

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

Quality Committee Meeting
April 15, 2025
11:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, March 18, 2025
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
 - A. Board Scorecard
(EXHIBIT Q-2 Trudy Leidich)
 - B. Medical Services
(EXHIBIT Q-3 Luming Li/Danyalle Evans)
- V. **EXECUTIVE SESSION-**
 - *As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.*
 - *Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality*
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **ADJOURN**



Veronica Franco, Board Liaison
Luis A. Fernandez, M.D. Chairman
Quality Committee
The Harris Center for Mental Health and IDD



EXHIBIT Q-1

The HARRIS CENTER for
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, MARCH 18, 2025
MINUTES

Dr. L. Fernandez, Committee Chair, called the meeting to order at 11:04 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. L. Fernandez, Dr. K. Bacon, Dr. R. Gearing

Committee Member Absent:

Other Board Member in Attendance: Dr. J. Lankford

1. CALL TO ORDER

Dr. L. Fernandez called the meeting to order at 11:04 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. L. Fernandez designated Dr. J. Lankford as a voting member.

3. DECLARATION OF QUORUM

Dr. Fernandez declared a quorum was present.

4. PUBLIC COMMENT

5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, February 18, 2025

MOTION BY: GEARING SECOND BY: LANKFORD

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday February 18, 2025 as presented under Exhibit Q-1, are approved.

6. REVIEW AND COMMENT

A. Board Score Card -The Board Score Card presented by Trudy Leidich to the Quality Committee.

B. Update on Strategic Goal Suicide Care Pathway -Update on Strategic Goal Suicide Care Pathway Report presented by Tiffany Bittner to the Quality Committee.

7. EXECUTIVE SESSION-

Dr. Fernandez announced the Quality Committee would enter into executive session at 11:35 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 12:18 p.m.

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

The Quality Committee did not take action after Executive Session.

10. ADJOURN

MOTION: GEARING SECOND: BACON

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

Veronica Franco, Board Liaison
Luis Fernandez-Wische, M.D. Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health and IDD
Board of Trustees

EXHIBIT Q-2

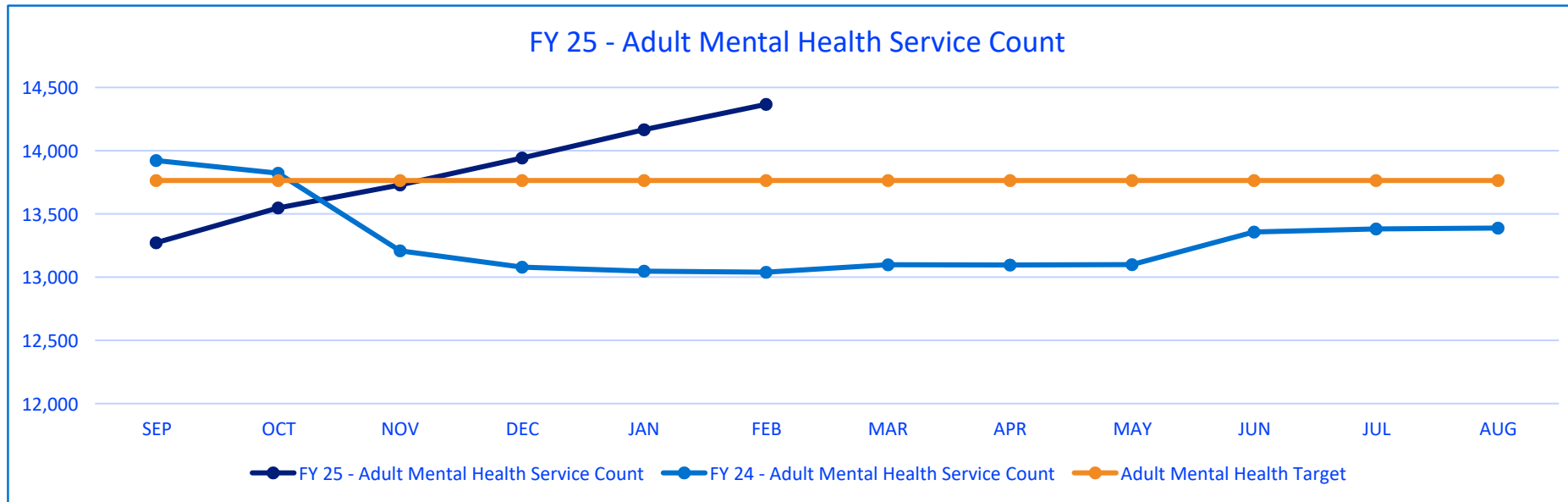
Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality
April 2025 (Reporting February 2025 Data)



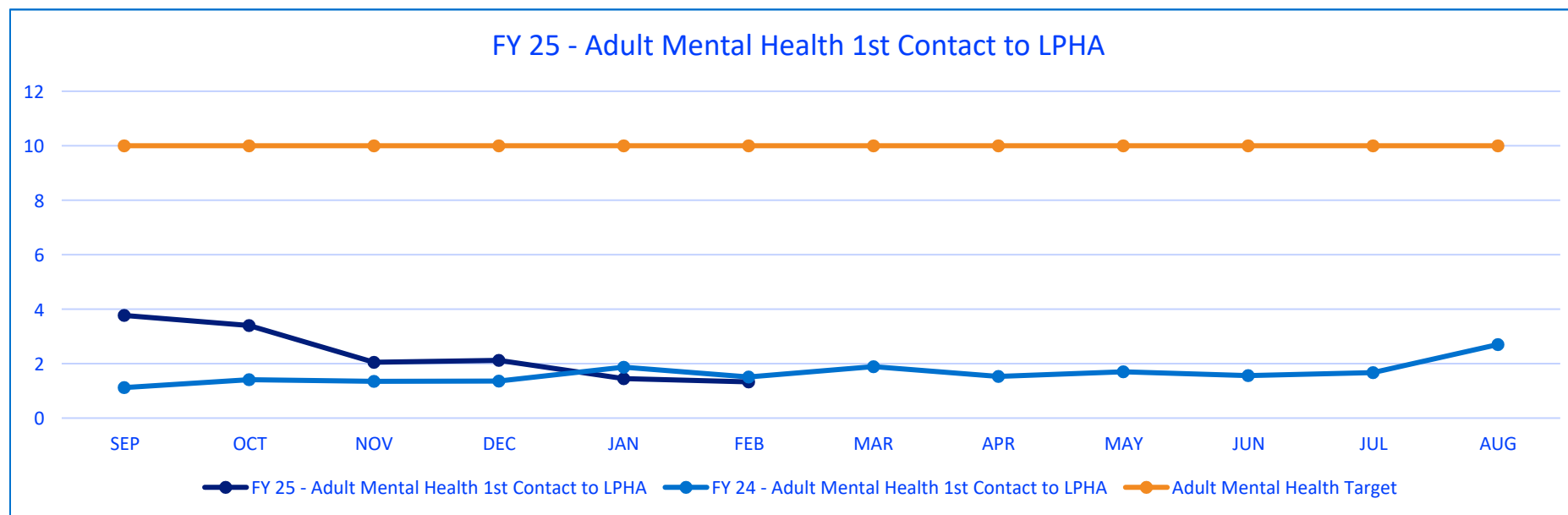
Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period: February	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,837	14,375	Increase	Contractual


Overall Trend:

- **For the reporting period:** There was a 10.18% increase in the number of services provided February FY 25 compared to February FY 24.
- **FY 25 Performance:** The service count average for FY 25 (13,837) is higher than the average service count for FY 24 (13,353)

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

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.35 Days	1.33 Days	Decrease	Contractual

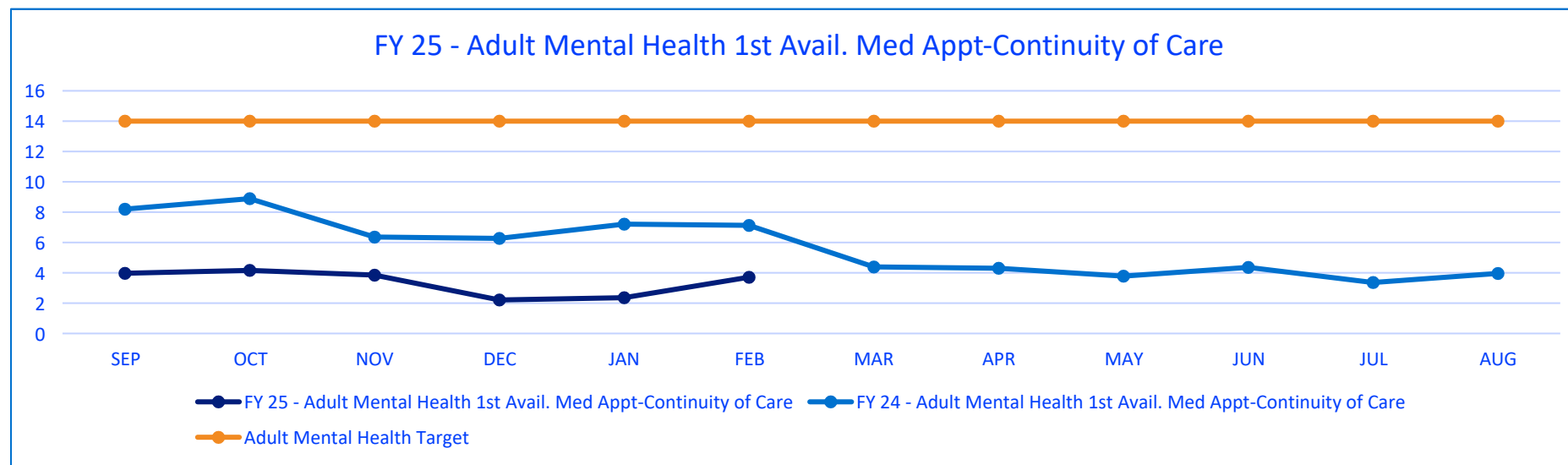


Notes:

1.The first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period is 11.92% lower at 1.33 days compared to 1.51 days in February 2024 well below the target of 10.00 days. This suggests this measure is operating efficiently within the target range.

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

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period: February	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.38 days	3.71 days	Decrease	Contractual

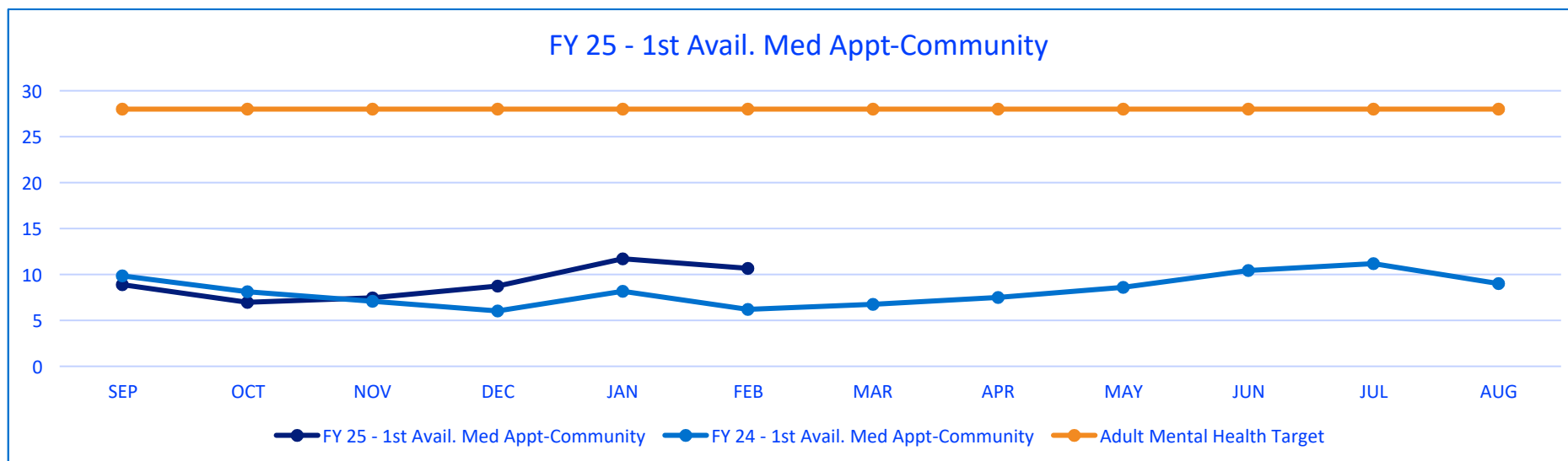


Notes:

1. There was a 47.97% decrease in the time taken for the first available medical appointment for continuity of care when comparing February FY 24 to February FY 25. This indicates a significant improvement in reducing wait times for patients. Both FY 24 and FY 25 times are well below the target of 14.00 days, demonstrating that the service is performing efficiently and exceeding expectations.

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	2025 Fiscal Year Target	2025 Fiscal Year Average (September-August)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.75 days	10.67 days	Decrease	Contractual

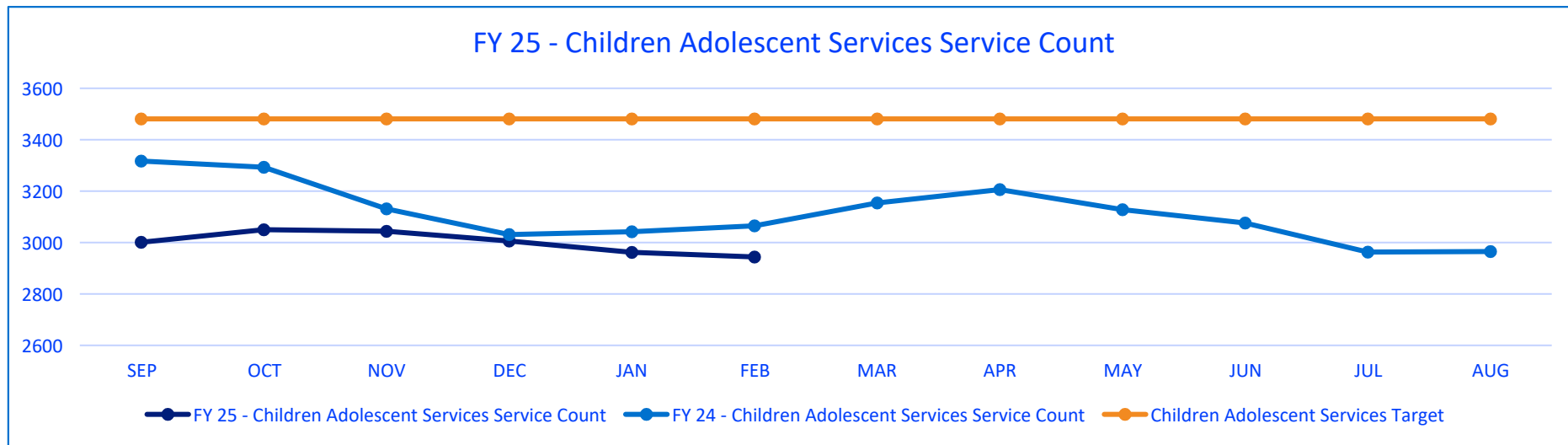


Notes:

1. There was an increase in the time taken for the first available medical appointment in the community comparing February FY 24 to February FY 25. Both FY 24 and FY 25 times are significantly below the target of 28.00 days, demonstrating that the service is performing well and providing timely access to medical appointments.

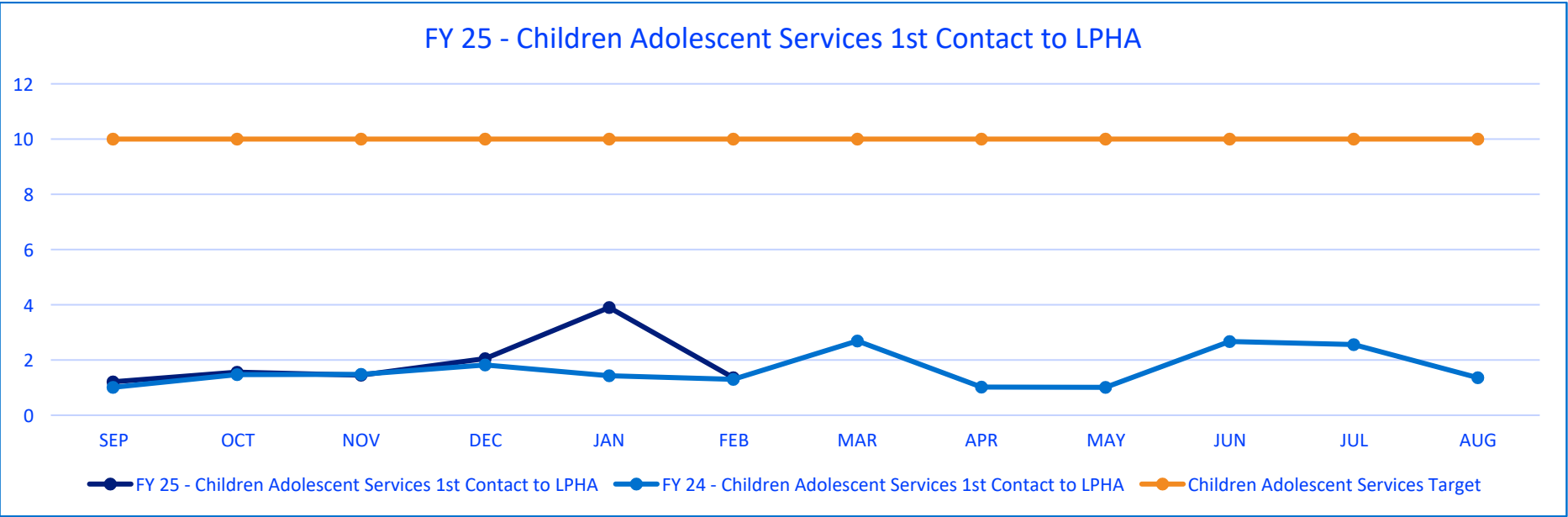
Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date

Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period- February	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,001	2,947	Increase	Contractual

**Notes:**

1. There was a 3.95% decrease in the number of services provided in this reporting period (FY 25 December) compared to FY 24 December. A process improvement workgroup is reviewing areas of opportunities for this measure

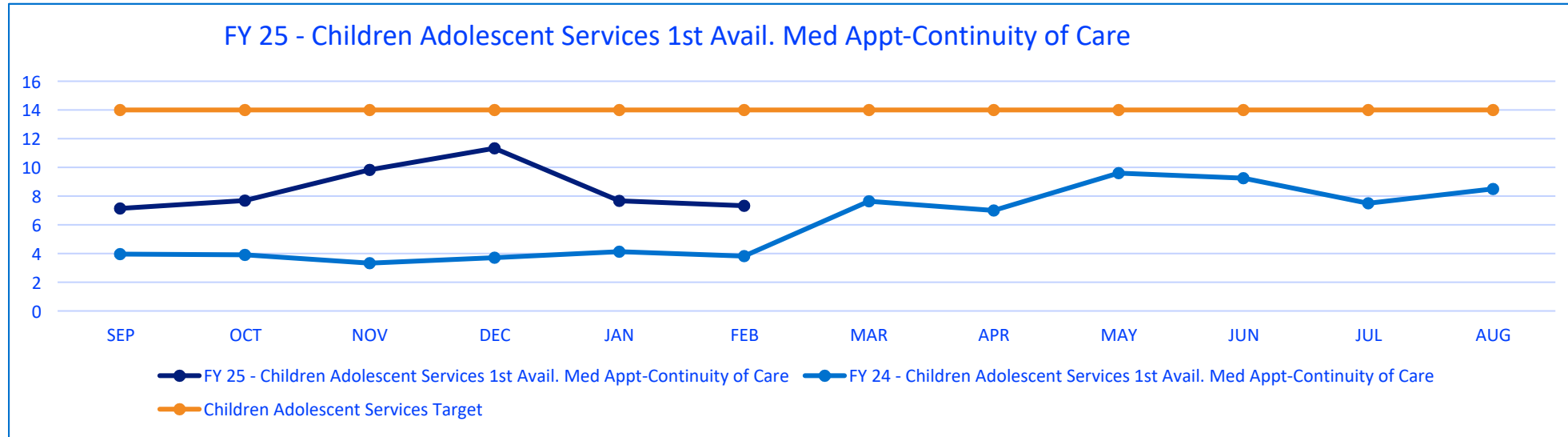
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.92 days	1.36 days	Decrease	Contractual



Notes:

1. First contact to LPHA (Licensed Professional of the Healing Arts) continues to perform well and below target. This suggests that the service is operating efficiently within the target range.

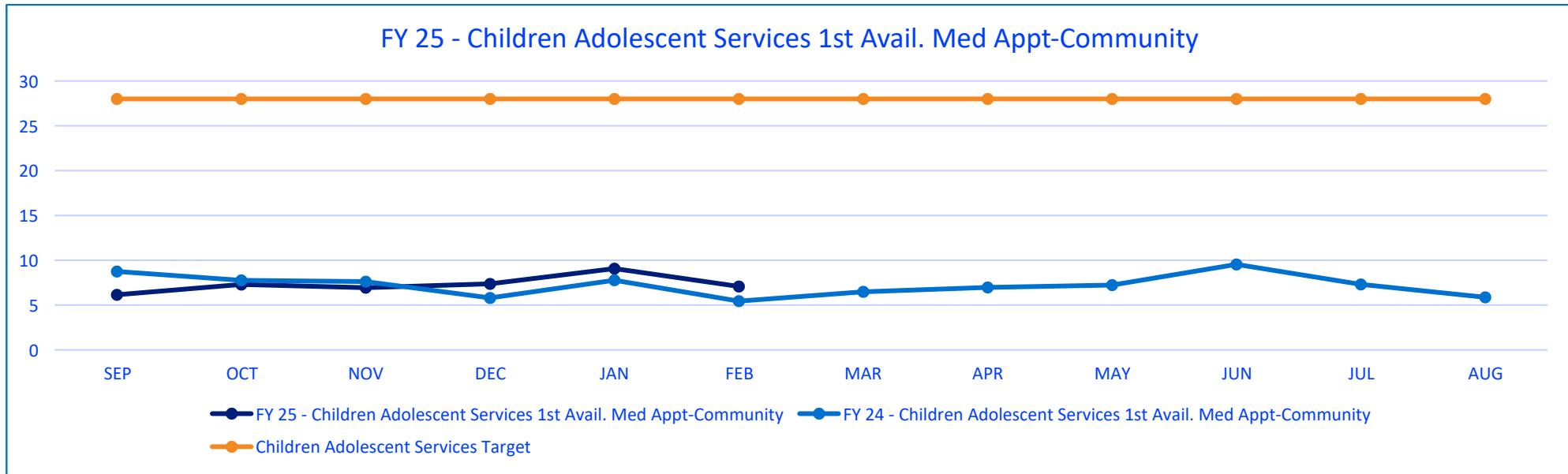
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	8.50 days	7.33 days	Decrease	Contractual

**Notes:**

1. There was an increase in the time taken for the first available medical appointment for continuity of care in FY 25 compared to the same period in FY 24. Despite the increase, the measure is still well below the target of 14.00 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

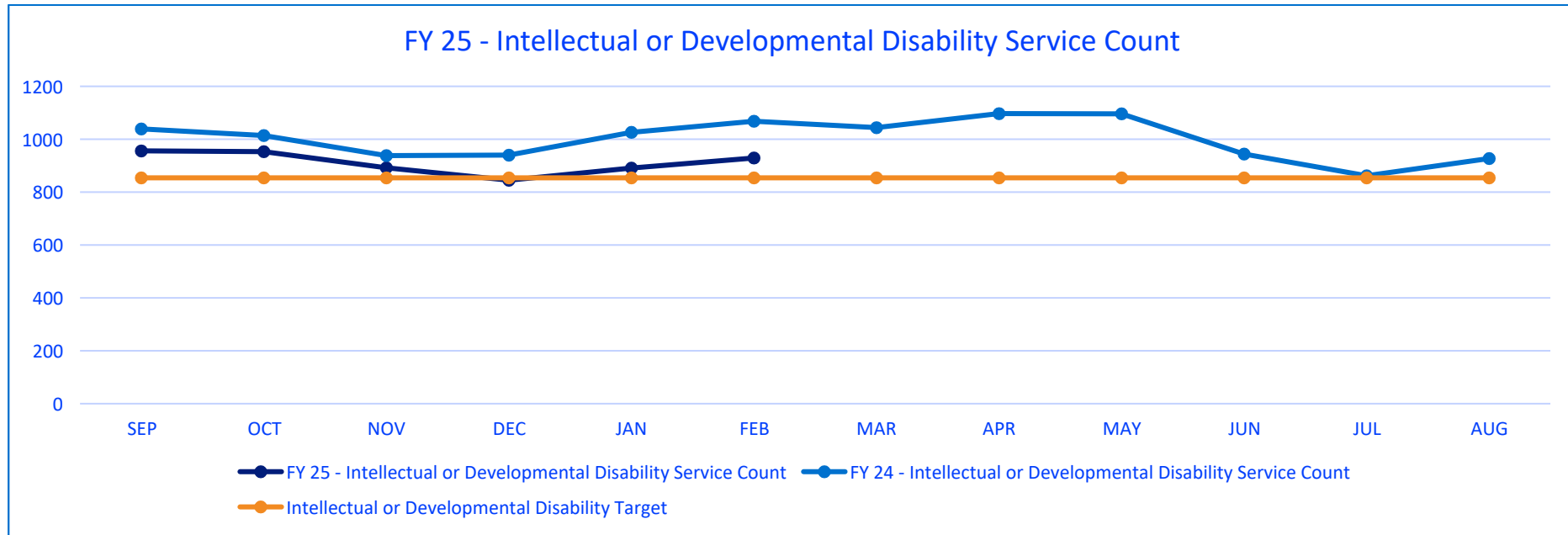
Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September – August)	Reporting Period-February	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.32 days	7.08 days	Decrease	Contractual

**Notes:**

1. There was a marginal increase in the time taken for the first available medical appointment in the community when comparing February FY 24 to February FY 25. Despite this increase the measure is significantly below the target of 28.00 days.

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	2025 Fiscal Year State Count Target	2025 Fiscal Year State Count Average (September – August)	Reporting Period- February	Target Desired Direction	Target Type
Access	IDD	854	907	929	Increase	Contractual

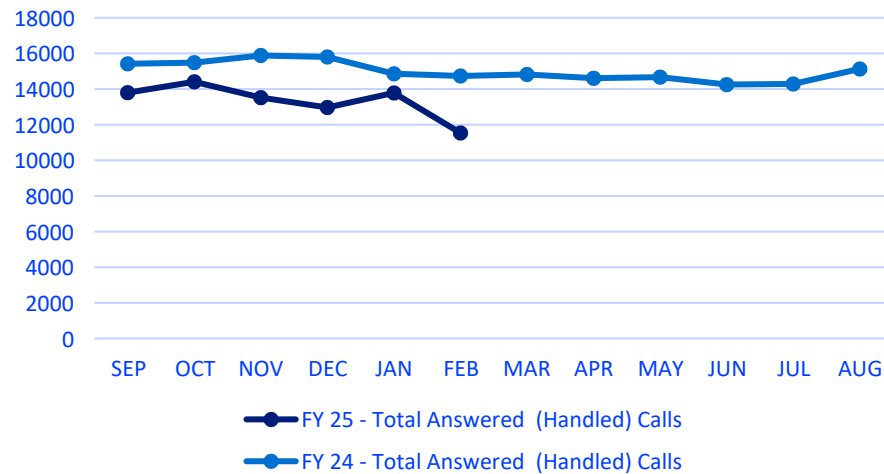
**Notes:**

- The IDD division service care count is at 929 for this reporting period

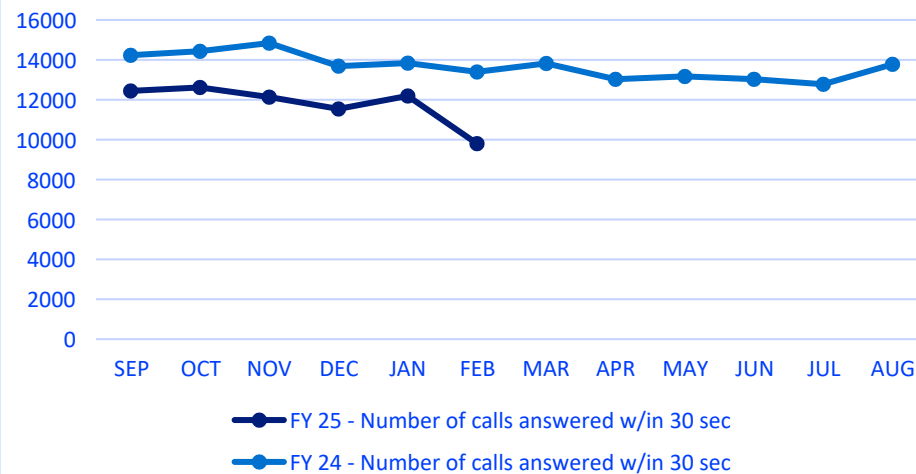
Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which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

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,337	11,541	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	11,789	9,803	Increase	Contractual

FY 25 - Total Answered (Handled) Calls

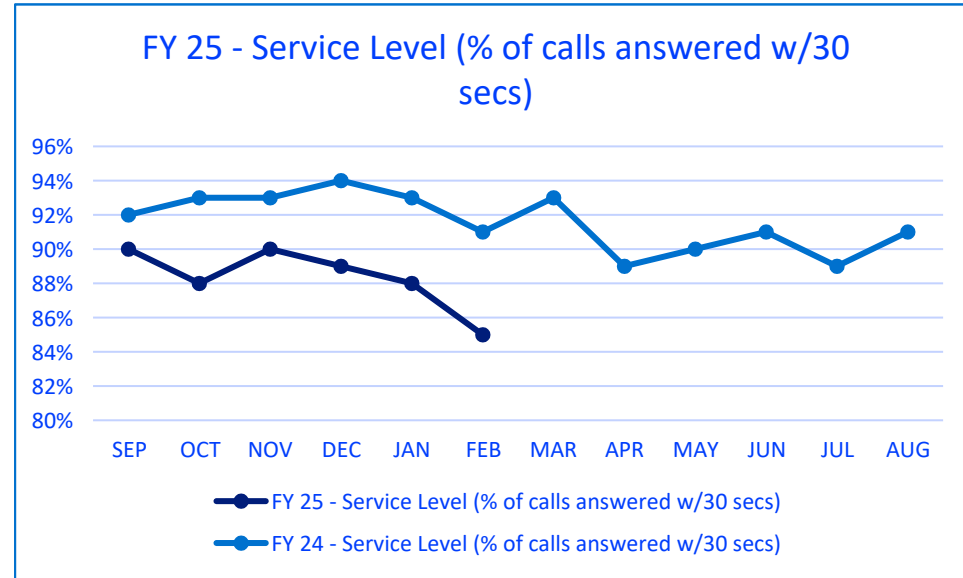
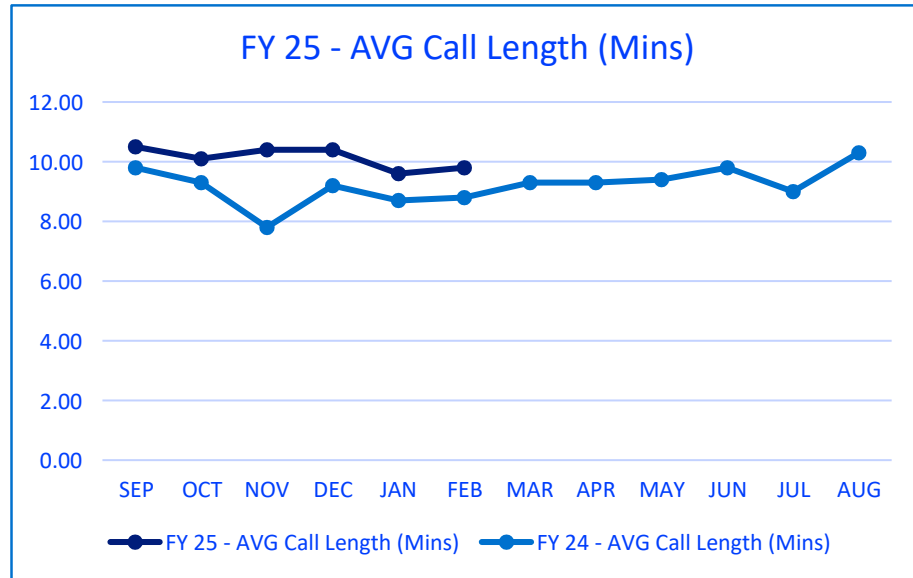


FY 25 - Number of calls answered w/in 30 sec

Notes:

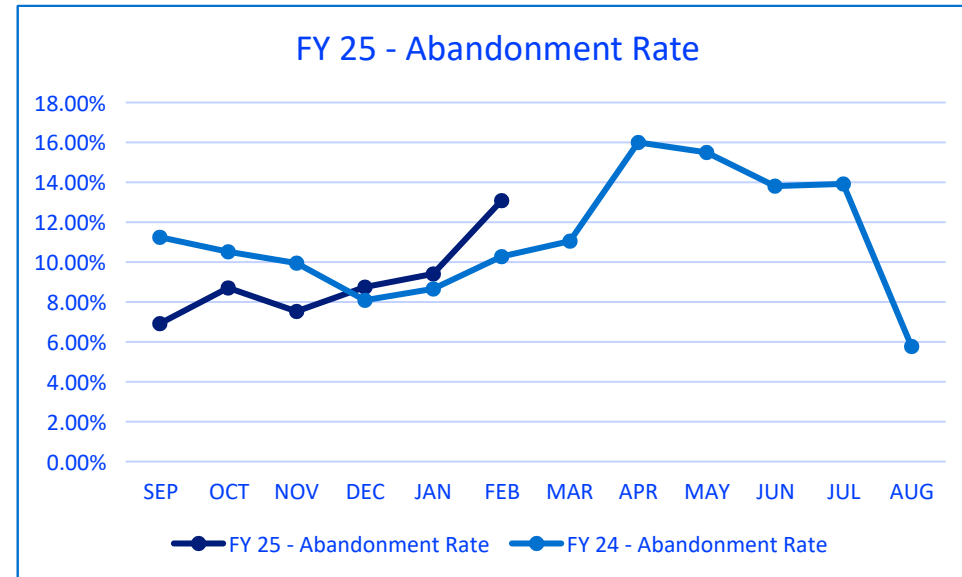
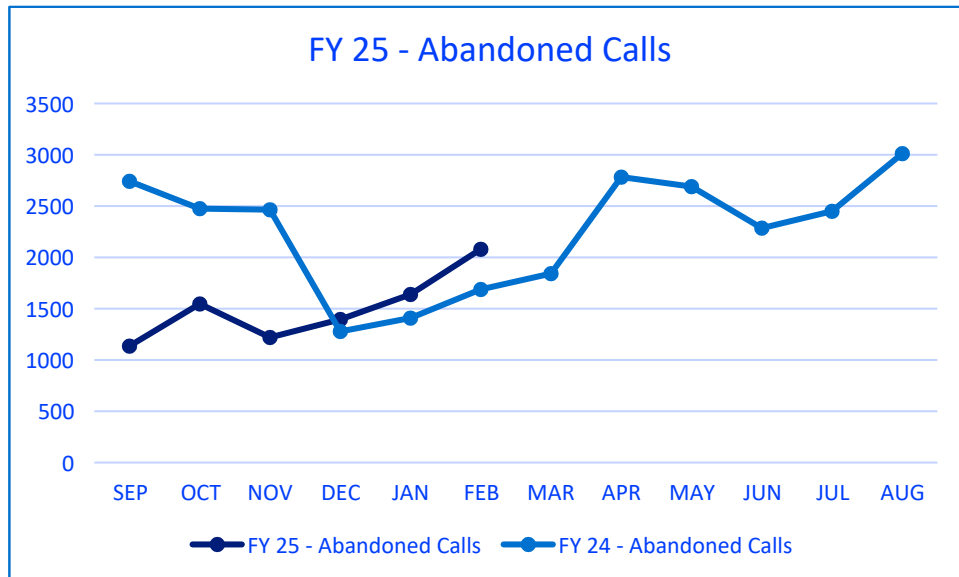
- There was a 21.68% decrease in the number of answered (handled) calls comparing February FY 24 to February FY 25.
- There was a 26.84% decrease in the number of calls answered within 30 seconds comparing February FY 24 to February FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.13	9.80	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	88.00%	85%	Increase	Contractual

**Notes:**

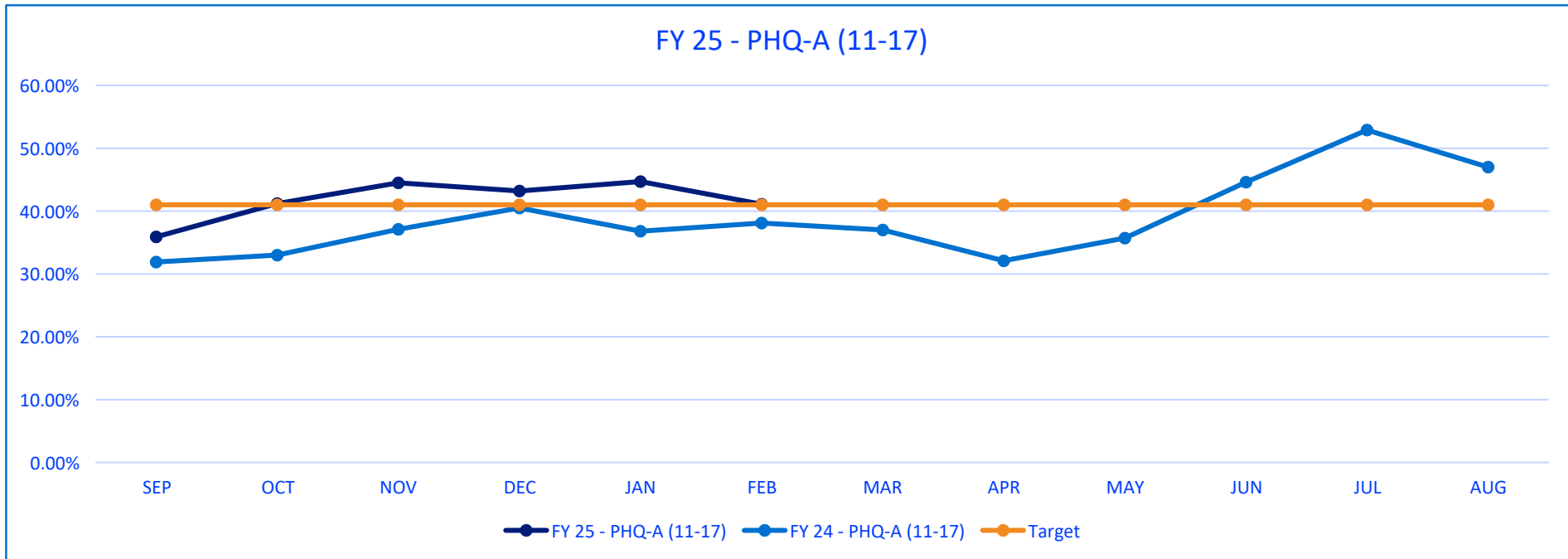
- There was a 7-percentage point decrease in the service level comparing February FY 24 to February FY 25.
- There was a 11.36% increase in the average call length when comparing February FY 24 to February FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,503	2,080	Decrease	Contractual
	Abandonment Rate	<8%	9.00%	13.08%	Decrease	Contractual

**Notes:**

- There was a 23.22 % increase in the number of abandoned calls comparing February FY 24 to February FY 25.
- The abandonment rate shows an increase of 27.24% comparing February FY 24 to February FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period-February	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	42.00%	41.10%	Increase	IOS



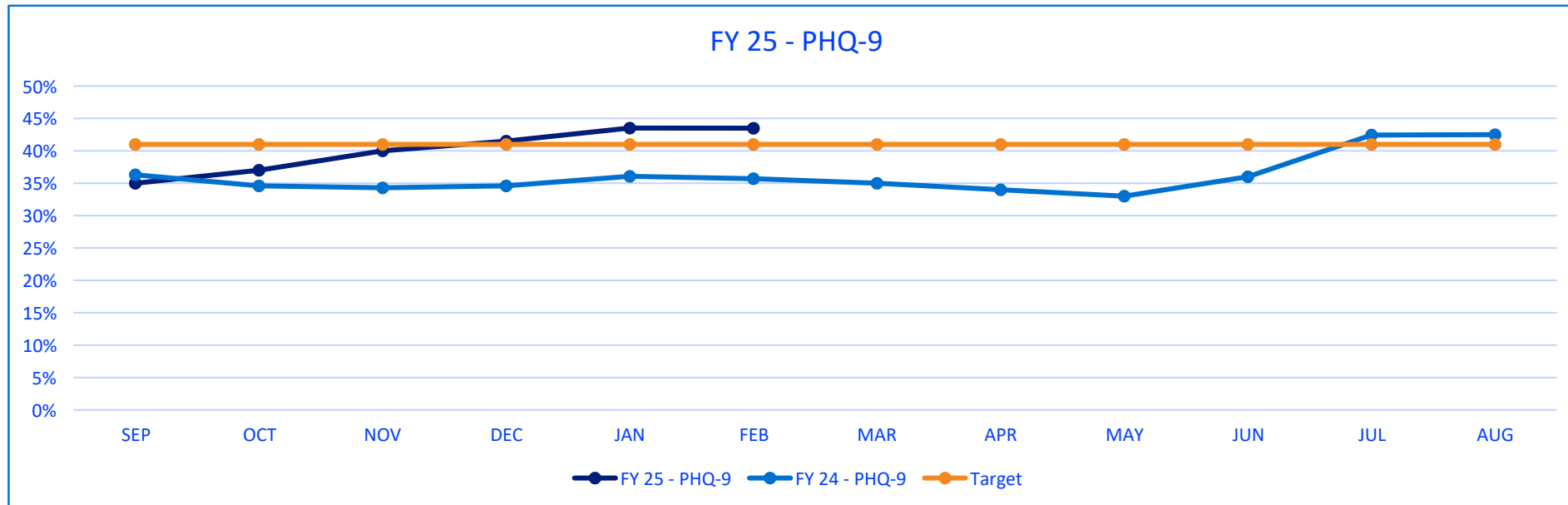
Notes:

- There was a 21.85% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from February FY 24 to February FY 25. This indicates an improvement in the assessment scores for adolescents aged 11-17.

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 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period- February	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	40%	44.00%	Increase	IOS



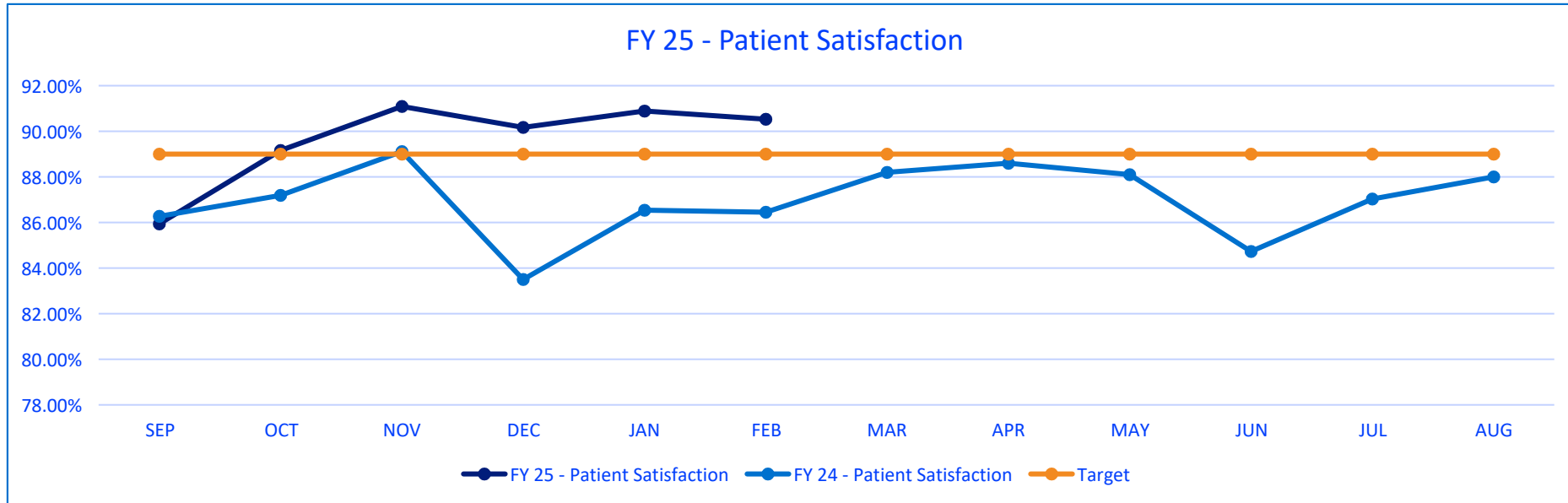
Notes:

- There was an increase in the adult PHQ-9 (Patient Health Questionnaire-9) with low score comparing February FY 24 to February FY 25.

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)	2025 Fiscal Year Target	2025Fiscal Year Average (September - August)	Reporting Period- February	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90.00%	90.53%	Increase	IOS

**Notes:**

For the reporting period Patient satisfaction exceeded the target, showing improvement over the same FY 24. Overall, patient satisfaction in FY 25 shows a positive trend, especially in November and December, where it surpassed the target.

Appendix

Board of Trustee's PI Scorecard - FY25 to Date



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	FY25 AVG	FY25 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0							0	0	IOS	MH-BO
Adult Service Target	13,272	13,547	13,720	13,942	14,166	14,375							13,837	13,764	C	MBOW
AMH Actual Service Target %	96.43%	98.42%	99.68%	101.29%	102.92%	104.37%							100.52%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	46.60%	61.50%	55.90%	54.80%	58.20%	59.10%							56.02%	≥ 65.60%	C	MBOW
CAS Waitlist (State Defined)	0	0	0	0	0	0							0	0	IOS	MH-BO
CAS Service Target	3,001	3,050	3,039	3,005	2,962	2,947							3,001	3,481	C	MBOW
CAS Actual Service Target %	86.21%	87.62%	87.30%	86.33%	85.09%	84.57%							86.19%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	80.10%	83.00%	74.20%	71.60%	77.40%	76.00%							77.05%	≥ 65.00%	C	MBOW
IDD Service Target	956	953	892	839	906	929							913	854	SP	MBOW
IDD Actual Service Target %	111.94%	111.59%	104.50%	98.24%	104.33%	108.79%							106.57%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.21	1.56	1.45	2.05	3.90	1.36							1.92	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	3.77	3.40	4.21	4.52	3.81	1.33							3.51	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	3.34	3.10	3.78	4.20	3.82	1.34							3.26	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	7.14	7.69	9.83	11.33	7.67	7.33							8.50	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	6.15	7.30	6.94	7.26	9.18	7.08							7.32	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	2	0	2	2	18	8							5.33	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	0	0							0.00	0	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt-COC	3.97	4.16	3.85	4.91	4.32	3.71							4.15	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	8.89	6.97	7.46	8.76	11.67	10.67							9.07	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	2	4	5	8	44	61							20.67	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	0	0	0	1	0	0							0.17	0	IOS	Epic
Access to Care, Crisis Line																
Total Calls Received	16,427	17,765	16,196	15,951	17,410	15,899							16,608			
AVG Call Length (Mins)	10.50	10.10	10.40	10.40	9.60	9.80							10.13			
Service Level	90.00%	88.00%	90.00%	89.00%	88.00%	85.00%							88.33%	≥ 95.00%	C	Brightmetrics
Abandonment Rate	6.92%	8.71%	7.53%	8.75%	9.41%	13.08%							9.07%	< 8.00%	NS	Brightmetrics
Occupancy Rate	78.00%	80.00%	80.00%	76.00%	78.00%	82.00%							79.00%			Brightmetrics
Crisis Call Follow-Up	99.28%	99.29%	99.32%	99.58%	100.00%	100.00%							99.58%	> 97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	79.50%	91.00%	83.30%	87.10%	83.30%	90.00%							85.70%	> 52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																
PES Total Visits	1102	1,047	984	944	934	1,036							1008			
PES Admission Volume	494	453	430	419	419	452							444.50			
Mechanical Restraints	0	0	0	0	0	0							0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00							0.00	≤ 0.01	IOS	Epic
Personal Restraints	30	26	39	39	23	56							35.50			Epic
Personal Restraint Rate	1.23	2.02	3.15	3.15	1.85	4.51							2.65	≤ 2.80	IOS	Epic
Seclusions	29	20	27	32	18	49							29.17			Epic
Seclusion Rate	1.19%	1.62%	2.18%	3.15%	1.01%	3.50%							0.02	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	92.07	27.48	42.59	43.67	42.00	56.61							50.74	≤ 61.73	IOS	Epic
Emergency Medications	32	31	18	35	20	38							29.00			Epic
EM Rate	1.31	1.55	1.45	2.26	1.62	1.99							1.70	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%	100.00%	IOS	Epic

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																
CW Patient Satisfaction	86.66%	89.16%	91.09%	90.17%	90.89%	90.53%							89.75%	90.00%	IOS	Feedtrail
V-SSS 2	88.49%	89.48%	91.37%	91.00%	90.61%	91.14%							90.35%	90.00%	IOS	Feedtrail
PoC-IP	90.82%	92.52%	90.08%	87.96%	92.78%	88.81%							90.50%	90.00%	IOS	McLean
Pharmacy	96.95%	97.36%	98.72%	97.82%	95.29%	99.67%							97.64%	90.00%	IOS	Feedtrail
V-SSS 2.1	57.69%	68.00%	83.76%	75.00%	65.63%	74.67%							70.79%	90.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	23.16%	22.60%	25.19%	26.60%	26.35%	27.20%							25.18%	24.00%	IOS	MBOW
BDSS	24.64%	27.39%	28.14%	28.19%	27.93%	28.09%							27.40%	32.00%	IOS	MBOW
PSRS	33.33%	34.48%	33.78%	33.12%	33.94%	34.42%							33.85%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	0.67	0.84	1.4	0.84	1.05	0.33							0.86	0.68	IOS	McLean
QIDS-C	47.60%	46.90%	52.20%	47.80%	47.90%	52.40%							49.13%	45.38%	IOS	Epic
BDSS	44.10%	45.30%	47.90%	42.40%	42.40%	46.80%							44.82%	46.47%	IOS	Epic
PSRS	41.40%	38.70%	35.80%	35.50%	42.00%	37.50%							38.48%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	35.90%	41.20%	44.50%	43.20%	44.70%	41.10%							41.77%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-17)	52.50%	45.50%	50.00%	40.60%	46.50%	47.40%							47.08%		IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	34.30%	34.60%	35.10%	34.60%	34.40%	34.60%							34.60%	20.00%	C	MBOW
CANS (Child/Adolescent)	18.60%	16.60%	15.70%	16.80%	20.40%	22.90%							18.50%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	46.60%	42.20%	42.30%	43.70%	40.70%	46.60%							43.68%	48.07%	IOS	Epic

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	FY24 AVG	FY24 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	13,922	13,822	13,230	13,079	13,047	13,039	13,098	13,096	13,099	13,380	13,381	13,388	13,298	13,764	C	MBOW
AMH Actual Service Target %	101.15%	100.42%	96.12%	95.02%	94.79%	94.73%	95.16%	95.15%	95.17%	97.21%	97.22%	97.27%	96.62%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	56.70%	58.90%	52.60%	54.63%	56.24%	59.70%	57.00%	62.20%	61.50%	58.30%	55.50%	57.90%	57.60%	≥ 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	3,317	3,293	3,136	3,031	3,042	3,065	3,154	3,206	3,128	3,083	2,963	2,965	3,115	3,481	C	MBOW
CAS Actual Service Target %	95.29%	94.60%	90.09%	87.07%	87.38%	88.05%	90.61%	92.10%	89.86%	88.56%	85.12%	85.18%	89.49%	100.00%	C	MBOW
CAS Serv. Provision (Monthly)	76.00%	77.60%	71.20%	74.10%	81.60%	83.20%	80.10%	80.80%	78.10%	74.50%	68.40%	81.10%	77.23%	≥ 65.00%	C	MBOW
IDD Service Target	1039	1014	954	940	1026	1068	1044	1097	1096	943	858	927	1,001	854	SP	MBOW
IDD Actual Service Target %	121.66%	118.74%	111.71%	110.07%	120.14%	125.05%	122.25%	128.45%	128.34%	110.42%	100.47%	108.55%	117.15%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.01	1.47	1.48	1.82	1.43	1.30	2.69	1.02	1.01	2.67	2.56	1.36	1.65	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.12	1.41	1.35	1.36	1.87	1.51	1.89	1.53	1.70	1.56	1.67	2.70	1.64	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.11	1.42	1.37	1.43	1.80	1.47	1.76	1.45	1.61	1.72	1.79	2.51	1.62	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	3.96	3.91	3.33	3.71	4.13	3.82	7.30	7.00	9.60	9.25	7.50	8.50	6.00	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	8.79	7.73	7.62	5.92	7.77	5.46	6.24	6.97	7.23	9.54	7.31	5.87	7.20	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	13	7	6	2	8	1	1	3	3	3	1	3	4.25	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	3	0	0	0	0	0	0	0	0	1	0	0	0.33	0	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	86.32%	87.19%	88.89%	83.50%	86.54%	86.45%	88.20%	88.60%	88.10%	84.73%	87.03%	85.98%	86.79%	91.00%	IOS	Feedtrail
V-SSS 2	89.08%	89.72%	90.69%	87.19%	88.53%	89.66%	89.73%	90.63%	88.93%	86.52%	89.65%	89.57%	89.16%	91.00%	IOS	Feedtrail
PoC-IP	85.48%	-	89.44%	90.44%	88.94%	89.50%	92.20%	93.81%	90.89%	91.47%	88.48%	86.77%	89.77%	91.00%	IOS	McLean
Pharmacy	98.15%	97.06%	98.90%	98.41%	97.56%	96.36%	95.14%	94.71%	98.62%	96.30%	94.78%	96.67%	96.89%	91.00%	IOS	Feedtrail
V-SSS 2.1	77.00%	68.27%	87.50%	84.38%	71.11%	71.43%	76.02%	73.58%	82.84%	75.14%	58.60%	38.64%	72.04%	91.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																
QIDS-C	31.00%	30.00%	25.55%	25.26%	24.60%	24.53%	24.78%	25.36%	25.99%	26.52%	27.36%	27.94%	26.57%	24.00%	IOS	MBOW
BDSS	33.95%	33.85%	29.74%	28.68%	29.38%	29.42%	29.38%	29.87%	30.16%	30.85%	31.50%	31.80%	30.72%	32.00%	IOS	MBOW
PSRS	41.57%	41.72%	34.35%	34.87%	33.22%	34.62%	35.26%	35.81%	36.64%	36.96%	37.94%	38.50%	36.79%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																
BASIS-24 (CRU/CSU)	1.24	0.97	1.01	0.46	0.77	0.83	0.61	0.77	0.78	0.93	0.44	1.10	0.83	0.68	IOS	McLean
QIDS-C	47.60%	44.60%	48.10%	50.50%	50.80%	44.10%	51.60%	45.60%	48.20%	47.00%	48.50%	44.70%	47.61%	45.38%	IOS	Epic
PSRS	42.20%	35.30%	38.80%	40.30%	42.50%	38.20%	41.70%	34.90%	38.60%	40.50%	37.00%	38.80%	39.07%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																
PHQ-A (11-17)	41.60%	43.60%	44.40%	39.50%	36.80%	38.10%	37.00%	42.10%	44.60%	44.60%	52.90%	47.00%	42.68%	41.27%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																
ANSA (Adult)	34.38%	35.00%	37.54%	36.30%	36.29%	35.70%	36.70%	37.38%	38.84%	39.69%	41.44%	42.59%	37.65%	20.00%	C	MBOW
CANS (Child/Adolescent)	14.00%	14.01%	14.97%	18.71%	21.60%	24.74%	27.45%	30.13%	32.33%	33.26%	35.97%	36.95%	25.34%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																
DLA-20 (AMH and CAS)	50.40%	45.60%	45.00%	48.00%	46.70%	44.30%	45.80%	49.20%	47.60%	42.30%	47.40%	44.90%	46.43%	48.07%	IOS	Epic

Thank you.

EXHIBIT Q-3

Medical Services

The Harris Center for Mental Health and IDD

Presented by: Dr. Luming Li, Chief Medical Officer
Danyalle Evans, Director, Medical Services

Date April 15, 2025

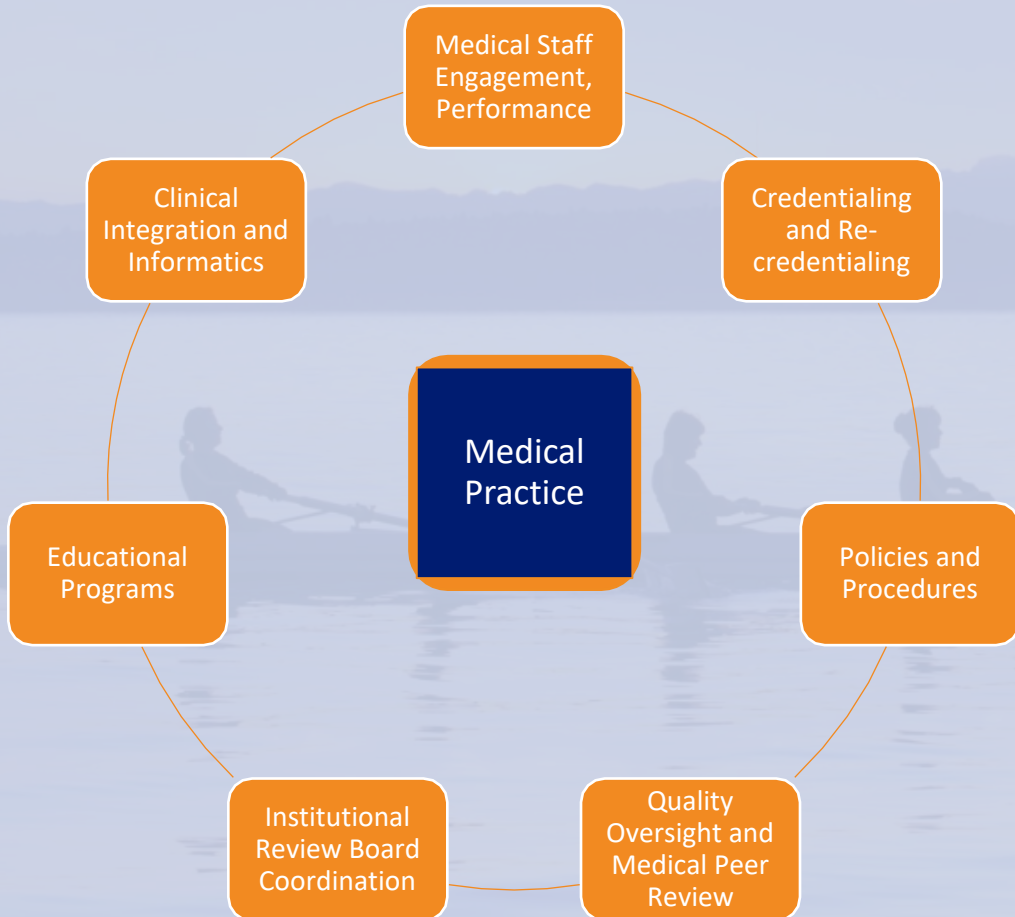


Overview

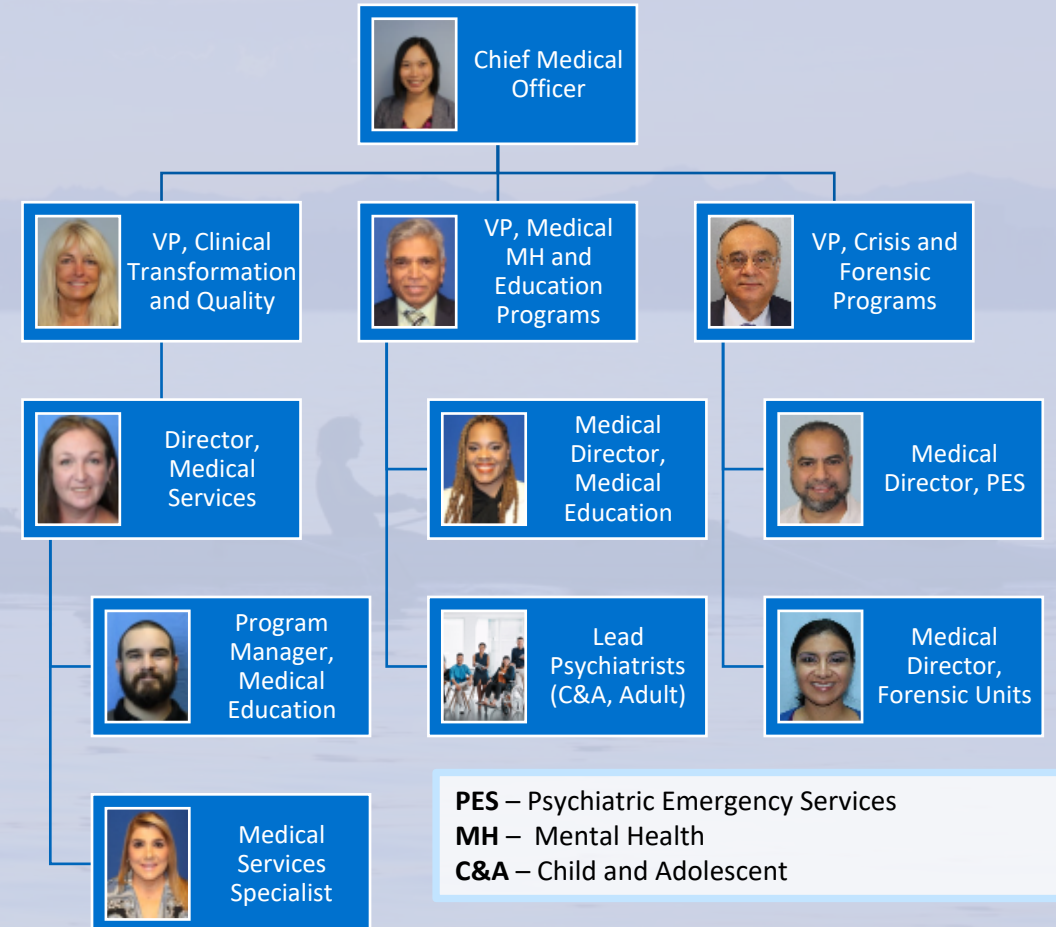


Medical Services Structure

Key Oversight Areas



Key Leaders and Team Members



Highlights and Strategic Direction

Medical Staff Engagement	Collaborations and Outreach	Care Delivery and Medical Practice	Quality Improvement and Technology
<p>Annual Professional Days (Doctors, Advanced Practice Professionals)</p> <p>Continuing Medical Education (CMEs) – Bi-monthly or more</p> <p>Local Leadership Meetings and Rounding</p> <p>Quarterly In-Person Gatherings</p> <p>CMO Newsletters – Bi-monthly</p> <ul style="list-style-type: none"> • Regulatory and Medical Practice Updates • Research/IRB 	<p>Professional Representation (Local, State, National)</p> <p>Internal Collaborations (Human Resources, Finance, Informatics, Quality, Legal, Compliance, Risk Management, etc.)</p> <p>Formal Medical Collaborations (Contracts)</p> <ul style="list-style-type: none"> • Renewal of University of Houston Staffing (Primary Care) • Multiple Residency and Fellowship Rotations 	<p>Clinical Care Pathways – Depression Remission, Suicide Care</p> <p>Clinical Pharmacy and Medication Safety Team</p> <ul style="list-style-type: none"> • Huddles, Event Reviews <p>Medical Quality -- Professional Practice Evaluation and Medical Peer Review</p> <p>Documentation Review – Compliance and Auditing</p>	<p>Implemented:</p> <ul style="list-style-type: none"> • Point of Care (POC) pregnancy and urine drug testing with nursing • Buprenorphine prescribing for maintenance treatment • Updated monitoring frequency for antipsychotics <p>Primary care integration and screening</p> <p>Epic Templates</p> <ul style="list-style-type: none"> • Easier documentation for measurement-based care, risk assessments

Medical Education Program (2024-2025)

Key Partners:

- UTHealth Houston
- Baylor College of Medicine
- University of Houston

By the Numbers:

- Residents: 43
- Fellows: 25
- Medical Students: 31
- Physician Assistant (PA) Fellow: 1

External Funding Sources:

- **PRSP-S:** \$350,000
- **CPRP:** \$255,000
- **CPWE:** \$341,954
- **Total:** \$946,954

Main Rotation Sites:

- Outpatient Clinics
- Neuropsychiatric Center
- Harris County Jail

Psychiatry Residence Stipend Program – State (PRSP-S)
Community Psychiatric Residency Grant (CPRP)
Community Psychiatry Workforce Expansion (CPWE)

Medical Education – Operational Enhancements

Grant and Affiliation Management

- Increased collaboration with academic program directors and coordinators
- Streamlined processes for billing and grant invoicing

Seamless Trainee Experience

- Improved onboarding (i.e. digitizing jail clearance)
- Resident “Survival guides”
- Community psychiatry-focused educational activities
- National presentation and publication (under review)

Educational Infrastructure

- Longitudinal community rotation
- Ongoing evaluation of new sites, supervisors and learner groups
- Developed Director-level support for program
- Teaching faculty positions

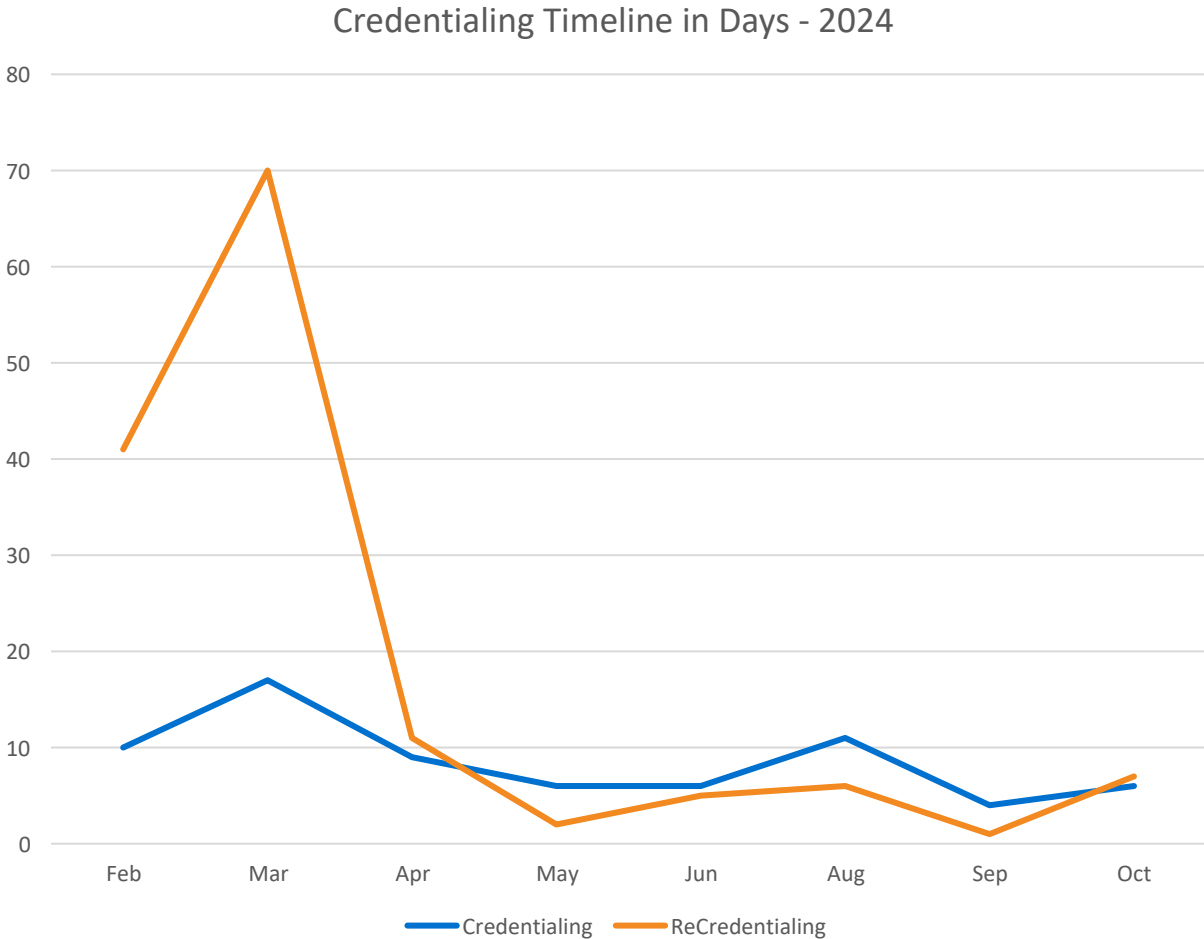
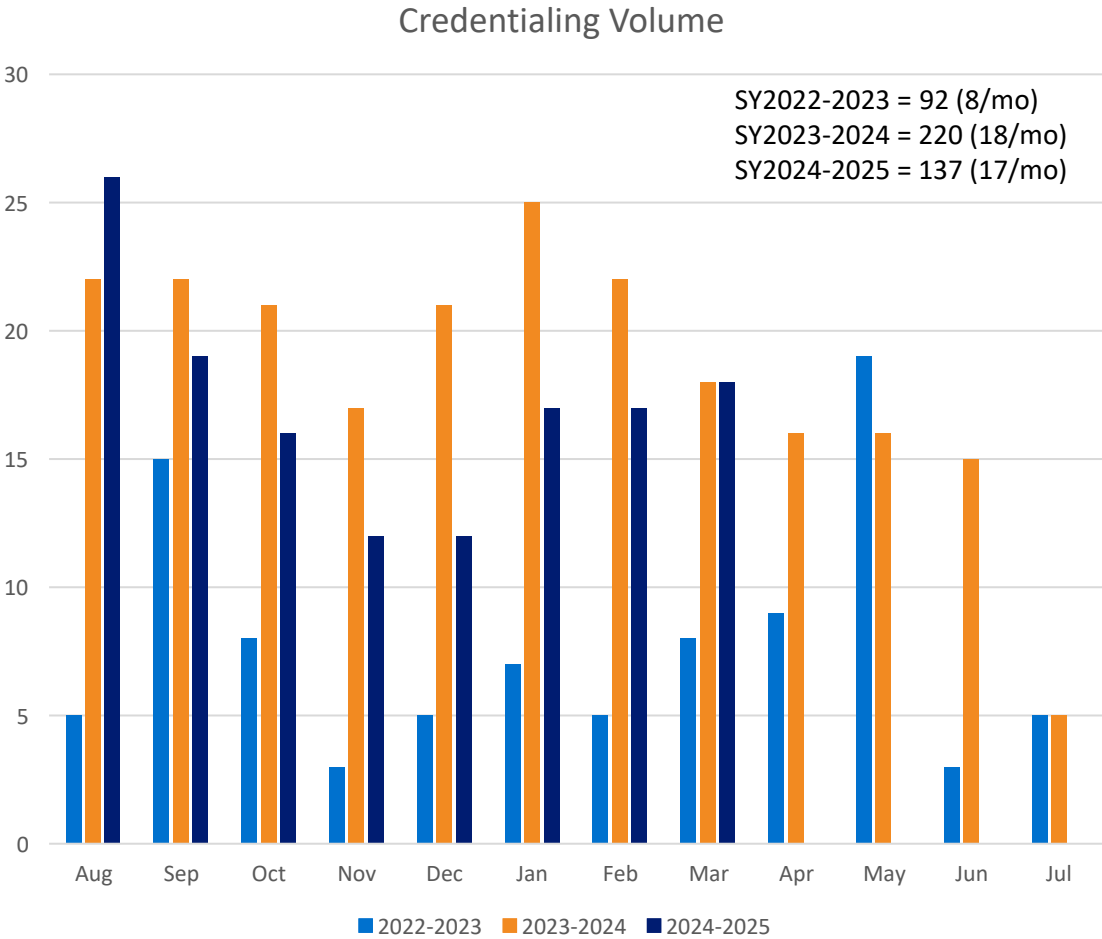
Credentialing

- **Credentialing:** process to obtain, review, verify documentation of professional providers to grant membership to medical practice and/or healthcare entity ("you are who you say you are")
 - **Primary Source Verification** (Licensure, Certifications, Training/Work History, National Database History for Malpractice and other serious circumstances)
 - **Background Check** (HR at The Harris Center)
- **Credentialing requirements** set by Texas Administrative Code (TAC)
 - Reviewed by accreditation programs, insurers

• Key Updates

- Realigned to Medical Services in 8/2023
 - Previously supported by Revenue Management as part of provider enrollment
- Streamlined workflows for consistency
 - Partnership across HR and Credentialing teams
- Updated credentialing committee functions, policies and procedures, and provider groups
- Tracked efficiency and initiated two (2) meetings per month
- Audit by Community Health Choice (Insurer) for Delegated Credentialing – 100%

Credentialing Volumes and Length of Time



Future Directions

- Education:
 - Medical Staff Onboarding and Refresher Manual
 - Forensic Fellowship Programs
- Care Delivery
 - Care Pathways (Epic Integration)
 - Telehub Pilot
- Credentialing
 - Digital system for more real-time information (Symplr)
- Routine/Ongoing:
 - Policy & Procedure Updates
 - Quality metric monitoring
 - Accreditation and Compliance Audits



Thank you.