



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

Governance Committee Meeting
February 18, 2025
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, November 12, 2025
(*EXHIBIT G-1*)
- IV. REVIEW AND TAKE ACTION**
 - A. No Changes
 - 1. Correcting Documentation and Coding Errors Policy
(*EXHIBIT G-2*)
 - 2. Emergency Codes, Alerts, and Response Policy
(*EXHIBIT G-3*)
 - 3. Mailing Services Policy
(*EXHIBIT G-4*)
 - 4. Medical Peer Review Policy
(*EXHIBIT G-5*)
 - 5. Pharmaceutical Representatives Policy
(*EXHIBIT G-6*)
 - 6. Plan of Care Policy
(*EXHIBIT G-7*)
 - 7. Property Inventory Policy
(*EXHIBIT G-8*)
 - 8. Retention of Patient/Individual Records Policy
(*EXHIBIT G-9*)
 - 9. Root Cause Analysis Policy
(*EXHIBIT G-10*)
 - 10. Sanctions for Breach of Security and/or Privacy Violations of Health Information Policy
(*EXHIBIT G-11*)
 - B. New Policies
 - 1. Employee Disciplinary Review Policy
(*EXHIBIT G-12*)
 - 2. IT Investigation Requests related to Personnel Access and Data Policy
(*EXHIBIT G-13*)
 - 3. Patient Conduct Policy
(*EXHIBIT G-14*)

4. Pharmacy Medication Destruction Policy
(EXHIBIT G-15)

C. Changes

1. All Contracts Policy
(EXHIBIT G-16)
2. Bylaws of the Board of Trustees of the Harris Center for Mental Health and Intellectual Development Disabilities Policy
(EXHIBIT G-17)
3. Check and Electronic Payment Signature Authorization Policy
(EXHIBIT G-18)
4. Fee Schedule/Standard Charge Policy
(EXHIBIT G-19)
5. Financial Assessment Policy
(EXHIBIT G-20)
6. Reasonable Accommodation Policy
(EXHIBIT G-21)
7. Supervision of Peer Specialists Policy
(EXHIBIT G-22)


V. EXECUTIVE SESSION

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

VI. RECONVENE INTO OPEN SESSION

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

VIII. ADJOURN



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



EXHIBIT G-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, NOVEMBER 12, 2024
MINUTES**

CALL TO ORDER

Mr. Jim Lykes, Chairman called the meeting to order at 8:34 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,

Committee Member Absent: Mrs. N. Hurtado, Mr. G. Womack

Other Board Member Present: Dr. K. Bacon, Dr. M. Miller, Jr., Dr. L. Fernandez-Wische

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. J. Lykes designated Dr. K. Bacon, Dr. M. Miller, Jr. and Dr. L. Fernandez-Wische as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:34 a.m.

3. PUBLIC COMMENTS

Brian Kelley and Seth Hutchinson provided Public Comments

4. APPROVAL OF MINUTES

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, September 17, 2024

MOTION: MILLER, JR. SECOND: FERNANDEZ

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, September 17, 2024, EXHIBIT G-1 has been approved and recommended to the Full Board.

5. REVIEW AND TAKE ACTION

A. No Changes

1. Adding and Receiving Equipment
2. Asset Tracking and Depreciation
3. Business Associate and Subcontractor
4. Communication with the Media and other Information
5. Faxing and Emailing Patient Identifying Information
6. IDD-PAC Bylaws
7. Medication Administration
8. Patient-Individual Records Administration
9. Return to In-Patient Care of Furloughed Patient
10. Screening and Assessment for Mental Health, Substance Use, and Intellectual and Development Disabilities (IDD) Services
11. Student Internship Program
12. Subpoenas

MOTION: BACON moved to approve agenda items G2-G13

SECOND: MILLER, JR. moved to approve agenda items G2-G13

BE IT RESOLVED, with unanimous affirmative vote, items G2-G13 are approved and recommended to Full Board.

B. New Policies

1. Pharmacy Medication Therapy Management (MTM) and Outcome

MOTION: BACON moved to approve the policy with the recommendation to strike the word “and” in the first sentence under the policy section.

SECOND: MILLER, JR.

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Pharmacy Medication Therapy Management (MTM) and Outcome, EXHIBIT G-14 with the noted correction has been approved and recommended to the Full Board.

2. Safety and Security Escort: Employee and Consumer

MOTION: MILLER, JR. SECOND: BACON

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Safety and Security Escort: Employee and Consumer, EXHIBIT G-15 has been approved and recommended to the Full Board.

C. Changes

1. Accessibility Plan

MOTION: MILLER, JR. SECOND: BACON

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Accessibility Plan, EXHIBIT G-16 has been approved and recommended to the Full Board.

6. EXECUTIVE SESSION –Mr. Lykes announced the Board would enter into Executive Session at 8:45 am

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

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2025 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

- In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of a Board Member(s) to the Audit Committee. Mr. James Lykes, Chair of Governance Committee; Dr. R. Gearing, Chair of the Harris Center Board of Trustees

- In accordance with Section 551.071 of the Texas Government Code, to seek legal advice related to Board Governance matters. Kendra Thomas, General Counsel

7. RECONVENED INTO OPEN SESSION AT 9:28 AM

8. CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION
No action was taken as a result of the Executive Session.

9. ADJOURN

MOTION: BACON SECOND: FERNANDEZ

The meeting was adjourned at 9:28 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 **16214794**



Origination	06/2000	Owner	Rita Alford: 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.EHR.A.6 Correcting Documentation and Coding Errors

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

Policy & Procedures
<u>Patient/individual Records Administration</u>

5. PROCEDURES:

Correcting Documentation and Code Errors

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Health Insurance Portability and Accountability Act, 45 CFR Part 164

Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part 2, Subpart B

Physician-Patient Communication, Tex. Occupation Code Ch. 159

Medical Records Privacy, Tex. Health and Safety Code Ch. 181

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	09/2024
Initial Assignment	Rita Alford: Dir	09/2024

EXHIBIT G-3

Status **Pending** PolicyStat ID **16691861**



Origination 10/2020
 Last Approved N/A
 Effective Upon Approval
 Last Revised 02/2025
 Next Review 1 year after approval

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

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

1. PURPOSE:

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

2. POLICY:

The Harris Center Emergency Management Services is responsible for using plain language emergency notification to alert staff and prompt appropriate, predetermined actions and responses, in the event of an emergency situation.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

[Risk Management Plan](#)

5. PROCEDURES:

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

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

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

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

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

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

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

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

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

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

ALERT CATEGORIES: MEDICAL, FACILITY, SECURITY, AND WEATHER

A. Medical Alert:

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

B. Security Alert:

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

device in a Harris Center facility.

- "Security Alert + Suspicious Package + Location"

C. Facility Alert:

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

D. Weather Alert:

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

PLAIN LANGUAGE ALERT CODES DESK TOOL

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
2nd Legal Review	Kendra Thomas: Counsel	10/2024
1st Legal Review	Obiajulu Enaohwo	09/2024
Initial Assignment	Kendra Thomas: Counsel	09/2024

EXHIBIT G-4

Status **Pending** PolicyStat ID **17150389**



Origination	09/2020	Owner	Joseph Gorczyca
Last Approved	N/A	Area	General Administration
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	11/2022		
Next Review	1 year after approval		

GA.A.4 - Mailing Services

1. PURPOSE:

The purpose of this policy is to establish clear expectations on utilization of the mailing services provided by The Harris Center for Mental Health and IDD.

2. POLICY:

The Harris Center will maintain a mailing permit by paying an annual fee to a third party vendor for the use of a mail metering service. The funding of said service is for the benefit of all recognized units of The Harris Center that have an assigned Unit Number issued by the Accounting Department. All business-related mail must be routed through the Mail Room for appropriate postage and shipping. Rates for shipping mail will be charged back to the Unit number that appears on the mailing medium e.g. envelope, box, etc.

Timely delivery, quality service and a worry free experience are what we value for our internal customers. We expect Units to assist in meeting these goals by ensuring outgoing mail items bear the approved Agency logo along with the Unit Number of the mailing department and a return address that includes an office number.

3. APPLICABILITY/SCOPE

All recognized Agency departments with a unit number assigned by the Accounting Department.

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

None

5. PROCEDURES:

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	01/2025
Legal Review	Kendra Thomas: Counsel	12/2024
Initial Assignment	Kendra Thomas: Counsel	12/2024

EXHIBIT G-5

Status **Pending** PolicyStat ID **17150395**



Origination	04/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	1 year after approval

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

MED.A.3 - Medical Peer Review Policy

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

Medical Peer Review Procedure

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

Professional Review Committee

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

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

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Final Legal Review	Kendra Thomas: Counsel	12/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	12/2024
Initial Assignment	Luming Li: Chief Medical Ofcr (1101 1817)	12/2024

EXHIBIT G-6

Status **Pending** PolicyStat ID **17150378**

Origination	02/2016
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2024
Next Review	1 year after approval

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

MED.PHA.A.3 - Pharmaceutical Representatives Policy

1. PURPOSE:

To provide guidelines for the activities of pharmaceutical representatives as they relate to The Harris Center associated matters.

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

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

Outside Practice for Employees of the Harris Center form

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

5. PROCEDURES:

[Pharmaceutical Representatives Procedure](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

CARF Section 2E

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Final Legal Review	Kendra Thomas: Counsel	01/2025
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	01/2025
Initial Assignment	Gertrude Leidich: Vice President Clinical Transformation and Quality	12/2024

EXHIBIT G-7

Status **Pending** PolicyStat ID **17150385**

Origination 09/2018

Last Approved N/A

Effective Upon Approval

Last Revised 01/2024

Next Review 1 year after approval

Owner Keena Pace: Exec

Area Assessment, Care & Continuity

Document Type Agency Policy

ACC.A.2 Plan of Care

1. PURPOSE:

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

2. POLICY:

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

3. PROCEDURES:

[Plan of Care](#)

4. APPLICABILITY/SCOPE:

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

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

- Person and Family Centered Recovery Plan
- Individual Plan of Care
- Safety Plan

- Person Directed Plan
- Progress Notes

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

- IDD-BH Contractor Administrative Functions, Mental Health Community Services Standards- Standards of Care, 26 Tex. Admin. Code Ch. 301, Subchapter G
- Behavioral Health Delivery System, Standards for Services to Individuals with Co-Occurring Psychiatric and Substance Use Disorders-Screening, Assessment, & Treatment Planning, 26 Tex. Admin. Code, Chapter 306, Subchapter A
- Behavioral Health Delivery System, Mental Health Rehabilitative Services, 26 Tex. Admin. Code Ch. 306, Subchapter F
- Roles and Responsibilities of a Local Authority, 40 Tex. Admin. Code Ch. 2, Subchapter G
- Home Community-Based Services (HCS) and Community First Choice (CFC), 40 Tex. Admin. Code, Part 1, Chapter 9, Subchapter D
- Texas Home Living Program and Community First Choice Program (CFC), 40 Tex. Admin. Code, Part I Chapter 9, Subchapter N.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Legal Review	Kendra Thomas: Counsel	12/2024
Departmental Review	Keena Pace: Exec	12/2024
Initial Assignment	Keena Pace: Exec	12/2024

EXHIBIT G-8

Status **Pending** PolicyStat ID **16839315**



Origination	06/1986	Owner	Stanley Adams
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	06/1986		
Next Review	1 year after approval		

FM.A.19 Property Inventory

1. PURPOSE

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

2. POLICY

It is the policy of *The HARRIS CENTER for Mental Health and IDD* to complete a physical inventory of all capital items and controlled assets every year.

3. APPLICABILITY/SCOPE

The HARRIS CENTER for Mental Health and IDD

4. DEFINITIONS

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

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

- Computer, Desktop
- Laptop Computers
- Smartphones, Tablets & Other Handheld Devices

- Data Projectors
- TV's, Video Players/Recorders
- Sound Systems and Other Audio Equipment
- Camera - Portable - Digital, SLR

5. PROCEDURES

Full description in BUS-RI:03 Procedure

6. Related Policies/Forms:

Policies	Reference
<u>Burglaries or Thefts</u>	EM.A.3
<u>Adding and Receiving Equipment</u>	FM.A.1
<u>Disposal of Fixed Assets</u>	FM.A.2
Transfer Equipment	
<u>Asset Tracking and Depreciation</u>	FM.A.3
Forms	Reference
Request to Add Property	
Request to Dispose Property	
Transfer of Property	
Request to Surplus Property	

7. References: Rules/Regulations/Standards

Property Accounting, Texas Government Code Chapter 403, Subchapter L

Uniform Statewide Accounting System, 34 Tex. Admin. Code Ch. 5, Subchapter O

Generally Accepted Accounting Principles (GAAP)

Texas Grant Management 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	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Stanley Adams	10/2024
Initial Assignment	Stanley Adams	10/2024

EXHIBIT G-9

Status **Pending** PolicyStat ID **16691845**



Origination	01/1998	Owner	Rita Alford: Dir
Last Approved	N/A	Area	Information Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	10/2023		
Next Review	1 year after approval		

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

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. PROCEDURES:

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

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

Reference	Policy and Procedures
Patient/Individual Records Administration	HIM13

Security of Patient/Individual Identifying Information

HIM16

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	09/2024
Initial Assignment	Rita Alford: Dir	09/2024

EXHIBIT G-10

Status **Pending** PolicyStat ID **16691842**



Origination	10/2023
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2023
Next Review	1 year after approval

Owner	Luc Josaphat: Director of Quality Assurance
Area	Environmental Management
Document Type	Agency Policy

EM.A.8 Root Cause Analysis Policy

1. PURPOSE:

The Harris Center for Mental Health and IDD (The Harris Center) is committed to improve the quality and safety of patient care through the following:

- Identification and evaluation of errors, hazardous/unsafe conditions that are a threat to patient and staff safety or have the potential to result in patient/staff harm.
- To improve systems and processes.
- To foster a culture of safety and continuous learning across the organization by openly discussing patient safety at all levels.

2. POLICY:

It is the policy of the Harris Center to initiate, communicate, conduct and document a Root Cause Analysis for sentinel events. For events not categorized as sentinel events, the Chief Medical Officer (or designee) is responsible for determining the need and initiation for a Root Cause Analysis.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

EM10P Risk Management Plan

MED19P Infection Control Plan

EM11B Critical Incidents

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Condition of Participation: Quality Assessment and Performance Improvement Program, 42 CFR §482.21(a)(2)

CARF 1.G. Risk Management

CARF 1.H. Health and Safety

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Final Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Luming Li: Chief Medical Ofcr (1101 1817)	10/2024
Initial Assignment	Luc Josaphat: Director of Quality Assurance	09/2024

EXHIBIT G-11

Status **Pending** PolicyStat ID **16214781**



Origination	11/2002	Owner	Rita Alford: 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.EHR.A.11 Sanctions for Breach of Security and/or Privacy Violations of Health Information

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

Policy and Procedures
Confidentiality and Disclosure of Patient/ Individual Health Information

Security of Patient/ Individual Identifying Information

Incident Reporting

5. PROCEDURES:

Sanctions for Breach of Security and/or Privacy Violations of Health Information

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

American Health Information Management Association Practice Brief: Retention of Health Information
 Health Insurance Portability and Accountability Act, 45CFR Part 160, Subpart D
 Confidentiality of Substance Use of Disorder Patient Records, 42 CFR Part2, Subpart A
 Physician-Patient Communication, Tex. Occupation Code Ch. 159
 Medical Records Privacy, Tex. Health and Safety Code Ch. 181
 Mental Health Record, Tex. Health and Safety Code Ch. 611

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	09/2024
Initial Assignment	Rita Alford: Dir	08/2024

EXHIBIT G-12

Status **Pending** PolicyStat ID **17522298**



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		

Employee Disciplinary Review

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

The Harris Center Employee Handbook

Employee Counseling, Supervision, Progressive Discipline and Termination

5. PROCEDURE:

Employee Disciplinary Review Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
CEO Approval	Wayne Young: Exec	Pending
2nd Legal Review	Kendra Thomas: Counsel	02/2025
1st Legal Review	Bijul Enahwo	02/2025
Department Review	Joseph Gorczyca	02/2025
Initial Assignment	Joseph Gorczyca	02/2025

EXHIBIT G-13

Status **Pending** PolicyStat ID **16861241**



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

IT Investigation Requests related to Personnel Access and Data

1. PURPOSE:

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

2. POLICY:

The Harris Center will conduct workforce member related investigations with the approval of Human Resources department leadership and General Counsel.

3. APPLICABILITY/SCOPE:

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

4. RELATED POLICIES/FORMS:

N/A

5. PROCEDURE:

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

N/A

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Mustafa Cochinwala: Dir	10/2024
Initial Assignment	Wesley Farris: ITSecOfcr	10/2024

EXHIBIT G-14

Status **Pending** PolicyStat ID **17503621**



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

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

Patient Conduct

1. PURPOSE:

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

2. POLICY:

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

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

3. APPLICABILITY/SCOPE:

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

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

5. PROCEDURE:

Patient Conduct Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2025
Legal Review	Kendra Thomas: Counsel	01/2025
Initial Assignment	Lance Britt: Dir	01/2025

EXHIBIT G-15

Status **Pending** PolicyStat ID **16461050**



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

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

Pharmacy Medication Destruction Policy

1. PURPOSE:

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

2. POLICY:

It is the policy of The Harris Center to dispose of all expired and unwanted medications in a safe manner for the environment and protection of any person who might potentially come into contact with disposed medications per the Texas State Board of Pharmacy and all other Regulatory Entities that Govern Pharmacy.

3. APPLICABILITY/SCOPE:

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

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

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

[The Harris Center Medication Storage, Preparation, and administration areas Policy](#)

Manufacturer PAP Applications

[Medication Drug Destruction Form.pdf](#)

[PAP Disposition Documentation Log.pdf](#)

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

5. PROCEDURES:

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

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

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

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

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

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

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

Pharmacy and Pharmacists, Texas Occupations Code Ch. 556

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

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

CARF Section 2E

Texas HHS Information Item V

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

DEA Diversion Regulation Part 1317 Subpart B (1317.75 2(i))

Secure and Responsible Drug Disposal Act of 2010 (“the Disposal Act”)

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

Approval Signatures

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

Management of Board Approval	Christopher Webb: Audit	Pending
CEO/Board Approval	Wayne Young: Exec	12/2024
Legal 2nd Review	Kendra Thomas: Counsel	10/2024
Pharmacy & Therapeutic Committee	Holly Cumbie: RPh	10/2024
Legal 1st Review	Obiajulu Enaohwo	09/2024
CMO Review	Luming Li: Chief Medical Ofcr (1101 1817)	09/2024
Pharmacy Department Review	Holly Cumbie: RPh	09/2024
Initial	Tanya White: Mgr	09/2024

EXHIBIT G-16

Status **Pending** PolicyStat ID **17150392**



Origination	01/2024
Last Approved	N/A
Effective	Upon Approval
Last Revised	12/2024
Next Review	1 year after approval

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

GA.A.6 All Contracts

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

This policy applies to all employees of the Harris Center (including Trustees, officers, managers, directors and Executive Leaders). All employees shall comply with the policy and procedures for initiating, reviewing, and executing any contract to which The Harris Center is a party.

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

Executive Contract Summary

5. PROCEDURE:

[All Contracts](#)

6. REFERENCES: RULES/REGULATIONS/STANDARDS:

Contracts Management for Local Authorities, [2526](#) Tex. Admin. Code, [Ch. 301](#), Subchapter [BA](#)
Uniform Grant and Contract Management Act, Tex. Government Code, Chapter 783
Texas Health & Safety Code, Chapter 250, §§533.007, 533.035, 534.052, 534.055, 534.061, 534.065, and 534.066.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Legal Review	Kendra Thomas: Counsel	12/2024
Initial Assignment	Kendra Thomas: Counsel	12/2024

EXHIBIT G-17

Status **Pending** PolicyStat ID **15642629**



Origination	03/1976
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2025
Next Review	1 year after approval

Owner	Kendra Thomas: Counsel
Area	ByLaws
Document Type	Bylaws

ACC.BYL.2 Bylaws of the Board of Trustees of the Harris Center for Mental Health and Intellectual Developmental Disabilities

1. Name

The name of the organization (hereinafter referred to as the "Board") is **BOARD OF TRUSTEES FOR THE HARRIS CENTER FOR MENTAL HEALTH AND INTELLECTUAL DEVELOPMENTAL DISABILITIES** (hereinafter the "Agency").

2. Office

The Principal office of the Board shall be located at 9401 Southwest Freeway, Houston, Texas. The location of such principal office may be changed from time to time by the Board.

3. Activities

The Board shall govern the operation of the Agency as a community mental health and intellectual disability center that provides mental health and intellectual disability services to persons in Harris County, Texas, in accordance with chapter 534 of the Texas Health and Safety Code, rules and regulations promulgated by the Texas Department of Health Services thereunder, and applicable federal laws. In that connection, the Board shall also ensure that the Agency acts in partnership with the Harris County Commissioner's Court, Harris Health, and other local agencies in Harris County, for the purpose of providing mental health and intellectual disability services to the people of Harris County, Texas, in the most productive and efficient manner possible.

4. Trustees

The members of the Board shall consist of nine (9) trustees who are residents of and qualified voters in Harris County, Texas. Such trustees shall be appointed by the Harris County Commissioners Court for terms of two years from the date of their appointment or until their successors are appointed. The Harris County Commissioners Court shall appoint trustees so that at least three vacancies on the Board should occur each year.

The Harris County Commissioners Court shall appoint a local county sheriff to serve as an ex officio nonvoting member of the Board for the duration of the sheriff's term in office. An ex-officio nonvoting member shall have all rights and privileges of being board a member except voting.

A trustee may resign from the Board at any time, submitting his resignation in writing to the Commissioners Court with notification to the Chairman or Secretary of the Board. If a vacancy shall occur on the Board by reason of death, resignation, or otherwise, the Board shall request the Harris County Commissioners Court to appoint a successor or successors for the unexpired term or terms. A trustee may be re-appointed to the Board by the Harris County Commissioners Court at the expiration of his/her term of office.

5. Meetings of the Board

a. Procedure

Robert's Rules of Order shall govern the procedure at meetings unless notified by standing or special rules of the Board or by a majority vote of a quorum present at a particular meeting.

b. Quorum

A majority of the existing membership of the Board at any meeting shall constitute a quorum for the transaction of business and each member present at any meeting shall be entitled to one vote on any matter brought before said meeting and there shall be no absentee voting by any member of the Board under any conditions; provided, however, that a member may participate in and vote at a meeting by video conference call, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec.551.127. The nonvoting ex-officio board member shall not be included in the count for the purpose of establishing a quorum.

c. Election of Officers

The Board shall annually elect officers at its regularly scheduled meeting each January, or as necessary to fill vacancies in officer positions.

d. Vacancies; Resignation of Officers

If a vacancy of an officer position shall occur because of resignation, death, or otherwise, the Board shall immediately vote to elect a trustee to fill the officer position until the next annual elections in January. A Trustee resigning from an officer position shall provide a letter of resignation to the Commissioner's Court, the Board Chair and Secretary of the Board that includes the effective date of the Trustee's resignation and a statement that the Trustee is resigning from an officer position. An officer's resignation takes effect on the later effective date or future event specified in the letter of resignation or on the date the Board Chair and Secretary receives the notice if no specific event or date indicated in the letter of resignation.

e. Regular Meetings

Regular meetings of the Board shall be held monthly in Harris County, Texas at a place and time designated by the Board. Board meetings are open to the public and recorded to the extent required and in accordance with the Open Meetings Law. [Members of the public may attend the Board meetings in-person or view the meeting live through a link posted on the Board agenda.](#)

f. **Special Meetings**

Special meetings of the Board may be called by the Chairperson, the Vice- Chairperson (when performing the duties of the Chairperson), or by vote of the Board.

g. **Emergency Meetings and Subject Added to Agenda**

Emergency meetings of the Board may be held, and an emergency item added to an already posted agenda, if done in accordance with the Texas Open Meetings Act, Tex. Gov't Code. Sec. 551.045.

h. **Notice of Meetings**

Written notice of the time, place, and agenda of each regular or special meeting must be posted in a place readily accessible to the general public at all times, no later than seventy-two (72) hours before the scheduled time of the meeting, as required under the Texas Open Meetings Act, Tex. Gov't Code, chapter 551, subchapter C.

It shall be the duty of the Chairperson, the Secretary of the Board, or an approved designee to timely notify the members of the Board of all meetings and any supplemental subject being added to an agenda.

Pursuant to the Texas Open Meetings Act, Tex. Gov't Code Sec. 551.045, notice of an emergency meeting or the supplemental notice of an emergency item added to an agenda shall be posted for at least two (2) hours before the meeting is convened. Notice of an emergency meeting or an emergency item must clearly identify the emergency or urgent public necessity for call the meeting or for adding the item to the agenda of a previously scheduled meeting.

i. **Order of Business**

Generally, the order of business will be as follows:

1. Declaration of a quorum
2. Public Comments
3. Approval of Minutes
4. Chief Executive Officer's report
5. Consent Agenda, including consideration and action on recommendations of Board Committees
6. Items for separate Board consideration and action, as required
7. Review and Comment
8. Board Chair's Report
9. Executive Session
10. Reconvene into Open Session

11. Consider and Take Action on Executive Session items
12. Information
13. Adjournment

j. **Public Comments**

~~Every citizens shall be permitted two (2) minutes for public comments at each Board meeting. Time for public comment may be extended by motion and vote majority for an additional minute. Citizens wishing to appear before the Board during the comment section shall complete a form provided by the Agency for that purpose.~~ **Public Comments**

Members of the public may attend the meetings of the Harris Center Board of Trustees and may address the Board during the public comment section of the agenda. Members of the public may make comments on posted agenda items or topics that do not address a specific agenda item. Members of the public must register in advance to speak at the Harris Center Board of Trustees meetings. Members of the public who intend to provide public comment virtually, must complete and submit the registration form no later than 4pm the day before the meeting and a meeting link will be provided. Members of the public who intend to provide public comment in-person must register prior to the start of the meeting at the location of the meeting. Every citizens shall be permitted two (2) minutes for public comments at each Board meeting. Members of the public providing comments virtually will be removed from the meeting after speaking and have the option to join the meeting live via the link provided on the Board agenda. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of the translator. Public comment will occur prior to the consideration of all agenda items.

k. **Board Committees**

The Board shall convene committees as it deems appropriate. The Board shall convene committees as it deems appropriate. The Board shall maintain as standing committees a Program, Resource, Quality, Governance, and Audit Committee.

1. The role of each of the committees shall be as follows:

1. Program Committee – oversees all Agency patient/consumer services and programs and related matters.
2. Resource Committee – oversees all matters pertaining and/or related to financial resources, personnel, facilities, and capital assets of the Agency.
3. Quality Committee – oversees all Agency quality, effectiveness and outcome related matters.
4. Governance Committee – reviews and recommends all Board policies and procedures, Board operations, Nominations for officers, and the Board development plan.
5. Audit Committee – adheres to the investment policy and oversees all Agency audit and compliance activities, both financial and programmatic, from internal or external sources.

2. **Resource, Program, Quality and Governance Committee Appointments**

Membership on the Board Program, Resource, Quality and Governance Committees, including the Chair of each such committee, shall be by appointment of the Board

Chair. Each committee shall be composed of no less than three (3) Board members and no more than five (5). Each member of the Board shall be assigned to one or more committees. The Chair of the Board shall be an ex-officio member of each of these committees. As a general rule, each committee shall meet at a regular time and day per month, although the exact day and time may be varied from time to time to accommodate Board member schedules and Agency business considerations. Each committee member shall notify the committee chair, or his/her designee, at least 24 hours in advance if he/she is unable to attend a specific meeting due to schedule conflicts or other reason.

To ensure a quorum and facilitate the business of the Board committees:

- a. The Board Chair shall appoint at least one Board member to serve as an alternate member of each committee on an on-going basis. The alternate member will have voting status on the committee for which he/she has been appointed as an alternate in the event a quorum of the standing members is not available for a given meeting. The alternates are encouraged to attend and participate in their committee's discussion on a regular basis. The Board Chair shall also have the authority to appoint additional alternate members with voting status for any committee on an ad hoc basis, if the same is necessary to achieve a quorum at any given meeting.
- b. Alternatively, the Chairs of the Program, Resource, Quality and Governance Committees may designate Board members present at any given Committee meeting as voting members of the Committee. Members of the Audit Committee may serve on the Audit Committee only in accordance with subsection (c).
- c. In addition, the Board Chair shall serve as an ex-officio member of the Program, Resource, Quality, Governance and Audit Committees and shall be included for purposes of determining the existence of a quorum. The Board Chair may also vote on any matter before the committee for which a vote is taken.

3. **Audit Committee Appointments**

The Audit Committee may be comprised of up to seven (7) members, including a minimum of four (4) Board members, approved by the Board of Trustees at the next regular meeting of the Board following Board Officer elections. The Audit Committee may also include outside members, approved in the same manner. The members of the Audit

Committee shall meet the independence and experience requirements as established by the Board of Trustees with at least two members having basic knowledge about financial statements (i.e., "financial literacy").

The Officers of the Board will collaborate with the Chief Executive Officer in recommending Board members for Board consideration and approval. Members shall be recommended based on:

1. Interest and willingness to serve
2. Expertise as it pertains to the Committee carrying out its charge

3. Diversity of the Committee

The chair of the Audit Committee shall be selected by the Board Chair from amongst those Board members on the committee. The various members shall serve for two-year terms, staggered to assure continuity. An individual may serve additional terms on the Committee should the member and the Board so desire. Additional members or replacement members to fill vacancies shall be recommended under the same policy and approved at the next regular Board meeting following their recommendation.

6. Powers and Duties of the Board

The Board shall have such powers and authority and perform such duties as shall be conferred upon it by state law, including Tex. Health & Safety Code, Chapter 534, as it may be amended, consistent with the creation of The Harris Center for Mental Health & IDD (formerly known as the Mental Health and Mental Retardation Authority of Harris County) by the Harris County Commissioners Court.

a. Attendance

If a Trustee intends to be absent from a Board Meeting, Board Committee Meeting or a Special Call Meeting, he/she shall provide notice of his/her absence by submitting written notice to the Secretary of the Board, the Chair of the Board or the Chief Executive Officer (CEO) prior to the meeting being convened.

b. Attendance Records

Attendance records of all members of the Board of Trustees for all regular Board meetings, Board Committee meetings and Special Call meetings shall be maintained in the office of the CEO. Complete and cumulative attendance records of all members of the Board for all regular Board meetings, Board committee meetings and Special Call Meeting ~~for each six-month attendance period (January through June and July through December)~~ shall be forwarded by the office of the CEO to the Commissioner's Court ~~within fifteen (15) days of the end of each attendance period~~ annually and upon request.

7. Officers of the Board

The officers of the Board shall consist of a Chair, one or more Vice Chairs, and a Secretary, who shall be elected annually by the Board and shall hold office until their successors have been elected and qualified. In the event of the absence or disability of any officer of the Board, the Board may delegate such officer's powers and duties, for the time being, to any other officer or member of the Board.

a. Duties of the Chair

The Chair shall preside at all meetings of the Board. He/she shall be the chief executive of the Board and shall perform all duties commonly incident to his/her office and such other duties as the Board shall designate from time to time.

b. Duties of the Vice Chair

The Vice Chair shall be vested with all the powers and shall perform all of the duties of the Chair, in case of the absence or disability of the Chair and, in addition, shall have such powers and perform such duties as the Board may from time to time determine.

c. **Duties of the Secretary**

The Secretary shall ensure that accurate minutes are kept of all meetings of the Board, shall perform all of the duties commonly incident to his/her office, and shall perform such other duties and have such other powers as the Board shall designate from time to time.

8. Communicating with the Board

- a. The Board shall have the right and duty to be fully informed on all matters which influence its obligations as trustees. Nothing herein shall be construed to prevent the Board from informing itself as it deems proper. The Board shall at all times be free to seek and receive information to ensure its policies and directives are effectuated.
Individual Board members may also seek and receive information from the Chief Executive Officer ("CEO") and with the express prior consent of the CEO, seek and receive the information from specified staff members. In no event, however, may individual Board members direct staff in the performance of their duties.
- b. The channel of staff communication to and from the Board shall be through the CEO, except that the Internal Auditor, Chief Financial Officer or Chief Compliance Officer may communicate directly with the Board as their fiduciary obligations may require. The Board and its committees may also communicate directly with staff at called meetings.
- c. All proposals for consideration by the Board shall be presented by staff to the CEO in sufficient time for review and inclusion in the published agenda materials. The CEO shall consider such proposals and make recommendation thereon in the agenda prepared for a Board committee or monthly Board meeting. Except in the case of an emergency, proposals not received by the CEO within the time prescribed shall be automatically deferred until the next meeting of the Board. The final Board agenda must be approved by the CEO and the Chair.
- d. All Board members shall have Harris Center email accounts. Members of the Board shall use The Harris Center email accounts for all Board-related electronic communications. All electronic communications regarding public business shall be limited to emails only.

9. Board Training Requirements: The Responsibility of Governance

a. **New Board Member Training**

Before a member of a Board of Trustees commence service on the Board, the member shall attend at least one training session administered by The Harris Center's professional staff to receive information as required by Ch. 534 of the Tex. Health & Safety Code relating to:

1. The enabling legislation that created the community center;
2. The programs the community center operates;
3. The results of the most recent formal audit of the community center;
4. The requirements of the Texas Open Meetings Act, Tex. Gov't Code, Ch. 551, and Texas Public Information Act, Tex. Gov't Code, Ch. 552;
5. The requirements of conflict of interest laws and other laws relating to public officials; and,

6. Any ethics policies adopted by the community center.

b. Annual Board Training

Each Board member shall participate in an annual training program administered by the professional staff of The Harris Center, including The Harris Center's legal counsel which shall cover subjects as provided for in statute and regulation.

c. Training Development

The Board of Trustees shall establish an advisory committee to identify subjects for training. The advisory committee shall include representatives of advocates for persons with mental illness or an intellectual disability and representatives of the Board's Governance Committee.

10. Amendments

These Bylaws and these Policies may be amended at any meeting of the Board by two-thirds (2/3) vote of the trustees present, provided that notice of the proposed amendment or amendments shall have been given in the notice of such meeting. Notice of proposed amendments shall be given to the trustees at least seven (7) days prior to the meeting.

11. Statutory Requirements

The foregoing provisions of these Bylaws notwithstanding, neither the Board nor any committee shall be formed, convened, or appointed, exercise any power, authority, prerogative, or assume any duty or responsibility which is contrary to the Texas Health and Safety Code, Chapter 534, or any other provision of the laws and Constitution of the State of Texas.

12. Effective Administration of the Agency

1. The Board of Trustees, as a body, is responsible for governance of the Agency through the adoption and enforcement of Agency policy, and the performance of duties and obligations as required by law. Individual Board members have no authority except when acting as part of the Board in a duly called meeting or as a Board officer, performing the specific duties of the position to which he or she has been elected.
2. The CEO is responsible for the day to day operation of the Agency, including the employment, training, evaluation, and supervision of all personnel necessary to administer the Agency's programs and services.

13. Trustee

A Trustee may be censured by the Board and/or his or her removal recommended to the Harris County Commissioners Court for conduct which is contrary to the policies of the Agency or is against the best interests of the Agency. Actions considered not to be in the best interest of the Agency include, but are not limited to the following:

- a. Failure to abide by the laws of the United States, the State of Texas, county and municipal authorities; and
- b. Serious violations of the Agency's bylaws, policies, or employee guidelines.

14. Chief Executive Officer (CEO)

The Board of Trustees shall conduct an annual written performance evaluation of the CEO. The Board of Trustees shall consider the CEO job description, annual goals and objectives and any other relevant factors identified and approved by the Board. The CEO performance evaluation period shall begin in September and conclude in November each year. The steps for the Chief Executive Officer performance appraisal process is as follows:

- a. In September, the Board of Trustees shall review the Performance Appraisal Process by disseminating the appraisal tool to all Trustees and the self-evaluation tool to the Chief Executive Officer.
- b. In October, the Board of Trustees shall convene an Executive session to discuss the appraisal and review the CEO written self-evaluation.
- c. In November, the Board of Trustees shall convene an Executive session and finalize the results and recommendations for the CEO performance appraisal. The Board of Trustees shall meet with the CEO to discuss the results of the appraisal process and the resulting Board decisions and recommendations.

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	02/2025
Legal Review	Kendra Thomas: Counsel	02/2025
Initial Assignment	Kendra Thomas: Counsel	02/2025

EXHIBIT G-18

Status **Pending** PolicyStat ID **13958984**



Origination	04/1993
Last Approved	N/A
Effective	Upon Approval
Last Revised	10/2024
Next Review	1 year after approval

Owner	Thania Gonzalez
Area	Fiscal Management
Document Type	Agency Policy

FM.A.13 Check and Electronic Payment Signature Authorization

1. PURPOSE:

The purpose of this policy is to clearly describe how checks and electronic payment authorizations are to be handled at The Harris Center.

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

This policy applies to all Harris Center employees and vendors.

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

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

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

5. PROCEDURES:

LD.B.5 - Signature for Authorization

6. PROCEDURE:

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

The ~~Harris Center's primary authorized signatories have the following levels of~~ authority for signing checks and authorizing electronic payments is structured as follows:

1. Checks \$~~515,000~~ and less:
The Chief Executive Officer has the authority to electronically sign ~~all checks of~~ \$515,000 and less.
2. Checks from \$~~515,000~~ to \$~~2449,999~~:
All checks ~~from \$5 in this range, 000 to \$24,999 shall have~~ require one facsimile of the Chief Executive Officer ~~plus and~~ an original signature of any one of the following individuals:
 - Chief Financial Officer
 - Chief Operating Officer
 - Chief Administrative Officer
 - Controller
 - Board Chair
 - Any ~~member~~Member of the Board of Trustees
3. Electronic Payment Authorizations ~~below under~~ \$~~2449,999~~ ~~shall~~:
Electronic payment authorizations under this threshold must be signed by approved by any one of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Operating Officer
 - Chief Administrative Officer
 - Controller
 - Board Chair
 - Any Member of the Board of Trustees
4. Checks and Electronic Payment Authorizations ~~from between~~ \$~~2550,000~~ to \$~~99149,999~~ ~~must have the original signature of any of the two following individuals~~:
 - ~~Chief Executive Officer~~
 - ~~Chief Operating Officer~~
 - ~~Chief Financial Officer~~
 - ~~Chief Administrative Officer~~

- ~~Board Chair~~
 - ~~Any Member of the Board of Trustees~~
 - All checks in this range require the original signature of any two of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Operating Officer
 - Chief Administrative Officer
 - Board Chair
 - Any Member of the Board of Trustees
 - Electronic payment authorizations in this range require approval of any two of the following individuals:
 - Chief Executive Officer
 - Chief Financial Officer
 - Chief Operating Officer
 - Chief Administrative Officer
 - Board Chair
 - Any Member of the Board of Trustees
5. Checks and Electronic Payment Authorizations ~~over \$100,000 or more:~~
~~All checks and electronic payment authorizations of \$100,000 or more must have the original signatures of one Board Member and the Chief Executive Officer or two Board Members.~~
- All checks over \$150,000, require the original signature of either:
 - One Board Member and the Chief Executive Officer, or
 - Two Members of the Board of Trustees
 - Electronic payment authorizations over \$150,000, require the approval of either:
 - One Board Member and the Chief Executive Officer, or
 - Two Members of the Board of Trustees

B. Delegation of Authority

~~When~~In situations where authorized signatories are temporarily unavailable due to vacation, illness, travel or unforeseen events, their signature and approval authority shall be delegated to ensure the ~~efficient~~uninterrupted continuation of ~~the~~ Harris Center operations and business ~~decision~~functions. The authorized signatories ~~shall~~must ensure that ~~his or her delegate have a full understanding of~~ their delegates fully understand their delegated authority.

1. Checks and ~~electronic payments~~Electronic Payments less than ~~\$100,000:~~
 The Chief Executive Officer may delegate authority to the Chief Operating Officer, the

Chief Financial Officer, or the Chief Administrative Officer. The Chief Financial Officer may further delegate authority to the Controller.

- 2. Checks and Electronic Payment Authorizations of \$100,000 or more: The Chief Executive Officer may delegate authority to the Chief Operating Officer, the Chief Financial Officer, or the Chief Administrative Officer.

C. **Revocation of Authority**

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

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

For the business operations of the Harris Center to function in a proper and efficient manner, the Board of Trustees may determine that it is necessary and prudent to delegate certain powers and control over the Harris Center's affairs to designated officers; see related adopted Resolution(s) in the Attachments section of this policy.

7. REFERENCES: RULES/REGULATIONS/STANDARDS:

NA

Attachments

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	11/2024
Department Review	Stanley Adams	11/2024
Initial Assignment	Thania Gonzalez	10/2024

EXHIBIT G-19

Status **Pending** PolicyStat ID **13029803**

Origination	02/2022	Owner	Rachel Beasley
Last Approved	N/A	Area	Fiscal Management
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	02/2025		
Next Review	1 year after approval		

FM.A.9 Fee Schedule/Standard Charge

1. PURPOSE:

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

2. POLICY:

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

3. APPLICABILITY/SCOPE:

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

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

~~[Compliance Plan](#)~~

5. PROCEDURES:

~~A. [Fee Schedule/ Standard Charge](#)~~

~~1. [Request for new service/procedure code](#)~~

~~2. Annual Review~~

Fee Schedule/ Standard Charge

6. RELATED POLICIES/FORMS:

Fee Schedule/ Standard Charge

Compliance Plan

7. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Charges for Community Services, Title 25 Tex. Admin. Code Chapter 412, Subchapter C

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	12/2024
Legal Review	Kendra Thomas: Counsel	10/2024
Department Review	Stanley Adams	10/2024
Initial Assignment	Rachel Beasley	10/2024

EXHIBIT G-20

Status **Pending** PolicyStat ID **17150387**

Origination	09/2020	Owner	Keena Pace: Exec
Last Approved	N/A	Area	Assessment, Care & Continuity
Effective	Upon Approval	Document Type	Agency Policy
Last Revised	12/2024		
Next Review	1 year after approval		

ACC.A.11 Financial Assessment

1. PURPOSE:

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

2. POLICY:

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

3. PROCEDURES:

[Financial Assessment](#)

4. APPLICABILITY/SCOPE:

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

5. RELATED POLICIES/FORMS:

- [Fee Schedule/Standard Charge](#)

- FM25A Charity Care Policy

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

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

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Legal Review	Kendra Thomas: Counsel	12/2024
Departmental Review	Keena Pace: Exec	12/2024
Initial Assignment	Keena Pace: Exec	12/2024

EXHIBIT G-21

Status **Pending** PolicyStat ID **16338966**



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

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

Reasonable Accommodation (Employees)

1. PURPOSE:

The Harris Center is dedicated to fostering an inclusive and supportive work environment by ensuring equal opportunities and reasonable accommodations for employees with disabilities. We are committed to providing equal opportunity and reasonable accommodation to employees complying with disabilities under the Americans with Disabilities Act (ADA), the ADA Amendments Act of 2008 (ADAAA), the Texas Commission on Human Rights Act (TCHRA), and all other applicable federal, state, and local laws. More specifically Our goal is to eliminate barriers, The Harris Center complies with the Americans with Disabilities Act ("ADA") promote diversity, as amended by the ADA Amendments Act ("ADAAA"), the Texas Commission on Human Rights Act ("TCHRA") and and empower all other applicable federal, state, and local laws regarding disability discrimination and accommodation employees to achieve their fullest potential.

~~This policy applies to applicants and employees of The Harris Center who have a disability as defined by this policy, as well as federal and state law. As outlined in this policy, THC will provide reasonable accommodation that are necessary for qualifying individuals to perform the essential functions of the job or position, unless doing so would impose undue hardship on the agency.~~

2. POLICY:

~~The Harris Center provides equal employment opportunities, with reasonable accommodation when appropriate, to qualified applicants and employees with disabilities.~~

~~When requesting a reasonable accommodation, requestor should complete the following forms:~~

- ~~* ADA Accommodation Request Form (hyperlink?)~~

- [Authorization to Disclose Employee Health Information \(hyperlink?\)](#)
- [ADA Medical Provider Questionnaire \(hyperlink?\)](#)

These forms can also be accessed below.

Once the forms have been completed, the requestor should provide the forms to The Harris Center's ADA Accommodation Committee via email to ADARequests@TheHarrisCenter.org.

The ADA Accommodation Committee will engage in the Interactive Process with the requestor and the requestor's supervisor to determine what, if any, reasonable accommodation can be provided in adherence to the established policy.

Once a decision is made, the requestor and the supervisor will be notified by the ADA Accommodation Committee.

The Harris Center is committed to providing equal employment opportunities and reasonable accommodations to employees with disabilities in accordance with the Americans with Disabilities Act (ADA), the ADA Amendments Act of 2008 (ADAAA), the Texas Commission on Human Rights Act (TCHRA), and all other applicable federal, state, and local laws. We strive to create an inclusive workplace where all employees can thrive, free from discrimination and barriers. The Harris Center will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in undue hardship. This commitment extends to all aspects of employment, including recruitment, hiring, training, promotion, and other terms and conditions of employment. These forms can also be accessed below.

3. APPLICABILITY/SCOPE:

~~All Harris Center employees, contractors, applicants, and volunteers.~~

This policy applies to applicants and employees of The Harris Center who have a disability as defined by this policy, as well as federal and state law. As outlined in this policy, Harris Center will provide reasonable accommodations that are necessary for qualifying individuals to perform the essential functions of the job or position, unless doing so would impose undue hardship on the agency.

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

Related Policies/Forms

- [ADA Accommodation Request Form \(hyperlink?\)](#)
- [Authorization to Disclose Employee Health Information \(hyperlink?\)](#)
- [ADA Medical Provider Questionnaire \(hyperlink?\)](#)

[ADA Accommodation Request Form](#)

[ADA Authorization to Disclose Employee Health Information](#)

[ADA Medical Provider Questionnaire](#)

5. REFERENCES: RULES/REGULATIONS/STANDARDS:

Americans With Disabilities Act of 1990, as amended by the ADA Amendments Act ("ADAAA") 42 U.S.C. §§ 12101 *et seq.* (1990). <https://www.ada.gov/pubs/adastatute08.htm>

The Texas Commission on Human Rights Act ("TCHRA"), Tex. Labor Code Ch. 21

Attachments

[ADA Authorization to Disclose Employee Health Information.pdf](#)

[ADA Medical Provider Questionnaire.pdf](#)

[ADA Reasonable Accommodation Request Form.pdf](#)

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
2nd Legal Review	Kendra Thomas: Counsel	12/2024
1st Legal Review	Obiajulu Enaohwo	11/2024
Initial Assignment	Eunice Davis: Dir	11/2024

EXHIBIT G-22

Status **Pending** PolicyStat ID **17150386**

Origination	05/2020
Last Approved	N/A
Effective	Upon Approval
Last Revised	12/2024
Next Review	1 year after approval

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

ACC.A.15 - Supervision of Peer Specialists

1. PURPOSE:

To ensure effective supervision of Peer Specialists across all divisions and programs at The Harris Center.

2. POLICY:

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

3. PROCEDURES:

[Supervision of Peer Specialists](#)

4. APPLICABILITY/SCOPE:

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

5. RELATED POLICIES/FORMS:

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

- ACC18B Supervision of Peer Specialists Procedure

6. REFERENCES: RULES/REGULATIONS/ STANDARDS:

Peer Specialists, Texas Government Code §531.0999

Medical Assistance Program, Texas Human Resources Code §32.024(kk)

~~Texas Administrative~~ Peer Specialist Services, 1 Tex. Admin. Code, Title 1, Part 15, Chapter 354, Subchapter N

Approval Signatures

Step Description	Approver	Date
Management of Board Approval	Christopher Webb: Audit	Pending
CEO Approval	Wayne Young: Exec	01/2025
Legal Review	Kendra Thomas: Counsel	12/2024
Departmental Review	Keena Pace: Exec	12/2024
Initial Assignment	Shiela Oquin: ExecAsst	12/2024