

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

Program Committee Meeting

January 21, 2025

10:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Program Committee Held on Tuesday, November 12, 2024
(EXHIBIT P-1)
- IV. **REVIEW AND COMMENT**
 - A. FQHC Update
(EXHIBIT P-2 Stanley Williams)
 - B. Safe Spaces Initiative
(EXHIBIT P-3 Jennifer Battle)
- 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 any time during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **ADJOURN**



**Veronica Franco, Board Liaison
Max A. Miller, Jr, MTh, D.D. Chairman
Program Committee
The Harris Center for Mental Health and IDD
Board of Trustees**



EXHIBIT P-1

BOARD OF TRUSTEES
The HARRIS CENTER for
Mental Health *and* IDD
PROGRAM COMMITTEE MEETING
TUESDAY, NOVEMBER 12, 2024
MINUTES

Dr. M. Miller, Jr., Committee Chair, called the meeting to order at 10:18 a.m. in Room 109 of the 9401 Southwest Freeway location, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. M. Miller, Jr., Dr. L. Fernandez, Dr. K. Bacon

Committee Member in Absence: Dr. J. Lankford, Ms. R. Thomas

Other Board Members in Attendance: N. Hurtado

1. CALL TO ORDER

The meeting was called to order at 10:18 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Miller, Jr. designated N. Hurtado as a voting member of the Program Committee.

3. DECLARATION OF QUORUM

Dr. Miller, Jr. declared a quorum of the committee was present.

4. PUBLIC COMMENTS

There were no Public Comments.

5. Approve the Minutes of the Board of Trustees Program Committee Meeting Held on Tuesday, October 15, 2024.

MOTION BY: BACON SECOND BY: FERNANDEZ

With unanimous affirmative votes

BE IT RESOLVED that the Minutes of the Board of Trustees Program Committee meeting held on Tuesday, October 15, 2024 under Exhibit P-1, are approved and recommended to the Full Board for acceptance.

6. REVIEW AND COMMENT

A. Showcase of the Foundation Grantees

- 1. Coffeehouse Co-Op Academy**-Maggie Strobel presented to the Program Committee
- 2. Resiliency Team**-Sarah Strang presented to the Program Committee
- 3. PBS Enhancement**-Tranika Jefferson presented to the Program Committee
- 4. EmpowHer**-Tiffany Williams-Brooks presented to the Program Committee
- 5. We RISE**-Evelyn Locklin presented to the Program Committee

7. EXECUTIVE SESSION

No Executive Session was needed.

8. RECONVENE INTO OPEN SESSION

9. ADJOURN

There being no further business, the meeting adjourned at 11:00 am.

MOTION BY: HURTADO SECOND BY: BACON

Veronica Franco, Board Liaison
Max A. Miller, Jr. Mth, D.D., Chairman
Program Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees

EXHIBIT P-2

The Harris Center for Integrated Care

Update on Health Home, Integrated Health,
Mobile Clinic

Presented by: Dr. Stanley Williams, Director
January 28, 2025

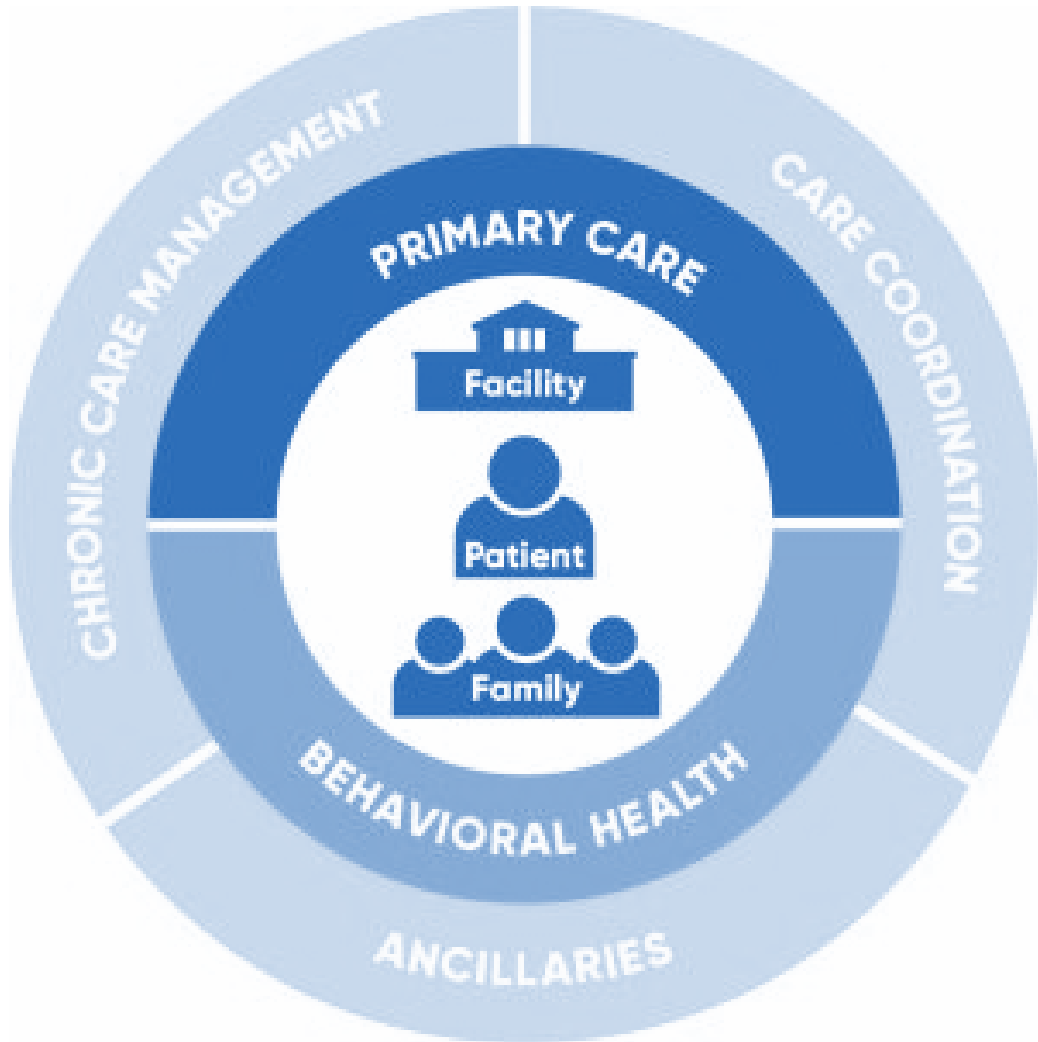


Optum Video Client Experience:

<https://vimeo.com/1044339340/15e2dd4c65?share=copy>



The Harris Center Integrated Behavioral Health Home Update



Integrated Behavioral Health Home Started - 2021



The Harris Center Health Home

Goals

Improve overall wellness of members to include their self-management of conditions

Increased member participation in the health home program based upon enrollment rates for attributed members (target goal is 50% enrollment for all attributed members within a 12 month period)

- Reductions in avoidable hospital admissions and emergency room use
- Reductions in overall hospital readmission rates
- Reduced lengths of stay in the hospital when hospitalizations are necessary
- Improved rates for follow up after hospitalization (FUH) for behavioral and medical inpatient and ER visits
- Improved adherence to recommended treatments (including medications and specialty care)
- Improved access to primary care, based on key metrics related (e.g., diabetes care)

Opportunity

One of Four behavioral Health Organizations participating in the National Pilot

Target 1500 of the highest risk Optum Members (costing approximately \$100K in claims per member)

Only about 25% Harris Center clients



Integrated Behavioral Health Home Utilization Measures

Current Reporting Period – September - December 2024 - Harris Center Integrated Health Home Team (1500 Attributed Members) increased utilization of the following measures:

- **Medication Adherence: Mood Stabilizers (MA-MS) increased by 5.97% from baseline.**
- **Medication Adherence: Anti-Psychotics (MA-AP) increased by 7.56% from baseline.**
- **Medication Adherence: Anti-Depressants (MA-AD) increased by 9.17% from baseline.**
- **Controlling High Blood Pressure (CBP) increased by 98% from baseline.**
- **Adults' Access to Preventive/Ambulatory Health Services: Total (AAP-TOTAL) increased by 9.07% from baseline**

Source United Healthcare –Optum Health Report Dec 2024

Integrated Behavioral Health Home Utilization Measures

Current Reporting Period –September-December 2024 - Harris Center Integrated Health Home Team (1545 attributed members) decreased utilization of the following inpatient measures:



Ambulatory Care – Emergency Department Visits (AMB-HH)
reduced by 45.79% from baseline.



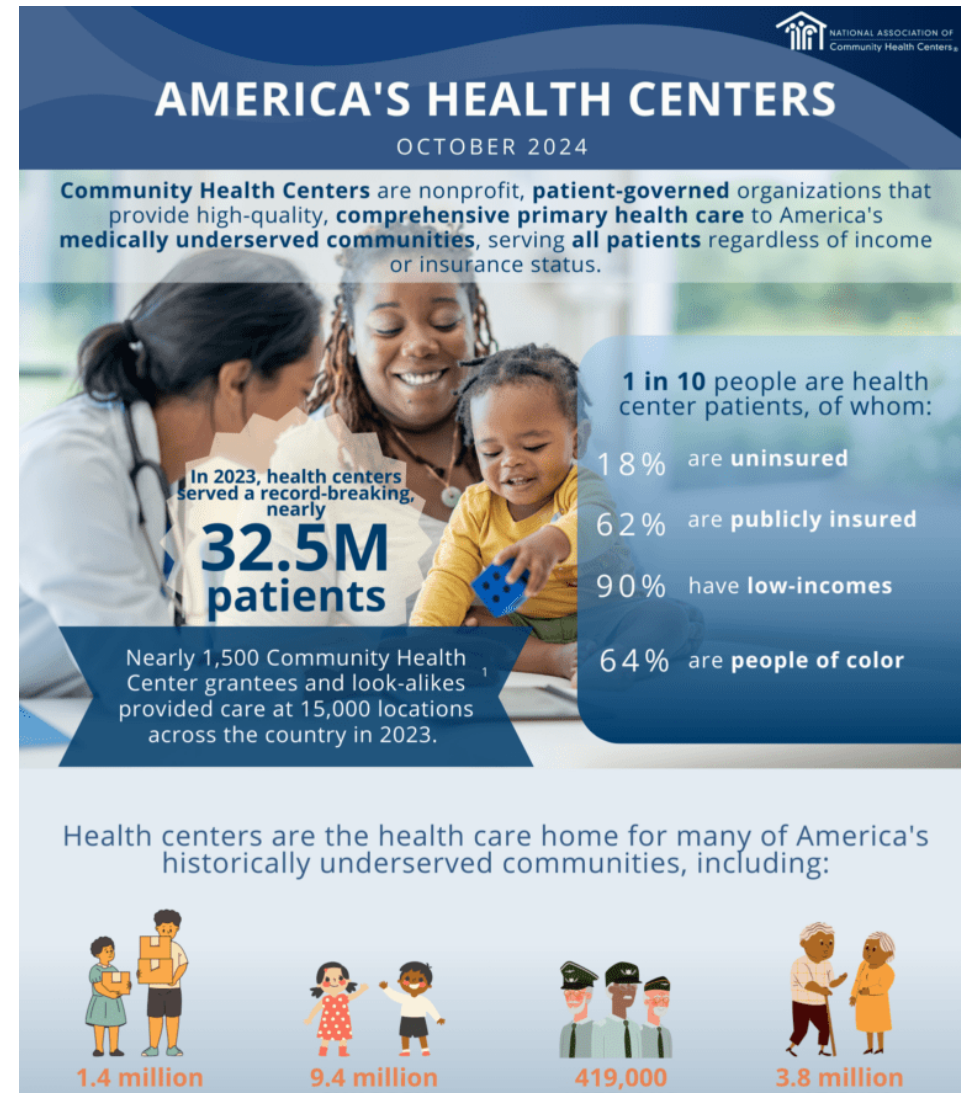
Inpatient Utilization - General Hospital/Acute Care (IPU)
reduced by 46.95% from baseline.



Rate of Inpatient Behavioral Health Admissions (TPI)
reduced by 46.22% from baseline.

FQHC Application Update

Federally Qualified Health Center (FQHC) also known as New Access Point and Community Health Center



FQHC Application Status

We are in **Step 3** according to the HRSA Track Grant Application Site

HRSA Four Step Process :

1. Application Receipt

2. Screening Review

During this step, we screen your application for meeting FQHC eligibility, completeness, responsiveness, and timeliness.

3. Technical Review

During this step, grant reviewers rank your application by the criteria in the Notice of Funding Opportunity (NOFO).

4. Award Determination

During this step, HRSA uses the grant reviewers' recommendations to determine who will receive funding.

FY 2025 New Access Points (NAP) Funding Opportunity (HRSA-25-085) FQHC Fact Sheet

Milestone	Key Date
NAP NOFO Release	May 30, 2024
Grants.gov application deadline	August 30, 2024, 11:59 p.m. ET
EHBs application deadline;	September 30, 2024, 5 p.m. ET
Expected project start date	June 1, 2025



What Should Awarded Applicants Expect?

All applicants must submit a **plan** to:

- Open at least one full-time service site that provides primary medical care within 120 days of award.
- Provide all required clinical and enabling services, as well as mental health and substance use disorder services.
- Meet Health Center Program compliance requirements.
- Meet with HRSA Grants Program Officer, Health Center State Association to begin working on New Access Point –FQHC Orientation and 120 day checklist

Benefits of Becoming a Federally Qualified Health Center

Benefits	Health Center Grantees	FQHC Look-Alikes
Grant funding (\$650K Permanent Federal Funding -Yearly) 650k	✓	✗
Eligible for Medicaid Prospective Payment System (PPS) – for both Primary health and Mental Health Services	✓	✓
Eligible for Medicare cost-based reimbursement	✓	✓
Access to 340B drug pricing	✓	✓
Eligible for Federal Tort Claims Act medical malpractice insurance	✓	✗
Automatic Health Professional Shortage Area (HPSA) Designation	✓	✓
Vaccines for Children and Underserved Populations	✓	✓
Eligible for on-going supplemental HRSA funding (PCMH, capital investments, HIT incentive payments)	✓	✗



FQHC Clinic Locations

Northeast Harris Center Integrated Primary Care
Clinic 7200 North Loop
East Freeway, Houston,
TX 77028 Phone: 713-970- 7000
In a MUA/P: Yes

Service Area Name: Central East Houston

Designation Type:
Medically
Underserved Area
Designation Date:
11/22/2019

Southeast Harris Center Integrated Primary Care Clinic
5901 Long Drive,
Houston, TX 77087
Phone: 713-970-4300
In a MUA/P: Yes

Service Area Name: Houston - South

Designation Type:
Medically
Underserved Area
Designation Date:
09/06/2019



Mobile Wellness Community Outreach & Strengthening Communities





In 2024: Over 931 community members served with Health & Wellness Screening with Partnering Agencies:
Major Partners 1st, 2nd 3rd Wards Community Center and Sunny Side –Faith-based Community



Emphasis on Early Screenings & Education of Blood Pressure, A1C, Non-Medical Drivers Screening , Literature on Depression and Emotional Wellness, Outreach to Reduce Mental Health Stigma



Our presence helps open the conversation and reduce stigma on the importance of preventative care emotional wellness physical health and whole-care !



Since April 2024 we have provided this service onsite at one of our four Clinics to: 2,463 Clients



FoodRX Market Trailer



Food is Medicine

Food is the main contributor to health and chronic conditions. Food is medicine, and research demonstrates that regular intake of fresh produce helps to improve the health of individuals with prediabetes and diabetes.

The Rx for Fresh Fruits and Vegetables program (RxFFV) is designed to assist food-insecure individuals with diabetes and prediabetes in managing their condition by providing access to fresh fruits and vegetables through partnerships with Idaho healthcare clinics, community organizations, insurance companies, and retailers.



Food Rx



Addressing Food Insecurity

Integrated Health Video:

<https://vimeo.com/1044381686/161fdc0719?share=copy>



Thank you.

Appendix

The Harris Center for Integrated Care (HCIC) Update

Update on Health Home, Integrated Health, Mobile Clinic

Health Home Member Eligibility & Attribution

Member Eligibility and Attribution: Who qualifies for the program?

Eligibility and Attribution Methodology:

- Highest needs members with SMI, SED, and/or SUD are the focus of the IBHH
- 3 gateways to qualify (below)
- Based on claims history and geo-proximity
- Assures attributed members encompasses enough volume for enrollment
- Assumes ~50% engagement rate, with some currently engaged in care

Descriptors	Values
Medical Spend Thresholds	\$120,000+
Behavioral IP/Residential Spend Thresholds	\$12,000+
ER Visit Thresholds	12+
Attributed Members	~1,545

1545 have been attributed to us this reporting period – since September 2024

Approximately 25% are Harris Center Clients

High Cost of Healthcare for People with Mental Health Conditions

- Healthcare use/costs twice as high in diabetes and heart disease patients with depression¹

	Annual Cost – those without MH condition	Annual Cost – those with MH condition
Heart Condition	\$4,697	\$6,919
High Blood Pressure	\$3,481	\$5,492
Asthma	\$2,908	\$4,028
Diabetes	\$4,172	\$5,559

- Untreated mental disorders in chronic illness is projected to cost commercial and Medicare purchasers between \$130 and \$350 billion annually²
- Approximately 217 million days of work are lost annually to related mental illness and substance use disorders (costing employers \$17 billion/year)²

1. Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Petterson et al. "Why there must be room for mental health in the medical home (Graham Center One-Pager)

2. Hertz RP, Baker CL. The impact of mental disorders on work. *Pfizer Outcomes Research*. Publication No P0002981. Pfizer; 2002.

Harris Center uses Transitions of Care Framework Model from – Eric Coleman



The Care Transitions Intervention (CTI)



Patients with complex care needs and family caregivers receive specific tools and work with a Transitions Coach



Learn self-management skills – address deficits in social determinants of health



Address both the patient's current and future needs – Health & Behavioral Health



Ensures their needs are met during transition

- Consultation with Nurses and Advanced practice nurse (APN)
- Coordinates and supports care between hospitalization and delivers and coordinates services with patient needs in the community
- Team-based Care
- Daily Huddles – review claims reports etc from Optum/United Portal
- Identification of patients' health – behavioral health goals
- Design and implementation of a streamlined plan of care
- ***Collaborations, Team Meetings, Monthly Meetings with Behavioral Hospitals & Private Hospitals for step-down transitions & supports for the patient***



The Harris Center Integrated Behavioral Health Home & Outcomes





National Presentations about Integrated Health Home as a Promising Practice Model

- Executive leadership Team
- National Team for Expanding Integrated Health Home
- Joint National Webinars with Optum/United Team



- ➔ **Primary Health Screening and Disease Prevention**
- ➔ **Holistic Health Care**
- ➔ **Health Education and Counseling**
- ➔ **Eligibility Assistance**
- ➔ **Coordinated Specialty Care**
- ➔ **Chronic Health Condition Education & Management**
(High Blood Pressure, Diabetes, Cholesterol, Obesity)
- ➔ **Pharmaceutical Services & Education**

The Harris Center for Integrated Care (HCIC) Update

Review Why: Individuals with serious mental illness (SMI) experience a 10–25-year reduced life expectancy due to untreated or undertreated chronic health conditions



Individuals with serious mental illness (SMI) experience a 10–25-year reduced life expectancy when compared to the general population that is due, in part, to poor health behaviors.



Yet, in spite of the development of health promotion and self-management interventions designed for people with SMI to promote health behavior change, the mortality gap has increased, suggesting that relevant factors are not being addressed.

APA PsycArticles: Journal Article: [Risk and protective factors in relation to early mortality among people with serious mental illness: Perspectives of peer support specialists and service users.](#)

Sippel, L. M., Myers, A. L., Brooks, J. M., Storm, M., Mois, G., & Fortuna, K. L. (2022). Risk and protective factors in relation to early mortality among people with serious mental illness: Perspectives of peer support specialists and service users. *Psychiatric Rehabilitation Journal*, 45(4), 343–351. <https://doi.org/10.1037/prj0000522>

Review why - Primary Care Doctors Preferred Treating Depression and Anxiety and not SMI

Most Primary Care Physicians expressed greater comfort **treating common diagnoses, such as depression and anxiety**, than serious mental illnesses (SMI). They also repeatedly cited patients with co-occurring personality disorders as the most difficult to treat, difficulty differentiating diagnosis, lack of case management staff to support care (1)

1. Primary Care Physician Perceptions on Caring for Complex Patients with Medical and Mental Illness Danielle F. Loeb, MD¹, Elizabeth A. Bayliss, MD, MSPH^{2,3}, Ingrid A. Binswanger, MD, MPH^{1,4,5}, Carey Candrian, PhD⁶, and Frank V. deGruy, MD, MSFM³





Harris Center
Population
Health –
Health Risks
BMI & A1C

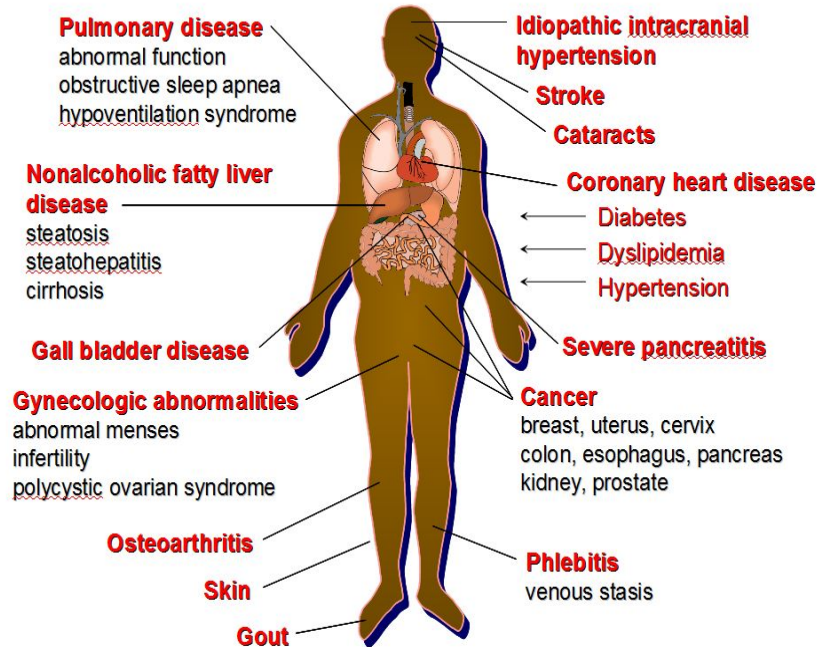
The Harris Center Population Health: BMI

Health Analytics & Research Department The Harris Center for Mental Health & IDD

The Most Recent BMI scores for Harris Center Clients served during FY23



Medical Complications of Obesity

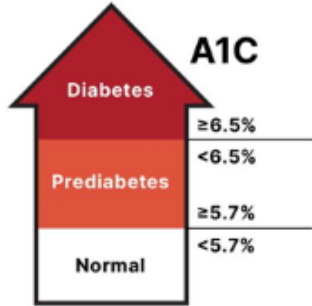


Race Ethnicity * Most Recent_BMI_Category Crosstabulation

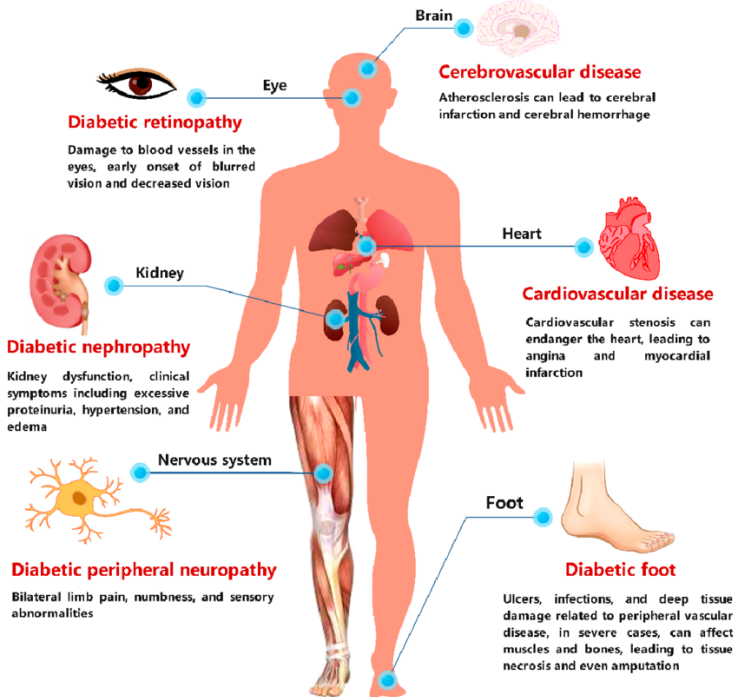
		MostRecent_BMI_Category				Total	
		Underweight	Normal weight	Overweight	Obesity		
Race Ethnicity	American Indian or Alaska Native	Count	0	8	11	18	37
	% within Race_Ethnicity	0.0%	21.6%	29.7%	48.6%	100.0%	
	Asian	Count	19	169	133	122	443
	% within Race_Ethnicity	4.3%	38.1%	30.0%	27.5%	100.0%	
	Black or African American	Count	177	2175	2228	4244	8824
	% within Race_Ethnicity	2.0%	24.6%	25.2%	48.1%	100.0%	
	Native Hawaiian or other Pacific Islander	Count	0	5	2	9	16
	% within Race_Ethnicity	0.0%	31.3%	12.5%	56.3%	100.0%	
	Hispanic/Latino	Count	78	1068	1544	2996	5686
	% within Race_Ethnicity	1.4%	18.8%	27.2%	52.7%	100.0%	
	White/Caucasian	Count	102	1017	1208	1810	4137
	% within Race_Ethnicity	2.5%	24.6%	29.2%	43.8%	100.0%	
	Unknown or not collected	Count	12	107	142	245	506
	% within Race_Ethnicity	2.4%	21.1%	28.1%	48.4%	100.0%	
Total	Count	388	4549	5268	9444	19649	
	% within Race_Ethnicity	2.0%	23.2%	26.8%	48.1%	100.0%	

The Harris Center Population Health: HB1C FY 23

Health Analytics & Research Department The Harris Center for Mental Health & IDD



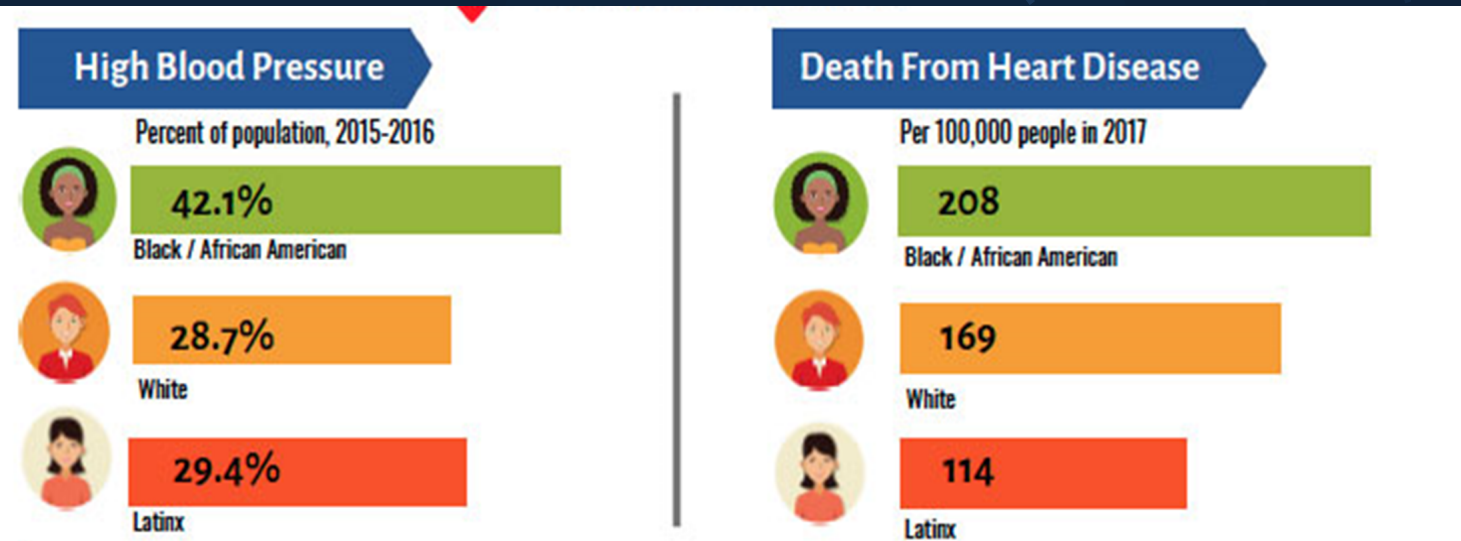
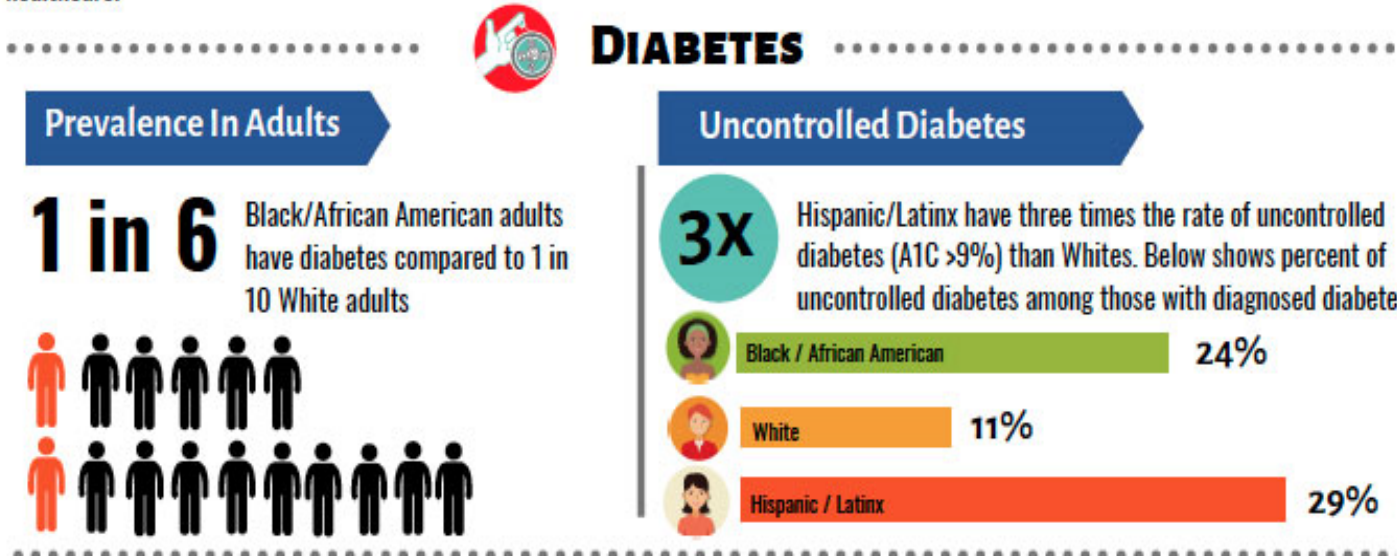
Diabetic Complications



Race Ethnicity * MostRecent_HBA1C_Category Crosstabulation

Race Ethnicity	Count	MostRecent_HBA1C_Category			Total
		Normal_HBA1C	Prediabetes	Diabetes	
American Indian or Alaska Native	9		9	4	22
	% within	40.9%	40.9%	18.2%	100.0%
	Race_Ethnicity				
Asian	112		83	39	234
	% within	47.9%	35.5%	16.7%	100.0%
	Race_Ethnicity				
Black or African American	2358		1669	489	4516
	% within	52.2%	37.0%	10.8%	100.0%
	Race_Ethnicity				
Native Hawaiian or other Pacific Islander	6		4	1	11
	% within	54.5%	36.4%	9.1%	100.0%
	Race_Ethnicity				
Hispanic/Latino	1848		871	333	3052
	% within	60.6%	28.5%	10.9%	100.0%
	Race_Ethnicity				
White/Caucasian	1417		505	165	2087
	% within	67.9%	24.2%	7.9%	100.0%
	Race_Ethnicity				
Unknown or not collected	120		75	39	234
	% within	51.3%	32.1%	16.7%	100.0%
	Race_Ethnicity				
Total	5870		3216	1070	10156
	% within	57.8%	31.7%	10.5%	100.0%
	Race_Ethnicity				

Health disparities are differences in rates of disease across racial, ethnic, income, and other social groups. They are a result of obstacles to health including systemic racism, poverty, and lack of access to healthy food, stable housing, employment, and healthcare.



SOURCES:
 CDC National Diabetes Statistic Report 2020; <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
 Healthy People 2020 Disparity Data, 2013-2016; <https://www.healthypeople.gov/2020/data/disparities/detail/Chart/4123/3/2016>
 CDC Heart Disease Spotlight 2019; <https://www.cdc.gov/nchs/nvss/deaths.htm>

United States - Health Disparities Across Racial and Ethnic

CDC National Diabetes Statistic Report 2020; <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
 Healthy People 2020 Disparity Data, 2013-2016; <https://www.healthypeople.gov/2020/data/disparities/detail/Chart/4123/3/2016>
 CDC Heart Disease Spotlight 2019; <https://www.cdc.gov/nchs/nvss/deaths.htm>

Certified Community Behavioral Health Clinic Improvement and Advancement

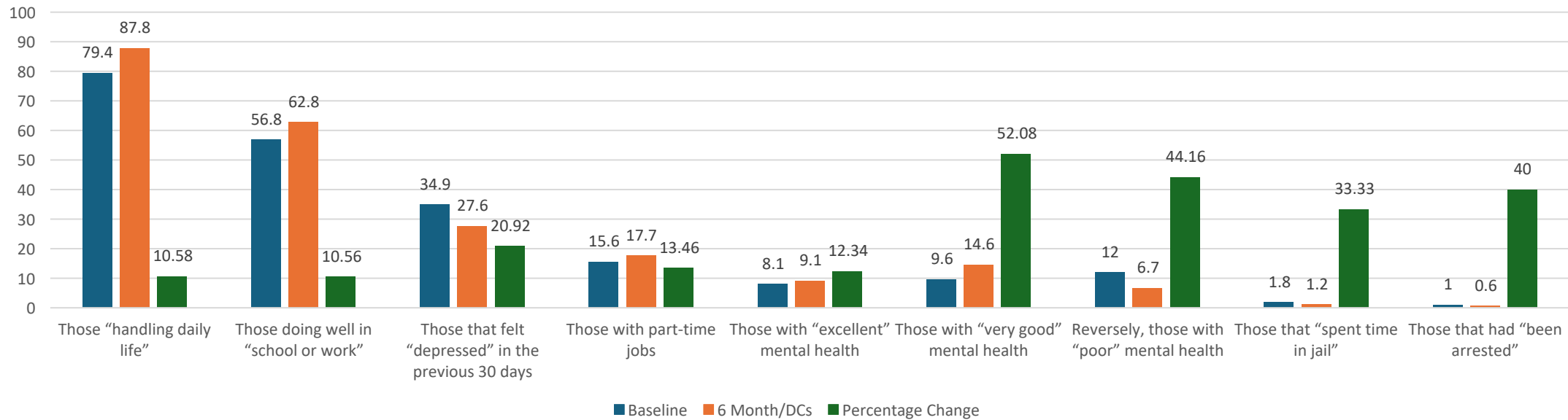
National Outcome Measures (NOMs) for Harris Center CCBHC Improvement and Advancement Grant

Outcome Report

National Outcome Measures (NOMs) are a set of domains that represent real-world outcomes measures and required by SAMHSA and reported quarterly – for CCBHC Grant



Percentage Change from Baseline to 6 Months/DCs for Selected NOMS Indicators (Baseline n = 386, 6 Months/DCs n = 301)



NOMs Findings – NOMs administered and tracked by HCIC Care Navigators

Harris Center Approved Methodology: A comprehensive list of currently enrolled and newly enrolled individuals receiving CCBHC services will be extracted from the EPIC data warehouse ("Caboodle") at grant start date and annually thereafter using SPSS software. The software allows random selection of the specified number of cases from the entire list using the "Select Cases" command

- Those "handling daily life" **increased 10.58%.**
- Those doing well in "school or work" **increased 10.56%.**
- Those that felt "depressed" in the previous 30 days **decreased 20.92%.**
- Those with part-time jobs **increased by 13.46%.**
- Those with "excellent" mental health **increased by 12.34%.**
- Those with "very good" mental health **increased by 52.08%.**
- Reversely, those with "poor" mental health **decreased by 44.16%.**
- Those that "spent time in jail" **decreased by 33.33%.**
- Those that had "been arrested" **decreased by 40%.**

HEALTH CENTER RESOURCE CLEARINGHOUSE Menu +

NEW: Cybersecurity Learning Bundle

Search the Clearinghouse: Enter Search Terms Here SEARCH

There are 4 ways to search the Clearinghouse:

- Simple Search
- Guided Search
- Advanced Search
- A-Z Search

Quick Finds: ↓
Use the links below to find resources on key topics

- Clinical Issues
- Finance
- Governance
- HIT/Data
- Operations
- Patient Materials
- Promising/Best Practices
- Social Determinants of Health
- Special & Vulnerable Populations
- Telehealth
- Value-Based Health Care Transformation
- Workforce
- Search Learning Collaboratives



FQHC New Start Resources

Resource	Description
NAP Technical Assistance (TA) webpage	<ul style="list-style-type: none"> TA webinars slides and recordings Example forms and budget narrative FAQs and other resources, including some in Spanish
Health Center Program Compliance Manual	<ul style="list-style-type: none"> Health Center Program requirements
HRSA Technical Assistance – Bureau of Primary Care - HRSA	<ul style="list-style-type: none"> Technical Assistance, Trainings, Compliance Manual, training – quality and clinical care, Data & Reporting Health Center 101 Learning Bundle on the Health Center Resource Clearinghouse
Texas Association of Community Health Centers	<ul style="list-style-type: none"> Provides Executive, Operations, Finance, Board Development and Support for New FQHC sites
NAP TA Team	<ul style="list-style-type: none"> NAP application questions BPHC Contact Form: Funding > Next Step from Funding
Grants.gov Contact Center support@grants.gov	<ul style="list-style-type: none"> Issues related to submitting in Grants.gov (Phase 1)
Health Center Program Support BPHC Contact Form 1-877-464-4772	<ul style="list-style-type: none"> Issues related to completing the application in EHBs (Phase 2) BPHC Contact Form: Technical Support > EHBs Tasks/EHBs Technical Issues
Grants Management Brian Feldman (bfeldman@hrsa.gov) and Patrick Johnson (pjohnson3@hrsa.gov)	<ul style="list-style-type: none"> Budget or fiscal questions Questions about federal interest or 45 CFR part 75

FUNDED!

Now WHAT?

November 2019



Contact trainings@nachc.org with any questions.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS16089, Technical Assistance to Community and Migrant Health Centers and Homeless for \$6,375,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



The goal of this FQHC start-up checklist is to:

- Provide an overview of the HRSA Health Center Program Requirements as outlined in the two foundational documents, the HRSA Health Center Program Compliance Manual



- Provide a list of resources and other organizations that can help get you off in the right direction.




- Describe the responsibilities and requirements set forth within your Notice of Award (NOA);



- Provide checklists to assist with the opening of a new health center

This guide is broken into the following areas:

- First 120 days checklist
- Rest of the Year
- Best Practices and Other Considerations
- Implementation checklists
- Lessons learned from the field



In studies of adults with severe mental illness in the USA, those with food insecurity were more likely to report less mental health service utilization. On the other hand, food insecurity has been associated with increased medical and psychiatric emergency service utilization

FOOD INSECURITY

(HHS Peer Reviewed; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103585>)

Research has shown a link between food insecurity and higher rates of mental and physical health conditions, such as depression and anxiety, diabetes, and hypertension. Studies have also identified a connection between food insecurity and higher healthcare expenditures.



OFFICE OF RESEARCH &
PUBLIC AFFAIRS

EVIDENCE BRIEF

NOVEMBER 2019

DELAYED AND DETERIORATING: Serious Mental Illness and Psychiatric Boarding in Emergency Departments

INTRODUCTION

The number and proportion of mental health crisis emergency department visits have been steadily increasing in the United States in recent years. In 2014, there were more than 2.2 million emergency department visits by patients whose primary diagnosis was serious mental illness.¹ And as a result of a multitude of factors and failures in our mental health care system, instead of receiving timely and effective treatment, individuals are boarded in the emergency department, waiting for days or sometimes weeks, with nowhere to go and sometimes no treatment.



https://www.tac.org/reports_publications/delayed-and-deteriorating-serious-mental-illness-and-psychiatric-boarding-in-emergency-departments/

Research consistently shows that people experiencing food insecurity are more likely to have poor physical and mental health, and also tend to have a higher rate of emergency room visits compared to those with food security; this is because inconsistent access to nutritious food can contribute to chronic diseases and exacerbate existing health issues, while the stress of food insecurity itself can negatively impact mental wellbeing, leading to increased healthcare utilization including emergency room visits

Food Insecurity is Directly Associated with the Use of Health Services for Adverse Health Events:

<https://www.sciencedirect.com/science/article/pii/S0022316622023987#:~:text=A%20number%20of%20studies%20have,insecurity%20and%20higher%20healthcare%20expenditures.>

Site Partners for Mobile Wellness Services

We have met with the following neighborhoods to create and establish Community Wellness Hubs -

Emphasis on Early Screenings & Education of Blood Pressure, A1C, Non-Medical Drivers Screening , Literature on Depression and Emotional Wellness, Outreach in underserved communities to Reduce Mental Health Stigma

- NAMI – Angelina Hudson
- Barbara Jordan Community Center
- Tidwell Community Center
- Metropolitan Multi-Service Center
- Sunnyside Health and Multi-Service Center,
- The Association for the Advancement of Mexican Americans (AAMA) and Hispanic Health Coalition –
- Mt Hebron & Ministerial Alliance
- Precinct 1 (Commissioner Rodney Ellis)
Tom Bass, Finnigan, and Cavalcade
- Precinct 2 (Commissioner Adrian Garcia)
Leon Z Grayson (Baldree), Flukinger, JD Walker, East Harris County Activity Center)
- Houston and Harris County Public Health



Note Precinct 1 and Precinct 2, we have MOUs that established standard days each month for the Mobile wellness Vehicle

EXHIBIT P-3

The Harris Center for Mental Health and IDD



Presented to The Harris Center Board Program
Committee
By: Jennifer Battle
January 2025



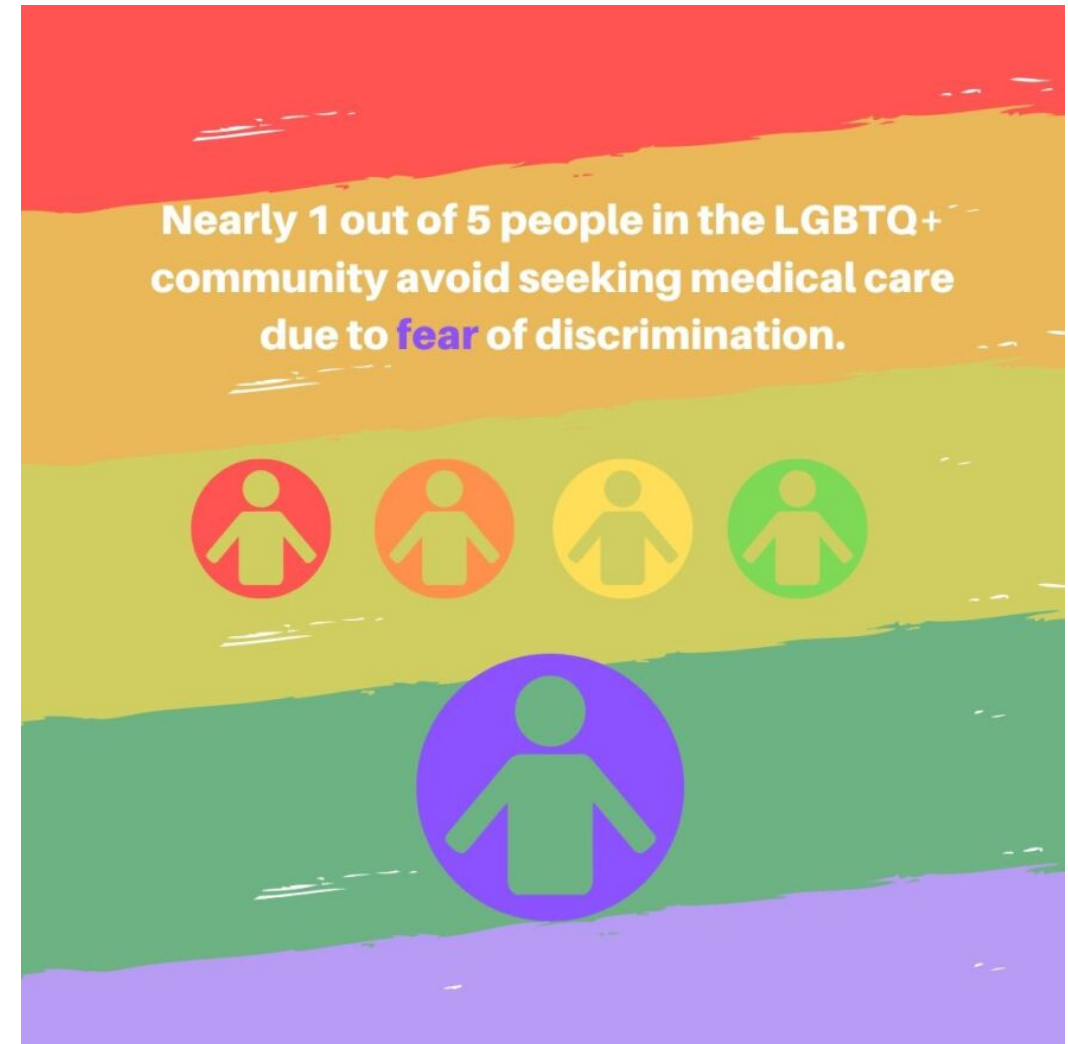
Mental Health and the LGBTQIA+ Community







FACT

56%
of #LGBTQ adults
report experiencing
some form of
discrimination in a
healthcare setting.



Nearly 1 out of 5 people in the LGBTQ+ community avoid seeking medical care due to **fear** of discrimination.





Mental Health and the LGBTQIA+ Community cont.

- A study by Stonewall found that over the previous year:
 - half of LGBTIQ+ people had experienced depression, and three in five had experienced anxiety
 - one in eight LGBTIQ+ people aged 18 to 24 had attempted to end their life
 - almost half of trans people had thought about taking their life

41% of LGBTQ young people seriously considered attempting suicide in the past year – and young people who are transgender, nonbinary, and/or people of color reported higher rates than their peers.



THE TREVOR PROJECT 

2023 U.S. National Survey on the Mental Health of LGBTQ Young People



Mental Health and the LGBTQIA+ Community cont.

- Being LGBTQIA+ doesn't cause these problems. But some things LGBTQIA+ people go through can affect their mental health, such as:
 - discrimination,
 - homophobia or transphobia,
 - social isolation,
 - rejection, and
 - difficult experiences of coming out.
- **As the Local Mental Health Authority, it is critical that The Harris Center demonstrates that our team of compassionate and caring professionals is ready to provide well educated and informed support for the LGBTQIA+ community and their families.**

Safe Spaces Initiative Purpose

- The Harris Center currently has no specific training, support, or programming available specific to the LGBTQIA+ population. By
 - **building out a specific trauma informed care focused Safe Spaces Initiative training available to ALL agency staff,**
 - **broadening clinical staff expertise via the Queer and Trans Affirming Care (QTAP) certification,** and
 - **being intentional about community outreach,**
- the agency will be able to increase patient partnerships and engagement techniques.

Safe Spaces Initiative Project Goals

- Having a minimum of **100 Harris Center staff complete the Safe Spaces Initiative Certificate Program** between September 2024 and August 2025.
- Providing the opportunity for **8 Harris Center clinical staff to pursue the Queer and Trans Affirming Practice (QTAP) clinical certification program** to serve as embedded subject matter experts at their service locations.
- Engaging in a minimum of **4 LGBTQIA+ specific outreach and engagement events**.

- **Alignments with agency strategic goals:**

Having staff who are better trained and aware of how to effectively serve and support the LGBTQIA+ community will ultimately impact **patient satisfaction** leading to The Harris Center's ongoing strategic goal of being the **provider AND employer of choice**.

Population Served and Impacted

- **Population served:**
 - Harris center clients who identify as LGBTQIA+ and their families
 - Harris center staff who identify as LGBTQIA+ who feel more welcome and included
 - Harris center staff who are seeking to expand their knowledge base
- **Estimated number of individuals served/impacted:**
 - The Harris Center serves 96,000 clients a year, research shows approximately **7% of the population identifies as LGBTQIA which would mean a possible reach of 6,720 clients** in both the Safe Spaces certificate program and the QTAP certification program.
 - The Harris Center employs approximately 2,500 staff which would mean a possible positive engagement impact to **175 team members**.
 - On average community outreach and engagement events touch at a minimum 100 people per event which would translate to a minimum of **400 community members impacted**.
 - **TOTAL POSSIBLE IMPACT: 7,470**

Feedback from Certificate Soft Launch

“This initiative takes the burden of education off of some of our most marginalized consumers, and gives workers a space to learn, grow, and process new concepts on their own time and pace.”

“This is really exciting to see happening at the agency.”

“This is the first time I’ve felt really seen by the agency. Thank you for working on this.”

“As a member of the LGBTQIA+ Community I am so proud to see the agency focusing on this.”

“I actually had a trans client who was struggling with expressing themselves in where they felt they could not be their authentic self when discussing services. After meeting with them and expressing the initiative, after they saw the pin on my badge, they were able to open up and fully engage in sessions with me.”

“The Safe Spaces Initiative trainings are a fantastic introduction to allyship in the LGBTQIA+ community! I loved the generalized SABA training to ease people into "learning mode" and then the specific curation of mental health, historical background, and immediately useful community resources.”

Project Outcomes

- Number of staff who complete the Safe Spaces Initiative Certificate and number of staff who complete the QTAP Certification
- Feedback survey to staff who have completed these opportunities to determine impact of utilization in their agency roles
- Search for any mention of increased patient satisfaction due to these opportunities by clients in patient satisfaction survey free response section.
- Search for any mention of increased employee satisfaction due to these opportunities in the annual employee engagement survey.

Project Budget

Project Expenses					Budgeted Amount
Category		Description			
1	Safe Spaces Materials	Visual representation of Safe Spaces Initiative Certification			
2			You are Safe with Me pins		\$250.00
3			All are Welcome Here stickers		\$150.00
4			Pride lanyards		\$200.00
5			Gender Books		\$250.00
6	QTAP Certification	Training program starts Sept 2024 through April 2025			
7			8 virtual training program participants		\$15,456.00
8			8 in person conference and certification completion		\$12,000.00
9					
10	Outreach Materials	Outreach materials for Pride month activities			
11			print shop		\$2,000.00
12			988 materials		\$2,500.00
13					
14	Outreach Engagement	Registration Fees			
15					
Total Budgeted					\$33,806.00

Thank you

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