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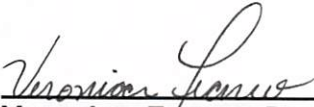9401 Southwest Freeway Houston, TX 77074
Board Room# 109

Quality Committee Meeting
September 19, 2023
9:30 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, August 15, 2023
   (EXHIBIT Q-1)

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

   B. System Accreditation
   (EXHIBIT Q-3 Trudy Leidich)

   C. Patient Satisfaction
   (EXHIBIT Q-4 Trudy Leidich)

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

V. *EXECUTIVE SESSION-*

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

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

VI. **RECONVENE INTO OPEN SESSION**

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

VIII. **ADJOURN**

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, AUGUST 15, 2023
MINUTES

Dr. G. Santos, Chair, called the meeting to order at 10:27 a.m. in the Room 109, 9401 Southwest Freeway, noting that a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. R. Gearing, Dr. G. Santos (virtual), B. Hellums

Committee Member Absent:

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

1. **CALL TO ORDER**
    Mr. Zakaria called the meeting to order at 10:27 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
    Mr. Zakaria designated Dr. L. Moore as a voting member of the committee.

3. **DECLARATION OF QUORUM**
    Mr. Zakaria 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, July 18, 2023**

    MOTION BY: GEARING   SECOND BY: MOORE

    With unanimous affirmative votes,
    BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday, July 18, 2023, as presented under Exhibit Q-1, are approved.

6. **CONSIDER AND RECOMMEND ACTION**
    A. Performance Improvement Plan 2024, Exhibit Q-2 Trudy Leidich
    MOTION BY: MOORE   SECOND BY: GEARING
    With unanimous affirmative votes,
    BE IT RESOLVED that the Performance Improvement Plan 2024, Exhibit Q-2, is approved and recommended to Full Board.

7. REVIEW AND COMMENT

    A. Quality Board Score Card, presented by Trudy Leidich and Luc Josephat, was reviewed by the Quality Committee.

    B. Psychiatric Emergency Services Update, presented by Dr. Luming Li and Trudy Leidich was reviewed by the Quality Committee.

    C. Care Pathway Update, presented by Dr. Amber Pastusek was reviewed by the Quality Committee.

8. EXECUTIVE SESSION-

Dr. Santos announced the Quality Committee would enter into executive session at 11:25 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. Sylvia Muzquiz, Vice President of Medical Services and Trudy Leidich, Vice President of Clinical Transformation & Quality

9. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 12:18 p.m.

10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

No action was taken as a result of the Executive Session.

11. ADJOURN

    MOTION: MOORE   SECOND: HELLUMS

There being no further business, the meeting adjourned at 12:18 p.m.

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, MBA, RN
VP of Clinical Transformation and Quality
Reporting for Sept 2023

Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-July)	Reporting Period: July 2023 Care Count	Target Desired Direction	Target Type
Access	AMH Service Care Count	13,764	13,937	14,325	Increase	Contractual

Adult Service Care Count
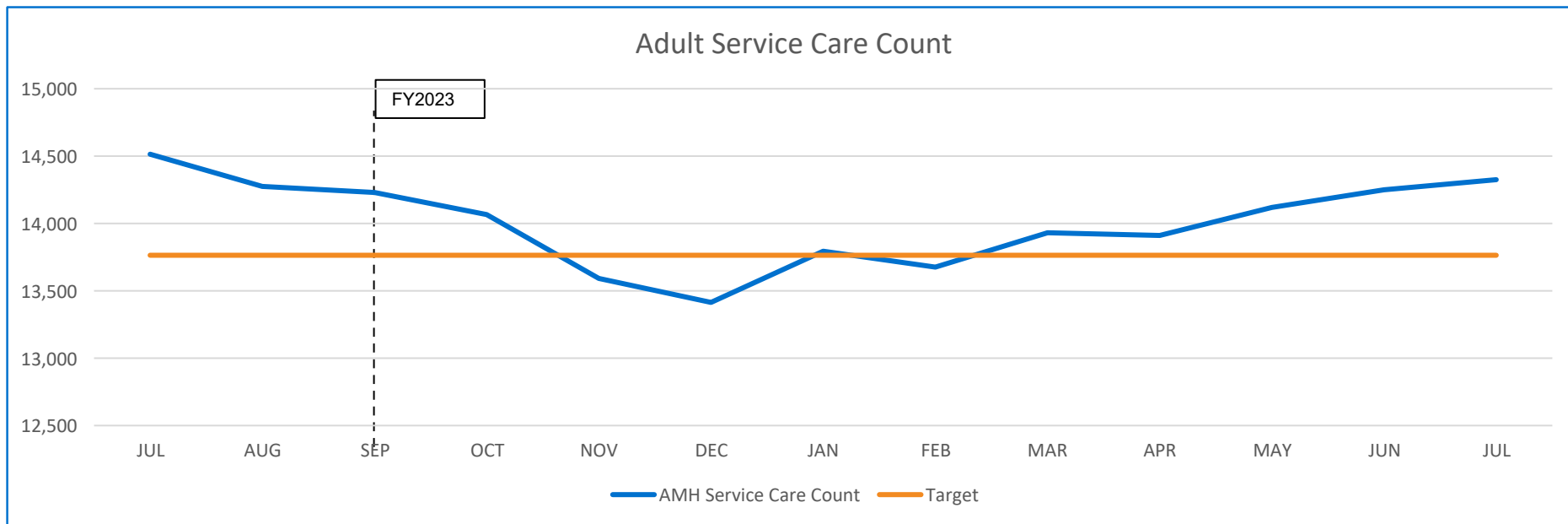
Highlights:
- Adult Service Care Count is **4.07%** above the contractual target for the current period.
- Adult service care count average is performing above contractual target. The fiscal year over year average is **up 2.53%,** the fiscal year to date (Sep-July 2023) average of 13,592 compared to same period in (Sep-July FY2022) 13,937).

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

2

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-July)	Reporting Period-July	Target Desired Direction	Target Type
Timely Care	AMH 1st Contact to LPHA	<10 days	3.05 Days	1.64 Days	Decrease	Contractual

AMH 1st Contact to LPHA
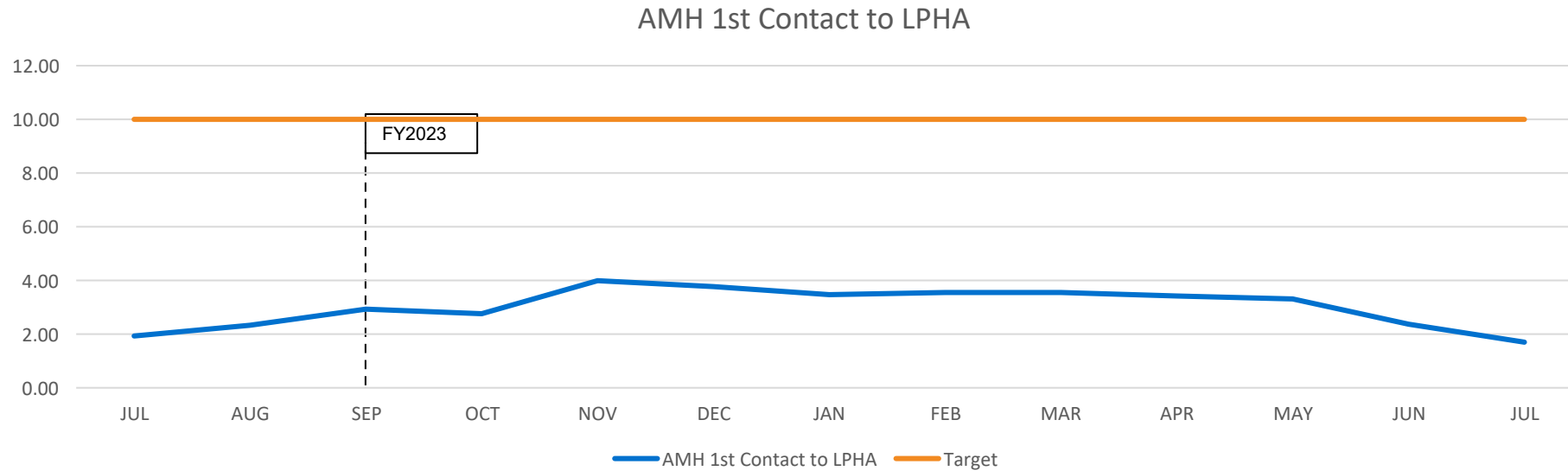
Highlights:
- Time for patients' initial assessment continues to perform well for AMH.
- AMH 1st Contact to LPHA is less than two days for the reporting period. Compared to the same period last year 1st contact to LPHA is **31% lower; from 2.40 days in July 22 to 1.64 days in July 23.**
- Fiscal to year-to-year averages is slightly higher this year than last. From an average of **1.72 days (Sep-July 2022) to 3.05 in the same period in Sep-July 2023**

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

3

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-July)	Reporting Period: July 2023	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COC	<14 days	4.56 days	5.01 days	Decrease	Contractual

AMH 1st Available Medical Appointment - COC
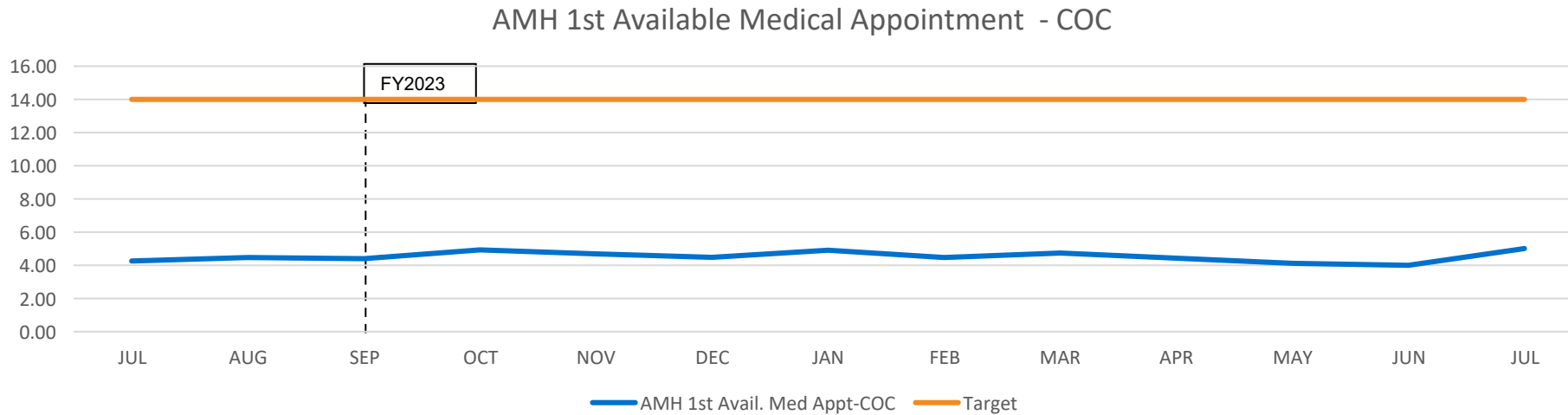
Highlights:
- Time to contact COC patients continues to perform well for AMH.
- For the reporting period July 2023, AMH 1st available medical appointment for continuity of care **increased by 17% from 4.26 days (July 2022) to 5.01 days in July 2023**, but the program is still 10 days below target.
- When compared to the previous fiscal year average, AMH has achieved **a 10% reduction** in the 1st available medical appointment for continuity of care patients. From an average of **5.11 days in Sep-July in FY2022, to 4.56 days in Sep-July FY2023.**

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

4

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-July)	Reporting Period-July 2023	Target Desired Direction	Target Type
Timely Care	AMH 1st Avail. Medical Appt-COM	<28 days	8.26 days	13.78 days	Decrease	Contractual

AMH 1st Avail. Med Appt-COM
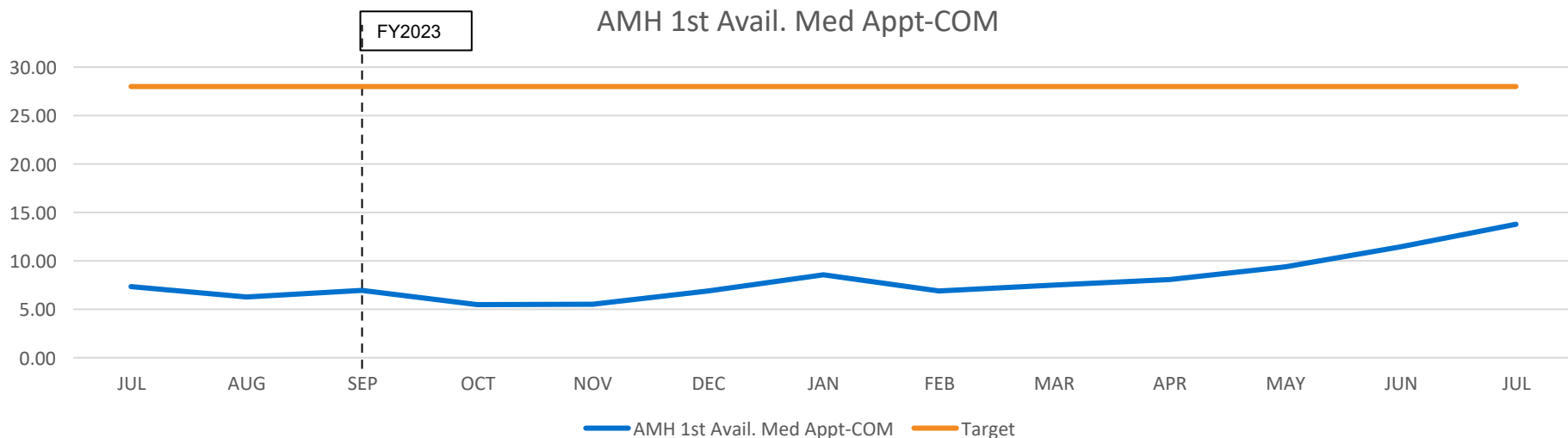
Highlights:
- Access to medical appointment for community members (walking-ins without an appointment) continues to perform well below the contractual target for AMH.
- For the reporting period July 2023, AMH reduced the time for 1st available medical appointment for community members (walking-ins without an appointment) is below the contractual target **by about 14 days**
- AMH has achieved **a 21% reduction** in the number of days for the 1st available medical appointment for community members (walking-ins without an appointment). From an average of **10.39 days Sep-July in 2022 to 8.26 days in Sep-July 2023.**

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

5

Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-July)	Reporting Period- July	Target Desired Direction	Target Type
Access to Care	CAS	3,481	3,586	3,475	Increase	Contractual

CAS Service Care Count
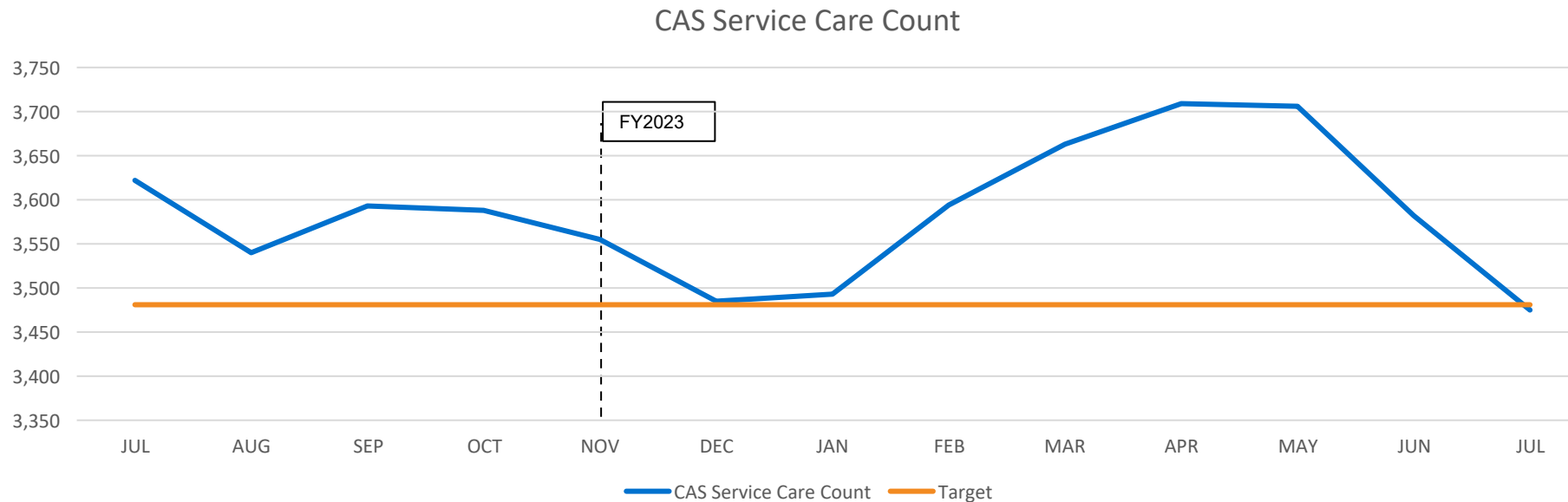
Highlights:
- CAS service care count experience a slight dip due to seasonal factors such as staff vacation and heat related cancelations
- For the reporting period, CAS service care count dipped below the contractual target by 6 points.
- Compared to the same period last year, CAS service care count average is up by about **2%** in fiscal year to date Sep-July 2023 (**3,586**) compared to same period in FY2022 (**3,519**)

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

6

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-July)	Reporting Period-July	Target Desired Direction	Target Type
Timely Care	CAS 1st Contact to LPHA	<10 days	11.70 days	1.70 days	Decrease	Contractual

CAS 1st Contact to LPHA
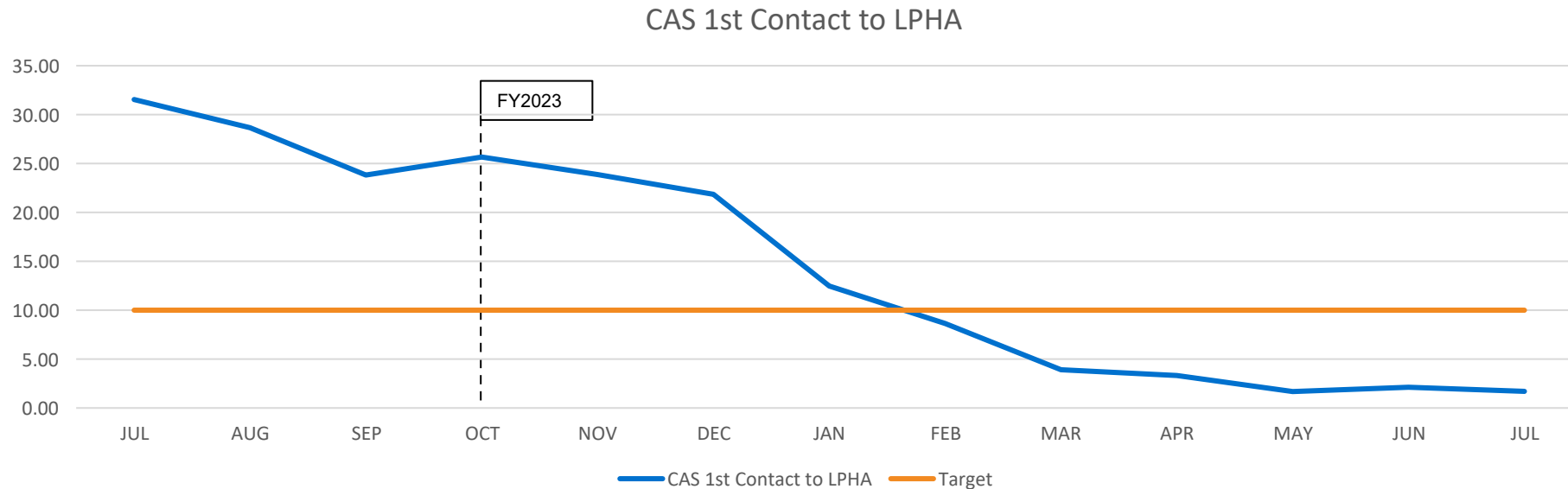
Highlights:
- CAS hybrid model (combination of open booking and scheduling) for LPHA assessment continues to improve access to care for children and adolescent seeking care.
- First contact to LPHA is currently **at 1.70 days, 83% below the 10 days contractual target.**
- Fiscal year averages comparison shows **a 17% reduction in days for 1st contact to LPHA. From 14.16 days in Sept-Jul 2022 to 11.70 days in Sept-Jul 2023**

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

7

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-July)	Reporting Period-July 2023	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COC	<14 days	8.13 days	11.57 days	Decrease	Contractual

CAS 1st Avail. Med Appt-COC
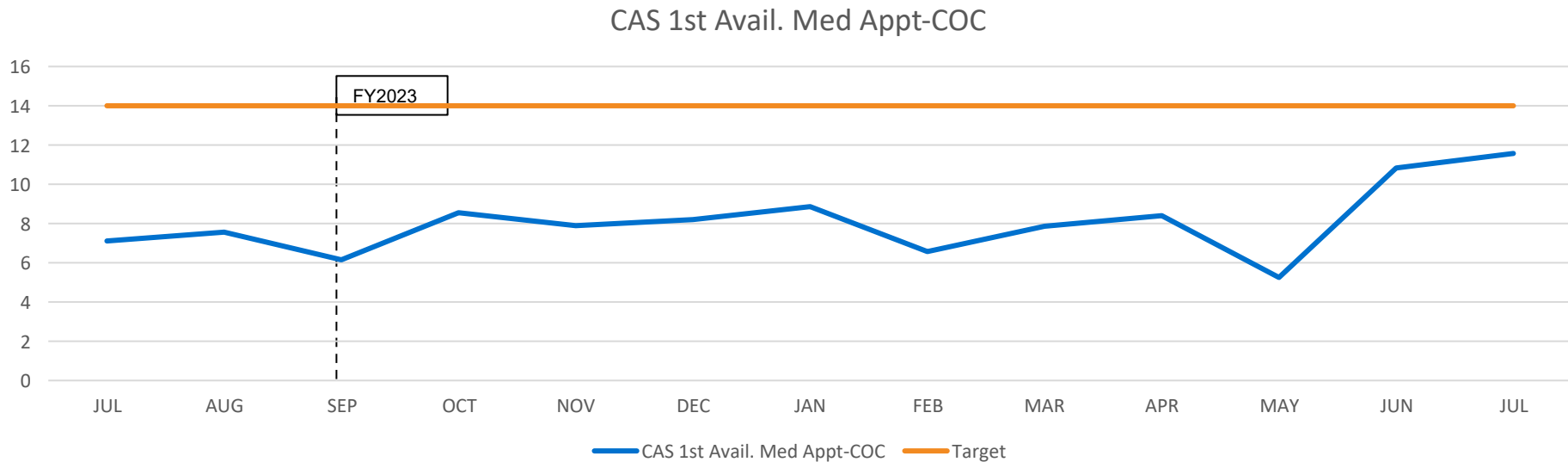
Highlights:
- Time to contact patients for continuity of care after hospital discharge continues to perform well for CAS.
- For the reporting period, July 2023, CAS saw an increase in the number of days for 1st available medical appointment from **7.11 days** (July 2022) to **11.57 days** in July 2023. After reviewing data from April through July, the spike in the data is attributed to a couple factors: data error and staff availability due to PTO. CAS leadership is working to correct mislabeling of COC patients.

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

8

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-July)	Reporting Period- July 2023	Target Desired Direction	Target Type
Timely Care	CAS 1st Avail. Medical Appt-COM	<28 days	19.14 days	15.03 days	Decrease	Contractual

CAS 1st Avail. Med Appt-COM
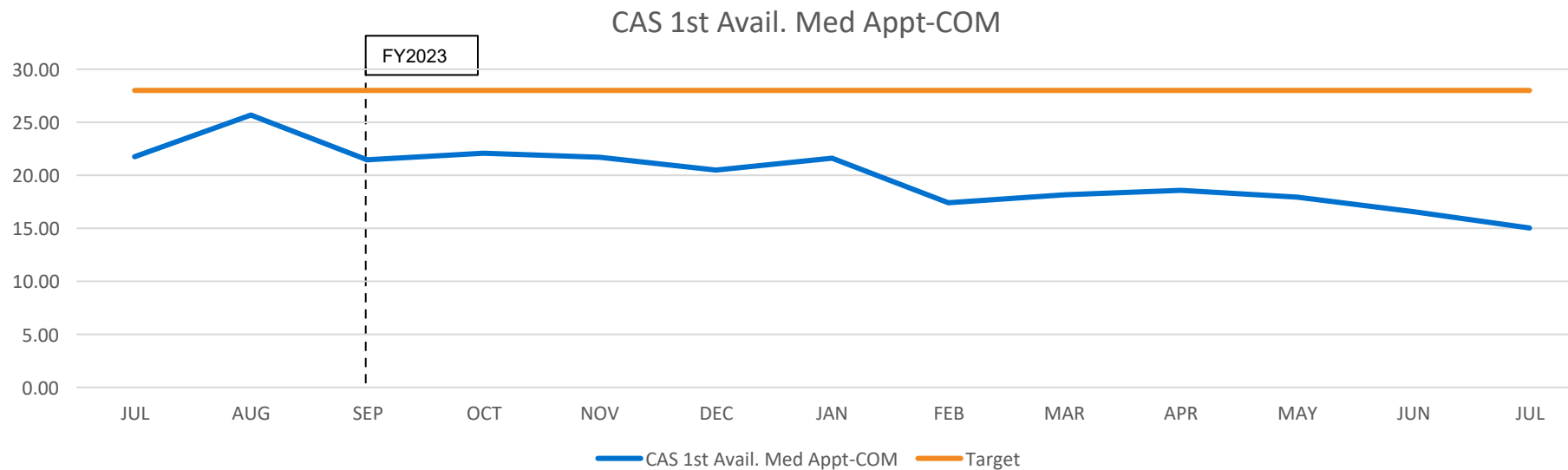
Highlights:
- Time to contact patients continues to perform well for CAS.
- For the reporting period, July 2023, CAS reduced the number of days for 1st available medical appointment for community members walk-ins by about **6 days from 21.75 days in July 2022 to 15.03 days in July 2023**
- CAS 1st available medical appointment for community members walk-ins, the program reduced the time it takes for a community member to see a medical provider by average of **2 days year over year**. From an average of **21.97 days in Sep-July 2022 to 19.14 days in Sep-July 2023.**

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

9

Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-July)	Reporting Period- July	Target Desired Direction	Target Type
Access	IDD	854	907	955	Increase	Contractual

IDD Service Care Count
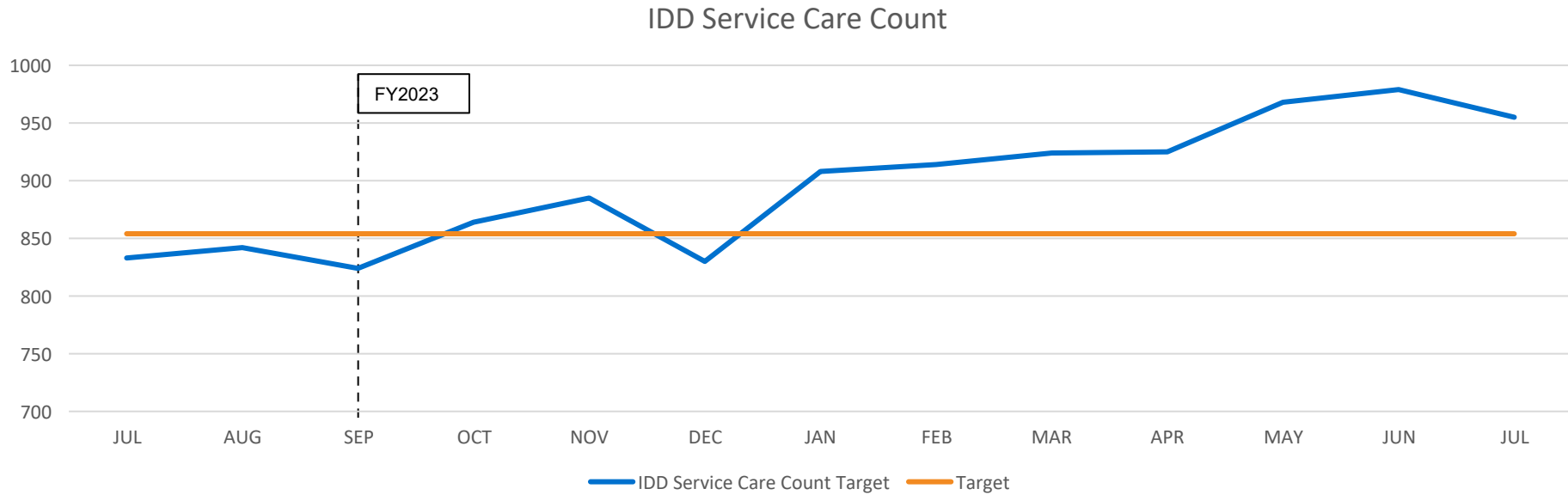
Highlights:

IDD has achieved its highest care count FY23 to date (Again!).

- For the reporting period July 2023, IDD has increased the service care count by **14% in comparison to July 2022, from 833 for July 2022 to 955 in July 2023**
- IDD had **a 13% increase for year-to-date** average service care count when compared to the same period in 2022: **from an average of 799 in Sep-July 2022 to 907 in Sep-July 2023.**

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

10

Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-July)	Reporting Period- July 2023	Target Desired Direction	Target Type
Timely Care	Total Calls Received	N/A	16,604	16,472	Increase	Contractual
	Abandonment Rate	<8%	5.26%	3.21%	Decrease	Contractual

Access Line, Crisis Line

FY2023

Total Calls Received — **Abandonment Rate**
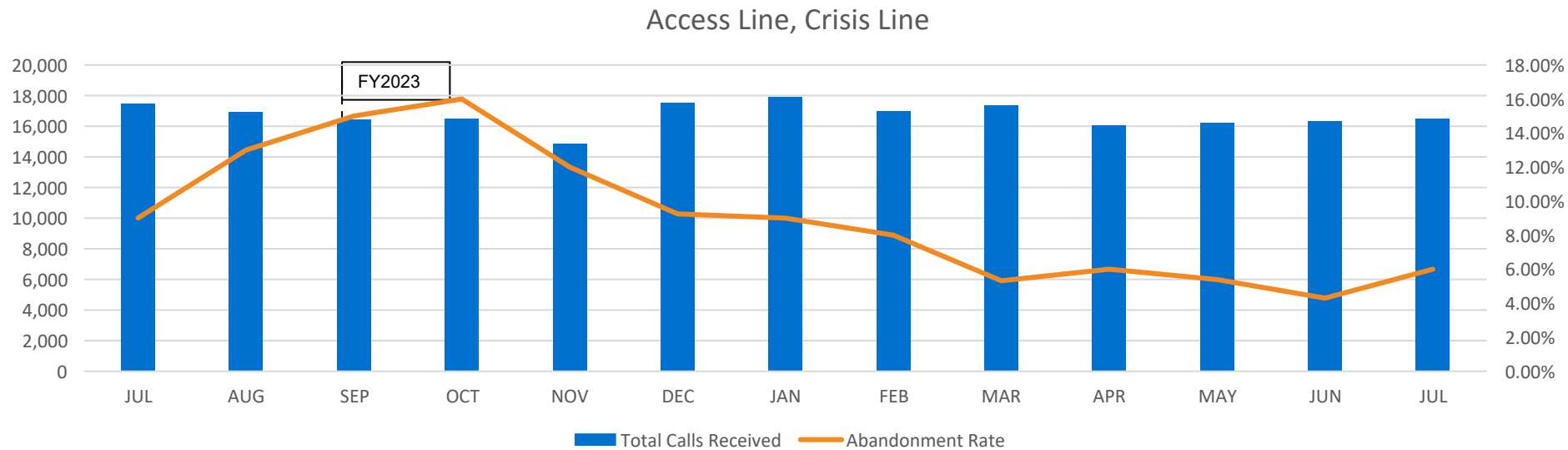
Highlights:

Crisis Line continues to support individuals in crisis.
- The crisis line team handled more than 16,000 calls for the reporting period. It reduced its abandonment rate, calls unanswered by a team member within 8 seconds, to less than 5%.

Measure definition:
Total Calls Received: # of Crisis Line calls answered (All partnerships and Lifeline Calls)
Abandonment Rate: % of unanswered Crisis Line calls which hung up after 10 seconds (All partnerships and Lifeline Calls)

11

Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-July)	Reporting Period-July	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	33.23%	33.15%	Increase	IOS

Adult Mental Health Clinical Quality Measures (All Patients Improvement)

Legend: PHQ% Improved, PHQ% Same, PHQ% Worsened, Target
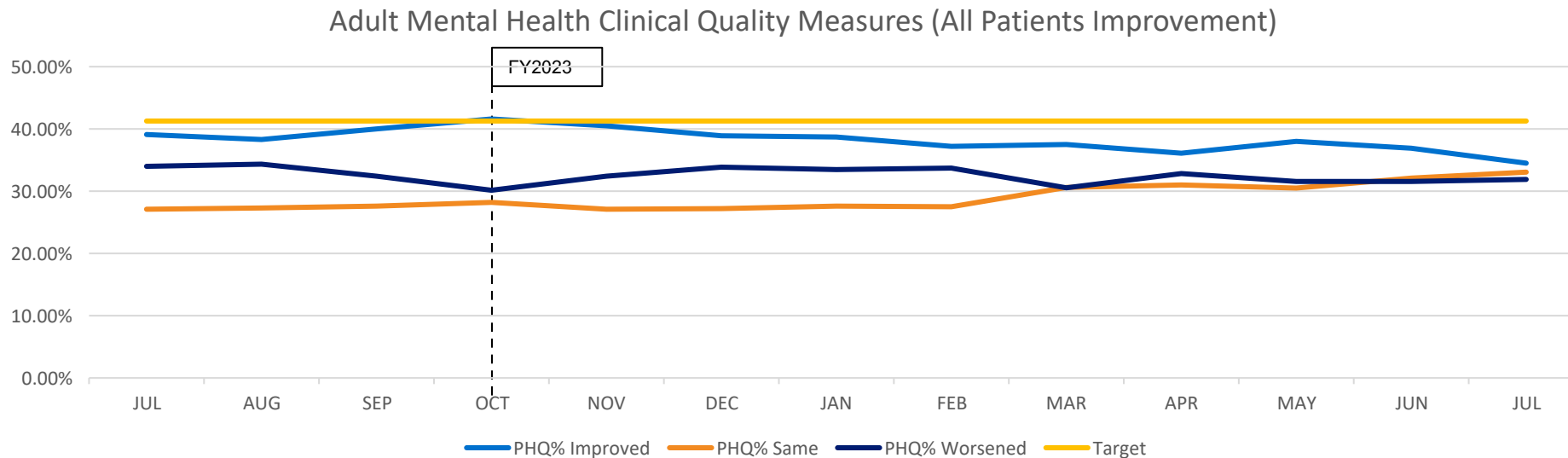
Highlights:
- PHQ-9 measured a decrease in overall depression state this reporting period (33%) compared to the previous reporting period (39%) in July 2022.

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

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

12

Domain	Measures (Definition)	FY 2023 Target	2023 Fiscal Year Average (Sep-July)	Reporting Period-July	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	37.82%	43.00%	Increase	IOS

PHQ-A (11-17)
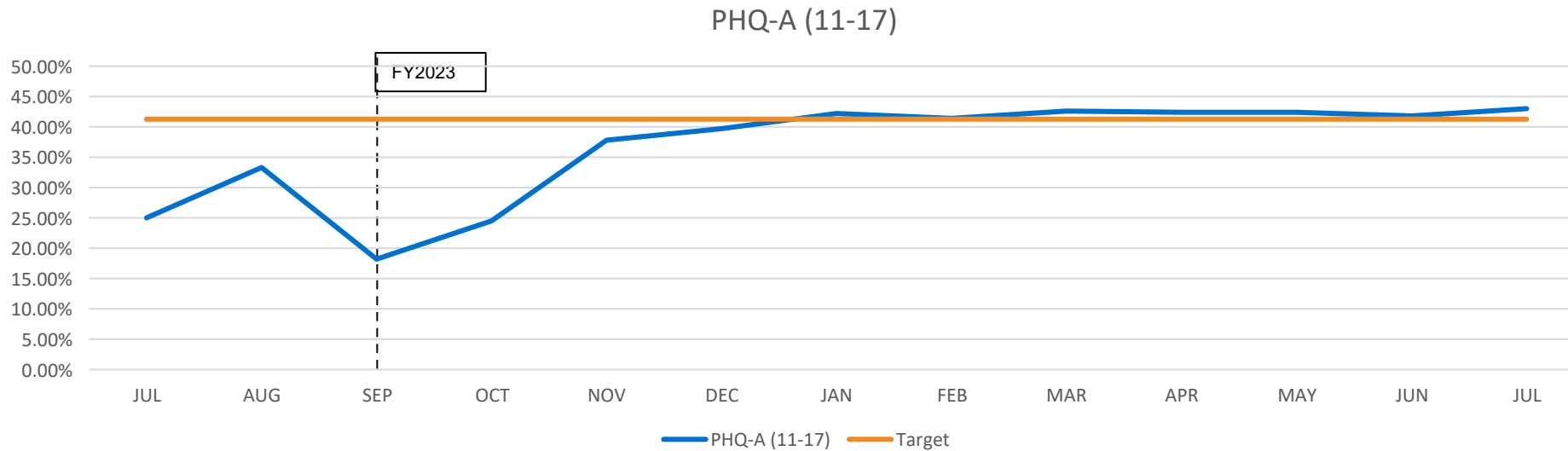
Highlights:
- PHQ (Patient Health Questionnaire) This is a widely used and validated measure of depression.
- PHQ-A measured a 72% decrease in overall adolescent and young adults' depression state this reporting period (43.00%) compared to the previous reporting period (33%) in July 2022.

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

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

13

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-July)	Reporting Period- July	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	89.36%	87.76%	Increase	IOS

CW Patient Satisfaction
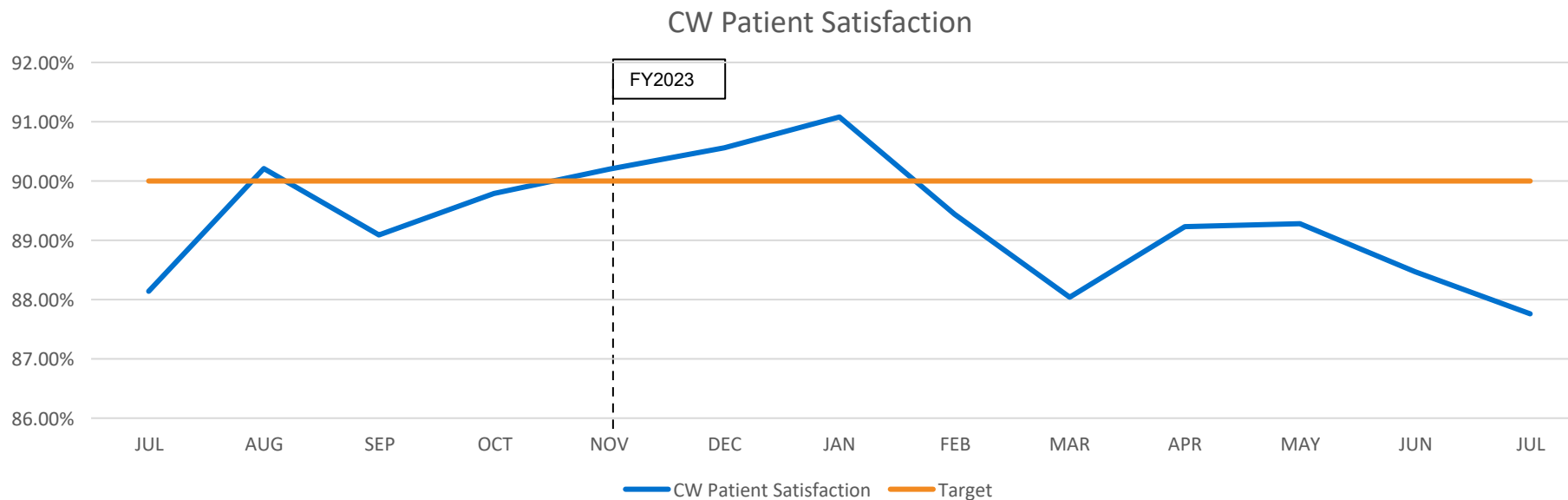
Highlights:
- Center wide patient satisfaction fell below its monthly target. While the dip below target is consistent around this period, a patient satisfaction sub-committee has been created to review data from the survey and develop quality improvement project in areas of vulnerabilities

- This measure is under review. A patient satisfaction subcommittee was formed to address the dip in patient satisfaction. The sub-committee consist of a multidisciplinary team members along the care delivery pathway, including members with lived experience as patients receiving services from the Center. The subcommittee will report to the System Quality Safety and Experience and its goal is to improve patient satisfaction and experience. The subcommittee will review patients' feedback on a monthly basis and work with divisions to improve overall satisfaction.

14

Appendix

Board of Trustee's PI Scorecard

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

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

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0		0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676	13,931	13,911	14,119	14,250	14,325		13,937	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%	99.36%	101.21%	101.07%	102.58%	103.53%	104.08%		101.26%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	49.20%	49.60%	52.20%	47.60%	51.30%	51.80%	50.08%		49.27%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0		0	0	IOS	MH-BO
CAS Service Target	3,593	3,588	3,555	3,485	3,493	3,594	3,663	3,709	3,706	3,582	3,475		3,586	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%	103.25%	105.23%	106.55%	106.46%	102.90%	99.83%		103.01%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	78.20%	76.30%	76.00%	71.00%	75.20%	74.50%	69.50%		74.54%	≥ 65.00%	C	MBOW
DID Assessment Waitlist													#DIV/0!	0	IOS	IDD-BO
IDD Service Target	824	864	885	830	908	914	924	925	968	979	955		907	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%	104.03%	108.20%	108.31%	113.35%	114.64%	111.83%		105.92%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.22	8.75	3.91	3.06	1.72	2.12	1.70		11.70	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.83	3.46	3.55	3.42	3.31	2.37	1.64		3.05	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42	4.61	3.63	3.29	3.06	2.34	1.69		4.66	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86	6.57	7.20	8.40	5.25	10.83	11.57		8.13	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.27	17.54	18.16	18.58	17.99	16.22	15.03		19.14	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47	19	51	40	53	33	34		41.82	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35	43	22	18	14	15	7		24.45	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-CO	4.40	4.93	4.69	4.48	4.91	4.47	4.74	4.43	4.12	4.00	5.01		4.56	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	6.95	5.48	5.52	6.89	8.77	6.88	7.50	8.07	9.43	11.61	13.78		8.26	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	6	2	2	1	4	5	1	1	4	21	81		11.64	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	2	1	1	0	0	0	0	0	1	2	1		0.73	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	16,427	16,509	14,853	17,512	17,926	16,965	17,374	16,047	16,233	16,323	16,472		16,604			
AVG Call Length (Mins)	8.00	8.00	8.10	8.70	8.50	8.80	9.30	9.20	9.80	9.00	9.30		8.79			
Service Level	86.00%	91.34%	91.00%	90.76%	92.00%	88.00%	89.00%	89.00%	89.64%	91.96%	94.44%		90.29%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	8.00%	5.32%	6.00%	5.39%	4.30%	6.00%	5.00%	5.92%	4.84%	3.89%	3.21%		5.26%	< 8.00%	NS	Brightmetrics
Occupancy Rate	73.00%	69.00%	69.00%	71.00%	72.00%	77.00%	74.00%	76.00%	76.00%	68.00%	65.00%		71.82%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.79%	99.76%	99.77%	99.77%	99.76%	100.00%	99.50%	100.00%	100.00%	99.67%		99.82%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	93.50%	87.10%	84.00%	88.80%	89.80%	89.80%	88.50%	86.60%	84.50%	86.50%	88.90%		88.00%	> 52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1,194	1,192	1,160	1,173	1,266	1,126	1,126	1,106	1,155	1,104	1,191		1163			
PES Admission Volume	523	585	560	544	555	498	549	522	558	487	544		538.64			
Mechanical Restraints	0	0	0	0	0	0	0	0	0	0	0		0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	≤ 0.01	IOS	Epic
Personal Restraints	46	40	37	37	43	50	79	76	43	49	48		49.82			Epic
Personal Restraint Rate	2.07	1.95	1.78	1.77	1.98	2.68	3.85	4.23	2.36	2.27	2.10		2.46	≤ 2.80	IOS	Epic
Seclusions	33	35	19	32	20	39	53	74	35	33	34		37.00			Epic
Seclusion Rate	1.48	1.61	0.92	1.53	0.92	2.09	2.58	4.11	1.75	2.4	2.31		1.97	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	46.91	58.66	52.62	51.82	41.70	49.76	44.33	54.92	42.00	49.71	51.92		49.49	≤ 61.73	IOS	Epic
Emergency Medications	44	54	42	47	58	56	72	72	67	53	59		56.73			Epic
EM Rate	1.98	2.48	2.02	2.25	2.67	3.01	3.50	4.00	3.61	3.63	3.45		2.96	≤ 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%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%		89.36%	90.00%	IOS	Feedtrail
V-SSS 2	88.69%	89.66%	90.24%	90.32%	90.38%	89.33%	87.30%	88.69%	88.65%	87.81%	86.52%		88.87%	90.00%	IOS	Feedtrail
PoC-IP	89.71%	89.30%	89.25%	90.14%	95.15%	90.74%	90.61%	91.85%	91.08%	91.03%	91.43%		90.94%	90.00%	IOS	McLean
Pharmacy	93.02%	99.09%	96.31%	96.19%	94.87%	100.00%	97.58%	96.37%	97.66%	99.63%	98.11%		97.17%	90.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	25.00%	27.75%	26.88%	26.82%	26.72%	25.77%	25.25%	25.63%	26.55%	27.79%	28.44%		26.60%	24.00%	IOS	MBOW
BDSS	30.19%	31.31%	31.83%	33.48%	33.70%	33.36%	33.38%	33.26%	34.49%	35.28%	35.56%		33.26%	32.00%	IOS	MBOW
PSRS	26.32%	30.56%	35.26%	35.51%	35.11%	34.49%	34.81%	35.67%	36.83%	37.70%	38.62%		34.63%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	0.98	0.76	0.41	0.71	0.90	-0.17	0.67	0.65	0.77	0.91	0.96		0.69	0.68	IOS	McLean
QIDS-C	53.80%	47.30%	50.10%	50.40%	48.60%	44.50%	47.20%	50.30%	50.70%	55.50%	50.00%		49.85%	45.38%	IOS	Epic
BDSS	46.10%	46.20%	51.80%	50.30%	48.70%	47.20%	45.40%	42.80%	49.40%	47.30%	46.90%		47.46%	46.47%	IOS	Epic
PSRS	38.20%	41.70%	43.50%	42.40%	36.00%	39.70%	32.30%	39.30%	42.60%	42.20%	42.10%		40.00%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	18.20%	24.50%	37.80%	39.70%	42.20%	41.40%	42.60%	42.40%	42.40%	41.80%	43.00%		37.82%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-17)	48.20%	50.10%	49.60%	52.60%	42.00%								48.50%	50.90%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	42.32%	35.32%	36.36%	38.40%	38.27%	37.70%	38.40%	39.50%	41.10%	42.30%	42.80%		39.32%	20.00%	C	MBOW
CANS (Child/Adolescent)	43.14%	21.65%	18.14%	19.80%	21.31%	25.30%	27.30%	30.50%	33.00%	35.20%	36.40%		28.34%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	49.80%	44.50%	44.30%	47.50%	43.80%	47.40%	44.20%	47.60%	4.10%	43.00%	42.60%		41.71%	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
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	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
Access to Care, Crisis Line																
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
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
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

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	SEP	OCT	NOV	DEC	JAN	JAN	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
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
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
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
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
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
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
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
Adult and Child/Adolescent Needs and Strengths Measures																
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
Adult and Child/Adolescent Functioning Measures																
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

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Board of Trustee's PI Scorecard Data Key

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

Access to Care - Strategic Plan Goal #2: To Improve Access to Care	
AMH Waitlist	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
Adult Service Target (13,764)	# of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
AMH Actual Service Target %	% of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
AMH Serv. Provision (Monthly)	% 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 modifers, and telephone contact encounters; partially authorized months and their associated hours)
CAS Waitlist	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
CAS Service Target (3,481)	# of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
CAS Actual Service Target %	% of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
CAS Serv. Provision (Monthly)	% 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 modifers, and telephone contact encounters; partially authorized months and their associated hours; Client months with a change in LOC-A; childern and adolescents on extended review)
DID Assessment Waitlist	# 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.
IDD Service Target (854)	# 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.)
IDD Actual Service Target %	% of ID Target number served to state target.
CW CAS 1st Contact to LPHA	Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
CW AMH 1st Contact to LPHA	Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
CW CAS/AMH 1st Con. to LPHA	ALL - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
CAS 1st Avail. Med Appt-COC	Children and Youth - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
CAS 1st Avail. Med Appt-COM	Children and Youth - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
CAS # Pts Seen in 30-60 Days	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
CAS # Pts Seen in 60+ Days	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
AMH 1st Avail. Med Appt-COC	Adult - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
AMH 1st Avail. Med Appt-COM	Adult - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
AMH # Pts Seen in 30-60 Days	Adult - # of adult patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
AMH # Pts Seen in 60+ Days	Adult - # of adult patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
Access to Care, Crisis Line - Strategic Plan Goal #2: To Improve Access to Care	

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

Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
QIDS-C	% 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% decease)
BDSS	% 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% decease)
PSRS	% 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% decease)
Adult Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
BASIS-24 (CRU/CSU)	Average of all patient first scores minus last scores (provided at intake and discharge)

QIDS-C	% 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)
BDSS	% 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)
PSRS	% 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)
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
PHQ-A (11-17)	% 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)
DSM-5 L1 CC Measure (6-17)	% of new patient child and adolescent clients that have improved symptomoloy 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)
Adult and Child/Adolescent Needs and Strengths Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
ANSA (Adult)	% 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)
CANS (Child/Adolescent)	% 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)
Adult and Child/Adolescent Functioning Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
DLA-20 (AMH and CAS)	% 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)

24

Thank you.

EXHIBIT Q-3

Accreditation and Certification Update

System Focused Approach

Presented by: Trudy Leidich VP
Date 9/19/2023

Leadership Team

Commission on Accreditation of Rehabilitation Facilities (CARF)

- Mission - The mission of CARF is to promote the quality, value and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served.

- Vision - Through responsiveness to a dynamic and diverse environment, CARF serves as a catalyst for improving the quality of life of the persons served.

Commission on Accreditation of Rehabilitation Facilities (CARF)

Core Values

- All people have the right to be treated with dignity and respect
- All people should have access to the services needed to achieve optimum health
- All people should be empowered to exercise informed choice

CARF's accreditation, research, continuous improvement services and educational activities are conducted in accordance with these core values with the utmost of integrity.

Commission on Accreditation of Rehabilitation Facilities (CARF)

Current Work

- Continue working with stakeholders to ensure that 2022 CARF survey deficiencies are closed out

- Ongoing work
  - Cultural Competency and Diversity Plan
  - Education to changes in Risk Management Plan

Certified Community Behavioral Health Clinics (CCBHC)

Guiding Principles

In Texas, CCBHCs are built on a philosophy that emphasizes consistent quality, care coordination and the best outcomes for the people we serve.

Certified Community Behavioral Health Clinics (CCBHC)

Requirements and Expectations

- Needs assessments are used to inform service delivery
  - Six main criteria
    - Staffing
    - Service availability and accessibility
    - Care Coordination
    - Scope of services
    - Quality and other reporting
    - Governance
  - Centers work across different areas and with community partners
  - Focus on client outcomes

Certified Community Behavioral Health Clinics (CCBHC)

Current Work

- All 2022 deficiencies have been corrected

NEXT STEPS

- Build CARF and CCBHC education packets for Leadership, Providers and Staff (January 2024)
- Include Readiness updates and changes in SQSE Committee and Senior Clinical Leadership Group
- Distribution of education packets with focused education sessions, as needed (February 2024-Ongoing)
- CARF and CCBHC Application Preparation (June-November 2024)
- CARF and CCBHC Application Submission (August 2024-January 2025)
- Expected CARF Survey (January 2025)
- Expected CCBHC Survey (March 2025)

Thank you.

EXHIBIT Q-4

Patient Experience Sub-Committee Report

Patient Satisfaction Agenda

- About the Patient Experience Sub-committee

- FY23 to Date Patient Satisfaction Trend

- Work Plan to Improve Overall Satisfaction

- Developing New Workflow for Patient Satisfaction

About the Patient Sub-committee

- Support **>90%** top two boxes (satisfied and very satisfied) for Patient Satisfaction

- Improve Survey Response Rate

- Review and Use Qualitative Feedback for Improvement Opportunities

- Work with Division for Program Specific Survey Based on Scope of Services
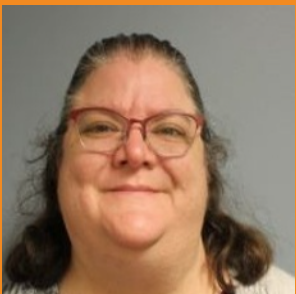
Lesley
Suicide Prevention
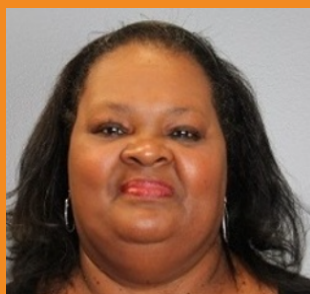
Christine
IDD

Luc
Quality

Raquel
MH
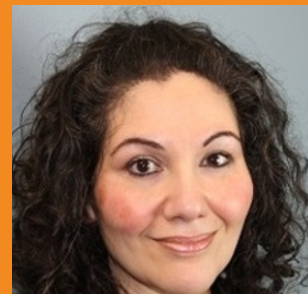
Evelyn
PES

Fred
PI

Carrianna
Health Analytics

Visit Specific Satisfaction Survey 2 (Current State)

Instructions: Rate your overall experience with The Harris Center team members (doctors, nurses, social services, psychiatric technicians, PEER navigators, and registration) and services provided on the 9 items below.

1. Explained things in a way that was easy to understand.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

2. Listened to you carefully.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

3. Showed respect for what you had to say.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

4. Spent enough time with you.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

5. Provided you with helpful information.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

6. The cleanliness of the facility.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

7. The quality of the treatment provided to you.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

8. The overall experience.

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

9. Are there any team members you would like to recognize or additional comments you would like to make?

Fiscal Year to Date Patient Satisfaction Trend

CW Patient Satisfaction

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
CW Patient Satisfaction	88.14%	90.21%	89.09%	89.79%	90.20%	90.56%	91.08%	89.44%	88.04%	89.23%	89.28%	88.47%	87.76%
Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

—— CW Patient Satisfaction —— Target
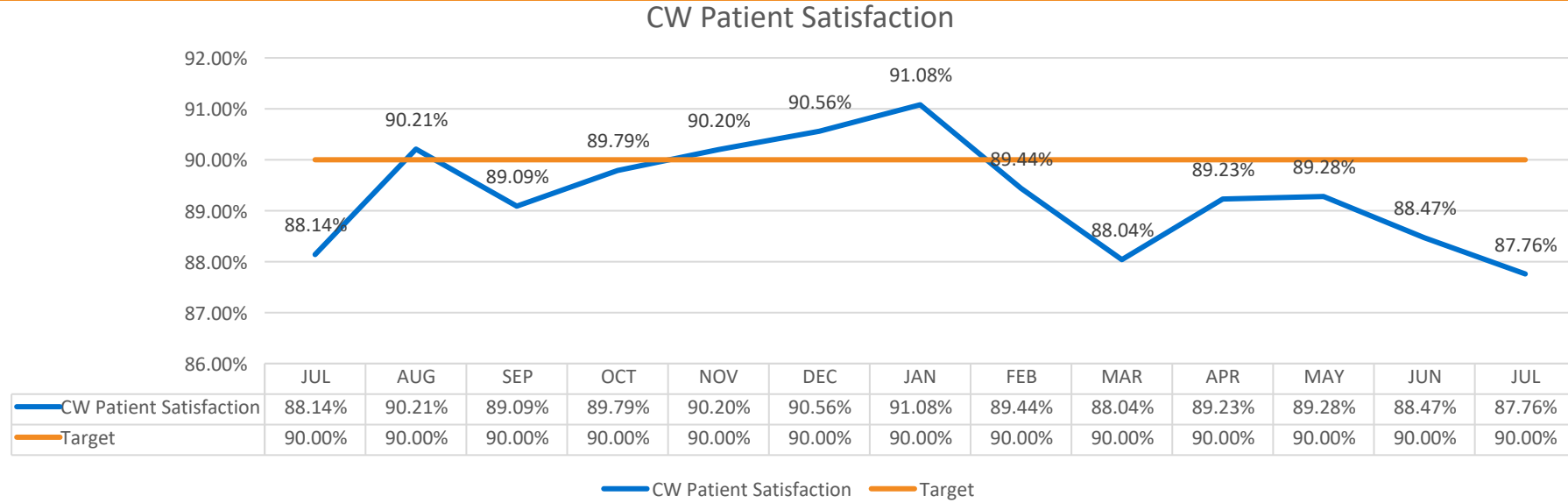
Company overall

⊕ Add to saved reports   ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ❶	4.51	87.01%	-	0.03	4: 15.77% 5: 71.24%	5	14,813	6,736	⌄ 📊
Listened to you carefully.	Worded 1-5 ❶	4.52	87.36%	-	0.03	4: 15.16% 5: 72.2%	5	14,790	6,732	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ❶	4.55	88.03%	-	0.04	4: 14% 5: 74.03%	5	14,788	6,732	⌄ 📊
Spent enough time with you.	Worded 1-5 ❶	4.48	85.62%	-	0.04	4: 15.34% 5: 70.28%	5	14,749	6,720	⌄ 📊
Provided you with helpful information.	Worded 1-5 ❶	4.48	85.98%	-	0.04	4: 15.18% 5: 70.8%	5	14,772	6,722	⌄ 📊
The overall experience.	Worded 1-5 ❶	4.5	86.82%	-	0.04	4: 14.36% 5: 72.46%	5	14,780	6,718	⌄ 📊

Work of the Sub-Committee to Improve Overall Satisfaction

Plan	Activities	Timeline
Identify Areas of Improvement for Patient Satisfaction	- Review Year to date qualitative patient satisfaction responses - Categorize the qualitative data into categories for improvement that aligns with strategic plan: Access to care, Timeliness of care, overall satisfaction with care delivery - Utilize categorized qualitative data to determine whether area of improvement requires Person level change: change in staff behavior or communication pattern based on patient feedback or Clinical level change: change in practice operations	August – September 30
Sharing voice of Patient with Practice Manager	- Share weekly patient satisfaction qualitative responses with practice managers and department leaders - Quality will work with managers to address identified process gaps for improvement	September 1 – Ongoing
Implement new Patient Satisfaction Workflow	- Develop new patient satisfaction survey that includes three content areas: 1. Access to care: Ability to get a timely appointment 2. Program specific care delivery: the patient experience within the department where care received (this is critical because the scope of work of many of our programs are not the same. For example, Comprehensive Psychiatric Emergency Programs care delivery is very different than Mental Health programs. Satisfaction survey must focus on the experience, our current process is too general. 3. Overall satisfaction and comments: patient share their perspective of the experience, which will include loyalty questions that gauge patients' retention	August – December

Developing New Process for Patient Satisfaction (Future State)

Every patient enters the survey workflow through link from Feedtrail, paper, iPad or Kiosk

Survey is shared w/Patients Survey link/iPad/Kiosk

Patient agrees to be surveyed

No → No Survey

Yes →

Patients share feedback on agency wide questions about:
Access to care
Appointment Timeliness
Safety/Cleanliness

Agency wide questions:
Access to care
Appointment Timeliness
Safety/Cleanliness

Patients are presented with program specific questions:
1. because department/programs scope may be different
2. Provide feedback for improvement at department/program level

Which Department Served you

- AMH
- CAS
- IDD
- Forensic
- CPEP and Other

All patients are asked about overall visit, loyalty to Harris Center and comment

Patient Overall Satisfaction with visit/Loyalty to the Harris Center

Comments

Appendix

Unit Specific Patient Satisfaction (9/1/2022 – 8/30/2023

Patient Satisfaction Acronyms Key:

- <u>Applewhite</u> – Applewhite Residential Facility

- <u>DID Eligibility</u> - IDD-Determination of Intellectual Disability Eligibility program

- <u>Unit Authority Services</u> - IDD-Service coordination

- <u>CCSI</u> - Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and THE HARRIS CENTER FOR MENTAL HEALTH AND IDD. CCSI is a program designed to identify, engage , and provide services to individuals who have been diagnosed with a serious and persistent mental illness, and have frequent encounters with the Houston Police Department either through their own initiative or by family and/collateral contacts

- <u>CAS Co-Loc</u> - Co-LOC: child and adolescent co-location program

- <u>ECI-</u> Early Child Intervention

- <u>JJ TCOOMMI</u>- Juvenile Justice for Children and Adolescent Services

- <u>MCOT</u> – Mobile Outreach Crisis Team

- <u>NCST</u> - Navigation Center Support Team for comprehensive mental health and substance

- <u>NE Child YFW</u> - Northeast Child Youth Families

- <u>NW Act/Fact</u> - Assertive Community Treatment/Forensic Assertive Community Treatment

- <u>PATH</u> - Projects for Assistance in Transition from Homelessness

- <u>PEERS</u> - Person-centered Engagement Empowerment Recovery-oriented Support

- <u>PES</u> - Psychiatric Emergency Services

- <u>SE ACT/FACT</u> - Southeast Assertive Community Treatment/Forensic Assertive Community Treatment

- <u>STARS</u> - Specialized Therapies & Rehabilitative Services

- <u>TEC 811</u> - The Enrichment Center 811

- TEC Villas - The Enrichment Center Villas

Overall for Unit Applewhite

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	3.33	33.33%	-	0	2: 33.33% 3: 33.33% 5: 33.33%	3	3	0	
Listened to you carefully.	Worded 1-5 ⓘ	3.67	66.67%	-	0	3: 33.33% 4: 66.67%	4	3	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4	66.66%	-	0	3: 33.33% 4: 33.33% 5: 33.33%	4	3	0	
Spent enough time with you.	Worded 1-5 ⓘ	3.67	33.33%	-	0	3: 66.67% 5: 33.33%	3	3	0	
Provided you with helpful information.	Worded 1-5 ⓘ	3.67	33.33%	-	0	3: 66.67% 5: 33.33%	3	3	0	
The overall experience.	Worded 1-5 ⓘ	3.67	33.33%	-	0	3: 66.67% 5: 33.33%	3	3	0	

Overall for Unit Authority Services - DID Eligibility

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.53	87.57%	-	0.07	4: 15.32% 5: 72.25%	5	346	257	
Listened to you carefully.	Worded 1-5 ⓘ	4.59	89.01%	-	0.11	4: 14.16% 5: 74.85%	5	346	257	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.58	89.01%	-	0.19	4: 14.16% 5: 74.85%	5	346	257	
Spent enough time with you.	Worded 1-5 ⓘ	4.56	87.57%	-	0.16	4: 14.45% 5: 73.12%	5	346	257	
Provided you with helpful information.	Worded 1-5 ⓘ	4.52	87.24%	-	0.17	4: 15.36% 5: 71.88%	5	345	256	
The overall experience.	Worded 1-5 ⓘ	4.55	88.69%	-	0.12	4: 16.52% 5: 72.17%	5	345	257	
Total feedbacks								**347**	**258**	

Overall for Unit Authority Services - Service Coord

⊕ Add to saved reports ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.4	83.64%	-	0.05	4: 14.22% 5: 69.42%	5	654	268	⌄ 📊
Listened to you carefully.	Worded 1-5 ⓘ	4.41	83.99%	-	0.09	4: 13.87% 5: 70.12%	5	656	268	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.44	85.36%	-	0.1	4: 15.09% 5: 70.27%	5	656	266	⌄ 📊
Spent enough time with you.	Worded 1-5 ⓘ	4.36	82.77%	-	0.11	4: 14.02% 5: 68.75%	5	656	267	⌄ 📊
Provided you with helpful information.	Worded 1-5 ⓘ	4.38	83.33%	-	0.06	4: 13.61% 5: 69.72%	5	654	267	⌄ 📊
The overall experience.	Worded 1-5 ⓘ	4.37	84.71%	-	0.08	4: 16.67% 5: 68.04%	5	654	266	⌄ 📊
Total feedbacks								**663**	**279**	

Overall for Unit Behavior Health Response Team

⊕ Add to saved reports ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.85	96.69%	-	0.13	5: 89.49%	5	514	341	⌄ 📊
Listened to you carefully.	Worded 1-5 ⓘ	4.86	97.08%	-	0.12	5: 89.69%	5	514	341	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.88	96.88%	-	0.04	5: 91.23%	5	513	340	⌄ 📊
Spent enough time with you.	Worded 1-5 ⓘ	4.87	97.28%	-	0.14	5: 90.08%	5	514	339	⌄ 📊
Provided you with helpful information.	Worded 1-5 ⓘ	4.85	96.27%	-	0.1	5: 89.8%	5	510	341	⌄ 📊
The overall experience.	Worded 1-5 ⓘ	4.87	97.06%	-	0.11	5: 90.6%	5	511	341	⌄ 📊
Total feedbacks								**514**	**347**	

Overall for Unit CCSI

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.75	95.89%	-	0.02	5: 87.67%	5	73	162	
Listened to you carefully.	Worded 1-5 ⓘ	4.73	95.89%	-	0.01	4: 5: 84.93%	5	73	162	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.75	95.83%	-	0	5: 87.5%	5	72	162	
Spent enough time with you.	Worded 1-5 ⓘ	4.71	93.15%	-	0.06	5: 86.3%	5	73	162	
Provided you with helpful information.	Worded 1-5 ⓘ	4.74	94.52%	-	0.03	5: 87.67%	5	73	161	
The overall experience.	Worded 1-5 ⓘ	4.78	95.89%	-	0	5: 90.41%	5	73	162	
Total feedbacks								**73**	**162**	

Overall for Unit Coffee House

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.65	92.5%	-	0.02	4: 15% 5: 77.5%	5	80	67	
Listened to you carefully.	Worded 1-5 ⓘ	4.69	91.25%	-	0	4: 5: 80%	5	80	67	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.72	92.5%	-	0.01	5: 85%	5	80	67	
Spent enough time with you.	Worded 1-5 ⓘ	4.64	90%	-	0.03	4: 5: 78.75%	5	80	67	
Provided you with helpful information.	Worded 1-5 ⓘ	4.66	90%	-	0.05	5: 82.5%	5	80	67	
The overall experience.	Worded 1-5 ⓘ	4.62	90%	-	0.03	4: 10% 5: 80%	5	80	66	
Total feedbacks								**81**	**67**	

Overall for Unit CO-LOC

Add to saved reports Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.55	88.14%	-	0.01	4: 15.49% 5: 72.65%	5	523	241	
Listened to you carefully.	Worded 1-5 ⓘ	4.53	87.54%	-	0	4: 15.52% 5: 72.02%	5	522	240	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.57	89.1%	-	0.01	4: 14.91% 5: 74.19%	5	523	240	
Spent enough time with you.	Worded 1-5 ⓘ	4.5	86.21%	-	0.01	4: 16.48% 5: 69.73%	5	522	241	
Provided you with helpful information.	Worded 1-5 ⓘ	4.52	86.97%	-	0.02	4: 15.13% 5: 71.84%	5	522	240	
The overall experience.	Worded 1-5 ⓘ	4.52	87.54%	-	0.01	4: 14.56% 5: 72.98%	5	522	239	
Total feedbacks								**526**	**250**	

Overall for Unit ECI

Add to saved reports Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.6	89.87%	-	0.15	4: 15.73% 5: 74.14%	5	642	252	
Listened to you carefully.	Worded 1-5 ⓘ	4.64	90.82%	-	0.13	4: 14.31% 5: 76.51%	5	643	251	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.67	92.06%	-	0.11	4: 13.71% 5: 78.35%	5	642	252	
Spent enough time with you.	Worded 1-5 ⓘ	4.56	89.67%	-	0.14	4: 16.9% 5: 72.77%	5	639	252	
Provided you with helpful information.	Worded 1-5 ⓘ	4.56	89.27%	-	0.11	4: 14.93% 5: 74.34%	5	643	251	
The overall experience.	Worded 1-5 ⓘ	4.59	90.36%	-	0.15	4: 15.4% 5: 74.96%	5	643	251	
Total feedbacks								**646**	**257**	

Overall for Unit Hillcroft

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	3.94	70%	-	0.25	2: 17.06% 3: 12.94% 4: 28.82% 5: 41.18%	4	340	84	⌄ ▥
Listened to you carefully.	Worded 1-5 ⓘ	4	71.51%	-	0.25	2: 13.37% 3: 15.12% 4: 29.65% 5: 41.86%	4	344	83	⌄ ▥
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.1	74.33%	-	0.32	2: 3: 15.22% 4: 28.36% 5: 45.97%	4	335	80	⌄ ▥
Spent enough time with you.	Worded 1-5 ⓘ	3.92	65.94%	-	0.2	2: 15.17% 3: 18.89% 4: 25.08% 5: 40.86%	4	323	77	⌄ ▥
Provided you with helpful information.	Worded 1-5 ⓘ	3.95	68.34%	-	0.26	2: 3: 19.23% 4: 28.99% 5: 39.35%	4	338	82	⌄ ▥
The overall experience.	Worded 1-5 ⓘ	4.1	75.58%	-	0.27	3: 14.83% 4: 31.69% 5: 43.89%	4	344	84	⌄ ▥
Total feedbacks								**347**	**84**	

Overall for Unit Humble

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.88	99.1%	-	0.19	4: 5: 88.79%	5	223	26	⌄ ▥
Listened to you carefully.	Worded 1-5 ⓘ	4.83	97.76%	-	0.15	4: 5: 85.65%	5	223	25	⌄ ▥
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.87	98.21%	-	0.33	5: 88.34%	5	223	26	⌄ ▥
Spent enough time with you.	Worded 1-5 ⓘ	4.83	96.83%	-	0.18	5: 86.88%	5	221	26	⌄ ▥
Provided you with helpful information.	Worded 1-5 ⓘ	4.86	97.76%	-	0.06	5: 89.24%	5	223	25	⌄ ▥
The overall experience.	Worded 1-5 ⓘ	4.9	98.21%	-	0.02	5: 91.48%	5	223	26	⌄ ▥
Total feedbacks								**223**	**27**	

Overall for Unit Jail Diversion Aftercare

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	3.33	30.11%	-	1.25	3: 64.51% 4: 21.51%	3	93	43	
Listened to you carefully.	Worded 1-5 ℹ	3.33	36.56%	-	1.18	3: 55.91% 4: 31.18%	3	93	43	
Showed respect for what you had to say.	Worded 1-5 ℹ	3.46	43.01%	-	0.98	3: 52.69% 4: 35.48%	3	93	43	
Spent enough time with you.	Worded 1-5 ℹ	3.18	25.81%	-	1.24	2: 15.05% 3: 59.14% 4: 18.28%	3	93	43	
Provided you with helpful information.	Worded 1-5 ℹ	3.26	29.04%	-	1.14	3: 62.36% 4: 23.66%	3	93	43	
The overall experience.	Worded 1-5 ℹ	3.29	32.26%	-	1.24	3: 58.06% 4: 24.73%	3	93	43	
Total feedbacks								**93**	**43**	

Overall for Unit JJ TCOOMMI

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.68	95.12%	-	0.25	4: 17.07% 5: 78.05%	5	41	23	
Listened to you carefully.	Worded 1-5 ℹ	4.66	95.12%	-	0.09	4: 19.51% 5: 75.61%	5	41	23	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.61	92.68%	-	0.09	4: 19.51% 5: 73.17%	5	41	23	
Spent enough time with you.	Worded 1-5 ℹ	4.66	95.12%	-	0.14	4: 19.51% 5: 75.61%	5	41	23	
Provided you with helpful information.	Worded 1-5 ℹ	4.63	95.12%	-	0.07	4: 21.95% 5: 73.17%	5	41	23	
The overall experience.	Worded 1-5 ℹ	4.66	95.12%	-	0.05	4: 17.07% 5: 78.05%	5	41	23	
Total feedbacks								**42**	**27**	

Overall for Unit MCOT

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.46	84.08%	-	0.1	4: 12.8% 5: 71.28%	5	289	238	
Listened to you carefully.	Worded 1-5 ℹ	4.5	85.42%	-	0.14	4: 5: 75.35%	5	288	236	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.55	85.31%	-	0.16	5: 78.67%	5	286	235	
Spent enough time with you.	Worded 1-5 ℹ	4.47	84.13%	-	0.16	4: 5: 72.41%	5	290	236	
Provided you with helpful information.	Worded 1-5 ℹ	4.44	84.08%	-	0.17	5: 74.39%	5	289	236	
The overall experience.	Worded 1-5 ℹ	4.45	83.33%	-	0.18	5: 75.69%	5	288	234	
Total feedbacks								**295**	**240**	

Overall for Unit NCST

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.83	100%	-	0	4: 16.67% 5: 83.33%	5	36	0	
Listened to you carefully.	Worded 1-5 ℹ	4.81	100%	-	0	4: 19.44% 5: 80.56%	5	36	0	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.81	100%	-	0	4: 19.44% 5: 80.56%	5	36	0	
Spent enough time with you.	Worded 1-5 ℹ	4.75	97.22%	-	0	4: 19.44% 5: 77.78%	5	36	0	
Provided you with helpful information.	Worded 1-5 ℹ	4.83	100%	-	0	4: 16.67% 5: 83.33%	5	36	0	
The overall experience.	Worded 1-5 ℹ	4.78	100%	-	0	4: 22.22% 5: 77.78%	5	36	0	
Total feedbacks								**36**	**0**	

Overall for Unit NE AMH

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ❶	4.48	86.95%	-	0.08	4: 18.32% 5: 68.63%	5	966	444	
Listened to you carefully.	Worded 1-5 ❶	4.49	87.43%	-	0.15	4: 16.61% 5: 70.82%	5	963	445	
Showed respect for what you had to say.	Worded 1-5 ❶	4.53	88.33%	-	0.13	4: 15.29% 5: 73.04%	5	968	444	
Spent enough time with you.	Worded 1-5 ❶	4.43	84.09%	-	0.08	4: 14.15% 5: 69.94%	5	968	442	
Provided you with helpful information.	Worded 1-5 ❶	4.43	84.3%	-	0.04	4: 14.57% 5: 69.73%	5	968	442	
The overall experience.	Worded 1-5 ❶	4.47	86.63%	-	0.08	4: 15.03% 5: 71.6%	5	965	441	
Total feedbacks								**971**	**468**	

Overall for Unit NE Child YFW

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ❶	4.38	83.63%	-	0	3: 12.73% 4: 25.45% 5: 58.18%	5	55	0	
Listened to you carefully.	Worded 1-5 ❶	4.3	81.48%	-	0	3: 12.96% 4: 27.78% 5: 53.7%	5	54	0	
Showed respect for what you had to say.	Worded 1-5 ❶	4.37	81.48%	-	0	3: 14.81% 4: 20.37% 5: 61.11%	5	54	0	
Spent enough time with you.	Worded 1-5 ❶	4.26	79.63%	-	0	3: 14.81% 4: 22.22% 5: 57.41%	5	54	0	
Provided you with helpful information.	Worded 1-5 ❶	4.3	83.02%	-	0	3: 4: 28.3% 5: 54.72%	5	53	0	
The overall experience.	Worded 1-5 ❶	4.27	79.99%	-	0	3: 14.55% 4: 25.45% 5: 54.54%	5	55	0	
Total feedbacks								**55**	**0**	

Overall for Unit NE COLLABORATIVE CARE

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.78	93.54%	-	0	5: 86.01%	5	93	0	
Listened to you carefully.	Worded 1-5 ⓘ	4.85	95.7%	-	0	5: 89.25%	5	93	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.84	95.74%	-	0	5: 89.36%	5	94	0	
Spent enough time with you.	Worded 1-5 ⓘ	4.8	94.68%	-	0	5: 85.11%	5	94	0	
Provided you with helpful information.	Worded 1-5 ⓘ	4.86	95.74%	-	0	5: 90.42%	5	94	0	
The overall experience.	Worded 1-5 ⓘ	4.82	96.81%	-	0	4: 11.7% 5: 85.11%	5	94	0	
Total feedbacks								**94**	**23**	

Overall for Unit NE Pharmacy

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.91	97.67%	-	0.11	5: 93.02%	5	43	127	
Listened to you carefully.	Worded 1-5 ⓘ	4.91	95.35%	-	0.11	5: 95.35%	5	43	126	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.93	97.62%	-	0.1	5: 95.24%	5	42	127	
Spent enough time with you.	Worded 1-5 ⓘ	4.88	95.24%	-	0.16	5: 92.86%	5	42	127	
Provided you with helpful information.	Worded 1-5 ⓘ	4.86	95.24%	-	0.06	5: 92.86%	5	42	127	
The overall experience.	Worded 1-5 ⓘ	4.9	95.24%	-	0.09	5: 95.24%	5	42	127	
Total feedbacks								**43**	**127**	

Overall for Unit New START

Add to saved reports

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.5	87.75%	-	0.15	4: 17.96% 5: 69.79%	5	245	94	
Listened to you carefully.	Worded 1-5 ⓘ	4.49	87.35%	-	0.09	4: 16.33% 5: 71.02%	5	245	94	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.53	88.98%	-	0.04	4: 17.55% 5: 71.43%	5	245	94	
Spent enough time with you.	Worded 1-5 ⓘ	4.51	88.11%	-	0.08	4: 15.98% 5: 72.13%	5	244	93	
Provided you with helpful information.	Worded 1-5 ⓘ	4.49	87.75%	-	0.04	4: 16.73% 5: 71.02%	5	245	93	
The overall experience.	Worded 1-5 ⓘ	4.49	86.93%	-	0.01	4: 16.33% 5: 70.6%	5	245	93	
Total feedbacks							**245**		**98**	

Overall for Unit NPC Pharmacy

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.71	100%	-	0.05	4: 29.11% 5: 70.89%	5	79	165	
Listened to you carefully.	Worded 1-5 ⓘ	4.76	100%	-	0.06	4: 24.05% 5: 75.95%	5	79	165	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.73	100%	-	0.08	4: 26.58% 5: 73.42%	5	79	165	
Spent enough time with you.	Worded 1-5 ⓘ	4.67	100%	-	0.14	4: 33.33% 5: 66.67%	5	78	165	
Provided you with helpful information.	Worded 1-5 ⓘ	4.77	100%	-	0.06	4: 22.78% 5: 77.22%	5	79	165	
The overall experience.	Worded 1-5 ⓘ	4.8	100%	-	0.07	4: 20.25% 5: 79.75%	5	79	164	
Total feedbacks							**79**		**165**	

Overall for Unit NW ACT/FACT

Add to saved reports | **Export report**

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.53	88.53%	-	0.15	4: 16.97% 5: 71.56%	5	218	94	
Listened to you carefully.	Worded 1-5 ⓘ	4.53	87.15%	-	0.09	4: 16.06% 5: 71.09%	5	218	94	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.51	86.69%	-	0.15	4: 16.97% 5: 69.72%	5	218	95	
Spent enough time with you.	Worded 1-5 ⓘ	4.55	88.07%	-	0.15	4: 16.97% 5: 71.1%	5	218	94	
Provided you with helpful information.	Worded 1-5 ⓘ	4.49	87.62%	-	0.2	4: 18.35% 5: 69.27%	5	218	95	
The overall experience.	Worded 1-5 ⓘ	4.53	86.7%	-	0.22	4: 5: 74.31%	5	218	94	
Total feedbacks								**219**	**95**	

Overall for Unit NW AMH

Add to saved reports | **Export report**

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.36	82.04%	-	0.07	3: 4: 19.02% 5: 63.02%	5	2,066	772	
Listened to you carefully.	Worded 1-5 ⓘ	4.35	82.12%	-	0.04	3: 4: 17.84% 5: 64.28%	5	2,063	775	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.39	83.03%	-	0.05	4: 16.2% 5: 66.83%	5	2,068	775	
Spent enough time with you.	Worded 1-5 ⓘ	4.29	79.06%	-	0.07	3: 12.68% 4: 17.68% 5: 61.38%	5	2,059	771	
Provided you with helpful information.	Worded 1-5 ⓘ	4.29	79.49%	-	0.07	3: 4: 16.93% 5: 62.56%	5	2,062	773	
The overall experience.	Worded 1-5 ⓘ	4.32	80.72%	-	0.03	3: 4: 16.8% 5: 63.92%	5	2,054	766	
Total feedbacks								**2080**	**837**	

Overall for Unit NW COLLABORATIVE CARE

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	3.25	21.43%	-	0	3: 75% 4: 14.29%	3	28	0	
Listened to you carefully.	Worded 1-5 ⓘ	3.29	25%	-	0	3: 71.43% 4: 17.86%	3	28	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	3.26	22.22%	-	0	3: 74.07% 4: 14.81%	3	27	0	
Spent enough time with you.	Worded 1-5 ⓘ	3.29	25%	-	0	3: 71.43% 4: 17.86%	3	28	0	
Provided you with helpful information.	Worded 1-5 ⓘ	3.29	25%	-	0	3: 71.43% 4: 17.86%	3	28	0	
The overall experience.	Worded 1-5 ⓘ	3.29	25%	-	0	3: 71.43% 4: 17.86%	3	28	0	
Total feedbacks								**28**	**66**	

Overall for Unit NW Pharmacy

Add to saved reports | Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.84	94.59%	-	0.27	5: 91.89%	5	37	165	
Listened to you carefully.	Worded 1-5 ⓘ	4.84	94.74%	-	0.2	5: 92.11%	5	38	166	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.84	94.74%	-	0.22	5: 92.11%	5	38	170	
Spent enough time with you.	Worded 1-5 ⓘ	4.82	94.87%	-	0.22	5: 92.31%	5	39	169	
Provided you with helpful information.	Worded 1-5 ⓘ	4.84	94.74%	-	0.26	5: 92.11%	5	38	168	
The overall experience.	Worded 1-5 ⓘ	4.84	94.74%	-	0.33	5: 92.11%	5	38	168	
Total feedbacks								**39**	**171**	

Overall for Unit Pasadena Cottages

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	5	100%	-	0.57	5: 100%	5	2	7	
Listened to you carefully.	Worded 1-5 ℹ	5	100%	-	0.57	5: 100%	5	2	7	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.5	100%	-	0.07	4: 50% 5: 50%	4	2	7	
Spent enough time with you.	Worded 1-5 ℹ	4.5	100%	-	0.21	4: 50% 5: 50%	4	2	7	
Provided you with helpful information.	Worded 1-5 ℹ	4.5	100%	-	0.07	4: 50% 5: 50%	4	2	7	
The overall experience.	Worded 1-5 ℹ	5	100%	-	0.57	5: 100%	5	2	7	
Total feedbacks							**2**	**7**		

Overall for Unit PATH

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.55	87.94%	-	0.07	4: 17.54% 5: 70.4%	5	804	60	
Listened to you carefully.	Worded 1-5 ℹ	4.56	88.57%	-	0.16	4: 17.14% 5: 71.43%	5	805	60	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.59	89.17%	-	0.14	4: 15.05% 5: 74.12%	5	804	60	
Spent enough time with you.	Worded 1-5 ℹ	4.57	88.4%	-	0.37	4: 16.21% 5: 72.19%	5	802	60	
Provided you with helpful information.	Worded 1-5 ℹ	4.56	88.53%	-	0.23	4: 17.33% 5: 71.2%	5	802	60	
The overall experience.	Worded 1-5 ℹ	4.6	89.77%	-	0.22	4: 16.46% 5: 73.31%	5	802	60	
Total feedbacks								**807**	**112**	

Overall for Unit PEERS

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.44	80%	-	0.56	3: 12% 5: 72%	5	25	5	⌄ 📊
Listened to you carefully.	Worded 1-5 ⓘ	4.4	80%	-	0.4	3: 12% 5: 72%	5	25	5	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.44	80%	-	0.36	3: 12% 5: 76%	5	25	5	⌄ 📊
Spent enough time with you.	Worded 1-5 ⓘ	4.36	80%	-	0.44	5: 76%	5	25	5	⌄ 📊
Provided you with helpful information.	Worded 1-5 ⓘ	4.28	72%	-	0.12	3: 24% 5: 64%	5	25	5	⌄ 📊
The overall experience.	Worded 1-5 ⓘ	4.48	84%	-	0.52	4: 12% 5: 72%	5	25	5	⌄ 📊
Total feedbacks								**25**	**5**	

Overall for Unit PES

⊕ Add to saved reports   ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.49	86.56%	-	0.52	4: 13.67% 5: 72.89%	5	1,295	127	⌄ 📊
Listened to you carefully.	Worded 1-5 ⓘ	4.5	86.59%	-	0.56	4: 12.94% 5: 73.65%	5	1,291	127	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.48	85.57%	-	0.6	4: 5: 73.23%	5	1,289	127	⌄ 📊
Spent enough time with you.	Worded 1-5 ⓘ	4.33	82.8%	-	0.53	4: 18.75% 5: 64.05%	5	1,285	127	⌄ 📊
Provided you with helpful information.	Worded 1-5 ⓘ	4.45	85.41%	-	0.55	4: 13.73% 5: 71.68%	5	1,289	126	⌄ 📊
The overall experience.	Worded 1-5 ⓘ	4.46	84.78%	-	0.74	4: 5: 73.65%	5	1,294	127	⌄ 📊

Overall for Unit SE ACT/FACT

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.26	77.27%	-	0	3: 19.7% 4: 25.76% 5: 51.51%	5	66	0	
Listened to you carefully.	Worded 1-5 ⓘ	4.23	83.33%	-	0	3: 4: 36.36% 5: 46.97%	4	66	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.3	81.81%	-	0	3: 13.64% 4: 25.76% 5: 56.05%	5	66	0	
Spent enough time with you.	Worded 1-5 ⓘ	4.26	77.27%	-	0	3: 18.18% 4: 22.73% 5: 54.54%	5	66	0	
Provided you with helpful information.	Worded 1-5 ⓘ	4.26	81.82%	-	0	3: 4: 28.79% 5: 53.03%	5	66	0	
The overall experience.	Worded 1-5 ⓘ	4.27	78.78%	-	0	3: 15.15% 4: 22.73% 5: 56.05%	5	66	0	
Total feedbacks								**66**	**0**	

Overall for Unit SE AMH

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.48	86.76%	-	0.03	4: 16.64% 5: 70.12%	5	1,292	600	
Listened to you carefully.	Worded 1-5 ⓘ	4.47	86.22%	-	0	4: 14.94% 5: 71.28%	5	1,285	601	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.52	87.8%	-	0.02	4: 14.14% 5: 73.66%	5	1,287	602	
Spent enough time with you.	Worded 1-5 ⓘ	4.46	85.91%	-	0.05	4: 15.33% 5: 70.58%	5	1,285	604	
Provided you with helpful information.	Worded 1-5 ⓘ	4.42	85.58%	-	0.01	4: 16.45% 5: 69.13%	5	1,283	601	
The overall experience.	Worded 1-5 ⓘ	4.47	86.43%	-	0.03	4: 14.65% 5: 71.78%	5	1,290	602	
Total feedbacks								**1307**	**650**	

Overall for Unit SE CAS

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.52	87.58%	-	0.01	4: 16.01% 5: 71.57%	5	306	213	
Listened to you carefully.	Worded 1-5 ℹ	4.58	90.16%	-	0.07	4: 14.43% 5: 75.73%	5	305	213	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.6	91.14%	-	0.01	4: 15.74% 5: 75.4%	5	305	212	
Spent enough time with you.	Worded 1-5 ℹ	4.48	86.23%	-	0.01	4: 14.75% 5: 71.48%	5	305	213	
Provided you with helpful information.	Worded 1-5 ℹ	4.49	87.42%	-	0.02	4: 15.23% 5: 72.19%	5	302	211	
The overall experience.	Worded 1-5 ℹ	4.51	86.8%	-	0.02	4: 5: 74.59%	5	303	213	
Total feedbacks								**311**	**234**	

Overall for Unit SE COLLABORATIVE CARE

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ℹ	4.67	91.89%	-	0	4: 14.19% 5: 77.7%	5	148	0	
Listened to you carefully.	Worded 1-5 ℹ	4.71	96.57%	-	0	4: 21.23% 5: 75.34%	5	146	0	
Showed respect for what you had to say.	Worded 1-5 ℹ	4.74	95.86%	-	0	4: 16.55% 5: 79.31%	5	145	0	
Spent enough time with you.	Worded 1-5 ℹ	4.72	96.5%	-	0	4: 20.28% 5: 76.22%	5	143	0	
Provided you with helpful information.	Worded 1-5 ℹ	4.75	96.57%	-	0	4: 17.12% 5: 79.45%	5	146	0	
The overall experience.	Worded 1-5 ℹ	4.7	93.2%	-	0	4: 12.93% 5: 80.27%	5	147	0	

Overall for Unit SE Pharmacy

Add to saved reports **Export report**

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.84	95.55%	-	0.04	5: 89.04%	5	338	472	
Listened to you carefully.	Worded 1-5 ⓘ	4.85	96.74%	-	0.03	5: 89.32%	5	337	470	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.88	96.14%	-	0.02	5: 92.58%	5	337	471	
Spent enough time with you.	Worded 1-5 ⓘ	4.78	94.36%	-	0.03	5: 86.35%	5	337	468	
Provided you with helpful information.	Worded 1-5 ⓘ	4.8	94.64%	-	0.02	5: 86.6%	5	336	470	
The overall experience.	Worded 1-5 ⓘ	4.85	96.43%	-	0.02	5: 89.61%	5	337	469	
Total feedbacks								**338**	**472**	

Overall for Unit STARS

Add to saved reports **Export report**

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.67	94.87%	-	0.22	4: 20.51% 5: 74.36%	5	39	53	
Listened to you carefully.	Worded 1-5 ⓘ	4.67	94.87%	-	0.2	4: 20.51% 5: 74.36%	5	39	53	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.69	92.31%	-	0.14	4: 5: 82.05%	5	39	53	
Spent enough time with you.	Worded 1-5 ⓘ	4.69	94.87%	-	0.27	4: 15.38% 5: 79.49%	5	39	53	
Provided you with helpful information.	Worded 1-5 ⓘ	4.64	92.3%	-	0.17	4: 15.38% 5: 76.92%	5	39	53	
The overall experience.	Worded 1-5 ⓘ	4.54	89.74%	-	0.01	4: 17.95% 5: 71.79%	5	39	53	
Total feedbacks								**39**	**53**	

Overall for Unit SW AMH

⊕ Add to saved reports   ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ❶	4.5	87.03%	-	0.01	4: 15.04% 5: 71.99%	5	1,157	686	⌄ ⊞
Listened to you carefully.	Worded 1-5 ❶	4.49	87.43%	-	0.02	4: 15.6% 5: 71.83%	5	1,154	687	⌄ ⊞
Showed respect for what you had to say.	Worded 1-5 ❶	4.52	87.81%	-	0.02	4: 13.92% 5: 73.89%	5	1,157	687	⌄ ⊞
Spent enough time with you.	Worded 1-5 ❶	4.48	86.26%	-	0	4: 14.43% 5: 71.83%	5	1,150	687	⌄ ⊞
Provided you with helpful information.	Worded 1-5 ❶	4.42	85.03%	-	0.04	4: 16% 5: 69.03%	5	1,156	686	⌄ ⊞
The overall experience.	Worded 1-5 ❶	4.46	86.07%	-	0.01	4: 14.79% 5: 71.28%	5	1,156	688	⌄ ⊞
Total feedbacks							**1163**	**724**		

Overall for Unit SW CAS

⊕ Add to saved reports   ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ❶	4.65	91.37%	-	0.03	4: 12.95% 5: 78.42%	5	950	402	⌄ ⊞
Listened to you carefully.	Worded 1-5 ❶	4.66	91.24%	-	0.02	4: 5: 79.43%	5	948	401	⌄ ⊞
Showed respect for what you had to say.	Worded 1-5 ❶	4.71	92.18%	-	0.02	5: 82.25%	5	947	400	⌄ ⊞
Spent enough time with you.	Worded 1-5 ❶	4.65	90.38%	-	0.05	4: 5: 78.54%	5	946	400	⌄ ⊞
Provided you with helpful information.	Worded 1-5 ❶	4.61	90.39%	-	0.02	4: 13.62% 5: 76.77%	5	947	402	⌄ ⊞
The overall experience.	Worded 1-5 ❶	4.65	90.89%	-	0.03	4: 5: 80.1%	5	945	402	⌄ ⊞
Total feedbacks							**951**	**418**		

Overall for Unit SW COLLABORATIVE CARE

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.55	87.55%	-	0	3: / 4: 20.17% / 5: 67.38%	5	233	0	
Listened to you carefully.	Worded 1-5 ⓘ	4.58	88.65%	-	0	3: / 4: 19.65% / 5: 69%	5	229	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.56	87.93%	-	0	3: / 4: 18.97% / 5: 68.96%	5	232	0	
Spent enough time with you.	Worded 1-5 ⓘ	4.58	88.31%	-	0	3: / 4: 19.05% / 5: 69.26%	5	231	0	
Provided you with helpful information.	Worded 1-5 ⓘ	4.59	90.13%	-	0	4: 21.03% / 5: 69.1%	5	233	0	
The overall experience.	Worded 1-5 ⓘ	4.59	90.04%	-	0	4: 20.78% / 5: 69.26%	5	231	0	

Overall for Unit SW Pharmacy

Add to saved reports   Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.85	98.7%	-	0.03	4: / 5: 87.01%	5	154	164	
Listened to you carefully.	Worded 1-5 ⓘ	4.84	98.05%	-	0	4: / 5: 87.66%	5	154	164	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.86	97.4%	-	0.03	5: 88.31%	5	154	164	
Spent enough time with you.	Worded 1-5 ⓘ	4.79	96.75%	-	0.03	4: 13.64% / 5: 83.11%	5	154	163	
Provided you with helpful information.	Worded 1-5 ⓘ	4.84	98.69%	-	0.01	4: / 5: 86.27%	5	153	163	
The overall experience.	Worded 1-5 ⓘ	4.81	97.38%	-	0.07	4: 13.07% / 5: 84.31%	5	153	164	
Total feedbacks								**154**	**164**	

Overall for Unit TEC 811

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.86	96.92%	-	0	5: 89.23%	5	65	0	
Listened to you carefully.	Worded 1-5 ⓘ	4.94	100%	-	0	5: 93.85%	5	65	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.95	100%	-	0	5: 95.38%	5	65	0	
Spent enough time with you.	Worded 1-5 ⓘ	4.92	100%	-	0	5: 92.31%	5	65	0	
Provided you with helpful information.	Worded 1-5 ⓘ	4.88	100%	-	0	4: / 5: 87.69%	5	65	0	
The overall experience.	Worded 1-5 ⓘ	4.91	100%	-	0	5: 90.77%	5	65	0	
Total feedbacks								**65**	**0**	

Overall for Unit TEC Villas

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.81	100%	-	0	4: 19.33% / 5: 80.67%	5	119	0	
Listened to you carefully.	Worded 1-5 ⓘ	4.81	98.33%	-	0	4: 15.83% / 5: 82.5%	5	120	0	
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.81	99.16%	-	0	4: 17.65% / 5: 81.51%	5	119	0	
Spent enough time with you.	Worded 1-5 ⓘ	4.78	97.5%	-	0	4: 15.83% / 5: 81.67%	5	120	0	
Provided you with helpful information.	Worded 1-5 ⓘ	4.84	100%	-	0	4: 15.83% / 5: 84.17%	5	120	0	
The overall experience.	Worded 1-5 ⓘ	4.87	100%	-	0	4: 13.45% / 5: 86.55%	5	119	0	
Total feedbacks								**120**	**0**	

Overall for Unit YESWAIVER

⊕ Add to saved reports ⬇ Export report

Question	Type	Average	Top Box	Goal	Change	Percentage distribution	Median	Feedback count	Feedback last period	Chart
Explained things in a way that was easy to understand.	Worded 1-5 ⓘ	4.53	87.59%	-	0.05	4: 13.18% 5: 74.41%	5	129	59	⌄ 📊
Listened to you carefully.	Worded 1-5 ⓘ	4.57	86.82%	-	0.06	4: 5: 76.74%	5	129	59	⌄ 📊
Showed respect for what you had to say.	Worded 1-5 ⓘ	4.62	90.7%	-	0.06	4: 13.18% 5: 77.52%	5	129	59	⌄ 📊
Spent enough time with you.	Worded 1-5 ⓘ	4.6	88.37%	-	0.02	4: 5: 77.52%	5	129	58	⌄ 📊
Provided you with helpful information.	Worded 1-5 ⓘ	4.54	88.19%	-	0.07	4: 14.96% 5: 73.23%	5	127	59	⌄ 📊
The overall experience.	Worded 1-5 ⓘ	4.52	87.5%	-	0.01	4: 5: 75.78%	5	128	59	⌄ 📊
Total feedbacks							**130**		**67**	

Areas of Focus for Improved Patient Satisfaction
According to Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Composite measure	Provider rating
Getting timely appointments, care, and information	0.61
How well doctors communicate with patients	0.87
Office Staff: Helpful, courteous, and respectful office staff	0.66
Talking with you about taking care of your own health (PCMH)	0.38
Attention to your mental or emotional health (PCMH)	0.17
Talking about medication decisions (PCMH)	0.52

Note: All correlations are statistically significant (p < .01). Data for analyses came from 714 practice sites that administered the Clinician & Group PCMH Survey 2.0.

Correlation with Provider Rating
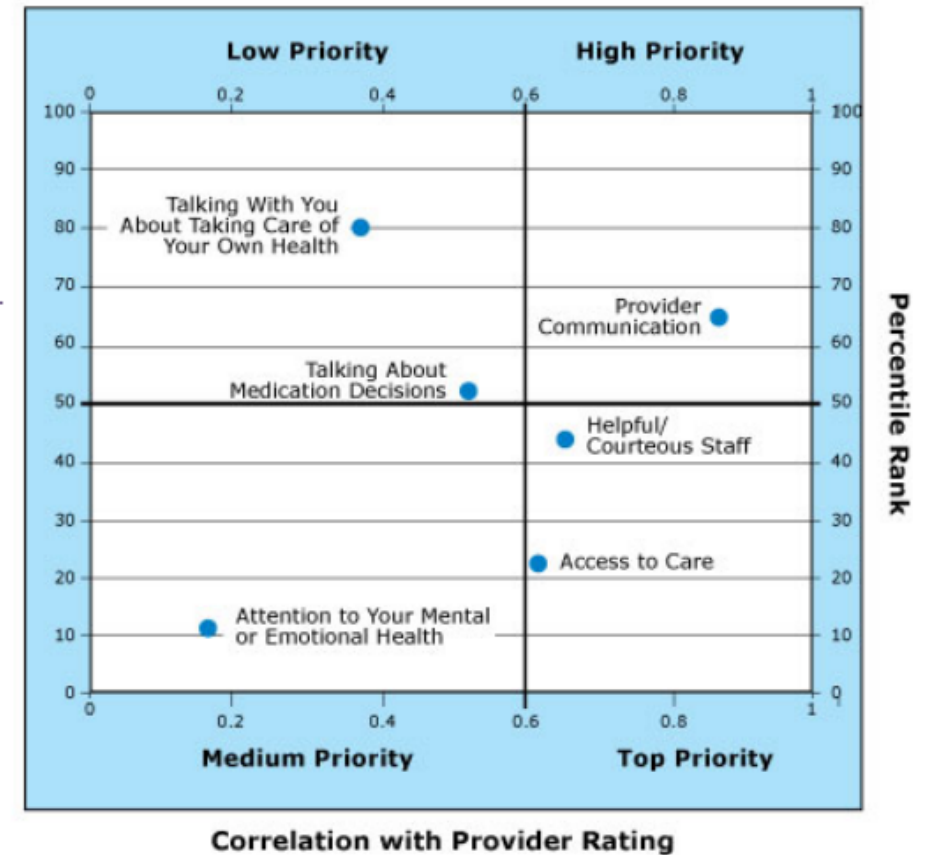
Source: The CAHPS Ambulatory Care Improvement Guide: Determining Where to Focus Efforts to Improve Patient Experience (https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/5-determining-focus/cahps-ambulatory-care-guide-section-5.pdf)

Thank you.

EXHIBIT Q-5
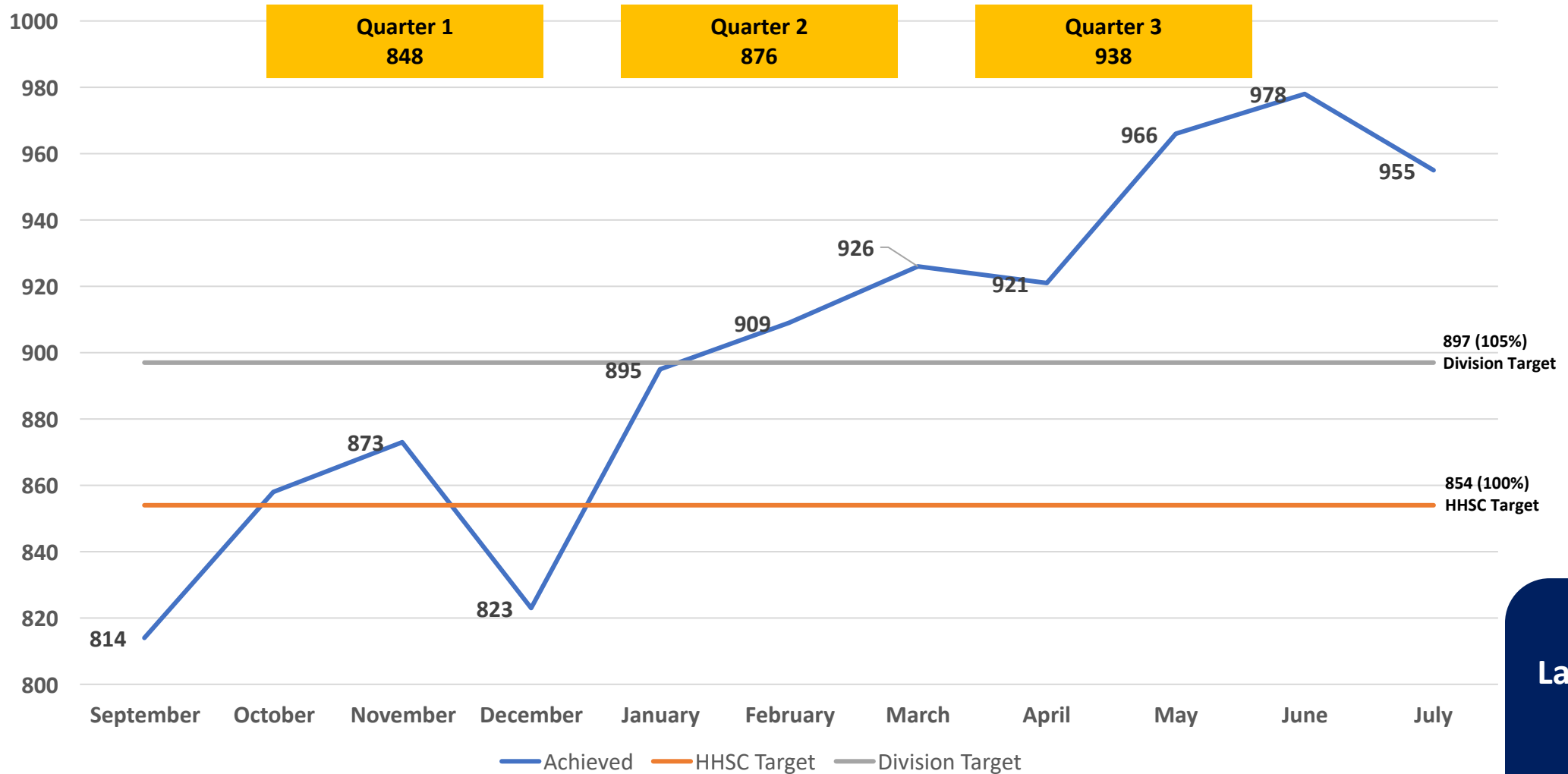
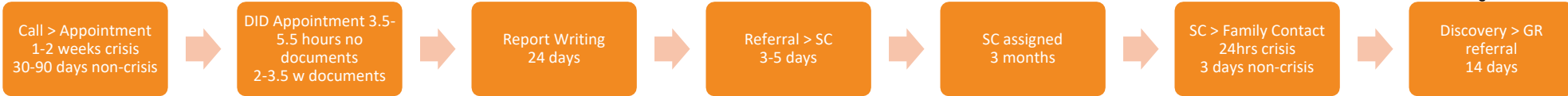2023 IDD Back-to-School Resource Fair

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

FY23 Performance Targets

GR ACCESS TO CARE

| Call > Appointment 1-2 weeks crisis 30-90 days non-crisis | → | DID Appointment 3.5-5.5 hours no documents 2-3.5 w documents | → | Report Writing 24 days | → | Referral > SC 3-5 days | → | SC assigned 3 months | → | SC > Family Contact 24hrs crisis 3 days non-crisis | → | Discovery > GR referral 14 days |

STEP 1 ELIGIBILITY

DID
Report Writing
Financials
Service Assessment

Number waiting to receive a DID assessment*

	July	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug
Beginning of month*	5,831	5,775	5,710	5,602	5,621	5,547	5,486	5,287	4,306	3,782	3,473	2,891
Added	-	37	22	34	30	59	42	14	0	0	0	0
Removed	-	102	130	15	104	120	241	995	524	309	582	234
TOTAL WAITING	5,831	5,710	5,602	5,621	5,547	5,486	5,287	4,306	3,782	3,473	2,891	2,606

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 24 days (based on 9 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 9/1/23)

STEP 2 SERVICE COORDINATION

Discovery
Person-Directed Plan
Monitoring

Number waiting to receive a GR Service Coordinator*

Feb	52
Mar	44
Apr	69
May	36
June	32
July	26
August	90

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).

*data has been validated and is post DID (as of 9/1/23)

STEP 3 GR SERVICES

HHSC Contracted Services
Internal/External Providers
Community Linkages

Number waiting to access an authorized GR service*

	Feb	Mar	Apr	May	Jun	July	Aug
In-home respite (Contract) *Avg. wait time: ~1 month*	23	13	23	34	45	51	63
Out-of-home respite (Contract) *Avg. wait time: ~1 month*	0	0	0	0	0	0	0
Day Habilitation (Contract) *Avg, wait time: ~1 month*	15	15	16	13	15	19	19
Employment Services (Contract) *Avg. wait time: ~1 month*	2	9	14	14	14	14	0
Feeding Clinic (Internal) *Avg. wait time: ~1 month*	0	0	0	1	0	0	0
Outpatient Biopsychosocial Services (OBI) (Internal) *Avg. wait time: 9 months*	181	143	120	102	105	106	103
The Coffeehouse (Internal) *Avg. wait time: 4 months*	13	24	27	29	37	37	45
TOTAL WAITING	234	204	200	193	216	227	230

*data has been validated and is post DID (as of 9/1/23)

GR Number Added & Process*

GR Clients Added Per Month		
	JULY	**AUGUST**
Respite (Out-of-Home)	1	0
Respite (In-Home)	6	7
Employment Assistance	3	0
Day Habilitation	2	2
Specialized Therapies	10	11
Behavioral Supports	7	5
TOTAL ADDED	**29**	**25**

Step 1
- Initial call to Harris Center
- Screened for needs (probing script)
- Caller added to Medicaid Waivers (HCS/TXHML)
- Average wait time discussed

Step 2
- If caller agrees to wait times, individual is added to requested service code
- Intake packet is provided (if not already completed) and assistance is given to help family access records if needed
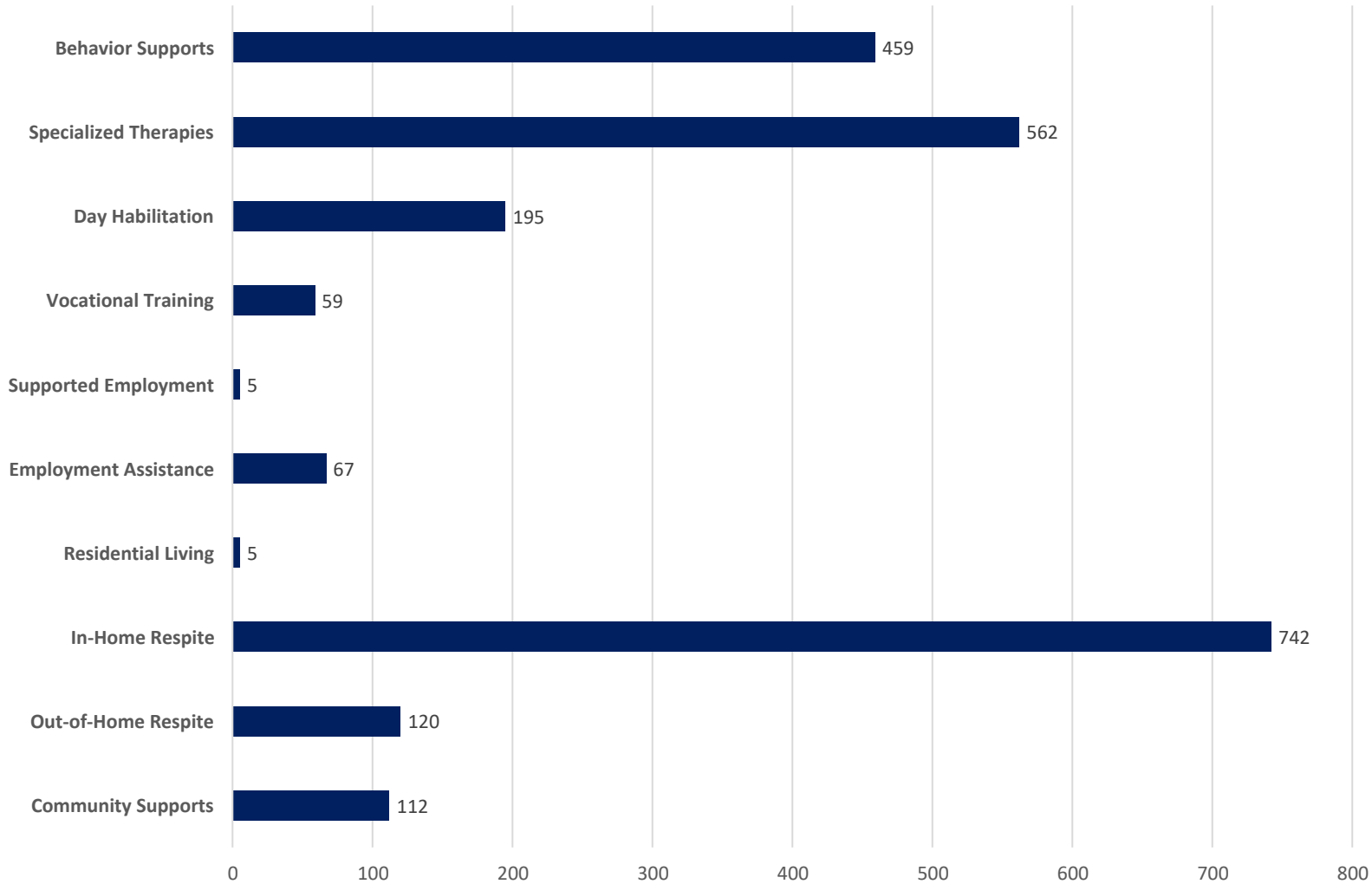
Step 3
- Once service coordination is available, family is contacted to complete the DID process
- **If service coordination is available, and a DID cannot be scheduled within 60 days, then individual is considered 'waiting for a DID'**

HCS – Home and Community-based Services
TXHML – Texas Home Living

NOT indicative of crisis process. Crisis cases are immediately engaged in stabilizing services and DID is completed within 30 days. Crisis cases do not wait.

Number Interested/GR Services*

Service	Value
Behavior Supports	459
Specialized Therapies	562
Day Habilitation	195
Vocational Training	59
Supported Employment	5
Employment Assistance	67
Residential Living	5
In-Home Respite	742
Out-of-Home Respite	120
Community Supports	112

Waiver/HCPC Data*

MEDICAID WAIVER INTEREST LIST*		
	Home & Community-based Services (HCS)	Texas Home Living Waiver (TXHML)
Interest List Slots Allocated to Harris County	136	68
Total on Interest List in HARRIS COUNTY	23,161	21,728
Total on Interest List in TEXAS	118,386	107,176
Average Time on Interest List	16 years	14 years

IDD HCPC ADMISSIONS*		
	FY22	FY23
Total Admissions	130	216
Total Individuals with Re-Admissions	49	61
Total Referred to IDD Eligibility	19	43
Total in Service Coordination at Time of Hospitalization	32	62

*data FYTD through July FY2023

DID No-Show Rate

No-Show Monthly Percentage	
NOV	45.3%
DEC	36.0%
JAN	39.8%
FEB	31.0%
MAR	44.8%
APR	25.5%
MAY	26.2%
JUNE	28.6%
JULY	26.3%
AUGUST	28.0%
Increased virtual and weekend appointments	

DIDs Completed

Apx. capacity 128
(100 internal/28 external)

	Number of DIDs Completed
SEPT	135
OCT	145
NOV	157
DEC	89
JAN	111 (18 external contracts)
FEB	118 (8 external contracts)
MAR	128 (13 external contracts)
APR	95 (12 external contracts)
MAY	100 (12 external contracts)
JUNE	109 (20 external contracts)
JULY	107 (28 external contracts)
AUGUST	114* (10 external contracts)
FY23 Total	**1,408**

*Data as of 9/1/23

August Breakdown:
86 Full   -   12 Updates   -   16 Endorsements
YTD Breakdown:
815 Full   -   328 Updates   -   265 Endorsements

DID Report Completion Timeframe

	AVG Completion Time (CALENDAR DAYS)
SEPT	21
OCT	24
NOV	28
DEC	33
JAN	22
FEB	24
MAR	22
APR	27
MAY	31
JUNE	17
JULY	12
AUGUST	5*
AVG (excluding Aug)	**23.7 days**

*Data as of 9/1/23

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

Fiscal Year 2024 IDD Strategic Priorities

IDD + Community Supports

Re-establish safety-net services

89th Legislative Session
Cost of Waiting Study
GR Waitlist Data

IDD + Psychiatric Care

Increase availability of local beds
IDD Step-Down: Adults/Youth

IDD + Forensic Diversion

Increase community diversions via safety net services