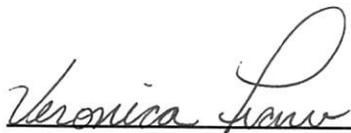


Quality Committee Meeting
March 18, 2025
11:00 am

- I. DECLARATION OF QUORUM
- II. PUBLIC COMMENTS
- III. APPROVAL OF MINUTES
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, February 18, 2025
(EXHIBIT Q-1)
- IV. REVIEW AND COMMENT
 - A. Board Scorecard
(EXHIBIT Q-2 Trudy Leidich)
 - B. Update on Strategic Goal Suicide Care Pathway
(EXHIBIT Q-3 Tiffany Bitner)
- 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, FEBRUARY 18, 2025
MINUTES

Dr. L. Fernandez, Committee Chair, called the meeting to order at 11:20 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, Dr. R. Gearing

Committee Member Absent:

Other Board Member in Attendance: N. Hurtado

1. CALL TO ORDER

Dr. L. Fernandez called the meeting to order at 11:20 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, November 12, 2024

MOTION BY: GEARING SECOND BY: BACON

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday November 12, 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. Psychiatric Emergency Services (PES) Board Quality Report** -Psychiatric Emergency Services (PES) Board Quality Report presented by Dr. Vinay Kapoor to the Quality Committee.
- C. CARF CCBHC Update**-The CARF CCBHC Update was presented by Luc Josaphat to the Quality Committee.

7. EXECUTIVE SESSION-

Dr. Fernandez announced the Quality Committee would enter into executive session at 11:51 am for the following reason:

- Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

8. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 12:32 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 12:32 p.m.

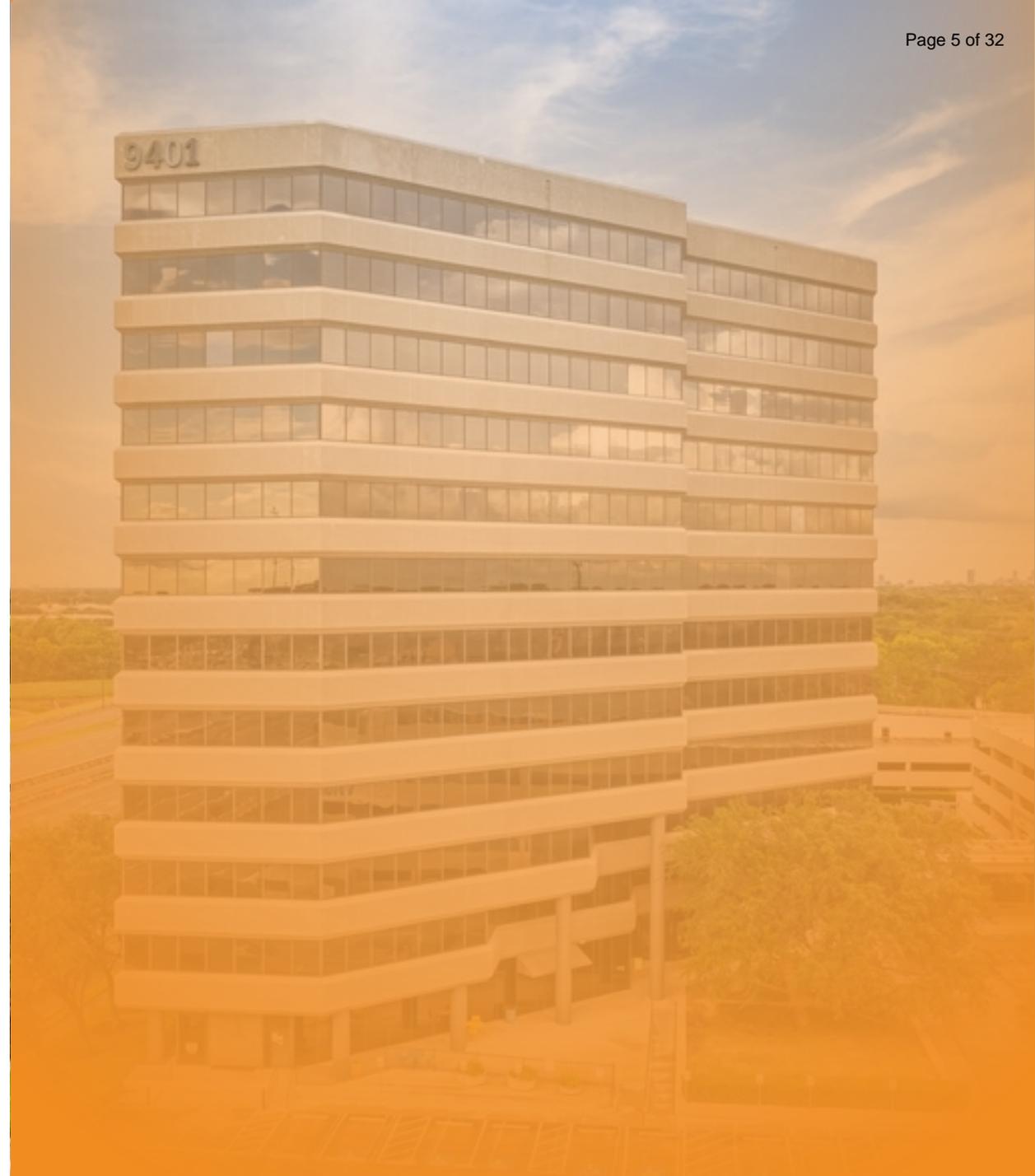
Veronica Franco, Board Liaison
Luis Fernandez-Wische, M.D. Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees

EXHIBIT Q-2

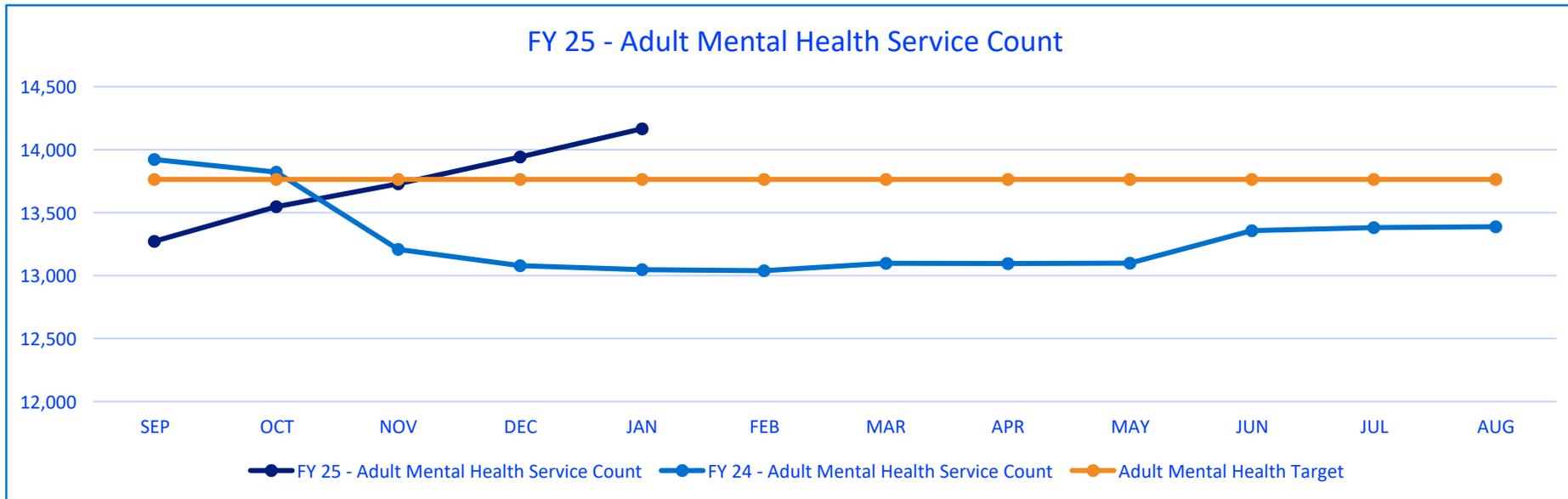
Quality Board Scorecard

Board Quality Committee Meeting

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



Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period: January	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,731	14,166	Increase	Contractual

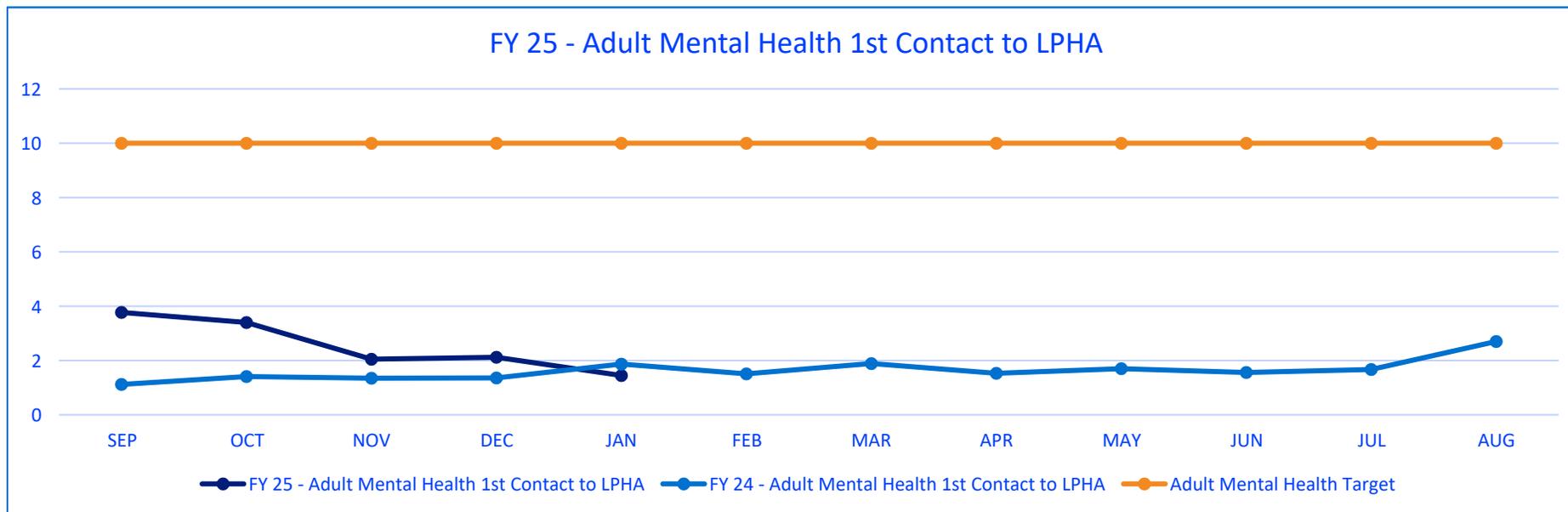


Overall Trend:

- **For the reporting period:** There was a 8.58% increase in the number of services provided January FY 25 compared to January FY 24.
- **FY 25 Performance:** The service count average for FY 25 (13,731) is higher than the average service count for FY 24 (13,416)

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- January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.56 Days	1.45 Days	Decrease	Contractual

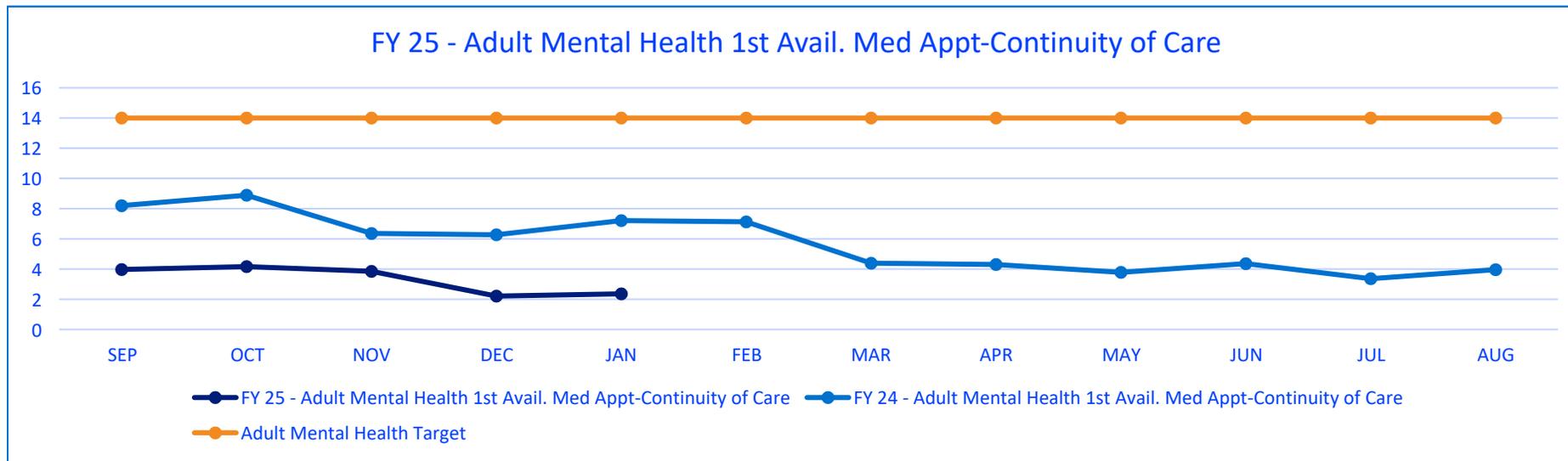


Notes:

1. The first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period is 22.46% lower at 1.45 days compared to 1.87 days in January 2024 well below the target of 10.00 days. This suggests is 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: January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.31 days	2.36 days	Decrease	Contractual

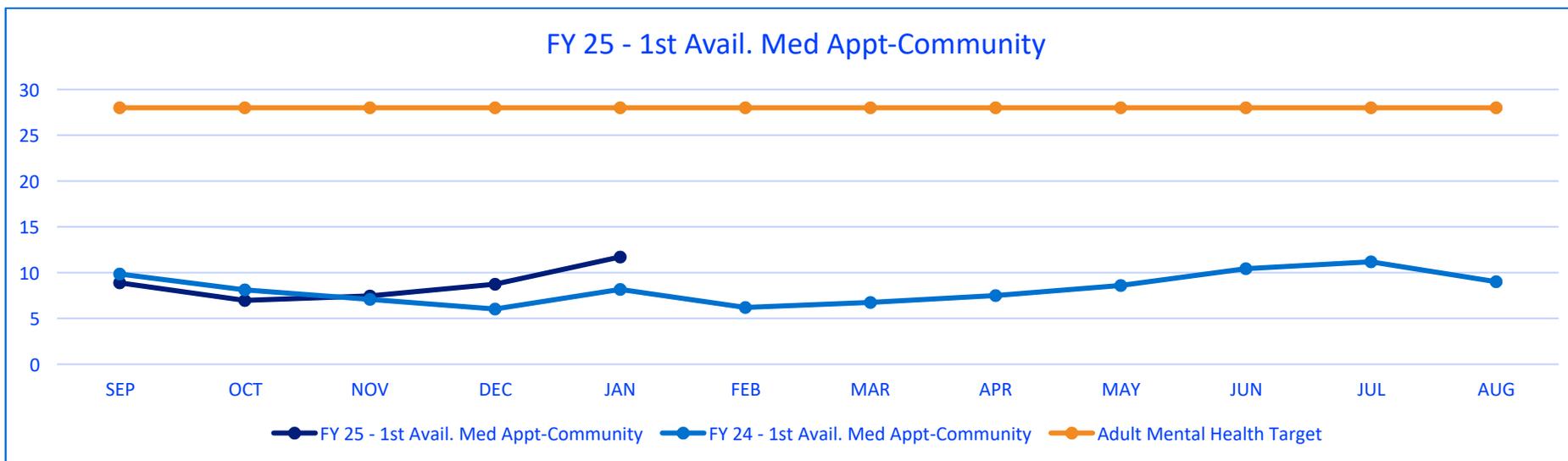


Notes:

1. There was a 67% decrease in the time taken for the first available medical appointment for continuity of care when comparing January 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-January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	8.75 days	11.74 days	Decrease	Contractual

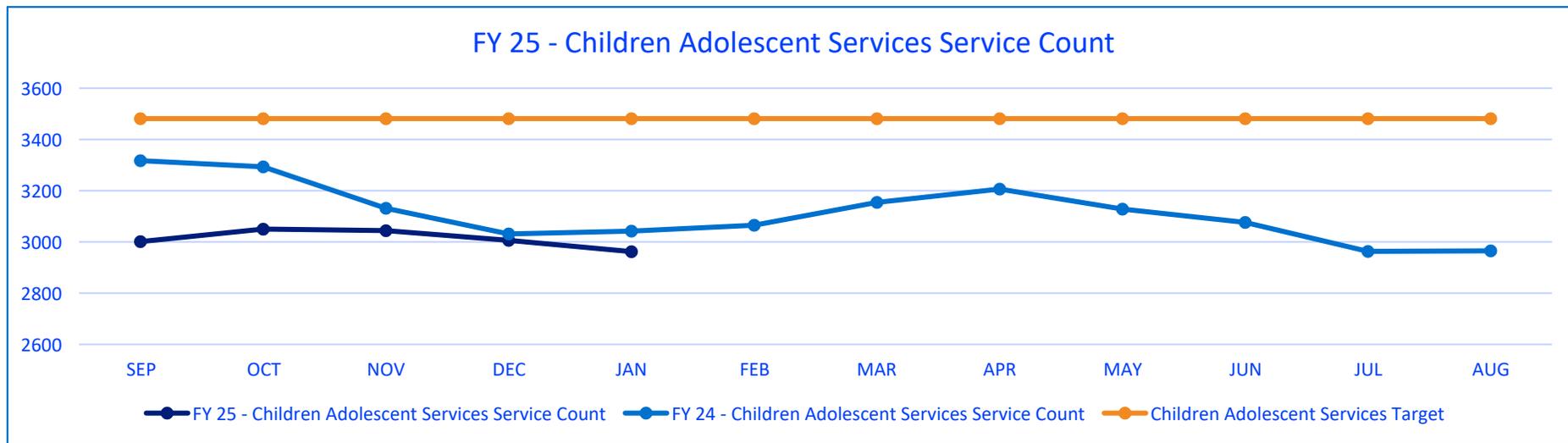


Notes:

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

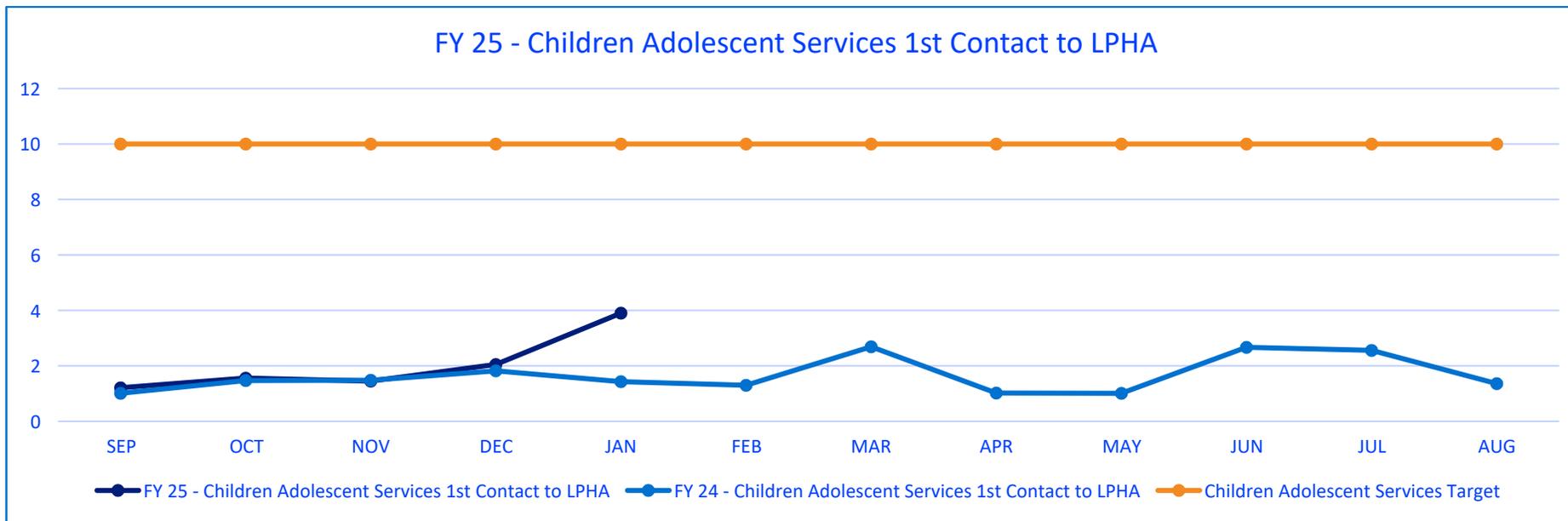
Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – August)	Reporting Period- January	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	3,025	3,006	Increase	Contractual



Notes:
 1. There was a 2.63% decrease in the number of services provided in this reporting period (FY 25 December) compared to FY 24 December. A process improvement workgroup in development to review areas of opportunities for this measure

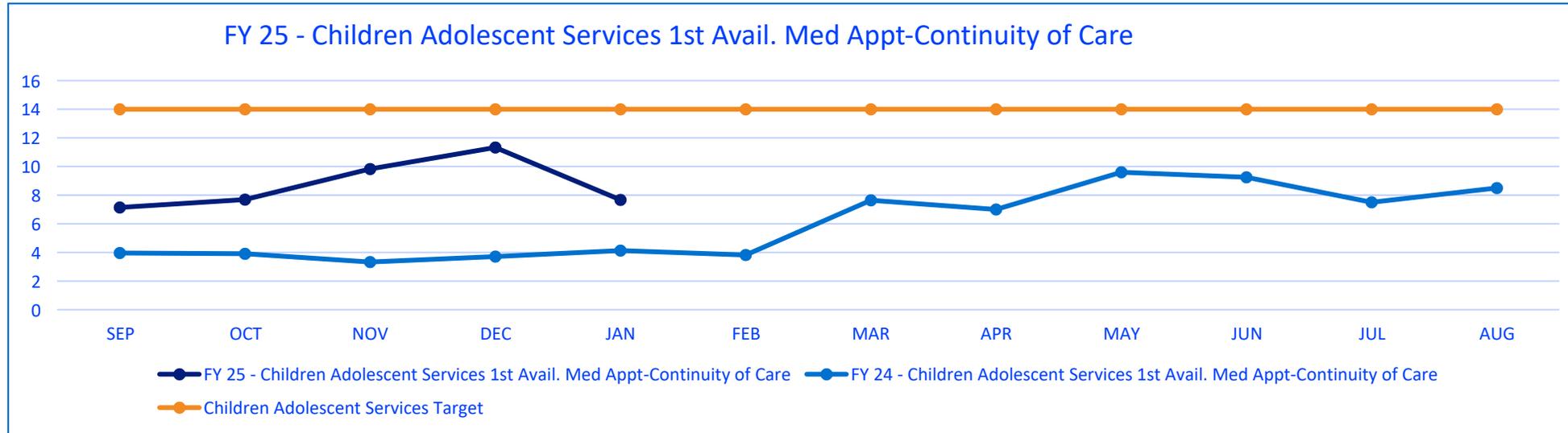
Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	2.03 days	3.90 days	Decrease	Contractual



Notes:
 1. First contact to LPHA (Licensed Professional of the Healing Arts) for the reporting period has seen an increase compared to the same period in the previous fiscal year. Despite this increase, the measure is operating below target. This suggests that the service is operating efficiently within the target range.

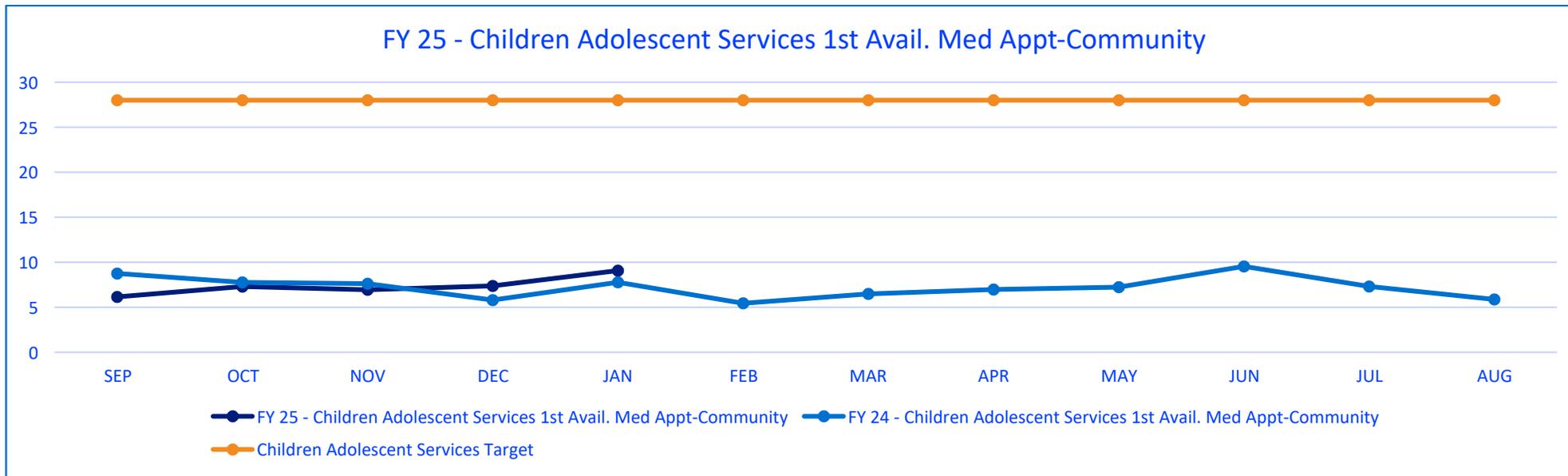
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - August)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	8.73 days	7.67 days	Decrease	Contractual



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- January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.37 days	9.07 days	Decrease	Contractual

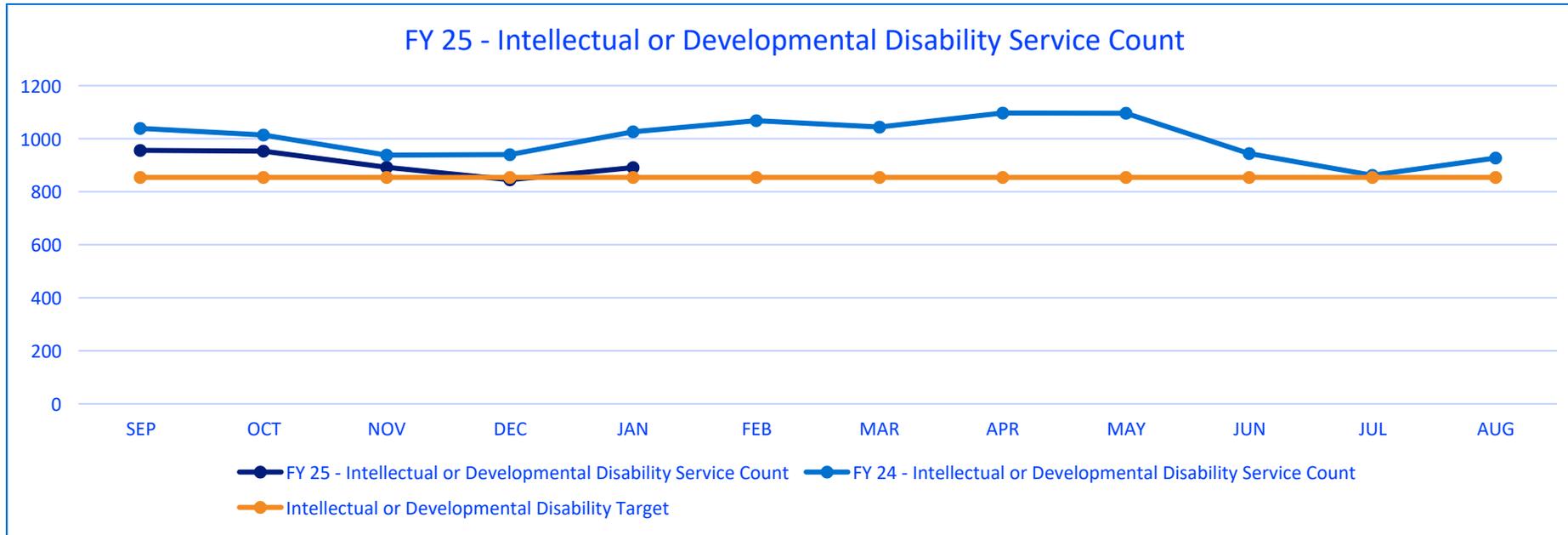


Notes:

1. There was a 16% increase in the time taken for the first available medical appointment in the community when comparing January FY 24 to January 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- January	Target Desired Direction	Target Type
Access	IDD	854	907	891	Increase	Contractual

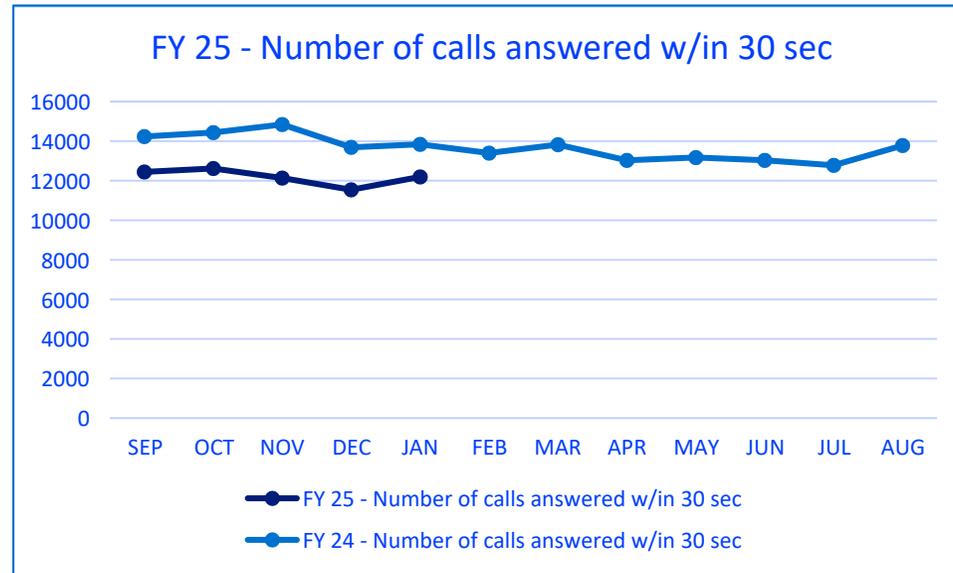
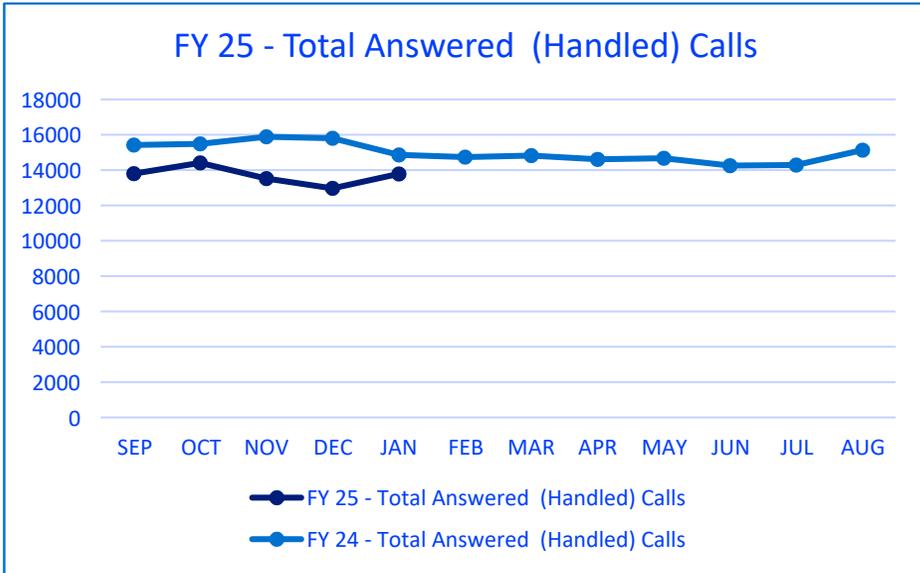


Notes:

- The IDD division service care count is at 891 for this reporting period

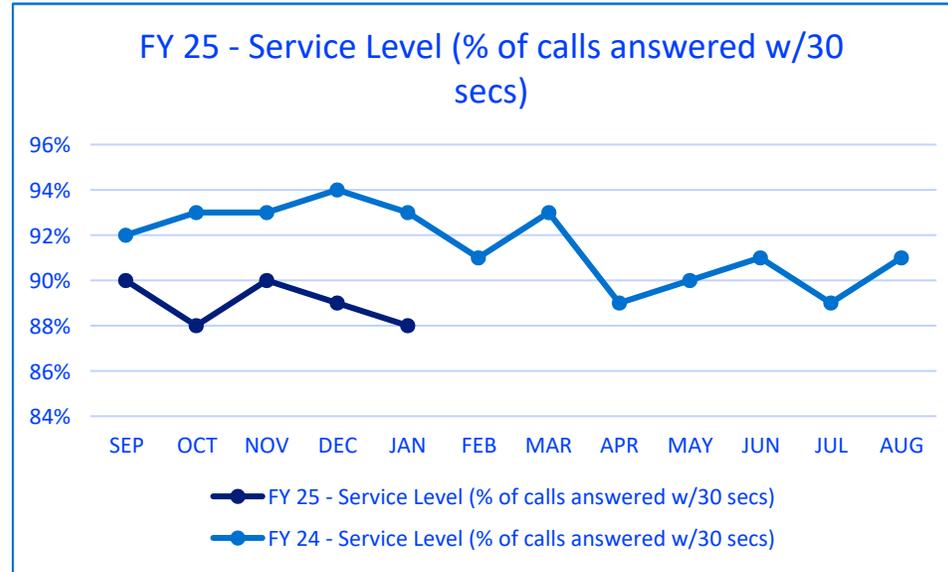
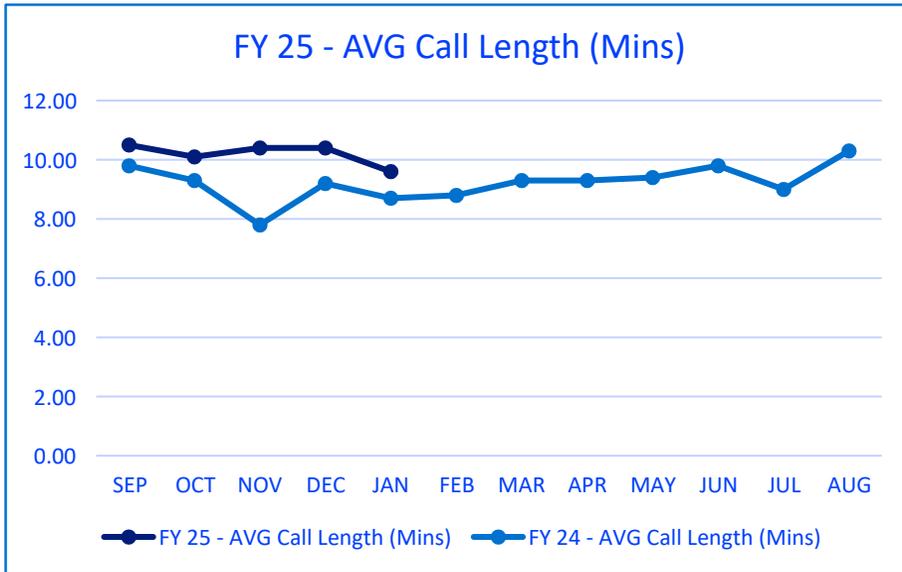
Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which is included regardless of waiver status.)

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,696	13,785	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	12,186	12,192	Increase	Contractual



- Notes:**
- There was a 7.24% decrease in the number of answered (handled) calls comparing January FY 24 to January FY 25.
 - There was a 11.89% decrease in the number of calls answered within 30 seconds comparing January FY 24 to January FY 25.

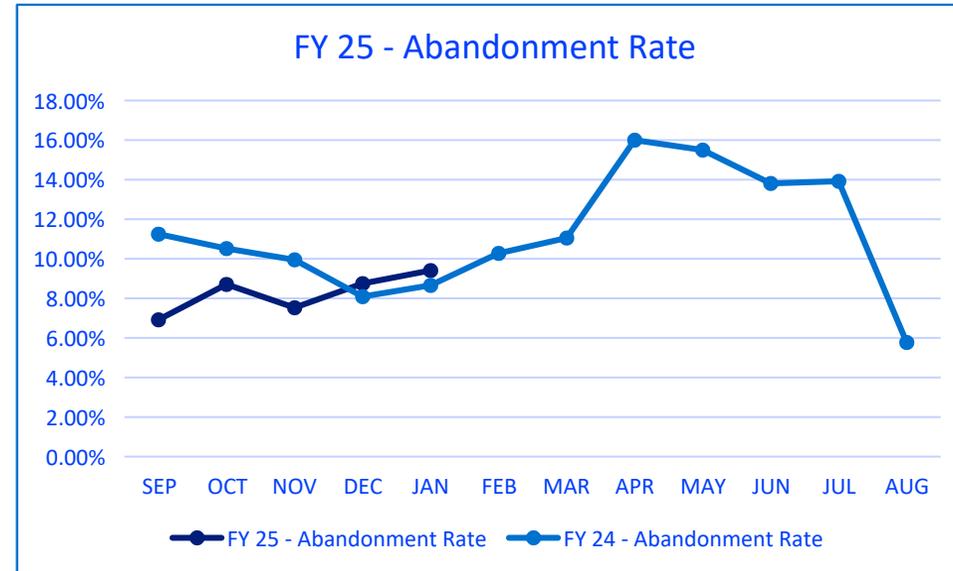
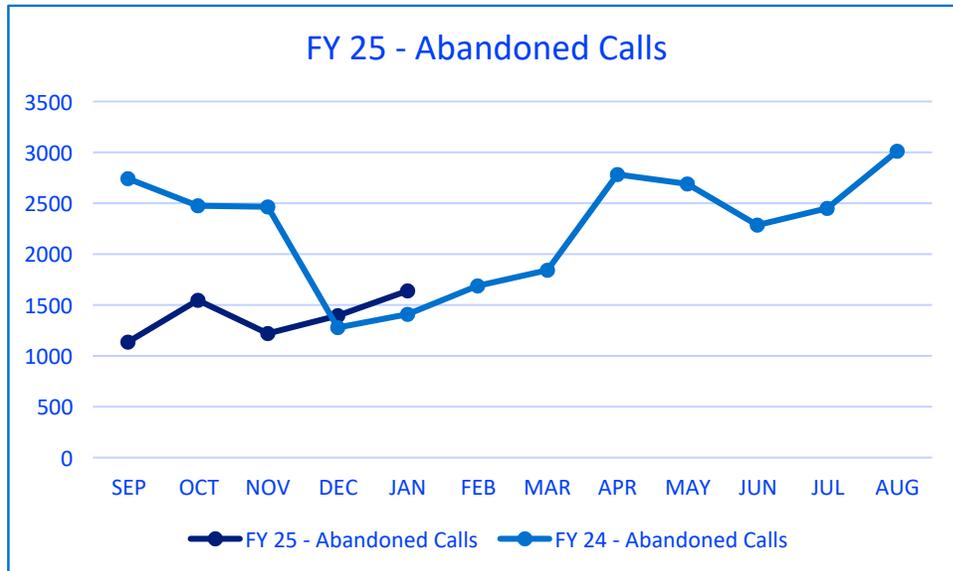
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.20	9.60	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	89.00%	88%	Increase	Contractual



Notes:

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

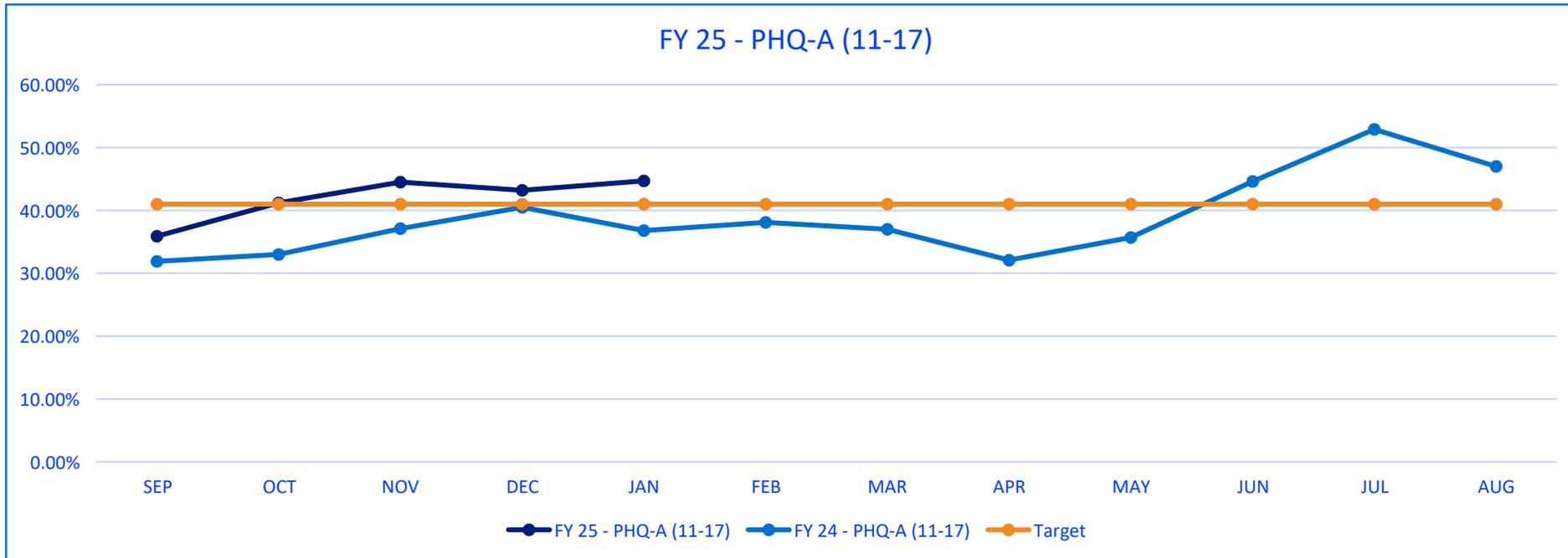
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - August)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,387	1,639	Decrease	Contractual
	Abandonment Rate	<8%	8.00%	9.41%	Decrease	Contractual



Notes:

- There was a 16.32 % increase in the number of abandoned calls comparing January FY 24 to January FY 25.
- The abandonment rate shows a marginal increase of 8.66% comparing January FY 24 to January FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – August)	Reporting Period- January	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	42.00%	44.70%	Increase	IOS



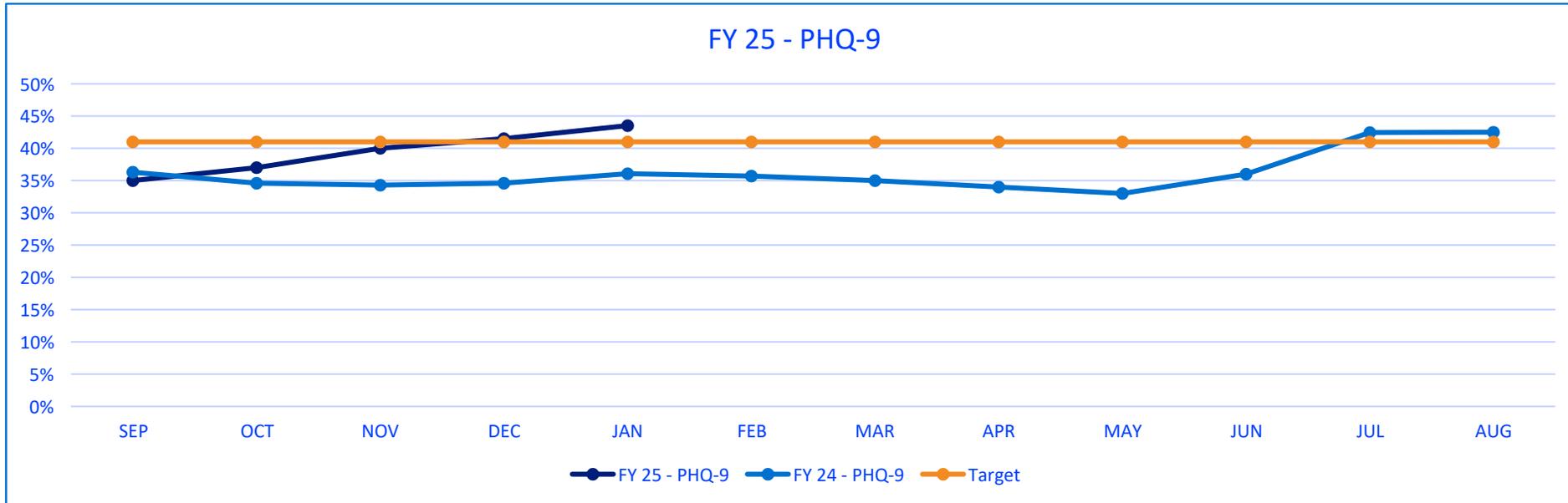
Notes:

- There was a 21.47% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from January FY 24 to January 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- January	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	39%	44.50%	Increase	IOS



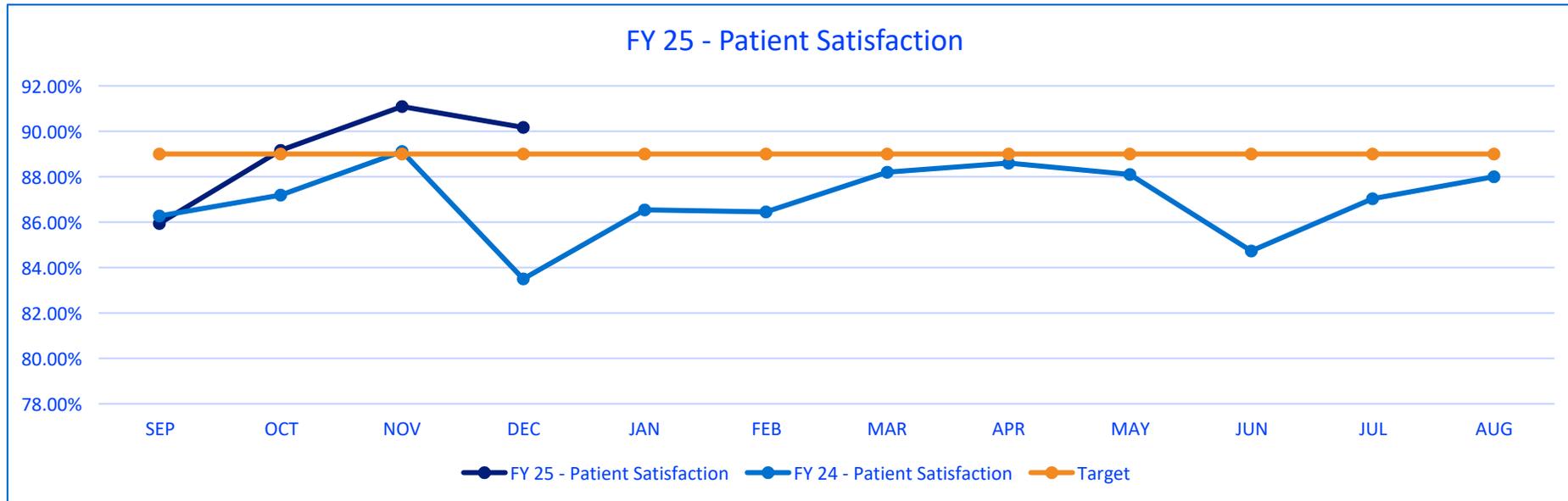
Notes:

- There was an increase in the adult PHQ-9 (Patient Health Questionnaire-9) with low score comparing January FY 24 to January 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- January	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	89.00%	90.89%	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

Suicide Care Pathway Update

Strategic Plan Progress FY25

Presented by: Tiffany Bittner, MSN, RN, CPHQ, NE-BC,
PMH-BC
March 18, 2025

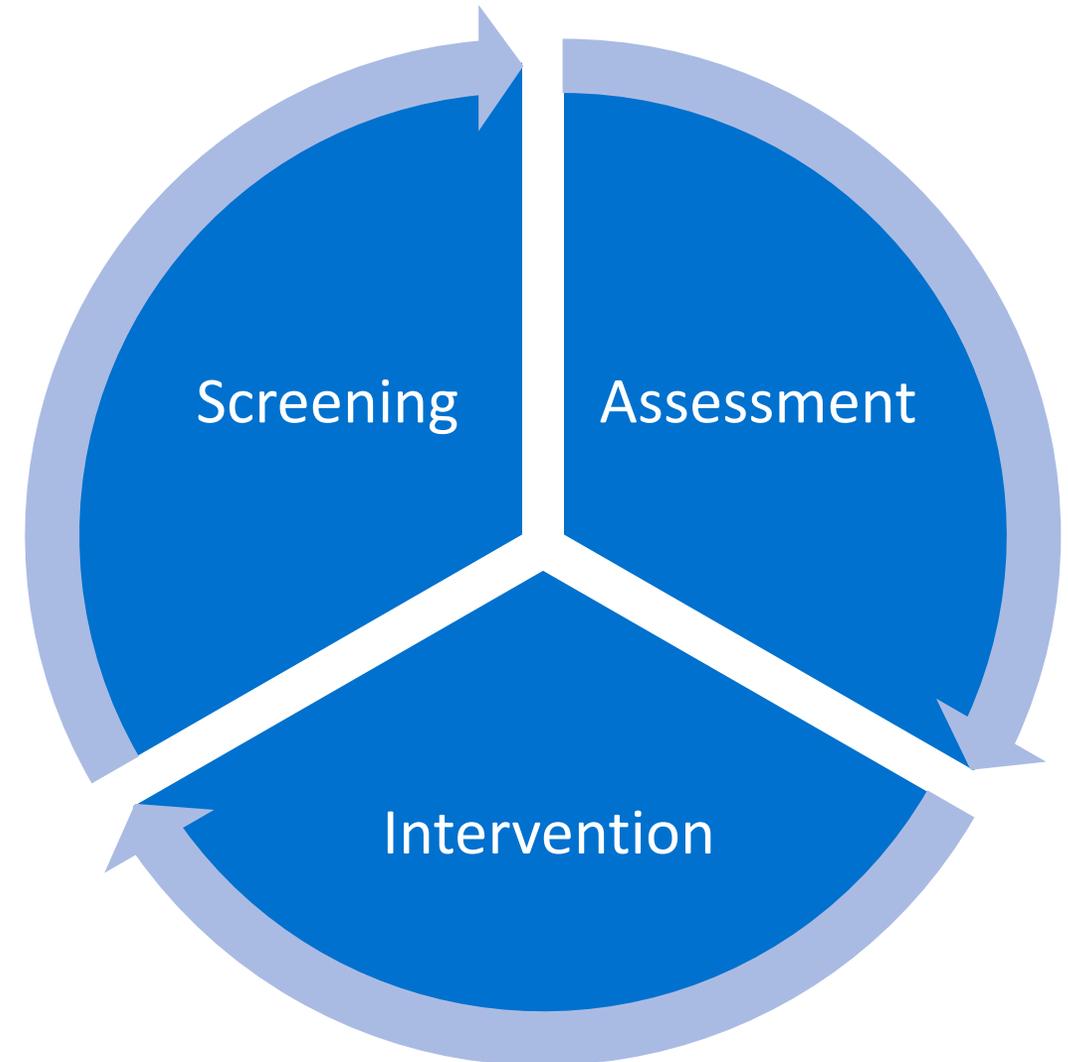


Agenda

- Suicide Care Pathway Updates
- L.I.F.E. Pathway Team
- L.I.F.E. Pathway Metrics
- FY25-FY27 Suicide Care Enhancements

Suicide Care Pathway Elements

- Screening:
 - Initial intake with Columbia Lifetime Tool
 - Rescreening at all clinical visits prompted by BPA (Best Practice Alert)
- Risk Assessment:
 - Same day as positive intake screening
 - Addressed at all prescriber return visits and with any positive screen
 - **FY25 Enhancement: Adding templated lethal means access discussion within risk assessment (Phase II of roll out)**
- Intervention:
 - Same day safety planning with positive intake assessment
 - Same day review of safety plan with positive assessment of a returning client
 - **FY25: Same day access to lethal means counseling documentation and intervention**



L.I.F.E. Pathway Team

- Funded by 5-year SAMHSA grant
- 2 Master's Level Clinicians/2 Peer Navigators
- Located at NW Clinic
- Provides enhanced, personalized intervention to those with moderate/high risk of suicide (based on their intake assessment)
- Currently tracking multiple data points including:
 - # of visits/touchpoints
 - Access to lethal means documentation (Phase I of roll-out)
 - Safety planning documentation
 - Appointment adherence
 - Program completion
 - Changes in risk level upon leaving L.I.F.E. Pathway

L.I.F.E. Pathway Metrics

TARGET STATUS	Target Met			Target Not Met			Data to Follow			No Data Available		
OVERALL ADHERENCE FY25	Sept	Oct	Nov	1st QRT	Dec	Jan	Feb	2nd QRT	Mar	Apr	May	3rd QRT
Average Monthly Adherence FY25												
Pathway Process Goal Average Compliance - 70% Adherence	Sept	Oct	Nov	1st QRT	Dec	Jan	Feb	2nd QRT	Mar	Apr	May	3rd QRT
# of new intake NW Moderate/High Risk	29	38	21	88	29	30	-	59				0
# of referrals to LIFE Pathway from NW Moderate/High Risk	29	37	21	87	29	29	-	58				0
% NW Moderate/High Risk referred to LIFE Pathway	100.00%	97.37%	100.00%	99.12%	100.00%	96.67%		98.33%				
# Completed referrals with Safety Plan and Calm Documentation	6	5	4	15	9	3	-	12				0
Total Completed in measured month	7	5	4	16	10	3	-	13				0
% Completed referrals with Safety Plan and Calm Documentation	85.71%	100.00%	100.00%	95.24%	90.00%	100.00%		95.00%				
# Completed referrals with 3 or more visits (Virtual/In-Person)	7	5	4	16	9	3	-	12				0
Total Completed in measure month	7	5	4	16	10	3	-	13				0
% Completed referrals with 3 or more visits (Virtual/In-Person)	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%		95.00%				
# Completed referrals with 1 or more CSSRS - Frequent while on LIFE Path	4	5	3	12	8	3	-	11				0
Total Completed in measured month	7	5	4	16	10	3	-	13				0
% Completed referrals with 1 or more CSSRS - Frequent while on LIFE Path	57.14%	100.00%	75.00%	77.38%	80.00%	100.00%	-	90.00%				
Total	Patients per quarter #			88	Patients per quarter #			59	Patients per quarter #			
	Quarterly Adherence %			92.94%	Quarterly Adherence %			94.58%	Quarterly Adherence %			

# Completed with Decrease in suicide risk assessment score - 40% or higher	5	4	3	12	6	2	-	8
# completed referrals within measured month	7	5	4	16	10	3	-	13
% referrals completed with decrease in suicide risk assessment score	71.43%	80.00%	75.00%	75.48%	60.00%	66.67%		63.33%

FY25-FY27 Suicide Care Enhancements

- Therapy referrals for suicidal clients
 - Goal: Ensure clients at risk for suicide are provided evidence-based therapy such as CBT, CBT-SP, DBT and others
- Caring contacts for suicidal clients
 - Goal: Increasing the amount of meaningful contact with suicidal clients to promote wellbeing, appointment compliance and safety
- Reporting of suicide rescreening using Columbia Frequent Screener at all clinical visits