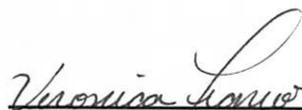


Quality Committee Meeting
November 07, 2023
9:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, October 17, 2023
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
 - A. FQHC Discussion
(Wayne Young)
- 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***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **INFORMATION ONLY**
 - A. Quality Board Score Card
(EXHIBIT Q-2)
- IX. **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, OCTOBER 17, 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: 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

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, September 19, 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, September 19, 2023, as presented under Exhibit Q-1, are approved.

6. REVIEW AND COMMENT

- A. Quality Board Score Card**, presented by Luc Josaphat and Dr. Luming Li, was reviewed by the Quality Committee.
- B. Suicide Prevention Month Update**, presented by Tiffany Bittner was reviewed by the Quality Committee.
- C. 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 10:37 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, 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**

8. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 12:00 p.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 12:01 p.m.

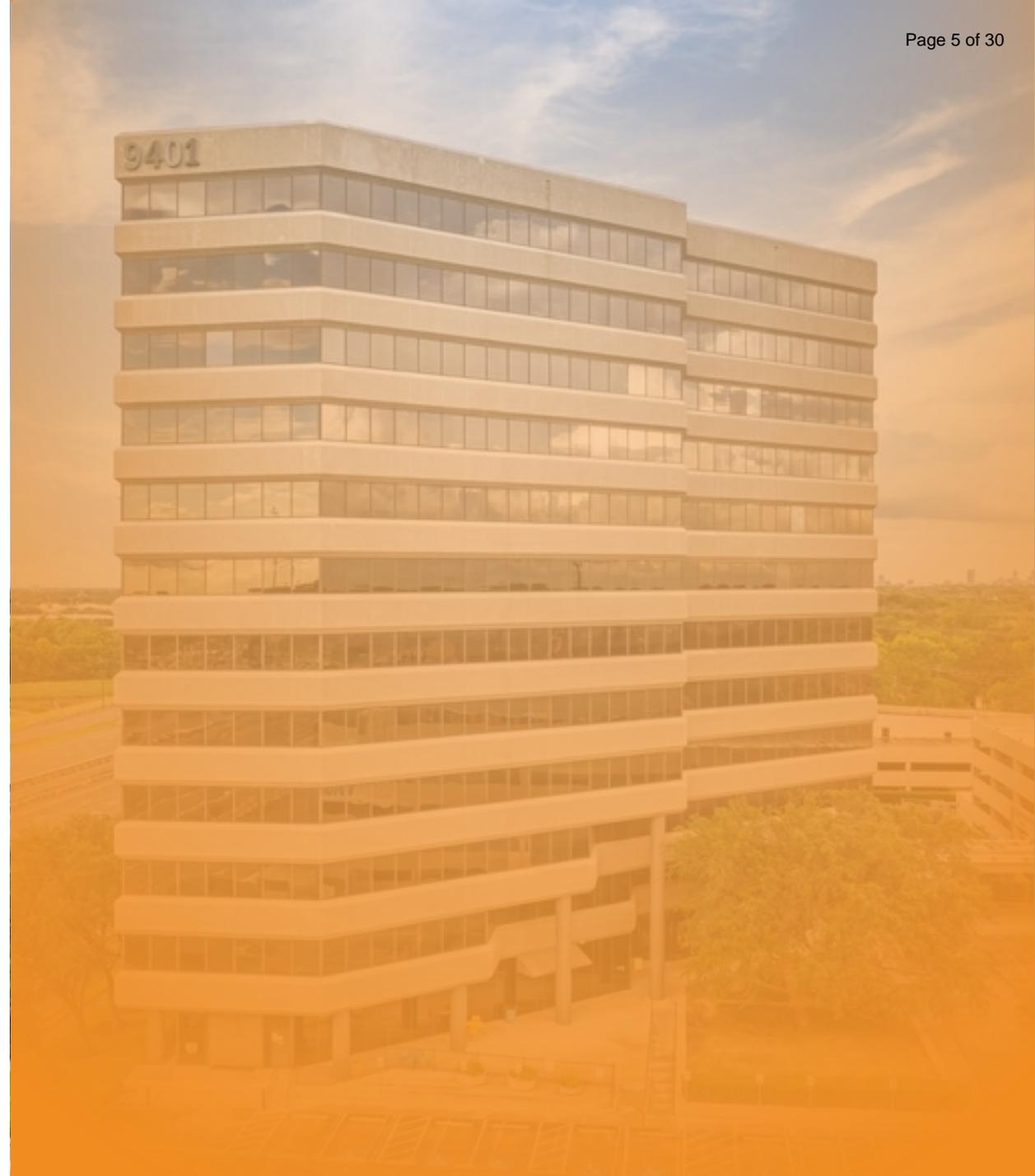
**Veronica Franco, Board Liaison
George Santos, Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees**

EXHIBIT Q-2

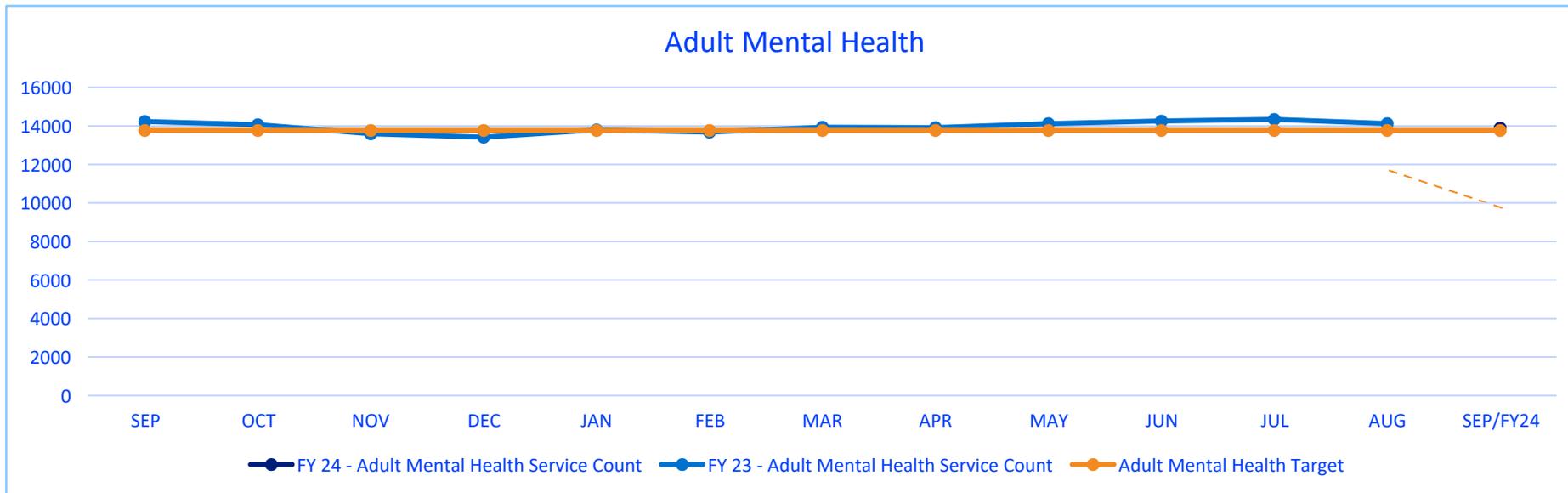
Quality Board Scorecard

Board Quality Committee Meeting

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



Domain	Program	2024 Fiscal Year State Service Care Count Target	2024 Fiscal Year State Care Count Average (Sep)	Reporting Period: September 2024 Care Count	Target Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,889	13,889	Increase	Contractual

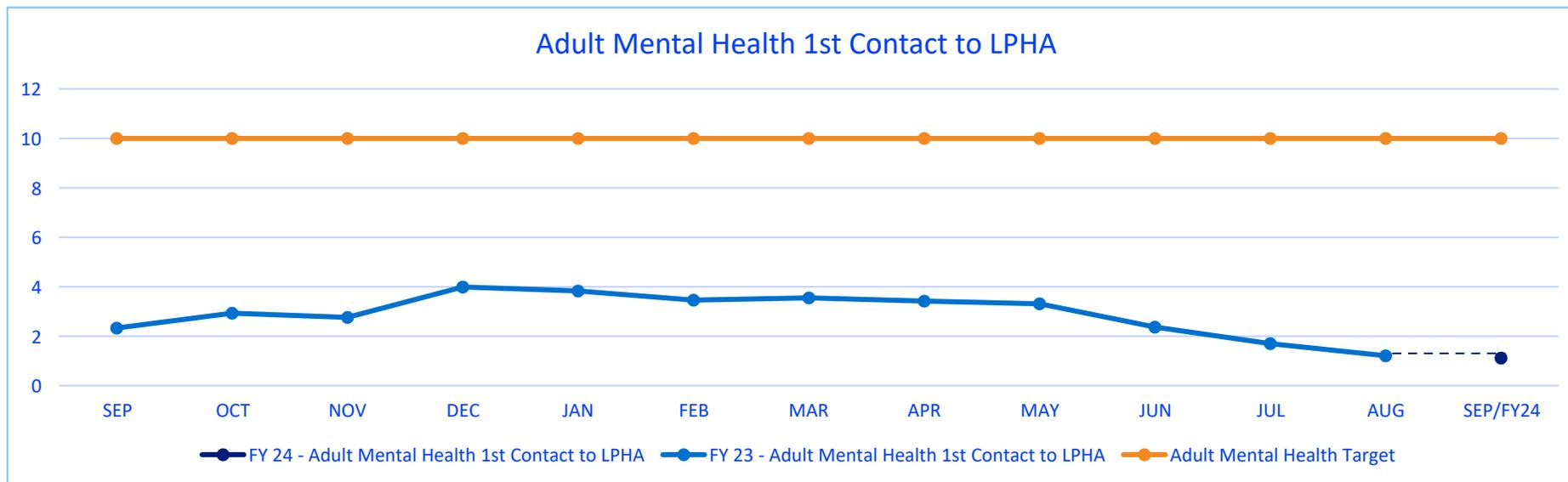


Notes:

- Adult service care count average is performing above contractual target.
- The September Adult Service Care Count had a 1.66% dip compared to the previous month, from 14,124 in August 2023 to 13,889 in September.
- When compared to the previous fiscal year, the adult service care count is down 2.4% from 14,230 in September 2022 to 13,889 in September 2023

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

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep in days)	Reporting Period-September (in days)	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.12 Days	1.12	Decrease	Contractual

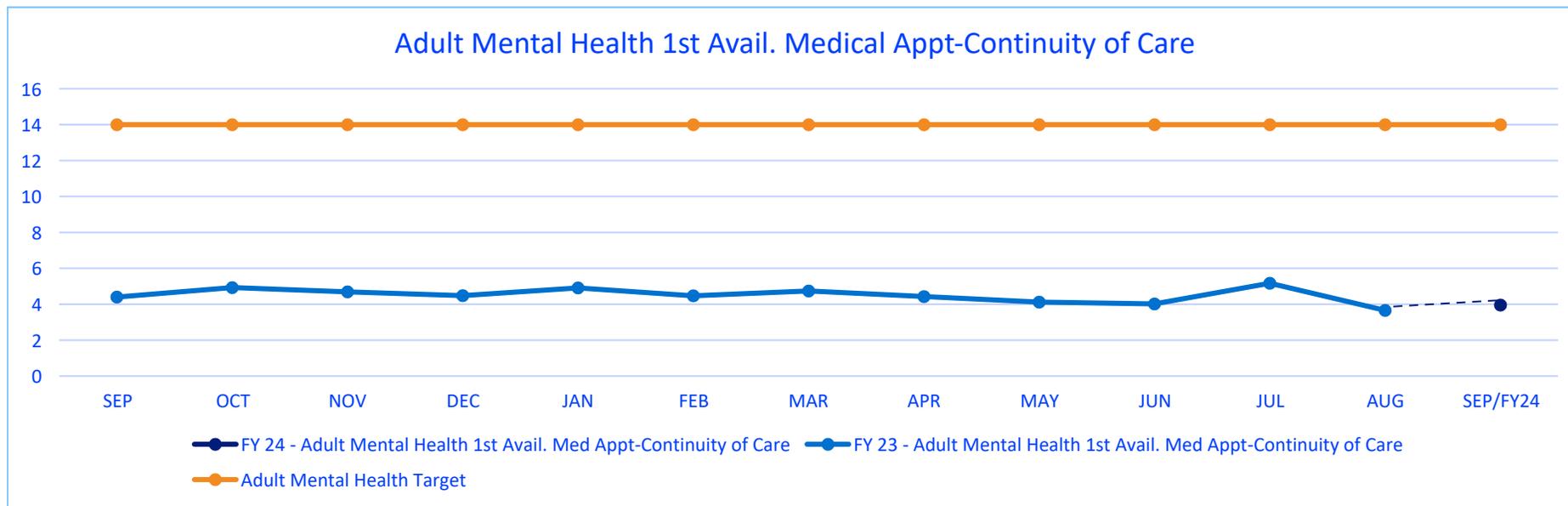


Notes:

- 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 individuals are making 1st contact to LPHA in **51% fewer days; from 2.40 days in September 22 to 1.12 days in September 23.**

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

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep – in days)	Reporting Period: September 2024 (in days)	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.96	3.96 days	Decrease	Contractual

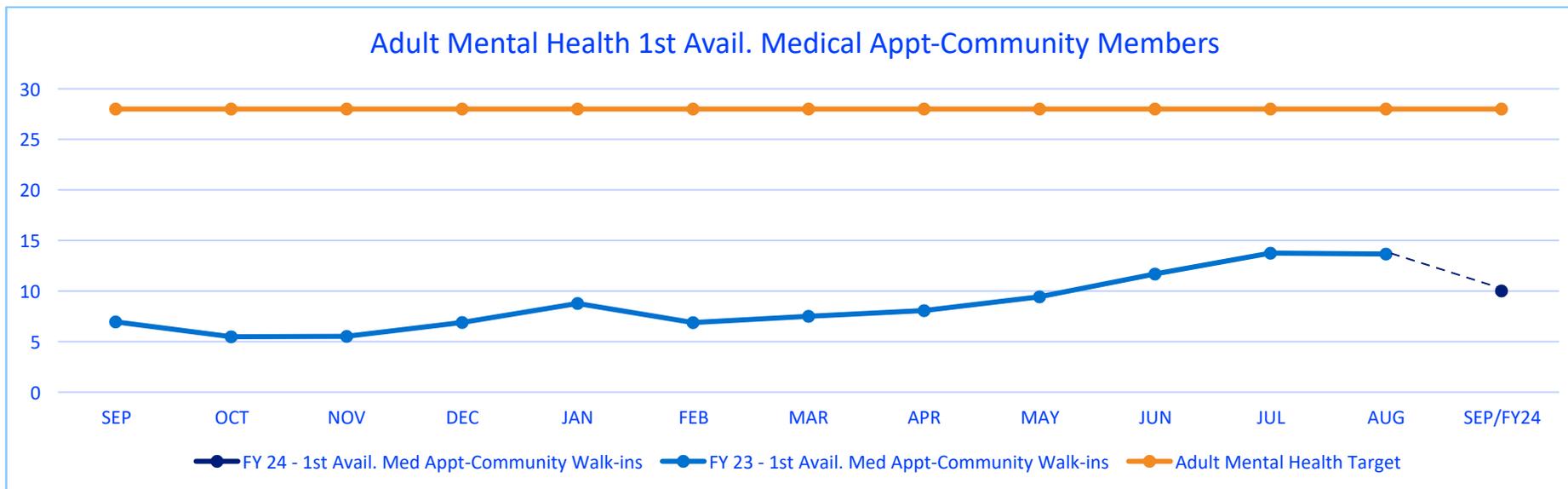


Notes:

- 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	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep-(in days)	Reporting Period-September (in days)	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	10.01 days	10.01	Decrease	Contractual

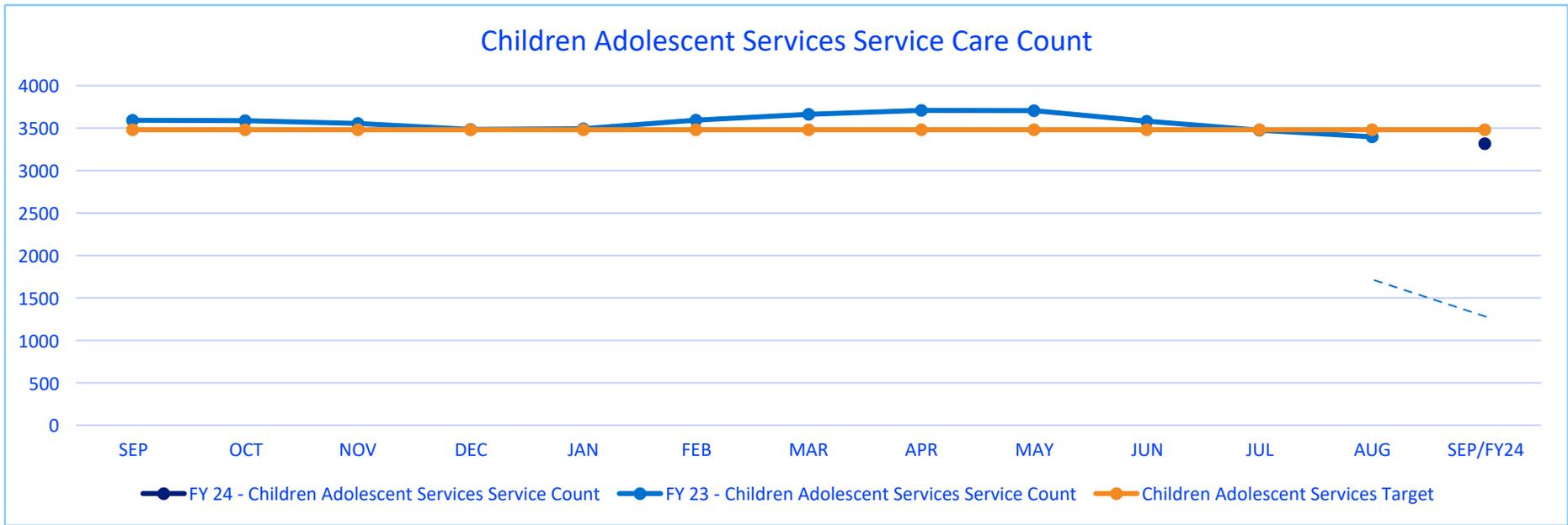


Notes:

- 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 10 days or less.

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

Domain	Program	2024 Fiscal Year State Care Count Target	2024 Fiscal Year State Care Count Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,317	3,317	Increase	Contractual

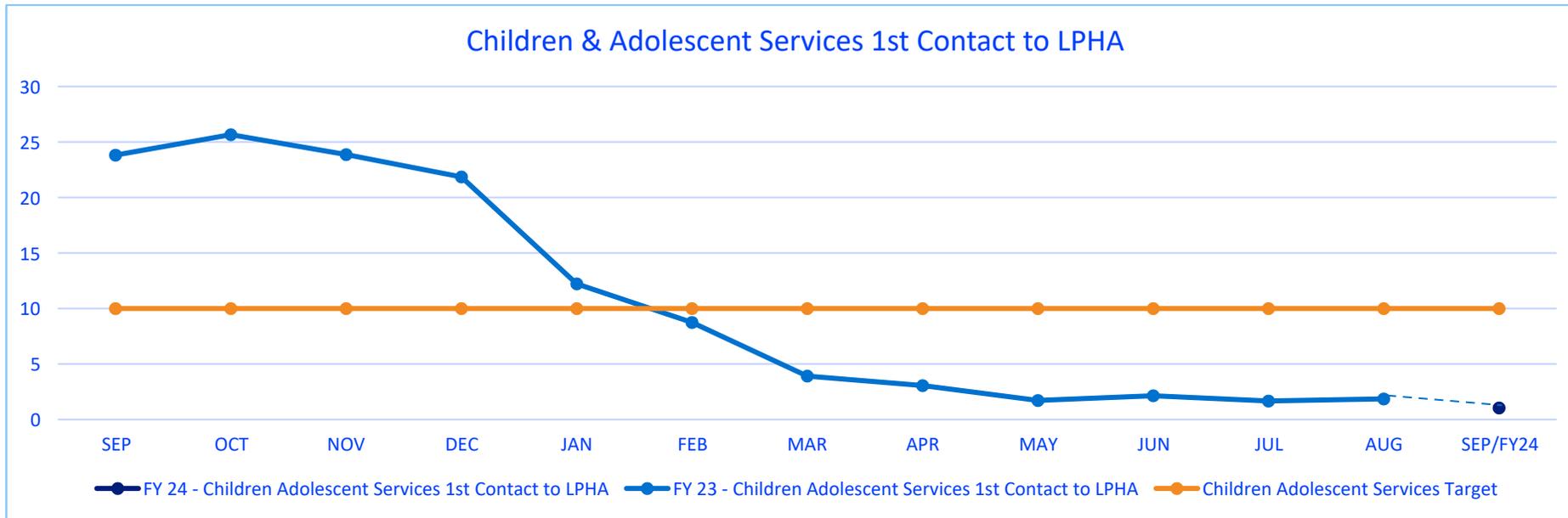


Notes:

- Children & Adolescent Services service care count has experienced a downward trend. Increase competition in the behavioral space with other agencies and increase in no show rates are a couple of the factors affecting care count. The leadership team is currently exploring areas to improve service care count.

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	2024 Fiscal Year Target	2024 Fiscal Year Average (September)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.04 days	1.04 days	Decrease	Contractual

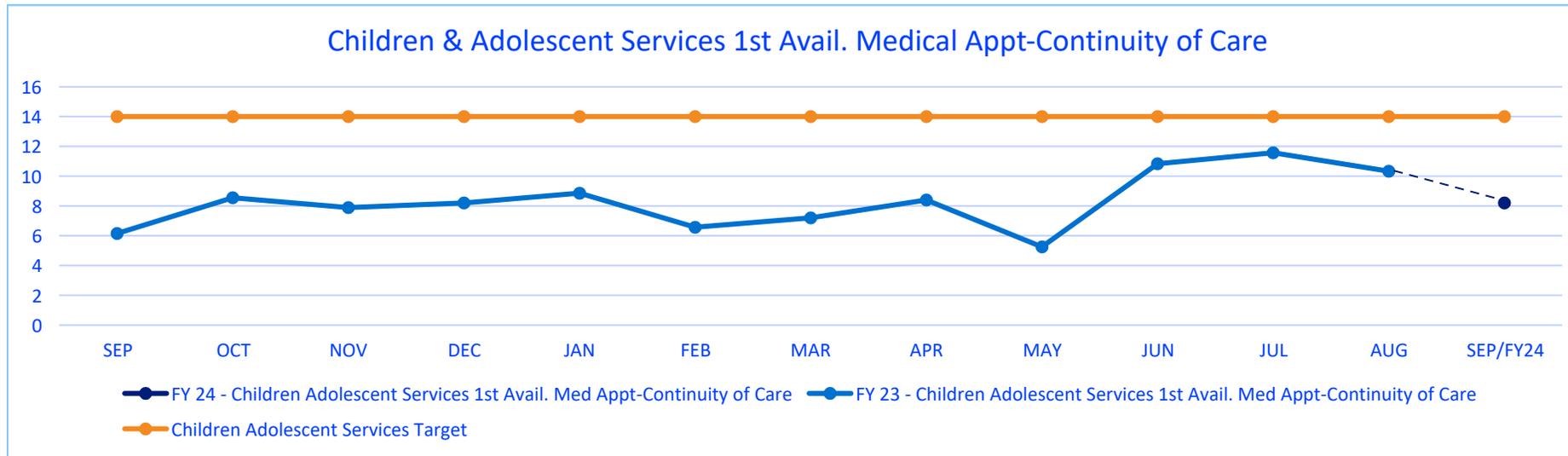


Notes:

- 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 1.04 days below the 10 days contractual target.**

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

Domain	Program	2024 Fiscal Year Target	2024Fiscal Year Average (Sep-August)	Reporting Period-September 2024	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	8.20 days	8.20 days	Decrease	Contractual

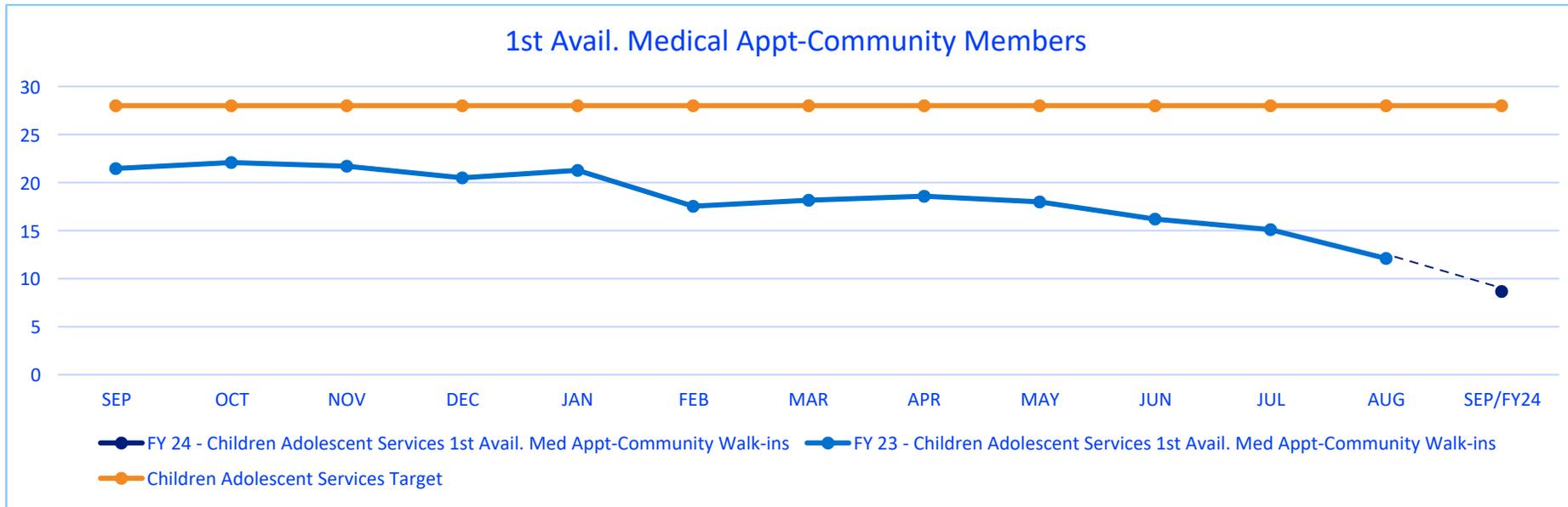


Notes:

- Time to contact patients for continuity of care after hospital discharge continues to perform well for Children & Adolescent Services.
- For the reporting period, September 2024, Children & Adolescent Services seeking medical appointment waited fewer number of days for 1st available medical appointment compared to the previous month from 10.33 to 8.20 days

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	2024 Fiscal Year Target	2024Fiscal Year Average (Sep-August)	Reporting Period-September 2024	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community Members	<28 days	8.67 days	8.67 days	Decrease	Contractual

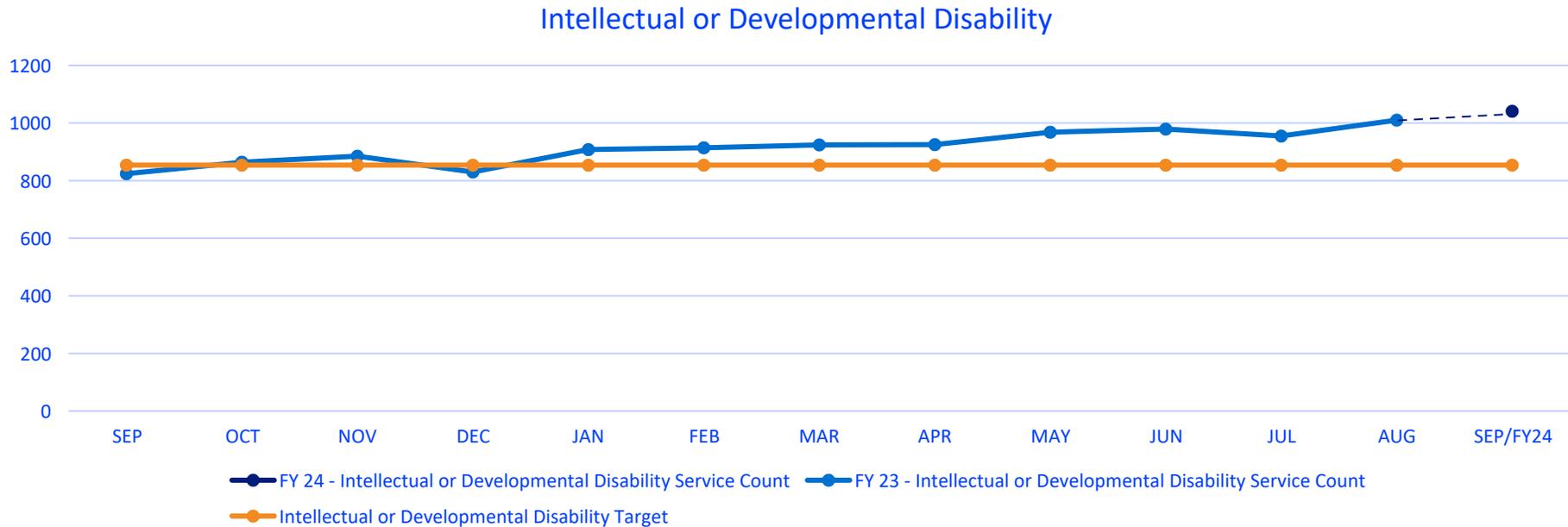


Notes:

- Time to contact patients continues to perform well for Children & Adolescent Services.
- For the reporting period, September 2024, Children & Adolescent Services reduced the number of days for 1st available medical appointment for community members walk-ins by 28% from the previous month.

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

Domain	Program	2024 Fiscal Year State Count Target	2024 Fiscal Year State Count Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Access	IDD	854	1041	1041	Increase	Contractual

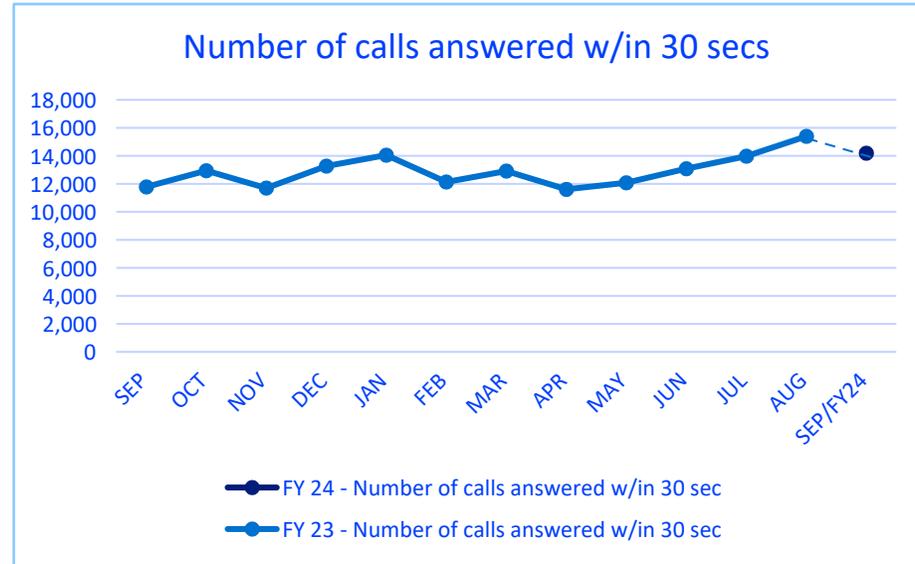
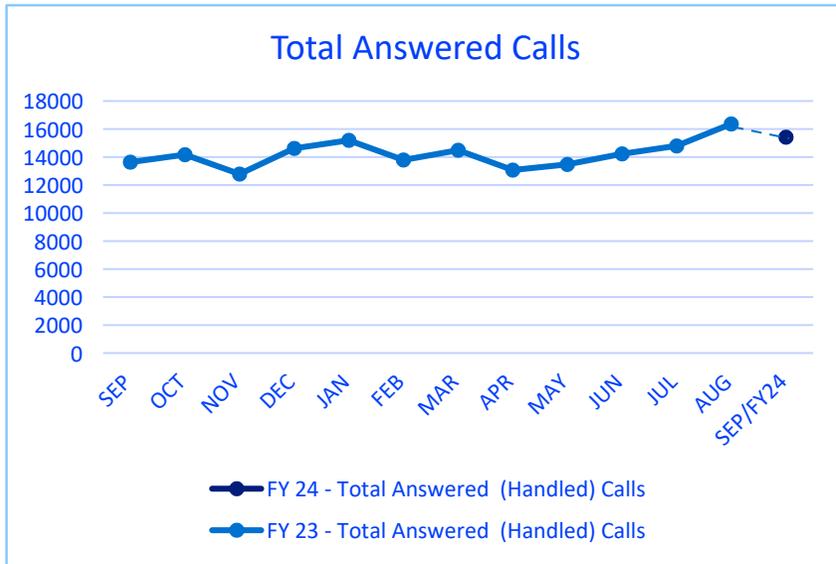


Notes:

IDD has achieved its highest care count 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. For the reporting period in September, it increased its service care count to 1041

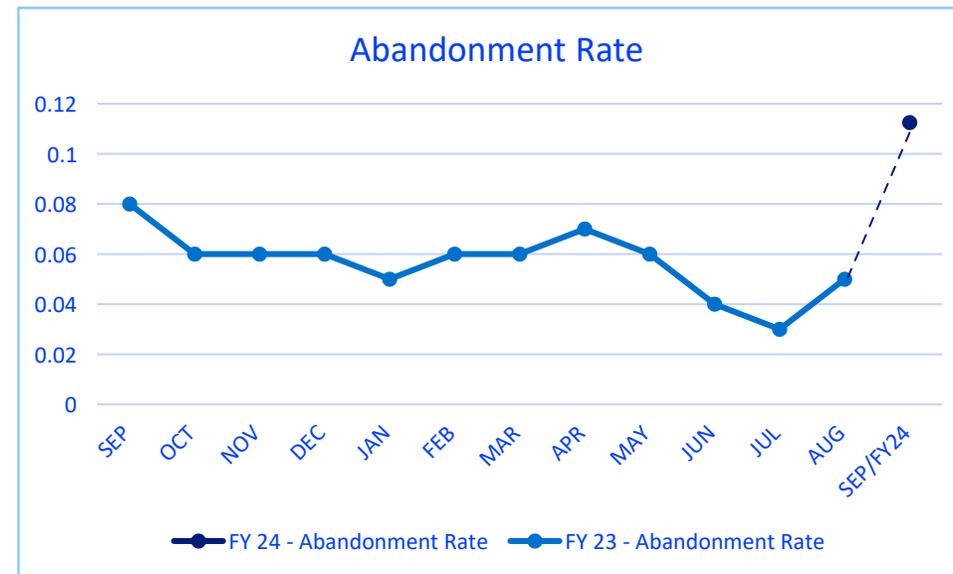
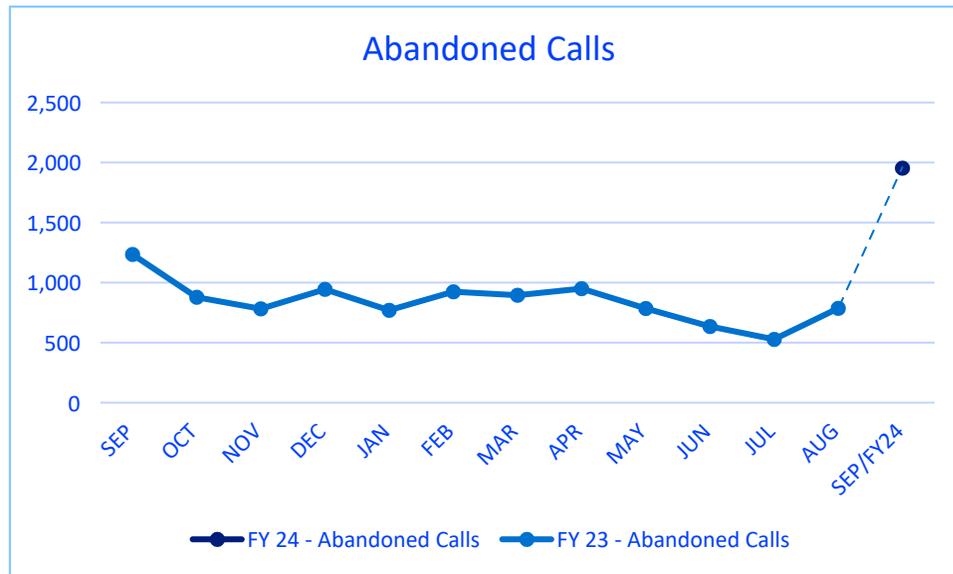
Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which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

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	15,419	15,419	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	14,197	14,197	Increase	Contractual



Notes:
Crisis Line continues to support individuals in crisis.

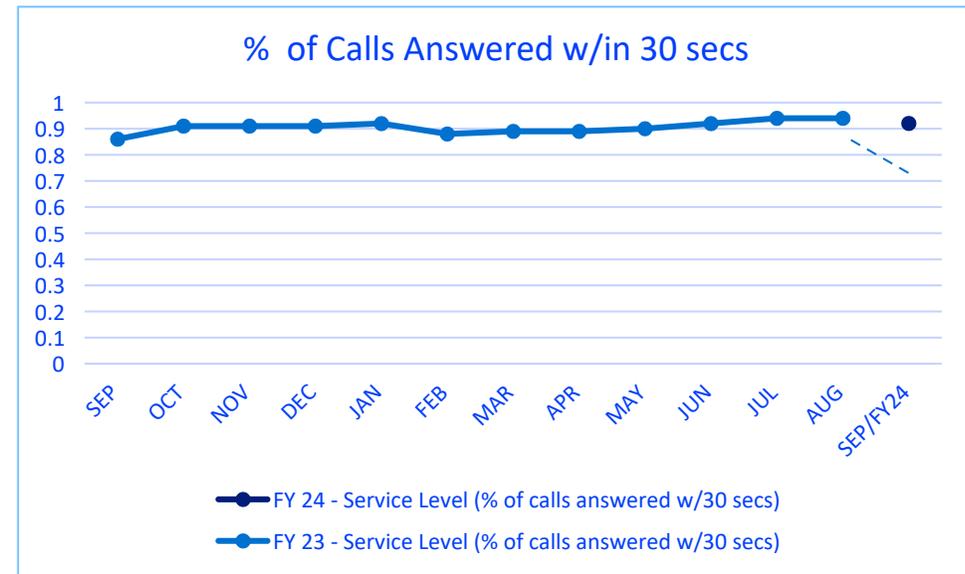
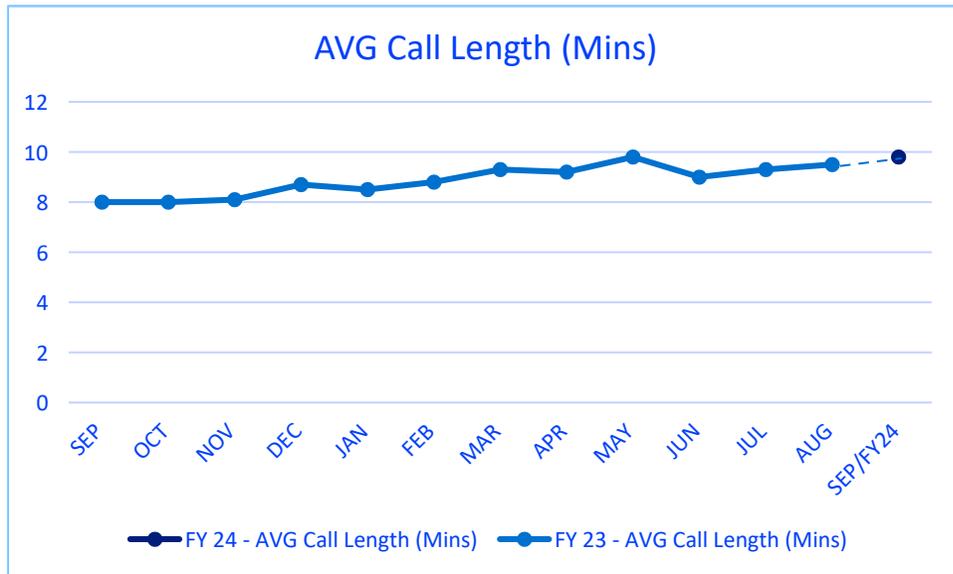
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,954	1,954	Increase	Contractual
	Abandonment Rate	<8%	11.25%	11.25%	Decrease	Contractual



Notes:

Crisis Line continues to support individuals in crisis. The number of abandoned calls spiked in September as a result of the inclusion of abandoned calls from on 988/Lifeline. These calls were not included, in prior months, because they connected with a back-up center and therefore were not technically abandoned. Recently, the amount of time the 988 calls can remain in queue has increased, therefore 988 abandoned calls are included in the overall number of abandoned calls. This will provide us a better measure on how many calls we are missing on our lines and inform opportunity for improvements.

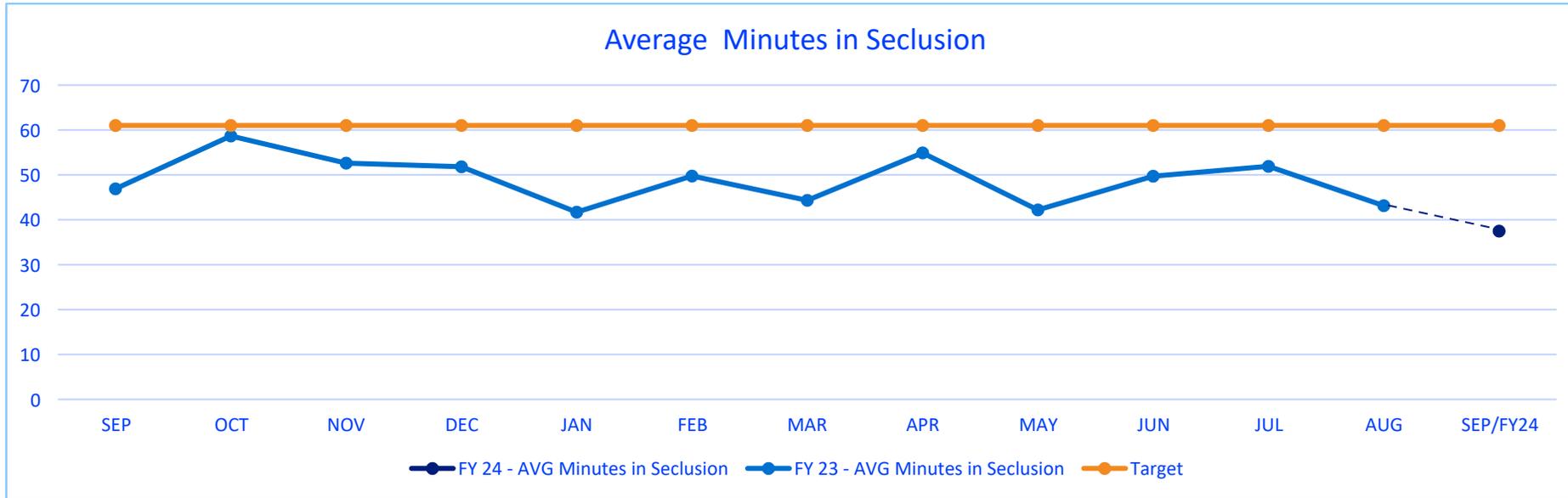
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	9.80	9.80	Increase	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	92.07%	92.07%	Decrease	Contractual



Notes:

Crisis Line continues to support individuals in crisis.

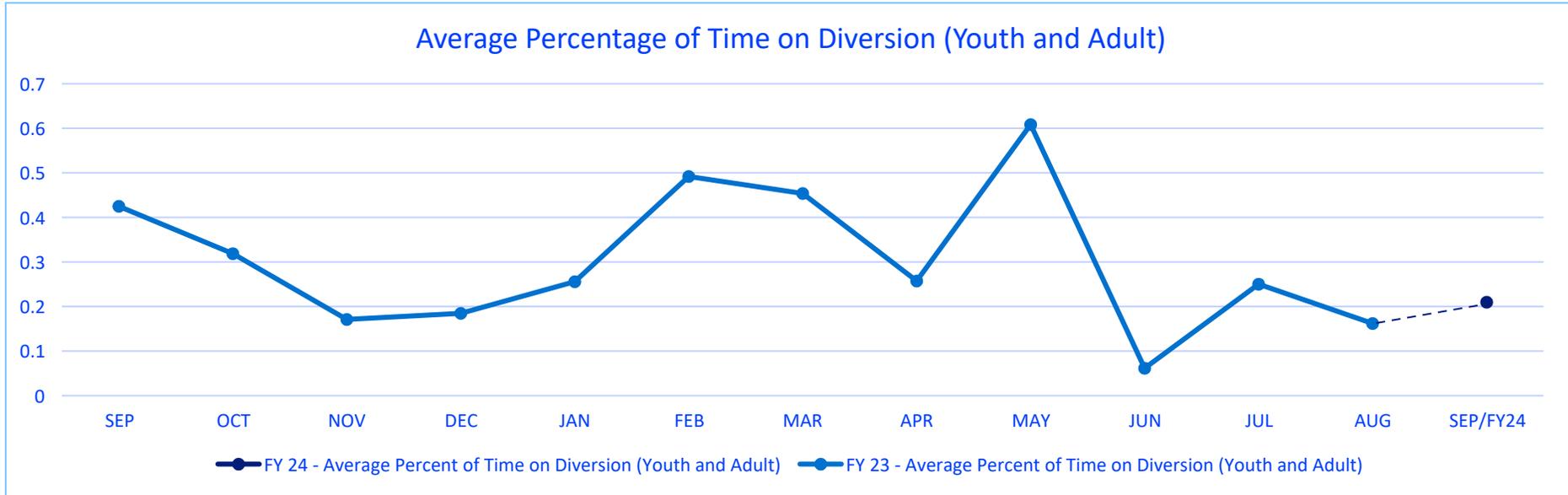
Domain	Measures	2024 Fiscal Year Target	2024 Fiscal Year Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion	<61.73	37.50	37.50	Decrease	Contractual



Notes:

- 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.

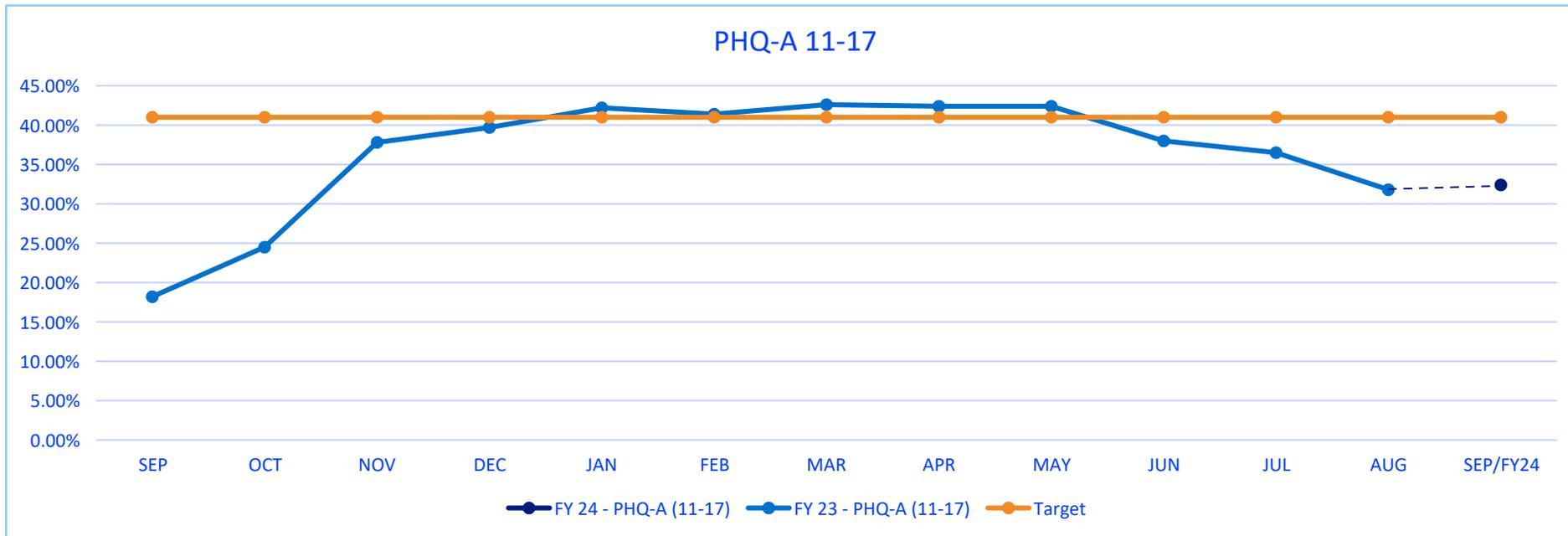
Domain	Measures	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep)	Reporting Period- September	Target Desired Direction	Target Type
Safe Care	Average Percent of Time on Diversion (Youth and Adult)	N/A	20.98	20.98	Decrease	Contractual



Notes:

- On average, individuals are spending 21 minutes in diversion. For the reporting period, average time in diversion is at 20.98 minutes.

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	31.40%	31.40%	Increase	IOS



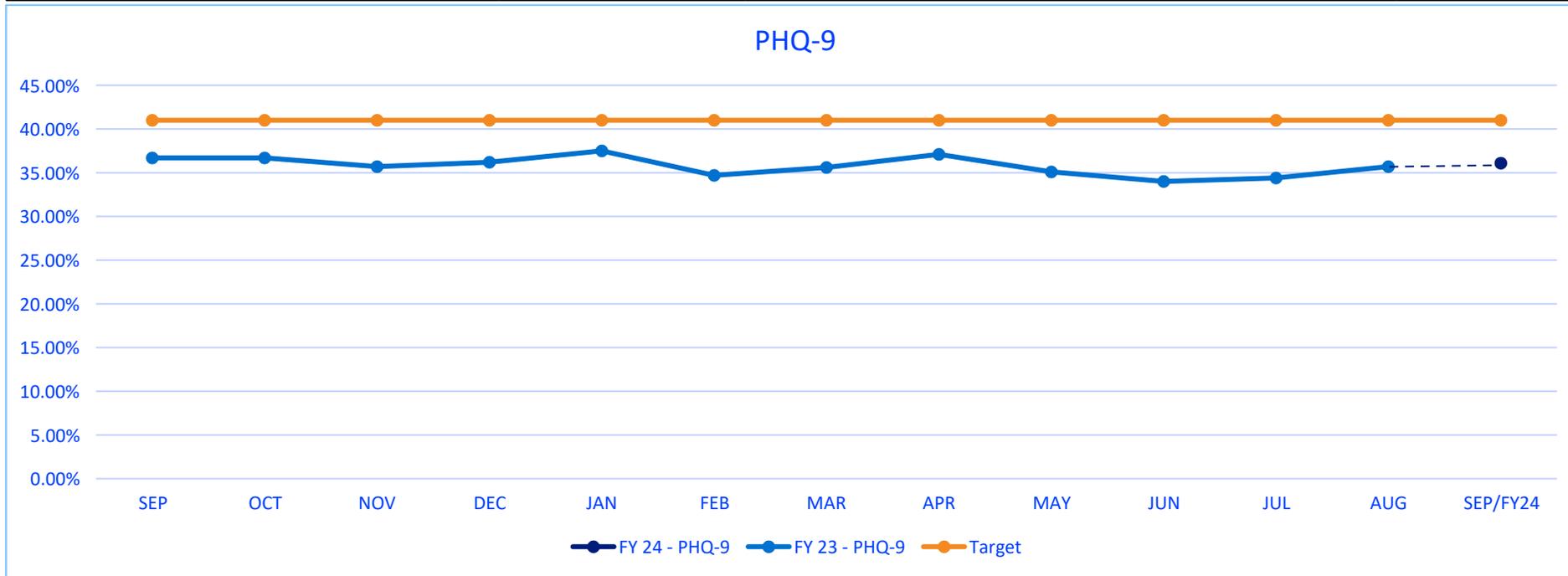
Notes:

- PHQ-A percentage of adolescent and young adult with improve PHQ-A score has level slightly from the previous month but the measure is still below the target.

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)	FY 2024 Target	2024Fiscal Year Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	36.10%	36.10%	Increase	IOS



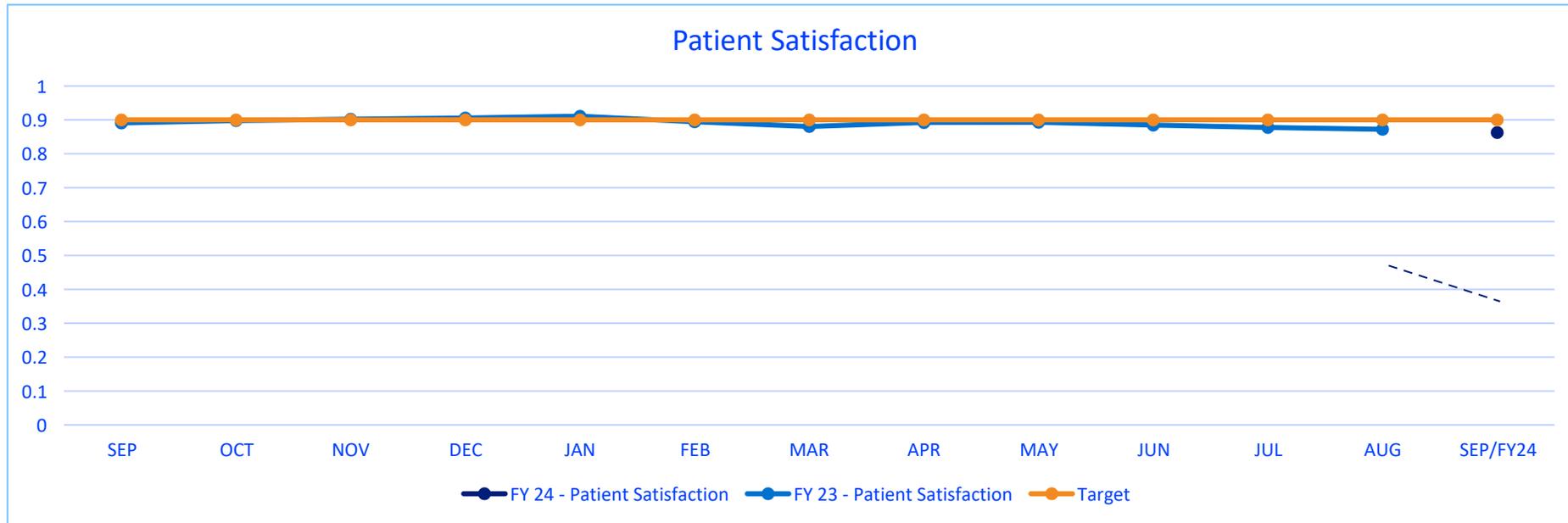
Notes:

- PHQ-9 measured an increase in overall depression state this reporting period (36.10%). 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 patients 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)	2024 Fiscal Year Target	2024Fiscal Year Average (September)	Reporting Period-September	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	86.26%	86.26%	Increase	IOS



Notes:

- 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



Transforming Lives

Target Status:

Green = Target Met

Red = Target Not Met

Yellow = Data to Follow

No Data Available

Data Validation Status:

Data Validation Completed

Data Validation In-Progress

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0												0	0	IOS	MH-BO
Adult Service Target	13,889												13,889	13,764	C	MBOW
AMH Actual Service Target %	100.90%												100.90%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	55.46%												55.46%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0												0	0	IOS	MH-BO
CAS Service Target	3,317												3,317	3,481	C	MBOW
CAS Actual Service Target %	95.29%												95.29%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	74.82%												74.82%	≥ 65.00%	C	MBOW
DID Assessment Waitlist	1422														IOS	IDD-BO
IDD Service Target	1041												1,041	854	SP	MBOW
IDD Actual Service Target %	121.90%												121.90%	100.00%	C	MBOW
Access to Care																
CW CAS 1st Contact to LPHA	1.04												1.04	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.12												1.12	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.11												1.11	<10 Days	NS	Epic
Access to Care																
CAS 1st Avail. Med Appt-COC	8.20												8.20	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	8.67												8.67	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	13												13.00	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	3												3.00	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	3.96												3.96	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	10.01												10.01	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	50												50.00	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	0												0.00	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	18,161												18,161			
AVG Call Length (Mins)	9.80												9.80			
Service Level	92.07%												92.07%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	11.25%												11.25%	< 8.00%	NS	Brightmetrics
Occupancy Rate	70.00%												70.00%			Brightmetrics
Crisis Call Follow-Up	99.65%												99.65%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	84.62%												84.62%	> 52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1226												1226			
PES Admission Volume	561												561.00			
Mechanical Restraints	0												0.00			
Mechanical Restraint Rate	0.00												0.00	≤ 0.01	IOS	Epic
Personal Restraints	42												42.00			Epic
Personal Restraint Rate	2.17												2.17	≤ 2.80	IOS	Epic
Seclusions	29												29.00			Epic
Seclusion Rate	1.89												1.89	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	82.5												82.50	≤ 61.73	IOS	Epic
Emergency Medications	39												39.00			Epic
EM Rate	2.02												2.02	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%												100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	86.27%												86.27%	91.00%	IOS	Feedtrail
V-SSS 2	86.36%												86.36%	91.00%	IOS	Feedtrail
PoC-IP	85.48%												85.48%	91.00%	IOS	McLean
Pharmacy	99.53%												99.53%	91.00%	IOS	Feedtrail
V-SSS 2.1	77.00%												77.00%	91.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	31.00%												31.00%	24.00%	IOS	MBOW
BDSS	33.95%												33.95%	32.00%	IOS	MBOW
PSRS	41.57%												41.57%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	1.24												1.24	0.68	IOS	McLean
QIDS-C	44.70%												44.70%	45.38%	IOS	Epic
BDSS	47.80%												47.80%	46.47%	IOS	Epic
PSRS	43.80%												43.80%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	32.40%												32.40%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-17)													#DIV/0!	50.90%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	34.38%												34.38%	20.00%	C	MBOW
CANS (Child/Adolescent)	14.00%												14.00%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	46.40%												46.40%	48.07%	IOS	Epic

FY 23 -Board of Trustee's PI Scorecard



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	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
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
DID Assessment Waitlist		5710	5602	5621	5547	5486	5281	4306	3782	3473	2890	2606				
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
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
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	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
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	1,222	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
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%	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
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%	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
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	0.75	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
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%	38.00%	36.50%	31.80%	36.46%	41.27%	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%	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
Adult and Child/Adolescent Functioning Measures																
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

Thank you.