



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

**Quality Committee Meeting**

April 18, 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, March 21, 2023  
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
  - A. Quality Board Score Card-April 2023  
(EXHIBIT Q-2 Luming Li/Trudy Leidich)
  - B. Clinical Pharmacy Specialist  
(EXHIBIT Q-3 Angela Babin)
  - C. Psychiatric Emergency Services (PES) Update  
(EXHIBIT Q-4 Amber Pastusek)
  - D. IDD Access to Care 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.***
  - ***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, Dr. Luming Li, Chief Medical Officer, and Kia Walker, Chief Nursing Officer***
  - ***Pursuant to Texas Occupations Code Ann. Ch. 303 to review Peer Review reports from the Chief Nursing Officer in connection with the Evaluation of the Quality of Nursing and Healthcare services. Kia Walker, Chief Nursing Officer and Shannon Fleming, Senior Legal Counsel***
- VI. **RECONVENE INTO OPEN SESSION**

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

VIII. ADJOURN

*Veronica Franco*

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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, MARCH 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, Dr. R. Gearing, Mrs. N. Hurtado (teleconference)

Committee Member Absent: Mrs. B. Hellums

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

**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 Dr. L. Moore and Mr. J. Lykes as voting members 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, February 21, 2023**

**MOTION BY: GEARING**

**SECOND BY: LYKES**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Quality Committee meeting held on Tuesday, February 21, 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. AMH/CAS Access Data**, presented by Dr. Sylvia Muzquiz-Drummond, Tiffany Williams-Brooks and Dr. Luming Li, was reviewed by the Quality Committee.



C. **Suicide Care Pathway**, presented by Trudy Leidich and Dr. Luming Li, was reviewed by the Quality Committee

**7. EXECUTIVE SESSION-**

Dr. Santos announced the Quality Committee would enter into executive session at 10:50 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 11:08 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: LYKES                      SECOND: ZAKARIA**

There being no further business, the meeting adjourned at 11:08am.

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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**

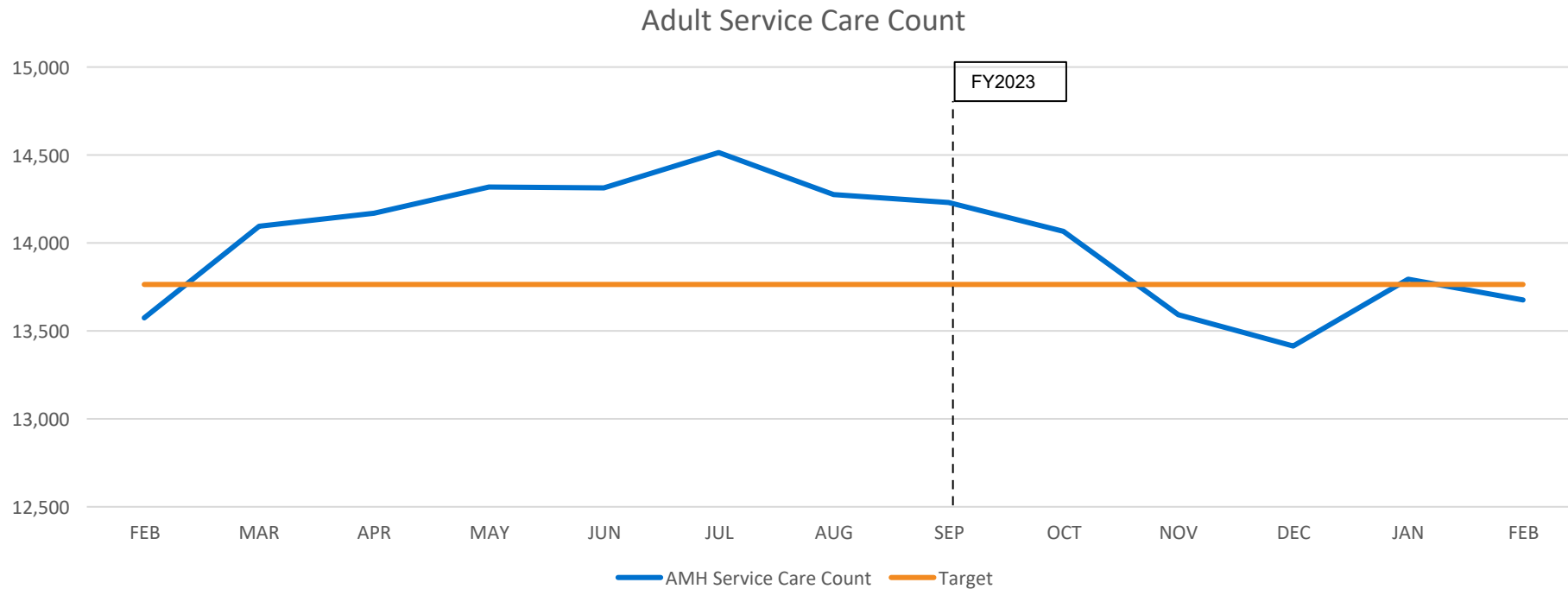
# Quality Board Scorecard

Board Quality Committee

Presented by: Trudy Leidich, VP – Clinical Transformation and Quality  
April 18, 2023



Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Feb)	Reporting Period: February 2023 Care Count	Target Desired Direction	Target Type
Access	AMH Service Care Count	13,764	13,795	13,676	Increase	Contractual

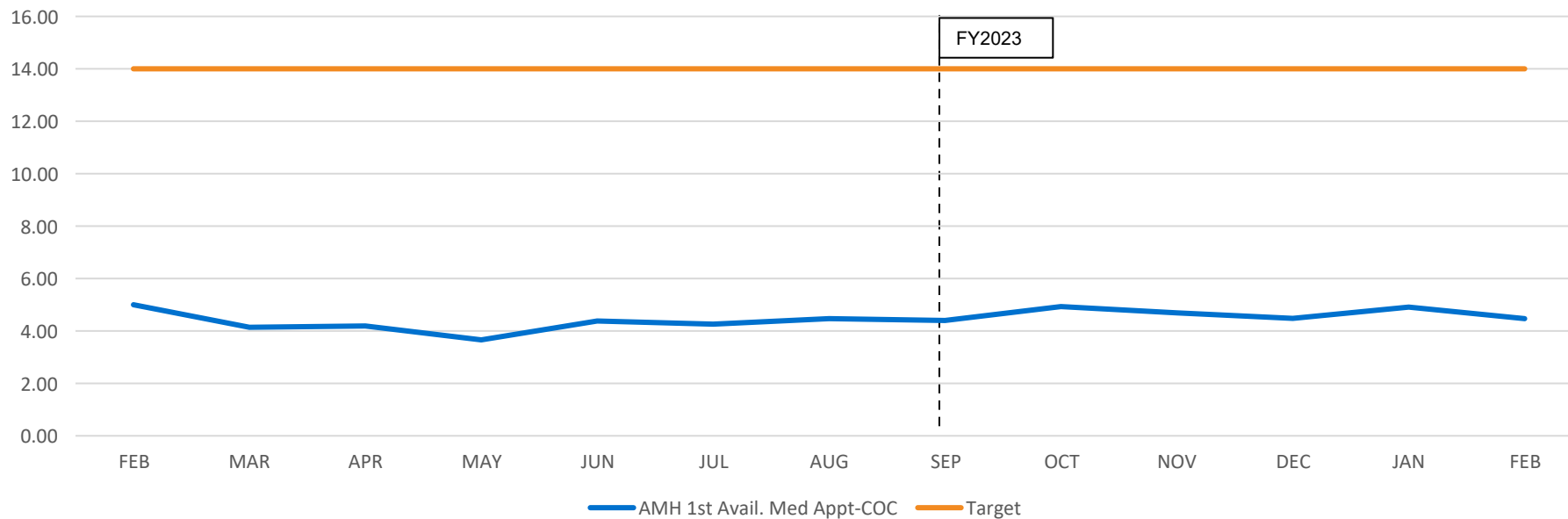


**Highlights:**

- Adult service care count average is performing well. The program averaged 13,795 service care count in fiscal year to date (Sep-Feb 2023) compared to same period in Sep-Feb FY2022 (13,017)
- Adult Service care count is **up 1%** this reporting period in February (13,676) compared to February 2022 (13,574)

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Feb)	Reporting Period February	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COC	<14 days	4.65 Days	4.47 Days	Lower	Contractual

AMH 1st Available Medical Appointment - COC



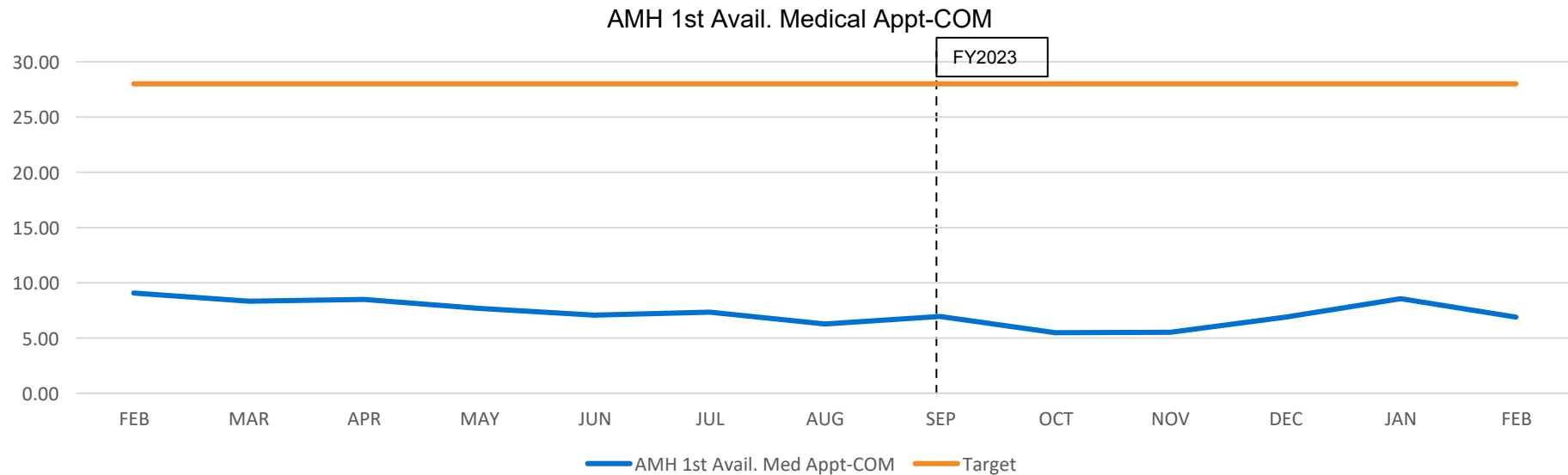
Highlights:

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

- AMH has achieved a **22% reduction** in the 1<sup>st</sup> available medical appointment for continuity of care patients. From an average of 5.93 days (Sep-Feb in FY2022) to 4.65 days in Sep-Feb FY2023.
- For the reporting period February 2023, AMH reduced the time for 1<sup>st</sup> available medical appointment **by 11%** from 5.00 days (Feb 2022) to 4.47 days in Feb 2023



Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COM	<28 days	6.72 Days	6.89 Days	Lower	Contractual

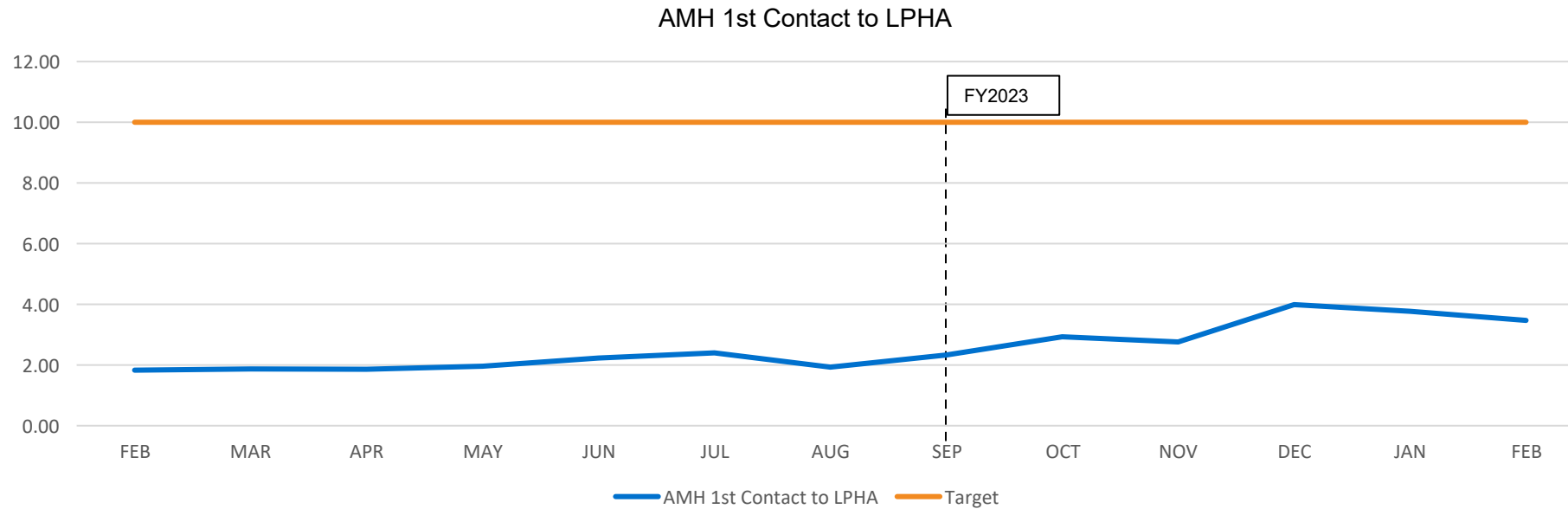


Highlights:

Time to contact patients continues to perform well for AMH.

- AMH has achieved a 47% **reduction** in the 1<sup>st</sup> available medical appointment for community members (walking-ins without an appointment). From an average of **12.57 days (Sep-Feb)** in 2022 to **6.72 days in Sep-Feb 2023**.
- For the reporting period February 2023, AMH reduced the time for 1<sup>st</sup> available medical appointment for community members (walking-ins without an appointment) by 24% **from 9.07 days (Feb 2022) to 6.89 days in Feb 2023**

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	AMH 1st Contact to LPHA	<10 days	3.21 Days	3.47 Days	Lower	Contractual

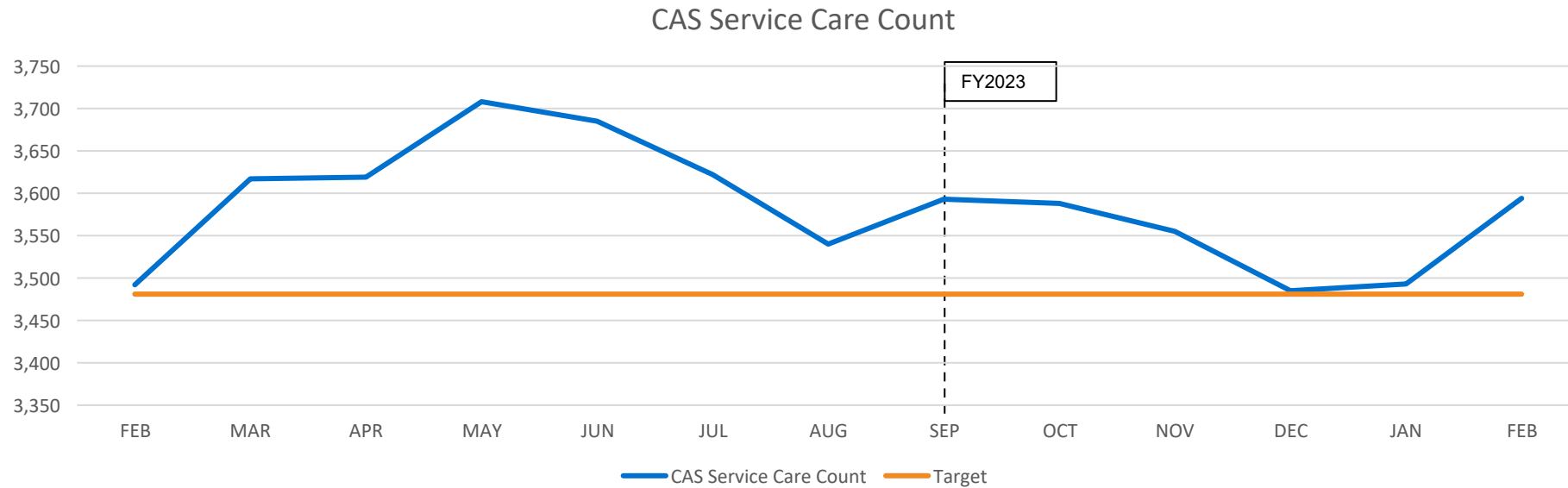


**Highlights:**

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

- AMH has seen an increase in the number of days for an LPHA assessment from the same period last year. From an average of **1.44 days (Sep-Feb 2022) to 3.21 in the same period in Sep-Feb 2023**; and a **89% increase** 1.83 days in Feb 2022 to 3.47 in February 2023.
- An intake assessment workgroup was developed in February to evaluate the intake process for improvement opportunities

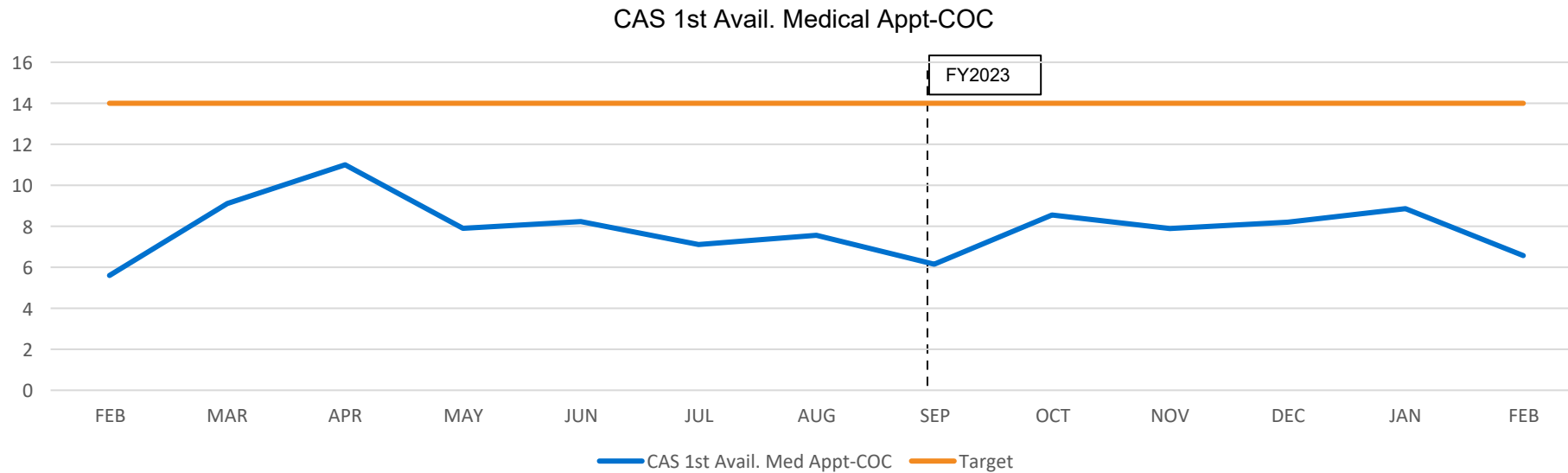
Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Access to Care	CAS	3,481	3,551	3,594	Increase	Contractual



Highlights:

- CAS service care count average is up **4%** in fiscal year to date Sep-Feb 2023 (**3,551**) compared to same period in FY2022 (**3,409**)
- CAS Service care count is also up **3%** this reporting period (**3,594**) compared to February 2022 (**3,492**)

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COC	<14 days	7.70 days	6.57 days	Decrease	Contractual

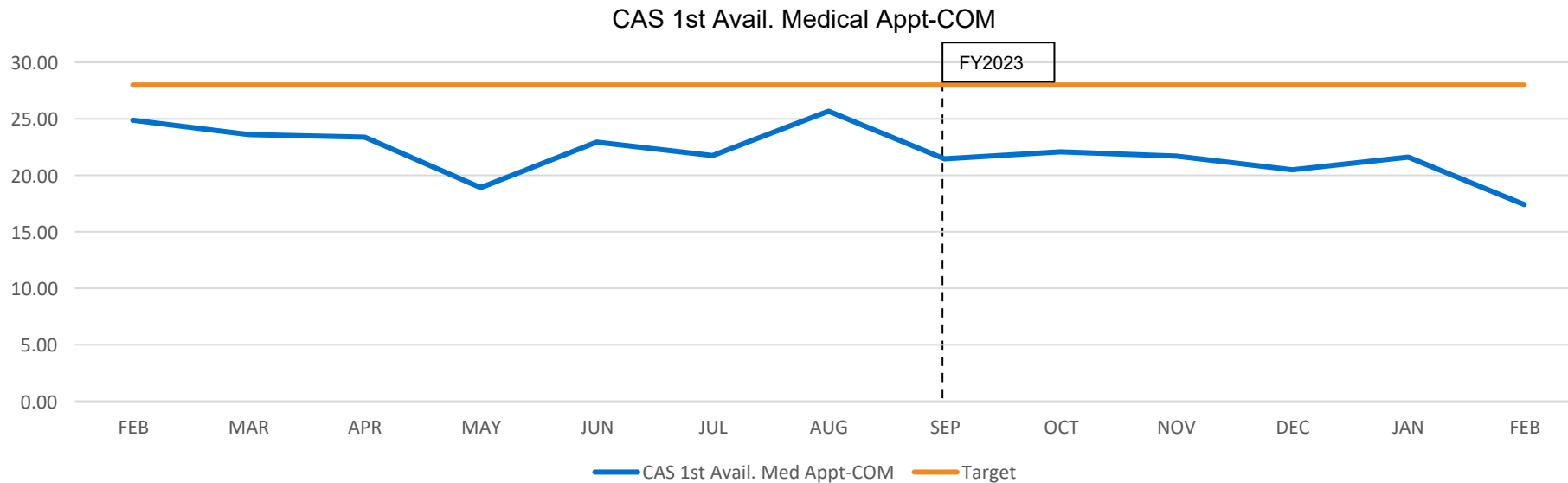


Highlights:

Time to contact patients continues to perform well for CAS.

- CAS had a **12% increase** in the 1<sup>st</sup> available medical appointment for continuity of care patients. From an average of **6.85 days (Sep-Feb) in 2022 to 7.70 days in Sep-Feb 2023.**
- For the reporting period February 2023, CAS saw an increase for 1<sup>st</sup> available medical appointment by **17%** from 5.60 days (Feb 2022) to **6.57 days** in Feb 2023

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COM	<28 days	20.79 days	17.41 days	Decrease	Contractual



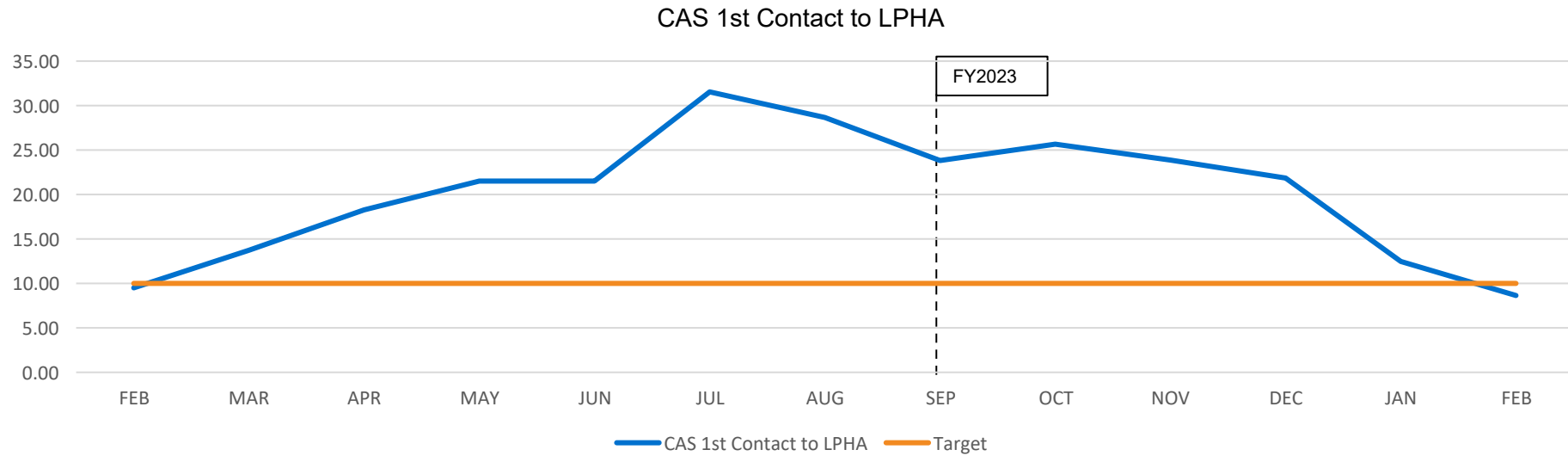
Highlights:

Time to contact patients continues to perform well for CAS.

- CAS 1<sup>st</sup> available medical appointment for community members, had a **5% decrease** year over year. From an average of **21.86 days (Sep-Feb) in 2022 to 20.79 days in Sep-Feb 2023.**
- For the reporting period February 2023, CAS has reduced the number of days for 1<sup>st</sup> available medical appointment for COM by **30% from 24.88 days (Feb 2022) to 17.41 days in Feb 2023**



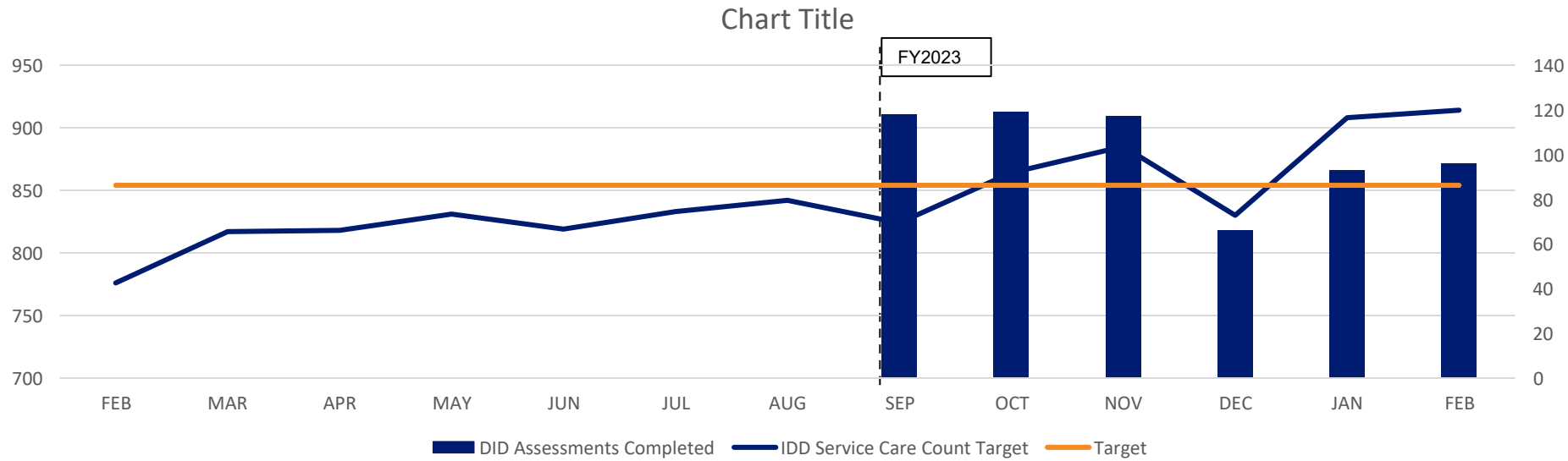
Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	CAS 1st Contact to LPHA	<10 days	13.39 Days	8.64 Days	Lower	Contractual



Highlights:

- While CAS has had a 63% the number of days for an LPHA assessment from the same period last year. From an average of **8.20 days (Sep-Feb 2022) to 13.39 in the same period in Sep-Feb 2023**;
- As result the CAS team developed a workgroup, which has lowered the number of days by **9%**. From 9.50 days in Feb 2022 to 8.64 in February 2023.

Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Access	IDD	854	871	914	Increase	Contractual



	SEP	OCT	NOV	DEC	JAN	FEB	MAR*
DID ASSESSMENTS COMPLETED	118	119	117	66	93	96	93 *as of 4/3/23

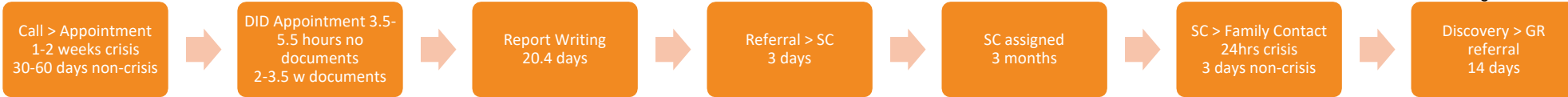
Highlights:

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 February 2023, IDD has increased the service care count by **18%**, from **776 (Jan 2022) to 914 in February 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>

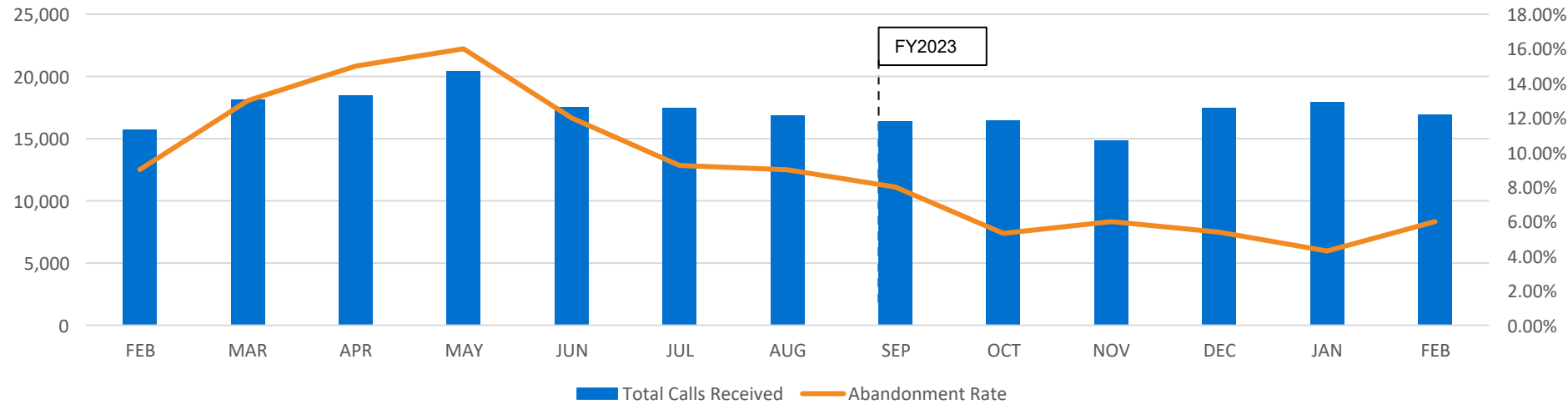
\*contains invalid data  
\*\* Feb data is preliminary as of 2/24/2023  
\*\*\* Average based on previous workflow

\*data has been validated and is post DID  
\*\* Feb data is preliminary as of 2/24/2023

\*data has been validated and is post DID  
\*\* Feb data is preliminary as of 2/24/2023

Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	Total Calls Received	N/A	16,699	16,965	Increase	Contractual
	Abandonment Rate	<8%	5.84%	6.00%	Lower	Contractual

Supporting Individuals in Crisis

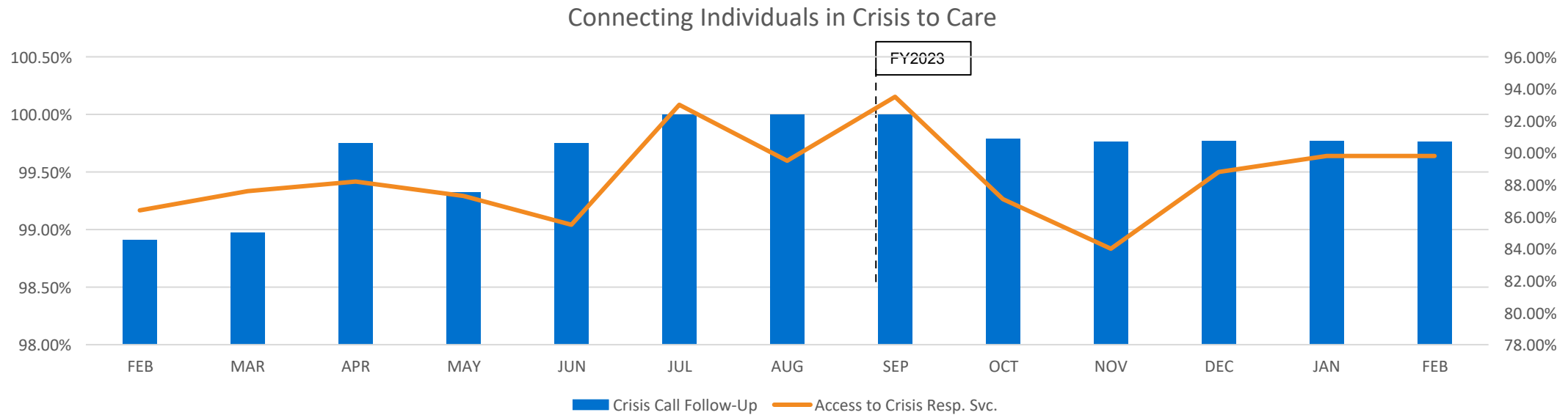


Highlights:

Crisis Line continues to perform above its target.

- Total calls received increase by **8%** from **15,753** in February 2022 to **16,965** in February 2023
- The graph above shows that even with the increase in call volume, **abandonment rate is down by more than 30%** from **9.01%** in February 2022 to **6.00%** in February 2023. Which is below the industry standard of 5-8% (according to 2021 Talkdesk Global Contact Center). Average Call length is 8 minutes and 35 seconds

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	Access to crisis response services	>52%	88.83%	89.80%	Increase	Contractual
	Crisis Call Follow-Up	>97.36%	99.81%	99.76%	Increase	Contractual

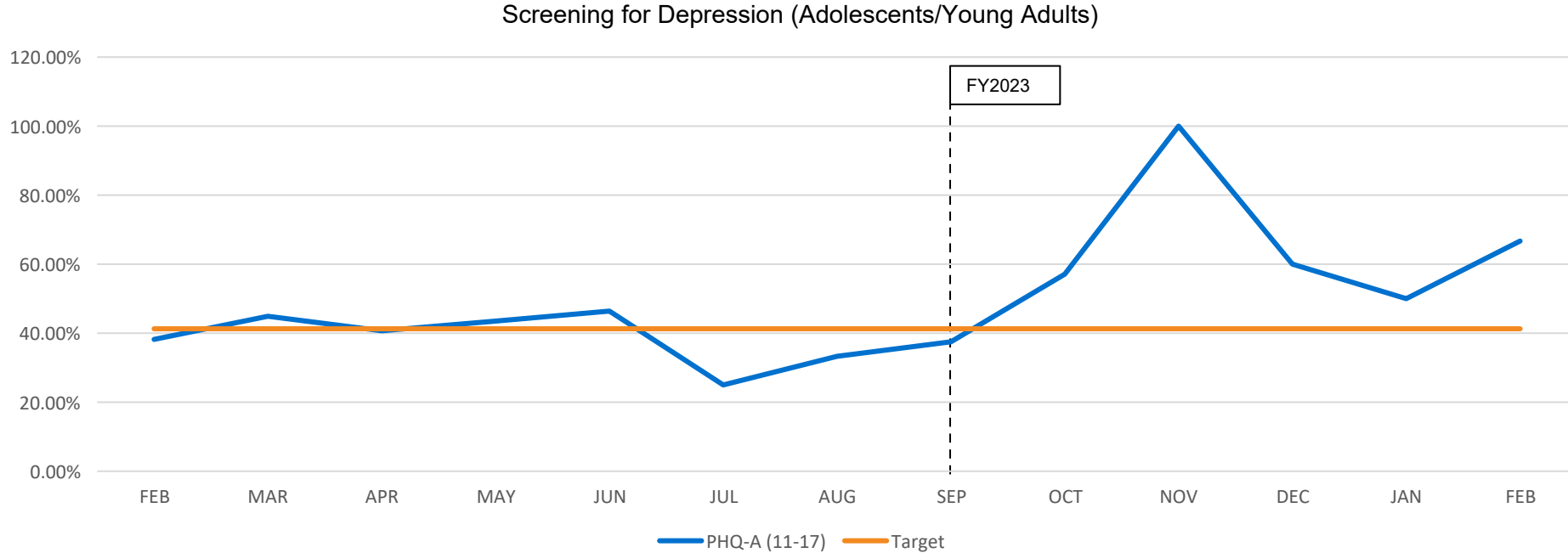


Highlights:

- 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



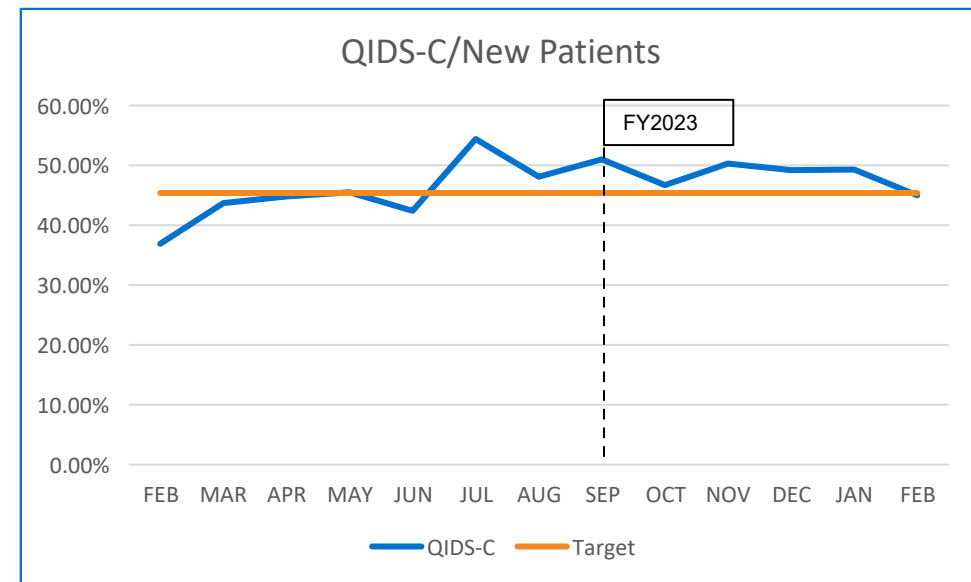
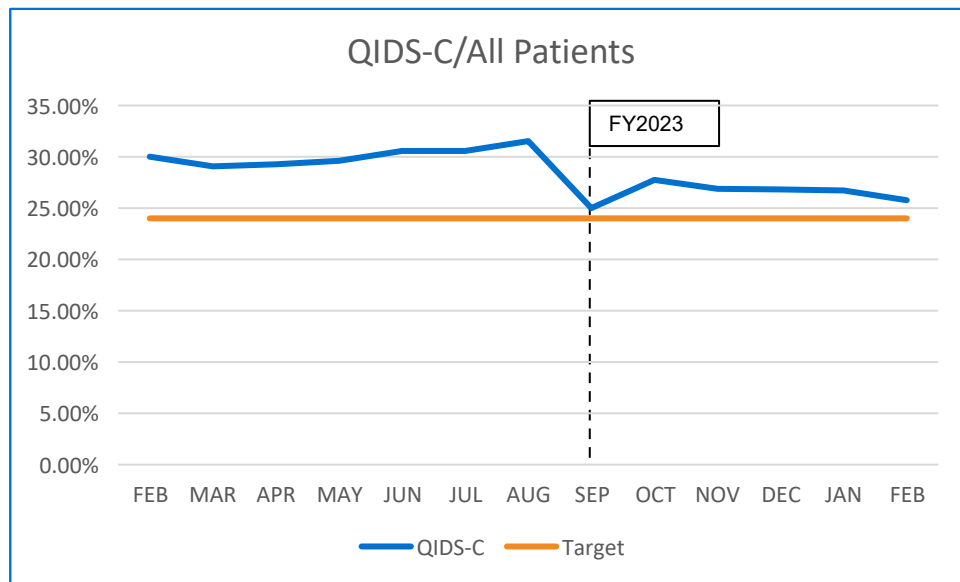
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	61.88%	66.70%	Increase	IOS



Highlights:

- PHQ (Patient Health Questionnaire) This is a widely used and validated measure of depression.
- PHQ-A measured a **75% improvement** in overall adolescent and young adults’ depression state this reporting period compared to the previous reporting in February 2022

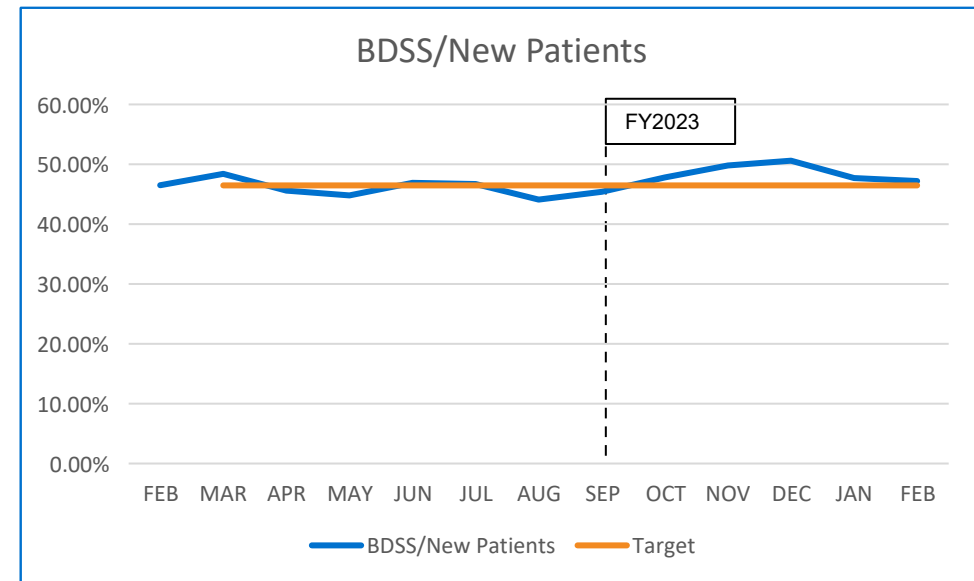
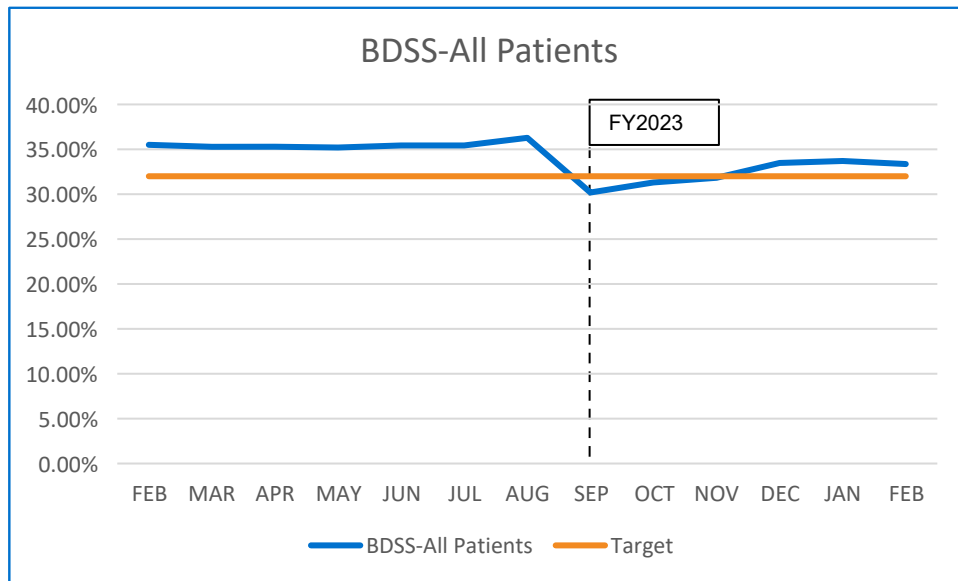
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	QIDS-C/All Patients	24%	26.49%	25.77%	Increase	IOS
	QIDS-C/New Patients	45%	49%	45%	Increase	IOS



**Highlights:**

- % of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the QIDS-C. Clients must have at least 90 days from first assessment to last assessment.
- \* Per Board request: PHQ-9 year to date data is being generated to replace DLA, on scorecard, as the selected outcome measure

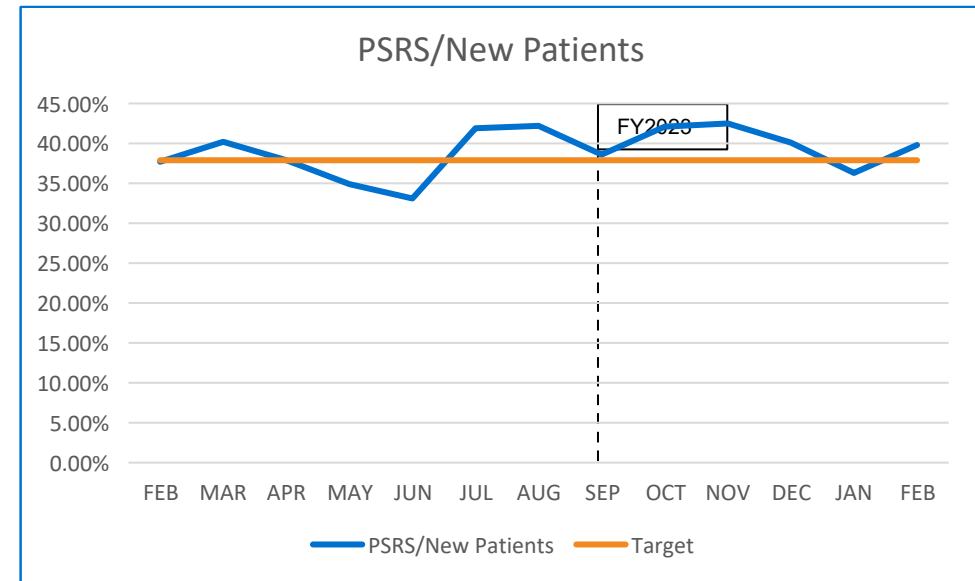
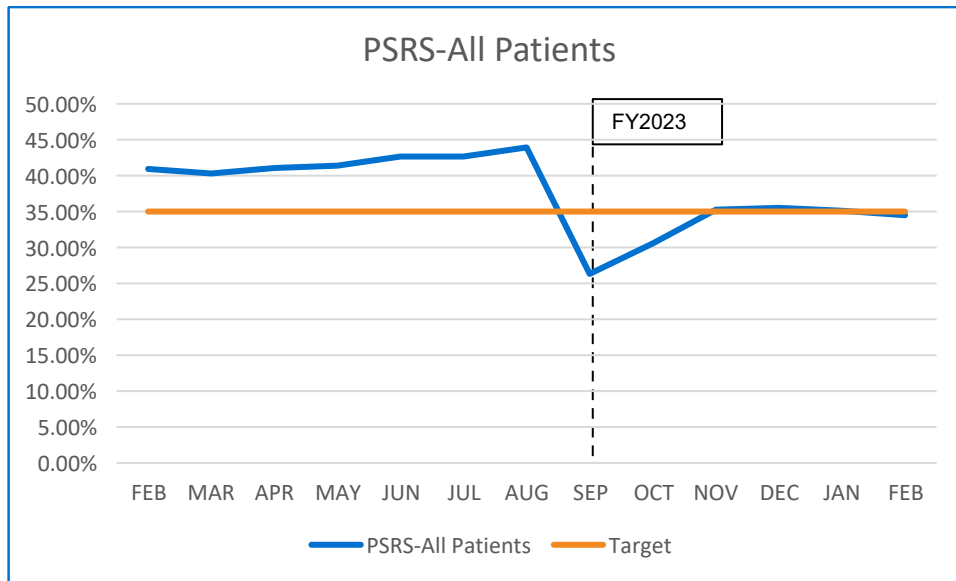
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	BDSS-All Patients	32%	32.31%	33.36%	Increase	IOS
	BDSS-New Patients	46%	48%	47.20%	Increase	IOS



**Highlights:**

- % of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the BDSS. Clients must have at least 90 days from first assessment to last assessment
- \* Per Board request: PHQ-9 year to date data is being generated to replace DLA, on scorecard, as the selected outcome measure

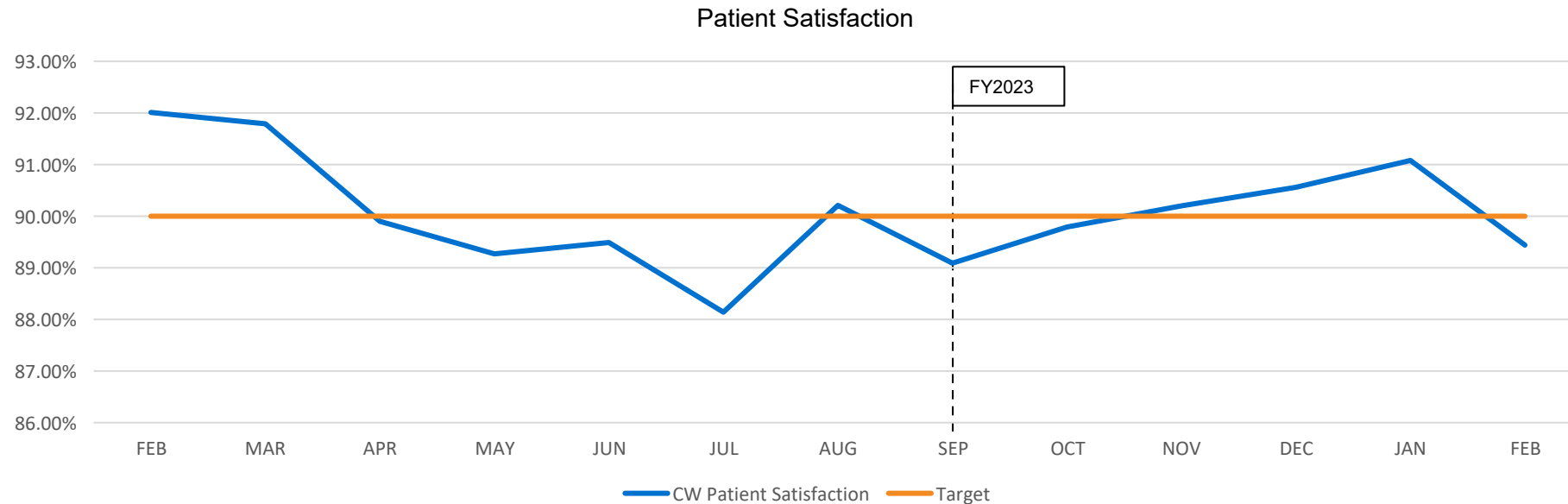
Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	PSRS-All Patients	35%	40%	40%	Increase	IOS
	PSRS-New Patients	53%	38.90%	39.80%	Increase	IOS



**Highlights:**

- % of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the PSRS. Clients must have at least 90 days from first assessment to last assessment.
- \* Per Board request: PHQ-9 year to date data is being generated to replace DLA, on scorecard, as the selected outcome measure

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Feb)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	90.03	89.44	Increase	IOS



Highlights:

- Patient satisfaction continues met its target. Overall response rate is higher this period than the previous period. From **4890 (about 13% of total surveys sent out)** response from individual served in Jan 2022 to **6674 (10% of total survey sent out) in Feb 2023**
- Patient satisfaction survey for **POC-IC increased by 3 percent** (Feb'22 - 90.57% to Feb'23 - 95.15%) the same period
- Patient satisfaction survey for Pharmacy had a **minor 6 percent decrease** (Feb'22 - 100 to Feb'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

## Children and Adolescent Services Ongoing Interventions

Date	# of Walk Ins	# of Assessment Completed	# of Screened	Percent Assessed
2.1.2023	5	5		100%
2.2.2023	10	10		100%
2.3.2023	14	7	7	50%
2.6.2023	13	10	3	77%
2.7.2023	13	13		100%
2.8.2023	11	11		100%
2.9.2023	12	12		100%
2.10.2023	12	12		100%
2.13.2023	9	9		100%
2.14.2023	8	8		100%
2.15.2023	16	13	3	81%
2.16.2023	17	7	10	41%
2.17.2023	18	9	9	50%
2.20.2023	19	12	7	63%
2.21.2023	14	11	3	79%
2.22.2023	16	14	2	88%
2.23.2023	15	11	4	73%
2.24.2023	14	10	4	71%
2.28.2023	7	7		100%
<b>Totals</b>	<b>243</b>	<b>191</b>	<b>52</b>	<b>79%</b>

As per Board request:

- # of Assessment completed indicates LPHA assessment and intake
- # of screened indicates that a brief assessment was completed to ensure patients are safe return for follow up intake. Due to staff shortage or patients who arrive late where the intake was not completed on the same day
- \*CAS Leadership team is creatively adjusting resources to meet the goal of 100% assessment for individuals



# Board of Trustee's PI Scorecard

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	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676							13,795	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%	99.36%							100.23%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	47.90%	48.70%							47.80%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	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							3,551	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%	103.25%							102.02%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	76.80%	75.30%							75.22%	≥ 65.00%	C	MBOW
DID Assessment Waitlist													#DIV/0!	0	IOS	IDD-BO
IDD Service Target	824	864	885	830	908	914							871	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%	104.03%							101.47%	100.00%	C	MBOW
<b>Access to Care - Continuation</b>																
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.47	8.64							19.39	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.77	3.47							3.21	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42	4.61							6.20	<10 Days	NS	Epic
<b>Access to Care - Continuation</b>																
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86	6.57							7.70	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.61	17.41							20.79	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47	19							41.50	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35	43							32.17	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							4.65	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	6.95	5.48	5.52	6.89	8.56	6.89							6.72	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	6	2	2	1	4	5							3.33	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	2	1	1	0	0	0							0.67	0	IOS	Epic
<b>Access to Care, Crisis Line</b>																
Total Calls Received	16,427	16,509	14,853	17,512	17,926	16,965							16,699			
AVG Call Length (Mins)	8.00	8.00	8.10	8.70	8.50	8.80							8.35			
Service Level	86.00%	91.34%	91.00%	90.76%	92.00%	88.00%							89.85%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	8.00%	5.32%	6.00%	5.39%	4.30%	6.00%							5.84%	< 8.00%	NS	Brightmetrics
Occupancy Rate	73.00%	69.00%	69.00%	71.00%	72.00%	77.00%							71.83%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.79%	99.76%	99.77%	99.77%	99.76%							99.81%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	93.50%	87.10%	84.00%	88.80%	89.80%	89.80%							88.83%	> 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	1,126							1185			
PES Admission Volume	523	585	560	544	555	498							544.17			
Mechanical Restraints	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	≤ 0.01	IOS	Epic
Personal Restraints	46	40	37	37	43	50							42.17			Epic
Personal Restraint Rate	2.07	1.95	1.78	1.77	1.98	2.68							2.04	≤ 2.80	IOS	Epic
Seclusions	33	35	19	32	20	39							29.67			Epic
Seclusion Rate	1.48	1.61	0.92	1.53	0.92	2.09							1.43	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	46.91	58.66	52.62	51.82	41.70	49.76							50.25	≤ 61.73	IOS	Epic
Emergency Medications	44	54	42	47	58	56							50.17			Epic
EM Rate	1.98	2.48	2.02	2.25	2.67	3.01							2.40	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	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
<b>Patient Satisfaction (Based on the Two Top-Box Scores)</b>																
CW Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%							90.03%	90.00%	IOS	Feedtrail
V-SSS 2	88.69%	89.66%	90.24%	90.32%	90.38%	89.33%							89.77%	90.00%	IOS	Feedtrail
PoC-IP	89.71%	89.30%	89.25%	90.14%	95.15%	90.74%							90.72%	90.00%	IOS	McLean
Pharmacy	93.02%	99.09%	96.31%	96.19%	94.87%	100.00%							96.58%	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%	25.77%							26.49%	24.00%	IOS	MBOW
BDSS	30.19%	31.31%	31.83%	33.48%	33.70%	33.36%							32.31%	32.00%	IOS	MBOW
PSRS	26.32%	30.56%	35.26%	35.51%	35.11%	34.49%							32.88%	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	0.90								0.75	0.68	IOS	McLean
QIDS-C	51.00%	46.70%	50.30%	49.20%	49.30%	45.00%							48.58%	45.38%	IOS	Epic
BDSS	45.40%	47.80%	49.80%	50.60%	47.70%	47.20%							48.08%	46.47%	IOS	Epic
PSRS	38.60%	42.10%	42.50%	40.10%	36.30%	39.80%							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%	66.70%							61.88%	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%	37.70%							38.06%	20.00%	C	MBOW
CANS (Child/Adolescent)	43.14%	21.65%	18.14%	19.80%	21.31%	25.30%							24.89%	25.00%	C	MBOW
<b>Adult and Child/Adolescent Functioning Measures</b>																
DLA-20 (AMH and CAS)	48.00%	44.10%	45.10%	45.70%	40.90%	47.80%							45.27%	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
<b>Access to Care</b>																
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
<b>Access to Care</b>																
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



# Board of Trustee's PI Scorecard Data Key



<b>Access to Care - Strategic Plan Goal #2: To Improve Access to Care</b>	
<b>AMH Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>Adult Service Target (13,764)</b>	# of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>AMH Actual Service Target %</b>	% of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>AMH Serv. Provision (Monthly)</b>	% of adult patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Individuals in LOC-1M; Individuals recommended and/or authorized for LOC-1S; Non-Face to Face, GJ modifiers, and telephone contact encounters; partially authorized months and their associated hours)
<b>CAS Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>CAS Service Target (3,481)</b>	# of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>CAS Actual Service Target %</b>	% of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>CAS Serv. Provision (Monthly)</b>	% of children and youth patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Non-Face to Face, GJ modifiers, and telephone contact encounters; partially authorized months and their associated hours; Client months with a change in LOC-A; children and adolescents on extended review)
<b>DID Assessment Waitlist</b>	# of people who have been referred to the LIDDA for a Determination of Intellectual Disability but have not been contacted within thirty days of the date of the LIDDA received the referral.
<b>IDD Service Target (854)</b>	# of ID 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.)
<b>IDD Actual Service Target %</b>	% of ID Target number served to state target.
<b>CW CAS 1st Contact to LPHA</b>	Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CW AMH 1st Contact to LPHA</b>	Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CW CAS/AMH 1st Con. to LPHA</b>	ALL - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CAS 1st Avail. Med Appt-COC</b>	Children and Youth - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
<b>CAS 1st Avail. Med Appt-COM</b>	Children and Youth - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
<b>CAS # Pts Seen in 30-60 Days</b>	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
<b>CAS # Pts Seen in 60+ Days</b>	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
<b>AMH 1st Avail. Med Appt-COC</b>	Adult - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
<b>AMH 1st Avail. Med Appt-COM</b>	Adult - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
<b>AMH # Pts Seen in 30-60 Days</b>	Adult - # of adult patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
<b>AMH # Pts Seen in 60+ Days</b>	Adult - # of adult patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
<b>Access to Care, Crisis Line - Strategic Plan Goal #2: To Improve Access to Care</b>	

<b>Total Calls Received</b>	# of Crisis Line calls answered (All partnerships and Lifeline Calls)
<b>AVG Call Length (Mins)</b>	Monthly Average call length in minutes of Crisis Line calls (All partnerships and Lifeline Calls)
<b>Service Level</b>	% of Crisis Line calls answered in 30 seconds (All partnerships and Lifeline Calls)
<b>Abandonment Rate</b>	% of unanswered Crisis Line calls which hung up after 10 seconds (All partnerships and Lifeline Calls)
<b>Occupancy Rate</b>	% of time Crisis Line staff are occupied with a call (includes: active calls, documentation, making referrals, and crisis call follow-ups)
<b>Crisis Call Follow-Up</b>	% of follow-up calls that are made within 8 hours to people who were in crisis at time of call
<b>Access to Crisis Resp. Svc.</b>	% percentage of crisis hotline calls that resulted in face to face encounter within 1 day
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>PES Total Visits</b>	# of patients interacting with PES services (Includes: intake assessment regardless of admission, triage out, and observation status, PES Clinic)
<b>PES Admission Volume</b>	# of people admitted to PES ((South, North, or CAPES units). Excludes 23/24 hr observation orders or those patients that have been triaged out)
<b>Mechanical Restraints</b>	# of restraints where a mechanical device is used
<b>Mechanical Restraint Rate</b>	# of mechanical restraints/1000 bed hours
<b>Personal Restraints</b>	# of personal restraints
<b>Personal Restraint Rate</b>	# of personal restraints/1000 bed hours
<b>Seclusions</b>	# of seclusions
<b>AVG Minutes in Seclusion</b>	The average number of minutes spent in seclusion
<b>Seclusion Rate</b>	# of seclusions/1000 bed hours
<b>Emergency Medications</b>	# of EM
<b>EM Rate</b>	# of EM/1000 bed hours
<b>R/S Documentation Monitoring</b>	% of R/S event documentation which contains all required information in accordance with TAC compliance
<b>Patient Satisfaction (Based on the Two Top-Box Scores) - Strategic Plan Goal #6: Organization of Choice</b>	
<b>CW Patient Satisfaction</b>	% of 2 top box scores (2top box answers on form/total answers given on forms)(average of all sat forms together)
<b>Adult Outpatient</b>	% of 2 top box scores on CPOSS (2top box answers on form/total answers given on forms)(In Clinic Visits - AMH clinics and some CPEP)
<b>Youth Outpatient</b>	% of 2 top box scores on PSS (2top box answers on form/total answers given on forms)(In Clinic Visits - Youth and Adolescent clinics)
<b>V-SSS 2</b>	% of 2 top box scores on VSSS2 (2top box answers on form/total answers given on forms)(All Divisions)
<b>PoC-IP</b>	% of 2 top box scores on PoC-IP (2top box answers on form/total answers given on forms)(CPEP and DDRP)
<b>Pharmacy</b>	% of 2 top box scores on VSSS2 (2top box answers on form/total answers given on forms)(all pharmacies)

<b>Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>QIDS-C</b>	% of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the QIDS-C. Clients must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
<b>BDSS</b>	% of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the BDSS. Clients must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
<b>PSRS</b>	% of all THC adult clients served during the fiscal year that have improved psychiatric symptomatology as measured by the PSRS. Clients must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
<b>Adult Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>BASIS-24 (CRU/CSU)</b>	Average of all patient first scores minus last scores (provided at intake and discharge)

<b>QIDS-C</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the QIDS-C. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>BDSS</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the BDSS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>PSRS</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the PSRS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>PHQ-A (11-17)</b>	% 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)
<b>DSM-5 L1 CC Measure (6-17)</b>	% of new patient child and adolescent clients that have improved symptomology as measured by the DSM-5 Cross Cutting tool. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>Adult and Child/Adolescent Needs and Strengths Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>ANSA (Adult)</b>	% of adult clients authorized in a FLOC that show reliable improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use (Assessments at least 90 days apart)
<b>CANS (Child/Adolescent)</b>	% of child and adolescent THC clients authorized in a FLOC that show reliable improvement in at least one following domains: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, and/or Substance Abuse. (Assessments at least 75 days apart)
<b>Adult and Child/Adolescent Functioning Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>DLA-20 (AMH and CAS)</b>	% of all THC clients that have improved daily living functionality as measured by the DLA-20 (Must have 30 days between first and last assessments)

Thank you.

# **EXHIBIT Q-3**





# Clinical Pharmacy Specialist Program

Establishment and Outcomes

# Psychiatric Pharmacist Training and Practice Settings

Psychiatric pharmacists are advanced practice clinical pharmacists who specialize in mental health care. With an extensive knowledge of medication management, they are skilled at treating the whole patient.



## EXPANDED PHARMACY EDUCATION

- **6-8 YEARS** Undergraduate and Doctor of Pharmacy Degrees
- **1 YEAR** General Pharmacy Residency
- **1 YEAR** Psychiatric Residency
- **CERTIFY** by examination

★ **Board Certified Psychiatric Pharmacist (BCPP)**  
(+ recertification every 7 years)



Public, private, and academic hospitals



Government supported hospitals or clinics (VA, Dept. of Defense, state)



Outpatient mental health clinics



Outpatient primary care clinics



Prisons and correctional facilities

## Example Healthcare Organizations Utilizing Pharmacists with Prescriptive Authority

- Veterans Affairs (VA), Nationwide
- JPS Health Network, Fort Worth
- Harris Health, Houston
- Los Angeles County Dept. of Mental Health, California

# Clinical Pharmacy Specialists



Dr. Heather Rozea Cooper, PharmD, BCPP  
Clinical Pharmacy Specialist  
SE Clinic – ACT/FACT Team



Dr. Brittany Parmentier, PharmD, MPH, BCPS, BCPP  
Clinical Pharmacy Specialist  
SW Clinic – CAS Team

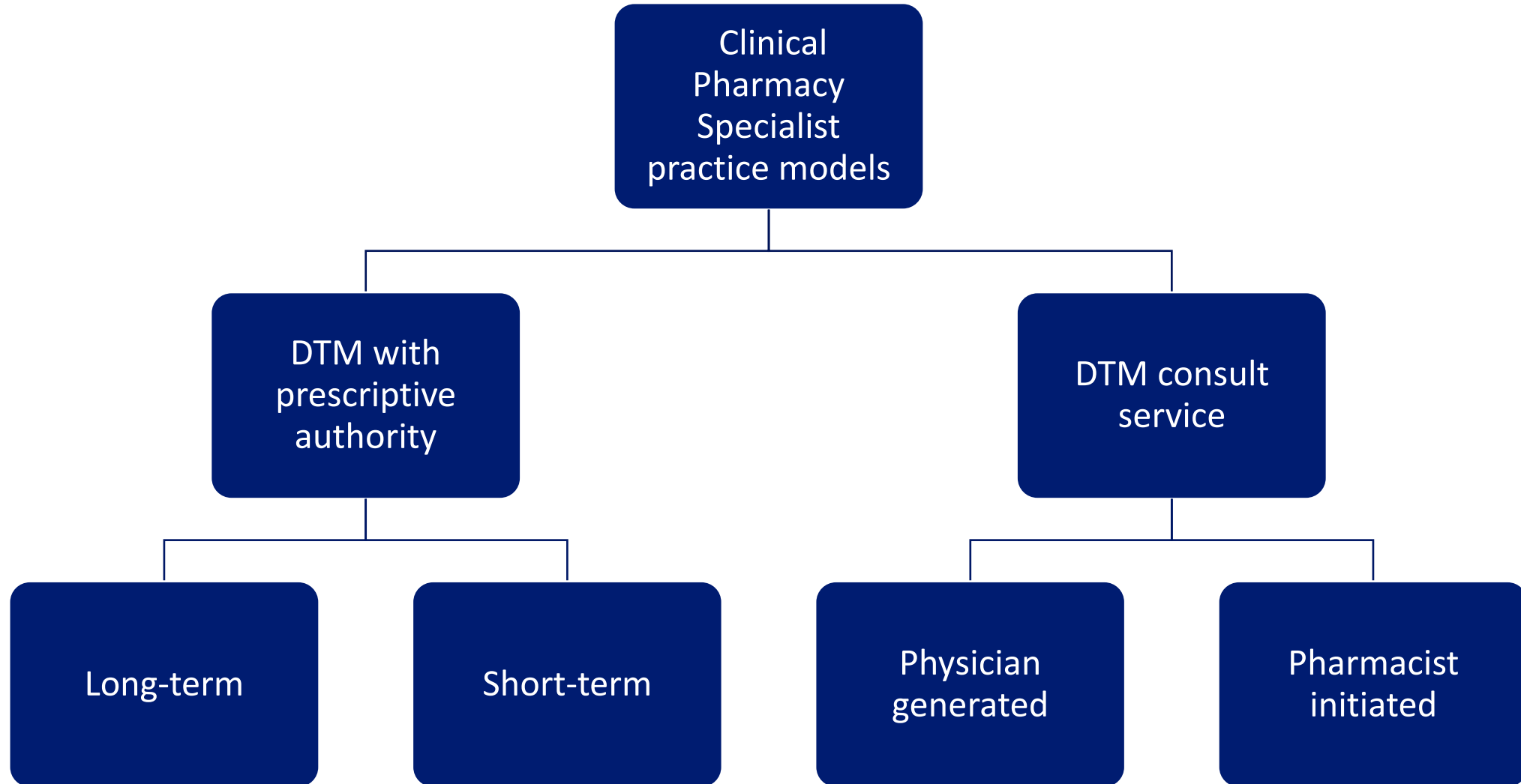


Dr. Mitchell Crouch, PharmD, BCPP  
Clinical Pharmacy Specialist  
NW Clinic – Integrated Care Team





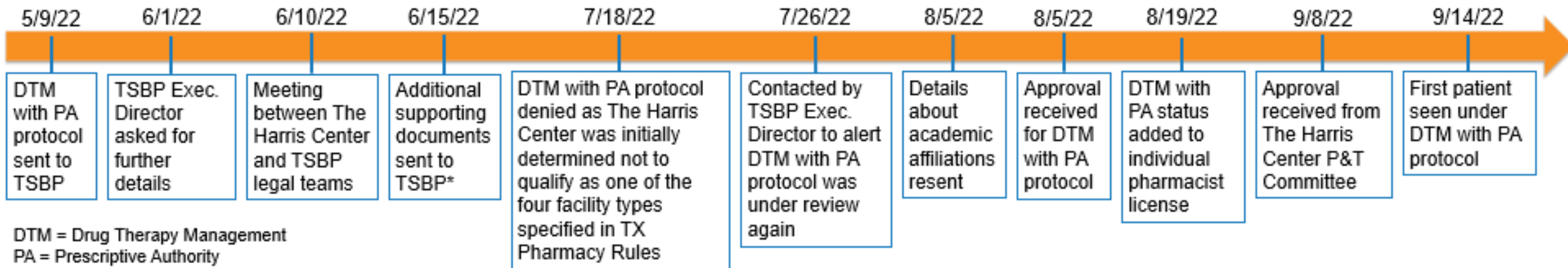
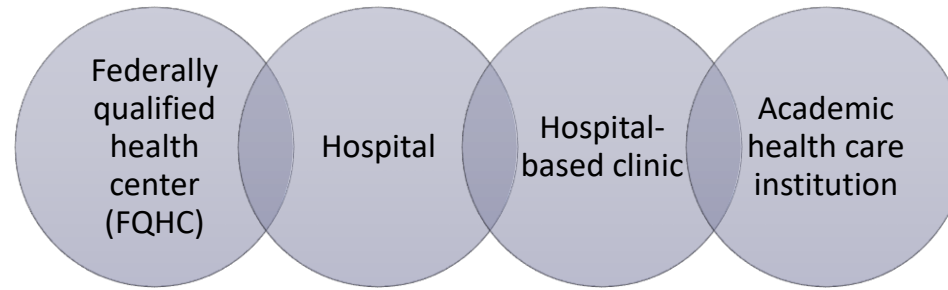
# Clinical Pharmacy Specialist Practice Models



DTM = Drug Therapy Management

# Timeline of Drug Therapy Management (DTM) with Prescriptive Authority Protocol Approval

Texas Pharmacy Rules: The authority to sign a prescription drug order may be granted to a pharmacist that practices in one of the four settings



DTM = Drug Therapy Management  
PA = Prescriptive Authority  
TSBP = Texas State Board of Pharmacy  
P&T = Pharmacy and Therapeutics

\*included academic affiliation contracts and map of clinic and hospital locations

# Description of DTM with Prescriptive Authority

## Design

- Pilot program
- CPS works under DTM with prescriptive authority protocol

## DTM with Prescriptive Authority Protocol

- Psychiatric disease states managed
- Medication classes (initiate, prescribe, manage)
- Monitoring labs and procedures (order and assess)
- Documentation requirements
- What to do in case of emergency

## Productivity

- Encounters
- Interventions
- Cost avoidance

## Referral Process

Diagnosis and initial medication order must come from physician

Verbal or written order for DTM pharmacy consultation by physician

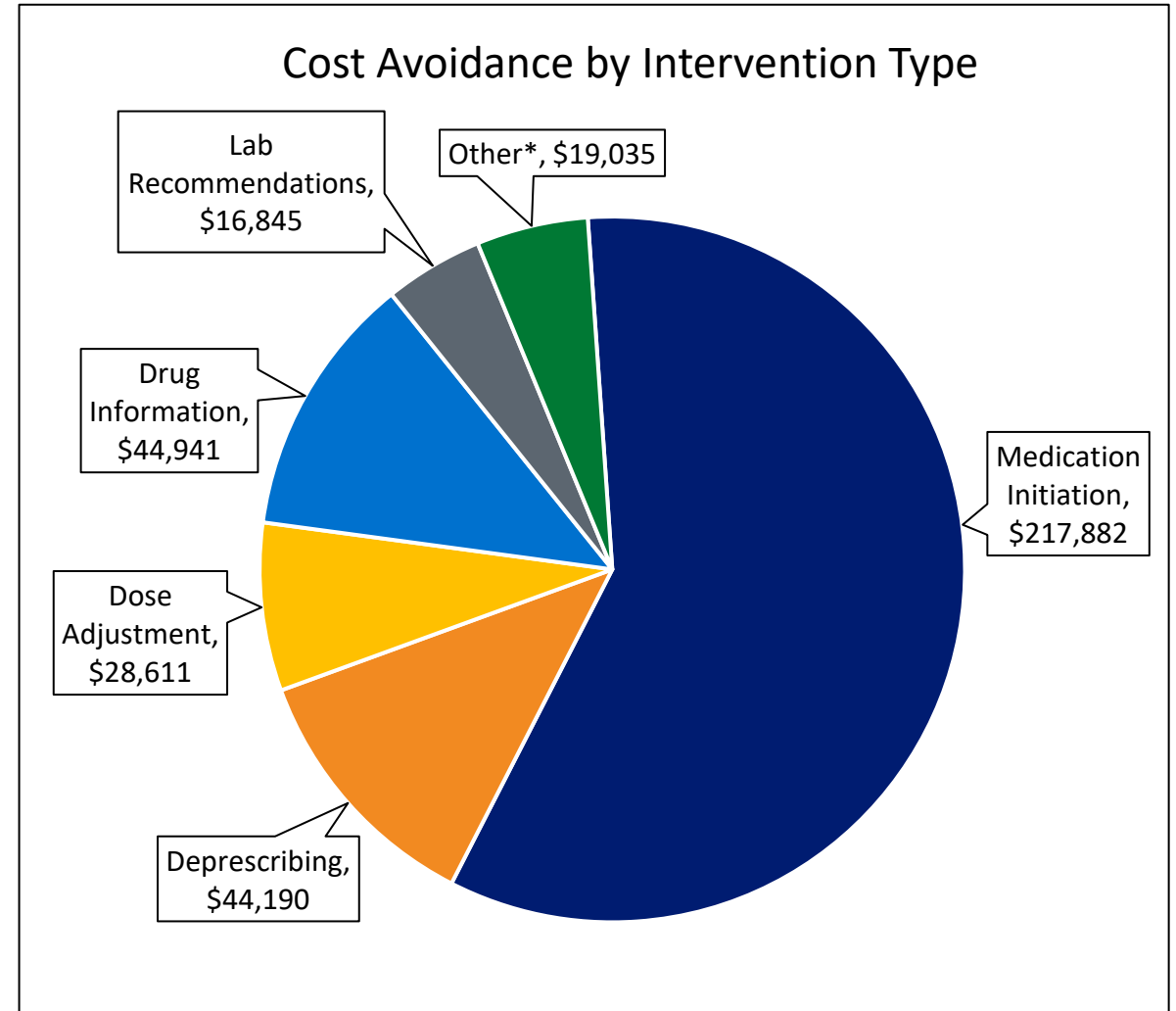
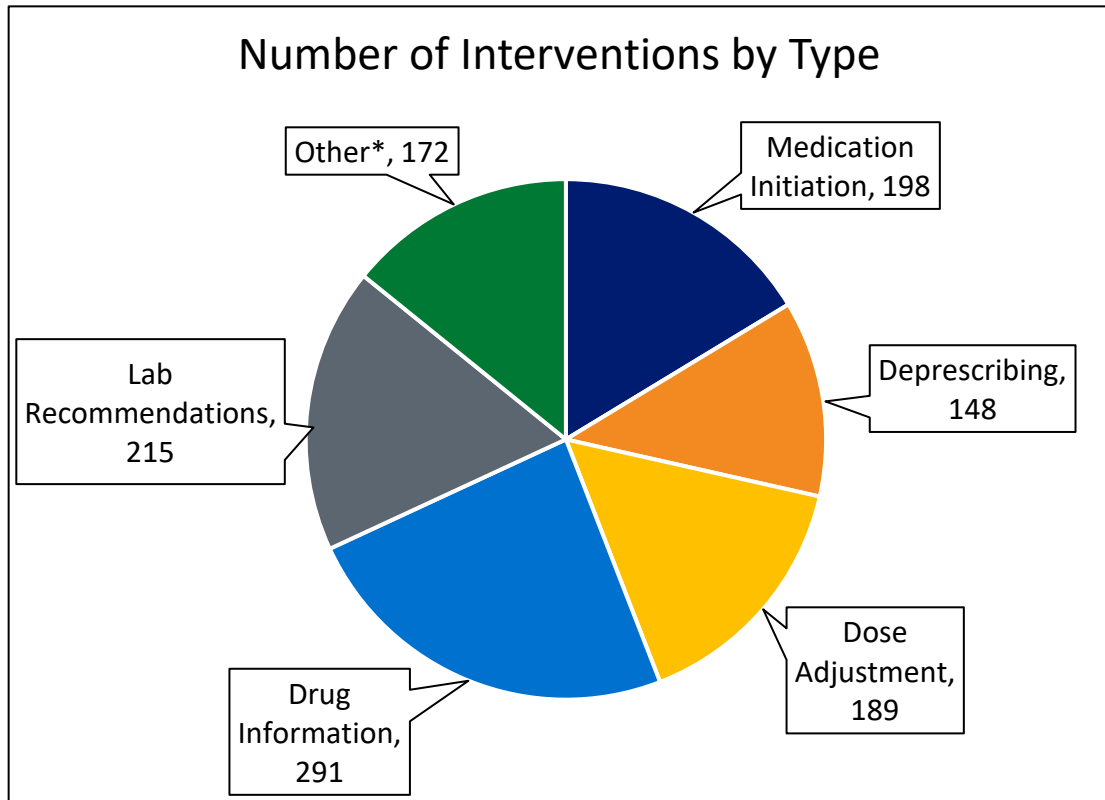
Referral order entered into electronic health record for CPS review

Patient referrals approved by clinical pharmacy specialist scheduled in their clinic for follow up\*

\*every 6<sup>th</sup> visit scheduled with supervising physician to demonstrate ongoing physician-patient relationship

# Impact on Patient Care (Oct 2022 – Feb 2023)

Total Cost Avoidance	\$371,504
Total Interventions	1,213
Acceptance Rate	85%



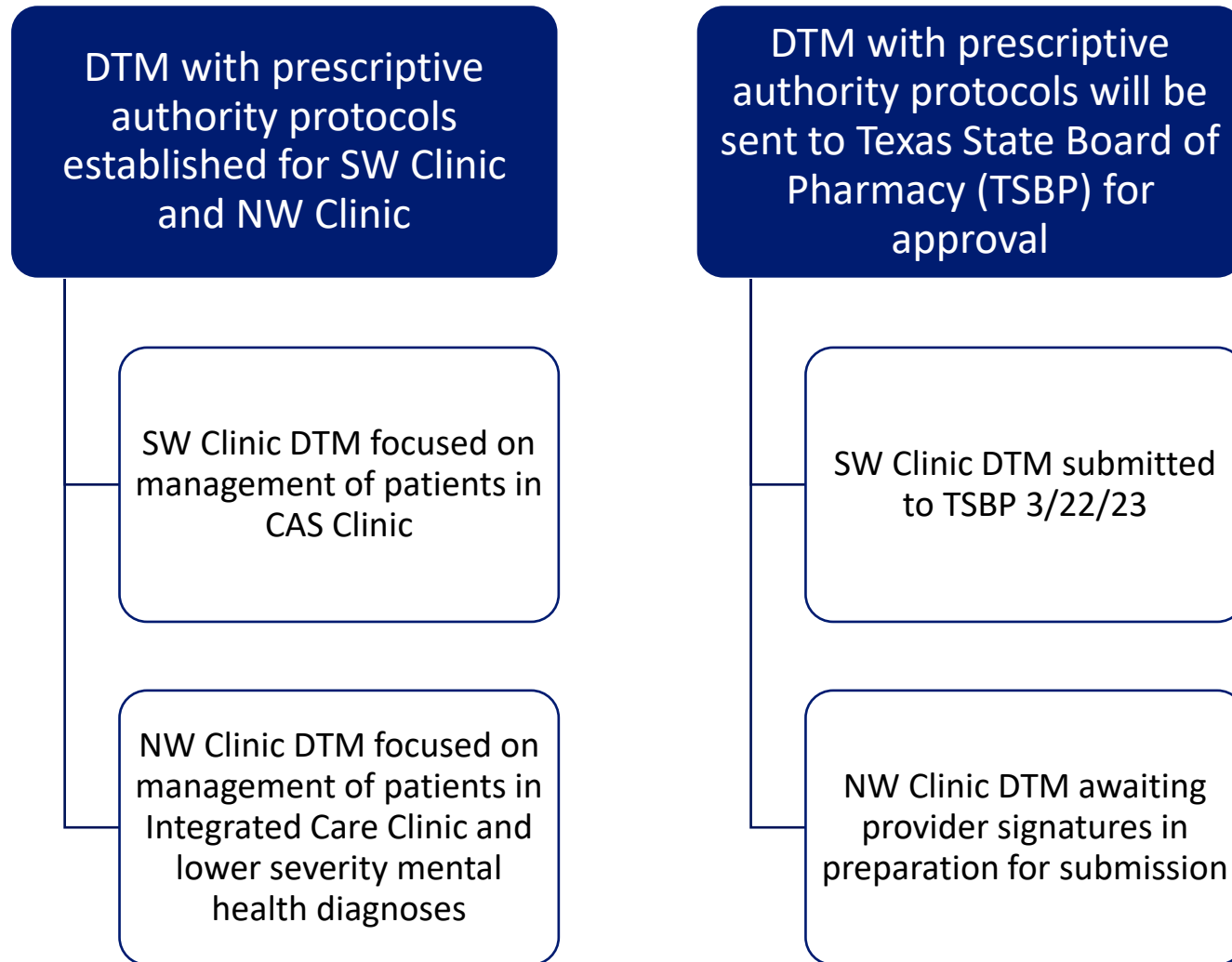
\*Other = Schedule change, patient education, transitions of care, allergy review, drug interactions, and therapeutic duplications

J Trauma Acute Care Surg. 2012;73(6): 1484-1490.  
Am J Pharm Educ. 2011;75(1) Article 8: 1-7.  
Hosp Pharm. 2013;48(9):744-752.  
Am J Health-syst Pharm. 2002;59: 2070-2077.

# Projects and Initiatives Highlights

Heather Cooper	Brittany Parmentier	Mitchell Crouch
<ul style="list-style-type: none"> <li>• Education of PA Fellow, medical students, medical residents</li> <li>• Anticholinergic medication burden evaluation</li> <li>• Benzodiazepine medication use evaluation</li> <li>• American Association of Psychiatric Pharmacists national poster</li> </ul>	<ul style="list-style-type: none"> <li>• Medication safety leader</li> <li>• Med use process safety at 6160</li> <li>• Quality reports with Dr. Muzquiz</li> <li>• Medication reconciliation and transitions of care</li> <li>• Nursing collaboration and education</li> <li>• Harris County Sheriff's Office presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use disorder collaboration</li> <li>• Vaccine implementation</li> <li>• Patient medication education</li> <li>• Medication education classes</li> <li>• Liaison between integrated care, psychiatry, and pharmacy</li> <li>• Pharmacy-driven medication therapy management implementation</li> </ul>
<p style="text-align: center;">           P&amp;T Committee Support            Texas Psychiatric Executive Formulary Committee Support            Medication Safety – Medication Events &amp; ADR Reviews            Continuing Medical Education presentations to prescribers            American Association of Psychiatric Pharmacists national committees            Epic workflow optimization            Education of pharmacy students         </p>		

# Upcoming DTM with Prescriptive Authority Additions



DTM = Drug Therapy Management

Thank you.





# Appendix



# Medication Safety

Errors of Omission/  
Missed  
Doses  
are Errors

9%  
of medication errors are related to  
Drug-Drug Interactions

Narrow  
Therapeutic  
Window &  
Special  
Monitoring  
Drugs  
(carbamazepine,  
lithium, Depakote,  
Clozaril)

770,000  
Hospitalized  
patients in  
America  
experience  
an Adverse  
Drug Event  
(ADE)

Human Genome Project  
of 2003 identified  
common genetic  
variations suggesting  
additional testing and  
monitoring

To Err is Human:  
Building a Safer  
Healthcare System  
(Institute of Medicine 2007)

Prescribing error rate:  
0.6-53 errors/1000 orders

Preventable ADE rates are  
unacceptably high in the US:  
~ 1.5 million events annually  
~ \$3.5 billion in hospital  
expenditures

# Medication Safety

Institute of Medicine stated in 2007:

“At the beginning of the medication-use process, **prescribers often lack sufficient knowledge about how the drugs they are prescribing will work in specific patient populations.** If the balance of medication risks and benefits is not known...it is impossible to say whether medication use is safe.

Improving medication use and reducing errors, therefore, requires **improving the quality of information** generated by the pharmaceutical industry and other researchers regarding drug products and their use in clinical practice.”

# Medication Safety in Mental Health Review Articles

- A 2017 systematic review of 20 studies found medication error rates:
  - Ranged from 10.6-17.5 per 1000 patient-days in mental health hospitals
    - 28-50% of errors were of significant severity
    - 2.1-4.4% were potentially life-threatening
    - Atypical antipsychotics most commonly involved psychotropic medications
    - Drug omission, incorrect dose, and wrong time errors were the most commonly observed
  - More than 40% of medication errors are thought to result from inadequate reconciliation in handoffs during transitions of patient care
  - Studies have found that independent review teams detected error rates ranging from 88 to 1,000x higher than self-reported rates

AlshehriGH, et al. *Drug Safety*. 2017;40:871-86.

Barker KN, et al. *Arch Intern Med*. 2002;162(16):1897-03.

RozichJD, et al. *JtCommJ QualSaf*. 2004;30(1):5-14.

Grasso BC, et al. *PsychiatrServ*. 2003;54:677-81.

# Medication Safety in Mental Health

Medication errors in mental health treatment settings have not been adequately studied. The potential for errors of omission and commission in mental health, however, causing either near misses or preventable adverse events is high for each of the following reasons:

- Volume of outpatient visits;
- Number of psychiatric medication prescriptions written;
- Absence of evidence of a contemporary understanding of medication errors and their consequences in both inpatient and outpatient mental health treatment settings;
- High prevalence of co-occurring substance use disorders that complicate diagnosis and treatment; and
- Greater vulnerability of individuals with mental illness.

In addition, the validity of reported error rates is limited by self-reporting -- the error reporting method currently used in almost all hospitals.

# How Important are Drug-Drug Interactions (DDI)

Population	Estimate	Reference
All adults from large HMO	3.5% per year for significant DDI	Solberg et al. 2004
Hospitalized patients at time of discharge	60% had at least 1 DDI; 6.5% were severe	Egger et al. 2003
Veterans Affairs Outpatients	2.15% overall prevalence	Mahmood et al. 2007
Elderly patients hospitalized for drug toxicity	14.7% hospitalized within 1 week of interaction drug addition	Juurink 2003

# Clinical Pharmacy Specialists Can Help

## PSYCHIATRIC PHARMACISTS

Improving access, outcomes and cost

## PSYCHIATRIC PHARMACISTS ADD UNIQUE VALUE

**75%**

of physicians find their jobs to be easier when the primary care team includes a clinical pharmacist.

JAPhA, 2017

**12 to 1**

Up to \$12 cost reduction for every \$1 invested in pharmacist-provided medication management services.

USPHS, 2011

**38%**

improvement in patient depression response rates when working with a psychiatric pharmacist.

JPP, 2016

### Part of the team, part of the treatment.

In collaboration with the health care team, patients, and caregivers, psychiatric pharmacists:



**PRESCRIBE\*** or recommend appropriate medications



**RESOLVE** drug interactions



**EVALUATE** responses and modify treatment



**SUPPORT** medication adherence



**MANAGE** medication adverse reactions



**PROVIDE** medication education

\*Prescriptive and practice authority varies by state and practice setting.

# Clinical Pharmacy Specialists Can Help

Safety – Quality - Innovation - Access  
Integration – People - Community

## Crisis Services:

- Help with medication reconciliation
- Improving medication utilization/verification in our high-risk care settings
- Providing care coordination role at a higher level (i.e. inpatient/outpatient prescribing)
- Develop care pathways and review order sets and clinical decision support in Epic for crisis services
- Medication Safety Recommendations in unique medication use process
- Medication Collaborative Practice Agreements with defined protocols for disease states identified

## Outpatient Clinics:

- Complex medication management for lithium, clozapine and other drugs w/narrow therapeutic windows and specialty monitoring
- Fall reduction/polypharmacy review
- Improving holistic care delivery
- Telehub Assistance with Medication Reviews and Recommendations
- Prior Authorization Review and Recommendations
- Letter of Medical Necessity Assistance
- Medication Collaborative Practice Agreements with defined protocols for anxiety, depression, bipolar, Substance Use Disorder, ADHD

## Integrated Care:

- Specialized recommendations with complicated medication strategies
  - Substance Use Disorder
  - HIV Diagnoses
  - Pregnancy
- Medication Collaborative Practice Agreements with defined protocols for blood pressure, hyperlipdemia, diabetes, asthma

Knowledge Transfer

Clinical Care Pathway Development

Evidence Based Medicine

# Clinical Pharmacy Specialist Example Focus Areas

Key Indicator	Purpose	Plan
Polypharmacy, particularly dual antipsychotic therapy	Eventual lack of CMS reimbursement	Assess clinical need for dual therapy and encourage prescriber to document need in records
Presence of long-acting injectable antipsychotics	Ensure appropriate monitoring was in place and injection appointments scheduled	Contact prescriber and/or nurse to ensure appointments were set up in a timely fashion
Suspected nonadherence either from poor refill history or documentation in chart	Assess whether potential lack of therapeutic efficacy may be secondary to medication	Alert prescriber and arrange adherence counseling prior to or immediately following next prescriber appointment
Recent hospitalization or Harris Center Crisis Services utilized within the affiliated network	Ensure current outpatient medication list reflected any changes made to regimen during inpatient/crisis stay and rationale for augmentation is in outpatient progress notes	Update the outpatient medication list as needed and alert outpatient provider to these changes; if multiple hospitalizations in past 6 months, collaborate with prescriber to reassess appropriateness of pharmacotherapy



# Clinical Pharmacy Specialist Example Focus Areas

Key Indicator	Purpose	Plan
Presence of medications warranting therapeutic drug monitoring (eg, divalproex, lithium, and carbamazepine)	Check for therapeutic drug levels within the electronic medical record and, if not present within recommended time-frame, check if level was ordered	Alert prescriber to need for obtaining drug levels and briefly discuss importance of this with patient either over the telephone or prior to or immediately following next prescriber appointment
Lack of pertinent information in the chart, including nonpsychiatric health-care providers (at minimum, name and place of practice), contact information, or insurance	Ensure patients were receiving reminder calls for appointments and facilitate continuity of care	Contact nonpsychiatric health-care providers as needed to address potential drug–drug and drug–disease state interactions, therapeutic duplications, or to ascertain what medications were being prescribed out-of-network

# **EXHIBIT Q-4**

# PES Emergency Medications Restraints and Seclusions

Trends & Analysis

Board Quality Committee

Presented by: Amber Pastusek, MD – VP, Crisis Medical Services  
April 18, 2023



# Core Project Team



Luming Li MD,  
Chief Medical Officer



Kia Walker,  
Chief Nursing Officer



Amber Pastusek MD,  
VP of Crisis Medical  
Services



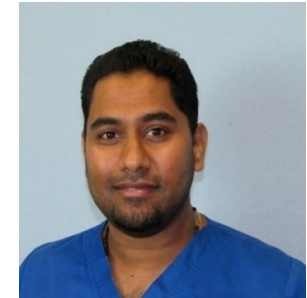
Trudy Leidich,  
VP of Clinical  
Transformation



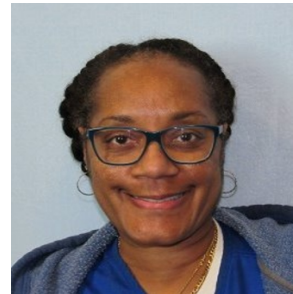
Wendy Martinez,  
Project Director



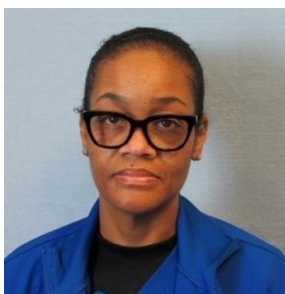
Greg Gigax RN,  
Senior Nurse Manager



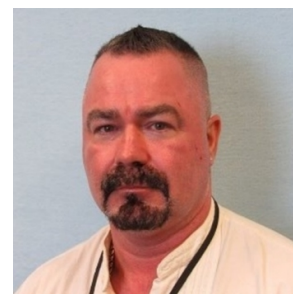
Steve Thomas RN,  
Lead Nurse



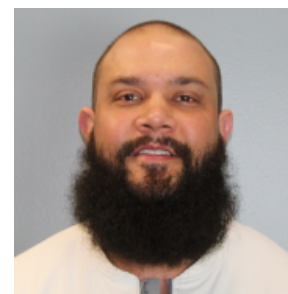
Tracey Brown-Colar RN,  
Lead Nurse



Neesha Blanton RN,  
Lead Nurse



Daniel Scott RN,  
Lead Nurse



Kirby Bray,  
Lead Psychiatric  
Technician



Shante Hill,  
Lead Psychiatric  
Technician



Chalmas Leonard,  
Lead Psychiatric  
Technician

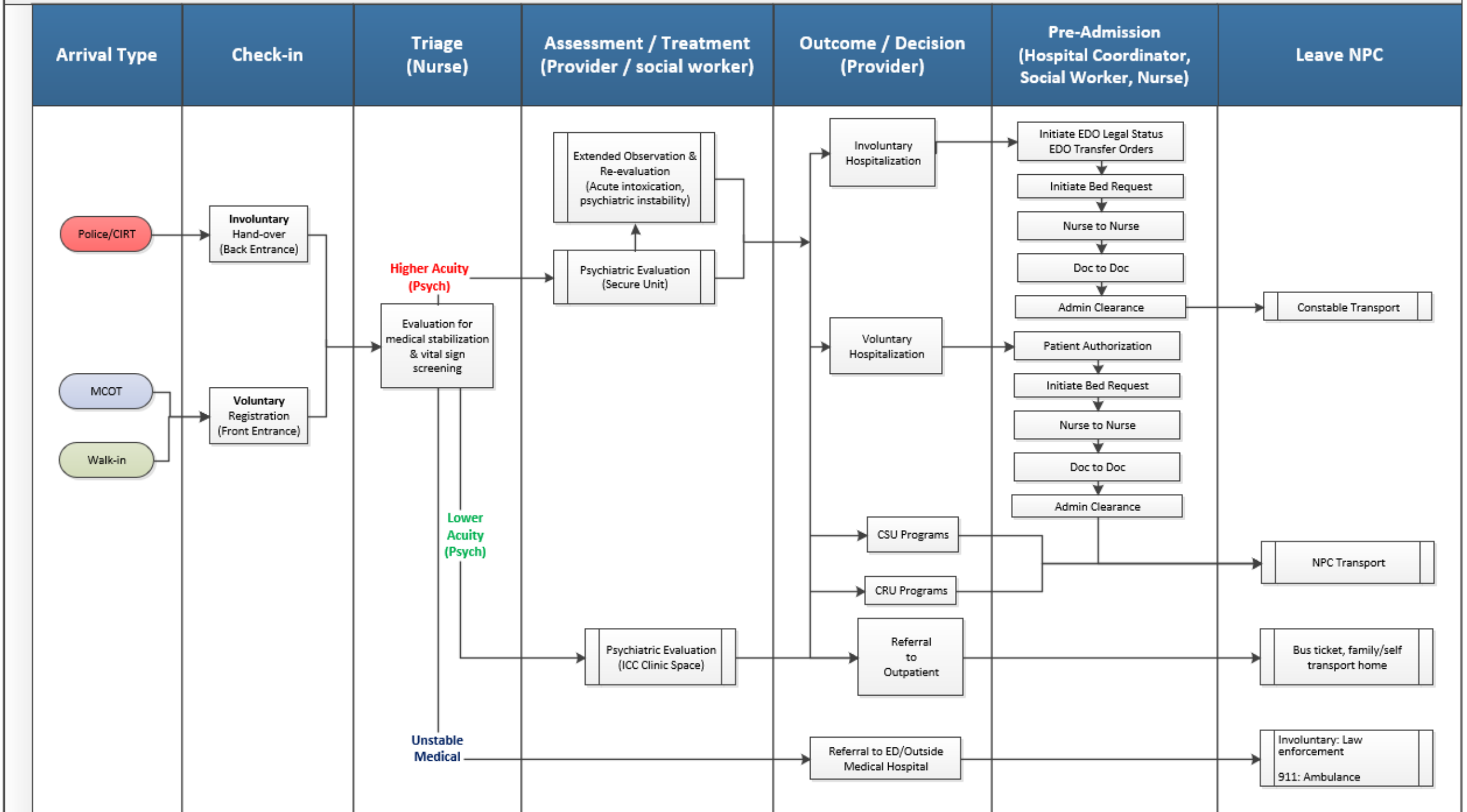


Reuben Rice,  
Lead Psychiatric  
Technician

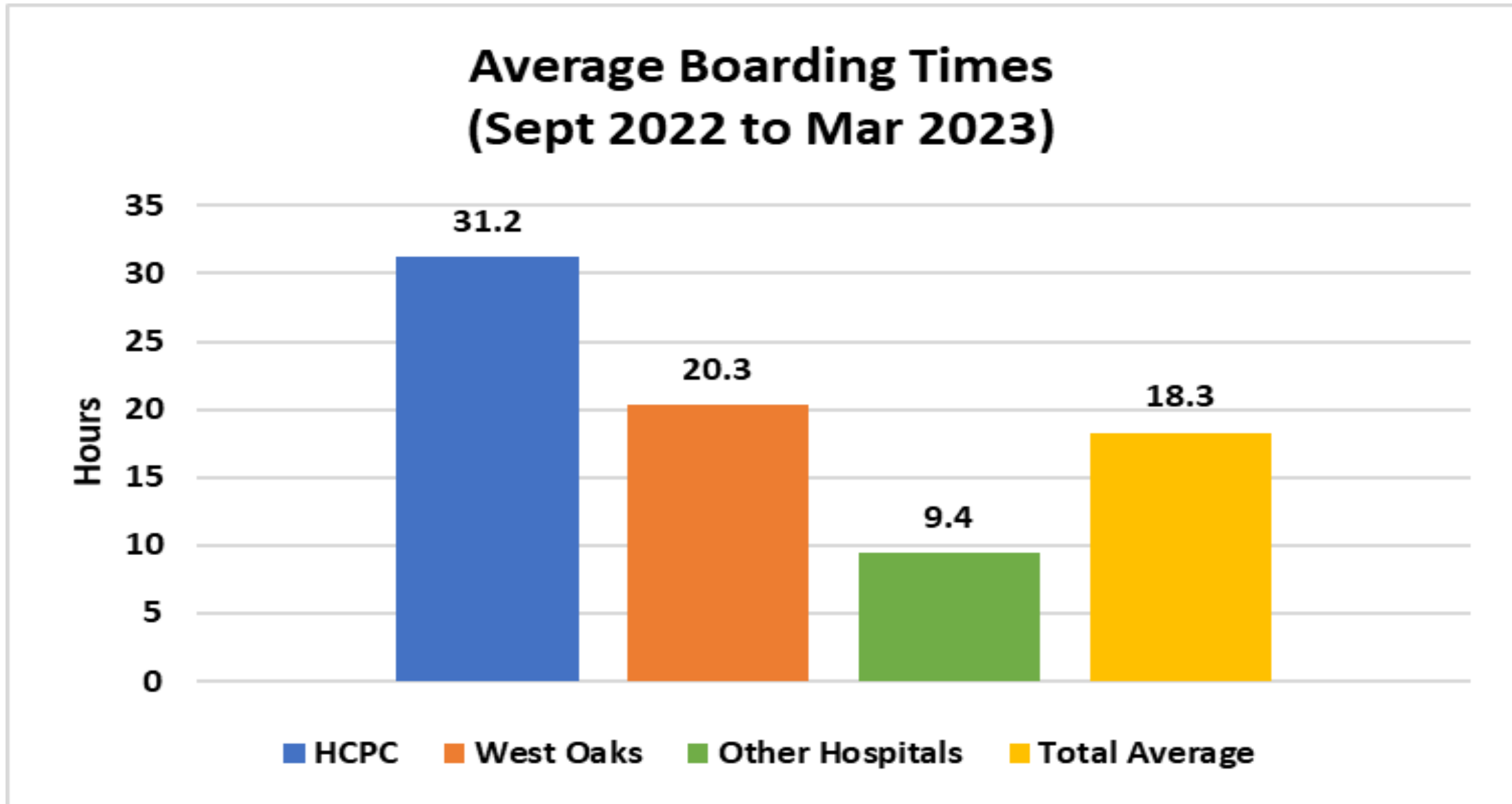


# Agenda

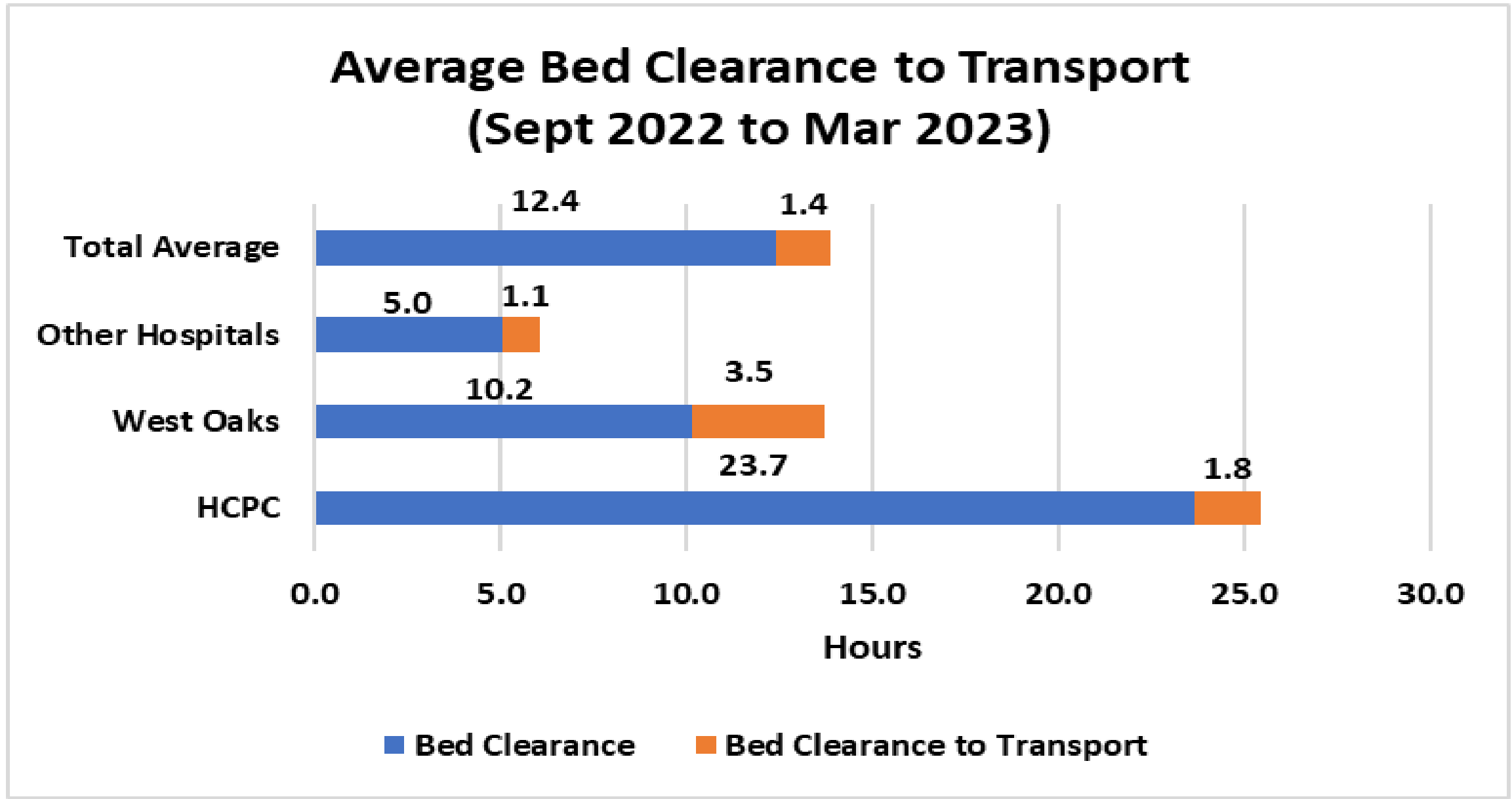
- PES Process Map
- Data Visualization: Boarding Times with Process Breakdown
- Performance Improvements
- Conclusion and Future Directions
- Appendix
  - PES Board PI Scorecard (Feb 2022– Feb 2023)
  - Emergency Interventions Control Charts



# PES Average Boarding Times

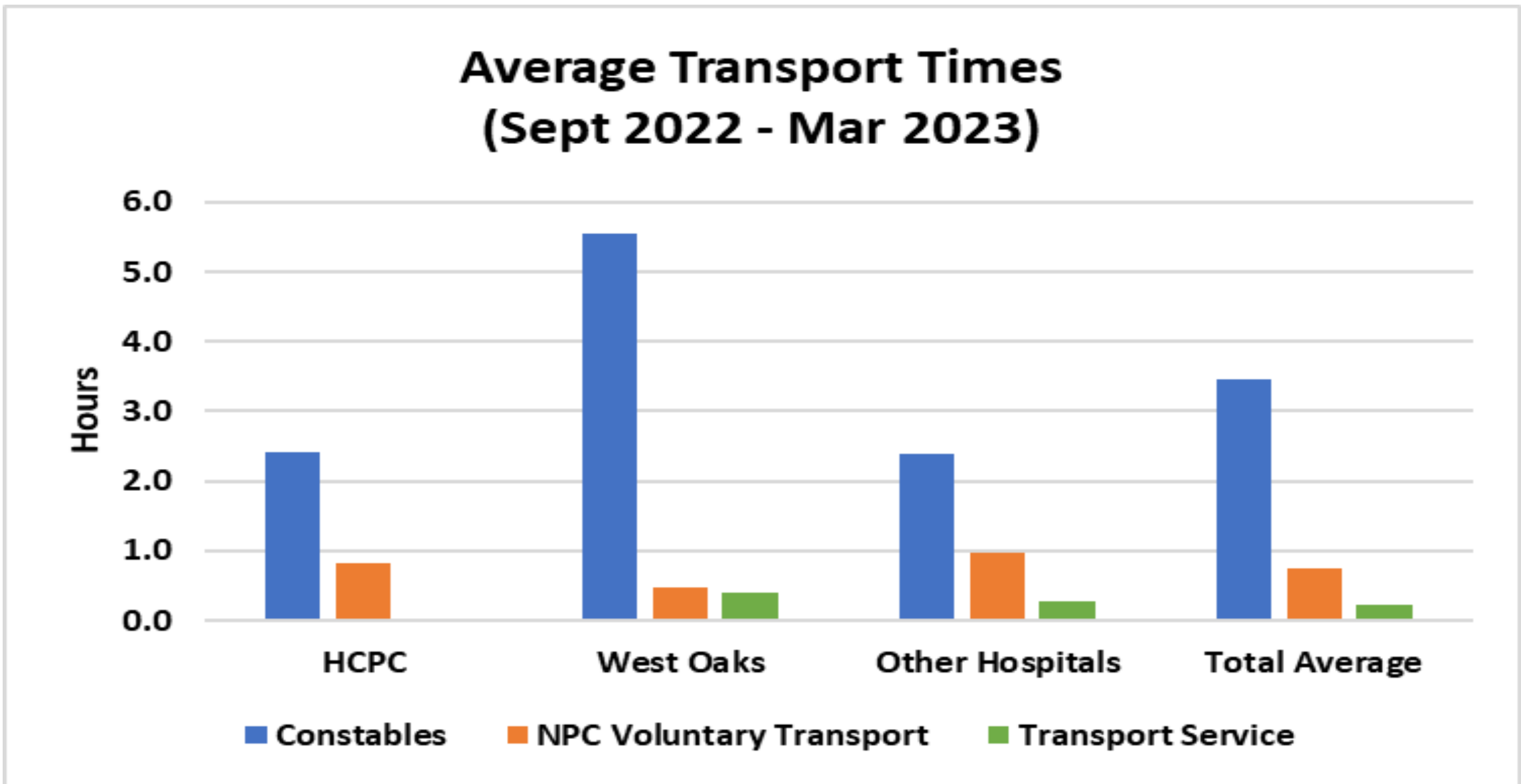


# Bed Clearance Time to Transport Time





# Transport Times



# Conclusions

- **Overall Trends**
  - Bed clearance appears to be the rate limiting step with boarding times
  - Constable transport times have less impact on the overall boarding times
- **Quality Improvement Initiatives**
  - Continue joint quality collaborations with HCPC to evaluate opportunities in the system for transitions of care
  - Continue to strengthen transitions of care with internal programs and outpatient linkage
  - Just Care Culture launch at NPC
  - Continue to identify trends in data for opportunities to enhance the patient care experience
- **Appendix: Control chart observations**
  - Seclusion, restraint, emergency medication rates, and average seclusion minutes are **below target and within upper and lower control limit ranges**

Thank you.

# Appendix

# PES Emergency Interventions Data

# Key Definitions

- Emergency Interventions required to prevent imminent threat of harm to self/others
  - **Personal Restraint** – Restricting patient's free movement
    - Adults  $\leq$  15 minutes, Youth  $\leq$  15 minutes
  - **Mechanical Restraint** – Restricting patient's free movement by using 4-point, 3-point, 2-point, mittens, and/or helmet
    - Adults  $\leq$  4 hours, ages 9-17  $\leq$  2 hours, ages 3-8  $\leq$  1 hour
  - **Seclusion** – Confinement of a patient in a room/area that free exit is prevented
    - Adults  $\leq$  4 hours, ages 9-17  $\leq$  2 hours, ages 3-8  $\leq$  1 hour
  - **Emergency Medications** – Administered without patient consent to prevent imminent harm to self/others
- Emergency Interventions Rate Calculation:
  - $(\text{Number of Interventions} / \text{Total Patient Hours}) \times 1,000$

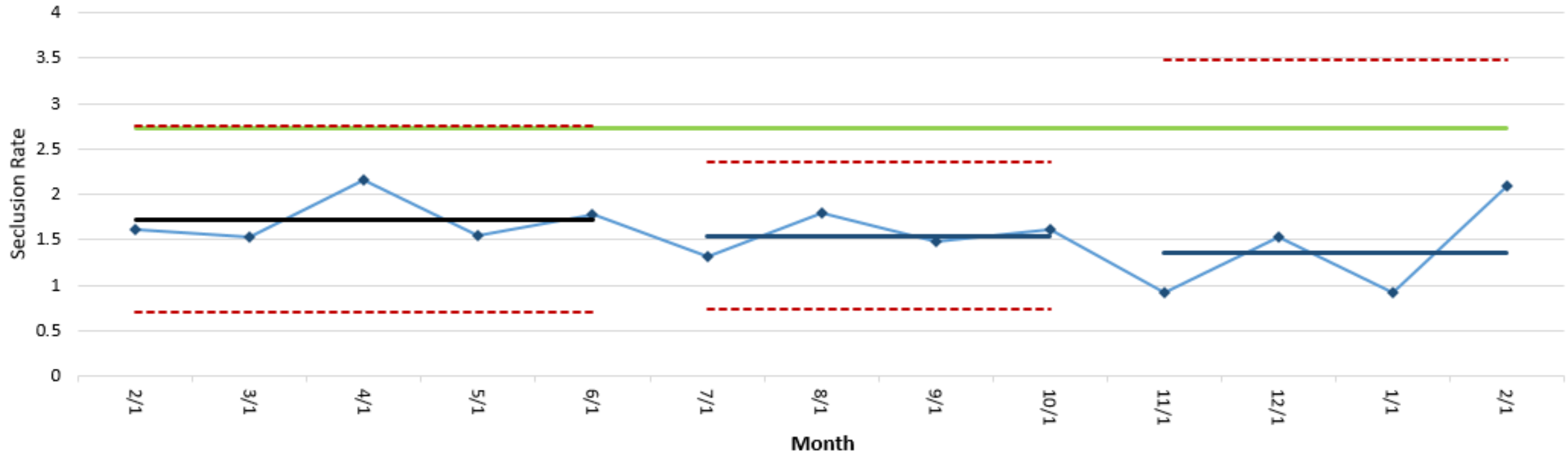
# PES Board PI Scorecard (Feb 2022 – Feb 2023)

	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	FY23 AVG	FY23 Target	Target Type	Data Origin
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)</b>																	
<b>PES Total Visits</b>	1,007	1,043	964	1,051	1,014	1,058	1,163	1,194	1192	1160	1173	1266	1126	1117.00			
<b>PES Admission Volume</b>	490	506	471	565	584	504	562	523	585	560	544	555	498	538.08			
<b>Mechanical Restraints</b>	0	1	0	0	0	0	0	0	0	0	0	0	0	0.08			
<b>Personal Restraints</b>	36	35	55	33	33	41	42	46	40	37	37	43	50	41.00			Epic
<b>Personal Restraint Rate</b>	1.95	1.58	2.64	1.55	1.73	1.85	1.99	2.07	1.95	1.78	1.77	1.98	2.68	1.96	≤2.80	IOS	Epic
<b>Seclusions</b>	30	34	45	33	34	29	41	33	35	19	32	20	39	32.83			Epic
<b>Seclusion Rate</b>	1.62	1.54	2.16	1.55	1.78	1.31	1.79	1.48	1.61	0.92	1.53	0.92	2.09	1.56	≤2.73	IOS	Epic
<b>AVG Minutes in Seclusion</b>	48.1	37.44	48.44	44.45	60.15	45.66	56.9	46.91	58.66	52.62	51.82	41.7	49.76	49.54	61.11	SP	Epic
<b>Emergency Medications</b>	50	48	69	52	44	38	44	44	54	42	47	58	56	49.67			Epic
<b>EM Rate</b>	2.7	2.17	3.31	2.45	2.3	1.71	1.98	2.48	2.02	2.25	2.67	3.01	2.09	2.37	≤3.91	IOS	Epic

# Seclusion Rate

Seclusion Rate per 1000 patient hours (Feb 2022- Feb 2023)

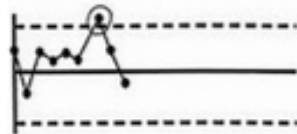
◆ Data — Process Mean — Target - - - UCL - - - LCL



## SPECIAL CAUSE VARIATION

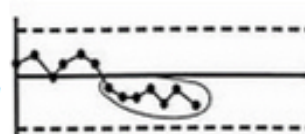
### POINT OUTSIDE OF THE LIMIT:

Any point on or outside the limit is considered abnormal and requires investigation.



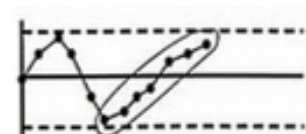
### SHIFT (RUN):

A shift is indicated when 7 consecutive points lie continually on one side of the center line.



### TRENDS:

Seven consecutive points in an upward or downward direction could indicate special cause

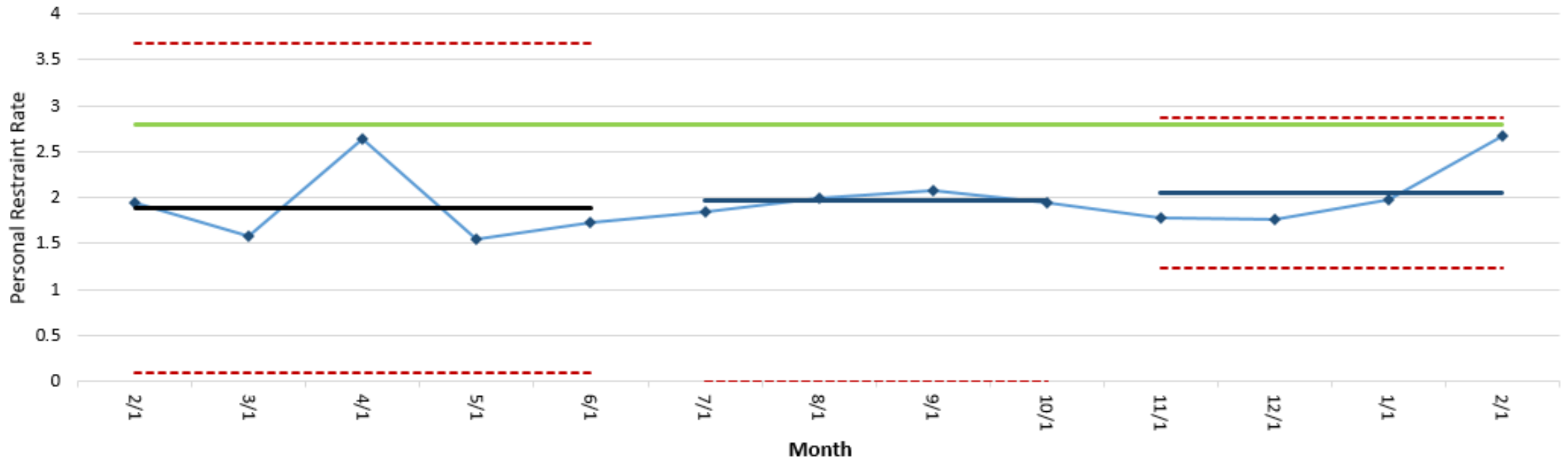




# Restraint Rate

Personal Restraint Rate per 1000 patient hours (Feb2022 - Feb 2023)

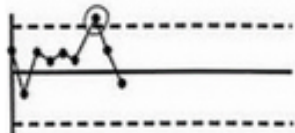
◆ Data — Process Mean — Target - - - UCL - - - LCL



## SPECIAL CAUSE VARIATION

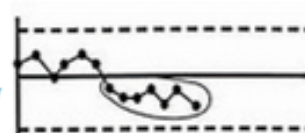
### POINT OUTSIDE OF THE LIMIT:

Any point on or outside the limit is considered abnormal and requires investigation.



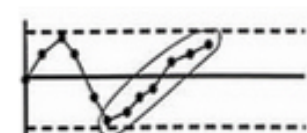
### SHIFT (RUN):

A shift is indicated when 7 consecutive points lie continually on one side of the center line.



### TRENDS:

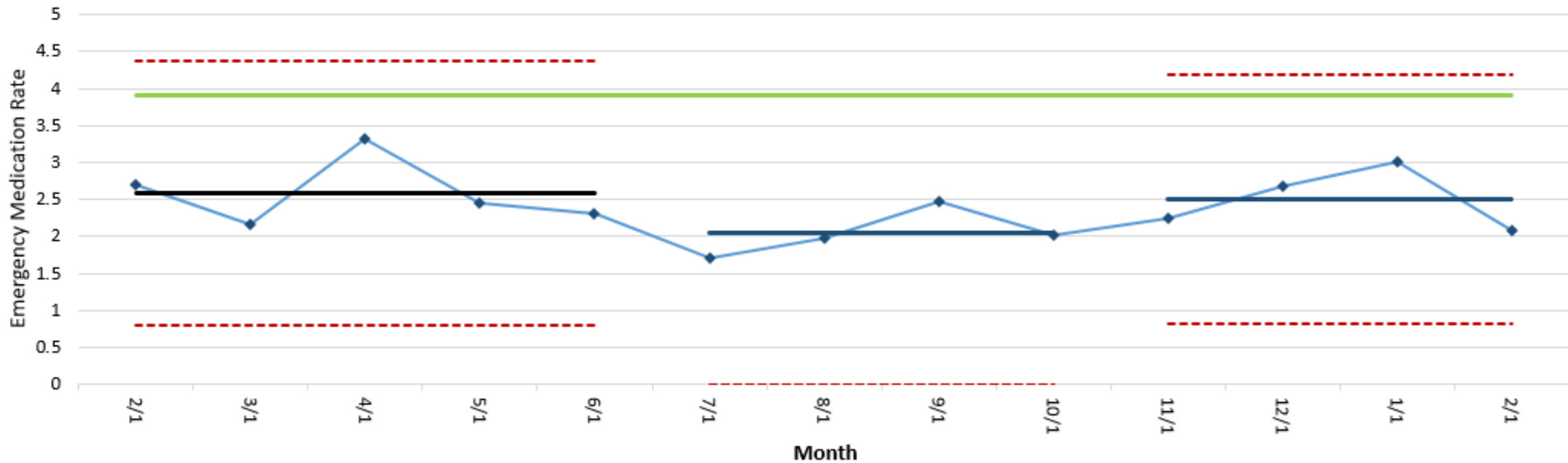
Seven consecutive points in an upward or downward direction could indicate special cause



# Emergency Medication Rate

Emergency Medication Rate per 1000 patient hours (Feb 2022 - Feb 2023)

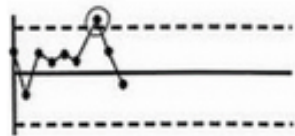
◆ Data — Process Mean — Target - - - UCL - - - LCL



## SPECIAL CAUSE VARIATION

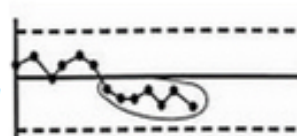
### POINT OUTSIDE OF THE LIMIT:

Any point on or outside the limit is considered abnormal and requires investigation.



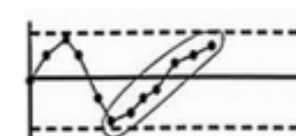
### SHIFT (RUN):

A shift is indicated when 7 consecutive points lie continually on one side of the center line.

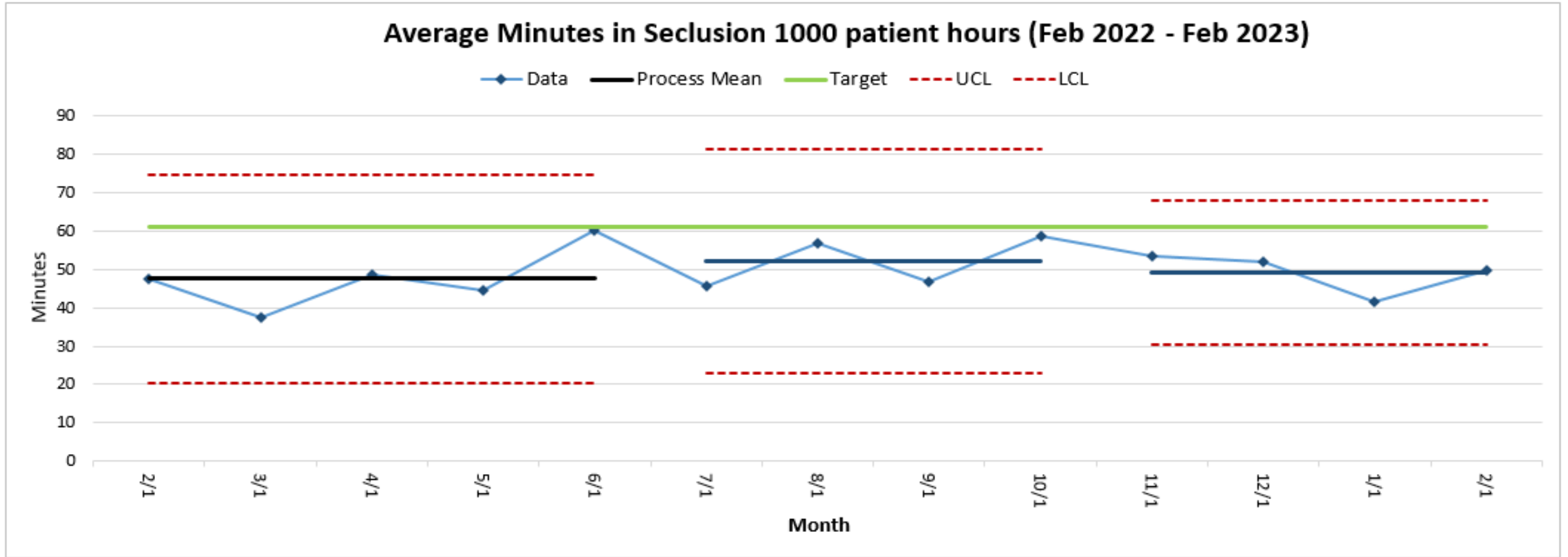


### TRENDS:

Seven consecutive points in an upward or downward direction could indicate special cause



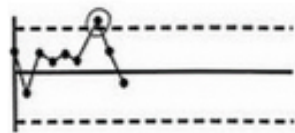
# Average Minutes in Seclusion



## SPECIAL CAUSE VARIATION

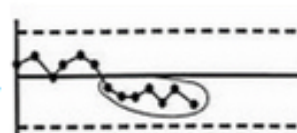
### POINT OUTSIDE OF THE LIMIT:

Any point on or outside the limit is considered abnormal and requires investigation.



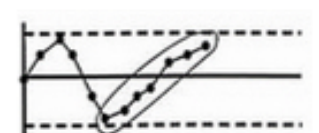
### SHIFT (RUN):

A shift is indicated when 7 consecutive points lie continually on one side of the center line.



### TRENDS:

Seven consecutive points in an upward or downward direction could indicate special cause.



# **EXHIBIT Q-5**



**APRIL**

**IS**

**AUTISM AWARENESS**

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

**MONTH**



**#IDDTEAMELITE**



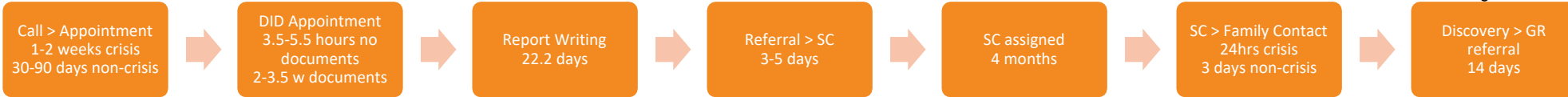
We all think differently

**IDD ACCESS-TO-CARE UPDATE**

April 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	Mar
Beginning of month*	5,831	5,775	5,710	5,602	5,621	5,547	5,486
Added	-	37	22	34	30	59	42
Removed	-	102	130	15	104	120	241
<b>TOTAL WAITING</b>	<b>5,831</b>	<b>5,710</b>	<b>5,602</b>	<b>5,621</b>	<b>5,547</b>	<b>5,486</b>	<b>5,287</b>

1. Average wait time from call to appointment for a crisis is 1-2 weeks, non-crisis is 30-90 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 22.2 days (based on 6 months of data in FY23).
4. Post report, average time to complete referral to service coordination is 3-5 days.

\*contains invalid data (as of 4/10/23)  
\*\* Average based on previous workflow

## STEP 2 SERVICE COORDINATION

Discovery  
Person-Directed Plan  
Monitoring

Number waiting to receive a GR Service Coordinator\*

Dec	Jan	Feb	Mar
118	84	52	44

1. Average wait time to be assigned a service coordinator is 4 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).

\*data has been validated and is post DID (as of 4/10/23)

## STEP 3 GR SERVICES

HHSC Contracted Services  
Internal/External Providers  
Community Linkages

Number waiting to access an authorized GR service\*

	Dec	Jan	Feb	Mar
In-home respite (Contract) <i>Avg. wait time: ~1 month</i>	9	9	23	13
Out-of-home respite (Contract) <i>Avg. wait time: ~1 month</i>	0	0	0	0
Day Habilitation (Contract) <i>Avg. wait time: ~1 month</i>	2	2	15	15
Employment Services (Contract) <i>Avg. wait time: ~1 month</i>	0	0	2	9
Feeding Clinic (Internal) <i>Avg. wait time: ~1 month</i>	24	1	0	0
Outpatient Biopsychosocial Services (OBI) (Internal) <i>Avg. wait time: 10 months</i>	99	176	181	143
The Coffeehouse (Internal) <i>Avg. wait time: 7 months</i>	Not Reported	8	13	24
<b>TOTAL WAITING</b>	<b>134</b>	<b>196</b>	<b>234</b>	<b>204</b>

\*data has been validated and is post DID (as of 4/10/23)

# Waitlist Clean-Up Project

GR Clean-Up Project Number of Monthly Calls	
January 2023	703
February 2023 <i>2<sup>nd</sup> temp began</i>	2,602
March 2023 <i>3<sup>rd</sup> temp began</i>	979
<b>Total</b>	<b>4,284</b>

10+ year wait ~ 85% no engagement  
 <10 year wait ~ 40% no engagement

Cases are allowed 30 days for a disposition. If no engagement, case is closed and removed from list.

Closed cases will immediately be re-opened if requested by individual/family.

# DIDs Completed

	Number of DIDs Completed
SEPT	118
OCT	119
NOV	117
DEC	66
JAN	93 (18 external contracts)
FEB	94 (8 external contracts)
MAR	128* (13 external contracts)
<b>FY23 Total</b>	<b>735</b>

*\*March data as of 4/10/23*

March breakdown:

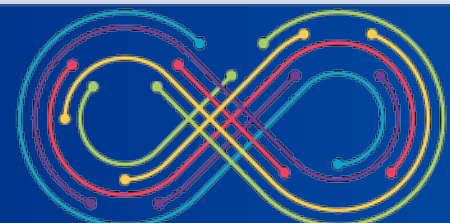
62 Full - 33 Updates - 33 Endorsements

# DID Report Completion Timeframe

	AVG Completion Time (CALENDAR DAYS)
SEPT	21
OCT	24
NOV	28
DEC	23
JAN	20
FEB	17
MAR	10*
<b>AVG (excluding March)</b>	<b>22.2 days</b>

*\*March data as of 4/10/23*

Report writing target is 20 days post assessment. Reports are written for full DIDs only.





# Variables Impacting Access



Intake Process

Capacity at Front Door  
*DID & Crisis*

Community Providers

Evidence Prior to 18 years

CONTROLLABLE

UNCONTROLLABLE


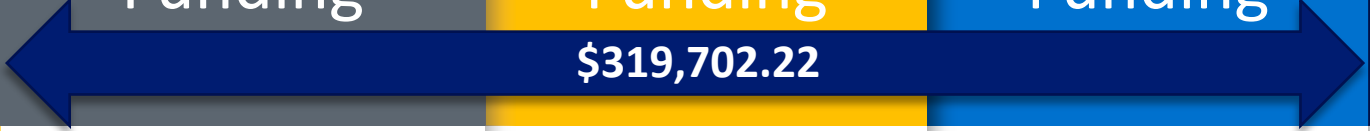
Capacity Funding

HHSC Diagnostic & Authorization Process



Process  
Efficiency  
Outcome

# UPDATE: FEBRUARY SLIDE

HHSC ARPA Funding	HHSC ARPA Funding	HHSC ARPA Funding	Goals 
 <p style="font-size: 24px; font-weight: bold;">\$319,702.22</p>			
<p style="text-align: center;"><b>DID Waitlist</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Add one (1) additional temp to GR clean-up project, decreasing 12-week project to 8-week project</li> <li>2. <input checked="" type="checkbox"/> Current DID contractor will be used to operate a weekend DID clinic, increasing access and decreasing no-show rate</li> <li>3. <input checked="" type="checkbox"/> Expand contract with existing DID contractors (2 companies) to provide supervision</li> <li>4. <input type="checkbox"/> Extend a contract for DIDs to University of Houston and University of Texas</li> </ol>	<p style="text-align: center;"><b>Service Coordination</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Add two (2) GR Service Coordinator positions*</li> <li>2. <input type="checkbox"/> Add one (1) temp position to aid in case closure, increasing capacity to remove waitlist individuals</li> </ol> <p style="text-align: center;">* Average caseload per service coordinator is 45.</p>	<p style="text-align: center;"><b>GR Service</b></p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Increase NTE amount of GR respite contract*</li> </ol> <p style="text-align: center;"><i>*Most requested service. Ability to expand and contract this service based on available funding.</i></p> <p><i>Barriers to GR Services:</i></p> <ul style="list-style-type: none"> <li>▪ External Services – Funding</li> <li>▪ Internal Services – Manpower/Funding</li> </ul>	<ol style="list-style-type: none"> <li>1. Reduce 3 month wait time to assign service coordinator to max 45 days</li> <li>2. Intake packet 2.0 platform</li> </ol>
30 – 60 days	Positions approved by PJC 2/23	To be presented to March Board	FY 2024

# Psychiatric Conditions

## Psychiatric conditions in the IDD population

Individuals with intellectual and developmental disabilities are at an increased risk of psychiatric disorders compared to those in the general population. Communication deficits can make diagnoses difficult, so it is important that direct care and support staff know what to watch for. Five of the common psychiatric conditions for individuals with IDD include depression, anxiety (generalized, obsessive-compulsive disorder, and post-traumatic stress disorder), bipolar disorder, psychotic disorder (including schizoaffective disorder), and autism spectrum disorder. Helping to identify psychiatric disorders in consumers is key to obtaining appropriate help and increasing quality of life. Support Professionals should be aware of these medical conditions, so they can assess our IDD residents and follow up with medical doctors any time the following signs and symptoms are present.

## IDD's Greatest Need in Board Support

# ACCESS TO PSYCHIATRIC CARE

Harris County Psychiatric Center (HCPC)

Ages 3+ (3 on a case-by-case basis)

If 1 on 1 staffing is required, it usually takes longer to be admitted

Medical Behavioral Hospital of Clear Lake

Adult only- ages 18+

# 1.7 MILLION INDIVIDUALS

with intellectual and developmental disabilities also have co-occurring mental illness



### PREVALENCE

# 2-3X



the rate of mental illness among the IDD population is two to three times higher than that of the general population

# 30-50%

### YOUTH

of children with IDD experience co-occurring mental health disorders



### TREATMENT

# 10%



of individuals with dual diagnosis receive appropriate treatment for co-existing mental illness



# The HARRIS CENTER for Mental Health and IDD

Transforming Lives

# Discussion



STATE OF TEXAS  
OFFICE OF THE GOVERNOR

With exception, each person is both blessed with unique ability and burdened with unique challenges. We know, moreover, that all human beings are endowed with irrevocable worth and deserve the opportunity to pursue their loftiest ambitions. This ennobling vision is much of the American dream, and it is epitomized by patients with autism spectrum disorder, and their loved ones and care providers.

During the past century, autism spectrum disorder is marked by a wide array of social, communicative, and behavioral indicators. As the name denotes, a disorder on the autism spectrum manifests itself differently in each patient, and symptoms range from subtle to significant functional impairment. Among patients with autism, ordinary activities may require an extraordinary degree of difficulty. The condition, though, is far from rare, and every American personally knows someone with autism.

Today, we know that it is not our challenges that define us, but rather how we rise above them. There are many treatment options and support systems that enable people with autism to live productive lives possible. Although definitive causes and cures have yet to be identified, appropriate therapeutic intervention—whether behavioral, cognitive, speech-language, or occupational—enables people with autism to pursue their own American Dream. History has proven that the need to limit an individual's potential: Experts have long posited that such luminary figures as Albert Einstein, Isaac Newton, and Nikola Tesla may have been on the autism spectrum.

Autism, though, is by no means an anomaly. On a daily basis, Texans with autism leverage their talents and perspectives in virtually every aspect of public life, from industry and government to education and the arts. They make invaluable contributions to our state as beloved members, colleagues, and fellow Texans, and we should therefore do everything within our power to ensure that people with autism are fully integrated into their communities.

Each year, the month of April is set aside to bolster public awareness of autism, to emphasize the need for timely diagnosis and intervention, to encourage continued research, and to celebrate the important role that people with autism play in the larger story of Texas.

By supporting individuals with autism and providing reliable services, we can bring about a better, brighter future for the neurotypical and the neurodivergent alike. At this time, I encourage all Texans to learn more about autism and to show heartfelt support for affected individuals and families.

Therefore, I, Greg Abbott, Governor of Texas, do hereby proclaim April 2023 to be

## Autism Awareness and Acceptance Month



in Texas and urge the appropriate recognition whereof.

In official recognition whereof, I hereby affix my signature this the 20th day of March, 2023.

*Greg Abbott*  
Governor of Texas



IDD Humble Service Center