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

Quality Committee Meeting
May 21, 2024
10:00 am

I. **DECLARATION OF QUORUM**

II. **PUBLIC COMMENTS**

III. **APPROVAL OF MINUTES**
   A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, April 16, 2024
   (EXHIBIT Q-1)

IV. **REVIEW AND COMMENT**
   A. Board Score Card
   (EXHIBIT Q-2 Trudy Leidich)

   B. Commission on Accreditation of Rehabilitation Facilities (CARF) Update
   (EXHIBIT Q-3 Luc Josaphat)

   C. Patient Satisfaction Sub-Committee Report
   (EXHIBIT Q-4 Luc Josaphat)

   D. IDD Update
   *(EXHIBIT Q-5 Evanthe Collins)*

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.

   • Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

VI. **RECONVENE INTO OPEN SESSION**

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

VIII. **ADJOURN**

[signature: Veronica Franco]
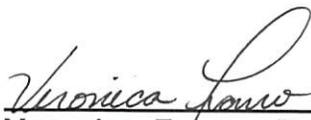
Veronica. Franco, Board Liaison
Robin Gearing, Ph.D., Chairman
Board of Trustees Quality Committee
The Harris Center for Mental Health and IDD

EXHIBIT Q-1

The HARRIS CENTER *for*
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, APRIL 16, 2024
MINUTES

Dr. G. Santos, Committee Chair, called the meeting to order at 10:53 a.m. in the Room 109, 9401 Southwest Freeway, noting that a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. R. Gearing, Dr. Santos, Mrs. B. Hellums

Committee Member Absent:

Other Board Member in Attendance: Dr. L. Moore, Dr. L. Fernandez, Mr. J. Lykes

1. **CALL TO ORDER**
   Dr. Santos called the meeting to order at 10:53 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Dr. Santos designated Dr. Moore, Dr. L. Fernandez and Mr. J. Lykes as voting members.

3. **DECLARATION OF QUORUM**
   Dr. Santos declared a quorum was present.

4. **PUBLIC COMMENT**
   Dr. Santos announced his resignation from the Harris Center Board of Trustees. Dr. Santos reported Judge Hidalgo's office has been notified and today will be his last day with The Harris Center's Board of Trustees.

5. **Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, March 19, 2024**

   MOTION BY: HELLUMS   SECOND BY: MOORE

   With unanimous affirmative votes,
   BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday, March 19, 2024, as presented under Exhibit Q-1, are approved.

6. **REVIEW AND COMMENT**

A. **Board Score Card -**The Board Score Card presented by Trudy Leidich and Lance Britt to the Quality Committee.

7. **EXECUTIVE SESSION-**

Dr. Santos announced the Quality Committee would enter into executive session at 11:20 am for the following reason:

• Pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007, Texas Occupations Code Ann. §151.002 and Texas Occupations Code Ann. §§564.102-564.103 to Receive Peer Review and/or Medical Committee Report from the Director of Pharmacy in Connection with the Evaluation of the Quality of Pharmacy and Healthcare Services. Angela Babin, Director of Pharmacy and Dr. Luming Li, Chief Medical Officer

• Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer, Trudy Leidich, Vice President of Clinical Transformation & Quality

• Report by the Chief Medical Officer, Chief Nursing Officer, Chief Operating Officer, and Vice President of Clinical Transformation & Quality related to an audit conducted by the HHSC-Provider Licensing Enforcement & Regulatory Services and compliance with state and federal health care program requirements pursuant to Texas Health & Safety Code Ann. §161.032. Dr. Luming Li, Chief Medical Officer, Kia Walker, Chief Nursing Officer, Keena Pace, Chief Operating Officer, Dr. Evanthe Collins, Vice President of IDD Services and Trudy Leidich, Vice President of Clinical Transformation & Quality

8. **RECONVENE INTO OPEN SESSION-**
The Quality Committee reconvened into open session at 12:09 p.m.

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

10. **ADJOURN**
MOTION: FERNANDEZ   SECOND: HELLUMS
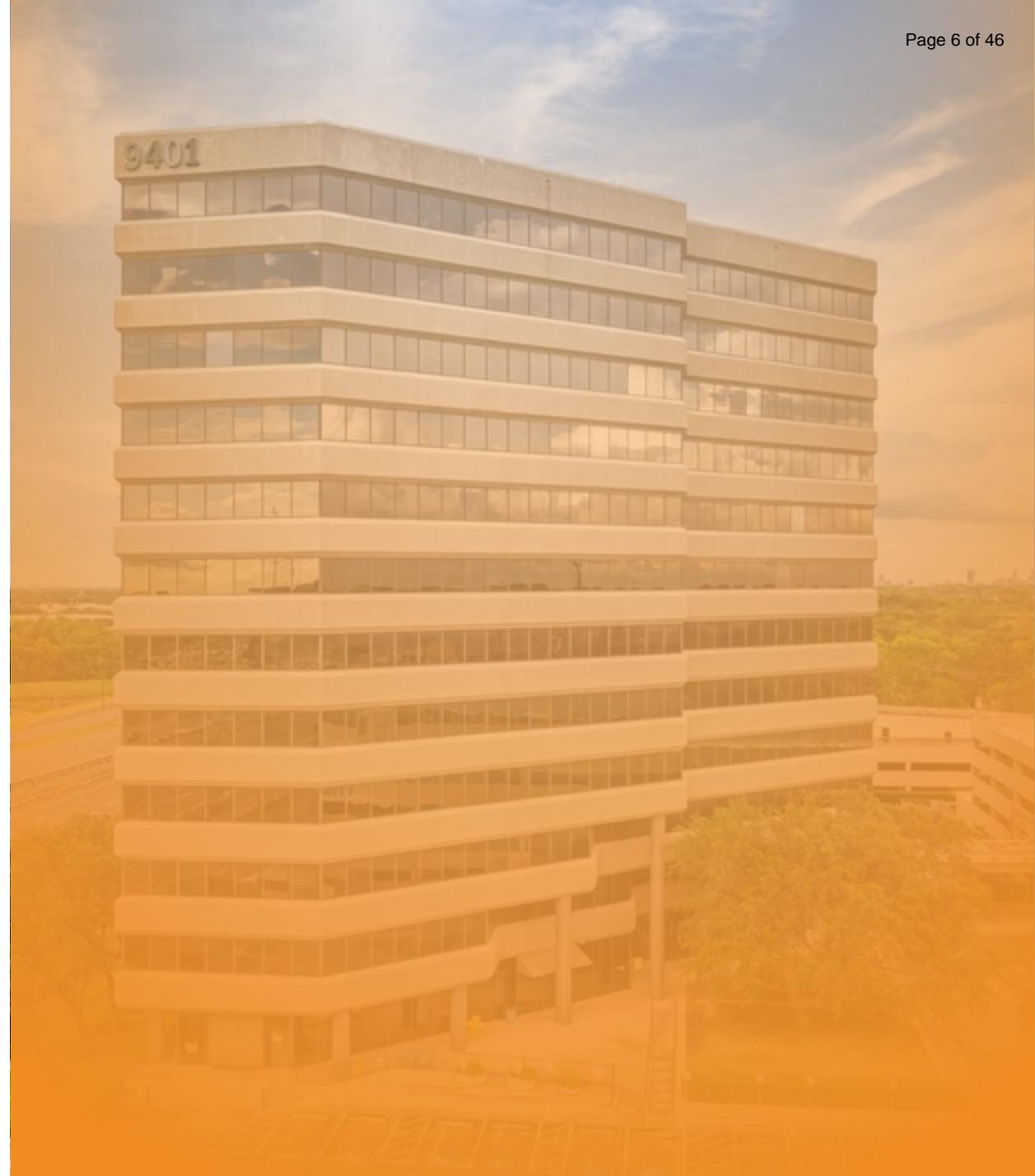There being no further business, the meeting adjourned at 12:09 p.m.

EXHIBIT Q-2

Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality

May 2024 (Reporting March 2024 Data)

Domain	Program	2024 Fiscal Year State Service Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – Mar.)	Reporting Period: March	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,316	13,098	Increase	Contractual

Adult Mental Health
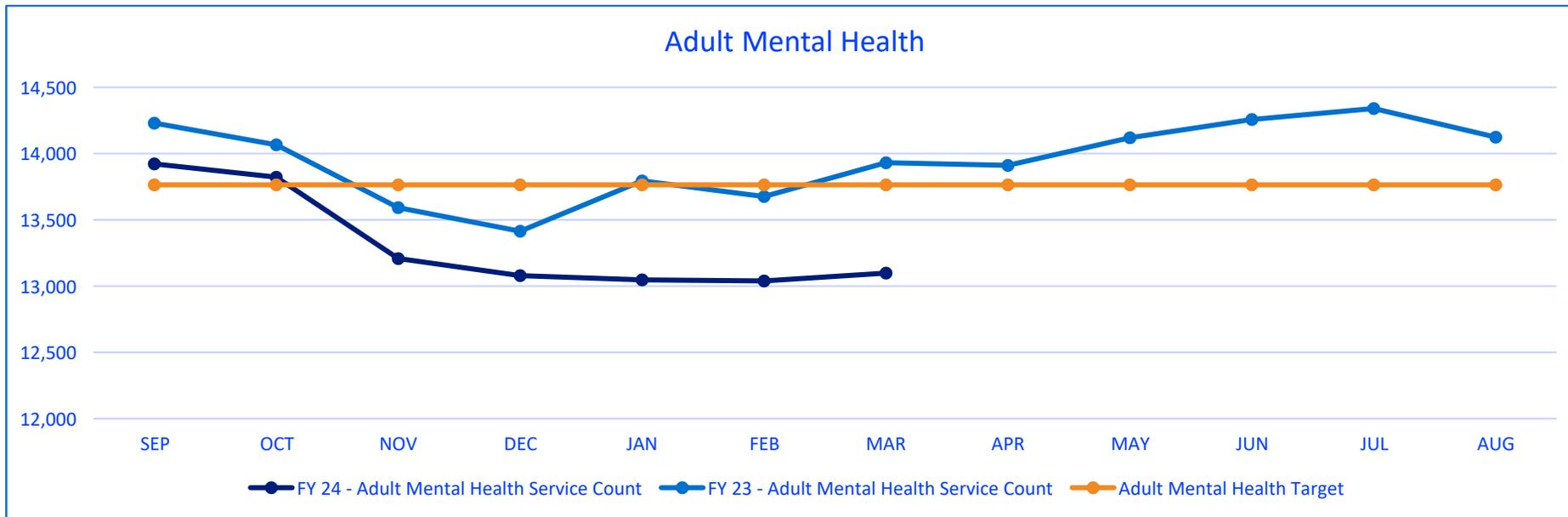
Notes:
- In March 2024, the Adult Service Care Count experienced a decline of about 6% compared to the same month in the previous year.
- The decrease in the Adult Mental Health services care count is consistent with state averages for Houston area service providers.
- MH leadership are reviewing this trend for opportunities for improvement.

Measure definition: # of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

2

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept. – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.50 Days	1.89	Decrease	Contractual

Adult Mental Health 1st Contact to LPHA

Legend: FY 24 - Adult Mental Health 1st Contact to LPHA; FY 23 - Adult Mental Health 1st Contact to LPHA; Adult Mental Health Target
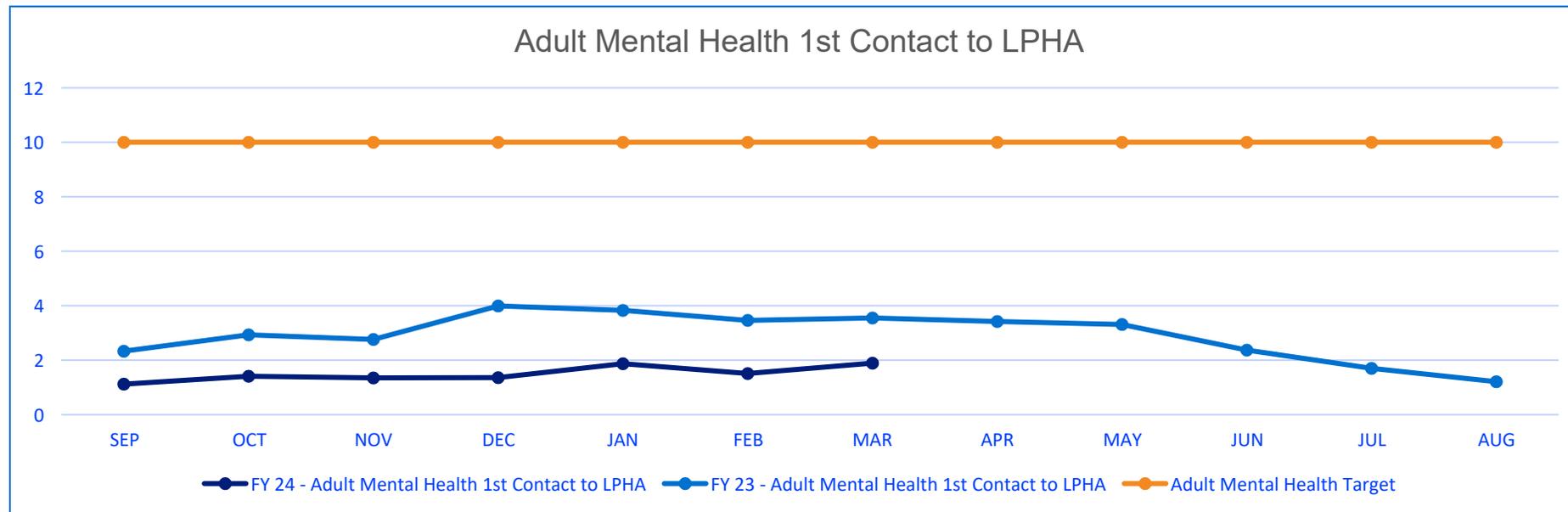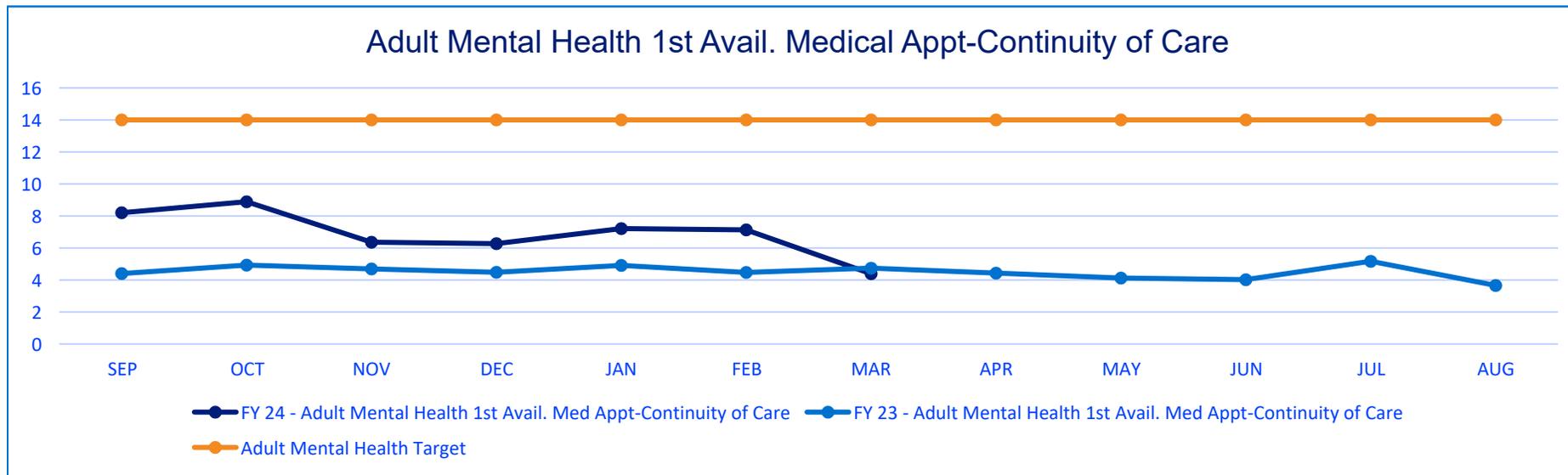
Notes:
- First contact to LPHA taking less than two days during the reported period.
- A year-over-year comparison reveals an improvement, with a 46.76% reduction in the number of days from first contact to LPHA.

Measure Definition: Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

3

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept. – Mar.)	Reporting Period: March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	6.92 days	4.39 days	Decrease	Contractual

Adult Mental Health 1st Avail. Medical Appt-Continuity of Care

Legend:
- FY 24 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- FY 23 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- Adult Mental Health Target

Notes:
- On average individuals are seen with a medical provider within 5 days for continuity of care.

Measure definition: Adult - Time between MD Intake Assessment (Continuity of Care) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

4

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep-Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	7.42 days	6.75 days	Decrease	Contractual

Adult Mental Health 1st Avail. Medical Appt-Community

Legend: FY 24 - 1st Avail. Med Appt-Community; FY 23 - 1st Avail. Med Appt-Community; Adult Mental Health Target
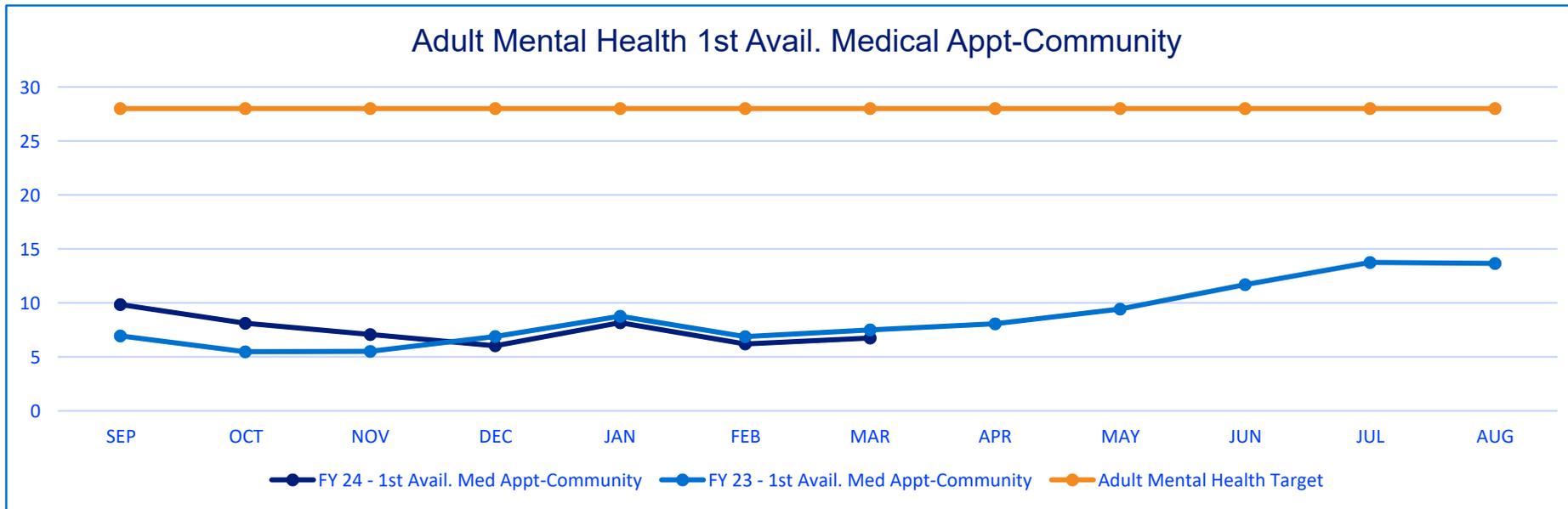
Notes:
- AMH community members appointments are accommodated within 6.75 days.
- A year-over-year comparative analysis reveals a 10% decrease in this timeframe.

Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date

5

Domain	Program	2024 Fiscal Year State Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,148	3,154	Increase	Contractual

Children Adolescent Services Service Care Count

Legend: FY 24 - Children Adolescent Services Service Count; FY 23 - Children Adolescent Services Service Count; Children Adolescent Services Target
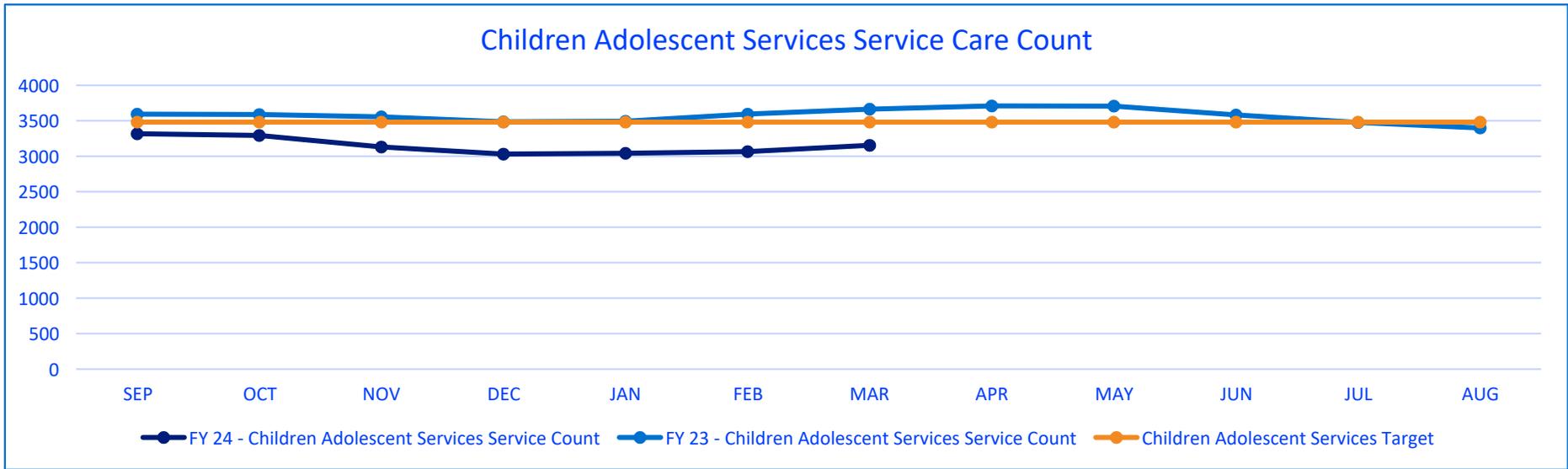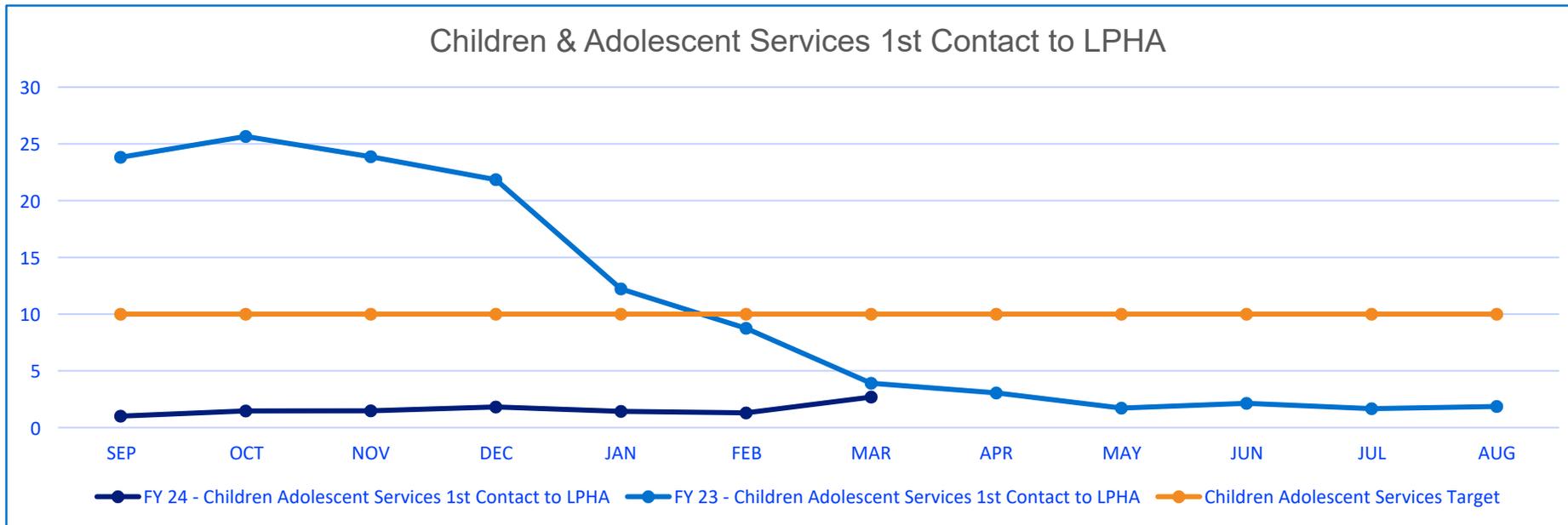
Notes:
- Over the past three months, the service care count in the Children & Adolescent Services department has shown a downward trend, however, in this reporting period, the service care has rebounded to a higher number from the past three months.
- The leadership team is actively investigating potential strategies to build on improving the service care count.

Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
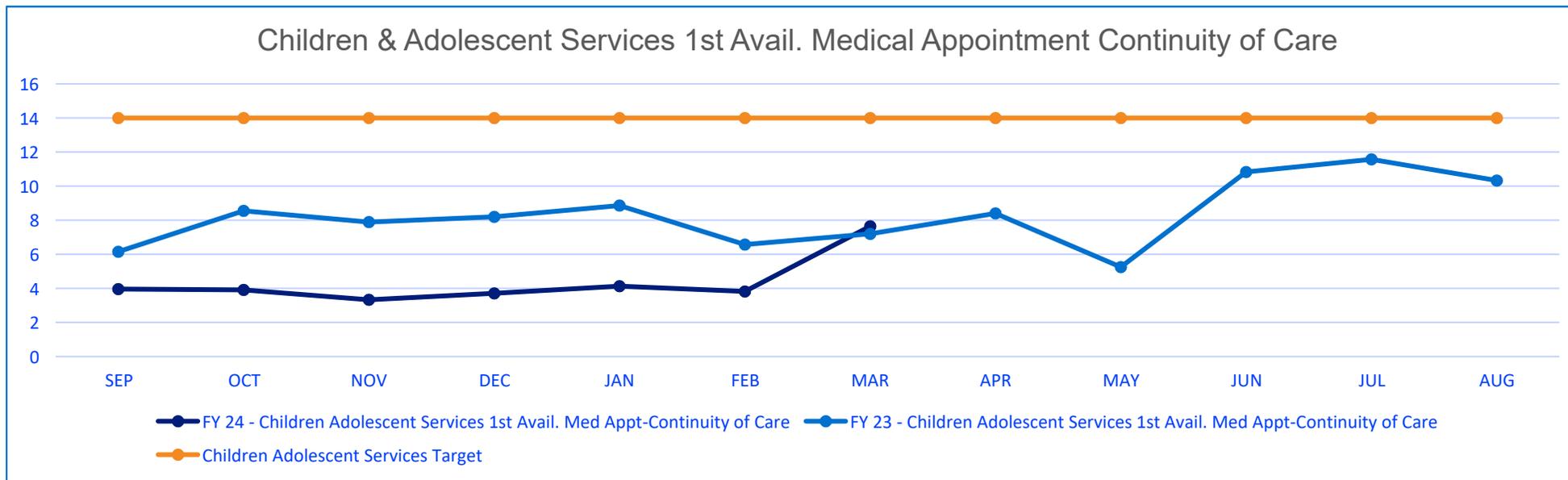
6

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept - Feb)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.60 days	2.69 days	Decrease	Contractual

Children & Adolescent Services 1st Contact to LPHA

Notes:
- The hybrid model combines open booking and scheduling for LPHA assessments continue to provide access for individuals seeking services.
- A comparative analysis with the previous year reveals an 76% reduction in the waiting period for individuals to be assessed by an LPHA.

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Measure definition: Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

Domain	Program	2024 Fiscal Year Target	2024Fiscal Year Average (Sep-Feb)	Reporting Period-March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	4.36 days	7.64 days	Decrease	Contractual

Children & Adolescent Services 1st Avail. Medical Appointment Continuity of Care

— FY 24 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care — FY 23 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care
— Children Adolescent Services Target

Notes:
- Wait time for medical appointment for continuity of care continues to exceed the contractual target of 14 days by 47%.

Measure Definition: Children and Youth - Time between MD Intake Assessment (Continuity of care: after hospital discharge) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

8

Domain	Program	2024 Fiscal Year Target	2024Fiscal Year Average (Sept - Feb)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.09 days	6.48 days	Decrease	Contractual

1st Avail. Medical Appt-Community

Legend: FY 24 - Children Adolescent Services 1st Avail. Med Appt-Community; FY 23 - Children Adolescent Services 1st Avail. Med Appt-Community; Children Adolescent Services Target
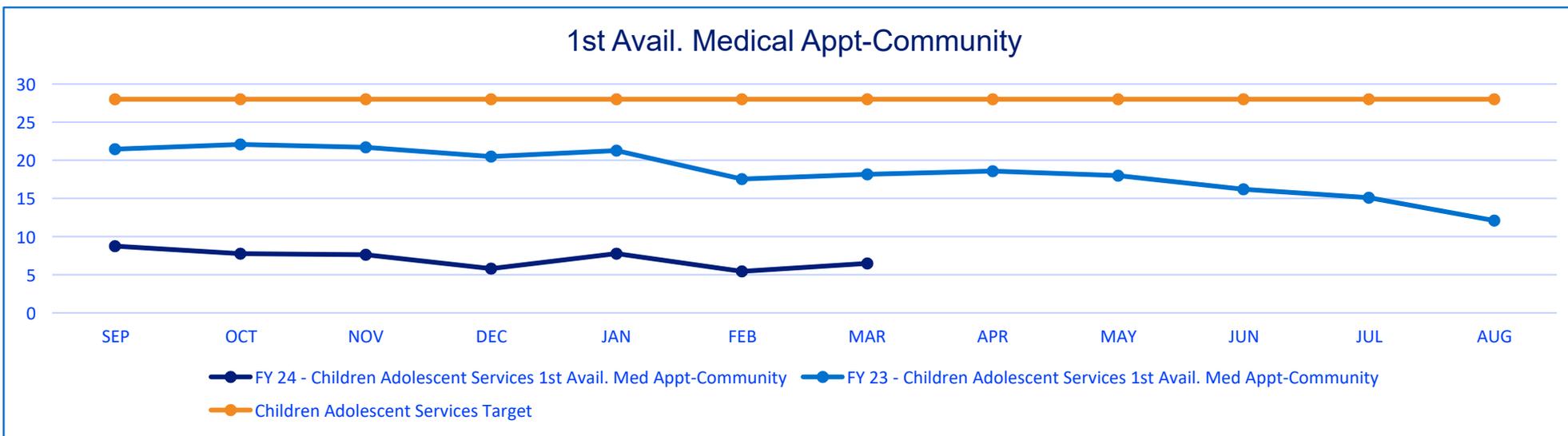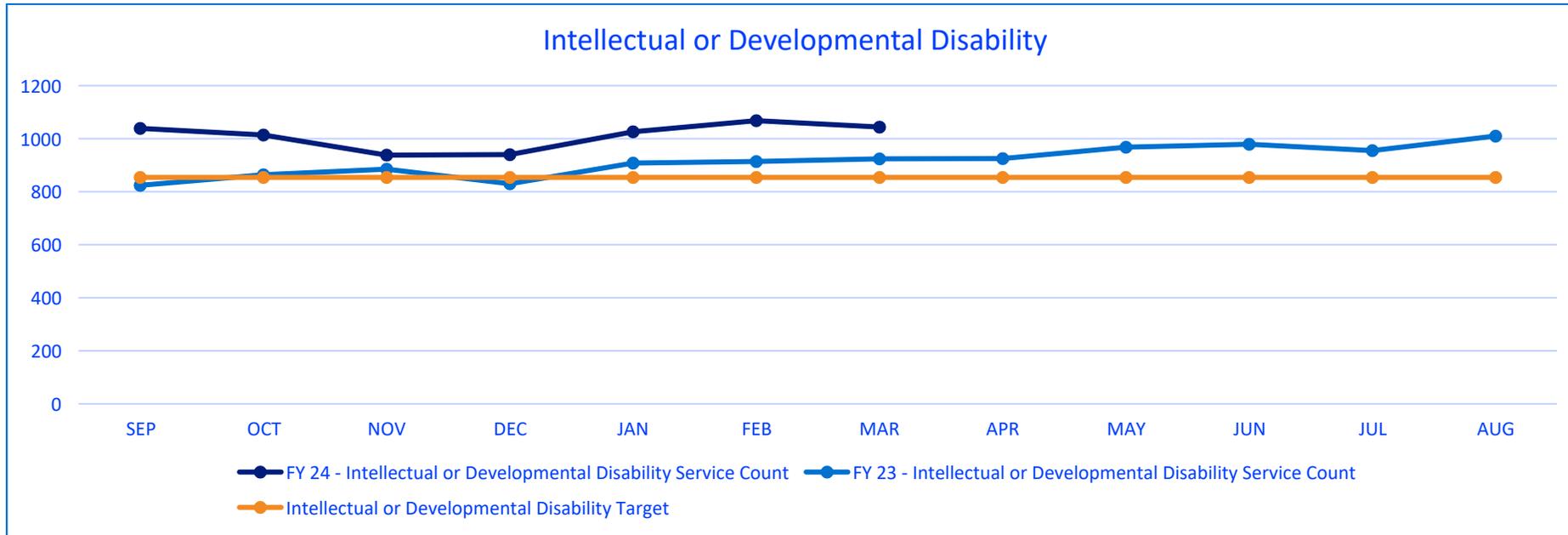
Notes:
- For the reporting period of March 2024, there was a decrease of 64% in the waiting period compared to the same period in the previous fiscal year.
- The wait time was reduced from 18.16 days in March 2023 to about 6.48 days in March 2024.

Measure definition: Children and Youth - Time between MD Intake Assessment (Community members walk-ins) Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date

9

Domain	Program	2024 Fiscal Year State Count Target	2024 Fiscal Year State Count Average (Sept – Feb)	Reporting Period-March	Target Desired Direction	Target Type
Access	IDD	854	1010	1068	Increase	Contractual

Intellectual or Developmental Disability

Legend:
- FY 24 - Intellectual or Developmental Disability Service Count
- FY 23 - Intellectual or Developmental Disability Service Count
- Intellectual or Developmental Disability Target

Notes:
- The IDD division service care count is at 1044 for this reporting period

Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which is included regardless of waiver status.)
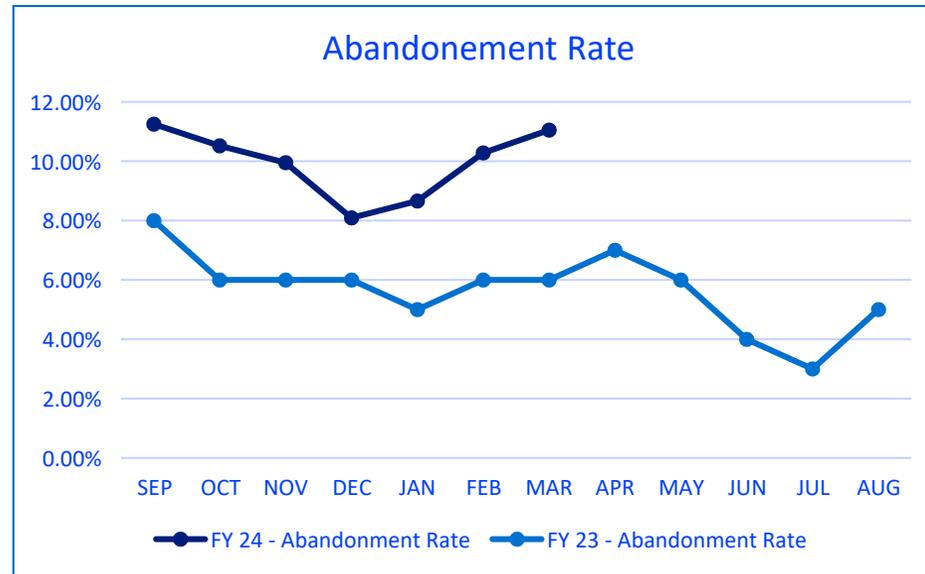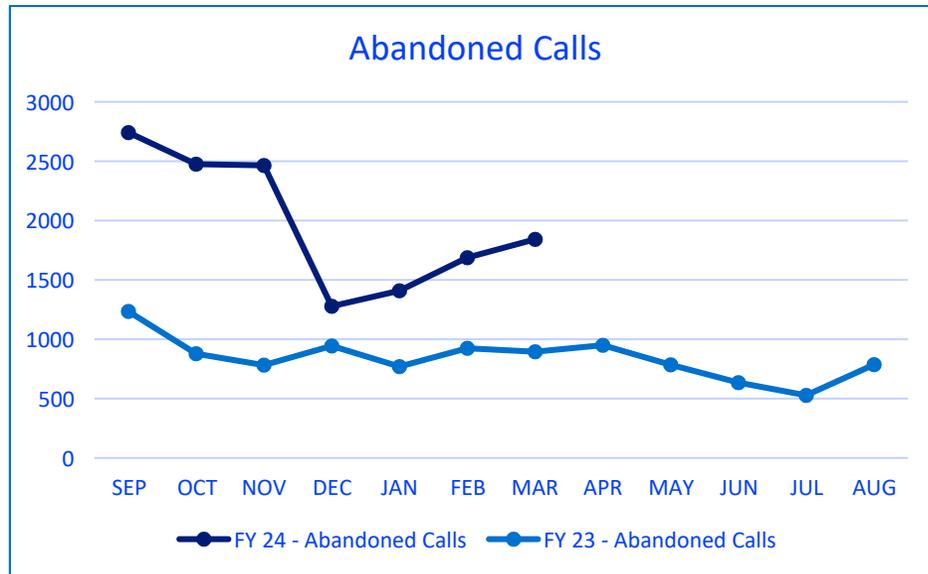
10

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Mar)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	15,286	14,819	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	14,036	13,822	Increase	Contractual

Total Answered Calls

FY 24 - Total Answered (Handled) Calls
FY 23 - Total Answered (Handled) Calls

Number of calls answered w/in 30 sec

FY 24 - Number of calls answered w/in 30 sec
FY 23 - Number of calls answered w/in 30 sec
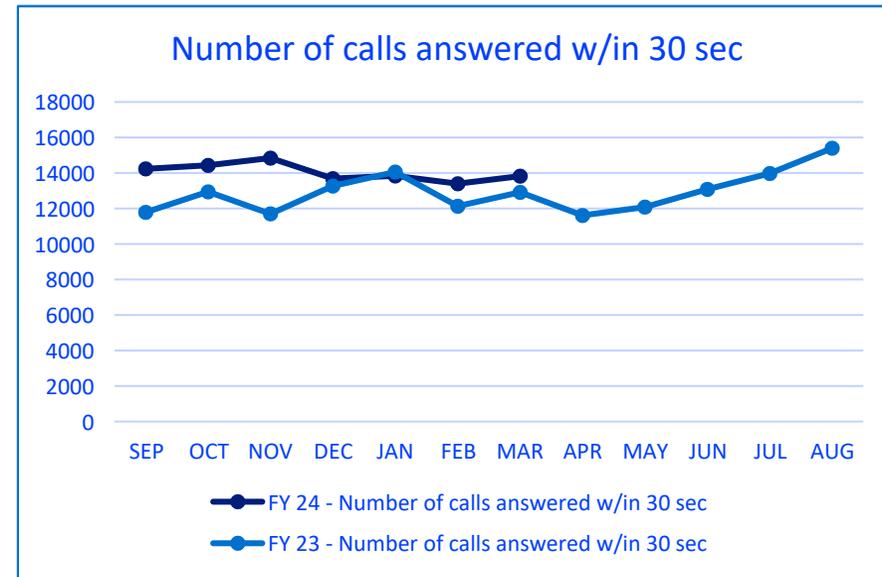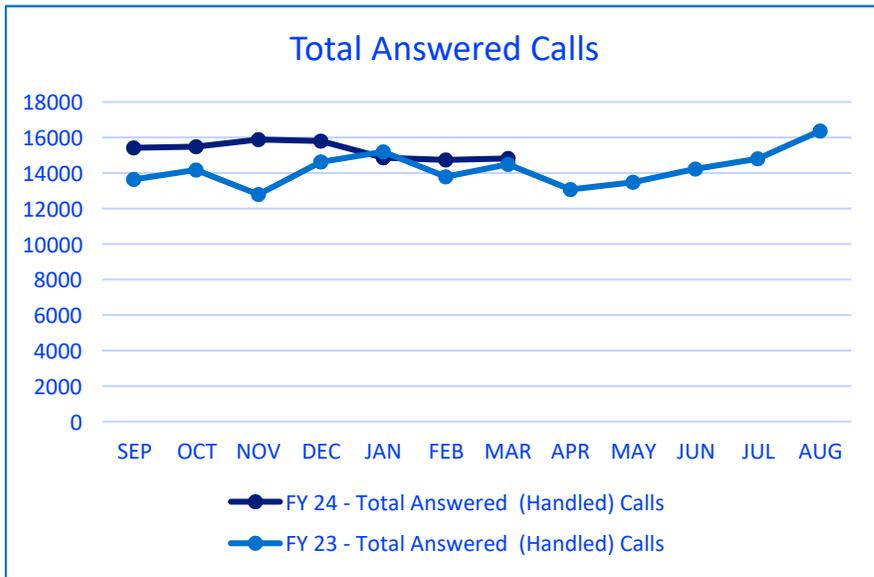
Notes:
- The Crisis Line team is effectively responding to the increasing demand for their services.
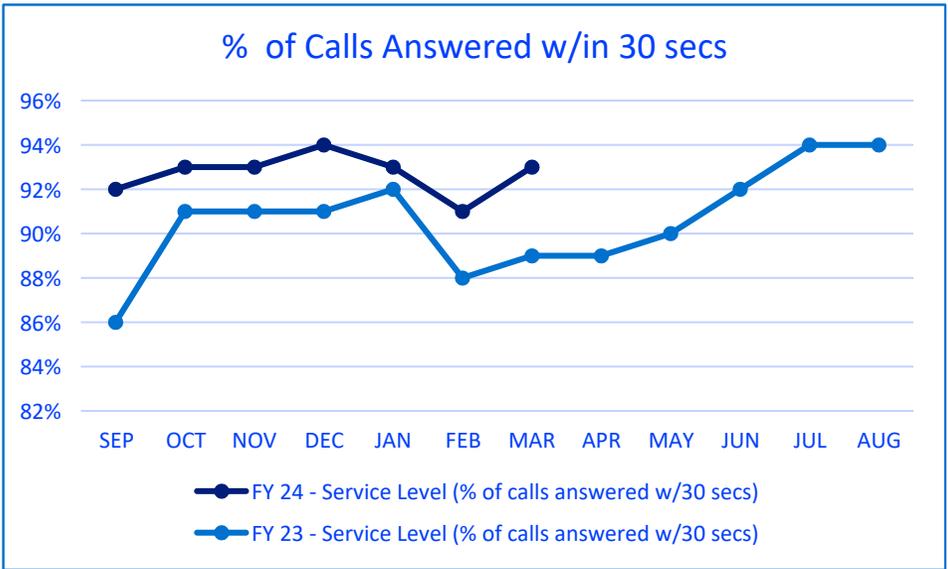
11

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Mar)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,986	1,842	Decrease	Contractual
	Abandonment Rate	<8%	10%	11.05%	Decrease	Contractual

Abandoned Calls

Abandonement Rate

Notes:
- The increase is due to how we account for Lifeline abandoned calls, which was changed in September of 2023. Previously, we did not account for calls abandoned on the Lifeline after 30 seconds because they were answered by other centers—technically not abandoned. In the new methodology, all abandoned calls, minus the ones abandoned in the first 10 seconds, are counted. This helps us see where we can improve our service.
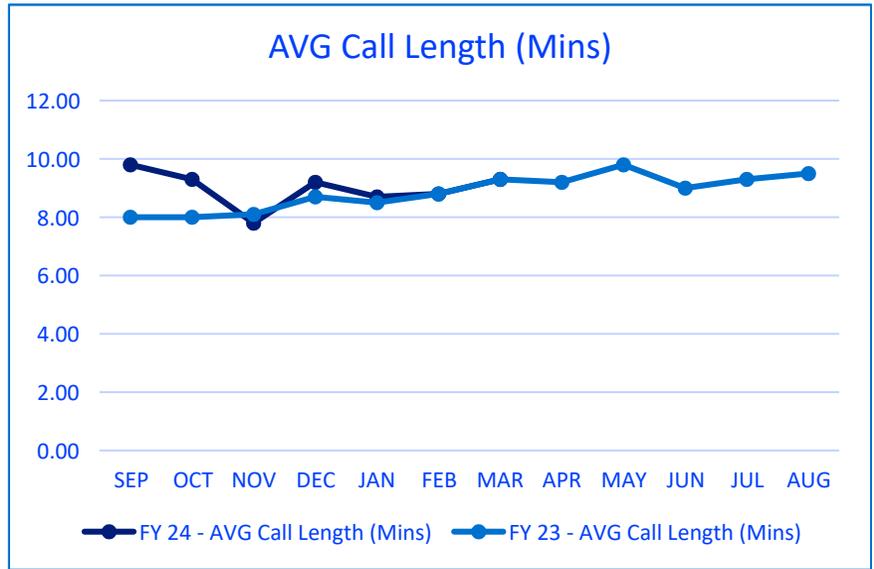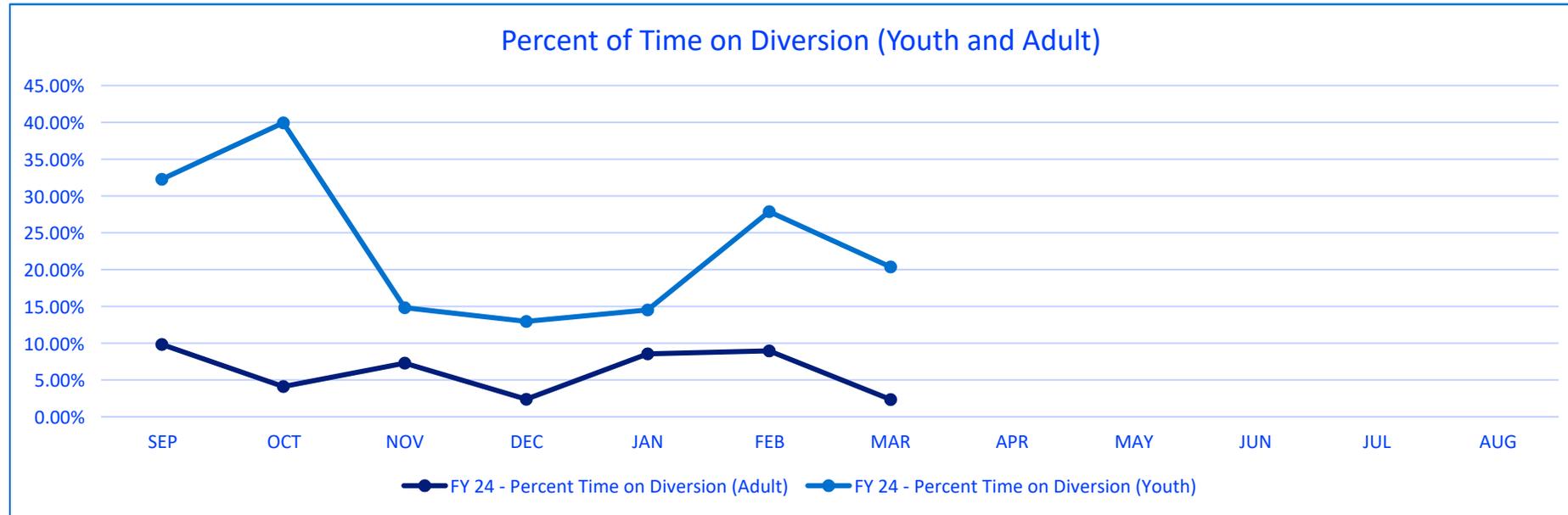
12

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Mar)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	8.99	8.99	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	93.00%	93%	Increase	Contractual

AVG Call Length (Mins)

FY 24 - AVG Call Length (Mins)　　FY 23 - AVG Call Length (Mins)

% of Calls Answered w/in 30 secs

FY 24 - Service Level (% of calls answered w/30 secs)

FY 23 - Service Level (% of calls answered w/30 secs)

Notes:
- An analysis of recent data reveals an increase in both the duration of calls and the percentage of calls answered within 30 seconds.
- This trend suggests a surge in the volume of calls to the Crisis Line, indicating a heightened demand for crisis support services.
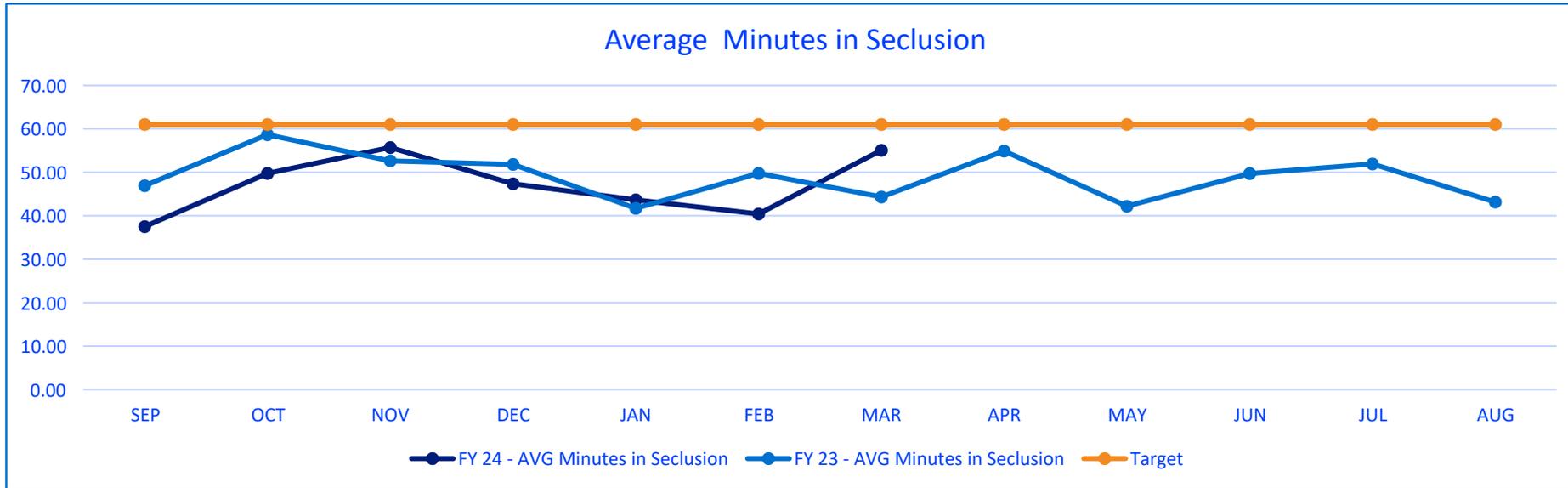
13

Measures	2024 Fiscal Year Target	2024Fiscal Year Average (Sept – Mar.)	Reporting Period-March	Target Desired Direction	Target Type
Time on Diversion (in hours: Adult)	N/A	6.21%	2.35%	N/A	Contractual
Time on Diversion (in hours: Youth)	N/A	23.25%	20.36%	N/A	

Percent of Time on Diversion (Youth and Adult)

FY 24 - Percent Time on Diversion (Adult)   FY 24 - Percent Time on Diversion (Youth)

Notes:
Although a specific target has not been established for this measure, the overarching objective is to increase the number of at-risk individuals, both youths and adults, being channeled into the diversion program. This program provides support services designed to foster behaviors that are non-criminal in nature.

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Domain	Measures	2024 Fiscal Year Target	2024Fiscal Year Average (Sept – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion	<60.43	47.06	55.07	Decrease	Contractual

Average Minutes in Seclusion

Legend: FY 24 - AVG Minutes in Seclusion, FY 23 - AVG Minutes in Seclusion, Target

Notes:
- Average minutes in seclusion has performed below contractual target.
- On average, individuals are spending less than 60 minutes in seclusion.
- For the reporting period, average minutes in seclusion is at 55.07 minutes.

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| Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept. – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	36.%	37.00%	Increase	IOS

PHQ-A 11-17
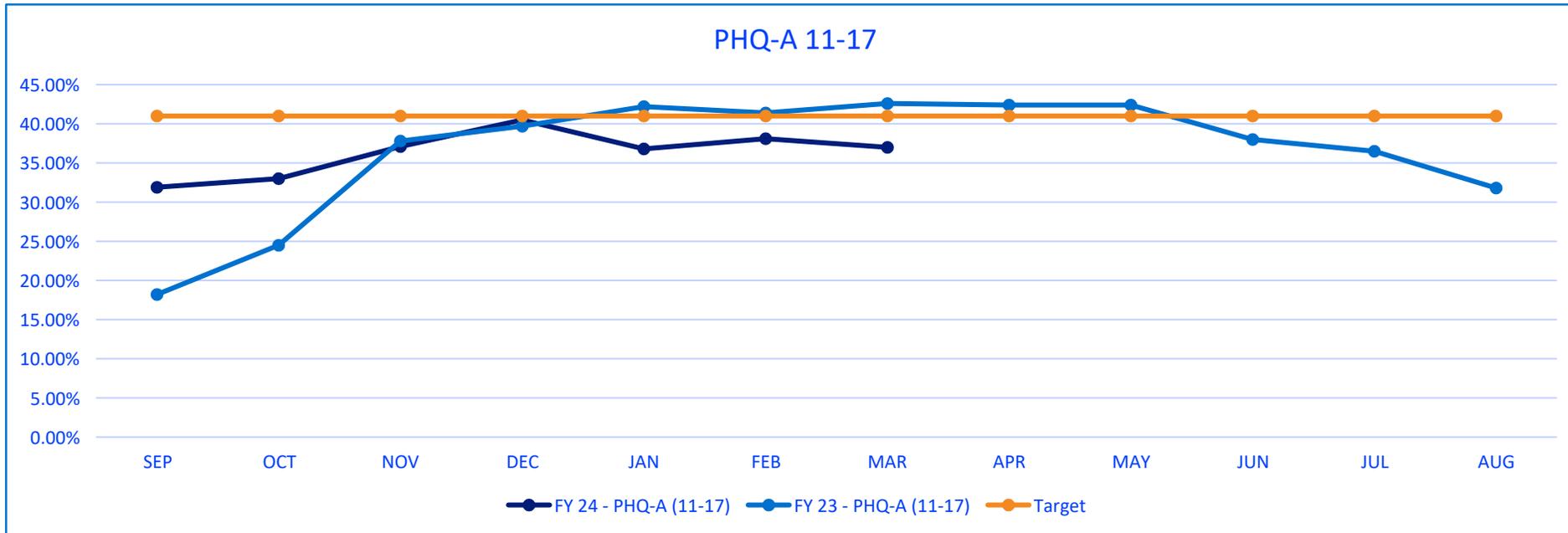
Notes:

- PHQ-A percentage of adolescent and young adult with improve PHQ-A score has fallen below the target for new patient. Leadership is exploring improvement opportunities

Measure Computation: % of new patient child and adolescent clients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

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| Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	35%	35%	Increase	IOS
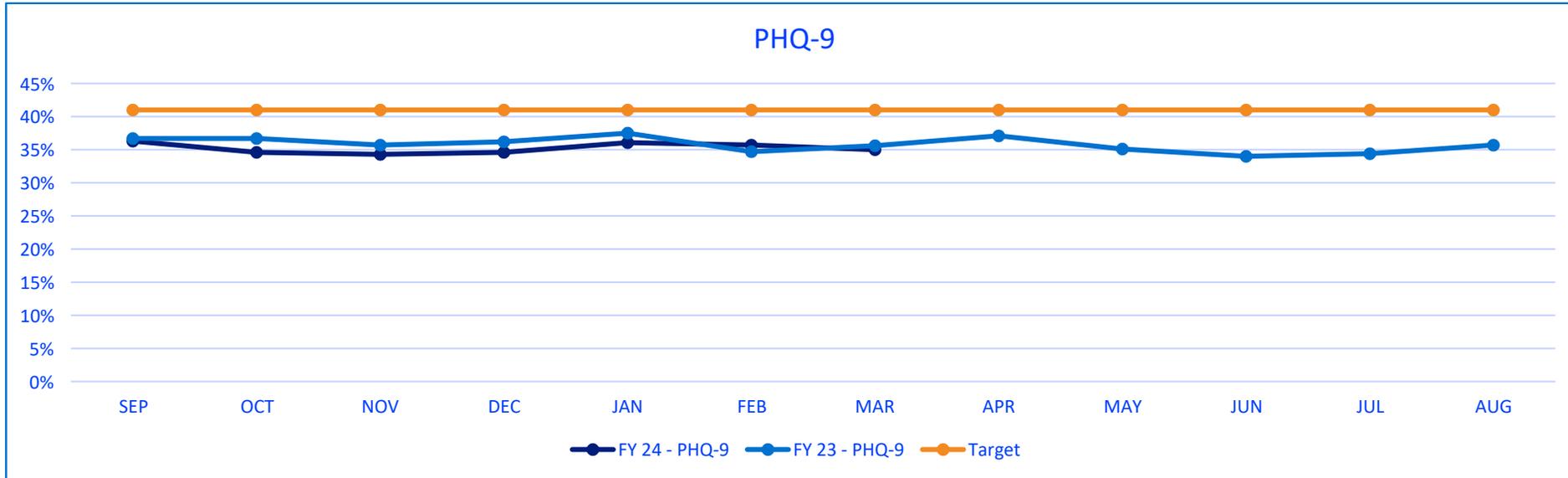
Notes:
- PHQ9 for adult with improve PHQ score, minimal depression rating, is below the target for new patient. Leadership is exploring improvement opportunities

Measure Computation: % of patients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)

Measure Definition: PHQ 9/A The Patient Health Questionnaire (PHQ; Spitzer, Kroenke, Williams, 1999) is a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD), designed for screening of psychiatric disorders in an adult primary practice setting. The PHQ comprises the patient questionnaire and clinician evaluation guide from the PRIME-MD, combined into a single, three-page questionnaire.

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Domain	Measures (Definition)	2024 Fiscal Year Target	2024Fiscal Year Average (Sept – Mar.)	Reporting Period- March	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	91%	87%	88.20%	Increase	IOS

Patient Satisfaction
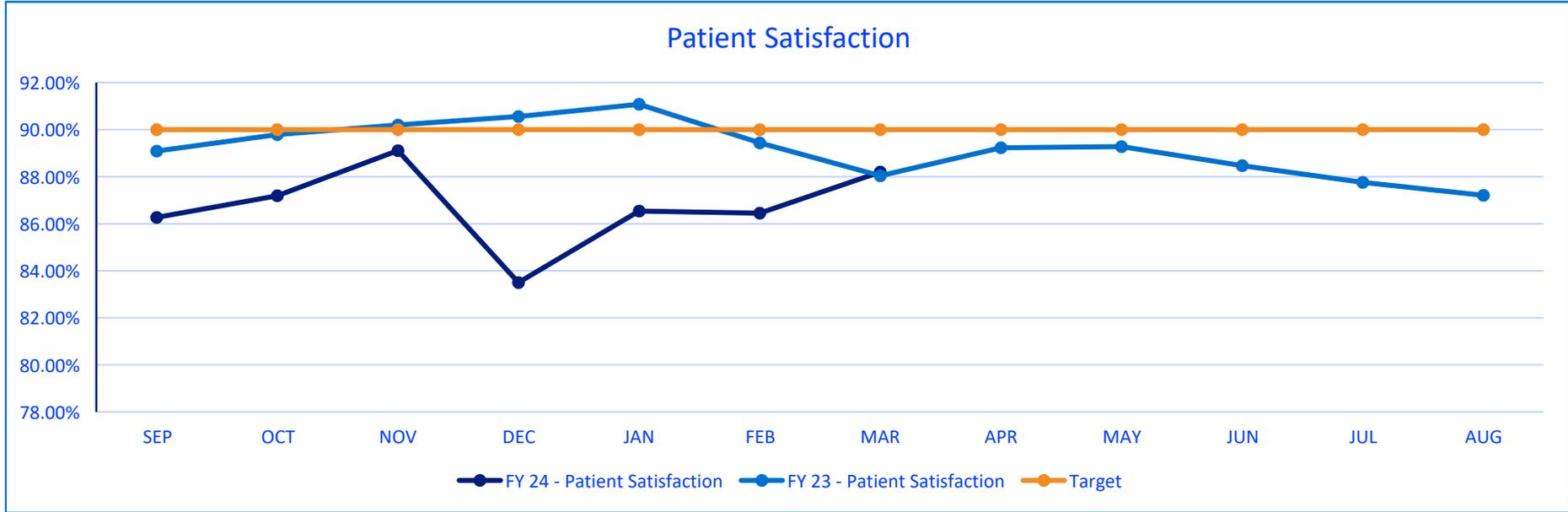
Notes:
- At the beginning of Fiscal Year 2024, the overall patient satisfaction across the center deviated below its targeted monthly threshold. In response to this, a specialized patient satisfaction sub-committee was established to meticulously analyze survey data, discern areas of vulnerability, and formulate quality improvement initiatives. Practice managers are actively engaging with unit-specific patient satisfaction data to pinpoint and address areas warranting enhancement.
- The committee is systematically collating patient narrative feedback from Fiscal Year 2023, with the intention of informing the development of workgroups dedicated to addressing identified areas of improvement and establishing goals for Fiscal Year 2024. The sub-committee's analytical efforts are predominantly rooted in the quantitative data derived from the VSSS instrument.

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Appendix

FY 23 -Board of Trustee's PI Scorecard

The HARRIS CENTER for Mental Health and IDD
Transforming Lives

Target Status: | Green = Target Met | Red = Target Not Met | Yellow = Data to Follow | No Data Available |

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676	13,931	13,911	14,119	14,257	14,340	14,124	13,955	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%	99.36%	101.21%	101.07%	102.58%	103.53%	104.08%	102.62%	101.37%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	49.20%	49.60%	52.20%	47.60%	51.30%	51.80%	50.08%	55.90%	49.82%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target	3,593	3,588	3,555	3,485	3,493	3,594	3,663	3,709	3,706	3,582	3,476	3,398	3,570	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%	103.25%	105.23%	106.55%	106.46%	102.90%	99.83%	97.62%	102.56%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	78.20%	76.30%	76.00%	71.00%	75.20%	74.50%	69.50%	77.50%	74.78%	≥ 65.00%	C	MBOW
IDD Service Target	824	864	885	830	908	914	924	925	968	979	955	1011	916	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%	104.03%	108.20%	108.31%	113.35%	114.64%	111.83%	118.27%	106.95%	100.00%	C	MBOW
DID Assessment Waitlist		5710	5602	5621	5547	5486	5281	4306	3782	3473	2890	2606				
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.22	8.75	3.91	3.06	1.72	2.14	1.67	1.86	10.88	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.83	3.46	3.55	3.42	3.31	2.37	1.70	1.21	2.91	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42	4.61	3.63	3.29	3.06	2.34	1.69	1.31	4.38	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86	6.57	7.20	8.40	5.25	10.83	11.57	10.33	8.32	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.27	17.54	18.16	18.58	17.99	16.20	15.10	12.10	18.56	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47	19	51	40	53	33	34	27	40.58	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35	43	22	18	14	15	7	8	23.08	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	4.40	4.93	4.69	4.48	4.91	4.47	4.74	4.43	4.12	4.02	5.17	3.66	4.50	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	6.95	5.48	5.52	6.89	8.77	6.88	7.50	8.07	9.43	11.69	13.75	13.66	8.72	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	6	2	2	1	4	5	1	1	4	21	81	142	22.50	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	2	1	1	0	0	0	0	0	1	2	1	7	1.25	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	16,427	16,509	14,853	17,512	17,926	16,965	17,374	16,047	16,233	16,323	16,472	18,570	16,768			
AVG Call Length (Mins)	8.00	8.00	8.10	8.70	8.50	8.80	9.30	9.20	9.80	9.00	9.30	9.50	8.85			
Service Level	86.00%	91.34%	91.00%	90.76%	92.00%	88.00%	89.00%	89.00%	89.64%	91.96%	94.44%	94.05%	90.60%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	8.00%	5.32%	6.00%	5.39%	4.30%	6.00%	5.00%	5.92%	4.84%	3.89%	3.21%	4.23%	5.18%	< 8.00%	NS	Brightmetrics
Occupancy Rate	73.00%	69.00%	69.00%	71.00%	72.00%	77.00%	74.00%	76.00%	76.00%	68.00%	65.00%	68.00%	71.50%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.79%	99.76%	99.77%	99.77%	99.76%	100.00%	99.50%	100.00%	100.00%	99.67%	100.00%	99.84%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	93.50%	87.10%	84.00%	88.80%	89.80%	89.80%	88.50%	86.60%	84.50%	86.50%	88.90%	83.50%	87.63%	> 52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1,194	1,192	1,160	1,173	1,266	1,126	1,126	1,106	1,155	1,104	1,222	1,248	1173			
PES Admission Volume	523	585	560	544	555	498	549	522	558	487	571	562	542.83			
Mechanical Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	≤ 0.01	IOS	Epic
Personal Restraints	46	40	37	37	43	50	79	76	43	49	48	47	49.58			Epic
Personal Restraint Rate	2.07	1.95	1.78	1.77	1.98	2.68	3.85	3.89	2.36	3.65	3.00	2.51	2.62	≤ 2.80	IOS	Epic
Seclusions	33	35	19	32	20	39	53	58	35	33	34	33	35.33			Epic
Seclusion Rate	1.48	1.61	0.92	1.53	0.92	2.09	2.58	3.22	1.92	2.46	2.13	1.76	1.89	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	46.91	58.66	52.62	51.82	41.70	49.76	44.33	54.92	42.00	49.71	51.92	43.15	48.96	≤ 61.73	IOS	Epic
Emergency Medications	44	54	42	47	58	56	72	72	67	53	59	52	56.33			Epic
EM Rate	1.98	2.48	2.02	2.25	2.67	3.01	3.50	3.99	3.61	3.63	3.45	2.77	2.95	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	IOS	Epic

|	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%	87.21%	89.18%	90.00%	IOS	Feedtrail
V-SSS 2	88.69%	89.66%	90.24%	90.32%	90.38%	89.33%	87.30%	88.69%	88.65%	87.81%	86.52%	85.22%	88.57%	90.00%	IOS	Feedtrail
PoC-IP	89.71%	89.30%	89.25%	90.14%	95.15%	90.74%	90.61%	91.85%	91.08%	91.03%	91.43%	92.88%	91.10%	90.00%	IOS	McLean
Pharmacy	93.02%	99.09%	96.31%	96.19%	94.87%	100.00%	97.58%	96.37%	97.66%	99.63%	98.11%	94.76%	96.97%	90.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	25.00%	27.75%	26.88%	26.82%	26.72%	25.77%	25.25%	25.63%	26.55%	27.79%	28.44%	28.52%	26.76%	24.00%	IOS	MBOW
BDSS	30.19%	31.31%	31.83%	33.48%	33.70%	33.36%	33.38%	33.26%	34.49%	35.28%	35.56%	35.58%	33.45%	32.00%	IOS	MBOW
PSRS	26.32%	30.56%	35.26%	35.51%	35.11%	34.49%	34.81%	35.67%	36.83%	37.70%	38.62%	39.30%	35.02%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	0.98	0.76	0.41	0.71	0.90	-0.17	0.67	0.65	0.77	0.91	0.96	0.75	0.69	0.68	IOS	McLean
QIDS-C	53.80%	47.30%	50.10%	50.40%	48.60%	44.50%	47.20%	50.30%	50.70%	60.90%	51.60%	46.80%	50.18%	45.38%	IOS	Epic
BDSS	46.10%	46.20%	51.80%	50.30%	48.70%	47.20%	45.40%	42.80%	49.40%	49.20%	48.50%	46.10%	47.64%	46.47%	IOS	Epic
PSRS	38.20%	41.70%	43.50%	42.40%	36.00%	39.70%	32.30%	39.30%	42.60%	43.50%	42.50%	40.50%	40.18%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	18.20%	24.50%	37.80%	39.70%	42.20%	41.40%	42.60%	42.40%	42.40%	38.00%	36.50%	31.80%	36.46%	41.27%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	42.32%	35.32%	36.36%	38.40%	38.27%	37.70%	38.40%	39.50%	41.10%	42.30%	42.80%	43.60%	39.67%	20.00%	C	MBOW
CANS (Child/Adolescent)	43.14%	21.65%	18.14%	19.80%	21.31%	25.30%	27.30%	30.50%	33.00%	35.20%	36.40%	37.80%	29.13%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	49.80%	44.50%	44.30%	47.50%	50.90%	53.80%	50.00%	54.10%	45.20%	43.20%	39.60%	43.20%	47.18%	48.07%	IOS	Epic

Thank you.

EXHIBIT Q-3

Commission on Accreditation of Rehabilitation Facilities(CARF).

May 2024 Update

Presented by: Luc Josaphat, MPA, CPHQ, LSSGB
Director of Quality Assurance
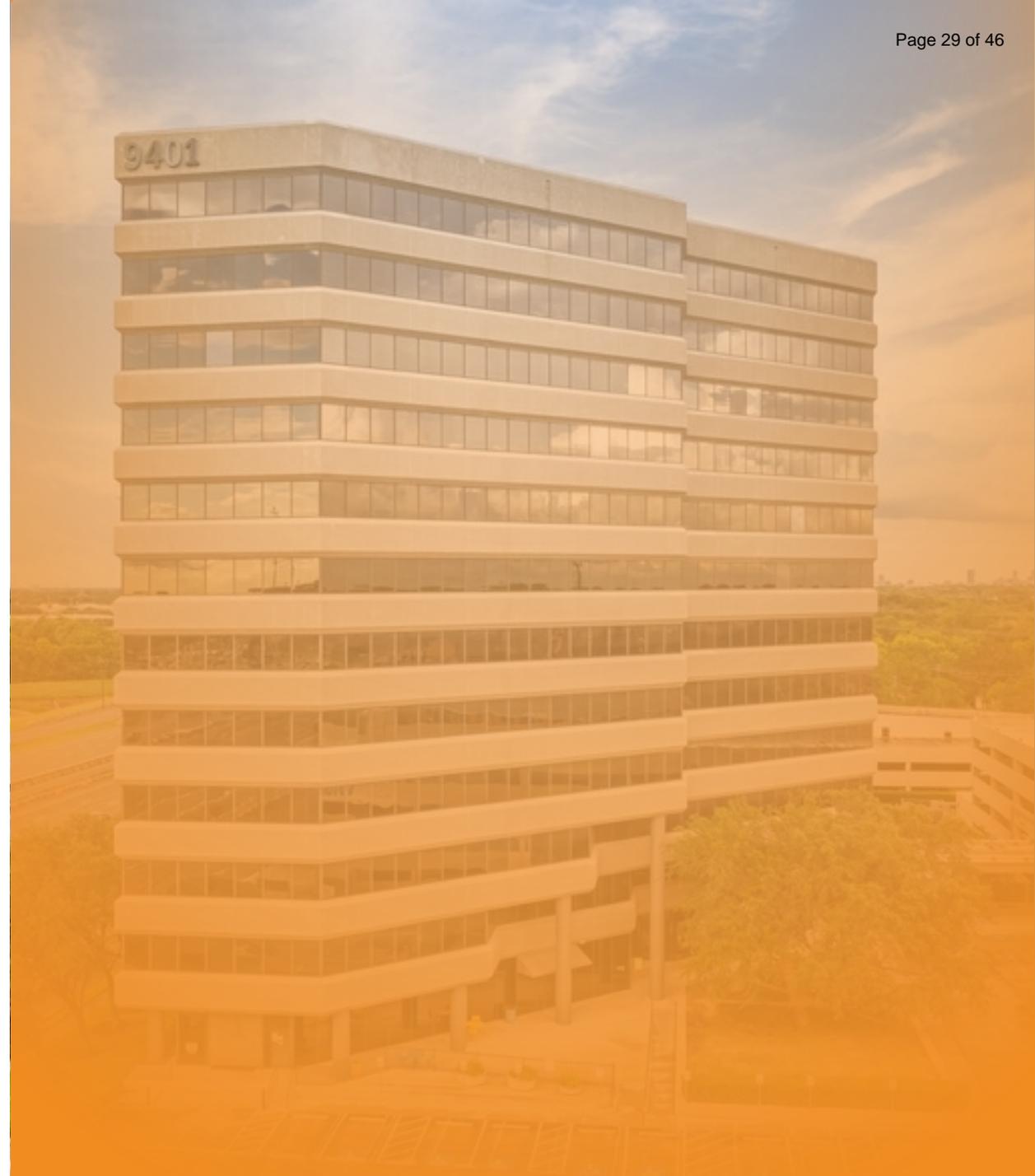
CARF Update

Activities	Status
Preparation Phase	Ongoing
Prior Survey Correction Review	Completed
Staff Accreditation Engagement/Education	Scheduled for May - October
Survey Documentation Prep	Scheduled for June
Mock Survey Exercises	Scheduled for July
CARF Application	Scheduled to submit in August

Preparation Phase

Programs to be Surveyed	Orientation	Program Information update	Education/Engagement	Mock survey
Assertive Community Treatment	Pending	Pending	Pending	In-Development
Assessment Referrals (Crisis Hotline)	Pending	Pending	Pending	In-Development
Crisis Programs (CRU)	Completed	In-Progress	Rolling out	In-Development
Crisis Programs (CSU)	Completed	In-Progress	Rolling out	In-Development
Intensive Family Based services	Pending	Pending	Pending	In-Development
Outpatient Treatment (Adult, Children/Adolescent, Juvenile Justice)	Pending	Pending	Pending	In-Development
Behavioral Consultation Services – IDD	Completed	In-Progress	Rolling out	In-Development
Community Housing – IDD	Completed	In-Progress	Rolling out	In-Development
Services Coordination – IDD	Completed	In-Progress	Rolling out	In-Development
Early Childhood Intervention Services	Completed	In-Progress	Rolling out	In-Development

Prior Survey Correction Review

Standards	Recommendation	Status
BH/BH Leadership	Cultural competency and diversity plan be expanded to address consumers/The Harris Center makes the rights of the consumers available to the consumers and lists these rights in its consumer handbook	Completed
Risk Management	Risk management plan should comprehensively include analysis of loss exposures	Completed
Health & Safety	A written analysis of all critical incidents that addresses causes, trends, areas needing improvement, actions to address the improvements needed	Completed
Workforce Development	Workforce development and management practices should comprehensively reflect the organization's risk management plan	Completed
Rights of Persons Served	The Harris Center is urged to implement policies promoting the rights of the consumers to freedom from humiliation	Completed
Program/Service Structure	It is recommended that ongoing supervision of clinical or direct service personnel consistently be documented and model fidelity, when implementing evidence-based practices.	Completed
Screening & Access to Services	It is recommended that the orientation received by each consumer consistently be provided in a timely manner	Completed
Person-Centered Plan	When assessment identifies a potential risk for suicide, violence, or other risky behaviors, the safety plan	Completed
Transition/Discharges	It is recommended that the written transition plan identify each consumer's current progress toward recovery/ all consumers leaving services, the written discharge summary prepared should include medication	Completed
Medication Use	A program that provides administering or prescribing of medications is urged to implement written procedures that address how medications are integrated into the individualized plan of the consume	Completed

Staff Engagement/Education

Quiz Development
Prizes for participation

Roll out May

Mock Survey Exercise (Pending)

Conduct	Use	Launch
Conduct mock survey to simulate the accreditation process	Use results to refine processes and address any deficiencies	Launch quality improvement projects based on mock surveys

EXHIBIT Q-4

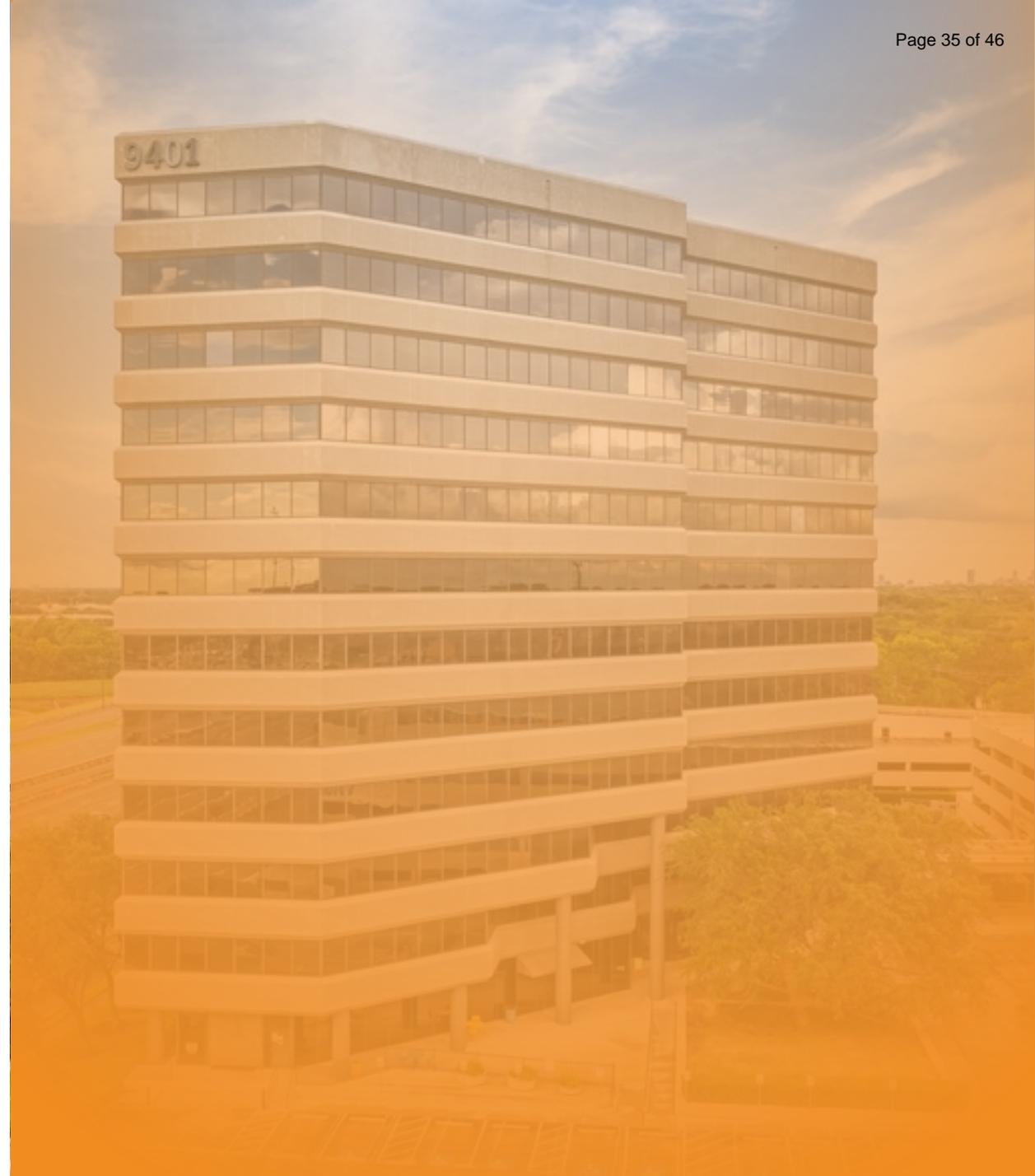# Patient Experience Sub-Committee Meeting
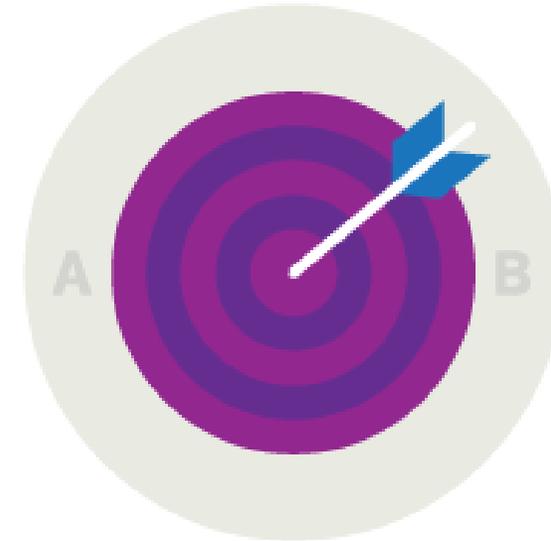
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Strategies to Improve Patient Experience
-
Reporting to the Committee

Presented by: Luc Josaphat, MPA, CPHQ, LSSGB
Director of Quality Assurance

Strategies to Improve Patient Experience

- Define standards
- Train staff
- Measure and monitor
- Share and report progress and challenges
- Empower innovators!

Update since last report

1. Practice Managers reporting to Sub-committee

2. Test of change: patient satisfaction QR codes for visibility

3. Response to Patient Satisfaction for site with QR codes have increased by 30%

Practice Managers reporting to Sub-committee
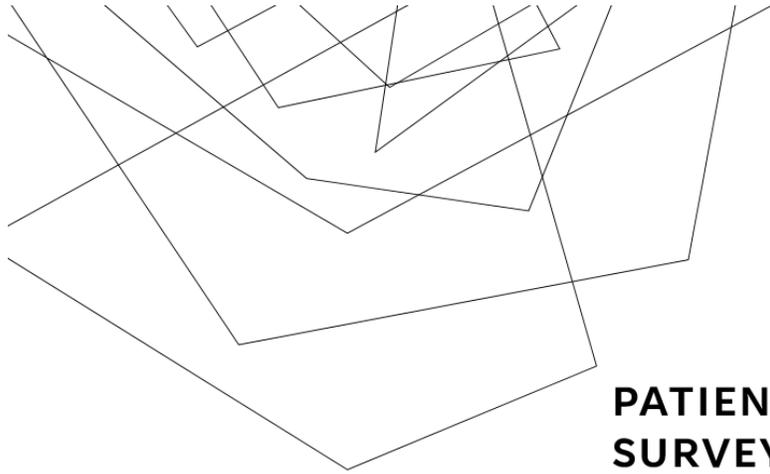
PATIENT EXPERIENCE SURVEY OUTCOMES

SW MH ADULT

THE PURPOSE OF OUR SUB-COMMITTEE

Meeting monthly, our sub-committee will:

- Review patient surveys submitted through Feedtrail for the month.
- Develop a follow-up plan of action (if appl) for issues mentioned in comments.

SUB-COMMITTEE MEMBERS

Dr. Dionne Hill, Practice Manager – SW MH Adult

LaKetha Jackson, Office Services Supervisor

Anney Philip, Clinic Ambassador

Taishon Williams, Business Office Coordinator

Path Experience 43% Increase in surveys using QR codes in a two month period

Patient Satisfaction FY24 to Date

Patient Satisfaction

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
FY 24 - Patient Satisfaction	86.27%	87.19%	89.11%	83.50%	86.54%	86.45%	88.20%					
FY 23 - Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%	87.21%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

FY 24 - Patient Satisfaction   FY 23 - Patient Satisfaction   Target
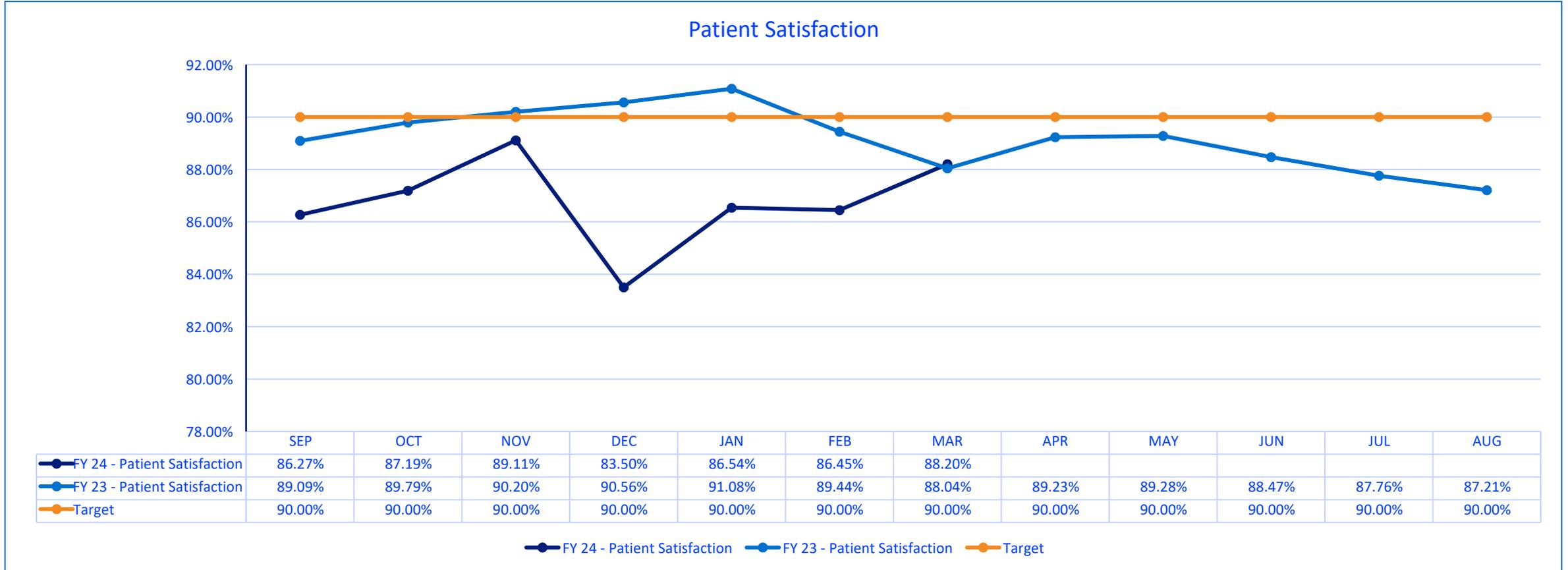
Thank you.

EXHIBIT Q-5

RISE

Response Intervention Services & Engagement

$3.8 million partnership between Harris County and IDD Services Division offering early intervention OT, PT, Speech, Applied Behavior Analysis, certified family partners, and service coordination.

APPROVED

Inspire

$4.3 million provides families of children with disabilities respite care, essential equipment and materials, services, and family consultation to ensure the child receives the best supports to meet their unique needs. It supports people living in a family and community environment (to prevent admission to an institutional setting) while fostering independence.

The **HARRIS CENTER** *for* **Mental Health and IDD**
Transforming Lives

IDD Services Division
Presented By: **Dr. Evanthe Collins |** Vice President, IDD Division/Grants & State Contracts

FY23-24 Performance Targets

FY23 Quarter 4
981
115%

FY24 Quarter 1
1001
117%

FY24 Quarter 2
1010
118%

Month	Achieved
June	978
July	955
August	1011
September	1036
October	1011
November	951
December	934
January	1020
February	1066
March	1043

897 (105%) Division Target

854 (100%) HHSC Target

HHSC Target: 854 (all months)

Legend: Achieved — HHSC Target — Division Target
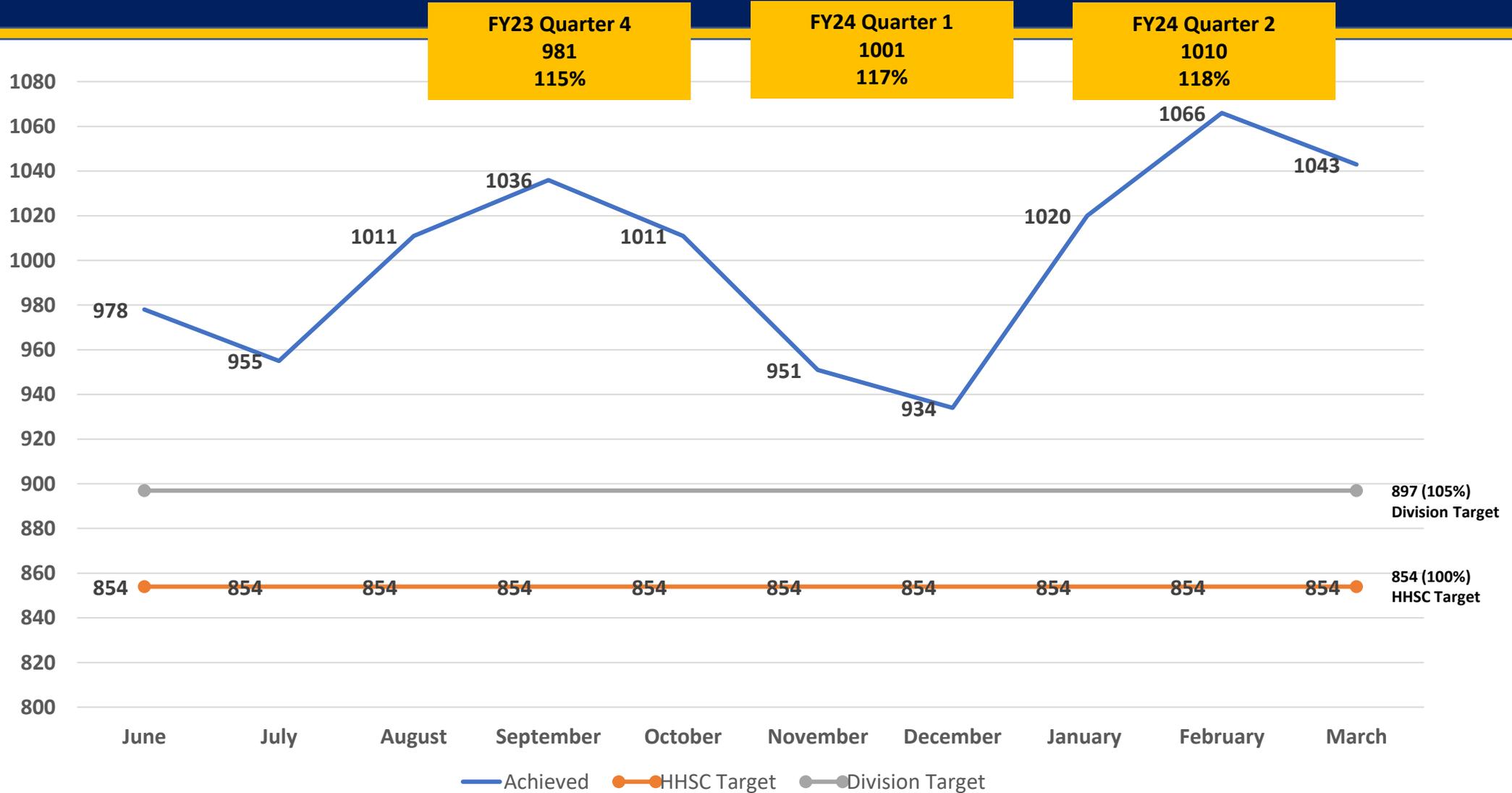
Number Interested/GR Services

HHSC General Revenue **SERVICES**

	2022-JUL	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
R021 Community Supports		112	112	112	112	112	105	100	99	96	92
R022 Out-of-Home Respite		119	120	118	118	119	118	113	113	113	110
R023 In Home Respite		742	748	727	732	761	733	680	660	664	648
R032 Residential Living		5	5	6	6	6	6	5	5	5	5
R041 Employee Assistance		67	67	70	71	71	71	68	78	84	85
R042 Supported Employment		5	5	6	6	6	6	6	7	9	14
R043 Vocational Training		59	59	62	62	62	62	57	58	58	58
R053 Day Habilitation		195	197	192	197	198	194	176	206	205	223
R054 Specialized Therapies		562	574	590	640	650	637	604	675	690	716
R055 Behavioral Support		459	468	477	488	491	472	460	611	516	522
UNDUPLICATED COUNT	7523	4481	4001	2902	1909	2531	2404	2060	1849	1865	1818

HHSC'S reallocation of unspent DID ARPA funds from other community centers:
Harris County FY25 - $373,200 (744 DIDs)

HHSC Process to Access GR Services

To access any HHSC general revenue service, a DID **AND** Service Coordinator (Person-Directed-Plan) are required.

DID (R005): Currently DID providers can respond within 24 hours for crisis cases and within 30 days for routine.

Service Coordination (R014): Currently there is an approximate 90 day wait to receive a service coordinator.

Number of individuals who will need a DID **AND** a service coordinator to access requested GR services: 1,818

Number Interested/GR Services

GR Clients Added Per Month								
	SEPT	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**
R021 Community Supports	0	0	0	1	0	0	0	0
R022 Respite (Out-of-Home)	0	0	0	0	0	0	0	0
R023 Respite (In-Home)	5	3	5	5	5	15	7	14
R032 Residential Living	1	0	0	0	0	0	0	0
R041 Employment Assistance	2	1	0	0	0	9	5	5
R042 supported Employment	1	0	0	0	0	0	2	0
R043 Vocational Training	3	0	0	0	0	2	0	0
R053 Day Habilitation	1	3	2	1	3	14	10	10
R054 Specialized Therapies	11	9	9	11	10	59	15	38
R055 Behavioral Supports	6	8	3	9	6	40	5	19
TOTAL ADDED	**30**	**24**	**19**	**27**	**24**	**91**	**36**	**62**

Waiver/HCPC Data*

MEDICAID WAIVER INTEREST LIST*		
	Home & Community-based Services (HCS)	Texas Home Living Waiver (TXHML)
Interest List Slots Allocated to Harris County YTD	126	454
Total on Interest List in HARRIS COUNTY	24,262	22,572
Total on Interest List in TEXAS	122,972	111,295
Average Time on Interest List	16-17 years	14-15 years
FY24/25 Biennial Slots STATEWIDE 88th Session	1,144	305
HHSC Statewide Allocation	1,728	3,720

IDD HCPC ADMISSIONS*			
	FY22	FY23	FY24 FYTD
Total Admissions	130	228	83
Total Individuals with Re-Admissions	49	67	31
Total Referred to IDD Eligibility	19	45	19
Total in Service Coordination at Time of Hospitalization	32	68	27

*data FYTD through May FY2024

DIDs Completed

Apx. capacity 124
(96 internal/28 external)

	Number of DIDs Completed
FY23 TOTAL	1,413 Avg. 118 per month
SEPT	120
OCT	134
NOV	67
DEC	43
JAN	78
FEB	95
MAR	74
APR	96

*Data as of 5/7/24

DID Report Completion Timeframe

	AVG Completion Time (CALENDAR DAYS)
FY23 AVG	23 days
SEPT	35
OCT	40
NOV	40
DEC	21
JAN	12
FEB	12
MAR	14

*Data as of 5/7/24
Report writing target is 20 days post assessment.
Reports are written for full DIDs only.