

**Quality Committee Meeting**

March 21, 2023

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, February 21, 2023  
(EXHIBIT Q-1)

**IV. REVIEW AND COMMENT**

- A. Board Score Card  
(EXHIBIT Q-2 Luming Li/Trudy Leidich)
- B. AMH/CAS Access Data  
(EXHIBIT Q-3 Sylvia Muzquiz-Drummond/Lance Britt)
- C. Suicide Care Pathway  
(EXHIBIT Q-4 Trudy Leidich)

**V. EXECUTIVE SESSION-**

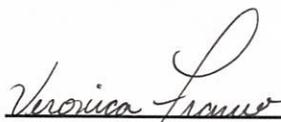
• ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***

• ***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**



Veronica Franco, Board Liaison  
George D. Santos, MD, 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, FEBRUARY 21, 2023**  
**MINUTES**

Dr. George Santos, Board of Trustees Chairman, called the meeting to order at 10:00 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. G. Santos, Mr. S. Zakaria, Mr. J. Lykes, Dr. L Moore, Dr. R. Gearing

Committee Member Absent:

Other Board Member in Attendance: Mrs. B. Hellums

**1. CALL TO ORDER**

The meeting was called to order at 10:00am.

**2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

Dr. George Santos designated Mrs. Hellums as a voting member of the committee.

**3. DECLARATION OF QUORUM**

Dr. Santos declared a quorum was present.

**4. PUBLIC COMMENT**

There were no Public Comments.

**5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, January 17, 2023**

**MOTION BY: MOORE**

**SECOND BY: HELLUMS**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Quality Committee meeting held on Tuesday, January 17, 2023, as presented under Exhibit Q-1, are approved.

**6. REVIEW AND COMMENT**

**A. Quality Board Score Card**, presented by Trudy Leidich and Dr. Luming Li, was reviewed by the Quality Committee.

**B. Medical Peer Review**, presented by Dr. Luming Li, was reviewed by the Quality Committee.

C. **Credentialing**, presented by Dr. Luming Li, was reviewed by the Quality Committee

**7. EXECUTIVE SESSION-**

Dr. Santos announced the Quality Committee would enter into executive session at 10:59 am for the following reason:

- 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

**8. RECONVENE INTO OPEN SESSION-**

The Quality Committee reconvened into open session at 11:39 am.

**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: HELLUMS**

**SECOND: ZAKARIA**

There being no further business, the meeting adjourned at 11:39 am.

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**Veronica Franco, Board Liaison**  
**George Santos, Chairman**  
**Quality Committee**  
**THE HARRIS CENTER *for* Mental Health *and* IDD**  
**Board of Trustees**

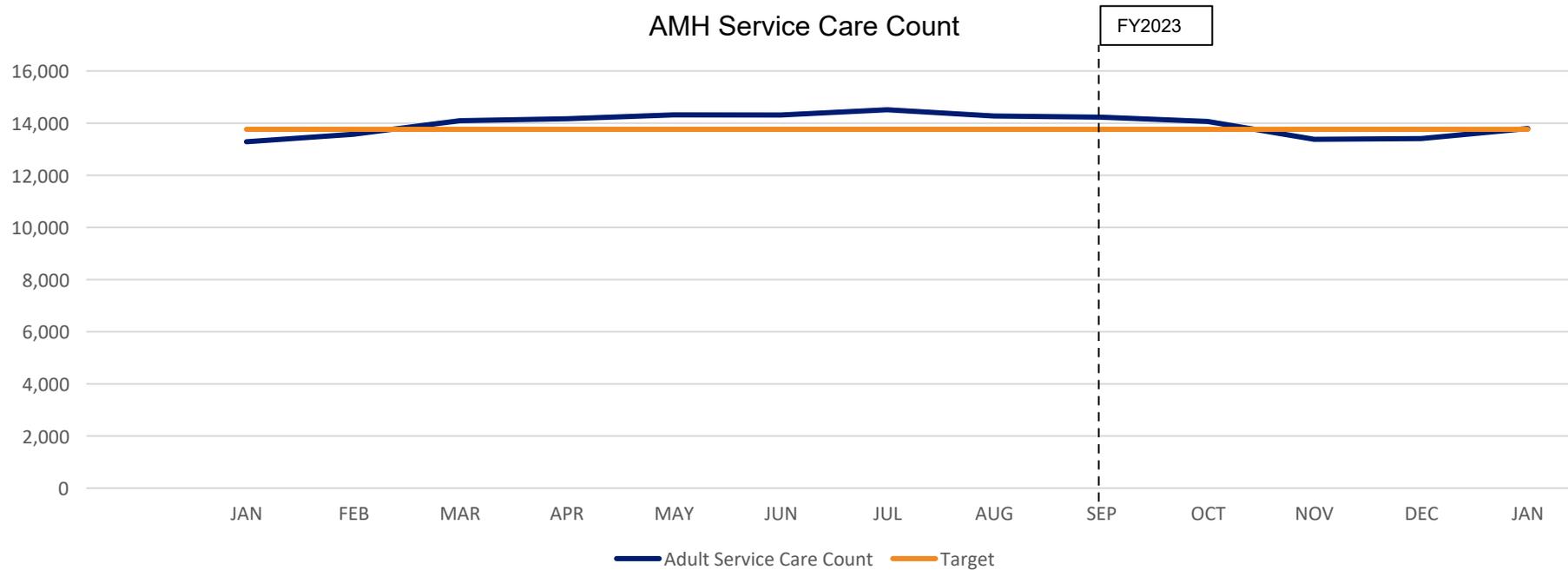
# **EXHIBIT Q-2**

# Quality Board Scorecard

Board Quality Committee Meeting

Presented By: Trudy Leidich, VP Clinical Transformation and Quality

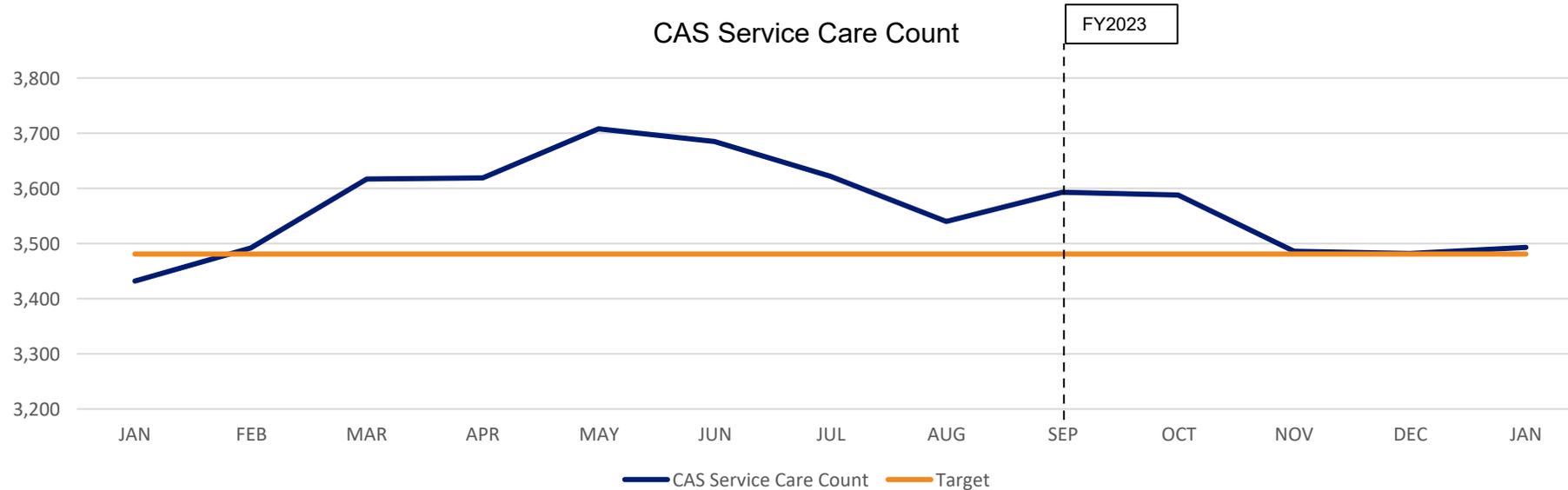
Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Jan)	Reporting Period: January 2023 Care Count	Target Desired Direction	Target Type
Access	AMH Service Care Count	13,764	13,776	13,794	Increase	Contractual



**Highlights:**

- Adult service care count average is **up 7%** in fiscal year to date 2023 (13,776) compared to same period in FY2022 (12,905)
- Adult Service count are also **up 4%** this reporting period (13,288) compared to January 2022 (12,905)

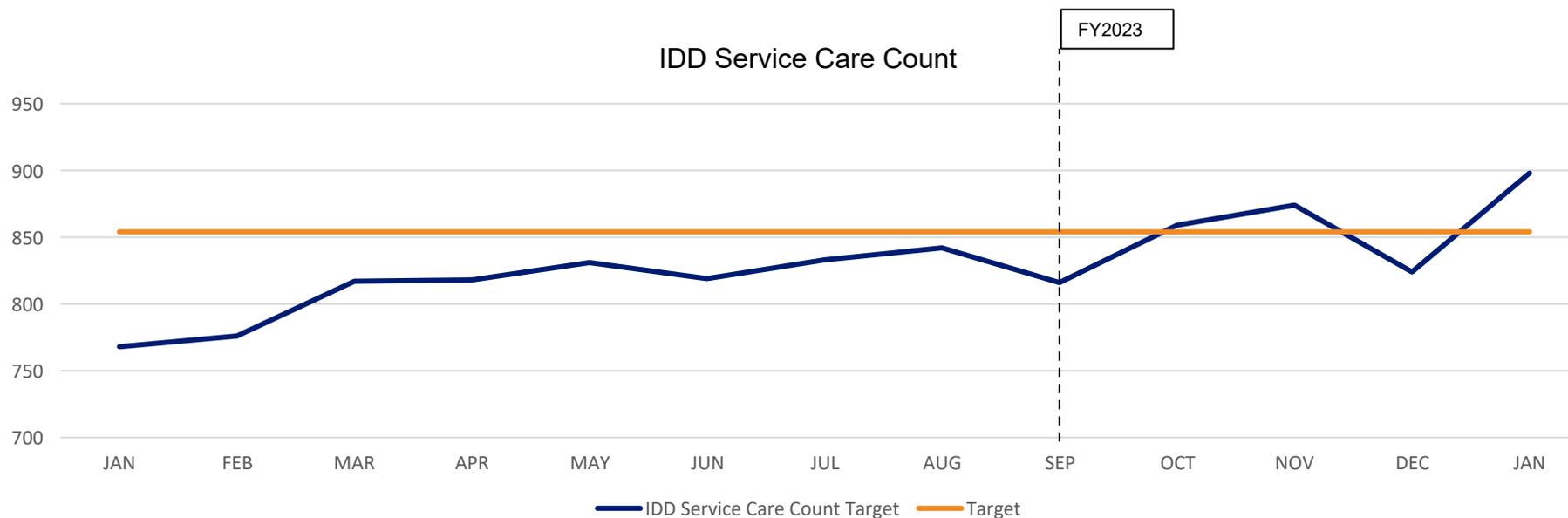
Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Access to Care	CAS	3,481	3,528	3,493	Increase	Contractual



Highlights:

- CAS service care count average is up **4%** in fiscal year to date 2023 (**3,528**) compared to same period in FY2022 (**3,392**)
- CAS Service care count is also up **2%** this reporting period (**3,493**) compared to January 2022 (**3,493**)

Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Access	IDD	854	854	898	Increase	Contractual



Highlights:

IDD has achieved its highest care count FY23 to date.

- IDD had a **9% increase** in the total average service care count: from an average of 781 (Sep-Jan) in 2022 to 854 in Sep-Jan 2023.
- For the reporting period January 2023, IDD has increased the service care count by **17%**, from **768 (Jan 2022) to 898 in Jan 2023**

# GR ACCESS TO CARE



## STEP 1 ELIGIBILITY

DID  
Report Writing  
Financials  
Service Assessment

Number waiting to receive a DID assessment\*

	July	Oct	Nov	Dec	Jan	Feb**
Beginning of month*	5,831	5,775	5,710	5,602	5,621	5,585
Added	-	37	22	34	30	0
Removed	-	102	130	15	66	98
<b>TOTAL WAITING</b>	<b>5,831</b>	<b>5,710</b>	<b>5,602</b>	<b>5,621</b>	<b>5,585</b>	<b>5,487</b>

1. Average wait time from call to appointment for a crisis is 1-2 weeks, non-crisis is 30-60 days. \*\*\*
2. Average time for DID appointment: Assessment no documentation 2-4 hours, Assessment w/ documentation 30 minutes – 1 hour; Financial Assessment: 30 minutes; SC Assessment (explanation of available services) – 1 hour.\*\*\*
3. Average number of days to complete DID report is 20.4 days (based on 5 months of data in FY23).
4. Post report, average time to complete referral to service coordination is 3 days.

## STEP 2 SERVICE COORDINATION

Discovery  
Person-Directed Plan  
Monitoring

Number waiting to receive a GR Service Coordinator\*

Dec	Jan	Feb**
118	84	52

1. Average wait time to be assigned a service coordinator is 3 months.
2. Once assigned, average wait time for service coordinator to make contact is 24 hours for crisis case and 3 days for non-crisis.
3. Home visit/discovery is dependent on family availability.
4. Post home visit/discovery, average time to complete person directed plan and send referral to GR Services is 14 days (reviewed by supervisor prior to approval).

## STEP 3 GR SERVICES

HHSC Contracted Services  
Internal/External Providers  
Community Linkages

Number waiting to access an authorized GR service\*

	Dec	Jan	Feb**
In-home respite (Contract) <i>Avg. wait time: ~1 month</i>	9	9	23
Out-of-home respite (Contract) <i>Avg. wait time: ~1 month</i>	0	0	0
Day Habilitation (Contract) <i>Avg. wait time: ~1 month</i>	2	2	15
Employment Services (Contract) <i>Avg. wait time: ~1 month</i>	0	0	2
Feeding Clinic (Internal) <i>Avg. wait time: ~1 month</i>	24	1	0
Outpatient Biopsychosocial Services (OBI) (Internal) <i>Avg. wait time: 12 months</i>	99	176	181
The Coffeehouse (Internal) <i>Avg. wait time: 6 months</i>	Not Reported	8	13
<b>TOTAL WAITING</b>	<b>134</b>	<b>196</b>	<b>234</b>

\*contains invalid data

\*\* Feb data is preliminary as of 2/24/2023

\*\*\* Average based on previous workflow

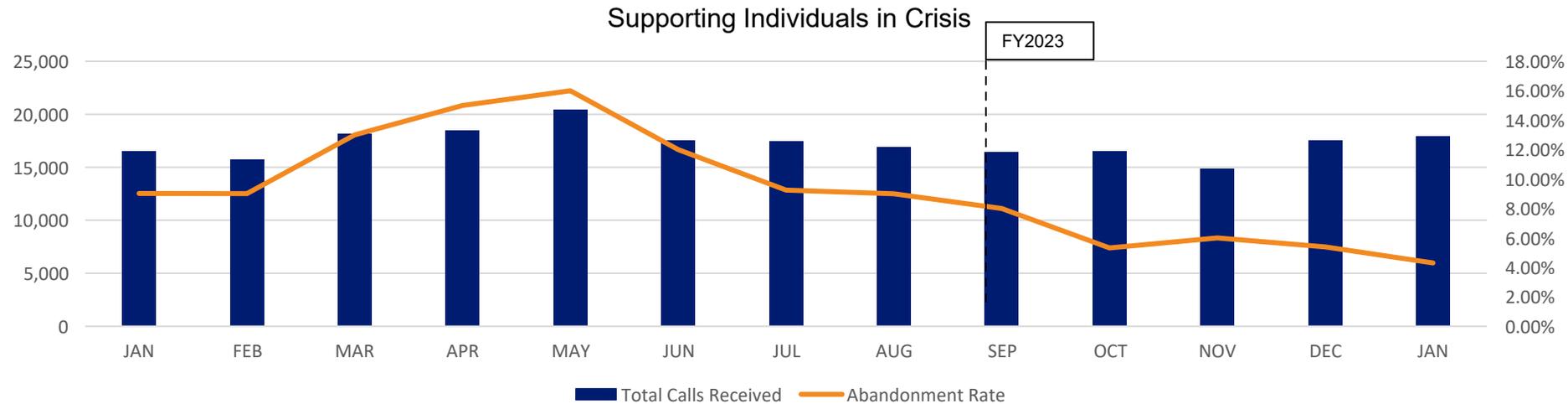
\*data has been validated and is post DID

\*\* Feb data is preliminary as of 2/24/2023

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Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Total Calls Received	N/A	16,645	17,926	Increase	Contractual
	Abandonment Rate	<8%	5.80%	4.30%	Lower	Contractual



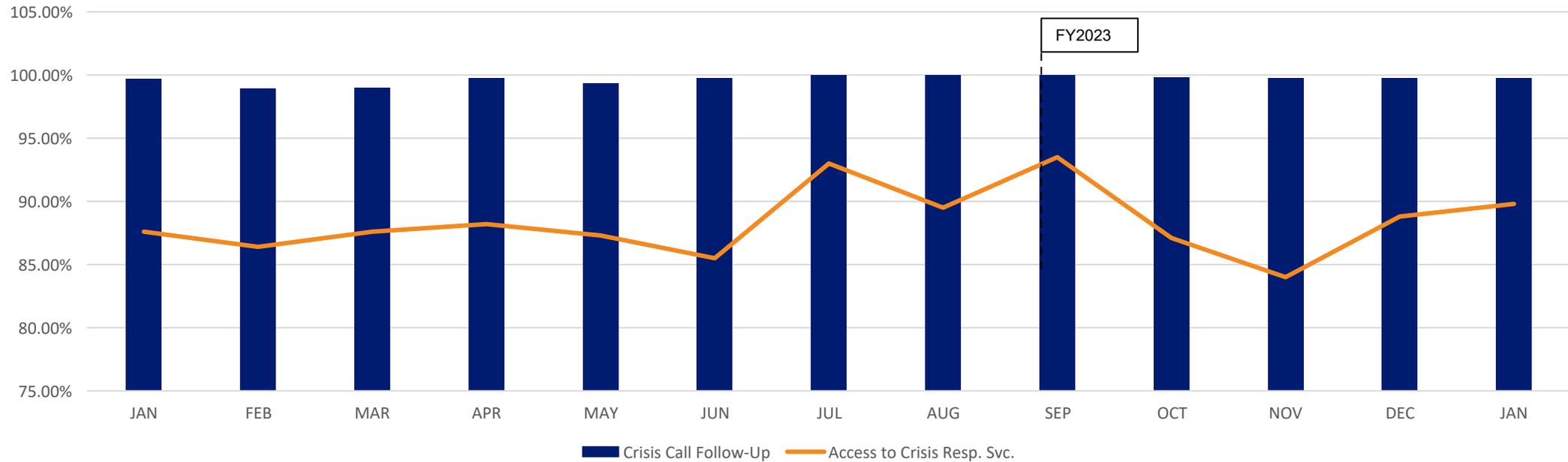
Highlights:

Crisis Line continues to perform above its target.

- Total calls received increase by **9%** from **16528** in January 2022 to **17926** in January 2023
- The graph above shows that even with the increase in call volume, **abandonment rate is down by more than 50%** from **9.02%** in January 2022 to **4.30%** in January 2023. Which is below the industry standard of 5-8% (according to 2021 Talkdesk Global Contact Center).

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Access to crisis response services	>52%	88.64%	89.80%	Increase	Contractual
	Crisis Call Follow-Up	>97.36%	99.82%	99.77%	Increase	Contractual

Connecting Individuals in Crisis to Care

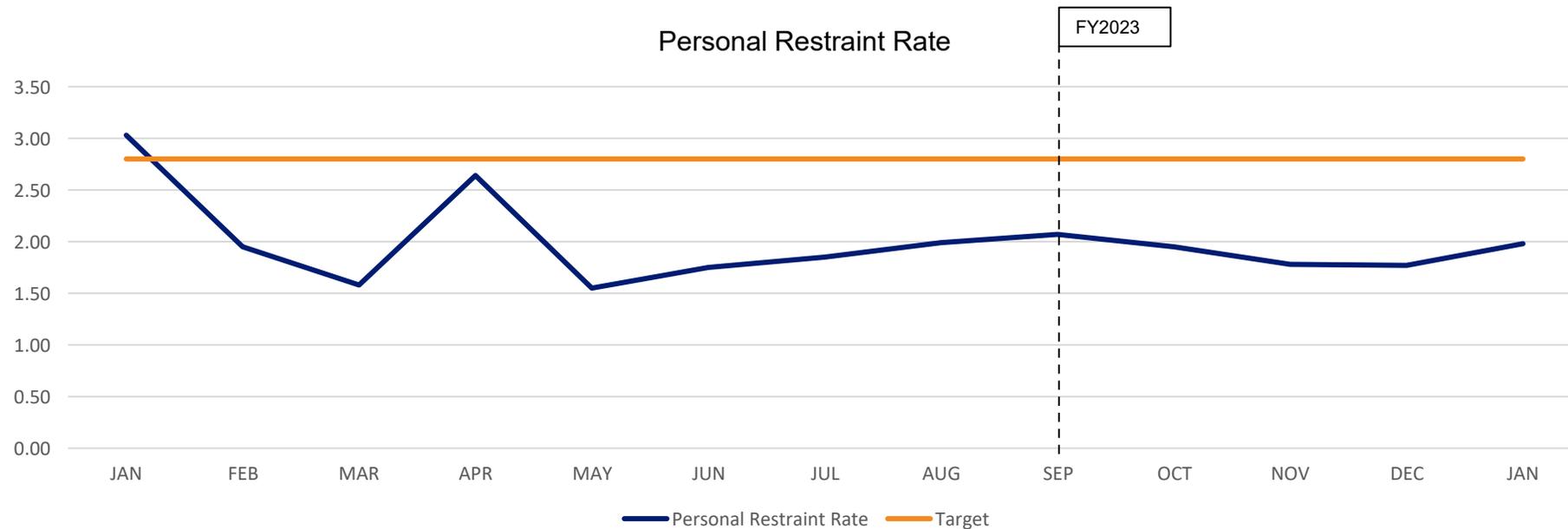


Highlights:

Crisis Line continues to perform above its target for Access to crisis response services and crisis call follow up.

- **99%** of crisis call are followed up within 8 hours to individual who were in a crisis
- **89%** of the crisis call received result in a face-to-face encounter within 1 day

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Safe Care	Personal Restraint Rate (# of personal restraints/1000 bed hours )	<2.80	1.91	1.98	Decrease	Contractual

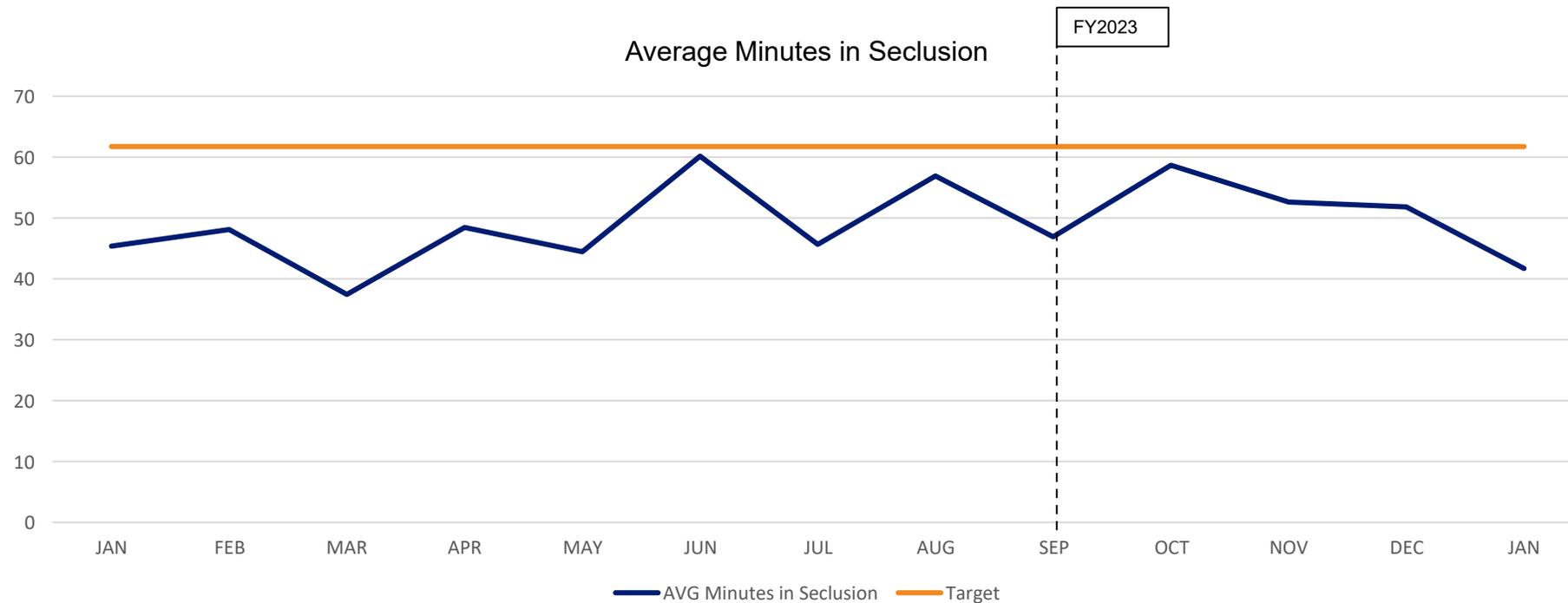


Highlights:

Personal Restraint Rate continues to perform well.

The rate of personal restraint went down by **35%** from the same period: from **3.03%** in January 22 to **1.98%** for January 23

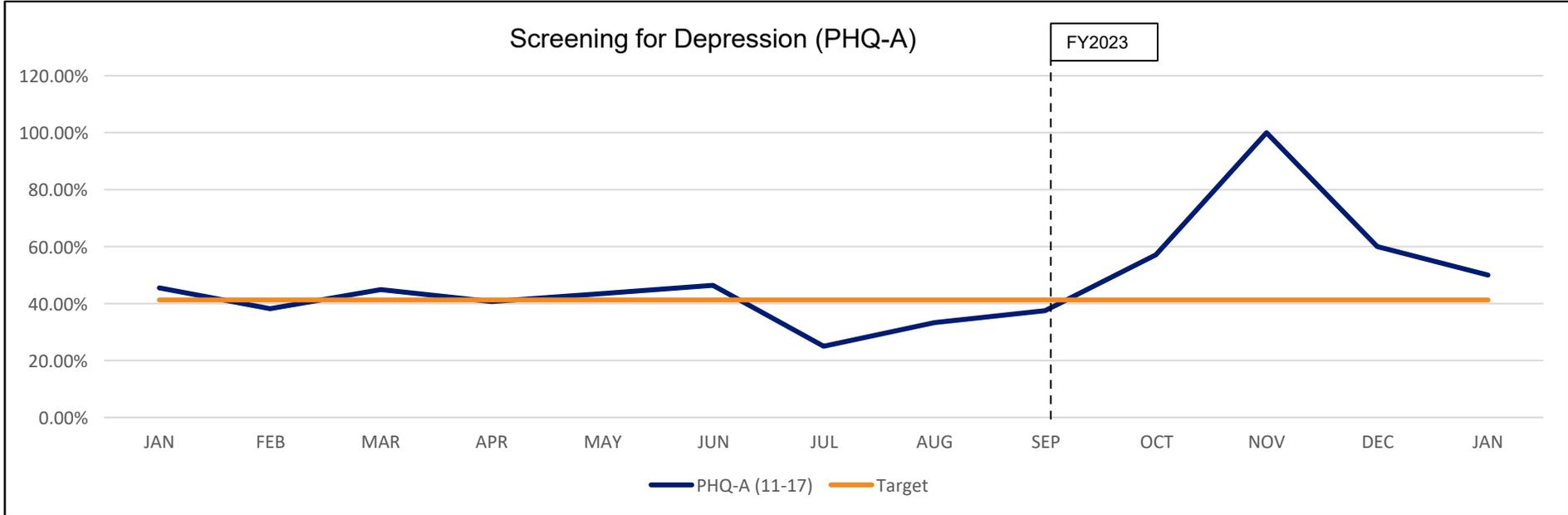
Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion (The average number of minutes spent in seclusion)	<61.73	50.34	41.70	Decrease	Contractual



**Highlights:**

Average Minutes in Seclusion continues to perform well. The program achieved an **8%** decrease in the average minutes that individuals are secluded from the same period in 2022. From **45.37** in January 2022 to **41.70** in January 2023

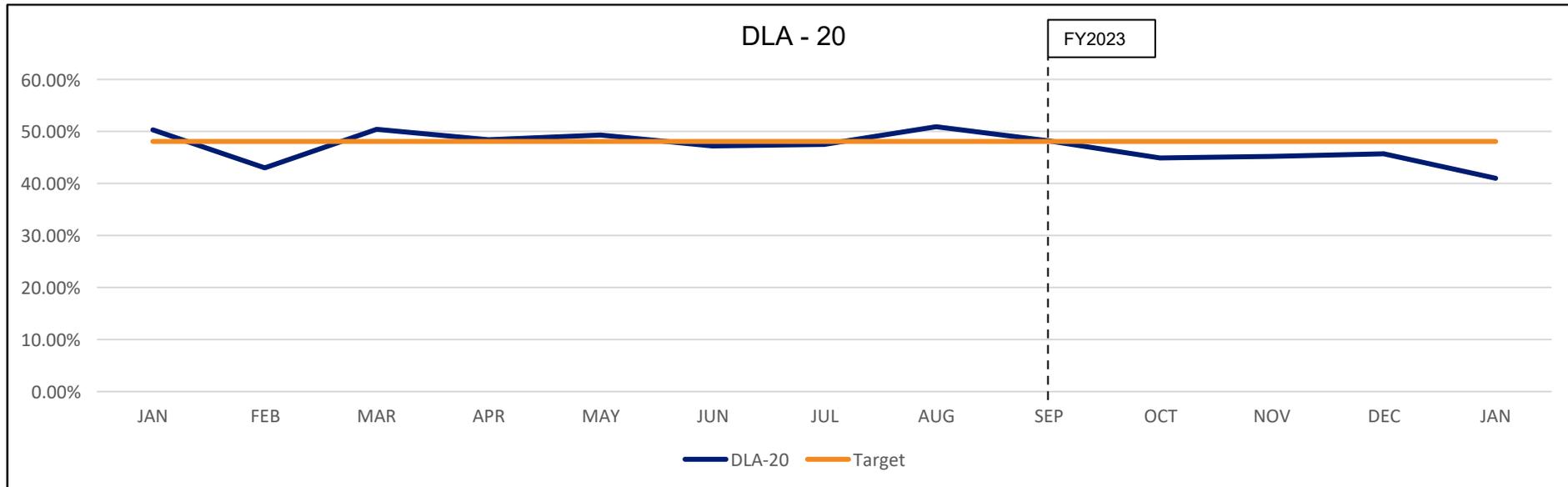
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	60.92%	50%	Increase	IOS



Highlights:

- PHQ (Patient Health Questionnaire) This is a widely used and validated measure of depression.
- PHQ-A measured a **10% improvement** in overall adolescent and young adults' depression state this reporting period compared to the previous reporting in January

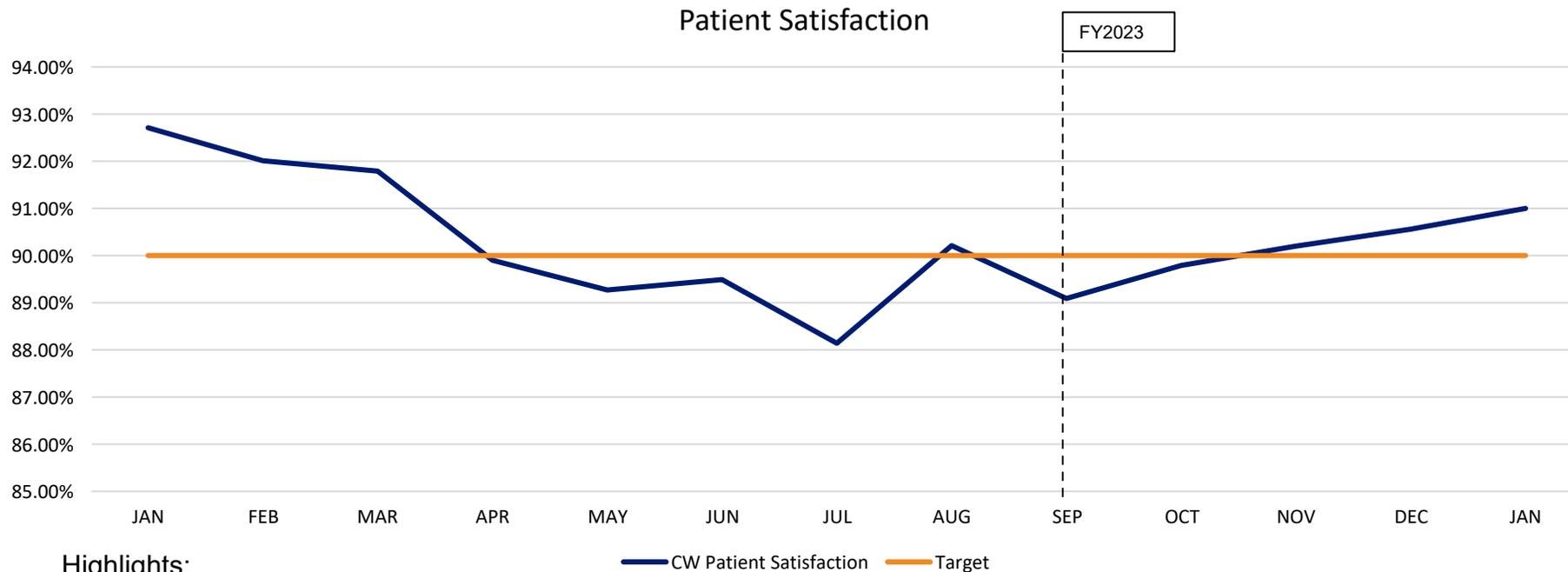
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Effective Care	DLA-20 = Daily Living Activities	48.07%	45%	41%	Increase	IOS



Highlights:

- DLA-20 (Daily Living Activities) is given to all MH patients and is the only measure focused on adaptive functioning
- DLA-20 measured a **18%** decrease in overall adults' daily living functioning state this reporting period compared to the previous reporting in January

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	90.13	91.00	Increase	IOS



Highlights:

- Patient satisfaction continues met its target. Overall response rate is higher this period than the previous period. From **4898 (about 12% of total surveys sent out)** response from individual served in Jan 2022 to **6673 (9% of total survey sent out) in Jan 2023**
- Patient satisfaction survey for **POC-IC increased by 5 percent** (Jan'22 - 90.57% to Jan'23 - 95.15%) the same period
- Patient satisfaction survey for Pharmacy had a **minor 6 percent decrease** (Jan'22 - 100 to Jan'23 - 94.87%)
- The Clinical Transformation and Quality division is exploring ways to improve response rate and a singular survey tool selection for adoption to meet the needs of the organization

# Appendix

- AMH, CAS presented by Lance Britt and Dr. Muzquiz
- Historical Presentation of Scorecard with Updated Data

# Board of Trustee's PI Scorecard



Transforming Lives

Target Status:

Green = Target Met	Red = Target Not Met	Yellow = Data to Follow	No Data Available
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	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
<b>Access to Care</b>																
AMH Waitlist (State Defined)	0	0	0	0	0								0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794								13,819	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%								100.40%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	47.90%								47.62%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0								0	0	IOS	MH-BO
CAS Service Target	3,593	3,588	3,555	3,485	3,493								3,543	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%								101.77%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	76.80%								75.20%	≥ 65.00%	C	MBOW
DID Assessment Waitlist													#DIV/0!	0	IOS	IDD-BO
IDD Service Target	824	864	885	830	908								862	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%								100.96%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.47								21.53	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.77								3.16	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42								6.52	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86								7.93	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.61								21.47	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47								46.00	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35								30.00	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								4.68	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	6.95	5.48	5.52	6.89	8.56								6.68	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	6	2	2	1	4								3.00	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	2	1	1	0	0								0.80	0	IOS	Epic
<b>Access to Care, Crisis Line</b>																
Total Calls Received	16,427	16,509	14,853	17,512	17,926								16,645			
AVG Call Length (Mins)	8.00	8.00	8.10	8.70	8.50								8.26			
Service Level	86.00%	91.34%	91.00%	90.76%	92.00%								90.22%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	8.00%	5.32%	6.00%	5.39%	4.30%								5.80%	< 8.00%	NS	Brightmetrics
Occupancy Rate	73.00%	69.00%	69.00%	71.00%	72.00%								70.80%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.79%	99.76%	99.77%	99.77%								99.82%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	93.50%	87.10%	84.00%	88.80%	89.80%								88.64%	> 52.00%	C	MBOW
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)</b>																
PES Total Visits	1,194	1,192	1,160	1,173	1,266								1197			
PES Admission Volume	523	585	560	544	555								553.40			
Mechanical Restraints	0	0	0	0	0								0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00								0.00	≤ 0.01	IOS	Epic
Personal Restraints	46	40	37	37	43								40.60			Epic
Personal Restraint Rate	2.07	1.95	1.78	1.77	1.98								1.91	≤ 2.80	IOS	Epic
Seclusions	33	35	19	32	20								27.80			Epic
Seclusion Rate	1.48	1.61	0.92	1.53	0.92								1.29	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	46.91	58.66	52.62	51.82	41.70								50.34	≤ 61.73	IOS	Epic
Emergency Medications	44	54	42	47	58								49.00			Epic
EM Rate	1.98	2.48	2.02	2.25	2.67								2.28	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%								100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	JAN	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
<b>Patient Satisfaction (Based on the Two Top-Box Scores)</b>																
CW Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.00%								90.13%	90.00%	IOS	Feedtrail
V-SSS 2	88.69%	89.66%	90.24%	90.32%	90.38%								89.86%	90.00%	IOS	Feedtrail
PoC-IP	89.71%	89.30%	89.25%	90.14%	90.14%								89.71%	90.00%	IOS	McLean
Pharmacy	93.02%	99.09%	96.31%	96.19%	96.19%								96.16%	90.00%	IOS	Feedtrail
<b>Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)</b>																
QIDS-C	25.00%	27.75%	26.88%	26.82%	26.72%								26.63%	24.00%	IOS	MBOW
BDSS	30.19%	31.31%	31.83%	33.48%	33.70%								32.10%	32.00%	IOS	MBOW
PSRS	26.32%	30.56%	35.26%	35.51%	35.11%								32.55%	35.00%	IOS	MBOW
<b>Adult Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
BASIS-24 (CRU/CSU)	0.98	0.76	0.41	0.71	0.68								0.71	0.68	IOS	McLean
QIDS-C	51.00%	46.70%	50.20%	49.00%	49.30%								49.24%	45.38%	IOS	Epic
BDSS	45.40%	47.80%	49.80%	50.40%	47.90%								48.26%	46.47%	IOS	Epic
PSRS	38.60%	42.10%	42.50%	39.80%	36.50%								39.90%	37.89%	IOS	Epic
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
PHQ-A (11-17)	37.50%	57.10%	100.00%	60.00%	50.00%								60.92%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-17)	47.30%	49.40%	49.60%	52.30%	43.00%								48.32%	50.90%	IOS	Epic
<b>Adult and Child/Adolescent Needs and Strengths Measures</b>																
ANSA (Adult)	42.32%	35.32%	36.36%	38.40%	38.27%								38.13%	20.00%	C	MBOW
CANS (Child/Adolescent)	43.14%	21.65%	18.14%	19.80%	21.31%								24.81%	25.00%	C	MBOW
<b>Adult and Child/Adolescent Functioning Measures</b>																
DLA-20 (AMH and CAS)	48.00%	44.10%	45.20%	45.70%	41.00%								44.80%	48.07%	IOS	Epic

# Board of Trustee's PI Scorecard FY 2022


 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	FY22 AVG	FY22 Target	Target Type	Data Origin
<b>Access to Care</b>																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	12,487	12,503	13,085	13,162	13,288	13,574	14,095	14,169	14,318	14,313	14,514	14,275	13,649	13,764	C	MBOW
AMH Actual Service Target %	90.72%	90.84%	95.07%	95.63%	96.54%	98.62%	102.39%	102.94%	104.02%	103.99%	105.50%	103.71%	99.16%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	45.90%	44.20%	44.60%	43.60%	44.80%	46.50%	49.90%	45.70%	47.30%	47.50%	41.20%	44.90%	45.51%	≥ 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	3,374	3,377	3,366	3,413	3,432	3,492	3,617	3,619	3,708	3,685	3,622	3,540	3,520	3,481	C	MBOW
CAS Actual Service Target %	96.93%	97.01%	96.70%	98.05%	98.59%	100.32%	103.91%	103.96%	106.52%	105.86%	104.05%	101.69%	101.13%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	74.00%	74.20%	76.20%	69.80%	70.40%	75.50%	77.90%	74.10%	72.70%	72.20%	66.60%	64.70%	72.36%	≥ 65.00%	C	MBOW
DID Assessment Waitlist										5,831			5,831	0	IOS	IDD-BO
IDD Service Target	757	822	768	790	768	776	817	818	831	819	833	842	803	854	SP	MBOW
IDD Actual Service Target %	88.64%	96.25%	89.93%	92.51%	89.93%	90.87%	95.67%	95.78%	97.31%	95.90%	97.54%	98.59%	94.08%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	3.10	4.41	7.74	12.30	12.15	9.50	13.73	18.27	21.51	21.51	31.54	28.66	15.37	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	0.98	1.10	1.10	1.21	2.43	1.83	1.87	1.86	1.96	2.23	2.40	1.93	1.74	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.34	1.67	2.39	3.40	4.80	3.40	3.96	4.97	5.55	5.78	6.46	5.86	4.13	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	4.89	11.89	7.59	4.43	6.7	5.6	9.11	11	7.9	8.23	7.11	7.56	7.67	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	17.34	18.32	22.53	23.15	24.91	24.88	23.61	23.38	18.91	22.94	21.75	25.68	22.28	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	21	32	50	33	45	48	76	67	42	33	24	39	42.50	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	18	18	26	26	38	56	40	47	39	32	25	42	33.92	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	5.73	5.45	5.68	6.89	6.81	5.00	4.14	4.19	3.66	4.38	4.26	4.47	5.06	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	16.09	12.70	11.20	13.93	12.43	9.07	8.33	8.49	7.68	7.07	7.34	6.27	10.05	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	32	22	20	85	76	19	5	6	3	3	1	2	22.83	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	82	70	65	37	1	3	2	0	1	0	3	0	22.00	0	IOS	Epic
<b>Access to Care, Crisis Line</b>																
Total Calls Received	18,272	18,220	15,610	16,557	16,528	15,753	18,163	18,471	20,451	17,538	17,477	16,903	17,495			
AVG Call Length (Mins)	7.70	7.60	8.30	8.20	8.00	7.50	8.00	8.30	8.20	8.50	8.20	8.10	8.05			
Service Level	83.00%	82.13%	89.00%	86.58%	84.43%	83.77%	80.00%	77.00%	78.00%	83.00%	85.84%	87.00%	83.31%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	12.00%	10.73%	7.46%	7.59%	9.02%	9.01%	13.00%	15.00%	16.00%	12.00%	9.25%	9.00%	10.84%	< 8.00%	NS	Brightmetrics
Occupancy Rate	74.00%	74.00%	65.00%	51.24%	72.00%	74.00%	74.00%	75.00%	74.00%	74.00%	74.00%	72.00%	71.10%			Brightmetrics
Crisis Call Follow-Up	98.91%	99.26%	98.57%	97.58%	99.72%	98.91%	98.97%	99.75%	99.32%	99.75%	100.00%	100.00%	99.23%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	77.60%	81.00%	86.40%	86.40%	87.60%	86.40%	87.60%	88.20%	87.30%	85.50%	93.00%	89.50%	86.38%	> 52.00%	C	MBOW
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)</b>																
PES Total Visits	1,116	1,127	1,014	831	1,043	1,007	1,043	964	1,051	1,146	1,058	1,163	1047			
PES Admission Volume	656	702	637	527	501	490	506	471	565	581	504	562	558.50			
Mechanical Restraints	0	0	1	0	0	0	1	0	0	0	0	0	0.17			
Mechanical Restraint Rate	0.00	0.00	0.05	0.00	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00	0.01	≤ 0.01	IOS	Epic
Personal Restraints	70	43	52	59	54	36	35	55	33	33	41	42	46.08			Epic
Personal Restraint Rate	2.75	1.72	2.38	3.09	3.03	1.95	1.58	2.64	1.55	1.75	1.85	1.99	2.19	≤ 2.80	IOS	Epic
Seclusions	40	45	48	54	46	30	34	45	33	34	29	41	39.92			Epic
AVG Minutes in Seclusion	46.50	77.29	49.07	59.15	45.37	48.1	37.44	48.44	44.45	60.15	45.66	56.9	51.54	≤ 61.73	SP	Epic
Seclusion Rate	1.57	1.81	2.19	3.03	2.58	1.62	1.54	2.16	1.55	1.80	1.31	1.79	1.91	≤ 2.73	IOS	Epic
Emergency Medications	65	58	60	58	65	50	48	69	52	44	38	44	54.25			Epic
EM Rate	2.55	2.33	2.74	2.99	3.64	2.70	2.17	3.31	2.45	2.33	1.71	2.08	2.58	≤ 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	JAN	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
<b>Patient Satisfaction (Based on the Two Top-Box Scores)</b>																
CW Patient Satisfaction	90.54%	89.77%	92.27%	92.17%	92.71%	92.01%	91.79%	89.90%	89.27%	89.49%	88.14%	90.21%	90.69%	89.00%	IOS	Feedtrail
CPOSS	94.11%	92.24%	90.11%	94.75%	93.64%	94.75%	91.96%	89.58%	84.30%	89.60%	95.54%	93.46%	92.00%	89.00%	IOS	Feedtrail
V-SSS 2	89.37%	88.92%	93.10%	92.69%	93.88%	92.55%	93.17%	90.25%	89.58%	87.93%	88.00%	89.52%	90.75%	89.00%	IOS	Feedtrail
PoC-IP	92.00%	87.31%	91.30%	90.04%	90.57%	90.57%	89.25%	89.90%	91.58%	90.46%	76.73%	91.33%	89.25%	89.00%	IOS	McLean
Pharmacy	91.32%	98.67%	97.40%	95.28%	100.00%	100.00%	95.45%	87.23%	95.38%	96.68%	94.01%	94.96%	95.53%	89.00%	IOS	Feedtrail
<b>Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)</b>																
QIDS-C	29.60%	26.11%	29.80%	30.72%	30.79%	30.01%	29.07%	29.27%	29.61%	30.57%	30.57%	31.53%	29.80%	24.00%	IOS	MBOW
BDSS	31.68%	38.57%	34.24%	36.25%	36.64%	35.50%	35.28%	35.29%	35.20%	35.43%	35.43%	36.28%	35.48%	32.00%	IOS	MBOW
PSRS	36.74%	36.89%	40.68%	40.00%	40.33%	40.93%	40.30%	41.06%	41.39%	42.66%	42.66%	43.93%	40.63%	35.00%	IOS	MBOW
<b>Adult Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
BASIS-24 (CRU/CSU)		0.38	0.84	0.29	0.79	0.64	0.73	0.76	0.82	0.70	0.82	0.70	0.68	0.56	IOS	McLean
QIDS-C	51.00%	48.20%	41.90%	43.80%	43.90%	36.90%	43.70%	44.80%	45.50%	42.40%	54.40%	48.10%	45.38%	67.12%	IOS	Epic
BDSS	33.30%	50.90%	49.50%	50.40%	50.50%	46.50%	48.40%	45.60%	44.80%	46.90%	46.70%	44.10%	46.47%	47.02%	IOS	Epic
PSRS	42.40%	42.50%	31.90%	37.60%	32.40%	37.70%	40.20%	37.90%	34.90%	33.10%	41.90%	42.20%	37.89%	52.75%	IOS	Epic
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
PHQ-A (11-17)	46.70%	43.00%	43.00%	45.00%	45.50%	38.20%	44.90%	40.70%	43.50%	46.40%	25.00%	33.30%	41.27%	57.16%	IOS	Epic
DSM-5 L1 CC Measure (6-17)	48.30%	49.70%	47.60%	54.10%	48.70%	50.30%	51.60%	48.40%	52.50%	51.80%	53.60%	54.20%	50.90%	62.70%	IOS	Epic
<b>Adult and Child/Adolescent Needs and Strengths Measures</b>																
ANSA (Adult)	43.63%	37.88%	38.56%	37.54%	36.50%	36.97%	36.95%	37.94%	39.03%	40.17%	41.20%	42.25%	39.05%	20.00%	C	MBOW
CANS (Child/Adolescent)	36.05%	18.80%	20.35%	20.98%	23.83%	27.80%	31.35%	34.50%	36.65%	39.24%	40.67%	42.82%	31.09%	25.00%	C	MBOW
<b>Adult and Child/Adolescent Functioning Measures</b>																
DLA-20 (AMH and CAS)	45.30%	50.50%	48.70%	45.30%	50.30%	43.00%	50.40%	48.40%	49.30%	47.20%	47.50%	50.90%	48.07%	47.40%	IOS	Epic

Thank you.

# **EXHIBIT Q-3**

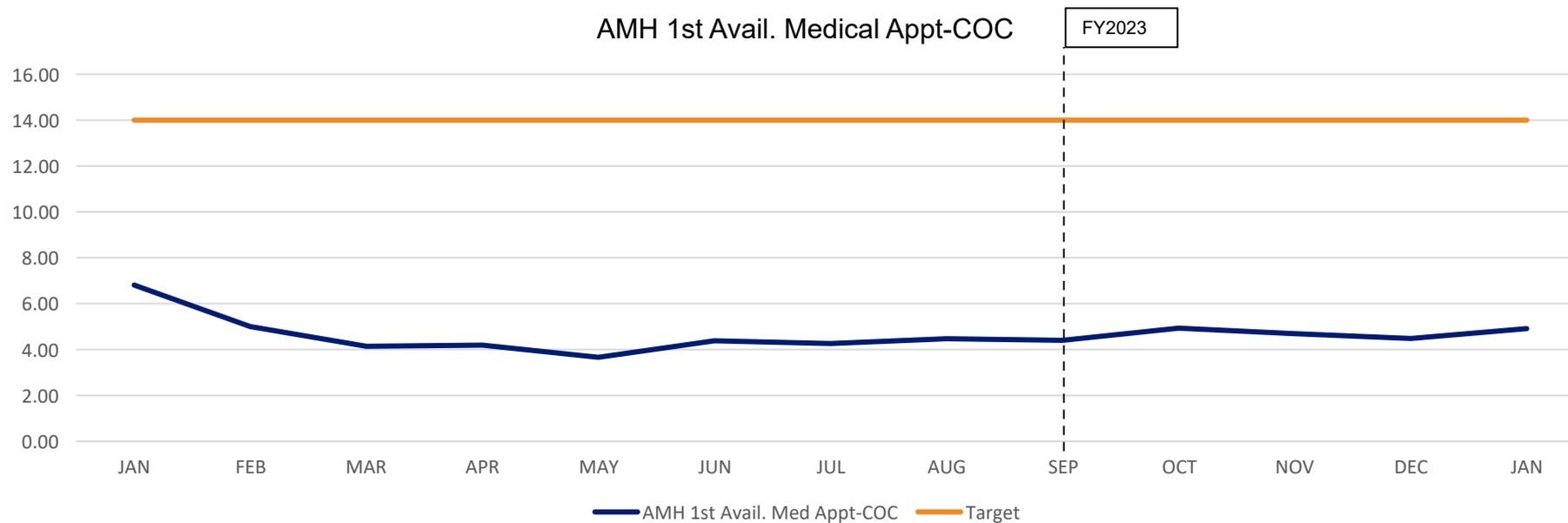
# AMH/CAS Access Data

Board Quality Committee Meeting

Presented: Lance Britt, MHA, LPC, FACHE - VP Behavioral Health

Sylvia Muzquiz, MD – VP Behavioral Health Medical Services

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COC	<14 days	4.68 Days	4.91 Days	Lower	Contractual

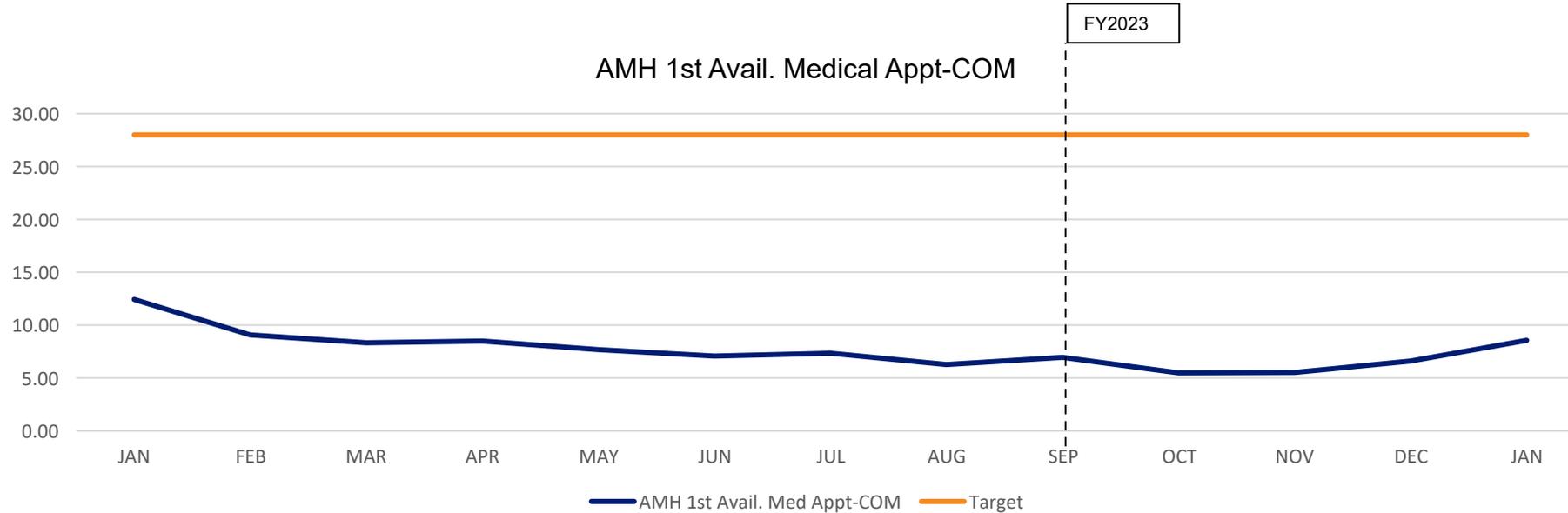


**Highlights:**

Time to contact patients continues to perform well for AMH.

- AMH has achieved a **23% reduction** in the 1<sup>st</sup> available medical appointment for continuity of care patients. From an average of 6.11 days (Sep-Jan) in 2022 to 4.68 days in Sep-Jan 2023.
- For the reporting period January 2023, AMH reduced the time for 1<sup>st</sup> available medical appointment **by 28%** from 6.81 days (Jan 2022) to 4.91 days in Jan 2023

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COM	<28 days	6.62 Days	8.56 Days	Lower	Contractual

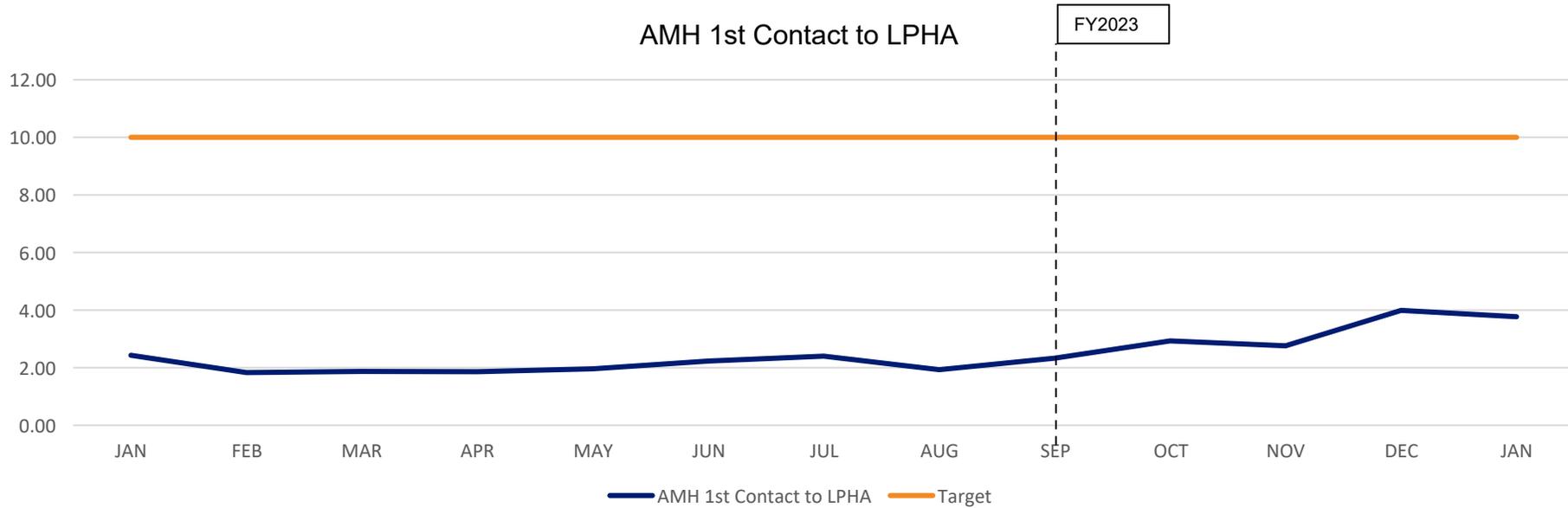


Highlights:

Time to contact patients continues to perform well for AMH.

- AMH has achieved a **50% reduction** in the 1<sup>st</sup> available medical appointment for community members (walking in without referrals). From an average of **13.27 days (Sep-Jan)** in 2022 to **6.62 days in Sep-Jan 2023**.
- For the reporting period January 2023, AMH reduced the time for 1<sup>st</sup> available medical appointment by **31% from 12.43 days (Jan 2022) to 8.56 days in Jan 2023**

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	AMH 1st Contact to LPHA	<10 days	3.16 Days	3.77 Days	Lower	Contractual

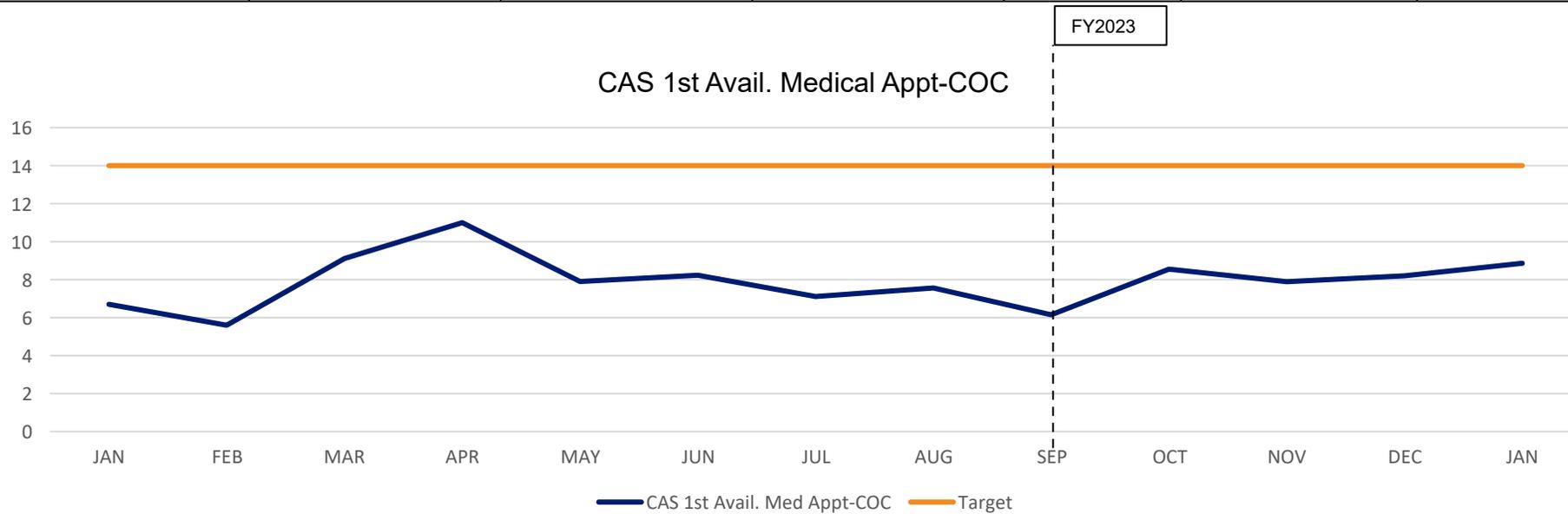


**Highlights:**

Time to contact patients for assessment continues to perform well for AMH.

- AMH has seen an increase the number of days for an LPHA assessment from the same period last year. From an average of **1.36 days (Sep-Jan 2022) to 3.16 in the same period in 2023**; and 2.43 days in Jan 2022 to 3.77 in January 2023.
- The AMH team has put together an intake assessment workgroup to evaluate the intake process for improvement

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COC	<14 days	7.93 days	8.20 days	Decrease	Contractual

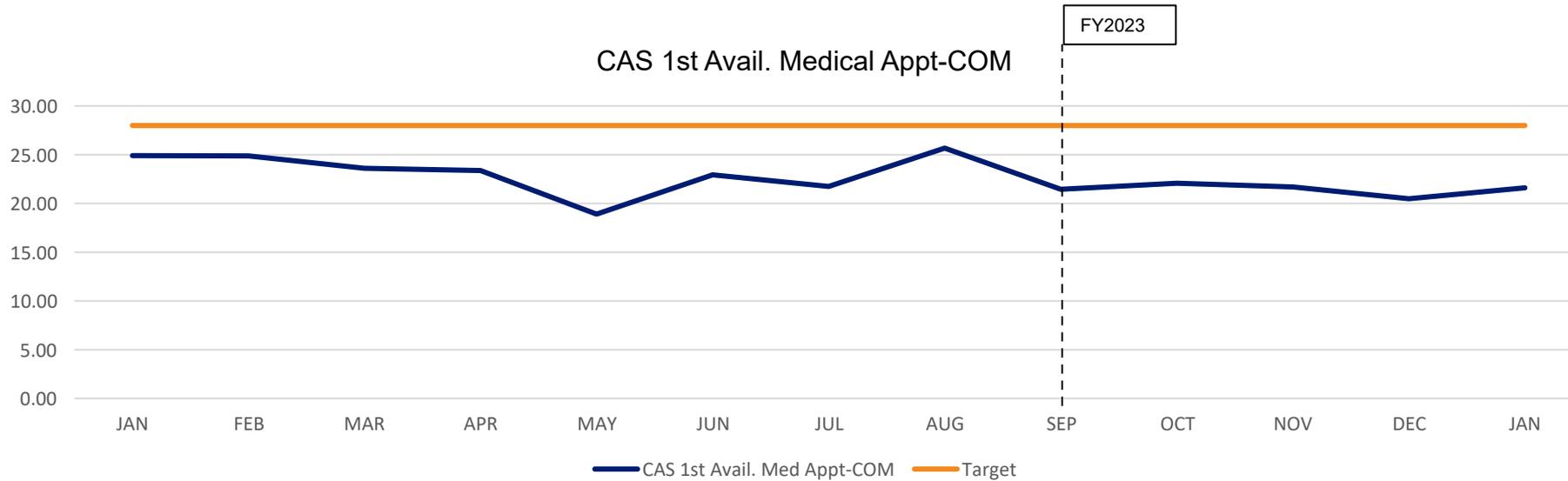


Highlights:

Time to contact patients continues to perform well for CAS.

- CAS had a slight increase in the 1<sup>st</sup> available medical appointment for continuity of care patients. From an average of **7.10 days (Sep-Jan) in 2022 to 7.93 days in Sep-Jan 2023.**
- For the reporting period January 2023, CAS saw an increase for 1<sup>st</sup> available medical appointment by **22%** from **6.70** days (Jan 2022) to **8.20** days in Jan 2023

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COM	<28 days	21.47 days	21.61 days	Decrease	Contractual

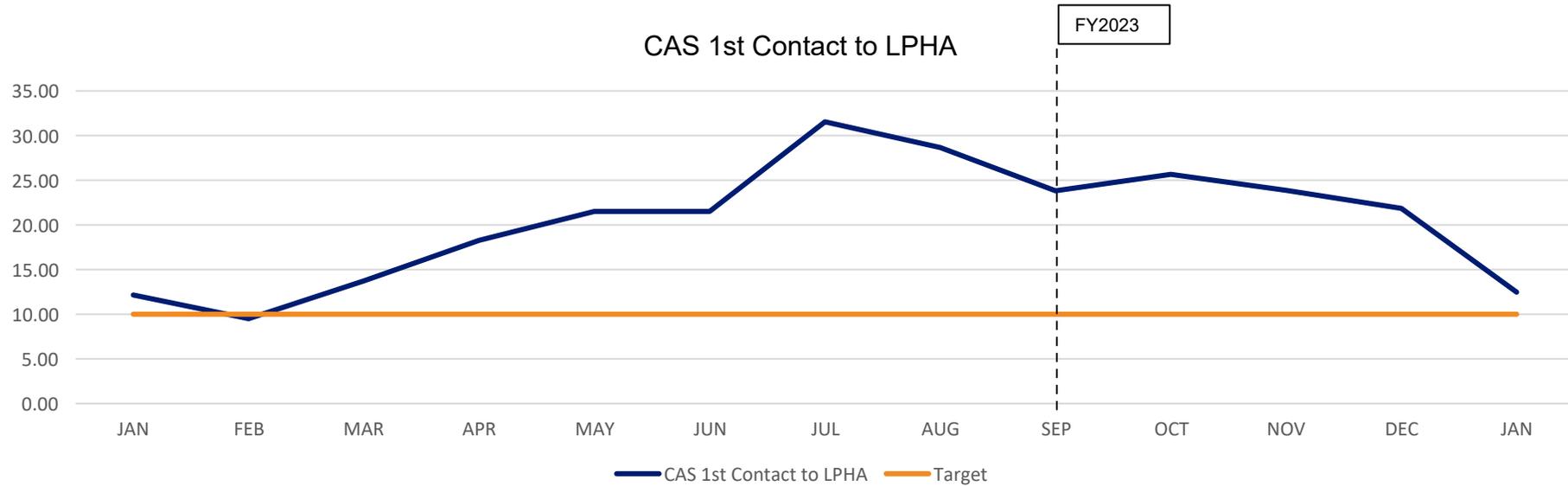


Highlights:

Time to contact patients continues to perform well for CAS.

- CAS 1<sup>st</sup> available medical appointment for community members remained steady year over year. From an average of **21.25 days (Sep-Jan) in 2022 to 21.43 days in Sep-Jan 2023.**
- For the reporting period January 2023, CAS has reduced the number of days for 1<sup>st</sup> available medical appointment by **13% from 24.91 days (Jan 2022) to 21.61 days in Jan 2023**

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Jan)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	CAS 1st Contact to LPHA	<10 days	21.53 Days	12.47 Days	Lower	Contractual



Highlights:

Project CAS Intake rebuild – discussion on next slide

# Children and Adolescent Services Ongoing Interventions to Support Individuals Served Access to Care

- “Project CAS Intake Rebuild” began January 18<sup>th</sup> with the assistance of the Business Office Team and 5 volunteer LPHA’s
- Intakes were scheduled out for months due to most clients requesting prescheduled appointments since the start of the Pandemic
- All intakes were contacted and provided information about walk-ins and only specifically identified clients that were prescheduled
- 126 clients were scheduled with the volunteers
- Since January 18<sup>th</sup>, the volunteers assessed and admitted 55 clients; 40 no showed; and there are 31 pending appointments
- “Project CAS Intake Rebuild” ends March 10<sup>th</sup> and the volunteers return to their units
- The EC will have 5 LPHA’s who will be able to manage the Walk-ins and Prescheduled intakes

Thank you.

# EXHIBIT Q-4



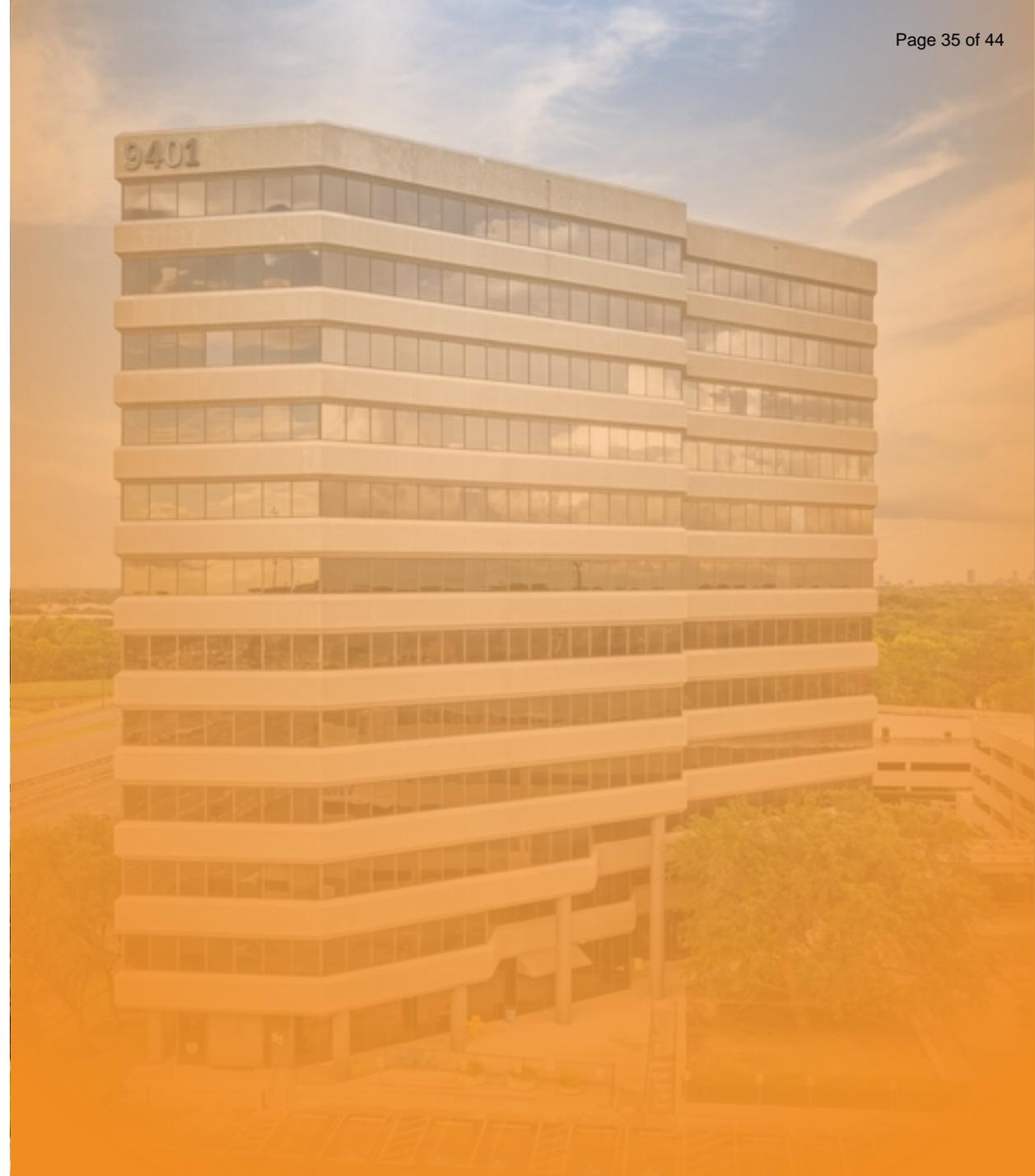
# Suicide Care Pathway at The Harris Center

Board Quality Committee Meeting

Presented By: Trudy Leidich VP,  
Clinical Transformation and Quality

# Suicide Care Pathway Updates

- **Introductions**
- **Team Direction/Approach**
- **Pathway/Metrics**
- **Training Updates**
- **Data Updates**
- **Future Directions**



# Suicide Care Pathway Key Development Stakeholders



Dr. Sylvia Muzquiz – VP Medical Mental Health



Dr. Amber Pastusek – VP Crisis Medical Services



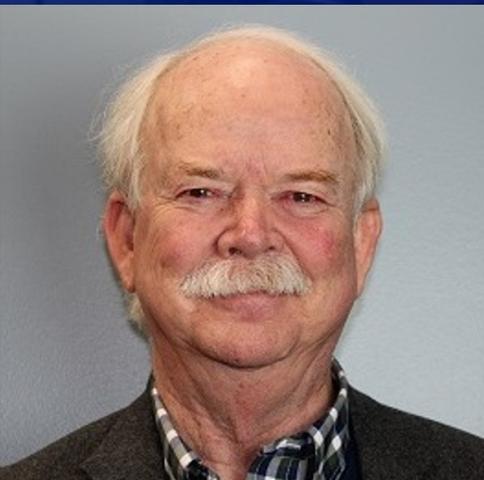
Dr. Luming Li – Chief Medical Officer



Lance Britt – VP Mental Health



Clarice Taylor – IT Business Analyst



Dr. Scott Hickey – Director, Health Analytics



Tiffany Bittner – Director, Transformation and Innovation



Juan Castanada – IT Data Scientist

# Team Direction and Approach

## Suicide Care Pathway Approach

- Focus on “First Contact” suicide screening for all people served at The Harris Center regardless the type of contact
- Create specific, divisional processes that ensure the ability to provide same day Suicide/Violence Risk Assessment and safety planning for indicated population
- Standardize documentation approaches for data integrity, ease of chart review and best practice, individualized care
- Utilize “Suicide Care in Texas Toolkit” to guide education, documentation and other aspects related to best practice care

“Everyone who encounters the public behavioral health system will be screened for suicide risk using an evidence-based screening tool” – Goal 4 (Suicide Care in Texas Toolkit)



**Suicide Care in Texas Toolkit**

**Behavioral Health Services Department**

# Suicide Care Pathway and Metrics

- Mental Health New Intake Pathway is complete with associated, measurable metrics
- Implemented across all MH clinics (adult and child) metrics include:
  - % new intakes with suicide screening
  - % new intakes with positive screen that receive same day Suicide/Violence Risk Assessment
  - % new intakes who are not sent for admission with a moderate/high risk identified on the risk assessment with a same day safety plan
- NPC pathway in process

# Training and Education Updates

- All Eligibility Center LPHAs received live training on the Suicide/Violence Risk Assessment between 2/9/23-2/20/23 (about 60 staff)
  - Allows for same day risk assessment, whereas this previously was not an option
  - Competency verified with post learning assessment
- All Eligibility Center LPHAs received Safety Planning self-guided training presentation during their Suicide/Violence Risk Assessment training
  - Allows for same day safety planning with at risk intake population
- All In-House Care Coordinators will receive Safety Planning training by April 1, 2023
  - Allows for same day safety planning for existing clients that are assessed at risk during an appointment
- Looking to provide robust, evidence-based Suicide Planning Intervention Course training in near future



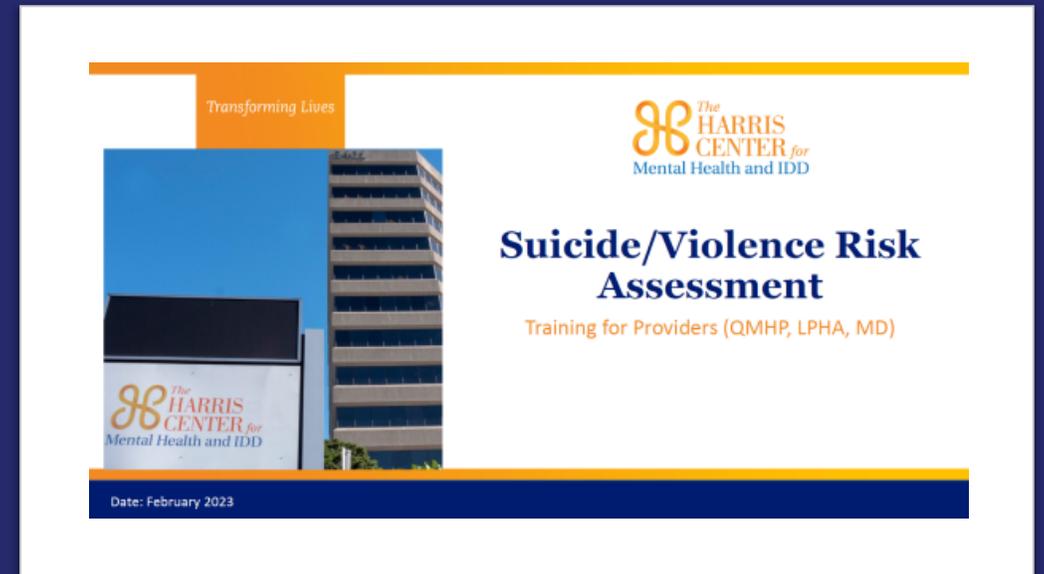
Transforming Lives

The HARRIS CENTER for Mental Health and IDD

**Safety Planning 101**

Date: February 2023

The slide features a blue header with the text 'Transforming Lives' in white. Below the header is a photograph of a modern multi-story office building with a sign that reads 'The HARRIS CENTER for Mental Health and IDD'. To the right of the photograph, the Harris Center logo is displayed in orange and blue. The main title 'Safety Planning 101' is written in a large, bold, blue font. At the bottom, a dark blue footer contains the text 'Date: February 2023' in white.



Transforming Lives

The HARRIS CENTER for Mental Health and IDD

**Suicide/Violence Risk Assessment**

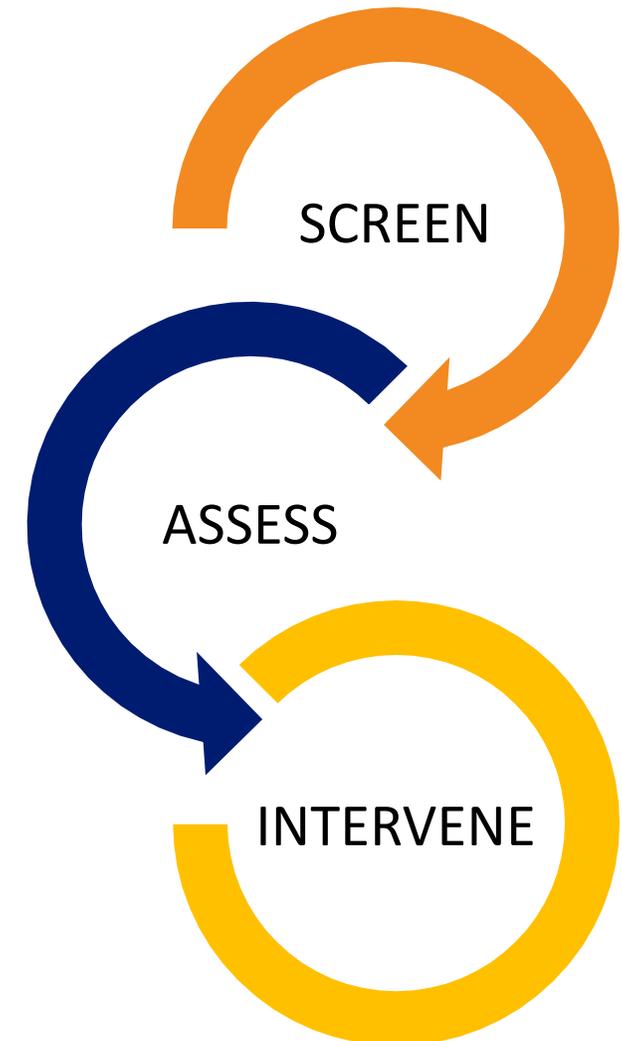
Training for Providers (QMHP, LPHA, MD)

Date: February 2023

The slide features a blue header with the text 'Transforming Lives' in white. Below the header is a photograph of a modern multi-story office building with a sign that reads 'The HARRIS CENTER for Mental Health and IDD'. To the right of the photograph, the Harris Center logo is displayed in orange and blue. The main title 'Suicide/Violence Risk Assessment' is written in a large, bold, blue font. Below the title, the subtitle 'Training for Providers (QMHP, LPHA, MD)' is written in a smaller, orange font. At the bottom, a dark blue footer contains the text 'Date: February 2023' in white.

# Data Updates

- Recent training and process creation now allows for targeted measurement of key Suicide Care Pathway metrics that are the foundation of best practice in suicide care and indicate evidence-based performance
  - Focus Population: New mental health clients receiving their LPHA intake assessment
  - Tracked Metrics for This Population:
  - % of population screened with Columbia Lifetime: **ACTIVELY COLLECTING DATA AND EXCEEDING EXPECTATIONS**
  - % of population with a positive screening that received a same day Suicide/Violence Risk Assessment: **ACTIVELY COLLECTING DATA – PROCESS GO LIVE MARCH 1, PENDING FIRST DATA PULL**
  - % of population with a moderate/high suicide risk assessed (not transferred for admission) that received a same day safety plan: **ACTIVELY COLLECTING DATA – PROCESS GO LIVE MARCH 1, PENDING FIRST DATA PULL**
- Suicide care data dashboard is now live with drill down tracking of metrics and opportunity areas



# Future Directions

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Finalize NPC suicide care pathway with measurable data points

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Expand new intake pathway to other divisions

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Consistent safety planning for ALL moderate/high risk clients (new or existing) in MH and NPC

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Epic modifications for ordering/tracking additional suicide care interventions

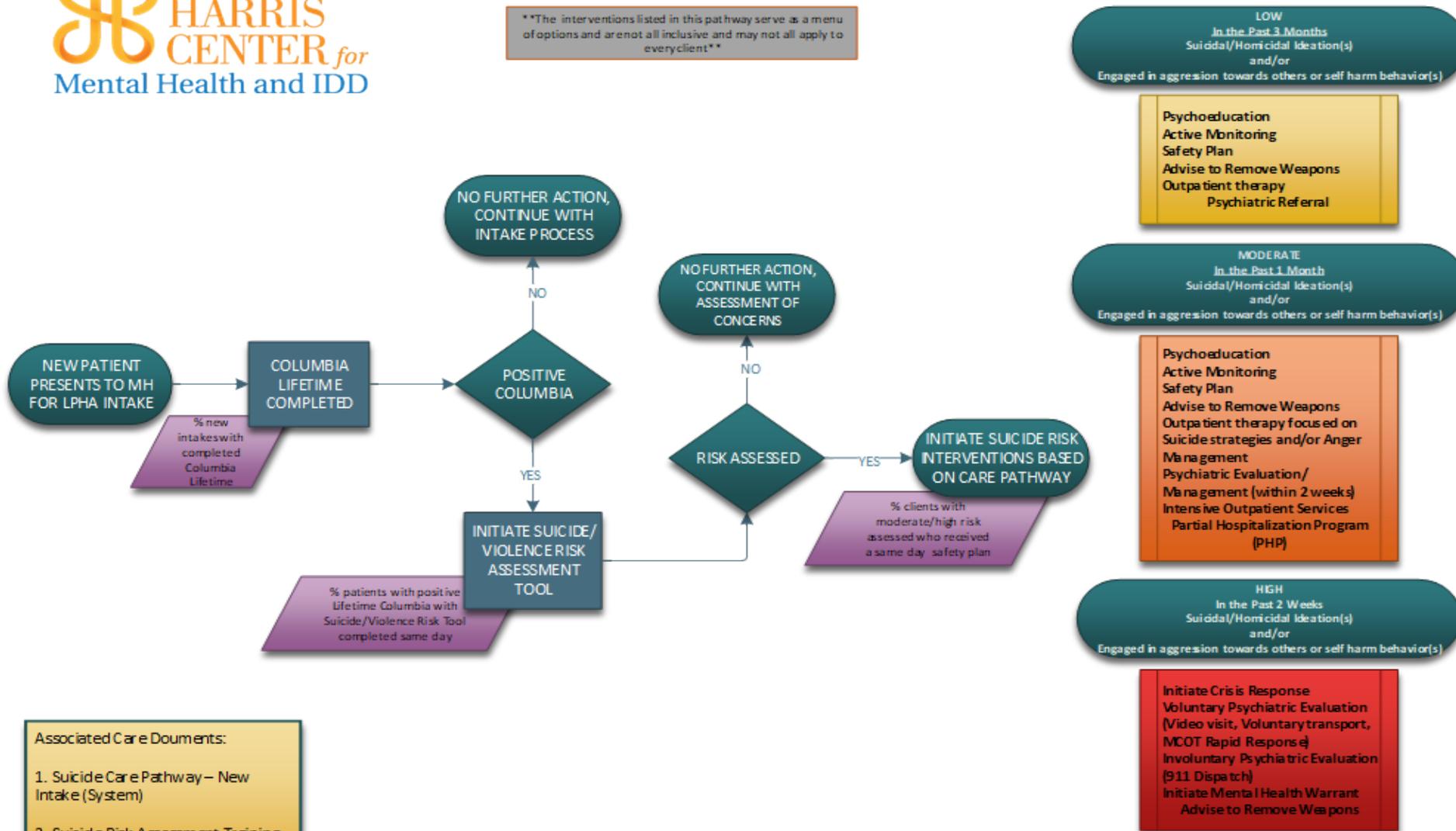
Thank you.

# MH NEW INTAKE SUICIDE PATHWAY TO CARE

Updated: 1/2023



**\*\*The interventions listed in this pathway serve as a menu of options and are not all inclusive and may not all apply to every client\*\***



- Associated Care Documents:
1. Suicide Care Pathway – New Intake (System)
  2. Suicide Risk Assessment Training Presentation



