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

Program Committee Meeting
February 18, 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. Community Access and Engagement Division Update
(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

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 the Program Committee
4.EmpowHer-Tiffany Williams-Brooks presented the Program Committee
5.We RISE-Evelyn Locklin presented 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

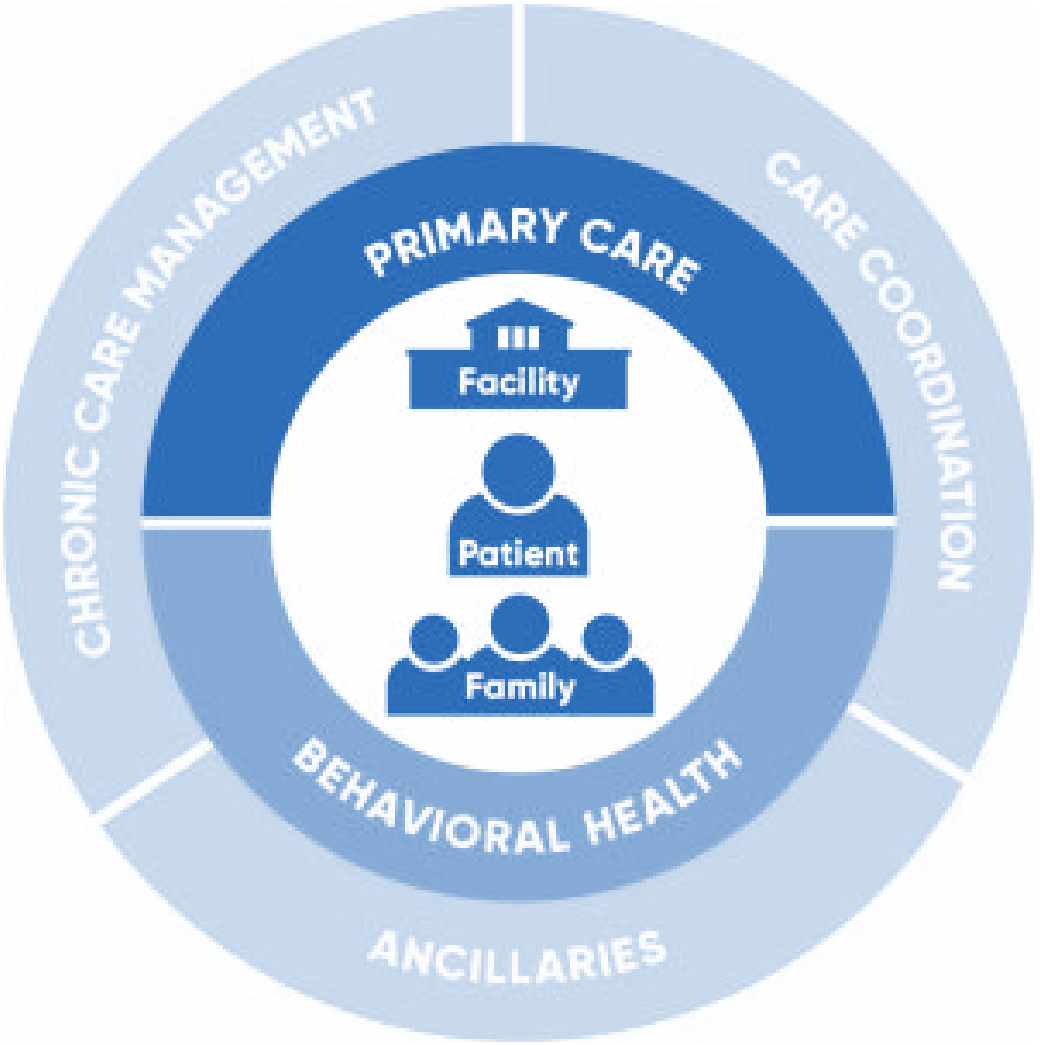
Presented by: Dr. Stanley Williams, Director

January 28, 2025

Optum Video Client Experience:

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

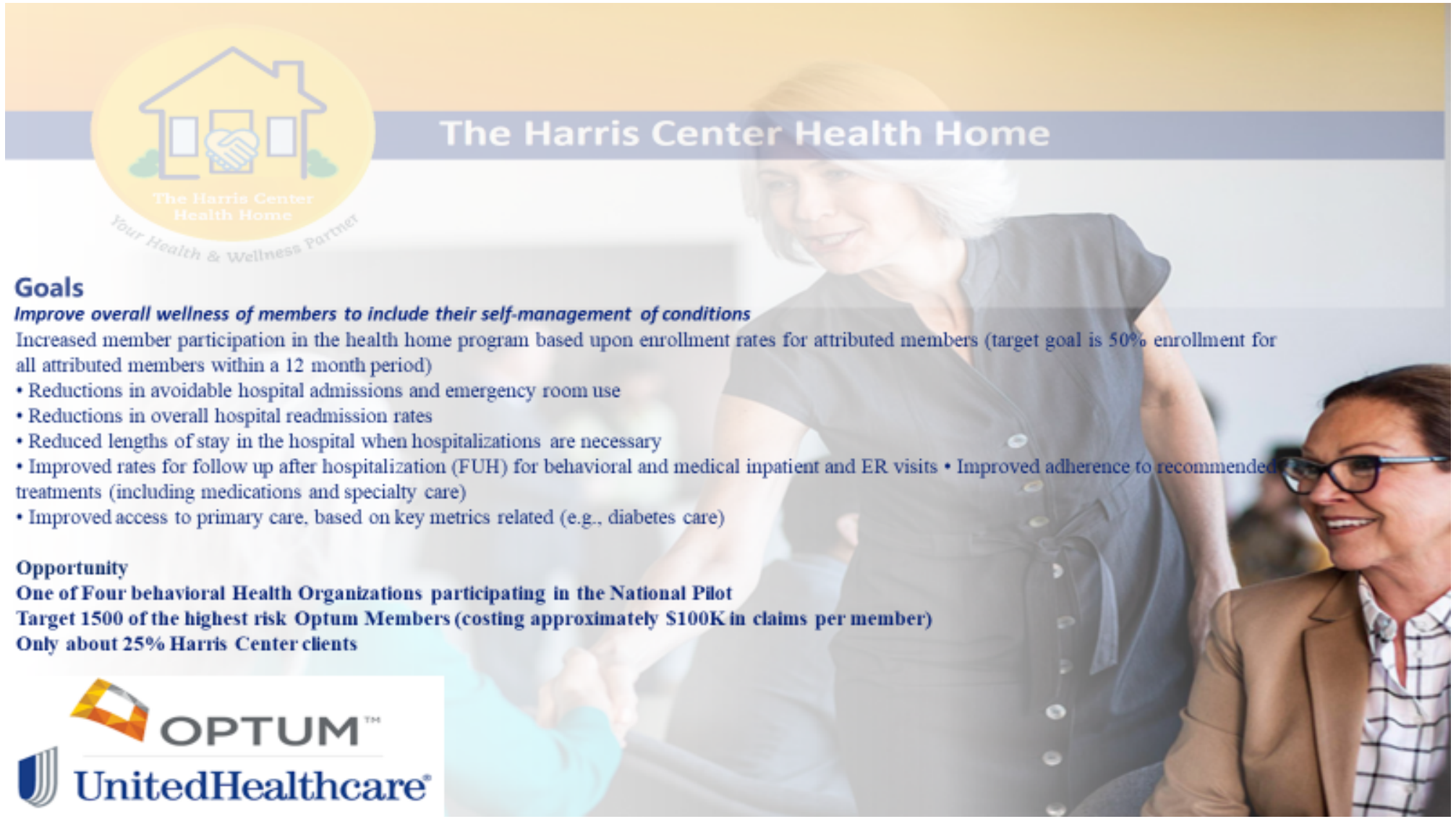
The Harris Center Integrated Behavioral Health Home Update



The Harris Center Health Home

Your Health & Wellness Partner

Integrated Behavioral Health Home Started - 2021



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

UnitedHealthcare
OPTUM
UNITEDHEALTH GROUP

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**

HRSA
Health Resources & Services Administration

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:

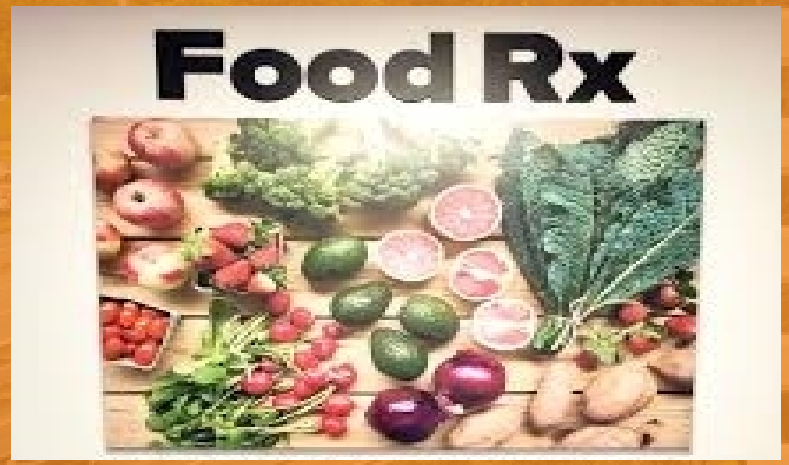
Major Partners 1st, 2nd 3rd Wards Community Center and Sunny Side –Faith-based Community

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 !

Addressing Food Insecurity

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



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 depression[1]

	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 annually[2]

- 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***

Optum | UnitedHealthcare Community Plan

The HARRIS CENTER for Mental Health and IDD

Transforming Lives

The Harris Center Integrated Behavioral Health Home & Outcomes

Texas Consortium *for the* Non-Medical Drivers of Health
Advancing Research, Policy and Practice

AMERICAN PSYCHIATRIC ASSOCIATION
Medical leadership for mind, brain and body.

Dartmouth GEISEL SCHOOL OF MEDICINE | DEPARTMENT of PSYCHIATRY

NATIONAL COUNCIL *for* Mental Wellbeing®

United Healthcare | OPTUM

National Presentations about Itegrated 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)

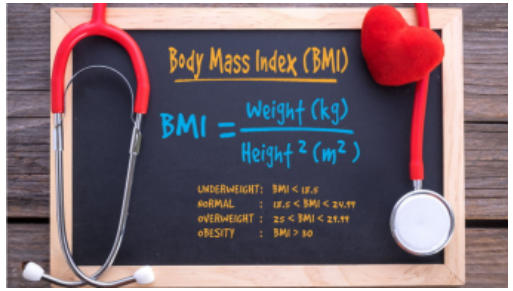
1.Primary Care Physician Perceptions on Caring for Complex Patients with Medical and Mental Illness Danielle F. Loeb, MD1, Elizabeth A. Bayliss, MD, MSPH2,3, Ingrid A. Binswanger, MD, MPH1,4,5, Carey Candrian, PhD6, and Frank V. deGruy, MD, MSFM3

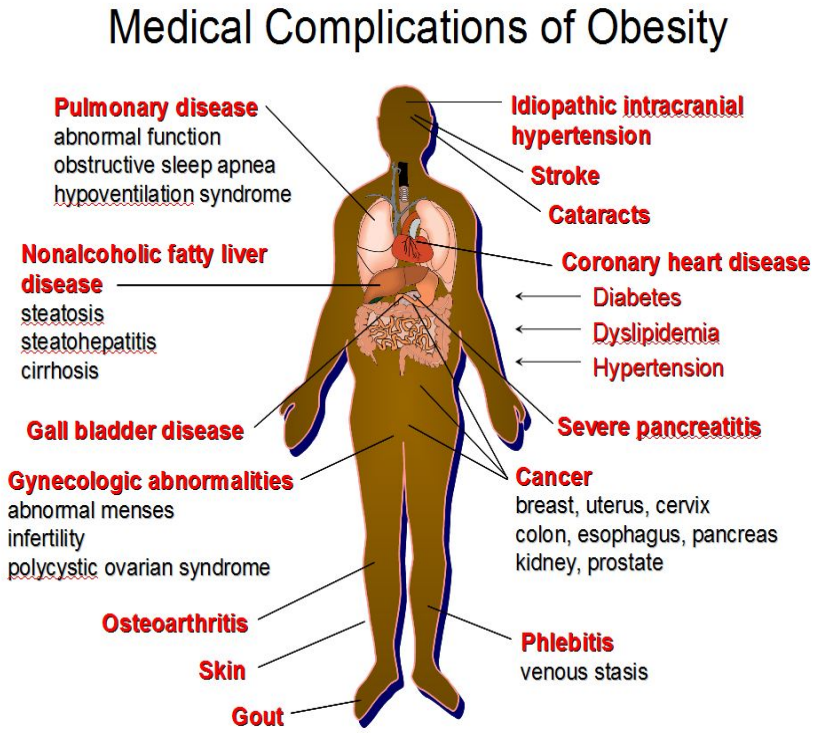
Harris Center Population Health – Health Risks BMI & A1C

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



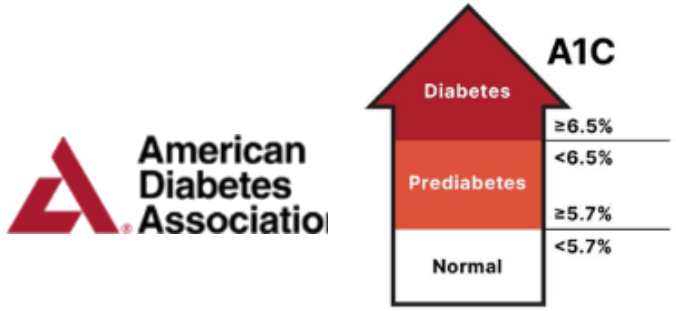


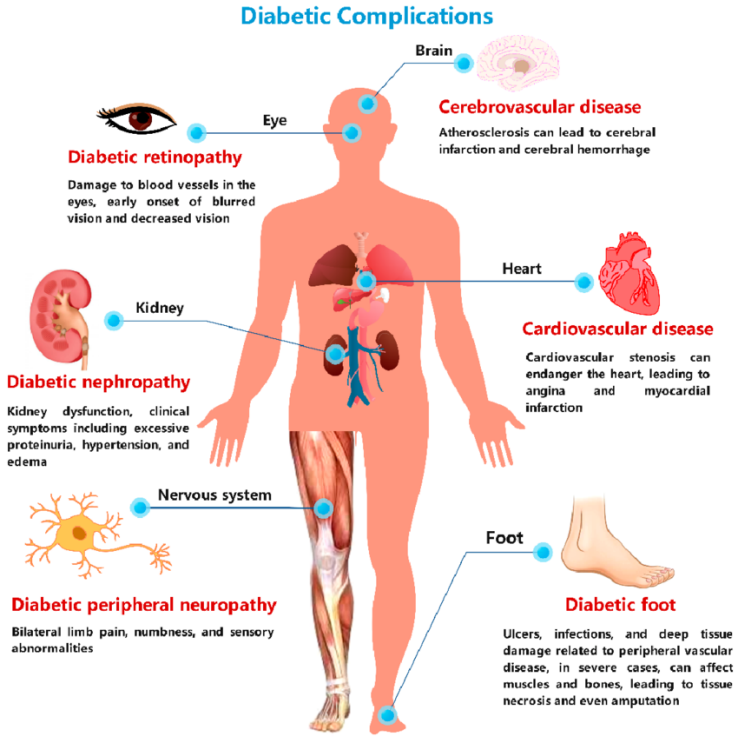
Race Ethnicity * Most Recent_BMI_Category Crosstabulation

			MostRecent_BMI_Category				
			Underweight	Normal weight	Overweight	Obesity	Total
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

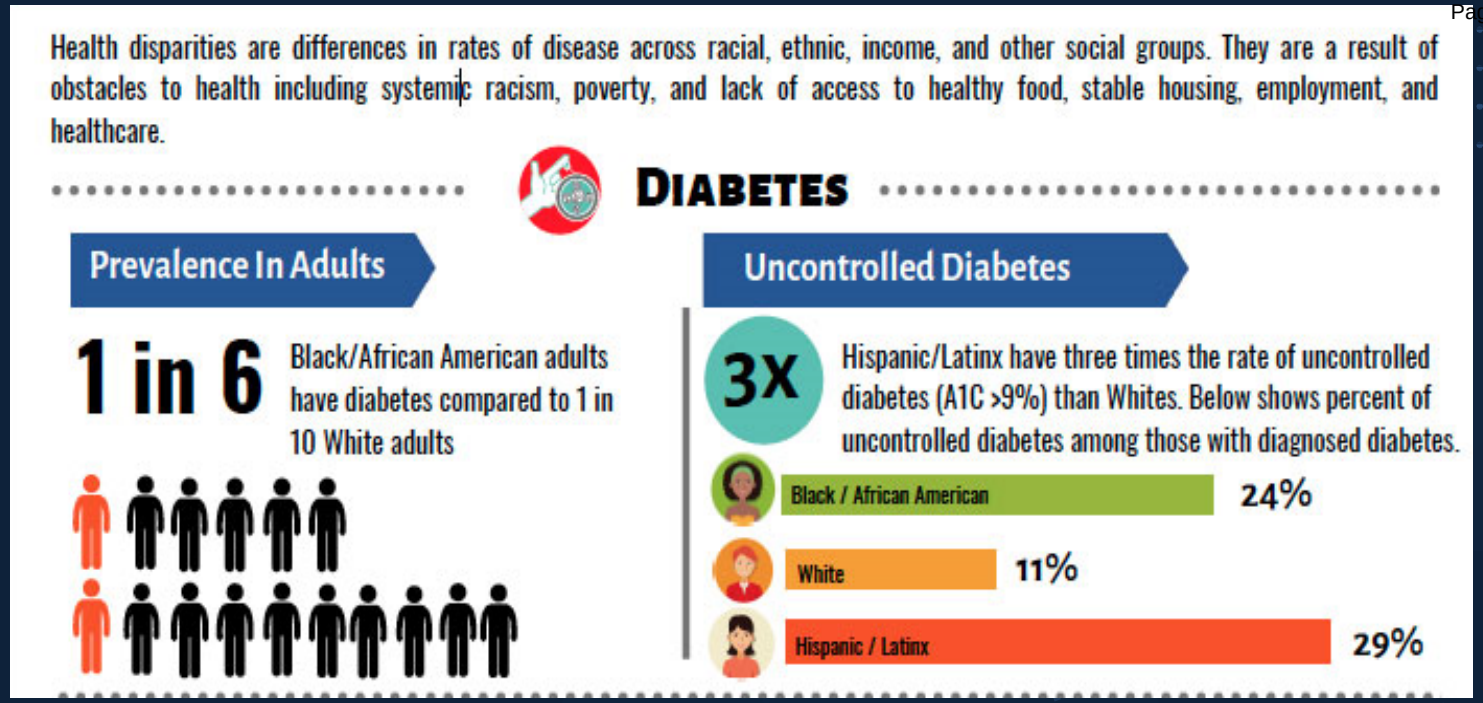


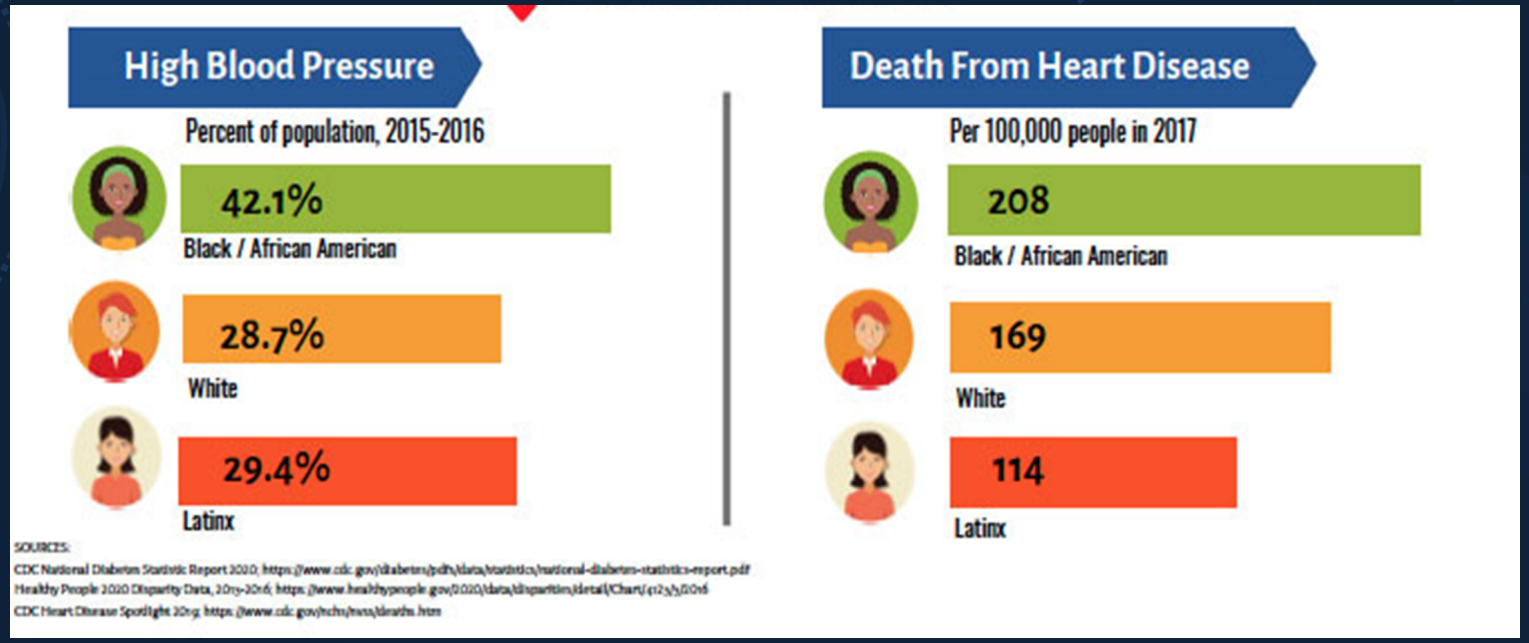


Race Ethnicity * MostRecent_HBA1C_Category Crosstabulation

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

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

SAMHSA
Substance Abuse and Mental Health Services Administration

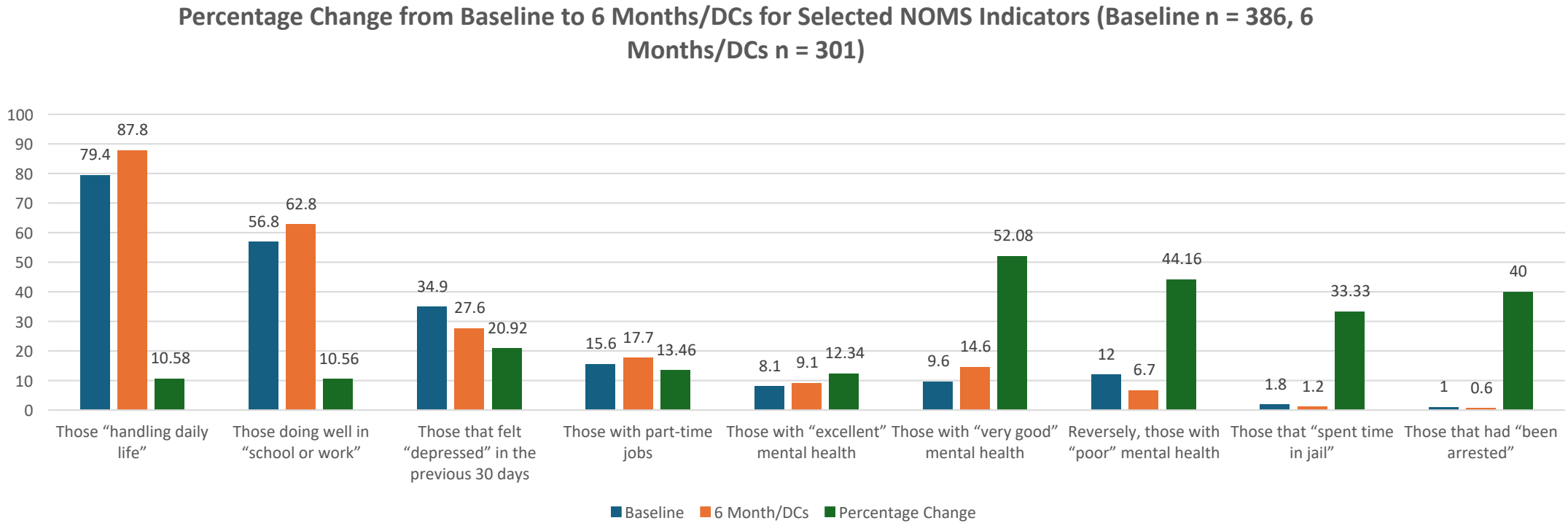
Certified Community Behavioral Health Clinic Improvement and Advancement

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

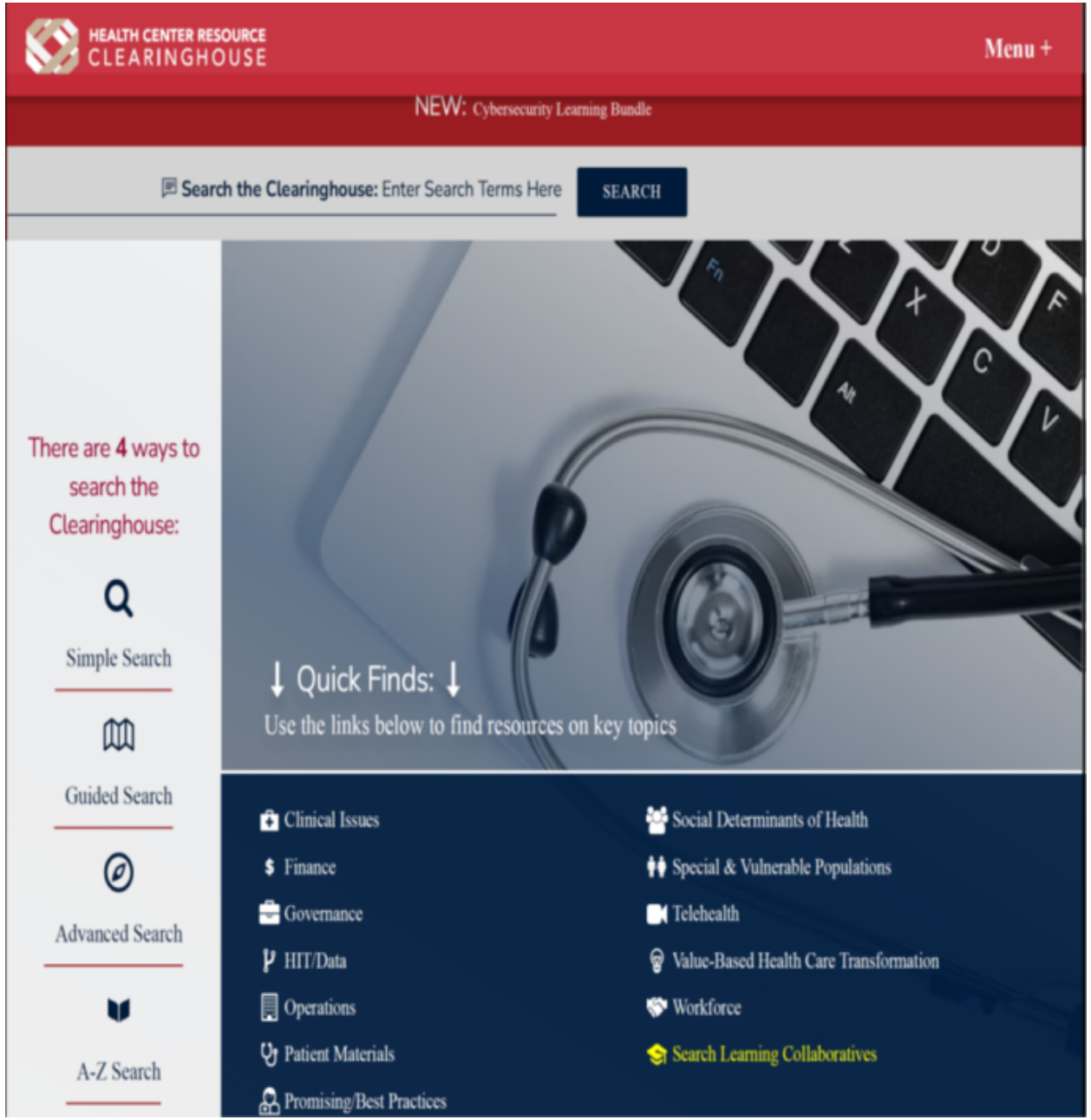
The Harris Center for Integrated Care National Outcome Measures – Obtained from SAMHSA Data Portal



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

NOMs Findings – NOMs administered and tracked by HCIC Care Navigators

- 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%.



FQHC New Start Resources

Resource	Description
NAP Technical Assistance (TA) webpage	• TA webinars slides and recordings • Example forms and budget narrative • FAQs and other resources, including some in Spanish
Health Center Program Compliance Manual	• Health Center Program requirements
HRSA Technical Assistance – Bureau of Primary Care - HRSA	• 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	• Provides Executive, Operations, Finance, Board Development and Support for New FQHC sites
NAP TA Team	• NAP application questions • BPHC Contact Form: Funding > Next Step from Funding
Grants.gov Contact Center support@grants.gov	• Issues related to submitting in Grants.gov (Phase 1)
Health Center Program Support BPHC Contact Form 1-877-464-4772	• 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)	• Budget or fiscal questions • Questions about federal interest or 45 CFR part 75

FUNDED!

NOW WHAT?

November 2019

NATIONAL ASSOCIATION OF Community Health Centers
7501 Wisconsin Avenue, Suite 1100W
Bethesda, MD 20814
Phone 301.347.0400
Fax 301.347.0459
www.nachc.com

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.

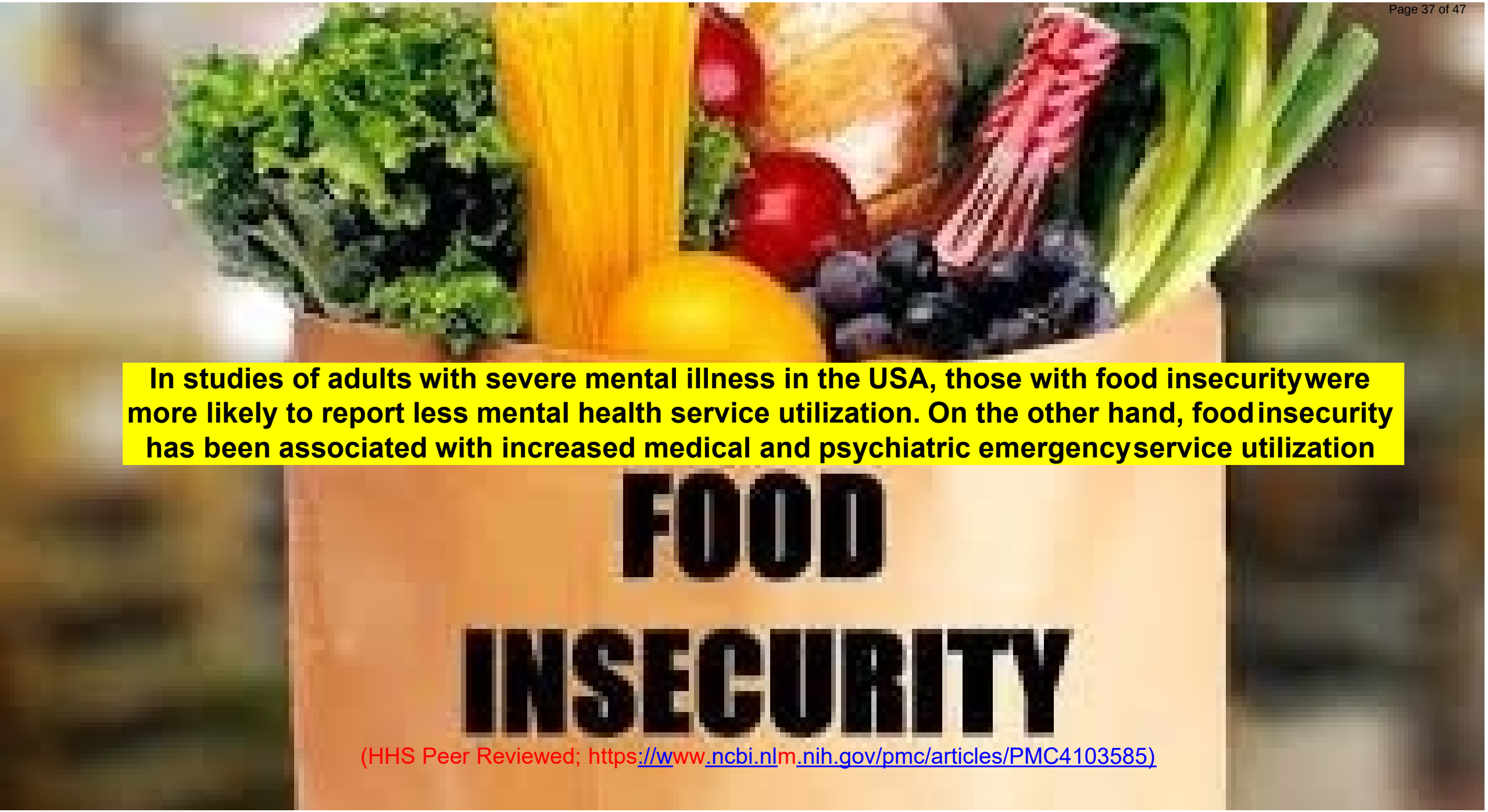
NATIONAL ASSOCIATION OF Community Health Centers®

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



(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.

TREATMENT ADVOCACY CENTER

OFFICE OF RESEARCH & PUBLIC AFFAIRS

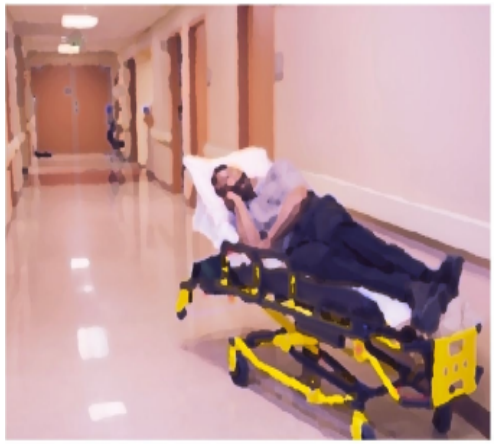
EVIDENCE BRIEF

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.

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

Site Partners for Mobile Wellness Services
We have met with the following neighborhoods to create and establish Community Wellness Hubs -

- **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

Community Access and Engagement Division Updates

Jennifer Battle, VP Community Access and Engagement

The Harris Center for Mental Health and IDD

Community Access and Engagement Actions

Trainings available to the community on MH, IDD and Suicide Care.

Community Outreach and Engagement presence to spread the work about MH, IDD, Suicide Care and The Harris Center overall.

Disaster Response and Resiliency supports to help communities process the Derecho and Beryl.

Access available 24/7/365 for Crisis Line Responders and Access Line Specialists via phone and chat.

FY24

358,784 people served

The Harris Center Behavioral Health and IDD Access Hub

- Answers approx. 25,000 calls a month via 10 different numbers
- Available 24/7/365
- 19 full time Access Line Specialists
- 72 full time degreed Crisis Line Counselors
- Serves as the 988 responder for 59 Texas counties and Crisis Line for 39

Access Hub Daily Snapshot

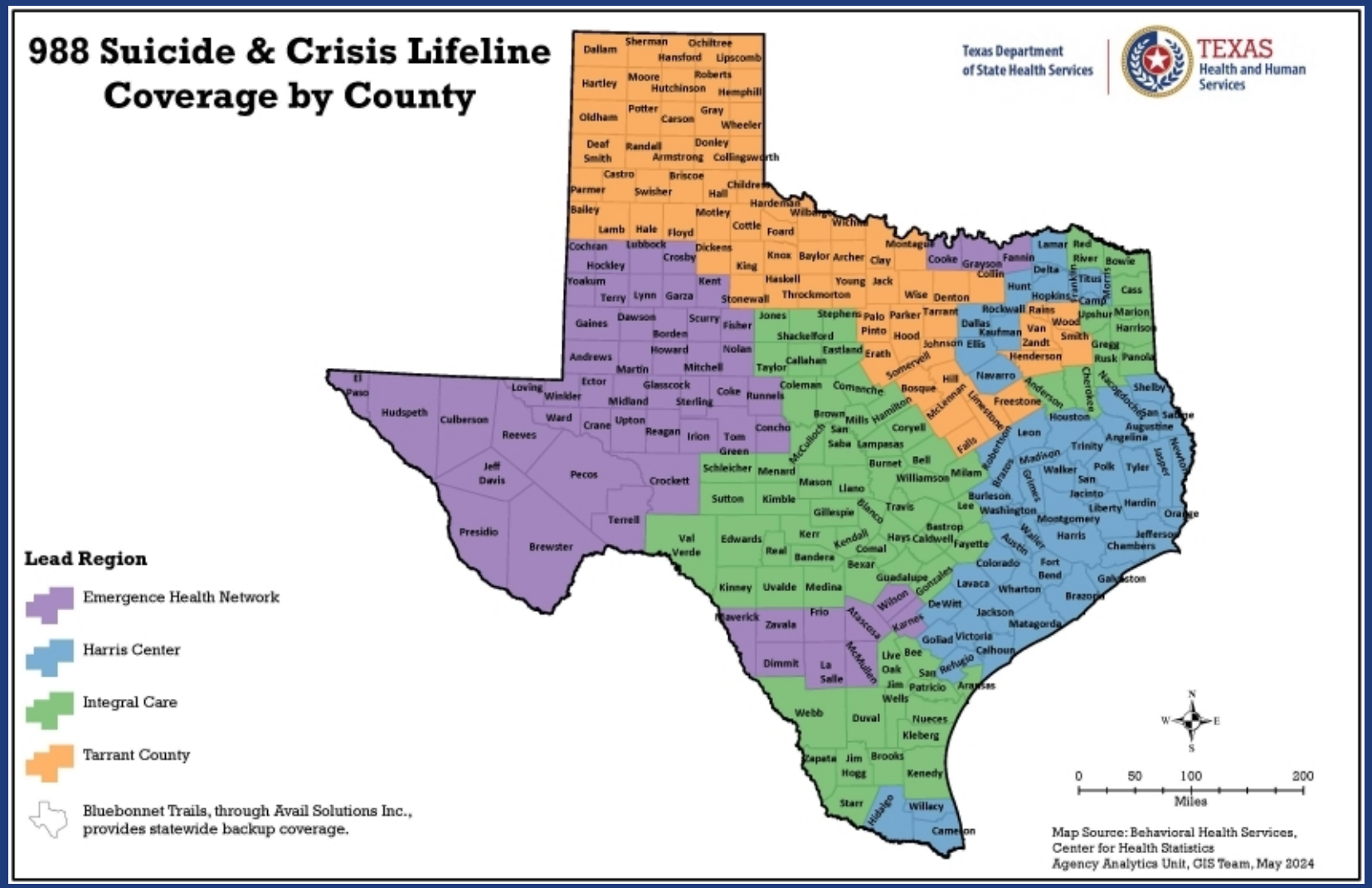
500 calls per typical day on the **Crisis Lines**

- **190** full risk assessments
- **45** assessed to be in crisis
- **4** will require law enforcement intervention
- **10** Mobile Crisis Outreach Team Referrals
- **12** Outpatient Referrals to the Local Mental Health Authority

600 calls and chats per typical day on the **Access Line**

- **240** Customer Service for current clients
- **120** inquiries regarding accessing care
- **90** questions about medication
- **90** inquiries about business/admin
- **60** general emotional support

988 Network in Texas



Scope of Training and Engagement

Community Training

- 12 curriculums
- Trains approximately 3,500 community members a year.

Community Engagement

- Attends health fairs, community events and activities
- Provides speakers for events, workshops and conferences

Behavioral Health Disaster Response

TEXANS RECOVERING TOGETHER
CRISIS COUNSELING ASSISTANCE AND TRAINING PROGRAM

Texans Recovering Together (TRT) offers crisis counseling, community outreach, local referrals and resources, and education to individuals, families, and communities impacted by the recent severe storms in Texas. We work locally in partnership with The Harris Center for Mental Health and IDD to ensure that all Texans and residents of Harris County can regain a sense of normalcy and recover stronger than ever.

All services are provided FREE to the community through the Federal Emergency Management Agency (FEMA) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA).

CommunityOutreach@theharriscenter.org

- To arrange a speaker for your group/organization
- To speak with a Crisis Counselor
- For us to attend a community event
- To provide individual/group counseling.

THANK YOU.

Jennifer Battle

VP, Community Access and Engagement

Jennifer.Battle@TheHarrisCenter.org