

Governance Committee Meeting

August 20, 2024

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 21, 2024
(EXHIBIT G-1)

IV. REVIEW AND TAKE ACTION

A. No Changes

1. Corporate Card
(EXHIBIT G-2)
2. Development and Management for Mental Health and IDD
Services Waiver/Interest List
(EXHIBIT G-3)
3. Drug and Alcohol Testing Pre-Employment
(EXHIBIT G-4)
4. Drug-Free Workplace
(EXHIBIT G-5)
5. Employee Counseling, Supervision, Progressive Discipline and
Termination
(EXHIBIT G-6)
6. Employment Eligibility Verification for Workers in the United
States
(EXHIBIT G-7)
7. Guidelines for The Use of Purchase Orders for Goods and
Non-Community Services
(EXHIBIT G-8)
8. Incident Response Policy
(EXHIBIT G-9)
9. Information Security Policy
(EXHIBIT G-10)
10. Least Restrictive Interventions and Management of Aggressive
Behavior
(EXHIBIT G-11)
11. Off-Premises Equipment Usage
(EXHIBIT G-12)
12. Payment of Accrued Leave Upon Separation
(EXHIBIT G-13)

13. Performance Reporting and Monitoring of Service Contracts
(EXHIBIT G-14)
14. Pharmacy Services and Outpatient Prescription Purchase Plan
(EXHIBIT G-15)
15. Professional Practice Evaluation Policy
(EXHIBIT G-16)
16. Sexual Harassment Policy
(EXHIBIT G-17)
17. The Requisitioning and Purchasing of Goods and/or Services
(EXHIBIT G-18)
18. The Requisitioning and Purchasing of Goods and/or Services
Dollar Limit Threshold & Requirements
(EXHIBIT G-19)
19. The Use of Service and Assistance Animals in the Harris Center
Facilities Pertaining to Patients and Visitors
(EXHIBIT G-20)
20. Vehicle Operations
(EXHIBIT G-21)
21. Workforce Member Network Internet Use Policy
(EXHIBIT G-22)

B. New Policy

1. Accident Reporting Policy
(EXHIBIT G-23)
2. Continuing Employee Communication and Engagement
(EXHIBIT G-24)
3. Crisis Stabilization Unit- Workplace Violence Prevention
(EXHIBIT G-25)
4. Delegation of Medical Acts for Nurses, Licensed Vocational
Nurses, Licensed Social Workers, and Unlicensed Staff
(EXHIBIT G-26)
5. Drug Diversion Reporting and Response Policy
(EXHIBIT G-27)
6. Harris Center Disaster & Emergency Response Plan
(EXHIBIT G-28)
7. Out-of-State Employment
(EXHIBIT G-29)
8. Pharmacy Hazardous Drugs Policy
(EXHIBIT G-30)
9. Pharmacy and Therapeutics Committee Policy
(EXHIBIT G-31)
10. Pharmacy Staff Training Policy

(EXHIBIT G-32)

11. Tenant Selection Policy
(EXHIBIT G-33)

C. Changes

1. Bylaws of The Professional Review Committee of The Harris Center for Mental Health and IDD with Signature
(EXHIBIT G-34)
2. Cash Receipts & Bank Deposits
(EXHIBIT G-35)
3. Cellular Phone Distribution and Management
(EXHIBIT G-36)
4. Center-related Meeting Expense
(EXHIBIT G-37)
5. Charity Care Policy
(EXHIBIT G-38)
6. Confidentiality and Disclosure of Patient/ Individual Health Information
(EXHIBIT G-39)
7. Disposal of Fixed Assets
(EXHIBIT G-40)
8. Dues and Membership Fees
(EXHIBIT G-41)
9. Infection Control Plan/Airborne Precautions
(EXHIBIT G-42)
10. Investment Policy
(EXHIBIT G-43)
11. IRB Research Procedures and the Committee for the Protection of Human Subjects
(EXHIBIT G-44)
12. Moonlighting
(EXHIBIT G-45)
13. Pharmacy and Unit Medication/Drug Inventory
(EXHIBIT G-46)
14. Professional Review Committee
(EXHIBIT G-47)
15. Signature for Authorization
(EXHIBIT G-48)
16. Travel Policy
(EXHIBIT G-49)
17. Whistleblower
(EXHIBIT G-50)

18. Writing Off Self Pay Balances
(EXHIBIT G-51)

D. Crisis Stabilization Unit-Workplace Violence Prevention Plan
(EXHIBIT G-52)

V. EXECUTIVE SESSION

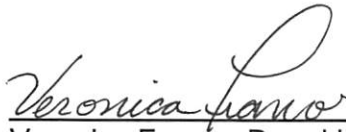
• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

• Pursuant to Sec. 551.071 of the Texas Government Code, seek legal advice from attorney regarding the Open Meetings Act. Kendra Thomas, General Counsel

VI. RECONVENE INTO OPEN SESSION

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

VIII. ADJOURN



Veronica Franco, Board Liaison
Jim Lykes, Chair, 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 21, 2024
MINUTES**

CALL TO ORDER

Mr. Jim Lykes, Chairman called the meeting to order at 8:36 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

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

Committee Member Absent: Mrs. N. Hurtado

Other Board Member Present: Dr. L. Moore, Mrs. B. Hellums, Dr. M. Miller, Jr.,
Dr. L. Fernandez-Videoconference

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. J. Lykes designated Dr. L. Moore, Dr. M. Miller, Jr. and Mrs. B. Hellums as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:36 a.m.

3. PUBLIC COMMENTS

Public Comments were made by Seth Hutchinson regarding the desire of some Harris Center employees to form a union and would like the Harris Center Board to adopt the consultation policy and summarized his concerns with the Continuing Employee Communication and Engagement policy.

4. APPROVAL OF MINUTES

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, April 16, 2024

**MOTION: HELLUMS 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, April 16, 2024, EXHIBIT G-1 has been approved and recommended to the Full Board.

5. REVIEW AND TAKE ACTION

A. NEW POLICY

1. Continuing Employee Communication and Engagement

MOTION: MOORE SECOND: MILLER, JR.
The Motion passed with majority affirmative votes

Voted Yes
Dr. Miller, Jr.
Dr. Fernandez
Mrs. Hellums
Dr. Moore
Mr. Lykes

No
Mr. Womack

BE IT RESOLVED, Continuing Employee Communication and Engagement EXHIBIT G-2 has been approved and recommended to the Full Board.

2. Dressing and Grooming Policy

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

BE IT RESOLVED, Dressing and Grooming Policy EXHIBIT G-3 has been approved and recommended to the Full Board.

B. No Changes

1. Delegation in the Absence of the Chief Executive Officer (CEO)
2. Delegation and Supervision of Certain Nursing Acts
3. Employment
4. Family and Medical Leave Act (FMLA)
5. Personal Relationships in the Workplace
6. Physician Assistant, Advanced Practice Registered Nurse, Pharmacist Delegation
7. Relief Service Employees
8. Section 504 of the Rehabilitation Act ("The Act") and, the American with Disabilities Act ("ADA") (Consumers)
9. Weapons

MOTION: Mr. Womack moved to approve agenda items B1-B9
SECOND: Dr. Miller, Jr. moved to approve agenda items B1-B9

BE IT RESOLVED, with majority affirmative vote, items B1-B9 are approved and recommended to Full Board.

C. Minor Changes

1. Employee Performance Evaluations
2. Nurse Staffing Advisory Committee
3. Pharmacy Peer Review Policy
4. Physician Authority to Delegate Certain Medical Acts
5. Solicitation of/and Acceptance of Donations (Money, Goods or Services)
6. Work Force Reduction

MOTION: Mrs. Hellums moved to approve agenda items C1-C6

SECOND: Dr. Miller, Jr. moved to approve agenda items C1-C6

BE IT RESOLVED, with majority affirmative vote, items C1-C6 are approved and recommended to Full Board.

6. **EXECUTIVE SESSION –No Executive Session was needed.**
7. **RECONVENED INTO OPEN SESSION AT 9:04 AM**
8. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
9. **ADJOURN**
MOTION: HELLUMS SECOND: MOORE
The meeting was adjourned at 9:04 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 **13233616**



Origination	06/2013	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	03/2022		
Next Review	1 year after approval		

FM.A.15 Corporate Card

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

Corporate Card Agreement

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-3

Status **Pending** PolicyStat ID **16008926**

Origination	02/2019	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

The Harris Center programs.

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

5. PROCEDURE:

[Development and Management for Mental Health and IDD Services Wait/Interest list](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Information Item R Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual
- Mental Health Community Standards, 36 Tex. Admin. Code Chapter 301, Subchapter G
- Local Authority Responsibilities, 40 Tex. Admin. Code Ch. 2, Subchapter G
- HCS and TxHmL Interest List Manual effective January 1, 2015 HCS and TxHmL Interest List Maintenance Attachment J

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Departmental Review	Keena Pace: Exec	07/2024
Initial Assignment	Keena Pace: Exec	07/2024

EXHIBIT G-4

Status **Pending** PolicyStat ID **15961221**

Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

HR.A.3 Drug/Alcohol Testing Pre-Employment

1. PURPOSE:

The purpose of the drug and alcohol pre-employment testing policy for The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) is to promote a drug-free, safe work environment for Harris Center staff and the community we serve.

2. POLICY:

The Harris Center requires all prospective new hires to submit to pre-employment testing for illegal drug and alcohol usage only after a conditional job offer is made.

All offers of employment with The Harris Center are conditioned upon the prospective new hire submitting to and receiving a negative drug and alcohol test in accordance with the Harris Center testing procedures. Should the result of a urine test show diluted, the prospective new hire will be asked to retest. A diluted sample is not a negative test result.

If the individual has a positive test result reflecting either illegal use of drugs or alcohol usage or a medication that has not been prescribed, the conditional job offer will be withdrawn, and the individual will not be considered for further employment.

Any prospective new hire, who refuses to take the test, refuses to sign the consent form, fails to appear for testing, or tampers with the testing process or sample will be deemed to have withdrawn themselves from the application process and will be ineligible for hire. All records relating to the individual's drug and alcohol test results shall be kept confidential and maintained separately from their personnel file.

3. APPLICABILITY/SCOPE:

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

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

- Drug Testing Authorization and Chain of Custody Form
- The Harris Center Employee Handbook

5. PROCEDURES:

[Drug/Alcohol Testing Pre-Employment](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Americans with Disabilities Act, 42 U.S.C. §§12101-12134, and §12210
- Texas Commission on Human Rights Act, Tex. Labor Code Ch. 21
- Authority to Prescribe Low-THC Cannabis to Certain Patients for Compassionate Use, Tex. Occupation Code §§169.001-169.005

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Toby Hicks	07/2024
Initial Assignment	Kendra Thomas: Counsel	07/2024

EXHIBIT G-5

Status **Pending** PolicyStat ID **15738292**

Origination	06/2023	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

HR.A.33 Drug Free Workplace

1. PURPOSE:

The purpose is for The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) to promote a safe, drug-free work environment for both Harris Center staff and the community we serve.

2. POLICY:

The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) provides a drug-free workplace in compliance with Public Law 100-690, Title V, Subtitle D of the Drug-Free Workplace Act of 1988. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance such as inhalants, illegal drugs, or alcoholic beverages is prohibited on the premises of The Harris Center or any of its facilities. Any Employee who violates this prohibition is subject to disciplinary action up to and including termination under Center rules. All employees, as a condition of employment, must comply with this policy. Employees are prohibited from using or being under the influence of drugs and/or alcohol when providing services, representing The Harris Center, or performing any agency activities, except as prescribed by a physician.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS (for reference

only):

Drug/Alcohol Testing Pre-Employment

5. PROCEDURES:

Drug-Free Workplace

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Drug-Free Workplace Act of 1988

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	05/2024
Initial Assignment	Toby Hicks	05/2024

EXHIBIT G-6

Status **Pending** PolicyStat ID **16136301**

Origination	11/2020	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

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

1. PURPOSE:

This policy provides a mechanism to inform employees of the expected standards of conduct or performance and the consequences when these expectations are not met. This policy enables Center transparency so that employees understand what is expected of them, provides supervisors with guidelines to follow when taking corrective action, provides appropriate documentation of the corrective action in the employee's Human Resource record and establishes a fair, consistent, and collaborative approach to policy administration.

2. POLICY:

It is the policy of The Harris Center to provide engaging employment for every employee, however The Harris Center recognizes that conditions may develop which preclude continued employment. The Harris Center is equally committed to enforcing Center policies and procedures through a collaborative approach to discipline that treats people as valued partners, promotes mutual respect and problem solving, and reinforces accountability while maintaining efficient and effective operations. Any employee who engages in conduct detrimental to the expressed purpose of The Harris Center or violates its established and approved policies and procedures is subject to disciplinary action up to and including termination.

While The Harris Center wishes to help employees experiencing performance problems. The Harris Center reserves the right to terminate employees at its discretion. In general, The Harris Center follows a progressive disciplinary procedure beginning with a verbal warning; however, discipline may begin at any

step in the process up to and including immediate termination depending upon the seriousness of the infraction.

Federal and state law prohibit The Harris Center from taking adverse employment action (like disciplinary actions, demotion, change in compensation, and termination) against employees who participate in legally protected activity. Also, federal and state law prohibit The Harris Center from taking adverse employment actions against employees on the basis of race, creed, color, national origin, religion, sex, pregnancy, childbirth or a related medical condition, age, veteran status, disability, or any characteristic as protected by law. The Harris Center shall enforce discipline uniformly so that employees have reasonable expectations about the consequences of their actions, and so that The Harris Center reduce their risk of discrimination claims. The Harris Center's exercise of discretion shall always be based on legitimate business and legal considerations and shall never be discriminatory or retaliatory.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

- Notice of Disciplinary Action

5. PROCEDURE:

6. REFERENCE: RULES/REGULATIONS/STANDARDS:

- The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024

Initial Assignment

Toby Hicks

07/2024

EXHIBIT G-7

Status **Pending** PolicyStat ID **16089129**



Origination 03/2000
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2023
 Next Review 1 year after approval

Owner Toby Hicks
 Area Human Resources
 Document Type Agency Policy

HR.A.9 Employment Eligibility Verification for Worker in the United States

1. PURPOSE:

The purpose of this policy is to ensure compliance with the provisions for employment eligibility verification in accordance with the Immigration Reform and Control Act (IRCA).

2. POLICY:

All employees and contract consultants of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) will be required to furnish to the Department of Human Resource Services copies of documentation indicating their legal authorization to work in the United States. Failure to produce such documents will prevent the person from working with The Harris Center. The Harris Center will follow all requirements established in the Immigration Reform and Control Act of 1986.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

• Employment Eligibility Verification (Form 1-9)	Attachment A
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<ul style="list-style-type: none"> List of Acceptable Documents which Establish Identity and Employment Eligibility 	Attachment B
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Employment

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Immigration Reform and Control Act of 1986
- 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	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-8

Status **Pending** PolicyStat ID **15783331**



Origination	06/2023	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2023		
Next Review	1 year after approval		

FM.A.12 Guidelines for The Use of Purchase Orders for Goods and Non-Community Services

1. PURPOSE:

The purpose of this policy is to establish the use of purchase orders (PO) as a legally binding contract between The Harris Center and a business entity that obligates the business entity to provide goods or services in exchange for money or other consideration.

2. POLICY:

It is the policy of The Harris Center to promote effective, professional, and consistent procurement for The Harris Center in compliance with applicable local, state, and federal laws. The Harris Center shall establish procedures related to the use of purchase orders to complete purchases of goods or non-community services.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees.

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

[Requisitioning and Purchasing of Goods and Services Policy](#)

[The Requisitioning and Purchasing of Goods and/ or Services Dollar Limit Threshold & Requirements Policy](#)

5. PROCEDURES:

Guidelines for The Use of Purchase Orders for Goods and Non-Community Services

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Contracts Management for Local Authorities, 25 Tex. Admin. Code Ch. 412, Subchapter B

Contracts Management for Local Authorities, 40 Tex. Admin. Code Ch. 2, Subchapter B

Texas Grant Management Standards (TXGMS)

Code of Federal Regulation: 2 C.F.R. Part 200

Texas Government Code: Title 10, Subtitle D, Chapter 2155 - 2158 Purchasing General

Rules and Procedures, Subchapter A, General Provisions

Professional Services Procurement Act, Texas Government Code Chapter 2254

Texas Government Code Chapter 2269

Texas Health & Safety Code, Chapter 250, §533.007, §533.035, §534.052, §534.055, §534.061, §534.065, and §534.066

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Nina Cook: Dir	07/2024

Older Version Approval Signatures

Management of Board Approval	Christopher Webb: Audit	06/2023
CEO Approval	Wayne Young: Exec	05/2023
Legal Review	Kendra Thomas: Counsel	05/2023
Compliance Review	Anthony Robinson: VP	05/2023
Department Review	Steve Evans: Controller	05/2023
Initial Assignment	Nina Cook: Dir	04/2023

EXHIBIT G-9

Status **Pending** PolicyStat ID **16214789**



Origination 03/2005
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2023
 Next Review 1 year after approval

Owner Mustafa Cochinwala: Dir
 Area Information Management
 Document Type Agency Policy

HIM.IT.A.3 Incident Response Policy

1. PURPOSE:

This policy establishes that The Harris Center for Mental Health and IDD will maintain incident response capabilities and procedures.

2. POLICY:

The Harris Center for Mental Health and IDD will ensure that information security incidents are reported, investigated, and responded to according to regulatory requirements and to limit damages.

3. APPLICABILITY/SCOPE:

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

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

[Breach Notification](#)

5. PROCEDURES:

[Incident Response Procedure](#)

6. REFERENCES: RULES/REGULATIONS/

STANDARDS:

- NIST SP 800-53 Rev. 4 CP-2, IR-8
- HIPAA Security Rule 45 C.F.R. §§ 164.308(a)(6), 164.308(a)(7), 164.310(a)(2)(i), 164.312(a)(2)(ii)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	07/2024
Initial Assignment	Mustafa Cochinwala: Dir	07/2024

Older Version Approval Signatures

Management of Board Approval	Christopher Webb: Audit	09/2023
CEO Approval	Wayne Young: Exec	08/2023
Legal Review	Kendra Thomas: Counsel	08/2023
Department Review	Mustafa Cochinwala: Dir	08/2023
Initial Assignment	Mustafa Cochinwala: Dir	08/2023
Management of Board Approval	Christopher Webb: Audit	09/2022
CEO Approval	Wayne Young: Exec	08/2022
Legal Review	Kendra Thomas: Counsel	08/2022
Compliance Review	Anthony Robinson: VP	08/2022
Department Review	Mustafa Cochinwala: Dir	08/2022
Initial Assignment	Mustafa Cochinwala: Dir	08/2022

EXHIBIT G-10

Status **Pending** PolicyStat ID **16214792**



Origination 08/2014
 Last Approved N/A
 Effective Upon Approval
 Last Revised 09/2023
 Next Review 1 year after approval

Owner Mustafa Cochinwala: Dir
 Area Information Management
 Document Type Agency Policy

HIM.IT.A.2 Information Security Policy

1. PURPOSE:

The purpose of this policy is to promote effective information security practices at The Harris Center for Mental Health by defining and implementing information security standards.

2. POLICY:

It is The Harris Center's policy to identify and evaluate the likelihood and consequences of threats to the security of confidential information and implement reasonable and appropriate measures to safeguard the Confidentiality, Availability, and Integrity of that information. The Center's information policy and procedures are based on NIST SP 800-53 and the HIPAA Security Rule.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center Employees/Staff. All independent contractors who provide services that require access to the Computer Network will be required to adhere to this policy, as well as to any procedures established to support this policy.

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

[Breach Notification](#)

[Workforce Member Network Internet Use](#)

[Off-Premises Equipment Usage](#)

5. PROCEDURES:

Information Security procedures

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- HIPAA Security & Privacy-Security Standards for Protection of Electronic Protected Health Information, 45 CFR Part 164, Subpart C
- NIST SP 800-53 Rev. 4 PM-1, PS-7
- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	07/2024
Initial Assignment	Mustafa Cochinwala: Dir	07/2024

EXHIBIT G-11

Status **Pending** PolicyStat ID **16214779**



Origination	04/2016	Owner	Kia Walker: Chief Nursing Officer
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2023		
Next Review	1 year after approval		

MED.NUR.A.1 - Least Restrictive Interventions and Management of Aggressive Behavior

1. PURPOSE:

To prevent incidents and manage aggressive behavior at The Harris Center for IDD and Mental Health facilities.

2. POLICY:

It is the policy of The Harris Center to minimize the number of incidents of aggressive behavior through staff training in the use of least restrictive interventions to manage behavioral emergencies. Further, it is the policy of the Harris Center to reduce the use of restraint and seclusion as much as possible and to ensure, (a) that the least restrictive methods of interventions are used and that, wherever possible, alternatives are first attempted and determined ineffective to protect patients, staff members or others from harm; and (b) the rights and well-being of individuals are protected during the use of restraint or seclusion.

It is the policy of The Harris Center to support each patient's right to be free from restraint or seclusion and, therefore limit the use of these interventions to emergencies in which there is an imminent risk of a patient physically harming him/herself or others. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective in protecting the patient or others from harm. The patient has a right to be free from restraint/seclusion imposed as a means of coercion, punishment, discipline, or retaliation by staff. Restraint/seclusion will not be based on the history of past use or dangerous behavior, as a convenience for staff, or a substitute for adequate staffing.

The patient's rights, dignity, privacy, safety, and well-being will be supported and maintained. Restraint or

seclusion will be discontinued as soon as possible. Patients in restraints/seclusion will be closely monitored and evaluated and immediately assisted if a potentially dangerous situation exists, i.e. choking, seizure, etc. PRN orders may not be used to authorize the use of restraint or seclusion.

The Harris Center is committed to preventing, reducing, and striving to eliminate the use of restraints and seclusion, as well as preventing emergencies that have the potential to lead to the use of these interventions. The Harris Center leadership supports these efforts through ongoing staff training and performance improvement activities.

3. APPLICABILITY/SCOPE:

All staff employed by The Harris Center for Mental Health and IDD, including contracted employees.

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

- Seclusion and Restraints Physician Order Form
- Registered Nurse Seclusion/Restraint Progress Note
- Registered Nurse/License Vocational Nurse Emergency Injection Note
- Seclusion/Restraint Monitoring Form
- Consultation Request Form
- Debriefing Form

5. PROCEDURES:

Least Restrictive Intervention and Management of Aggressive Behavior Psychiatric Emergency Services (PES) Procedure

Jail - Monitoring Assaultive Inmates/Patients

MH - Managing Disruptive Behaviors

DDRP

- POC-06 Psychiatric Emergency Care
- POC-07 Use of Force
- POC-09 Behavioral Emergency
- POC-SR-01 Restraint and Seclusion
- POC-11 Special Precautions

CPEP

- PES Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- CSU Least Restrictive Intervention and Management of Aggressive Behaviors Procedure
- Elopement of Consumer

- Emergency overhead paging
- Levels of Monitoring and Precautionary Measures
- Observation of Minors in PES
- Visual Skin Inspection and Contraband Search
- Milieu Management Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- Rights Relating to Treatment, Tex. Health & Safety Code Chapter 576, Subchapter B
- Rights of Persons Receiving Mental Health Services, 25 Tex. Admin. Code Chapter 404, Subchapter E
- Development, Implementation & Monitoring of Effectiveness of Behavior Therapy Programs, 40 Tex. Admin. Code §5.406
- Use of Restraint, 40 Tex. Admin. Code §5.408
- Interventions in Mental Health Services, 25 Tex. Admin. Code Chapter 415, Subchapter F
- CARF Section 2.F: Promoting Nonviolent Practices
- TXMHMR MH Community Standards Section 7

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Final Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	07/2024
Initial Assignment	Kia Walker: Chief Nursing Officer	07/2024

EXHIBIT G-12

Status **Pending** PolicyStat ID **16214800**

Origination	11/2012
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2023
Next Review	1 year after approval

Owner	Mustafa Cochinwala: Dir
Area	Information Management
Document Type	Agency Policy

HIM.IT.A.4 Off-Premises Equipment Usage

1. PURPOSE:

The purpose of this policy is to ensure proper assignment and return of all property and equipment owned, leased, or in possession of The Harris Center for Mental Health and Intellectual and Developmental Disabilities (The Harris Center) employees for both temporary and permanent use.

2. POLICY:

All property and equipment owned, leased, or in the possession of The Harris Center are assigned to a unit, a location, and an employee. Most properties will not leave the assigned unit. In the event that it is essential for property or equipment to be used off-premises, written approval must be obtained from the Unit Director. Property and/or Equipment may either be signed out to an employee on a temporary basis to complete a specific assignment or on a longer-term basis if the location of the property or equipment is essential for day to day performance of the job. Property and/or equipment signed out to an employee becomes the financial responsibility of that employee. All property and equipment shall be returned to The Harris Center upon termination of employment or completion of a special assignment, internship, or volunteer experience. Workforce members must report all instances of equipment damage, loss, or theft via The Harris Center incident reporting system.

3. APPLICABILITY/SCOPE:

This policy applies to all interns, volunteers, and staff employed by The Harris Center, including, both direct and contracted employees. Property and equipment covered by this policy include 1) all property and equipment with The Harris Center numbered inventory tags on it, including laptop computers, and 2) leased equipment or other equipment that represents a financial obligation of The Harris Center.

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

[Information Security Policy](#)

Request to Transfer Property Form

5. PROCEDURES:

[Property Inventory](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

A. CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	07/2024
Initial Assignment	Mustafa Cochinwala: Dir	07/2024

EXHIBIT G-13

Status **Pending** PolicyStat ID **16089119**

Origination	03/2000	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2024		
Next Review	1 year after approval		

HR.A.18 Payment of Accrued Leave Upon Separation

1. PURPOSE:

The purpose of this policy is to define employee payment of accrued leave upon separation from The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center).

2. POLICY:

It is the policy of The Harris Center to pay employees for accrued time upon separation, in accordance with applicable laws and the Harris Center's Paid Time Off Plan Summary, and to maintain the required supporting documents and records. Payment of accrued paid time off may be withheld if the employee fails to return The Harris Center property (e.g. electronic devices) upon voluntary separation. Involuntary terminations will result in no payout of accrued paid time off. However, an involuntary termination due to reduction in force (RIF) or layoff is paid out subject to the Paid Time Off Plan Summary and return of The Harris Center property.

3. APPLICABILITY/SCOPE:

This policy applies to all staff employed by The Harris Center.

4. RELATED POLICIES/FORMS:

- [HR.B.20 Recording Employee Time Worked and Maintaining PER-8](#)
- Paid Time Off Plan Summary

5. PROCEDURES:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

The Harris Center's Employee Handbook

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-14

Status **Pending** PolicyStat ID **14433301**

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

Owner	Kendra Thomas: Counsel
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 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. PROCEDURES:

[Performance Reporting and Monitoring of Service Contracts](#)

5. RELATED POLICIES/FORMS (for reference)

only):

State Service Contract Monitoring and Performance Reporting

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Contracts Management for Local Authorities, Title 25 Tex. Admin. Code, Chapter 412, Subchapter B

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	07/2024
Legal Review	Kendra Thomas: Counsel	06/2024
Initial Assignment	Shannon Fleming: Counsel [CW]	10/2023

EXHIBIT G-15

Status **Pending** PolicyStat ID **15663668**

Origination 06/2008

Last Approved N/A

Effective Upon Approval

Last Revised 06/2023

Next Review 1 year after approval

Owner Tanya White: Mgr

Area Medical Services

Document Type Agency Policy

MED.PHA.A.5 Pharmacy Services and Outpatient Prescription Purchase Plan

1. PURPOSE:

To provide pharmaceutical services to the Harris Center patients via The Harris Center or contractual pharmacies.

2. POLICY:

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

The Harris Center pharmacy program will primarily dispense prescriptions written by The Harris Center prescribers or contractual prescribers based on The Harris Center Formulary(s).

3. APPLICABILITY/SCOPE:

The Harris Center Pharmacies and contracted pharmacies.

4. RELATED POLICIES/FORMS (for reference

only):

The Harris Center Fee Manual

Harris Center Prescription Form PHAR: 2.001

5. PROCEDURES:

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

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

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

CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	06/2024
Pharmacy Department Review	Tanya White: Mgr	06/2024
Legal 1st Review	Obiajulu Enaohwo	06/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2024
Initial	Tanya White: Mgr	04/2024

EXHIBIT G-16

Status **Pending** PolicyStat ID **16020734**

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

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

COM.A.5 Professional Practice Evaluation Policy

1. PURPOSE:

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 (for reference only):

5. PROCEDURE:

[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	08/2024
Final Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Danyalle Evans	06/2024

EXHIBIT G-17

Status **Pending** PolicyStat ID **16136279**

Origination	08/2022	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

HR.A.28 Sexual Harassment Policy

1. PURPOSE:

To ensure all staff, contractors, volunteers, and interns of The Harris Center for Mental Health and IDD respond immediately and take immediate and appropriate corrective action in response to sexual harassment in the workplace.

2. POLICY:

The Harris Center is committed to providing a work environment free from sexual harassment. In pursuit of this goal, the Harris Center adheres to all relevant federal, state, and local laws and regulations regarding sexual harassment. The Harris Center strictly prohibits and does not tolerate any form of sexual harassment and any other conduct that creates an intimidating, hostile, or offensive work environment based on sex. In addition, the Harris Center prohibits harassing conduct against anyone for involvement in reporting or investigation of sexual harassment claims.

3. APPLICABILITY/SCOPE:

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

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

[The Harris Center Compliance PlanLD11A Corporate Compliance](#)

5. PROCEDURE:

Sexual Harassment Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Title VII of the Civil Rights Act of 1964 (Title VII), 42 U.S.C. §§2000e-2000e-17
- Unlawful Employment Practices, Texas Labor Code Chapter 21, Subchapter B
- Guidelines on Discrimination Because of Sex, 29 CFR Part 1604.011-

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-18

Status **Pending** PolicyStat ID **14982550**

Origination	01/2023	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	01/2023		
Next Review	1 year after approval		

FM.A.7 The Requisitioning and Purchasing of Goods and / or Services

1. PURPOSE:

The Harris Center for Mental Health and IDD supports a purchasing environment that recognizes the unique purchasing needs of agency departments. This policy is provided to facilitate the purchase of goods and services needed to meet these requirements in a timely, efficient, and cost-effective manner.

2. POLICY:

It is the policy of The Harris Center to utilize standard guidelines in acquiring quality goods and / or services in a timely and professional manner while ensuring the best use of funding from all sources at "best value" to The Harris Center for Mental Health and IDD.

The Harris Center for Mental Health and IDD is committed to increasing business opportunities for minority and women-owned businesses within the community. Historically Underutilized Businesses, including Minority-Owned Businesses and Women-Owned Businesses, are encouraged to participate in any competitive procurement request(s) for Goods and or Services.

Procedures associated with this policy establish a systematic and fiscally sound method for procuring goods and services that allows departments within divisions agency-wide to function smoothly by providing needed materials and equipment, including servicing/maintenance of all equipment purchased.

It is the responsibility of the Purchasing Department to ensure that procedures are compliant with applicable rules, laws, and standards in the purchase of all goods or services for The Harris Center

according to the Texas Administrative Code (TAC), Texas Health and Human Services Commission (HHSC), Texas Grant Management Standards (TXGMS), Code of Federal Regulations (CFR), Purchasing Best Practices and standards set by the Chief Executive Officer.

3. APPLICABILITY/SCOPE:

To be used by The Harris Center. This policy will allow departments agency-wide to function smoothly by providing needed materials and equipment, including servicing all equipment purchased while operating at the highest standards of ethical conduct. This policy applies to all agency departments, and staff engaged in the process of securing goods or services on behalf of the agency.

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

[The Requisitioning and Purchasing of Goods and/or Services](#)

[Purchasing Card](#)

5. PROCEDURES:

A. [The Requisitioning and Purchasing of Goods and Services](#)

B. [The Requisitioning and Purchasing of Goods and/or Services Dollar Limit Threshold & Requirements](#)

C. Guidelines for The Use of Contracts and Stand-Alone Purchase Orders

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- A. Texas Grant Management Standards (TXGMS)
- B. Texas Procurement and Contract Management Guide
- C. Federal Uniform Guidance, 2 C.F.R. Part 200
- D. Contracting and Delivery Procedures for Construction Projects, Texas Government Code Chapter 2269
- E. Purchasing: General Rules and Procedures, Texas Government Code Chapter 2155, Subchapter A
- F. Purchasing Methods, Texas Government Code Ch. 2156
- G. Purchasing: Purchase of Automated Information Systems, Texas Government Code Chapter 2157
- H. Purchasing: Miscellaneous Provisions for Purchase of Certain Goods and Services, Texas Government Code Chapter 2158
- I. Contract Management for Local Authorities, Title 25 Texas Administrative Code, Part 1, Chapter 412, Subchapter B

- J. Statewide Procurement and Support Services, Texas Administrative Code, Title 34, Part 1, Chapter 20
- K. Professional Services Procurement Act, Texas Government Code (TGC) Chapter 2254
- L. Historically Underutilized Businesses, Texas Government Code (TGC) Chapter 2161

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Nina Cook: Dir	07/2024

EXHIBIT G-19

Status **Pending** PolicyStat ID **16020733**



Origination	07/2023	Owner	Nina Cook: Dir
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2023		
Next Review	1 year after approval		

FM.A.8 The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

1. PURPOSE:

The purpose of this policy is to provide a Board approved dollar limit threshold and requirements for The HARRIS CENTER for the Requisitioning and Purchasing of Goods and / or Services.

2. POLICY:

It is the policy of The Harris Center to promote effective, professional, and consistent procurement for The Harris Center in compliance with The Harris Center's established Board approved dollar limit threshold and requirements.

3. APPLICABILITY/SCOPE:

This Policy applies to all Harris Center employees.

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

[Purchasing Card](#)

[The Requisitioning and Purchasing of Goods and/or Services Policy](#)

[Guidelines for The Use of Purchase Orders for Goods and Non-Community Services Policy](#)

5. PROCEDURES:

The Requisitioning and Purchasing of Goods and / or Services Dollar Limit Threshold & Requirements

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Contracts Management for Local Mental Health Authorities, 25 Tex. Admin. Code, Part 1, Chapter 412, Subchapter B

Contracts Management for Local Authorities, 40 Tex. Admin. Code Ch. 2, Subchapter B

Texas Grant Management Standards (TXGMS)

2 C.F.R. Part 200

Texas Government Code: Title 10, Subtitle D, Chapter 2155 - 2158 Purchasing General

Rules and Procedures, Subchapter A, General Provisions

Professional Services Procurement Act, Texas Government Code Chapter 2254

Texas Government Code Chapter 2269

Texas Health & Safety Code, Chapter 250, §533.007, §533.035, §534.052, §534.055, §534.061, §534.065, and §534.066

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Nina Cook: Dir	07/2024

EXHIBIT G-20

Status **Pending** PolicyStat ID **16214783**

Origination	02/2019
Last Approved	N/A
Effective	Upon Approval
Last Revised	09/2023
Next Review	1 year after approval

Owner	Todd McCorquodale: Dir
Area	Environmental Management
Document Type	Agency Policy

EM.A.1 The Use of Service and Assistance Animals in the Harris Center Facilities Pertaining to Patients and Visitors

1. PURPOSE

The purpose of this policy is to provide guidance concerning the rights of individuals with disabilities to utilize service or assistance animals in agency facilities, as defined under the Americans with Disabilities Act and state law.

2. POLICY

It is the policy of The Harris Center that individuals with disabilities shall be permitted to be accompanied by their service animals in all areas of The Harris Center's facilities where members of the public, participants in services, programs or activities, or invitees, where applicable, are allowed to go. Therapy Animals, emotional support or comfort animals, and companion animals are not considered service animals and are therefore not permitted in agency facilities. The Harris Center does not "certify" animals as Service Animals.

3. APPLICABILITY/SCOPE

All of The Harris Center facilities.

4. RELATED POLICIES/FORMS:

None

5. PROCEDURE:

EM.B.1 The Use of Service and Assistance Animals in the Harris Center Facilities

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- City of Houston Ordinance Sec 6-86
- Texas Human Resources Code, Title 8, Chapter 121
- Title II Americans with Disabilities Act, 42 U.S.C. 12.101, et. seq.; 28 CFR Part 36.101, et. seq.
- Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Todd McCorquodale: Dir	07/2024

EXHIBIT G-21

Status **Pending** PolicyStat ID **16020726**

Origination	11/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	07/2023
Next Review	1 year after approval

Owner	Todd McCorquodale: Dir
Area	Environmental Management
Document Type	Agency Policy

GA.A.1 Vehicle Operations

1. PURPOSE:

To establish requirements and guidelines for employees who operate motor vehicles while performing their job duties.

2. POLICY:

The Harris Center will maintain standards and procedures for the operation of vehicles used for sanctioned business for The Harris Center for Mental Health and IDD (The Harris Center). To the extent possible, procedures and standards will cover Agency Owned Vehicles (AOVs) and personal vehicles used while conducting business on behalf of The Harris Center.

The Harris Center promotes safety and quality care, and employees are encouraged to adopt this spirit by being familiar with all related procedures and being in good standing with all applicable training requirements along with local, state, and federal laws that govern driving activities.

3. APPLICABILITY/SCOPE:

This policy applies to employees of The Harris Center who drive a vehicle to conduct Agency business. The scope of this policy includes the use of personal vehicles and/or Agency-Owned Vehicles while in the scope of sanctioned work.

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

5. PROCEDURES:

Vehicle Operations

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- Commission on Accreditation of Rehabilitation Facilities;
- Texas Transportation Code 521.143 and 521.029

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
CEO Approval	Kendra Thomas: Counsel	07/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Todd McCorquodale: Dir	06/2024

EXHIBIT G-22

Status **Pending** PolicyStat ID **16214797**

Origination	03/2005	Owner	Mustafa Cochinwala: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	09/2023		
Next Review	1 year after approval		

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

1. PURPOSE:

The Harris Center recognizes that the use of the agency's network, Internet, and email has many benefits and can make conducting Harris Center business and workplace communication more efficient and effective. Therefore, workforce members are encouraged to use the Internet and email systems for job-related purposes, in accordance with Workforce Member Network and Internet Use Procedures. Unacceptable use of the Internet and e-mail can place The Harris Center and others at risk and is prohibited. The Harris Center complies with all applicable federal, state, and local laws as they concern the employer/employee relationship and nothing contained herein should be construed to violate any of the rights or responsibilities contained in such laws.

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

INAPPROPRIATE USE OF HARRIS CENTER IT RESOURCES AND COMMUNICATIONS SYSTEMS

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

DISCIPLINE

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

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

5. PROCEDURE:

[Workforce Member Network Internet Use Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	07/2024
Initial Assignment	Mustafa Cochinwala: Dir	07/2024

EXHIBIT G-23

Status **Pending** PolicyStat ID **16341388**



Origination	N/A	Owner	Eunice Davis: Dir
Last Approved	N/A	Area	Environmental Management
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Last Revised	N/A		
Next Review	1 year after approval		

Accident Reporting Policy

PURPOSE:

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

POLICY:

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

APPLICABILITY/SCOPE:

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

RELATED POLICIES/FORMS (for reference only):

Employee Handbook

PROCEDURE:

Workers' Compensation Notice of Injury procedure

REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas Department of Insurance

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	08/2024
Initial Assignment	Eunice Davis: Dir	08/2024

EXHIBIT G-24

Status **Pending** PolicyStat ID **16319892**

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

Continuing Employee Communication and Engagement

1. PURPOSE:

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

2. DEFINITIONS:

The following definitions shall apply:

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

3. POLICY:

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

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

COMMITMENT TO EMPLOYEE ENGAGEMENT

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

- Developing an Employee Communication Plan
- Evaluate the ongoing impact of the Employee Communication Plan
- Annual employee surveys soliciting anonymous feedback
- Routine meetings with Employee groups
- Regular Townhall meetings at various Harris Center locations
- Regular employee forums to have direct dialogue with the CEO and/or other members of the Harris Center leadership team
- Employee Suggestion program for the improvement and implementation of new ideas
- Team building exercises through collaborative workshops and retreats
- Celebrate festive events and occasions, such as Employee Appreciation Day
- Establishing a regular recurring meeting with Employee Labor Organization(s)

MONITORING AND COMPLIANCE

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

COMMUNICATION SCHEDULE

Routine updates at Board meetings, including employee engagement activities, updates from meetings with employee labor organizations, the level of employee engagement and policy proposals, will be provided by the CEO and Vice President of Human Resources. Updates from meetings with employee

labor organizations will be provided to the board by the CEO at the next board meeting. This will include any recommendations to the Board and an account of the discussions that have taken place in the meetings. In addition to public comment opportunities, employee labor organization members shall have an opportunity to present written information to the Board via the board packet. Also, Harris Center staff will receive regular communication via CEO videos, the Harris Center newsletter and Intra-net about employee engagement initiatives and opportunities for employees to provide feedback. Communication will be provided to inform employees of updates from suggestions and opportunities identified. These communications will be done consistent with employee feedback about preferred types, style, and means of communication.

HARRIS CENTER EMPLOYEE LABOR ORGANIZATIONS OR UNIONS

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

Government Code Ch. 617, the Harris Center is also legally prohibited from recognizing a union or labor organization as the bargaining agent for a group of employees.

EMPLOYEE LABOR ORGANIZATION MEETINGS

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

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

Meetings shall be held every other month. Any member of the Employee Labor Organization(s) meeting may request items to be placed on the agenda for discussion. Proposed agenda items must be submitted, in writing, to the CEO designee at least one week prior to the scheduled meeting. The agenda for any meeting shall be included with the notification of the meeting. Good faith efforts will be made to provide information relevant to the agenda in advance of the meetings. The Texas Public Information Act is an available option to request public information.

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

EMPLOYEE ENGAGEMENT ACTIVITIES

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

REPRESENTATION

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

4. APPLICABILITY/SCOPE:

This policy applies equally to all Harris Center employees and contractors

5. RELATED POLICIES/FORMS:

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

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

[HR.A.29 Time and Attendance](#)

6. PROCEDURE:

N/A

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
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Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Joseph Gorczyca	07/2024
Initial Assignment	Kendra Thomas: Counsel	07/2024

EXHIBIT G-25

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Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

Crisis Stabilization Unit- Workplace Violence Prevention

1. PURPOSE:

To protect all staff contractors, volunteers and interns of The Harris Center for Mental Health and Intellectual and Developmental Disability (The Harris Center) from violent behavior and threats of violence behavior occurring at Agency facilities the Crisis Stabilization Unit.

2. POLICY:

It is The Harris Center's policy to prohibit and prevent workplace violence or threats of violence behavior by any person on The at the Harris Center's property Crisis Stabilization Unit. The Harris Center ~~will not tolerate~~ shall adopt and implement a workplace violence ~~. Any person found in violation of this policy will be removed from the premises and~~ prevention plan to protect all staff, if applicable, may be subject to termination or other disciplinary action, arrest and/or criminal prosecution. The Harris Center shall adopt and implement a workplace violence prevention plan to protect all staff contractors, volunteers and interns from violent behavior or threats of violent behavior occurring at ~~The~~ the Crisis Stabilization Unit. The workplace violence prevention plan shall be reviewed annually. All Harris Center staff will be permitted to provide confidential information on workplace violence to the Workplace Violence Prevention Committee without facing retaliation or disciplinary action.

3. APPLICABILITY/SCOPE:

All Harris Center staff, contractors, volunteers and interns.

4. RELATED POLICIES/FORMS (for reference

only):

N/A

5. PROCEDURE:

[Crisis Stabilization Unit-Workplace Violence Plan](#)

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

[Workplace Violence Prevention](#), Tex. Health & Safety Code [§Ch 331](#); ~~Workplace Violence Prevention~~

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
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Initial Assignment	Kendra Thomas: Counsel	07/2024

EXHIBIT G-26

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 Next Review 1 year after approval

Owner Danyalle Evans
 Area Medical Services
 Document Type Agency Policy

Delegation of Medical Acts for Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff

1. PURPOSE:

The purpose of this policy is to define the process by which The Harris Center complies with rules established by the Texas Medical Board delegating or assigning certain medical acts to non-licensed individuals. Physicians are responsible for ensuring compliance with the Texas Medical Board, Texas Occupational Code and 22 ~~Tex Admin~~ Texas Administrative Code Section 193.4. It is not the intent to describe every situation in which an act may be delegated, but the procedure policy is designed to provide the framework necessary to delegate and ~~/or~~ assign certain acts in a safe and appropriately supervised manner.

2. POLICY:

~~The~~ A credentialed, actively practicing Harris Center physician may delegate to a qualified ~~and~~ properly trained ~~person acting under the physician's supervision~~ individual any medical act ~~that a reasonable and prudent physician would find~~ within the scope of sound medical judgment to delegate. ~~Act~~ Medical acts that can be delegated “must comply with the requirements of the Texas Medical Board, Texas Occupational Code, Texas Administrative Code, and other applicable laws”. The delegated acts must be performed by qualified and properly trained person, and each of the conditions specified at section 157.001 of the Texas Occupations ~~Cde~~ Code must be met. ~~The general delegation clause, containing the required conditions, is as follows:~~

3. APPLICABILITY/SCOPE:

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

~~§ 157.001. General Authority of Physician to Delegate~~ **General Authority of Physician to Delegate**

- A. A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:
 - I. The act
 - a. Can be properly and safely performed by the person to whom the medical act is delegated.
 - b. Is performed in its customary manner; and
 - c. Is no in violation of any other statute; and
- B. The Person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine
The delegating Physician remains responsible for the medical acts of the person performing the delegated medical acts.
- C. The board may determine whether:
 - An act constitutes the practice of medicine, not inconsistent with this chapter; and
 - A medical act may be properly or safely delegated by physicians.
 - I. An act constitutes the practice of medicine, not inconsistent with this chapter; and
 - II. A medical act may be properly or safely delegated by physicians.

The scope of what a physician may delegate to a ~~nonphysician~~ **non-physician**, be that person a registered nurse (RN), licensed vocational nurse (LVN), ~~physician~~ **certified medical assistant (PA), or medical assistant (MA)**, ~~licensed social worker (LCSW, LMSW), psychiatric technicians, single accountable individuals (SAIs)~~, is governed by this general rule, ~~and regardless~~. **Regardless** of that person's title, the law specifies that the person to whom the act is delegated must be "qualified and properly trained." The individual's title merely provides some indication that the person has met some set of qualifications and training. ~~The physician must nevertheless determine if the skill set underlying those certifications or licenses makes the person qualified and trained to perform the delegated medical activity. Conversely, persons without licenses or certifications may have the qualifications and training to perform some delegated medical acts.~~

The physician must nevertheless determine if the skill set underlying those certifications or licenses makes the person qualified and trained to perform the delegated medical activity. Conversely, persons without licenses or certifications may have the qualifications and training to perform some delegated medical acts.

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

5. PROCEDURE:

See Procedure on Delegation of Duties by a Physician to ~~a Non-Physician (in process of being developed)~~ Nurses, Licensed Vocational Nurses, Licensed Social Workers, and Unlicensed Staff

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- 1.- Texas Medical Board Rules
- 2.- Texas Administrative Code, Title 26, Part 1, Chapter 301, Subchapter G, Division 3, Rule 301.355
- 3.- Texas Occupational Code §157.001
- 4.- 22 Tex. Administrative Code §193.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
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Final Legal Review	Kendra Thomas: Counsel	06/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Danyalle Evans	04/2024

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Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

Drug Diversion Reporting and Response Policy

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

[Pharmacy and Unit Medication/Drug Inventory Policy](#)

[Pharmacy Operations and Prescription Processing Policy](#)

5. PROCEDURE:

[Pharmacy Texas PMP \(Prescription Monitoring Program\) Review Procedure](#)

[Pharmacy Prescription Forgery Procedure](#)

[Pharmacy Security Procedure](#)

[Pharmacy Drug Destruction Procedure](#)

[Pharmacy Controlled Substances Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

USDOJ DEA Diversion Control Division Pharmacists Manual Appendix D

EO-DEA154R1,

DEA-DC-046R1

Code of Federal Regulations 21 Part 1300 [and CFR §1306.04 \(a\)](#)

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

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

[Texas Health & Safety Code §481.067, §481.074 and § 481.075](#)

[The Controlled Substances Act, DEA United States Drug Enforcement Administration.](#)<https://www.dea.gov/drug-information/csa>

[Texas Administrative Code §291.17](#)

[The Harris Center's Policy and Procedure Handbook CARF Section 2E](#)

Approval Signatures

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CEO/Board Approval	Wayne Young: Exec	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	07/2024
Pharmacy Department Review	Tanya White: Mgr	05/2024

Legal 1st Review	Kendra Thomas: Counsel	05/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2024
Initial	Tanya White: Mgr	04/2024

EXHIBIT G-28

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Origination	N/A	Owner	Eunice Davis: Dir
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Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

Harris Center Disaster & Emergency Response Plan

HARRIS CENTER DISASTER & EMERGENCY RESPONSE PLAN

A. Purpose

This section contains a written description of the Harris Center Disaster & Emergency Response Plan ("Plan") including information on how The Harris Center will act or proceed in the event a disaster occurs, the response duties of The Harris Center management, and coordination plans with staff and the public. For the purposes of this Plan a disaster and/or emergency is defined as a natural disaster or anticipated natural disaster, threat to public safety, or national security emergency. Disaster events may include fires, essential equipment failures, epidemic/ pandemic and terrorism. Each Harris Center program will develop a disaster and emergency plan specific to their operations, which shall be incorporated by reference to this Plan. The program specific plans, as outlined in Section I, shall complement the Harris Center's Plan for detailed actions specific to the service unit and physical location.

B. Scope

The information in the document effects all operations and programs of The Harris Center. While the Plan may be of interest to contractors of The Harris Center, it does not obligate them. The Harris Center, however, expects all program contracts to have disaster and emergency plans developed and available for review. This program specific plans will be posted for public view, and The Harris Center Disaster & Emergency Response Plan will be posted on The Harris Center's external website. The Plan will also be shared with Texas Health and Human Services upon request during any audit or review. Harris Center staff are required to be trained on the program specific plan within thirty (30) days of hire and at least annually thereafter. Just in time training may occur as a result of a response to specific emergency and/or disaster event. This Plan incorporates the program specific emergency plans and procedures, Safety Program and The Harris Center Risk Management Plan by reference. The information in the Plan is reviewed and revised as needed.

C. National Incident Management System (NIMS) Overview

The National Incident Management System (NIMS) is a comprehensive, nationwide systematic approach to incident management. NIMS is flexible due to its application to any incident regardless of cause, size, location or complexity. In addition, its principles are to be utilized in order to develop all-hazard plans and procedures. Lastly, NIMS provides an organized set of scalable and standardized operational structures. This standard is critical for allowing various organizations and agencies to work together in a predictable, coordinated manner.

One major component of NIMS is the Incident Command System (ICS). ICS is a management tool that includes 14 key features that has become the standard for managing emergencies across the country. ICS may be used for planned events, natural disasters, and acts of terrorism. This response plan is in compliance with NIMS and the 14 features of ICS.

One key feature of ICS is "Management by Objectives." Objectives and initial decisions for any emergency should be based on the following three (3) priorities:

1. Life Safety
2. Incident Stabilization
3. Property Preservation

These priorities are utilized to establish objectives. General Emergency Planning Objectives include:

1. Save lives and prevent injuries
2. Promote an effective action in responding to emergencies
3. Minimize loss of campus property

Restore conditions to normal and with minimal disruption

D. Disaster Command Staff (DCS)

The role of The Harris Center's Disaster Command Staff is to direct preparedness and response activities on behalf of The Harris Center. This is a decision-making body for the sole purpose of disaster preparation and response.

1. The Disaster Command Staff shall be organized as follows:

- Incident Command
 - a. Operations
 - b. Logistics
 - c. Planning
 - d. Finance

2. Scope of Responsibilities

Incident Command:

- **Incident Command Officer:** Makes decisions in response to disasters and emergencies. Decisions to respond to emergencies should be made, if possible, after consultation with the Liaison Officer. The Incident Command Officer is responsible for assuring coordinated and effective emergency response plans are developed and maintained throughout The Harris Center. The Incident Commander is responsible for activating plans when a crisis has been declared and establishing the internal command center.
- The Liaison Officer serves as liaison to city, county, and state emergency management teams. The Liaison Officer provides the Incident Commander with updates on national weather advisories, updates from community partners, and responses from local human service agencies. The Liaison Officer ensures that critical incident response personnel are trained and available as needed in disaster situations and as required by the Texas Health and Human Services (HHS) Performance Contract.
- The Information Officer serves as the internal and external communication source for The Harris Center. The Information Officer communicates with the Incident Command Officer to determine communications that will be sent on behalf of The Harris Center.

A. Operations: The Operations Division assures administrative functions and personnel are available to support operations, including physicians, clinicians, and nurses. Operations is responsible for developing a tactical organization and directing resources to carry out the incident Action Plan, including personnel resource coordination to shelters to assure operational objectives for service provision are achieved. Assures that contracts and grants concerning disaster responder personnel are implemented as necessary; providing management and oversight of them.

B. Logistics: Responsible for ensuring emergency communication systems are operational, with emphasis on assisting internet platforms and Help to maintain lines of communication for internal and external information. Also assures that the information technology component of The Harris Center operations is protected as much as possible against possible disruption. Logistics will coordinate with other divisions for safe removal of employees and consumers and maintain supply chain.

C.Planning: Develops Incident Action Plan to accomplish the Agency's objectives. Provide planning services for both current and future activities. Provide a safe operating environment within all parts of the incident organization, to include power and water utilities.

D.Finance: Provides overall fiscal guidance. Provide cost assessment, time recording, and procurement control necessary to support the incident and the managing of claims. Finance will be responsible for an emergency process to expedite purchases critical to the overall response to an incident.

E.Determination of Imminent Danger and Call Down Sequence for Emergency Notification

1.Disaster Notification

The Liaison Officer will monitor emergency notifications from local, state and federal authorities, including the National Weather Service, and participate in invited conference calls. Upon learning of a disaster, the Liaison Officer will notify the Incident Command Officer and Disaster Command Staff. See *Pre Disaster Checklist in Attachment A*.

2.Disaster Call Down Sequence

- a. The Incident Commander will determine when to activate The Harris Center's Disaster and Emergency Plan. When this determination has been made, the Incident Commander will notify the designated Disaster Command Staff that an emergency exists and will direct Disaster Command Staff to initiate steps to activate the disaster plans.

F. Emergency Communication

1. Staff Notification

- a. In the event of a local emergency due to weather or other natural disaster, employees will receive notification via e-mail, text, and social media by the Information Officer to alert them of The Harris Center's status. The Public Information Officer will establish working relationships with local media outlets.
- b. Once a center response has been made by the Incident Commander to close a building, the Public Information Officer will communicate to employees via e-mail and text.
- c. Staff are expected to tune in to local news and check The Harris Center communications for information pertaining to local response.

1. Community Notification

- a. The Public Information Officer will coordinate with Incident Command Staff to review external communications and pertinent information for distribution to consumers and family members, as appropriate.
- b. The Public Information Officer will then inform the Houston area media, with particular attention paid to The Harris Center's public and internal websites and other electronic media, regarding the Center's emergency plans. The media information will include open/close information and the appropriate telephone numbers where employees and consumers can call for information: (713) 970-7000. The message will list sites closed and will then transfer to Help Line staff, if available, for further questions or concerns.

G. Securing Vital Systems

1. Medical Records

All medical records shall be secured in the event of a disaster. Residential programs shall follow their unit-specific disaster plan for medical records disposition. On-site non-residential programs are to store records in a designated medical records room. In the event of an anticipated or actual disaster, the unit Directors of non-residential programs shall assure that paper records are placed on higher shelves, as conditions permit

2. Data Systems

The Logistics Division will coordinate with Information Technology Services staff to maintain specific procedures for securing Center data systems. To the extent possible, Information Technology Services should work to establish common equipment, communications, and data interoperability resources with local public health and emergency management that will be used during incident response.

NOTE: In securing vital systems, the safety of consumers, staff and other people is paramount. These steps are to be undertaken only to the degree that conditions permit. Implementing these procedures should not jeopardize the safety of consumers, staff, and others.

3. Medication and PPE

Medication, supplies and equipment (i.e. personal protective equipment (PPE), patient care supplies) that will be used in excess during an incident response should be determined (based on amount of staff, potential consumers, usage time, etc.), ordered, and stocked on-site or in Central Supply Room prior to an incident. Residential programs shall take all medications and PPE with them should the residence be evacuated. Vocational and other day programs shall send medications home with the consumer(s) or staff will transport the medications with the consumers in the event of an evacuation.

H. Securing Vehicles

Twenty-four to Forty-eight hours prior to anticipated landfall of a tropical disturbance, Logistics will coordinate moving all agency vehicles not in use to the upper covered level floors of Southwest clinic parking garage to prevent flooding and debris damage. Vehicles shall be locked and secured, with Agency equipment removed from the vehicles.

I. Response to Disasters in the Community

1. City/County

The Liaison Officer or designee will maintain information related to the City and County emergency response system. For non-FEMA emergencies, The Harris Center may provide emergency mental health services on a case-by-case basis as requested by civil authorities within the community (i.e., City of Houston Office of Emergency Management), as required by Annex H of Harris County and Annex O of the City of Houston. These requests are to be implemented by the Liaison Officer upon approval by the Incident Command Officer. The Harris Center may also provide emergency mental health services requested by community partners and other non-profit organizations (i.e. The Red Cross).

2. Texas Health and Human Services (HHS)

The Liaison Officer or designee will maintain communications with the Director of Behavioral Health Services at HHS for assistance and coordination of Local Mental Health Authority resources in the region during the disaster. Communication will include details of the emergency, actions taken by The Harris Center, and any future plans involving individuals served by The Harris Center.

J. Component Specific Disaster Plans

Operational Division are responsible for the development and implementation of a disaster response plan that addresses all components within the division. Each division/component must retain a disaster plan on site with a copy to the Director of Risk Management.

1. Mental Health Services

- a. Clinical Component - individual site plans
- b. Contract Service Providers Component - individual site plans
- c. Residential Component - individual site plans
- d. Vocational Component - individual site plans

1. 2. Comprehensive Psychiatric Emergency Program

- a. NeuroPsychiatric Center - individual site plans
- b. Mobile Crisis Outreach – follow designated home office site plan
- c. Crisis Help Line - individual site plans
- d. Crisis Residential Unit - individual site plans

1. **IDD Services**

- a. Clinical Component - individual site plans
- c. Contract Service Providers Component - individual site plans
- d. Residential Component - individual site plans
- e. Vocational Component - individual site plans

1. **Forensic Services**

- a. Adult Jail Services – individual site plans
- b. Jail Diversion Center – individual site plans
- c. New START – individual site plans
- d. Dual Diagnosis Residential Program – individual site plans
- e. Children's Forensic Services - individual site plans

1. **Support and Administration (9401 Southwest Freeway)**

The emergency plan for this building is maintained by the Director of Risk Management.

A. **Content of Component Specific Plans**

Each component specific plan should contain at least the following information:

1. How consumers will be managed during an emergency, e.g., contacting guardians;
2. Floor-specific site plan for multi-level buildings;
3. Alternative relocation sites for consumers if evacuation is required, with an agreement from alternative site that they are willing to provide this service;
4. Alternative relocation sites for programs if the emergency is localized to a specific area;
5. A call down mechanism for staff and consumers to communicate emergency plans, to include scheduling changes;
6. Securing of all medical records;
7. Closing of all window blinds and drapes;
8. Securing all medications;
9. Implementing a Shelter-in-Place procedure;
10. Locking and securing all facilities being vacated;
11. Securing and delivering all vehicles as instructed;
12. Notifying the appropriate Deputy Director that the building is secured;

13. Coverage for reduced staffing;
14. Medication refills for outpatients;
15. Which units are to remain open
16. Determination of supports needed from non-clinical units;
17. Types of positions expected to remain;
18. Addressing family and personal issues in advance of the event, when possible;
19. Establishing the annual emergency responders rotation schedule;
20. Ensuring adequate water, food, medication supplies for a minimum of three days;
21. Determination of position-specific responders;
22. Ensure consumer transportation issues are addressed.
23. Incorporate into staff job descriptions information about the expectations of the position in the event of a disaster.
24. Specify essential and non-essential staff and how the staffing pattern will be implemented; specify staff breaks, etc.
25. Specify how staff will be trained in emergency response; and
26. Identify whether or not the facility is located on a flood plain.

L. Ancillary Support

- A. **Disaster Preparedness and Response Committee:** The Committee, chaired by the Director of Risk Management, functions to ensure compliance with state regulatory standards in regard to disaster preparedness and response. The Committee also provides on-going planning and implementation of Harris Center disaster programs and provides training opportunities to Harris Center staff to prepare them for critical incident response.

B. Disaster Response Floor Wardens: When support and administrative services are located in multi-level facilities, Disaster Response Floor Wardens, identified to The Harris Center's Incident Commander, shall coordinate Disaster and Response planning for support and administrative components.

M. After Action Report

A debriefing will occur after each emergency or disaster event and will be documented in a report. See *Attachment B*

The Harris Center Important Numbers

For EMERGENCIES:	911
Environmental Health and Safety Manager	713-970-3012
Risk Management Director	713-970-3492
Infection Control	713-970-7372
Facilities Service	713-970-7380
Main Line	713-970-7000

Attachment A

Pre Disaster Checklist for Storm

96 HOURS BEFORE LANDFALL	
	Initial Discussion/Meetings Regarding the Incident and Potential Action
	Fuel - Emergency Generators (non-natural gas)/ Vehicles
	Review Emergency and Continuity Plans and Procedures
	Monitor OEM calls
	Review and update Contact Lists (also update Ping Board)
	Review and Replenish if necessary the Emergency Supplies (Food/Water/etc.)
	Secure Facilities (Security personnel; weatherize buildings)
	Place Ride Out Team on Notice (If Applicable)
	Ensure IT Systems are Backed Up
	Human Resources Department initiate Disaster Timesheet policy
72 HOURS BEFORE LANDFALL	
	Monitor OEM calls
	Update Incident Command
	Ensure Supplies including water and food are in place
	Check Building/s for Readiness
	Connect with strategic partners – County/ City OEM, Public Health, NBHA, Red Cross – Review Annex
	Notify IT for robocall to supply bridge medications to patients
	Evacuation of Center Programs and IDD Residential if necessary
	PIO to notify HHSC and local Emergency Operation Centers of center status
48 HOURS BEFORE LANDFALL	
	Move vehicles to second floor of 9401
	Dir. of Facilities place Internal/External Dependencies (Contractors, Etc.) on notice
	Monitor OEM calls
	Update Incident Command
	Begin Securing Facilities
	Component decisions about coverage, alternate service sites.
	Ensure access to necessary systems for personnel to work from home (if applicable).
	PIO send media alerts

24 HOURS BEFORE LANDFALL
Send Ride-Out Team Members Home – Make Family Arrangements & Gather Go Kits
Monitor County OEM call
Confirm facilities has been secured: windows, doors, pipes (if applicable)
Cover and Secure Vulnerable Equipment and Files with Plastic
Move Vulnerable Equipment, Subject to Flooding/Damage, to Secured Area
Move medications to secure area
Update Incident Command Team
PIO send media alerts
12 HOURS BEFORE LANDFALL
Monitor weather, County notices
Ride-Out Team make final preparations
Ensure the Battery Powered Devices are Operational
Update Incident Command team
PIO send media alerts
4 HOURS BEFORE LANDFALL
Ride-Out Team arrives
Facility and Security Services announce status checks
Update Incident Command team
PIO send media alerts

Attachment B



EVENT

DATE(S)

After Action Report/Improvement Plan

Emergency Overview

Event Name	
Date(s) of Event	
[Affected Area(s)]	
[Incident/Exercise] Threat or Hazard	

INTRODUCTION

[Include a brief synopsis of incident/exercise and sequence of events here]

STRENGTHS

1. [Strength 1]
2. [Strength 2, etc]

AREAS OF IMPROVEMENT

1. [Improvement 1]
2. [Improvement 2, etc]

APPENDIX A – IMPROVEMENT MATRIX

Improvement Plan					
#	Area of Improvement/ Category	Corrective Action	Responsible Party	Status	Estimated Completion Date
1					
2					
3					
#	Area of Improvement/ Category	Corrective Action	Responsible Party	Status	Estimated Completion Date
4					
5					
6					

APPENDIX B – AFTER ACTION REPORT - PARTICIPATING DEPARTMENTS

[If other departments or buildings were involved during this incident and completing the AAR, list them here]

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	08/2024
Initial Assignment	Eunice Davis: Dir	08/2024

EXHIBIT G-29

Status **Pending** PolicyStat ID **16321058**



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

HR.A.40.Out of State Employment

1. PURPOSE:

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

2. POLICY:

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

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

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

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

3. APPLICABILITY/SCOPE:

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

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

Out of State Employee Exception Request Form

5. PROCEDURE:

HR.B.XX.Out of State Employees

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

HR.A.8 Employment Policy

HR.A.10 Equal Employment Opportunity

HR.A.25 Transfers – Promotions - Demotions

HR.A.14 Licensure, Certification, and Registration

HIM.IT.A.4 Off-Premises Equipment Usage

Attachments

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

Approval Signatures

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

CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-30

Status **Pending** PolicyStat ID **15691134**



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

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

Pharmacy Hazardous Drugs Policy

1. PURPOSE:

To ensure that all healthcare personnel (employed and contracted) by The Harris Center understand the USP General Chapter <800> requirements and responsibilities of handling hazardous drugs.

2. POLICY:

It is the policy of The Harris Center to ensure that all healthcare personnel (employed and contracted) who receive, prepare, administer, transport or otherwise come in contact with hazardous drugs understand the USP General Chapter <800> requirements including responsibilities of handling hazardous drugs; facility and engineering controls; procedures for deactivating, decontaminating and cleaning; spill control; and documentation in all the environments in which they are handled.

3. APPLICABILITY/SCOPE:

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

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

5. PROCEDURE:

Pharmacy Hazardous Drugs Procedure

Pharmacy and Unit Medication/Drug Inventory Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016.

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

CARF 2E1-2E5

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy &Therapeutic Committee	Angela Babin: Dir	07/2024
Pharmacy Department Review	Tanya White: Mgr	05/2024
Legal 1st Review	Kendra Thomas: Counsel	05/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2024
Initial	Tanya White: Mgr	04/2024

EXHIBIT G-31

Status **Pending** PolicyStat ID **15944695**

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

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

Pharmacy and Therapeutics Committee Policy

1. PURPOSE:

The Pharmacy and Therapeutics Committee is responsible for the effective and efficient operation of the formulary system to optimize patient outcomes, quality and safety, and financial stewardship. The Committee is responsible to the Medical Staff as a whole, and its policy recommendations are subject to 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.

2. POLICY:

It is the policy of 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, Nursing

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

Professional Review Committee

5. PROCEDURE:

Pharmacy and Therapeutics Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

TSBP

[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 \(2021\)](#)

[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	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	07/2024
Pharmacy Department Review	Tanya White: Mgr	06/2024
Legal 1st Review	Obiajulu Enahwo	06/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial	Tanya White: Mgr	06/2024

EXHIBIT G-32

Status **Pending** PolicyStat ID **15691043**

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

Owner	Tanya White: Mgr
Area	Medical Services
Document Type	Agency Policy

Pharmacy Staff Training Policy

1. PURPOSE:

The purpose of this policy is to define the process for supervision and delegation of training of Harris Center Pharmacy Staff.

2. POLICY:

The Harris Center for Mental Health and IDD (Harris Center) employs Pharmacists, Pharmacy Interns, Pharmacy Students, Pharmacy Technicians, Pharmacy Technicians in Training and Pharmacy Clerks Registered by the Texas State Board of Pharmacy. They work under the delegated authority of a Pharmacist in Charge licensed by the Texas State Board of Pharmacy (TSBP). The Harris Center will comply with all rules and regulations that govern this arrangement including those set forth by the Texas State Board of Pharmacy (TSBP) as applicable.

3. APPLICABILITY/SCOPE:

All Harris Center Pharmacies

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

Pharmacy Training Checklist

Job Description

Pharmacy Operations and Prescription Processing Policy

Employee Handbook

5. PROCEDURE:

Pharmacy Technician Use and Supervision Procedure

Pharmacy Staffing Procedure

Pharmacy Technician Training Program Procedure

Pharmacy APPE Student/Intern Procedure

Pharmacist Training Checklist

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Texas State Board of Pharmacy:

Pharmacy Technicians and Pharmacy Technician Trainees, 22 Texas Administrative Code, Rule §297.1 – 297.7

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	07/2024
Pharmacy Department Review	Tanya White: Mgr	06/2024
Legal 1st Review	Obiajulu Enahwo	06/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial	Tanya White: Mgr	05/2024

EXHIBIT G-33

Status **Pending** PolicyStat ID **16201711**



Origination	N/A	Owner	Christina Gerardo: Paralegal
Last Approved	N/A	Area	Environmental Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	N/A		
Next Review	1 year after approval		

Tenant Selection Policy

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

Tenant Selection Plan

5. REFERENCES: RULES/REGULATIONS/

STANDARDS:

- The Fair Amendments Act of 1988, 42 U.S.C.A. §§3601-3620, as modified by the Housing for Older Americans Act of 1995
- 42 U.S.C.A §3607(b)(2)(C), Section 504 of the Rehabilitation Act of 1973
- 29 U.S.C.A §794 et seq.
- The Americans with Disabilities Act of 1990, 42 U.S.C.A. §§12101-12213
- Title VI of the Civil Rights Act of 1964, 42 U.S.C.A §2000d
- the Age Discrimination Act of 1975, 42 U.S.C.A. §§6101-6107
- Texas Fair Housing Act, Texas Property Code Ch. 301
- Executive Order 11063

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Christina Gerardo: Paralegal	07/2024

EXHIBIT G-34

Status **Pending** PolicyStat ID **16020737**

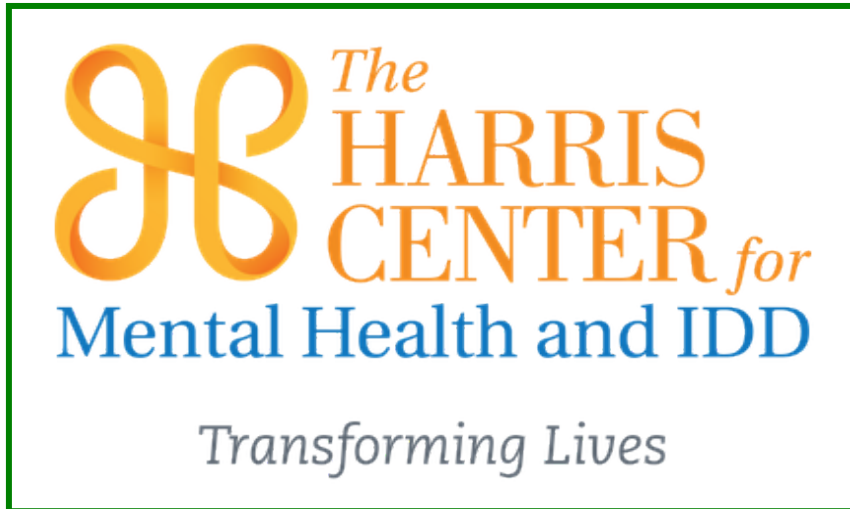


Origination	09/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	07/2024
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Bylaws

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)~~ §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, Chief Operating Officer, Legal Counsel, Chief Administrative Officer, the Division Vice Presidents of Medical Services, VP of Clinical Transformation and Quality, Director of Pharmacy, and the Chief Executive Officer. In addition, the appropriate Program Director, and any other staff members having relevant information and expertise may participate, but may not vote, in Committee meetings. The Medical Services Administrator will provide administrative support and coordinating functions but will not be a voting member of the Committee.

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

3.05 **Removal of Members.** Any member of the Committee may be removed from the Committee with or without cause by the decision of the Chief Executive Officer or Chief Medical Officer of The Harris Center for Mental Health and IDD.

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

Article Four

Peer Review Authority of the Professional Review Committee

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

4.02 **Duties of the Committee.** The primary duties of the PRC is to implement a formal peer review

process to further quality medical care or health care to the patients. In that function, the PRC's duties may include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against the healthcare providers;
 - To prepare reports, evaluating such incidents, claims, or lawsuits;
 - To assist The Harris Center's Legal Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a health care practitioner and/or The Harris Center; and to recommend disposition of a claim or lawsuit including settlement or defense of a lawsuit;
 - To identify broader risk management, quality care and patient safety issues within The Harris Center departments or divisions that may result in claims, or incidents that may involve potential claims, and to serve as liaison with the designated Director of Risk Management, Vice President of Clinical Transformation & Quality and Safety Officers within their respective departments or divisions to initiate corrective action, if necessary;
 - To appoint subcommittees as necessary to carry out the duties of the Committee, and to review subcommittee investigations, peer review activities and final actions;
 - To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against The Harris Center and its health care practitioners;
 - To discuss policy issues arising from incidents, claims, or lawsuits; and/ or
 - To communicate with [the Legal Counsel](#), Vice President of [Enterprise Risk Management and Compliance, 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), [VP of Enterprise 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 TAC chapter 405, Subchapter K, 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

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 _____ ~~2022~~2024.

The Harris Center for Mental Health and IDD

Board of Trustees

~~Shaukat Zakaria, Chairman~~

Dr. Robin Gearing, Chairman

~~George Santos, Chair of Quality Board Committee~~

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	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Danyalle Evans	06/2024

EXHIBIT G-35

Status **Pending** PolicyStat ID **12434429**

Origination	04/1987	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2024		
Next Review	1 year after approval		

FM.A.14 Cash Receipts & Bank Deposits

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES

~~5. RELATED POLICIES/FORMS (for reference only):~~RELATED POLICES/FORMS:

~~6. PROCEDURES:~~

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-36

Status **Pending** PolicyStat ID **15055284**



Origination	02/2023	Owner	Wesley Farris: ITSecOfcr
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2024		
Next Review	1 year after approval		

HIM.IT.A.6 Cellular Phone Distribution and Management

1. PURPOSE:

~~The purpose of this policy is to ensure The Harris Center issued cellular phones and the data contained therein are securely distributed and managed.~~

The purpose of this document is to define Harris Center Cellular and Smartphone management policies.

2. POLICY:

The Harris Center will ensure that Center-issued Smartphones are distributed appropriately and that the data contained therein is securely managed.

- Smartphones intended for workforce member use must have mobile device management enforced ~~prior to~~before distribution.
- Cellular phones intended for consumer use must not be smartphones unless approved by the Chief Information Officer (CIO) and Information Security Officer (ISO) on a per-~~program use-~~case basis.
- The Harris Center staff members must not distribute/provide smartphones configured with Center staff credentials to other staff members, even for temporary/single-use cases.
- The Harris Center staff members must not distribute/provide smartphones configured with Center staff credentials to consumers, even for temporary/single-use cases.
- The Harris Center smartphones must be assigned to the intended user by the Information Technology (IT) Department. The CIO and ISO must approve exceptions.
- The assigned smartphone user is responsible for the device and the information on the device and must return the device to the IT department for service/reassignment, etc.

- End-user departments shall not assign/reassign cellular phones.

3. APPLICABILITY/SCOPE:

All employees, staff, contractors, interns, and volunteers ~~with a~~ [assigning or using](#) Harris Center-issued cellular ~~phone~~ [phones](#).

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

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

5. PROCEDURES:

Cellular Phone Distribution and Management Procedure

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

- NIST Special Publication 800-53 Rev. 5: AC-19
- CARF: Section 1., Subsection J., Technology

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	06/2024
Initial Assignment	Wesley Farris: ITSecOfcr	06/2024

EXHIBIT G-37

Status **Pending** PolicyStat ID **13421423**



Origination	06/2022	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2024		
Next Review	1 year after approval		

FM.A.4 Center related Meeting Expense

1. PURPOSE:

~~Ensure~~To ensure all expenses related to meals at the meetings hosted by Harris Center staff are accounted for, relevant to agency priorities, and represent good stewardship.

2. POLICY:

The Center will assume the expense for certain meals provided at Center-related meetings with approval from the appropriate Vice President and or Chief Executive Officer, or designee.

3. APPLICABILITY/SCOPE:

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

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

[FM.A.5: Purchasing Card \(P Card\)](#)

~~5. PROCEDURES:~~

6. PROCEDURE:

[FM.B.4 Center Related Meeting Expense Procedure](#)

Purchasing Card

Center related Meeting Expense FM.B.5 Purchasing Card Procedure

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-38

Status **Pending** PolicyStat ID **14121266**

Origination	08/2022	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2024		
Next Review	1 year after approval		

FM.A.11 Charity Care Policy

1. PURPOSE:

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

2. POLICY:

Accordingly, this policy:

- ~~Includes eligibility criteria for financial assistance – free and discounted (partial charity care)~~
- ~~Describes the basis for calculating amounts charged to clients served eligible for financial assistance under this policy~~
- ~~Describes the method by which clients served may apply for financial assistance~~
- ~~Describes how the Center will widely publicize the policy to the Community~~
- ~~Limits the amounts that the Center will charge for eligible services provided to clients qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).~~

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

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

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

- : Includes eligibility criteria for financial assistance – free and discounted (partial charity care)
- : Describes the basis for calculating amounts charged to clients served eligible for financial assistance under this policy
- : Describes the method by which clients served may apply for financial assistance
- : Describes how the Center will widely publicize the policy to the Community
- : Limits the amounts that the Center will charge for eligible services provided to clients qualifying for financial assistance to the amount generally billed (received by) the Center for private and public insurance (Medicaid, Medicare, etc.).
- :

3. APPLICABILITY/ SCOPE:

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

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

Financial Assessment ACC.A.11 Financial Assessment

5. PROCEDURES:

FM.B.11 Charity Care Procedure

~~6.~~ 6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Health and Human Services Commission

Approval Signatures

Step Description	Approver	Date
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Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-39

Status **Pending** PolicyStat ID **15101826**

Origination	06/2000	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2024		
Next Review	1 year after approval		

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

1. PURPOSE:

The Harris Center shall protect the privacy of all patients'/individuals individual's health information and safeguard such information against loss, damage, alteration, or impermissible disclosure. Uses and disclosures will be made only as permitted or required by law and will consist of only the relevant or minimal amount necessary to satisfy the purpose of the use or disclosure.

2. POLICY:

It is the policy of The Harris Center that the patient/ individual records are the property of the Harris Center and may be removed from the Harris Center premises only in accordance with a court order, subpoena or statute, or signed written authorization from the patient/ individual or legally authorized representative. Proven privacy violations of the patient/ individual health information by any employee or business associate may be cause for disciplinary actions, including termination of employment or contract. Violations will also be mitigated in accordance with privacy regulations.

3. APPLICABILITY/SCOPE:

This policy applies to all departments, divisions, facilities, and/or programs within The Harris Center, including contractors, volunteers, interns, and Business Associates business associates.

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

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

~~[HIM.EHR.A.7 Faxing and Emailing Patient/Individual Identifying Information](#)~~

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

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

~~[HIM.EHR.A.11 Sanctions for Breach of Security and/or Privacy Violations](#)~~

~~[LD.A.1 Business Associate](#)~~

<u>Policies and Procedures</u>	
:	<u>HIM.EHR.A.5 Content of Patient/ Individual Records</u>
:	<u>HIM.EHR.A.7 Faxing and Emailing Patient/Individual Identifying Information</u>
:	<u>HIM.EHR.A.8 Patient/ Individual Access to Medical Records</u>
:	<u>HIM.EHR.A.9 Patient/Individual Records Administration</u>
:	<u>HIM.EHR.A.11 Sanctions for Breach of Security and/or Privacy Violations of Health Information</u>
:	<u>LD.A.1 Business Associate</u>
Forms	
•	Authorization Request Cover Letter
•	Emergency Verification for Disclosure of Protected Health Information
•	Media Consent Form
•	Authorization to Disclose Patient/Individual Health Information
•	Revocation for Disclosure of <u>Authorization to Disclose Consumer Health Information</u>
Attachments	
•	Release of Information Log

• Release of Information Grid
• Verification Checklist for Processing Authorizations
• Release of Information Cover Letter
• Confidentiality Statement
• Release of Information Processing Fee
• Release of Information Invoice
• Subpoena Information Sheet
• Employee Statement of Information Security and Confidentiality
• Emergency Verification for Disclosure of Protected Health Information
• Confidentiality Awareness Guidelines
• Guidelines for Releases
• Business Records Affidavit
• No Records Affidavit

5. ~~PROCEDURES~~:PROCEDURES

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

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- ~~Texas Administrative Code: Protected Health Information, Chapter 414, Subchapter A~~
- ~~Texas Human Resources Codes, Chapter 48~~
- ~~Texas Health and Safety Codes, Chapter 611~~
- ~~Texas Family Code, Chapter 32~~
- ~~Texas Family Code Sec 58.0052~~
- ~~Texas Occupations Code, Chapter 159~~

- [Texas Rules of Civil Evidence, Rule 509](#)
- [Texas Rules of Criminal Evidence, Rule 510](#)
- [Title 42 Code of Federal Regulation Part 2](#)
- [Health Insurance Portability and Accountability Act 1996, Part 160 and 164](#)
- [The Privacy Act of 1974](#)
- [Code of Federal Regulations 483.10\(e\)](#)
- [Texas Health & Safety Code Chapter 181](#)
- [Privacy Act of 1974, 5 U.S.C. Ch. 5 §552a](#)
- [Health Insurance Portability and Accountability Act 1996, Part 160 and 164](#)
- [Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2](#)
- [Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Texas Human Resources Codes Ch. 48](#)
- [Medical Records Privacy, Tex. Health & Safety Code Ch. 181](#)
- [Mental Health Records, Texas Health and Safety Codes Ch. 611](#)
- [Consent to Treatment of Child by Non-parent or Child, Texas Family Code Ch. 32](#)
- [Inter-agency Sharing of Certain Noneducational Records, Texas Family Code Sec 58.0052](#)
- [Physician-Patient Communication, Texas Occupations Code Ch. 159](#)
- [Physician-Patient Privilege, Texas Rules of Civil Evidence Rule 509](#)
- [Mental Health Information Privilege in Civil Cases, Texas Rules of Civil Evidence, Rule 510](#)
- [Resident Rights, 42 CFR 483.10\(e\)](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Mustafa Cochinwala: Dir	06/2024
Initial Assignment	Rita Alford: Dir	03/2024

EXHIBIT G-40

Status **Pending** PolicyStat ID **13958980**

Origination	10/2005	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2024		
Next Review	1 year after approval		

FM.A.2 Disposal of Fixed Assets

1. PURPOSE:

The purpose of this policy is to establish Agency requirements related to maintaining an accurate record of equipment owned by or in the custody of ~~The~~the Harris Center and the disposal of equipment.

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

The Harris Center

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

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

5. PROCEDURES:

6. PROCEDURE:

Disposal of Fixed Assets FM.B.2 Disposal of Fixed Assets

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Vanessa McKeown	10/2023

EXHIBIT G-41

Status **Pending** PolicyStat ID **13233617**

Origination	03/1976	Owner	Thania Gonzalez
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2024		
Next Review	1 year after approval		

FM.A.16 Dues and Membership Fees

1. PURPOSE:

The purpose of this policy is to determine responsibility for payment of dues and membership fees.

2. POLICY:

As a general rule, the Agency will not ~~assume~~cover the cost of ~~any~~ dues and professional memberships for employees, unless ~~exception is made~~approved by the Chief Executive Officer. ~~The~~However, the Agency will assume the expense for Agency memberships when appropriate. ~~Where~~In cases where an Agency ~~memberships are not available for media purposes, etc.,~~membership cannot be assigned to the Agency itself but must be ~~vested in~~assigned to an individual, the Chief Executive Officer will designate the appropriate individual ~~shall be designated by the Chief Executive Officer.~~

~~If there~~Employees are responsible for any licenses, dues, or membership fees ~~which~~that are conditions of their employment. If a specific fee is not a condition of employment but arises due to additional job duties, the ~~employee assumes the~~Agency will cover this expense. ~~In cases where a specific fee is not a condition of employment, but becomes necessary as the result of an added job duty, the Agency will assume the expense for~~ one (1) time only. At the time ofUpon renewal, the employee must assume the expenseis responsible for covering the cost.

DuesApproval of dues and membership fees ~~for an individual, whether for individuals~~ or Agency ~~membership are approved at~~memberships, rests with the discretion of the Chief Executive Officer.

3. APPLICABILITY/SCOPE:

The Harris Center employees, contractors, interns and volunteers.

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

None

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

None

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Thania Gonzalez	07/2024

EXHIBIT G-42

Status **Pending** PolicyStat ID **15964629**

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

Owner	Vanessa Miller: Mgr
Area	Infection Control
Document Type	Agency Plan

Infection Control Plan/Airborne Precautions

1. Purpose

Infection Control Plan/Airborne Precautions

The purpose of this procedure plan is to formalize and document the Infection Control Plan. The Infection Control Nurse Manager shall review and update the Plan annually. The Plan will comply with the Department of State Health Services (DSHS), Center for Disease Control (CDC), and Occupational Safety and Health Authority (OSHA) regulations. The Harris Center is committed to providing a safe and healthy workplace for all our employees.

The Harris Center has developed a COVID-19 Plan ("Covid Plan"). The Covid Plan includes policies and procedures aimed at minimizing the risk of transmission of COVID-19. The Covid Plan was developed and continuously adapted to stay compliant with local, state, and federal guidelines. The recommendations in this Plan are derived from analysis of current epidemiological and microbiologic information. This Plan assures that infection control education, preventative activities that occur within the Agency, and measures to address identified instances related to exposures are responded to in an effective manner.

2. Applicability/Scope

The Harris Center for Mental Health and IDD employees and all volunteers and contractors.

3. Regulatory/Reference Documents

~~Control of Communicable Diseases, Title 25. TAC Part 1, Chapter 97, Subchapter A.~~

~~Bloodborne Pathogen Exposure Control Plan, Title 2. Texas Health and Safety Code, Subchapter H, Section 81.301.~~

~~The Houston Department of Health and Human Services.~~

~~Association for Professionals in Infection Control and Epidemiology www.apic.org~~

~~Center for Disease Control, www.cdc.gov~~

~~Texas Department of State Health Service - www.dshs.state.tx.us~~

4. Definitions

Communicable Disease:

Communicable Disease: An illness due to an infectious agent or its toxic products which is transmitted directly to a well person from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment. Communicable diseases may spread by physical contact with an infected person, contact with a contaminated surface or object, bites from insects or animals capable of transmitting the disease and travel through the air. Bacteria, fungi, parasites and viruses may cause communicable diseases.

5. Control of Airborne Pathogens

Use Airborne Precautions for patients known to or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

Practice source control: Put a mask on the patient.

Ensure appropriate patient placement in an airborne infection isolation room (AIIR) constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient, and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.

Restrict susceptible health care personnel from entering the room of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune health care personnel are available.

Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for health care personnel.

Limit transport and movement of patients outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Health-care personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella, or smallpox).

6. Control of Infection occurs by:

Identifying consumers and/or staff with communicable or potentially communicable infections.

Implementing appropriate Infection Control measures.

Educating staff on Infection Control procedures and standards.

Providing information to all departments related to managing on site Infection control issues.

7. Disease Prevention:

The prevention of infection in staff and consumers occurs through:

Dissemination of Infection Control guidelines.

Ongoing updates of Infection control procedures and practices.

Monitoring of Infection Control practices within the Departments.

8. Exposure

Condition of being exposed to an infectious agent.

9. Investigation and Surveillance Involves the following:

Systematic Data collection.

Analysis of the data with determination of specific events to be monitored.

Development and implementation of measurable quality improvement plans.

Evaluation of the quality improvement plans.

10. Reporting of infections occurs by:

Staff reporting possible exposures to infectious diseases.

Reporting to the DSHS notifiable conditions and isolates. Communicable Diseases. 25 TAC Part 1, Chapter 97, Subchapter A

11. Disease Prevention occurs by the Infection Control Manager:

Identifying consumers or staff with communicable or potentially communicable infections.

Implementing appropriate Infection Control measures.

Partnering with local pharmacies to provide vaccine clinics to employees.

Educating staff on Infection Control procedures, standards, and continued updates.

Providing information to all departments related to managing on-site Infection Control issues.

Monitoring of Infection Control Practices within the Department.

12. Investigation and Surveillance Involves the following:

Systematic Data collection.

Analysis of the data with a determination of specific events to be monitored.

Development and implementation of measurable quality improvement plans.

Evaluation of quality improvement plans.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Final Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Vanessa Miller: Mgr	06/2024

EXHIBIT G-43

Status **Pending** PolicyStat ID **13233621**

Origination	10/2017	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	07/2024		
Next Review	1 year after approval		

FM.A.17 Investment Policy

I. PURPOSE

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

II. POLICY

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

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

III. SCOPE

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

- **General Fund**

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

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

IV. INVESTMENT OBJECTIVES

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

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

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

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

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

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

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

C. Public Trust

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

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

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

E. Investment Strategy [PFIA 2256.005 (d)]

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

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

V. RESPONSIBILITY AND CONTROL

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

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

Center. No person may engage in an investment transaction or the management of The Harris Center's funds except as provided under the terms of this Investment Policy as approved by the Board. The investment authority granted to the investing officers is effective until rescinded by the Board.

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

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

C. Training Requirement (PFIA 2256.008)

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

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

D. Internal Controls (Best Practice)

The Chief Financial Officer is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the entity are protected from loss, theft, or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

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

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

E. Prudence (PFIA 2256.006)

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

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

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

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

F. Indemnification

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

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

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

transactions with the same individual with which business is conducted on behalf of The Harris Center.

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

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

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

VI. SUITABLE AND AUTHORIZED INVESTMENTS

A. Portfolio Management

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

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

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

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

1. Authorized

- a. Obligations issued or guaranteed as to principal and interest by the Government of the United States of America, its agencies and instrumentality's including;
 - i. Federal Farm Credit Banks (FFCB) Consolidated System-wide Discount Notes and Bonds;
 - ii. Federal Home Loan Banks (FHLB) Consolidated System-wide Discount

- Notes and Bonds;
- iii. Federal National Mortgage Association (FNMA or "Fannie Mae") Discount Notes and Debentures. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - iv. Federal Home Loan Mortgage Corporation (FHLMC or "Freddie Mac") Discount Notes and Debentures. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - v. Government National Mortgage Association (GNMA or "Ginnie Mae") Notes, Bonds and Participation Certificates. Pass-through securities are unauthorized unless acquired through a repurchase agreement;
 - vi. Student Loan Marketing Association (SLMA or "Sally Mae") Discount Notes and Bonds;
 - vii. Letters Of Credit
- b. Certificates of Deposit issued by a bank organized under Texas law, the laws of another state, or federal law, that has its main office or a branch office in Texas, or by a savings and loan association or a savings bank organized under Texas law, the laws of another state, or federal law, that has its main office or a branch office in Texas and that is guaranteed or insured by the Federal Deposit Insurance or its successor or the National Credit Union Share Insurance Fund or its successor; or secured by obligations in a manner and amount provided by law for deposits of The Harris Center. An investment in negotiable certificates of deposits issued by a bank that has a certificate of deposit rating of at least 1 or the equivalent by a nationally recognized credit rating agency.
 - c. Fully collateralized direct repurchase agreements with a defined termination date secured by obligations of the United States or its agencies and instrumentalities. These shall be pledged to The Harris Center, held in its name, and deposited at the time the investment is made with The Harris Center or with a third party selected and approved by The Harris Center. Repurchase agreements must be purchased through a primary government securities dealer, as defined by the Federal Reserve, or a financial institution doing business in Texas. A Master Repurchase Agreement must be signed by the bank/dealer prior to investment in a repurchase agreement. All repurchase agreement transactions will be on a delivery vs. payment basis. Securities received for repurchase agreements must have a market value greater than or equal to 102 percent at the time funds are disbursed. (Sweep Accounts and/or Bond Proceeds)
 - d. Money Market Mutual funds that are 1) no load money market mutual funds that are registered and regulated by the Securities and Exchange Commission, no load mutual funds are authorized if these are registered with the SEC; 2) have a weighted average stated maturity of less than 2 years, invested exclusively in obligations approved by the PFIA 3) is continuously rated as to investment quality by at least one nationally recognized investment rating firm, 4) has a duration of one year or more and is invested exclusively in obligations approved by this subchapter or has a duration of less than one year and the investment portfolio is limited to investment grade securities, excluding asset-backed securities, 5) complies with SEC Rule 2a-7

(17C.F.R. Section 270.2a-7) and 6) of not less than the highest liquidity rating given to United States Treasury obligations and conforms to the requirements set forth in section 2256.016 (b) and (c) relating to the eligibility of investment pools to receive and invest funds of an investing entity. The Harris Center shall be provided with a prospectus and other information required by the Securities and Exchange Act of 1934 (15 USC Section 781 et seq.) or the Investment Company Act of 1940 (15 USC Section 80a-l et seq.).

- e. Eligible Local Government Investment Pools-Public funds investment pools which invest in instruments and follow practices allowed by the current law and which 1) meet the requirements of Chapter 2256.016 of the Public Funds Investment Act, 2) an Investment Pool must be continuously rated no lower than the highest liquidity rating given to United States Treasury obligations by at least one nationally recognized rating service, 3) seek to maintain a \$1.00 net asset value, the governing body of the public funds investment pool shall take action as the body determines necessary to eliminate or reduce to the extent reasonably practicable any dilution or unfair result to existing participants, including a sale of portfolio holdings to attempt to maintain a \$1.00 net asset value, and the pool marks its portfolio to market daily; 4) are authorized by resolution or ordinance by the Board 5) the pool shall have furnished the Investment Officer an offering circular containing the information required by Section 2256.016(b) of the Texas Government Code 6) the pool shall furnish the Investment Officer investment transaction confirmations with respect to all investments made with it, 7) the pools shall furnish to the Investment Officer monthly reports containing the information required under Section 2256.016(c) of the Texas Government Code, 8) the pool's investment philosophy and strategy are consistent with this Policy, and 9) the pool's policy regarding holding deposits in cash.
- f. Direct obligations of the State of Texas or its agencies and instrumentalities.
- g. Obligations of states, agencies, counties, cities, and other political subdivisions of any state rated as to investment quality by a nationally recognized investment rating firm and having received a rating of not less than A or its equivalent.
- h. Prime Domestic Bankers Acceptances with stated maturities of 270 days or less from date of issuance that will be liquidated in full at maturity, that are investment-grade and insured by FDIC. They will be eligible for collateral for borrowing purposes from a Federal Reserve Bank and is accepted by a bank organized under Texas law, the laws of another state or federal law.
- i. Deposits in savings banks, cooperative banks, federal savings and loan institutions, credit unions and interest-bearing banking deposits or other obligations. They will be guaranteed or insured by the Federal Deposit Insurance Corporation or its successor or the National Credit Union Share Insurance Fund or its successor. They will be secured by obligations that are described by PFIA 2256.0089 (a), including mortgage backed securities issued directly by a federal agency or instrumentality that have a market value of not less than the principal amount of the deposit but excluding those mortgage backed sureties of the nature described by PFIA 2256.009 (b).
- j. Commercial paper with a stated maturity of 365 days or less from the date of its issuance and are rated A-1 or P-1 or an equivalent rating by at least two nationally

recognized credit rating agencies; or one nationally recognized credit rating agency and is fully secured by an irrevocable letter of credit issued by a bank organized and existing under the laws of the United States or any state.

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

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

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

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

VII. INVESTMENT PARAMETERS

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

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

The Harris Center attempts to match its investments with anticipated cash flow requirements. The Harris Center will not directly invest in securities maturing more than five (5) years from the date of purchase; however, the above described obligations, certificates, or agreements may be collateralized

using longer dated investments. In addition, the average maturity of the overall portfolio may not exceed three (3) years. This dollar-weighted average maturity will be calculated using the stated final maturity dates of each security. [PFIA 2256.005(b) (4) (C)j].

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

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

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

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

VIII. SELECTION OF BROKER DEALERS

A. Authorized Brokers/Dealers (PFIA 2256.025)

The Harris Center shall, at least annually Request for Information to prospective brokers/dealers, review, evaluate and rate their responses according to pre-established criteria, and recommend to the Board a list of qualified brokers/dealers. Nonetheless, the Investment Officers shall review and recommend annually to the Board a list of qualified brokers/dealers that are authorized to engage in investment transactions with The Harris Center. Those firms that request to become qualified bidders for securities transactions will be required to provide a completed broker/dealer questionnaire that provides information regarding creditworthiness, experience and reputation. Authorized firms may include primary dealers or regional dealers that qualify under Securities & Exchange Commission Rule 15C3-1 (Uniform Net Capital Rule), and qualified depositories. All investment providers, including financial institutions, banks, money market mutual funds, and local government investment pools must review The Harris Center's investment policy to ensure reasonable procedures and controls have been implemented to preclude investment transactions that are not authorized by the entity's policy. In addition to this requirement, all government pools must also sign a certification acknowledging that the organization has received and reviewed The Harris Center's investment policy [PFIA 2256.005(k-l)]. All investment providers stated above may perform an analysis of the makeup of The Harris Center's entire portfolio or

an interpretation of subjective investment standards.

B. Competitive Bids

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

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

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

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

IX. SAFEKEEPING OF SECURITIES AND COLLATERAL

A. Safekeeping and Custodian Agreements

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

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

B. Collateral Policy (PFCA 2257.023)

Consistent with the requirements of the Public Funds Collateral Act, it is the policy of The Harris Center to require full collateralization of all entity funds on deposit with a depository bank, other than investments. In order to anticipate market changes and provide a level of security for all funds, the

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

C. Collateral Defined

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

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

D. Subject to Audit

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

X. PERFORMANCE

A. Performance Standards

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

B. Performance Benchmark

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

XI. REPORTING (PFIA 2256.023)

A. Methods

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

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

- A listing of individual securities held at the end of the reporting period.
 - Unrealized gains or losses resulting from appreciation or depreciation by listing the ending book and market value of securities for the period.
 - Average weighted yield to maturity of portfolio as compared to applicable benchmark.
 - Listing of investments by maturity date.
 - Fully accrued interest for the reporting period
 - The percentage of the total portfolio that each type of investment represents.
 - Statement of compliance of The Harris Center's (formerly MHMRA of Harris County's) investment portfolio with state law and the investment strategy and policy approved by the Board.
 - Schedule of the Investment Portfolio's Comparative Weighted Average Maturity and Weighted Average Yield.
- A. An independent auditor will perform a formal annual review of the quarterly reports with the results reported to the governing body [PFIA 2256.023(d)].

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

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

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

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

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

I. OBJECTIVES

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

II. PRESERVATION AND SAFETY OF PRINCIPAL

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

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

III. LIQUIDITY

A monthly cash projection shall be developed to determine the cash requirements of The Harris Center for a period of six (6) months or more. As a conservative measure, the equivalent of one and half (1 1/2) month's requirements shall be placed in highly liquid instruments.

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

IV. YIELD

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

achieved and liquidity maintained.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	07/2024
Initial Assignment	Stanley Adams	07/2024

EXHIBIT G-44

Status **Pending** PolicyStat ID **14967212**

Origination	09/2002	Owner	Karen Rose
Last Approved	N/A	Area	Medical Services
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	05/2024		
Next Review	1 year after approval		

MED.IRB.A.1 IRB Research Procedures and the Committee for the Protection of Human Subjects

1. PURPOSE:

The purpose of the policy is to establish a uniform process for the review, selection, approval, and handling of inquiries or requests for any research, studies, or clinical trials involving The Harris Center for Mental Health and IDD (hereinafter "The Harris Center") patients.

2. POLICY:

It is the policy of The Harris Center to permit certain research programs and research training to be conducted, whereby Agency consumers or staff serve as research subjects.

Any research conducted on human subjects must be done in compliance with the rules and regulations as outlined by the U.S. Department of Health and Human Services (HHS) and as governed by other state and federal guidelines.

Research involving the use of aversive procedures (aversive stimuli and/or effortful tasks, including overcorrection, forced exercise, and negative practice), placebos, convulsive therapy, or phase I or phase II investigational and experimental drugs shall not be allowed.

Any research being done by individuals working under the auspices of an academic institution, health care system, or research sponsor, must have the approval of their institutions' Institutional Review Board (IRB) before it can be considered by The Harris Center's IRB. Researchers must submit a full research protocol describing research procedures for The Harris Center's IRB review.

The Harris Center IRB Committee (or approved designee – university partner, in accordance with state

and federal guidelines) must review and approve any research studies prior to soliciting research subjects (both consumers or staff). The Harris Center IRB Committee (or approved designee) must provide a formal letter stating that research can be conducted at The Harris Center. Without formal approval, no research subjects shall be solicited, verbally, through mail or e-mail, or through posting, nor shall research be conducted involving consumers or staff.

3. APPLICABILITY/SCOPE:

All research conducted at The Harris Center or in connection with The Harris Center programs and/ or clinical services.

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

[Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[Consents and Authorizations](#)

[Compliance Plan](#)

5. PROCEDURES:

[Confidentiality and Disclosure of Patient/ Individual Health Information](#)

[Consents and Authorizations](#)

[MED.IRB.B.1 IRB Request for Protocol Approval for the Committee for the Protection of Human Subjects](#)

[MED.IRB.B.1.1 IRB Exemptions of the Committee for the Protection of Human Subjects](#)

[MED.IRB.B.1.2 IRB Expedited Review of the Committee for the Protection of Human Subjects](#)

[MED.IRB.B.4 IRB Roles and Responsibilities of the Committee for the Protection of Human Subjects](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Protection of Human Subjects, 45 CFR Part 46, Subparts A, B, C & D

Health Insurance Portability and Accountability Act of 1996, 45 CFR Part 160 & Part 164

Rights and Protections of Persons Receiving Mental Health Services, Tex. Admin. Code, Title 25, Part 1, Chapter 414.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Final Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Karen Rose	05/2024

EXHIBIT G-45

Status **Pending** PolicyStat ID **14496190**

Origination	11/2022	Owner	Toby Hicks
Last Approved	N/A	Area	Human Resources
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/2024		
Next Review	1 year after approval		

HR.A.31 Moonlighting

1. PURPOSE:

The purpose of The Harris Center for Mental Health and IDD (The Harris Center) Moonlighting policy is to (1) provide staff the ability to work and earn additional wages while contributing their knowledge, skills, and abilities in other areas within the agency outside of their original position or department of hire. (2) Ensure the additional work performed is billed to the correct area within the agency for labor cost purposes.

2. POLICY:

The Harris Center supports staff members providing coverage in an area of the Agency outside of their normal home work area; however, in certain cases, the work may be in the same work area covering additional shifts separate from the staff member's typical work shift.

Local area management is responsible for (1) ensuring moonlighting staff are qualified for the position based on requirements as documented on the job description on file, including any training, certifications or licensures, etc., (2) documenting and confirming the Moonlighting work required for the business is being performed, (3) ensuring the appropriate department is billed for the Moonlighting labor costs, and (4) submitting required documentation to Payroll. (5) Moonlighting would generate overtime for all non-exempt employees as all hours worked under the Moonlighting code are considered as hours worked. Exempt employees would be paid as straight time as the Overtime provisions would not apply. (6) All full-time employees must first meet their full-time shift commitment before being eligible for moonlighting pay. (7) Moonlighting pay will be affected if the employee calls in prior to their scheduled shift. In this event, moonlight pay will start after the employee meets their required full-time or part-time shift(s). (8)

Any scheduled PTO time does not exclude an employee from obtaining moonlighting pay. (9) Relief employees must first meet their Relief commitment before being eligible for moonlighting pay.

3. APPLICABILITY/SCOPE:

All Harris Center employees and staff who meet the criteria are eligible to work in the role designated as a Moonlighting role. Example: Employees interested in moonlighting as a direct care provider, must meet all documented criteria to work in a direct care provider role.

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

Employee Handbook

~~5. PROCEDURES:~~

[Moonlighting](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Code of Ethics

7. PROCEDURES:

[Moonlighting](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Joseph Gorczyca	07/2024
Initial Assignment	Toby Hicks	07/2024

EXHIBIT G-46

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 Last Revised 05/2024
 Next Review 1 year after approval

Owner Tanya White: Mgr
 Area Medical Services
 Document Type Agency Policy

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

1. PURPOSE:

To establish a uniform policy to control and account for all medications received, dispensed, and destroyed by the pharmacy.

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES

- A. [Clinic Pharmacies Inventory \(AMH\)](#)
- B. [Clinic Nurses' Station Inventory \(AMH\)](#) C. [IDD Residential Units' Inventory](#)

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

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

~~6. PROCEDURES:~~

- ~~A. [Clinic Pharmacies Inventory \(AMH\)](#)~~
- ~~B. [Clinic Nurses' Station Inventory \(AMH\)](#)~~
- ~~C. [IDD Residential Units' Inventory](#)~~

7. REFERENCES: ~~/~~ RULES/REGULATIONS/STANDARDS:

- Controlled Substances Act, 21 U.S.C. §§827, 842, 958(d)
- Tex. Controlled Substances Act, Tex. Health & Safety Code §481.067
- Pharmacies-All Classes of Pharmacies-Inventory Requirements, 22 Tex. Admin. Code §291.1417
- The Harris Center's Policy and Procedure Handbook CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	08/2024
Legal 2nd Review	Kendra Thomas: Counsel	07/2024
Pharmacy & Therapeutic Committee	Angela Babin: Dir	06/2024
Pharmacy Department Review	Tanya White: Mgr	06/2024
Legal 1st Review	Obiajulu Enaohwo	06/2024

CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	05/2024
Initial	Tanya White: Mgr	04/2024

EXHIBIT G-47

Status **Pending** PolicyStat ID **16020735**



Origination	04/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	06/2024
Next Review	1 year after approval

Owner	Danyalle Evans
Area	Medical Services
Document Type	Agency Policy

COM.A.6 Professional Review Committee

1. PURPOSE:

The purpose of this policy is to operationalize a Professional Review Committee (PRC), as a permanent committee and as an integral component of ongoing evaluation and improvement of the quality of patient care at The Harris Center 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, 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 (for reference only):

- Closed Records Review Policy
- Nursing Peer Review Policy
- Medical Peer Review Policy
- System Quality, Safety and Experience Committee
- Pharmaceutical & Therapeutics Committee Policy
- Pharmacy Peer Review Committee Policy

5. PROCEDURES:

[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.
- Texas Health & Safety Code §161.032
- Texas Nursing Peer Review, Texas Occupations Code, Chapter 303
- Health Care Quality Improvement Act of 1986, 42 U.S.C. 11101 et. seq.
- Texas Board of Nursing, Licensure, Peer Assistance & Practice, 22 TAC Chapter 2 17 Deaths of Persons Served by TXMHMR Facilities or Community Mental Health & Mental Retardation Centers, 25 TAC Chapter 405, Subchapter K
- Texas Pharmacy Peer Review, Texas Occupations Code, Chapter 564

Attachments

[8.png](#)

Approval Signatures

Step Description	Approver	Date
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Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Final Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	06/2024
Initial Assignment	Danyalle Evans	06/2024

EXHIBIT G-48

Status **Pending** PolicyStat ID **13029807**

Origination	07/2012
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2024
Next Review	1 year after approval

Owner	Stanley Adams
Area	Leadership
Document Type	Agency Policy

LD.A.5 - Signature for Authorization

1. PURPOSE:

The purpose of this policy is to identify the Harris Center personnel authorized to sign and approve various requests in the normal course of business.

2. POLICY:

The Harris Center personnel having authorization to sign, or their authorized designee, both of which are on file with the Chief Financial Officer, must approve all requests for services, contracts, billings, supplies, leave, and other items.

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center personnel.

~~4. PROCEDURES~~

- [Signature for Authorization](#)
- ~~Check-Signing~~

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

6. PROCEDURE:

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

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-49

Status **Pending** PolicyStat ID **13649965**

Origination	11/2015	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	08/2024		
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~~the Harris Center in connection with travel and other business on behalf of ~~The~~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

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](#) ~~must sign the for travel reimbursement form for travel~~ over \$1,000.

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

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

Mileage

Employees are reimbursed at the current standard mileage reimbursement rate determined by the IRS.

~~Mileage will be calculated based on the distance from the main place of employment to the travel destination or client site.~~

Per Diem

[Mileage will be calculated in accordance with FM18B 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

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

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, 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 ~~(for reference only):~~

~~5. PROCEDURES:~~

6. PROCEDURE:

[FM.B.6 Travel Reimbursement Procedure](#)

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Stanley Adams	06/2024

EXHIBIT G-50

Status **Pending** PolicyStat ID **16214782**

Origination	06/2022
Last Approved	N/A
Effective	Upon Approval
Last Revised	08/2024
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	Leadership
Document Type	Agency Procedure

LD.A.16 Whistleblower

1. PURPOSE:

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

2. POLICY:

The purpose of this whistleblower policy (the "Policy") is to:

- Encourage and enable employees and representatives to raise concerns regarding suspected illegal or unethical conduct or practices or violations of The Harris Center's policies on a confidential and, if desired, anonymous basis.
- Protect employees and representatives from retaliation for raising such concerns.
- Establish policies and procedures for The Harris Center to receive and investigate reported concerns and address and correct inappropriate conduct and actions.

Each employee and representative has the responsibility to report in good faith any concerns about actual or suspected violations of The Harris Center's policies or any federal, state, or municipal law or regulations governing The Harris Center's operations (each, a "Concern") to The Harris Center's Enterprise Risk Management Department or to an appropriate law enforcement authority. Appropriate subjects to report under this Policy include, but are not limited to, financial improprieties, accounting or

audit matters, ethical violations, or other similar illegal or improper practices, such as:

- (a) False Claims
- (b) Fraud
- (c) Theft
- (d) Embezzlement
- (e) Bribery or kickbacks
- (f) Misuse of The Harris Center's assets
- (g) Undisclosed conflicts of interest
- (h) Danger to public health or safety

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates a violation of law and/or ethical standards. Any unfounded allegation that proves to have been made maliciously, recklessly, or knowingly to be false will be viewed as a serious offense and result in disciplinary action, up to and including termination of employment or volunteer status.

Employees shall use The Harris Center's existing complaint procedures and mechanisms to report other issues, unless those channels are themselves implicated in wrongdoing. This Policy is not intended to provide a means of appealing the outcomes resulting from those other mechanisms.

No employee who in good faith reports a Concern or participates in a review or investigation of a Concern shall be subject to harassment, retaliation, or, in the case of an employee, adverse employment consequences because of such report or participation. This protection extends to employees who report in good faith, even if the allegations are, after an investigation, not substantiated.

Any employee who retaliates against someone who in good faith has reported or participated in a review or investigation of a Concern will be subject to discipline, up to and including, termination of employment or volunteer status.

i. The Harris Center

1. Call: 1-800-737-6789
2. Report Online: www.safetalerthotline.com

ii. US Office of Inspector General

1. **Call:** 1-800-323-8603 toll free
2. **TTY:** 1-844-889-4357 toll free

3. U.S. Mail:

DHS Office of Inspector General/MAIL STOP 0305
Attn: Office of Investigations - Hotline

245 Murray Lane SW
 Washington, DC 20528-0305

5. <https://hotline.oig.dhs.gov/#step-1>

iii. Texas State Auditor's Office (SAO)

- 1. (800) TX-AUDIT (892-8348)
- 2. <https://sao.fraud.texas.gov/>

iv. Texas Attorney General's Office

- 1. <https://www.texasattorneygeneral.gov/consumer-protection/health-care/health-care-fraud-and-abuse>

3. APPLICABILITY/SCOPE:

All employees of The Harris Center for Mental Health and IDD

4. PROCEDURE:

[LD15.B.16 Whistleblower Procedure](#)

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Texas Whistleblower Act, Texas Government Code §§554.001 et seq.

Texas Medicaid Fraud Act, Texas Human Resources Code §§36.001 et. seq.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Initial Assignment	Kendra Thomas: Counsel	07/2024

EXHIBIT G-51

Status **Pending** PolicyStat ID **13421424**

Origination 06/2022

Last Approved N/A

Effective Upon Approval

Last Revised 06/2024

Next Review 1 year after approval

Owner Rachel Beasley

Area Fiscal Management

Document Type Agency Policy

FM.A.10 Writing Off Self Pay Balances

1. PURPOSE:

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

2. POLICY:

The Harris Center commits to sending summarized monthly statements including, but not limited to, service-specific information ~~such~~ 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. RELATED POLICIES/FORMS (for reference only):~~

5. PROCEDURES:

A. Writing Off Self Pay Balances Procedure

1. MONTHLY RECONCILIATION
2. GENERATED STATEMENTS

3. RESOLVING BALANCES

6. RELATED POLICIES/FORMS (for reference only)::**7. REFERENCES: RULES/REGULATIONS/STANDARDS:**

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	08/2024
Legal Review	Kendra Thomas: Counsel	07/2024
Department Review	Stanley Adams	06/2024
Initial Assignment	Rachel Beasley	06/2024

EXHIBIT G-52

Status **Pending** PolicyStat ID **16407392**



Origination	N/A	Owner	Evelyn Locklin: Dir
Last Approved	N/A	Area	General Administration
Effective	Upon Approval	Document Type	Agency Plan
Last Revised	N/A		
Next Review	1 year after approval		

Crisis Stabilization Unit - Workplace Violence Prevention Plan

The Harris Center’s Workplace Violence Protection Plan is to protect health care providers and employees from violent behaviors and threats of violent behavior occurring at the Crisis Stabilization Unit.

DEFINITIONS

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

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

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

Workplace violence - Any act of violence, threat of violence, harassment, intimidation, or threatening disruptive behavior that occurs in a place of employment.

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

- An act or threat of physical force against a health care provider or employee that results in, or

is likely to result in, physical injury or psychological trauma.

- An incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider or employee is injured by the weapon.

Annual Training and Education

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

Reporting Incidents

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

Response and Investigating Incidents

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

Physical Security and Safety

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

Healthcare Provider and Employee Feedback – Employee Involvement

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

Client Care Assignments

Patients who have threatened physical abuse or who have assaulted a healthcare provider or employee will be reassigned to other staff or to a new setting for continued patient care upon completion of the

treatment team's review.

Annual Review of Workplace Violence Prevention Plan

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

Access to Plan

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

References:

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

Approval Signatures

Step Description	Approver	Date
Initial Assignment	Kendra Thomas: Counsel	Pending
Initial Assignment	Evelyn Locklin: Dir	08/2024