

**Quality Committee Meeting**  
January 16, 2024  
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, November 7, 2023  
(EXHIBIT Q-1)

**IV. REVIEW AND COMMENT**

- A. Board Score Card  
(EXHIBIT Q-2 Trudy Leidich)
- B. Psychiatric Emergency Services (PES) Quarterly Update  
(EXHIBIT Q-3 Amber Pastusek)
- C. IDD Update  
(EXHIBIT Q-4 Evanthe Collins)

**V. EXECUTIVE SESSION-**

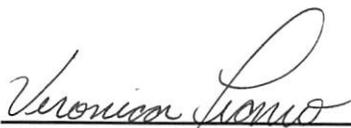
**• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**

**• 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**

**VI. RECONVENE INTO OPEN SESSION**

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

**VIII. ADJOURN**



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



# **EXHIBIT Q-1**

***The HARRIS CENTER for***  
**MENTAL HEALTH and IDD**  
**BOARD OF TRUSTEES**  
**QUALITY COMMITTEE MEETING**  
**TUESDAY, NOVEMBER 7, 2023**  
**MINUTES**

Dr. G. Santos, Chair, called the meeting to order at 9:01 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, Dr. L. Moore

**1. CALL TO ORDER**

Dr. Santos called the meeting to order at 9:01 a.m.

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

Dr. Santos designated Dr. Moore as a voting member.

**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, October 17, 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, October 17, 2023, as presented under Exhibit Q-1, are approved.

**6. REVIEW AND COMMENT**

**A. FQHC Discussion**, presented by Wayne Young, was reviewed by the Quality Committee.

**7. EXECUTIVE SESSION-**

Dr. Santos announced the Quality Committee would enter into executive session at 9:23 am for the following reason:

- **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**

**8. RECONVENE INTO OPEN SESSION-**

The Quality Committee reconvened into open session at 9:54 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: ZAKARIA                      SECOND: HELLUMS**

There being no further business, the meeting adjourned at 9:54 a.m.

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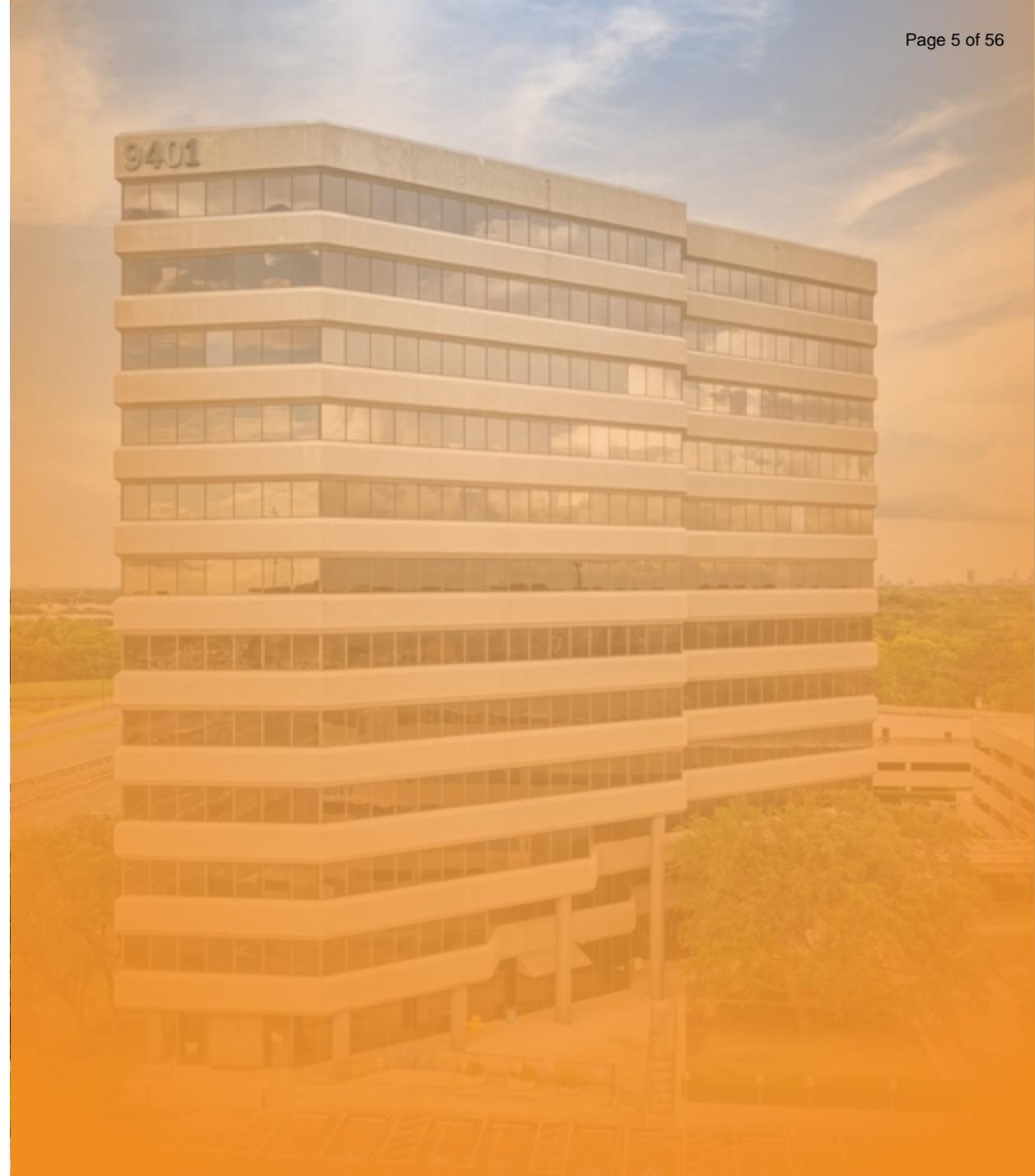
**Veronica Franco, Board Liaison  
George Santos, Chairman  
Quality Committee  
THE HARRIS CENTER *for* Mental Health *and* IDD  
Board of Trustees**

# **EXHIBIT Q-2**

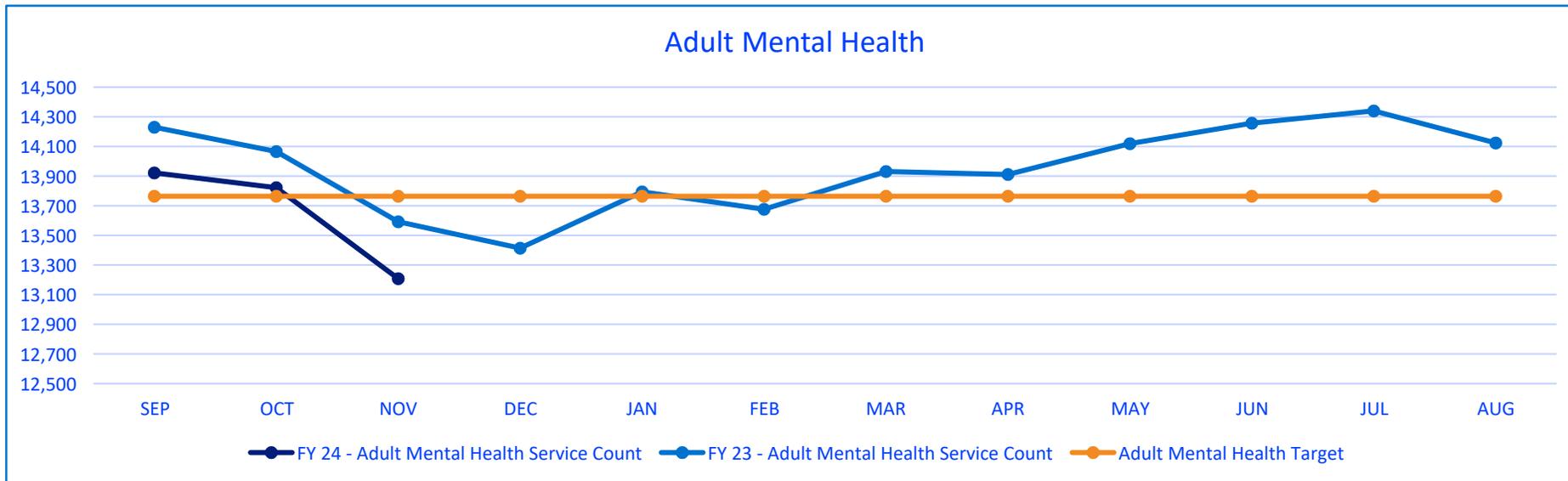
# Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN  
VP of Clinical Transformation and Quality  
Reporting for January, 2024



Domain	Program	2024 Fiscal Year State Service Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – Nov.)	Reporting Period: November	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,651	13,208	Increase	Contractual

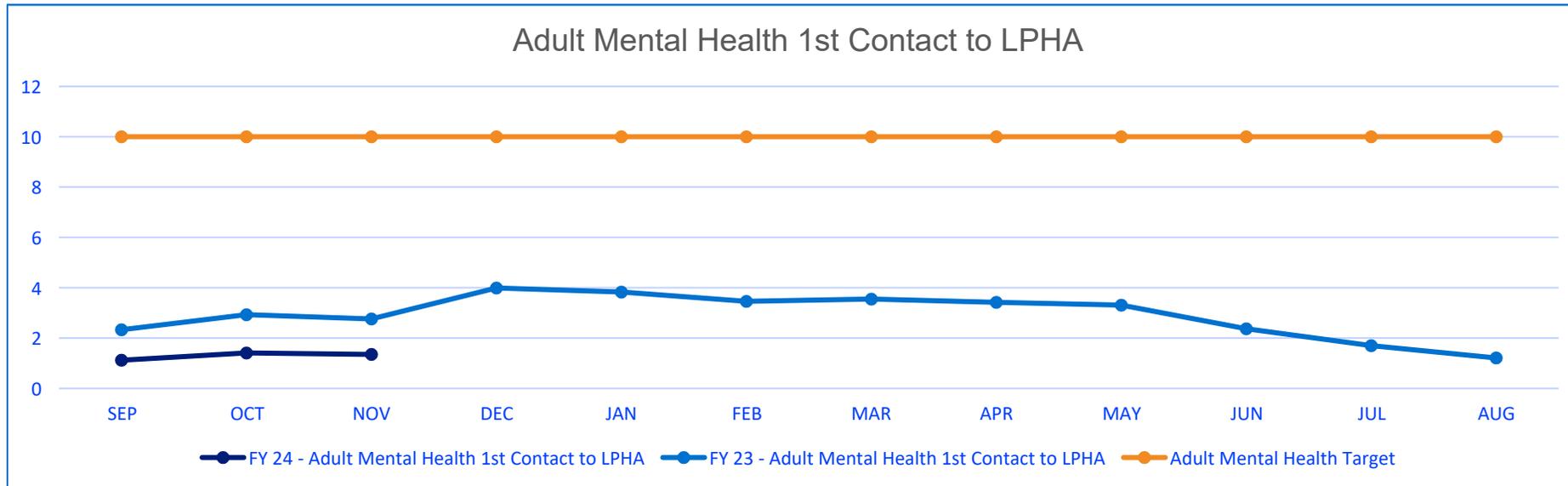


**Notes:**

- In November 2023, the Adult Service Care Count experienced a decline of 2.16% compared to the same month in the previous year, dropping from 13,592 to 13,208. This decrease resulted in the count falling short of the established contractual target.
- The decrease in the Adult Mental Health services care count mirrors the trend from the previous year during the holiday season, suggesting a potential seasonal pattern in the data.

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 (Sept. – Nov.)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.29 Days	1.35	Decrease	Contractual

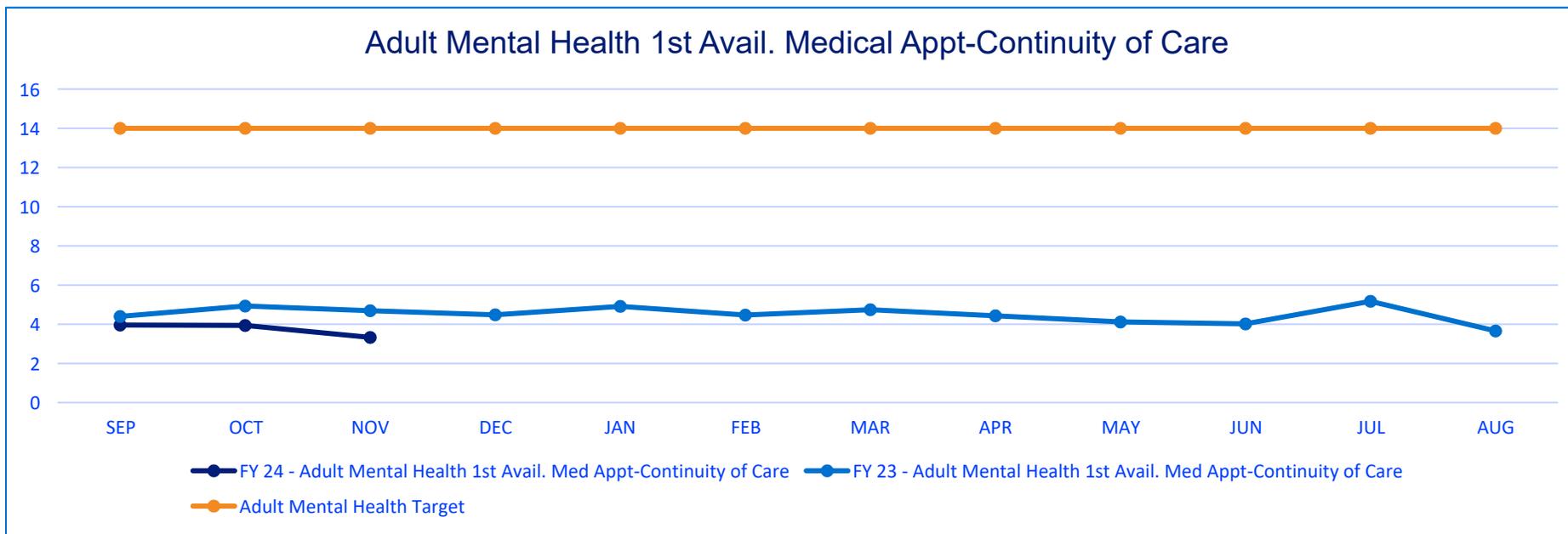


Notes:

- The timeframe for initial patient assessments in Adult Mental Health has shown notable efficiency, with the first contact to LPHA taking less than two days during the reported period.
- A year-over-year comparison reveals a significant improvement, with a 51% reduction in the number of days from first contact to LPHA - decreasing from 2.76 days in November 2022 to just 1.35 days in November 2023. This data suggests an enhanced responsiveness in the Adult Mental Health services over the past year..

*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 (Sept. – Nov.)	Reporting Period: November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.74	3.33 days	Decrease	Contractual

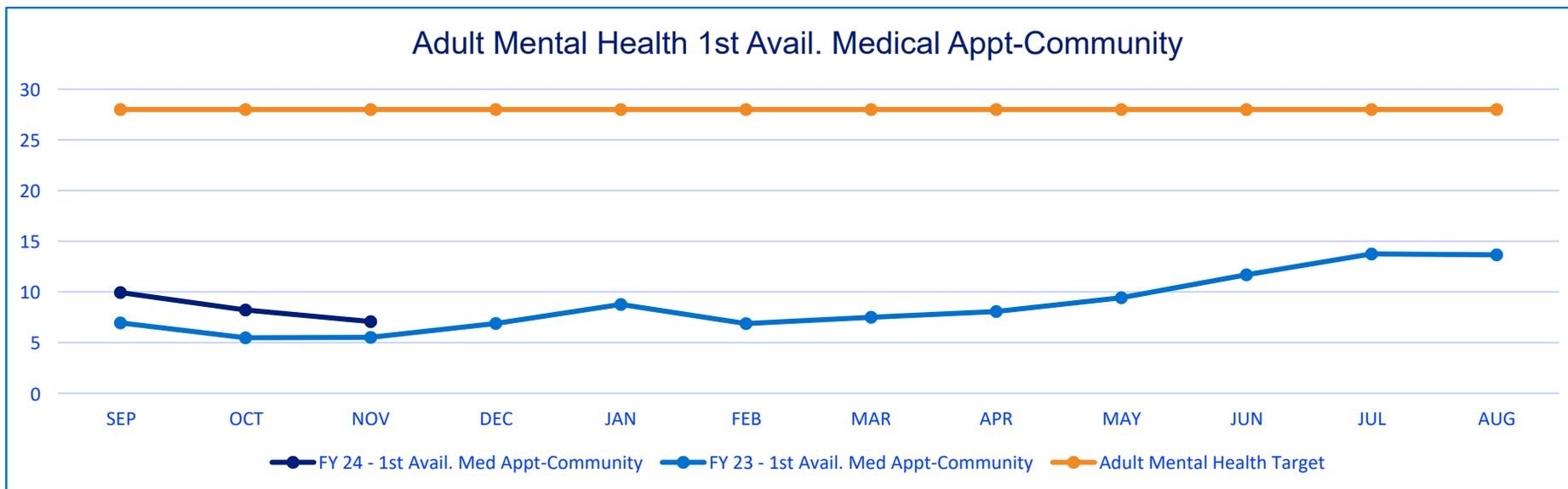


**Notes:**

- The Adult Mental Health department’s performance has shown significant efficiency, averaging less than 5 days to establish a connection with a medical provider. A comparative analysis with the previous year reveals a substantial improvement, with a 29% decrease in the waiting period for individuals to see a medical provider.
- This data suggests an enhanced operational efficiency in the department’s patient care continuity process, contributing to a more streamlined patient experience.

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-Nov)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.11 days	7.08	Decrease	Contractual

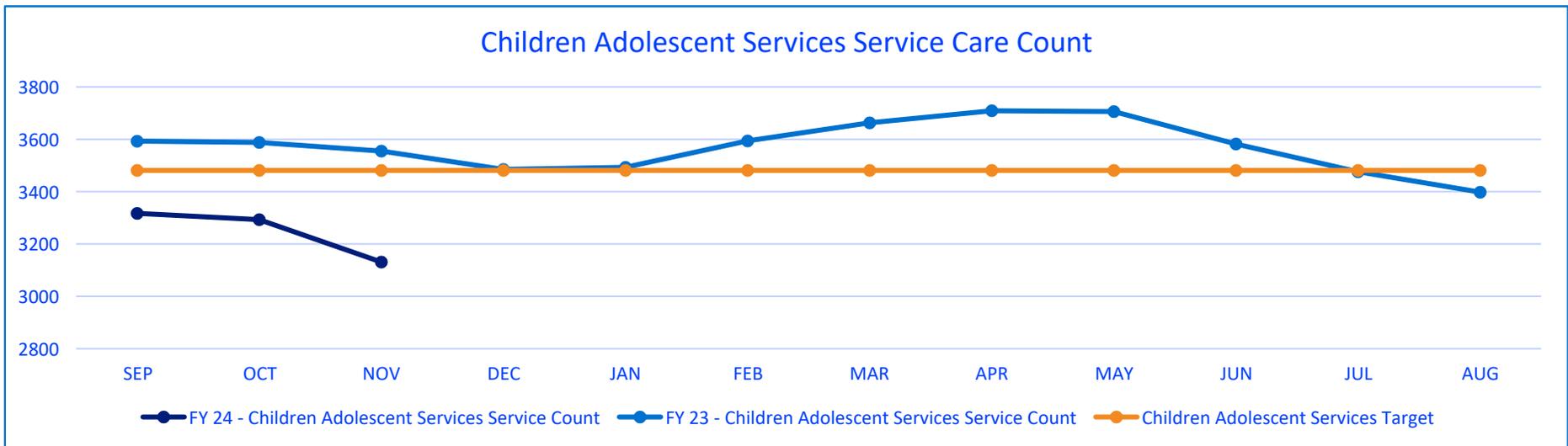


**Notes:**

- The Adult Mental Health department’s adherence to the contractual target for providing access to medical appointments for community members remains commendable. Specifically, community members appointments are accommodated within 7.08 days.
- However, a year-over-year comparative analysis reveals a 28% increase in this timeframe, indicating a longer wait period for patients compared to the previous year. Despite this increase, the program continues to operate well below the stipulated 28-day limit.

Measure Definition: 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	2024 Fiscal Year State Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – Nov.)	Reporting Period- November	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,247	3,131	Increase	Contractual

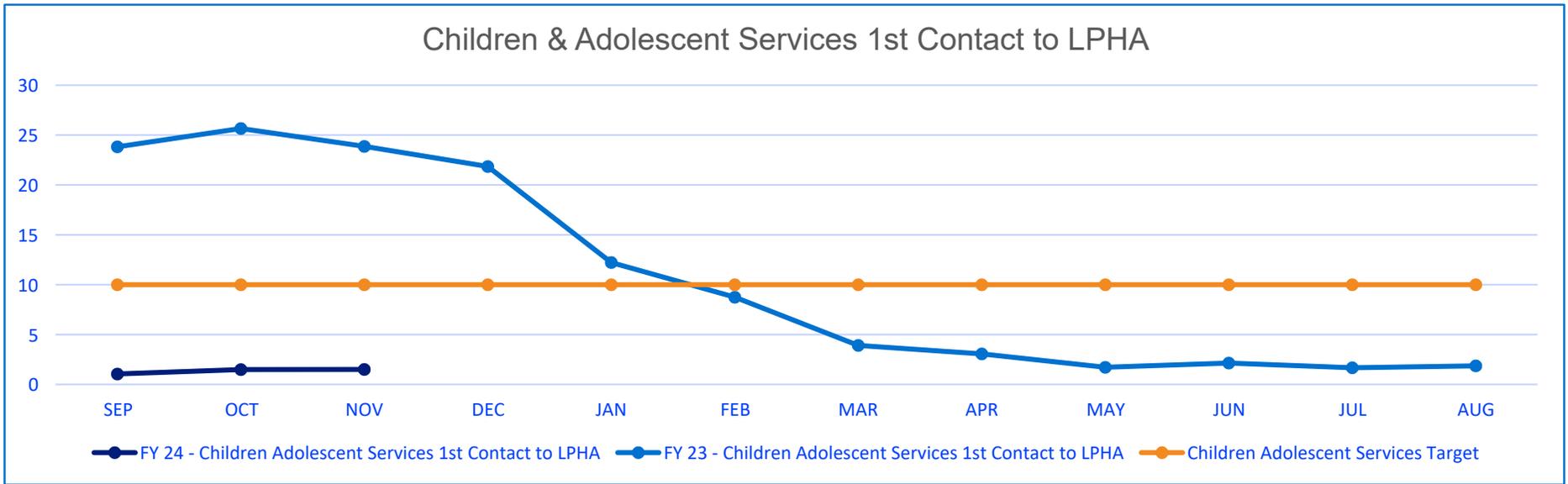


**Notes:**

- Over the past three months, the service care count in the Children & Adolescent Services department has shown a downward trend, with a notable 12% decrease compared to the same period in November 2022.
- This decline can be attributed to a couple of key factors: intensified competition in the behavioral health sector from other agencies and an increase in no-show rates. These factors have collectively impacted the care count.
- The leadership team is actively investigating potential strategies to counteract this trend and enhance the 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 (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.35 days	1.50 days	Decrease	Contractual

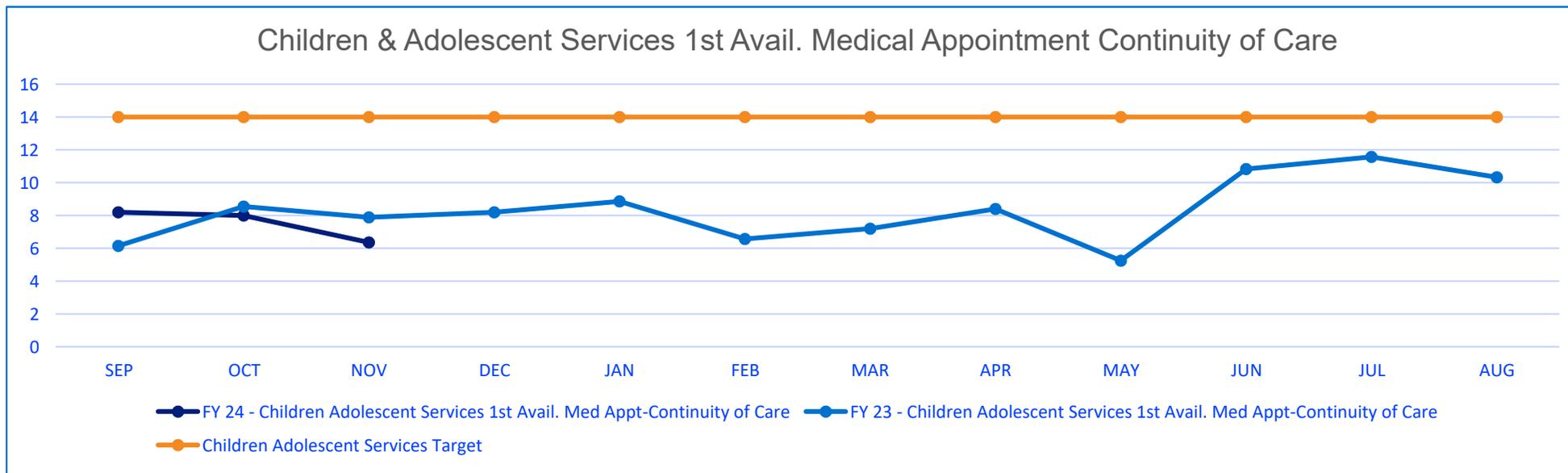


**Notes:**

- The hybrid model employed by the Children & Adolescent Services department, which combines open booking and scheduling for LPHA assessments, implemented in February, has demonstrated a significant enhancement in care accessibility for children and adolescents.
- A comparative analysis with the previous year reveals a substantial improvement in efficiency, with a 94% reduction in the waiting period for individuals to be assessed by an LPHA - decreasing from 23.87 days in November 2022 to just 1.50 days in November 2023. This data underscores the effectiveness of the hybrid model in streamlining the assessment process and expediting access to care.

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

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (Sep-August)	Reporting Period- November 2024	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	7.52 days	6.36 days	Decrease	Contractual

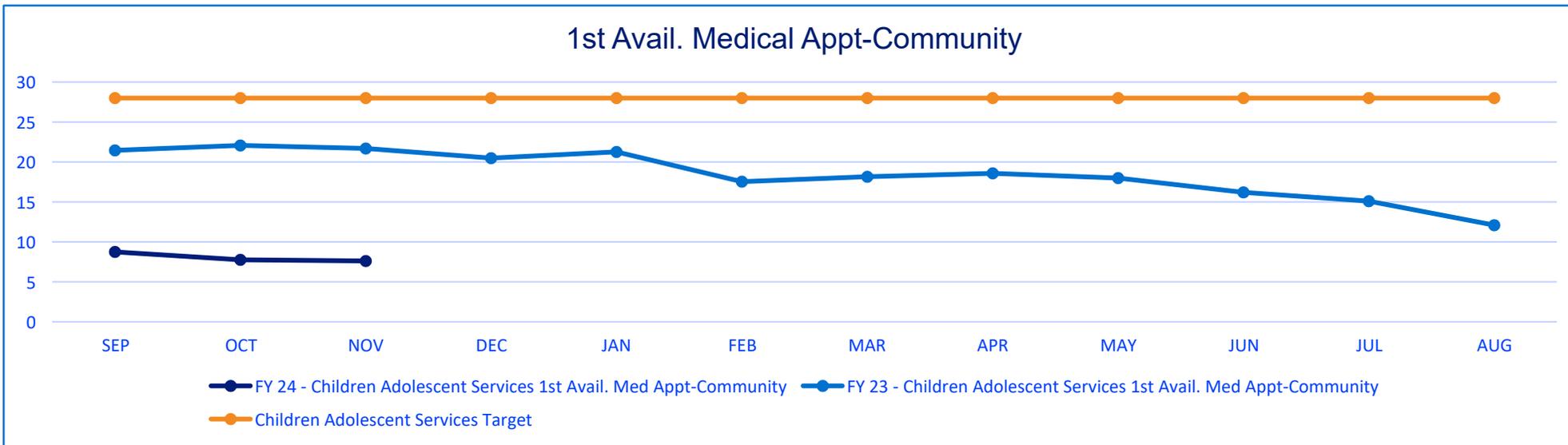


**Notes:**

- The Children & Adolescent Services department’s performance in contacting patients for continuity of care post-hospital discharge has shown significant efficiency. Specifically, for the reporting period of November 2023, there was a notable decrease in the waiting period for patients seeking their first available medical appointment.
- The wait time reduced from 7.89 days in the previous month to 6.36 days, representing a 19% reduction compared to the previous year.

*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	2024 Fiscal Year Average (Sept - Nov)	Reporting Period - November	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	8.04 days	7.62 days	Decrease	Contractual

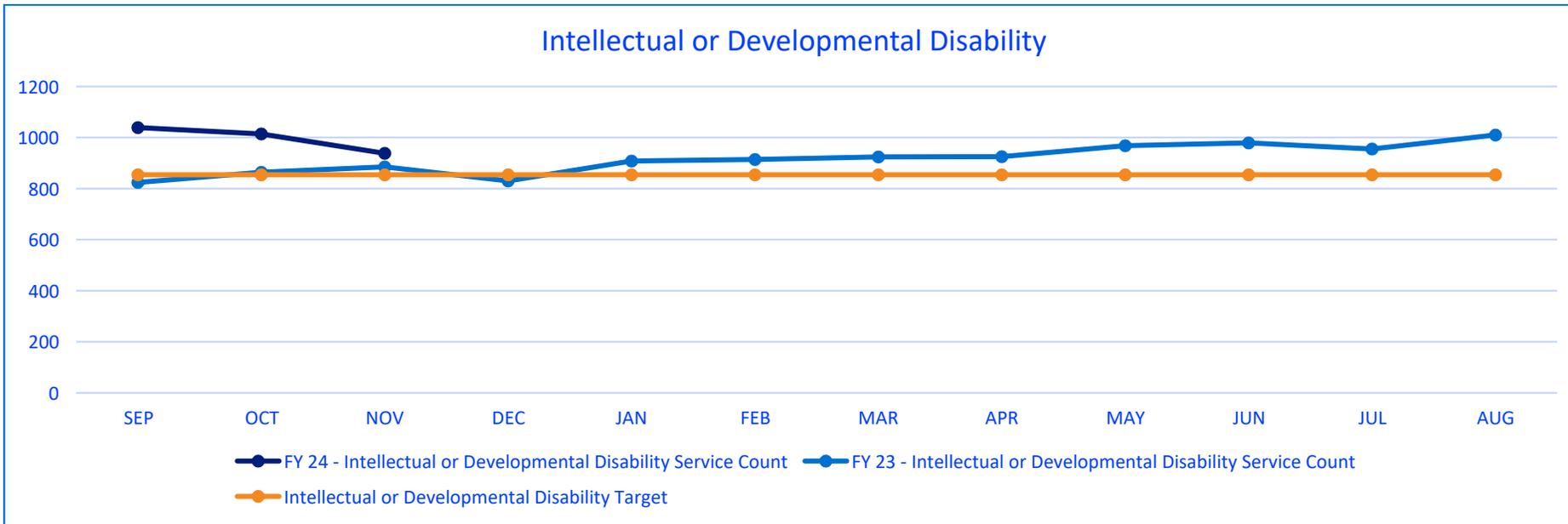


**Notes:**

- The Children & Adolescent Services department has demonstrated significant improvement in providing medical appointments for community members. Specifically, for the reporting period of November 2023, there was a substantial decrease of 65% in the waiting period compared to the same period in the previous year.
- The wait time was reduced from 21.70 days in November 2022 to fewer than 8 days in November 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	2024 Fiscal Year State Count Target	2024 Fiscal Year State Count Average (Sept – Nov)	Reporting Period- November	Target Desired Direction	Target Type
Access	IDD	854	997	938	Increase	Contractual

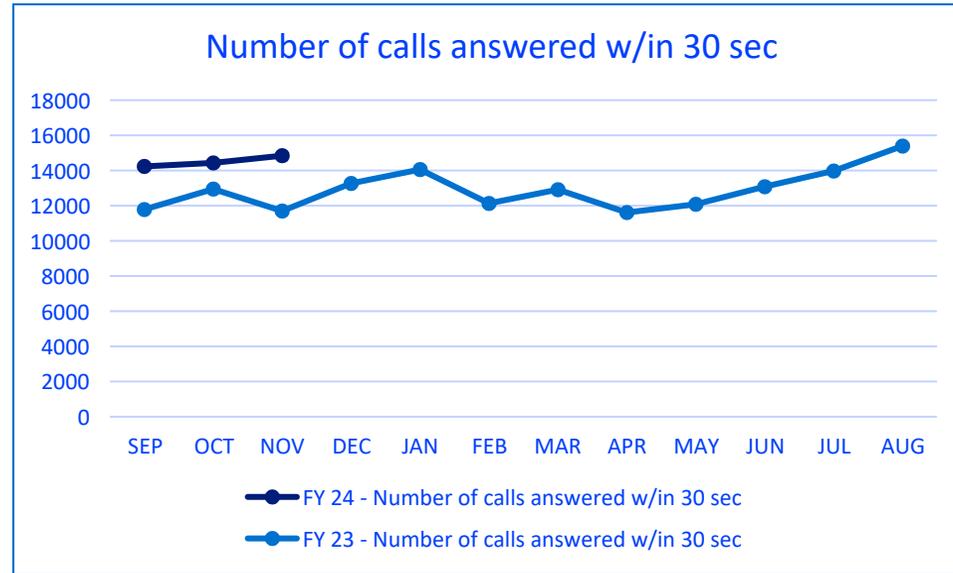
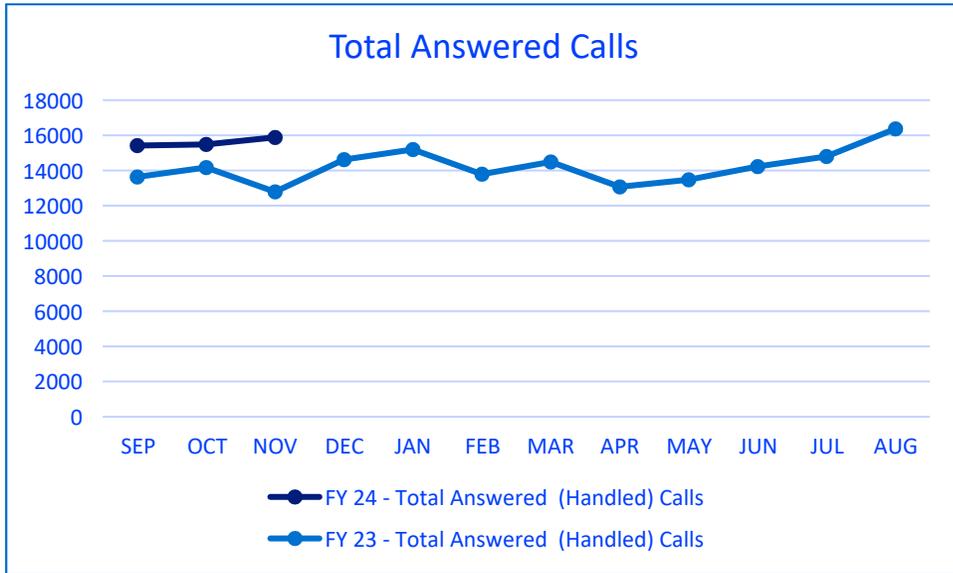


**Notes:**

- The IDD division has demonstrated a commendable performance in its service care count, maintaining an average of 997 for the 2024 fiscal year.
- A comparative analysis with the previous year reveals a noteworthy increase of 6% in the service care count. Specifically, the count rose from 885 in November 2022 to 938 in November 2023. This data underscores the division’s consistent efforts in enhancing its service delivery.

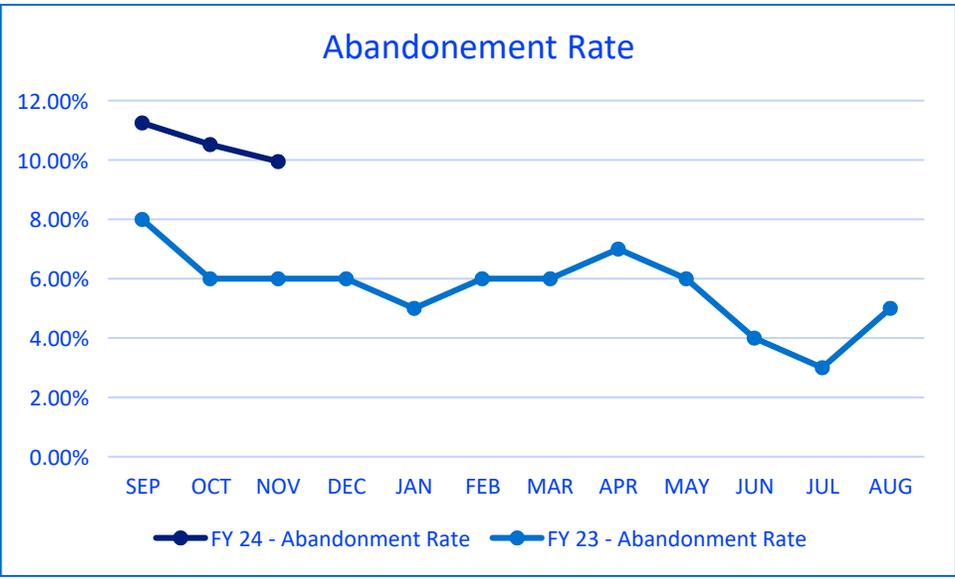
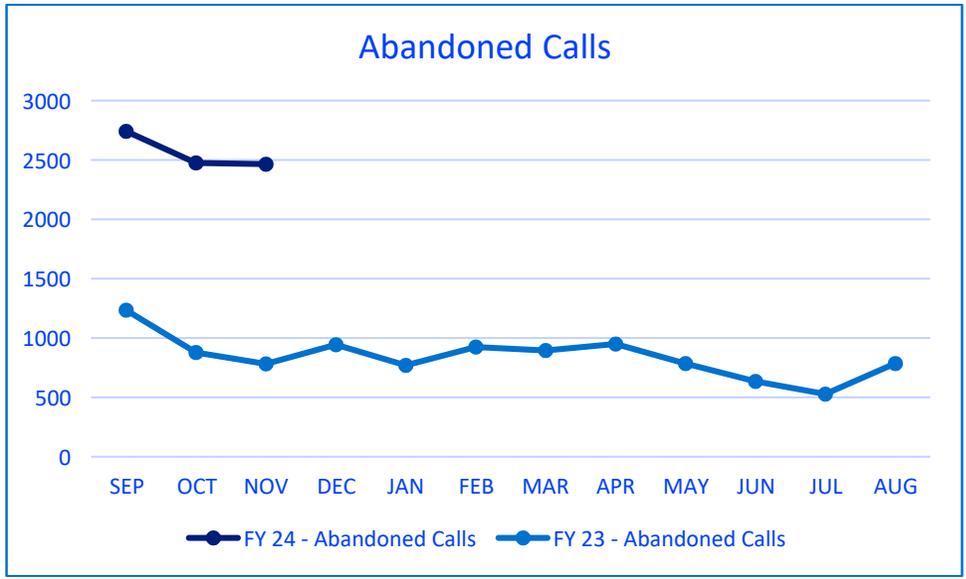
*Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which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

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	15,595	15,884	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	14,503	14,842	Increase	Contractual



Notes:  
Crisis Line continues to support individuals in crisis.

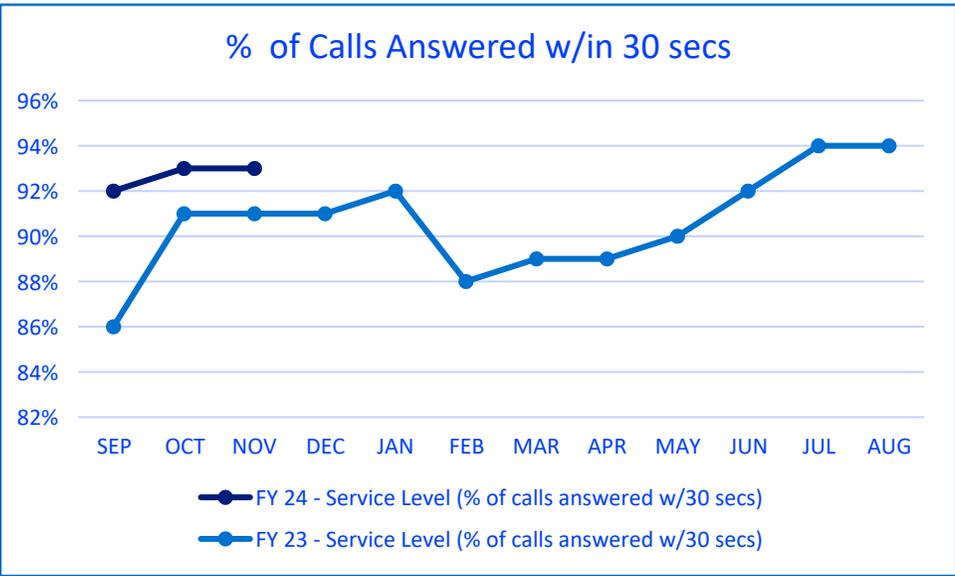
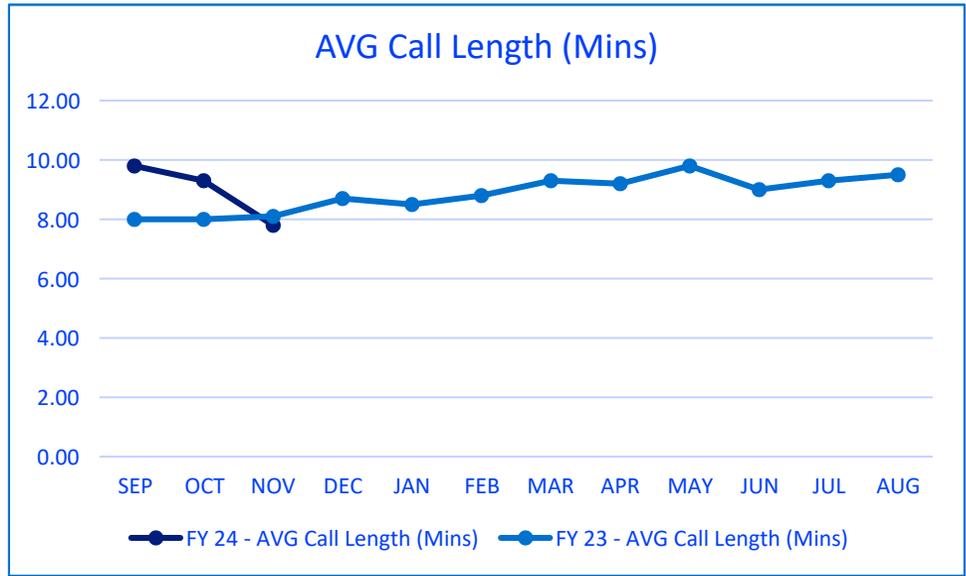
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	2,561	2,465	Increase	Contractual
	Abandonment Rate	<8%	11.00%	9.95%	Decrease	Contractual



Notes:

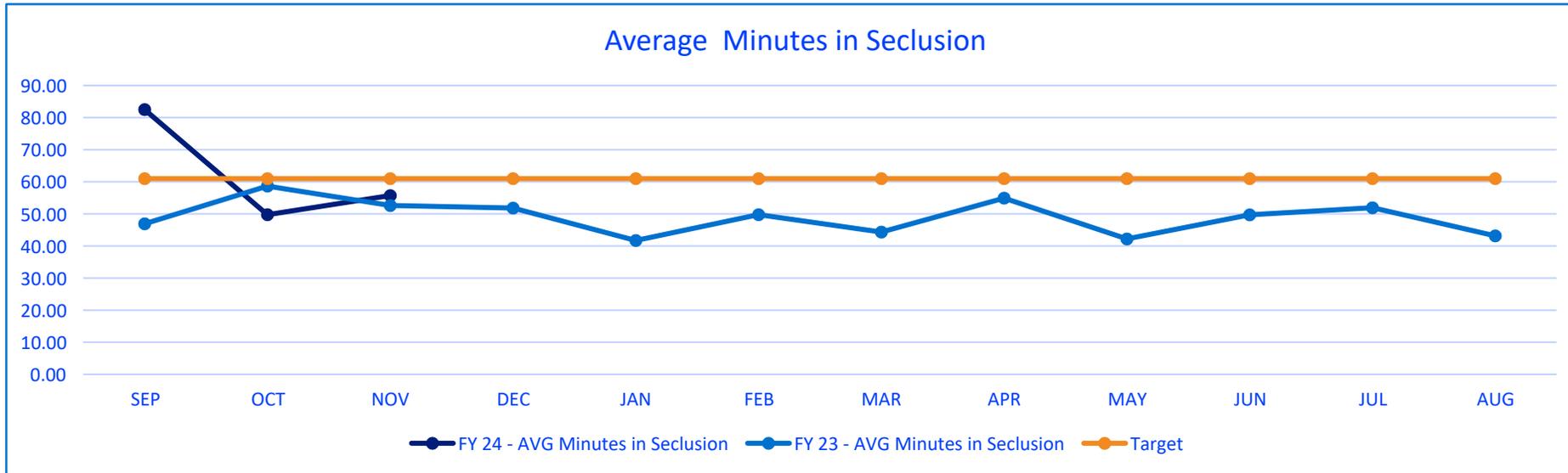
Crisis Line continues to support individuals in crisis. The number of abandoned calls spiked in November as a result of the inclusion of abandoned calls from on 988/Lifeline. These calls were not included, in prior months, because they connected with a back-up center and therefore were not technically 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 (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	8.97	7.80	Increase	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	93.00%	93.07%	Decrease	Contractual



Notes:  
Crisis Line continues to support individuals in crisis.

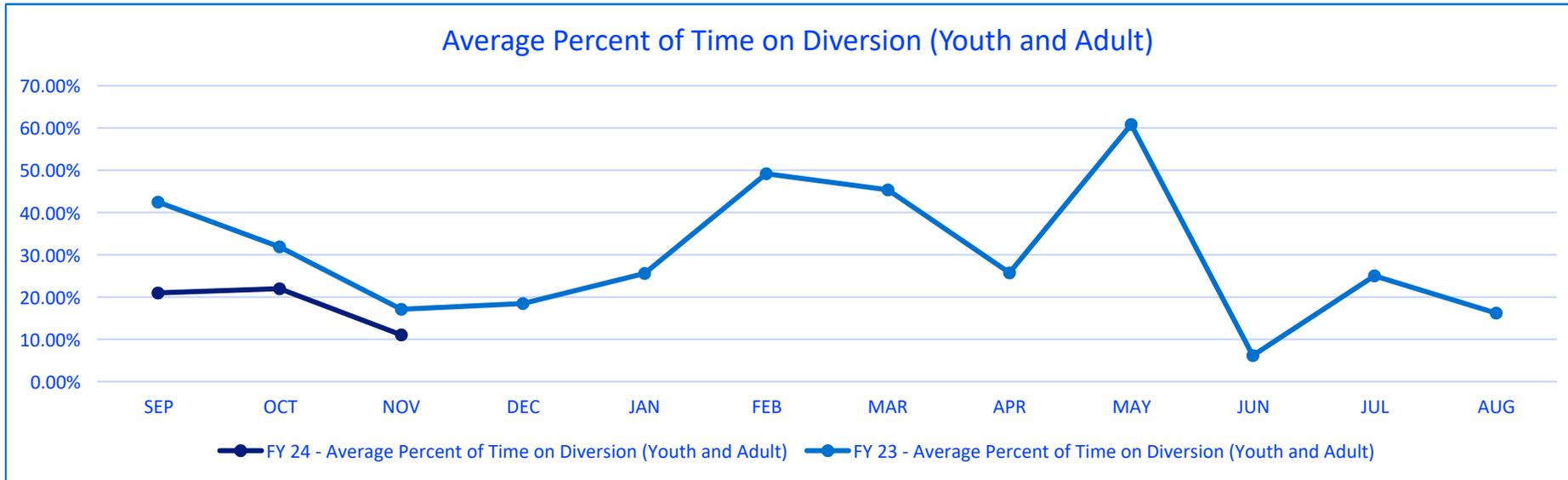
Domain	Measures	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion	<60.43	62.65	55.71	Decrease	Contractual



Notes:

- Average minutes in seclusion has performed below contractual target. On average, individuals are spending less than 60 minutes in seclusion. For the reporting period, average minutes in seclusion is at 55.71 minutes.

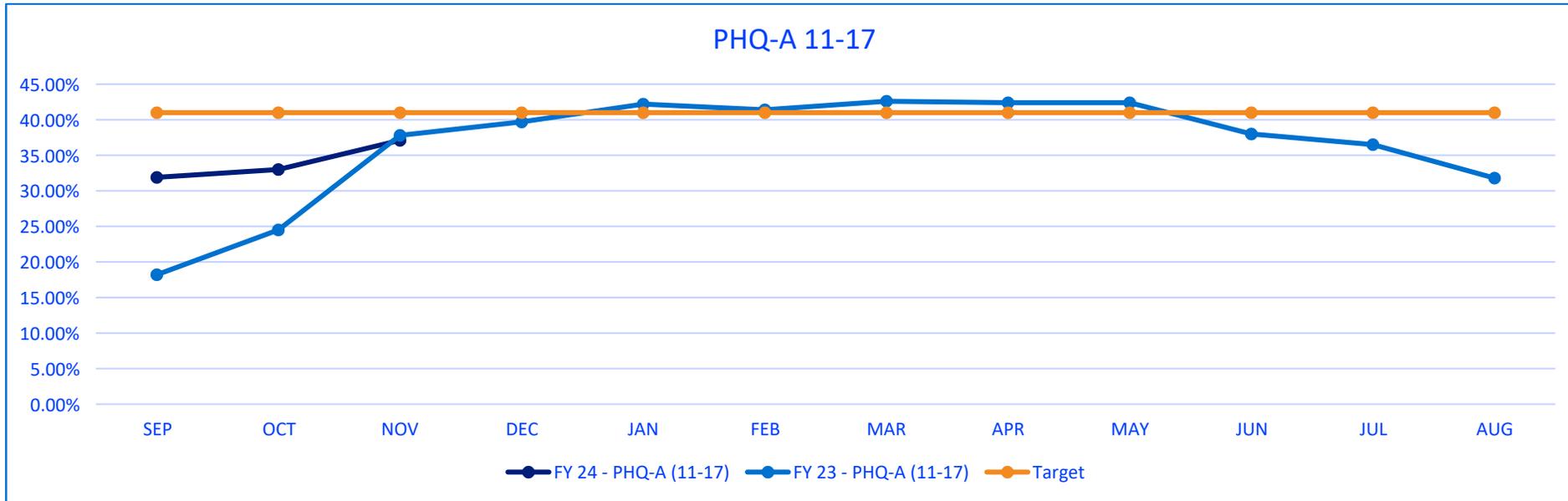
Domain	Measures	2024 Fiscal Year Target	2024 Fiscal Year Average (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Safe Care	Average Percent of Time on Diversion (Youth and Adult)	N/A	18%	11%		Contractual



**Notes:**

- In a comparative analysis between the current period and the preceding year, the average time spent on diversion has exhibited a decline. Specifically, when considering year-to-year data, there has been a notable reduction of 35% in the average time spent on diversion for both youths and adults. This decrease is evidenced by a shift from 17% in FY23 to 11% in FY24 in the average percentage of time allocated to diversion for youth and adults.

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



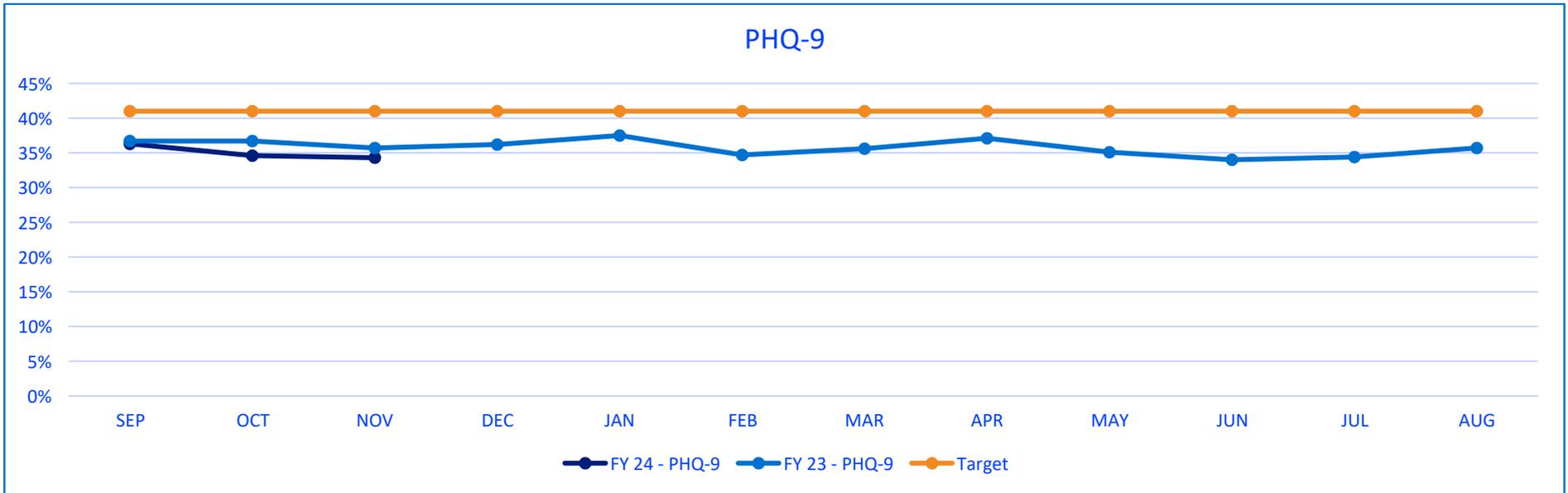
**Notes:**

- PHQ-A percentage of adolescent and young adult with improve PHQ-A score has level slightly from the previous period 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 (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	35%	34%	Increase	IOS



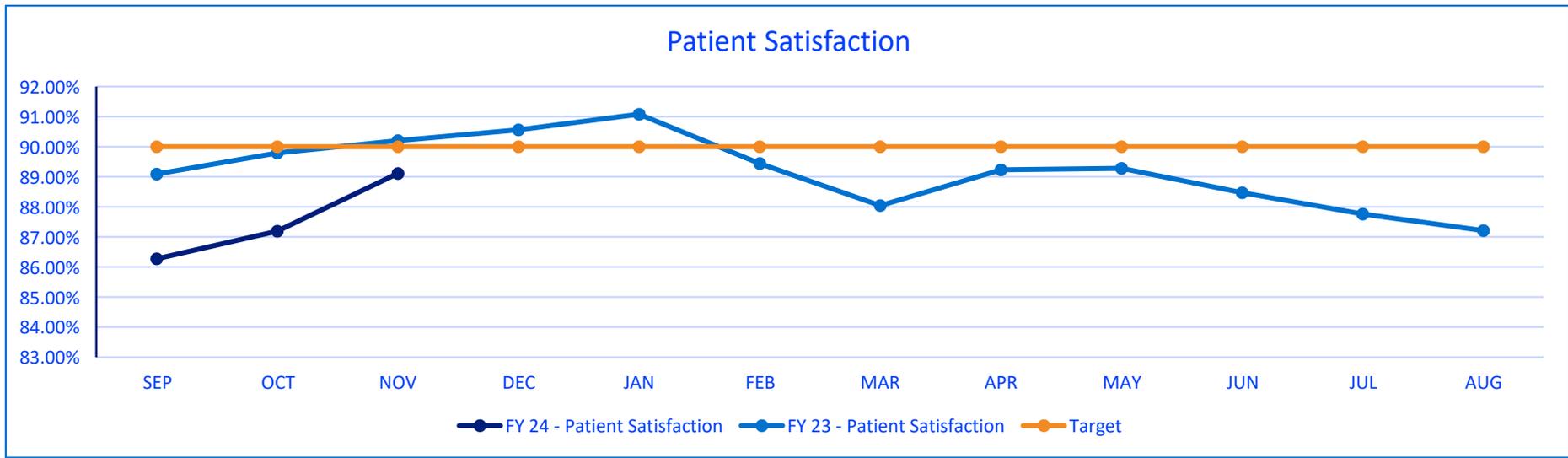
**Notes:**

- During the current reporting period, fewer number of patients registered lower scores on the self-administered PHQ-9 instrument. When compared to the same period, a total of 35.70% of patients reported lower scores in FY23, indicative of an amelioration in their depressive symptoms. This figure has slightly decreased to 34% in FY24, reflecting a sustained positive trend in the context of depressive symptomatology.

*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 (Sept - Nov)	Reporting Period- November	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	90%	88.26%	89.11%	Increase	IOS



Notes:

- At the beginning of Fiscal Year 2024, the overall patient satisfaction across the center deviated below its targeted monthly threshold. In response to this, a specialized patient satisfaction sub-committee was established to meticulously analyze survey data, discern areas of vulnerability, and formulate quality improvement initiatives. Practice managers are actively engaging with unit-specific patient satisfaction data to pinpoint and address areas warranting enhancement.
- Moreover, the committee is systematically collating patient narrative feedback from Fiscal Year 2023, with the intention of informing the development of workgroups dedicated to addressing identified areas of improvement and establishing goals for Fiscal Year 2024. The sub-committee's analytical efforts are predominantly rooted in the quantitative data derived from the VSSS instrument.
- The effort of the group has shown a positive trend over the course of the reporting period, with an overall improvement of 3% in patient satisfaction from September. This uptick underscores a concerted commitment to enhancing the patient experience for the individuals under our care.

# 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

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY24 AVG	FY24 Target	Target Type	Data Orig
<b>Access to Care</b>																
AMH Waitlist (State Defined)	0	0	0										0	0	IOS	MH
Adult Service Target	13,922	13,822	13,208										13,651	13,764	C	MB
AMH Actual Service Target %	101.15%	100.42%	95.96%										99.18%	100.00%	C	MB
AMH Serv. Provision (Monthly)	56.70%	58.90%	52.60%										56.07%	≥ 65.60%	C	MB
CAS Waitlist (State Defined)	0	0	0										0	0	IOS	MH
CAS Service Target	3,317	3,293	3,131										3,247	3,481	C	MB
CAS Actual Service Target %	95.29%	94.60%	89.95%										93.28%	100.00%	C	MB
CAS Serv. Provision (Monthly)	76.00%	77.60%	69.90%										74.50%	≥ 65.00%	C	MB
IDD Service Target	1039	1014	938										997	854	SP	MB
IDD Actual Service Target %	121.66%	118.74%	109.84%										116.75%	100.00%	C	MB
CW CAS 1st Contact to LPHA	1.05	1.49	1.50										1.35	<10 Days	NS	Ep
CW AMH 1st Contact to LPHA	1.12	1.41	1.35										1.29	<10 Days	NS	Ep
CW CAS/AMH 1st Con. to LPHA	1.11	1.42	1.37										1.30	<10 Days	NS	Ep
CAS 1st Avail. Med Appt-COC	8.20	8.00	6.36										7.52	<14 Days	C	Ep
CAS 1st Avail. Med Appt-COM	8.75	7.76	7.62										8.04	<28 Days	NS	Ep
CAS # Pts Seen in 30-60 Days	13	7	6										8.67	<9.18	IOS	Ep
CAS # Pts Seen in 60+ Days	3	0	0										1.00	0	IOS	Ep

	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	3.94	3.33										3.74	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	9.94	8.22	7.08										8.41	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	50	7	5										20.67	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	0	0	0										0.00	0	IOS	Epic
<b>Access to Care, Crisis Line</b>																
Total Calls Received	18,161	17,957	18,391										18,170			
AVG Call Length (Mins)	9.80	9.30	7.80										8.97			
Service Level	92.07%	93.22%	93.44%										92.91%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	11.25%	10.52%	9.95%										10.57%	< 8.00%	NS	Brightmetrics
Occupancy Rate	70.00%	69.00%											69.50%			Brightmetrics
Crisis Call Follow-Up	99.65%	99.16%	99.60%										99.47%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	84.62%												84.62%	> 52.00%	C	MBOW
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)</b>																
PES Total Visits	1227	1,072	1,046										1115			
PES Admission Volume	563	549	460										524.00			
Mechanical Restraints	0	0	0										0.00			
Mechanical Restraint Rate	0.00	0.00	0.00										0.00	≤ 0.01	IOS	Epic
Personal Restraints	42	42	29										37.67			Epic
Personal Restraint Rate	2.51	2.67	2.34										2.51	≤ 2.80	IOS	Epic
Seclusions	29	34	17										26.67			Epic
Seclusion Rate	1.89	2.16	1.37										1.81	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	37.5	53.32	16.16										35.66	≤ 61.73	IOS	Epic
Emergency Medications	35	31	23										29.67			Epic
EM Rate	1.81	1.97	1.85										1.88	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	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
<b>Patient Satisfaction (Based on the Two Top-Box Scores)</b>																
CW Patient Satisfaction	86.27%	87.19%	89.11%										87.52%	91.00%	IOS	Feedtrail
V-SSS 2	86.36%	86.81%	87.45%										86.87%	91.00%	IOS	Feedtrail
PoC-IP	85.48%												85.48%	91.00%	IOS	McLean
Pharmacy	99.53%	99.12%	97.32%										98.66%	91.00%	IOS	Feedtrail
<b>Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)</b>																
QIDS-C	31.00%		25.55%										28.28%	24.00%	IOS	MBOW
BDSS	33.95%		29.74%										31.85%	32.00%	IOS	MBOW
PSRS	41.57%		34.35%										37.96%	35.00%	IOS	MBOW
<b>Adult Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
BASIS-24 (CRU/CSU)	1.24												1.24	0.68	IOS	McLean
QIDS-C	46.00%	44.80%	43.90%										44.90%	45.38%	IOS	Epic
BDSS	47.50%	45.20%	44.30%										45.67%	46.47%	IOS	Epic
PSRS	41.20%	36.70%	37.30%										38.40%	37.89%	IOS	Epic
<b>Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)</b>																
PHQ-A (11-17)	31.90%	33.00%	37.10%										34.00%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-17)													#DIV/0!	50.90%	IOS	Epic
<b>Adult and Child/Adolescent Needs and Strengths Measures</b>																
ANSA (Adult)	34.38%		37.54%										35.96%	20.00%	C	MBOW
CANS (Child/Adolescent)	14.00%		14.97%										14.49%	25.00%	C	MBOW
<b>Adult and Child/Adolescent Functioning Measures</b>																
DLA-20 (AMH and CAS)	48.00%	42.30%	44.30%										44.87%	48.07%	IOS	Epic

## FY 23 - Board of Trustee's PI Scorecard



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
IDD Service Target	824	864	885	830	908	914	924	925	968	979	955	1011	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
<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

Thank you.

# **EXHIBIT Q-3**

# Psychiatric Emergency Services (PES) Quarterly Update

Trends & Analysis

Board Quality Committee

Presented by: Amber Pastusek, MD – VP, Crisis Medical Services  
January 16, 2024



# Core Project Team



Luming Li MD,  
Chief Medical Officer



Kia Walker,  
Chief Nursing Officer



Amber Pastusek MD,  
VP of Crisis Medical  
Services



Trudy Leidich,  
VP of Clinical  
Transformation



Kim Kornmayer,  
VP of Crisis Services



Wendy Martinez,  
Director of Projects



Evelyn Locklin,  
Director of  
Emergency Services



Susan Brock-Roberts,  
Program Director V



Greg Gigax RN,  
Senior Nurse Manager



Sony John, RN  
Nurse Supervisor



Raven Bentley, RN  
Nurse Supervisor



Naun Ventura RN,  
Lead Nurse



Jason Zacharia,  
Lead Psychiatric  
Technician



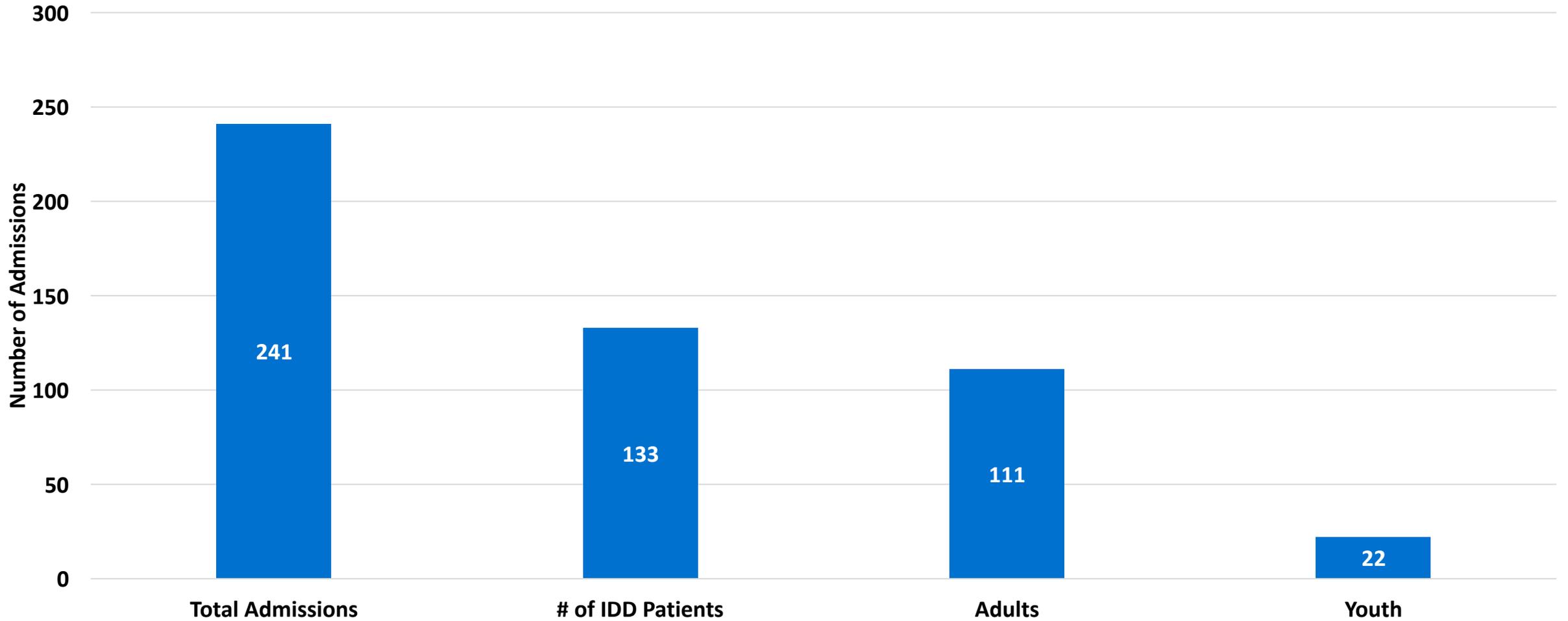
Ibifrisolam Max-  
Alalibo,  
Lead Psychiatric  
Technician

# Agenda

- **PES IDD Data for FY23**
  - Persons served
  - Boarding Times
  - Emergency Interventions
  - Diversion Times
- **Performance Improvements Focus Areas**
- Appendix
  - PES Board PI Scorecard (June 2022– June 2023)
  - Emergency Interventions Control Charts
  - Boarding Times vs Diversion Times vs Beds Allocated

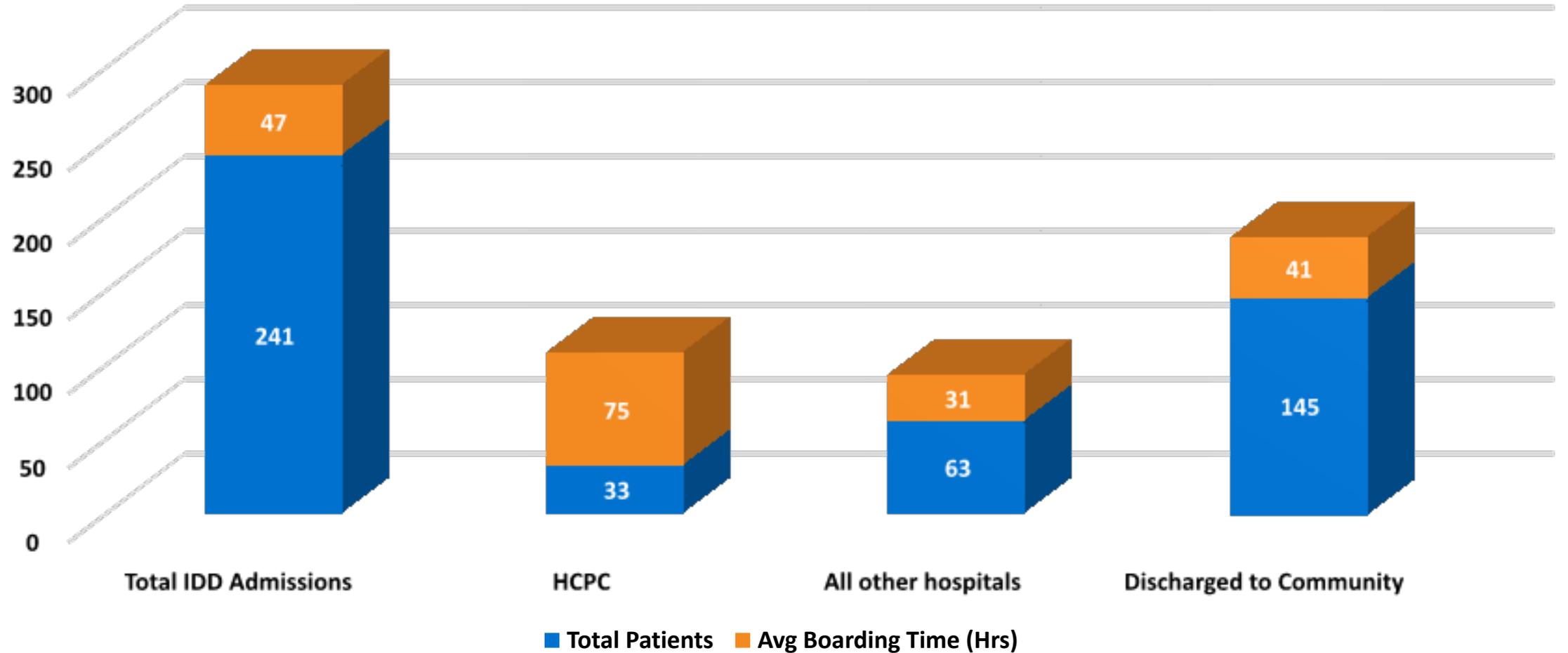
# IDD Admissions in PES

## PES IDD Admissions (FY23)



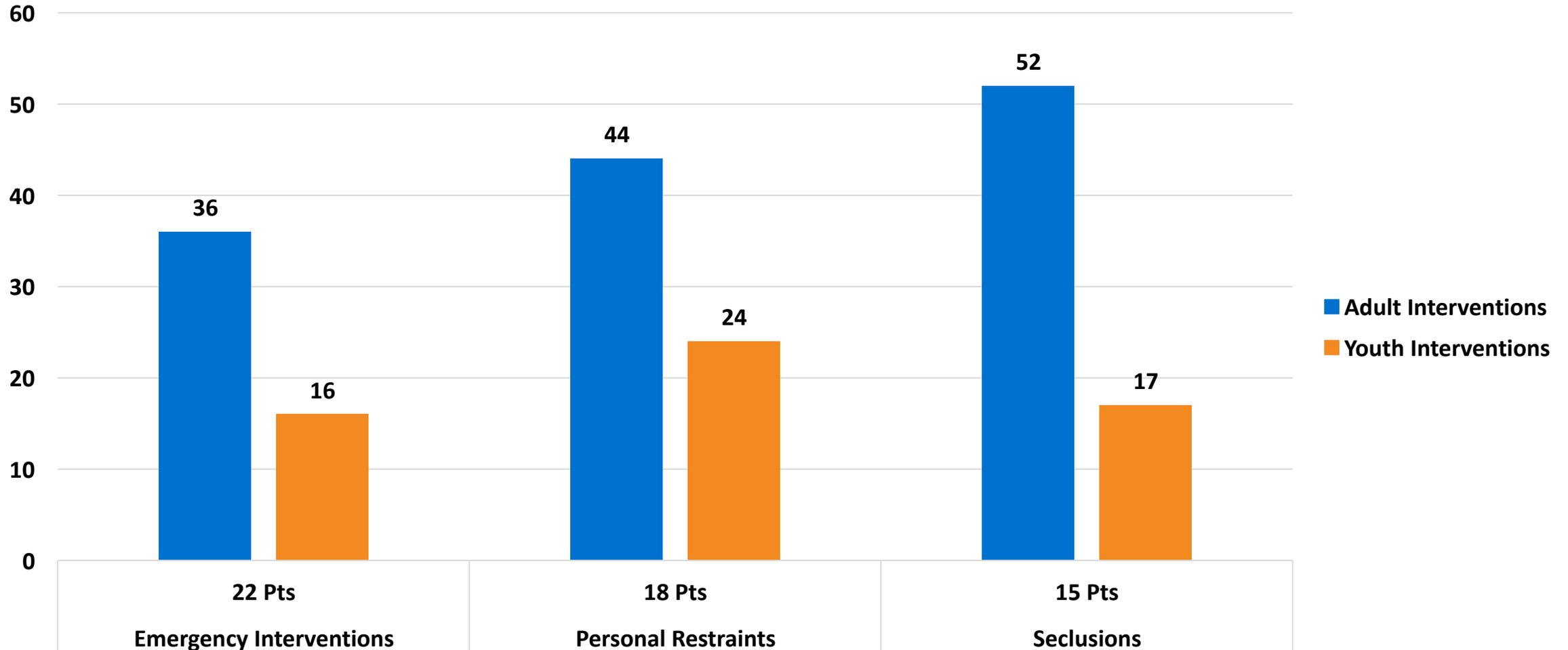
# IDD Admissions Disposition & Avg Boarding Times

## IDD Disposition Boarding Times



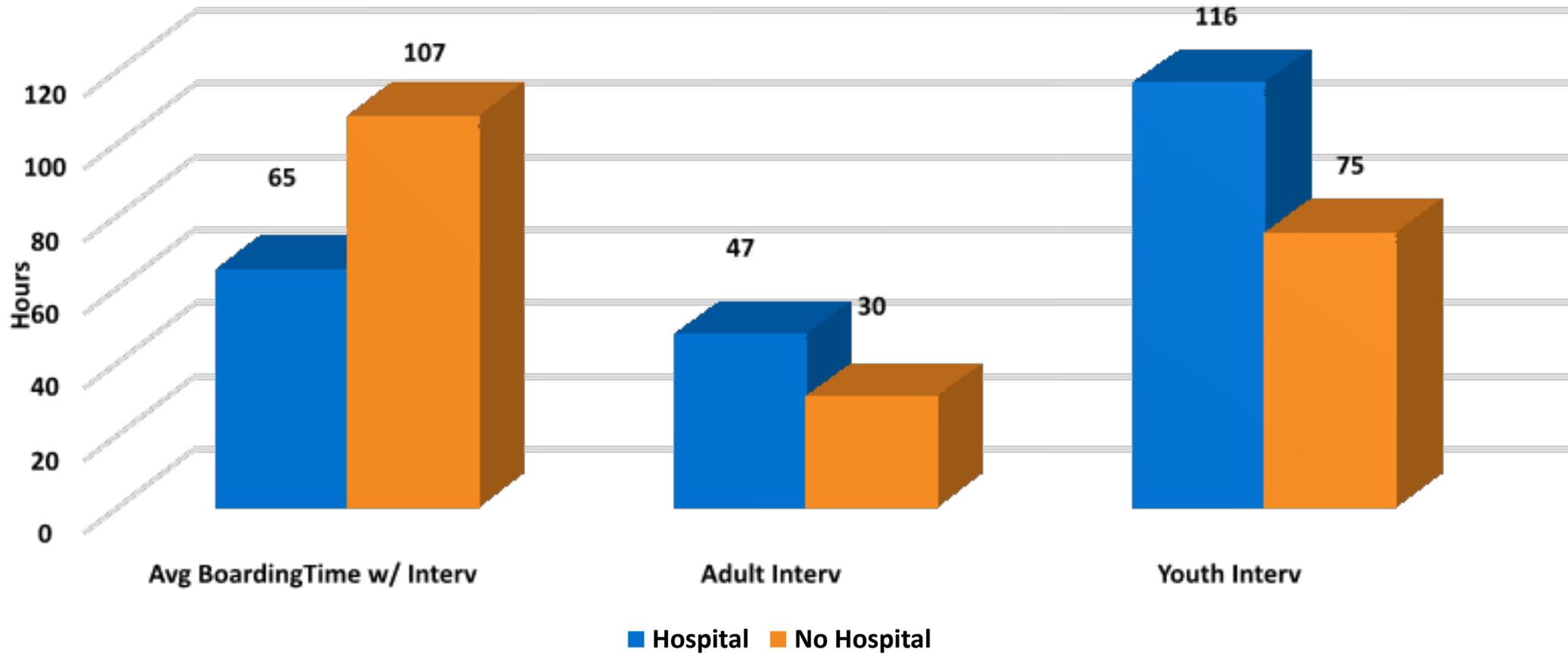
# Emergency Interventions for IDD Patients

## Emergency Interventions for IDD Patients (FY23)



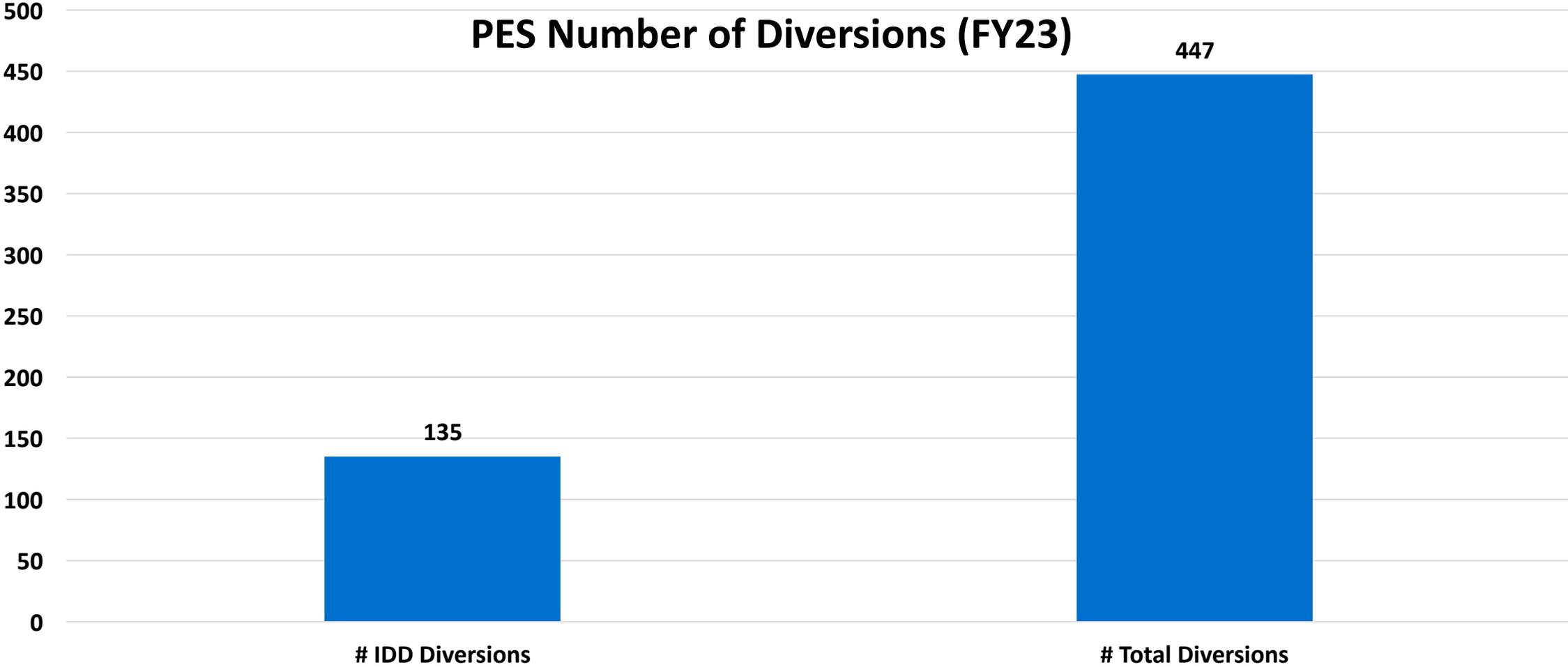
# PES Average Boarding Times for IDD Patients Served with Emergency Interventions

## Avg Boarding Times with Interventions (FY23)



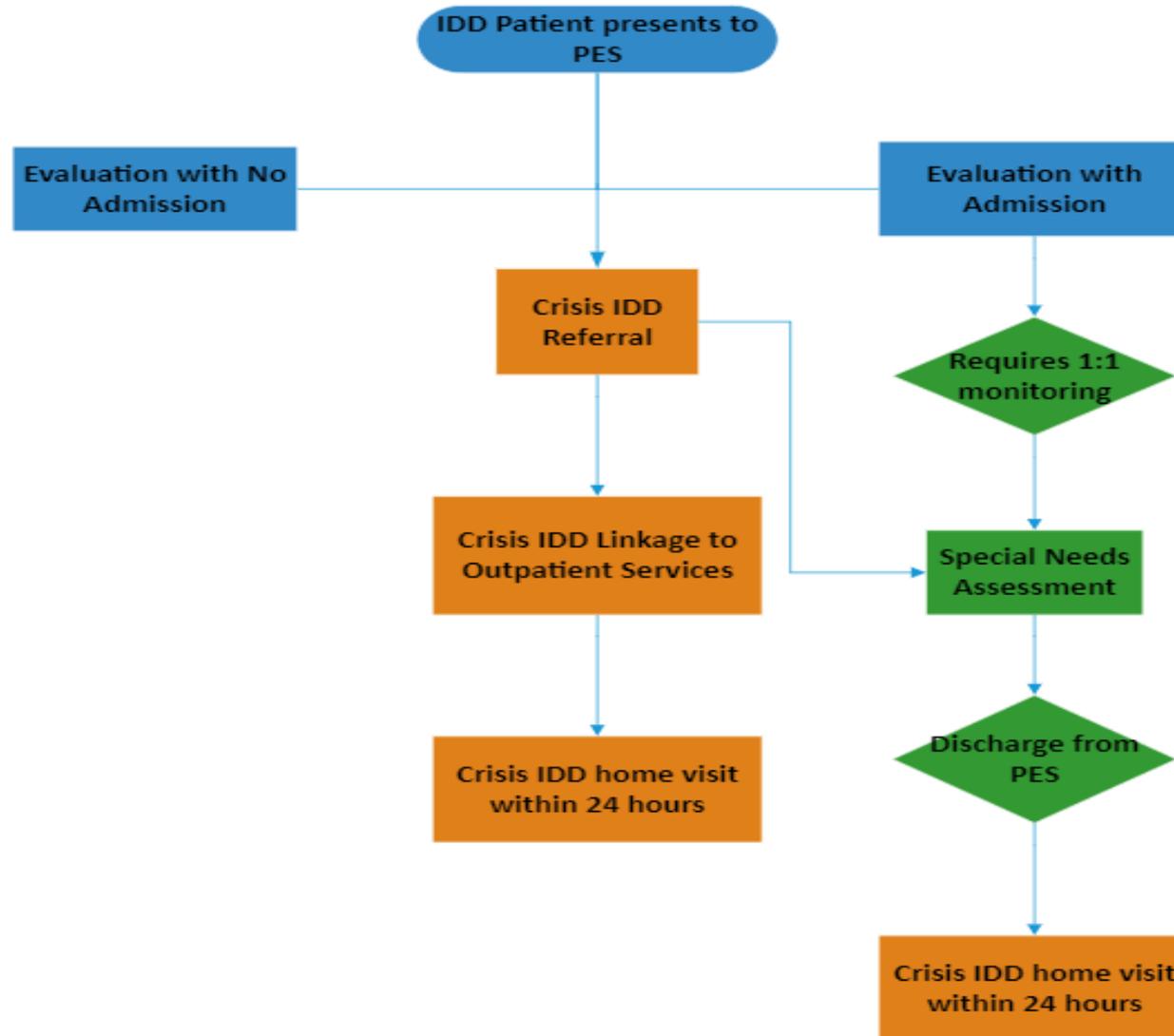
Total Average Boarding Time = 35hrs  
Average Boarding Time Adults = 29hrs  
Average Boarding Time Youth = 60hrs

# IDD Impact on Diversion Times



**\*\*30% Diversions related to IDD Admissions with 1:1 staffing being the limiting factor.**

# IDD Crisis Care Pathway



# Performance Improvement Focus Areas



IDD collaborative workgroup

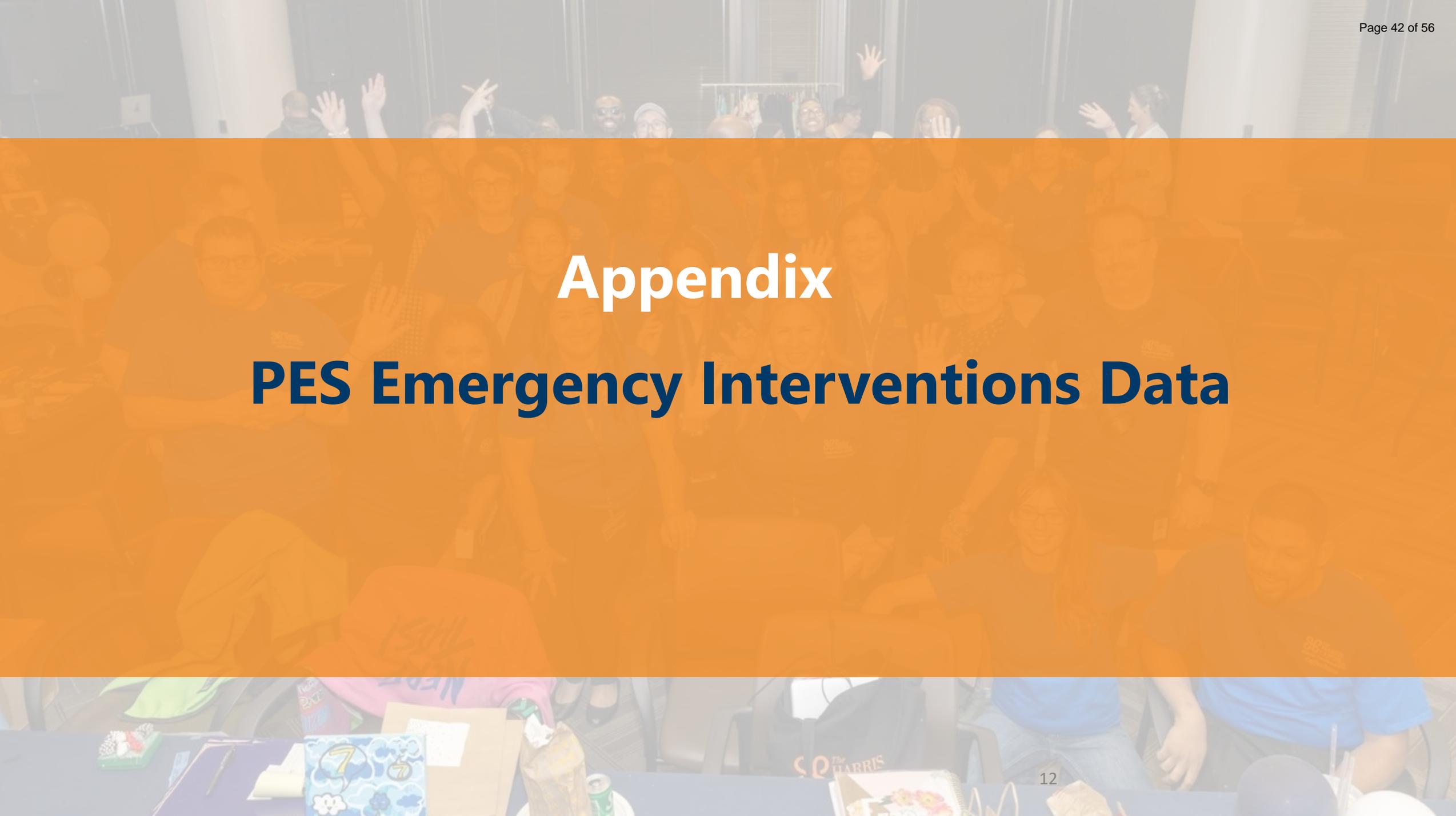


IDD Clinical Care Pathway



IDD education and training for staff

Thank you.



# Appendix

## PES Emergency Interventions Data

# Key Definitions

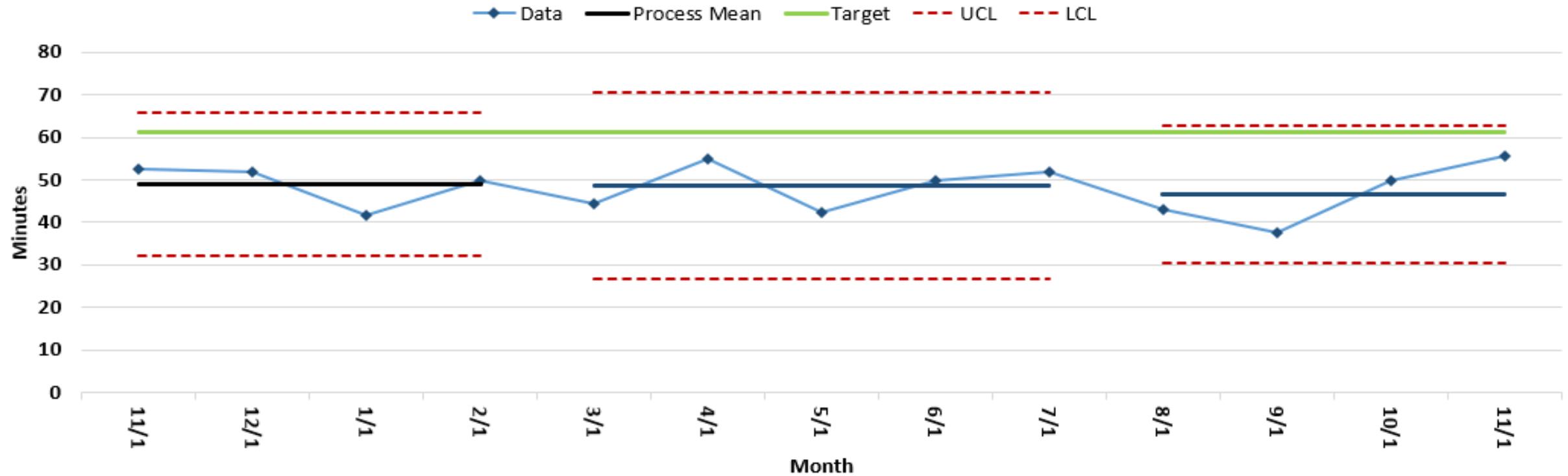
- Emergency Interventions required to prevent imminent threat of harm to self/others
  - **Personal Restraint** – Restricting patient's free movement
    - Adults  $\leq$  15 minutes, Youth  $\leq$  15 minutes
  - **Mechanical Restraint** – Restricting patient's free movement by using 4-point, 3-point,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

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

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	AVG	FY24 Target	Target Type
<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>																
PES Total Visits	1,160	1,173	1,266	1,126	1,126	1,145	1,155	1,104	1,222	1,248	1,223	1,072	1,049	1164	1,159	
PES Admission Volume	560	544	555	498	549	553	558	487	571	562	558	549	571	541	547.307692	
Emergency Medications	42	47	58	56	72	72	67	53	59	52	40	36	27	57	52.3846154	
EM Rate	2.02	2.25	2.67	3.01	3.5	3.99	3.61	3.63	3.45	2.77	2.07	1.97	2.18	2.91	≤3.91	IOS
Personal Restraint	37	37	43	50	79	70	43	49	48	47	42	42	29	49		
Personal Restraint Rate	1.78	1.77	1.98	2.68	3.85	3.89	2.36	3.65	3.00	2.51	2.17	2.67	2.34	2.60	≤2.80	IOS
Seclusions	19	32	20	39	53	58	35	33	34	33	29	34	17	36		
Seclusion Rate	0.92	1.53	0.92	2.09	2.58	3.22	1.92	2.46	2.13	1.76	1.49	2.16	1.37	1.87	≤2.73	IOS
AVG Minutes in Seclusion	52.62	51.82	41.7	49.76	44.33	54.9	42.2	49.71	51.92	43.15	37.5	49.74	55.71	49.26	60.43	IOS
Mechanical Restraints	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Mechanical Restraint Rate	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
% Time on Adult Diversion	16	17	18	21	38	8	37	2	7	5	44	33	23	21		
% Time on Youth Diversion	18	20	33	74	56	41	73	25	41	28	83	75	33	46		
% Time on Diversion	17	18	25	48	47	24	55	14	24	17	63	54	28	33		

# Average Minutes in Seclusion

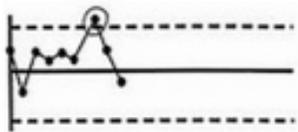
**Average Minutes in Seclusion 1000 patient hours (Nov 2022 - Nov 2023)**



## SPECIAL CAUSE VARIATION

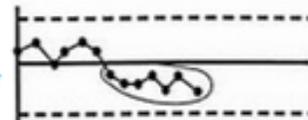
### POINT OUTSIDE OF THE LIMIT:

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



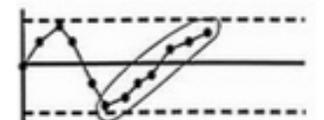
### SHIFT (RUN):

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



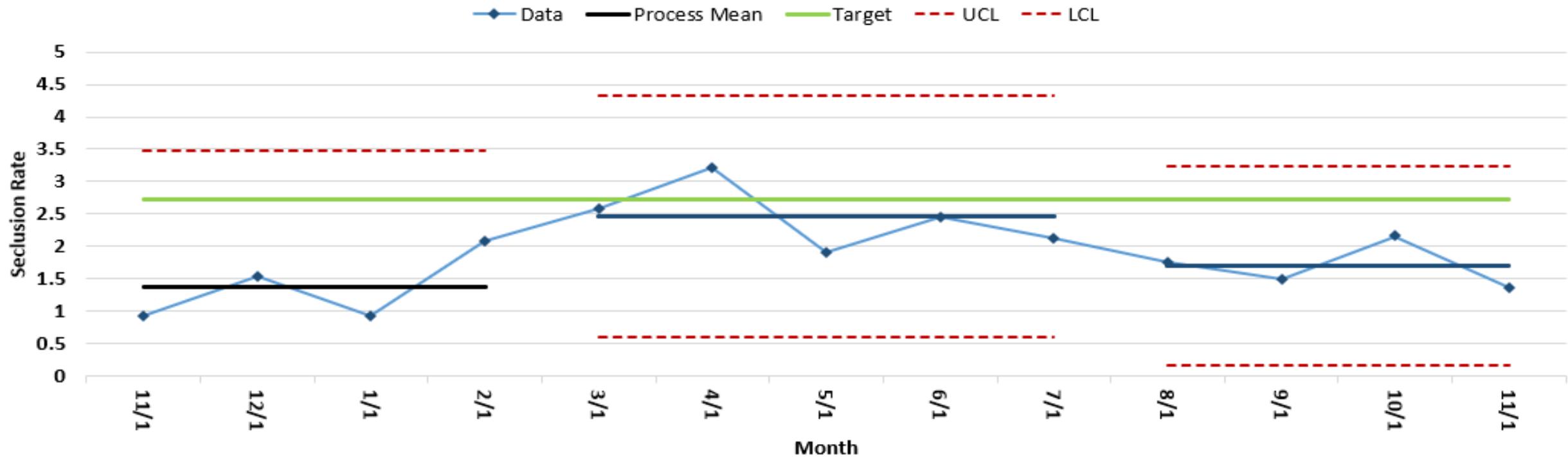
### TRENDS:

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



# Seclusion Rate

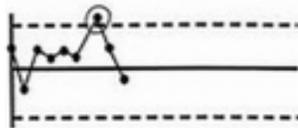
## Seclusion Rate per 1000 patient hours (Nov 2022 - Nov 2023)



### SPECIAL CAUSE VARIATION

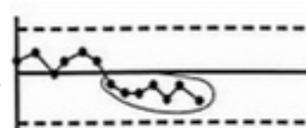
#### POINT OUTSIDE OF THE LIMIT:

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



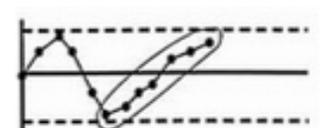
#### SHIFT (RUN):

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



#### TRENDS:

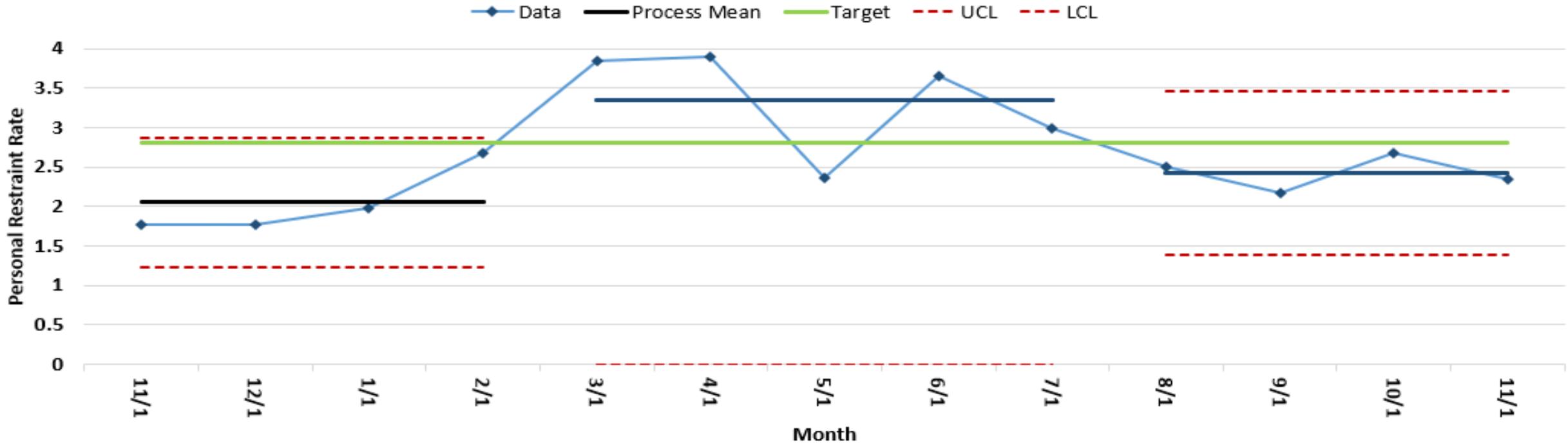
Seven consecutive points in an upward or downward direction could indicate special cause



\*\*Uptrend accounted for by # of IDD patients with Multiple Interventions

# Personal Restraint Rate

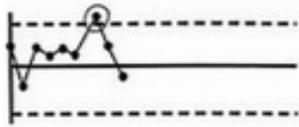
Personal Restraint Rate per 1000 patient hours (Nov 2022 - Nov 2023)



## SPECIAL CAUSE VARIATION

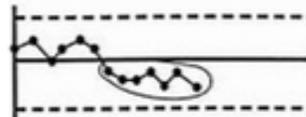
### POINT OUTSIDE OF THE LIMIT:

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



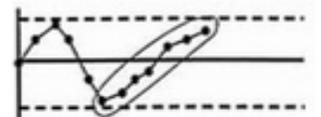
### SHIFT (RUN):

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



### TRENDS:

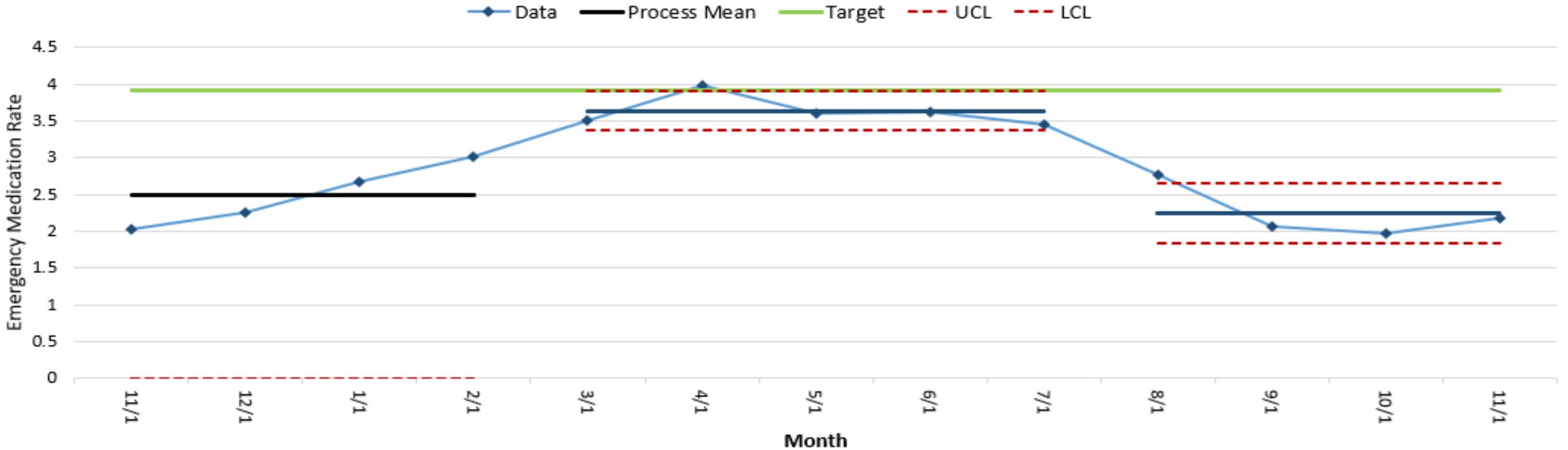
Seven consecutive points in an upward or downward direction could indicate special cause.



\*\*Uptrend accounted for by # of IDD patients with Multiple Interventions

# Emergency Medication Rate

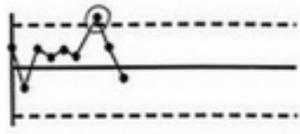
Emergency Medication Rate per 1000 patient hours (Nov 2022 - Nov 2023)



## SPECIAL CAUSE VARIATION

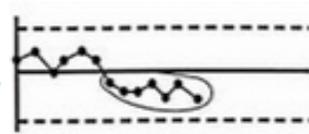
### POINT OUTSIDE OF THE LIMIT:

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



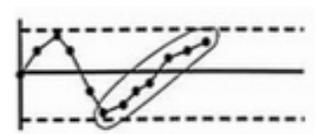
### SHIFT (RUN):

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



### TRENDS:

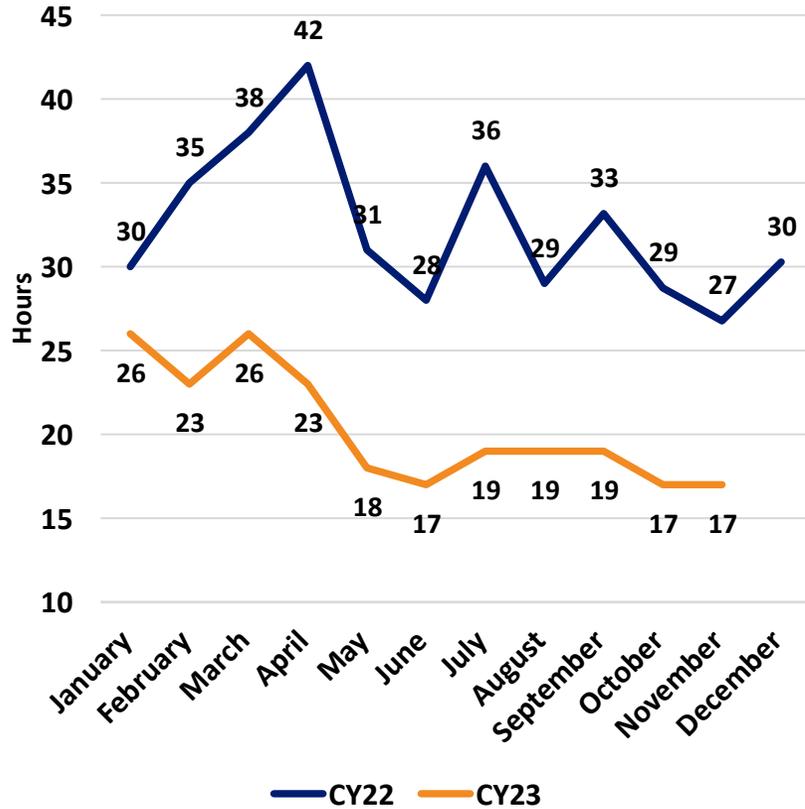
Seven consecutive points in an upward or downward direction could indicate special cause.



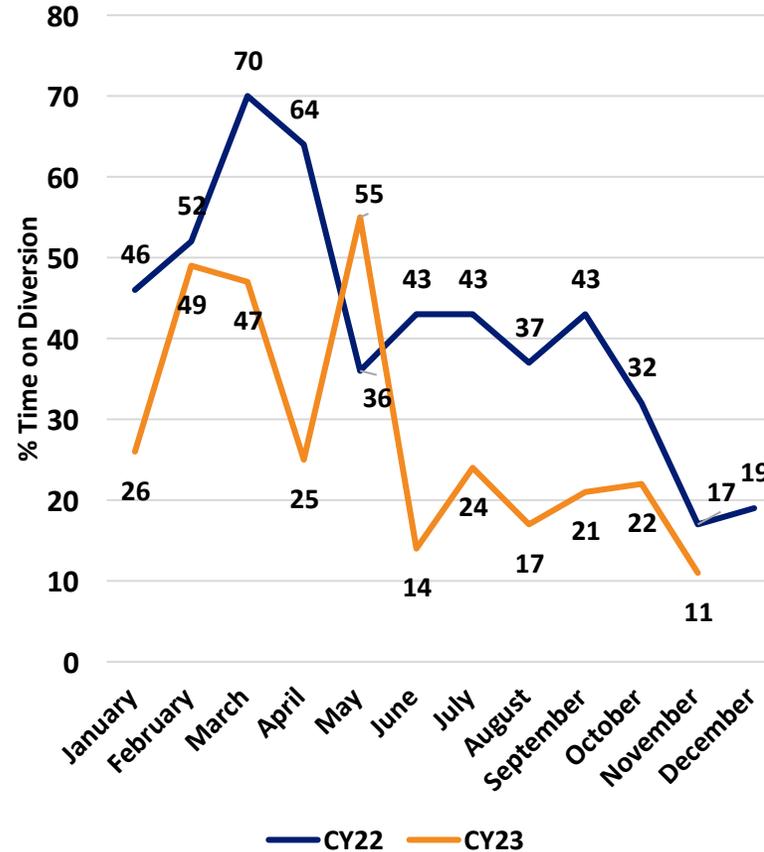
\*\*Uptrend accounted for by # of IDD patients with Multiple Interventions

# Boarding Times vs Diversion vs Beds Allocated Trends

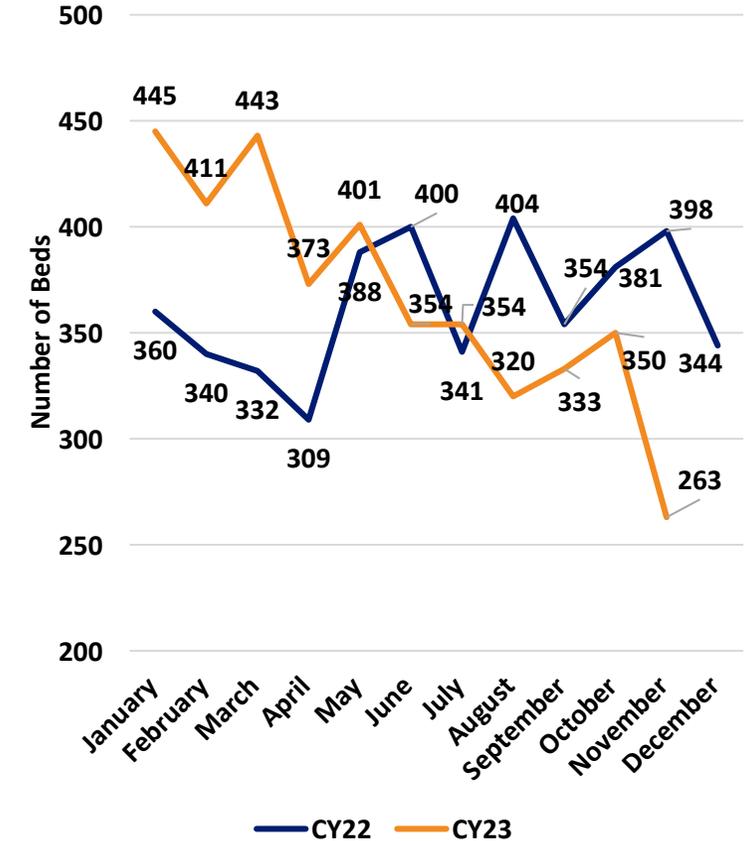
## PES Average Boarding Times



## % PES Diversion



## PES Dispositions

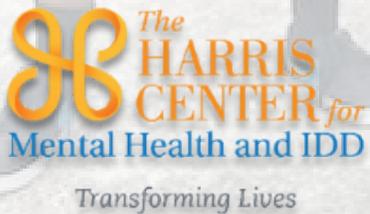


- Average Boarding Times decreased for 2023. \*West Oaks contract beds increased from 7 to 11 in June.
- % of Time on Diversion decreased in 2023 to an average 28% (2023) compared to 42% (2022). Youth Diversion times have been higher than adult diversion times starting in January 2023.
- PES Dispositions impacted by the closure of two inpatient psychiatric hospitals in the community in August & September.

# **EXHIBIT Q-4**



Basketball 4 All IDD Team – UH Homecoming



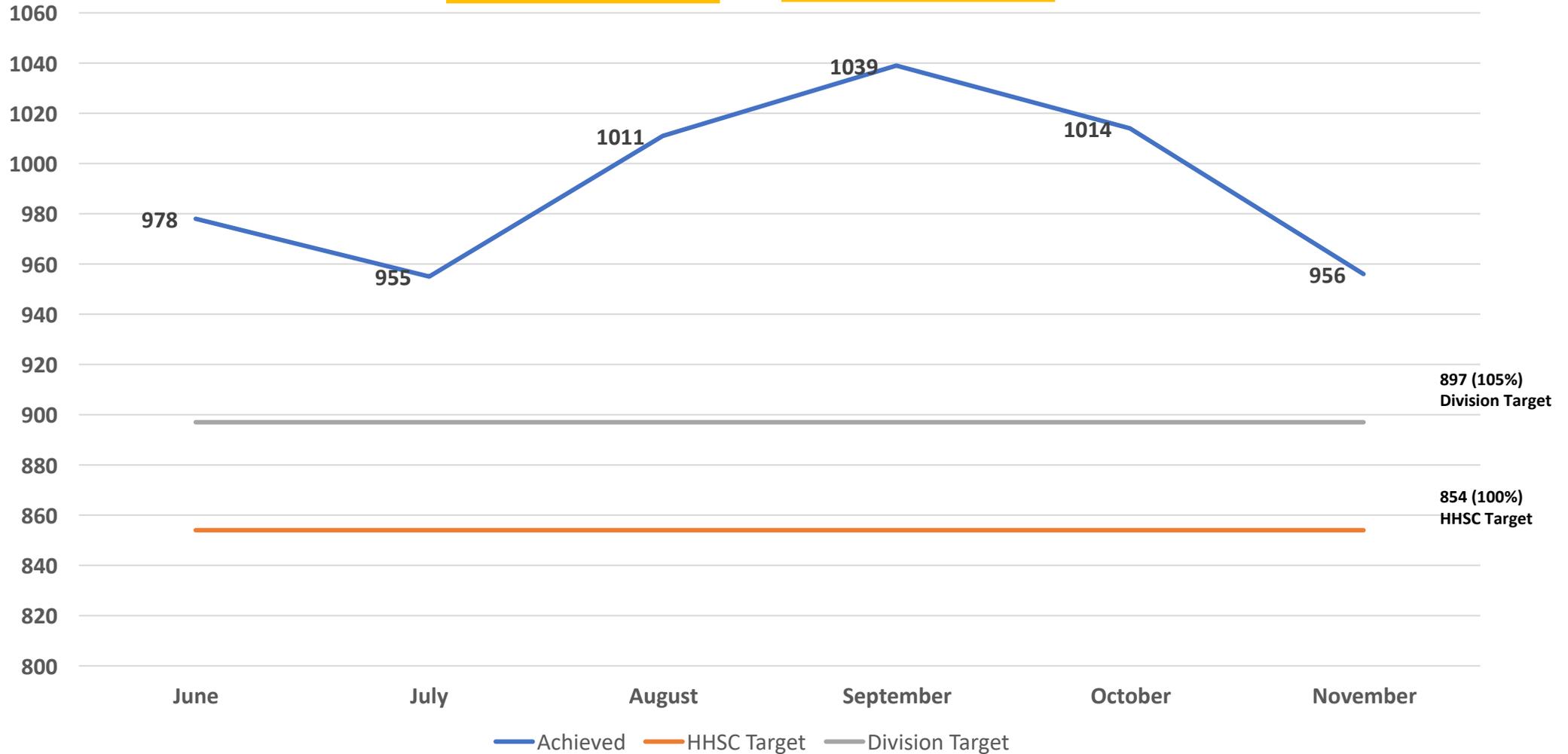
# IDD Services Division

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

# FY23-24 Performance Targets

FY23 Quarter 4  
981

FY24 Quarter 1  
1003



# 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	Oct	Nov	Dec
<b>TOTAL WAITING **R005 DID ONLY**</b>	5,831	3,473	2,891	2,606	1,422	385	55	0

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 2024	
September	119
October	117
November	111
December	106

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

\*data has been validated and is post DID (as of 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 2024			
	Sept	Oct	Nov	Dec
In-home respite (Contract) <i>Avg. wait time: ~1 month</i>	64	63	70	80
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>	0	0	0	0
Employment Services (Contract) <i>Avg. wait time: ~1 month</i>	0	0	0	0
Feeding Clinic (Internal) <i>Avg. wait time: ~1 month</i>	0	0	0	1
Outpatient Biopsychosocial Services (OBI) (Internal) <i>Avg. wait time: 10 months</i>	113	113	125	126
The Coffeehouse (Internal) <i>Avg. wait time: 5 months</i>	44	45	45	49
<b>TOTAL WAITING</b>	<b>221</b>	<b>221</b>	<b>240</b>	<b>256</b>

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

# Number Interested/GR Services\*

\*data as reported to HHSC quarterly

	2022-JUL	JUL	AUG	SEPT	OCT	NOV	DEC
R005 Eligibility Determination	5831	2891	2606	1422	385	55	0
R021 Community Supports		112	112	112	112	112	105
R022 Out-of-Home Respite		119	120	118	118	119	118
R023 In Home Respite		742	748	727	732	761	733
R032 Residential Living		5	5	6	6	6	6
R041 Employee Assistance		67	67	70	71	71	71
R042 Supported Employment		5	5	6	6	6	6
R043 Vocational Training		59	59	62	62	62	62
R053 Day Habilitation		195	197	192	197	198	194
R054 Specialized Therapies		562	574	590	640	650	637
R055 Behavioral Support		459	468	477	488	491	472
<b>UNDUPLICATED COUNT</b>	<b>7523</b>	<b>4481</b>	<b>4001</b>	<b>2902</b>	<b>1909</b>	<b>2531</b>	<b>2404</b>



GR Clients Added Per Month						
	JUL	AUG	SEPT	OCT	NOV	DEC
R021 Community Supports	0	0	0	0	0	1
R022 Respite (Out-of-Home)	1	0	0	0	0	0
R023 Respite (In-Home)	6	7	5	3	5	5
R032 Residential Living	0	0	1	0	0	0
R041 Employment Assistance	3	0	2	1	0	0
R042 supported Employment	0	0	1	0	0	0
R043 Vocational Training	0	0	3	0	0	0
R053 Day Habilitation	2	2	1	3	2	1
R054 Specialized Therapies	10	11	11	9	9	11
R055 Behavioral Supports	7	5	6	8	3	9
<b>TOTAL ADDED</b>	<b>29</b>	<b>25</b>	<b>30</b>	<b>24</b>	<b>19</b>	<b>27</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	0	0
Total on Interest List in HARRIS COUNTY	23,821	22,427
Total on Interest List in TEXAS	117,778	106,811
Average Time on Interest List	16-17 years	14-15 years
FY24/25 Biennial Slots STATEWIDE	1,144	305

IDD HCPC ADMISSIONS*			
	FY22	FY23	FY24
Total Admissions	130	228	34
Total Individuals with Re-Admissions	49	67	14
Total Referred to IDD Eligibility	19	45	7
Total in Service Coordination at Time of Hospitalization	32	68	13

\*data FYTD through December FY2024

	Number of DIDs Completed
FY23 TOTAL	1,413 Avg. 118 per month
SEPT	120
OCT	134
NOV	67
DEC	43

\*Data as of 1/2/24

**October Breakdown:**

32 Full - 8 Updates - 3 Endorsements

**YTD Breakdown:**

299 Full - 34 Updates - 31 Endorsements

	AVG Completion Time (CALENDAR DAYS)
FY23 AVG	23 days
SEPT	25
OCT	13
NOV	10

\*Data as of 1/2/24

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

# GR Routine Process\*



BLUEPRINT  
2.0



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



- 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



- 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



## IDD + Psychiatric Care

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

## IDD + Forensic Diversion

Increase community diversions via  
safety net services