



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

**Quality Committee Meeting**

October 17, 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, September 19, 2023  
(EXHIBIT Q-1)

**IV. REVIEW AND COMMENT**

- A. Quality Board Score Card  
(EXHIBIT Q-2 Luming Li/Trudy Leidich)
- B. Suicide Prevention Month Update - Zero Suicide  
(EXHIBIT Q-3 Tiffany Bittner)
- C. IDD Update  
(EXHIBIT Q-4 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, Dr. Amber Pastusek, Vice President of Crisis Medical Services and Trudy Leidich, Vice President of Clinical Transformation & Quality***

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

**VI. RECONVENE INTO OPEN SESSION**

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

VIII. ADJOURN

*Veronica Franco*

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Veronica Franco, Board Liaison  
George D. Santos, MD, Chairman  
Board of Trustees Quality Committee  
The Harris Center for Mental Health and IDD



# **EXHIBIT Q-1**

**The HARRIS CENTER for  
MENTAL HEALTH and IDD  
BOARD OF TRUSTEES  
QUALITY COMMITTEE MEETING  
TUESDAY, SEPTEMBER 19, 2023  
MINUTES**

Dr. G. Santos, Chair, called the meeting to order at 9:30 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, B. Hellums

Committee Member Absent:

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

**1. CALL TO ORDER**

Dr. Santos called the meeting to order at 9:30 a.m.

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

Dr. Santos designated Dr. L. Moore as a voting member of the committee.

**3. DECLARATION OF QUORUM**

Dr. Santos declared a quorum was present.

**4. PUBLIC COMMENT**

There were no Public Comments.

**5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, August 15, 2023**

**MOTION BY: MOORE      SECOND BY: GEARING**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Quality Committee meeting held on Tuesday, August 15, 2023, as presented under Exhibit Q-1, are approved.

**6. REVIEW AND COMMENT**

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

- C. Patient Satisfaction**, presented by Dr. Luming Li was reviewed by the Quality Committee.
- D. IDD Update**, presented by Dr. Evanthe Collins was reviewed by the Quality Committee.

**7. EXECUTIVE SESSION-**

Dr. Santos announced the Quality Committee would enter into executive session at 10:40 am for the following reason:

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

**8. RECONVENE INTO OPEN SESSION-**

The Quality Committee reconvened into open session at 11:06 a.m.

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

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

**10. ADJOURN**

**MOTION: MOORE                      SECOND: HELLUMS**

There being no further business, the meeting adjourned at 11:06 a.m.

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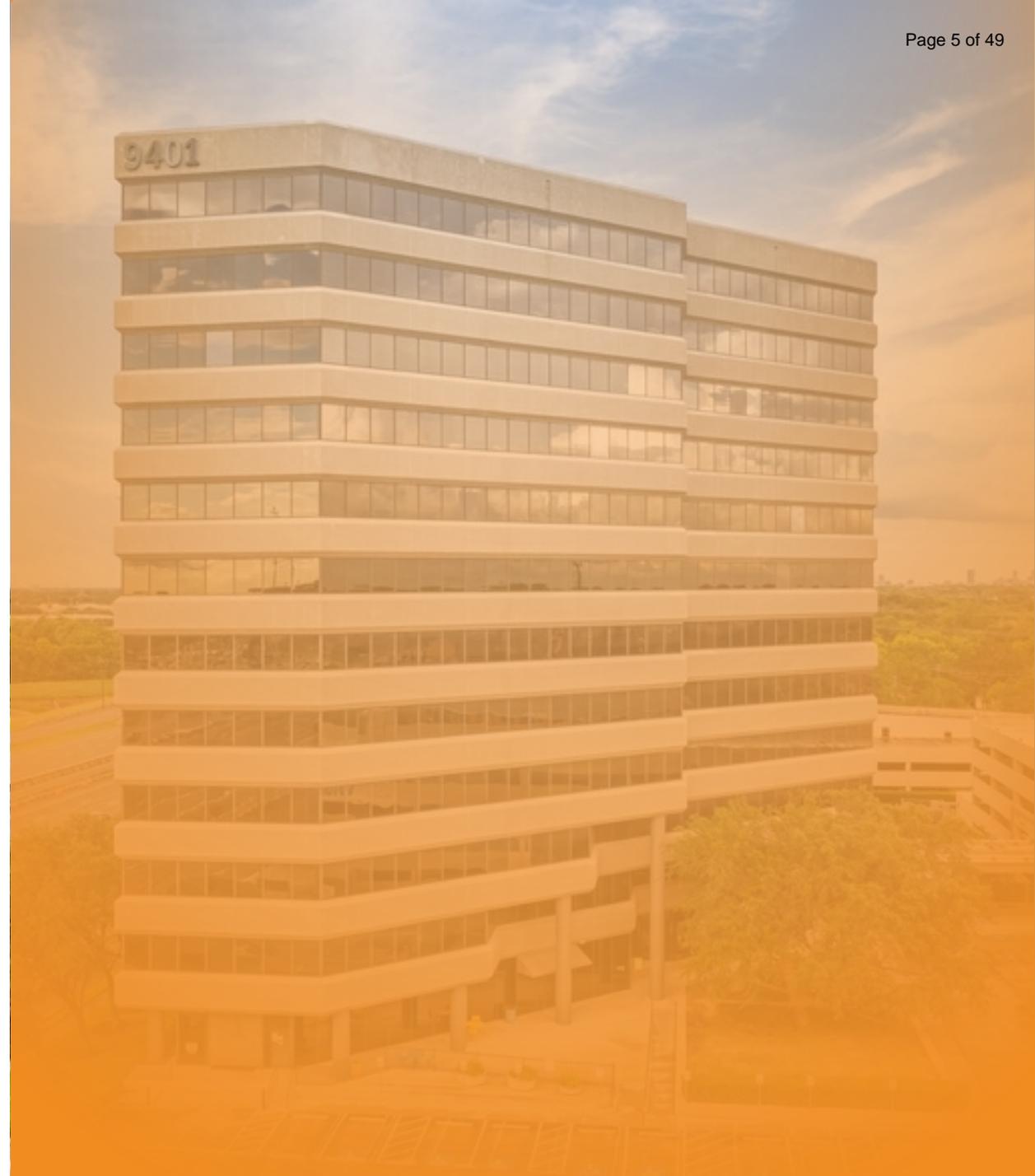
**Veronica Franco, Board Liaison  
George Santos, Chairman  
Quality Committee  
THE HARRIS CENTER for Mental Health and IDD  
Board of Trustees**

# **EXHIBIT Q-2**

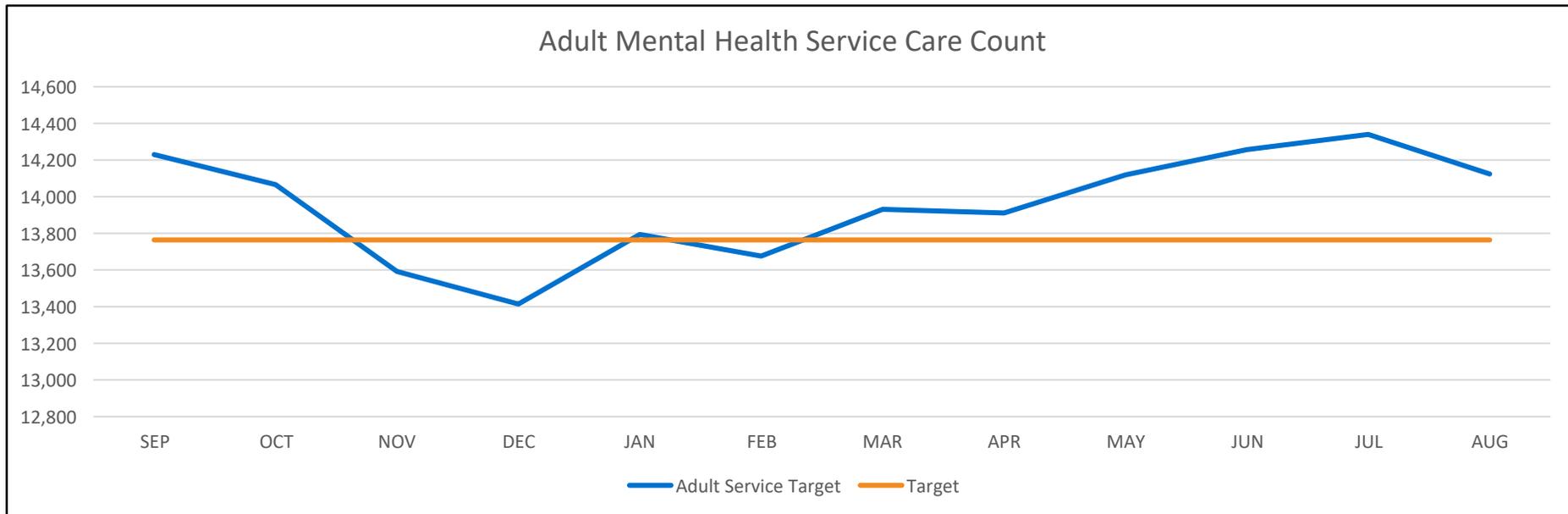
# Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN  
VP of Clinical Transformation and Quality  
Reporting for October 2023



Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-August)	Reporting Period: August 2023 Care Count	Target Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,955	14,124	Increase	Contractual

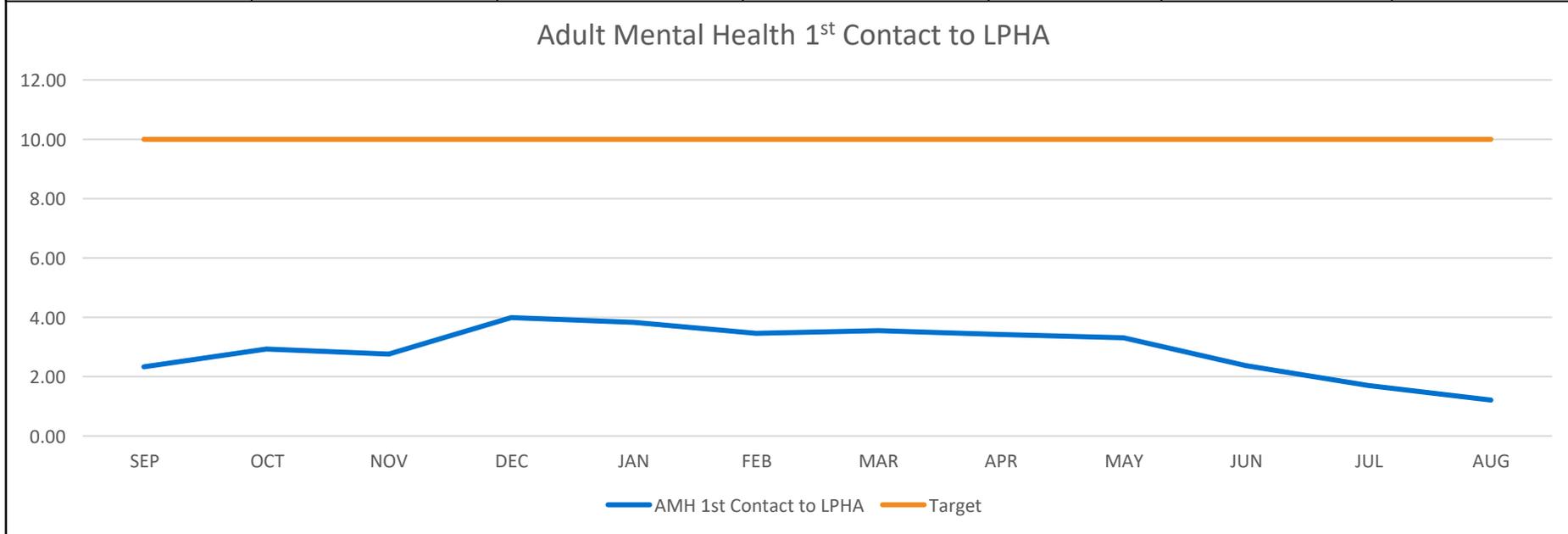


**Highlights:**

- 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-August 2023) average of 13,955 compared to same period in (Sep-August 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.*

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.91 Days	1.21	Decrease	Contractual

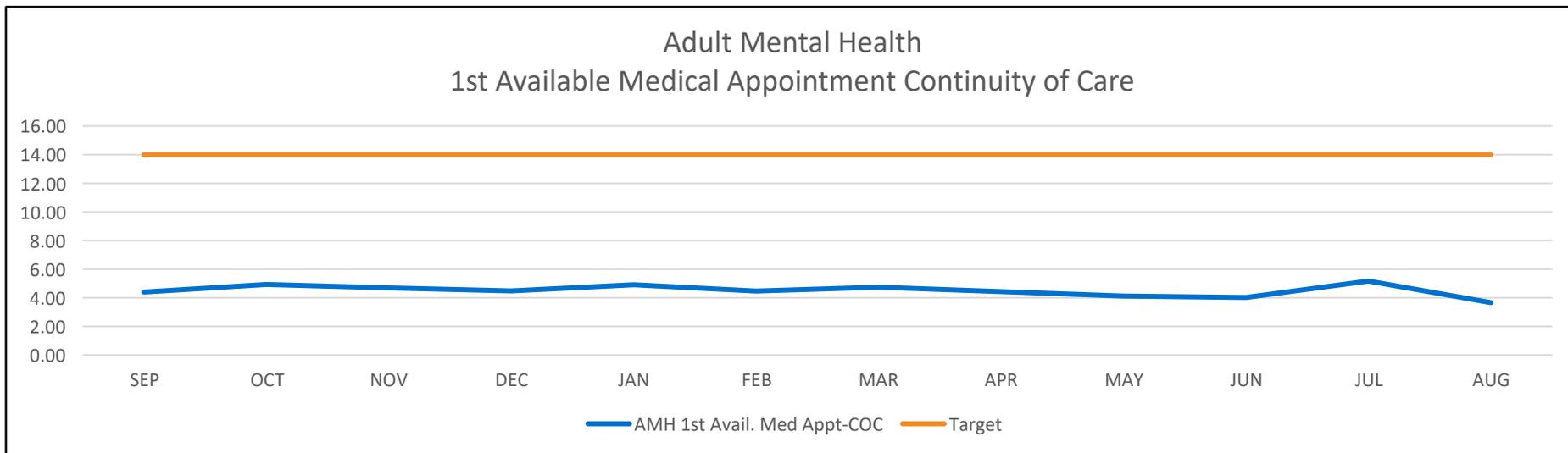


**Highlights:**

- Time for patients' initial assessment continues to perform well for Adult Mental Health.
- Adult Mental Health 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 August 22 to 1.64 days in August 23.**
- Fiscal to year-to-year averages is slightly higher this year than last. From an average of **1.72 days (Sep-August 2022) to 3.05 in the same period in Sep-August 2023**

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

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-August)	Reporting Period: August 2023	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.50 days	3.66 days	Decrease	Contractual

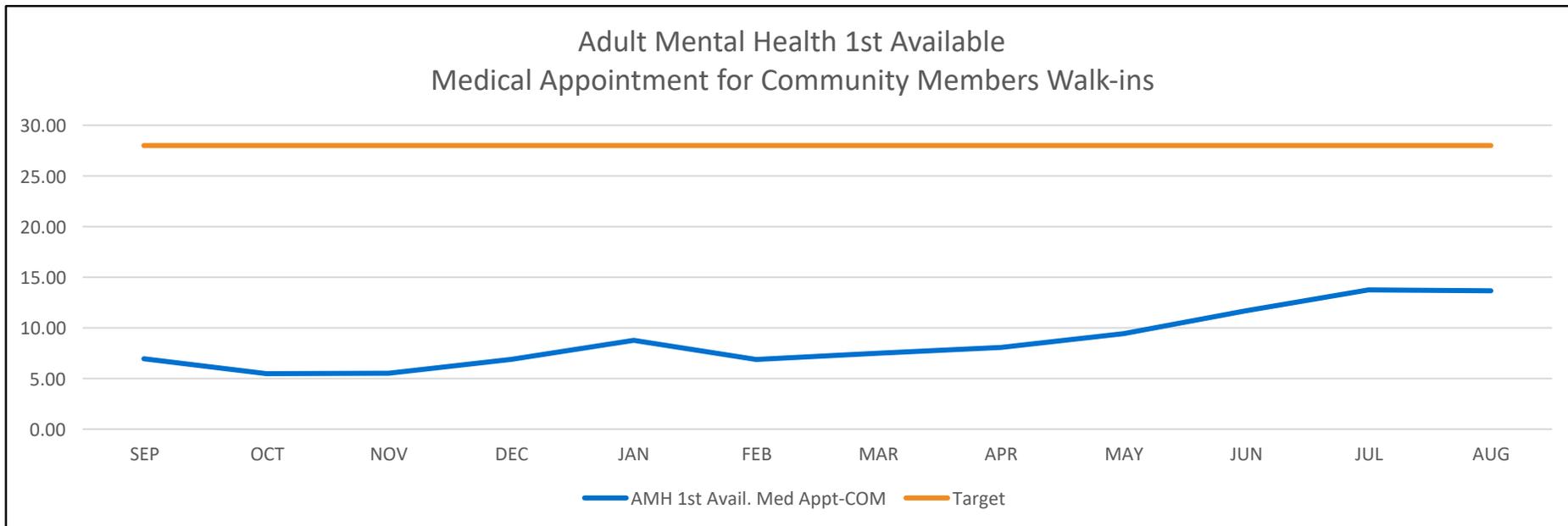


**Highlights:**

- Time to contact Continuity of Care patients continues to perform well for Adult Mental Health. The department averaged less 5 days to connect individuals discharged from hospital with a medical provider.

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

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-August)	Reporting Period- August 2023	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members Walk-ins	<28 days	8.72 days	13.66 days	Decrease	Contractual

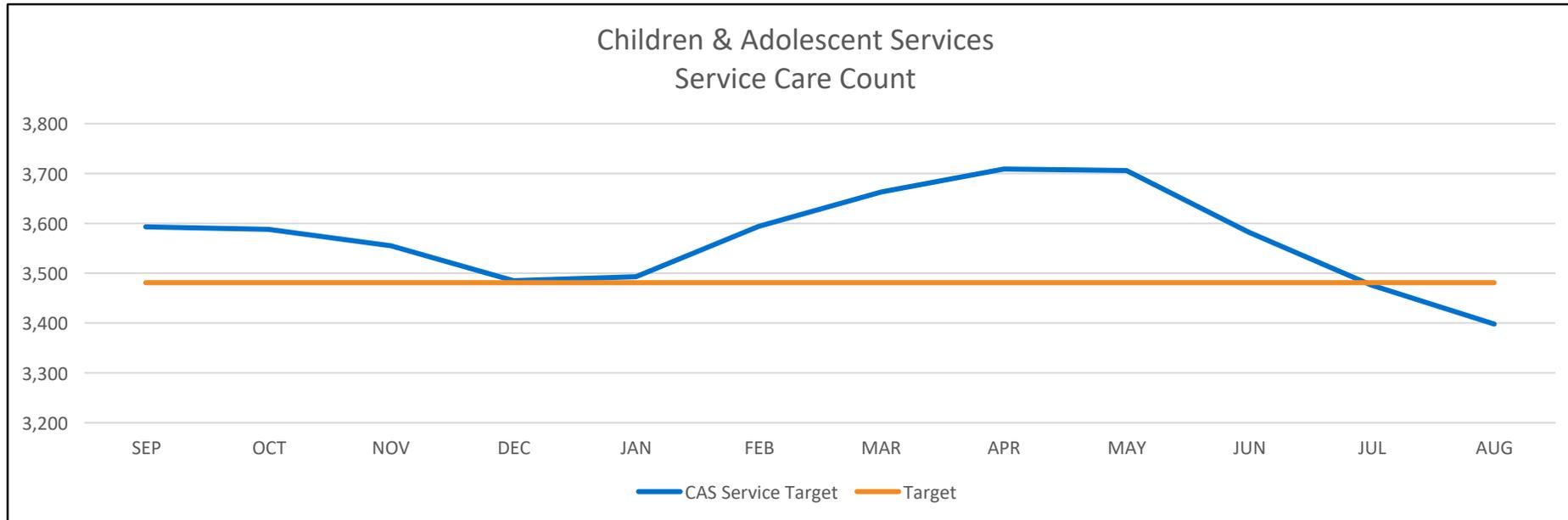


**Highlights:**

- Access to medical appointment for community members (walking-ins without an appointment) continues to perform well below the contractual target for Adult Mental Health. Individuals walking in for unscheduled appointment are seen within 13 days or less.

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

Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,570	3,398	Increase	Contractual

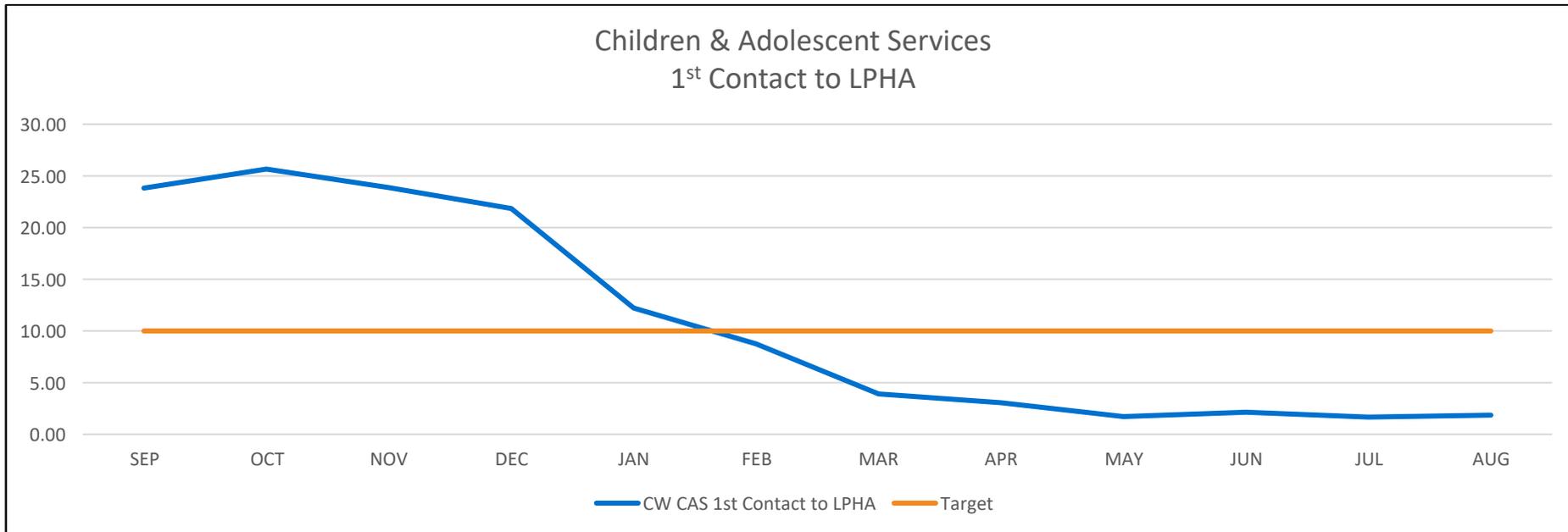


**Highlights:**

- Children & Adolescent Services service care count experience a slight dip due to seasonal factors such as staff vacation and heat related cancelations
- Compared to the same period last year, Children & Adolescent Services service care count average is up by about **2%** in fiscal year to date Sep-August 2023 (**3,570**) 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.*

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	10.88 days	1.86 days	Decrease	Contractual

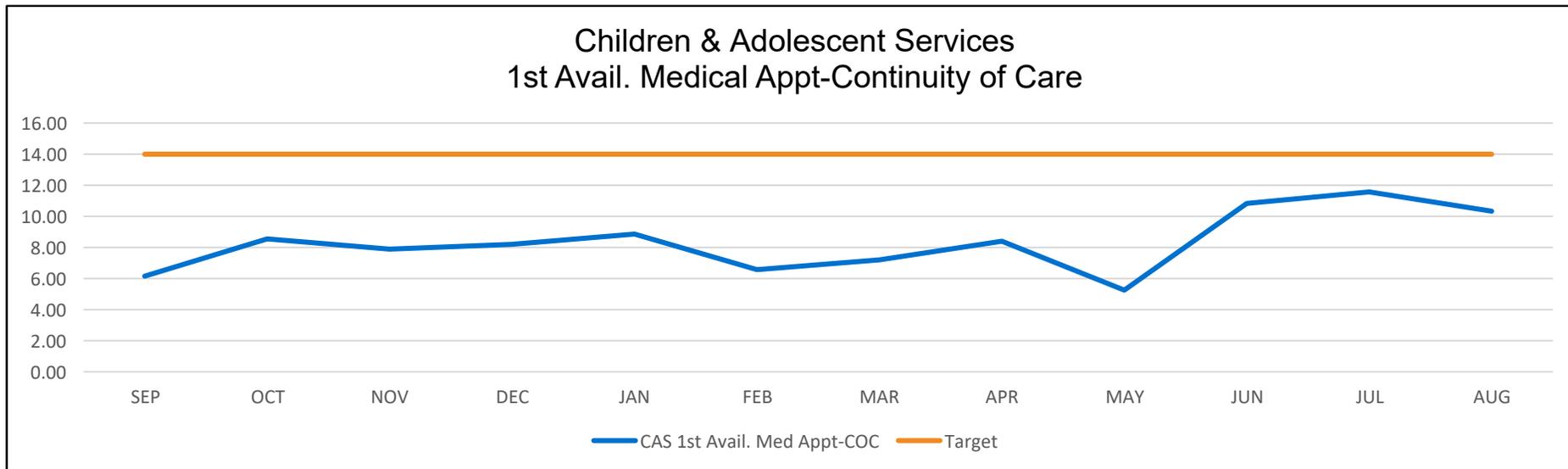


Highlights:

- Children & Adolescent Services 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 **1.86 days below the 10 days contractual target.**
- Fiscal year averages comparison shows a **32.51% reduction in days for 1st contact to LPHA. From 15.37 days in Sept-Aug 2022 to 10.88 days in Sept-Aug 2023**

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

Domain	Program	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-August)	Reporting Period-August 2023	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	8.32 days	10.33 days	Decrease	Contractual

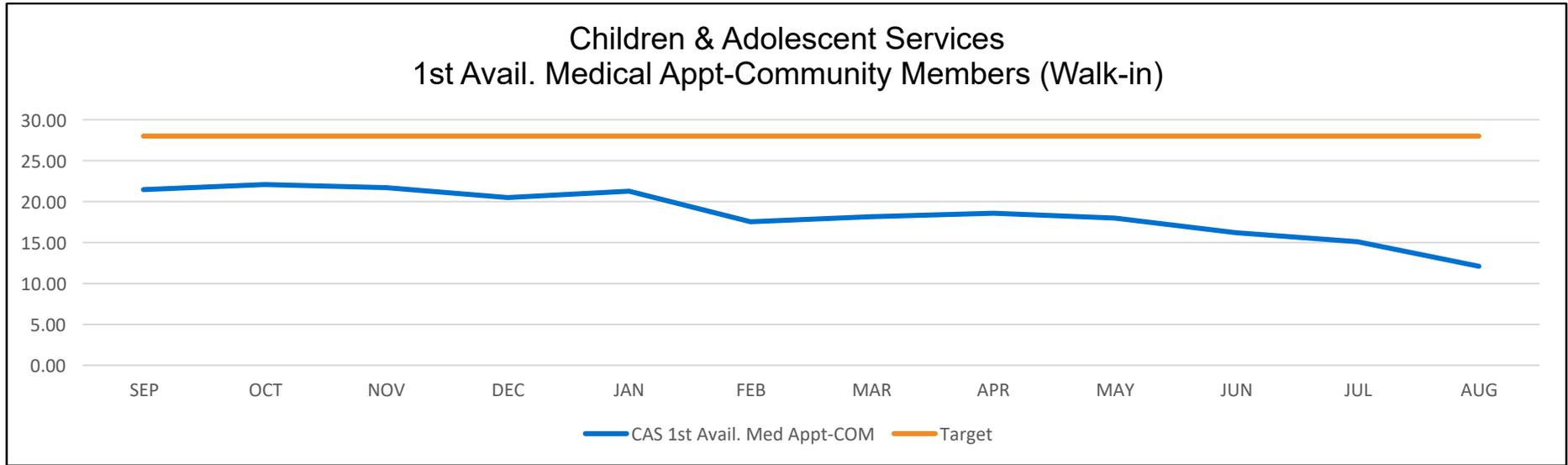


**Highlights:**

- Time to contact patients for continuity of care after hospital discharge continues to perform well for Children & Adolescent Services.
- For the reporting period, August 2023, Children & Adolescent Services saw an increase in the number of days for 1<sup>st</sup> available medical appointment from **7.58 days** (August 2022) to **10.33 days** in August 2023. After reviewing data from April through August, the spike in the data is attributed to a couple factors: data errors and staff availability due to PTO. Children & Adolescent Services leadership is working to correct mislabeling of Continuity of Care patients.

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

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-August)	Reporting Period- August 2023	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community Members Walk-in	<28 days	18.56 days	12.10 days	Decrease	Contractual

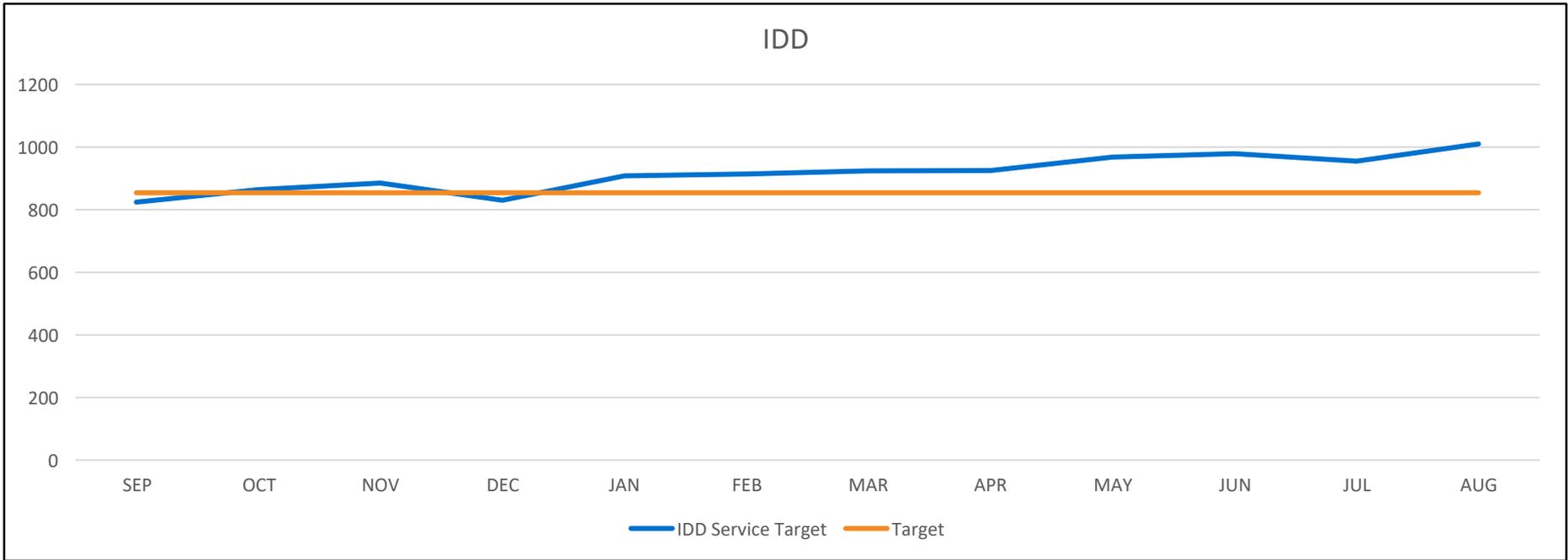


Highlights:

- Time to contact patients continues to perform well for Children & Adolescent Services.
- For the reporting period, August 2023, Children & Adolescent Services reduced the number of days for 1<sup>st</sup> available medical appointment for community members walk-ins by about **13 days from 25.68 days in August 2022 to 12.10 days in August 2023**
- Children & Adolescent Services 1<sup>st</sup> 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 about **4 days fiscal year over fiscal year**. From an average of **22.28 days in Sep-August 2022 to 18.56 days in Sep-August 2023**.

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

Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Access	IDD	854	916	1010	Increase	Contractual



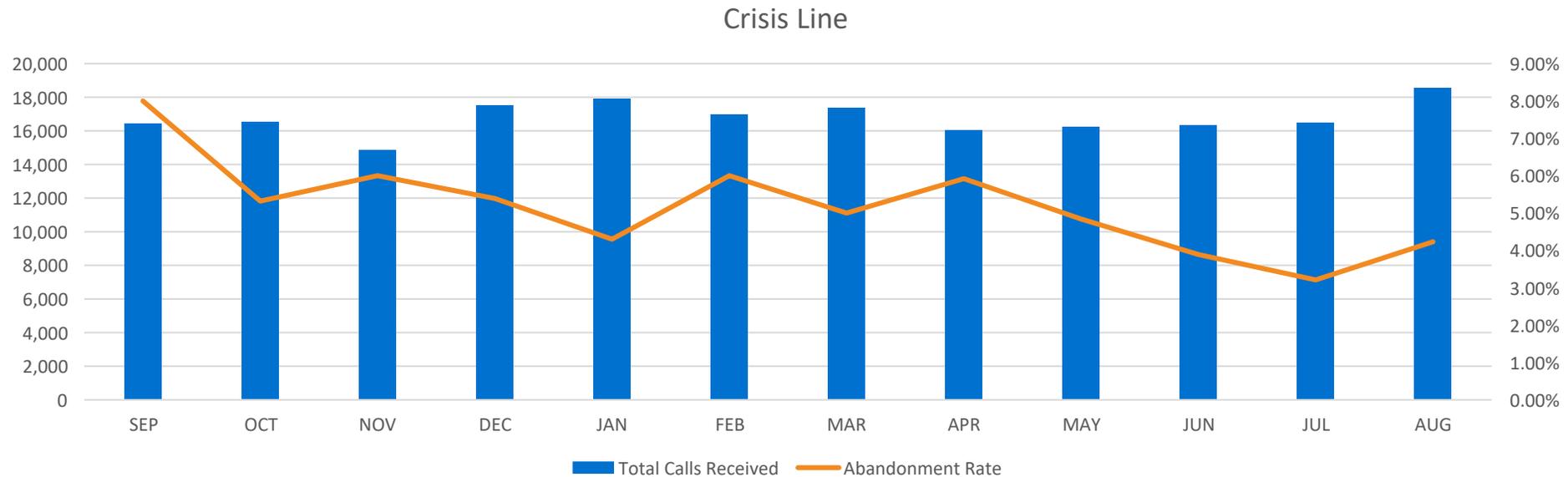
Highlights:

IDD has achieved its highest care count FY23 to date. In September of the fiscal year, **IDD service count was 842, it ended the fiscal year by increasing the service care count by 20% to 1010 service care count.**

- **IDD had a 14% increase for year-to-date average service care count when compared to the same period in 2022: from an average of 803 in Sep-August 2022 to 916 in Sep-August 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.)*

Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-August)	Reporting Period-August 2023	Target Desired Direction	Target Type
Timely Care	Total Calls Received	N/A	16,768	18,570	Increase	Contractual
	Abandonment Rate	<8%	5.18%	4.23%	Decrease	Contractual



**Highlights:**

Crisis Line continues to support individuals in crisis.

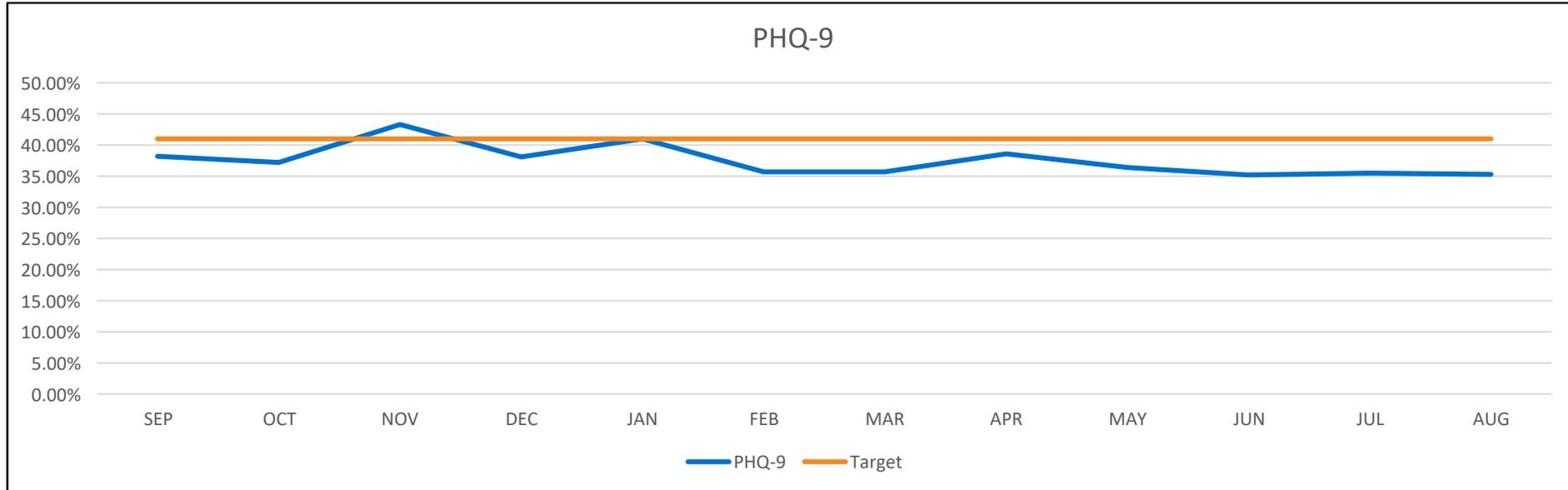
- The crisis line team handled more than 18,000 calls for the reporting period. It reduced its abandonment rate, calls unanswered by a team member within 8 seconds, to less than 5%.

**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)

Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	37.52%	35.30%	Increase	IOS



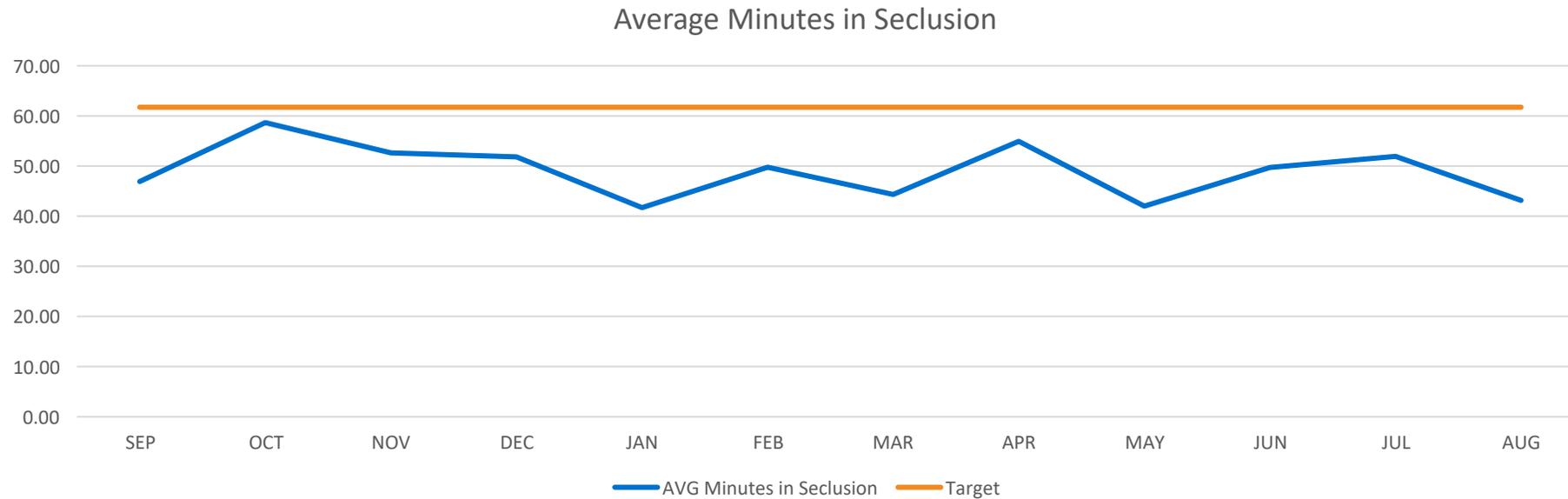
**Highlights:**

- PHQ-9 measured an increase in overall depression state this reporting period (35.30%). A clinical project is underway to test implementation of measurement-based care by conducting scale assessment at the time of the clinic visit

*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.*

Domain	Measures	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Aug)	Reporting Period-August	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion	<61.73	48.96	43.15	Decrease	Contractual



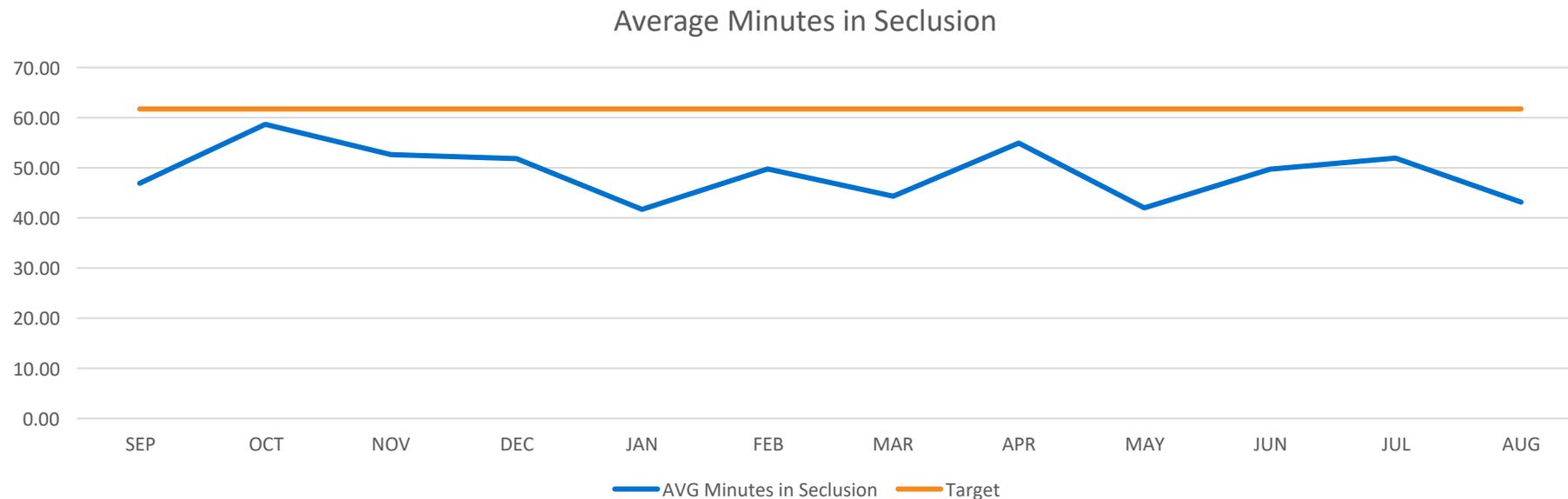
**Highlights:**

- Average minutes in seclusion has performed below contractual target. On average, individuals are spending less than 50 minutes in seclusion. For the reporting period, average minutes in seclusion is at 43.15 minutes.

*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.*

Domain	Measures	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Aug)	Reporting Period-August	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion	<61.73	48.96	43.15	Decrease	Contractual



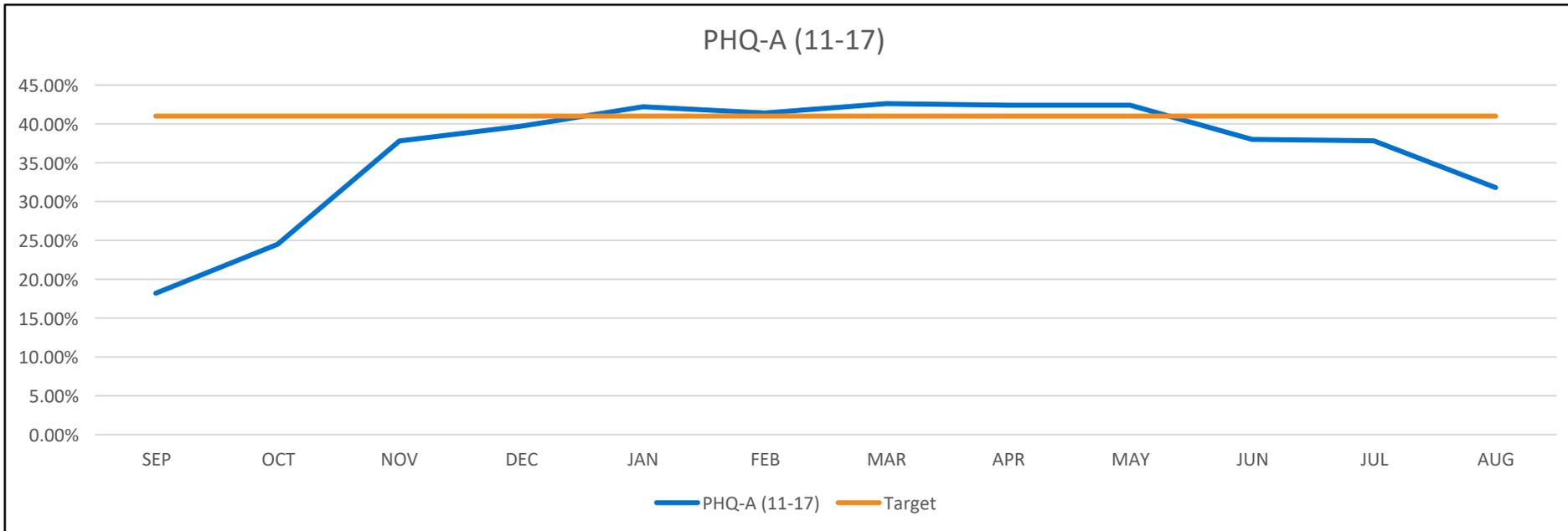
**Highlights:**

- Average minutes in seclusion has performed below contractual target. On average, individuals are spending less than 50 minutes in seclusion. For the reporting period, average minutes in seclusion is at 43.15 minutes.

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Domain	Measures (Definition)	FY 2023 Target	2023Fiscal Year Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	36.57%	31.80%	Increase	IOS



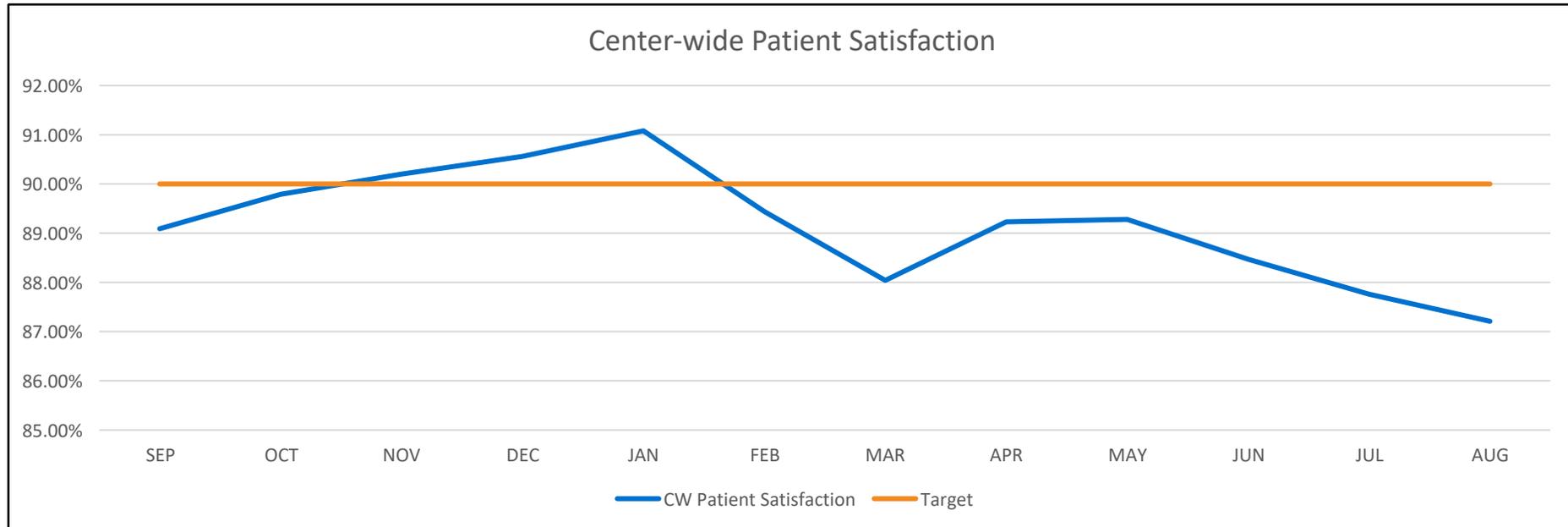
**Highlights:**

- PHQ-A measured a 4-percentage point increase from the previous month in overall adolescent and young adults’ depression state this reporting period (31.80%) compared to the previous reporting period (35%) in July 2023.

*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.*

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-August)	Reporting Period-August	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	89.18%	87.21%	Increase	IOS



**Highlights:**

- Center wide patient satisfaction fell below its monthly target. The patient satisfaction sub-committee has been created to review data from the survey and develop quality improvement project in areas of vulnerabilities. Unit patient satisfaction data is being shared and review by practice manager to identify areas of improvement. FY23 patient narrative feedback is being compiled for workgroup development based on areas of improvement and goal setting for FY24.

# Appendix

# Board of Trustee's PI Scorecard FY2023



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
<b>Access to Care</b>																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676	13,931	13,911	14,119	14,257	14,340	14,124	13,955	13,764	C	MBOW
AMH Actual Service Target %	103.39%	102.19%	98.75%	97.46%	100.22%	99.36%	101.21%	101.07%	102.58%	103.53%	104.08%	102.62%	101.37%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	48.00%	49.20%	45.90%	47.10%	49.20%	49.60%	52.20%	47.60%	51.30%	51.80%	50.08%	55.90%	49.82%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target	3,593	3,588	3,555	3,485	3,493	3,594	3,663	3,709	3,706	3,582	3,476	3,398	3,570	3,481	C	MBOW
CAS Actual Service Target %	103.22%	103.07%	102.13%	100.11%	100.34%	103.25%	105.23%	106.55%	106.46%	102.90%	99.83%	97.62%	102.56%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.70%	76.00%	74.00%	72.50%	78.20%	76.30%	76.00%	71.00%	75.20%	74.50%	69.50%	77.50%	74.78%	≥ 65.00%	C	MBOW
DID Assessment Waitlist													#DIV/0!	0	IOS	IDD-BO
IDD Service Target	824	864	885	830	908	914	924	925	968	979	955	1010	916	854	SP	MBOW
IDD Actual Service Target %	96.49%	101.17%	103.63%	97.19%	106.32%	104.03%	108.20%	108.31%	113.35%	114.64%	111.83%	118.27%	106.95%	100.00%	C	MBOW
<b>Access to Care - Waitlist</b>																
CW CAS 1st Contact to LPHA	23.82	25.66	23.87	21.85	12.22	8.75	3.91	3.06	1.72	2.14	1.67	1.86	10.88	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	2.33	2.93	2.76	3.99	3.83	3.46	3.55	3.42	3.31	2.37	1.70	1.21	2.91	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	5.88	7.34	6.53	7.42	5.42	4.61	3.63	3.29	3.06	2.34	1.69	1.31	4.38	<10 Days	NS	Epic
<b>Access to Care - Appointment</b>																
CAS 1st Avail. Med Appt-COC	6.15	8.55	7.89	8.20	8.86	6.57	7.20	8.40	5.25	10.83	11.57	10.33	8.32	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	21.46	22.08	21.70	20.49	21.27	17.54	18.16	18.58	17.99	16.20	15.10	12.10	18.56	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	49	45	45	44	47	19	51	40	53	33	34	27	40.58	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	26	27	35	27	35	43	22	18	14	15	7	8	23.08	0	IOS	Epic

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

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

# Board of Trustee's PI Scorecard FY 2022



Transforming Lives

Target Status:

Green = Target Met

Red = Target Not Met

Yellow = Data to Follow

No Data Available

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
<b>Access to Care</b>																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	12,487	12,503	13,085	13,162	13,288	13,574	14,095	14,169	14,318	14,313	14,514	14,275	13,649	13,764	C	MBOW
AMH Actual Service Target %	90.72%	90.84%	95.07%	95.63%	96.54%	98.62%	102.39%	102.94%	104.02%	103.99%	105.50%	103.71%	99.16%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	45.90%	44.20%	44.60%	43.60%	44.80%	46.50%	49.90%	45.70%	47.30%	47.50%	41.20%	44.90%	45.51%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
CAS Service Target	3,374	3,377	3,366	3,413	3,432	3,492	3,617	3,619	3,708	3,685	3,622	3,540	3,520	3,481	C	MBOW
CAS Actual Service Target %	96.93%	97.01%	96.70%	98.05%	98.59%	100.32%	103.91%	103.96%	106.52%	105.86%	104.05%	101.69%	101.13%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	74.00%	74.20%	76.20%	69.80%	70.40%	75.50%	77.90%	74.10%	72.70%	72.20%	66.60%	64.70%	72.36%	≥ 65.00%	C	MBOW
DID Assessment Waitlist										5,831			5,831	0	IOS	IDD-BO
IDD Service Target	757	822	768	790	768	776	817	818	831	819	833	842	803	854	SP	MBOW
IDD Actual Service Target %	88.64%	96.25%	89.93%	92.51%	89.93%	90.87%	95.67%	95.78%	97.31%	95.90%	97.54%	98.59%	94.08%	100.00%	C	MBOW
<b>Waitlist</b>																
CW CAS 1st Contact to LPHA	3.10	4.41	7.74	12.30	12.15	9.50	13.73	18.27	21.51	21.51	31.54	28.66	15.37	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	0.98	1.10	1.10	1.21	2.43	1.83	1.87	1.86	1.96	2.23	2.40	1.93	1.74	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.34	1.67	2.39	3.40	4.80	3.40	3.96	4.97	5.55	5.78	6.46	5.86	4.13	<10 Days	NS	Epic
<b>Access to Care</b>																
CAS 1st Avail. Med Appt-COC	4.89	11.89	7.59	4.43	6.7	5.6	9.11	11	7.9	8.23	7.11	7.56	7.67	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	17.34	18.32	22.53	23.15	24.91	24.88	23.61	23.38	18.91	22.94	21.75	25.68	22.28	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	21	32	50	33	45	48	76	67	42	33	24	39	42.50	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	18	18	26	26	38	56	40	47	39	32	25	42	33.92	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	5.73	5.45	5.68	6.89	6.81	5.00	4.14	4.19	3.66	4.38	4.26	4.47	5.06	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	16.09	12.70	11.20	13.93	12.43	9.07	8.33	8.49	7.68	7.07	7.34	6.27	10.05	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	32	22	20	85	76	19	5	6	3	3	1	2	22.83	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	82	70	65	37	1	3	2	0	1	0	3	0	22.00	0	IOS	Epic
<b>Access to Care, Crisis Line</b>																
Total Calls Received	18,272	18,220	15,610	16,557	16,528	15,753	18,163	18,471	20,451	17,538	17,477	16,903	17,495			
AVG Call Length (Mins)	7.70	7.60	8.30	8.20	8.00	7.50	8.00	8.30	8.20	8.50	8.20	8.10	8.05			
Service Level	83.00%	82.13%	89.00%	86.58%	84.43%	83.77%	80.00%	77.00%	78.00%	83.00%	85.84%	87.00%	83.31%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	12.00%	10.73%	7.46%	7.59%	9.02%	9.01%	13.00%	15.00%	16.00%	12.00%	9.25%	9.00%	10.84%	< 8.00%	NS	Brightmetrics
Occupancy Rate	74.00%	74.00%	65.00%	51.24%	72.00%	74.00%	74.00%	75.00%	74.00%	74.00%	74.00%	72.00%	71.10%			Brightmetrics
Crisis Call Follow-Up	98.91%	99.26%	98.57%	97.58%	99.72%	98.91%	98.97%	99.75%	99.32%	99.75%	100.00%	100.00%	99.23%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	77.60%	81.00%	86.40%	86.40%	87.60%	86.40%	87.60%	88.20%	87.30%	85.50%	93.00%	89.50%	86.38%	> 52.00%	C	MBOW
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)</b>																
PES Total Visits	1,116	1,127	1,014	831	1,043	1,007	1,043	964	1,051	1,146	1,058	1,163	1047			
PES Admission Volume	656	702	637	527	501	490	506	471	565	581	504	562	558.50			
Mechanical Restraints	0	0	1	0	0	0	1	0	0	0	0	0	0.17			
Mechanical Restraint Rate	0.00	0.00	0.05	0.00	0.00	0.00	0.05	0.00	0.00	0.00	0.00	0.00	0.01	≤ 0.01	IOS	Epic
Personal Restraints	70	43	52	59	54	36	35	55	33	33	41	42	46.08			Epic
Personal Restraint Rate	2.75	1.72	2.38	3.09	3.03	1.95	1.58	2.64	1.55	1.75	1.85	1.99	2.19	≤ 2.80	IOS	Epic
Seclusions	40	45	48	54	46	30	34	45	33	34	29	41	39.92			Epic
AVG Minutes in Seclusion	46.50	77.29	49.07	59.15	45.37	48.1	37.44	48.44	44.45	60.15	45.66	56.9	51.54	≤ 61.73	SP	Epic
Seclusion Rate	1.57	1.81	2.19	3.03	2.58	1.62	1.54	2.16	1.55	1.80	1.31	1.79	1.91	≤ 2.73	IOS	Epic
Emergency Medications	65	58	60	58	65	50	48	69	52	44	38	44	54.25			Epic
EM Rate	2.55	2.33	2.74	2.99	3.64	2.70	2.17	3.31	2.45	2.33	1.71	2.08	2.58	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	JAN	MAR	APR	MAY	JUN	JUL	AUG	FY22 AVG	FY22 Target	Target Type	Data Origin
<b>Patient Satisfaction (Based on the Two Top-Box Scores)</b>																
CW Patient Satisfaction	90.54%	89.77%	92.27%	92.17%	92.71%	92.01%	91.79%	89.90%	89.27%	89.49%	88.14%	90.21%	90.69%	89.00%	IOS	Feedtrail
CPOSS	94.11%	92.24%	90.11%	94.75%	93.64%	94.75%	91.96%	89.58%	84.30%	89.60%	95.54%	93.46%	92.00%	89.00%	IOS	Feedtrail
V-SSS 2	89.37%	88.92%	93.10%	92.69%	93.88%	92.55%	93.17%	90.25%	89.58%	87.93%	88.00%	89.52%	90.75%	89.00%	IOS	Feedtrail
PoC-IP	92.00%	87.31%	91.30%	90.04%	90.57%	90.57%	89.25%	89.90%	91.58%	90.46%	76.73%	91.33%	89.25%	89.00%	IOS	McLean
Pharmacy	91.32%	98.67%	97.40%	95.28%	100.00%	100.00%	95.45%	87.23%	95.38%	96.68%	94.01%	94.96%	95.53%	89.00%	IOS	Feedtrail
<b>Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)</b>																
QIDS-C	29.60%	26.11%	29.80%	30.72%	30.79%	30.01%	29.07%	29.27%	29.61%	30.57%	30.57%	31.53%	29.80%	24.00%	IOS	MBOW
BDSS	31.68%	38.57%	34.24%	36.25%	36.64%	35.50%	35.28%	35.29%	35.20%	35.43%	35.43%	36.28%	35.48%	32.00%	IOS	MBOW
PSRS	36.74%	36.89%	40.68%	40.00%	40.33%	40.93%	40.30%	41.06%	41.39%	42.66%	42.66%	43.93%	40.63%	35.00%	IOS	MBOW
<b>Adult Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
BASIS-24 (CRU/CSU)		0.38	0.84	0.29	0.79	0.64	0.73	0.76	0.82	0.70	0.82	0.70	0.68	0.56	IOS	McLean
QIDS-C	51.00%	48.20%	41.90%	43.80%	43.90%	36.90%	43.70%	44.80%	45.50%	42.40%	54.40%	48.10%	45.38%	67.12%	IOS	Epic
BDSS	33.30%	50.90%	49.50%	50.40%	50.50%	46.50%	48.40%	45.60%	44.80%	46.90%	46.70%	44.10%	46.47%	47.02%	IOS	Epic
PSRS	42.40%	42.50%	31.90%	37.60%	32.40%	37.70%	40.20%	37.90%	34.90%	33.10%	41.90%	42.20%	37.89%	52.75%	IOS	Epic
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
PHQ-A (11-17)	46.70%	43.00%	43.00%	45.00%	45.50%	38.20%	44.90%	40.70%	43.50%	46.40%	25.00%	33.30%	41.27%	57.16%	IOS	Epic
DSM-5 L1 CC Measure (6-17)	48.30%	49.70%	47.60%	54.10%	48.70%	50.30%	51.60%	48.40%	52.50%	51.80%	53.60%	54.20%	50.90%	62.70%	IOS	Epic
<b>Adult and Child/Adolescent Needs and Strengths Measures</b>																
ANSA (Adult)	43.63%	37.88%	38.56%	37.54%	36.50%	36.97%	36.95%	37.94%	39.03%	40.17%	41.20%	42.25%	39.05%	20.00%	C	MBOW
CANS (Child/Adolescent)	36.05%	18.80%	20.35%	20.98%	23.83%	27.80%	31.35%	34.50%	36.65%	39.24%	40.67%	42.82%	31.09%	25.00%	C	MBOW
<b>Adult and Child/Adolescent Functioning Measures</b>																
DLA-20 (AMH and CAS)	45.30%	50.50%	48.70%	45.30%	50.30%	43.00%	50.40%	48.40%	49.30%	47.20%	47.50%	50.90%	48.07%	47.40%	IOS	Epic

## Board of Trustee's PI Scorecard Data Key

Access to Care - Strategic Plan Goal #2: To Improve Access to Care	
<b>AMH Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>Adult Service Target (13,764)</b>	# of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>AMH Actual Service Target %</b>	% of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>AMH Serv. Provision (Monthly)</b>	% of adult patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Individuals in LOC-1M; Individuals recommended and/or authorized for LOC-1S; Non-Face to Face, GJ modifiers, and telephone contact encounters; partially authorized months and their associated hours)
<b>CAS Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>CAS Service Target (3,481)</b>	# of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>CAS Actual Service Target %</b>	% of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>CAS Serv. Provision (Monthly)</b>	% of children and youth patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Non-Face to Face, GJ modifiers, and telephone contact encounters; partially authorized months and their associated hours; Client months with a change in LOC-A; children and adolescents on extended review)
<b>DID Assessment Waitlist</b>	# of people who have been referred to the LIDDA for a Determination of Intellectual Disability but have not been contacted within thirty days of the date of the LIDDA received the referral.
<b>IDD Service Target (854)</b>	# of ID Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which is included regardless of waiver status.)
<b>IDD Actual Service Target %</b>	% of ID Target number served to state target.
<b>CW CAS 1st Contact to LPHA</b>	Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CW AMH 1st Contact to LPHA</b>	Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CW CAS/AMH 1st Con. to LPHA</b>	ALL - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
<b>CAS 1st Avail. Med Appt-COC</b>	Children and Youth - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
<b>CAS 1st Avail. Med Appt-COM</b>	Children and Youth - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
<b>CAS # Pts Seen in 30-60 Days</b>	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
<b>CAS # Pts Seen in 60+ Days</b>	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
<b>AMH 1st Avail. Med Appt-COC</b>	Adult - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
<b>AMH 1st Avail. Med Appt-COM</b>	Adult - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
<b>AMH # Pts Seen in 30-60 Days</b>	Adult - # of adult patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
<b>AMH # Pts Seen in 60+ Days</b>	Adult - # of adult patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
Access to Care, Crisis Line - Strategic Plan Goal #2: To Improve Access to Care	

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

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

<b>QIDS-C</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the QIDS-C. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>BDSS</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the BDSS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>PSRS</b>	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the PSRS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>PHQ-A (11-17)</b>	% of new patient child and adolescent clients that have improved depression scores on PHQ. (New Patient = episode begin date w/in 1 year; Must have 14 days between first and last assessments)
<b>DSM-5 L1 CC Measure (6-17)</b>	% of new patient child and adolescent clients that have improved symptomology as measured by the DSM-5 Cross Cutting tool. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
<b>Adult and Child/Adolescent Needs and Strengths Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>ANSA (Adult)</b>	% of adult clients authorized in a FLOC that show reliable improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use (Assessments at least 90 days apart)
<b>CANS (Child/Adolescent)</b>	% of child and adolescent THC clients authorized in a FLOC that show reliable improvement in at least one following domains: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, and/or Substance Abuse. (Assessments at least 75 days apart)
<b>Adult and Child/Adolescent Functioning Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>	
<b>DLA-20 (AMH and CAS)</b>	% of all THC clients that have improved daily living functionality as measured by the DLA-20 (Must have 30 days between first and last assessments)

Thank you.

# **EXHIBIT Q-3**

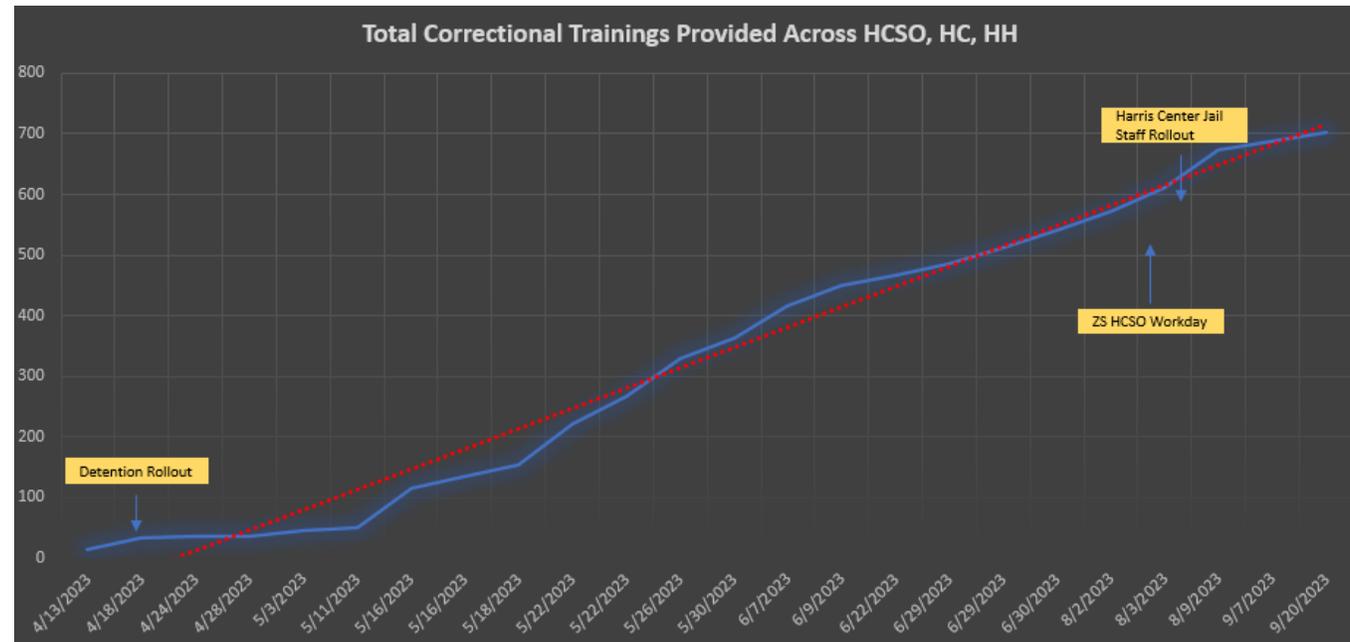
# Suicide Prevention Month Update – Zero Suicide

Presented by: Tiffany Bittner  
October, 2023



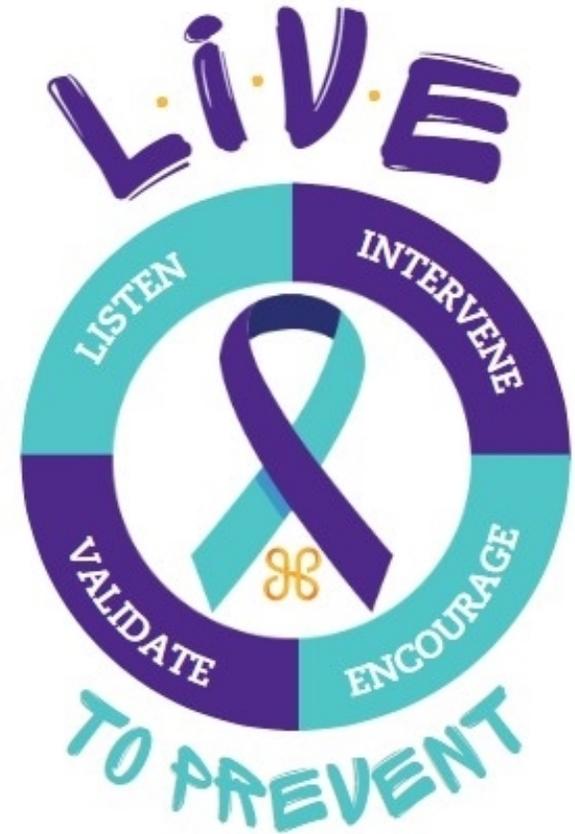
# Suicide Care Key Updates

- Over 700 staff working at the Harris County Sheriff's Office have been trained in Zero Suicide Principles Training
  - HCSO detentions staff
  - August 2023: added Harris Center staff working at HCSO jail
- Over 400 Harris Center staff have been trained in Suicide/Violence Risk Assessment
  - Phase One: February 2023 – 55 intake personnel
  - Phase Two: June 2023 – over 350 licensed staff
- Awarded federal SAMHSA grant for continued work around early intervention
- Adding new metrics to measure the increase in those we screen and assess



# Suicide Prevention Awareness Month Theme and Goals

- Focus on staff well-being and support
- Provide additional prevention materials for the Harris Center and Region 1
- Bring the personal side of suicide prevention to our staff and clients
- Meet people where they are at



# Activities and Initiatives

- Suicide Prevention Awareness Month “Jean Fridays”
  - Over 600 shirts sold to promote awareness amongst staff and clients of our message
  - Over \$6,000 back to the Zero Suicide program for additional supplies
- Lobby Kick-Off Event for Staff and Clients
  - Prevention information tailored to staff and client in Spanish and English
  - Popcorn, candy, prizes
- WeRise Initiative Live Q&A Interest Sessions
  - Led by Evelyn Locklin and team
  - WeRise (Resiliency in Stressful Events) team is geared toward peer support for our employees during hard times such as suicide of a client, personal struggles, a crisis event; it does not take the place of EAP and is not for licensed services
  - Allows staff to go to each other to find a supportive ear and shoulder to talk through their situation with volunteer team members in the agency



 **WE RISE™**  
**TO BUILD**  
Resilience in Stressful Events

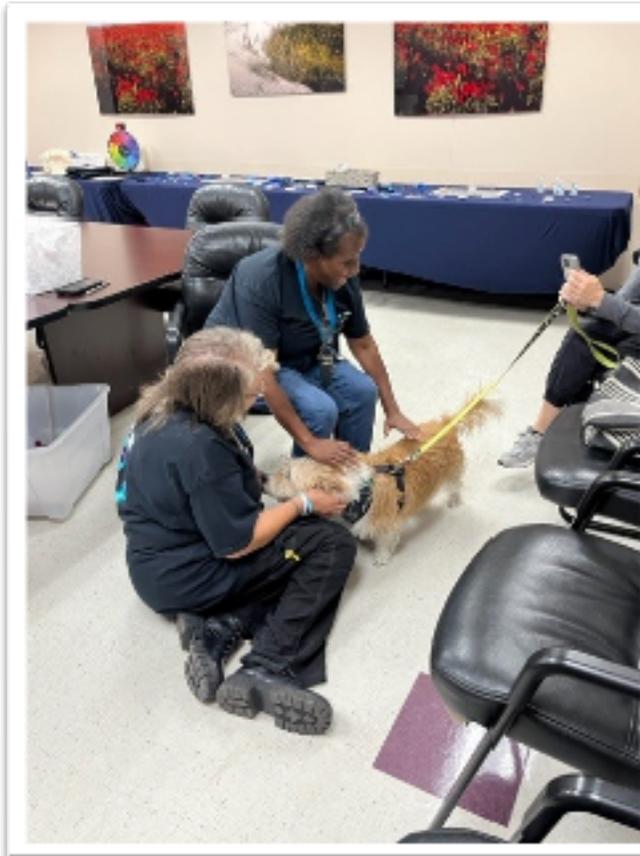
# Activities and Initiatives

- “MyWhy” Wall
  - Why is suicide prevention important to our staff? Our clients?
  - Connecting with those we serve on a personal level through stories of hope and words of meaning
- Harris County Sheriff’s Office Table Events
  - Collaborative effort with HCSO, Harris Center and Harris Health
  - 3 locations within the complex aimed at all staff working at the HCSO
  - 2 different dates and times to accommodate day and evening shifts
  - Free gifts, snacks and information on suicide prevention within law enforcement, corrections and individuals working in that environment
- Free Community Training
  - Free adult and youth Mental Health First Aid offered by Healthy Minds, Healthy Communities team



# Focus On Our Staff

- Clinic Site Visits
  - 6 site visits for staff (4 major clinics, NPC and 6160)
  - Games, snacks, prizes, suicide prevention information for staff
  - Self-Care presentation by Dr. Boswell at each site
  - Pets from Healing Species and Pet Partners joined site visits for staff support
- Workshops and Webinars for Employees
  - Compassion Fatigue – presented by Organizational Development
  - Cumulative Stress and Burnout – presented by Texas Health and Human Services
  - Self-Care and Wellness – multiple sessions presented in person by Dr. Jennifer Boswell, Director of Adult Mental Health



# Focus On Our Staff

- Employee “Book Nook”
  - Quiet space employees can decompress and recharge
  - Books about self care, compassion fatigue, career advancement, teamwork/dynamics as well as positive messaging coloring books
  - Books can be checked out, swapped out or donated at anytime
  - Positive messaging board and suggestion box
- Staff Engagement in Educational Offerings
  - 4 - Suicide/Violence Risk Assessment Q&A live sessions with Dr. Muzquiz and Dr. Pastusek for anyone with questions or concerns about how to perform assessment
  - Virtual panel discussion (live) - Suicide Risk in Children and Adolescents: 4 panelists from across the agency discussed risk factors, warning signs, impacts of social media and how to keep our young clients safe
  - Thought Exchange Thursday – Live discussion about how to ask someone about suicidal ideation and how to take care of ourselves



# Suicide Prevention Materials Distributed

- Journals: adult and child focused, grief focused, gratitude focused
- Books: adult and child books focused on suicide prevention for client care, positive message coloring books, staff wellness books
- Medication Lock Bags to restrict access to medications used for overdose
- Gun Locks
- Detera medication destruction pouches to destroy medications used for overdose
- ASIST training kits: evidence-based suicide prevention training utilized by the Harris Center and Region 1
- Caring contact cards: provided to clients during transition periods of care
- Suicide prevention pamphlets, brochures, wallet cards and posters
- Suicide prevention promotional items: bracelets, pens, pins, fidgets, bags, etc.
- Art supplies: paintbrushes, canvases, paint, markers, paper, etc. for IDD population



# Zero Suicide Implementation Team Luncheon

- Celebrating and honoring those members of the Harris Center staff that dedicate their time and efforts to suicide prevention
- Two guest speakers:
  - Jack – new Harris Center client who was prepared to end his life late June 2023 and called 988; our crisis teams were dispatched to his home and he is now receiving services within our agency; he credits the Harris Center with saving his life
  - Amanda – Harris Center employee who experienced a loved one's suicide attempt while at work; she enlisted the help of the crisis teams to get EMS to the home and saved a life; she was able to lean on her fellow colleagues at work for support and self-care advice during this time



# L.I.F.E. (Living is for Everyone) Project

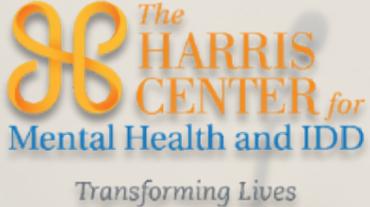
- SAMHSA grant awarded for expansion of Zero Suicide program
  - Allows us to increase the number of acute non-treatment interventions we can do with clients such as increased follow up, home visits, enhanced safety planning and counselling on access to lethal means, assistance with referrals and appointments
  - Increases manpower for the collaborative partnership with the Harris County Sheriff's Office
- 5 years of funding: FY24-28
- Grant will provide
  - Program Assistant for HCSO jail initiative
  - Pilot suicide care team:
    - 2 Master's Level Clinicians
    - 2 Peer Navigators
  - Grant Evaluator:
    - Will be able to provide data collection and builds for all Zero Suicide initiatives.
- Focus on clients with highest risk for suicide and key interventions during periods of acute risk

Thank you.

# **EXHIBIT Q-4**



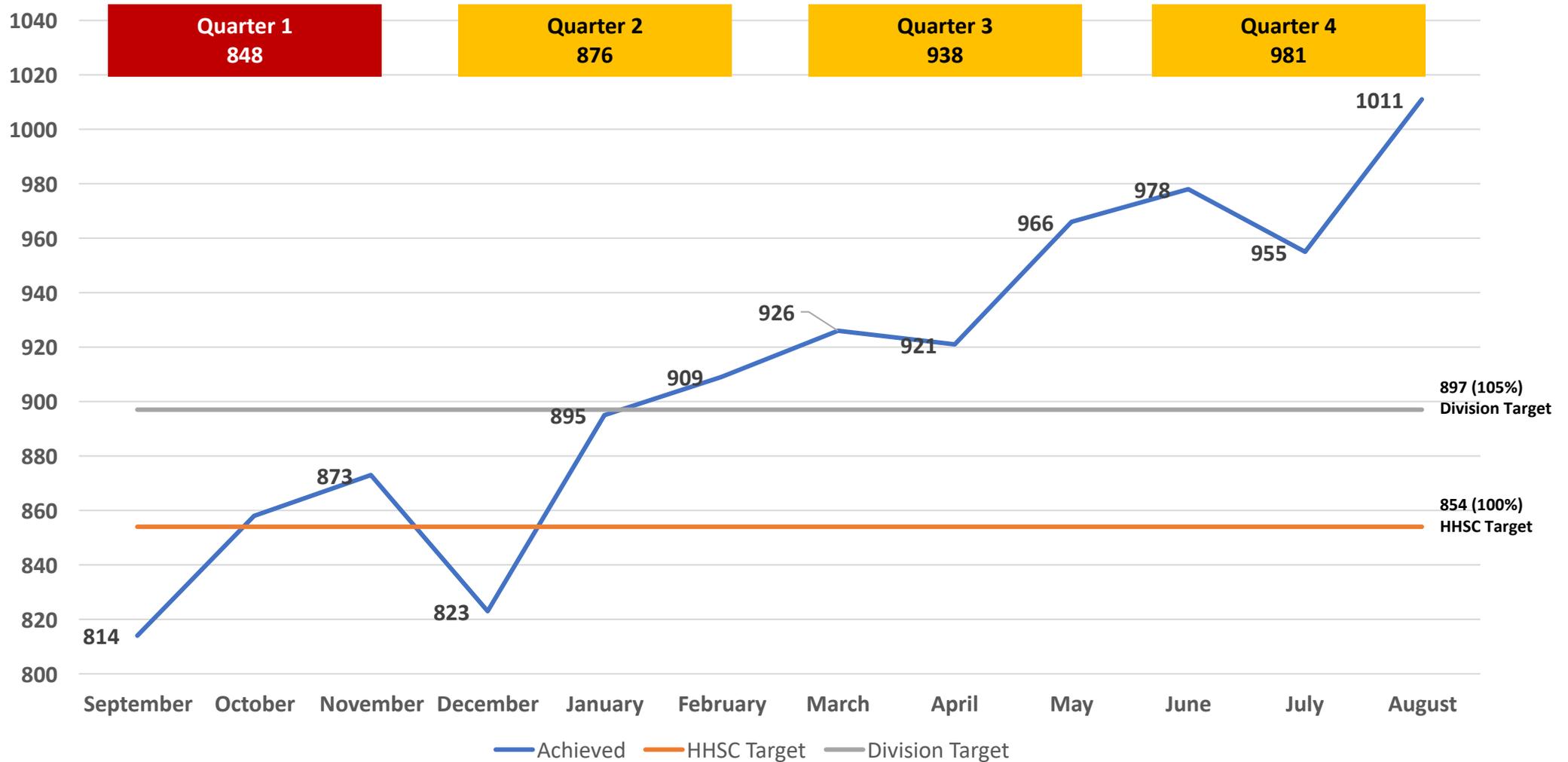
Lily Pan – 34 Years of Dedicated Service



# IDD Services Division

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

# FY23 Performance Targets



# GR ACCESS TO CARE



## STEP 1 ELIGIBILITY

DID  
Report Writing  
Financials  
Service Assessment

Number waiting to receive a DID assessment*					
	Fiscal Year 2022	Fiscal Year 2023 – Q4			Fiscal Year 2024
	July '22	Jun 2023	July 2023	Aug 2023	Sept
<b>TOTAL WAITING **R005 DID ONLY**</b>	<b>5,831</b>	<b>3,473</b>	<b>2,891</b>	<b>2,606</b>	<b>1,422</b>

1. Average wait time from call to appointment for a crisis is 1-2 weeks, non-crisis is 30-90 days.
2. Average time for DID appointment: Assessment no documentation 2-4 hours, Assessment w/ documentation 30 minutes – 1 hour; Financial Assessment: 30 minutes; SC Assessment (explanation of available services) – 1 hour.
3. Average number of days to complete DID report is 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 10/2/23)

## STEP 2 SERVICE COORDINATION

Discovery  
Person-Directed Plan  
Monitoring

Number waiting to receive a GR Service Coordinator*	
Fiscal Year 2023 – Q4	
June	32
July	26
August	90
Fiscal Year 2024	
September	119

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 10/2/23)

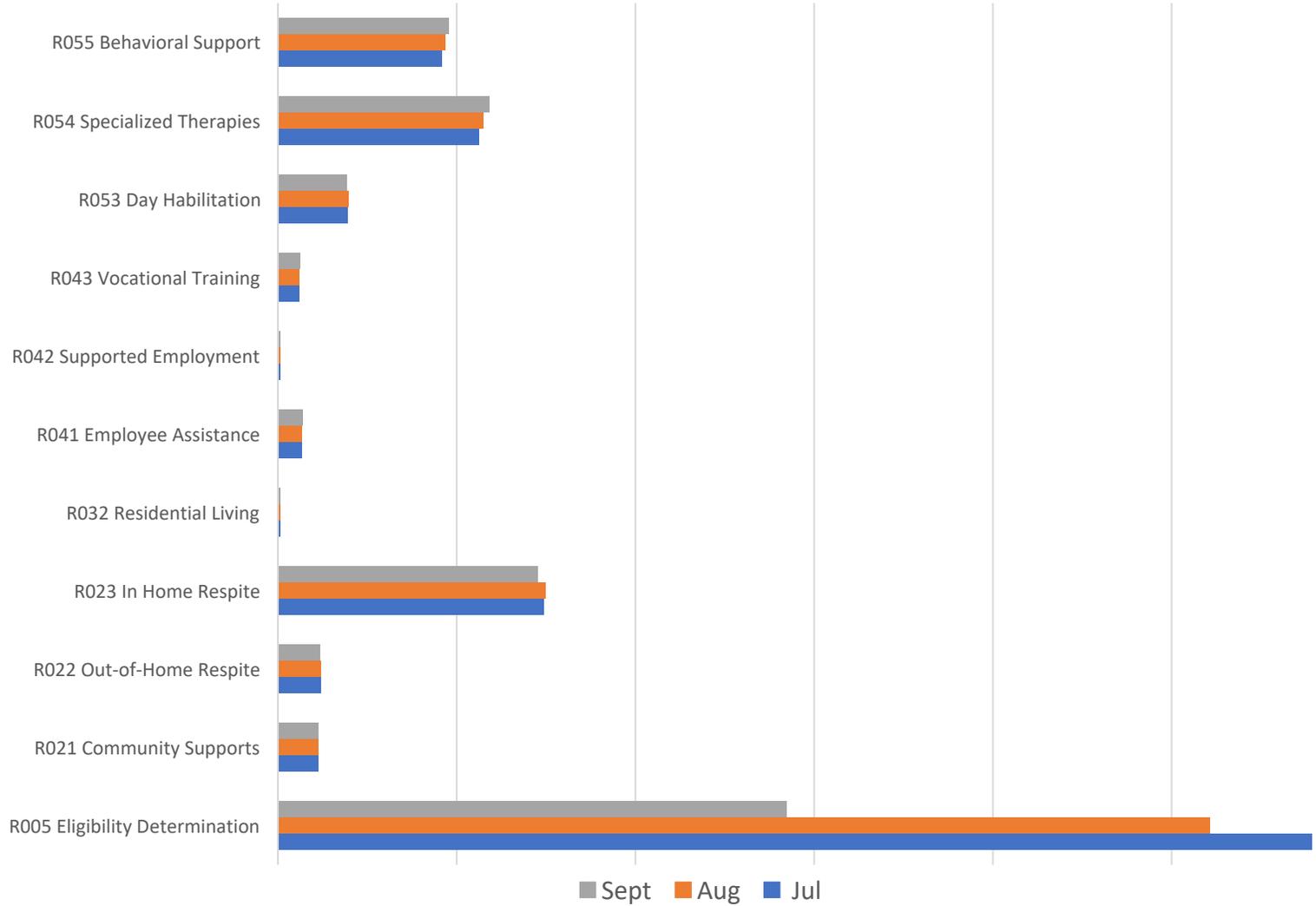
## STEP 3 GR SERVICES

HHSC Contracted Services  
Internal/External Providers  
Community Linkages

Number waiting to access an authorized GR service*					
	Fiscal Year 2023 – Q4				Fiscal Year 2024
	Jun	July	Aug	Sept	
In-home respite (Contract) <i>Avg. wait time: ~1 month</i>	45	51	63	64	
Out-of-home respite (Contract) <i>Avg. wait time: ~1 month</i>	0	0	0	0	
Day Habilitation (Contract) <i>Avg. wait time: ~1 month</i>	15	19	19	0	
Employment Services (Contract) <i>Avg. wait time: ~1 month</i>	14	14	0	0	
Feeding Clinic (Internal) <i>Avg. wait time: ~1 month</i>	0	0	0	0	
Outpatient Biopsychosocial Services (OBI) (Internal) <i>Avg. wait time: 10 months</i>	105	106	103	113	
The Coffeehouse (Internal) <i>Avg. wait time: 5 months</i>	37	37	45	44	
<b>TOTAL WAITING</b>	<b>216</b>	<b>227</b>	<b>230</b>	<b>221</b>	

\*data has been validated and is post DID (as of 10/2/23)

# Number Interested/GR Services\*



■ Sept ■ Aug ■ Jul

\*data as reported to HHSC quarterly

	2022-JUL	JUL	AUG	SEPT
R005 Eligibility Determination	5831	2891	2606	1422
R021 Community Supports		112	112	112
R022 Out-of-Home Respite		119	120	118
R023 In Home Respite		742	748	727
R032 Residential Living		5	5	6
R041 Employee Assistance		67	67	70
R042 Supported Employment		5	5	6
R043 Vocational Training		59	59	62
R053 Day Habilitation		195	197	192
R054 Specialized Therapies		562	574	590
R055 Behavioral Support		459	468	477
<b>UNDUPLICATED COUNT</b>	<b>7523</b>	<b>4481</b>	<b>4001</b>	<b>2902</b>

GR Clients Added Per Month			
	JUL	AUG	SEPT
R022 Respite (Out-of-Home)	1	0	0
R023 Respite (In-Home)	6	7	5
R032 Residential Living	0	0	1
R041 Employment Assistance	3	0	2
R042 supported Employment	0	0	1
R043 Vocational Training	0	0	3
R053 Day Habilitation	2	2	1
R054 Specialized Therapies	10	11	11
R055 Behavioral Supports	7	5	6
<b>TOTAL ADDED</b>	<b>29</b>	<b>25</b>	<b>30</b>

# Waiver/HCPC Data\*

# DIDs Completed

Apx. capacity 124  
(96 internal/28 external)

# DID Report Completion Timeframe

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	117,130	106,065
Average Time on Interest List	16-17 years	14-15 years
FY24/25 Biennial Slots STATEWIDE	1,144	305

	Number of DIDs Completed
FY23 TOTAL	1,413 Avg. 118 per month
SEPT	120

*\*Data as of 10/2/23*  
**September Breakdown:**  
93 Full - 13 Updates - 14 Endorsements

	AVG Completion Time (CALENDAR DAYS)
FY23 AVG	23 days
SEPT	6

*\*Data as of 10/2/23*  
Report writing target is 20 days post assessment.  
Reports are written for full DIDs only.

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

\*data FYTD through August FY2023

# GR Routine Process\*

**THE HARRIS CENTER**  
Mental Health and IDD  
Transforming Lives

## THE BLUEPRINT 2.0

A Seasonal Market Featuring Spectacular Pieces  
By Spectacular Artists With Autism And IDD

Presented By The Coffeehouse Program  
In Collaboration With Project H.E.A.L.

★  
Art  
Food  
Candles  
Home Decor  
CapeABLE Coffee  
Homemade Crafts and Goods  
Music

JOIN US AS WE SUPPORT AND ENCOURAGE ENTREPRENEURS WITH AUTISM AND IDD

THIS EVENT IS BROUGHT TO YOU IN PART BY THE HARRIS CENTER FOUNDATION

**29TH** | **10 AM - 2PM** | **9401**  
NOVEMBER | CASH AND CARDS ACCEPTED | SOUTHWEST FWY ROOM 104

### 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.*

# Fiscal Year 2024 IDD Strategic Priorities

