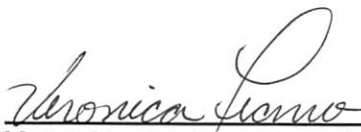


Quality Committee Meeting
October 15, 2024
11:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, September 17, 2024
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
 - A. Board Score Card
(EXHIBIT Q-2 Trudy Leidich)
 - B. IDD Update
(EXHIBIT Q-3 Evanthe Collins)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***
 - ***Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **ADJOURN**



Veronica Franco, Board Liaison
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, SEPTEMBER 17, 2024
MINUTES

Dr. L. Fernandez, Committee Chair, called the meeting to order at 12:14 p.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. L. Fernandez, Dr. K. Bacon

Committee Member Absent:

Other Board Member in Attendance: Mrs. N. Hurtado

1. CALL TO ORDER

Dr. L. Fernandez called the meeting to order at 12:14 p.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Fernandez designated Mrs. Hurtado 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, August 20, 2024

MOTION BY: GEARING SECOND BY: HURTADO

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday August 20, 2024, 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. Suicide Care Initiatives -The Suicide Care Initiatives presented by Tiffany Bittner to the Quality Committee.

C. FY2025 PI Plan-FY2025 PI Plan was presented by Trudy Leidich to the Quality Committee.

7. EXECUTIVE SESSION-

Dr. Gearing announced the Quality Committee would enter into executive session at 12:36 pm 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 1:01 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 1:01 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

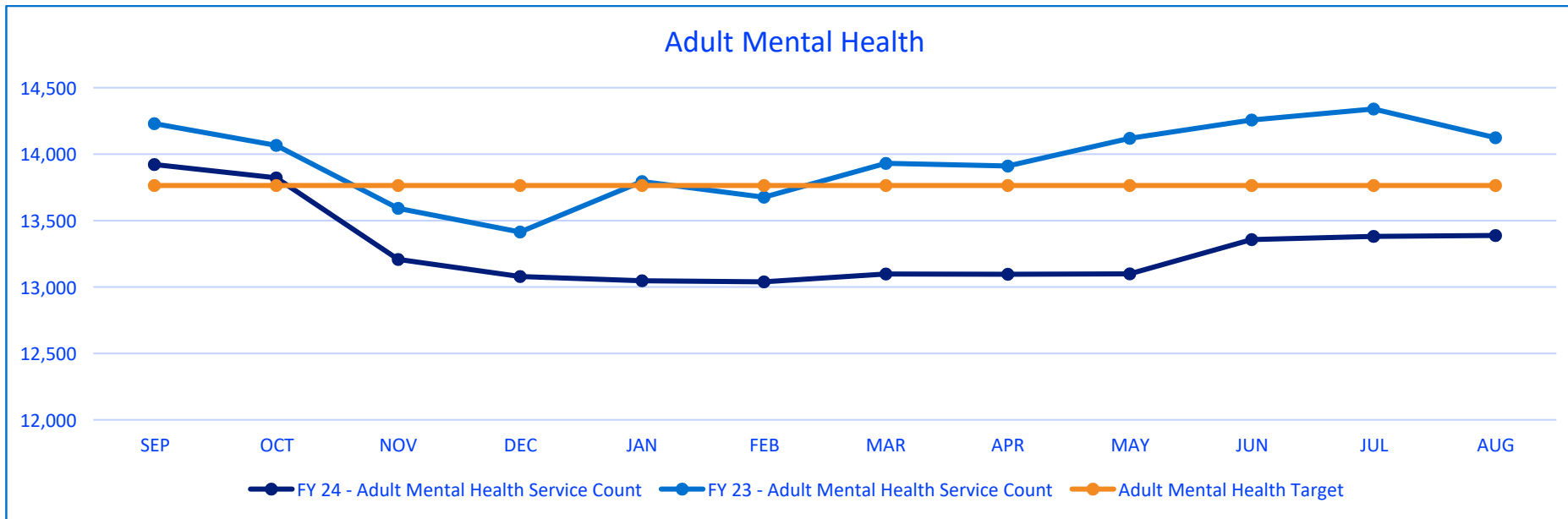
Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality
October 2024 (Reporting August 2024 Data)



Domain	Program	2024 Fiscal Year State Service Care Count Target	2024 Fiscal Year State Care Count Average (Sept. – Aug.)	Reporting Period: August	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,295	13,388	Increase	Contractual

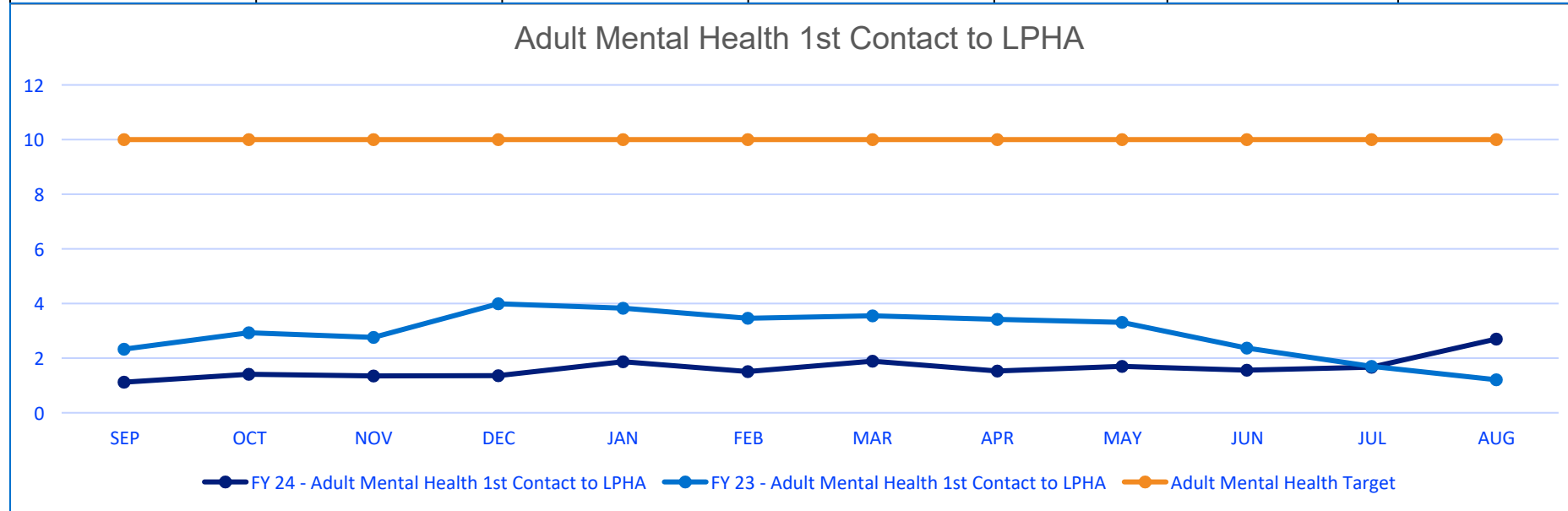


Overall Trend:

- There is a **consistent decline** in service counts from **FY 23** to **FY 24** across all months, indicating a potential decrease in service utilization.
- The highest service count in **FY 24** was **13,922** in September, while the lowest was **13,208** in November.
- The **percent change** from **FY 23** shows negative values for every month, with the most significant drop in **January** (-5.42%) and **March** (-5.98%).

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 (September – August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.64 Days	2.70	Decrease	Contractual

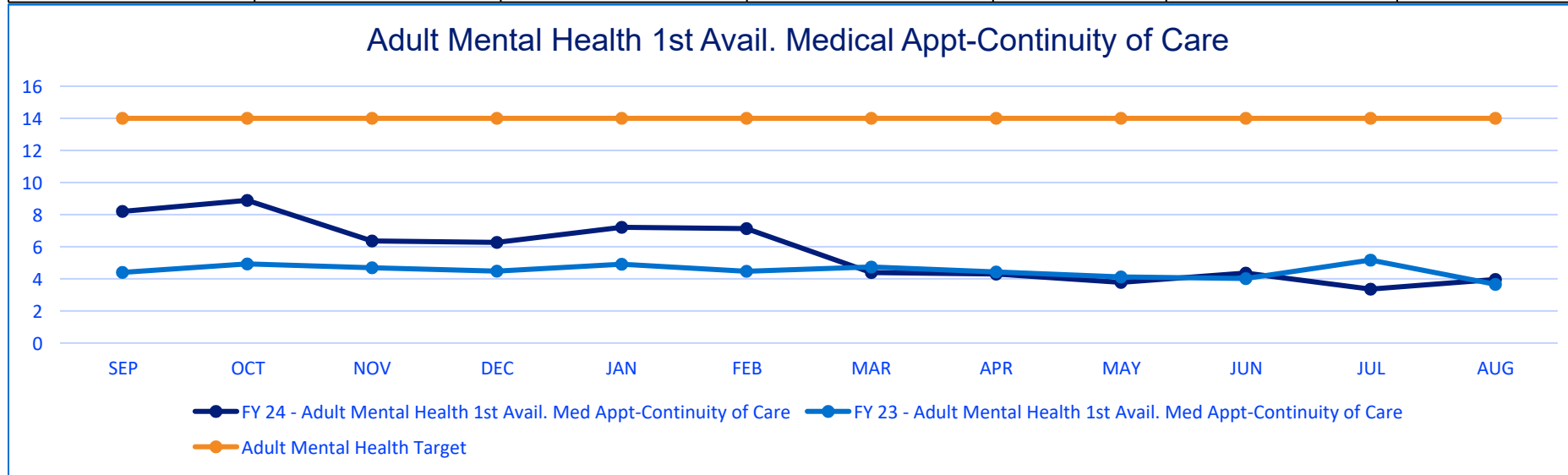


Notes:

- First contact to LPHA taking less than 3 days during the reported period.
- A year-over-year comparison shows that the measure has remained consistently below the contractual target of providing access to 1st contact to LPHA assessment for individuals.

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 (September – August)	Reporting Period: August	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	5.68 days	3.96 days	Decrease	Contractual

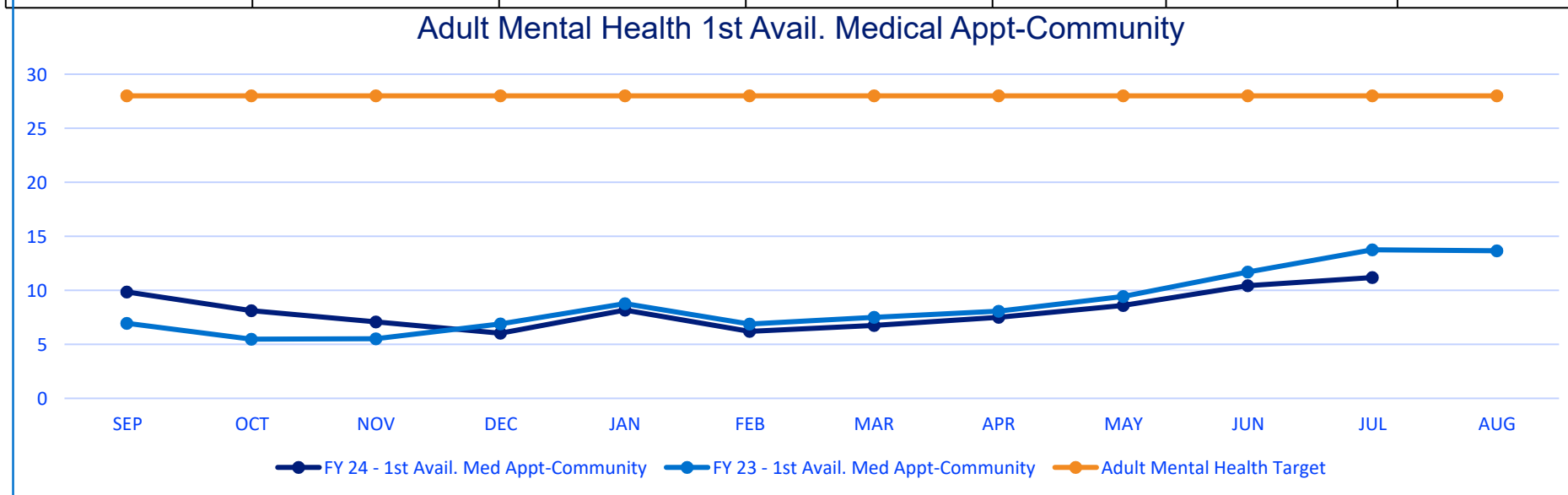


Notes:

- The Adult Mental Health 1st Avail. Medical Appt-Continuity of Care measure has remained above (inverted) target for the entire fiscal year. Individuals are seen for medical appointment, on average, within 4 days.

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 (September-August)	Reporting Period-August	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.24 days	9.01 days	Decrease	Contractual

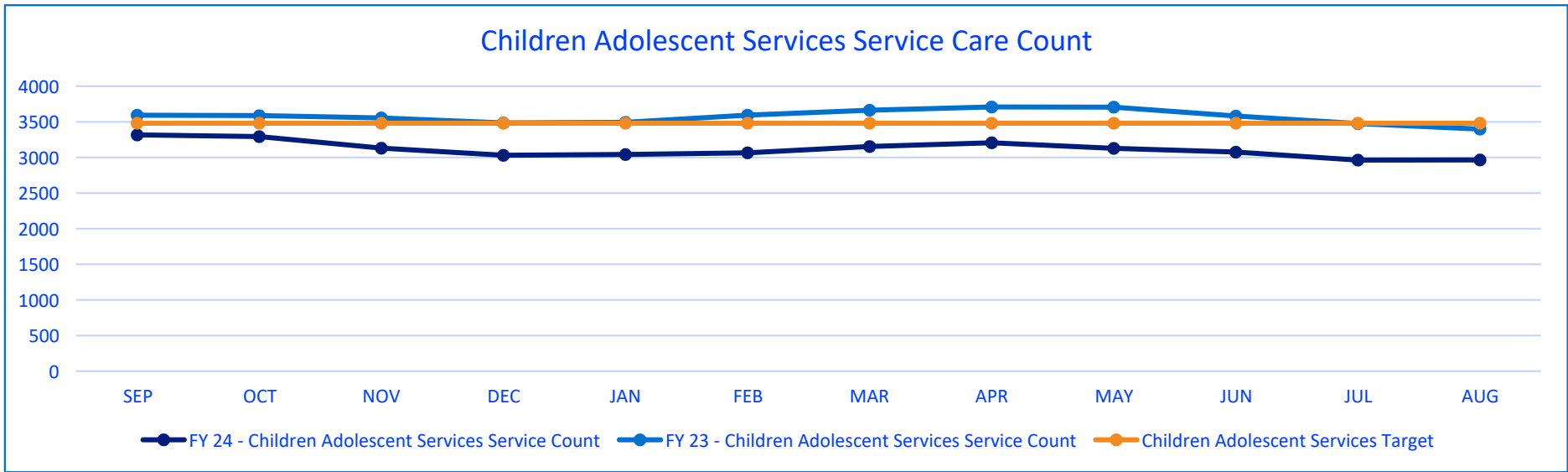


Notes:

- AMH community members appointments are accommodated within 9.01 days. For the fiscal year, community members are seen, on average, within 8 days.

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 (September – August)	Reporting Period- August	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,114	2,965	Increase	Contractual

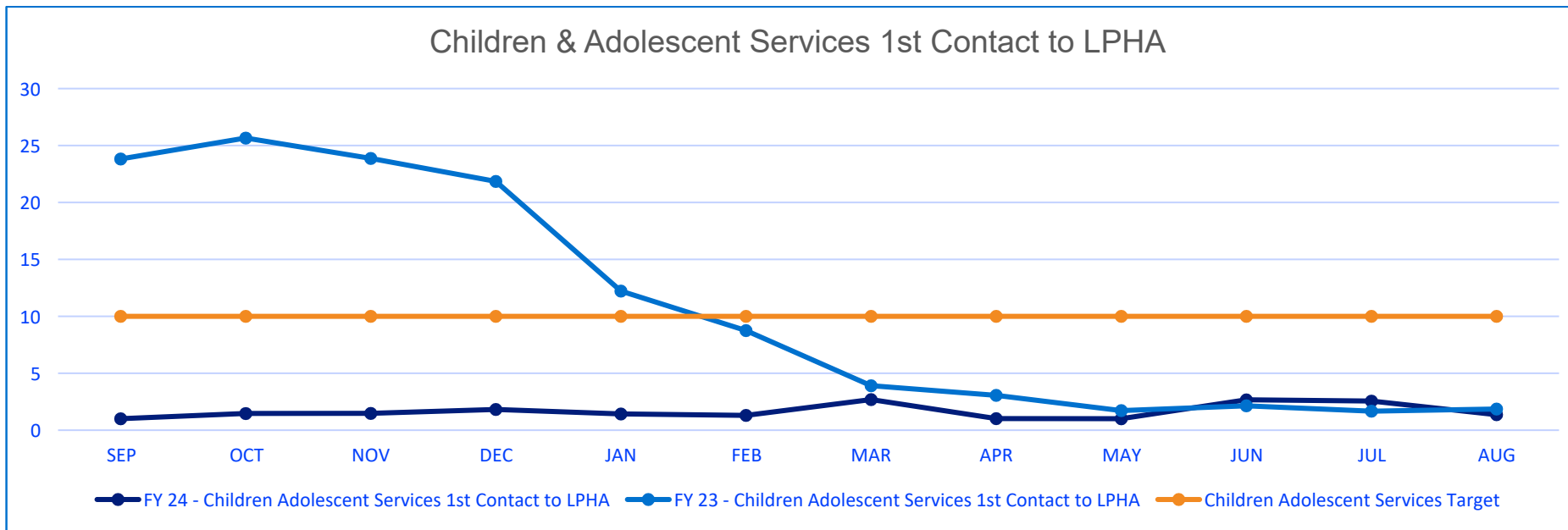


Notes:

- Service care count for the Children and Adolescent Services experienced a 12.74% decline when compared to the previous fiscal year. CAS leadership continues to explore opportunities for improvement and increase the measure.

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

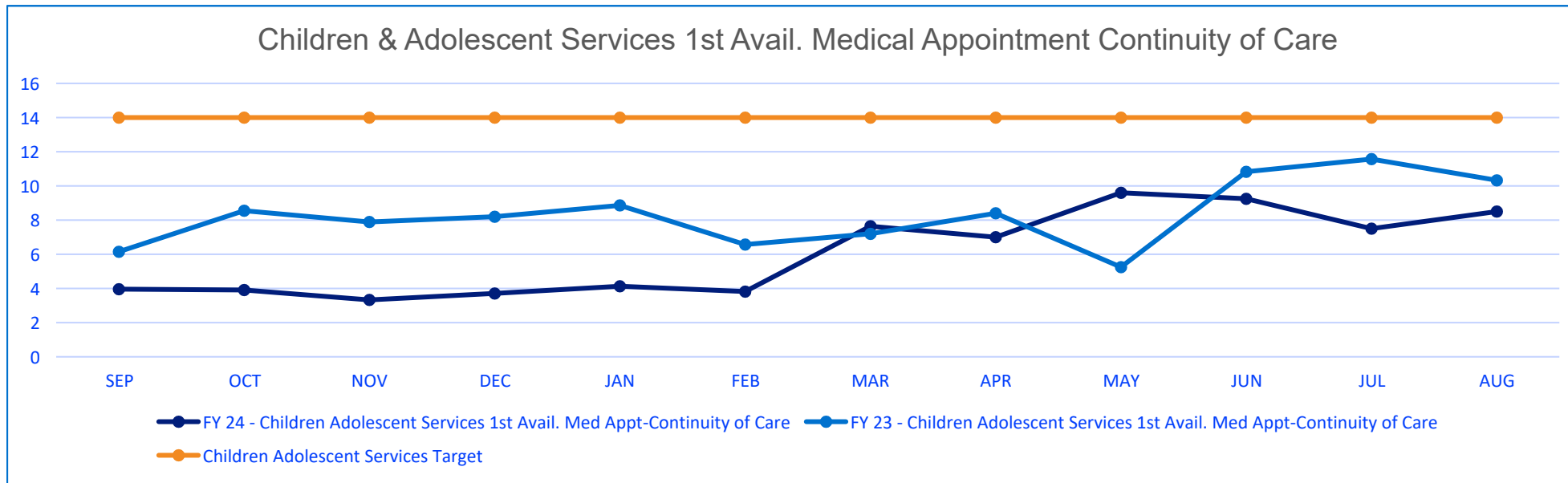
Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.65 days	1.36 days	Decrease	Contractual



Notes:

- The hybrid model combines open booking and scheduling for LPHA assessments continue to provide access for individuals seeking services.
- A comparative analysis with the previous year reveals a 50% increase in the waiting period for individuals to be assessed by an LPHA. However, the waiting period is still below 2 days on average and 1.65 days for the reporting period

Domain	Program	2024 Fiscal Year Target	2024 Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	6.03 days	8.50 days	Decrease	Contractual

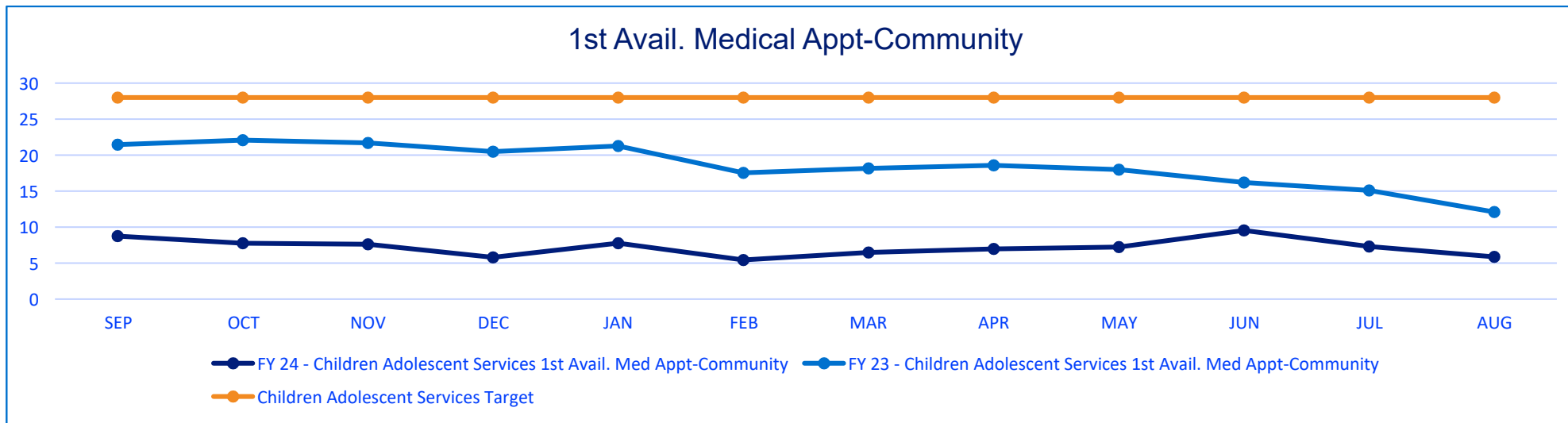


Notes:

- Wait time for medical appointment for continuity of care continues to exceed the contractual target of 14 days by providing appointments for medical visit within 6 days on average.
- The measure shows a 17.72% reduction in 1st available appointment for continuity of care when 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	2024Fiscal Year Average (September – August)	Reporting Period-August	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.21 days	5.87 days	Decrease	Contractual

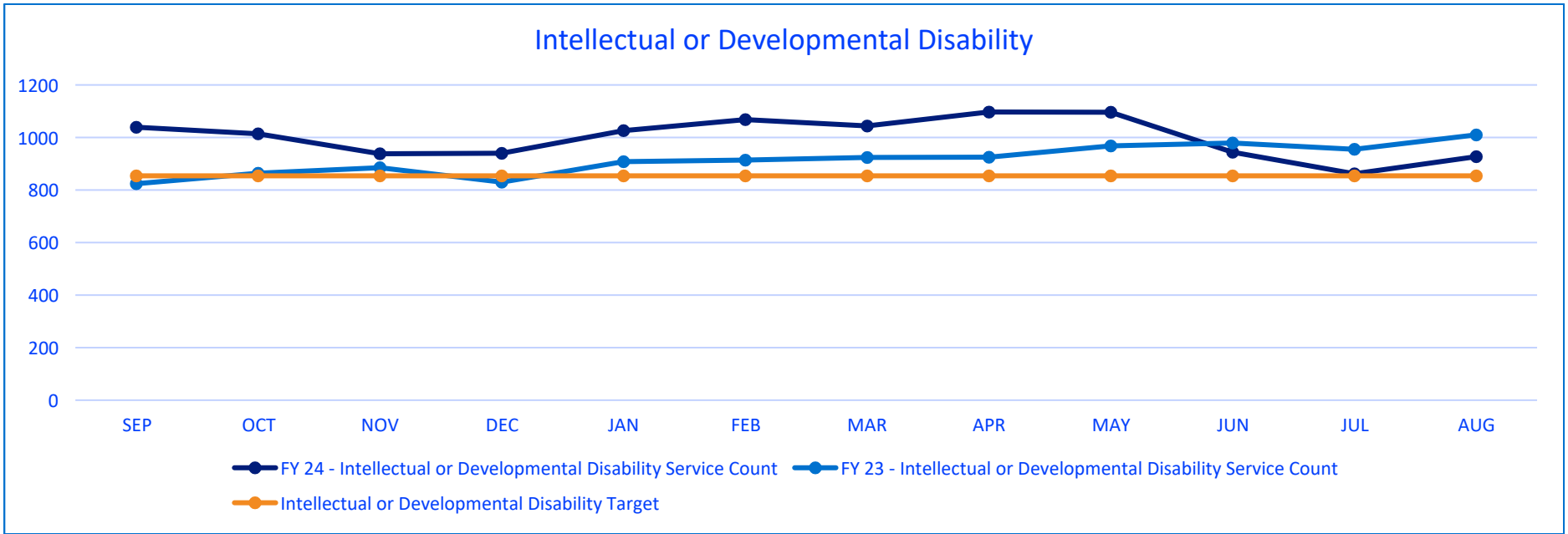


Notes:

- For the reporting period of August 2024, there was a decrease of 51% in the waiting period compared to the same period in the previous fiscal year.
- The wait time was reduced from 12.10 days in September 2023 to 5.87 days in September 2024.

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 – August)	Reporting Period- August	Target Desired Direction	Target Type
Access	IDD	854	1000	927	Increase	Contractual

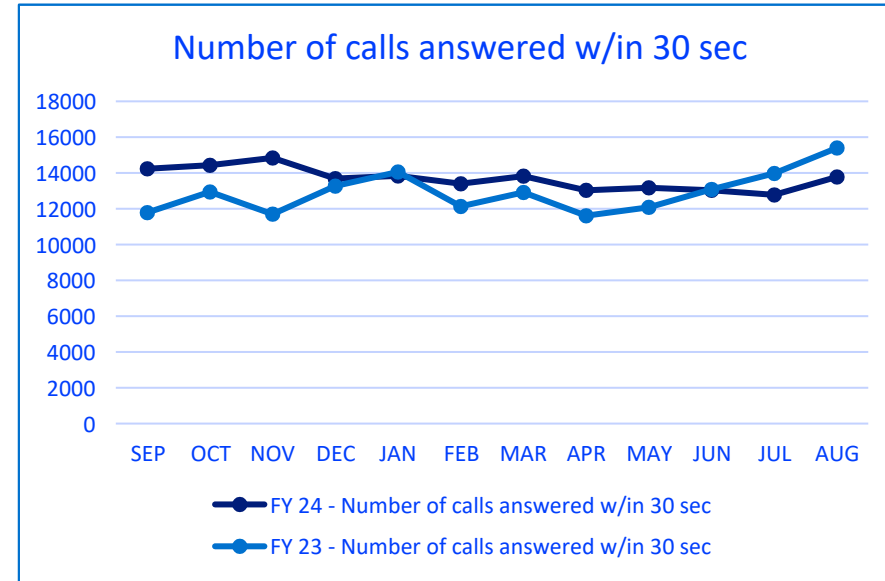
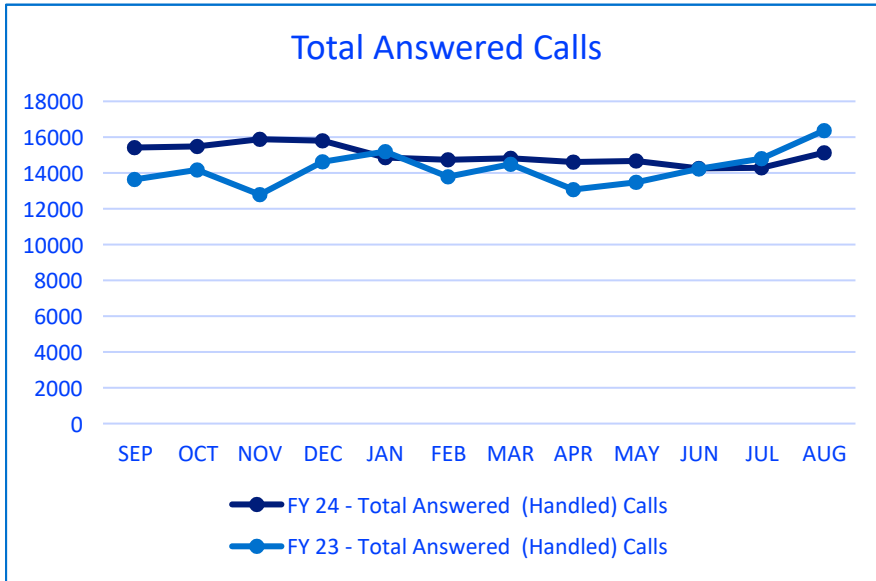


Notes:

- The IDD division service care count is at 927 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.)

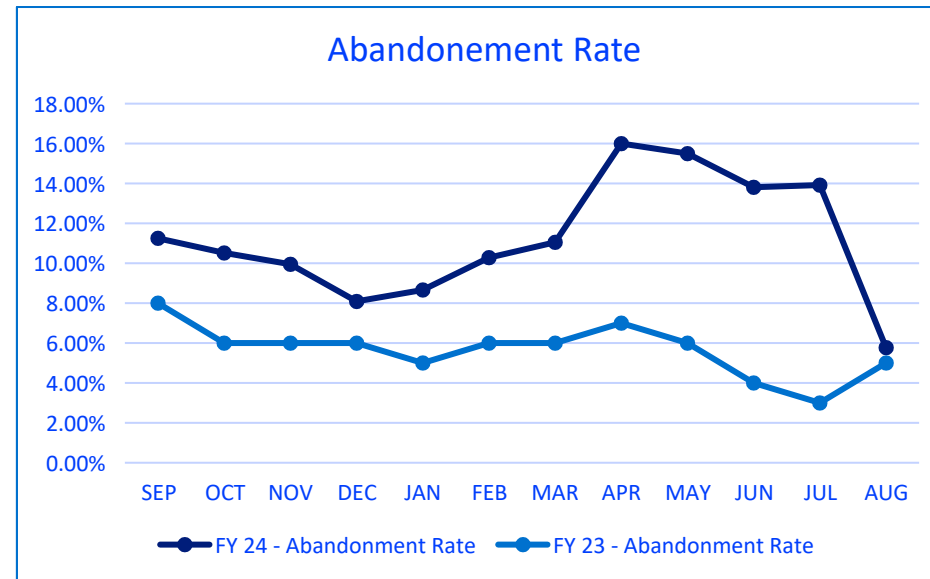
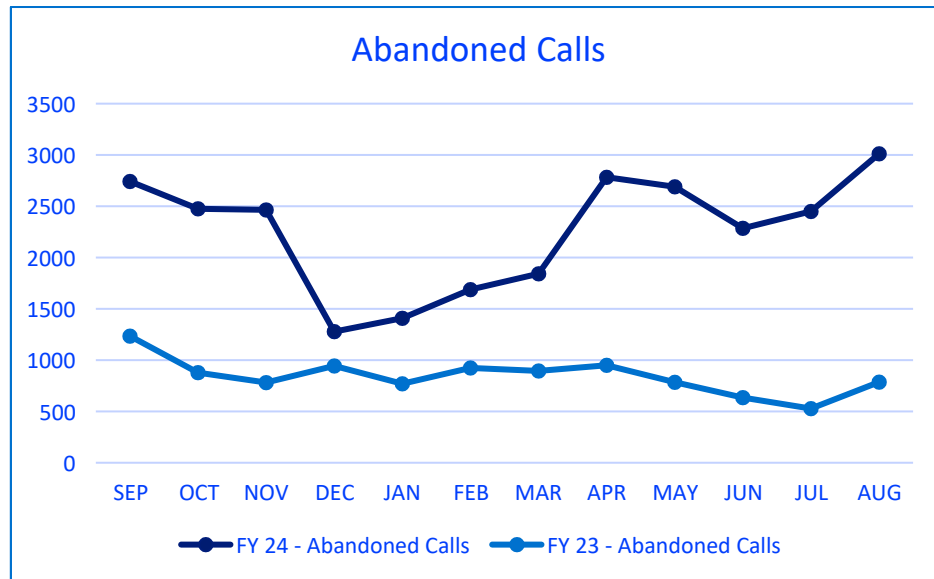
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	14,996	15,131	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	13,670	13,777	Increase	Contractual



Notes:

- The Crisis Line team is effectively responding to the increasing demand for their services.

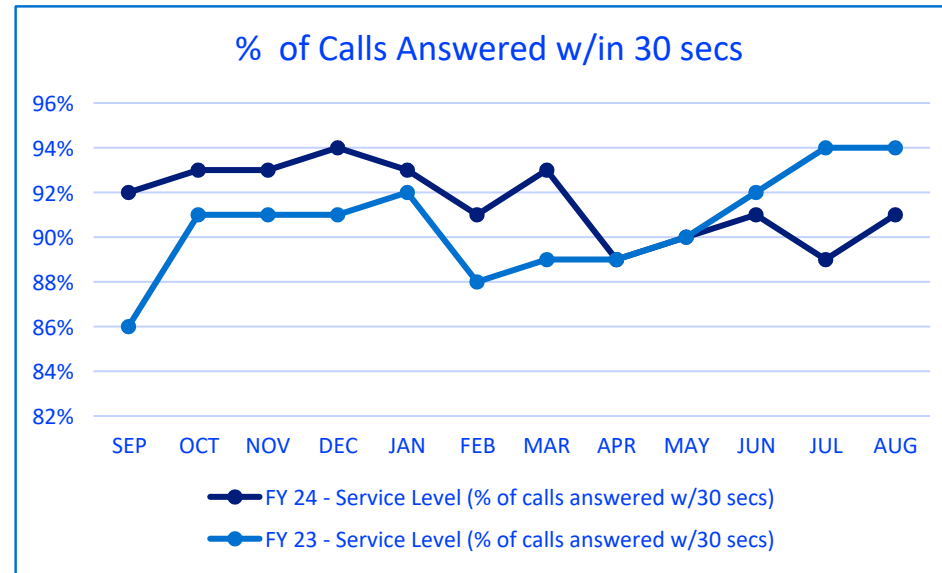
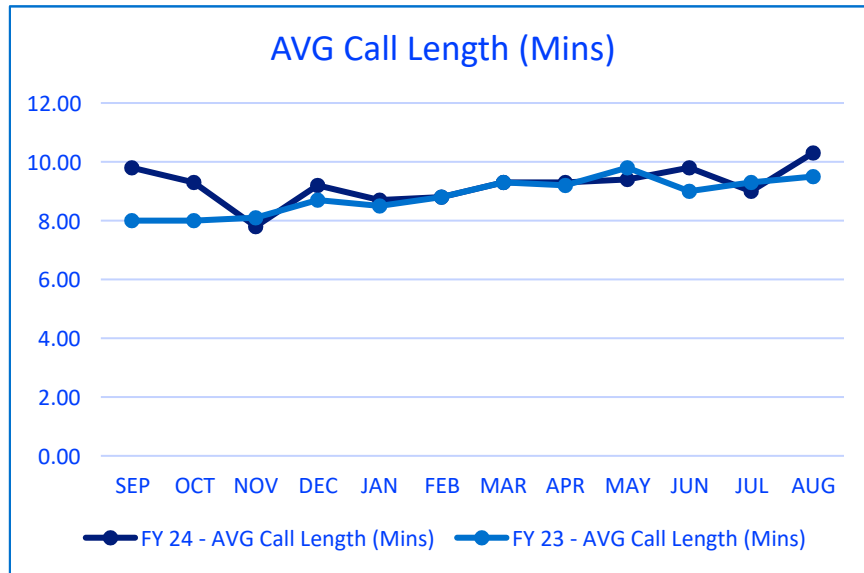
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	2,260	3,011	Decrease	Contractual
	Abandonment Rate	<8%	11%	5.77%	Decrease	Contractual



Notes:

- This month abandoned calls reported lower than the previous month.

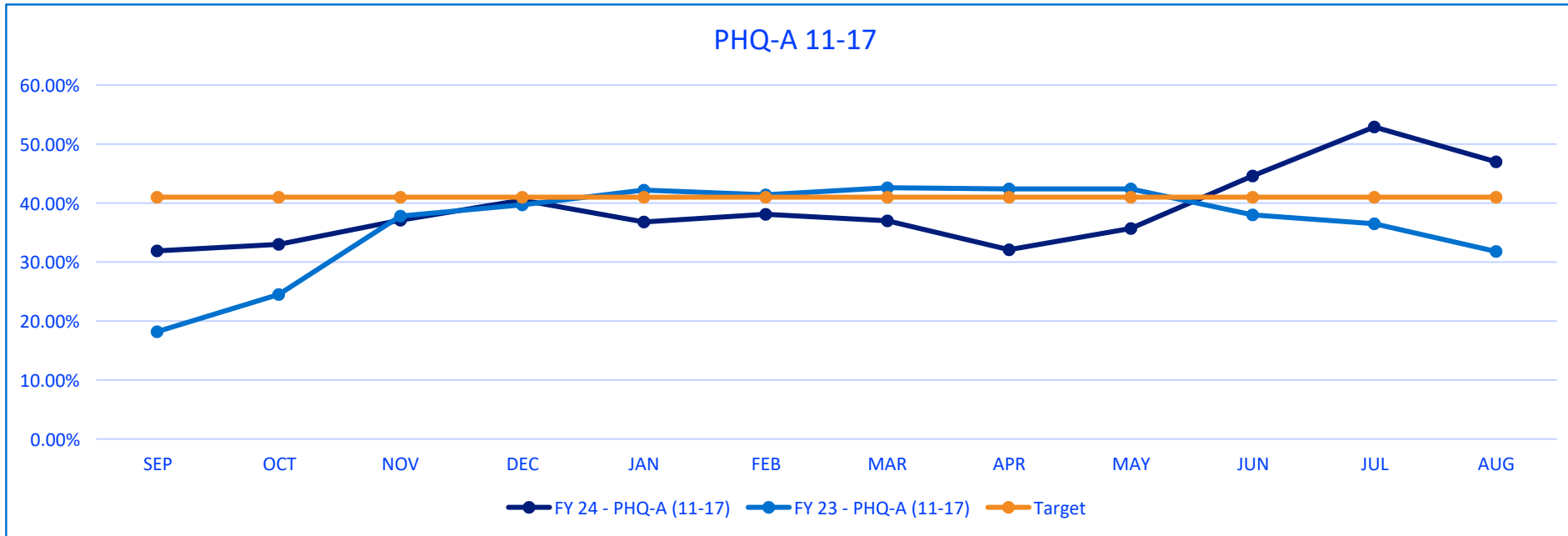
Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September - August)	Reporting Period- August	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	9.23	10.30	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	92.00%	91%	Increase	Contractual



Notes:

- An analysis of recent data reveals an increase in both the duration of calls and the percentage of calls answered within 30 seconds.
- This trend suggests a surge in the volume of calls to the Crisis Line, indicating a heightened demand for crisis support services.

Domain	Measures (Definition)	FY 2024 Target	2024Fiscal Year Average (September – August)	Reporting Period-August	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	39.%	47.00%	Increase	IOS



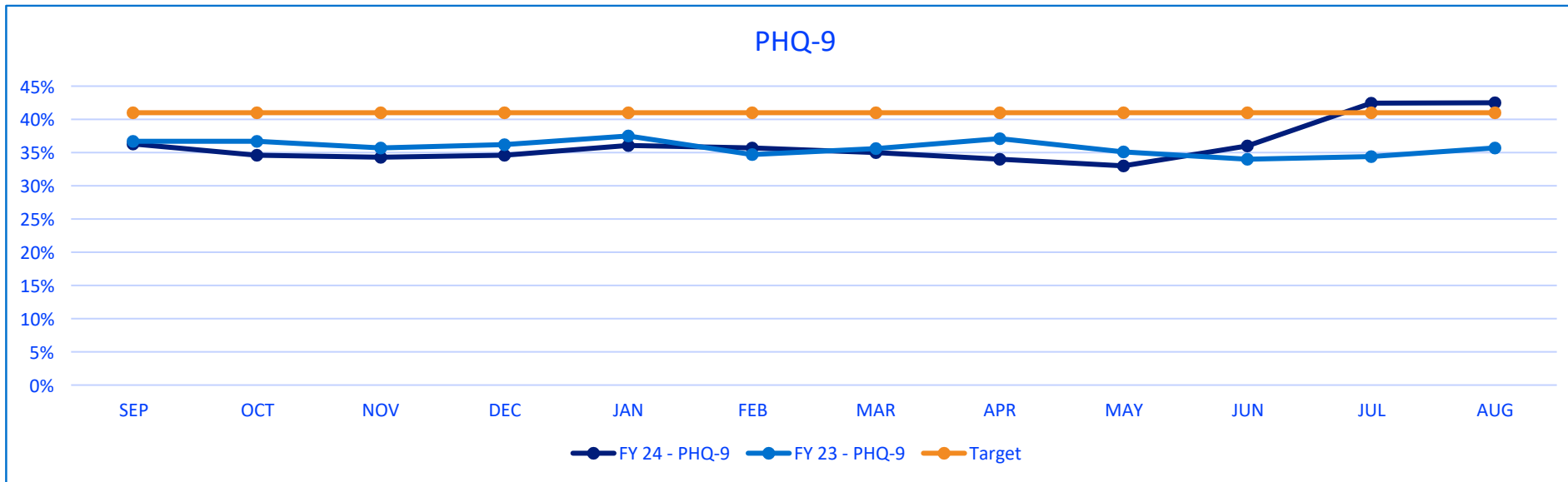
Notes:

- PHQ-A percentage of adolescent and young adult with improved PHQ-A score for new patient.

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 – August)	Reporting Period- August	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	36%	43%	Increase	IOS



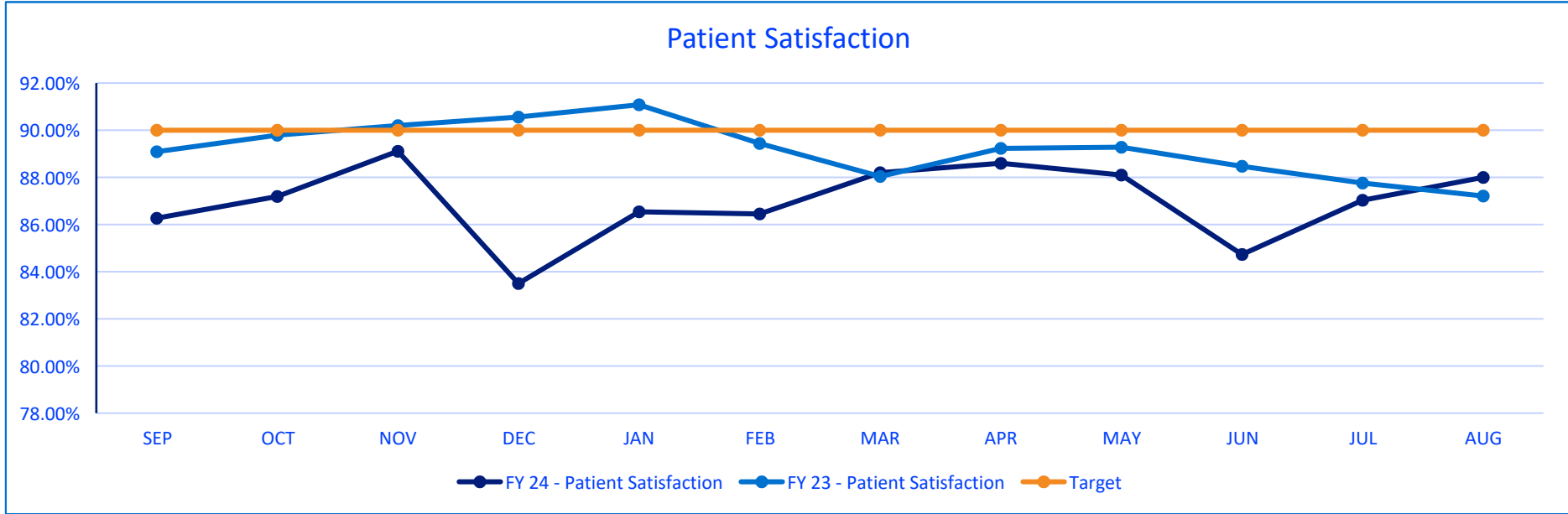
Notes:

- PHQ9 for adult with improve PHQ score, minimal depression rating, is below the target for new patient. Leadership is exploring improvement opportunities

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 (Aug. – August)	Reporting Period- August	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	91%	87%	88.03%	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.
- 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.

Appendix

FY 23 - Board of Trustee's PI Scorecard



Target Status:

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

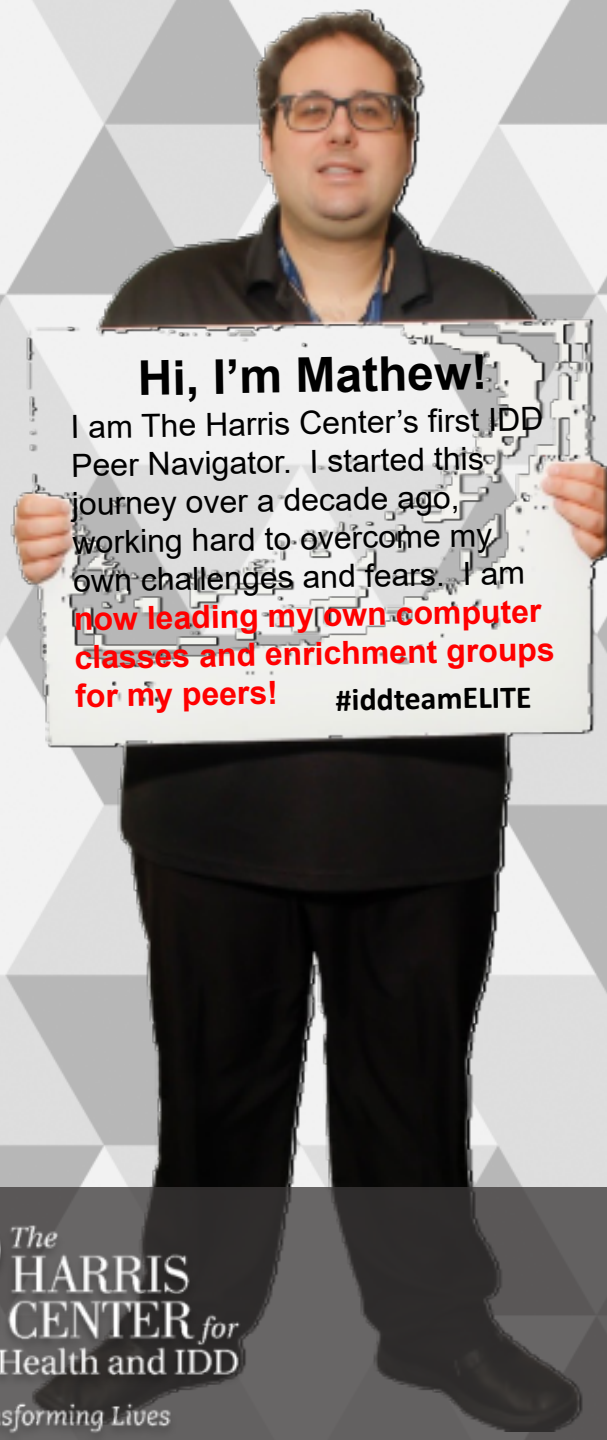
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY23 AVG	FY23 Target	Target Type	Data Origin
Access to Care																
AMH Waitlist (State Defined)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	IOS	MH-BO
Adult Service Target	14,230	14,066	13,592	13,414	13,794	13,676	13,931	13,911	14,119	14,257	14,340	14,124	13,955	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	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
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.

EXHIBIT Q-3



Hi, I'm Mathew!

I am The Harris Center's first IDD Peer Navigator. I started this journey over a decade ago, working hard to overcome my own challenges and fears. I am **now leading my own computer classes and enrichment groups for my peers!** #iddteamELITE

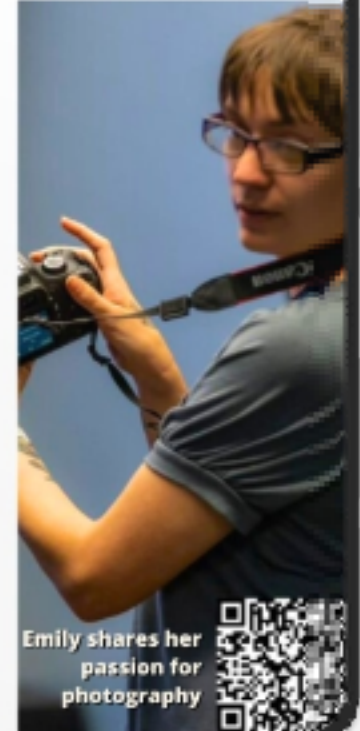


Mathew teaches computer technology



IDD PEER NAVIGATORS

Peers play a critical role in reducing stigma associated with seeking care and inspire hope in ways that traditional relationships and interventions cannot. Peers help individuals to increase social functioning, and gain the tools needed to be productive, contributing members within their families and community.

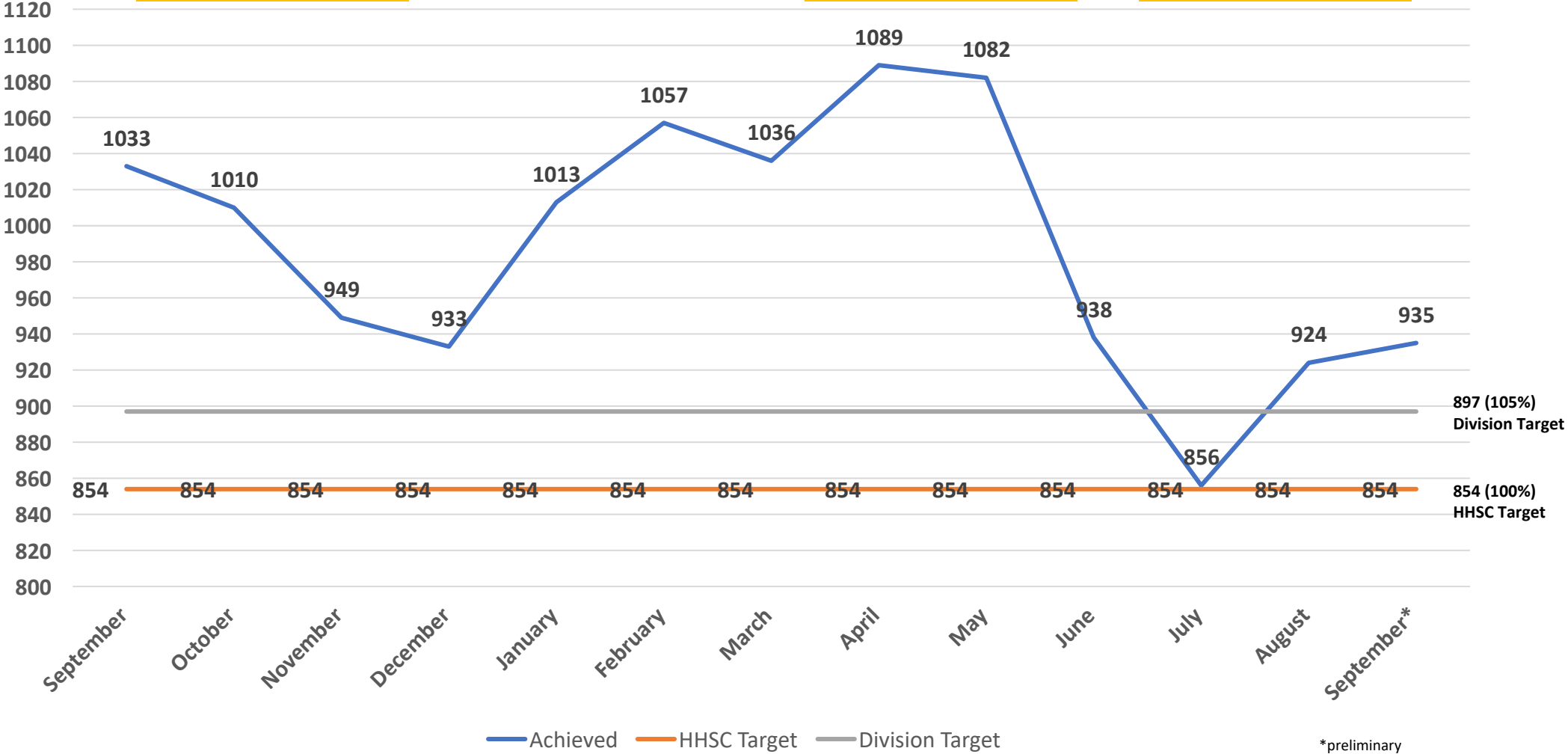


Emily shares her passion for photography



FY24-25 Performance Targets

Quarter	Value	Percentage
FY24 Quarter 1	997	115%
FY24 Quarter 2	1001	117%
FY24 Quarter 3	1069	125%
FY24 Quarter 4	907	106%



*preliminary

Number Interested/GR Services

HHSC General Revenue SAFETY NET SERVICES

	2022- JUL	FY24 SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 SEPT
R021 Community Supports		112	112	112	105	100	99	96	92	89	90	89	88	88
R022 Out-of-Home Respite		118	118	119	118	113	113	113	110	109	107	106	106	106
R023 In Home Respite		727	732	761	733	680	660	664	648	634	659	664	670	680
R032 Residential Living		6	6	6	6	5	5	5	5	5	5	5	5	5
R041 Employee Assistance		70	71	71	71	68	78	84	85	79	84	83	83	83
R042 Supported Employment		6	6	6	6	6	7	9	14	21	22	26	33	39
R043 Vocational Training		62	62	62	62	57	58	58	58	55	54	54	51	51
R053 Day Habilitation		192	197	198	194	176	206	205	223	221	236	243	247	263
R054 Specialized Therapies		590	640	650	637	604	675	690	716	728	741	747	751	759
R055 Behavioral Support		477	488	491	472	460	611	516	522	530	551	557	562	585
UNDUPLICATED COUNT	7523	2902	1909	2531	2404	2060	1849	1865	1818	1795	1789	1704	1724	1778

HHSC Process to Access GR Services

To access any HHSC general revenue service, a DID **AND** Service Coordinator (Person-Directed-Plan) are required.

DID (R005): Currently DID providers can respond within 24 hours for crisis cases and within 30 days for routine.

Service Coordination (R014): Currently there is an approximate 90 day wait to receive a service coordinator.

Number of individuals who will need a DID **AND** a service coordinator to access requested GR services: 1,818

IDD Safety Net Services

PROGRAM SLOTS AVAILABLE

	CAPACITY	ENROLLED	AVAILABLE	# WAITING TO ACCESS	AVG LENGTH OF WAIT
ICF - IDD	24	24	0	0	NA
TXHML PROVIDER	85	30	55	0	NA
CONTRACT DAY HAB (HUMBLE) - R053	50	50	0	3	NA
CONTRACT DAY HAB (HILLCROFT) - R053	80	75	5	8	NA
CONTRACT DAY HAB (PASADENA) - R053	20	20	0	0	NA
EMPLOYMENT SERVICES (HUMBLE) - R041 & R042	20	20	0	0	NA
EMPLOYMENT SERVICES (HILLCROFT) - R041 & R042	25	20	5	1	NA
COFFEEHOUSE - R053	65	62	3	52	243 DAYS
ESPRESSO - R053	12	11	1	8	274 DAYS
STARS (SPECIALIZED THERAPIES) - R054	111	93	18	0	NA
STARS (PBS) - R055	51	38	13	0	NA
STARS (FEEDING CLINIC) - R054 & R055	17	17	0	0	NA
CBS (INTENSIVE NEEDS BEHAVIORAL SUPPORT PROGRAM) - R054 & R055	25	16	9	0	NA
OUTPATIENT BIOPSYCHOSOCIAL SERVICES (OBI)	25	22	3	161	425 DAYS
IDD STEP DOWN PROGRAM	4	0	4	0	NA
IN HOME RESPITE - R023	750	588	0	144	30 Days
OUT OF HOME RESPITE - R022	5	0	5	0	NA

