The Harris Center for Mental Health and IDD
Transforming Lives

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

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

Quality Committee Meeting
May 19, 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, April 21, 2026
(EXHIBIT Q-1)

IV. **REVIEW AND COMMENT**

A. Board Scorecard
(EXHIBIT Q-3 Trudy Leidich)

B. Patient Satisfaction
(EXHIBIT Q-3 Luc Josaphat)

V. ***EXECUTIVE SESSION-***

• As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.

• Report by the Senior Director-Pharmacy Programs regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Holly Cumbie, Senior Director-Pharmacy Programs and Dr. Luming Li, Chief Medical Officer

• 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, APRIL 21, 2026 MINUTES

Dr. J. Lankford, Board Chair, called the meeting to order at 11:06 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. J. Lankford, Dr. Q. Moore, Dr. R, Gearing

Committee Member Absent: Dr. K. Bacon

Other Board Member in Attendance: BG (Ret.) E. Grantham-video conference

1. **CALL TO ORDER**
   Dr. J. Lankford called the meeting to order at 11:06 a.m.

2. **DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS**
   Dr. Lankford designated BG (Ret.) E. Grantham 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, March 17, 2026**

   MOTION BY: GEARING SECOND BY: MOORE

   With unanimous affirmative votes,
   BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday March 17, 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. **Quality Retreat Update-** Dr. Lankford gave an update on the Quality Committee Retreat.

DRAFT

7. EXECUTIVE SESSION-The Quality Committee entered into Executive Session at 11:27 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 11:40 am.

10. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION
No Action was Taken

11. ADJOURN
MOTION: MOORE SECOND: GEARING
There being no further business, the meeting adjourned at 11:40 a.m.

DRAFT

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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

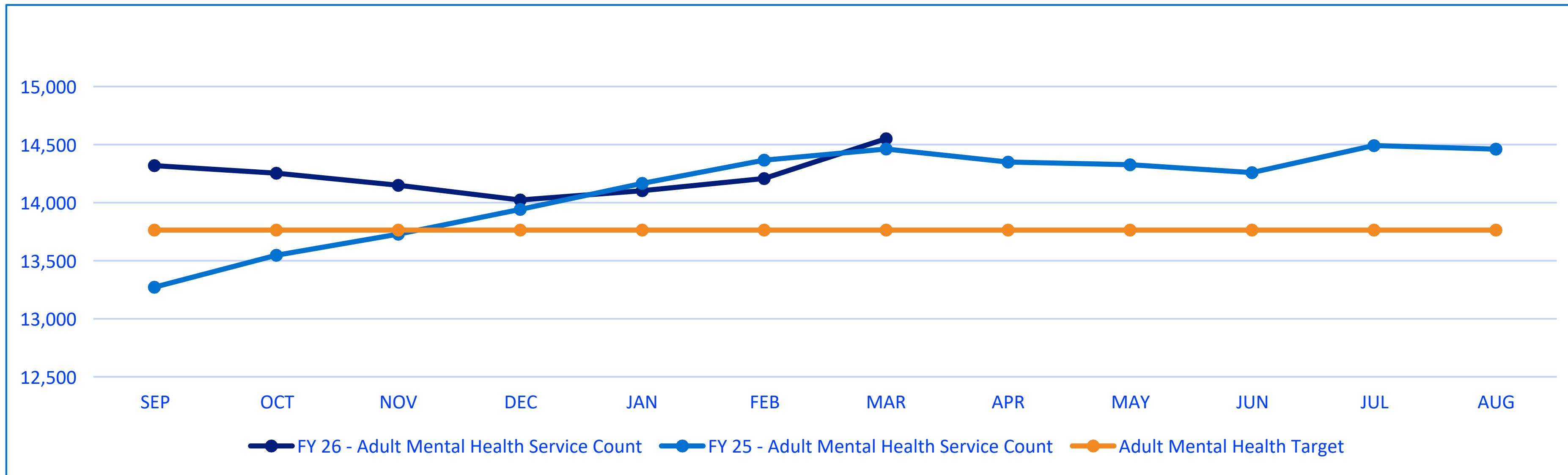
Quality Board Scorecard

Board Quality Committee Meeting

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

May 2026 (Reporting March 2026 Data)

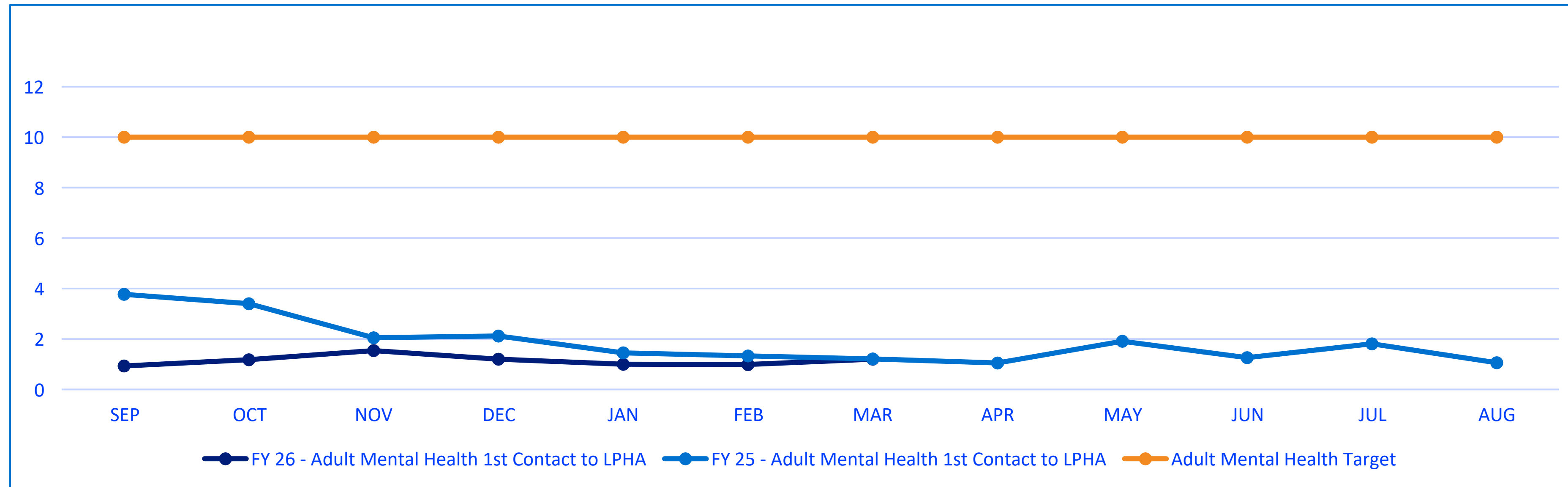
Domain	Program	2026 Fiscal Year State Service Care Count Target	2026 Fiscal Year State Care Count Average to Date (September – March)	Reporting Period: March	Desired Direction	Target Type
Access	Adult Mental Health Service Care Count	13,764	14,225	14,551	Increase	Contractual



Adult Mental Health service care count remained above target in March . Adult Mental Health service care count closed at 14,551 services, outperforming the target by 5.72%.

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

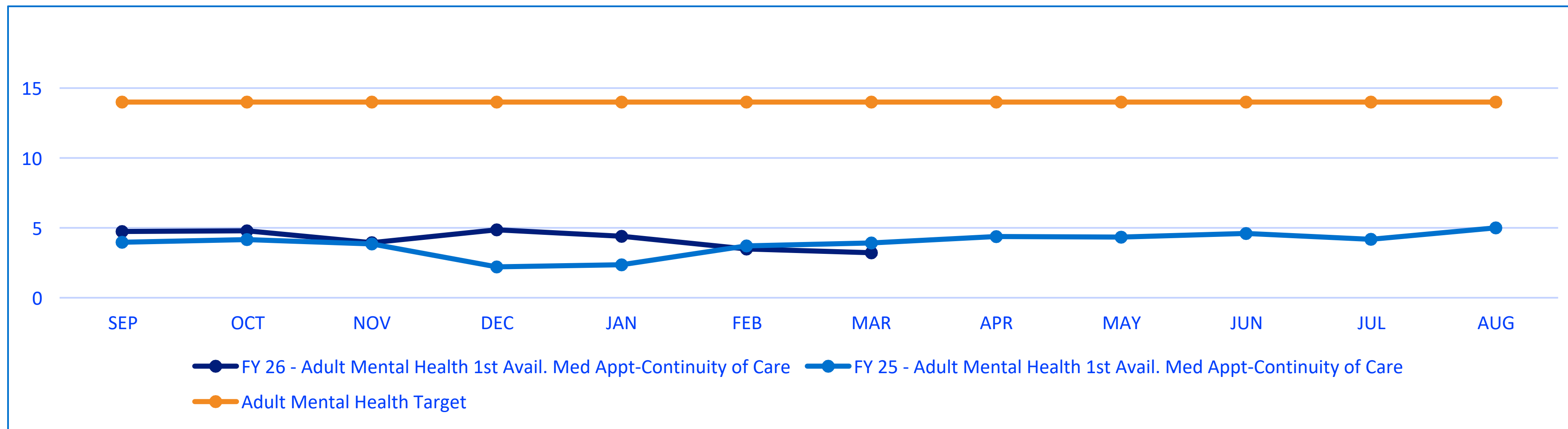
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Contact to LPHA	<10 days	1.15 day	1.20 day	Decrease	Contractual



Notes: In March , Adult Mental Health 1st contact to LPHA is at 1.20day. This measure is outperforming the 10 days target by 88%.

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

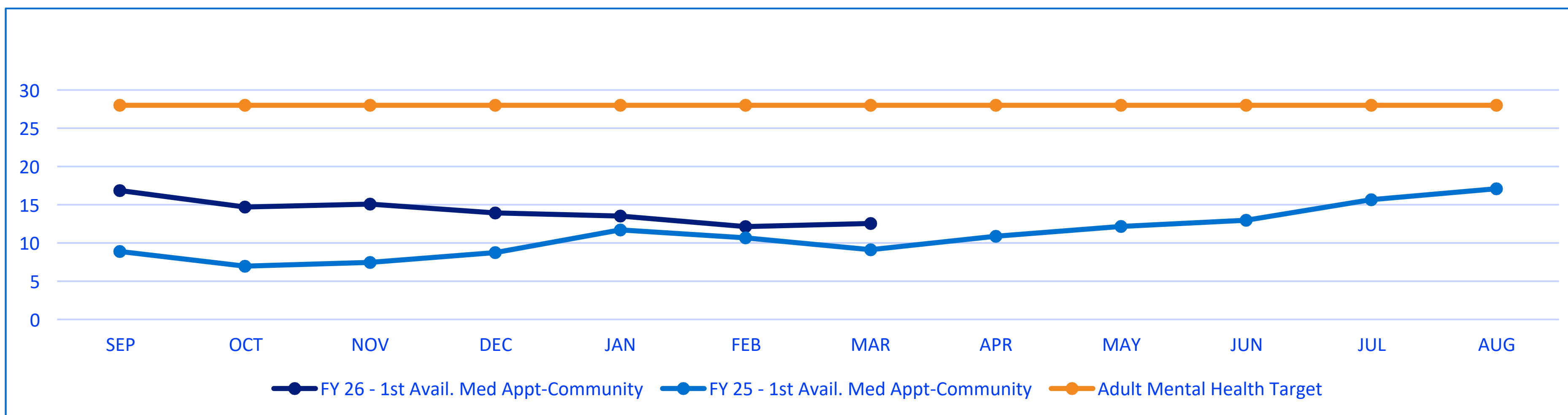
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September–March)	Reporting Period: March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Continuity of Care	<14 days	4.21 days	3.22 days	Decrease	Contractual



Notes:
March ’s first-available medical appointment for Adult Mental Health (continuity of care) was 3.21 days. The measure outperformed the 14-day target by 77.00**%**.

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

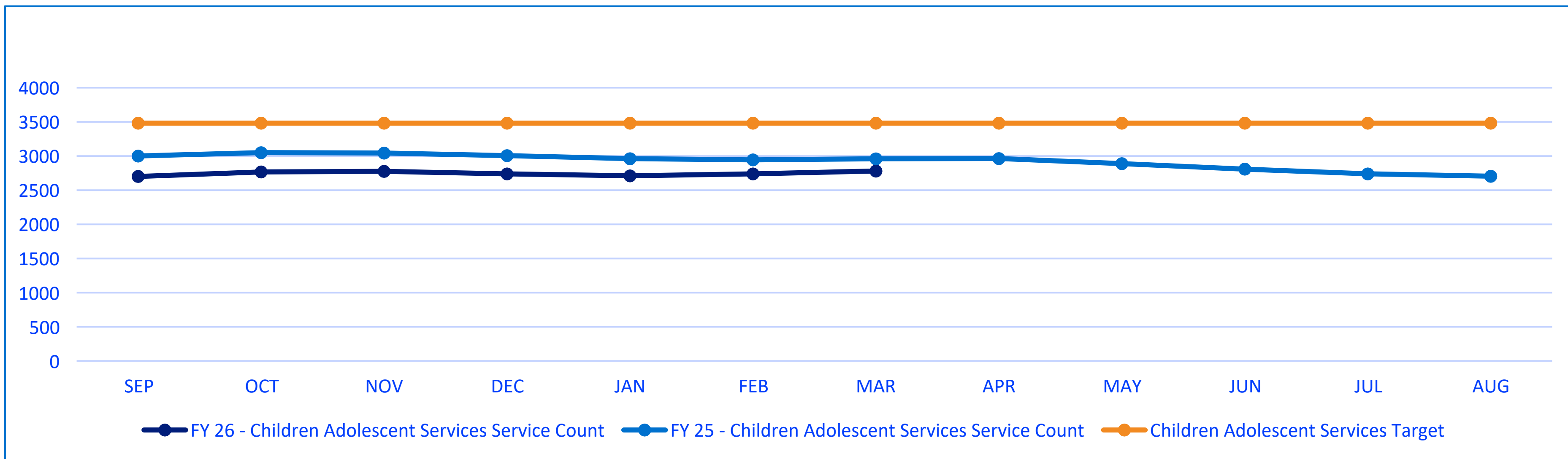
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-March)	Reporting Period-March	Target Desired Direction	Target Type
Timely Care	Adult Mental Health 1st Avail. Medical Appt-Community Members	<28 days	14.11 days	12.55 days	Decrease	Contractual



Notes:
March ’s first-available community med appointment was 12.55 days. The measure outperformed the 28-day target by 55.18%

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

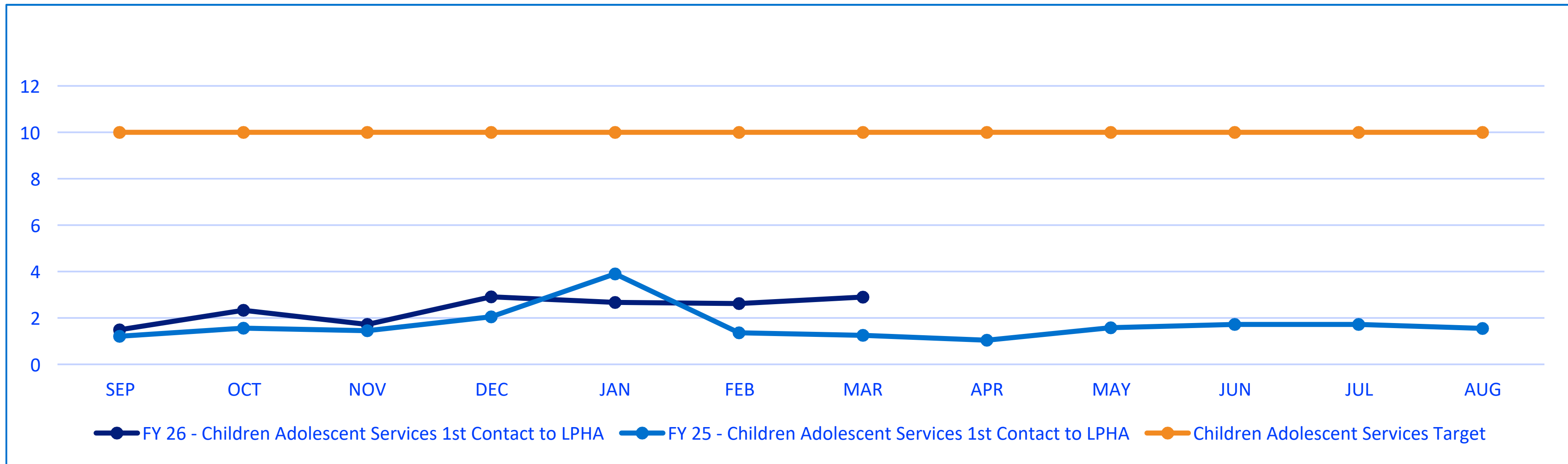
Domain	Program	2026 Fiscal Year State Care Count Target	2026 Fiscal Year State Care Count Average (September–March)	Reporting Period- March	Target Desired Direction	Target Type
Access to Care	Children & Adolescent Services	3,481	2,745	2,781	Increase	Contractual



Notes:
March 's Children & Adolescent Services delivered 2,781 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.

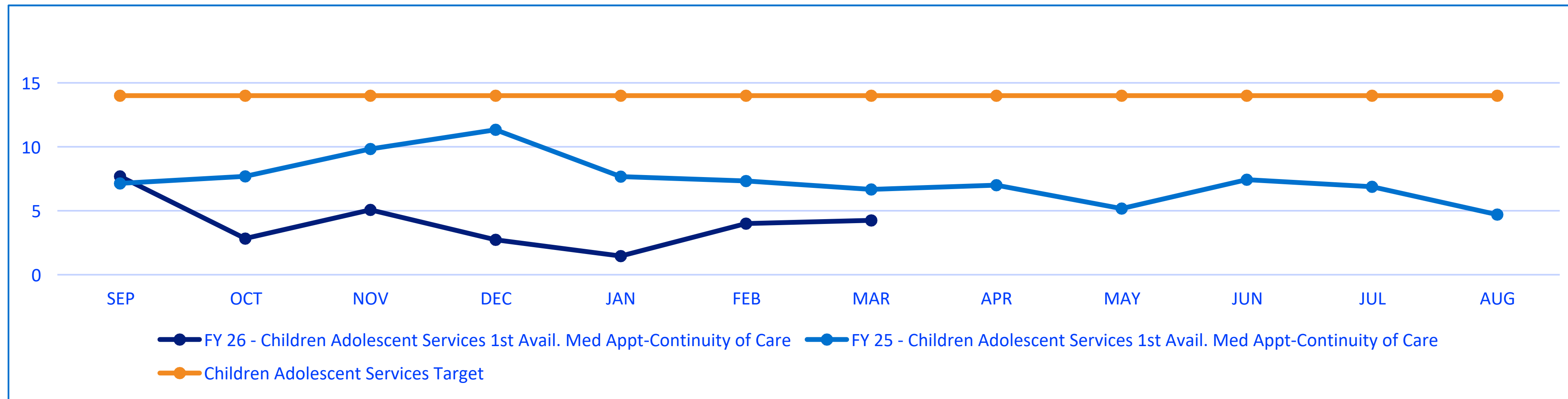
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September-March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Contact to LPHA	<10 days	2.38 days	2.90 days	Decrease	Contractual



Notes:
March 's Children Adolescent Services first contact to LPHA averaged 2.90 days, exceeding the 10-day target by 71.00%

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

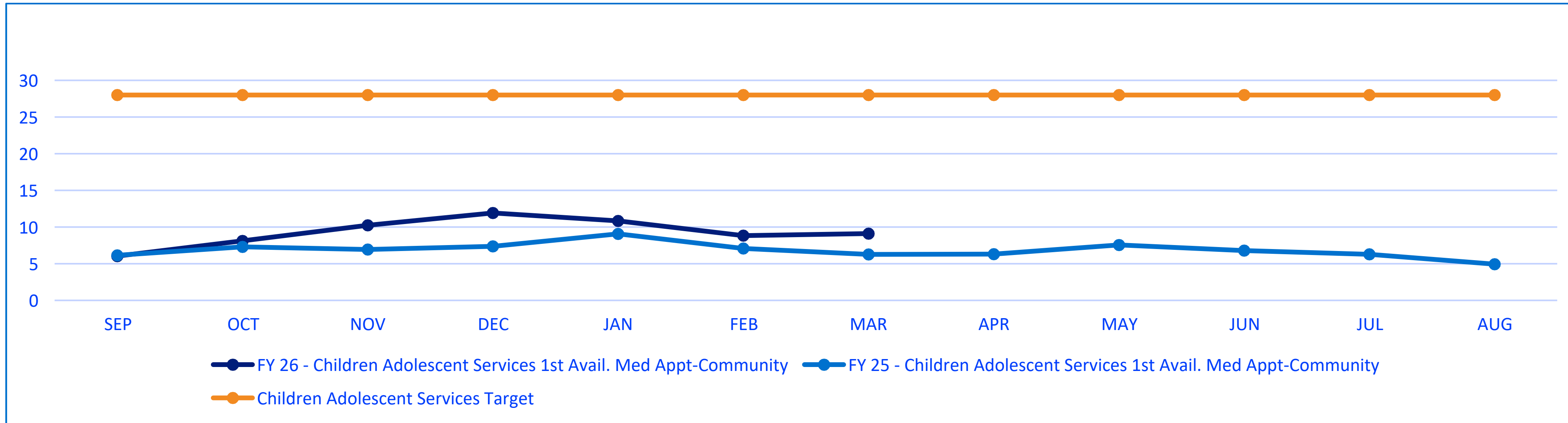
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services 1st Avail. Medical Appt-Continuity of Care	<14 days	4.00 days	4.25 days	Decrease	Contractual



Notes:
March's CAS continuity-of-care first available medical appointment averaged 4.25 days, exceeding the 14-day target by 69.64%

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

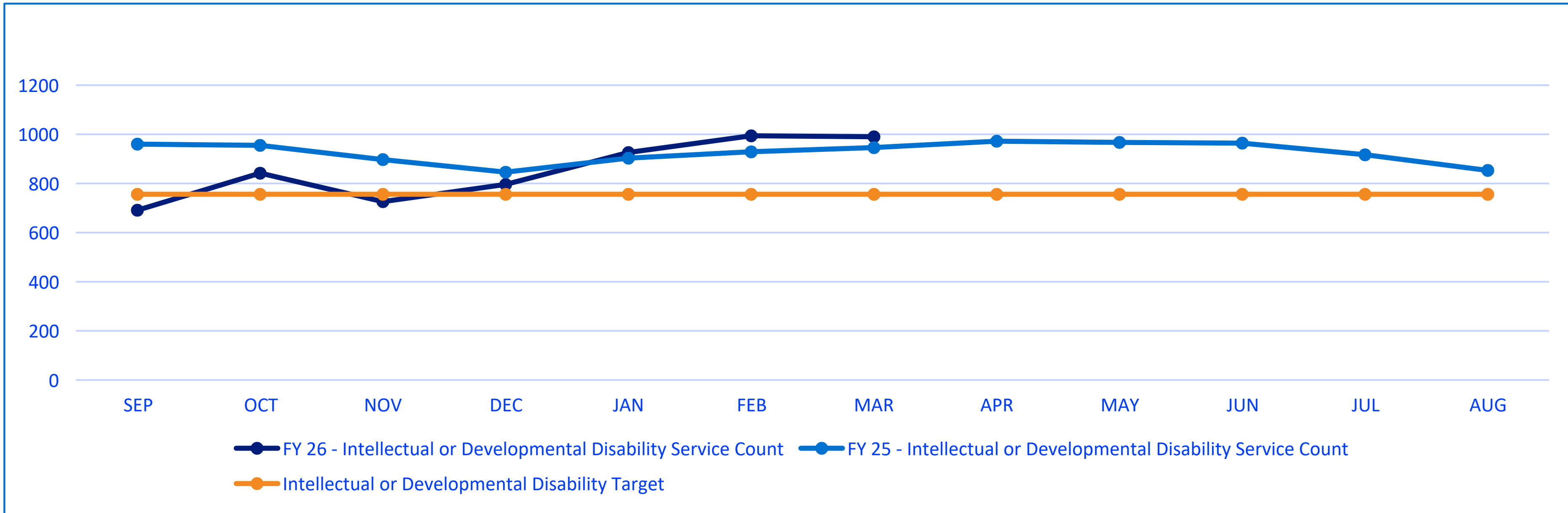
Domain	Program	2026 Fiscal Year Target	2026 Fiscal Year Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Children & Adolescent Services (CAS) 1st Avail. Medical Appt- Community	<28 days	9.30 days	9.11 days	Decrease	Contractual



Notes:
March ’s CAS Services first available medical appointment for community access averaged 9.11 days, exceeding the 28-day target by 67.46%.

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

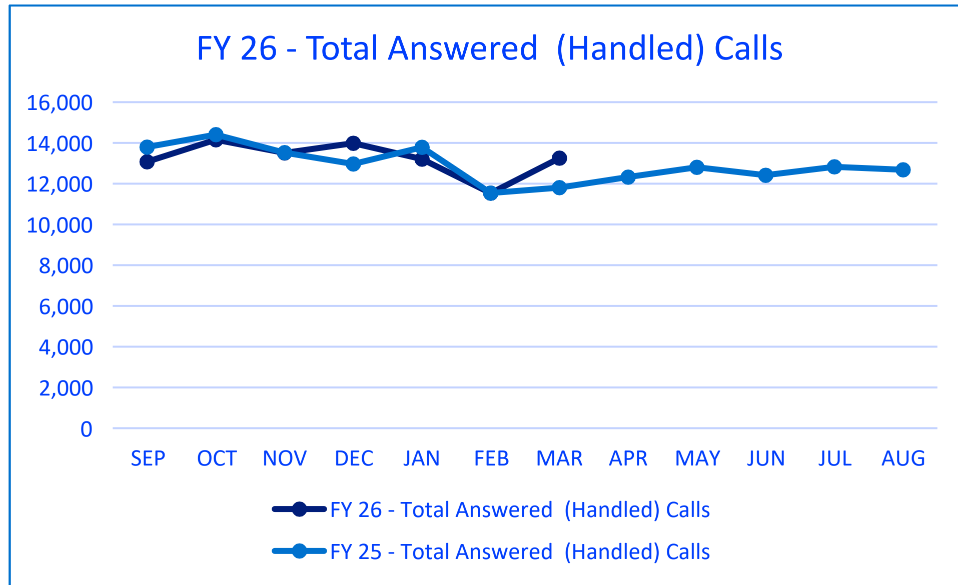
Domain	Program	2026 Fiscal Year State Count Target	2026 Fiscal Year State Count Average (September – March)	Reporting Period- March	Target Desired Direction	Target Type
Access	IDD	756	852	990	Increase	Contractual

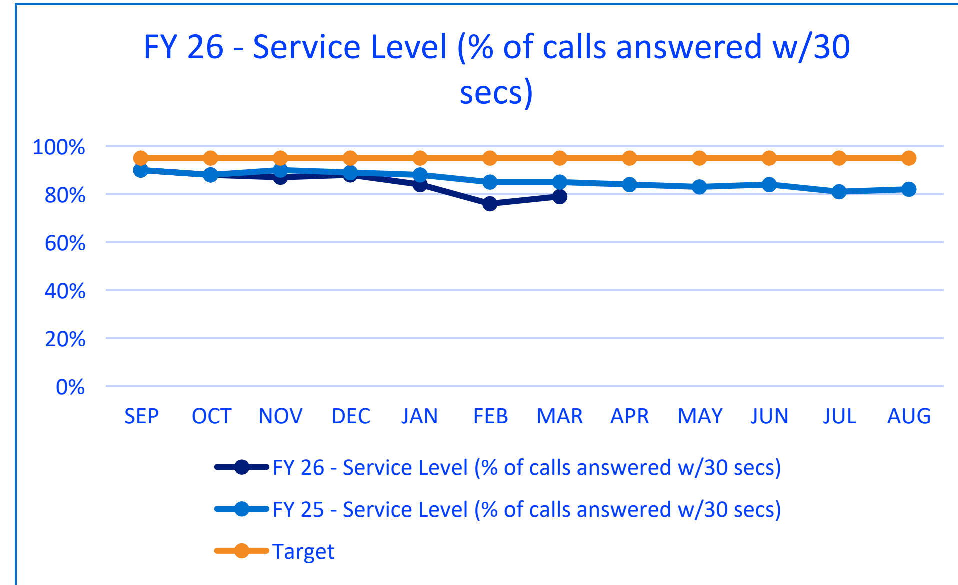


Notes:

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.)

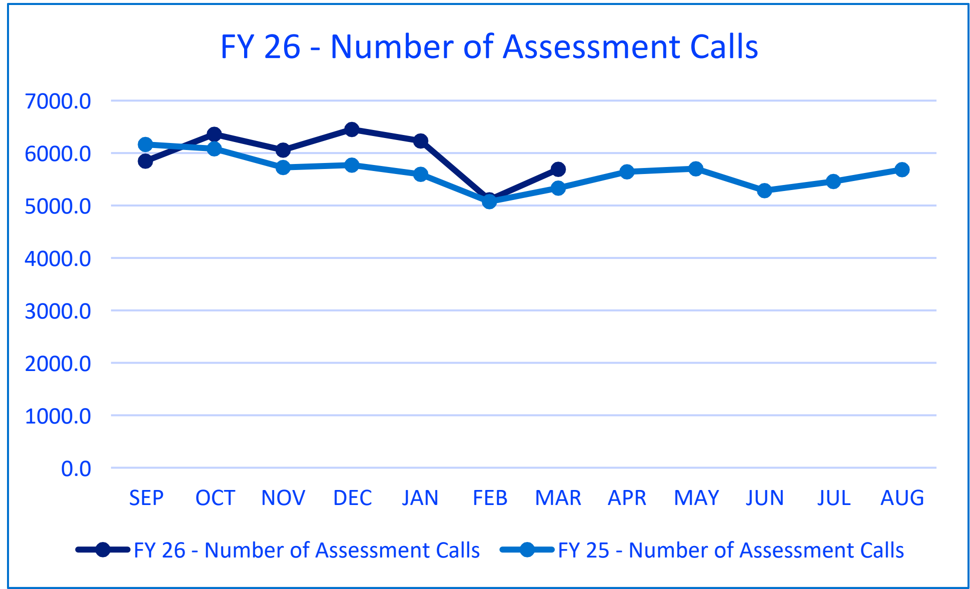
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Timely Care	Total Answered Calls	N/A	13,246	13,252	N/A	N/A
	Percent of calls answered w/in 30 secs	> 95%	83%	79%	Increase	Contractual

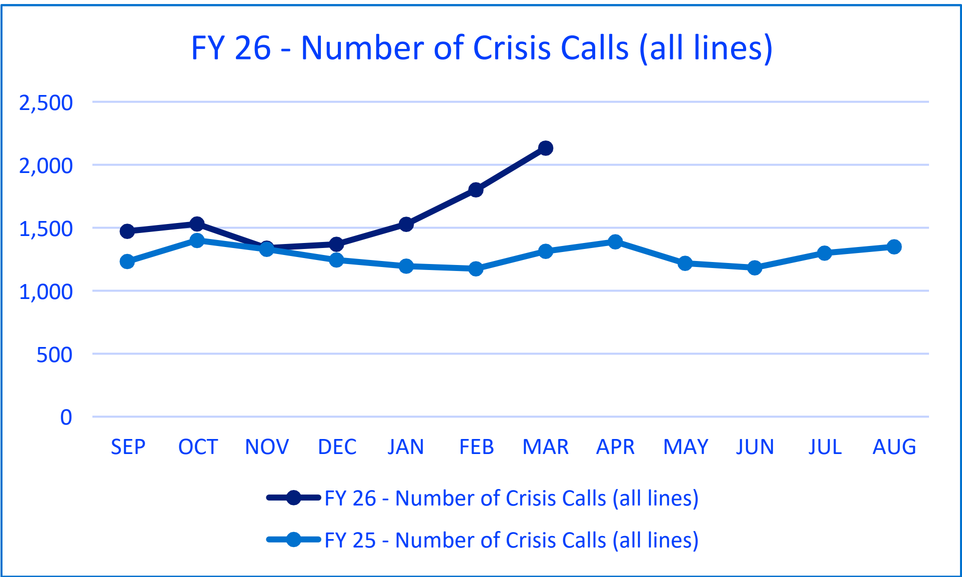




Notes: Even though speed of answer is down, calls answered increased by 12% compared to last year. We saw a 27% increase in calls offered to the Crisis Line in the month of March.

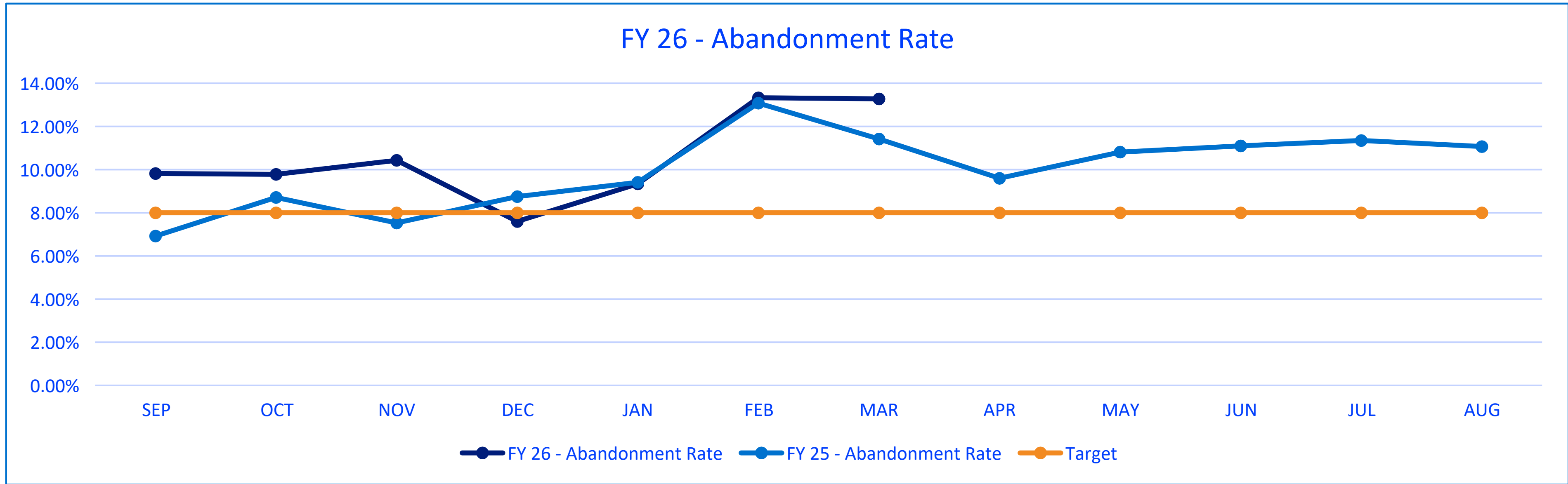
Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
	Number of Assessment Calls	N/A	5,964	5,690	N/A	
	Number of Crisis Calls	N/A	1,596	2,133	N/A	





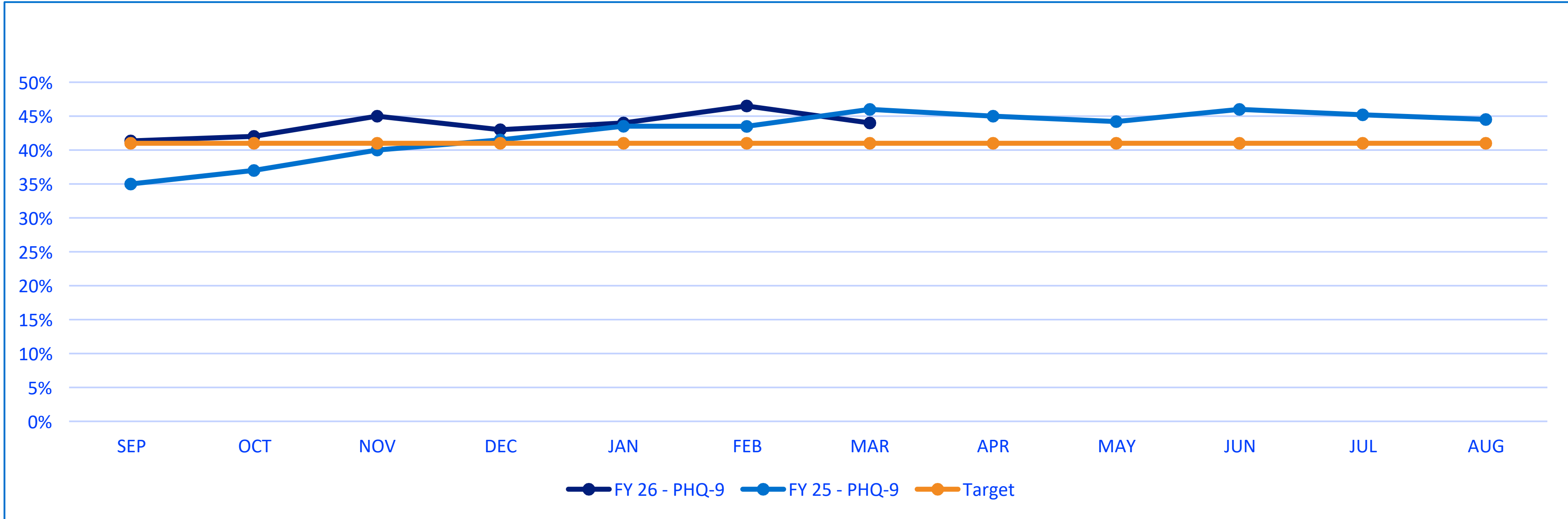
Notes: In addition to increase calls offered and answered, we have seen a significant increase (62% compared to FY25) in crisis calls, which take more time to handle than other calls due to coordination of referrals and follow-ups required.

Domain	Measures (Definition)	FY 2026 Target	2026Fiscal Year Average (September - March)	Reporting Period- March	Target Desired Direction	Target Type
	Abandonment Rate	<8%	10.51%	13.28%	Decrease	Contractual



Notes: The abandonment rate is directly affected by the significant increase in calls offered and the increase of crisis calls taken.

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

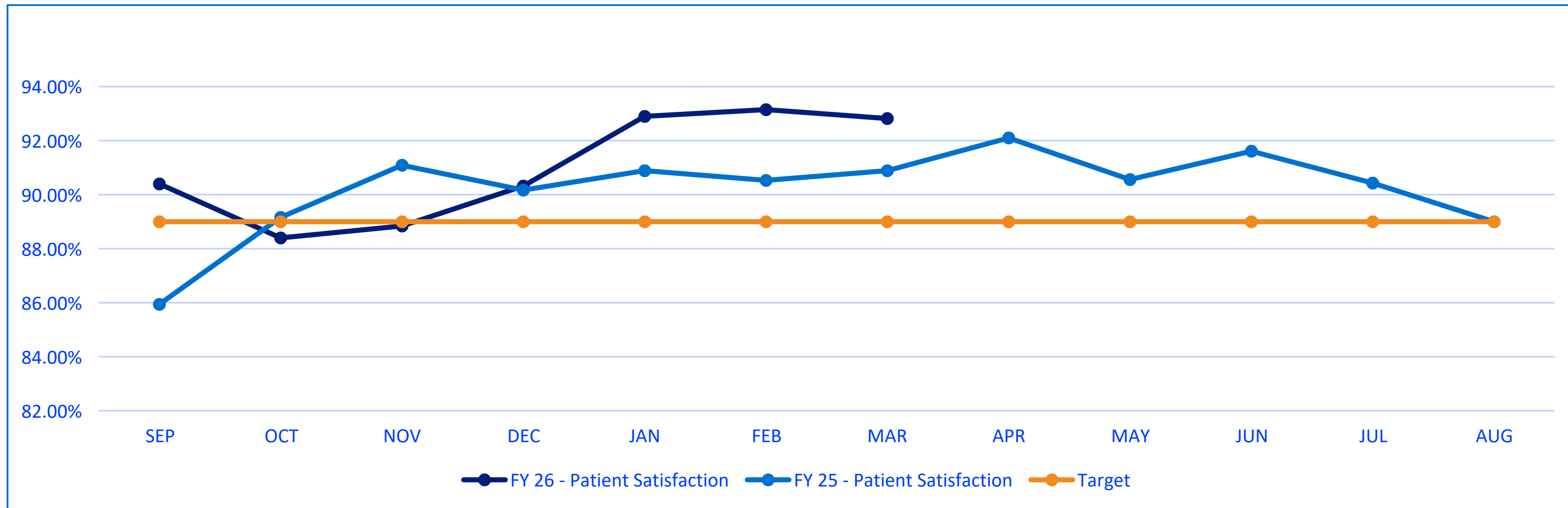


Notes:
MarchPHQ-9 reached 44%, a 4.35% decline year-over-year.

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 Aver age (September - March)	Reporting Period- March	Target Desired Direction	Target Type
Effective Care	Patient Satisfaction	89%	91%	92.82%	Increase	IOS



Notes:
March ’s patient satisfaction top box scores at 92.82%.

Appendix

Measure in red > 3 Months

	FY25																				
	APR	MAY	JUN	JUL	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	2,781						2,745	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%	78.68%	79.80%						78.83%	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

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG		Target	Type	Origin
Access to Care, Crisis Line																					
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%	86.00%	86.00%	88.00%	84.00%	76.00%	79.00%						83.43%	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%	13.33%	13.28%						10.51%	< 8.00%	NS	Brightmetrics

Next Steps for Measures in Red > 3 Months

<u>Performance Review</u>

Measures remaining below target for greater than three consecutive months will be subject to structured review to identify contributing factors. Performance Review Team will include representation from Quality, Operations, Access to Care, and affected service areas.

<u>Corrective Action Planning</u>

Improvement actions will be established to address identified operational or process-related drivers impacting performance.

<u>Ongoing Monitoring</u>

Performance measures will continue to be monitored on a routine basis to evaluate trends and assess improvement efforts.

<u>Leadership Oversight</u>

Summary findings and performance status will be incorporated into scheduled leadership and Board reporting, with additional review as warranted.

Board of Trustee's PI Scorecard

Target Status: Green = Target Met | Red = Target Not Met | Yellow = Data to Follow | No Data Available

	FY25																				
	APR	MAY	JUN	JUL	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	14,208	14,520						14,226	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%	103.10%	105.49%						103.33%	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	2,778						2,744	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%	78.68%	79.80%						78.83%	100.00%	C	MBOW
IDD Service Target	972	969	966	920	851	691	842	726	792	924	994	990						851	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%	116.39%	115.93%						99.75%	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	2.64	2.90						2.38	<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	0.99	1.20						1.15	<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	4.00	4.25						4.00	<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	8.74	9.11						9.29	<28 Days	NS	Epic
CAS # Pts Seen in 30-60 Days	0	1	2	5	0	0	1	12	33	15	0	5						9.43	<9.18	IOS	Epic
CAS # Pts Seen in 60+ Days	0	0	0	0	0	0	0	0	0	0	1	0						0.14	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	3.49	3.22						4.21	<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	12.14	12.55						14.10	<28 Days	NS	Epic
AMH # Pts Seen in 30-60 Days	56	79	85	150	165	102	125	82	106	63	33	75						83.71	<45	IOS	Epic
AMH # Pts Seen in 60+ Days	1	0	0	0	17	25	21	18	16	41	20	1						20.29	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	18,851	20,700						18,942			
Total Answered (Handled) Calls						13,077	14,156	13,510	13,987	13,206	11,534	13,252						13,246			
AVG Call Length (Mins)	11.1	11.6	11.10	10.80	11.60	11.10	11.30	11.40	12.10	12.00	11.40	11.70						11.57			
Service Level	84.00%	83.00%	84.00%	81.00%	82.00%	85.00%	86.00%	86.00%	88.00%	84.00%	76.00%	79.00%						83.43%	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%	13.33%	13.28%						10.51%	< 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%	93.00%	92.00%						87.14%			Brightmetrics
Avg staff per day	36	32	33	34	31	36	37	34	40	35	33	36								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%	95.20%	93.20%						92.37%	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	885	1,069						1014			
PES Admission Volume	460	499	431	471	447	468	460	435	608	430	511	720						518.86			
Mechanical Restraints	0	0	0	0	0	0	1	0	0	1	0	0						0.29			
Mechanical Restraint Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00		0.00	0.00						0.01	≤ 0.01	IOS	Epic
Personal Restraints	46	48	47	36	11	36	47	35	13	44	35	69						39.86			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	38	72						45.14			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	48.89	49.67						33.57	≤ 61.73	IOS	Epic
Emergency Medications	28	38	33	37	8	30	56	38	39	43	29	81						45.14			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

					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
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%	93.15%	92.82%						90.99%	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%	27.02%	27.76%						26.62%	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%	30.86%	31.28%						31.25%	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%	35.83%	36.87%						35.87%	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%	48.30%	48.00%	50.20%						47.94%	45.38%	IOS	Epic
BDSS	44.70%	46.60%	46.50%	46.50%	47.10%	45.30%	46.80%	45.70%	47.20%	48.10%	48.70%	43.90%						46.53%	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%	40.70%	38.80%						38.40%	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%	41.60%	35.20%						41.51%	41.27%	IOS	Epic
PHQ-9	45.00%	44.20%	46.00%	45.20%	44.00%	41.35%	42.15%	45.23%	43.00%	44.00%	46.50%							43.71%	41.00%	IOS	Epic
Adult and Child/Adolescent Needs and Strengths Measures																					
ANSA (Adult)	37.70%	39.40%	40.70%	42.10%	42.80%	32.50%	33.30%	34.70%	35.20%	36.00%	36.60%	37.70%						35.14%	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%	30.70%	35.70%						24.21%	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

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 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

Patient Satisfaction Trends, Key Drivers, and Improvement Priorities

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

What’s New for Patient Satisfaction

- **Transition from Feedtrail in July 2025 to a modernized survey platform (Qualtrics)**
- **Expanded real-time patient feedback**
- **Actionable insights by service area**

Summary

Overall Performance

Patient satisfaction remained stable during the transition from Feedtrail to Qualtrics. Early improvement trends observed following implementation of real-time feedback.

Key Insights

Variation by division indicates targeted improvement opportunities rather than system-wide issues.
Primary drivers impacting experience: Perception of wait times, Consistency of communication

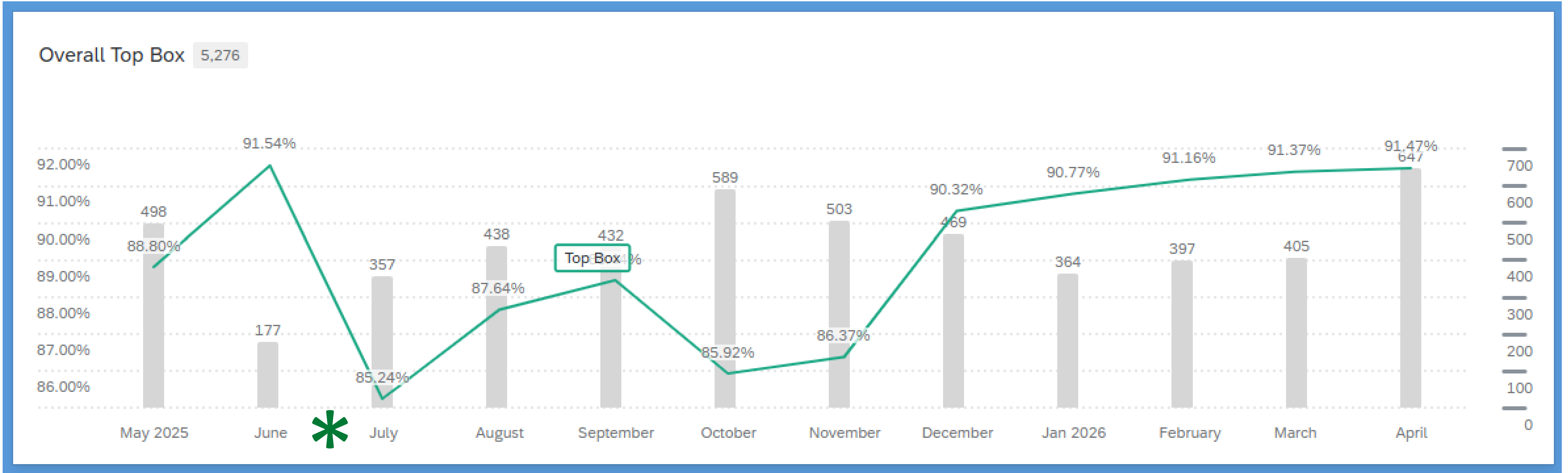
Actions Underway

Real-time data leveraged to identify journey bottlenecks. Focused improvement strategies centered on patient-centered care and staff engagement.

Looking Ahead

Ongoing monitoring of Top Box performance. Continued emphasis on data-driven improvements to enhance patient trust, experience, and outcomes.

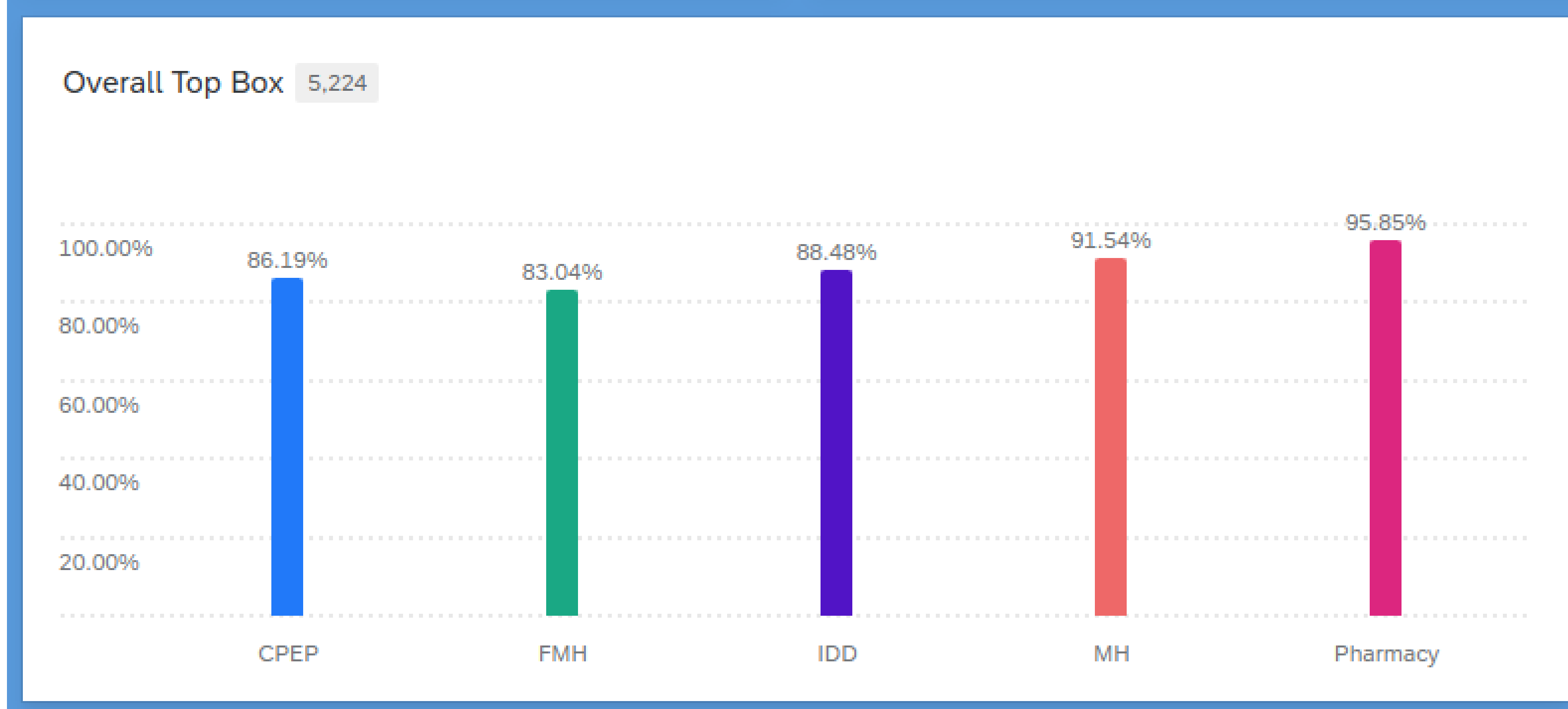
May 2025 to April 2026



* Transition from Feedtrail to Qualtrics

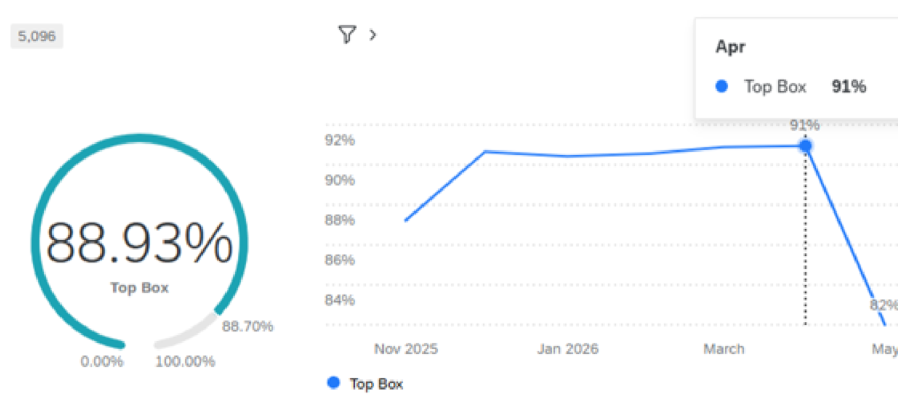
Patient satisfaction remained stable during platform transition, with early gains seen post-Qualtrics implementation.

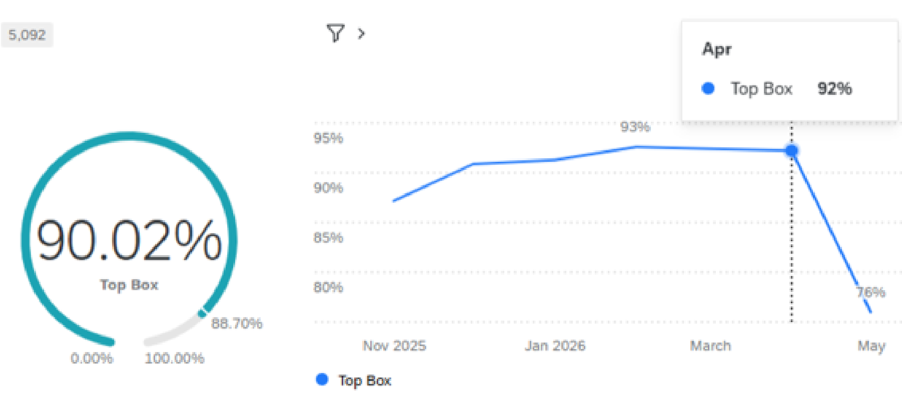
Overall Top Box by Division

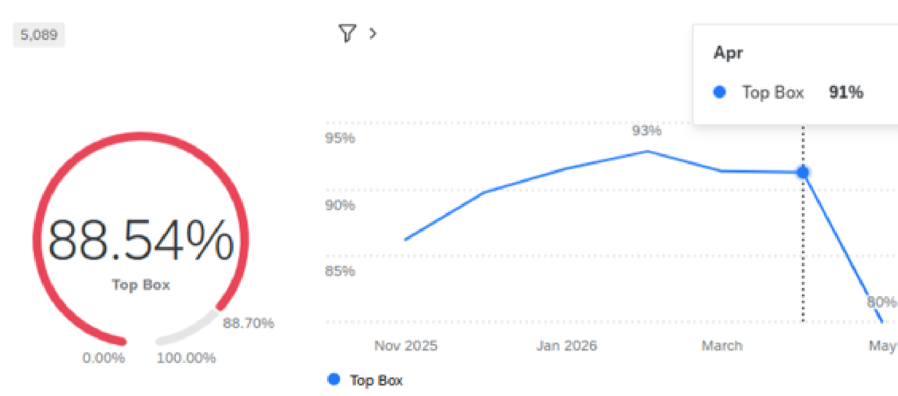


Variation across divisions highlights targeted opportunities rather than system-wide decline.

What Matters to Patients





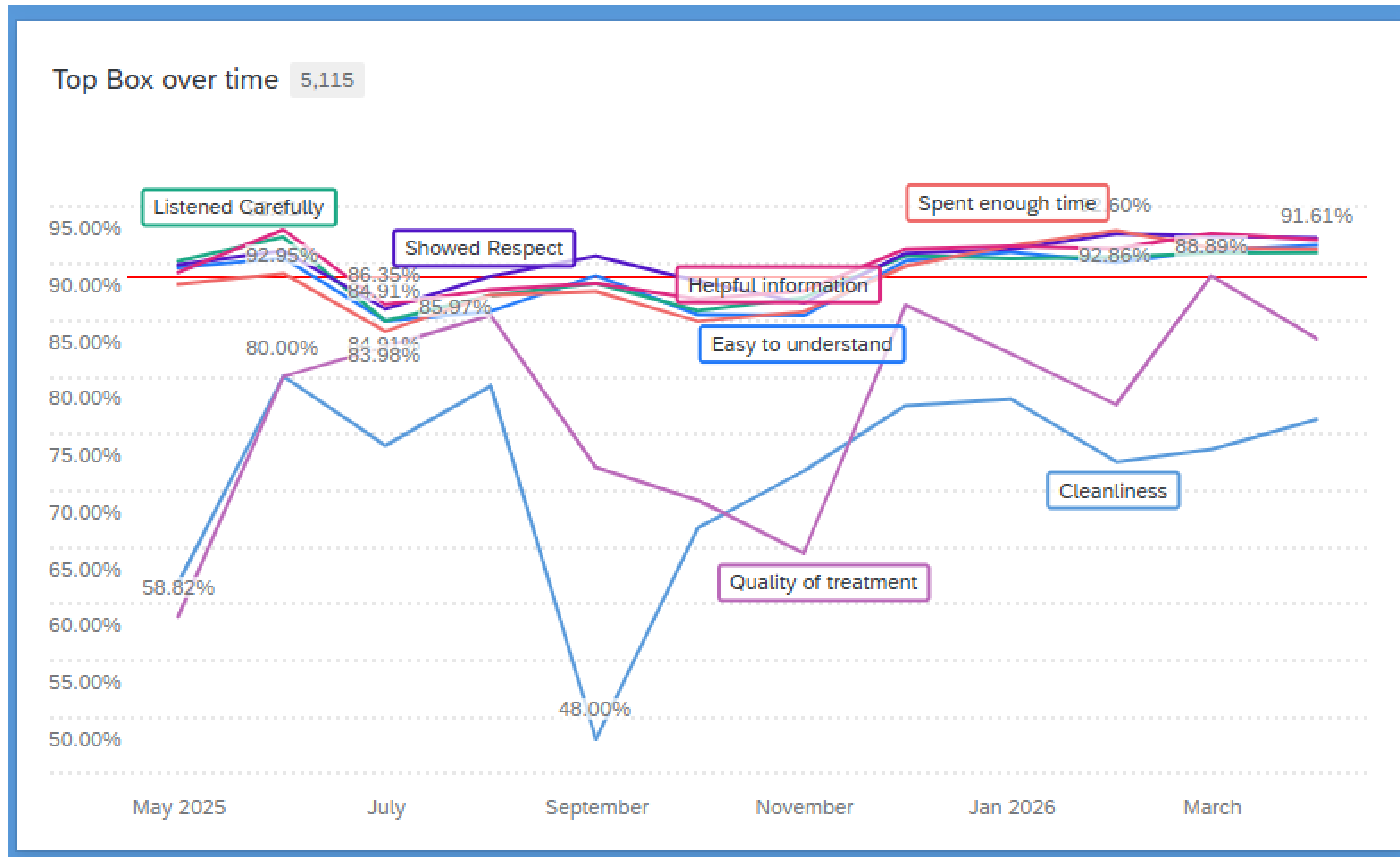


Diagnose Root Causes (wait time drivers, communication gaps)

Act and Measure Impact (accountability, follow-up metrics)

Move detailed tactics (shadowing, measurement methods)

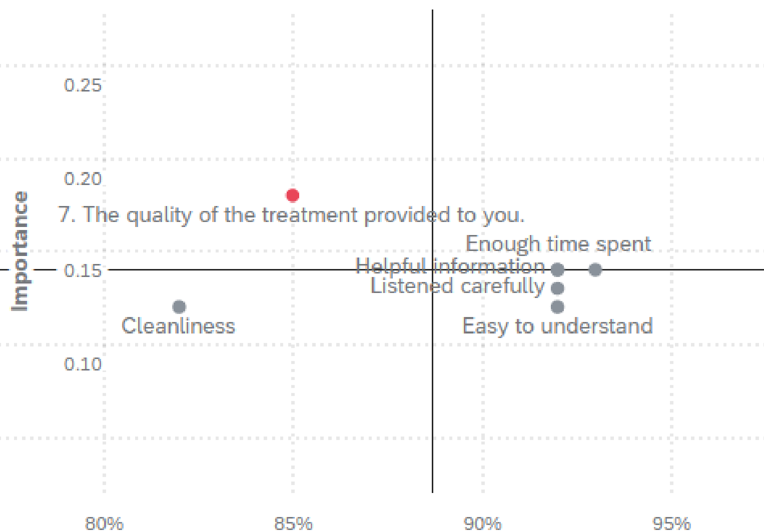
Strategies to Improve Patient Experience

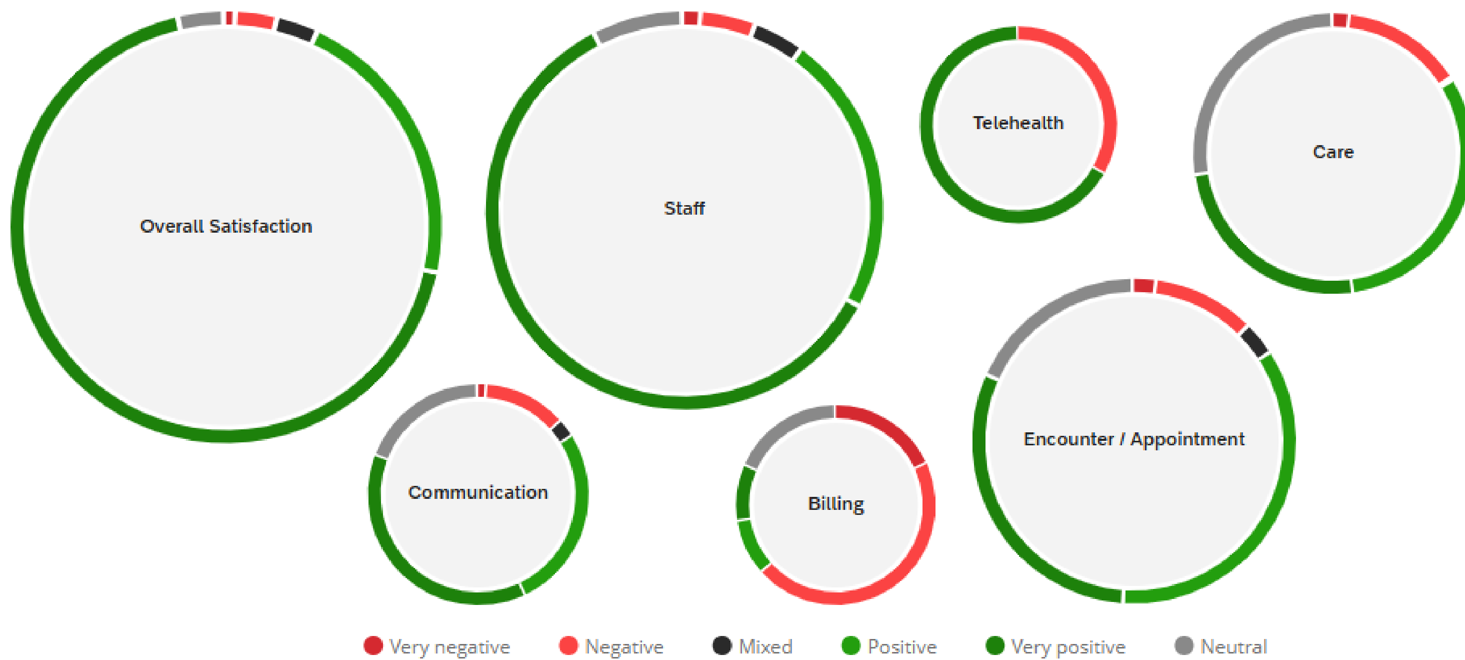


Apr

●	Easy to understand	**91.61%**
●	Listened Carefully	**90.95%**
●	Showed Respect	**92.22%**
●	Spent enough time	**91.26%**
●	Helpful information	**92.10%**
●	Cleanliness	**76.19%**
●	Quality of treatment	**83.33%**
/	88.7%	0.887

Strategies to Improve Patient Experience





Strategies to Improve Patient Experience

Additional Comments 1,910

5 MH
SW AMH • 4 days ago

thank you

5 MH
TX Family First • 4 days ago

I am very pleased with all services that are being provided and all help Desmond helps us out with

5 MH
SE AMH • 4 days ago

Very sweet ,kind spirit and happy energy

5 MH
SW AMH • 4 days ago

Very beautifully maintained Clinic.

5 CPEP
CCAP • 4 days ago

Matias I

Staff who did an outstanding job 2,609

5 MH
SW AMH • 4 days ago

LAUREN HERMAN!!!!!!!!!
Latoya!!!!!!! The doctors and nurse downstairs!!!!!! Tony my peer (Antonio)!!!!!

5 MH
TX Family First • 4 days ago

Desmond Kudji

5 MH
NE Collaborative Care • 4 days ago

S

5 MH
NE AMH • 4 days ago

Barrett ross

5 MH
SW AMH • 4 days ago

Opportunity for improvement

4,055

▲ **+545** over previous month

522

▲ **+43** over previous month

48

▲ **+10** over previous month

Contact for patient satisfaction quality improvement

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Thank you.