325.00
CHLAMYDIA, TMA URINE AND SWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,SIMPLESWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,THINPREP	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CHLAMYDIA,TMA,URINE	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
CK, TOTAL	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.75
CLOZARIL (CLOZAPINE)	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
COMP METABOLIC PANEL	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25
COMPLETE BLOOD COUNT	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
CPR, HIGH SENSIT	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
C-REACTIVE PROTEIN	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75	\$ 4.75
CREATININE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
CT/NG,TMA,SIMPLESWAB	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CT/NG,TMA,THINPREP	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CT/NG,TMA,URINE	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
CULTURE URINE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
CULTURE,HERPES SIMPLEX	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50	\$ 16.50
CULTURE,URINE & SENS ALL	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
DESIPRAMINE	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90	\$ 13.90
DHEA SULFATE	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25	\$ 11.25
DIFFERENTIAL	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
DNA AB ANTI-DNA SS IgG, AB, QN	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
DRUG ABUSE 11 W/ETOH,NO	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00	\$ 16.00
DRUG ABUSE SCRIN 10 RFLX	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00	\$ 14.00
DRUG ABUSE SCRIN 8 W/CONF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
DRUG SCREEN,SERUM	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
ELECTROLYTES PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
ESTRADIOL	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
FECAL IMMUNOCHEMICAL TEST (FIT)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
FERRITIN	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50	\$ 5.50
FOLATE, RBC	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
FOLIC ACID	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
FREE T3	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT		PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT	
		MORE THAN ONE TEST			MORE THAN ONE TEST	
		ONE TEST			ONE TEST	
FREE T4 (THYROXINE)	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00	
FSH + LH PROFILE	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00	
GABAPENTIN, SERUM	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	
GENERAL HEALTH PANEL	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	\$ 8.40	
GGT	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	
GLUC FOR LACT TOL,1HR	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GLUCOSE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GLUCOSE,FASTING NDDG	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15	
GONORRHEA,TMA,SIMPLESWAB	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
GONORRHEA,TMA,THINPREP	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
GONORRHEA,TMA,URINE	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	
H PYLORI BREATH TEST	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	
HCG QUANTITATIVE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
HCG,QUALITATIVE,SERUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
HEMOGLOBIN A1C	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATIC FUNCTION PANEL	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	\$ 2.75	
HEPATITIS A TOTAL AB	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	
HEPATITIS A TOTAL AB,RFLX	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	\$ 8.50	
HEPATITIS A VIRAL AB (IGM	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B CORE IGM	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50	
HEPATITIS B CORE TOTAL AB	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B DELTA AB	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B E ANTIBODY	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B E ANTIGEN	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	
HEPATITIS B QUANT BY PCR	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	
HEPATITIS B SURF AB	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS B SURF AG	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	
HEPATITIS B SURF AG	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50	
HEPATITIS Bs AB QUANT	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00	
HEPATITIS C ANTIBODY	\$ 9.25	\$ 9.25	\$ 9.25	\$ 9.25	\$ 9.25	
HEPATITIS C GENOTYPE	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
HEPATITIS C RNA BY PCR, Q	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	
HEPATITIS PROFILE (A,B, C)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	
FRAGILE X SCREENING	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN ONE TEST		MORE THAN ONE TEST
HEPATITIS C RNA PCR QUAL	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
HEPATITIS PANEL,ACUTE	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HEPATITIS PROFILE(A,B,C)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HIV	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
HIV 1/2 4TH GEN,RFLX CONF	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
HOMOCYSTINE	\$ 19.00	\$ 19.00	\$ 19.00	\$ 19.00
HPV HI RISK GENOTYPE, SP	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
HPV HI RISK GENOTYPE, TP	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
IMIPRAMINE	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
IRON+IBC+SATURATION %	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50
LEAD, BLOOD, INDUSTRIAL	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
LEAD,BLOOD,CAPILLARY	\$ 7.80	\$ 7.80	\$ 7.80	\$ 7.80
LEAD,BLOOD,VENIPUNCTURE	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
LIPASE	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
LIPID PANEL	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
LITHIUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
LYME ANTIBODY,IgG/IgM	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00
MAGNESIUM	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
MANUAL RETIC	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
MANUAL SEDRATE	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
MANUAL UA W/MICRO	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
MC DIABETES SCRNM FAST GLU	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
MC PRE-DIAB SCRNM FAST GLU	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
METHYLMALONIC ACID	\$ 27.00	\$ 27.00	\$ 27.00	\$ 27.00
MHA-TP (T PALLIDUM AB)	\$ 14.50	\$ 14.50	\$ 14.50	\$ 14.50
NORTRIPTYLINE (PAMELOR)	\$ 22.00	\$ 22.00	\$ 22.00	\$ 22.00
OCC BLD,FECAL,IMM DX	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
OCC BLD,FECAL,IMM MC SCRNM	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
PAP SMEAR WITH HPV	\$ 46.00	\$ 46.00	\$ 46.00	\$ 46.00
PAP SMEAR WITH RELEX	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP TEST,SUREPATH,IMAGED	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP,SUREPATH,MC 1YR,IMAGE	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PTH, INTACT	\$ 28.00	\$ 28.00	\$ 28.00	\$ 28.00
PAP TEST,THIN PREP, IM & HPV	\$ 46.00	\$ 46.00	\$ 46.00	\$ 46.00

TEST NAME	PRICE PER TEST "WITH OUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN		MORE THAN
		ONE TEST		ONE TEST
PAP,SUREPATH,MC 2YR,IMAGE	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PAP,SUREPATH,MC DIAG,IMAG	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PHENYTOIN (DILANTIN)	\$ 7.50	\$ 7.50	\$ 7.50	\$ 7.50
PREGNANCY TEST, URINE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PROLACTIN	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
PROTHROMBIN TIME	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
PSA TOTAL,SCRN MEDICARE	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PSA, TOTAL	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
PTH INTACT W/CA	\$ 28.00	\$ 28.00	\$ 28.00	\$ 28.00
PTT	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
RANDOM GLUCOSE	\$ 2.15	\$ 2.15	\$ 2.15	\$ 2.15
REFLX CBC W/MANUAL DIFF	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RENAL FUNCTION PANEL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RETICULOCYTE COUNT	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
RHEUMATOID FACTOR	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
RPR	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RPR reflex to Titer	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
RX ANTIPSYCH SCRNL/RFLX	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00
SEDIMENTATION RATE	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
SERUM IRON	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SGOT (AST)	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SGPT (ALT)	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
SJOGREN'S SS-A ANTIBODY	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00
SJOGREN'S SS-B ANTIBODY	\$ 13.00	\$ 13.00	\$ 13.00	\$ 13.00
STAT HANDLING FEE	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
T4	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TESTOSTERONE	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.00
TESTOSTERONE,FR/TOT W/SBG	\$ 24.00	\$ 24.00	\$ 24.00	\$ 24.00
THC, QUANT, URINE	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
THINPREP PAP,IMAGED	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THINPREP PAP,IMAGED MC 1Y	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THINPREP PAP,IMAGED MC 2Y	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
PHOSPHORUS	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00

TEST NAME	PRICE PER TEST "WITHOUT" PHLEBOTOMY	DISCOUNT	PRICE PER TEST "WITH" PHLEBOTOMY	DISCOUNT
		MORE THAN		MORE THAN
		ONE TEST		ONE TEST
THINPREP,IMAGED MC DIAG	\$ 21.00	\$ 21.00	\$ 21.00	\$ 21.00
THYROID I PROFILE	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
THYROID II PROFILE	\$ 7.00	\$ 7.00	\$ 7.00	\$ 7.00
THYROID PEROXIDASE AB	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00
THYROID STIMULATING HORMONE	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TROPONIN T	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
TSH	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
TSH REFLEX TO FREE T4	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
T-UPTAKE	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UA MANUAL DIPSTICK	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UA MICROSCOPIC & RFLX CUL	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
UPT	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
URIC ACID	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
URINALYSIS W/REFLEX MICRO	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
URINALYSIS WITH MICROSCOP	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
URINE MICROALBUMIN	\$ 8.00	\$ 8.00	\$ 8.00	\$ 8.00
URINE,CULT IF INDICATED	\$ 2.50	\$ 2.50	\$ 2.50	\$ 2.50
UROGRAM	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
VALPROIC ACID (DEPAKENE)	\$ 9.00	\$ 9.00	\$ 9.00	\$ 9.00
VITAMIN B-12	\$ 6.75	\$ 6.75	\$ 6.75	\$ 6.75
VITAMIN D, 25-HYDROXY	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
WHITE BLOOD COUNT	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00

DocuSign Envelope ID: 02056AC4-5B89-8B4C-82CE-4D57BF353BEA



Award Recommendation Request For Proposal Agency Wide Clinical Laboratory Services Project#FY26-0273

A Proposal Opening for Agency Wide Clinical Laboratory Services was held on Wednesday, June 17, 2026.

Four hundred forty-two (442) vendors were identified in this area of interest from our procurement Software EUNA/Bonfire and were notified of this opportunity. Sixteen (16) vendors were identified from buyer research and previous vendor list were also contacted. The specifications were posted on five (5) local newspapers, The Harris Center's web site, the State of Texas Electronic State Business Daily website, Women's Business Enterprise Alliance (WBEA), Houston Minority Supplier Development Council (HMSDC). One (1) proposal was received. One (1) deemed responsive. The vendor who submitted a responsive proposal is Clinical Pathology Laboratories.

There were 35 Document Takers, 3 Intent to Bid and 1 Proposal Received. To better understand the lack of participation, Purchasing conducted follow-up outreach with vendors.

Intent to Bid Vendors

StatCare Urgent & Walk-In Medical Care PLLC

- Contacted by Purchasing.
- No response was received regarding why a proposal was not submitted.

Accu Reference Medical Lab

- Contacted by Purchasing.
- Vendor stated they were unable to participate because they do not maintain offices in the Houston area.

Additional Document Takers Contacted

LabCorp

- Follow-up performed regarding non-participation- no response.

The Project Team consisted of the following members: Rosalind Armstrong, Buyer II, Kia Walker, Chief Nursing Officer, Yen Phan, Nurse Director, and Rick Hurst, Sr. Director of IT Infrastructure.

Seven (7) areas were evaluated: Complete Proposal, References, Performance History, Standards Compliance, Electronic Medical Record (EMR) Interface, Laboratory Test, and Cost. Clinical Pathology Laboratories' platform is fully integrated with our system (Epic), ensuring compatibility and continuity of services.

Based on the project team's evaluation of the responses received, it is recommended that the contract be awarded to Clinical Pathology Laboratories, Inc.

The initial contract period is anticipated to begin upon award of contract for one (1) base year with four (4) optional annual renewals at the sole discretion of The Harris Center based upon satisfactory performance and annual budget appropriations, which will be reviewed on an annual basis.

DocuSign Envelope ID: 02056AC4-5B89-8B4C-82CE-4D57BF353BEA

The initial fiscal year budget requested is \$356,967.00 subject to the appropriation and availability of funds. The total NTE (Not to Exceed) requested for the five years is \$1,784,835.00 funded annually. The charges will be allocated for various units using the service.

FY27 NTE-\$356,967.00
FY28 NTE-\$356,967.00
FY29 NTE-\$356,967.00
FY30 NTE-\$356,967.00
FY31 NTE-\$356,967.00

DocuSigned by:
Rosalind Armstrong
Rosalind Armstrong, BSBA
Buyer II

DocuSigned by:
Mina Cook
Mina Cook, MBA, CTCM, CTCD
Director of Purchasing

DocuSigned by:
Stanley Adams
Stanley Adams, MBA
Chief Financial Officer

EXHIBIT F-8

Status **Pending** PolicyStat ID **20588863**



Origination 01/1998
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

HIM.EHR.A.1 Agency Abbreviations

1. PURPOSE:

The purpose of this policy is to maintain the standardized approved list of abbreviations.

2. POLICY:

It is the policy of the Harris Center for Mental Health and IDD (The Harris Center) that in order to reduce error and foster clarity of written communication, only approved abbreviations and symbols shall be used when making entries in the patient/individual's record. An abbreviation list has been developed to establish the continuity of medical terminology and abbreviations for use in the medical records maintained by The Harris Center.

3. APPLICABILITY/SCOPE:

Applies to all staff, contractors, volunteers, and interns at The HARRIS CENTER for Mental Health and IDD.

4. PROCEDURES:

[HIM.EHR. B.1 Agency Abbreviations](#)

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Charles Press Handbook of Current Medical Abbreviations, 5th Edition
- Institute for Safe Medication Practices (ISMP) List of Error-Prone Abbreviations, Symbols and Dose Designations

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT F-9

Status **Pending** PolicyStat ID **20588862**



Origination	02/2017	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

HIM.EHR.A.2 Breach Notification

1. PURPOSE

The Harris Center for Mental Health and IDD (The Harris Center) will enforce a compliance program for data breach reporting and notification. The Harris Center will investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

2. POLICY

It is the policy of The Harris Center to investigate, communicate, document, notify and report all discovered breaches of protected health information (PHI) in accordance with federal and state law and regulation.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

[HIM.EHR.B.2 Breach Notification](#)

5. RELATED POLICIES/FORMS:

[LD.A.1 - Business Associate Policy](#)

Forms

Online Incident Report

Attachments

- Breach Information Log
- Risk Assessment Tool

6. REFERENCES: RULES/REGULATIONS/STANDARDS

Notification in the Case of Breach, American Recovery & Reinvestment Act Title XIII Section 13402
Medical Records Privacy Act, Tex. Health & Safety Code Ch. 181

Identity Theft Enforcement and Protection Act, Tex. Business and Commerce Code Ch. 521
Mental Health Records, Tex. Health & Safety Code Ch. 611
Federal Trade Commission Breach Notification Rules -16 CFR Part 318
Confidentiality of Substance Use Disorder Patient Record, 42 CFR Part 2
HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT F-10

Status **Pending** PolicyStat ID **20040483**



Origination 06/2013
 Last Approved N/A
 Effective Upon Approval
 Last Revised 04/2026
 Next Review 1 year after approval

Owner Kendra Thomas: Counsel
 Area Environmental Management
 Document Type Agency Policy

EM.A.3 Burglaries or Thefts

1. PURPOSE:

To ensure documentation, tracking, and reporting of lost or stolen property.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD "The Harris Center" that all burglaries, thefts, or losses of The Harris Center property shall be reported immediately upon discovery to the local police and to the appropriate personnel at The Harris Center. An Incident Report shall be completed as well. Property losses shall be reviewed to determine negligence, including the degree of financial responsibility for the loss.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

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

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/
STANDARDS:

- Equipment Disposal Report
- The Harris Center Property Authorization for Employee Use Form
- The Harris Center Policy and Procedure Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director Review	Demetria Lockett	07/2026
Compliance 1st Review	Christopher Webb: Audit	04/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT F-11

Status **Pending** PolicyStat ID **20721810**



Origination	09/2022	Owner	Danyalle Evans
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Bylaws
Last Revised	08/2025		
Next Review	1 year after approval		

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



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

Article One

Creation and Purpose of the Professional Review Committee.

1.1 The Harris Center for Mental Health and IDD, is a Community Center, an agency of the state, a governmental unit and a health care facility that provides medical or health-care services and follows a

formal peer review process for the purpose of furthering quality medical and/or health-care.

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

1. Merits of a complaint relating to health care practitioner and a determination or recommendation regarding a complaint;
2. Accuracy of a diagnosis;
3. Quality of the care provided by health care practitioners;
4. Report made to a Professional Review Committee and its subcommittees and ad hoc committees concerning activities under the Committee's review authority;
5. Report made by a Professional Review Committee, any of its subcommittees or ad hoc committees or to the Board of Trustees as permitted or required by law; and
6. Implementation of the duties of a Professional Review Committee and the PRC subcommittees and ad hoc committees by a member, agent, or employee of the Committee.

1.3 Nature of the Committee.

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

Article Two

Meetings

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

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

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

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

Article Three

Composition or the Committee

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

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

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

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

3.05 Removal of Members. Any member of the Committee may be removed from the Committee with or

without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

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

Article Four

Peer Review Authority of the Professional Review Committee

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

4.02 Duties of the Committee. The primary duties of the PRC is to implement a formal peer review process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

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

4.03 Urgent Case Review

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

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

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

Required Attendees:

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

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

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

4.04 Sentinel Events Process

- **Sentinel Events Process**

A. Within 1 working day of knowledge of incident:

- A Sentinel Event is an unexpected occurrence involving death or serious physical injury or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Serious events include the death of a client, delay in care, alleged abuse/neglect, or other incident as determined by the Chief Medical Officer. The "appropriate person" is defined as the Quality Management Director or designee(s)
- **Procedures:**
 1. Area Director or designee(s) contacts the appropriate person to notify of the incident.
 2. The appropriate person completes incident report and other forms as needed and notifies the Chief Medical Officer or designee(s).
 3. The Chief Medical Officer determines if the incident, as identified in the report, is considered to be a Sentinel Event.

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

Article Five

Sub-Committees and Standing Agenda Items of Professional Review Committee

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

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

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

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

Committee.

Article Six

Confidentiality of Records

6.01 Confidential and Privileged Communications-

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

- A. Minutes of all Committee and sub-Committee meetings;
- B. Correspondence and memoranda between Committee members, staff, consultants, employees, agents, and servants of the Committee, the Center, its subsidiaries, or its contract providers;
- C. All other documents, records, communications, or memoranda involved in the deliberative process of the Committee;
- D. Any preliminary or final Committee report(s), product(s), or recommendation(s); and
- E. Written or oral communications received from another Professional Review Committee or professional review sub-Committee.

6.02 Protection from Disclosure.

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

Article Seven

7.01 Amendment of Bylaws.

Amendments to these By-laws may be proposed by any member of the PRC. Amendments to these

bylaws requires the approval of the Board of Trustees of The Harris Center for Mental Health and IDD.

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

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

The Harris Center for Mental Health and IDD

Board of Trustees

Dr. Robin Gearing, Chairman

Attachments

-  [Bylaws for Professional Review Committee-Amended signature pg.pdf](#)
-  [image3.jpg](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Initial Assignment	Danyalle Evans	06/2026

EXHIBIT F-12

Status **Pending** PolicyStat ID **20272493**



Origination 07/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

ACC.A.16 Clinician Peer Review

1. PURPOSE:

The purpose of this policy is to ensure a process whereby the quality of care provided by Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Chemical Dependency Specialists (LCDC) (and Interns/Associates for each) at the Harris Center for Mental Health & IDD (The Harris Center) is clinician peer-driven and meets professionally recognized standards of care via ongoing objective, nonjudgmental, consistent, and fair evaluation by the licensed staff.

2. POLICY:

It is the policy of The Harris Center to ensure that behavioral health services are provided by qualified and competent practitioners who adhere to established professional standards. All proceedings of the Clinician Peer Review Committee are held in accordance with all rules and statutes applicable to the various state boards. The Clinician Peer Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY /SCOPE:

This policy applies to any employed and contracted licensed LPC, LCSW, LMFT, LCDC, and all interns and associates of those titles.

4. RELATED POLICIES/FORMS:

[COM.A.6 Professional Review Committee](#)

5. PROCEDURES:

ACC.B.16 Clinician Peer Review

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas State Board of Examiners of Professional Counselors. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-professional-counselors/index.html>

Texas State Board of Psychologists. <https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html>

Texas State Board of Social Worker Examiners. <https://www.bhec.texas.gov/texas-state-board-of-social-worker-examiners/index.html>

Licensed Chemical Dependency Counselor Program. <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program/lcdc-new-license-registration>

Licensed Chemical Dependency Counselors. 25 Tex. Admin. Code. Subchapter I.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Lance Britt: Dir	04/2026

EXHIBIT F-13

Status **Pending** PolicyStat ID **20591277**



Origination 09/2021
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2025
 Next Review 1 year after approval

Owner Wayne Young: Exec
 Area Leadership
 Document Type Agency Policy

LD.A.13 - Code of Ethics Policy

1. PURPOSE:

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

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

2. POLICY:

The purpose of the Code of Ethics policy (the "Policy") is to increase awareness of potential conflicts of interest and to ensure that all Board of Trustees and personnel always demonstrate and adhere to the highest standards of ethical and professional conduct. The Policy is to ensure that the actions of all personnel reflect a competent, respectful, and professional approach when serving consumers, their families and/or representative, working with other providers, and interacting in the community we serve.

A. Conflicts of Interest

Trustee:

No trustee shall participate in a vote or decision on a matter involving a business entity or contract in which the Trustee or any related person in the first degree by consanguinity or affinity has a substantial interest or take any steps, directly or indirectly, to influence or persuade other Trustees or any employee in connection with such matter, if it is reasonably foreseeable that an action on the matter would confer an economic benefit on the business entity. A person has a substantial interest in a business entity if:

- a. The person owns 10 percent or more of the voting stock or shares of the business entity or owns either 10 percent or more or \$15,000 or more of the fair market value of the business entity; or
- b. Funds received by the person from the business entity exceeds 10% of the person's gross income for the previous year.

A person has a substantial interest in real property if the interest is an equitable or legal ownership with a fair market value of \$2,500 or more.

If a Trustee or any related person has a substantial interest in a business entity or in real property, the Trustee, before a vote or decision on any matter involving the business entity or the real property, where it is reasonably foreseeable that any action on the matter will have a special economic effect on the business entity or on the value of the property distinguishable from its effect on the public, shall file an affidavit stating the nature and extent of the interest and shall abstain from further participation in the matter. Such affidavit shall be filed with the secretary of the Board of Trustees and shall be maintained in the records of the Center.

A Trustee shall not hold another office or position where one office is accountable or subordinate to the other, or where there is an overlap of powers and duties such that the Trustee could not independently serve in both positions.

Employee:

Except in the circumstances and on the conditions provided below, no employee shall participate in any decision or take any action in his or her capacity as an employee of the Center on a matter involving a business entity or real property in which the employee or any related person has an interest where it is reasonably foreseeable that a decision or action on the matter would confer an economic benefit on the business entity, the employee or related person.

Any employee engaged in providing clinical/rehabilitative services and/or support outside of Center employment must obtain prior written approval from their department head, appropriate Vice President and the Chief Executive Officer Providing such services and/or support may be allowed if it does not interfere with or violate the efficient operation of The HARRIS CENTER or Board of Trustees approved Code of Ethics. Employees may not use Agency facilities or Agency property to assist them in providing such outside services and/or support; nor can employees use the Center's resources, personnel, facilities, or equipment for purposes other than for Center business.

Trustee and/or Employee:

No Trustee, nor any employee, shall accept any employment, office, or other position which might be expected to impair the independence or the judgment of such person in the performance of his or her duties with the Center.

Examples of Conflict of Interest:

1. Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with The Harris Center.

2. Hiring or supervising family members or closely related persons.
3. Owning or having a substantial interest in a supplier or contractor of The Harris Center.
4. Having a personal interest, financial interest or potential gain in any Harris Center transaction.
5. Placing company business with a firm owned or controlled by a Harris Center employee or his or her family.
6. Accepting gifts, discounts, favors or services from a customer/potential customer, competitor or supplier, unless equally available to Harris Center employees.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict-of-interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the HR department.

B. Nepotism

1. A Trustee or Chief Executive Officer may not hire as a paid officer or employee of the community center a person who is related to a member of the board of trustees by affinity within the second degree or by consanguinity within the third degree.
2. An officer or employee who is related to a member of the board of trustees in a prohibited manner may continue to be employed if the person began the employment not later than the 31st day before the date on which the member was appointed.
3. The officer or employee or the member of the board of trustees shall resign if the officer or employee began the employment later than the 31st day before the date on which the member was appointed.
4. If an officer or employee is permitted to remain in employment under subsection (2), the related member of the Board of Trustees may not participate in the deliberation of or voting on an issue on an issue that is specifically applicable to the officer or employee unless the issue affects the entire class or category of employees.

The term "relative" as used in this section means any person related to the Trustee or employee (not closer than Aunt, Uncle, or Cousin).

C. Commencement of Service

Upon appointment as a Trustee and upon the employment of any employee, each Trustee and each employee shall execute an acknowledgement that he or she has read this Code of Ethics, any and all changes, revisions, or additions as amended; agrees to abide by its terms and conditions; and represents to the Center that, to the best of his or her knowledge and belief, he or she is not aware of any prior or existing violations of such Code of Ethics.

D. Exchange of Gifts, Money and Gratuities

The Harris Center is committed to competing solely on the merit of our services. We should avoid any actions that create a perception that favorable treatment of outside entities by The Harris Center was sought, received, or given in exchange for personal business courtesies.

Business courtesies include gifts, gratuities, meals, refreshments, entertainment or other benefits from persons or companies with whom The Harris Center does or may do business. We will neither give nor accept business courtesies that constitute, or could reasonably be perceived as constituting, unfair business inducements that would violate law regulation or policies of The Harris Center or customers or would cause embarrassment or reflect negatively on The Harris Center's reputation.

Employees should always ask themselves whether it is appropriate to accept something from a person who wants, or may want, or may be seen to want, an official favor within their authority. It is unethical to accept or give a gift that is meant to sway a decision in favor of the gift-giver.

No Trustee or employee shall ask for, accept or agree to accept money, loans or anything of value as consideration for a decision or other exercise of discretion by a Trustee or employee.

A Trustee or employee shall reject any benefit for his or her past official actions in favor of another person.

No Trustee or employee shall exercise his or her official position without authority, fail to perform a required duty, or take or use any property of the Agency with the intent to obtain a personal benefit.

A Trustee or employee shall not misuse information that he or she receives, in advance other public entities, because of the Trustee's or employee's official capacity. A Trustee or employee shall not engage in any business activity that might lead to the disclosure of confidential information of the Agency or any of its consumers.

A Trustee or employee shall reject any job, favor, or other benefit that might tend, or is intended, to impair or influence his or her official conduct or independence.

Trustees and employees owe a duty of loyalty to the Agency and may not engage in any action on their own personal behalf, or that of another, which conflicts with the interests of the Agency.

No Trustee or employee shall engage in any related business activity or use a previous position of the Trustee or employee to gain any personal benefit for a period of one year following his or her separation as a Trustee or employee of the Agency.

No employee shall receive or accept compensation from any source other than the Agency, for the same services to the same consumer for which they receive compensation from the Agency.

- E. **Fraud, Waste and Abuse-** It is the policy of the Harris Center to comply with all rules, regulations and laws pertaining to the delivery of and billing of behavioral health care services including payer programs and participation requirements of Medicare, Medicaid, other federal payers and third parties. All Harris Center employees, contractors, volunteers and agents have the responsibility of detecting, deterring and correcting fraud, waste and abuse. The Harris Center is committed to the submission of accurate claims for payment and providing training

regarding billing and claims submission. All Harris Center employees, contractors, volunteers and agents shall adhere to the following guidelines:

1. Must not engage in fraud, waste or abuse.
2. Shall not present or cause to be presented claims which are false or fraudulent.
3. Shall not make, use, or cause to be made or used a false record or state to get a false or fraudulent claim paid.
4. Shall comply with Harris Center policies and procedures which apply to them, including those policies regarding documentation, medical records, medical necessity, billing, coding, fees, licensure, compliance with state and federal laws and regulations and government audits, reviews and investigations.
5. Employees and contractors performing billing or coding services on behalf of the Harris Center shall have the skills, quality assurance processes, systems and procedures that are necessary to submit accurate claims.

F. Personal Fundraising

It is the policy of The Harris Center to minimize disruptions in the workplace caused by the unauthorized sale of items, solicitations of contributions, or the distribution of advertising materials. Furthermore, it is counterproductive for employees to feel pressured to contribute financially to any enterprise whether it is a for-profit or non-profit.

1. Fundraising and/or solicitation by or of employees during work hours and/or on Harris Center property without authorization from their immediate supervisor or designee is strictly prohibited.
2. Solicitation means any verbal or written communication which encourages, demands, or requests a contribution of money, time, effort or personal involvement for any enterprise. This includes, but is not limited to, charitable or personal profit activities such as, selling products of any kinds, raffle tickets, admissions to events and donations to assist persons experiencing a personal crisis.
3. Employees who wish to solicit on behalf of their children's schools, scouting programs, or other not-for-profit purposes, including for the benefit of a person or co-worker involved in a personal tragedy, must submit a written request to their immediate supervisor.
4. Employees may not initiate any fundraising and/or solicitation activities until written authorization has been obtained from their immediate supervisor.
5. The Harris Center's interoffice and email systems may not be used to communicate information about non-Harris Center sponsored fundraising activities.

G. Marketing

The Harris Center is committed to adhering to the highest ethical and legal standards in its marketing practices. The Harris Center shall adhere to the following marketing practices:

1. Clear and accurate representation of its services and programs. The Harris Center is committed to avoiding deception in any form (e.g. omission, misrepresentation, or misleading practices). The Harris Center's goal is to deliver the programs and services as depicted by its marketing communications.

2. Transparency and disclosure. Complete information shall be provided to our patients about our programs, services, terms and conditions and costs to ensure informed consent. The Harris Center shall act in a manner that is responsive, transparent and accountable to existing and prospective patients.

3. Protect Confidential Information. The Harris Center shall protect confidential and proprietary information of its patients and business operations.

H. Service Delivery

1. The Harris Center will provide quality behavioral health care in a manner that is, determined to be medically necessary, effective and the least restrictive treatment alternative.
2. Ensure that consumer information is kept confidential according to applicable federal, state, and local laws.
3. All Harris Center employees, contractors, volunteers, and interns shall follow current ethical standards regarding communication with consumers (and their representatives) regarding services provided.
4. The Harris Center will inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions.
5. The Harris Center recognizes the right of consumers to make choices about their own treatment, including the right to refuse treatment.

I. Setting boundaries

While the nature of the job responsibilities of the Center staff members requires that they interact closely with consumers, it should be emphasized that these relationships must be kept on a professional level. It is the responsibility of the Center staff member to ensure that a supportive, yet professional relationship is maintained, and is perceived as such by all involved.

No Trustee or employee of the Agency shall file for managing conservatorship or guardianship, petition to terminate parent/child relationships, or file for adoption of any child who is a consumer or whose family is a consumer of The HARRIS CENTER.

All current and former Trustees, employees, Consultants, and Volunteers of The HARRIS CENTER will hold all information pertaining to The HARRIS CENTER, its consumers, and its employees in confidence, and shall not engage in any activity that might lead to the disclosure of confidential information of the Center or its consumers, except as may be required by law.

All Harris Center Employees, contractors, interns, and volunteers shall adhere to the following guidelines:

- a. Place the needs of their consumers on their caseload at the center of any treatment-related decisions that you make about them and their lives.
- b. Shall not disclose personal or financial information with consumers.
- c. Understand the limitations of their role and personal capabilities, and when to refer to other professionals or to seek further support and advice.
- d. Refrain from connecting with their consumers on social media.

- e. Maintain a courteous and respectful attitude with all consumers equally.
- f. Do not give or accept gifts, loans, money, or other valuables to or from the consumer.
- g. Always clarify your professional role with the consumer.

J. Witnessing of legal documents

1. Harris Center employees shall not agree to be a witness or sign as a witness on any legal documents (e.g., Declaration for Mental Health Treatment, durable power of attorneys, medical power of attorney, wills) a consumer presents.
2. Employees shall inform the consumer they will need to obtain their witnesses not employed or contracted by the Harris Center for legal documents.
3. Employees who are notary publics and obtained their commission for Harris Center business shall only notarize documents related to The Harris Center business.

K. Reporting Procedures

Persons who become aware of any actual or potential conflict of interest, fraud, waste, abuse, or any other ethical concern regarding their employment or another employee at the Harris, must immediately report the matter to the Harris Center's Compliance Director or at www.fraudhl.com or 1-855-372-8345 (1-855-FRAUD-HL). The hotline is available 24 hours a day, seven days a week. Use the Company ID "Harris" to submit a report. All reports to the Harris Center shall remain confidential. All reports of violations of this policy will be reviewed within seven (7) business days from the date the report is received. Investigations of code of ethics violations will be concluded no later than fourteen (14) business days from the date the report is received.

L. Corrective Action

Harris Center employees, volunteers, contractors and agents who violate this Code of Ethics policy will be subject to disciplinary action, up to and including, termination and criminal prosecution. Failure to act when an employee, volunteer, contractor or agent has knowledge that someone has violated this policy shall be subject to disciplinary action, including termination of employment and criminal prosecution.

M. No Retaliation

The Harris Center prohibits any form of discipline, reprisal, intimidation or retaliation for reporting a potential conflict of interest or violation of this policy or cooperating in related investigations.

3. APPLICABILITY/SCOPE:

All Harris Center Board of Trustees, employees, interns, volunteers and contractors.

4. RELATED POLICIES/FORMS:

[LD.P.1 Compliance Plan](#)

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Community Centers, Tex. Health & Safety Code Ch. 534
- Regulation of Conflicts of Interest of Officers of Municipalities, Counties and Certain Other Local Governments, Tex. Local Government Code Chapter 171

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Initial Assignment	Wayne Young: Exec	06/2026

EXHIBIT F-14

Status **Pending** PolicyStat ID **20721782**



Origination 08/2025
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

ACC.A.2 Coordination of Care Policy

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[ACC.A.2 Plan of Care](#)

5. PROCEDURE:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Access to Mental Health Community Services, Tex. Admin. Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 2

Discharge Planning, Tex. Admin. Code, Title 26, Part 1, Chapter 306, Subchapter D, Division 5

Standards of Care, 26 Tex. Admin. Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 3

Roles and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G

Information Item V Crisis Standards, Texas Health and Human Services

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	06/2026
Departmental Review	Keena Pace: Exec	06/2026
Compliance Review	Christopher Webb: Audit	06/2026
Initial Assignment	Vinay Kapoor: VP	06/2026

EXHIBIT F-15

Status **Pending** PolicyStat ID **20976794**

Origination	06/2006
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2025
Next Review	1 year after approval

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

ACC.A.14 Declaration of Mental Health Treatment

1. PURPOSE:

The purpose of this policy is to ensure that The Harris Center for Mental Health and IDD (The Harris Center) staff are informed, trained, and demonstrate competence accordingly with regards to Declarations of Mental Health Treatment. All Harris Center persons served have the right to execute a Declaration of Mental Health Treatment.

2. POLICY:

It is the policy of The Harris Center to offer persons served an opportunity to make a Declaration for Mental Health Treatment. This opportunity is offered to each person upon entry into The Harris Center services and when services are sought through the Psychiatric Emergency Services programs, including the Crisis Stabilization Unit of The Harris Center. All Harris Center staff have a duty to act in accordance with Declarations for Mental Health Treatment to the fullest extent possible.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center staff, employees, contractors, volunteers and the persons served and family/legally authorized representatives accessing services with The Harris Center as applicable.

4. PROCEDURES:

- [ACC.B.14 Declaration of Mental Health Treatment](#)

5. RELATED POLICIES/FORMS

- [RR.A.2 Assurance of Individual Rights](#)
- [LD.A.13 - Code of Ethics Policy](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Declaration for Mental Health Treatment, Tex. Civ. Prac. & Rem. Code Ch. 137
- Staff Member Training, 26 Tex. Admin. Code § 320.113(b)(6)(A)-(B)
- SAMHSA, CCBHC Certification Criteria § 2.C.3 (2023)

Attachments

 [A: Declaration for Mental Health Treatment](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Departmental Review	Keena Pace: Exec	07/2026
Compliance Review	Christopher Webb: Audit	07/2026
Initial Assignment	Lance Britt: Dir	07/2026

EXHIBIT F-16

Status **Pending** PolicyStat ID **20052945**



Origination 09/2015
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Yen Phan:
 Mgr
 Area Medical Services
 Document Type Agency Policy

MED.NUR.A.4 Delegation and Supervision of Certain Nursing Acts

1. PURPOSE:

The purpose of the policy is to describe the method by which The Harris Center for Mental Health and IDD complies with rules established by the Texas Board of Nursing when delegating certain nursing acts. It is not the intent to describe every situation in which an act may be delegated, but to provide the framework necessary to delegate certain acts in a safe and appropriately supervised manner.

2. POLICY:

The Harris Center Registered Nurses (RNs) may delegate certain nursing acts to unlicensed staff. Acts delegated by RNs must comply with rules developed by the Texas Board of Nursing.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center areas where nursing delegates services or tasks.

4. RELATED POLICIES/FORMS:

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

5. PROCEDURES:

[MED.NUR. B.4 Delegation of Nursing Tasks by RNs to Unlicensed Personnel](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- RN Delegation to Unlicensed Personnel and Tasks Not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions, 22 Tex. Admin. Code Ch. 225.
- Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments, 22 Tex. Admin. Code Ch. 224.
- Texas Board of Nursing, **Delegation Resource Packet**
- Nursing Practice Act, Tex. Occ. Code Ch. 301(1999).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	05/2026
Compliance Director Review	Demetria Lockett	05/2026
Department Review I	Kia Walker: Chief Nursing Officer	03/2026
Initial	Yen Phan: Mgr	03/2026

EXHIBIT F-17

Status **Pending** PolicyStat ID **20227090**



Origination 02/2015
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

Owner Danyalle Evans
Area Medical Services
Document Type Agency Policy

MED.A.7 Emergency Medical Care for Consumers, Employees and Volunteers

1. PURPOSE:

The purpose of the policy is to describe emergency medical preparedness strategies implemented at The Harris Center for Mental Health and IDD (The Harris Center) to manage both crisis and non-emergent injuries and illnesses.

2. POLICY:

It is the policy of The Harris Center that acute injuries or illnesses of individuals occurring during visits to The Harris Center shall receive medical emergency care to stabilize individuals to the extent possible until emergency medical personnel arrive by dialing 911.

In the event that a consumer, employee, or volunteer suffers a non-emergent injury, a staff person trained in first aid techniques should administer appropriate first aid. Agency approved first aid kits are to be available at all sites. Agency vehicles used for consumer transportation are required to have a properly stocked first aid kit at all times.

3. APPLICABILITY/SCOPE:

This policy applies to all units, programs, and services of The Harris Center where consumers, employees, and volunteers may be present.

4. RELATED POLICIES/FORMS:

[EM.A.2 Emergency Codes, Alerts, and Response](#)

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

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Environment of Care and Safety, 26 Tex. Admin. Code § 301.323 (2020).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	05/2026
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 F-18

Status **Pending** PolicyStat ID **19741378**



Origination 02/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Stanley Adams
 Area Fiscal Management
 Document Type Agency Policy

FM.A.9 Fee Schedule/Standard Charge

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) will establish, per the performance contract, a reasonable standard charge for each community service/procedure code. This standard charge will be billed to all payers regardless of negotiated reimbursement rates.

2. POLICY:

It is the policy of The Harris Center to review the Fee Schedule on an annual basis, or as needed based on completed rate analysis and/or cost analysis done under the direction of the Chief Financial Officer. The Chief Financial Officer will bring all proposed Fee Schedule changes to the Board for final approval.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[FM.B.9 Fee Schedule/Standard Charge](#)

5. RELATED POLICIES/FORMS:

[LD.P.1 Compliance Plan](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Charges for Community Services, Title 26 Tex. Admin. Code Chapter 301, Subchapter C

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
Legal Review	Kendra Thomas: Counsel	06/2026
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 F-19

Status **Pending** PolicyStat ID **20721801**



Origination 11/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2025
 Next Review 1 year after approval

Owner Lance Britt:
 Dir
 Area Leadership
 Document Type Agency Policy

LD.A.17 Harris Center Advisory Committee

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[Harris Center Advisory Committee](#)

5. RELATED POLICIES/FORMS:

N/A

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

CARF 1. A. Leadership

Certified Community Behavioral Health Clinics (CCBHC). Criteria 6.B: Governance. Standard 6.b.1.

Advisory Committees, Tex. Health and Safety Code §534.012

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Luckett	06/2026
Initial Assignment	Lance Britt: Dir	06/2026

EXHIBIT F-20

Status **Pending** PolicyStat ID **20721803**



Origination 01/2000
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

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

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

1. PURPOSE:

The purpose of this policy is to establish clear expectations of Infection Control and Prevention at The Harris Center for Mental Health and IDD ("Harris Center") to prevent or mitigate the spread of infectious organisms and diseases.

2. POLICY:

It is the policy of The Harris Center to provide an effective infection control and prevention plan for staff, individuals served, volunteers, and visitors. The Infection Control Nurse Manager monitors and ensures the Infection Control and Prevention plan is implemented throughout the Harris Center in order to support an environment free of endemic, epidemic, and pandemic infections. It is the responsibility of all Harris Center staff to follow the infection control procedures, practices, and precautions to prevent or mitigate the spread of infectious organisms and diseases.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[MED.P.19 Infection Control Plan/Airborne Precautions](#)

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

5. PROCEDURES:

MED.INF. B.1 Infection Control Precautions

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- a. Association for Professionals in Infection Control and Epidemiology www.apic.org
- b. Center for Disease Control, www.cdc.gov
- c. Texas Department of State Health Service - www.dshs.state.tx.us
- d. Occupational Health & Safety Standards-Toxic and Hazardous Substances, 29 CFR §1910.1030. Bloodborne Pathogens
- e. Communicable Disease Prevention and Control Act- Bloodborne Pathogens, Texas Health and Safety Code Ch. 81, Subchapter H
- f. Online Incident Report Form

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2026
Final Legal Review	Kendra Thomas: Counsel	07/2026
Compliance Director	Demetria Lockett	06/2026
Department Review I	Kia Walker: Chief Nursing Officer	06/2026
Initial Assignment	Vanessa Miller: Mgr	06/2026

EXHIBIT F-21

Status **Pending** PolicyStat ID **19741384**



Origination	02/2025
Last Approved	N/A
Effective	1 Days After Approval
Last Revised	08/2026
Next Review	1 year after approval

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

HIM.IT.A.7 IT Investigation Requests related to Personnel Access and Data

1. PURPOSE:

The purpose of this policy is to ensure the coordination and approval of internally requested IT investigations, staff email access, and personnel-related audit and access log data at The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

It is the policy of The Harris Center that the IT Department will conduct workforce member-related investigations with the approval of Human Resources department leadership and General Counsel.

3. APPLICABILITY/SCOPE:

All investigation and data requests involving The Harris Center workforce member personnel data, and access and activity audit log data not related to cybersecurity detections, events, incidents, etc. Examples of the types of requests within the scope of this policy are productivity evaluations, investigations supporting workforce member sanctions, performance evaluations, etc.

4. RELATED POLICIES/FORMS:

N/A

5. 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	07/2026
Legal Review	Kendra Thomas: Counsel	07/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Wesley Farris: ITSecOfcr	04/2026

EXHIBIT F-22

Status **Pending** PolicyStat ID **20044827**



Origination 07/2018
 Last Approved N/A
 Effective Upon Approval
 Last Revised 07/2026
 Next Review 1 year after approval

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

ACC.A.6 Linguistic Competence Services

1. PURPOSE:

To provide meaningful access to consumer services for consumers with limited English proficiency, deaf, hard of hearing, or blind

2. POLICY:

It is the Policy of the Harris Center for Mental Health and IDD (The Harris Center) to ensure effective communication with the individual and Legally Authorized Representative (LAR), (if applicable), in an understandable format as appropriate to meet the needs of individuals. This may require using: Interpretative services; Translated materials; or a staff member who can effectively respond to the cultural (e.g., customs, beliefs, actions, and values) and language needs of the individual and LAR (if applicable).

3. APPLICABILITY/SCOPE:

All Harris Center Staff, Contractors, Interns, and Volunteers.

4. RELATED POLICIES/FORMS:

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

5. PROCEDURES:

[ACC.B.6 Linguistic Competence Services](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Definitions, Tex. Hum. Res. Code § 81.001.
- Access to Mental Health Community Services, 26 Tex. Admin. Code §301.327.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	07/2026
Departmental Review	Keena Pace: Exec	06/2026
Compliance Review	Christopher Webb: Audit	05/2026
Initial Assignment	Shiela Oquin: ExecAsst	05/2026

EXHIBIT F-23

Status **Pending** PolicyStat ID **20227101**

Origination 11/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 1 year after approval

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

MED.NUR.A.8 Nurse Staffing Advisory Committee

1. PURPOSE:

The purpose of this policy is to support The Harris Center for Mental Health and IDD (The Harris Center) commitment to quality nursing services as a standard of clinical care in addressing the behavioral health and IDD needs of persons served.

2. POLICY:

It is the policy of The Harris Center to provide a mechanism to promote nursing excellence and improve patient safety initiatives that create a healthy environment for nurses and appropriate care for patients. The Harris Center Nurse Staffing Advisory Committee (NSAC) was created to ensure that an adequate number and skill mix of nurses are available to meet the level of patient care needed. The NSAC will identify nurse-sensitive outcome measures the committee will use to evaluate the effectiveness of the official nurse service staffing plan.

3. APPLICABILITY/SCOPE:

This policy applies to all nursing staff employed by The Harris Center including, direct and contracted employees, and working at a Harris Center hospital licensed under Texas state law.

4. RELATED POLICIES/FORMS:

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

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

5. PROCEDURES:

MED.NUR. A.8 Nurse Staffing Advisory Committee Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Nurse Staffing, Texas Health and Safety Code Chapter 257
- Mandatory Overtime for Nurses Prohibited, Texas Health and Safety Code Chapter 258
- Standards of Nursing Practice, 25 Tex. Admin. Code, Part 11, Rule 217.11
- The American Nurses Association Code of Ethics and Standards

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
2nd Legal Review	Kendra Thomas: Counsel	05/2026
1st Legal Review	Bijul Enaohwo	05/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review I	Kia Walker: Chief Nursing Officer	04/2026
Initial	Vanessa Miller: Mgr	04/2026

EXHIBIT F-24

Status **Pending** PolicyStat ID **20227078**



Origination 05/2025
Last Approved N/A
Effective Upon Approval
Last Revised 07/2026
Next Review 1 year after approval

Owner Yen Phan: Mgr
Area Medical Services
Document Type Agency Policy

MED.NUR. A.13 Nursing Services Policy

1. PURPOSE:

The purpose of a nursing policy is to provide a structured framework that guides nursing practice, ensuring consistency, safety, and quality of care in the health-care setting. This policy supports The Harris Center's commitment to quality nursing services as a standard of clinical care in addressing the behavioral health and IDD needs of persons served. Nursing policies are essential for promoting safe, effective, and ethical nursing practice, ultimately contributing to improve patient care and health care outcomes.

2. POLICY:

All nursing services developed and implemented within the Harris Center are the responsibility of the Chief Nursing Officer (CNO) and the Senior Directors of Nursing Services, all of whom are nurses. The CNO shall ensure that all services are in compliance with acceptable nursing standards, agency procedures and policies, as well as state rules, and regulations. The nursing procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee.

3. APPLICABILITY/SCOPE:

This policy applies to all nursing staff employed by the Harris Center including, direct and contracted employees, and working at a Harris Center hospital licensed under Texas state law.

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

[Delegation and Supervision of Certain Nursing Acts](#)

5. PROCEDURE:

Nursing Services

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Nurse Staffing Committee, Tex. Health & Safety Code § 257.004 (2009).

Mandatory Overtime for Nurses Prohibited, Tex. Health & Safety Code Ch. 258.

Standards of Nursing Practice, 22 Tex. Admin. Code § 217.11 (2007).

The American Nurses Association Code of Ethics and Standards

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026
1st Legal Review	Bijul Enaohwo	05/2026
Compliance Director Review	Demetria Lockett	04/2026
Department Review I	Kia Walker: Chief Nursing Officer	03/2026
Initial	Yen Phan: Mgr	03/2026

EXHIBIT F-25

Status **Pending** PolicyStat ID **20721802**



Origination 11/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Ernest Savoy
 Area Leadership
 Document Type Agency Policy

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[ACC.A.13 State Service Contract Monitoring and Performance Reporting](#)

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Contracts Management for Local Authorities, 26 Tex. Admin. Code Ch. 301, Subchapter A
 Contracts Management for Local Authorities, Title 40 Tex. Admin. Code, Chapter 2, Subchapter B,

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Initial Assignment	Ernest Savoy	06/2026

EXHIBIT F-26

Status **Pending** PolicyStat ID **20703767**



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

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

MED.PHA.A.12 Pharmacy Hazardous Drugs Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center to ensure that all agency healthcare personnel who receive, prepare, administer, transport, or otherwise handle or come in contact with hazardous drugs understand and adhere to the requirements of USP General Chapter <800>. This includes, but is not limited to, responsibilities of handling hazardous drugs; facility and engineering controls; procedures for deactivating, decontaminating, and cleaning; spill control; and documentation in all environments in which they are handled.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

[MED.PHA.A.4 - Pharmacy and Unit Medication/Drug Inventory](#)

5. PROCEDURE:

[MED.PHA.B.12 Hazardous Drugs](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF 2E1-2E5

NIOSH List of Hazardous Drugs in Healthcare Settings, 2024.

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Luckett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	05/2026
Initial	Lauren Kainer: RPh	05/2026

EXHIBIT F-27

Status **Pending** PolicyStat ID **20227099**



Origination 02/2025
Last Approved N/A
Effective Upon Approval
Last Revised 06/2026
Next Review 1 year after approval

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

MED.PHA.A.46 Pharmacy Medication Destruction Policy

1. PURPOSE:

The purpose of this policy is to ensure proper destruction of all expired and unwanted pharmaceutical medications.

2. POLICY:

It is the policy of The Harris Center to dispose of all expired medications and unwanted medications that do not meet the criteria for donation in a safe manner for the environment and protection of any person who might potentially come into contact with disposed medications per the Texas State Board of Pharmacy and all other regulatory entities that govern pharmacy.

3. APPLICABILITY/SCOPE:

The Harris Center Pharmacies and all Harris Center mental health services including those providing rehabilitative services to consumers dually diagnosed with mental illness and intellectual and developmental disabilities, and in other programs serving individuals with intellectual and developmental disabilities.

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

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

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

[MED.PHA.A.4 - Pharmacy and Unit Medication/Drug Inventory](#)

Manufacturer PAP Applications

Medication Drug Destruction Form

PAP Disposition Documentation Log

Sample Medication Destruction Via Sharps Environmental Services

5. PROCEDURES:

[MED.NUR.B.11 Monthly Inspections of Nursing Units that House Medication](#)

[MED.PHA.B.5.20 Pharmacy Consumer Drug Take Back -Program Procedure](#)

[MED.PHA. B.51 Pharmacy Donation and Redistribution of Unused Prescription Medications Procedure](#)

[MED.PHA.B.5.10 Pharmacy Drug Destruction Procedure](#)

[MED.PHA.B.5.13 Pharmacy PAP Medication Disposition per Manufacturer Guidelines](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

21 CFR § 1304.04(a), 21 CFR §1317.80, 21 CFR §1317.35, 21 CFR §1317.75

CARF Section 2E

Charitable Immunity & Liability Act, Texas Civil Practice and Remedies Code Chapter 84

Donation of Unused Drugs, 25 Texas Admin. Code, Chapter 229, Subchapter B

Medication Services, 26 Texas Administrative Code Subchapter G, , Rule 301.355

Part 15 - TEXAS STATE BOARD OF PHARMACY Chapter 303 - DESTRUCTION OF DRUGS 22 Tex. Admin. Code § 303.1 - 303.3

Secure and Responsible Drug Disposal Act of 2010 ("the Disposal Act")

Texas Food, Drug and Cosmetic Act- Donation Program, Texas Health and Safety Code Chapter 431

Texas HHS Information Item V

Texas State Board of Pharmacy Rules, 22 Texas Admin. Code Ch 281-311

Attachments

 [Medication Drug Destruction Form.pdf](#)

[PAP Disposition Documentation Log.docx](#)

[Sample Medication Destruction via Sharps Environmental Services.docx](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT F-28

Status **Pending** PolicyStat ID **20227095**



Origination 01/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 06/2026
 Next Review 1 year after approval

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

MED.PHA.A.6 Pharmacy Peer Review Policy

1. PURPOSE:

The purpose of this policy is to establish a pharmacy peer review process to evaluate the quality of pharmacy services, the competency of pharmacists, and identify opportunities to enhance patient care through the pharmacy systems.

2. POLICY:

It is the policy of The Harris Center to consistently assess pharmacy operations, the quality of pharmacy-related activities, and causal factors underlying quality-related activities or error occurrences to ensure the highest quality of care for all patients of The Harris Center. The deliberations of the pharmacy peer review are held in accordance with all rules, statutes, and laws pertaining to peer review and any protections allowed under these regulations regarding the confidentiality and privileged nature of pharmacist peer review communications, records, reports, deliberations, and proceedings. The Pharmacy Peer Review Committee is a Professional Review Committee (PRC) subcommittee.

3. APPLICABILITY/SCOPE:

All Harris Center pharmacists and pharmacy staff

4. RELATED POLICIES/FORMS:

[COM.A.6 Professional Review Committee](#)

5. PROCEDURES:

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

[MED.PHA.B.5.1 Pharmacy Competency Procedure](#)

[MED.PHA.B.6 Pharmacy Peer Review Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Pharmacy Peer Review, Tex. Occ. Code §564.001-564.006; §564.101-564.106

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT F-29

Status **Pending** PolicyStat ID **20064974**



Origination 05/2025
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Christopher Feller: RPh
 Area Medical Services
 Document Type Agency Policy

MED.PHA. A.5.14 Pharmacy Personal Safety Policy

1. PURPOSE:

The purpose of this policy establishes clear guidelines for The Harris Center for Mental Health and IDD (The Harris Center) pharmacy staff to follow in the event of a robbery in order to facilitate a swift resolution and ensure the safety of agency staff, patients, and all individuals present.

2. POLICY:

It is the policy of The Harris Center to provide a safe environment for agency staff and patients. In the event of a robbery, pharmacy staff members are to follow agency safety guidelines and fully cooperate in order to minimize the risk of harm to all individuals involved. All incidents of robbery must immediately follow the written agency procedures for response and reporting.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

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

[EM.A.2 Emergency Codes, Alerts, and Response](#)

5. PROCEDURE:

[MED.PHA.B.5.14 Pharmacy Personal Safety Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF: Health and Safety 1.H.2

Required Notifications, 22 Tex. Admin. Code § 291.3(f)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2026
2nd Department Review	Arume Tsekiri	03/2026
Pharmacy Department Review	Lauren Kainer: RPh	03/2026
Initial	Lauren Kainer: RPh	03/2026

EXHIBIT F-30

Status **Pending** PolicyStat ID **20227086**



Origination 09/2024
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

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

MED.PHA.A.39 Pharmacy Staff Training Policy

1. PURPOSE:

The purpose of this policy is to define the process of training The Harris Center for Mental Health and IDD (The Harris Center) Pharmacy staff in accordance with all rules outlined by the Texas State Board of Pharmacy within the Texas Administrative Code.

2. POLICY:

It is the policy of The Harris Center to provide thorough training to Harris Center Pharmacy staff members in order to ensure quality and safety of patient care as well as ensure compliance with all rules and regulations set forth by the Texas State Board of Pharmacy (TSBP) for training requirements.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

4. RELATED POLICIES/FORMS:

Pharmacist and Pharmacy Technician Training Checklists – Refer to The Harris Center Intranet: [Pharmacy Services - OrgDocs - Training Tools - All Documents](#)

Robotics Training Checklists - Refer to The Harris Center Intranet: [Pharmacy Services - OrgDocs - Robotics - All Documents](#)

Job Description

Employee Handbook

5. PROCEDURE:

MED.PHA.B.37 Pharmacy APPE Student/Intern Procedure

MED.PHA.B.5.1 Pharmacy Competency Procedure

MED.PHA. B.47 Pharmacy Tech Training Program Procedure

MED.PHA.5.23 Pharmacy Technician Utilization and Supervision Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A)-Personnel, 22 Tex. Admin. Code §291.32

Institutional Pharmacy (Class C)- Personnel, 22 Tex. Admin. Code §291.73

Licensing Requirements for Pharmacists, 22 Tex. Admin. Code §283.4 – 283.6

Mandatory Continuing Education, Tex. Occ. Code § 559.051-559.056

Pharmacy Technician and Pharmacy Technician Trainee Training, 22 Tex. Admin. Code §297.6

Regulation of Practice of Pharmacy, Tex. Occ. Code § 554.002

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2026
2nd Department Review	Arume Tsekiri	05/2026
Pharmacy Department Review	Lauren Kainer: RPh	05/2026
Initial	Lauren Kainer: RPh	05/2026

EXHIBIT F-31

Status **Pending** PolicyStat ID **20227080**



Origination 05/2025
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

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

MED.PHA.A.45 Pharmacy Third Party Insurance Billing Policy

1. PURPOSE:

The purpose of this policy establishes standard operations for The Harris Center for Mental Health and IDD (The Harris Center) Pharmacies to ensure the accurate and compliant billing of third party prescription insurance plans in accordance with all rules outlined by the Texas State Board of Pharmacy, The Centers for Medicare & Medicaid Services, and current agency third party payor contracts.

2. POLICY:

It is the policy of The Harris Center Pharmacies to ensure appropriate billing of prescriptions with third party prescription insurance plans throughout the filling and dispensing process. This includes, but is not limited to, establishing procedures for billing of partially filled prescriptions and the reversal of prescriptions that are not picked up by the patient.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

4. RELATED POLICIES/FORMS:

N/A

5. PROCEDURE:

MED.PHA. B.23 Pharmacy Partial Fill Procedure

MED.PHA.B.45 Pharmacy Third Party Failed Credit Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code Part 1 § 291.33 – 291.35

Centers for Medicare & Medicaid Services

HHSC Vendor Drug Program Pharmacy Provider Procedure Manual § 8

Pharmacy Board Powers and Duties, Tex. Occ. Code Ch. 554

Practice by License Holder, Tex. Occ. Code Ch. 562

Texas Pharmacy Act, Tex. Occ. Code Ch. 551

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT F-32

Status **Pending** PolicyStat ID **20227100**



Origination 09/2020
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

Owner Danyalle Evans
Area Medical Services
Document Type Agency Policy

MED.A.9 Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation

1. PURPOSE:

The purpose of this policy is to define the process for delegation and supervision of Physician Assistants, Advance Practice Registered Nurses (PA/APRN) and Pharmacists (RPh, PharmD) by Harris Center physicians.

2. POLICY:

The Harris Center for Mental Health and IDD (Harris Center) employs Physician Assistants (PA), Advanced Practice Registered Nurses (APRN), Pharmacists (RPh, PharmD) who work under the delegated authority of a physician licensed by the Texas Medical Board (TMB). The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas Medical Board (TMB) as applicable for Physicians and Physician Assistants, the Texas State Board of Nursing as applicable to APRNs, and the Texas State Board of Pharmacy (TSBP) as applicable to pharmacists. The Harris Center physician and a PA/APRN/Pharmacist entering into an agreement to supervise a PA/APRN/Pharmacist will complete and sign The Harris Center Delegation Protocol and the Prescriptive Authority Agreement or Collaborative Drug Therapy Management Protocol which outline the scope of medical practice and prescription/drug prescribing parameters. These agreements shall be individualized and based upon the experience and training of the PA/APRN/Pharmacist, as determined by the supervising physician. The Harris Center will set expectations regarding the frequency of supervision and the number of monthly chart reviews completed by the supervising physician.

3. APPLICABILITY/SCOPE:

All Harris Center programs providing medical services.

4. PROCEDURES:

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

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

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

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

5. RELATED POLICIES/FORMS:

- Prescriptive Authority Agreement
- Physician Assistants (PA), Advanced Practice Registered Nurses Delegation Protocol
- Collaborative Drug Therapy Management Protocols
- [MED.A.1 Medical Services](#)
- [MED.NUR. A.4 Delegation and Supervision of Certain Nursing Acts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Authority of Physician to Delegate Certain Medical Acts, Tex. Occ. Code Ch.157.
- Physician Assistants- Licensing Requirements, Exemptions, and Renewal, Tex Occ. Code §§ 204.151- 204.353
- Nurses, Tex. Occ. Code § 301.1001- 301.657.
- Physician Assistants, 22 Tex. Admin. Code Ch. 183.
- Drug Therapy Management by a Pharmacist under Written Protocol of a Physician, 22 Texas Admin. Code § 295.13.
- Texas Board of Nursing: <https://www.bon.texas.gov/index.asp.html>
- Texas State Board of Pharmacy: <https://www.pharmacy.texas.gov/>
- Texas Medical Board: <https://www.tmb.state.tx.us/>

Approval Signatures

Step Description	Approver	Date
------------------	----------	------

Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	05/2026
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 F-33

Status **Pending** PolicyStat ID **20721804**



Origination 07/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Danyalle Evans
 Area Medical Services
 Document Type Agency Policy

COM.A.5 Professional Practice Evaluation Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center to ensure that licensed and unlicensed providers meet the minimum credential and performance standards, as applicable. Professional practice evaluation will be the process for ensuring credentialing and performance standards.

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

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

N/A

5. PROCEDURE:

COM.B.5 Professional Practice Evaluation Committee

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	06/2026
1st Department Review	Danyalle Evans	06/2026
Initial Assignment	Danyalle Evans	06/2026

EXHIBIT F-34

Status **Pending** PolicyStat ID **20721809**



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

Owner Danyalle Evans
Area Medical Services
Document Type Agency Policy

COM.A.6 Professional Review Committee

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

This policy is applicable to all Harris Center staff engaged in the delivery of healthcare services to patients. This policy applies to all our consumers, employees, contractors, volunteers, and partners who

access our services. This policy must be followed in conjunction with professional licensing standards and other Harris Center policies and operational guidelines governing appropriate workplace conduct and behavior.

4. RELATED POLICIES/FORMS:

[ACC.A.16 Clinician Peer Review](#)

[MED.A.8 - Closed Record Review Committee Policy](#)

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

[MED.A.3 - Medical Peer Review Policy](#)

[MED.A.4 System Quality, Safety and Experience Committee](#)

5. PROCEDURES:

[MED.B.5 Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Texas Medical Practices Act, Texas Occupations Code, §§151.001 et. seq. & §§160.001 et. seq.
- Medical Committees, Medical Peer Review Committees, and Compliance Officers, Texas Health & Safety Code Ch. 161, Subchapter D
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Pharmacy Peer Review, Texas Occupations Code, Chapter 564, Subchapter C
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 Tex. Admin. Code Chapter 217
- Deaths of Persons Served by Community Mental Health Centers, 26 Tex. Admin. Code Ch. 301, Subchapter H

Attachments

 [8.png](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	06/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	06/2026
1st Department Review	Danyalle Evans	06/2026
Initial Assignment	Danyalle Evans	06/2026

EXHIBIT F-35

Status **Pending** PolicyStat ID **20044889**



Origination 11/1994
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2026
 Next Review 1 year after approval

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

ACC.A.8 Referral, Transition, and Discharge

1. PURPOSE:

The purpose of this policy is to provide linkage and coordination of care between persons served and service delivery systems for continued treatment.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to coordinate services in the least restrictive environment between persons served and other service delivery systems. The Harris Center will coordinate services in the least restrictive treatment environment upon request and based on the needs of the persons served. The Agency shall seek to facilitate the integration of the persons served into the community, whenever appropriate. A referral, transition, or discharge of persons served shall meet applicable HHSC Program Standards and Guidelines.

3. APPLICABILITY/SCOPE:

Persons residing in Harris County, as well as, individuals in Harris County but reside outside of the county who are in crisis.

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

[ACC.B.8 Referral, Transfer, and Discharge](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Behavioral Health Delivery System, 26 Tex. Admin. Code Ch. 306 (2020).
- CARF: Section 2. Subsection D., Transition/Discharge

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
Legal Review	Kendra Thomas: Counsel	05/2026
Compliance Director Review	Demetria Lockett	05/2026
1st Legal Review	Bijul Enahwo	03/2026
Departmental Review	Keena Pace: Exec	03/2026
Compliance 1st Review	Christopher Webb: Audit	03/2026
Initial Assignment	Lance Britt: Dir	03/2026

EXHIBIT F-36

Status **Pending** PolicyStat ID **20721799**



Origination 07/2024
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

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

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

1. PURPOSE:

The purpose of this policy is to ensure that services and programs of The Harris Center for Mental Health and IDD (The Harris Center) are supportive of Caregivers in Distress by integrating a Peer Support System within their own unique environment.

2. POLICY:

It is the policy of The Harris Center to create and maintain the We RISE Program, which will offer free, confidential, and timely peer support to any employee who has experienced a stressful, patient-related event.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

N/A

5. PROCEDURE:

[ACC.B.21 Resilience In Stressful Events \(We Rise\) Program Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	07/2026
1st Legal Review	Bijul Enahwo	07/2026
Departmental Review	Keena Pace: Exec	06/2026
Compliance 1st Review	Christopher Webb: Audit	06/2026
Initial Assignment	Evelyn Locklin: Dir	06/2026

EXHIBIT F-37

Status **Pending** PolicyStat ID **20227108**



Origination 05/2025
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

Owner Kendra Thomas: Counsel
Area General Administration
Document Type Agency Policy

GA.A.11 Search Warrant Policy

1. PURPOSE:

The purpose of this Search Warrant Policy provides employees with guidelines for responding to a search warrant from law enforcement agencies who may present themselves at the Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

The Harris Center shall provide a collaborative and timely response to any search warrants and search-related external investigations, or requests. The Harris Center shall exercise its legal rights within established time frames and ensure all searches are conducted in accordance with the law.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

[GA.B.11 Search Warrant Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Search and Seizure, Federal Rules of Criminal Procedure Rule 41

Search Warrants, Tex. Code of Criminal Procedure Art. 18

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT F-38

Status **Pending** PolicyStat ID **20227106**



Origination 02/2013
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Kendra Thomas: Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.6 - Solicitation of/and Acceptance of Donations (Money, Goods or Services)

1. PURPOSE:

The purpose of this policy is to establish guidelines governing the acceptance and solicitation of gifts and donations by the Harris Center for Mental Health and IDD (The Harris Center) for the benefit of its operations, programs or services and provide guidance to prospective donors and their advisors when making donations to the Harris Center.

2. POLICY:

It is the policy of The Harris Center that requests for goods or money on behalf of the Harris Center shall be reviewed by the Legal Services Department prior to solicitation.

The Harris Center's Chief Executive Officer, authorized trustees of the Board and designated staff shall have the authority to solicit and accept gifts on behalf of the Harris Center. Donations of money, valuable goods or services may be accepted by the Harris Center if:

1. the donation can be used or expended consistent with the Harris Center's purpose and mission;
2. the donation is in good working order or needs only minor, inexpensive repair as approved by the Chief Financial Officer, or a designee;
3. the donation is not unduly or inappropriately restricted for use; and
4. the donation is not designated for use by an individual staff or Board Trustee.

Specific items may be given to persons served.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees, contractors, volunteers and Board of Trustees

4. RELATED POLICIES/FORMS:

5. PROCEDURES:

[LD.B.6 - Solicitation of/and Acceptance of Donations \(Money, Goods or Services\)](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Gifts and Grants, Texas Health and Safety Code §534.018

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT F-39

Status **Pending** PolicyStat ID **20227082**



Origination 03/1995
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

HIM.EHR.A.13 Standardized Patient Record Form

1. PURPOSE:

To ensure compliance with standards and The Harris Center for Mental Health and IDD (The Harris Center) Policies and Procedures and to avoid duplication of information.

2. POLICY:

It is the policy of The Harris Center that all patient/individual record forms shall be standardized throughout the Harris Center to every extent possible. All patient/individual record forms must be approved by the Center's EHR Request Committee. Only agency approved forms are to be used for documenting a patient/individual's record.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

[HIM.EHR.B.13 Standardized Patient Record Forms](#)

5. RELATED POLICIES/FORM

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

[LD.A.18 The Development and Maintenance of Center Policies](#)

Sample Instruction Sheet - #1

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Attachments

- [📎 Instruction Template #1.doc](#)
- [📎 Questions to ask before Creating a New Form #2.doc](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	04/2026

EXHIBIT F-40

Status **Pending** PolicyStat ID **20044876**



Origination 07/1984
Last Approved N/A
Effective Upon Approval
Last Revised 03/2026
Next Review 1 year after approval

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

ACC.A.13 State Service Contract Monitoring and Performance Reporting

1. PURPOSE:

To ensure all duties are being performed in accordance with state service contracts and for The Harris Center for Mental Health and IDD (The Harris Center) staff to be aware of and address any developing problems or issues.

2. POLICY:

It is the policy of The Harris Center to audit the performance of all state service contracts on an annual basis to ensure compliance with policies and procedures, statements of work, proper reporting, and correct billing.

3. APPLICABILITY/SCOPE:

This policy applies to all state service contracts and awards received by The Harris Center, including pass-through awards that are performed by a collaborating agency.

4. RELATED POLICIES/FORMS:

[LD.P.1 Compliance Plan FY26](#)

[LD.A.7 Performance Reporting and Monitoring of Service Contracts](#)

5. PROCEDURES:

[LD.B.7 Performance Reporting and Monitoring of Service Contracts](#)

6. REFERENCES/RULES/REGULATIONS/STANDARDS:

[Texas Health and Human Services Handbook](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
Legal Review	Kendra Thomas: Counsel	05/2026
Compliance Director Review	Demetria Lockett	05/2026
1st Legal Review	Bijul Enaohwo	03/2026
Departmental Review	Keena Pace: Exec	03/2026
Compliance 1st Review	Christopher Webb: Audit	03/2026
Initial Assignment	Shiela Oquin: ExecAsst	03/2026

EXHIBIT F-41

Status **Pending** PolicyStat ID **20227093**



Origination 01/2004
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Kendra Thomas: Counsel
 Area Leadership
 Document Type Agency Policy

LD.A.10 - Third Party Participation in Patient Services

1. PURPOSE:

The purpose of this policy is to promote and support patients' right to participate in treatment options and decisions about their behavioral health care.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to support patients' right to consent to the presence and participation of legally authorized representatives, friends, relatives, and advocates in the provision of clinical services. The presence of an attorney or the agent of an attorney in any clinical activity, scheduled or unscheduled, must receive approval from the General Counsel, after consultation with the appropriate Chief Medical Officer or designee before such an event occurs.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Rights of All Individuals Receiving Mental Health Services, 26 Tex. Admin. Code § 320.7 (2024).

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT F-42

Status **Pending** PolicyStat ID **20086956**



Origination 02/2026
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

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

HR.A.41 Workplace Bullying

1. PURPOSE:

The purpose of this policy is to ensure a safe and respectful work environment for all employees at The Harris Center for Mental Health and IDD (The Harris Center). Workplace bullying can negatively impact employee health, morale, and productivity. This policy aims to prevent and address bullying behavior promptly and effectively.

2. POLICY:

It is the policy of The Harris Center to provide a workplace free from bullying. Workplace bullying is defined as repeated, unreasonable actions directed towards an employee or group of employees that create a risk to health or safety. This includes both physical and psychological abuse. The Harris Center will not tolerate any form of bullying and will take appropriate action to address and resolve complaints.

3. APPLICABILITY/SCOPE:

This policy applies to all employees, contractors, volunteers, and visitors at The Harris Center for Mental Health and IDD. It covers behaviors that occur during work hours, at work-related events, and through all methods of communication, including face-to-face, email, text messaging, and social media platforms.

4. RELATED POLICIES/FORMS:

[LD.P.1 Compliance Plan](#)

5. PROCEDURE

[HR.B.41 Workplace Bullying Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

This policy is in accordance with the guidelines set forth by the Equal Employment Opportunity Commission (EEOC) and relevant federal laws, including:

- **Title VII of the Civil Rights Act of 1964**
- **Age Discrimination in Employment Act of 1967 (ADEA)**
- **Americans with Disabilities Act of 1990 (ADA)**

These laws prohibit harassment and discrimination based on protected characteristics such as race, color, religion, sex, national origin, disability, age, and genetic information.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	03/2026

EXHIBIT F-43

Status **Pending** PolicyStat ID **18455960**



Origination 06/2022
 Last Approved N/A
 Effective Upon Approval
 Last Revised 03/2026
 Next Review 1 year after approval

Owner Stanley Adams
 Area Fiscal Management
 Document Type Agency Policy

FM.A.10 Writing Off Self Pay Balances

1. PURPOSE:

To reduce the number of self-pay statements mailed monthly when there has been no response from the guarantor and to accurately reflect the collectability of self-pay financial obligation.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to commit to sending summarized monthly statements including, but not limited to, service specific information as dates of service, charges, payments, adjustments, and amounts owed. The structured procedure must be followed to ensure that all persons served with outstanding financial obligations are given fair and objective opportunities to satisfy their balance.

3. APPLICABILITY/SCOPE:

This policy applies to all persons served at The Harris Center including, both open and closed.

4. PROCEDURES:

- A. FM.B.10 Writing Off Self Pay Balances Procedure
 - 1. MONTHLY RECONCILIATION
 - 2. GENERATED STATEMENTS
 - 3. RESOLVING BALANCES

5. RELATED POLICIES/FORMS:

6. REFERENCES: RULES/REGULATIONS/
STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
Legal Review	Kendra Thomas: Counsel	06/2026
Compliance Director Review	Demetria Lockett	05/2026
Department Review	Stanley Adams	03/2026
Compliance 1st Review	Christopher Webb: Audit	03/2026
Initial Assignment	Stanley Adams	03/2026

EXHIBIT F-44

Status **Pending** PolicyStat ID **20227105**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Wayne Young: Exec
 Area Leadership
 Document Type Agency Policy

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

1. PURPOSE

The purpose of this policy is to promote the efficient operation of the Harris Center for Mental Health and IDD (The Harris Center) and to ensure that appropriate Harris Center Executive Leadership are available for input and decision-making in the absence of the Chief Executive Officer (CEO).

2. POLICY

It is the policy of The Harris Center to continue efficient operations and business decision-making when the Chief Executive Officer (CEO) of The Harris Center is not available and input or decisions are required of the CEO. For planned absences of the CEO, the CEO will delegate signing, input and decision-making authority as the CEO feels is appropriate. If the CEO has unplanned absences and is not able to formally delegate these authorities, the Deputy Chief Operating Executive Officer (COO DCEO) is and the Chief Legal Officer are authorized to sign documents, provide input and make decisions during the CEO's absence.

Only the CEO or the Chair of the Board of Trustees may delegate, and/or revoke delegation of, signing, input and decision-making authority. When needed, the COO DCEO, under their delegated CEO authority, may sub-delegate to the Chief Financial Officer (CFO) or Chief Legal Officer.

3. APPLICABILITY/SCOPE

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

4. PROCEDURES

N/A

5. RELATED POLICIES/FORMS:

- ~~Signature for Authorization~~[LD.A.5 Signature for Authorization](#)
- ~~Check Signing~~[FM.A.13 Check and Electronic Payment Signature Authorization](#)

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 [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Initial Assignment	Wayne Young: Exec	04/2026

EXHIBIT F-45

Status **Pending** PolicyStat ID **20906387**



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

Owner	Danny Hernandez
Area	Medical Services
Document Type	Agency Policy

Disinfection of Glucometer, Electrocardiogram, and Blood Pressure Cuff Equipment Policy

1. PURPOSE:

The purpose of this policy is to establish standardized procedures for the cleaning and disinfection of medical equipment to prevent the transmission of infectious agents and ensure a safe environment for patients, staff, and visitors. Medical equipment can contribute to cross-contamination when not properly cleaned and disinfected between uses, increasing the risk of healthcare-associated infections (HAIs).

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) that staff disinfect reusable medical equipment after use to reduce the risk of HAIs.

3. APPLICABILITY/SCOPE:

All Harris Center Employees

4. RELATED POLICIES/FORMS:

[MED.INF. A.1 Infection Control and Prevention Policy](#)

5. PROCEDURE:

[Disinfection of Glucometer, Electrocardiogram, and Blood Pressure Cuff Equipment Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Toolkits, Guides and Briefs - APIC

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director	Demetria Lockett	07/2026
Department Review I	Kia Walker: Chief Nursing Officer	06/2026
Initial Assignment	Danny Hernandez	06/2026

EXHIBIT F-46

Status **Pending** PolicyStat ID **20182963**



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

Owner	Bijul Enaohwo
Area	General Administration
Document Type	Agency Policy

GA.A.12 Litigation Hold Policy

1. PURPOSE:

This policy establishes the authority and procedures for initiating, implementing, monitoring, and releasing legal holds. Any present and future records involved in litigation, or that are reasonably anticipated to be subject to foreseeable legal action, including but not limited to lawsuits, investigations, and administrative proceedings, must be preserved until litigation hold is cleared by The Harris Center's General Counsel.

2. POLICY:

It is the policy of The Harris Center staff to not destroy or modify any records— physical, microform, or digital —involved in or may reasonably be expected to be involved in, litigation, claim, negotiation, audit, open-records request, administrative review, or other action involving the records.

Upon receipt of a notice that triggers a litigation hold, relevant departments and staff will be notified. Staff must maintain the records once anticipated litigation is identified until the actions requiring the records have been resolved. The Legal Team will document the initiation date, scope, staff, and monitor compliance until hold is lifted by the Chief Legal Officer.

All reasonable steps should be taken to preserve records so as not to preempt a litigant's right to compel production of records.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

[LD.A.11 - Management of Legal Documents & Litigation](#)

5. PROCEDURE:

[GA.B.12 Litigation Hold Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

[Record Retention Requirements](#) 2 C.F.R. § 200.334 (2026).

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Bijul Enaohwo	04/2026

EXHIBIT F-47

Status **Pending** PolicyStat ID **19913826**



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

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

HR.A.7 - 90 Day Probationary Period Policy

1. PURPOSE:

The purpose of this policy is to establish a standardized 90-day probationary period for new hires (and applicable transfers and or promotions) at The Harris Center for Mental Health and IDD ("THC"). The probationary period is intended to evaluate an employee's overall suitability in a specific role.

2. POLICY:

This policy will:

- Provide a structured time-frame for on-boarding, training, and evaluating an employee's job performance, conduct, cultural alignment, reliability, and overall suitability for continued employment at THC.
- Clarify expectations, enable timely feedback and support, and ensure employees have the resources needed to succeed in their roles.
- Support THC's commitment to safe, effective, and person-centered services consistent with our mission and values.

This policy does not alter the at-will nature of employment at THC (where applicable). THC may end employment at any time, with or without cause or notice, subject to applicable law.

3. APPLICABILITY/SCOPE:

This policy applies to:

- All new hires into regular (full-time or part-time) positions, including clinical and non-clinical roles.
- Rehires who have a break in service of more than **30** days
- Internal transfers/promotions into substantially different positions (different job family or substantially different responsibilities).
- Temporary, Relief, PRN, and internship/trainee roles where noted in an offer letter or assignment agreement.

Exclusions/Notes:

- Residents, fellows, and grant-funded program participants may be subject to program-specific evaluation periods as documented in their engagement terms.

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

Related Policies:

- Employee Handbook
- Performance Management Policy
- Disciplinary/Corrective Action Policy
- Attendance and Leave Policies (including ADA/FMLA processes)
- Code of Conduct and Compliance Policies (including HIPAA and client safety)
- Workplace Violence and Safety Policies

5. PROCEDURE:

HR.B.7 - 90 Day Probationary Period Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

This policy should be read in conjunction with applicable federal, state, and local laws and internal THC documents, including but not limited to:

- Federal: Title VII of the Civil Rights Act, Americans with Disabilities Act (ADA/ADAAA), Age Discrimination in Employment Act (ADEA), Equal Pay Act (EPA), Fair Labor Standards Act (FLSA), Family and Medical Leave Act (FMLA), Immigration Reform and Control Act (IRCA),

and applicable retaliation protections.

- Employment Discrimination, Tex. Labor Code Ch. 21
- Internal THC References: Employee Handbook, Code of Conduct, Performance Management Policy, Disciplinary/Corrective Action Policy, Attendance and Leave Policies, Safety and Compliance Policies, and position-specific competencies/credentialing standards.

Note: This policy is not legal advice. Where conflicts arise, applicable law and agency policies prevail.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026
1st Legal Review	Bijul Enahwo	07/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Camelia Lee: HRGen	02/2026

EXHIBIT F-48

Status **Pending** PolicyStat ID **19193421**



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

Owner Gillian Simon
Area Environmental Management
Document Type Agency Policy

Sentinel Event and Root Cause Analysis (RCA)Policy

1. PURPOSE:

To provide a consistent and systematic approach for identifying, reporting, analyzing, and responding to sentinel events in a way that improves patient safety, aligns with (The Joint Commission's) National Patient Safety Goals (NPSGs) and fosters a culture of transparency through continuous learning and improvement discussing patient safety at all levels.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD to be committed to providing safe, high quality behavioral health services. Consistent with The Joint Commission's National Patient Safety Goals and Sentinel Event Policy, all sentinel events, defined as unexpected occurrences involving death or serious physical injury, must be immediately reported, thoroughly investigated, and used as opportunities for learning and system-level improvements. The Chief Medical Officer (or designee) is responsible for determining the need and initiation for a Root Cause Analysis (RCA).

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[PLA. 5 The Harris Center System Quality, Safety and Experience Performance Improvement Plan](#)

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

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

[EM.A.4 Critical Incidents](#)

[MED.P.19 Infection Control Plan](#)

5. PROCEDURE:

[EM.B.22 Sentinel Event and Root Cause Analysis \(RCA\) Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Standards Sections 1.E., 1.H., 1.I.,
Condition of Participation: Quality Assessment and Performance Improvement Program, 42 CFR §482.21(a)(2)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director	Demetria Lockett	07/2026
Department Review 2	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
Department Review	Gertrude Leidich: Vice President Clinical Transformation and Quality	06/2026
Initial	Gillian Simon	06/2026

EXHIBIT F-49

Status **Pending** PolicyStat ID **20227107**



Origination 05/2024
 Last Approved N/A
 Effective Upon Approval
 Last Revised 07/2026
 Next Review 1 year after approval

Owner Cassandra Johnson: Lead
 Area Leadership
 Document Type Agency Policy

Dental Services for Intermediate Care Facilities for IDD (ICF-IID)

1. PURPOSE:

~~The purpose of this policy is to establish clear guidelines for Dental Services to assume responsibility for dental services for consumers residing at a Harris Center Intermediate Care Facilities for IDD (ICF-IDD).~~

The purpose of this policy is for The Harris Center for Mental Health and IDD (The Harris Center) to establish clear guidelines for Dental Services to assume responsibility for the provision, coordination, and oversight of dental care for individuals residing in The Harris Center-operated Intermediate Care Facilities for Individuals with Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). This policy ensures that dental services are delivered in a timely, person-centered, and clinically appropriate manner in accordance with applicable regulatory and professional standards.

2. POLICY:

It is the policy of ~~the~~The Harris Center to establish requirements to ensure the arrangement and provision of medically necessary dental services for consumers residing at a Harris Center Intermediate Care ~~Facilities for IDD~~Facility for Individuals with Intellectual Disabilities (ICF-~~IDD~~IID).

3. APPLICABILITY/SCOPE:

This applies to all Harris Center ICF/IID residents.

4. DEFINITIONS:

~~Comprehensive dental diagnostic services: Comprehensive dental diagnostic services refer to a~~

thorough and systematic evaluation of a patient's oral health status, typically conducted by a licensed dentist or dental professional. These services involve a comprehensive assessment of the patient's dental and oral structures to identify existing issues, determine treatment needs, and develop an individualized treatment plan.

~~Dental Services: Dental services encompass a wide range of preventive, diagnostic, therapeutic, and rehabilitative oral health care provided by licensed dental professionals to patients.~~

~~Documentation of dental services: Documentation of dental services refers to the process of recording detailed information about the care provided to a patient during a dental visit. Proper documentation is essential for maintaining accurate and complete patient records, ensuring continuity of care, facilitating communication among healthcare providers, and supporting billing and reimbursement processes.~~

~~ICF/IID Facility (Intermediate Care Facility for Individuals with Intellectual Disabilities): An ICF/IID facility is a residential care setting that provides 24-hour support and services to individuals with intellectual and developmental disabilities. These facilities offer a range of medical, therapeutic, and habilitative services to promote the well-being and quality of life of residents.~~

~~The State Board of Dental Examiners: The State Board of Dental Examiners sets standards, roles, and requirements for dental personnel and practice settings in their state.~~

5. RELATED POLICIES/FORMS:

6. ~~PROCEDURE:~~PROCEDURE:

~~a) Standard: Dental services.~~

~~(1) The Harris Center shall provide or make arrangements for comprehensive diagnostic and treatment services for each consumer from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement.~~

~~(2) If appropriate, dental professionals must participate, in the development, review and update of an individual program plan as part of the interdisciplinary process either in person or through written report to the interdisciplinary team.~~

~~(3) The Harris Center shall provide education and training in the maintenance of oral health.~~

~~b) Standard: Comprehensive dental diagnostic services.~~ Comprehensive dental diagnostic services include=

~~(1) A complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the consumer's oral condition, not later than one month after admission to the Harris Center (unless the examination was completed within twelve months before admission);~~

~~(2) Periodic examination and diagnosis performed at least annually, including radiographs when indicated and detection of manifestations of systemic disease; and~~

~~(3) A review of the results of examination and entry of the results in the consumer's dental record.~~

~~e) Standard: Comprehensive dental treatment.~~ The Harris Center shall ensure comprehensive dental

~~treatment services that include—~~

- ~~(1) The availability for emergency dental treatment on a 24-hour-a-day basis by a licensed dentist; and~~
- ~~(2) Dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.~~

~~d) Standard: Documentation of dental services.~~

- ~~(1) The Harris Center shall obtain a dental summary of the results of dental visits and maintain the summary in the consumer's living unit.~~

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities-
Health Care Services, 42 C.F.R. 483.460(e)-(g)

State Board of Dental Examiners, 22 TAC, Part 5

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Departmental Review	Keena Pace: Exec	07/2026
Compliance Review	Christopher Webb: Audit	06/2026
Initial Assignment	Cassandra Johnson: Lead	06/2026

EXHIBIT F-50

Status **Pending** PolicyStat ID **20040485**



Origination 10/2020
Last Approved N/A
Effective Upon Approval
Last Revised 03/2026
Next Review 1 year after approval

Owner Kendra Thomas: Counsel
Area Environmental Management
Document Type Agency Policy

EM.A.6 Utilization of Security Officer Services

1. PURPOSE:

The purpose of this policy is to establish clear expectations on the utilization of the security services provided by The Harris Center for Mental Health and IDD ([The Harris Center](#)).

2. POLICY:

~~The Harris Center is committed to providing a safe environment that protects its employees, its property and the public. In furtherance of The Harris Center's commitment to maintaining a safe environment, The Harris Center shall utilize security services personnel to assist in the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect The Harris Center property, proactively identify, and promptly mitigate security risks in the environment.~~

It is the policy of The Harris Center to maintain a safe and secure environment for its employees, its property, and the public. To uphold this policy, The Harris Center utilizes security services personnel to support the implementation of safety rules and procedures, respond to potentially harmful situations and emergencies, protect agency property, proactively identify security risks, and promptly mitigate those risks.

3. APPLICABILITY/SCOPE:

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

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

- ~~Emergency Codes, Alerts, and Response~~EM.A.2 Emergency Codes, Alerts, and Response
- Utilization and General Management of Key Card System
- Utilization and General Management of Surveillance System
- Security Program
- Limitation to Security Officer's Role - Least Restrictive Environment

5. PROCEDURES:

- ~~Security Alert - Armed Intruder~~EM. B.2.1 Security Alert - Armed Intruder
- ~~Security Alert - Bomb Threat/ Suspicious Package~~EM.B.2.6 Security Alert - Bomb Threat/ Suspicious Package
- ~~Security Alert - Hostage Situation~~EM.B.2.7 Security Alert - Hostage Situation
- ~~Security Alert - Missing Child/Abduction of Child~~EM.B.2.8 Security Alert - Missing Child/ Abduction of Child

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

IDD-BH Contractor Administrative Functions; Mental Health Community Services Standards- Organizational Standards, 26 Tex. Admin. Code §301.323

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026
1st Legal Review	Bijul Enaohwo	05/2026
Compliance Director Review	Demetria Luckett	05/2026
Compliance 1st Review	Christopher Webb: Audit	03/2026
Initial Assignment	Kendra Thomas: Counsel	03/2026

EXHIBIT F-51

Status **Pending** PolicyStat ID **21208759**



Origination 11/2015
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Stanley Adams
 Area Fiscal Management
 Document Type Agency Policy

FM.A.6 - Travel Policy

1. PURPOSE:

The purpose of this policy is to reimburse employees for reasonable expenses incurred during the period they are employed with the Harris Center [for Mental Health and IDD \(The Harris Center\)](#) in connection with travel and other business on behalf of the Harris Center, subject to the guidelines outlined in this policy.

2. POLICY:

It is the policy of The Harris Center to reimburse staff for reasonable and necessary expenses incurred during approved work-related travel.

Employees seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid impropriety or the appearance of impropriety. Reimbursement is allowed only when reimbursement has not been, and will not be, received from other sources. If a circumstance arises that is not specifically covered in this travel policy, then the most conservative course of action should be taken.

All business-related travel paid with The Harris Center funds must comply with company expenditure procedures. As a tax-exempt center, The Harris Center does not pay sales taxes and employees will not be reimbursed.

Authorization and responsibility

Staff travel must be authorized. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. The traveler must submit a travel reimbursement form and

supporting documentation to obtain reimbursement of expenses.

An individual may not approve his or her own travel or reimbursement. The travel reimbursement form must be signed by the Chief Executive Officer for travel over \$1,000500.

Designated approval authorities are required to review expenditures and withhold reimbursement if there is reason to believe that the expenditures are inappropriate or extravagant.

Personal funds

Travelers should review reimbursement guidelines before spending personal funds for business travel to determine if such expenses are reimbursable. The Harris Center reserves the right to deny reimbursement of travel-related expenses for failure to comply with policies.

Travelers who use personal funds to facilitate travel arrangements will not be reimbursed until after the trip occurs and proper documentation is submitted.

Mileage

Employees are reimbursed at the current standard mileage reimbursement rate determined by the IRS.

Mileage will be calculated in accordance with FM18_B.6 Travel Reimbursement Procedure.

Per Diem

Employee meals while traveling will be reimbursed at the per diem rates as published by the Chief Financial Officer.

Exceptions

Occasionally it may be necessary for travelers to request exceptions to this travel policy. Requests for exceptions to the policy must be made in writing and approved by the Chief Executive Officer or by the Chief Financial Officer. Exceptions related to the Chief Executive Officer's or the Chief Financial Officer's expenses must be submitted to the opposite person or to a member of the Board of Trustees for approval. In most instances, the expected turnaround time for review and approval is five business days.

Non-reimbursable Travel Expenses

The Harris Center will not reimburse the following items that may be associated with business travel:

- Airline club memberships
- Airline upgrades
- Baggage fees
- Business class for domestic flights or first class for all flights
- Childcare, babysitting, housesittinghouse sitting, or pet-sitting/kennel charges
- Commuting between home and the primary work location
- Costs incurred by traveler's failure to cancel travel or hotel reservations in a timely fashion

- Evening or formal wear expenses
- Haircuts and personal grooming
- Laundry and dry cleaning
- Passports, vaccinations and visas when not required as a specific and necessary condition of the travel assignment
- Personal entertainment expenses, including in-flight movies, headsets, health club facilities, hotel pay-per-view movies, in-theater movies, social activities and related incidental costs
- Travel accident insurance premiums or purchase of additional travel insurance
- Other expenses not directly related to the business travel

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

5. PROCEDURE:

~~FM.B.6 Travel Reimbursement Procedure~~ [FM.B.6 Travel Reimbursement](#)

6. REFERENCES: RULES/REGULATIONS/
STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Department Review	Stanley Adams	08/2026
Compliance 1st Review	Christopher Webb: Audit	08/2026
Initial Assignment	Stanley Adams	08/2026

EXHIBIT F-52

Status **Pending** PolicyStat ID **18611956**



Origination 08/2000
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

HR.A.22 Shift Differential

1. PURPOSE:

The purpose of this policy is to provide guidance about shift differentials and to ensure consistent salary treatment for eligible employees.

2. POLICY:

~~As a mechanism to meet the prevailing wages,~~ It is the policy of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) ~~may~~ to support equitable compensation practices. As a mechanism to meet prevailing wage standards, The Harris Center may provide shift differential pay ~~a shift differential~~ to employees assigned to regular duties ~~and during~~ evening, night, and/ or weekend shifts, or any other non-standard division of a regular ~~dayworkday~~.

The justification for ~~approval of~~ shift differential pay must be ~~prepared~~ documented by the Department Head, ~~and~~ approved by the appropriate operational Vice President or Chief, ~~and the Vice President as well as the Sr. Director~~ of Human Resources, on a program-by-program basis. Additional approvals may be required, depending on the circumstances.

3. APPLICABILITY/SCOPE:

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

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

Shift Differential Time Sheet PER:20-001

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	02/2026

EXHIBIT F-53

Status **Pending** PolicyStat ID **19800362**



Origination 03/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

HR.A.32 Religious Accommodations

1. PURPOSE:

~~The purpose of this policy is to extend equal employment opportunities to all The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) employees.~~

The Harris Center for Mental Health and IDD (The Harris Center) is dedicated to fostering an inclusive and supportive work environment by ensuring equal opportunities and reasonable accommodations for employees or applicants with sincerely held religious beliefs, practices, or observations. We are committed to complying with Title VII of the Civil Rights Act of 1964 and Texas Labor Code Chapter 21, and all other applicable federal, state, and local laws. Our goal is to eliminate barriers, promote diversity, and empower all employees to achieve their fullest potential.

2. POLICY:

It is the policy of The Harris Center ~~has a strong commitment to~~ provide equal employment opportunities for all individuals, regardless of their religious beliefs and practices or lack thereof. Consistent with this commitment, The Harris Center will provide ~~a~~ reasonable accommodation ~~off~~ for an applicant's or employee's sincerely held religious belief if the accommodation would resolve a conflict between the individual's religious beliefs or practices and a work requirement unless ~~doing so~~ providing the accommodation would ~~create~~ pose an undue hardship on business operations for The Harris Center.

~~Any person who believes they need an accommodation because of their religious beliefs, practices, or lack thereof, may request an accommodation because of their religious beliefs, practices, or lack thereof, from the Human Resource Department.~~

The Harris Center will engage in a timely, good-faith interactive process with the individual requesting the accommodation to determine an effective and reasonable solution.

The Harris Center will not discriminate or retaliate against any individual for requesting or receiving religious accommodation. Any person who believes they need accommodation because of their religious beliefs, practices, or lack thereof, may request accommodation by completing the form below.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center, both direct and contracted employees, regardless of department or work location and applicants for employment.

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

- Equal Employment Opportunity Policy
- Employment Policy
- ~~Request for Reasonable Accommodation form~~ HR.A.10 Equal Employment Opportunity Policy
- HR.A.8 Employment Policy
- Request for Reasonable Accommodation form

5. PROCEDURES:

- Religious Accommodation Procedure HR.B.32 Religious Accommodation Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Policy and Procedure Handbook
- ~~Title VII of the Civil Rights Act of 1964, 42 U.S.C 2000-a (1) (2)~~
- Title VII of the Civil Rights Act of 1964, 42 U.S.C 2000-a (1) (2)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	07/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026

1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director Review	Demetria Lockett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Camelia Lee: HRGen	02/2026

EXHIBIT F-54

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



Origination 07/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2026
 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, ~~and 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](#)~~
[HR.B.35 Credentialing, Re-Credentialing Guideline and Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~Mental Health Community Services Standards-General Provisions, Definitions, 26 Tex. Admin. Code 301.303~~

~~Mental Health Community Services Standards-Organizational Standards, Competency and Credentialing, 26 Tex. Admin. Code 301.331~~

~~Behavioral Health Delivery System-Mental Health Rehabilitative Services, Staff Member Competency and Training, 26 Tex. Admin. Code 306.325~~

~~Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Definitions 1 Tex. Admin. Code 353.1403~~

~~Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Competency, 1 Tex. Admin. Code 353.1413~~

~~Medicaid Managed Care-Mental Health Targeted Case Management and Mental Health Rehabilitation, Staff Member Credentialing, 1 Tex. Admin. Code 353.1415~~

[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 [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	07/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	05/2026
1st Department Review	Danyalle Evans	05/2026
Initial Assignment	Danyalle Evans	05/2026

EXHIBIT F-55

Status **Pending** PolicyStat ID **19567257**



Origination 09/2025
Last Approved N/A
Effective Upon Approval
Last Revised 07/2026
Next Review 1 year after approval

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

HR.A.41 No Solicitation Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center to maintain a workplace environment that supports uninterrupted operations and safeguards the privacy and comfort of both employees and clients. The purpose of this policy is to prevent disruptions, ensuring that all staff members can perform their duties without unsolicited interruptions or undue pressure.

A. Prohibited Activities:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[GA.A.8 Posting Materials on Agency Property](#)

[Branding and Visual Identity](#)

5. PROCEDURE:

[HR.B.41 No Solicitation Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Not applicable.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
2nd Legal Review	Kendra Thomas: Counsel	02/2026
1st Legal Review	Bijul Enaohwo	02/2026
Compliance Director Review	Demetria Luckett	02/2026
Department Review	Kendra Thomas: Counsel	01/2026
Initial Assignment	Toby Hicks	12/2025

EXHIBIT F-56

Status **Pending** PolicyStat ID **20227097**



Origination 02/2022

Last Approved N/A

Effective Upon Approval

Last Revised 03/2026

Next Review 1 year after approval

Owner Nicole Lievsay: Dir

Area Leadership
Document Type Agency Policy

LD.A.14 Social Media Use

1. PURPOSE:

The purpose of the Social Media Use policy is to ensure The Harris Center employees adhere to the social media standards and guidelines provided by the Communications Department and the agency leadership. This policy defines the rules and procedures for the use of personal and official social media sites to ensure the agency accounts are both legal and in compliance with agency policies.

Social media sites include, but are not limited to, Facebook, X (formerly Twitter), Instagram, YouTube, Snapchat, TikTok, Viva Engage, etc.

2. POLICY:

All official Harris Center social media sites must adhere to state and federal laws and regulations, and agency policies. Only public information may be posted on official Harris Center social media sites and may not contain sensitive personal information as defined in the Texas Business and Commerce Code and the Health Insurance Portability and Accountability Act (HIPAA).

Employee Use:

The Communications Department serves as the designated administrator of the agency's social media sites. Staff members are prohibited from creating social media accounts and posting social media content in representation of The Harris Center unless they are expressly given written permission by the Communications Department and/or agency leadership.

To prevent legal and/or regulatory issues from occurring, avoiding loss of productivity and distraction to employee job performance and to preserve a consistent brand of voice, tone, and messaging across

social channels, and the following guidelines are to be maintained:

- Employees may not use social media to discuss matters related to their clients, supervisors, co-workers, or The Harris Center in a defaming or abusive manner that may be considered unprofessional and/or disruptive to the work environment.
- The personal use of social media sites by employees via The Harris Center devices and/or network is prohibited unless approved by the Communications Department.
- Staff may not use social media channels to communicate with any consumer/patient/individual regarding their care, including the exchange of personal health information (PHI).
- Employees may not post or stream social media content in representation of The Harris Center, unless expressly given written permission by the Communications Department and/or agency leadership.
- Employees may not use any social media platform to promote, endorse, or otherwise publicize outside organizations, events, or initiatives in a manner that implies affiliation with or support from The Harris Center without prior written approval from the Communications Department.

Violation of this policy may lead to disciplinary action up to, and possibly including immediate termination of employment.

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

Social Media Use During Work Time

5. RELATED POLICIES/FORMS:

Social Media Guidelines

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

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

CEO Approval	Wayne Young: Exec	07/2026
2nd Legal Review	Kendra Thomas: Counsel	07/2026
1st Legal Review	Bijul Enahwo	05/2026
Compliance Director	Demetria Lockett	05/2026
Initial Assignment	Nicole Lievsay: Dir	03/2026

EXHIBIT F-57

Status **Pending** PolicyStat ID **20227094**



Origination 02/2013
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

Owner Kendra Thomas: Counsel
Area Leadership
Document Type Agency Policy

LD.A.19 Incident Reporting

1. PURPOSE:

To provide documentation with exact details of all incidents that occur on or off facility grounds at The Harris Center for Mental Health and IDD. This includes incidents that may include, but are not limited to, all employees, interns, contractors, volunteers, and patients. Information obtained may be utilized in the future to address any liabilities presented from the incident.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) to establish an incident reporting process that includes a mechanism to ensure all reportable incidents are recorded and evaluated, documenting follow-up and corrective actions where necessary. All Harris Center's staff, contractors, volunteers, interns, or others in programs operated by The Harris Center, shall document the following incident types, including patients identified and defined below, after contacting any applicable regulatory agencies as soon as practical. The internal documentation shall occur within 24 hours of the incident. The internal documentation of all incidents shall be considered ~~Confidential~~confidential and protected from external disclosure to the fullest extent allowable by law.

- ~~Violations of patients' rights, including, but not limited to, allegations of abuse, neglect, & exploitation~~
- ~~Accidents and injuries~~
- ~~Patient Behavior~~
- ~~Abuse/Neglect/Rights Violation~~
- ~~Death~~

- ~~Homicide, Homicide attempt, a threat with plan or threat without a plan~~
- ~~Medical Issues~~
- ~~Restraint (Personal & Mechanical)~~
- ~~Safety Issues~~
- ~~Seclusion~~
- ~~Suicide & Suicide Attempts by an active patient (on or off the program site)~~
- ~~Theft/Loss~~
- ~~Fire~~
- ~~Bomb Threat~~
- ~~Improper disclosure of patient health information~~
- ~~Loss or theft of patient record(s)~~
- ~~Patient absent without permission from a residential program~~
- ~~Critical Incidents~~
- ~~Any other significant disruptions~~

3. APPLICABILITY/SCOPE:

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

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

- ~~Closed Records Review Committee~~ MED.A.8 Closed Records Review Committee
- ~~Reporting Allegations of Abuse, Neglect, and Exploitation~~ RR.A.1 Reporting Allegations of Abuse, Neglect, and Exploitation
- ~~Assurance of Individual Rights~~ RR.A.2 Assurance of Individual Rights
- ~~Emergency Codes, Alerts, and Response~~ EM.A.2 Emergency Codes, Alerts, and Response
- ~~Reporting of Automobile Accidents~~ EM.A.5 Reporting of Automobile Accidents

5. PROCEDURES:

~~Critical Incidents~~ EM.B.4 Critical Incidents

- ~~Incident Reporting Procedures~~
 - ~~Assurance of Individual Rights~~
 - ~~Critical Incidents~~
 - ~~Security Alert – Armed Intruder~~
 - ~~Facility Alert – Hazardous Spill~~
 - ~~Facility Alert – Utility/Systems Failures~~
 - ~~Medical Alert – Code Blue~~

- △ ~~Medical Alert – Crisis Intervention~~
- △ ~~Emergency Incidents While Transporting Consumers~~
- △ ~~Security Alert – Bomb Threat/Suspicious Package~~
- △ ~~Security Alert – Hostage Situation~~
- △ ~~Facility Alert – Fire Evacuation Plan~~
- △ ~~Sanctions for Breach of Security and/or Privacy Violations of Health Information~~
- △ ~~Emergency Incidents While Transporting Consumers~~
- △ ~~Breach Notification~~

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Investigation of Report of Child Abuse or Neglect, Texas Family Code Chapter 261
- Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Texas Human Resources Code Chapter 48
- Abuse, Neglect, and Exploitation in Local Authorities and Community Centers, ~~Title 25 Texas Administrative Code Ch. 301, Chapter 414, Subchapter LM.~~
- The Harris Center Policy and Procedure Handbook
- CARF: Section 1. Subsection K., Rights of Persons Served

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director Review	Demetria Luckett	07/2026
Compliance 1st Review	Christopher Webb: Audit	04/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT F-58



Origination	05/2024	Owner	Cassandra Johnson: Lead
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2026		
Next Review	1 year after approval		

LD.A.21 Intellectual and Developmental Disabilities Division Intermediate Care Facilities (ICF-IID)

1. PURPOSE:

~~The purpose of this document is to establish clear guidelines for the inclusion, treatment, and care Individuals with Intellectual and Developmental Disabilities (IDD) Division residing at a Harris Center Intermediate Care Facilities for IDD (ICF-IID).~~

The purpose of this policy of The Harris Center for Mental Health and IDD (The Harris Center) is to establish clear, consistent guidelines for the inclusion, treatment, and care of individuals with Intellectual and Developmental Disabilities (IDD) who reside in Harris Center-operated Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). This policy is intended to promote dignity, person-centered supports, and equitable access to services in alignment with applicable regulatory and professional standards.

2. POLICY

It is the policy of ~~the~~The Harris Center to foster an inclusive and safe treatment environment that supports, empowers and upholds the dignity, rights, and well-being of all individuals with IDD, ensuring their full participation in all aspects of our programs and services. The Harris Center adheres to state and federal guidelines and regulations to promote the highest standards of care and support for individuals with IDD or a related condition.

~~(a) “ICF/IID services” means those items and services furnished in an intermediate care facility for Individuals with Intellectual Disabilities if the following conditions are met:~~

~~(1) The facility fully meets the requirements for a State license to provide services that are above the~~

~~level of room and board;~~

~~(2) The primary purpose of the ICF/IID is to furnish health or rehabilitative services to persons with Intellectual Disability or persons with related conditions;~~

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center ICF/IID programs, staff and residents.

4. RELATED POLICIES/FORMS:

[Qualified Intellectual Disabilities Professional \(QIDP\) Policy](#)

[Dietetic Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)

[Dental Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)

5. PROCEDURE:

6. REGULATORY/REFERENCE DOCUMENTS:

Conditions of Participation for [Intermediate Care Facilities for Individuals with Intellectual Disabilities, 42 CFR Ch. IV, Subch. G, Part 483, Subpart I](#)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Intermediate Care Facilities for Individuals with Intellectual Disability or Related Conditions (ICF/IID)
Program Contracting, Title 26 Part I Texas Administrative Code Chapter 261

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions, Title 26
Part I Tex Administrative Code Chapter 551

~~7. RELATED POLICIES/FORMS:~~

~~[Qualified Intellectual Disabilities Professional \(QIDP\) Policy](#)~~

~~[Dietetic Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)~~

~~[Dental Services for Intermediate Care Facilities for IDD \(ICF-IID\)](#)~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026

Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Departmental Review	Keena Pace: Exec	07/2026
Compliance Review	Christopher Webb: Audit	06/2026
Initial Assignment	Cassandra Johnson: Lead	06/2026

EXHIBIT F-59

Status **Pending** PolicyStat ID **20227096**



Origination 08/2024
Last Approved N/A
Effective Upon Approval
Last Revised 07/2026
Next Review 1 year after approval

Owner Christopher Feller: RPh
Area Medical Services
Document Type Agency Policy

MED PHA.A.14 Pharmacy and Therapeutics Committee Policy

1. PURPOSE:

The Pharmacy and Therapeutics (P&T) Committee is responsible for the effective and efficient operation of the formulary system to ~~optimize~~promote optimal patient outcomes, quality ~~and~~of care, patient safety, and responsible financial stewardship. The Committee ~~is responsible to~~operates on behalf of the medical staff as a whole, and its policy recommendations are subject to review and approval by the Professional Review Committee. ~~The Pharmacy and Therapeutics Committee is responsible for the formulation of broad professional policies relating to medications in inpatient and outpatient settings, including their evaluation, selection, procurement, storage, distribution, administration, and use.~~

The P&T Committee provides oversight of broad professional policies relating to medications in both inpatient and outpatient settings. This includes the evaluation, selection, procurement, storage, distribution, administration, monitoring, and safe use of medications.

2. POLICY:

It is the policy of ~~the~~The Harris Center to set forth checks and balances related to formulary decisions and medication monitoring utilizing a Pharmacy and Therapeutics Committee.

3. APPLICABILITY/SCOPE:

The Harris Center Medical Staff, Pharmacy, and Nursing

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

[COM.A.6 Professional Review Committee](#)

5. PROCEDURE:

[MED.PHA.B.5.24 Pharmacy and Therapeutics Committee Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~22 Tex. Admin. Code § 291.74 (f)(2)~~

American Society of Health-System Pharmacists (ASHP) Endorsed Document: Principles of a Sound Drug Formulary System (2011)

ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System (2021)

[Operational Standards, 22 Tex. Admin. Code § 291.74 \(f\)\(2\)](#)

Texas HHSC Psychiatric Executive Formulary Committee Conflict of Interest Policy

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2026
2nd Department Review	Arume Tsekiri	04/2026
Pharmacy Department Review	Lauren Kainer: RPh	04/2026
Initial	Lauren Kainer: RPh	04/2026

EXHIBIT F-60

Status **Pending** PolicyStat ID **20227110**



Origination 10/1992

Last Approved N/A

Effective Upon Approval

Last Revised 06/2026

Next Review 1 year after approval

Owner Danyalle Evans

Area Medical Services

Document Type Agency Policy

MED.A.1 Medical Services

1. PURPOSE:

~~To~~The purpose of this policy is to document The Harris Center for Mental Health and IDD (The Harris Center) expectations for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's ~~expectations for Psychiatrists and related Clinical staff in the assessment and clinical treatment of the Harris Center's~~ patients.

2. POLICY:

It is the policy of The Harris Center that psychiatric services provided to a patient by The Harris Center are the treatment responsibility of the prescribing physician and any resident physicians, physician extenders, APRNs, PAs, or clinical pharmacy specialists working under the supervision of the treating physician.

All psychiatric and medical services developed and implemented within the Harris Center are the responsibility of the Chief Medical Officer (CMO) and the Vice Presidents of Medical Services, all of whom are psychiatrists. The CMO shall ensure that all services are in compliance with acceptable medical standards, agency procedures and policies, as well as state rules, and regulations. The medical procedures of The Harris Center are reviewed with the CEO. Compliance with this is monitored by the Compliance Department of The Harris Center in conjunction with the Harris Center's Pharmacy and Therapeutics Committee, Professional Practice Evaluation Committee, Medical Peer Review Committee, Nursing Peer Review Committee, Incident Reports, System Quality, Safety and Experience Committee, Professional Review Committee, and the Vice Presidents of Medical Services via concurrent patient record review process.

3. APPLICABILITY/SCOPE:

All Harris Center programs and clinical services.

4. PROCEDURES:

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

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

• Behavior Supports
• Abnormal Involuntary Movement Scale
• Request to Continue/Discontinue Neuroleptic Medication for Patients with Abnormal Involuntary Movements (English) & (Spanish)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- ~~Role and Responsibilities of a Local Authority, 40 Tex. Admin. Code, Part I, Ch. 2, Subchapter G~~
- ~~Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code, Part 1, Ch. 301, Subchapter G, Division 3~~
- ~~Provider Clinical Responsibilities- Mental Health Services, 25 Tex. Admin. Code, Part 1, Chapter 415~~
- ~~Consent to Treatment with Psychoactive Medication- Mental Health Services, 25 Tex. Admin. Code, Part 1, Ch. 414, Subchapter I~~
- ~~Use and Maintenance of the HHSC Psychiatric Drug Formulary, 26 Tex. Admin. Code, Part 1, Chapter 306, Subchapter G~~
- [Lidda Role and Responsibilities, 26 Tex. Admin. Code Ch. 330 \(2024\).](#)
- [Mental Health Community Service Standards, 26 Tex. Admin. Code §§ 301.301- 301.363.](#)
- [Prescribing of Psychoactive Medication, 26 Tex. Admin. Code § 320.201 \(2024\).](#)
- [Rights of All Individuals Receiving Mental Health Services, 26 Tex. Admin. Code § 320.7 \(2024\).](#)
- [Use and Maintenance of the Health and Human Services Commission Psychiatric Drug Formulary, 26 Tex. Admin. Code § 306.351 \(2021\).](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	06/2026
Final Legal Review	Kendra Thomas: Counsel	06/2026
1st Legal Review	Bijul Enaohwo	05/2026
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 F-61

Status **Pending** PolicyStat ID **20591274**



Origination 04/2008
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Gillian Simon
 Area Medical Services
 Document Type Agency Policy

MED.A.8 - Closed Record Review Committee Policy

1. PURPOSE:

~~To~~The purpose of this policy is to provide clinical peer review of all deaths of The Harris Center for Mental Health and IDD (The Harris Center) consumers to ensure against inappropriate clinical care, and one that conforms to the highest quality standard of care and the Harris Center's consumers-to-ensure against inappropriate clinical care, and one that conforms to the highest quality standard of care and the Harris Center's policies and procedures.

2. POLICY:

It is the policy of the Harris Center to ensure that the deaths of all consumers served in all Harris Center programs, including contracted placements, are peer-reviewed. All contract providers are responsible for adhering to the provisions of this policy and procedures.

The Harris Center's Closed Record Review Committee is responsible for the clinical peer review of all consumer deaths and making recommendations to the Chief Medical Officer for the improvement of The Harris Center's service delivery system. The Closed Record Review Committee is a subcommittee of the Professional Review Committee (PRC).

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

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

5. PROCEDURES:

~~MED.B.8 Closed Record Review Committee~~[MED.B.8 Closed Record Review Committee](#)

6. REFERENCES: RULES/REGULATIONS/
STANDARDS:

Deaths of Individuals Served by Community Mental Health Centers, [26 Tex. Title 25 Admin. TEX Code Ch. ADMIN301](#).~~-CODE. Chapter 405. Subchapter K.~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Final Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	06/2026
1st Department Review	Danyalle Evans	06/2026
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	06/2026

EXHIBIT F-62

Status **Pending** PolicyStat ID **19992261**



Origination	05/2025	Owner	Christopher Feller: RPh
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

MED.PHA. A.5.19 Pharmacy Dispensary of Hope (DoH) Program Policy

1. PURPOSE:

The purpose of this policy is to establish best practices regarding ~~The~~the Dispensary of Hope (~~DOH~~DoH) ~~Program~~program medications.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (The Harris Center) Pharmacies to ~~ensure and support~~follow best practices for ~~the management and governance of The~~all activities related to the Dispensary of Hope (~~DOH~~DoH) ~~Program~~program medications ~~and that the~~. The following policies are to be adhered to:

- ~~▪ Adhere to applicable governing laws, regulations, rules, and manufacturer guidelines for DOH brand or generic medications, including but not limited to application for, ordering, receiving, transferring to the pharmacy, dispensing to financially disadvantaged or indigent patients, and disposition of expired or unused pharmaceuticals.~~
- ~~▪ DOH products are received at each clinic pharmacy location. Dispensing consistent with internal pharmacy procedures and in accordance with the program recommendations will be done in all cases.~~
- ~~▪ All pharmaceuticals are to be disposed of in accordance with internal medication destruction and/or recall procedures where applicable.~~
- ~~▪ Information gathered or exchanged through DOH is considered protected health information and subject to the Health Insurance Portability and Accountability Act (HIPAA).~~

- A. Comply with all applicable governing laws, regulations, rules, and manufacturer guidelines for DoH brand or generic medications, including but not limited to application processes, ordering, receiving, dispensing to financially disadvantaged or indigent patients, and disposition of expired or unused pharmaceuticals.
- B. DoH medications are received at each clinic pharmacy location and the Neuropsychiatric Center (NPC) pharmacy. Dispensing will be conducted in accordance with internal pharmacy procedures and DoH program contractual requirements in all cases.
- C. All pharmaceuticals must be disposed of in accordance with internal medication destruction and/or recall procedures as applicable.
- D. Information gathered or exchanged through DoH is considered protected health information (PHI) and is subject to the Health Insurance Portability and Accountability Act (HIPAA).

3. APPLICABILITY/SCOPE:

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

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

~~DOH Qualification Questionnaire – English~~

~~DOH Qualification Questionnaire – Spanish~~

DOH Eligibility Attestation Form - English

DOH Eligibility Attestation Form - Spanish

Patient Attestation Consent Form – The HARRIS CENTER

5. PROCEDURE:

~~Pharmacy Dispensary of Hope Procedure~~ MED.PHA.B.19 Pharmacy Dispensary of Hope Procedure

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

~~Pharmacy Medication Recalls Procedure~~ MED.PHA.B.22 Pharmacy Medication Recalls Procedure

~~Pharmacy Record Retention Procedure~~ MED.PHA. B.55 Pharmacy Record Retention Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Operational Standards, 22 Tex. Admin. Code § 291.33

Charitable Immunity and Liability Act, Tex. Civ. Prac. and Rem. Code Ch. 84

Texas Food, Drug and Cosmetic Act, Tex. Health and Safety Code Ch. 431

Attachments

- [!\[\]\(13b6bdd0ca077c333d50231f1443cb1d_img.jpg\) 2026 DoH Eligibility Attestation Form - English.pdf](#)
- [!\[\]\(5dbedd4e1e8871e3a0e67053ad2f9701_img.jpg\) 2026 DoH Eligibility Attestation Form - Spanish.pdf](#)
- [!\[\]\(d4749465acb9b53e115af1f9ce82539c_img.jpg\) PAP ATTESTATION CONSENT Form - The Harris Center.doc](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026
2nd Department Review	Arume Tsekiri	02/2026
Pharmacy Department Review	Lauren Kainer: RPh	02/2026
Initial	Lauren Kainer: RPh	02/2026

EXHIBIT F-63

Status **Pending** PolicyStat ID **20010004**



Origination	05/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2026
Next Review	1 year after approval

Owner	Christopher Feller: RPh
Area	Medical Services
Document Type	Agency Policy

MED.PHA. A.53 Pharmacy After Hours Service Policy

1. PURPOSE:

The purpose of this policy ~~is to establish Standard~~ establishes standardized pharmacy operations for The Harris Center for Mental Health and IDD (The Harris Center) Class A Community Pharmacies and Class C Institutional Pharmacy Operations for The Harris Center's Class A Community Pharmacies and Class C Institutional for after-hours services. These operations shall comply with all applicable rules and regulations outlined by the Texas State Board of Pharmacy ~~for after hours services in accordance with all rules outlined by~~ within the Texas ~~State Board of Pharmacy within the Texas~~ Administrative Code, specifically Chapter 291 regarding pharmacy operations, The Centers For Medicaid & Medicare Services, and current ~~Agency Third Party Payor Contracts~~ agency third party payor contracts.

2. POLICY:

It is the policy of The Harris Center to ~~continually enhance the~~ provide the highest standards of quality and safety ~~of~~ in patient care by ~~providing~~ ensuring the availability of after-hours pharmacy services ~~including. These services include~~ inpatient medication order verification, consultation to staff and patients, and guidance for after-hours pharmacy deliveries.

3. APPLICABILITY/SCOPE:

The Harris Center ~~Crisis~~ Comprehensive Psychiatric Emergency Program (CPEP) Inpatient Units and Outpatient Clinic Pharmacies

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

N/A

5. PROCEDURE:

~~Pharmacy After Hours Remote Services Procedure - Cardinal Health~~MED.PHA. B.11 Pharmacy After Hours Remote Services Procedure - Cardinal Health

~~Pharmacy After Hours Delivery Procedure~~MED.PHA. B.53 Pharmacy After Hours Delivery Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code § 291.31-291.36

Institutional Pharmacy (Class C), 22 Tex. Admin. Code § 291.71-291.77

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2026
2nd Department Review	Arume Tsekiri	03/2026
Pharmacy Department Review	Lauren Kainer: RPh	02/2026
Initial	Lauren Kainer: RPh	02/2026

EXHIBIT F-64

Status **Pending** PolicyStat ID **19800354**



Origination 03/2025
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Christopher Feller: RPh
 Area Medical Services
 Document Type Agency Policy

MED.PHA. A.54 Pharmacy Copay Assistance Policy

1. PURPOSE:

The purpose of this policy ~~is to establish Standard~~ establishes standardized pharmacy operations for The Harris Center for Mental Health and IDD (The Harris Center) Class A Community Pharmacies and Class C Institutional Pharmacy ~~Operations for The Harris Center's Class A Community Pharmacies and Class C Institutional Pharmacy~~ regarding ~~any~~ pharmacy copay assistance ~~in accordance~~. This policy ensures compliance with all applicable rules outlined by the Texas Administrative Code, The Centers For Medicaid & Medicare Services, and current ~~Agency Third Party Payor Contracts~~ agency third party payor contracts.

2. POLICY:

It is the policy of The Harris Center ~~Pharmacies~~ pharmacies to aid patients with the cost of their prescription copays for drugs prescribed by a Harris Center physician when deemed clinically necessary and appropriate to ensure continued quality and safety of patient care as defined by the Texas Administrative Code.

3. APPLICABILITY/SCOPE:

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

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

N/A

5. PROCEDURE:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Charges for Community Services, 26 Tex. Admin. Code § 301.101-301.119

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2026
2nd Department Review	Arume Tsekiri	03/2026
Pharmacy Department Review	Lauren Kainer: RPh	03/2026
Initial	Lauren Kainer: RPh	03/2026

EXHIBIT F-65

Status **Pending** PolicyStat ID **19800350**



Origination	03/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2026
Next Review	1 year after approval

Owner	Christopher Feller: RPh
Area	Medical Services
Document Type	Agency Policy

MED.PHA. A.55 Pharmacy Data and Record Retention Policy

1. PURPOSE:

The purpose of this policy is to establish ~~standard~~standardized pharmacy operations for ~~the~~The Harris Center's for Mental Health and IDD (The Harris Center) Pharmacies ~~for~~regarding the proper storage, retention, and retrieval,~~and retention~~ of all pharmacy data ~~(and records, both electronic and hard copy)~~ in accordance~~copies~~. This policy ensures compliance with all~~the~~ Texas State Board of Pharmacy (TSBP) rules outlined ~~by~~in the Texas ~~State Board of Pharmacy within the Texas~~ Administrative Code (TAC), specifically Chapter 291 regarding pharmacy operations, as well as requirements from The Drug Enforcement Agency (DEA), The Centers ~~For~~for Medicaid & Medicare Services (CMS), and current agency third party payor contracts.

2. POLICY:

It is the policy of The Harris Center that Pharmacies ~~to practice proper storage and retention of~~maintain all required pharmacy ~~data and documents to assure easy~~records in a secured, organized, and compliant manner that allows for timely retrieval when needed by pharmacy staff, auditors, or regulatory bodies. All required data and documents must be stored and retained in accordance with applicable federal, state, and contractual requirements.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

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

N/A

5. PROCEDURE:

Pharmacy Record Retention ProcedureMED.PHA. B.55 Pharmacy Record Retention Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Centers for Medicare and Medicaid Services §482.24(c)(1)

Drug Enforcement Administration Pharmacist Manual

The Drug Supply Chain Security Act (DSCSA)

Records, 22 Tex. Admin. Code § 291.34

Records, 22 Tex. Admin. Code § 291.75

~~The Drug Supply Chain Security Act (DSCSA)~~

~~Centers for Medicare and Medicaid Services §482.24(c)(1)~~

~~Drug Enforcement Administration Pharmacist Manual~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	07/2026
Legal 2nd Review	Kendra Thomas: Counsel	07/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	02/2026

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

EXHIBIT F-66

Status **Pending** PolicyStat ID **19800353**



Origination	03/2025
Last Approved	N/A
Effective	Upon Approval
Last Revised	07/2026
Next Review	1 year after approval

Owner	Christopher Feller: RPh
Area	Medical Services
Document Type	Agency Policy

MED.PHA. A.56 Pharmacy Staffing Policy

1. PURPOSE:

~~The purpose of this~~ This policy ~~is to establish Standard Pharmacy Operations~~ establishes standardized pharmacy staffing operations for The Harris Center for Mental Health and IDD's (The Harris Center) Class A Community Pharmacies and Class C Institutional Pharmacies. It ensures appropriate pharmacy staffing levels to support safe and effective operations in compliance with all applicable laws and regulations outlined by the Texas State Board of Pharmacy ~~for proper pharmacy staffing needs in accordance with all rules outlined by, as set forth in Chapter 291 of the Texas State Board of Pharmacy within the Texas Administrative~~ Administration Code, specifically Chapter 291 regarding pharmacy operations.

2. POLICY:

It is the policy of The Harris Center Pharmacies to ~~appropriately staff~~ maintain appropriate staffing at each pharmacy location ~~in order to ensure~~ safe, effective, and quality ~~and safety of patient care to~~ patients.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies

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

N/A

5. PROCEDURE:

[Pharmacy Staffing Procedure](#)[MED.PHA.B.5.28 Pharmacy Staffing Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

[Community Pharmacy \(Class A\) Personnel](#), 22 Tex. Admin. Code [Ch§ 291.291, Subchapter B 32](#)

[Institutional Pharmacy \(Class C\) Personnel](#), 22 Tex. Admin. Code [Ch§ 291.291, Subchapter D 73](#)

[Ratio of Pharmacists to Pharmacy Technicians and Pharmacy Technician Trainees, Tex. Occ. Code § 568.006](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2026
2nd Department Review	Arume Tsekiri	03/2026
Pharmacy Department Review	Lauren Kainer: RPh	03/2026
Initial	Lauren Kainer: RPh	03/2026

EXHIBIT F-67

Status **Pending** PolicyStat ID **20227084**



Origination 05/2025
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

Owner Christopher Feller: RPh
 Area Medical Services
 Document Type Agency Policy

MED.PHA. A.57 Pharmacy Prescription Dispensing and Counseling Policy

1. PURPOSE:

The purpose of this policy is to establish ~~standard~~standardized pharmacy operations for The Harris Center's for Mental Health and IDD (The Harris Center) Pharmacies to ensure ~~proper~~the accurate processing and dispensing of medications ~~and complying~~. It also ensures compliance with medication counseling requirements as outlined by the Texas State Board of Pharmacy.

2. POLICY:

It is the policy of The Harris Center Pharmacies to provide quality and safe dispensing and counseling of medications for patients.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies and Staff

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

~~Pharmacy Drive-Up Log (DUL)~~

~~Patient Prescription Manual Signature Form~~

N/A

5. PROCEDURE:

[Pharmacy Prescription Counseling Procedure](#)

[Pharmacy Remote Services Procedure](#)

[Pharmacy Prescription Processing Procedure](#)

[Pharmacy Prescription Drive Up Procedure](#)

[MED.PHA.B.5.6 Pharmacy Computer Downtime](#)

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

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

[MED.PHA.B.5.7 Pharmacy Prescription Counseling Procedure](#)

[MED.PHA.B.12 Pharmacy Prescription Processing Procedure](#)

[MED.PHA.B.5.17 Pharmacy Remote Services Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Community Pharmacy (Class A), 22 Tex. Admin. Code, Part 15, §§291.31-291.36

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

Institutional Pharmacy (Class C), 22 Tex. Admin. Code, Part 15, §§291.71-291.77 ~~75~~

[Regulations DEA Pharmacist Manual](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	07/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026

CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	05/2026
Initial	Lauren Kainer: RPh	05/2026

EXHIBIT F-68

Status **Pending** PolicyStat ID **20227071**



Origination 01/2023
 Last Approved N/A
 Effective Upon Approval
 Last Revised 08/2026
 Next Review 1 year after approval

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

HIM.EHR.A.18 Privacy Officer

1. PURPOSE:

The purpose of this policy is to establish that the Privacy Officer will be responsible for ensuring the protection of patient/individual privacy rights at The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

It is the policy of The Harris Center to employ a Privacy Officer whose primary duty is to oversee the development, implementation, maintenance of, and adherence to privacy policies and procedures regarding the safe use and handling of protected health information (PHI) in compliance with federal and state confidentiality laws and regulations.

3. APPLICABILITY/SCOPE:

All agency employees, contractors, and patients/individuals of The Harris Center.

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

~~Breach Notification~~

~~Confidentiality and Disclosure of Patient/ Individual Health Information~~

~~Sanctions for Breach of Security and/ or Privacy Violations of Health Information~~

~~Incident Reporting~~

[HIM.EHR. A.2 Breach Notification](#)

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

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

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

5. PROCEDURES:

- ~~1. Maintain up-to-date knowledge of federal and state privacy laws and HIPAA regulations to ensure Center compliance.~~
- ~~2. Implement a process for receiving, documenting, tracking, investigating, and action on all complaints concerning breaches in privacy policies and procedures.~~
- ~~3. Ensure that the Center maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials that reflect the Center's policies and regulatory requirements.~~
- ~~4. Establish a procedure to track access to PHI so that it can be reviewed during audits.~~
- ~~5. Work with all personnel involved in the release of PHI to ensure full coordination and cooperation under policies and procedures, federal and state privacy laws, and HIPAA regulations.~~
- ~~6. Oversee compliance with privacy practices and application of sanctions for failure to comply with privacy policies in relation to the Center's workforce, business associates, and in cooperation with administration and legal counsel as applicable.~~
- ~~7. Designate a contact person or office responsible for receiving privacy complaints and providing information about matters covered in the Notice of Privacy Practices.~~

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2

Texas Medical Practices Act, Texas Occupations Code, Title 3 Health Professions

Medical Records Privacy, Tex. Health & Safety Code Ch. 181

Mental Health Records, Texas Health and Safety Code Chapter 611

Medical or Mental Health Records, Texas Health and Safety Code Chapter 161, Subchapter M

Rights and Protection of Individuals Receiving Intellectual Disability Services-Protected Health Information, ~~Title 40 Texas Administrative~~[26 Tex. Admin. Code Part 1, Chapter 4 Subchapter A Ch. 334](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
Legal Review	Kendra Thomas: Counsel	08/2026
Compliance Director Review	Demetria Lockett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT F-69

Status **Pending** PolicyStat ID **20227081**



Origination	05/1993
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2026
Next Review	1 year after approval

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

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

1. PURPOSE:

~~To establish a uniform~~ This policy ~~for the~~ establishes standardized requirements for secure storage, security proper handling, preparation, and safe administration areas for medications across The Harris Center for Mental Health and IDD (The Harris Center) sites.

2. POLICY:

~~It is the policy of The Harris Center for a Pharmacist, or other appropriately trained individuals under the supervision of the Director of Pharmacy (DOP), to ensure that all medications maintained by the Agency are stored safely, securely, and properly following manufacturer/supplier recommendations (e.g. proper sanitation, temperature, light, moisture, ventilation, and segregation conditions) and state laws and rules. The Pharmacy Department will conduct regular inspections of all drug storage areas within the Harris Center Pharmacies and each service site responsible for the containment of drugs.~~

It is the policy of The Harris Center that a licensed pharmacist, or other appropriately trained personnel under the supervision of the Director of Pharmacy (DOP), shall ensure that all medications maintained by the agency are stored, handled, and prepared for administration in a safe, secure, and compliant manner.

Medications must be maintained in accordance with manufacturer and supplier recommendations, including but not limited to requirements for proper sanitation, temperature control, light, moisture, ventilation, and segregation conditions. All practices must comply with applicable federal and state laws and regulations.

The Pharmacy Department is responsible for conducting regular inspections of all medication storage areas within the Harris Center pharmacies and any service sites where medications are stored or managed, to ensure ongoing compliance with established standards.

3. APPLICABILITY/SCOPE:

All Harris Center Mental Health and IDD service sites, clinics, treatment programs, residential care programs, and pharmacies.

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

~~Medical Services~~ MED.A.1 Medical Services

MED.PHA.A.8 Narcan (Naloxone) Policy

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

MED.PHA.A.12 Pharmacy Hazardous Drugs Policy

~~Nursing Unit Inspection Form~~ Unit Inspection Form

5. PROCEDURES:

MED.PHA.B.12 Hazardous Drugs

~~Medication Storage, Preparation and Administration Areas Procedure~~ MED.PHA.B.2 Medication Storage, Preparation and Administration Areas Procedure

MED.NUR.B.11 Monthly Inspections of Nursing Units that House Medication

MED.PHA.B.5.26 Multi Dose Vials Procedure

~~Pharmacy ACT Medication Refill Requests Procedure~~ MED.PHA.B.10 Pharmacy ACT Medication Refill Requests

~~Pharmacy Medication Recalls Procedure~~

MED.PHA.B.5.30 Pharmacy Mailing Prescriptions to Patients

MED.PHA.B.22 Pharmacy Medication Recalls Procedure

MED.PHA.B.8 Pharmacy Naloxone Process Procedure

MED.PHA.B.2.1 Pharmacy Refrigerator/Freezer Hygiene and Temperature Monitoring Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

22 Tex. Admin. Code § 291.7-291.9

[CARF. Accreditation Standards. Section 2. E. Medication Use](#)

[CDC Vaccine Storage and Handling Tool Kit](#)

[Community Pharmacy \(Class A\)- Operational Standards, 22 Tex. Admin. Code § 291.33](#)

[Drug Storage and Recordkeeping, 42 CFR § 483.460\(l\)](#)

[Institutional Pharmacy \(Class C\)-Operational Standards, 22 Tex. Admin. Code § 291.74](#)

Storage of Drugs, 22 Tex. Admin. Code § 291.15

~~Community Pharmacy (Class A)- Operational Standards, 22 Tex. Admin. Code § 291.33~~

~~Institutional Pharmacy (Class C)-Operational Standards, 22 Tex. Admin. Code § 291.74~~

~~Drug Storage and Recordkeeping, 42 CFR § 483.460(l)~~

National Institute of Standards and Technology Reports (NISTIR) 7656 and 7753

~~CARF. Accreditation Standards. Section 2. E. Medication Use~~

~~CDC Storage and Handling Tool Kit~~

Attachments

 [Unit Inspection Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enaohwo	07/2026
Compliance Director	Demetria Lockett	07/2026

Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	07/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2026
2nd Department Review	Arume Tsekiri	06/2026
Pharmacy Department Review	Lauren Kainer: RPh	05/2026
Initial	Lauren Kainer: RPh	05/2026

EXHIBIT F-70

Status **Pending** PolicyStat ID **19800348**



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

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

MED.PHA.A.8 Narcan (Naloxone) Policy

1. PURPOSE:

The purpose of this policy ~~is to ensure~~ensures naloxone (Narcan) is as accessible as possible to eligible patients and authorized employees ~~ensuring~~and establishes standards for proper storage, use, and administration to effectively ~~treat~~respond to opioid overdoses and reduce ~~potential~~the risk of associated fatalities ~~associated with opioid overdoses~~.

2. POLICY:

It is the policy of The Harris Center for Mental Health and IDD (~~The Harris Center~~) to establish naloxone (Narcan) procedures ensuring proper storage, use, distribution, and administration to effectively ~~treat and reduce~~respond to and prevent potential patient fatalities associated with opioid overdoses.

3. APPLICABILITY/SCOPE:

The Harris Center for Mental Health and IDD

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

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

~~Pharmacy Services and Outpatient Prescription Purchase Plan Policy~~~~MED.PHA.A.5 Pharmacy Services and Outpatient Prescriptions Policy~~

~~Medication Storage, Preparation and Administration Areas~~

5. PROCEDURE:

[MED.B.13 Narcan \(Naloxone\) Patient Administration Procedure](#)

[MED.PHA.B.8 Pharmacy Narcan \(Naloxone\) Process Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Dispensing of Opioid Antagonist by Pharmacist, 22 Tex. Admin. Code §295.14

~~Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders. HHS Publication No. (SMA) 13-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.~~

[Narcan Quick Start Guide](#)

[Opioid Antagonists, Texas Health and Safety Code §483.101 - 483.107](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec [KP]	08/2026
Legal 2nd Review	Kendra Thomas: Counsel	08/2026
Legal 1st Review	Bijul Enahwo	07/2026
Compliance Director	Demetria Lockett	06/2026
Pharmacy and Therapeutic Committee	Holly Cumbie: RPh	04/2026
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	03/2026
2nd Department Review	Arume Tsekiri	03/2026
Pharmacy Department Review	Lauren Kainer: RPh	02/2026
Initial	Lauren Kainer: RPh	02/2026

EXHIBIT F-71

Status **Pending** PolicyStat ID **15267526**



Origination 11/2012
Last Approved N/A
Effective Upon Approval
Last Revised 08/2026
Next Review 1 year after approval

Owner Deauc Dentaen
Area Rights & Responsibilities
Document Type Agency Policy

RR.A.1 Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities

1. PURPOSE:

The purpose of this policy is to express the uniform approach for immediate reporting of allegations or incidents of abuse, neglect, and exploitation of persons served by The Harris Center for Mental Health and IDD (The Harris Center).

2. POLICY:

All it is the policy of The Harris Center that all persons served at The Harris Center have a right to be free from abuse, neglect, exploitation, and humiliation. It is the policy and responsibility of all employees, agents, interns, volunteers or contract affiliates of The Harris Center who have knowledge of or reason to believe that a child, elderly person, or person with a disability is the victim of abuse, neglect, or exploitation shall immediately report such to the proper authorities, including Texas Department of Family and Protective Services (DFPS).

3. APPLICABILITY/SCOPE:

All employees, volunteers, interns, individuals/family/LAR, contractors and subcontractors of The Harris Center shall adhere to the standards set forth in this policy.

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

~~Assurance of Insurance Rights Policy~~[RR.A.2 Assurance of Individual Rights](#)

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

5. PROCEDURES:

[RR.B.1 Reporting Allegations of Abuse, Neglect and Exploitation of Elderly Persons with Disabilities](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

~~Texas Family~~[Investigation of Report of Child Abuse or Neglect, Tex. Fam. Code, Chapter Ch. 261 Investigation of Report of Child Abuse or Neglect\(2025\).](#)

~~Texas Human Resources~~[Investigations and Protective Services for Elderly and Disabled Persons, Tex. Hum. Res. Code, Chapter Ch. 48 Investigations and Protective Services for Elderly and Disabled Persons\(2024\).](#)

~~Title 25 Texas~~[Abuse, Neglect, and Exploitation in Local Authorities and Community Centers, 26 Tex. Admin. Code, Ch. 414301, Subchapter L Abuse, Neglect, and Exploitation in Local Authorities and Community CentersM.](#)

~~Title 40 Texas Administrative Code, Chapter 4, Subchapter L Abuse, Neglect & Exploitation in Local Authorities and Community Centers~~

~~Title 40 Texas Admin. Code, Chapter 705 Adult Protective Services~~
[Adult Protective Services, 40 Tex. Admin. Code Ch. 705 \(2021\).](#)

~~CARF: Section 1. Subsection K., Rights of Persons Served.~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec [KP]	08/2026
2nd Legal Review	Kendra Thomas: Counsel	08/2026
1st Legal Review	Bijul Enaohwo	07/2026

Compliance Director Review	Demetria Lockett	06/2026
Initial Assignment	Deauc Dentaen	06/2026

EXHIBIT F-72

Fiscal Year 2027 Budget Update

Board of Trustees Meeting, August 25, 2026,

Stanley Adams, MBA

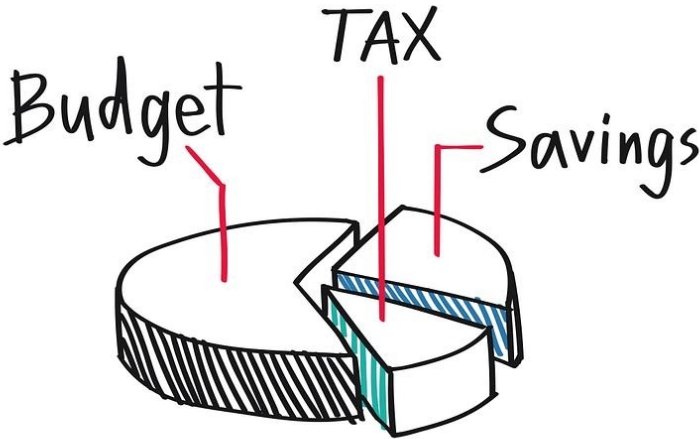
CFO

Ricardo Campbell, MBA

Director, FP&A & Cost Accounting

FY 27 Budget Update

- Budget Summary
- Revenue Update
- Expenditures Update
- APPENDIX



FY27 Budget Summary

in millions

	FY26 Adopted Budget	FY27 Budget 07.28.26	Change		FY27 Budget 07.28.26	FY27 Revised Budget	Change
Funding Sources, Operational	\$ 374.03	\$ 389.87	Increase, \$15.84		\$ 389.87	\$ 390.09	Increase, \$ 0.22
Less:							
Operating Expenditures, Total	372.28	388.12	Increase, \$15.84		388.12	388.34	Increase, \$ 0.22
Other Sources							
Less: Anticipated Bond Payment	<1.75>	<1.75>	No Change		<1.75>	<1.75>	No Change
Plus: Use of Prior Year Net Assets	0.00	0.00	No Change		0.00	0.00	No change
Net change	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00	

FY 27 Revenue Budget Revisions Summary

All Funding Sources	FY26 Adopted Budget	FY27 Budget 07.28.26	Change		FY27 Budget 07.28.26	FY27 Revised budget	Change
Federal Charity Care Pool (CCP)	43.08	45.08	Increase, 2.00		45.08	45.08	No change
Direct Payment Program – BH	5.40	4.80	Decrease, 0.6		4.80	4.80	No change
Harris County and Local	56.20	75.07	Increase, 18.87		75.07	75.52	Increase, 0.45
Drug PAP/Samples	13.18	16.02	Increase, 2.84		16.02	16.02	No change
Interest	3.32	2.85	Decrease, 0.47		2.85	2.85	No Change
State General Revenue	133.75	133.87	Increase, 0.12		133.87	133.87	No change
State Contracts and Grants	23.92	25.84	Increase, 1.92		25.84	25.94	Increase, 0.1
Medicaid Administrative Claiming	8.72	9.50	Increase, 0.78		9.50	9.50	No change
Federal Grants	44.88	32.83	Decrease, 12.05		32.83	32.50	Decrease, 0.33
Third Party Billing	19.05	21.01	Increase, 1.96		21.01	21.01	No change
Net Patient Revenue	22.53	23.00	Increase, 0.47		23.00	23.00	No change
Operating, Subtotal	\$ 374.03	\$ 389.87	Increase, 15.84		\$ 389.87	\$ 390.09	Increase, 0.22
Less: Use of Prior Year Balances	0.00	0.00	No change		0.00	0.00	No change
Funding Sources, Total	\$ 374.03	\$ 389.87	Increase, 15.84		\$ 389.87	\$ 390.09	Increase, \$0.22

FY 27 Revenue Budget: Key Revisions

- Harris County & Local
 - Added 3 FTEs under Emancipation Program
 - Reclassified SMART Team Initiative from Federal Grants
 - Texas Veterans Commission (TVC) transferred to State Contracts and Grants.
 - Oversight of the Veterans Peer Support Processes in Harris County
- State Contracts & Grants
 - Added Texas Veterans Commission (TVC) funding
- Federal Grants
 - SMART Team Initiative Transferred to Harris County & Local

FY 27 Expenditures Revisions Summary

Expenditures	FY26 Adopted Budget	FY27 Budget 07.28.26	Change		FY27 Budget 07.28.26	FY27 Revised	Change
Salaries and Fringe	\$ 245.76	\$ 253.55	Increase, 7.79		\$ 253.55	\$ 253.61	Increase, 0.06
Fees and Contracts	15.12	14.61	Decrease, 0.51		14.61	14.65	Increase, 0.04
HCPC Contracts	47.52	50.95	Increase, 3.43		50.95	50.67	Decrease, 0.28
Travel and Training	3.03	2.89	Decrease, 0.14		2.89	2.89	No change
Drugs	27.73	31.17	Increase, 3.44		31.17	31.45	Increase, 0.28
Food and Supplies	4.26	3.23	Decrease, 1.03		3.23	3.23	No change
Equipment	1.87	2.12	Increase, 0.25		2.12	2.12	No change
Software	4.16	7.37	Increase, 3.21		7.37	7.79	Increase, 0.42
Building	3.37	3.12	Decrease, 0.25		3.12	3.12	No change
Vehicle	1.08	1.32	Increase, 0.24		1.32	1.32	No change
Telephone and Utilities	3.83	4.10	Increase, 0.27		4.10	4.10	No change
Audit, Insurance and Legal Fees	2.52	2.51	Decrease, 0.01		2.51	2.51	No change
Debt Service	1.75	1.75	No change		1.75	1.75	No change
Dues & Subscriptions	7.57	3.56	Decrease, 4.01		3.56	3.26	Decrease, 0.30
Other Expenses	4.46	7.62	Increase, 3.16		7.62	7.62	No change
Operating Expenditures, Total	\$374.03	\$389.87	Increase, \$15.84		\$389.87	\$ 390.09	Increase, \$0.22

FY 27 Expenditures Budget: Key Revisions

- Salaries and Fringe
 - Added 3 FTEs to the Emancipation Program
- Fees and Contracts
 - Increased Nursing Pool contract for coverage at DDRP
 - Added LVN support
- HCPC Contracts
 - Transferred Post-Discharge Medications to Drugs
- Drugs
 - Added Post-Discharge Medications
- Software
 - Added UKG workforce management
 - Adjusted several service contracts
- Dues & Subscriptions
 - Reclassified UKG workforce management to Software

FY 27 Expenditures Budget: Key Revisions

- Other expenses
 - FY27 expense budget totals \$7.62M
 - Increase of \$3.16M (71%) compared to FY26 budget of \$4.46M
 - Primary drivers of the increase include:
 - Client Transportation increased by \$30K to support expanded metro card services (bus passes)
 - Program CARP (Community Assistance and Resource)- Misdemeanor.
 - Respite Care Reimbursements increased by \$1.9M because of the FY26 reclassification from Contract Services to Other Expenses.
 - Nature of the payments being reimbursed to families(not vendor payments for respite services) which is not considered taxable income.
 - Security Services increased by \$1.2M to support expanded security coverage for the Emancipation Program.
 - Includes dedicated law enforcement support provided through the Harris County Sheriff's Office (10 officers)

Thank you.

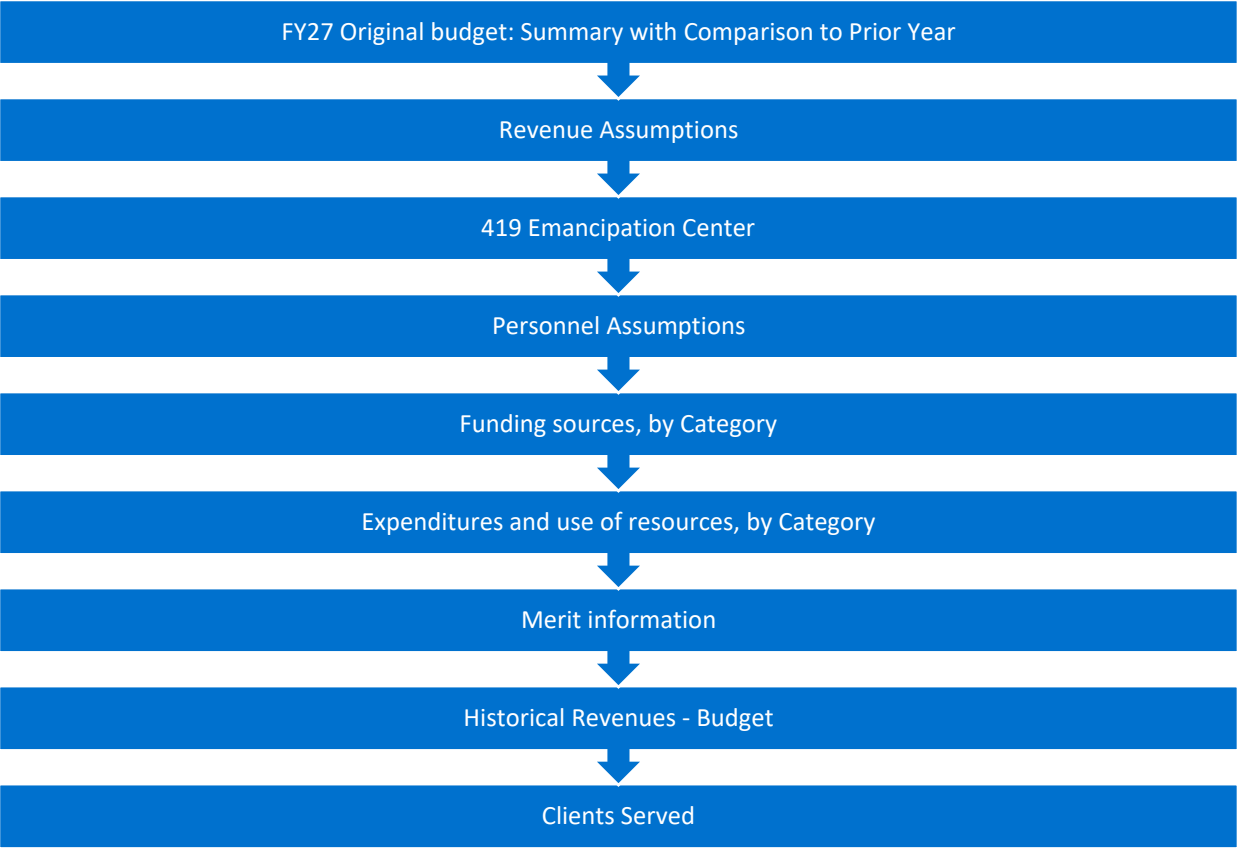
APPENDIX

FY27 Budget Preliminary
July 28, 2026

Fiscal Year 2027 Budget

Board Meeting, July 28, 2026,
Stanley Adams, MBA
CFO

Agenda



FY 27 Original Budget Summary: Comparison to Prior Year

in millions

	FY2026	FY2027	Change
Funding Sources, Operational	\$ 374.03	\$ 389.87	Increase, \$ 15.84
Less:			
Operating Expenditures, Total	372.28	388.12	Increase, \$ 15.84
Other Sources			
Less: Anticipated Bond Payment	<1.75>	<1.75>	No Change
Plus: Use of Prior Year Net Assets	0.00	0.00	No change
Net change	\$ 0.00	\$ 0.00	\$ 0.00

Revenue Assumptions

- Revenue Increase
 - FY27 Over FY26 - \$15.84M Increase
 - ARPA Funding Expiration (August 2026)
 - Impact reduction in available funding \$ (11.27M)
 - Increased budgets for Local, State Funds, and Net Patient Revenue \$ 27.11M
- Contracts
 - Budget projections assume our proposals for new and ongoing funding to cover costs of specified programs will be approved by outside entities. Significant budget adjustments will be required if such proposals are not approved.

419 Emancipation Center

- Primary Revenue & Expense Driver: Emancipation
 - \$11.4M increase attributable to Emancipation
 - Represents approximately 72% of the total budget increase
- Program Requirements
 - Minimum 222 beds
 - Intake & easy entry
 - 3 meals/day
 - Security, hygiene, storage
 - On site medical & behavioral health services
 - Case management, diversion, housing placement
 - Pet accommodations (cats/dogs only)
 - 24-hour emergency shelter and stabilization site

Personnel Assumptions

- Salaries
 - 3.00% Merit Increase
 - Approximately \$6.7M
- Fringe
 - FY27 Operating Budget accounts up to 13% increase to insurance premiums

Personal Assumptions

- **Medical Budget Assumptions**

- Specialty pharmacy utilization, particularly GLP-1 therapies, is expected to continue driving medical cost increases.
- Claims experience remains elevated due to sustained high-cost claimant activity.
- Lower medical plan enrollment has reduced premium revenue, limiting the ability to offset rising healthcare costs.

Medical Renewal Summary	FY27 Budget Assumption
Initial Renewal (No Plan Changes)	36%
Preliminary Budget Assumption	25%
Estimated Annual Premium Increase*	\$7.75M
Wellness Fund	\$225,000

- The estimated annual premium increase is based on the current negotiated renewal assumption and reflects both employer and employee premium contributions. The final employer cost impact will be determined by the contribution strategy approved by The Harris Center.

Original Budget: Funding Sources by Category with Comparison to Prior Year *in millions*

All Funding Sources	FY2026	FY2027	Change
Federal Charity Care Pool (CCP)	43.08	45.08	Increase, \$2.00
Direct Payment Program – BH	5.40	4.80	Decrease, 0.6
Harris County and Local	56.20	75.07	Increase, 18.87
Drug PAP/Samples	13.18	16.02	Increase, 2.84
Interest	3.32	2.85	Decrease, 0.47
State General Revenue	133.75	133.87	Increase, 0.12
State Contracts and Grants	23.92	25.84	Increase, 1.92
Medicaid Administrative Claiming	8.72	9.50	Increase, 0.78
Federal Grants	44.88	32.83	Decrease, 12.05
Third Party Billing	19.05	21.01	Increase, 1.96
Net Patient Revenue	22.53	23.00	Increase, 0.47
Operating, Subtotal	\$ 374.03	\$ 389.87	Increase, \$15.84
Less: Use of Prior Year Balances	0.00	0.00	No change
Funding Sources, Total	\$ 374.03	\$ 389.87	Increase, \$15.84

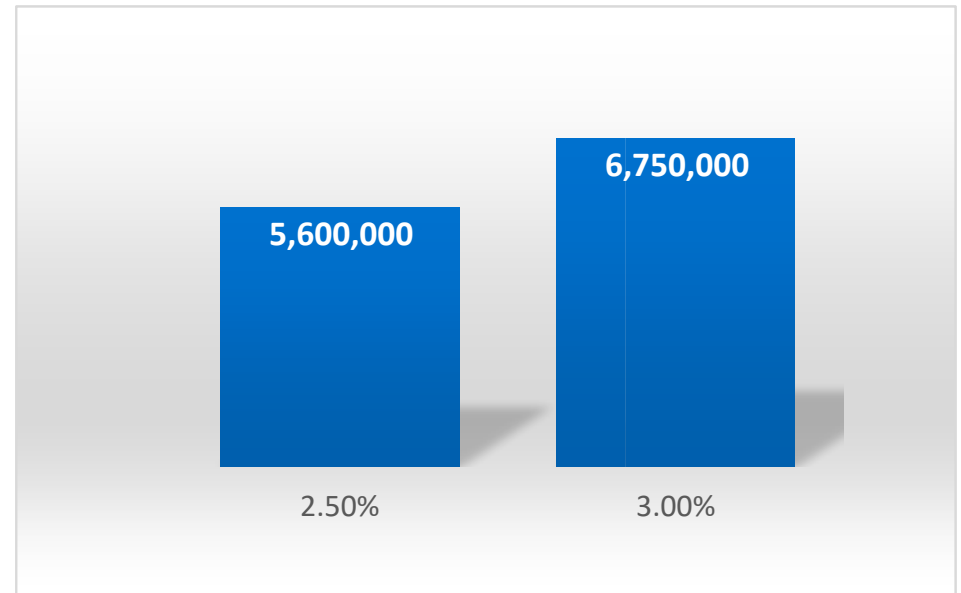
Original Budget: Operating Expenditures and Use of Resources by Category with Comparison to Prior Year *in millions*

Expenditures	FY2026	FY2027	Change
Salaries and Fringe	\$ 245.76	\$ 253.55	Increase, \$7.79
Fees and Contracts	15.12	14.61	Decrease, 0.51
HCPC Contracts	47.52	50.95	Increase, 3.43
Travel and Training	3.03	2.89	Decrease, 0.14
Drugs	27.73	31.17	Increase, 3.44
Food and Supplies	4.26	3.23	Decrease, 1.03
Equipment and Software	6.03	9.49	Increase, 3.46
Building	3.37	3.12	Decrease, 0.25
Vehicle	1.08	1.32	Increase, 0.24
Telephone and Utilities	3.83	4.10	Increase, 0.27
Audit, Insurance and Legal Fees	2.52	2.51	Decrease, 0.01
Debt Service	1.75	1.75	No change
Dues & Subscriptions	7.57	3.56	Decrease, 4.01
Other Expenses	4.46	7.62	Increase, 3.16
Operating Expenditures and Use of Resources	\$374.03	\$389.87	Increase, \$15.84

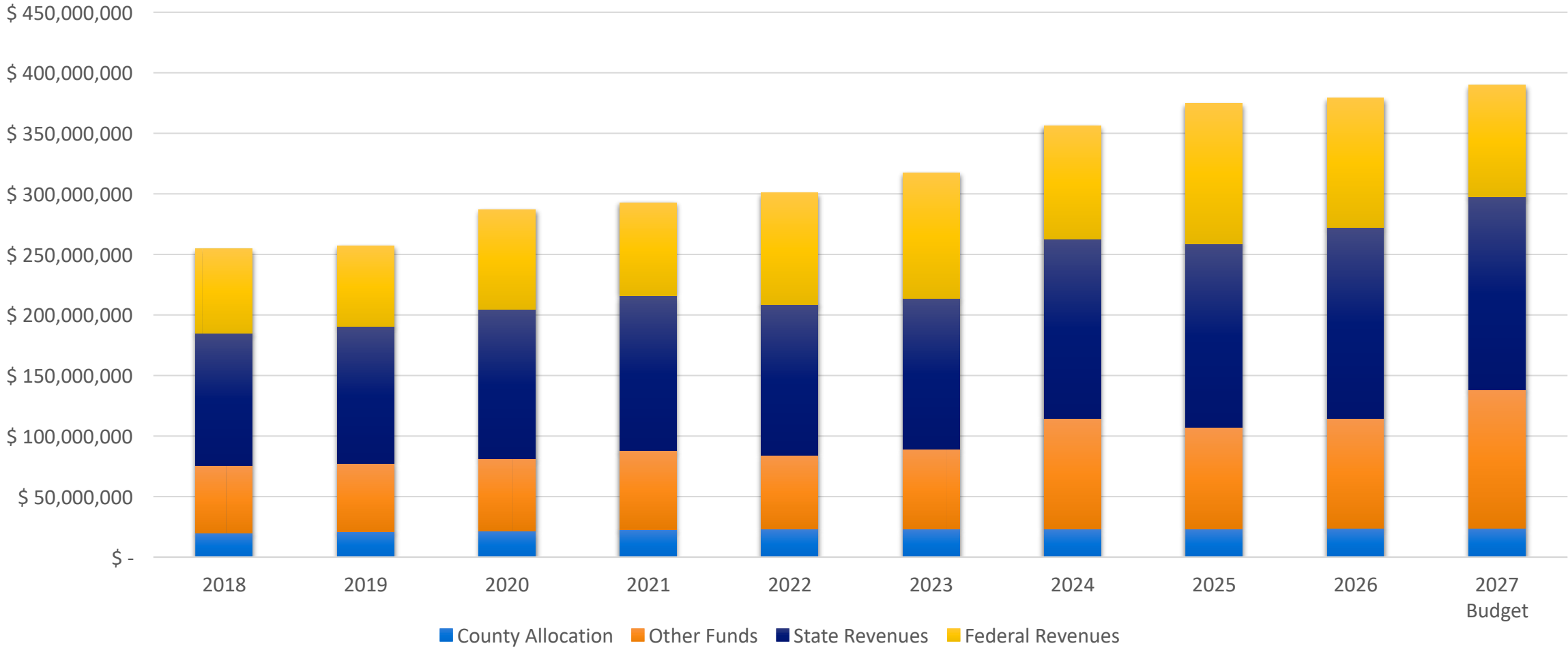
FTE Counts & Merit Information

FY 27	Adopted Budget
Filled	2,621
Vacant	110
Total	2,721

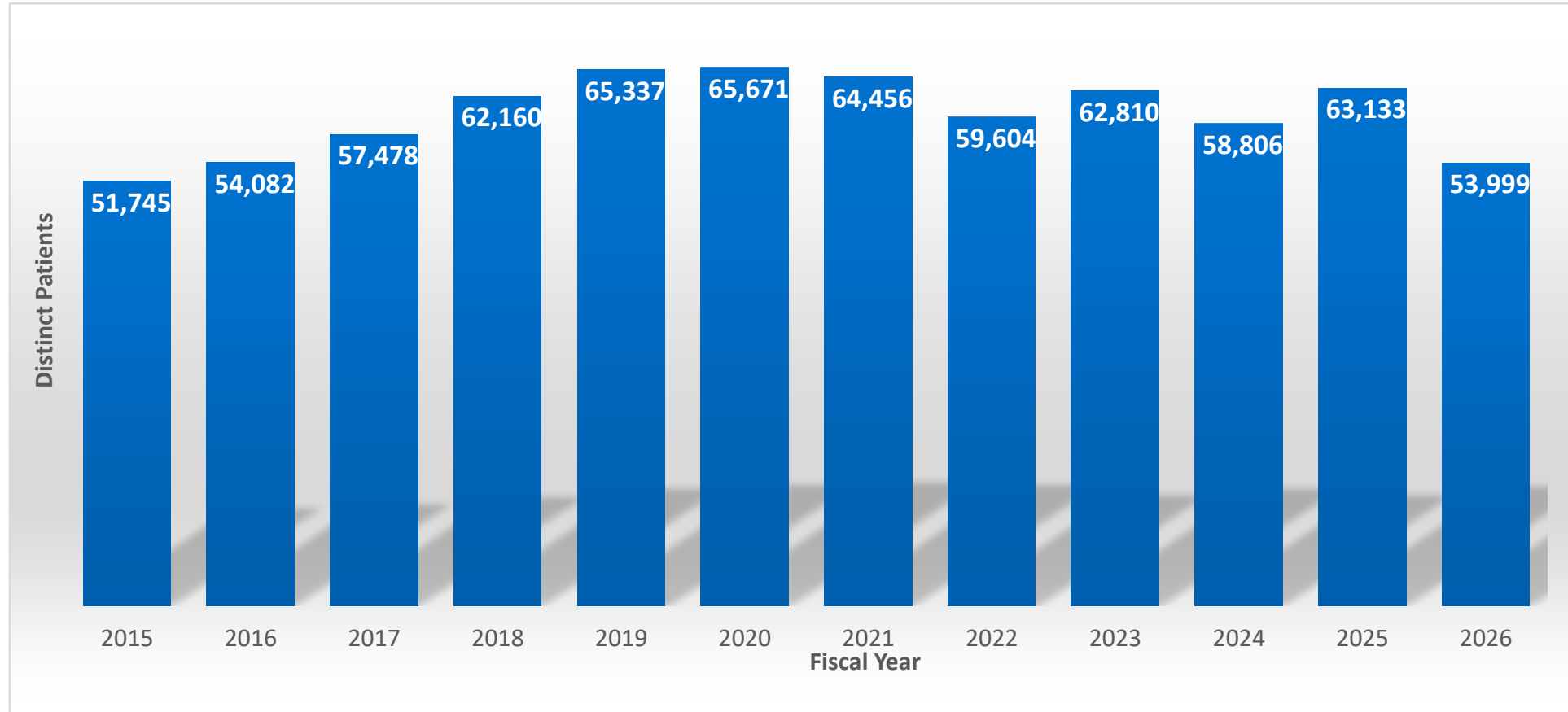
- A 2.5% merit estimate – approx. \$5.60 million.
- A 3.0% merit estimate – approx. \$6.75 million.
 - Increase results in an additional \$1.15 million.



Historical Revenues - Budget



Clients Served – historical patient volume (FY 2015 to FY 2026)



- Data validated by Health Analytics
- FY2026 Data Sept-June

Thank you.

EXHIBIT F-73

Medical Renewal Recommendation

- Retain Cigna + Add Next Level PRIME
- Eliminate the OAP Buy-Up Plan
- Maintain three medical plan options: LocalPlus, OAP Base, and an HSA-qualified HDHP
- Introduce an HSA with the HDHP
- Maintain the \$225,000 Cigna wellness fund, subject to carrier approval and use requirements

Plan Impact

Simplifies the medical lineup while preserving employee choice. The HSA-qualified HDHP adds a tax-advantaged savings opportunity, while Next Level PRIME expands access to eligible primary, urgent, preventive, chronic-care and navigation services.

Financial Impact

The modeled 22.9% reflects the total premium increase across employer and employee cost. Final employee payroll impact will vary based on the approved contribution strategy and plan/tier election.

RFP Carrier Responses

Cigna (Recommended): 22.9%

Aetna: 17.91%

BCBS: 35.9%

United Healthcare: No Bid

Recommendation: Retain Cigna based on plan-design alignment, network continuity, implementation considerations and long-term financial sustainability.

FY27 Medical Strategy Recommendation

FINANCIAL IMPACT

Financial Measure	Current	Proposed FY27 Strategy	Increase
Total annual premium	\$31.51M	\$38.72M	\$7.21M
Employer cost	\$22.50M	\$28.11M	\$5.61M
Employee contributions	\$9.01M	\$10.61M	\$1.60M

Key clarification: 22.9% is the modeled total premium increase; it is not a 22.9% employee payroll increase.

2027 CIGNA PLAN DESIGN	NEXT LEVEL PRIME	CIGNA WELL-BEING
Simplify plan offerings • Eliminate OAP Buy-Up • Retain LocalPlus, OAP Base & HDHP • Pair HDHP with an HSA Moves from four plans to three while adding a tax-advantaged savings option.	\$0 eligible PRIME services • Primary, urgent, preventive & chronic care • PRIME services do not count toward Cigna medical plan claims experience • Performance guarantee provides reimbursement if program fees exceed the value of eligible services delivered	Cigna Points & Levels • Progressive rewards for eligible wellness activities • Proposed maximum annual reward: \$100 per eligible employee • Planning assumption: 40% participation Final incentive design and funding allocation subject to confirmation.

Board Action Requested: Approval of the FY27 Medical Strategy

FY27 Health & Wellness Strategy



Next Level PRIME (New Offering)

- Available to employees and dependents enrolled in a Cigna medical plan.
- Eligible primary, urgent, virtual, preventive and chronic-care services with \$0 payment at the point of care through Next Level.
- Specified labs, imaging and other eligible services; care navigation and behavioral/emotional wellness support.
- GLP-1 solution included.

Wellness Strategy

- Expand year-round wellness education and engagement focused on preventive care, chronic condition awareness and healthy lifestyle behaviors
- Increase musculoskeletal (MSK) health programming, with greater focus on mobility, ergonomics and injury prevention
- Expand preventive health screenings and onsite wellness activities, including biometric and targeted health screenings
- Enhance Cigna Points & Levels rewards - employees earn points by completing eligible mental, physical and financial well-being activities, encouraging preventive care and promoting overall health and well-being

2027 Health Assessment Requirement

- Employees must complete the myCigna Health Assessment by December 31, 2026 to qualify for the 2027 discounted medical premium.
- The assessment is completed online through myCigna; no office visit or bloodwork is required.
- An annual physical with a PCP does not replace the myCigna Health Assessment.

EXHIBIT F-74



FY 2027 Capital Budget Review

Board Meeting August 25, 2026,
Stanley Adams, MBA
CFO

Facilities Capital Projects

SB30 Construction Projects

IT Capital Projects

APPENDIX





Facilities Capital Review FY 2027

Stanley Adams, MBA
CFO

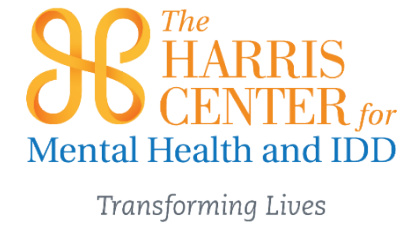
Facilities Capital Projects



- The projects listed below will be carried forward into FY2027 due to ongoing construction and renovation activities.

Location	Project Description	Total Budget	Spend to Date	Balance
Northeast Clinic	Clinic Construction	\$17,876,732	\$1,509,848	\$16,366,884
9401 Foundation	Structural Repair	\$500,000	\$17,675	\$482,325
9401 Improvement	9401 First Floor Renovation and Security Upgrade Project	\$240,000	\$37,667	\$202,333
IDD Wavier Homes	Renovation	\$500,000	\$0	\$500,000
Total		\$19,116,732	\$1,565,190	\$17,551,542

Facilities Capital Projects Continue



- The following projects require carryforward into FY27 to support for ongoing project activities.

Location	Project Description	Total Budget	Spend to Date	Balance
6160 Improvements	Painting, Flooring, Abatement, Doors, Windows	\$725,000	\$470,621	\$254,379
Recenter Demolition	Abatement and Demolition of 4 Properties	\$190,000	\$0	\$190,000
Recenter Clinic	Structural Repair and Clinic Renovation	\$90,000	\$0	\$90,000
Recenter Repairs	Repairs and Generator	\$140,000	\$0	\$140,000
1215 Dennis St.	from the May Derecho	\$500,000	\$117,148	\$382,852
Total		\$1,645,000	\$587,769	\$1,057,231



SB30 Construction Review FY 2027

Stanley Adams, MBA
CFO



Senate Bill 30 (SB30) Construction Projects

- The following projects require carryforward into FY27 to support for ongoing project activities.

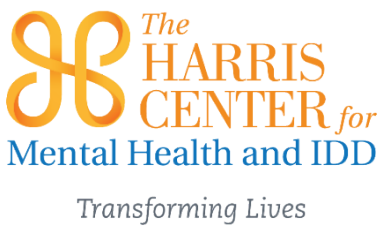
Location	Total Budget	Spend to Date	Balance	Est. Project Completion
3809 Main Street 1	\$5,182,000	\$21,381	\$5,160,619	Winter 2027
3809 Main Street 2	\$3,534,585	\$1,088	\$3,533,497	Winter 2027
Burnett Bayland Park (CWOP)	\$8,000,000	\$95,386	\$7,904,614	Spring 2027
NPC/Ben Taub (NPC)	\$8,200,000	\$6,015	\$8,193,985	Spring 2028
Dennis Street	\$2,000,000	\$24,669	\$1,975,331	Spring 2028
Total	\$26,916,585	\$148,539	\$26,768,046	



Information Technology Capital Review FY 2027

Stanley Adams, MBA
CFO

IT Capital Projects



- The following projects require carryforward into FY27 to support for ongoing project activities.
- Tools & Security
 - Test and implement AI tools to increase workforce productivity and efficiency. Implement security solutions to protect sensitive data, monitor access and usage, ensure compliance with privacy, security, and AI Policies.
- EPIC AI Tools
 - Streamlines clinical/administrative workflows, assists with drafting clinical notes, summarizes patient history and pre-visit briefings.

Project Number	Project Description	Total Budget	Spend to Date	Balance
IT23.1147.02	Telehealth Telehub EPIC	\$250,000	\$202,508	\$47,492
IT24.1147.02	Network Hardware Refresh	\$500,000	\$470,857	\$29,143
IT24.1147.03	Wireless Upgrade	\$130,000	\$108,693	\$21,307
New	EPIC AI &Tools & security	\$500,000	\$0	\$500,000
Total		\$1,380,000	\$782,058	\$597,942

Thank you.



APPENDIX

FY26 Capital Review

07.28.2026



FY26 Capital Budget Review

Board Meeting, July 28, 2026,
Stanley Adams, MBA
CFO

Agenda

Facilities Capital Review



SB30 Construction Review



Information Technology Capital Review





Facilities Capital Review

Stanley Adams, MBA
CFO

Facilities Capital Projects



Transforming Lives

- 4 Capital projects below are bond funded
 - Northeast Clinic budget is \$22.6M
 - \$4.7M Covered by Grant TPWD

Location	Project Description	Total Budget	Spend to Date	Balance
Northeast Clinic	Clinic Construction	\$17,876,732	\$1,493,523	\$16,383,209
9401 Foundation	Structural Repair	\$500,000	\$17,675	\$482,325
9401 Improvement	9401 First Floor Renovation and Security Upgrade Project	\$240,000	\$37,667	\$202,333
IDD Wavier Homes	Renovation	\$500,000	\$0	\$500,000
Total		\$19,116,732	\$1,548,865	\$17,567,867

Funded by State, City, and Third Party:

Location	Project Description	Total Budget	Spend to Date	Balance
6168 Apartments	Apartment Construction	\$12,531,939	\$11,913,436	\$618,503
NE Clinic – TPWD	Clinic Construction	\$10,875,268	\$10,707,750	\$167,518
Total		\$23,407,207	\$22,621,186	\$786,021

- NE Clinic-TPWD Funding increased by \$6,152,000 million
- Extended the grant period performance through June 30, 2026

Facilities Capital Projects continue



IDD Wavier homes

- \$500K in bond funding secured through reallocation of Coffeehouse project funds.
- Funding authorization has been approved.
- Homes renovations

9401 First Floor Renovation and Security Upgrade Project

- \$80K in bond funding secured through reallocation of Coffeehouse project funds.
- Funding authorization has been approved.

Project	Status	Funding
IDD Waiver Homes	Moving Forward	\$500K
9401 Renovation & Security Enhancements	Moving Forward	\$80K

Facilities Capital Projects Continue



- Carryforward projects from FY2024-2025

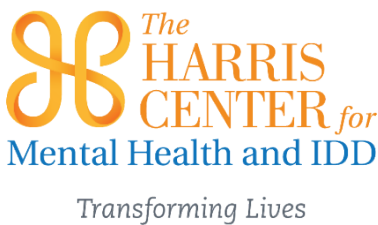
Location	Project Description	Total Budget	Spend to Date	Balance
6160 Improvements	Painting, Flooring, Abatement, Doors, Windows	\$725,000	\$470,621	\$254,379
Recenter Demolition	Abatement and Demolition of 4 Properties	\$190,000	\$0	\$190,000
Recenter Clinic	Structural Repair and Clinic Renovation	\$90,000	\$0	\$90,000
Recenter Repairs	Repairs and Generator	\$140,000	\$0	\$140,000
1215 Dennis St.	from the May Derecho	\$500,000	\$117,148	\$382,852
Total		\$1,645,000	\$587,769	\$1,057,231



SB30 Construction Review

Stanley Adams, MBA
CFO

Senate Bill 30 (SB30) Construction Projects



- All SB30 projects must be completed by Fall 2028

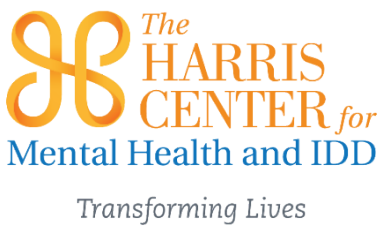
Location	Total Budget	Spend to Date	Balance	Est. Project Completion
3809 Main Street 1	\$5,182,000	\$17,042	\$5,170,930	Winter 2027
3809 Main Street 2	\$3,534,585	\$0	\$3,534,585	Winter 2027
Burnett Bayland Park (CWOP)	\$8,000,000	\$33,600	\$7,966,400	Spring 2027
NPC/Ben Taub (NPC)	\$8,200,000	\$750	\$8,199,250	Spring 2028
Dennis Street	\$2,000,000	11,430	1,988,570	Spring 2028
Total	\$26,916,585	\$62,822	\$26,853,763	



Information Technology Capital Review

Stanley Adams, MBA
CFO

IT Capital Projects



- Carryforward projects from FY2025

Project Number	Project Description	Total Budget	Spend to Date	Balance
IT23.1147.02	Telehealth Telehub EPIC	\$250,000	\$202,508	\$47,492
IT24.1147.02	Network Hardware Refresh	\$500,000	\$470,857	\$29,143
IT24.1147.03	Wireless Upgrade	\$130,000	\$108,693	\$21,307
Total		\$880,000	\$782,058	\$97,942

Thank you.

EXHIBIT F-75

The Harris Center

Commercial Insurance Program Renewal Budget

Presented by: Frost Dennis Northington, Risk Advisor-Senior Vice President
Eunice Davis, Risk Management Director
Bijul Enahwo, Assistant General Counsel

August 25, 2026



TCRMF Forecast 2026-2027

Pre-Pay Annual Credit: Elected

Coverage – Texas Council TCRMF	2026-2027	Variance	Percent	2025-2026
	Renewal Contribution	Difference	Change	Renewal Contribution
Workers Compensation	\$410,776.00	(\$29,031.00)	-6.60%	\$439,807.00
Auto Liability	\$90,467.00	\$21,187.00	30.58%	\$69,280.00
General Liability	\$17,817.00	\$12,533.00	237.19%	\$5,284.00
Professional Liability	\$91,706.00	\$11,690.00	14.61%	\$80,016.00
D&O (E&O) Liability	\$259,123.00	\$25,281.00	10.81%	\$233,842.00
Excess Liability:	\$115,981.00	\$2,165.00	1.90%	\$113,816.00
Property:	\$993,703.00	(\$219,276.00)	-20.45%	\$1,249.139.00
Auto Physical Damage:	\$129,883.00	\$40,850.00	45.88%	\$89,033.00
Total Contributions:	\$2,109,456.00	(\$134,601.00)	-7.49%	\$2,280,207.00
Prepay Annual Discount	(\$42,467.00)			(\$45,708.00)
Adjusted Net Contribution	\$2,066,989.00	(\$131,360.00)	-7.49%	\$2,234,499.00

Non-TCRMF Forecast 2026-2027

Coverage – Other than TCRMF	2026-2027	Variance	Percent	2025-2026
Crime	\$6,300.00	\$0.00	0.00%	\$6,300.00
Fiduciary Liability	\$11,171.00	\$3,306.00	42.03%	\$7,865.00
Notary Bonds	\$2,683.00	\$0.00	0.00%	\$2,683.00
Notary Errors and Omissions Liability:	\$1,446.00	\$0.00	0.00%	\$1,446.00
Cyber Liability	\$72,932.00	\$0.00	0.00%	\$72,932.00
612 A Branard St Package	\$0.00	(\$6,397.00)	-100.00%	\$6,397.00
Windstorm Deductible Buydown	152,090.50	(\$13,111.50)	-7.94%	\$165,202.00
Flood	\$65,084.00	\$0.00	0.00%	\$65,084.00
Pasadena Cottages	\$30,889.00	\$0.00	0.00%	\$30,889.00
Harris Center Foundation	\$1,160.00	\$0.00	0.00%	\$1,160.00
Total Estimated Premium Non-TCRMF	\$343,755.50	(\$16,202.50)	-4.50%	\$359,958.00
Grand Total Estimated Including TCRMF:	\$2,410,744.50	(\$183,712.50)	-7.08%	\$2,594,457.00

Thank you.