

Quality Committee Meeting  
August 19, 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, July 15, 2025  
(EXHIBIT Q-1)

**IV. REVIEW AND COMMENT**

- A. Board Scorecard  
(EXHIBIT Q-2)

**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*

---

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, JULY 15, 2025**  
**MINUTES**

Dr. J. Lankford, Board Chair, called the meeting to order at 11:01 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, Dr. J. Lankford

Committee Member Absent: M. Miller, Jr.

Other Board Member in Attendance: N. Hurtado-teleconference

**1. CALL TO ORDER**

Dr. J. Lankford called the meeting to order at 11:01 a.m.

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

Dr. J. Lankford designated Ms. N. Hurtado as a voting member.

**3. DECLARATION OF QUORUM**

Dr. Lankford declared a quorum was present.

**4. PUBLIC COMMENT**

**5. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, May 20, 2025**

**MOTION BY: GEARING**

**SECOND BY: BACON**

**With unanimous affirmative votes,**

**BE IT RESOLVED** that the Minutes of the Quality Committee meeting held on Tuesday May 20, 2025 as presented under Exhibit Q-1, are approved.

**6. REVIEW AND COMMENT**

**A. Board Score Card** -The Board Score Card presented by Luc Josaphat and Lance Britt to the Quality Committee.

**B. PES Board Quality Report**-Dr. V. Kapoor and Dr. L. Li presented the PES Board Quality Report to the Quality Committee.

7. **EXECUTIVE SESSION-**

Dr. Lankford announced the Quality Committee would enter into executive session at 11:45 am for the following reason:

- 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

8. **RECONVENE INTO OPEN SESSION-**

The Quality Committee reconvened into open session at 12:23 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: LANKFORD      SECOND: GEARING**

There being no further business, the meeting adjourned at 12:23 p.m.

---

**Veronica Franco, Board Liaison**  
**Jeremy Lankford, M.D. Chairman**  
**Quality Committee**  
**THE HARRIS CENTER *for* Mental Health *and* IDD**  
**Board of Trustees**

# **EXHIBIT Q-2**

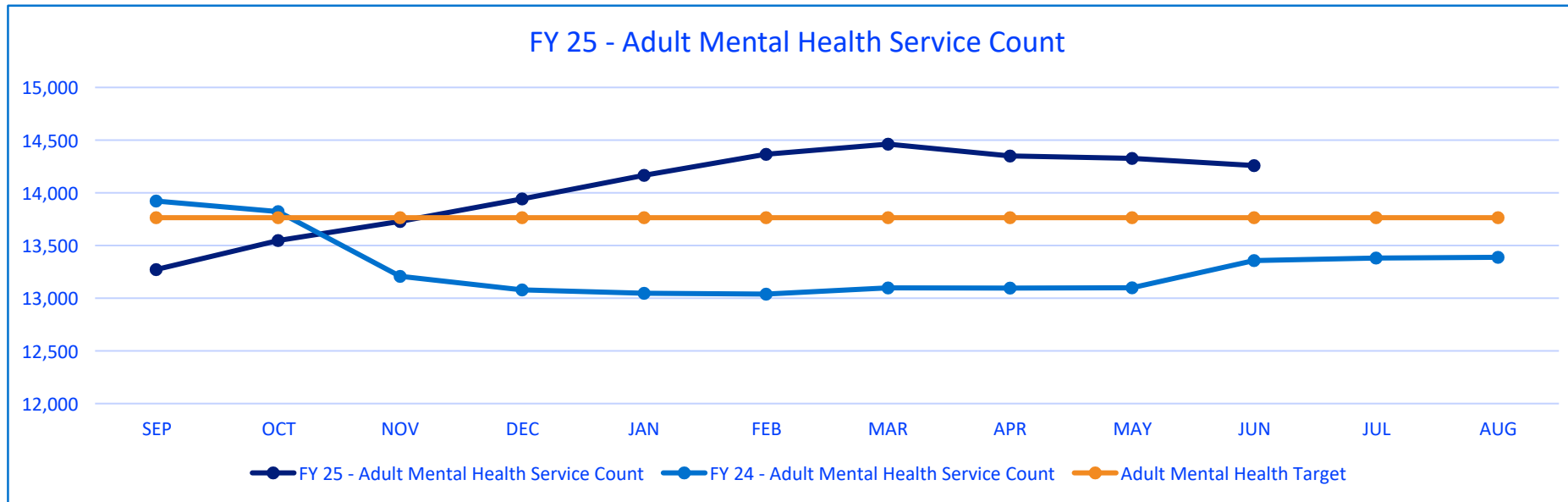
# Quality Board Scorecard

Board Quality Committee Meeting

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



Domain	Program	2025 Fiscal Year State Service Care Count Target	2025 Fiscal Year State Care Count Average (September – June)	Reporting Period: June	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,042	14,259	Increase	Contractual



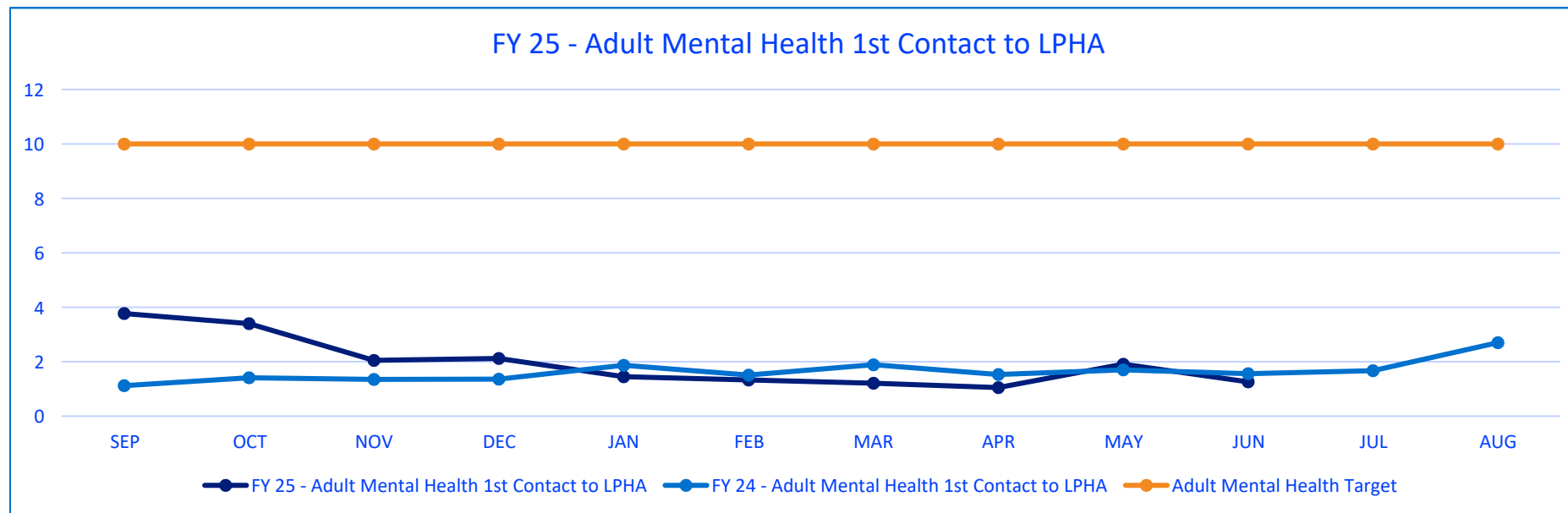
**Overall Trend:**

- **For the reporting period:** There was a 6.75% increase in the number of services provided in June FY 25 (14,259) compared to (13,357) June FY 24.
- **FY 25 Performance:** The service count average for FY 25 (14,042) is higher than the average service count for FY 24 (13,357)

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



Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September – June)	Reporting Period- June	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.96 Days	1.26 Days	Decrease	Contractual



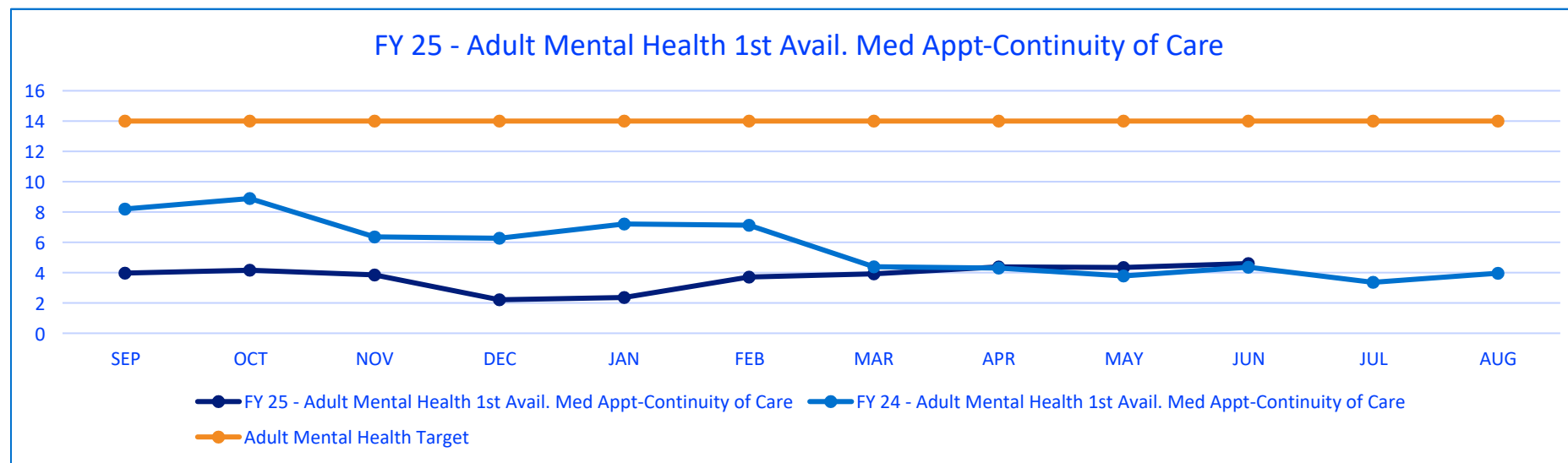
**Notes:**

The first contact to LPHA (Licensed Professional of the Healing Arts) in the reporting period is 19.23% lower at 1.26 days compared to 1.56 days in June 2024, exceeding the target of 10.00 days. This suggests this measure is operating efficiently.

*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 – June)	Reporting Period: June	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	3.75 days	4.60 days	Decrease	Contractual

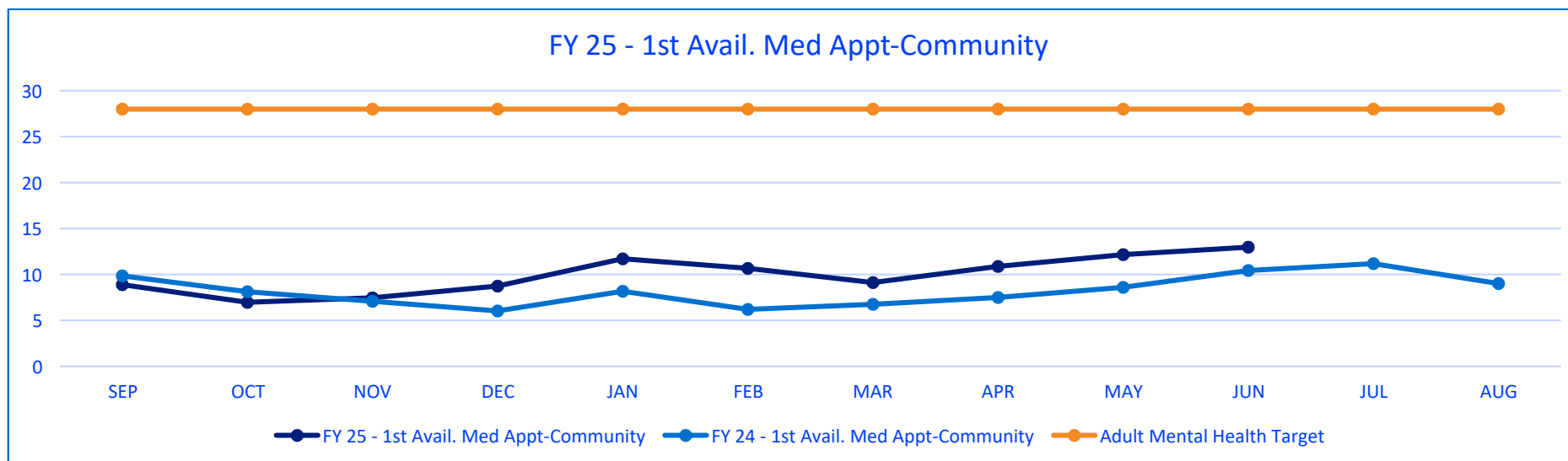


**Notes:**

There was a marginal increase in the time taken for the first available medical appointment for continuity of care when comparing June FY 24 to June FY 25. However, the measure exceeds 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

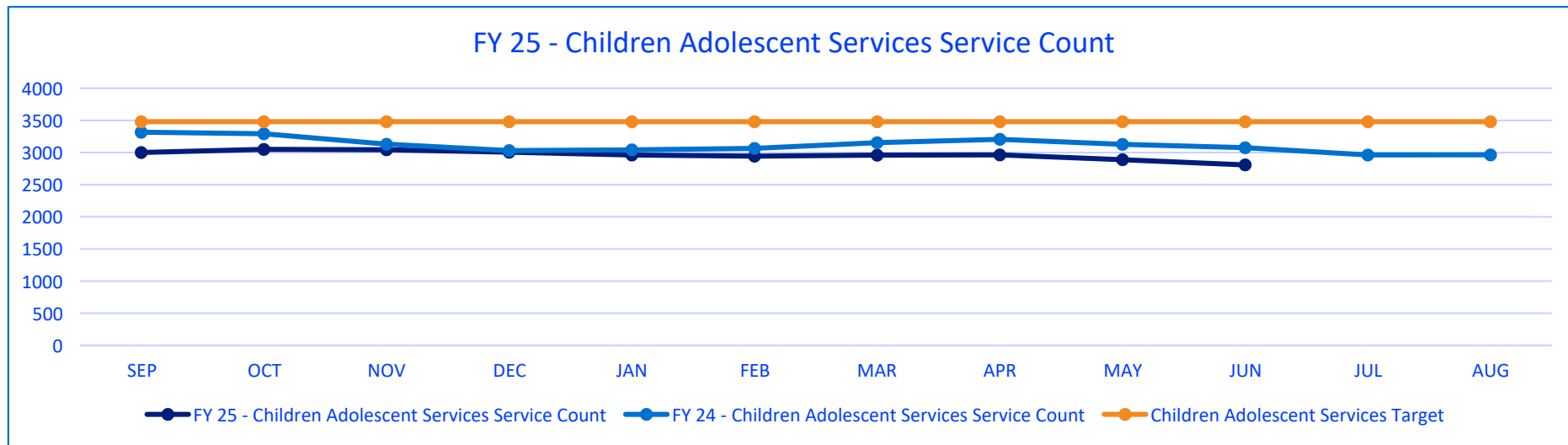
Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September-June)	Reporting Period-June	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	9.96 days	12.97 days	Decrease	Contractual

**Notes:**

The time taken for the first available medical appointment in the community continues to perform well. The average days for Adult Mental Health 1st Avail. Medical Appt-Community Members of 12.97days exceed the target of 28.00 days, demonstrating that the service is performing well and providing timely access to medical appointments.

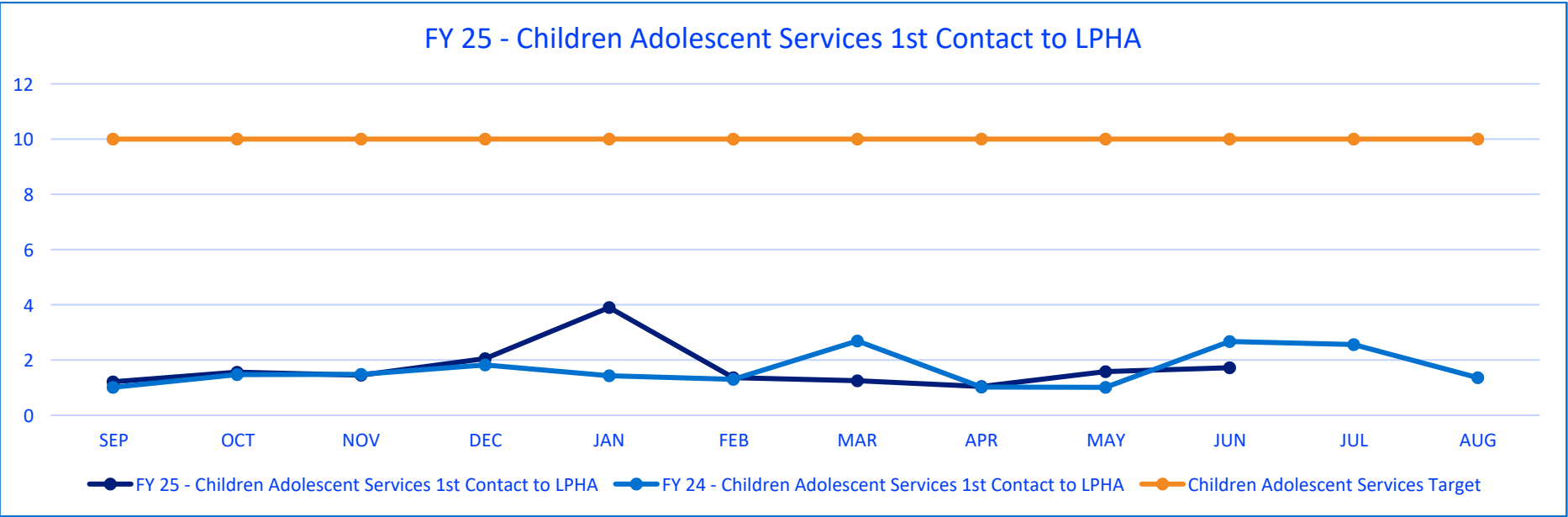
*Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date*

Domain	Program	2025 Fiscal Year State Care Count Target	2025 Fiscal Year State Care Count Average (September – June)	Reporting Period- June	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,963	2,808	Increase	Contractual

**Notes:**

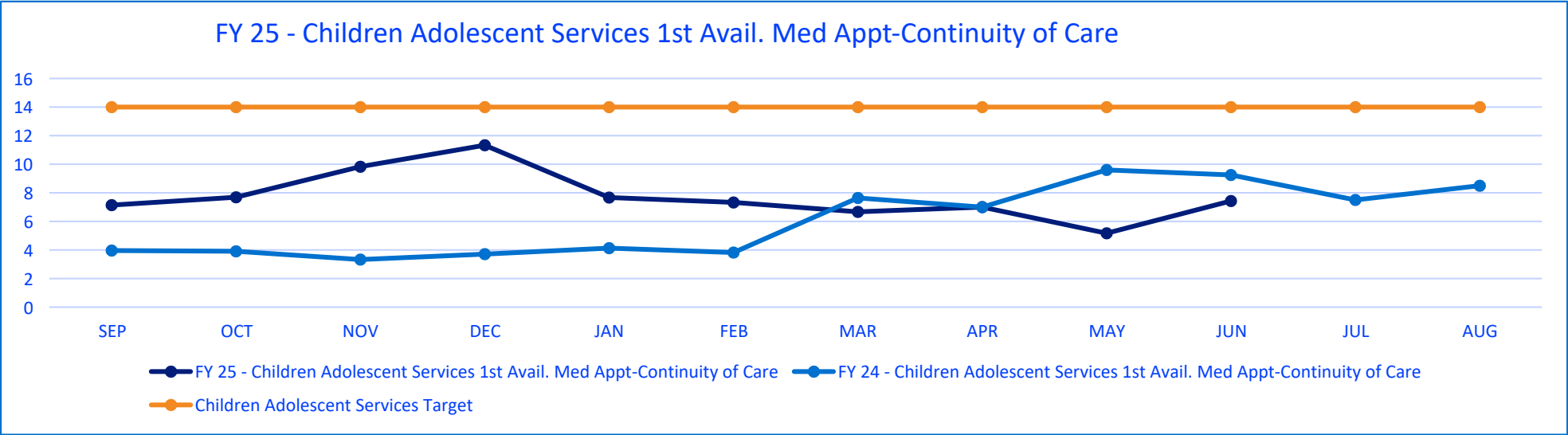
There was an 8.71% decrease in the number of services provided in this reporting period (FY 25) compared to FY 24 to date. A process improvement workgroup is working to improve this measure

Domain	Program	2025 Fiscal Year Target	2025 Fiscal Year Average (September - June)	Reporting Period- June	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.71 days	1.72 days	Decrease	Contractual



**Notes:**  
First contact to LPHA (Licensed Professional of the Healing Arts) continues to perform well (1.72 days) and exceeding 10 days target. This suggests that the service is operating efficiently within the target range.

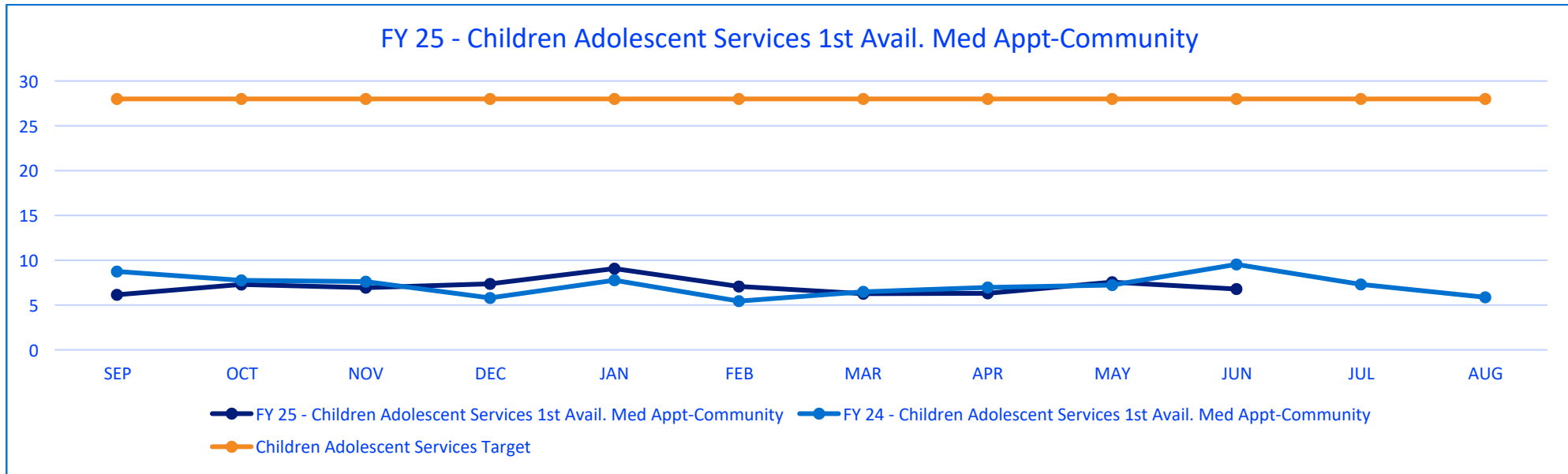
Domain	Program	2025 Fiscal Year Target	2025Fiscal Year Average (September - June)	Reporting Period- June	Target Desire d Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	7.73 days	7.43 days	Decrease	Contractual



**Notes:**  
The time taken for the first available medical appointment for continuity of care in FY 25, at 7.43 days for this reporting period, continues to exceed the 14 days 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 – June)	Reporting Period-June	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	7.08 days	6.79 days	Decrease	Contractual

**Notes:**

Children & Adolescent Services 1st Avail. Medical Appt-Community continue to exceed the target of 28 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*

# CAS Client Demographics & Trends

Jun-23

Age	Percent	Total
3	0.36%	13
4	1.03%	37
5	2.23%	80
6	3.74%	134
7	5.25%	188
8	5.70%	204
9	6.81%	244
10	5.61%	201
11	7.57%	271
12	8.94%	320
13	10.44%	374
14	10.75%	385
15	11.11%	398
16	10.72%	384
17	8.77%	314
18	0.95%	34
<b>Grand Total</b>	<b>100.00 %</b>	<b>3581</b>

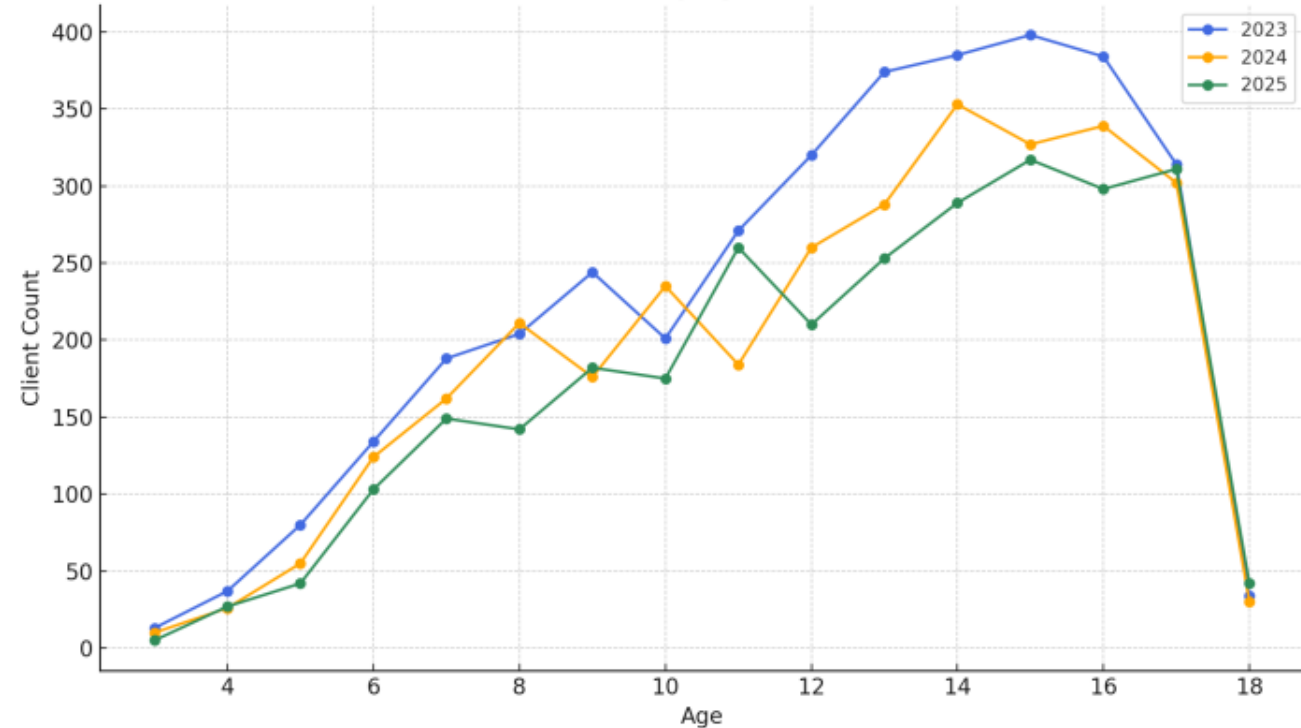
Jun-24

Age	Percent	Total
3	0.32%	10
4	0.84%	26
5	1.78%	55
6	4.02%	124
7	5.26%	162
8	6.85%	211
9	5.71%	176
10	7.62%	235
11	5.97%	184
12	8.44%	260
13	9.34%	288
14	11.45%	353
15	10.61%	327
16	11.00%	339
17	9.80%	302
18	0.97%	30
<b>Grand Total</b>	<b>100.00 %</b>	<b>3082</b>

Jun-25

Age	Percent	Total
3	0.18%	5
4	0.96%	27
5	1.50%	42
6	3.67%	103
7	5.31%	149
8	5.06%	142
9	6.49%	182
10	6.24%	175
11	9.27%	260
12	7.49%	210
13	9.02%	253
14	10.30%	289
15	11.30%	317
16	10.62%	298
17	11.09%	311
18	1.50%	42
<b>Grand Total</b>	<b>100.00 %</b>	<b>2805</b>

Client Counts by Age (2023-2025)



Total Clients Served by Year:

2023: 3,581

2024: 3,082 (↓ 13.9%)

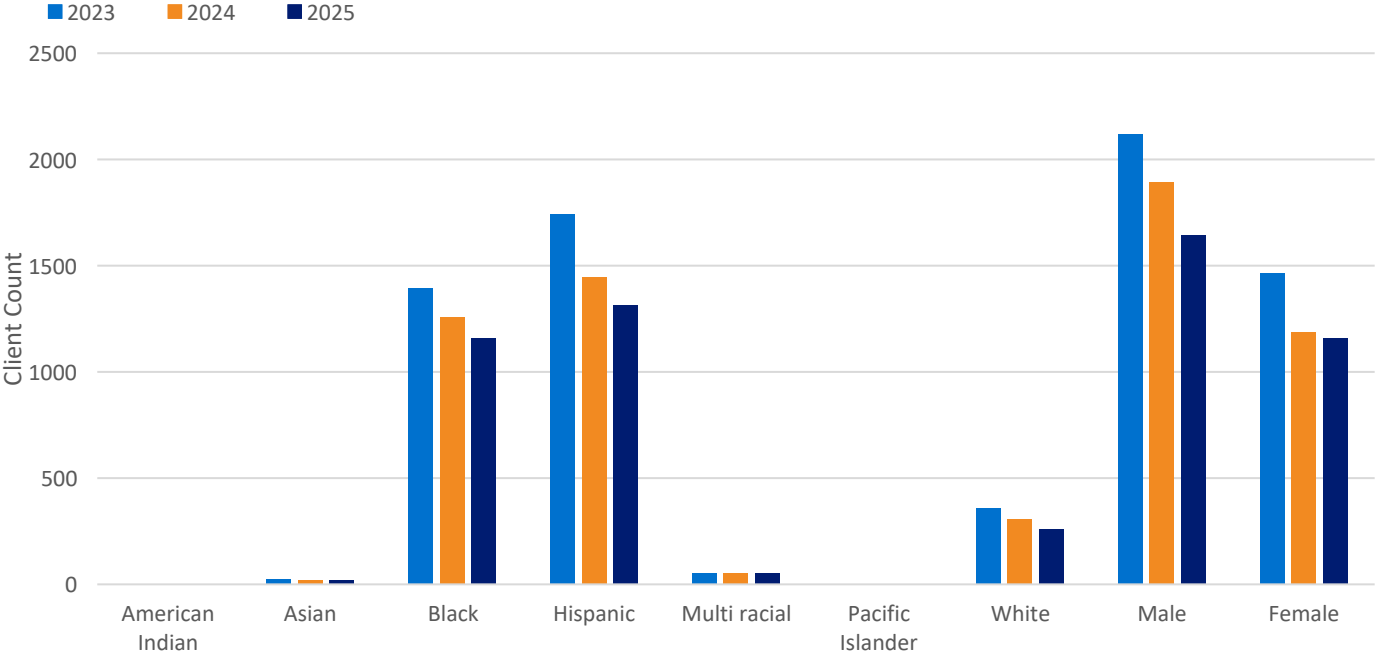
2025: 2,805 (↓ 9.0% from 2024, ↓ 21.7% from 2023)

Age 15 leads all years — validating program focus

Age 11 enters top 5 in 2025 — sign of early intervention success



# CAS Client Demographics & Trends



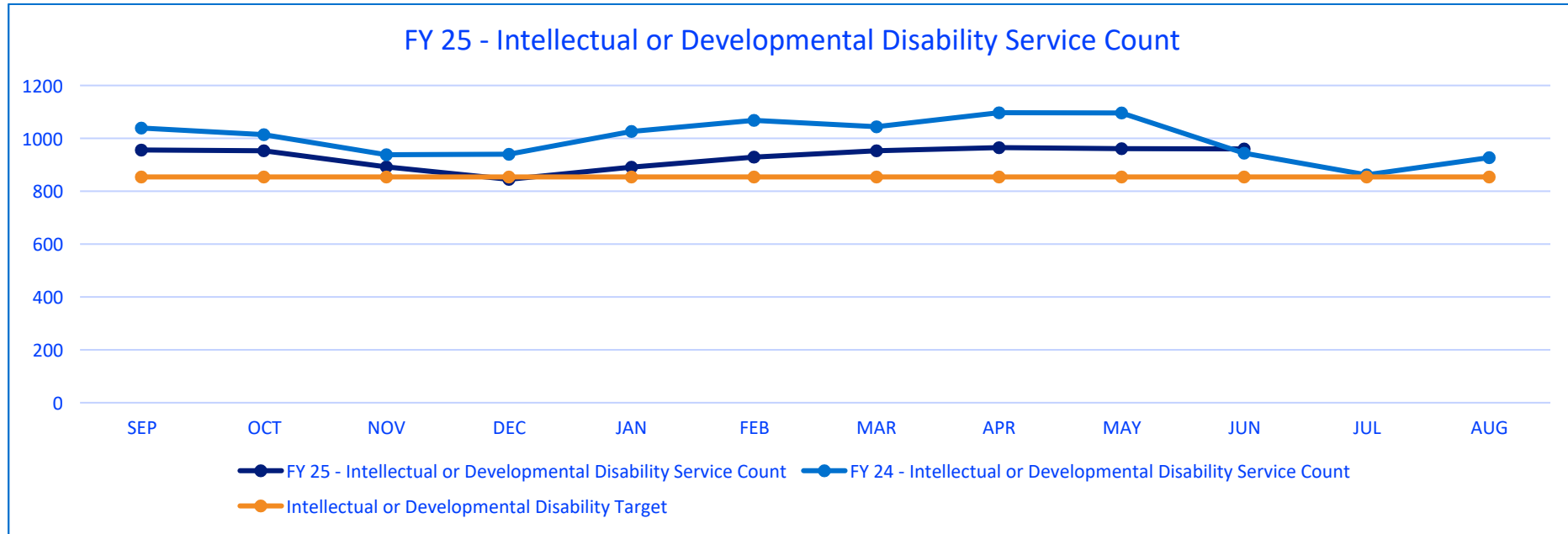
Ethnic diversity in client base

Jun-23		
Ethnic Group	Percent	Total
	0.03%	1
American Indian	0.03%	1
Asian	0.67%	24
Black	38.98%	1396
Hispanic	48.62%	1741
Multi racial	1.51%	54
Pacific Islander	0.08%	3
White	10.08%	361
Grand Total	100.00%	3581

Jun-24		
Ethnic Group	Percent	Total
American Indian	0.06%	2
Asian	0.62%	19
Black	40.79%	1257
Hispanic	46.95%	1447
Multi racial	1.65%	51
Pacific Islander	0.03%	1
White	9.90%	305
Grand Total	100.00%	3082

Jun-25		
Ethnic Group	Percent	Total
American Indian	0.07%	2
Asian	0.71%	20
Black	41.22%	1158
Hispanic	46.78%	1314
Multi racial	1.96%	55
White	9.26%	260
Grand Total	100.00%	2809

Domain	Program	2025 Fiscal Year State Count Target	2025 Fiscal Year State Count Average (September – June)	Reporting Period- June	Target Desired Direction	Target Type
Access	IDD	854	931	960	Increase	Contractual

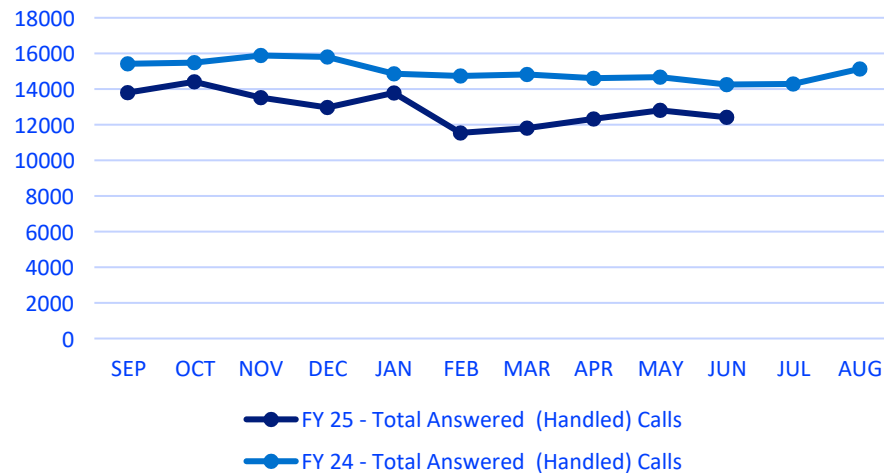
**Notes:**

- The IDD division service care count is at 960 for this reporting period

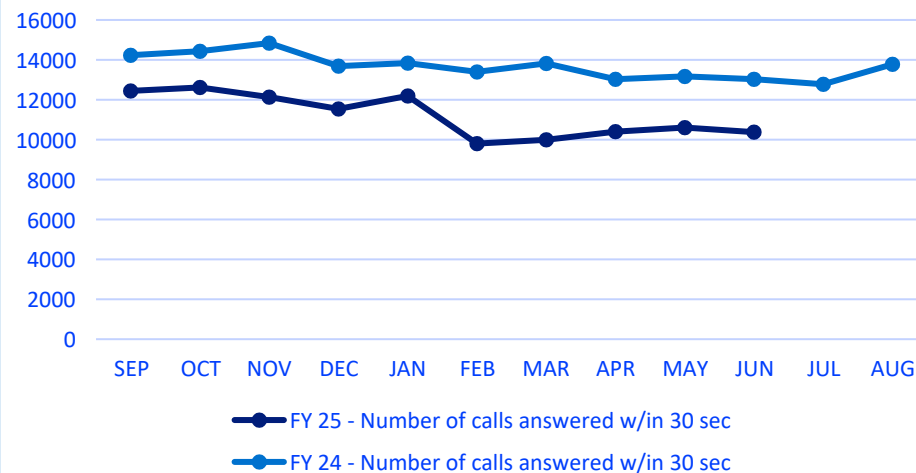
*Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which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

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - June)	Reporting Period- June	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	12,937	12,417	Increase	N/A
	Number of calls answered w/in 30 secs	N/A	11,211	10,378	Increase	Contractual

FY 25 - Total Answered (Handled) Calls

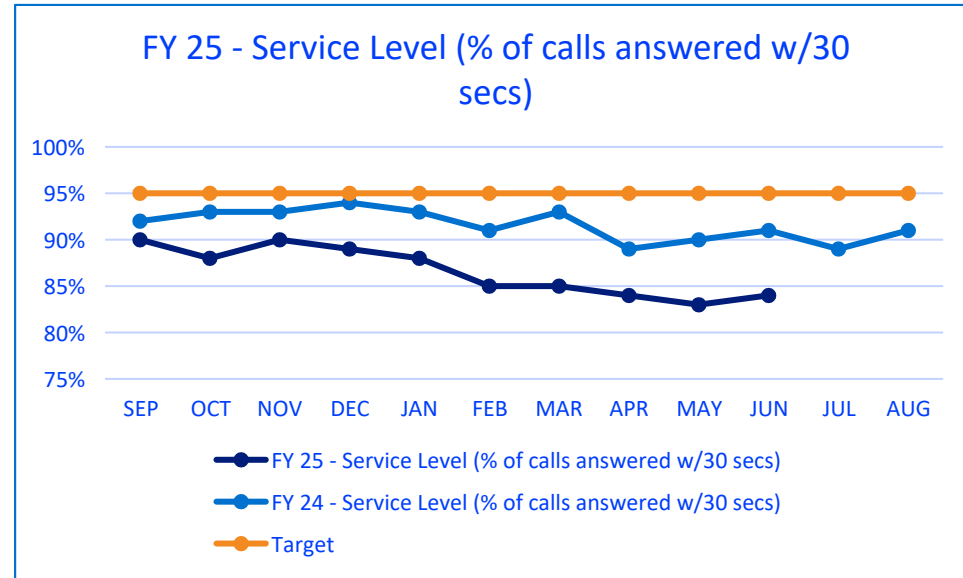
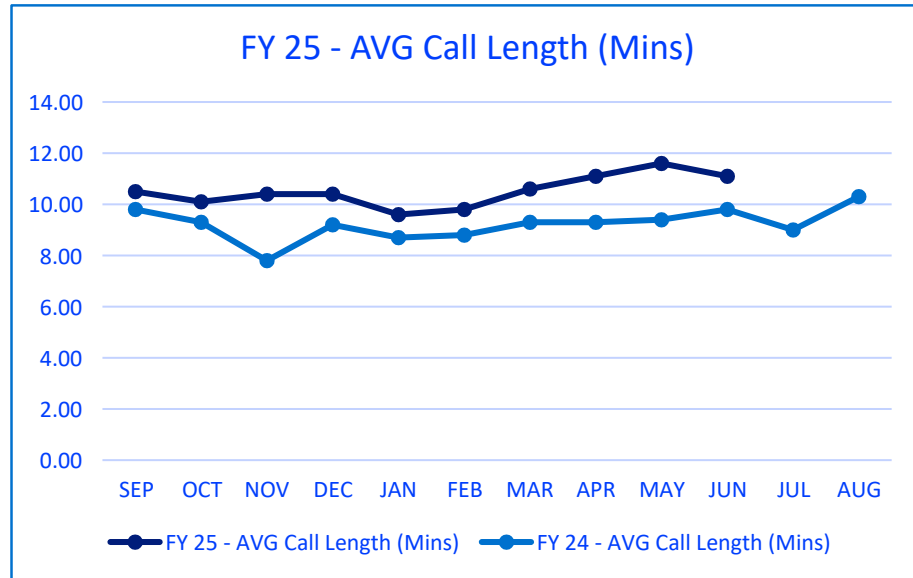


FY 25 - Number of calls answered w/in 30 sec

Notes:

- Team is working on the Crisis measures, which will include targets, industry standard benchmarks, trending challenges due in September reporting
- Presentation scheduled for Sept.

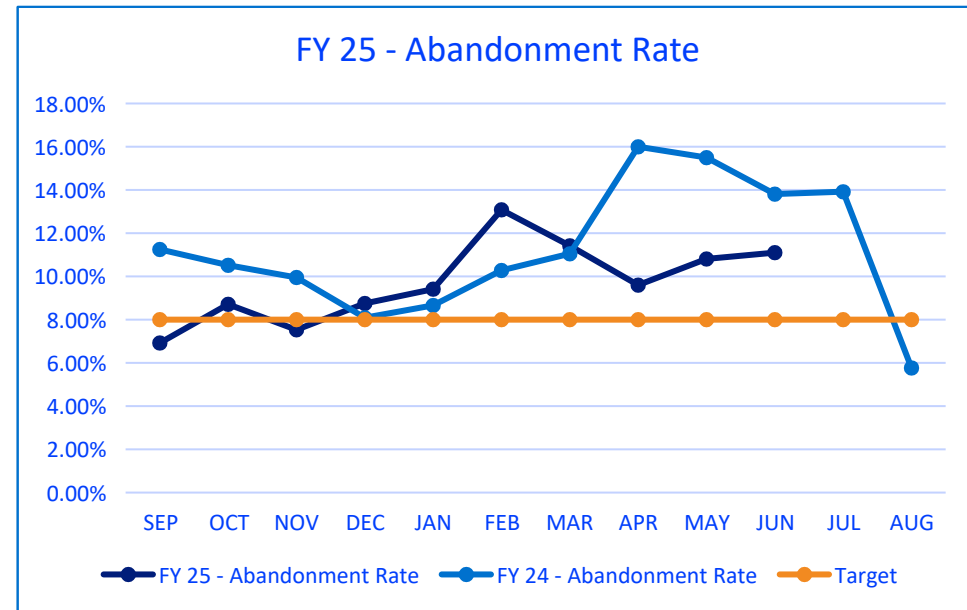
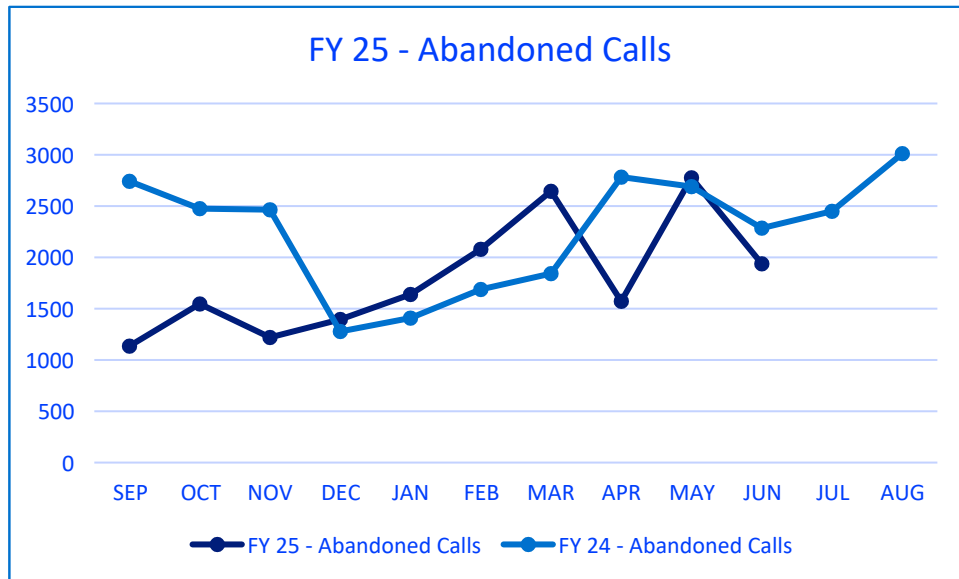
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - June)	Reporting Period- June	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	10.31	11.10	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	87.00%	84%	Increase	Contractual



**Notes:**

- Team is working on the Crisis measures, which will include targets, industry standard benchmarks, trending challenges due in September reporting
- Presentation scheduled for Sept.

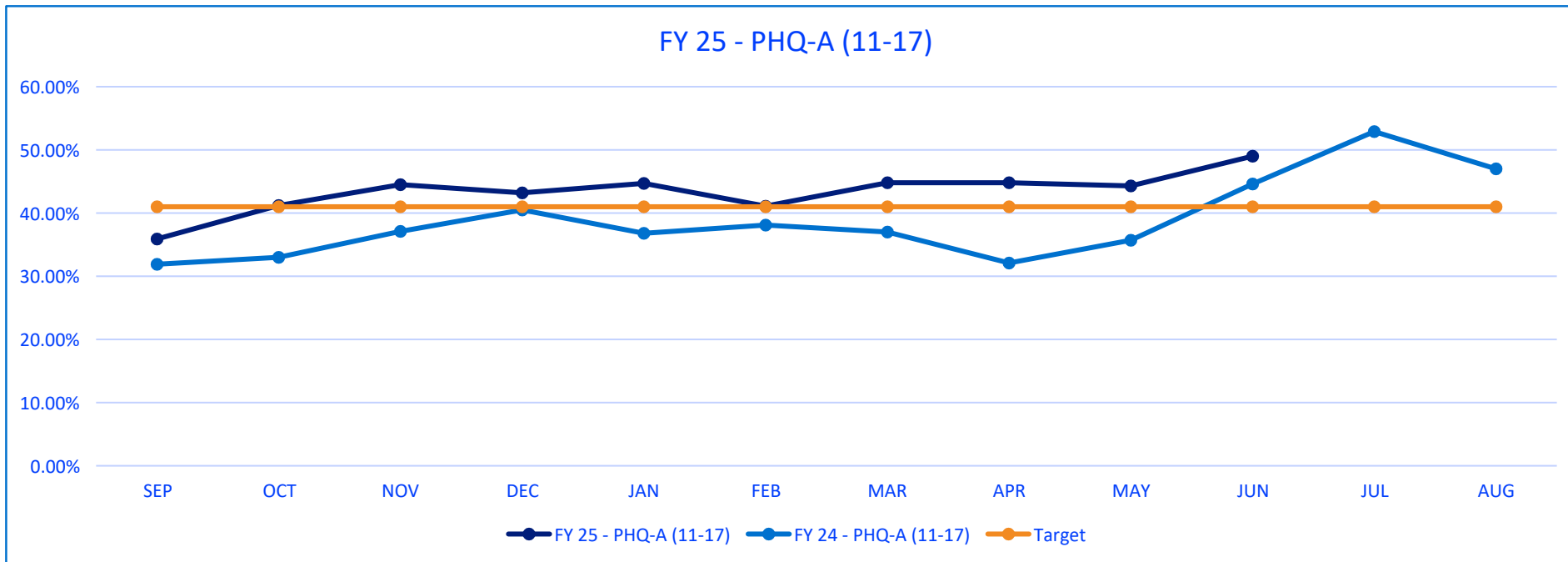
Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September - June)	Reporting Period- June	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,654	1,572	Decrease	Contractual
	Abandonment Rate	<8%	9.00%	9.60%	Decrease	Contractual



**Notes:**

- Team is working on the Crisis measures, which will include targets, industry standard benchmarks, trending challenges due in September reporting
- Presentation scheduled for Sept.

Domain	Measures (Definition)	FY 2025 Target	2025Fiscal Year Average (September – June)	Reporting Period-June	Target Desired Direction	Target Type
Effective Care	PHQ-A (11-17)	41.27%	43.00%	44.80%	Increase	IOS



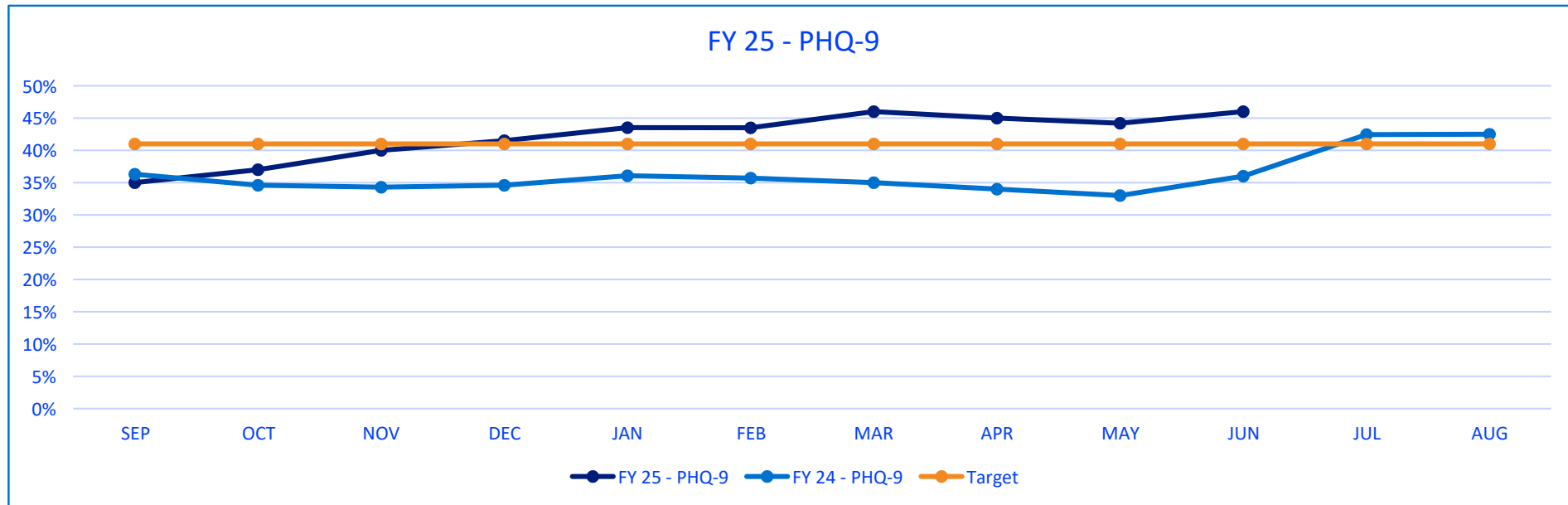
**Notes:**

- There was a 9.87% increase in the PHQ-A (Patient Health Questionnaire for Adolescents) that reported lower PHQ9 scores from June FY 24 to June 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 – June)	Reporting Period- June	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	41%	45.00%	Increase	IOS



**Notes:**

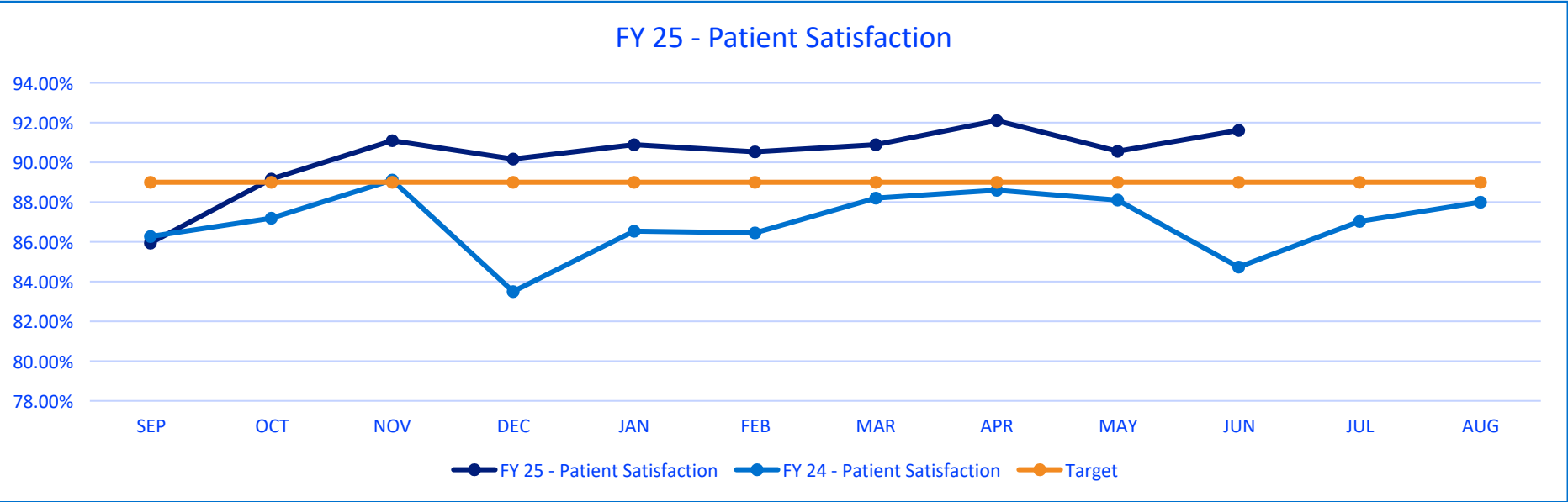
- There was an increase in the adult PHQ-9 (Patient Health Questionnaire-9) with low score comparing June FY 24 to June FY 25.

*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 - June)	Reporting Period-June	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90.00%	92.10%	Increase	IOS



**Notes:**  
For the reporting period Patient satisfaction exceeded the target, showing improvement over the same FY 24. Overall, patient satisfaction in FY 25 shows a positive trend.

# Appendix

JUNE  
2025

Jun-25

Age	Percent	Total
3	0.18%	5
4	0.96%	27
5	1.50%	42
6	3.67%	103
7	5.31%	149
8	5.06%	142
9	6.40%	182
10	6.24%	175
11	9.27%	260
12	7.49%	210
13	9.02%	253
14	10.30%	289
15	11.30%	317
16	10.62%	298
17	11.09%	311
18	1.50%	42
Grand Total	100.00%	2895

JUNE  
2024

Jun-24

Age	Percent	Total
3	0.32%	10
4	0.84%	26
5	1.78%	55
6	4.02%	124
7	5.26%	162
8	6.85%	211
9	5.71%	178
10	7.62%	235
11	5.97%	184
12	8.44%	260
13	9.34%	288
14	11.45%	353
15	10.81%	327
16	11.00%	339
17	9.80%	302
18	0.97%	30
Grand Total	100.00%	3082

JUNE  
2023

Jun-23

Age	Percent	Total
3	0.36%	13
4	1.03%	37
5	2.23%	80
6	3.74%	134
7	5.25%	188
8	5.70%	204
9	6.81%	244
10	5.81%	201
11	7.57%	271
12	8.94%	320
13	10.44%	374
14	10.75%	385
15	11.11%	398
16	10.72%	384
17	8.77%	314
18	0.95%	34
Grand Total	100.00%	3581

Jun-25

Ethnicity	Percent	Total
Cuban	0.14%	4
Hispanic/Latino- All Other	45.88%	1287
Mexican or Chicano	0.93%	26
Not Hispanic/Latino	53.05%	1488
Grand Total	100.00%	2895

Jun-24

Ethnicity	Percent	Total
Cuban	0.13%	4
Hispanic/Latino- All Other	46.04%	1419
Mexican or Chicano	1.14%	35
Not Hispanic/Latino	52.89%	1624
Grand Total	100.00%	3082

Jun-23

Ethnicity	Percent	Total
Cuban	0.06%	2
Hispanic/Latino- All Other	47.39%	1697
Mexican or Chicano	1.45%	52
Not Hispanic/Latino	51.08%	1829
Puerto Rican	0.03%	1
Grand Total	100.00%	3581

SEX

Row Labels	Count of MRN	Count of MRN
Female	41.30%	1161
Male	58.61%	1644
Grand Total	100.00%	2895

SEX

Row Labels	Count of MRN	Count of MRN
Female	38.51%	1187
Male	61.49%	1895
Grand Total	100.00%	3082

SEX

Row Labels	Count of MRN	Count of MRN
Female	40.88%	1464
Male	59.12%	2117
Grand Total	100.00%	3581

LANGUAGE

Row Labels	Count of MRN	Count of MRN
Amharic	0.04%	1
Arabic	0.04%	1
Chinese	0.04%	1
Dari	0.04%	1
English	72.86%	2038
Farsi	0.04%	1
Igbo	0.04%	1
Mandarin	0.07%	2
Portuguese	0.04%	1
Russian	0.04%	1
Sign Language	0.21%	6
Spanish	26.24%	736
Turkish	0.04%	1
Ukrainian	0.04%	1
Unknown	0.14%	4
Urdu	0.07%	2
Vietnamese	0.25%	7
Grand Total	100.00%	2895

LANGUAGE

Row Labels	Count of MRN	Count of MRN
Arabic	0.06%	2
English	73.38%	2261
Igbo	0.03%	1
Korean	0.03%	1
Kurdish	0.03%	1
Portuguese	0.03%	1
Rohingya	0.03%	1
Sign Language	0.23%	7
Spanish	25.76%	794
Thai	0.03%	1
Unknown	0.16%	5
Vietnamese	0.23%	7
Grand Total	100.00%	3082

LANGUAGE

Row Labels	Count of MRN	Count of MRN
Arabic	3	3
Burmese	1	1
English	2600	2600
French	1	1
Igbo	1	1
Korean	1	1
Kurdish	1	1
Pashto	1	1
Portuguese	2	2
Sign Language	5	5
Spanish	935	935
Unknown	12	12
Vietnamese	9	9
Grand Total	3581	3581

ZIPCODE

Row Labels	Count of MRN	Count of MRN
75041	0.04%	1
77062	0.07%	2
77069	0.07%	2
77064	0.88%	24
77098	0.04%	1
77067	0.14%	4
77068	0.14%	4
77069	0.57%	16
77011	0.38%	10
77012	0.93%	26
77013	0.60%	14
77017	1.32%	37
77018	0.18%	5
77018-1400	0.04%	1
77019	0.04%	1
77020	0.33%	10
77021	1.50%	42
77022	0.82%	23
77022-5003	0.04%	1
77023	0.29%	8
77024	0.29%	8
77025	0.39%	11
77026	1.59%	42
77027	0.04%	1
77028	0.86%	24
77029	0.39%	11
77030	0.07%	2
77031	0.43%	12
77032	0.43%	12
77033	2.42%	68
77034	0.85%	24
77035	0.03%	0
77036	2.35%	66
77037	0.71%	20
77038	0.88%	24
77039	0.43%	12
77040	0.03%	0
77041	0.81%	17
77042	0.71%	20
77043	1.18%	33
77043-2614	0.04%	1
77044	1.39%	39
77045	1.32%	37
77047	0.89%	25
77048	1.97%	59
77049	0.57%	16
77050	0.11%	3
77051	1.53%	43
77053	0.61%	17
77054	0.38%	10
77055	1.71%	48
77056	0.11%	3
77057	0.36%	10
77058	0.18%	5
77059	0.04%	1
77060	0.89%	25
77061	0.82%	23
77062	0.07%	2
77063	0.32%	9
77064	0.36%	10
77065	0.71%	20
77066	0.29%	8
77067	0.53%	15
77068	0.04%	1
77069	0.18%	5
77070	0.89%	25
77071	0.89%	19
77072	0.07%	2
77072-2222	1.57%	44
77073	0.89%	25
77074	0.89%	26
77075	1.03%	29
77076	1.00%	28
77077	1.11%	31
77078	1.11%	31
77079	0.43%	12
77080	1.39%	39
77081	1.28%	36
77082	1.25%	35
77083	1.07%	30
77084	1.60%	45
77085	0.29%	8
77086	0.57%	16
77087	1.60%	45
77088	1.69%	53
77089	1.11%	31
77090	1.03%	29
77091	1.53%	43
77092	1.07%	30
77093-6815	0.04%	1
77095	1.57%	44
77096	0.14%	4
77096	0.71%	20

ZIPCODE

Row Labels	Count of MRN	Count of MRN
46214	0.03%	1
75200	0.03%	1
75066	0.03%	1
77062	0.06%	2
77063	0.13%	4
77064	0.68%	21
77065	0.03%	1
77067	0.13%	4
77068	0.14%	5
77069	0.75%	23
77011	0.23%	7
77015	1.56%	48
77018	1.43%	44
77017	1.33%	41
77018	0.10%	3
77018-1400	0.03%	1
77019	0.03%	1
77020	0.65%	20
77021	1.75%	54
77022	0.81%	25
77022-5003	0.03%	1
77023	0.39%	11
77024	0.39%	11
77025	0.38%	11
77026	1.52%	47
77028	0.78%	24
77029	0.42%	13
77030	0.03%	1
77031	0.38%	11
77032	0.23%	7
77033	2.50%	77
77034	1.07%	33
77035	1.14%	35
77036	1.65%	51
77037	0.52%	16
77038	0.78%	24
77039	0.39%	12
77040	0.04%	1
77041	0.81%	20
77042	0.84%	20
77043	0.75%	23
77043-2614	0.03%	1
77044	1.38%	42
77045	1.14%	35
77047	1.01%	31
77048	1.78%	50
77049	0.78%	24
77050	0.78%	24
77051	1.30%	40
77053	0.78%	24
77054	0.82%	19
77055	1.82%	56
77056	0.19%	6
77057	0.28%	8
77058	0.10%	3
77060	0.81%	25
77061	0.78%	24
77062	0.19%	6
77063	0.39%	12
77064	0.78%	24
77065	0.68%	21
77066	0.29%	9
77067	0.52%	16
77068	0.03%	1
77069	0.18%	5
77070	0.71%	22
77071	0.78%	24
77071-2222	0.06%	2
77072	1.52%	47
77073	1.14%	35
77074	1.07%	33
77075	1.10%	34
77076	1.04%	32
77077	0.91%	28
77078	0.84%	26
77079	0.43%	12
77079	0.84%	30
77079-4773	0.03%	1
77080	1.23%	38
77080-6815	1.23%	38
77081	1.57%	44
77082	0.10%	3
77083	0.78%	24
77084	0.78%	24

ZIPCODE

Row Labels	Count of MRN	Count of MRN
76774	0.03%	1
77041	0.03%	1
77063	0.03%	1
77066	0.03%	1
77064	0.03%	1
77068	0.06%	2
77065	0.03%	1
77069	0.20%	7
77068	0.84%	23
77011	0.42%	15
77012	0.81%	29
77013	0.28%	10
77014	0.73%	26
77015	1.54%	55
77016	1.26%	45
77017	1.31%	47
77018	0.31%	11
77018-1400	0.03%	1
77019	0.06%	3
77020	0.50%	18
77021	1.37%	49
77022	0.84%	30
77023	0.34%	12
77024	0.31%	11
77025	0.31%	11
77026	1.31%	47
77027	0.03%	1
77028	0.95%	34
77029	0.34%	12
77030	0.03%	1
77031	0.50%	18
77032	0.30%	14
77033	2.57%	92
77034	0.89%	32
77035	1.17%	42
77036	1.88%	60
77037	0.56%	20
77038	0.78%	28
77039	0.53%	19
77040	1.12%	40
77040-5550	0.03%	1
77041	0.61%	22
77042	0.84%	30
77043	0.78%	28
77044	1.22%	40
77045	1.09%	36
77047	0.87%	31
77048	0.95%	34
77049	0.78%	28
77050	0.14%	5
77051	1.23%	44
77053	0.95%	34
77054	0.39%	14
77055	1.96%	71
77056	0.08%	3
77057	0.36%	13
77058	0.11%	4
77060	1.01%	36
77061	0.84%	30
77062	0.11%	4
77063	0.28%	10
77064	0.92%	33
77065	0.64%	23
77066	0.78%	28
77067	0.73%	26
77068	0.17%	6
77069	0.20%	7
77070	0.61%	20
77071	0.84%	30
77071-2222	0.06%	2
77072	1.50%	57
77073	0.95%	34
77074	1.26%	45
77075	1.20%	43
77076	0.96%	36
77077	0.95%	34
77078	0.87%	31
77079	0.28%	10
77079-4773	0.03%	1
77080	2.12%	76
77080-6815	0.03%	1
77081	1.01%	36
77082	1.31%	47
77083	1.03%	37
77084	1.79%	64

# 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
<b>Access to Care</b>																					
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	14,363	14,327	14,259			14,045	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%	104.35%	104.09%	103.60%			102.10%	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	2,965	2,889	2,808			2,963	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%	85.18%	82.99%	80.67%			85.12%	100.00%	C	MBOW
IDD Service Target	1097	1096	943	858	927	956	953	892	839	901	923	953	962	961	960			930	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%	112.65%	112.53%	112.41%			108.90%	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	1.58	1.72			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	1.26			2.65	<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	7.43			7.73	<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	6.16	7.56	6.79			7.06	<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	2			3.80	<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			0.00	0	IOS	Epic

**AMH Serv. Provision (Monthly):** % of adult patients authorized who received at least 1 face to face or televideo encounter in that month: AMH team is working to ensure that 65% or more of consumers on caseload receive at least 1 face to face service monthly. Challenges: No show for follow up.

**CAS Service target:** CAS Team has a workgroup in the process for improving care counts and service target

			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	4.60			4.22	<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	10.94	12.16	12.97			9.96	<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	85			38.80	<45	IOS	Epic	
AMH # Pts Seen in 60+ Days	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0			0.20	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	17			15,006				
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	11.10			10.52				
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%	84.00%			86.60%	95.00%	C	Brightmetric	
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%	11.10%			9.73%	< 8.00%	NS	Brightmetric	
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%	85.00%			81.00%			Brightmetric	
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%	100.00%			99.68%	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%	87.00%			84.11%	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	





# 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)
-----------------------------	---

PES Restraint, Se		
<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
Patient Satisfaction (Based on the Two Top-Box Scores) - Strategic Plan Goal #6: Organization of Choice		
<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.