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Quality Committee Meeting
February 17, 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, January 20, 2026
(EXHIBIT Q-1)
- IV. REVIEW AND COMMENT
 - A. Board Scorecard
(EXHIBIT Q-2 Trudy Leidich)
 - B. MDD Remission Strategic Goal
(EXHIBIT Q-3 Maheshkumar Patel/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 Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality**
- 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, JANUARY 20, 2026
MINUTES

Dr. J. Lankford, Board Chair, called the meeting to order at 11:00 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, Dr. Q. Moore

Committee Member Absent:

Other Board Member in Attendance: R. Thomas

1. CALL TO ORDER

Dr. J. Lankford called the meeting to order at 11:00 a.m.

2. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. Lankford designated Ms. R. Thomas 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, November 11, 2025

MOTION BY: BACON SECOND BY: THOMAS

With unanimous affirmative votes,
BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday November 11, 2025 as presented under Exhibit Q-1, are approved.

6. REVIEW AND COMMENT

A. Board Score Card -The Board Score Card presented by Trudy Leidich and Luc Josaphat to the Quality Committee.

B. Quality Committee Retreat-Dr. Lankford discussed the Quality Committee Retreat with the Quality Committee.

7. EXECUTIVE SESSION-Entered into Executive Session at 11:32 am

- 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

9. RECONVENE INTO OPEN SESSION-11:55 am

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

No Action was Taken

11. ADJOURN

MOTION: BACON SECOND: THOMAS

There being no further business, the meeting adjourned at 11:56 a.m.

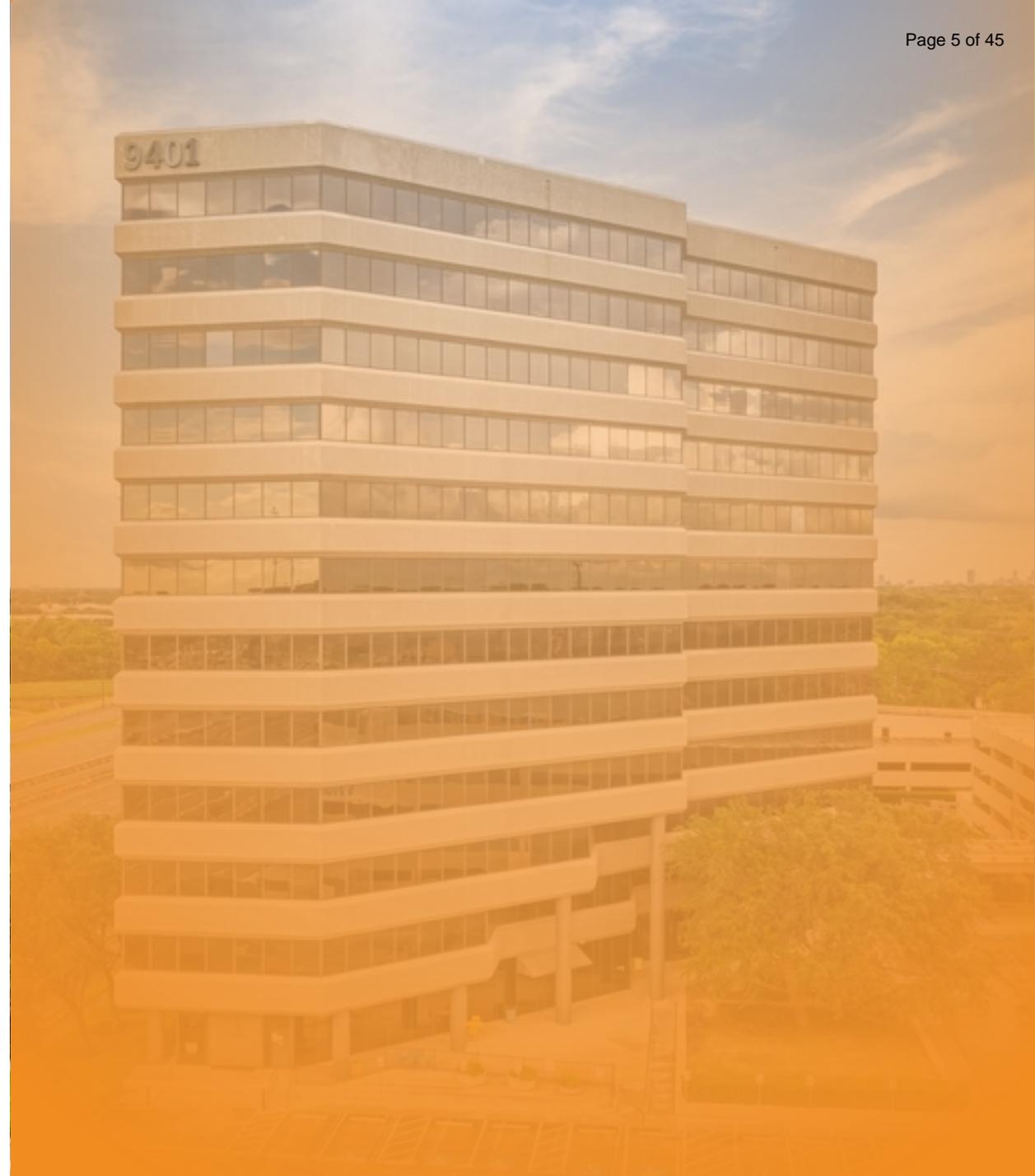
**Veronica Franco, Board Liaison
 Jeremy Lankford, M.D. Chairman
 Quality Committee
 THE HARRIS CENTER *for* Mental Health *and* IDD
 Board of Trustees**

EXHIBIT Q-2

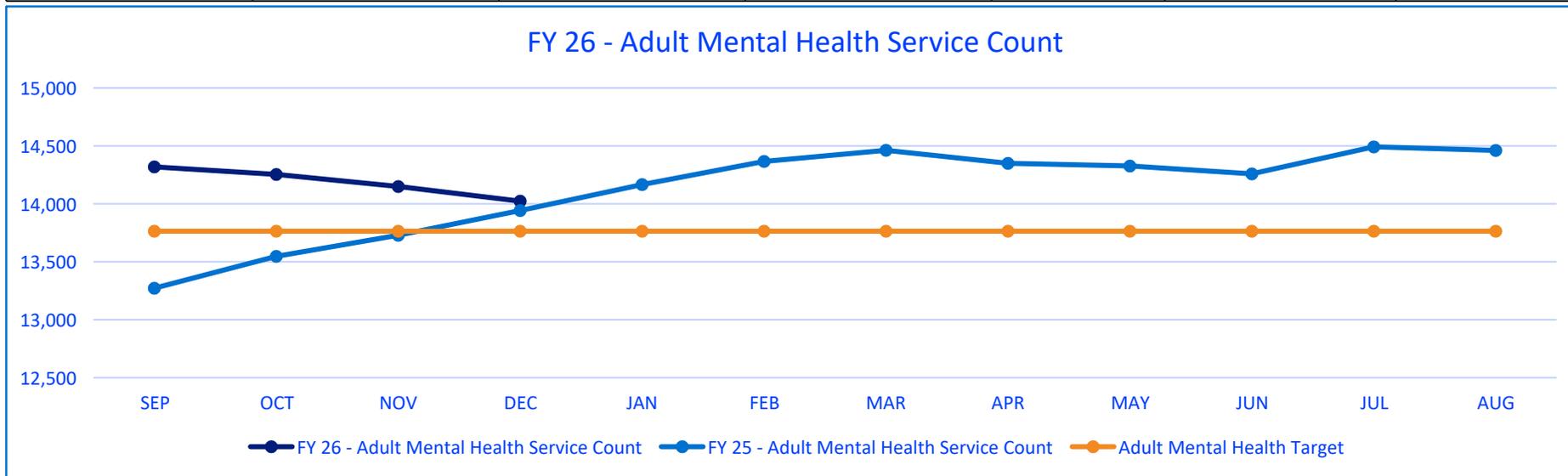
Quality Board Scorecard

Board Quality Committee Meeting

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



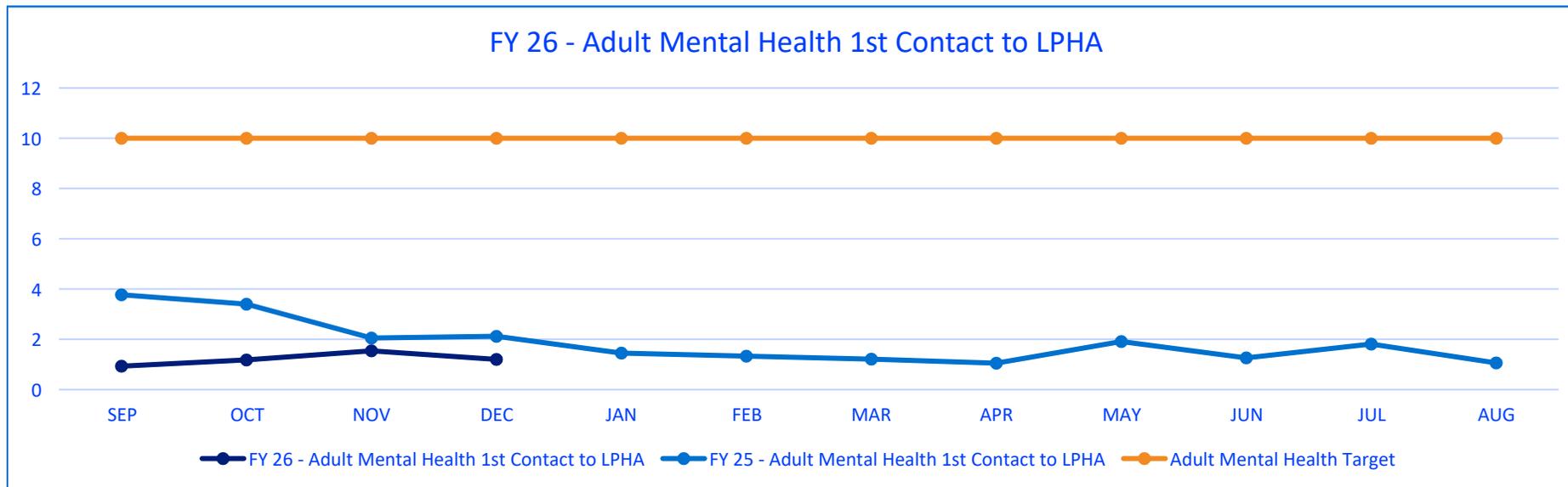
Domain	Program	2026 Fiscal Year State Service Care Count Target	2026 Fiscal Year State Care Count Average to Date (September – December)	Reporting Period: December	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,187	14,026	Increase	Contractual



Adult Mental Health service volumes remained above target from September through December. December closed at 14,023 services, outperforming the target by 1.9%.

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

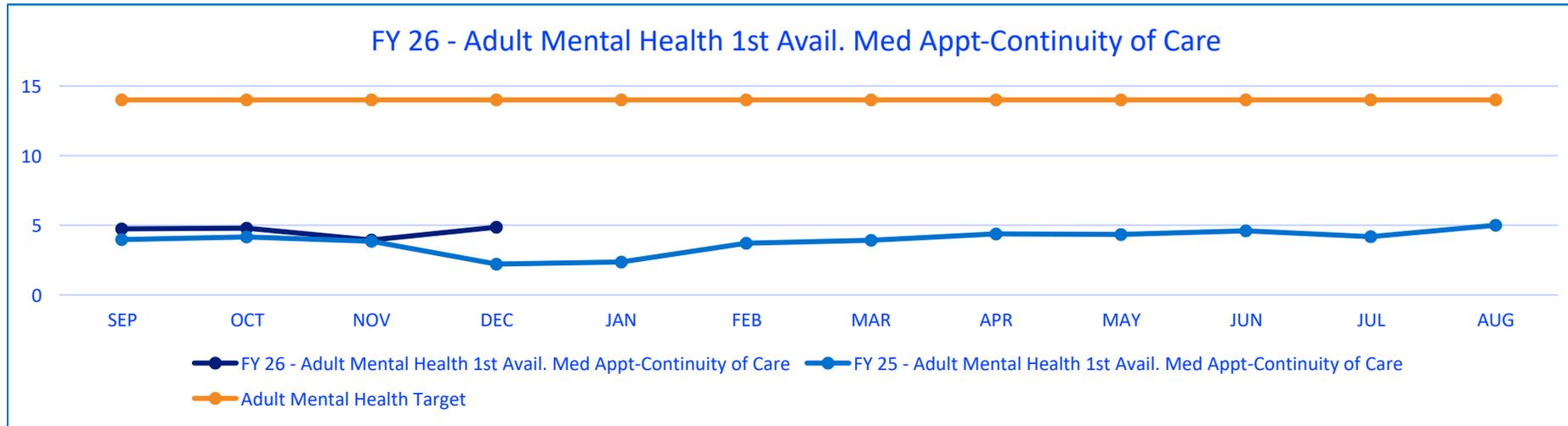
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – December)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.21 Days	1.20 Days	Decrease	Contractual



Notes: In December, FY26 showed strong results, with a **43.40% year-over-year decrease in time-to-LPHA compared to FY25**, meaning clients were seen much faster. Performance also remained far below the target of 10.0—outperforming the 10 days target by **88%**.

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

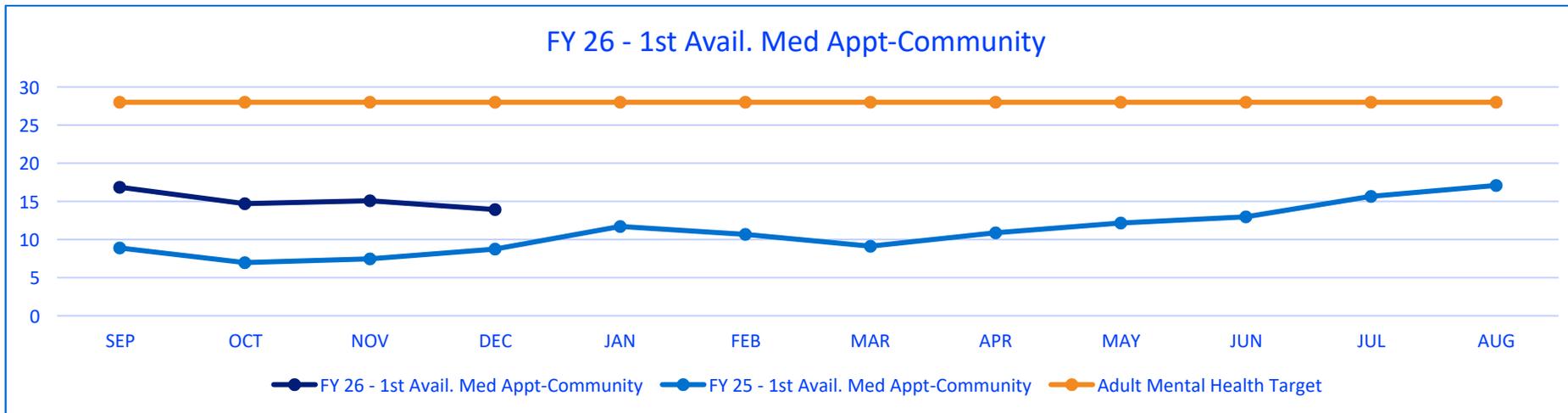
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September–December)	Reporting Period: December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.58 days	4.86 days	Decrease	Contractual



Notes:
 December’s first-available medical appointment for Adult MH (continuity of care) was 4.86 **days**. The measure outperformed the 14-day target by 88%.

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

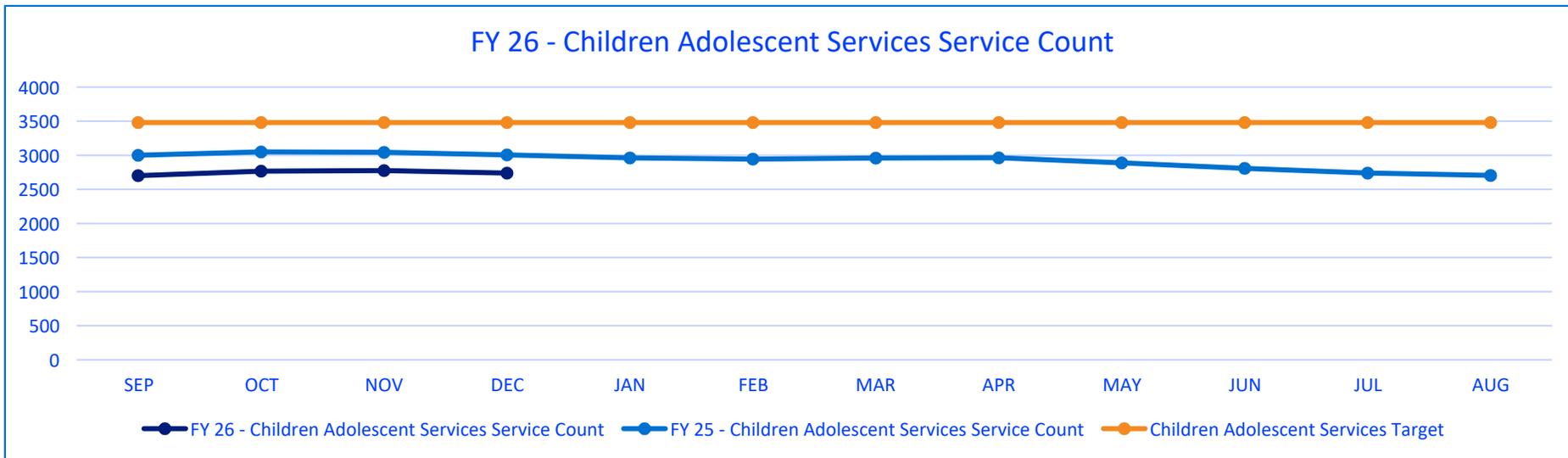
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-December)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	15.14 days	13.93 days	Decrease	Contractual



Notes:
 December's first-available community med appointment was 13.93 **days**. The measure **outperformed the 28-day target by 50%**

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

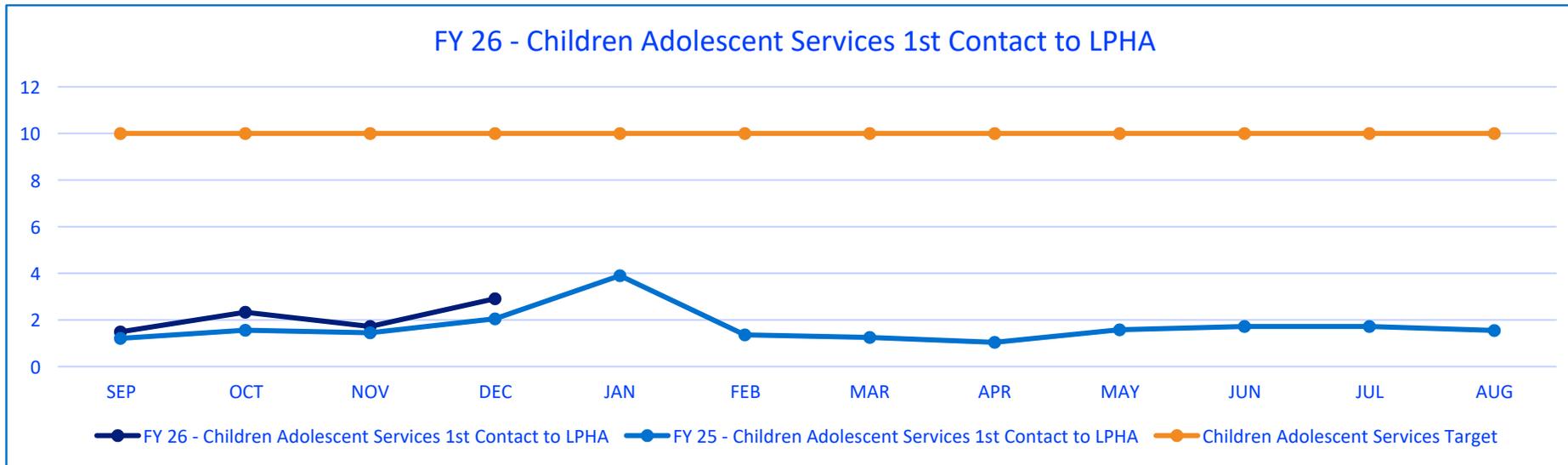
Domain	Program	2026 Fiscal Year State Care Count Target	2026 Fiscal Year State Care Count Average (September–December)	Reporting Period-December	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,746	2,739	Increase	Contractual



Notes:
 December’s Children & Adolescent Services delivered 2,739 care counts.

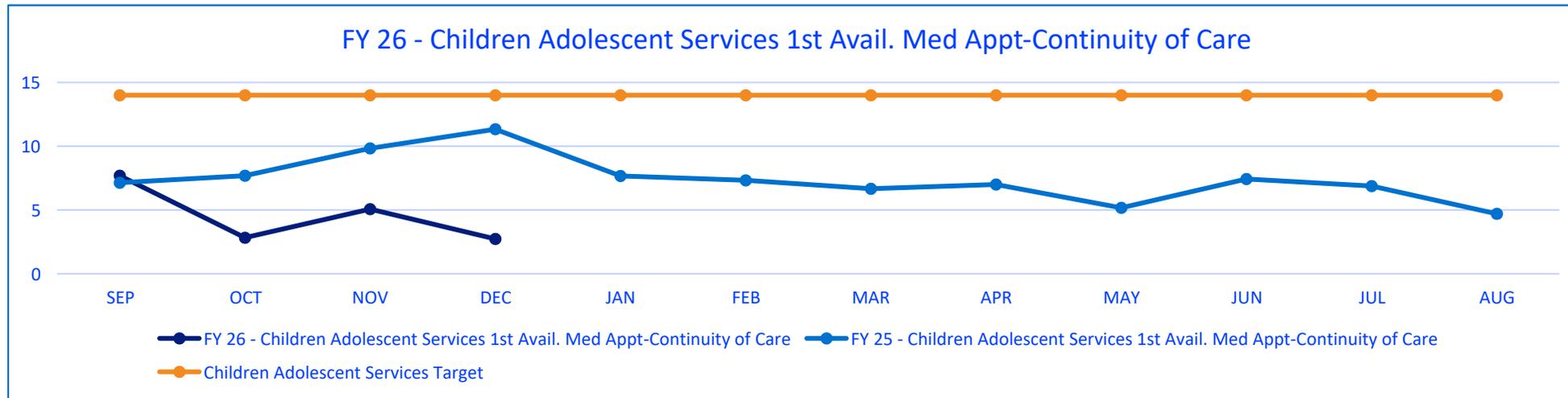
Measure Definition: # of children and youth patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.

Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-December)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	2.11 days	2.91 days	Decrease	Contractual



Notes:
 December's Children Adolescent Services first contact to LPHA averaged 2.91 **days**, exceeding the 10-day target by 71%

Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September - December)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	4.58 days	2.73 days	Decrease	Contractual

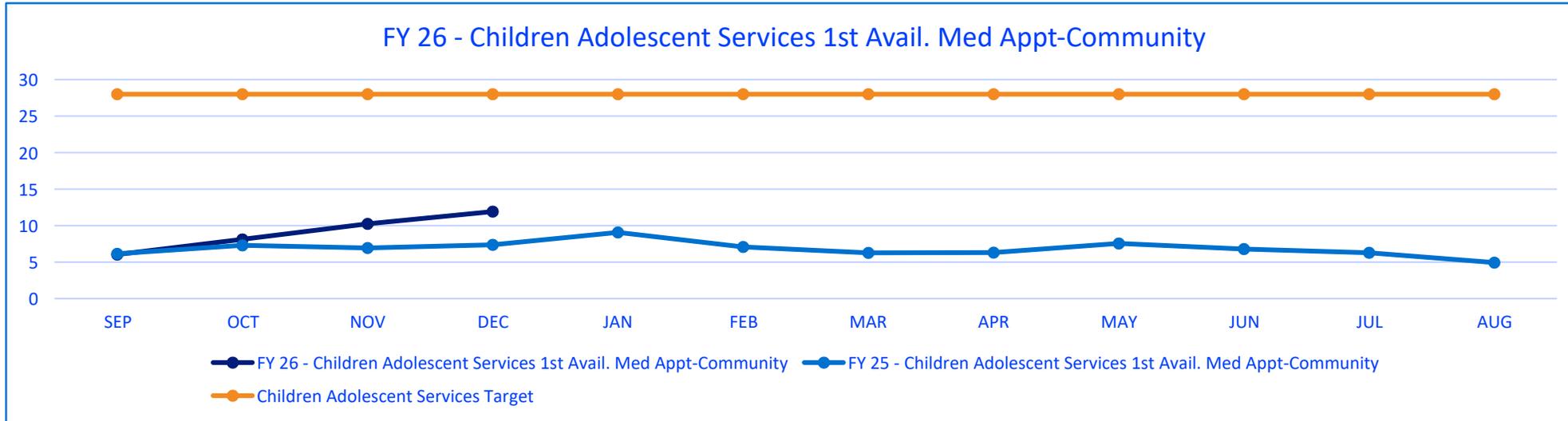


Notes:

December’s CAS continuity-of-care first available medical appointment averaged 2.73 **days**, exceeding the 14-day target by 81%

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

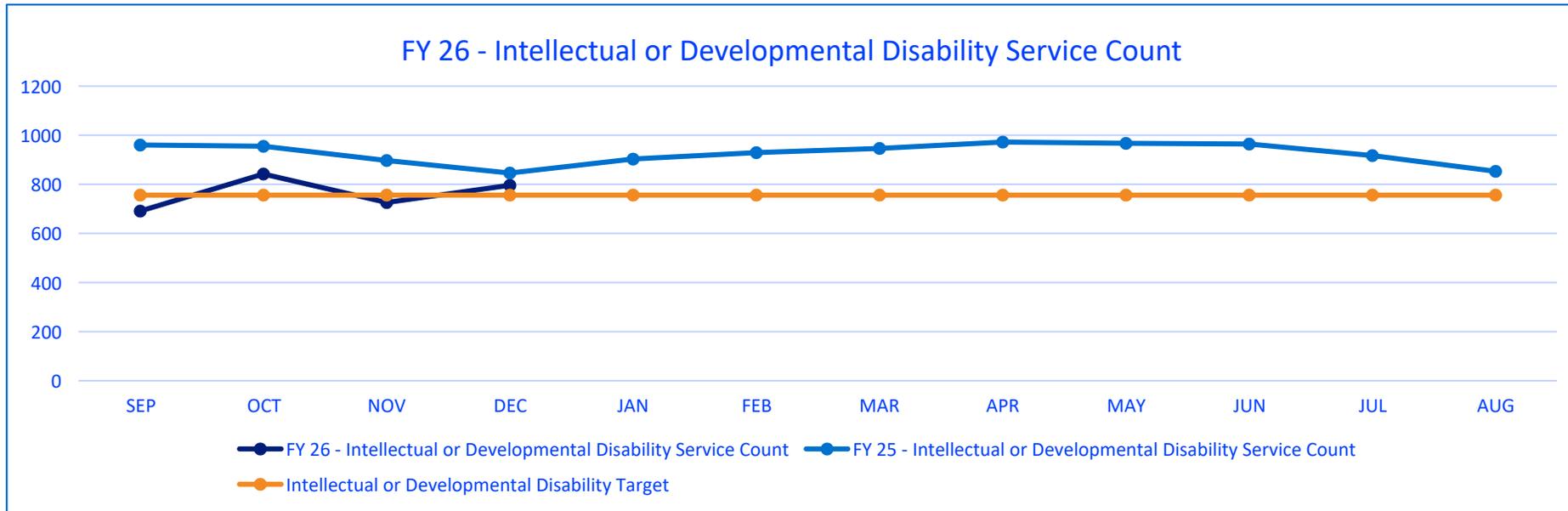
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – December)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services (CAS) 1st Avail. Medical Appt-Community	<28 days	9.08 days	11.92 days	Decrease	Contractual



Notes:
 December’s CAS Services first available medical appointment for community access averaged 11.92 **days**, exceeding the 28-day target by 57%.

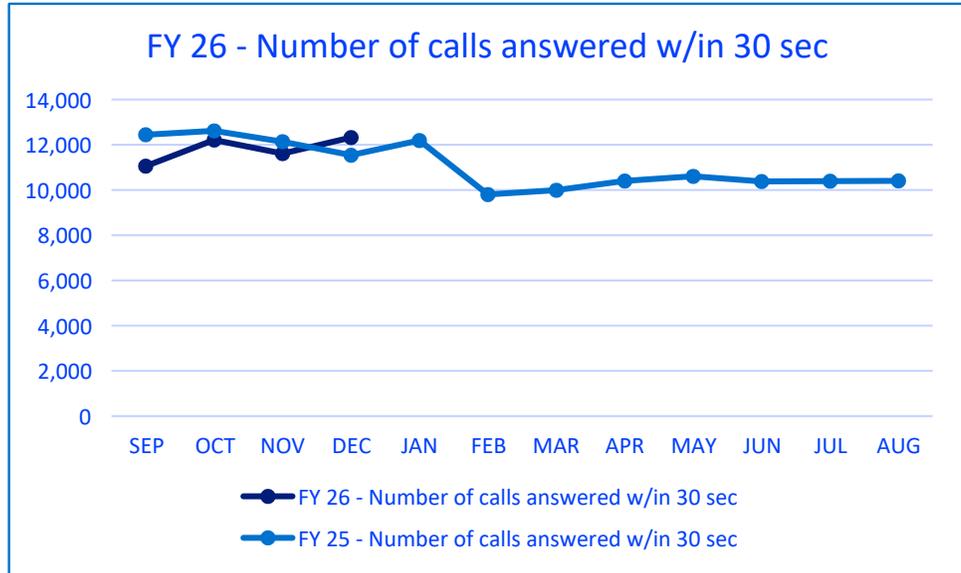
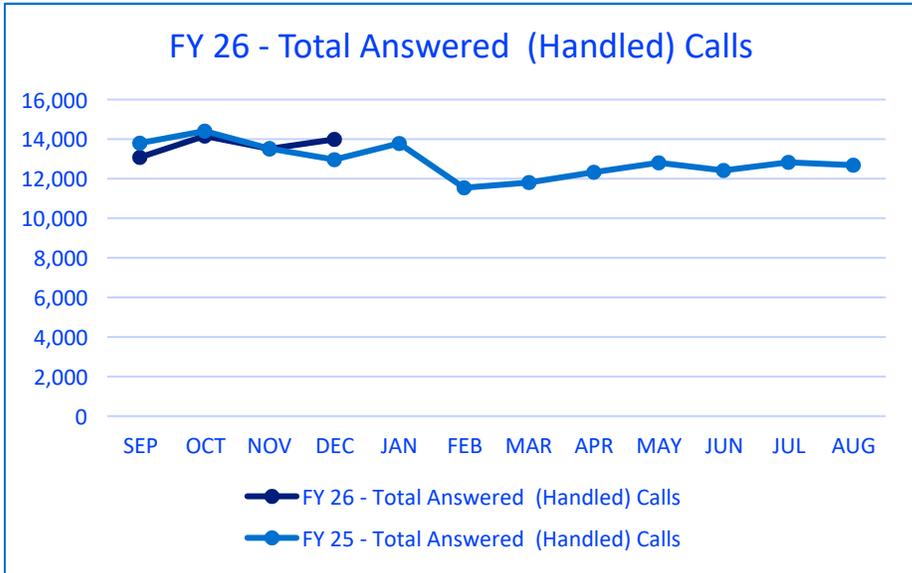
Measure definition: Children and Youth - Time between MD Intake Assessment (Community members walk-ins) Appt Creation Date and MD Intake Assessment (Community Members) Appt Completion Date

Domain	Program	2026 Fiscal Year State Count Target	2026 Fiscal Year State Count Average (September – December)	Reporting Period- December	Target Desired Direction	Target Type
Access	IDD	756	764	796	Increase	Contractual

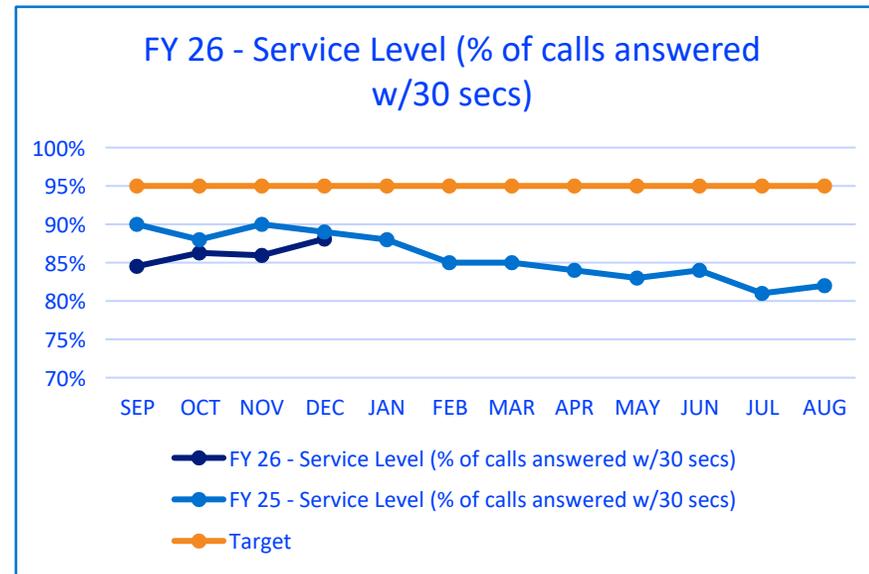
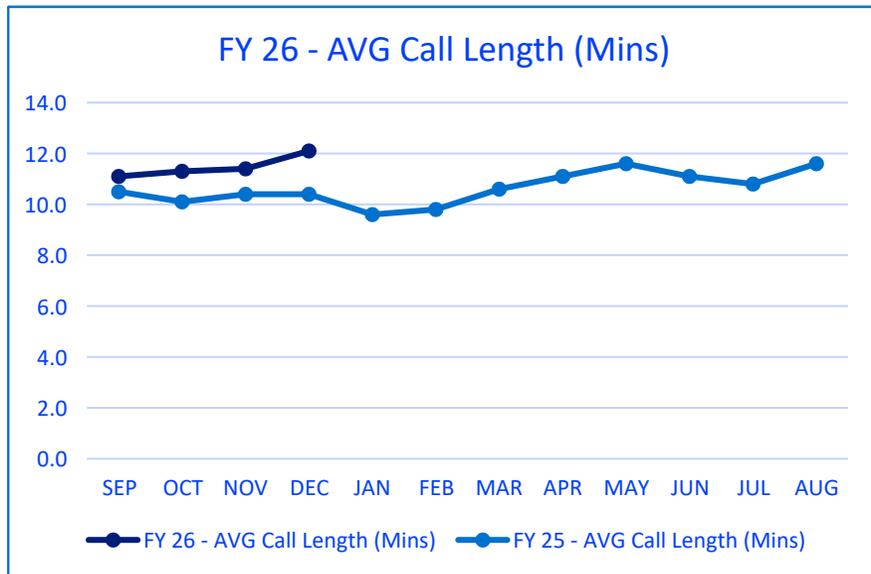


Measure definition: # of IDD Target served based on all reported encounter data. (includes encounters that are associated with CARE assignment codes when the service is performed outside of a waiver. Exceptions are for service coordination that is only included for the indigent population and R019 which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

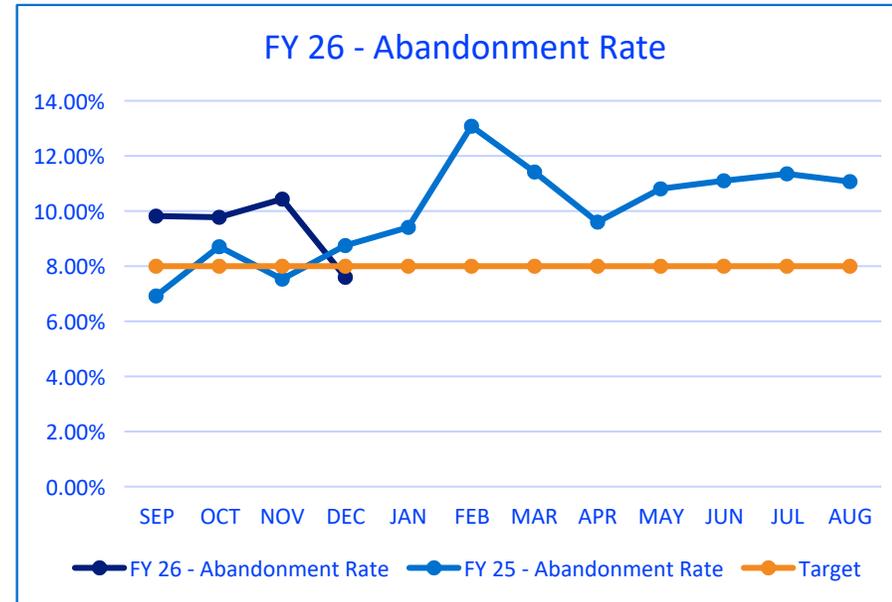
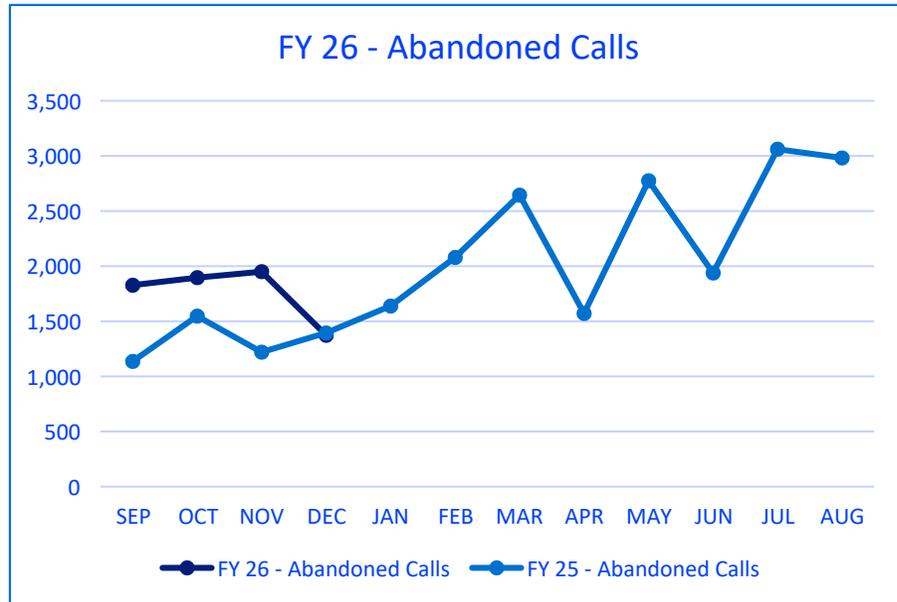
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - December)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,683	13,987	N/A	N/A
	Number of calls answered w/in 30 secs	N/A	11,800	12,321	N/A	Contractual



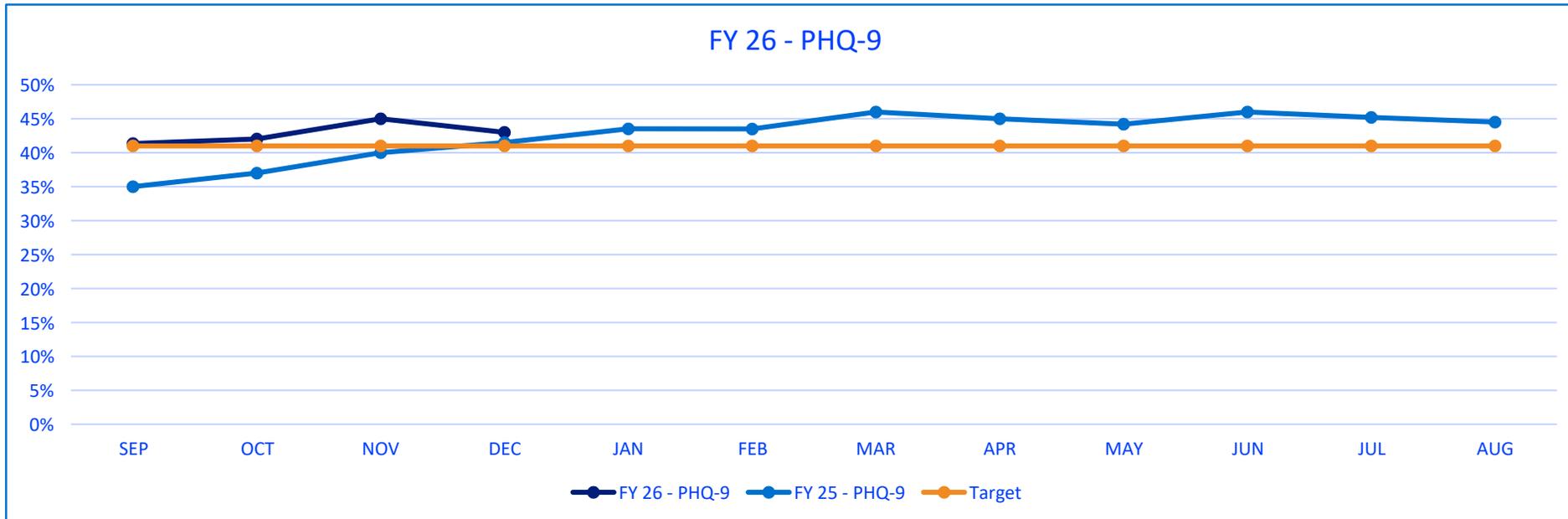
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - December)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	11.50	12.1	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	86.00%	88.00%	N/A	Contractual



Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - December)	Reporting Period- December	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,762	1,374	Decrease	Contractual
	Abandonment Rate	<8%	9.41%	7.60%	Decrease	Contractual



Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September – December)	Reporting Period- December	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	43.00%	44.00%	Increase	IOS

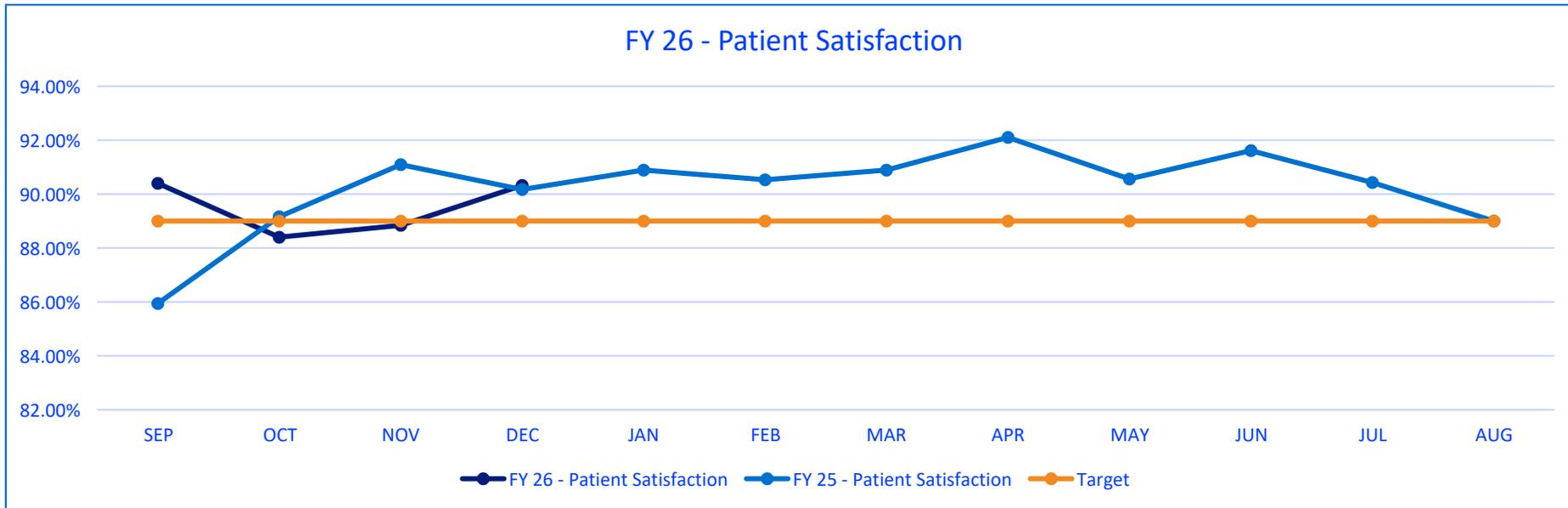


Notes:
 December PHQ-9 reached 44%, up 3.61% year-over-year.

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 - December)	Reporting Period-December	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	89.00%	90.32%	Increase	IOS



Notes:

December's patient satisfaction top box scores at 90%.

Appendix

Measure in red > 3 Months

						FY25													FY26	FY26	Target	Data
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	Target	Type	Origin
Access to Care																						
CAS Service Target		2,965	2,889	2,891	2,742	2,705	2,701	2,767	2,775	2,739									2,746	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	14,150	14,026									14,187	13,764	C	MBOW
AMH Actual Service Target %	104.35%	104.09%	103.67%	105.53%	105.06%	104.03%	103.56%	102.80%	101.88%									103.07%	100.00%	C	MBOW
CAS Service Target	2,965	2,889	2,891	2,742	2,705	2,701	2,767	2,775	2,739									2,746	3,481	C	MBOW
CAS Actual Service Target %	85.18%	82.99%	83.05%	78.77%	77.71%	77.59%	79.49%	79.72%	78.68%									78.87%	100.00%	C	MBOW
IDD Service Target	972	969	966	920	851	691	842	726	796									764	756	SP	MBOW
IDD Actual Service Target %	113.82%	113.47%	113.11%	107.73%	99.65%	80.91%	98.59%	85.01%	93.21%									89.43%	100.00%	C	MBOW
CW																					
CW CAS 1st Contact to LPHA	1.04	1.58	1.74	1.72	1.55	1.50	2.33	1.72	2.91									2.12	<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	1.20									1.21	<10 Days	NS	Epic
CAS																					
CAS 1st Avail. Med Appt-COC	7.00	5.17	7.50	6.88	4.70	7.69	2.83	5.07	2.73									4.58	<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	11.92									9.09	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	0	1	2	5	0	0	1	12	33									11.50	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	0	0	0	0	0									0.00	0	IOS	Epic

	FY24																	FY25	FY25	Target	Data
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	Target	Type	Origin
AMH 1st Avail. Med Appt-COC	4.38	4.34	4.62	4.18	5.00	4.74	4.79	3.94	4.86									4.58	<14 Days	C	Epic
AMH 1st Avail. Med Appt-COM	10.94	12.16	12.77	15.52	17.09	16.80	14.70	15.08	13.93									15.13	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	56	79	85	150	165	102	125	82	106									103.75	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	1	0	0	0	17	25	21	18	16									20.00	0	IOS	Epic
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG		FY25	Target	Data
																			Target	Type	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	19,007									18,927			
Total Answered (Handled) Calls						13,077	14,156	13,510	13,987									13,683			
AVG Call Length (Mins)	11.1	11.6	11.10	10.80	11.60	11.10	11.30	11.40	12.10												
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%	86.00%	86.00%	88.00%										95.00%	C	Brightmetric
Abandonment Rate	9.60%	10.81%	11.10%	11.35%	11.07%	9.82%	9.78%	10.43%	7.60%										< 8.00%	NS	Brightmetric
Occupancy Rate	83.00%	85.00%	85.00%	89.00%	86.00%	85.00%	85.00%	85.00%	84.00%												Brightmetric
Avg staff per day	36	32	33	34	31	36	37	34	40											IOS	Icarol
Access to Crisis Resp. Svc.	76.80%	77.60%	87.00%	93.70%	90.30%	95.90%	87.70%	92.30%	89.40%									91.33%	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	1,097	1,098	933	1,012									1035			
PES Admission Volume	460	499	431	471	447	468	460	435	608									492.75			
Mechanical Restraints	0	0	0	0	0	0	1	0	0									0.25			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00									0.02	≤ 0.01	IOS	Epic
Personal Restraints	46	48	47	36	11	36	47	35	13									32.75			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	34	48									40.25			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	12.23	39.20									26.39	≤ 61.73	IOS	Epic
Emergency Medications	28	38	33	37	8	30	56	38	39									40.75			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

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 modifiers, and telephone contact encounters; <u>partially authorized months and their associated hours</u>)
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 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>)
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 <u>R019 which is included regardless of waiver status.</u>)
%	% 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 Care	
QIDS-C	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
BDSS	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
PSRS	must have at least 90 days from first assessment to last assessment. (Improved = 30%+ improvement; Static = </= 30% improvement/decrease; Worse = > 30% decrease)
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 Quality of Care	
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 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	
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 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	
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.

EXHIBIT Q-3

Increase Percentage of Patients With Major Depressive Disorder Achieving Clinical Remission

Presented by:

Dr. Maheshkumar Patel, MD – VP of Mental Health Services
Trudy Leidich, MBA, RN – VP of Clinical Transformation & Quality

February 17, 2026



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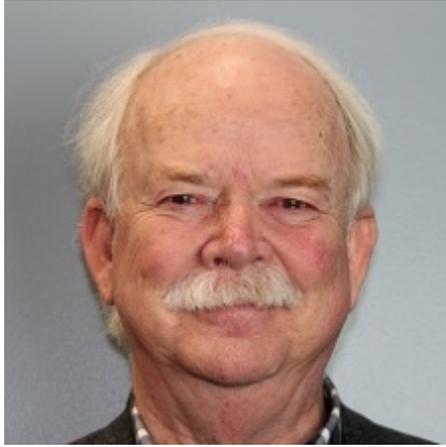
Luc Josaphat



Dr. Kia Walker



Lance Britt



Dr. Scott Hickey

FY 26 Key Milestones

MDD Remission Improvement Initiative

- Q1 – Foundation & Infrastructure
 - Launch PHQ-9 care workflow
 - Develop MDD remission dashboard
 - Train clinical teams on treatment algorithm
- Q2 – Care Pathway Activation
 - Implement rapid-access psychotherapy scheduling
 - Begin automated best practice alerts
- Q3 – Performance Acceleration
 - Expand Collaborative Care model
 - Integrate EHR decision support
 - Introduce patient engagement tools
- Q4 – Evaluation & Scale
 - Assess progress toward remission targets
 - Identify high-impact interventions for scale
 - Prepare FY27 expansion plan

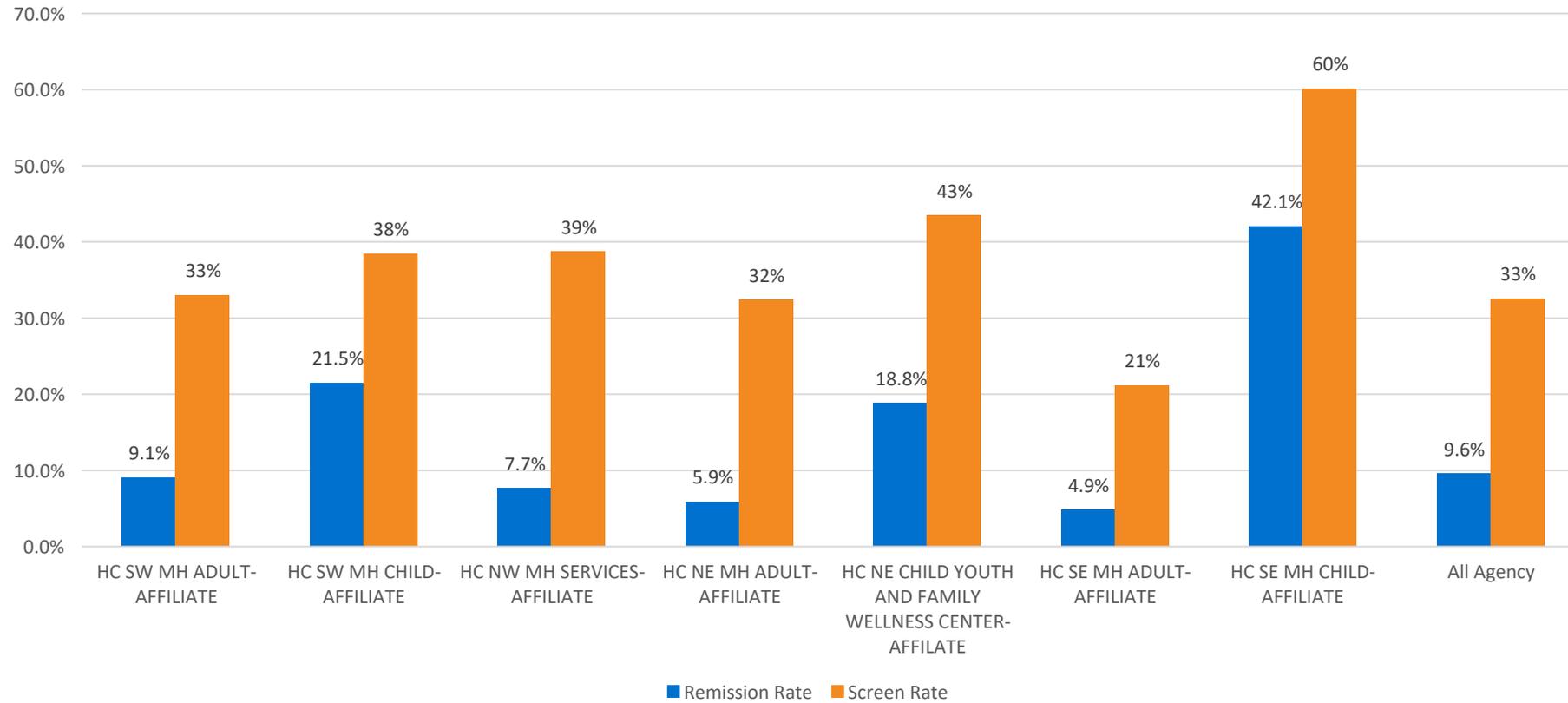
Key Milestones – Additional Detail

Expanded FY26 Milestones

- Clinical Quality & Safety
 - Implement monitoring for PHQ-9 workflows
 - Run quarterly audits on treatment adherence
 - Launch provider feedback dashboards
- Data & Analytics
 - Enhance remission dashboard with drill-down capability
 - Embed predictive indicators for early non-response
 - Automate follow-up reminders in EHR

Illustration of the Impact of Follow-Up Screening on Remission Rate

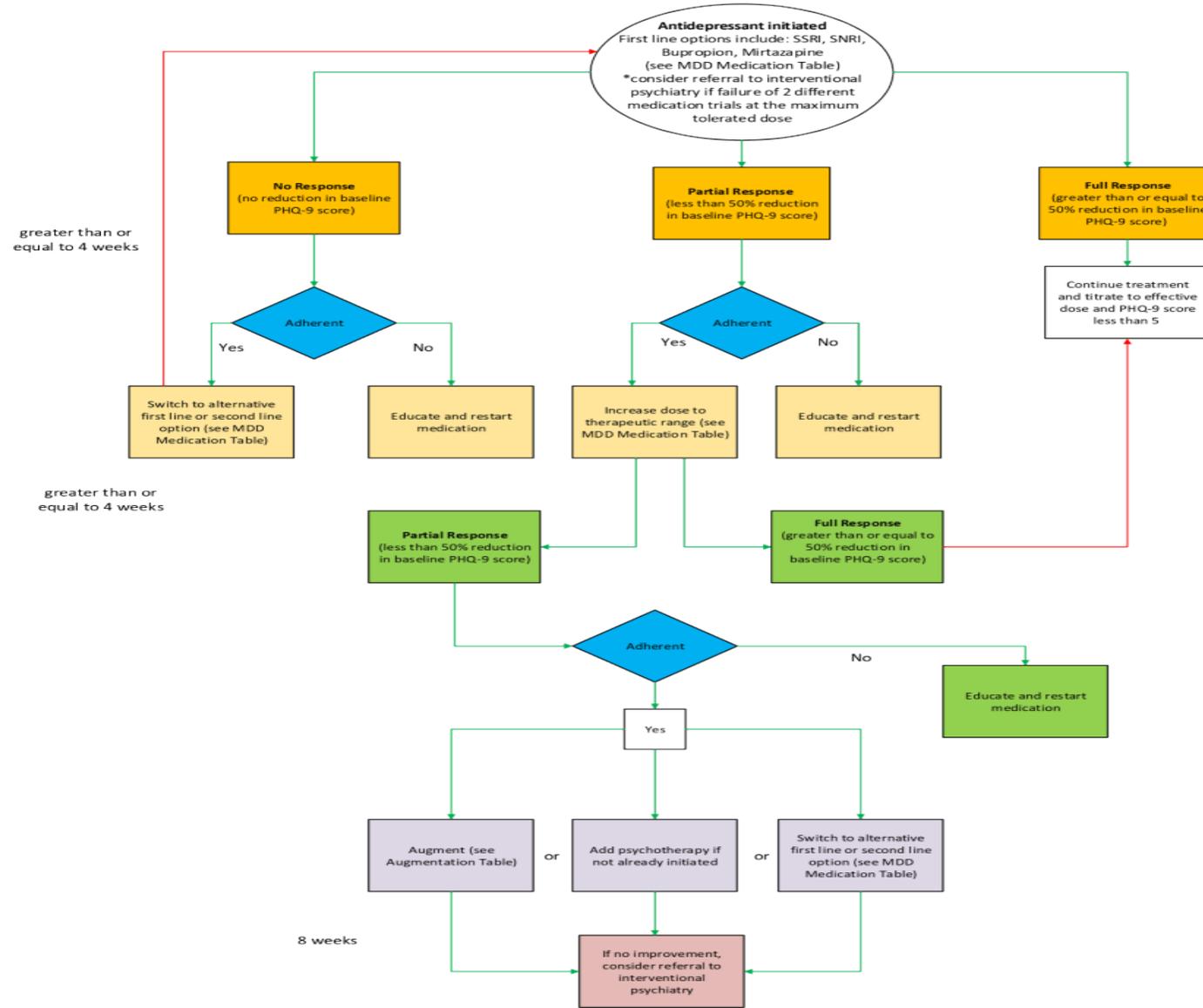
Baseline May 2024-April 2025



People who are in Remission at 6 months
(PHQ-9 Scores <=5)

People who are at least Moderately Depressed at Baseline
(PHQ-9 Scores >=10)

Care Pathway



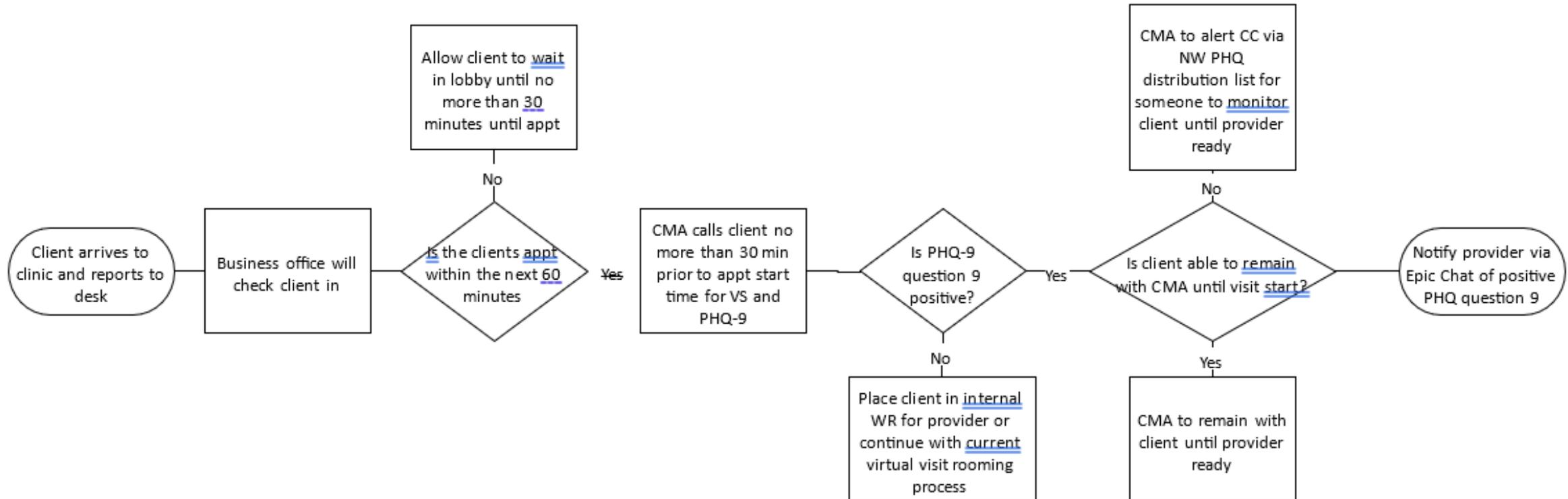
Augmentation Table and Agents

MDD Augmentation Medication Table			
Class	Generic Name (Brand Name)	Initial Dose	Max Dose/day
Other Antidepressants	Mirtazapine (Remeron®)	15mg daily	45mg
	Bupropion IR (Wellbutrin®)	100mg twice a day	150mg three times a day
	Bupropion SR (Wellbutrin SR®)	150mg daily	200mg twice a day
	Bupropion XL (Wellbutrin XL®)	150mg daily	450mg
SGAs	Aripiprazole (Abilify®)	2mg daily	15mg
	Olanzapine (Zyprexa®)	2.5mg daily	20mg
	Quetiapine (Seroquel®)	50mg daily	300mg
	Cariprazine (Vraylar®)	1.5mg daily	3mg
5-HT1A & 5-HT2 agonist	Bupirone (Buspar®)	7.5mg twice a day	30mg twice a day
Lithium*	Lithium (Lithobid® Eskalith®)	600mg daily	1200mg

* Lithium level range for MDD: 0.6 to 0.9 mEq/L

Class	Generic Name (Brand Name)	Initial Dose	Max Dose/day
First Line Pharmacotherapies			
SSRIs	Citalopram (Celexa®)	20mg daily	40mg
	Escitalopram (Lexapro®)	10mg daily	20mg
	Fluoxetine (Prozac®)	20mg daily	80mg
	Paroxetine (Paxil®)	20mg daily	50mg
	Paroxetine CR (Paxil CR®)	25mg daily	62.5mg
	Sertraline (Zoloft®)	50mg daily	200mg
SNRIs	Duloxetine (Cymbalta®)	60mg daily	120mg
	Venlafaxine IR (Effexor®)	37.5mg twice a day	225mg
	Venlafaxine ER (Effexor ER®)	75mg daily	225mg
	Desvenlafaxine (Pristiq®)	50mg daily	200mg
Other Antidepressants	Bupropion IR (Wellbutrin®)	100mg twice a day	150mg three times a day
	Bupropion SR (Wellbutrin SR®)	150mg daily	200mg twice a day
	Bupropion XL (Wellbutrin XL®)	150mg daily	450mg
	Mirtazapine (Remeron®)	15mg daily	45mg
Second Line Pharmacotherapies			
SSRIs	Fluvoxamine IR (Luvox®)	50mg daily	300mg
	Fluvoxamine ER (Luvox ER®)	100mg	300mg
Other Antidepressants	Vilazodone (Vibryd®)	10mg daily	40mg
	Vortioxetine (Trintellix®)	10mg daily	20mg
	Trazodone (Desyrel®)	50mg twice a day	400mg
TCAs	Amitriptyline (Elavil®)	75mg daily	300mg
	Amoxapine (Asendin®)	150mg daily	400mg
	Desipramine (Norpramin®)	50mg daily	300mg
	Doxepin (Sinequan®)	50mg daily	300mg
	Imipramine (Tofranil®)	75mg daily	300mg
	Nortriptyline (Pamelor®)	75mg daily	150mg
	Protriptyline (Vivactil®)	20mg daily	60mg
Trimipramine (Surmontil®)	50mg daily	300mg	
MAOIs	Phenelzine (Nardil®)	15mg three times a day	90mg

Process workflow - Pilot



MDD Clinical Dashboard in Power BI

Real-time data pulled directly from Epic

- Patient information displayed:
 - MDD diagnosis
 - PHQ-9 score & date of last PHQ-9
 - Last provider appointment date
 - Antidepressant prescribed & dose
 - Last pharmacy fill date
- Enables targeted interventions:
 - Appointment rescheduling
 - Alerts when updated PHQ-9 is needed
 - Medication optimization recommendations
 - Refill-needed notifications
- Pharmacy team responsibilities:
 - Monitor and manage the dashboard
 - Send reports to relevant groups
 - Provide clinical recommendations to providers
 - Track targeted interventions

Clinical Dashboard



FILTERS

MRN

All

PHQ9 Date

1/1/2022

1/26/2026

PHQ9 Status

- Select all
- (Blank)
- Decrease
- Increase
- Same

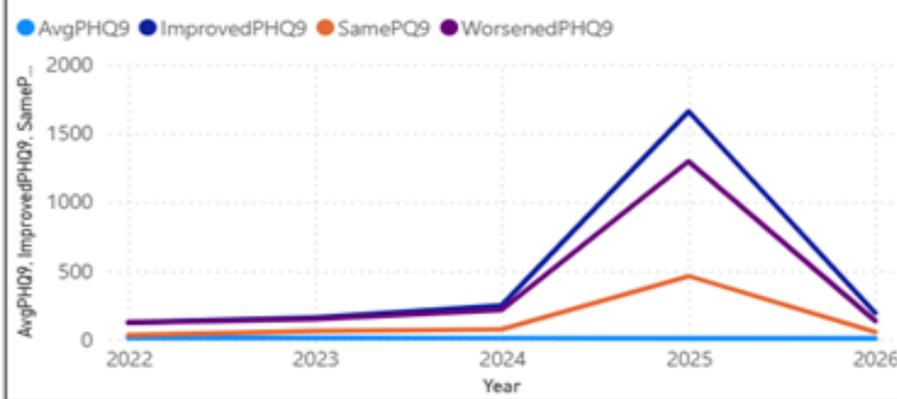
Provider Name

All

Department Name

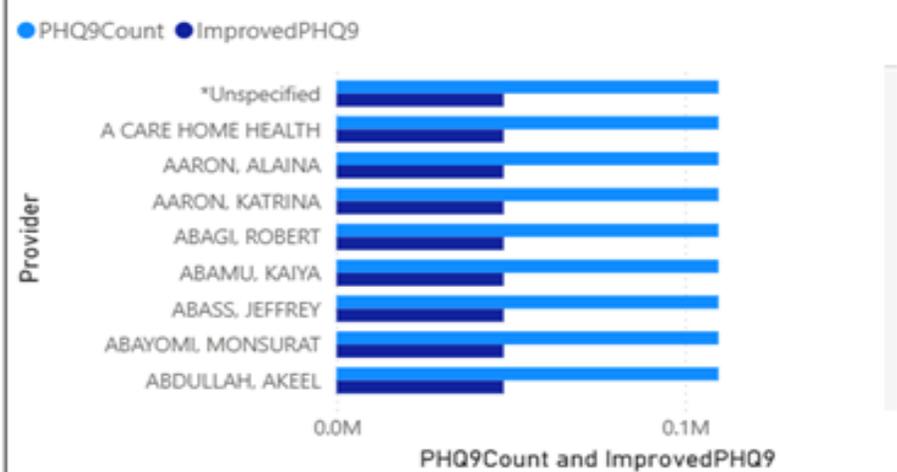
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AvgPHQ9, ImprovedPHQ9, SamePHQ9 and WorsenedPHQ9 by Year

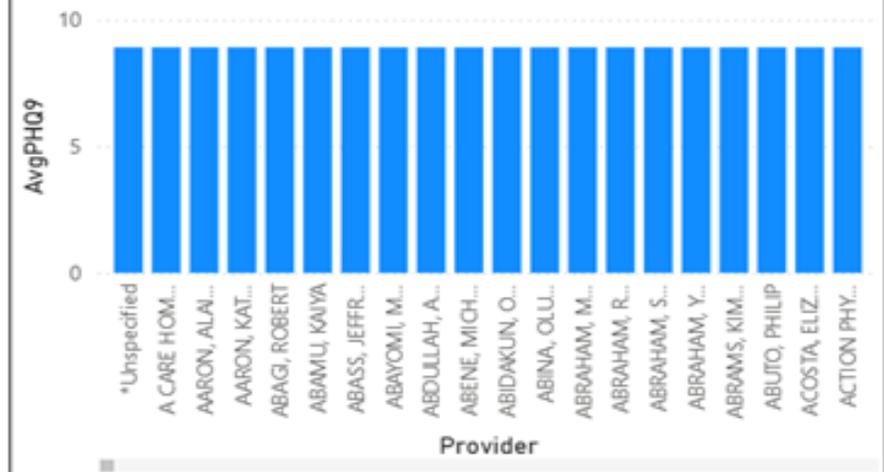


Year	AvgPHQ9	ImprovedPHQ9	SamePHQ9	WorsenedPHQ9
2022	10	1729	500	1453
2023	12	2160	595	1924
2024	11	2484	757	2156
2025	11	6339	1770	5071
January	11	398	118	325
February	11	476	139	353
March	11	495	141	386
April	11	478	131	379
May	10	441	152	387
June	11	461	121	391
July	11	565	163	478
Total	11	13313	3793	11053

PHQ9Count and ImprovedPHQ9 by Provider



AvgPHQ9 by Provider



Best Practice Alert (BPA) – EPIC

PHQ BPA for all CCs, MLCs, and LPHAs is now live.

The BPA will fire every 60 days for all BH patients 18+ with a diagnosis of MDD on the problem list.

Thank you.

Directed Payment Program

- Provides a Value-based payment program to align Medicaid services with the Certified Community Behavioral Health Clinic (CCBHC) model of care
- Fosters continuance of successful Delivery System Reform Incentive Payment (DSRIP) innovations
- Results in DPP BHS payments included in MCO capitation rates
- Promotes access to behavioral health services, care coordination, and successful care transitions for individuals enrolled in STAR, STAR+PLUS and STAR Kids
- Requires semi-annual reporting for all measures
- Is contingent on year-by-year CMS approval

Proposed Year 4 (2025) measures with payment for reporting only:

- **Structural** *In Place:* +HIE participation, +CCBHC Certification, +Provision of Integrated Care
To be Implemented: - Screening & Follow up of Non-Medical Drivers of Health
- **Process** *In Place:* Current measures (see next slide)

Requirements

A participating provider must report on all quality measures as a condition of participation.

The Measures:

- 1) Preventive Care & Screening: Unhealthy **Alcohol Use**: Screening & Brief Counseling
- 2) Child and Adolescent Major Depressive Disorder (MDD): **Suicide Risk** Assessment
- 3) Adult Major Depressive Disorder (MDD): **Suicide Risk** Assessment
- 4) **Follow-Up After Hospitalization** for Mental Illness **7-Day** (discharges from state hospital)
- 5) **Follow-Up after Hospitalization** for Mental Illness **30-Day** (discharges from state hospital)
- 6) **Food Insecurity Screening and Follow-up Plan**
- 7) **Depression Remission** at Six Months (DEPREM-6)

Effect of Attrition on Outcome

Month	Cohort	Dropout Rate @ 6 months	Eligible for Re-screening (Still Active)	Re-screened @ 6 Months	% Original Cohort Re-Screened	% Cohort Still Active Screened	Achieved Remission	% Original Cohort In Remission	% Cohort Still Active In Remission
1-Jul-24	304	34%	201	114	38%	57%	25	8.22%	12%
1-Aug-24	357	33%	239	131	37%	55%	28	7.84%	12%
1-Sep-24	352	27%	257	138	39%	54%	38	10.80%	15%
1-Oct-24	400	28%	288	148	37%	51%	42	10.50%	15%
1-Nov-24	413	33%	277	123	30%	44%	33	7.99%	12%

Treatment and Remission

Initially we determined that patients who received Psychotherapy services were achieving remission at higher rates.

A deeper dive revealed that psychotherapists were more compliant with the requirement to re-screen at 6 months.

Higher remission rates were artifactually related to higher re-screen rates.