



PLANNING & OPERATIONS COMMITTEE MEETING

To improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

DATE: Thursday, October 18, 2018
TIME: 5:30 PM
PLACE: 1430 Collier Street – Board Room, Austin, Texas 78704

AGENDA

- I. Citizens' Comments** (Presentations are limited to 3 minutes)
- II. Approval of Minutes from September 20, 2018 Planning & Operations Meeting** (pgs. 2-3)
- III. Recommendation to Approve Listing 1900 Corona Drive and 8606 Colonial Drive for Sale (Goal 3)**
(Weden, pgs. 5-6)
- IV. Recommendation to Approve Housing First Oak Springs Facility Naming (Goal 3)** (Richards, pgs. 6-8)
- V. Information Item: FY 18 Planning & Operations Board Dashboard (Goal 3)** (Baker, pgs. 9-10)
- VI. Information Item: Authority Services Focus – Consumer Satisfaction and Concerns (Goal 2)**
(Moscal, Wolf, pgs. 10-19)
- VII. Information Item: Adult Behavioral Health Systems Access (Goal 2)** (Dominguez, Franke, pgs. 19-23)
- VIII. Discussion Item: Chief Operations Officer Report – (Goals 1-3)** (Handley, pg. 23-24)
 - Clinical Service Delivery
 - Program Support
- IX. New Business**
 - Combined November/December Committee Meeting December 6, 2018
 - Identify Consent/Non-Consent Agenda Items
- X. Citizens' Comments**

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Note: The full packet is available on Integral Care's webpage at: <http://integralcare.org/agendas-minutes/>
(Under the heading "Planning & Operations Committee") P&O Committee packets will not be available to staff/public at the meeting. Only Agendas will be available.



PLANNING & OPERATIONS COMMITTEE MINUTES

DATE: Thursday, September 20, 2018
TIME: 5:30 PM
PLACE: 1430 Collier Street – Board Room
Austin, TX 78704

MEMBERS PRESENT: Dr. Guadalupe Zamora, Emmit Hayes

MEMBERS ABSENT: Luanne Southern, Dr. David Springer and Sarah Churchill Llamas

OTHER BOARD MEMBERS PRESENT: None

Integral Care staff were present

The Chair, Dr. Guadalupe Zamora, called the meeting to order at 5:33 p.m.

CITIZENS' COMMENTS

None.

APPROVAL OF MINUTES

The minutes of the August 23, 2018 meeting stand approved as submitted.

RECOMMENDATION TO APPROVE, IF AWARDED, HEALTH STARTS AT HOME: EXPANDING HOUSING WRAP-AROUND SERVICES AND SUPPORTS - ST. DAVID'S FOUNDATION RFP (GOAL 2) Chris Laguna provided the Committee with background information on the St. David's Foundation RFP. The proposal targets low-income residents in affordable housing communities. Will provide \$300K over 2 years. Discussion ensued. Emmit Hayes called for a motion to recommend to the Board the approval of proposed recommendation. Dr. Guadalupe Zamora second. All in favor. Motion carried. *This item will be added to the consent agenda.*

RECOMMENDATION TO APPROVE, IF AWARDED, FUNDS FROM AUSTIN PUBLIC HEALTH FOR THE PROVISION OF NON-MEDICAL CASE MANAGEMENT SERVICES TO PEOPLE LIVING WITH HIV (GOAL 2) Emily Johnston provided the Committee with background information about this RFP and grant. Will provide over \$195k over 42 months and will provide non-medical case management services to people living with HIV. Discussion ensued. Emmit Hayes called for a motion to recommend to the Board the approval of proposed recommendation. Dr. Zamora second. All in favor. Motion carried. *This item will be added to the consent agenda.*

INFORMATION ITEM: STATE HOSPITAL BED UTILIZATION Lesa Brown-Valades provided the Committee with information on State Hospital Bed Utilization such as the role of the LMHA, hospital bed allocation and bed day capacity allowance.

DISCUSSION ITEM: CHIEF OPERATIONS OFFICER (COO) REPORT Dawn Handley provided the Committee with a brief verbal report regarding clinical service delivery and program support. Kim Macakiage also provided the Committee with and update on current measures met and not met. Discussion ensued.

NEW BUSINESS

The items listed below were decided for Consent/Non-Consent Agenda:

Consent:

Recommendation to Approve, if Awarded, Health Starts at Home: Expanding Housing Wrap-Around Services and Supports - St. David's Foundation RFP (Goal 2)

Recommendation to Approve, if Awarded, Funds from Austin Public Health for the Provision of Non-Medical Case Management Services to People Living with HIV (Goal 2)

Non-Consent:

None

CITIZENS' COMMENTS

None.

ADJOURNED

The meeting adjourned at 6:22 p.m.

Guadalupe Zamora

Kendra Green, Recording Secretary

Date



Board of Trustees

Planning and Operations Committee

October 18, 2018



I. Citizens' Comments



II. Approval of Minutes from
September 20, 2018
Planning & Operations Meeting



III. Recommendation to Approve Listing
1900 Corona Drive and 8606 Colonial Drive
for Sale
(Goal 3)

David Weden, Chief Administrative
Officer/Chief Financial Officer



Questions/Comments?



IV. Recommendation to Approve Housing First Oak Springs Facility Naming (Goal 3)

Ellen Richards
Chief Strategy Officer



Overview

- Integral Care launched Housing First Oak Springs to develop the fundraising campaign
- Why we need to change name of project
- Submitted request to Capital One on October 8, 2018 for approval



Proposed name

Terrace at Oak Springs



Recommendation

Recommend that the Board of Trustees approve the change of name from Housing First Oak Springs to Terrace at Oak Springs pending Capital One approval.



Questions/Comments?



V. Information Item: FY 18 Planning & Operations Board Dashboard (Goal 3)

James Baker, MD, MBA
Systems Chief Medical Officer



Integral Care Planning and Operations Committee Dashboard Report through August, 2018

Dimension	KPI	Definition	Annual Target Goal	Qtr. 4	FYTD Actual	Status	Comment
Access	Psychiatric Evaluation Access	Percent of all psychiatric evaluations completed in less than 15 days of request	100%	69%	72%	●	
	Adult Psychiatric Evaluation Access	Percent of all adult psychiatric evaluations completed in less than 15 days of request	100%	68%	72%	●	
	Child Psychiatric Evaluation Access	Percent of all child psychiatric evaluations completed in less than 15 days of request	100%	79%	73%	●	
	IDD Intake Access	Percent of eligibilities evaluations completed in less than 15 days	100%	15%	28%	●	
Efficiency	Budgeted Services Delivered	Percent of Medicaid budget services delivered	100%	72%	78%	●	
	Staff Productivity	The productivity percentages are now based on direct service hour expectations (100 for clinic based; 90 for community) per provider.	95%	46%	47%	●	
Financial Strength	DSRIP Goal Attainment	Percent of DSRIP metrics achieved at level required for 100% payment	100%	72%	80%	●	
	Medicaid Collections	Percent of Medicaid claims collected at 90 days post billing	95%	96%	96%	●	
Quality	Customer Satisfaction	Percent of customers who are satisfied	95%	90%	91%	●	
	Abuse/Neglect Allegations	Of all customers served, the percent of abuse/neglect allegations filed	<1%	0%	0%	●	
People	Turnover Rate	Turnover of staff, including voluntary and involuntary separations	<20%	3%	25%	●	
	Vacant Position Fill Rate	Vacant revenue-generating positions filled within 60 days of posting	100%	60%	60%	●	

Questions/Comments?



VI. Information Item: Authority Services Focus – Consumer Satisfaction and Concerns (Goal 2)

Melody Moscal, CQE, Program Manager Quality Management
Phyllis Wolf, LPC-S, Ombudsman



Integral Care's Commitment

- Innovation in obtaining consumer experience that informs practice
- Ensuring a transparent process to hearing and addressing concerns
- Provision of clinical services that are trauma informed and person centered
- Quick & easy access to services



Ombudsman's Office Functions

- Managing complaints and appeals process
- Provide Consultation
- Help resolve barriers to access services
- Provide advocate and support
- Investigate allegations of abuse, neglect and exploitation, and consumer rights violations



Ombudsman's Office Functions

- Liaison with DFPS
- Provide education
- Identify trends for quality improvement
- Facilitates Investigative Review Committee
- Chairs the Human Rights Committee
- Facilitates the Appeals Committee



Ombudsman's Additional Functions Supporting Network Providers

- Manage the appeal process
- Assist providers with complaints or concerns
- Provide Training and Technical Assistance
- Help identify gaps in the provider network
- Locate and outreach to new providers

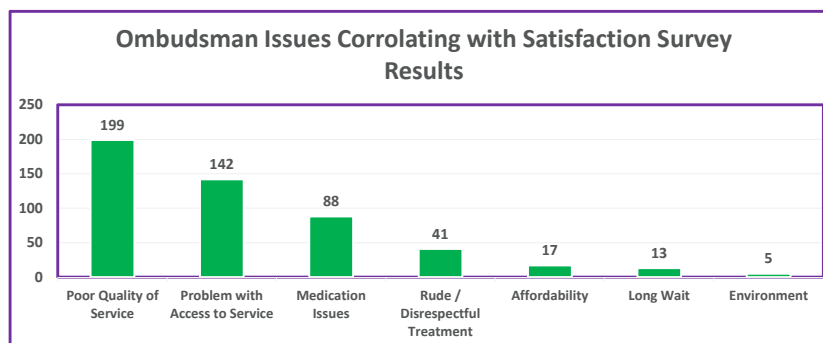


September 1, 2017 – August 31st, 2018 Data

• Complaints:	538
• Consultations	500
• External Provider	72
• On call for DFPS	82
• Consumer meetings	11 scheduled
• Staff Training	23
• IRC	3
• Provider Training	5



Data



Opportunities for Better Communication

- Systemic Changes result in an increase of expressed concerns
 - Open access process versus appointments
- Service quality complaints vary
- Some individuals coming to the administrative offices for assistance resulting in a need for identified training



Challenges to Collecting Consumer Experience and Introduction of Kiosks

- The usage of a limited amount of tablets for rotation did not capture all the programs.
- An element of data bias was present as clinicians would give tablets to clients they finished serving instead of free access to survey.
- Number of surveys collected impacted by factors such as staff vacations, miscommunications, and
- Kiosk project also faced delays such as vendor provision of kiosk case and facilities installation delay due to major moves within Integral Care.



Consumer Survey Update

- The current survey has 11 questions using trauma informed care criteria and one question added from a 2018 Joint Commission survey finding
- 15 sites have functioning kiosks: 15th Street, ANEW, CARE, Child and Family Services, Dove Springs Adults and Children, E 2nd, Healthy Community Collaborative, NTP, Next Step, North Service Center, Psychiatric Emergency Services, Safe Haven and The INN.
- Other programs using handheld tablets include: ACT Team, IDD Intake, Oak Springs with Ra1se and School programs in the queue to be added

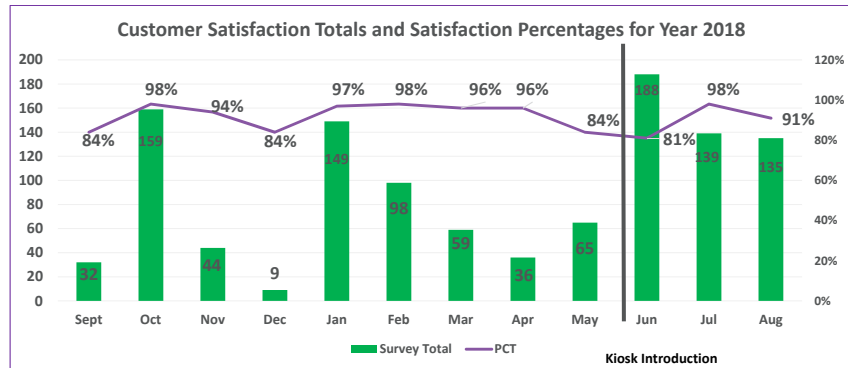


Consumer Survey Update

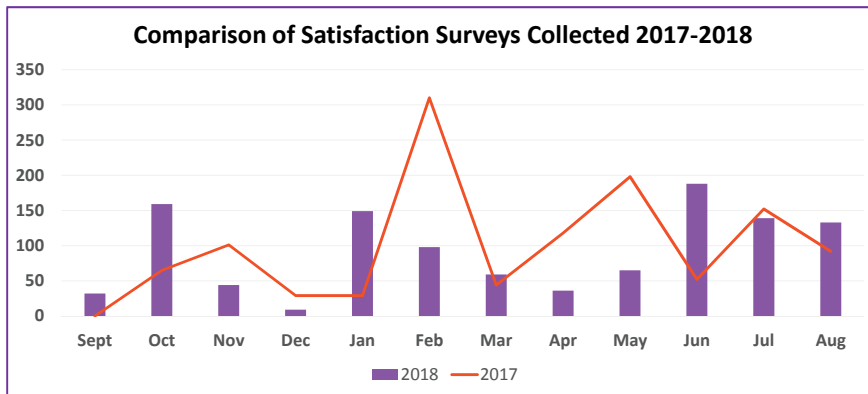
- QM trained staff responsible for the overall function of units as well as the downloading of data monthly.
- Through Qualtrics, survey results are automatically emailed to management monthly for their review.
- Provided surveys via tablets to SAMSO Providers and eliminated the issues with paper and client non-response.



Consumer Experience Data

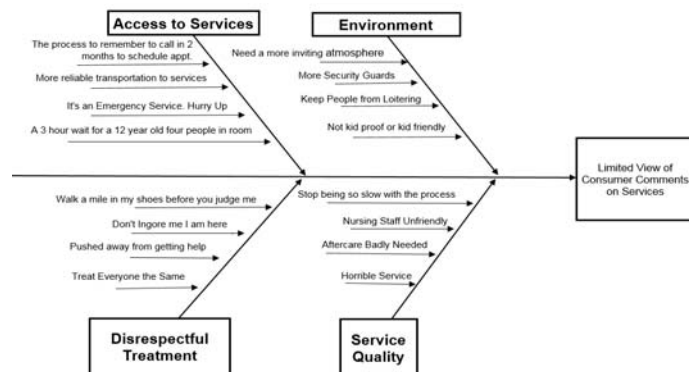


Comparison of Satisfaction Surveys Collected 2017-2018



Satisfaction Responses by Question

- Q1: I got the services when I wanted: **88.6%**
- Q2: I was treated with respect by staff: 91.0%
- Q3: I felt understood: 91.6%
- Q4: I felt staff will do what they say they are doing to do: **89.9%**
- Q5: I felt safe at the clinic: 91.0%
- Q6: I felt staff believed in me: 90.3%
- Q7: I would recommend these services to friends and family: 90.8%
- Q8: My services were explained to me: 91.8%
- Q9: I was pleased with the services I received: 90.4%
- Q10: My treatment goals and needs were met: **86.5%**





And so many consumers said "Thank You Integral Care"



Goals for FY19

- Development of a more robust data set for Satisfaction with the inclusion of additional programs and trend analysis for to programs for continuous quality improvement.
- Development of a more robust dashboard to share with staff and the community the results of satisfaction surveys.
- Explore other options for data collection with Programs and Communications during strategic planning.
- Develop a better correlation of the data results from the Ombudsman's Office and Satisfaction Surveys.



Questions/Comments?



VII. Information Item: Adult Behavioral Health Systems Access (Goal 2)

Robert Dominguez, Practice Manager – Clinic Ops
Craig Franke, Chief Medical Director



ABH Clinic Operations – Clinic Optimization Efforts Same Day Access to Intake & Psychiatry

Implemented across all ABH outpatient clinic sites at the end of May 2018

- East 2nd Street, Rundberg, Dove Springs

Spans two areas of measure:

DSRIP/CCBHC – Access to Services

Time to Initial Evaluation:

- Time to Initial Evaluation: M1-342 – Percent within 10 days
- M1-390 – Mean number of days

Board of Trustees Dashboard – Access:

Psychiatric Evaluation Access – Adults



Strategies for Achieving Same Day Access

Realignment of clinic schedules & Staff Roles

- All clinics are utilizing standardized template structure
- Uniformity of appointment types built into the schedules to achieve access goals and alignment with productivity (wRVU) and budget goals.
- Psychiatric Evaluation appointments begin at, or near, the conclusion of an intake service.
- New workflow implemented to readmit individuals into care – using office based case managers and doctors in co-visits.

Daily management of clinic schedules and templates

- Backfill Process
 - Cancelled appointments are backfilled one to two days in advance
 - No Shows are backfilled the same day



DSRIP/CCBHC – Access to Services

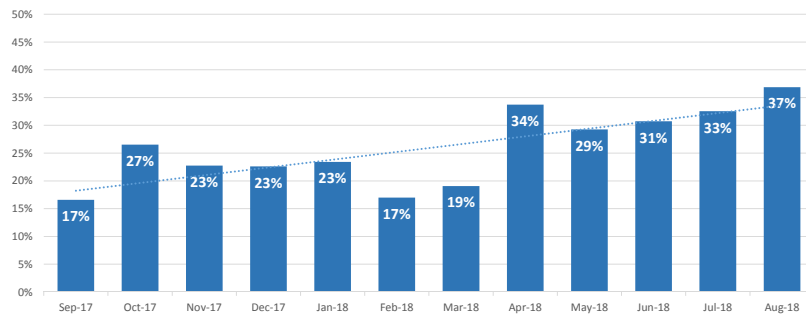
Behavioral Health Clinical Quality Measures
January 2018 - December 2018

Updated: 10-1-18

Pts	Required	Measure	DRAFT				% Variance
			Baseline Performance	Monthly Trend (Starting w/ Baseline)	Year-to-Date (Sept 2018)	DY7 Goal	
Access to Services							
1	DSRIP/CCBHC	M1-342* Time to initial evaluation; percent within 10 days ¹	33.40%		46.01%	35.06%	10.95%
1	DSRIP/CCBHC	M1-390* Time to initial evaluation; mean number of days ¹	17.83		6.63	17.38	61.86%

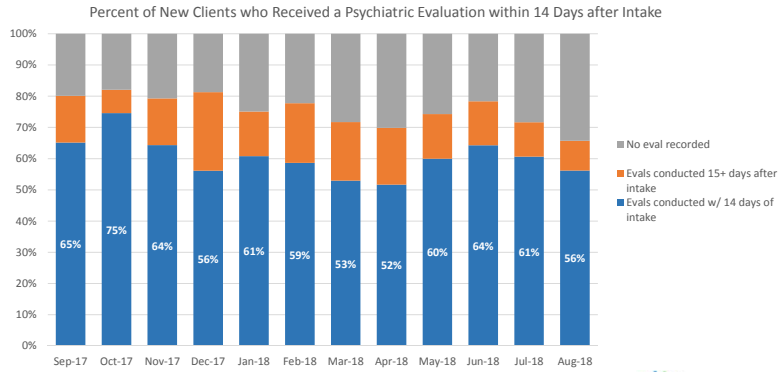


Percent of New Adult Clients who Received an Intake on the Same Day as First Contact

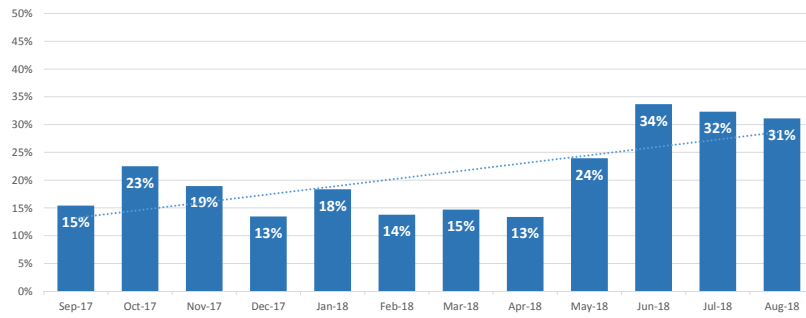


BOT Dashboard Measure

Percent Of All Adult Psychiatric Evaluations Completed In Less Than 15 Days Of Request



Percent of New Clients who Received a Psychiatric Evaluation on the Same Day as Intake



Questions/Comments?



VIII. Discussion Item:
Chief Operations Officer Report
(Goal 2 & 3)

Dawn Handley
Chief Operations Officer



Questions/Comments?



IX. New Business



X. Citizens' Comments

