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

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

Governance Committee Meeting
August 18, 2026
8:30 am

I. **DECLARATION OF QUORUM**

II. **PUBLIC COMMENTS**

III. **APPROVAL OF MINUTES**

A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, May 19, 2026
(EXHIBIT G-1)

IV. **CONSIDER AND RECOMMEND ACTION**

A. No Changes
(Kendra Thomas)

1. Agency Abbreviations Policy
(EXHIBIT G-2)
2. Breach Notification Policy
(EXHIBIT G-3)
3. Burglaries or Thefts Policy
(EXHIBIT G-4)
4. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature
(EXHIBIT G-5)
5. Clinician Peer Review Policy
(EXHIBIT G-6)
6. Code of Ethics Policy
(EXHIBIT G-7)
7. Coordination of Care Policy
(EXHIBIT G-8)
8. Declaration of Mental Health Treatment Policy
(EXHIBIT G-9)
9. Delegation and Supervision of Certain Nursing Acts Policy
(EXHIBIT G-10)
10. Delegations in the Absence of the Chief Executive Officer (CEO) Policy
(EXHIBIT G-11)
11. Emergency Medical Care for Consumers, Employees and Volunteers Policy
(EXHIBIT G-12)
12. Fee Schedule/Standard Charge Policy
(EXHBITG G-13)

13. Harris Center Advisory Committee Policy
    (EXHIBIT G-14)
14. Infection Control and Prevention Policy
    (EXHIBIT G-15)
15. IT Investigation Requests related to Personnel Access and Data Policy
    (EXHIBIT G-16)
16. Linguistic Competence Services Policy
    (EXHIBIT G-17)
17. Nurse Staffing Advisory Committee Policy
    (EXHIBIT G-18)
18. Nursing Services Policy
    (EXHIBIT G-19)
19. Performance Reporting and Monitoring of Service Contracts Policy
    (EXHIBIT G-20)
20. Pharmacy Hazardous Drugs Policy
    (EXHIBIT G-21)
21. Pharmacy Medication Destruction Policy
    (EXHIBIT G-22)
22. Pharmacy Peer Review Policy
    (EXHIBIT G-23)
23. Pharmacy Personal Safety Policy
    (EXHIBIT G-24)
24. Pharmacy Staff Training Policy
    (EXHIBIT G-25)
25. Pharmacy Third Party Insurance Billing Policy
    (EXHIBIT G-26)
26. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation Policy
    (EXHIBIT G-27)
27. Professional Practice Evaluation Policy
    (EXHIBIT G-28)
28. Professional Review Committee Policy
    (EXHIBIT G-29)
29. Referral, Transition, and Discharge Policy
    (EXHIBIT G-30)
30. Resilience In Stressful Events (We RISE) Program Policy
    (EXHIBIT G-31)
31. Search Warrant Policy
    (EXHIBIT G-32)

32. Solicitation of/and Acceptance of Donations (Money, Goods or Services) Policy
(EXHIBIT G-33)
33. Standardized Patient Record Form Policy
(EXHIBIT G-34)
34. State Service Contract Monitoring and Performance Reporting Policy
(EXHIBIT G-35)
35. Third Party Participation in Patient Services Policy
(EXHIBIT G-36)
36. Workplace Bullying Policy
(EXHIBIT G-37)
37. Writing Off Self Pay Balances Policy
(EXHIBIT G-38)

B. New Policy's
(Kendra Thomas)
1. Disinfection of Glucometer, Electrocardiogram, and Blood Pressure Cuff Equipment Policy
(EXHIBIT G-39)
2. Litigation Hold Policy
(EXHIBIT G-40)
3. 90 Day Probationary Period Policy
(EXHIBIT G-41)
4. Sentinel Event and Root Cause Analysis (RCA)Policy
(EXHIBIT G-42)

C. Policy Changes
(Kendra Thomas)
1. Dental Services for Intermediate Care Facilities for IDD (ICF-IID) Policy
(EXHIBIT G-43)
2. Utilization of Security Officer Services Policy
(EXHIBIT G-44)
3. Travel Policy
(EXHIBIT G-45)
4. Shift Differential Policy
(EXHIBIT G-46)
5. Religious Accommodations Policy
(EXHIBIT G-47)
6. Credentialing Policy
(EXHIBIT G-48)
7. No Solicitation Policy
(EXHIBIT G-49)

8. Social Media Use Policy
   (EXHIBIT G-50)
9. Incident Reporting Policy
   (EXHIBIT G-51)
10. Intellectual and Developmental Disabilities Division Intermediate Care Facilities (ICF/IID) Policy
    (EXHIBIT G-52)
11. Pharmacy and Therapeutic Committee Policy
    (EXHIBIT G-53)
12. Medical Services Policy
    (EXHIBIT G-54)
13. Closed Record Review Committee Policy
    (EXHIBIT G-55)
14. Pharmacy Dispensary of Hope (DoH) Program Policy
    (EXHIBIT G-56)
15. Pharmacy After Hours Service Policy
    (EXHIBIT G-57)
16. Pharmacy Copay Assistance Policy
    (EXHIBIT G-58)
17. Pharmacy Data and Record Retention Policy
    (EXHIBIT G-59)
18. Pharmacy Staffing Policy
    (EXHIBIT G-60)
19. Pharmacy Prescription Dispensing and Counseling Policy
    (EXHIBIT G-61)
20. Privacy Officer Policy
    (EXHIBIT G-62)
21. Medication Storage, Preparation, and Administration Areas Policy
    (EXHIBIT G-63)
22. Narcan (Naloxone) Policy
    (EXHIBIT G-64)
23. Reporting Allegations of Abuse, Neglect and Exploitation of Children, Elderly Persons and Persons with Disabilities Policy
    (EXHIBIT G-65)

V. **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.

VI. **RECONVENE INTO OPEN SESSION**

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

VIII. **ADJOURN**

Veronica Franco

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

EXHIBIT G-1

BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, MAY 19, 2026
MINUTES

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

RECORD OF ATTENDANCE

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

Committee Member Absent: Dr. R. Gearing, Mr. G. Womack

Other Board Member Present: Dr. K. Bacon, BG (Ret) E. Grantham, Dr. M. Miller, Jr., R. Thomas-video conference

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS
Mr. J. Lykes designated Dr. K. Bacon, BG (Ret) E. Grantham and R. Thomas as voting members of the committee.

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

3. PUBLIC COMMENTS
No public comments.

4. APPROVAL OF MINUTES
Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, March 17, 2026

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

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

5. REVIEW AND COMMENT

A. **Employee Labor Organization**-Brian Kelley presented to the Governance Committee.

6. CONSIDER AND RECOMMEND ACTION

A. No Changes

1. All Contracts Policy (Exhibit G-3)
2. Business Associate Policy (Exhibit G-4)
3. Community Needs Assessment Policy (Exhibit G-5)
4. Compliance Program Policy (Exhibit G-6)
7. Correcting Documentation and Coding Errors Policy (Exhibit G-9)
8. Credentialing Policy (Exhibit G-10)
10. Emergency Codes, Alerts and Response Policy (Exhibit G-12)
11. Employee Disciplinary Review Policy (Exhibit G-13)
12. Licensure, Certification and Registration Policy (ExhibitG-14)
14. Management of Legal Documents & Litigation Policy (G-16)
16. Medical Peer Review Policy (Exhibit G-18)
17. Nursing Peer Review: Incident Based or Safe Harbor Policy (Exhibit G-19)
20. Overtime Compensation Policy (Exhibit G-22)
22. Patient/Individual Access to Medical Records Policy (Exhibit G-24)
23. Pharmaceutical Representatives Policy (Exhibit G-25)
24. Plan of Care Policy (Exhibit G-26)
26. Sanctions for Breach of Security and/or Privacy Violations of Health Information Policy (Exhibit G-28)
27. Security of Patient/Individual Identifying Information Policy (Exhibit G-29)
28. Supervision of Peer Specialists Policy (Exhibit G-30)
29. System Quality, Safety and Experience Committee Policy (Exhibit G-31)
30. The Development and Maintenance of Center Policies (Exhibit G-32)
31. Time and Attendance Policy (Exhibit G-33)
32. Transfers-Promotions-Demotions Policy (Exhibit G-34)
34. Work Force Reduction Policy (Exhibit G-36)

MOTION: MILLER, JR. moved to approve agenda Exhibits G3-G6, G9-G10, G-12-G14, G16, G18-G19, G22, G24-G26, G28-G34 and G-36
SECOND: GRANTHAM seconded the approval of agenda Exhibits G3-G6, G9-G10,
G-12-G14, G16, G18-G19, G22, G24-G26, G28-G34 and G-36

Dr. Bacon abstained from voting on Exhibits G3-G6, G9-G10,
G-12-G14, G16, G18-G19, G22, G24-G26, G28-G34 and G-36

BE IT RESOLVED, with majority affirmative vote, agenda Exhibits G3-G6, G9-G10, G-12-G14, G16, G18-G19, G22, G24-G26, G28-G34 and G-36 **are approved and recommended to Full Board for final approval.**

5. Consents and Authorizations Policy (Exhibit G-7)
6. Content of Patient/Individual Records Policy (Exhibit G-8)
9. Criminal History Clearances Policy (Exhibit G- 11)
13. Lobbying Policy (Exhibit G-15)

15. Meal period and Break Policy (Exhibit G-17)
18. Obligation to Identify Individuals or Entities Excluded from Participation in Federal Health Care Programs Policy (Exhibit G-20)
19. Out of State Employment Policy (Exhibit G-21)
21. Patient Conduct Policy (Exhibit G-23)
25. Retention of Patient/Individual Records Policy (Exhibit G-27)
33. Voting Time off Policy (Exhibit G-35)

MOTION: BACON. moved to approve agenda Exhibits G7-G8, G11, G15, G-17, G20-G21, G23, G27, G35
SECOND: LANKFORD seconded the approval agenda Exhibits G7-G8, G11, G15, G-17, G20-G21, G23, G27, G35

BE IT RESOLVED, with unanimous affirmative vote, agenda Exhibits G7-G8, G11, G15, G-17, G20-G21, G23, G27, G35
are approved and recommended to Full Board for final approval.

B**.** Policy Changes

1. Accident Reporting Policy (Exhibit G-37)

MOTION: MILLER, JR. SECOND: LANKFORD

Dr. Bacon abstained from voting on G-37.
The Motion passed with majority affirmative votes

BE IT RESOLVED, Accident Reporting Policy, EXHIBIT G-37 has been approved and recommended to the Full Board.

2. Adding and Receiving Equipment Policy (Exhibit G-38)

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

BE IT RESOLVED, Adding and Receiving Equipment Policy, EXHIBIT G-38 has been approved and recommended to the Full Board.

3. Check and Electronic Payment Signature Authorization, (Exhibit G-39)

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

BE IT RESOLVED, Check and Electronic Payment Signature Authorization, EXHIBIT G-39 has been approved and recommended to the Full Board.

4. Continuing Employee Communication and Engagement Policy (Exhibit G-40)

MOTION: MILLER, JR. **SECOND: LANKFORD**
Dr. Bacon and R. Thomas abstained from voting on Exhibit G-40.

The Motion passed with majority affirmative votes

BE IT RESOLVED, Continuing Employee Communication and Engagement Policy, EXHIBIT G-40 has been approved with the proposed revisions below and recommended to the Full Board:

1. Add Employees will not be sanctioned or disciplined for receiving emails from external sources.
2. Payroll Deductions- The Harris Center shall continue making the payroll deductions for labor organization dues.
3. Add the CEO shall hold a minimum of six meetings with labor organizations. Additional meetings may be held with a written request from a labor organization.
4. Labor organizations may conduct four (4) presentations per year at the Governance Committee meeting.

5. Crisis Stabilization Unit-Workplace Violence Prevention Plan (Exhibit G-41)

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

BE IT RESOLVED, Crisis Stabilization Unit-Workplace Violence Prevention Plan, EXHIBIT G-41 has been approved and recommended to the Full Board.

6. Financial Assessment Policy (Exhibit G-42)

MOTION: LANKFORD **SECOND: MILLER, JR.**
Dr. Bacon abstained from voting on Exhibit G-42.

The Motion passed with majority affirmative votes

BE IT RESOLVED, Financial Assessment Policy, EXHIBIT G-42 has been approved and recommended to the Full Board.

7. Investment Policy (Exhibit G-43)

MOTION: BACON **SECOND: LANKFORD**
Dr. Bacon abstained from Exhibit G-43

The Motion passed with majority affirmative votes

BE IT RESOLVED, Investment Policy, EXHIBIT G-43 has been approved and recommended to the Full Board.

8. Relief Service Employee Policy
   (Exhibit G-44)

MOTION: LANKFORD SECOND: MILLER, JR.
Dr. Bacon abstained from voting on Exhibit G-42

The Motion passed with majority affirmative votes

BE IT RESOLVED, Relief Service Employee Policy, EXHIBIT G-44 has been approved and recommended to the Full Board.

9. Risk Management Plan
   (Exhibit G-45)

MOTION: BACON SECOND: MILLER, JR.

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Risk Management Plan, EXHIBIT G-45 has been approved and recommended to the Full Board.

10. Tenant Selection Plan
    (Exhibit G-46)

MOTION: MILLER, JR. SECOND: LANKFORD

The Motion passed with majority affirmative votes

BE IT RESOLVED, Tenant Selection Plan, EXHIBIT G-46 has been approved and recommended to the Full Board.

C. New Policy's

1. Artificial Intelligence Acceptance Use and Work Policy
   (Exhibit G-47)

MOTION: MILLER, JR. SECOND: LANKFORD
Dr. Bacon abstained from voting on Exhibit G-47

The Motion passed with majority affirmative votes

BE IT RESOLVED, Artificial Intelligence Acceptance Use and Work Policy, EXHIBIT G-47 has been approved and recommended to the Full Board.

2. Charitable Patient Assistance Programs (CPAP)-Grant Funds Policy
   (Exhibit G-48)

MOTION: LANKFORD SECOND: BACON

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Charitable Patient Assistance Programs-Grant Funds Policy, EXHIBIT G-48 has been approved and recommended to the Full Board.

7. EXECUTIVE SESSION –There was no Executive Session.

8. RECONVENED INTO OPEN SESSION

9. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
There was no Executive Session.

10. ADJOURN
MOTION: LANKFORD SECOND: BACON
The meeting was adjourned at 9:52 A.M.

Respectfully submitted,

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

EXHIBIT G-2

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

Origination	01/1998	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.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 Luckett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT G-3

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

Origination	02/2017
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.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 Luckett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT G-4

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 Luckett	07/2026
Compliance 1st Review	Christopher Webb: Audit	04/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT G-5

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 of 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 Enaohwo	07/2026
Compliance Director	Demetria Luckett	06/2026
Initial Assignment	Danyalle Evans	06/2026

EXHIBIT G-6

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 Luckett	06/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Lance Britt: Dir	04/2026

EXHIBIT G-7

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

Origination	09/2021	Owner	Wayne Young: Exec
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2025		
Next Review	1 year after approval		

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 nad 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 cause 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 no 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 Luckett	06/2026
Initial Assignment	Wayne Young: Exec	06/2026

EXHIBIT G-8

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

ACC.YDC.B.2 Youth Diversion Center (YDC) Recreational Plan

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 G-9

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

Origination	06/2006	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2025		
Next Review	1 year after approval		

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 G-10

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 Luckett	05/2026
Department Review I	Kia Walker: Chief Nursing Officer	03/2026
Initial	Yen Phan: Mgr	03/2026

EXHIBIT G-11

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 Enaohwo	07/2026
Compliance Director	Demetria Luckett	07/2026
Initial Assignment	Wayne Young: Exec	04/2026

EXHIBIT G-12

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 Luckett	04/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	03/2026
1st Department Review	Danyalle Evans	03/2026
Initial Assignment	Danyalle Evans	03/2026

EXHIBIT G-13

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 Luckett	05/2026
Department Review	Stanley Adams	03/2026
Compliance 1st Review	Christopher Webb: Audit	02/2026
Initial Assignment	Stanley Adams	02/2026

EXHIBIT G-14

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

Origination	11/2022	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2025		
Next Review	1 year after approval		

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 G-15

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 Luckett	06/2026
Department Review I	Kia Walker: Chief Nursing Officer	06/2026
Initial Assignment	Vanessa Miller: Mgr	06/2026

EXHIBIT G-16

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 Luckett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Wesley Farris: ITSecOfcr	04/2026

EXHIBIT G-17

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 Enaohwo	07/2026
Departmental Review	Keena Pace: Exec	06/2026
Compliance Review	Christopher Webb: Audit	05/2026
Initial Assignment	Shiela Oquin: ExecAsst	05/2026

EXHIBIT G-18

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

Origination	11/2022	Owner	Vanessa Miller: Mgr
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2026		
Next Review	1 year after approval		

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 Luckett	04/2026
Department Review I	Kia Walker: Chief Nursing Officer	04/2026
Initial	Vanessa Miller: Mgr	04/2026

EXHIBIT G-19

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

Origination	05/2025	Owner	Yen Phan: Mgr
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2026		
Next Review	1 year after approval		

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 polices 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 Luckett	04/2026
Department Review I	Kia Walker: Chief Nursing Officer	03/2026
Initial	Yen Phan: Mgr	03/2026

EXHIBIT G-20

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 Luckett	06/2026
Initial Assignment	Ernest Savoy	06/2026

EXHIBIT G-21

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 G-22

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 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	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT G-23

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 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	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT G-24

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

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.5.14 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 Luckett	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 G-25

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

Origination	09/2024	Owner	Lauren Kainer: 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.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 Luckett	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 G-26

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 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	06/2026
Initial	Lauren Kainer: RPh	06/2026

EXHIBIT G-27

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

Origination	09/2020	Owner	Danyalle Evans
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.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 Enaohwo	05/2026
Compliance Director	Demetria Luckett	04/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	03/2026
1st Department Review	Danyalle Evans	03/2026
Initial Assignment	Danyalle Evans	03/2026

EXHIBIT G-28

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

Origination	07/2023	Owner	Danyalle Evans
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

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 Luckett	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 G-29

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

Origination	04/2018	Owner	Danyalle Evans
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

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 Enaohwo	07/2026
Compliance Director	Demetria Luckett	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 G-30

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

Origination	11/1994	Owner	Lance Britt: Dir
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2026		
Next Review	1 year after approval		

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 Luckett	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	Lance Britt: Dir	03/2026

EXHIBIT G-31

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 Luckett	07/2026
1st Legal Review	Bijul Enaohwo	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 G-32

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

Origination	05/2025	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	General Administration
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

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 Luckett	07/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT G-33

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 Luckett	06/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT G-34

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

Origination	03/1995	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.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

Questions to Ask Before Creating a New Form - #2

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 Luckett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	04/2026

EXHIBIT G-35

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 Luckett	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 G-36

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 Luckett	06/2026
Initial Assignment	Kendra Thomas: Counsel	04/2026

EXHIBIT G-37

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 Luckett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	03/2026

EXHIBIT G-38

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

Origination	06/2022	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	03/2026		
Next Review	1 year after approval		

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 Luckett	05/2026
Department Review	Stanley Adams	03/2026
Compliance 1st Review	Christopher Webb: Audit	03/2026
Initial Assignment	Stanley Adams	03/2026

EXHIBIT G-39

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

Origination	N/A	Owner	Danny Hernandez
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

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 Luckett	07/2026
Department Review I	Kia Walker: Chief Nursing Officer	06/2026
Initial Assignment	Danny Hernandez	06/2026

EXHIBIT G-40

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 Luckett	07/2026
Department Review	Keena Pace: Exec	05/2026
Initial Assignment	Bijul Enaohwo	04/2026

EXHIBIT G-41

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

Origination	N/A	Owner	Camelia Lee: HRGen
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

HR.A.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 Enaohwo	07/2026
Compliance Director Review	Demetria Luckett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Camelia Lee: HRGen	02/2026

EXHIBIT G-42

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 Luckett	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 G-43

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.

c) 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 G-44

Status **Pending** PolicyStat ID **20040485**

Origination	10/2020	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	03/2026		
Next Review	1 year after approval		

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 G-45

Status **Pending** PolicyStat ID **21208759**

Origination	11/2015	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

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,~~000~~500.

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 FM~~18~~ 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, ~~housesitting~~house 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 G-46

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~~IDD (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 ~~an~~during evening, night, and/or weekend shifts, or any other non-standard division of a regular ~~day~~workday.

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 Luckett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Toby Hicks	02/2026

EXHIBIT G-47

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~~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 ~~of~~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 Luckett	07/2026
Department Review	Toby Hicks	04/2026
Initial Assignment	Camelia Lee: HRGen	02/2026

EXHIBIT G-48

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 Enaohwo	07/2026
Compliance Director	Demetria Luckett	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 G-49

Status **Pending** PolicyStat ID **19567257**

Origination	09/2025	Owner	Camelia Lee: HRGen
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2026		
Next Review	1 year after approval		

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 G-50

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 Enaohwo	05/2026
Compliance Director	Demetria Luckett	05/2026
Initial Assignment	Nicole Lievsay: Dir	03/2026

EXHIBIT G-51

Status **Pending** PolicyStat ID **20227094**

Origination	02/2013	Owner	Kendra Thomas: Counsel
Last Approved	N/A	Area	Leadership
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2026		
Next Review	1 year after approval		

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~~26 Tex. Admin. Code Ch. 301, ~~Chapter 414,~~ Subchapter ~~L~~M.
- 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 G-52

Status **Pending** PolicyStat ID **20227104**

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

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 G-53

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 Luckett	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 G-54

Status **Pending** PolicyStat ID **20227110**

Origination	10/1992	Owner	Danyalle Evans
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2026		
Next Review	1 year after approval		

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 Luckett	04/2026
3rd Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	04/2026
2nd Department Review	Kia Walker: Chief Nursing Officer	03/2026
1st Department Review	Danyalle Evans	03/2026
Initial Assignment	Danyalle Evans	03/2026

EXHIBIT G-55

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. ~~ADMIN~~301. ~~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 Luckett	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 G-56

Status **Pending** PolicyStat ID **19992261**

Origination	05/2025
Last Approved	N/A
Effective	Upon Approval
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Next Review	1 year after approval
Owner	Christopher Feller: RPh
Area	Medical Services
Document Type	Agency Policy

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

- 2026 DoH Eligibility Attestation Form - English.pdf
- 2026 DoH Eligibility Attestation Form - Spanish.pdf
- 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 Luckett	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 G-57

Status **Pending** PolicyStat ID **20010004**

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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 Luckett	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 G-58

Status **Pending** PolicyStat ID **19800354**

Origination	03/2025	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.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 Procedure~~MED.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 Luckett	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 G-59

Status **Pending** PolicyStat ID **19800350**

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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 Procedure~~MED.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 Luckett	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 G-60

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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 Luckett	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 G-61

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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 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 G-62

Status **Pending** PolicyStat ID **20227071**

Origination	01/2023	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.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 Luckett	06/2026
Department Review	Mustafa Cochinwala: Dir	06/2026
Initial Assignment	Rita Alford: Dir	06/2026

EXHIBIT G-63

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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.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 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 G-64

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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 Enaohwo	07/2026
Compliance Director	Demetria Luckett	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 G-65

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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. ~~414~~301, Subchapter ~~L Abuse, Neglect, and Exploitation in Local Authorities and Community Centers~~M.

~~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 Luckett	06/2026
Initial Assignment	Deauc Dentaen	06/2026