

**I. DECLARATION OF QUORUM**

**II. PUBLIC COMMENTS**

**III. APPROVAL OF MINUTES**

- A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, May 20, 2025  
(EXHIBIT Q-1)

**IV. REVIEW AND COMMENT**

- A. Board Scorecard  
(EXHIBIT Q-2 Trudy Leidich)
- B. PES Board Quality Report  
(EXHIBIT Q-3 Vinay Kapoor, M.D.)

**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, Kia Walker, Chief Nursing 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  
Jeremy Lankford, 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, MAY 20, 2025**  
**MINUTES**

Dr. K. Bacon, Appointed Chair, called the meeting to order at 11:04 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, Dr. K. Bacon

Committee Member Absent: Dr. L. Fernandez

Other Board Member in Attendance: Dr. J. Lankford

**1. CALL TO ORDER**

Dr. K. Bacon called the meeting to order at 11:04 a.m.

**2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**

Dr. K. Bacon designated Dr. J. Lankford as a voting member.

**3. DECLARATION OF QUORUM**

Dr. Bacon declared a quorum was present.

**4. PUBLIC COMMENT**

**5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, April 15, 2025**

**MOTION BY: GEARING**

**SECOND BY: LANKFORD**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Quality Committee meeting held on Tuesday April 15, 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.

## 7. EXECUTIVE SESSION-

Dr. Bacon announced the Quality Committee would enter into executive session at 11:39 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 Holly Cumbie, Director of Pharmacy

## 8. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 11:58 a.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: LANKFORD      SECOND: GEARING**

There being no further business, the meeting adjourned at 11:58 a.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**



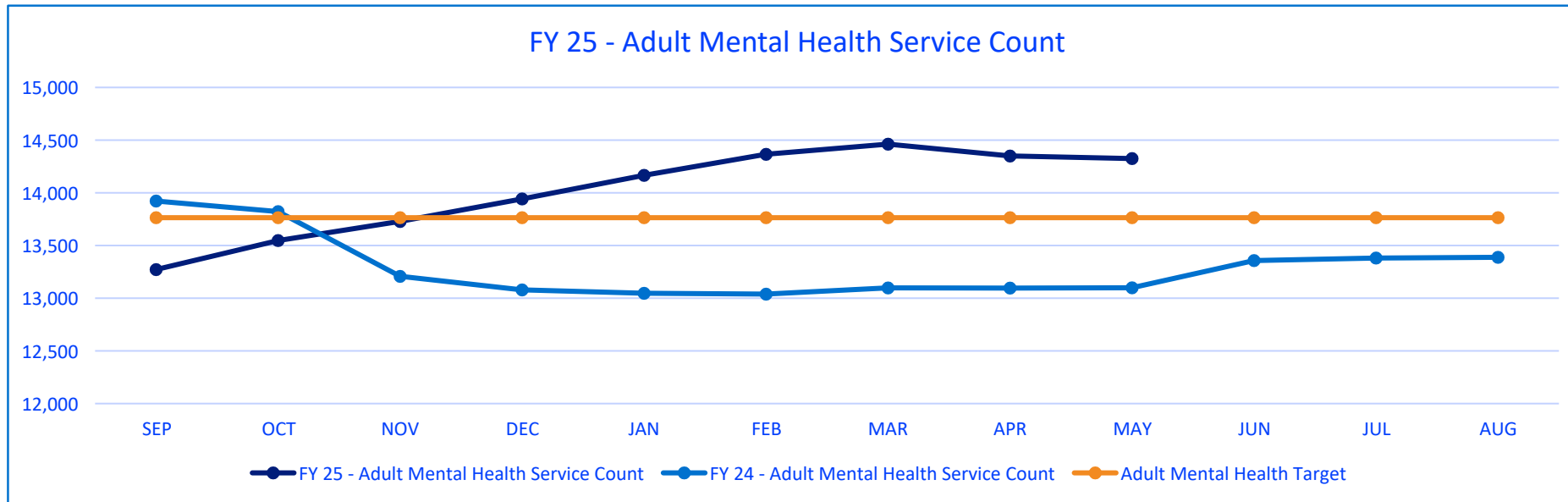
# Quality Board Scorecard

Board Quality Committee Meeting

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

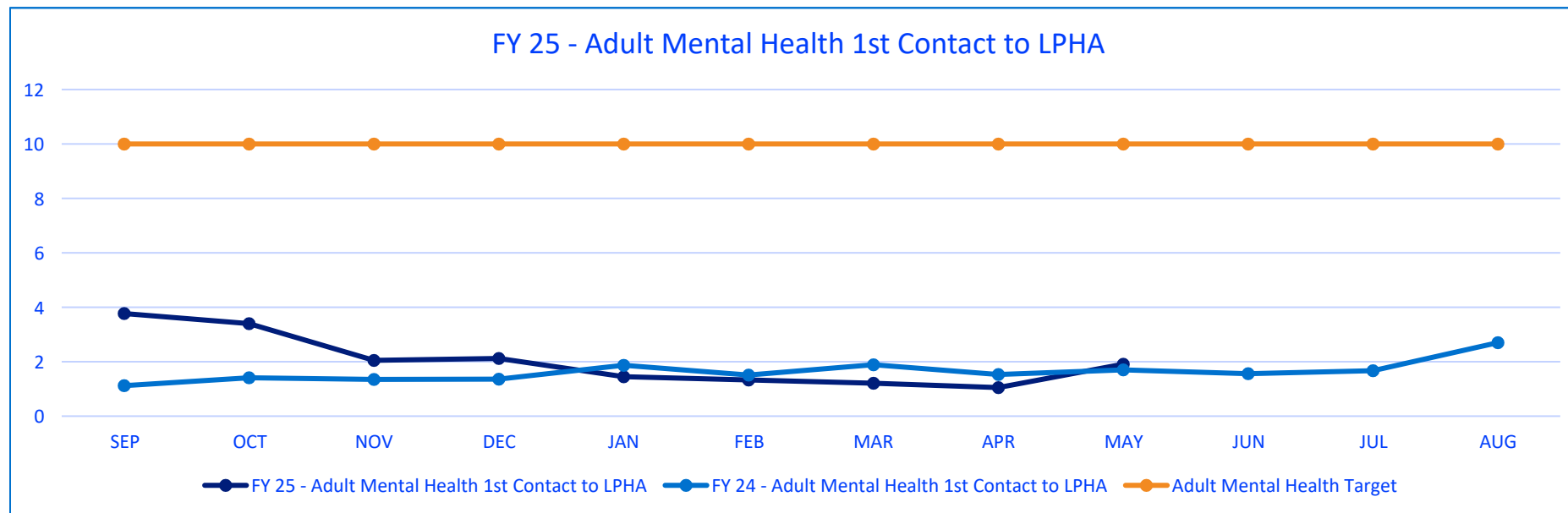


Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – May)	Reporting Period: May	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,019	14,325	Increase	Contractual

**Overall Trend:**

- **For the reporting period:** There was a 9.36% increase in the number of services provided in May FY 25 (14,325) compared to (13,099) May FY 24.
- **FY 25 Performance:** The service count average for FY 25 (14,018) is higher than the average service count for FY 24 (13,268)

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	2.03 Days	1.91 Days	Decrease	Contractual



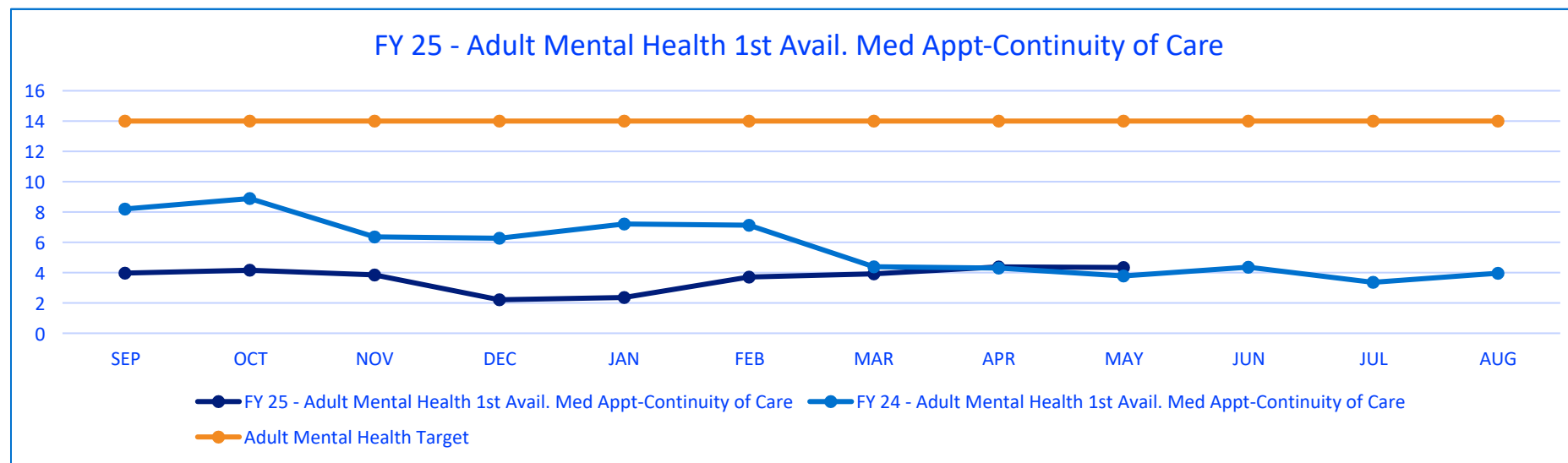
**Notes:**

The first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period is 12.35% lower at 1.91 days compared to 1.70 days in May 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*



Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – May)	Reporting Period: May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.66 days	4.34 days	Decrease	Contractual

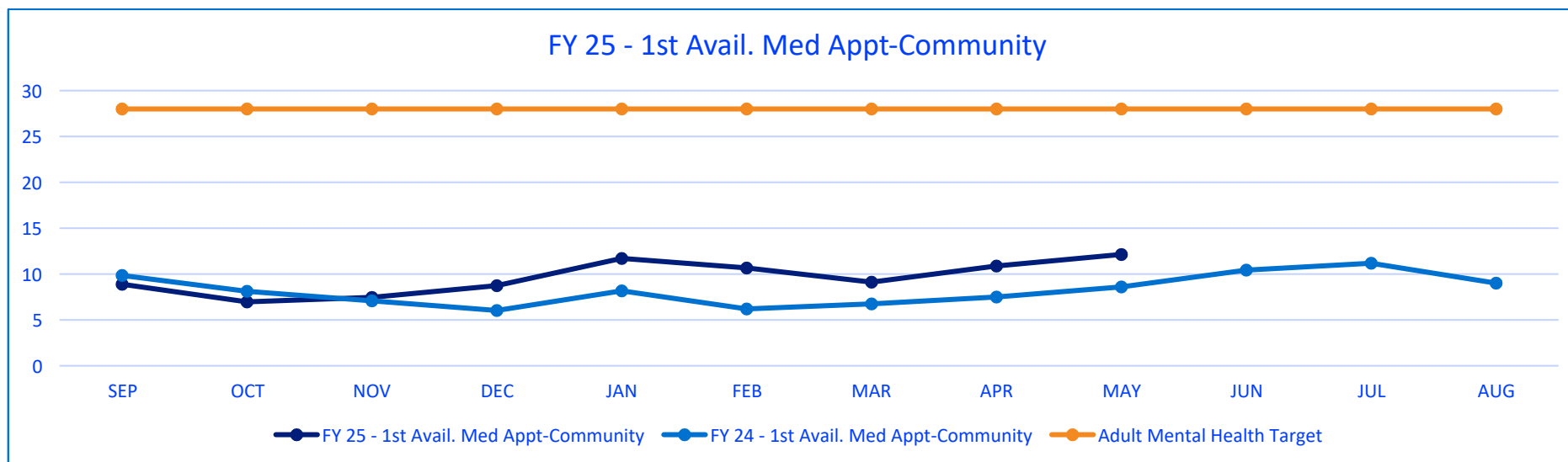


**Notes:**

There was a minimal increase in the time taken for the first available medical appointment for continuity of care when comparing May FY 24 to May FY 25. However, the measure is still 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-April)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	9.62 days	12.14 days	Decrease	Contractual

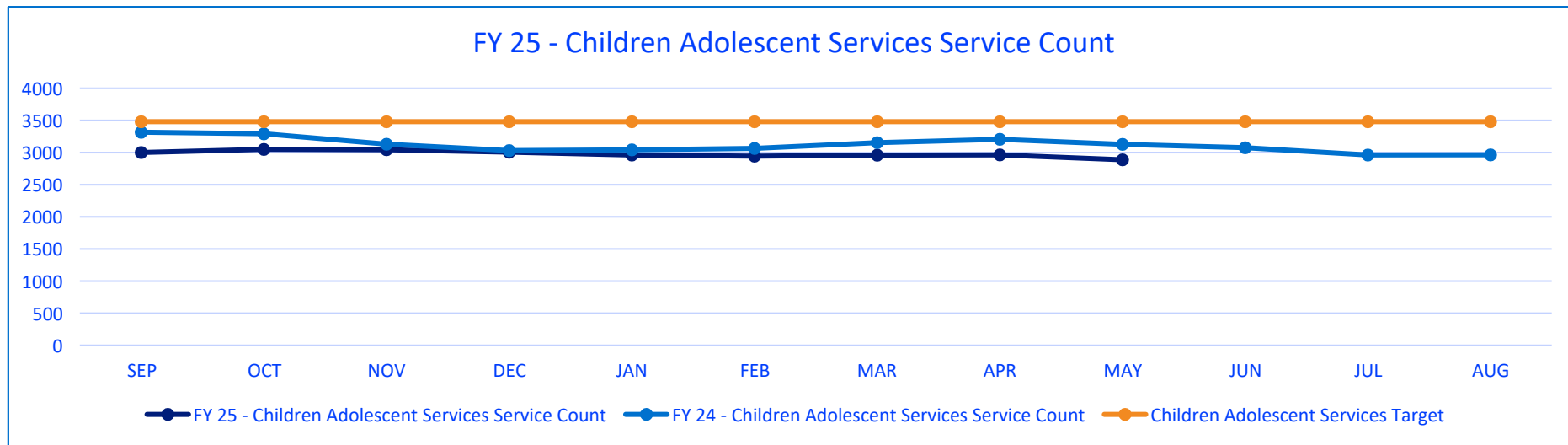


**Notes:**

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.

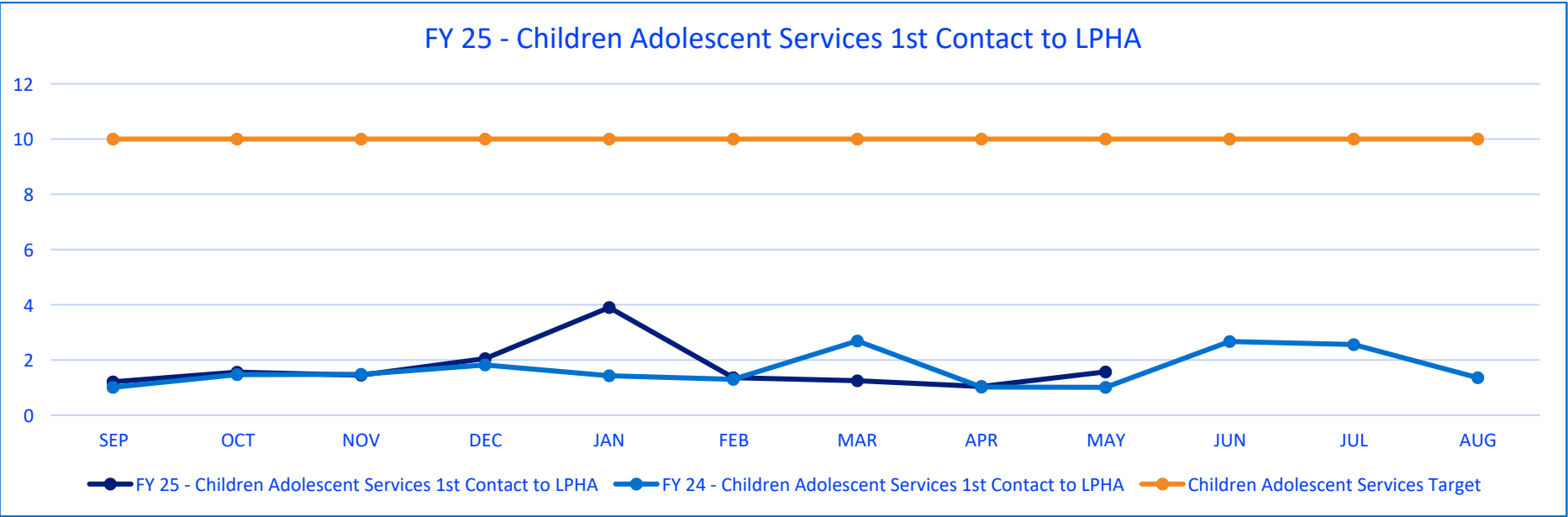
*Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date*

Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – May)	Reporting Period- May	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,980	2,888	Increase	Contractual

**Notes:**

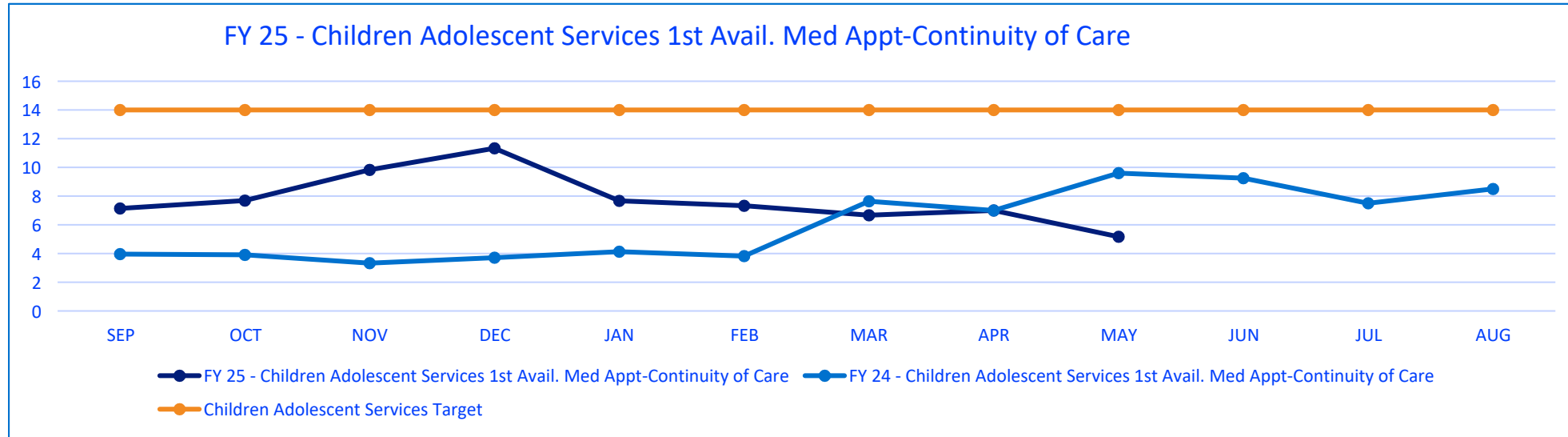
There was a 7.67% decrease in the number of services provided in this reporting period (FY 25) compared to FY 24 to date. A process improvement workgroup is working improvement opportunities for this measure

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.71 days	1.57 days	Decrease	Contractual



**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.

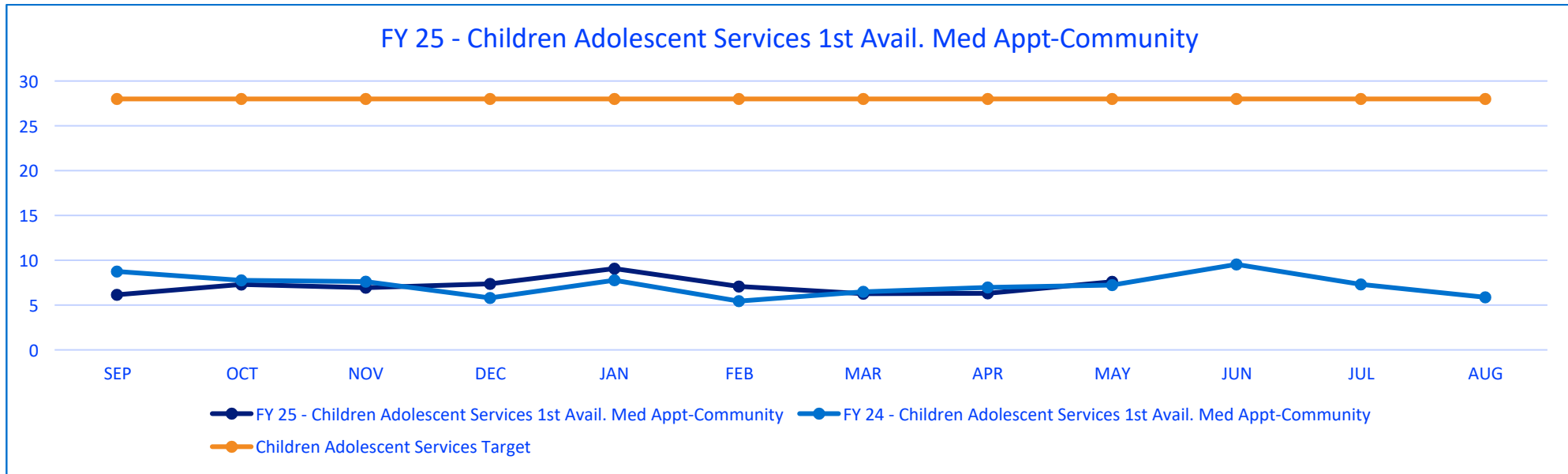
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	7.76 days	5.17 days	Decrease	Contractual

**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

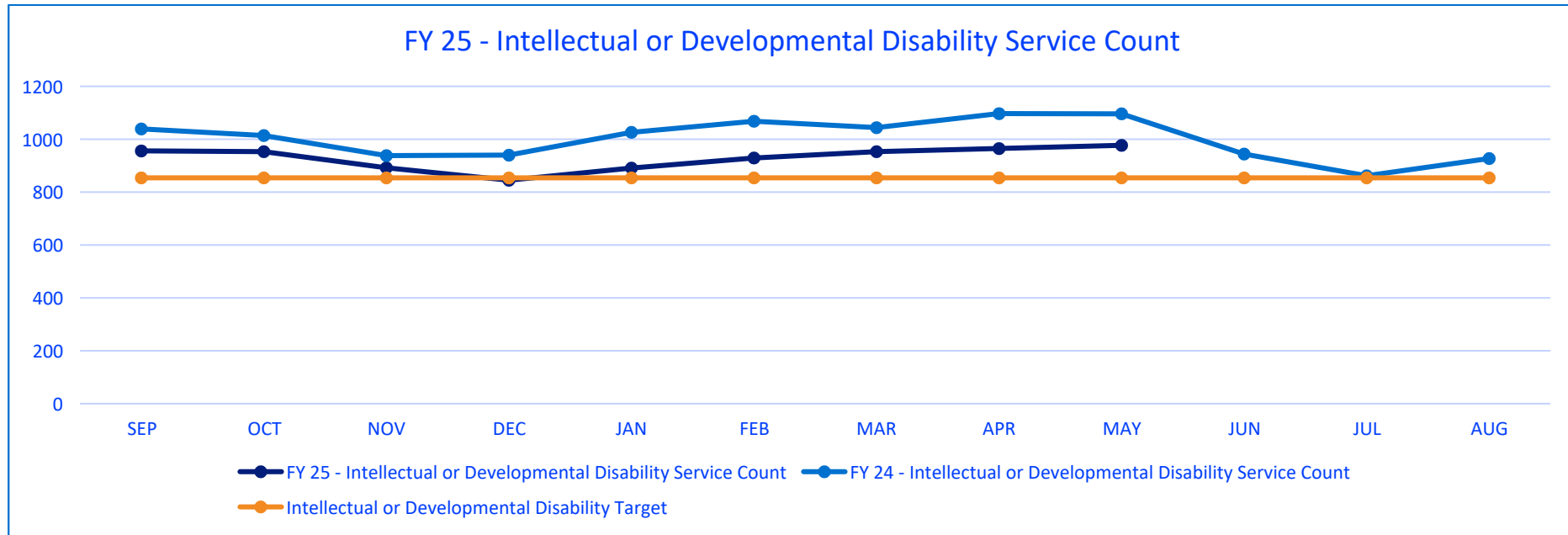
Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September – May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.12 days	7.60 days	Decrease	Contractual

**Notes:**

1. There was a marginal increase in the time taken for the first available medical appointment in the community when comparing May FY 24 to May 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 – May)	Reporting Period- May	Target Desired Direction	Target Type
Access	IDD	854	929	977	Increase	Contractual

**Notes:**

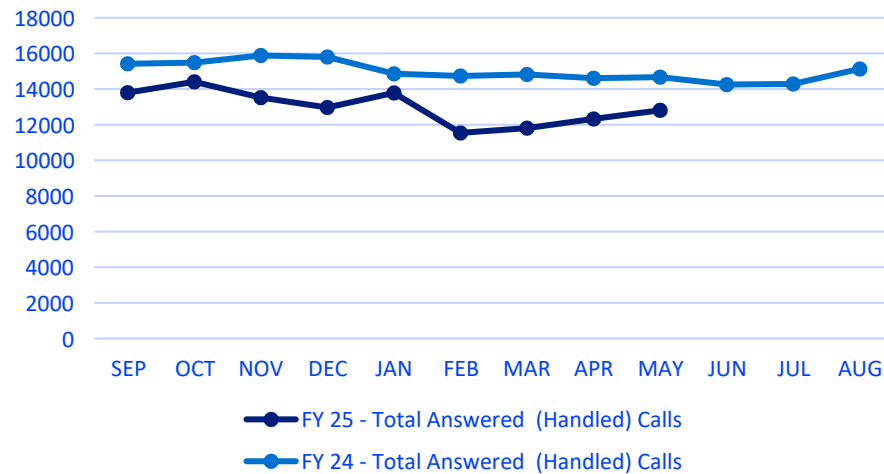
- The IDD division service care count is at 977 for this reporting period

*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.)*

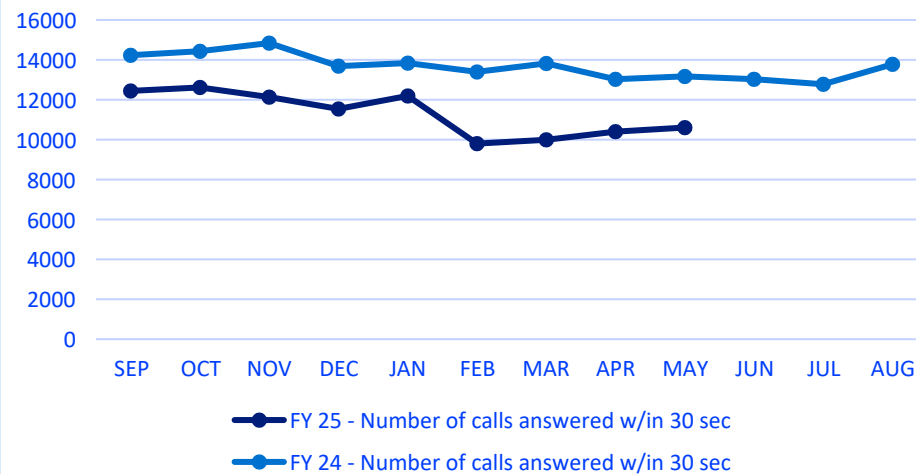


Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	12,995	12,806	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	11,304	10,607	Increase	Contractual

FY 25 - Total Answered (Handled) Calls

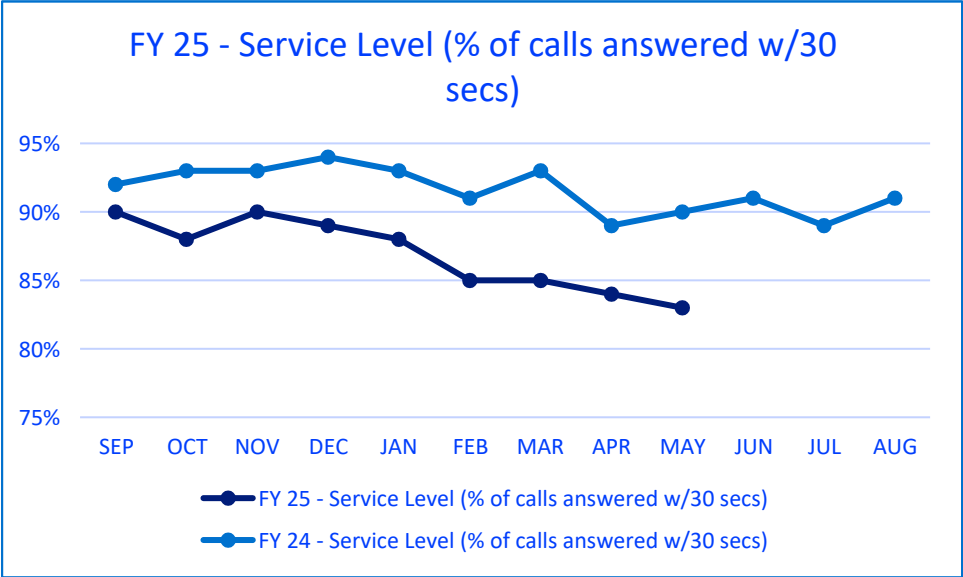
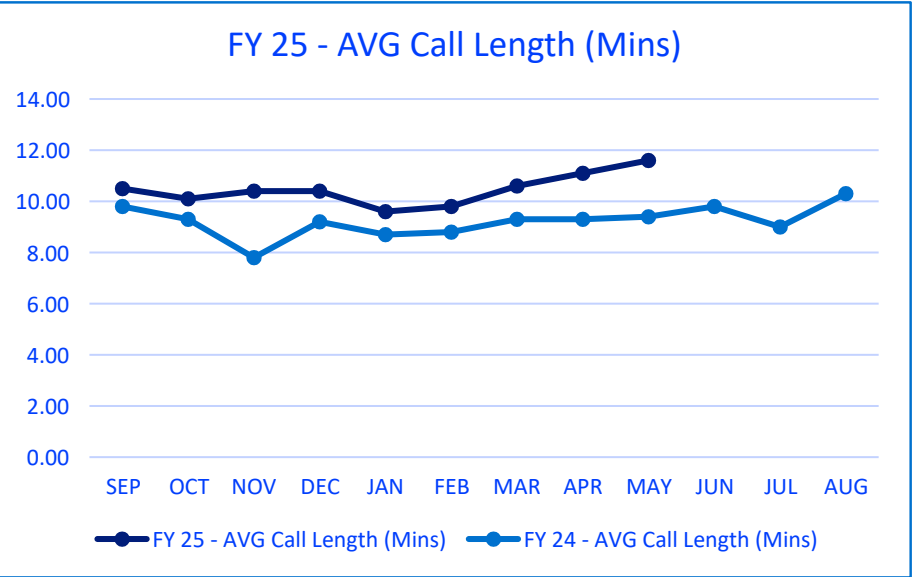


FY 25 - Number of calls answered w/in 30 sec

Notes:

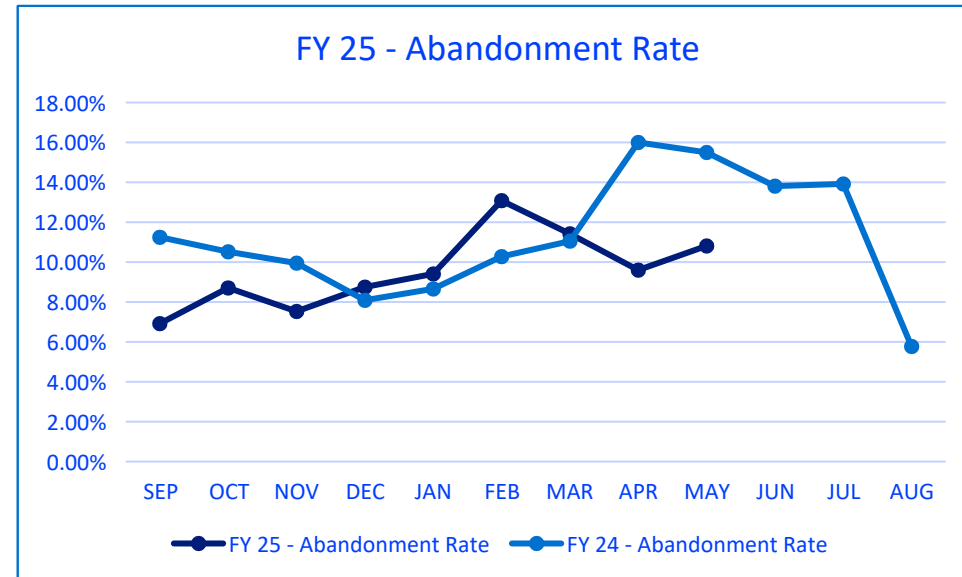
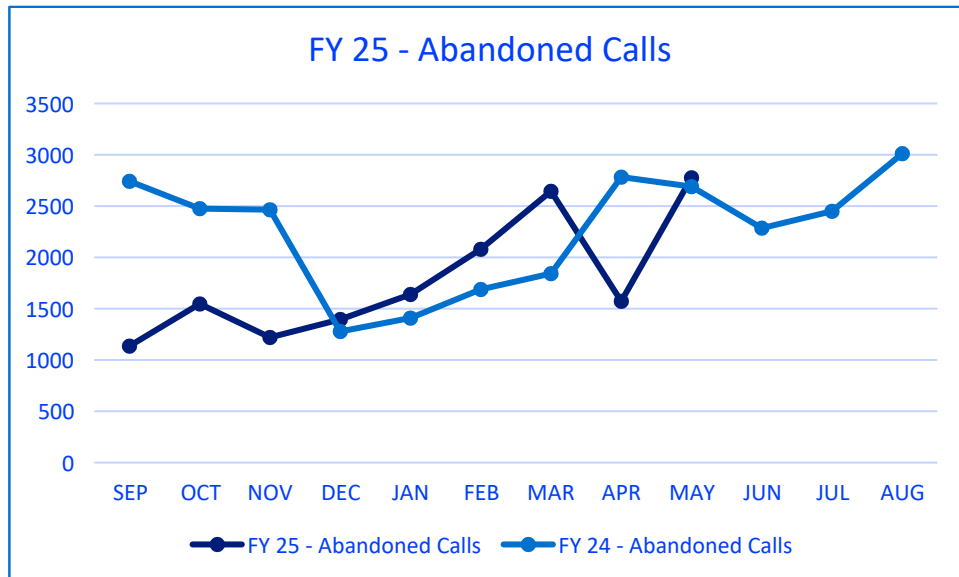
- There was a 12.70% decrease in the number of answered (handled) calls comparing May FY 24 to May FY 25.
- There was a 19.47% decrease in the number of calls answered within 30 seconds comparing May FY 24 to May FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - May)	Reporting Period-May	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	11.60	10.46	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	87.00%	84%	Increase	Contractual



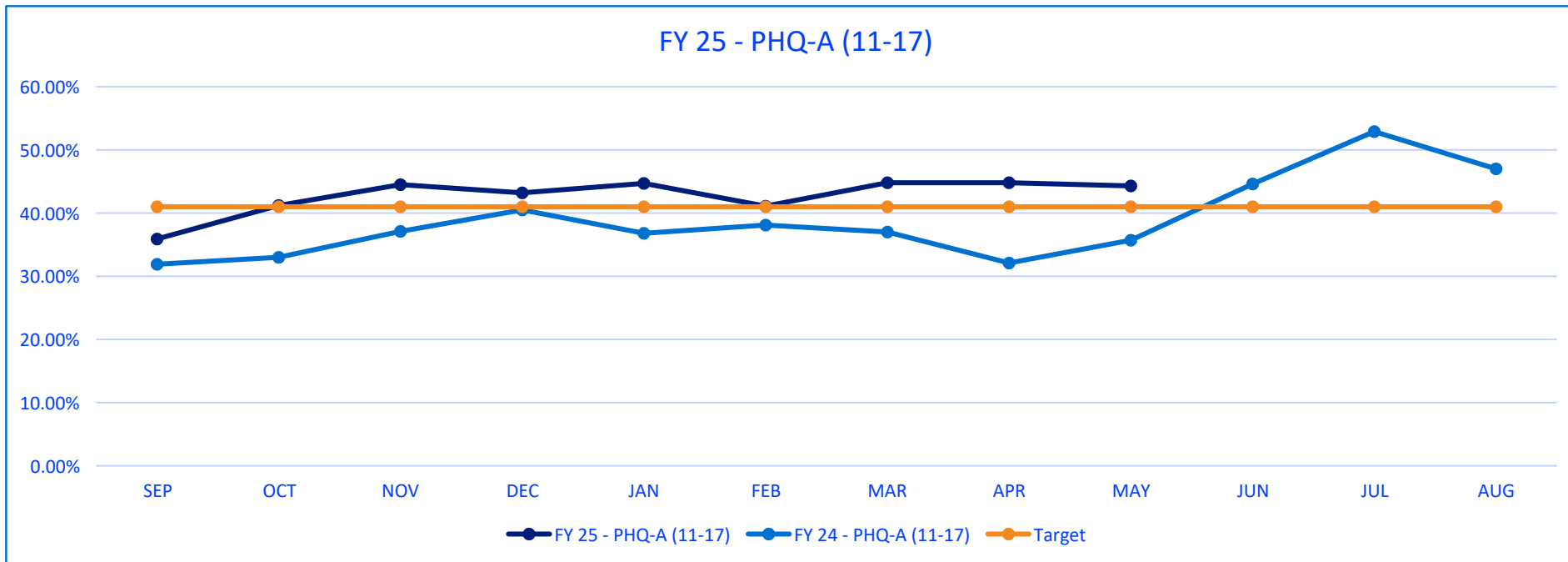
- Notes:
- There was an 8-percentage point decrease in the service level comparing May FY 24 to May FY 25.
  - There was a 23.40% increase in the average call length when comparing May FY 24 to May FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - May)	Reporting Period- May	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,779	2,776	Decrease	Contractual
	Abandonment Rate	<8%	10.00%	10.81%	Decrease	Contractual

**Notes:**

- There was a 3.20 % increase in the number of abandoned calls comparing May FY 24 to May FY 25.
- The abandonment rate shows a decrease of 30.26% comparing May FY 24 to May FY 25.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – May)	Reporting Period-May	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	43.00%	44.30%	Increase	IOS



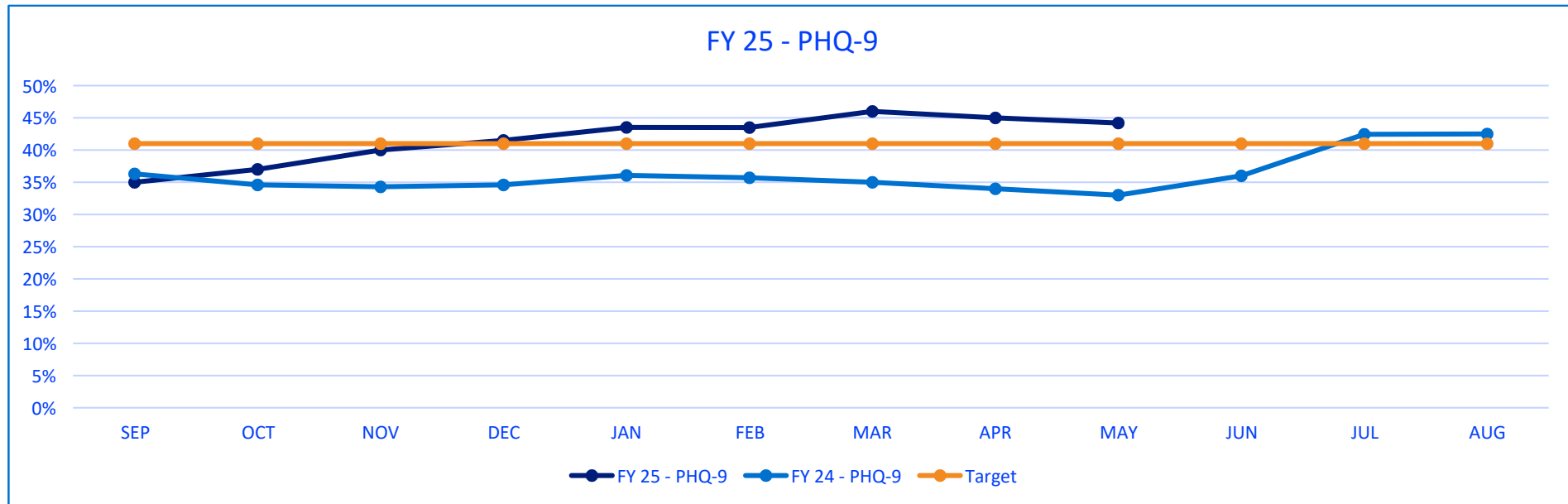
**Notes:**

- There was a 24.09% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) scores from May FY 24 to May 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 – May)	Reporting Period-May	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	42%	44.00%	Increase	IOS



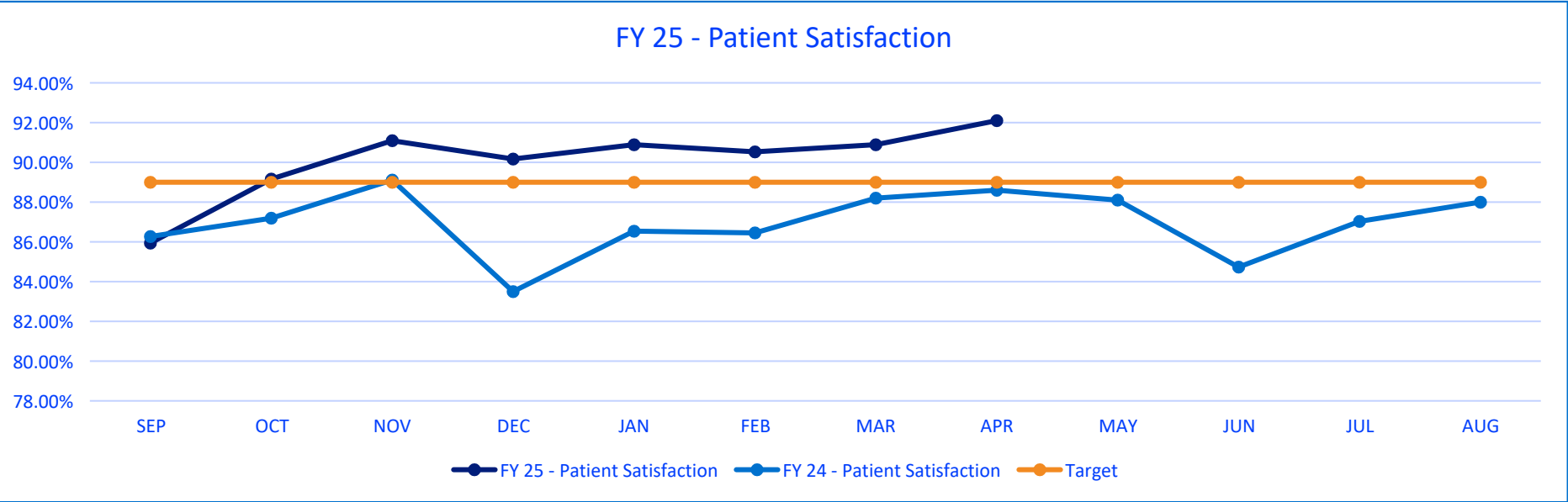
**Notes:**

- There was an increase in the adult PHQ-9 (Patient Health Questionnaire-9) with low score comparing May FY 24 to May 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 - May)	Reporting Period-May	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90.00%	90.56%	Increase	IOS



**Notes:**  
For the reporting period Patient satisfaction exceeded the target, showing improvement over the same FY 24.

# Appendix



Board of Trustee's PI Scorecard



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	14,350	14,325				14,019	13,764	C	MBOW
AMH Actual Service Target %	95.15%	95.17%	97.21%	97.22%	97.27%	96.43%	98.42%	99.68%	101.29%	103.01%	104.44%	105.70%	104.26%	103.90%				101.90%	100.00%	C	MBOW
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	2,961	2,964	2,888				2,980	3,481	C	MBOW
CAS Actual Service Target %	92.10%	89.86%	88.56%	85.12%	85.18%	86.21%	87.62%	87.30%	86.33%	85.15%	84.66%	85.06%	85.15%	82.96%				85.60%	100.00%	C	MBOW
IDD Service Target	1097	1096	943	858	927	956	953	892	839	901	923	953	965	977				929	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%	112.99%	114.40%				108.76%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.02	1.01	2.67	2.56	1.36	1.21	1.56	1.45	2.05	3.90	1.36	1.25	1.04	1.57				1.71	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.53	1.70	1.56	1.67	2.70	3.77	3.40	4.21	4.52	3.81	1.33	1.21	1.05	1.91				2.80	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	7.00	9.60	9.25	7.50	8.50	7.14	7.69	9.83	11.33	7.67	7.33	6.67	7.00	5.17				7.76	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	6.97	7.23	9.54	7.31	5.87	6.15	7.30	6.94	7.26	9.18	7.06	6.19	6.31	7.6				7.11	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	3	3	3	1	3	2	0	2	2	18	8	3	0	1				4.00	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	1	0	0	0	0	0	0	0	0	0	0	0				0.00	0	IOS	Epic

			FY24																FY25	FY25	Target	Data	
			APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	Target	Type	Origin
AMH 1st Avail. Med Appt-CO			4.30	3.78	4.36	3.36	3.96	3.97	4.16	3.85	4.91	4.32	3.71	3.92	4.38	4.34				4.17	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM			7.50	8.60	10.43	11.18	9.01	8.89	6.97	7.46	8.76	11.67	10.63	9.16	10.88	12.14				9.62	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days			3	2	2	1	4	2	4	5	8	44	61	45	56	78				33.67	<45	IOS	Epic
AMH # Pts Seen in 60+ Days			0	0	0	0	1	0	0	0	1	0	0	0	1	0				0.22	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	16,377	17,758				16,672			
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	11.1	11.6				10.46			
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%	84.00%	83.00%				86.89%	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%	9.60%	10.81%				9.58%	< 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%	83.00%	85.00%				80.56%			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%	99.69%	99.67%				99.65%	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%	76.80%	77.60%				83.79%	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	1,081	1,017	1,044				1021			
PES Admission Volume			496	485	429	448	449	494	453	430	419	419	452	455	460	499				453.44			
Mechanical Restraints			0	0	0	0	0	1	0	0	0	0	0	0	0	0				0.11			
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	0.00				0.00	≤ 0.01	IOS	Epic
Personal Restraints			39	31	26	25	37	30	26	39	39	23	56	38	46	48				38.33			Epic
Personal Restraint Rate								1.23	2.02	3.15	3.86	2.19	4.34	2.99	3.67	3.13				2.95	≤ 2.80	IOS	Epic
Seclusions			39	26	20	32	29	29	20	27	32	18	49	33	42	41				32.33			Epic
Seclusion Rate								1.19	1.62	2.18	3.25	1.71	3.86	2.59	3.35	2.68				2.49	≤ 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	82.57	46.93				53.44	≤ 61.73	IOS	Epic
Emergency Medications			38	33	27	18	32	32	31	18	35	20	38	34	28	38				30.44			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	2.13	2.48				2.19	≤ 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%				100.00%	100.00%	IOS	Epic

			FY24																FY25	FY25	Target	Data			
			APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	Target	Type	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%	92.10%	90.56%				90.23%	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%	28.66%	29.11%				26.32%	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%	30.27%	31.29%				28.35%	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%	36.75%	38.00%				34.77%	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%	94%	118%				91%	68%	IOS	McLean		
QIDS-C			45.60%	48.20%	47.00%	48.50%	44.70%	47.60%	46.90%	52.20%	47.80%	49.20%	50.70%	50.60%	48.50%	50.60%				49.34%	45.38%	IOS	Epic		
BDSS								44.10%	45.30%	47.90%	42.40%	41.60%	46.60%	44.10%	45.60%	45.30%				44.77%	46.47%	IOS	Epic		
PSRS			34.90%	38.60%	40.50%	37.00%	38.80%	41.40%	38.70%	35.80%	35.50%	41.00%	40.10%	40.80%	38.20%	38.60%				38.90%	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%	45.10%	41.00%	44.40%	44.50%	44.30%				42.68%	41.27%	IOS	Epic		
PHQ-9			34.00%	33.00%	36.00%	42.44%	42.50%	35.00%	37.00%	40.00%	41.50%	43.52%	43.50%	46.00%	45.00%	44.20%				41.75%	41.00%	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%	37.70%	39.40%				35.67%	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%	28.60%	30.70%				21.72%	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%	36.10%	43.20%	37.00%	43.40%	42.40%				41.88%	48.07%	IOS	Epic		

# Board of Trustee's PI Scorecard Data Key



## Access to Care - Strategic Plan Goal #2: To Improve Access to Care

<b>AMH Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>(13,764)</b>	# of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>Target %</b>	% of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>AMH Serv. Provision (Monthly)</b>	% 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 modifiers, and telephone contact encounters; <u>partially authorized months and their associated hours</u> )
<b>CAS Waitlist</b>	# of people waiting to see an LPHA for assessment (from all clinics added together) as defined by the state.
<b>(3,481)</b>	# of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>Target %</b>	% of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
<b>CAS Serv. Provision (Monthly)</b>	% 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 modifiers, and telephone contact encounters; <u>partially authorized months and their associated hours; Client months with a change in LOC-A: children and adolescents on extended review</u> )
<b>IDD Service Target (854)</b>	# 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 <u>R019 which is included regardless of waiver status.</u> )
<b>%</b>	% of ID Target number served to state target.

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

<b>QIDS-C</b>	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = $\leq$ 30% improvement/decrease; Worse = $>$ 30% decrease)
<b>BDSS</b>	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = $\leq$ 30% improvement/decrease; Worse = $>$ 30% decrease)
<b>PSRS</b>	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = $\leq$ 30% improvement/decrease; Worse = $>$ 30% decrease)

### Care

<b>BASIS-24 (CRU/CSU)</b>	Average of all patient first scores minus last scores (provided at intake and discharge)
<b>QIDS-C</b>	% 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)
<b>BDSS</b>	% 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)
<b>PSRS</b>	% 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 Quality of Care

<b>PHQ-A (11-17)</b>	% 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)
<b>DSM-5 L1 CC Measure (6-17)</b>	% of new patient child and adolescent clients that have improved symptomology 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

<b>ANSA (Adult)</b>	Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use (Assessments at least 90 days apart)
<b>CANS (Child/Adolescent)</b>	% 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

<b>DLA-20 (AMH and CAS)</b>	% 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)
-----------------------------	---

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



Thank you.

# EXHIBIT Q-3

# Psychiatric Emergency Services (PES) Fiscal Year 2025 to Date Update

## Board Quality Committee

Presented by: Vinay Kapoor, MD  
Vice President of Crisis & Forensic Medical Services  
Comprehensive Psychiatric Emergency Program (CPEP)  
Forensic Mental Health

July 2025 (Reporting for Sept 2024 to May 2025)







# **PES Emergency Interventions Data: Seclusion, Restraints and Emergency Medications**

# Psychiatric Emergency Services

## Key Performance Indicators – FY25 to Date (Sept.-May)

### CPEP PI Scorecard FY25

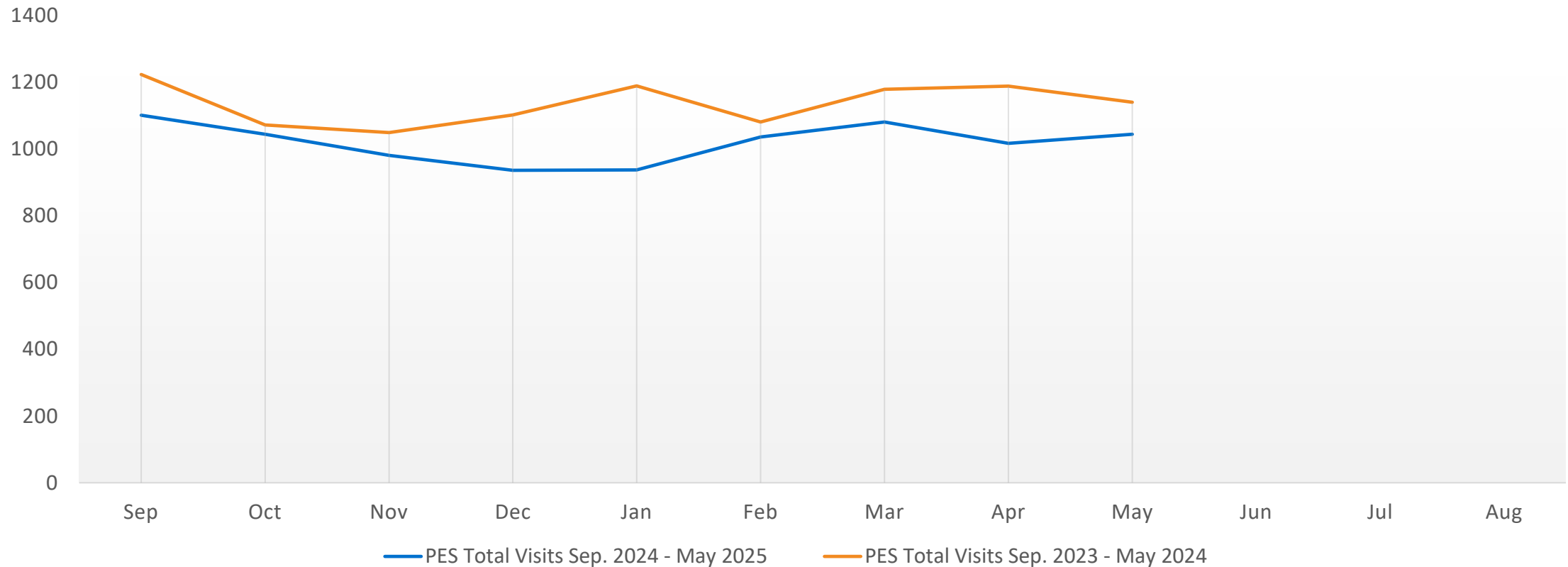


Red = Target Not Met    Green = Target Met    Yellow = Data to Follow    Gray = No Target Set

	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY25 AVG	FY25 Target	Target Type
<b>PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours) - Strategic Plan Goal #4: To Continuously Improve Quality of Care</b>															
PES Total Visits	1101	1044	981	936	937	1036	1081	1017	1044				1019.67		
PES Admission Volume	492	441	427	408	417	452	455	460	499				450.11		
Emergency Medications	31	31	18	35	20	38	34	28	38				30.33		
EM Rate	1.27	2.51	1.45	3.56	1.9	3	2.67	2.23	2.48				2.34	≤2.95	IOS
Personal Restraint	30	25	39	38	23	55	38	46	48				38.00		
Personal Restraint Rate	1.23	2.02	3.15	3.86	2.19	4.34	2.99	3.67	3.13				2.95	≤2.80	IOS
Seclusions	28	20	27	32	18	49	33	42	41				32.22		
Seclusion Rate	2.19	1.62	2.18	3.25	1.71	3.86	2.59	3.35	2.68				2.60	≤2.73	IOS
AVG Minutes in Seclusion	44.64	27.48	42.59	43.67	42	56.61	47	82.57	46.93				48.17	60.43	IOS
Mechanical Restraints	0	0	0	0	0	0	0	0	0				0.00		
Mechanical Restraint Rate	0.00	0.00	0	0	0	0	0	0	0				0.00		
Percentage of Time on Diversion - Adult	3.61%	2.14%	15.62%	0.00%	5.91%	3.01%	0.00%	0.35%	5.32%				4.00%		
Percentage of Time on Diversion - Youth	19.30%	24.99%	32.19%	3.75%	3.65%	14.64%	32.07%	29.28%	10.49%				18.93%		

# Psychiatric Emergency Services Visit Trends FY Year over FY Year

## PES Visit Trend



### Sep. 2024 - May 2025

**Average Visits:** 1019.66 visits per month.

**Highest Visits:** September with 1101 visits.

**Lowest Visits:** January with 937 visits.

### Sep. 2023 - May 2024

**Average Visits:** 1135.88 visits per month.

**Highest Visits:** September with 1223 visits.

**Lowest Visits:** November with 1049 visits.

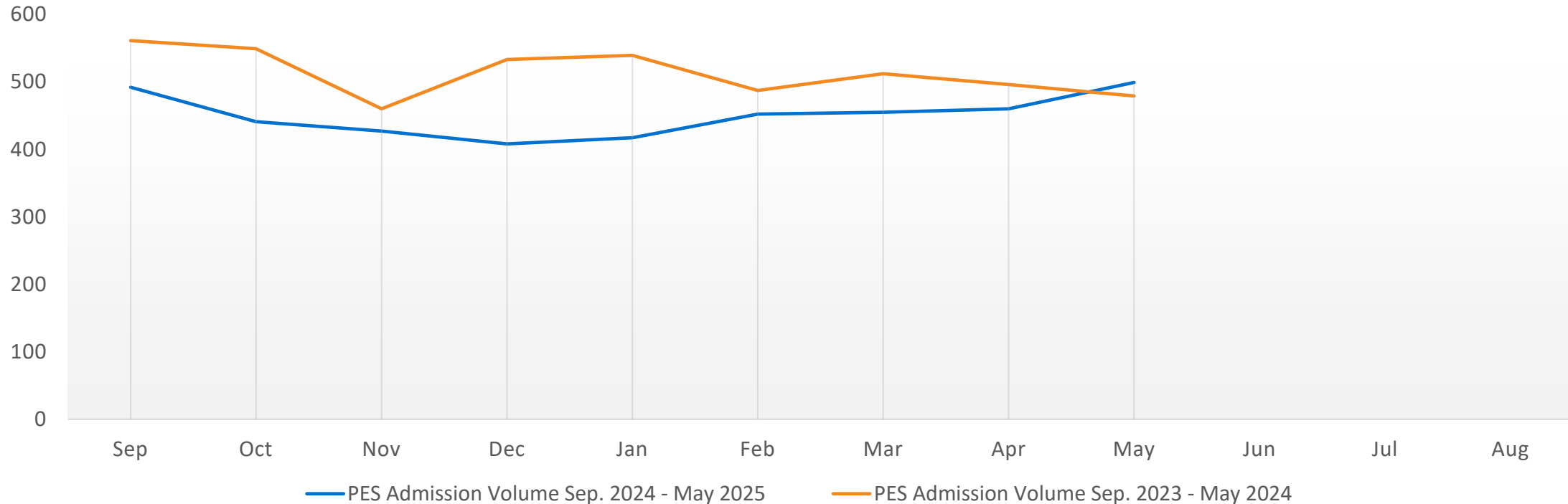
### Insights

#### Year-over-Year Comparison:

The average number of visits decreased from 1135.88 in 2023-2024 to 1019.66 in 2024-2025, indicating a 10.23% decline in overall visits.

# Psychiatric Emergency Services Visit Trends FY Year over FY Year

## PES Admission Volume Trend



### Sep. 2023 - May 2024

**Average Admissions:** 512.88 admissions per month.  
**Highest Admissions:** September with 561 admissions.  
**Lowest Admissions:** May with 460 admissions.

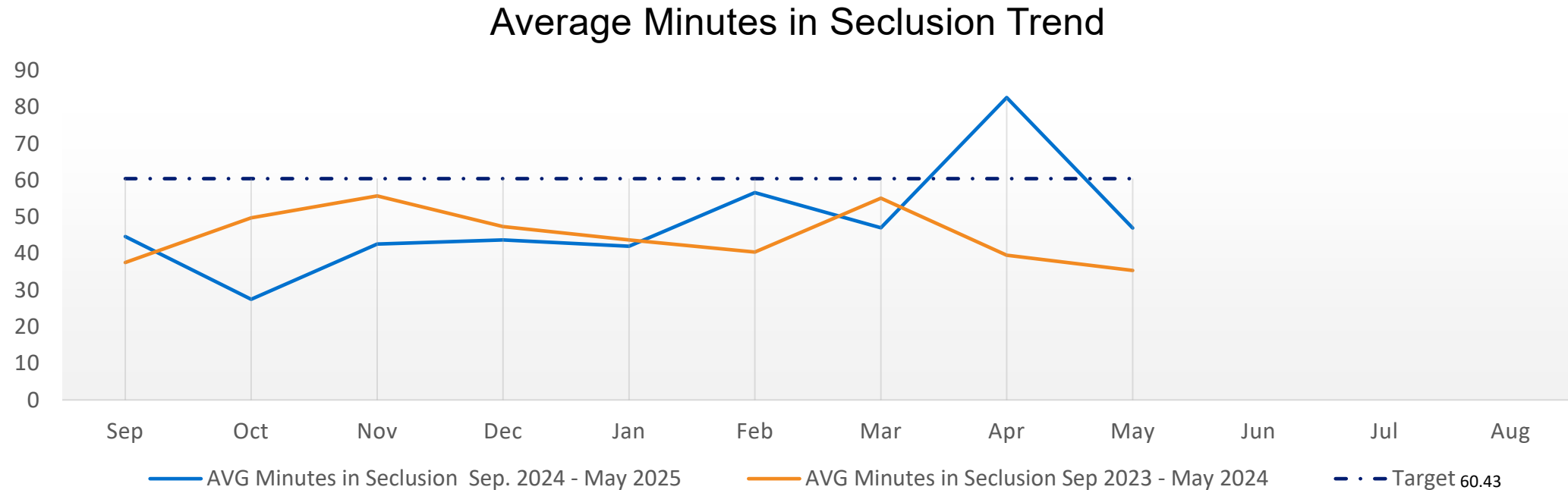
### Sep. 2024 - May 2025

**Average Admissions:** 450.11 admissions per month.  
**Highest Admissions:** May with 499 admissions.  
**Lowest Admissions:** December with 408 admissions.

### Insights

**Year-over-Year Comparison:** The average number of admissions decreased from 512.88 in 2023-2024 to 450.11 in 2024-2025, showing a 12.24% decline.

# Average Minutes in Seclusion (1000 patient hours) FY Year over FY Year Trend



## Sep. 2024 - May 2025

**Average Minutes in Seclusion:** 48.17 minutes per month.  
**Highest Minutes in Seclusion:** April with 82.57 minutes.  
**Lowest Minutes in Seclusion:** October with 27.48 minutes.

## Sep. 2023 - May 2024

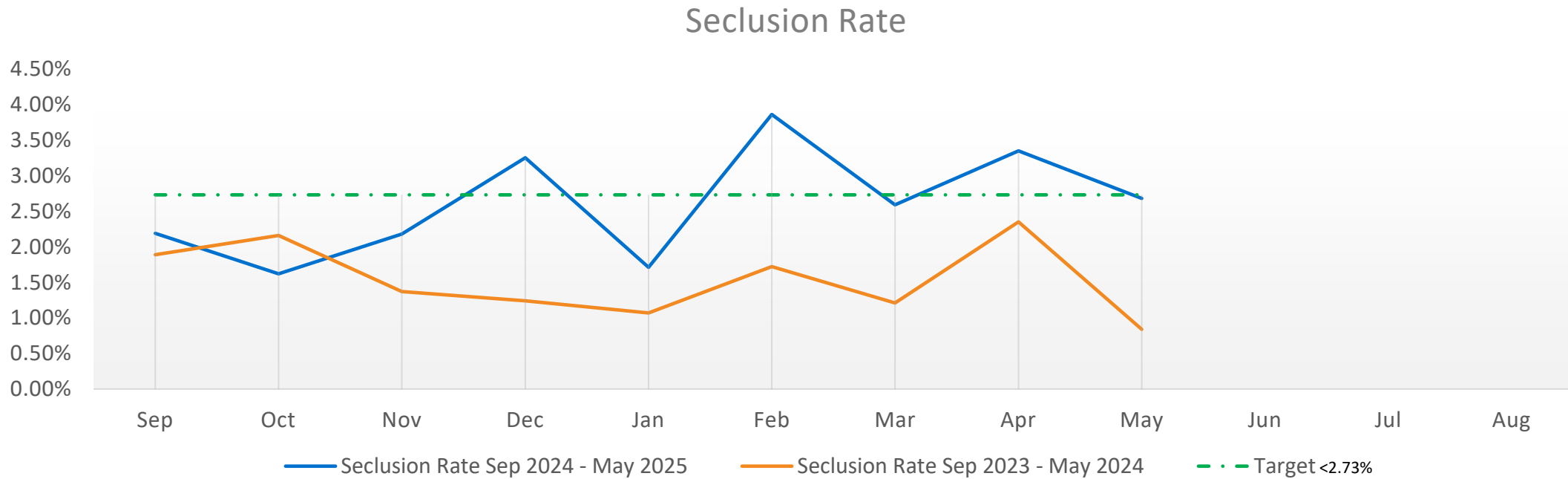
**Average Minutes in Seclusion:** 44.93 minutes per month.  
**Highest Minutes in Seclusion:** November with 55.71 minutes.  
**Lowest Minutes in Seclusion:** October with 35.36 minutes.

## Insights

**Year-over-Year Comparison:** The average minutes in seclusion increased from 44.93 in 2023-2024 to 48.17 in 2024-2025, indicating a 7.21% increase in seclusion times.



# Seclusion Rate FY Year over FY Year Trends

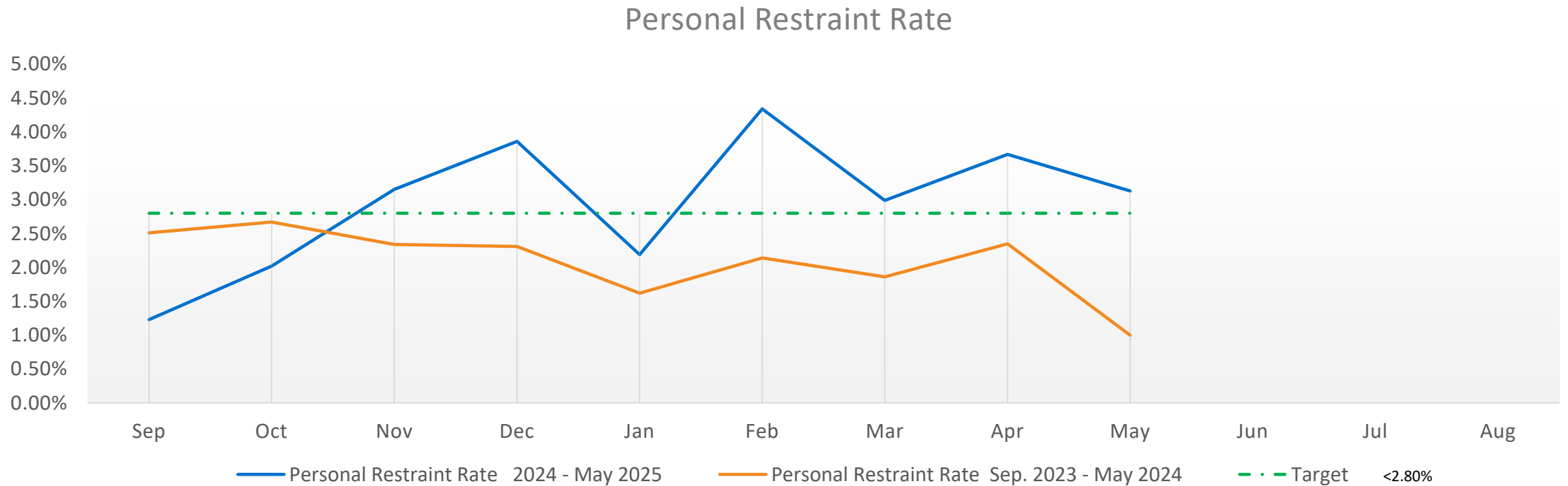


**Sep. 2024 - May 2025**  
**Average Seclusion Rate: 2.60%**  
**Highest Seclusion Rate:** February with 3.86%  
**Lowest Seclusion Rate:** May with 1.62%

**Sep. 2023 - May 2024**  
**Average Seclusion Rate: 1.54%**  
**Highest Seclusion Rate:** May with 2.35%  
**Lowest Seclusion Rate:** January with 0.84%

**Year-over-Year Comparison:** The average seclusion rate decreased from 1.54% in 2023-2024 to 2.60% in 2024-2025, indicating a 68.86% increase in seclusion rates.

# Personal Restraint Rate FY Year over FY Year Trends

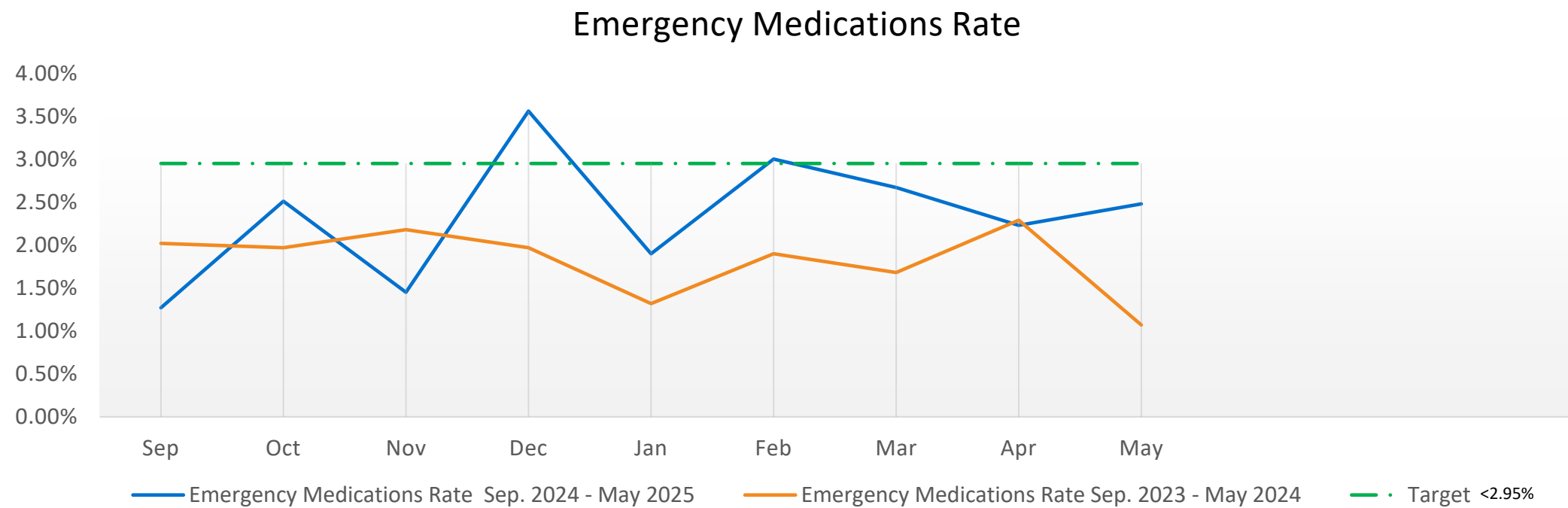


**Sep. 2024 - May 2025**  
**Average Restraint Rate: 2.95%**  
**Highest Restraint Rate: April** with 3.67%  
**Lowest Restraint Rate: May** with 1.23%

**Sep. 2023 - May 2024**  
**Average Restraint Rate: 2.09%**  
**Highest Restraint Rate: October** with 2.67%  
**Lowest Restraint Rate: March** with 1.00%

**Year-over-Year Comparison:** The average restraint rate increased from 2.09% in 2023-2024 to 2.95% in 2024-2025.

# Emergency Medications Rate FY Year over FY Year Trends



**Sep 2024 - May 2025**  
**Average Emergency Medications Rate: 2.34%**  
**Highest Emergency Medications Rate:** December with 3.15%  
**Lowest Emergency Medications Rate:** August with 1.23%

**Sep 2023 - May 2024**  
**Average Emergency Medications Rate: 1.82%**  
**Highest Emergency Medications Rate:** May with 2.29%  
**Lowest Emergency Medications Rate:** May with 1.07%

**Year-over-Year Comparison:** The average emergency medications rate increased from 1.82% in 2023-2024 to 2.34% in 2024-2025

Thank you.



## 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:
  - (Number of Interventions/Total Patient Hours) x 1,000