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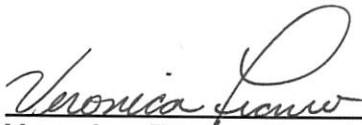9401 Southwest Freeway Houston, TX 77074
Board Room #109

Quality Committee Meeting
May 20, 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, April 15, 2025
   (EXHIBIT Q-1)

IV. **REVIEW AND COMMENT**
   A. Board Scorecard
   (EXHIBIT Q-2 Trudy Leidich)

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 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 Holly Cumbie, Director of Pharmacy

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, APRIL 15, 2025
MINUTES

Dr. R. Gearing, Board Chair, called the meeting to order at 11:22 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. R, Gearing

Committee Member Absent: Dr. L. Fernandez, Dr. K. Bacon,

Other Board Member in Attendance: Dr. J. Lankford, Ms. N. Hurtado, Ms. R. Thomas-videoconference

1. **CALL TO ORDER**
   Dr. R. Gearing called the meeting to order at 11:22 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Dr. R. Gearing designated Dr. J. Lankford, Ms. Hurtado and Ms. Thomas as voting members.

3. **DECLARATION OF QUORUM**
   Dr. Gearing declared a quorum was present.

4. **PUBLIC COMMENT**

5. **Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, March 18, 2025**

   MOTION BY: HURTADO   SECOND BY: LANKFORD

   With unanimous affirmative votes,
   BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday March 18, 2025 as presented under Exhibit Q-1, are approved.

6. REVIEW AND COMMENT

   A. **Board Score Card -**The Board Score Card presented by Trudy Leidich and Lance Britt to the Quality Committee.
   B. **Medical Services -**Update on Medical Services presented by Dr. Luming Li and Danyalle Evans to the Quality Committee.

Board of Trustees
Quality Committee Meeting (3/18/2025)
MINUTES
Page 1 of 2

7.   **EXECUTIVE SESSION-**

Dr. Fernandez announced the Quality Committee would enter into executive session at 11:55 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 12:22 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: LANKFORD
There being no further business, the meeting adjourned at 12:22 p.m.

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_____

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

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EXHIBIT Q-2

Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN
VP of Clinical Transformation and Quality

May 2025 (Reporting March 2025 Data)

Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – March)	Reporting Period: March	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	13,924	14,462	Increase	Contractual

FY 25 - Adult Mental Health Service Count

Legend: FY 25 - Adult Mental Health Service Count — FY 24 - Adult Mental Health Service Count — Adult Mental Health Target
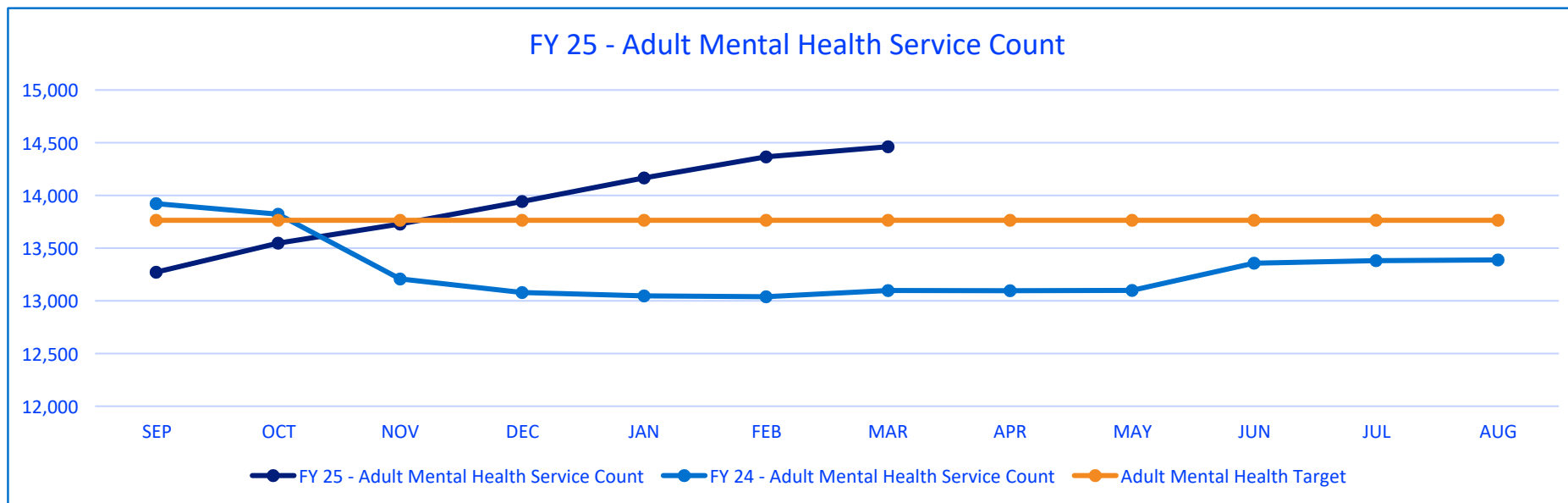
Overall Trend:
- **For the reporting period:** There was a 10.51% increase in the number of services provided in March FY 25 (14,462) compared to (13,098) March FY 24.
- **FY 25 Performance**: The service count average for FY 25 (13,924) is higher than the average service count for FY 24 (13,316)

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

2

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.19 Days	1.21 Days	Decrease	Contractual

FY 25 - Adult Mental Health 1st Contact to LPHA

Legend: FY 25 - Adult Mental Health 1st Contact to LPHA — FY 24 - Adult Mental Health 1st Contact to LPHA — Adult Mental Health Target
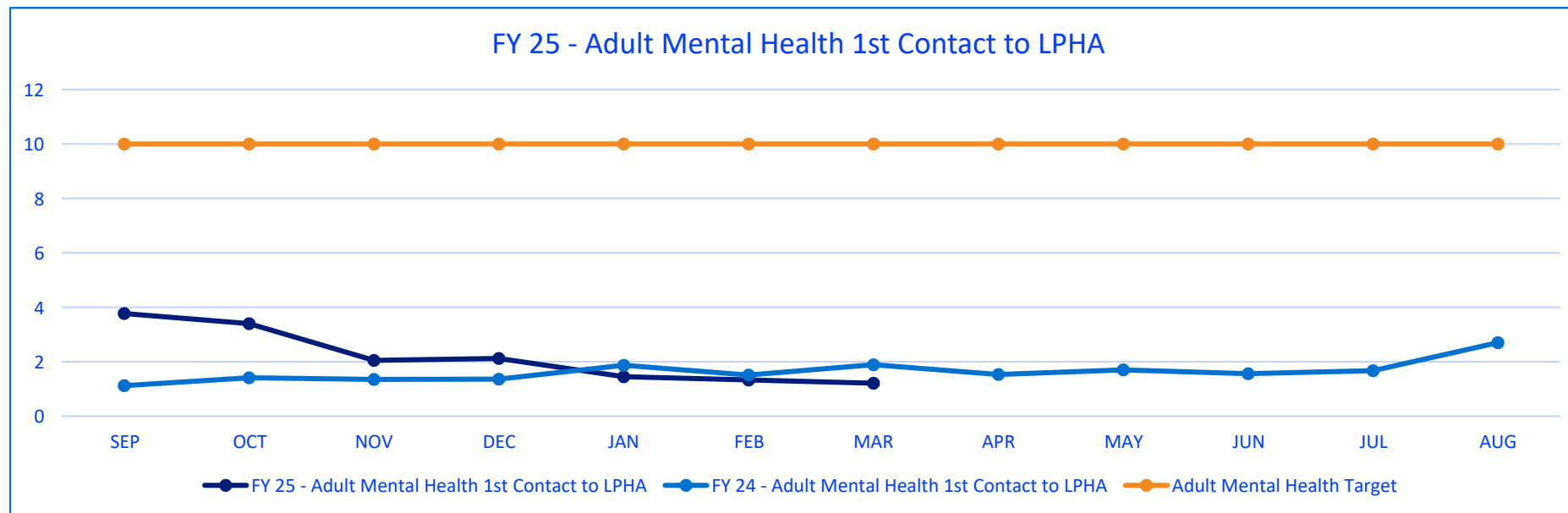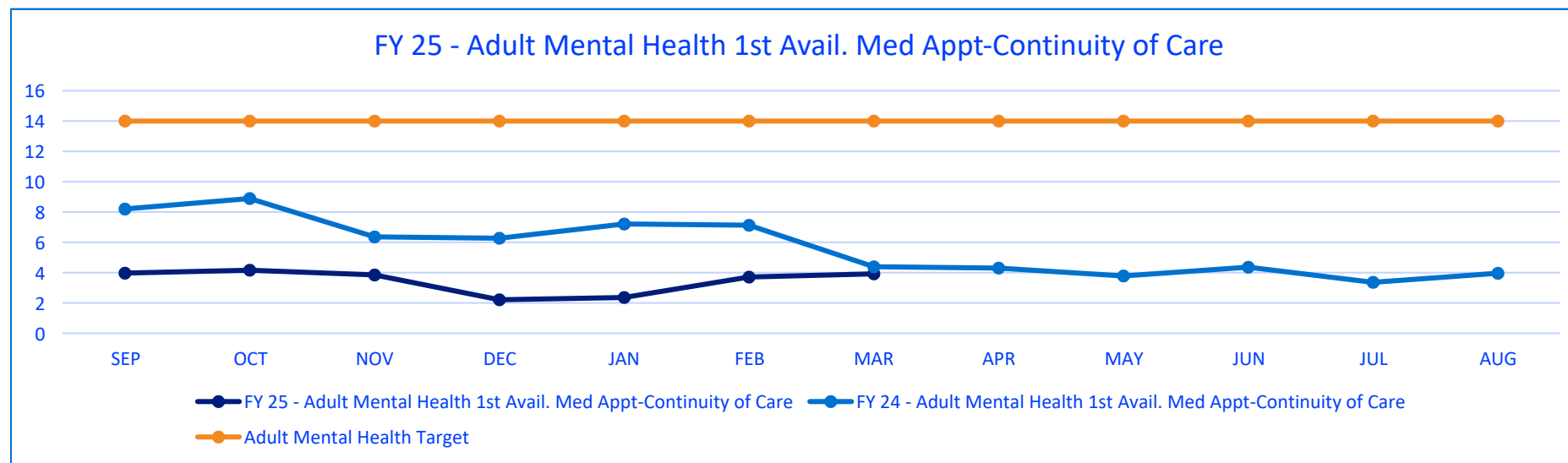
Notes:
The first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period is 35.98%% lower at 1.33 days compared to 1.89 days in March 2024, well below the target of 10.00 days. This suggests this measure is operating efficiently within the target range.

Measure Definition: Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

3

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – March)	Reporting Period: March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.45 days	3.92 days	Decrease	Contractual

FY 25 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care

Legend:
— FY 25 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
— FY 24 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
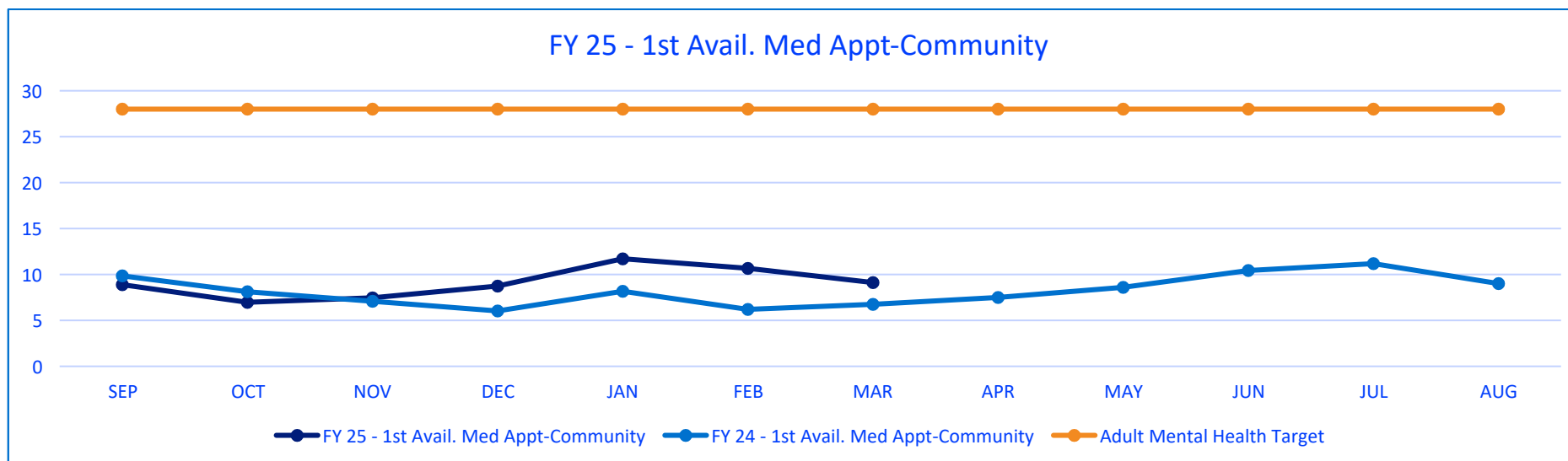— Adult Mental Health Target

Notes:
There was a 10.71% decrease in the time taken for the first available medical appointment for continuity of care when comparing March FY 24 to March 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-March)	Reporting Period-March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	9.08 days	9.12 days	Decrease	Contractual

FY 25 - 1st Avail. Med Appt-Community

Legend: FY 25 - 1st Avail. Med Appt-Community; FY 24 - 1st Avail. Med Appt-Community; Adult Mental Health Target
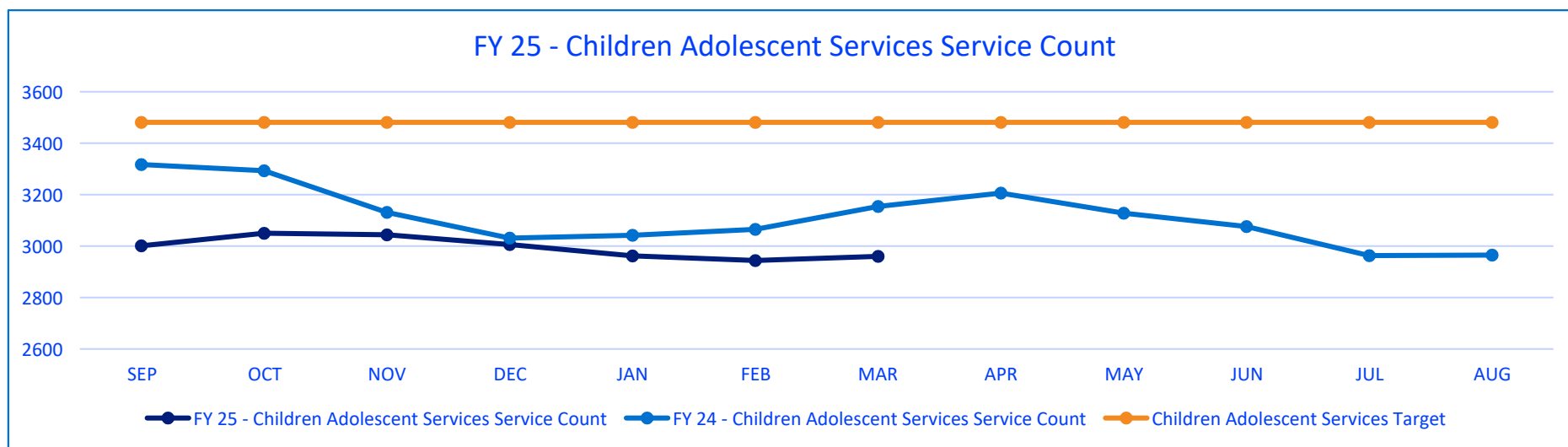
Notes:
The time taken for the first available medical appointment in the community continues to perform well. Both FY 24 and FY 25 times are significantly below the target of 28.00 days, demonstrating that the service is performing well and providing timely access to medical appointments.

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

5

Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,995	2,960	Increase	Contractual

FY 25 - Children Adolescent Services Service Count

Legend:
- FY 25 - Children Adolescent Services Service Count
- FY 24 - Children Adolescent Services Service Count
- Children Adolescent Services Target

Notes:
There was a 5.91% decrease in the number of services provided in this reporting period (FY 25 December) compared to FY 24 December. A process improvement workgroup is working improvement 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.

6

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.83 days	1.25 days	Decrease	Contractual

FY 25 - Children Adolescent Services 1st Contact to LPHA
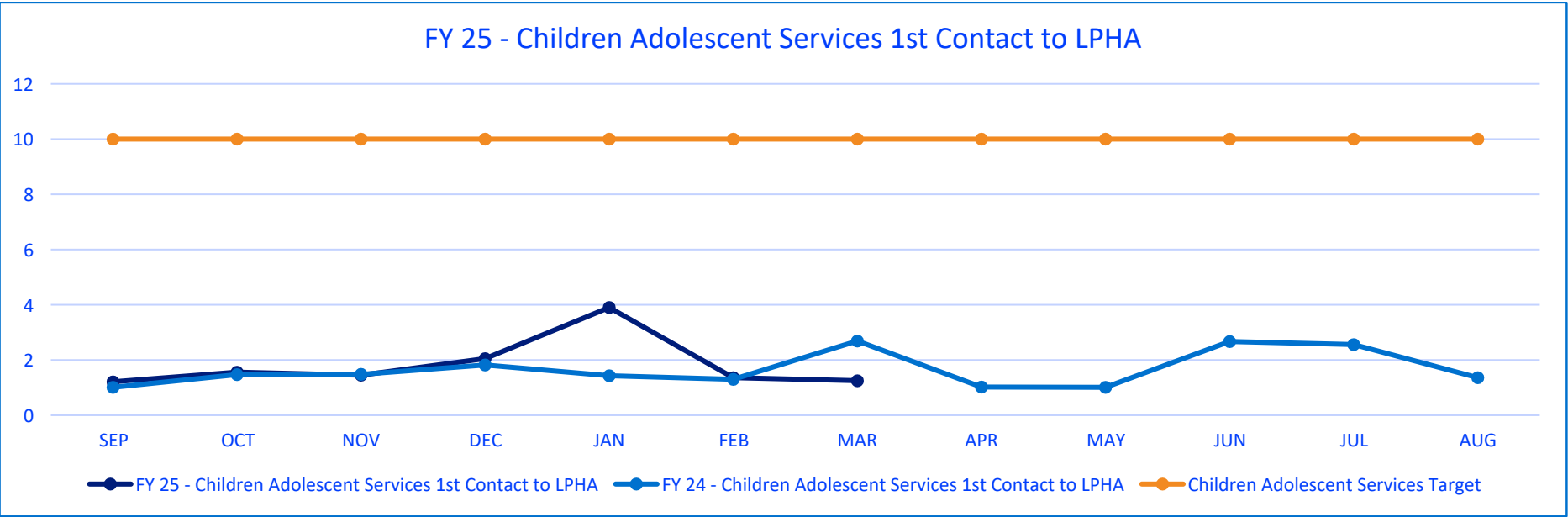
Notes:
First contact to LPHA (Licensed Professional of the Healing Arts) continues to perform well and below target. This suggests that the service is operating efficiently within the target range.
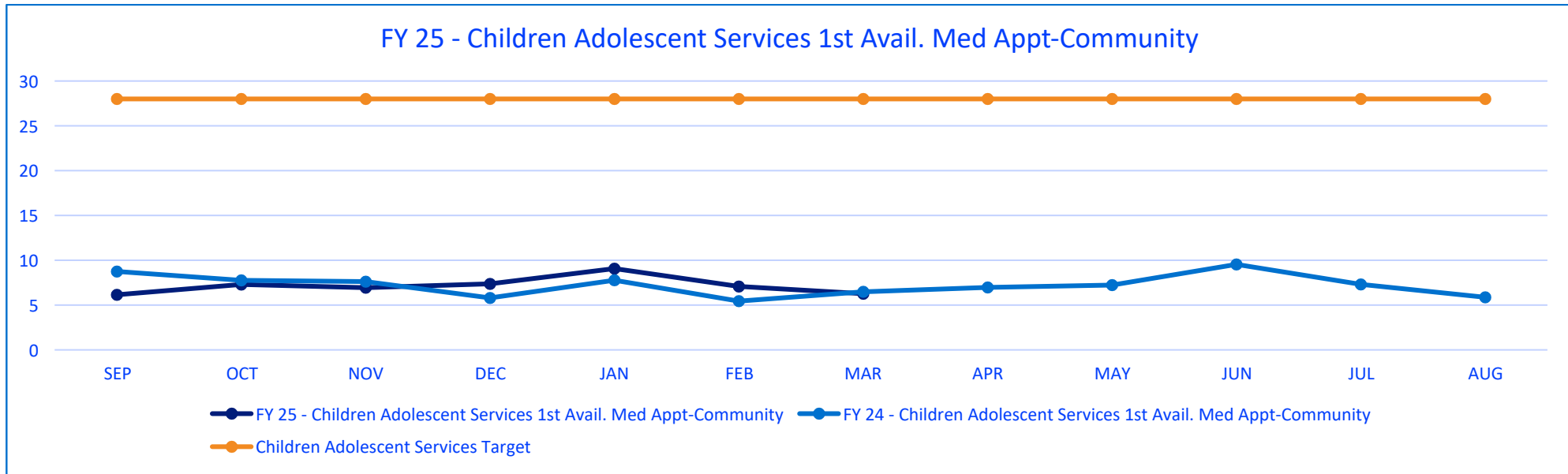
7

Measure definition: Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date

Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	8.24 days	6.67 days	Decrease	Contractual

FY 25 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care
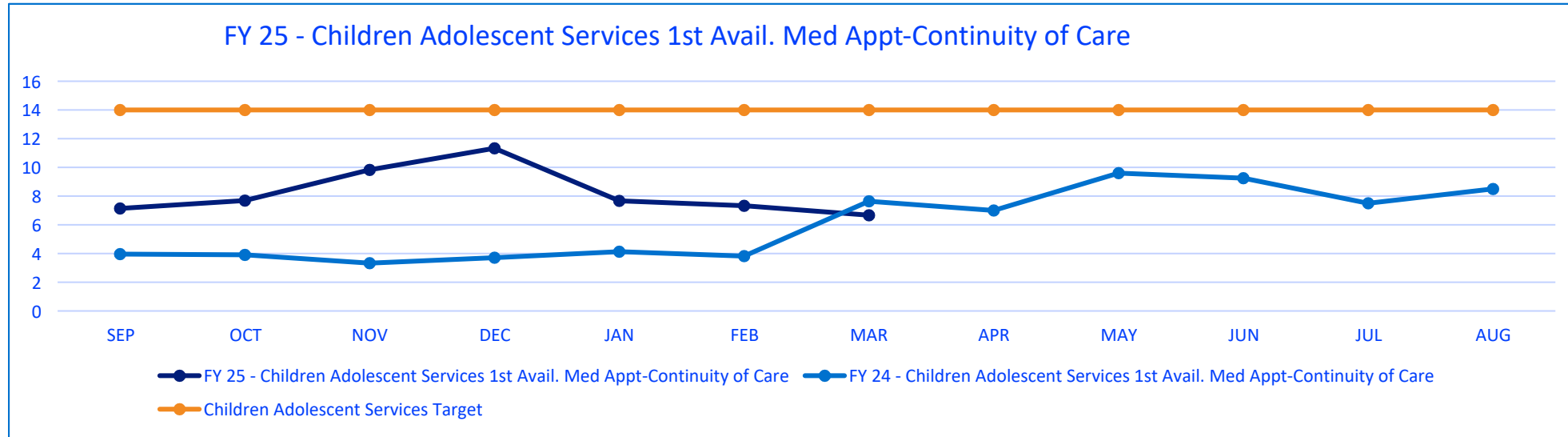
Notes:
The time taken for the first available medical appointment for continuity of care in FY 25 continues to operate below the target.
Showing that consumers are seen by a medical provider in a timely manner.

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
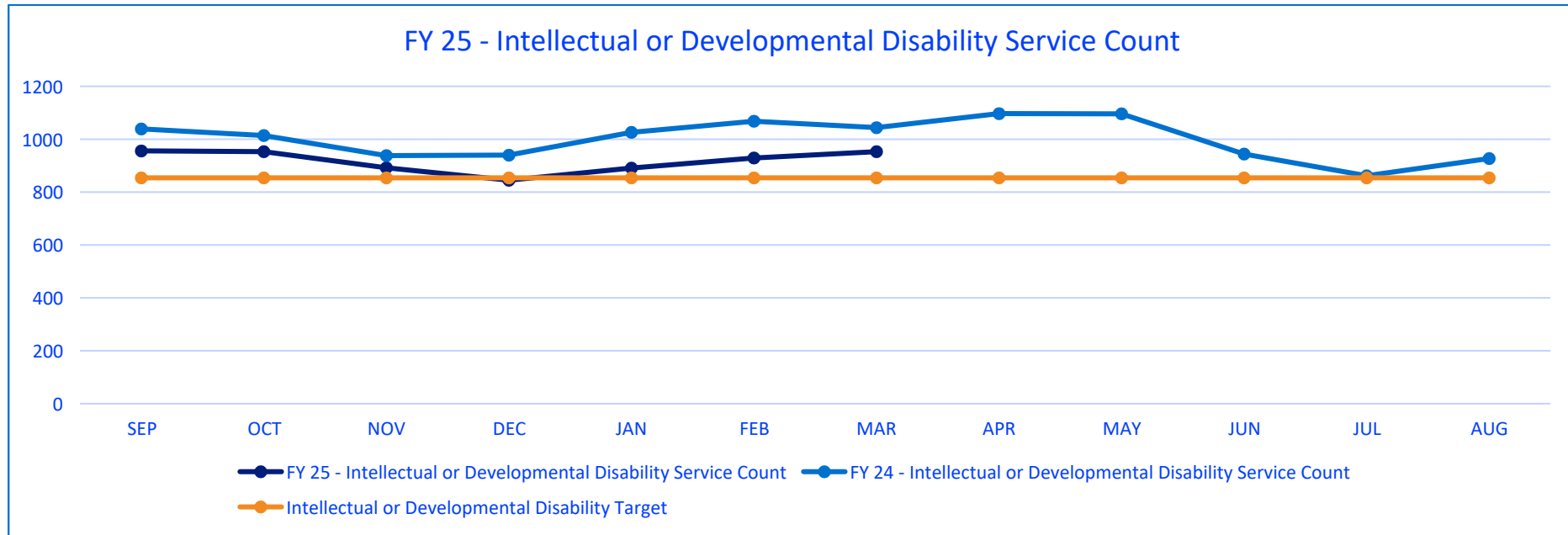
8

Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.17 days	6.27 days	Decrease	Contractual

FY 25 - Children Adolescent Services 1st Avail. Med Appt-Community

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

9

Domain	Program	2025 Fiscal Year State Count Target	2025 Fiscal Year State Count Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Access	IDD	854	917	953	Increase	Contractual

FY 25 - Intellectual or Developmental Disability Service Count

Notes:
- The IDD division service care count is at 953 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.)

10

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,118	11,806	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	11,532	9,993	Increase	Contractual

FY 25 - Total Answered (Handled) Calls

- FY 25 - Total Answered (Handled) Calls
- FY 24 - Total Answered (Handled) Calls

FY 25 - Number of calls answered w/in 30 sec
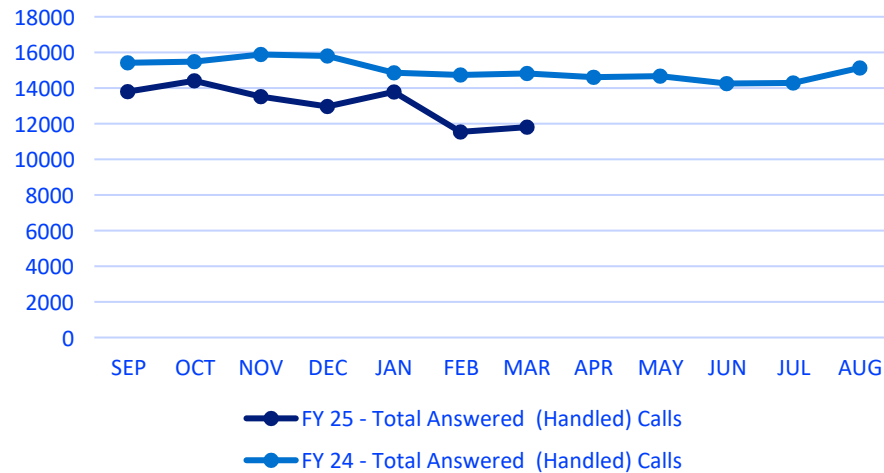
- FY 25 - Number of calls answered w/in 30 sec
- FY 24 - Number of calls answered w/in 30 sec
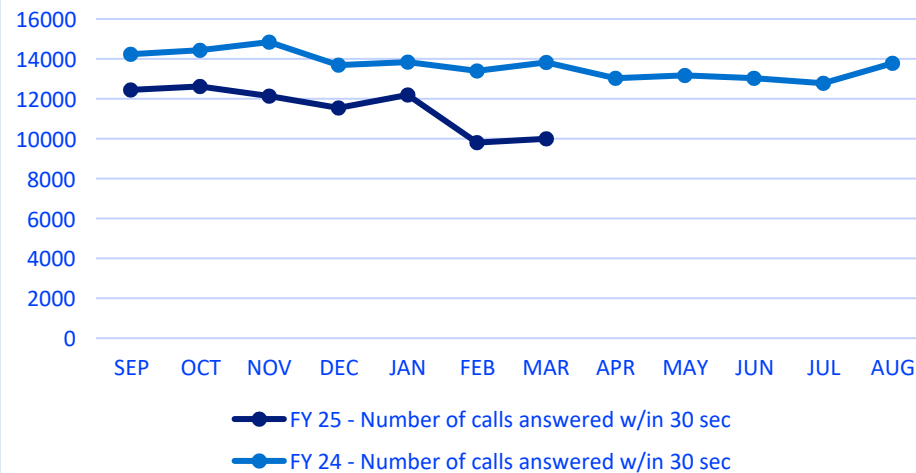
Notes:
- There was a 20.33% decrease in the number of answered (handled) calls comparing March FY 24 to March FY 25.
- There was a 27.70% decrease in the number of calls answered within 30 seconds comparing March FY 24 to March FY 25.

11

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.20	10.60	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	88.00%	85%	Increase	Contractual

FY 25 - AVG Call Length (Mins)

FY 25 - AVG Call Length (Mins) FY 24 - AVG Call Length (Mins)

FY 25 - Service Level (% of calls answered w/30 secs)

FY 25 - Service Level (% of calls answered w/30 secs)
FY 24 - Service Level (% of calls answered w/30 secs)
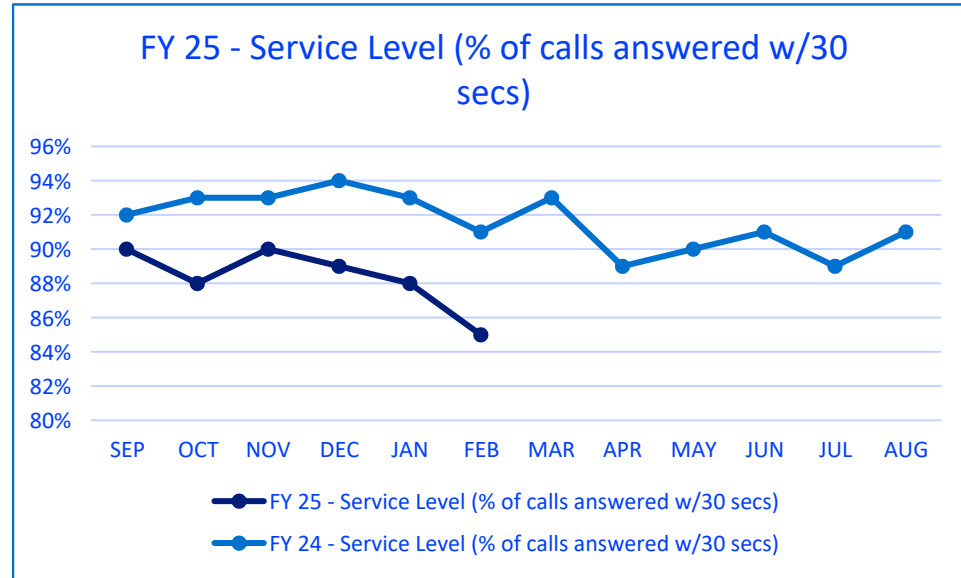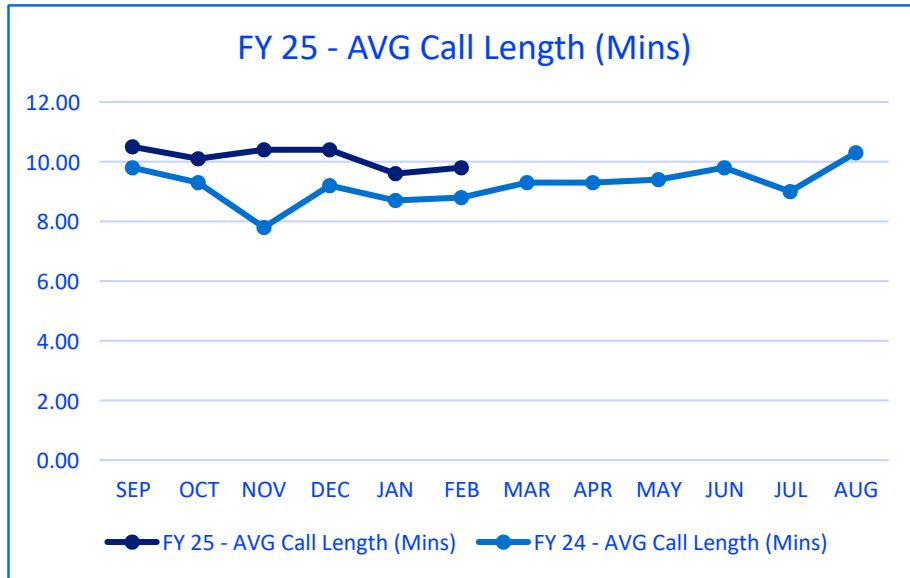
Notes:
- There was a 8-percentage point decrease in the service level comparing March FY 24 to March FY 25.
- There was a 13.98% increase in the average call length when comparing March FY 24 to March FY 25.

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Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,666	2,645	Decrease	Contractual
	Abandonment Rate	<8%	9.00%	11.42%	Decrease	Contractual

FY 25 - Abandoned Calls

FY 25 - Abandonment Rate
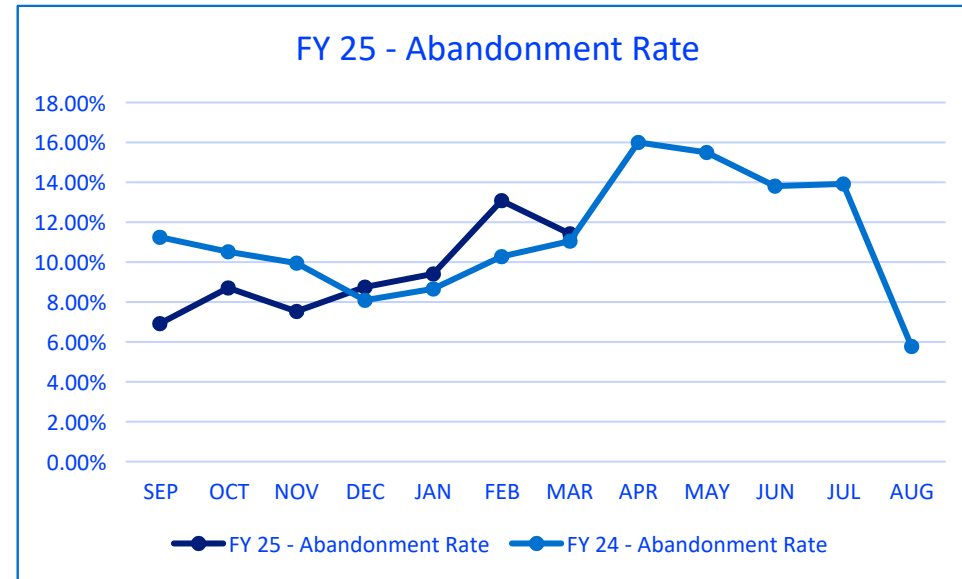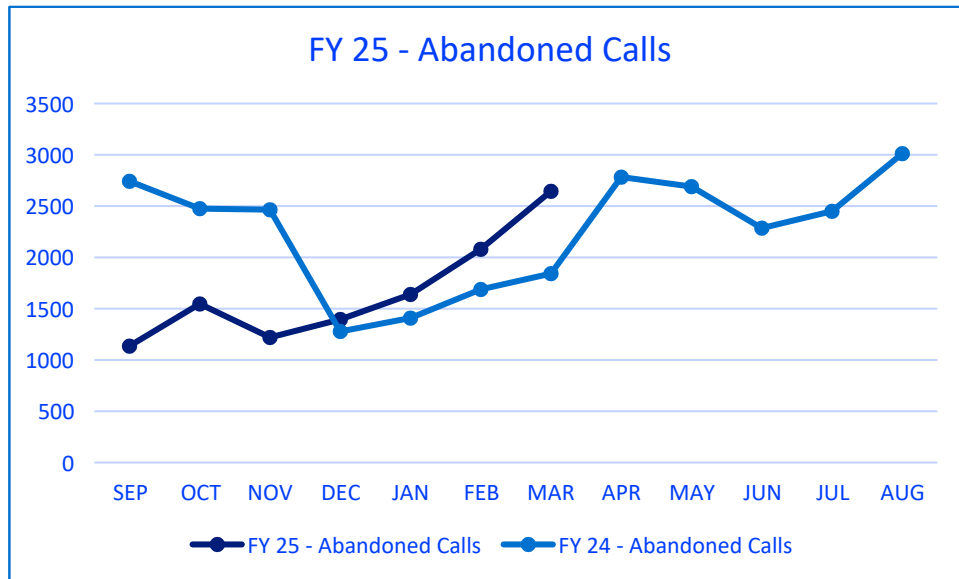
Notes:
- There was a 43.59 % increase in the number of abandoned calls comparing March FY 24 to March FY 25.
- The abandonment rate shows an increase of 3.35% comparing March FY 24 to March FY 25.
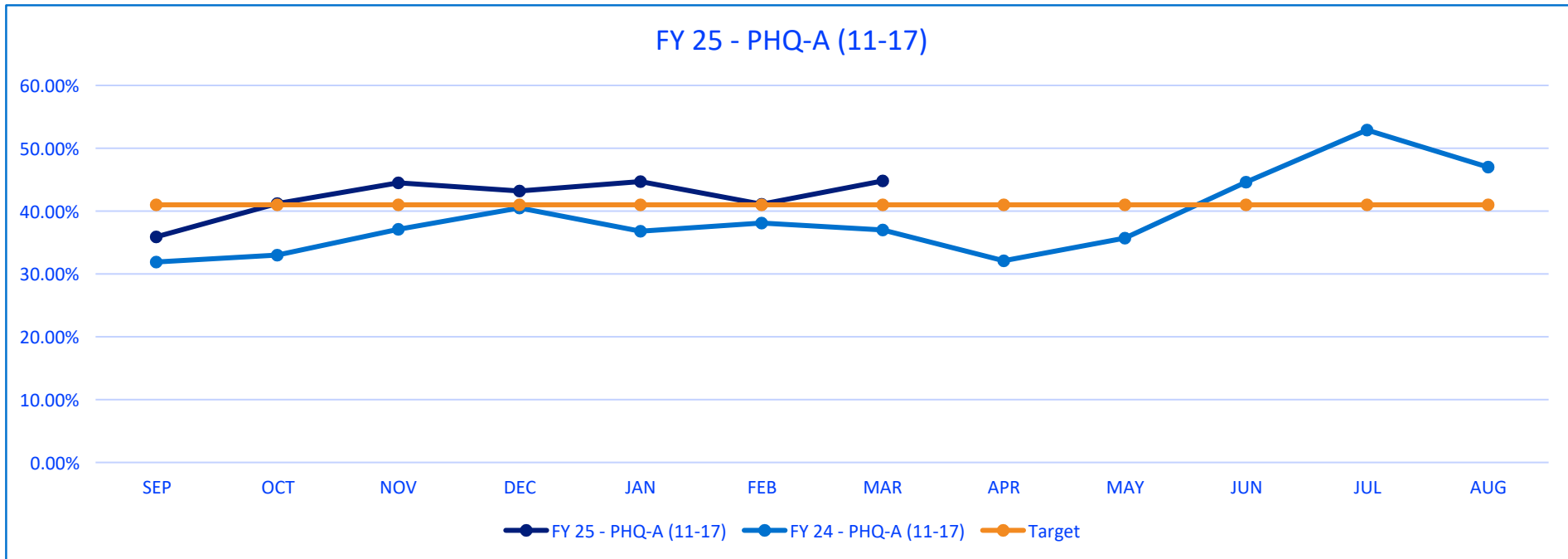
13

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	42.00%	44.80%	Increase	IOS

FY 25 - PHQ-A (11-17)

Legend: FY 25 - PHQ-A (11-17) — FY 24 - PHQ-A (11-17) — Target

Notes:
- There was a 31.43% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from March FY 24 to March 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.

14

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – March)	Reporting Period-March	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	41%	46.00%	Increase	IOS

FY 25 - PHQ-9
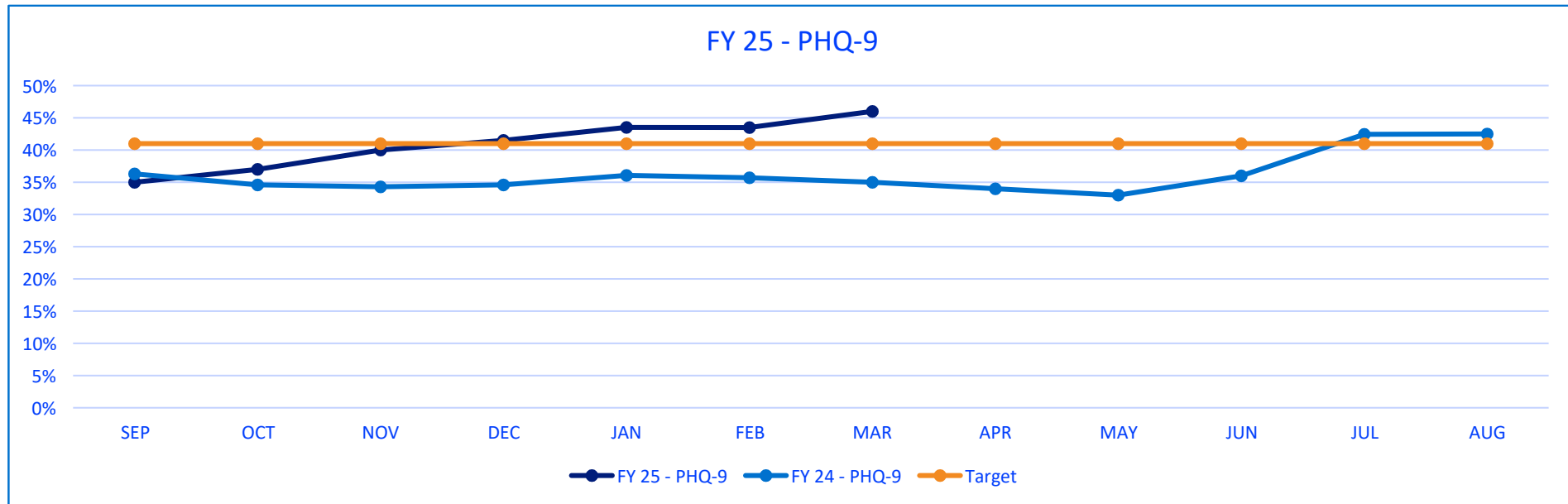
Notes:
- There was an increase in the adult PHQ-9 (Patient Health Questionnaire-9) with low score comparing March FY 24 to March FY 25.

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.

15

Domain	Measures (Definition)	2025 Fiscal Year Target	2025 Fiscal Year Average (September - March)	Reporting Period-March	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90.00%	90.89%	Increase	IOS

FY 25 - Patient Satisfaction
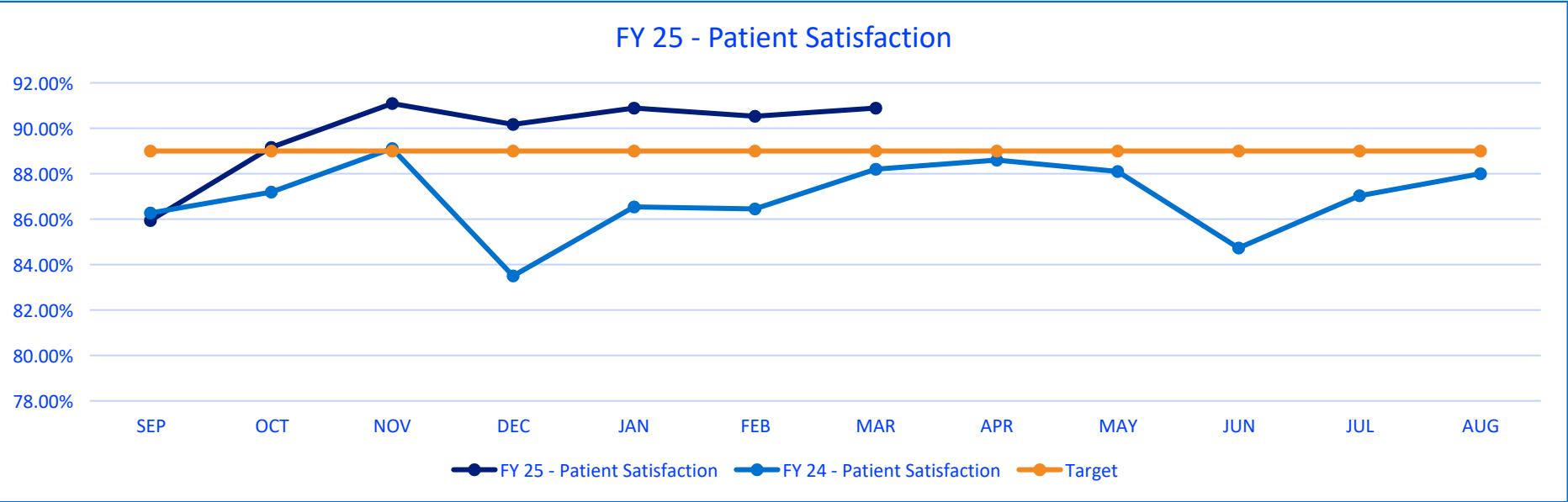
Notes:

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.

16

Board of Trustee's PI Scorecard

The HARRIS CENTER for Mental Health and IDD
Transforming Lives

| Target Status: | Green = Target Met | | | | | Red = Target Not Met | | Yellow = Data to Follow | | No Data Available | |

	APR	MAY	JUN	JUL	FY24 AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type	Data Origin
Access to Care																					
Adult Service Target	13,096	13,099	13,380	13,381	13,388	13,272	13,547	13,720	13,942	14,178	14,375	14,462						13,928	13,764	C	MBOW
AMH Actual Service Targe	95.15%	95.17%	97.21%	97.22%	97.27%	96.43%	98.42%	99.68%	101.29%	103.01%	104.44%	104.97%						101.18%	100.00%	C	MBOW
AMH Serv. Provision (Monthly)	62.20%	61.50%	58.30%	55.50%	57.90%	46.60%	61.50%	55.90%	54.80%	59.00%	60.00%	59.00%						56.69%	>65.6%	C	MBOW
CAS Waitlist (State Define	0	0	0	0	0	0	0	0	0	0	0	0						0	0	IOS	MH-BO
CAS Service Target	3,206	3,128	3,083	2,963	2,965	3,001	3,050	3,039	3,005	2,964	2,947	2,960						2,995	3,481	C	MBOW
CAS Actual Service Targe	92.10%	89.86%	88.56%	85.12%	85.18%	86.21%	87.62%	87.30%	86.33%	85.15%	84.66%	84.98%						86.04%	100.00%	C	MBOW
CAS Serv. Provision (Mon	80.80%	78.10%	74.50%	68.40%	81.10%	80.10%	83.00%	74.20%	71.60%	78.90%	77.50%	72.40%						76.81%	65.00%	C	MBOW
IDD Service Target	1097	1096	943	858	927	956	953	892	839	901	923	953						917	854	SP	MBOW
IDD Actual Service Target	128.45%	128.34%	110.42%	100.47%	108.55%	111.94%	111.59%	104.50%	98.24%	105.50%	108.08%	111.59%						107.35%	100.00%	C	MBOW
CW CAS 1st Contact to LP	1.02	1.01	2.67	2.56	1.36	1.21	1.56	1.45	2.05	3.90	1.36	1.25						1.83	<10 Days	NS	Epic
CW AMH 1st Contact to L	1.53	1.70	1.56	1.67	2.70	3.77	3.40	4.21	4.52	3.81	1.33	1.21						3.18	<10 Days	NS	Epic
CW CAS/AMH 1st Con. to LPHA	1.45	1.61	1.72	1.79	2.51	3.34	3.10	3.78	4.20	3.82	1.34	1.21						2.97	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-	7.00	9.60	9.25	7.50	8.50	7.14	7.69	9.83	11.33	7.67	7.33	6.67						8.24	<14 Days	C	Epic
CAS 1st Avail. Med Appt-	6.97	7.23	9.54	7.31	5.87	6.15	7.30	6.94	7.26	9.18	7.08	6.27						7.17	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	3	3	3	1	3	2	0	2	2	18	8	3						5.00	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	1	0	0	0	0	0	0	0	0	0						0.00	0	IOS	Epic

AMH Serv. Provision (Monthly): AMH team is working to ensure that 65% or more of consumers on caseloads LOC-2,3,4 receive at least 1 face to face for telehealth service monthly.
MBOW contractual target will be changed to 46.9% in Sept. 2025.

CAS Service target: CAS Team has a workgroup in the process for improving care counts and service target,
New agreements with HIFD and Alief.
Challenge: Historical summertime engagement

	APR	MAY	JUN	JUL	FY24 AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type	Data Origin
AMH 1st Avail. Med Appt	4.30	3.78	4.36	3.36	3.96	3.97	4.16	3.85	4.91	4.32	3.71	3.92						4.12	<14 Days	C	Epic
AMH 1st Avail. Med Appt-CON	7.50	8.60	10.43	11.18	9.01	8.89	6.97	7.46	8.76	11.67	10.67	9.12						9.08	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	3	2	2	1	4	2	4	5	8	44	61	48						24.57	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	0	0	0	0	1	0	0	0	1	0	0	0						0.14	0	IOS	Epic
Access to Care, Crisis Line																					
Total Calls Received	18,117	18,190	17,343	17,601	17,447	16,427	17,765	16,196	15,951	17,410	15,899	16,264						16,559			
AVG Call Length (Mins)	9.30	9.40	9.80	9.00	10.30	10.50	10.10	10.40	10.40	9.60	9.80	10.60						10.20			
Service Level	89.00%	90.00%	91.00%	89.00%	91.00%	90.00%	88.00%	90.00%	89.00%	88.00%	85.00%	85.00%						87.86%	95.00%	C	Brightmetrics
Abandonment Rate	16.00%	15.50%	13.81%	13.92%	5.77%	6.92%	8.71%	7.53%	8.75%	9.41%	13.08%	11.42%						9.40%	< 8.00%	NS	Brightmetrics
Occupancy Rate	76.00%	75.00%	76.00%	81.00%	71.00%	78.00%	80.00%	80.00%	76.00%	78.00%	82.00%	83.00%						79.57%			Brightmetrics
Crisis Call Follow-Up	100.00%	99.04%	99.67%	99.60%	99.10%	99.28%	99.29%	99.32%	99.58%	100.00%	100.00%	100.00%						99.64%	97.36%	IOS	Icarol
Access to Crisis Resp. Svc	0.00%	82.40%	83.30%	87.10%	74.70%	79.50%	91.00%	83.30%	87.10%	83.30%	90.00%	85.50%						85.67%	52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																					
PES Total Visits	1,183	1,147	1,022	1,143	1,102	1102	1,047	984	944	934	1,036	655						957			
PES Admission Volume	496	485	429	448	449	494	453	430	419	419	452	337						429.14			
Mechanical Restraints	0	0	0	0	0	1	0	0	0	0	0	0						0.14			
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	39	31	26	25	37	30	26	39	39	23	56	38						35.86			Epic
Personal Restraint Rate						0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	≤ 2.80	IOS	Epic
Seclusions	39	26	20	32	29	29	20	27	32	18	49	33						29.71			Epic
Seclusion Rate						0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	39.54	35.36	49.40	66.58	91.19	92.07	27.48	42.59	43.67	42.00	56.61	47.00						50.20	≤ 61.73	IOS	Epic
Emergency Medications	38	33	27	18	32	32	31	18	35	20	38	34						29.71			Epic
EM Rate	2.30	1.07	1.78	1.01	0.96	1.31	1.55	1.45	2.26	2.60	2.91	3.05						2.16	≤ 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

Service level and abandonment rate addressed in the presentation of the Scorecard.

	APR	MAY	JUN	JUL	FY24 AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type	Data Origin
Patient Satisfaction (Based on the Two Top-Box Scores)																					
CW Patient Satisfaction	88.60%	88.10%	84.73%	87.03%	85.98%	86.66%	89.16%	91.09%	90.17%	90.89%	90.53%	90.89%						89.91%	90.00%	IOS	Feedtrail
V-SSS 2	90.63%	88.93%	86.52%	89.65%	89.57%	88.49%	89.48%	91.37%	91.00%	90.61%	91.14%	91.83%						90.56%	90.00%	IOS	Feedtrail
PoC-IP	93.81%	90.89%	91.47%	88.48%	86.77%	90.82%	92.52%	90.08%	87.96%	92.78%	88.81%	90.58%						90.51%	90.00%	IOS	McLean
Pharmacy	94.71%	98.62%	96.30%	94.78%	96.67%	96.95%	97.36%	98.72%	97.82%	95.29%	99.67%	97.02%						97.55%	90.00%	IOS	Feedtrail
V-SSS 2.1	73.58%	82.84%	75.14%	58.60%	38.64%	57.69%	68.00%	83.76%	75.00%	65.63%	74.67%	69.28%						70.58%	90.00%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																					
QIDS-C	25.36%	25.99%	26.52%	27.36%	27.94%	23.16%	22.60%	25.19%	26.60%	26.35%	27.20%	27.99%						25.58%	24.00%	IOS	MBOW
BDSS	29.87%	30.16%	30.85%	31.50%	31.80%	24.64%	27.39%	28.14%	28.19%	27.93%	28.09%	29.25%						27.66%	32.00%	IOS	MBOW
PSRS	35.81%	36.64%	36.96%	37.94%	38.50%	33.33%	34.48%	33.78%	33.12%	33.94%	34.42%	35.12%						34.03%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																					
BASIS-24 (CRU/CSU)	77%	78%	93%	44%	110%	67%	84%	140%	84%	105%	33%	98%						87%	68%	IOS	McLean
QIDS-C	45.60%	48.20%	47.00%	48.50%	44.70%	47.60%	46.90%	52.20%	47.80%	47.90%	50.60%	52.20%						49.31%	45.38%	IOS	Epic
BDSS						44.10%	45.30%	47.90%	42.40%	42.40%	47.20%	45.70%						45.00%	46.47%	IOS	Epic
PSRS	34.90%	38.60%	40.50%	37.00%	38.80%	41.40%	38.70%	35.80%	35.50%	42.00%	38.00%	41.50%						38.99%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																					
PHQ-A (11-17)	42.10%	44.60%	44.60%	52.90%	47.00%	35.90%	41.20%	44.50%	43.20%	44.70%	40.70%	44.80%						42.14%	41.27%	IOS	Epic
DSM-5 L1 CC Measure (6-						52.50%	45.50%	50.00%	40.60%	46.50%	47.10%	48.00%						47.17%		IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																					
ANSA (Adult)	37.38%	38.84%	39.69%	41.44%	42.59%	34.30%	34.60%	35.10%	34.60%	34.40%	34.60%	36.30%						34.84%	20.00%	C	MBOW
CANS (Child/Adolescent)	30.13%	32.33%	33.26%	35.97%	36.95%	18.60%	16.60%	15.70%	16.80%	20.40%	22.90%	25.20%						19.46%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																					
DLA-20 (AMH and CAS)	49.20%	47.60%	42.30%	47.40%	44.90%	46.60%	42.20%	42.30%	43.70%	40.70%	43.70%	34.90%						42.01%	48.07%	IOS	Epic

- 98% of responses come from Feedtrail. The remaining come from BASIS-24 and DSM-5 tools, which are currently only used by two CPEPE areas
- The final satisfaction percentage we've shared is an average of all three tools, though the majority of data for the final score comes from Feedtrail.
- BDSS and PSRS: We are working with AMH and PI to determine target selection
- CANS (Child and Adolescent) met target in March
- Working with AMH/CAS leadership to review contract targets and align scorecard and state metrics
- Retraining is scheduled for this summer and review of appropriateness of targets
- DLA is discontinued, we believe it happens in isolation (Crisis) – included in education plan

Board of Trustee's PI Scorecard Data Key

The HARRIS CENTER for Mental Health and IDD
Transforming Lives

Access to Care - Strategic Plan Goal #2: To Improve Access to Care	
AMH Waitlist	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
(13,764)	# of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
Target %	% of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
AMH Serv. Provision (Monthly)	% of adult patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Individuals in LOC-1M; Individuals recommended and/or authorized for LOC-1S; Non-Face to Face, GJ modifers, and telephone contact encounters; partially authorized months and their associated hours)
CAS Waitlist	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
(3,481)	# of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
Target %	% of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
CAS Serv. Provision (Monthly)	% of children and youth patients authorized in a FLOC who received at least 1 face to face or televideo encounter in that month. (Exclusions: Non-Face to Face, GJ modifers, and telephone contact encounters; partially authorized months and their associated hours; Client months with a change in LOC-A: childern and adolescents on extended review)
IDD Service Target (854)	# of ID 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.)
%	% of ID Target number served to state target.

LPHA	Children and Youth - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
LPHA	Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
LPHA	ALL - Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
Appt-COC	Date
Appt-COM	Completion Date
Days	Date
Days	Children and Youth - # of adolescent patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
Appt-COC	Adult - Time between MD Intake Assessment (COC) Appt Creation Date and MD Intake Assessment (COC) Appt Completion Date
Appt-COM	Adult - Time between MD Intake Assessment (COM) Appt Creation Date and MD Intake Assessment (COM) Appt Completion Date
Days	Adult - # of adult patients who completed their MD Intake Assessment Appt Between 30 - 60 days from Appt Creation Date
Days	Adult - # of adult patients who completed their MD Intake Assessment Appt at 60+ days from Appt Creation Date
Access to Care, Crisis Line – Strategic Plan Goal #2: To Improve Access to Care	
Total Calls Received	# of Crisis Line calls answered (All partnerships and Lifeline Calls)
AVG Call Length (Mins)	Monthly Average call length in minutes of Crisis Line calls (All partnerships and Lifeline Calls)
Service Level	% of Crisis Line calls answered in 30 seconds (All partnerships and Lifeline Calls)
Abandonment Rate	% of unanswered Crisis Line calls which hung up after 10 seconds (All partnerships and Lifeline Calls)
Occupancy Rate	% of time Crisis Line staff are occupied with a call (includes: active calls, documentation, making referrals, and crisis call follow-ups)
Crisis Call Follow-Up	% of follow-up calls that are made within 8 hours to people who were in crisis at time of call
Svc.	% percentage of crisis hotline calls that resulted in face to face encounter within 1 day

Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement) - Strategic Plan Goal #4: To Continuously Improve Quality of Car	
QIDS-C	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decease)
BDSS	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decease)
PSRS	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decease)
Care	
BASIS-24 (CRU/CSU)	Average of all patient first scores minus last scores (provided at intake and discharge)
QIDS-C	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the QIDS-C. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
BDSS	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the BDSS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
PSRS	% of all new patient adult clients that have improved psychiatric symptomatology as measured by the PSRS. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement) - Strategic Plan Goal #4: To Continuously Improve (	
PHQ-A (11-17)	% 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)
DSM-5 L1 CC Measure (6-17)	% of new patient child and adolescent clients that have improved symptomoloy as measured by the DSM-5 Cross Cutting tool. (New Patient = episode begin date w/in 1 year; Must have 30 days between first and last assessments)
Adult and Child/Adolescent Needs and Strengths Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
ANSA (Adult)	Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use (Assessments at least 90 days apart)
CANS (Child/Adolescent)	% of child and adolescent THC clients authorized in a FLOC that show reliable improvement in at least one following domains: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, and/or Substance Abuse. (Assessments at least 75 days apart)
Adult and Child/Adolescent Functioning Measures - Strategic Plan Goal #4: To Continuously Improve Quality of Care	
DLA-20 (AMH and CAS)	% of all THC clients that have improved daily living functionality as measured by the DLA-20 (Must have 30 days between first and last assessments)

PES Restraint, Se	
PES Total Visits	# of patients interacting with PES services (Includes: intake assessment regardless of admission, triage out, and observation status, PES Clinic)
PES Admission Vol	# of people admitted to PES ((South, North, or CAPES units). Excludes 23/24 hr observation orders or those patients that have been triaged out)
Mechanical Restraints	# of restraints where a mechanical device is used
Rate	# of mechanical restraints/1000 bed hours
Personal Restraints	# of personal restraints
Personal Restraint Rate	# of personal restraints/1000 bed hours
Seclusions	# of seclusions
AVG Minutes in Seclusion	The average number of minutes spent in seclusion
Seclusion Rate	# of seclusions/1000 bed hours
Emergency Medications	# of EM
EM Rate	# of EM/1000 bed hours
Monitoring	% of R/S event documentation which containts all required information in accordance with TAC compliance
Patient Satisfaction (Based on the Two Top-Box Scores) - Strategic Plan Goal #6: Organization of Choice	
CW Patient Satisfaction	% of 2 top box scores (2top box answers on form/total answers given on forms)(average of all sat forms together)
Adult Outpatient	% of 2 top box scores on CPOSS (2top box answers on form/total answers given on forms)(In Clinic Visits - AMH clinics and some CPEP)
Youth Outpatient	% of 2 top box scores on PSS (2top box answers on form/total answers given on forms)(In Clinic Visits - Youth and Adolescent clinics)
V-SSS 2	% of 2 top box scores on VSSS2 (2top box answers on form/total answers given on forms)(All Divisions)
PoC-IP	% of 2 top box scores on PoC-IP (2top box answers on form/total answers given on forms)(CPEP and DDRP)
Pharmacy	% of 2 top box scores on VSSS2 (2top box answers on form/total answers given on forms)(all pharmacies)

Thank you.