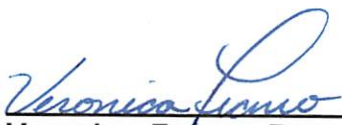


Quality Committee Meeting
February 18, 2025
11:00 am

- 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

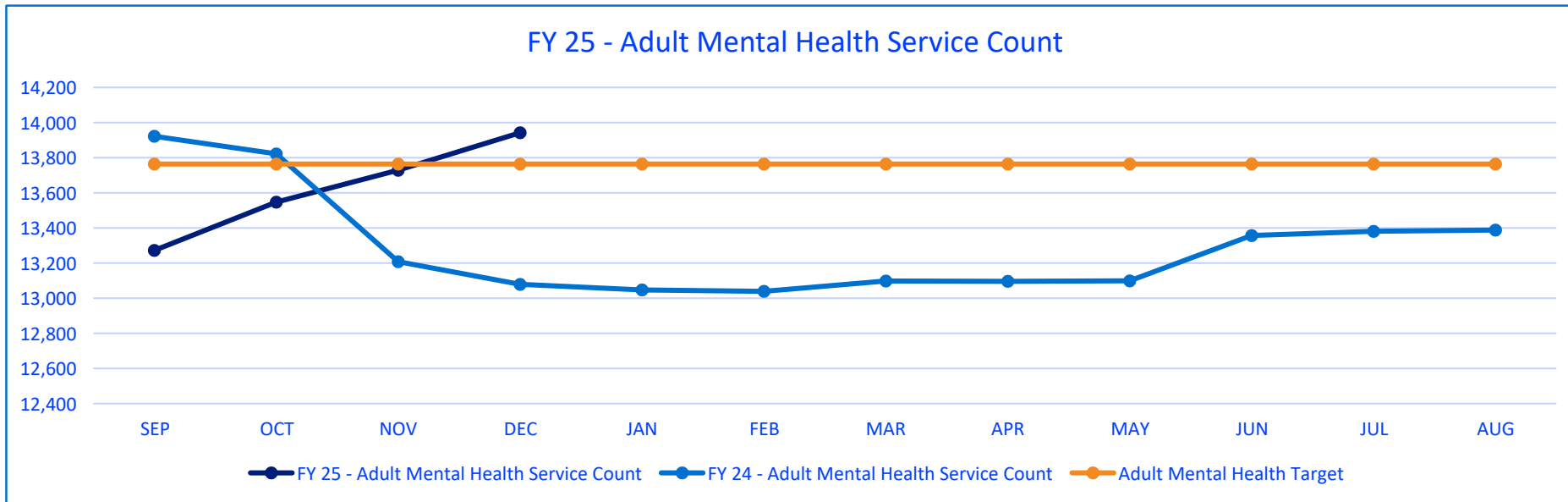
Quality Board Scorecard

Board Quality Committee Meeting

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



Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period: December	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,620	13,942	Increase	Contractual

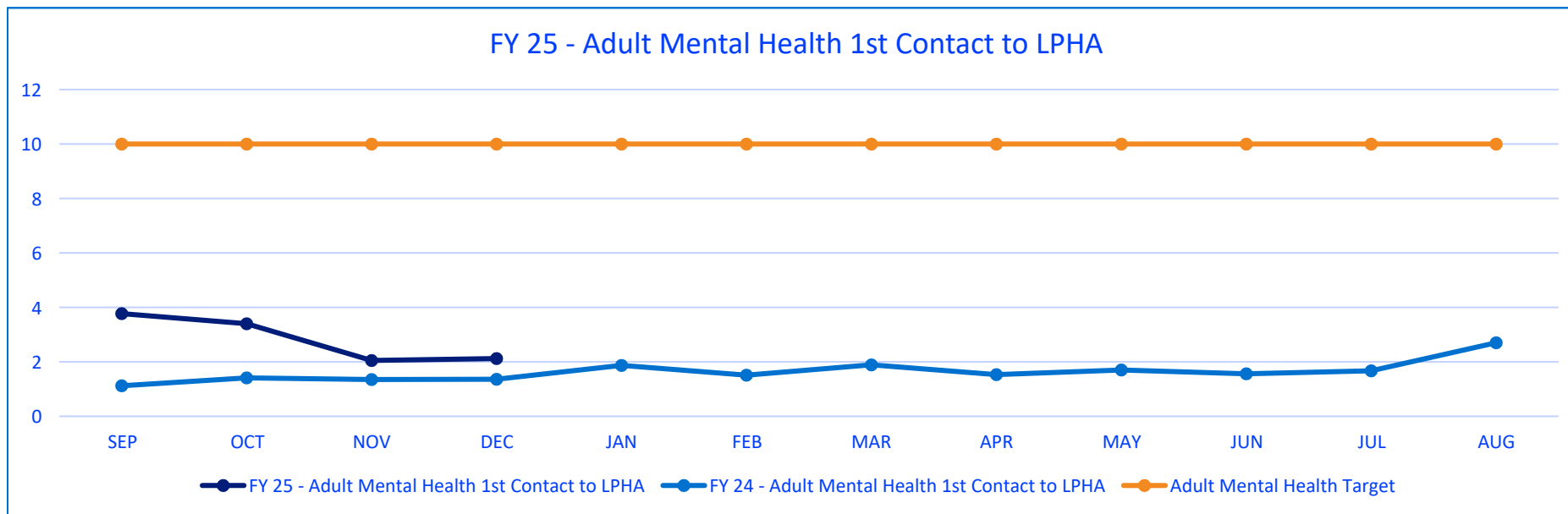


Overall Trend:

- **For the reporting period:** There was a 6.52% increase in the number of services provided December FY 25 compared to December FY 24. **FY 25 Performance:** The service count for FY 25 (13,620) is higher than the average service count for FY 24 (13,295)

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- December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.84 Days	2.12 Days	Decrease	Contractual

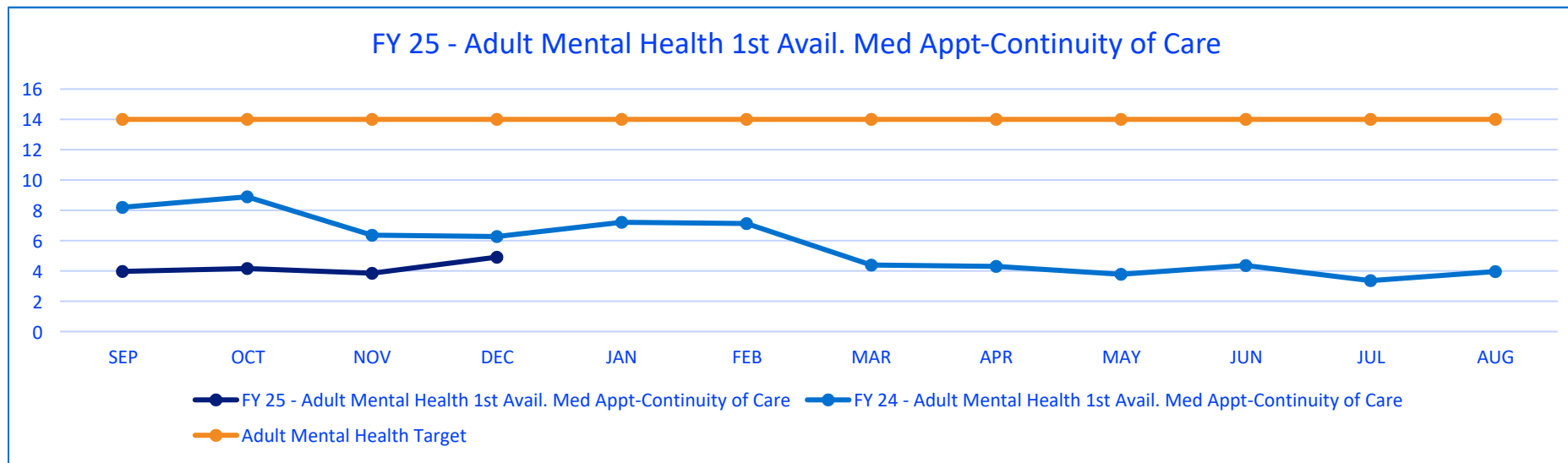


Notes:

1. There was a marginal increase in the time from the first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period compared to December 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

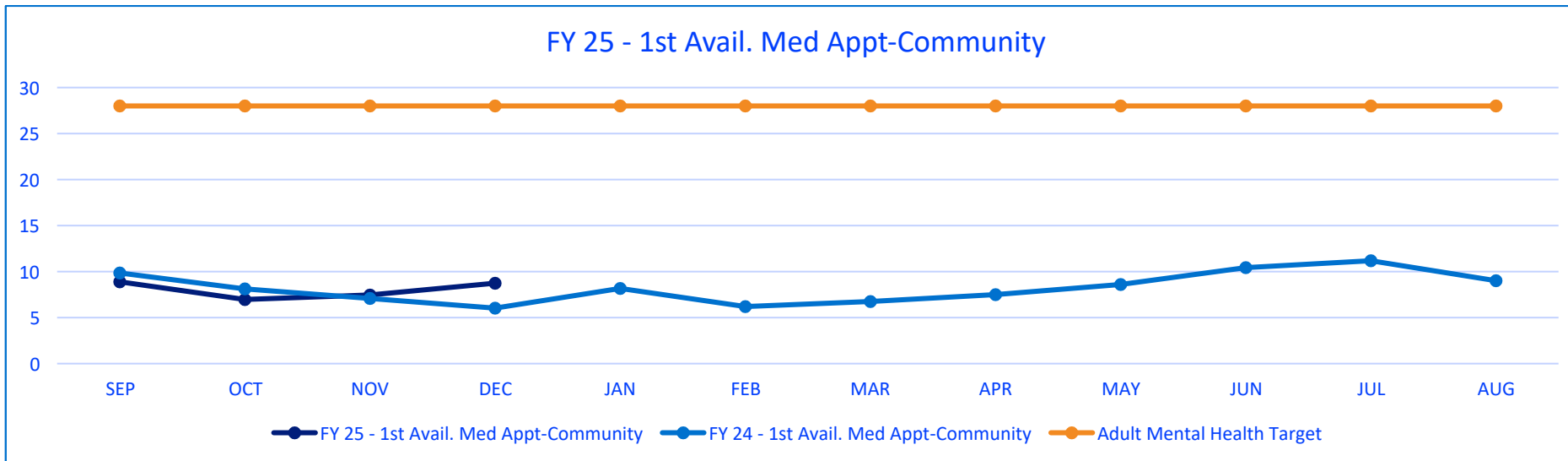
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – August)	Reporting Period: December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	2.84 days	2.12 days	Decrease	Contractual



Notes:
 1. There was a 56% decrease in the time taken for the first available medical appointment for continuity of care when comparing December 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-December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.02 days	8.74 days	Decrease	Contractual

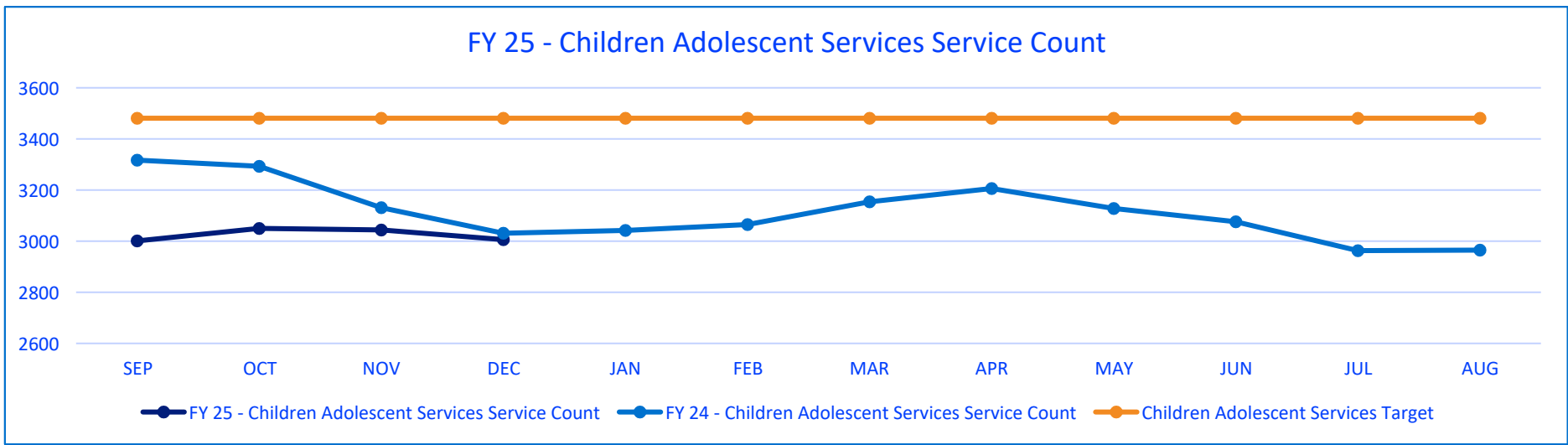


Notes:

1. There was a marginal increase in the time taken for the first available medical appointment in the community comparing December FY 24 to December 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

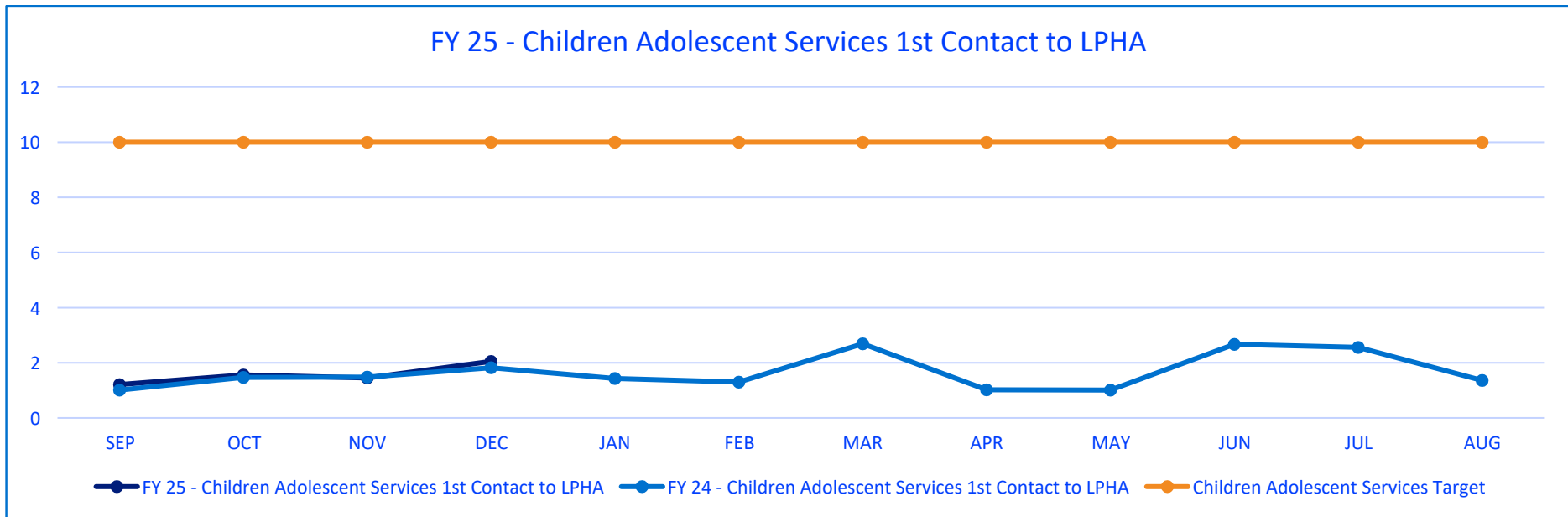
Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period- December	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,025	3,006	Increase	Contractual



Notes:
 1. There was a marginal 0.86% decrease in the number of services provided in this reporting period (FY 25 December) compared to FY 24 December.

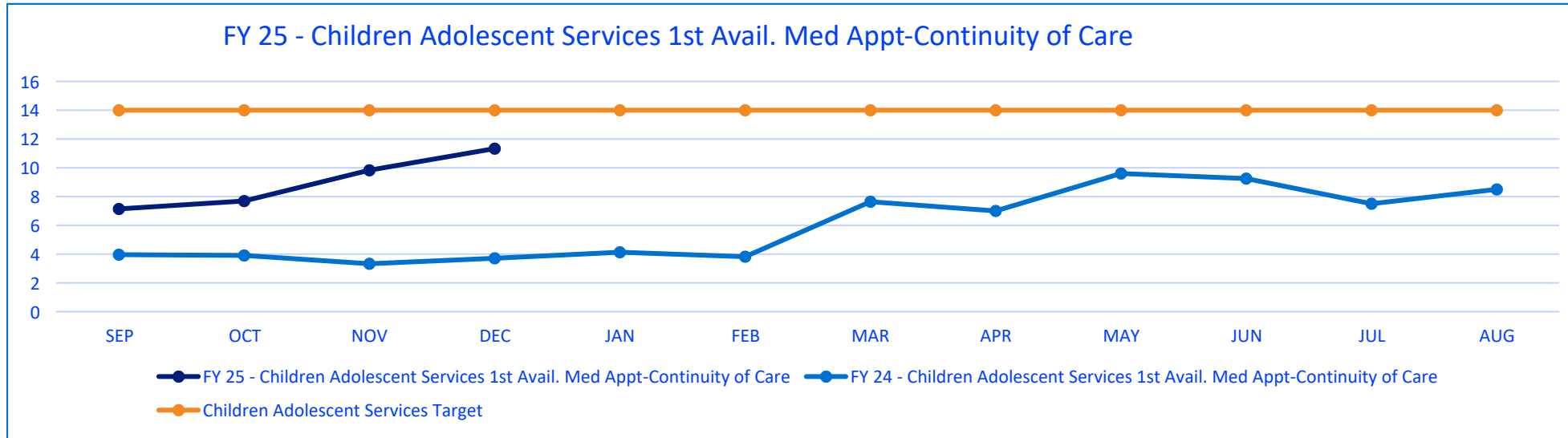
Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.57 days	2.05 days	Decrease	Contractual



Notes:
 1. First contact to LPHA (Licensed Professional of the Healing Arts) FY 25 December remains consistent when compared to the same period in FY24. This suggests that the service is operating efficiently within the target range.

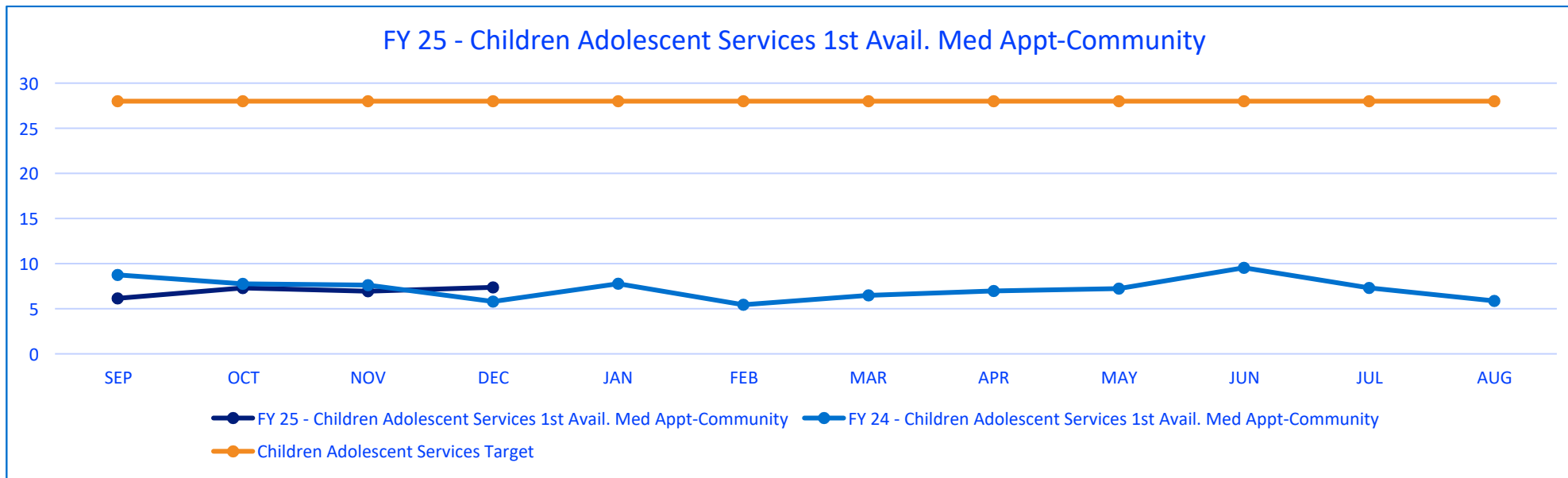
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	9.00 days	11.33 days	Decrease	Contractual



Notes:
 1. There was an increase in the time taken for the first available medical appointment for continuity of care in FY 25 compared to the same period in FY 24. 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	2025Fiscal Year Average (September – August)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	6.94 days	7.37 days	Decrease	Contractual

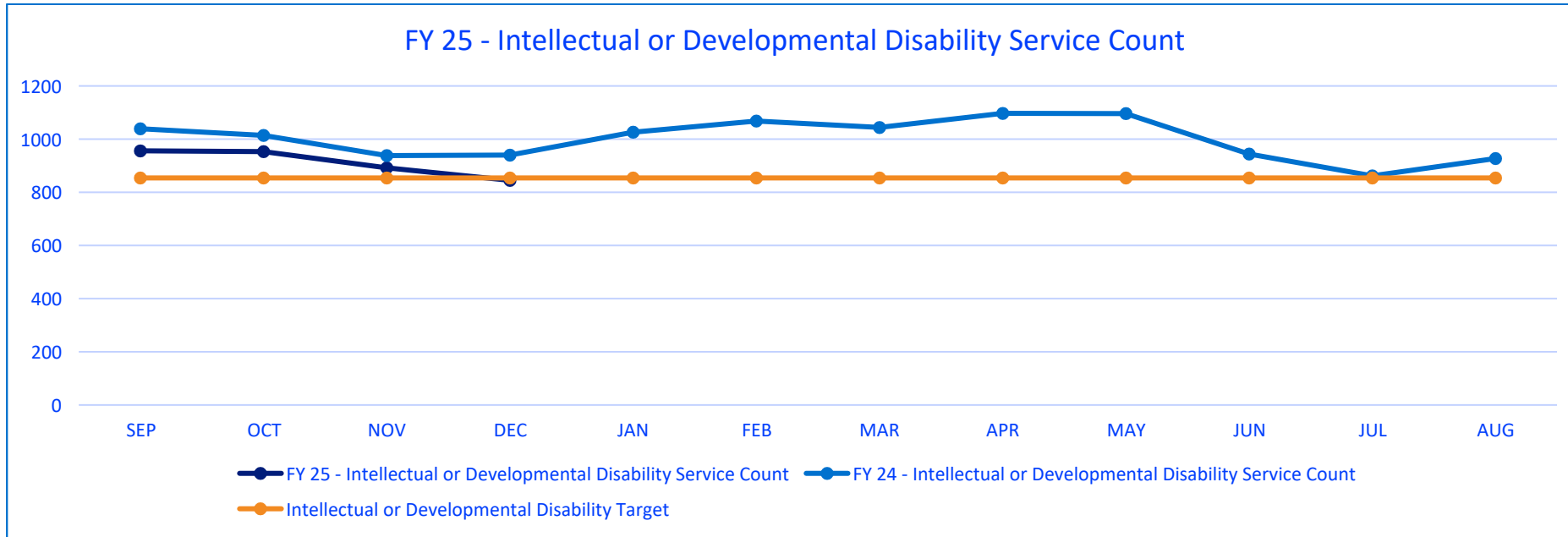


Notes:

1. There was a 27% increase in the time taken for the first available medical appointment in the community when comparing December FY 24 to December FY 25. Despite this increase the measure is significantly below the target of 28.00 days.

Measure definition: Children and Youth - Time between MD Intake Assessment (Community members walk-ins) Appt Creation Date and MD Intake Assessment (Community Members) Appt Completion Date

Domain	Program	2025 Fiscal Year State Count Target	2025 Fiscal Year State Count Average (September – August)	Reporting Period- December	Target Desired Direction	Target Type
Access	IDD	854	912	845	Increase	Contractual

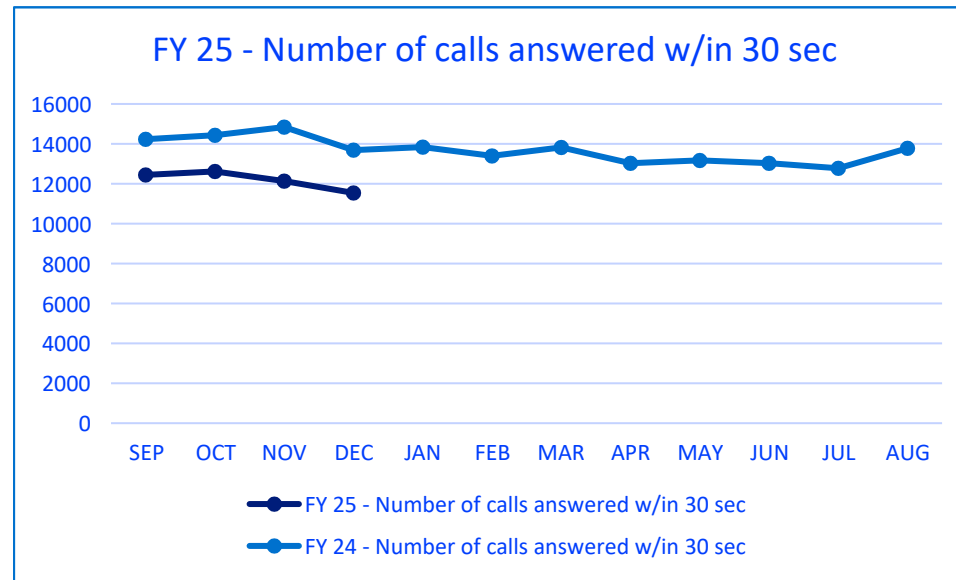
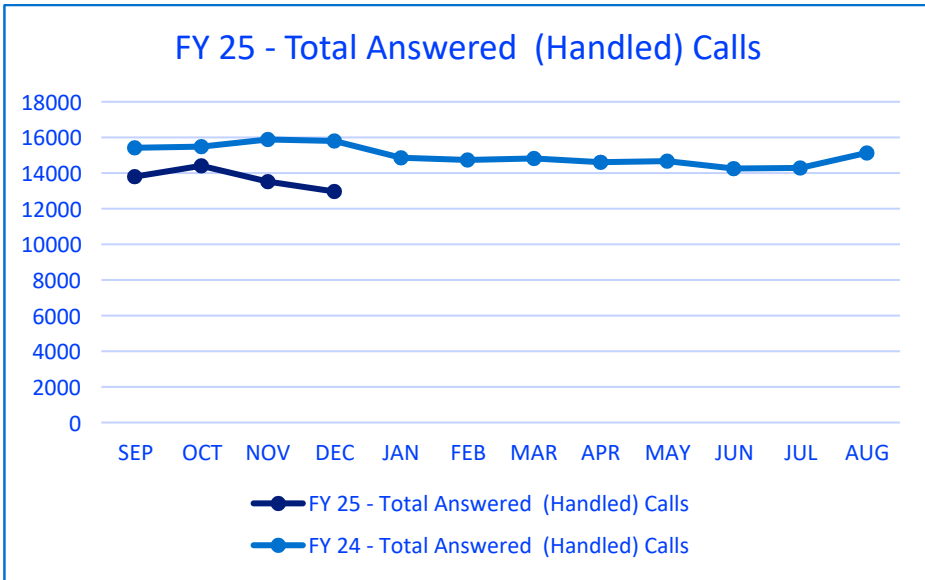


Notes:

- The IDD division service care count is at 845 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.)

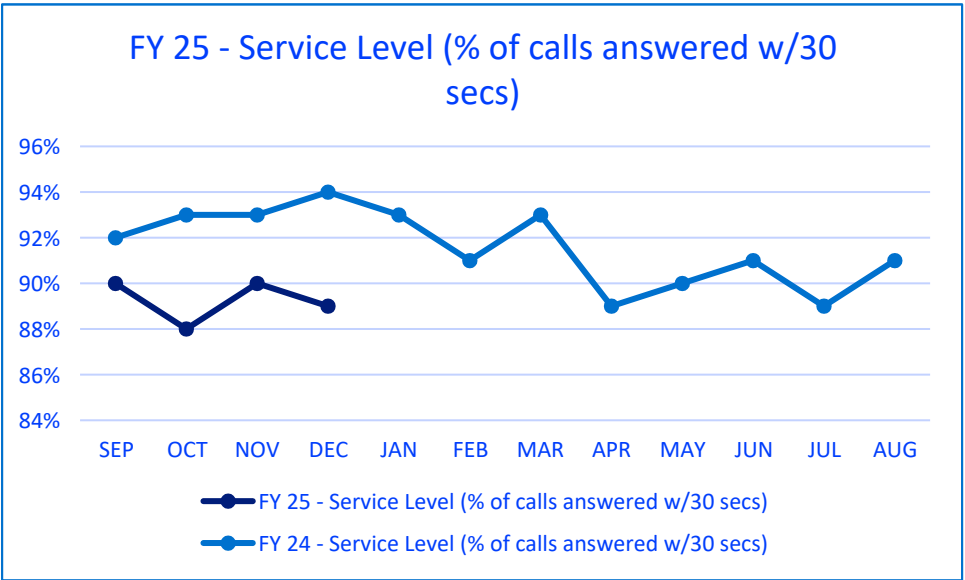
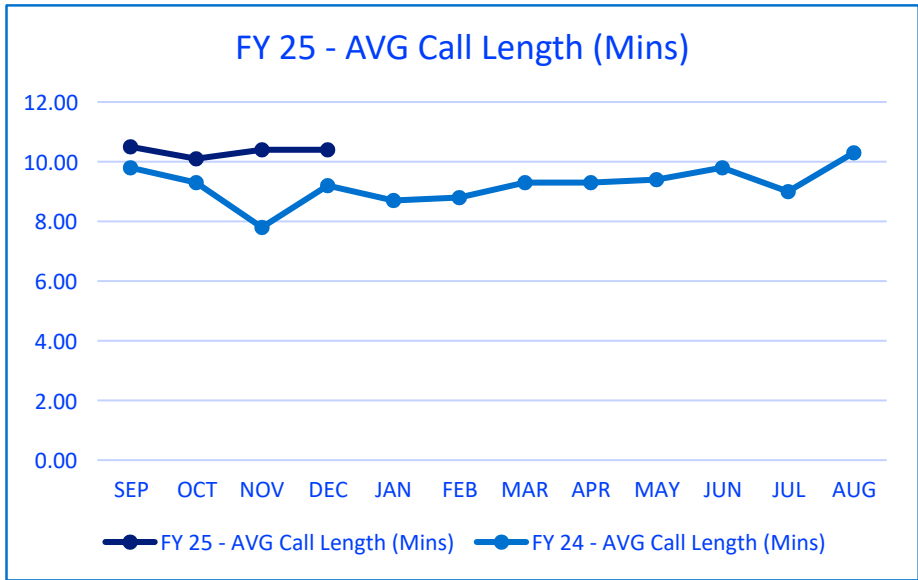
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,673	12,966	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	12,185	11,542	Increase	Contractual



Notes:

- There was a 17.94% decrease in the number of answered (handled) calls comparing December FY 24 to December FY 25.
- There was a 15.67% decrease in the number of calls answered within 30 seconds comparing December FY 24 to December FY 25.

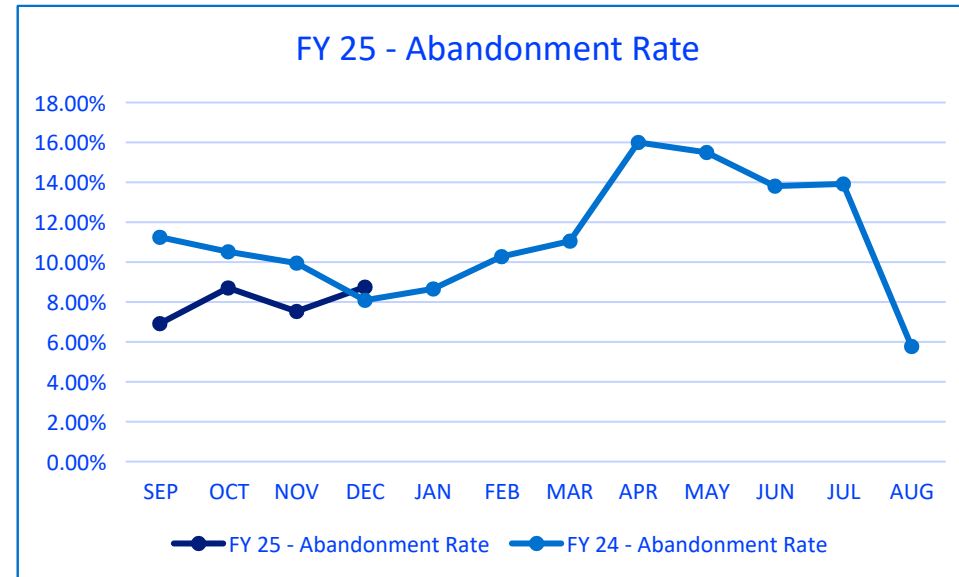
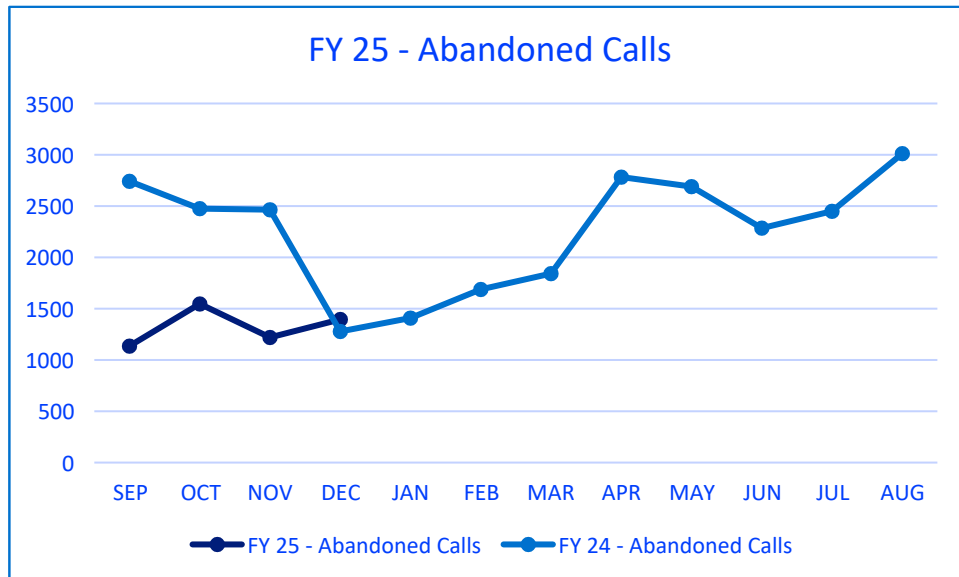
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.35	10.40	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	89.00%	89%	Increase	Contractual



Notes:

- There was a 5-percentage point decrease in the service level comparing December FY 24 to December FY 25.
- There was a 13.04% increase in the average call when comparing December FY 24 to December FY 25.

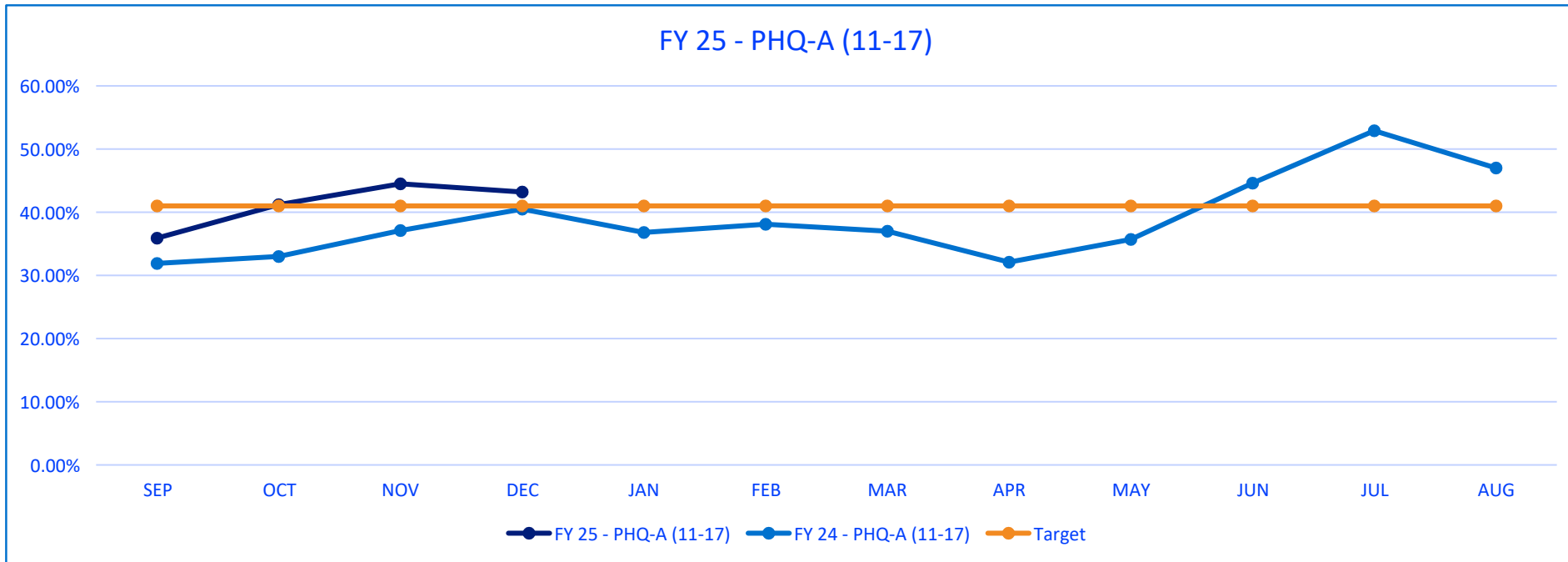
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,325	1,395	Decrease	Contractual
	Abandonment Rate	<8%	8.00%	8.75%	Decrease	Contractual



Notes:

- There was a 9.15 % increase in the number of abandoned calls comparing December FY 24 to December FY 25.
- The abandonment rate shows a marginal increase of 8.16% comparing December FY 24 to December FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period-December	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	41.00%	43.20%	Increase	IOS



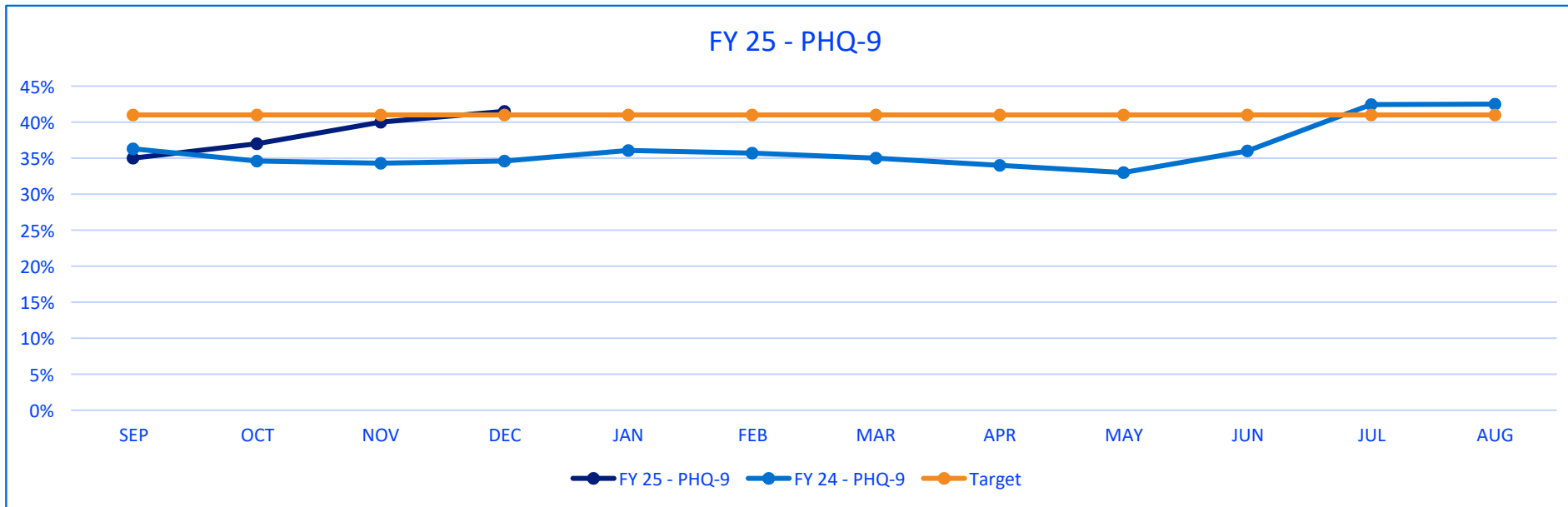
Notes:

- There was a 6.67% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from December FY 24 to December 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- December	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	38%	41.50%	Increase	IOS



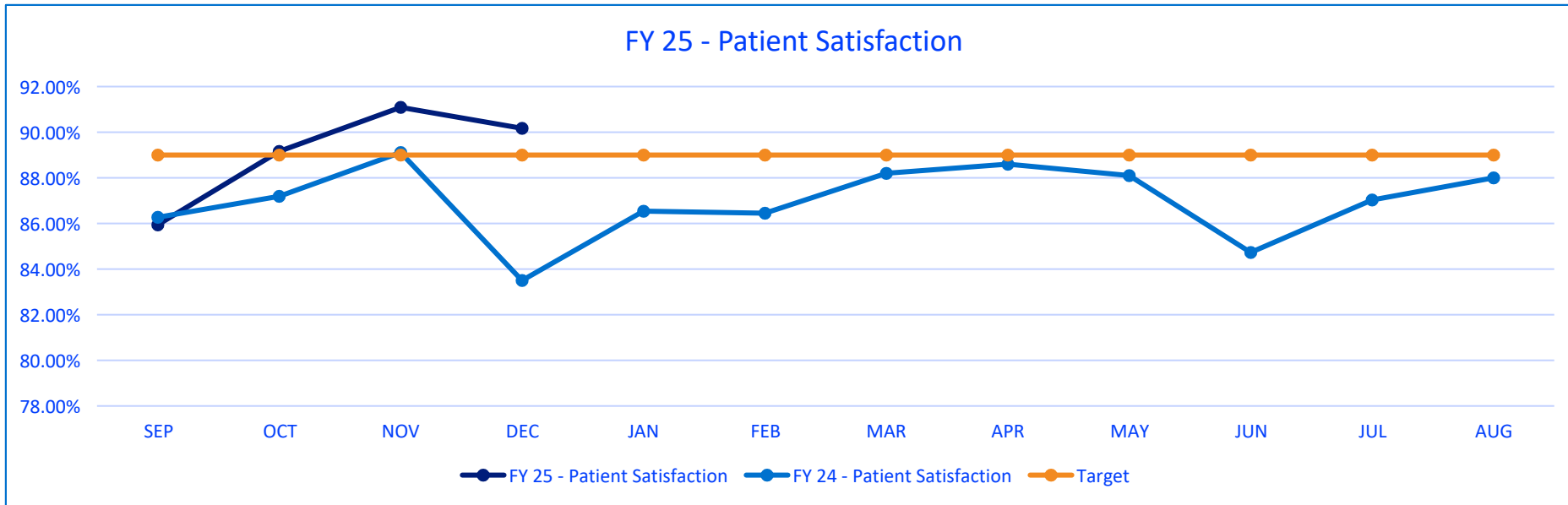
Notes:

- There was an increase in the PHQ-9 (Patient Health Questionnaire-9) with low score comparing December FY 24 to December 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-December	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	89.00%	90.17%	Increase	IOS



Notes:

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

Appendix

Board of Trustee's PI Scorecard



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

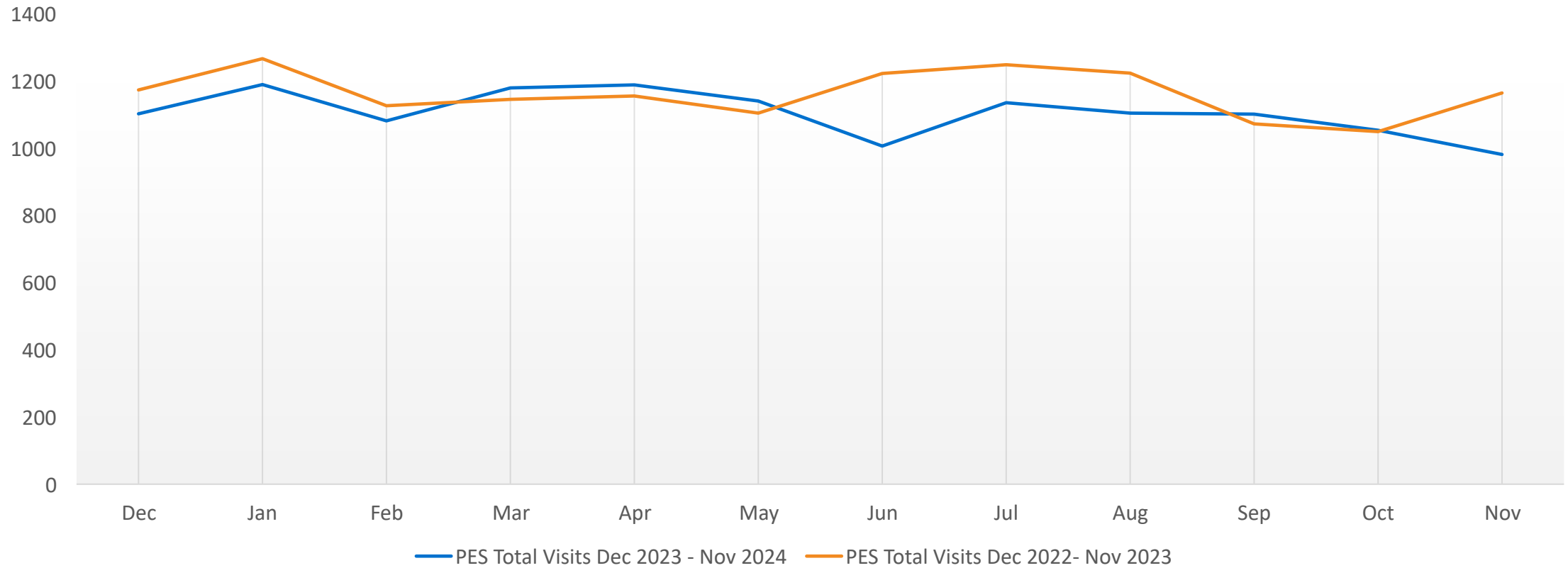
Psychiatric Emergency Services

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



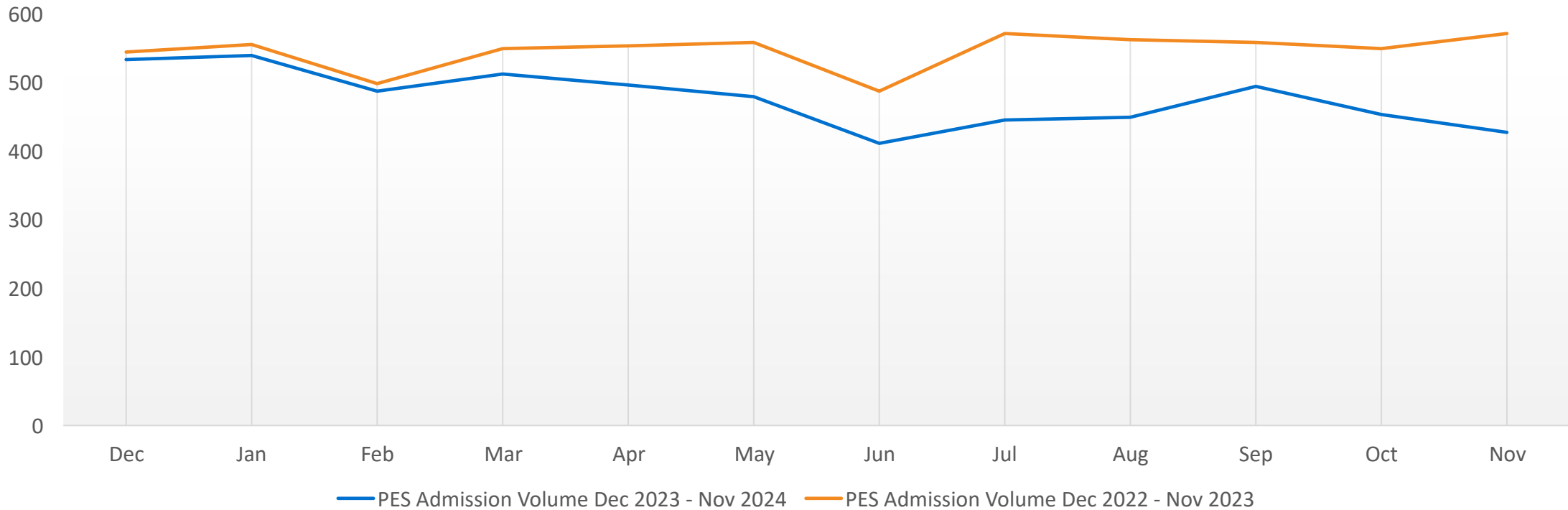
Dec 2023 - Nov 2024
Average Visits: 1104.83 visits per month.
Highest Visits: January with 1189 visits.
Lowest Visits: November with 981 visits.

Dec 2022 - Nov 2023
Average Visits: 1162.25 visits per month.
Highest Visits: February with 1266 visits.
Lowest Visits: October 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



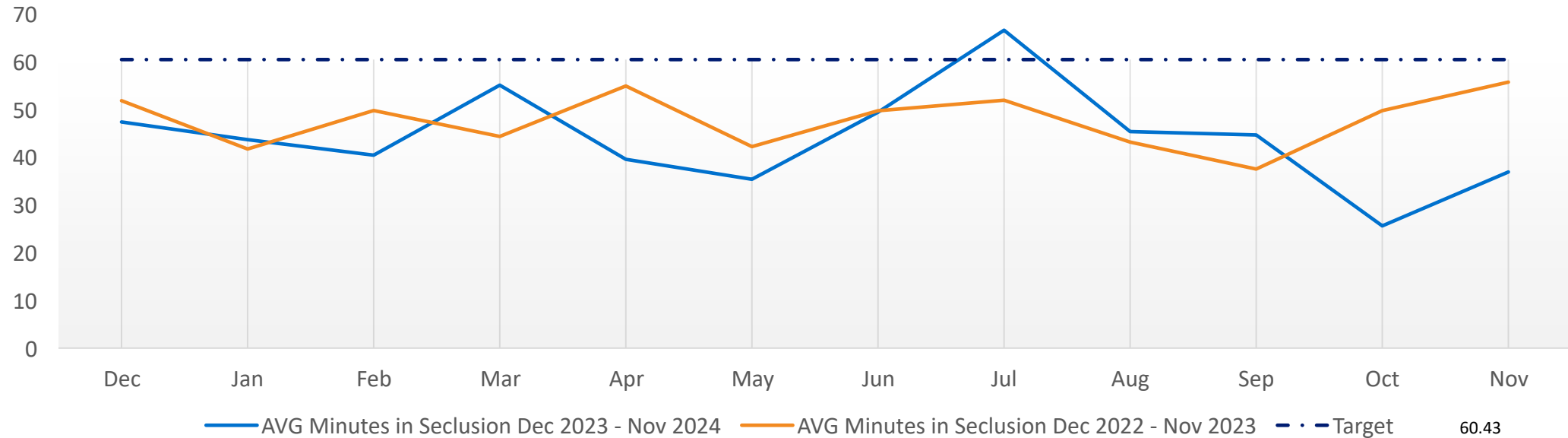
Dec 2023 - Nov 2024
Average Admissions: 477.08 admissions per month.
Highest Admissions: January with 539 admissions.
Lowest Admissions: June with 411 admissions.

Dec 2022 - Nov 2023
Average Admissions: 546.25 admissions per month.
Highest Admissions: August with 571 admissions.
Lowest Admissions: July 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

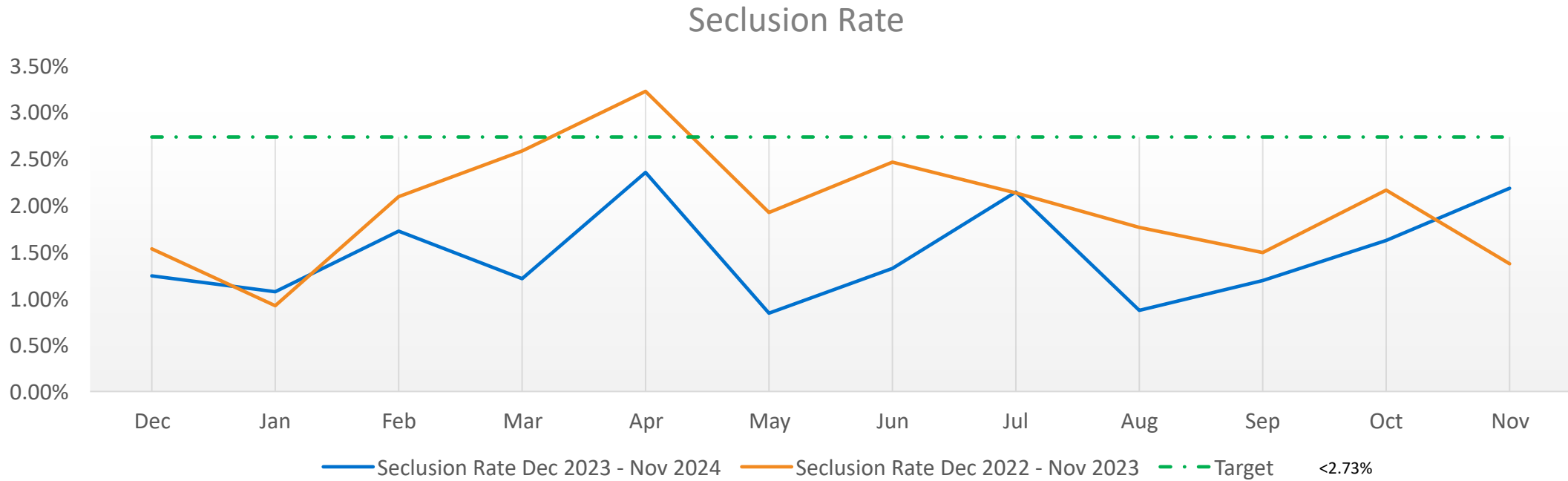


Dec 2023 - Nov 2024
Average Minutes in Seclusion: 51.93 minutes per month.
Highest Minutes in Seclusion: July with 66.58 minutes.
Lowest Minutes in Seclusion: October with 25.6 minutes.

Dec 2022 - Nov 2023
Average Minutes in Seclusion: 47.70 minutes per month.
Highest Minutes in Seclusion: December with 55.71 minutes.
Lowest Minutes in Seclusion: October 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



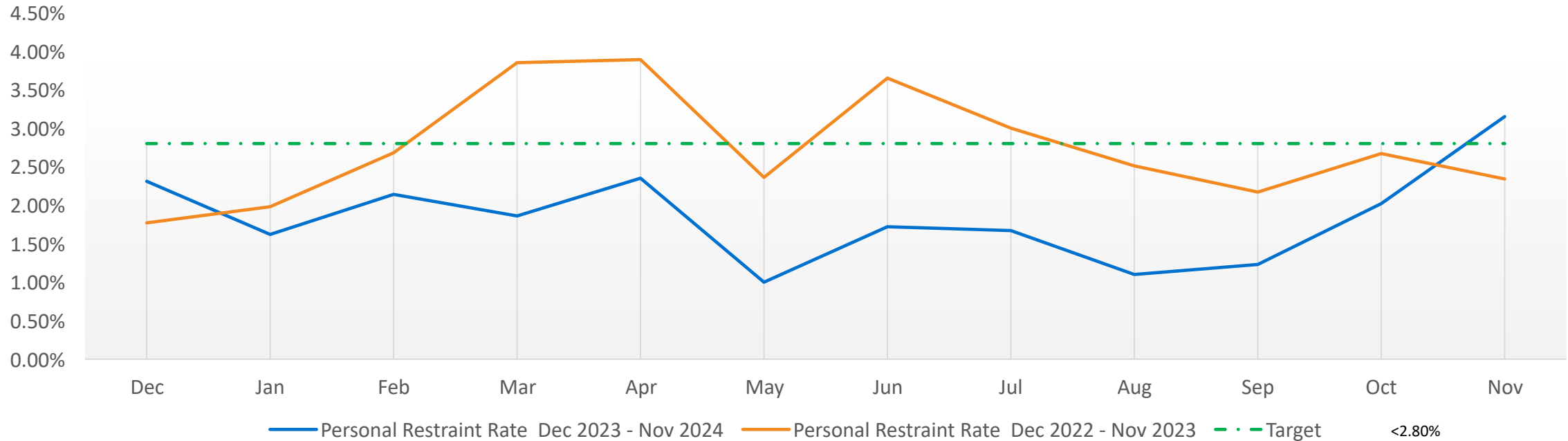
Dec 2023 - Nov 2024
Average Seclusion Rate: 1.48%
Highest Seclusion Rate: April with 2.35%
Lowest Seclusion Rate: May with 0.84%

Dec 2022 - Nov 2023
Average Seclusion Rate: 1.97%
Highest Seclusion Rate: May with 3.22%
Lowest Seclusion Rate: January 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

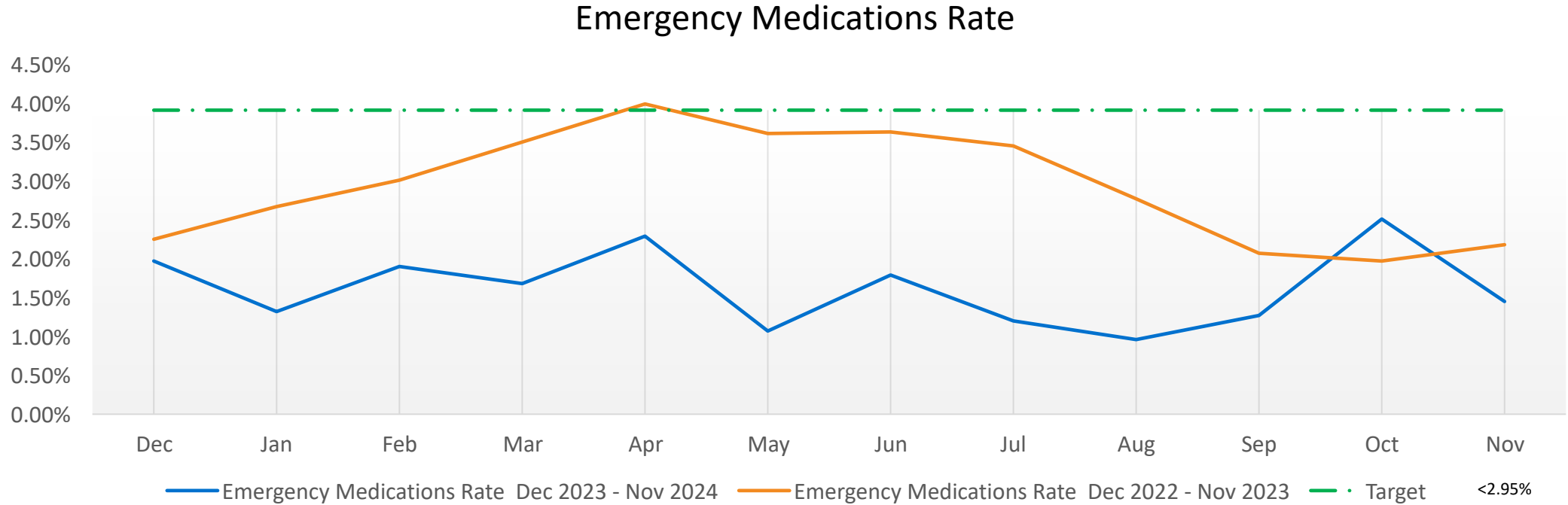


Dec 2023 - Nov 2024
 Average Restraint Rate: 1.85%
 Highest Restraint Rate: November with 3.15%
 Lowest Restraint Rate: May with 1.00%

Dec 2022 - Nov 2023
 Average Restraint Rate: 2.74%
 Highest Restraint Rate: May with 3.89%
 Lowest Restraint Rate: January 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: October with 2.51%
Lowest Emergency Medications Rate: August with 0.96%

Dec 2022 - Nov 2023
Average Emergency Medications Rate: 2.93%
Highest Emergency Medications Rate: May with 3.99%
Lowest Emergency Medications Rate: November 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	Pending
CARF Application	Submitted in August 2024
Expected CARF Accreditation	March/April (Exact date will be provided by CARF)

CCBHC Update

Activities	Status
Preparation Phase	Completed
2024 Updated CCBHC Criteria	Submitted in July
2024 Community Needs Assessment	Completed
CCBHC Recertification Application (2025-2027)	Submitted
CCBHC Recertification Process	In progress
Expected CCBHC Recertification	July 2025

Thank you.

