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

Live View: https://theharriscentertx.new.swagit.com/views/834/

Quality Committee Meeting
November 11, 2025
10:00 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, October 21, 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 Senior Director-Pharmacy Programs 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, Senior Director-Pharmacy Programs

• 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, OCTOBER 21, 2025 MINUTES

Dr. J. Lankford, Board Chair, called the meeting to order at 11:08 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:

Other Board Member in Attendance: Dr. Q. Moore,
N. Hurtado-videoconference, R. Thomas-videoconference

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. Lankford designated Dr. Q. Moore, N. Hurtado and R. Thomas as voting members

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, September 16, 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 September 16, 2025 as presented under Exhibit Q-1, are approved.

6. **CONSIDER AND TAKE ACTION**

   A. **2026 PI Plan**

   MOTION BY: GEARING SECOND BY: BACON

With unanimous affirmative votes,
BE IT RESOLVED that the PI Plan as presented under Exhibit Q-2, are approved.

7. REVIEW AND COMMENT

A. Board Score Card -The Board Score Card presented by Trudy Leidich to the Quality Committee.
B. Crisis Line and 988 Metric Update-The Crisis Line and 988 Metric Update presented by Jennifer Battle to the Quality Committee.

8. EXECUTIVE SESSION-No Executive Session needed

9. RECONVENE INTO OPEN SESSION-

10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
No Executive Session was held.

11. ADJOURN
MOTION: BACON SECOND: GEARING
There being no further business, the meeting adjourned at 12 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

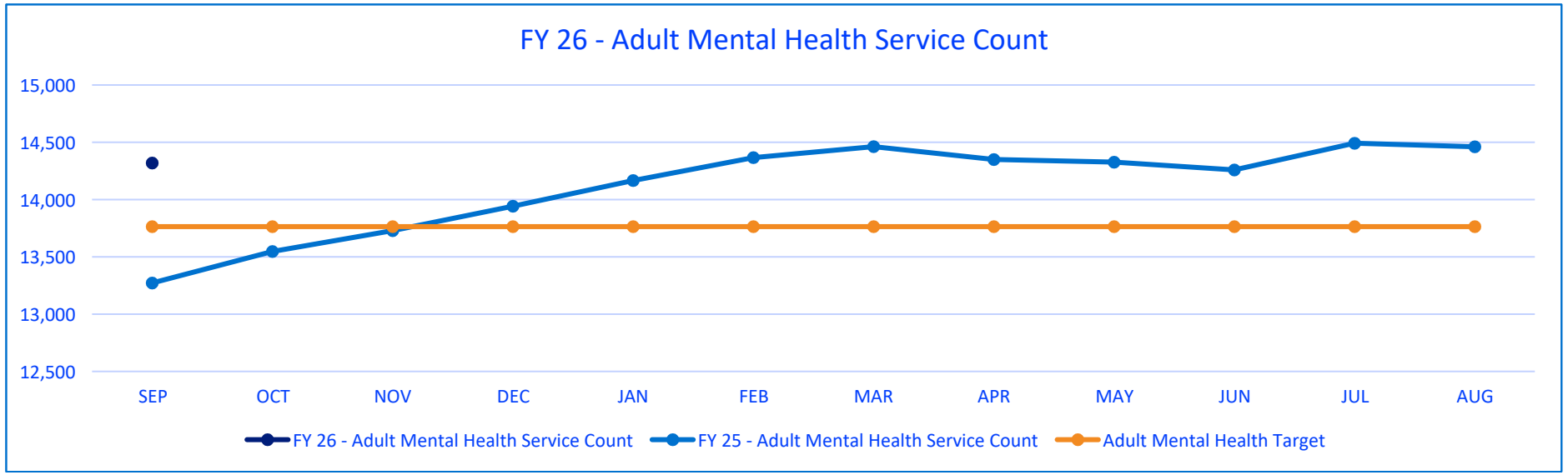
Quality Board Scorecard

Board Quality Committee Meeting

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

November 2026 (Reporting September 2026 Data)

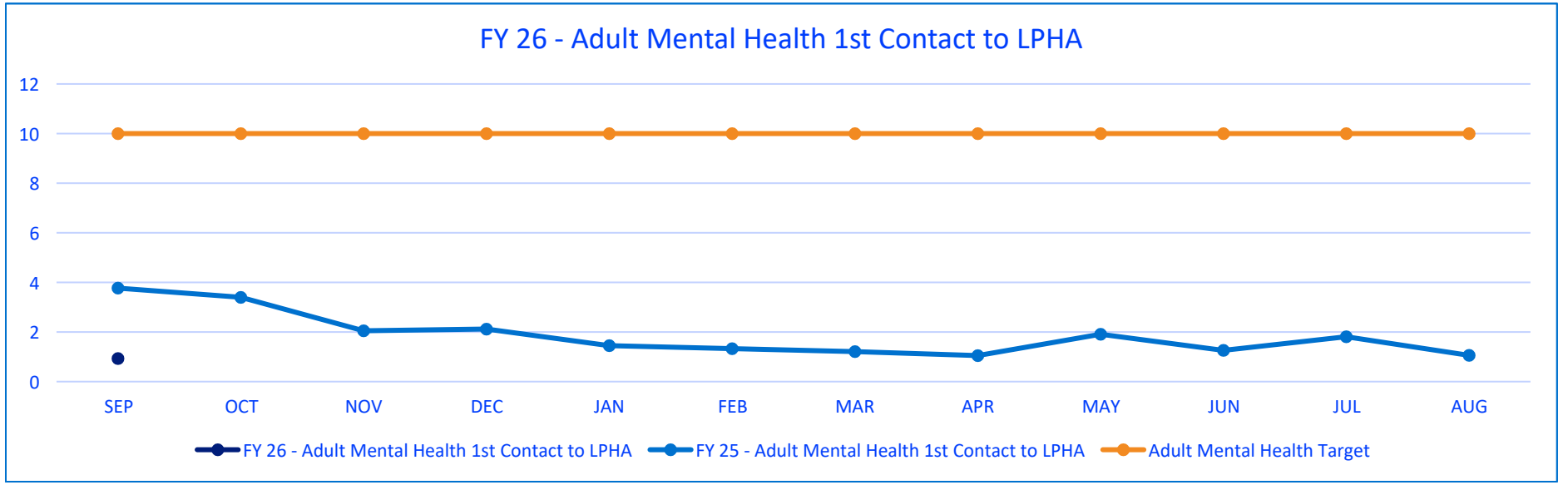
Domain	Program	2026 Fiscal Year State Service Care Count Target	2026 Fiscal Year State Care Count Average (September – August)	Reporting Period: September	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,319	14,319	Increase	Contractual



Notes:
- September Adult Mental Health delivered **14,319 services**, up **7.9% year-over-year** and **4% above target**.

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

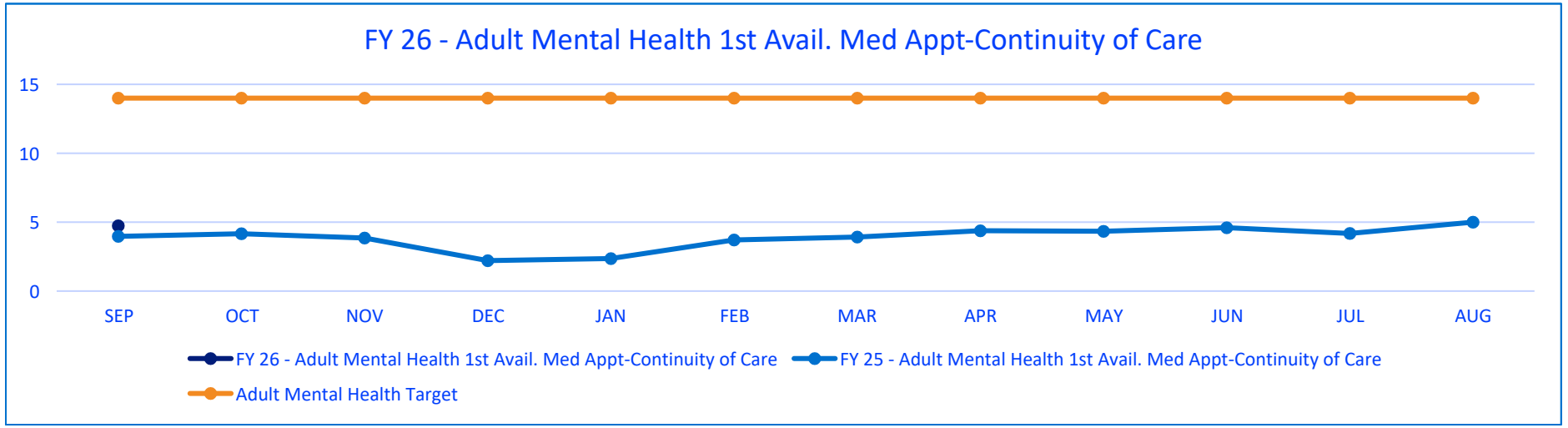
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	0.93 Days	0.93 Days	Decrease	Contractual



Notes:
September access to an LPHA averaged **0.93 days**, an improvement of **75% year-over-year** and **well within the 10-day target and over 9 days faster** than target.

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

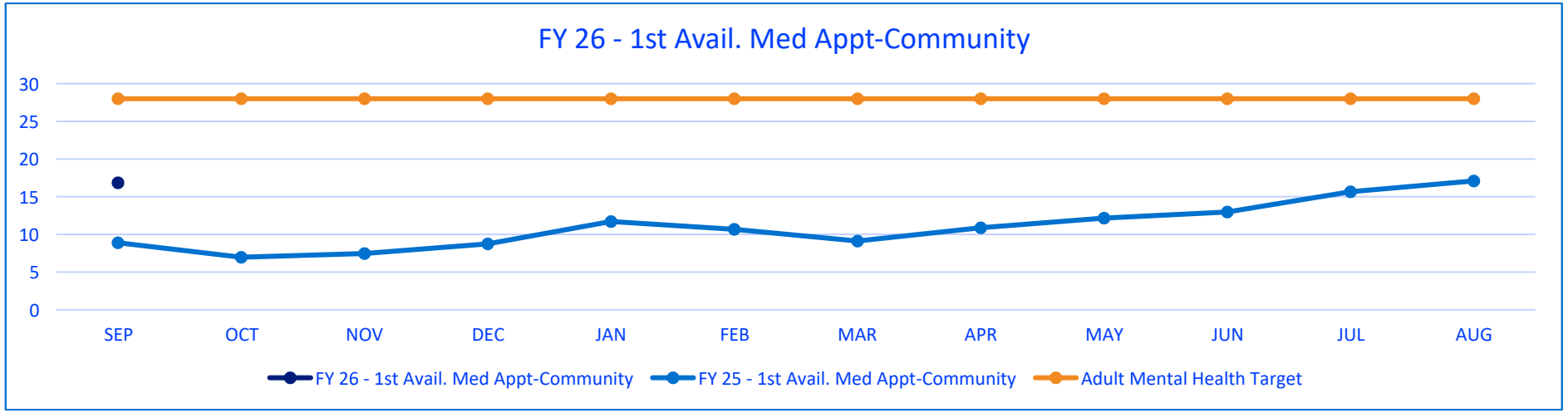
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – August)	Reporting Period: September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.74 days	4.74 days	Decrease	Contractual



Notes:
September's first-available med appointment for Adult MH (continuity of care) was **4.74 days, +0.77-day (+19%)** increase vs last year. Still **9.3 days** faster than the target.

Measure definition: Adult - Time between MD Intake Assessment (Continuity of Care) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date

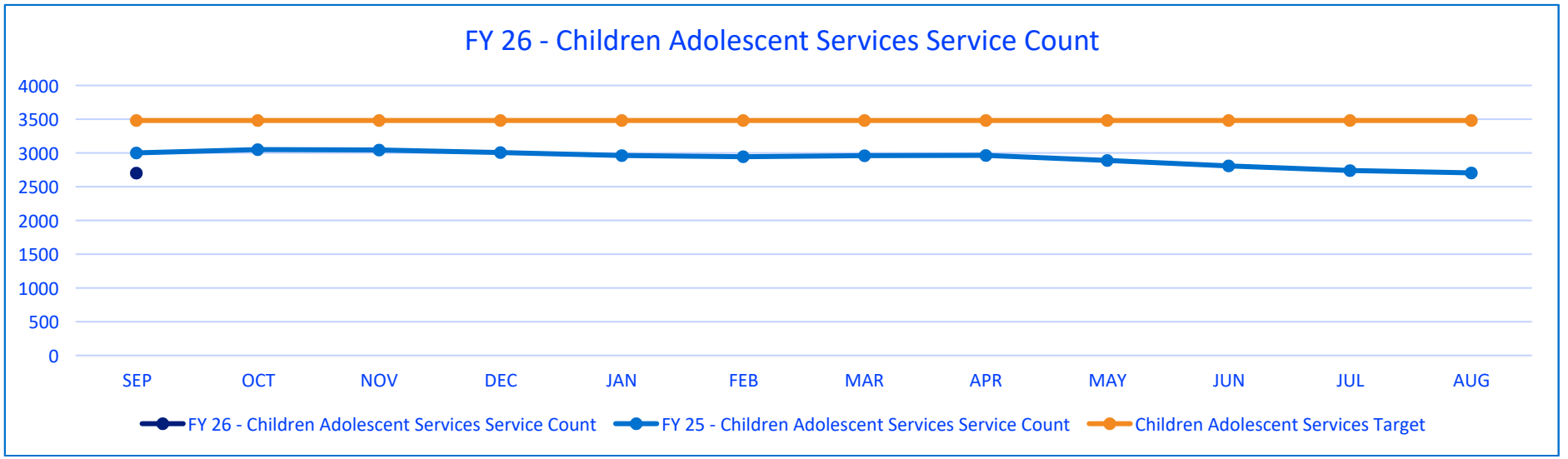
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-August)	Reporting Period-September	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	16.86 days	16.86 days	Decrease	Contractual



Notes:
September's first-available community med appointment was **16.86 days,** well under the 28-day target (60% of target) but **up 8.0 days** year-over-year.

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

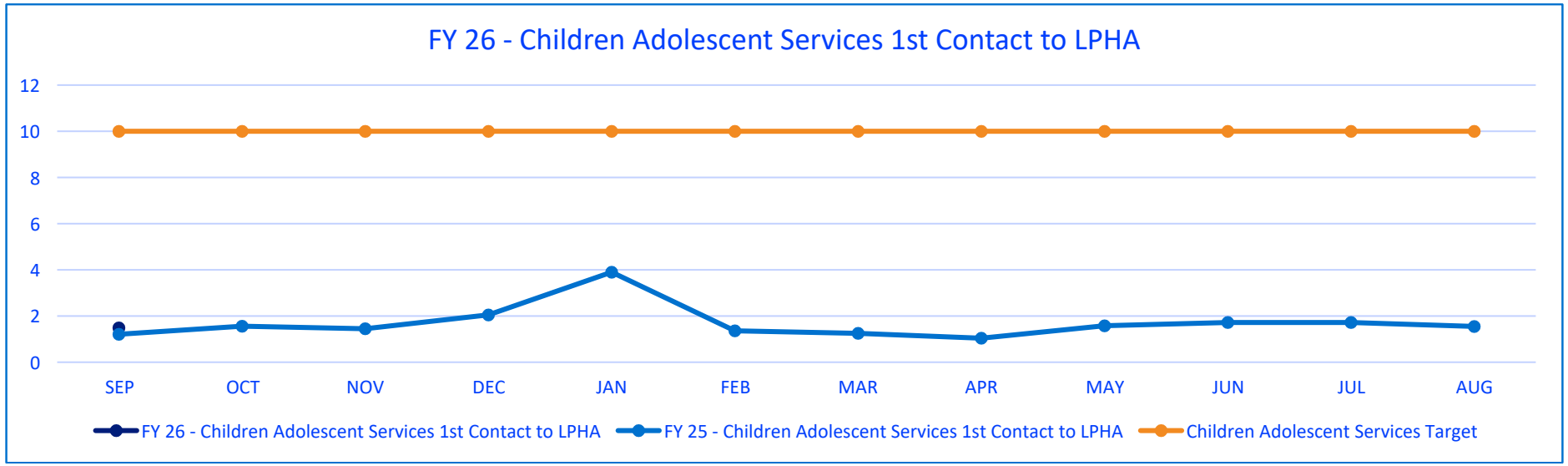
Domain	Program	2026 Fiscal Year State Care Count Target	2026 Fiscal Year State Care Count Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,701	2,701	Increase	Contractual



Notes:
September Children & Adolescent Services delivered **2,701 encounters**, **down 10% year-over-year** and **22% below target**

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

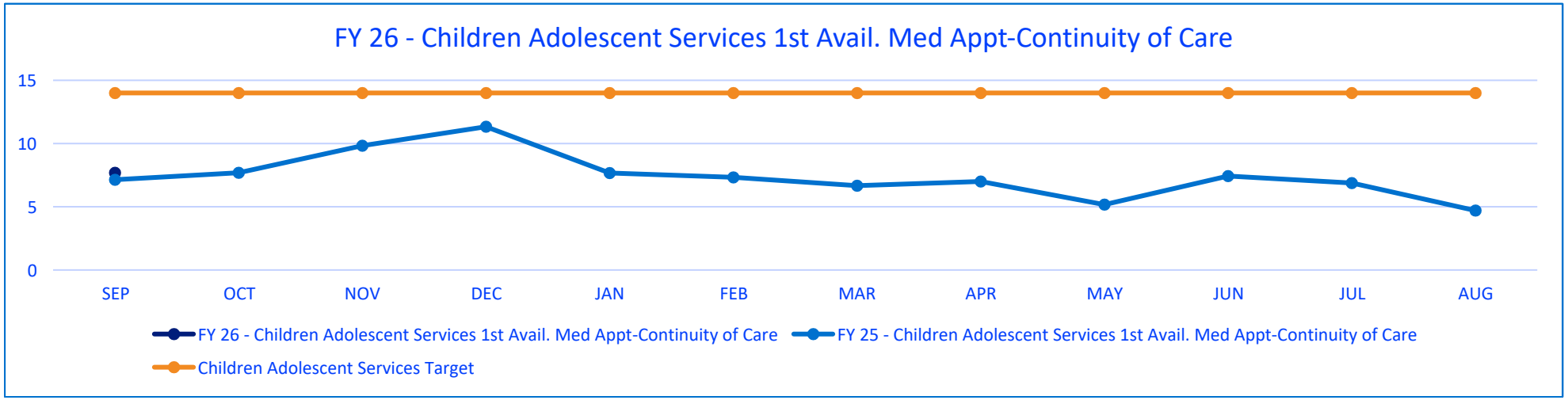
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.49 days	1.49 days	Decrease	Contractual



Notes:
September time from **first contact to LPHA** averaged **1.49 days**, exceeding our 10-day target, indicating rapid access to clinical assessment.

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

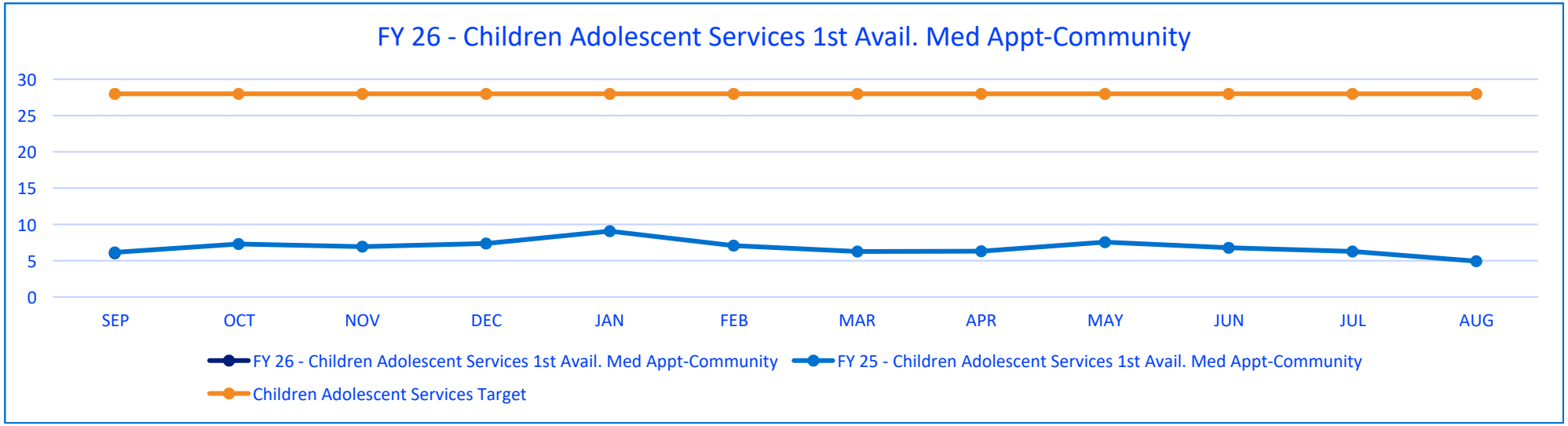
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	7.69 days	7.69 days	Decrease	Contractual



Notes:
September continuity-of-care med access stands at **7.69 days**, exceeded our 14-day target, but up half a day year-over-year.

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

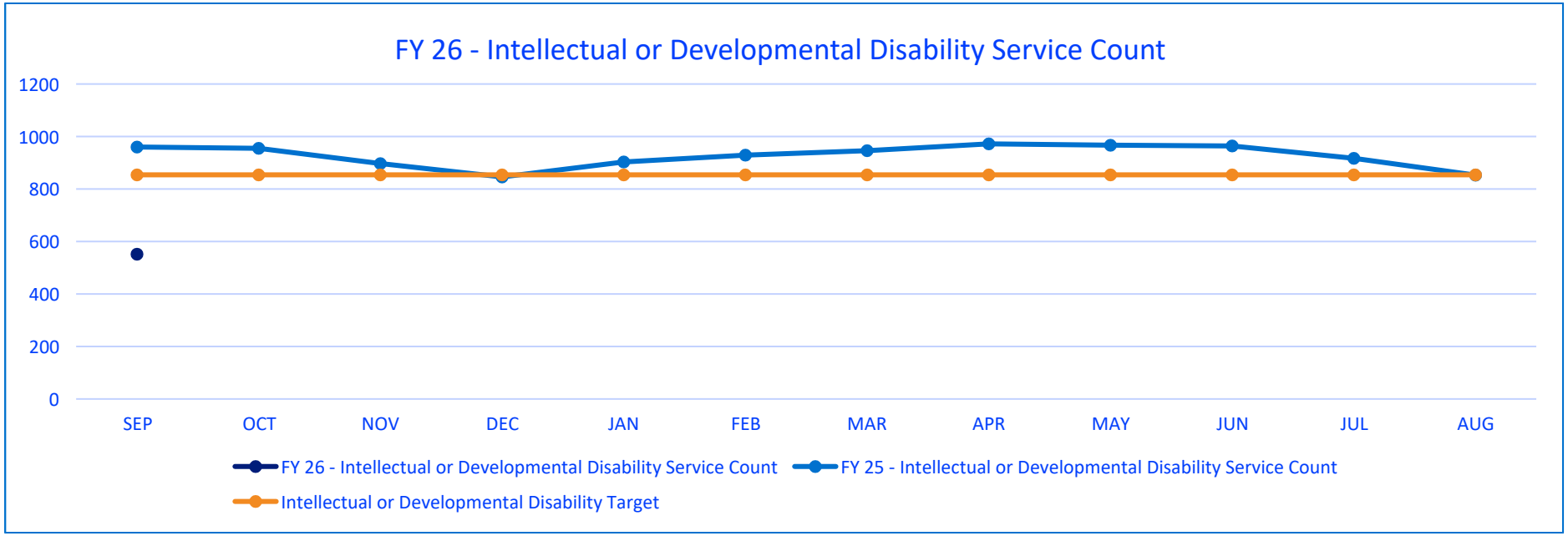
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Community	<28 days	6.04 days	6.04 days	Decrease	Contractual



Notes:
September Children and Adolescent Services medical appointment for community access averaged **6.04 days**, exceeding the 28-day target and **–1.8%** year-over-year.

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

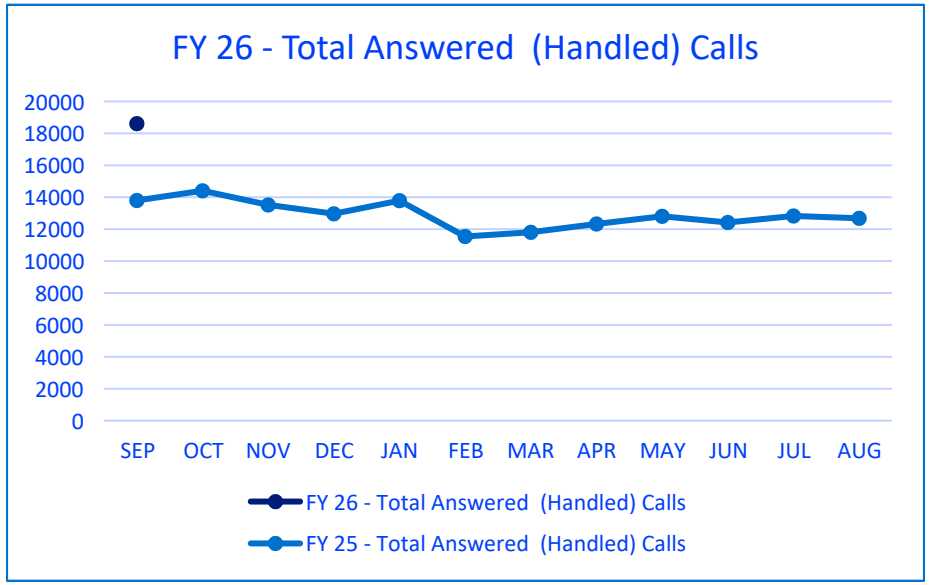
Domain	Program	2026 Fiscal Year State Count Target	2026 Fiscal Year State Count Average (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Access	IDD	854	552	552	Increase	Contractual

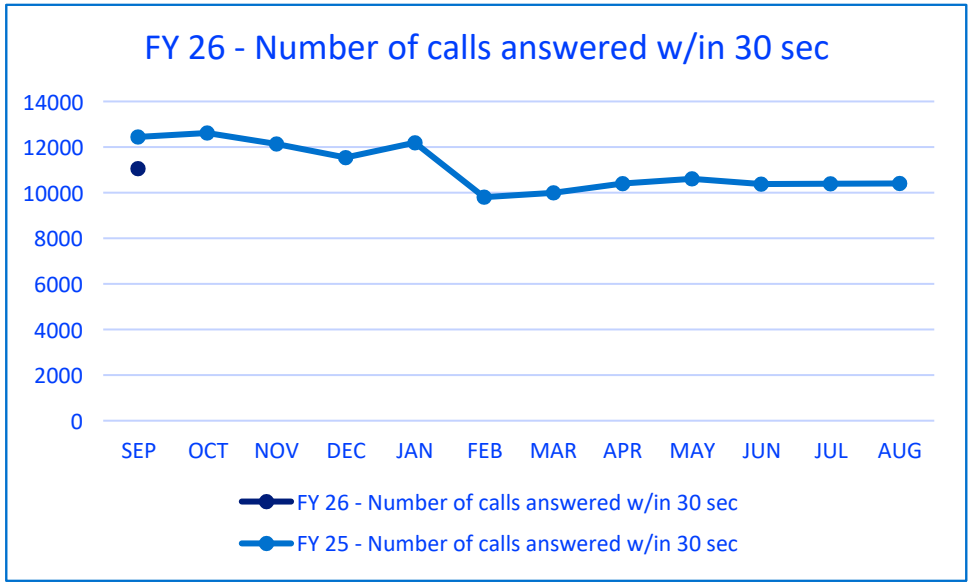


Notes:
The IDD division service care count is at 552 for this reporting period

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.)

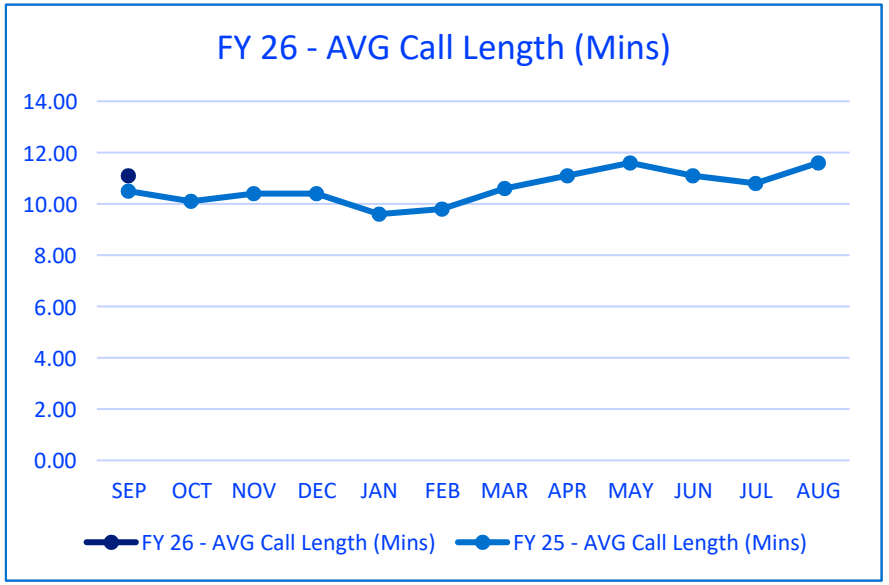
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	18,616	18,616	N/A	N/A
	Number of calls answered w/in 30 secs	N/A	11,054	11,054	N/A	Contractual

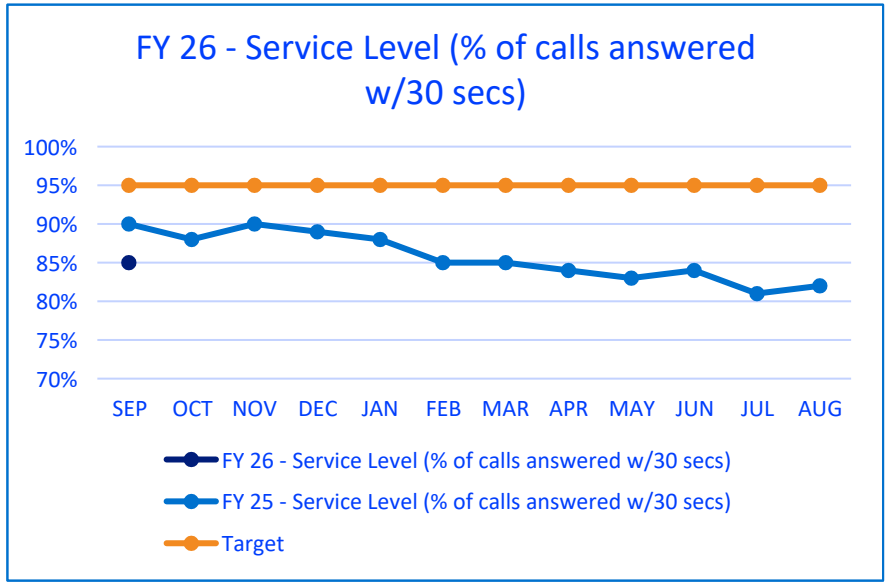




Notes:
September handled **18.6k calls**, **up 35% year-over-year**.

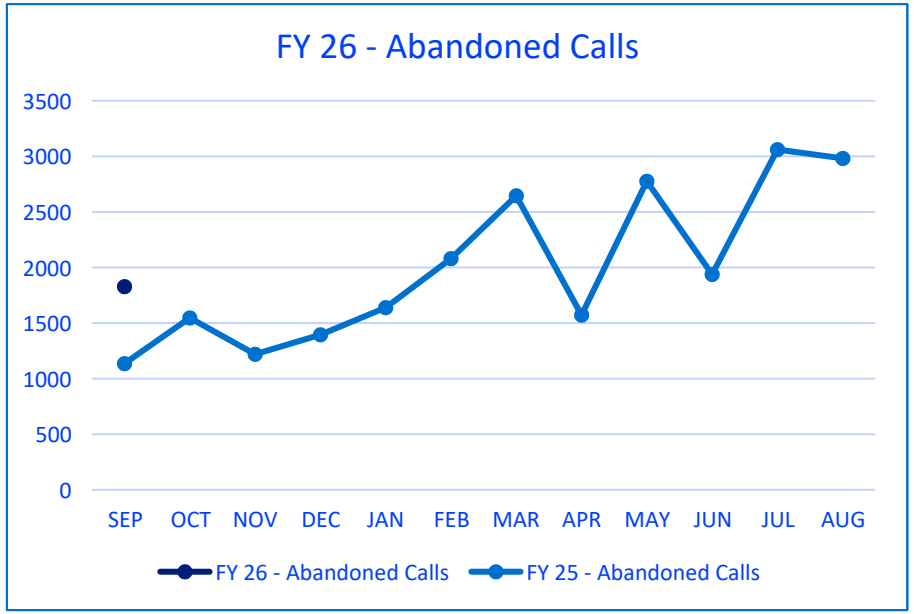
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	11.10	11.10	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	85.00%	85.00%	N/A	Contractual

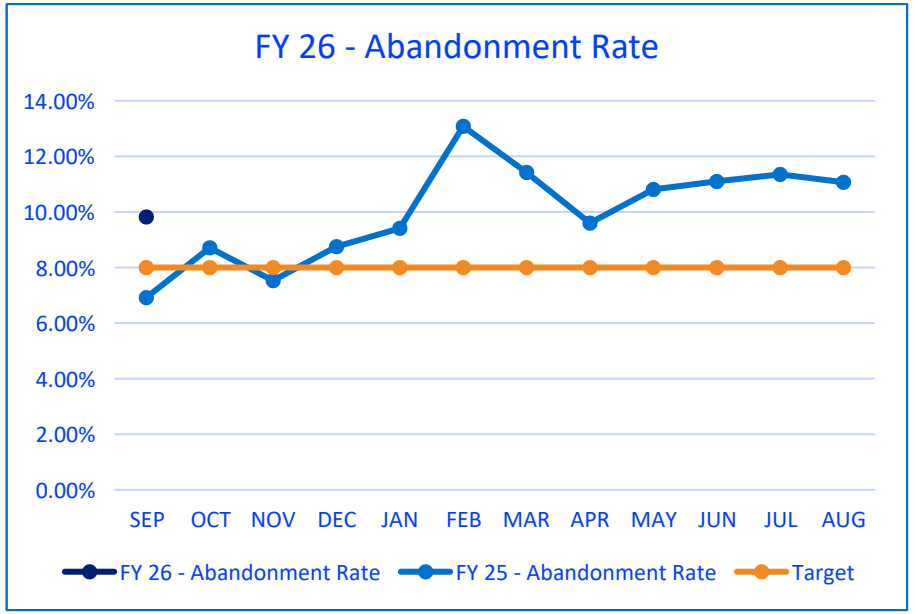




Notes:
Average call length increased to **11.1 minutes** (**+5.7% YoY**). Combined with **35% more calls**, total talk time jumped **43%**, or about **34 more phone hours per day**.

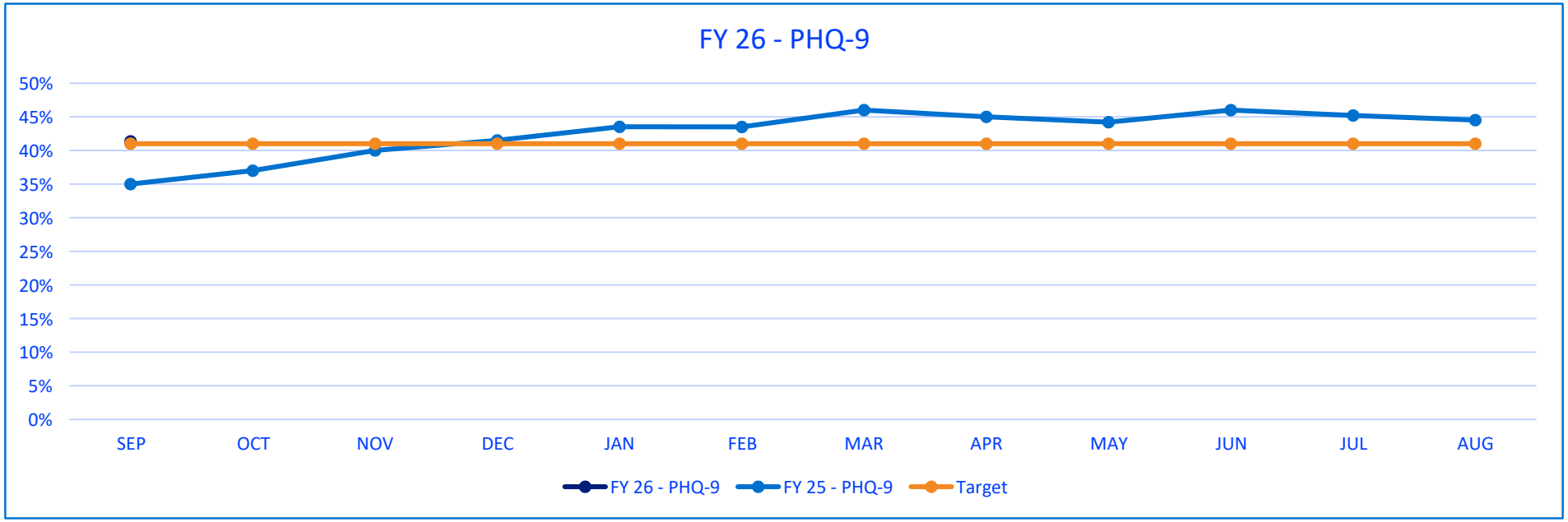
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,828	1,828	Decrease	Contractual
	Abandonment Rate	<8%	9.82%	9.82%	Decrease	Contractual





Notes:
September abandons rose to **1,828** (**+61% YoY**). Abandonment rate rising from **7.6% to 8.9%**

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Averag e (September – August)	Reporting Period- September	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	41.35%	41.35%	Increase	IOS

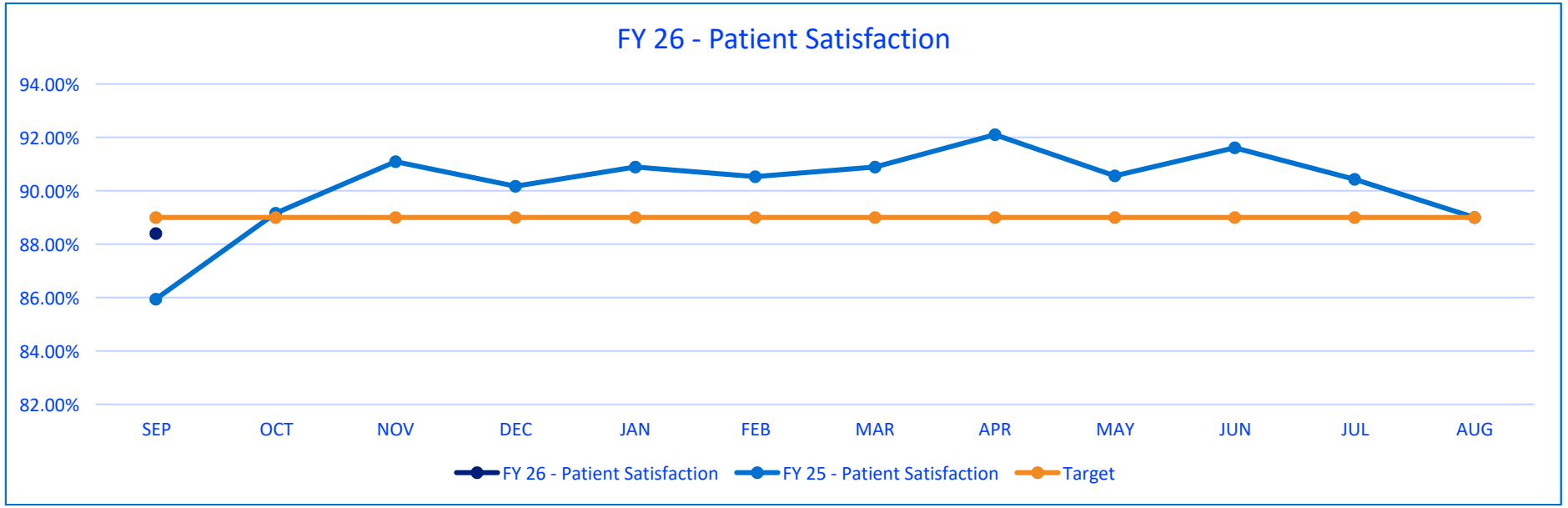


Notes:
September PHQ-9 reached **41%, up 6 points year-over-year** and **at target**.

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)	2026 Fiscal Year Target	2026Fiscal Year Average (September - August)	Reporting Period- September	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90.00%	88.40%	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

Measure in red > 3 Months

	APR	MAY	JUN	JUL	FY25 AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY26 AVG	FY26 Target	Target Type	Data Origin
Access to Care																					
CAS Service Target	2,965	2,889	2,891	2,742	2,705	2,701												2,701	3,481	C	MBOW
CAS Actual Service Target %	85.18%	82.99%	83.05%	78.77%	77.71%	77.59%												77.59%	100.00%	C	MBOW

- **CAS Service target:** CAS Team has a workgroup in the process for improving care counts and service target. New strategies have been implemented including outreach at local community organizations, schools and other programs that serve CAS population

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	FY25 AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	FY26 AVG	FY26 Target	Target Type	Data Origin
Access to Care																					
Adult Service Target	14,363	14,327	14,269	14,525	14,460	14,319												14,319	13,764	C	MBOW
AMH Actual Service Target %	104.35%	104.09%	103.67%	105.53%	105.06%	104.03%												104.03%	100.00%	C	MBOW
CAS Service Target	2,965	2,889	2,891	2,742	2,705	2,701												2,701	3,481	C	MBOW
CAS Actual Service Target %	85.18%	82.99%	83.05%	78.77%	77.71%	77.59%												77.59%	100.00%	C	MBOW
IDD Service Target	972	969	966	920	851	552												552	854	SP	MBOW
IDD Actual Service Target %	113.82%	113.47%	113.00%	107.49%	99.65%	64.64%												64.64%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.04	1.58	1.74	1.72	1.55	1.49												1.49	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.05	1.91	1.26	1.81	1.06	0.93												0.93	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	7.00	5.17	7.50	6.88	4.70	7.69												7.69	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	6.16	7.56	6.84	6.32	4.94	6.04												6.04	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	0	1	2	5	0	0												0.00	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	0	0												0.00	0	IOS	Epic

	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-COC	4.38	4.34	4.62	4.18	5.00	4.74												4.74	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	10.94	12.16	12.77	15.52	17.09	16.86												16.86	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	56	79	85	150	165	102												102.00	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	1	0	0	0	17	25												25.00	0	IOS	Epic
	APR	MAY	JUN	JUL	AUG														FY25 Target	Target Type	Data Origin
Access to Care, Crisis Line																					
Total Calls Received	16,377	17,758	17,457	18,518	18,277	18,616															
AVG Call Length (Mins)	11.1	11.6	11.10	10.80	11.60	11.10															
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%													95.00%	C	Brightmetrics
Abandonment Rate	9.60%	10.81%	11.10%	11.35%	11.07%	9.82%													< 8.00%	NS	Brightmetrics
Occupancy Rate	83.00%	85.00%	85.00%	89.00%	86.00%	85.00%															Brightmetrics
Avg staff per day	36	32	33	34	99.68%	36.00%												36.00%	97.36%	IOS	Icarol
Access to Crisis Resp. Svc.	76.80%	77.60%	87.00%	93.70%	90.30%	95.90%												95.90%	52.00%	C	MBOW
PES Restraint, Seclusion, and Emergency Medications (Rates Based on 1,000 Bed Hours)																					
PES Total Visits	1,017	1,044	1,063	1,139	1,078	1097												1097			
PES Admission Volume	460	499	431	471	447	468												468.00			
Mechanical Restraints	0	0	0	0	0	0												0.00			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00												0.00	≤ 0.01	IOS	Epic
Personal Restraints	46	48	47	36	11	36												36.00			Epic
Personal Restraint Rate	3.67	3.13	3.41	2.84	0.89	1.45												1.45	≤ 2.80	IOS	Epic
Seclusions	42	41	35	31	8	31												31.00			Epic
Seclusion Rate	3.35	2.68	2.54	2.45	0.65	1.09												1.09	≤ 2.73	SP	Epic
AVG Minutes in Seclusion	82.57	46.93	43.14	60.68	42.00	42												42.00	≤ 61.73	IOS	Epic
Emergency Medications	28	38	33	37	8	30												30.00			Epic
EM Rate	2.13	2.48	2.39	2.92	0.65	1.21												1.21	≤ 3.91	IOS	Epic
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%														#DIV/0!	100.00%	IOS	Epic

	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	92.10%	90.56%	91.61%	90.43%	88.84%	88.40%												88.40%	88.70%	IOS	Feedtrail
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																					
QIDS-C	28.66%	29.11%	30.30%	31.54%	31.93%	25.27%												25.27%	24.00%	IOS	MBOW
BDSS	30.27%	31.29%	31.98%	32.53%	32.94%	30.86%												30.86%	32.00%	IOS	MBOW
PSRS	36.75%	38.00%	38.79%	40.26%	40.36%	35.52%												35.52%	35.00%	IOS	MBOW
Adult Mental Health Clinical Quality Measures (New Patient Improvement)																					
BASIS-24 (CRU/CSU)	94%	118%	86%	84%														#DIV/0!	68%	IOS	McLean
QIDS-C	47.50%	49.70%	48.80%	51.30%	48.10%	47.40%												47.40%	45.38%	IOS	Epic
BDSS	44.70%	46.60%	46.50%	46.50%	47.10%	45.60%												45.60%	46.47%	IOS	Epic
PSRS	37.80%	36.80%	35.90%	36.40%	36.90%	37.90%												37.90%	37.89%	IOS	Epic
Child/Adolescent Mental Health Clinical Quality Measures (New Patient Improvement)																					
PHQ-A (11-17)	44.50%	44.30%	48.90%	41.50%	42.10%	42.60%												42.60%	41.27%	IOS	Epic
PHQ-9	45.00%	44.20%	46.00%	45.20%	44.00%	41.35%												41.35%	41.00%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																					
ANSA (Adult)	37.70%	39.40%	40.70%	42.10%	42.80%	32.50%												32.50%	20.00%	C	MBOW
CANS (Child/Adolescent)	28.60%	30.70%	32.80%	35.00%	36.20%	17.20%												17.20%	25.00%	C	MBOW
Adult and Child/Adolescent Functioning Measures																					
DLA-20 (AMH and CAS)	40.50%	41.50%	42.50%	50.90%	48.40%	52.50%												52.50%	48.07%	IOS	Epic

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 C	
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.