Strategic Plan Fiscal Years 2019-2021 Transforming Lives



The Harris Center for Mental Health and IDD

Our Mission

Transform the lives of people with behavioral kealth and IDD needs.

Our Vision

Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery oriented system of care.

Our Values

Collaboration Compassion Excellence Integrity Leadership Quality Responsiveness Safety

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INTRODUCTION

LETTER FROM The Chairperson & The CEO

On behalf of the Board of Trustees and the entire staff of The Harris Center for Mental Health and IDD (The Harris Center), we are proud to present our 2019-2021 Transforming Lives Strategic Plan. This Plan is the culmination of a great deal of effort put forth by our Board of Trustees, staff, community partners and stakeholders to develop a strong and visionary roadmap for The Harris Center.

As you know, 2018 has been a year of significant change for our Agency. As part of this, we recently updated our mission, vision and values to better reflect who we are as an organization and what we work to represent and accomplish for our community on a daily basis.

As we continue to move into this new and exciting era, we want to re-affirm our commitment to the residents of Harris County by setting clear priorities that will improve the lives of those we serve.

Through the generosity of many of you, we were able to obtain much-needed input that was utilized in the development of this Plan. Thank you for your willingness to invest your time in our process to provide your insight. Moving forward, this Plan will provide the guidance needed to ensure that The Harris Center is the responsive, collaborative and thoughtful organization we aim to be for the residents of Harris County.

As always, thank you for your continued interest in and support of The Harris Center and our mission to transform the lives of people with behavioral health and IDD needs.

Jon R. Keeney Chairperson, Board of Trustees Wayne Young

Chief Executive Officer

About The Harris Center

The Harris Center is the state-designated Local Mental Health Authority and Local Intellectual and Developmental Disability Authority serving Harris County, Texas.

As the largest behavioral and developmental disability care center in Texas, The Harris Center provided care to over 88,000 people in Fiscal Year 2017 and has an annual budget of over \$270 million.

As part of its commitment to transform the lives of people with behavioral health and IDD needs in the third largest county in the United States, The Harris Center provides an array of services at 36 different sites across Harris County. In addition, services were provided in 42 different languages as well as sign language in Fiscal Year 2017 in order to better serve what is one of the most diverse and multi-cultural communities in the nation.

By utilizing the unique expertise of its more than 2,300 employees, The Harris Center is committed to meeting the behavioral health and IDD needs of Harris County residents so that those served are empowered to improve their lives through an accessible, integrated and comprehensive recovery oriented system of care. This is directly reflected in the Agency's core values, which include:

- Collaboration
- Compassion
- Excellence
- Integrity
- Leadership
- Quality
- Responsiveness
 - Safety

The Harris Center is governed by a nine member Board of Trustees appointed by the Harris County Commissioners Court. As part of its duties, the Board of Trustees appoints the Chief Executive Officer and sets policy for the organization.

For more information on The Harris Center, visit TheHarrisCenter.org.

PLAN

Transforming Lives Strategic Plan Overview

The Harris Center Transforming Lives Strategic Plan sets new and clear expectations for the Agency across Fiscal Years 2019, 2020 and 2021. This Plan focuses on improving both access to care as well as the quality of services provided while solidifying The Harris Center as the innovative leader that the residents of Harris County deserve. The ultimate goal of this Plan is to empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery oriented system of care.



Goal 1: To become the most innovative behavioral health system in the country

Objective 1.1. Provide care without limitations - for Harris County Residents

Key Strategies

- Implement and utilize Telepsych services utilizing existing platforms
- Pilot services with the Sheriff's Department
- Install Life-Size systems at Clinics to enable providers to work remotely
- Implement a program for patients to access services from their current location

Objective 1.2. Implementation of an EHR based on latest technology to improve care

Key Strategies

- Care Coordination Facilitate care with other providers and the ability to share records
- Clinical decision support tools Behavioral Health Screening and Assessment Tools that provide alerts and reminders, diagnostic support, clinical guidelines, focused patient data reports, as well as summaries and reference information
- Features which allow providers to monitor the medications patients are prescribed, and alert if the risk of a harmful drug interaction is present
- Patient Engagement The system will allow free flow of information between patient and provider

Objective 1.3. Data ecosystem – Provide data as a service internally and externally

Key Strategies

- Evolve our Data Warehouse into an environment able to be accessed by others
- Analytics Environment define health and scope into a data system that focuses on providing "Data as a Service"
- Data on demand internally and externally Health Information Exchange (HIE)
- Monitor health of the population, identify populations at risk, determine effectiveness, quantify different factors, organize cost-effectiveness studies, support administrative functions, monitor adequacy of care
- Simplify data for staff use

Objective 1.4. Achieve certification: Certified Community Behavioral Health Center (CCBHC)

Key Strategies

- Update and standardize policy and procedures/guidelines (50% by September, 75% by October 2018, and 95% by December)
- Develop a list of evidence-based/best practices (EBP's) that reflect Statewide Needs Assessment findings and support other Texas Program Initiatives
- Increase MOU/ working arrangement for services (by 3 each year)
- Formalize a working relationship with the VA for military consumers
- Agency readiness by December 2018 for CCBHC review

Objective 1.5. Obtain accreditation: Commission on Accreditation of Rehabilitation Facilities

Key Strategies

- Identify what is expected/needed to achieve CARF Accreditation
- Develop a work plan and teams
- Update and standardize policy and procedures/guideline (50% by September 75% by October 2018, and 95% by December)
- Develop materials to educate staff, consumers, families and community partners on CCBHC & CARF

Objective 1.6. Increase stakeholder score of innovation

- Develop and facilitate collaborative meetings with community partners, families and persons served to inform them of our services
- Provide community partners with systematic data to increase understanding of its meaning, structure and relationships to support decisions and policy making
- Develop The Harris Center information publications
- Enhance the design and use of social media
- Review and develop a plan to address the top 3 issues from the stakeholder feed back

Goal 2: To improve access to care

Objective 2.1. Add seven new access points to care

Key Strategies

- Create 2 satellite clinics by co-locating services with collaborative partners
- Create project plan and identify a location for PES #2
- Create a jail diversion center
- Establish an Eligibility presence at the new Harris County Jail Joint Processing Center
- Add Initial Eligibility service at Southeast CAS Clinic
- Add an additional CAS school based site with a significant area ISD

Objective 2.2. Increase the number of individuals receiving services above contract requirements

Key Strategies

- Service target (854) for persons with IDD
- Service target (12,454) in community Adult Mental Health
- Service target (2,719) In Child and Adolescent Services
- Service target (2,000) in jail diversion center

Objective 2.3. Define and establish baselines for productivity and implement processes to increase production

Key Strategies

- Utilize telemedicine to decrease impact of no-shows and down time
- Establish productivity targets for all providers
- Develop RVU based provider compensation model
- Create strategies to reduce "no-shows"
- Define and establish baselines

Objective 2.4. Increase availability in six settings through extended hours of service

- Establish weekend Outpatient clinic time at two locations
- Establish after hour availability at one outpatient clinic location
- Extend Initial LPHA Eligibility services through the weekend
- Increase availability of employment services for persons with IDD and MH

Goal 3: To create a fully integrated system of care that includes behavioral health, SUD, IDD and primary care.

Objective 3.1. Establish model for Integrated primary care, behavioral health, SUD and IDD service delivery

Key Strategies

- Develop definition and description of integrated mental health and primary care services for The Harris Center including substance abuse use disorders and intellectual/developmental disabilities
- Determine necessary components of an integrated mental health and primary medicine delivery model(s) that is population based
- Identify evidenced based practices (EBP) to support delivery model
- Cross discipline training on EBPs and application of best practices to support delivery model
- Establish Integrated Care implementation Team
- Determine locations and sites of services
- Determine collaborative partners for integrated primary care, mental health, IDD and SUD

services

- Establish Contracts or MOUs with identified primary care providers for physical health, substance use/abuse and intellectual/ developmental disability services
- Develop processes for seamless transitions across services as determined by consumer needs
- Establish Strategic Facilities Plan

Objective 3.2. Increase number of individuals receiving primary care health service

Key Strategies

- Onsite primary care services at 4 behavioral health service sites 5 days per week
- Extend hours of primary care services during all hours of mental health clinics operations
- Provide primary care services by onsite providers or telehealth services at each mental health site

Objective 3.3. Improved integrated primary care and behavioral health delivery system

- Key Strategies
- Establish data driven processes in
- Create EHR that provides access to all primary care and behavioral health providers
- Implement EHR that supports one
- integrated treatment plan for all individuals
- Establish weekly integrated treatment team staffings
- Enhance population based behavioral and medical screening
- tools as practice standard with data that is available to all providers
- Establish primary medicine healthcare providers as part of The Harris Center service delivery

in school systems and higher

of abuse in population served

education materials in multiple

Determine method and type of

medication assisted therapies

(MAT) interventions to be

languages for consumer education

Develop information and

Identify most reported substances

education

and training

Objective 3.4 Integrate substance use disorders services across Center services

Key Strategies

- Research and identify best practices for intervention and reduction of substance use and abuse in persons with mental health disorders, IDD and histories of trauma
- Provide training to staff regarding methods of recognition, identification and intervention of SUDs in population served
- Enhance methods for screening

and determination of substance use/abuse service needs in population served

- Create a speakers bureau for community education regarding substance use disorders with a focus on middle and high school populations
- Engage Peer Support Specialist and Peer Educators for consumer support and education
- Identify community partners

Objective 3.5. Improve access to behavioral, medical, and SUD services for persons with IDD

Key Strategies

- Establish collaborations with community experts regarding healthcare needs and disparities in the IDD population
- Establish consulting services with identified community expert regarding population health needs of persons with IDD
- Provide consultation to community behavioral health entities regarding care and management of the person with IDD experiencing a mental health

crisis or who is in need of mental health services

- Establish resource information regarding healthcare providers who have integrated the needs of the IDD population in their service delivery
- Identify best practices to identify and develop interventions to meet behavioral health needs and substance use/abuse in the IDD population
- Enhance methods to screen and detect substance use/abuse

disorders that may go undetected in the IDD population

implemented in The Harris Center

- Provide community education and forums regarding comprehensive IDD services
- Engage community, parents and guardians in educational events related to meeting the needs of the IDD population
- Implement center-wide educational programs for all staff regarding IDD needs and services

Goal 4: To continuously improve quality of care

Objective 4.1. Achieve 100% competency in all 28 CARF BH accreditation domains

Key Strategies

- Review CARF certification qualifications
- Create plan to systematically assess all BH CARF domains for areas of improvement
- Initiate PI for areas of deficiency
- Complete mock survey of CARF review

Objective 4.2. Reduce Suicide Rate to Zero for Harris Center Clinical Programs

Key Strategies

- Initiate Zero suicide educational campaign for staff in all clinical care settings
- Implement universal screening of suicide risk in all clinical settings (i.e., C-SSRS)
- Review and ensure suicide risk is systematically addressed in all clinical settings
- Create Safety plan template for all clinical programs for high risk patients
- Monitor Implementation of Harm Reduction strategies in Plans-of-Care for high risk patients
- Incorporate technology aids and tools to monitor, screen for suicide risk

Objective 4.3. Meet 100% of Agency quality care metrics of MACRA and CCBHC

Key Strategies

- Implement a Qualified Clinical Data Registry (QCDR)
- Monitor scorecard for Agency metrics
- Provide consistent feedback and training of direct care staff on quality care targets and go
- Initiate PI for areas of deficiency

Objective 4.4. Reduce Minutes in Seclusion in PES

- Establish baseline hours and rate
- Roll out educational campaign to staff
- Educational trainings and update for physicians, nursing psych techs and admin staff on de-escalation techniques
- Assessment and improvement of physical care environment

Goal 5: To serve as a community leader in all aspects of behavioral health and IDD

Objective 5.1. Increase the Agency's number of formal collaborations

Key Strategies

- Increase Agency's presence in the community through development and implementation of formal marketing/ communications plan
- Proactively seek out and engage organizations serving individuals with behavioral health and IDD needs who are not currently partnering with the Agency
- Increase the Agency's formal education affiliations

Objective 5.2. Increase the Agency's role in providing community outcomes/education

Key Strategies

- Develop a formal Speakers Bureau that trains staff to represent the Agency and facilitates requests for community presentations
- Create or partner with a Behavioral Health Community Advisory Committee with membership that includes community stakeholders/partners and those with lived experience
- Coordinate and offer quarterly trainings that include CEUs for community stakeholders/partners that showcase expertise within the Agency

Objective 5.3. Increase the Agency's role in activities related to public policy/legislation

- Provide routine communication to all members of the Harris County state legislative delegation, Harris County Commissioners Court, and Houston City Council
- Develop formal process to identify and promote the Agency's legislative platform/priorities
- Increase participation in policy-related collaboratives both locally and at the state level

Goal 6: To become the organization of choice for both persons served and employees

Objective 6.1. Increase overall patient satisfaction from the FY18 baseline of 82.97% (+1%)

Key Strategies

- Reactivate the Respect Committee and begin a center-wide respect campaign in relation to patient care
- Work with clinic business offices to ensure clear and reliable patient billing
- Educate patient reception staff in customer service (e.g., helpfulness, respect, compassion, etc.)
- Engage all staff to facilitate the improvement of work space appearance (e.g., organization, orderliness, cleanliness, etc.)

Objective 6.2. Increase overall employee satisfaction from the FY18 baseline of 138.2 (+1%)

Key Strategies

- Review compensation plan to assure that we have the right titles, salaries and staff classifications in support of a regularly reviewed compensation plan
- Development and implement technological environment which supports an employee's performance and success
- Develop strategies for non-monetary, contingent rewards for staff and staff recognition
- Develop and implement strategies to improve respect, and to facilitate horizontal and vertical communication across the Center

Objective 6.3. Decrease staff volunteer turnover from the FY18 baseline of 16.25% (-5%)

Key Strategies

- Develop internal accommodations for staff such as center-wide CEU opportunities
- Identify an internal career ladder for center employees
- Develop strategies for non-monetary, contingent rewards for staff
- Provide training to managerial staff to interview and select applicants for hire

Objective 6.4. Decrease the "days open" for vacant positions from the FY18 baseline of 68.42 days (-5%)

- Develop innovative recruitment strategies
- Improve the Center's branding and marketing strategies
- Re-evaluation of the continuation of vacant positions past 30 days
- Post vacancies that are current and needed (no place holder position postings)

Transforming Lives Strategic Plan Crosswalk

The following crosswalk demonstrates the intersection between The Harris Center's Transforming Lives Strategic Plan and the Texas Statewide Behavioral Health Strategic Plan.

Statewide Behavioral Health Strategic Plan Identified Gaps

- Gap 1: Access to Appropriate Behavioral Health Services
- Gap 2: Behavioral Health Needs of Public School Students
- Gap 3: Coordination Across State Agencies
- Gap 4: Veteran and Military Service Member Supports
- **Gap 5:** Continuity of Care for Individuals Exiting County and Local Jails
- Gap 6: Access to Timely Treatment
- Gap 7: Implementation of Evidence-based Practices
- Gap 8: Use of Peer Services
- Gap 9: Behavioral Health Services for Individuals w/ IDD
- **Gap 10:** Consumer Transportation and Access to Treatment
- Gap 11: Prevention and Early Intervention
- Gap 12: Access to Housing
- Gap 13: Behavioral Health Workforce Shortage
- Gap 14: Services for Special Populations
- Gap 15: Shared and Usable Data

Strategic Plan Crosswalk

The Harris Center Strategic Plan - Goals

| | Goal 1 | Goal 2 | Goal 3 | Goal 4 | Goal 5 | Goal 6 |
|--------|--------------|--------------|--------------|--------------|--------------|--------------|
| Gap 1 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 2 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 3 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |
| Gap 4 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |
| Gap 5 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |
| Gap 6 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |
| Gap 7 | \checkmark | \checkmark | \checkmark | \checkmark | | |
| Gap 8 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |
| Gap 9 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 10 | \checkmark | \checkmark | | | | |
| Gap 11 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 12 | \checkmark | \checkmark | \checkmark | | \checkmark | |
| Gap 13 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 14 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark |
| Gap 15 | \checkmark | \checkmark | \checkmark | \checkmark | \checkmark | |





The Harris Center for Mental Health and IDD

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