

Quality Committee Meeting
January 21, 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, November 12, 2024
(EXHIBIT Q-1)
- IV. REVIEW AND COMMENT
 - A. Board Scorecard
(EXHIBIT Q-2 Trudy Leidich)
 - B. Psychiatric Emergency Services (PES) Board Quality Report
(EXHIBIT Q-3 Vinay Kapoor)
 - C. CARF CCBHC Update
(EXHIBIT Q-4 Luc Josaphat)
- 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

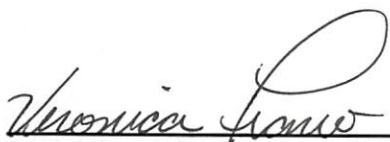

Veronica. Franco, Board Liaison
Luis A. Fernandez, M.D. Chairman
Quality Committee
The Harris Center for Mental Health and IDD



EXHIBIT Q-1

The HARRIS CENTER for
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, NOVEMBER 12, 2024
MINUTES

Dr. L. Fernandez, Committee Chair, called the meeting to order at 11:08 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

Committee Member Absent: Dr. R. Gearing

Other Board Member in Attendance: N. Hurtado

1. CALL TO ORDER

Dr. L. Fernandez called the meeting to order at 11:08 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. L. 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, October 15, 2024

MOTION BY: HURTADO

SECOND BY: BACON

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday October 15, 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. Promoting a Culture of Safety in Nursing -The Promoting a Culture of Safety in Nursing presented by Kia Walker, Vanessa Miller, Kristi Gertson, Yen Phan.

7. EXECUTIVE SESSION-

Dr. Fernandez announced the Quality Committee would enter into executive session at 11:43 am for the following reason:

- Report by the Director of Pharmacy 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, Kia Walker, Chief Nursing Officer and Dr. Holly Cumbie, Senior Director of Pharmacy Programs
- 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 12:15 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: HURTADO SECOND: BACON

There being no further business, the meeting adjourned at 12:15 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

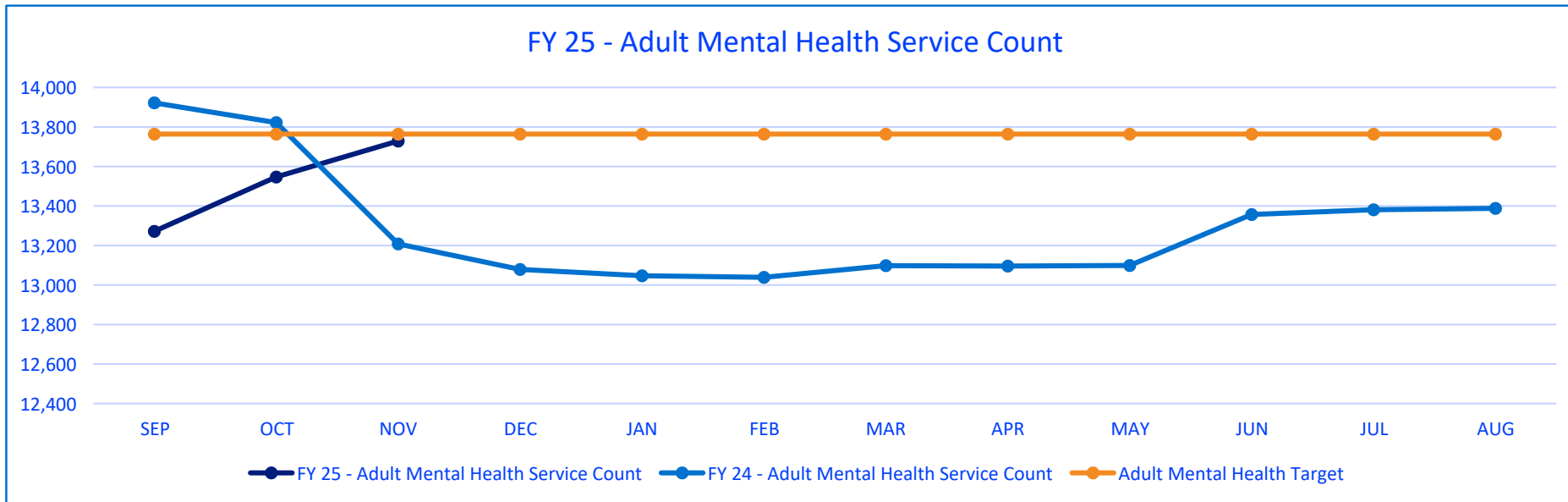
Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality
January 2025 (Reporting November 2024 Data)



| Domain | Program | 2025 Fiscal Year State Service Care Count Target | 2025 Fiscal Year State Care Count Average (September – August) | Reporting Period: November | Desired Direction | Target Type |
|--------|--|--|--|----------------------------|-------------------|-------------|
| Access | Adult Mental Health Service Care Count | 13,764 | 13,513 | 13,729 | Increase | Contractual |

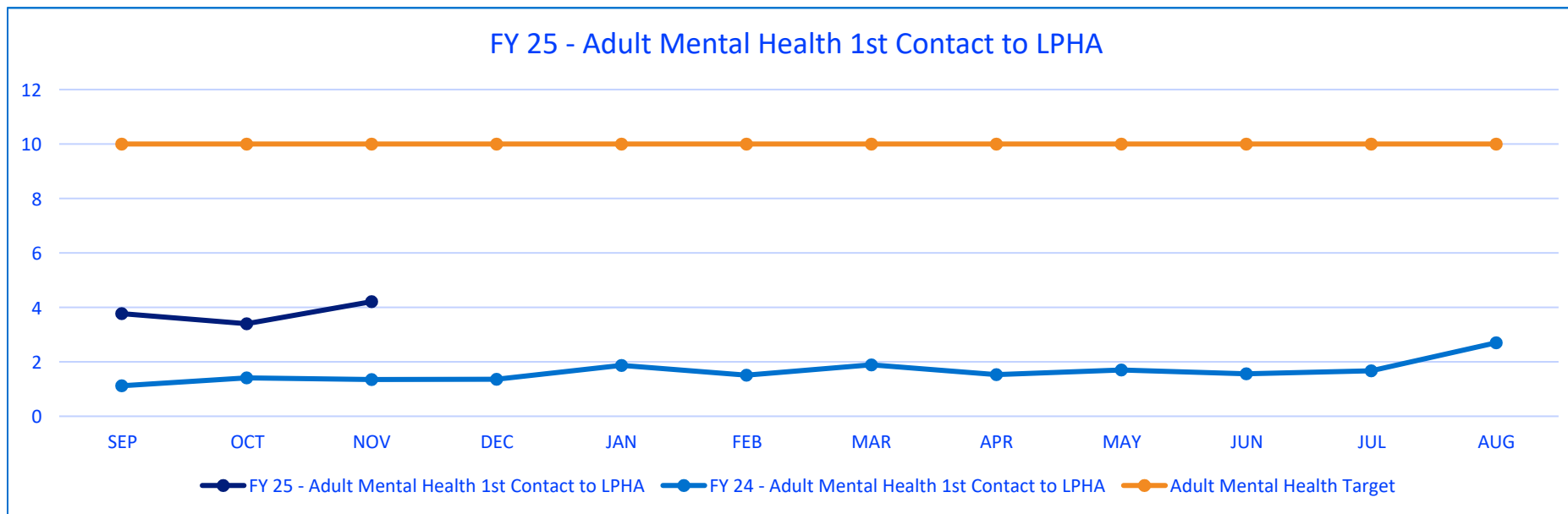


Overall Trend:

- **For the reporting period:** There was a 3.88% increase in the number of services provided November FY 25 compared to November FY 24. **FY 25 Performance:** The service count for FY 25 (13,513) is higher than the average service count for FY 24 (13,295), showing a marginal increase

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

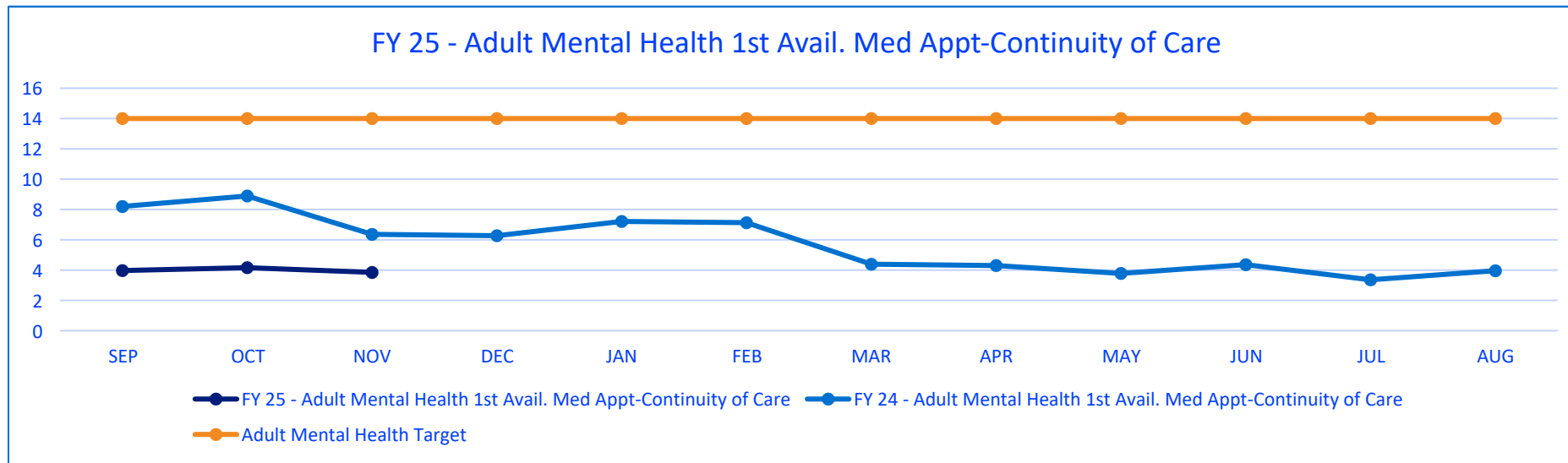
| Domain | Program | 2025 Fiscal Year Target | 2025 Fiscal Year Average (September – August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Adult Mental Health 1st Contact to LPHA | <10 days | 3.79 Days | 4.21 Days | Decrease | Contractual |



Notes:
 1. There was an increase in the time from the first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period compared to November FY 24. Despite the increase, the time taken in both FY 24 and FY 25 is still well below the target of 10.00 days. This suggests that while there has been an increase, the service is still 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: November | Target Desired Direction | Target Type |
|-------------|--|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Adult Mental Health 1st Avail. Medical Appt-Continuity of Care | <14 days | 3.99 days | 3.99 days | Decrease | Contractual |

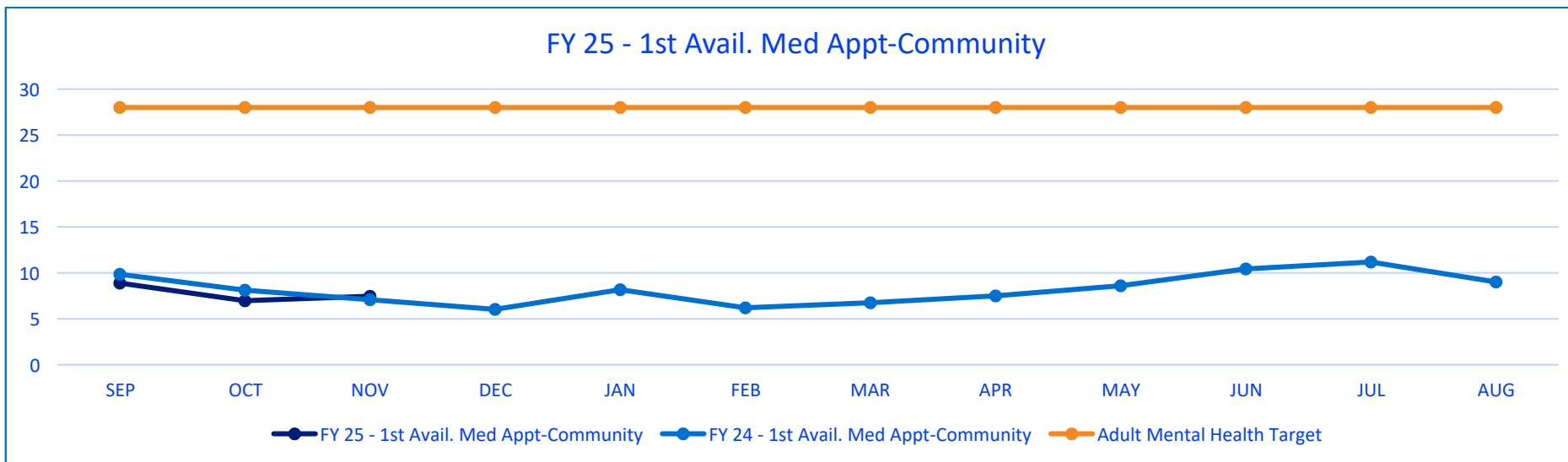


Notes:

1. There was a 39.47% decrease in the time taken for the first available medical appointment for continuity of care when comparing November FY 24 to 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

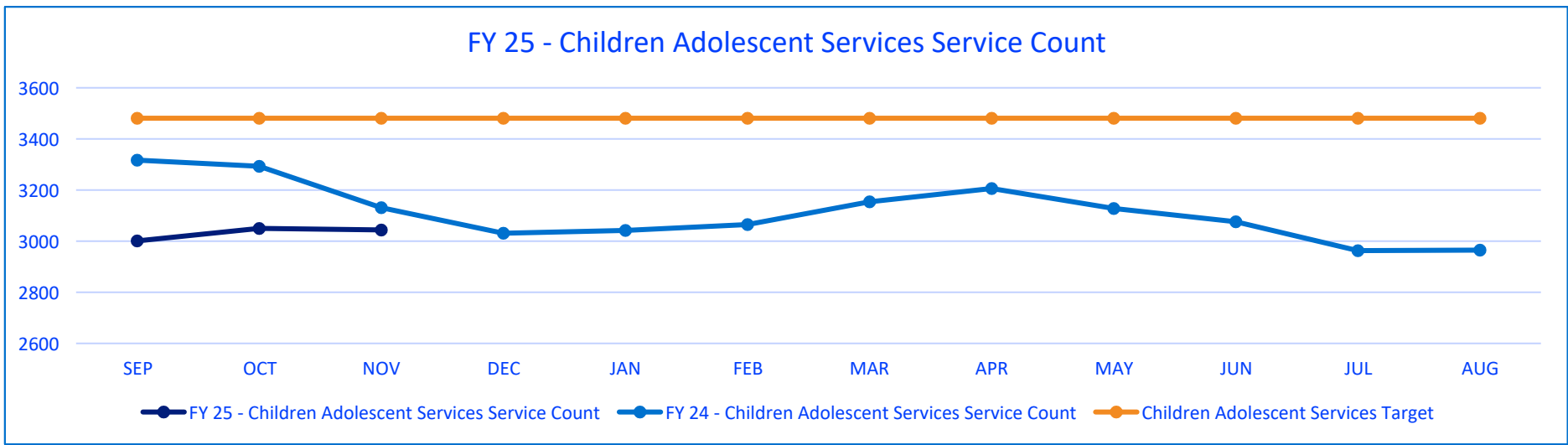
| Domain | Program | 2025 Fiscal Year Target | 2025 Fiscal Year Average (September-August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Adult Mental Health 1st Avail. Medical Appt-Community Members | <28 days | 7.77 days | 7.46 days | Decrease | Contractual |



Notes:
 1. There was a slight 5.37% increase in the time taken for the first available medical appointment in the community comparing November FY 24 to November 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

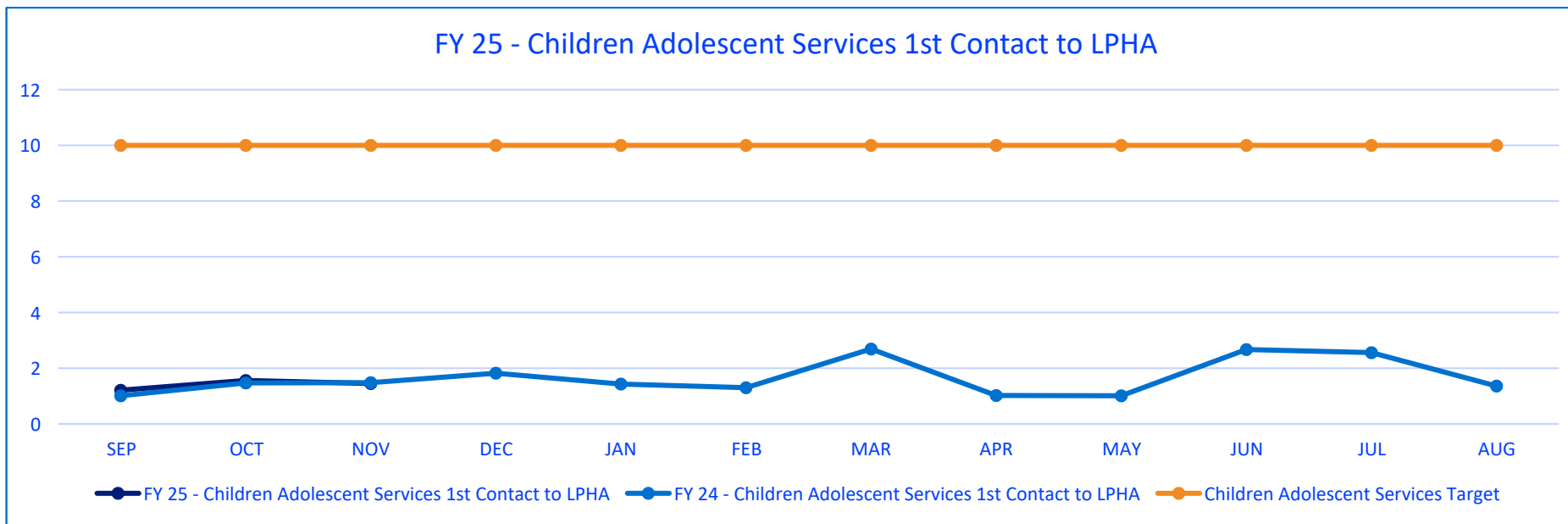
| Domain | Program | 2025 Fiscal Year State Care Count Target | 2025 Fiscal Year State Care Count Average (September – August) | Reporting Period- November | Target Desired Direction | Target Type |
|----------------|--------------------------------|--|--|----------------------------|--------------------------|-------------|
| Access to Care | Children & Adolescent Services | 3,481 | 3,030 | 3,044 | Increase | Contractual |



Notes:
 1. There was a marginal 2.94% decrease in the number of services provided in this reporting period (FY 25 November) compared to FY 24 November. The service count for FY 25 shows an upward trend with an average of 3,030.

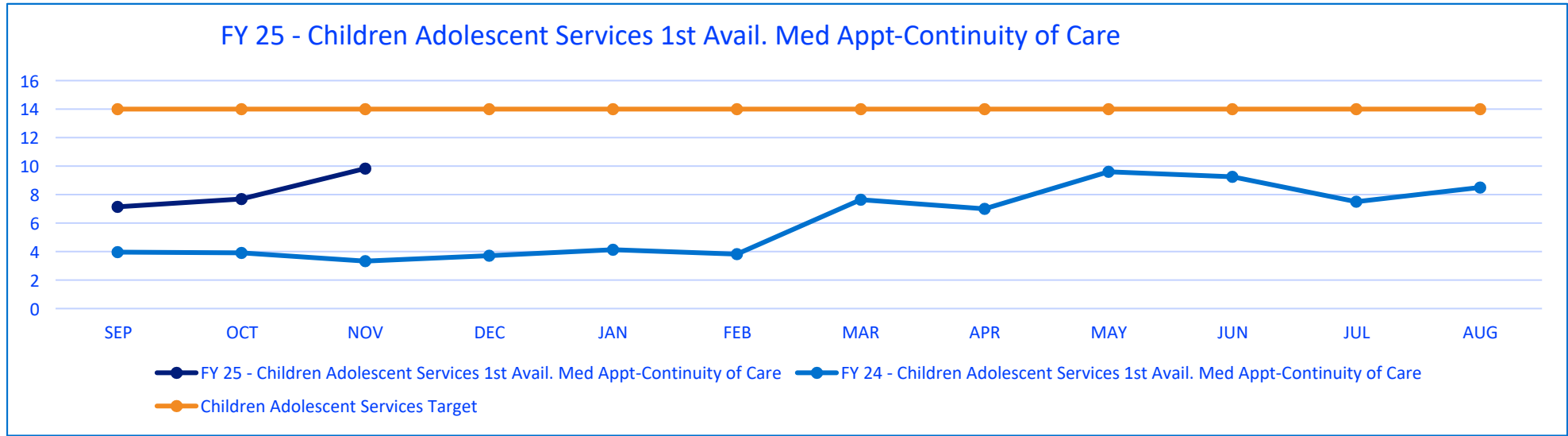
Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

| Domain | Program | 2025 Fiscal Year Target | 2025 Fiscal Year Average (September - August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|--|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Children & Adolescent Services 1st Contact to LPHA | <10 days | 1.41 days | 1.45 days | Decrease | Contractual |



Notes:
 1. First contact to LPHA (Licensed Professional of the Healing Arts) FY 25 November was lower by 2.94% compared to the same period in FY24. This suggests that the service is operating efficiently within the target range.

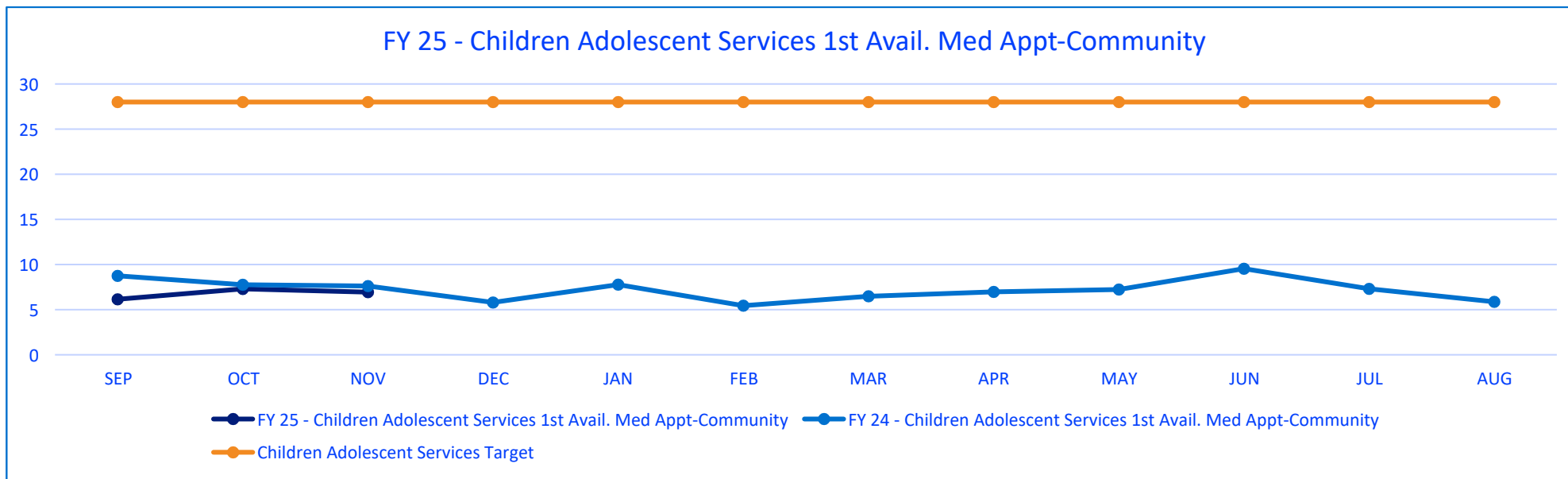
| Domain | Program | 2025 Fiscal Year Target | 2025 Fiscal Year Average (September - August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care | <14 days | 8.22 days | 9.83 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. This indicates a substantial rise in wait times for children and adolescents. 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

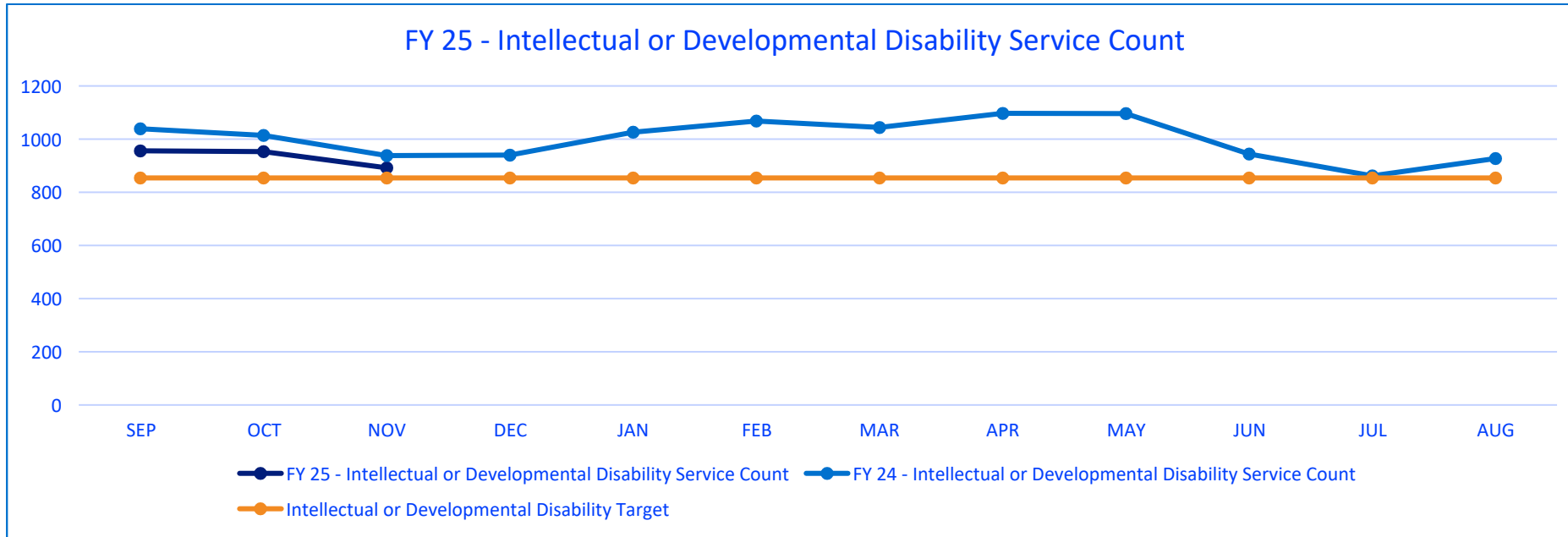
| Domain | Program | 2025 Fiscal Year Target | 2025 Fiscal Year Average (September – August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---|-------------------------|---|----------------------------|--------------------------|-------------|
| Timely Care | Children & Adolescent Services 1st Avail. Medical Appt-Community | <28 days | 6.80 days | 6.94 days | Decrease | Contractual |



Notes:
 1. There was an 8.92% decrease in the time taken for the first available medical appointment in the community when comparing November FY 24 to November FY 25. The measure is significantly below the target of 28.00 days, demonstrating that the service is performing exceptionally well and providing timely access to medical appointments.

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- November | Target Desired Direction | Target Type |
|--------|---------|-------------------------------------|---|----------------------------|--------------------------|-------------|
| Access | IDD | 854 | 934 | 892 | Increase | Contractual |

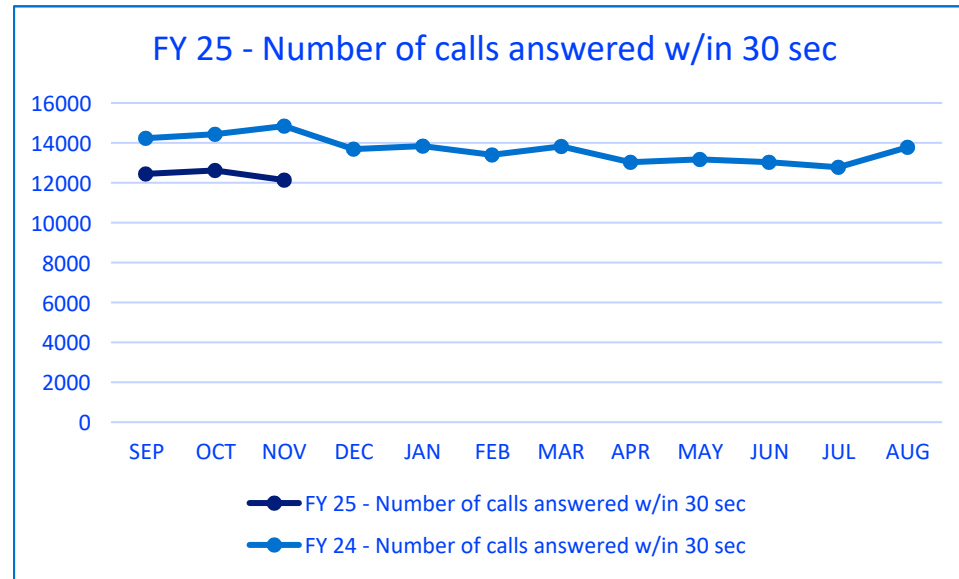
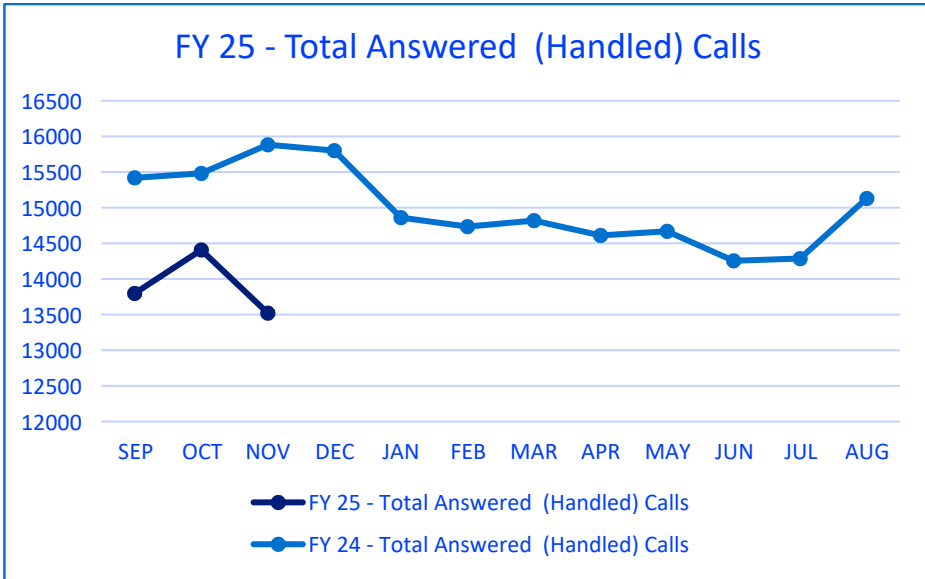


Notes:

- The IDD division service care count is at 892 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.)

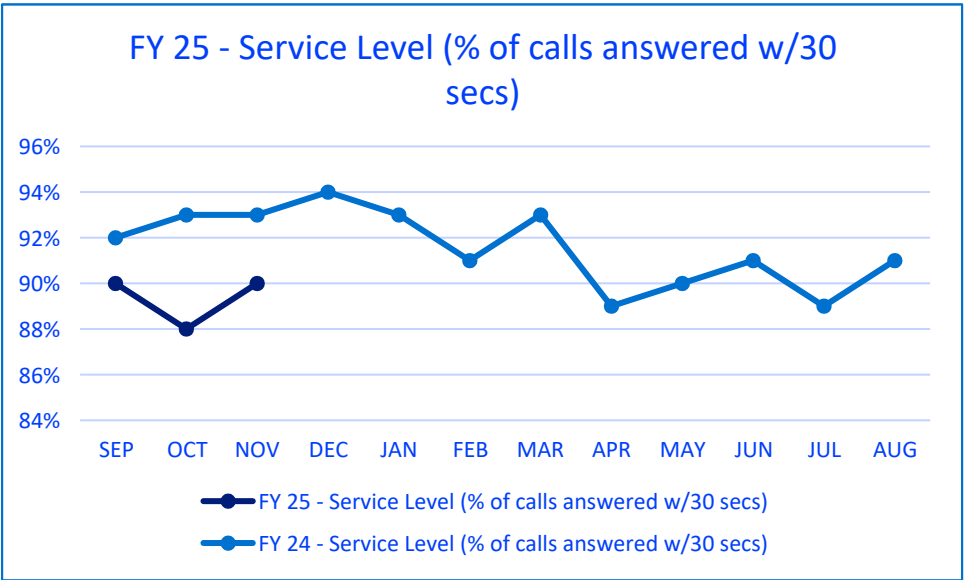
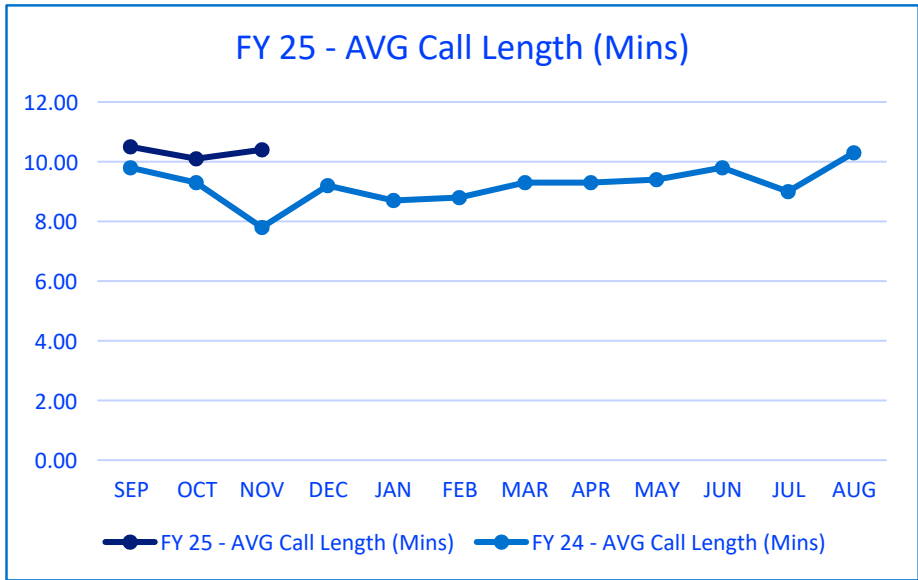
| Domain | Measures (Definition) | FY 2025 Target | 2025Fiscal Year Average (September - August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---------------------------------------|----------------|--|----------------------------|--------------------------|-------------|
| Timely Care | Total Answered Calls | N/A | 13,909 | 13,522 | Increase | N/A |
| | Number of calls answered w/in 30 secs | N/A | 12,399 | 12,135 | Increase | Contractual |



Notes:

- There was a 14.87% decrease in the number of answered (handled) calls comparing November FY 24 to November FY 25.
- There was a 18.24% decrease in the number of calls answered within 30 seconds comparing November FY 24 to November FY 25.

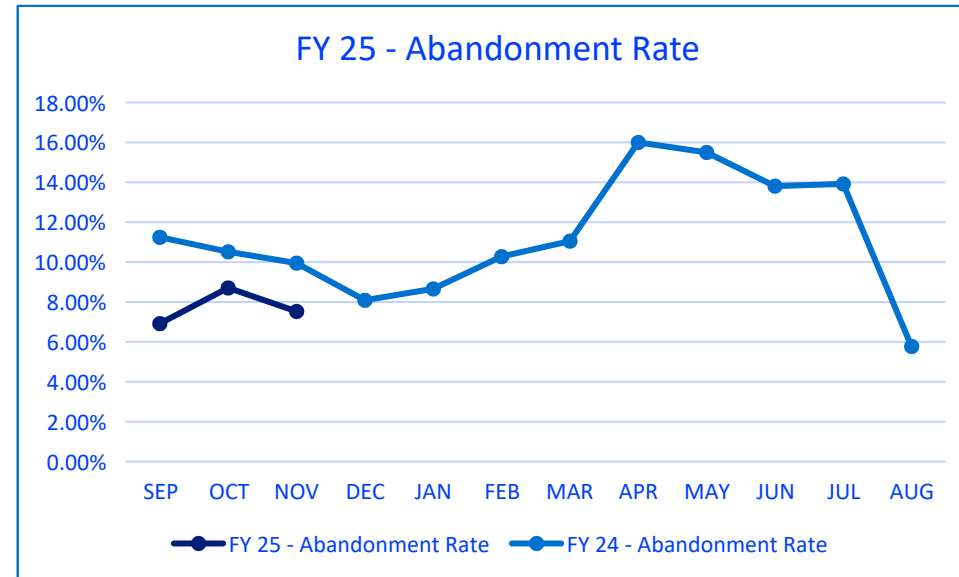
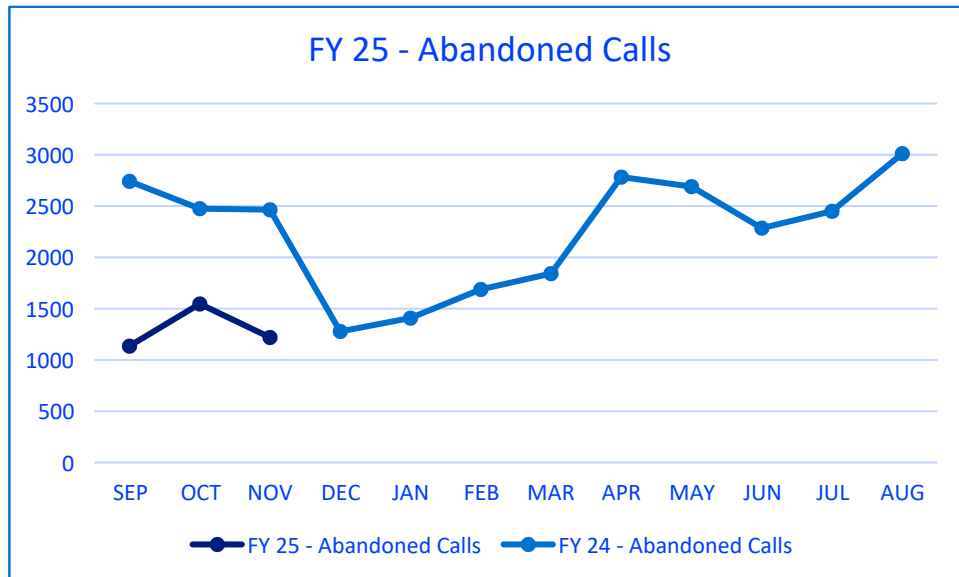
| Domain | Measures (Definition) | FY 2025 Target | 2025Fiscal Year Average (September - August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|---|----------------|--|----------------------------|--------------------------|-------------|
| Timely Care | AVG Call Length (Mins) | N/A | 10.33 | 10.40 | N/A | Contractual |
| | Service Level (% of calls answered w/30 secs) | >95% | 89.00% | 90% | Increase | Contractual |



Notes:

- There was a 18.24% decrease in the service level comparing November FY 24 to November FY 25.
- There was a 33.33% increase in the average call length comparing November FY 24 to November FY 25.

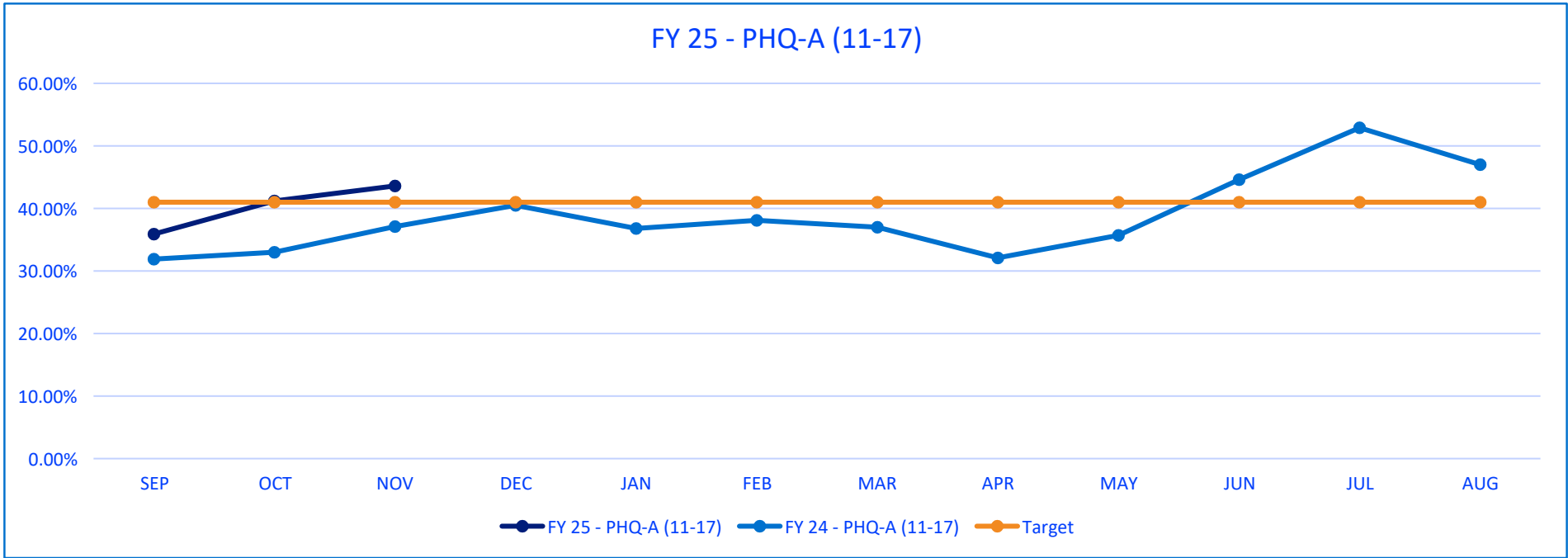
| Domain | Measures (Definition) | FY 2025 Target | 2025Fiscal Year Average (September - August) | Reporting Period- November | Target Desired Direction | Target Type |
|-------------|-----------------------|----------------|--|----------------------------|--------------------------|-------------|
| Timely Care | Abandoned Calls | N/A | 1,301 | 1,220 | Decrease | Contractual |
| | Abandonment Rate | <8% | 8.00% | 7.53% | Decrease | Contractual |



Notes:

- There was a 50.51% decrease in the number of abandoned calls comparing November FY 24 to November FY 25.
- The abandonment rate also saw a notable reduction of 38.49% comparing November FY 24 to November FY 25.

| Domain | Measures (Definition) | FY 2025 Target | 2025Fiscal Year Average (September – August) | Reporting Period- November | Target Desired Direction | Target Type |
|----------------|-----------------------|----------------|--|----------------------------|--------------------------|-------------|
| Effective Care | PHQ-A (11-17) | 41.27% | 40.00% | 43.60% | Increase | IOS |



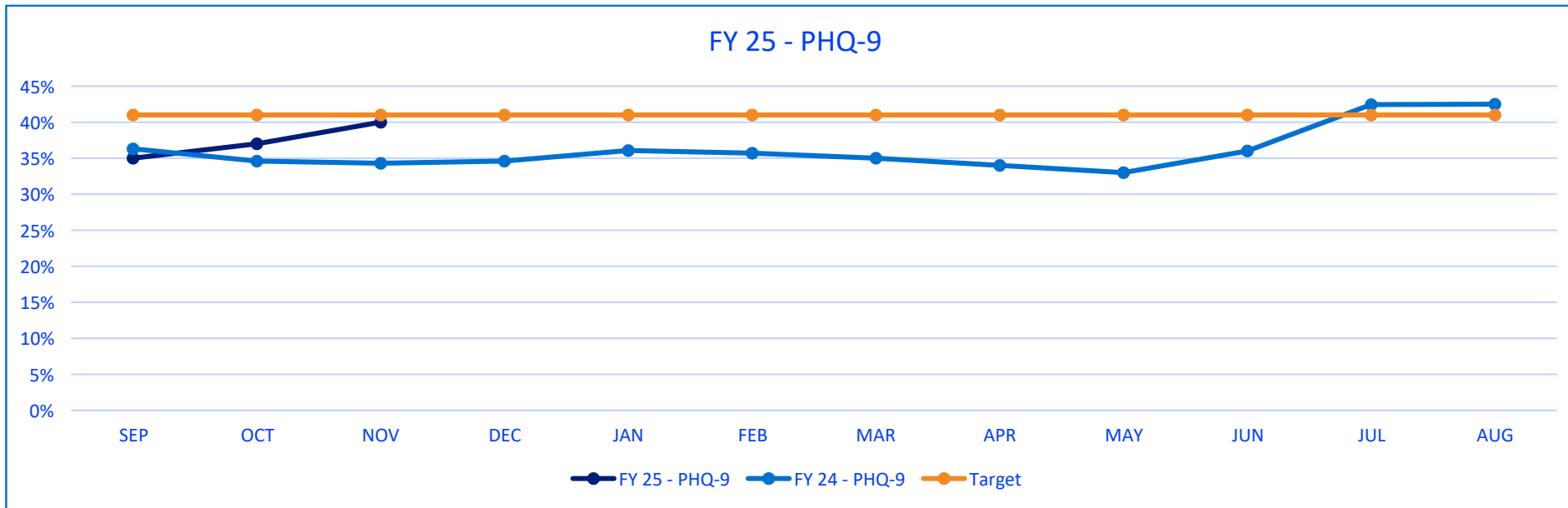
Notes:

- There was a 17.52% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from November FY 24 to November 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- November | Target Desired Direction | Target Type |
|----------------|-----------------------|----------------|--|----------------------------|--------------------------|-------------|
| Effective Care | PHQ-9 | 41.27% | 37% | 40% | Increase | IOS |



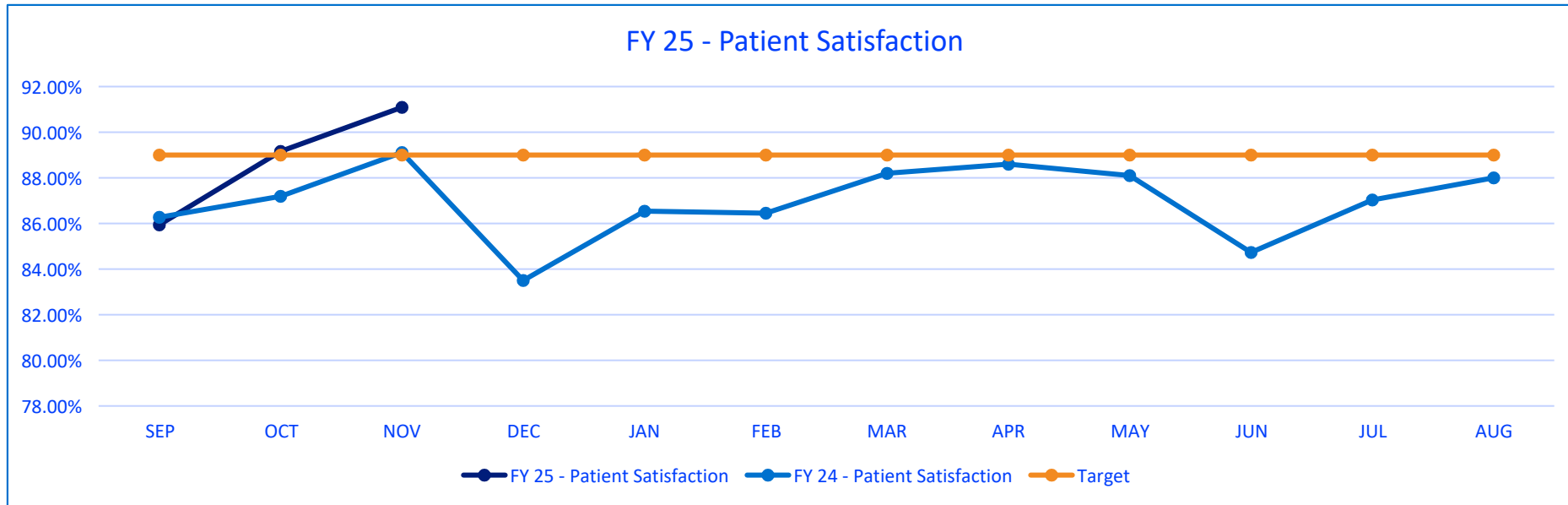
Notes:

- There was a 16.62% decrease in the PHQ-9 (Patient Health Questionnaire-9) scores comparing November FY 24 to November 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- November | Target Desired Direction | Target Type |
|----------------|-----------------------|-------------------------|--|----------------------------|--------------------------|-------------|
| Effective Care | Patient Satisfaction | 89% | 85.94% | 91.09% | 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 October and November, where it surpassed the target

Appendix

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 |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------|----------------|----------------|----------------|
| AMH 1st Avail. Med Appt-COC | 8.20 | 8.89 | 6.36 | 6.27 | 7.21 | 3.82 | 4.44 | 4.30 | 3.78 | 4.36 | 3.36 | 3.96 | 5.41 | <14 Days | C | Epic |
| AMH 1st Avail. Med Appt-COM | 9.85 | 8.12 | 7.08 | 6.03 | 8.17 | 6.20 | 6.75 | 7.50 | 8.60 | 10.43 | 11.18 | 9.01 | 8.24 | <28 Days | NS | Epic |
| AMH # Pts Seen in 30-60 Days | 50 | 7 | 5 | 0 | 4 | 0 | 1 | 3 | 2 | 2 | 1 | 4 | 6.58 | <45 | IOS | Epic |
| AMH # Pts Seen in 60+ Days | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.08 | 0 | IOS | Epic |
| Access to Care, Crisis Line | | | | | | | | | | | | | | | | |
| Total Calls Received | 18,161 | 17,957 | 18,391 | 16,291 | 17,158 | 17,160 | 17,433 | 18,117 | 18,190 | 17,343 | 17,601 | 17,447 | 17,604 | | | |
| AVG Call Length (Mins) | 9.80 | 9.30 | 7.80 | 9.20 | 8.70 | 8.80 | 9.30 | 9.30 | 9.40 | 9.80 | 9.00 | 10.30 | 9.23 | | | |
| Service Level | 92.07% | 93.22% | 93.44% | 94.00% | 93.00% | 91.00% | 93.00% | 89.00% | 90.00% | 91.00% | 89.00% | 91.00% | 91.64% | ≥ 95.00% | C | Brightmetrics |
| Abandonment Rate | 11.25% | 10.52% | 9.95% | 8.09% | 8.66% | 10.28% | 11.05% | 16.00% | 15.50% | 13.81% | 13.92% | 5.77% | 11.23% | < 8.00% | NS | Brightmetrics |
| Crisis Call Follow-Up | 99.65% | 99.16% | 99.60% | 99.56% | 100.00% | 100.00% | 99.26% | 100.00% | 99.04% | 99.67% | 99.60% | 99.10% | 99.55% | > 97.36% | IOS | Icarol |
| PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours) | | | | | | | | | | | | | | | | |
| PES Total Visits | 1227 | 1,072 | 1,046 | 1,103 | 1,188 | 1,080 | 1,177 | 1,183 | 1,147 | 1,022 | 1,143 | 1,102 | 1124 | | | |
| PES Admission Volume | 563 | 549 | 460 | 535 | 539 | 488 | 513 | 496 | 485 | 429 | 448 | 449 | 496.17 | | | |
| 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 | 45 | 42 | 30 | 41 | 44 | 45 | 40 | 39 | 31 | 26 | 25 | 37 | 37.08 | | | Epic |
| Personal Restraint Rate | 2.51 | 2.67 | 2.34 | 2.31 | 1.62 | 2.14 | 1.86 | 2.35 | 1.00 | 1.72 | 1.67 | 1.10 | 1.94 | ≤ 2.80 | IOS | Epic |
| Seclusions | 30 | 34 | 18 | 22 | 29 | 36 | 26 | 39 | 26 | 20 | 32 | 29 | 28.42 | | | Epic |
| Seclusion Rate | 1.89% | 2.16% | 1.37% | 1.24% | 1.07% | 1.72% | 1.21% | 2.35% | 0.84% | 1.32% | 2.14% | 0.87% | 0.02 | ≤ 2.73 | SP | Epic |
| AVG Minutes in Seclusion | 37.5 | 53.32 | 16.16 | 47.36 | 44.20 | 40.41 | 55.07 | 39.54 | 35.36 | 49.40 | 66.58 | 91.19 | 48.01 | ≤ 61.73 | IOS | Epic |
| Emergency Medications | 35 | 31 | 23 | 35 | 36 | 40 | 36 | 38 | 33 | 27 | 18 | 32 | 32.00 | | | Epic |
| EM Rate | 1.81 | 1.97 | 1.85 | 1.97 | 1.32 | 1.84 | 1.46 | 2.30 | 1.07 | 1.78 | 1.01 | 0.96 | 1.61 | ≤ 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 | 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

Psychiatric Emergency Services (PES) Quarterly Update

Trends & Analysis

Board Quality Committee

Presented by: Vinay Kapoor, MD
Interim Vice President of Crisis & Forensic Medical Services
Comprehensive Psychiatric Emergency Program (CPEP)
Forensic Mental Health

January 2025



PES Emergency Interventions Data

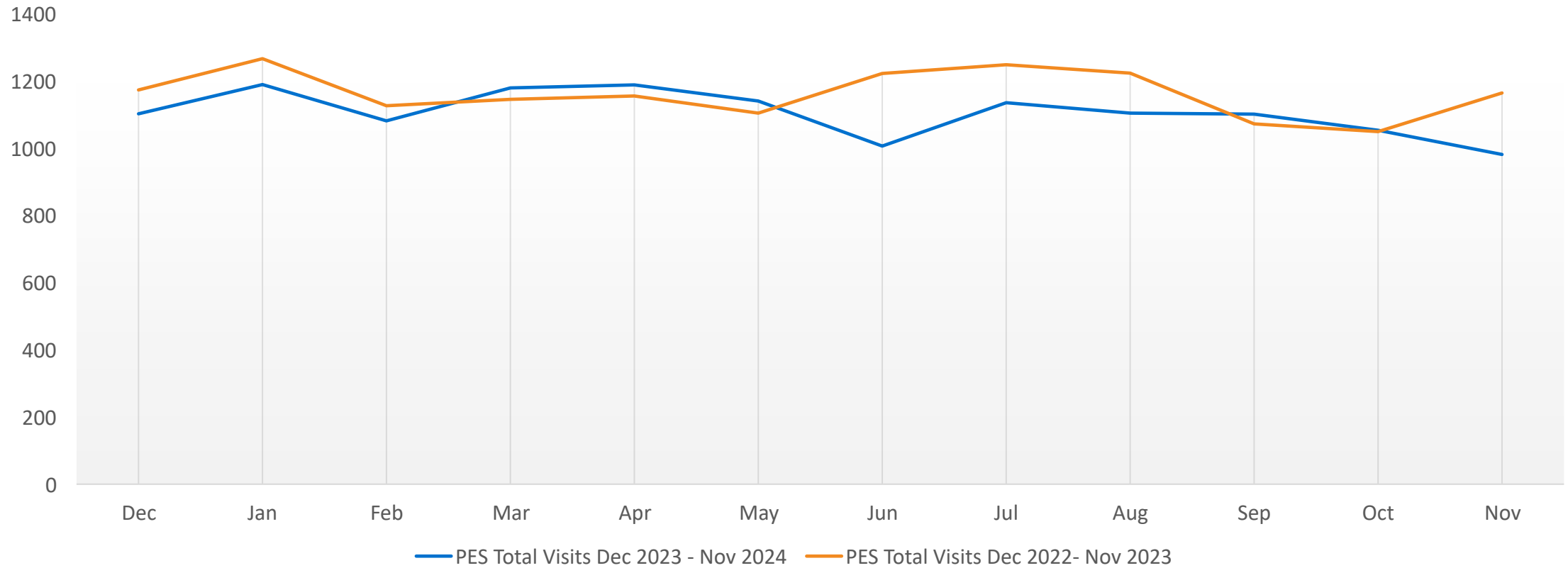
Psychiatric Emergency Services

Key Performance Indicators – Dec 2023 – Nov 2024

| CPEP PI Scorecard | | | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 |
| PES Total Visits | 1102 | 1189 | 1081 | 1179 | 1188 | 1140 | 1006 | 1,135 | 1104 | 1101 | 1053 | 981 |
| PES Admission Volume | 533 | 539 | 487 | 512 | 496 | 479 | 411 | 445 | 449 | 492 | 453 | 427 |
| Emergency Medications | 35 | 36 | 40 | 36 | 38 | 33 | 27 | 18 | 32 | 31 | 31 | 18 |
| EM Rate | 1.97 | 1.32 | 1.9 | 1.68 | 2.29 | 1.07 | 1.79 | 1.2 | 0.96 | 1.27 | 2.51 | 1.45 |
| Personal Restraint | 41 | 44 | 45 | 40 | 39 | 31 | 26 | 25 | 37 | 30 | 25 | 39 |
| Personal Restraint Rate | 2.31 | 1.62 | 2.14 | 1.86 | 2.35 | 1.00 | 1.72 | 1.67 | 1.10 | 1.23 | 2.02 | 3.15 |
| Seclusions | 22 | 29 | 36 | 26 | 39 | 26 | 20 | 32 | 29 | 28 | 20 | 27 |
| Seclusion Rate | 1.24% | 1.07% | 1.72% | 1.21% | 2.35% | 0.84% | 1.32% | 2.14% | 0.87% | 1.19% | 1.62% | 2.18% |
| AVG Minutes in Seclusion | 47.36 | 43.66 | 40.41 | 55.07 | 39.54 | 35.36 | 49.4 | 66.58 | 45.35 | 44.64 | 25.6 | 36.89 |
| Mechanical Restraints | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mechanical Restraint Rate | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0 |
| Percentage of Time on Diversion - Adult | 2.39% | 8.55% | 8.96% | 2.35% | 3.30% | 5.68% | 10.43% | 20.13% | 4.80% | 3.61% | 2.14% | 15.62% |
| Percentage of Time on Diversion - Youth | 12.96% | 14.52% | 27.87% | 20.36% | 30.87% | 16.64% | 9.92% | 22.13% | 5.97% | 19.30% | 24.99% | 32.19% |

Psychiatric Emergency Services Visit Trends Year over Year

PES Visit Trend



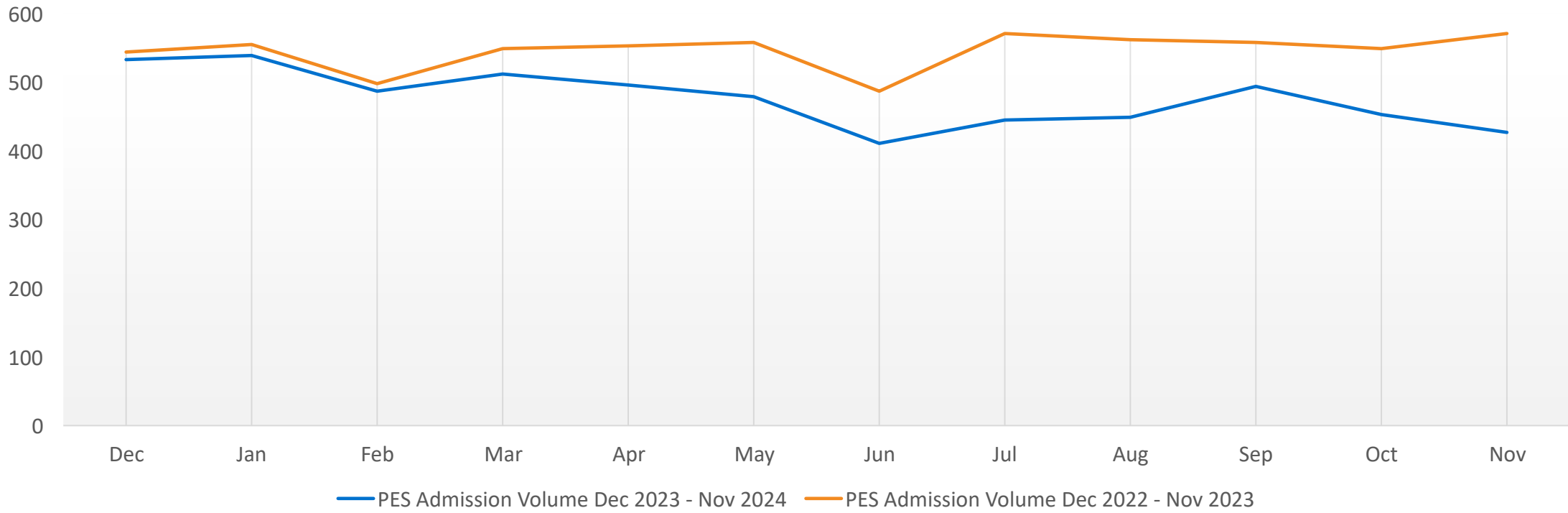
Dec 2023 - Nov 2024
Average Visits: 1104.83 visits per month.
Highest Visits: February (Month 2) with 1189 visits.
Lowest Visits: November (Month 12) with 981 visits.

Dec 2022 - Nov 2023
Average Visits: 1162.25 visits per month.
Highest Visits: February (Month 2) with 1266 visits.
Lowest Visits: October (Month 11) with 1049 visits.

Insights
Year-over-Year Comparison:
 The average number of visits decreased from 1162.25 in 2022-2023 to 1104.83 in 2023-2024, indicating a 4.94% decline in overall visits.

Psychiatric Emergency Services Visit Trends Year over Year

PES Admission Volume Trend



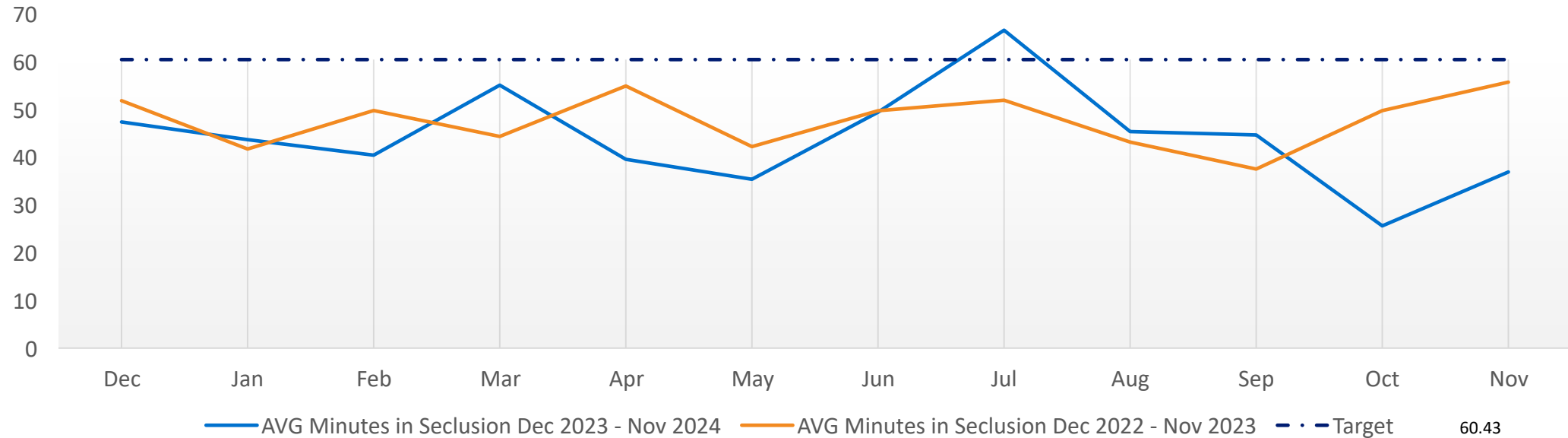
Dec 2023 - Nov 2024
Average Admissions: 477.08 admissions per month.
Highest Admissions: February (Month 2) with 539 admissions.
Lowest Admissions: July (Month 7) with 411 admissions.

Dec 2022 - Nov 2023
Average Admissions: 546.25 admissions per month.
Highest Admissions: August (Month 8) with 571 admissions.
Lowest Admissions: July (Month 7) with 487 admissions.

Insights
Year-over-Year Comparison: The average number of admissions decreased from 546.25 in 2022-2023 to 477.08 in 2023-2024, showing a 12.66% decline.

Average Minutes in Seclusion (1000 patient hours) Year over Year Trend

Average Minutes in Seclusion Trend

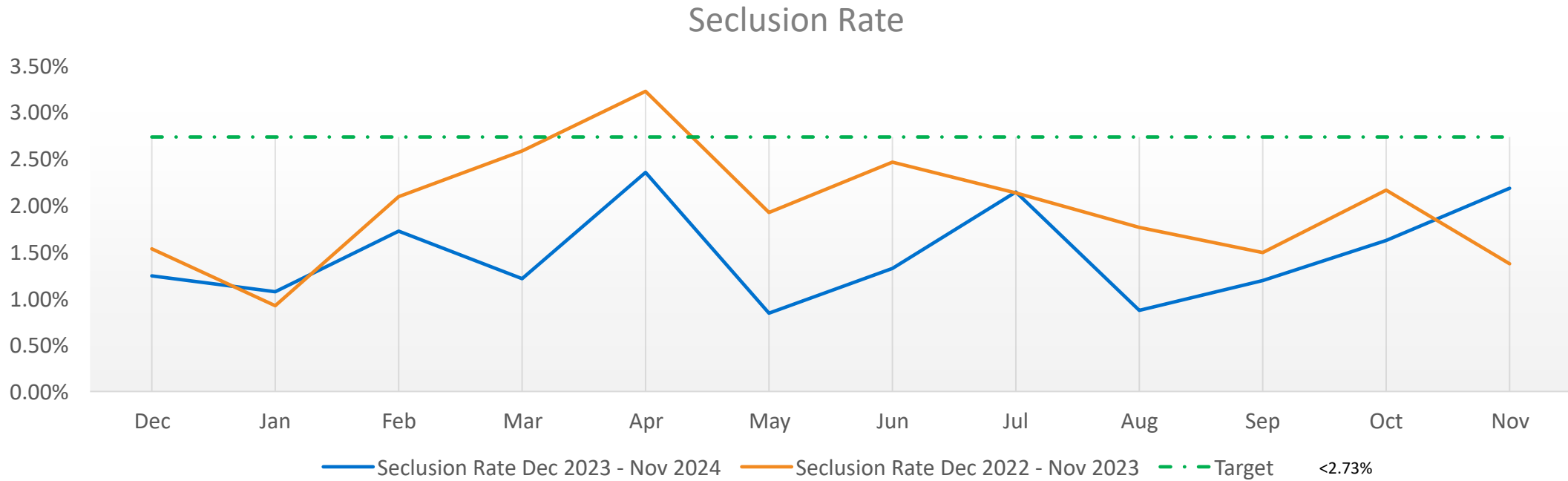


Dec 2023 - Nov 2024
Average Minutes in Seclusion: 51.93 minutes per month.
Highest Minutes in Seclusion: October (Month 10) with 66.58 minutes.
Lowest Minutes in Seclusion: November (Month 11) with 25.6 minutes.

Dec 2022 - Nov 2023
Average Minutes in Seclusion: 47.70 minutes per month.
Highest Minutes in Seclusion: December (Month 12) with 55.71 minutes.
Lowest Minutes in Seclusion: October (Month 10) with 37.5 minutes.

Insights
Year-over-Year Comparison: The average minutes in seclusion increased from 47.70 in 2022-2023 to 51.93 in 2023-2024, indicating an 8.8% rise in seclusion times.

Seclusion Rate Year over Year Trends



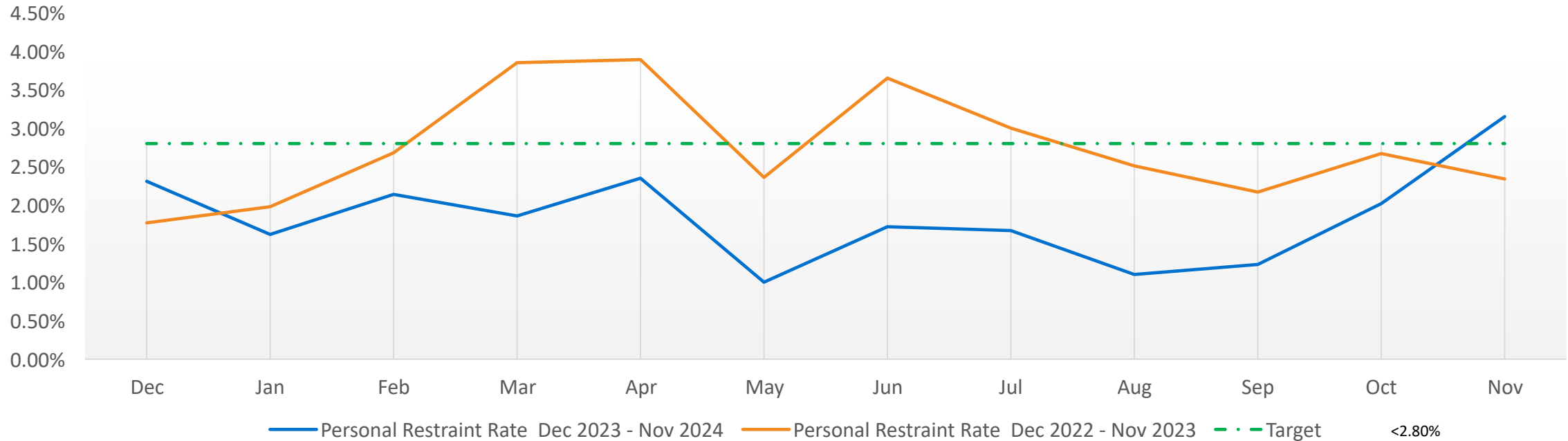
Dec 2023 - Nov 2024
Average Seclusion Rate: 1.48%
Highest Seclusion Rate: May (Month 5) with 2.35%
Lowest Seclusion Rate: June (Month 6) with 0.84%

Dec 2022 - Nov 2023
Average Seclusion Rate: 1.97%
Highest Seclusion Rate: May (Month 5) with 3.22%
Lowest Seclusion Rate: February (Month 2) with 0.92%

Year-over-Year Comparison: The average seclusion rate decreased from 1.97% in 2022-2023 to 1.48% in 2023-2024, indicating an improvement in reducing seclusion rates.

Personal Restraint Rate Year over Year Trends

Personal Restraint Rate

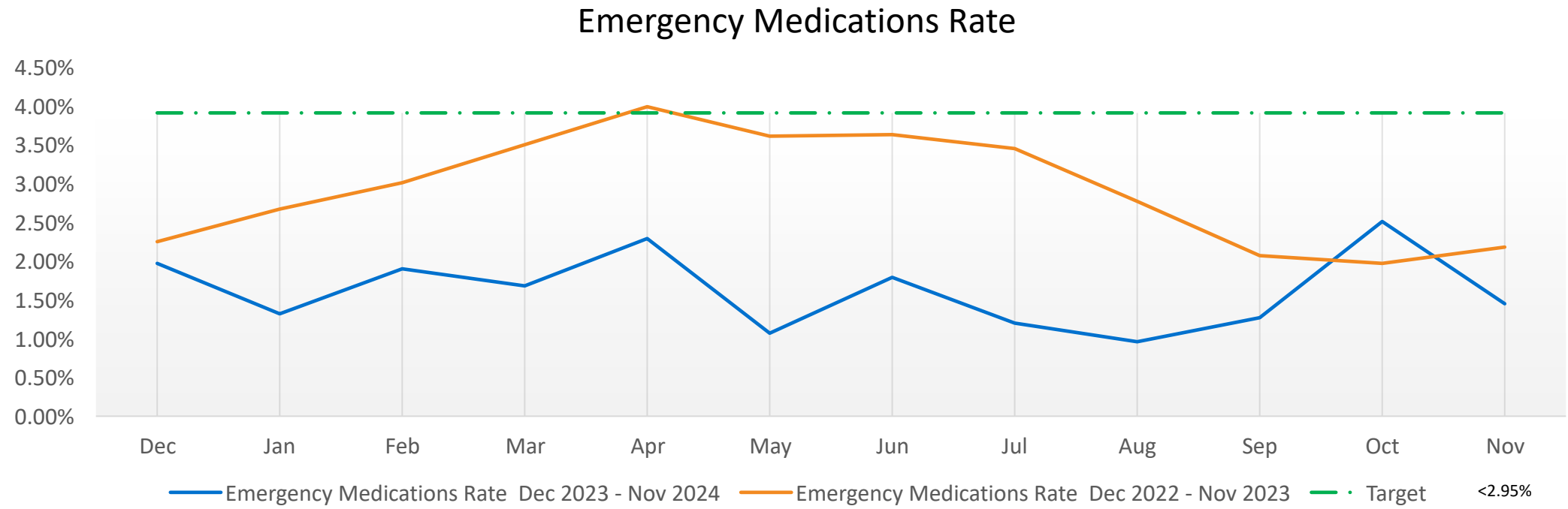


Dec 2023 - Nov 2024
Average Restraint Rate: 1.85%
Highest Restraint Rate: December (Month 12) with 3.15%
Lowest Restraint Rate: June (Month 6) with 1.00%

Dec 2022 - Nov 2023
Average Restraint Rate: 2.74%
Highest Restraint Rate: May (Month 5) with 3.89%
Lowest Restraint Rate: January (Month 1) with 1.77%

Year-over-Year Comparison: The average restraint rate decreased from 2.74% in 2022-2023 to 1.85% in 2023-2024, indicating an improvement in reducing restraint rates.

Emergency Medications Rate Year over Year Trends



Dec 2023 - Nov 2024
Average Emergency Medications Rate: 1.62%
Highest Emergency Medications Rate: November (Month 11) with 2.51%
Lowest Emergency Medications Rate: September (Month 9) with 0.96%

Dec 2022 - Nov 2023
Average Emergency Medications Rate: 2.93%
Highest Emergency Medications Rate: May (Month 5) with 3.99%
Lowest Emergency Medications Rate: November (Month 11) with 1.97%

Year-over-Year Comparison: The average emergency medications rate decreased from 2.93% in 2022-2023 to 1.62% in 2023-2024, indicating an improvement in reducing emergency medication usage.

Key Definitions

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

EXHIBIT Q-4

**Commission on Accreditation of
Rehabilitation Facilities(CARF)
&
Certified Community Behavioral
Health Clinics**

January 2025 Update



CARF Update

| Activities | Status |
|---|--|
| Preparation Phase | Ongoing |
| Prior Survey Correction Review | Completed |
| Staff Accreditation Engagement/Education (programs) | In progress (Led by Jeanne Wallace) |
| Survey Documentation Prep (ASPIRE and Programs) | In progress (Led by Luc Josaphat) |
| Mock Survey Exercises | Scheduled for February |
| CARF Application | Submitted in August 2024 |
| Expected CARF Accreditation | March/April (Exact will be provided by CARF) |

CCBHC Update

| Activities | Status |
|---|--|
| Preparation Phase | Ongoing |
| 2024 Updated CCBHC Criteria | Submitted in July |
| 2024 Community Needs Assessment | Completed |
| CCBHC Recertification Application (2025-2027) | Submitted |
| CCBHC Recertification Process | In progress (Conference call bet. CCBHC and The Harris Center Leadership scheduled for January 22) |
| Expected CCBHC Recertification | July 2025 |

Thank you.