


Quality Committee Meeting  
January 20, 2026  
11:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
  - A. Minutes of the Board of Trustees Quality Committee Held on Tuesday, November 11, 2025  
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
  - A. Board Scorecard  
(EXHIBIT Q-2 Trudy Leidich)
  - B. Quality Committee Retreat  
(Dr. J. Lankford/Dr. L. Li)
- 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, NOVEMBER 11, 2025**  
**MINUTES**

Dr. J. Lankford, Board Chair, called the meeting to order at 10:02 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: Dr. Q. Moore

Other Board Member in Attendance: Dr. M. Miller, Jr.

**1. CALL TO ORDER**

Dr. J. Lankford called the meeting to order at 10:02 a.m.

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

Dr. Lankford designated Dr. Miller, Jr. as 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, October 21, 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 October 21, 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 to the Quality Committee.

**7. EXECUTIVE SESSION-Entered into Executive Session at 10:11am**

- 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

**9. RECONVENE INTO OPEN SESSION-10:32am**

**10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION**

No Action was Taken

**11. ADJOURN**

**MOTION: BACON SECOND: GEARING**

There being no further business, the meeting adjourned at 10:22 a.m.

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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**

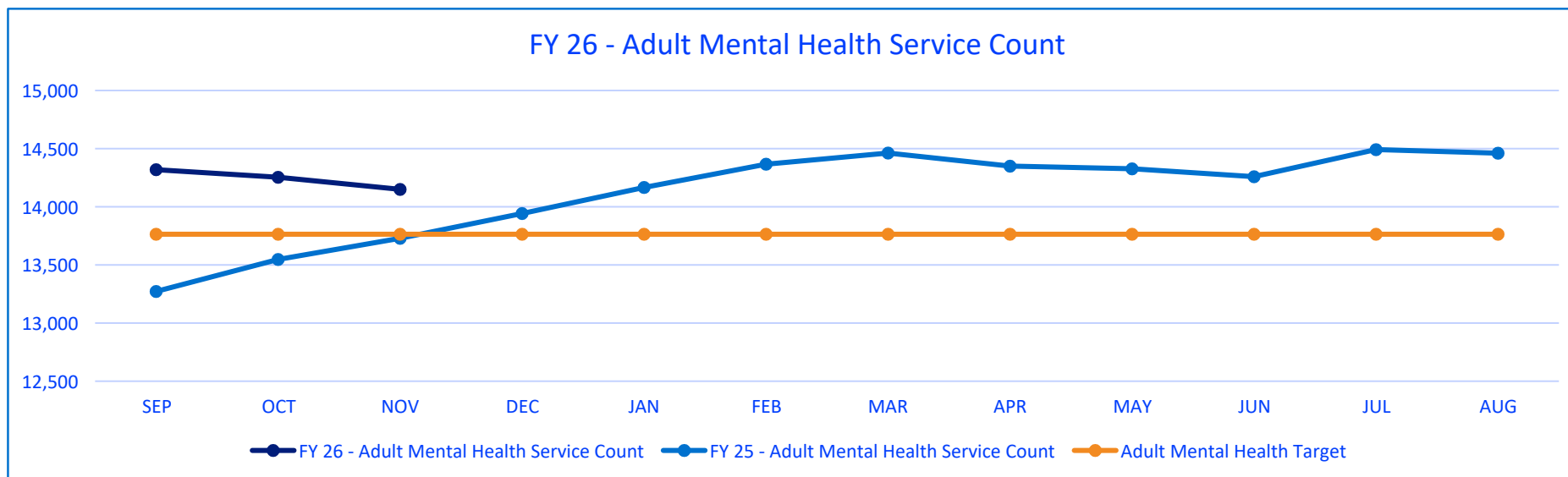
# Quality Board Scorecard

Board Quality Committee Meeting

Presented by: Trudy Leidich, MBA, RN  
VP of Clinical Transformation and Quality  
January 2026 (Reporting November 2025 Data)



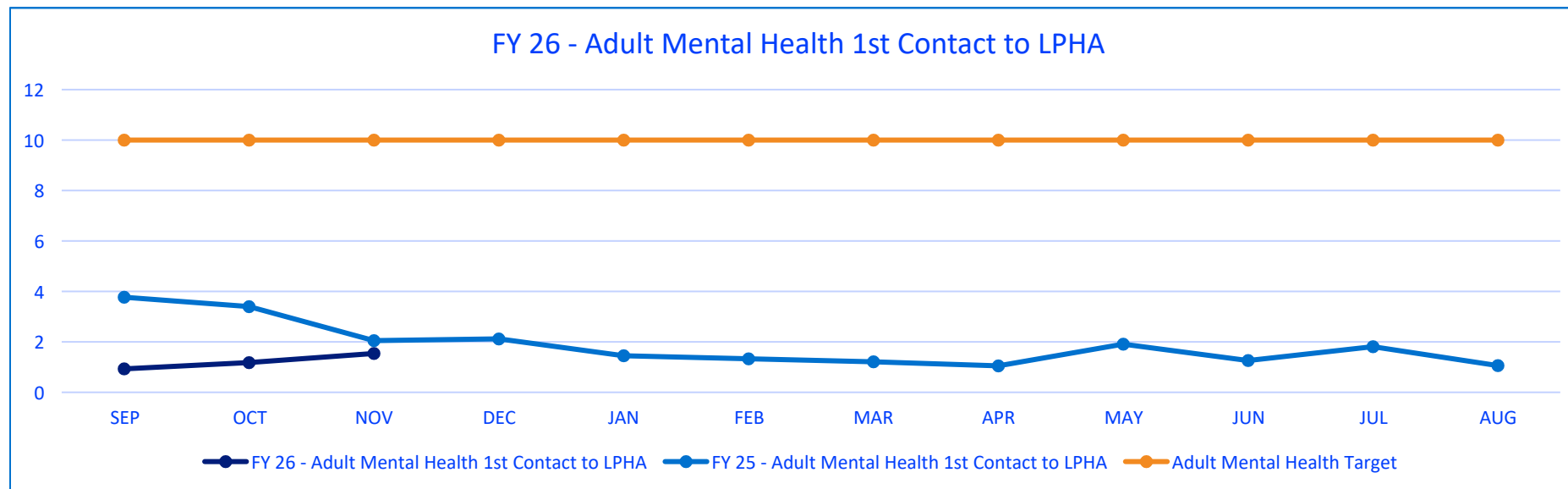
Domain	Program	2026 Fiscal Year State Service Care Count Target	2026 Fiscal Year State Care Count Average (September – August)	Reporting Period: November	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,241	14,150	Increase	Contractual

**Notes:**

- November Adult Mental Health delivered **14,150 care counts**, up **3.07%** year-over-year, and outperformed the service count (13,764) target by **2.80%**.



Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.22 Days	1.54 Days	Decrease	Contractual

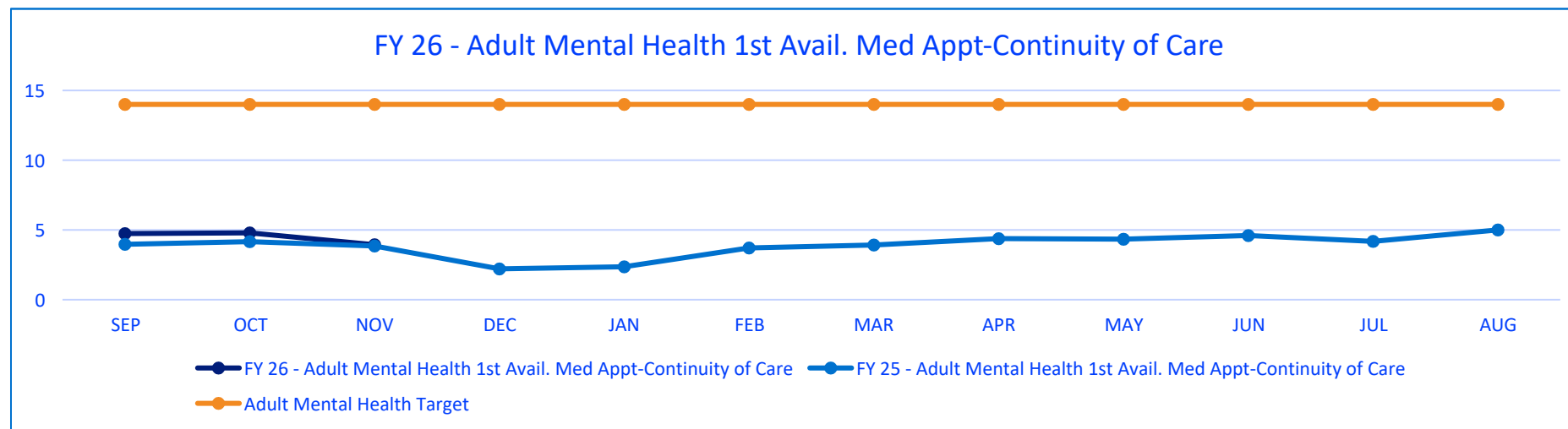
**Notes:**

November adult mental health 1<sup>st</sup> contact to an LPHA averaged **1.54 days**, an improvement of **24.88% year-over-year** and outperformed the 10-day target by **84.60%**.

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



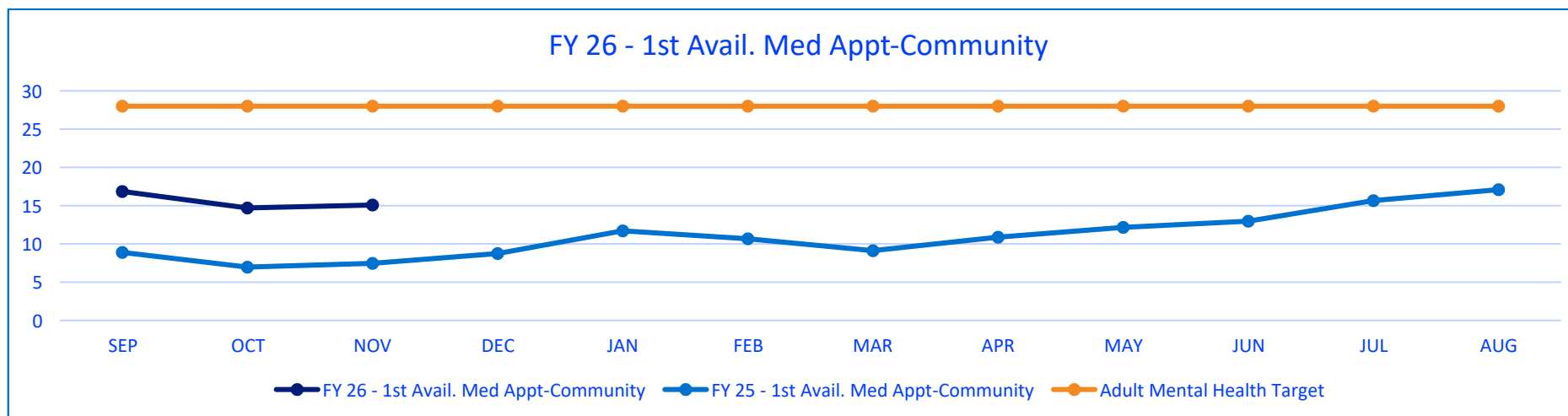
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (January–August)	Reporting Period: November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.49 days	3.94 days	Decrease	Contractual

**Notes:**

November's first-available medical appointment for Adult MH (continuity of care) was **3.94 days**, a minimal decrease of **2.34% year over year**. However, the measure outperformed the 14-day target by **71.86%**.

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

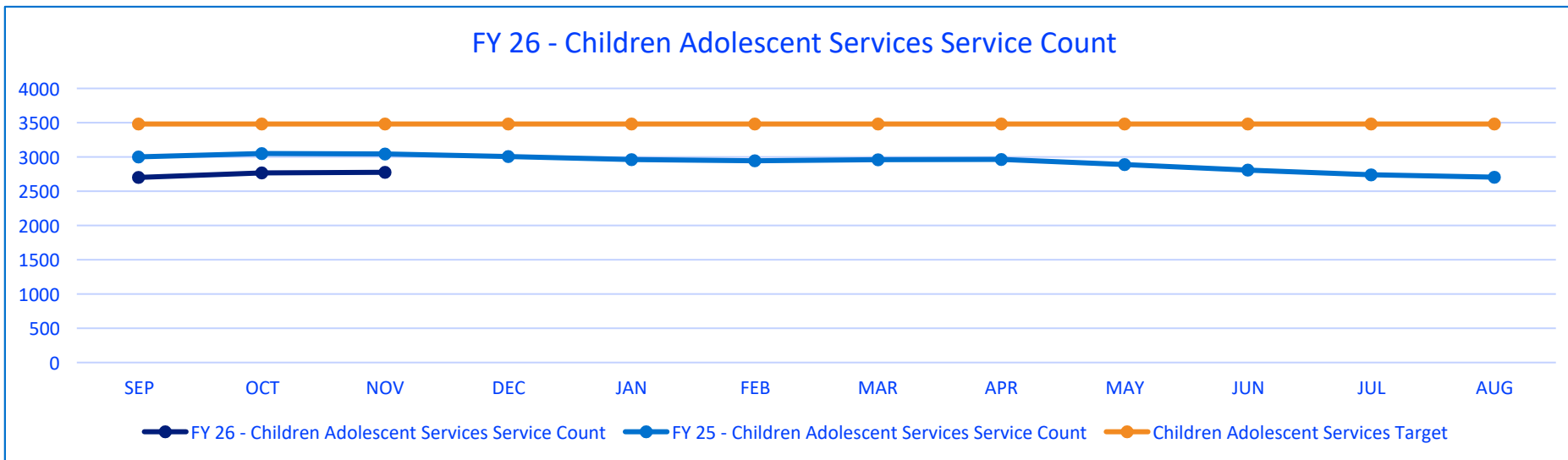
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	15.55 days	15.08 days	Decrease	Contractual

**Notes:**

November's first-available community med appointment was **15.08 days**, a **102.14% increase** year-over-year. However, the measure **outperformed the 28-day target by 46.14%**

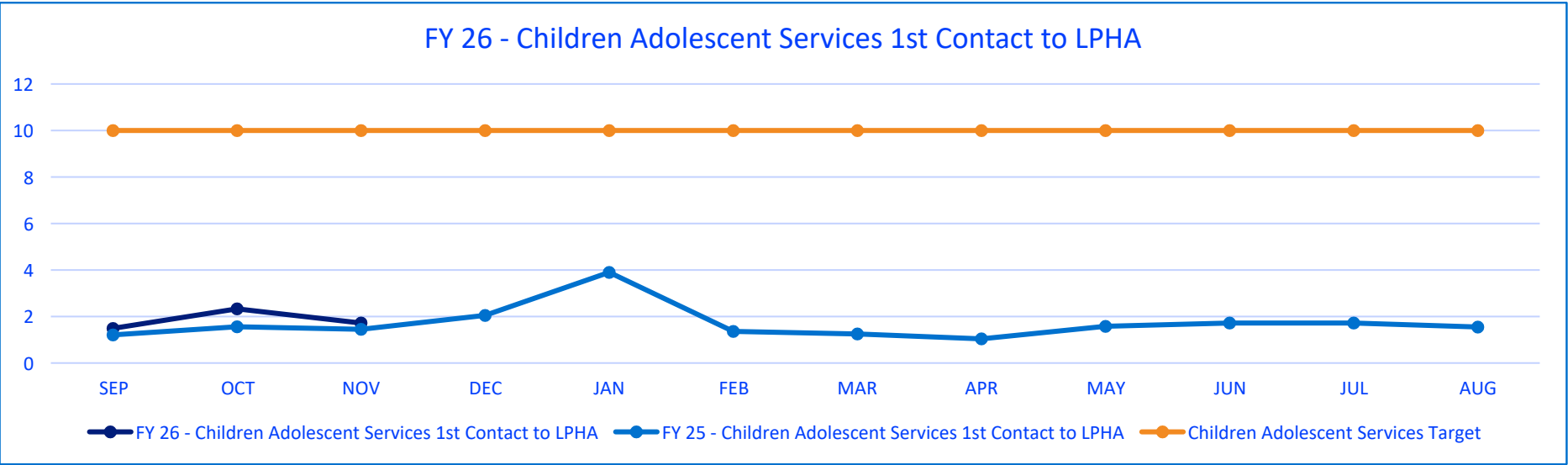
*Measure Definition: Adult - Time between MD Intake Assessment for community members walk-ins (Community Members (walkings)). From Appt Creation Date and MD Intake Assessment (Community Members (walkings)) Appt Completion Date*

Domain	Program	2026 Fiscal Year State Care Count Target	2026 Fiscal Year State Care Count Average (September–August)	Reporting Period–November	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,748	2,776	Increase	Contractual

**Notes:**

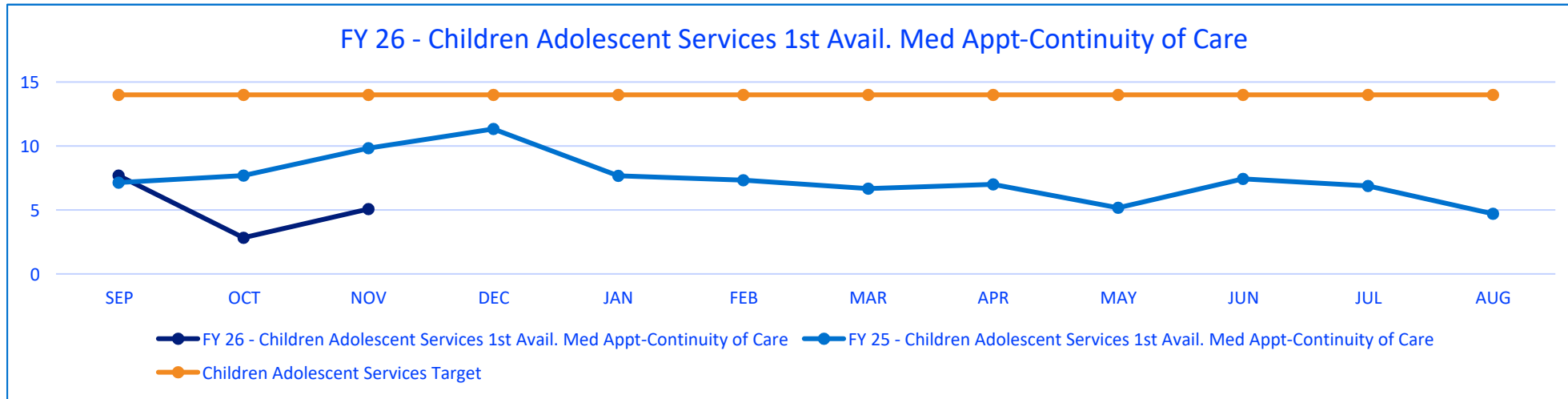
November's Children & Adolescent Services delivered **2,776 care counts**, **down 8.80% year-over-year** and **fell short of the target (3,481) by 20.25%**

Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	1.85 days	1.72 days	Decrease	Contractual



Notes:  
November’s Children Adolescent Services first contact to LPHA averaged **1.72 days**, exceeding the 10-day target by **82.80%**

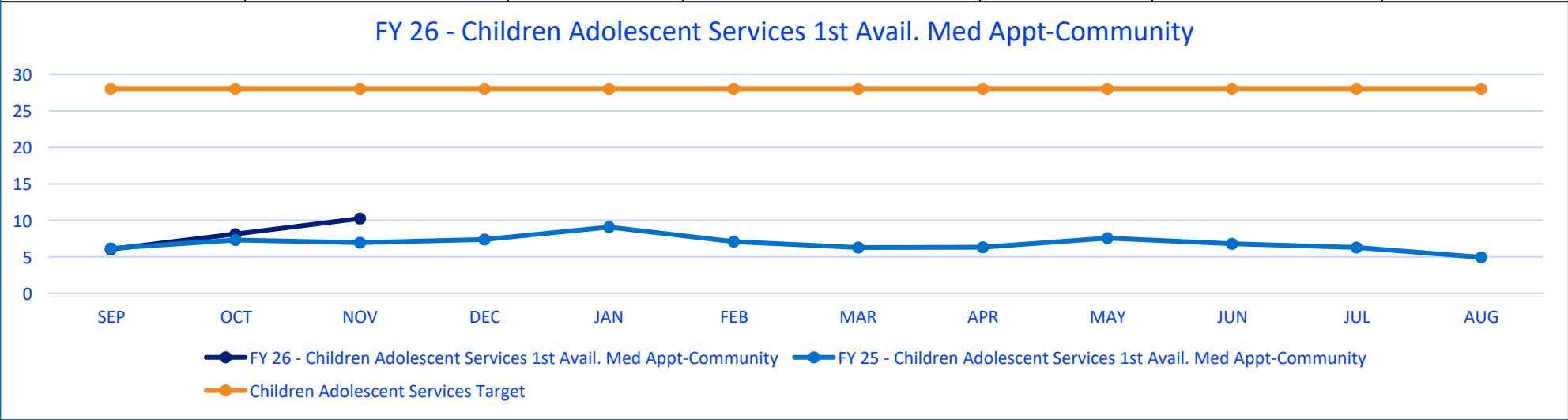
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September - August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	5.20 days	5.07 days	Decrease	Contractual

**Notes:**

November's CAS continuity-of-care first available medical appointment averaged **7.69 days**, exceeding the 14-day target by **63.79%**

*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*

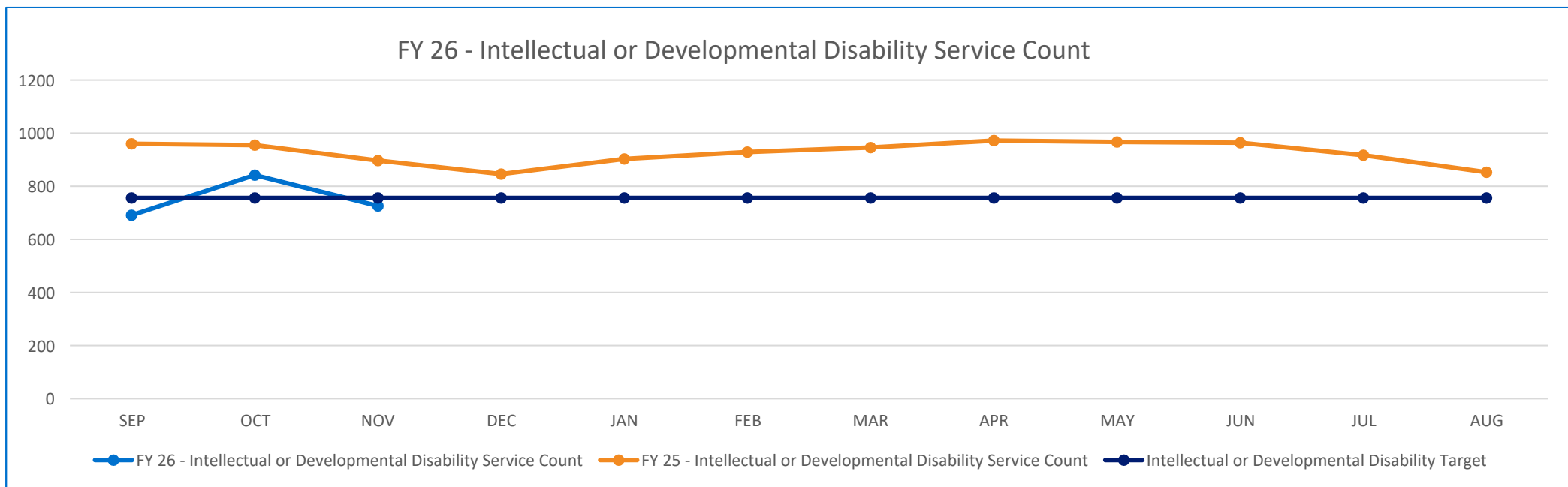
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services (CAS) 1st Avail. Medical Appt-Community	<28 days	8.13 days	10.24 days	Decrease	Contractual



**Notes:**  
November’s CAS Services first available medical appointment for community access averaged **10.24 days**, exceeding the 28-day target by **63.43%**.

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- November	Target Desired Direction	Target Type
Access	IDD	756	753	726	Increase	Contractual

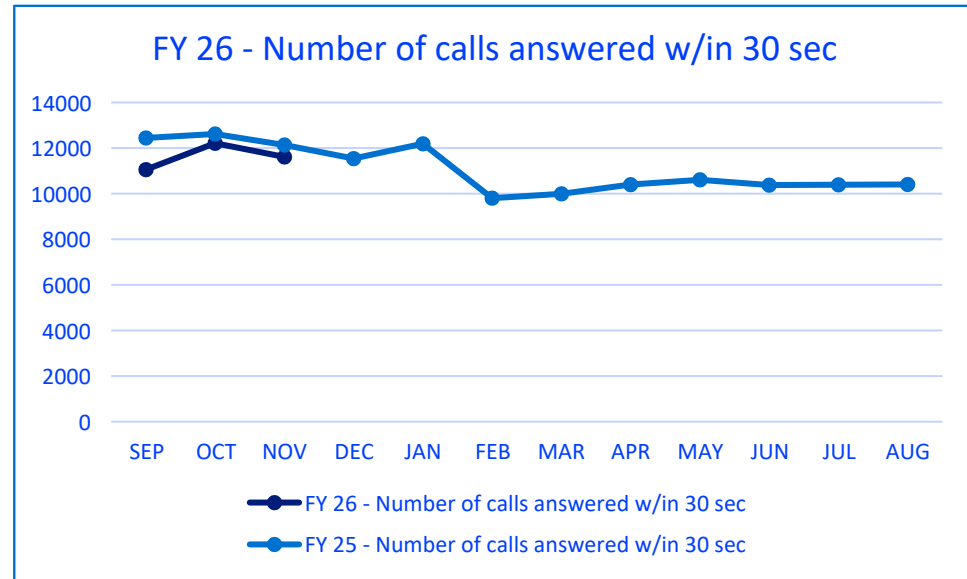
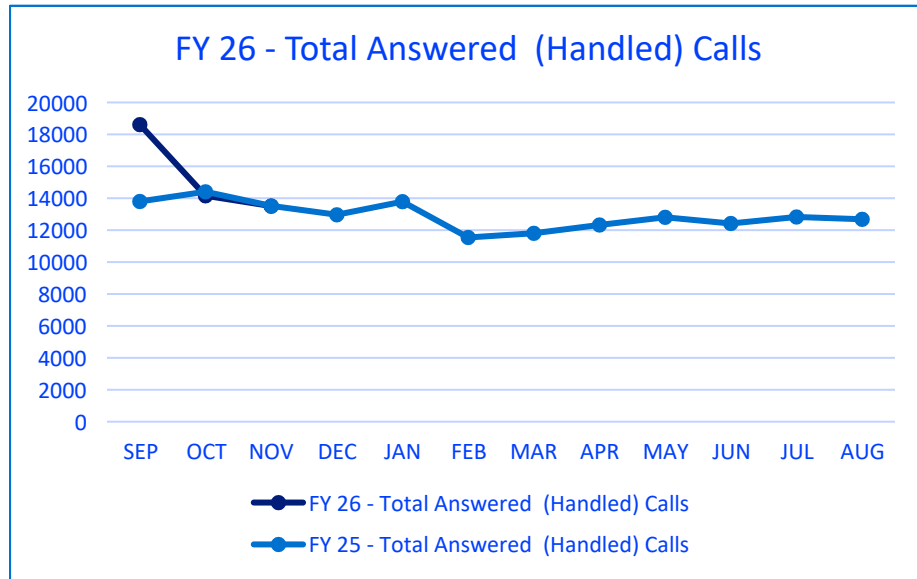
**Notes:**

The FY26 Q1 shortfall was anticipated due to the planned transition of GR respite service authorizations and enrollments from Easter Seals to in-house operations, a strategic change projected to generate over \$700,000 in annual savings to be reinvested in IDD safety-net services. Although initial transition plans were not fully executed as intended, leadership gaps were promptly addressed and a remediation plan implemented in late August, followed by a comprehensive operational redesign that eliminated paper processes, introduced an electronic enrollment and payment system, established an EPIC interface, and shifted payment operations for more than 700 families to Purchasing and Accounting. Temporary impacts to performance targets were expected during this transition, with operations stabilizing and performance projected to meet or exceed targets beginning in FY26 Q2.

*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.)*

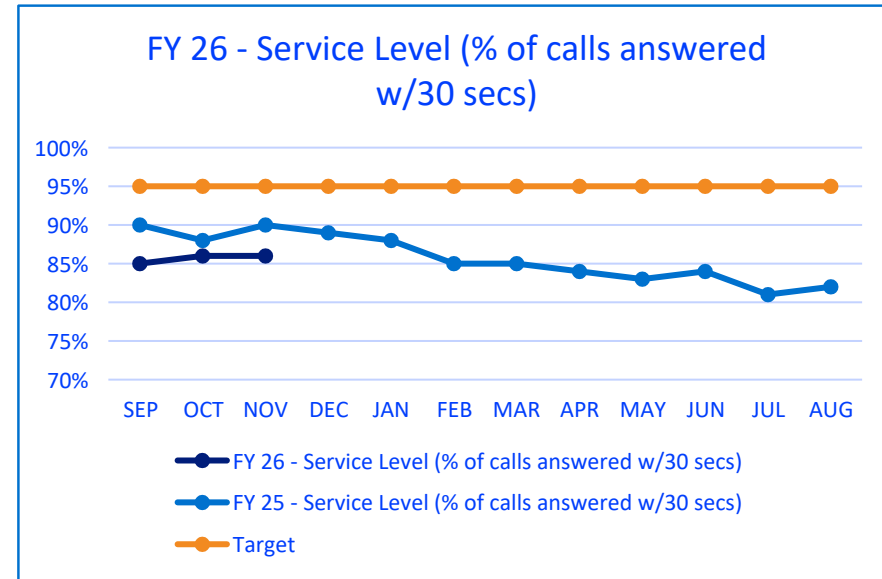
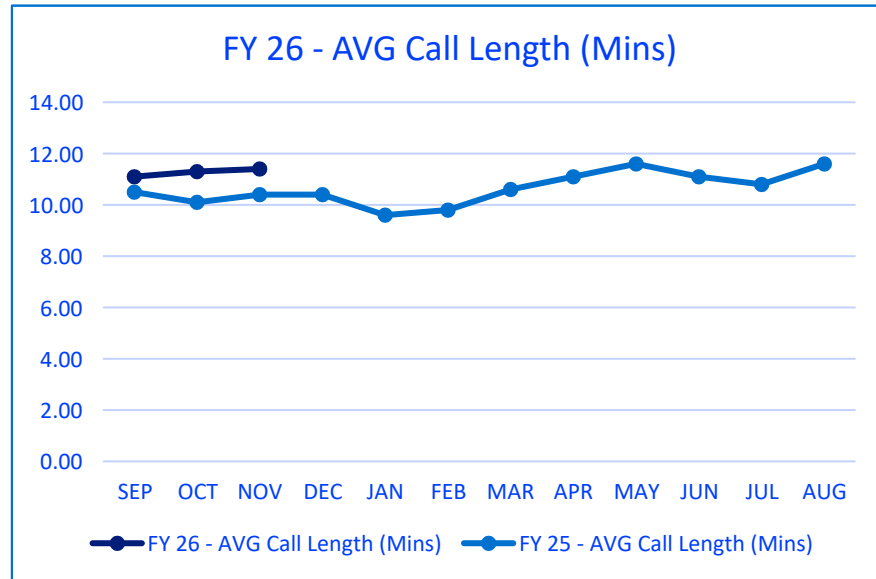


Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	15,427	13,510	N/A	N/A
	Number of calls answered w/in 30 secs	N/A	11,626	11,612	N/A	Contractual

**Notes:**

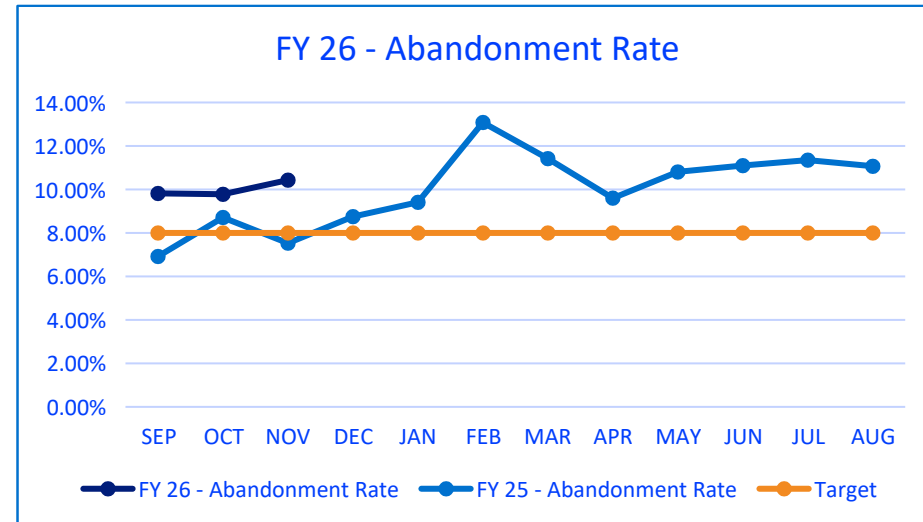
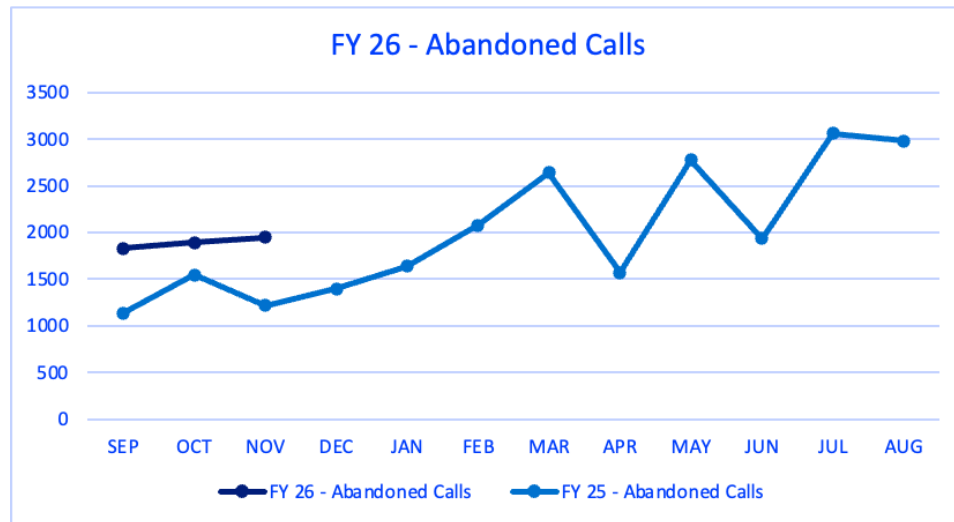
Crisis line team handled **13,510 calls** for the reporting period. Of those calls, 11,612 were answered w/in 30 secs.

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	11.27	11.40	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	86.00%	86.00%	N/A	Contractual

**Notes:**

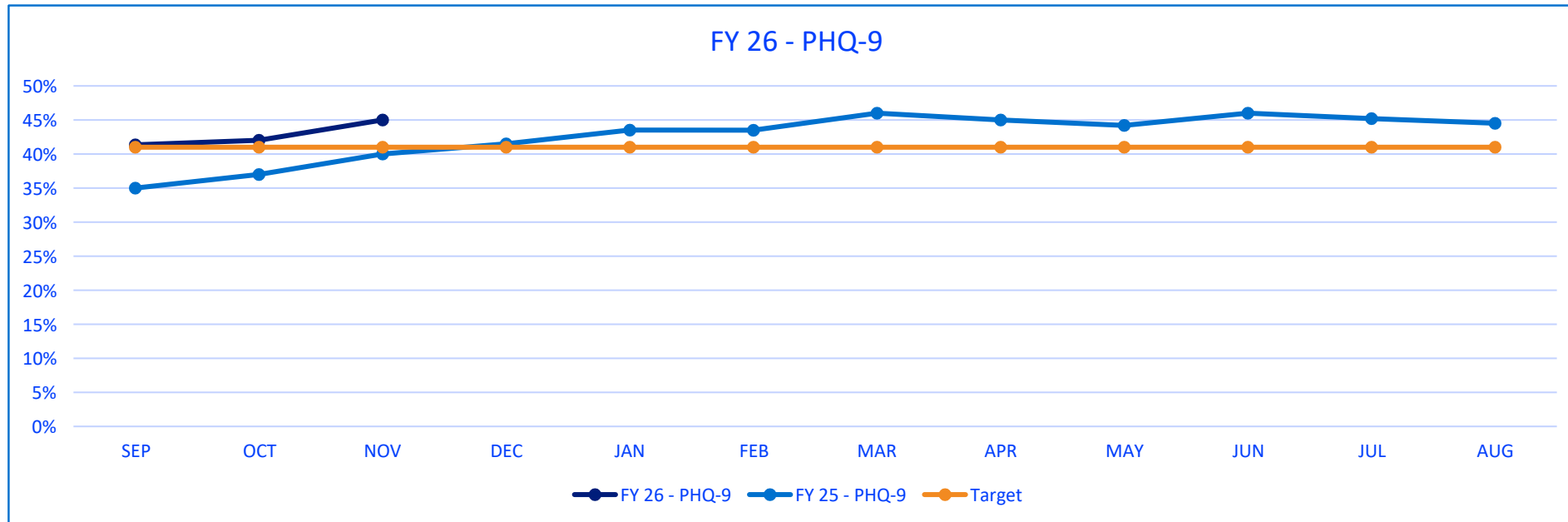
November's Average call length averaged **11.40 minutes**, up **9.62% from the previous year**.

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - August)	Reporting Period- November	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,891	1,950	Decrease	Contractual
	Abandonment Rate	<8%	10.00%	10.43%	Decrease	Contractual

**Notes:**

November crisis line abandonment rate is 10.43% a **38% increase from the previous year.**

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September – August)	Reporting Period- November	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	43.00%	45.00%	Increase	IOS

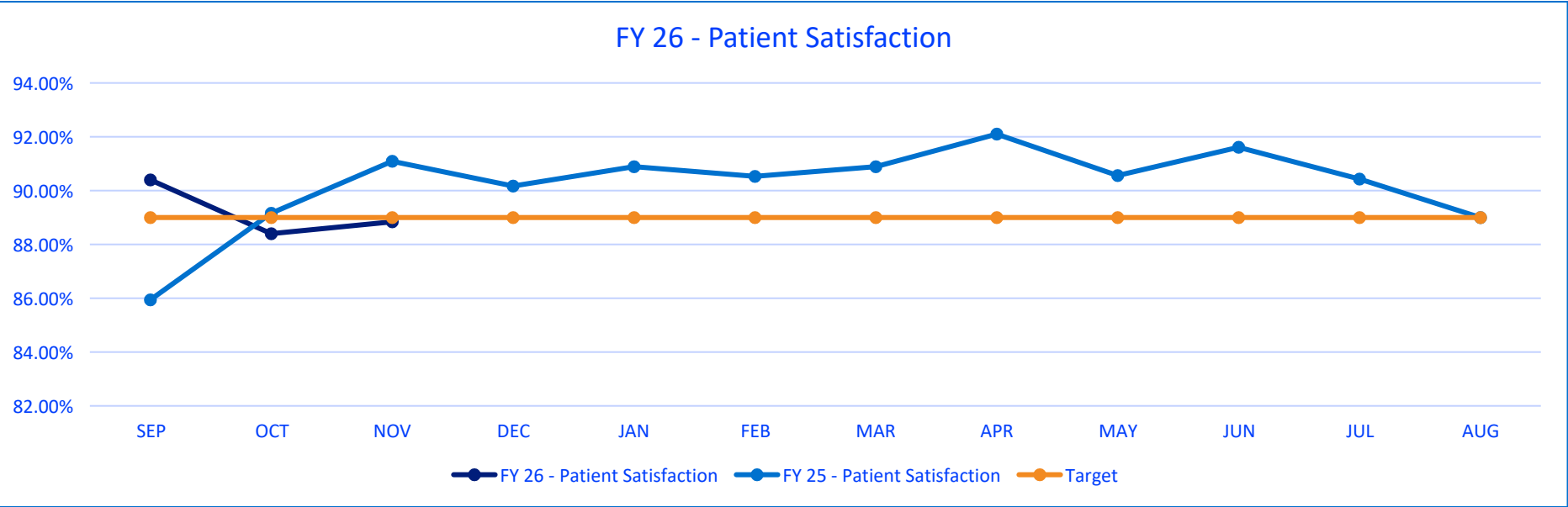
**Notes:**

November PHQ-9 reached 43.00%, **up 12% year-over-year.**

*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%	89.00%	88.84%	Increase	IOS




**Notes:**

November’s patient satisfaction experienced a marginal dip (0.18%) below the 89% top box scores at 88.84%. The measure is being monitored to ensure correction.

# Appendix

# Measure in red > 3 Months

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	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	2,767	2,775										2,748	3,481	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



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	14,254	14,141										14,238	13,764	C	MBOW
AMH Actual Service Target %	104.35%	104.09%	103.67%	105.53%	105.06%	104.03%	103.56%	102.74%										103.44%	100.00%	C	MBOW
CAS Service Target	2,965	2,889	2,891	2,742	2,705	2,701	2,767	2,775										2,748	3,481	C	MBOW
CAS Actual Service Target %	85.18%	82.99%	83.05%	78.77%	77.71%	77.59%	79.49%	79.72%										78.93%	100.00%	C	MBOW
IDD Service Target	972	969	966	920	851	691	842	726										753	756	SP	MBOW
IDD Actual Service Target %	113.82%	113.47%	113.11%	107.73%	99.65%	80.91%	98.59%	85.01%										88.17%	100.00%	C	MBOW
CW CAS 1st Contact to LPHA	1.04	1.58	1.74	1.72	1.55	1.50	2.33	1.72										1.85	<10 Days	NS	Epic
CW AMH 1st Contact to LPHA	1.05	1.91	1.26	1.81	1.06	0.93	1.18	1.54										1.22	<10 Days	NS	Epic
CAS 1st Avail. Med Appt-COC	7.00	5.17	7.50	6.88	4.70	7.69	2.83	5.07										5.20	<14 Days	C	Epic
CAS 1st Avail. Med Appt-COM	6.16	7.56	6.84	6.32	4.94	6.09	8.12	10.24										8.15	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	0	1	2	5	0	0	1	12										4.33	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	0	0	0	0										0.00	0	IOS	Epic

																				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	19,396	18,689															
AVG Call Length (Mins)	11.1	11.6	11.10	10.80	11.60	11.10	11.30	11.40															
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%	86.00%	86.00%												95.00%	C	Brightmetric	
Abandonment Rate	9.60%	10.81%	11.10%	11.35%	11.07%	9.82%	9.78%	10.43%												< 8.00%	NS	Brightmetric	
Occupancy Rate	83.00%	85.00%	85.00%	89.00%	86.00%	85.00%	85.00%	85.00%														Brightmetric	
Avg staff per day	36	32	33	34	31	36	37	34													IOS	Icarol	
Access to Crisis Resp. Svc.	76.80%	77.60%	87.00%	93.70%	90.30%	95.90%	87.70%	92.30%												91.97%	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	1,098												1098				
PES Admission Volume	460	499	431	471	447	468	460												464.00				
Mechanical Restraints	0	0	0	0	0	0	1												0.50				
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.07												0.04	≤ 0.01	IOS	Epic	
Personal Restraints	46	48	47	36	11	36	47												41.50			Epic	
Personal Restraint Rate	3.67	3.13	3.41	2.84	0.89	1.45	3.35												2.40	≤ 2.80	IOS	Epic	
Seclusions	42	41	35	31	8	31	48												39.50			Epic	
Seclusion Rate	3.35	2.68	2.54	2.45	0.65	1.09	3.42												2.26	≤ 2.73	SP	Epic	
AVG Minutes in Seclusion	82.57	46.93	43.14	60.68	42.00	42	12.13												27.07	≤ 61.73	IOS	Epic	
Emergency Medications	28	38	33	37	8	30	56												43.00			Epic	
EM Rate	2.13	2.48	2.39	2.92	0.65	1.21	3.99												2.60	≤ 3.91	IOS	Epic	
R/S Monitoring/Debriefing	100.00%	100.00%	100.00%	100.00%															#DIV/0!	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)
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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.