Quality Committee Meeting
March 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, February 17, 2026
       (EXHIBIT Q-1)

IV. **REVIEW AND COMMENT**

    A. Board Scorecard
       (EXHIBIT Q-2 Luming LI)

    B. CTI Presentation
       (EXHIBIT Q-3 Luc Josaphat)

    C. AMH Wait Times
       (EXHIBIT Q-4 Lance Britt)

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, FEBRUARY 17, 2026
MINUTES

Dr. J. Lankford, Board Chair, called the meeting to order at 11:05 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:

1. **CALL TO ORDER**
   Dr. J. Lankford called the meeting to order at 11:05 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Voting members in attendance.

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, January 20, 2026**

   MOTION BY: BACON   SECOND BY: LANKFORD

   With unanimous affirmative votes,
   BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday January 20, 2026 as presented under Exhibit Q-1, are approved.

6. **REVIEW AND COMMENT**

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

    B. MDD Remission Strategic Goal-Dr. Patel, Trudy Leidich and Lance Britt presented MDD Remission Strategic Goal to the Quality Committee.

7. EXECUTIVE SESSION-The Quality Committee entered into Executive Session at 11:21 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 and Trudy Leidich, Vice President of Clinical Transformation & Quality

9. RECONVENE INTO OPEN SESSION-The Quality Committee reconvened into open session at 11:48 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 11:48 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: Dr. Luming Li
Chief Medical Officer

March 2026 (Reporting January 2026 Data)

Domain	Program	2026 Fiscal Year State Service Care Count Target	2026 Fiscal Year State Care Count Average to Date (September – January)	Reporting Period: January	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,169	14,103	Increase	Contractual

FY 26 - Adult Mental Health Service Count

Legend: FY 26 - Adult Mental Health Service Count; FY 25 - Adult Mental Health Service Count; Adult Mental Health Target
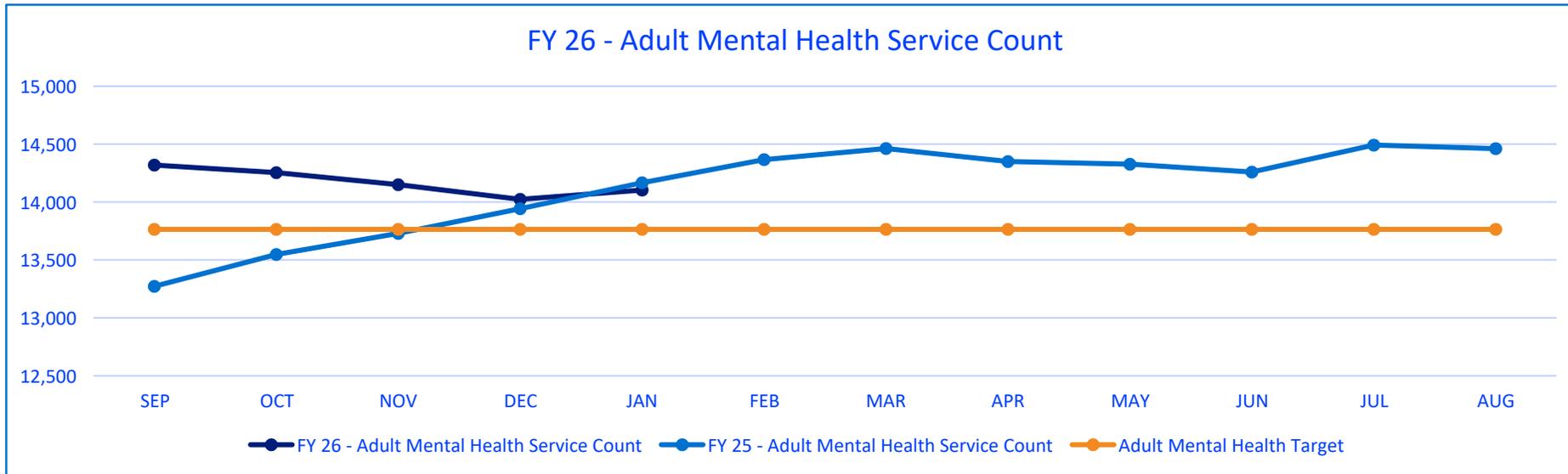
Adult Mental Health service volumes remained above target in January. Adult Mental Health service care count closed at 14,103 services, outperforming the target by 2.46%.

Measure definition: # of adult patients authorized in a FLOC (LOCA 1-4). Does not include unauthorized consumers who are 100% Third Party.
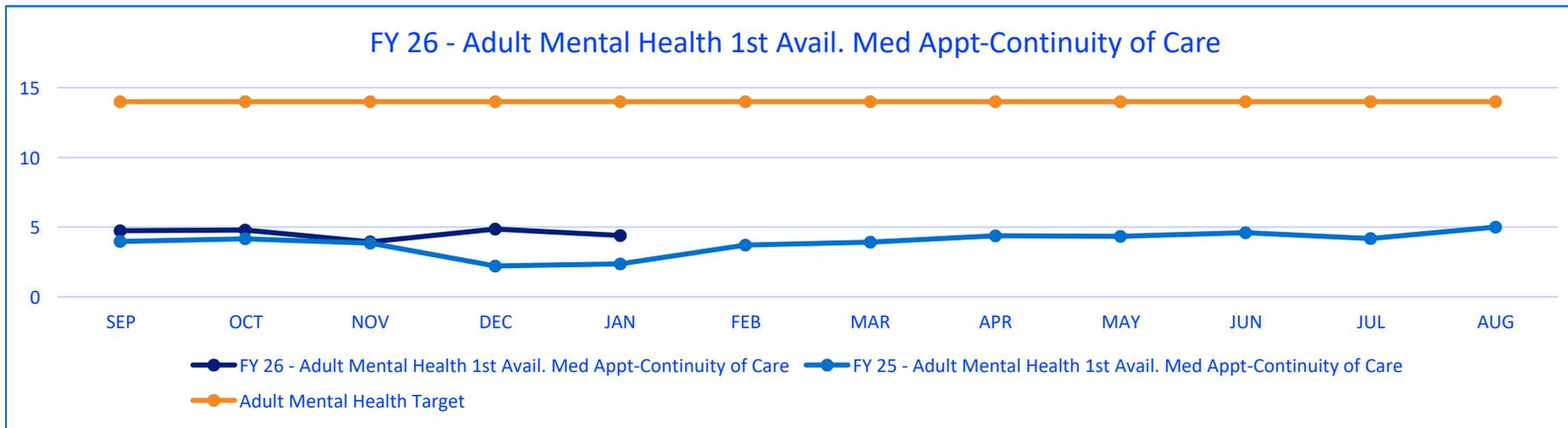
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.17 day	1.00 day	Decrease	Contractual

FY 26 - Adult Mental Health 1st Contact to LPHA

Legend: FY 26 - Adult Mental Health 1st Contact to LPHA; FY 25 - Adult Mental Health 1st Contact to LPHA; Adult Mental Health Target
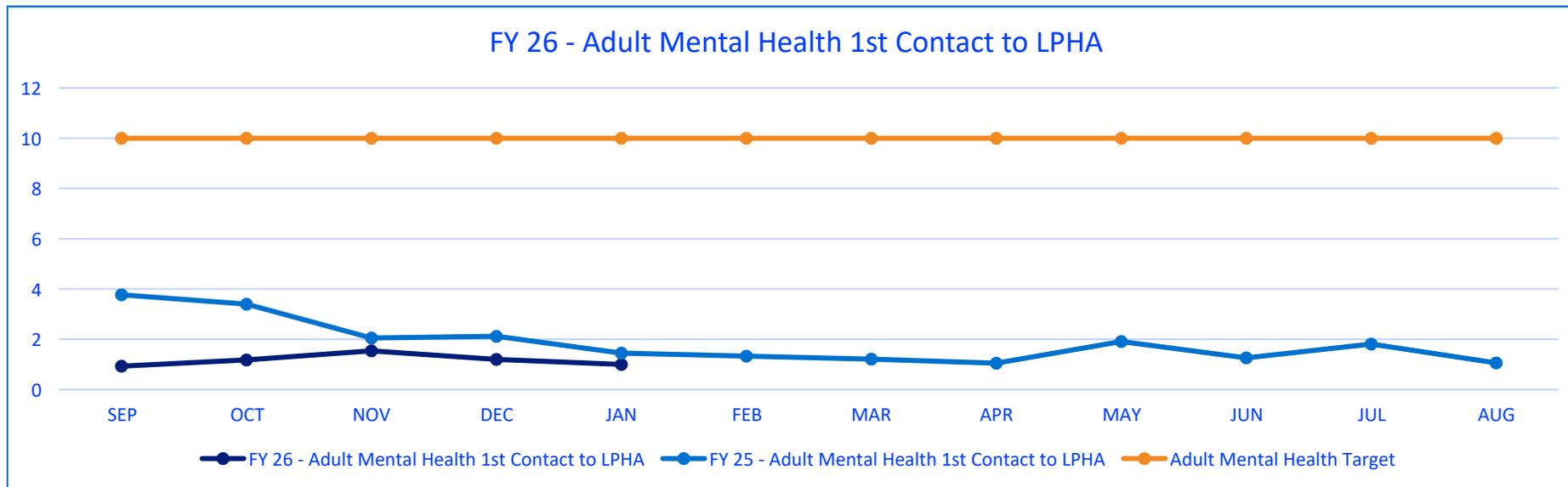
Notes: In January, Adult Mental Health 1st contact to LPHA is at 1.00day, a 31% year-over-year decrease in time-to-LPHA compared to FY25. This measure outperforming the 10 days target by 90%.

Measure Definition: Adult Time between LPHA Assessment Appt Creation Date and LPHA Assessment Appt Completion Date
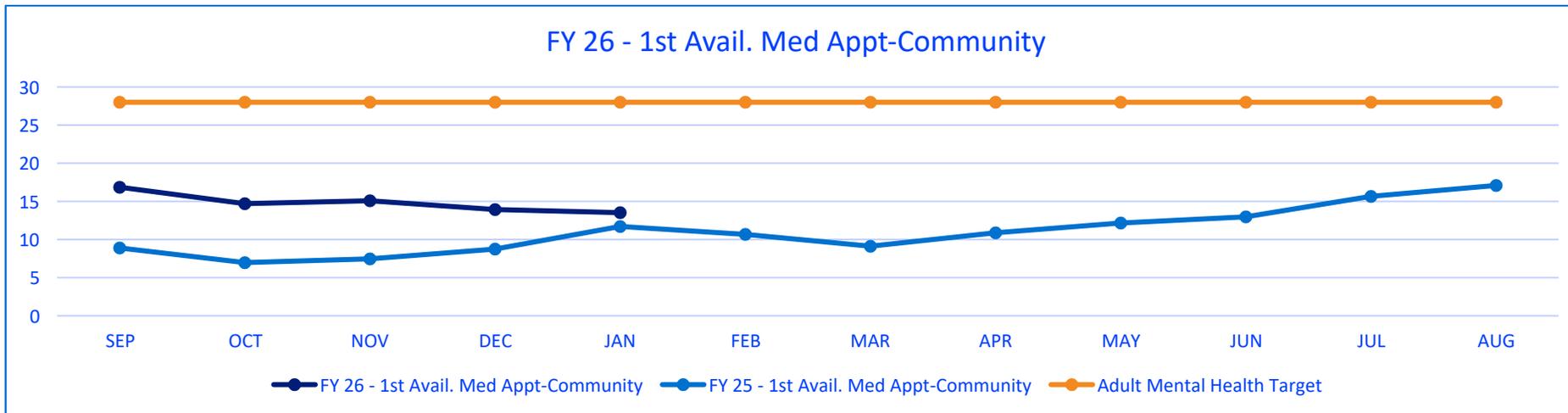
3

Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September–January)	Reporting Period: January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.55 days	4.40 days	Decrease	Contractual

FY 26 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care

Legend:
- FY 26 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- FY 25 - Adult Mental Health 1st Avail. Med Appt-Continuity of Care
- Adult Mental Health Target

Notes:
January's first-available medical appointment for Adult Mental Health (continuity of care) was 4.40 days. The measure outperformed the 14-day target by 68.57%.

Measure definition: Adult - Time between MD Intake Assessment (Continuity of Care) Appt Creation Date and MD Intake Assessment (Continuity of Care) Appt Completion Date
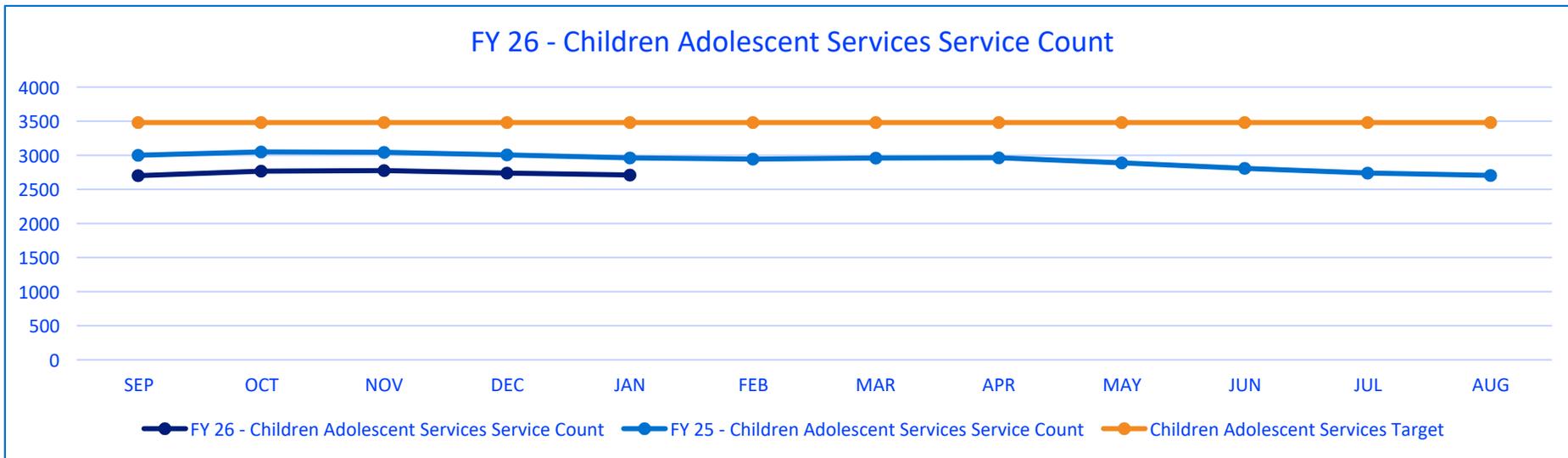
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	14.82 days	13.52 days	Decrease	Contractual

FY 26 - 1st Avail. Med Appt-Community

Legend: FY 26 - 1st Avail. Med Appt-Community | FY 25 - 1st Avail. Med Appt-Community | Adult Mental Health Target

Notes:
January's first-available community med appointment was 13.52 days. The measure outperformed the 28-day target by 51.71%

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
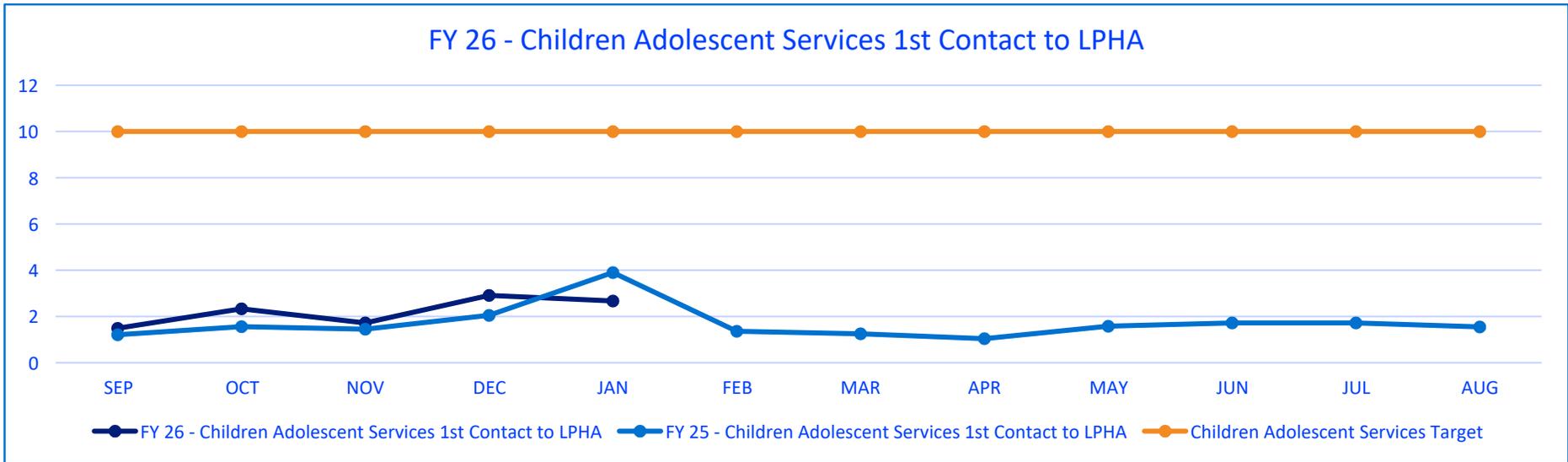
5

Domain	Program	2026 Fiscal Year State Care Count Target	2026 Fiscal Year State Care Count Average (September–January)	Reporting Period-January	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,739	2,711	Increase	Contractual

FY 26 - Children Adolescent Services Service Count

Legend: FY 26 - Children Adolescent Services Service Count; FY 25 - Children Adolescent Services Service Count; Children Adolescent Services Target

Notes:
January's Children & Adolescent Services delivered 2,711 service 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.

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Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-January)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	2.22 days	2.67 days	Decrease	Contractual

FY 26 - Children Adolescent Services 1st Contact to LPHA

Notes:
January's Children Adolescent Services first contact to LPHA averaged 2.67 days, exceeding the 10-day target by 73.30%

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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 - January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	3.96 days	1.46 days	Decrease	Contractual

**FY 26 - Children Adolescent Services 1st Avail. Med Appt-Continuity of Care**
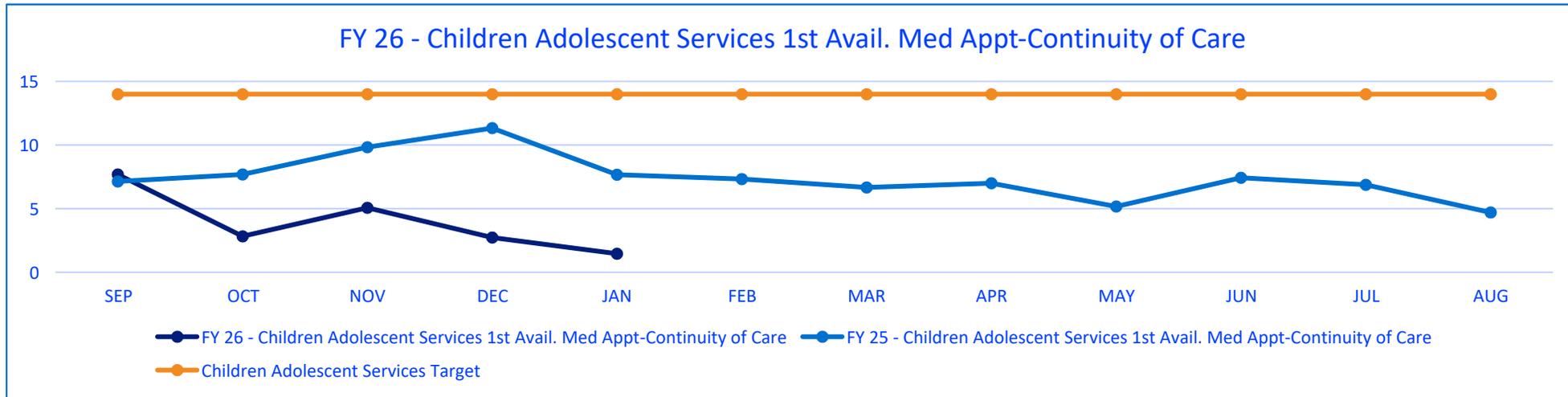
Notes:
January's CAS continuity-of-care first available medical appointment averaged 1.46 days, exceeding the 14-day target by 90**%**

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
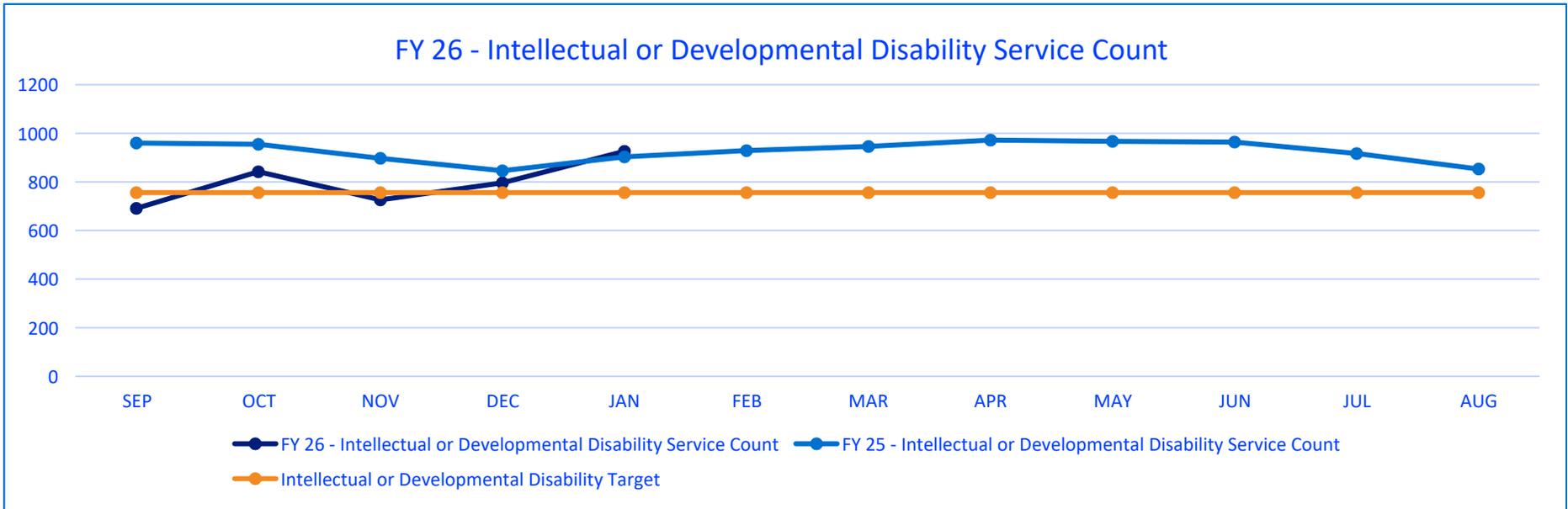
8

Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – January)	Reporting Period-January	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services (CAS) 1st Avail. Medical Appt-Community	<28 days	9.43 days	10.84 days	Decrease	Contractual

FY 26 - Children Adolescent Services 1st Avail. Med Appt-Community
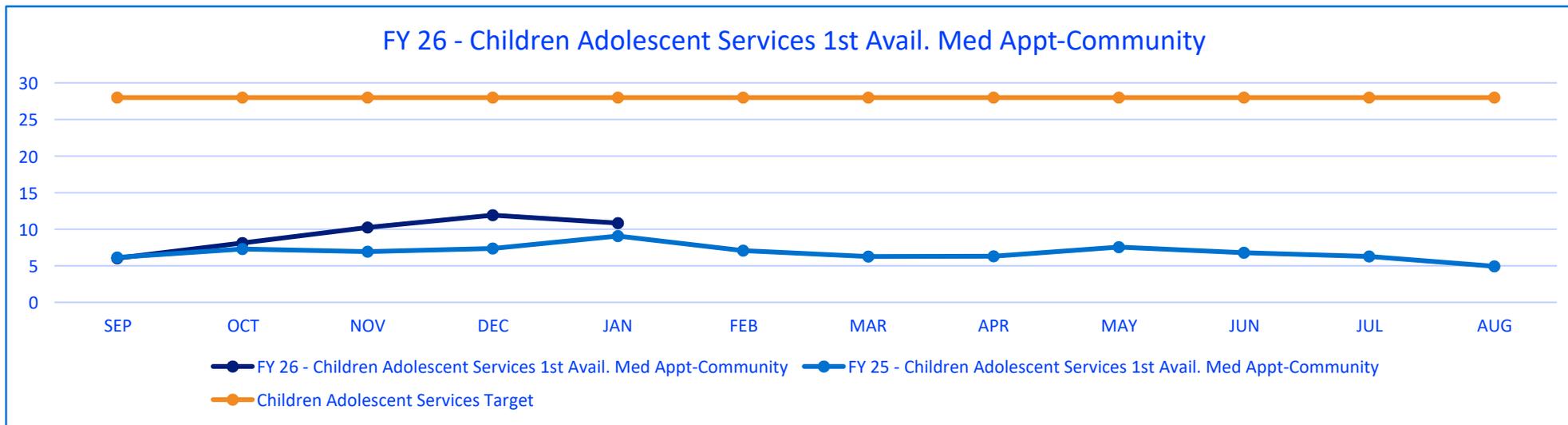
Notes:
January's CAS Services first available medical appointment for community access averaged 10.84 **days**, exceeding the 28-day target by 61**%**.

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
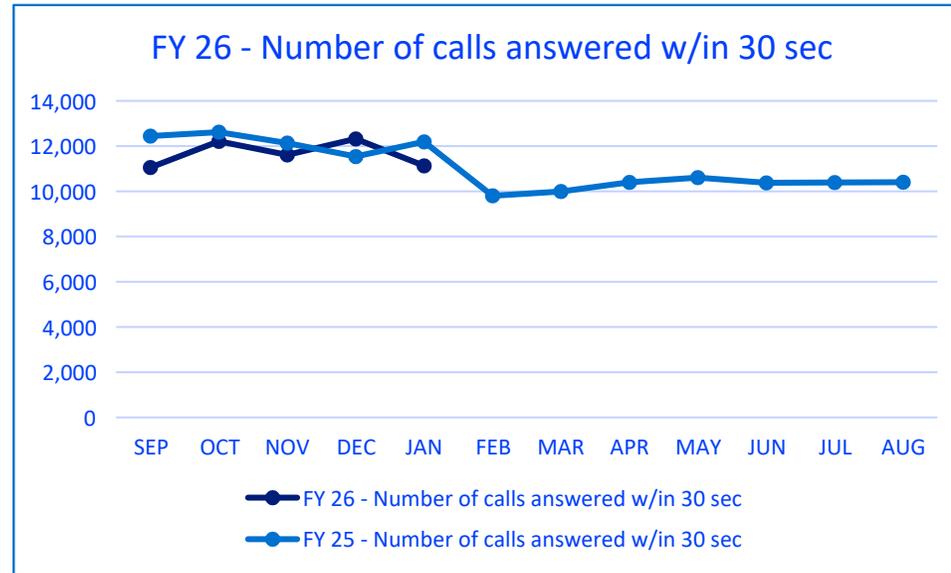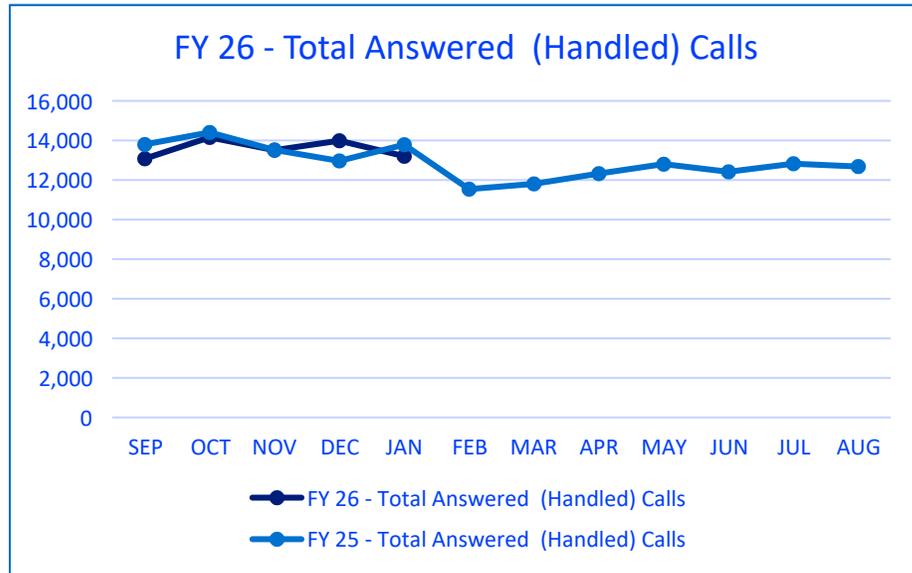
9

Domain	Program	2026 Fiscal Year State Count Target	2026 Fiscal Year State Count Average (September – January)	Reporting Period- January	Target Desired Direction	Target Type
Access	IDD	756	796	926	Increase	Contractual

FY 26 - Intellectual or Developmental Disability Service Count

Legend:
- FY 26 - Intellectual or Developmental Disability Service Count
- FY 25 - Intellectual or Developmental Disability Service Count
- Intellectual or Developmental Disability Target

Notes:

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.)

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Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,587	13,206	N/A	N/A
	Number of calls answered w/in 30 secs	N/A	11,666	11,132	N/A	Contractual

FY 26 - Total Answered (Handled) Calls

FY 26 - Number of calls answered w/in 30 sec

Notes:

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Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	AVG Call Length (Mins)	N/A	11.58 min	12.00 min	N/A	Contractual
	Service Level (% of calls answered w/30 secs)	>95%	86%	84%	N/A	Contractual
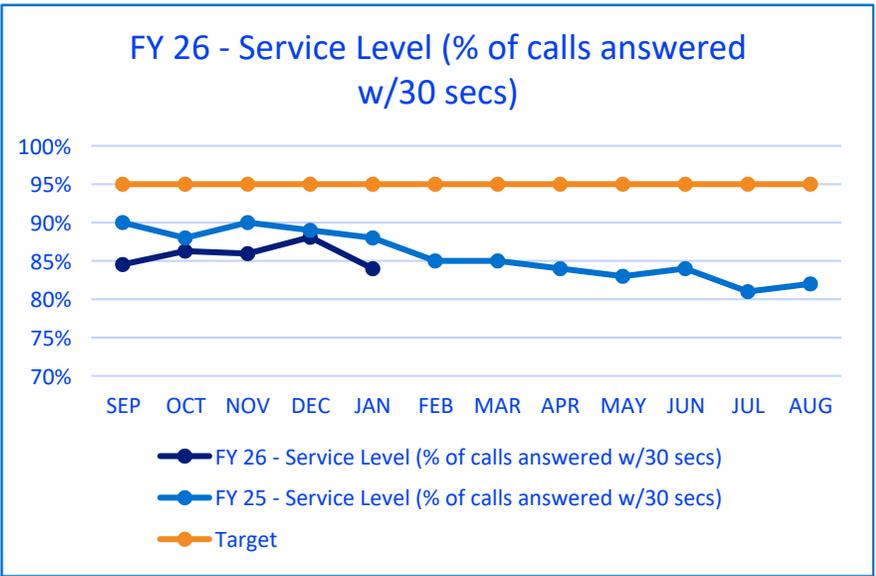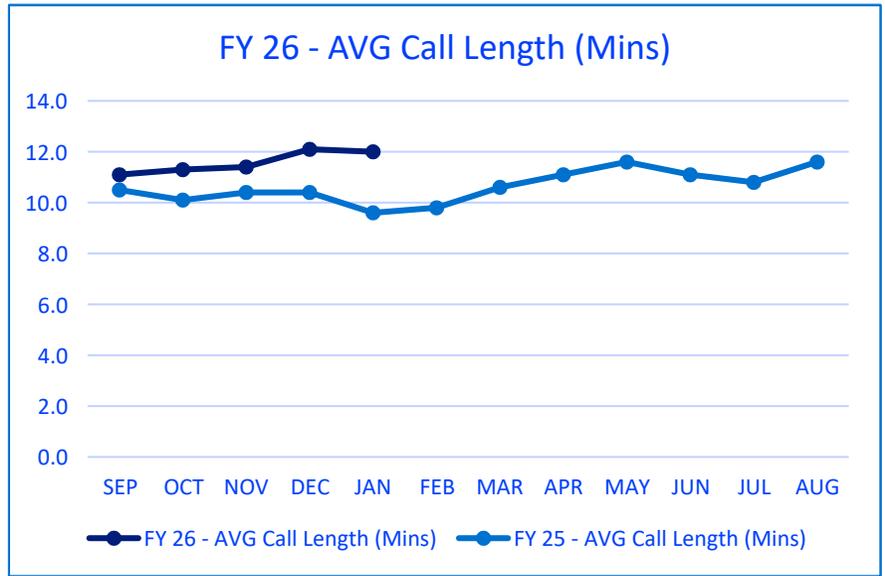
FY 26 - AVG Call Length (Mins)

FY 26 - Service Level (% of calls answered w/30 secs)
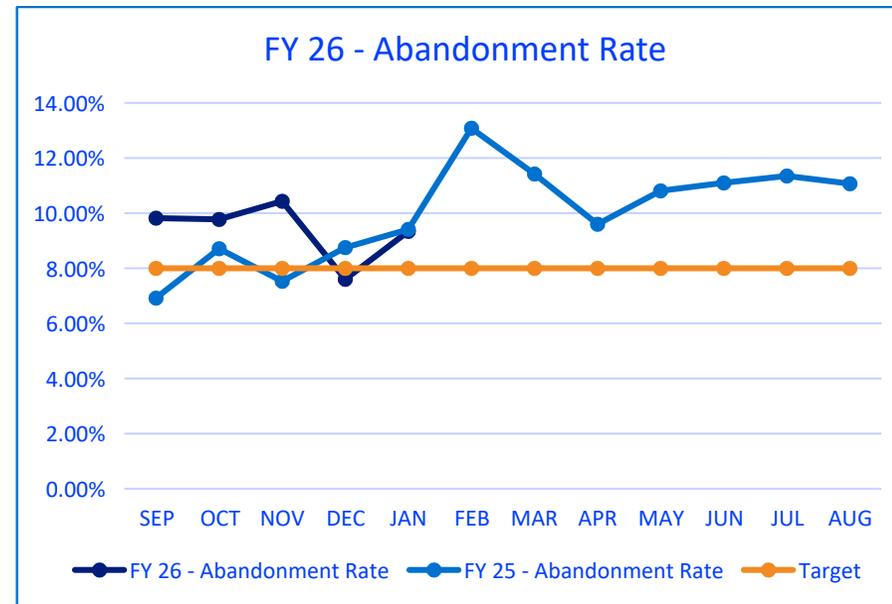

Notes:

12

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - January)	Reporting Period- January	Target Desired Direction	Target Type
Timely Care	Abandoned Calls	N/A	1,751	1,705	Decrease	Contractual
	Abandonment Rate	<8%	9.39%	9.34%	Decrease	Contractual

FY 26 - Abandoned Calls

Legend: FY 26 - Abandoned Calls, FY 25 - Abandoned Calls

FY 26 - Abandonment Rate

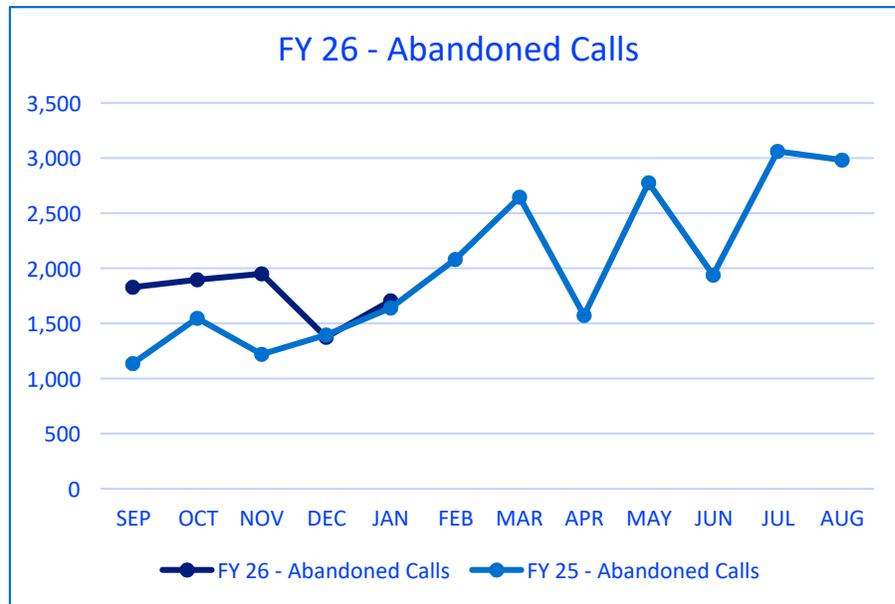Legend: FY 26 - Abandonment Rate, FY 25 - Abandonment Rate, Target
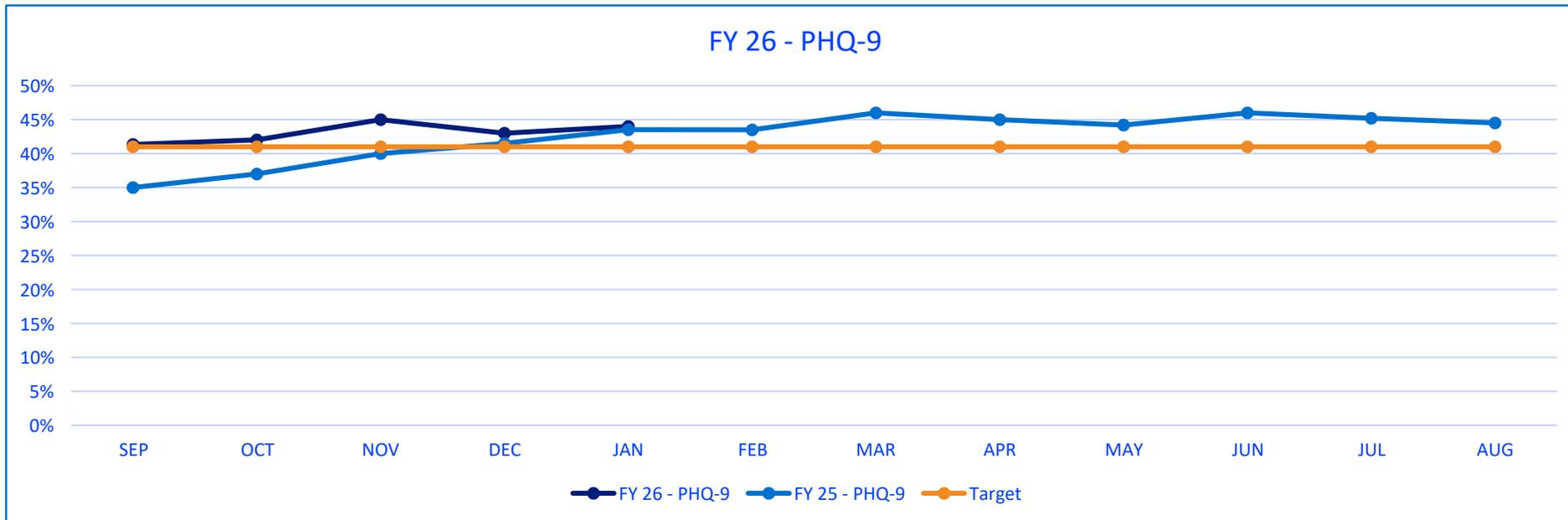
Notes:

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Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September – January)	Reporting Period-January	Target Desired Direction	Target Type
Effective Care	PHQ-9	41.27%	43%	44%	Increase	IOS

FY 26 - PHQ-9

Notes:
January PHQ-9 reached 44%, up 1% 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.

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Domain	Measures (Definition)	2026 Fiscal Year Target	2026Fiscal Year Average (September - January)	Reporting Period- January	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	90%	92.90%	Increase	IOS

FY 26 - Patient Satisfaction
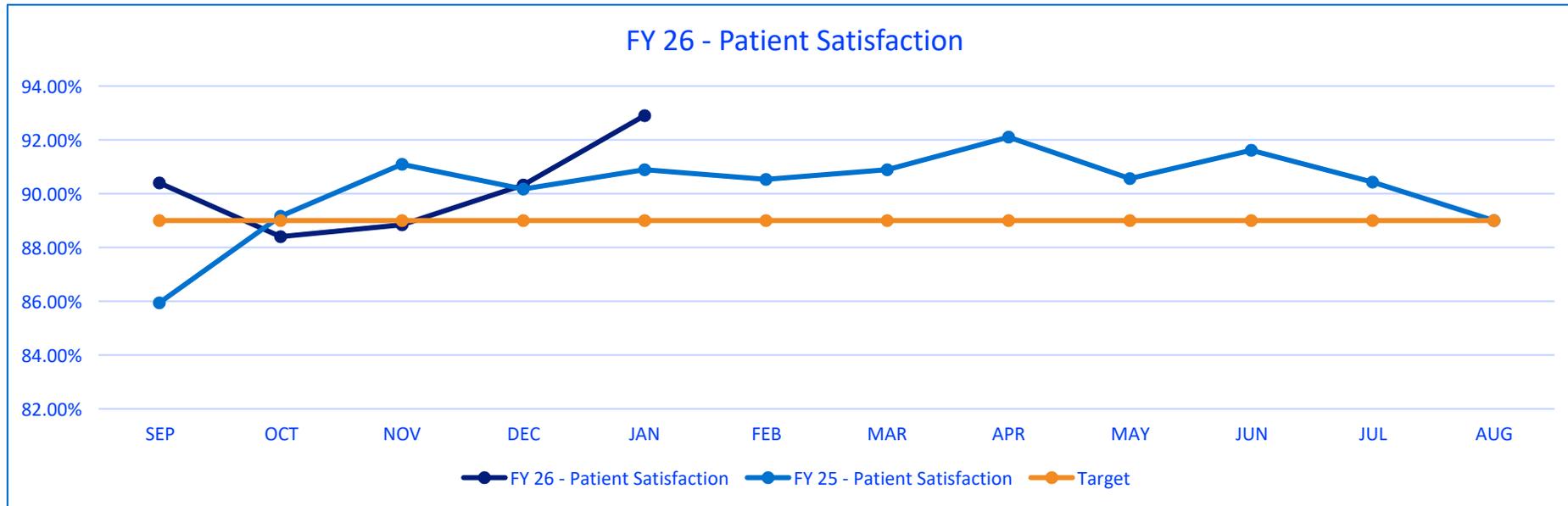
Notes:
January's patient satisfaction top box scores at 92.90%.

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Appendix

Measure in red > 3 Months

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	2,739	2,711								2,739	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%	77.88%								78.67%	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	14,254	14,150	14,026	14,103								14,170	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%	102.43%								102.94%	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	2,711								2,739	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%	77.88%								78.67%	100.00%	C	MBOW
IDD Service Target	972	969	966	920	851	691	842	726	794	926								796	756	SP	MBOW
IDD Actual Service Target %	113.82%	113.47%	113.11%	107.73%	99.65%	80.91%	98.59%	85.01%	92.97%	108.43%								93.18%	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	2.91	2.67								2.23	<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	1.00								1.17	<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	2.73	1.46								3.96	<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	10.84								9.44	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	0	1	2	5	0	0	1	12	33	15								12.20	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	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	4.79	3.94	4.86	4.40								4.55	<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	13.52								14.81	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	56	79	85	150	165	102	125	82	106	63								95.60	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	1	0	0	0	17	25	21	18	16	41								24.20	0	IOS	Epic

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	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	19,396	18,689	18,081	18,259								18,608			
Total Answered (Handled) Calls						13,077	14,156	13,510	13,987	13,206								13,587			
AVG Call Length (Mins)	11.1	11.6	11.10	10.80	11.60	11.10	11.30	11.40	12.10	12.00											
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%	86.00%	86.00%	88.00%	84.00%									95.00%	C	Brightmetrics
Abandonment Rate	9.60%	10.81%	11.10%	11.35%	11.07%	9.82%	9.78%	10.43%	7.60%	9.34%									< 8.00%	NS	Brightmetrics
Occupancy Rate	83.00%	85.00%	85.00%	89.00%	86.00%	85.00%	85.00%	85.00%	84.00%	86.00%											Brightmetrics
Avg staff per day	36	32	33	34	31	36	37	34	40	35										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%	92.90%								91.64%	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	933	1,012	1,004								1029			
PES Admission Volume	460	499	431	471	447	468	460	435	608	430								480.20			
Mechanical Restraints	0		0	0	0	0	1	0	0	1								0.40			
Mechanical Restraint Rate			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	44								35.00			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	45								41.20			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	30.90								27.29	≤ 61.73	IOS	Epic
Emergency Medications	28	38	33	37	8	30	56	38	39	43								41.20			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

Series "FY 26 - Abandonment Rate " Legend Entry
Value: 1938

	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%	90.48%	88.40%	88.84%	90.32%	92.90%								90.19%	88.70%	IOS	Qualtrics
Adult Mental Health Clinical Quality Measures (Fiscal Year Improvement)																					
QIDS-C	28.66%	29.11%	30.30%	31.54%	31.93%	25.27%	24.47%	27.26%	27.36%	27.20%								26.31%	24.00%	IOS	MBOW
BDSS	30.27%	31.29%	31.98%	32.53%	32.94%	30.86%	31.57%	31.57%	30.91%	31.71%								31.32%	32.00%	IOS	MBOW
PSRS	36.75%	38.00%	38.79%	40.26%	40.36%	35.52%	36.68%	35.78%	34.97%	35.45%								35.68%	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%	47.00%	49.80%	47.00%	45.30%	48.90%								47.60%	45.38%	IOS	Epic
BDSS	44.70%	46.60%	46.50%	46.50%	47.10%	45.30%	46.80%	45.70%	47.20%	47.80%								46.56%	46.47%	IOS	Epic
PSRS	37.80%	36.80%	35.90%	36.40%	36.90%	39.50%	37.70%	36.10%	39.90%	36.10%								37.86%	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%	43.40%	45.40%	50.50%	43.50%	31.00%								42.76%	41.27%	IOS	Epic
PHQ-9	45.00%	44..			5%	45.23%	43.00%	44.00%										43.15%	41.00%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Me																					
ANSA (Adult)	37.70%	39.40%	40.70%	42.10%	42.80%	32.50%	33.30%	34.70%	35.20%	36.00%								34.34%	32.50%	C	MBOW
CANS (Child/Adolescent)	28.60%	30.70%	32.80%	35.00%	36.20%	17.20%	18.80%	19.20%	22.20%	25.70%								20.62%	42.80%	C	MBOW
Adult and Child/Adolescent Functioning Measures																					
DLA-20 (AMH and CAS)	40.50%	41.50%	42.50%	50.90%	48.40%	46.10%	44.90%											45.50%	48.07%	IOS	Epic

Series "FY 26 - Abandonment Rate " Legend Entry
Value: 1938

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	
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.

EXHIBIT Q-3
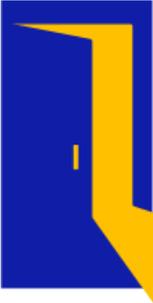
CHANGE + TRANSFORMATION INSTITUTE

AN ADVANCED LEADERSHIP EXCELLENCE PROGRAM

Presented by: Luc Josaphat, MPA, CPHQ
Director of Quality Assurance

Agenda

- **Why Change & Transformation Institute?**

- **Program Overview**

- **Impact on Leadership & Organizational Performance**

- **Rollout Timeline**

- **Q & A**

Why?

- **Leadership Capability Building**

- **Alignment with Organizational Priorities**

- **Data-Driven Adaptive Change**

- **Scalable Leadership Model**

PROGRAM OVERVIEW

Structure and Delivery Method

- **Two-day immersive in-person training**
  - **Experiential Learning Experience**
  - **Active Participation Delivery**

- **Virtual learning**

- **Signature project with executive sponsorship**

Day 1 in person Focus Areas:

- **Trust Mapping Session**

- **Learning Health Systems**

- **Change Management Strategies**

- **Executive Panel**

Day 2 in person Focus Areas:

- **Quality Improvement Tools**

- **Experiential Challenge Application**

- **Leadership Commitment and SMART Goals**

Virtual learning

- **SharePoint Delivery Model**

  ▪ Central hub for all learning resources

  ▪ Session recordings, qi tools, templates

  ▪ Signature project workspace

Signature project

- **Proves mastery**

- **Delivers tangible value**

- **Builds leadership confidence**

- **Strengthens organizational retention**

IMPACT ON LEADERSHIP
&
ORGANIZATIONAL PERFORMANCE

Impact on Leadership & Organizational Performance

- **Data-Driven Improvements**

- **Organizational Resilience**

- **Operational Workflow Improvements**

Nomination Allocation

- **Nomination slots are allocated proportionally, each Chief receives one guaranteed slot**

- **Remaining slots are distributed according to their share of total reports using the Largest Remainder (Hamilton) method to minimize rounding bias.**

Rollout timeline

Jan: Executive alignment & director selection

Mar: Pre-work, SharePoint launch, onboarding

Apr: In-person training

Apr–Aug: Virtual modules + coaching

Oct: Signature Project presentations & recognition

2026 Change and Transformation Institute cohort

Jaz Almanza
Manager - Communications

Kaneetra Bass
Human Resources Manager Employee Relations

Ricardo Campbell
Manager - Budget and Cost Accounting

Holly Cumbie
Sr Director - Pharmacy Programs

Bijul Enaohwo
General Counsel Assistant - Legal Services

Amber Honsinger
Program Director VI
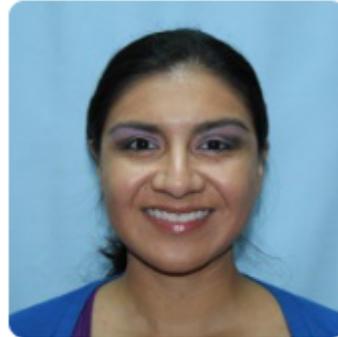
Mireya Hansen
Medical Dir

Annan John
Nurse Supervisor A

Tony Jones
Director - Application Development
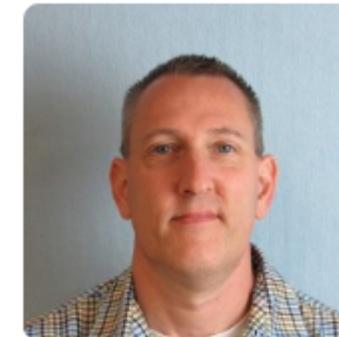
Brent Lawless
Practice Manager VI

2026 Change and Transformation Institute cohort

Demetria Luckett
Director - Compliance
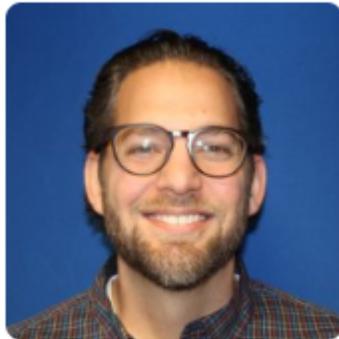
Samuel Means
Director - Forensic
Juvenile Justice Svcs
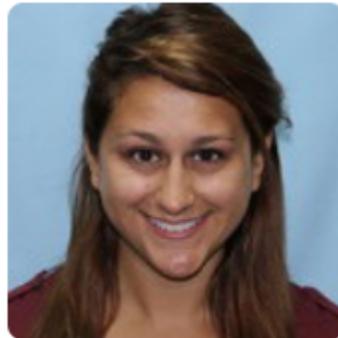
Maria Richardson
Director - Project
Management Office

Ernest Savoy
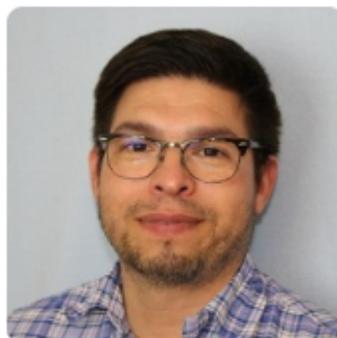Senior Assistant General
Counsel - Contract
Services
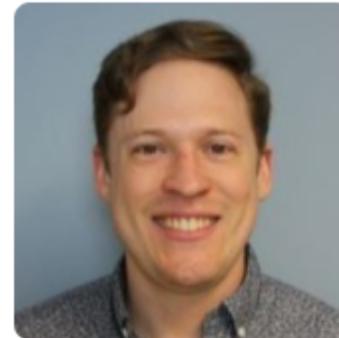
Ansel Schulenberg
Nurse Supervisor C

Sarah Strang
Director - MCOT

Rena Strope
Practice Manager IV

Raul Ureste
Practice Manager V

**Tiffanie Williams-
Brooks**
Director - CAS

Q&A

Thank you.

EXHIBIT Q-4

Client Wait Times Q1 FY 2026 Comparison