

State Mental Health Facilities Division
Mission, Vision, Goals and
2004 Work Plan

Statewide Performance Indicators
4th Quarter FY 2004

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TABLE OF CONTENTS

Mission/Vision	
Goals and Performance Objectives and Measures.....	
State Mental Health Facilities Management Plan	
Operational Definitions & Data.....	
GOAL 1: Provide Leadership, Management, and Appropriate Governance	
Performance Objective IC: Accreditation and Certification	1C - O
Performance Objective 1D: FY 2004 Revenue Estimates	1D - O
Performance Measure 1A: Average Cost per Patient.....	1A - M
Performance Measure 1B: Average Cost per Bed Day (LBB).....	1B - M
Performance Measure 1C: Average Daily Census (LBB).....	1C - M
Performance Measure 1D: Cost of New Generation Medication (LBB)	1D - M
GOAL 2: Recognize and Respect the Rights of Each Patient	
Performance Objective 2A: Client Abuse/Neglect Rates *.....	2A - O
Performance Objective 2B: Patient Rights and Therapeutic Environment.....	2B - O
GOAL 3: Provide Individualized and Evidence Based Treatment	
Performance Objective 3A: Texas Implementation of Medication Algorithm - TIMA.....	3A - O
Performance Objective 3B: Restraint /Seclusion Data (NRI).....	3B - O
Performance Objective 3F: Restraint & Seclusion Assessment.....	3F - O
Performance Measure 3A: BPRS Data (LBB).....	3A - M
Performance Measure 3B: % patient whose GAF Stabilized or Increased (LBB).....	3B - M
Performance Measure 3C: Patients Receiving New Generation Medication (LBB)	3C - M
GOAL 4: Assure Continuum of Care	
Performance Measure 4A: Admissions/Discharges/Re-admissions	4A - M
Performance Measure 4B: % of Discharges <7 days, 8-15 days, 16-30 days, 30-45 days and 45-90 days	4B - M
Performance Measure 4C: Average Length of Stay at Facility at Discharge * (LBB).....	4C - M
GOAL 5: Patient Safety	
Performance Objective 5B: Workers Compensation Claims.....	5B - O
Performance Objective 5C: Workers Compensation Costs	5C - O
Performance Objective 5E: Infection Control Indicators.....	5E - O
Performance Objective 5H: Medication Error Data.....	5H - O
Performance Measure 5A: Patient Injury Rates * (NRI).....	5A - M
Performance Measure 5B: Rate for Elopements * (NRI).....	5B - M
Performance Measure 5D: Patient Injuries/Restraint and Seclusion.....	5D - M
GOAL 7: Assure a Competent Workforce	
Performance Objective 7A: 95% Staff up-to-date on CORE Training *	7A - O
Performance Objective 7B: 97% Staff up-to-date on Performance Evaluations *	7B - O
Performance Measure 7A: Minorities in the Workforce.....	7A - M
Performance Measure 7B: Staff Turnover Rates.....	7B - M
GOAL 8: Improve Organizational Performance	
Performance Objective 8A: Children and Parents Satisfaction *.....	8A - O
Performance Objective 8B: Adult and Adolescent Satisfaction *	8B - O
Performance Objective 8D: Administrative/Management Reviews	8D - O
Performance Measure 8A: HUB Performance Goals are Attained.....	8A - M
Appendix A – Control Chart Analysis *	

MISSION OF TEXAS STATE GOVERNMENT

The mission of Texas State Government is to support and promote individuals and community efforts to achieve and sustain social and economic prosperity for its citizens.

MISSION OF TDMHMR

To improve the quality and efficiency of public and private services and supports for Texans with mental illnesses and with mental retardation so that they can increase their opportunities and abilities to lead lives of dignity and independence.

MISSION OF STATE MENTAL HEALTH FACILITIES DIVISION

The mission of the State Mental Health Facilities Division is to provide leadership, direction, and support to ten (10) state psychiatric facilities and to assure that effective, cost efficient and quality psychiatric services are provided that meet the needs of patients and/or guardians of patients served by these facilities.

The State Mental Health Facilities Division will accomplish this mission by:

- Being a strong advocate for patient and staff needs.
- Approving a "Management Plan" for each state mental health facility.
- Providing resources and leadership to ensure facilities provide appropriate and relevant inpatient psychiatric services that meet patient and Local Mental Health Authority needs.
- Providing leadership, resources, and an expectation that the facilities obtain and maintain JCAHO accreditation, Medicare certification, Clinical and Administrative Performance Indicator compliance, and ICF-MR certification as appropriate.
- Providing leadership, resources, and infrastructure supports to ensure that facilities have the tools required to recruit and retain a qualified and diverse workforce to provide these services.

TDMHMR VISION

The mental health and mental retardation system will be a partnership of consumers, family members, service providers, and policy makers, which creates options responsive to individual needs and preferences.

STATE MENTAL HEALTH FACILITIES DIVISION VISION

The State Mental Health Facilities Division will be a partnership of consumers, family members, volunteers, policy makers, and service providers that work together to provide quality psychiatric services that are responsive to each patient's needs and preferences in ten (10) state mental health facilities.

WE WILL BE RECOGNIZED AS PROVIDING QUALITY:

- SERVICE-
- TRAINING-
- RESEARCH-
- WORK ENVIRONMENT-

HOW DO WE KNOW WE ARE PROVIDING QUALITY SERVICES?			
We Ask Our Customers	We Maintain Accreditation And Certification	We Identify Key Functions Of State Mental Health Facilities And Establish Measurable Performance Indicators	We Maintain A Qualified And Diverse Workforce
<ul style="list-style-type: none"> - Patients - Families - Guardians - LMHAs & LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payors - Volunteers - Students 	<ul style="list-style-type: none"> - Medicare - JCAHO - Training Programs - Medicaid - ICF/MR - CAP - Agency clinical and administrative performance indicator compliance 	<p style="text-align: center;"><u>Patient-Focused Functions</u></p> <ul style="list-style-type: none"> A1 Rights of Patients and Organizational Ethics A2 Provision of Care A3 Continuity of Care <p style="text-align: center;"><u>Organizational Functions</u></p> <ul style="list-style-type: none"> B1 Leadership B2 Management of Information B3 Management of Human Resources B4 Management of Environment B5 Surveillance, Prevention, and Control of Infection B6 Improving Organizational Performance Through Customer Satisfaction <p style="text-align: center;"><u>Structures with Functions</u></p> <ul style="list-style-type: none"> C1 Medical Staff C2 Nursing 	<p>We assess competence:</p> <ul style="list-style-type: none"> ➤ Skills/Job, ➤ Professional, and ➤ Cultural. <p>We assess performance.</p> <p>We grant clinical privileges.</p> <p>We set expectations for education and training and ensure this continuing knowledge acquisition process.</p> <p>We implement strategies to ensure our workforce is recognized, treated and rewarded in a manner that reflects a commitment to valuing workforce diversity.</p>

VALUES OF THE TDMHMR SYSTEM

Individual Worth:

We affirm that the individuals we serve share with us common human needs, rights, desires, and strengths. We celebrate our cultural diversity and individual uniqueness and commit ourselves to support individual choices and preferences.

Quality:

We commit ourselves to the pursuit of excellence in everything we do.

Integrity:

We believe that our personal and professional integrity is the basis of public trust.

Dedication:

We take pride in our commitment to public service and to the support of the people we are privileged to serve.

Innovation:

We are committed to developing an environment, which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among our staff, volunteers, and the people we serve.

Teamwork:

We believe that our vision and values are best realized by individuals working in teams.

GOALS OF THE TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

One

Mental Health Community

To increase the abilities of persons with mental illness to lead successful lives in their communities.

Two

Mental Health Specialized Services (State Psychiatric Facilities)

To promote the recovery and abilities of persons with mental illness requiring specialized treatment not available in community settings.

Three

Mental Retardation Community

To support the abilities of persons with mental retardation to lead successful lives in their communities.

Four

Mental Retardation Specialized Services (State Mental Retardation Facilities)

To promote the well being and abilities of persons with mental retardation who require the most intensive, specialized long-term care.

Five

Improve Infrastructure of State Facilities

To efficiently manage and improve the assets and infrastructure of state facilities.

Six

Indirect Administration

To assure the efficiency, quality, and effective management of services provided to persons with mental illness and mental retardation.

Seven

Historically Underutilized Businesses

To foster meaningful and substantive inclusion of historically underutilized businesses in the agency's purchasing and public works contracting.

**TDMHMR Performance Measures
Directly Relating to State Mental Health Facilities**

GOAL Two: Mental Health Specialized Services (State Mental Health Facilities)

Promote the recovery and abilities of persons with mental illness requiring specialized treatment not available in community settings.

Goal Two, Objective One: MH Campus Services

Assist individuals with mental illness who need campus services and enable them to return to the community.

Outcome Measures:

*Percent of consumers receiving MH campus services whose functional level stabilized or improved. **Reported Annually to the LBB.** **

Consumer satisfaction with MH Campus treatment (scaled 1-5). **Reported Annually to the LBB.**

Percent of customers discharged from state mental health facilities whose symptoms stabilized or decreased during course of treatment. **Reported Annually to the LBB.**

Goal Two, Strategy One: MH State Hospital Services

Provide specialized assessment, treatment, and medical services in state mental health facility programs.

Output Measures:

*Average daily census of state psychiatric facilities. **Reported Quarterly to the LBB.** **

Average monthly number of state mental health facility consumers receiving atypical antipsychotic new generation medications. **Reported Quarterly to the LBB.**

Number of admissions to state mental health facility. **Reported Quarterly to the LBB.**

Efficiency Measures:

*Average daily facility cost per occupied state mental health facility bed. **Reported Quarterly to the LBB.** **

*Average monthly cost of new generation atypical antipsychotic medications per mental health facility customer receiving new generation medication services. **Reported Quarterly to the LBB.** **

State mental health facility administration costs as a percent of facility costs.
Reported Annually to the LBB.

Explanatory Measures:

Number of consumers served by state mental health facilities per year. **Reported Annually to the LBB.**

Average Length of stay in state mental health facilities at time of discharge for customers with length of stay less than one year. **Reported Annually to the LBB.**

Average length of stay in state mental health facilities at time of discharge for customers with length of stay of one year or greater. **Reported Annually to the LBB.**

**Key measures that are reported in the Appropriations Bill. If not met plus or minus 5%, an explanation must be provided.*

GOAL Five: Infrastructure of State Facilities

Efficiently manage and improve the assets and infrastructure of state facilities.

Goal Five, Objective One: Facility Maintenance

Construct or renovate state facilities to provide adequate infrastructure to meet the needs of the facility customers.

Goal Five, Strategy One: Capital Construction

Construct and renovate facilities for the delivery of care in state facilities.

GOAL Six: Indirect Administration

Assure the efficiency, quality and effective management of services provided to persons with mental illness and mental retardation.

Goal Six, Objective One: Indirect Administration

Deliver services efficiently and effectively.

Goal Six, Strategy One: Central Administration

Provide leadership and quality control in the design and operation of the system.

Goal Six, Strategy Two: Information Resources

To provide the data infrastructure required for system management and administration.

Goal Six, Strategy Three: Other Support Services

To operate the infrastructure necessary to support the provision of services to persons with mental illness and mental retardation.

GOAL Seven: Historically Underutilized Businesses

To foster meaningful and substantive inclusion of historically underutilized businesses in the agency's purchasing and public works contracting.

**STATE MENTAL HEALTH FACILITIES DIVISION
FY 2004 MANAGEMENT PLAN**

The State Mental Health Facilities Division FY 2004 Management Plan has been divided into performance objectives and performance measures.

Performance Objectives: Involve activities where specific tasks are to be performed or a specific purpose is to be achieved.

Performance Measures: Involve the presentation of data that will be monitored, analyzed for variation, and used as the basis for continuous improvement.

Required Reporting To Governing Body

All performance objectives and measures that are in bold print are required to be reported at governing body meetings.

**STATE MENTAL HEALTH FACILITIES DIVISION
GOALS AND PERFORMANCE OBJECTIVES AND MEASURES**

GOAL I

Provide Leadership, Management, and Appropriate Governance: The leadership of the State Mental Health Facilities Division will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the governing body and the chief executive officer and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program as well as information and support systems, recruiting and maintaining appropriately trained staff, conserving physical and financial assets, and maximizing reimbursement potential.

Performance Objectives

Key Functions

- A. Guidelines for the SMHF annual planning process for FY2005 will be presented for approval at the December Executive Committee of the Governing Body Meeting. **B1**
- B. **AOC will continue to track outside medical costs on a quarterly basis ensuring consistent definitions and reporting procedures.** **B1, C1**
- C. **State mental health facilities will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, and ICF-MR certification where appropriate during FY 2004.** **B1**
- D. **FY 2004 revenue targets for Medicare, THSTEPS-CCP, IMD, and private source funds will be met by each state mental health facility so as to satisfy specific methods of finance.** **B1**
- E. **Each state mental health facility will operate a projected ADC within the funds that have been allocated.** **B1**
- F. The State Mental Health Facilities' Division FY 2005 Governing Body Bylaws will be revised and approved by August 1, 2004. **B1**
- G. **Each State Mental Health Facility will analyze their integrated patient safety program according to the JCAHO standards and report annually to the Governing Body.** **B1**
- H. **State Mental Health Facilities will monitor the utilization of the Over Capacity Plan and report findings to the Governing Body:**
1. **Number of days each facility 10% over capacity for children/adolescents and adults.**
 2. **Number of times the Over Capacity Plan was activated.**
 3. **Number of patients who were transferred to another SMHF.**
 4. **Number of patients the facilities assisted the LMHA in diverting to another SMHF.**
 5. **Number of times the system was over capacity for Adults and Child/Adolescents.**
 6. **Number of patients each facility received as transfers or diversions.** **B1**

- I. Implement state mandated cost initiatives as set forth in the appropriations bill. B1**

Performance Measures

Key Functions

- A. Average cost per patient served will be calculated and reported for each state mental health facility on a quarterly basis. B1**
- B. Average cost per occupied bed will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure – Reported Quarterly) B1**
- C. Average daily census of campus-based services will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure – Reported Quarterly) B1**
- D. The cost of new generation atypical antipsychotic medication will be tracked and analyzed quarterly. (LBB Measure – Reported Quarterly) B1**

GOAL 2

Recognize and Respect the Rights of each Patient: The State Mental Health Facilities Division will assure that each patient is respected and recognized in the provision of treatment and care and in conducting research in accordance with fundamental human, civil, constitutional, and statutory rights. Patients and, when appropriate, their families are informed about outcomes of care, including unanticipated outcomes.

Performance Objective

Key Functions

- A. State Mental Health Facilities will demonstrate a downward trend of confirmed abuse or neglect by monitoring number of allegations, pending cases, and confirmations. A1**
- B. Patient Rights and Therapeutic Environment assessment activities will be implemented according to CPIC instructions. A1**

GOAL 3

Provide Individualized and Evidence Based Treatment: The State Mental Health Facilities Division will ensure that state mental health facility staff, in conjunction with the patients and patient's Local mental health/mental retardation authority, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and then analyzed to create the information necessary to match evidence based treatment to the individuals needs. Decisions are made regarding patient treatment based on analysis of the information gathered from the patient, the family, state mental health facility staff, and/or the Local mental health/mental retardation authority and treatment priorities are established. Patients will be involved in their treatment and patients and family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based treatment will be provided.

Performance Objectives

Key Functions

- A. Patients will be treated in accordance with TIMA guidelines as measured by:**
- 1. Adherence to use of TIMA progress notes documented.**
 - 2. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge.**
 - 3. Use of TIMA rating scales are measured by percent of patients with scores from 2 or more different dates. ***

4. Last TIMA progress note is part of discharge packet. *
 *This review will only be completed on CWS.

A2, C1

- B. State mental health facilities will continue to develop strategies to decrease the use of restraint and seclusion. Efforts will be made to improve the specificity and accuracy of the restraint and seclusion data during FY03. Episodes will be reported by type: A1, A2

Personal	Mechanical	Seclusion
Upright/Vertical Horizontal Other Holds	Anklets Arm Splints Belts Camisole Restraint Chair Restraint Stretcher Enclosed Bed Helmets Mittens Restraining Net Restraint Bed Straight Jacket Ties Transport Jacket Vest Wristlets	

- C. Each SMHF will collect data on psychoactive medications used in a psychiatric emergency when the patient is not agreeing to take the medication. A2, B2
- D. CPIC will develop Patient Assessment instrument/method for FY2005. A2
- E. CPIC will develop Pharmacological Treatment instrument/method for FY2005. A2
- F. Restraint & Seclusion assessment instrument will be implemented according to CPIC instructions in FY04. A2

Performance Measures

Key Functions

- A. BPRS: Improvement in patient treatment outcomes will be measured by showing a significant decrease of clinical symptoms with a reduction of more than twelve (12) points. (LBB Measure) A2
- B. GAF: Improvement in patient treatment outcomes will be analyzed by showing:
 1. The percent of patients receiving campus services whose GAF score increased.
 2. The percent of patients receiving campus services whose GAF score stabilized. (LBB Measure) A2
- C. The number of patients receiving new generation atypical antipsychotic medication will be tracked and analyzed quarterly. (LBB Measure – Reported Quarterly) A3

GOAL 4

Assure Continuum of Care: All state mental health facilities will collaborate and work cooperatively with designated local mental health/mental retardation authorities to assure patient access to an integrated system of settings, services, and care levels. Within this continuum of care, the following processes (before admission, during admission, in the hospital, before discharge, and at discharge) are defined, coordinated, and facilitated among the care providers.

Performance Objectives

Key Functions

- A. Dually diagnosed patients with mental illness and mental retardation will be discharged or transferred within 30 days of being placed on the “Patients Determined No Longer in Need of Inpatient Hospitalization” list. (Will determine by September 1, 2003.)** **A3**
- B. Each SMHF will maintain a current Utilization Management (UM) Agreement with all the Local Mental Health Authorities (LMHAs) in their service area.** **A3**
- C. At the end of each quarter patients having been in the SMHF over 365 days will be identified by four categories;**
- 1. need continued hospitalization;**
 - 2. accepted for placement;**
 - 3. barrier to placement; and**
 - 4 criminal court involvement.**
- A new continuity of care plan for any patient who is on the list in category 3 will be updated by the SMHF and the appropriate LMHA. This plan should be developed within 30 days after being identified. The progress of placements from category 3 will be reviewed at each Governing Body Meeting.** **A3**
- D. SMHF will identify the frequency and analyze the impact of:**
- The number of patients who are referred/transferred to a general medical facility or the facility infirmary within 24 hours of admission.**
 - The number of patients admitted to the general medical facility who had been referred/transferred within 24 hours of admission to the SMHF.** **A3**

Performance Measures

Key Functions

- A. Number and type of admissions, discharges, and readmissions will be calculated and reported for each state mental health facility on a quarterly basis.** **A3**
- B. Percent of discharges returned to the community will be calculated on a quarterly basis for:**
- 7 days or less,**
 - 8 to 15 days,**
 - 16 to 30 days,**
 - 30 to 45 days, and**
 - 45 to 90 days.** **A3**
- C. Average length of stay in a state mental health facility at time of discharge will be calculated on a quarterly basis. (LBB Measure – Reported Annually)** **A3**

- D. On a given day each quarter, the percent of patients classified as acute or subacute at each SMHF will be determined. A3**

GOAL 5

Patient Safety: The State Mental Health Facilities Division will provide resources to ensure implementation of an integrated patient safety program throughout the organization.

Performance Objectives

Key Functions

- A. Each SMHF will maintain a prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated. B4**
- B. State Mental Health Facilities (SMHFs) whose average rate of workers' compensation claims per 100 FTEs at the end of FY2003 exceeds the average rate of workers' compensation claims per 100 FTEs for all SMHFs, shall decrease their average rate in FY2004 to the average rate for all SMHFs at the end of FY2003. A minimum decrease of 10% is required if the % decrease to achieve the average rate for all SMHFs at the end of FY2003 is greater than 10%. Facilities, whose average rate at the end of FY2003 was at or below the average rate for all SMHFs, shall decrease their rate by 5% during FY2004. B4**
- C. SMHFs whose average cost of workers' compensation claims per FTE at the end of FY2003 exceeds the average cost of workers' compensation claims per FTE for all SMHFs shall decrease their average cost per FTE in FY2004 to the average cost per FTE for all SMHFs at the end of FY2003. A minimum decrease of 10% is required if the % decrease to achieve the average cost for all SMHFs at the end of FY2003 is greater than 10%. Facilities, whose average cost per FTE at the end of FY 2003 was at or below the average cost per FTE for all SMHFs, shall decrease their average cost per FTE by 5% during FY2004. B4**
- D. SMHFs will manage workers' compensation claims expenses so that an individual facility's total FY2004 claims expense will be at or below the dollar target amount established for that facility. B4**
- E. State mental health facilities will maintain an effective infection control program as indicated by:**
- 1. All employees will receive tuberculin screening upon hiring and annually thereafter.**
 - 2. All patients with newly identified positive skin test reactions will receive a medical assessment.**
 - 3. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine.**
 - 4. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety.**
 - 5. Report the number of patients who have been identified with Hepatitis C.**
 - 6. SMHF will develop a common definition for nosocomial infections.**
 - 7. Each SMHF will review the CDC recommendations on hand hygiene and select at least one recommendation to implement and report on status of implementation. A2, B5**

- F. **Each SMHF will complete one Failure Mode and Effects Analysis (FMEAs) during FY2004 and report this analysis to the Governing Body.** B4
- G. All facility FMEAs will be reviewed by the QM Directors as a group and recommendations for system improvement will be made to COC.
- H. **SMHF will continue the TDMHMR SMH/MRF Medication Error Policy that reinforces a culture that encourages error reporting and analysis in order to improve patient safety and effectively reduce medication errors.** A3, B6

Performance Measures

Key Functions

- A. **The rate of NRI categories 3,4,5 patient injuries per 1000 patient days across all state mental health facilities will be reported and analyzed based on NRI data.** B4
- B. **The rate of Unauthorized Departures will not exceed 0.5 per 1000 bed days across all state mental health facilities during FY2004.** B4
- C. **Data on employee injuries will continue to be collected, monitored, and analyzed during FY2004 to establish a baseline:**
 - 1. **Injuries associated with Restraint and Seclusion and**
 - 2. **Injuries resulting in a worker's compensation claim.** B4
- D. **SMHF will track, analyze, and report the relationship between patient injuries and restraint (by type) and seclusion. (Numerator = Number of injuries related to R/S and Denominator = Number of R/S episodes.)**

GOAL 6

Obtain, Manage and Use Information: Information management is a set of processes and activities focused on meeting the organization's information needs which are derived from a thorough analysis of internal and external information requirements. The State Mental Health Facilities Division will obtain, analyze, manage, and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, governance, management, and support processes.

Performance Objectives

Key Functions

- A. Information Management Committee will maintain a prioritized listing of state mental health facility FY 2004 automation initiatives in order to maximize available funds. B2
- B. SMHF through IMC will define and support a data/information management oversight function for all state facilities. B2
- C. Service level agreements with Statewide Information Services will be completed and implemented on September 1, 2003. B2

- D. **The Information Management Committee as executive sponsors of CRS will ensure the maintenance of CRS in FY2004 and continued expansion of CWS workstations to maximize implementation of CWS (electronic medical record). B2**
- E. **State mental health facilities will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. B2**

GOAL 7

Assure a Competent Workforce: The State Mental Health Facilities Division provides leadership, resources, and expectations that facilities create an environment that fosters self-development and continued learning to support the organization’s mission. This function focuses on essential processes which includes planning that defines the qualifications, competencies, and staffing needed to carry out the organization’s mission; providing competent staff members either through traditional employer-employee arrangements or contractual arrangements; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and providing a work environment that promotes self-development and learning.

Performance Objectives

Key Functions

- A. **A total of 95 percent of all staff will be up-to-date with required training at all times. B3**
- B. **A total of 97 percent of all staff will be up-to-date with annual performance evaluations at all times. B3**
- C. **All core competencies will be maintained at or above 95% as reported by TIMS. B3**
- D. **Each SMHF will identify, track, and analyze two clinical/service screening indicators in combination with two human resource screening indicators to assess staffing effectiveness. At least one of the human resource and one of the clinical/service screening indicators must be selected from a list of Joint Commission identified screening indicators. B3**
- E. **TIMA training will be monitored by:**
 - 1. **Percent of the medical staff trained on each algorithm;**
 - 2. **Percent of facility designated staff trained in the provision of TIMA patient/family education. (Numerator = Number received training and Denominator = Number of people identified as needing training.) A3, B3**
- F. **On or before August 31, 2004, all Direct Care Professional Staff at all SMHF will complete a training program on Co-Occurring Psychiatric & Substance Abuse Disorders (COPSD) as developed by the SMHF “COPSD” Workgroup and demonstrate competency in each of nine COPSD competencies in the Cognitive domain contained within that training program.**

Performance Measures

Key Functions

- A. **State mental health facilities will analyze and report to the Governing Body their recruitment and employment of qualified minority applicants utilizing the EEO Job Categories for Black, Hispanic, and Female. B3**

- B. "Staff Turnover" rates relating to new hires and losses will be maintained and reported to the TDMHMR Board quarterly. **B3**

GOAL 8

Improve Organizational Performance: The goal of improving organizational performance specifies that the organization designs an effective and continuous program to systematically measure, assess, and improve performance, patient safety, and business process outcomes.

Performance Objectives

Key Functions

- A. **Children and parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by achieving the following average response on the Patient Satisfaction Surveys (PSAT). (LBB Measure)**
1. **An average score of "4" on the Parent Satisfaction Survey.**
 2. **An average score of "1.698" on the Children Satisfaction Survey.** **B6**
- B. **MHSIP will be fully implemented in all SMHF's according to CPIC/QMDS and NRI guidelines. (A minimum 25% response rate per quarter is expected.)**
- C. **The CPIC system for FY04 will be implemented and evaluated through scheduled reports from CPIC to COC.** **B6**
- D. **Biennial assessments will be conducted using established criteria and improvement opportunities identified by each state mental health facility in the following Administrative Performance Indicators areas:**
1. **Community Relations.**
 2. **State mental health facility Contracting, Procurement, and Warehousing.**
 3. **Fiscal Management including Budgeting, Accounting, Cash Receipts, Petty Cash, Consumer Money Management and Personal Effects.**
 4. **Fixed Assets.**
 5. **Human Resources.**
 6. **Fleet Management.**
 7. **Maintenance.**
 8. **Vocational Services.**
 9. **Medication Internal Controls.**
 10. **Food Service.** **B6**
- E. **The Office of Revenue Management will visit each state mental health facility every two years to monitor effectiveness of revenue and reimbursement programs and make recommendations to the facility for improved processes when appropriate. Each SMHF will develop a plan of action to implement recommendations when deemed appropriate and submit to AOC and the Director of SMHF, who approves and forwards to Revenue Management and the agency financial leadership.**

Performance Measure

Key Function

- A. **Each State Mental Health Facility will make a good faith effort to meet the HUB performance goals in an applicable expenditure category.** **B6**

GOAL 1: Provide Leadership, Management, and Appropriate Governance

Performance Objective 1C:

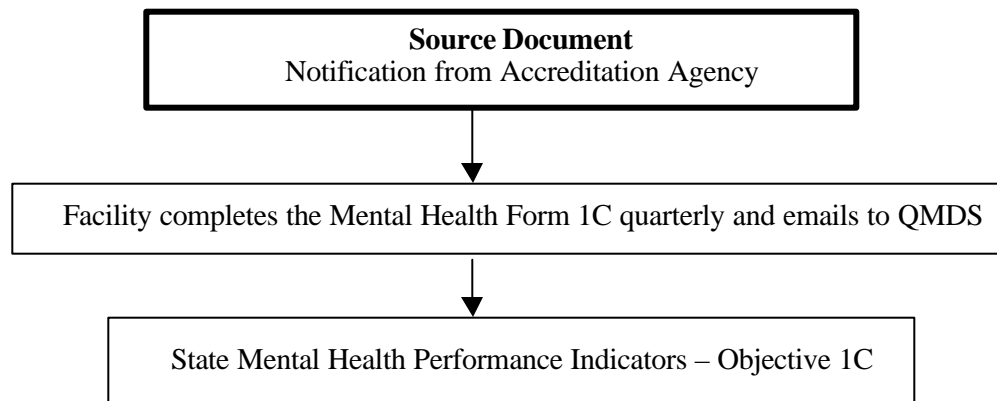
State mental health facilities will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, and ICF-MR certification where appropriate during FY 2004.

Performance Objective Operational Definition: The facility's current status in JCAHO accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review.

Performance Objective Data Display and Chart Description:

Table shows the date, grid score and year accredited by JCAHO; Medicare last date certified and the number of certified beds; number of Medicare complaint visits; date of the last IMD Review; and ICF-MR last date certified and number of certified beds for individual facilities.

Data Flow:



**Objective 1C - Maintain Accreditation and Certifications
(As of August 31, 2004)**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
JCAHO Accreditation										
Date of accreditation:	Jun-03	Jan-03	Aug-03	Jul-03	Mar-04	Apr-02	Mar-04	Aug-04	Aug-04	Jul-04
Years accredited:	3	3	3	3	3	3	3	3	3	3
Medicare Certification										
No. certified beds:	201	104	40	115	100	27	106	160	94	N/A
No. of Complaint Visits for Q4	1	0	0	0	1	0	0	0	0	N/A
No. of Complaint Visits for FYTD	3	0	2	1	4	0	1	3	5	N/A
Date of last IMD Review:	May-04	Jul-03	Dec-02	Dec-03	Jun-04	N/A	Oct-03	Oct-03	May-04	N/A
ICF-MR Certification										
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-03	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A

*Based on the Behavioral Health Care Accreditation Standards

Performance Objective 1D:

FY2004 revenue targets for Medicare, THSTEPS-CCP, IMD, and private source funds will be met by each state mental health facility so as to satisfy specific methods of finance.

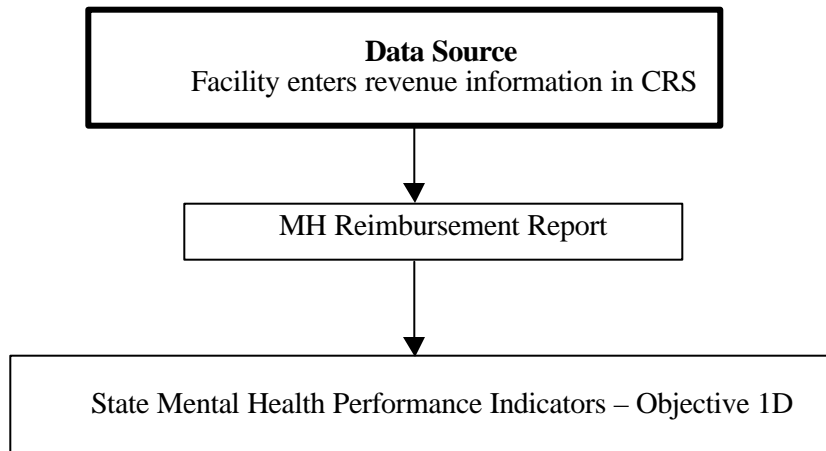
Performance Objective Operational Definition: The facility collections for Medicare, THSteps-CCP Non-Independent Child, THSteps-CCP Independent Child, Private Source, and IMD per month.

Performance Objective Formula: Collections per individual category and total collections are reported monthly in CRS.

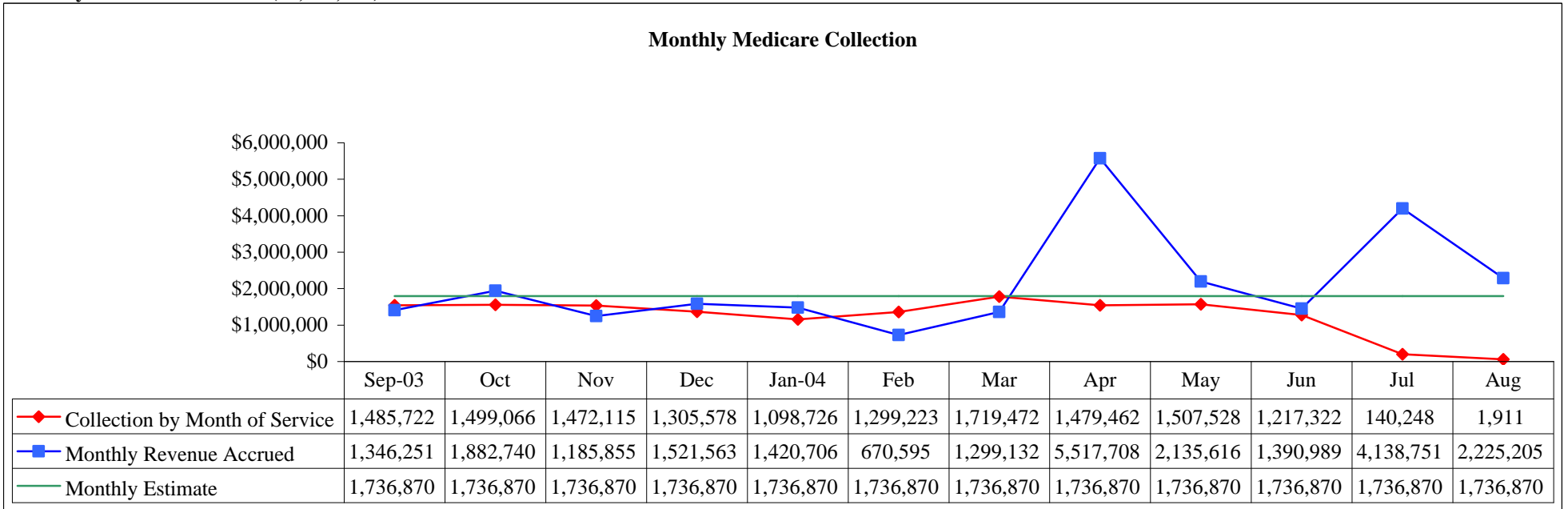
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of revenue collection and accrued from each source for individual facilities and system-wide.
- ◆ Chart with monthly data points of progress toward annual target from each source for individual facilities and system-wide.

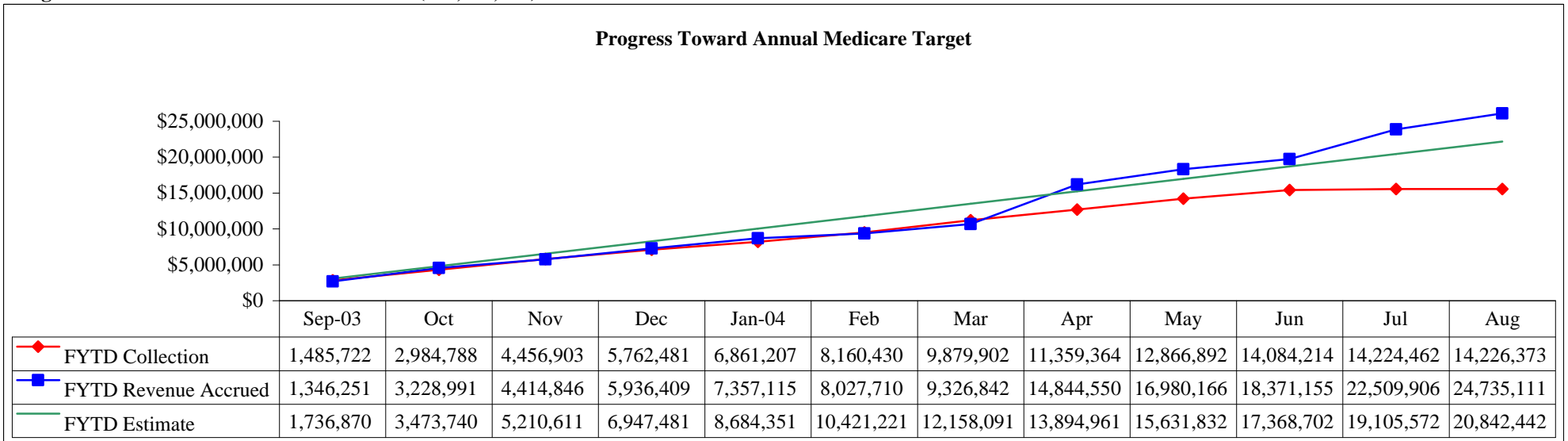
Data Flow:



Objective 1D - FY 2004 Revenue Estimates
All Mental Health Facilities
Monthly Medicare Estimate (\$1,736,870)



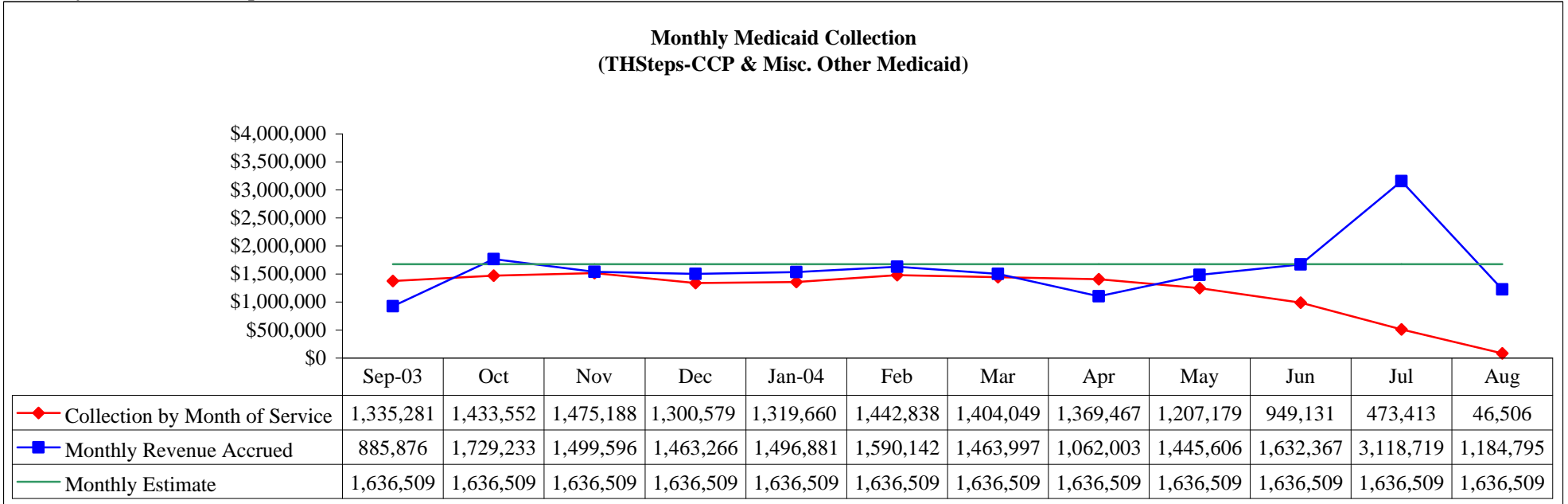
Progress Toward Annual Medicare Estimate (\$20,842,442)



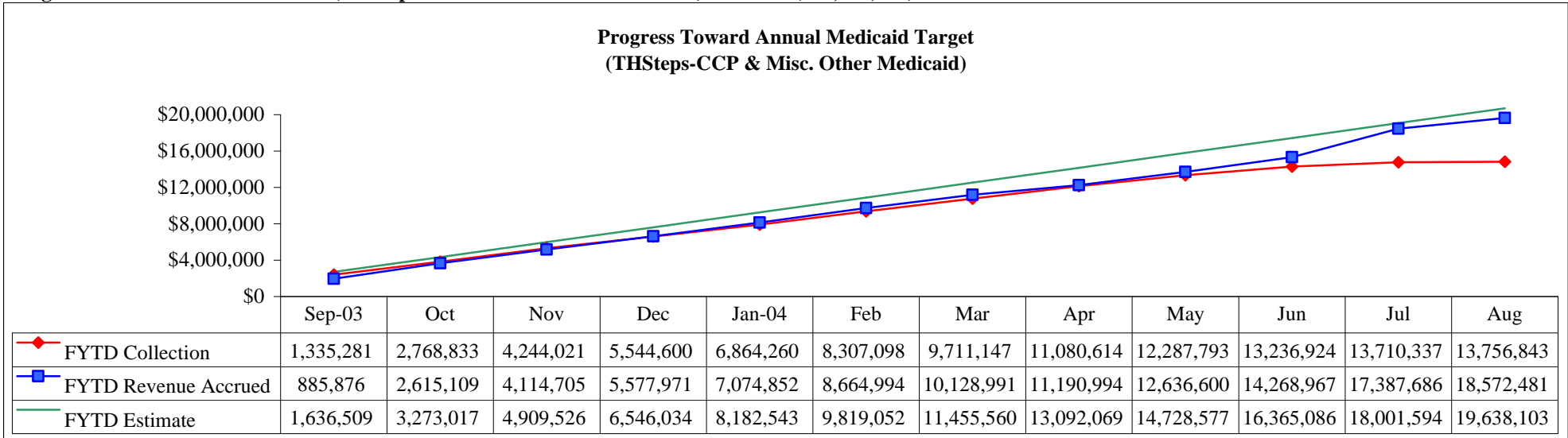
Objective 1D - FY 2004 Revenue Estimates

All Mental Health Facilities

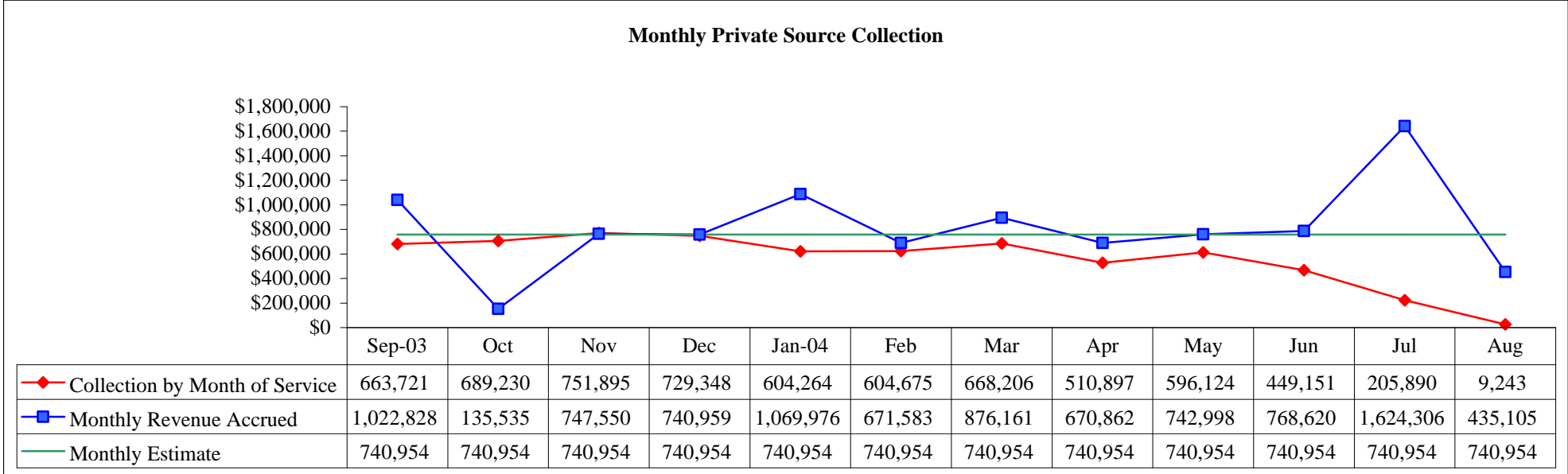
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,636,509)



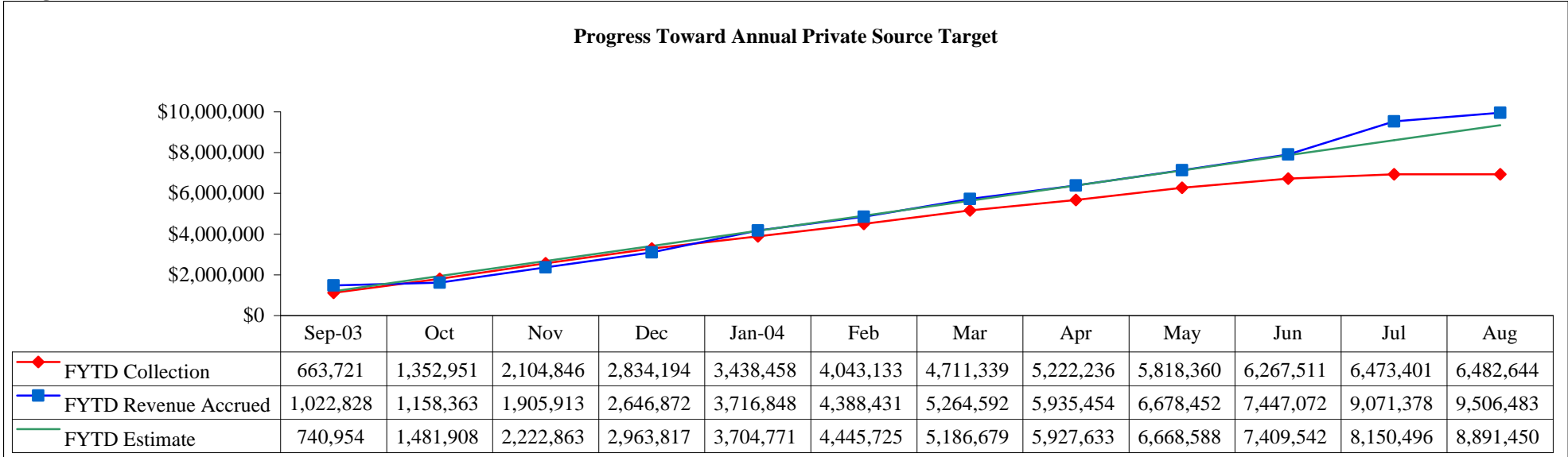
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$19,638,103)



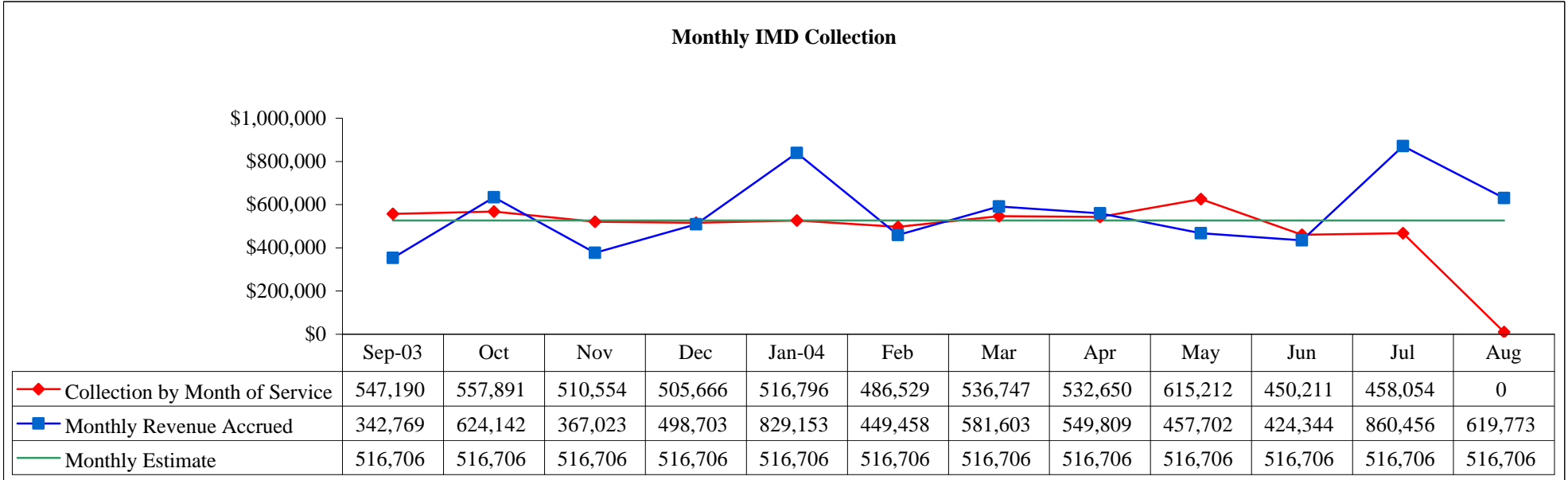
Objective 1D - FY 2004 Revenue Estimates
All Mental Health Facilities
Monthly Private Source Estimate (\$740,954)



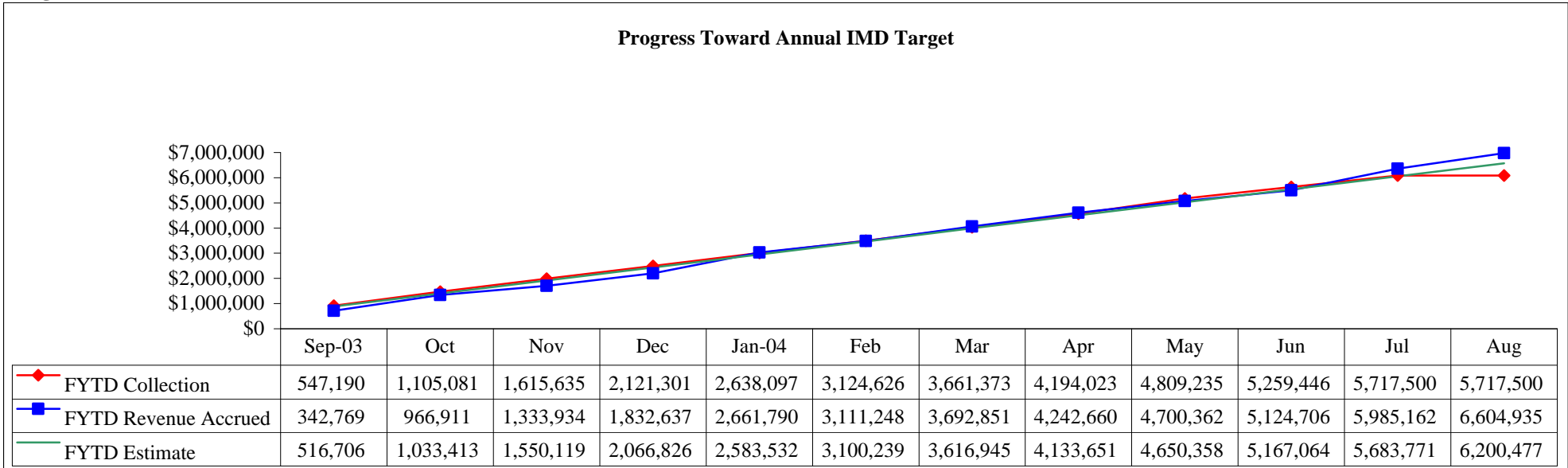
Progress Toward Annual Private Source Estimate (\$8,891,450)



Objective 1D - FY 2004 Revenue Estimates
All Mental Health Facilities
Monthly IMD Estimate (\$516,706)



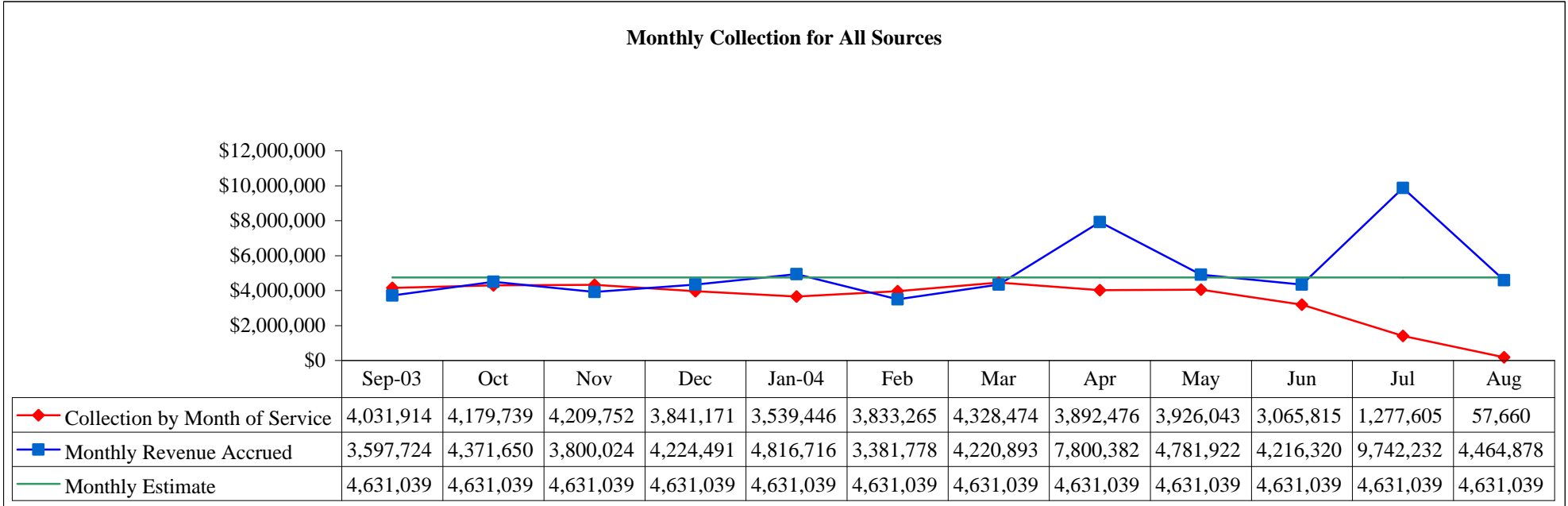
Progress Toward Annual IMD Estimate (\$6,200,477)



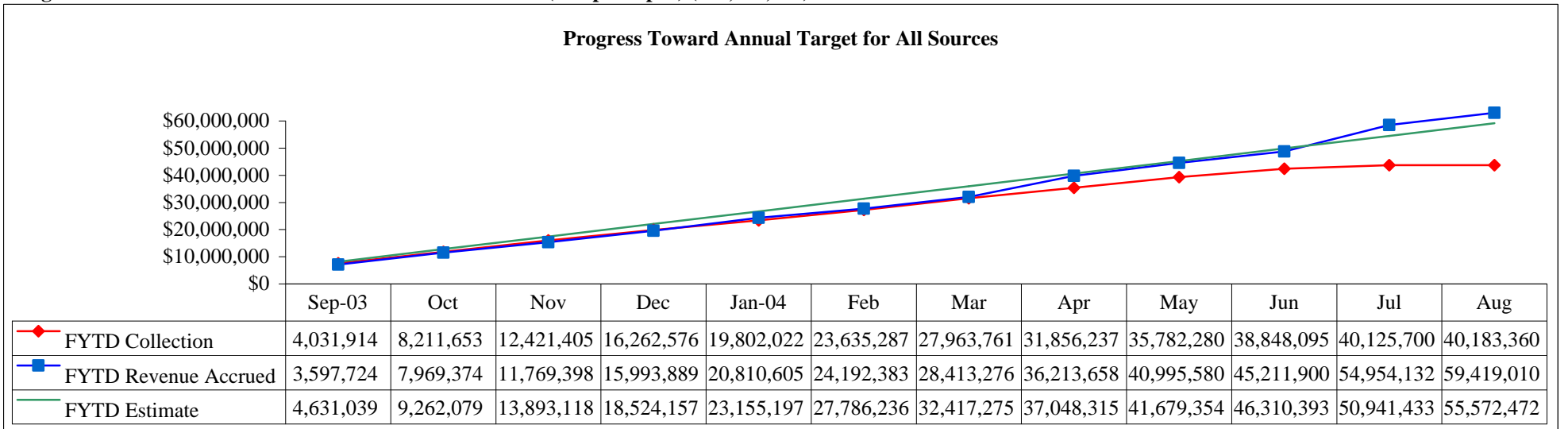
Objective 1D - FY 2004 Revenue Estimates

All Mental Health Facilities

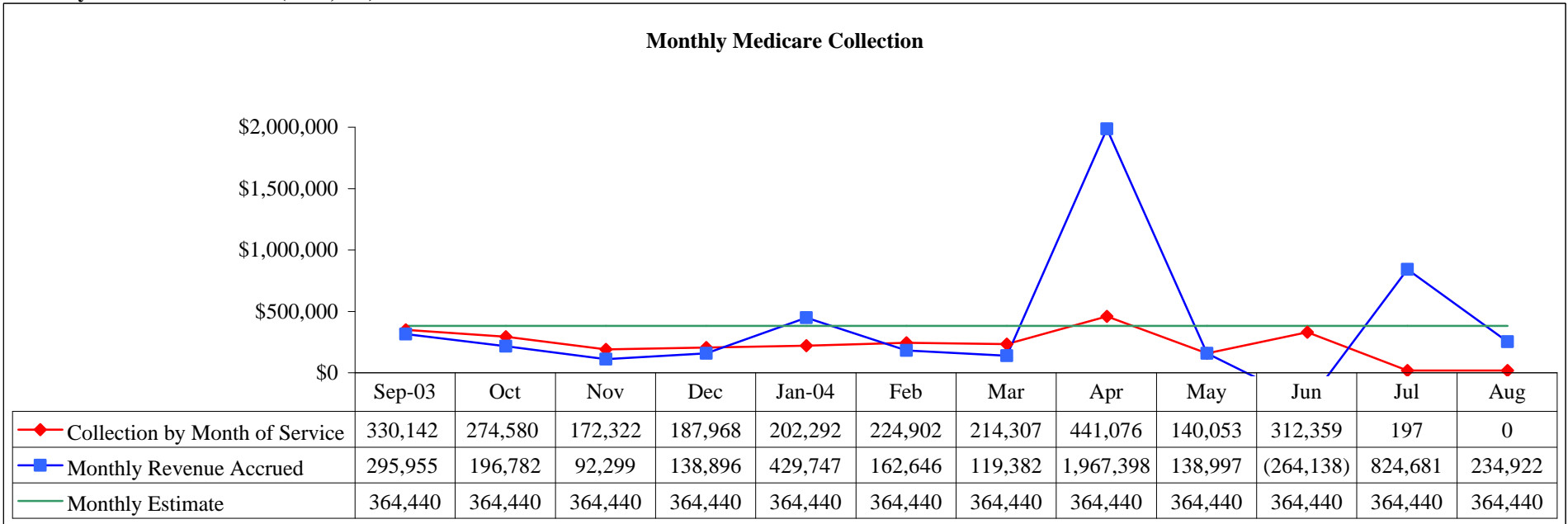
Monthly Estimate for All Sources (except Dispro) (\$4,631,039)



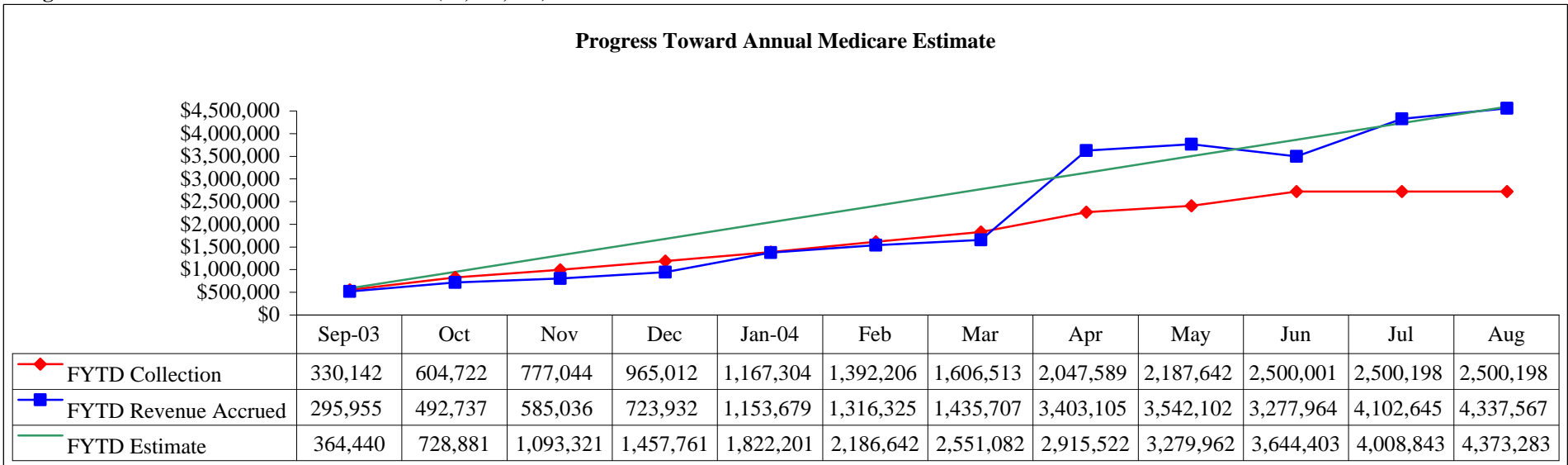
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$55,572,472)



Objective 1D - FY 2004 Revenue Estimates
Austin State Hospital
Monthly Medicare Estimate (\$364,440)



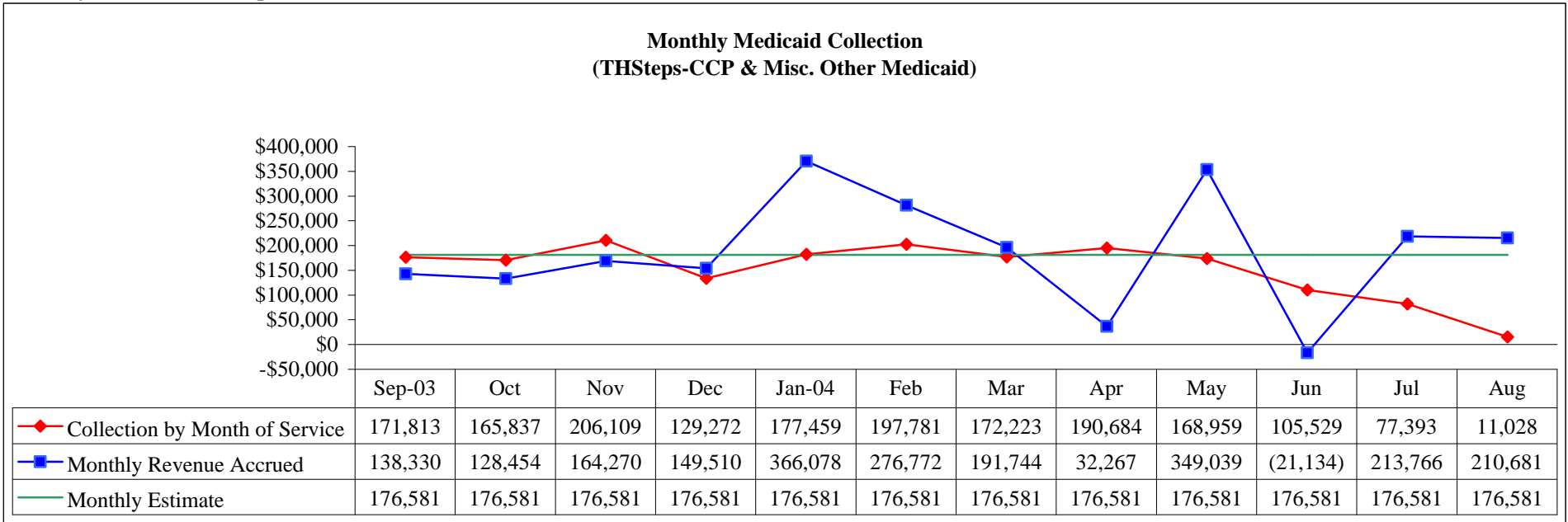
Progress Toward Annual Medicare Estimate (\$4,373,283)



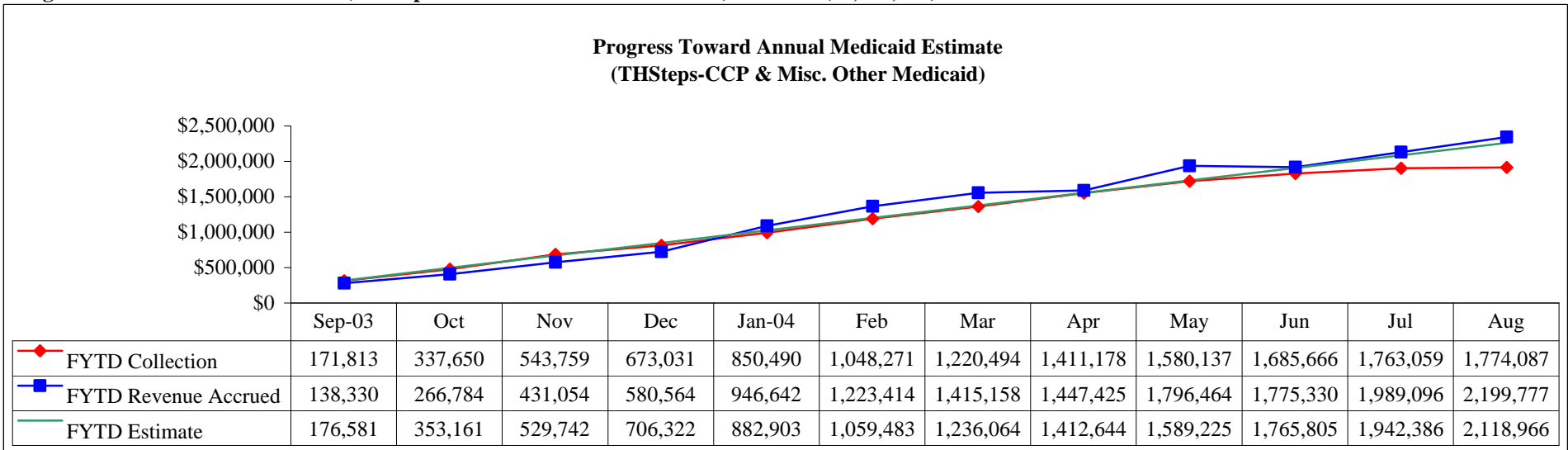
Objective 1D - FY 2004 Revenue Estimates

Austin State Hospital

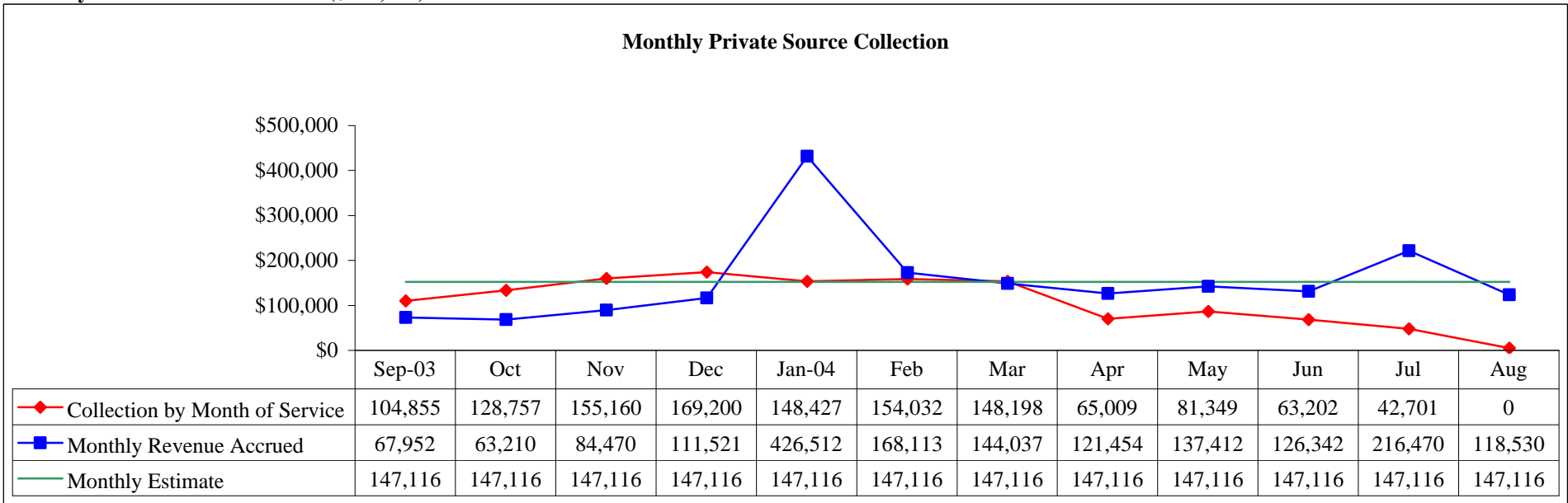
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$176,581)



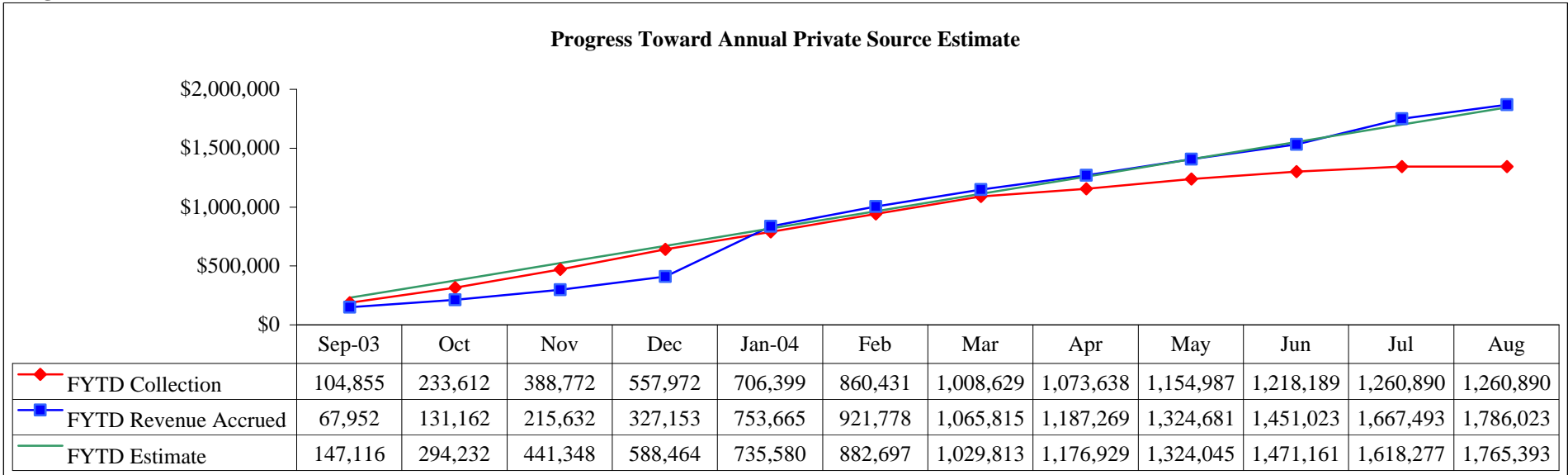
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$2,118,966)



Objective 1D - FY 2004 Revenue Estimates
Austin State Hospital
Monthly Private Source Estimate (\$147,116)

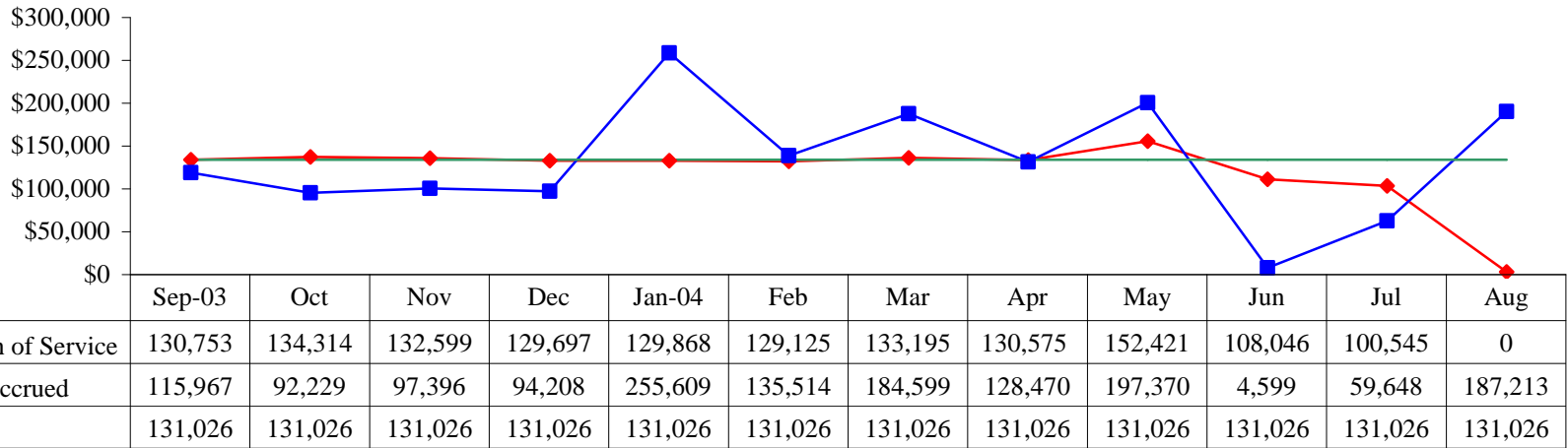


Progress Toward Annual Private Source Estimate (\$1,765,393)



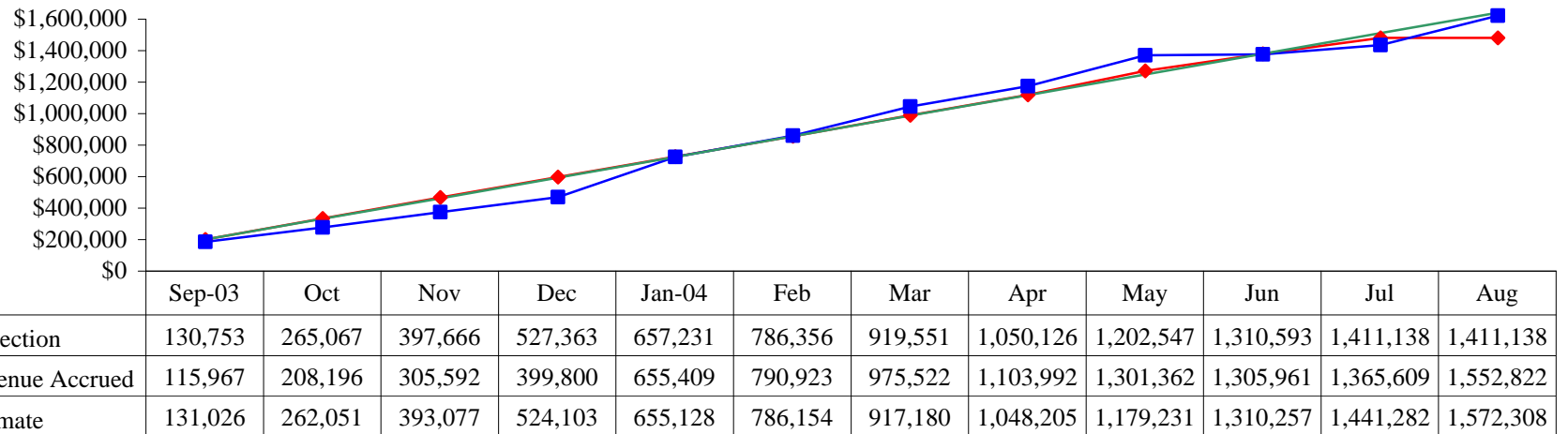
Objective 1D - FY 2004 Revenue Estimates
Austin State Hospital
Monthly IMD Estimate (\$131,026)

Monthly IMD Collection



Progress Toward Annual IMD Estimate (\$1,572,308)

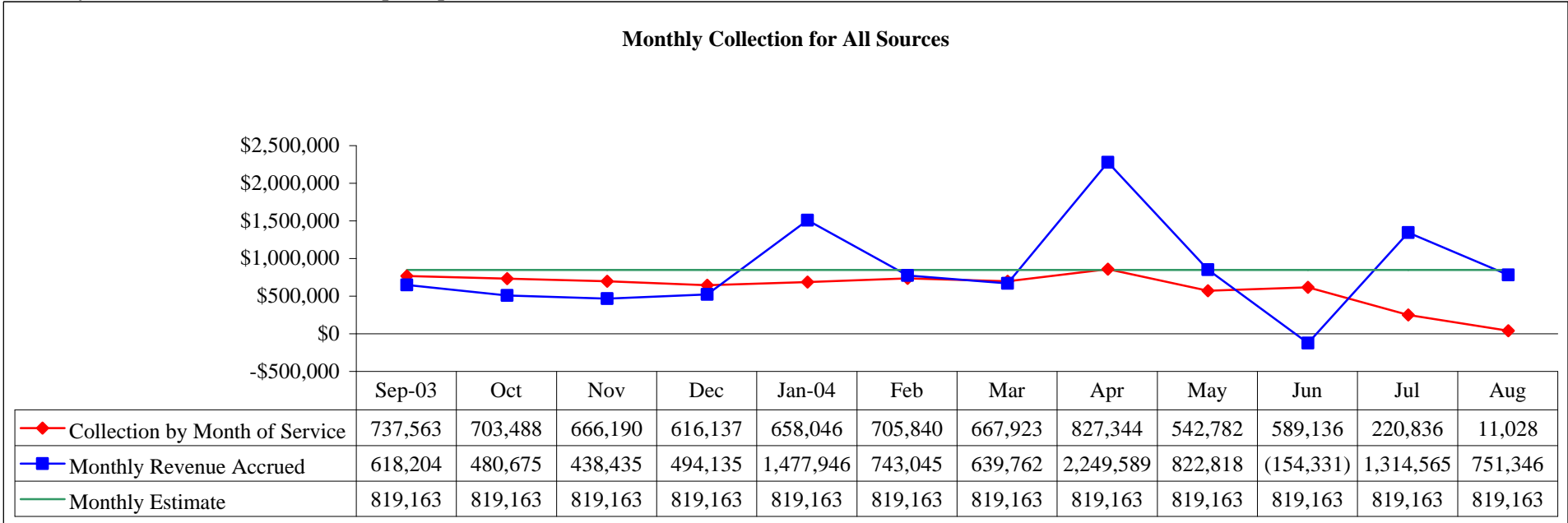
Progress Toward Annual IMD Estimate



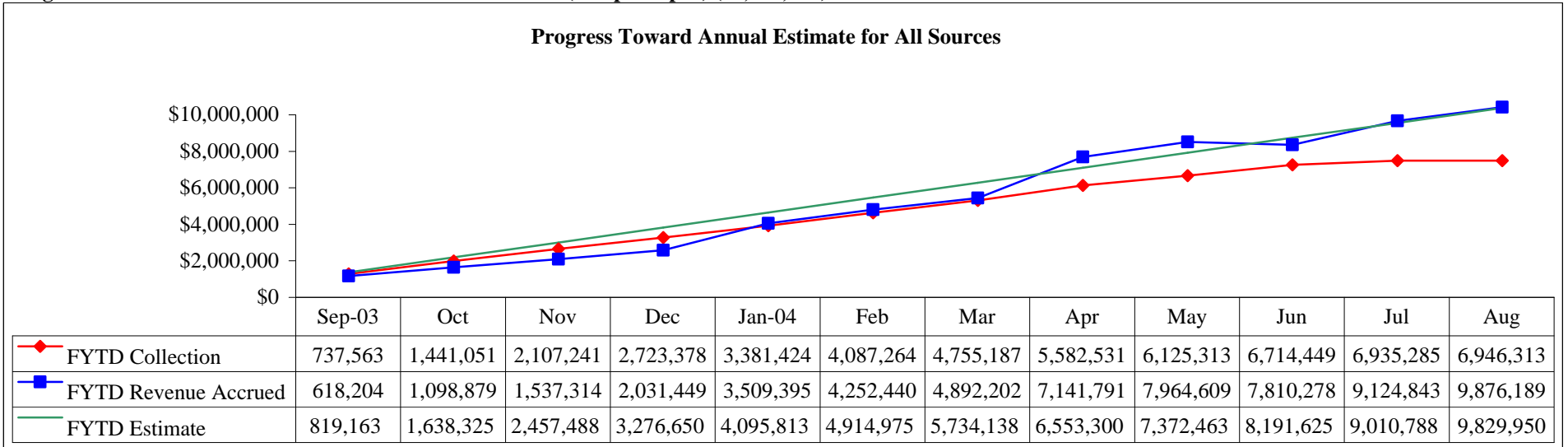
Objective 1D - FY 2004 Revenue Estimates

Austin State Hospital

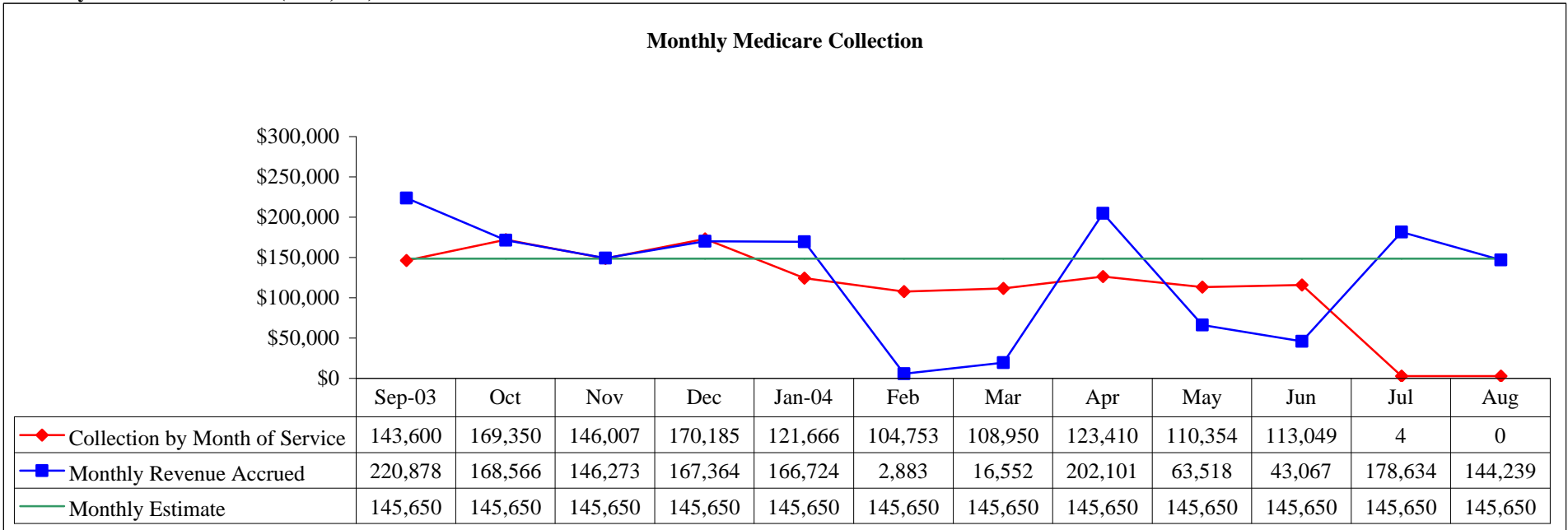
Monthly Estimate For All Sources (except Dispro) (\$819,163)



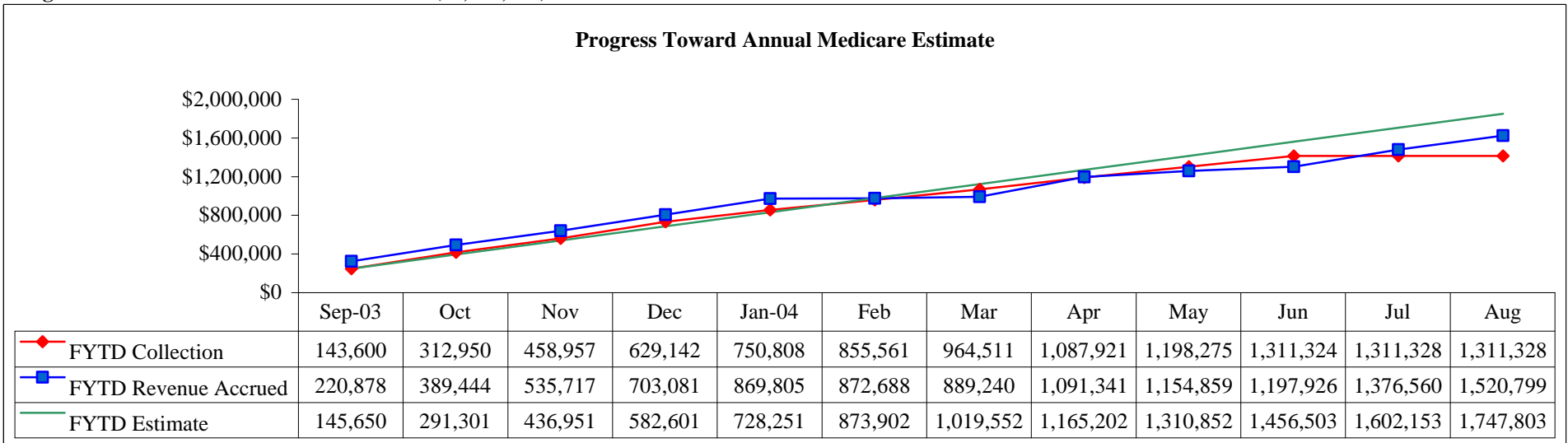
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$9,829,950)



Objective 1D - FY 2004 Revenue Estimates
Big Spring State Hospital
Monthly Medicare Estimate (\$145,650)



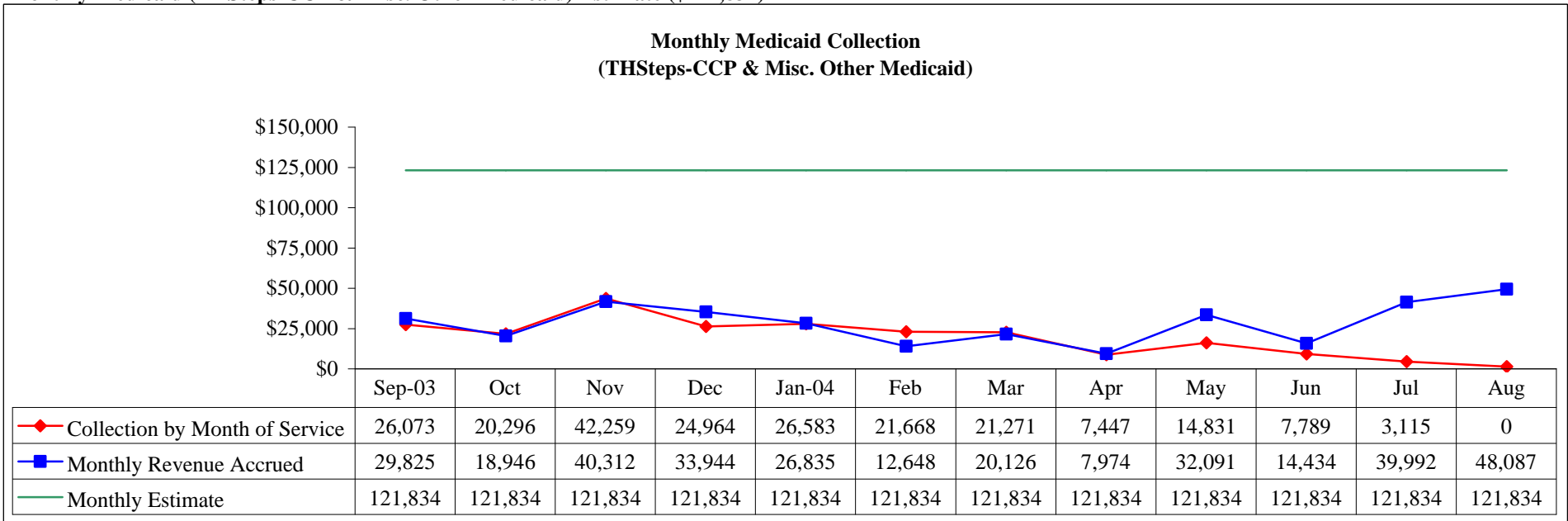
Progress Toward Annual Medicare Estimate (\$1,747,803)



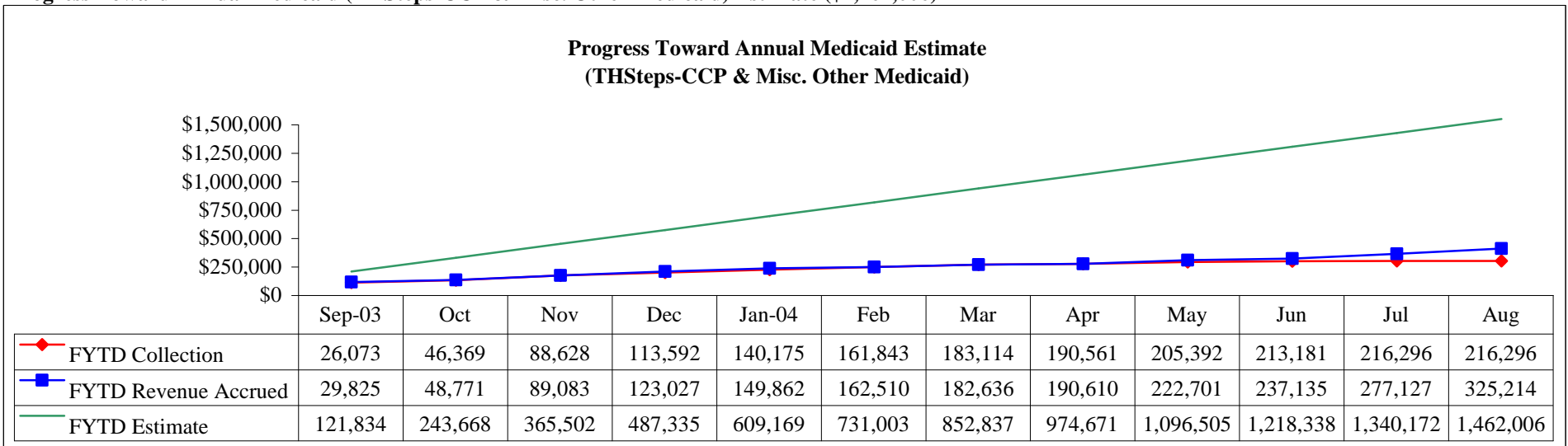
Objective 1D - FY 2004 Revenue Estimates

Big Spring State Hospital

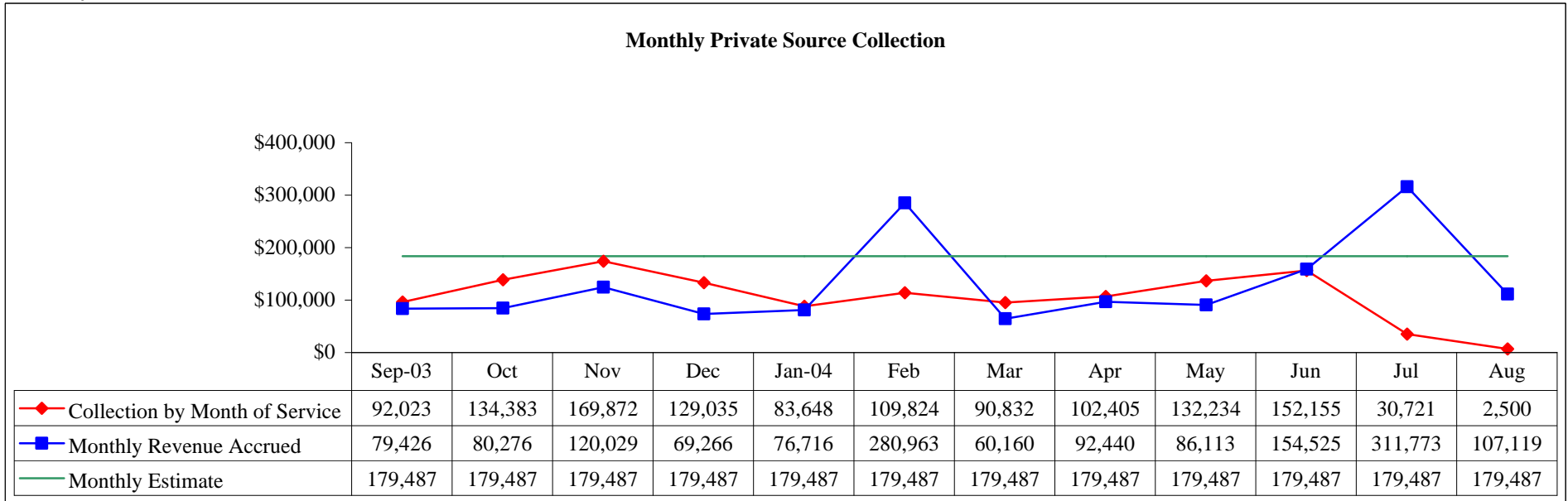
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$121,834)



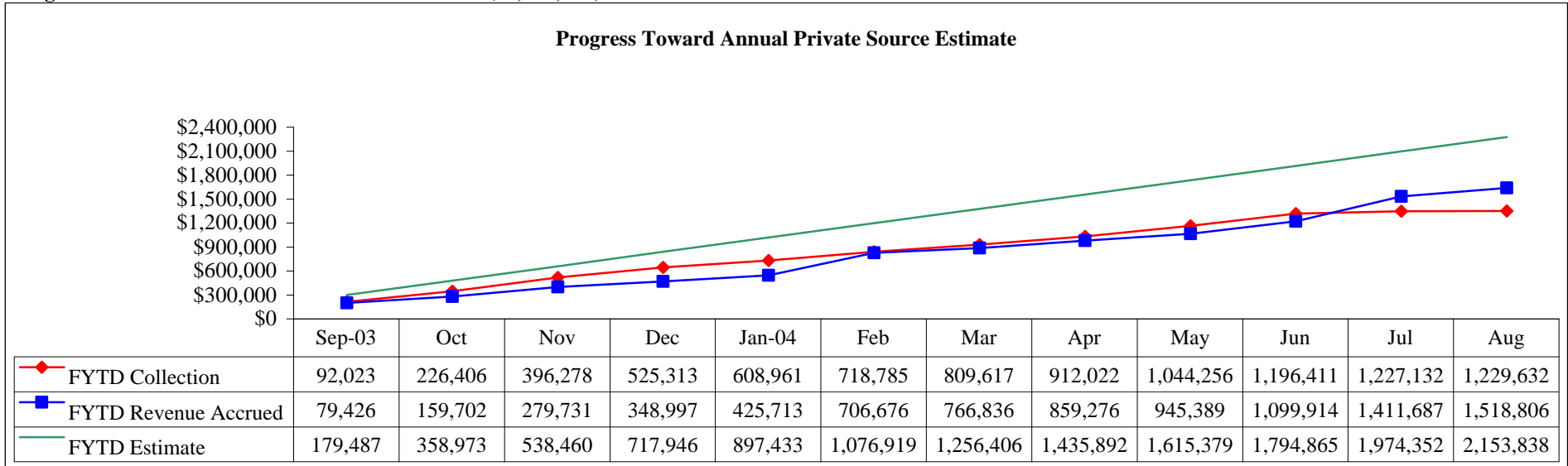
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,462,006)



Objective 1D - FY 2004 Revenue Estimates
Big Spring State Hospital
Monthly Private Source Estimate (\$179,487)

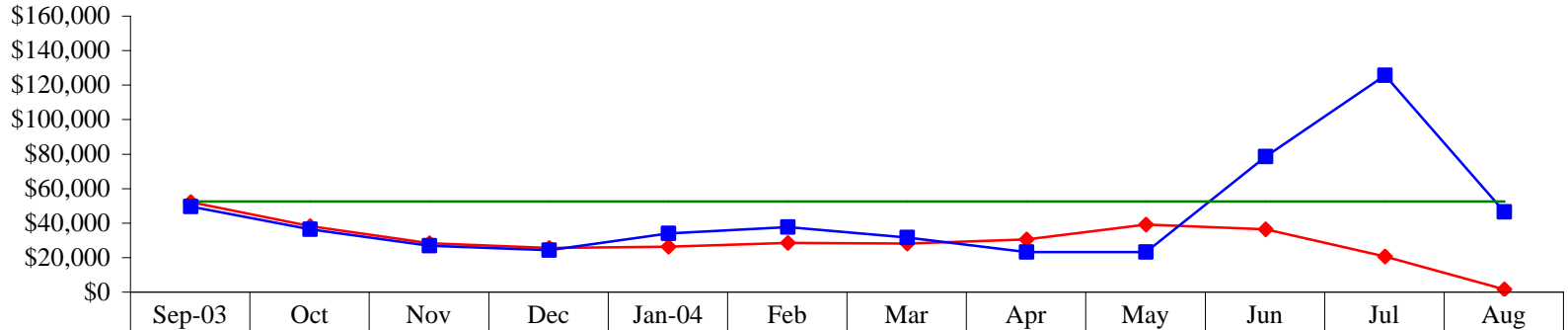


Progress Toward Annual Private Source Estimate (\$2,153,838)



Objective 1D - FY 2004 Revenue Estimates
Big Spring State Hospital
Monthly IMD Estimate (\$50,879)

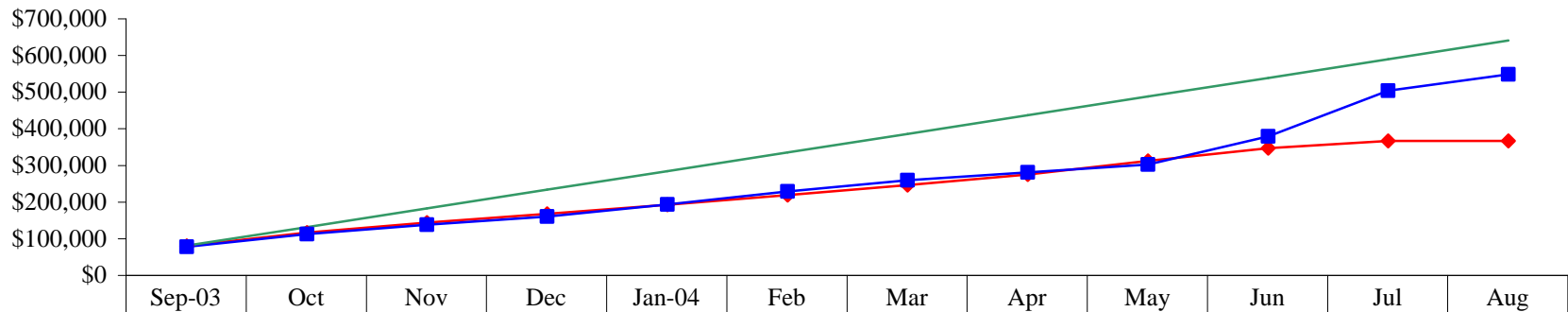
Monthly IMD Collection



Collection by Month of Service	50,494	36,570	26,717	23,940	24,720	27,000	26,661	29,004	37,497	34,750	19,073	0
Monthly Revenue Accrued	47,971	34,742	25,382	22,731	32,399	36,072	30,090	21,539	21,538	76,951	124,031	44,958
Monthly Estimate	50,879	50,879	50,879	50,879	50,879	50,879	50,879	50,879	50,879	50,879	50,879	50,879

Progress Toward Annual IMD Estimate (\$610,547)

Progress Toward Annual IMD Estimate

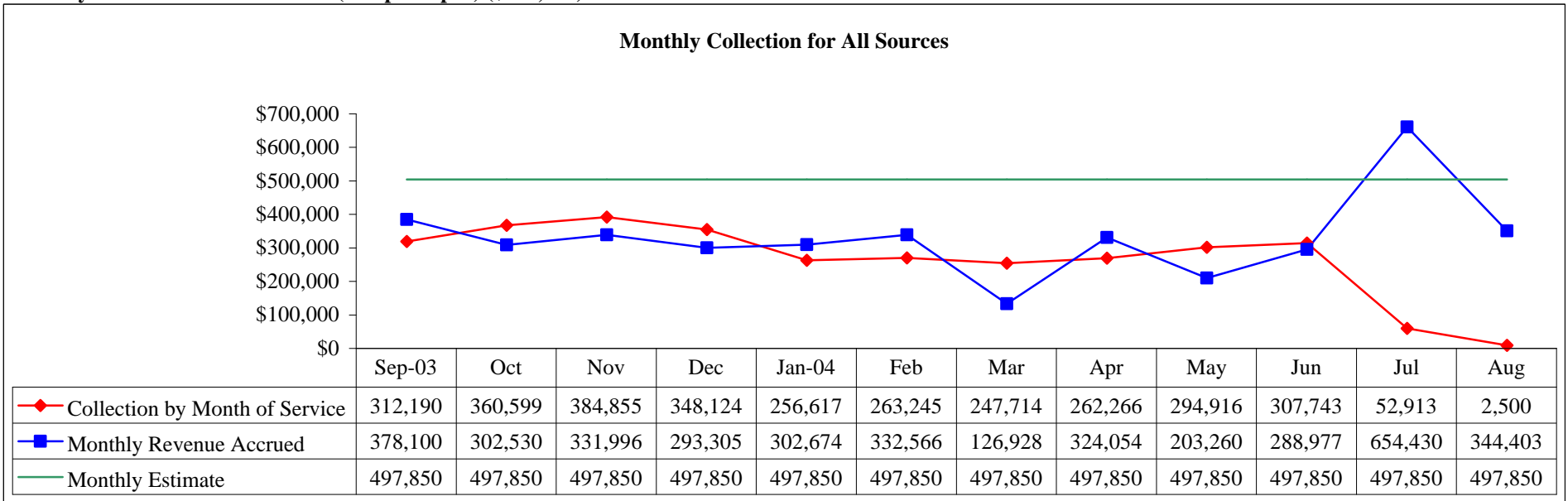


FYTD Collection	50,494	87,064	113,781	137,721	162,441	189,441	216,102	245,106	282,603	317,353	336,426	336,426
FYTD Revenue Accrued	47,971	82,713	108,095	130,826	163,225	199,297	229,387	250,926	272,464	349,415	473,446	518,404
FYTD Estimate	50,879	101,758	152,637	203,516	254,395	305,274	356,152	407,031	457,910	508,789	559,668	610,547

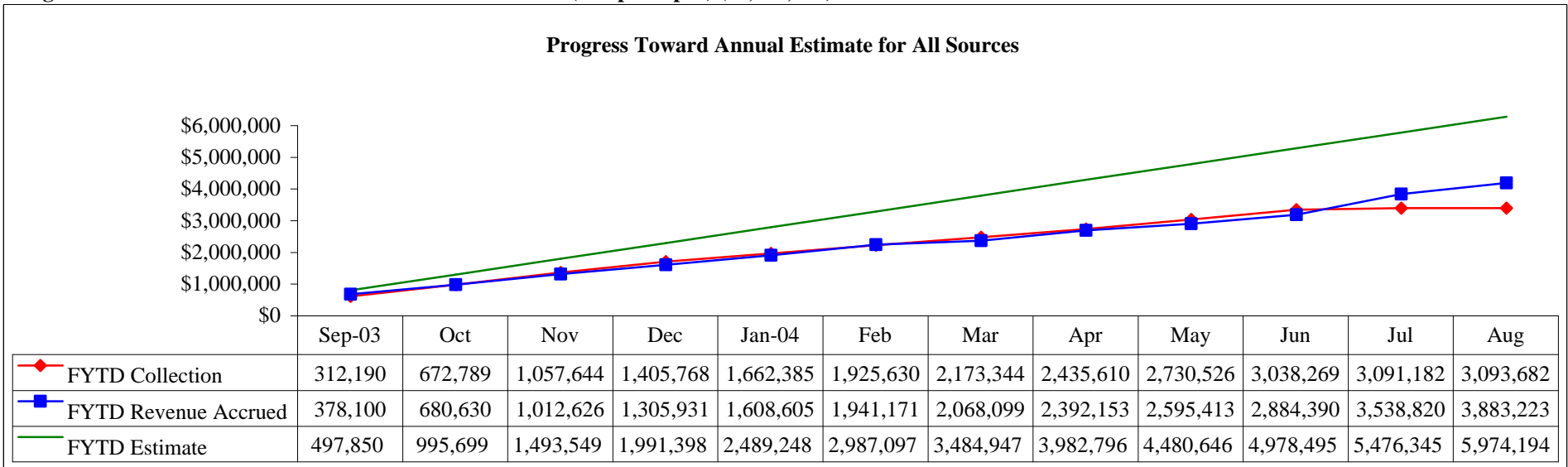
Objective 1D - FY 2004 Revenue Estimates

Big Spring State Hospital

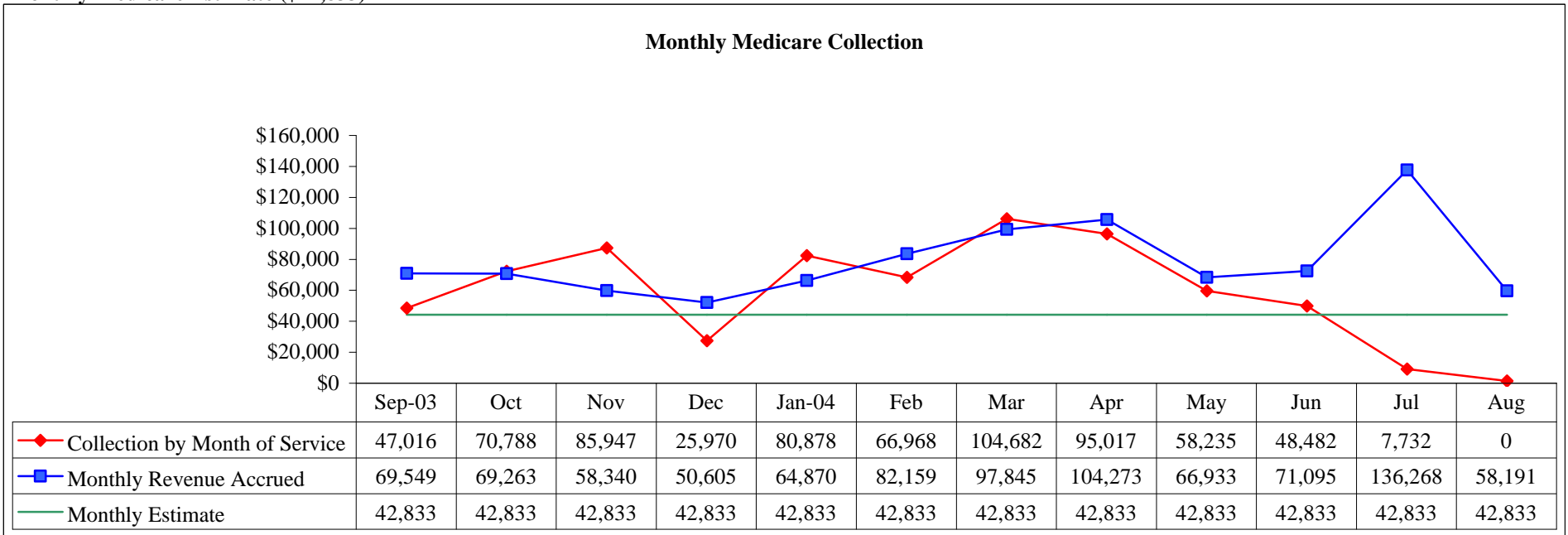
Monthly Estimate For All Sources (except Dispro) (\$497,850)



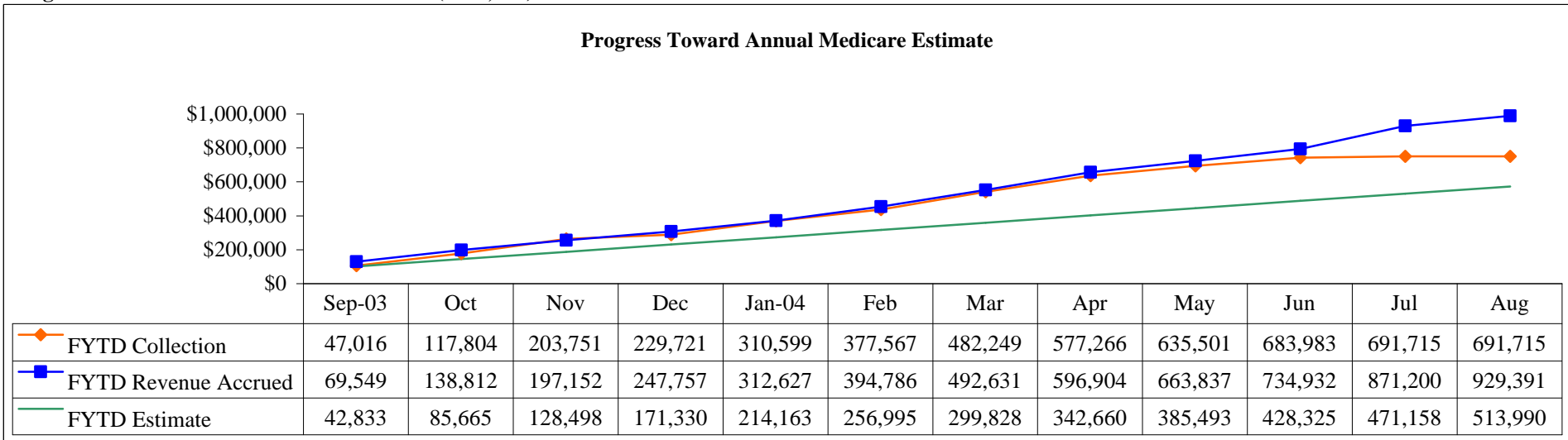
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,974,194)



Objective 1D - FY 2004 Revenue Estimates
El Paso Psychiatric Center
Monthly Medicare Estimate (\$42,833)



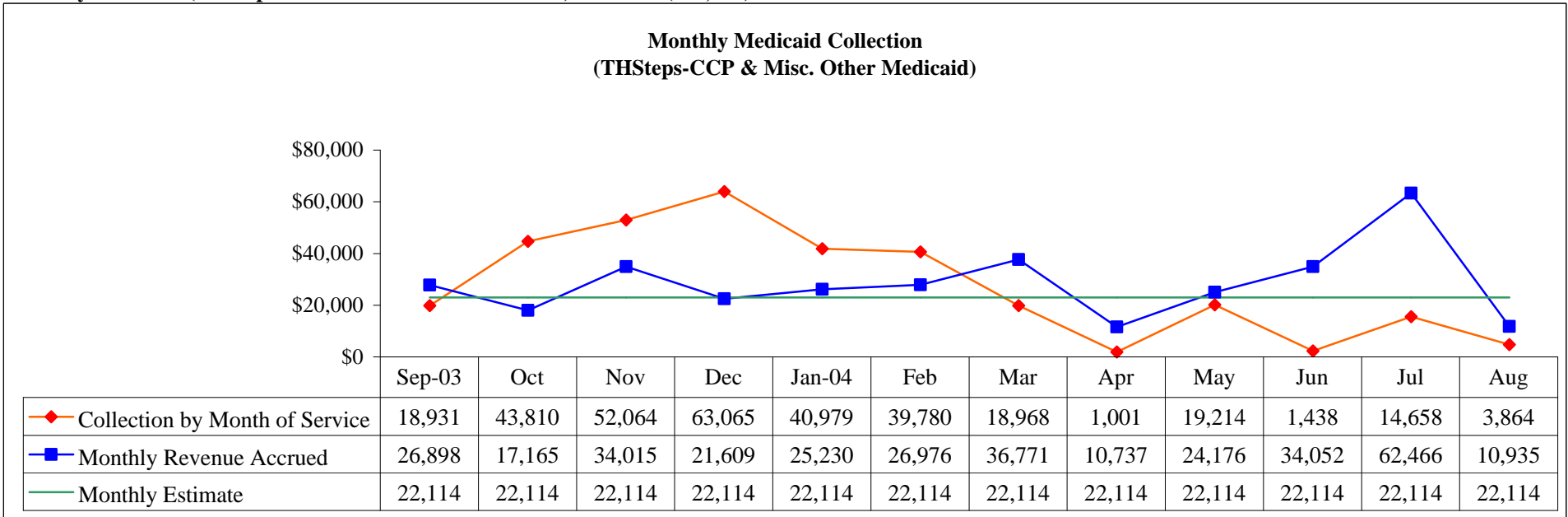
Progress Toward Annual Medicare Estimate (\$513,990)



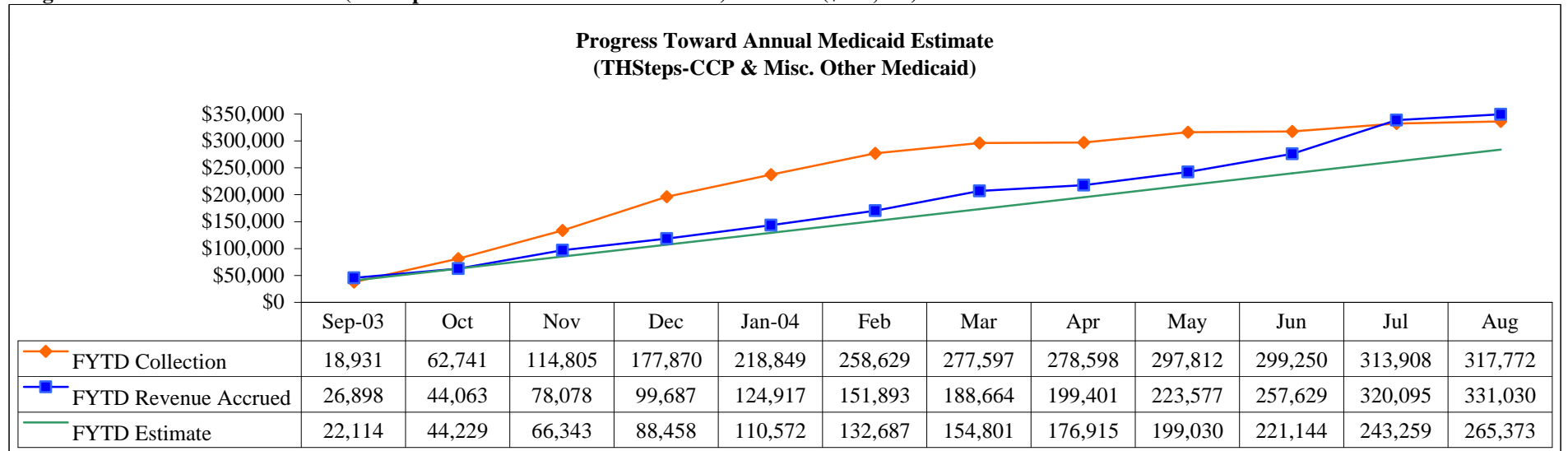
Objective 1D - FY 2004 Revenue Estimates

El Paso Psychiatric Center

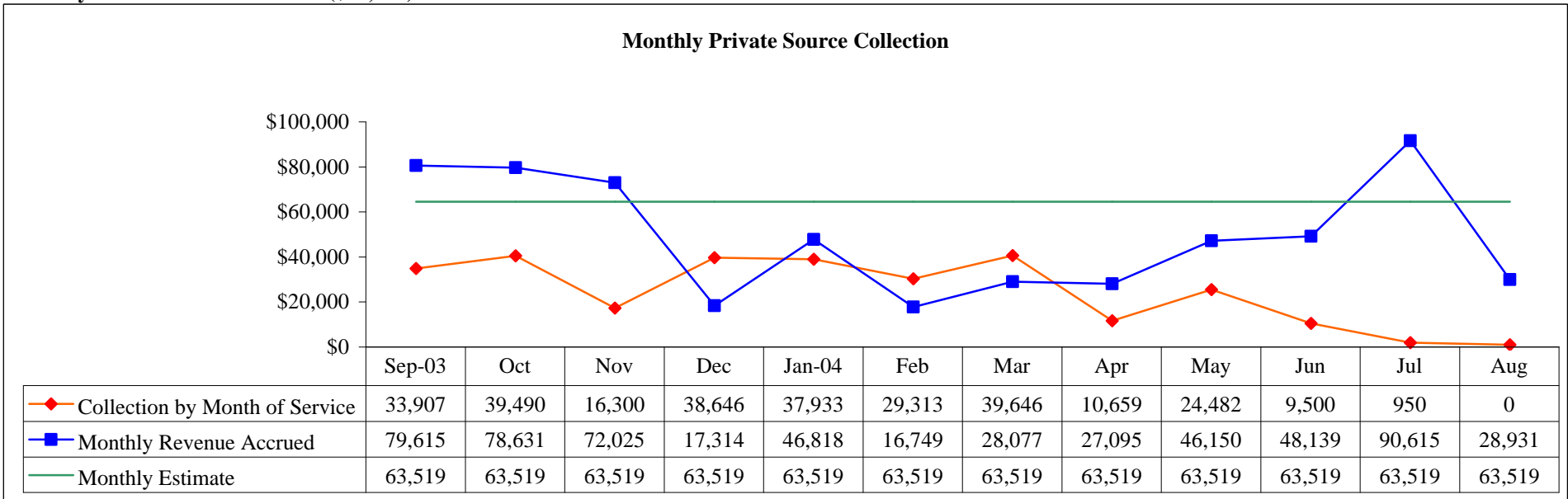
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$22,114)



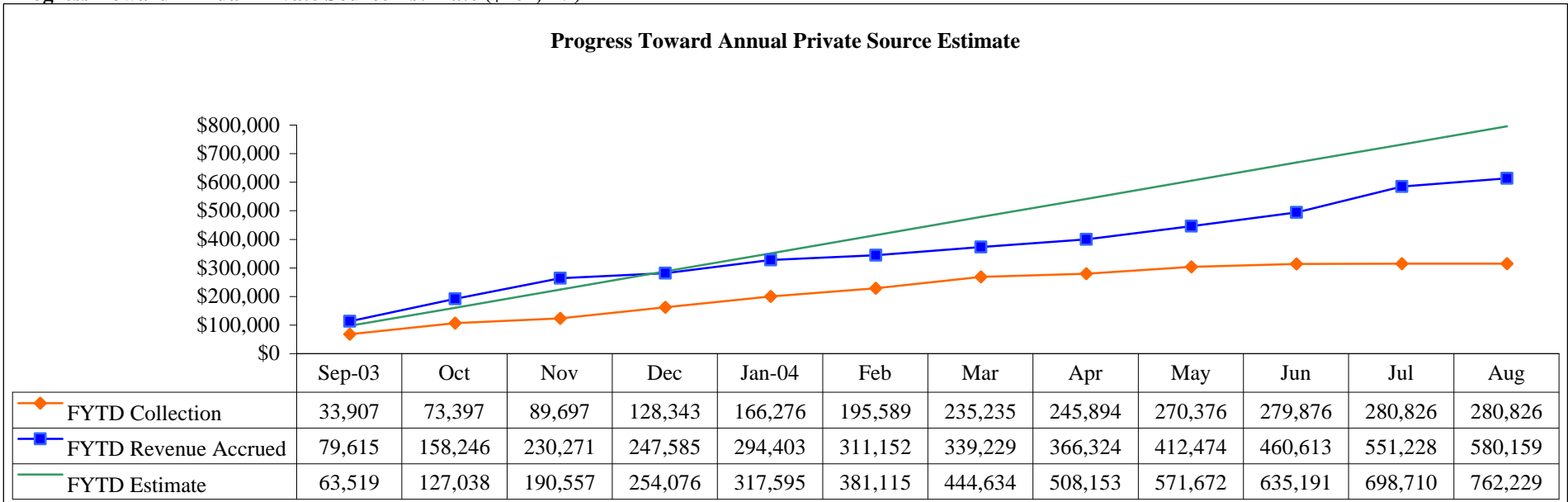
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$265,373)



Objective 1D - FY 2004 Revenue Estimates
El Paso Psychiatric Center
Monthly Private Source Estimate (\$63,519)



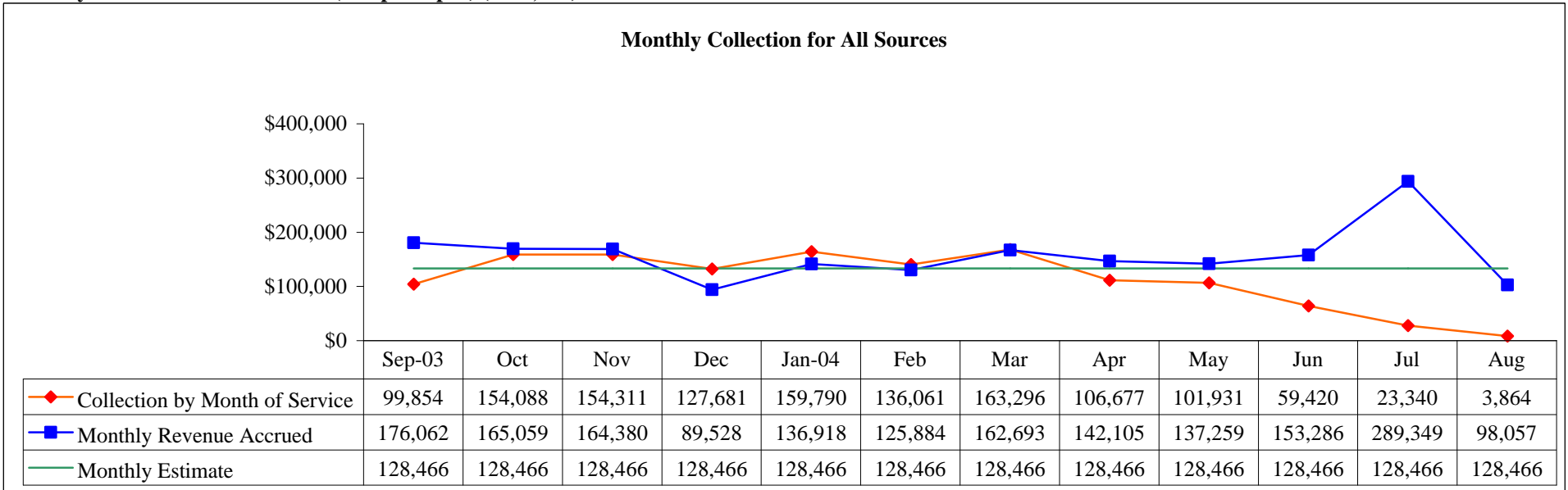
Progress Toward Annual Private Source Estimate (\$762,229)



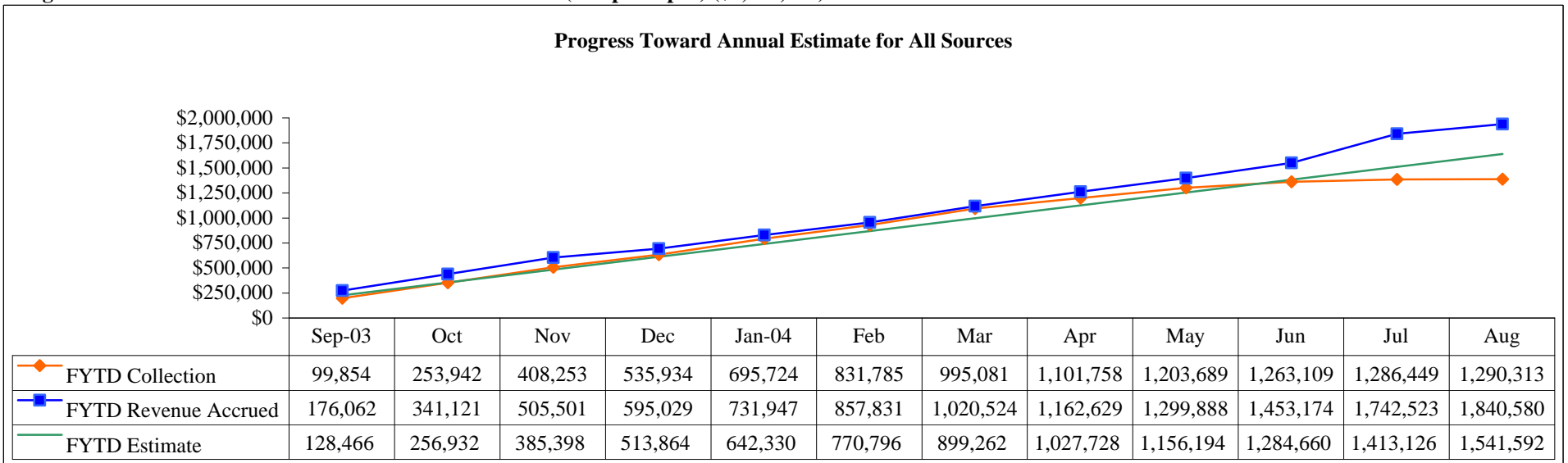
Objective 1D - FY 2004 Revenue Estimates

El Paso Psychiatric Center

Monthly Estimate For All Sources (except Dispro) (\$128,466)

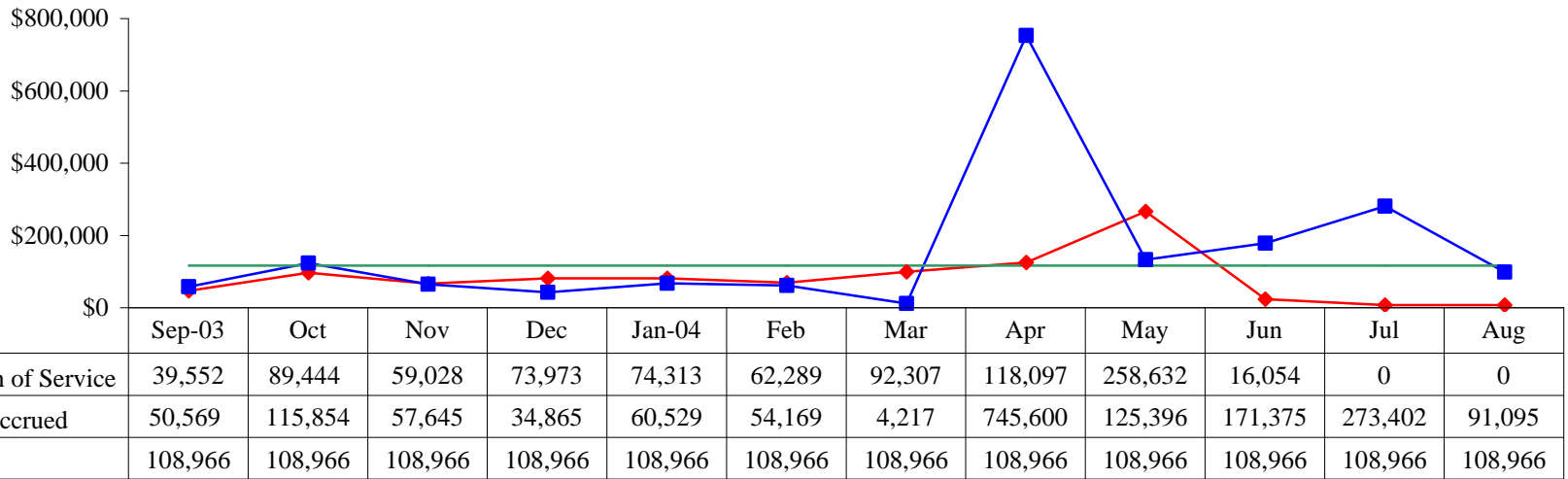


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$1,541,592)



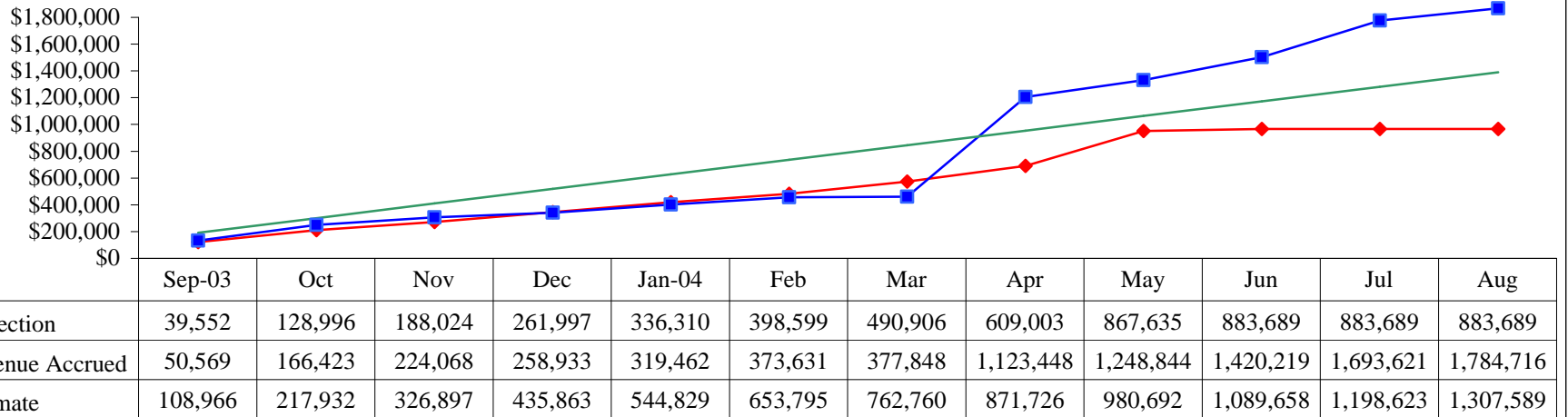
Objective 1D - FY 2004 Revenue Estimate
Kerrville State Hospital
Monthly Medicare Estimate (\$108,966)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$1,307,589)

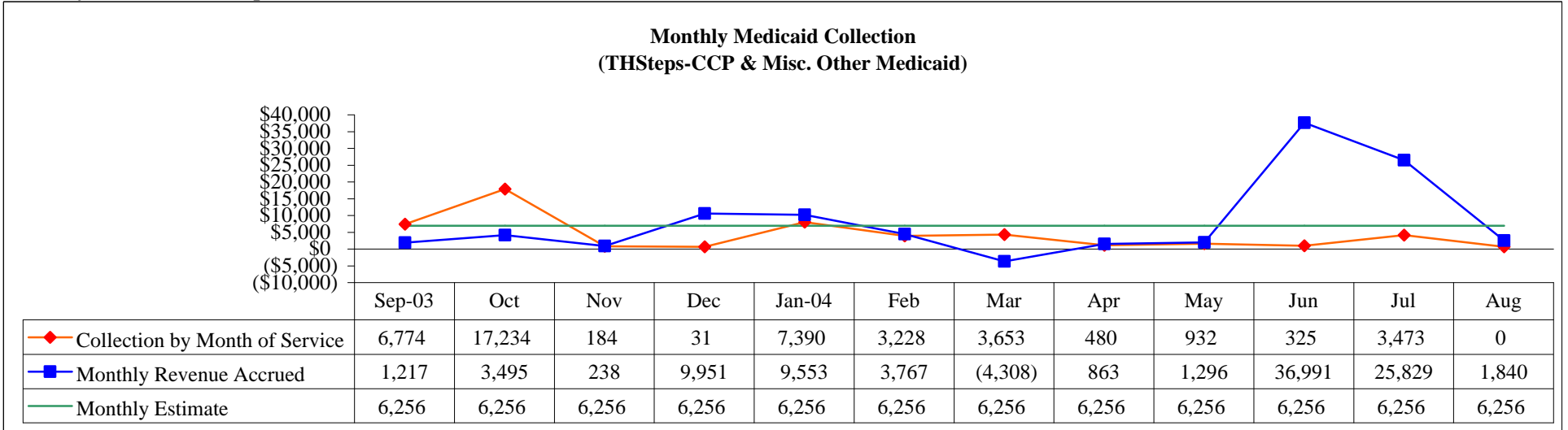
Progress Toward Annual Medicare Estimate



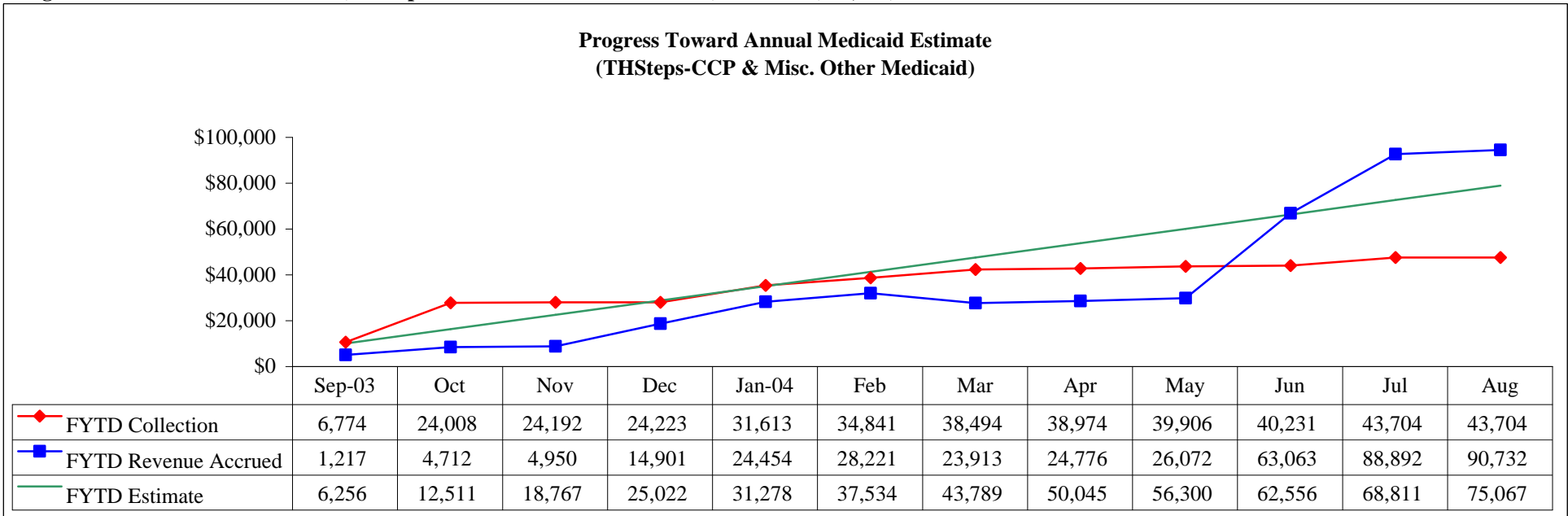
Objective 1D - FY 2004 Revenue Estimate

Kerrville State Hospital

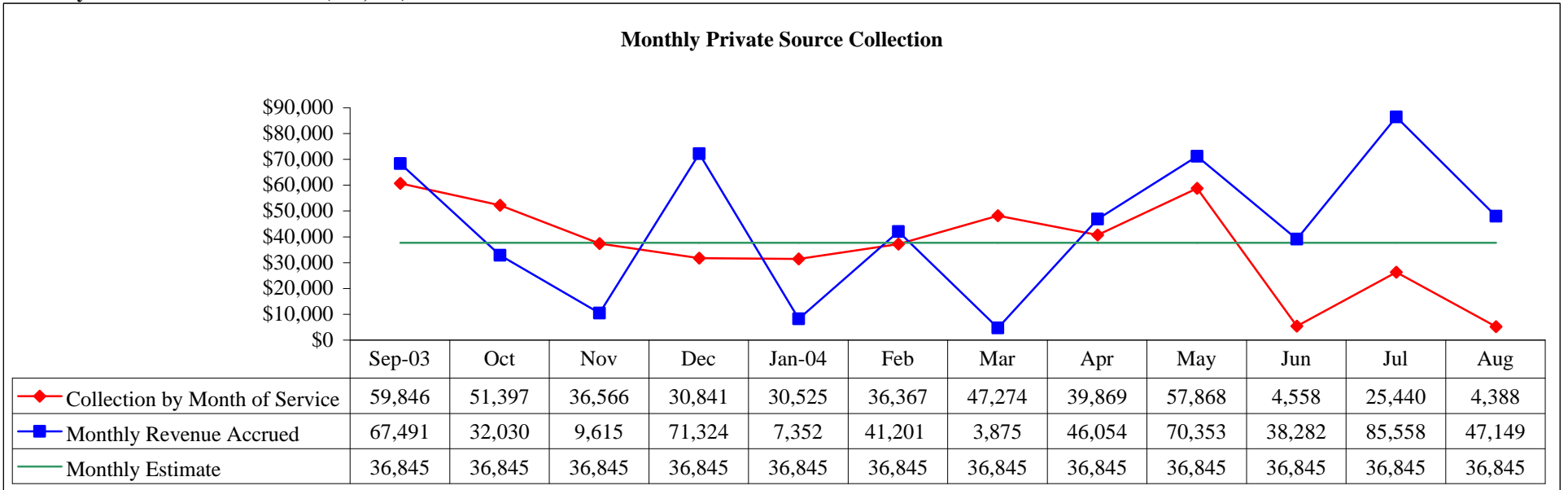
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$6,256)



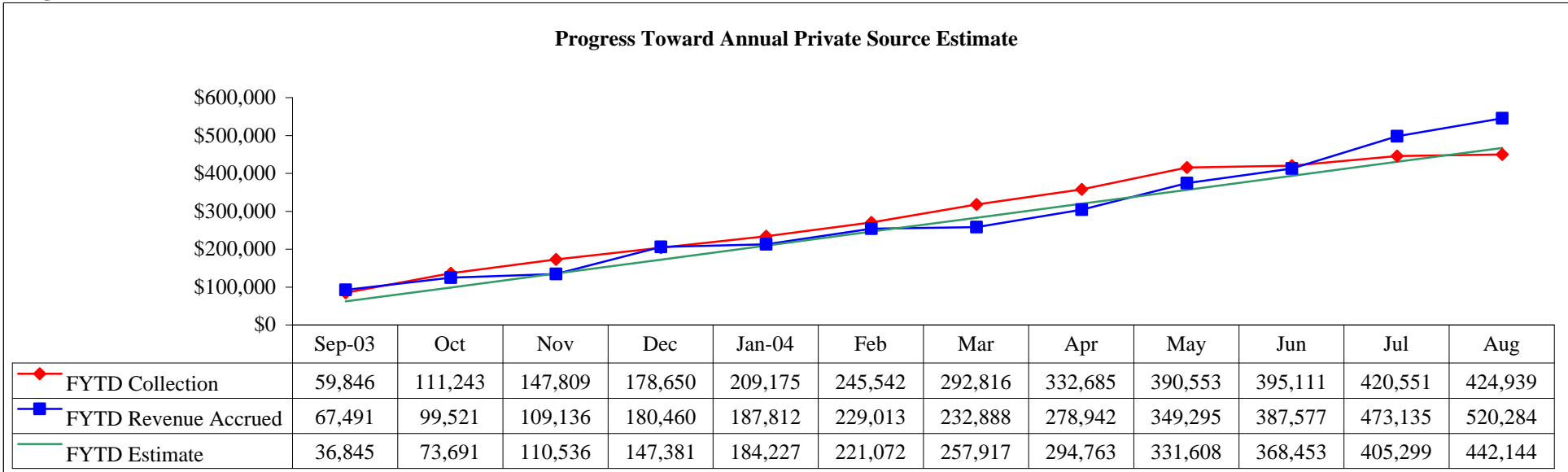
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$75,067)



Objective 1D - FY 2004 Revenue Estimate
Kerrville State Hospital
Monthly Private Source Estimate (\$36,845)

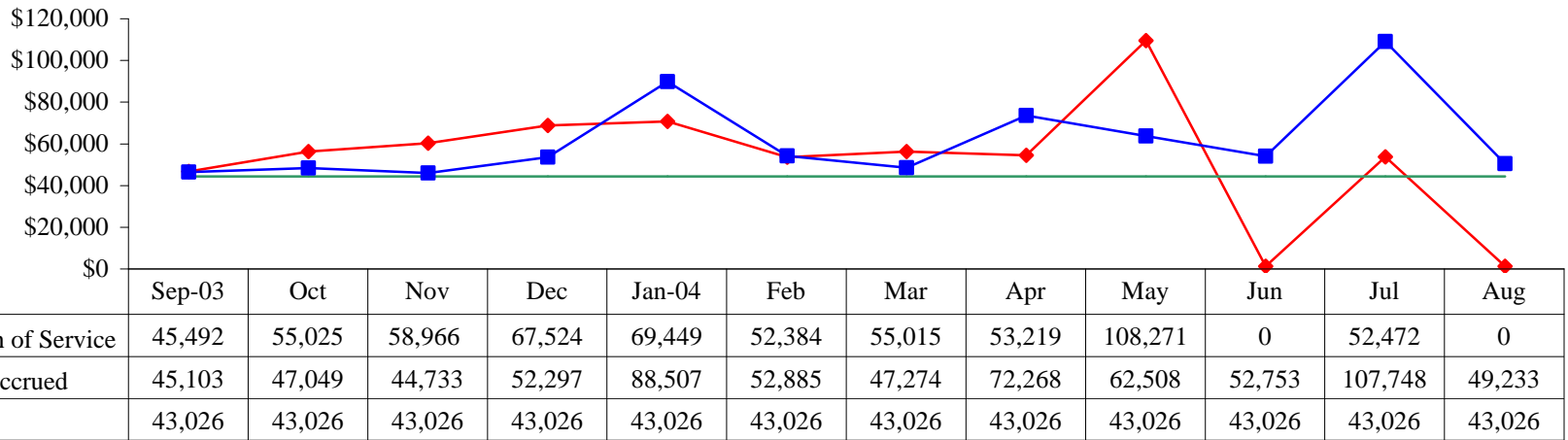


Progress Toward Annual Private Source Estimate (\$442,144)



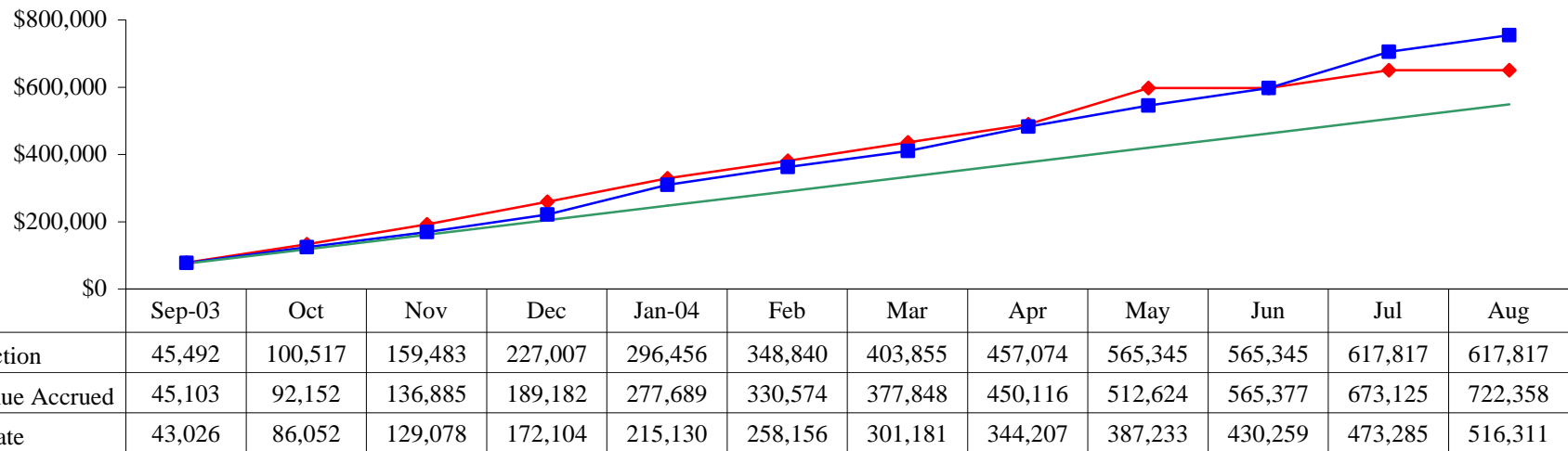
Objective 1D - FY 2004 Revenue Estimate
Kerrville State Hospital
Monthly IMD Estimate (\$43,026)

Monthly IMD Collection



Progress Toward Annual IMD Estimate (\$516,311)

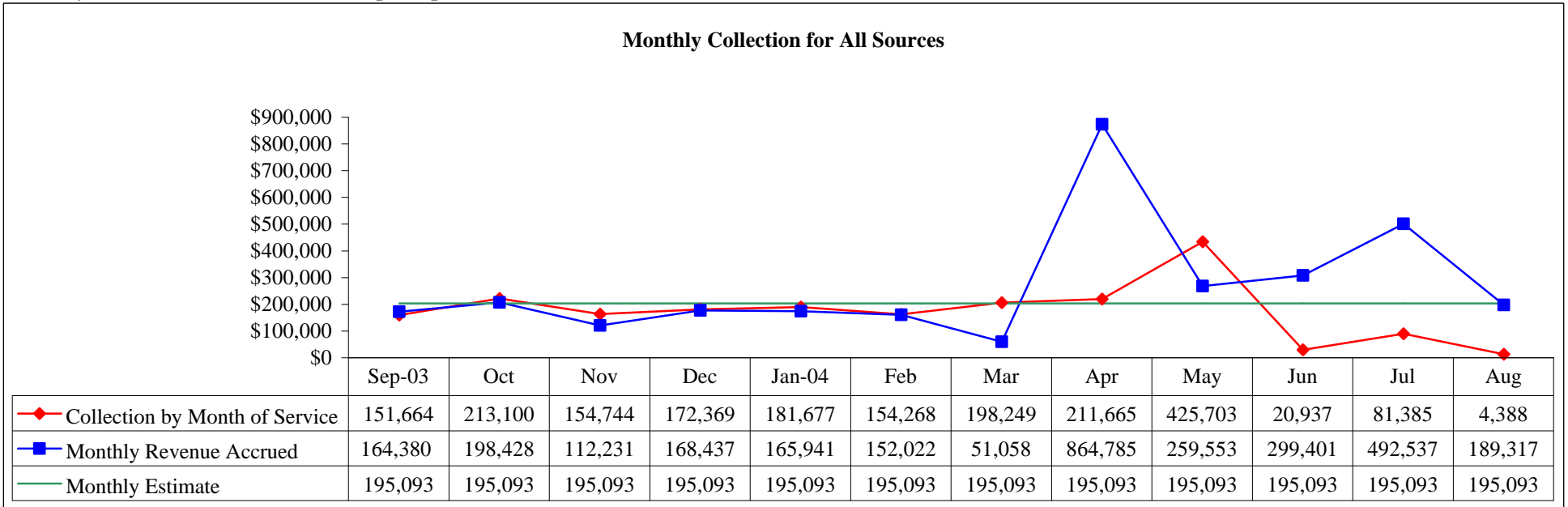
Progress Toward Annual IMD Estimate



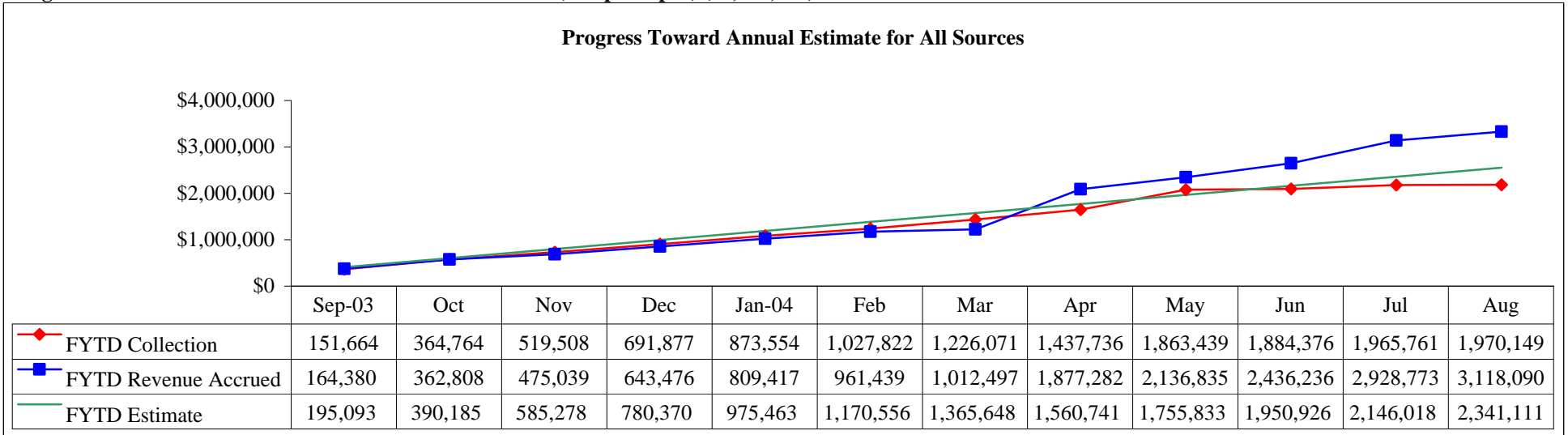
Objective 1D - FY 2004 Revenue Estimate

Kerrville State Hospital

Monthly Estimate For All Sources (except Dispro) (\$195,093)

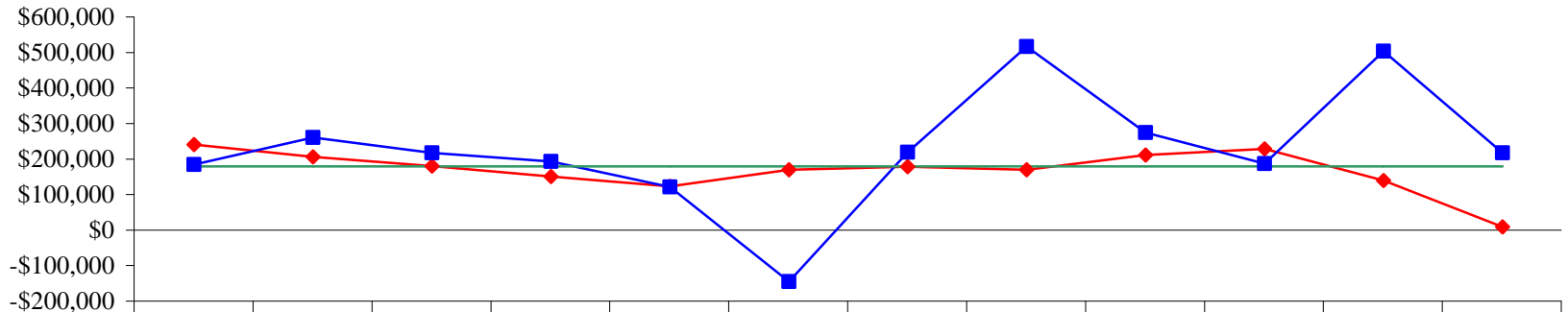


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$2,341,111)



Objective 1D - FY 2004 Revenue Estimate
North Texas State Hospital
Monthly Medicare Estimate (\$172,284)

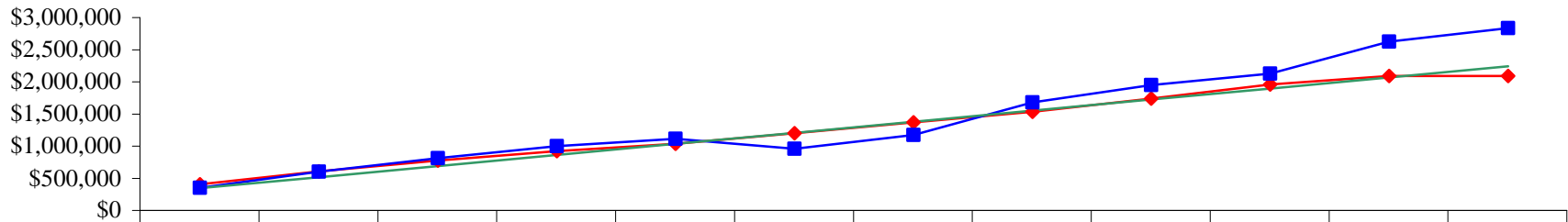
Monthly Medicare Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	233,056	198,950	172,674	143,652	115,719	162,707	171,327	162,596	203,814	220,856	132,315	1,911
■ Monthly Revenue Accrued	176,767	252,804	209,691	186,048	113,710	(152,454)	212,080	509,068	267,048	179,270	496,238	209,998
— Monthly Estimate	172,284	172,284	172,284	172,284	172,284	172,284	172,284	172,284	172,284	172,284	172,284	172,284

Progress Toward Annual Medicare Estimate (\$2,067,407)

Progress Toward Annual Medicare Estimate

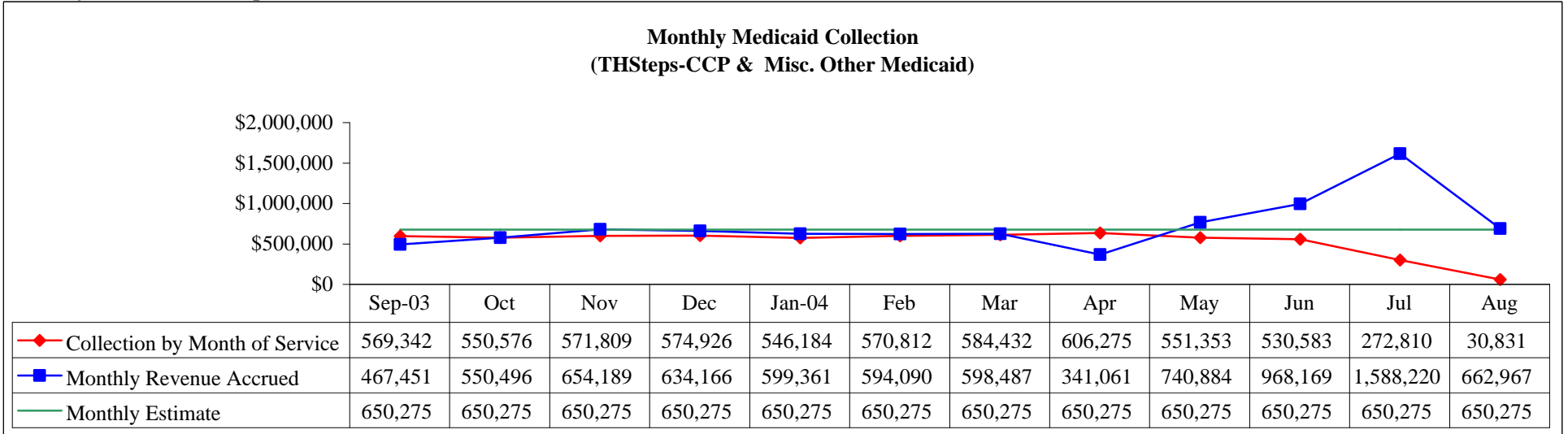


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	233,056	432,006	604,680	748,332	864,051	1,026,758	1,198,085	1,360,681	1,564,495	1,785,351	1,917,666	1,919,577
■ FYTD Revenue Accrued	176,767	429,571	639,262	825,310	939,020	786,566	998,646	1,507,714	1,774,762	1,954,032	2,450,270	2,660,268
— FYTD Estimate	172,284	344,568	516,852	689,136	861,420	1,033,704	1,205,987	1,378,271	1,550,555	1,722,839	1,895,123	2,067,407

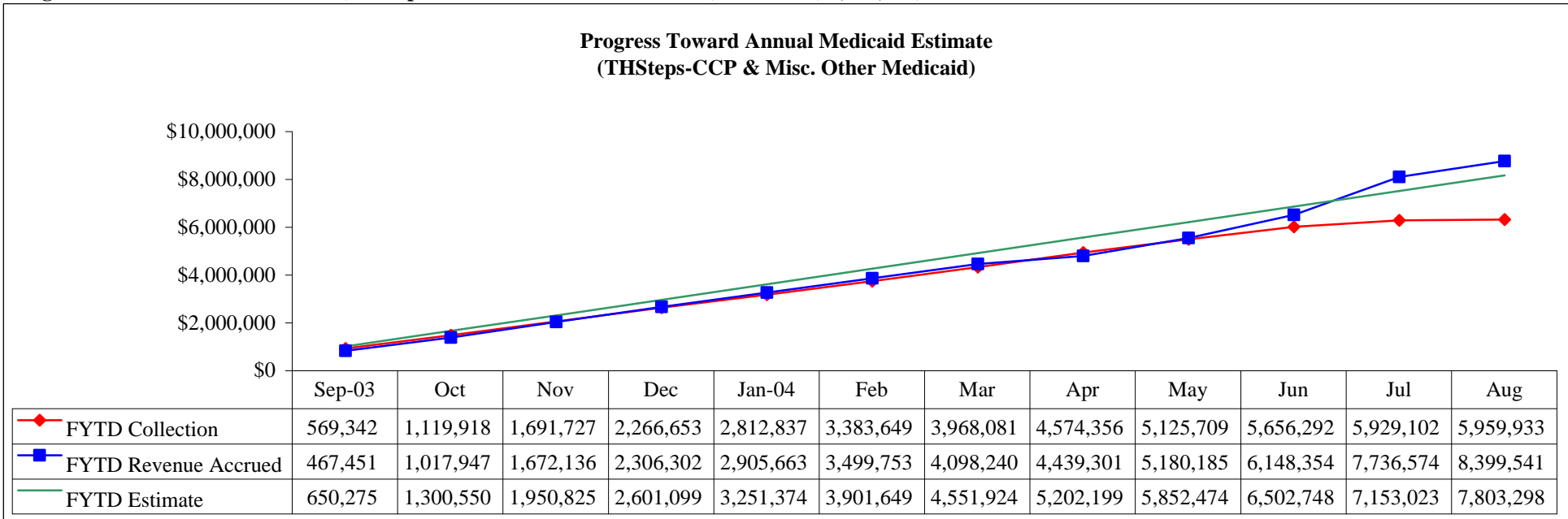
Objective 1D - FY 2004 Revenue Estimate

North Texas State Hospital

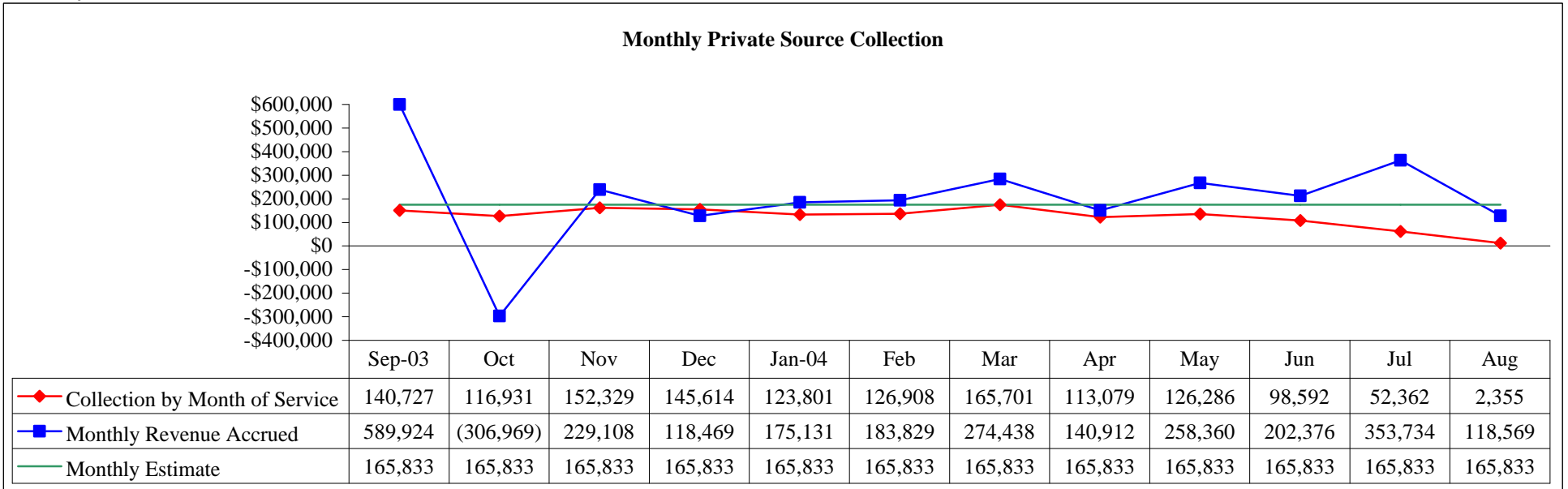
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$650,275)



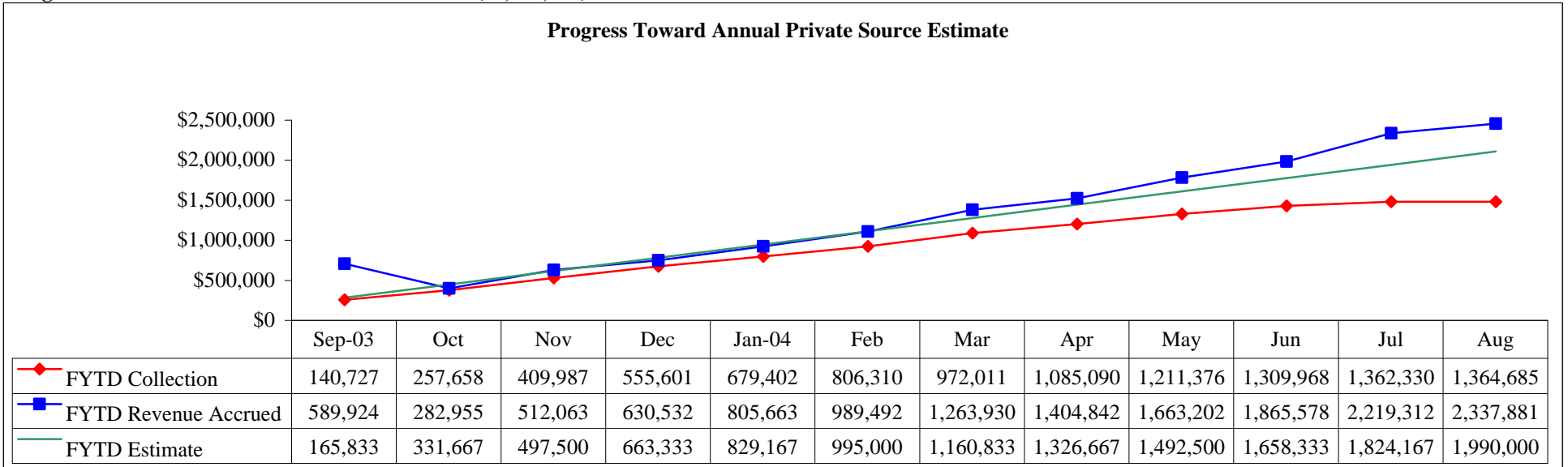
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$7,803,298)



Objective 1D - FY 2004 Revenue Estimate
North Texas State Hospital
Monthly Private Source Estimate (\$165,833)

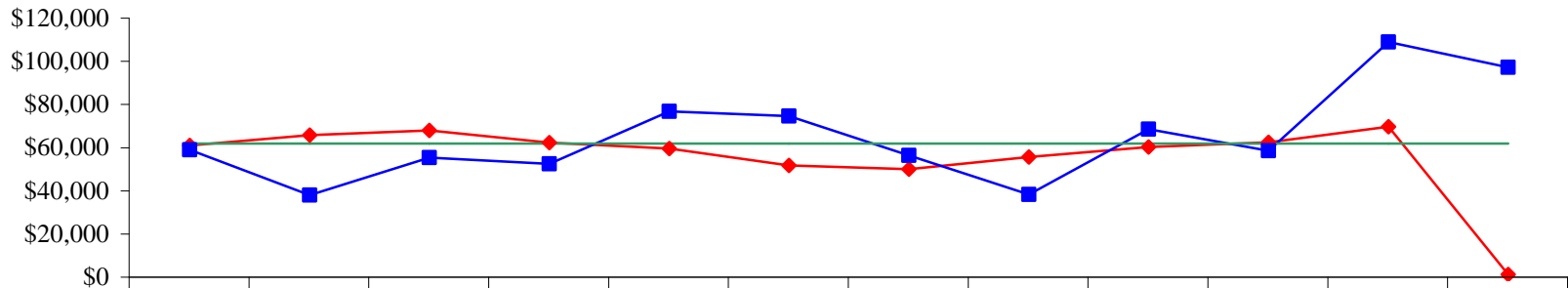


Progress Toward Annual Private Source Estimate (\$1,990,000)



Objective 1D - FY 2004 Revenue Estimate
North Texas State Hospital
Monthly IMD Estimate (\$60,584)

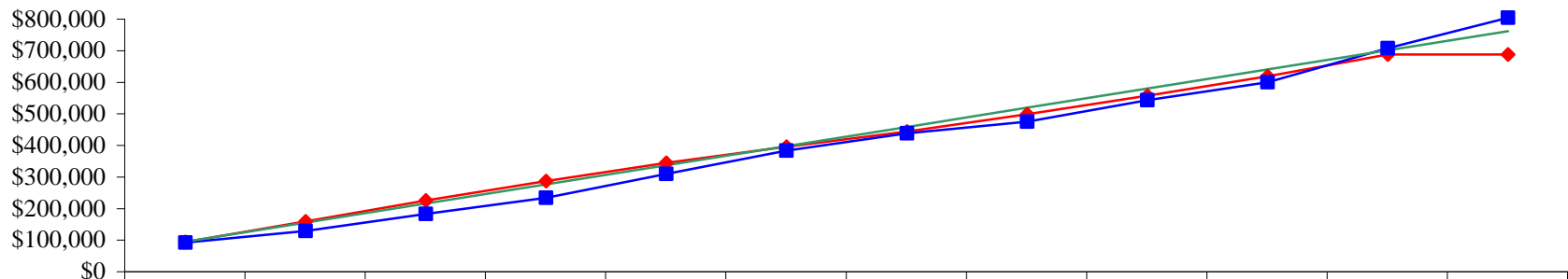
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	59,749	64,601	66,766	61,129	58,312	50,473	48,817	54,470	59,018	61,301	68,492	0
■ Monthly Revenue Accrued	57,717	36,789	54,077	51,264	75,582	73,366	55,159	37,112	67,345	57,365	107,702	95,903
— Monthly Estimate	60,584	60,584	60,584	60,584	60,584	60,584	60,584	60,584	60,584	60,584	60,584	60,584

Progress Toward Annual IMD Estimate (\$727,005)

Progress Toward Annual IMD Estimate

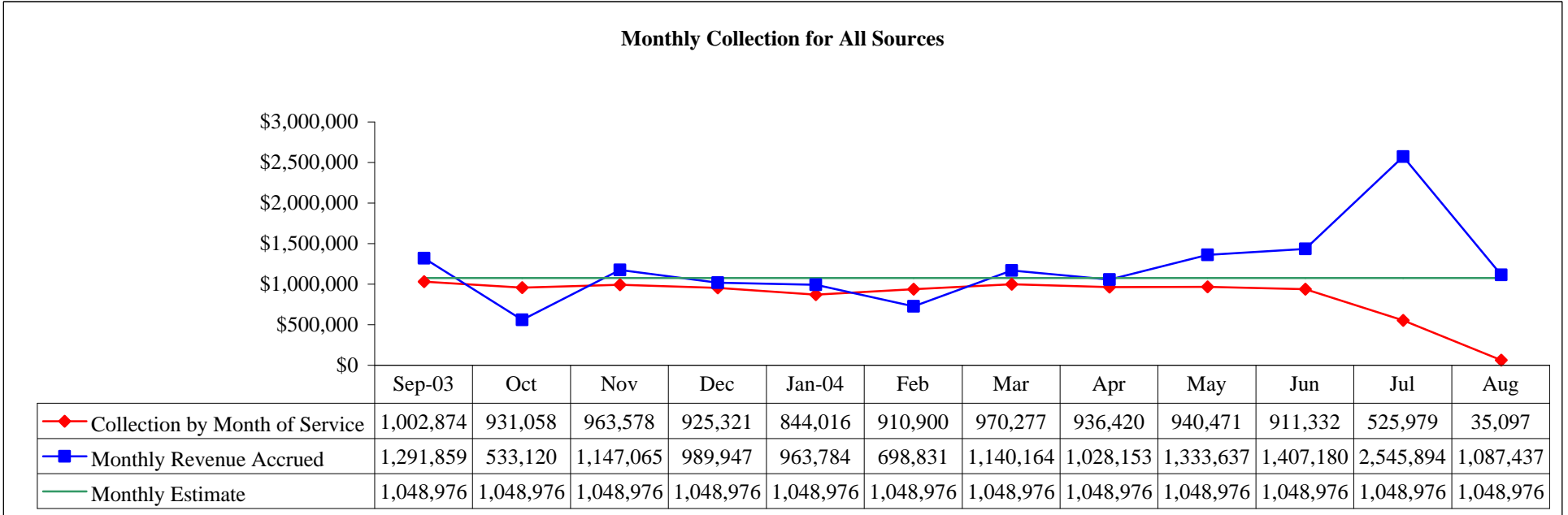


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	59,749	124,350	191,116	252,245	310,557	361,030	409,847	464,317	523,335	584,636	653,128	653,128
■ FYTD Revenue Accrued	57,717	94,506	148,583	199,847	275,429	348,795	403,954	441,066	508,411	565,776	673,478	769,381
— FYTD Estimate	60,584	121,168	181,751	242,335	302,919	363,503	424,086	484,670	545,254	605,838	666,421	727,005

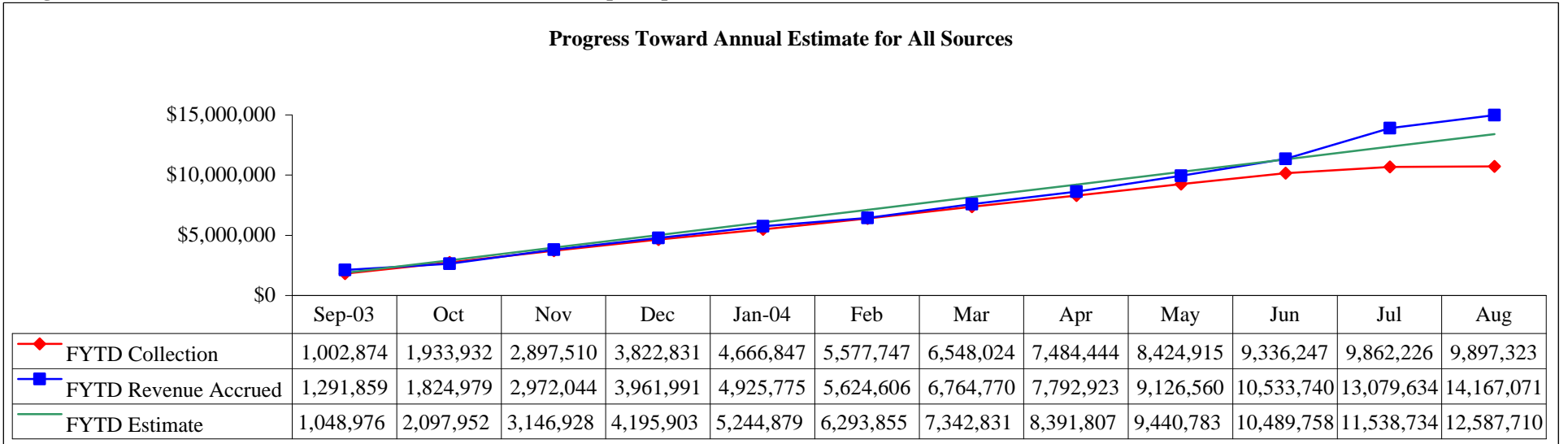
Objective 1D - FY 2004 Revenue Estimate

North Texas State Hospital

Monthly Estimate For All Sources (except Dispro) (\$1,048,976)

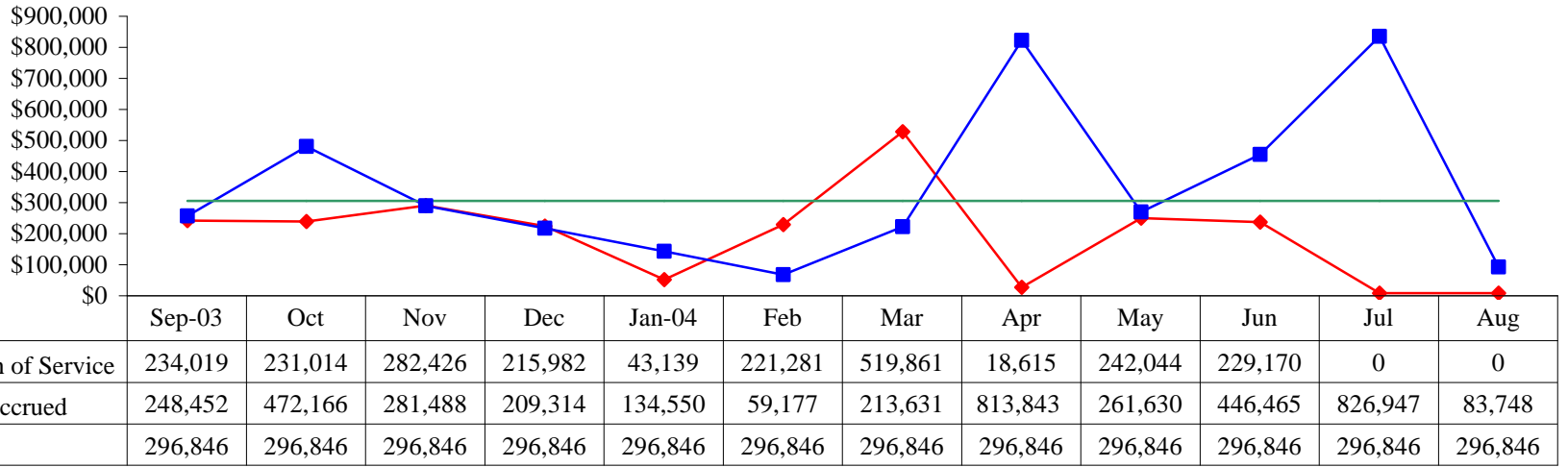


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$12,587,710)



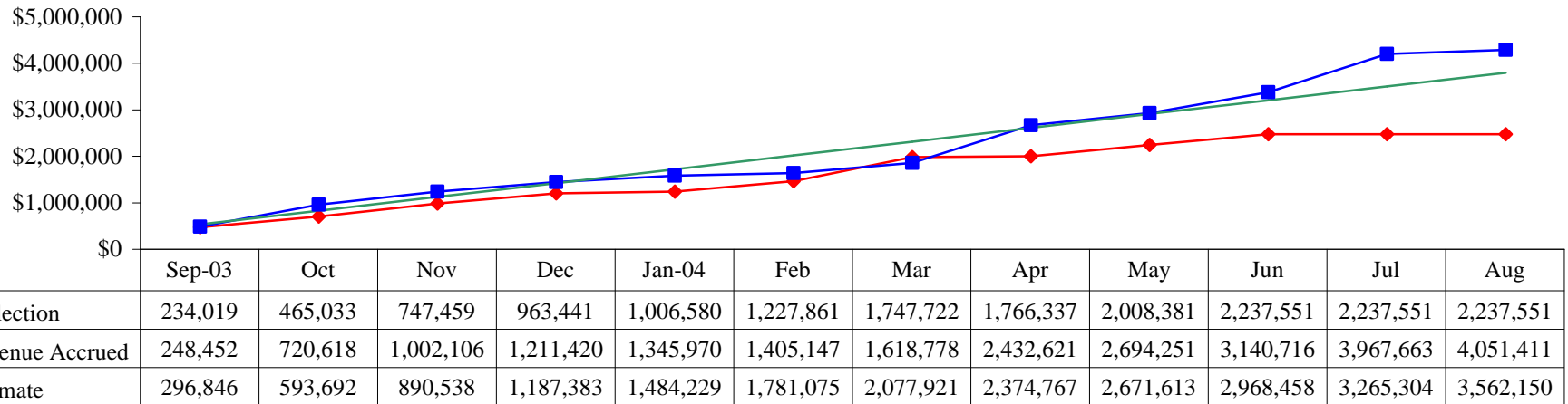
Objective 1D - FY 2004 Revenue Estimate
Rusk State Hospital
Monthly Medicare Estimate (\$296,846)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$3,562,150)

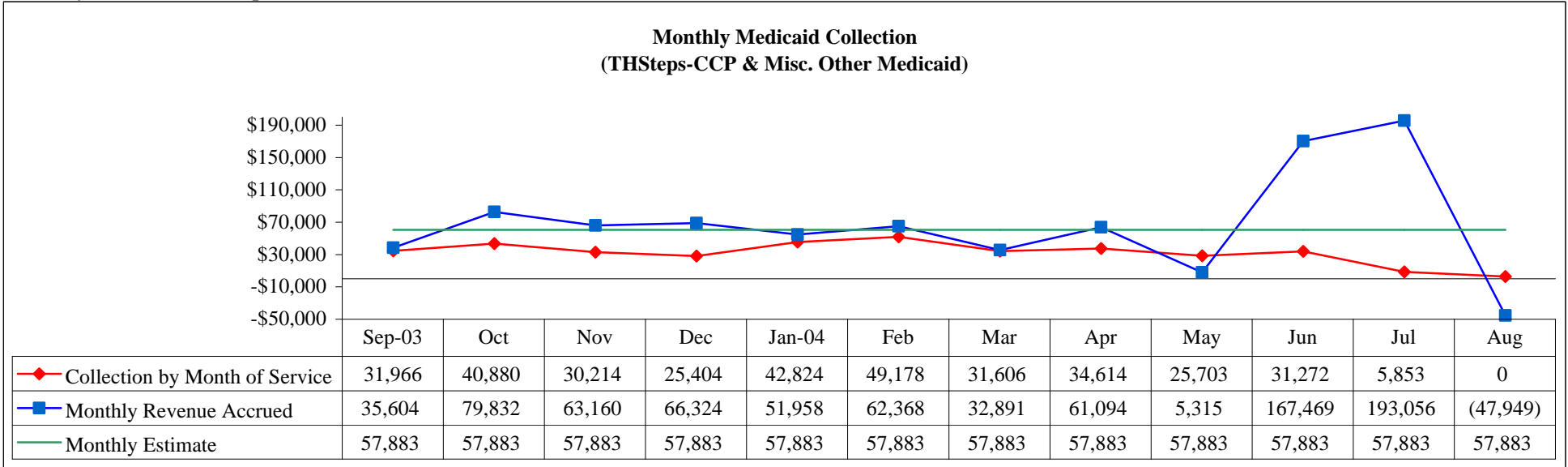
Progress Toward Annual Medicare Estimate



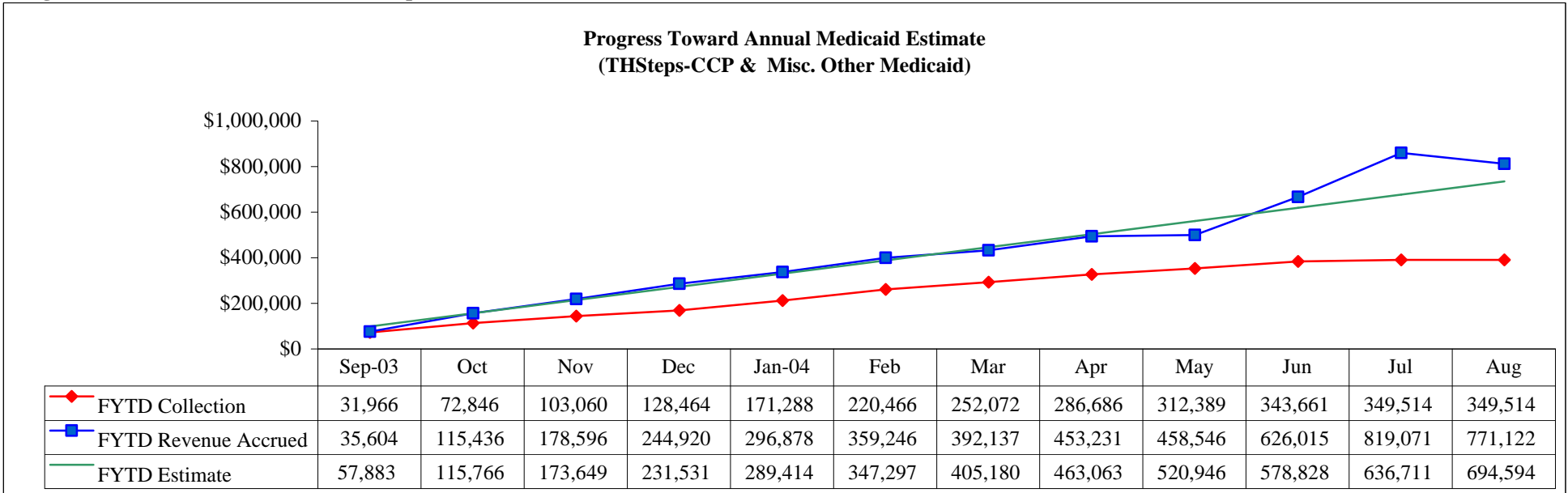
Objective 1D - FY 2004 Revenue Estimate

Rusk State Hospital

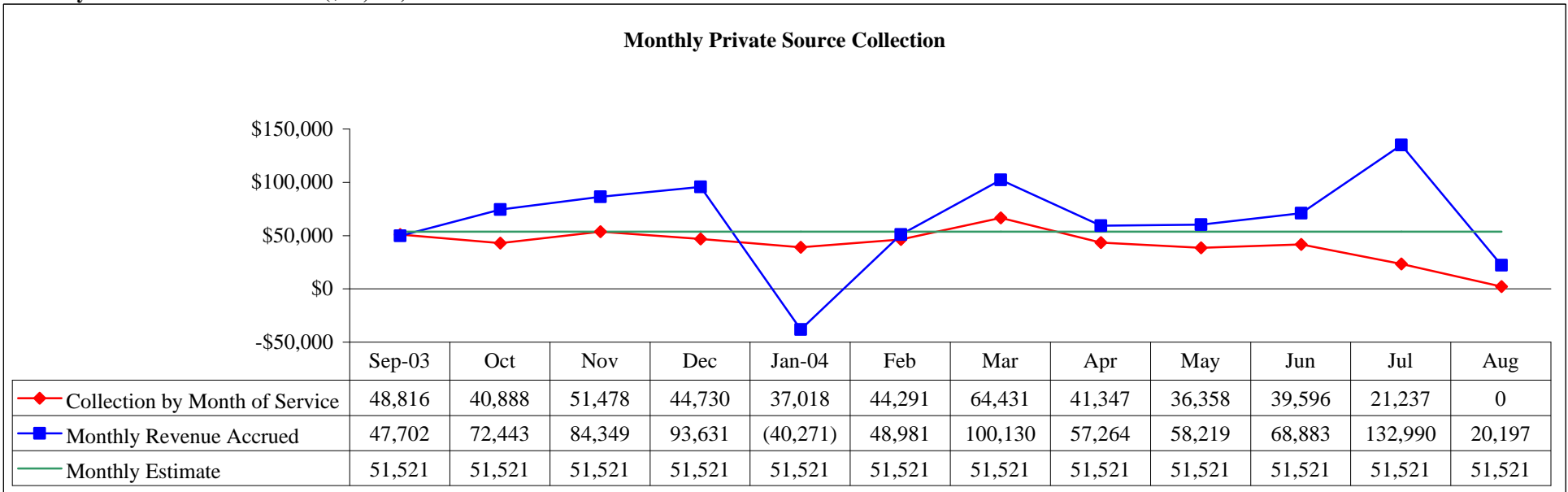
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$57,883)



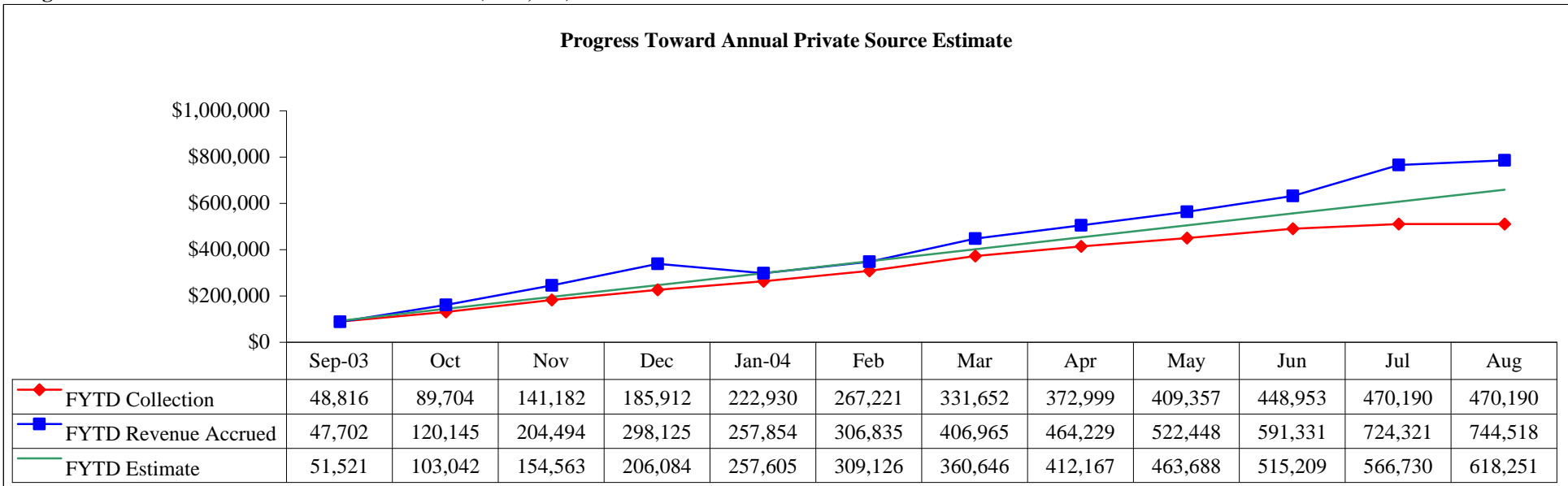
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$694,594)



Objective 1D - FY 2004 Revenue Estimate
Rusk State Hospital
Monthly Private Source Estimate (\$51,521)

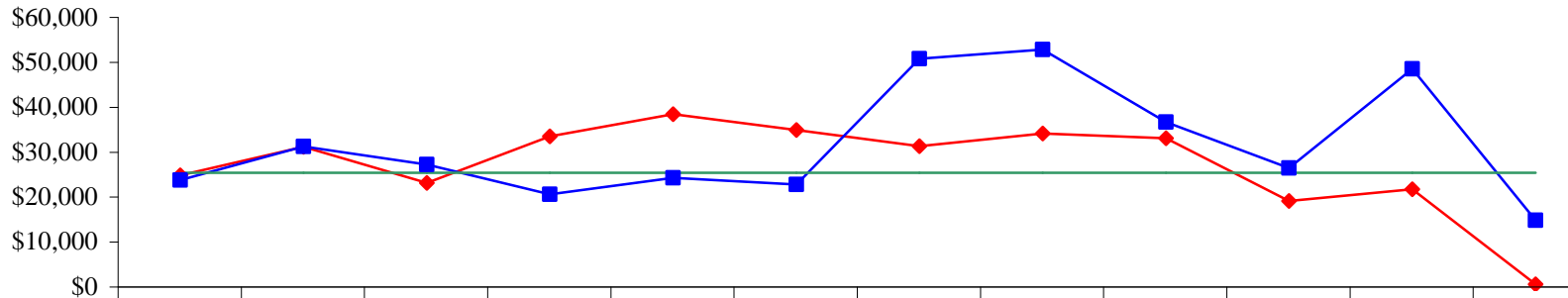


Progress Toward Annual Private Source Estimate (\$618,251)



Objective 1D - FY 2004 Revenue Estimate
Rusk State Hospital
Monthly IMD Estimate (\$24,846)

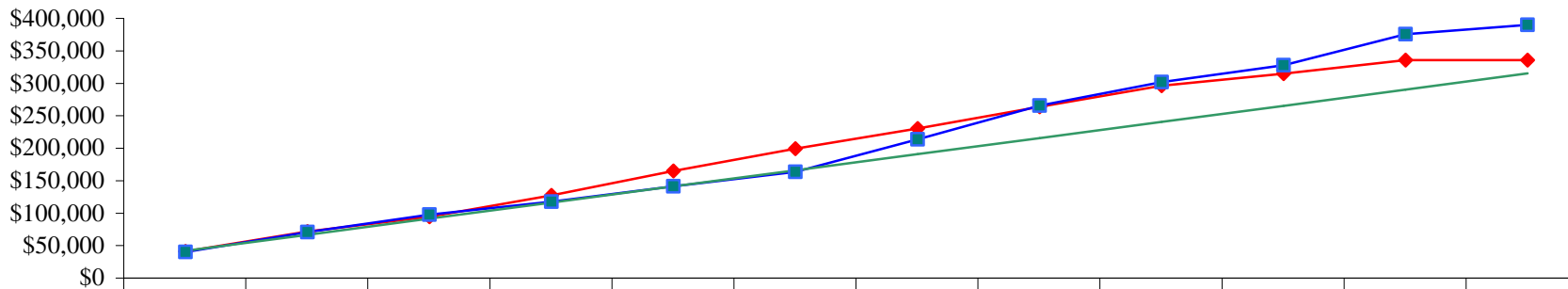
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	24,251	30,591	22,529	32,930	37,857	34,315	30,753	33,577	32,501	18,535	21,173	0
■ Monthly Revenue Accrued	23,210	30,673	26,642	20,010	23,694	22,234	50,216	52,259	36,118	25,852	47,956	14,243
— Monthly Estimate	24,846	24,846	24,846	24,846	24,846	24,846	24,846	24,846	24,846	24,846	24,846	24,846

Progress Toward Annual IMD Estimate (\$298,150)

Progress Toward Annual IMD Estimate

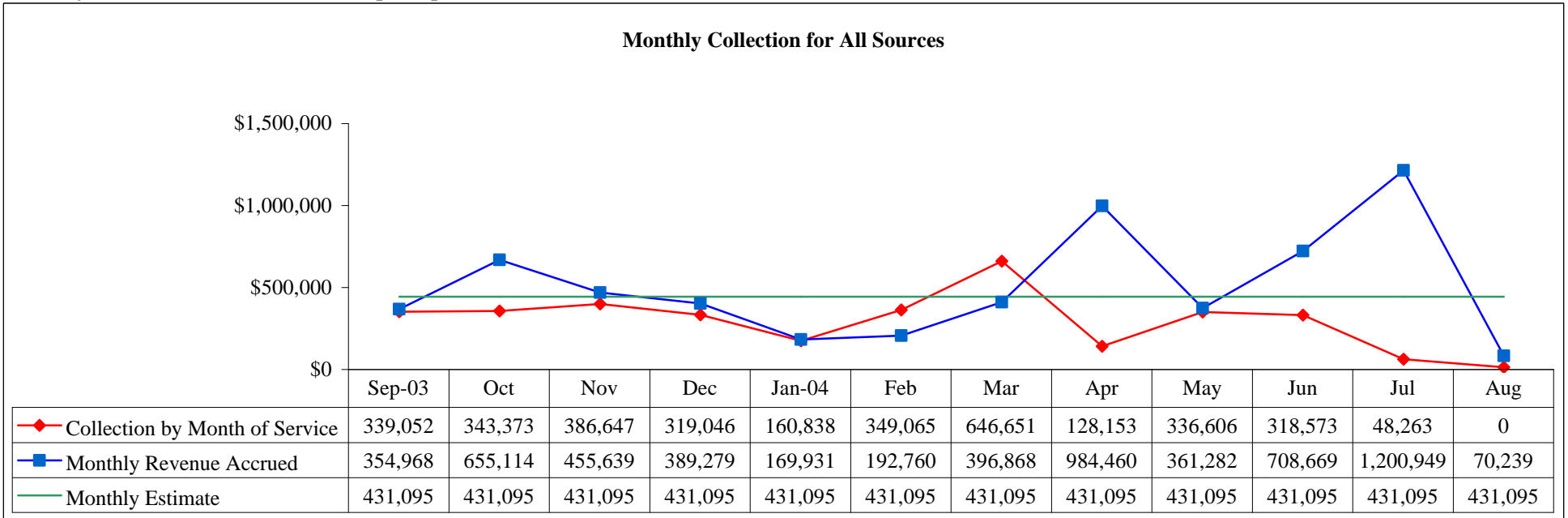


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	24,251	54,842	77,371	110,301	148,158	182,473	213,226	246,803	279,304	297,839	319,012	319,012
■ FYTD Revenue Accrued	23,210	53,883	80,525	100,535	124,229	146,463	196,679	248,938	285,056	310,908	358,864	373,107
— FYTD Estimate	24,846	49,692	74,538	99,383	124,229	149,075	173,921	198,767	223,613	248,458	273,304	298,150

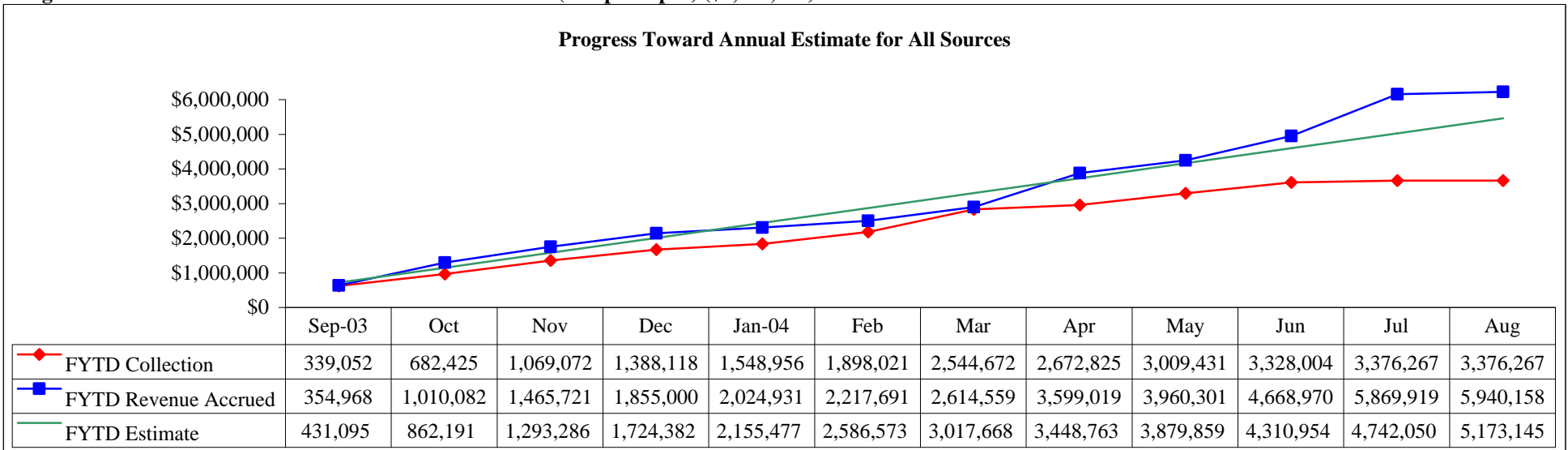
Objective 1D - FY 2004 Revenue Estimate

Rusk State Hospital

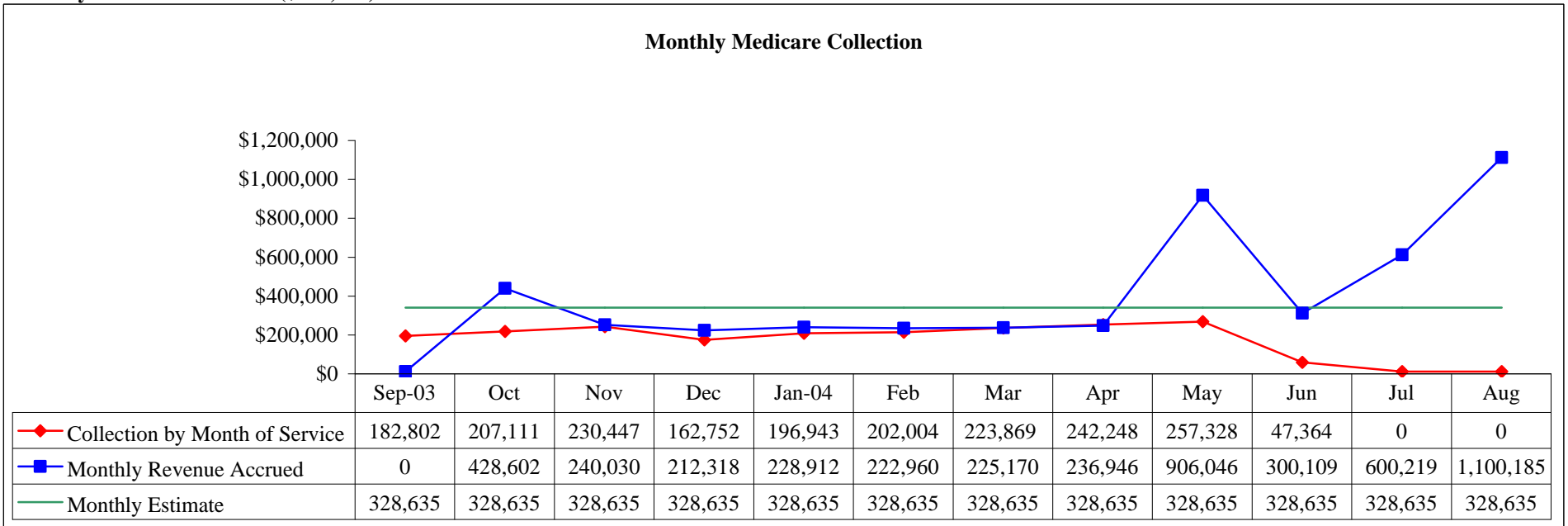
Monthly Estimate For All Sources (except Dispro) (\$431,095)



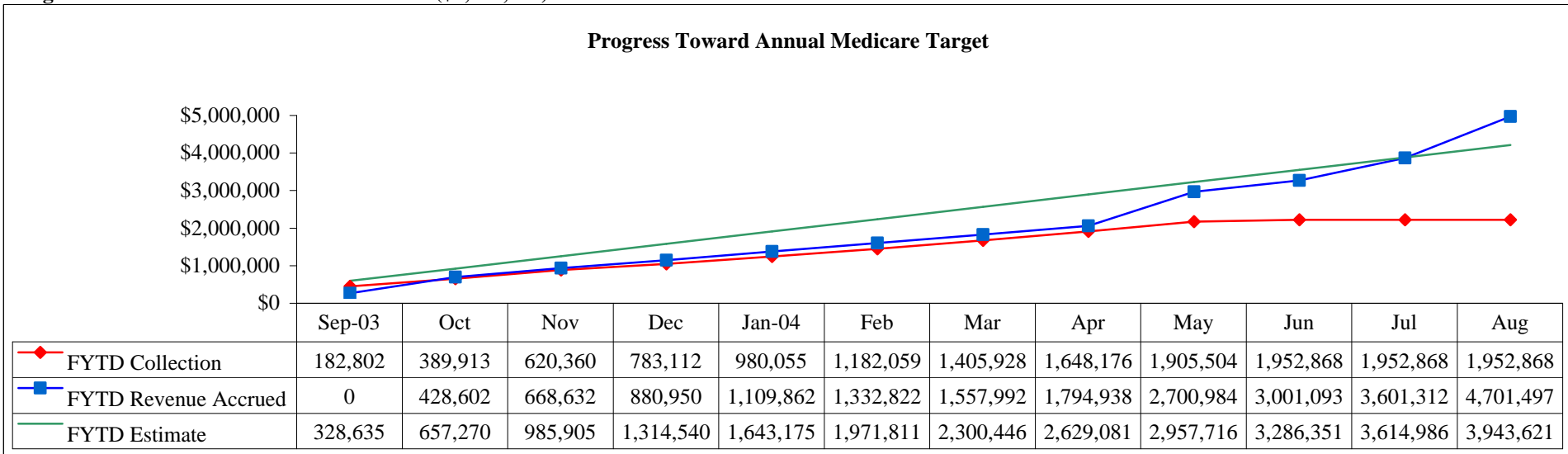
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,173,145)



Objective 1D - FY 2004 Revenue Estimate
San Antonio State Hospital
Monthly Medicare Estimate (\$328,635)



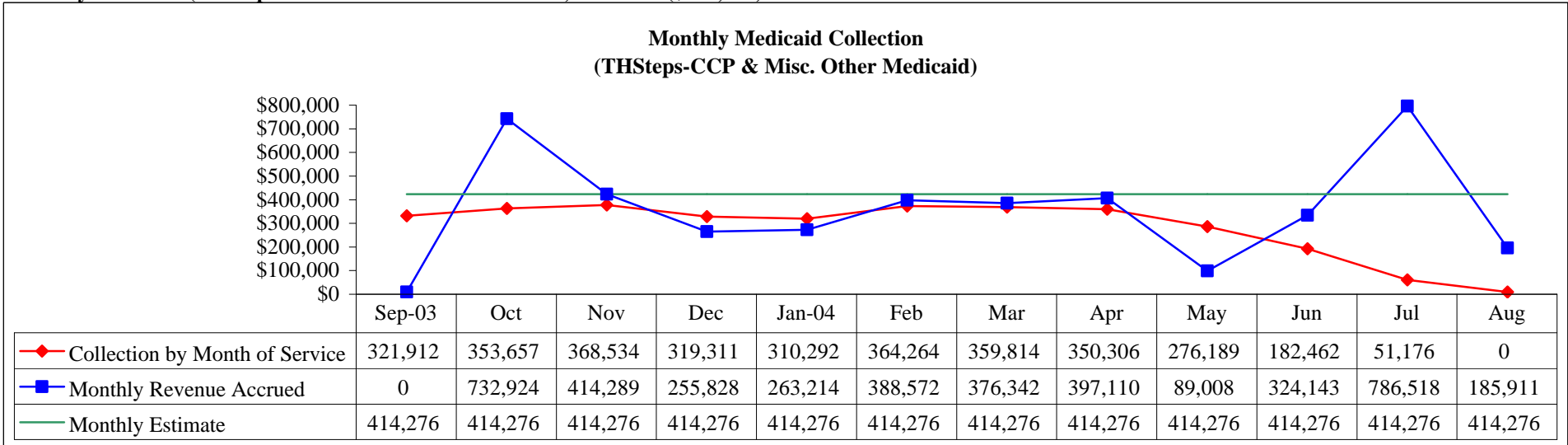
Progress Toward Annual Medicare Estimate (\$3,943,621)



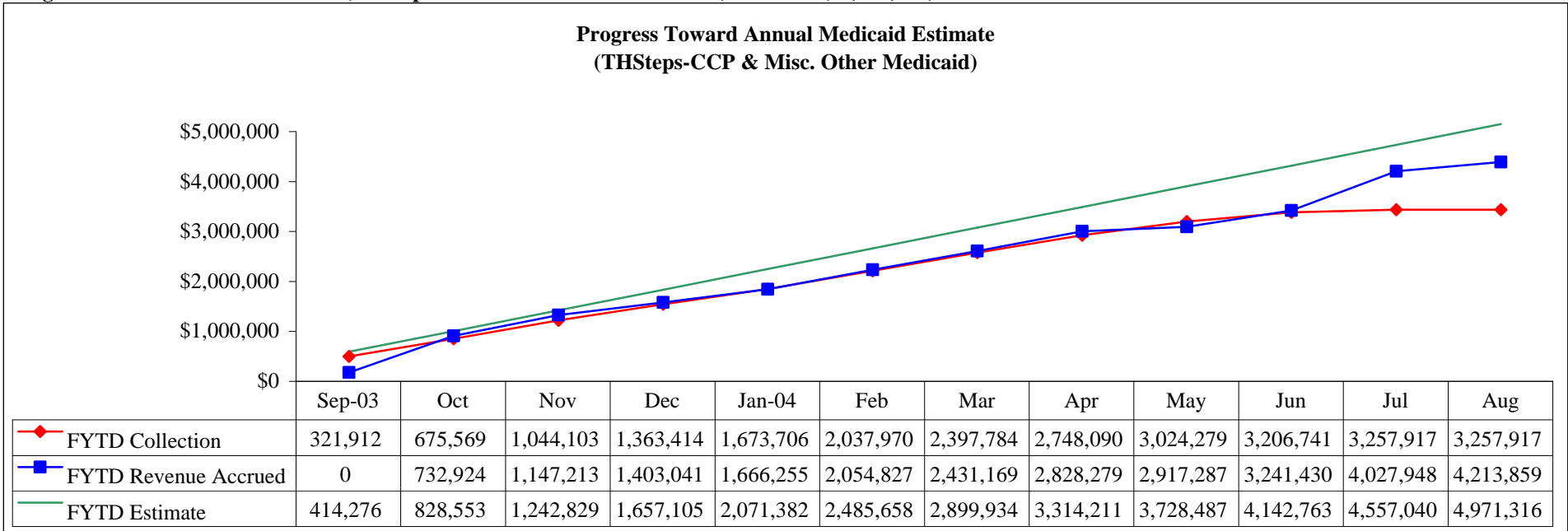
Objective 1D - FY 2004 Revenue Estimate

San Antonio State Hospital

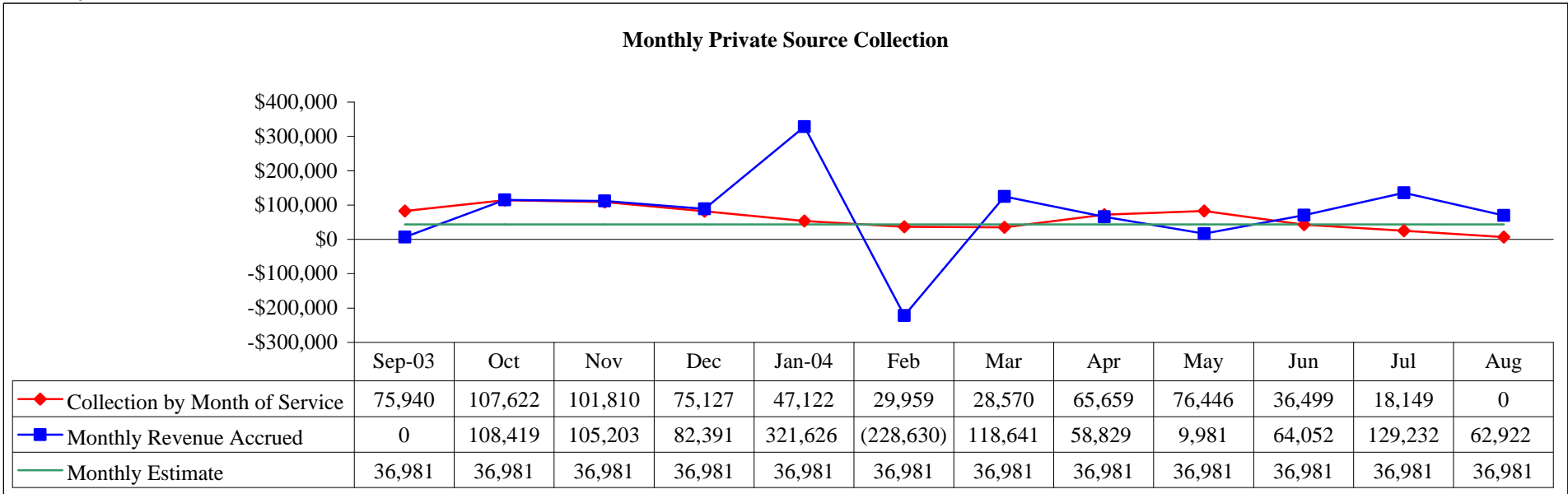
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$414,276)



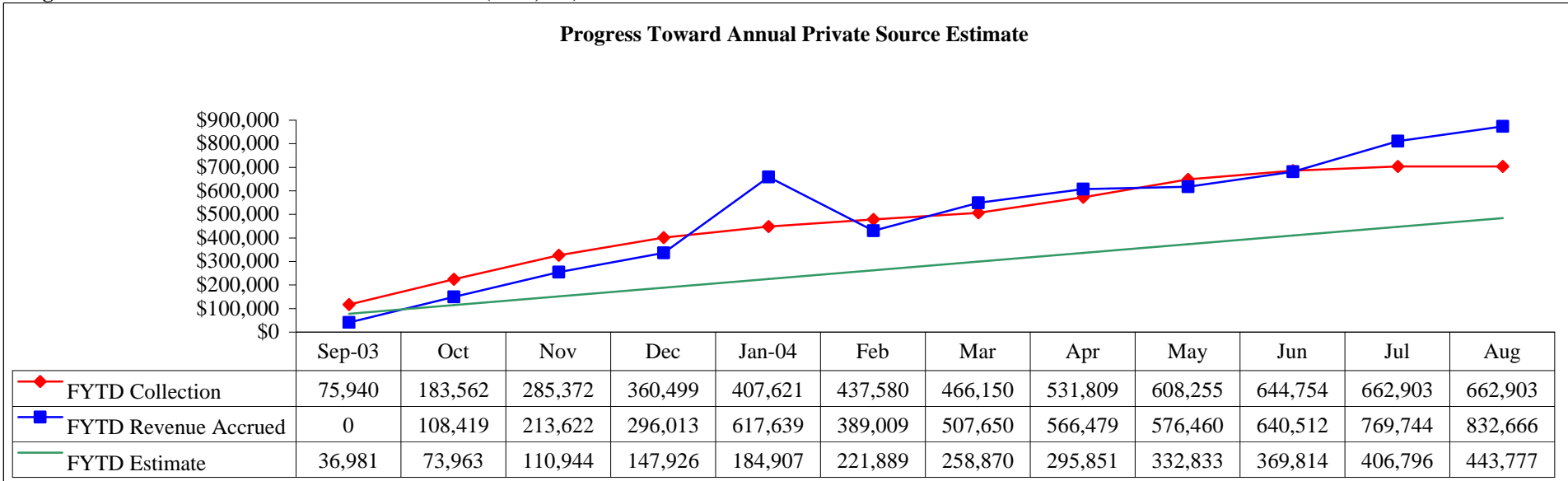
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$4,971,316)



Objective 1D - FY 2004 Revenue Estimate
San Antonio State Hospital
Monthly Private Source Estimate (\$36,981)

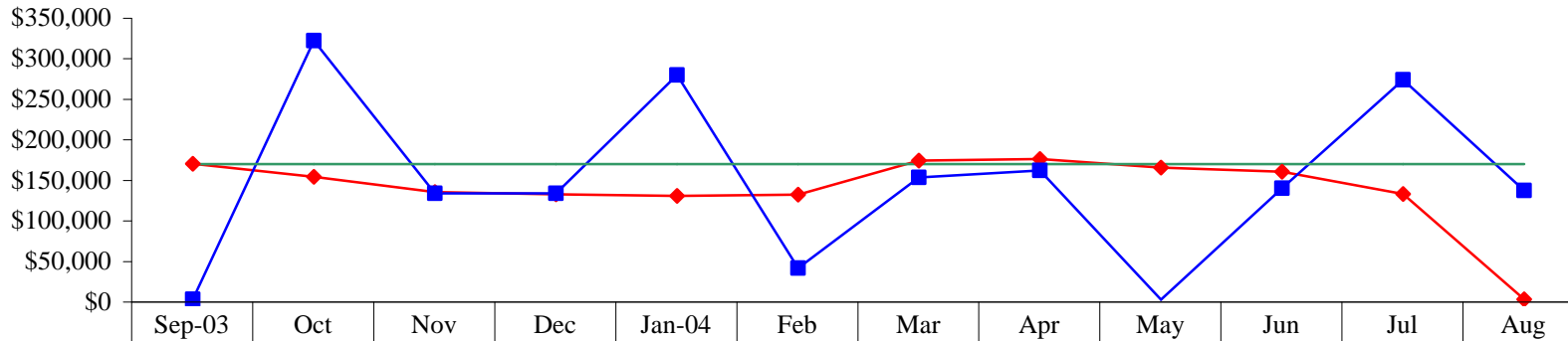


Progress Toward Annual Private Source Estimate (\$443,777)



Objective 1D - FY 2004 Revenue Estimate
San Antonio State Hospital
Monthly IMD Estimate (\$166,593)

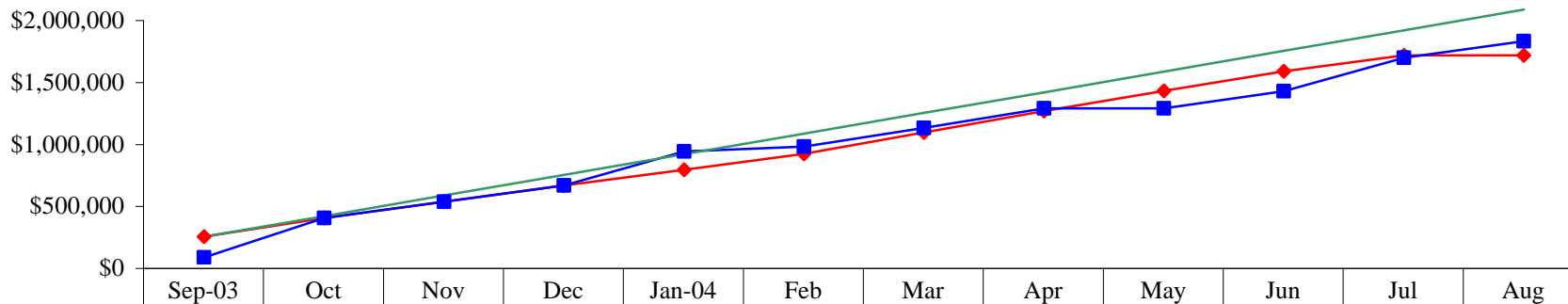
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	167,257	151,204	132,113	129,571	127,683	129,227	171,052	173,077	162,351	157,463	129,797	0
■ Monthly Revenue Accrued	0	318,976	130,491	130,548	276,431	38,547	150,168	158,825	-428	136,831	270,870	134,039
— Monthly Estimate	166,593	166,593	166,593	166,593	166,593	166,593	166,593	166,593	166,593	166,593	166,593	166,593

Progress Toward Annual IMD Estimate (\$1,999,116)

Progress Toward Annual IMD Estimate

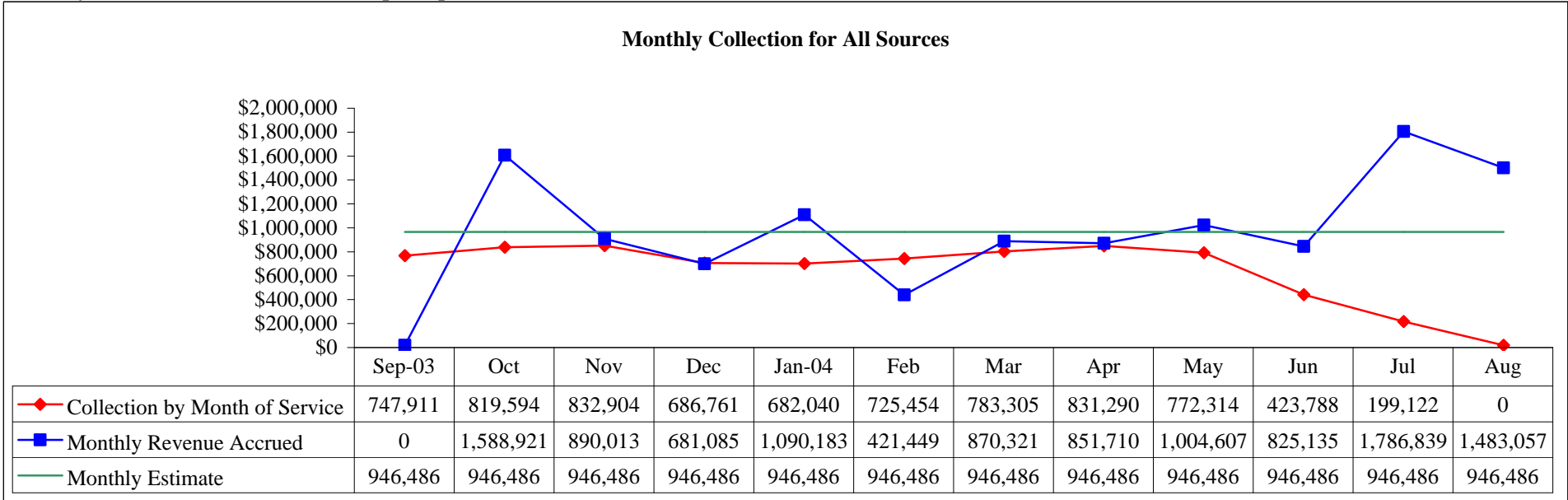


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	167,257	318,461	450,574	580,145	707,828	837,055	1,008,107	1,181,184	1,343,535	1,500,998	1,630,795	1,630,795
■ FYTD Revenue Accrued	0	318,976	449,467	580,015	856,446	894,993	1,045,161	1,203,986	1,203,558	1,340,389	1,611,259	1,745,298
— FYTD Estimate	166,593	333,186	499,779	666,372	832,965	999,558	1,166,151	1,332,744	1,499,337	1,665,930	1,832,523	1,999,116

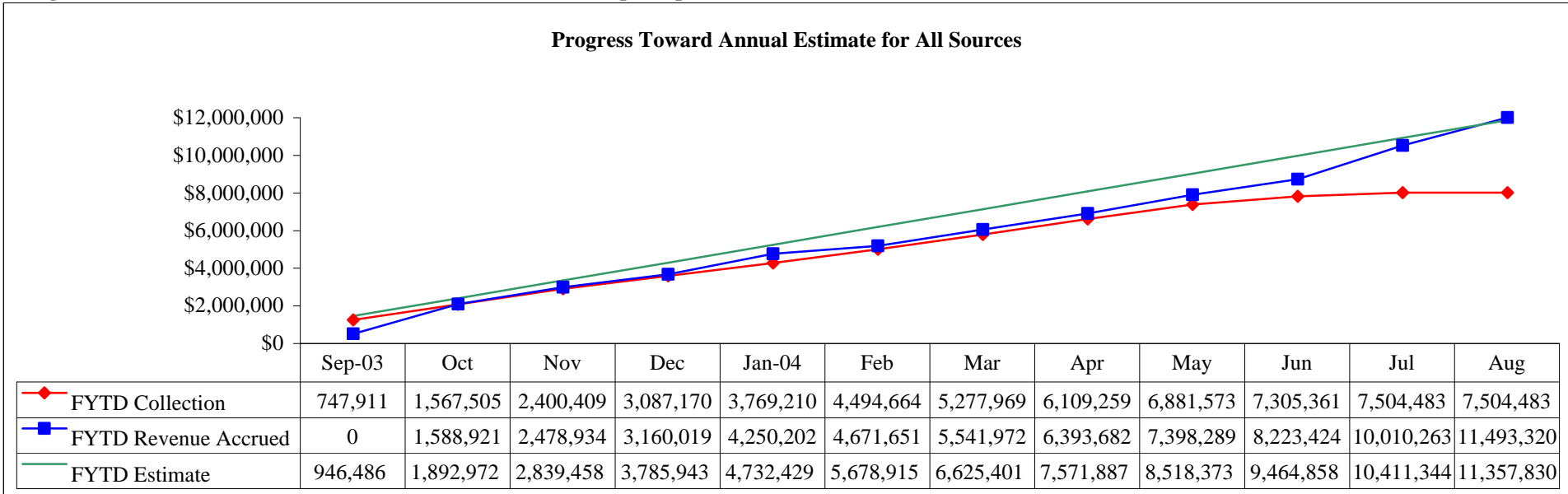
Objective 1D - FY 2004 Revenue Estimate

San Antonio State Hospital

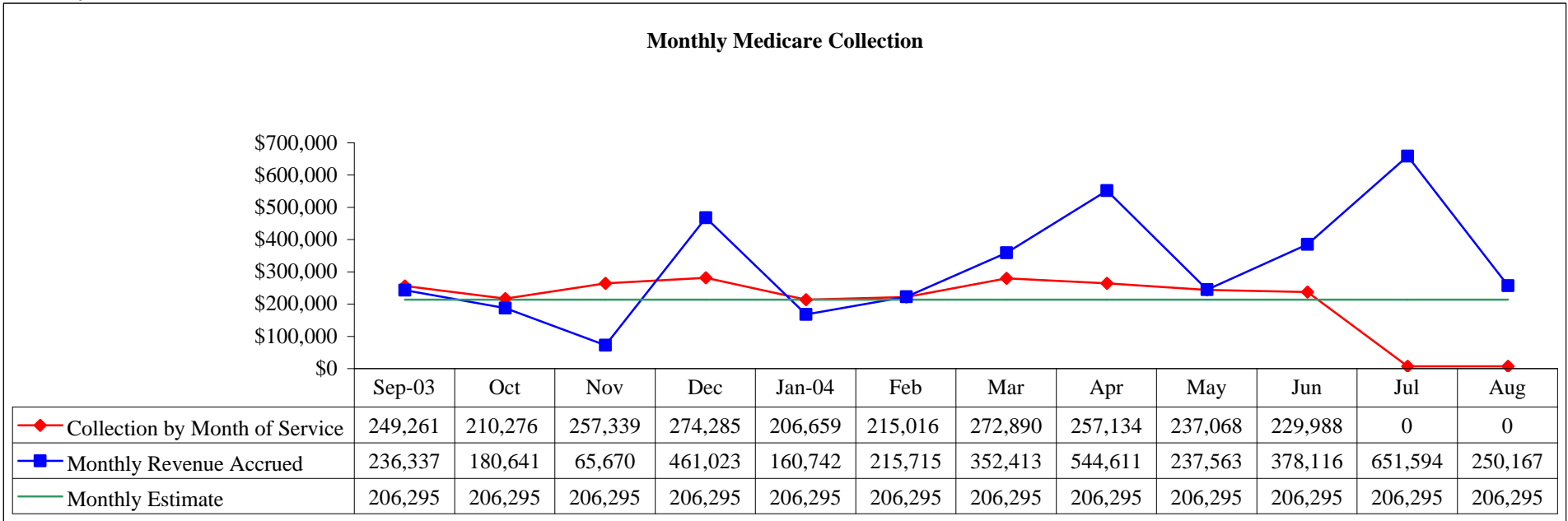
Monthly Estimate For All Sources (except Dispro) (\$946,486)



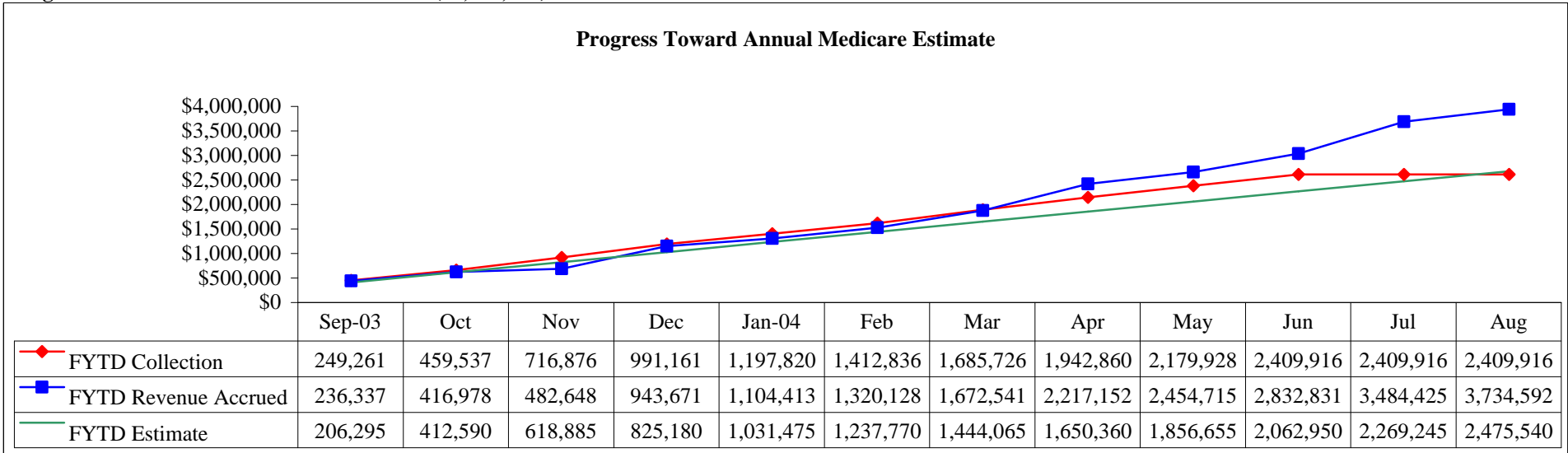
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$11,357,830)



Objective 1D - FY 2004 Revenue Estimate
Terrell State Hospital
Monthly Medicare Estimate (\$206,295)



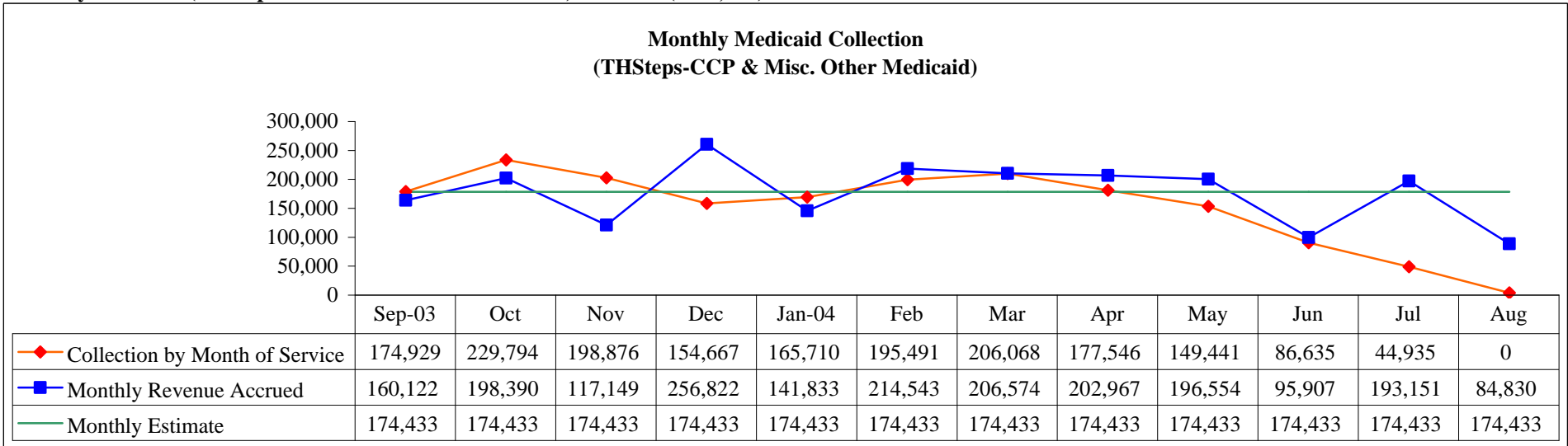
Progress Toward Annual Medicare Estimate (\$2,475,540)



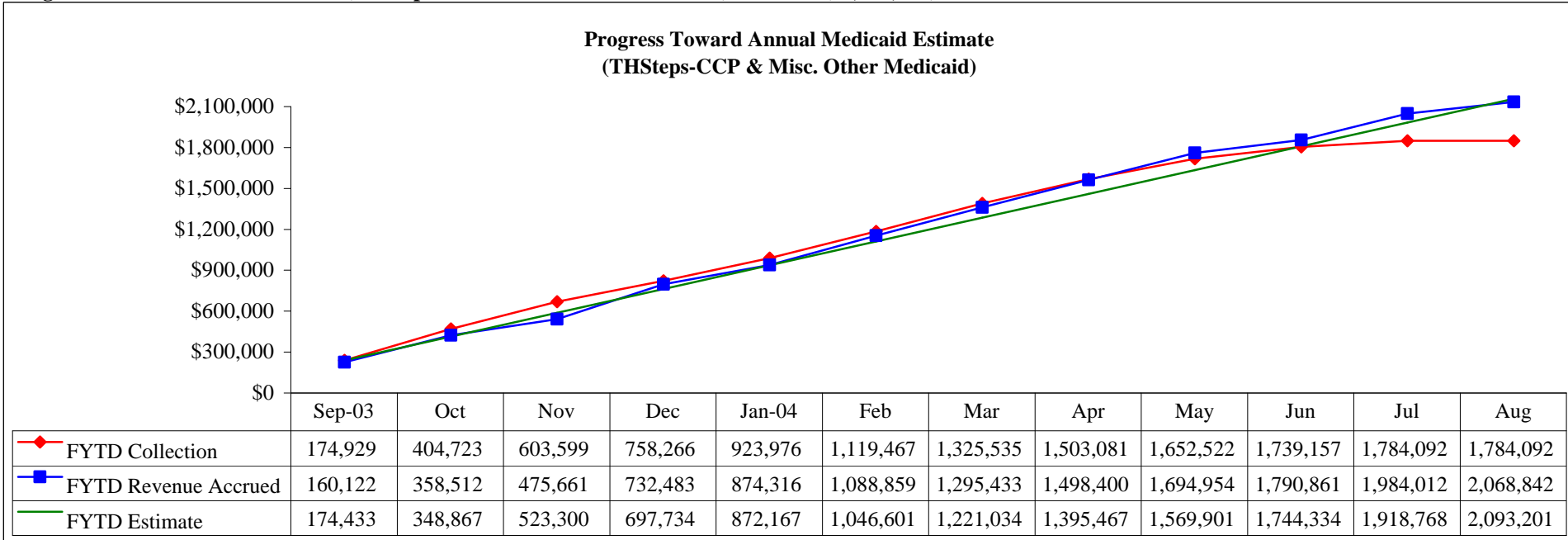
Objective 1D - FY 2004 Revenue Estimate

Terrell State Hospital

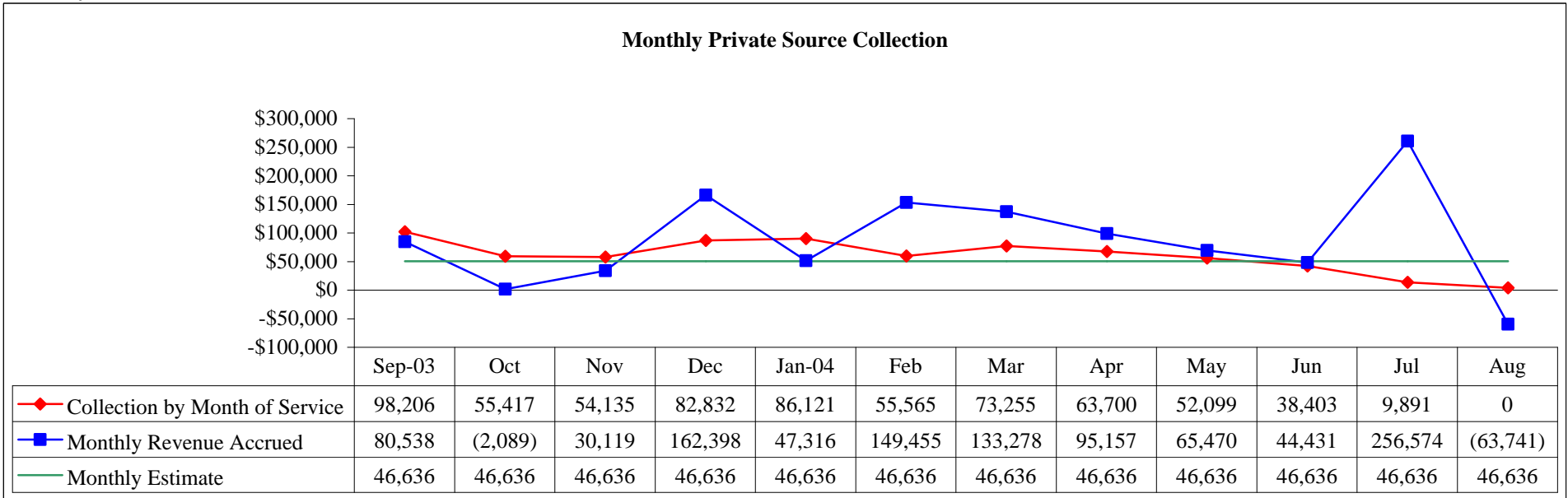
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$174,433)



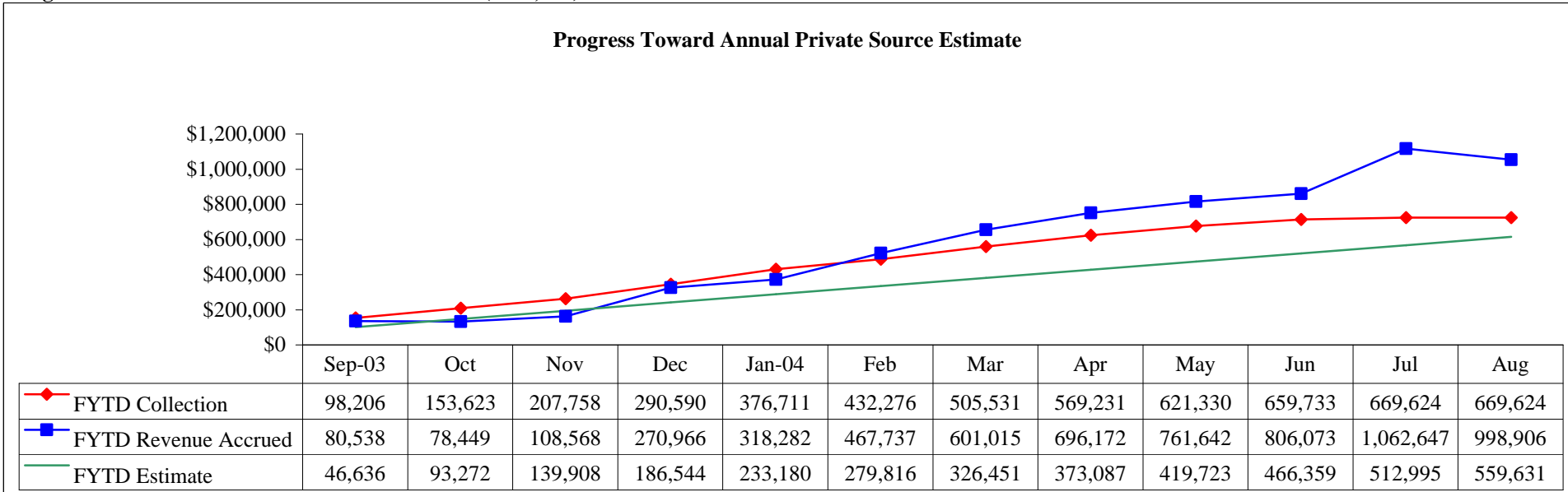
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$2,093,201)



Objective 1D - FY 2004 Revenue Estimate
Terrell State Hospital
Monthly Private Source Estimate (\$46,636)

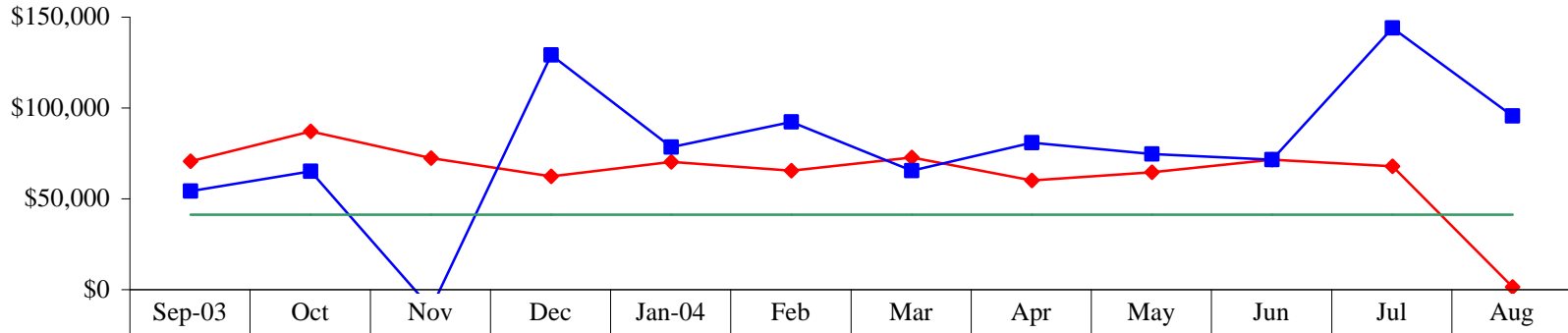


Progress Toward Annual Private Source Estimate (\$559,631)



Objective 1D - FY 2004 Revenue Estimate
Terrell State Hospital
Monthly IMD Estimate (\$39,753)

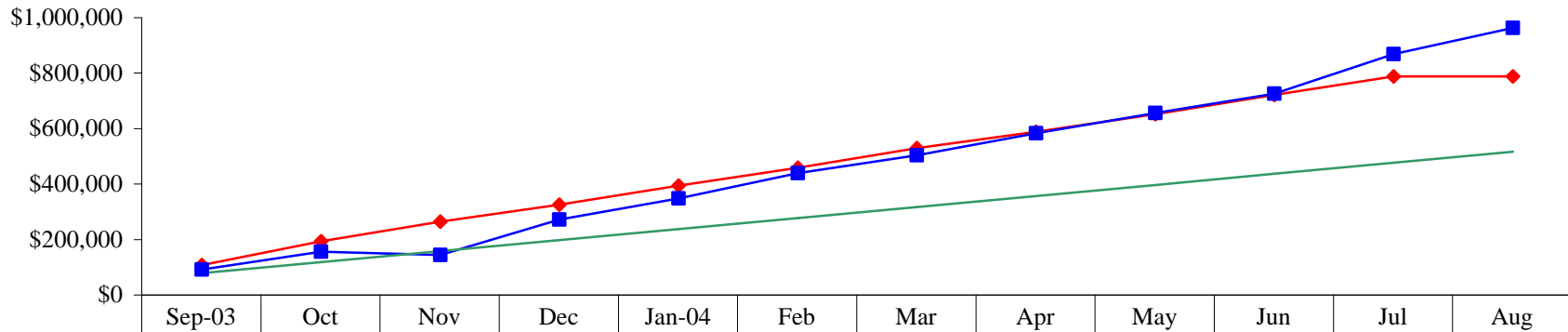
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Collection by Month of Service	69,194	85,586	70,864	60,875	68,907	64,005	71,254	58,728	63,153	70,116	66,502	0
Monthly Revenue Accrued	52,801	63,684	(11,698)	127,645	76,931	90,840	64,097	79,336	73,251	69,993	142,501	94,184
Monthly Estimate	39,753	39,753	39,753	39,753	39,753	39,753	39,753	39,753	39,753	39,753	39,753	39,753

Progress Toward Annual IMD Estimate (\$477,040)

Progress Toward Annual IMD Estimate

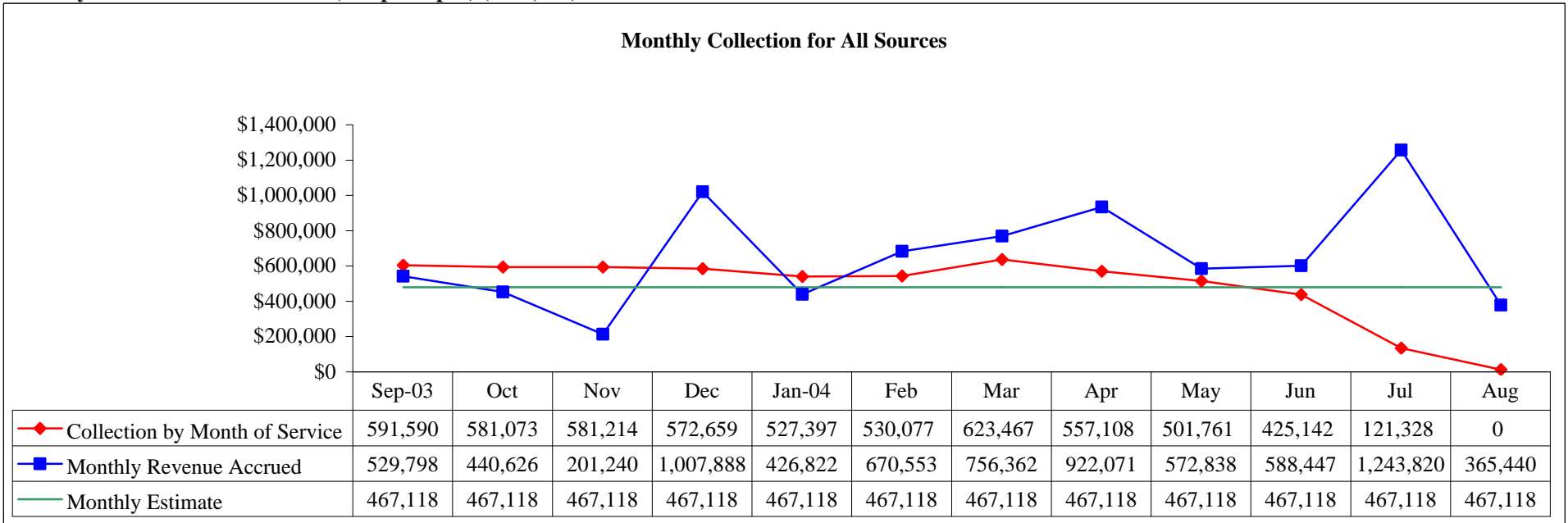


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Collection	69,194	154,780	225,644	286,519	355,426	419,431	490,685	549,413	612,566	682,682	749,184	749,184
FYTD Revenue Accrued	52,801	116,485	104,787	232,432	309,363	400,203	464,300	543,636	616,887	686,880	829,381	923,565
FYTD Estimate	39,753	79,507	119,260	159,013	198,767	238,520	278,273	318,027	357,780	397,533	437,287	477,040

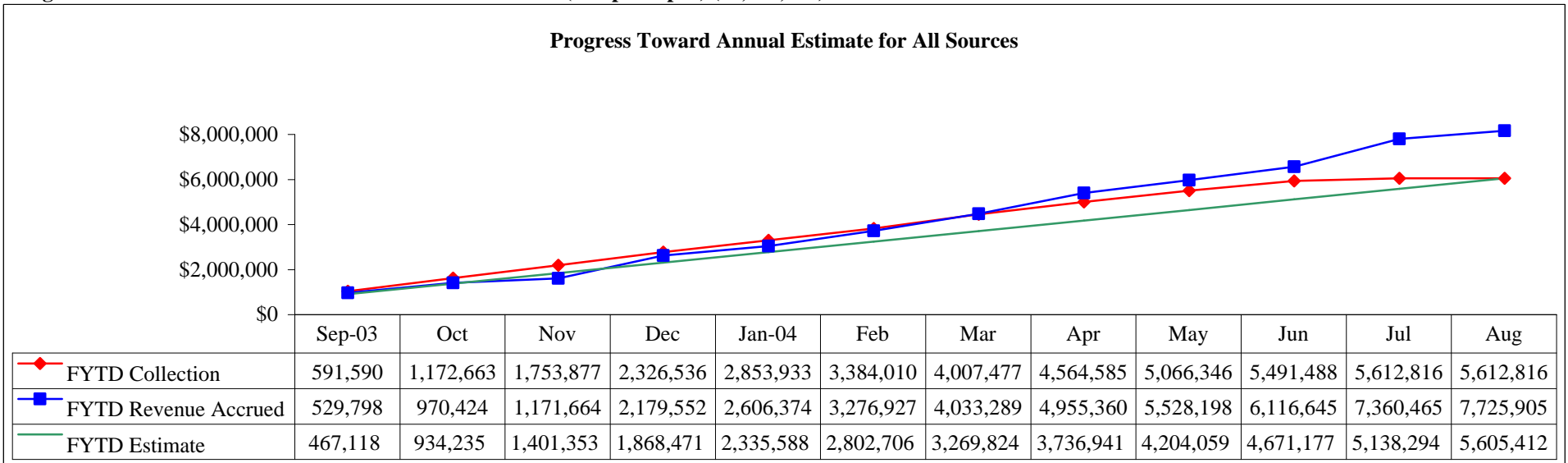
Objective 1D - FY 2004 Revenue Estimate

Terrell State Hospital

Monthly Estimate For All Sources (except Dispro) (\$467,118)



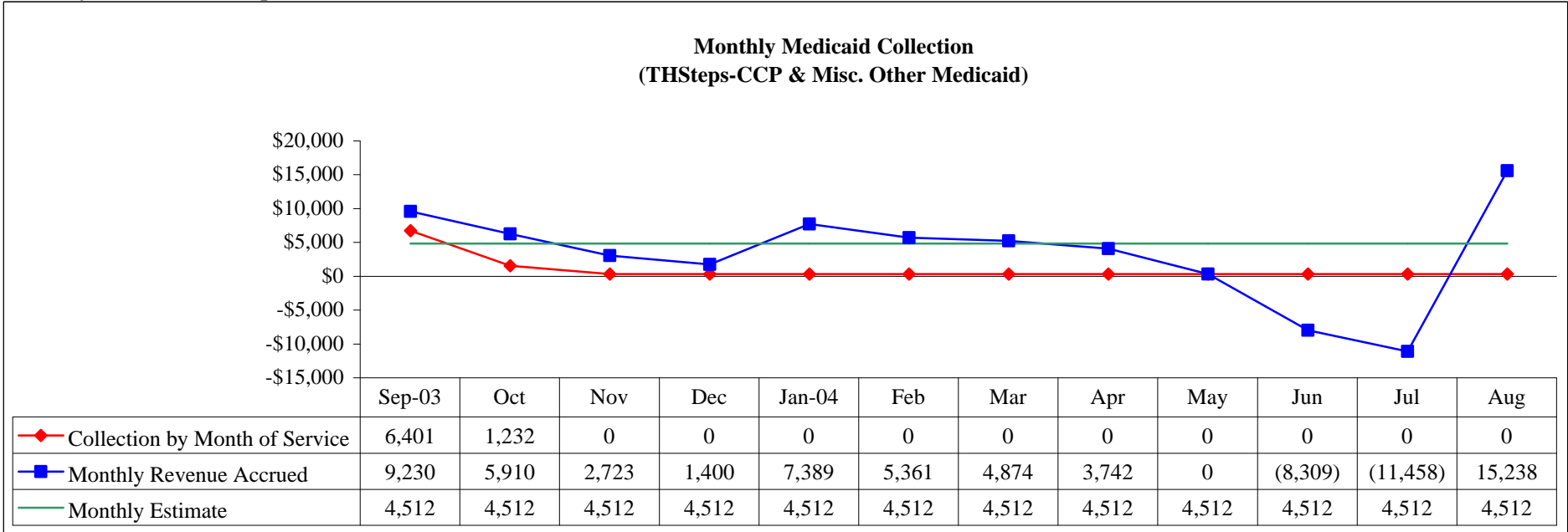
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,605,412)



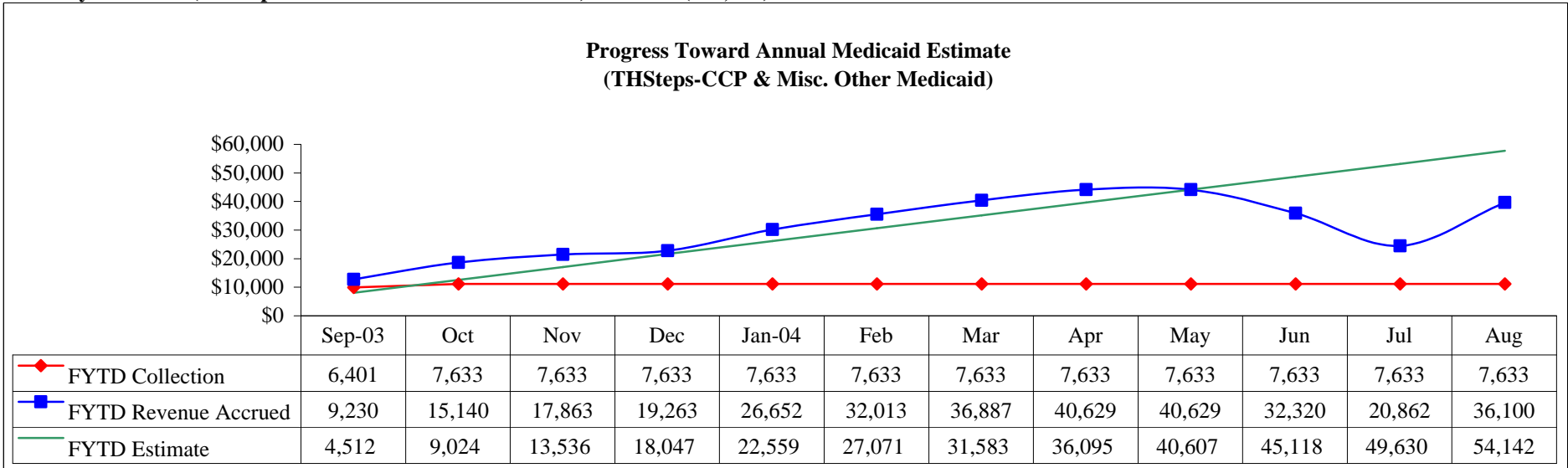
Objective 1D - FY 2004 Revenue Estimate

Waco Center for Youth

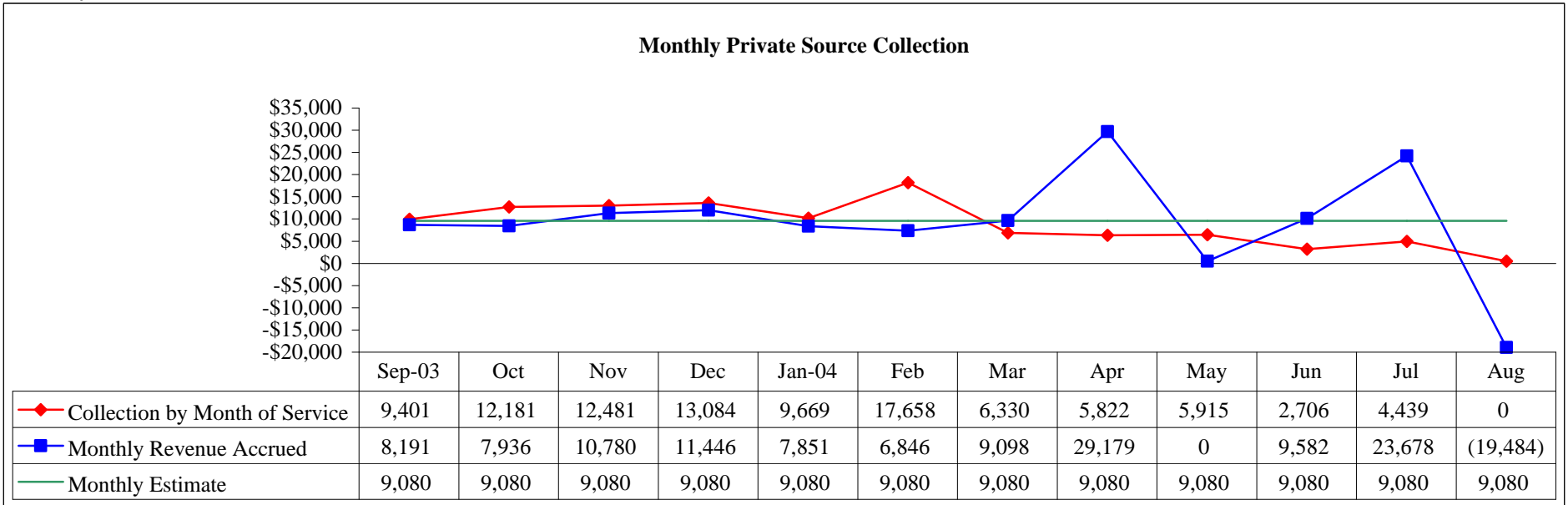
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$4,512)



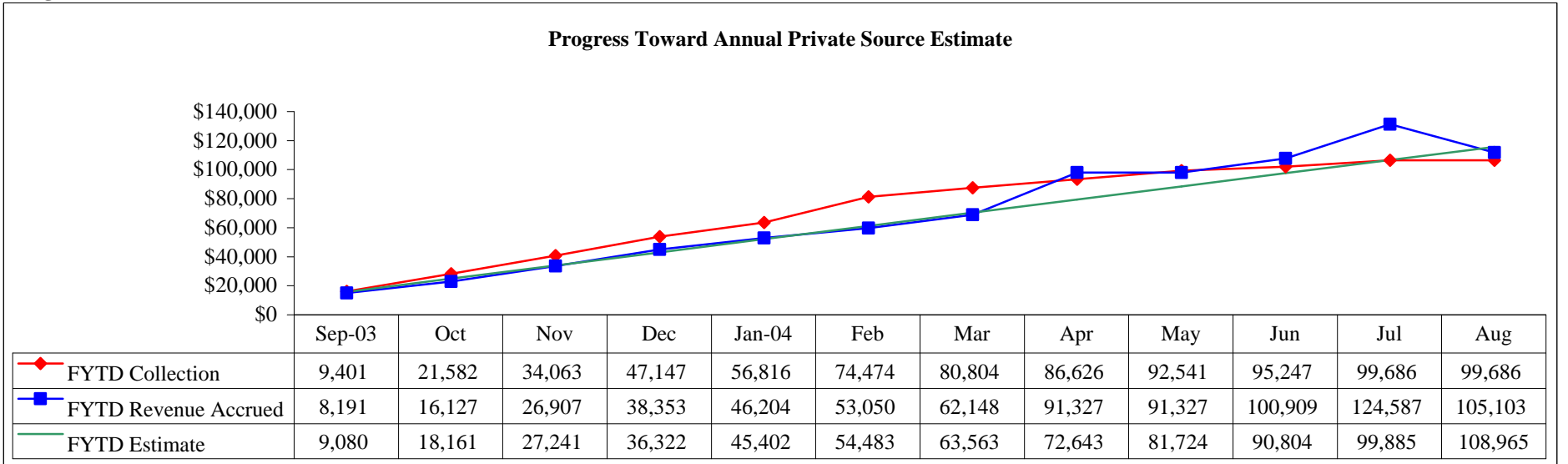
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$54,142)



Objective 1D - FY 2004 Revenue Estimate
Waco Center for Youth
Monthly Private Source Estimate (\$9,080)



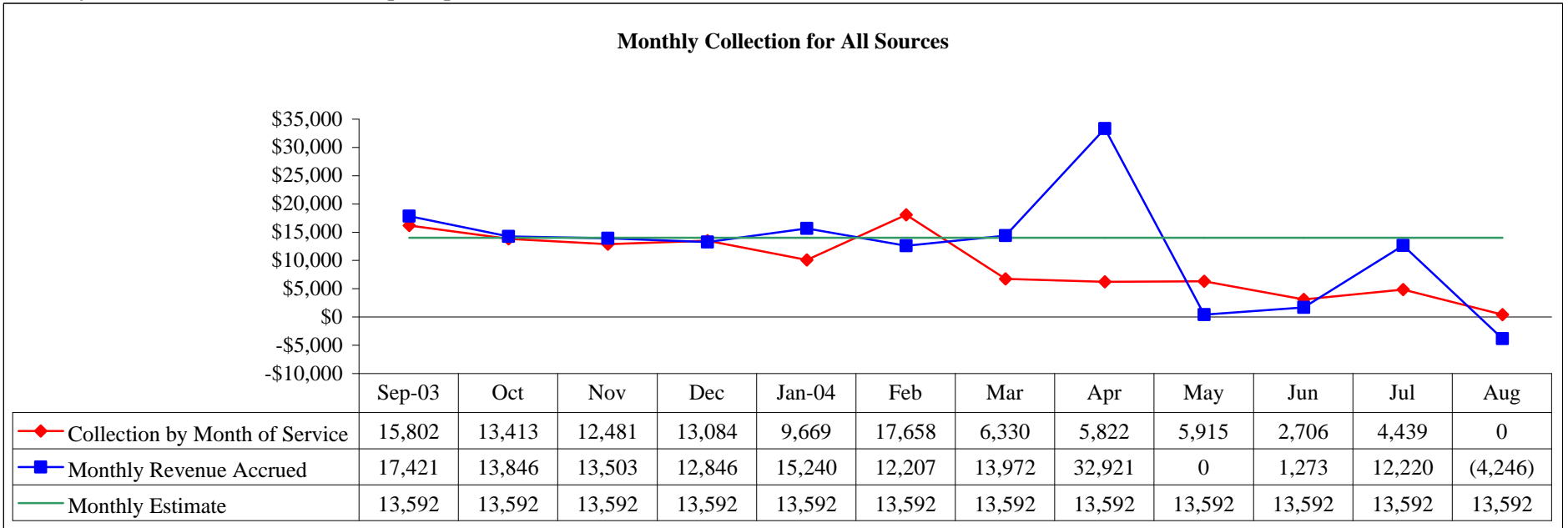
Progress Toward Annual Private Source Estimate (\$108,965)



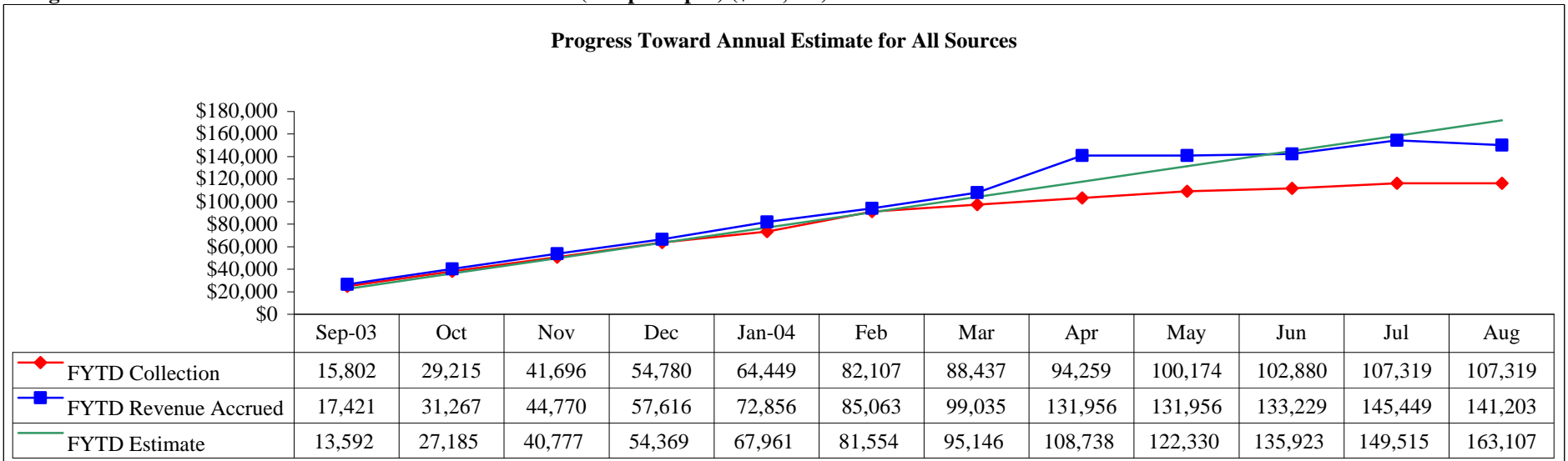
Objective 1D - FY 2004 Revenue Estimate

Waco Center for Youth

Monthly Estimate For All Sources (except Dispro) (\$13,592)

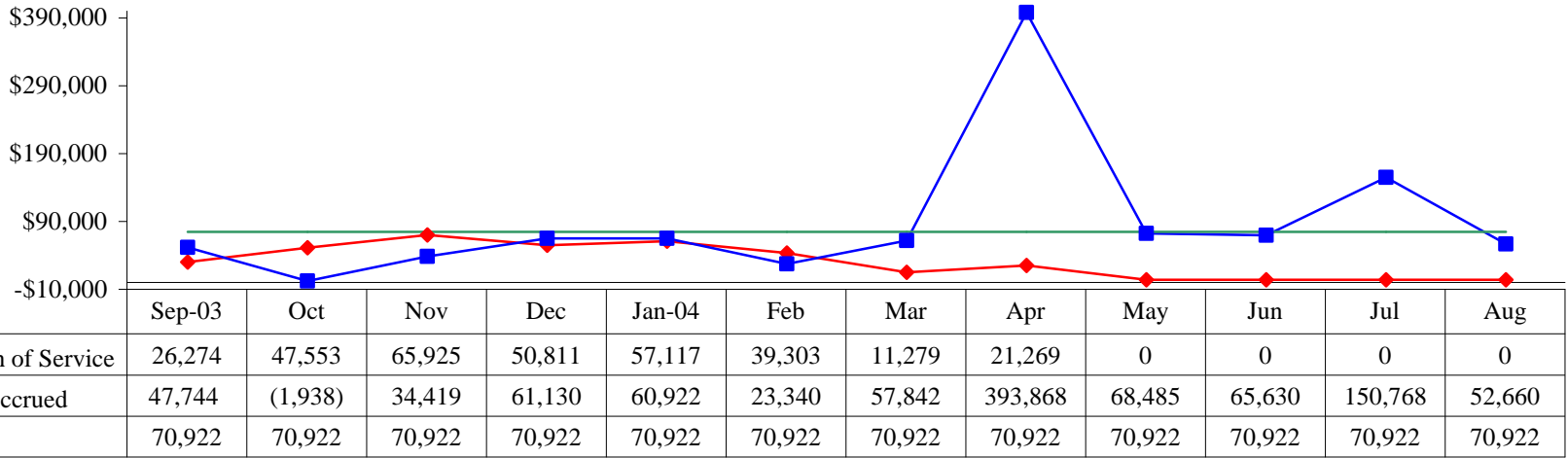


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$163,107)



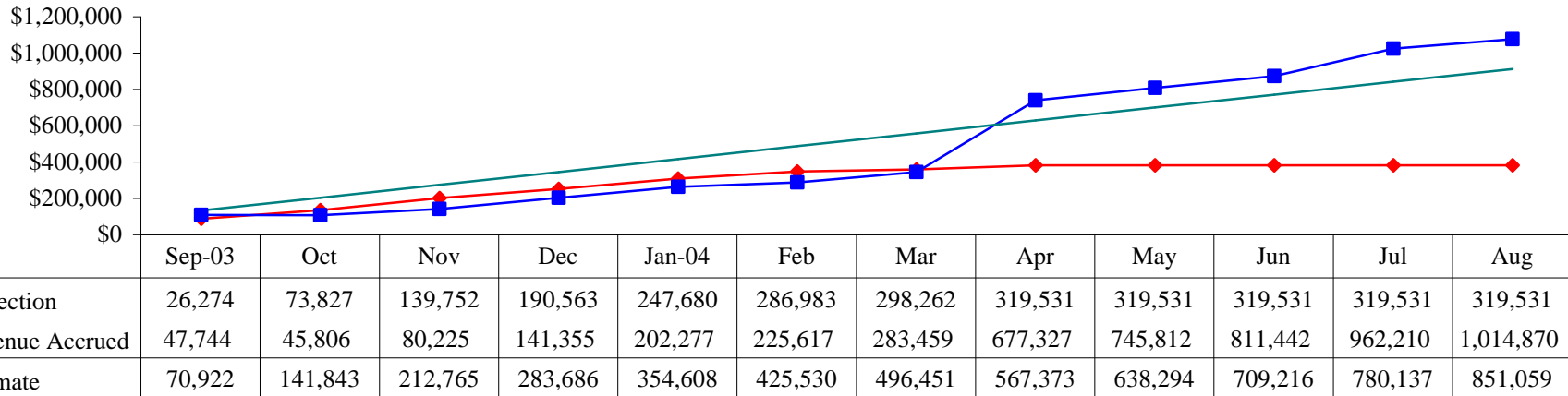
Objective 1D - FY 2004 Revenue Estimate
Rio Grande State Center-MH
Monthly Medicare Estimate (\$70,922)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$851,059)

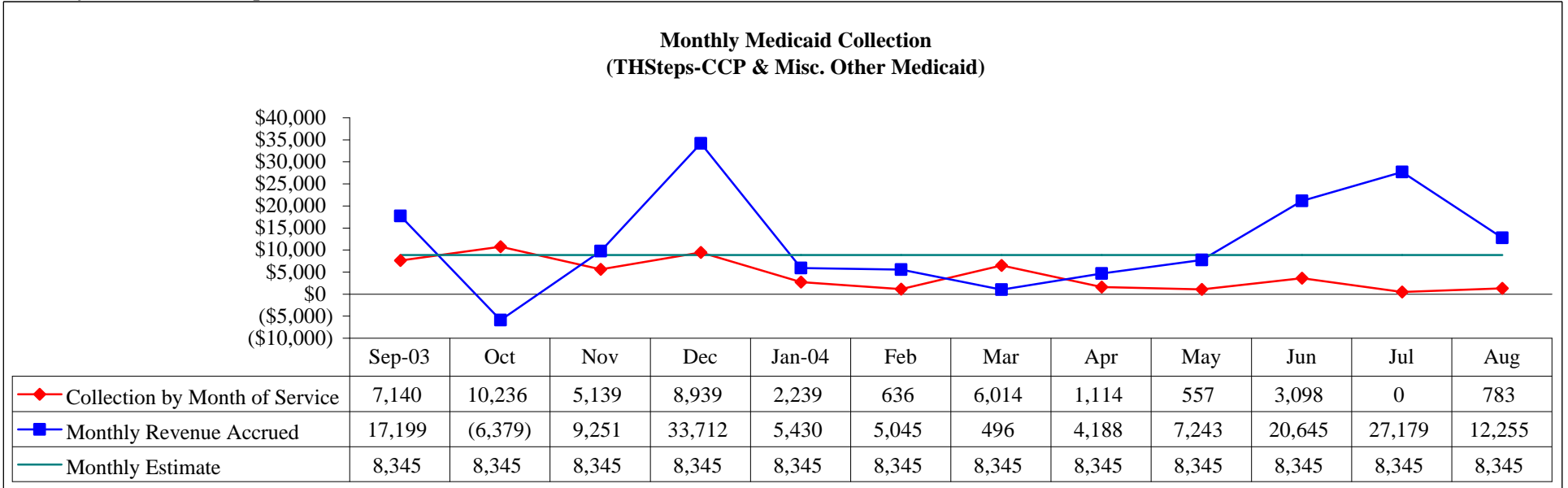
Progress Toward Annual Medicare Estimate



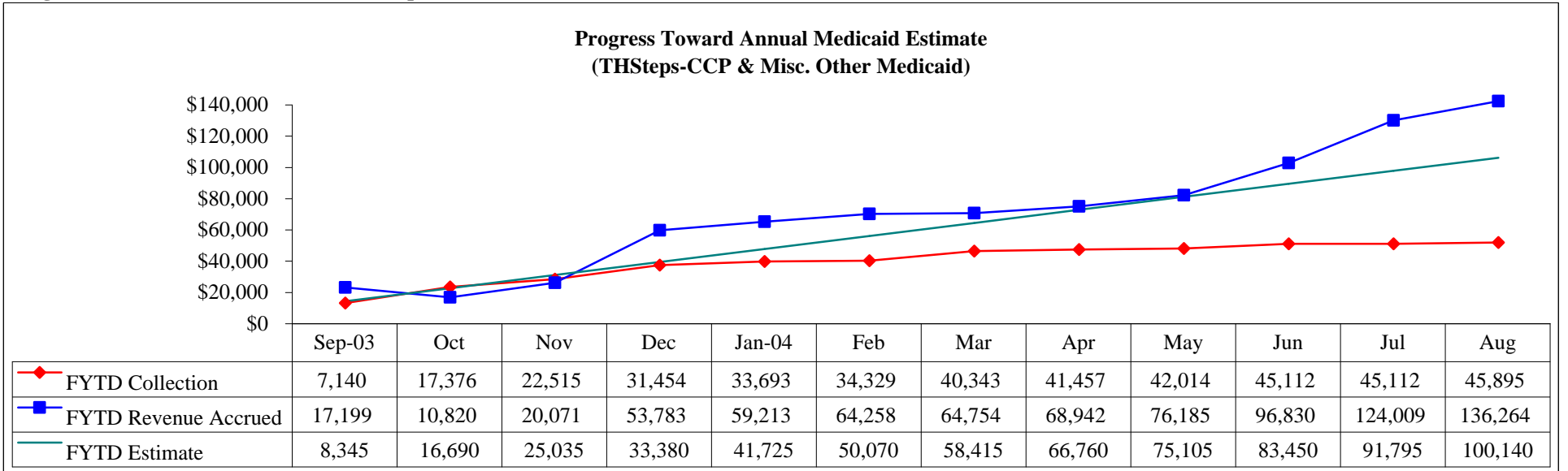
Objective 1D - FY 2004 Revenue Estimate

Rio Grande State Center-MH

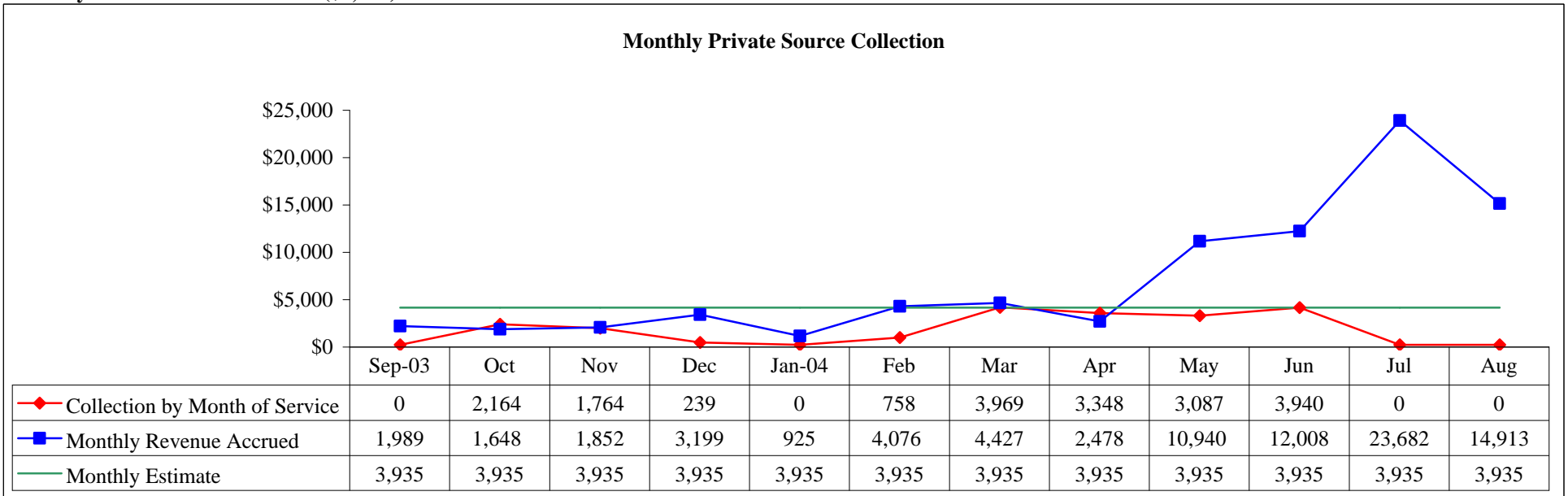
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$8,345)



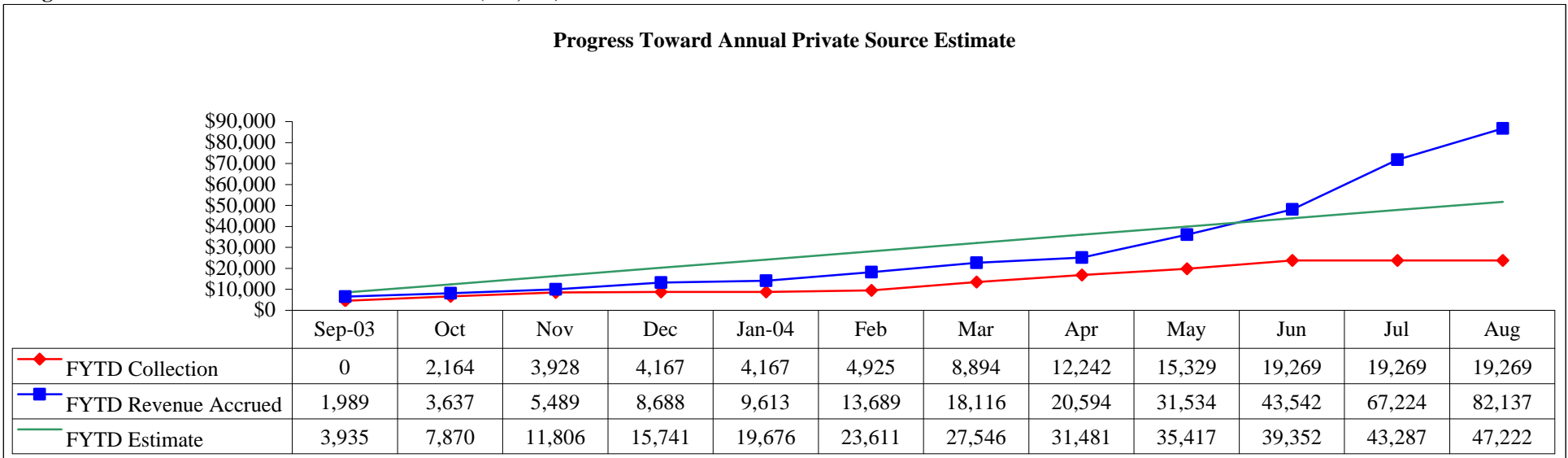
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$100,140)



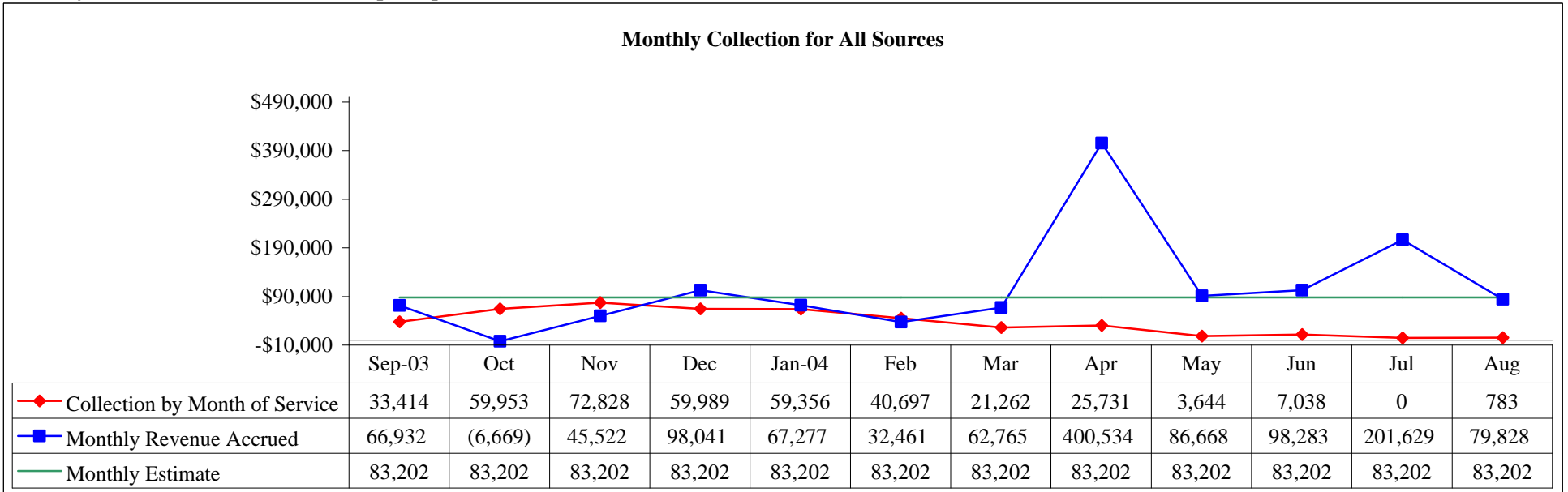
Objective 1D - FY 2004 Revenue Estimate
Rio Grande State Center-MH
Monthly Private Source Estimate (\$3,935)



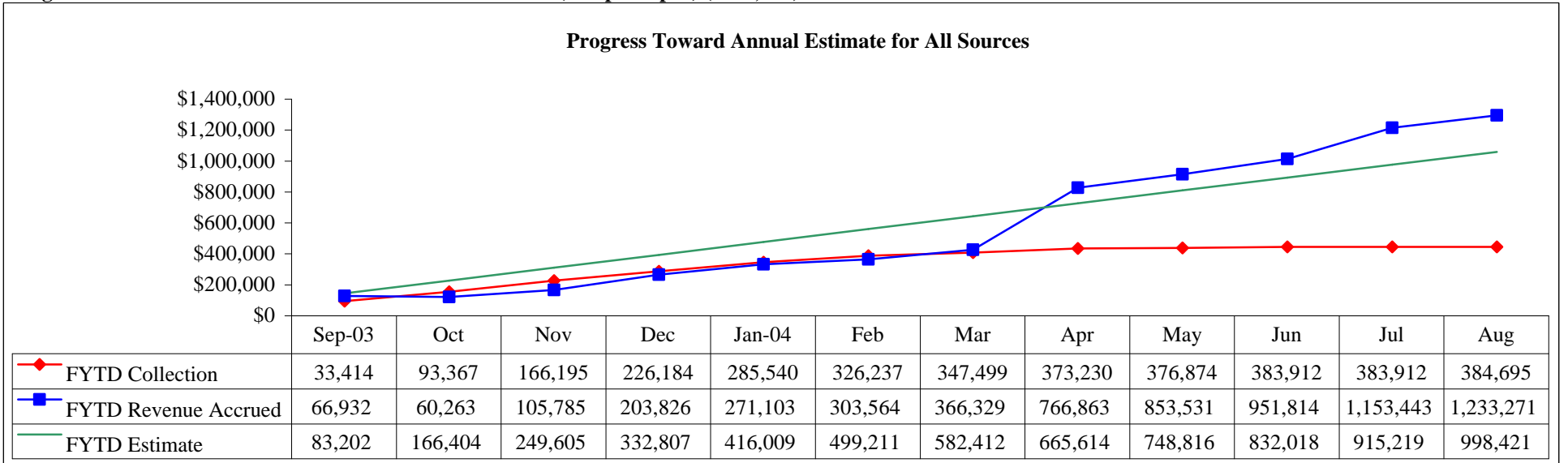
Progress Toward Annual Private Source Estimate (\$47,222)



Objective 1D - FY 2004 Revenue Estimate
Rio Grande State Center-MH
Monthly Estimate For All Sources (except Dispro) (\$83,202)



Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$998,421)



Measure 1A - Average Cost Per Patient Served
All MH Facilities

	FY02				FY03				FY04			
	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Austin State Hospital												
Avg. Patient	24	23	22	23	24	23	22	22	22	21	20	20
LBB Cost/	\$344	\$253	\$295	\$299	\$384	\$337	\$332	\$347	\$349	\$339	\$345	\$340
Average C	\$8,309	\$5,930	\$6,349	\$6,925	\$9,251	\$7,630	\$7,467	\$7,488	\$7,654	\$7,068	\$6,745	\$6,899
Big Spring State Hospital												
Avg. Patient	36	34	32	33	33	32	32	31	31	34	33	34
LBB Cost/	\$321	\$350	\$357	\$346	\$332	\$360	\$360	\$380	\$429	\$401	\$380	\$366
Average C	\$11,630	\$11,804	\$11,352	\$11,287	\$11,009	\$11,668	\$11,455	\$11,902	\$13,252	\$13,554	\$12,399	\$12,331
El Paso Psychiatric Center												
Avg. Patient Days					8	7	8	9	12	15	16	19
LBB Cost/Bed Day					\$362	\$416	\$438	\$458	\$432	\$424	\$413	\$423
Average Cost					\$3,034	\$3,091	\$3,373	\$4,008	\$5,076	\$6,373	\$6,579	\$7,948
Kerrville State Hospital												
Avg. Patient	50	52	47	44	47	48	42	46	47	49	47	49
LBB Cost/	\$308	\$327	\$356	\$332	\$317	\$340	\$340	\$351	\$351	\$345	\$334	\$325
Average C	\$15,261	\$17,079	\$16,700	\$14,621	\$14,775	\$16,378	\$14,256	\$16,286	\$16,350	\$17,043	\$15,564	\$15,837
North Texas State Hospital												
Avg. Patient	46	45	43	45	45	48	45	46	47	48	47	46
LBB Cost/	\$264	\$270	\$270	\$271	\$275	\$290	\$290	\$298	\$307	\$305	\$302	\$298
Average C	\$12,063	\$12,105	\$11,584	\$12,238	\$12,480	\$13,868	\$13,146	\$13,696	\$14,463	\$14,494	\$14,106	\$13,830
Rusk State Hospital												
Avg. Patient	37	37	35	36	34	35	35	32	35	34	32	33
LBB Cost/	\$263	\$295	\$274	\$278	\$310	\$331	\$318	\$333	\$342	\$334	\$323	\$317
Average C	\$9,646	\$10,910	\$9,554	\$10,050	\$10,438	\$11,744	\$10,990	\$10,566	\$11,837	\$11,299	\$10,426	\$10,547
San Antonio State Hospital												
Avg. Patient	30	29	28	29	30	30	30	29	28	30	28	27
LBB Cost/	\$344	\$385	\$320	\$339	\$320	\$327	\$314	\$345	\$374	\$361	\$340	\$334
Average C	\$10,481	\$11,333	\$8,909	\$9,763	\$9,482	\$9,853	\$9,445	\$10,136	\$10,423	\$10,689	\$9,673	\$9,088

Source: Unduplicated Count of Clients Served–Inpatient Facilities (HC022330),
Financial Statistical Report-Fiscal Services

Measure 1A - Average Cost Per Patient Served
All MH Facilities

	FY02				FY03				FY04			
	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Terrell State Hospital												
Avg. Patie	32	31	31	31	31	32	31	30	33	31	30	31
LBB Cost/	\$252	\$321	\$253	\$277	\$247	\$283	\$286	\$302	\$329	\$323	\$316	\$312
Average C	\$8,103	\$9,900	\$7,869	\$8,648	\$7,588	\$9,048	\$8,760	\$8,948	\$10,801	\$10,116	\$9,341	\$9,606
Waco Center for Youth**												
Avg. Patie	70	57	57	56	65	61	63	52	59	64	60	60
LBB Cost/	\$260	\$280	\$289	\$284	\$274	\$289	\$292	\$332	\$168	\$227	\$242	\$252
Average C	\$18,168	\$16,037	\$16,466	\$15,790	\$17,810	\$17,537	\$18,253	\$17,101	\$9,887	\$14,617	\$14,527	\$15,102
All SMHF's												
Avg. Patie	36	35	33	37	32	32	31	31	33	33	31	32
LBB Cost/	\$291	\$304	\$292	\$296	\$305	\$319	\$315	\$332	\$340	\$334	\$327	\$322
Average C	\$10,399	\$10,620	\$9,603	\$10,979	\$9,858	\$10,109	\$9,671	\$10,398	\$11,186	\$11,169	\$10,078	\$10,240
Rio Grande State Center (MH)												
Avg. Patie	9	10	12	11	13	12	14	15	12	13	11	13
LBB Cost/	\$610	\$732	\$297	\$602	\$473	\$442	\$414	\$420	\$450	\$424	\$418	\$418
Average C	\$5,786	\$7,030	\$3,457	\$6,712	\$6,379	\$5,397	\$5,597	\$6,212	\$5,549	\$5,639	\$4,615	\$5,325

**WCFY - Q1 & Q2 FY04 artificially low due to budget adjustments for prior fiscal year.

Starting with FY03 Q2 - RGSC (MH) is included in All SMHF Average Cost.

LBB Cost - total facility expense minus benefits and depreciation

Measure 1A - Average Cost Per Patient Served
All MH Facilities

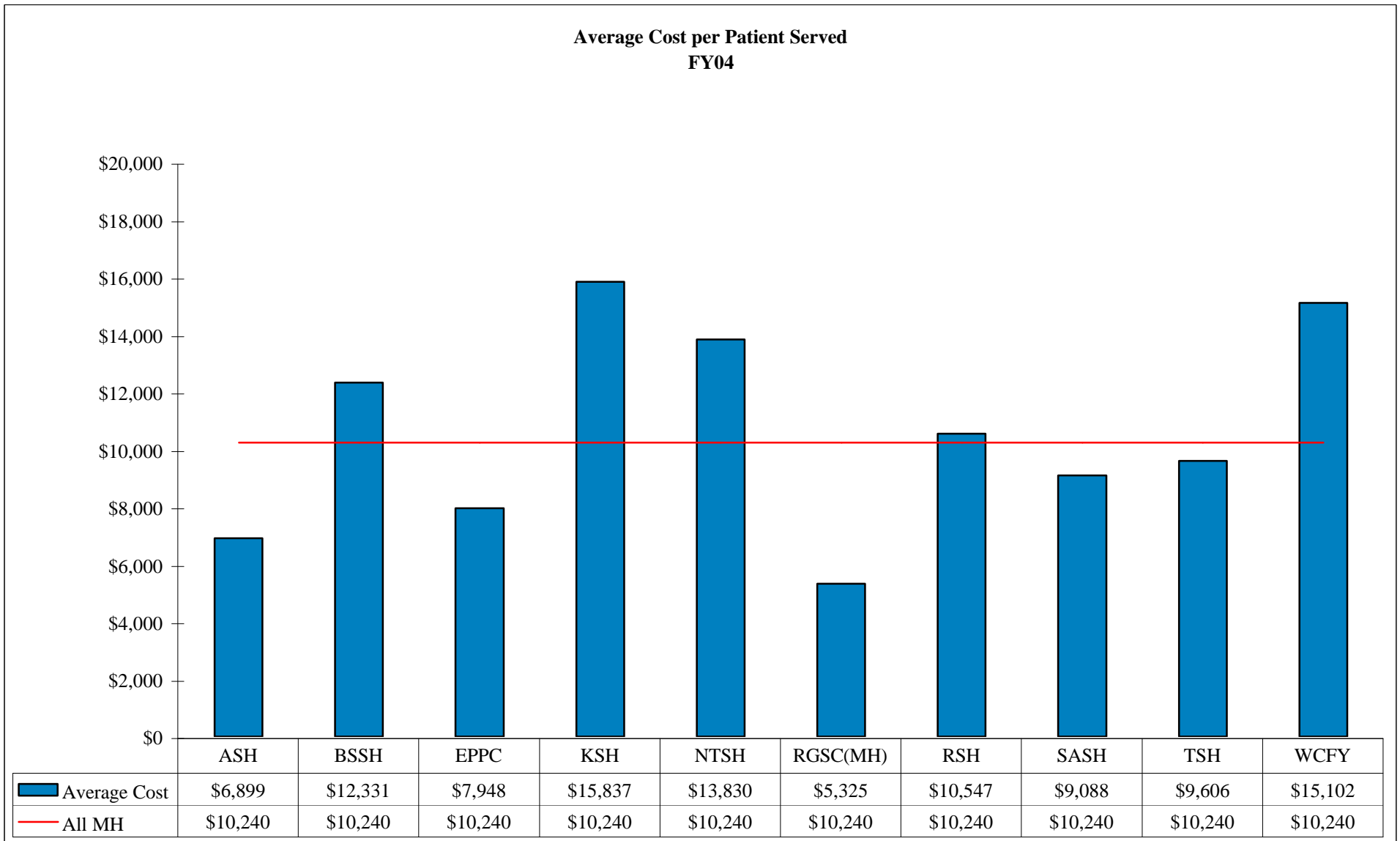
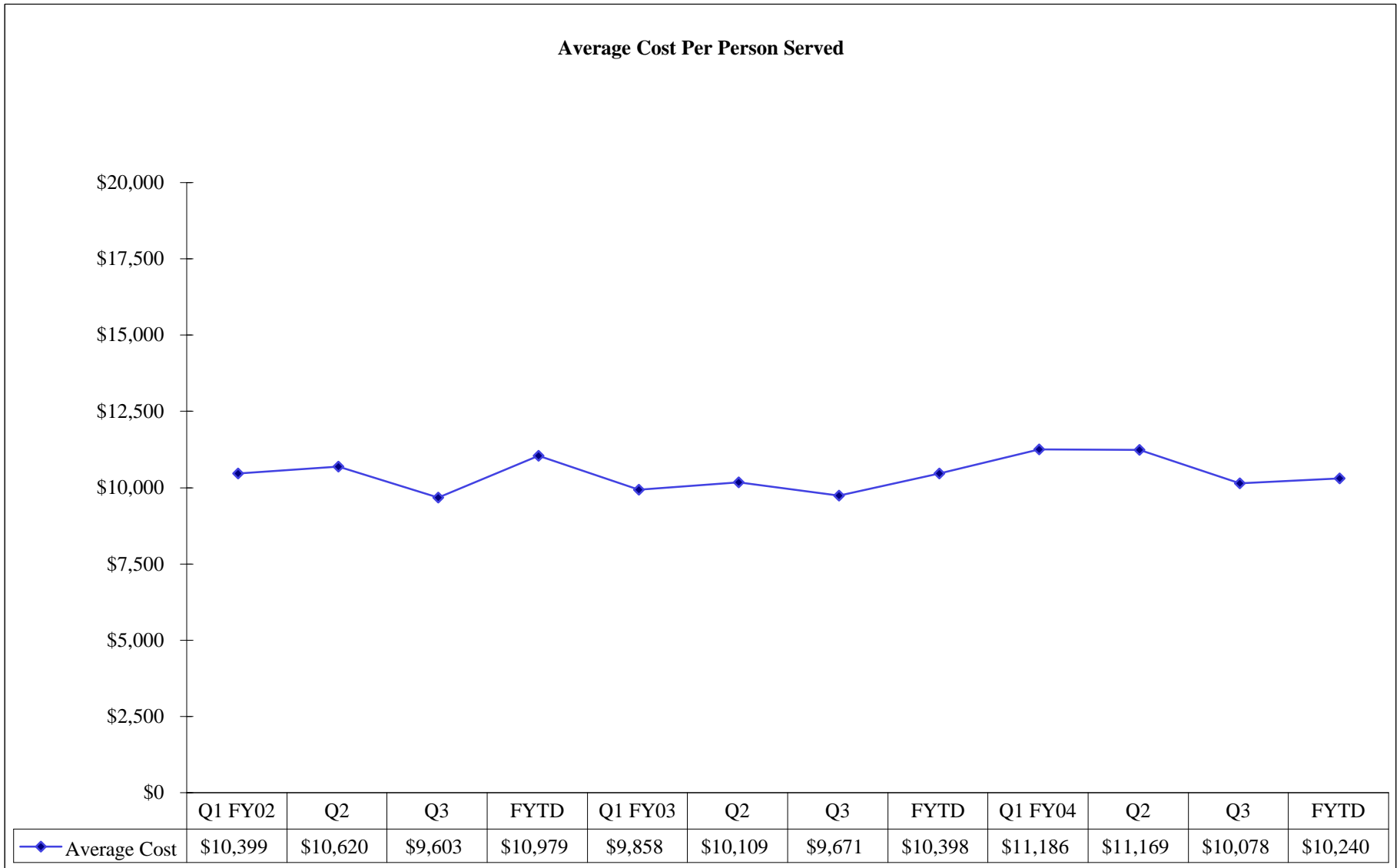


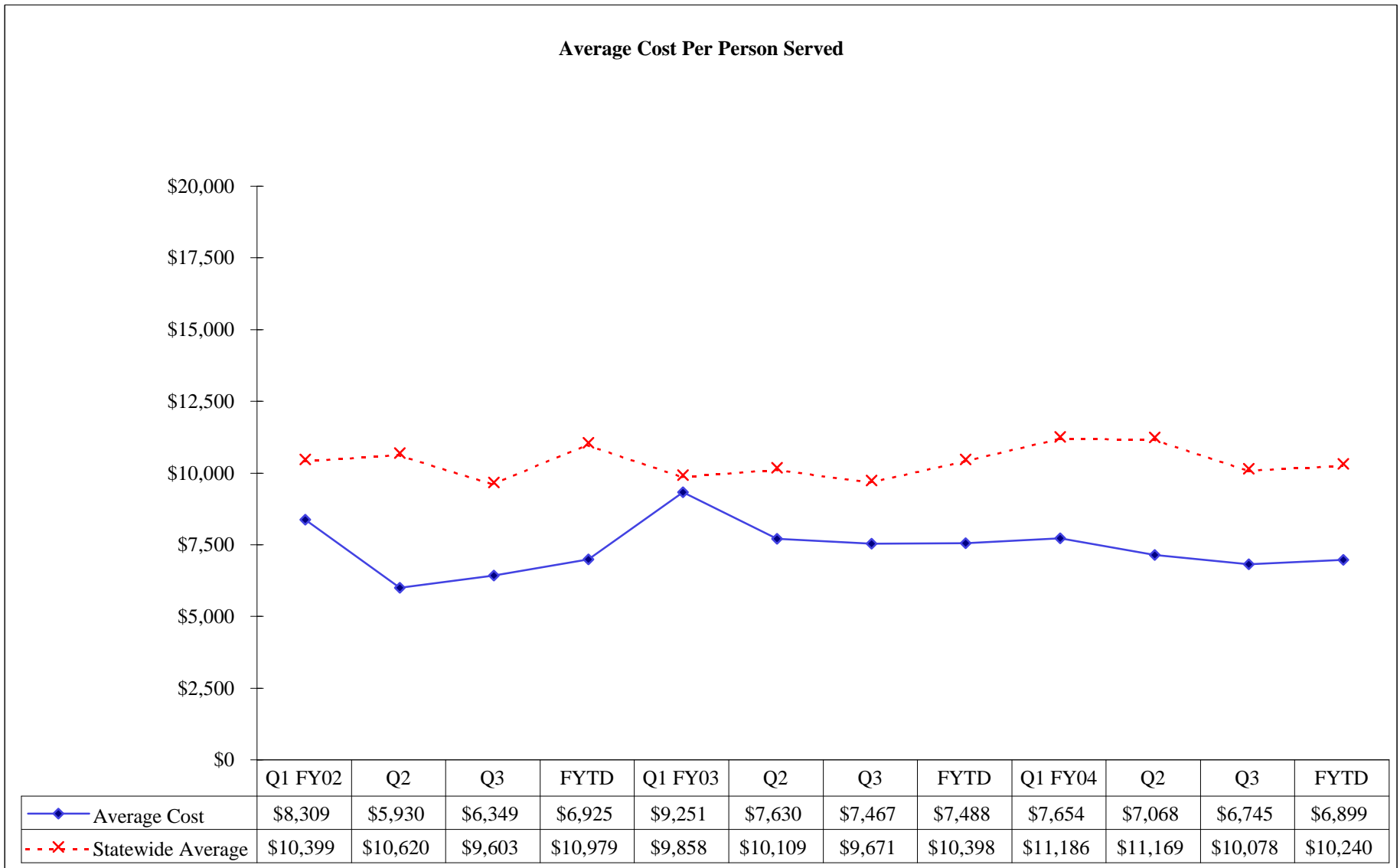
Table: Management Data Services

Source: Unduplicated Count of Clients Served–Inpatient Facilities (HC022330),
 Financial Statistical Report-Fiscal Services

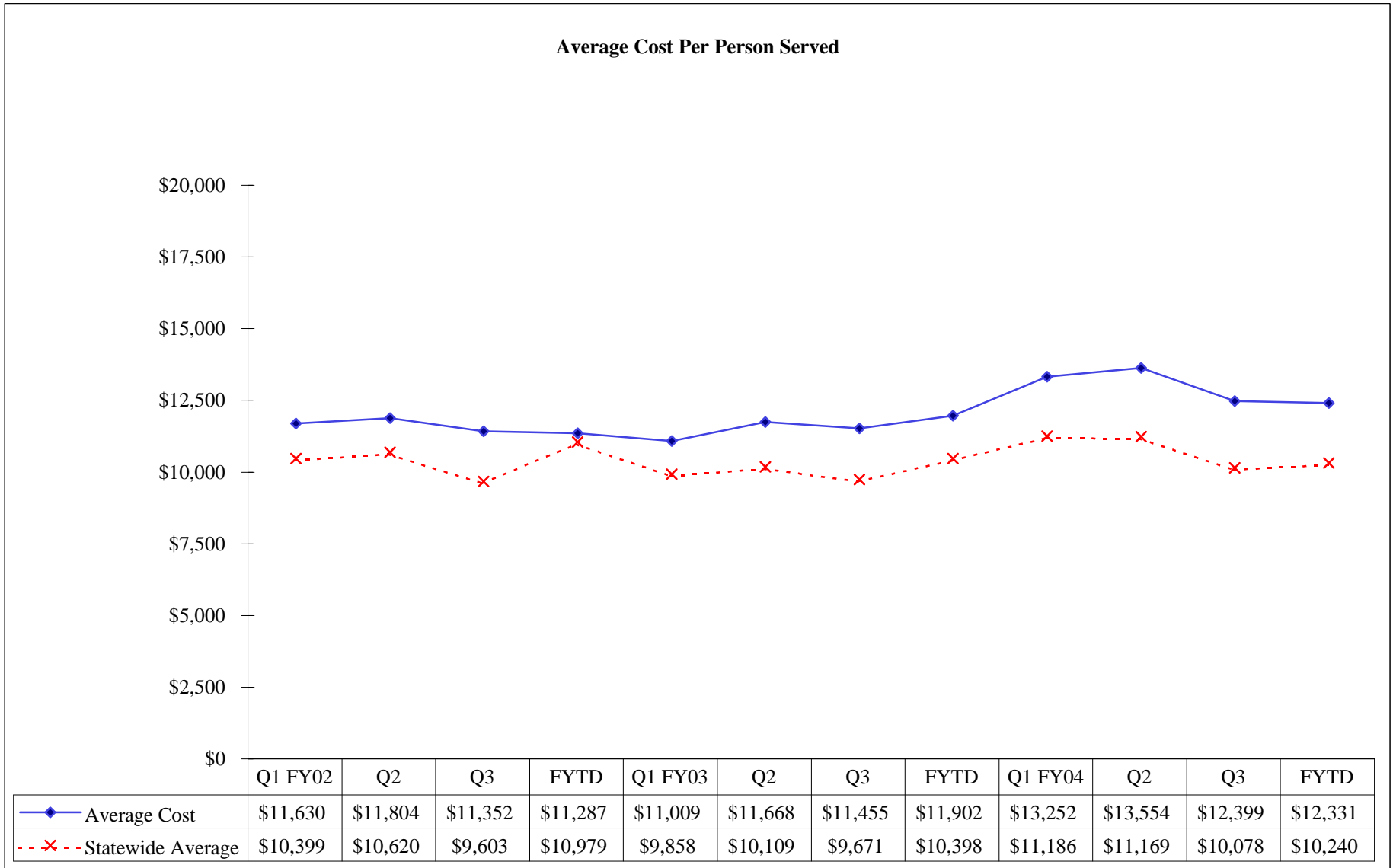
**Measure 1A - Average Cost Per Patient Served
All MH Facilities**



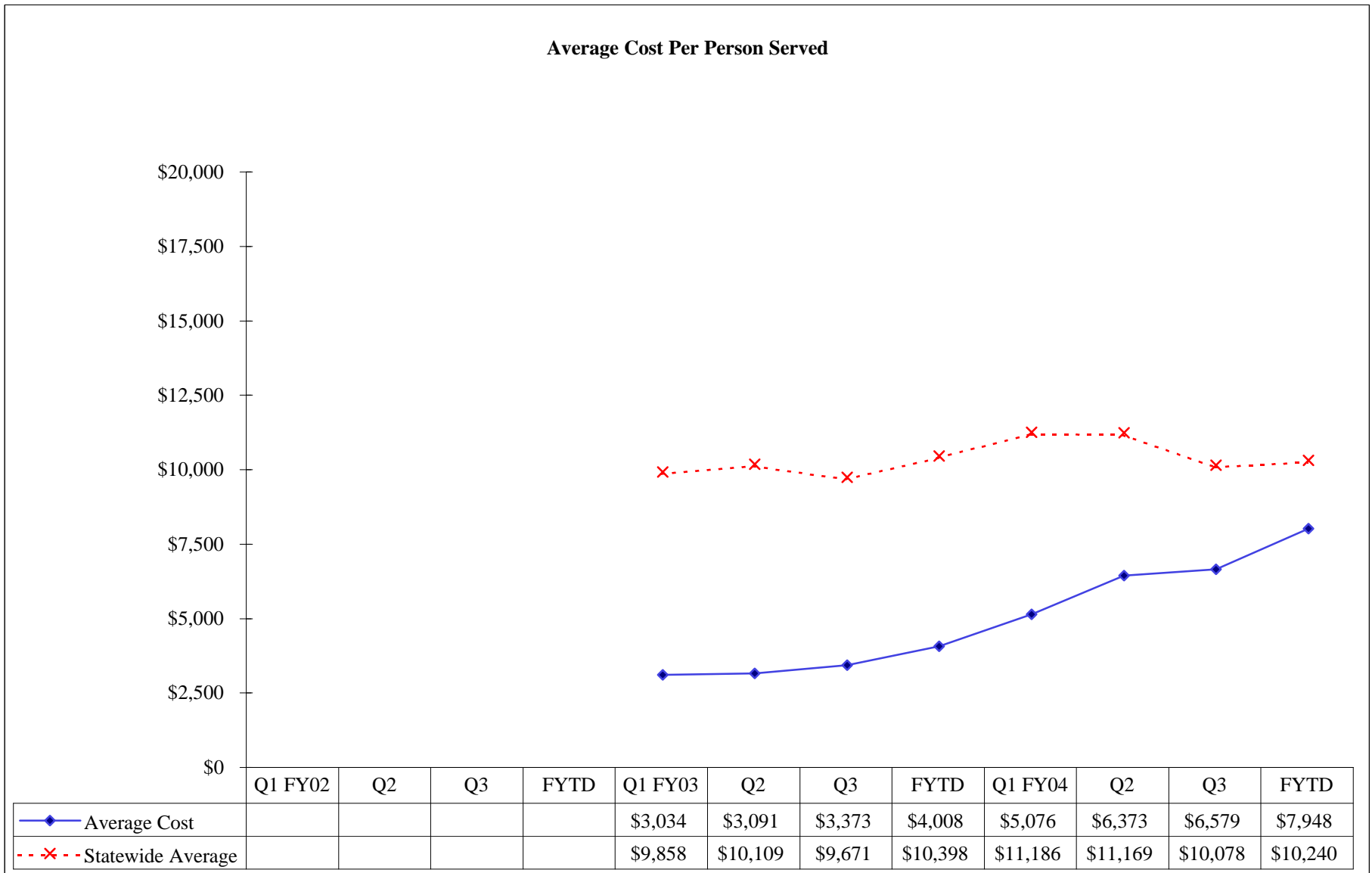
**Measure 1A - Average Cost Per Patient Served
Austin State Hospital**



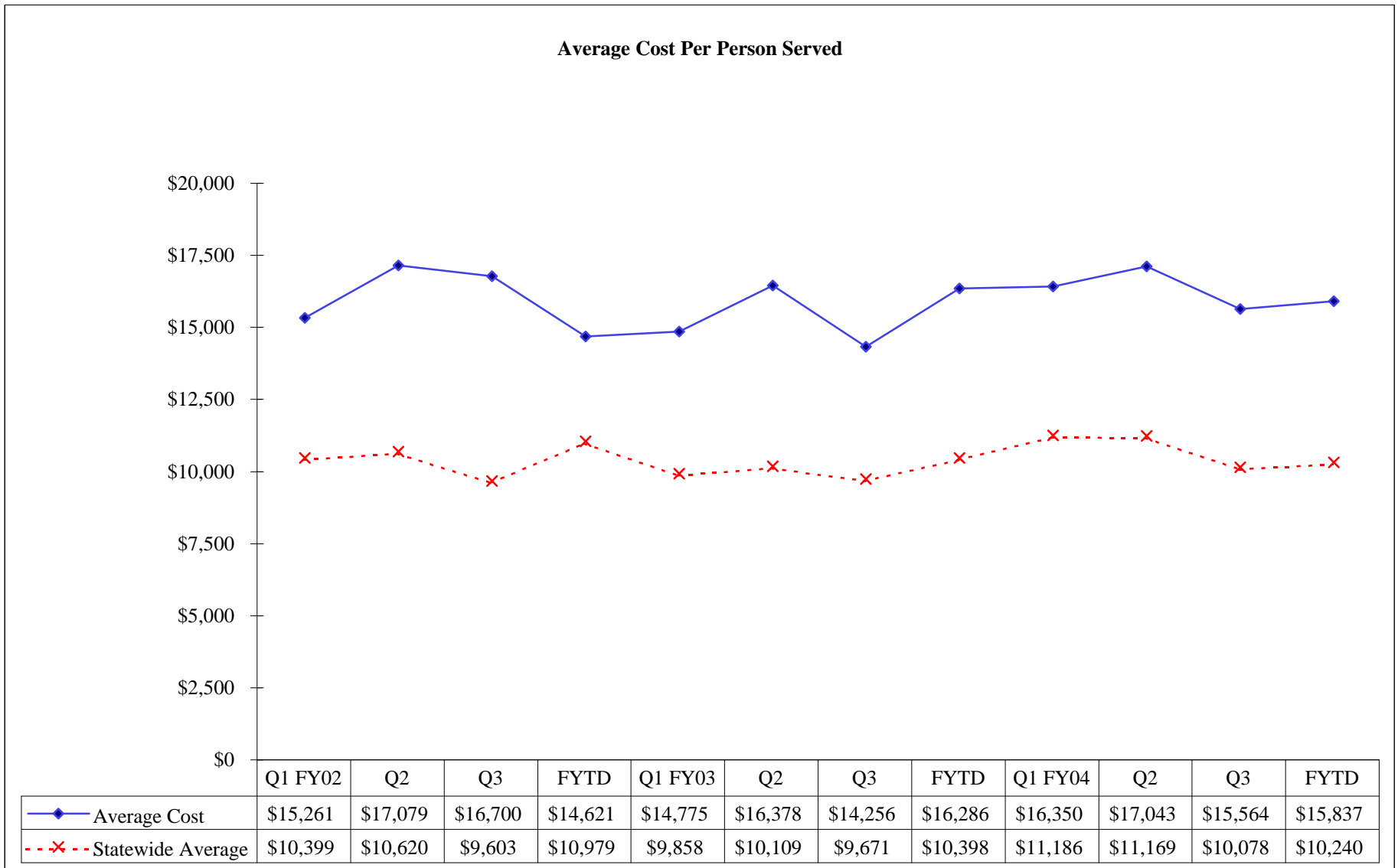
**Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital**



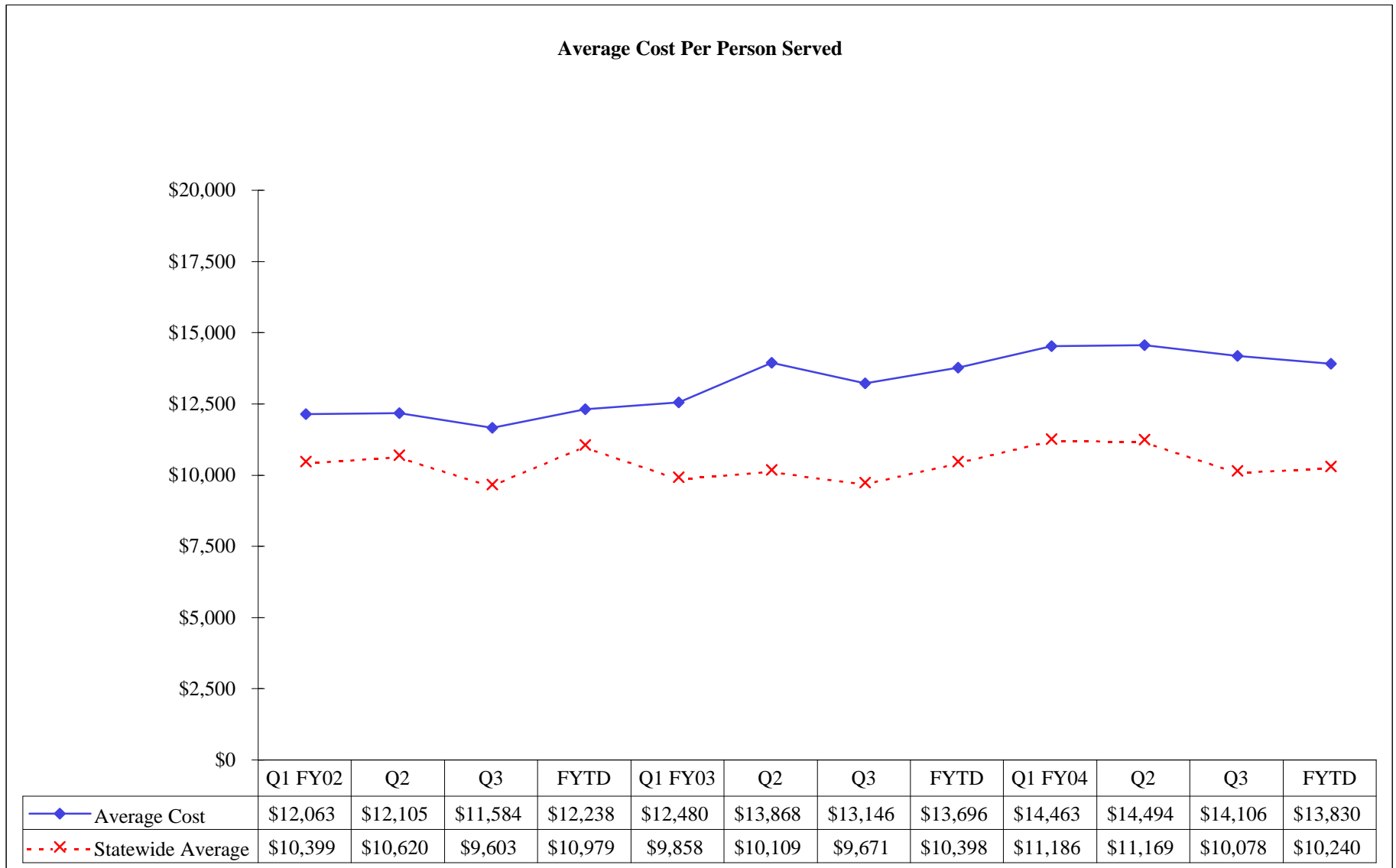
**Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center**



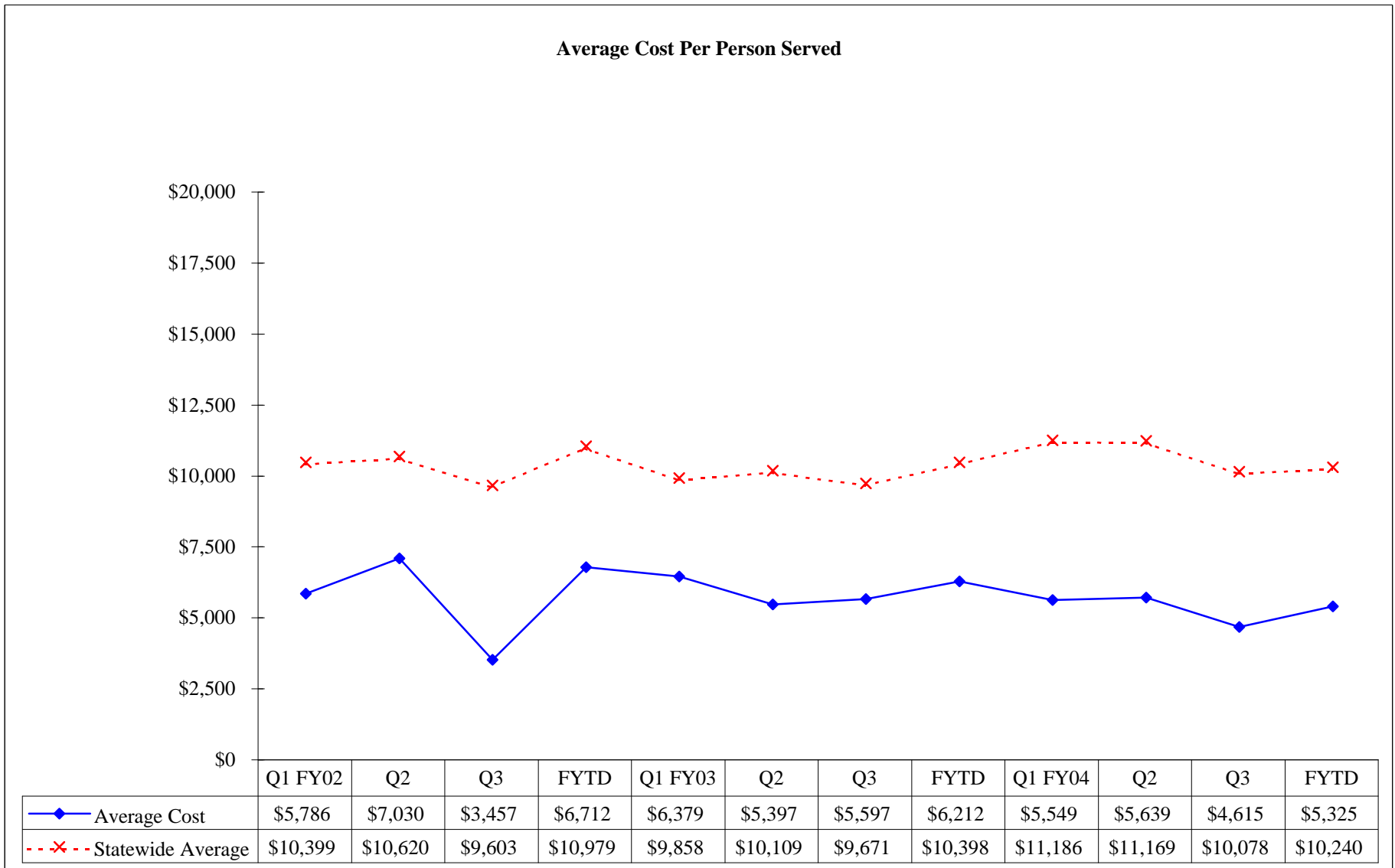
**Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital**



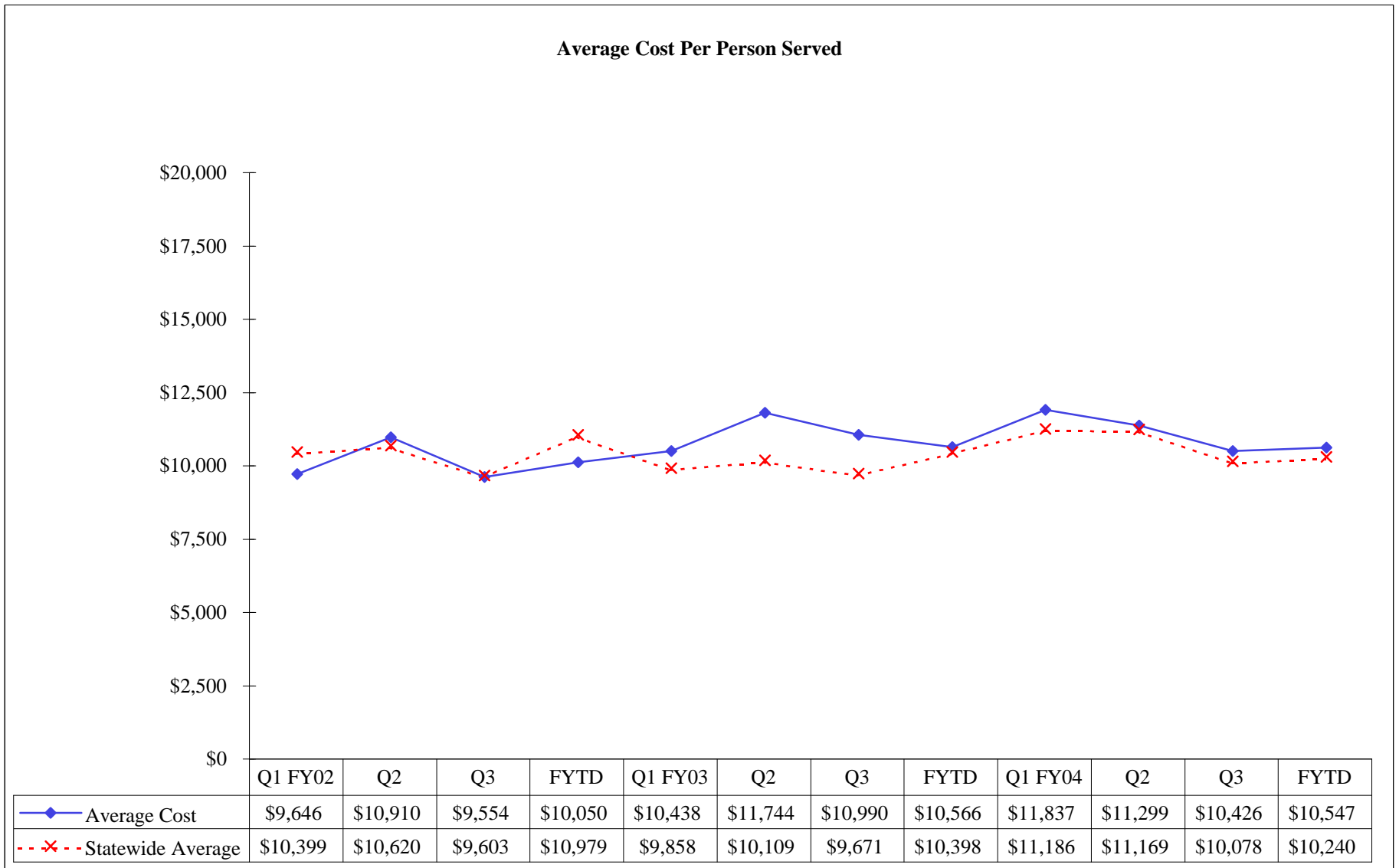
**Measure 1A - Average Cost Per Patient Served
North Texas State Hospital**



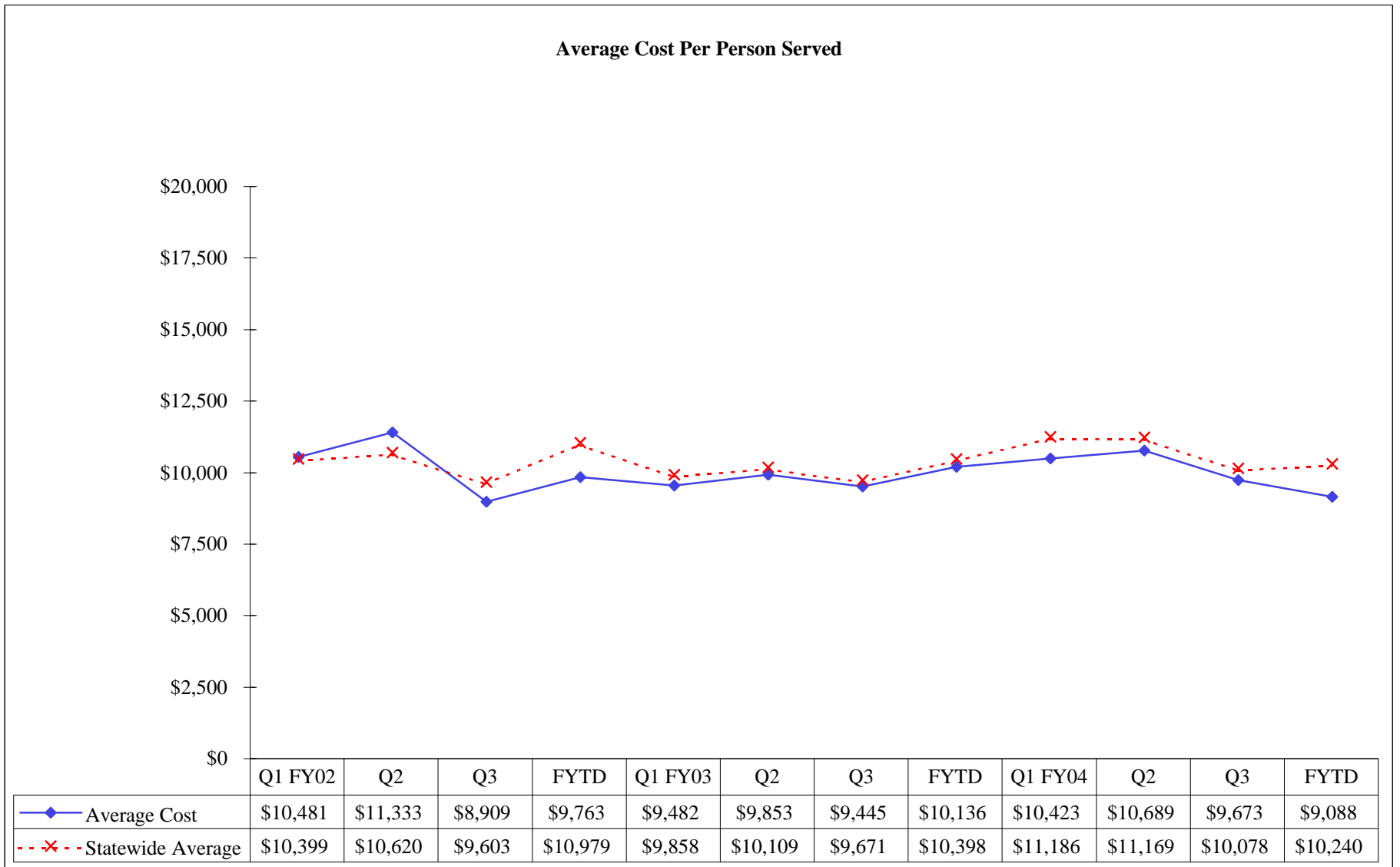
**Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)**



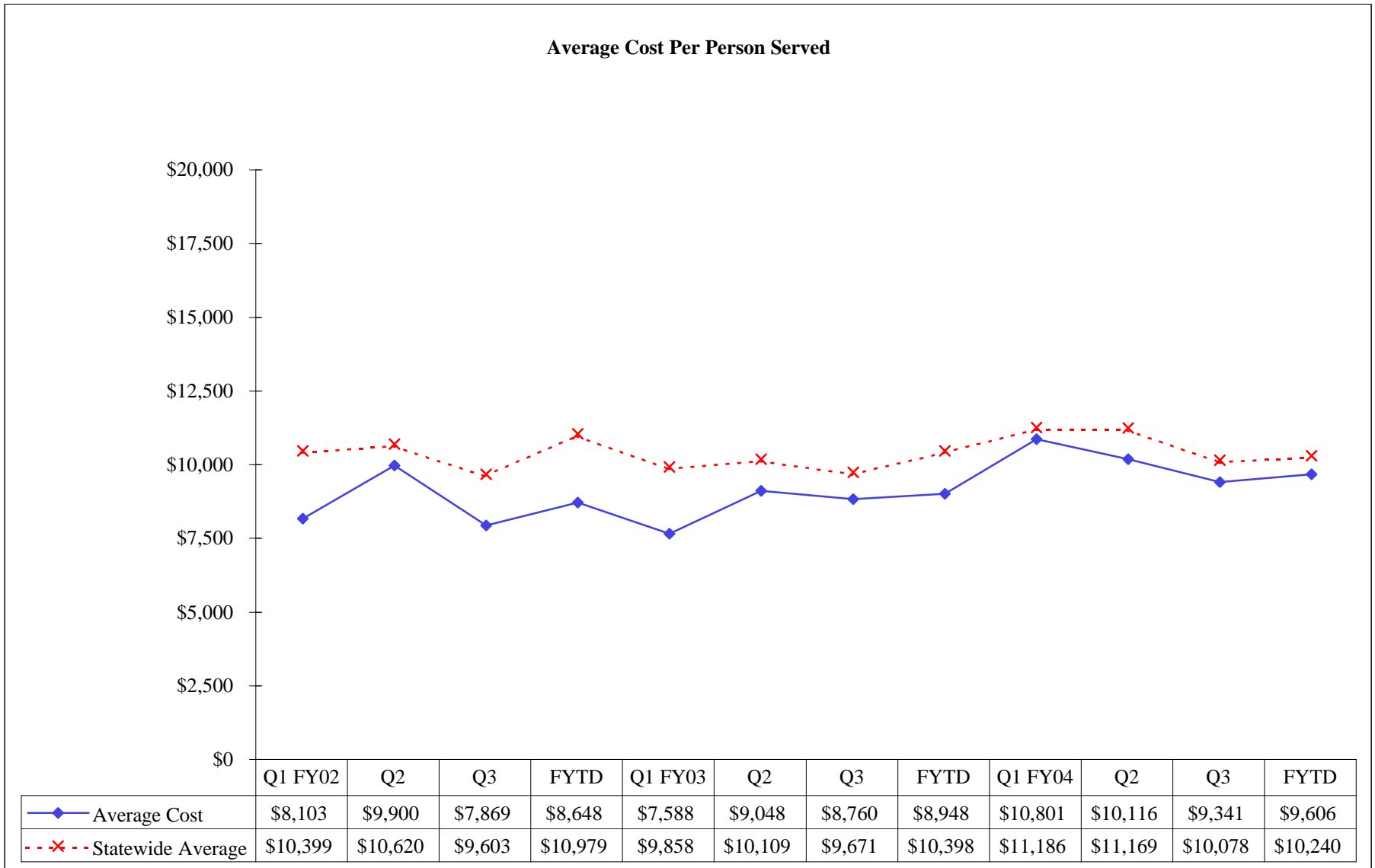
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



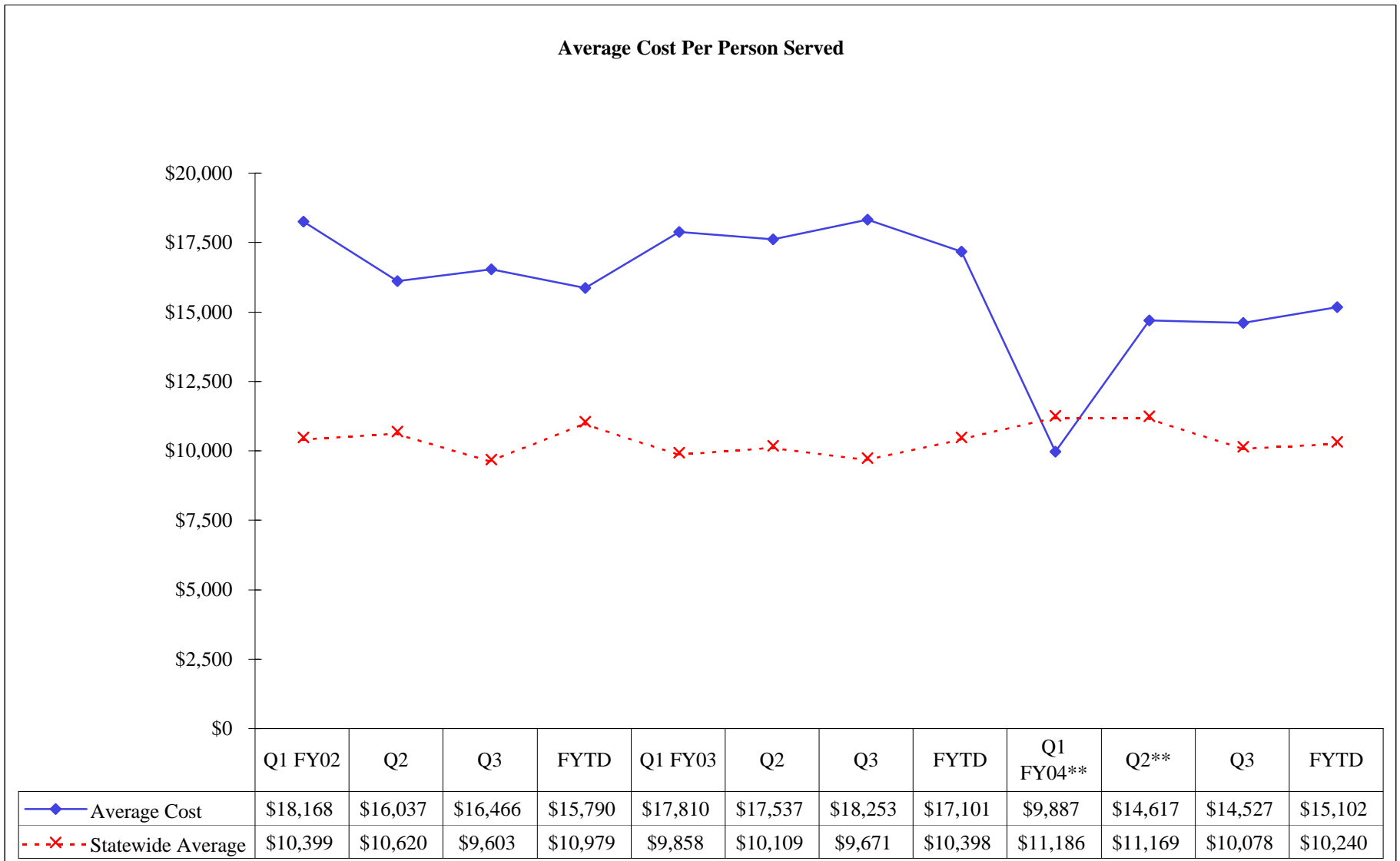
**Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital**



**Measure 1A - Average Cost Per Patient Served
Terrell State Hospital**



**Measure 1A - Average Cost Per Patient Served
Waco Center for Youth**



**Q1 & Q2 FY04 artificially low due to budget adjustments for prior fiscal year.

Performance Measure 1B:

Average cost per occupied bed day will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure)

Performance Measure Operational Definition: The facility average cost per occupied bed day.

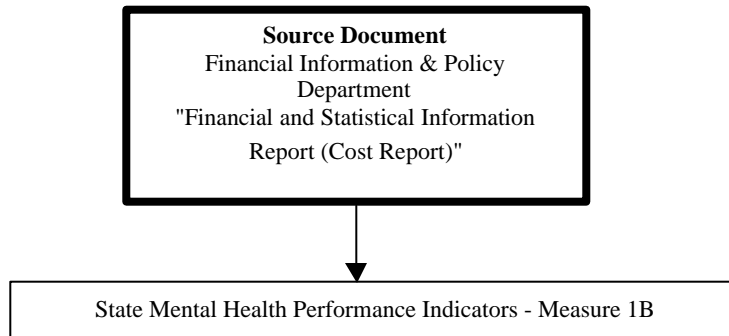
Performance Measure Formula: The facility's average cost per occupied bed day per FY quarter is calculated three ways.

- 1) Facility Cost Per Bed Day = Total Facility Expense / Total Bed Days
- 2) Cost per Bed Day with DICAP+SWICAP = Total Facility Expense including DICAP+SWICAP / Total Bed Days
- 3) Appropriated Fund Cost (for LBB) = Total Facility Expense – (Benefits + Depreciation) / Total Bed Days]

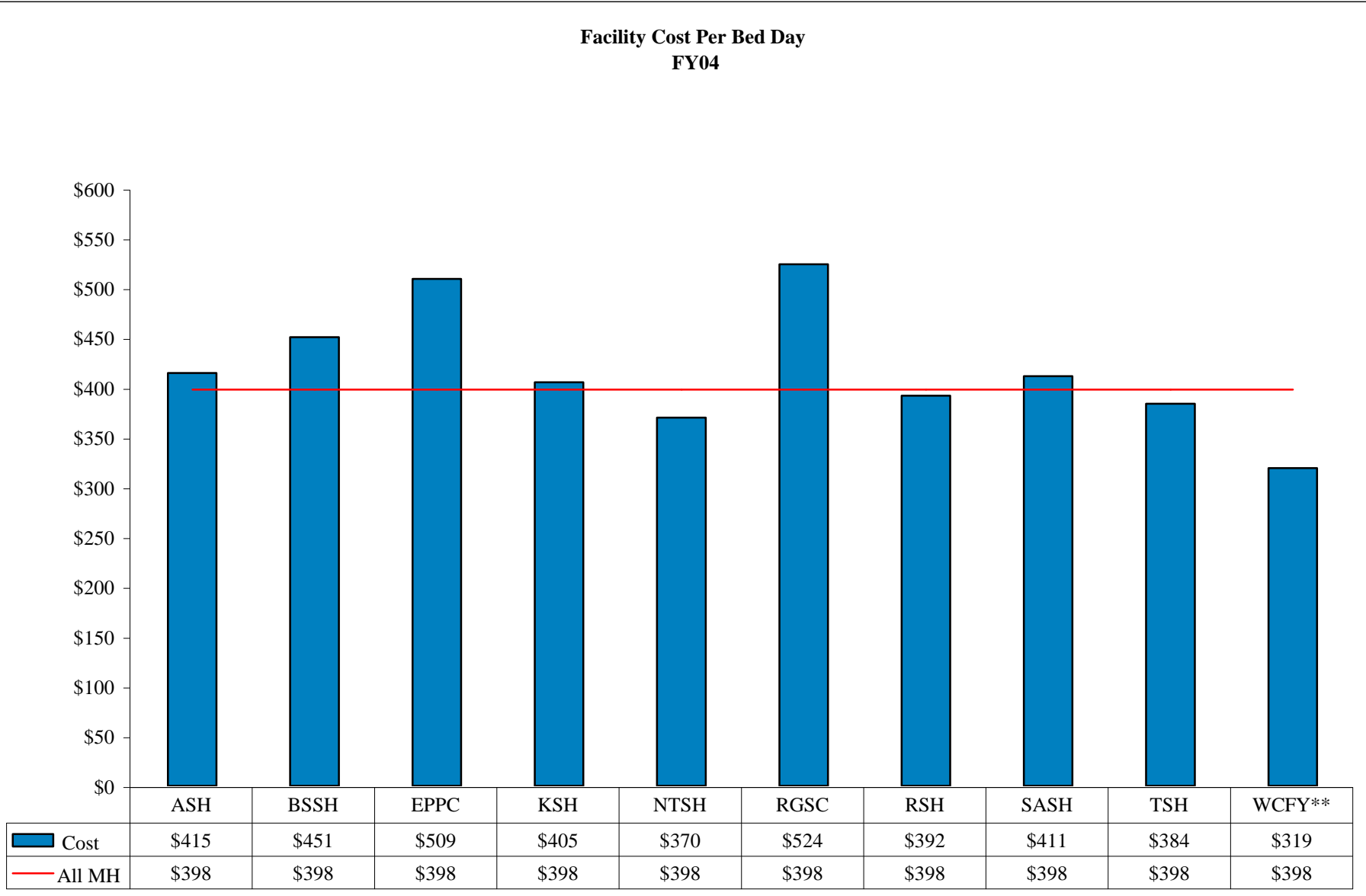
Performance Measure Data Display and Chart Description:

- ◆ Table shows cost per bed day, cost per bed day w/DICAP+SWICAP and LBB cost per bed day for FY quarter for individual facilities and system-wide.
- ◆ Chart with quarterly data points of cost per bed day, cost per bed day w/DICAP+SWICAP and LBB cost per bed day for FY quarter for individual facilities and system-wide.

Data Flow:



**Measure 1B - Cost Per Bed Day
All MH Facilities**



**WCFY - FY04 artificially low due to budget adjustments for prior fiscal year.

Measure 1B - Cost Per Bed Day

All MH Facilities

	FY02				FY03				FY04			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Austin State Hospital												
Cost Per Bed Day	\$412	\$328	\$386	\$376	\$468	\$422	\$415	\$425	\$419	\$414	\$419	\$415
Cost Per Bed Day w/DICAP/SWICAP	\$432	\$353	\$402	\$407	\$498	\$455	\$449	\$465	\$459	\$456	\$460	\$461
LBB Cost Per Bed Day	\$344	\$253	\$295	\$299	\$384	\$337	\$332	\$347	\$349	\$339	\$345	\$340
Big Spring State Hospital												
Cost Per Bed Day	\$399	\$435	\$461	\$434	\$443	\$463	\$458	\$468	\$522	\$492	\$467	\$451
Cost Per Bed Day w/DICAP/SWICAP	\$423	\$463	\$482	\$468	\$478	\$501	\$498	\$520	\$575	\$547	\$520	\$512
LBB Cost Per Bed Day	\$321	\$350	\$357	\$346	\$332	\$360	\$360	\$380	\$429	\$401	\$380	\$366
El Paso Psychiatric Center												
Cost Per Bed Day					\$457	\$522	\$535	\$560	\$533	\$515	\$499	\$509
Cost Per Bed Day w/DICAP/SWICAP						\$524	\$540	\$583	\$538	\$519	\$503	\$521
LBB Cost Per Bed Day					\$362	\$416	\$438	\$458	\$432	\$424	\$413	\$423
Kerrville State Hospital												
Cost Per Bed Day	\$392	\$415	\$476	\$427	\$432	\$449	\$443	\$439	\$438	\$430	\$417	\$405
Cost Per Bed Day w/DICAP/SWICAP	\$418	\$443	\$497	\$468	\$469	\$488	\$484	\$490	\$480	\$474	\$460	\$456
LBB Cost Per Bed Day	\$308	\$327	\$356	\$332	\$317	\$340	\$340	\$351	\$351	\$345	\$334	\$325
North Texas State Hospital												
Cost Per Bed Day	\$337	\$346	\$368	\$351	\$376	\$383	\$378	\$375	\$379	\$378	\$375	\$370
Cost Per Bed Day w/DICAP/SWICAP	\$357	\$369	\$385	\$380	\$405	\$414	\$410	\$411	\$412	\$413	\$409	\$406
LBB Cost Per Bed Day	\$264	\$270	\$270	\$271	\$275	\$290	\$290	\$298	\$307	\$305	\$302	\$298
Rusk State Hospital												
Cost Per Bed Day	\$330	\$370	\$364	\$354	\$415	\$438	\$414	\$415	\$419	\$413	\$399	\$398
Cost Per Bed Day w/DICAP/SWICAP	\$350	\$392	\$378	\$380	\$447	\$472	\$449	\$453	\$459	\$454	\$439	\$442
LBB Cost Per Bed Day	\$263	\$295	\$274	\$278	\$310	\$331	\$318	\$333	\$342	\$334	\$323	\$322
San Antonio State Hospital												
Cost Per Bed Day	\$424	\$482	\$416	\$424	\$433	\$426	\$404	\$422	\$453	\$441	\$419	\$411
Cost Per Bed Day w/DICAP/SWICAP	\$449	\$511	\$433	\$455	\$465	\$460	\$440	\$461	\$496	\$486	\$463	\$458
LBB Cost Per Bed Day	\$344	\$385	\$320	\$339	\$320	\$327	\$314	\$345	\$374	\$361	\$340	\$334
Terrell State Hospital												
Cost Per Bed Day	\$324	\$400	\$342	\$354	\$336	\$372	\$370	\$373	\$404	\$397	\$389	\$384
Cost Per Bed Day w/DICAP/SWICAP	\$346	\$425	\$359	\$383	\$365	\$403	\$402	\$410	\$443	\$438	\$428	\$427
LBB Cost Per Bed Day	\$252	\$321	\$253	\$277	\$247	\$283	\$286	\$302	\$329	\$323	\$316	\$312

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

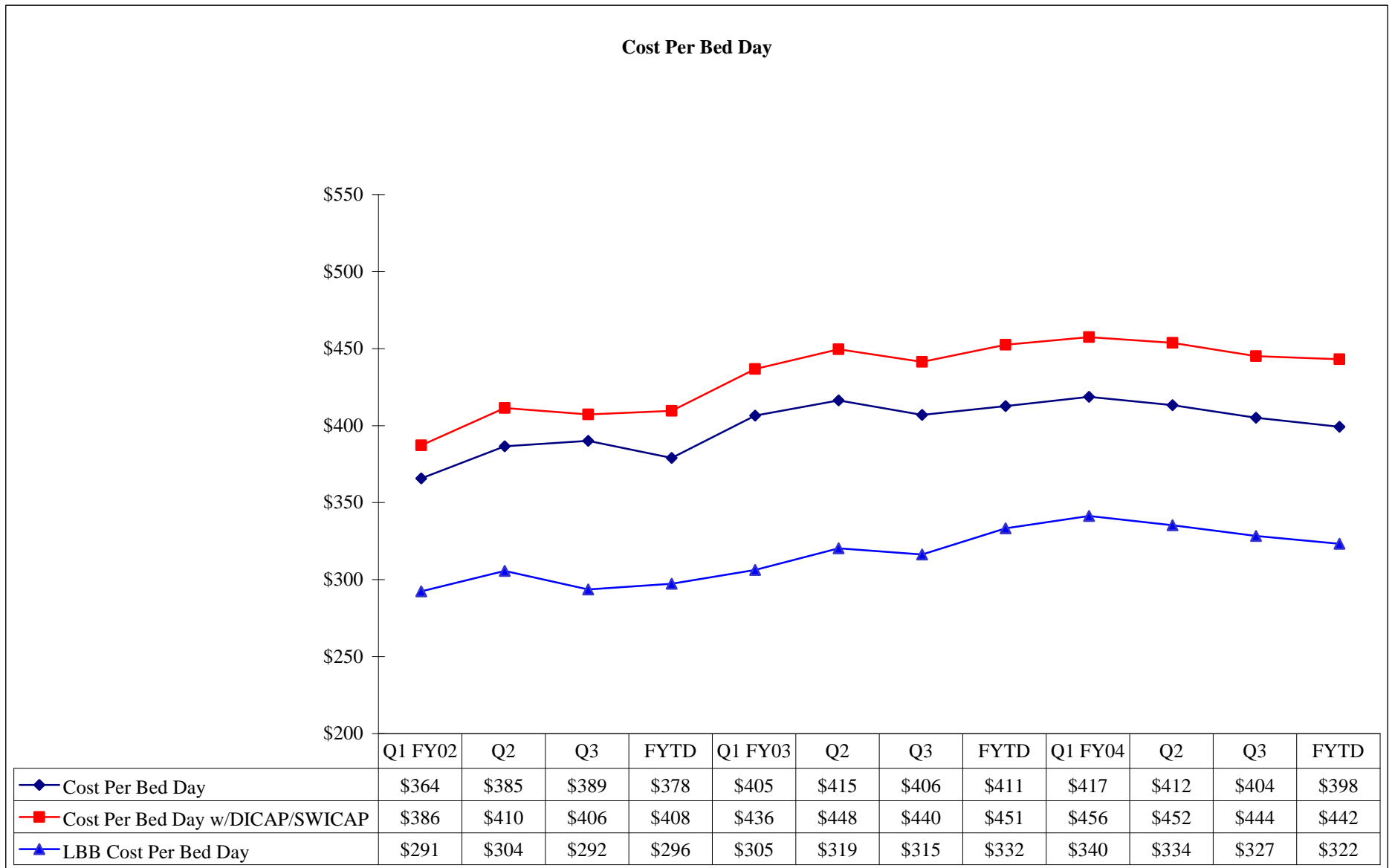
Measure 1B - Cost Per Bed Day
All MH Facilities

	FY02				FY03				FY04			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Waco Center for Youth**												
Cost Per Bed Day	\$330	\$361	\$393	\$366	\$359	\$372	\$374	\$413	\$237	\$295	\$310	\$319
Cost Per Bed Day w/DICAP/SWICAP	\$349	\$383	\$410	\$394	\$388	\$404	\$408	\$453	\$273	\$333	\$348	\$361
LBB Cost Per Bed Day	\$260	\$280	\$289	\$284	\$274	\$289	\$292	\$332	\$168	\$227	\$242	\$252
All Hospitals												
Cost Per Bed Day	\$364	\$385	\$389	\$378	\$405	\$415	\$406	\$411	\$417	\$412	\$404	\$398
Cost Per Bed Day w/DICAP/SWICAP	\$386	\$410	\$406	\$408	\$436	\$448	\$440	\$451	\$456	\$452	\$444	\$442
LBB Cost Per Bed Day	\$291	\$304	\$292	\$296	\$305	\$319	\$315	\$332	\$340	\$334	\$327	\$322
Rio Grande State Center (MH)												
Cost Per Bed Day	\$461	\$560	\$378	\$452	\$362	\$557	\$534	\$525	\$556	\$530	\$525	\$524
Cost Per Bed Day w/DICAP/SWICAP						\$637	\$591	\$585	\$621	\$596	\$596	\$600
LBB Cost Per Bed Day	\$610	\$732	\$297	\$602	\$473	\$442	\$414	\$420	\$450	\$424	\$418	\$418

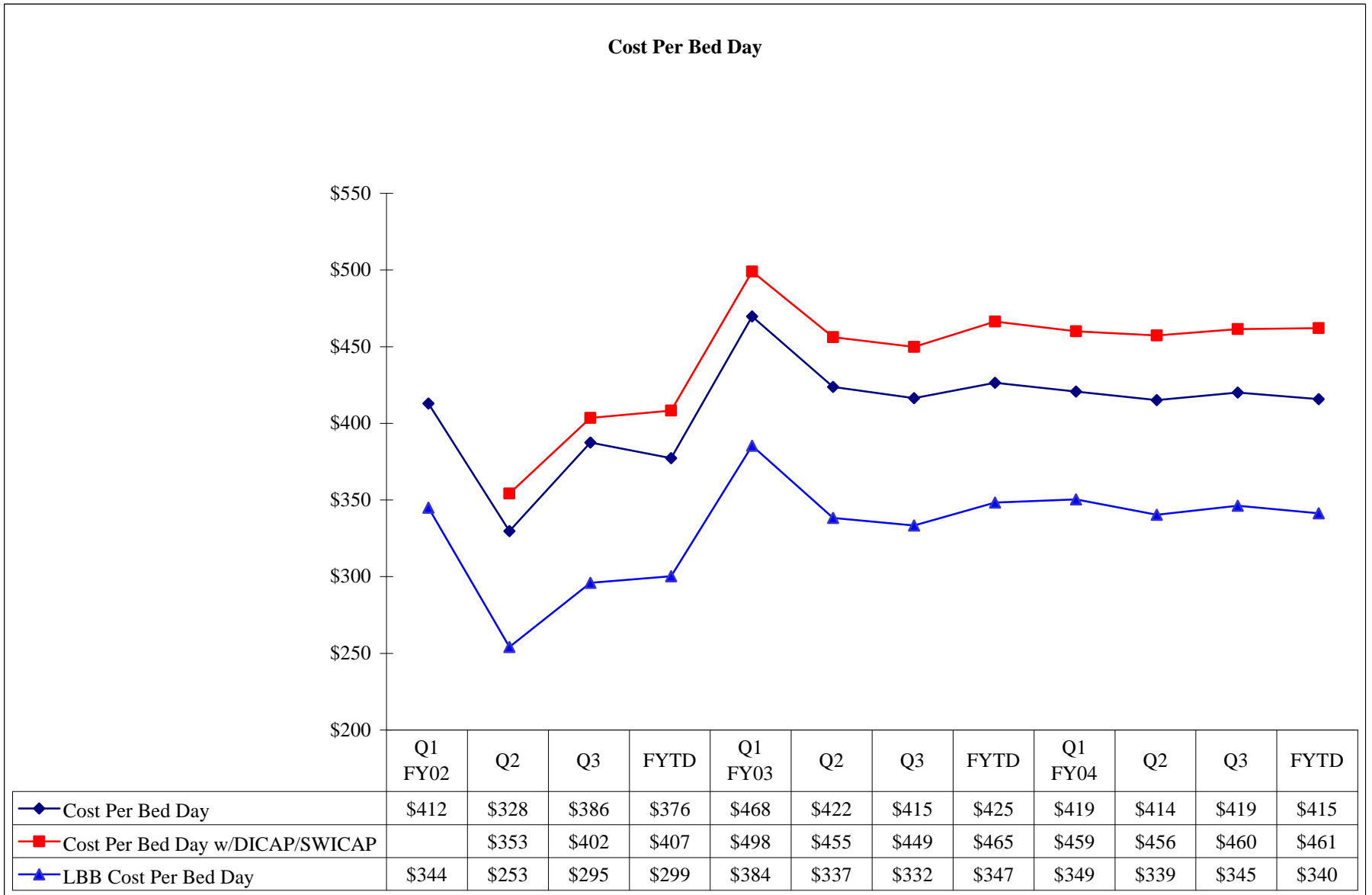
**WCFY - FY04 artificially low due to budget adjustments for prior fiscal year.

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation
 Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.

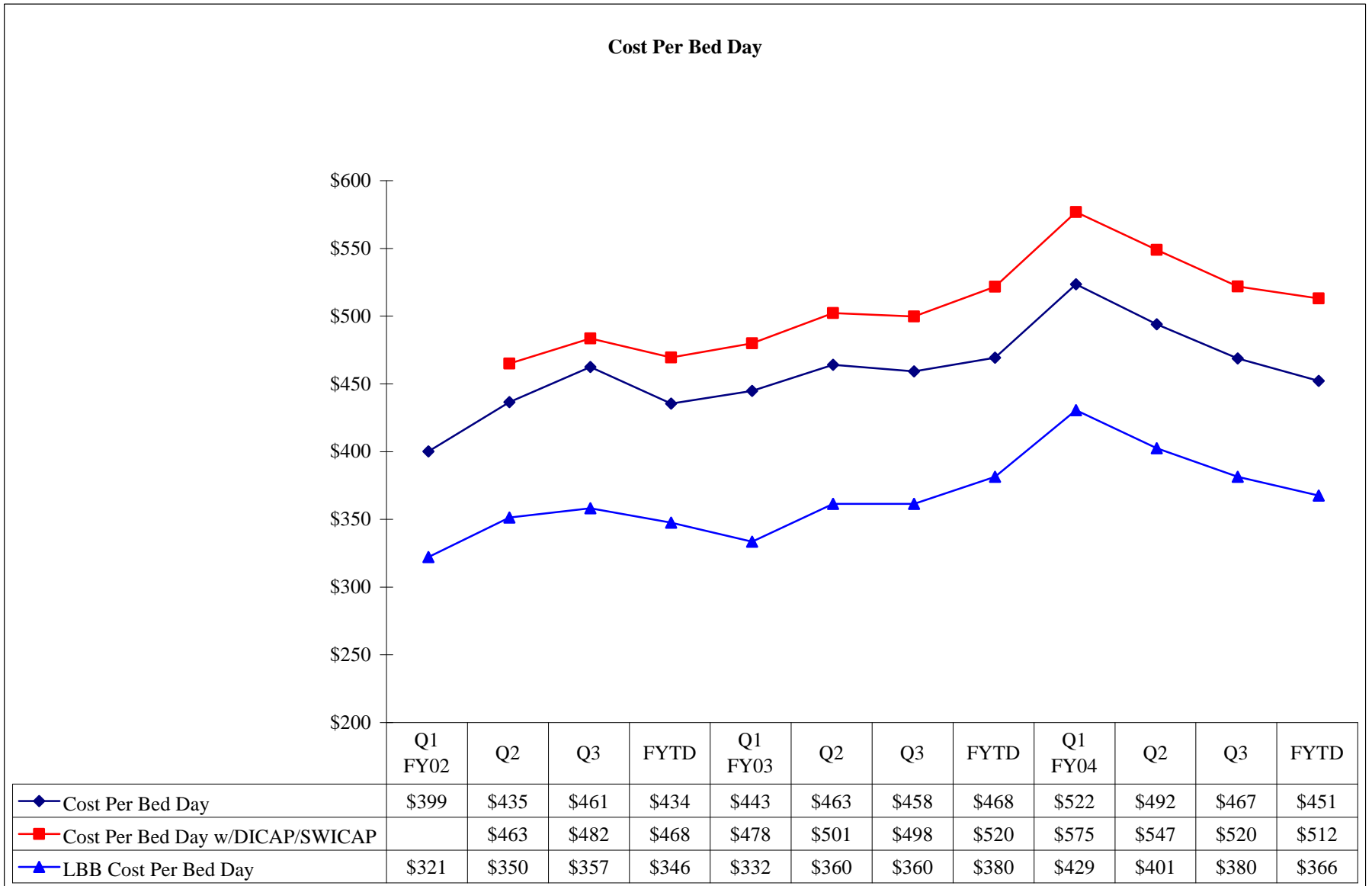
Measure 1B - Cost Per Bed Day
All MH Facilities



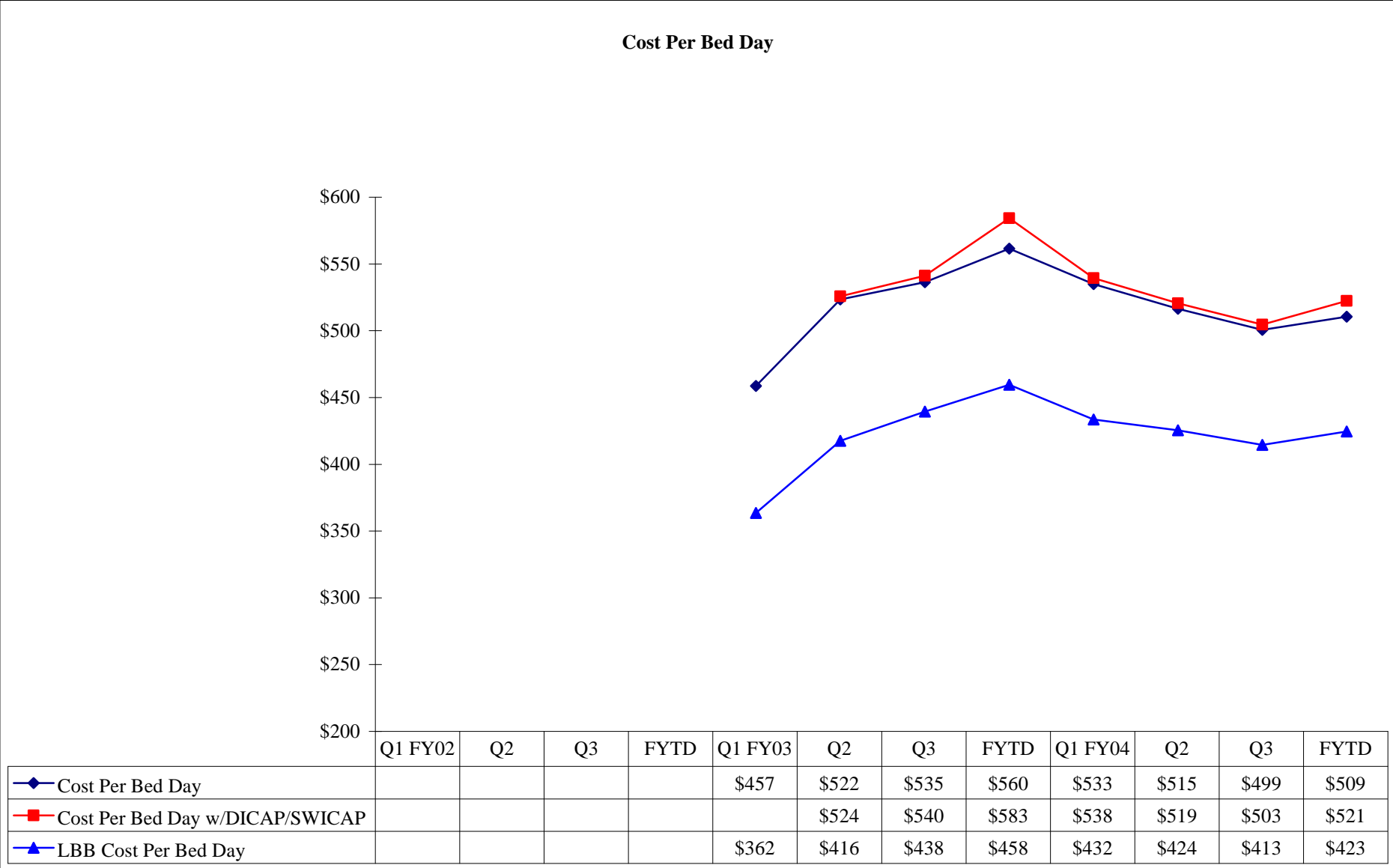
Measure 1B - Cost Per Bed Day
Austin State Hospital



Measure 1B - Cost Per Bed Day
Big Spring State Hospital

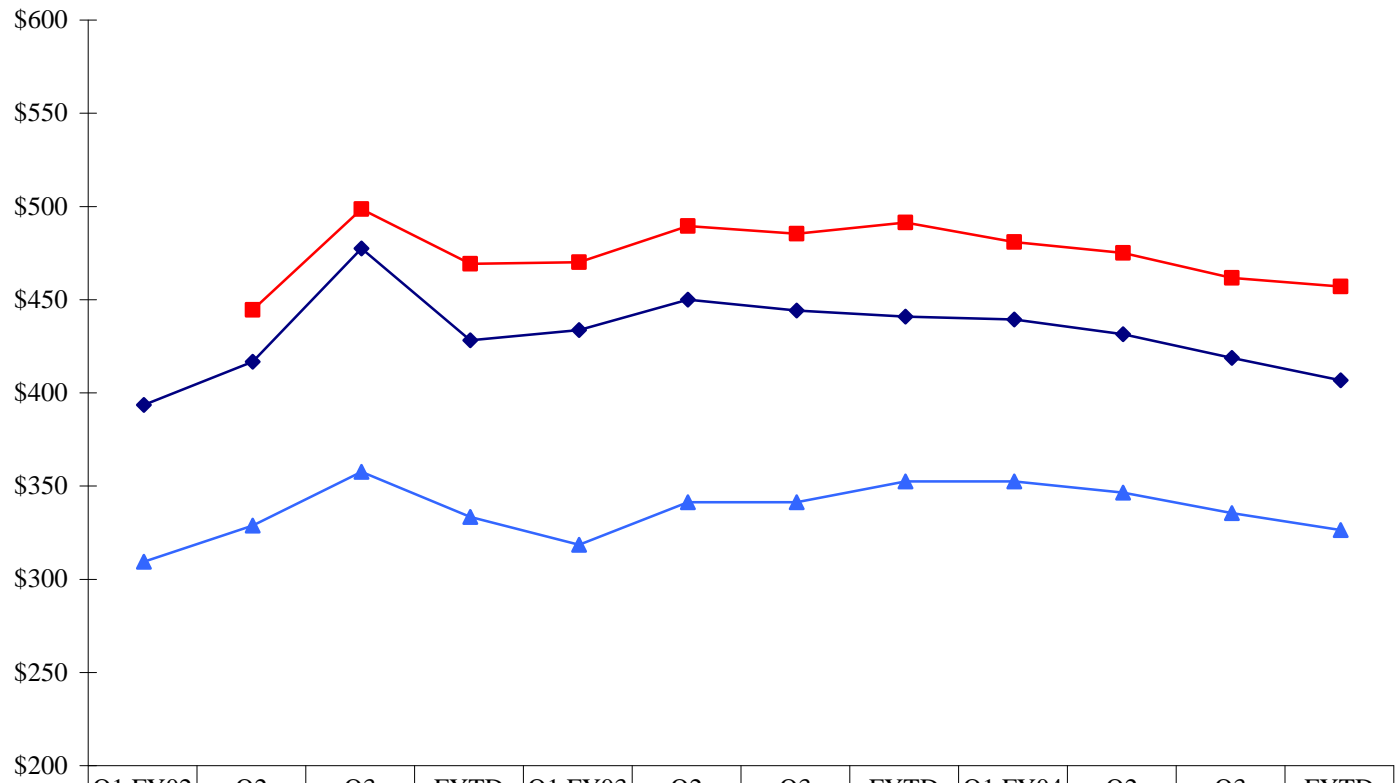


Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center

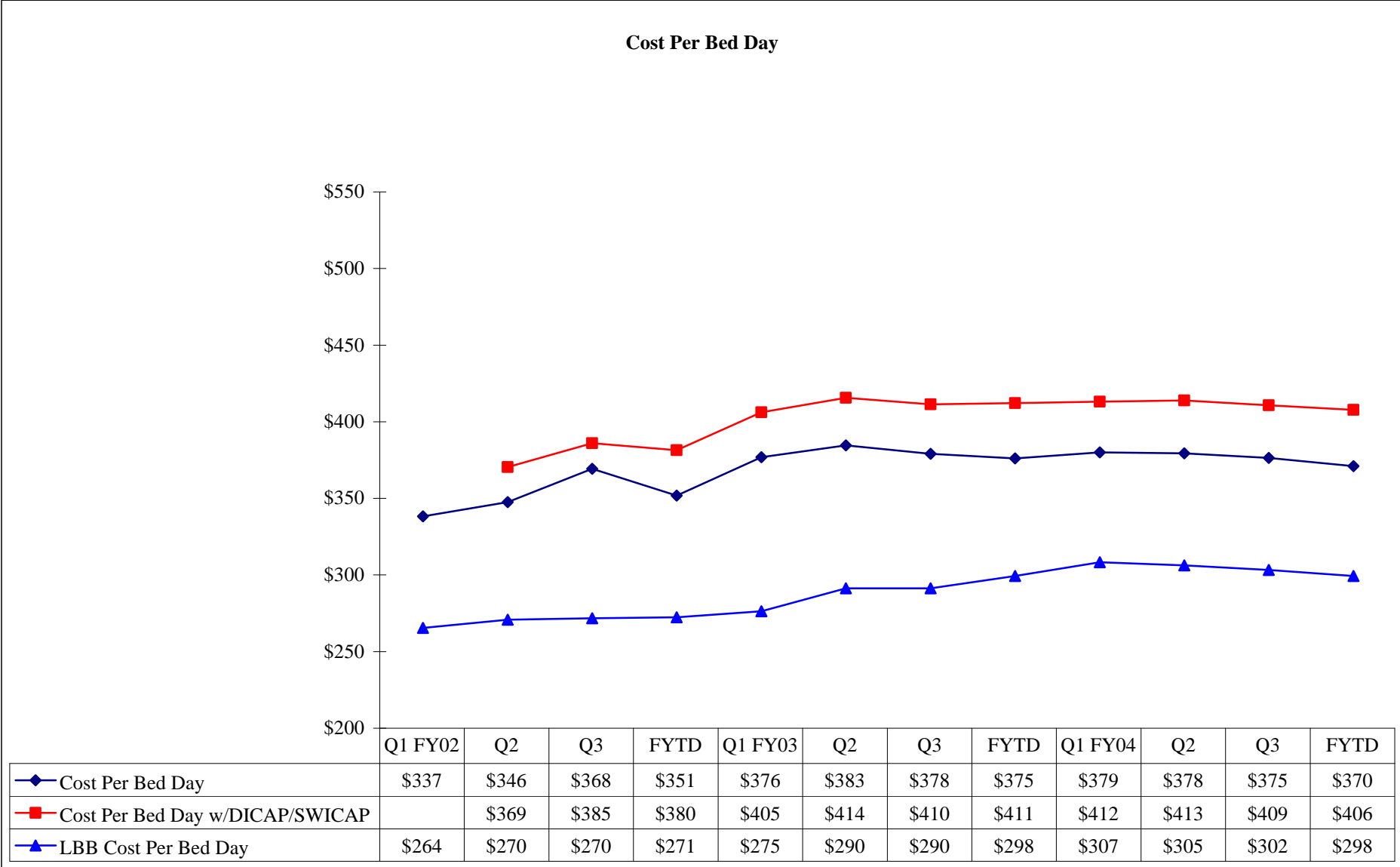


Measure 1B - Cost Per Bed Day
Kerrville State Hospital

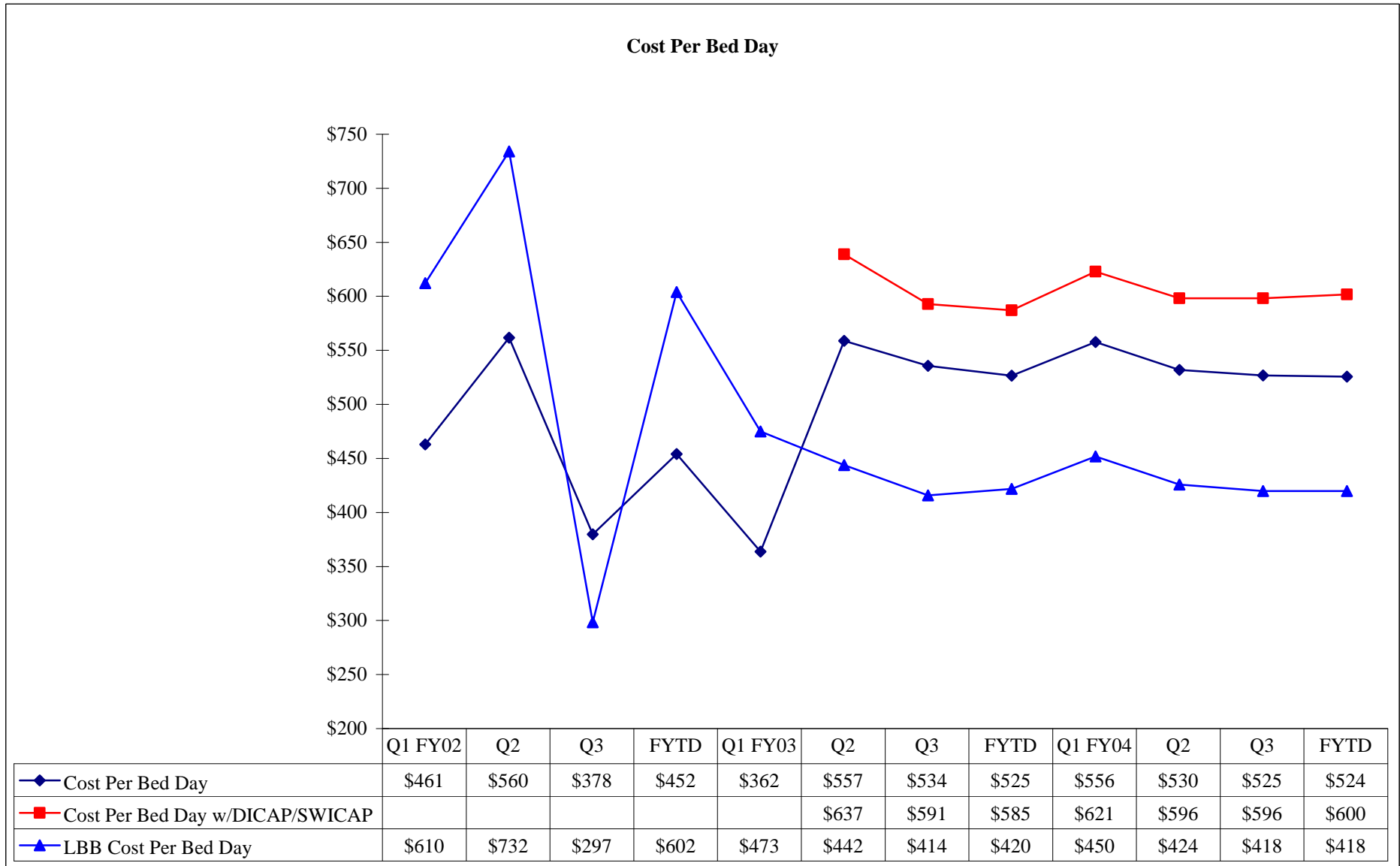
Cost Per Bed Day



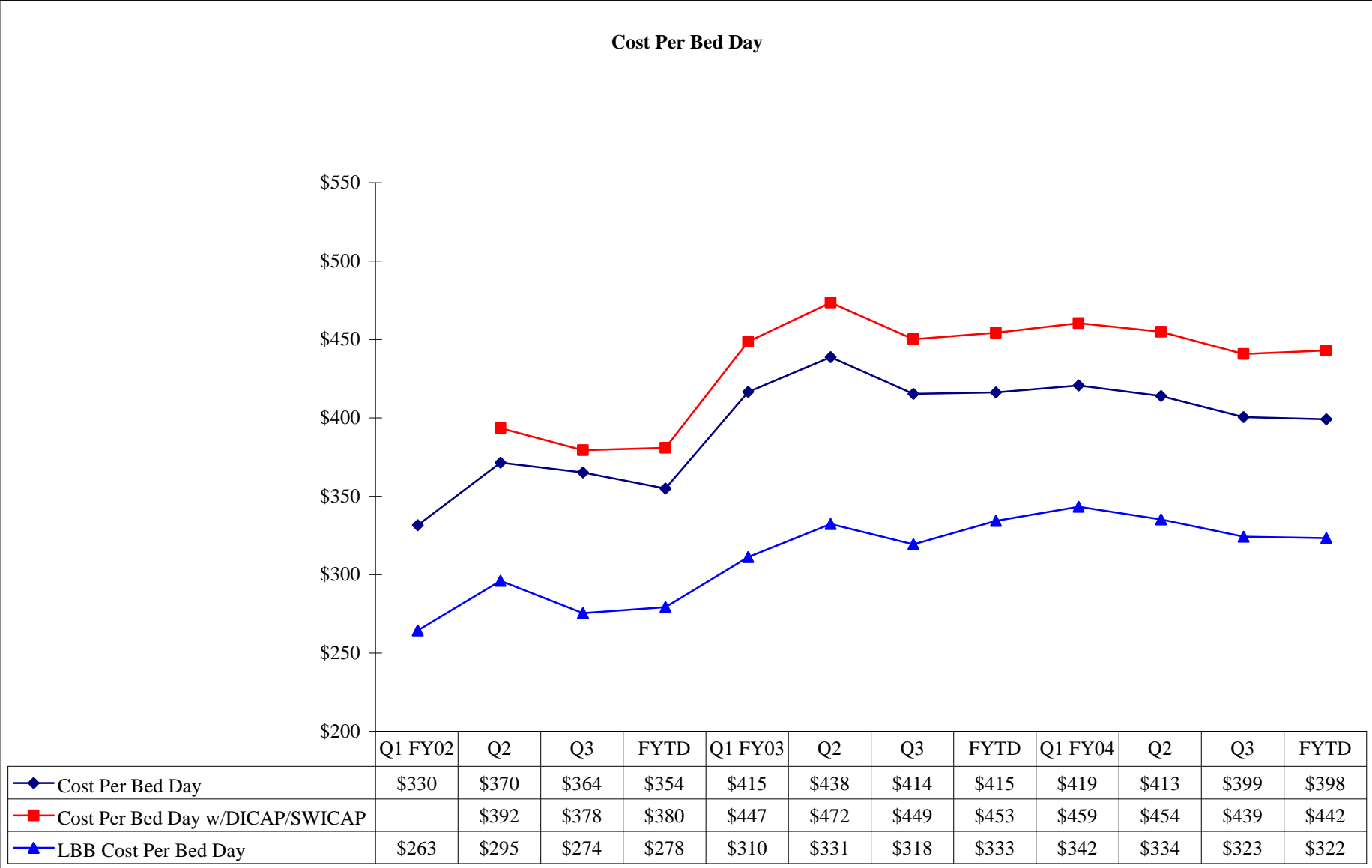
**Measure 1B - Cost Per Bed Day
North Texas State Hospital**



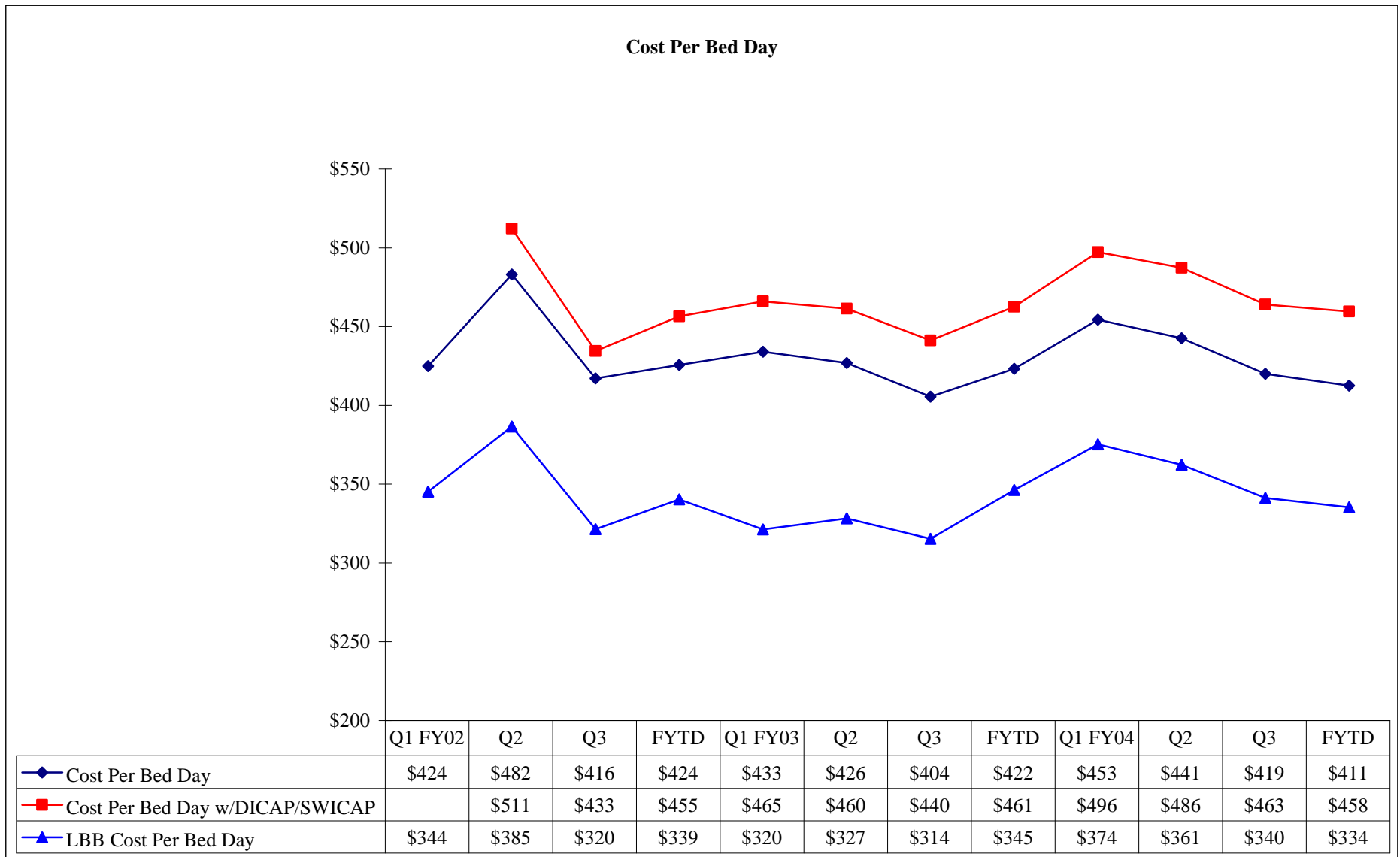
Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



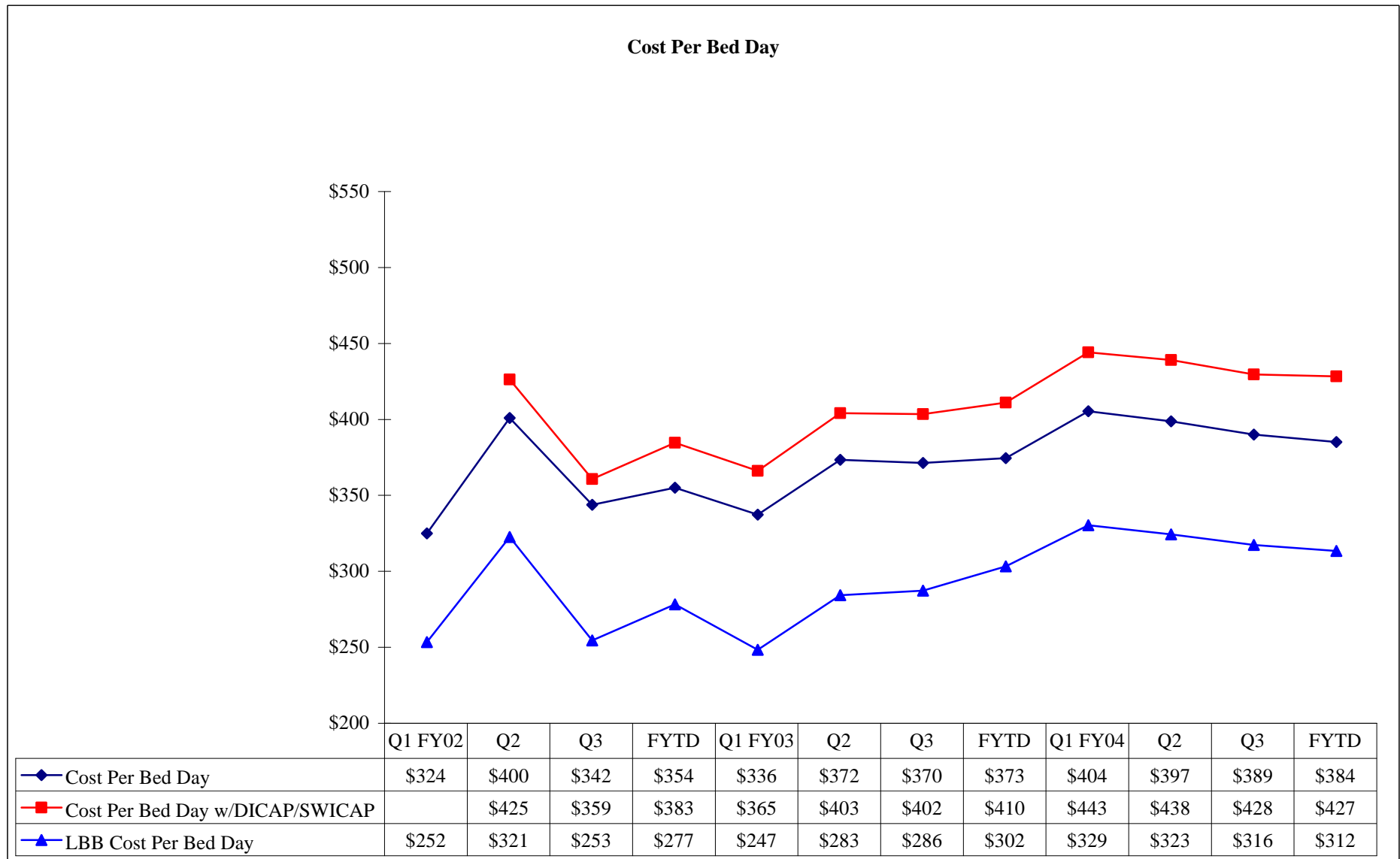
Measure 1B - Cost Per Bed Day
Rusk State Hospital



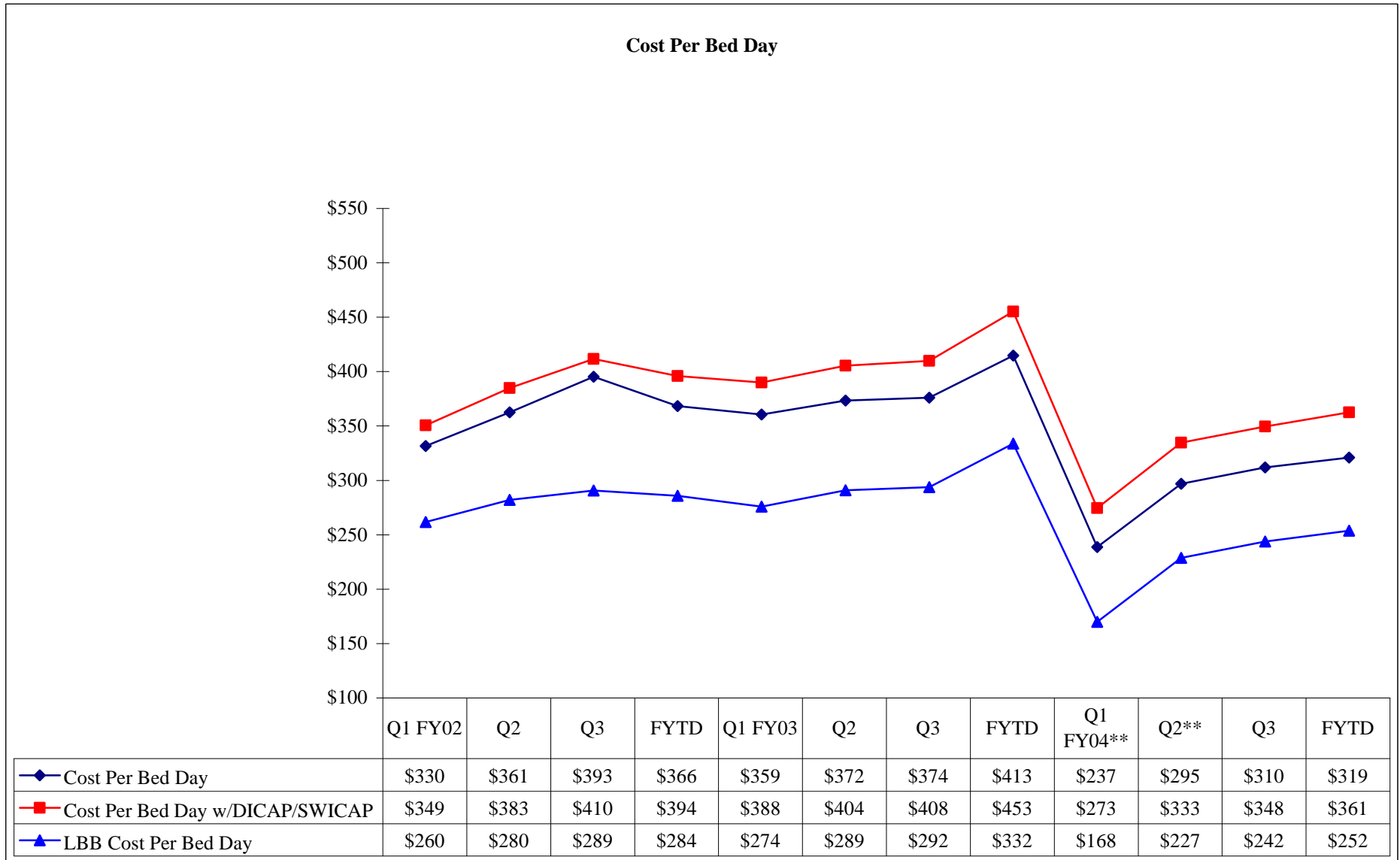
Measure 1B - Cost Per Bed Day
San Antonio State Hospital



**Measure 1B - Cost Per Bed Day
Terrell State Hospital**



**Measure 1B - Cost Per Bed Day
Waco Center for Youth**



**FY04 artificially low due to budget adjustments for prior fiscal year.

Performance Measure 1C:

Average daily census of campus-based services will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure)

Performance Measure Operational Definition: The facility's average daily census will be reported quarterly.

Performance Measure Formula: $C = (N/D)$

C = average daily census

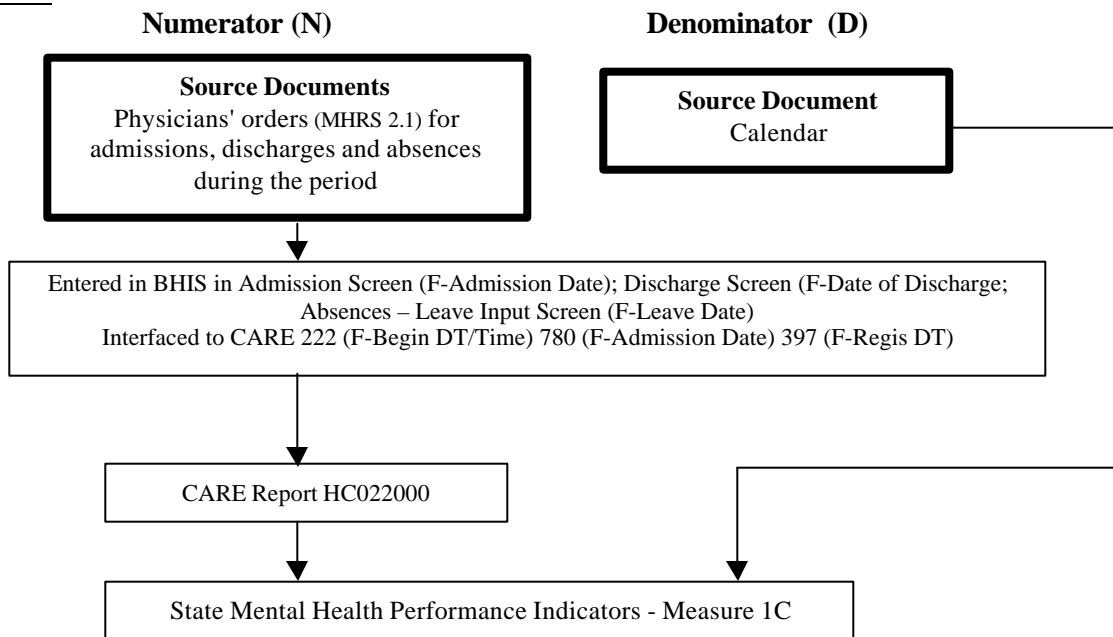
N = number of bed days

D = number of calendar days in the month

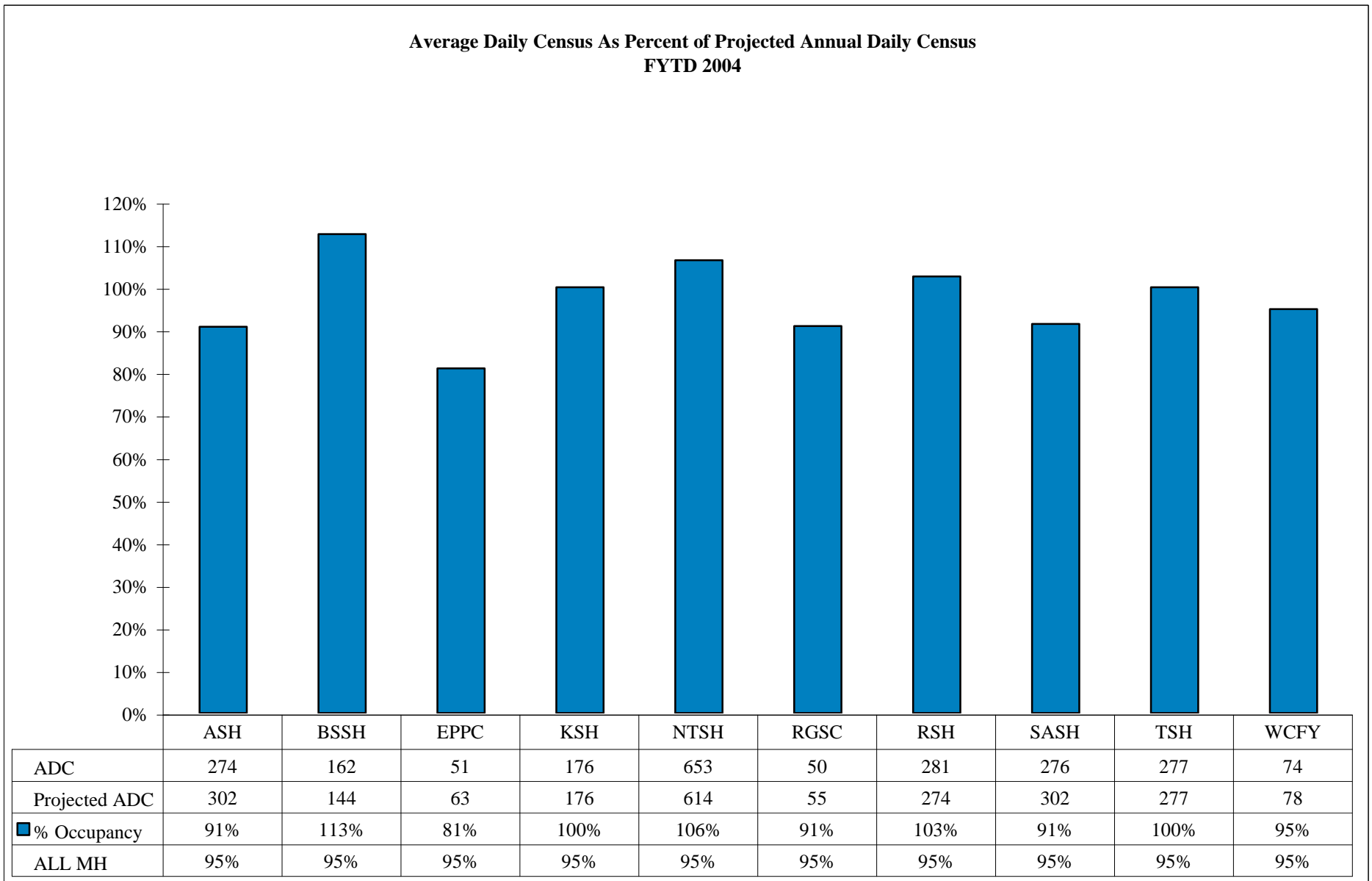
Performance Measure Data Display and Chart Description:

Chart with monthly data points of average daily census and funded census for individual facilities and system-wide.

Data Flow:

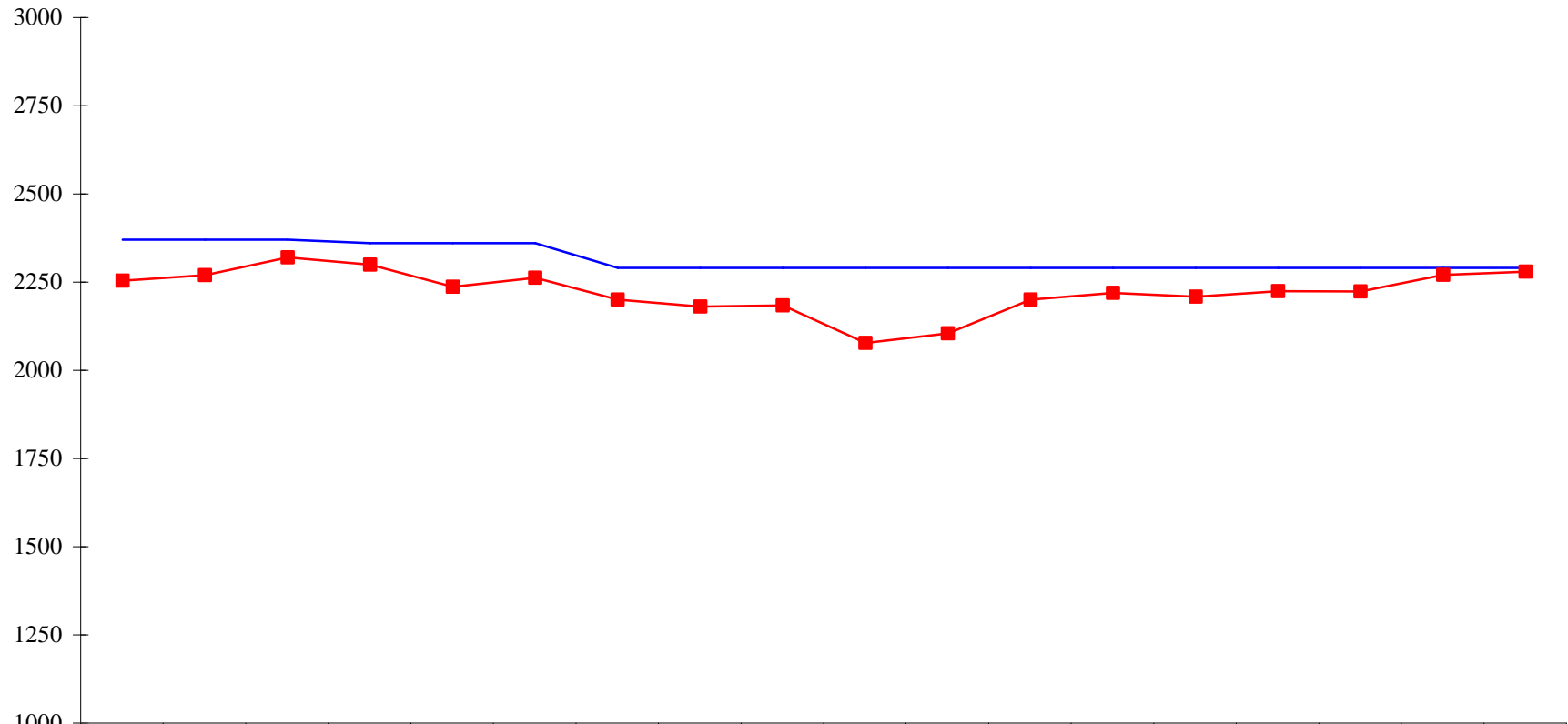


**Measure 1C - Average Daily Census
All MH Facilities -As of August 31, 2004**



Measure 1C - Average Daily Census
All MH Facilities

Average Daily Census



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
ADC	2248	2264	2314	2294	2231	2257	2195	2175	2178	2072	2099	2195	2214	2203	2219	2218	2265	2274
Projected ADC	2365	2365	2365	2355	2355	2355	2285	2285	2285	2285	2285	2285	2285	2285	2285	2285	2285	2285

**Measure 1C - Average Daily Census
Austin State Hospital**

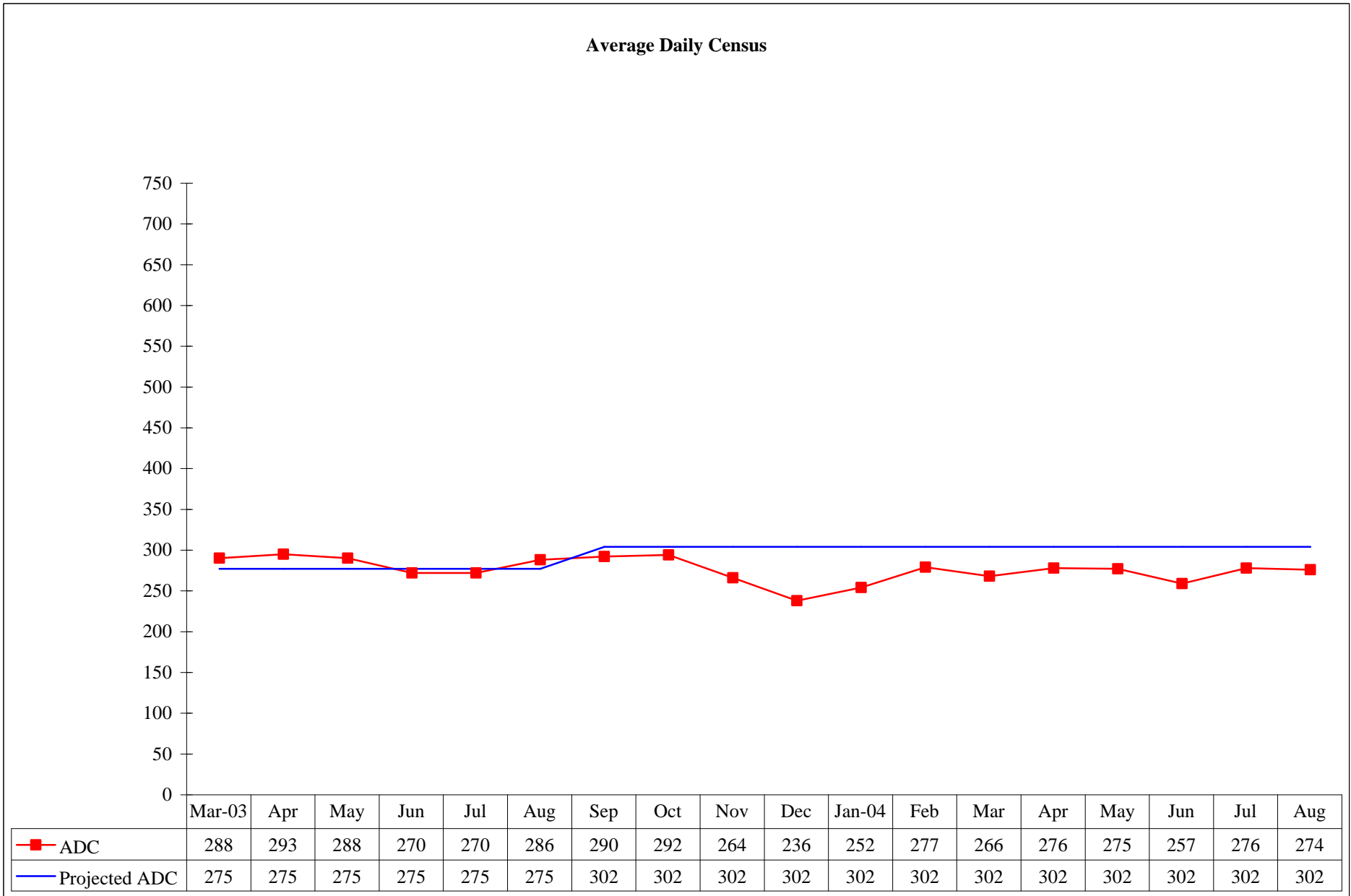
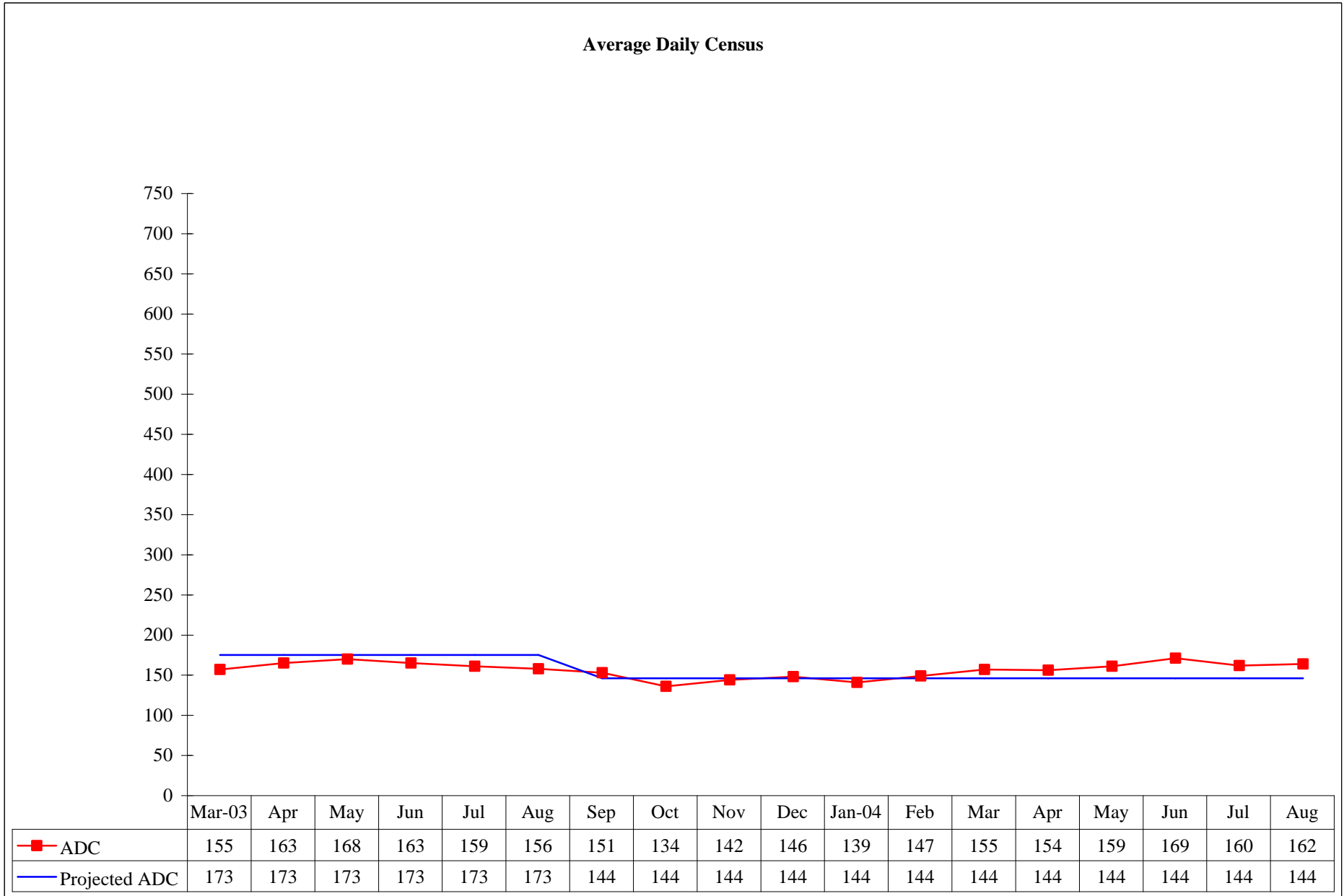


Chart: Management Data Services

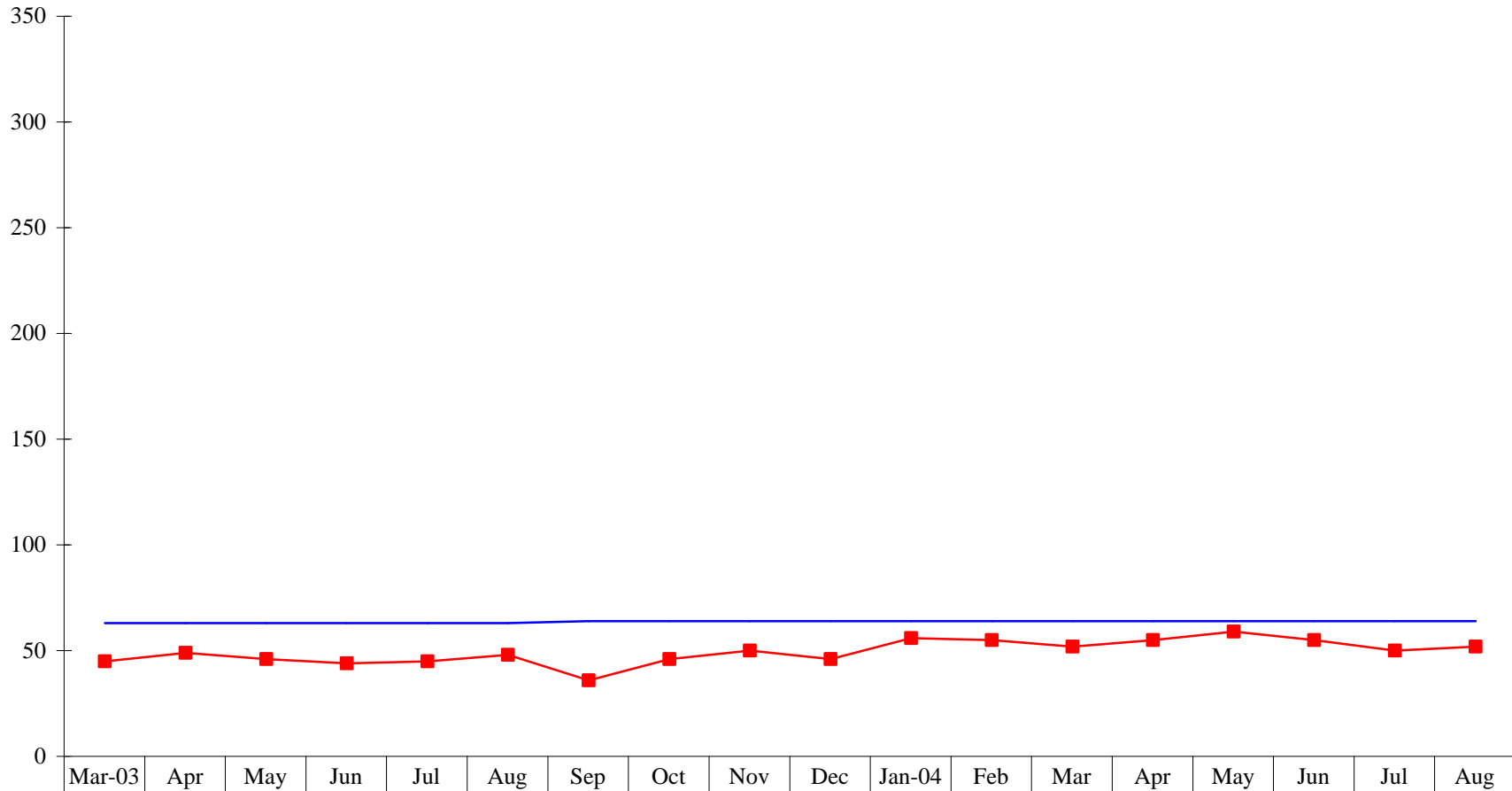
Source: Average Daily Census by Component (HC022000)

Measure 1C - Average Daily Census
Big Spring State Hospital

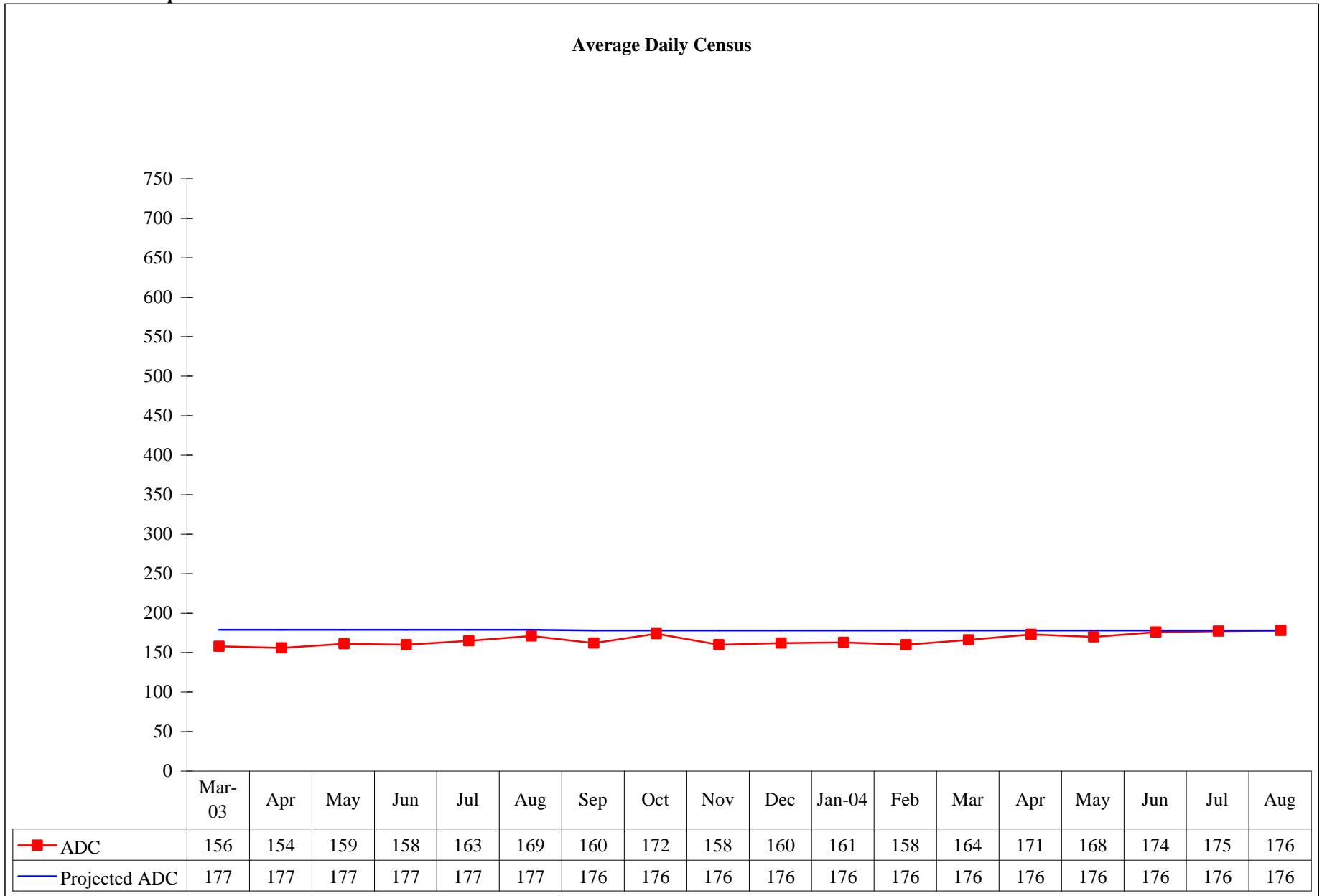


Measure 1C - Average Daily Census
El Paso Psychiatric Center

Average Daily Census

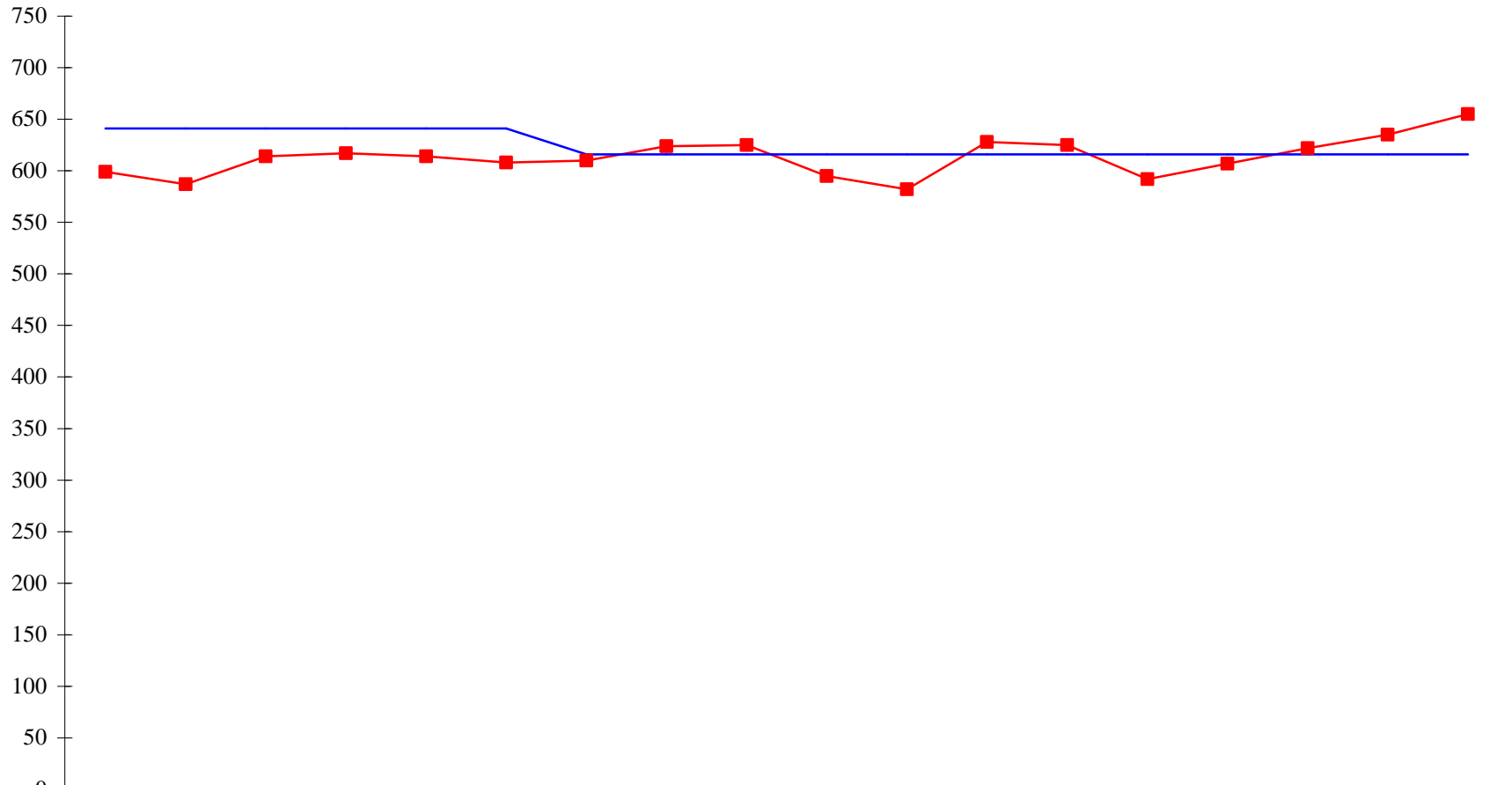


**Measure 1C - Average Daily Census
Kerrville State Hospital**



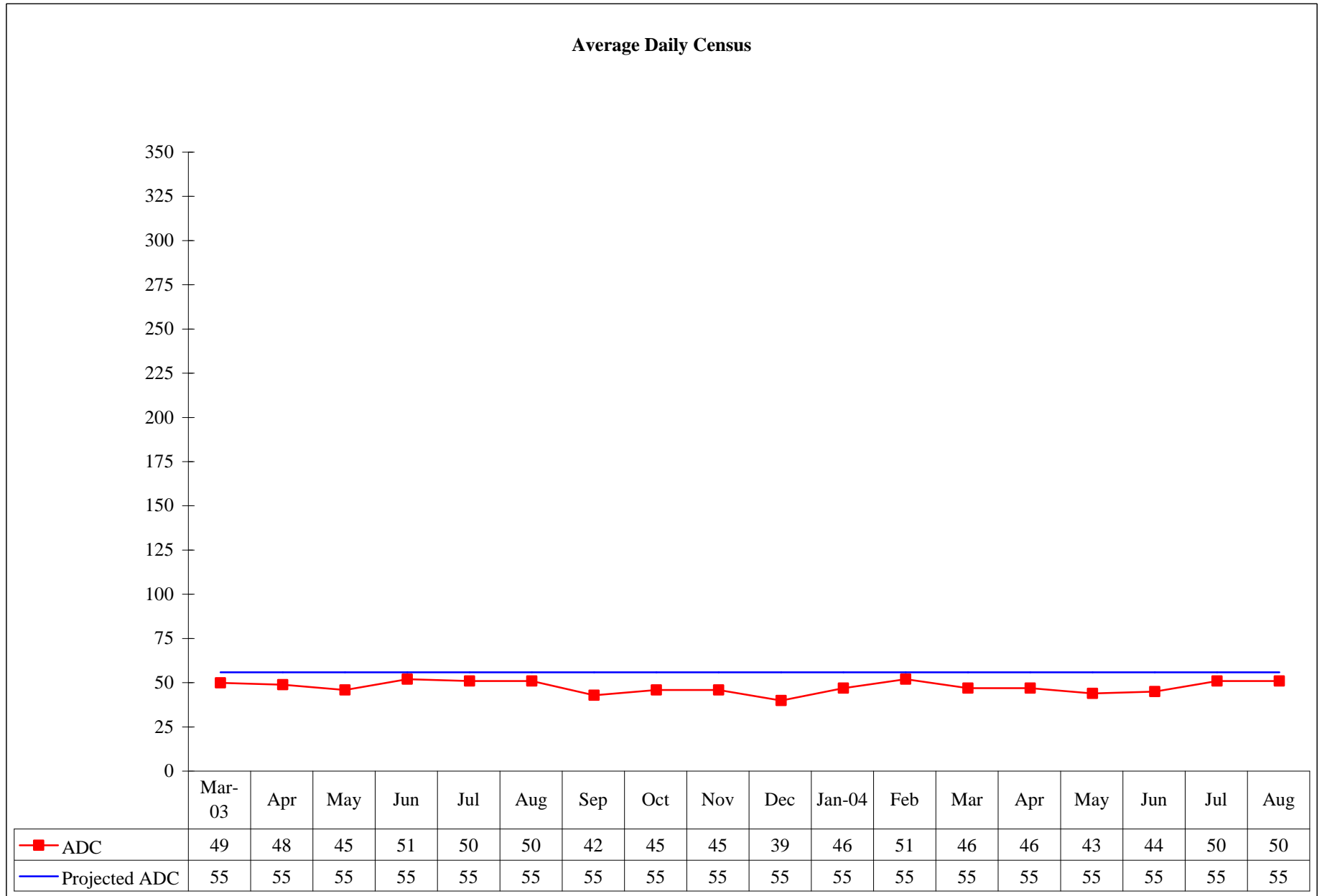
**Measure 1C - Average Daily Census
North Texas State Hospital**

Average Daily Census



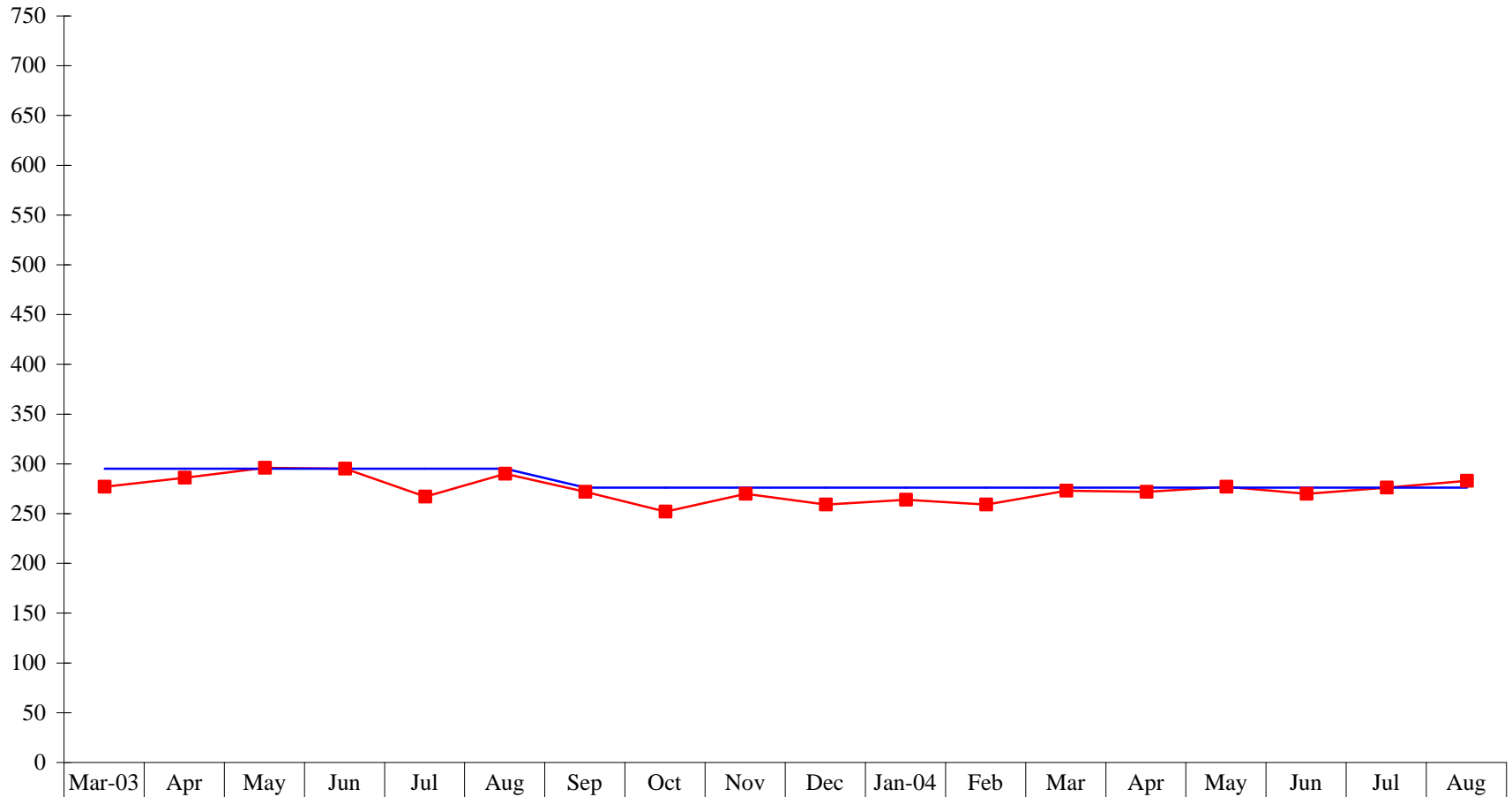
	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
ADC	597	585	612	615	612	606	608	622	623	593	580	626	623	590	605	620	633	653
Projected ADC	639	639	639	639	639	639	614	614	614	614	614	614	614	614	614	614	614	614

Measure 1C - Average Daily Census
Rio Grande State Center-MH



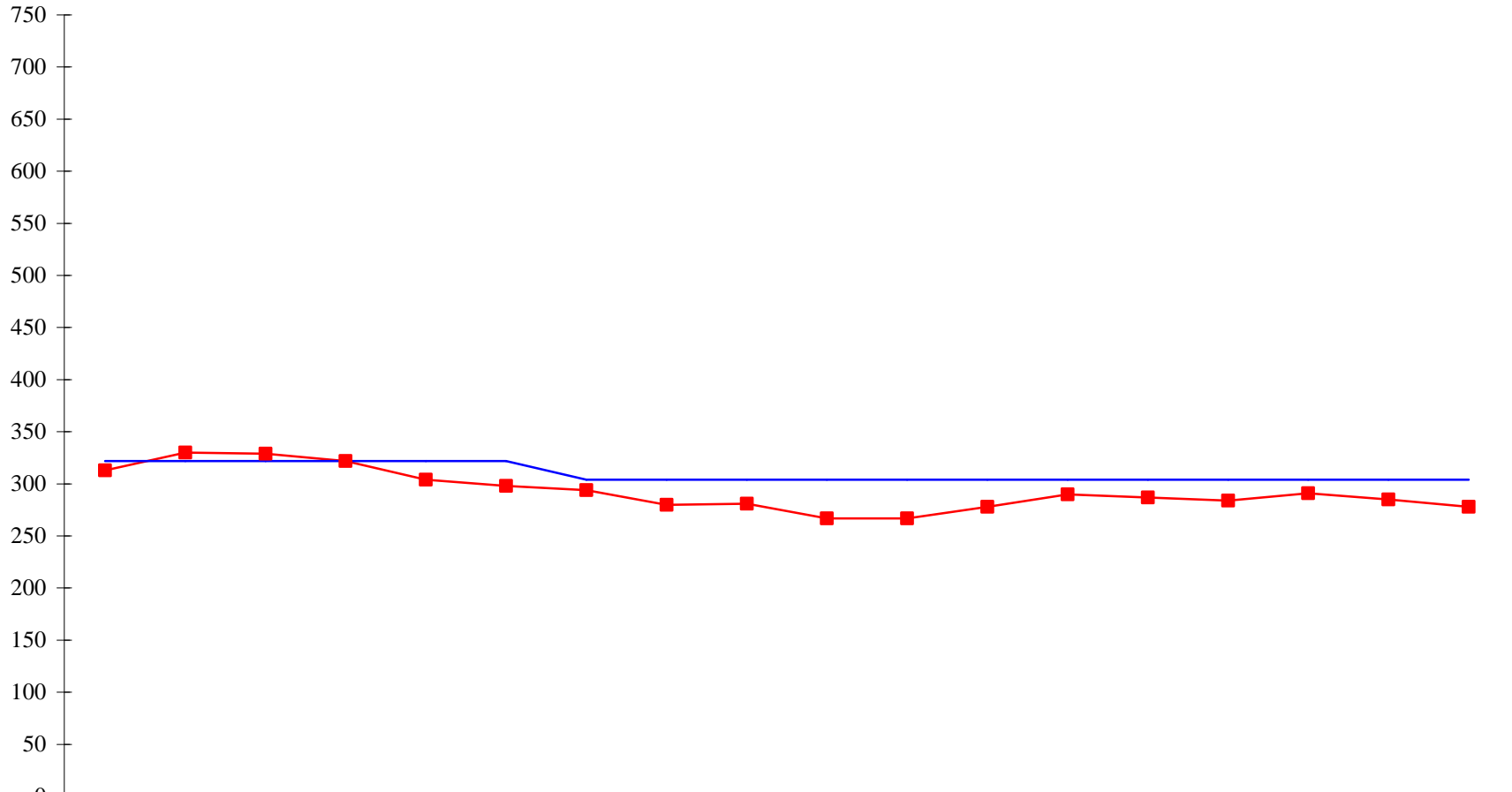
Measure 1C - Average Daily Census
Rusk State Hospital

Average Daily Census



**Measure 1C - Average Daily Census
San Antonio State Hospital**

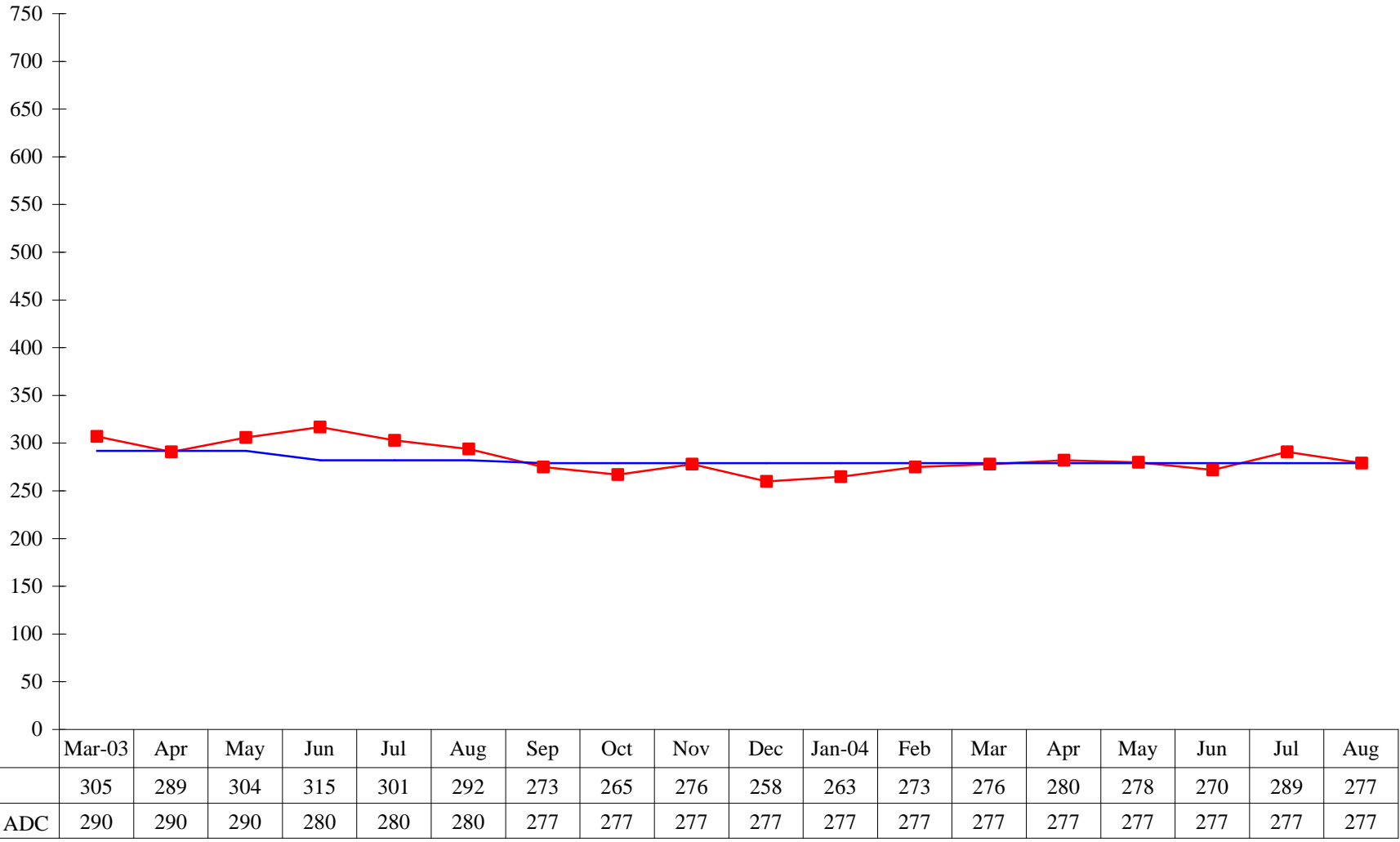
Average Daily Census



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
■ ADC	311	328	327	320	302	296	292	278	279	265	265	276	288	285	282	289	283	276
— Projected ADC	320	320	320	320	320	320	302	302	302	302	302	302	302	302	302	302	302	302

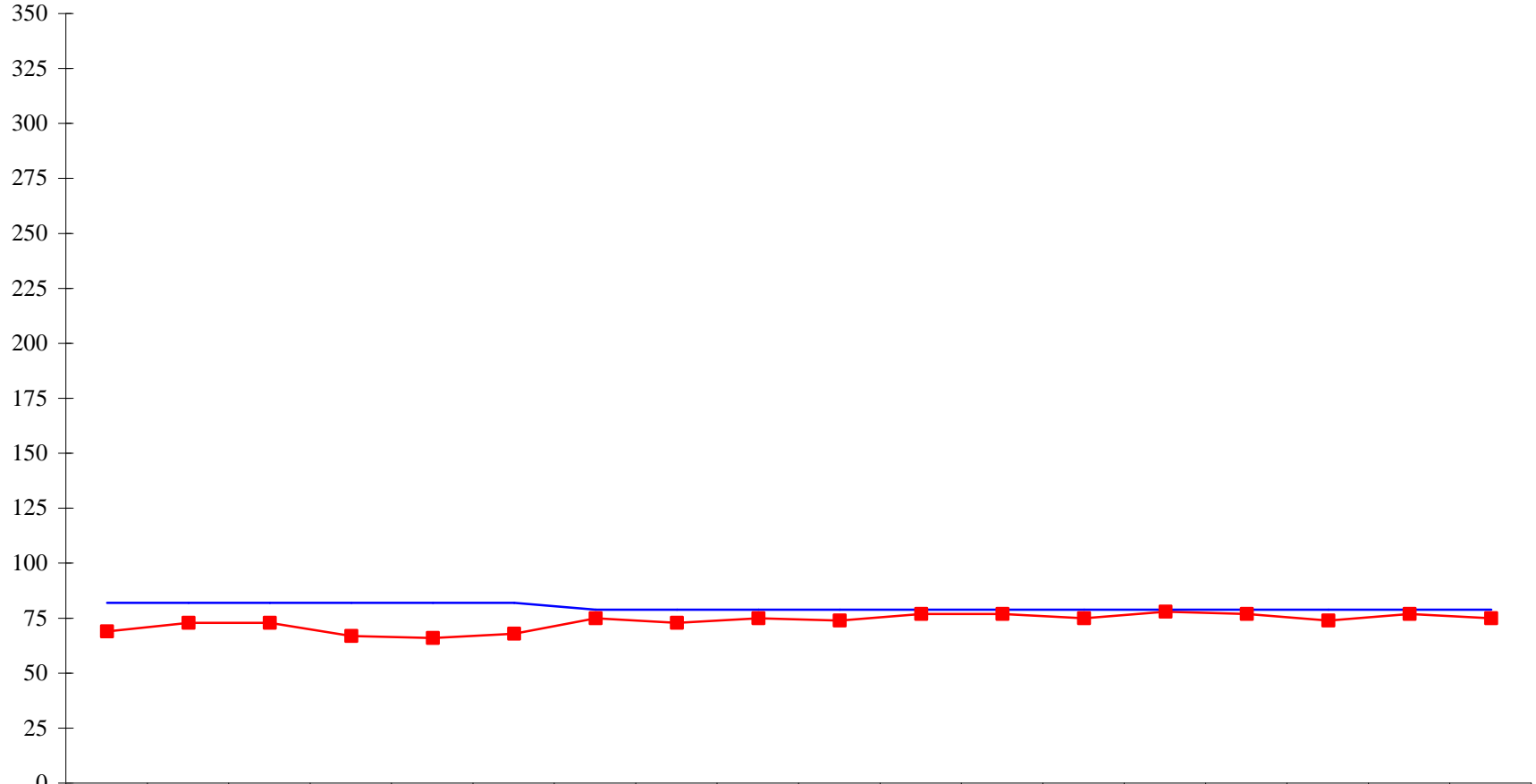
Measure 1C - Average Daily Census
Terrell State Hospital

Average Daily Census



**Measure 1C - Average Daily Census
Waco Center For Youth**

Average Daily Census



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
ADC	68	72	72	66	65	67	74	72	74	73	76	76	74	77	76	73	76	74
Projected ADC	81	81	81	81	81	81	78	78	78	78	78	78	78	78	78	78	78	78

Performance Measure 1D:

The cost of new generation antipsychotic medication will be tracked and analyzed quarterly. (LBB Measure)

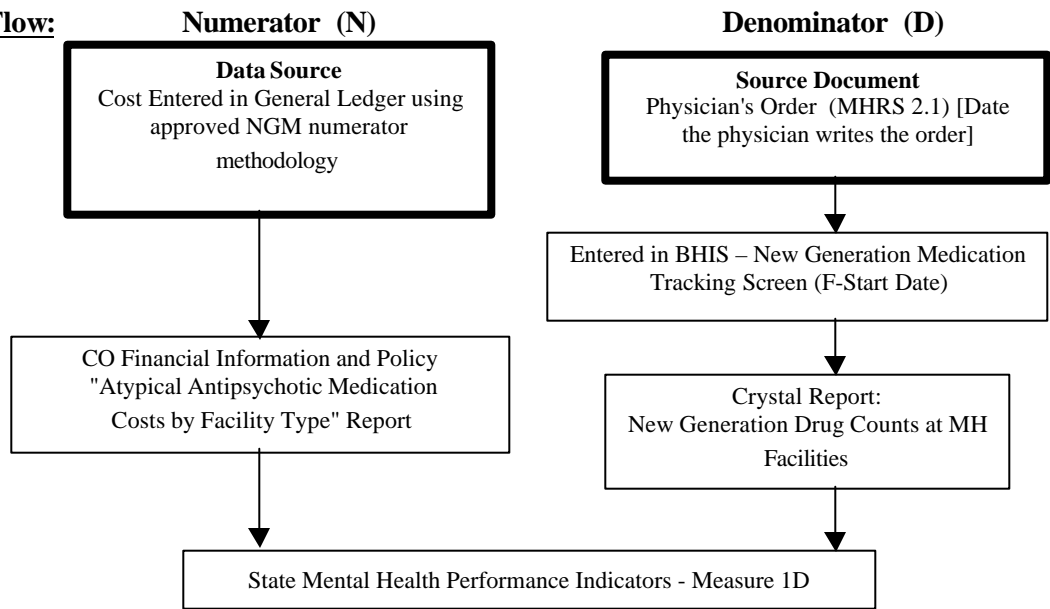
Performance Measure Operational Definition: The facility average monthly cost for new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole) per patient.

Performance Measure Formula: Average Cost Per Patient Receiving NGM = NGM Cost / Number of Unique Patients Taking NGM. Formula to calculate NGM numerator equals: beginning NGM balance, plus current monthly NGM purchases/receipts, minus NGM ending balance equals NGM drug issues (costs). The source is Pharmakon. Note: Facilities that are exempted from this formula are SASH, KSH and EPPC. SASH and KSH will track individual patients for NGM cost and EPPC will use their own pharmacy system rather than Pharmakon.

Performance Measure Data Display and Chart Description:

Chart with monthly data points of average cost of new generation medication per patient for individual facilities and system-wide.

Data Flow:



**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
All MH Facilities**

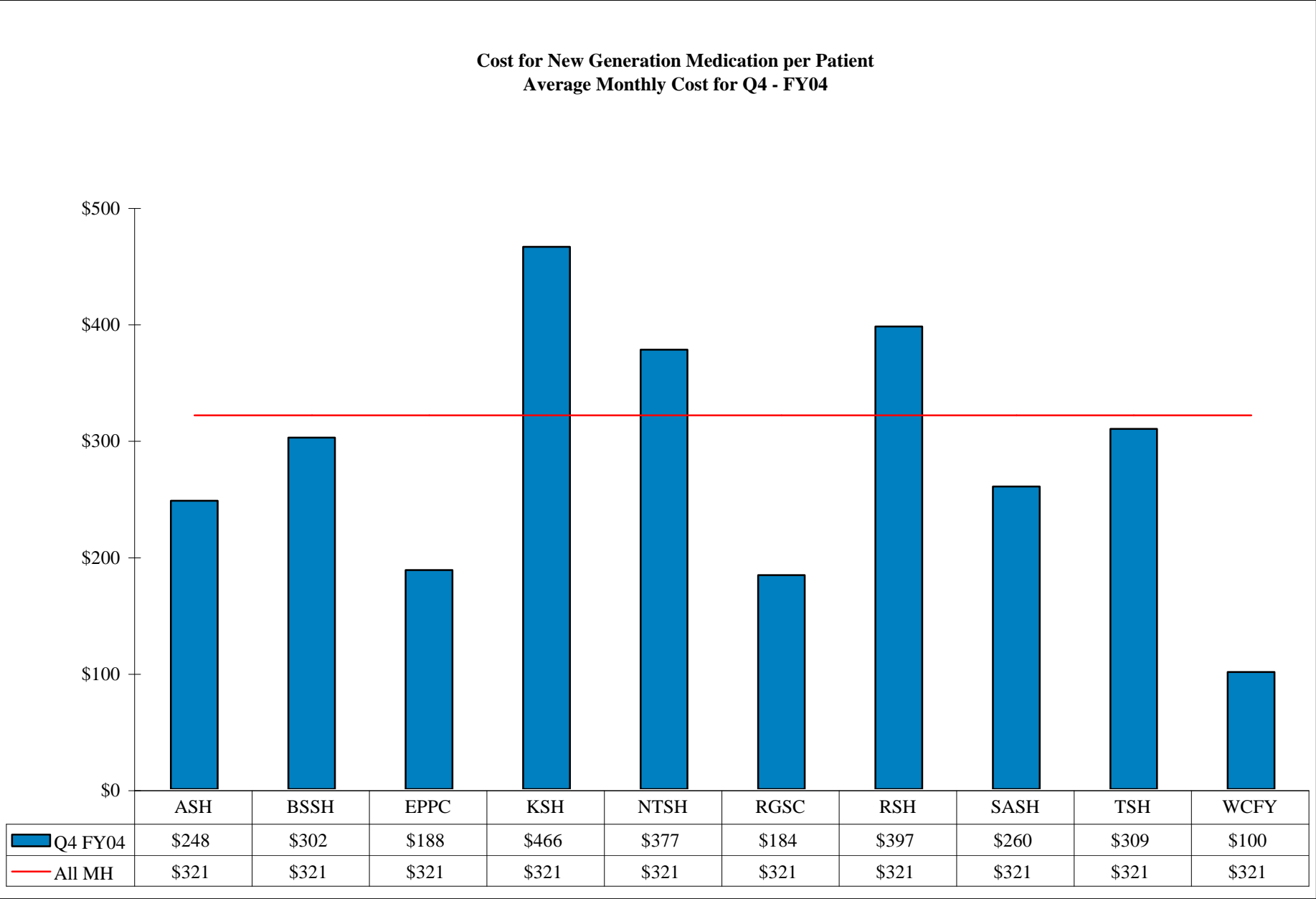
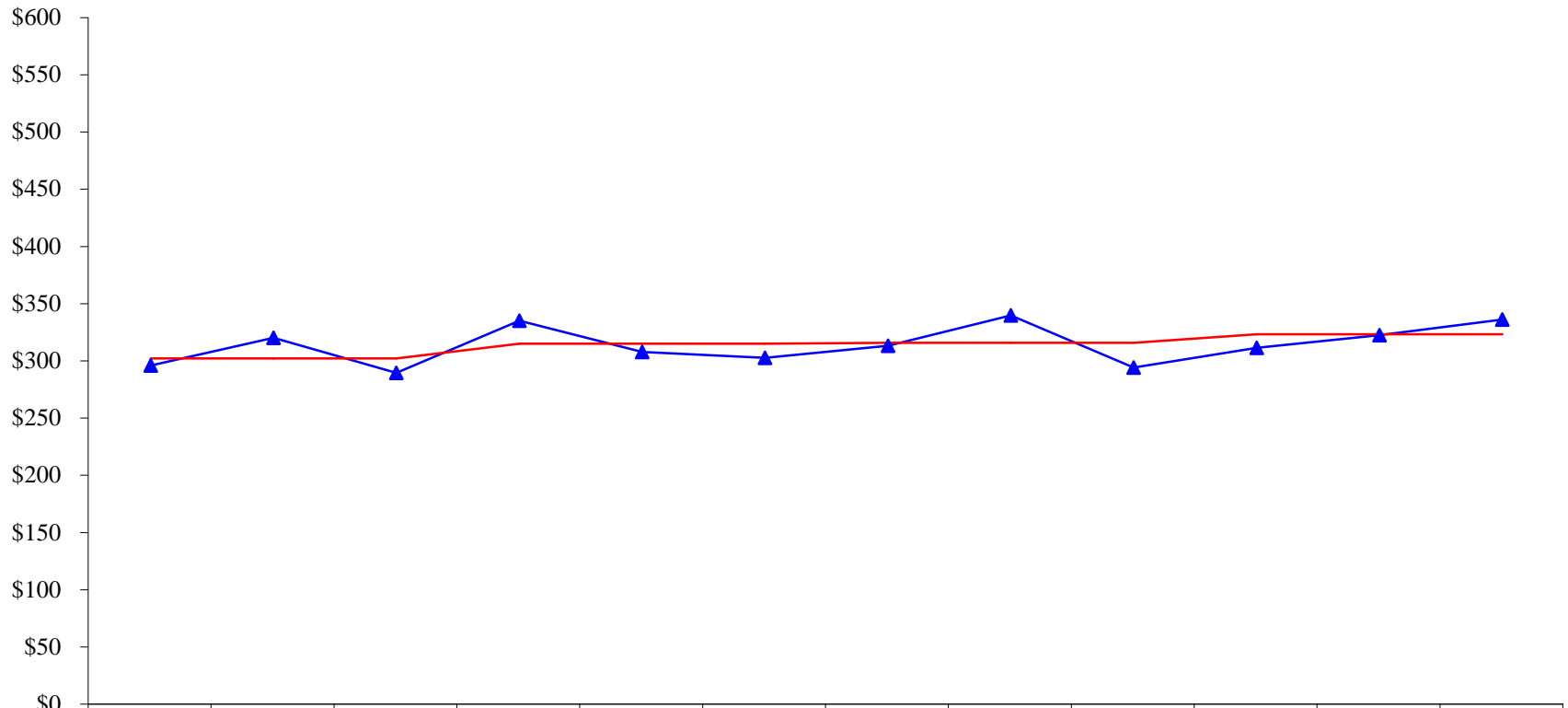


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

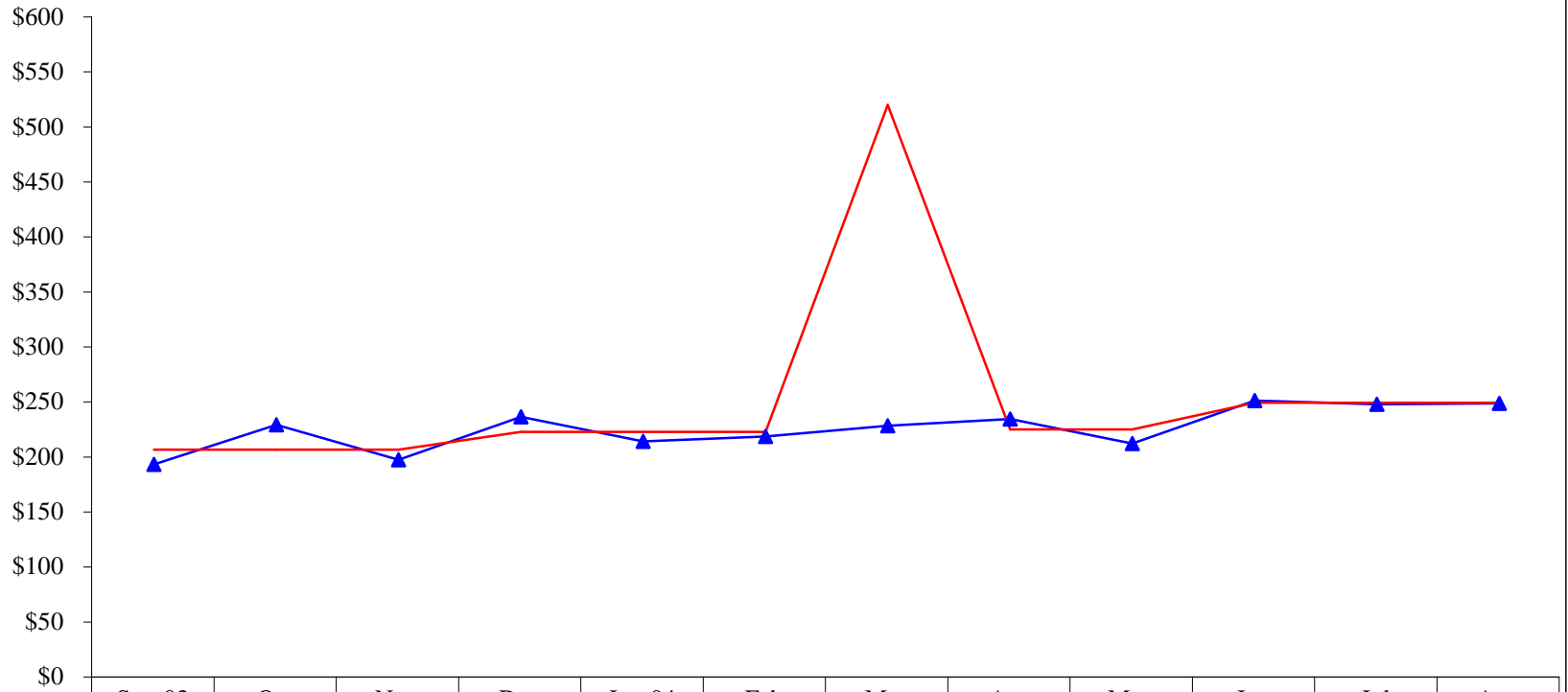
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
All MH Facilities**

Average Cost of New Generation Medication per Patient



**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Austin State Hospital**

Average Cost of New Generation Medication per Patient



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost	\$83,737	\$99,437	\$84,499	\$95,287	\$89,280	\$98,244	\$112,826	\$122,969	\$111,390	\$126,736	\$126,292	\$117,383
# of Pts on NGM	437	437	432	406	420	453	498	528	529	508	513	475
—▲ Average Cost per Patient	\$192	\$228	\$196	\$235	\$213	\$217	\$227	\$233	\$211	\$249	\$246	\$247
—▲ Average Cost (LBB)	\$205	\$205	\$205	\$221	\$221	\$221	518	\$223	\$223	\$248	\$248	\$248

*Due to accounting problems, March and April costs are averaged.
Q1FY04 Revised

Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Big Spring State Hospital**

Average Cost of New Generation Medication per Patient

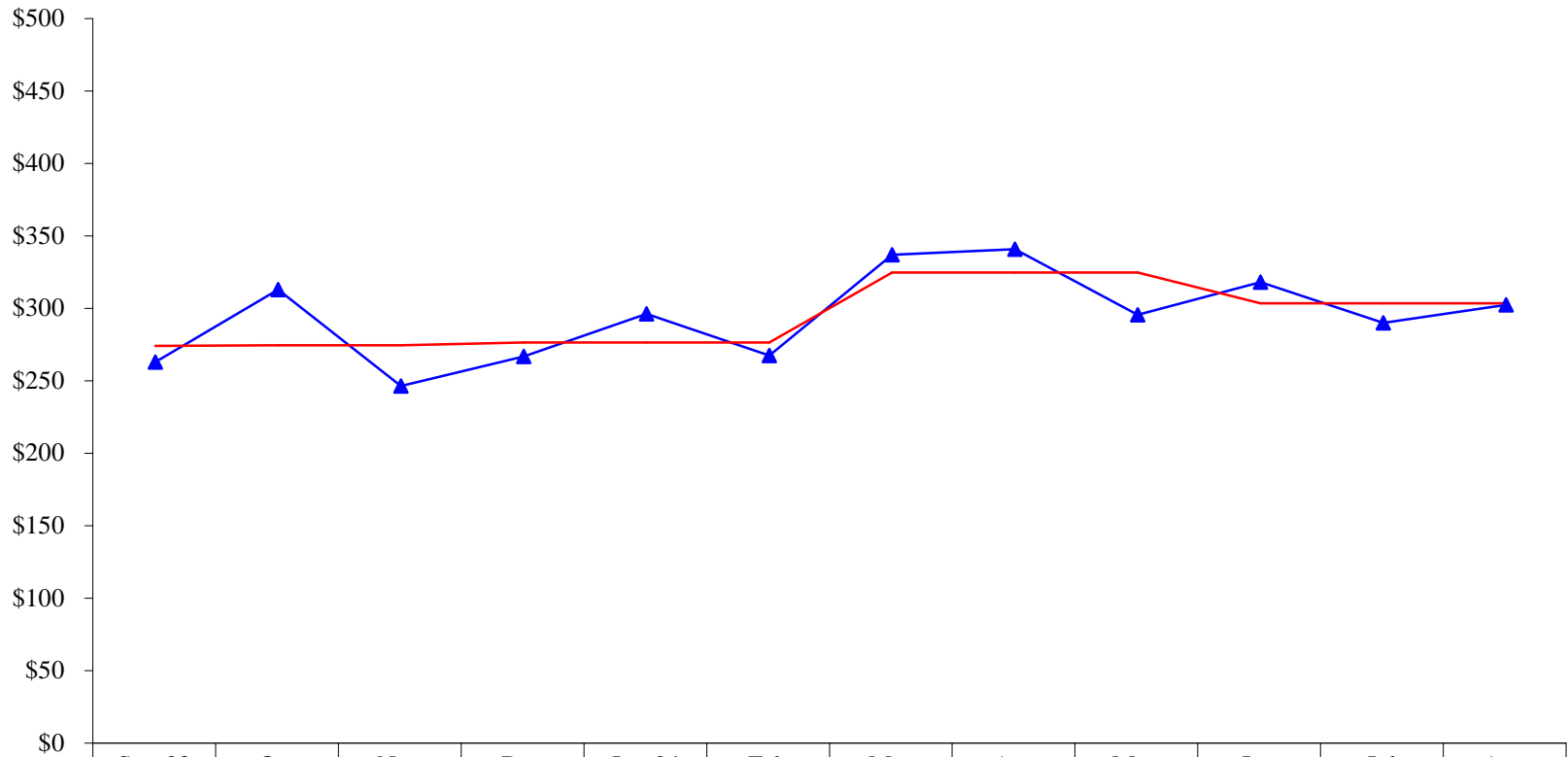
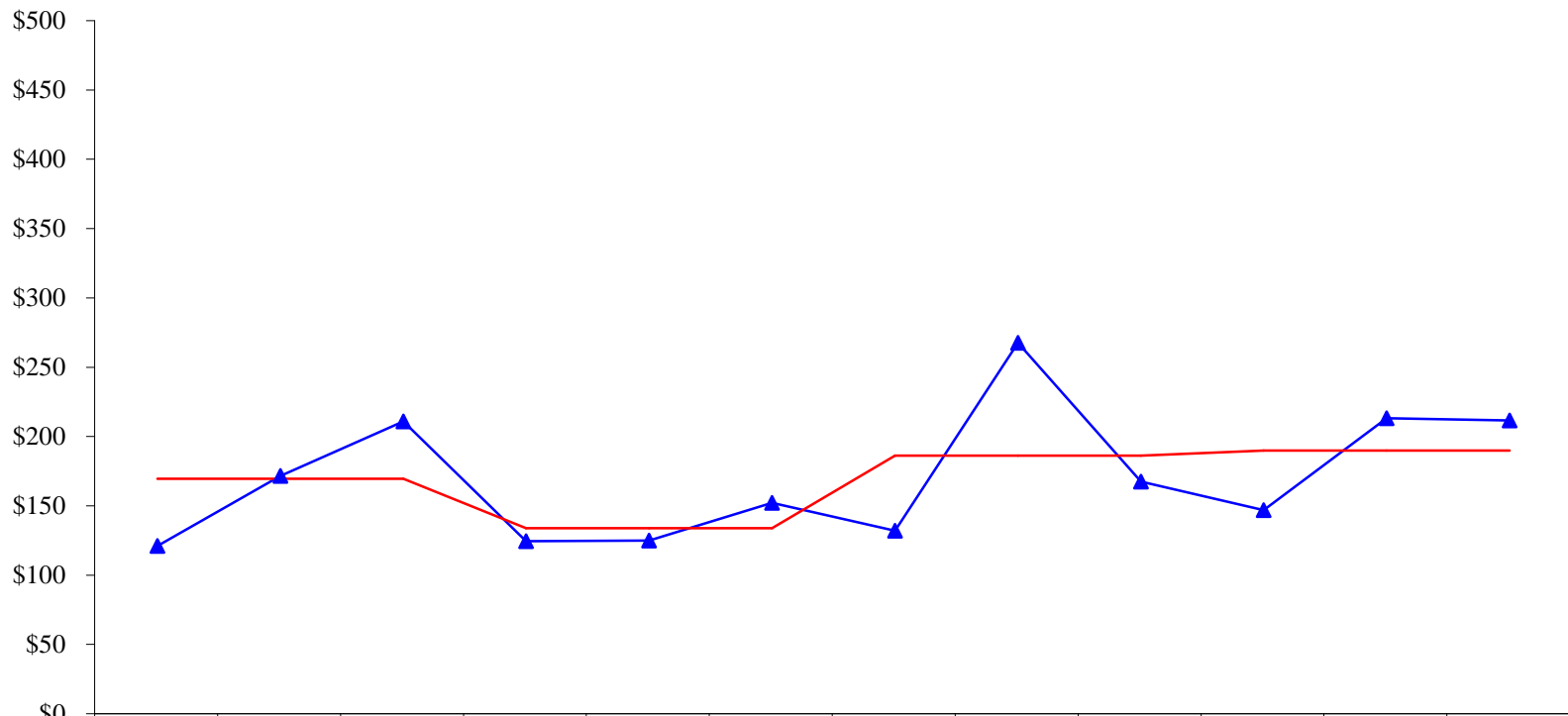


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
El Paso Psychiatric Center**

Average Cost of New Generation Medication per Patient



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost	\$11,082	\$16,783	\$21,738	\$14,212	\$14,014	\$17,564	\$14,445	\$27,367	\$21,034	\$15,803	\$21,978	\$22,015
# of Pts on NGM	93	99	104	116	114	117	111	103	127	109	104	105
▲ Average Cost per Patient	\$119	\$170	\$209	\$123	\$123	\$150	\$130	\$266	\$166	\$145	\$211	\$210
— Average Cost (LBB)	\$168	\$168	\$168	\$132	\$132	\$132	\$184	\$184	\$184	\$188	\$188	\$188

*Due to accounting problems, March and April costs are averaged.
Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Kerrville State Hospital**

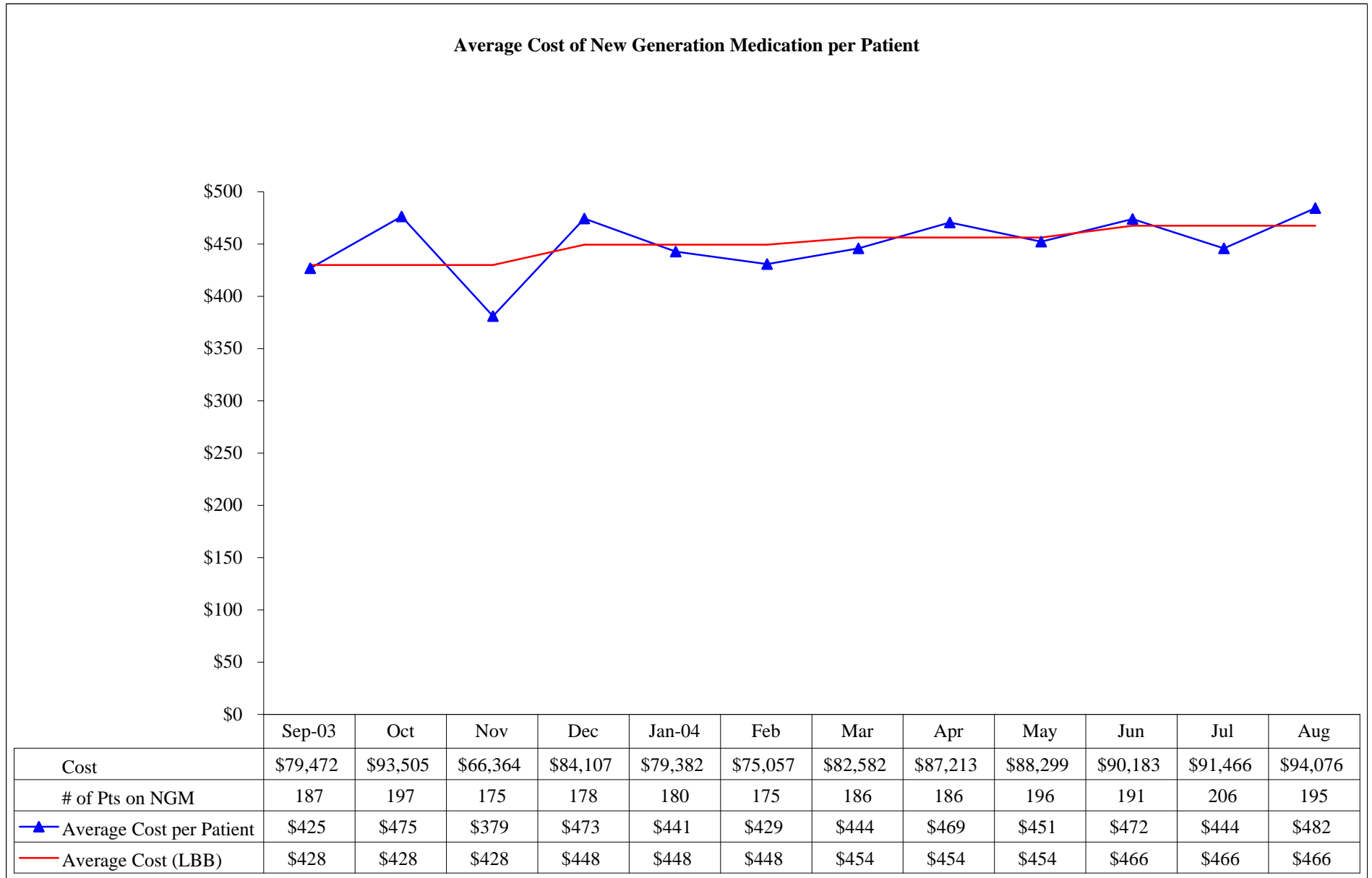


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
North Texas State Hospital**

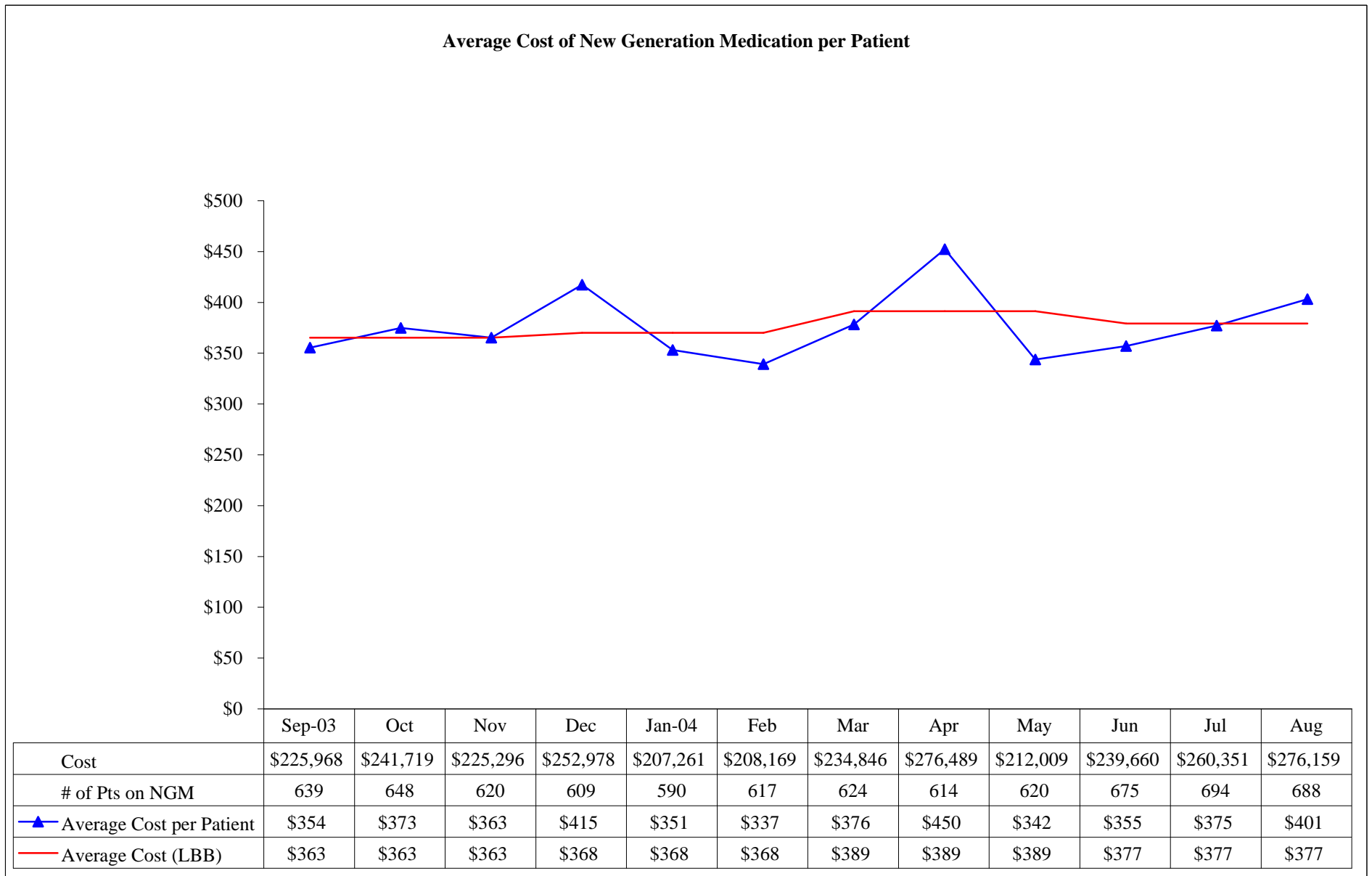


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Rio Grande State Center (MH only)**

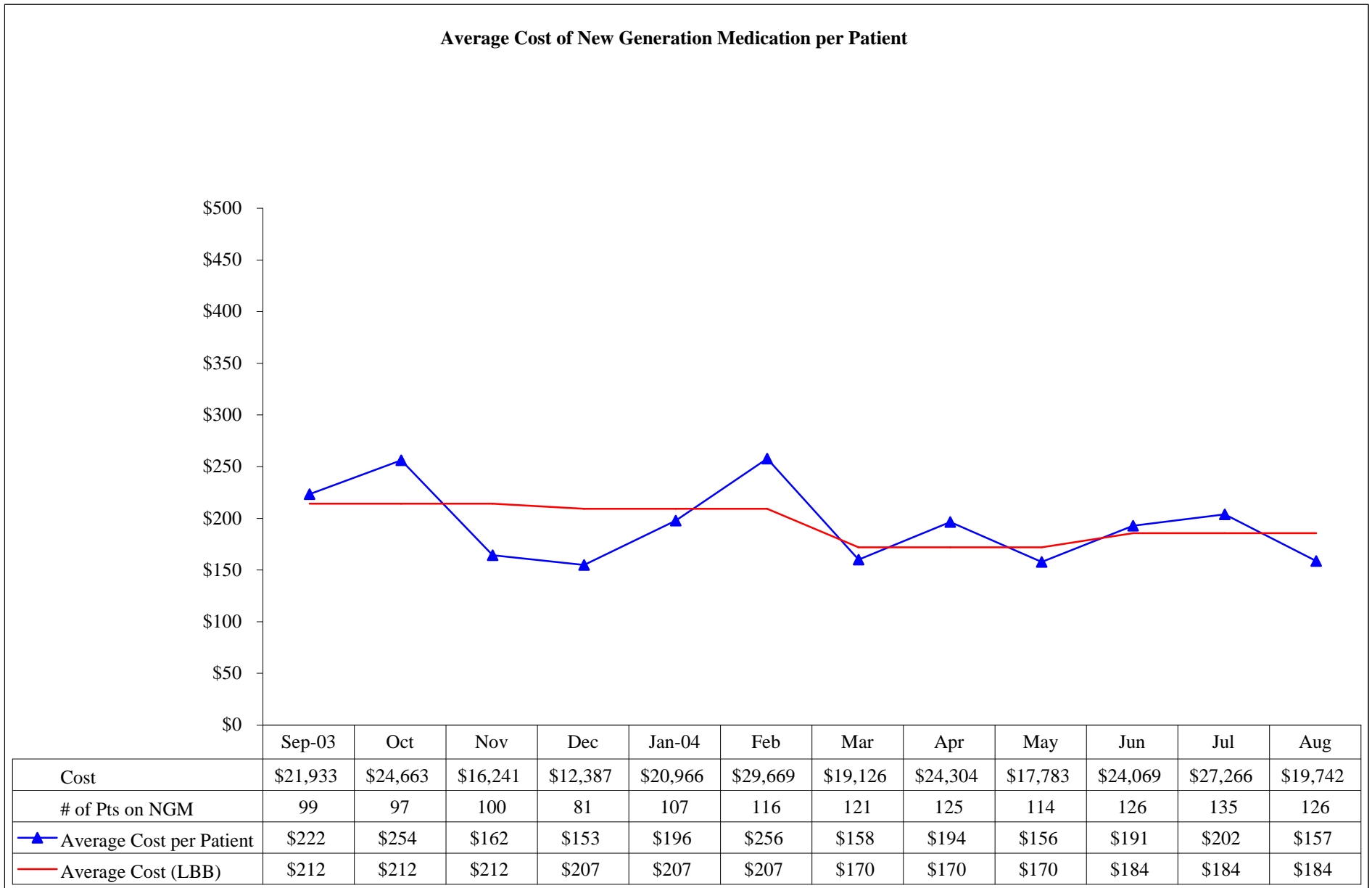


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Rusk State Hospital**

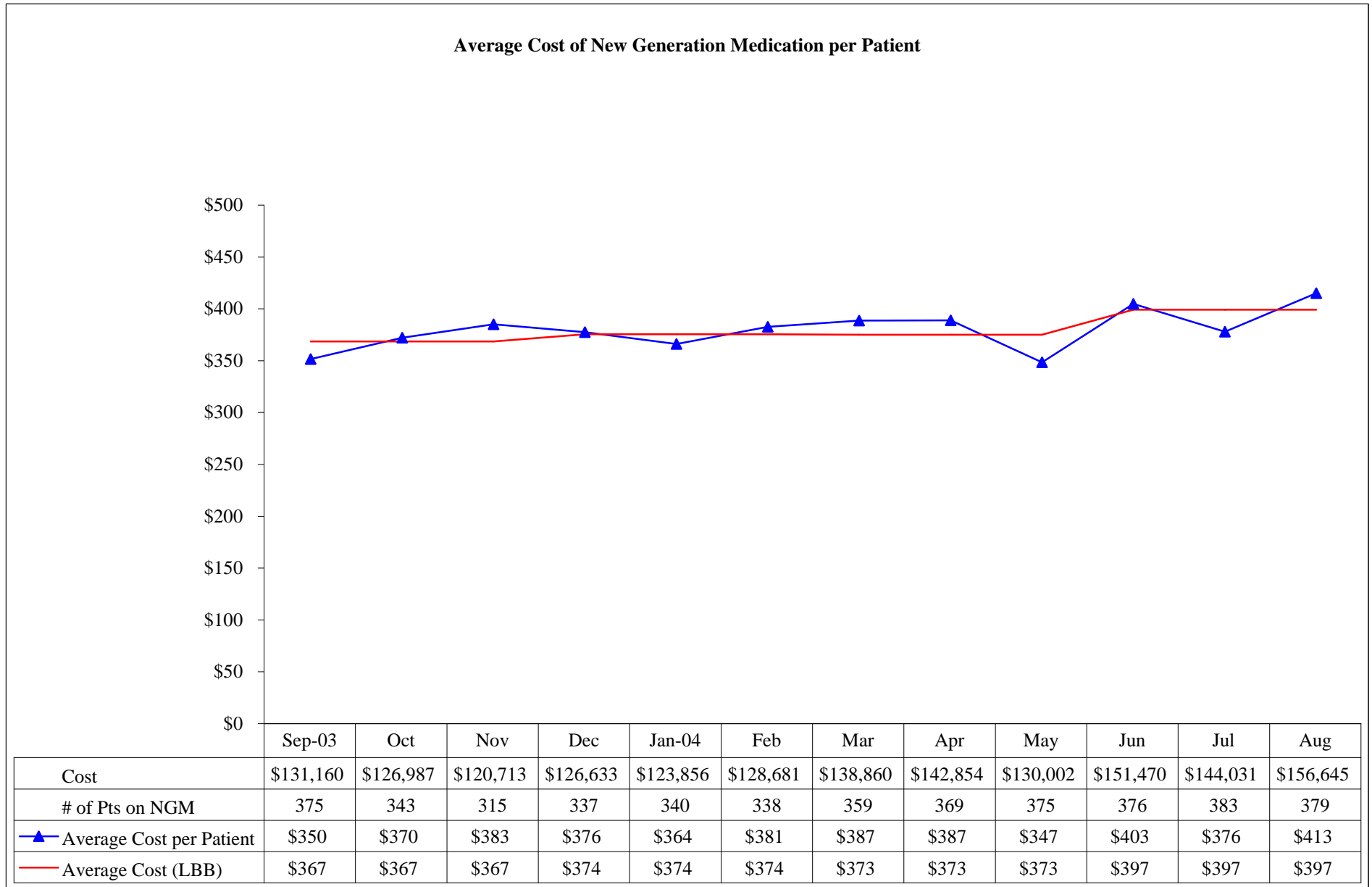
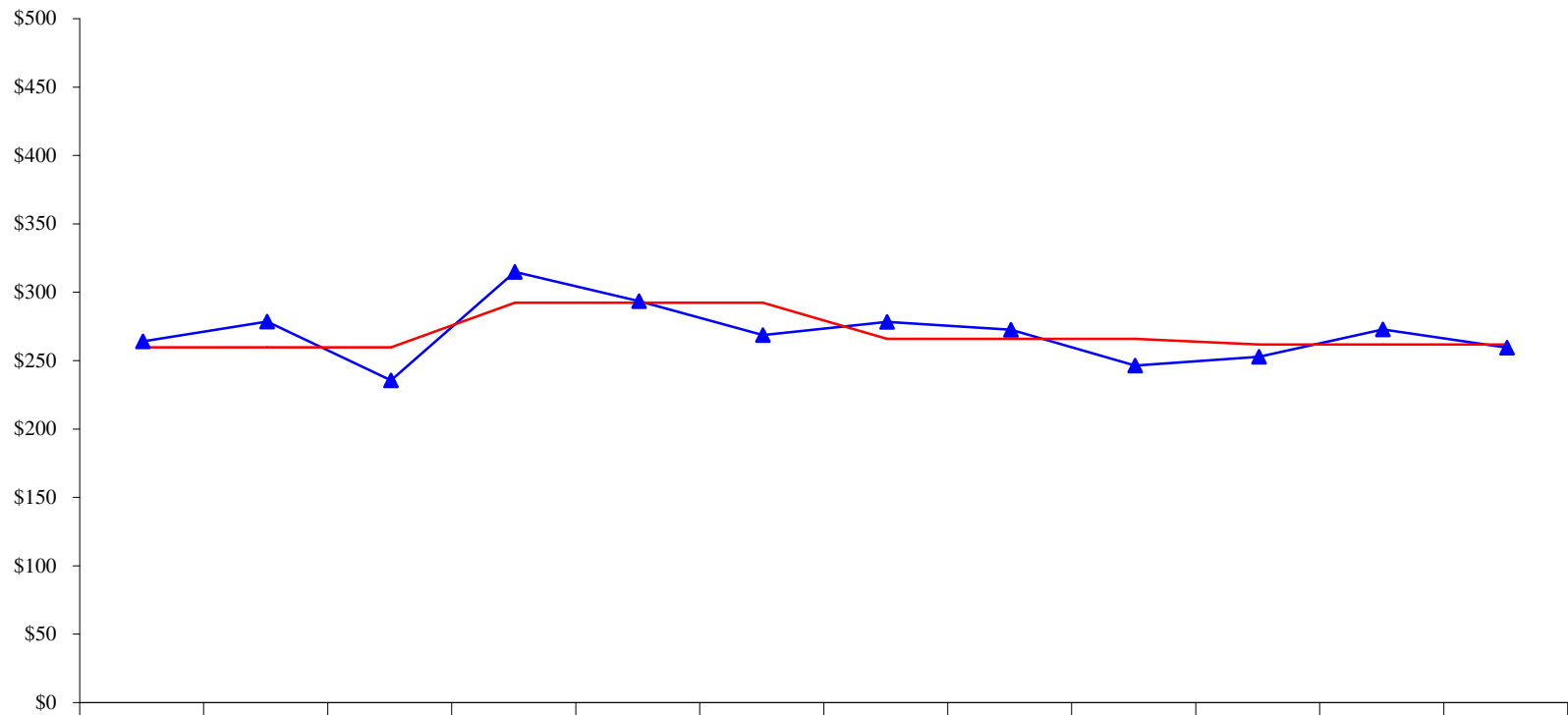


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
San Antonio State Hospital**

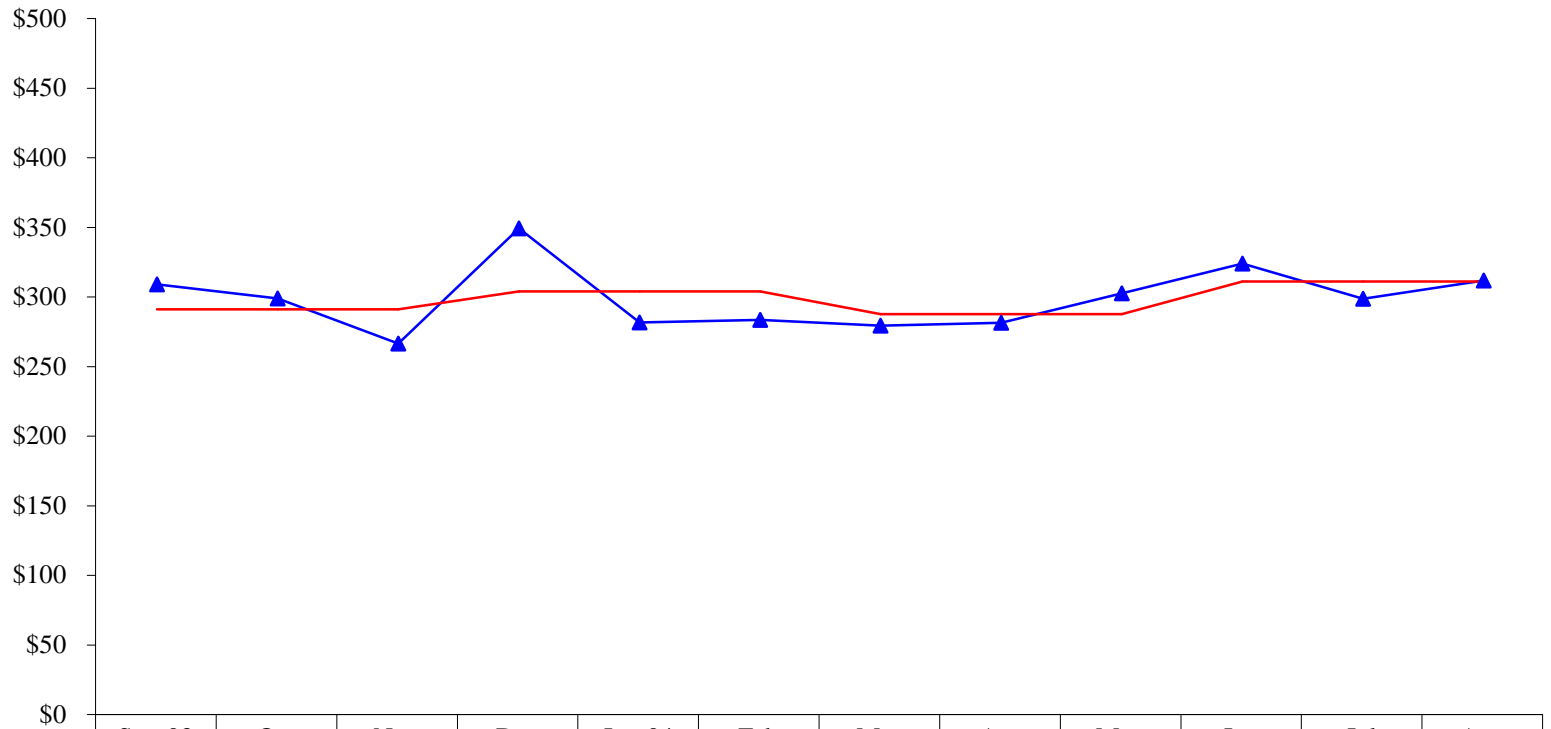
Average Cost of New Generation Medication per Patient



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost	\$98,052	\$103,773	\$85,548	\$112,647	\$99,988	\$95,777	\$105,017	\$107,199	\$90,960	\$98,089	\$105,636	\$99,426
# of Pts on NGM	374	375	366	360	343	359	380	396	372	391	390	386
▲ Average Cost per Patient	\$262	\$277	\$234	\$313	\$292	\$267	\$276	\$271	\$245	\$251	\$271	\$258
— Average Cost (LBB)	\$258	\$258	\$258	\$290	\$290	\$290	\$264	\$264	\$264	\$260	\$260	\$260

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Terrell State Hospital**

Average Cost of New Generation Medication per Patient



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Cost	\$97,986	\$98,032	\$89,941	\$109,410	\$88,435	\$99,143	\$96,036	\$103,437	\$104,667	\$106,320	\$106,565	\$103,837
# of Pts on NGM	319	330	340	315	316	352	346	370	348	330	359	335
▲ Average Cost per Patient	\$307	\$297	\$265	\$347	\$280	\$282	\$278	\$280	\$301	\$322	\$297	\$310
— Average Cost (LBB)	\$289	\$289	\$289	\$302	\$302	\$302	\$286	\$286	\$286	\$309	\$309	\$309

**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Waco Center for Youth**

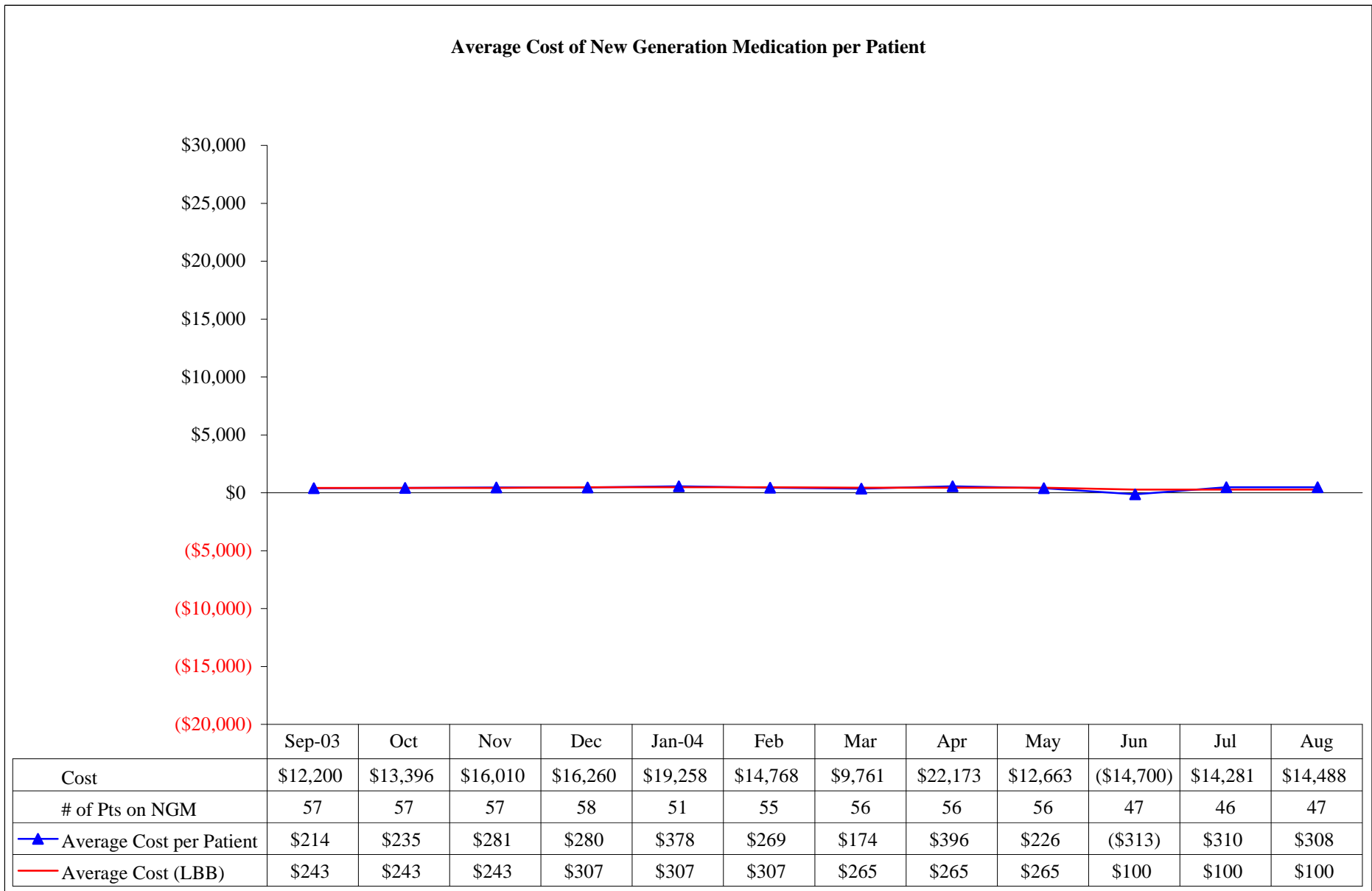


Chart: Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

GOAL 2: Recognize and Respect the Rights of Each Patient

Performance Objective 2A:

State mental health facilities will demonstrate a downward trend of confirmed abuse or neglect by monitoring number of allegations, pending cases, and confirmations.

Performance Objective Operational Definition: The facility rate of confirmed closed abuse and neglect cases as documented on the AN-1-A form per 1,000 bed days per FY.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

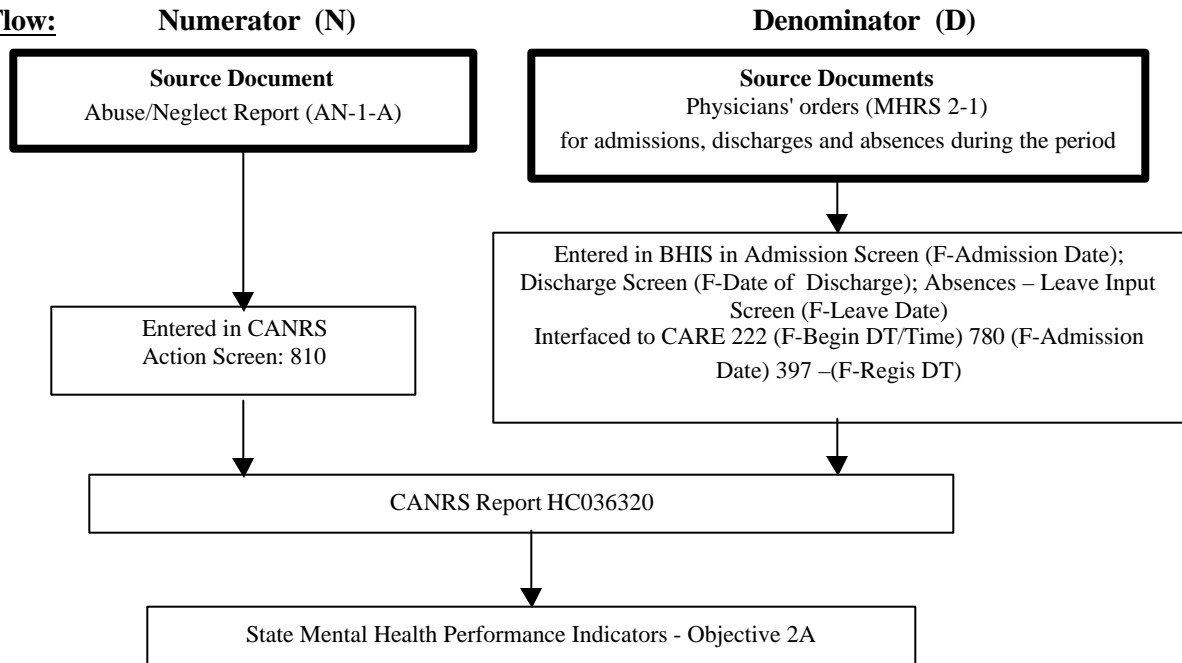
N = number of confirmed closed cases per FY (*when multiple confirmations are entered for a single case number on a single day, they are counted only as one in the abuse/neglect category incident (class I, II, verbal) of the most severe incident*).

D = number of bed days per FY 1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:

- ◆ Table shows cases, confirmations and rate by abuse/neglect category for individual facilities.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All MH Facilities - As of August 31, 2004

Facility	FY99	FY00	FY01	FY02	FY03*	FY04-FYTD				
	Total	Total	Total	Total	Total	Class I	Class II	Class III	Neglect	Total
ALL MH Facilities										
Total Cases	2844	2419	2260	2387	2188	100	844	283	137	1369
Total Confirmed	277	220	211	193	175	6	25	6	22	59
Total Confirmed Rate/1000 Bed Days	0.31	0.22	0.24	0.23	0.21	0.00	0.03	0.00	0.02	0.07

Performance Objective 2B:

Patient Rights and Therapeutic Environment assessment activities will be implemented According to CPIC instructions.

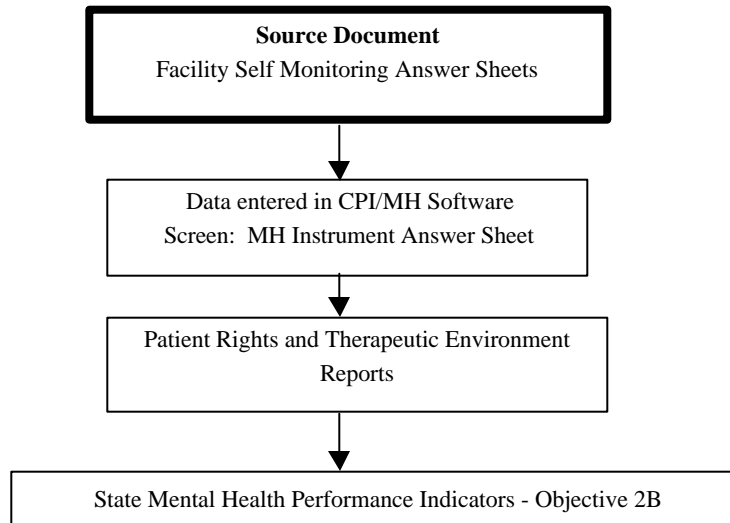
Performance Objective Operational Definition: Scores from the CPI Patient Rights Parts I, II and III assessment.

Performance Objective Formula: According to the CPI Patient Rights assessments [(yes + no with)/(yes + no with + no) x 100].

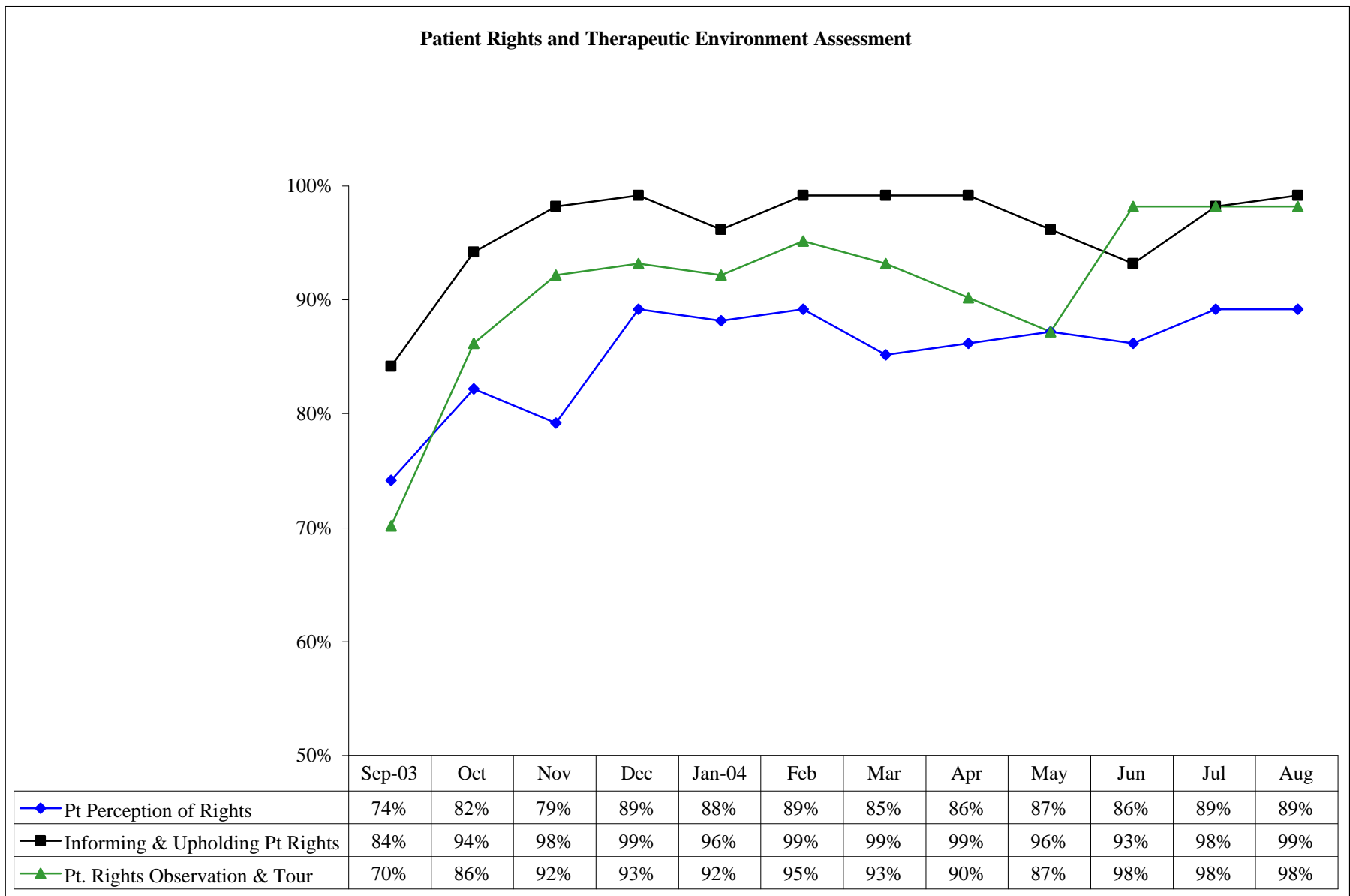
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of facility scores for Part I (Patient Perception of Rights), Part II (Informing and Upholding Patient Rights, and Part III (Patient Rights Observation and Tour).

Data Flow:

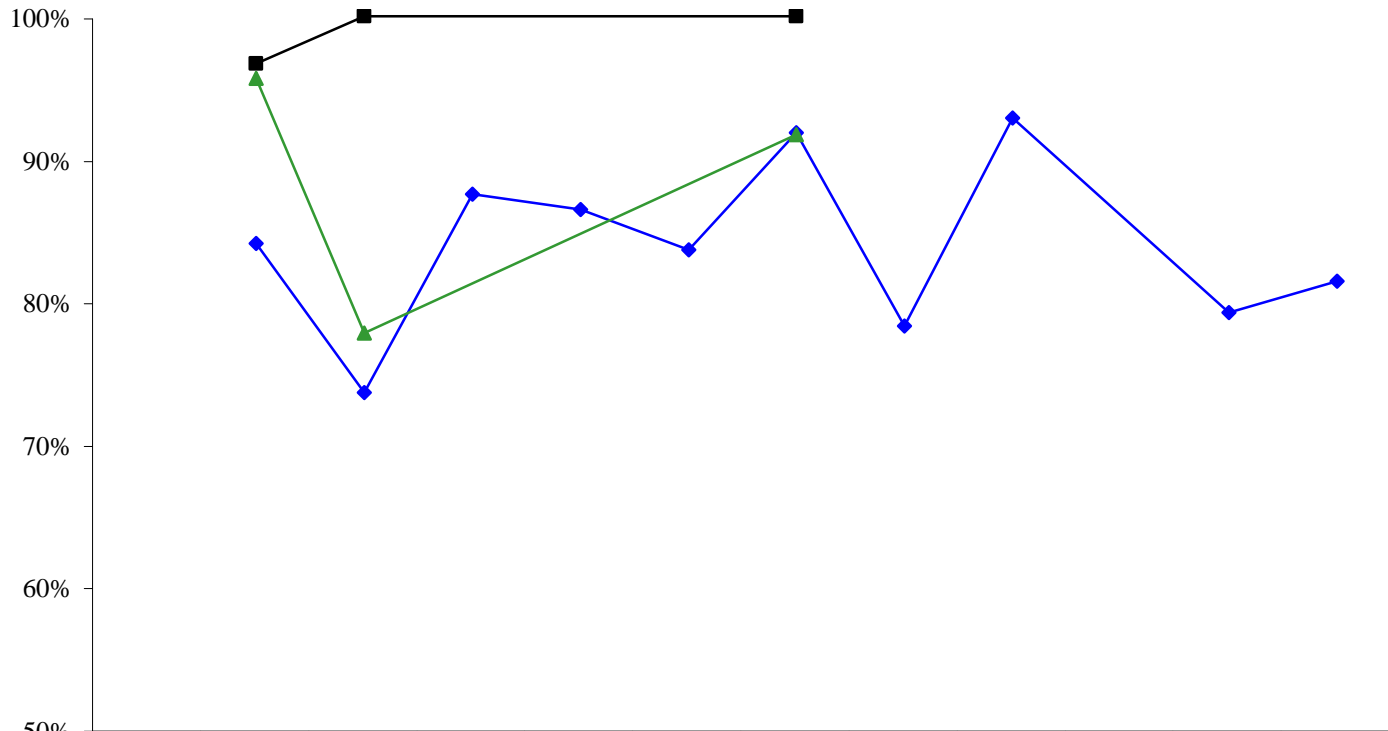


**Objective 2B - Patient Rights and Therapeutic Environment Assessment
All MH Facilities**



Objective 2B - Patient Rights and Therapeutic Environment Assessment
Austin State Hospital

Patient Rights and Therapeutic Environment Assessment

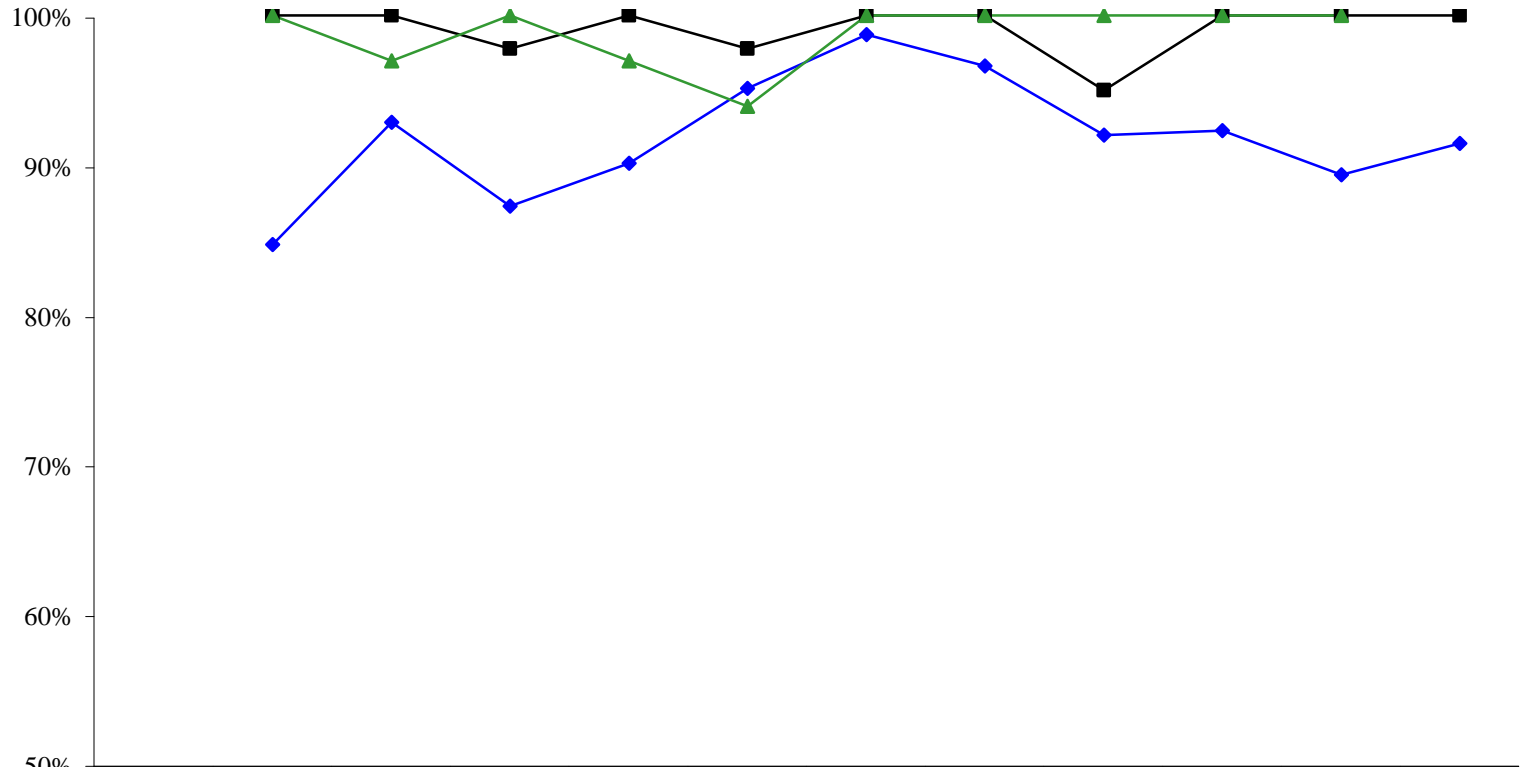


	Sep-03*	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun*	Jul	Aug
◆ Pt Perception of Rights		84%	74%	88%	86%	84%	92%	78%	93%		79%	81%
■ Informing & Upholding Pt Rights		97%	100%				100%					
▲ Pt. Rights Observation & Tour		96%	78%				92%					

*No scores reported to MDS.

Objective 2B - Patient Rights and Therapeutic Environment Assessment
Big Spring State Hospital

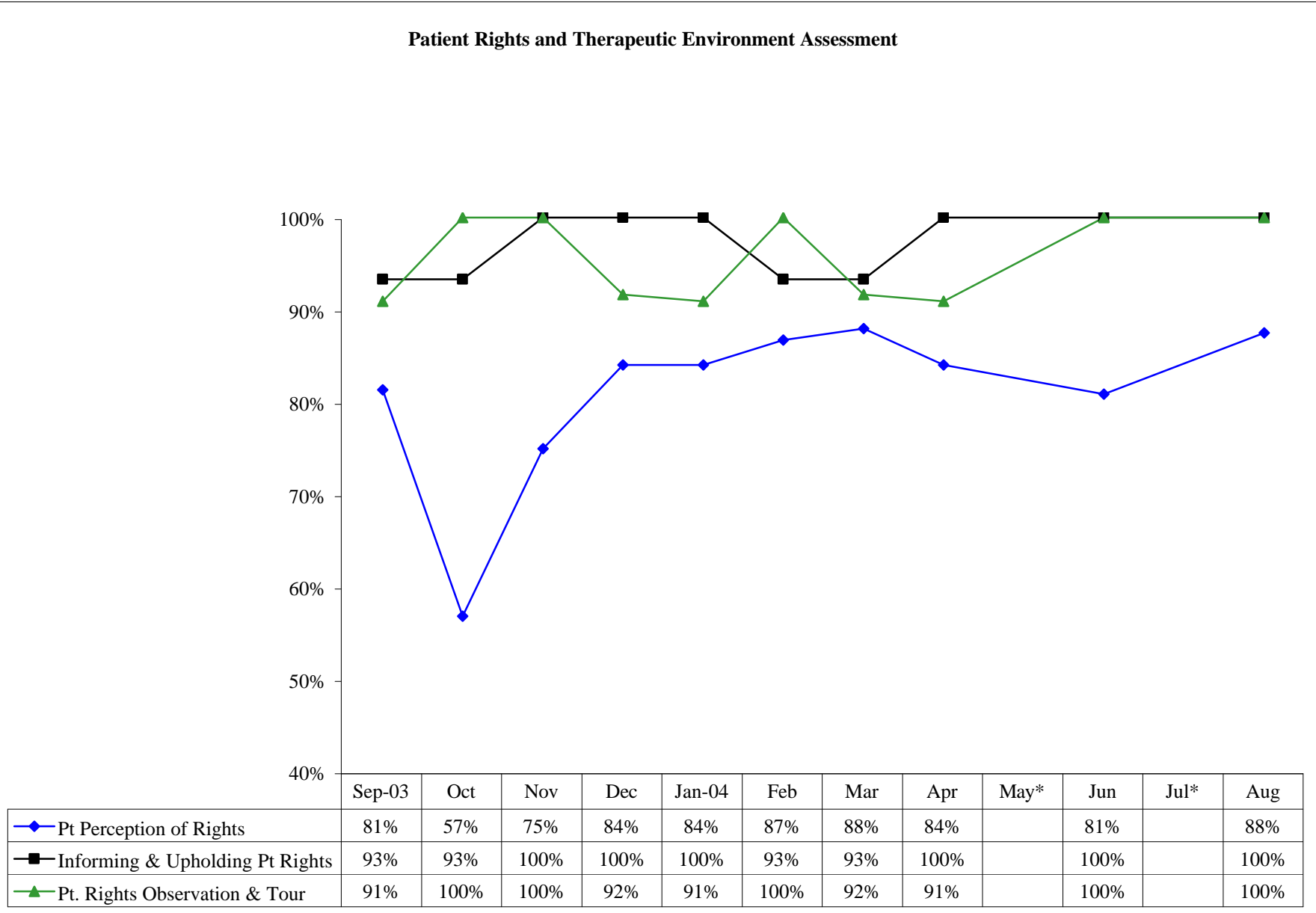
Patient Rights and Therapeutic Environment Assessment



	Sep-03*	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Pt Perception of Rights		85%	93%	87%	90%	95%	99%	97%	92%	92%	89%	91%
■ Informing & Upholding Pt Rights		100%	100%	98%	100%	98%	100%	100%	95%	100%	100%	100%
▲ Pt. Rights Observation & Tour		100%	97%	100%	97%	94%	100%	100%	100%	100%	100%	

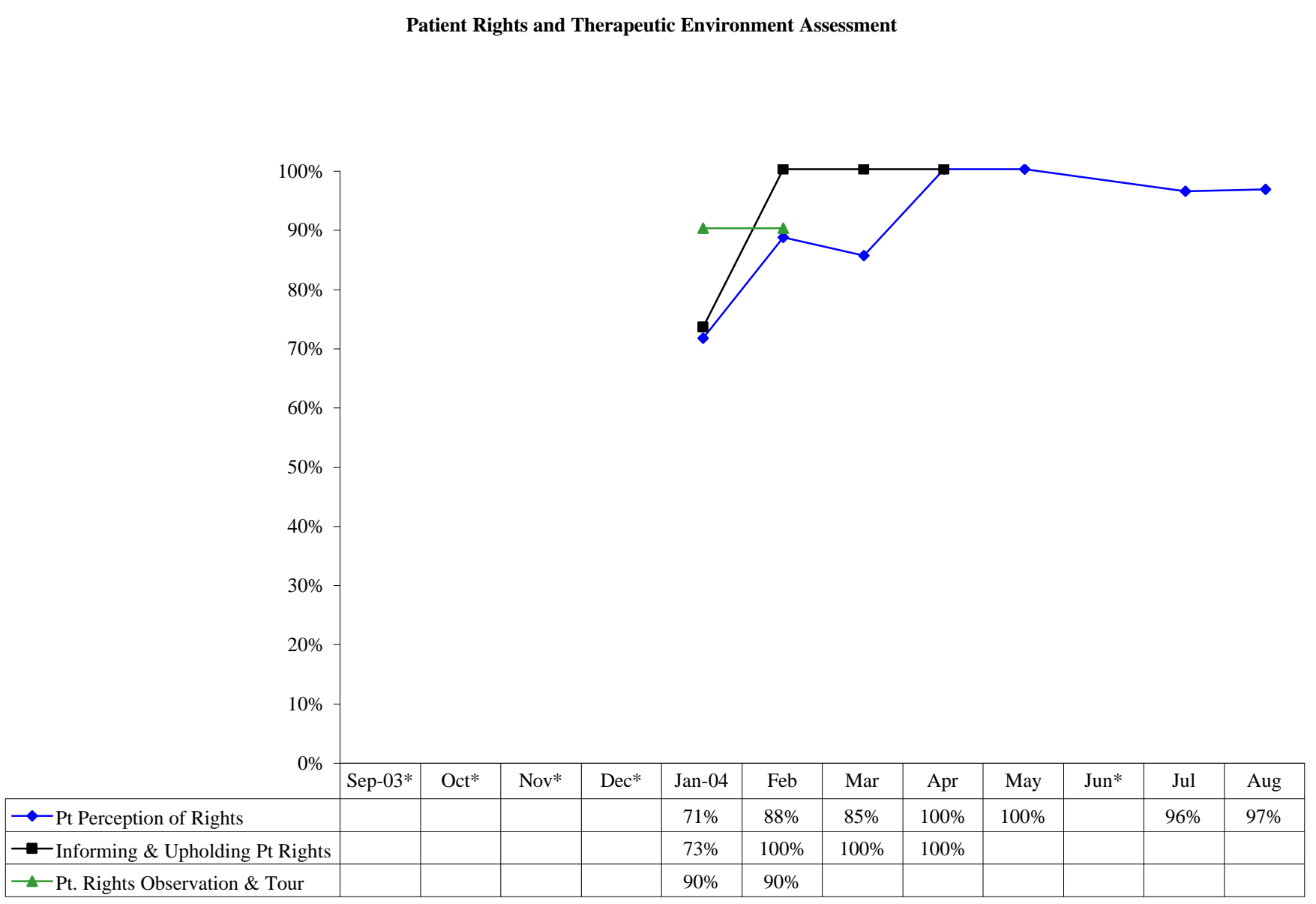
*No scores reported to MDS.

Objective 2B - Patient Rights and Therapeutic Environment Assessment
El Paso Psychiatric Center

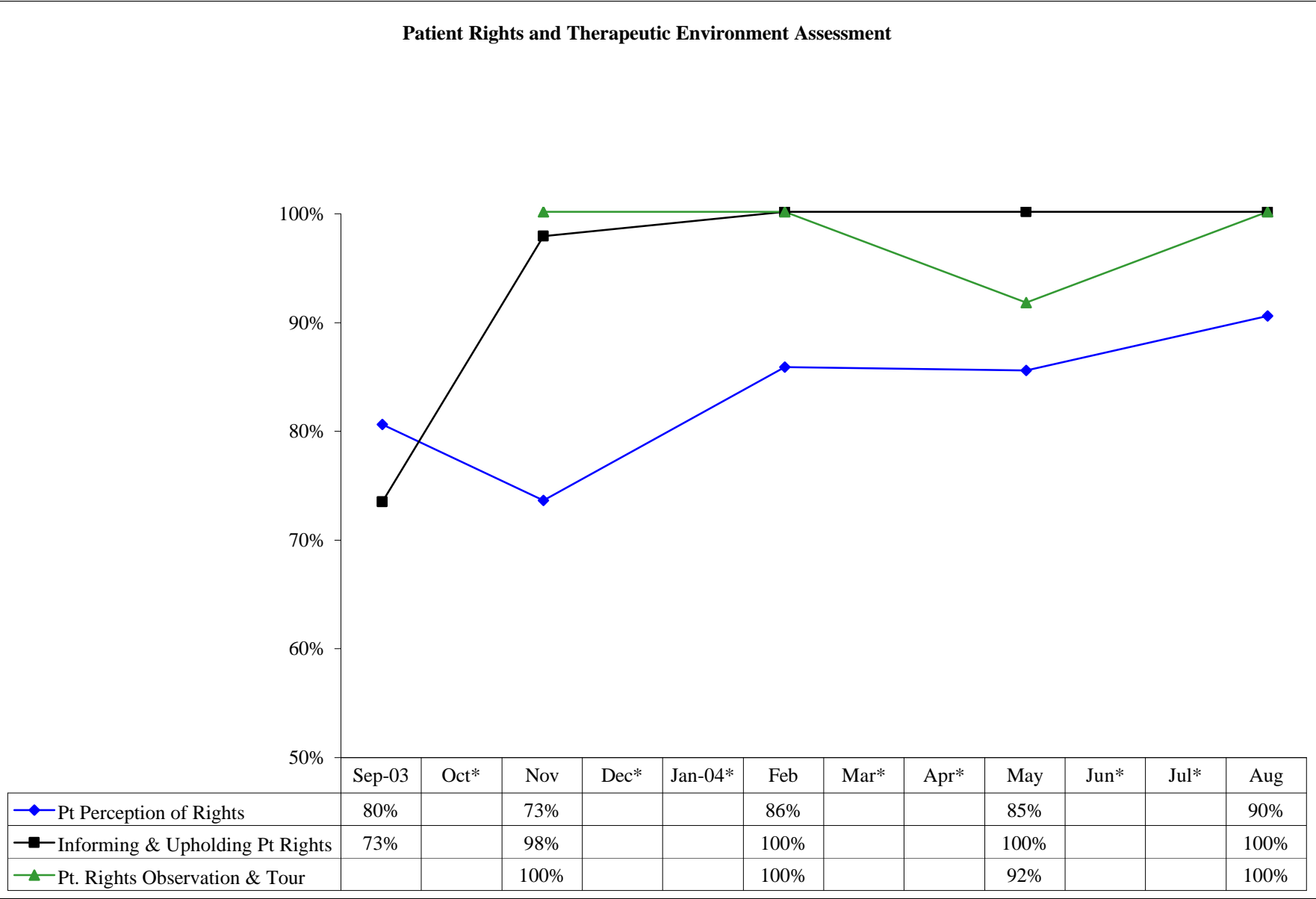


*No scores reported to MDS.
 Source: QSO/MDS

**Objective 2B - Patient Rights and Therapeutic Environment Assessment
Kerrville State Hospital**

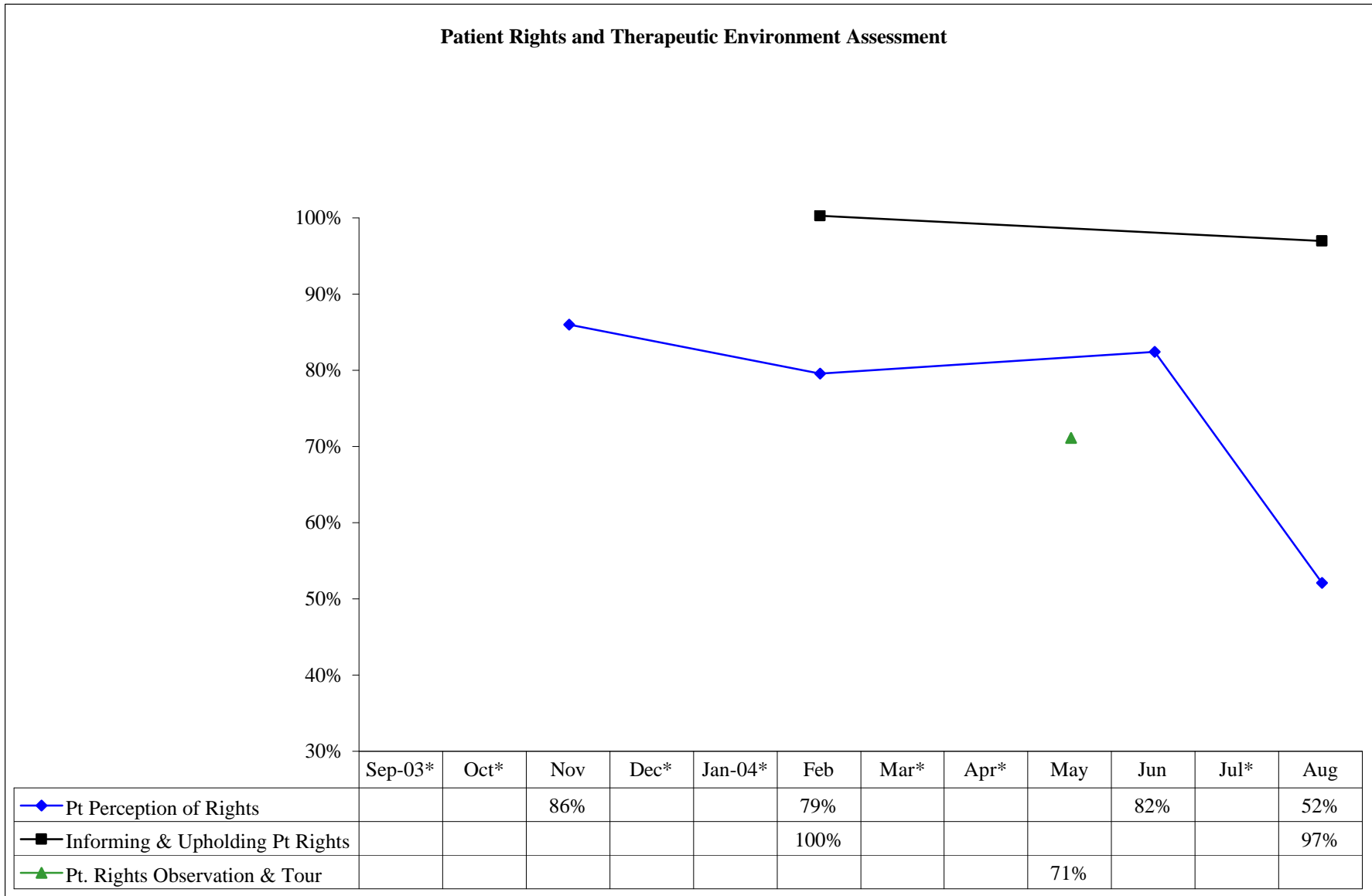


Objective 2B - Patient Rights and Therapeutic Environment Assessment
North Texas State Hospital



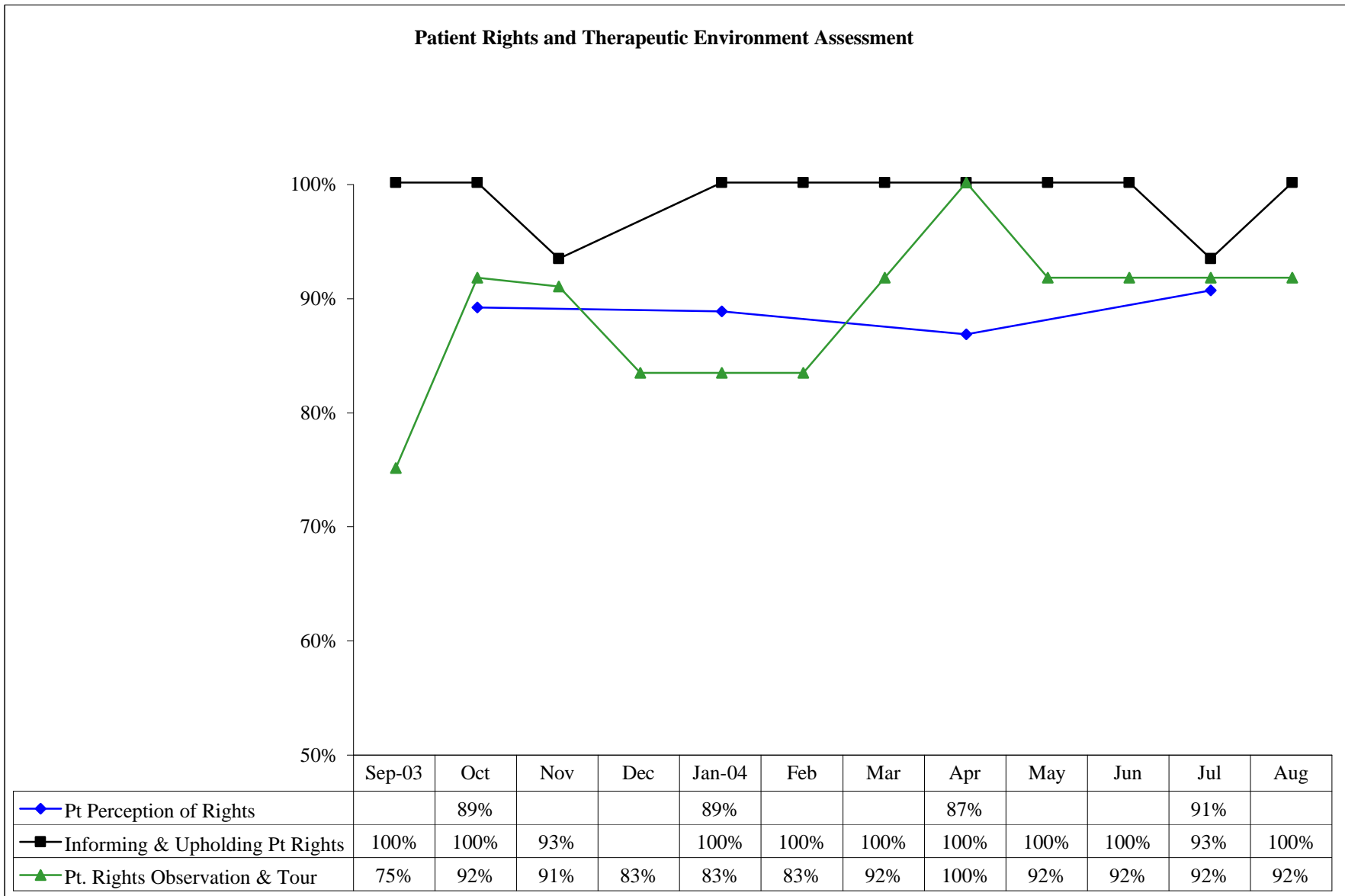
*No scores reported to MDS.

Objective 2B - Patient Rights and Therapeutic Environment Assessment
Rio Grande State Center



*No scores reported to MDS.

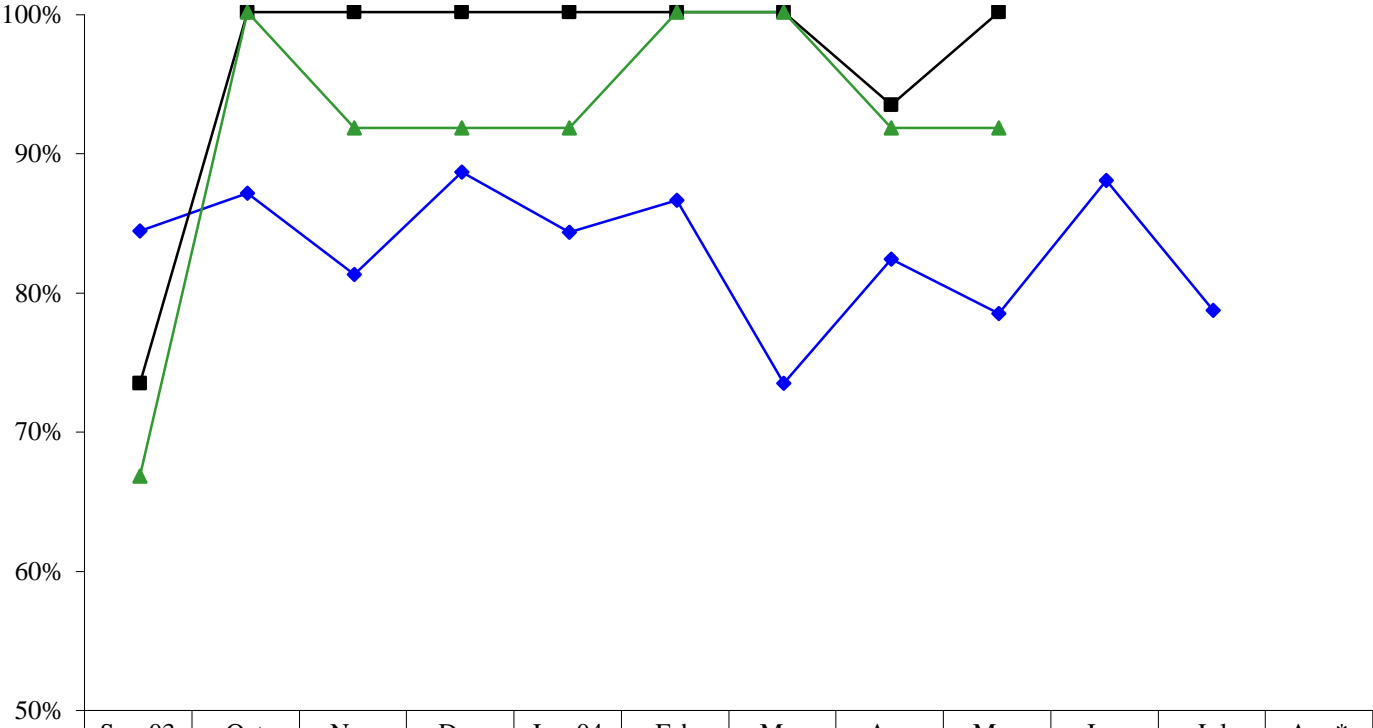
Objective 2B - Patient Rights and Therapeutic Environment Assessment
Rusk State Hospital



*No scores reported to MDS.

**Objective 2B - Patient Rights and Therapeutic Environment Assessment
San Antonio State Hospital**

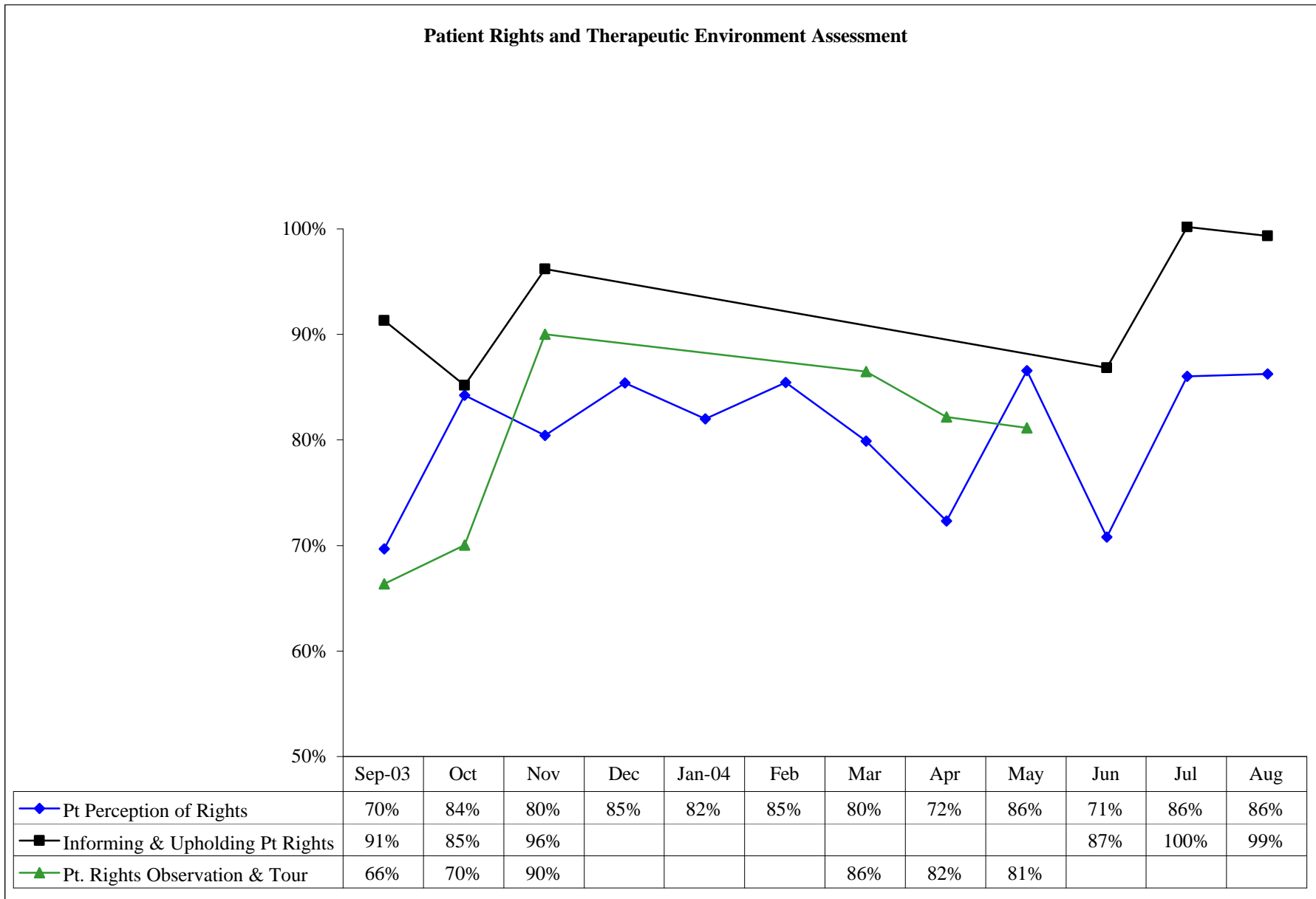
Patient Rights and Therapeutic Environment Assessment



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—◆— Pt Perception of Rights	84%	87%	81%	89%	84%	86%	73%	82%	78%	88%	79%	
—■— Informing & Upholding Pt Rights	73%	100%	100%	100%	100%	100%	100%	93%	100%			
—▲— Pt. Rights Observation & Tour	67%	100%	92%	92%	92%	100%	100%	92%	92%			

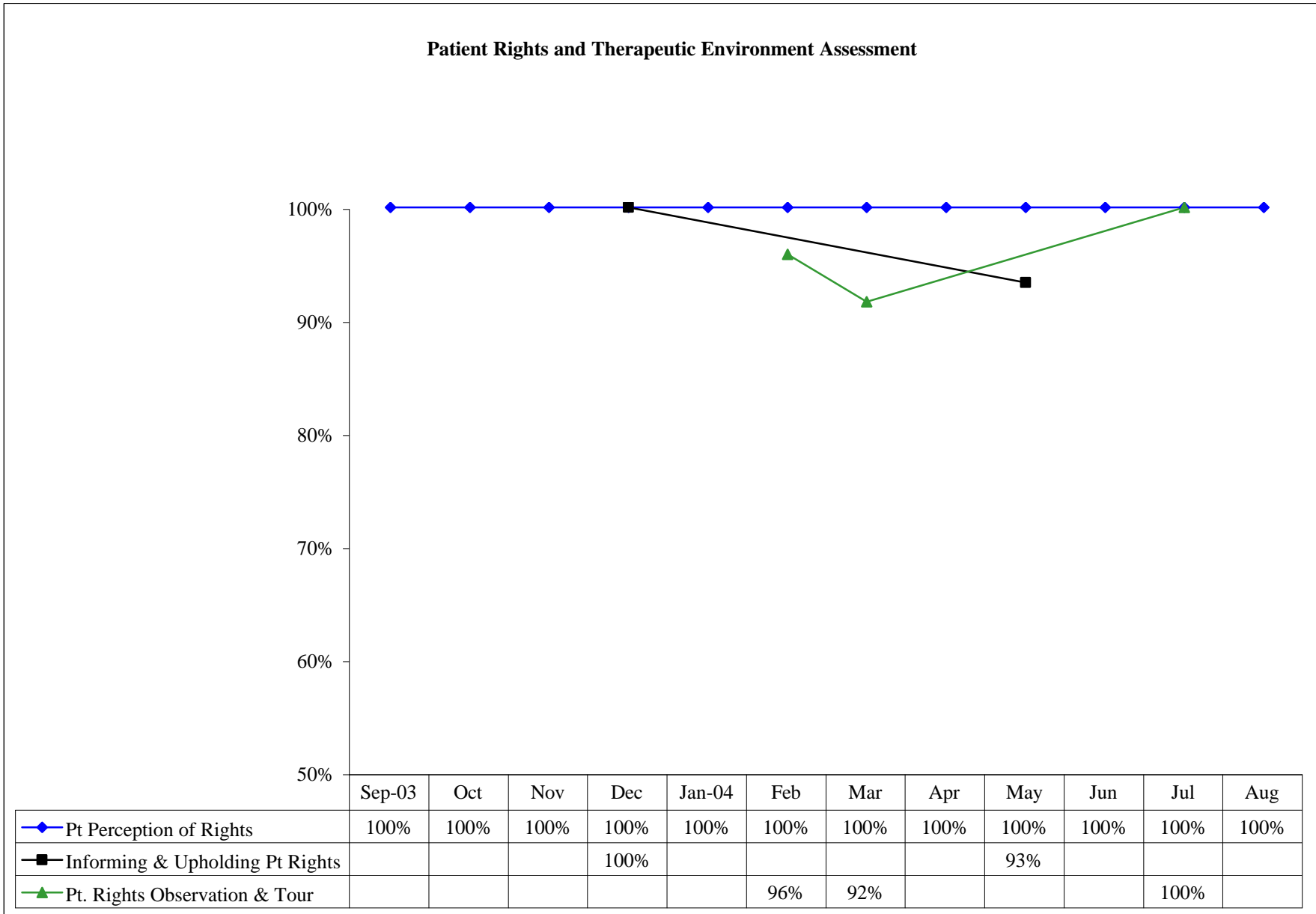
*No scores reported to MDS.

**Objective 2B - Patient Rights and Therapeutic Environment Assessment
Terrell State Hospital**



*No scores reported to MDS.

**Objective 2B - Patient Rights and Therapeutic Environment Assessment
Waco Center for Youth**



GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3A:

Patients will be treated in accordance with TIMA guidelines as measured by:

- 1. Adherence to use of TIMA progress notes documented.**
- 2. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge.**
- 3. Use of TIMA rating scales are measured by percent of patients with scores from 2 or more different dates.***
- 4. Last TIMA progress note is part of discharge packet.***

*** This review will only be completed on CWS.**

Performance Objective Operational Definition: Total of patients with episodes that are tracked by TIMA. The last diagnosis entered into CWS is the diagnosis that will be compared to the TIMA algorithm/stage documented on the Physicians Discharge Order/Note.

Performance Objective Formula: $R = (N/D)$

R = rate of patients that are tracked by TIMA

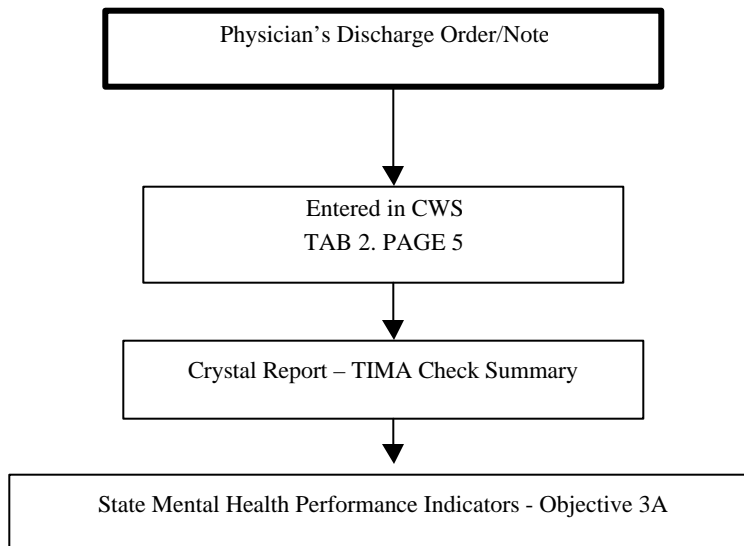
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

- ◆ Table shows the percent of patients with episodes that are tracked by TIMA for individual facilities.
- ◆ Chart with monthly data points of percent of patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients With episodes that are tracked for individual facilities and system-wide.

Data Flow:



Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
All MH Facilities

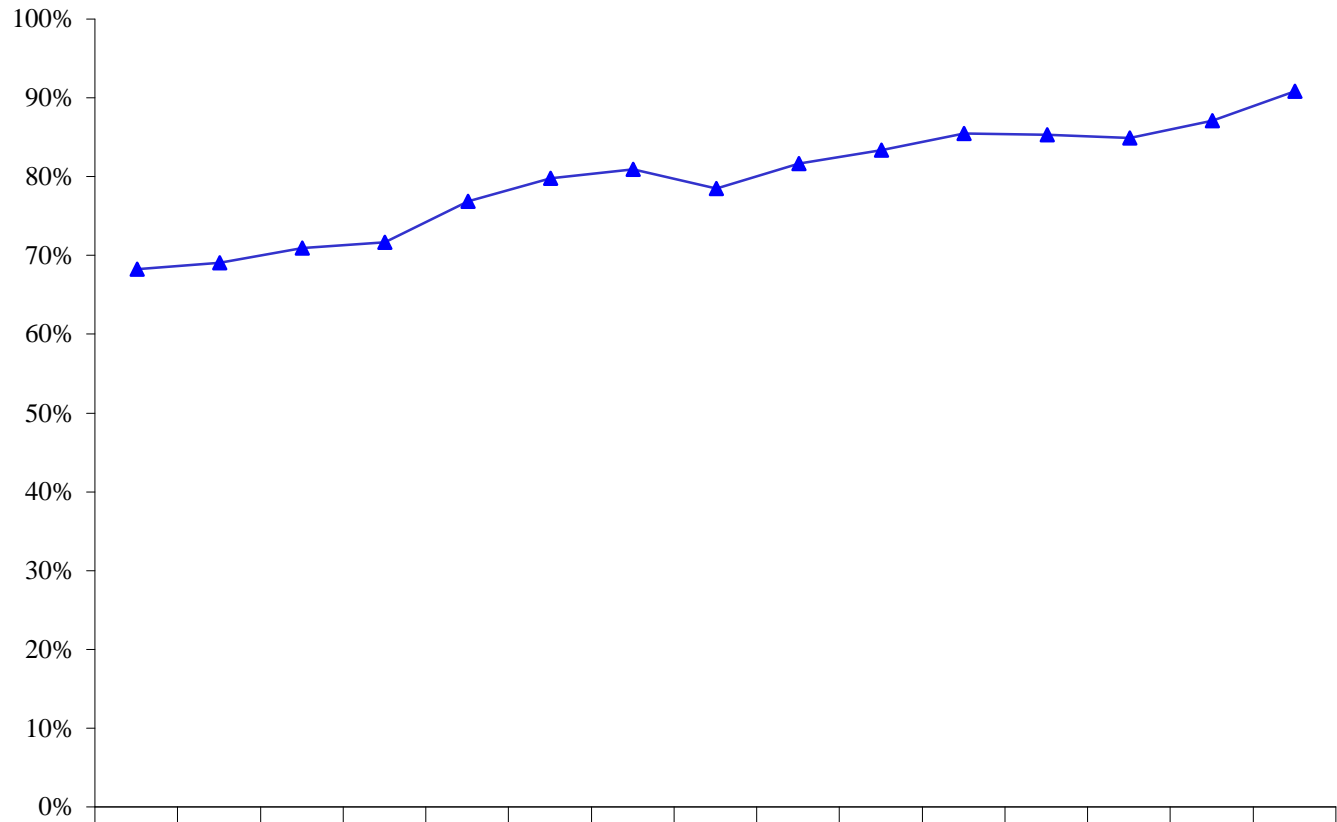
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	70%	80%	69%	81%	83%	78%	80%	79%	91%	89%	94%	95%	93%	88%	91%
BSSH	81%	88%	84%	76%	78%	85%	76%	73%	79%	81%	83%	70%	73%	69%	80%
EPPC	48%	35%	49%	60%	71%	54%	56%	66%	65%	66%	68%	85%	77%	76%	84%
KSH	78%	97%	93%	94%	95%	85%	88%	89%	100%	98%	95%	80%	68%	73%	91%
NTSH	95%	88%	88%	79%	89%	96%	95%	99%	94%	93%	83%	85%	79%	85%	93%
RGSC	39%	8%	48%	24%	38%	97%	97%	100%	96%	91%	87%	82%	84%	84%	83%
RSH	86%	88%	89%	84%	87%	94%	86%	82%	82%	87%	95%	95%	92%	88%	91%
SASH	77%	69%	83%	81%	89%	83%	89%	77%	78%	85%	92%	88%	97%	97%	97%
TSH	26%	54%	41%	42%	44%	45%	50%	44%	43%	57%	56%	60%	66%	92%	91%
All MH	67%	69%	71%	71%	77%	79%	81%	78%	81%	83%	85%	85%	85%	87%	91%

WCFY is exempted - There are no algorithm/scores for children at this time.

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
All MH Facilities**

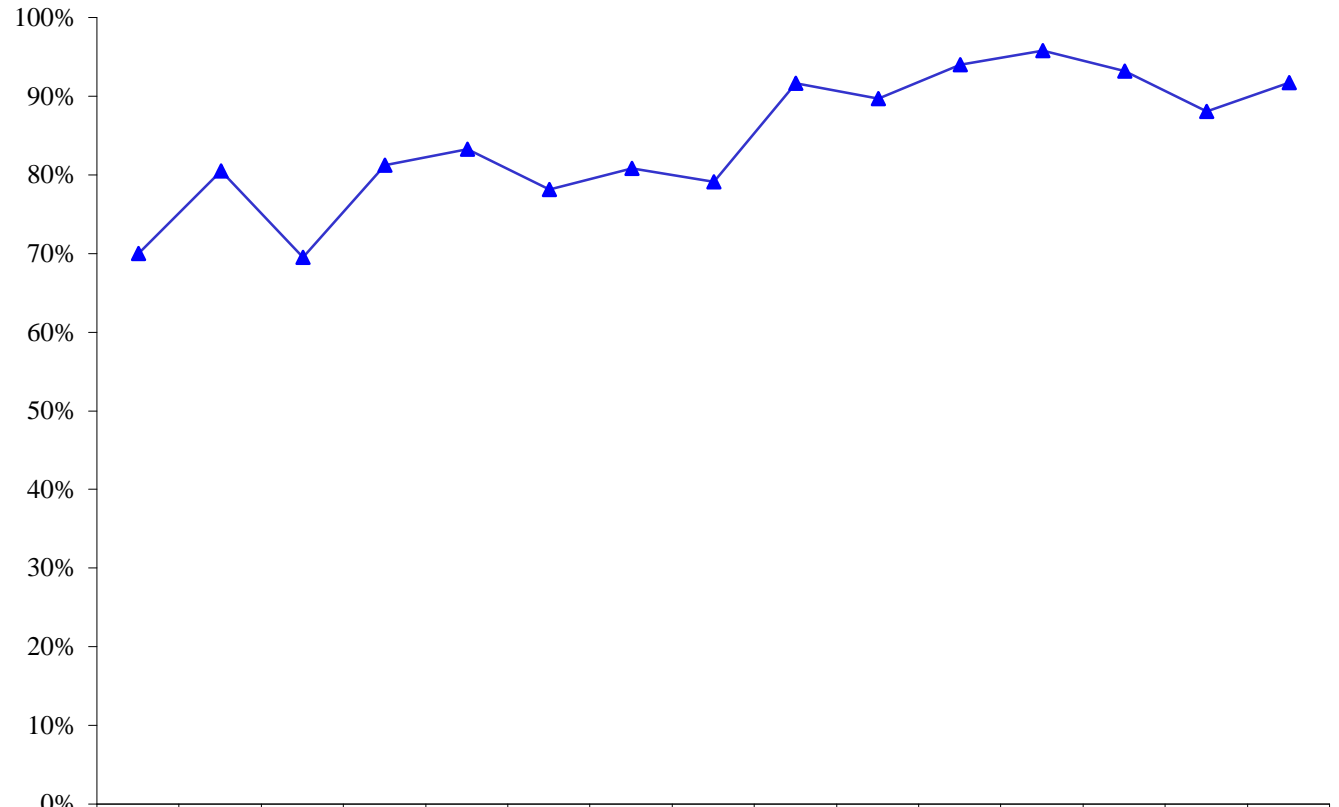
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	1171	1189	1053	1109	1049	841	901	879	857	1052	1119	1044	1157	1042	1067
Patients with Episodes that are Tracked	795	817	743	791	803	668	726	687	697	873	953	887	978	904	966
▲ Percent Tracked by TIMA	68%	69%	71%	71%	77%	79%	81%	78%	81%	83%	85%	85%	85%	87%	91%

Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Austin State Hospital

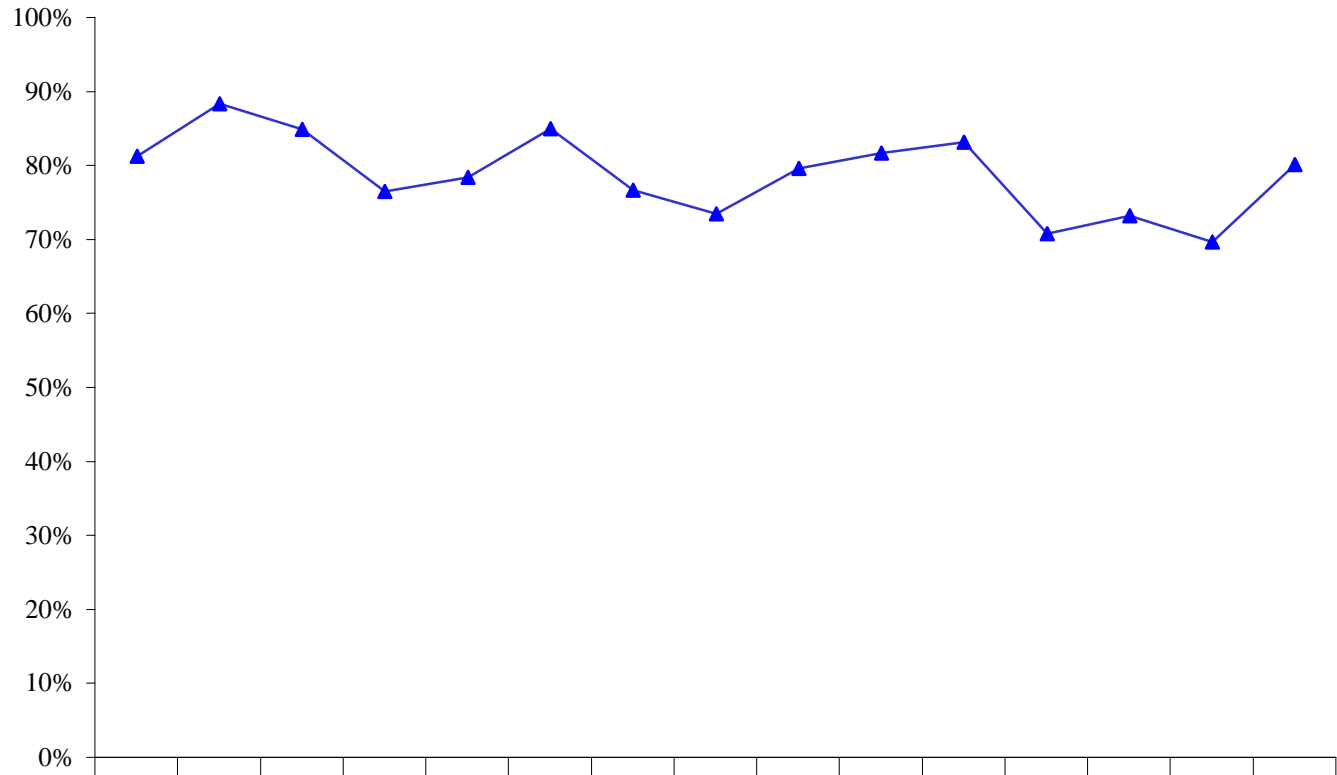
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	211	232	201	251	222	189	174	174	219	254	284	243	309	244	221
Patients with Episodes that are Tracked	147	186	139	203	184	147	140	137	200	227	266	232	287	214	202
▲ Percent Tracked by TIMA	70%	80%	69%	81%	83%	78%	80%	79%	91%	89%	94%	95%	93%	88%	91%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Big Spring State Hospital**

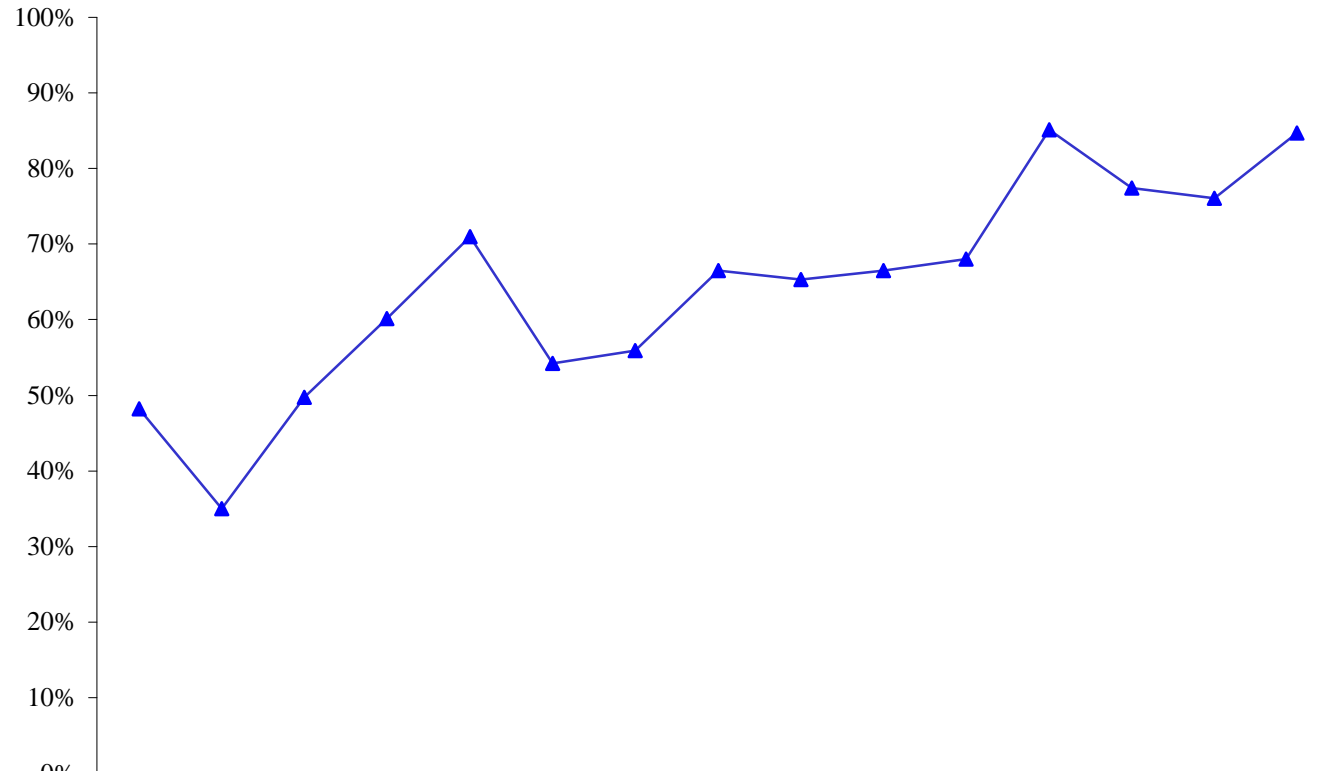
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	68	100	58	88	82	52	76	67	53	75	87	71	92	75	84
Patients with Episodes that are Tracked	55	88	49	67	64	44	58	49	42	61	72	50	67	52	67
▲ Percent Tracked by TIMA	81%	88%	84%	76%	78%	85%	76%	73%	79%	81%	83%	70%	73%	69%	80%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
El Paso Psychiatric Center**

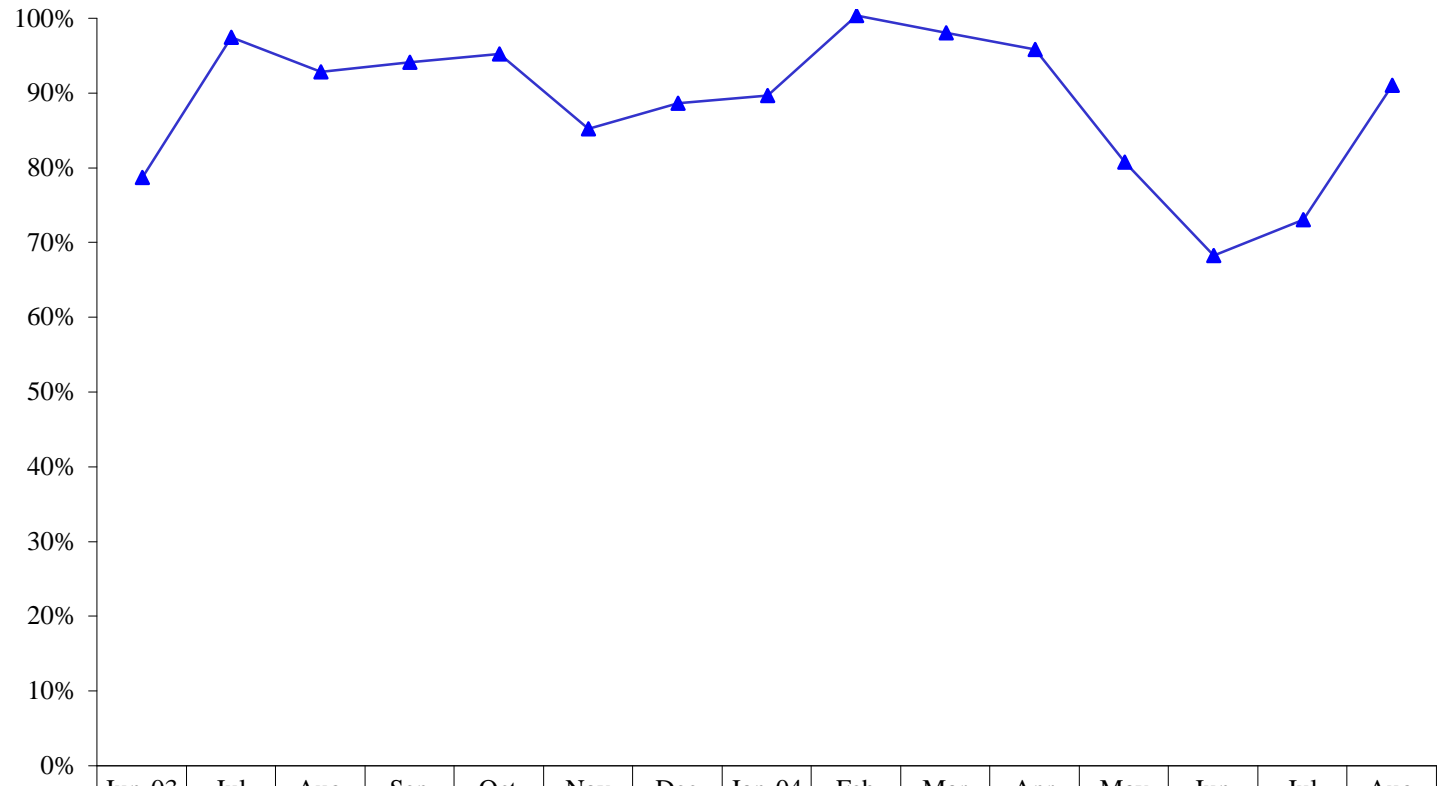
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	115	104	79	92	68	52	63	65	57	65	65	72	74	37	51
Patients with Episodes that are Tracked	55	36	39	55	48	28	35	43	37	43	44	61	57	28	43
▲ Percent Tracked by TIMA	48%	35%	49%	60%	71%	54%	56%	66%	65%	66%	68%	85%	77%	76%	84%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Kerrville State Hospital**

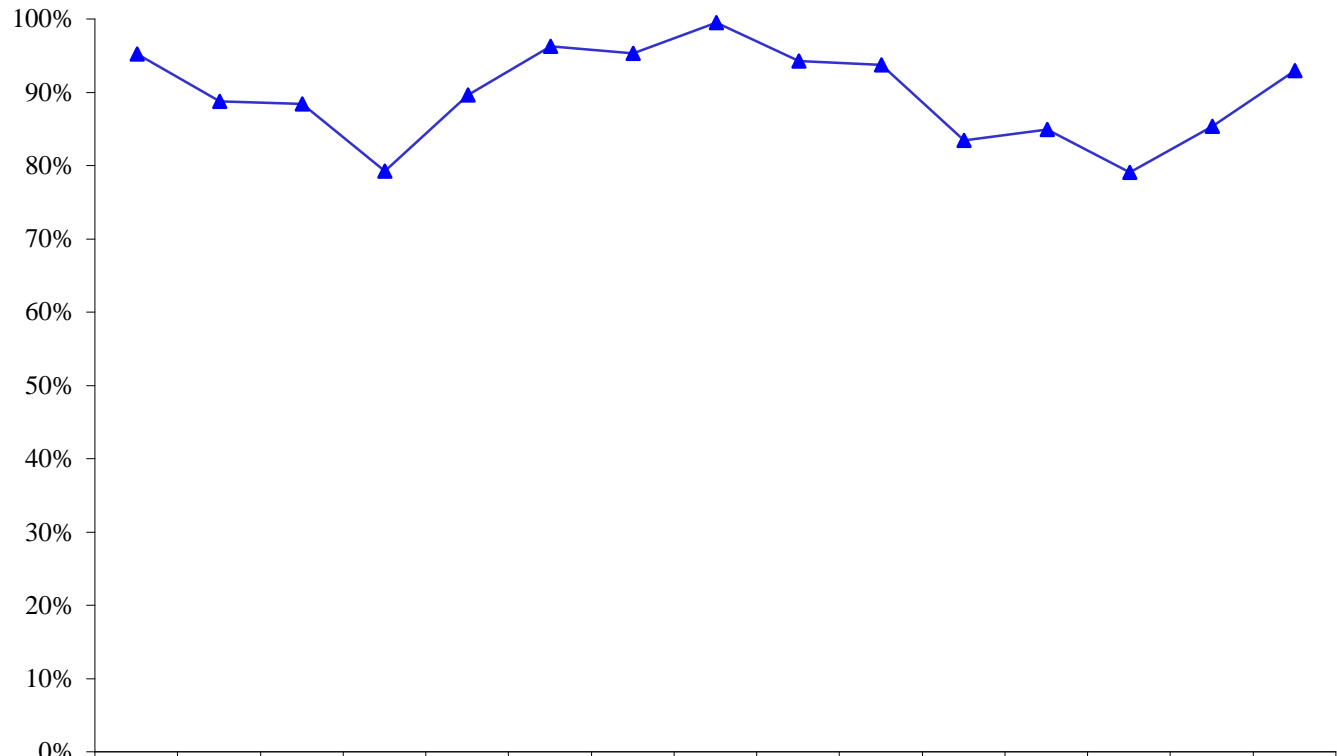
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	37	34	40	48	39	33	34	28	17	44	44	46	28	55	43
Patients with Episodes that are Tracked	29	33	37	45	37	28	30	25	17	43	42	37	19	40	39
▲ Percent Tracked by TIMA	78%	97%	93%	94%	95%	85%	88%	89%	100%	98%	95%	80%	68%	73%	91%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
North Texas State Hospital**

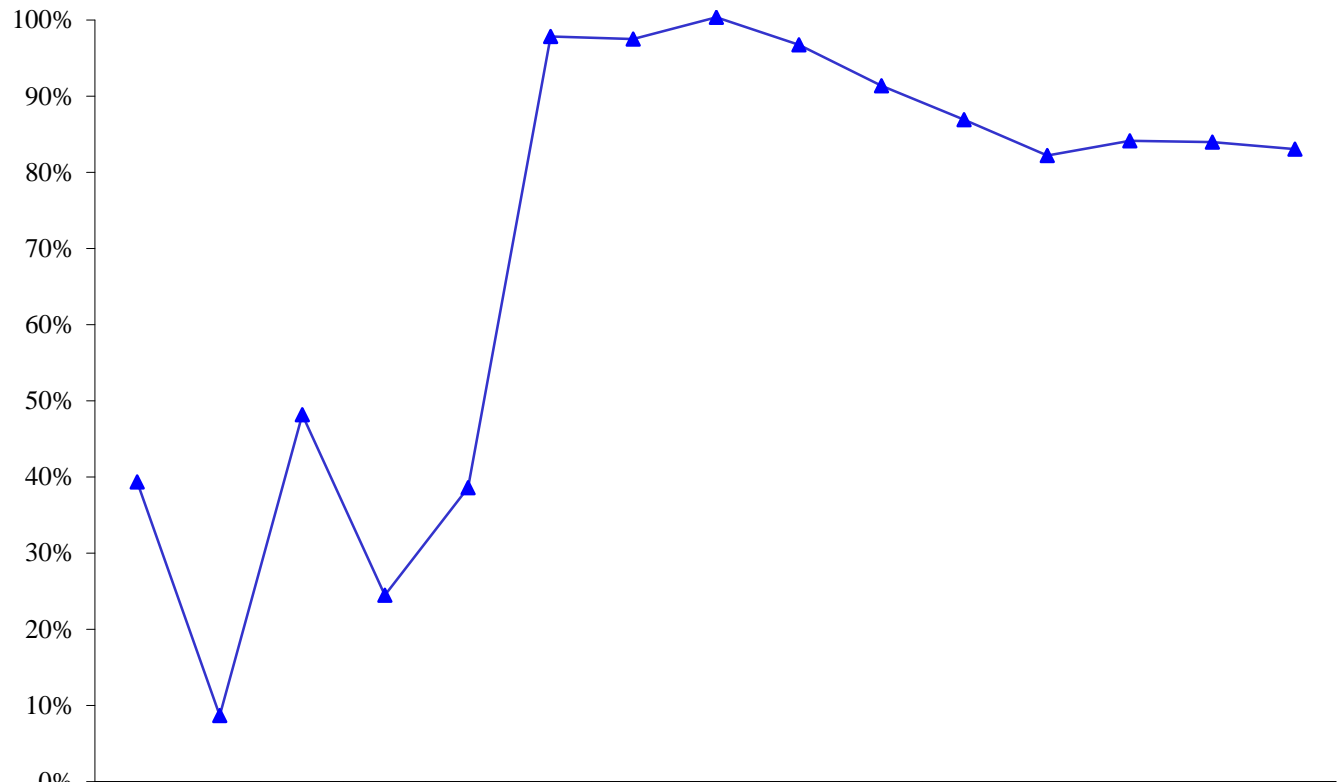
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	136	129	134	142	140	123	119	111	131	136	118	136	141	120	148
Patients with Episodes that are Tracked	129	114	118	112	125	118	113	110	123	127	98	115	111	102	137
▲ Percent Tracked by TIMA	95%	88%	88%	79%	89%	96%	95%	99%	94%	93%	83%	85%	79%	85%	93%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Rio Grande State Center**

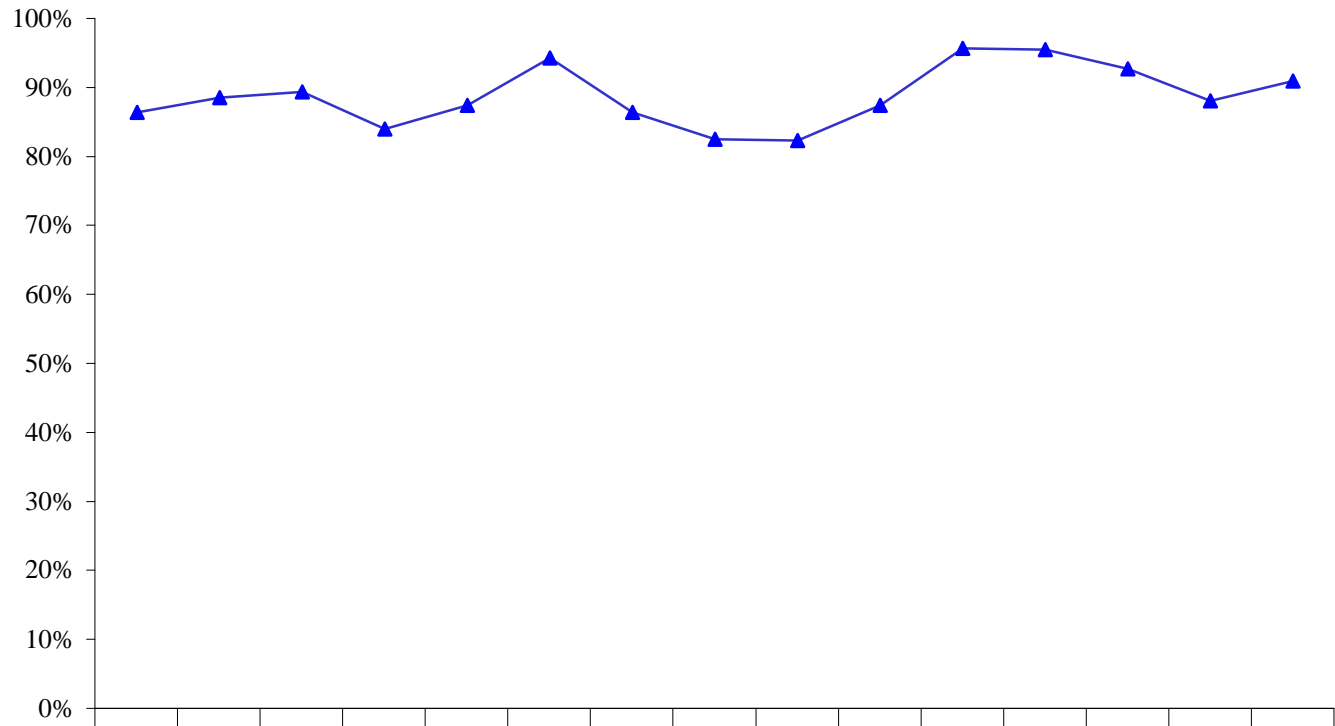
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	77	96	90	87	89	79	70	76	56	78	89	66	80	67	75
Patients with Episodes that are Tracked	30	8	43	21	34	77	68	76	54	71	77	54	67	56	62
▲ Percent Tracked by TIMA	39%	8%	48%	24%	38%	97%	97%	100%	96%	91%	87%	82%	84%	84%	83%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Rusk State Hospital**

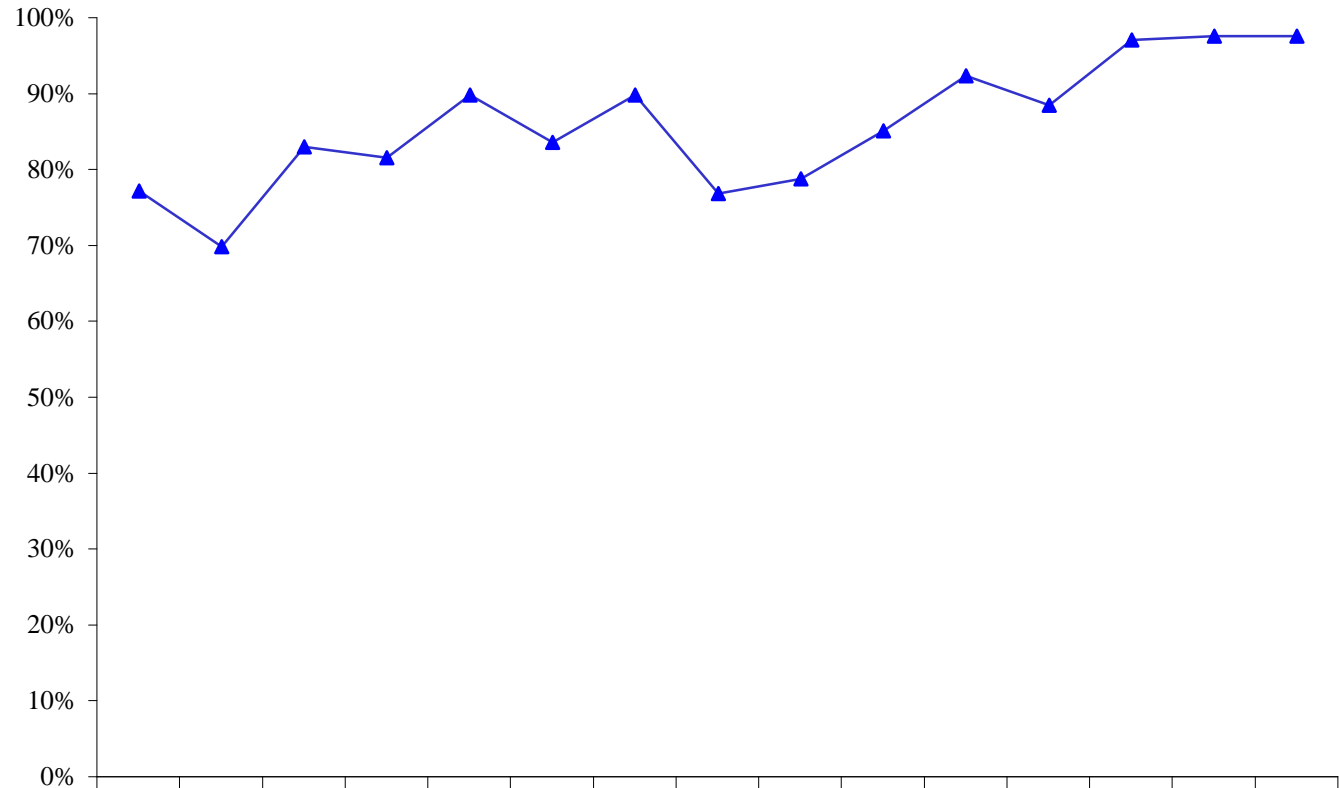
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	164	168	154	146	123	82	121	123	116	108	149	142	143	130	116
Patients with Episodes that are Tracked	141	148	137	122	107	77	104	101	95	94	142	135	132	114	105
▲ Percent Tracked by TIMA	86%	88%	89%	84%	87%	94%	86%	82%	82%	87%	95%	95%	92%	88%	91%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
San Antonio State Hospital**

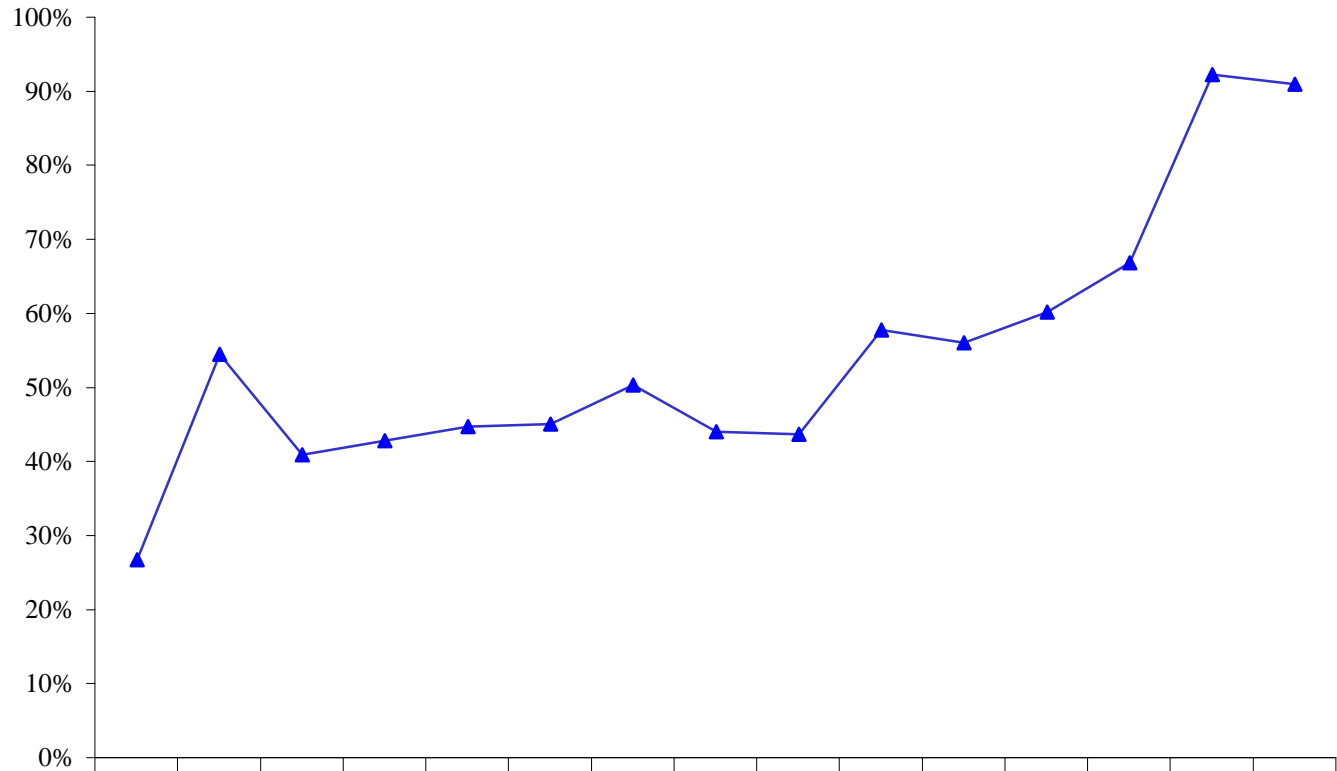
Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	177	180	144	149	171	119	142	132	111	144	150	151	152	179	181
Patients with Episodes that are Tracked	136	125	119	121	153	99	127	101	87	122	138	133	147	174	176
▲ Percent Tracked by TIMA	77%	69%	83%	81%	89%	83%	89%	77%	78%	85%	92%	88%	97%	97%	97%

**Objective 3A - Texas Implementation of Medication Algorithm (TIMA)
Terrell State Hospital**

Percent of Patients with Episodes that are Tracked by TIMA



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	186	146	153	106	115	112	102	103	97	148	133	117	137	135	149
Patients with Episodes that are Tracked	49	79	62	45	51	50	51	45	42	85	74	70	91	124	135
▲ Percent Tracked by TIMA	26%	54%	41%	42%	44%	45%	50%	44%	43%	57%	56%	60%	66%	92%	91%

Performance Objective 3B:

State mental health facilities will continue to develop strategies to decrease the use of restraint and seclusion. Efforts will be made to improve the specificity and accuracy of the restraint and seclusion data during FY03. Episodes will be reported by type: Personal, Mechanical and Seclusion.

Performance Objective Operational Definition: The number of restraint and seclusion incidents as documented on the MHRS 7-4 (or approved substitute) per 1,000 bed days.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter

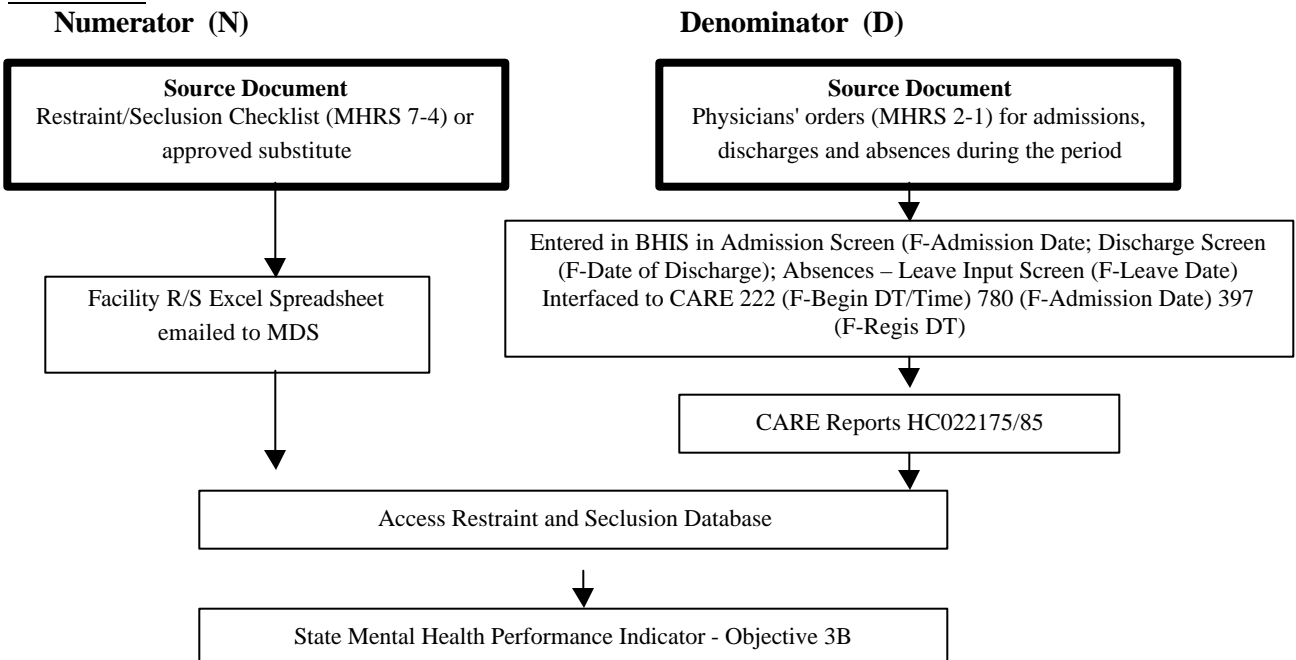
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion

D = number of bed days per FY quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

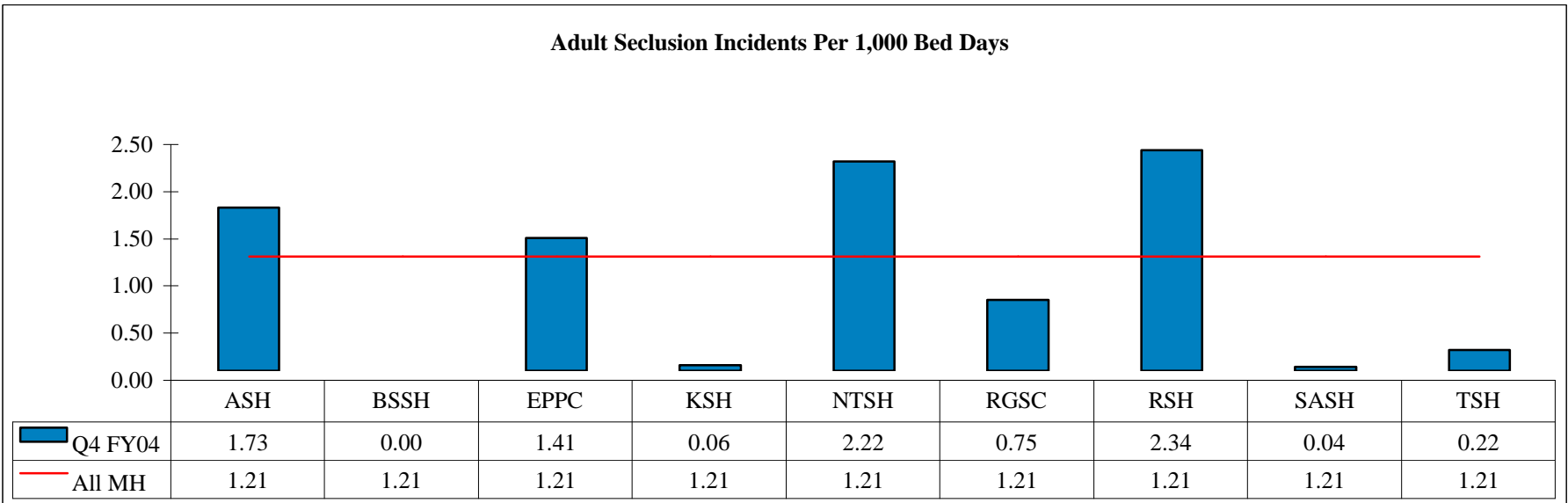
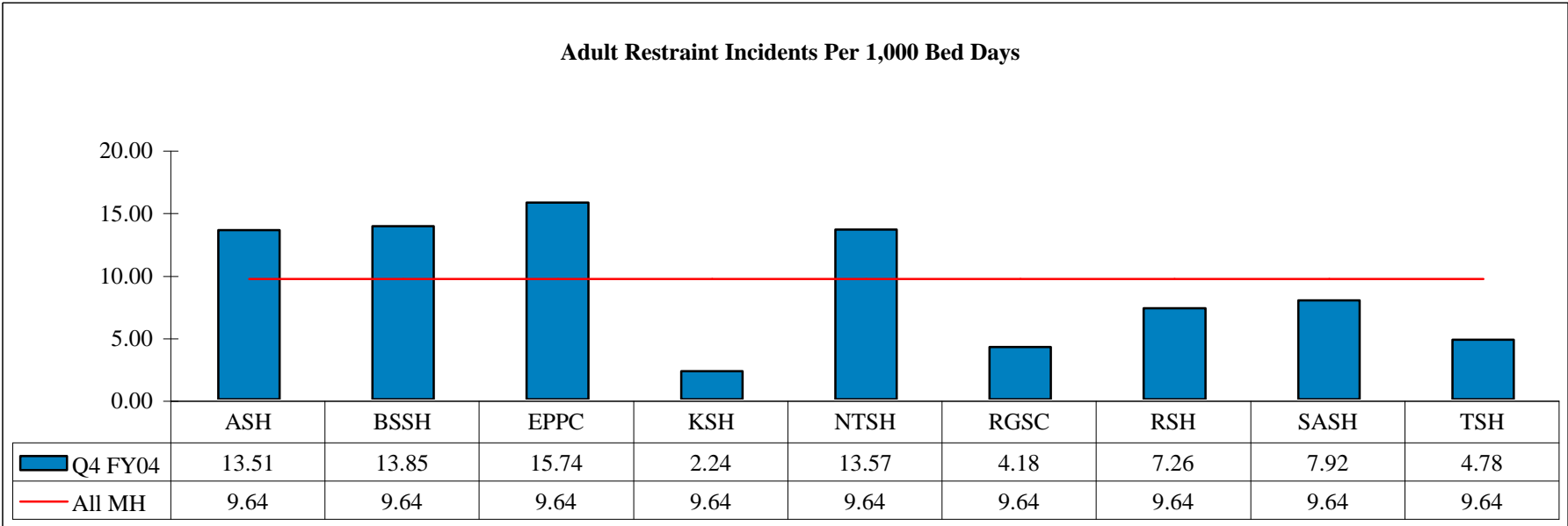
- ◆ Table shows quarterly numbers of incidents, numbers of persons, and total hours for restraints and seclusions involving children, adolescents and adults for individual facilities and system-wide. Also shows child/adolescent bed days and all other units bed days for the quarter for individual facilities and system-wide.
- ◆ Table shows quarterly numbers of restraints by type for individual facilities and system-wide.
- ◆ Table shows quarterly numbers of restraints by type per 1,000 bed days for individual facilities and system-wide.
- ◆ Chart with quarterly data points of restraint and seclusion incidents per 1,000 bed days for child/adolescent and adults for individual facilities and system-wide.
- ◆ Chart with quarterly data points of average number of hours per restraint/seclusion incident for child/adolescent and adults for individual facilities and system-wide.
- ◆ Chart with quarterly data points of number of persons in restraint/seclusion for 1,000 bed days for child/adolescent and adults for individual facilities and system-wide.

Data Flow:

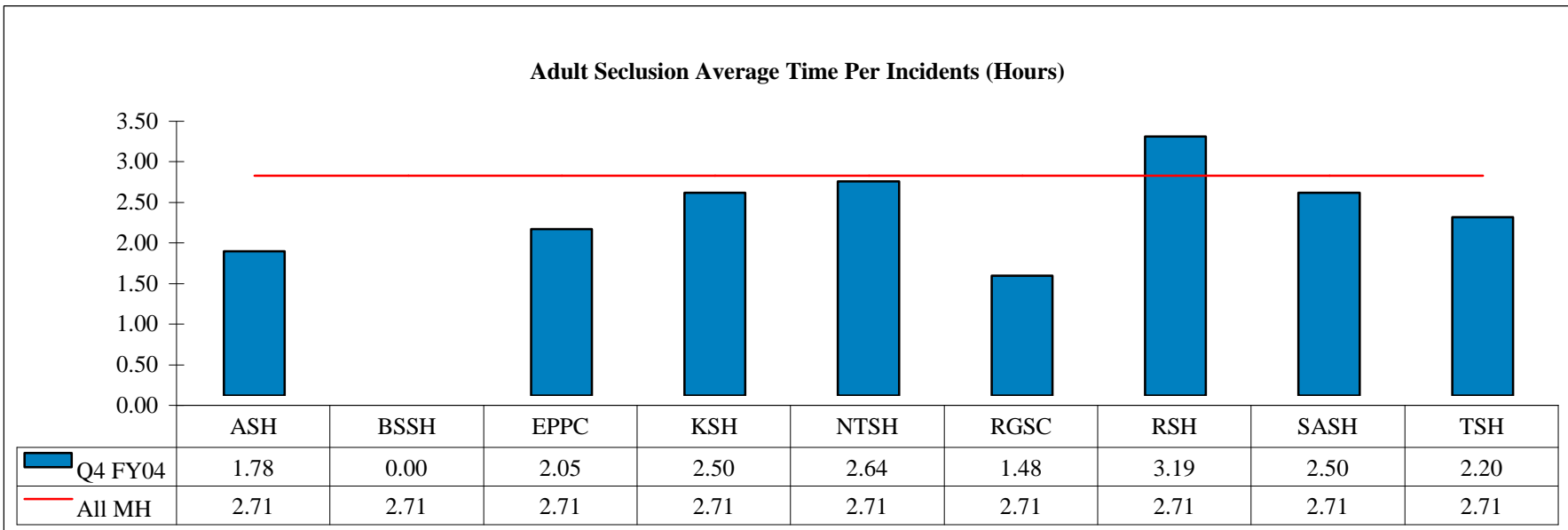
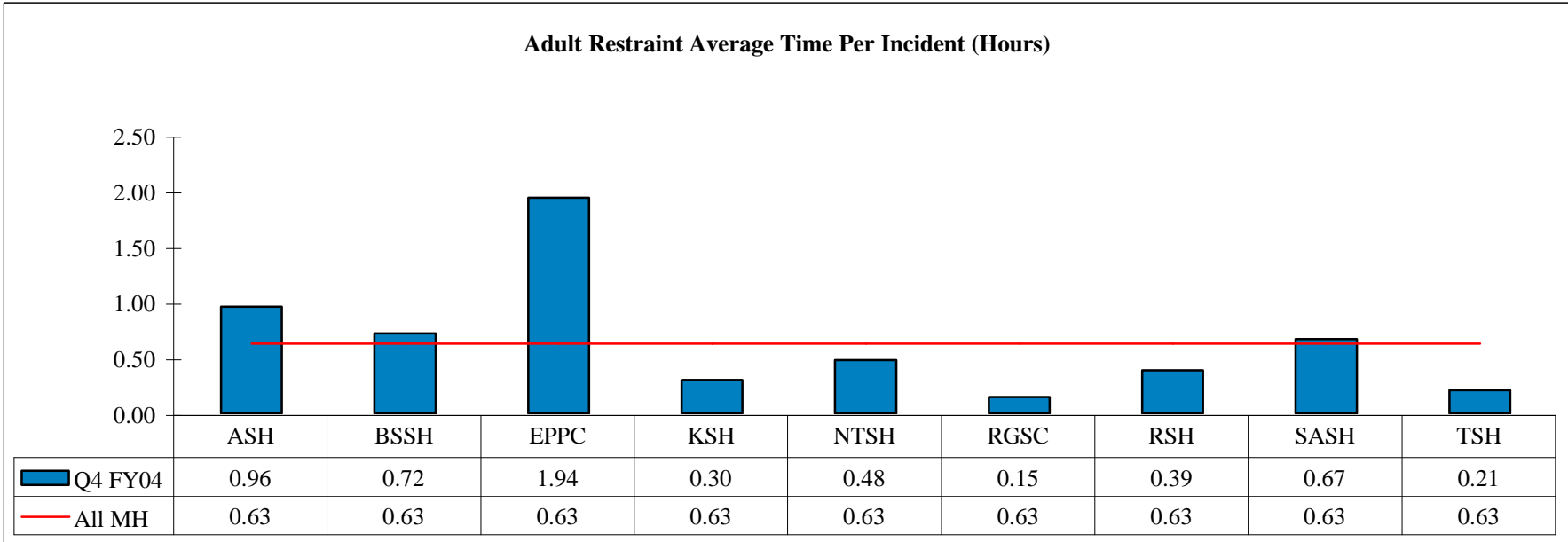


Objective 3B - Maintain Restraint and Seclusion Data

All MH Facilities

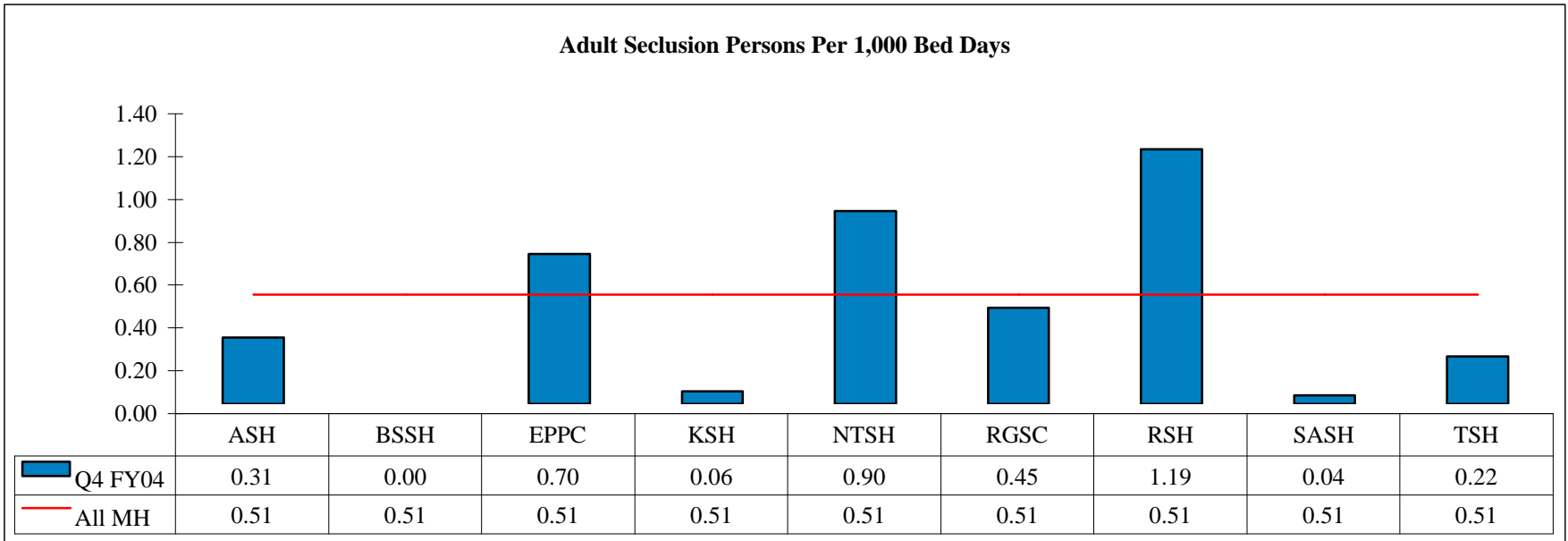
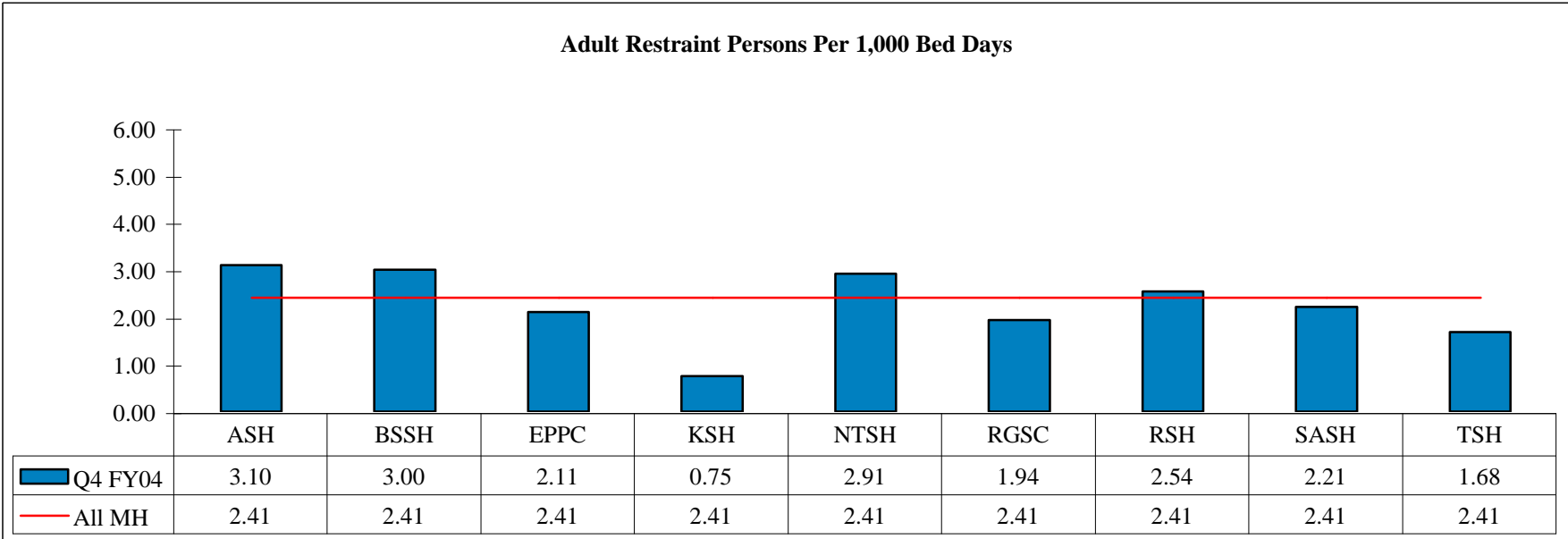


Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



Objective 3B - Maintain Restraint and Seclusion Data

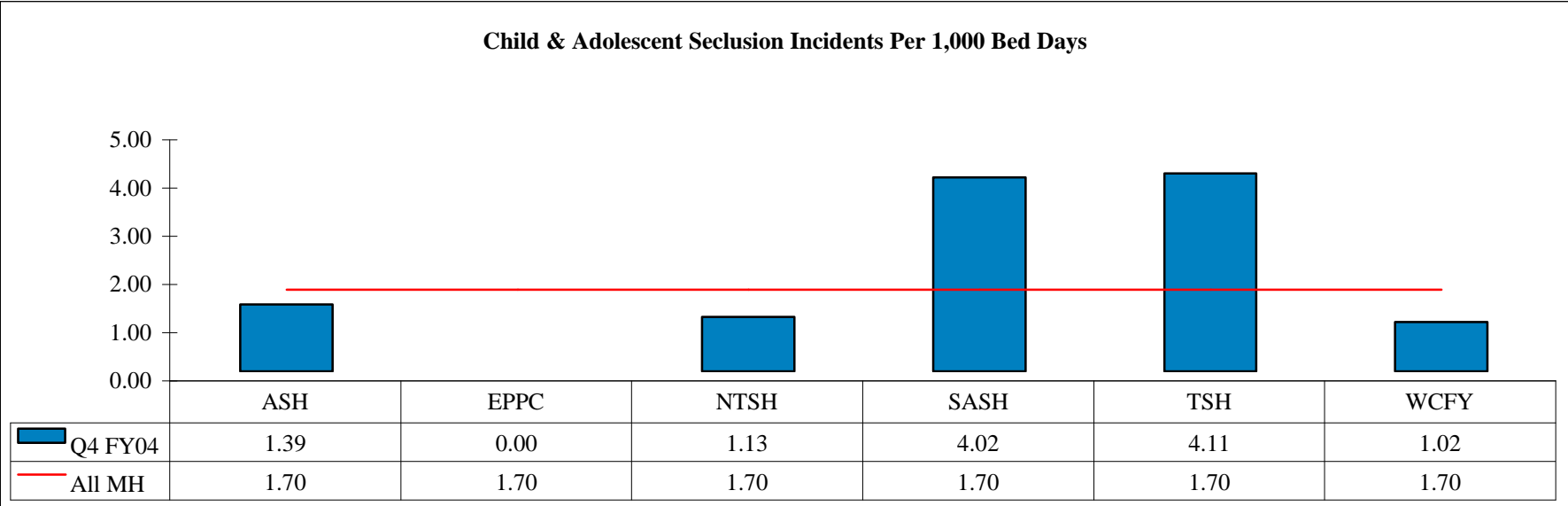
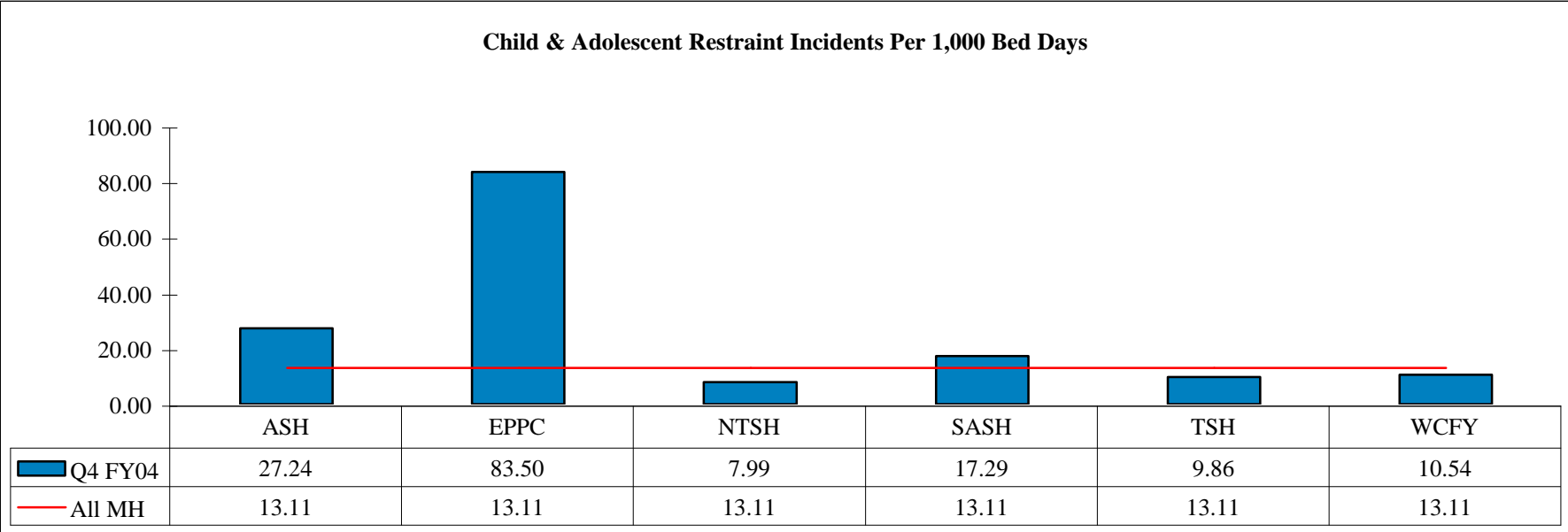
All MH Facilities



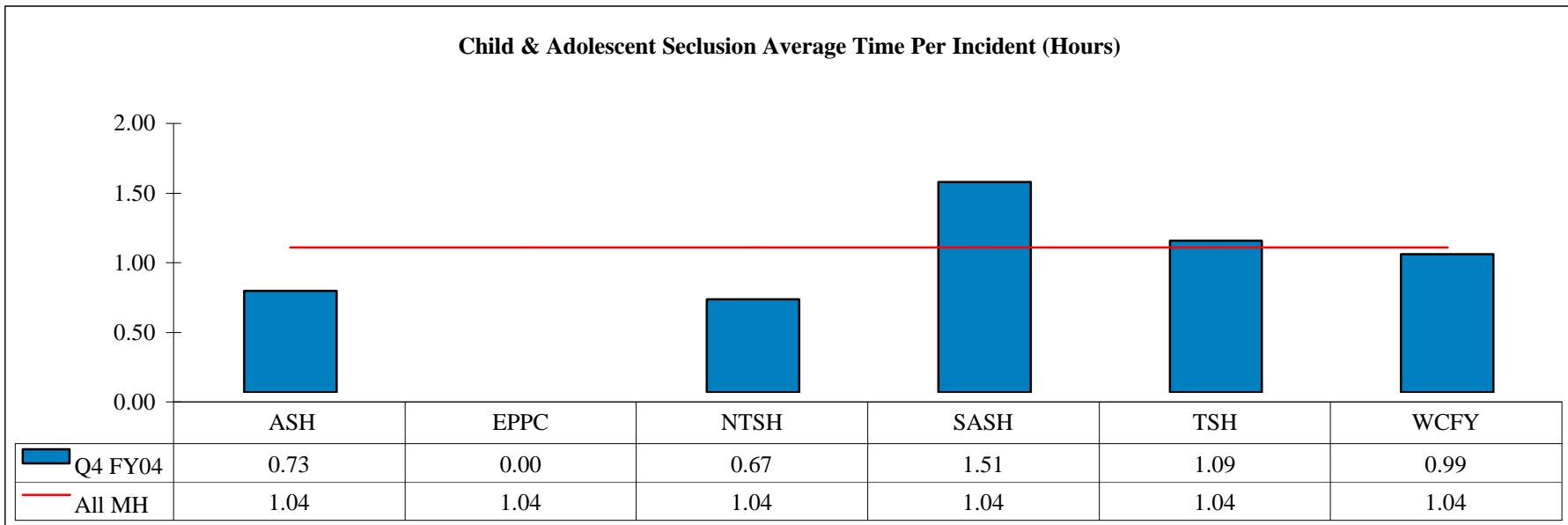
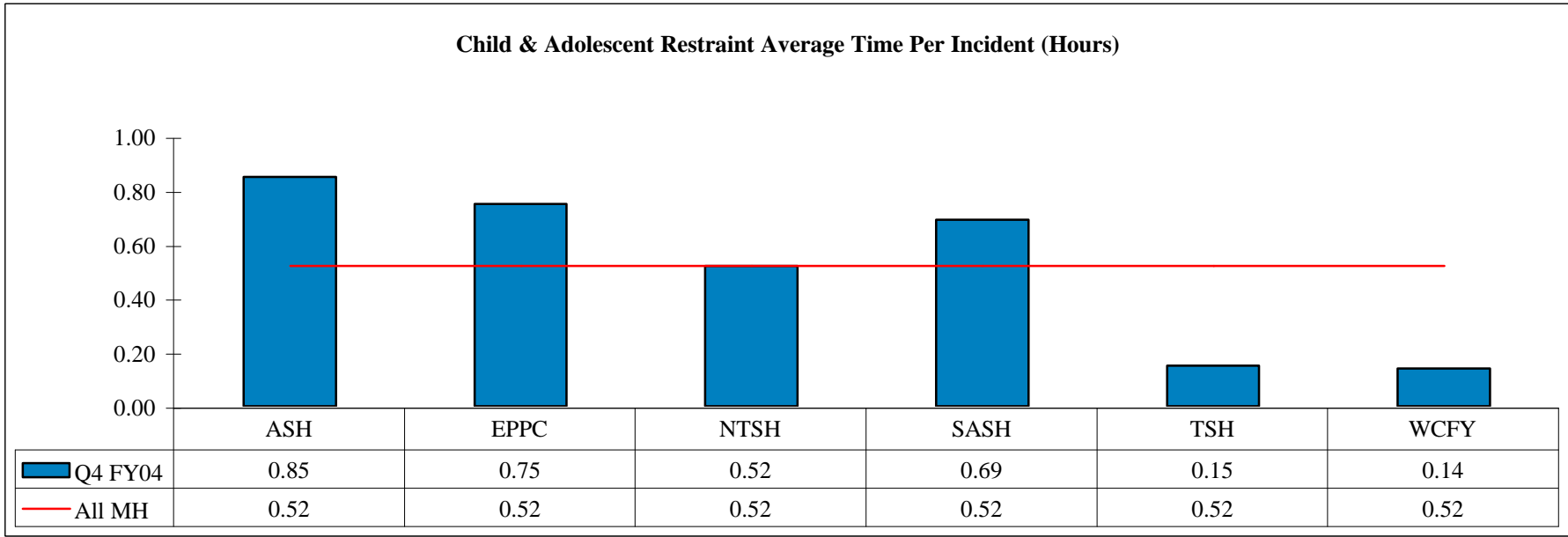
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)

Objective 3B - Maintain Restraint and Seclusion Data

All MH Facilities

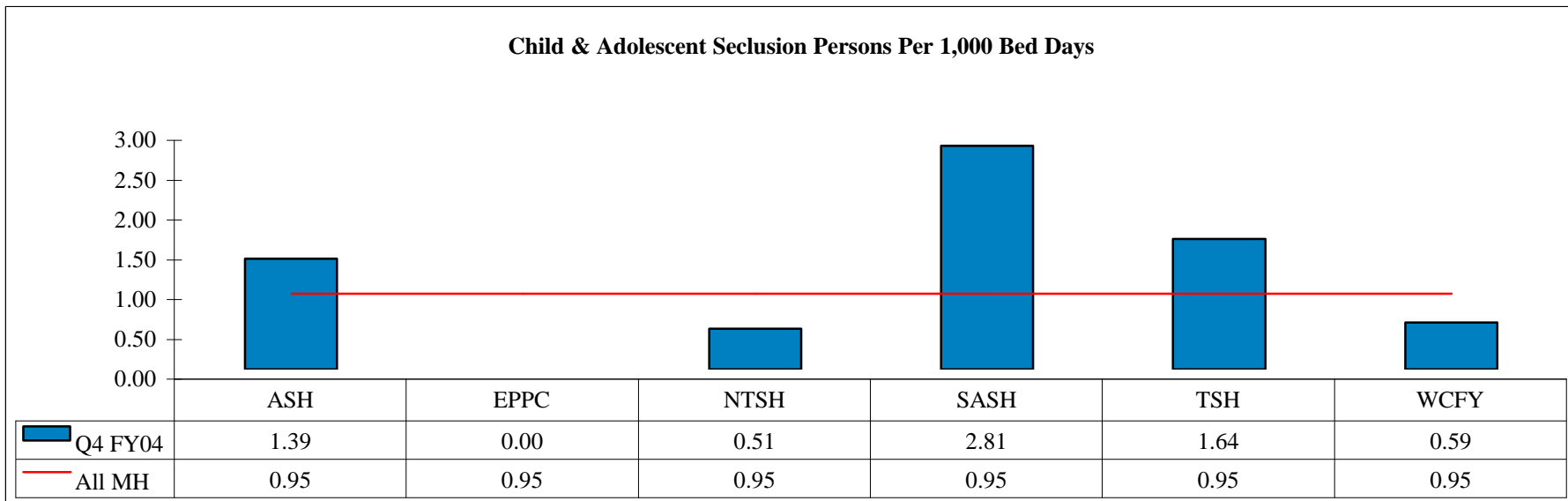
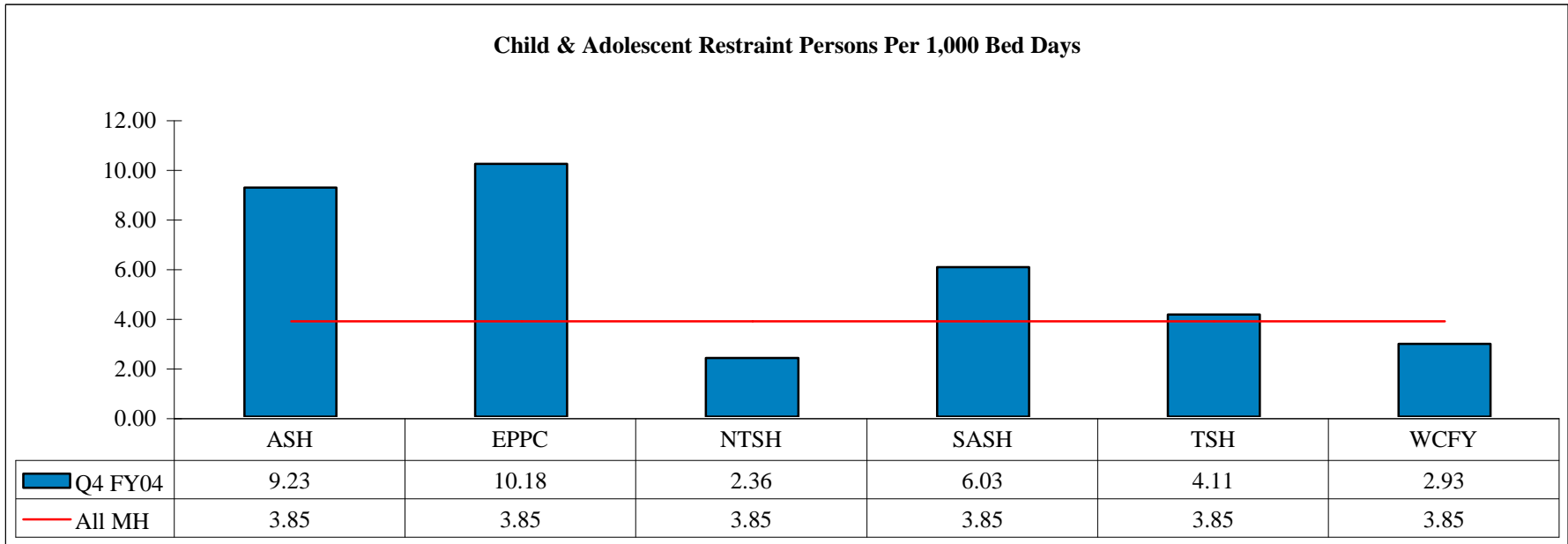


Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



Objective 3B - Maintain Restraint and Seclusion Data

All MH Facilities



Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY04

Fiscal Year 2004

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	3	9	4	0	2	4	3	0
< 5 Restraint Involving Adolescents	22	8	16	5	17	8	6	5
< 5 Restraint Involving Adults	54	34	55	23	27	25	36	15
Big Spring State Hospital								
< 5 Restraint Involving Adults	12	11	11	43	10	11	10	16
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0	0	1	0	0	0	1	0
< 5 Restraint Involving Adolescents	0	1	3	1	0	1	3	1
< 5 Restraint Involving Adults	0	10	2	3	0	6	2	1
Kerrville State Hospital								
< 5 Restraint Involving Adults	17	18	31	22	14	11	19	10
North Texas State Hospital								
< 5 Restraint Involving Children	6	0	1	0	3	0	1	0
< 5 Restraint Involving Adolescents	10	11	25	8	6	10	15	8
< 5 Restraint Involving Adults	308	298	339	329	112	118	119	110
Rio Grande State Center								
< 5 Restraint Involving Adults	9	7	2	6	8	6	2	2
Rusk State Hospital								
< 5 Restraint Involving Adults	85	111	123	96	59	67	71	50
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	10	26	12	4	5	10	9	4
< 5 Restraint Involving Adults	18	28	29	30	13	25	22	20
Terrell State Hospital								
< 5 Restraint Involving Children	2	2	0	0	1	2	0	0
< 5 Restraint Involving Adolescents	34	25	33	11	16	10	12	6
< 5 Restraint Involving Adults	82	87	76	84	44	48	51	34
Waco Center For Youth								
< 5 Restraint Involving Adolescents	36	12	24	16	19	5	13	7
All MH Facilities								
< 5 Restraint Involving Children	11	11	6	0	6	6	5	0
< 5 Restraint Involving Adolescents	112	83	113	45	63	44	58	31
< 5 Restraint Involving Adults	585	604	668	636	287	317	332	258

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY04

Fiscal Year 2004

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,694	3,114	3,526	2,166	2,694	3,114	3,526	2,166	2,694	3,114	3,526	2,166
Bed Days in Quarter-All Other Units	22,942	20,033	21,515	22,574	22,942	20,033	21,515	22,574	22,942	20,033	21,515	22,574
Restraint Involving Children	28	41	24	0	6	6	3	0	9.3	19.0	7.1	0.0
Restraint Involving Adolescents	109	188	168	59	41	41	45	20	56.2	150.0	108	50.1
Restraint Involving Adults	204	177	265	305	86	74	116	70	121.0	139.9	191.3	291.5
Seclusion Involving Children	7	16	1	0	3	6	1	0	3.6	8.1	0.8	0.0
Seclusion Involving Adolescents	11	15	6	3	6	12	4	3	9.4	8.6	6.6	2.2
Seclusion Involving Adults	7	13	16	39	5	7	2	7	3.4	14.1	20.7	69.4
Big Spring State Hospital												
Bed Days in Quarter	12,949	13,076	14,350	15,016	12,949	13,076	14,350	15,016	12,949	13,076	14,350	15,016
Restraint Involving Adults	93	119	156	208	43	33	45	45	48.9	71.8	99.9	150.0
Seclusion Involving Adults	25	2	0	0	5	2	0	0	95.9	6.3	0.0	0.0
El Paso Psychiatric Center												
Child/Adolescent Bed Days	492	408	390	491	492	408	390	491	492	408	390	491
Bed Days in Quarter-All Other Units	3,411	4,274	4,604	4,256	3,411	4,274	4,604	4,256	3,411	4,274	4,604	4,256
Restraint Involving Children	1	0	15	26	1	0	2	2	0.2	0.01	4.7	20.1
Restraint Involving Adolescents	96	1	26	15	8	1	5	3	108.0	0.0	13.3	10.8
Restraint Involving Adults	20	43	36	67	15	18	22	9	21.8	30.6	39.1	130.2
Seclusion Involving Children	0	2	4	0	0	1	1	0	0.0	0.5	0.9	0.0
Seclusion Involving Adolescents	7	1	4	0	2	1	3	0	6.7	0.3	1.7	0.0
Seclusion Involving Adults	5	1	3	6	4	1	3	3	4.3	2.0	2.5	12.3
Kerrville State Hospital												
Bed Days in Quarter	14,860	14,526	15,421	16,080	14,860	14,526	15,421	16,080	14,860	14,526	15,421	16,080
Restraint Involving Adults	25	53	45	36	18	17	22	12	3.9	47.3	5.5	10.8
Seclusion Involving Adults	7	4	2	1	5	3	2	1	7.7	6.2	1.3	2.5

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY04

	Fiscal Year 2004											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	9,034	9,755	9,649	9,765	9,034	9,755	9,649	9,765	9,034	9,755	9,649	9,765
Bed Days in Quarter-All Other Units	47,159	44,755	46,105	48,718	47,159	44,755	46,105	48,718	47,159	44,755	46,105	48,718
Restraint Involving Children	29	2	3	0	4	2	1	0	5.0	0.3	2.5	0.0
Restraint Involving Adolescents	152	62	203	78	21	21	42	23	59.2	37.1	134.8	40.7
Restraint Involving Adults	592	593	612	661	148	171	171	142	443.1	387.1	244.1	316.0
Seclusion Involving Children	27	5	6	3	4	1	2	1	26.4	7.0	5.3	2.0
Seclusion Involving Adolescents	73	39	24	8	14	11	12	4	91.7	43.9	26.9	5.4
Seclusion Involving Adults	142	135	142	108	49	51	59	44	386.4	367.8	313.2	284.7
Rio Grande State Center												
Bed Days in Quarter	4,017	4,090	4,138	6,691	4,017	4,090	4,138	6,691	4,017	4,090	4,138	6,691
Restraint Involving Adults	28	31	25	28	19	24	20	13	4.9	5.5	3.9	4.2
Seclusion Involving Adults	3	3	0	5	3	2	0	3	2.3	7.6	0.0	37.0
Rusk State Hospital												
Bed Days in Quarter	23,883	23,506	25,009	25,218	23,883	23,506	25,009	25,218	23,883	23,506	25,009	25,218
Restraint Involving Adults	169	182	199	183	83	87	95	64	58.0	58.3	68.2	71.9
Seclusion Involving Adults	59	67	79	59	40	38	44	30	81.7	127.6	148.3	188.2
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	3,007	2,832	3,277	2,487	3,007	2,832	3,277	2,487	3,007	2,832	3,277	2,487
Bed Days in Quarter-All Other Units	22,738	21,596	22,919	23,486	22,738	21,596	22,919	23,486	22,738	21,596	22,919	23,486
Restraint Involving Adolescents	59	119	79	43	11	20	25	15	45.8	79.5	49.9	29.6
Restraint Involving Adults	105	176	203	186	40	58	63	52	67.3	148.8	170.6	125.0
Seclusion Involving Adolescents	4	29	23	10	2	10	9	7	2.4	45.3	30.8	15.1
Seclusion Involving Adults	7	2	4	1	6	2	2	1	11.5	1.8	11.8	2.5

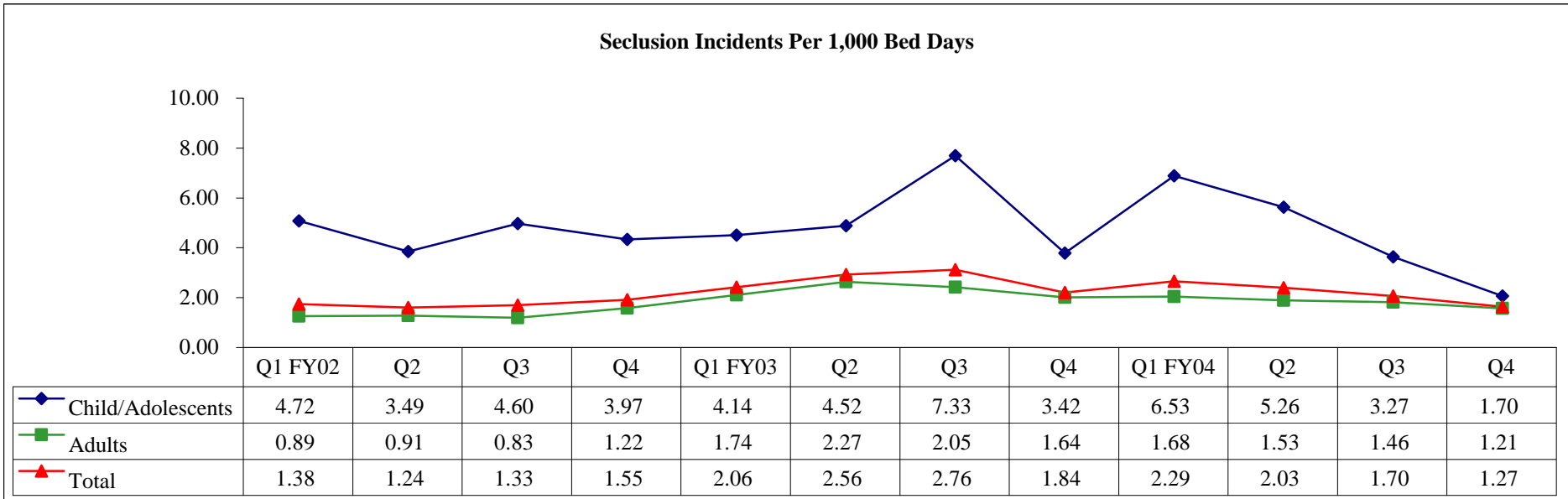
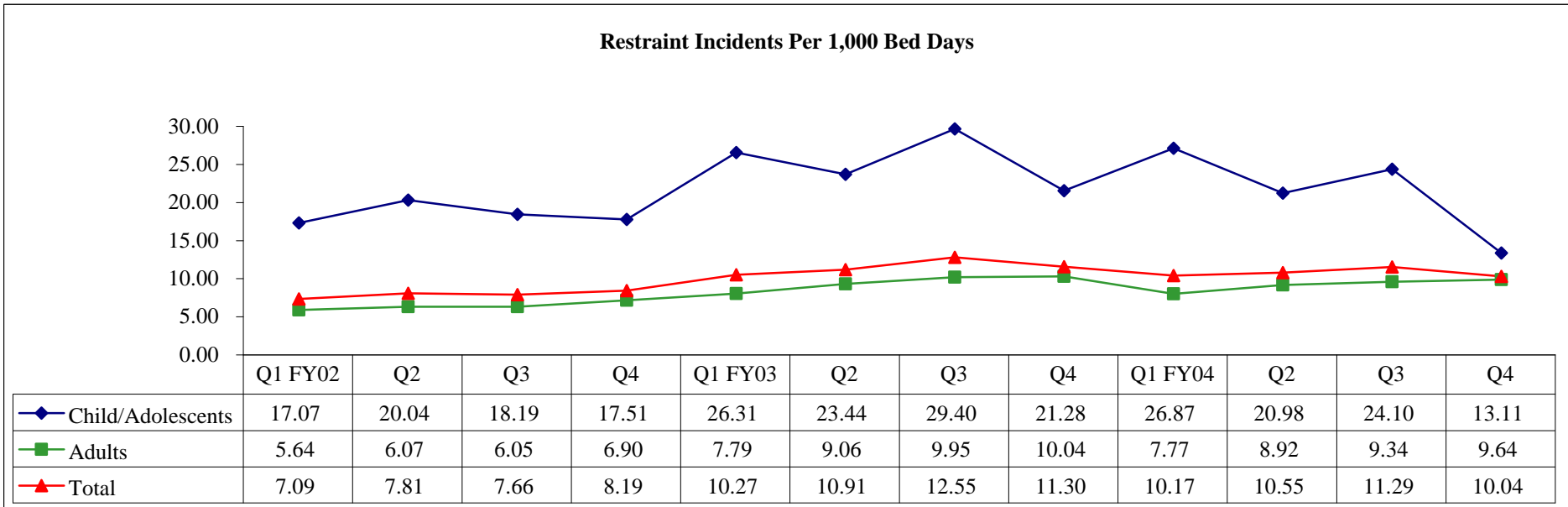
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY04

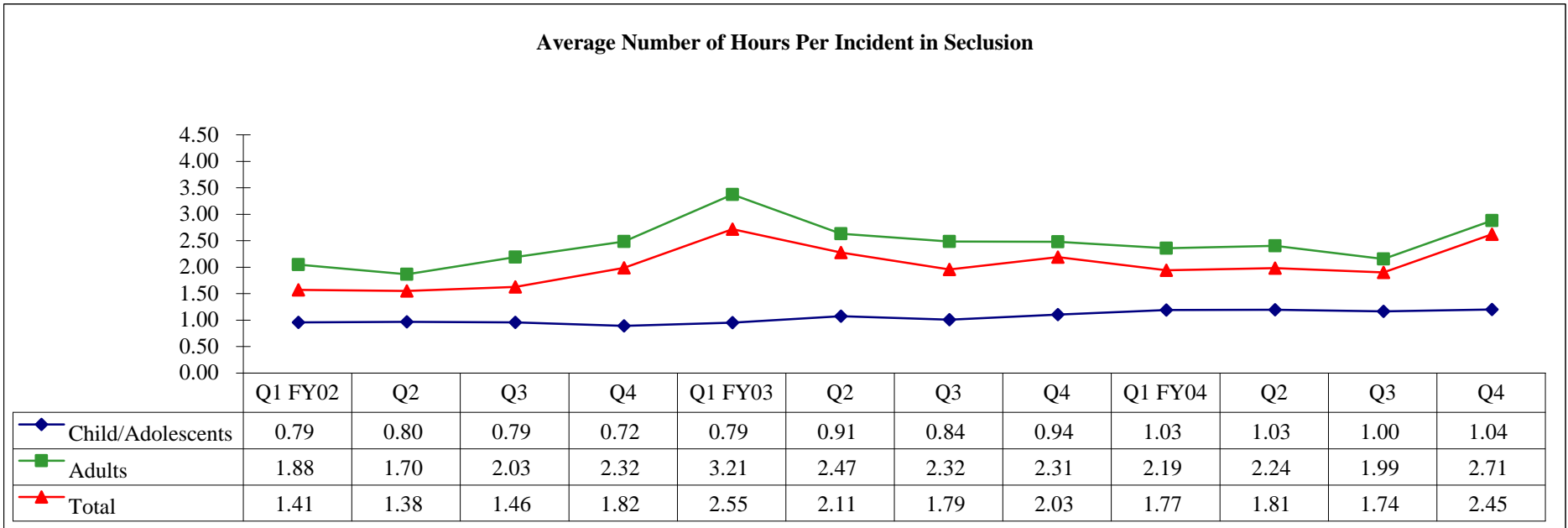
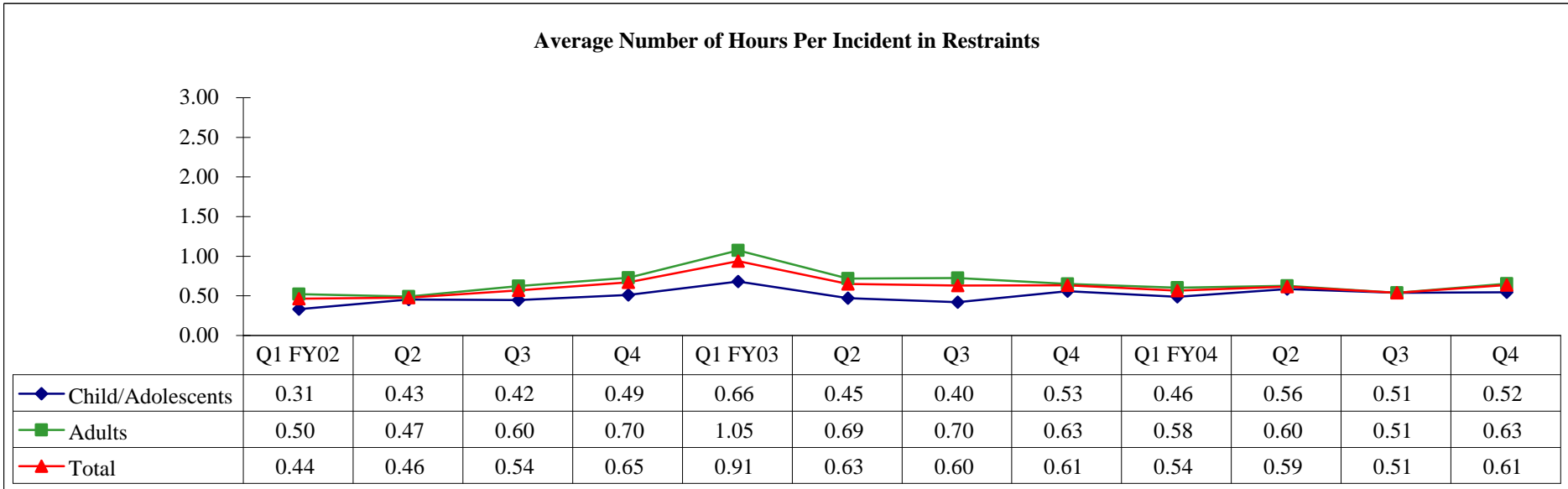
	Fiscal Year 2004											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	3,096	3,095	3,087	2,435	3,096	3,095	3,087	2,435	3,096	3,095	3,087	2,435
Bed Days in Quarter-All Other Units	21,593	20,987	22,473	23,203	21,593	20,987	22,473	23,203	21,593	20,987	22,473	23,203
Restraint Involving Children	3	2	0	0.0	1	2	0	0.0	0.2	0.1	0.0	0.0
Restraint Involving Adolescents	71	74	68	24	25	13	17	10	6.1	11.1	6.6	3.5
Restraint Involving Adults	112	115	107	111	49	56	61	39	11.4	10.5	24.7	23.1
Seclusion Involving Children	1	2	0	0	1	1	0	0	0.8	1.9	0.0	0.0
Seclusion Involving Adolescents	33	26	17	10	14	8	9	4	26.2	22.3	13.2	10.9
Seclusion Involving Adults	37	28	11	5	20	18	9	5	46.8	36.8	13.8	11.0
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,651	6,826	6,963	6,831	6,651	6,826	6,963	6,831	6,651	6,826	6,963	6,831
Restraint Involving Adolescents	123	57	62	72.0	31	11	22	20.0	21.6	10.6	6.6	10.1
Seclusion Involving Adolescents	0	2	3	7	0	1	3	4	0.0	3.0	1.6	6.9
All MH Facilities												
Child/Adolescent Bed Days	24,974	26,030	26,892	24,175	24,974	26,030	26,892	24,175	24,974	26,030	26,892	24,175
Bed Days in Quarter-All Other Units	173,552	166,843	176,534	185,242	173,552	166,843	176,534	185,242	173,552	166,843	176,534	185,242
Restraint Involving Children	61	45	42	26	12	10	6	2	14.7	19.4	14.3	20.1
Restraint Involving Adolescents	610	501	606	291	137	107	156	91	296.9	288.3	319.2	144.8
Restraint Involving Adults	1,348	1,489	1,648	1,785	501	538	615	446	780.3	899.8	847.3	1,122.7
Seclusion Involving Children	35	25	11	3	8	9	4	1	30.8	17.5	7.0	2.0
Seclusion Involving Adolescents	128	112	77	38	38	43	40	22	136.4	123.4	80.8	40.5
Seclusion Involving Adults	292	255	257	224	137	124	121	94	640.0	570.2	511.6	607.6

Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

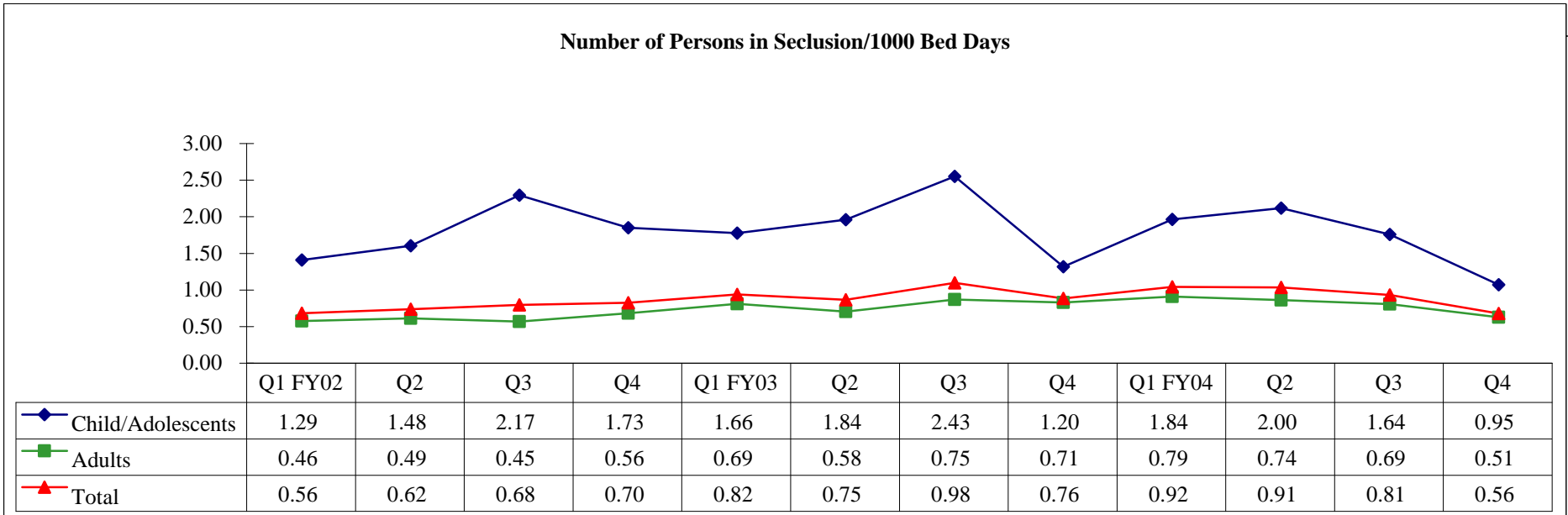
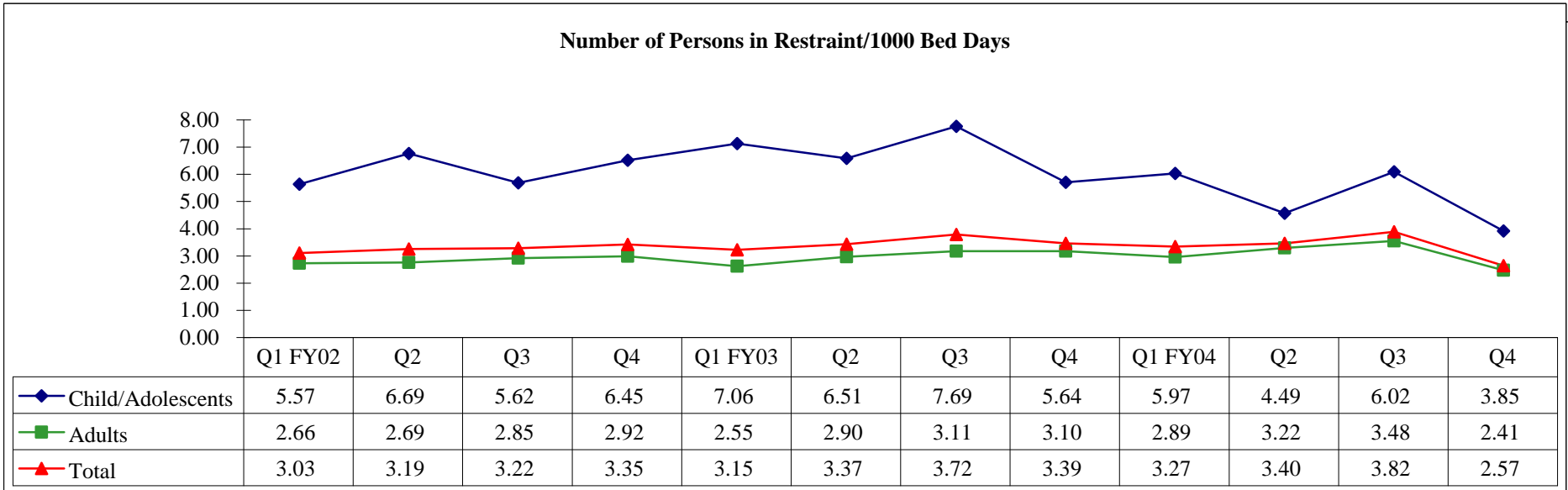
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



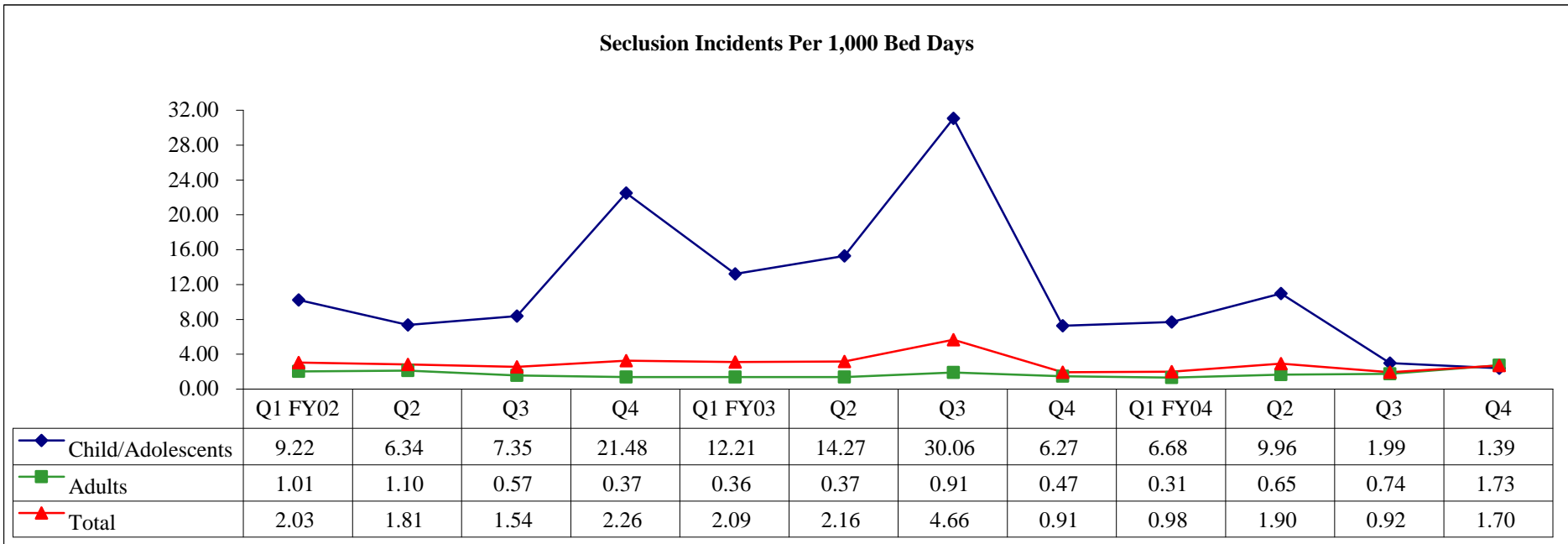
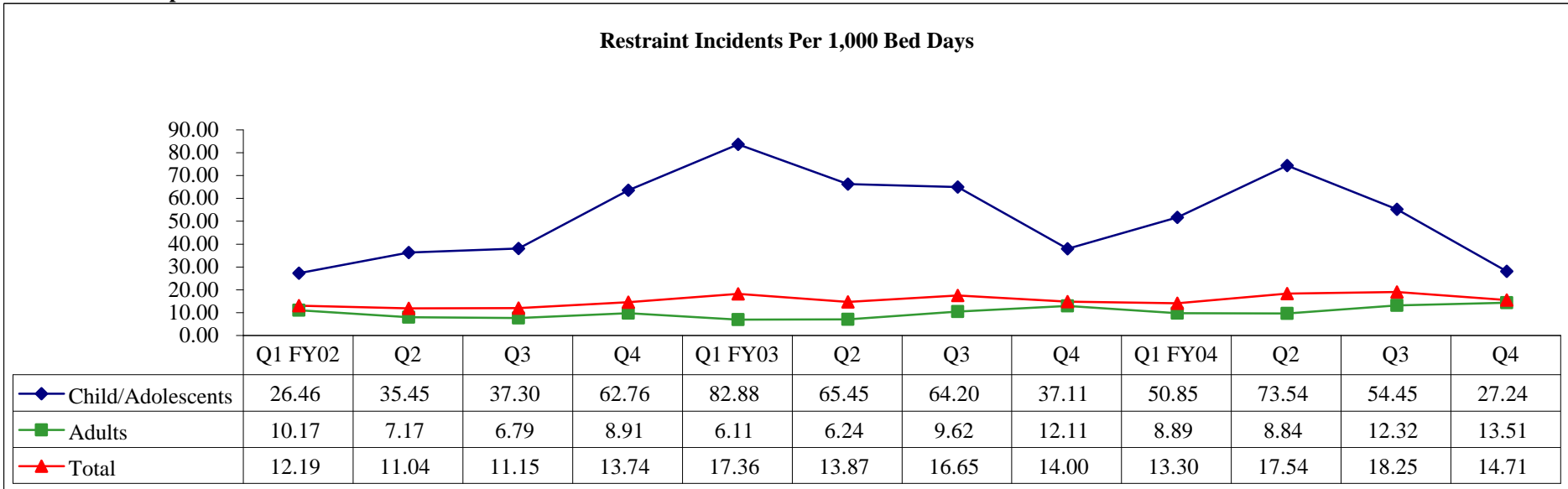
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



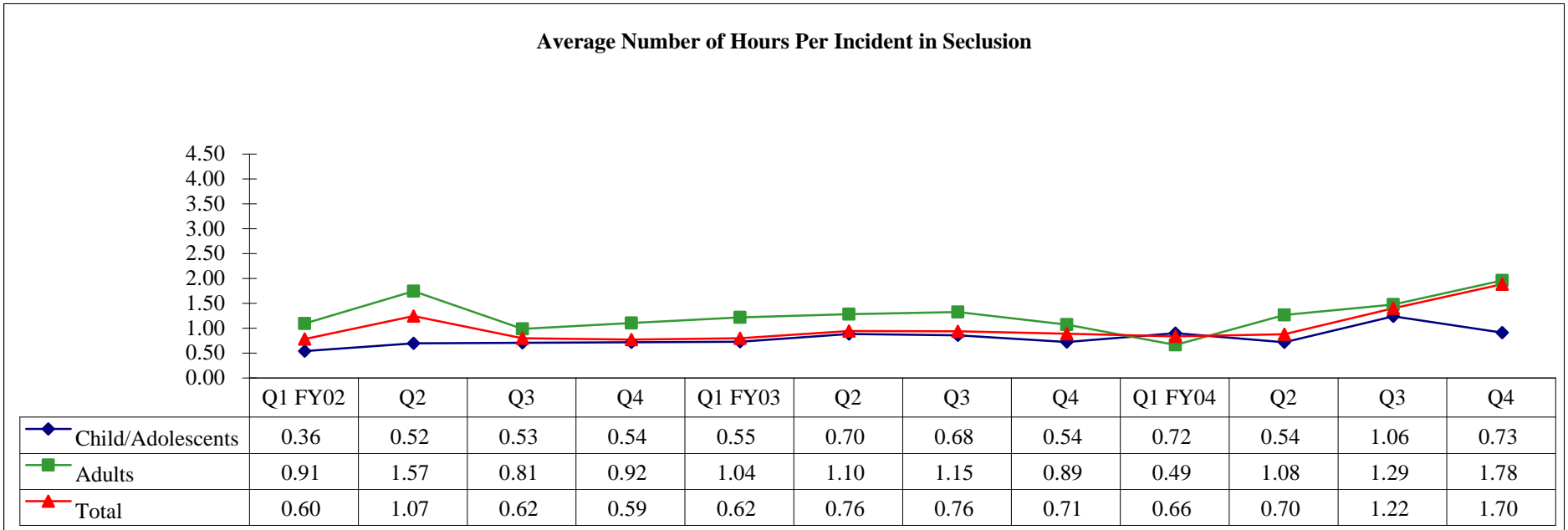
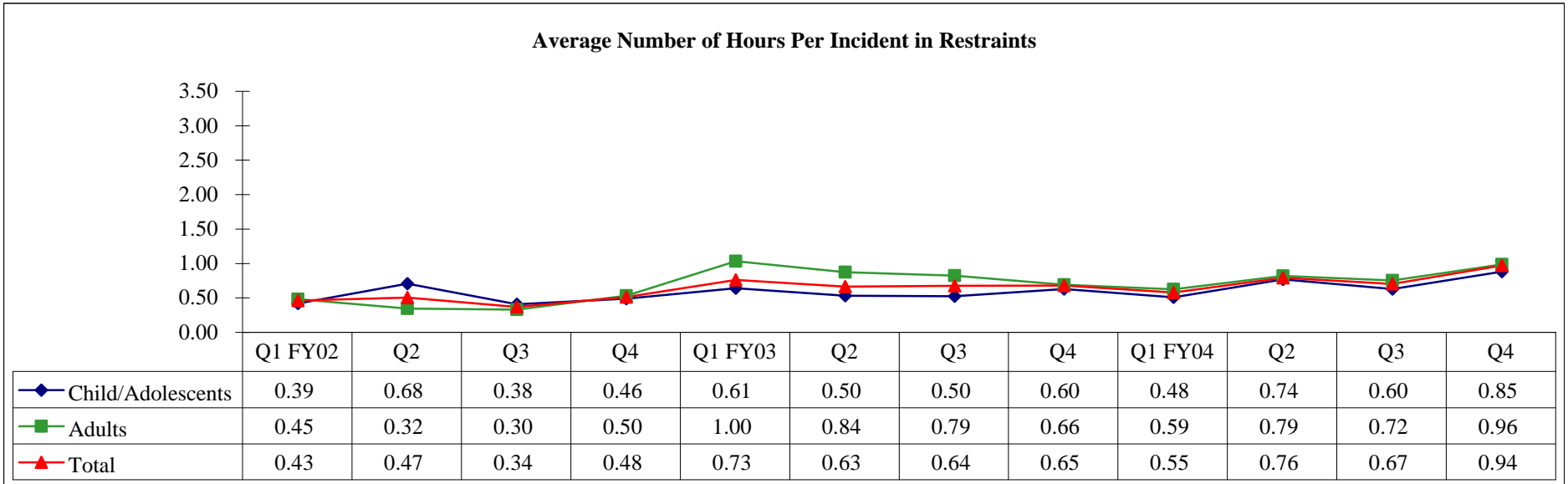
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



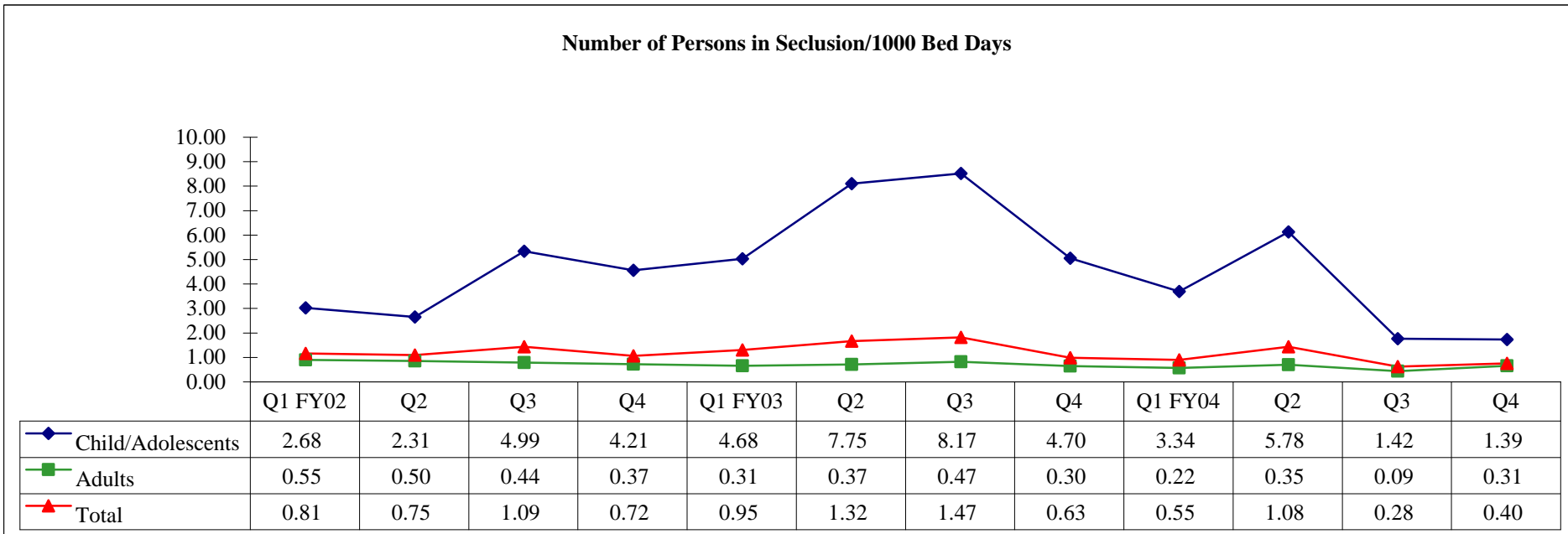
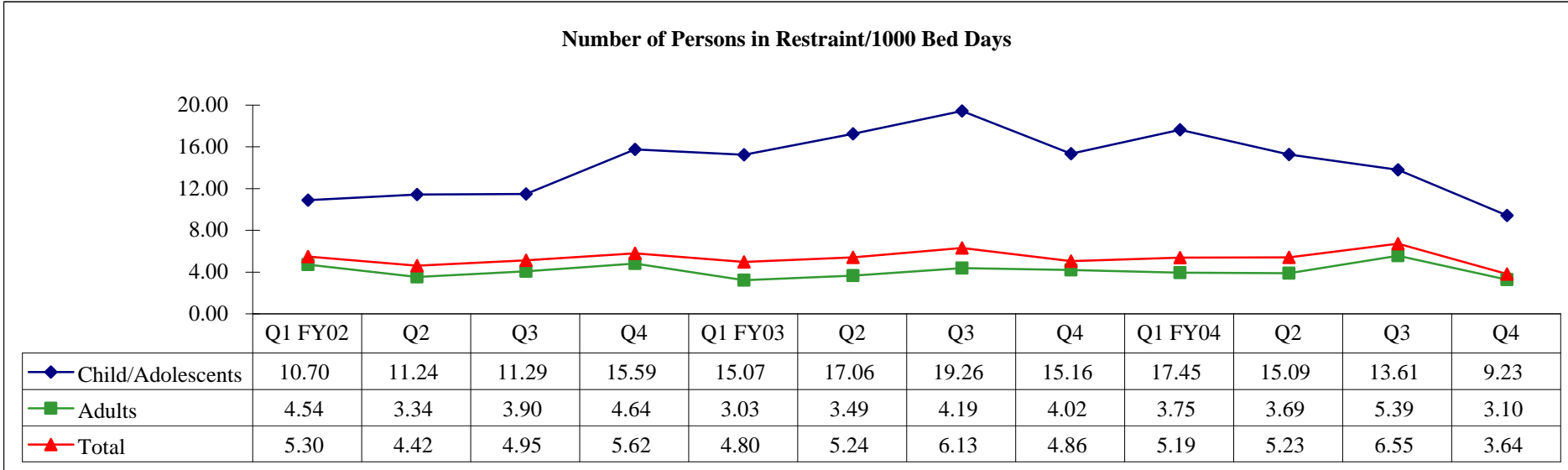
Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital



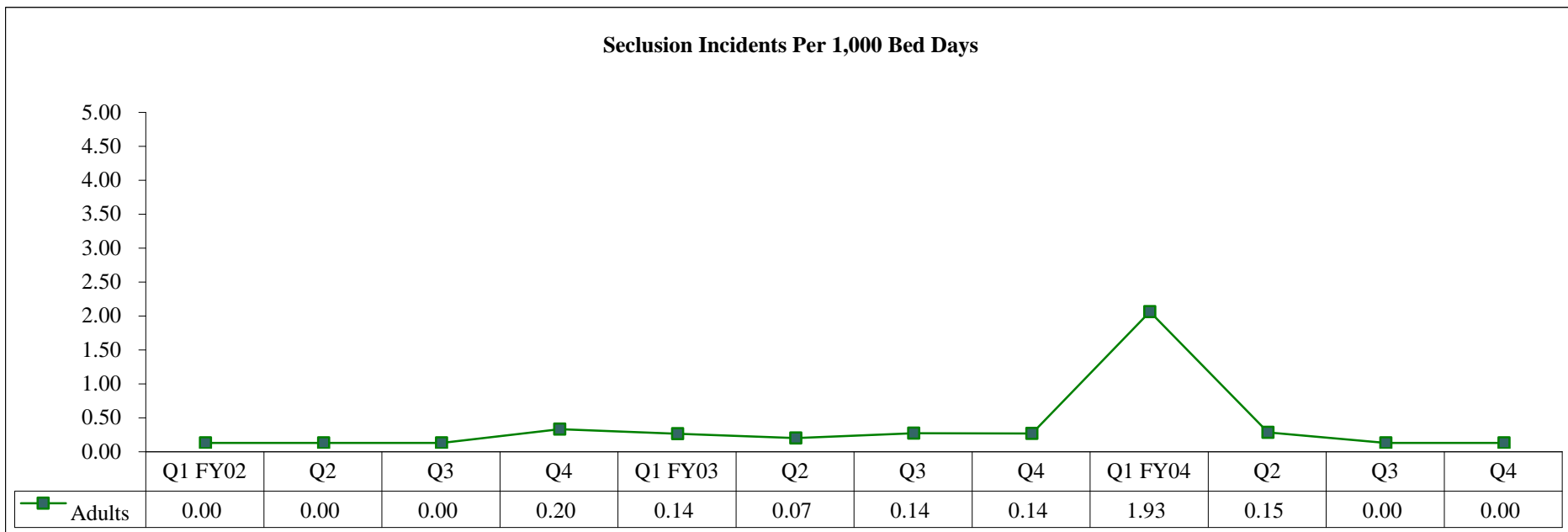
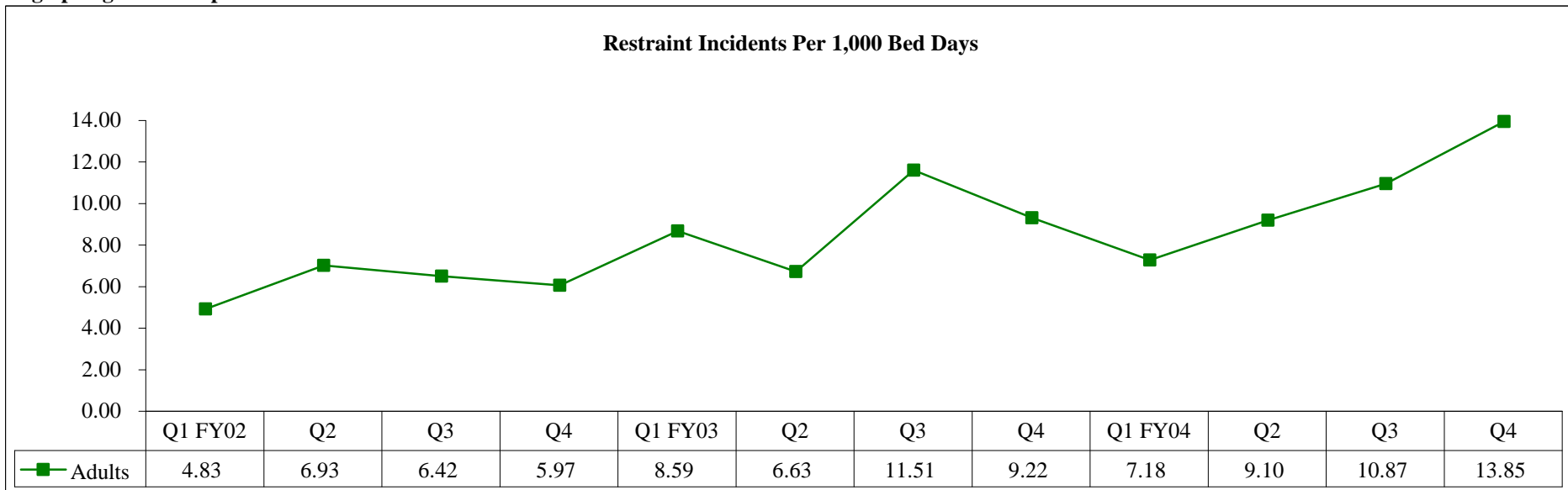
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



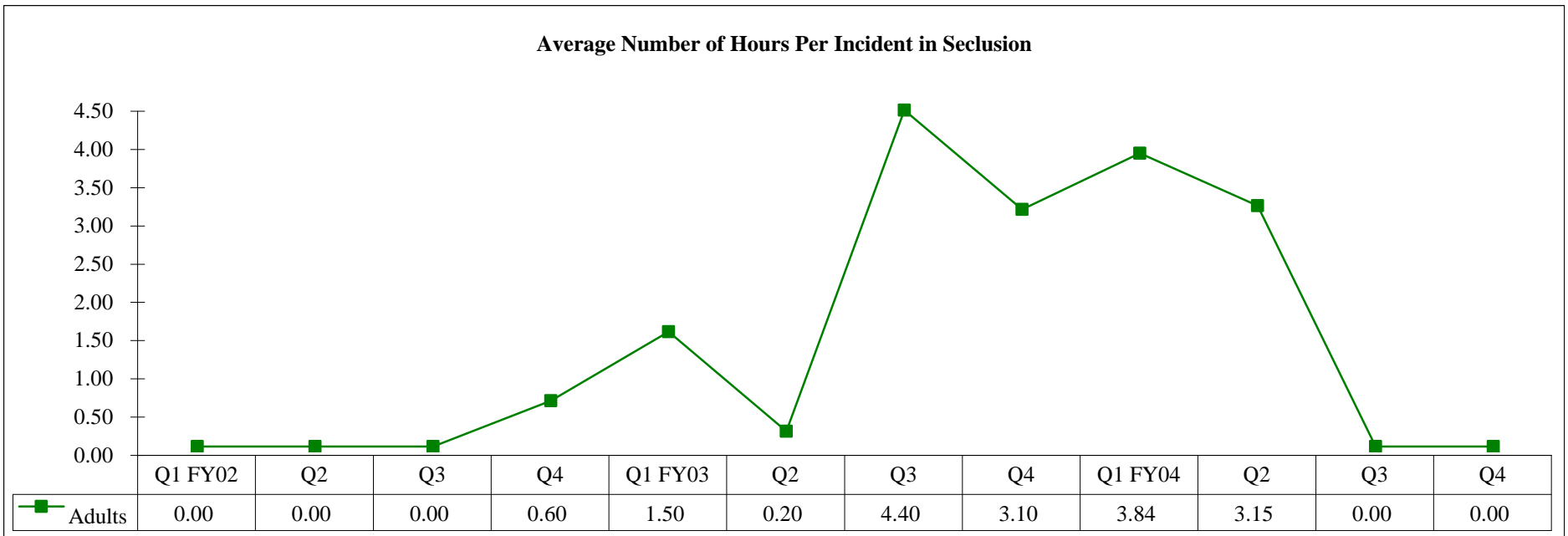
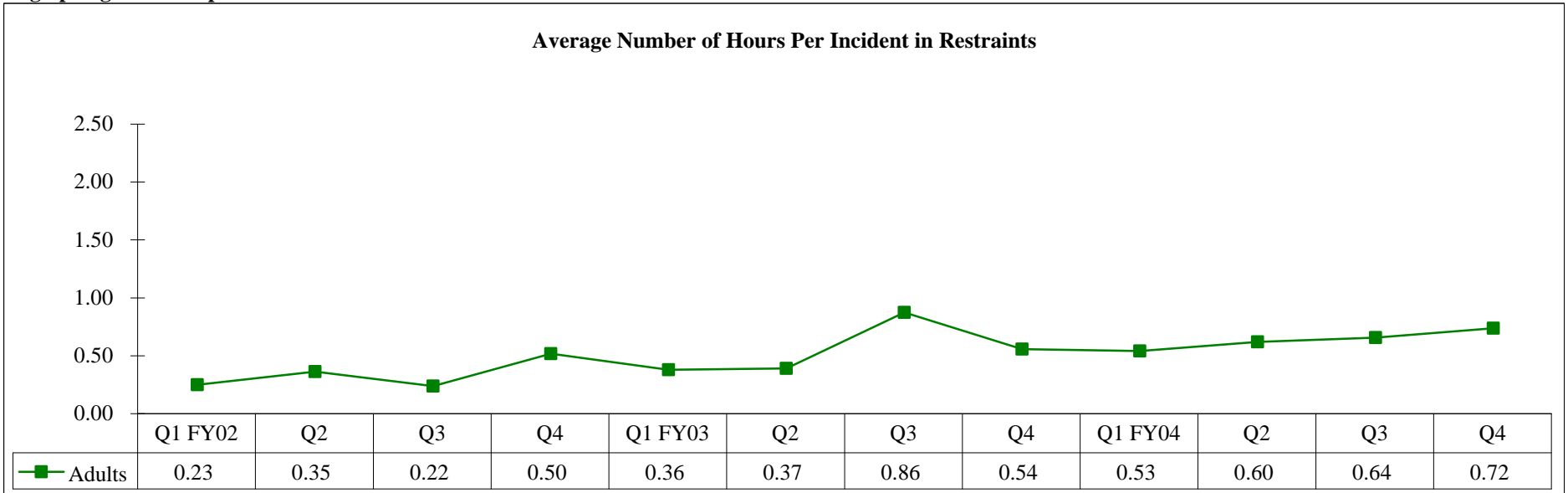
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



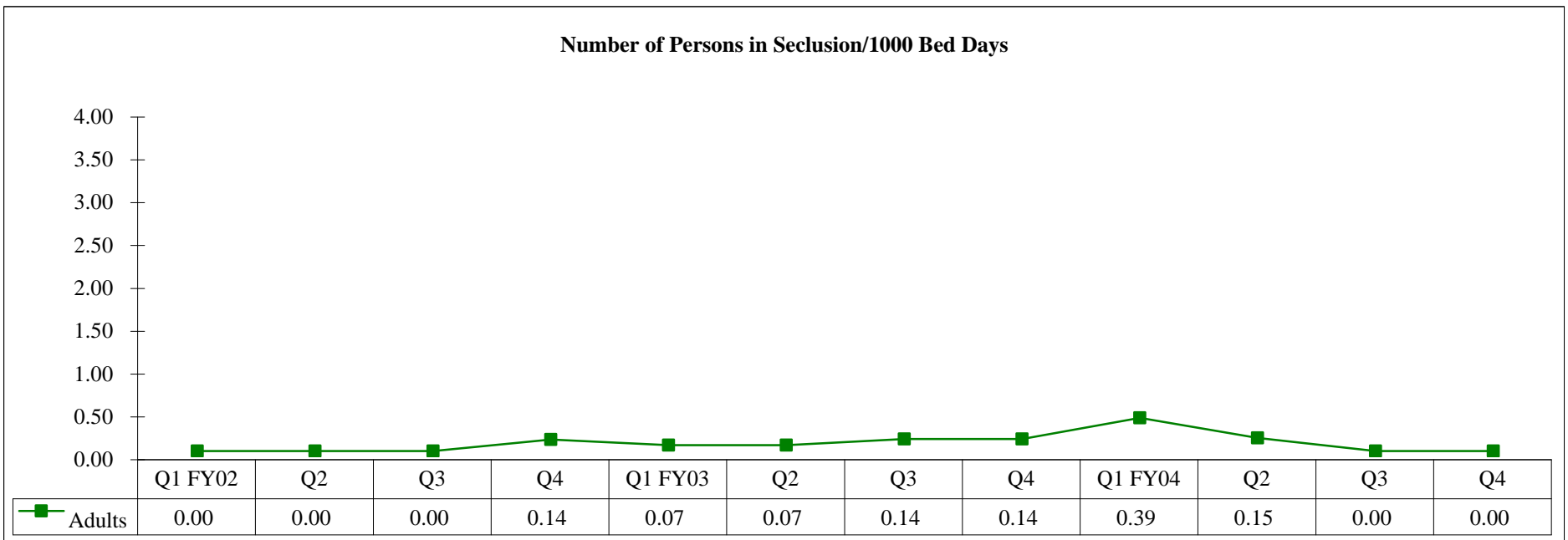
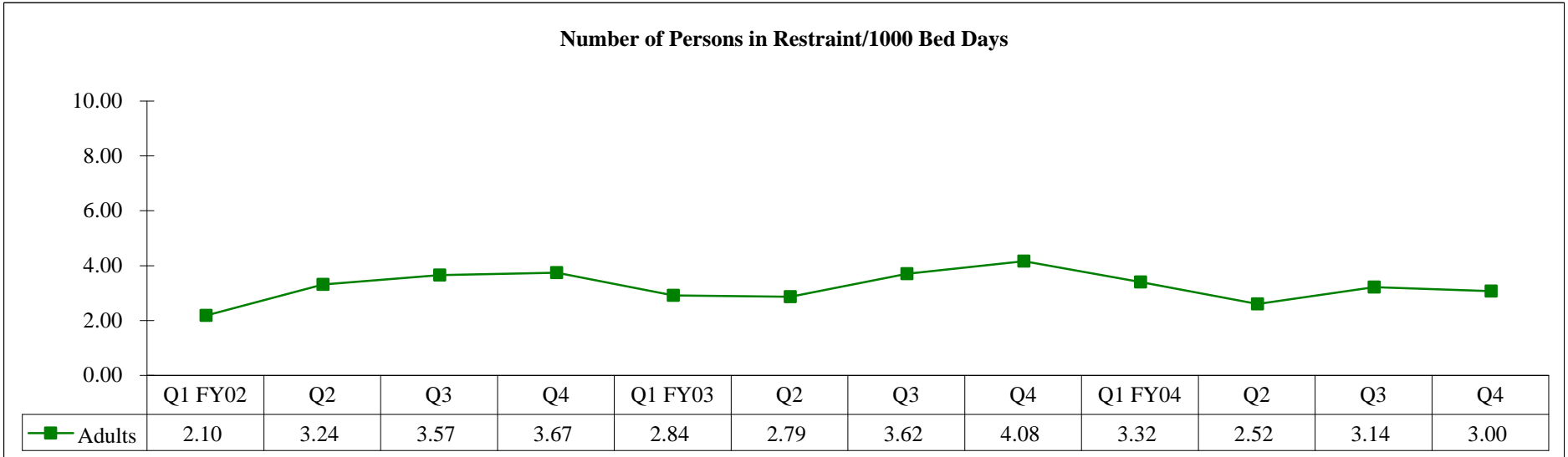
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital



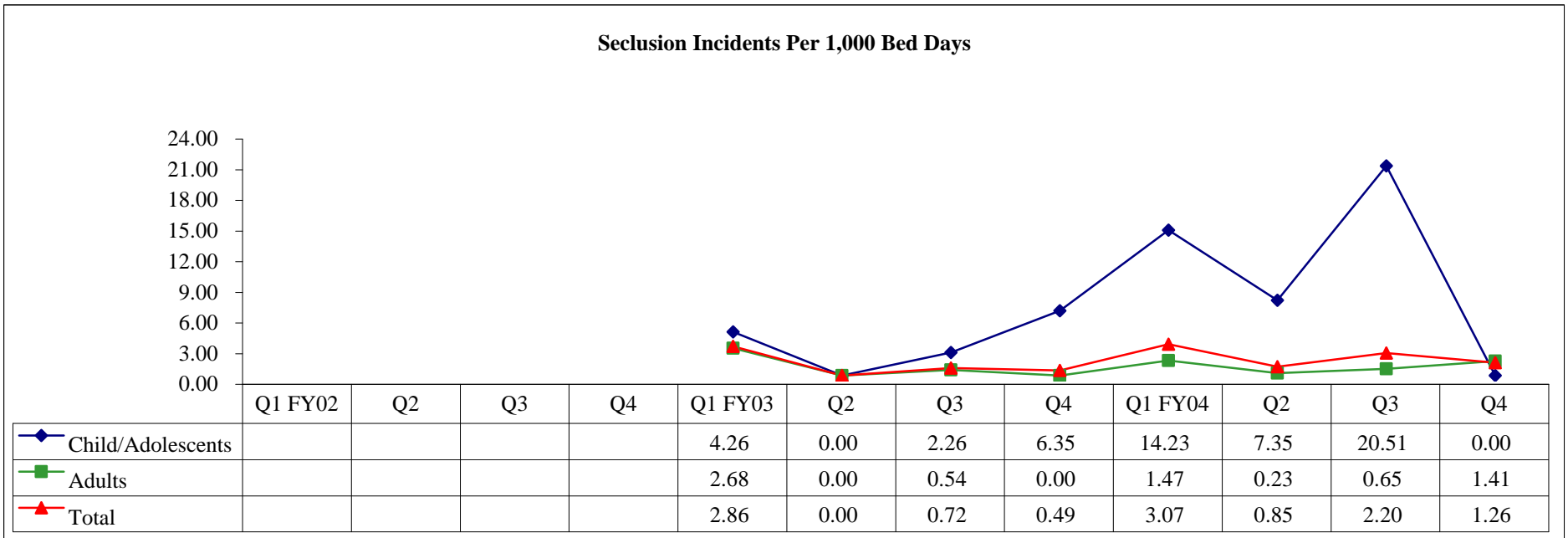
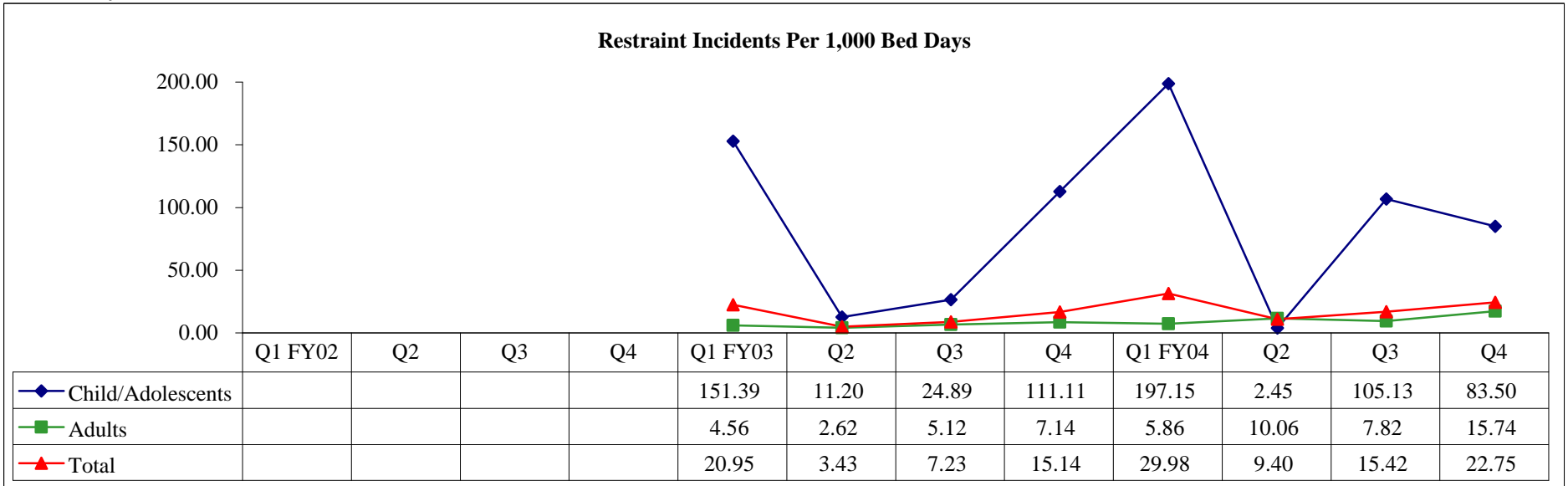
**Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital**



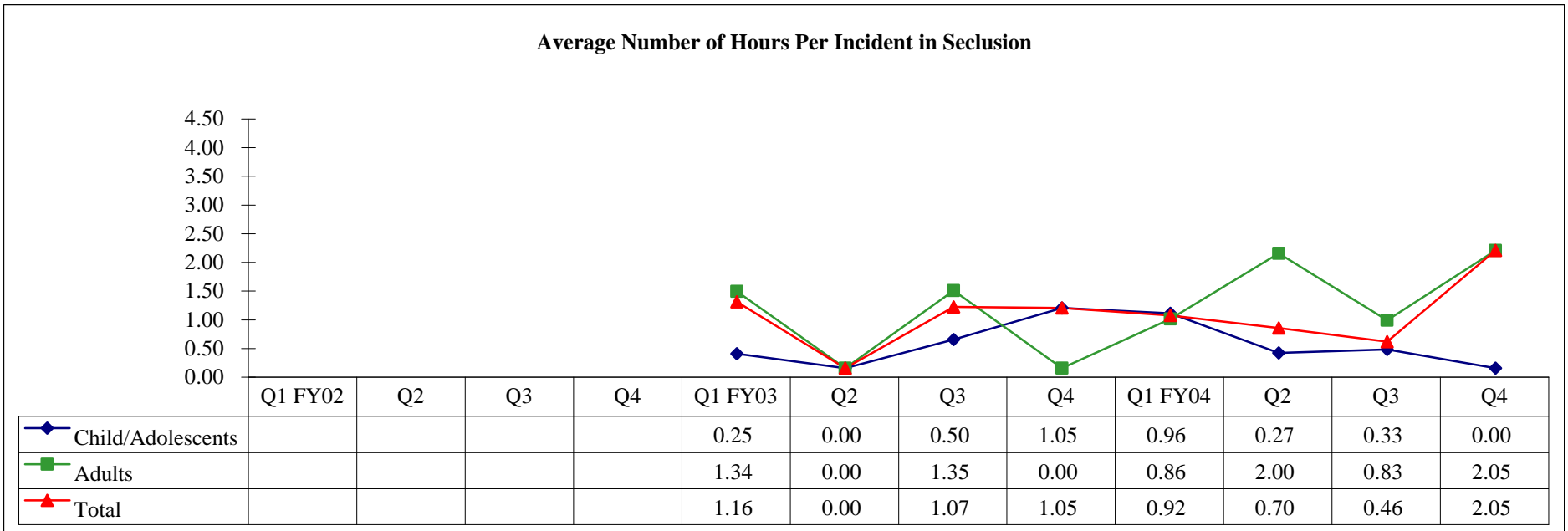
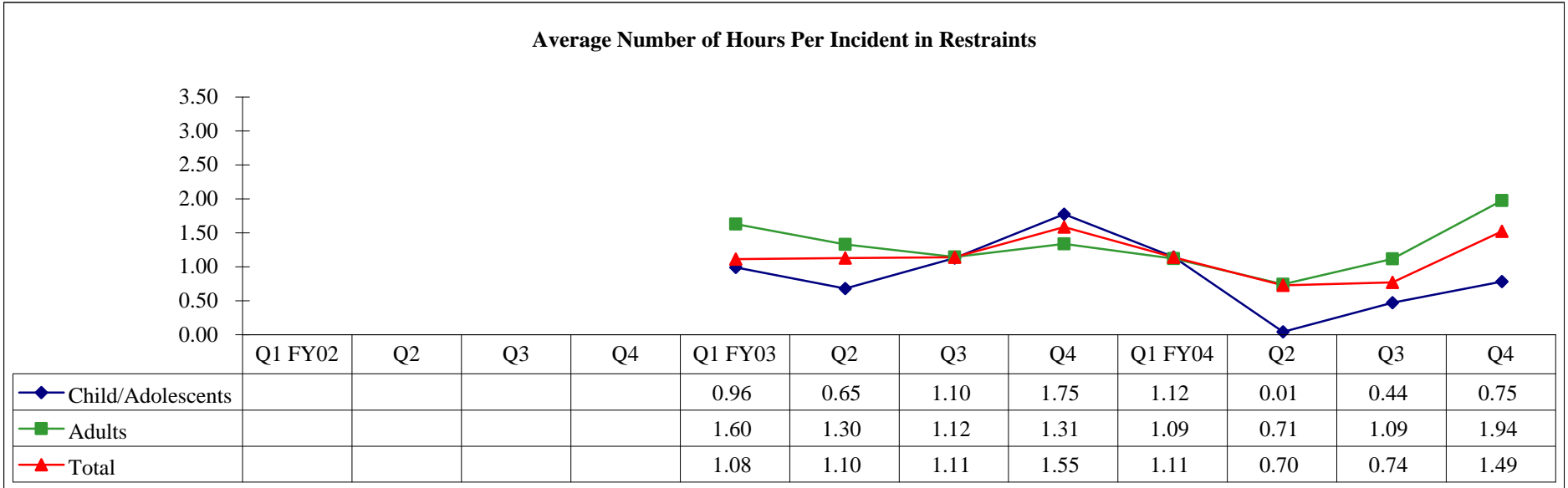
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital



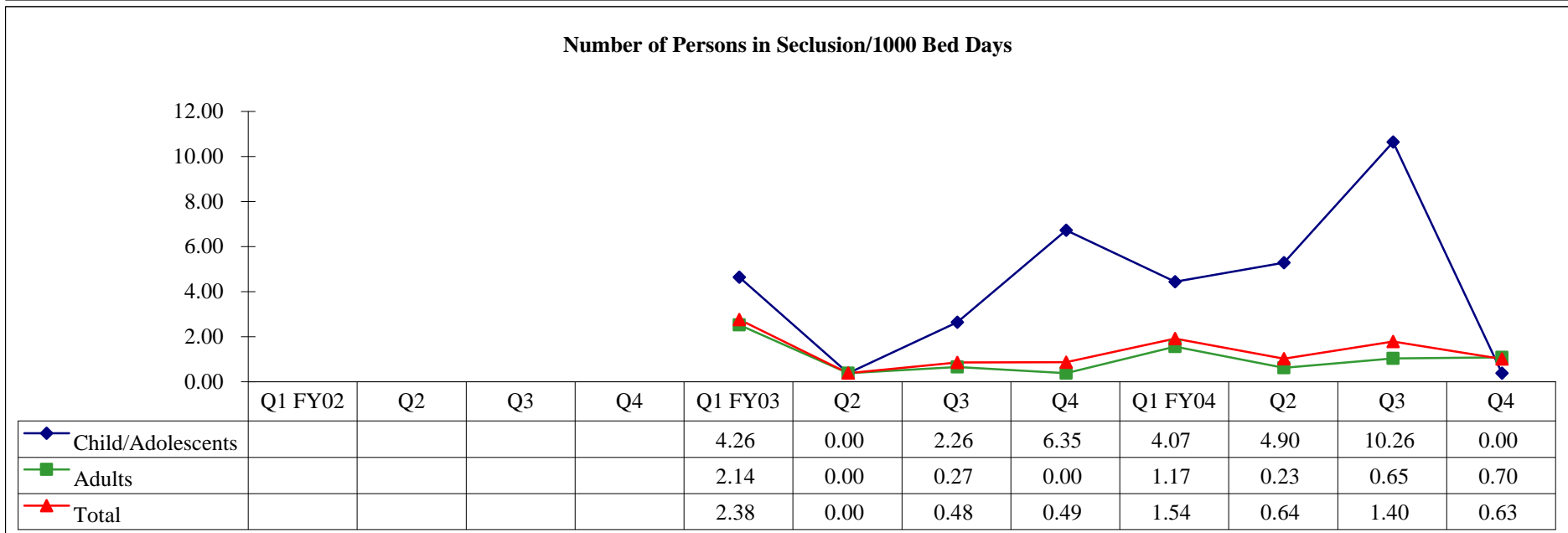
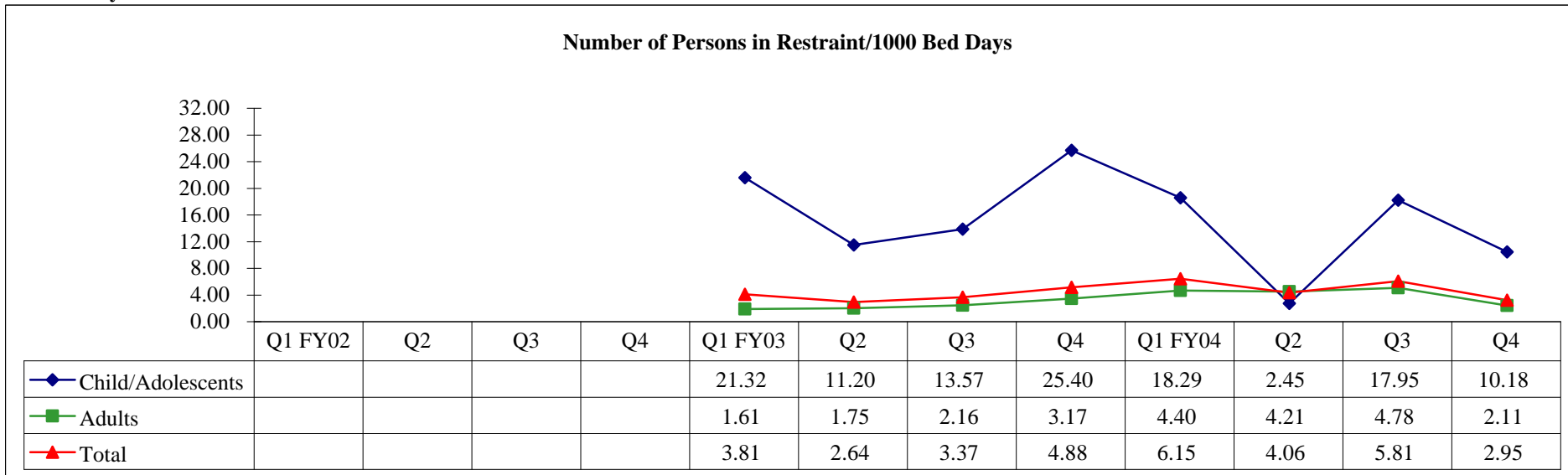
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



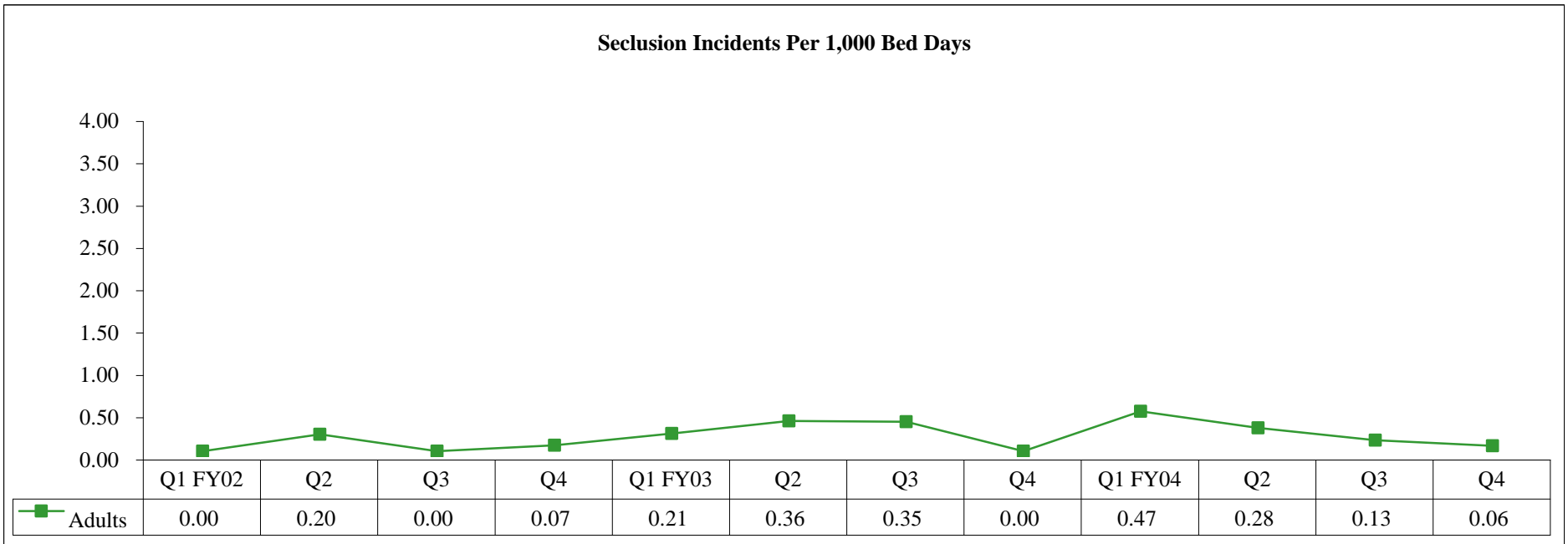
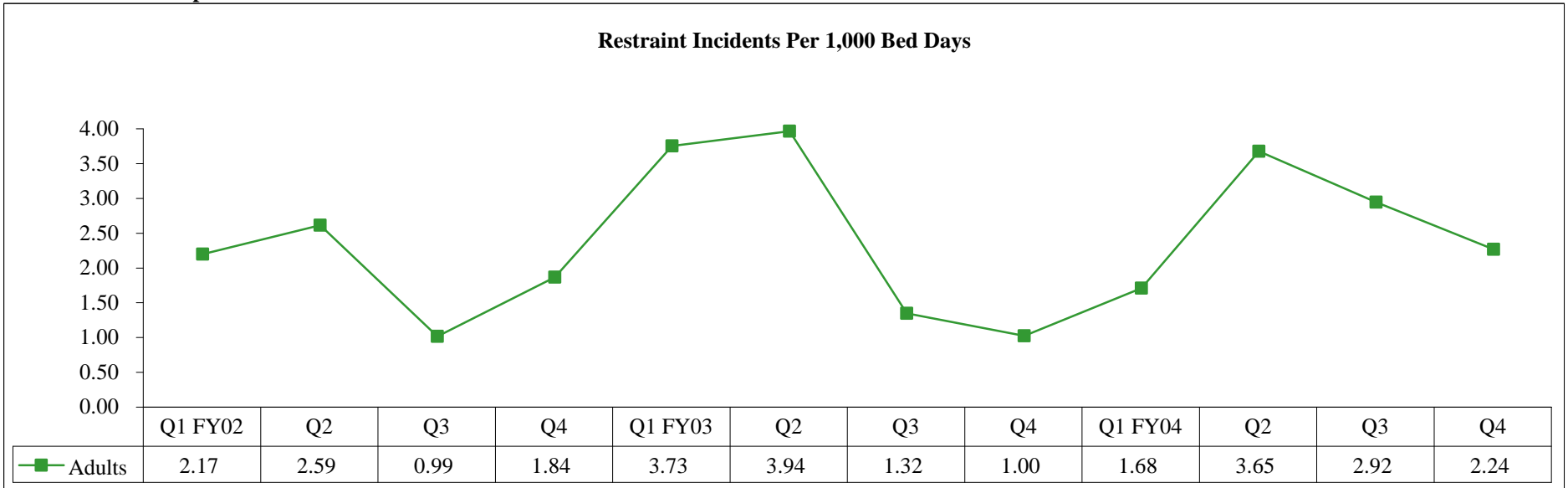
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



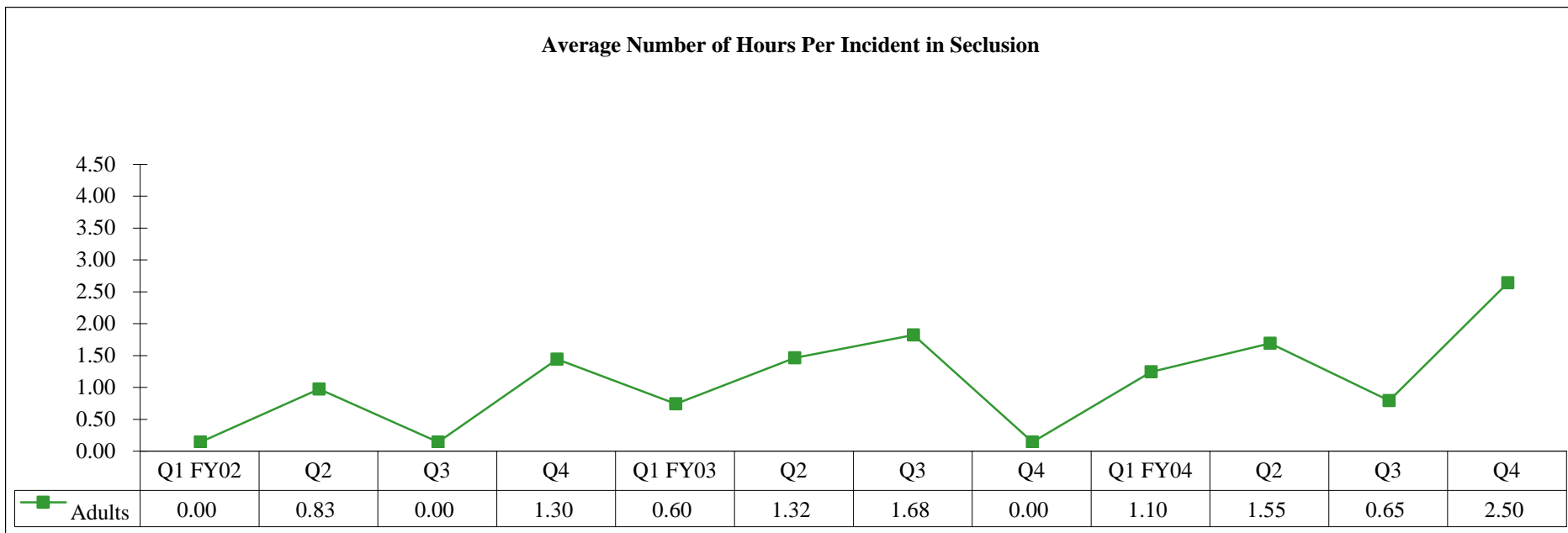
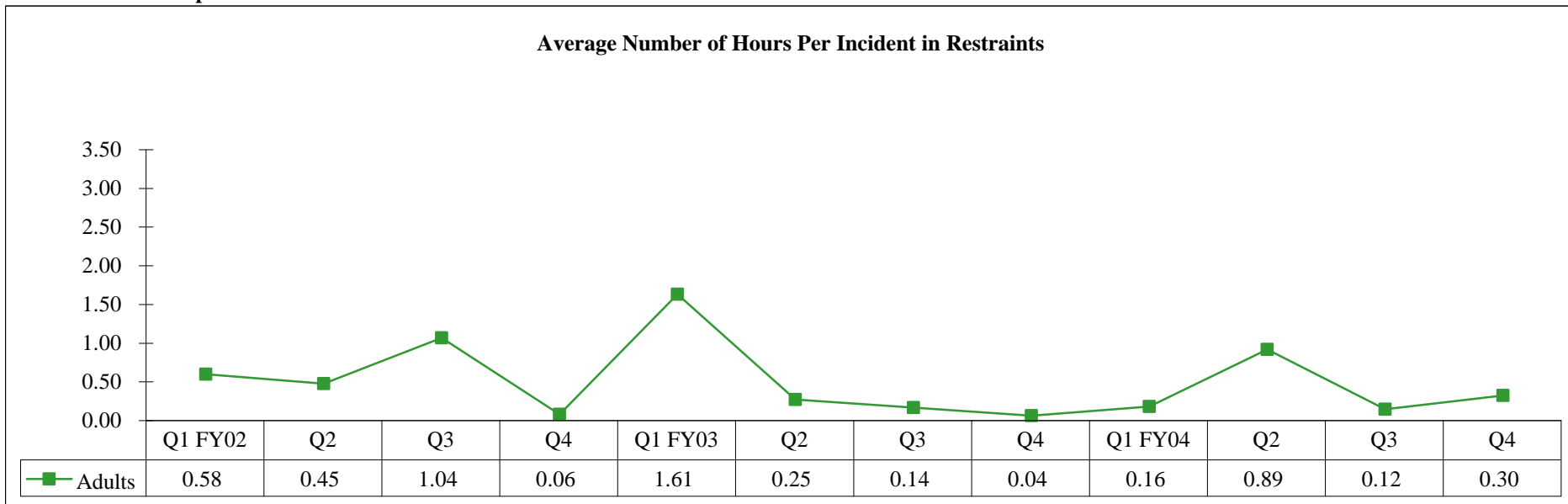
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



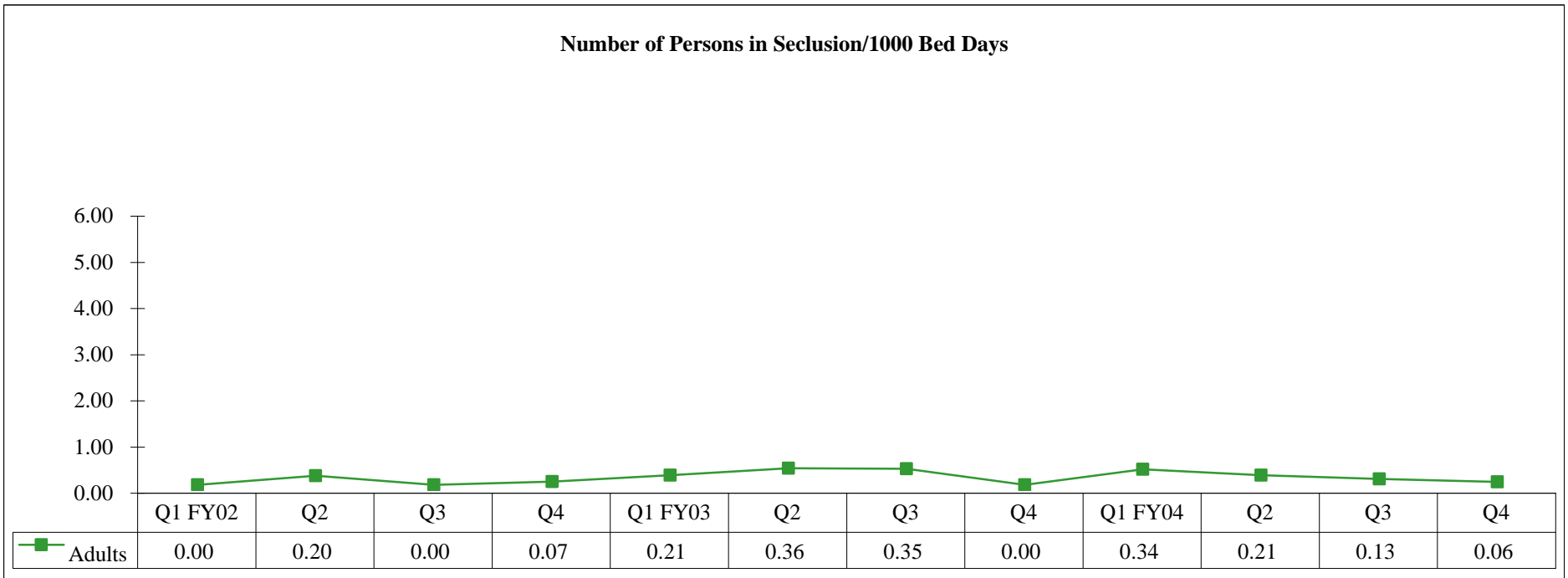
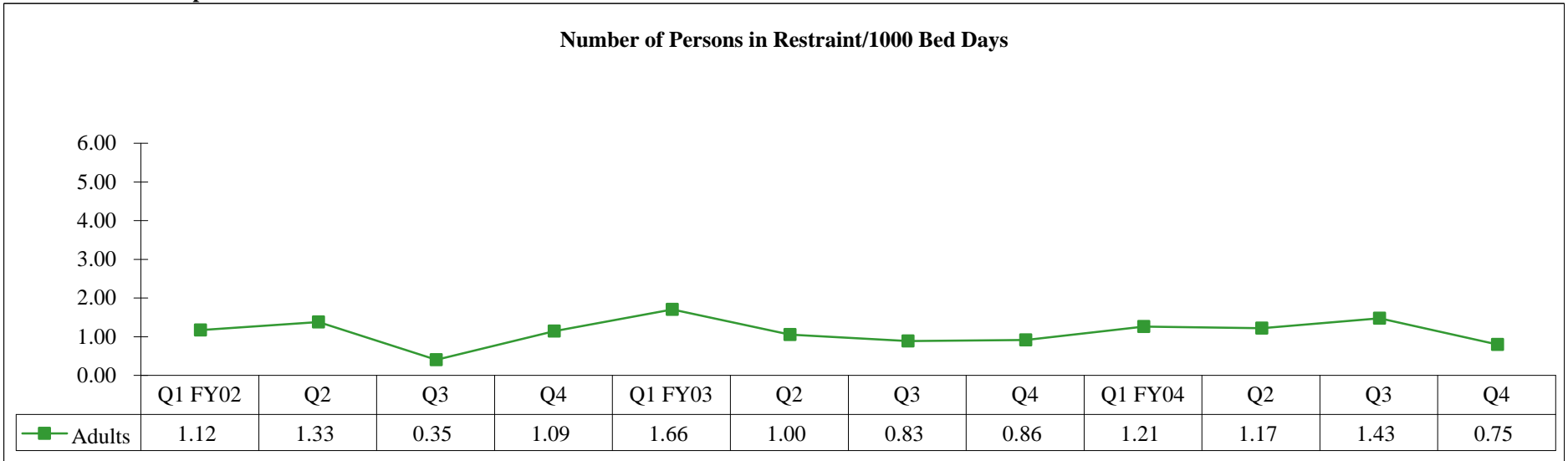
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



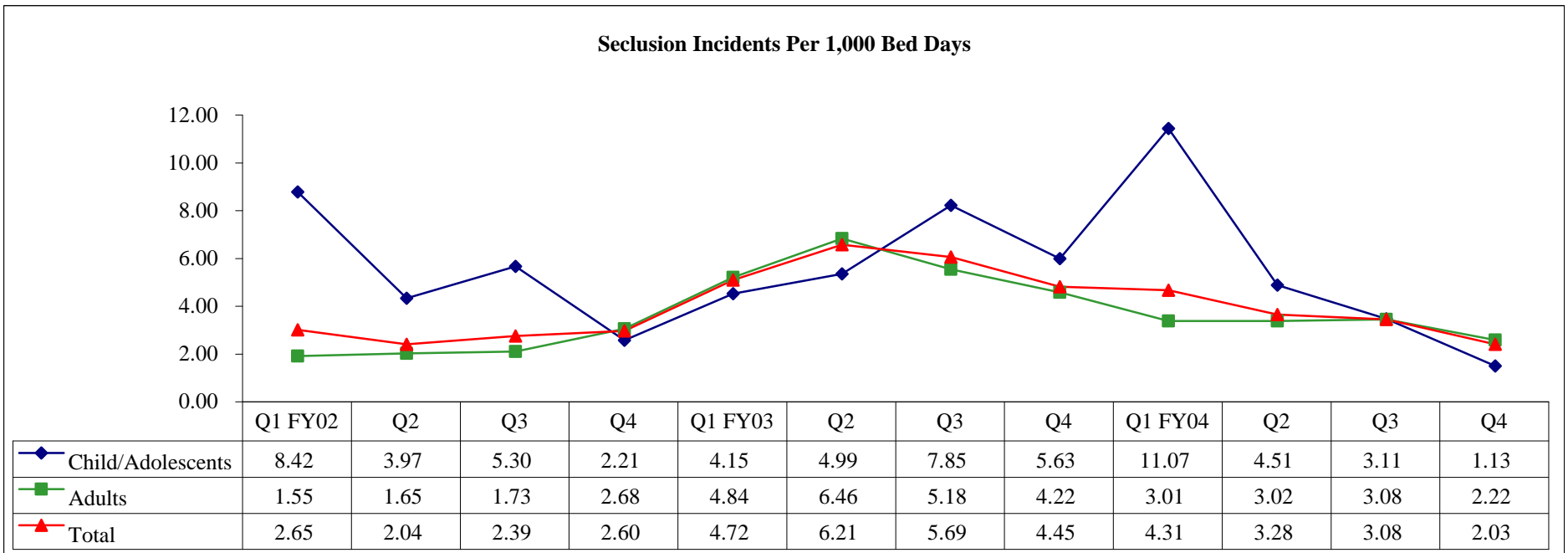
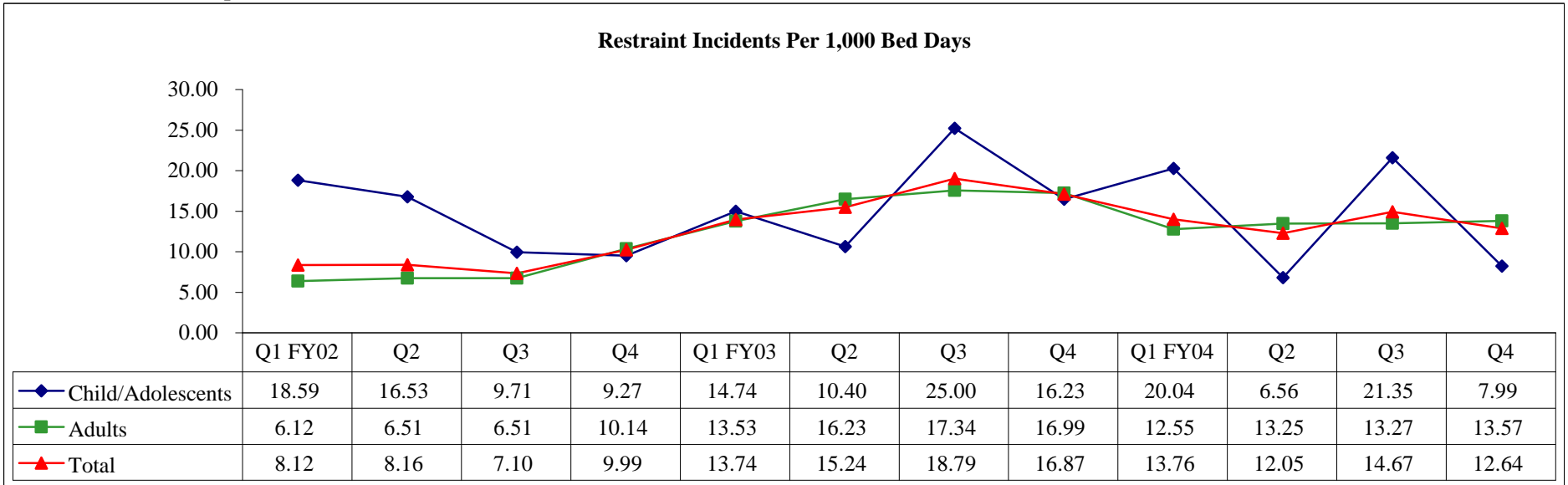
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



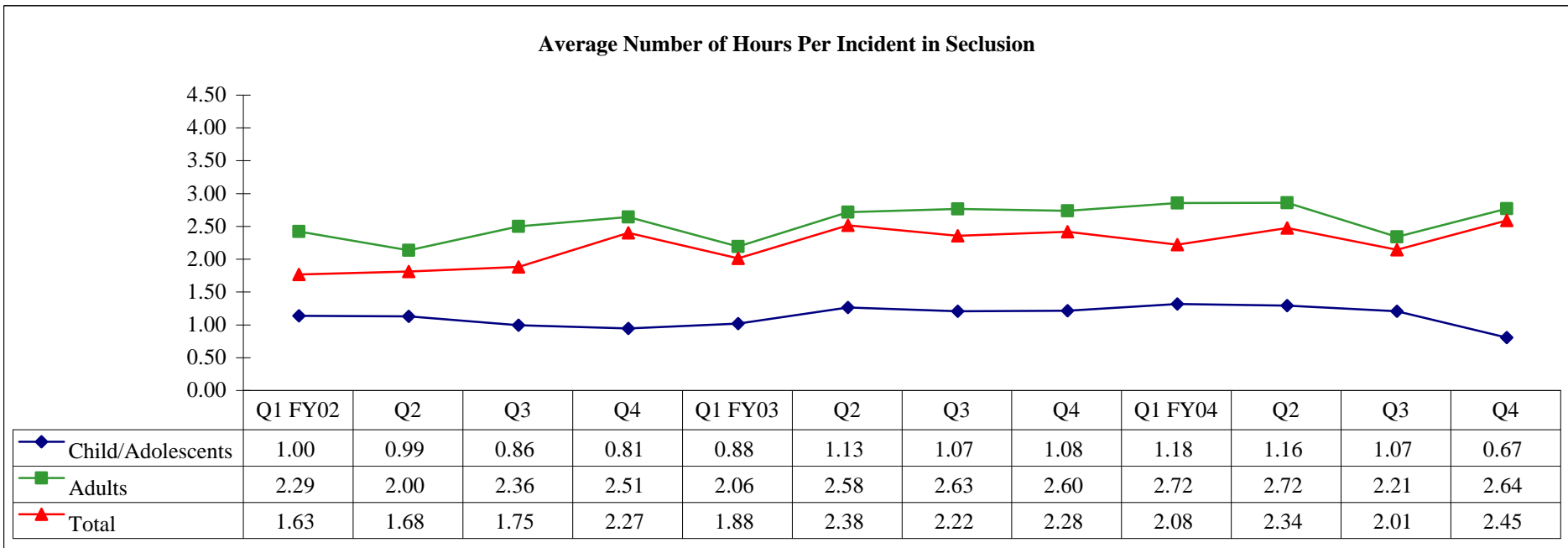
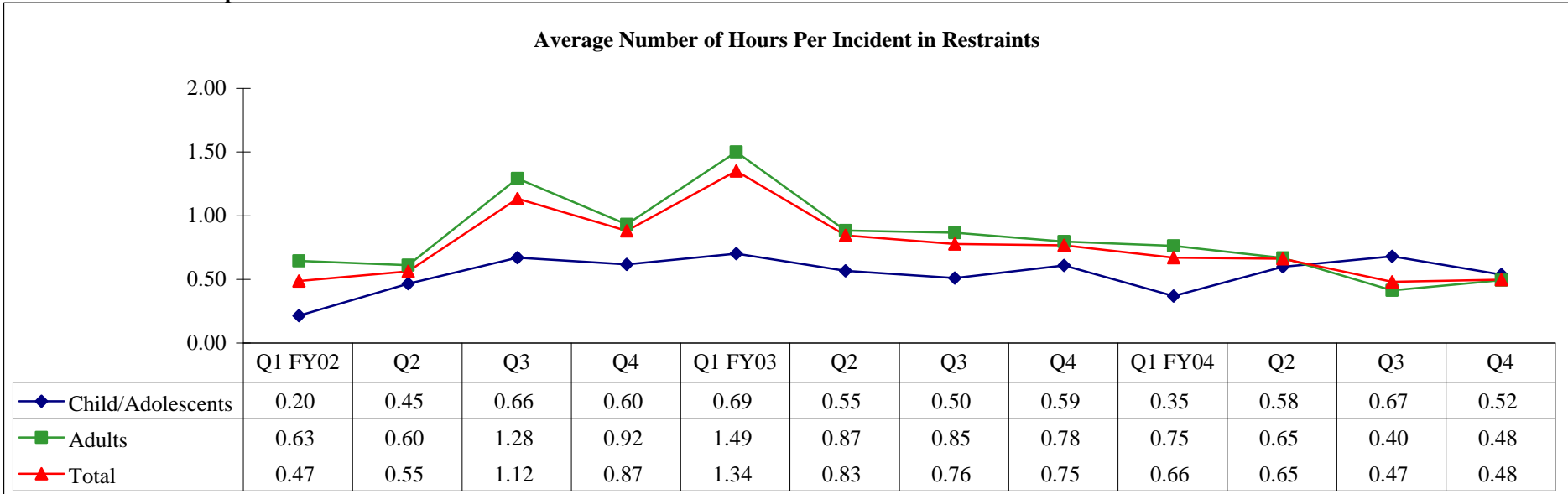
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



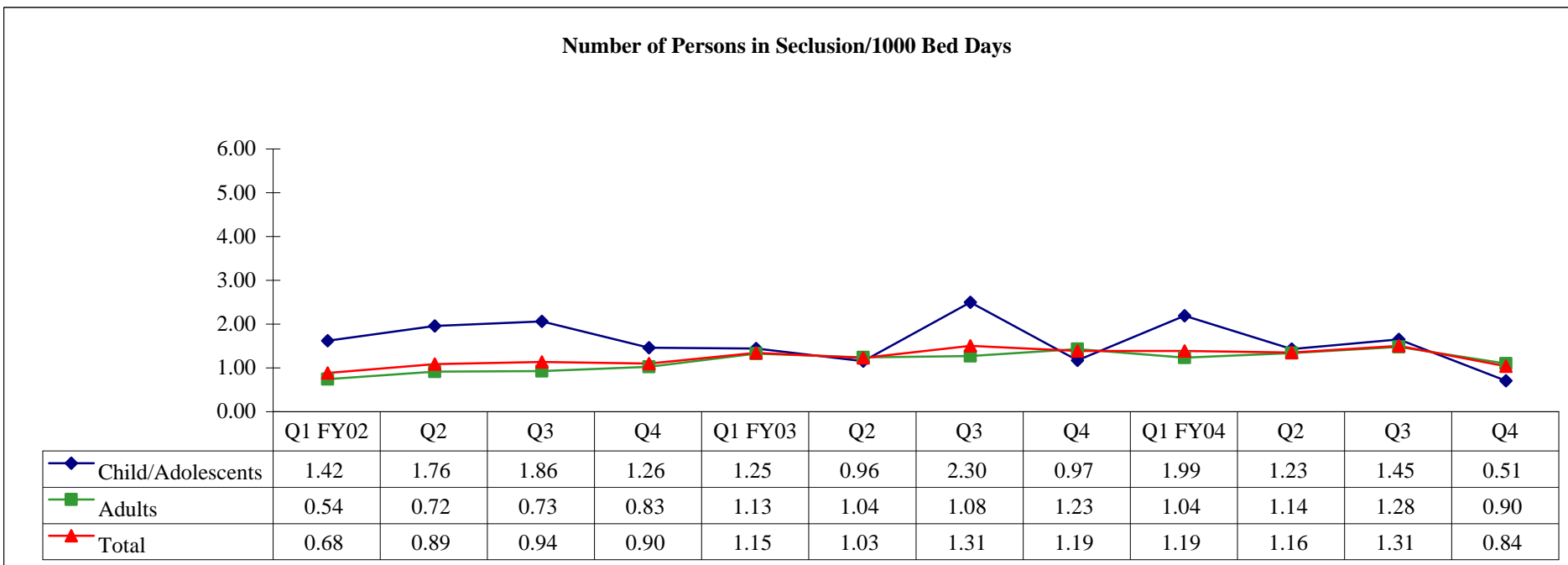
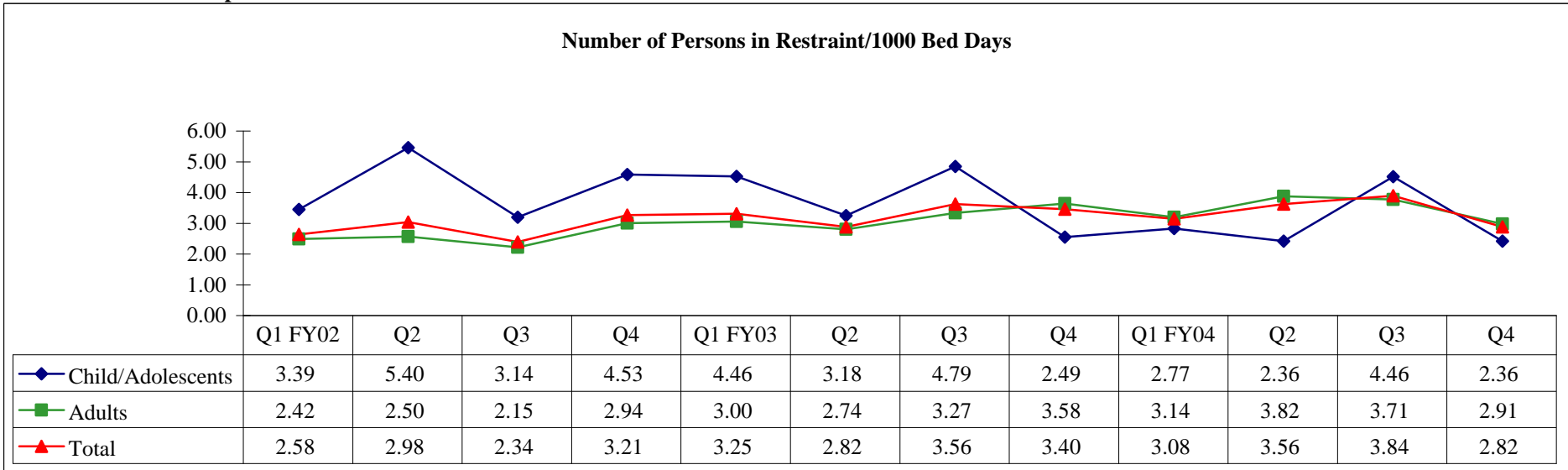
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



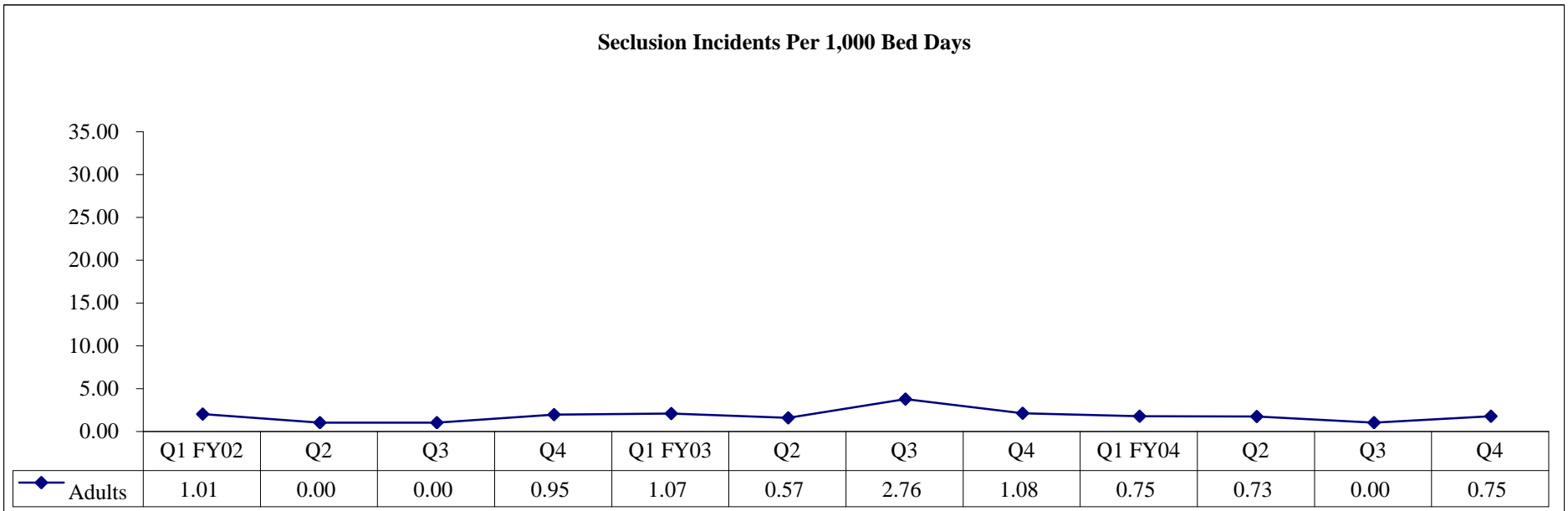
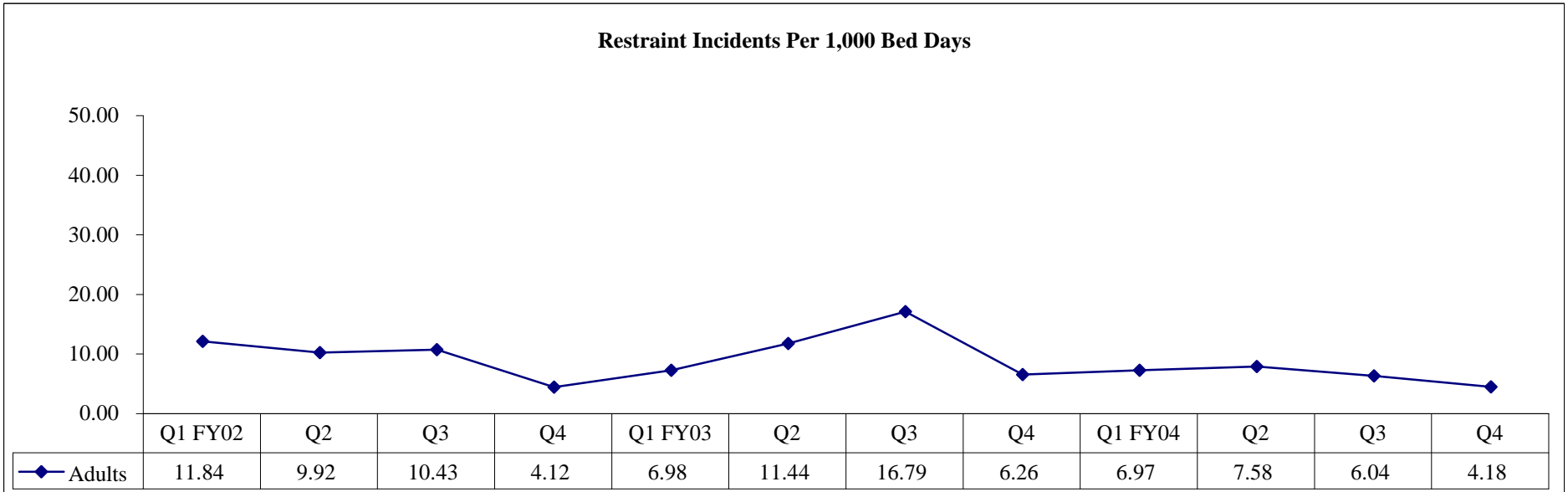
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



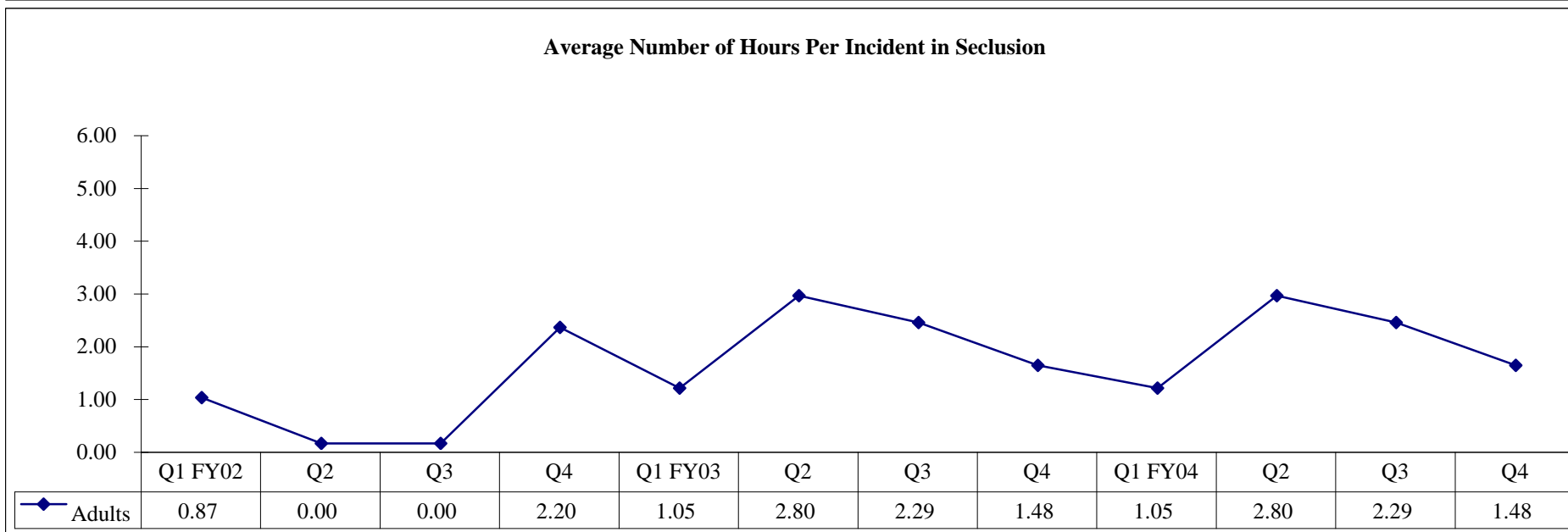
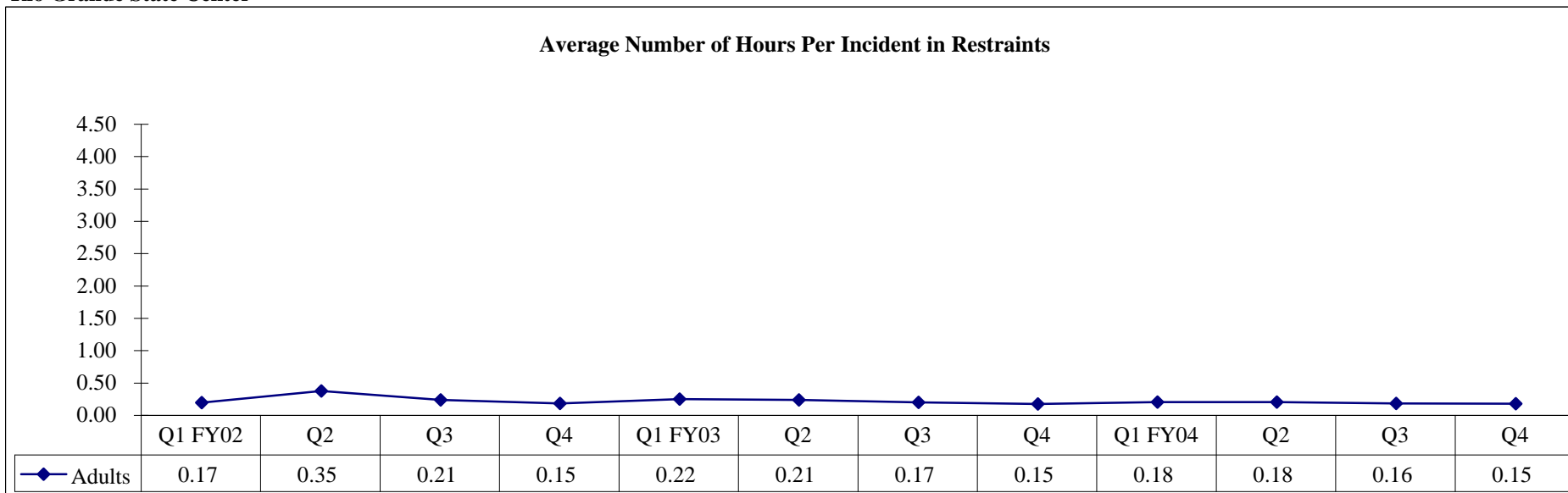
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



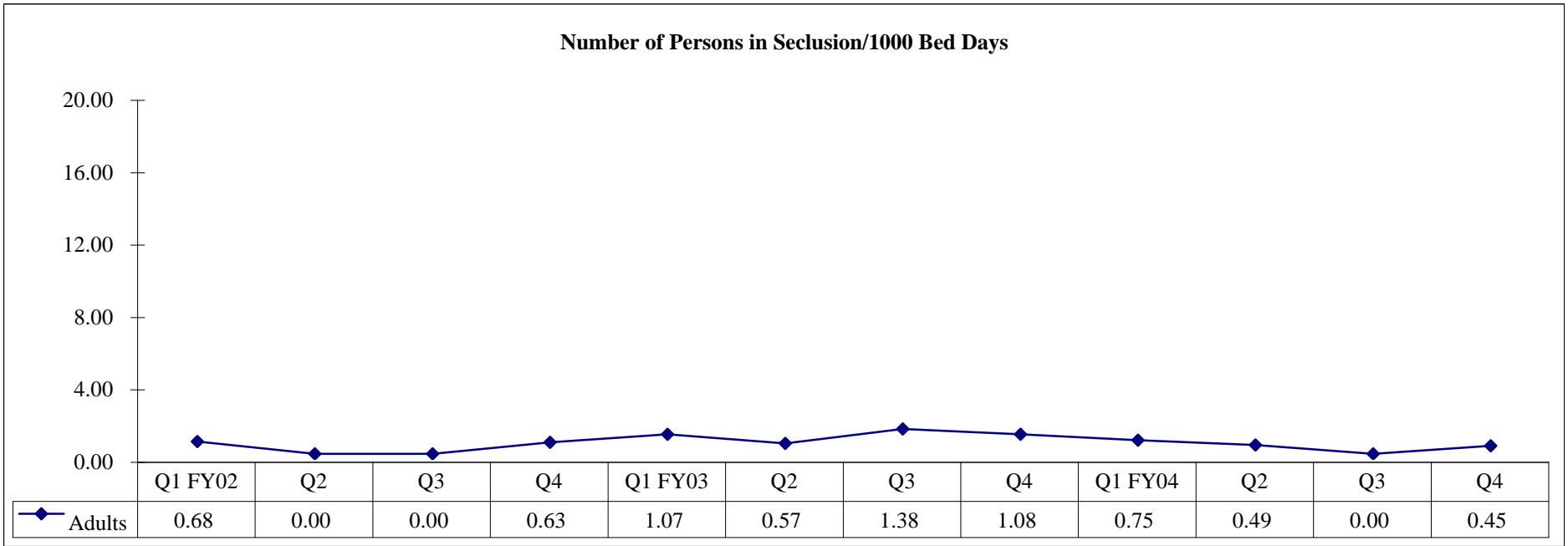
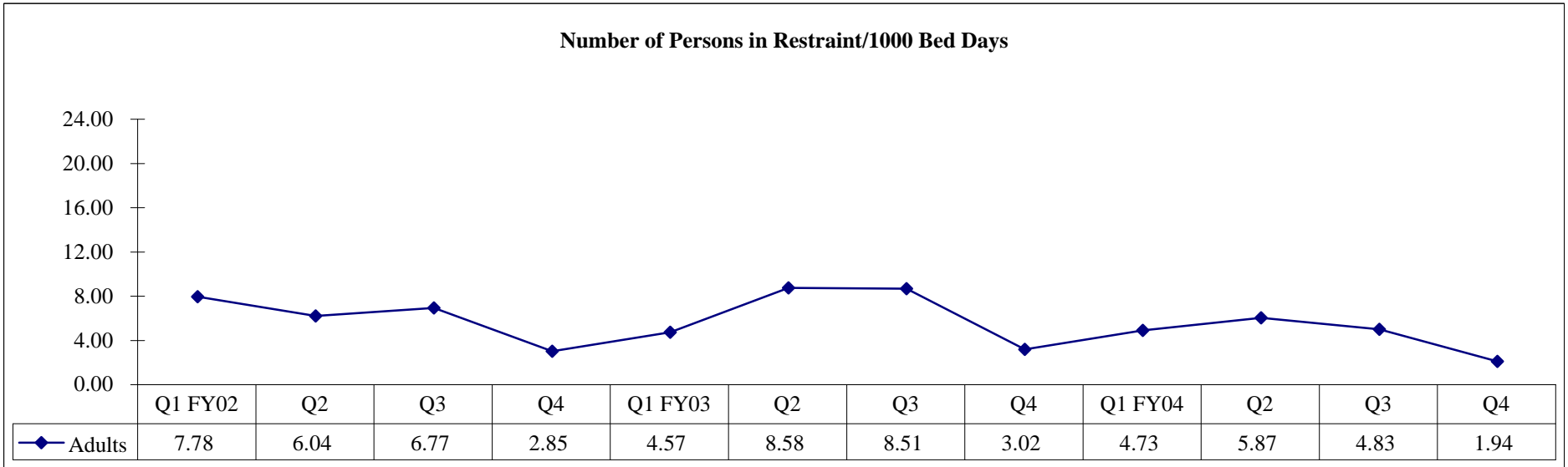
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



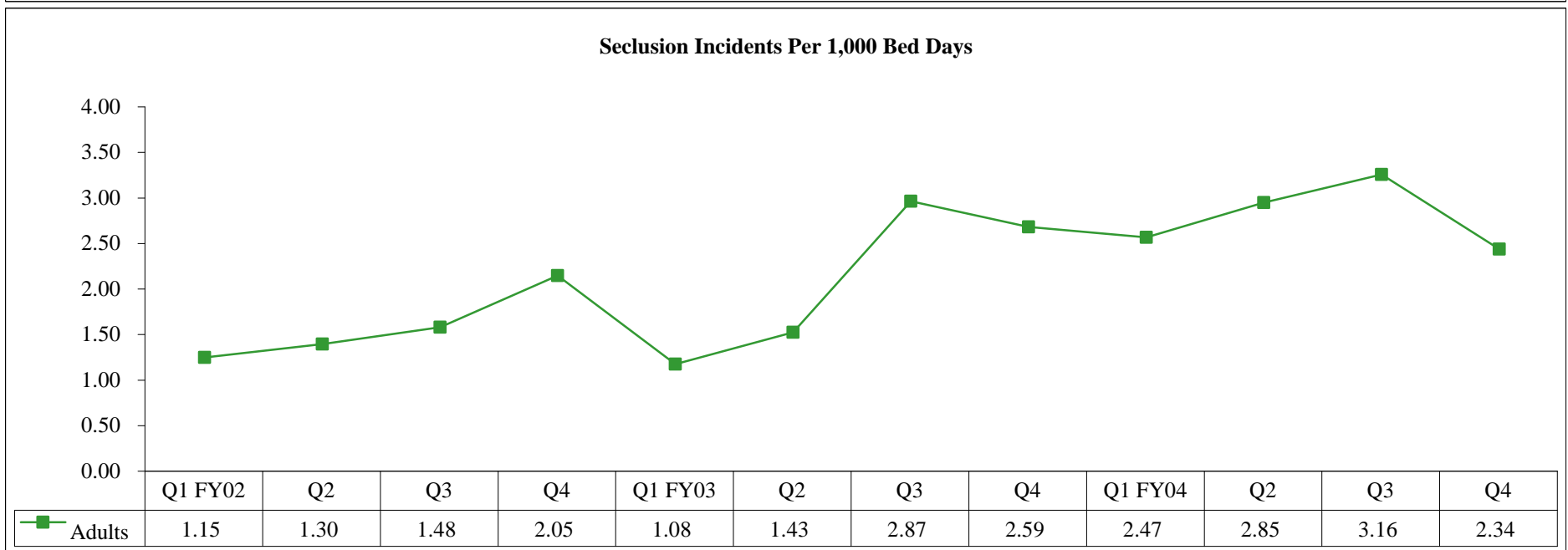
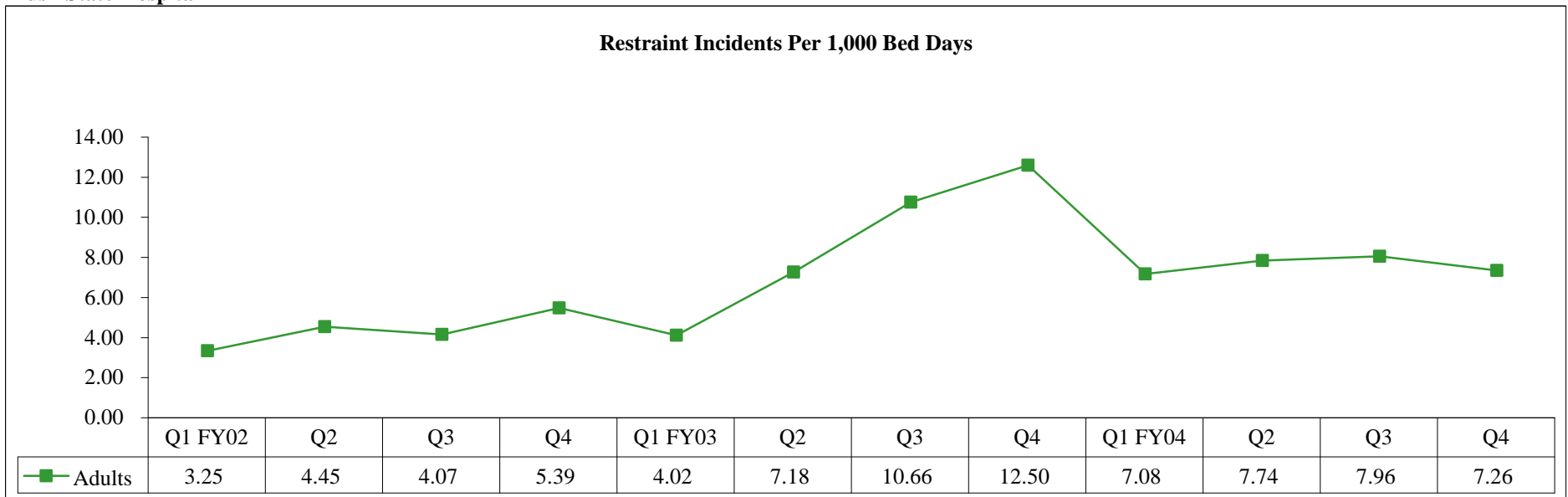
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



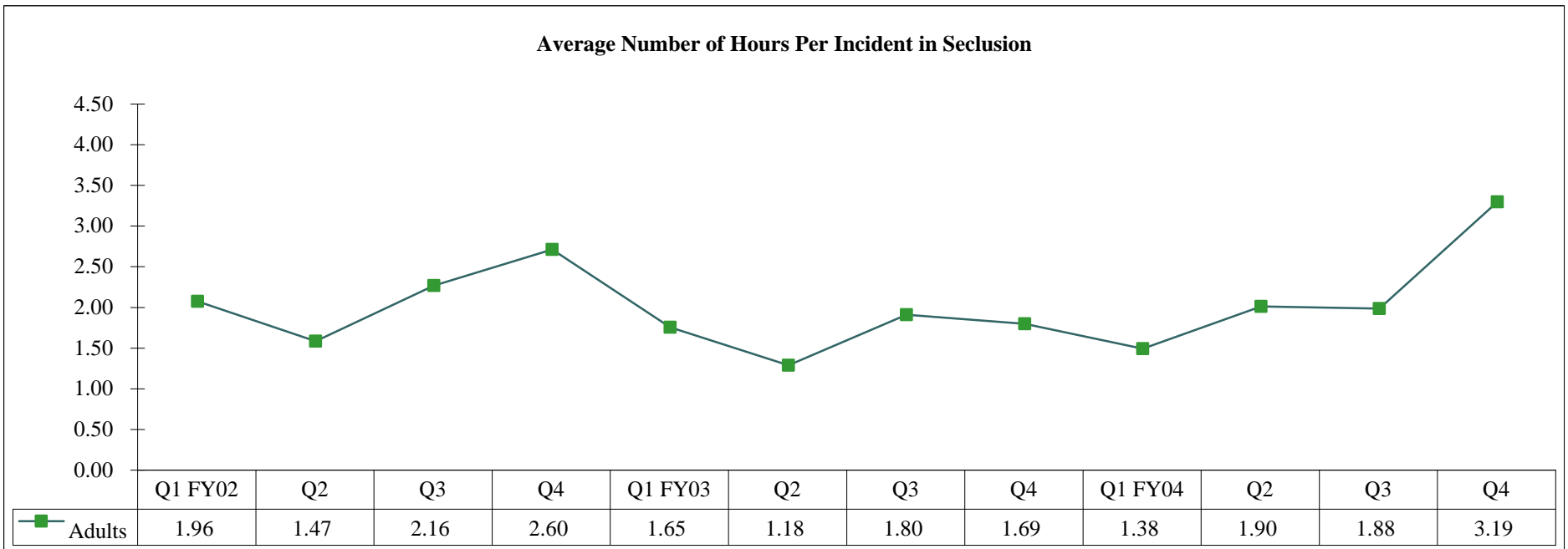
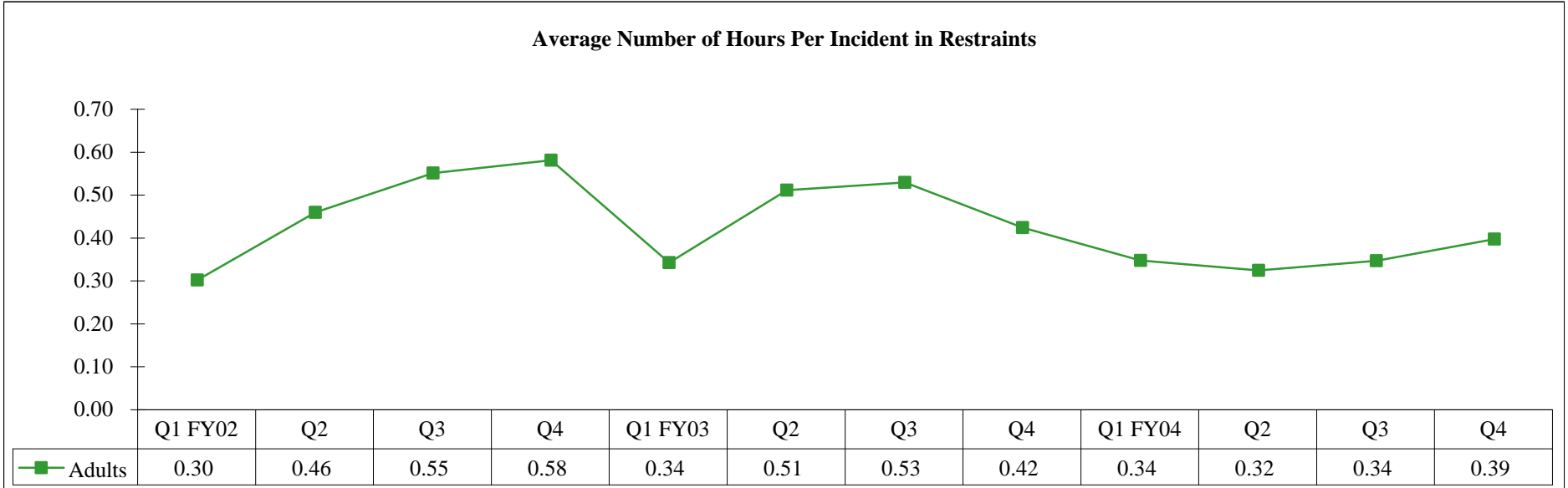
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



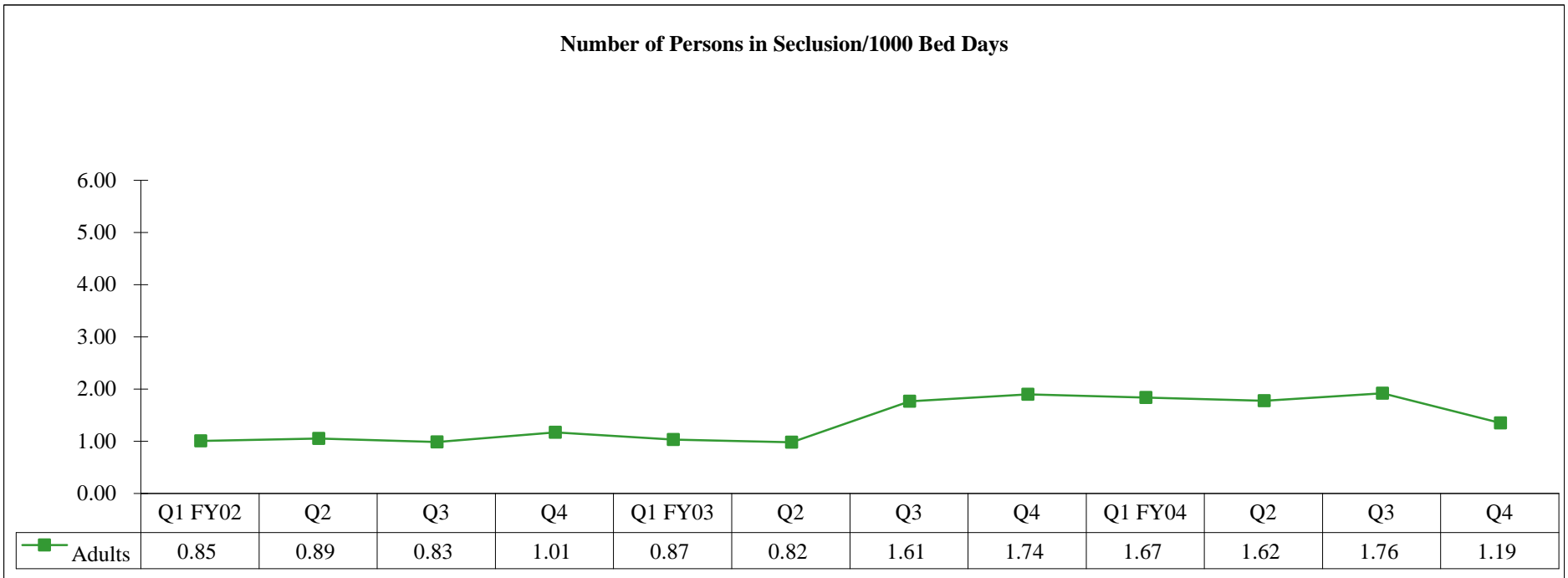
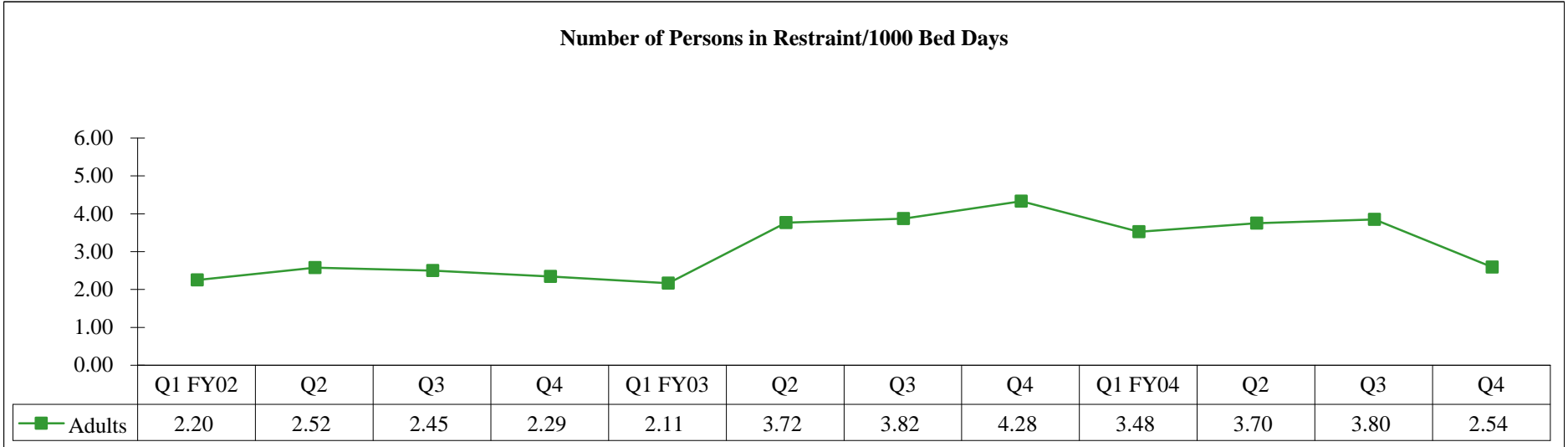
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



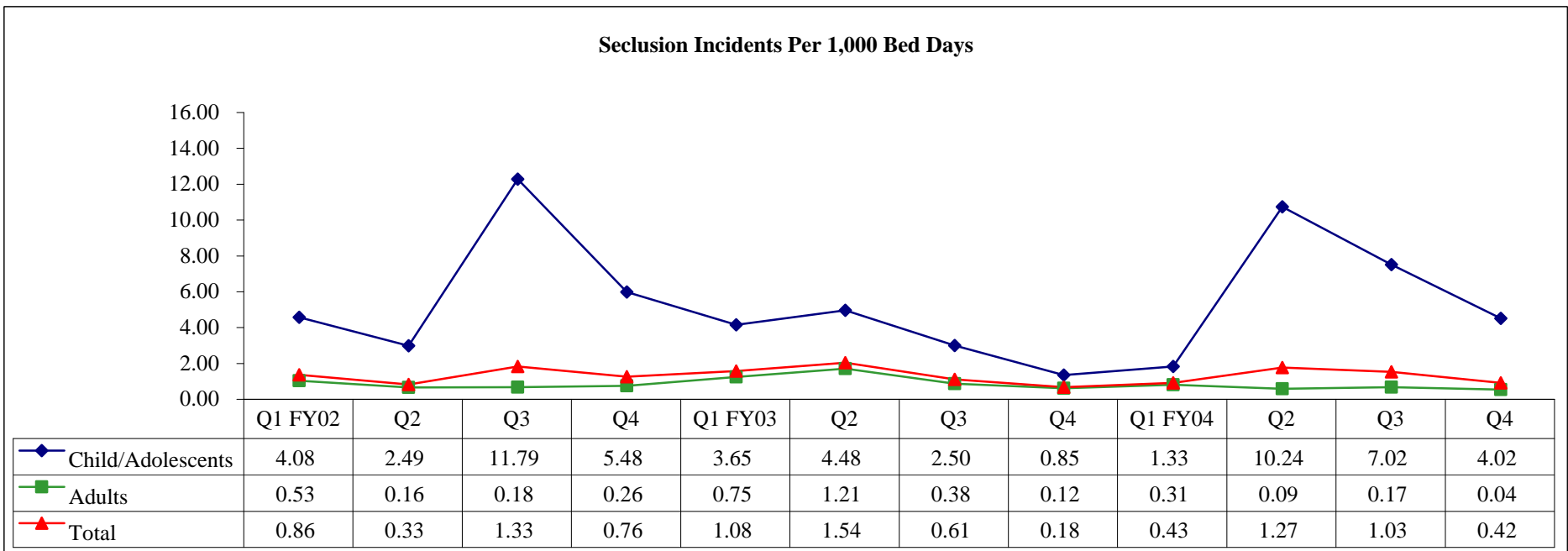
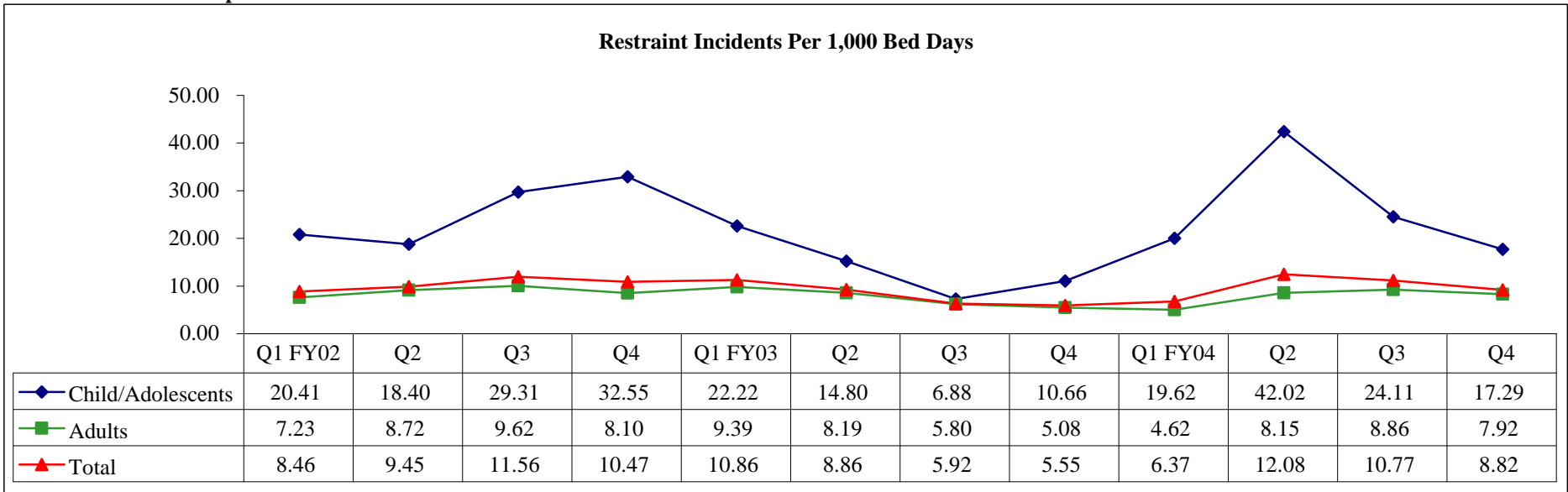
**Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital**



Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital

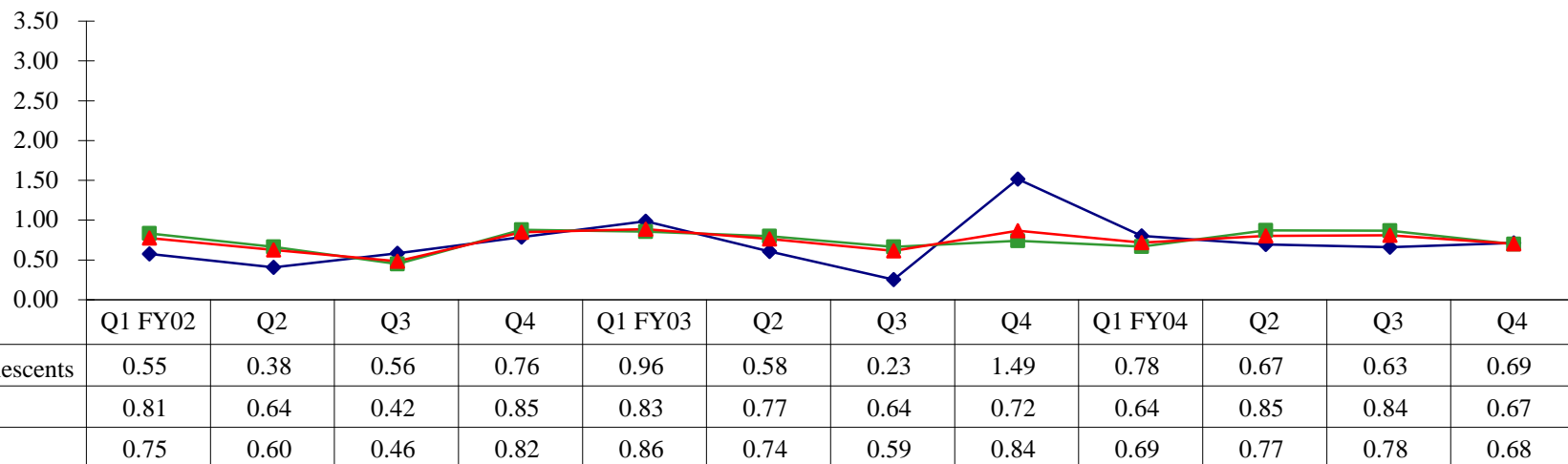


**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**

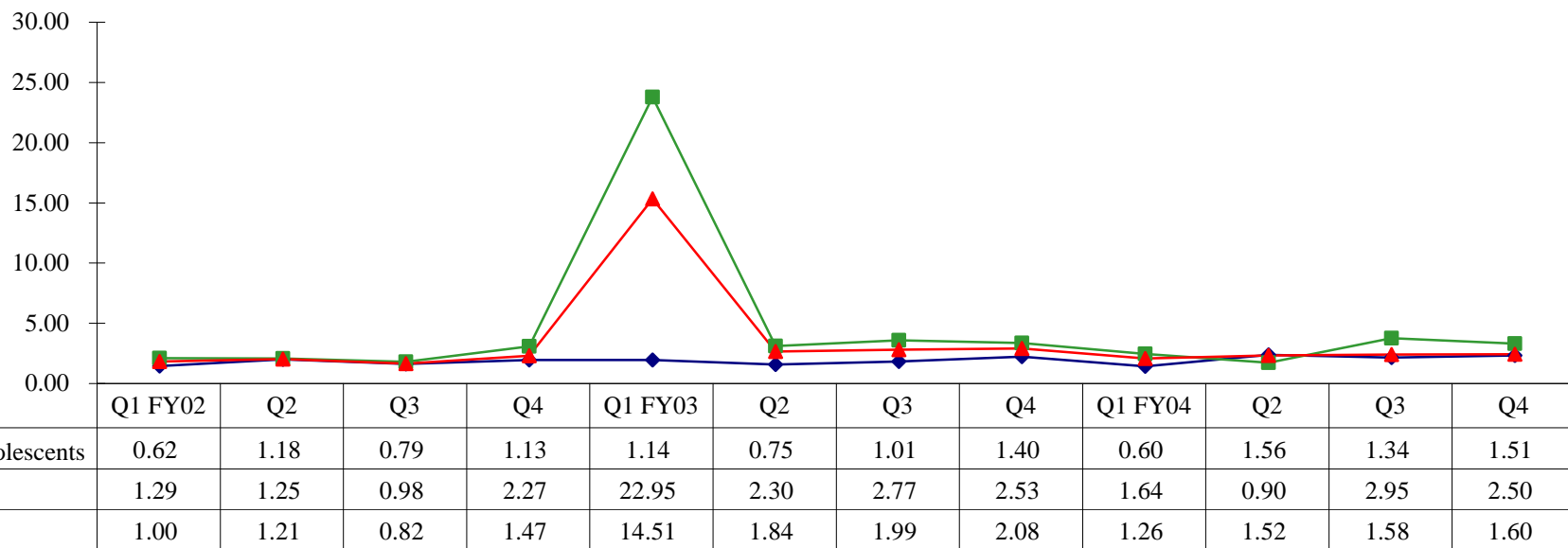


**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**

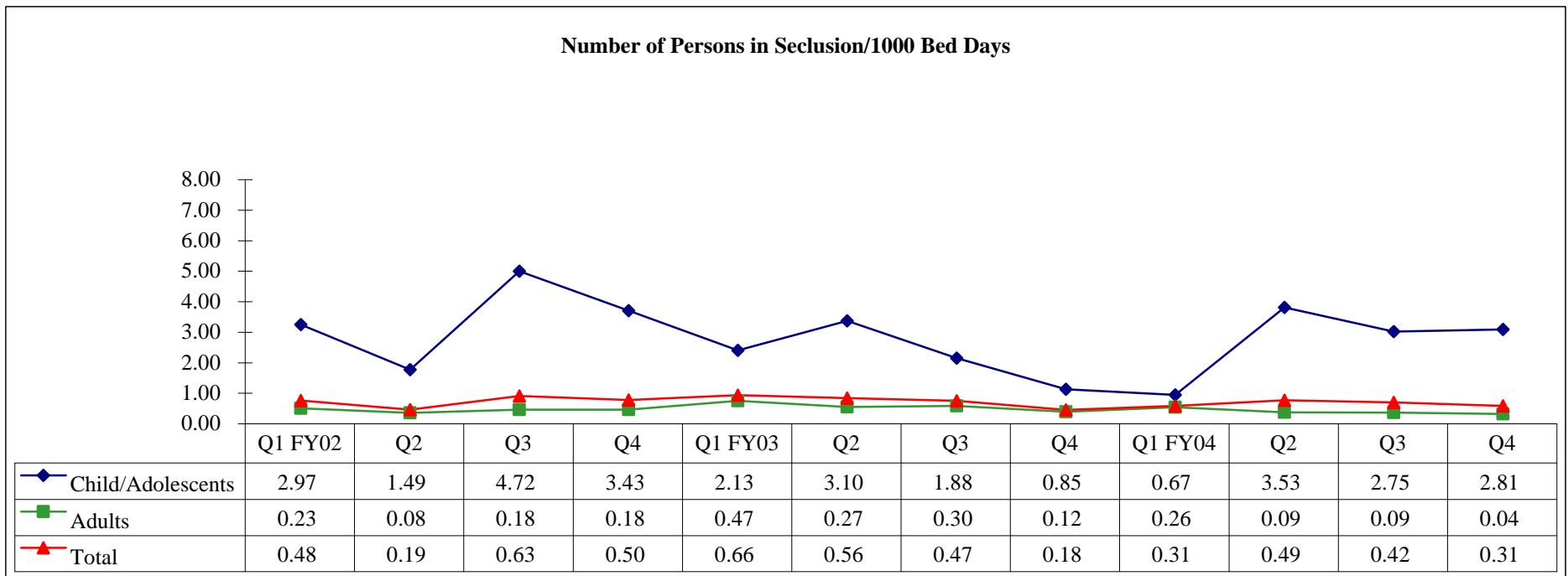
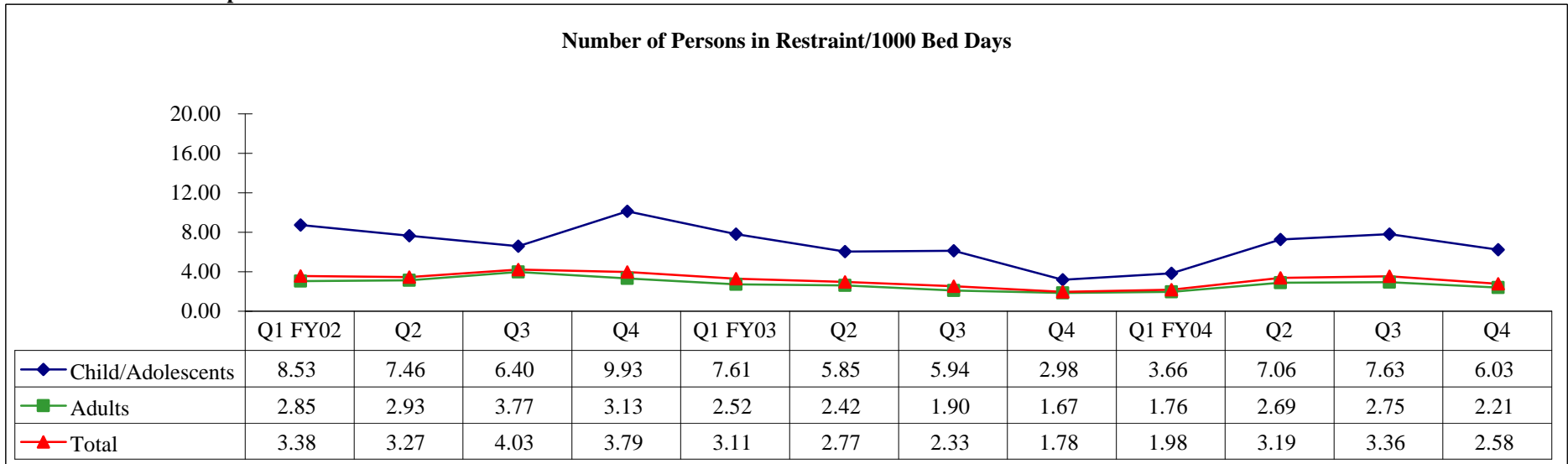
Average Number of Hours Per Incident in Restraints



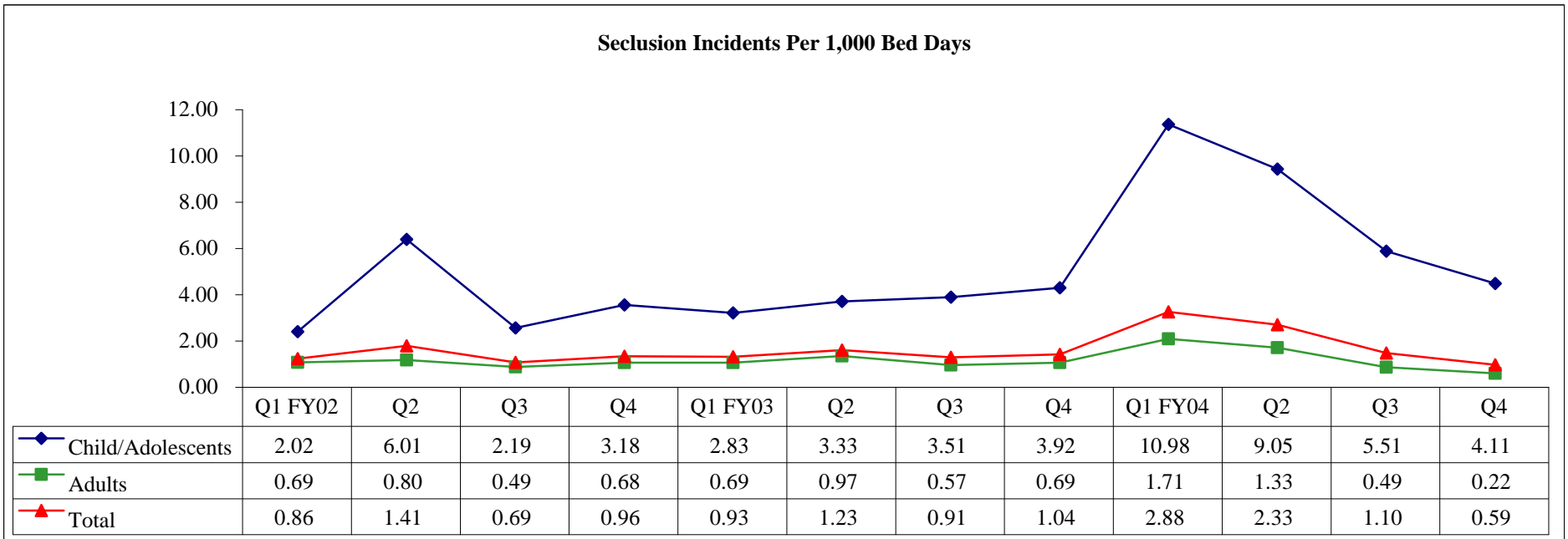
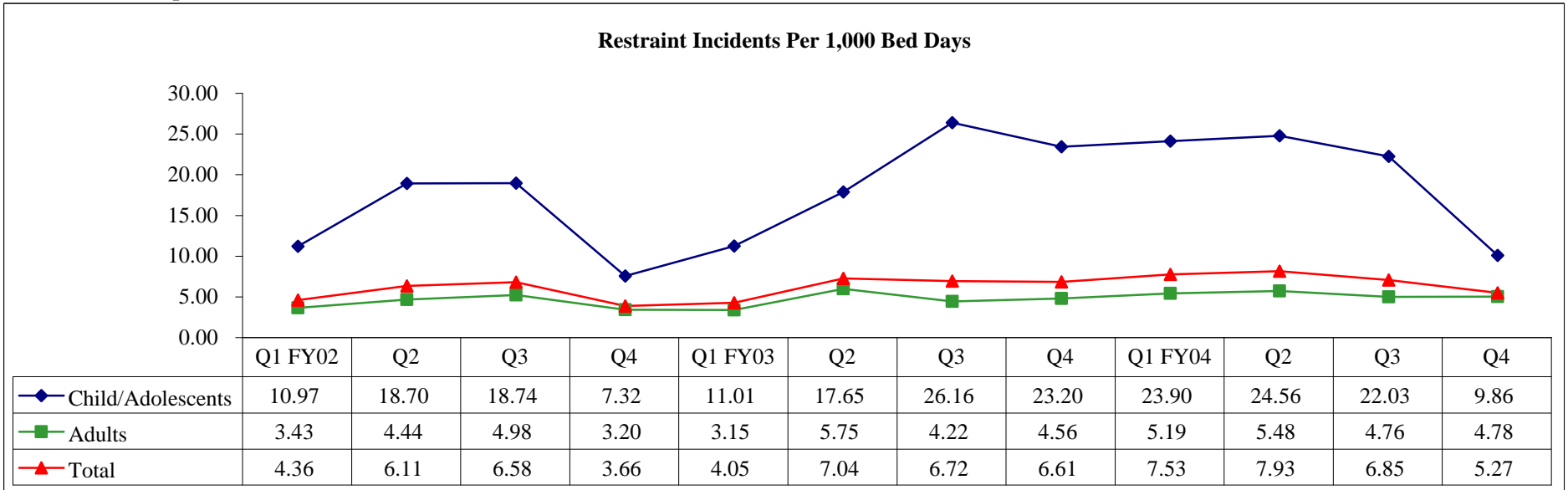
Average Number of Hours Per Incident in Seclusion



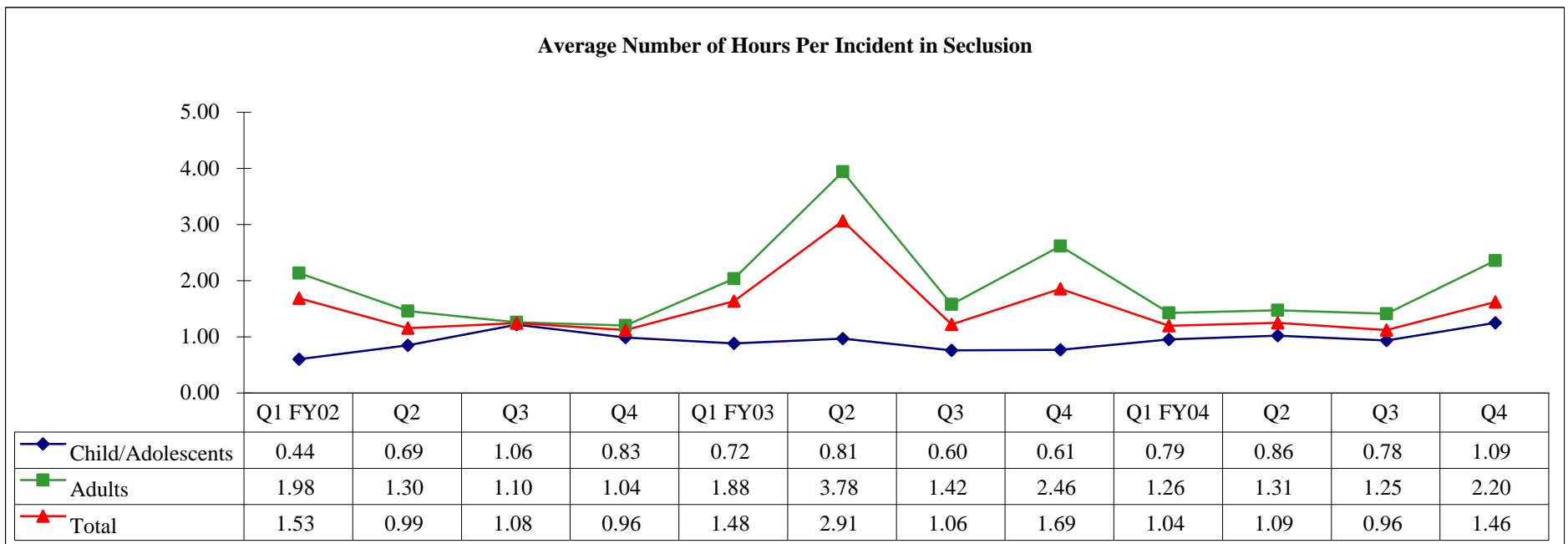
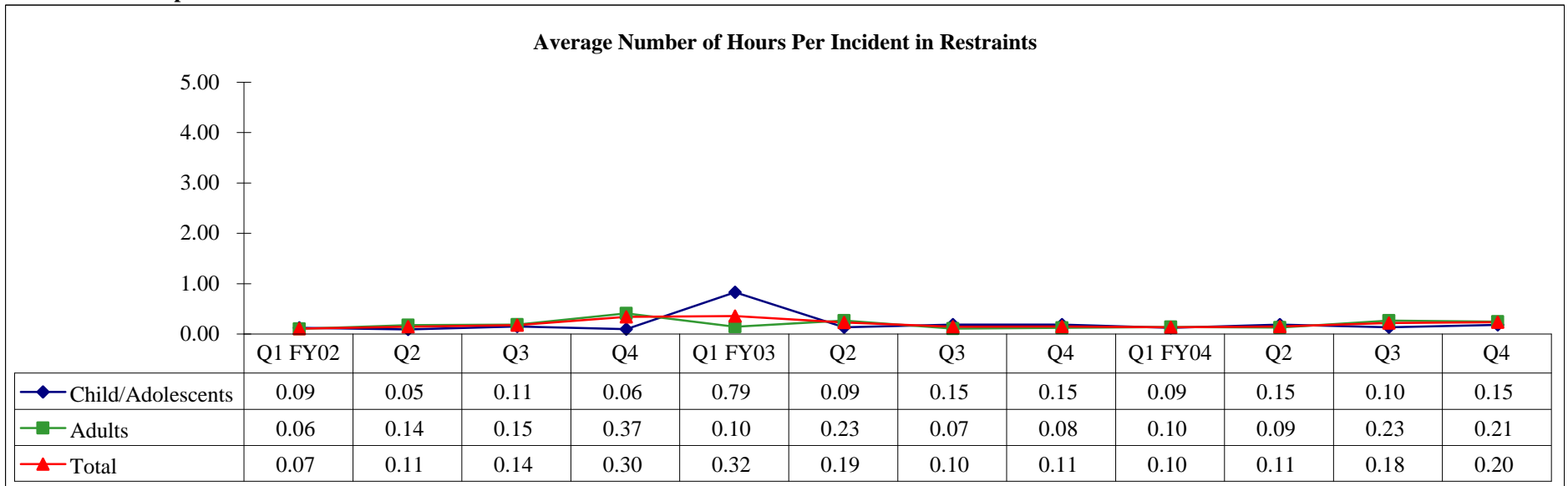
**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**



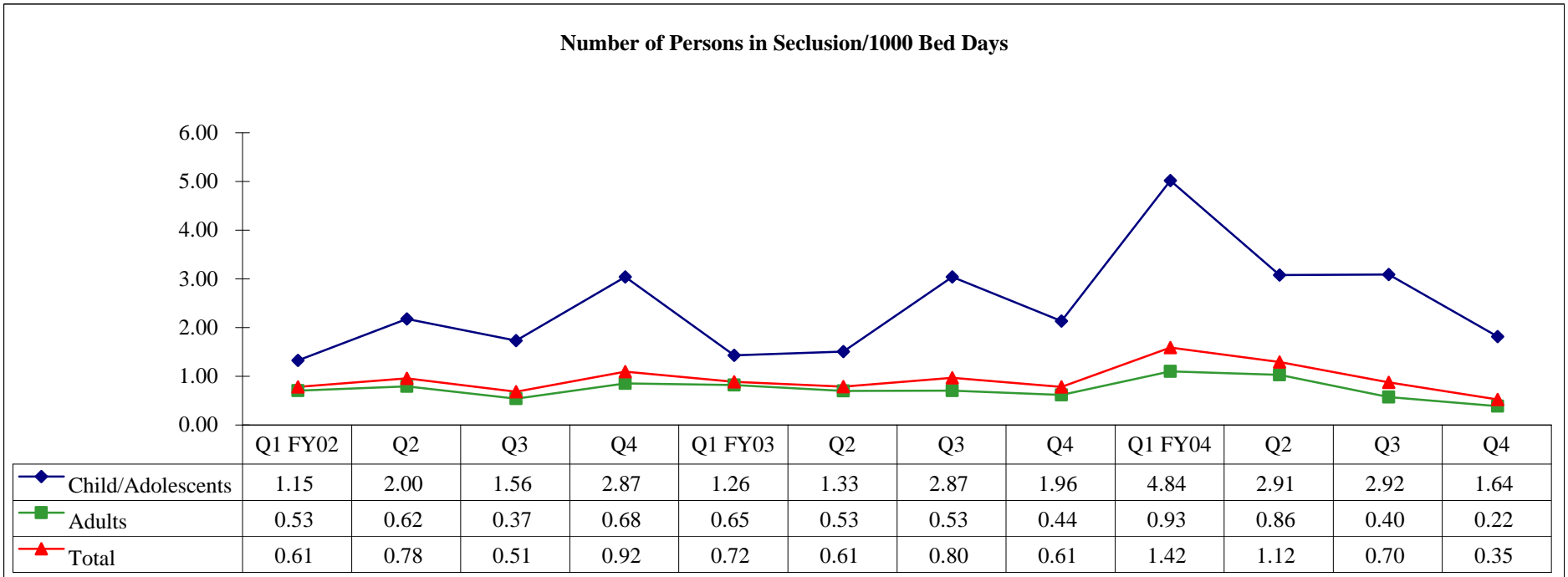
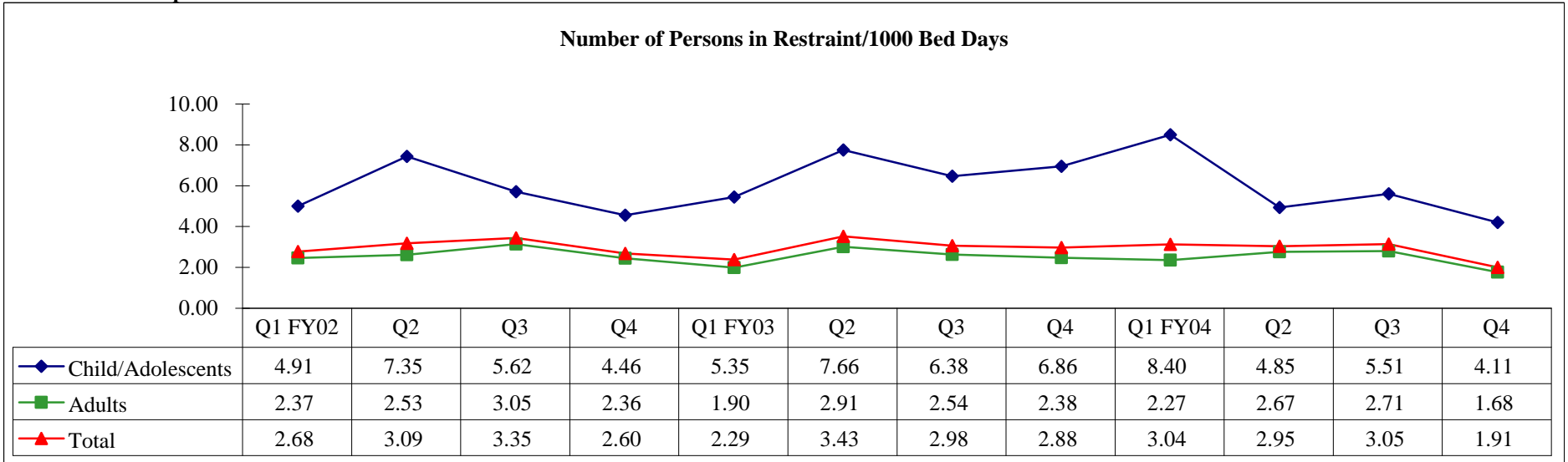
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



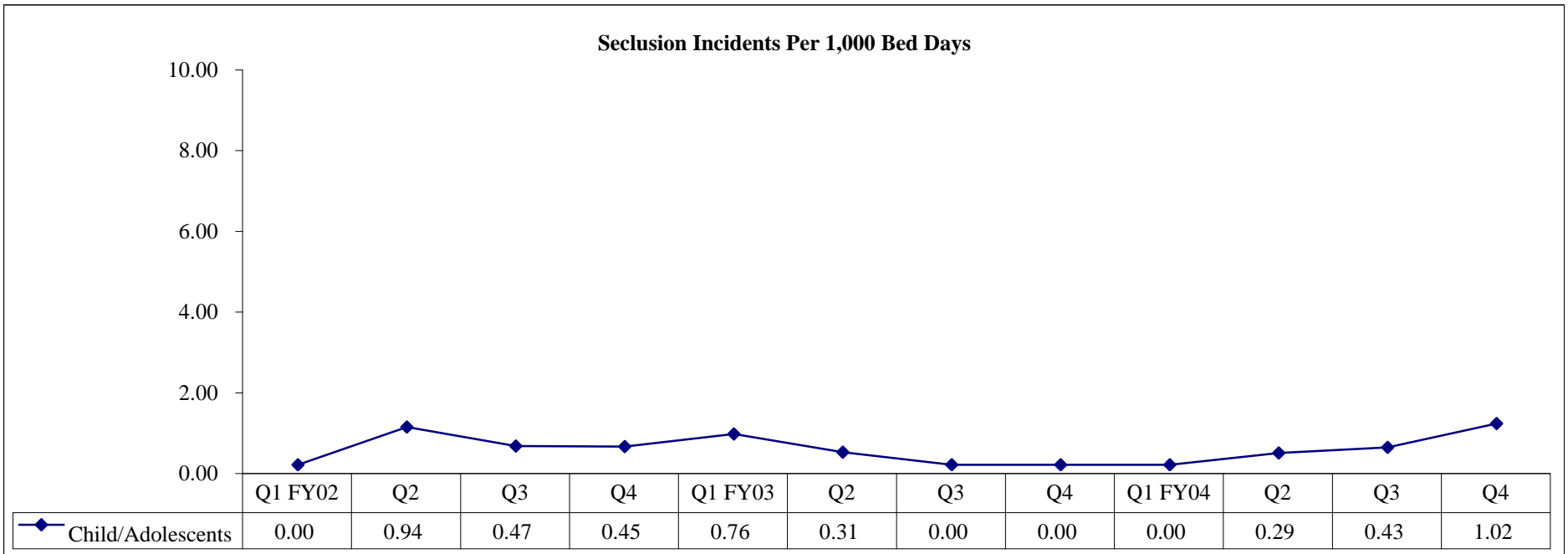
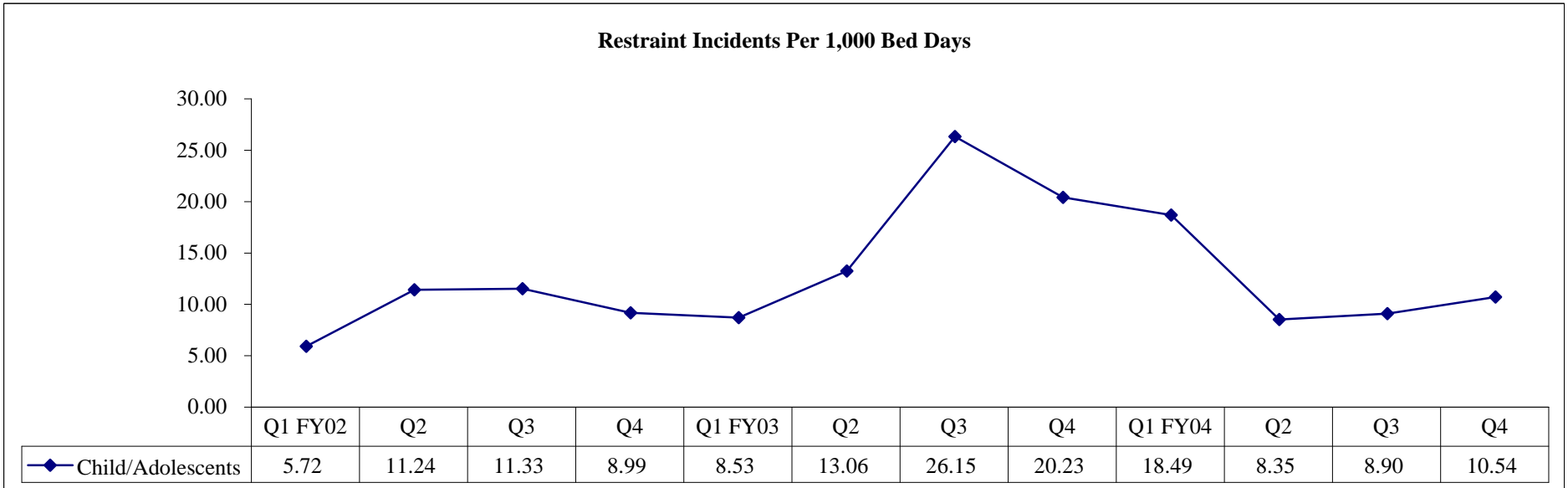
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



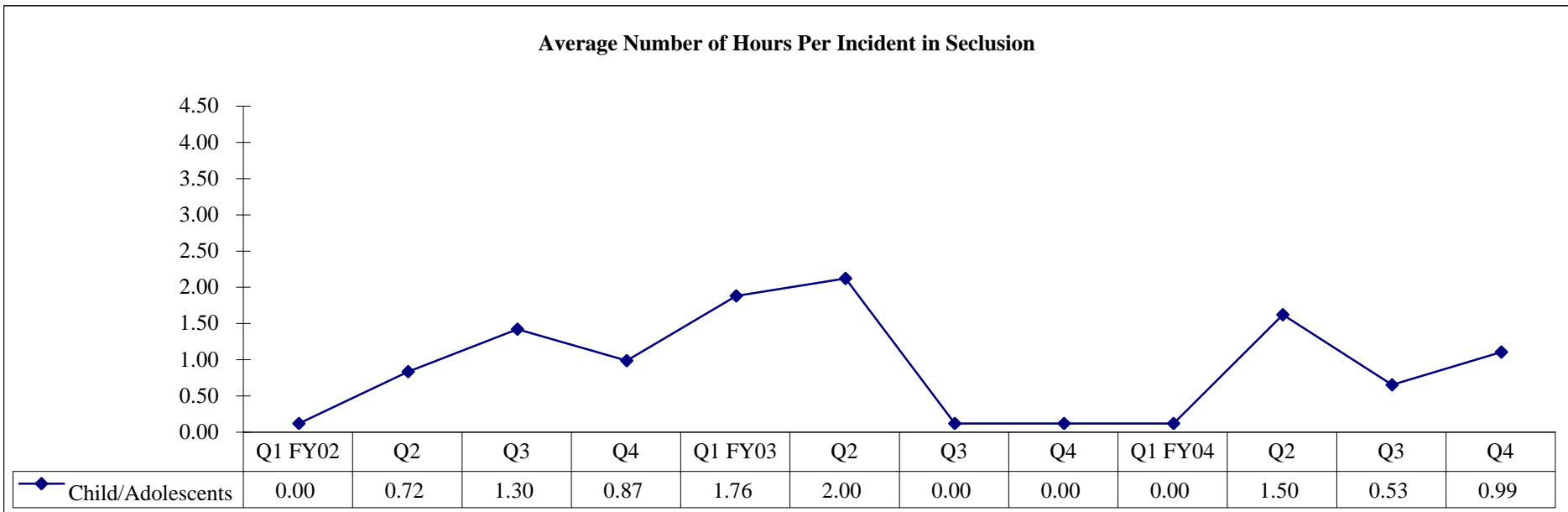
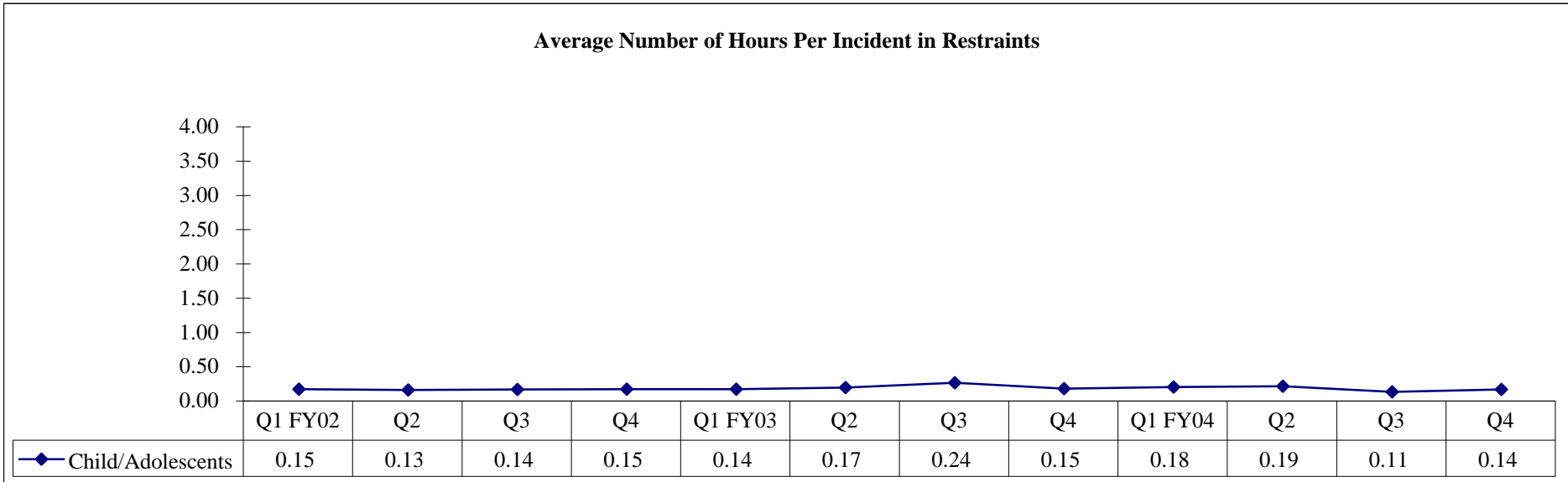
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



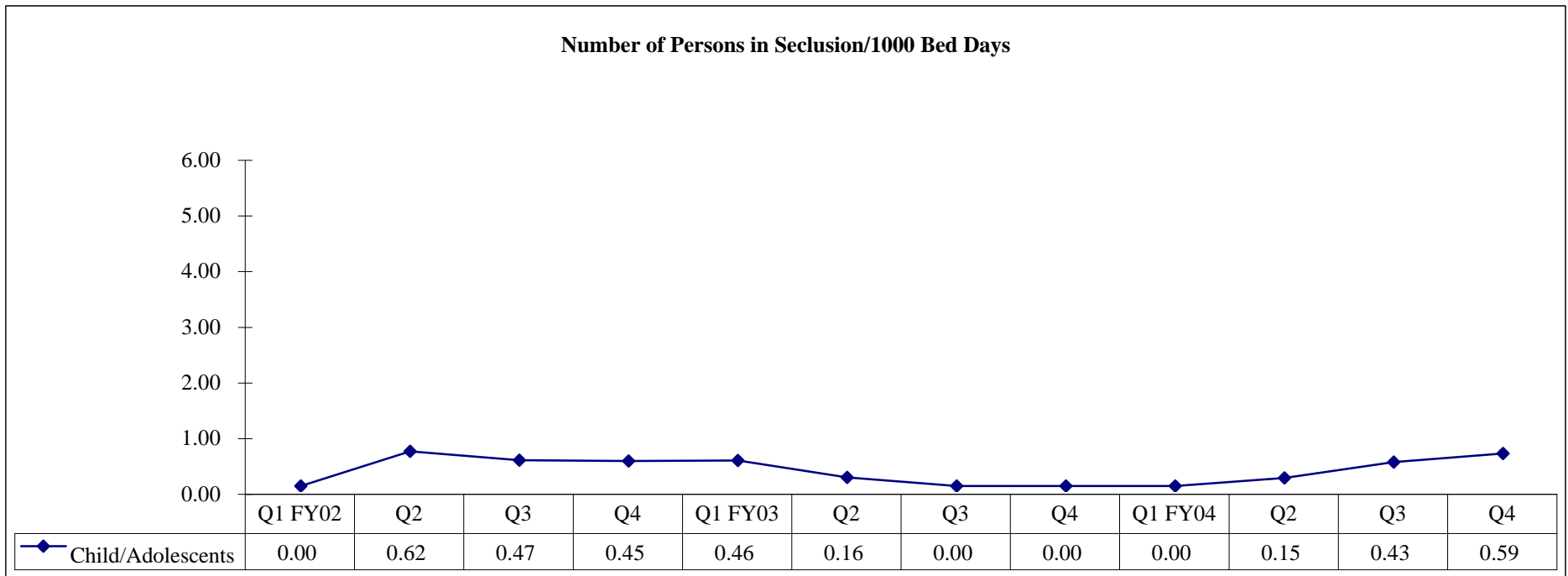
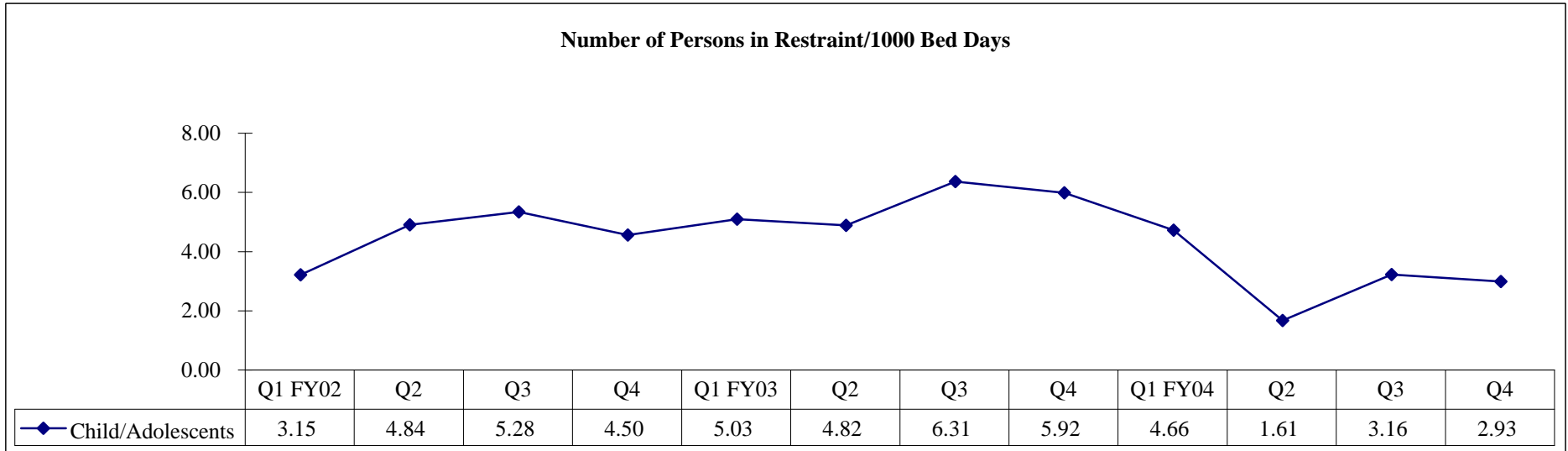
**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Performance Objective 3F:

Restraint and seclusion assessment instrument will be implemented according to CPIC Instructions in FY04.

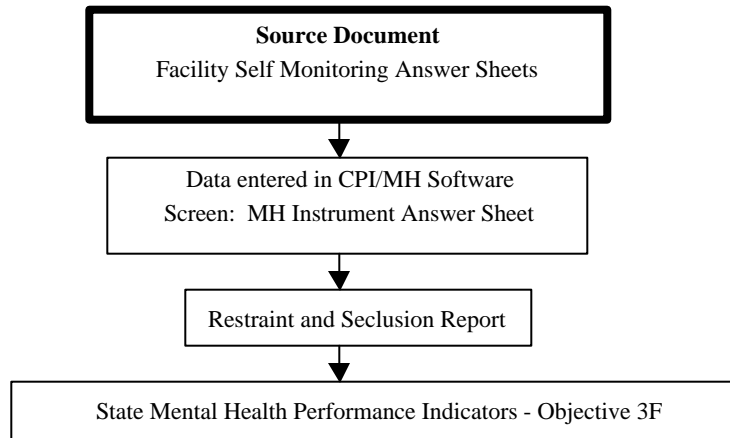
Performance Objective Operational Definition: Score from the CPI Restraint and Seclusion assessment instrument.

Performance Objective Formula: According to the CPI Restraint and Seclusion assessment instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

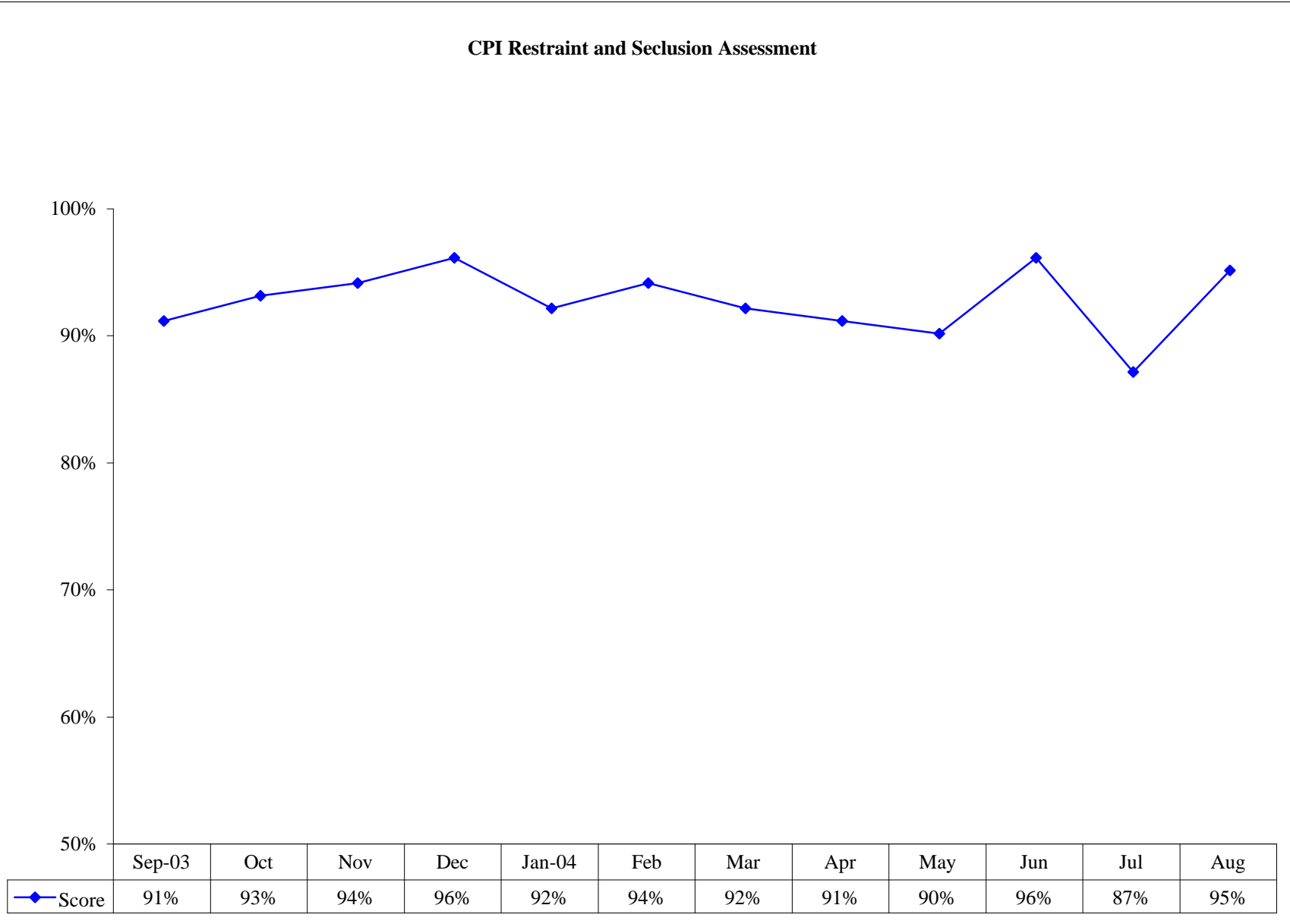
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of facility scores.

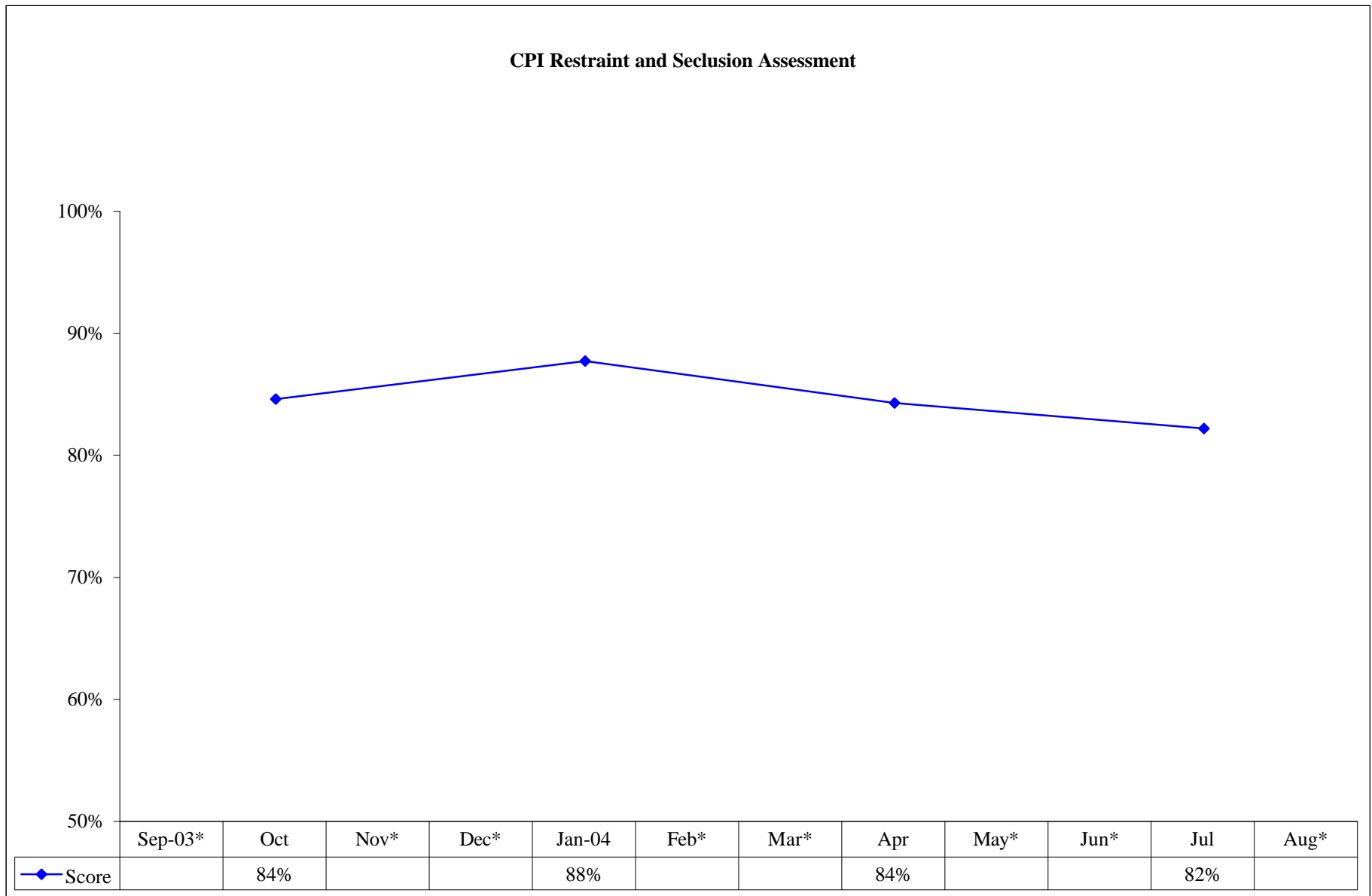
Data Flow:



**Objective 3F - CPI Restraint and Seclusion Assessment
All MH Facilities**

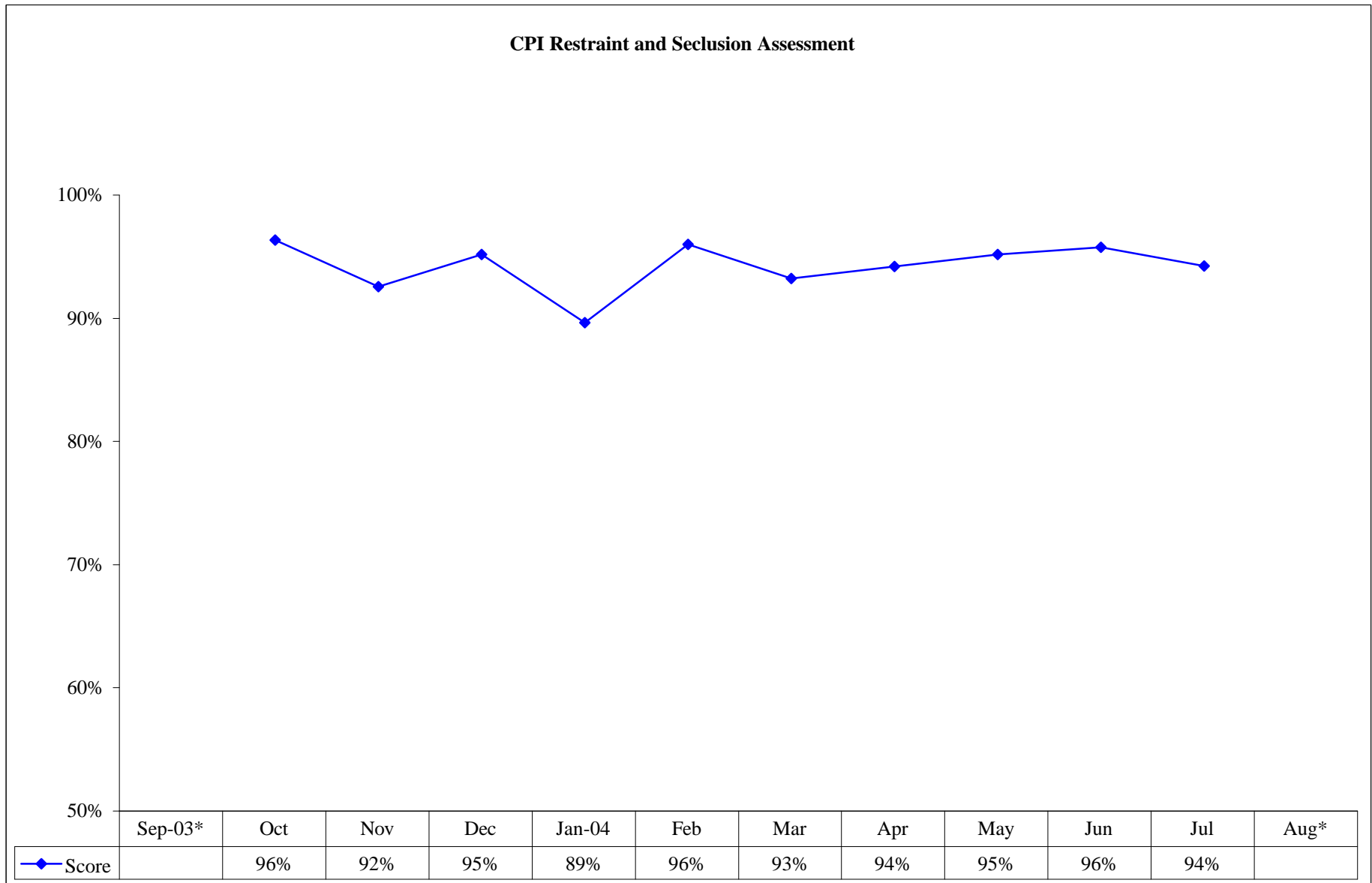


**Objective 3F - CPI Restraint and Seclusion Assessment
Austin State Hospital**



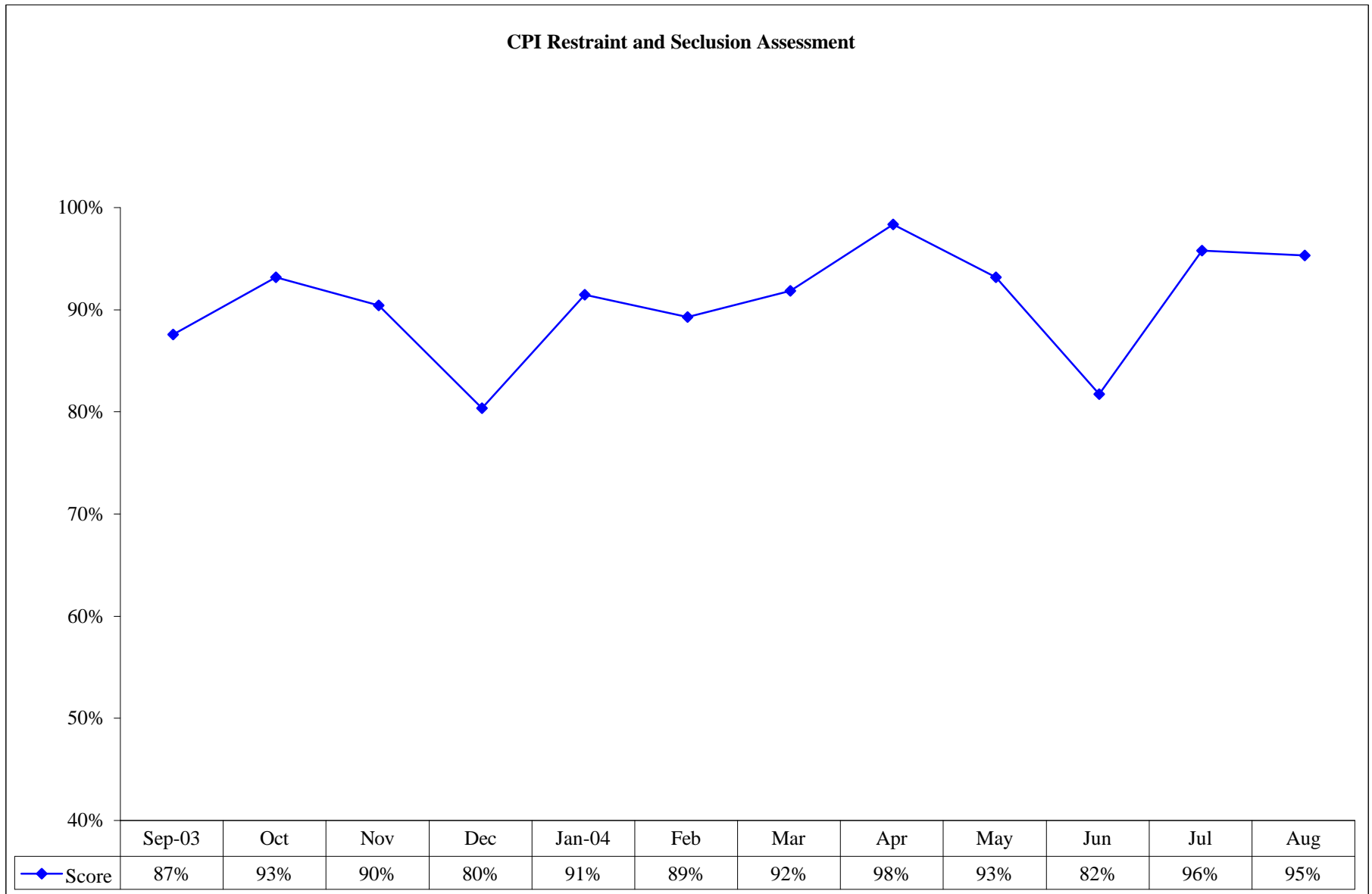
*No scores reported to MDS.

Objective 3F - CPI Restraint and Seclusion Assessment
Big Spring State Hospital

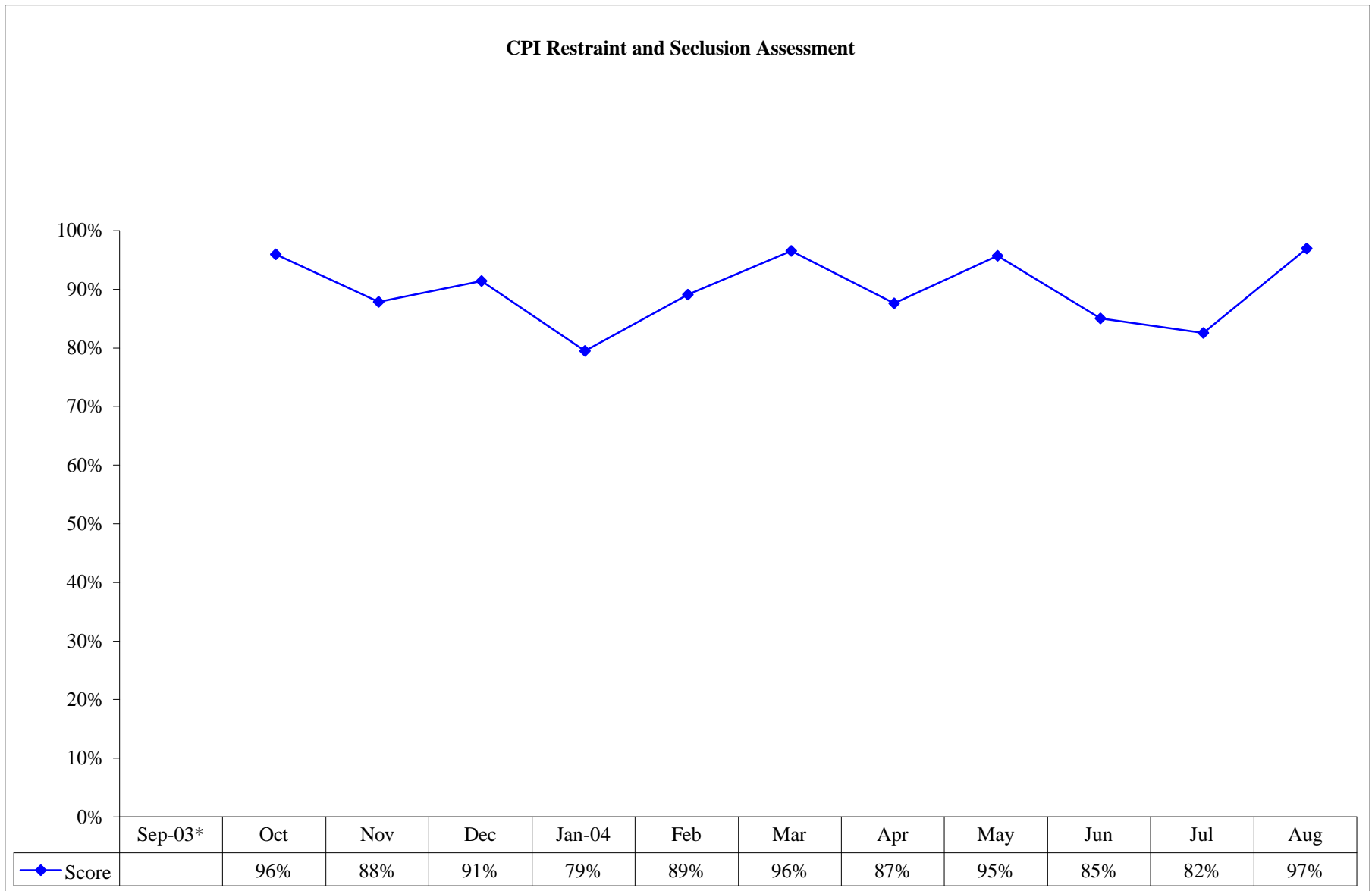


*No scores reported to MDS.

**Objective 3F - CPI Restraint and Seclusion Assessment
El Paso Psychiatric Center**

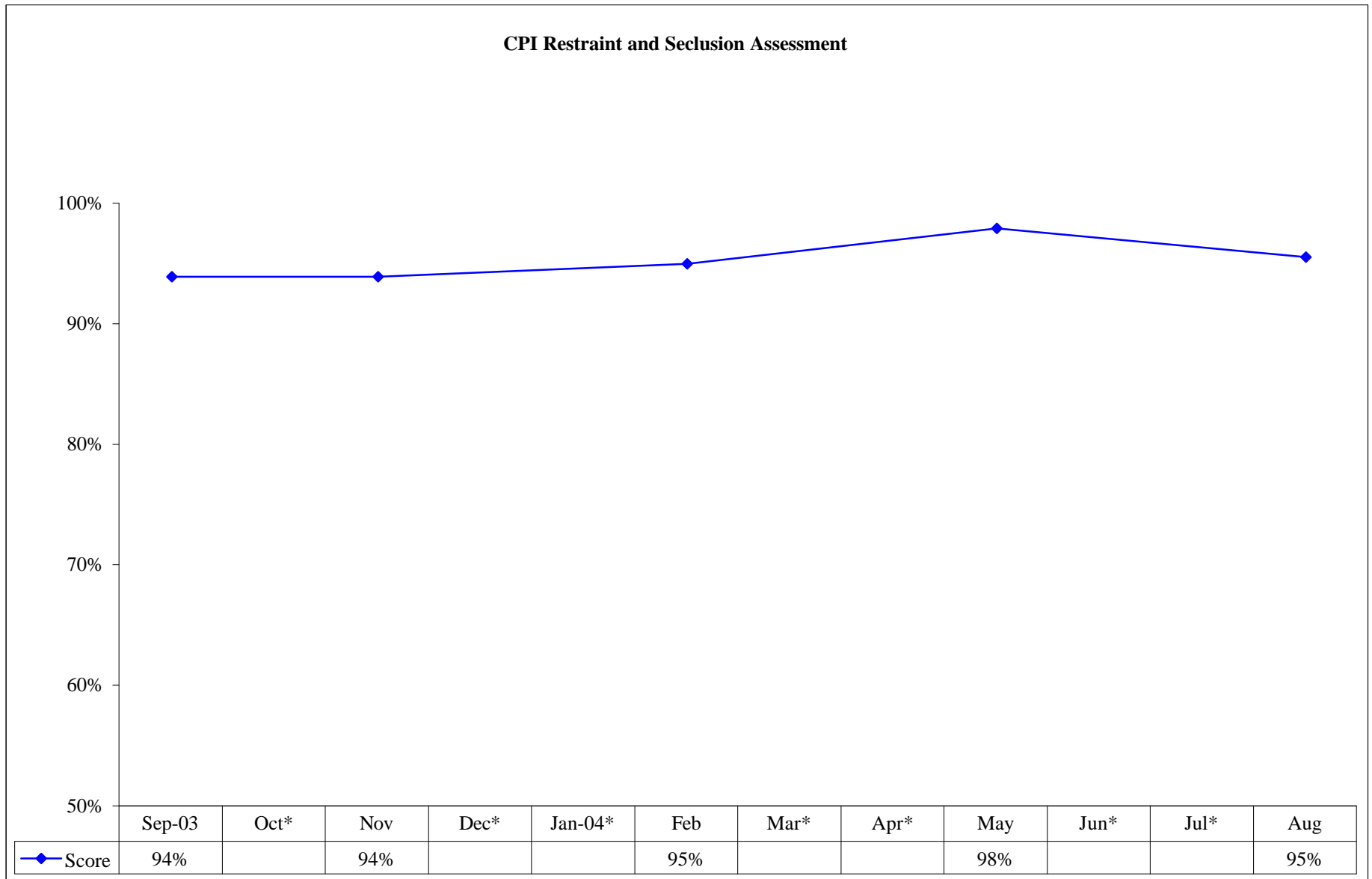


**Objective 3F - CPI Restraint and Seclusion Assessment
Kerrville State Hospital**



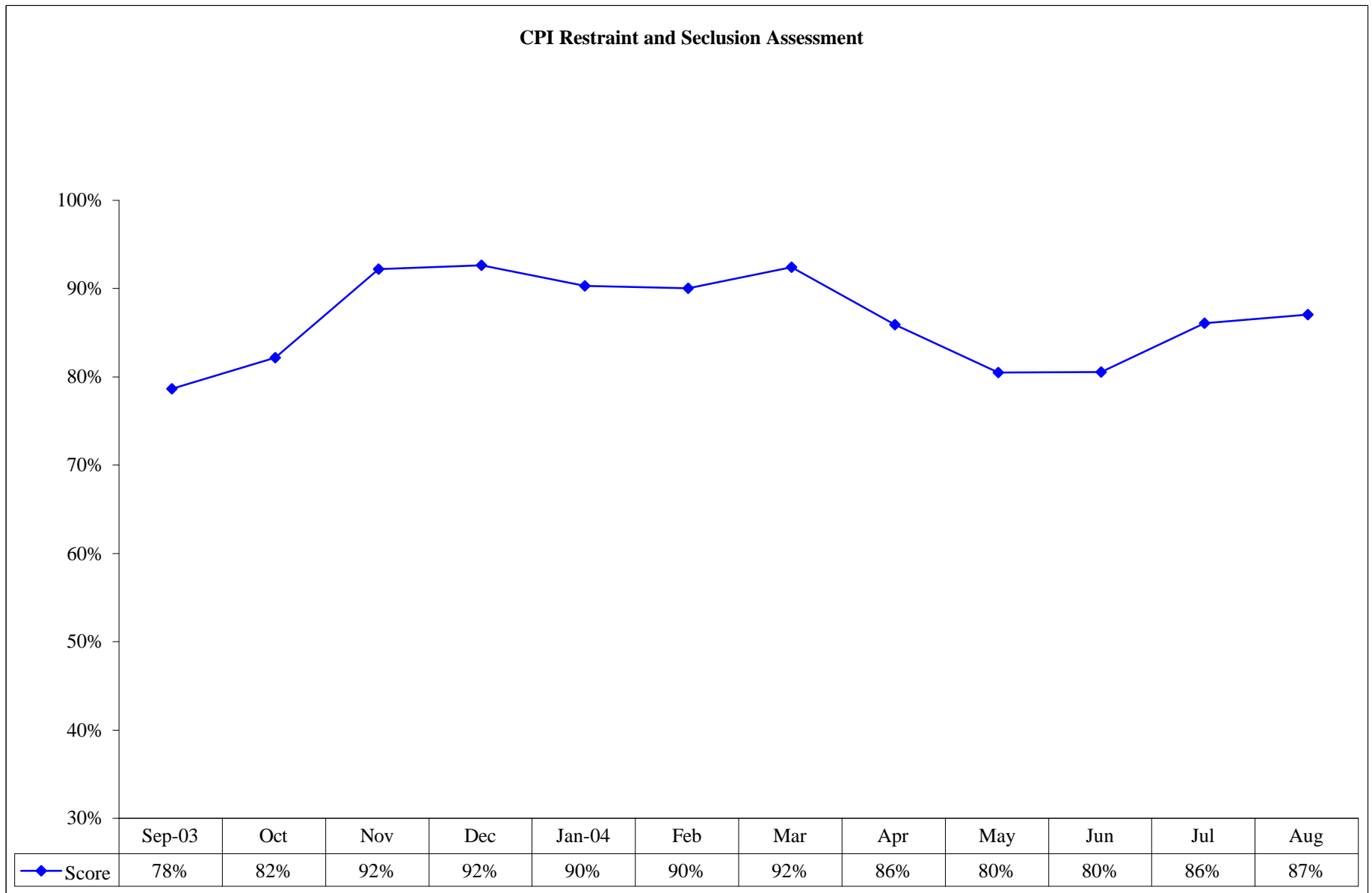
*No scores reported to MDS.

Objective 3F - CPI Restraint and Seclusion Assessment
North Texas State Hospital

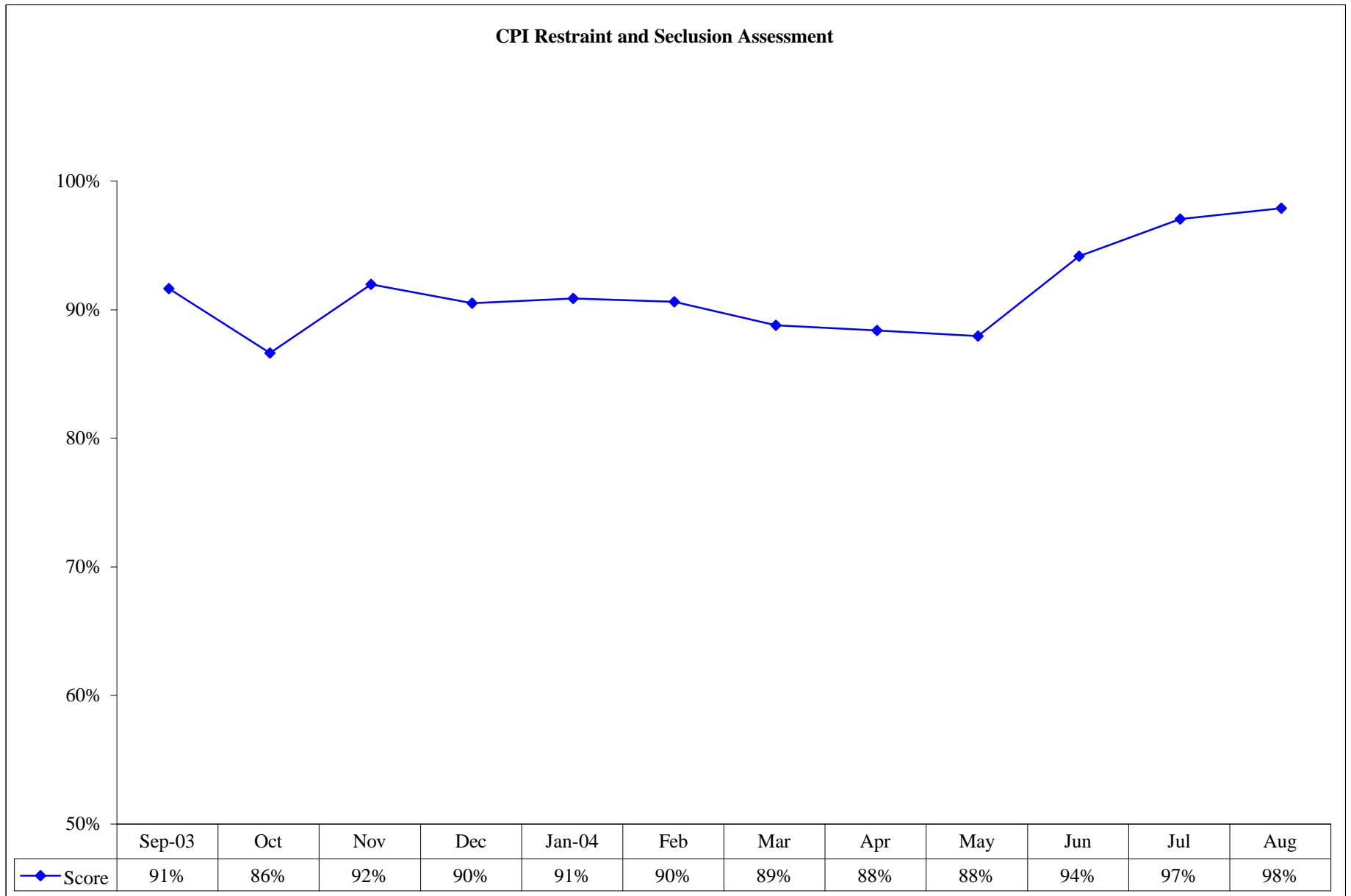


*No scores reported to MDS.

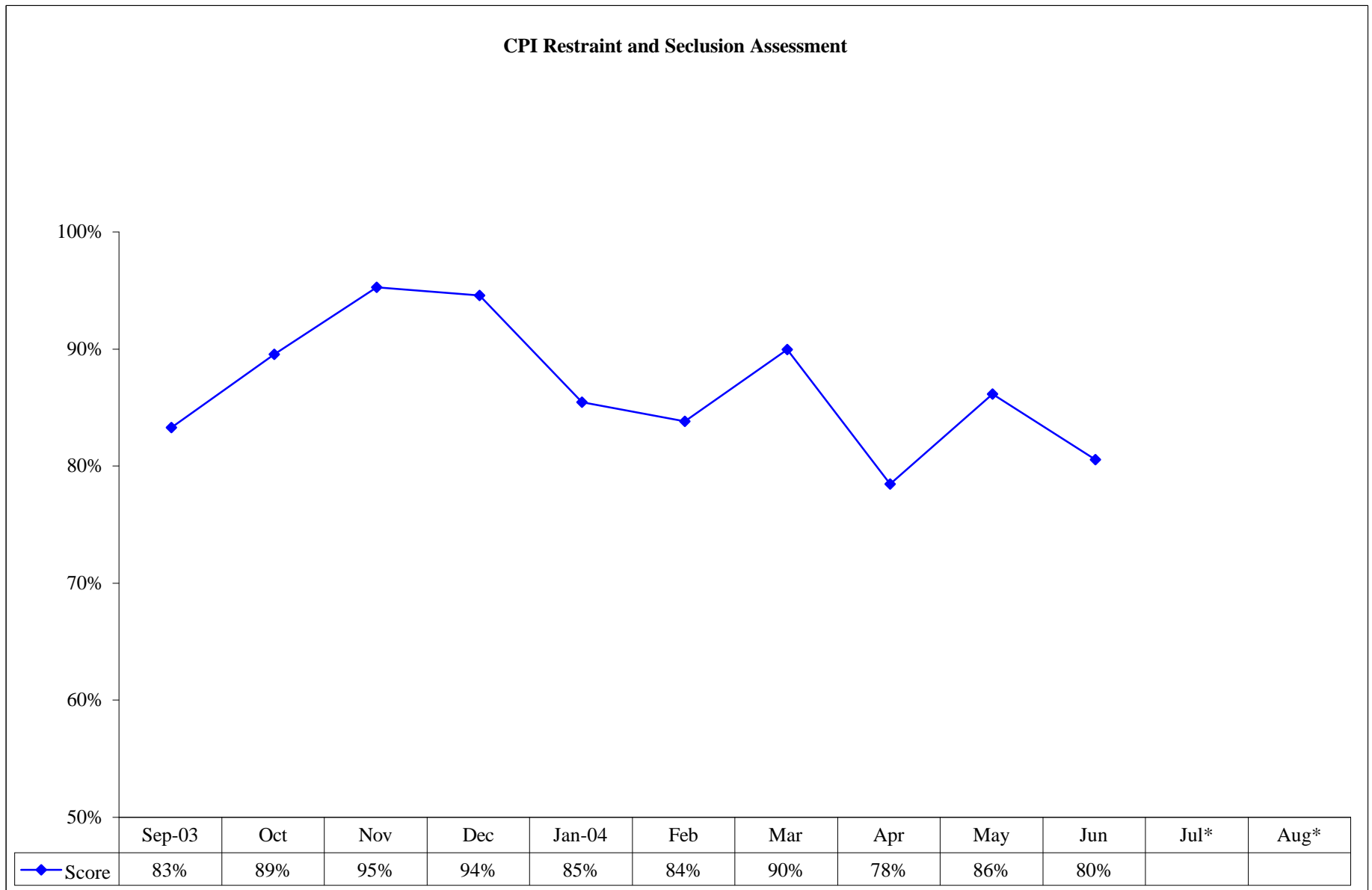
Objective 3F - CPI Restraint and Seclusion Assessment
Rio Grande State Center



Objective 3F - CPI Restraint and Seclusion Assessment
Rusk State Hospital

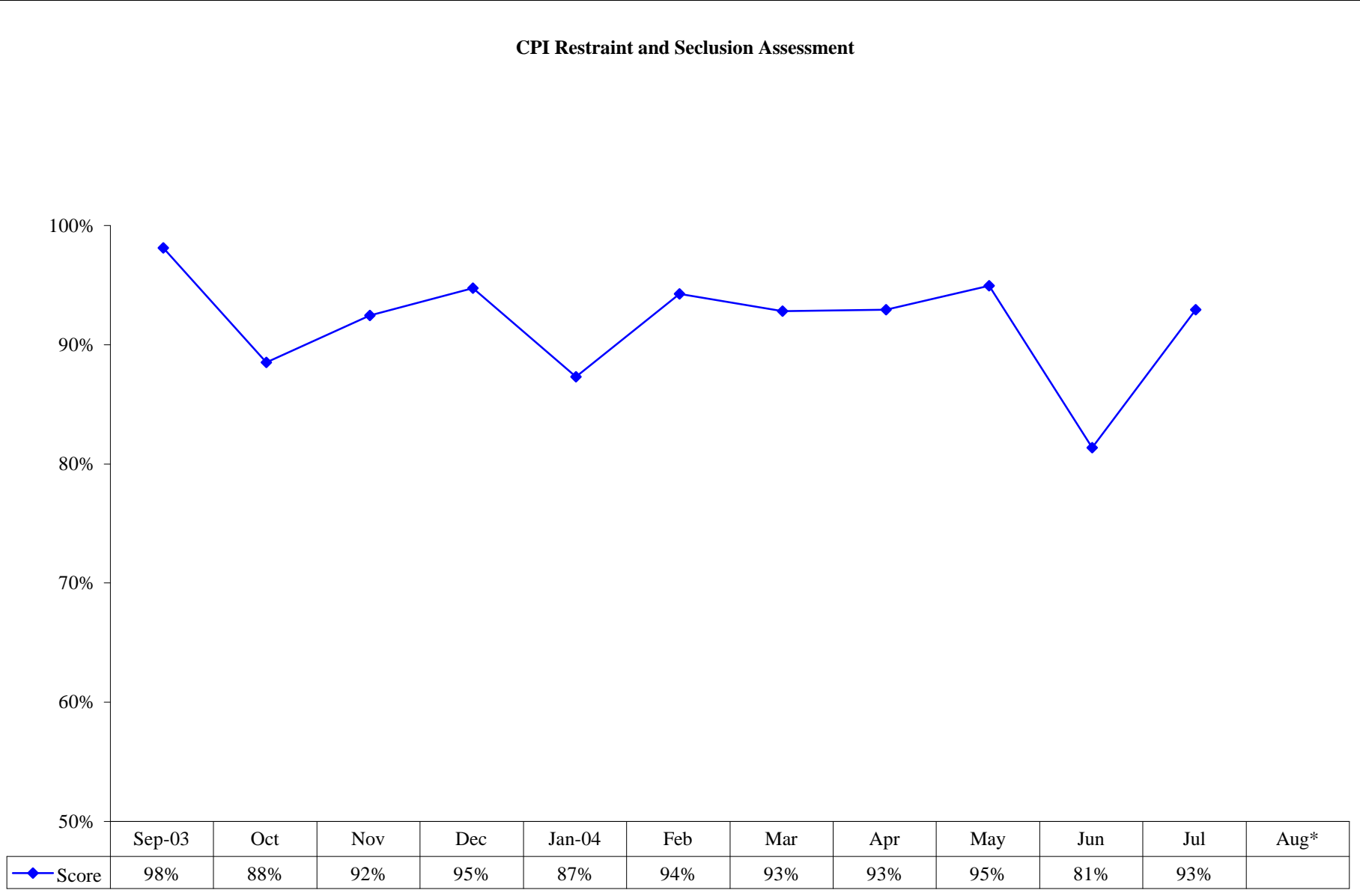


Objective 3F - CPI Restraint and Seclusion Assessment
San Antonio State Hospital



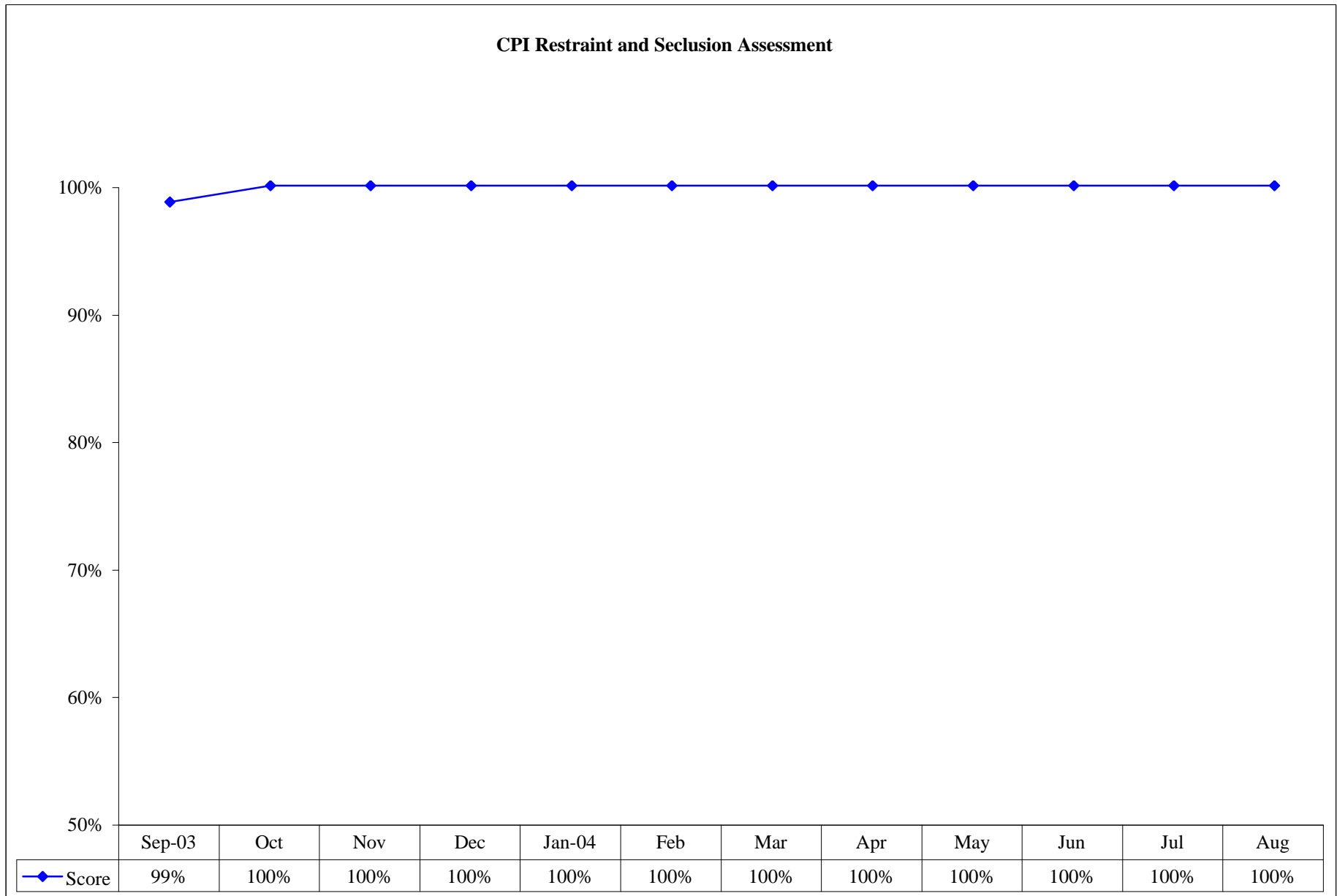
*No scores reported to MDS.

**Objective 3F - CPI Restraint and Seclusion Assessment
Terrell State Hospital**



*No scores reported to MDS.

Objective 3F - CPI Restraint and Seclusion Assessment
Waco Center for Youth



Performance Measure 3A:

BPRS: Improvement in patient treatment outcomes will be measured by showing a significant decrease of clinical symptoms with a reduction of more than twelve (12) points. (LBB Measure)

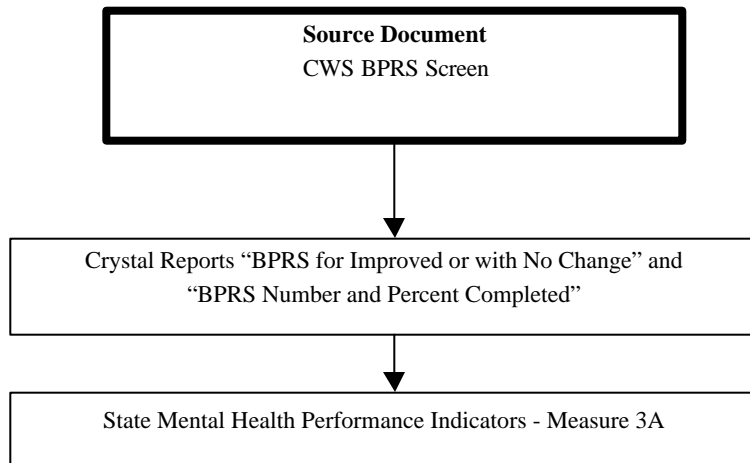
Performance Measure Operational Definition: For each quarter, the number of discharged patients in CARE with two BPRS scores that have a change in scores of +12 points or less. BPRS Version 4.0, Expanded Version will be used to rate all patients upon admission and discharge. To be valid, total BPRS score must be between 24 and 168. Higher BPRS scores represent greater symptom problems. The data is entered by the fifteenth of the first month following the quarter.

Performance Measure Formula: The BPRS data is screened to include only patient episodes having two BPRS scores. The discharge BPRS is subtracted from the admission BPRS. Changes of more than ± 12 points are considered to be statistically significant.

Performance Measure Data Display and Chart Description:

- ◆ Table shows the number and percent of improvement, no change and increase symptoms of discharged patients with two BPRS scores for individual facilities and system-wide.

Data Flow:

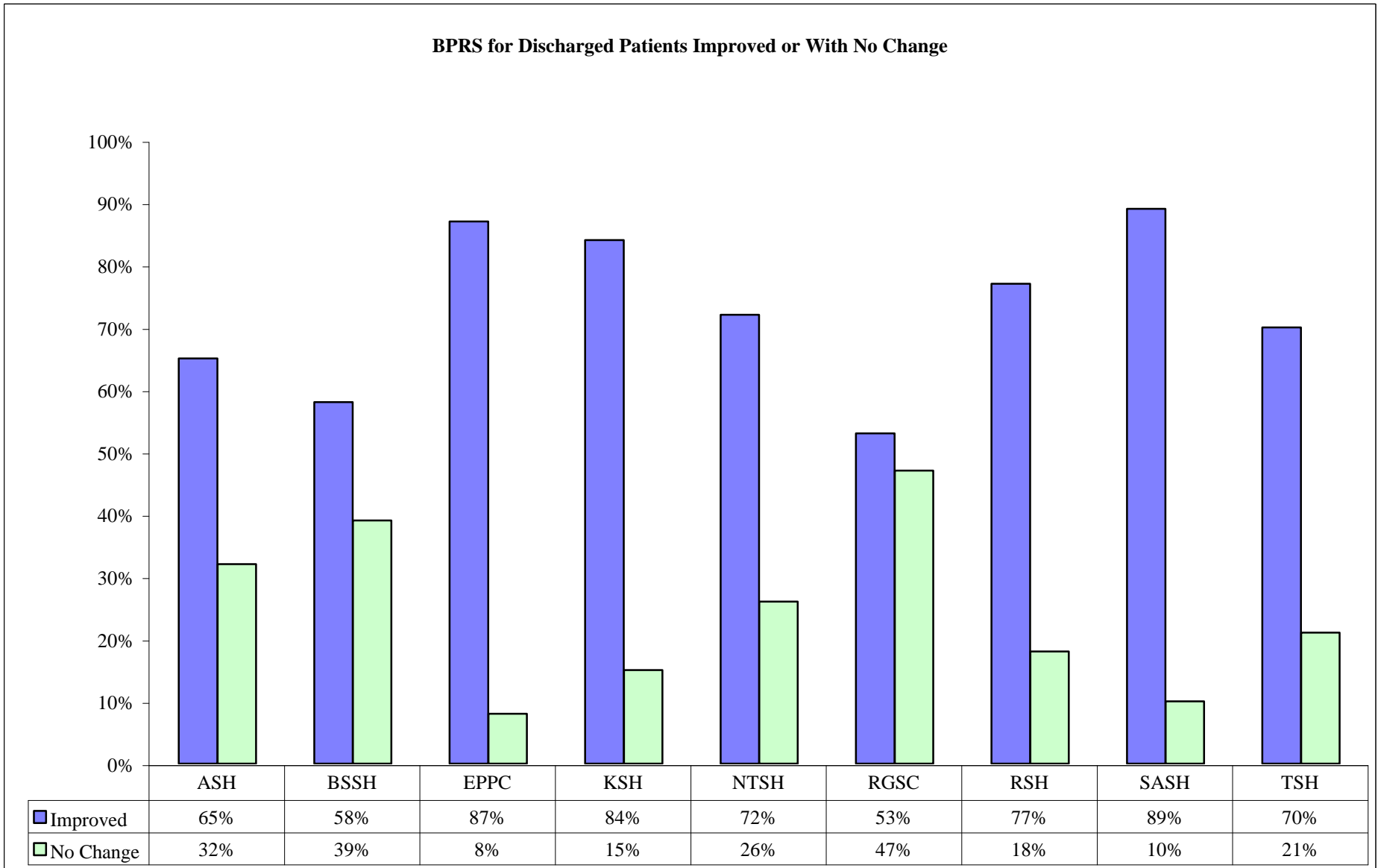


Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores
All MH Facilities

**The Number and Percent of Discharged Patients with
Two BPRS Scores - Q4 FY2004**

Facility	Total	Improvement	%	No Change	%	Increase Symptoms	%
ASH	933	607	65%	302	32%	24	3%
BSSH	325	190	58%	125	39%	10	3%
EPPC	39	34	87%	3	8%	2	5%
KSH	159	133	84%	24	15%	2	1%
NTSH	500	362	72%	130	26%	8	2%
RGSC	276	145	53%	130	47%	1	0%
RSH	522	404	77%	94	18%	24	5%
SASH	636	565	89%	66	10%	5	1%
TSH	537	378	70%	110	21%	49	9%
Totals	3927	2818	72%	984	25%	125	3%

**Measure 3A - Brief Psychiatric Rating Scale (BPRS) Scores
All MH Facilities**



Performance Measure 3B:

GAF: Improvement in patient treatment outcomes will be analyzed by showing:

- 1. The percent of patients receiving campus services whose GAF score increased.**
- 2. The percent of patients receiving campus services whose GAF score stabilized.**

(LBB Measure)

Performance Measure Operational Definition: Total of persons with GAF score increased and stabilized. GAF data is collected during the patient’s diagnostic examination at admission and again during the discharge evaluation.

Performance Measure Formula: $R = (N/D)$

R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.

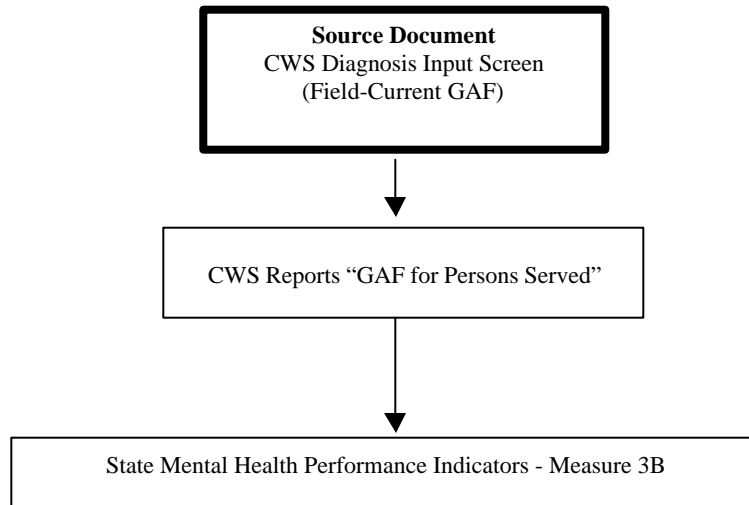
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

D = number of discharges per month. (Persons who were discharged from the facility monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

Performance Measure Data Display and Chart Description:

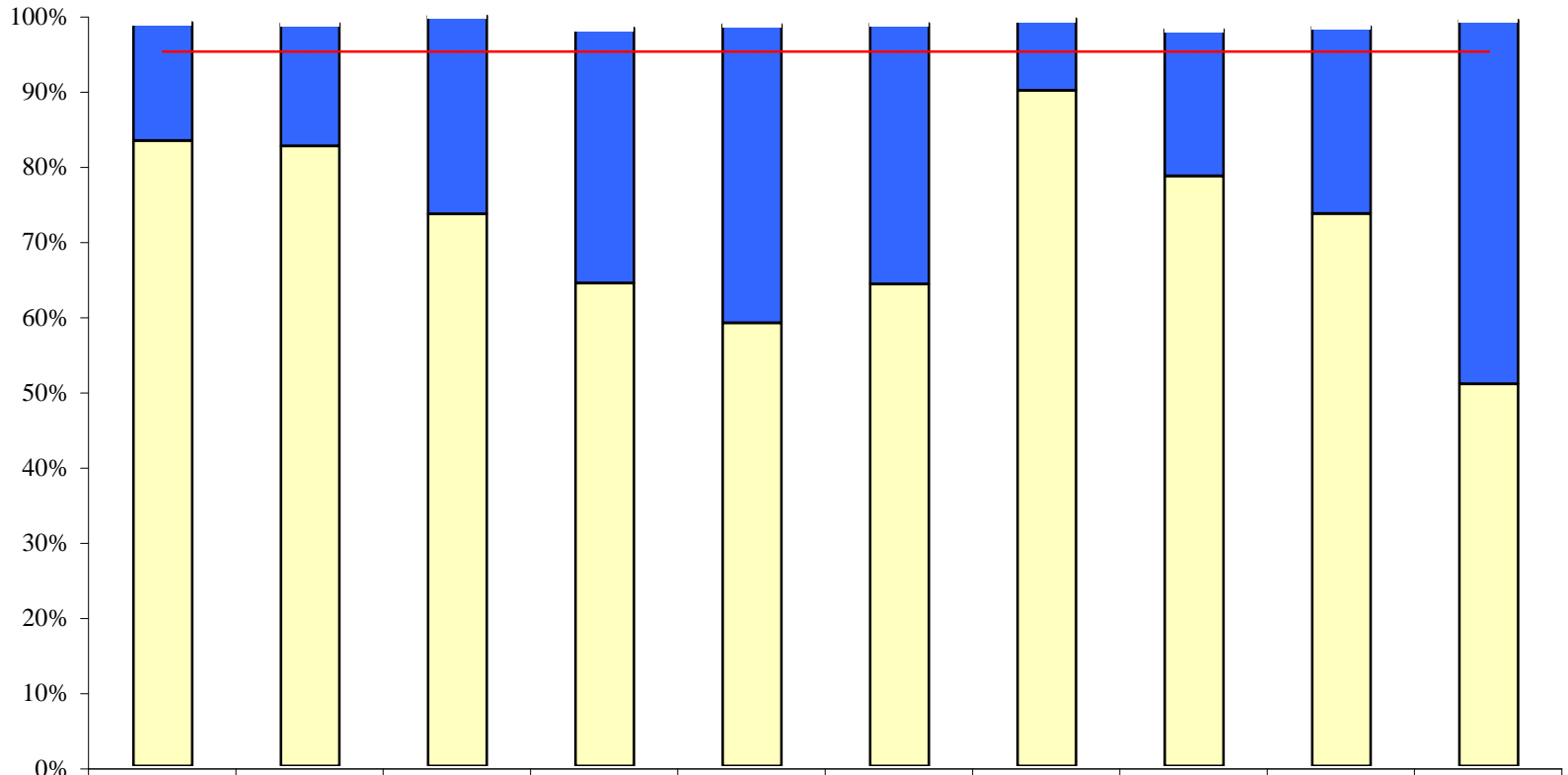
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 or more points.
- ◆ Chart with percent of patients discharged with two GAF scores.

Data Flow:



Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All MH Facilities - As of August 31, 2004

FYTD Percent of Discharged Whose GAF Score Stabilized/Increased by 10 or More

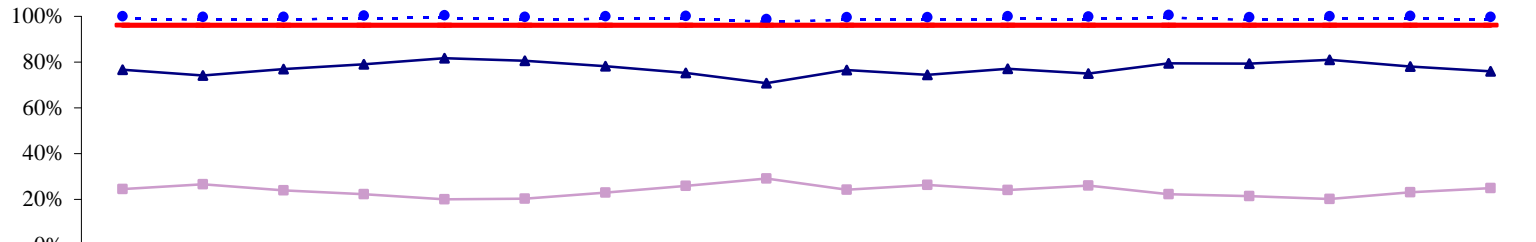


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	99%	99%	100%	98%	99%	99%	99%	98%	98%	99%
% Stabilized	16%	16%	26%	34%	40%	35%	10%	20%	25%	48%
% Increased by 10 or More	83%	82%	73%	64%	59%	64%	90%	78%	73%	51%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized

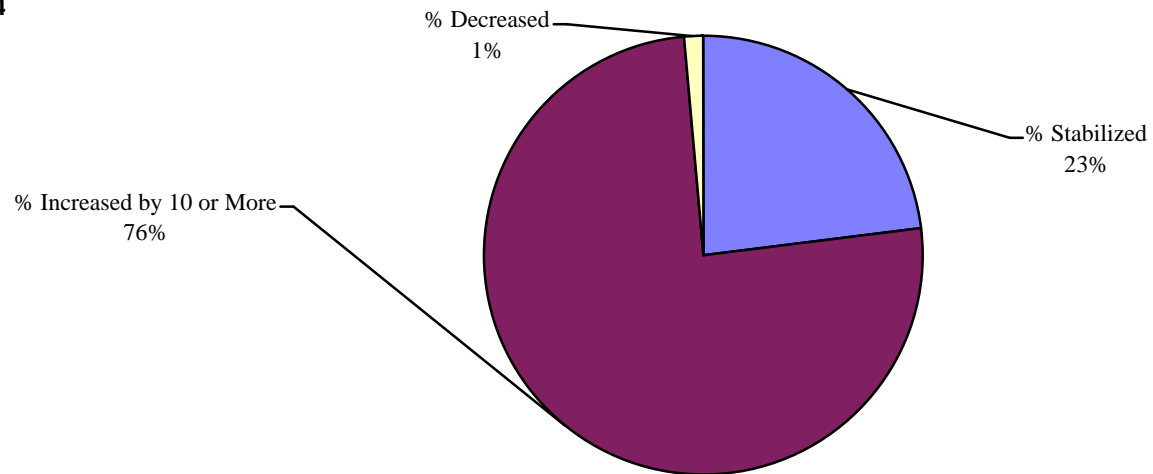
All MH Facilities

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

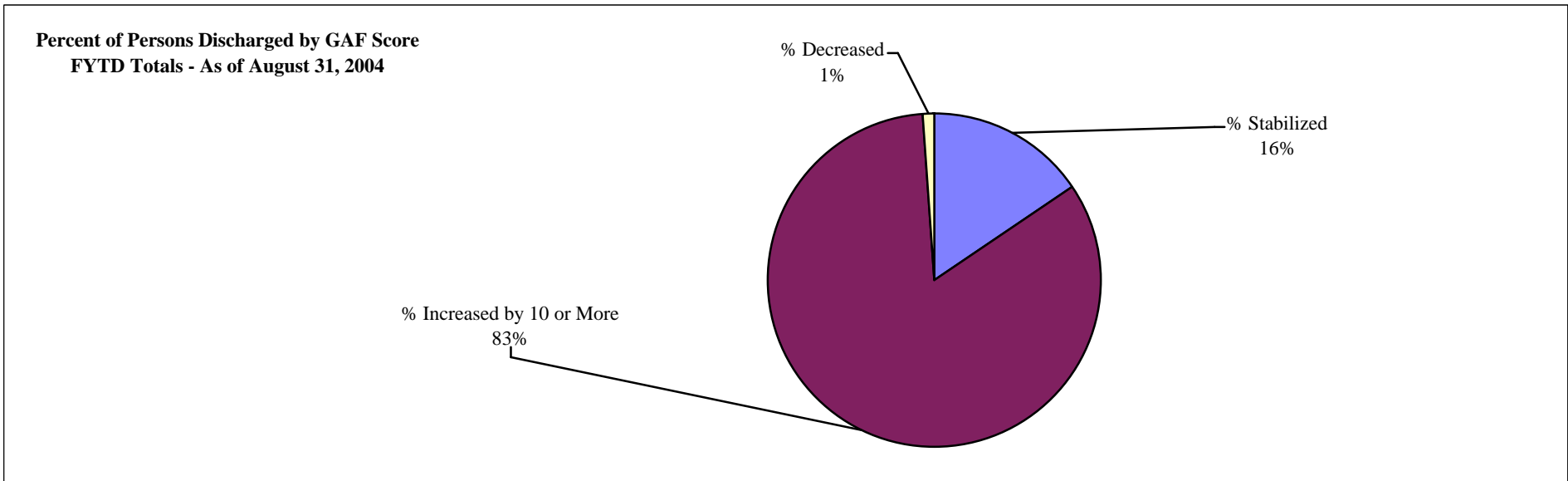
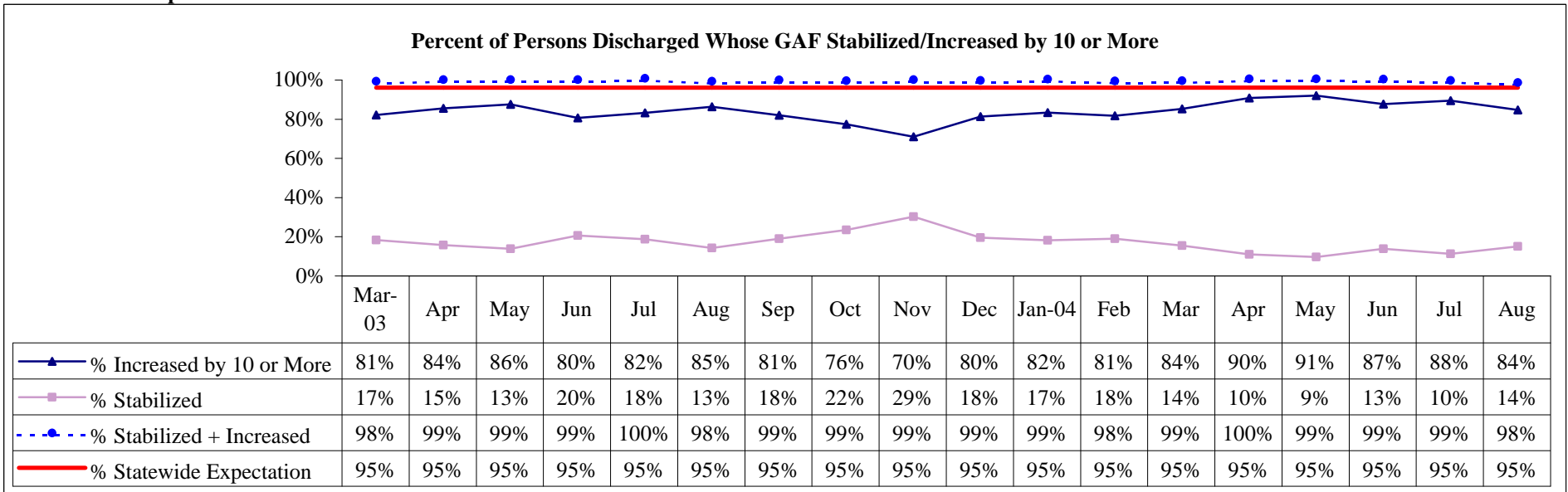


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	76%	73%	76%	78%	81%	79%	77%	74%	70%	75%	73%	76%	74%	78%	78%	80%	77%	75%
—■— % Stabilized	23%	25%	23%	21%	19%	19%	22%	25%	28%	23%	25%	23%	25%	21%	20%	19%	22%	24%
- - ● - - % Stabilized + Increased	99%	99%	99%	99%	99%	99%	99%	99%	98%	98%	98%	99%	99%	99%	99%	99%	99%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

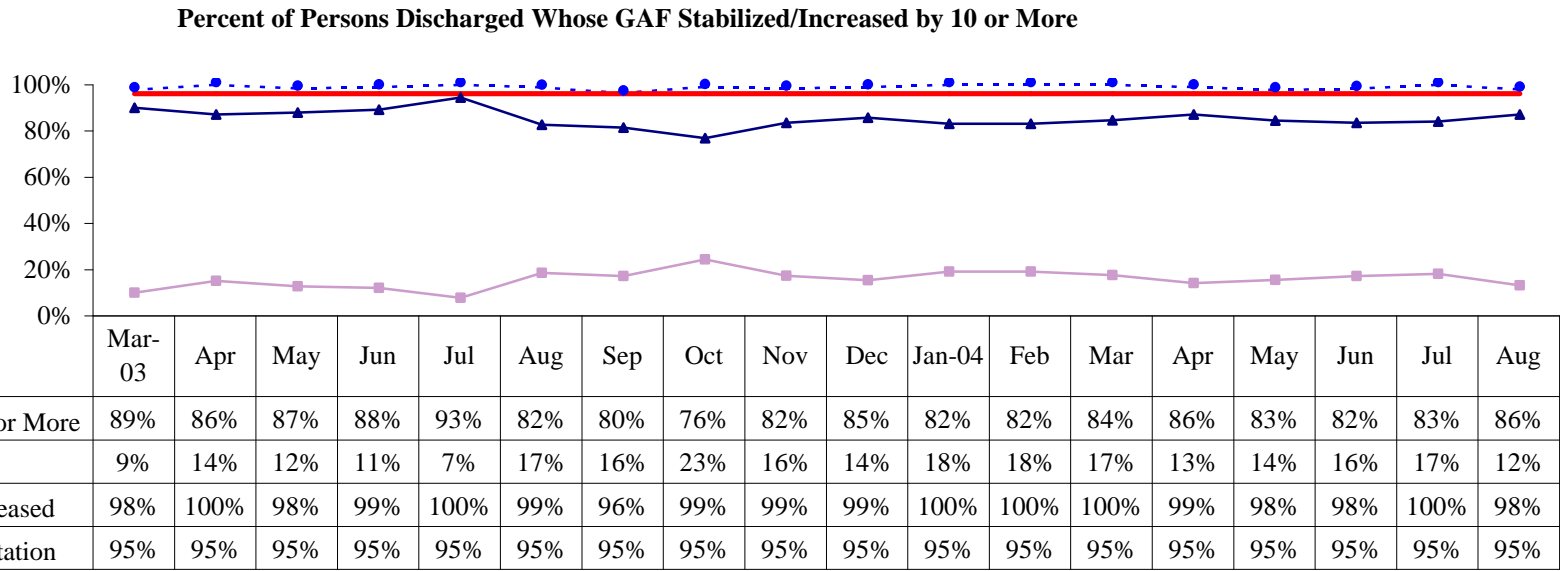
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



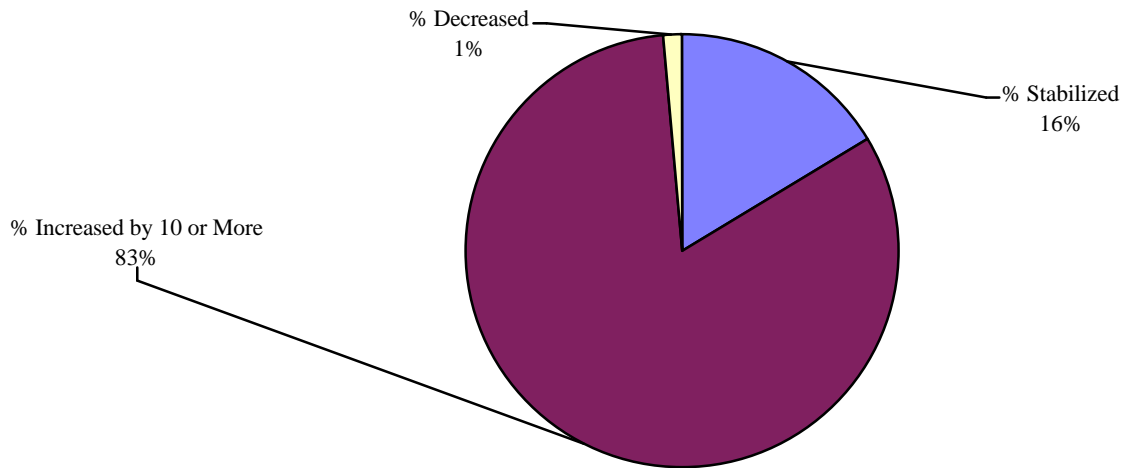
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Austin State Hospital



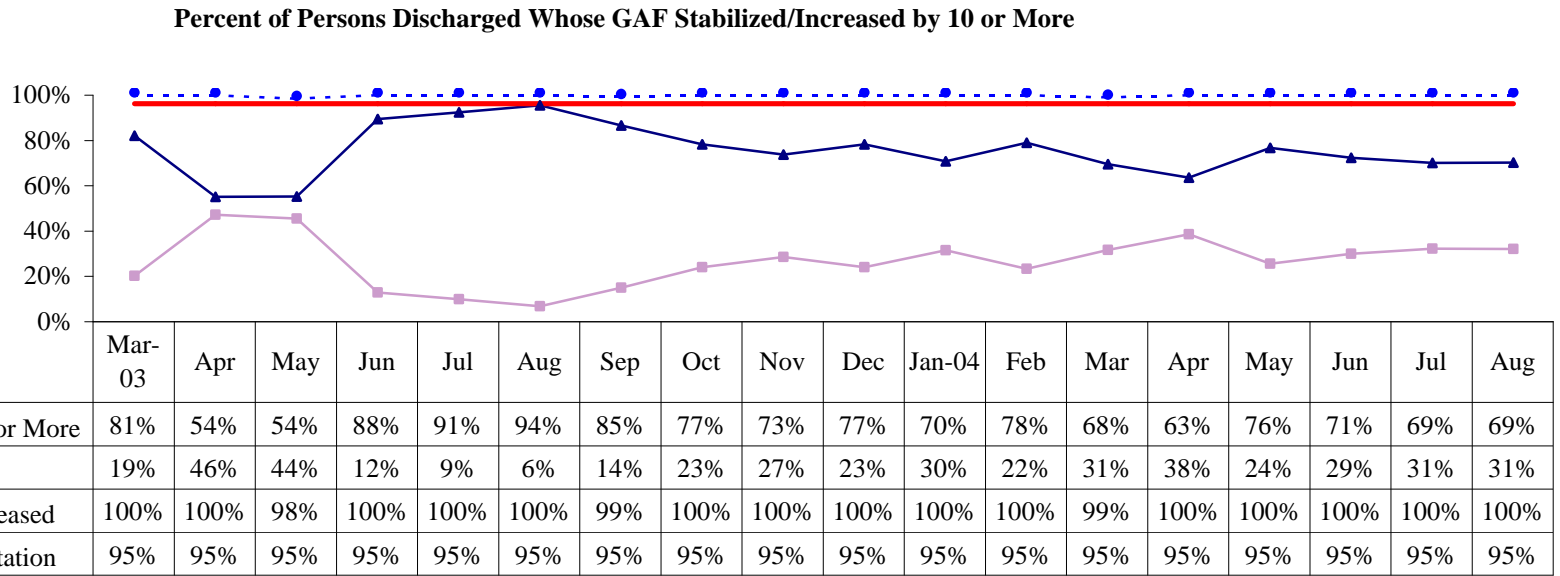
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital



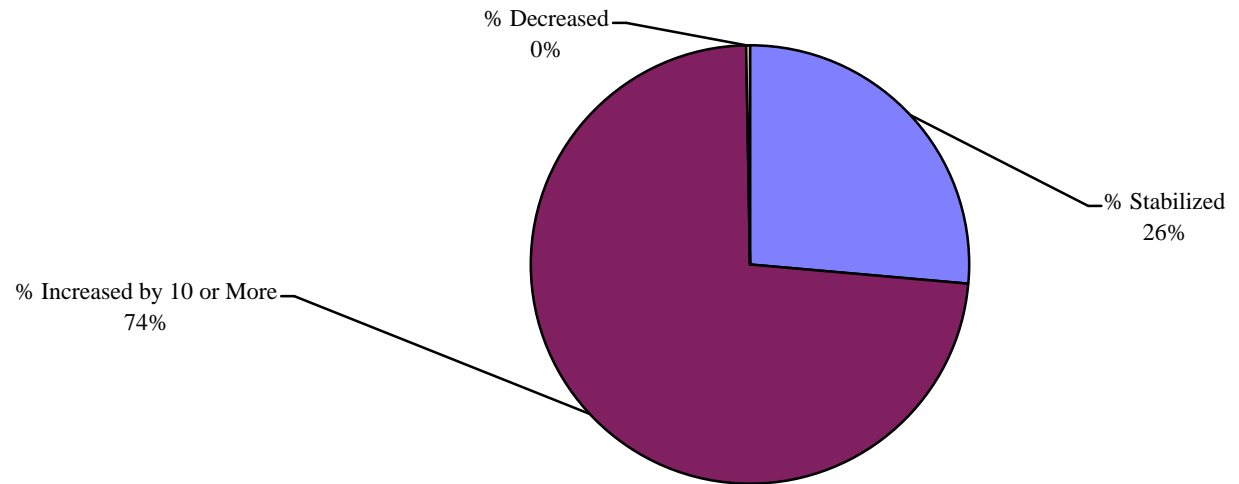
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

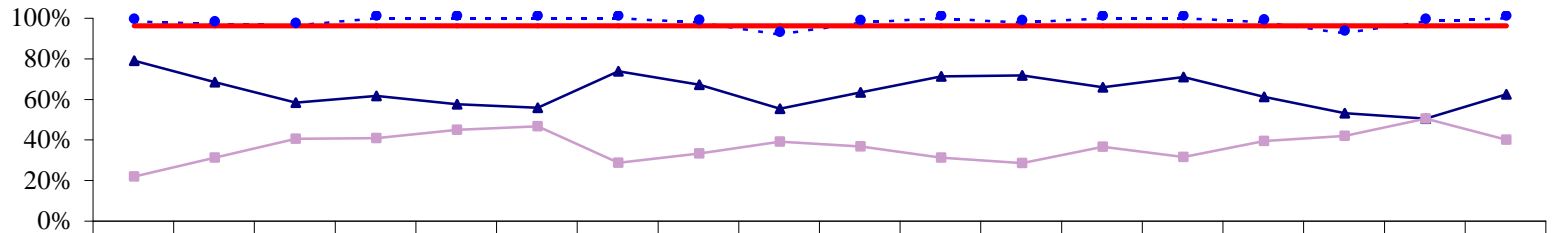


Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



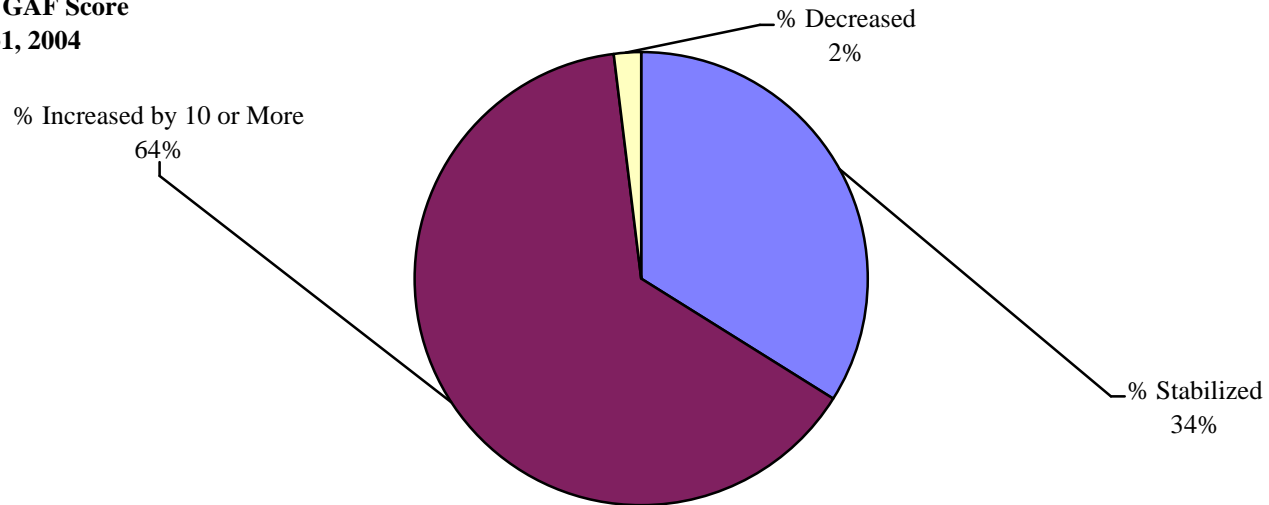
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

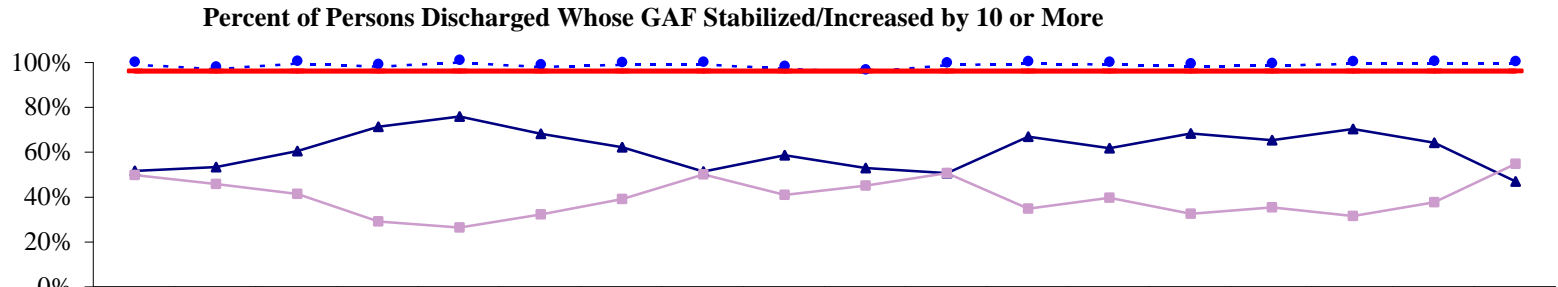


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	78%	67%	57%	60%	56%	55%	73%	66%	54%	62%	70%	70%	65%	70%	60%	52%	49%	61%
—■— % Stabilized	21%	30%	39%	40%	44%	45%	27%	32%	38%	36%	30%	27%	35%	30%	38%	41%	49%	39%
- - ● - - % Stabilized + Increased	98%	97%	96%	100%	100%	100%	100%	98%	92%	98%	100%	98%	100%	100%	98%	93%	98%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004

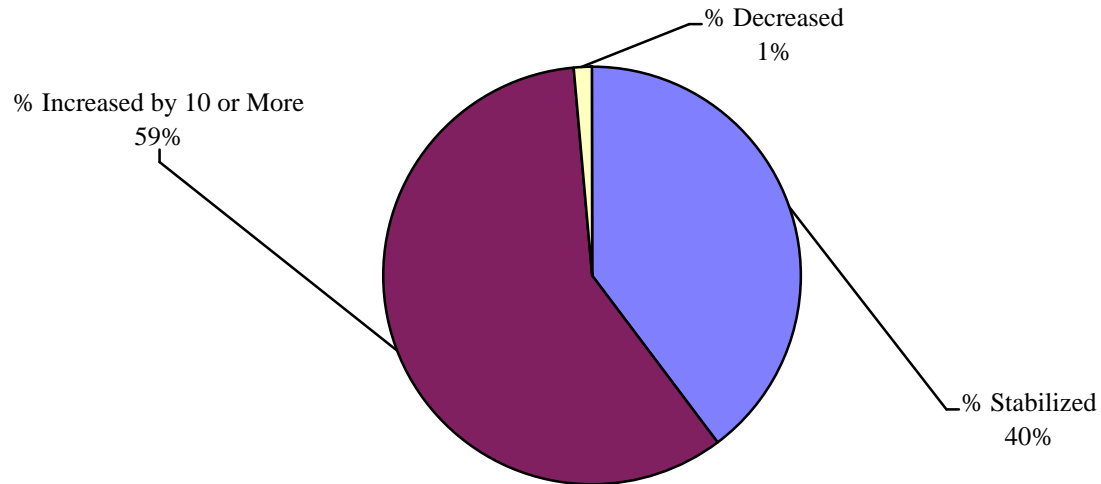


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital

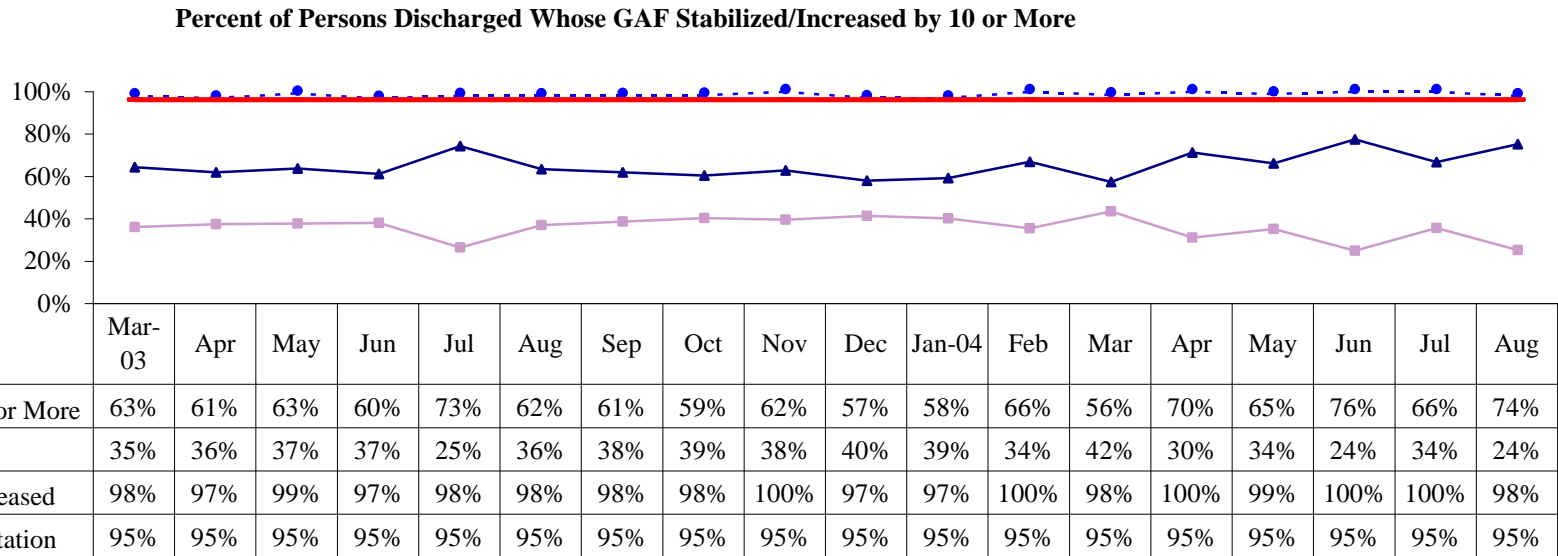


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	50%	52%	59%	70%	75%	67%	61%	50%	57%	52%	49%	66%	61%	67%	64%	69%	63%	46%
—■— % Stabilized	49%	45%	40%	28%	25%	31%	38%	49%	40%	44%	49%	34%	38%	31%	34%	30%	36%	54%
- - ● - - % Stabilized + Increased	99%	97%	100%	98%	100%	98%	99%	99%	97%	96%	99%	99%	99%	99%	99%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

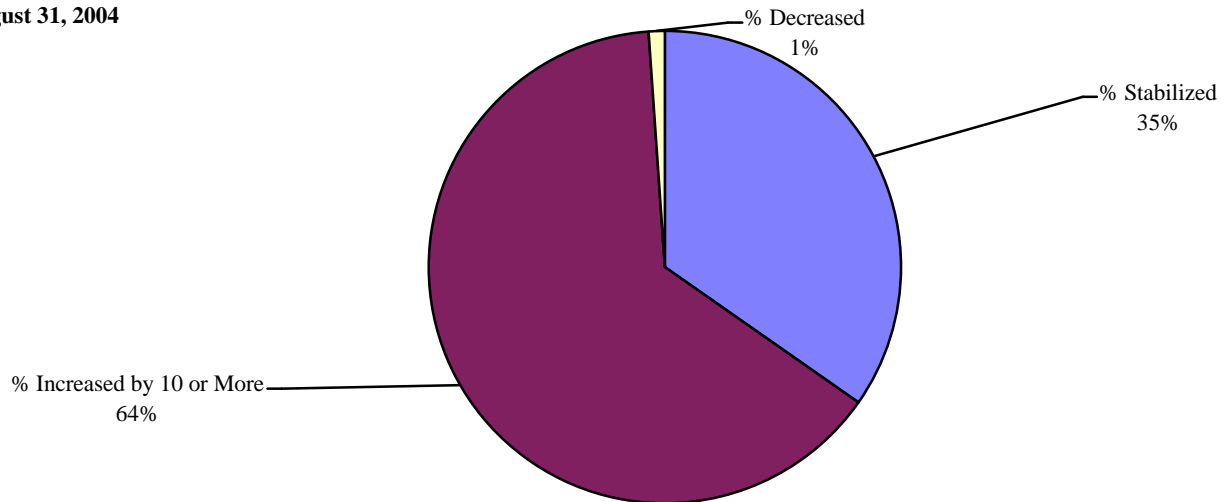
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center



Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004

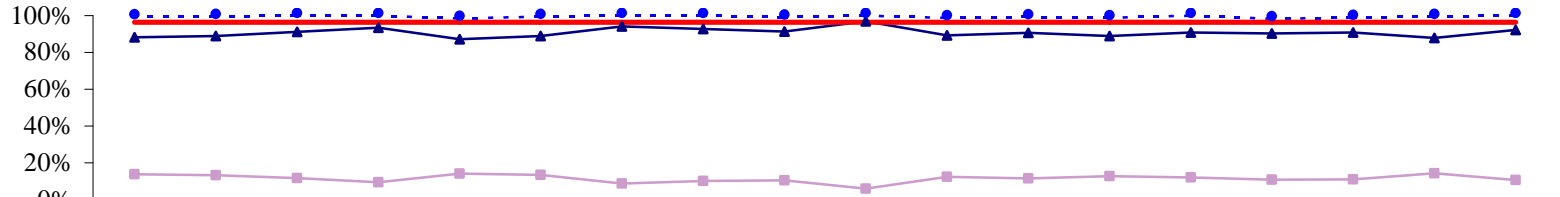


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

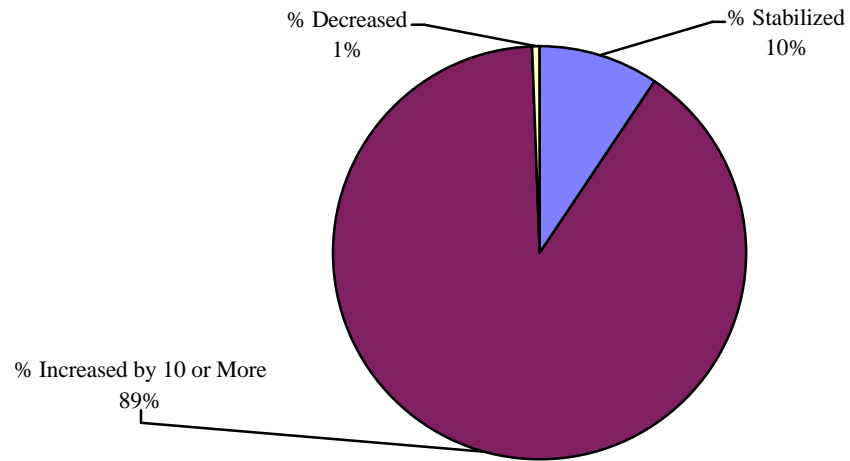
Rusk State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



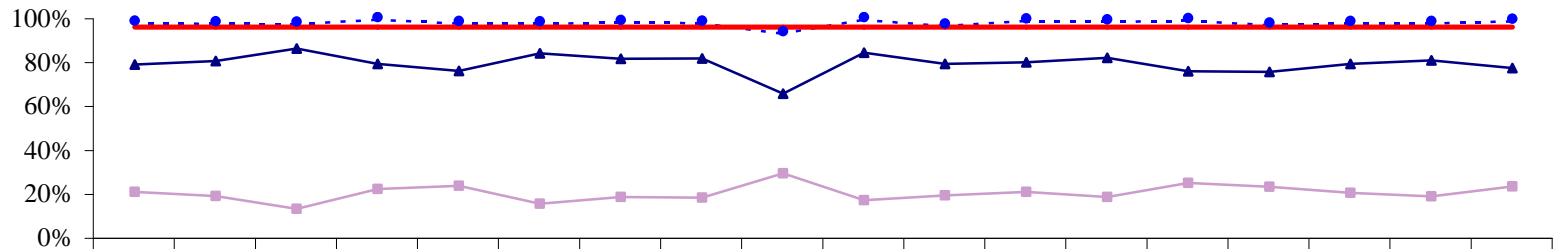
	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
▲ % Increased by 10 or More	87%	88%	90%	92%	86%	87%	93%	91%	90%	96%	88%	89%	87%	89%	89%	89%	86%	91%
■ % Stabilized	12%	12%	10%	8%	13%	12%	7%	9%	9%	4%	11%	10%	11%	11%	9%	10%	13%	9%
● % Stabilized + Increased	99%	99%	100%	100%	98%	99%	100%	100%	99%	100%	99%	99%	99%	100%	98%	99%	99%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004**



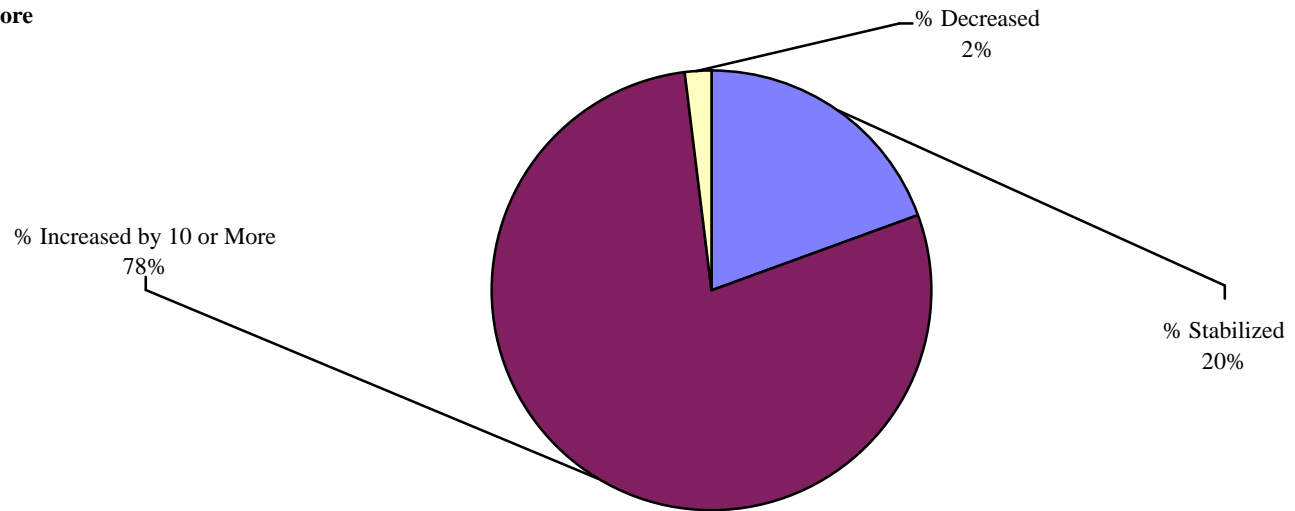
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

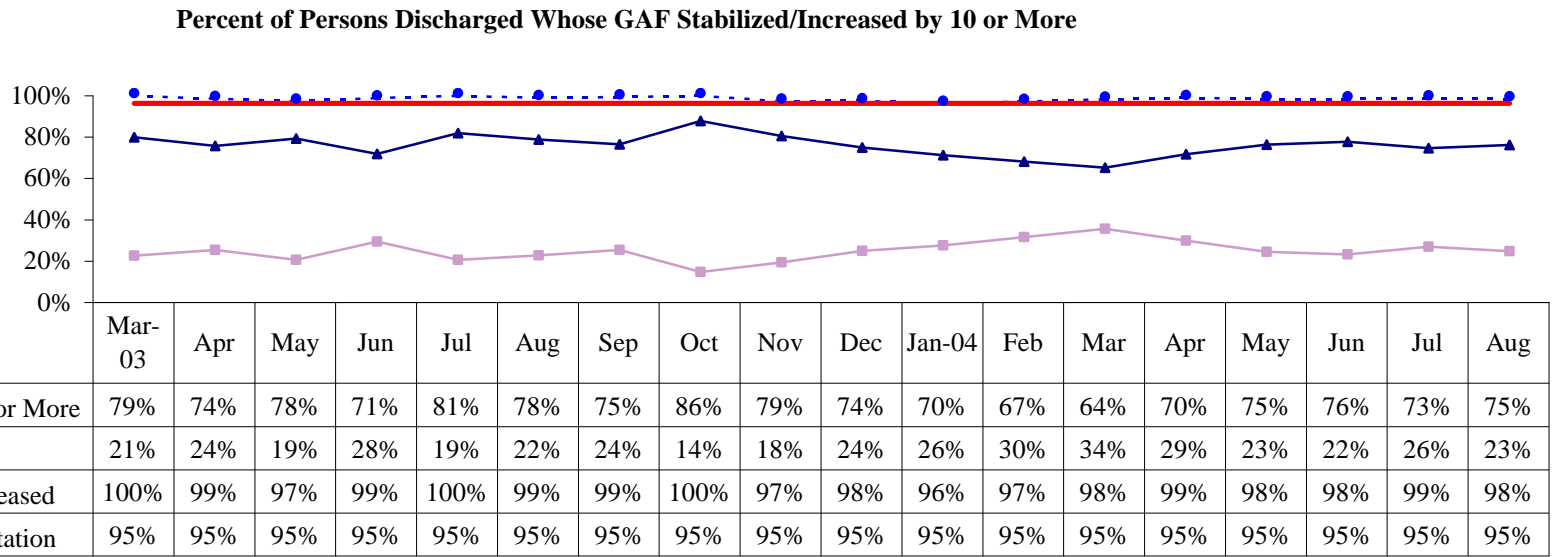


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— % Increased by 10 or More	78%	80%	85%	78%	75%	83%	81%	81%	65%	83%	78%	79%	81%	75%	75%	78%	80%	76%
—■— % Stabilized	20%	18%	12%	21%	23%	15%	18%	17%	28%	16%	18%	20%	18%	24%	22%	20%	18%	22%
- - ● - - % Stabilized + Increased	98%	98%	97%	100%	98%	98%	98%	98%	93%	100%	97%	99%	99%	99%	97%	98%	98%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

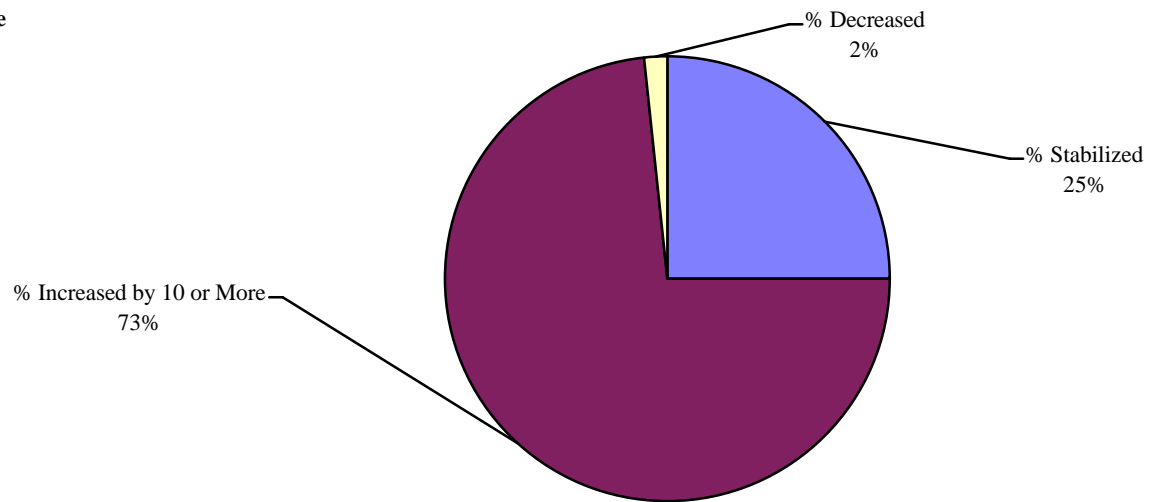
Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital

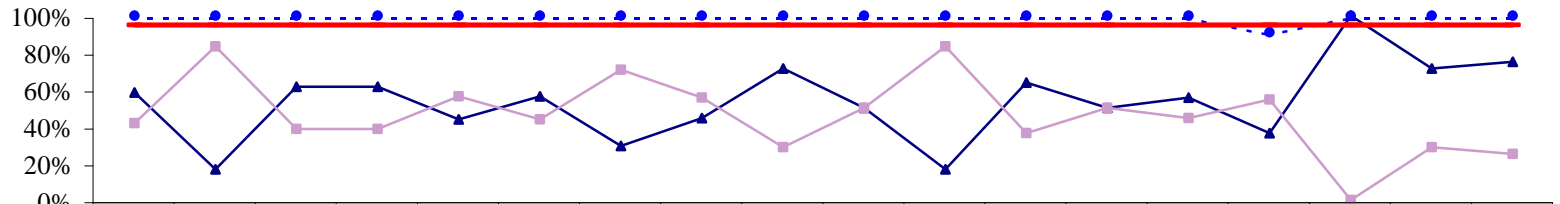


Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



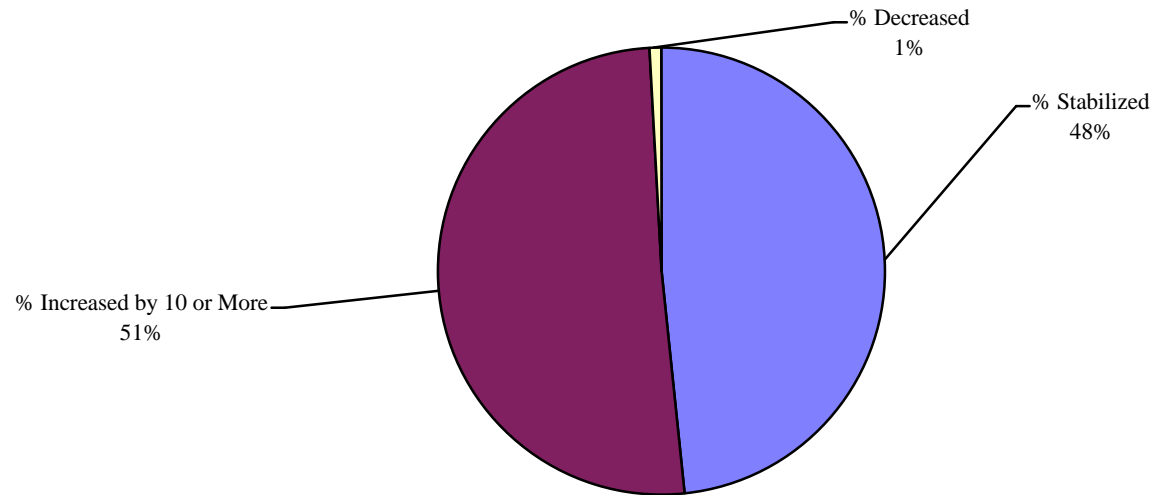
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
▲ % Increased by 10 or More	58%	17%	62%	62%	44%	56%	29%	44%	71%	50%	17%	64%	50%	56%	36%	100%	71%	75%
■ % Stabilized	42%	83%	38%	38%	56%	44%	71%	56%	29%	50%	83%	36%	50%	44%	55%	0%	29%	25%
● % Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of August 31, 2004



Performance Measure 3C:

The number of patients receiving new generation atypical antipsychotic medication will be tracked and analyzed quartered. (LBB Measure – reported quarterly).

Performance Measure Operational Definition: The facility count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole).

Performance Measure Formula: $R = (N/D)$

R = rate of persons served receiving new generation medications per FY month

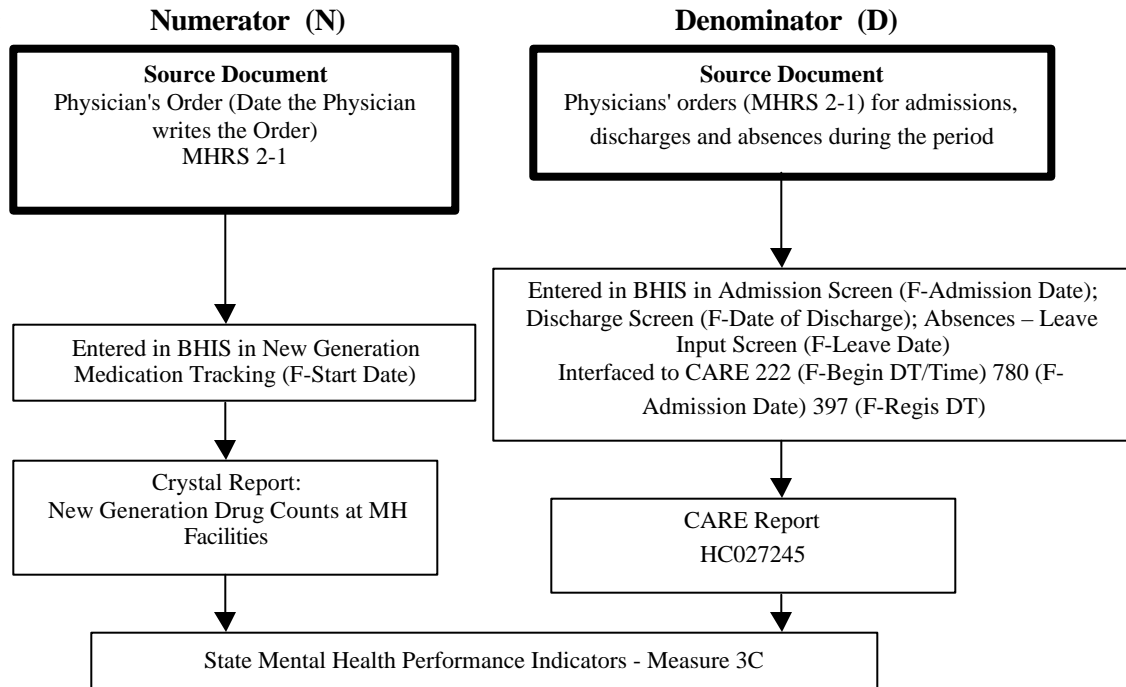
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

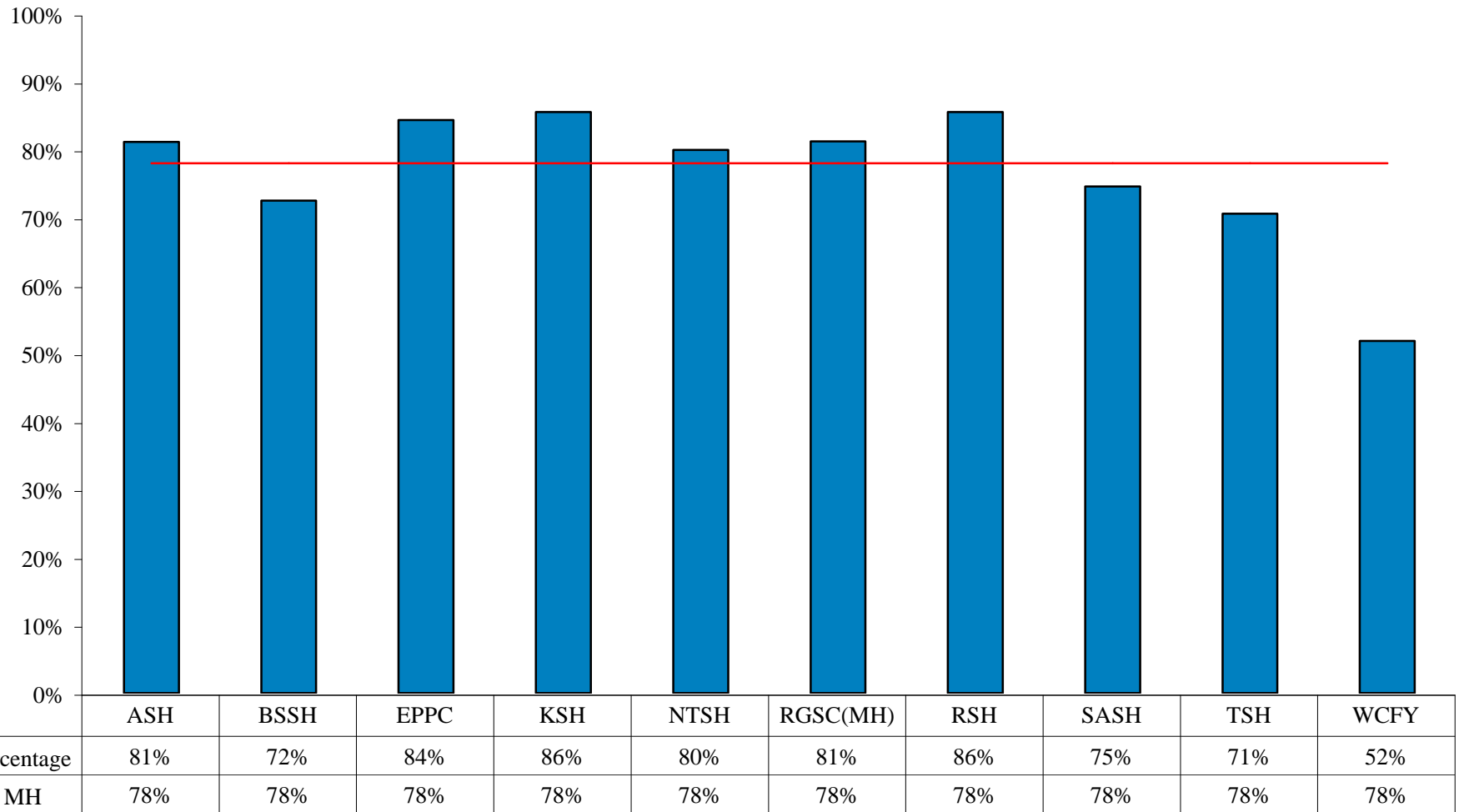
- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual facilities and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication for individual facilities and system-wide.
- ◆ Chart with monthly data points of percentage of patients receiving new generation medication for individual facilities and system-wide.

Data Flow:



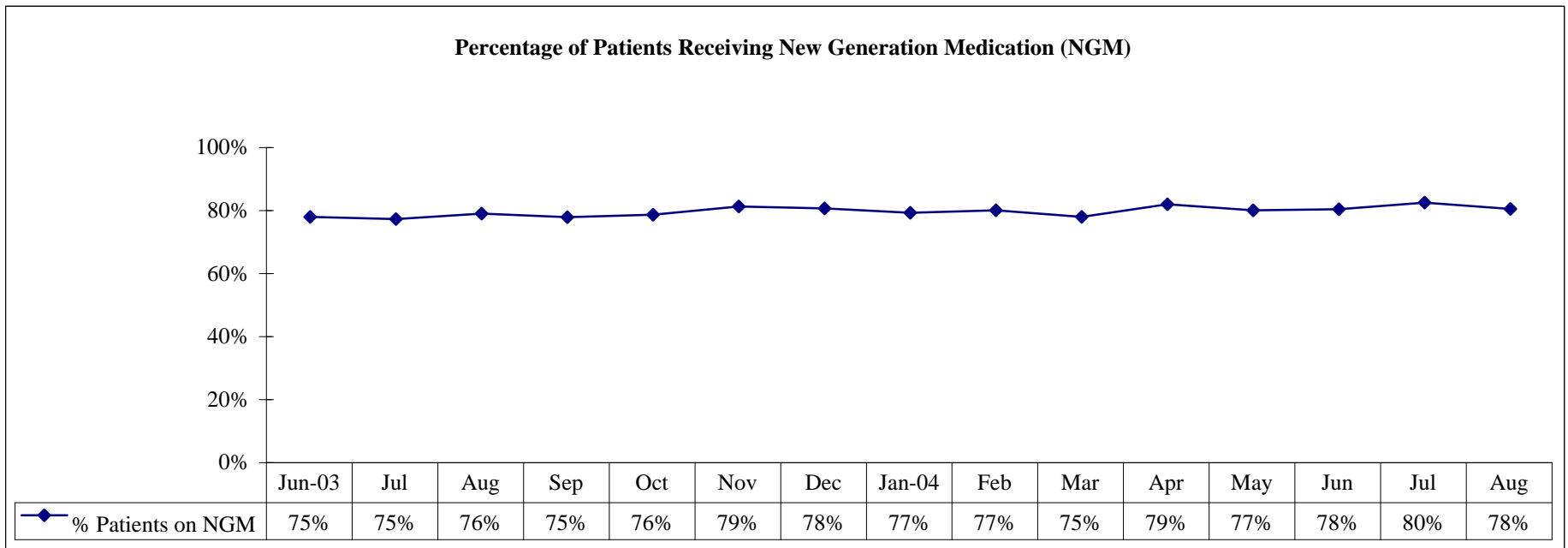
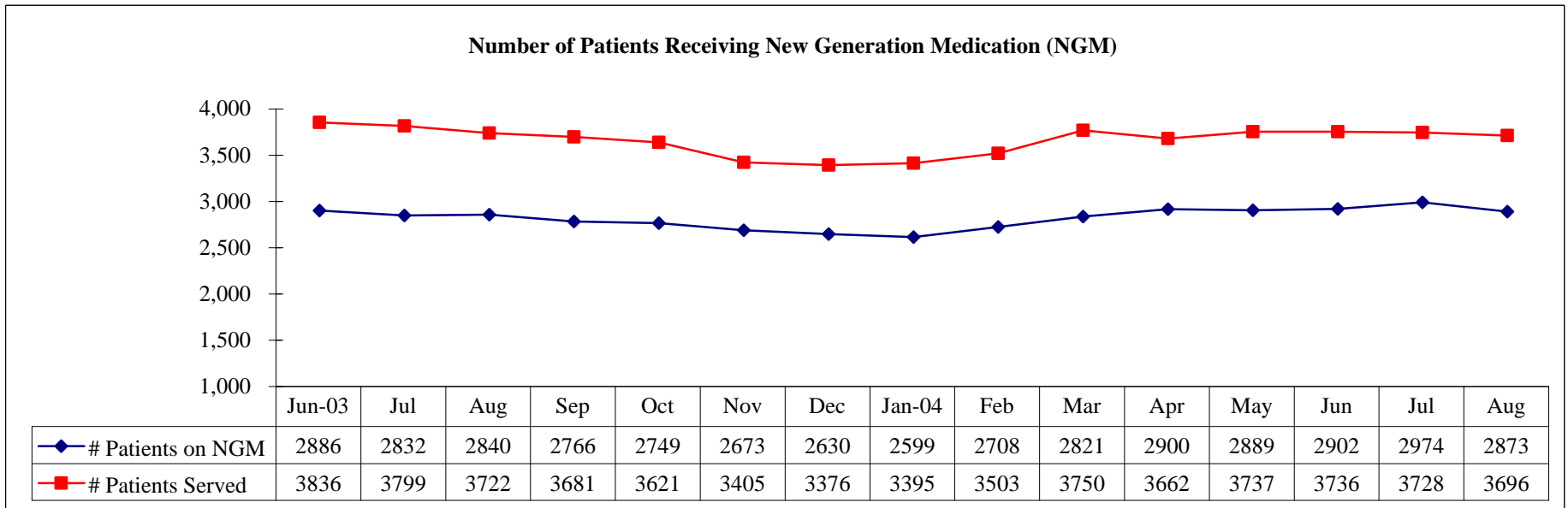
Measure 3C - Patients Receiving New Generation Medication (NGM)
All MH Facilities

Percentage of Patients Receiving New Generation Medication (NGM)
Monthly Average for Q4 - FY04



Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
All MH Facilities

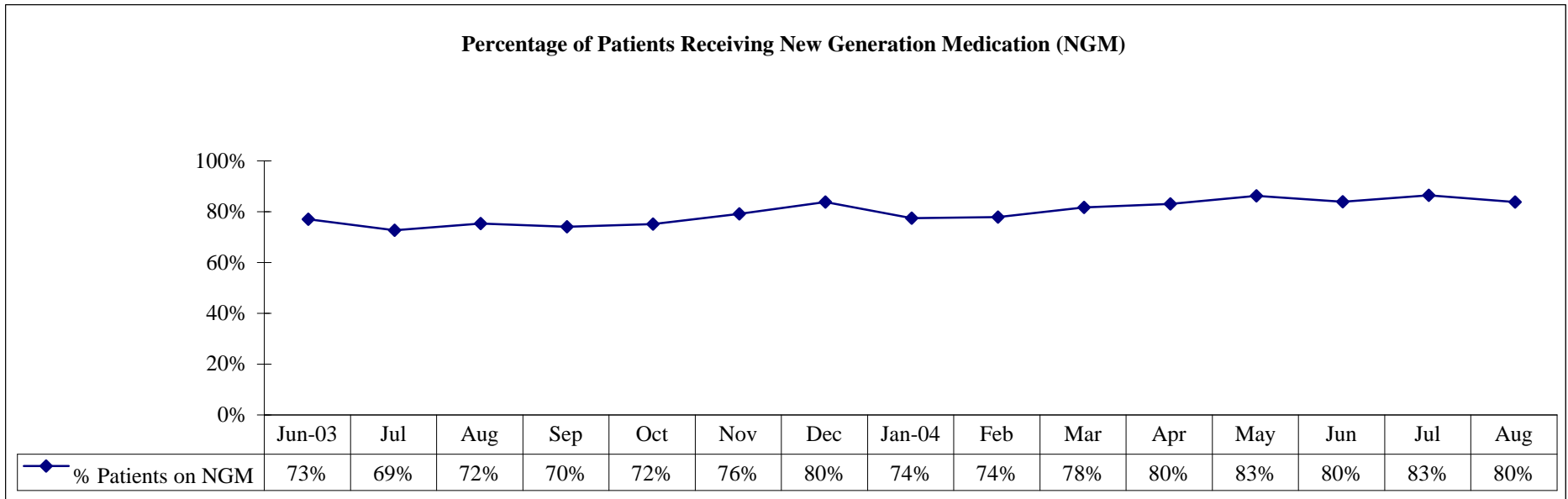
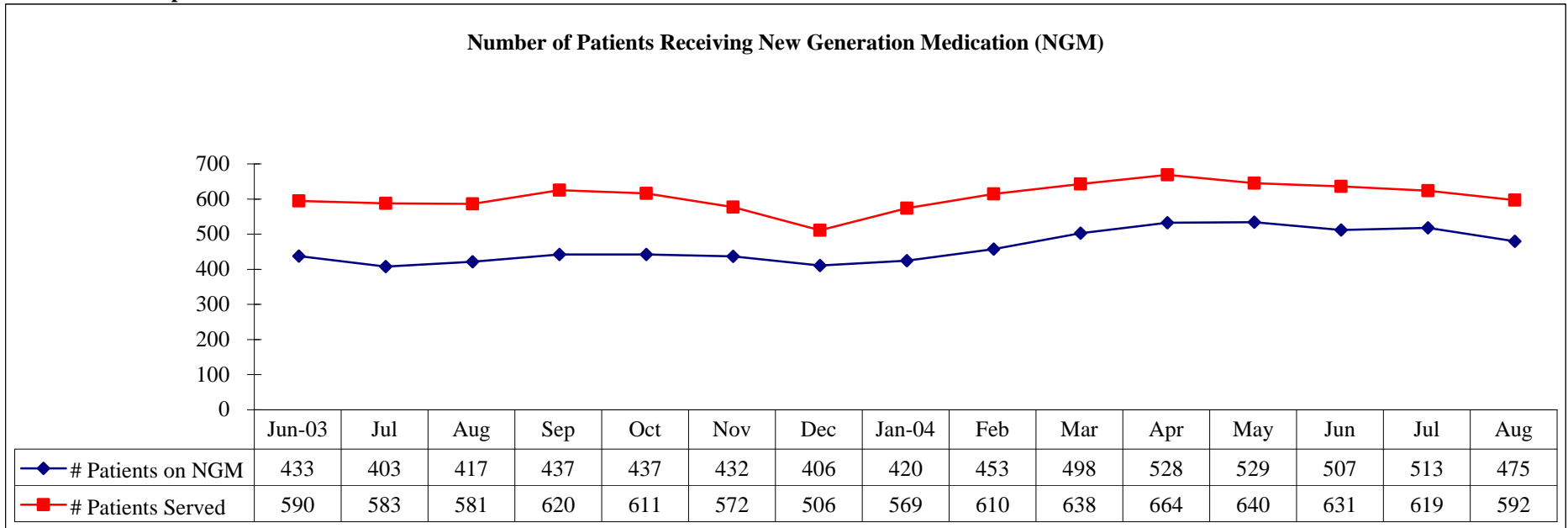


Q1 FY04 Updated

Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Chart: Management Data Services

Measure 3C - Patients Receiving New Generation Medication (NGM)
Austin State Hospital

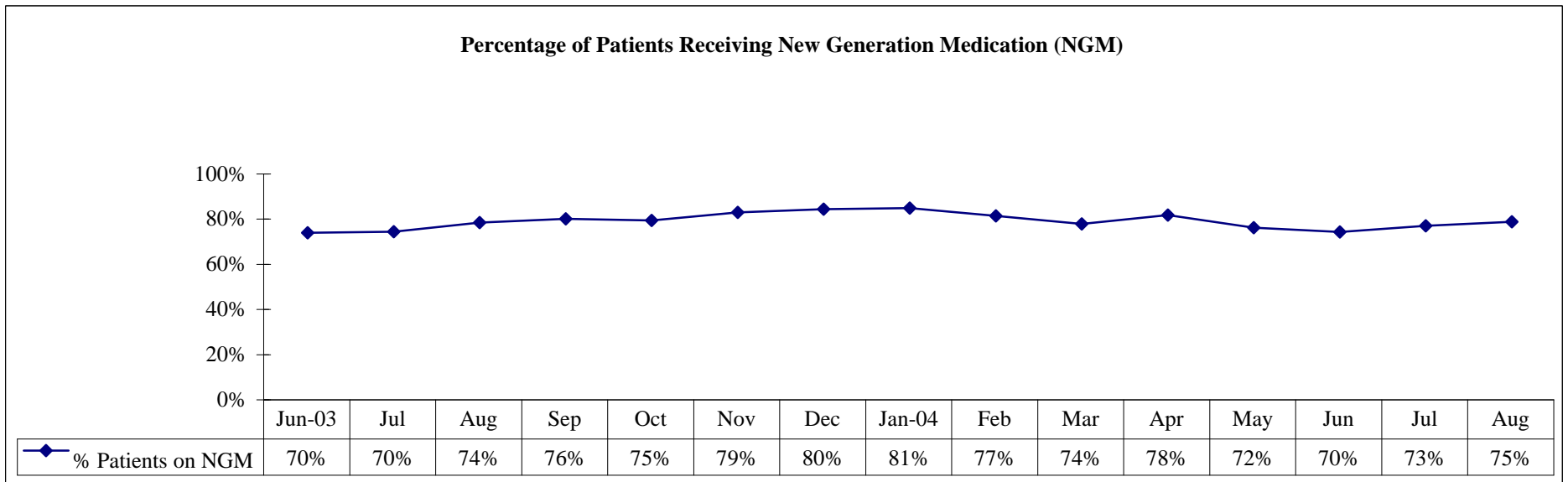
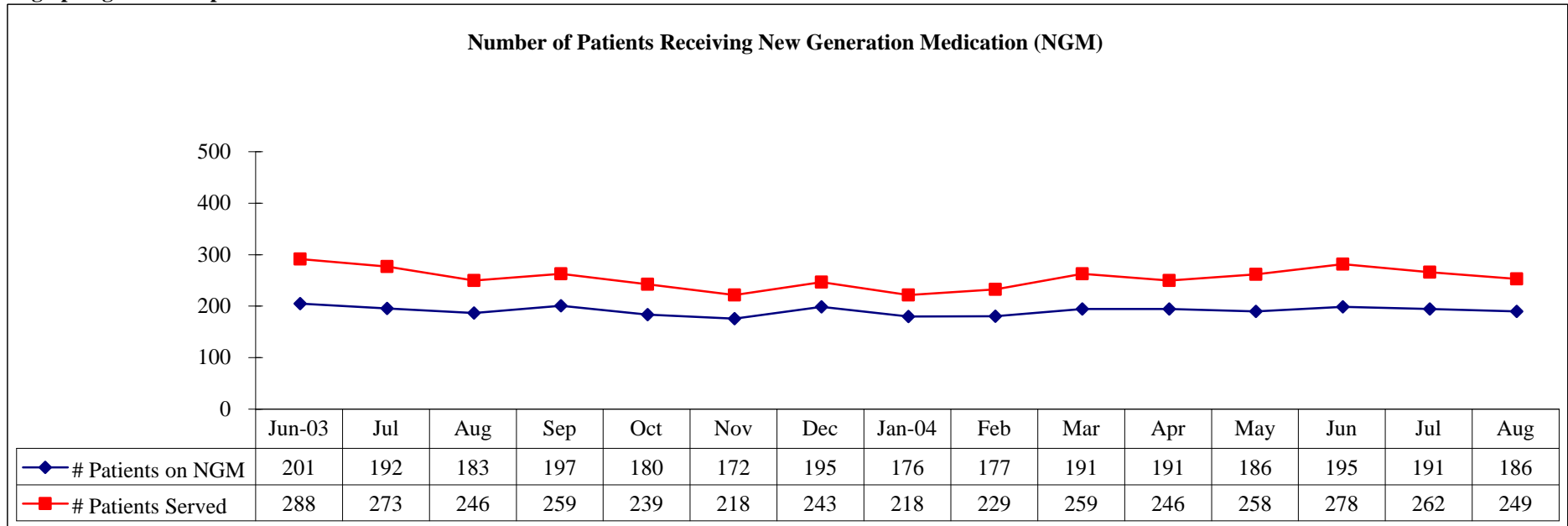


Q1 FY04 Updated

Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

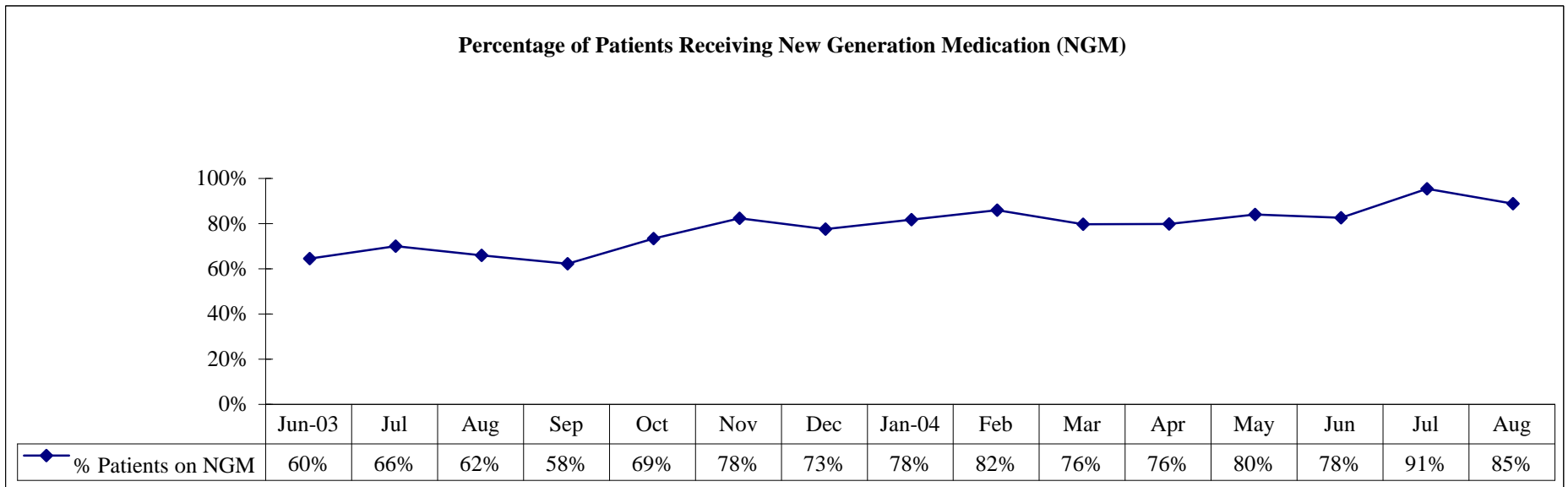
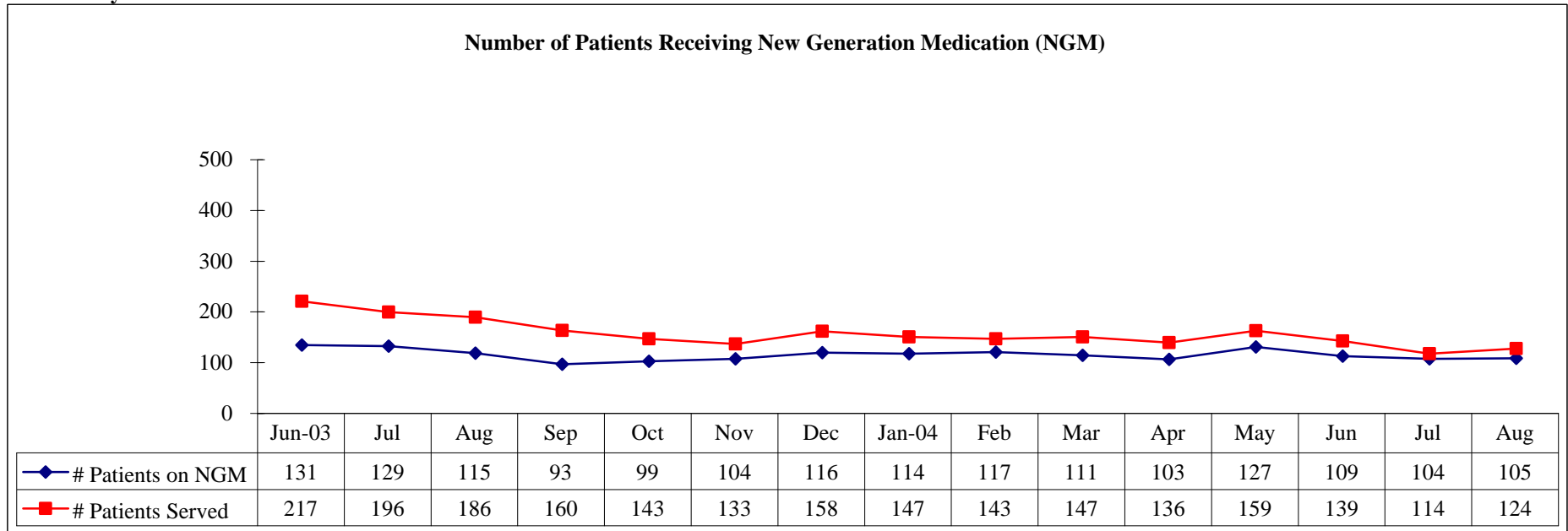
Chart: Management Data Services

Measure 3C - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital



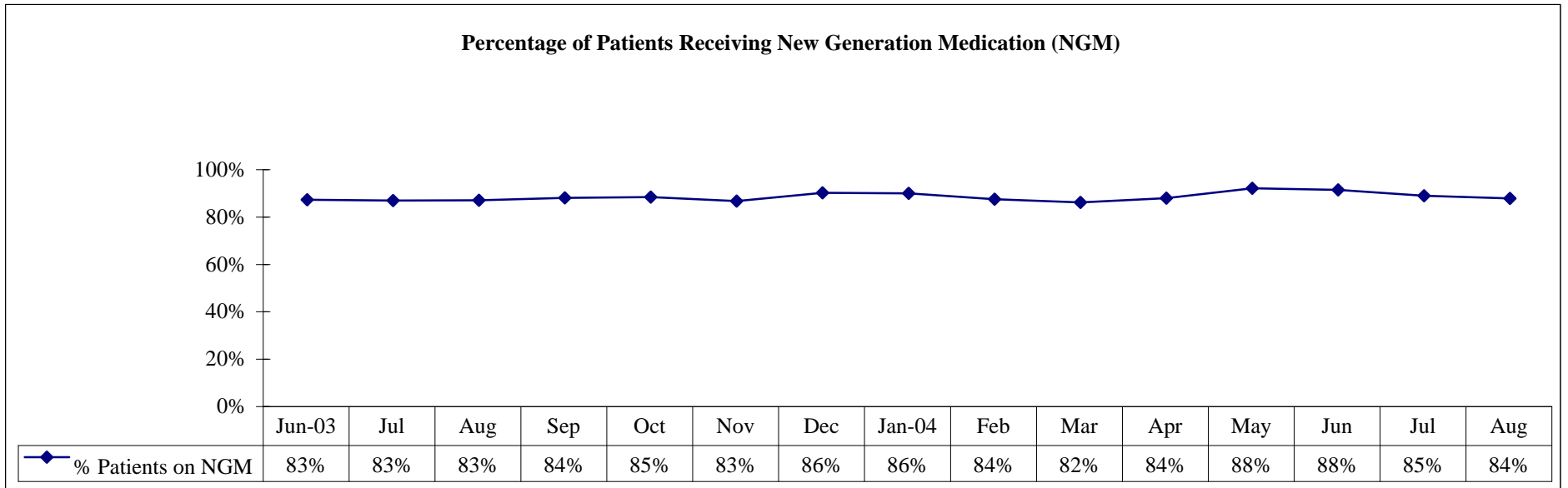
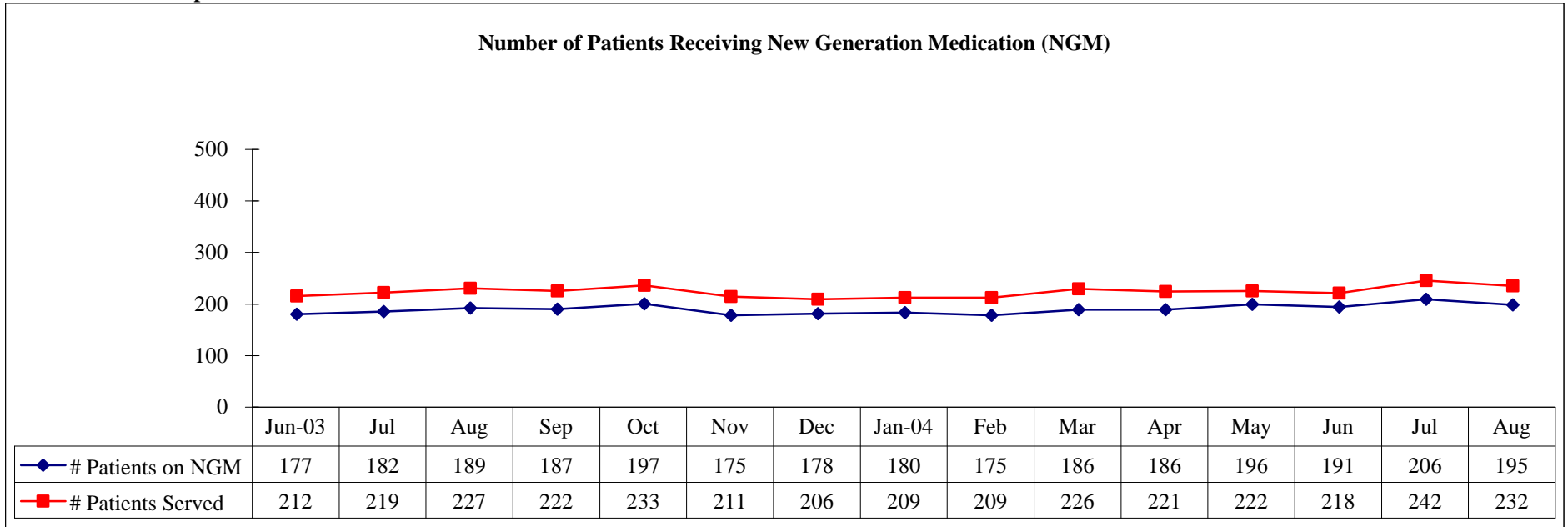
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center



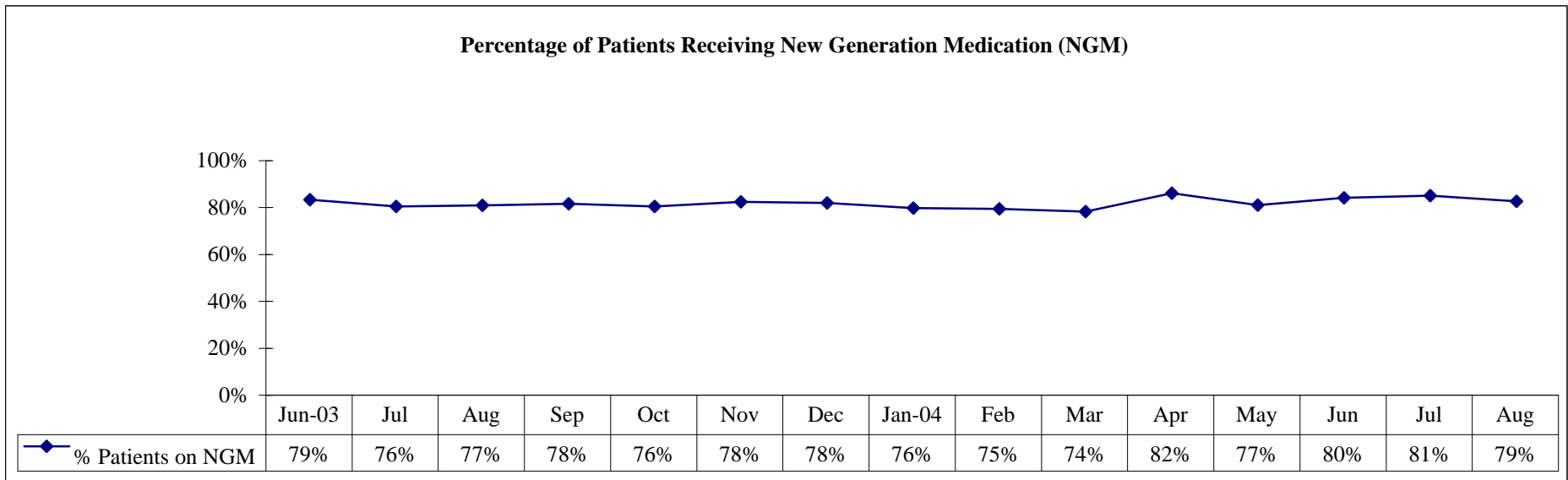
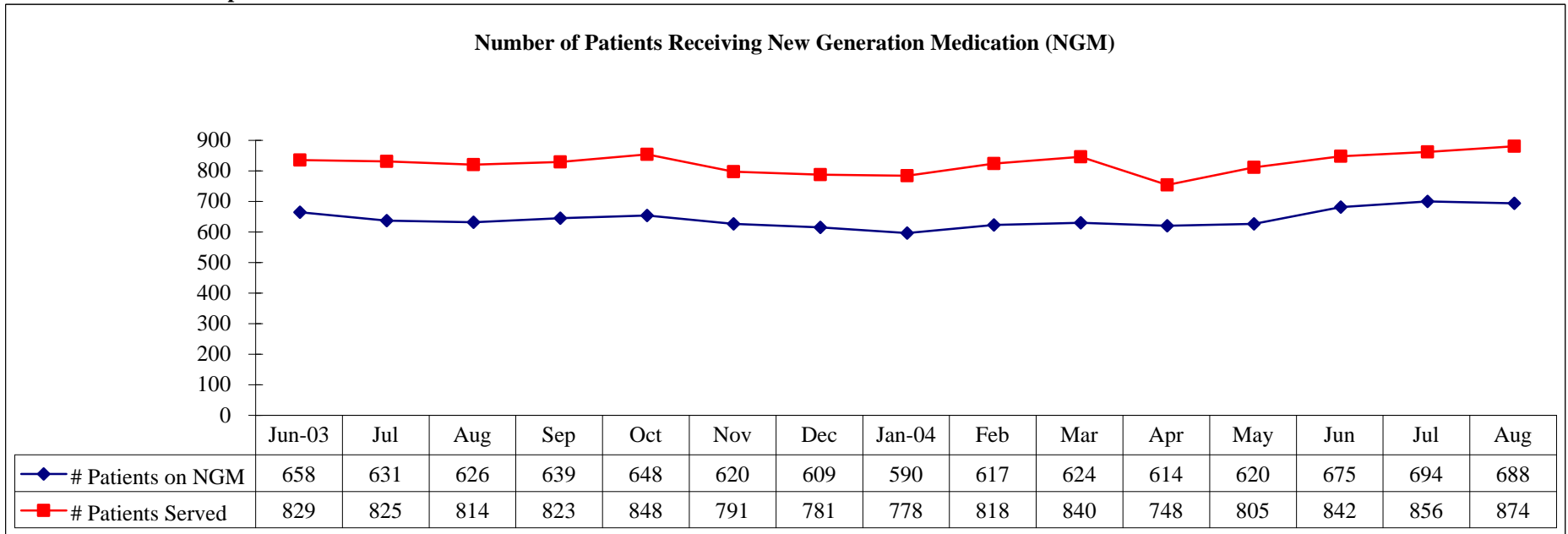
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital



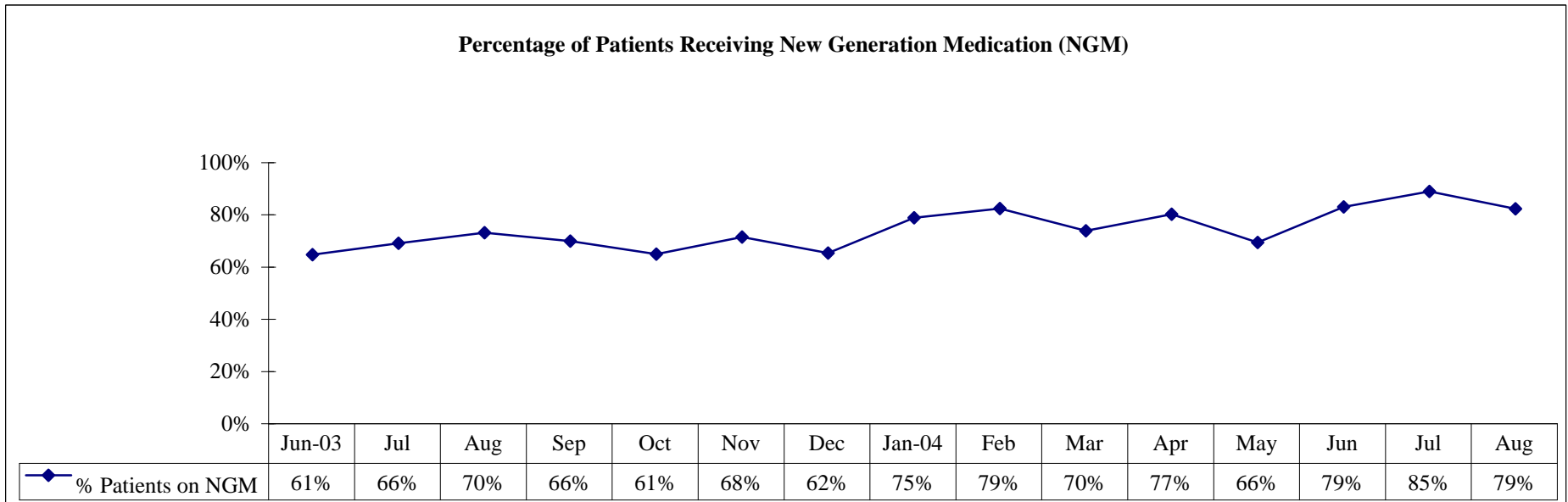
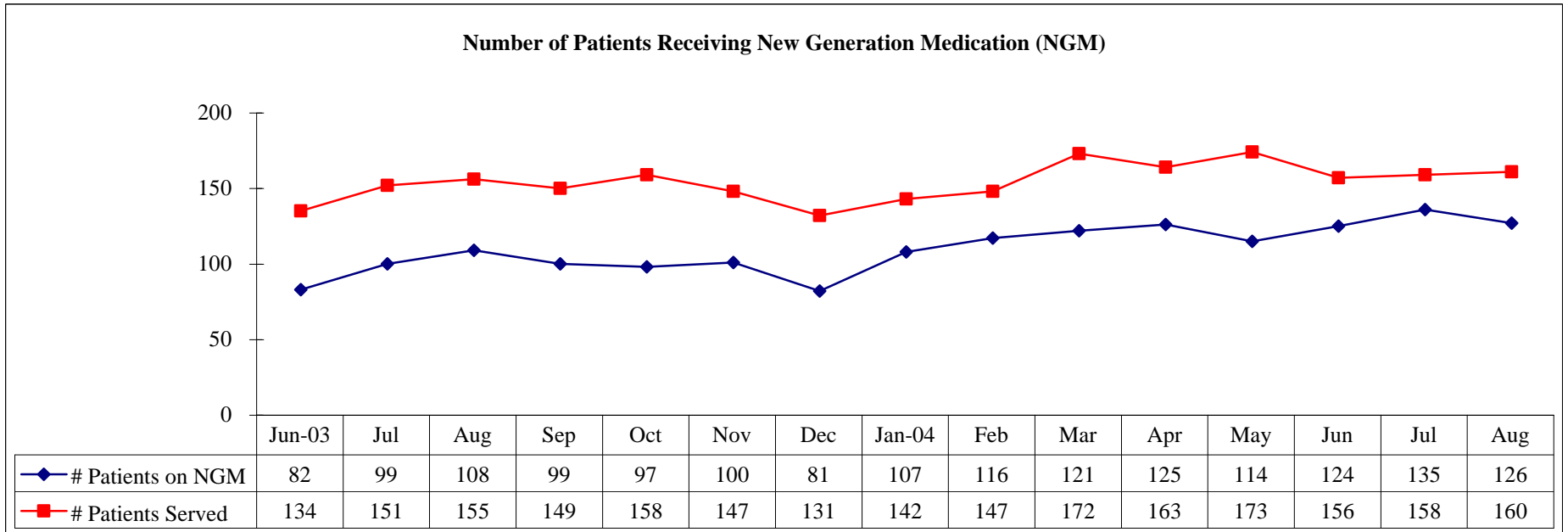
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital



Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center

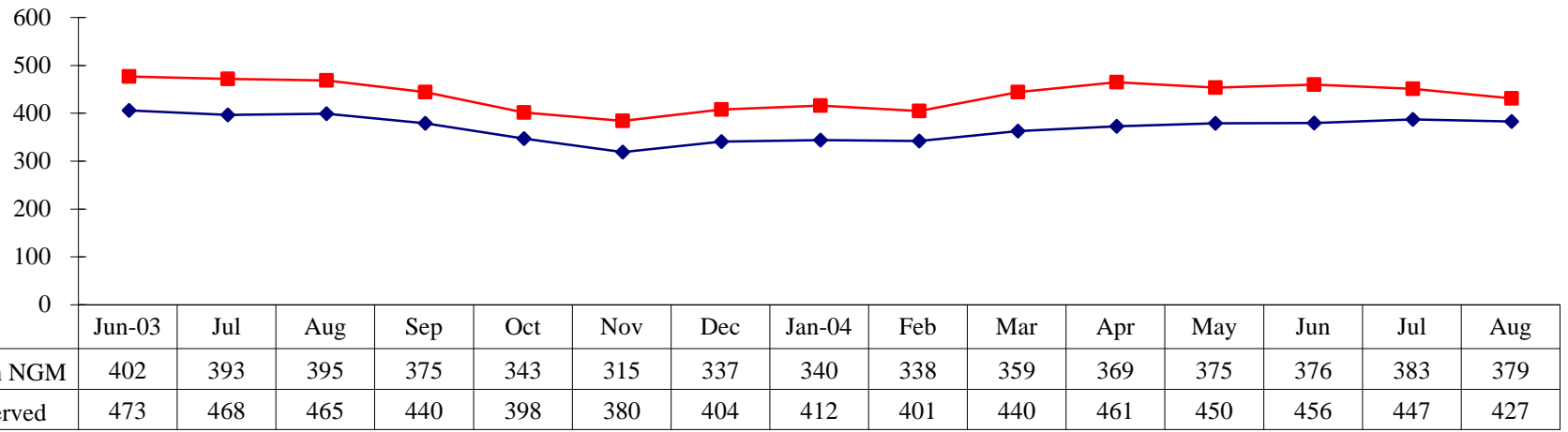


Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

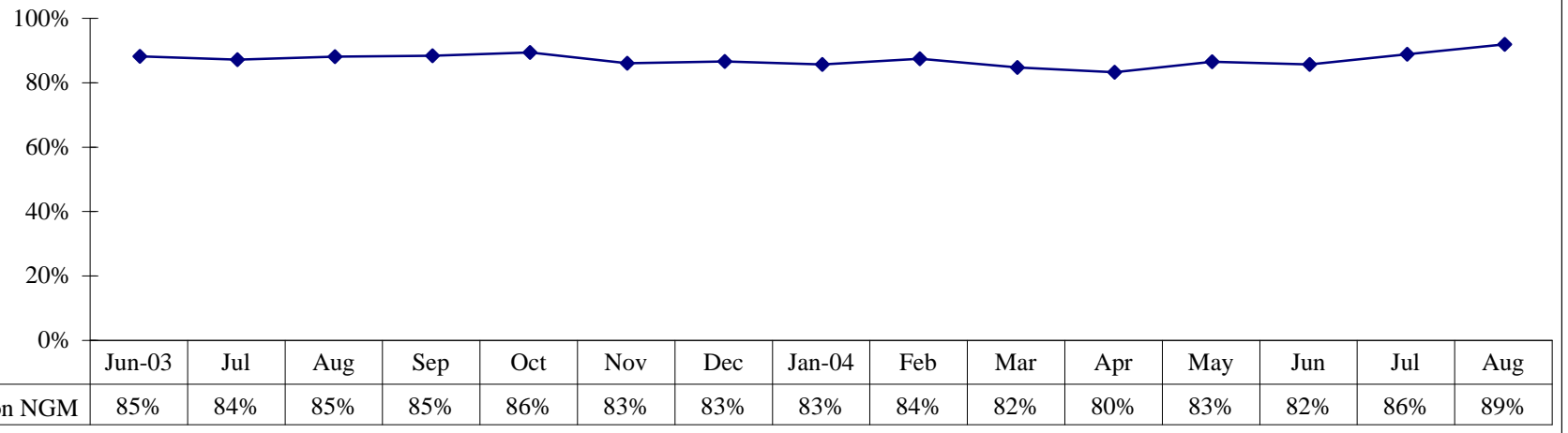
Measure 3C - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital

Number of Patients Receiving New Generation Medication (NGM)

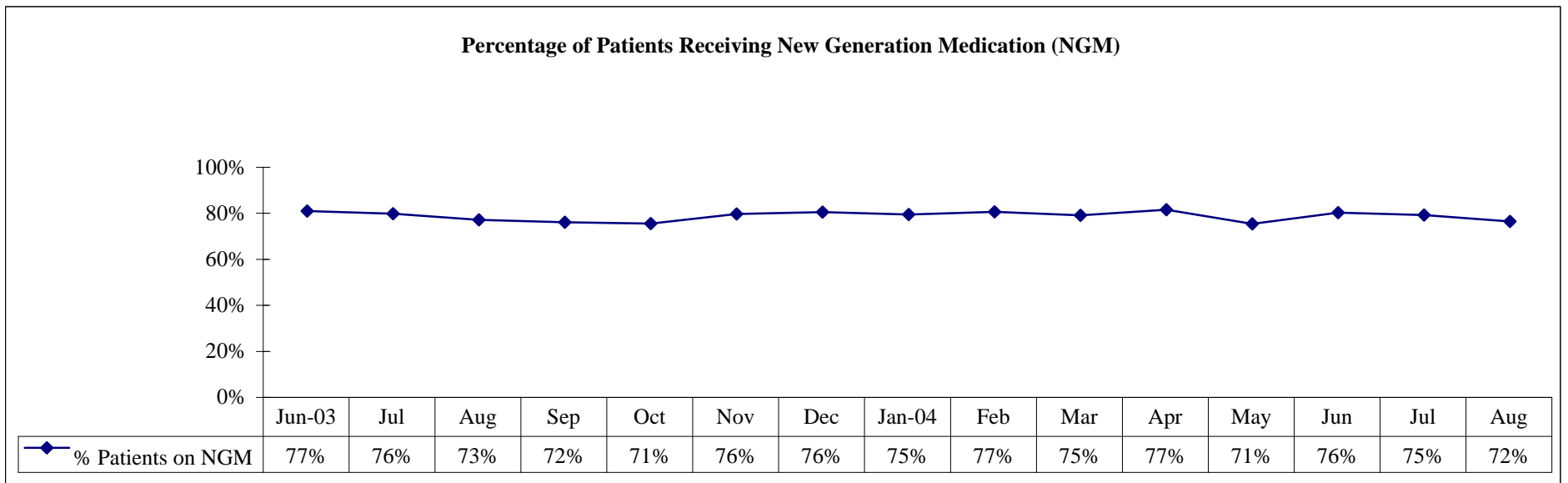
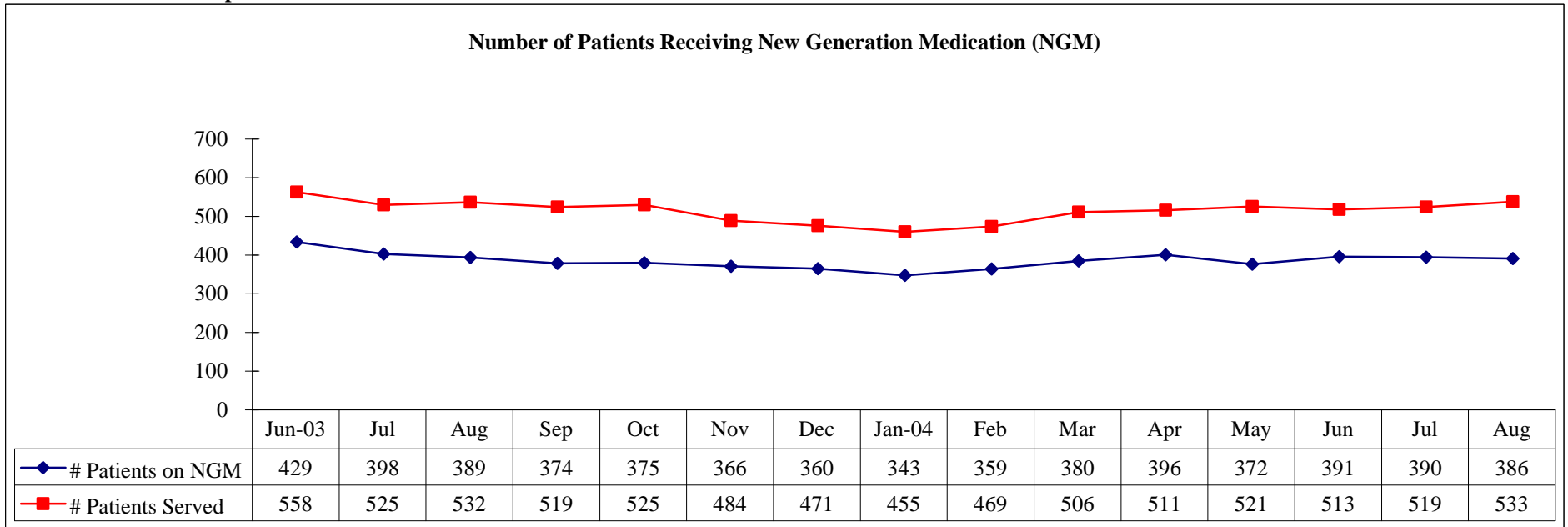


Percentage of Patients Receiving New Generation Medication (NGM)



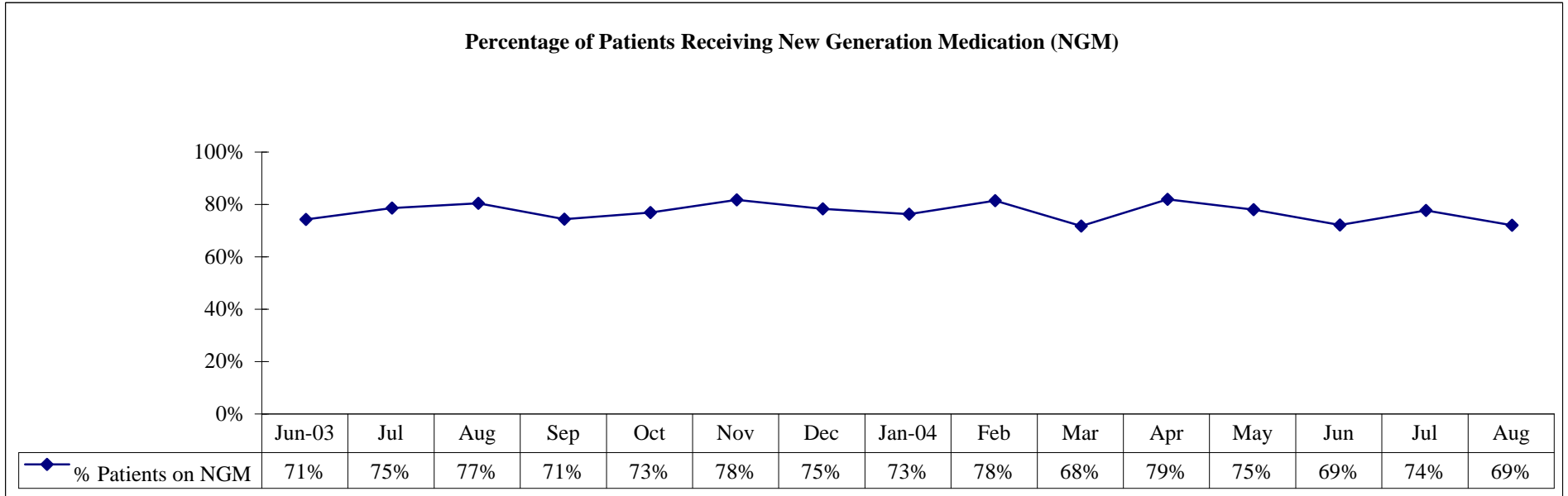
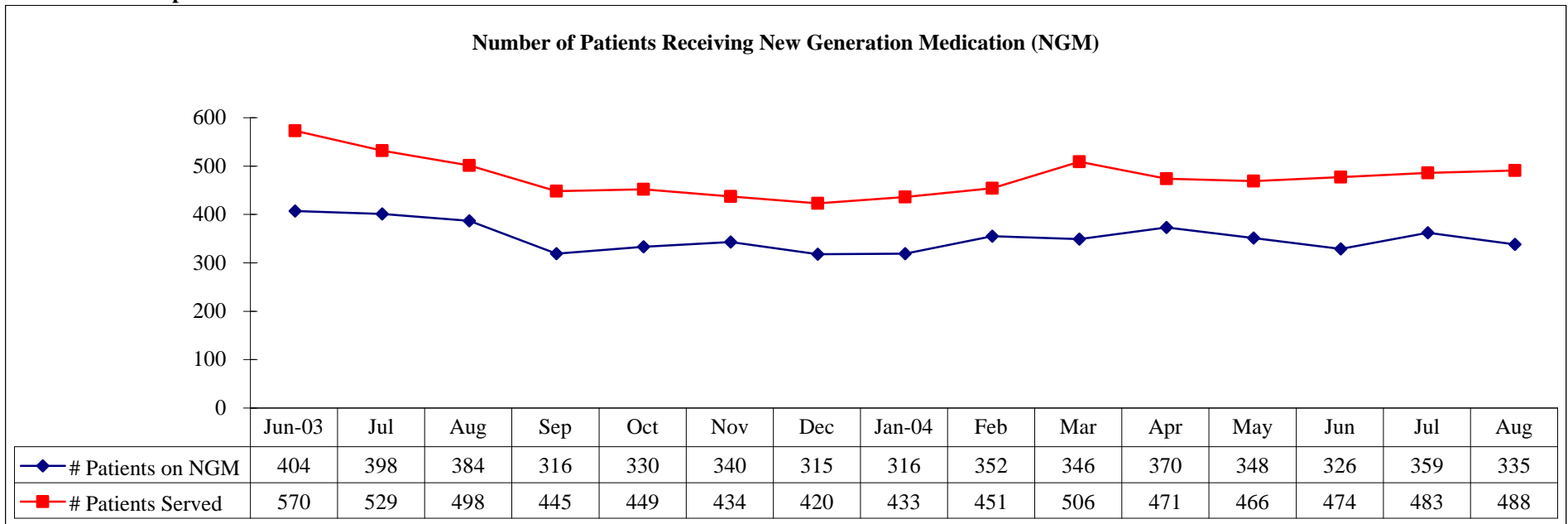
Source: New Generation Drug Counts (BHIS Report);
Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital



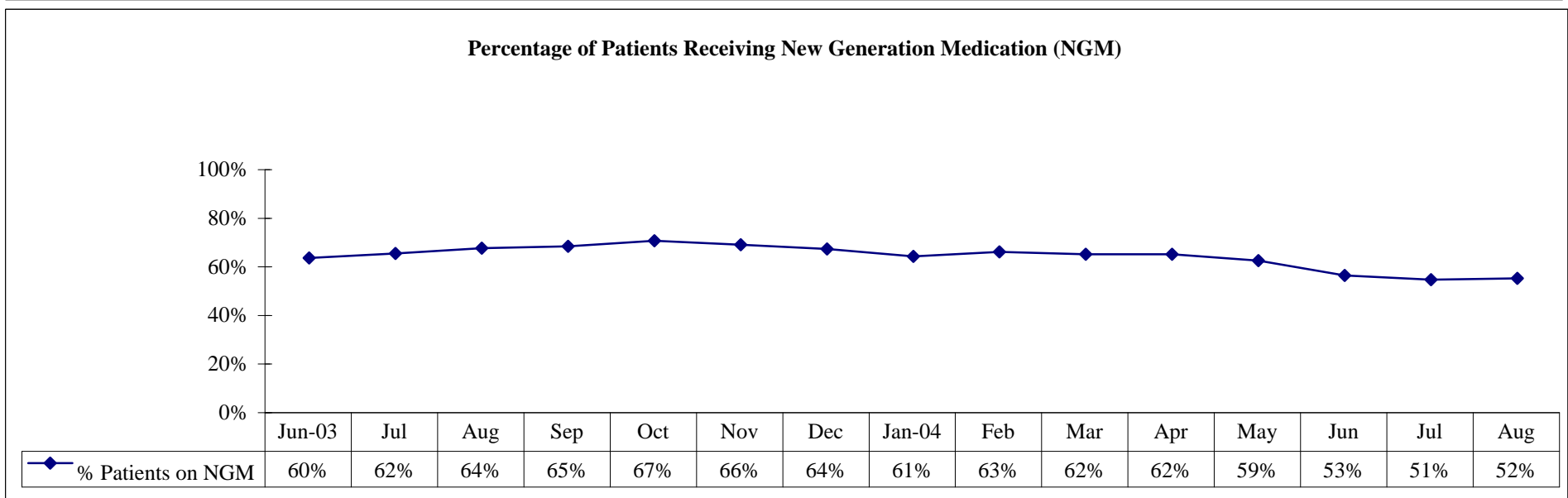
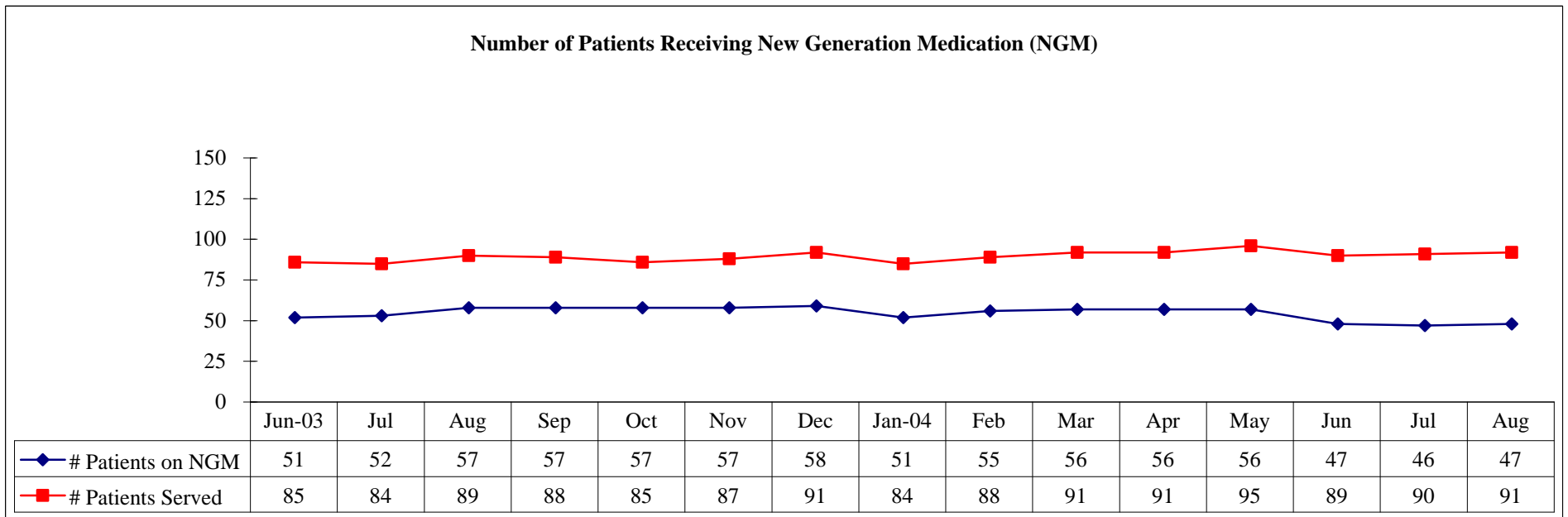
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital



Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

Measure 3C - Patients Receiving New Generation Medication (NGM)
Waco Center for Youth



Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

GOAL 4: Assure Continuum of Care

Performance Measure 4A:

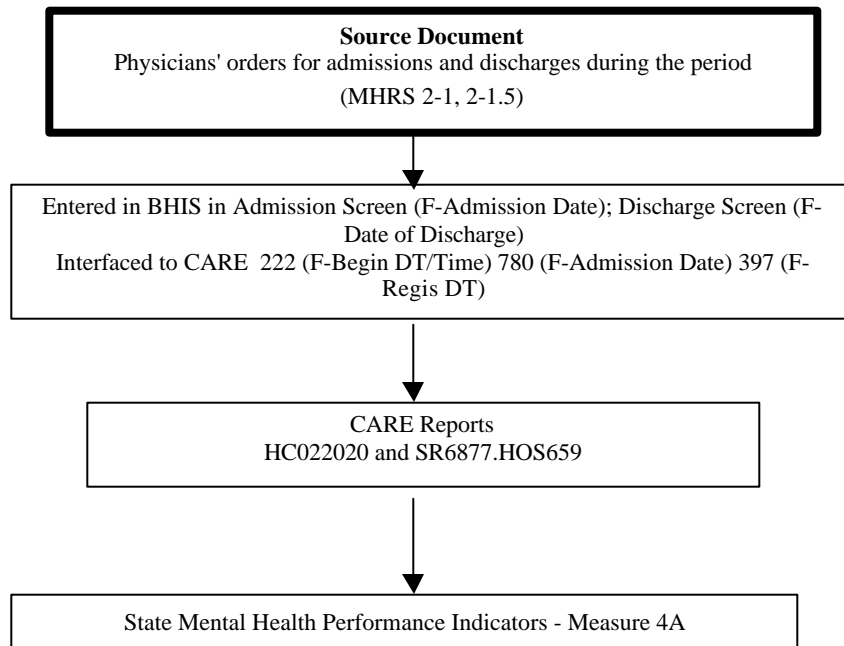
Number and type of admissions, discharges, and readmissions will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure – Reported Annually)

Performance Measure Operational Definition: The facility number of admissions and discharges to the same SMHF per mandated FYTD as calculated by CARE using data daily entered by each facility. The readmission rate is calculated by CARE using readmission to any SMHF.

Performance Measure Data Display and Chart Description:

- ◆ Chart with monthly data points of total admissions, discharges and percent of readmissions for individual facilities and system-wide.
- ◆ Chart with monthly data points of total year-to-date admissions and discharges for individual facilities and system-wide.
- ◆ Table shows total admissions (voluntary, involuntary [OPC, Emergency, Temporary, Extended, 46.02/03 and Other]), discharge and percent of readmissions per month for individual facilities and system-wide.

Data Flow:

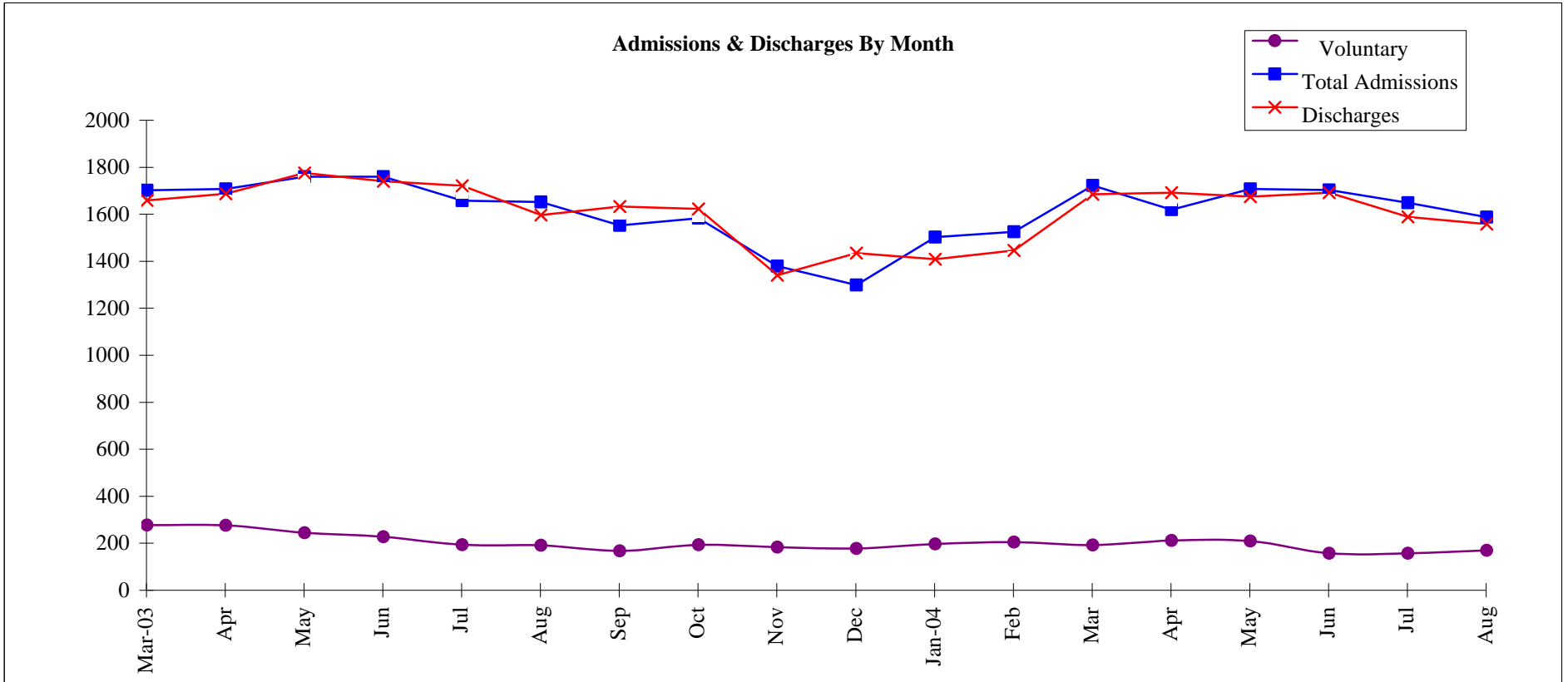


Measure 4A - Number/Type of Admissions and Readmissions

All MH Facilities

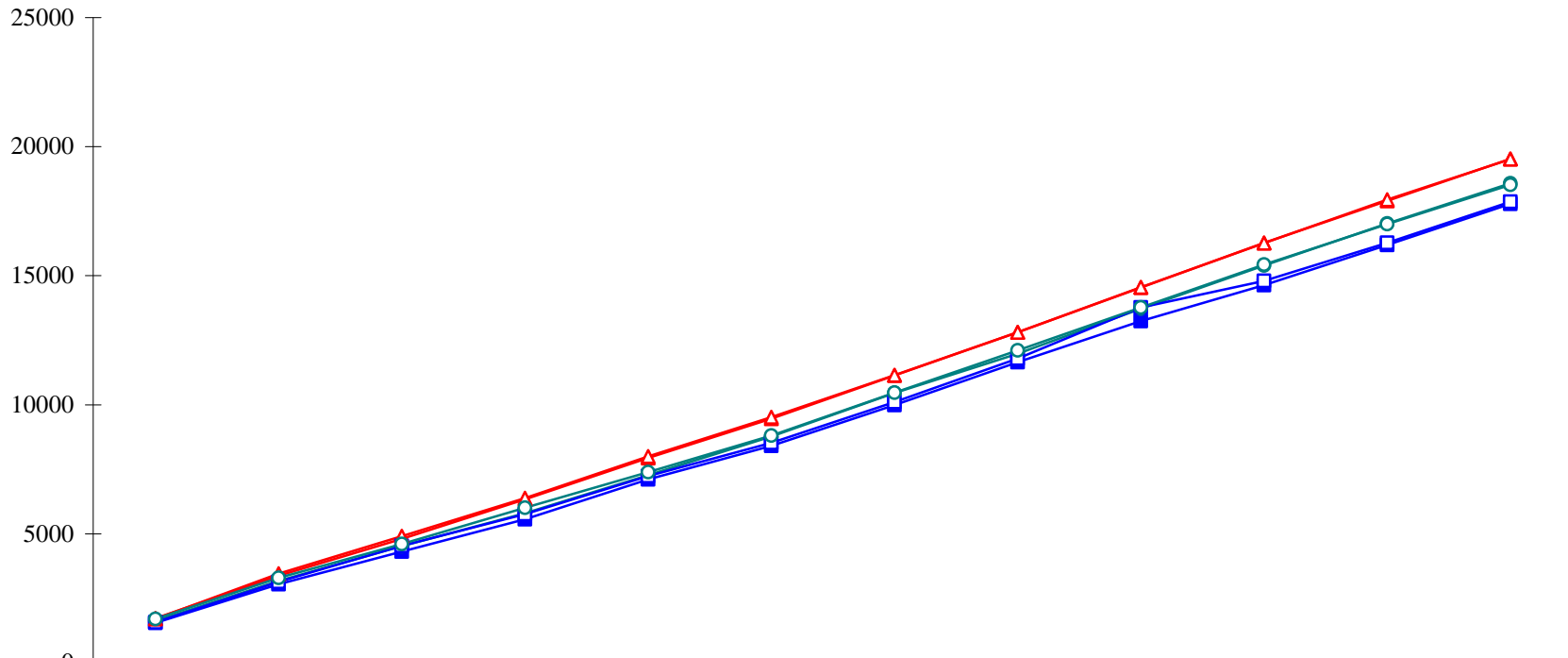
Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	1673	1678	1731	1731	1628	1623	1523	1554	1350	1270	1473	1496	1693	1590	1678	1674	1620	1558
Voluntary	248	247	215	198	164	162	138	164	154	148	168	176	163	182	180	128	128	140
Involuntary	1425	1431	1516	1533	1464	1461	1385	1390	1196	1122	1305	1320	1530	1408	1498	1546	1492	1417
OPC	348	350	397	362	363	323	285	301	246	239	303	308	346	356	360	351	372	359
Emergency	760	765	789	773	781	797	756	730	665	636	752	732	814	726	837	807	791	713
Temporary	185	199	215	248	181	218	187	203	155	140	161	147	218	194	185	215	172	185
Extended	2	8	5	7	3	6	8	16	8	9	4	7	2	8	2	4	7	5
46.02/46.03	109	90	97	124	111	103	129	122	105	88	71	103	125	107	96	153	124	135
Order for MR Svc	21	19	13	19	25	14	20	18	17	10	14	23	25	17	18	16	26	20
Discharges	1630	1658	1746	1711	1692	1567	1604	1593	1312	1406	1379	1417	1656	1663	1645	1663	1559	1529
% of Readmissions	54%	52%	54%	55%	55%	55%	58%	56%	57%	56%	58%	57%	57%	56%	54%	57%	56%	57%



Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities
2004 FYTD Admissions & Discharges

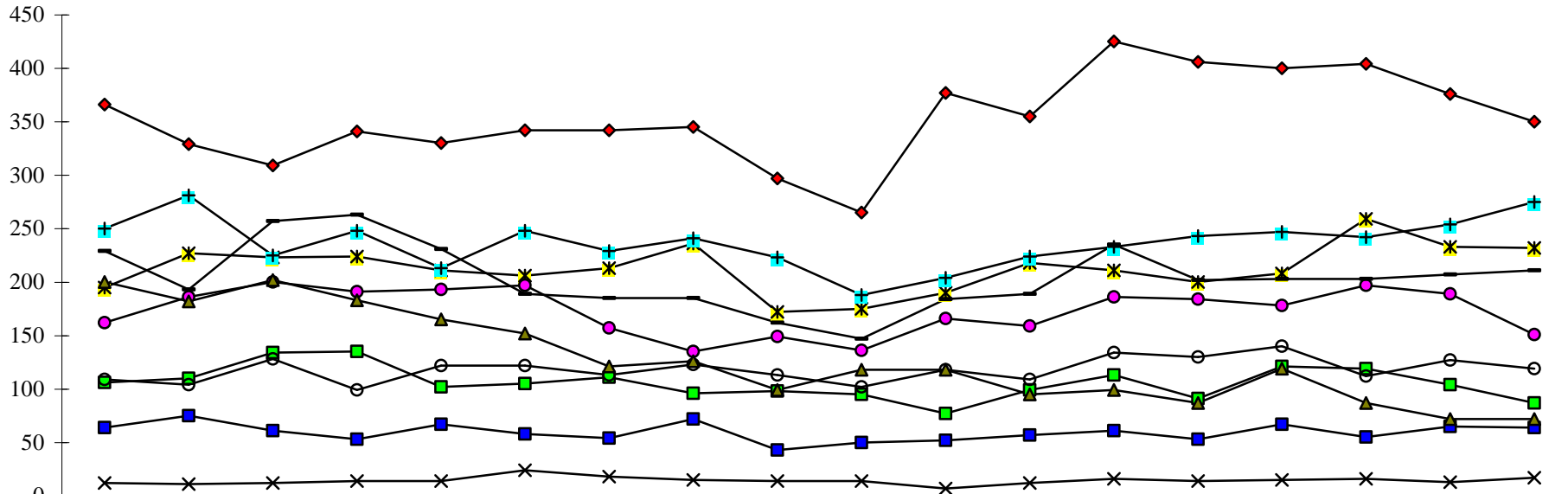
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	1448	2953	4218	5471	7005	8307	9893	11553	13145	14542	16091	17680
▲ FY03 Admissions	1625	3273	4708	6240	7844	9363	11036	12714	14445	16176	17804	19427
● FY04 Admissions	1523	3077	4427	5697	7170	8667	10359	11881	13627	15301	16921	18479
□ FY02 Discharges	1469	3038	4440	5667	7141	8428	10011	11697	13675	14701	16174	17768
△ FY03 Discharges	1607	3354	4808	6282	7900	9417	11047	12705	14451	16162	17854	19421
○ FY04 Discharges	1604	3197	4509	5915	7294	8711	10367	12014	13675	15338	16897	18426

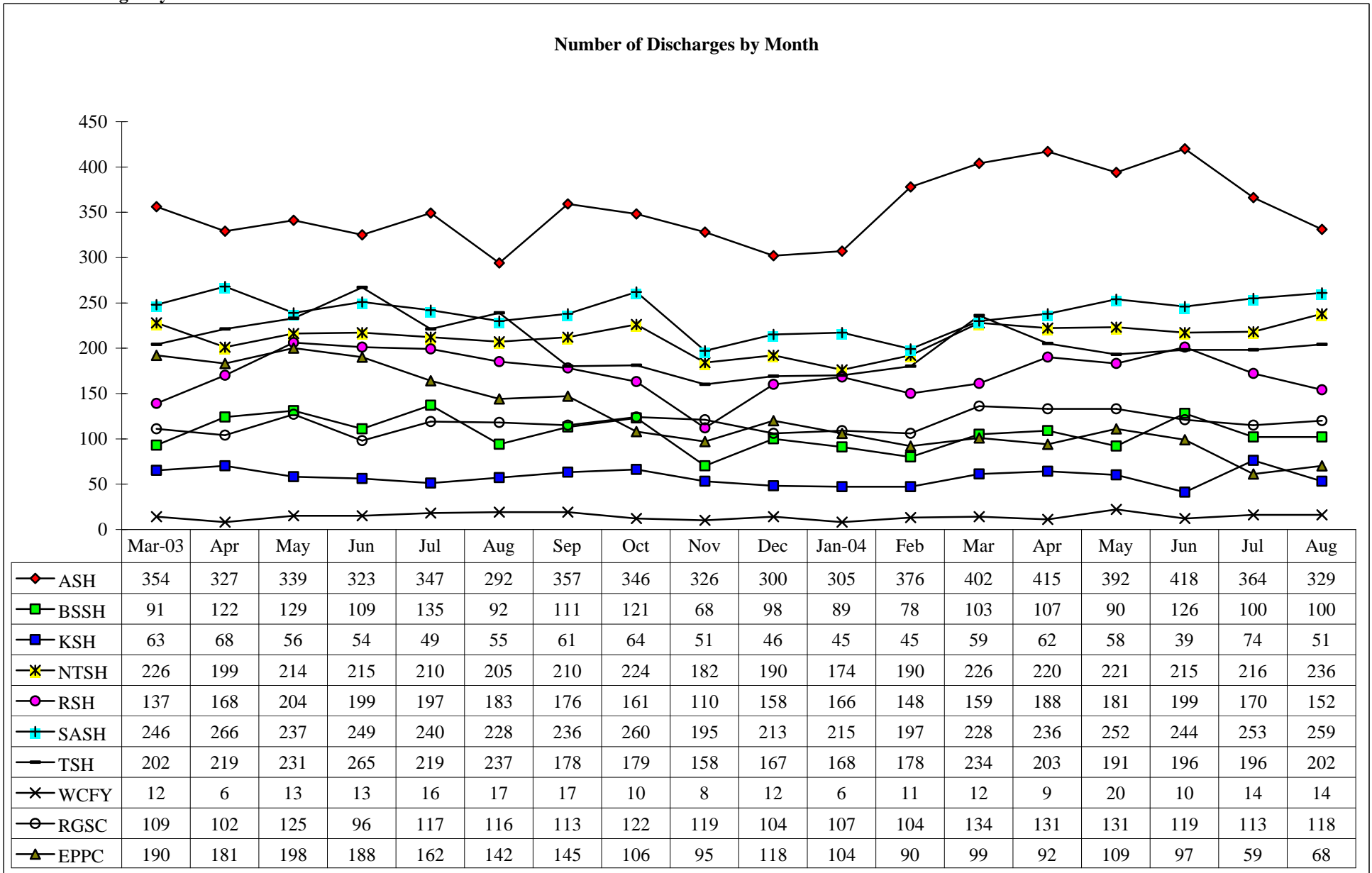
Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities
Total Admissions by Month

Number of Admissions by Month



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ ASH	364	327	307	339	328	340	340	343	295	263	375	353	423	404	398	402	374	348
■ BSSH	104	108	132	133	100	103	109	94	96	93	75	97	111	89	119	117	102	85
■ KSH	62	73	59	51	65	56	52	70	41	48	50	55	59	51	65	53	63	62
✱ NTSH	193	225	221	222	209	204	211	234	170	173	188	216	209	198	206	257	231	230
● RSH	160	184	198	189	191	195	155	133	147	134	164	157	184	182	176	195	187	149
⊕ SASH	248	279	223	246	211	246	227	239	221	186	202	222	231	241	245	240	252	273
— TSH	227	191	255	261	229	187	183	183	160	145	182	187	233	200	201	201	205	209
✕ WCFY	10	9	10	12	12	22	16	13	12	12	5	10	14	12	13	14	11	15
○ RGSC	107	102	126	97	120	120	111	121	111	100	116	107	132	128	138	110	125	117
▲ FPCC	198	180	200	181	163	150	119	124	97	116	116	93	97	85	117	85	70	70

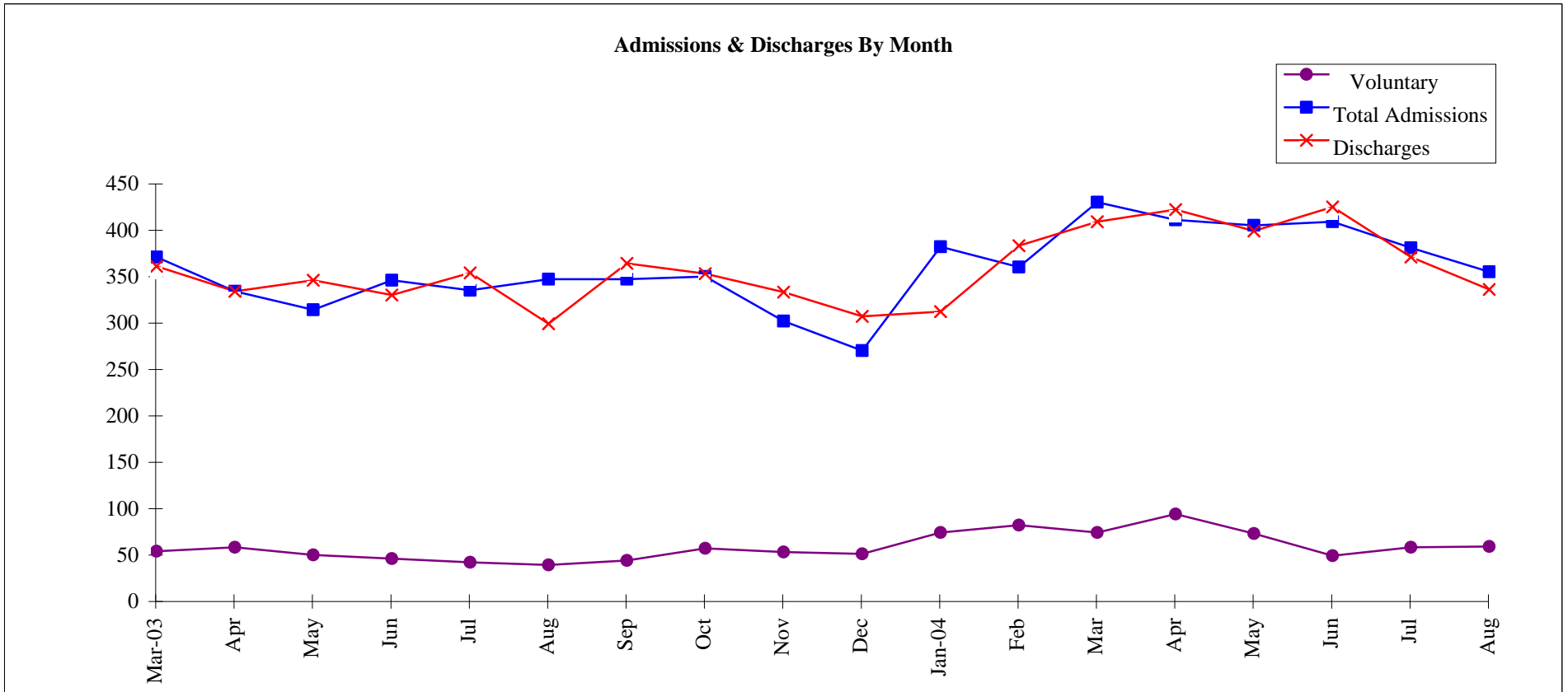
Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities
Total Discharges by Month



Measure 4A - Number/Type of Admissions and Readmissions

**Austin State Hospital
Admissions by Month**

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	364	327	307	339	328	340	340	343	295	263	375	353	423	404	398	402	374	348
Voluntary	47	51	43	39	35	32	37	50	46	44	67	75	67	87	66	42	51	52
Involuntary	317	276	264	300	293	308	303	293	249	219	308	278	356	317	332	360	323	296
OPC	30	22	21	30	30	31	40	33	23	23	42	31	19	34	28	29	27	31
Emergency	250	210	198	230	228	246	221	218	197	161	232	219	272	224	269	277	244	224
Temporary	27	37	33	23	21	24	31	34	26	27	28	22	51	47	28	33	32	33
Extended	0	0	1	1	0	2	1	0	0	1	0	0	1	0	0	1	1	0
46.02/46.03	10	7	10	14	13	5	10	8	3	7	6	6	12	12	7	20	17	7
Order for MR Svc	0	0	1	2	1	0	0	0	0	0	0	0	1	0	0	0	2	1
Discharges	354	327	339	323	347	292	357	346	326	300	305	376	402	415	392	418	364	329
% of Readmissions	51%	53%	54%	49%	55%	51%	56%	50%	49%	52%	55%	50%	60%	53%	58%	62%	58%	57%

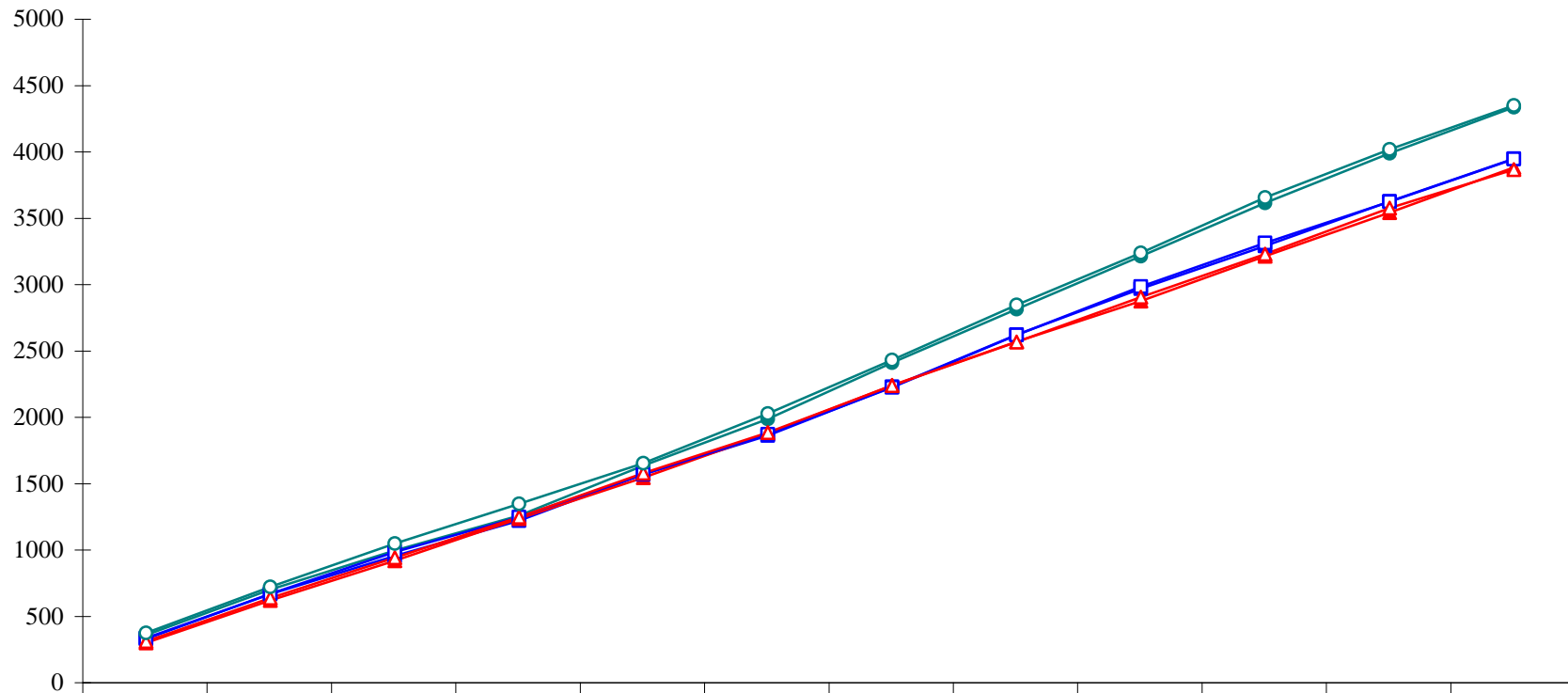


Source: Admis./Disch./Pop. by Month (HC022020/22),

Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Austin State Hospital
2004 FYTD Admissions & Discharges

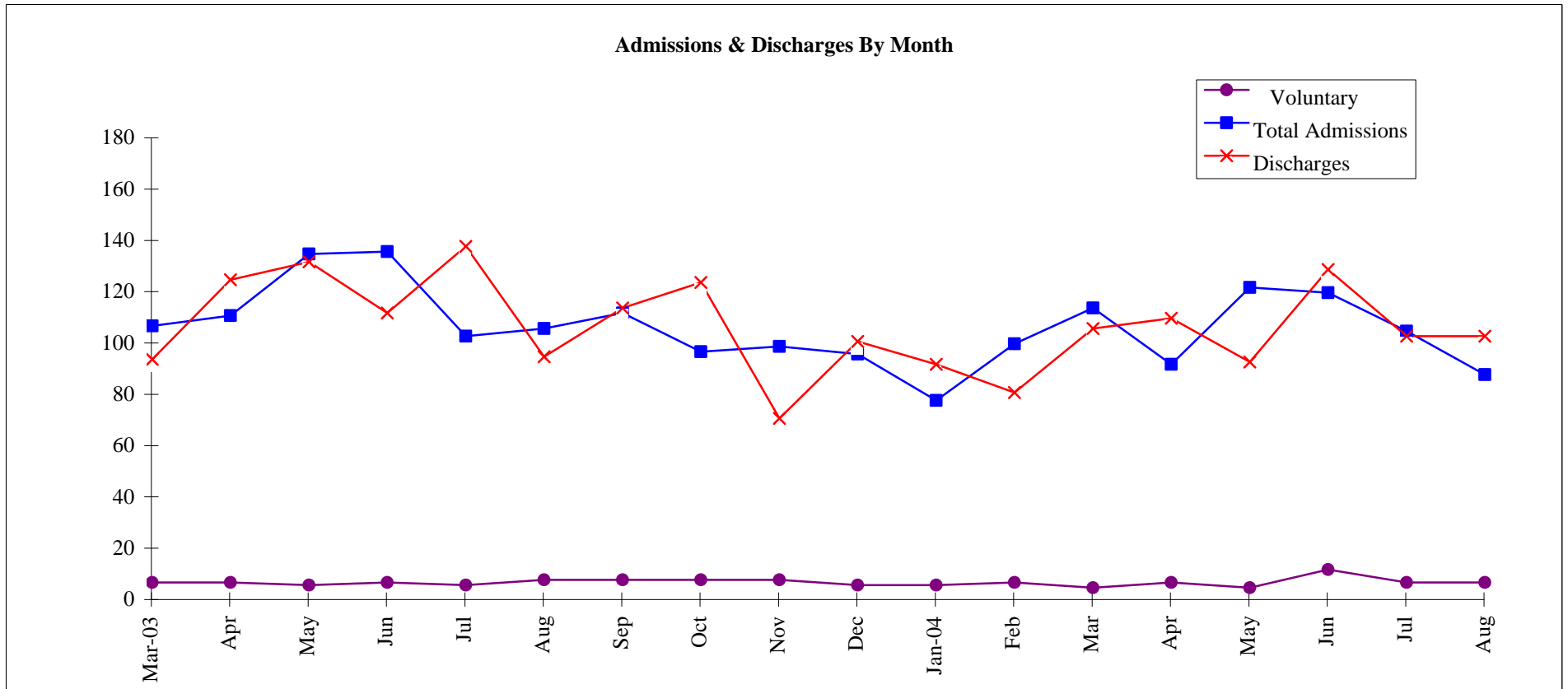
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY02 Admissions	318	649	936	1202	1550	1843	2210	2603	2951	3273	3608	3930
—▲— FY03 Admissions	282	601	900	1218	1527	1859	2223	2550	2857	3196	3524	3864
—●— FY04 Admissions	340	683	978	1241	1616	1969	2392	2796	3194	3596	3970	4318
—□— FY02 Discharges	311	650	966	1230	1551	1853	2207	2600	2967	3295	3605	3927
—▲— FY03 Discharges	293	619	923	1230	1560	1867	2221	2548	2887	3210	3557	3849
—○— FY04 Discharges	357	703	1029	1329	1634	2010	2412	2827	3219	3637	4001	4330

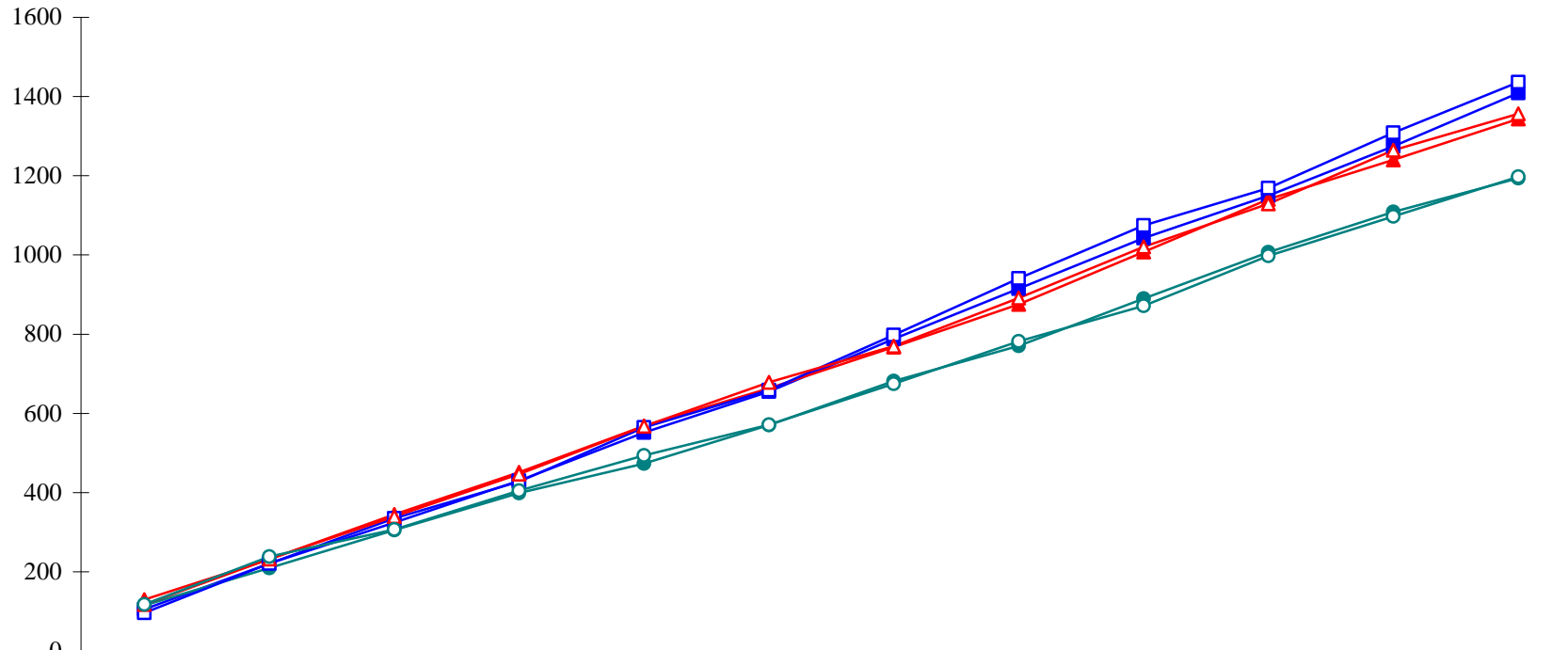
Measure 4A - Number/Type of Admissions and Readmissions
Big Spring State Hospital
Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	104	108	132	133	100	103	109	94	96	93	75	97	111	89	119	117	102	85
Voluntary	4	4	3	4	3	5	5	5	5	3	3	4	2	4	2	9	4	4
Involuntary	100	104	129	129	97	98	104	89	91	90	72	93	109	85	117	108	98	81
OPC	13	18	20	19	14	14	10	10	7	8	10	9	15	15	15	18	23	13
Emergency	71	71	98	73	72	68	76	68	61	71	56	56	69	63	88	75	65	60
Temporary	12	13	9	28	4	12	8	3	15	3	2	20	21	2	11	11	2	3
Extended	0	1	1	3	1	1	1	2	2	2	2	4	0	1	1	1	2	0
46.02/46.03	3	0	1	5	2	3	8	6	6	6	2	4	3	4	1	2	4	4
Order for MR Svc	1	1	0	1	4	0	1	0	0	0	0	0	1	0	1	1	2	1
Discharges	91	122	129	109	135	92	111	121	68	98	89	78	103	107	90	126	100	100
% of Readmissions	60%	56%	59%	62%	60%	62%	70%	62%	73%	66%	67%	66%	68%	56%	60%	62%	62%	69%



Measure 4A - Number/Type of Admissions and Readmissions
Big Spring State Hospital
2004 FYTD Admissions & Discharges

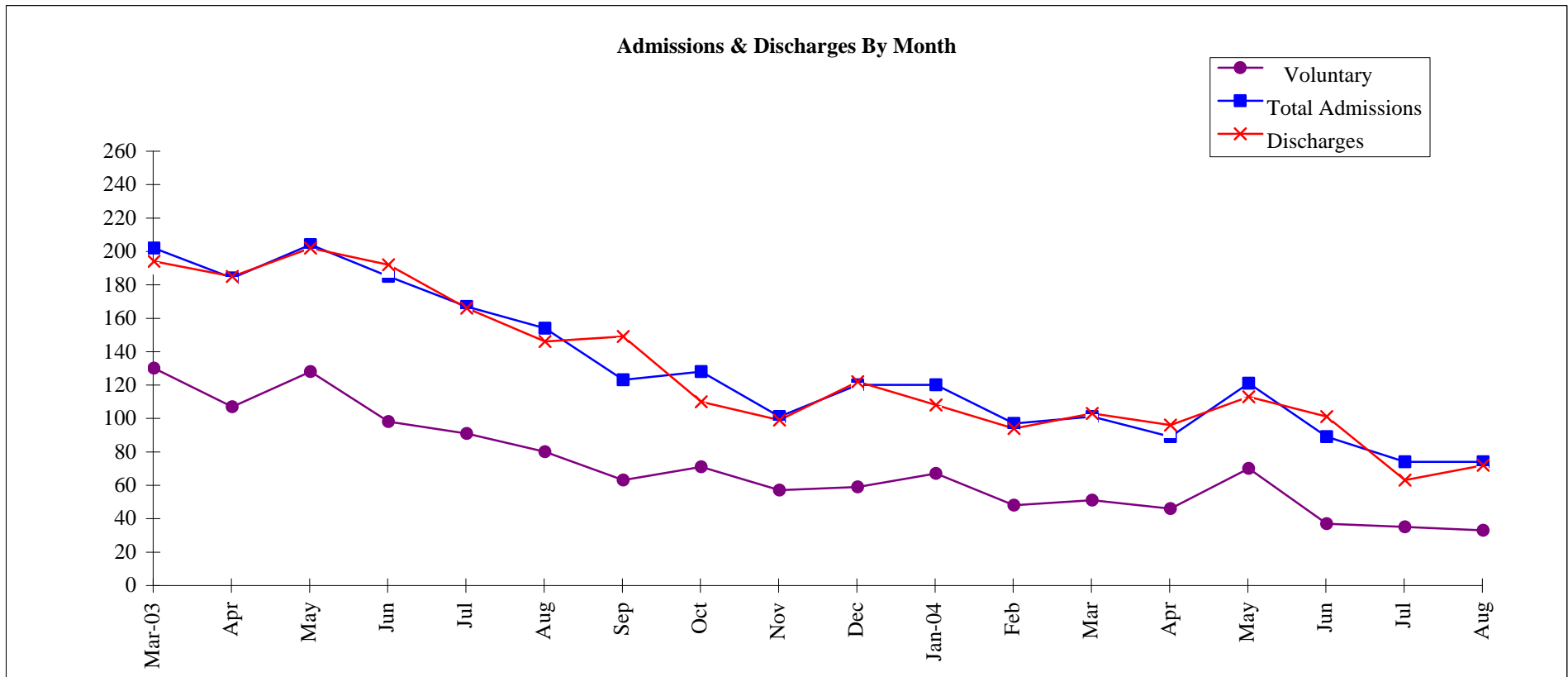
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	99	214	318	423	545	648	781	908	1036	1143	1268	1402
▲ FY03 Admissions	123	225	338	445	562	657	761	869	1001	1134	1234	1337
● FY04 Admissions	109	203	299	392	467	564	675	764	883	1000	1102	1187
□ FY02 Discharges	90	214	328	421	558	652	791	934	1068	1162	1302	1430
▲ FY03 Discharges	111	226	333	440	561	672	763	885	1014	1123	1258	1350
○ FY04 Discharges	111	232	300	398	487	565	668	775	865	991	1091	1191

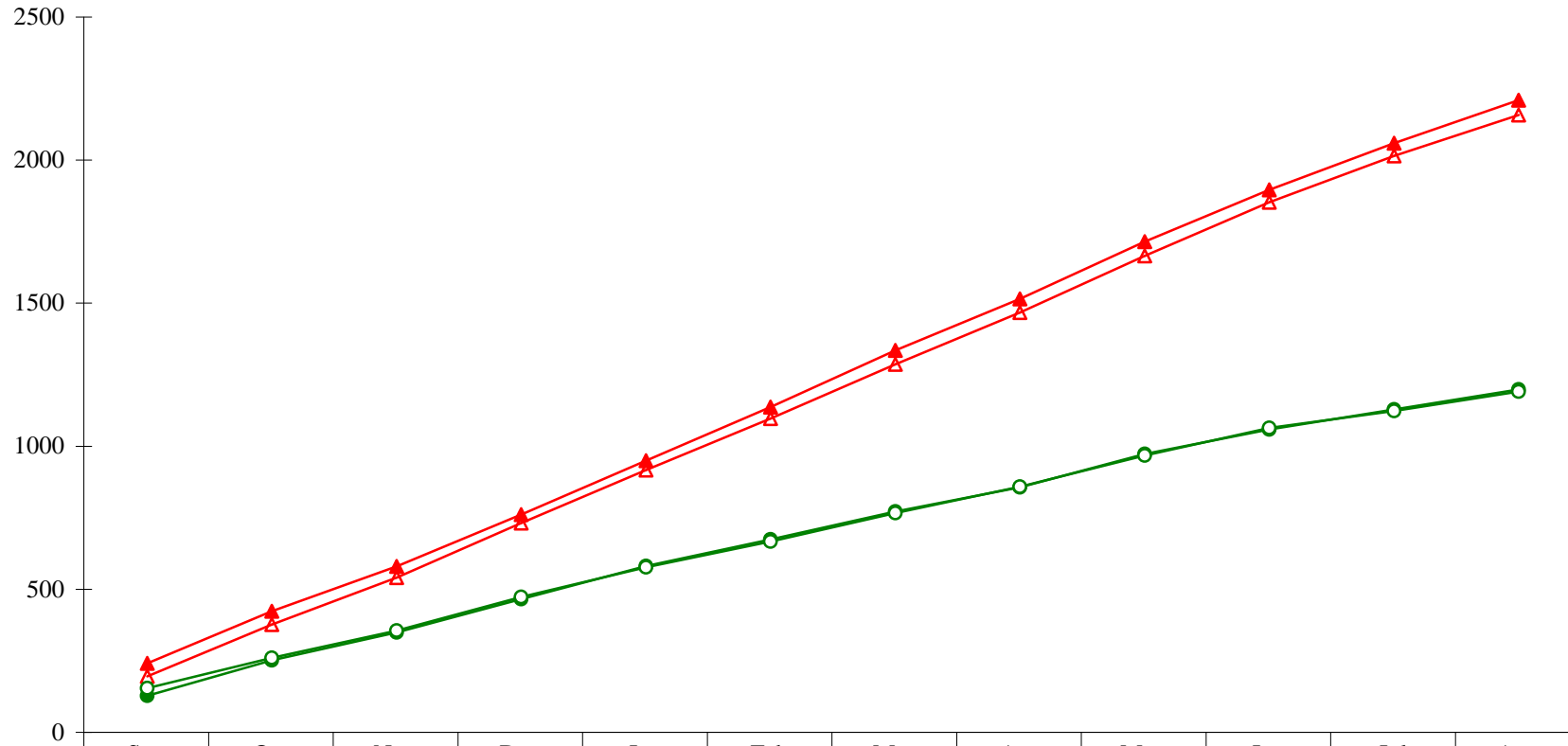
Measure 4A - Number/Type of Admissions and Readmissions
El Paso Psychiatric Center
Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	198	180	200	181	163	150	119	124	97	116	116	93	97	85	117	85	70	70
Voluntary	126	103	124	94	87	76	59	67	53	55	63	44	47	42	66	33	31	29
Involuntary	72	77	76	87	76	74	60	57	44	61	53	49	50	43	51	52	39	41
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	9	3	2
Emergency	71	76	76	85	76	73	58	51	43	61	53	48	50	42	48	42	36	34
Temporary	1	1	0	2	0	1	0	2	0	0	0	1	0	1	1	1	0	2
Extended	0	0	0	0	0	0	2	4	1	0	0	0	0	0	0	0	0	1
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	190	181	198	188	162	142	145	106	95	118	104	90	99	92	109	97	59	68
% of Readmissions	38%	43%	43%	41%	45%	50%	51%	57%	64%	47%	59%	59%	58%	56%	57%	59%	61%	53%



Measure 4A - Number/Type of Admissions and Readmissions
El Paso Psychiatric Center
2004 FYTD Admissions & Discharges

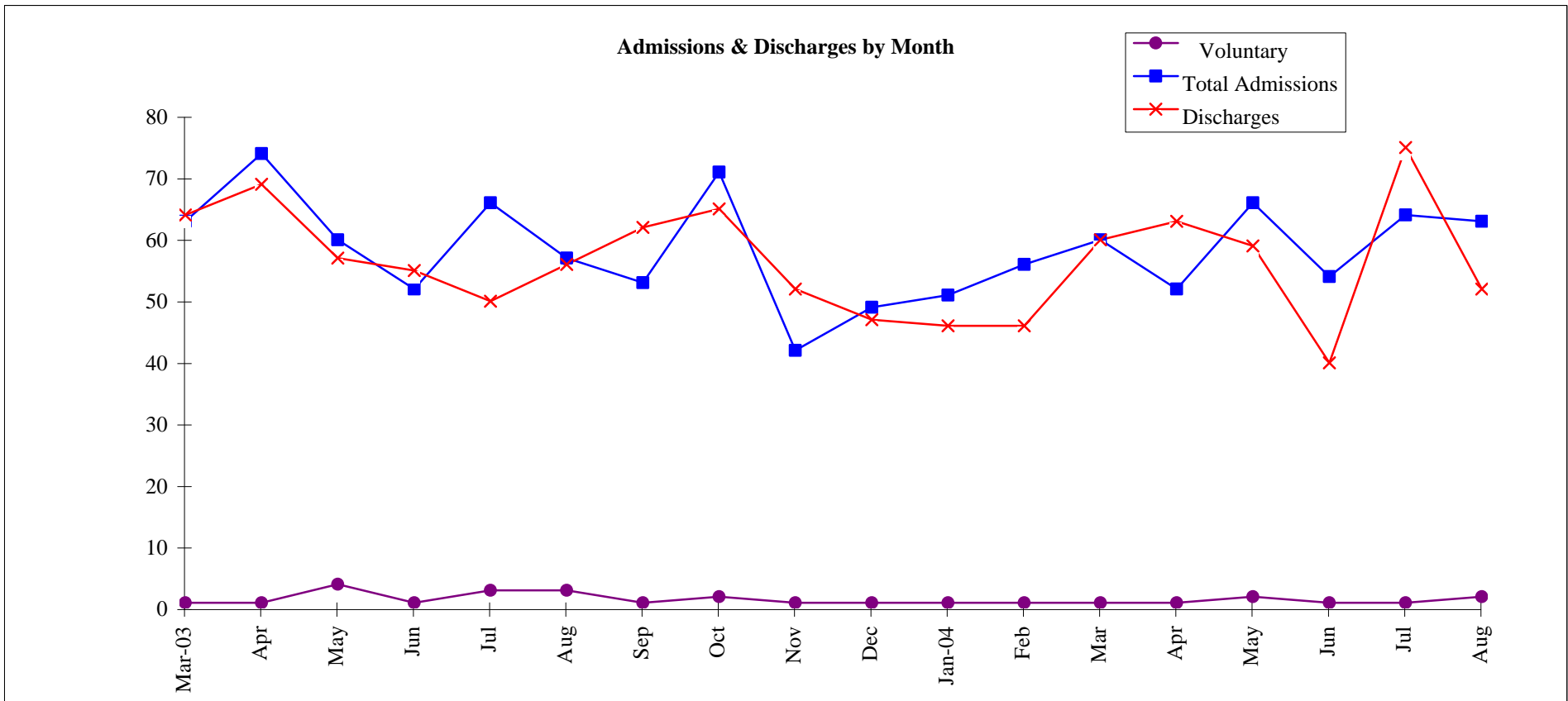
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
▲ FY03 Admissions	232	414	571	752	940	1128	1326	1506	1706	1887	2050	2200
● FY04 Admissions	119	243	340	456	572	665	762	847	964	1049	1119	1189
△ FY03 Discharges	186	367	532	722	907	1087	1277	1458	1656	1844	2006	2148
○ FY04 Discharges	145	251	346	464	568	658	757	849	958	1055	1114	1182

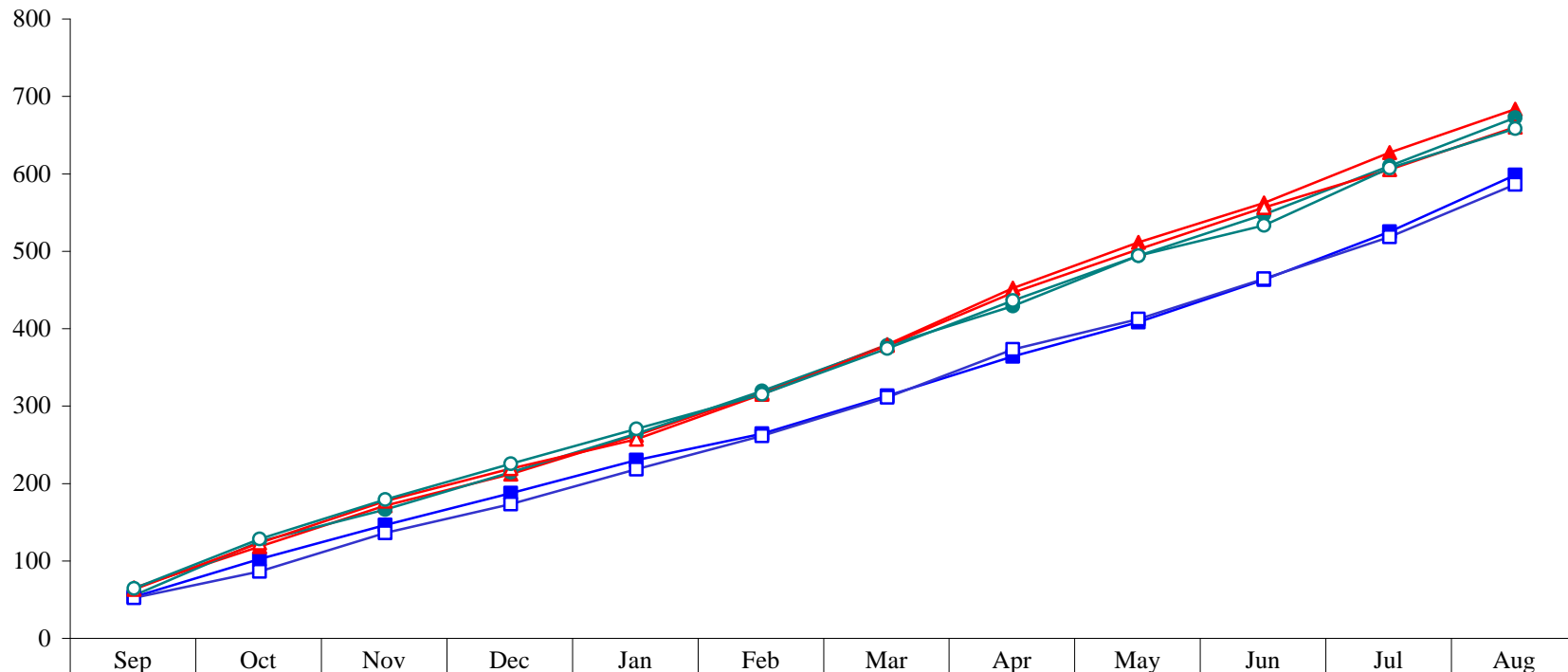
**Kerrville State Hospital
Admissions by Month**

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	62	73	59	51	65	56	52	70	41	48	50	55	59	51	65	53	63	62
Voluntary	0	0	3	0	2	2	0	1	0	0	0	0	0	0	1	0	0	1
Involuntary	62	73	56	51	63	54	52	69	41	48	50	55	59	51	64	53	63	61
OPC	6	13	8	9	7	4	1	6	6	4	3	7	11	6	10	7	8	5
Emergency	52	57	44	33	46	48	43	53	27	36	45	44	40	35	42	34	42	38
Temporary	0	0	0	0	0	0	0	1	0	1	0	0	0	2	2	2	0	1
Extended	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
46.02/46.03	4	3	3	8	10	2	8	9	8	7	2	3	7	7	8	10	11	17
Order for MR Svc	0	0	0	1	0	0	0	0	0	0	0	1	1	0	2	0	2	0
Discharges	63	68	56	54	49	55	61	64	51	46	45	45	59	62	58	39	74	51
% of Readmissions	52%	56%	53%	61%	55%	54%	65%	66%	71%	69%	56%	65%	53%	73%	57%	74%	65%	68%



Measure 4A - Number/Type of Admissions and Readmissions
Kerrville State Hospital
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



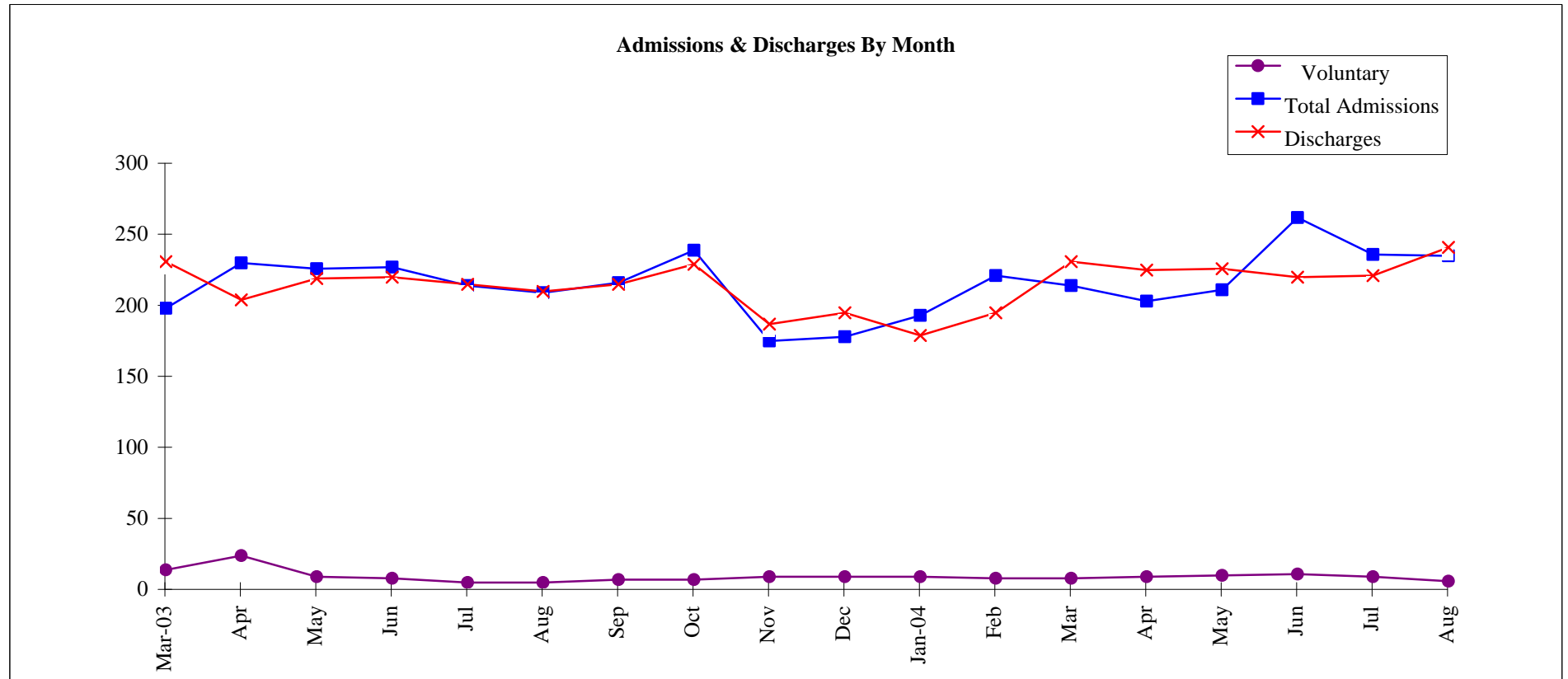
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	50	99	143	184	227	261	310	361	405	460	522	595
▲ FY03 Admissions	62	115	168	209	259	314	376	449	508	559	624	680
● FY04 Admissions	52	122	163	211	261	316	375	426	491	544	607	669
□ FY02 Discharges	49	83	133	170	215	258	308	370	409	461	515	583
▲ FY03 Discharges	60	120	174	216	254	312	375	443	499	553	602	657
○ FY04 Discharges	61	125	176	222	267	312	371	433	491	530	604	655

Measure 4A - Number/Type of Admissions and Readmissions

North Texas State Hospital

Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	193	225	221	222	209	204	211	234	170	173	188	216	209	198	206	257	231	230
Voluntary	9	19	4	3	0	0	2	2	4	4	4	3	3	4	5	6	4	1
Involuntary	184	206	217	219	209	204	209	232	166	169	184	213	206	194	201	251	227	229
OPC	32	38	43	31	32	34	12	30	14	22	24	33	39	36	35	27	41	43
Emergency	32	41	34	31	49	39	48	46	38	40	29	49	35	25	33	46	41	44
Temporary	47	58	70	85	52	56	63	74	43	53	75	44	46	64	71	77	71	57
Extended	1	3	1	2	0	0	1	0	1	2	1	0	0	0	1	1	4	1
46.02/46.03	54	48	57	55	58	62	67	65	53	42	48	73	68	53	47	86	53	69
Order for MR Svc	18	18	12	15	18	13	18	17	17	10	7	14	18	16	14	14	17	15
Discharges	226	199	214	215	210	205	210	224	182	190	174	190	226	220	221	215	216	236
% of Readmissions	50%	46%	55%	63%	48%	51%	55%	57%	54%	53%	56%	55%	50%	56%	49%	54%	53%	53%

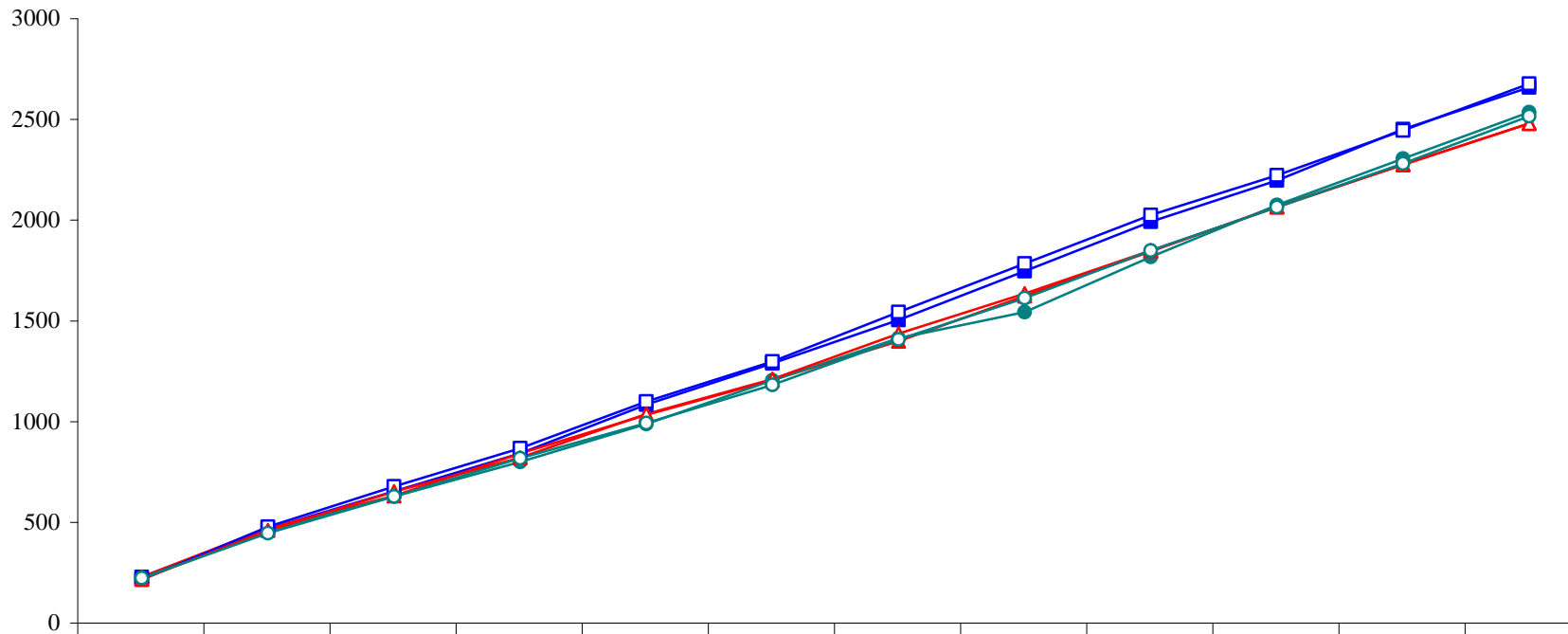


Source: Admis./Disch./Pop. by Month (HC022020/22),

Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
North Texas State Hospital
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



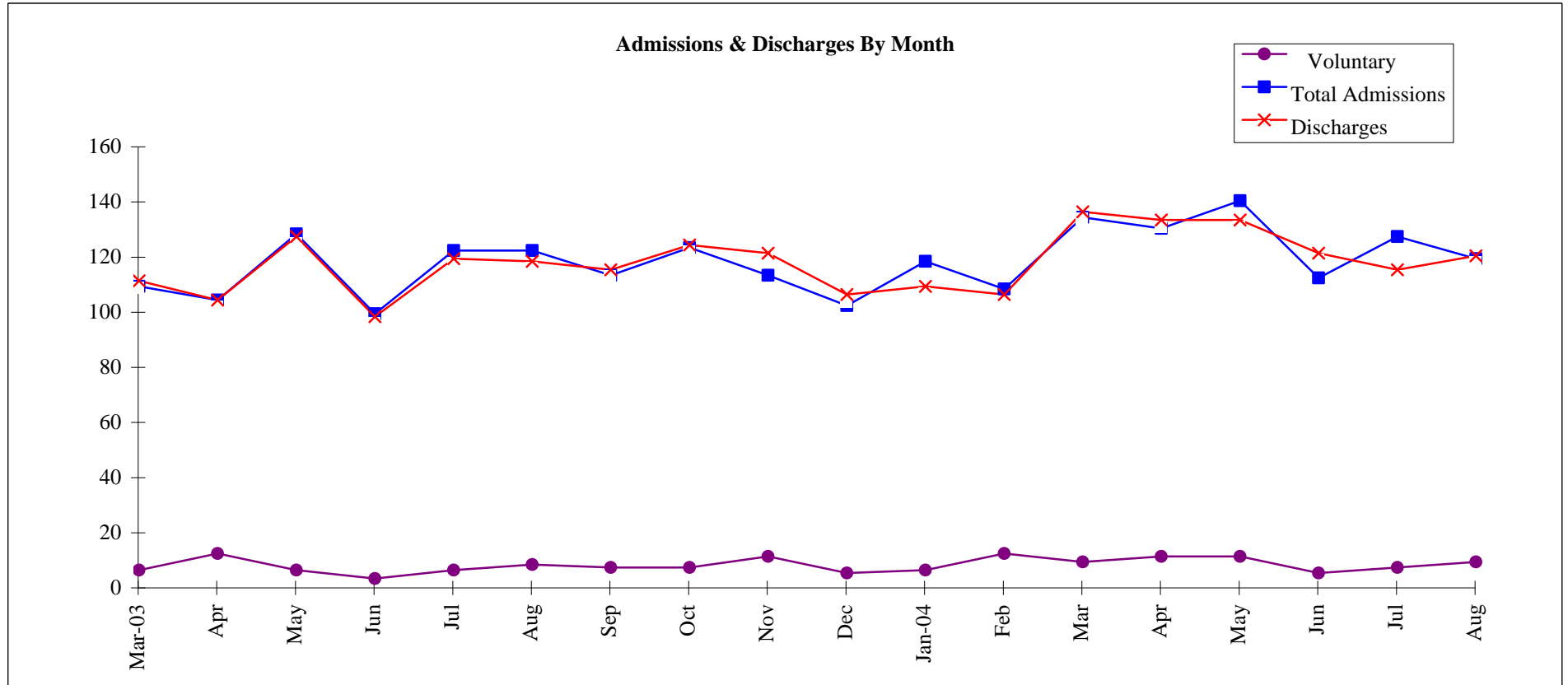
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY02 Admissions	215	455	641	829	1072	1276	1492	1734	1979	2184	2438	2646
—▲— FY03 Admissions	217	459	618	830	1021	1193	1386	1611	1832	2054	2263	2467
—●— FY04 Admissions	211	445	615	788	976	1192	1401	1531	1805	2062	2293	2523
—□— FY02 Discharges	203	465	666	855	1087	1285	1531	1772	2012	2210	2432	2664
—△— FY03 Discharges	205	447	640	809	1025	1198	1424	1623	1837	2052	2262	2467
—○— FY04 Discharges	210	434	616	806	980	1170	1396	1600	1837	2052	2268	2504

Measure 4A - Number/Type of Admissions and Readmissions

Rio Grande State Center

Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	107	102	126	97	120	120	111	121	111	100	116	106	132	128	138	110	125	117
Voluntary	4	10	4	1	4	6	5	5	9	3	4	10	7	9	9	3	5	7
Involuntary	103	92	122	96	116	114	106	116	102	97	112	96	125	119	129	107	120	109
OPC	0	0	2	2	3	3	1	2	0	1	3	2	2	5	1	1	2	1
Emergency	103	92	119	93	112	107	105	114	102	96	109	94	123	114	128	105	118	108
Temporary	0	0	1	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Discharges	109	102	125	96	117	116	113	122	119	104	107	104	134	131	131	119	113	118
% of Readmissions	66%	58%	67%	64%	61%	63%	63%	52%	62%	57%	67%	64%	56%	61%	58%	44%	63%	52%

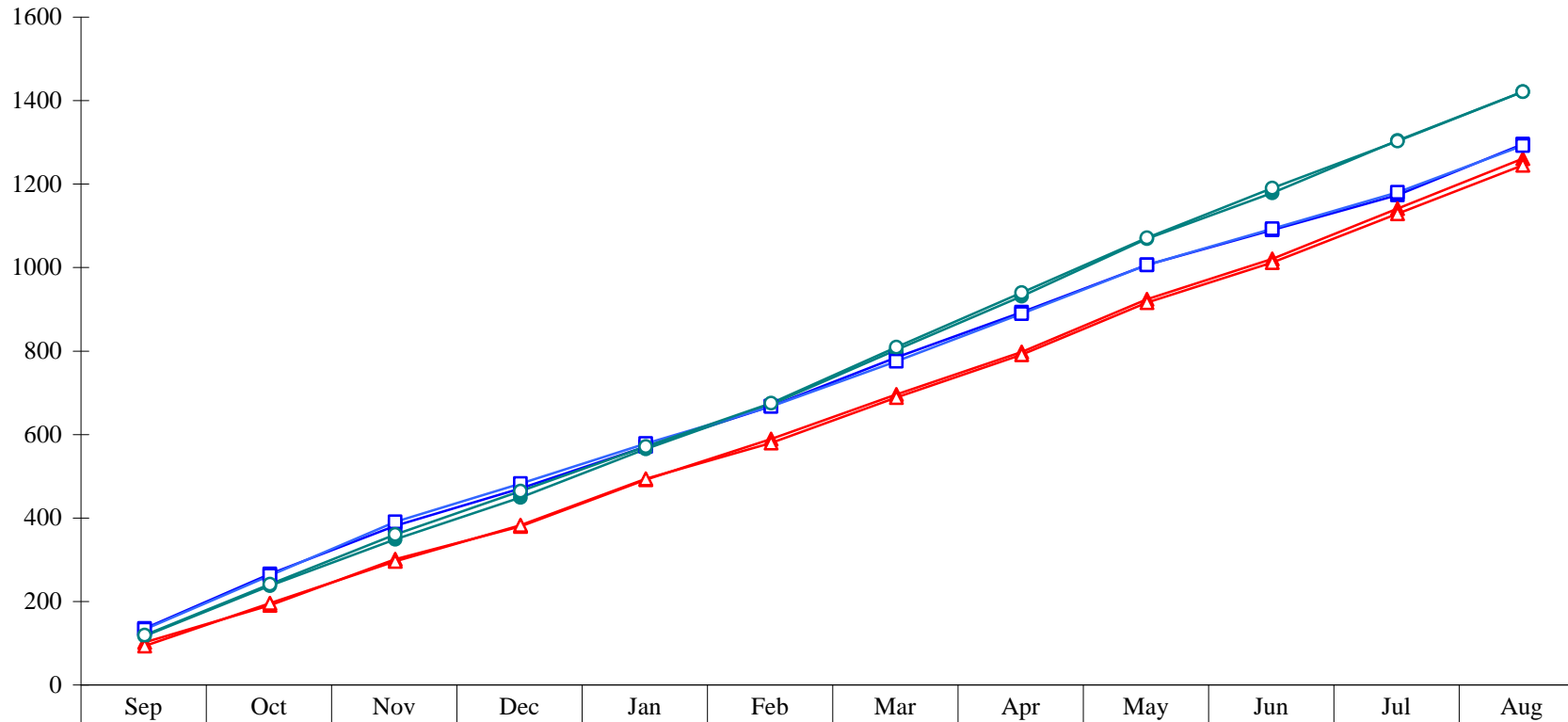


Source: Admis./Disch./Pop. by Month (HC022020/22),

Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Rio Grande State Center
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



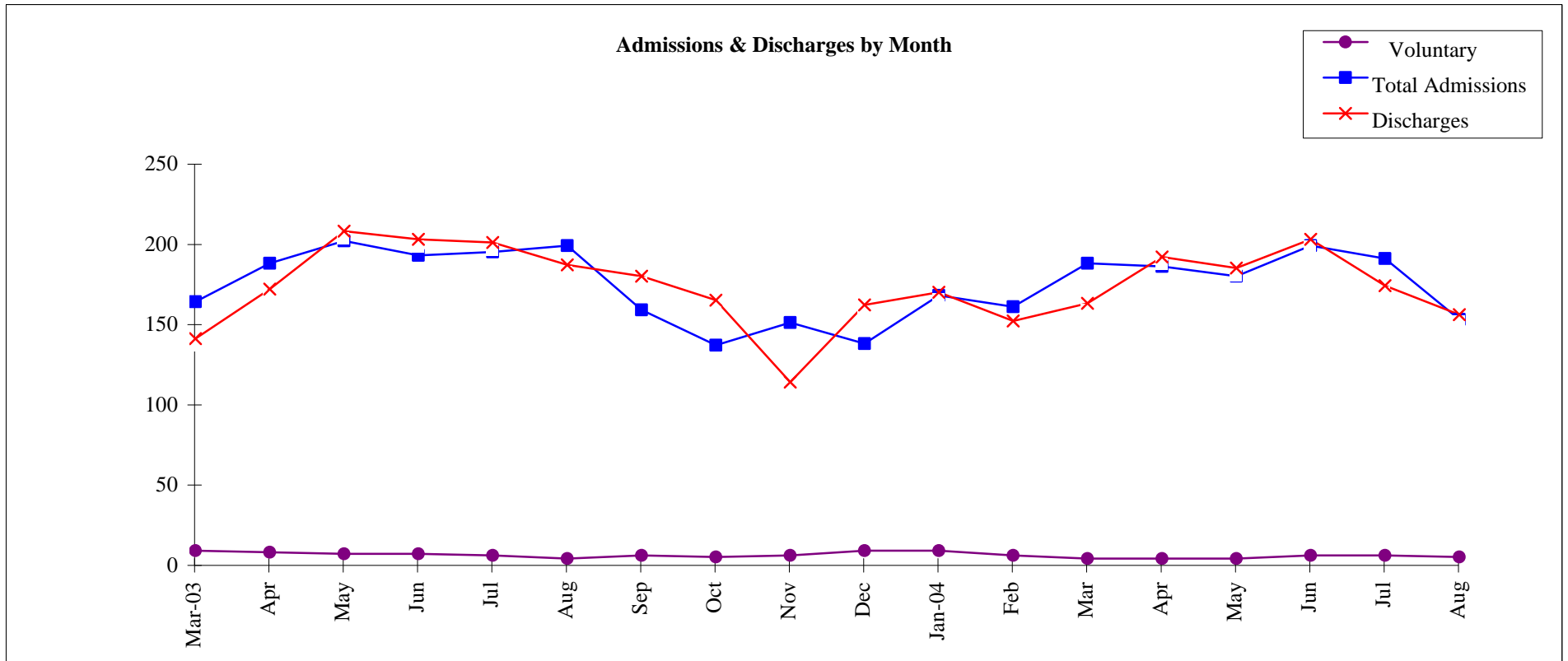
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	129	260	375	465	565	662	779	887	1000	1084	1168	1290
▲ FY03 Admissions	96	185	295	374	486	583	690	792	918	1015	1135	1255
● FY04 Admissions	111	232	343	443	559	666	797	925	1063	1173	1298	1415
□ FY02 Discharges	127	256	385	476	572	661	769	883	1000	1087	1174	1286
▲ FY03 Discharges	87	190	290	377	488	574	683	785	910	1006	1123	1239
○ FY04 Discharges	113	235	354	458	565	669	803	934	1065	1184	1297	1415

Measure 4A - Number/Type of Admissions and Readmissions

Rusk State Hospital

Admissions by Month

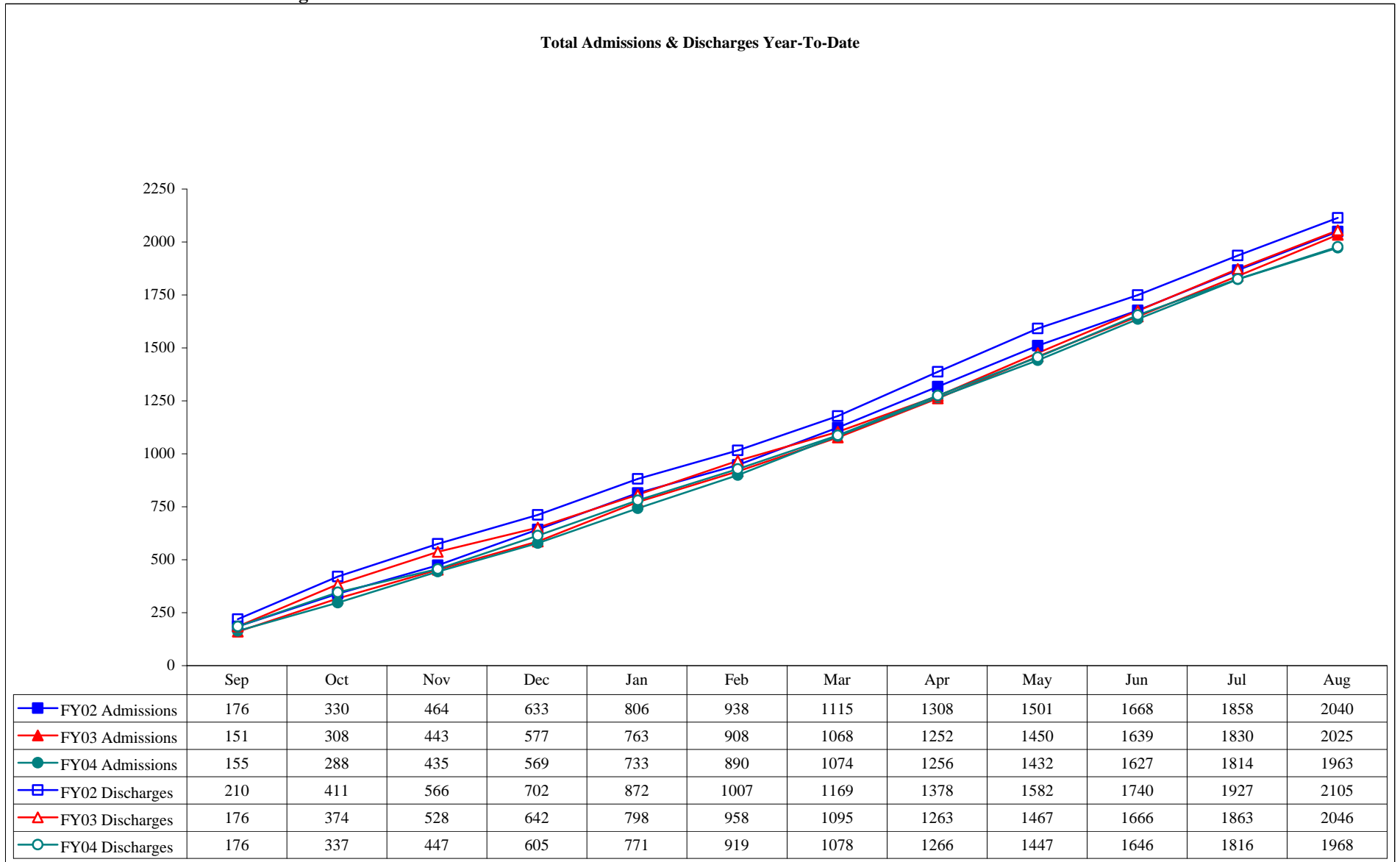
	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	160	184	198	189	191	195	155	133	147	134	164	157	184	182	176	195	187	149
Voluntary	5	4	3	3	2	0	2	1	2	5	5	2	0	0	0	2	2	1
Involuntary	155	180	195	186	189	195	153	132	145	129	159	155	184	182	176	193	185	148
OPC	34	44	58	33	42	33	26	42	24	10	33	33	27	46	40	36	38	42
Emergency	53	83	79	91	86	96	76	52	68	81	95	88	110	99	93	106	107	65
Temporary	43	32	44	40	45	51	24	21	30	21	20	24	38	18	33	37	30	29
Extended	1	2	1	1	1	1	2	1	1	2	0	1	1	2	0	1	0	0
46.02/46.03	24	19	13	21	15	14	25	16	22	15	4	2	5	17	10	13	10	11
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	7	7	3	0	0	0	0	1
Discharges	137	168	204	199	197	183	176	161	110	158	166	148	159	188	181	199	170	152
% of Readmissions	69%	55%	54%	54%	57%	57%	63%	59%	60%	58%	55%	64%	53%	51%	47%	51%	51%	59%



Source: Admis./Disch./Pop. by Month (HC022020/22),

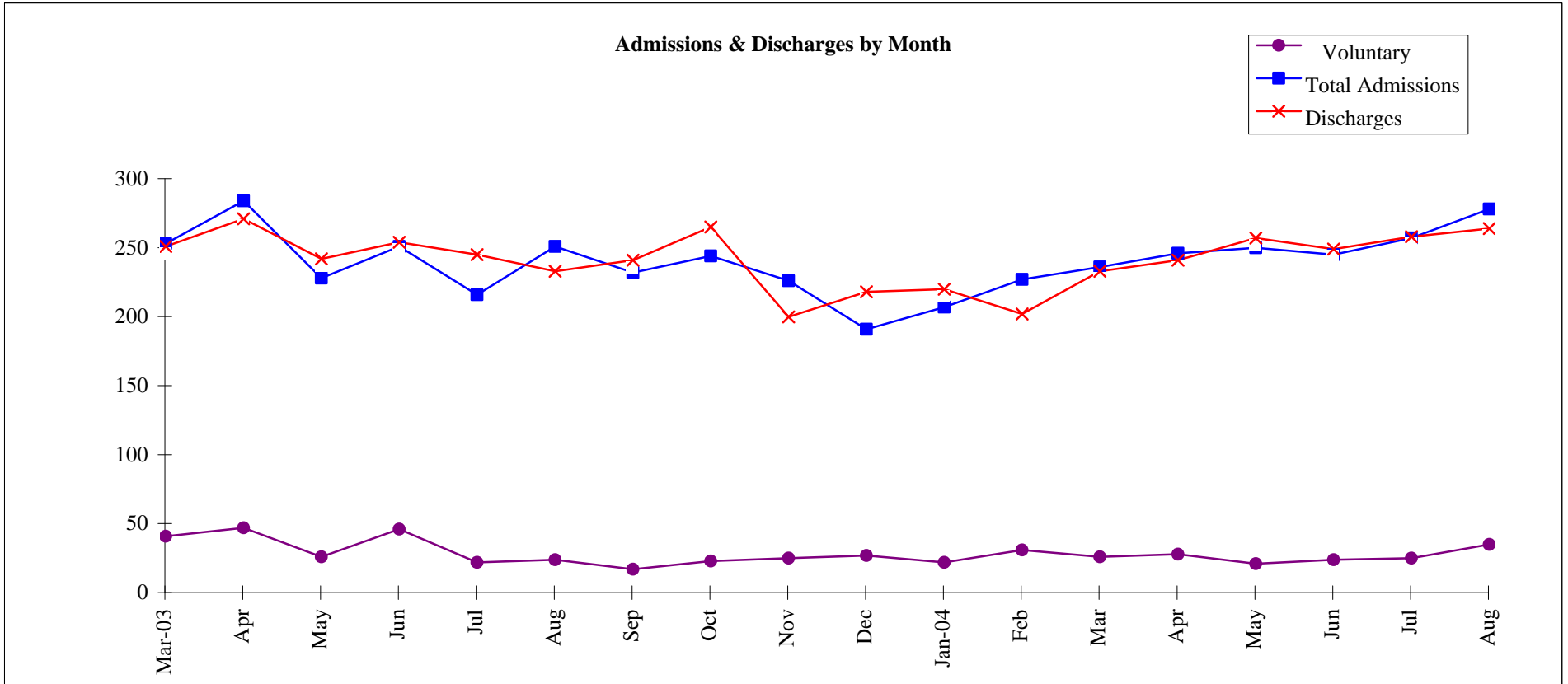
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Rusk State Hospital
2004 FYTD Admissions & Discharges



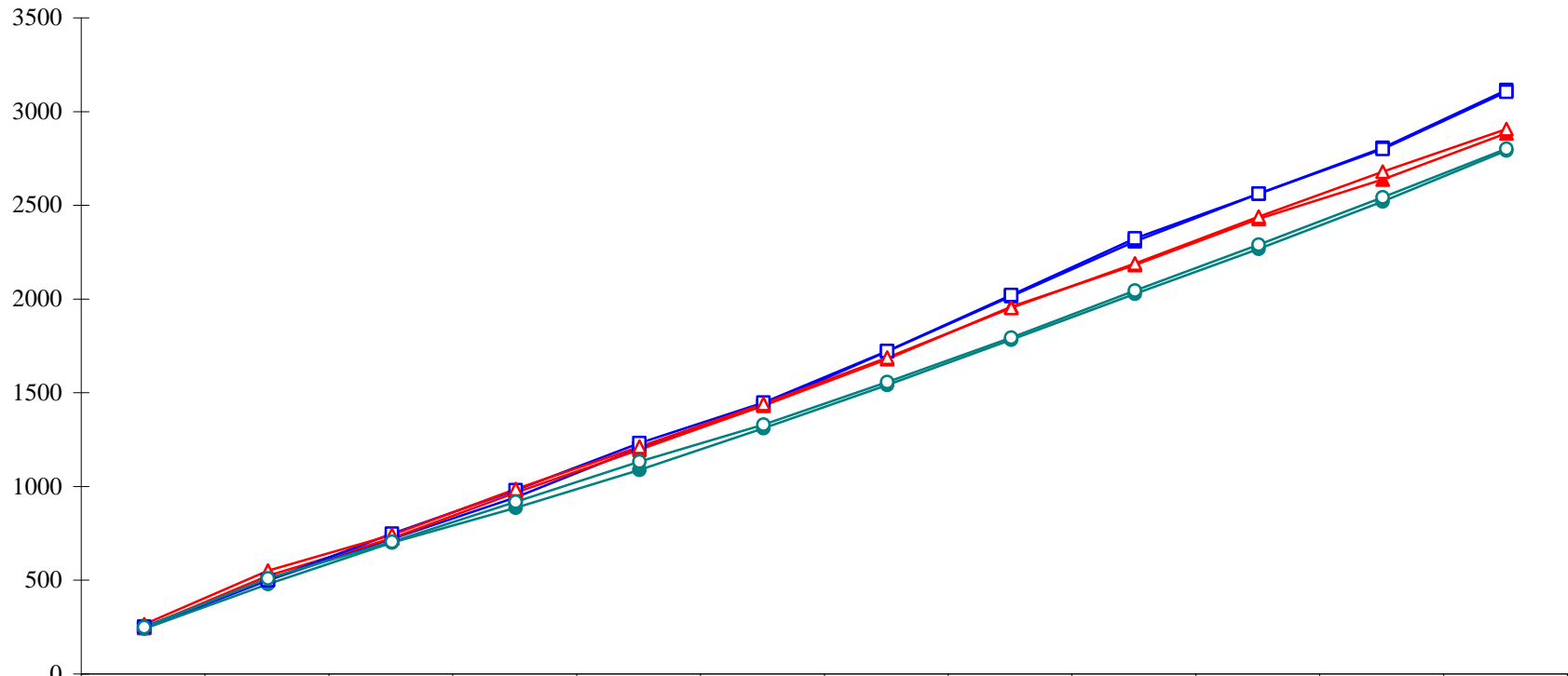
Measure 4A - Number/Type of Admissions and Readmissions
San Antonio State Hospital
Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	248	279	223	246	211	246	227	239	221	186	202	222	231	241	245	240	252	273
Voluntary	36	42	21	41	17	19	12	18	20	22	17	26	21	23	16	19	20	30
Involuntary	212	237	202	205	194	227	215	221	201	164	185	196	210	218	229	221	232	243
OPC	94	85	66	63	70	77	83	75	65	69	50	50	70	68	78	71	81	81
Emergency	95	118	105	112	85	97	101	97	110	69	110	117	97	109	124	111	117	123
Temporary	22	32	27	27	29	48	26	40	23	20	21	21	32	38	17	32	23	28
Extended	0	1	0	0	1	1	1	1	0	2	1	1	0	0	0	0	0	0
46.02/46.03	0	1	4	3	7	3	4	7	3	4	3	6	10	3	9	7	9	10
Order for MR Svc	1	0	0	0	2	1	0	1	0	0	0	1	1	0	1	0	2	1
Discharges	246	266	237	249	240	228	236	260	195	213	215	197	228	236	252	244	253	259
% of Readmissions	58%	57%	55%	59%	61%	55%	53%	53%	57%	62%	58%	56%	55%	56%	52%	50%	52%	59%



Measure 4A - Number/Type of Admissions and Readmissions
San Antonio State Hospital
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



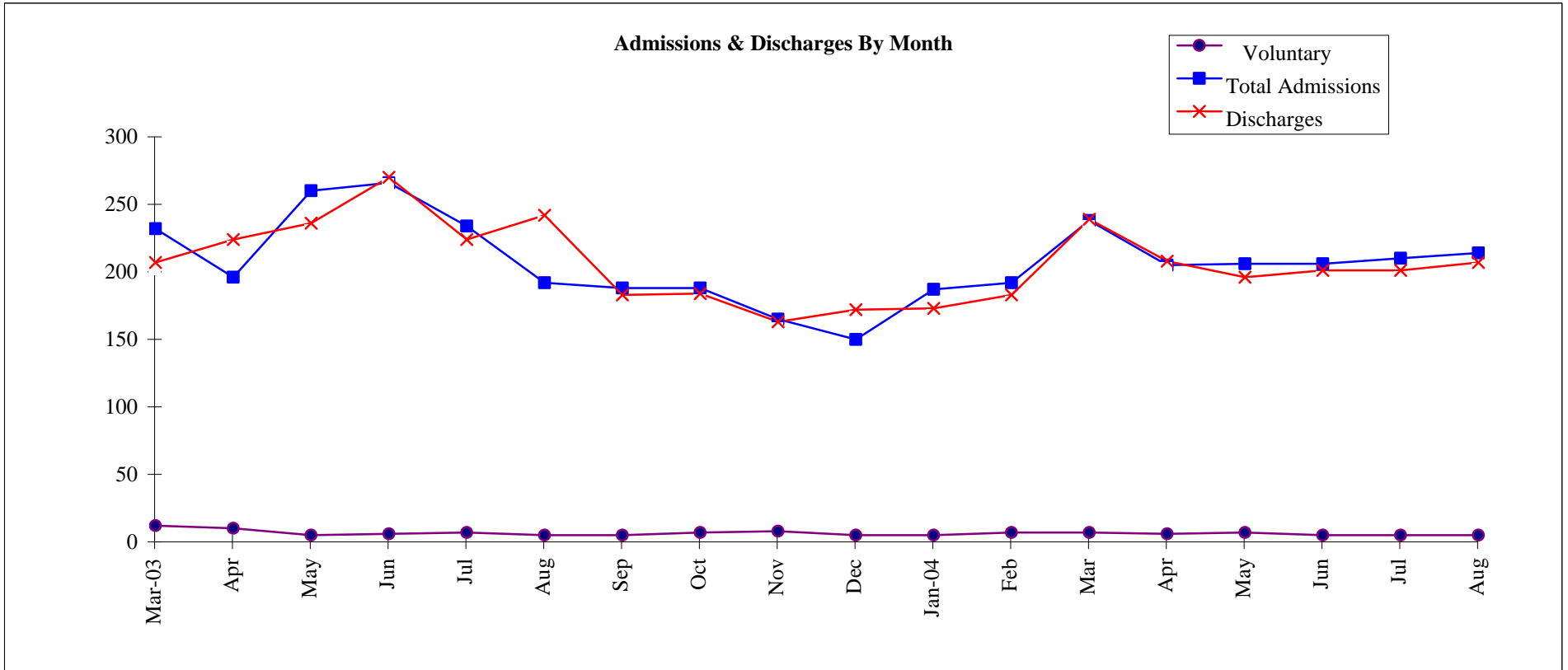
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	231	487	707	929	1192	1418	1707	2001	2293	2548	2792	3101
▲ FY03 Admissions	234	511	710	954	1182	1418	1666	1945	2168	2414	2625	2871
● FY04 Admissions	227	466	687	873	1075	1297	1528	1769	2014	2254	2506	2779
□ FY02 Discharges	239	487	734	966	1217	1433	1708	2008	2309	2548	2786	3092
△ FY03 Discharges	251	538	728	973	1199	1427	1673	1939	2176	2425	2665	2893
○ FY04 Discharges	236	496	691	904	1119	1316	1544	1780	2032	2276	2529	2788

Measure 4A - Number/Type of Admissions and Readmissions

Terrell State Hospital

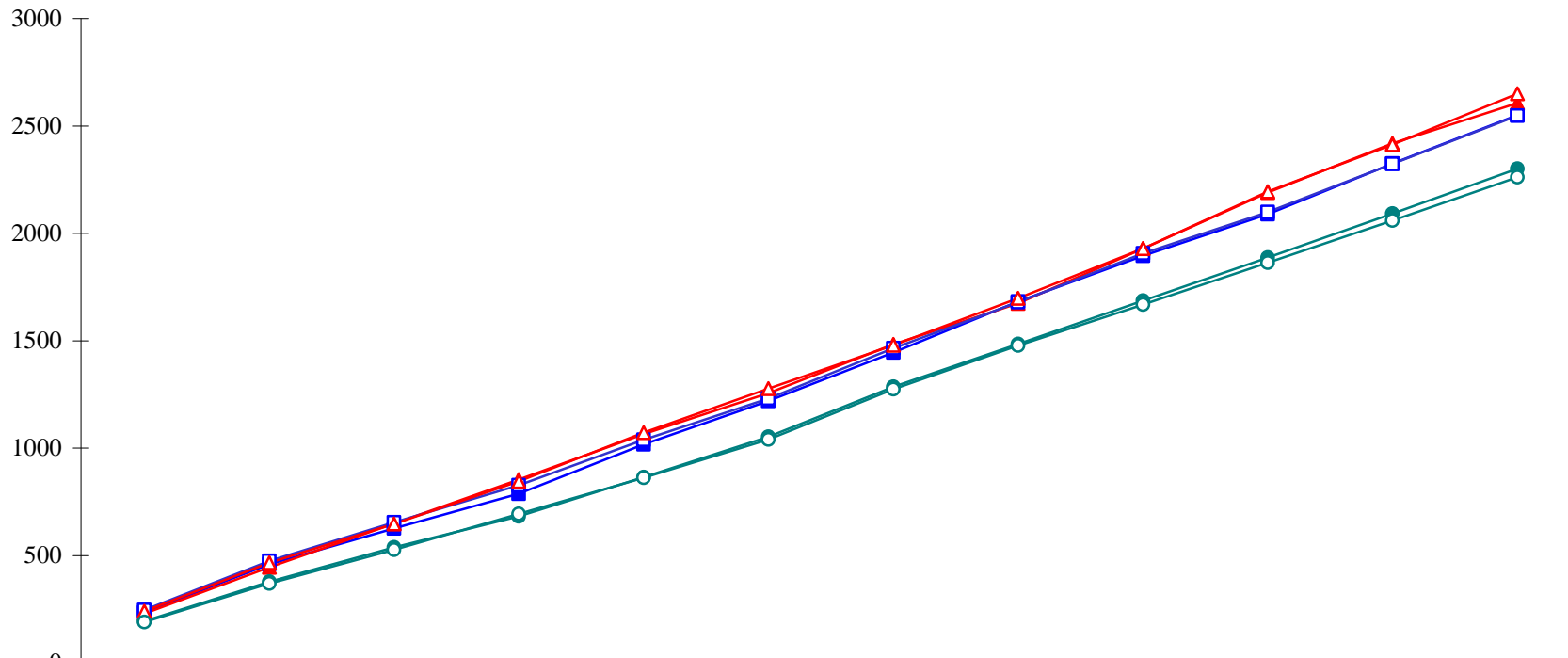
Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	227	191	255	261	229	187	183	183	160	145	182	187	233	200	201	201	205	209
Voluntary	7	5	0	1	2	0	0	2	3	0	0	2	2	1	2	0	0	0
Involuntary	220	186	255	260	227	187	183	181	157	145	182	185	231	199	199	201	205	209
OPC	139	130	179	175	165	127	112	103	107	102	138	143	163	146	151	153	149	141
Emergency	33	17	36	25	27	23	28	31	19	21	23	17	18	15	12	11	21	17
Temporary	33	26	31	42	29	22	35	28	18	15	15	15	30	22	22	22	14	32
Extended	0	1	0	0	0	1	0	8	3	0	0	1	0	4	0	0	0	3
46.02/46.03	14	12	9	18	6	14	7	11	10	7	6	9	20	11	14	15	20	15
Order for MR Svc	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	1
Discharges	202	219	231	265	219	237	178	179	158	167	168	178	234	203	191	196	196	202
% of Readmissions	56%	52%	55%	55%	58%	57%	62%	68%	56%	54%	60%	54%	61%	60%	54%	64%	57%	59%



Measure 4A - Number/Type of Admissions and Readmissions
Terrell State Hospital
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



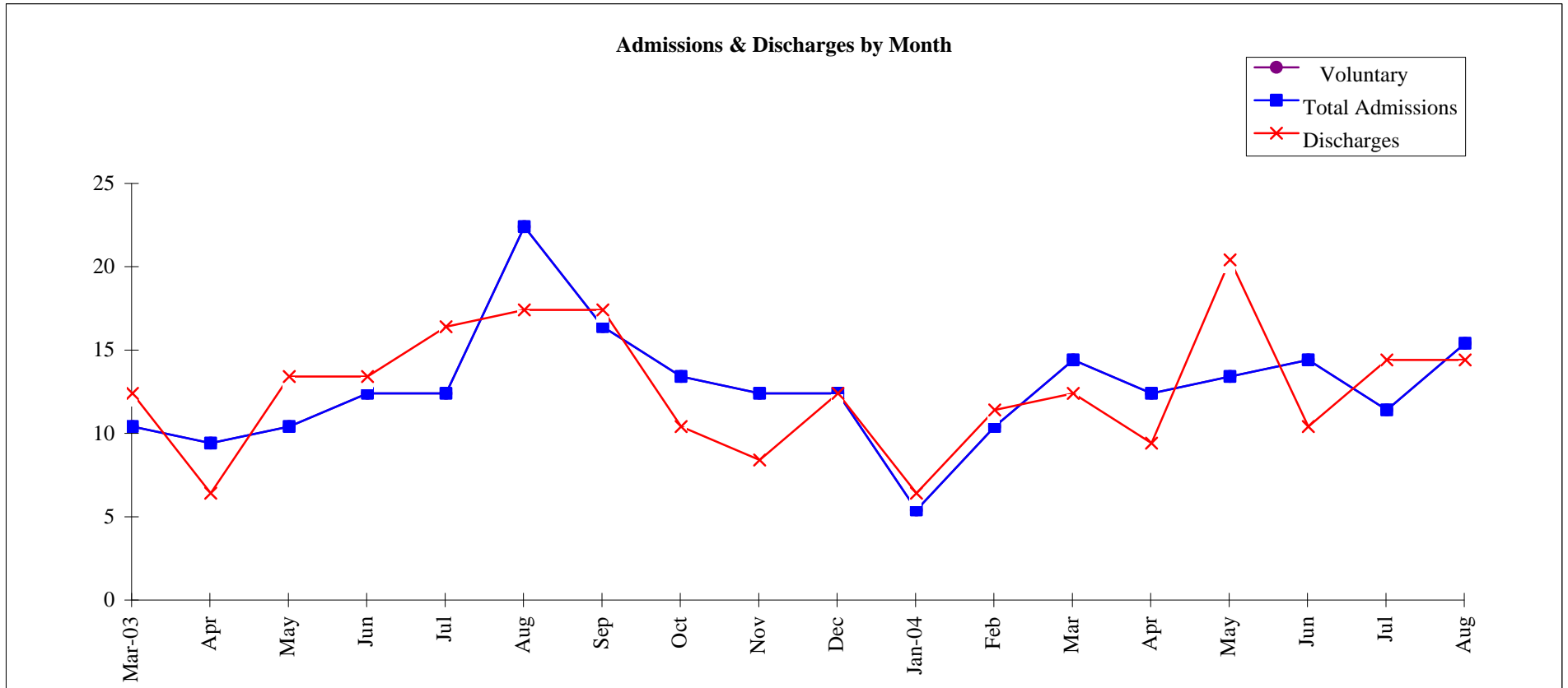
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	223	447	614	775	1006	1207	1433	1670	1883	2077	2313	2538
▲ FY03 Admissions	218	434	637	842	1053	1244	1471	1662	1917	2178	2407	2594
● FY04 Admissions	183	366	526	671	853	1040	1273	1473	1674	1875	2080	2289
□ FY02 Discharges	234	463	642	815	1026	1219	1453	1668	1895	2087	2312	2536
▲ FY03 Discharges	229	455	636	833	1061	1265	1467	1686	1917	2182	2401	2638
○ FY04 Discharges	178	357	515	682	850	1028	1262	1465	1656	1852	2048	2250

Measure 4A - Number/Type of Admissions and Readmissions

Waco Center for Youth

Admissions by Month

	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Total Admissions	10	9	10	12	12	22	16	13	12	12	5	10	14	12	13	14	11	15
Voluntary	10	9	10	12	12	22	16	13	12	12	5	10	14	12	13	14	11	15
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	12	6	13	13	16	17	17	10	8	12	6	11	12	9	20	10	14	14
% of Readmissions	30%	33%	70%	42%	58%	45%	31%	31%	33%	25%	60%	40%	43%	42%	46%	50%	45%	40%

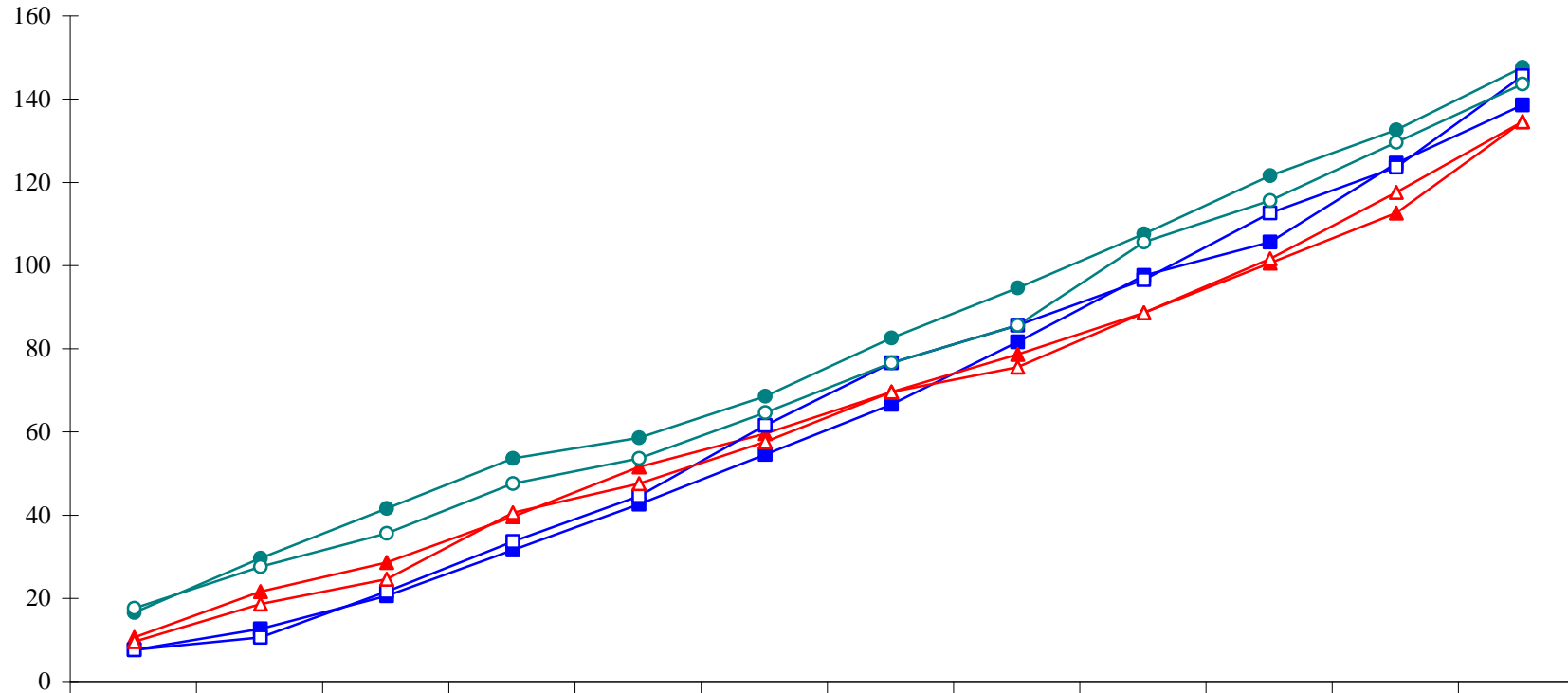


Source: Admis./Disch./Pop. by Month (HC022020/22),

Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

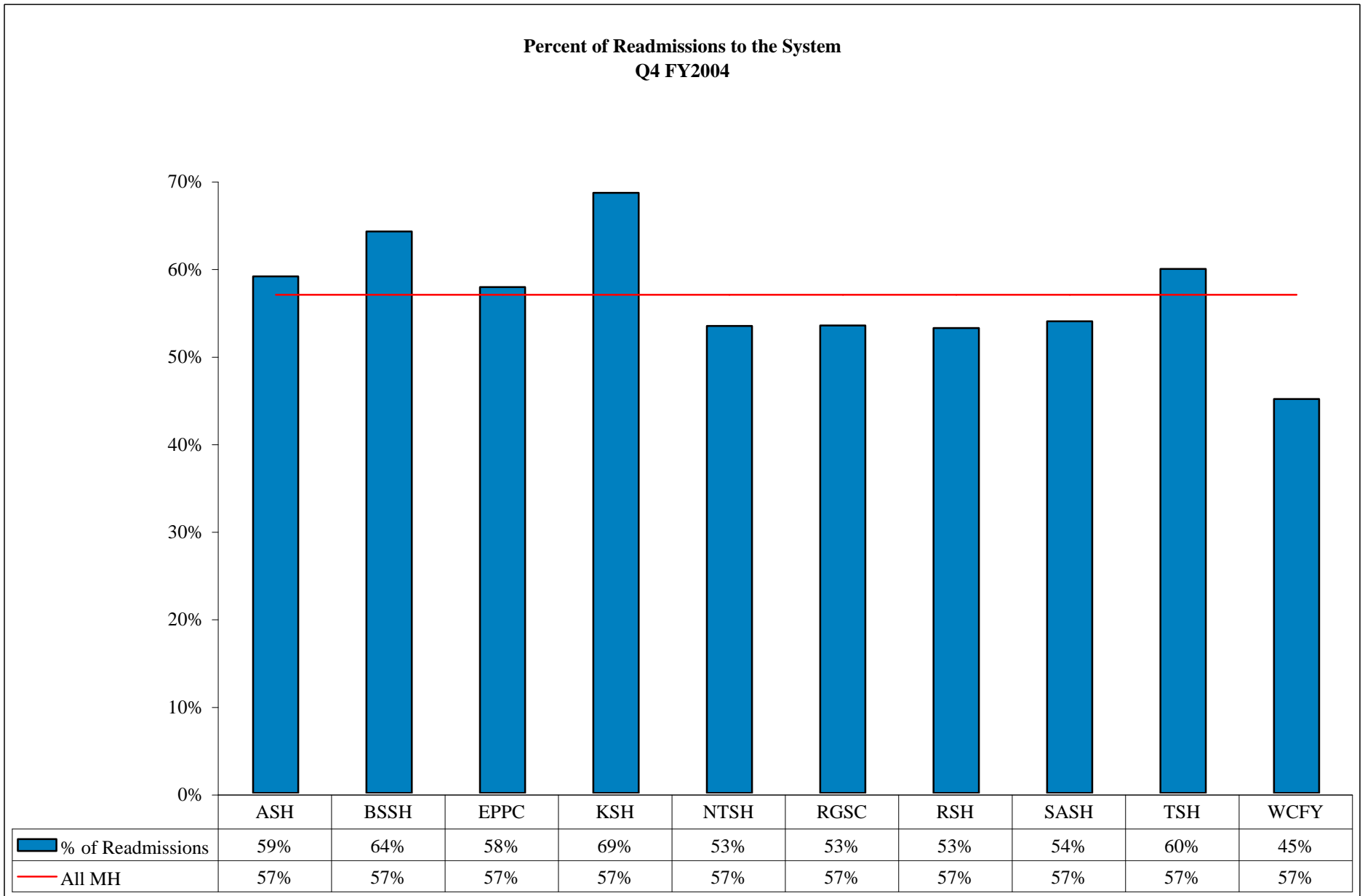
Measure 4A - Number/Type of Admissions and Readmissions
Waco Center for Youth
2004 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY02 Admissions	7	12	20	31	42	54	66	81	97	105	124	138
—▲— FY03 Admissions	10	21	28	39	51	59	69	78	88	100	112	134
—●— FY04 Admissions	16	29	41	53	58	68	82	94	107	121	132	147
—□— FY02 Discharges	7	10	21	33	44	61	76	85	96	112	123	145
—▲— FY03 Discharges	9	18	24	40	47	57	69	75	88	101	117	134
—○— FY04 Discharges	17	27	35	47	53	64	76	85	105	115	129	143

**Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities**



Performance Measure 4B:

Percent of discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 15 days; 16 to 30 days; 30 to 45 days; and 45 to 90 days.

Performance Measure Operational Definition: Percent of discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 15 days; 16 to 30 days; 30 to 45 days; and 45 to 90 days.

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame (i.e., <8 days, 8-15 days, 16-30 days, 30 to 45 days, and 45 to 90 days)

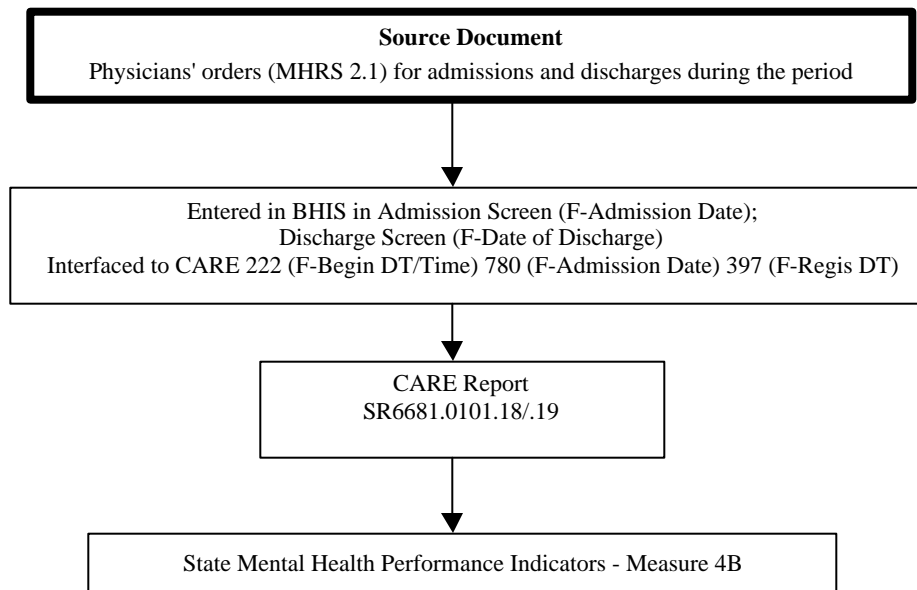
D = total persons discharged during the quarter

Net length of stay for persons who were discharged using codes (DRE) Discharge with Reassignment) or (DNS) Discharge No More Services, or sent on Absence Trial Placement (ATP), unless they were referred to another campus-based program. (It eliminates persons who were discharged during the period and who were counted because of an ATP in a prior reporting period. It does not include persons who were discharged against medical advice (DMA) or who died (DED) during the quarter. The report uses net length of stay, which is the number of days an individual was resident on campus, not including days absent).

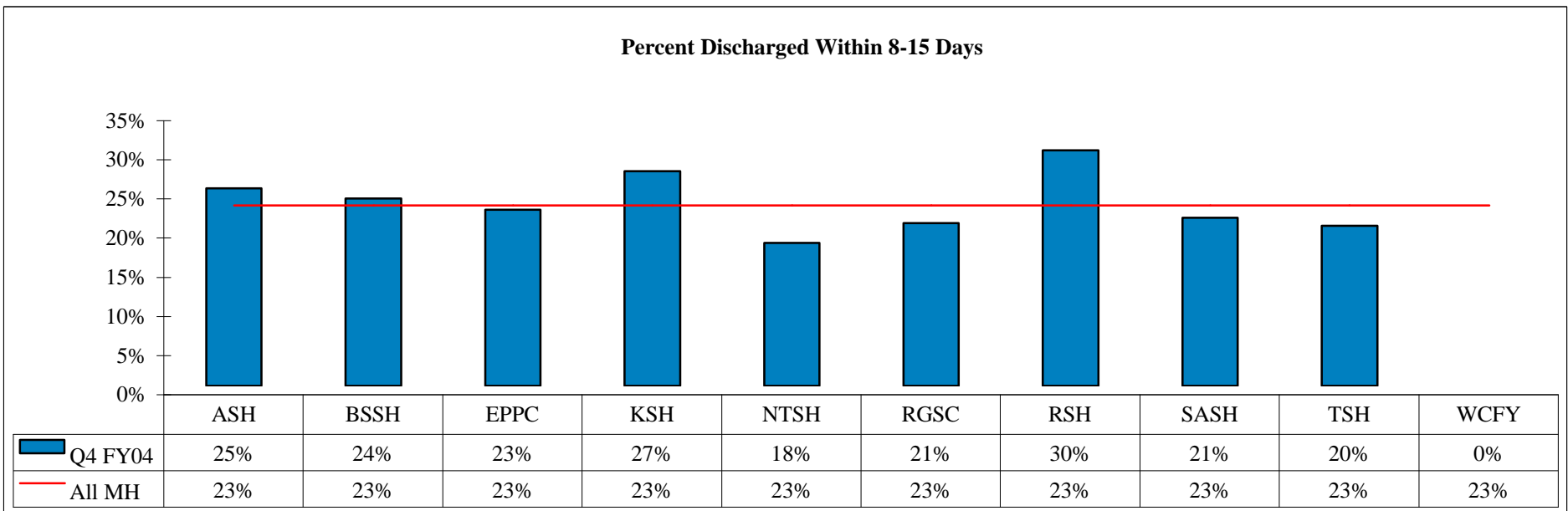
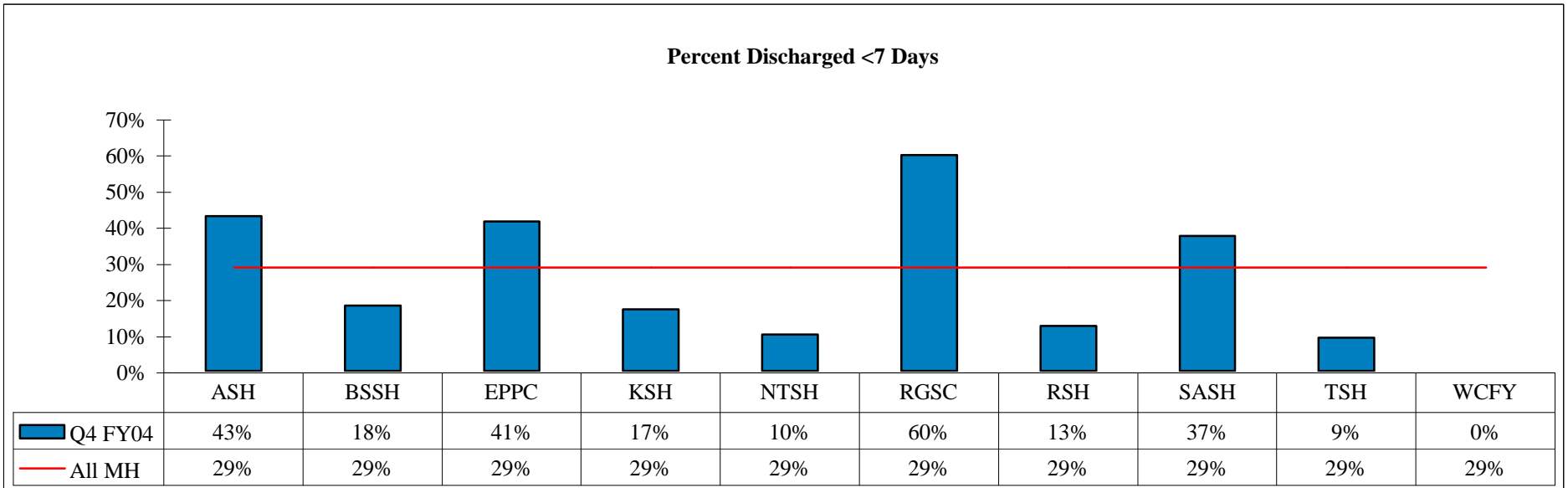
Performance Measure Data Display and Chart Description:

- ◆ Chart with quarterly data points of percent of discharges returned to the community for individual facilities and system-wide
- ◆ Table shows total discharges for the quarter for individual facilities and system-wide.

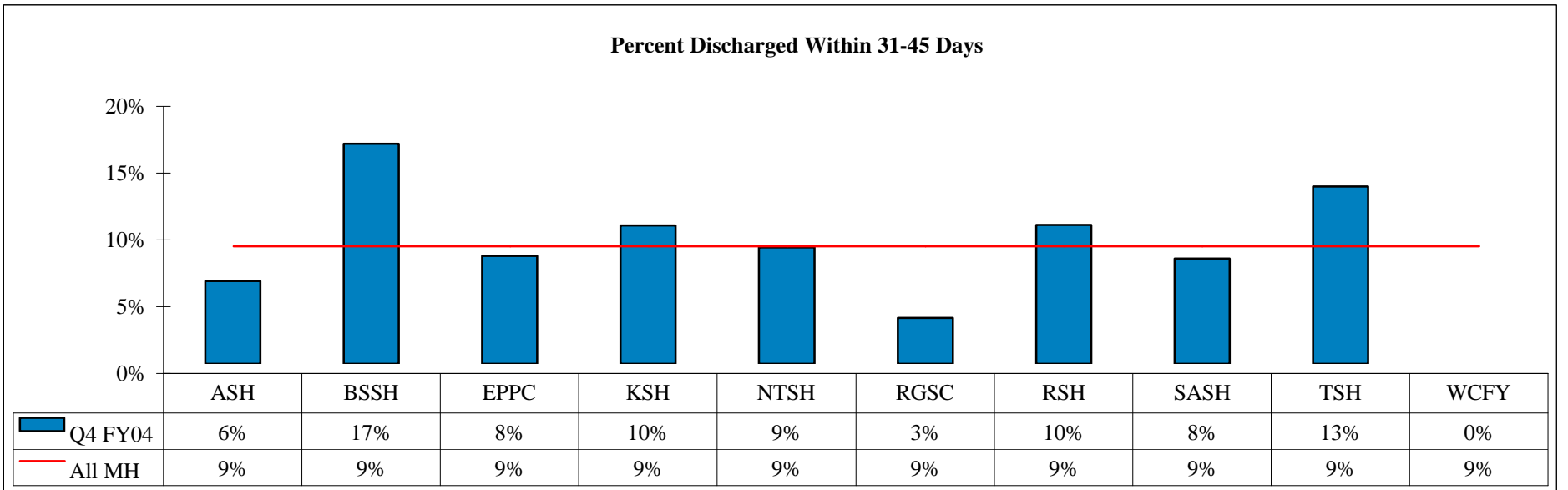
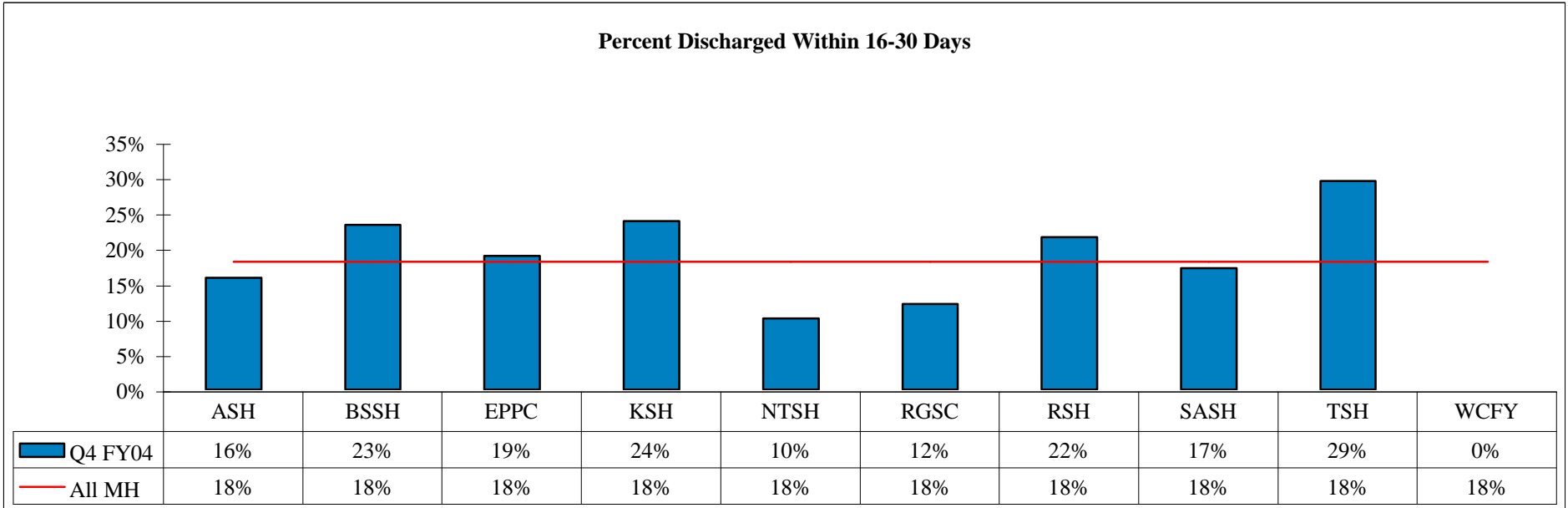
Data Flow:



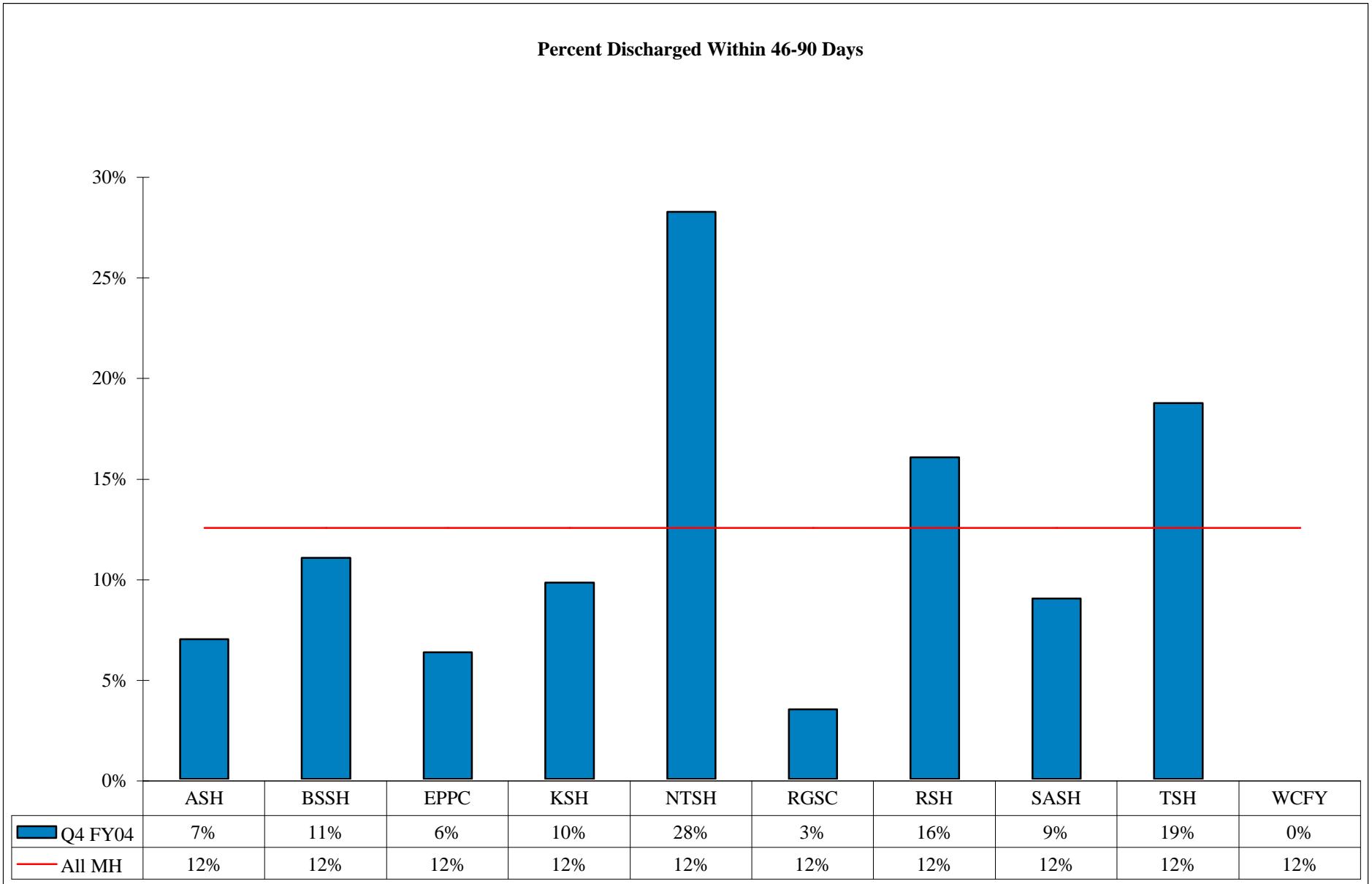
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities



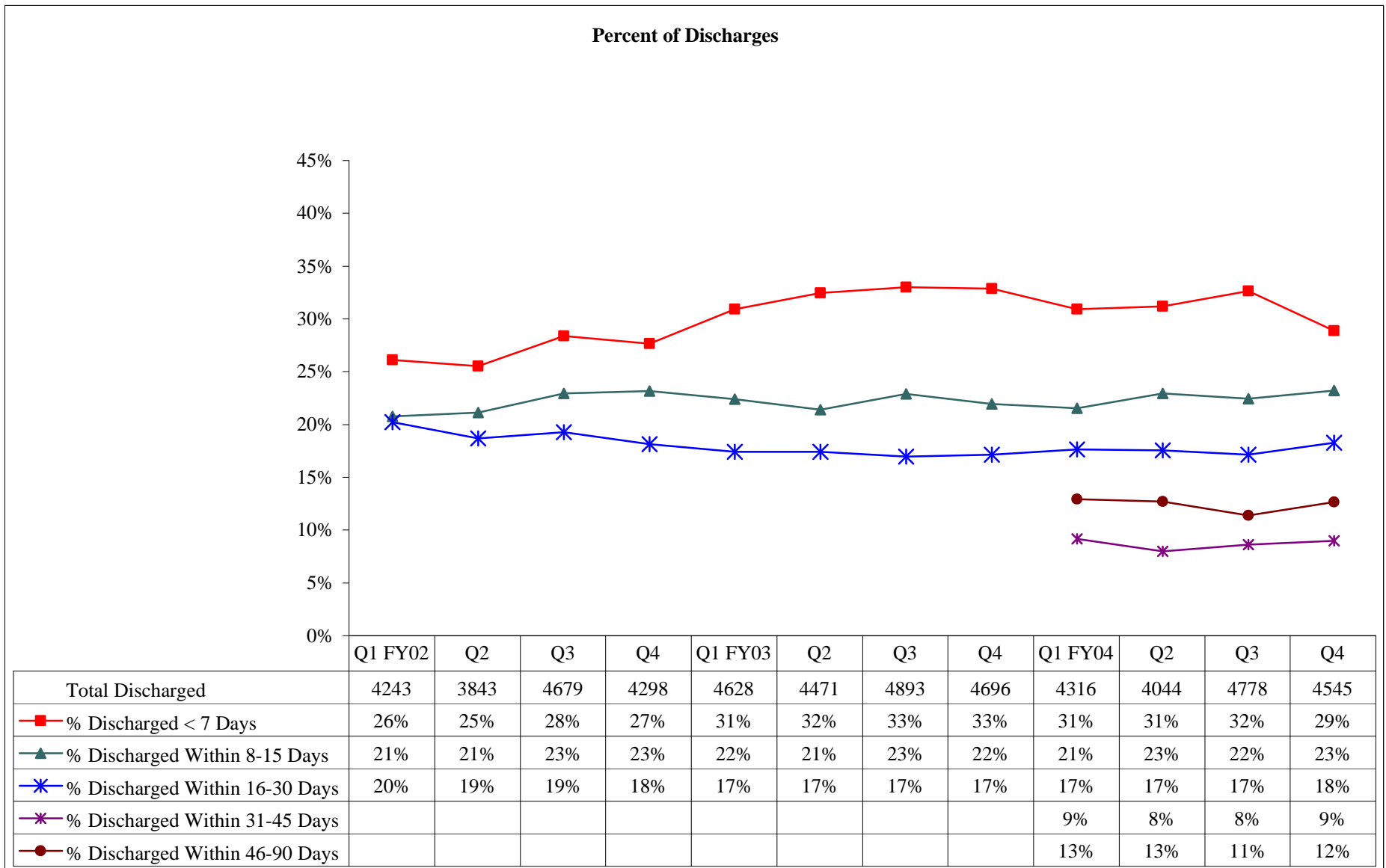
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities



Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities

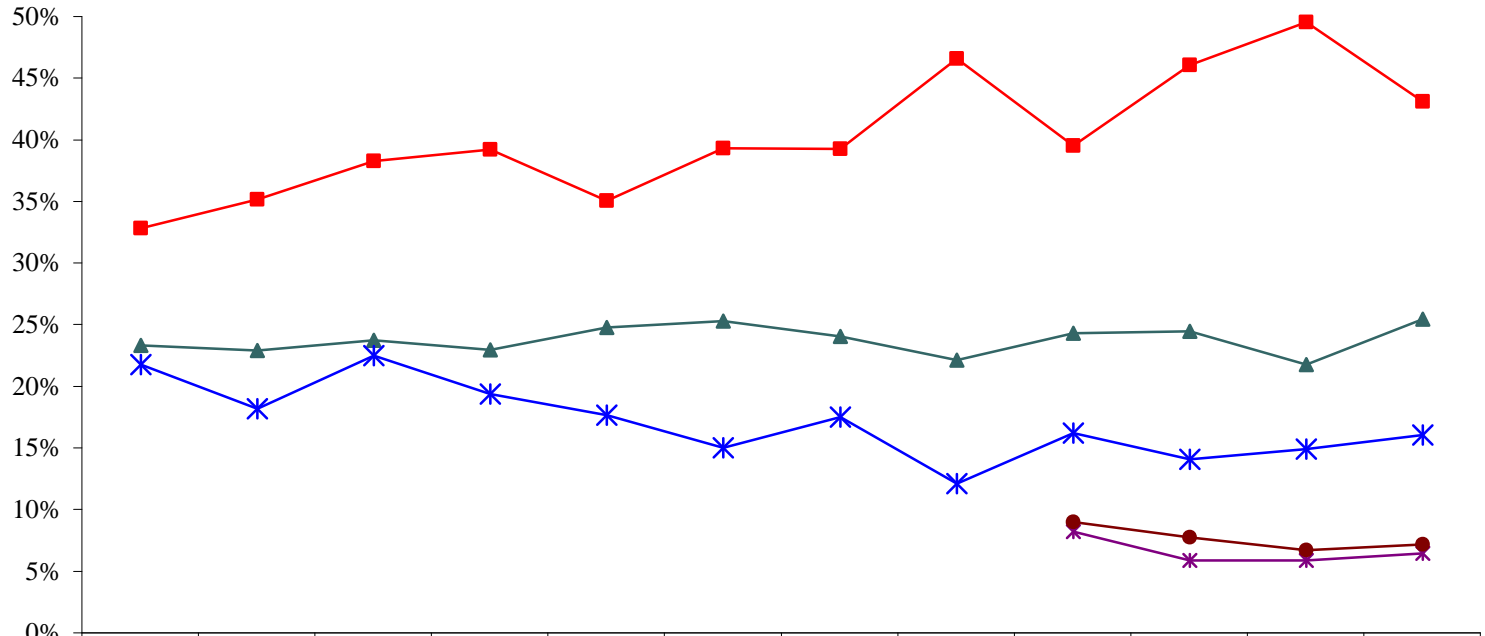


Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities



Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Austin State Hospital

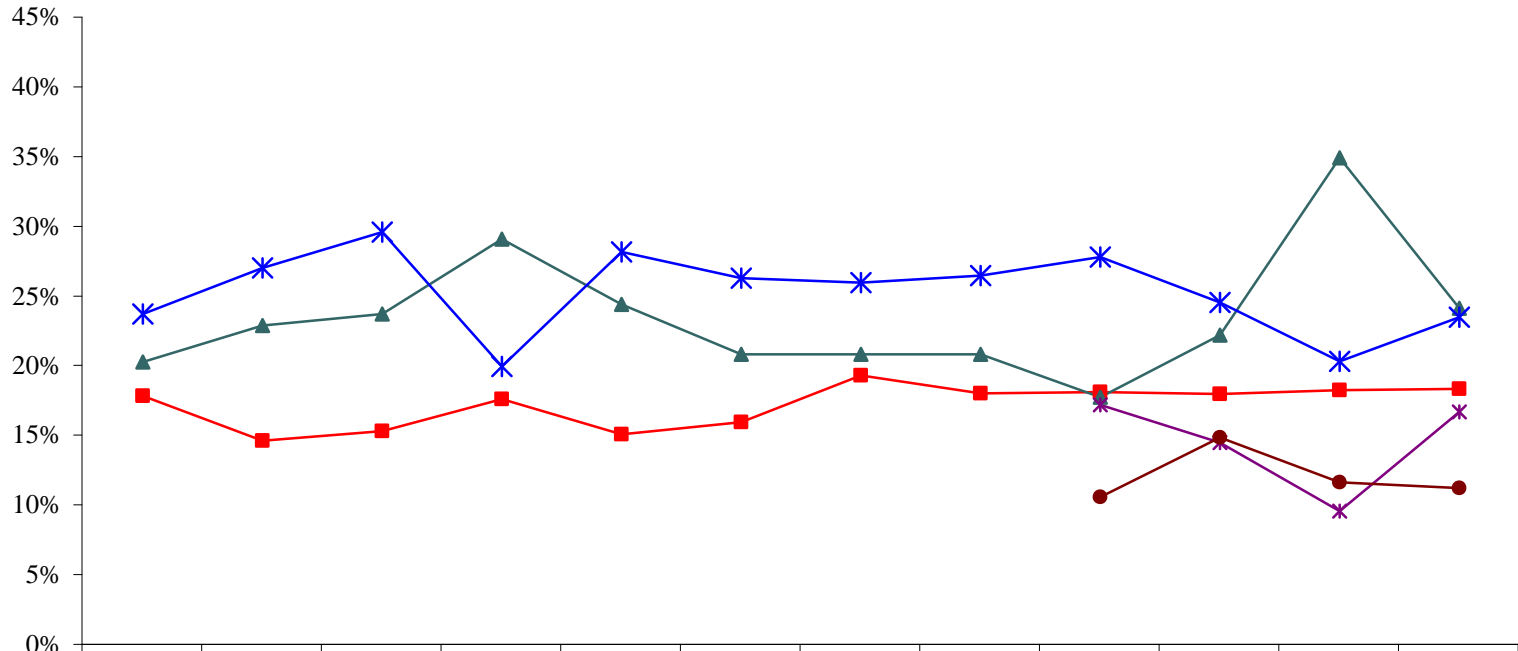
Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	947	873	1096	949	907	933	1007	949	1012	968	1198	1093
■ % Discharged < 7 Days	33%	35%	38%	39%	35%	39%	39%	46%	39%	46%	49%	43%
▲ % Discharged Within 8-15 Days	23%	23%	24%	23%	25%	25%	24%	22%	24%	24%	22%	25%
✱ % Discharged Within 16-30 Days	22%	18%	22%	19%	17%	15%	17%	12%	16%	14%	15%	16%
✱ % Discharged Within 31-45 Days									8%	6%	6%	6%
● % Discharged Within 46-90 Days									9%	8%	7%	7%

Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Big Spring State Hospital

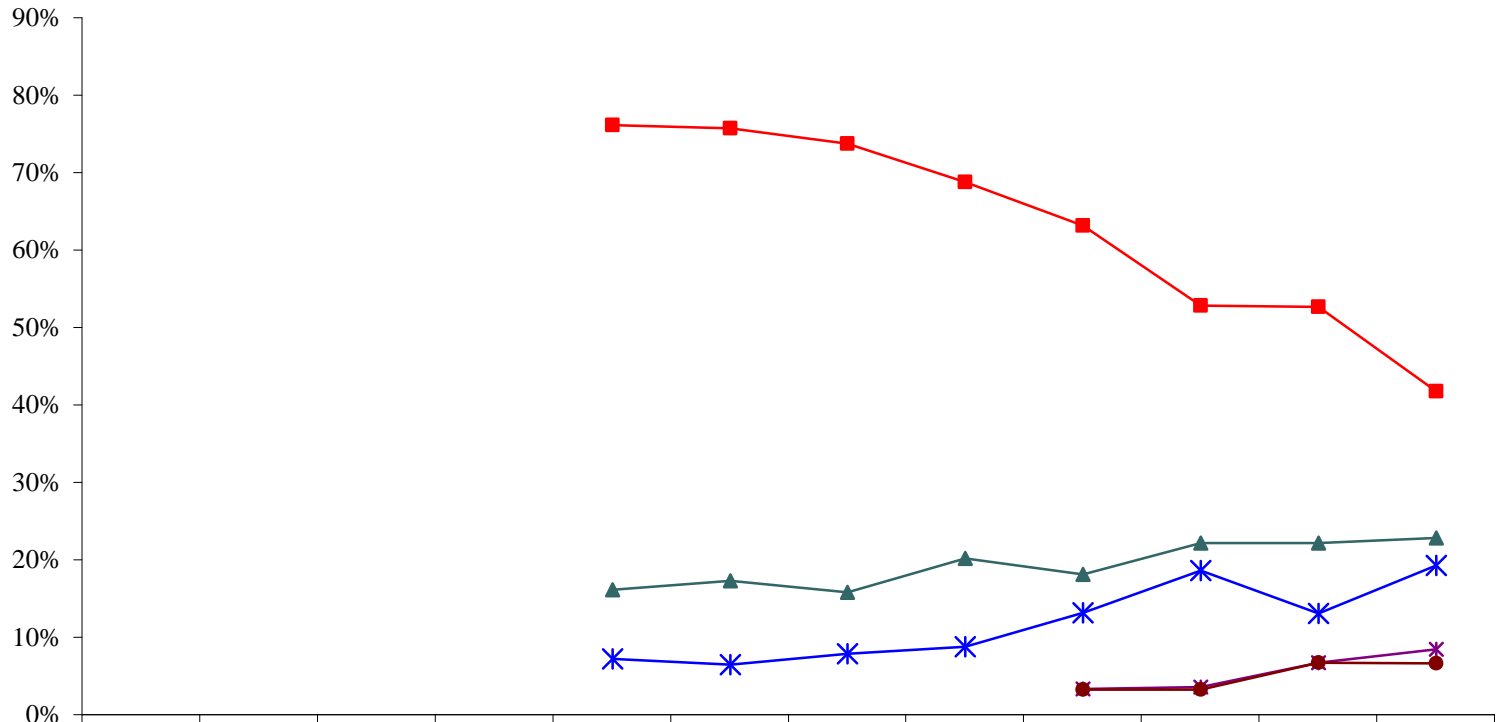
Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	289	291	357	339	322	330	330	320	279	259	288	309
■ % Discharged < 7 Days	18%	14%	15%	17%	15%	16%	19%	18%	18%	18%	18%	18%
▲ % Discharged Within 8-15 Days	20%	23%	24%	29%	24%	21%	21%	21%	18%	22%	35%	24%
✱ % Discharged Within 16-30 Days	24%	27%	29%	20%	28%	26%	26%	26%	28%	24%	20%	23%
✱ % Discharged Within 31-45 Days									17%	14%	9%	17%
● % Discharged Within 46-90 Days									10%	15%	11%	11%

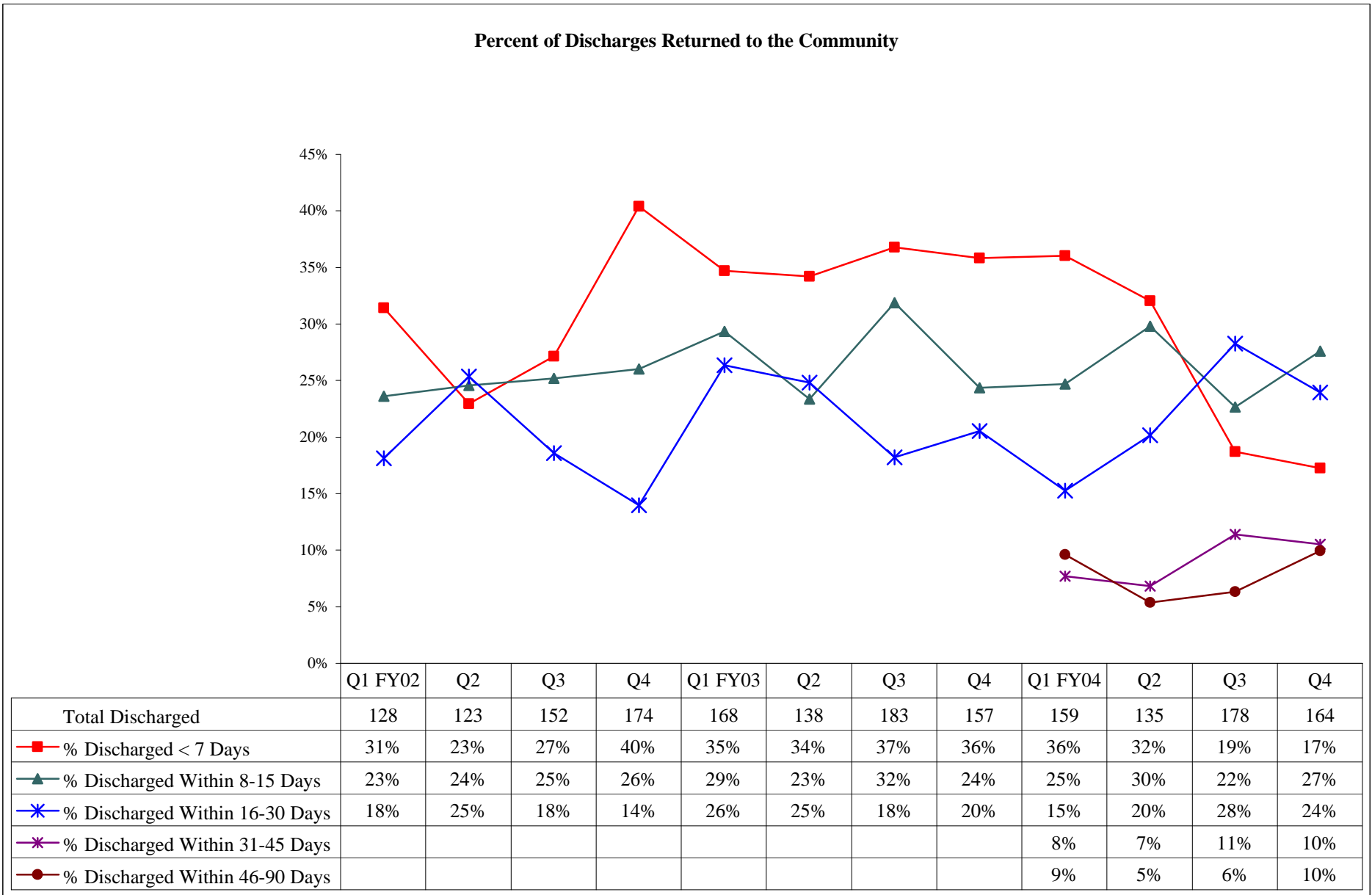
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
El Paso Psychiatric Center

Percent of Discharges Returned to the Community



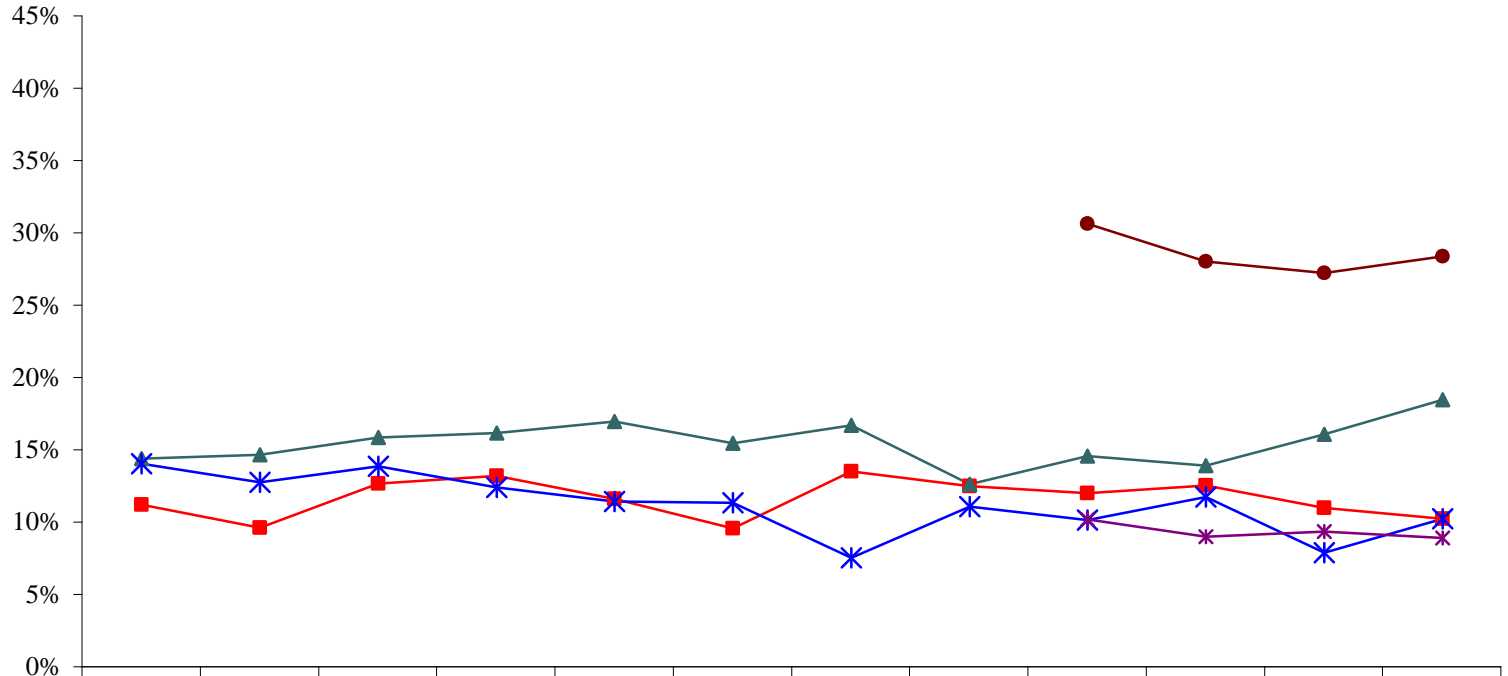
	Q1 FY01	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged					495	536	557	488	344	307	298	222
■ % Discharged < 7 Days					76%	75%	73%	68%	63%	52%	52%	41%
▲ % Discharged Within 8-15 Days					16%	17%	15%	20%	18%	22%	22%	23%
* % Discharged Within 16-30 Days					7%	6%	8%	8%	13%	18%	13%	19%
* % Discharged Within 31-45 Days									3%	3%	6%	8%
● % Discharged Within 46-90 Days									3%	3%	6%	6%

Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Kerrville State Hospital



Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
North Texas State Hospital

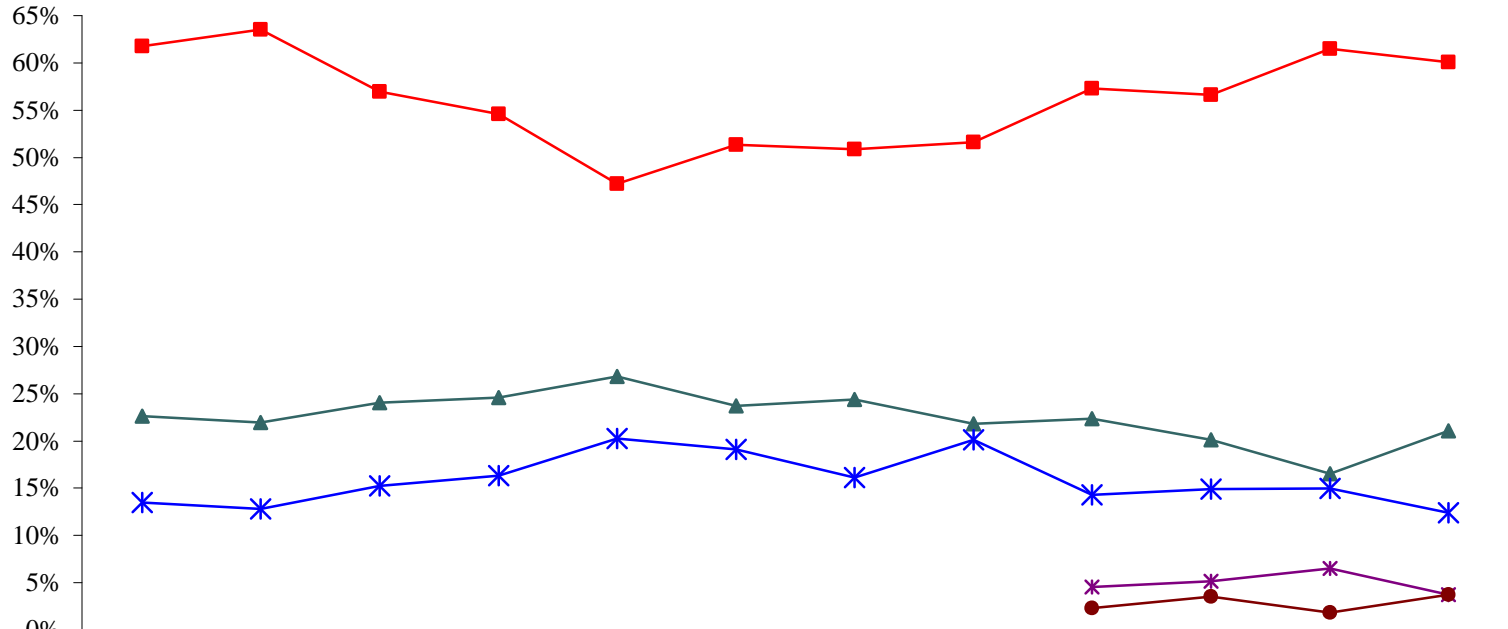
Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	598	573	658	614	596	511	600	570	542	510	610	596
■ % Discharged < 7 Days	11%	9%	12%	13%	11%	9%	13%	12%	12%	12%	11%	10%
▲ % Discharged Within 8-15 Days	14%	14%	16%	16%	17%	15%	17%	12%	14%	14%	16%	18%
✱ % Discharged Within 16-30 Days	14%	13%	14%	12%	11%	11%	7%	11%	10%	12%	8%	10%
✱ % Discharged Within 31-45 Days									10%	9%	9%	9%
● % Discharged Within 46-90 Days									30%	28%	27%	28%

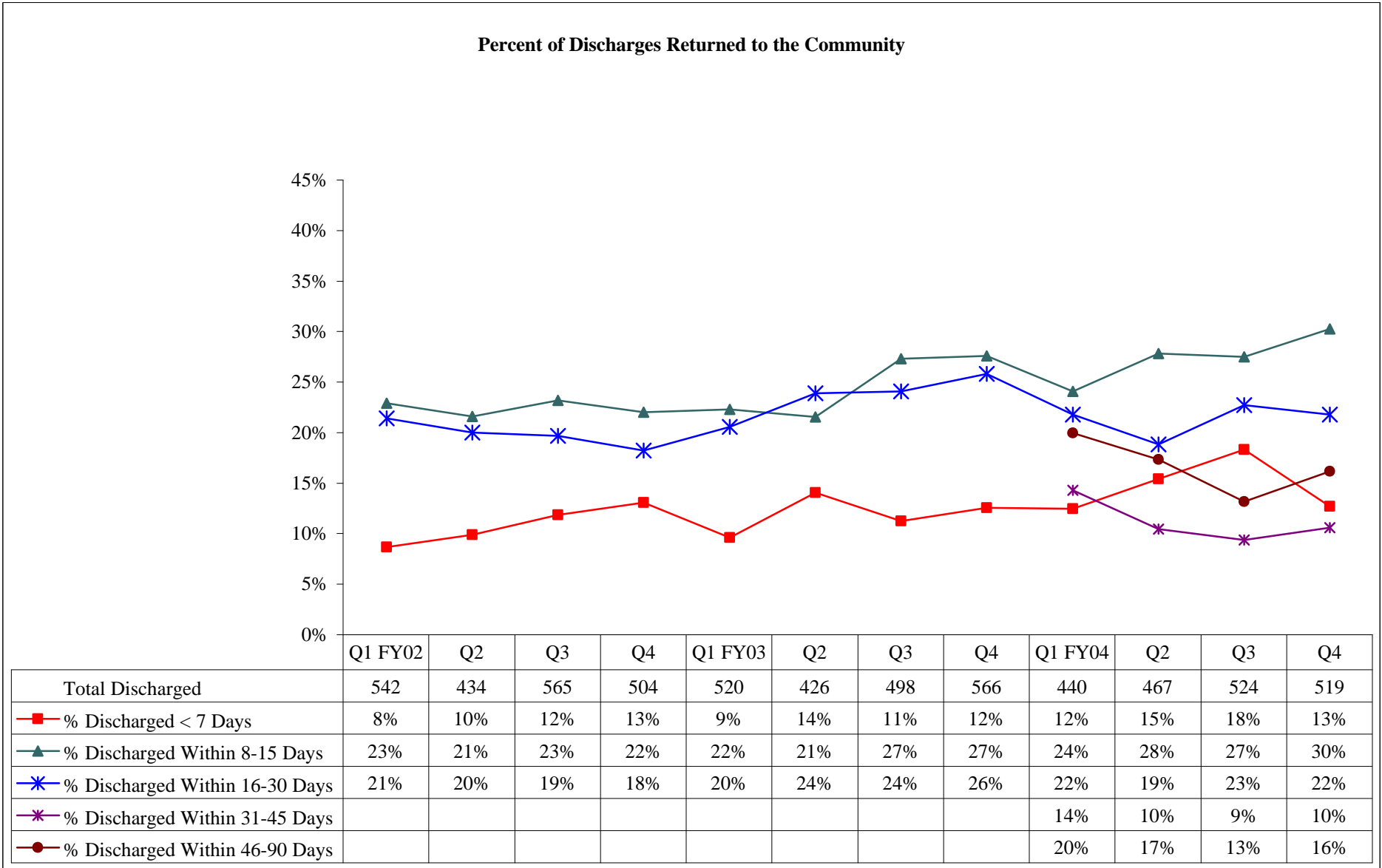
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Rio Grande State Center

Percent of Discharges Returned to the Community



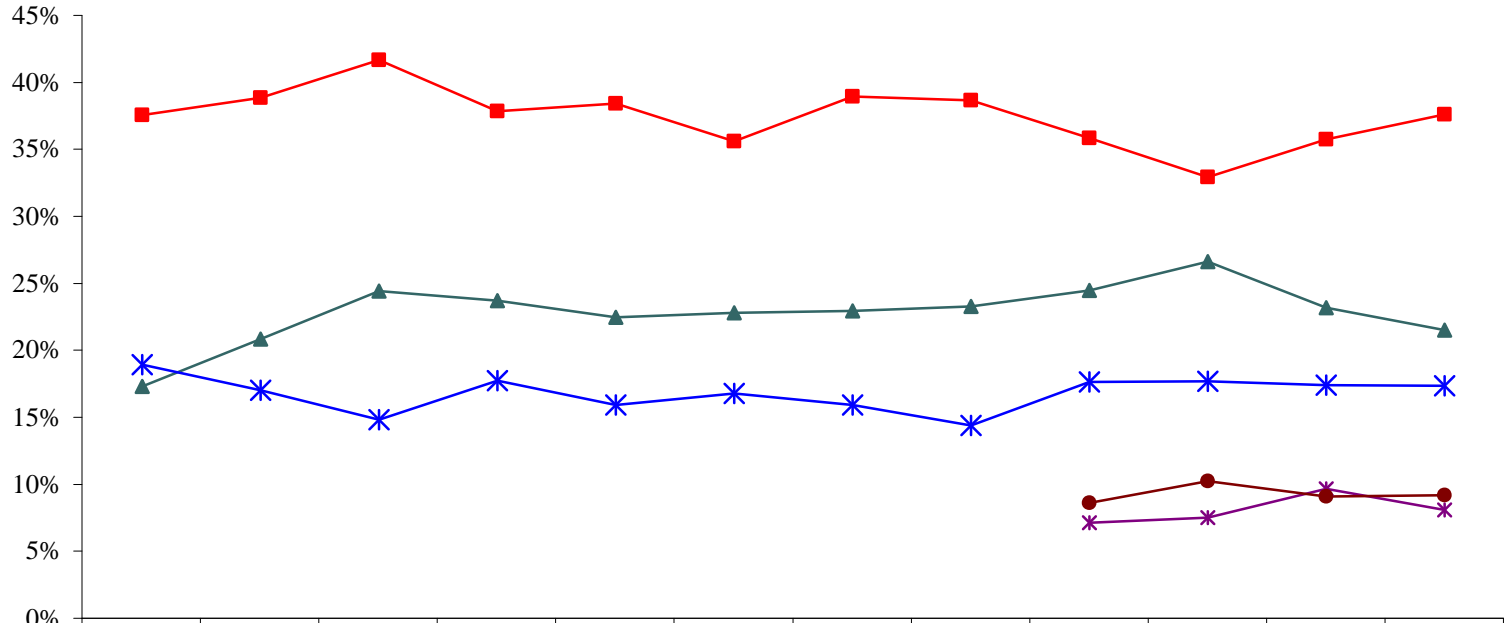
	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	371	272	328	280	275	282	328	302	349	307	387	346
■ % Discharged < 7 Days	61%	63%	57%	54%	47%	51%	51%	51%	57%	56%	61%	60%
▲ % Discharged Within 8-15 Days	22%	22%	24%	24%	27%	23%	24%	22%	22%	20%	16%	21%
✱ % Discharged Within 16-30 Days	13%	13%	15%	16%	20%	19%	16%	20%	14%	15%	15%	12%
✱ % Discharged Within 31-45 Days									4%	5%	6%	3%
● % Discharged Within 46-90 Days									2%	3%	2%	3%

Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Rusk State Hospital



Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
San Antonio State Hospital

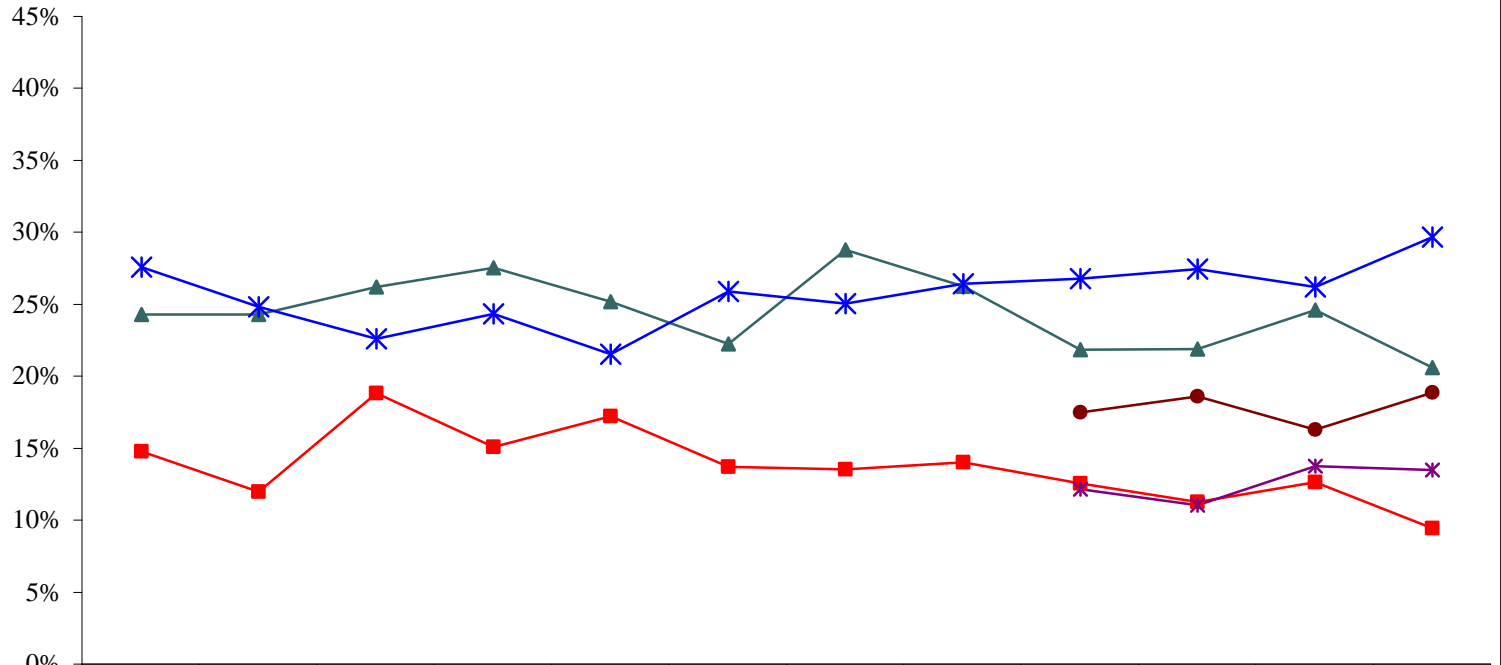
Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	720	683	854	770	719	681	743	697	676	617	709	746
■ % Discharged < 7 Days	37%	39%	41%	38%	38%	35%	39%	38%	36%	33%	36%	37%
▲ % Discharged Within 8-15 Days	17%	21%	24%	24%	22%	23%	23%	23%	24%	26%	23%	21%
✱ % Discharged Within 16-30 Days	19%	17%	15%	18%	16%	17%	16%	14%	17%	18%	17%	17%
✱ % Discharged Within 31-45 Days									7%	7%	9%	8%
● % Discharged Within 46-90 Days									8%	10%	9%	9%

Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Terrell State Hospital

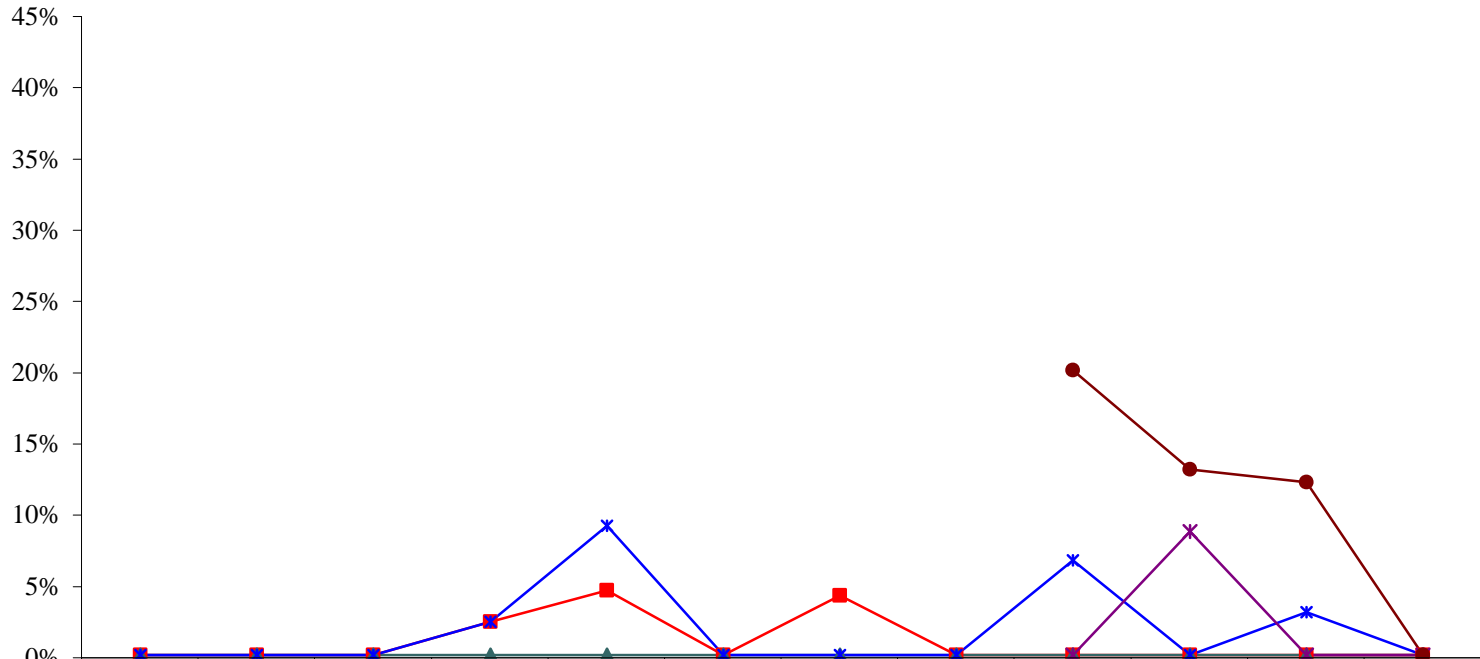
Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	631	560	638	625	604	607	623	614	485	451	553	519
■ % Discharged < 7 Days	15%	12%	19%	15%	17%	14%	13%	14%	12%	11%	12%	9%
▲ % Discharged Within 8-15 Days	24%	24%	26%	27%	25%	22%	29%	26%	22%	22%	24%	20%
✱ % Discharged Within 16-30 Days	27%	25%	22%	24%	21%	26%	25%	26%	27%	27%	26%	29%
✱ % Discharged Within 31-45 Days									12%	11%	14%	13%
● % Discharged Within 46-90 Days									17%	18%	16%	19%

Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Waco Center for Youth

Percent of Discharges Returned to the Community



	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Total Discharged	17	34	31	43	22	27	24	33	30	23	33	31
■ % Discharged < 7 Days	0%	0%	0%	2%	5%	0%	4%	0%	0%	0%	0%	0%
▲ % Discharged Within 8-15 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 16-30 Days	0%	0%	0%	2%	9%	0%	0%	0%	7%	0%	3%	0%
* % Discharged Within 31-45 Days									0%	9%	0%	0%
● % Discharged Within 46-90 Days									20%	13%	12%	0%

Performance Measure 4C:

Average length of stay in a state mental health facility at time of discharge will be calculated on a quarterly basis. (LBB Measure – Reported Annually)

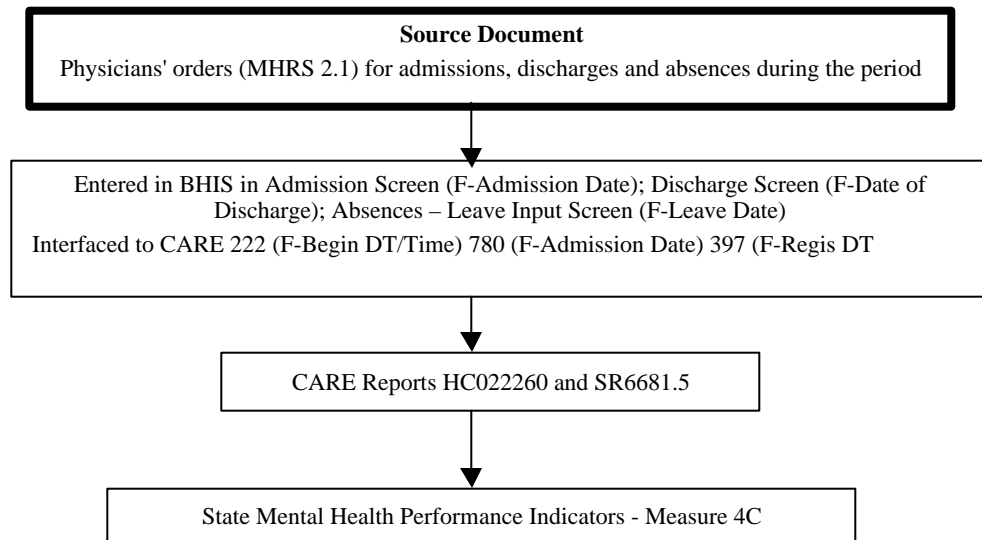
Performance Measure Operational Definition: The facility average length of stay at discharged using admissions, absence and discharge data.

Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Residents shows the average length of stay for persons resident on the last day of the report period. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how many people were both admitted and discharged during the prior twelve months. Average Length of Stay in Hospitals at Time of Discharge (SR6681.5) is used to report to the Legislative Budget Board. (Report does not include persons who either died or who were transferred to another campus-based program. It does count all persons who were discharged in all other manners, and who were sent on Absence Trial Placement (ATP) but not discharged during the quarter. This report uses gross length of stay, which is calculated by subtracting the date of admission from the date of discharge).

Performance Measure Data Display and Chart Description:

- ◆ Control chart with quarterly data points showing average length of stay at discharge (LBB) for individual facilities and system-wide
- ◆ Chart with quarterly data points showing average length of stay at discharge by category for individual facilities and system-wide.
- ◆ Chart with quarterly data points showing average length of stay for residents by category for individual facilities and system-wide.
- ◆ Chart with average length of stay for admitted and discharged during prior 12 months by category for individual facilities and system-wide.

Data Flow:



**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**

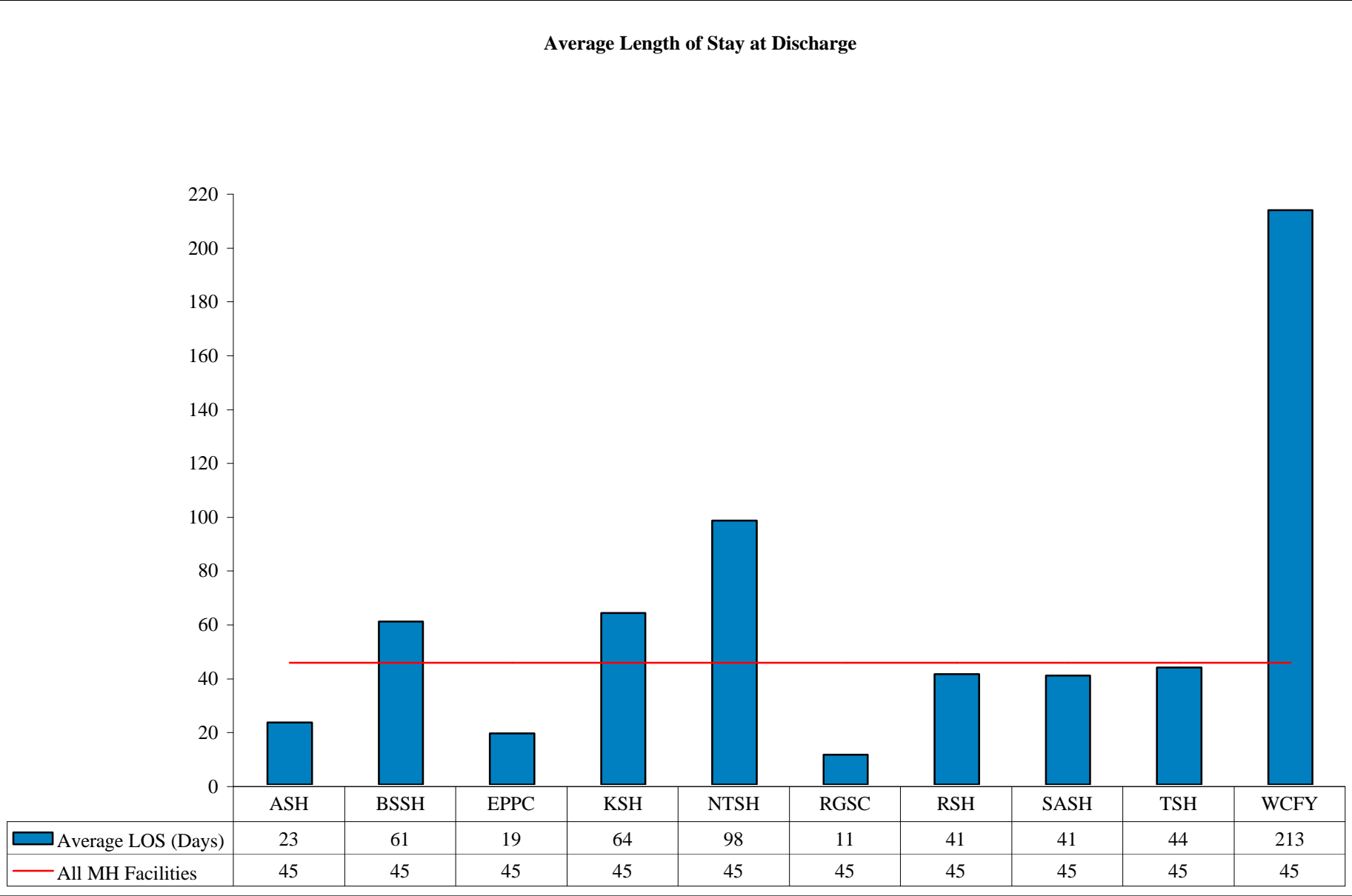
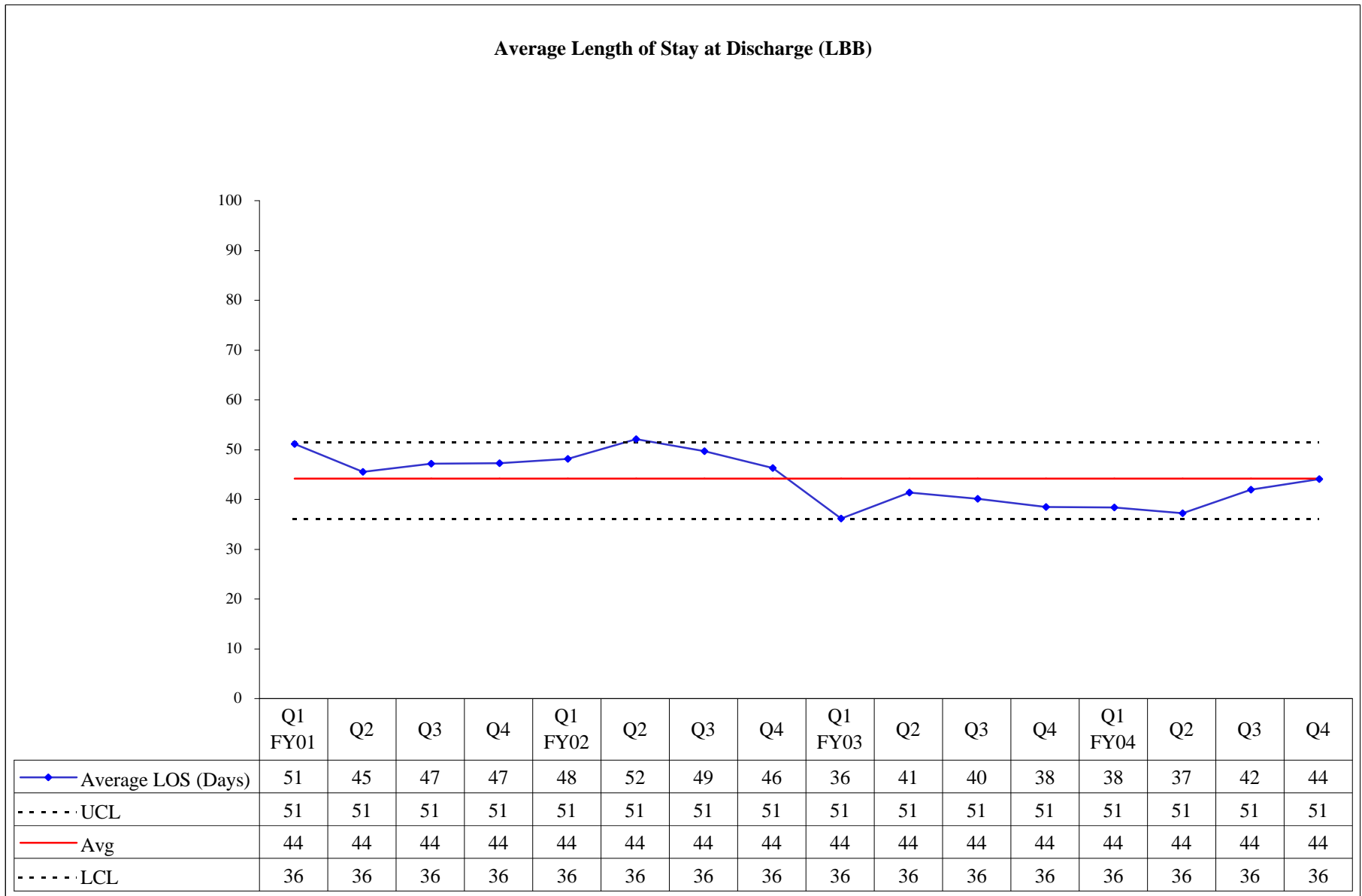


Chart: Management Data Services

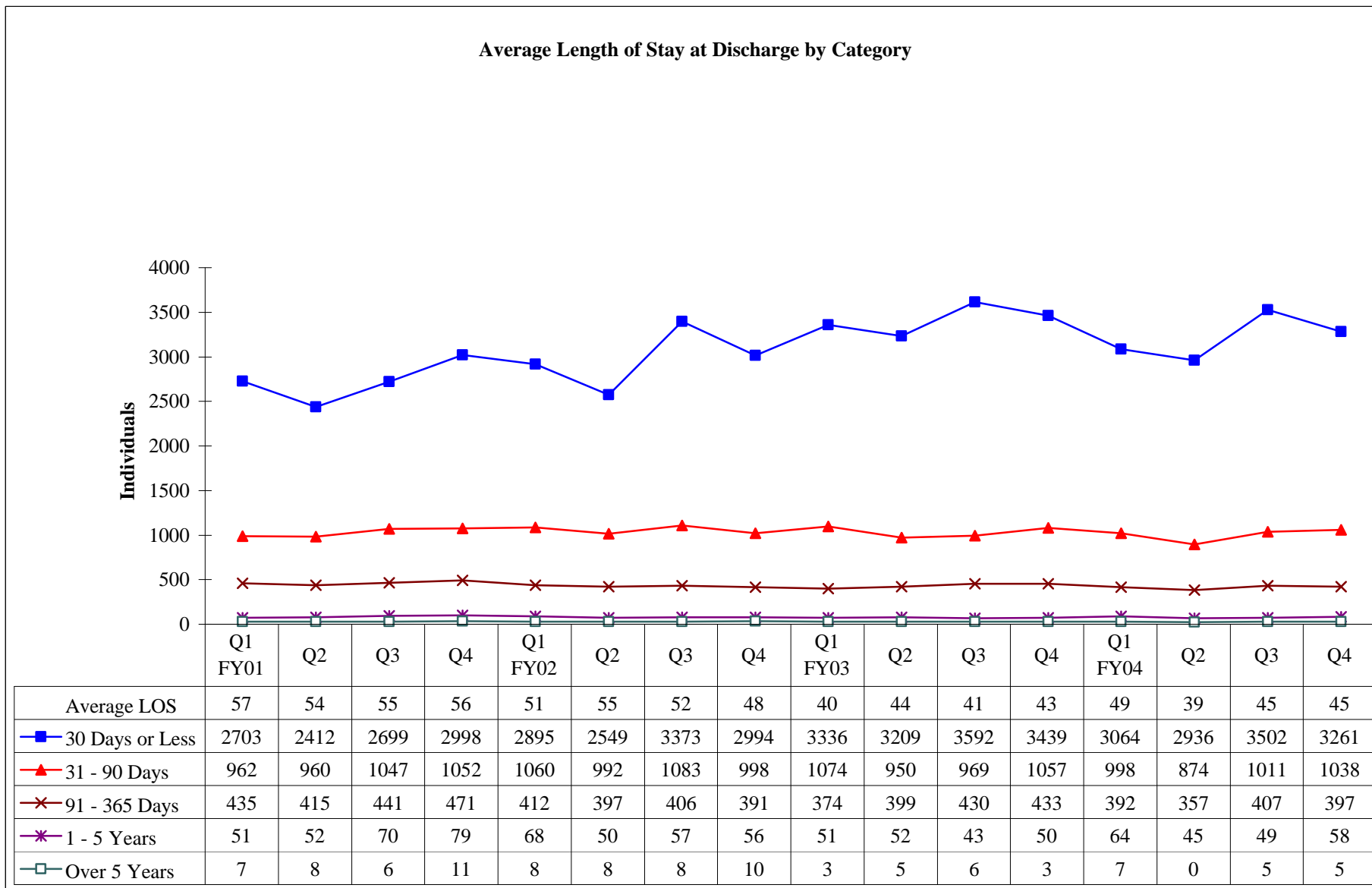
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**



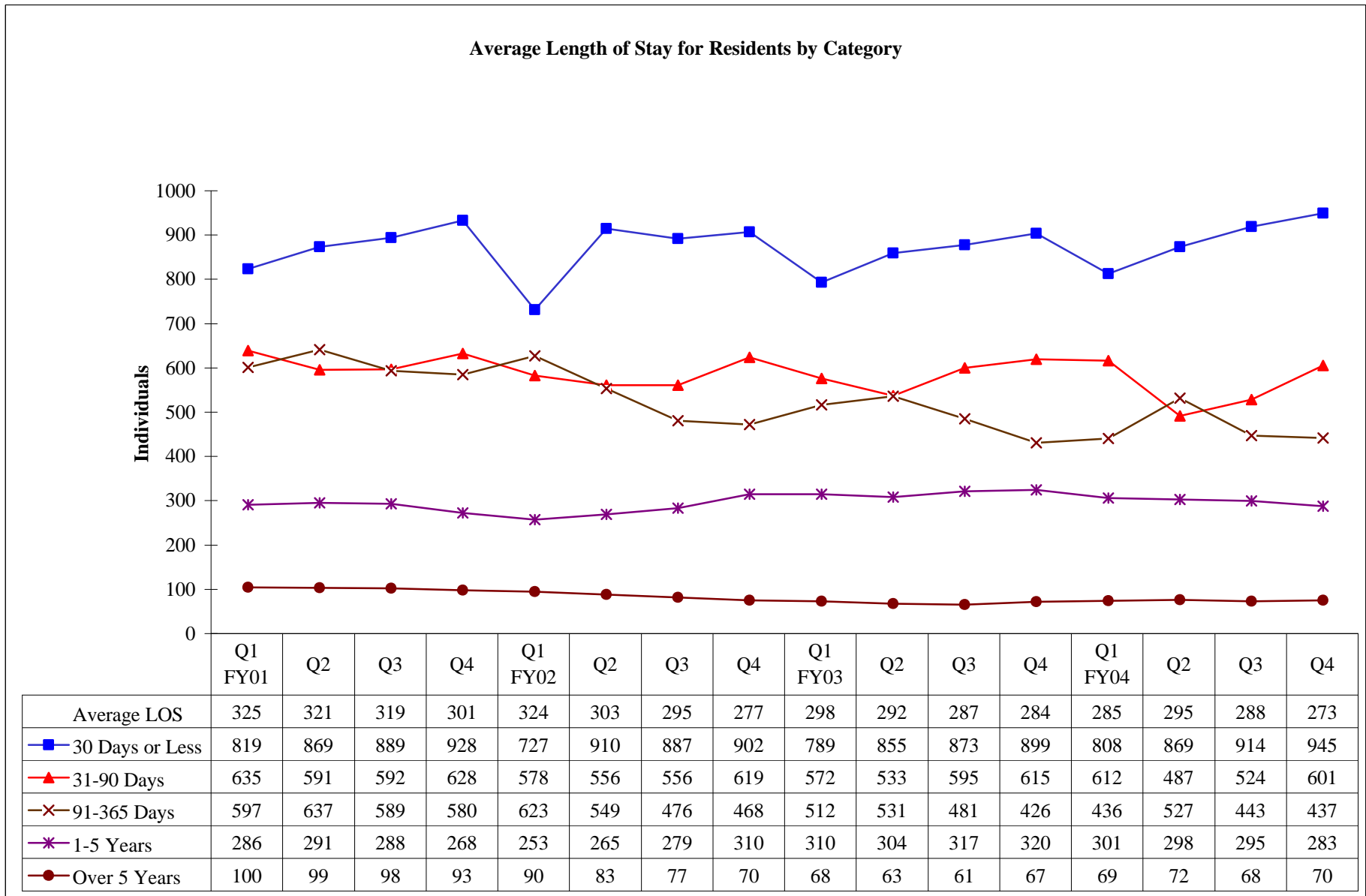
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**



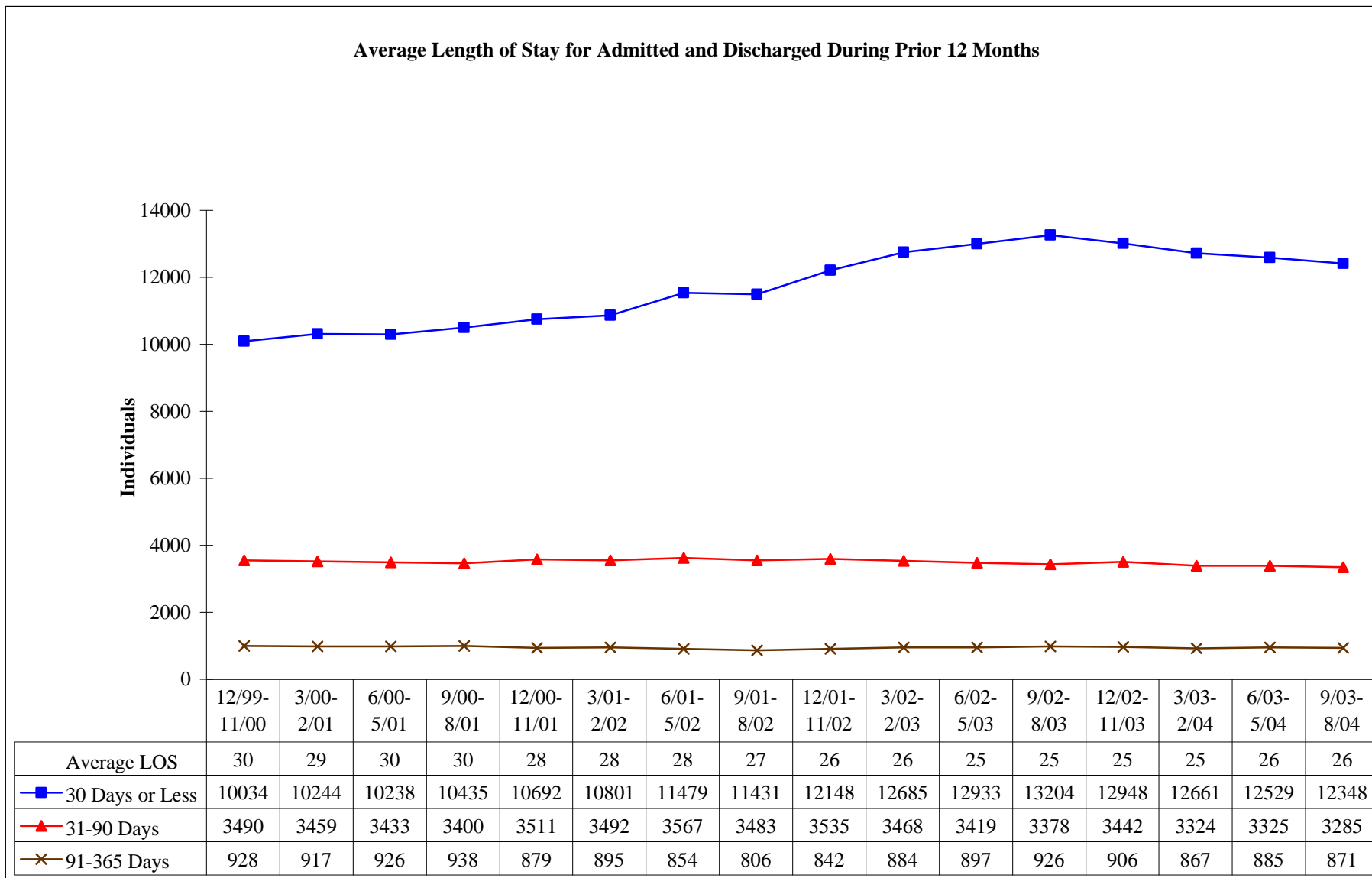
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
All MH Facilities



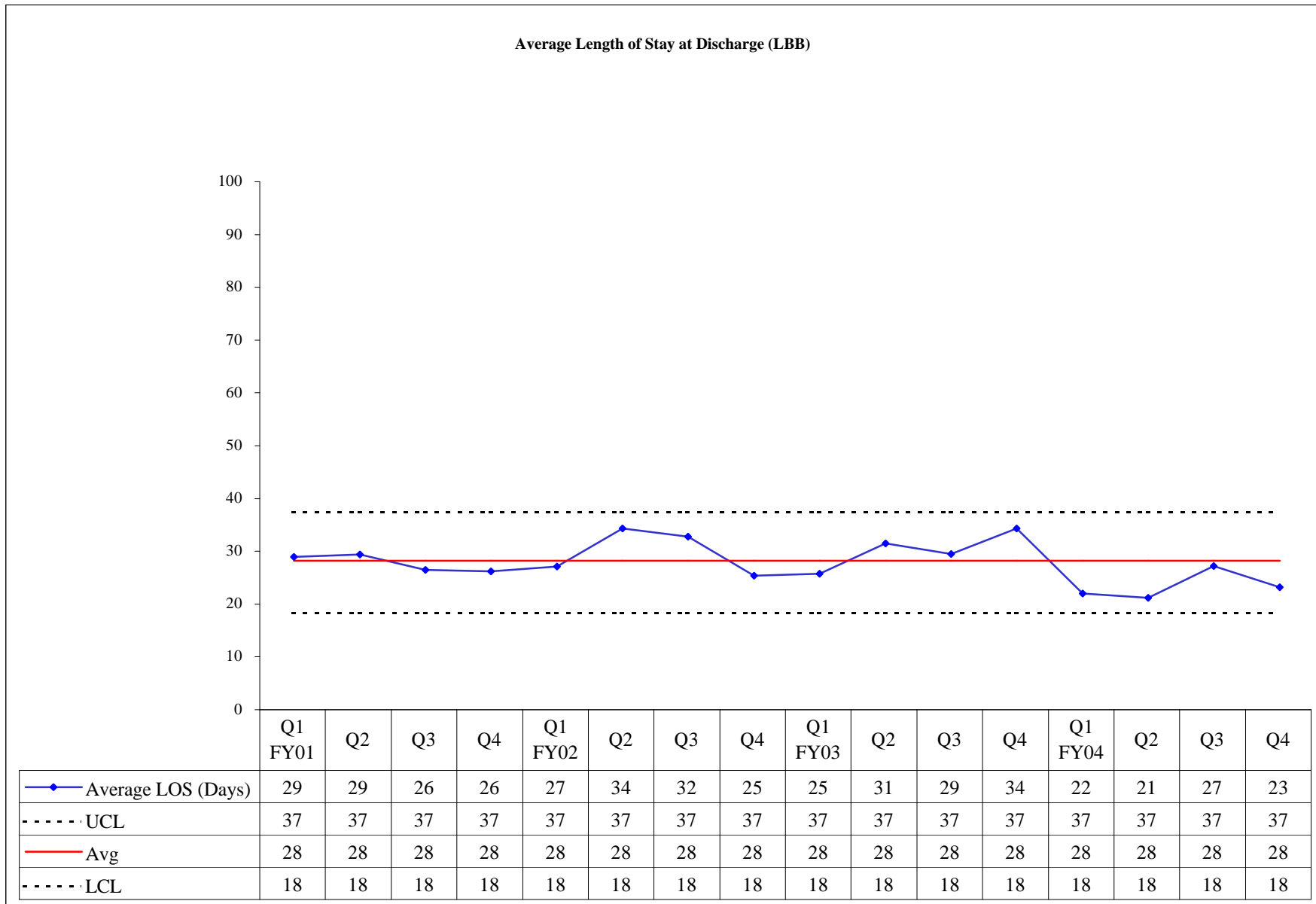
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
All MH Facilities



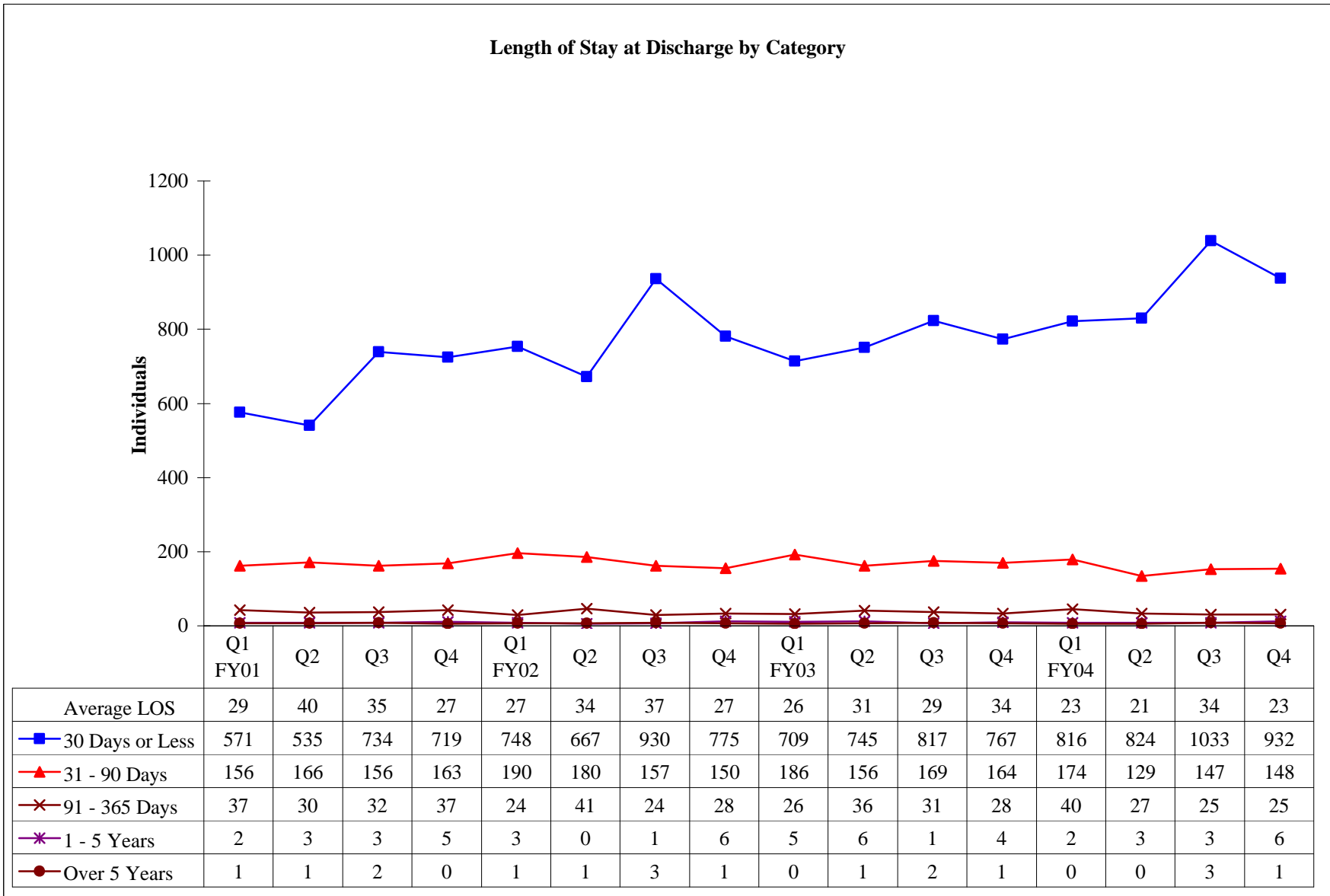
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
Austin State Hospital**



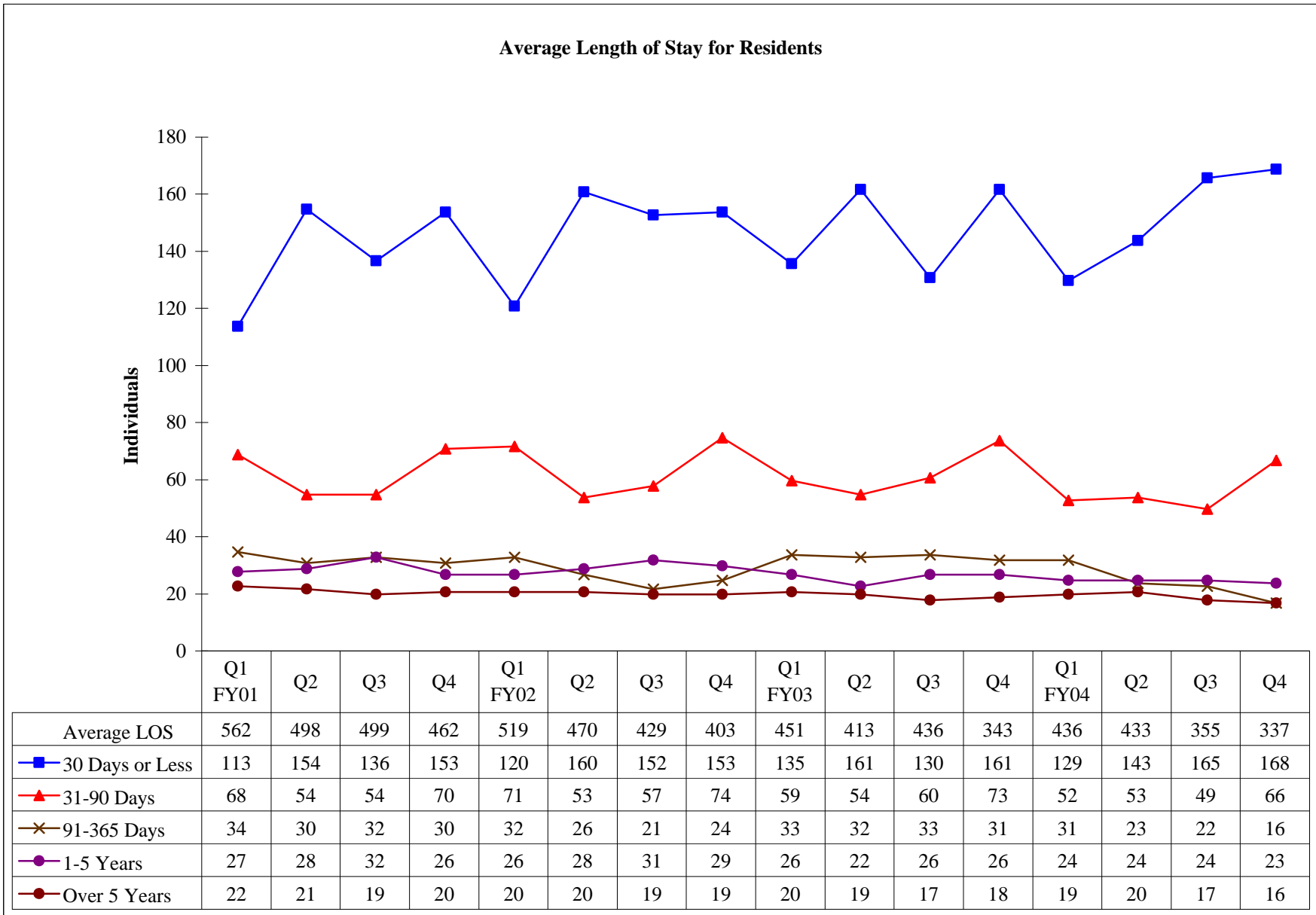
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
Austin State Hospital**



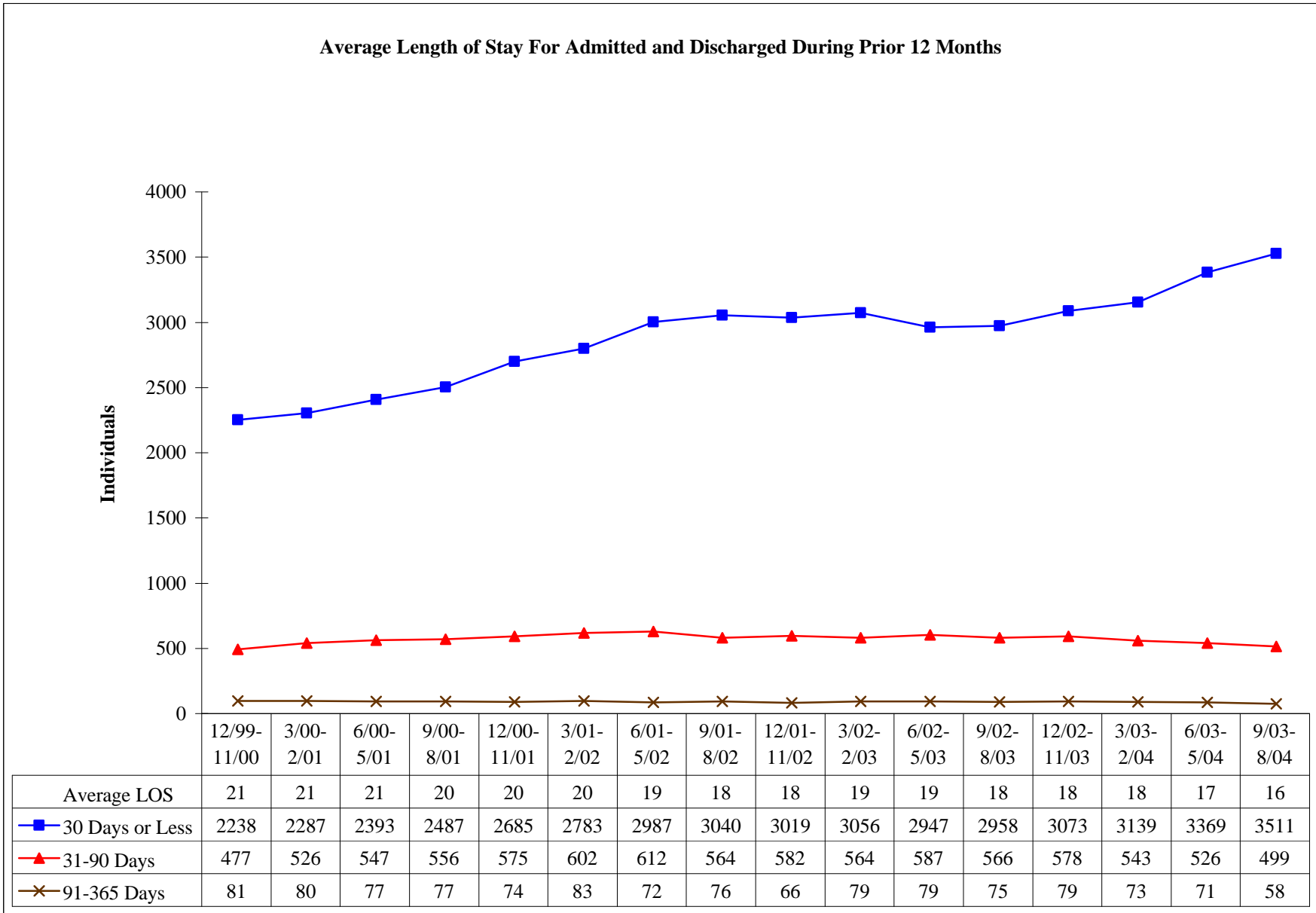
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
Austin State Hospital**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

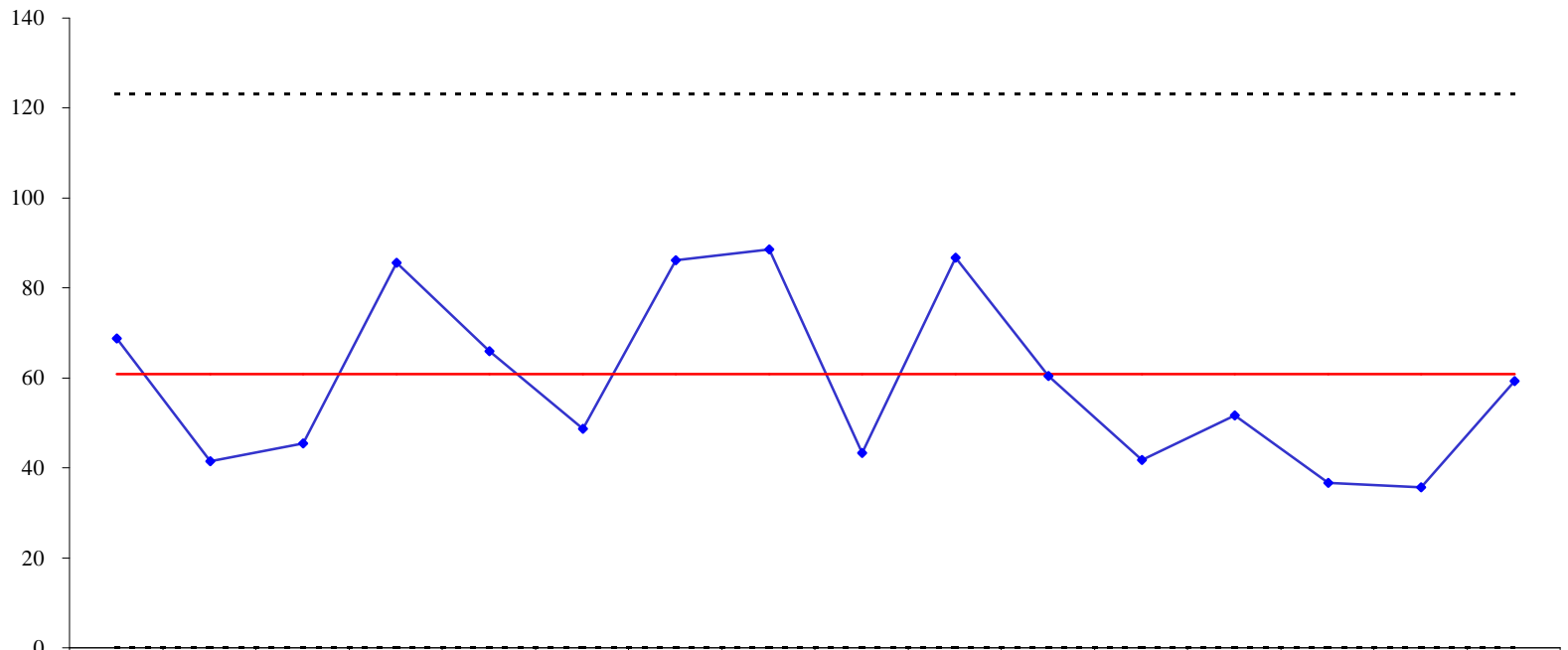
**Measure 4C - Average Length of Stay at Discharge
Austin State Hospital**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
Big Spring State Hospital

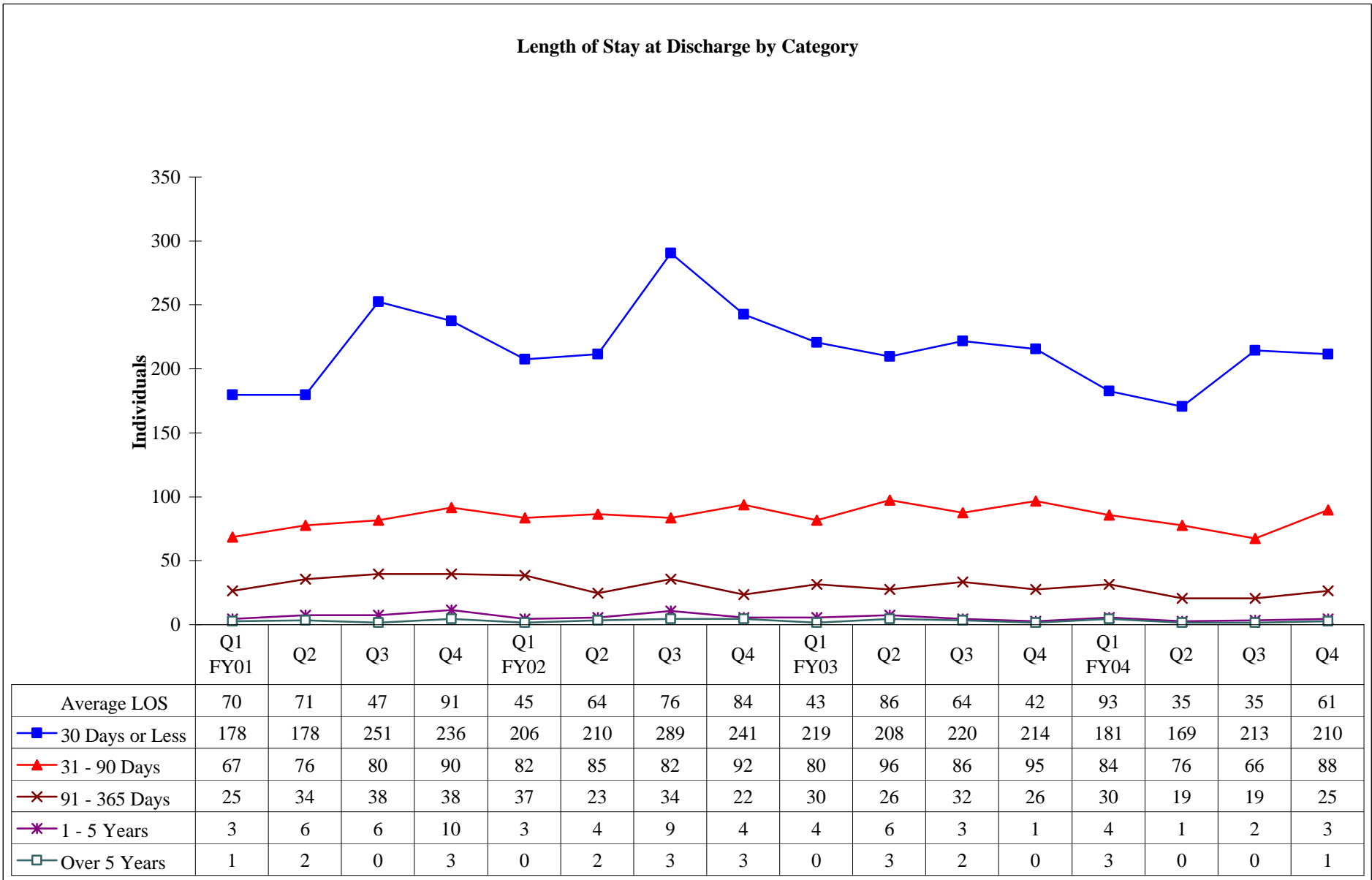
Average Length of Stay at Discharge (LBB)



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
—●— Average LOS (Days)	68	41	45	85	65	48	86	88	43	86	60	41	51	36	35	59
- - - - - UCL	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123	123
— Avg	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
- - - - - LCL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

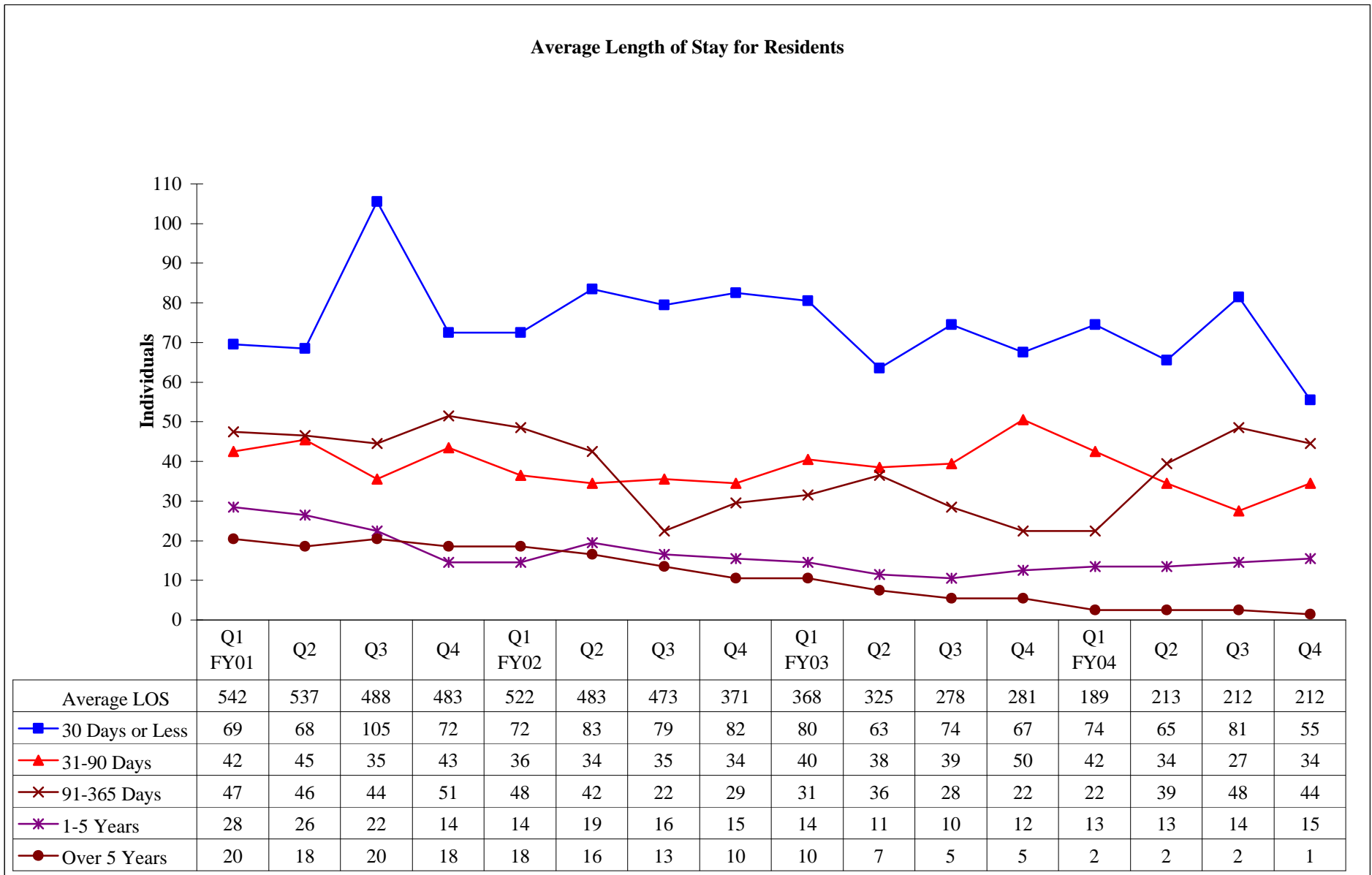
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
Big Spring State Hospital



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

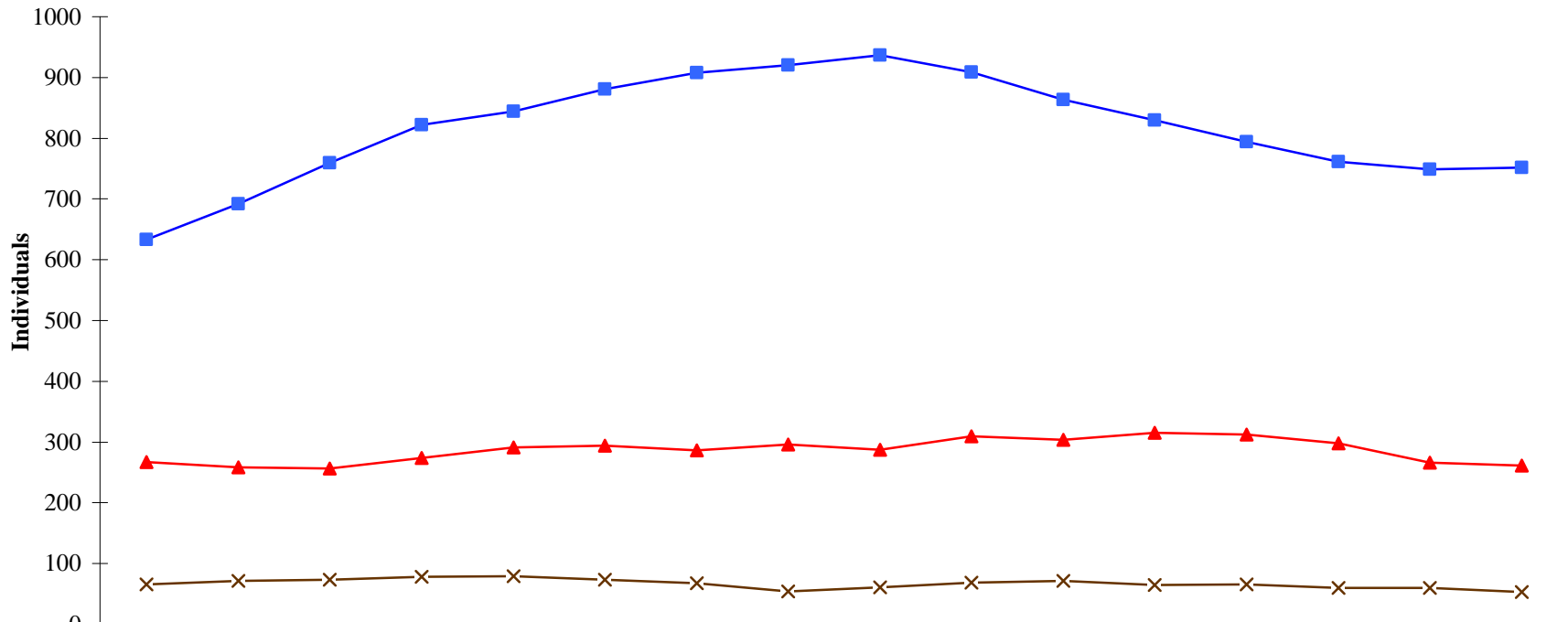
Measure 4C - Average Length of Stay at Discharge
Big Spring State Hospital



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
Big Spring State Hospital

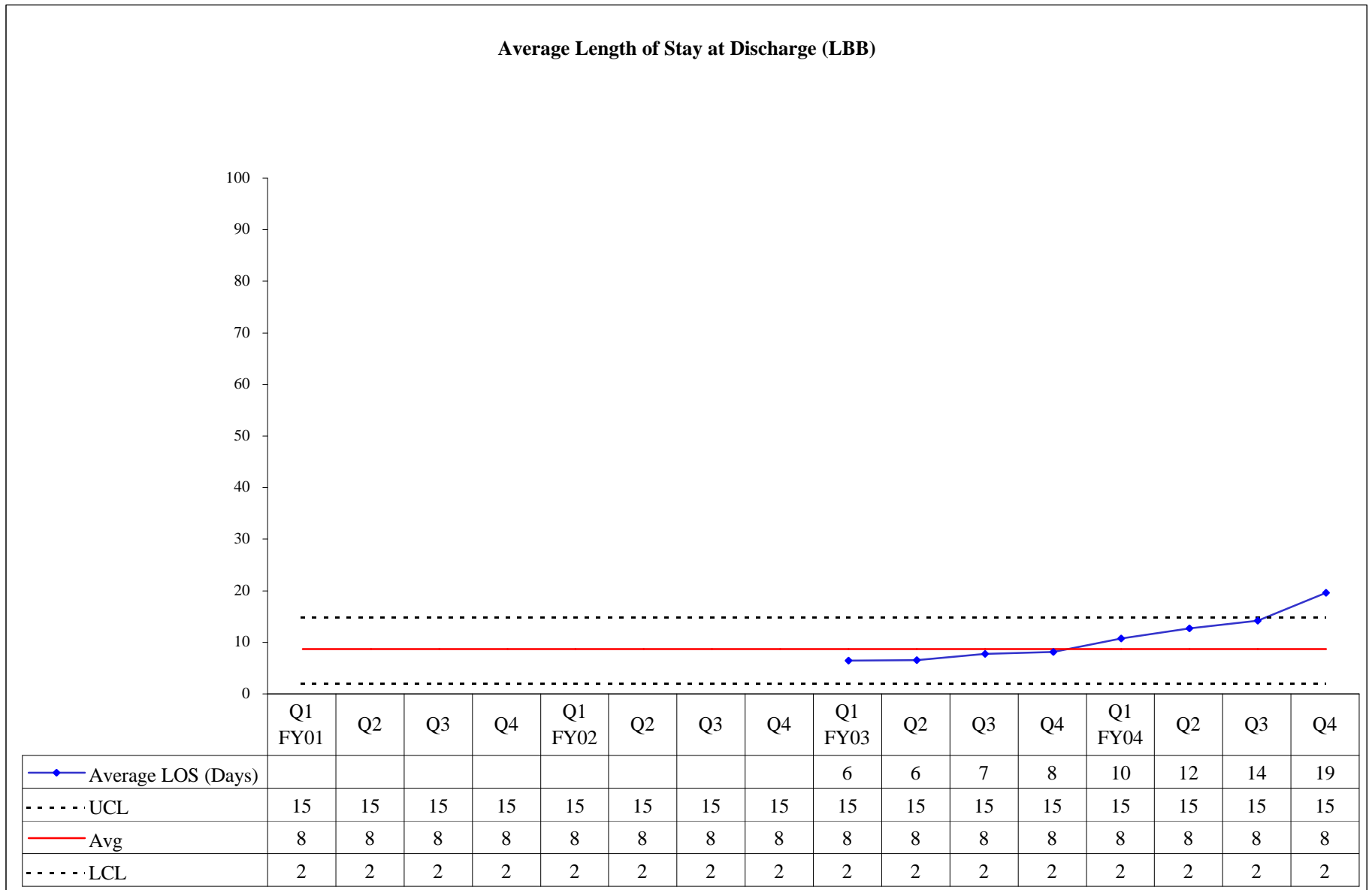
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	32	31	31	31	30	29	29	27	27	29	29	30	30	29	29	28
30 Days or Less	629	688	755	818	840	877	904	916	933	905	859	826	790	757	745	748
31-90 Days	263	254	252	270	287	290	282	292	283	305	300	311	308	294	262	257
91-365 Days	62	67	69	74	75	69	64	50	57	65	67	61	62	56	56	49

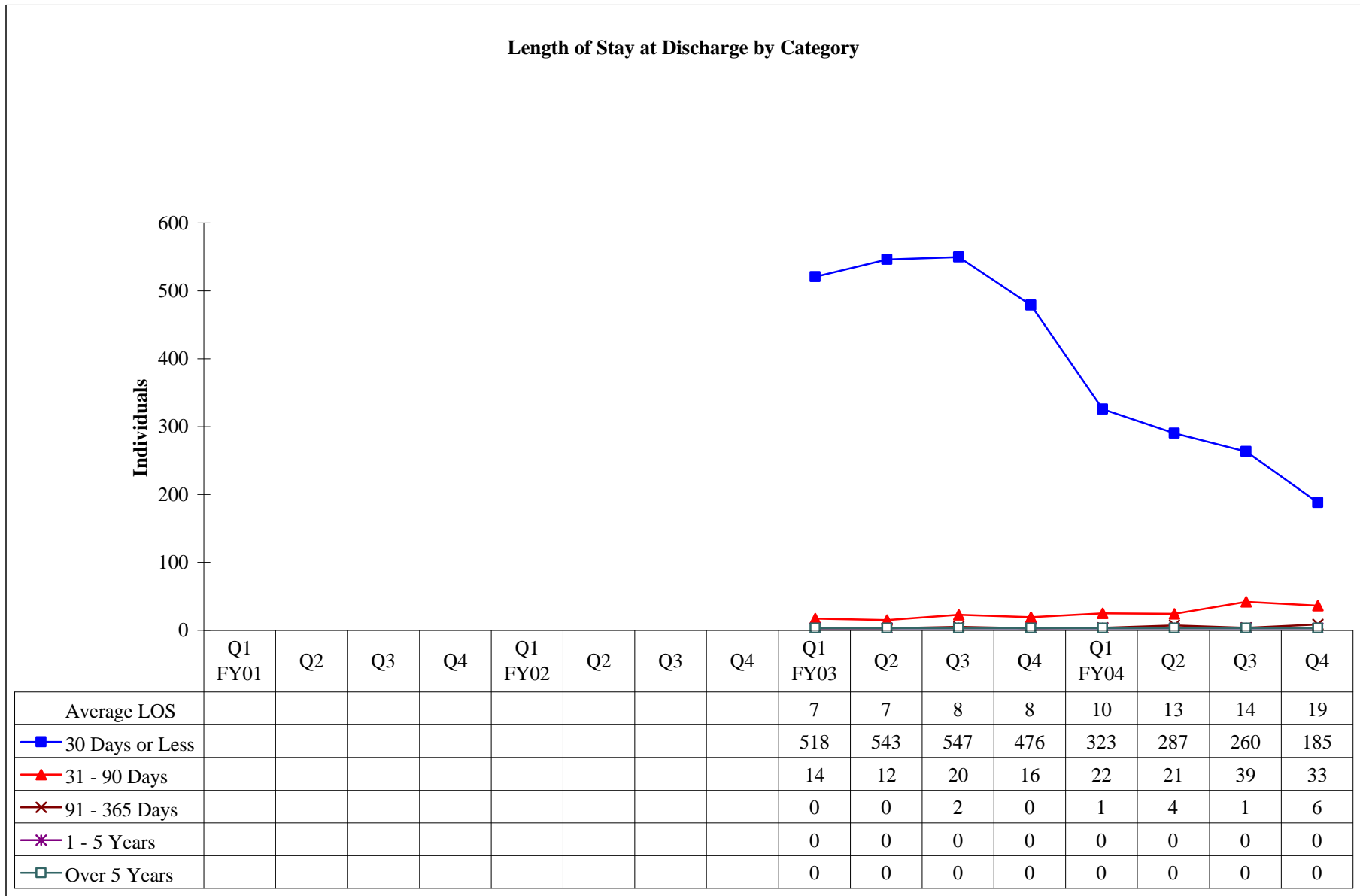
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
El Paso Psychiatric Center**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
El Paso Psychiatric Center**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
El Paso Psychiatric Center

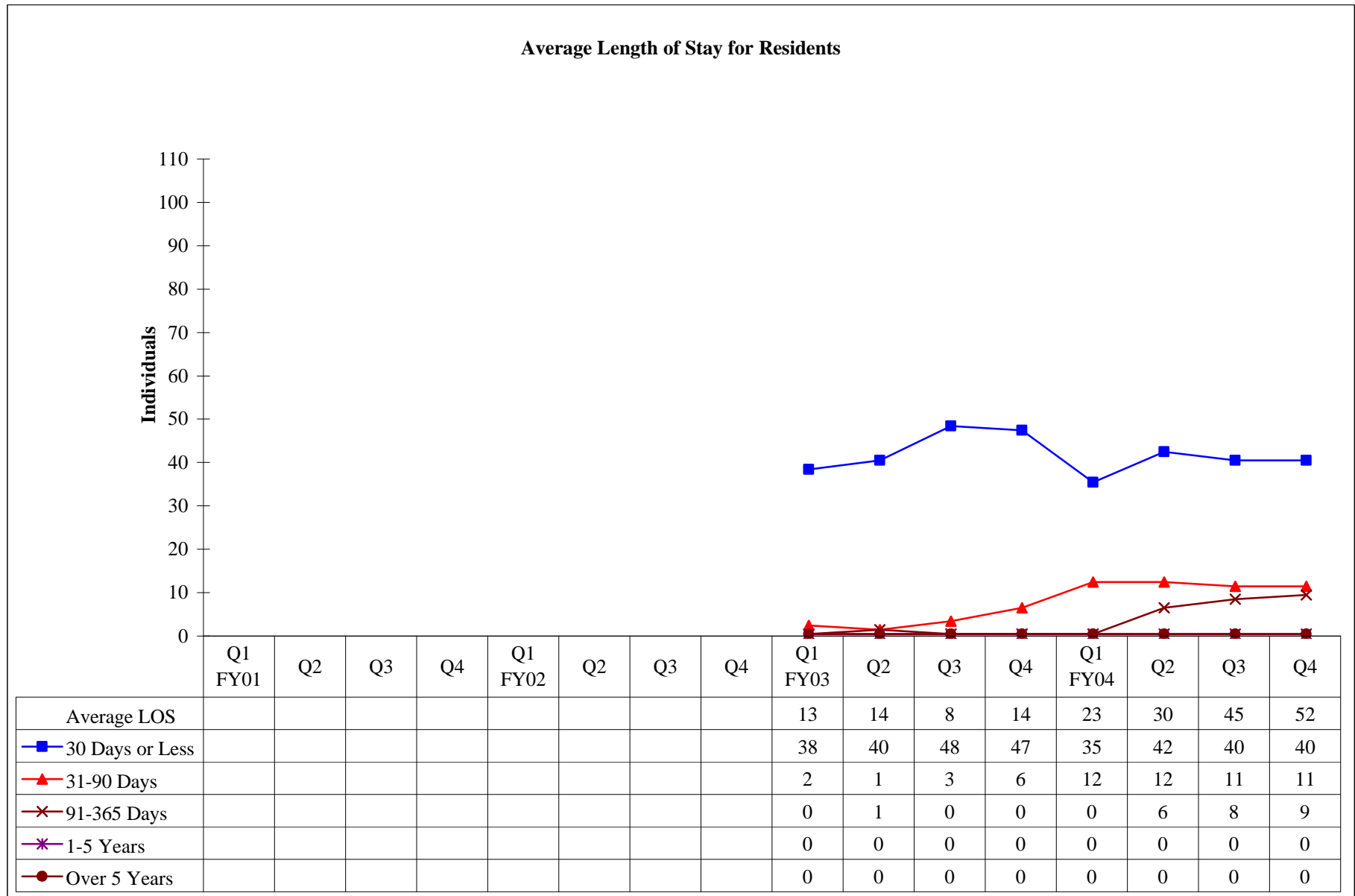
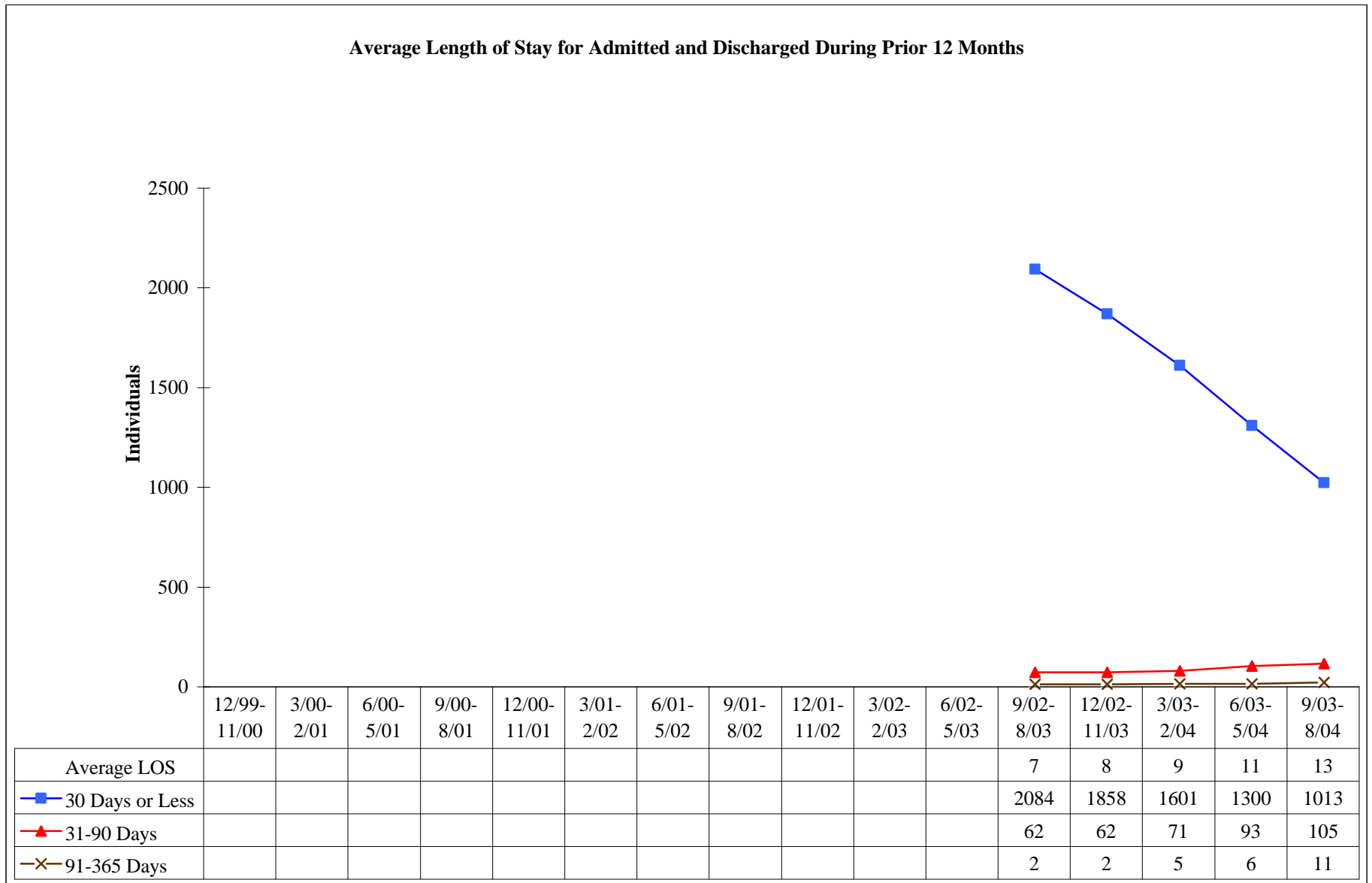


Chart: Management Data Services

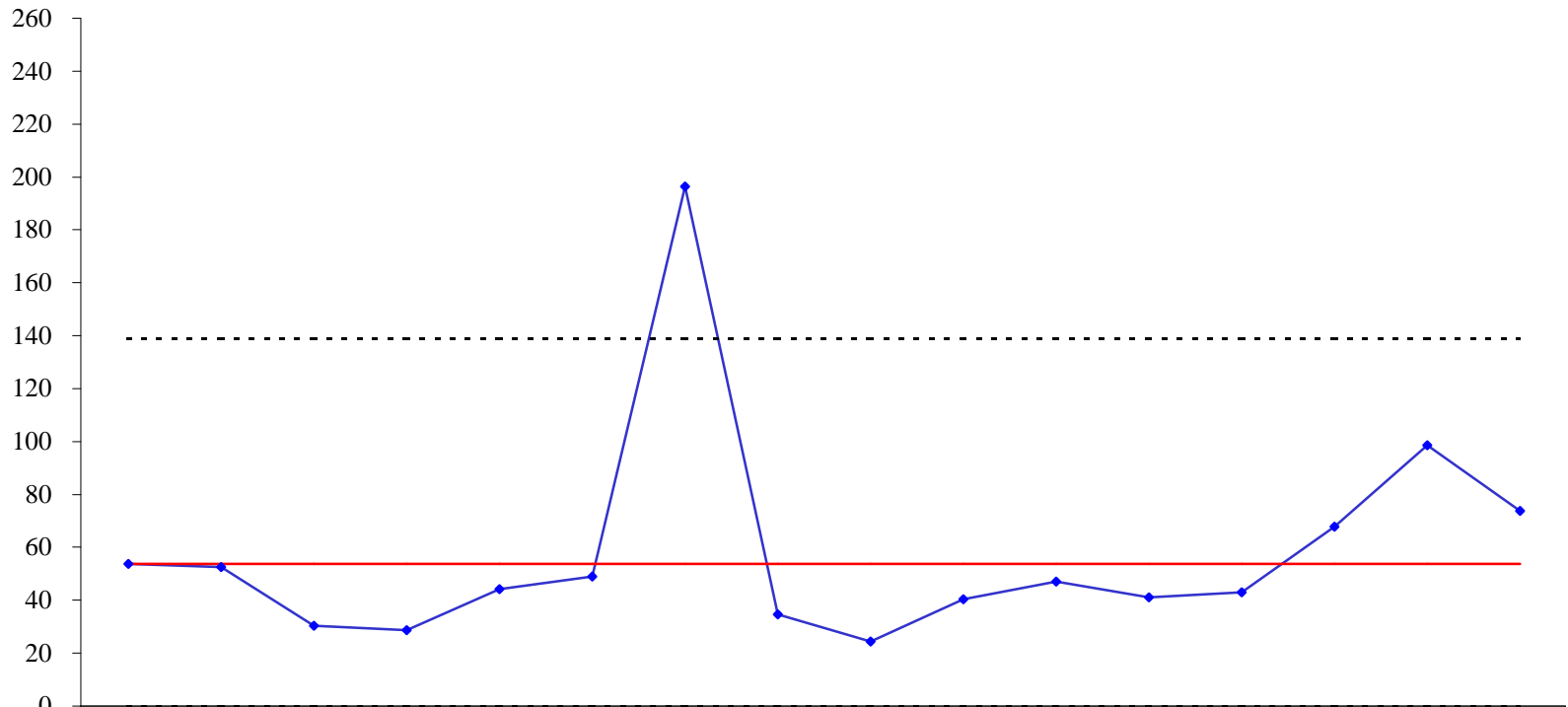
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
El Paso Psychiatric Center



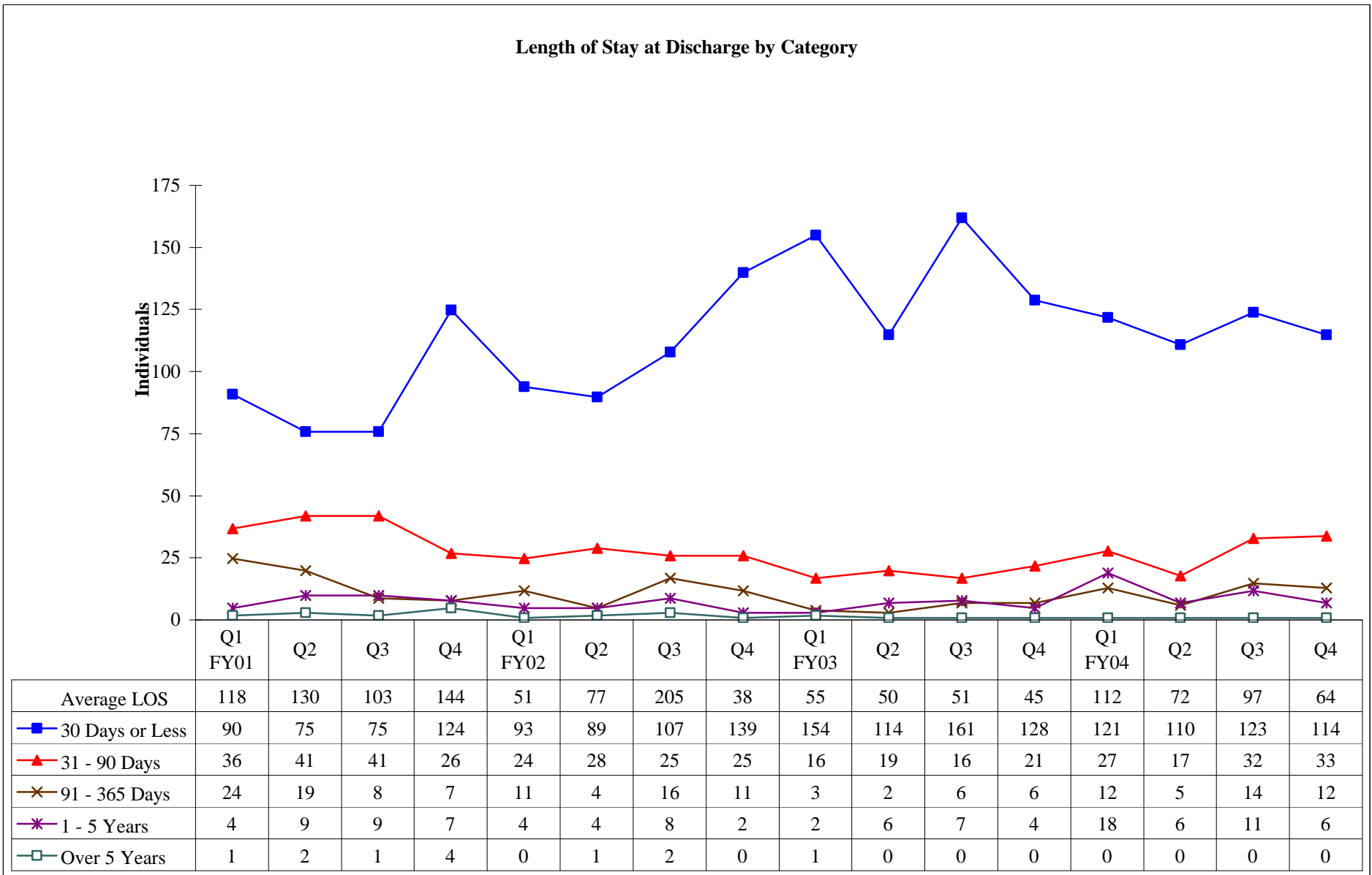
**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**

Average Length of Stay at Discharge (LBB)



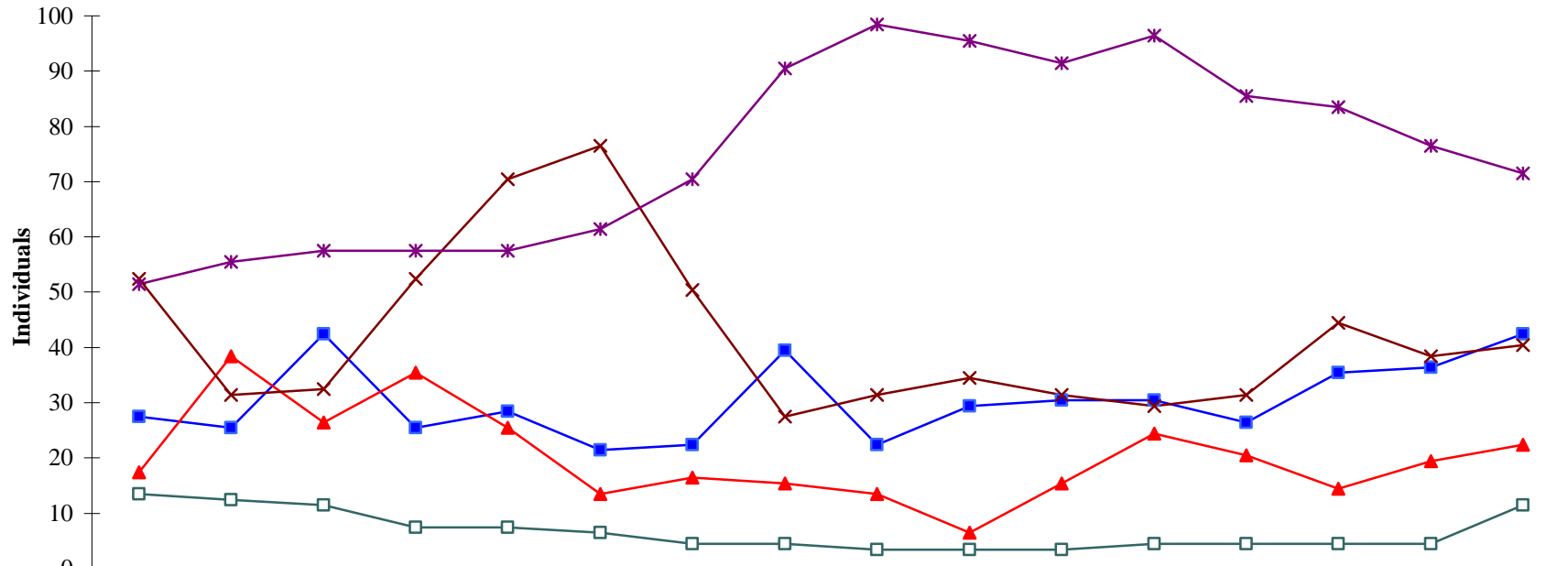
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**



**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**

Average Length of Stay for Residents

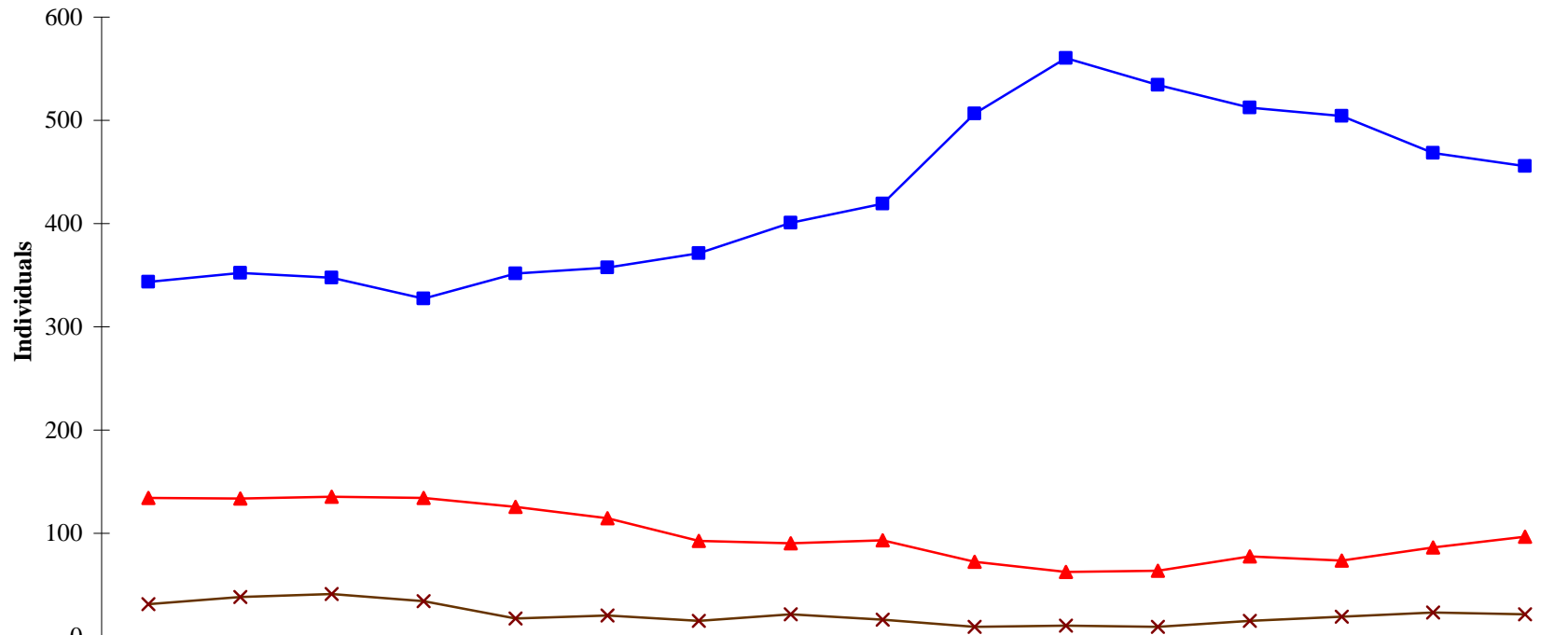


	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	727	696	664	583	593	657	603	604	660	689	703	695	732	700	716	696
■ 30 Days or Less	27	25	42	25	28	21	22	39	22	29	30	30	26	35	36	42
▲ 31-90 Days	17	38	26	35	25	13	16	15	13	6	15	24	20	14	19	22
× 91-365 Days	52	31	32	52	70	76	50	27	31	34	31	29	31	44	38	40
* 1-5 Years	51	55	57	57	57	61	70	90	98	95	91	96	85	83	76	71
□ Over 5 Years	13	12	11	7	7	6	4	4	3	3	3	4	4	4	4	11

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**

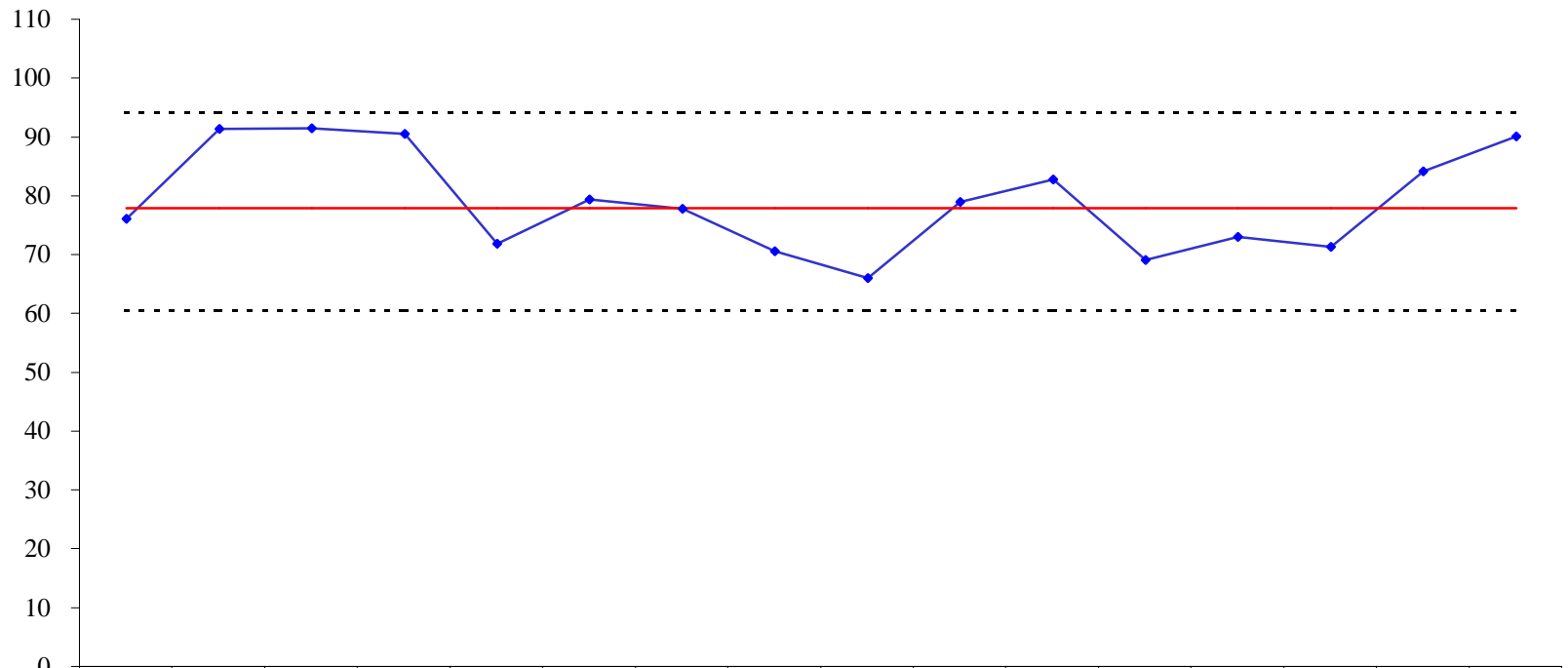
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	29	32	33	33	27	28	23	25	22	17	16	16	18	19	23	24
■ 30 Days or Less	341	350	345	325	349	355	369	398	417	504	558	532	510	502	466	453
▲ 31-90 Days	132	131	133	132	123	112	90	88	91	70	60	61	75	71	84	94
× 91-365 Days	29	36	39	32	15	18	13	19	14	7	8	7	13	17	21	19

Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital

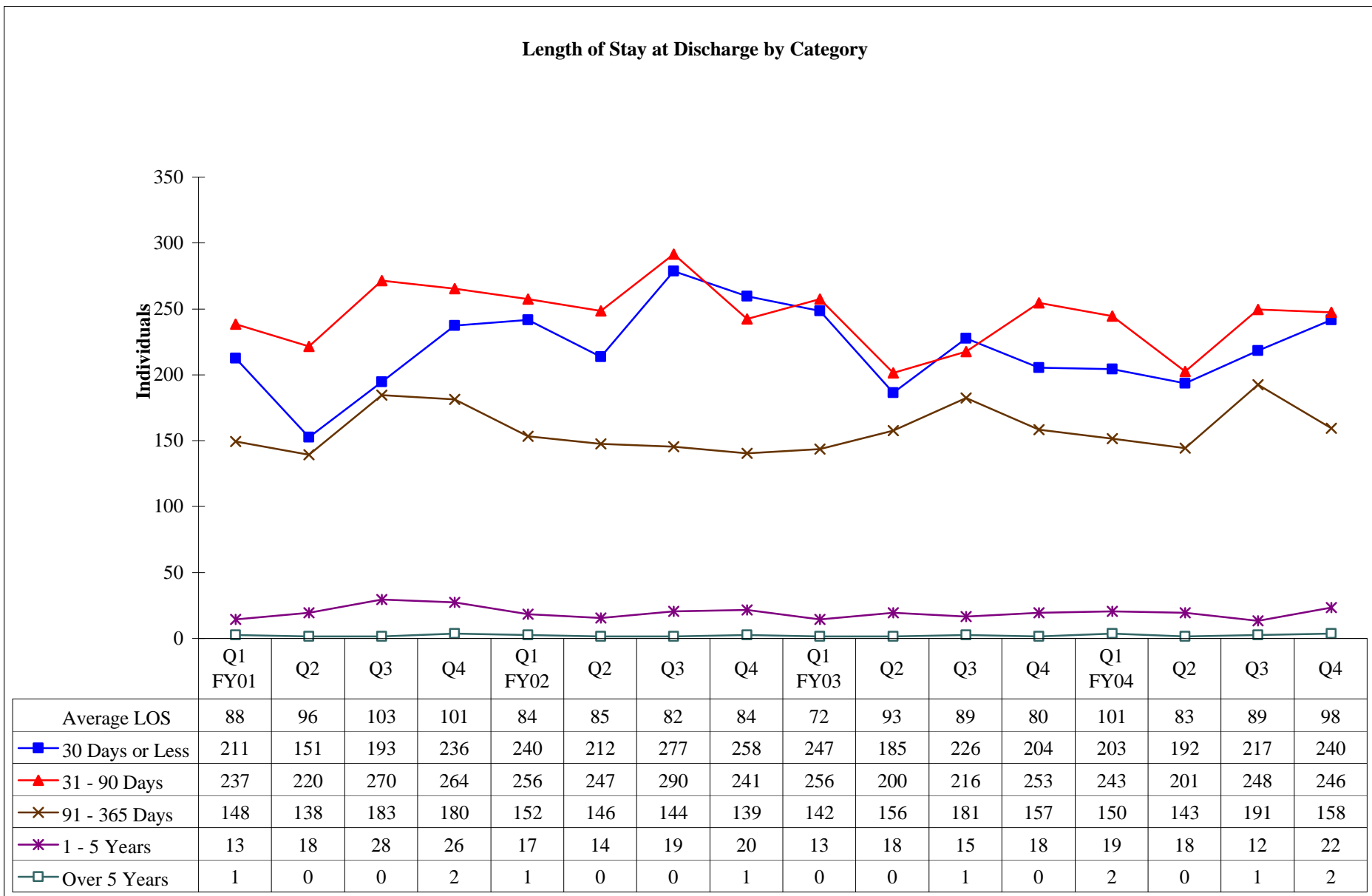
Average Length of Stay at Discharge (LBB)



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
—●— Average LOS (Days)	76	91	91	90	71	79	77	70	66	79	82	69	73	71	84	90
- - - - - UCL	94	94	94	94	94	94	94	94	94	94	94	94	94	94	94	94
— Avg	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77
- - - - - LCL	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61	61

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

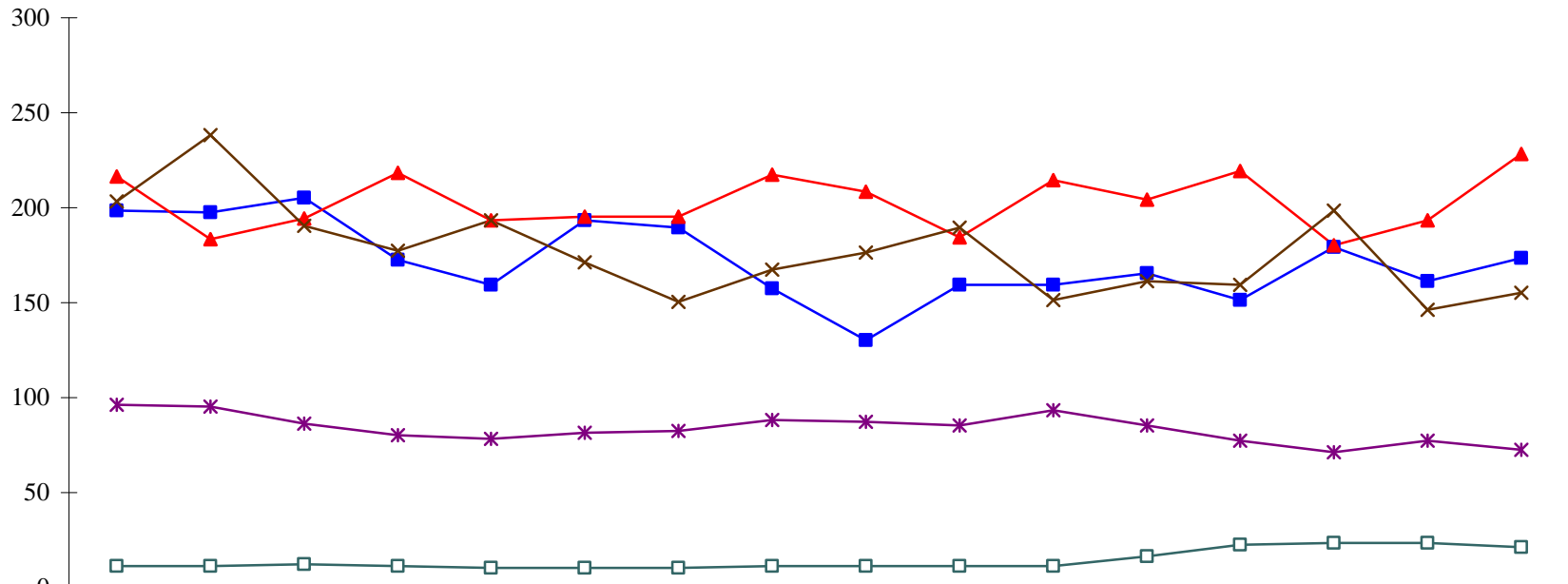
Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital

Average Length of Stay for Residents

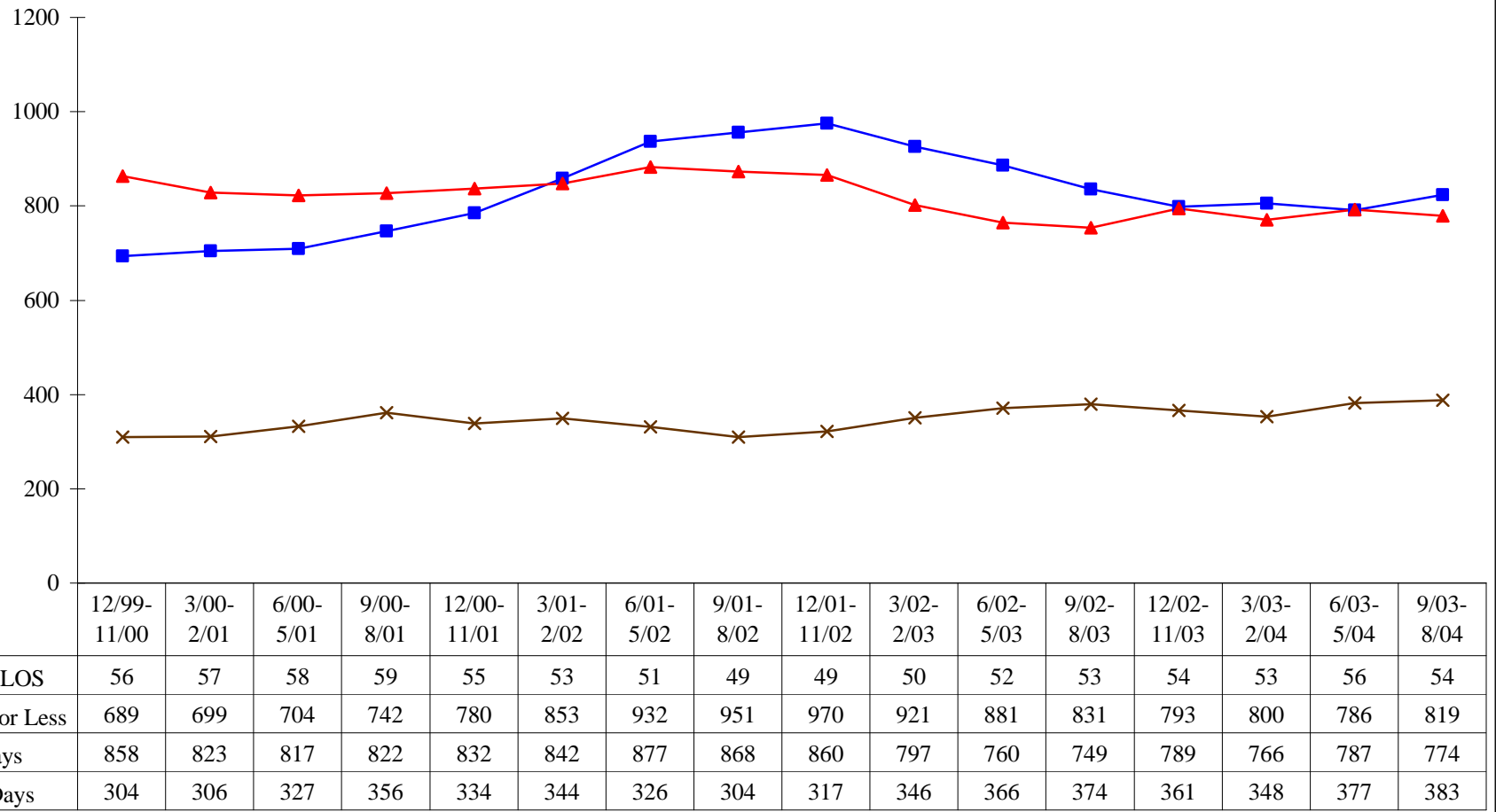


	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	211	223	225	219	229	227	229	225	248	247	244	252	243	248	264	233
30 Days or Less	197	196	204	171	158	192	188	156	129	158	158	164	150	178	160	172
31-90 Days	215	182	193	217	192	194	194	216	207	183	213	203	218	179	192	227
91-365 Days	202	237	189	176	192	170	149	166	175	188	150	160	158	197	145	154
1-5 Years	95	94	85	79	77	80	81	87	86	84	92	84	76	70	76	71
Over 5 Years	10	10	11	10	9	9	9	10	10	10	10	15	21	22	22	20

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

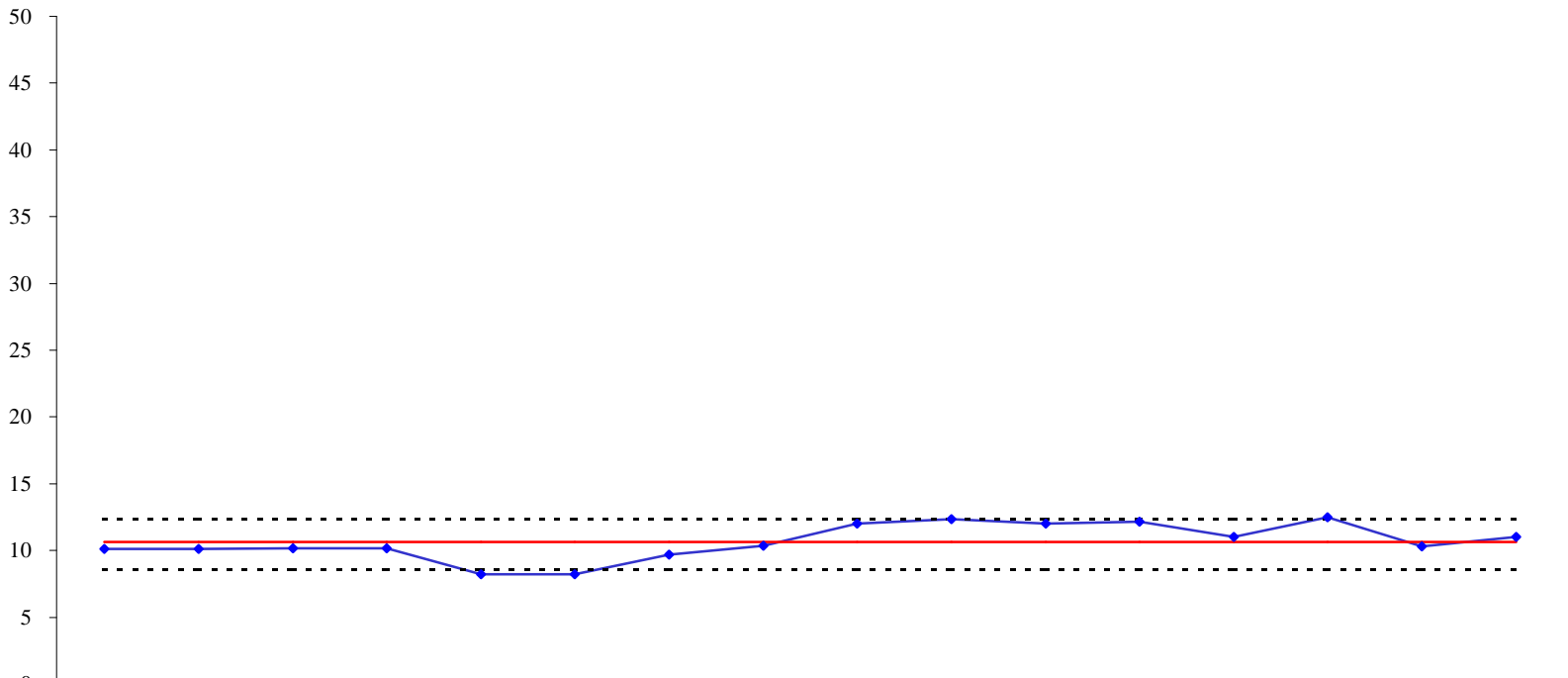
Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months



**Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center**

Average Length of Stay at Discharge (LBB)

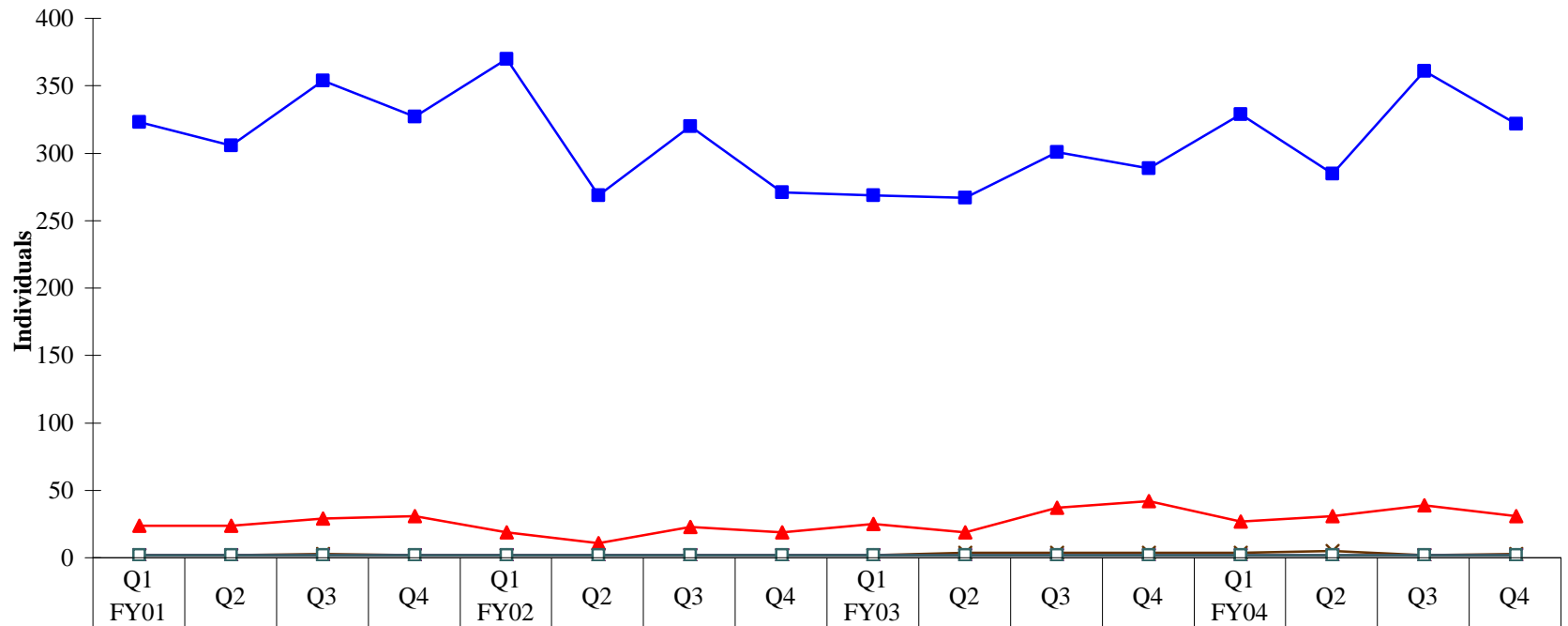


	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
—◆— Average LOS (Days)	10	10	10	10	8	8	10	10	12	12	12	12	11	12	10	11
- - - - - UCL	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
— Avg	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
- - - - - LCL	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

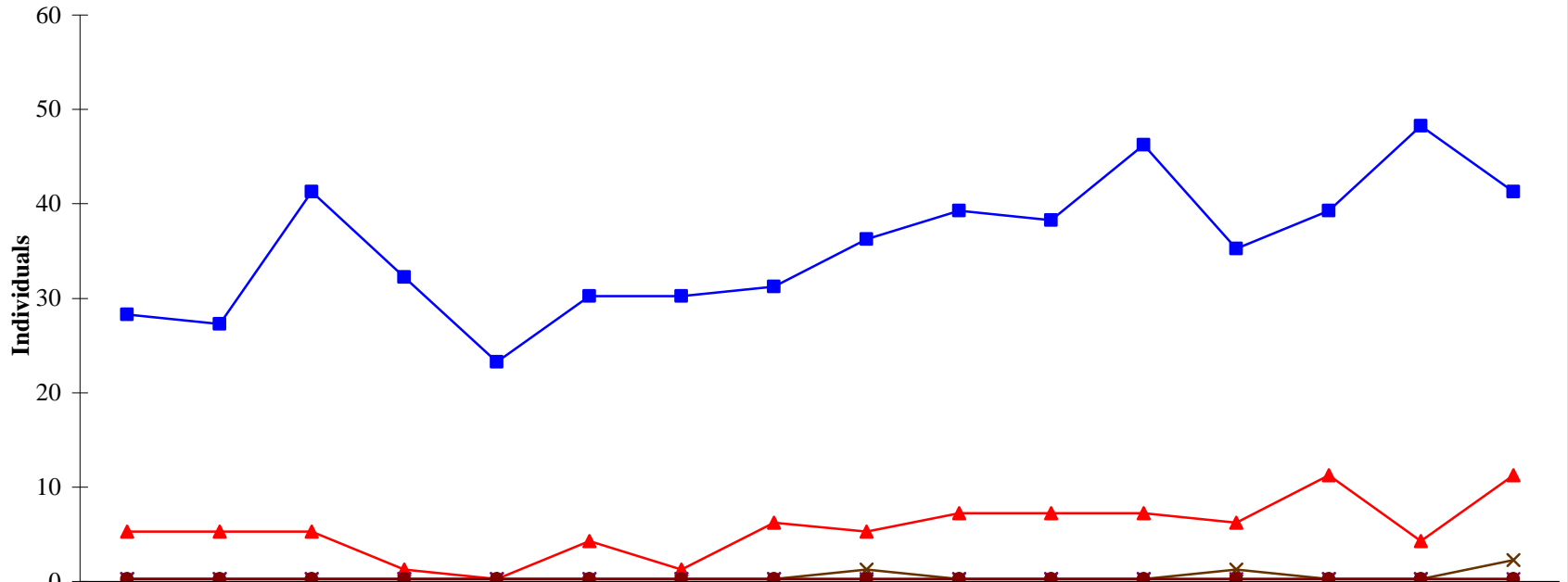
Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay at Discharge by Category



Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay for Residents

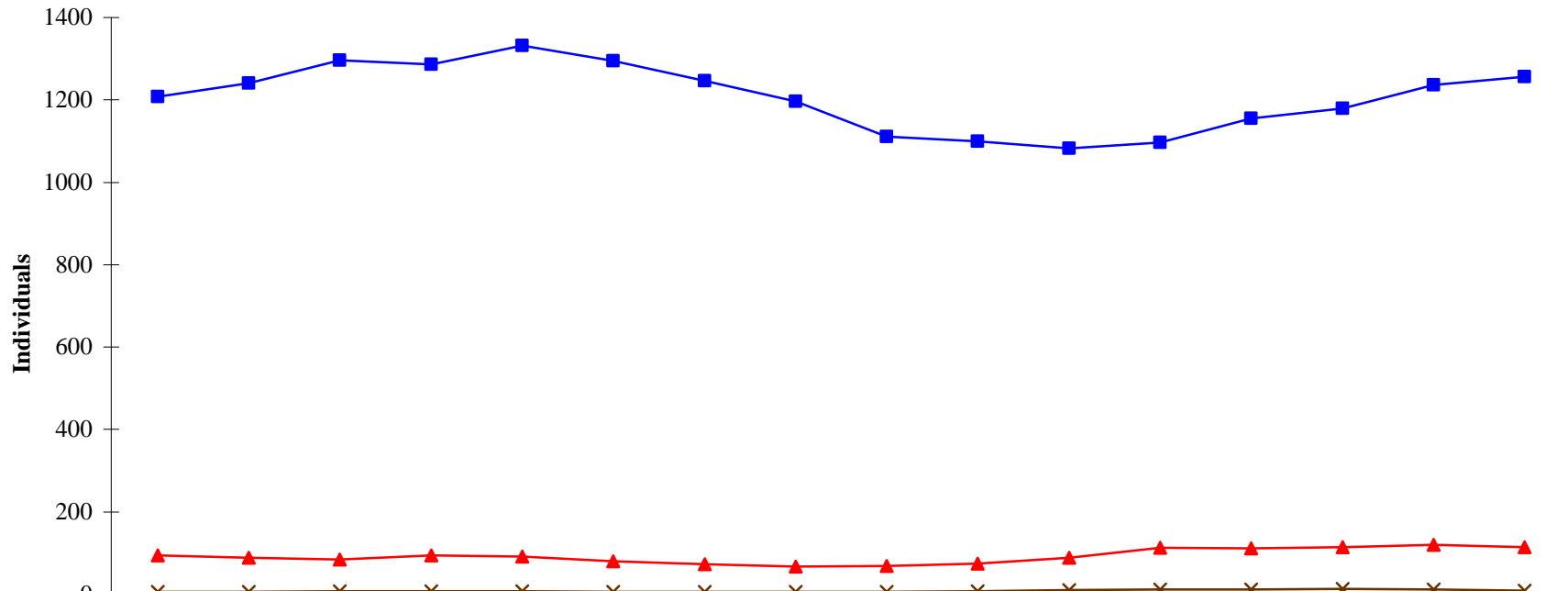


	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	12	13	11	8	11	12	13	17	18	17	18	12	18	17	13	22
■ 30 Days or Less	28	27	41	32	23	30	30	31	36	39	38	46	35	39	48	41
▲ 31-90 Days	5	5	5	1	0	4	1	6	5	7	7	7	6	11	4	11
✕ 91-365 Days	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2
* 1-5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
● Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

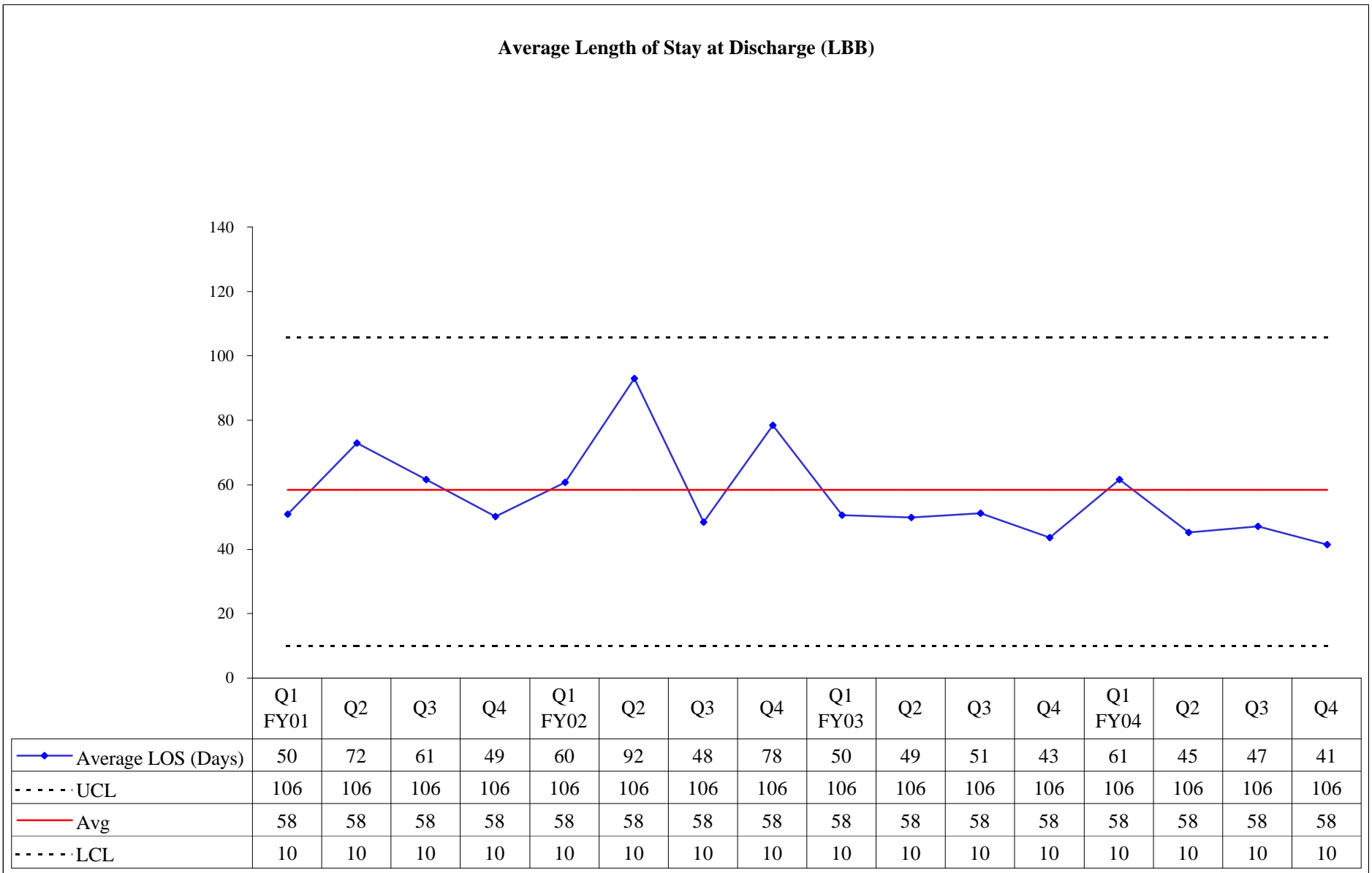
Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	10	10	10	10	10	9	9	9	10	11	12	12	12	12	11	11
■ 30 Days or Less	1202	1235	1290	1280	1326	1289	1241	1191	1105	1094	1076	1090	1149	1173	1230	1251
▲ 31-90 Days	88	82	78	88	86	74	67	62	63	69	83	107	106	108	114	108
× 91-365 Days	0	0	1	1	1	0	0	0	0	2	4	5	6	7	5	3

Measure 4C - Average Length of Stay at Discharge
Rusk State Hospital



Measure 4C - Average Length of Stay at Discharge
Rusk State Hospital

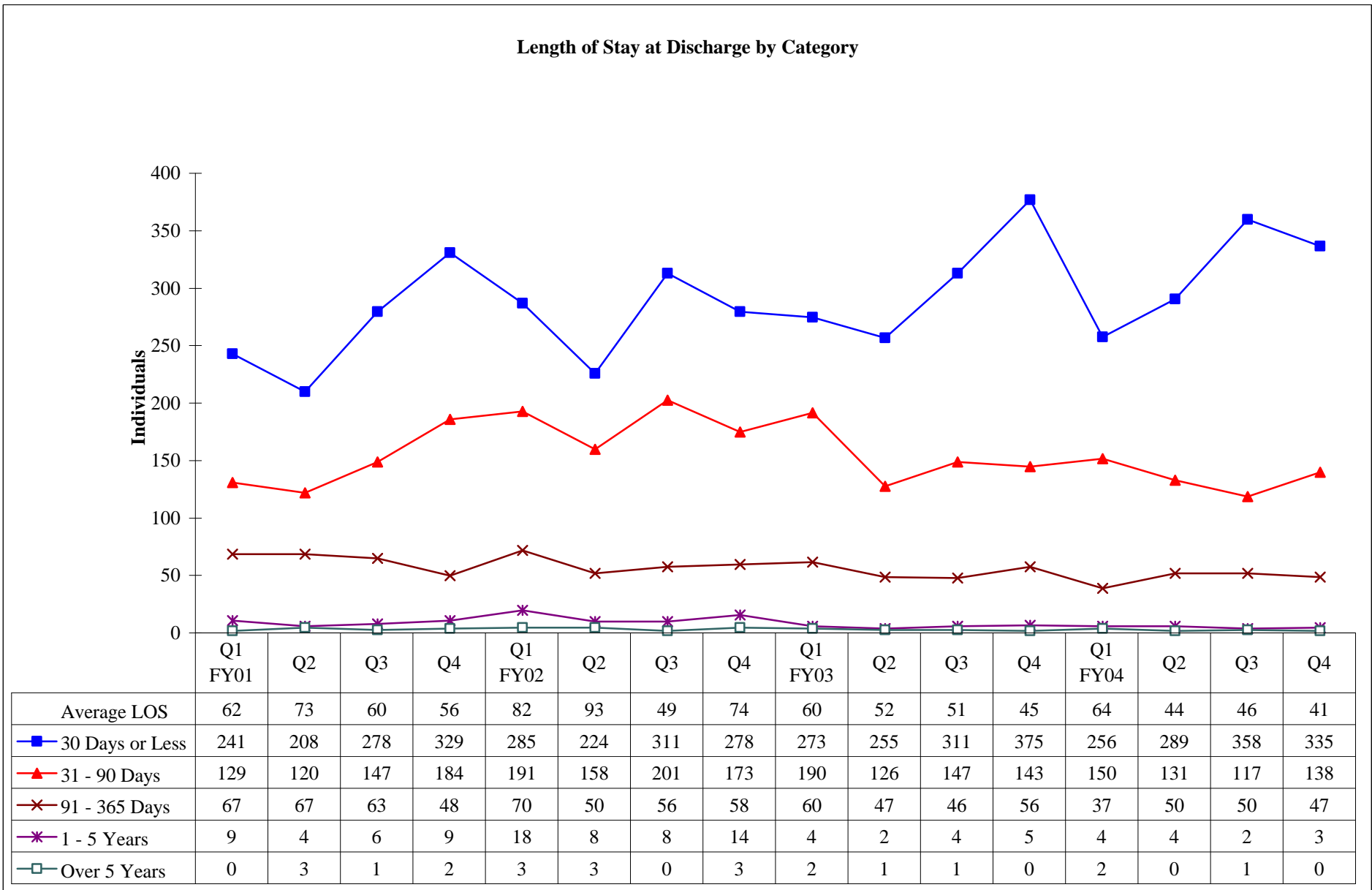
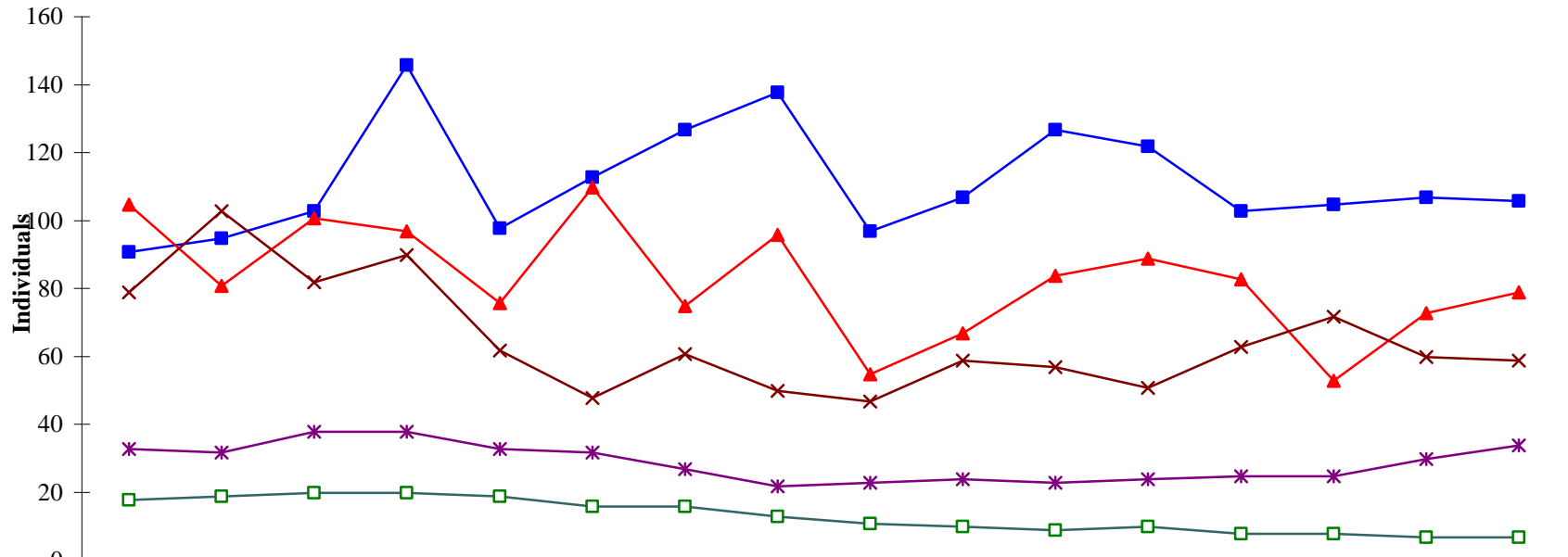


Chart: Management Data Services

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
Rusk State Hospital

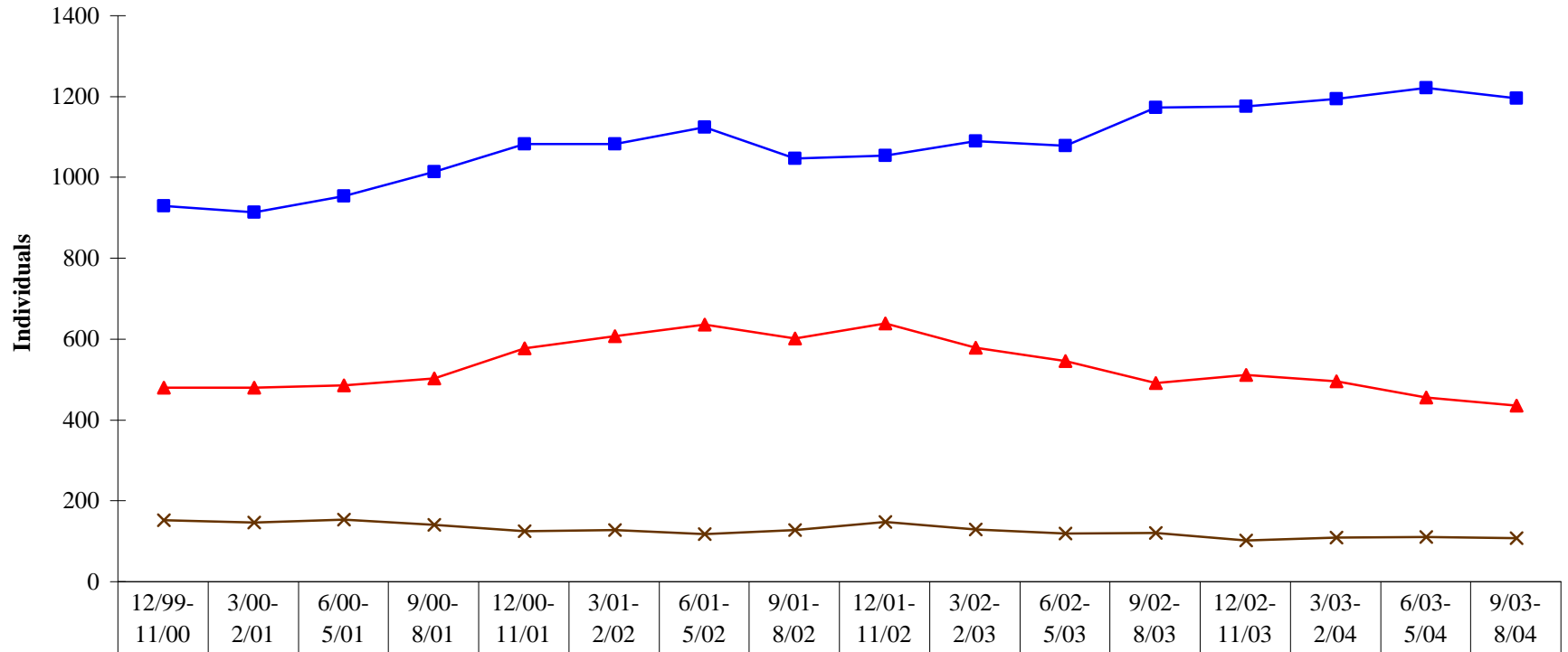
Average Length of Stay for Residents



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	339	335	327	293	339	261	275	231	285	251	223	225	219	244	235	241
■ 30 Days or Less	90	94	102	145	97	112	126	137	96	106	126	121	102	104	106	105
▲ 31-90 Days	104	80	100	96	75	109	74	95	54	66	83	88	82	52	72	78
× 91-365 Days	78	102	81	89	61	47	60	49	46	58	56	50	62	71	59	58
* 1-5 Years	32	31	37	37	32	31	26	21	22	23	22	23	24	24	29	33
□ Over 5 Years	17	18	19	19	18	15	15	12	10	9	8	9	7	7	6	6

Measure 4C - Average Length of Stay at Discharge
Rusk State Hospital

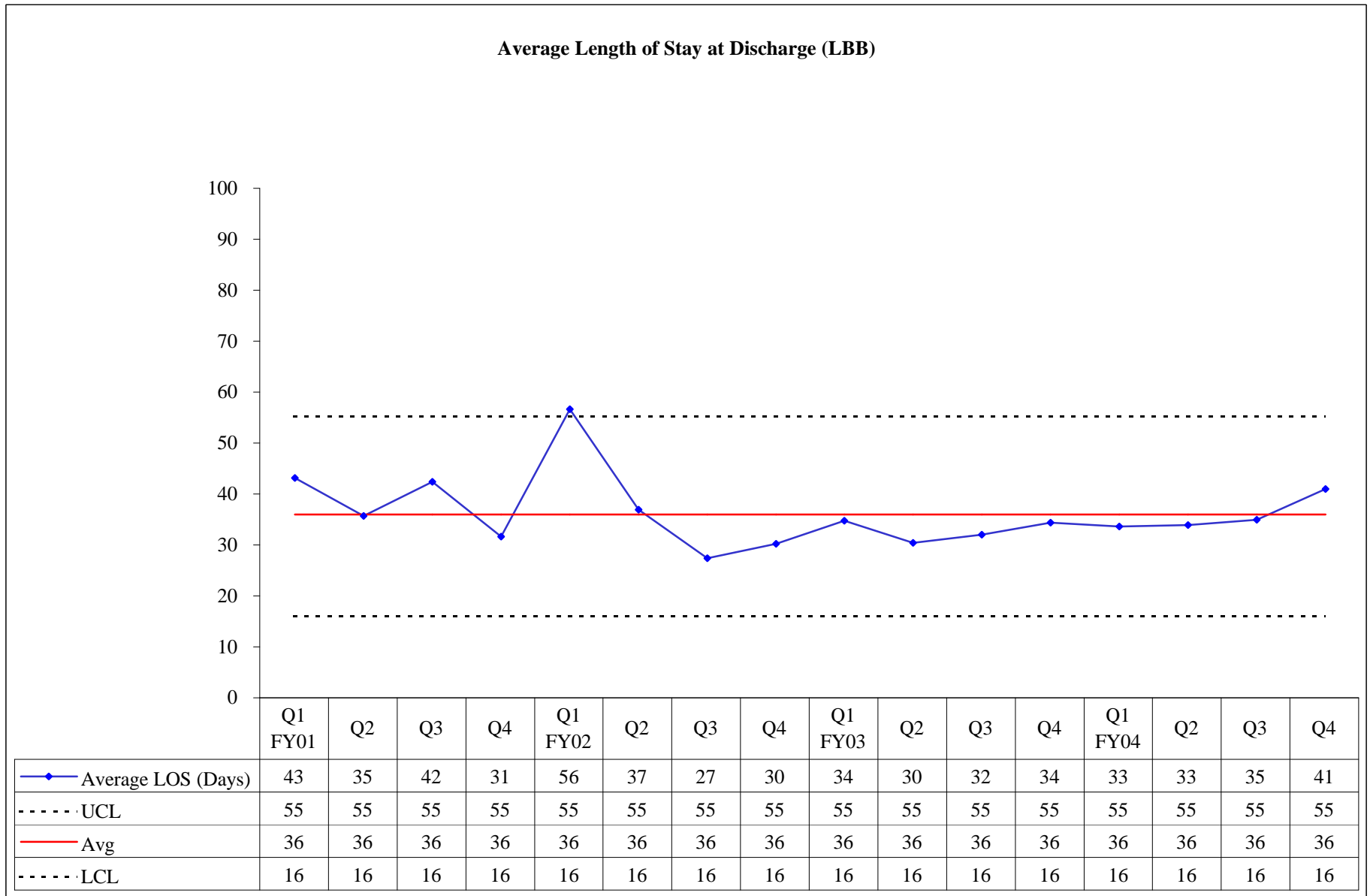
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	39	38	38	37	36	37	35	36	37	34	34	32	31	32	31	30
30 Days or Less	924	908	948	1008	1076	1076	1118	1041	1048	1084	1072	1167	1170	1188	1216	1190
31-90 Days	474	474	479	497	571	601	630	596	633	573	539	485	505	489	449	430
91-365 Days	146	141	148	134	119	121	112	122	142	123	113	114	96	103	105	102

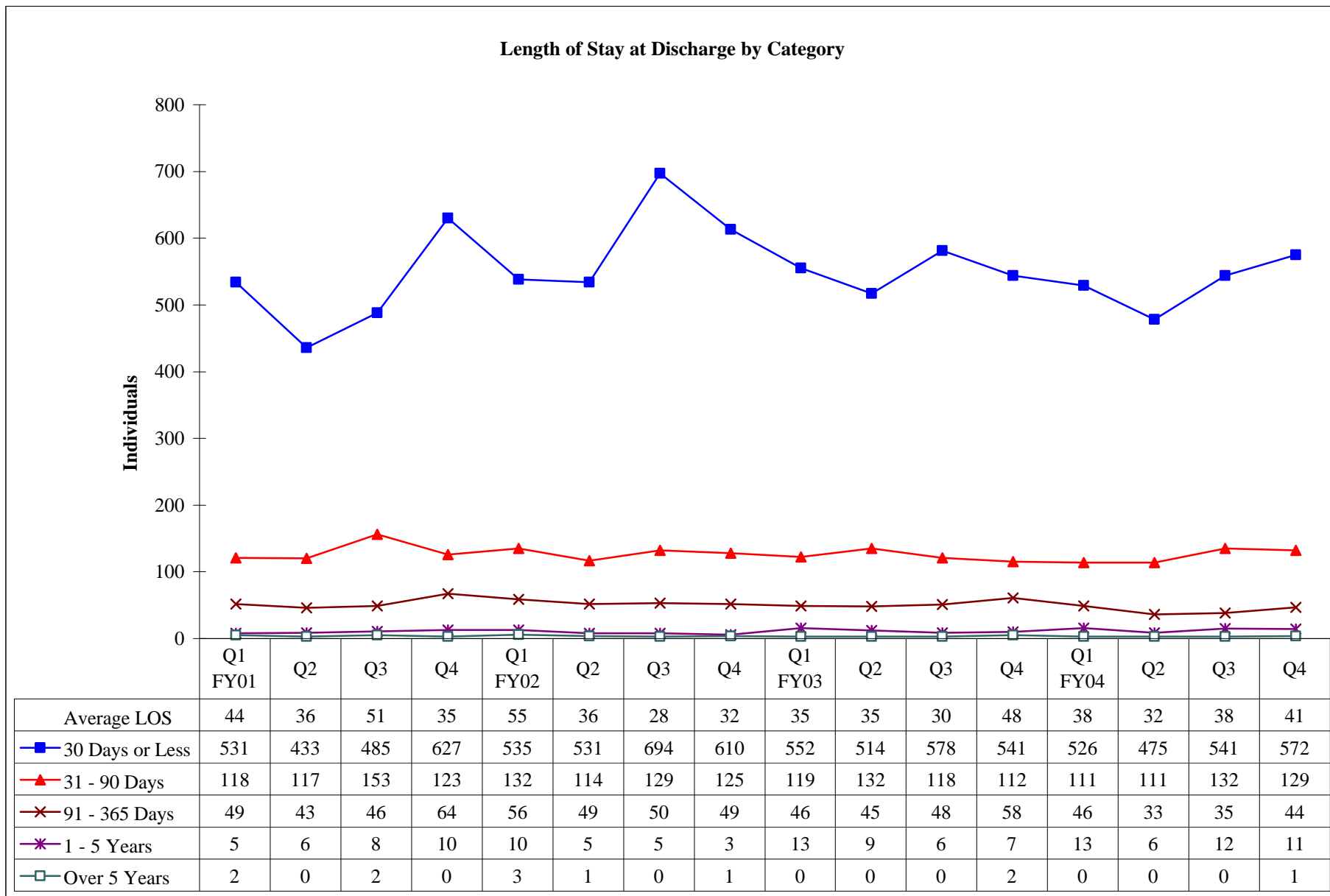
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

**Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital**



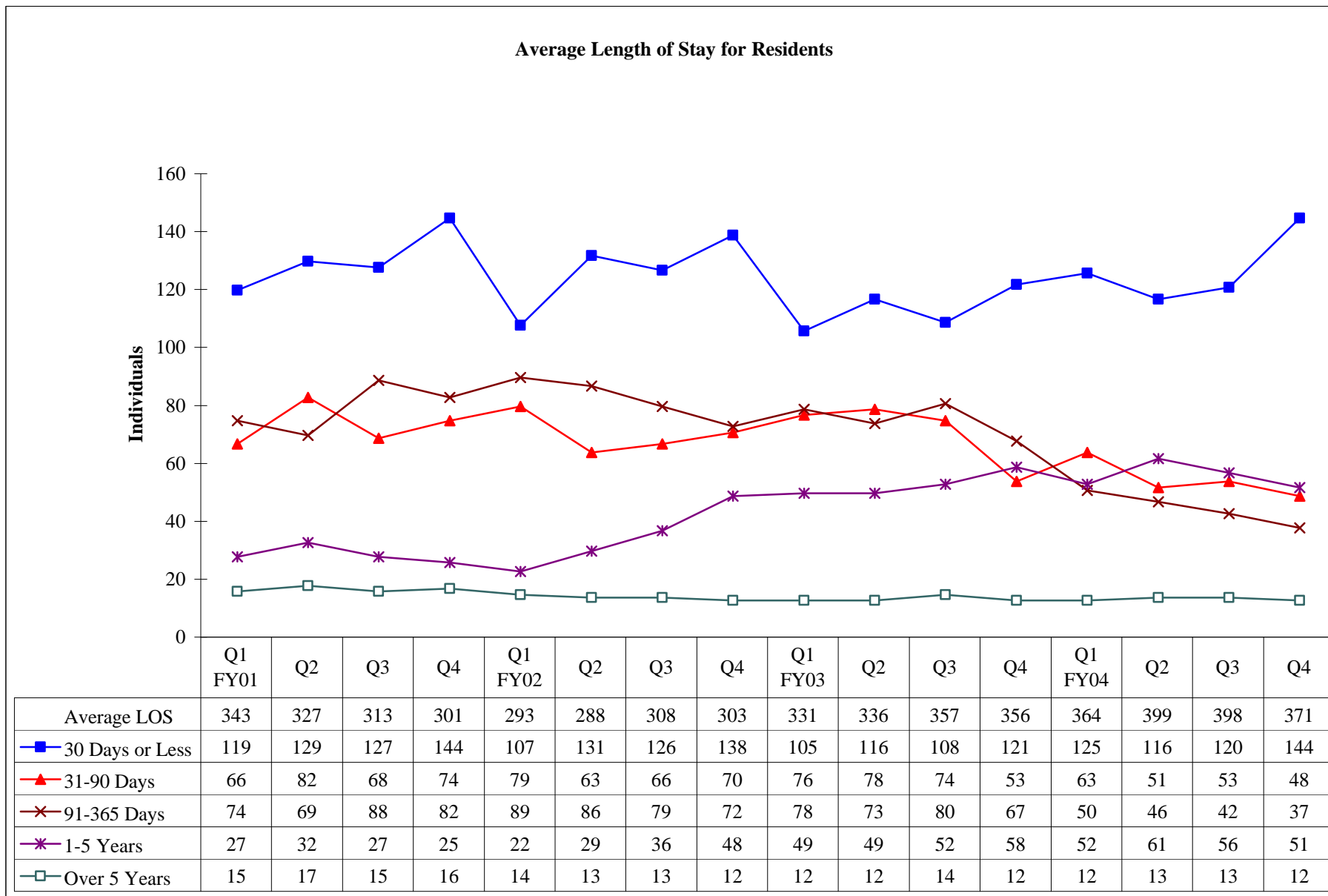
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

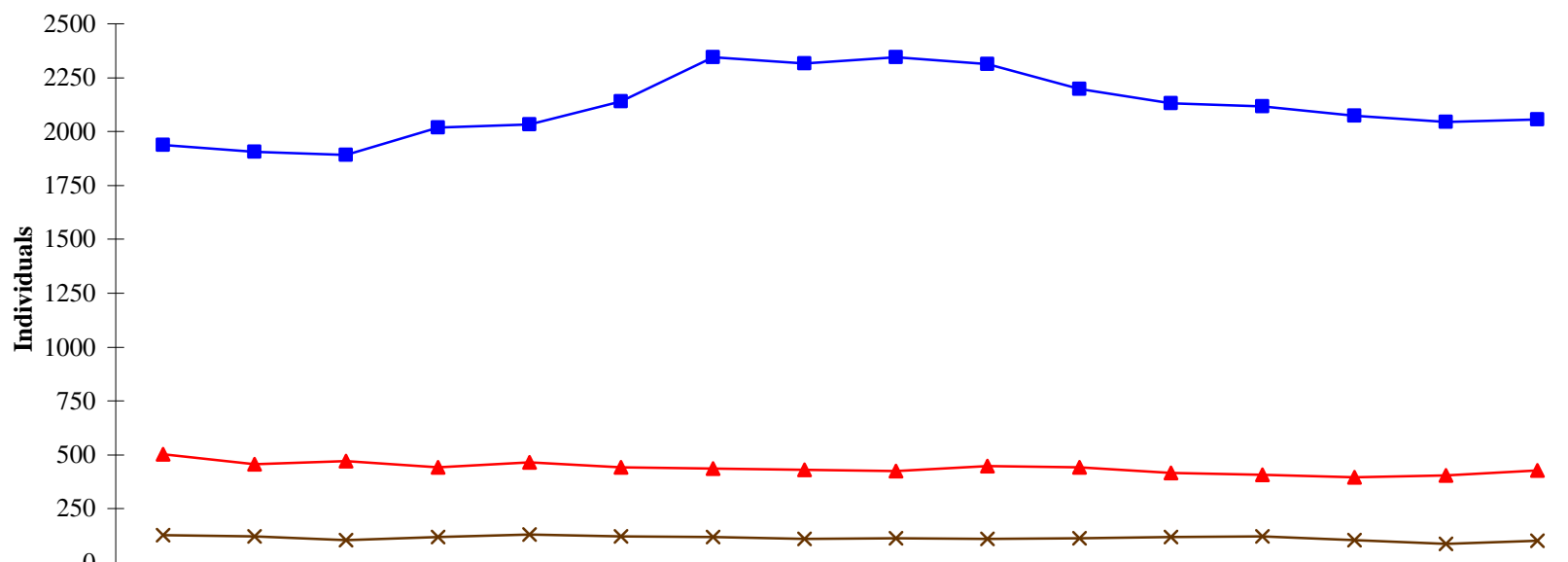
Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital

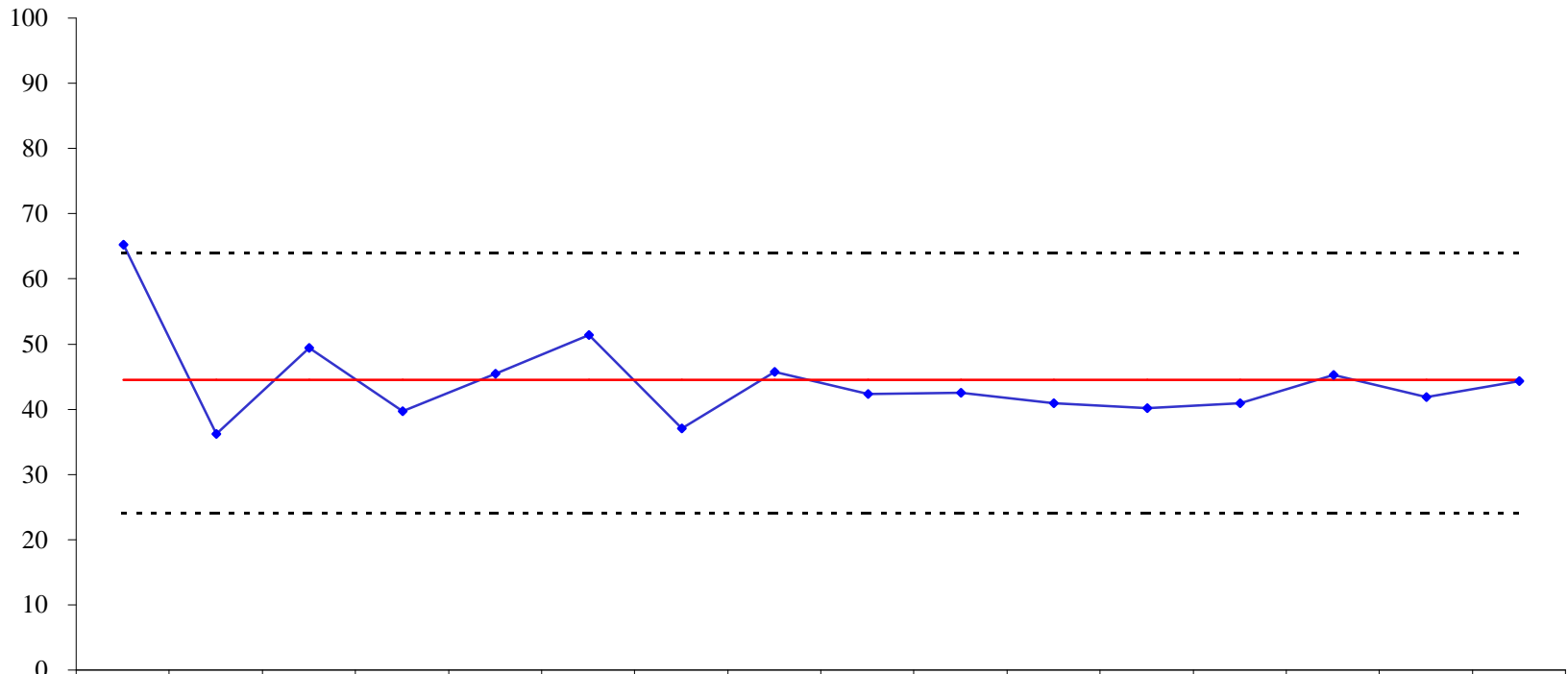
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	24	24	23	22	23	21	21	21	20	20	21	21	21	20	20	21
■ 30 Days or Less	1925	1894	1879	2007	2020	2129	2333	2305	2333	2301	2184	2120	2104	2061	2032	2043
▲ 31-90 Days	492	446	459	430	453	429	424	420	413	436	430	404	396	384	394	417
✕ 91-365 Days	116	109	93	106	117	111	106	99	100	99	100	106	111	93	76	90

**Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital**

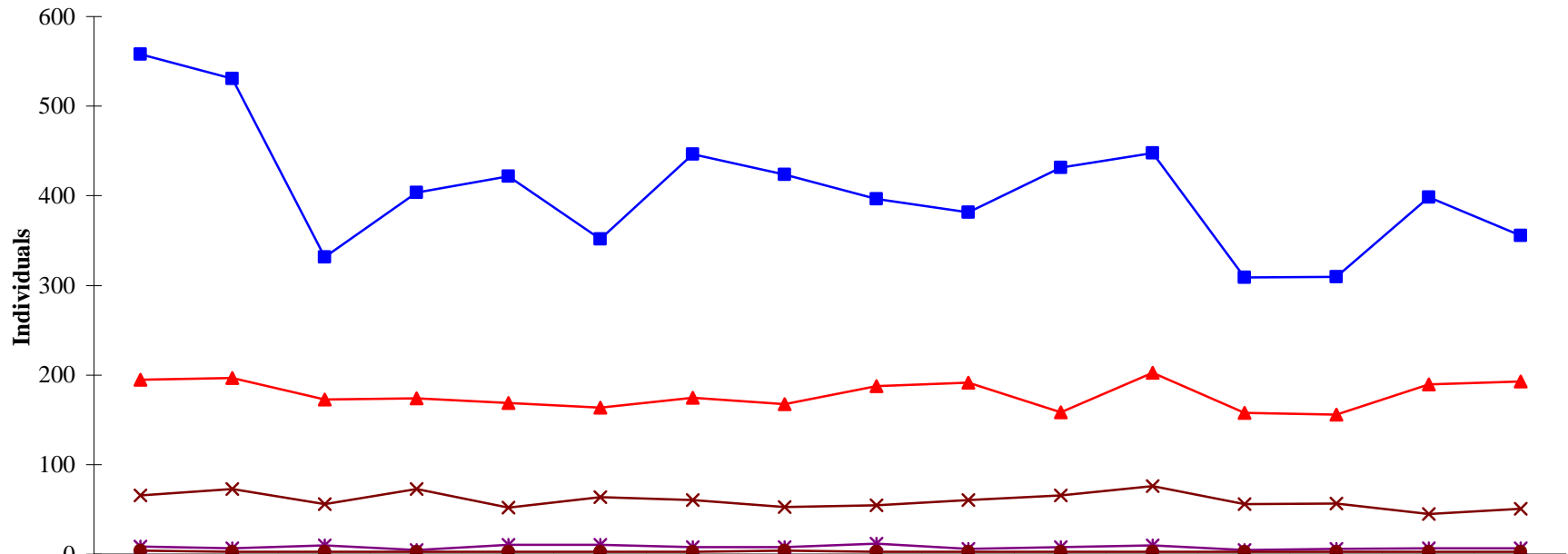
Average Length of Stay at Discharge (LBB)



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
—●— Average LOS (Days)	65	36	49	39	45	51	37	45	42	42	41	40	41	45	41	44
- - - - - UCL	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64
— Avg	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44
- - - - - LCL	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24

**Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital**

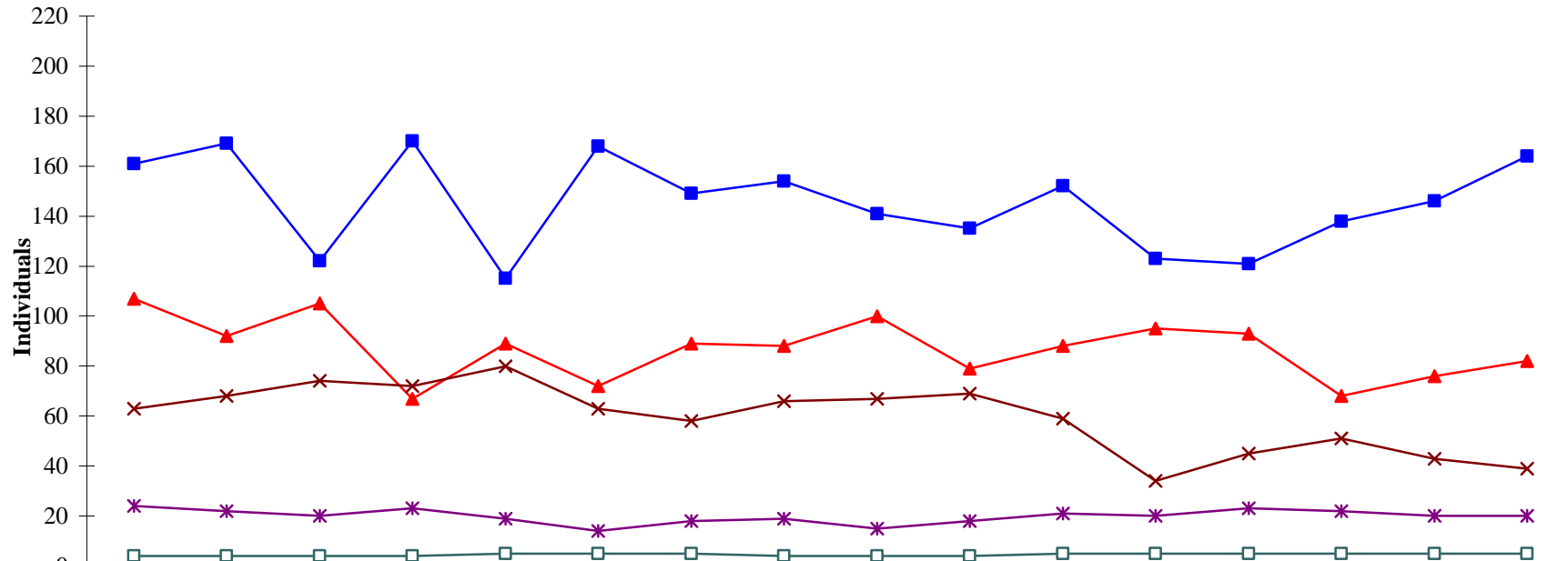
Average Length of Stay at Discharge by Category



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	63	36	48	41	44	52	39	44	47	41	41	46	40	44	40	44
■ 30 Days or Less	555	528	329	401	419	349	444	421	394	379	429	445	306	307	396	353
▲ 31 - 90 Days	192	194	170	171	166	161	172	165	185	189	156	200	155	153	187	190
× 91 - 365 Days	63	70	53	70	49	61	58	50	52	58	63	73	53	54	42	48
* 1 - 5 Years	6	4	7	2	8	8	5	5	9	3	5	7	2	3	4	4
● Over 5 Years	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0

Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital

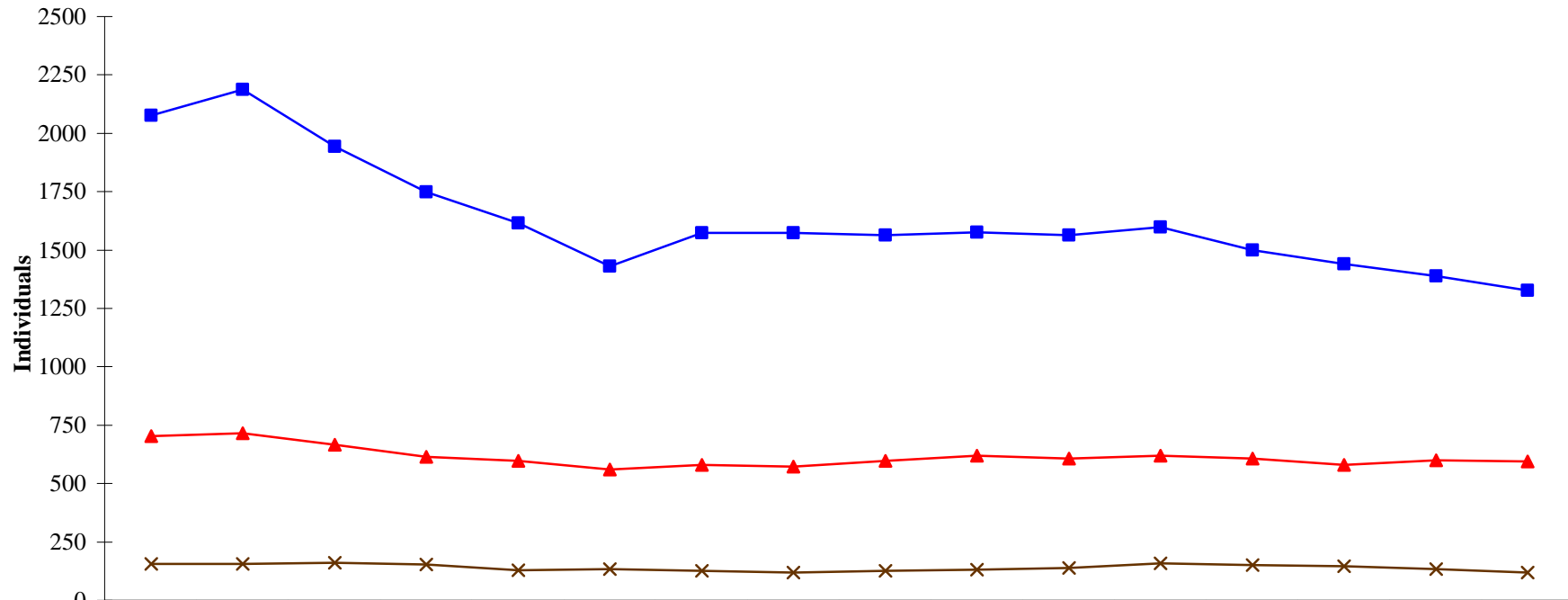
Average Length of Stay for Residents



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS	113	122	134	134	145	124	129	124	120	136	130	132	141	148	146	136
■ 30 Days or Less	160	168	121	169	114	167	148	153	140	134	151	122	120	137	145	163
▲ 31-90 Days	106	91	104	66	88	71	88	87	99	78	87	94	92	67	75	81
× 91-365 Days	62	67	73	71	79	62	57	65	66	68	58	33	44	50	42	38
* 1-5 Years	23	21	19	22	18	13	17	18	14	17	20	19	22	21	19	19
□ Over 5 Years	3	3	3	3	4	4	4	3	3	3	4	4	4	4	4	4

**Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital**

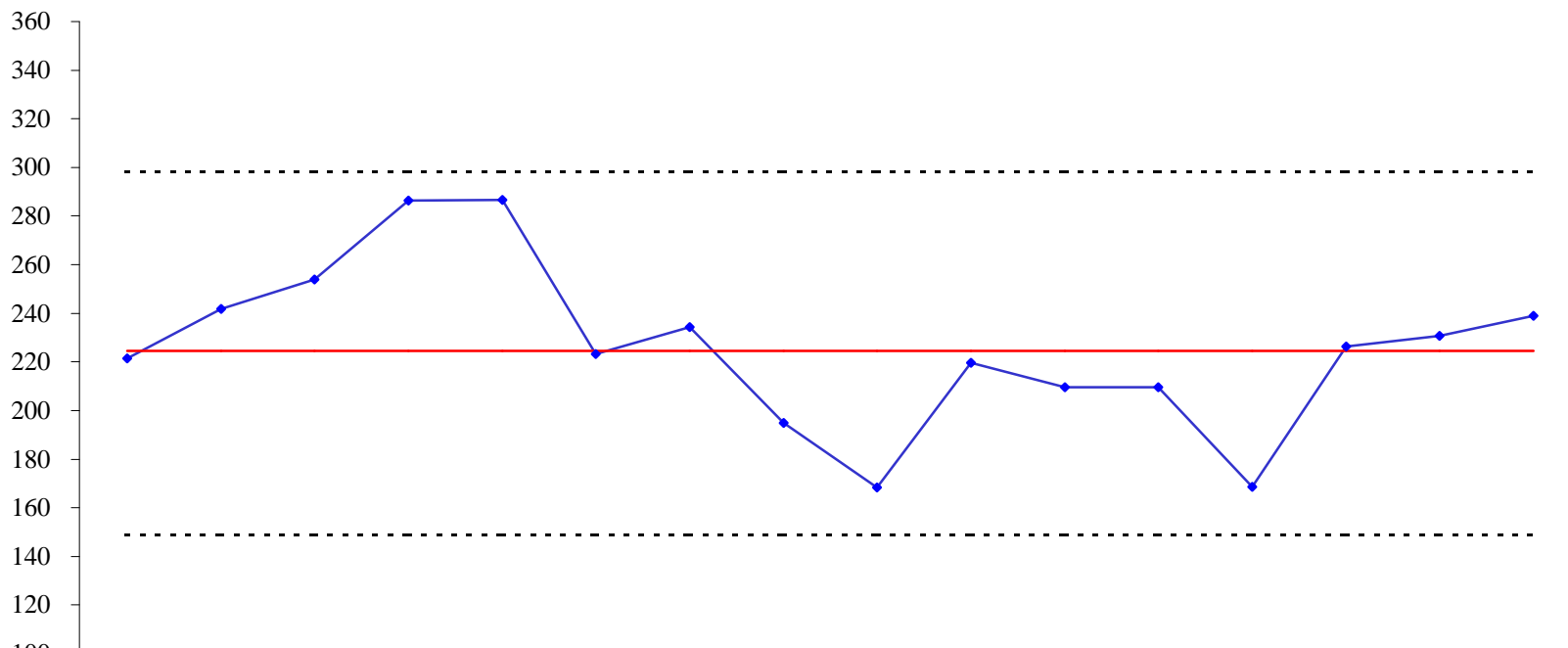
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02	3/02-2/03	6/02-5/03	9/02-8/03	12/02-11/03	3/03-2/04	6/03-5/04	9/03-8/04
Average LOS	28	28	29	30	29	31	29	29	30	30	30	31	31	32	32	32
■ 30 Days or Less	2065	2177	1933	1737	1606	1421	1562	1563	1553	1566	1554	1587	1490	1431	1377	1316
▲ 31-90 Days	692	704	655	604	587	549	569	563	586	609	596	610	597	569	590	584
× 91-365 Days	145	146	150	144	118	123	115	108	117	120	127	149	140	136	123	108

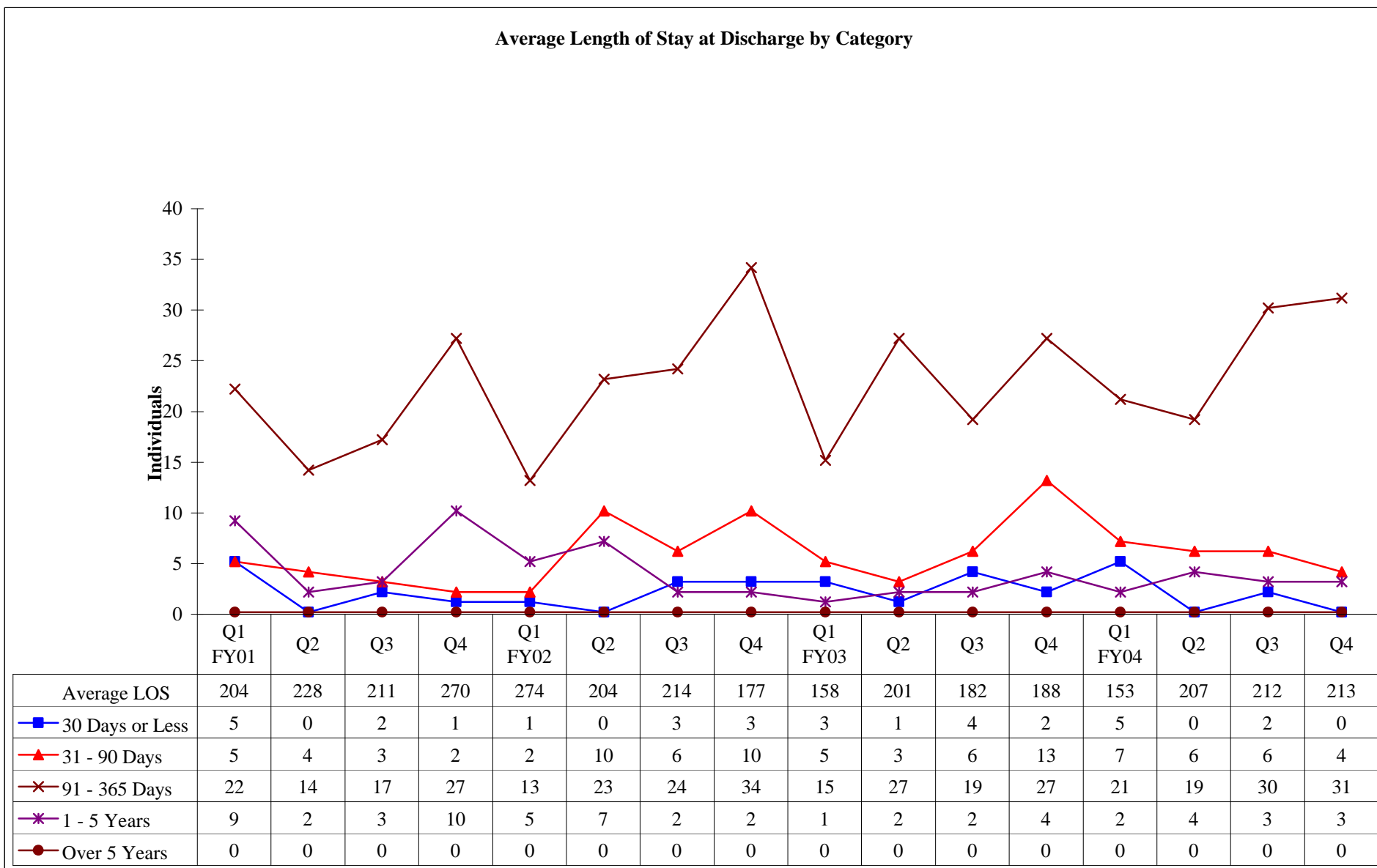
**Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth**

Average Length of Stay at Discharge (LBB)

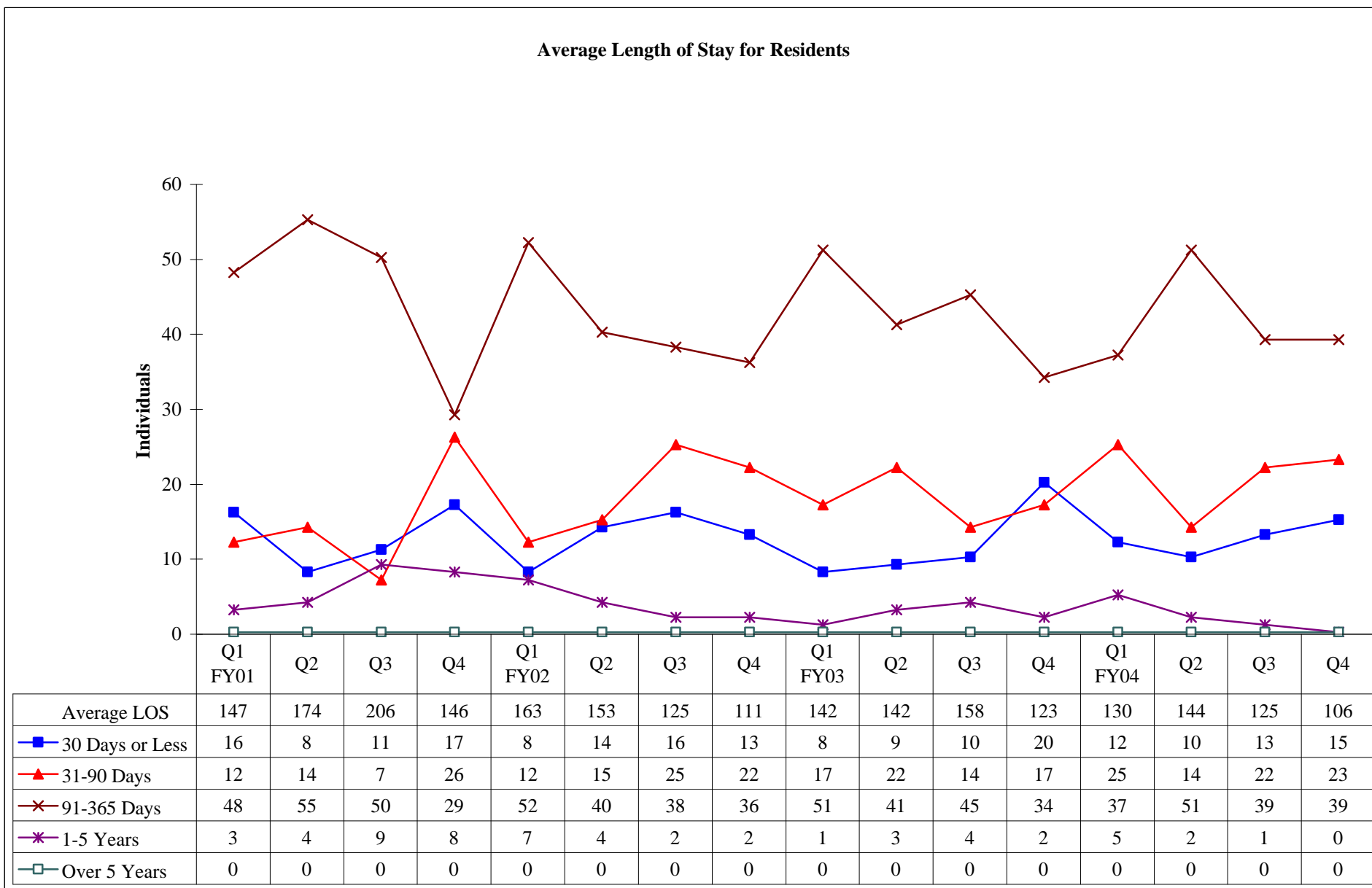


	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04	Q2	Q3	Q4
Average LOS (Days)	220	241	253	285	285	222	233	194	167	218	208	209	168	225	230	238
UCL	298	298	298	298	298	298	298	298	298	298	298	298	298	298	298	298
Avg	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223	223
LCL	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149

**Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth**



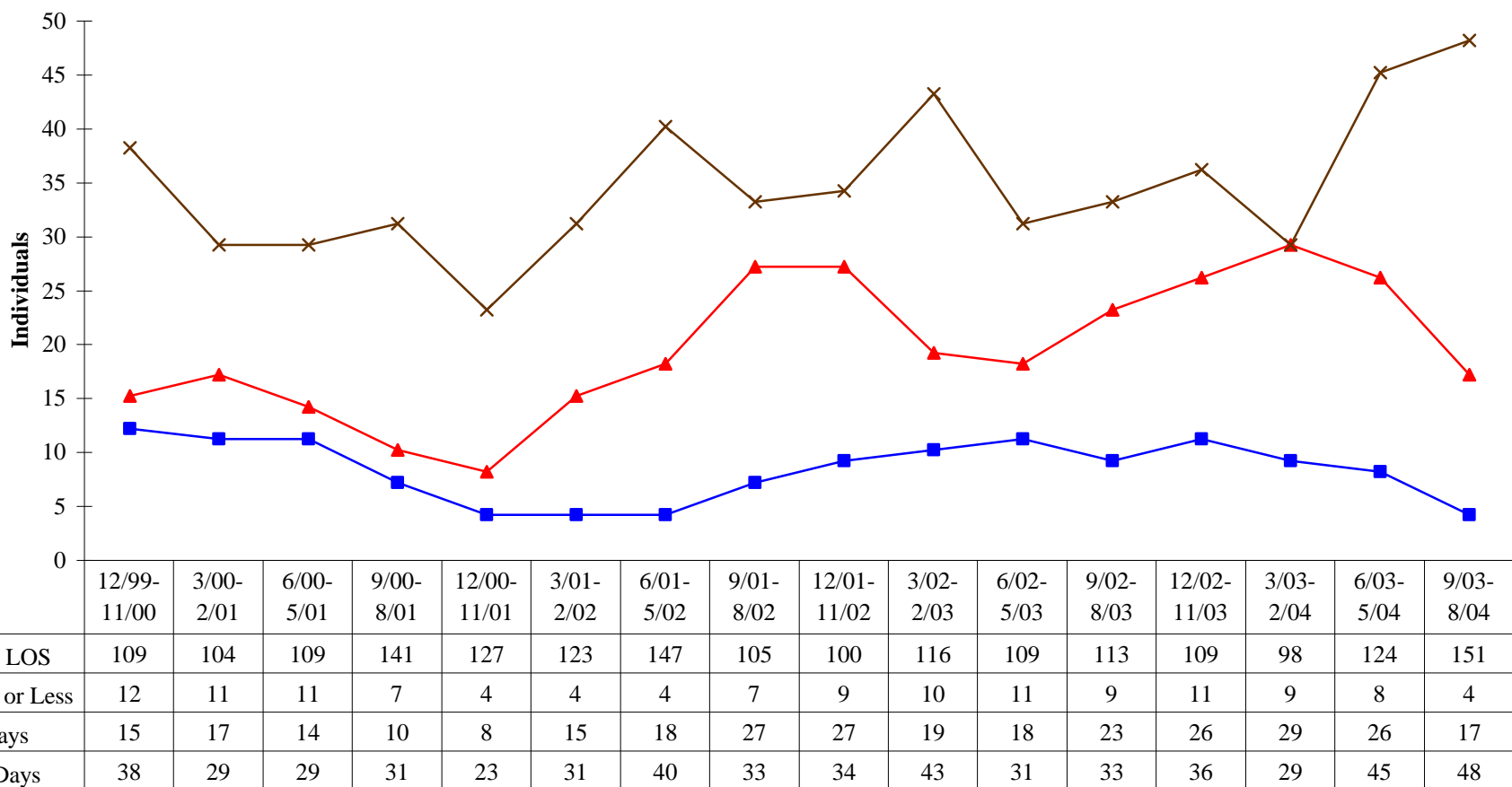
**Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth**



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth

Average Length of Stay for Admitted and Discharged During Prior 12 Months



GOAL 5: Patient Safety

Performance Objective 5B:

State Mental Health Facilities whose average rate of workers' compensation claims per 100 FTEs at the end of FY2003 exceeds the average rate of workers' compensation claims per 100 FTEs for all SMHF's, shall decrease their average rate in FY2004 to the average rate for all SMHF's at the end of FY2003. A minimum decrease of 10% is required if the % decrease to achieve the average rate for all SMHF's at the end of FY2003 is greater than 10%. Facilities, whose average rate at the end of FY2003 was At or below the average rate for all SMHF's, shall decrease their rate by 5% during FY2004.

Performance Objective Operational Definition: Total workers compensation claims filed for FY 2004 will not exceed the target amounts specified for each facility by System Risk Management. Claims/100 FTE will be reduced as specified.

Performance Objective Formula: $R = (N/D)$

R = rate of worker compensation claims per 100 full time employees (FTEs) per month

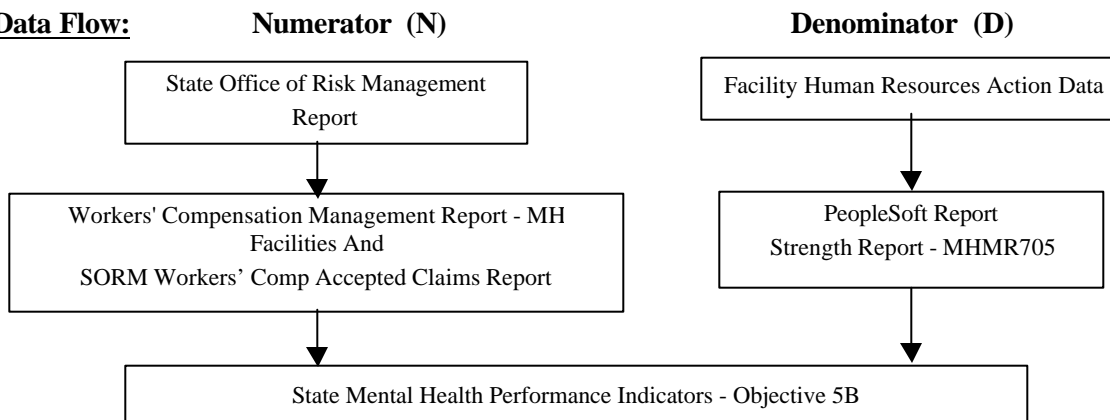
N = number of claims per month

D = number of FTEs per month

Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of claims per 100 FTEs with limits for individual facilities and system-wide.
- ◆ Chart with monthly data points of FYTD claims per 100 FTEs with limits for individual facilities and system-wide.

Data Flow:



Objective 5B & 5C - Workers Compensation
All MH Facilities
Workers' Compensation Accepted Claims - Aggression By Client

	FY 2001	FY 2002	FY2003	FY2004
Austin State Hospital				
Amount Paid in Timeframe Claim Occurred	\$35,151.20	\$2,998.03	\$23,989.65	\$27,816.17
Intervention With Restraint	7	14	15	24
Intervention With No Restraint	13	10	13	13
No Intervention	5	5	4	0
Big Spring State Hospital				
Amount Paid in Timeframe Claim Occurred	\$29,732.55	\$8,523.91	\$28,476.07	\$10,470.67
Intervention With Restraint	5	10	8	9
Intervention With No Restraint	7	4	6	11
No Intervention	4	1	0	0
El Paso Psychiatric Center				
Amount Paid in Timeframe Claim Occurred			\$399.04	\$32,419.51
Intervention With Restraint			1	16
Intervention With No Restraint			3	11
No Intervention			2	0
Kerrville State Hospital				
Amount Paid in Timeframe Claim Occurred	\$15,727.46	\$17,225.63	\$14,700.77	\$12,121.91
Intervention With Restraint	4	4	1	4
Intervention With No Restraint	3	3	0	4
No Intervention	4	3	2	0
North Texas State Hospital				
Amount Paid in Timeframe Claim Occurred	\$163,943.35	\$86,674.19	\$44,575.81	\$52,201.11
Intervention With Restraint	23	21	21	22
Intervention With No Restraint	10	6	12	21
No Intervention	13	3	12	0
Rio Grande State Center				
Amount Paid in Timeframe Claim Occurred	\$3,424.50	\$53,801.84	\$12,023.18	\$5,443.92
Intervention With Restraint	2	3	3	2
Intervention With No Restraint	0	1	4	7
No Intervention	3	5	2	0

Objective 5B & 5C - Workers Compensation
All MH Facilities
Workers' Compensation Accepted Claims - Aggression By Client

	FY 2001	FY 2002	FY2003	FY2004
Rusk State Hospital				
Amount Paid in Timeframe Claim Occurred	\$30,622.56	\$22,134.91	\$30,398.02	\$35,943.50
Intervention With Restraint	12	7	11	28
Intervention With No Restraint	11	2	11	17
No Intervention	4	16	11	3
San Antonio State Hospital				
Amount Paid in Timeframe Claim Occurred	\$49,340.31	\$49,218.31	\$53,187.81	\$33,109.23
Intervention With Restraint	14	10	9	9
Intervention With No Restraint	12	10	12	10
No Intervention	7	8	5	0
Terrell State Hospital				
Amount Paid in Timeframe Claim Occurred	\$111,629.19	\$66,385.16	\$110,702.50	\$15,795.56
Intervention With Restraint	7	9	9	2
Intervention With No Restraint	5	2	6	11
No Intervention	7	10	2	0
Waco Center For Youth				
Amount Paid in Timeframe Claim Occurred	\$49.00	\$7,019.67	\$14,395.60	\$16,622.90
Intervention With Restraint	2	1	12	13
Intervention With No Restraint	0	0	1	0
No Intervention	0	2	4	0
All MH Facilities				
Amount Paid in Timeframe Claim Occurred	\$439,620.12	\$313,981.65	\$332,848.45	\$241,944.48
Intervention With Restraint	76	79	90	129
Intervention With No Restraint	61	38	68	105
No Intervention	47	53	44	3

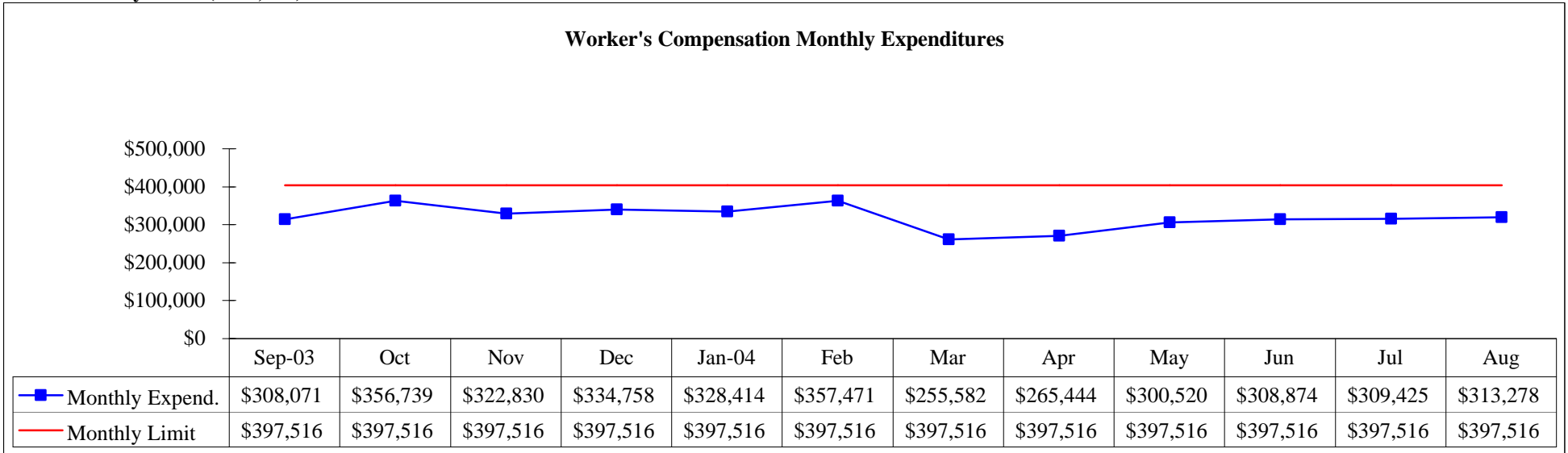
Table: Management Data Services

Source:SORM Report -
Workers' Compensation Accepted Claims

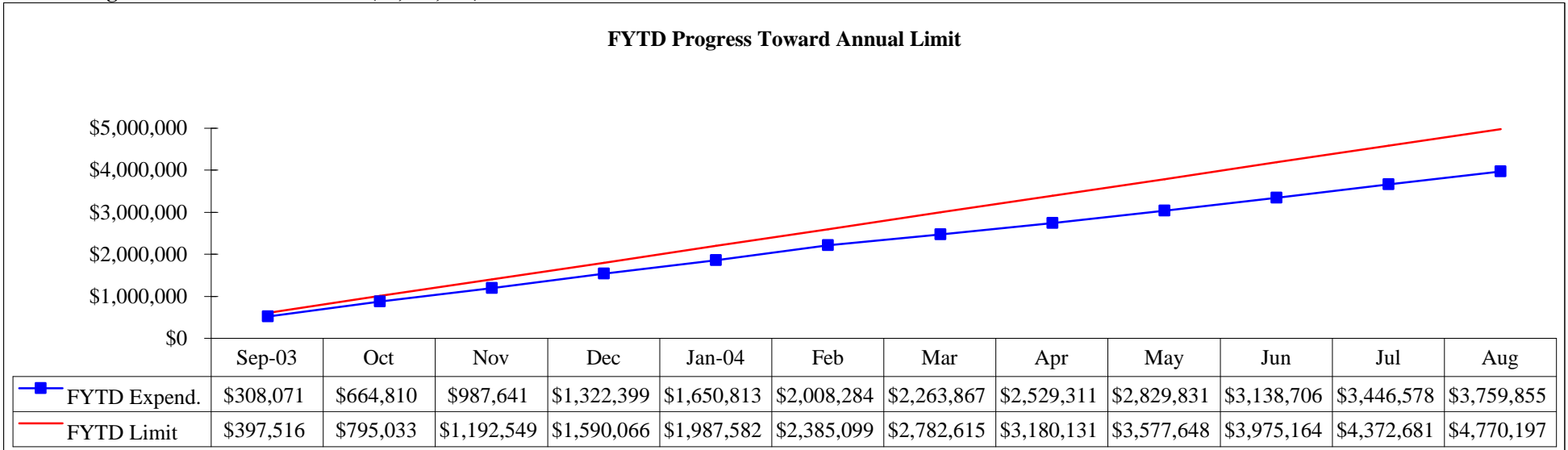
Objective 5B & 5C - Workers Compensation

All MH Facilities

FY04 Monthly Limit (\$397,516)



FYTD Progress Toward Annual Limit (\$4,770,197)



FYTD expenditure may not equal the sum of individual months due to "rounding".

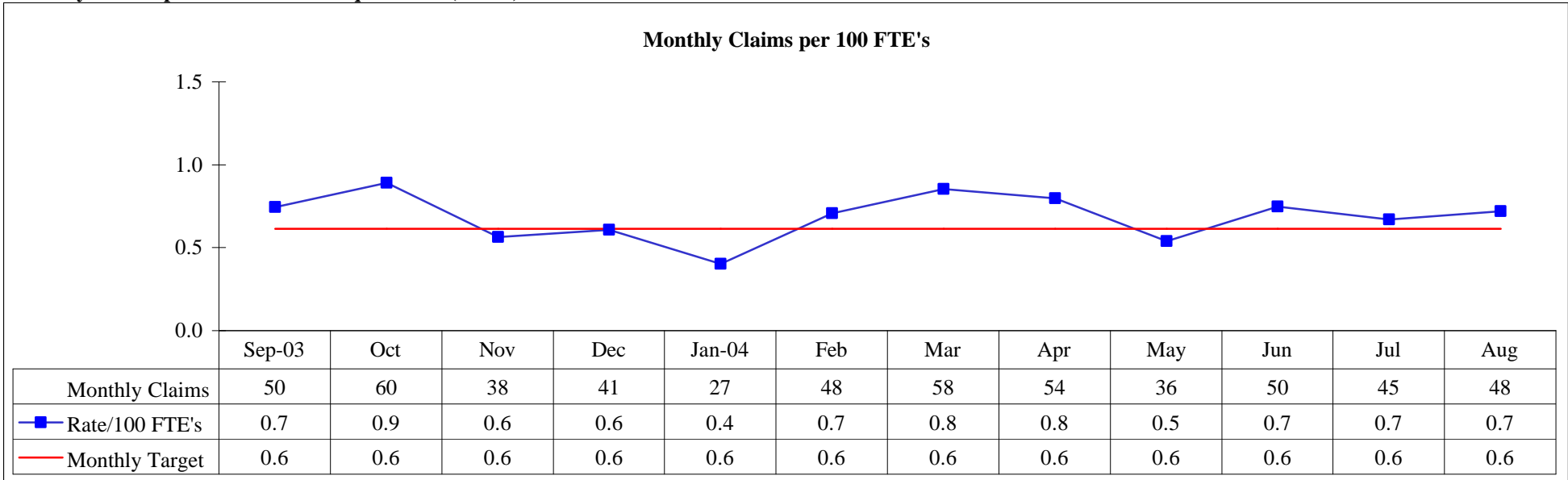
Chart: Management Data Services

Source: Worker's Compensation Management Reports and Strength Report (MHMR705-PeopleSoft)

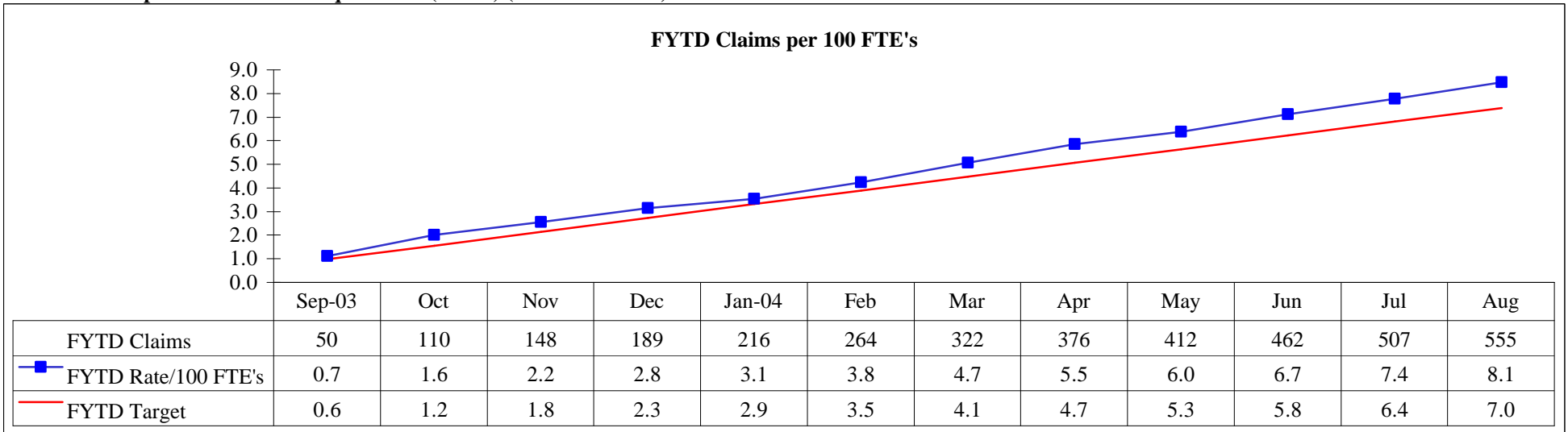
Objective 5B & 5C - Workers Compensation

All MH Facilities

Monthly Claims per 100 Full Time Equivalents (FTE's)



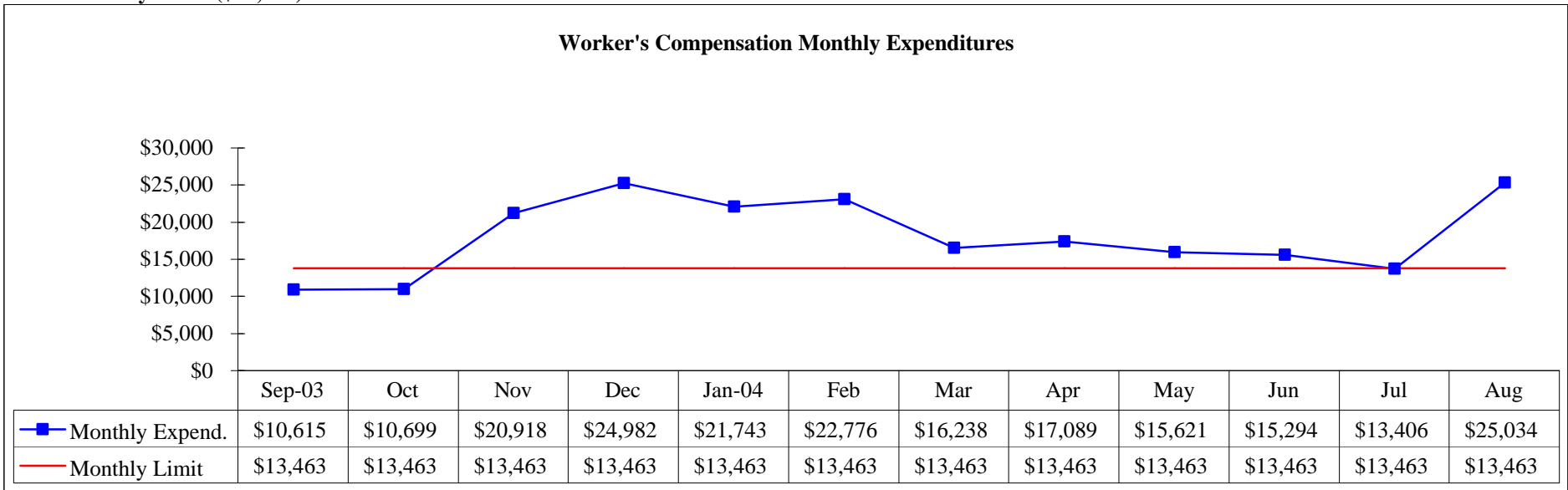
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 7.0)



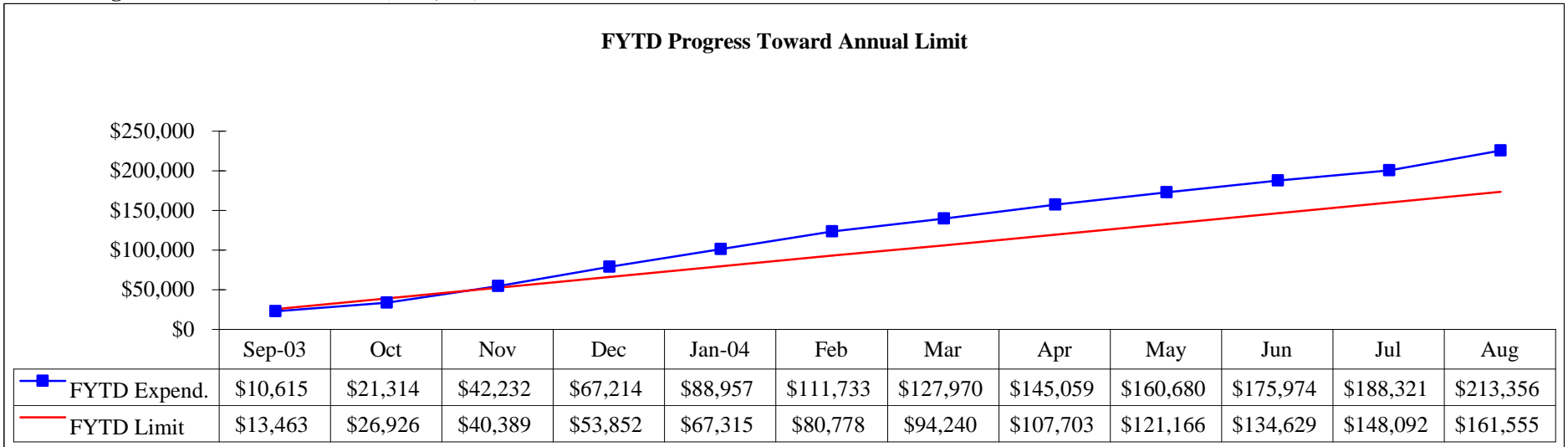
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Austin State Hospital
FY04 Monthly Limit (\$13,463)



FYTD Progress Toward Annual Limit (\$161,555)



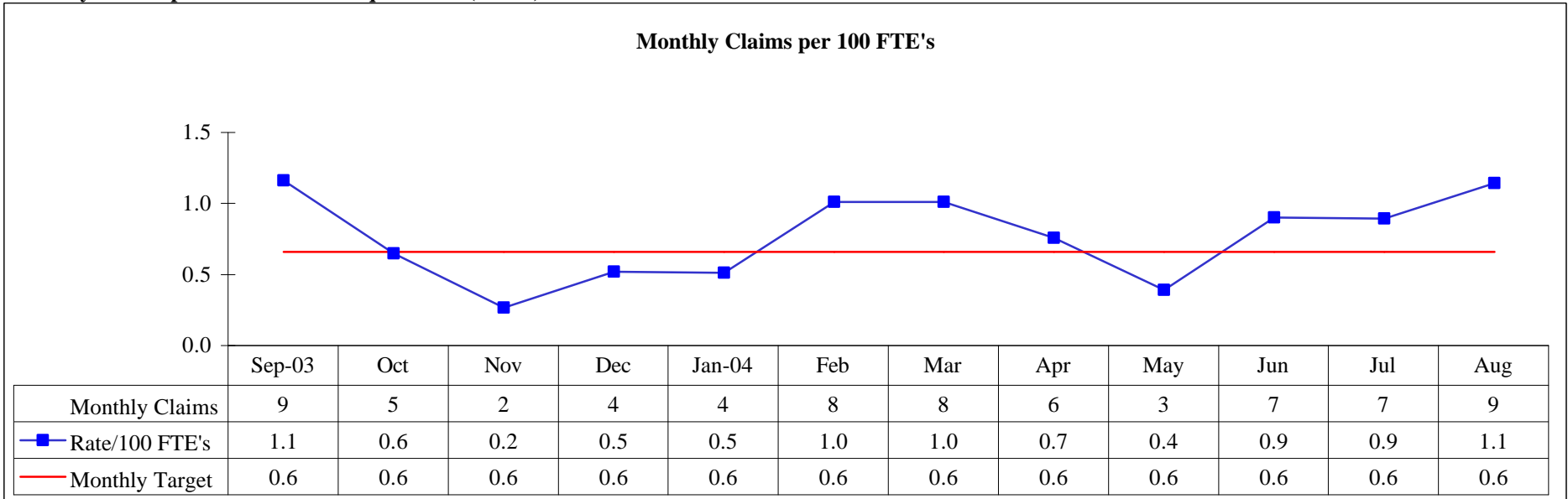
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

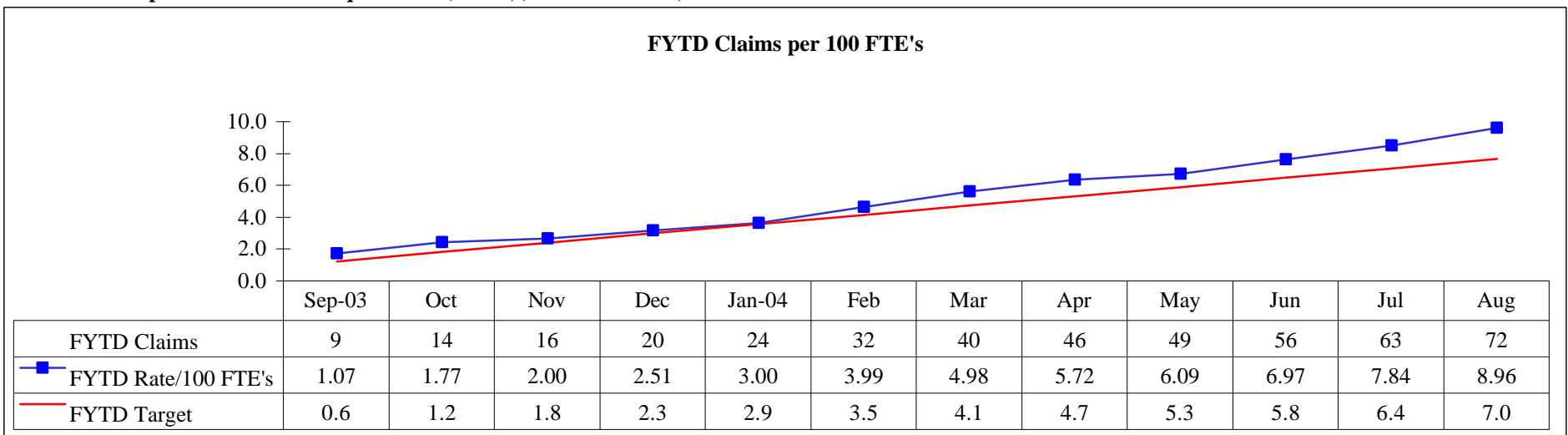
Objective 5B & 5C - Workers Compensation

Austin State Hospital

Monthly Claims per 100 Full Time Equivalentents (FTE's)



FYTD Claims per 100 Full Time Equivalentents (FTE's)(FY04 Limit: 7.0)

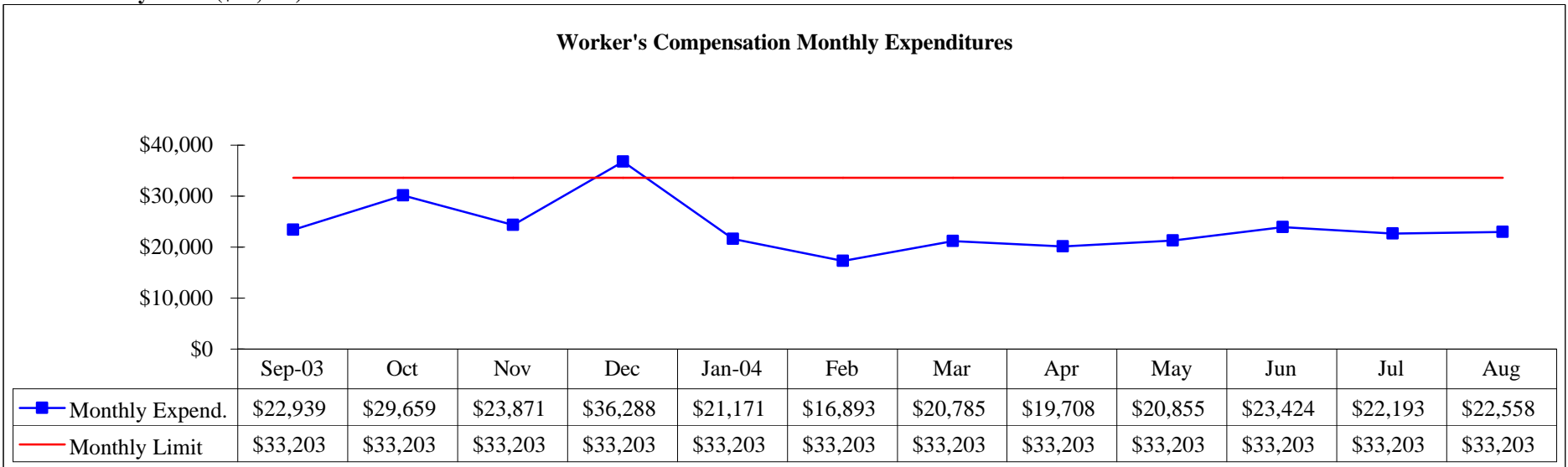


FYTD expenditure may not equal the sum of individual months due to "rounding".

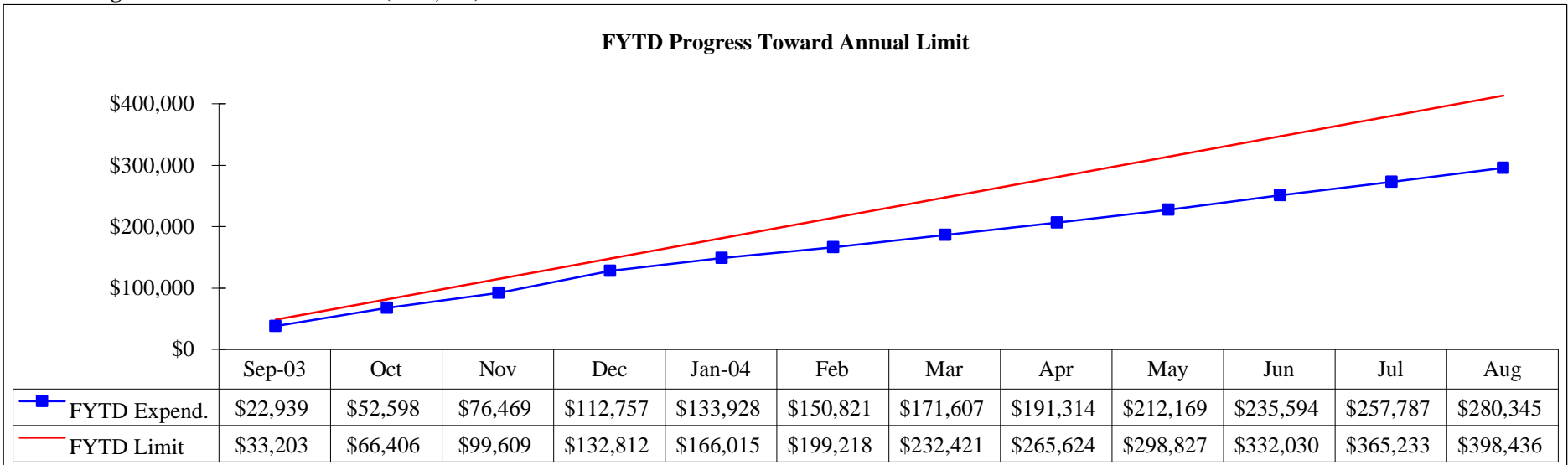
Chart: Management Data Services

Source: Worker's Compensation Management Reports and Strength Report (MHMR705-PeopleSoft)

**Objective 5B & 5C - Workers Compensation
Big Spring State Hospital
FY04 Monthly Limit (\$33,203)**



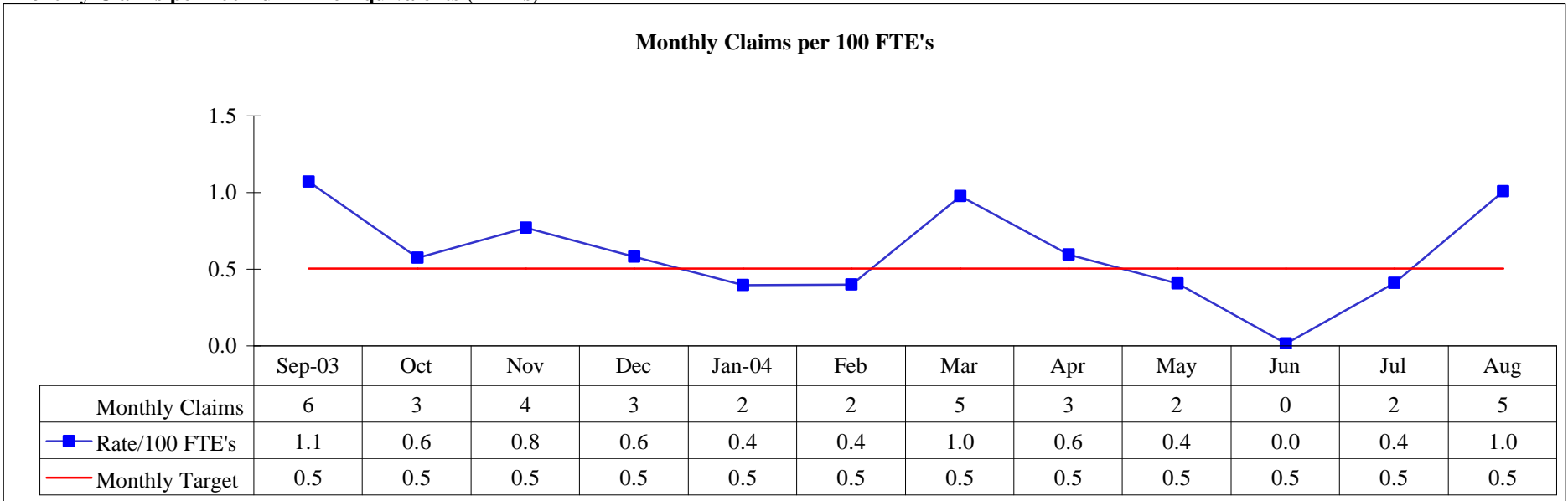
FYTD Progress Toward Annual Limit (\$398,436)



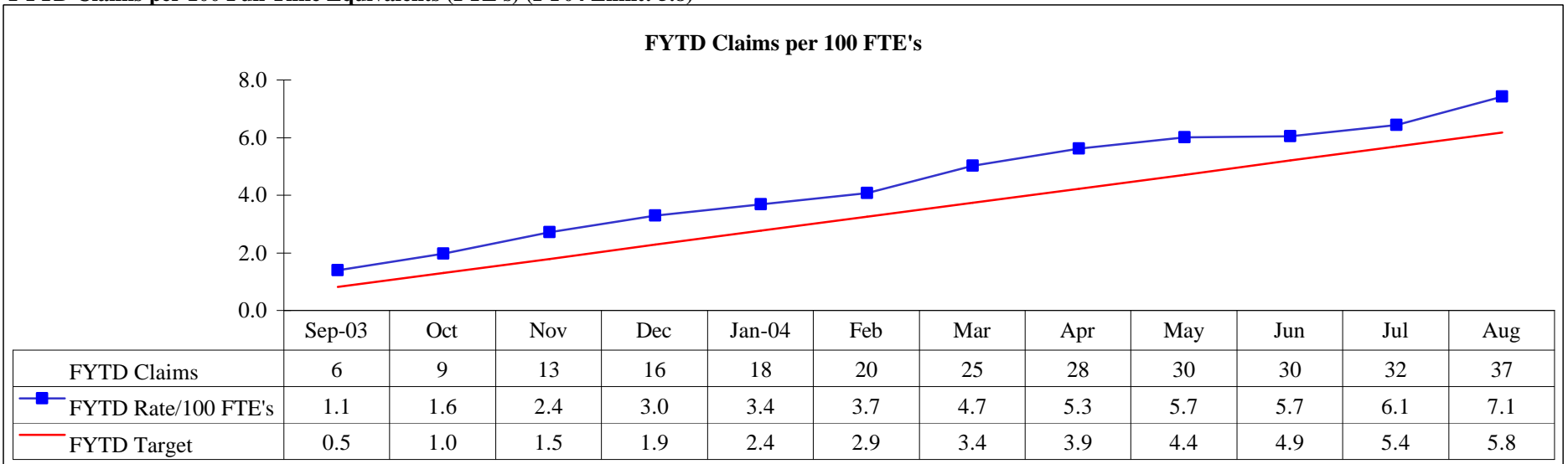
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

Source: Worker's Compensation Management Reports and
Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Big Spring State Hospital
Monthly Claims per 100 Full Time Equivalentents (FTE's)



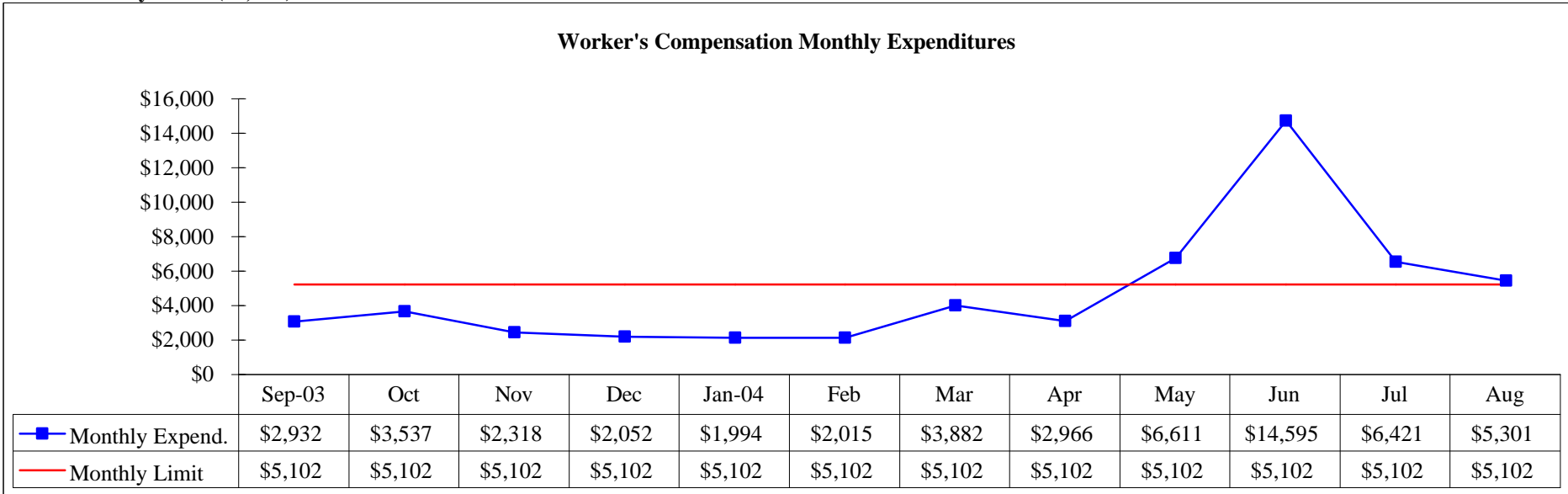
FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 5.8)



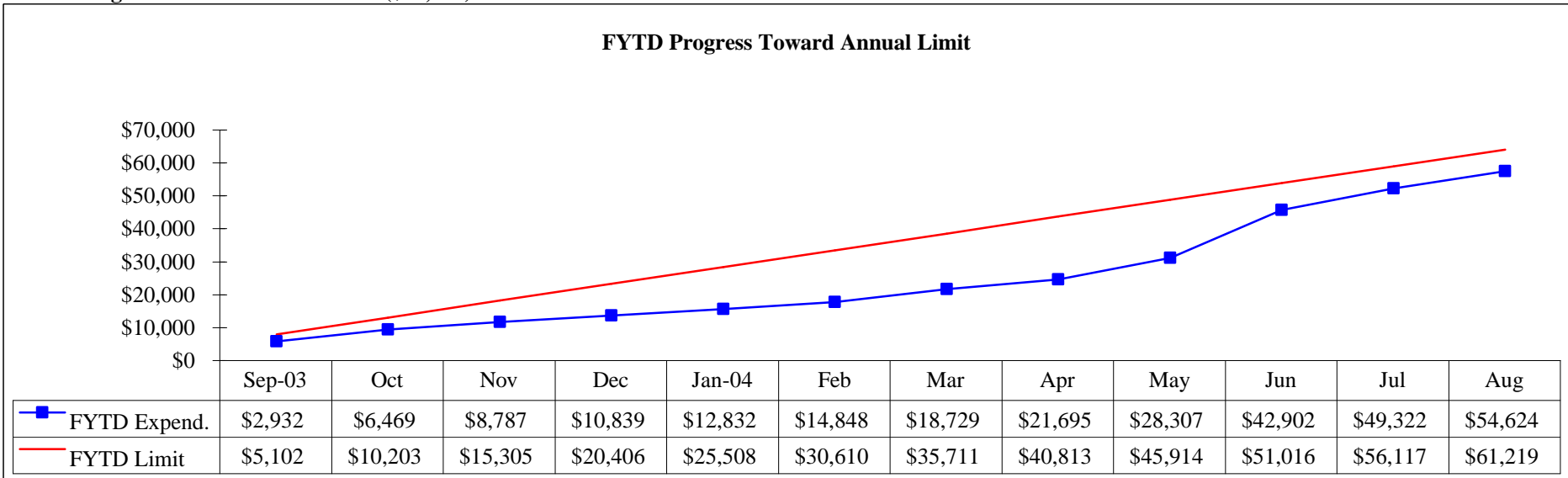
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
El Paso Psychiatric Center
FY04 Monthly Limit (\$5,102)



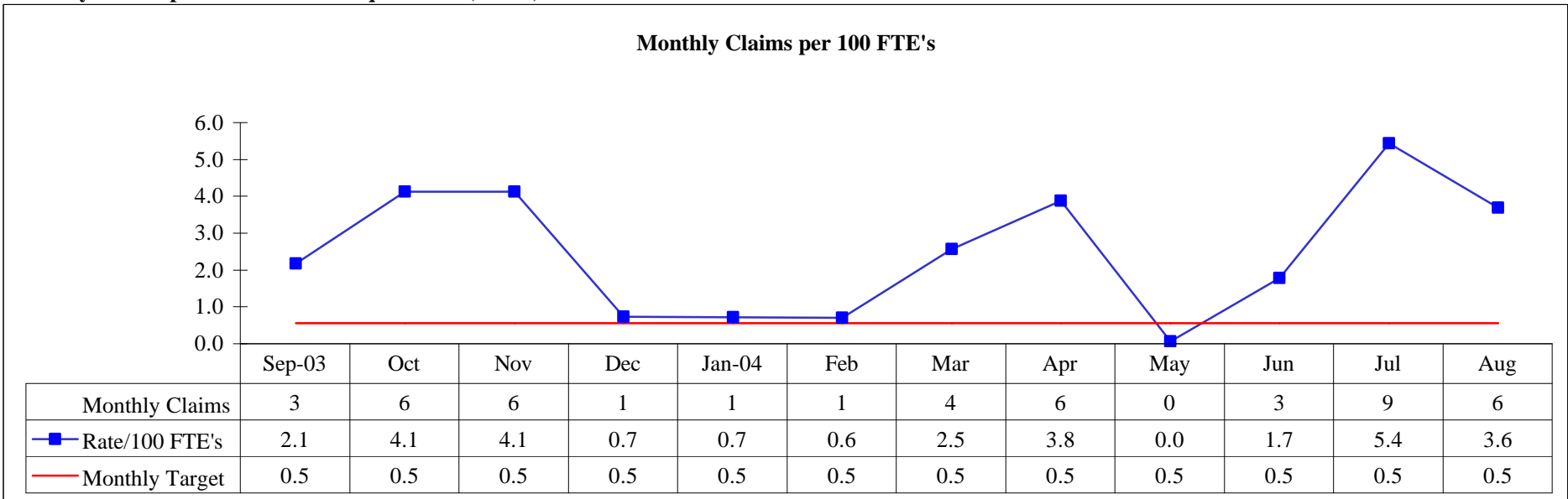
FYTD Progress Toward Annual Limit (\$61,219)



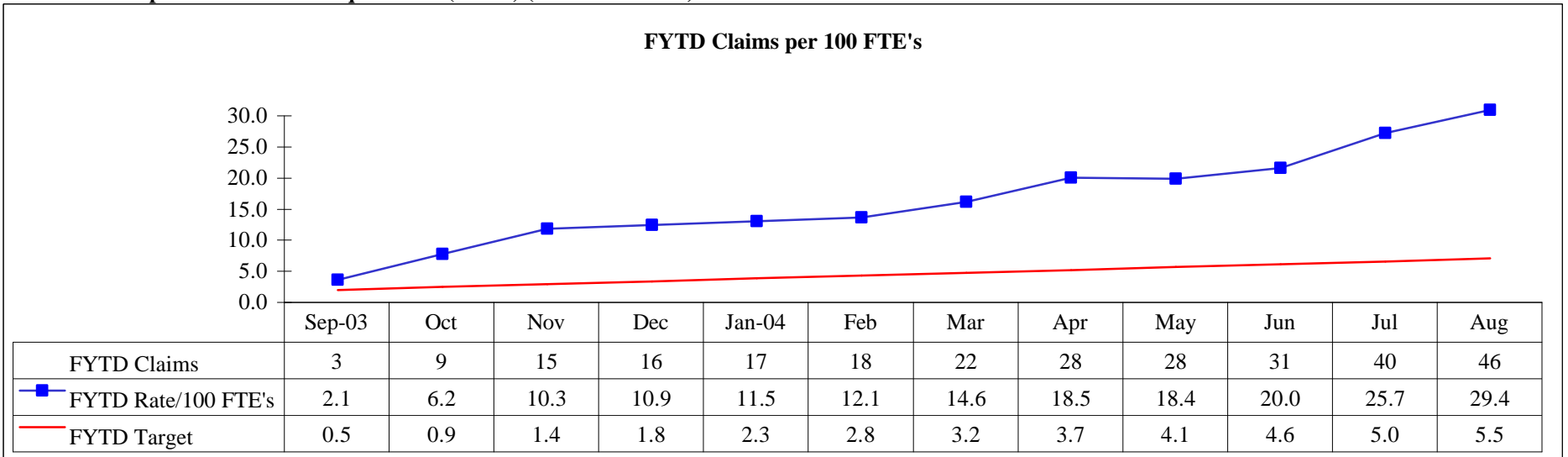
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
El Paso Psychiatric Center
Monthly Claims per 100 Full Time Equivalentents (FTE's)



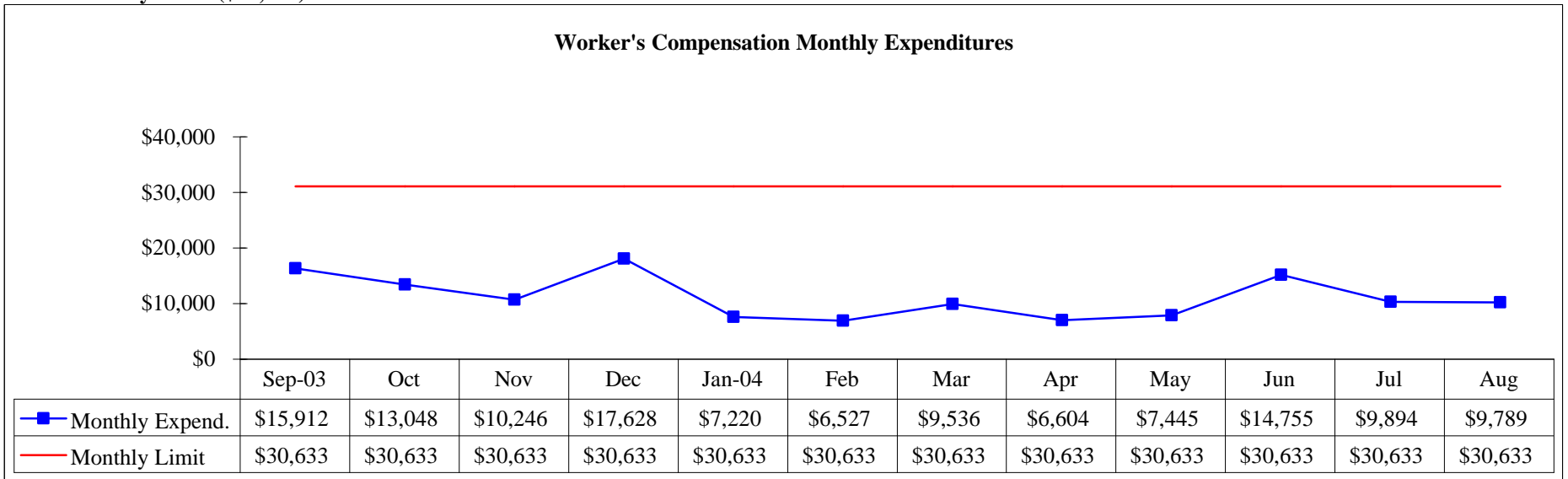
FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 5.5)



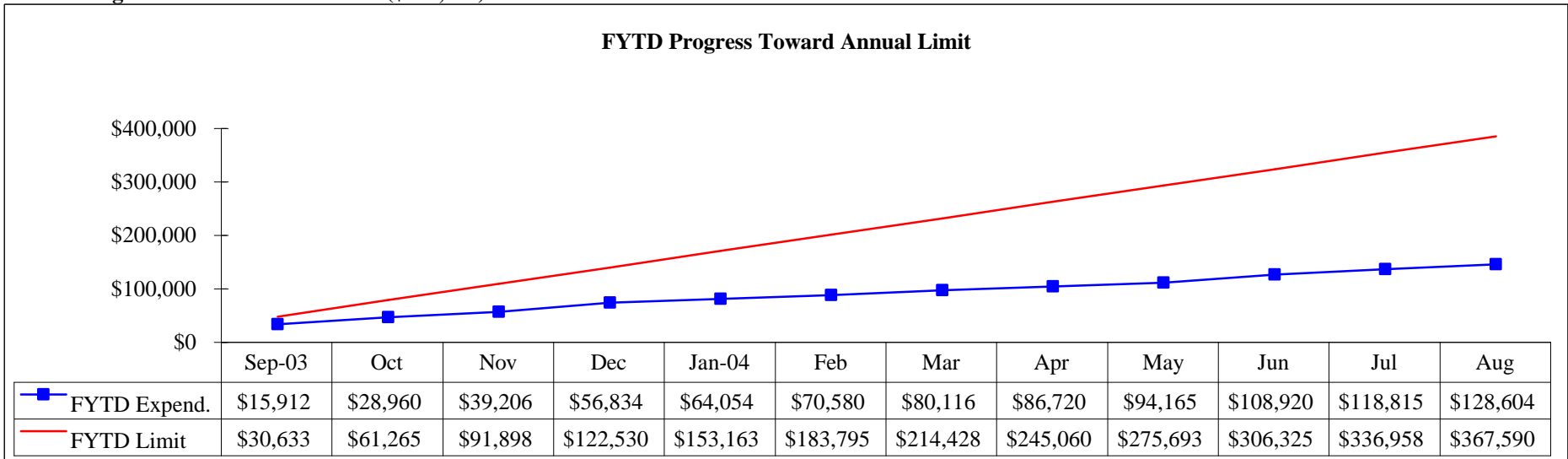
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

**Objective 5B & 5C - Workers Compensation
 Kerrville State Hospital
 FY04 Monthly Limit (\$30,633)**



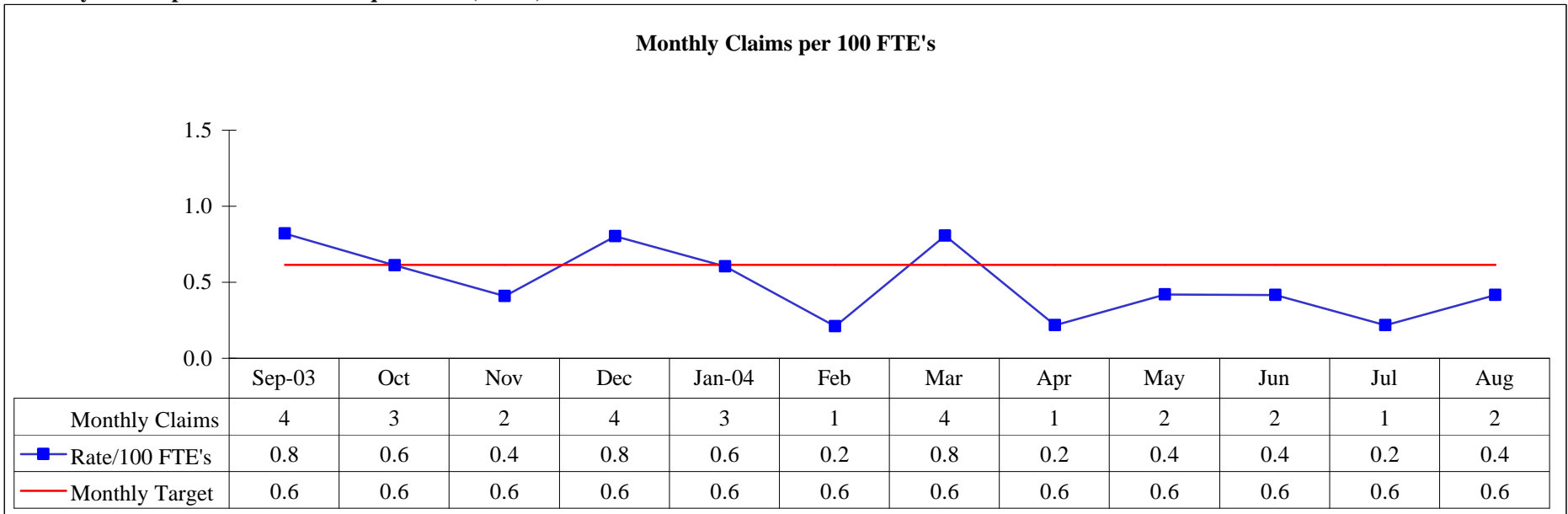
FYTD Progress Toward Annual Limit (\$367,590)



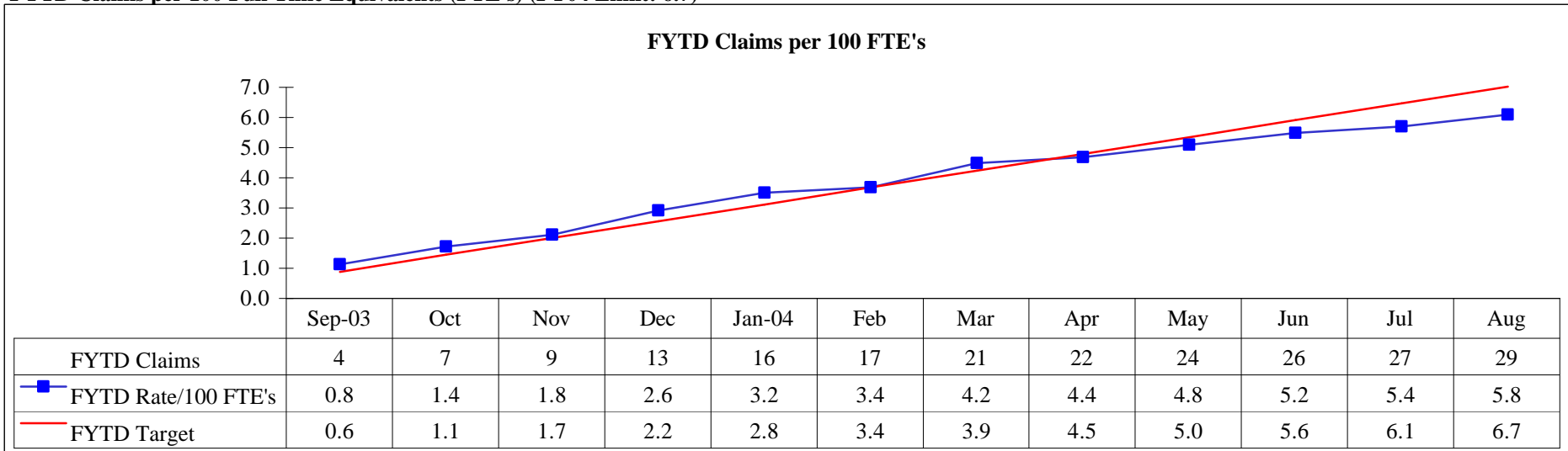
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Kerrville State Hospital
Monthly Claims per 100 Full Time Equivalents (FTE's)



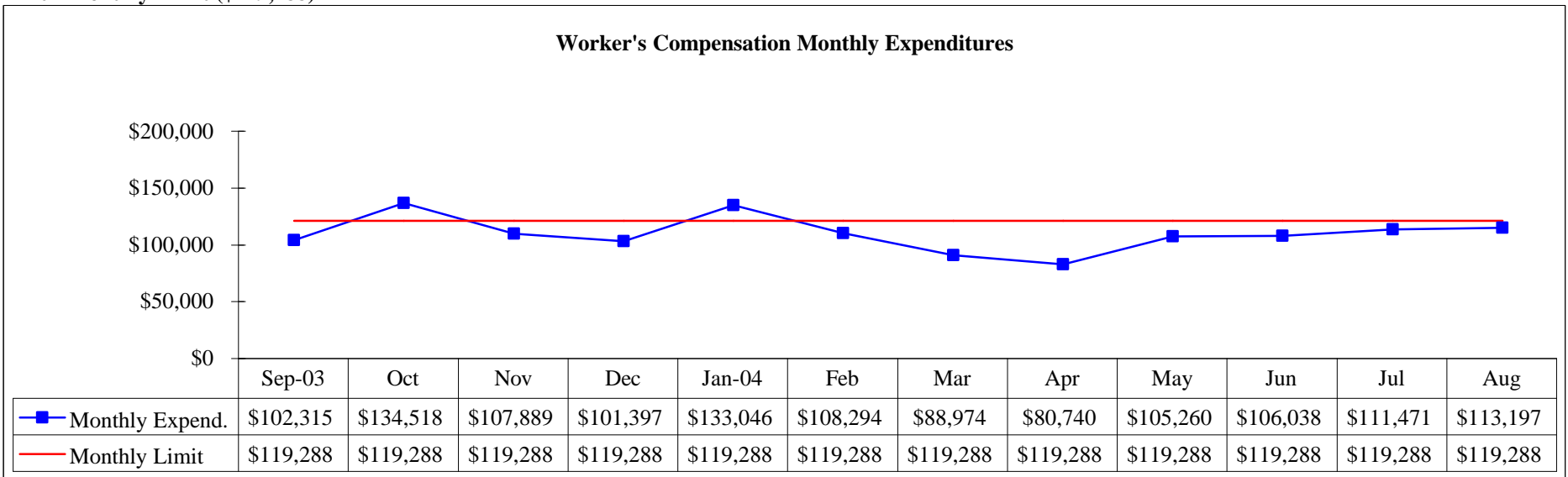
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 6.7)



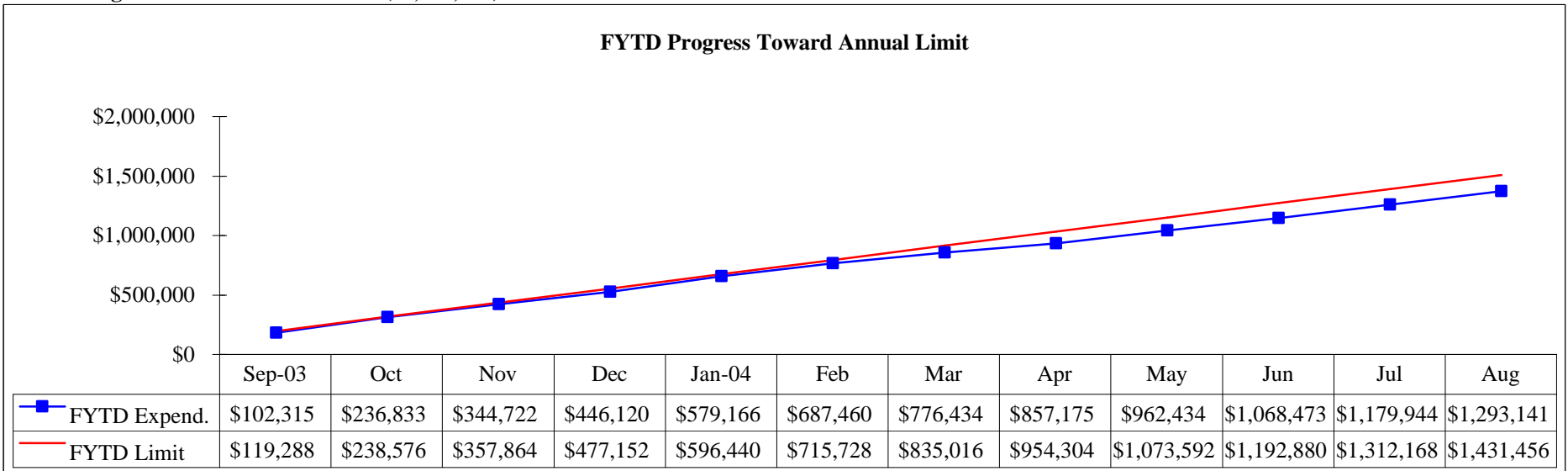
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

**Objective 5B & 5C - Workers Compensation
North Texas State Hospital
FY04 Monthly Limit (\$119,288)**



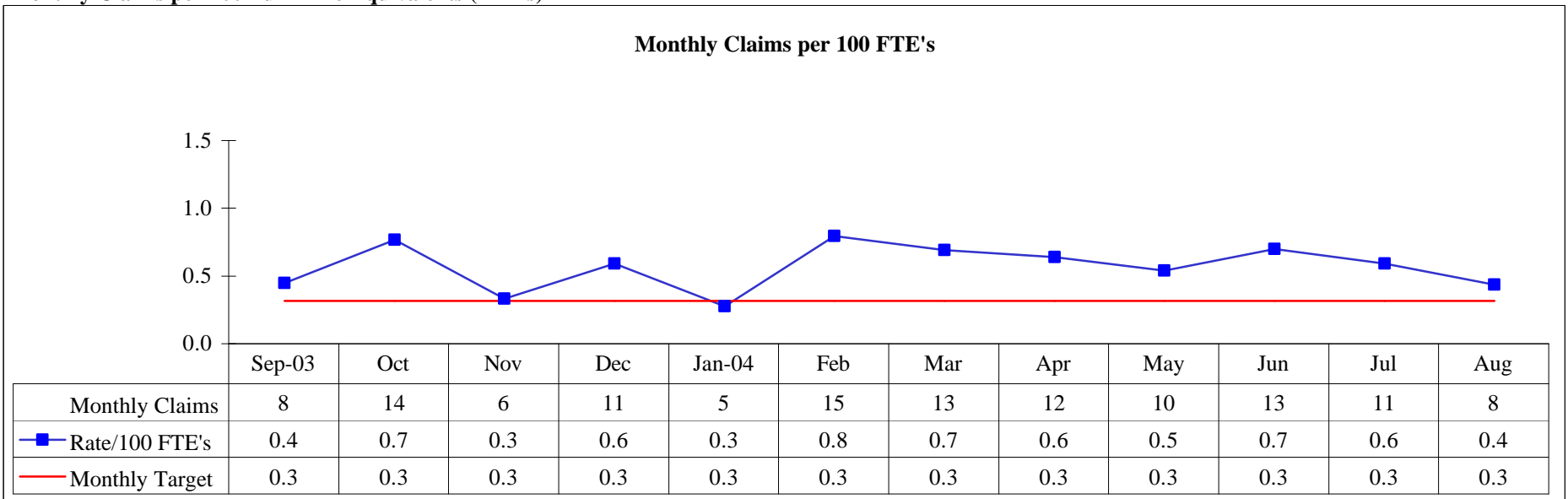
FYTD Progress Toward Annual Limit (\$1,431,456)



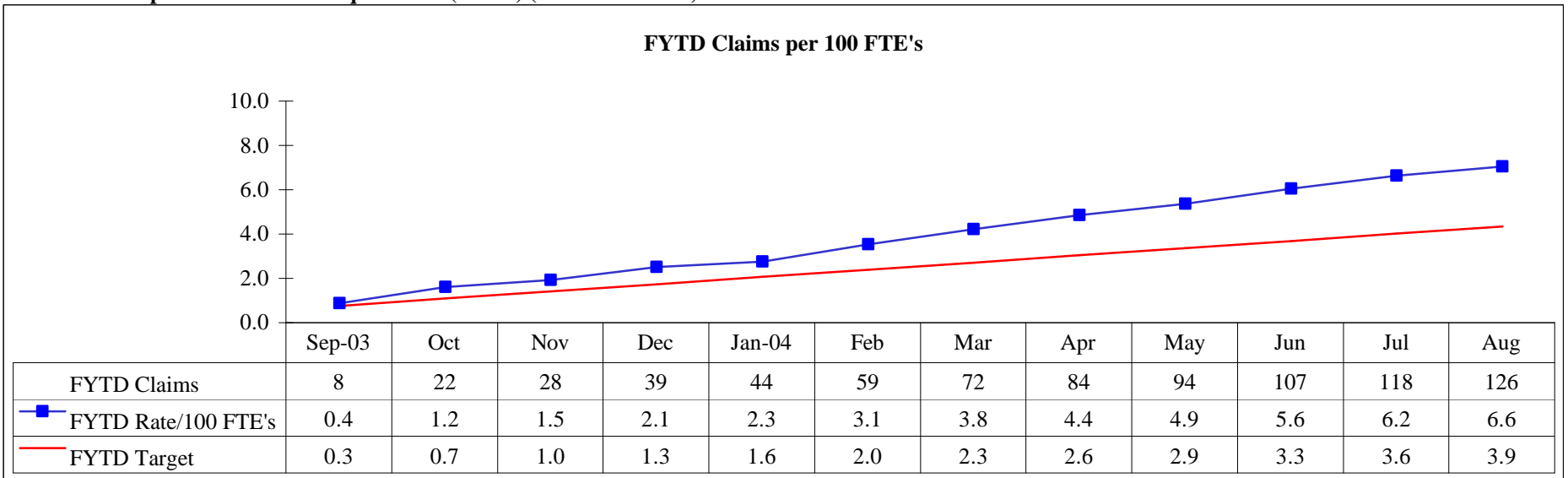
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

Source: Worker's Compensation Management Reports and
Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
North Texas State Hospital
Monthly Claims per 100 Full Time Equivalentents (FTE's)



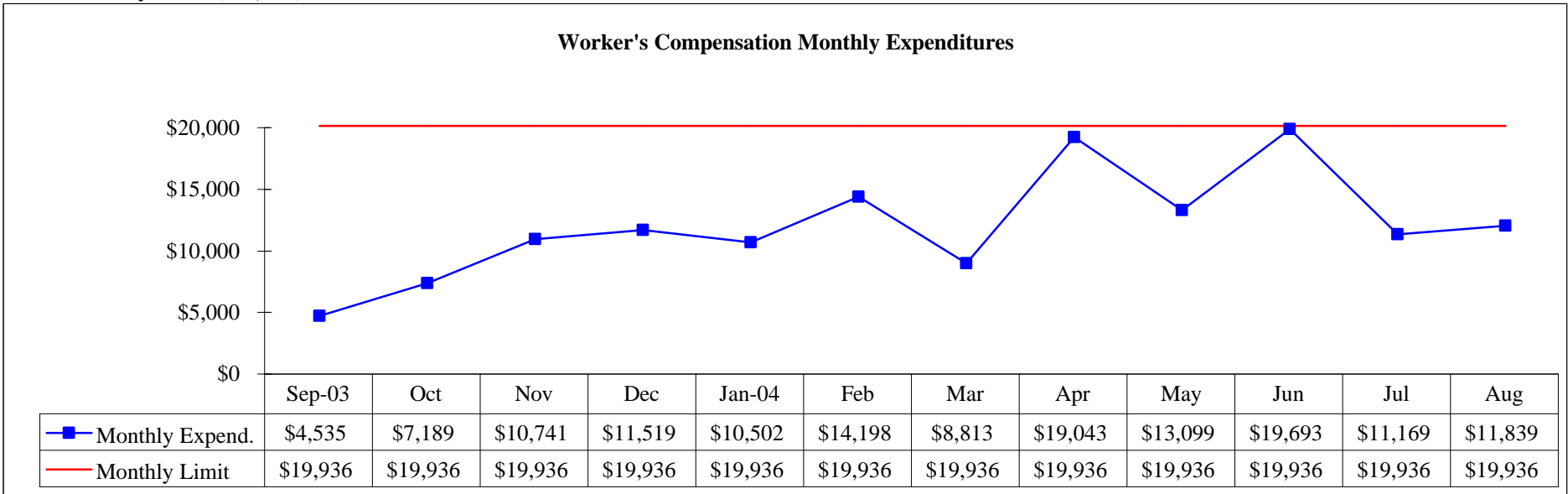
FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 3.9)



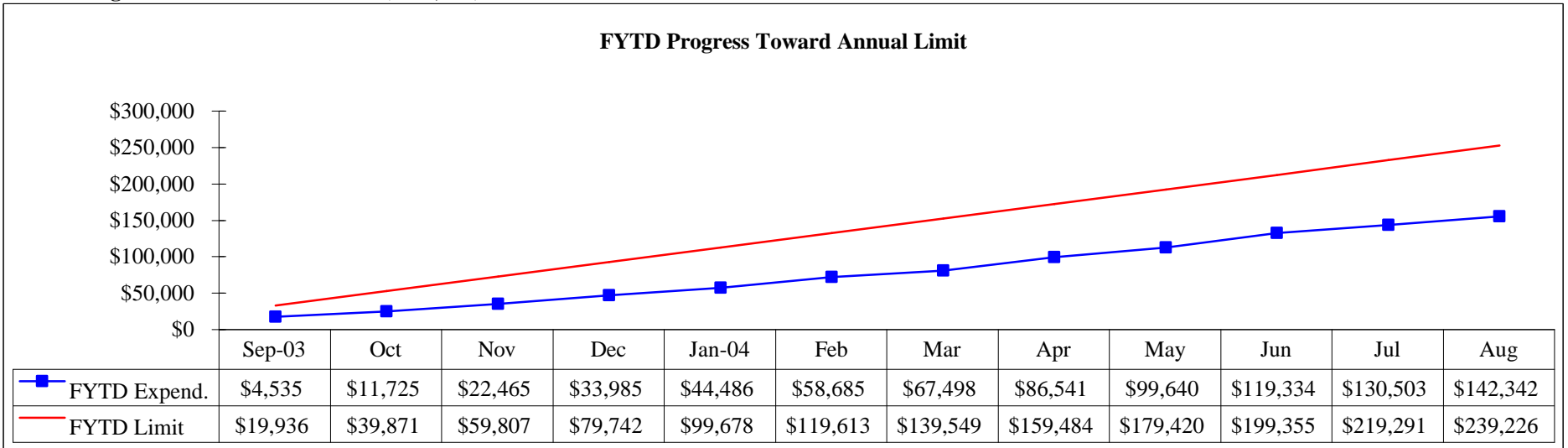
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

**Objective 5B & 5C - Workers Compensation
Rio Grande State Center
FY04 Monthly Limit (\$19,936)**



FYTD Progress Toward Annual Limit (\$239,226)



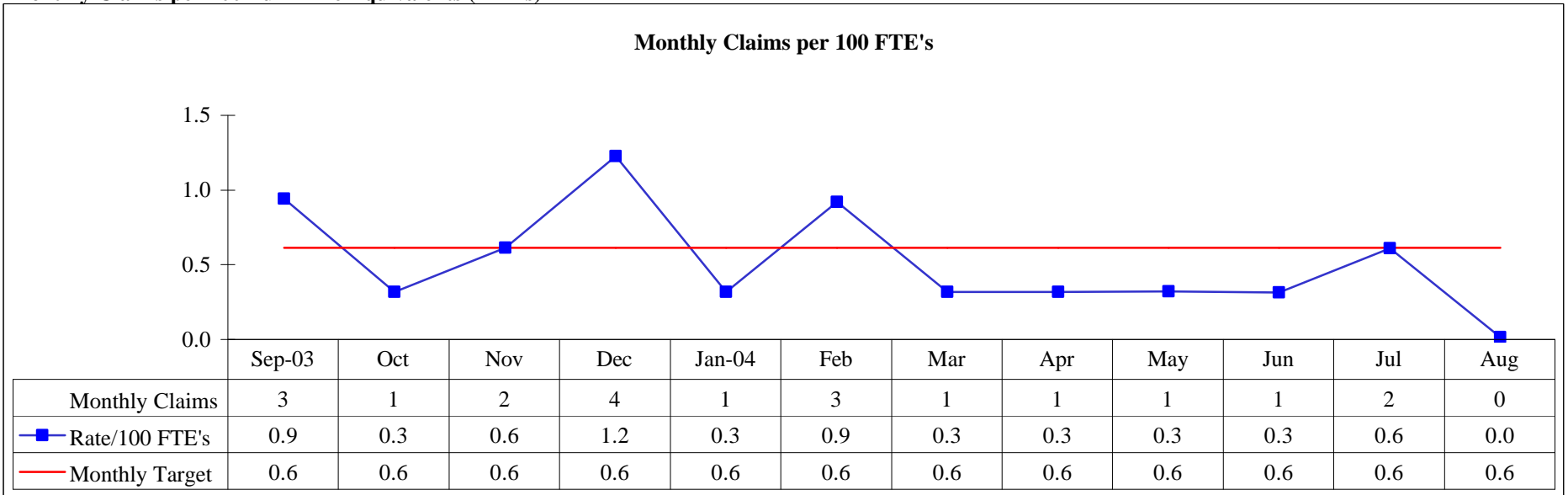
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

Source: Worker's Compensation Management Reports and
Strength Report (MHMR705-PeopleSoft)

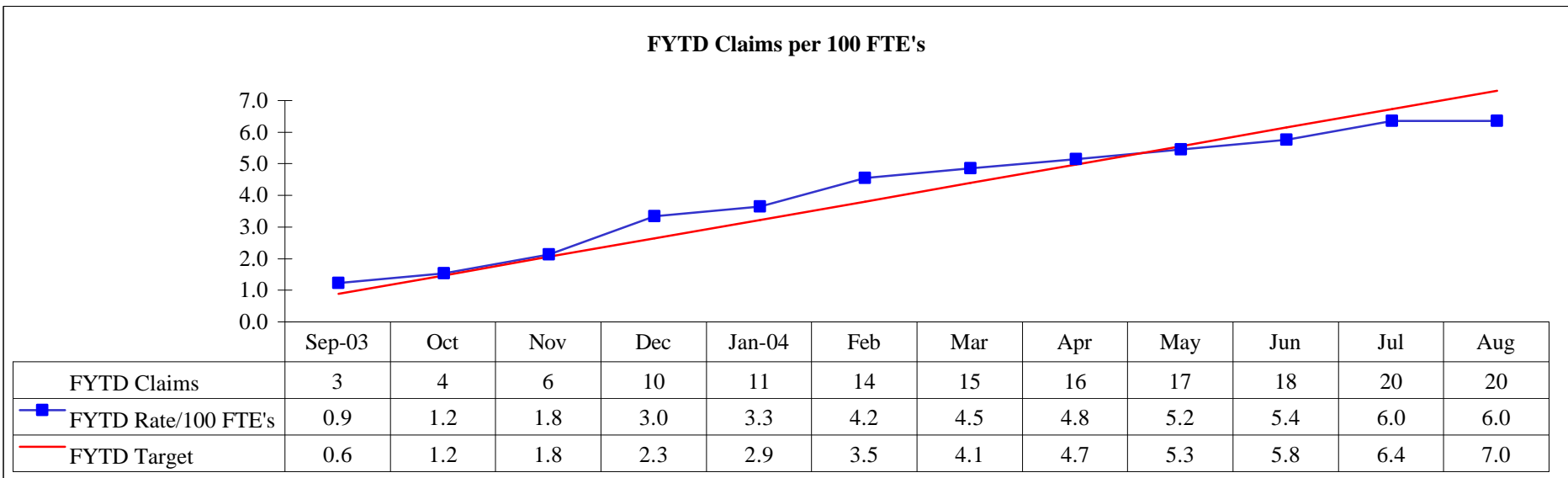
Objective 5B & 5C - Workers Compensation

Rio Grande State Center

Monthly Claims per 100 Full Time Equivalentents (FTE's)



FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 7.0)

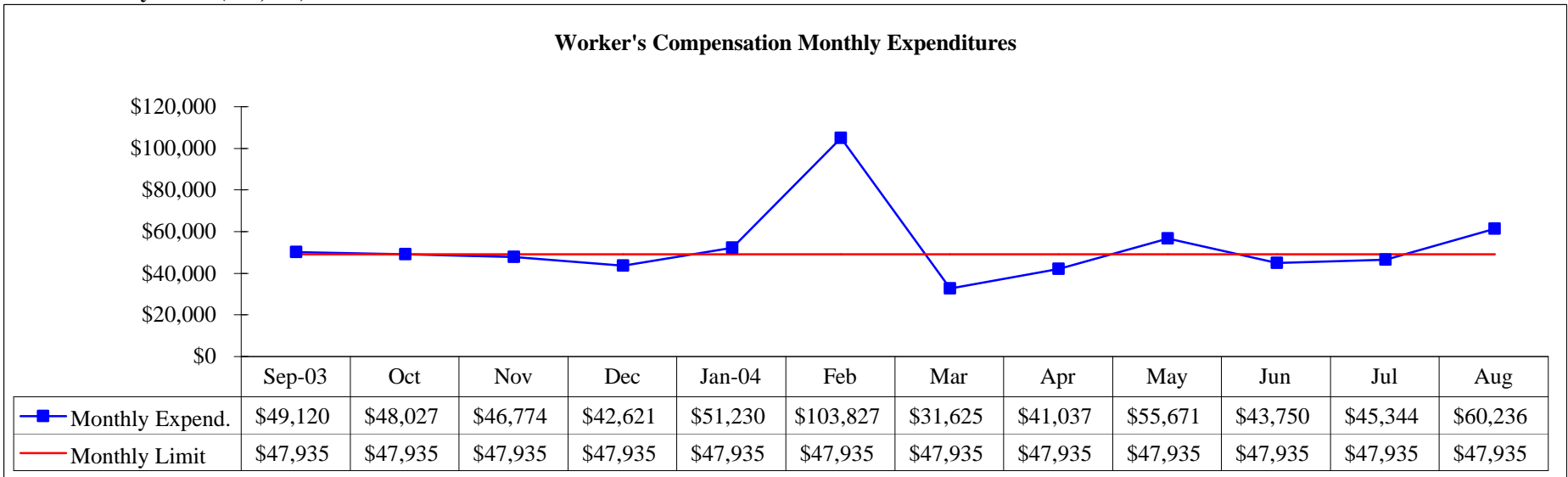


FYTD expenditure may not equal the sum of individual months due to "rounding".

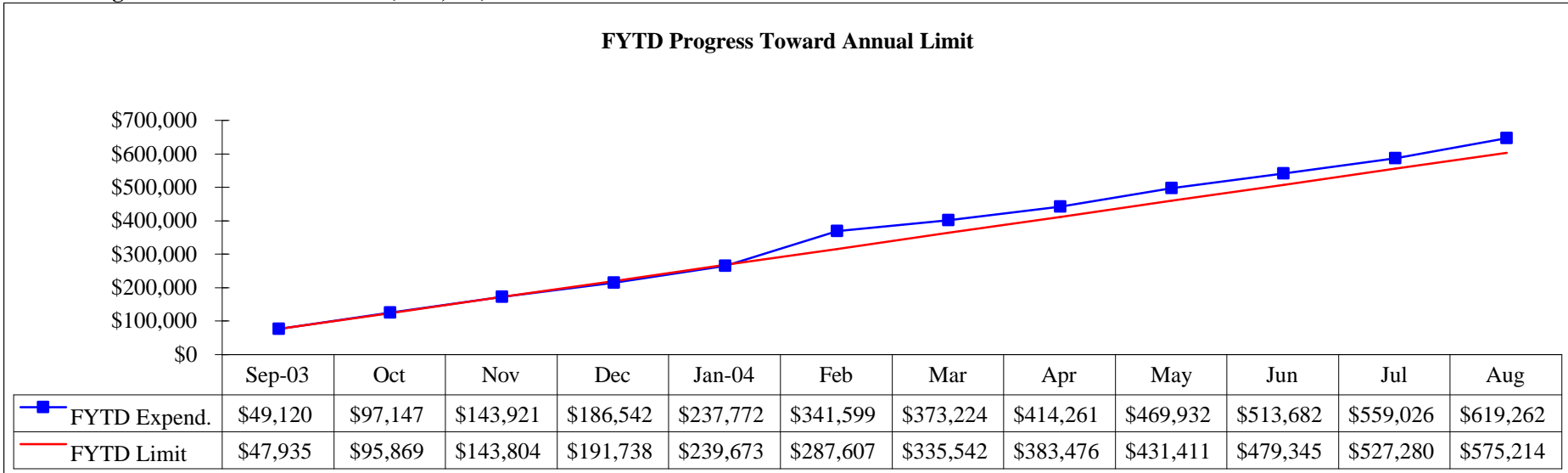
Chart: Management Data Services

Source: Worker's Compensation Management Reports and Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Rusk State Hospital
FY04 Monthly Limit (\$47,935)



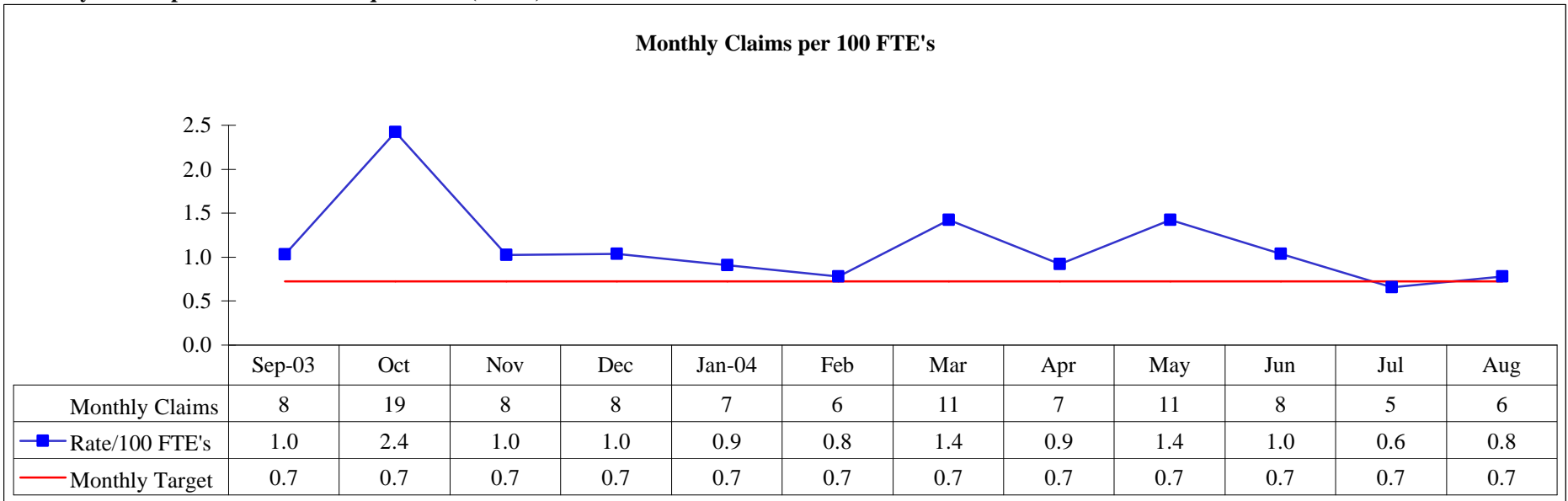
FYTD Progress Toward Annual Limit (\$575,214)



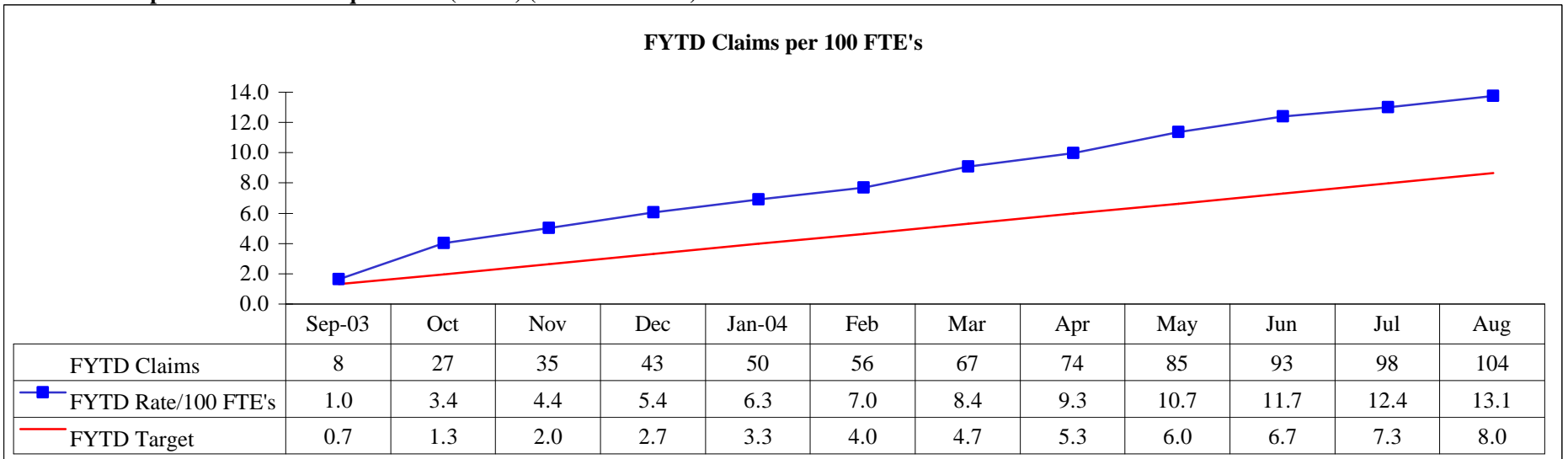
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Rusk State Hospital
Monthly Claims per 100 Full Time Equivalents (FTE's)



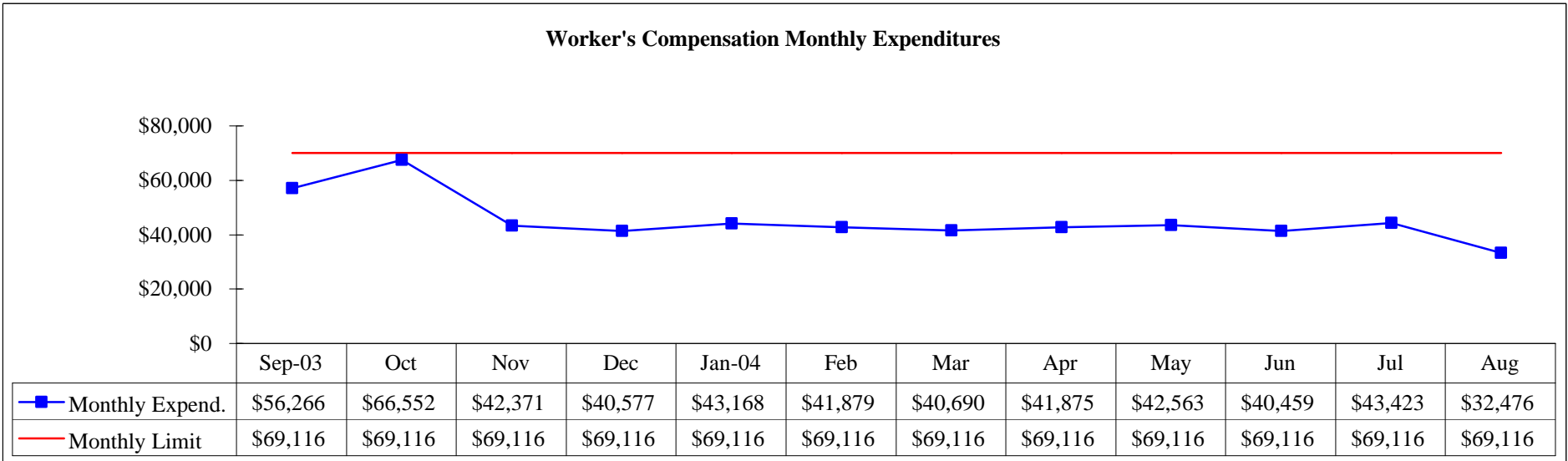
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 8.0)



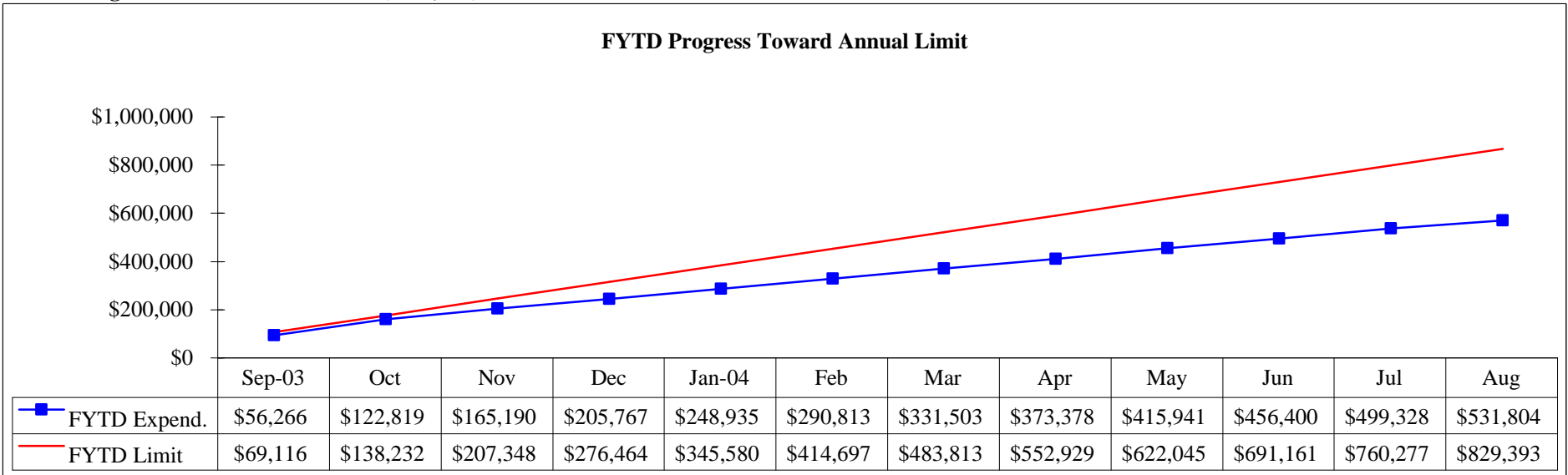
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
San Antonio State Hospital
FY04 Monthly Limit (\$69,116)



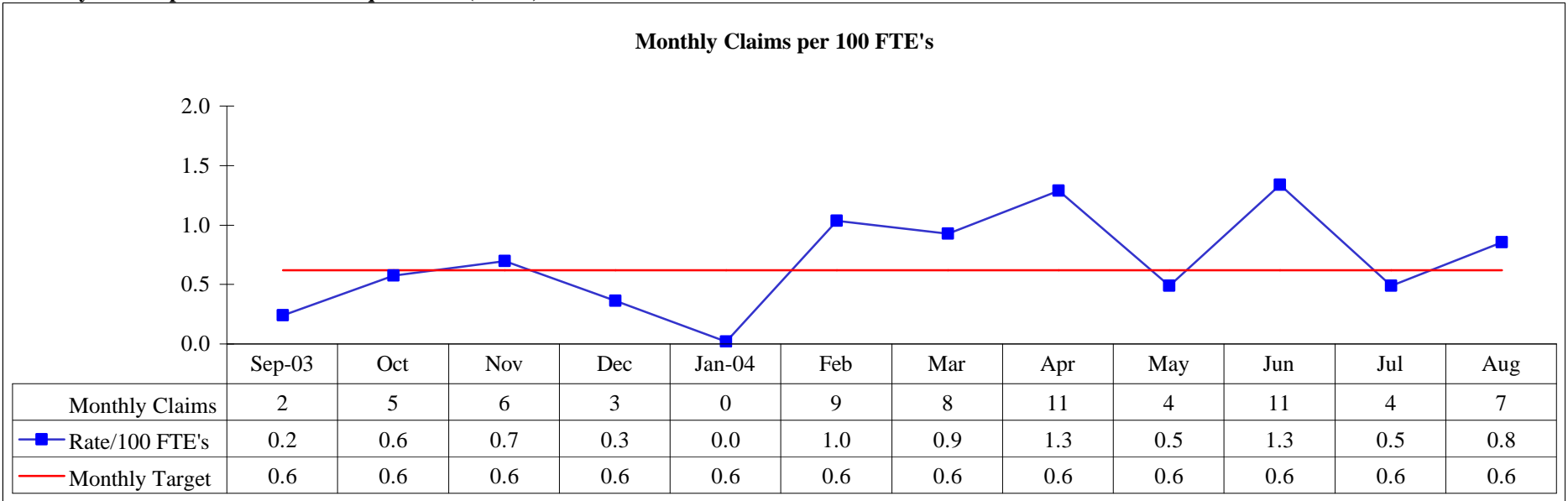
FYTD Progress Toward Annual Limit (\$829,393)



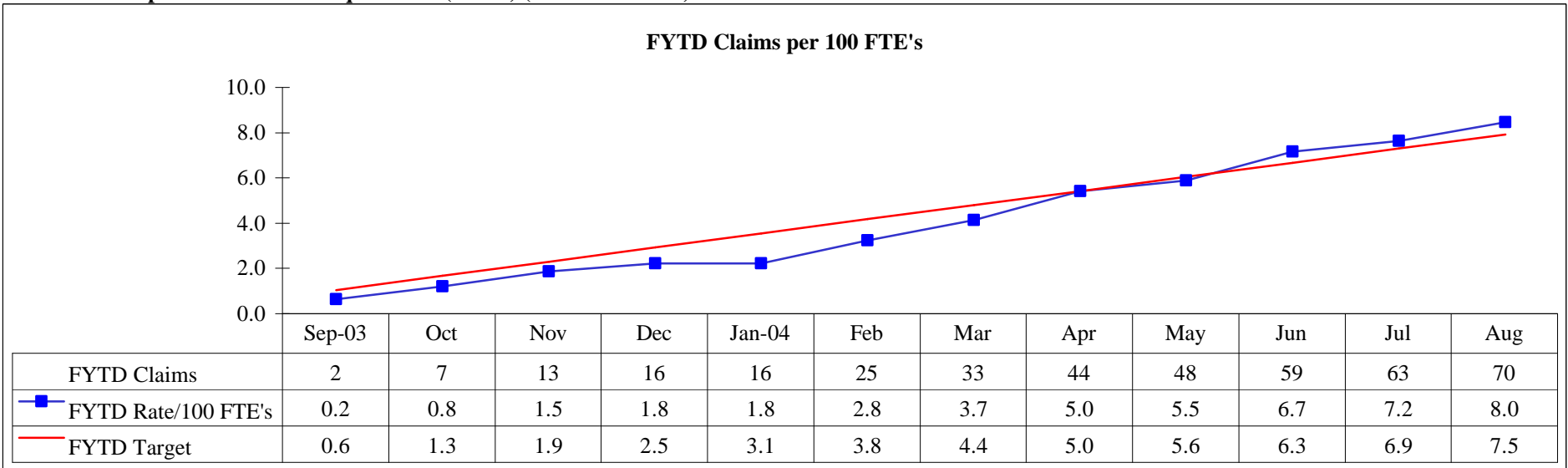
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
San Antonio State Hospital
Monthly Claims per 100 Full Time Equivalentents (FTE's)



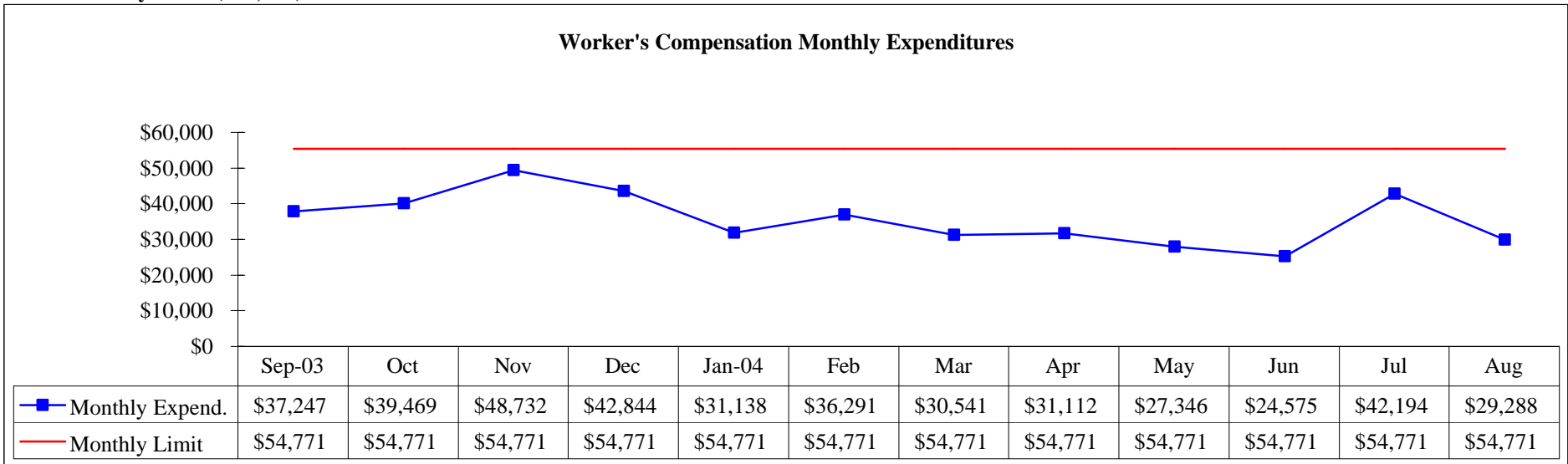
FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 7.5)



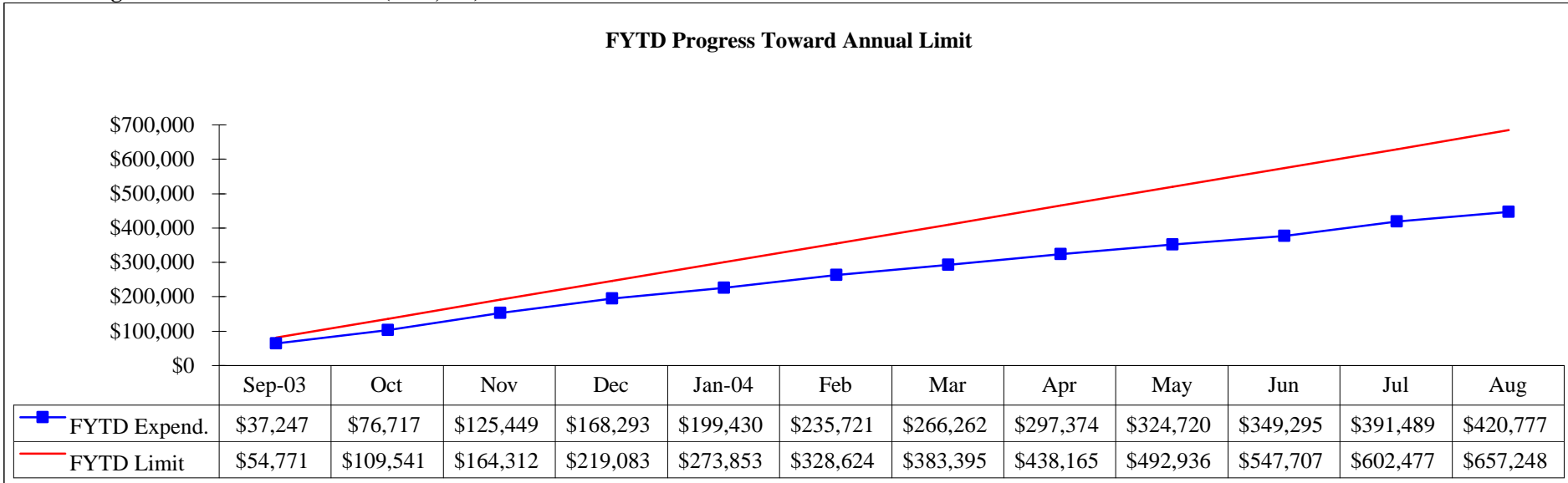
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

**Objective 5B & 5C - Workers Compensation
Terrell State Hospital
FY04 Monthly Limit (\$54,771)**



FYTD Progress Toward Annual Limit (\$657,248)



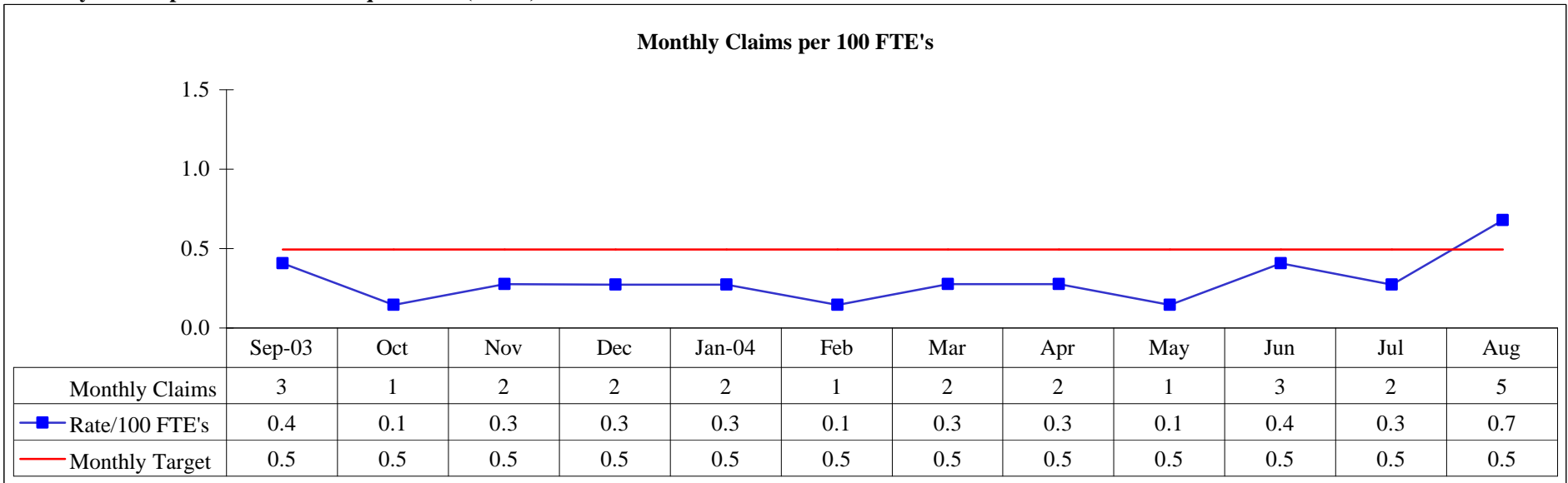
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

Source: Worker's Compensation Management Reports and
Strength Report (MHMR705-PeopleSoft)

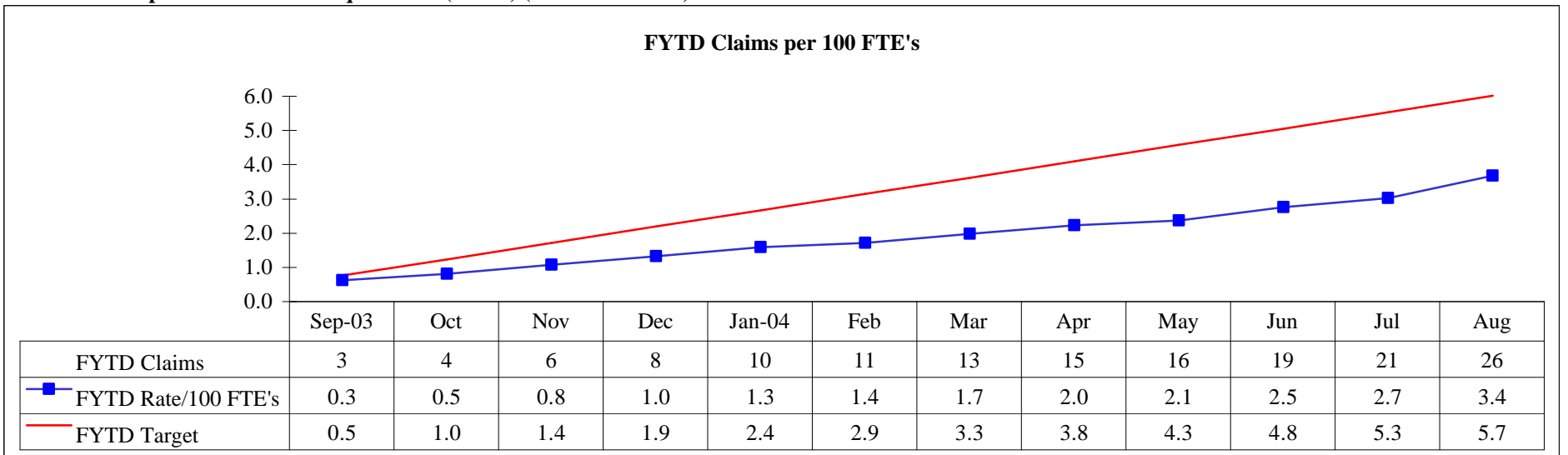
Objective 5B & 5C - Workers Compensation

Terrell State Hospital

Monthly Claims per 100 Full Time Equivalents (FTE's)



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 5.7)



FYTD expenditure may not equal the sum of individual months due to "rounding".

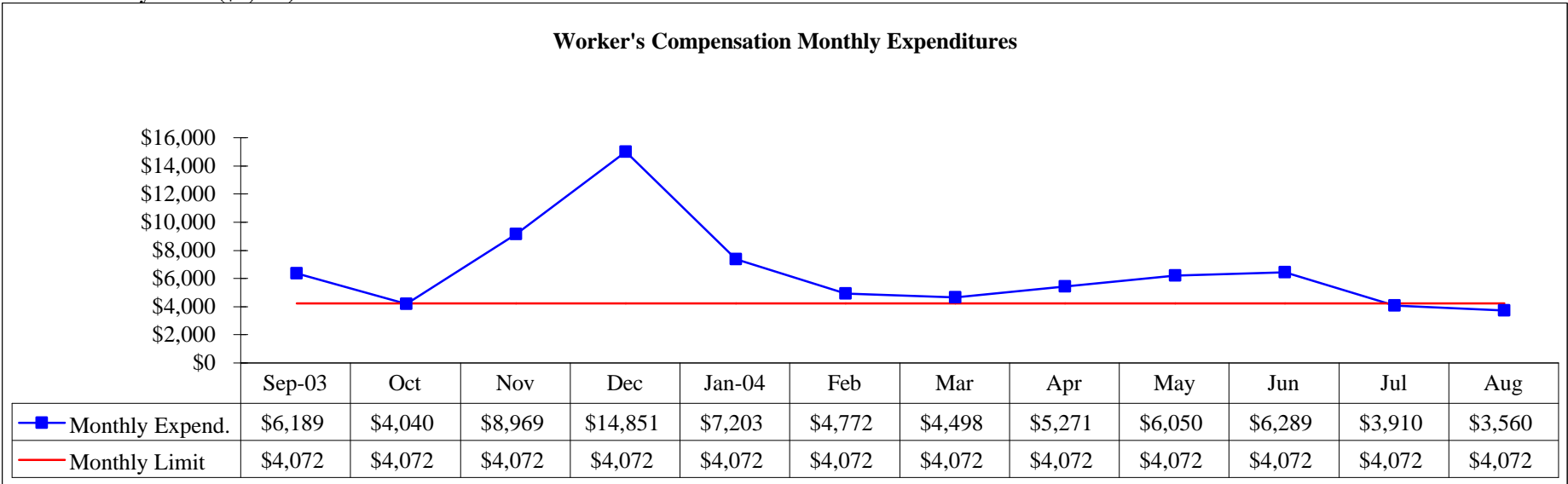
Chart: Management Data Services

Source: Worker's Compensation Management Reports and Strength Report (MHMR705-PeopleSoft)

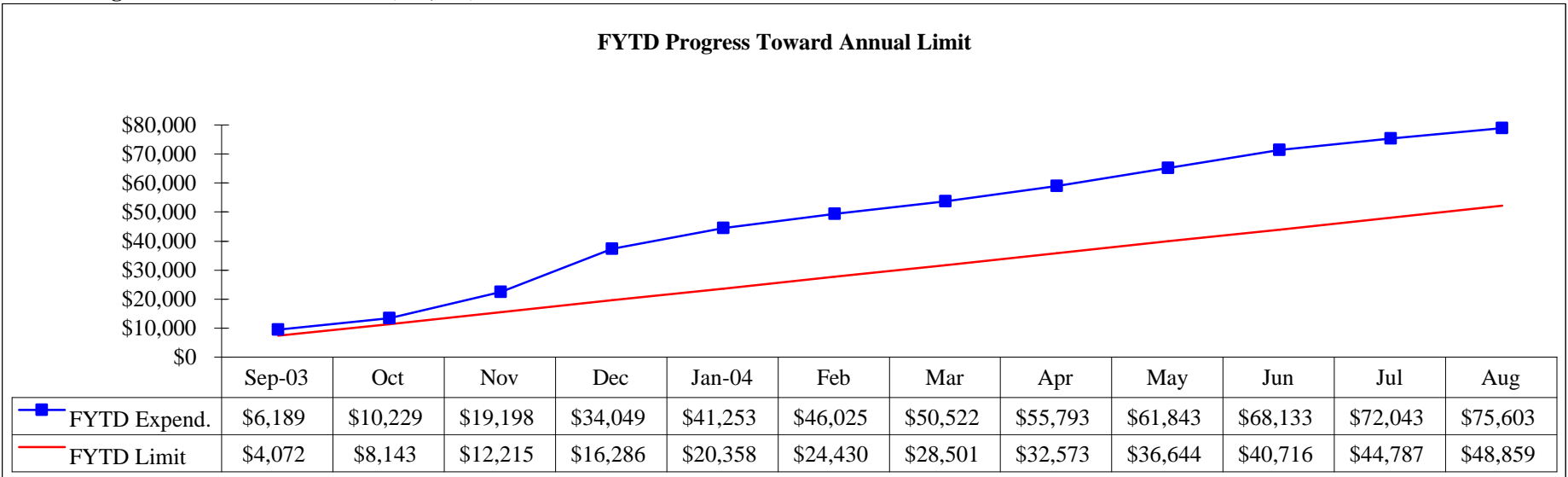
Objective 5B & 5C - Workers Compensation

Waco Center for Youth

FY04 Monthly Limit (\$4,072)



FYTD Progress Toward Annual Limit (\$48,859)

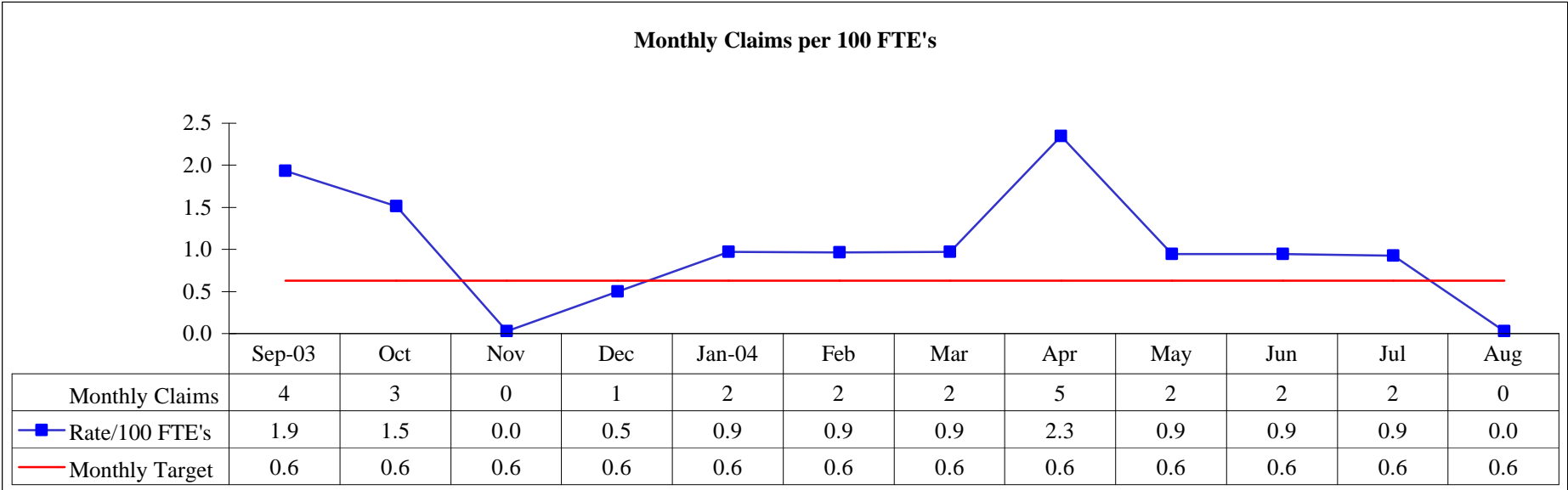


FYTD expenditure may not equal the sum of individual months due to "rounding".

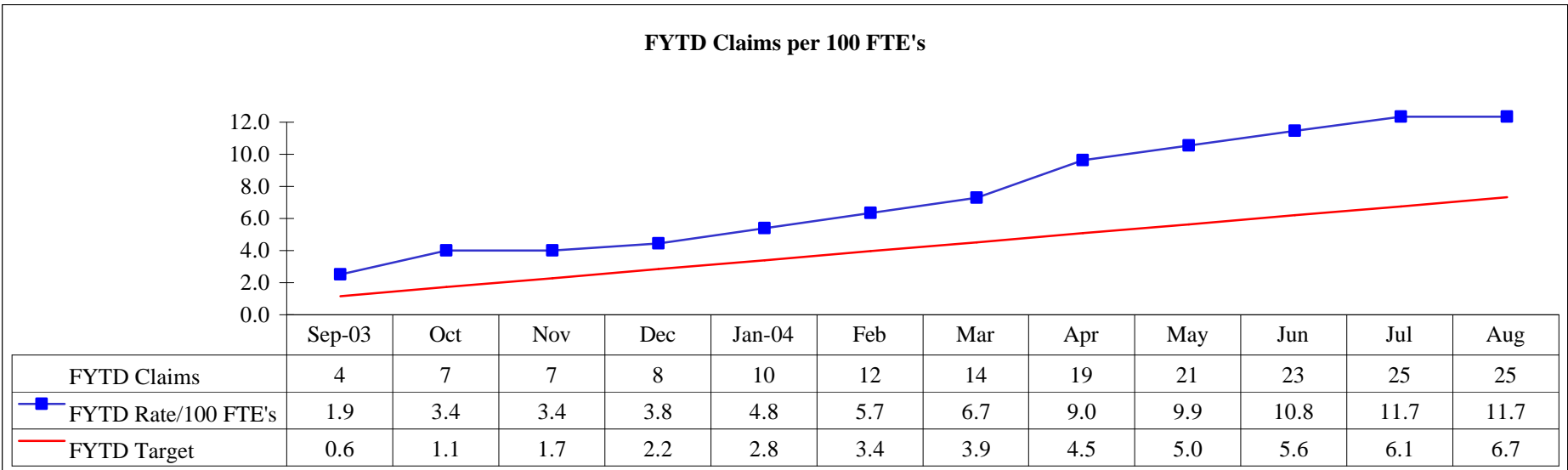
Chart: Management Data Services

Source: Worker's Compensation Management Reports and Strength Report (MHMR705-PeopleSoft)

Objective 5B & 5C - Workers Compensation
Waco Center for Youth
Monthly Claims per 100 Full Time Equivalents (FTE's)



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 6.7)



FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

Source: Worker's Compensation Management Reports and
 Strength Report (MHMR705-PeopleSoft)

Performance Objective 5C:

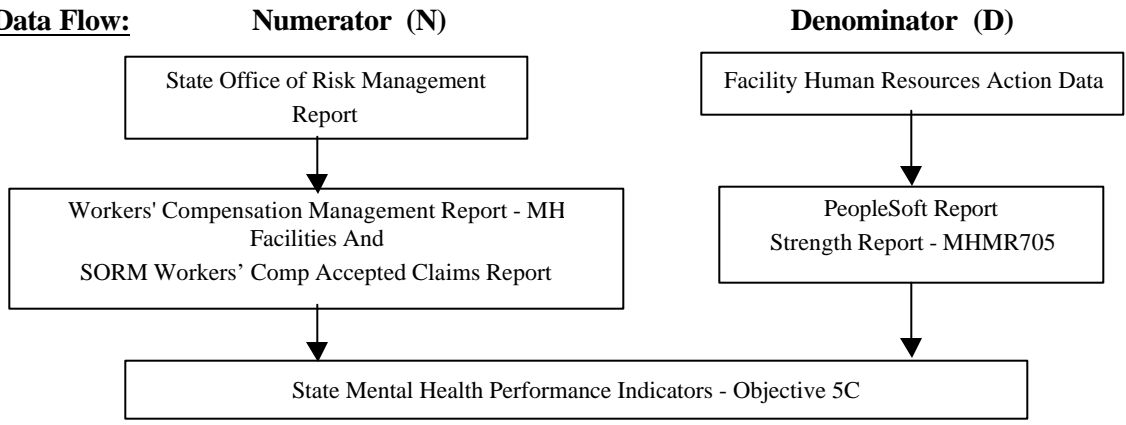
State Mental Health Facilities whose average cost of workers' compensation claims per FTE at the end of FY2003 exceeds the average cost of workers' compensation claims per FTE for all SMHFs shall decrease their average cost per FTE in FY2004 to the average cost per FTE for all SMHFs at the end of FY2003. A minimum decrease of 10% is required if the % decrease to achieve the average cost for all SMHFs at the end of FY2003 is greater than 10%. Facilities, whose average cost per FTE for all SMHFs, shall decrease their average cost per FTE by 5% during FY2004.

Performance Objective Operational Definition: Total workers compensation cost filed for FY 2004 will not exceed the target amounts specified for each facility by System Risk Management.

Performance Objective Data Display and Chart Description:

- ◆ Table shows quarterly numbers of workers' comp claims caused with restraint; with intervention and no restraint; and with no intervention for individual facilities and system-wide.
- ◆ Chart with monthly data points of worker's compensation expenditures with limits for individual facilities and system-wide.
- ◆ Chart with monthly data points of FYTD worker's compensation expenditures with limits for individual facilities and system-wide.

Data Flow:



Performance Objective 5E:

State Mental Health Facilities will maintain an effective infection control program as indicated by:

- 1. All employees will receive tuberculin screening upon hiring and annually thereafter.**
- 2. All patients with newly identified positive skin test reactions will receive a medical assessment.**
- 3. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine.**
- 4. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety.**
- 5. Report the number of patients who have been identified with Hepatitis C.**
- 6. SMHF will develop a common definition for nosocomial infections.**
- 7. Each SMHF will review the CDC recommendations on hand hygiene and select at least one recommendation to implement and report on status of implementation.**

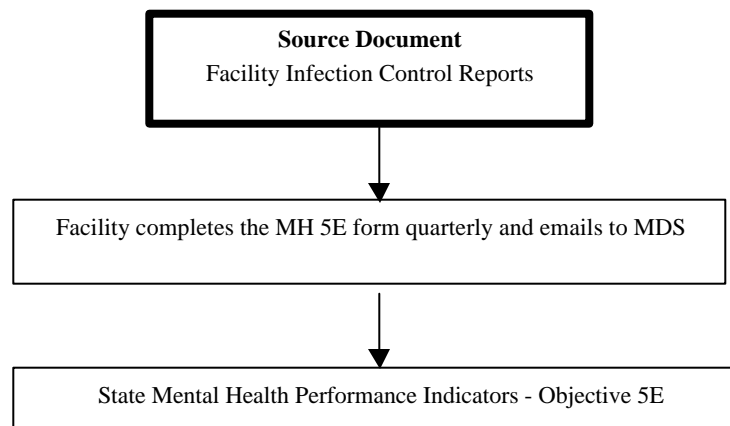
Performance Objective Operational Definition: The facility data reported on the MH Form 5E per FY quarter.

Performance Objective Formula: No formula data, simple sums by category and total of all categories as reported in facility infection control reports.

Performance Objective Data Display and Chart Description:

Table shows number of employees screened for tuberculin, number of positive testing and the conversion rate; number of employees at risk of acquiring Hepatitis B, number of employees who completed or initiated but not completed or declined the vaccine series; patients with newly identified positive skin test reaction, number received medical assessment and number of patients referred for medical follow-up at discharge; number of accidental contaminated or uncontaminated needle sticks to employees and patients; the number of patients who have been identified with Hepatitis C; number of patients tested for Hepatitis C using ELISA and number of patients tested positive for Hepatitis C using ELISA.

Data Flow:



**Objective 5E - Infection Control
Q4 - FY04**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	All MH
1. All employees will receive tuberculin screening upon hiring and annually thereafter											
a. Number of employees screened during the quarter.	114	90	24	85	385	85	157	240	195	14	1389
b. Number of employees whose screening was positive.	1	0	1	0	1	2	0	0	1	0	6
c. Conversion Rate	0.88%	0.00%	4.17%	0.00%	0.26%	2.35%	0.00%	0.00%	0.51%	0.00%	0.43%
2. All patients with a newly identified positive skin test reaction will receive a medical assessment											
a. Number with newly positive skin test.	10	5	0	4	14	14	20	17	23	0	107
b. Number received medical assessment.	9	5	0	4	14	14	20	16	23	0	105
c. Number of patients referred for medical follow-up at discharge.	2	3	0	2	3	14	8	1	1	0	34
3. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine.											
a. Number of employees "at risk".	592	482	167	872	1630	294	721	500	586	234	6078
b. Number of employees in the "at risk group" who completed Hepatitis B vaccine series.	318	245	90	520	812	236	105	389	537	129	3381
c. Number of employees in the "at risk group" with serological evidence of immunity.	89	221	6	211	165	0	472	41	0	0	1205
d. Number of employees "at risk group" who have initiated but not completed the vaccine series.	87	14	32	130	475	10	38	43	30	5	864
e. Number of employees in the "at risk group" who have declined the vaccine.	64	2	39	11	178	48	42	27	19	100	530
Total # of employees concerning Hepatitis B immunity. (b+c+d+e)	558	482	167	872	1630	294	657	500	586	234	5980

Source: Facility Survey;
CWSS Report Infection Control-Hepatitis C Diagnosis Detail Report;
and HC022330

Objective 5E - Infection Control

Q4 - FY04

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	All MH
4. Patients who have been identified with Hepatitis C.											
a.	Number of patients with Hepatitis C diagnosis during the quarter.										
b.	Unique patients served during the quarter.										
c.	Rate										
d.	Number of patients tested for Hepatitis C using ELISA during the quarter.										
c.	Number of patients tested positive for Hepatitis C using ELISA during the quarter.										
5. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety.											
a.	Number of accidental needle sticks to employees this quarter.										
	Contaminated										
	Uncontaminated										
b.	Number of accidental needle sticks to patients this quarter.										
	Contaminated										
	Uncontaminated										

Source: Facility Survey;
 CWSS Report Infection Control-Hepatitis C Diagnosis Detail Report;
 and HC022330

Performance Objective 5H:

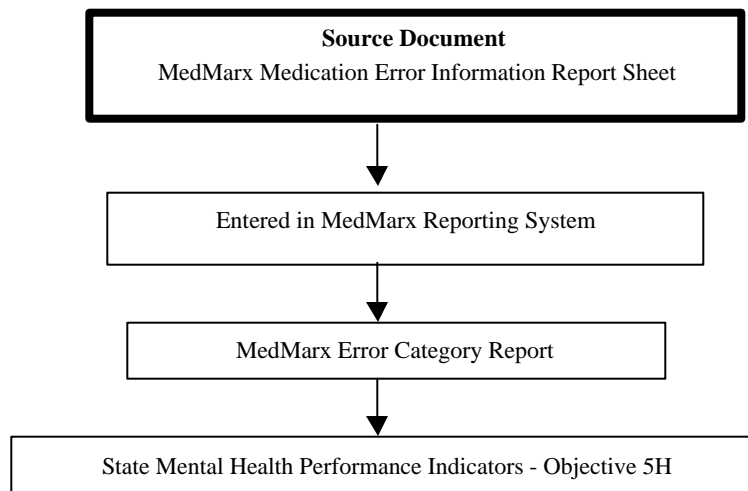
State mental health facilities will continue the TDMHMR SMH/MRF Medication Error Policy that reinforces a culture that encourages error reporting and analysis in order to improve patient safety and effectively reduce medication errors.

Performance Objective Operational Definition: The number of facility medication errors as documented on the MedMarx Medication Error Information Report form per month.

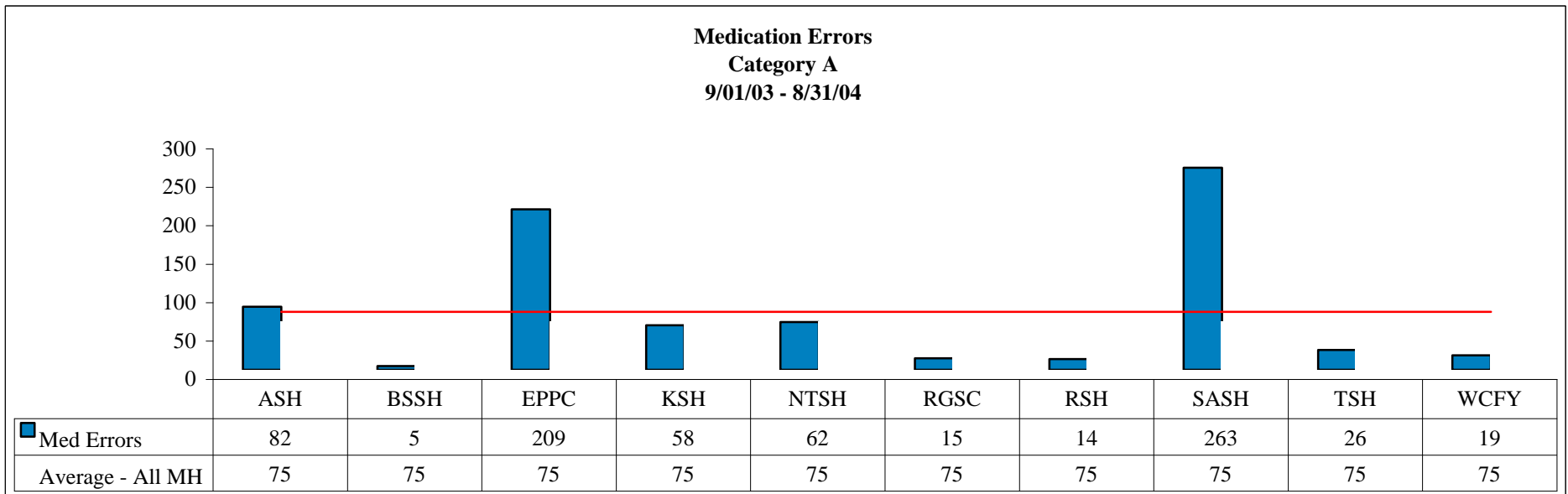
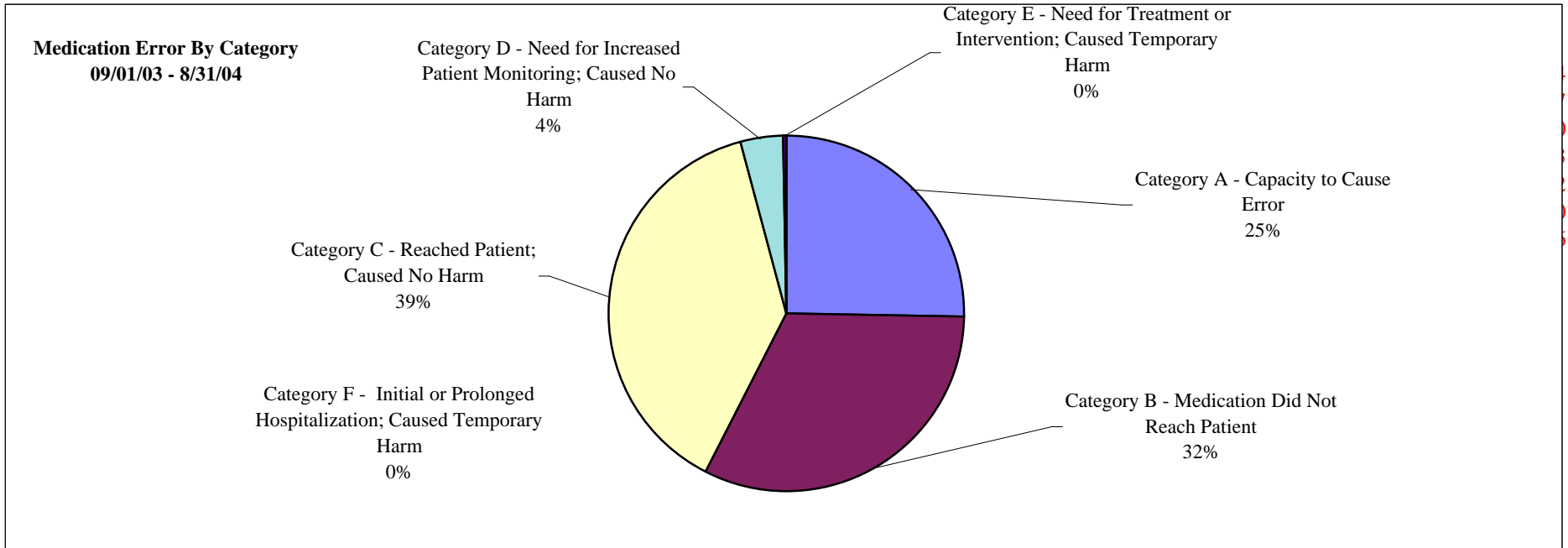
Performance Objective Data Display and Chart Description:

- ◆ Chart with the number of medication errors causing no patient harm; causing patient harm; and causing patient death for individual facilities and system-wide
- ◆ Chart with the number of medication errors YTD, in each category for individual facilities and system-wide.
- ◆ Chart with monthly data points, for the total number of variances for individual facilities and system-wide.

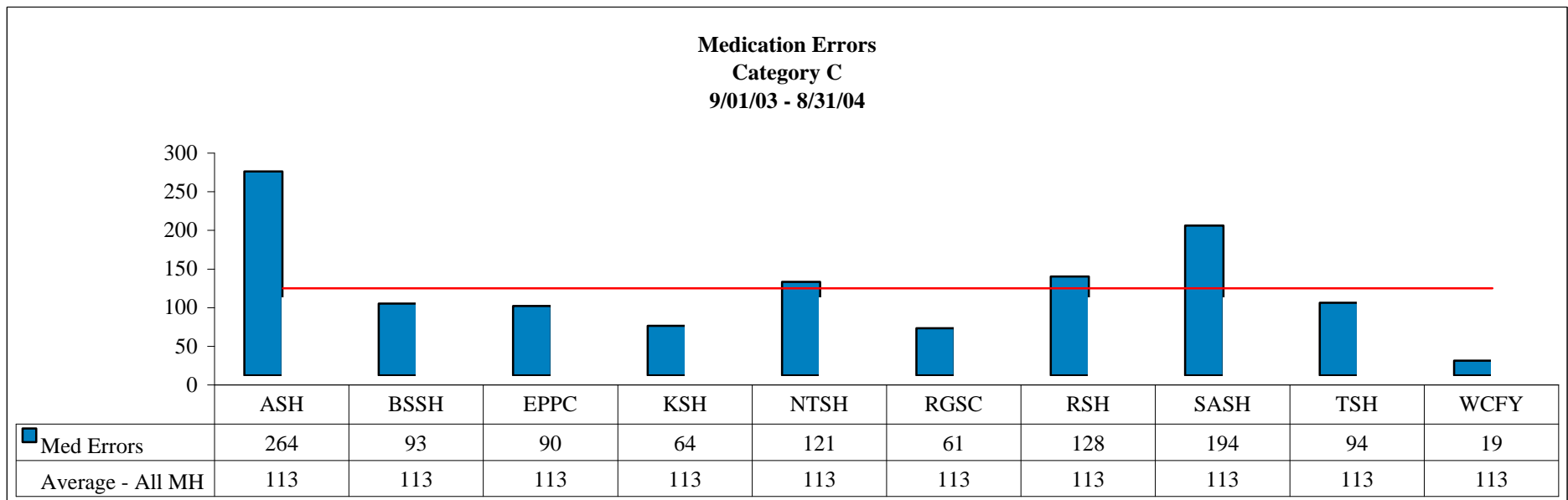
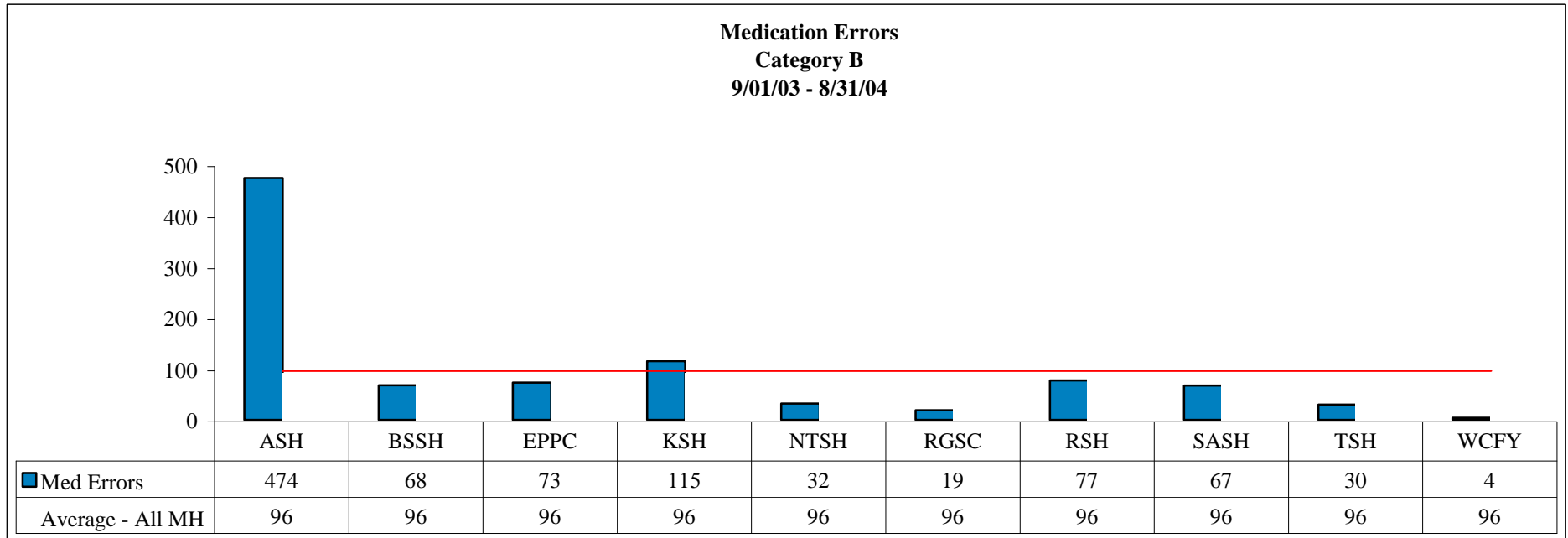
Data Flow:



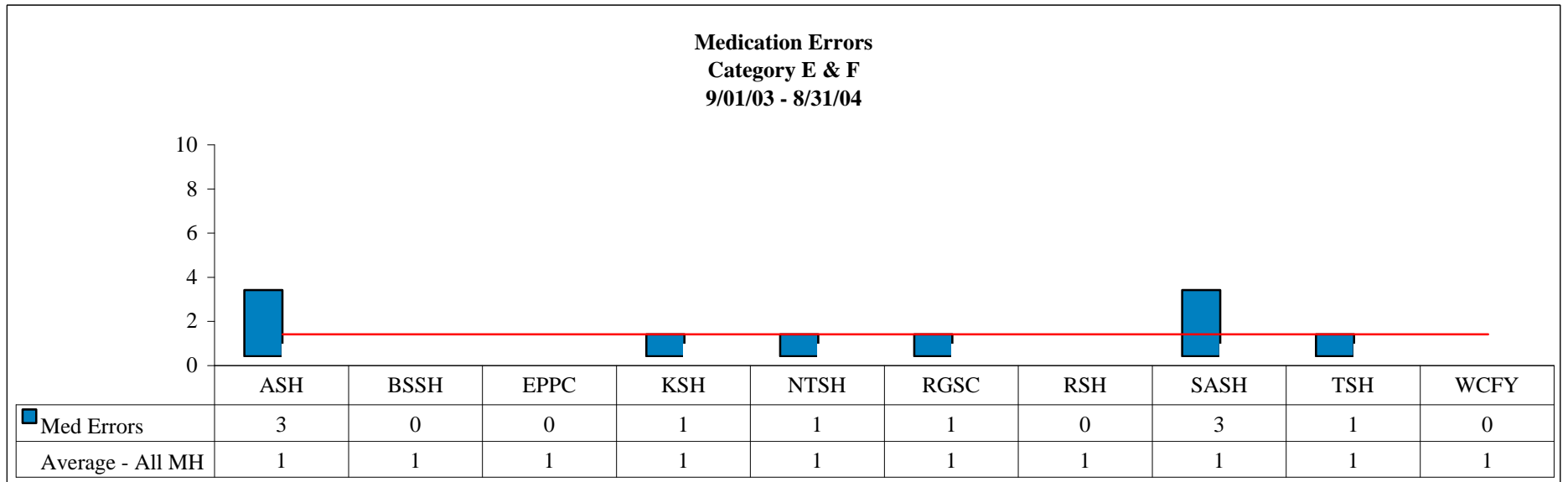
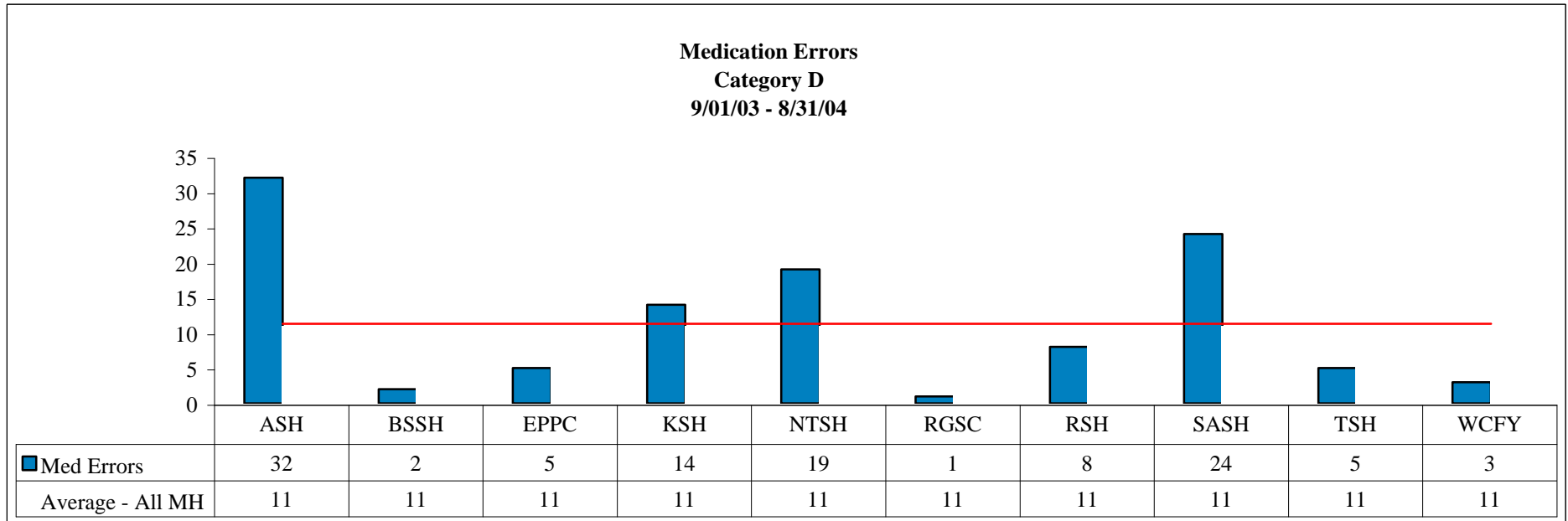
Objective 5H - Medication Variance Data
All MH Facilities



Objective 5H - Medication Variance Data
All MH Facilities



Objective 5H - Medication Variance Data
All MH Facilities



Objective 5H - Medication Variance Data
All MH Facilities

Medication Errors

450
400
350
300
250
200
150
100
50
0

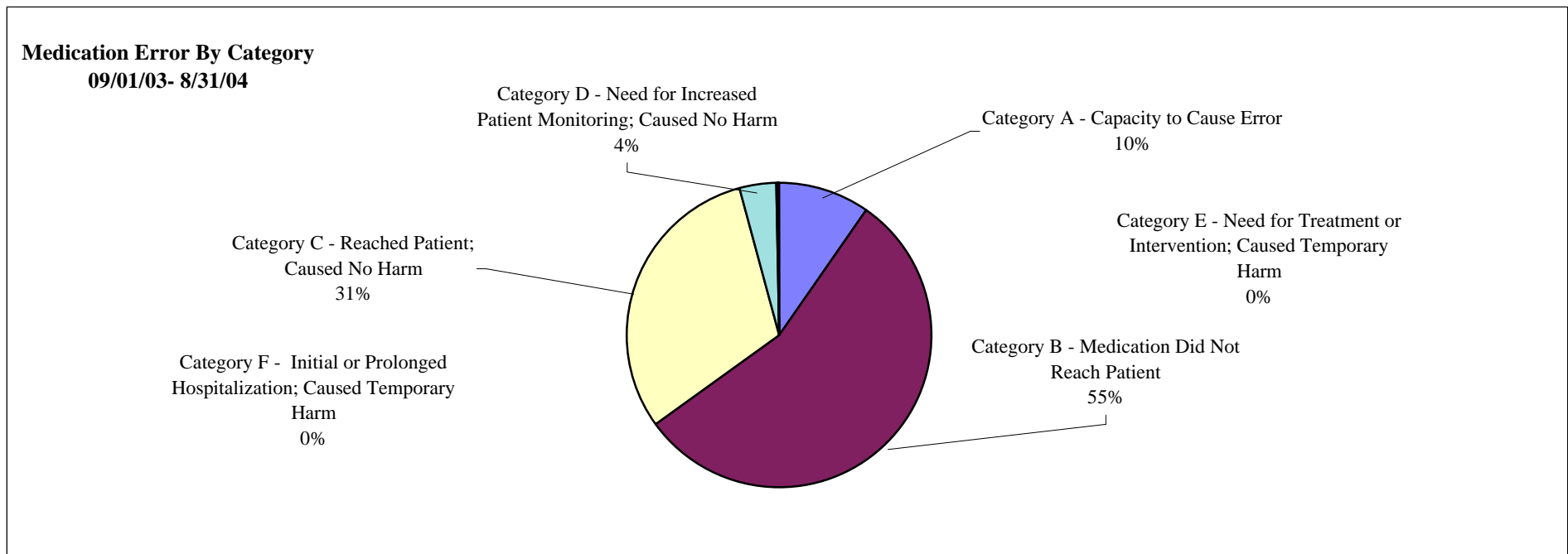
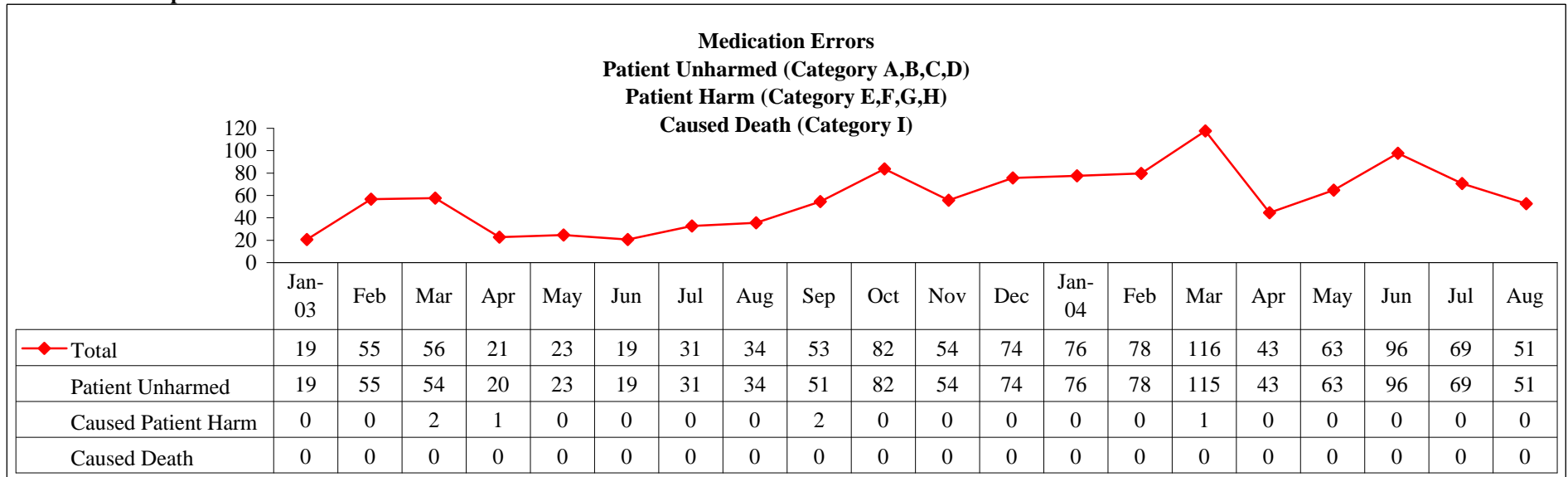
	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Total	305	328	310	340	307	373	406	424	280	289	234	215	254	238	330	219	221	255	239	206
■ Patient Unharmed	304	327	307	338	307	373	405	424	276	288	234	215	254	238	328	219	221	255	238	204
■ Caused Patient Harm	1	1	3	2	0	0	1	0	4	1	0	0	0	0	2	0	0	0	1	2
■ Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Errors
All Categories
9/01/03 - 8/31/04

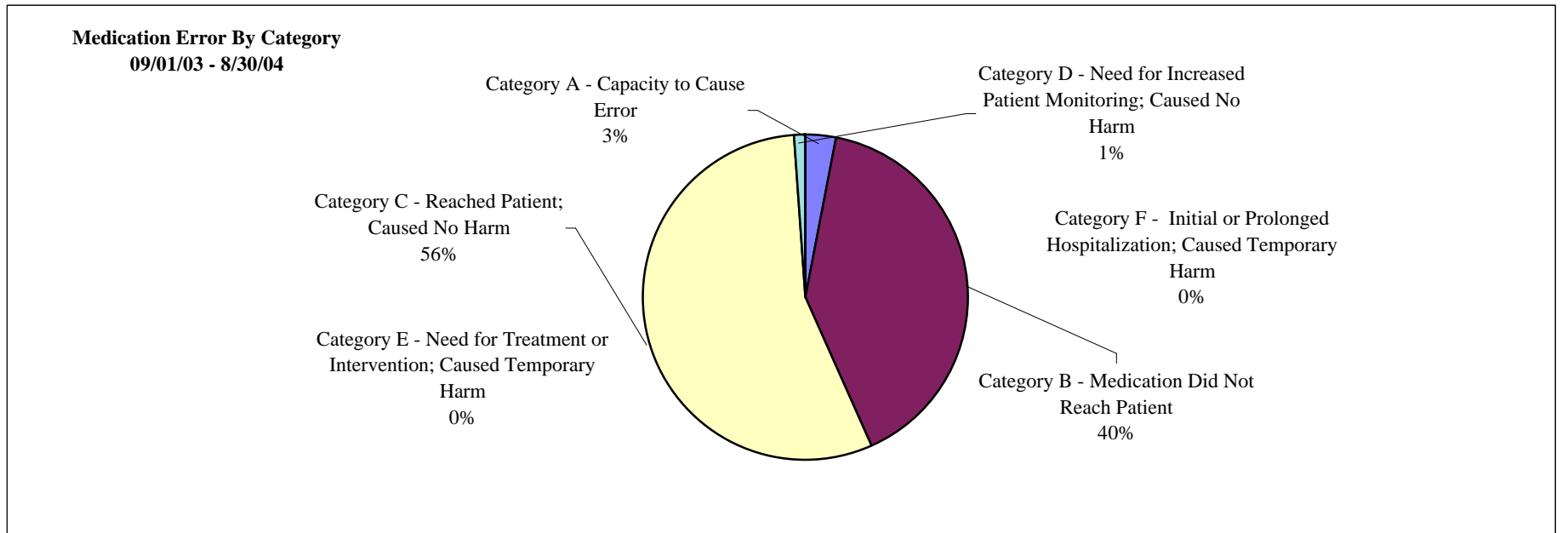
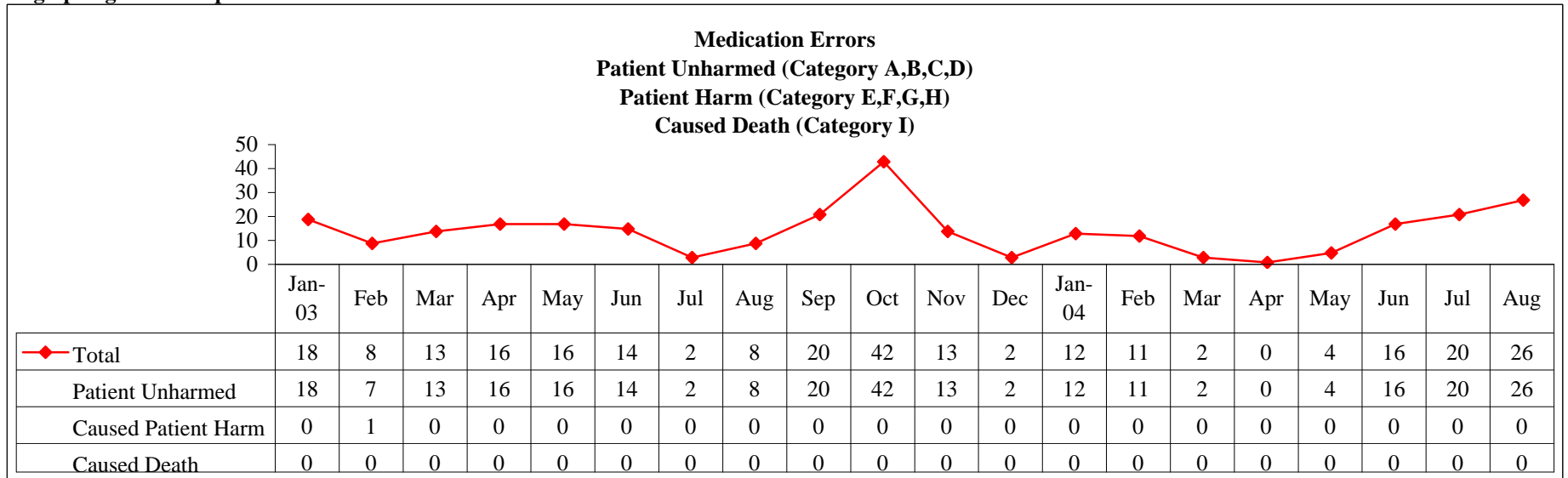
900
800
700
600
500
400
300
200
100
0

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
■ Med Errors	855	168	377	252	235	97	227	551	156	45

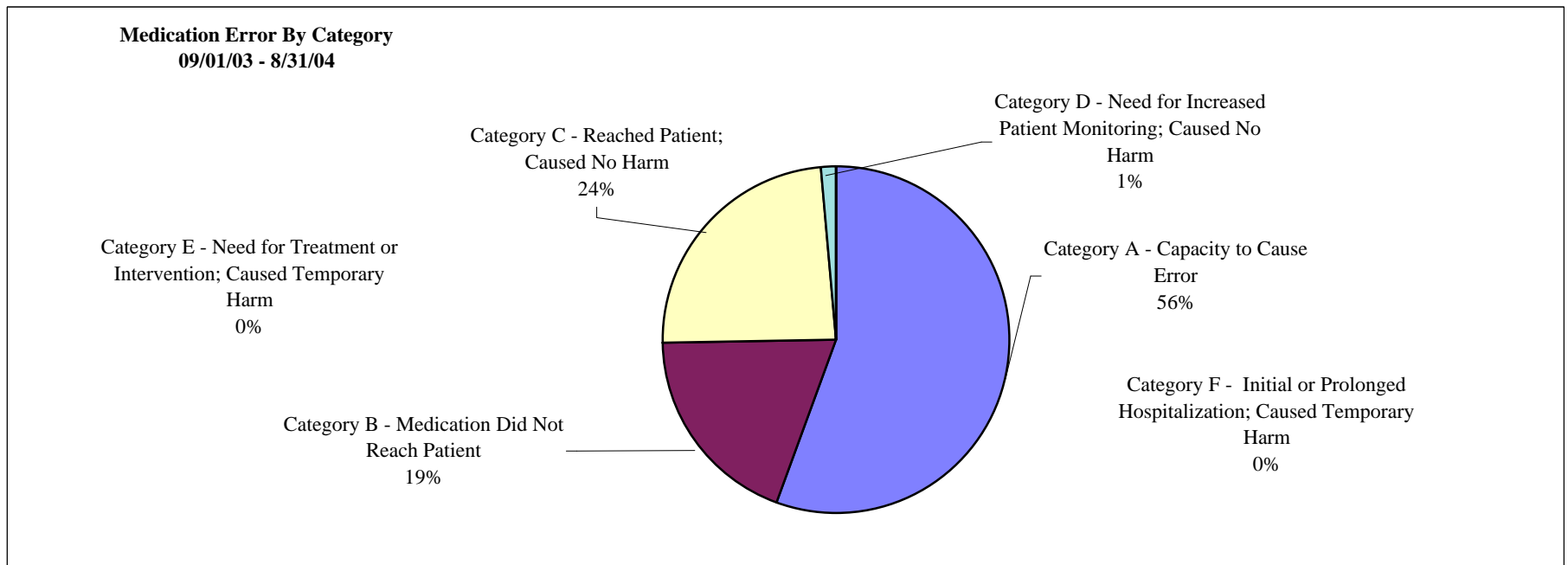
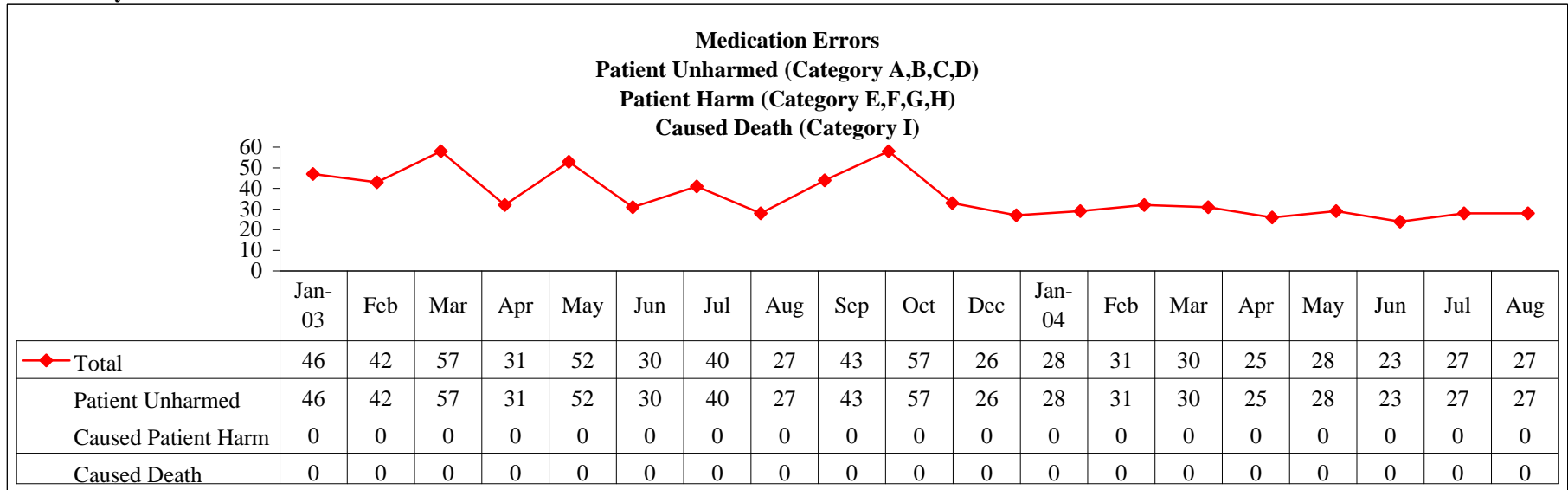
**Objective 5H - Medication Variance Data
Austin State Hospital**



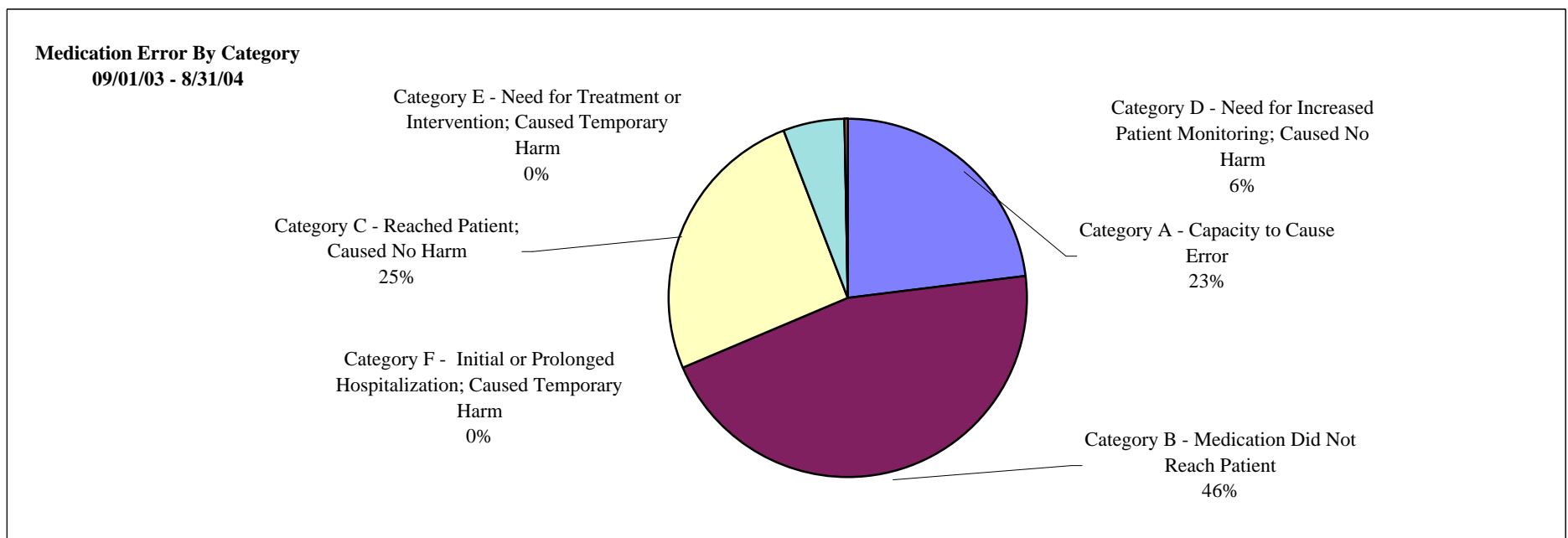
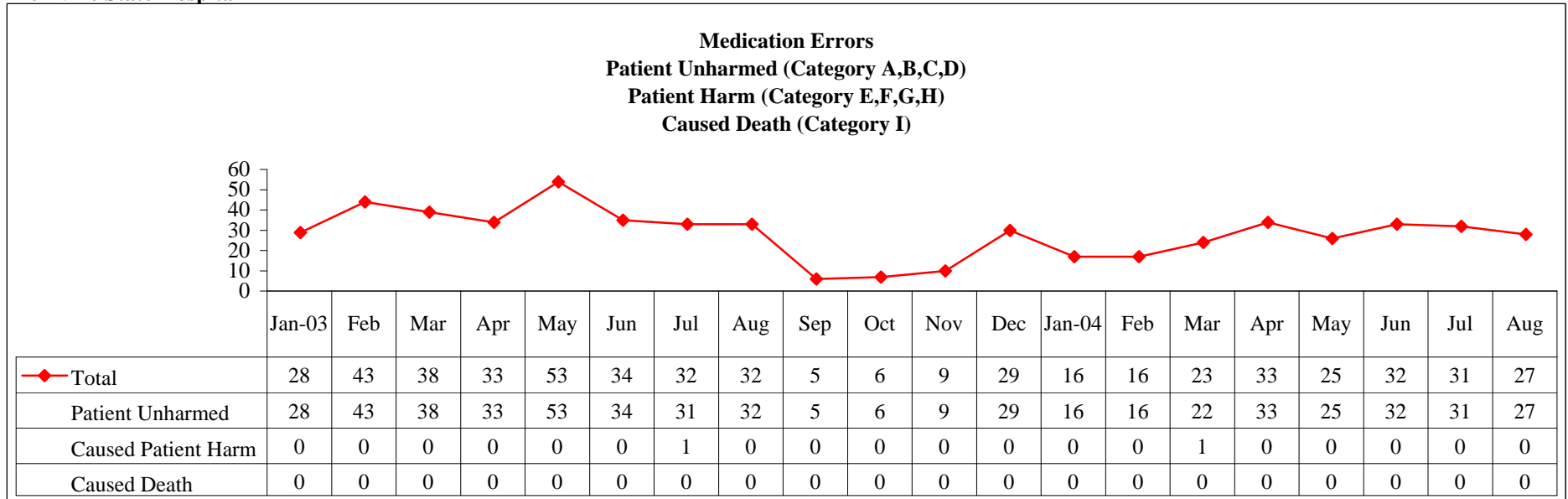
Objective 5H - Medication Variance Data
Big Spring State Hospital



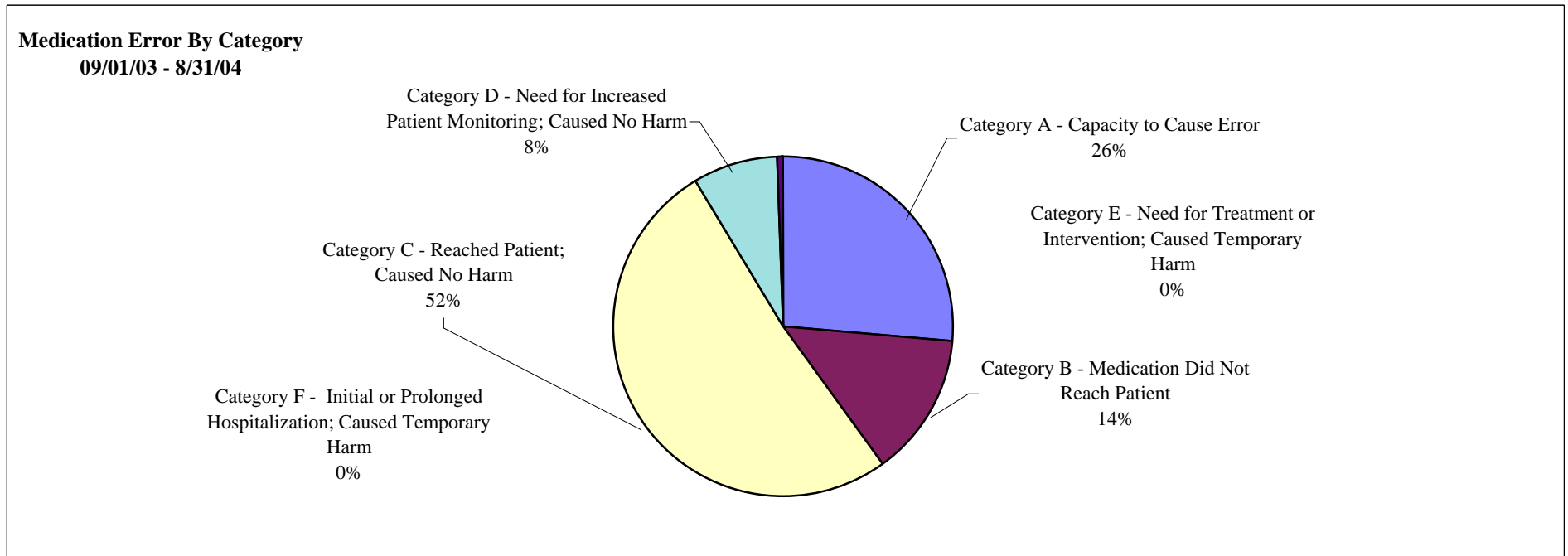
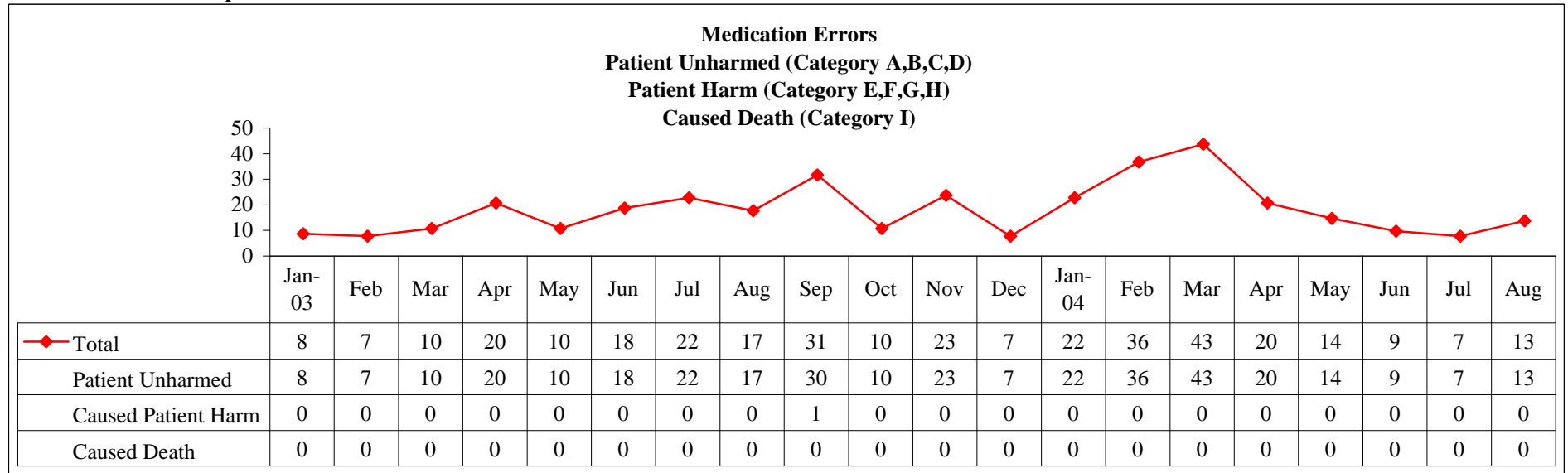
Objective 5H - Medication Variance Data
El Paso Psychiatric Center



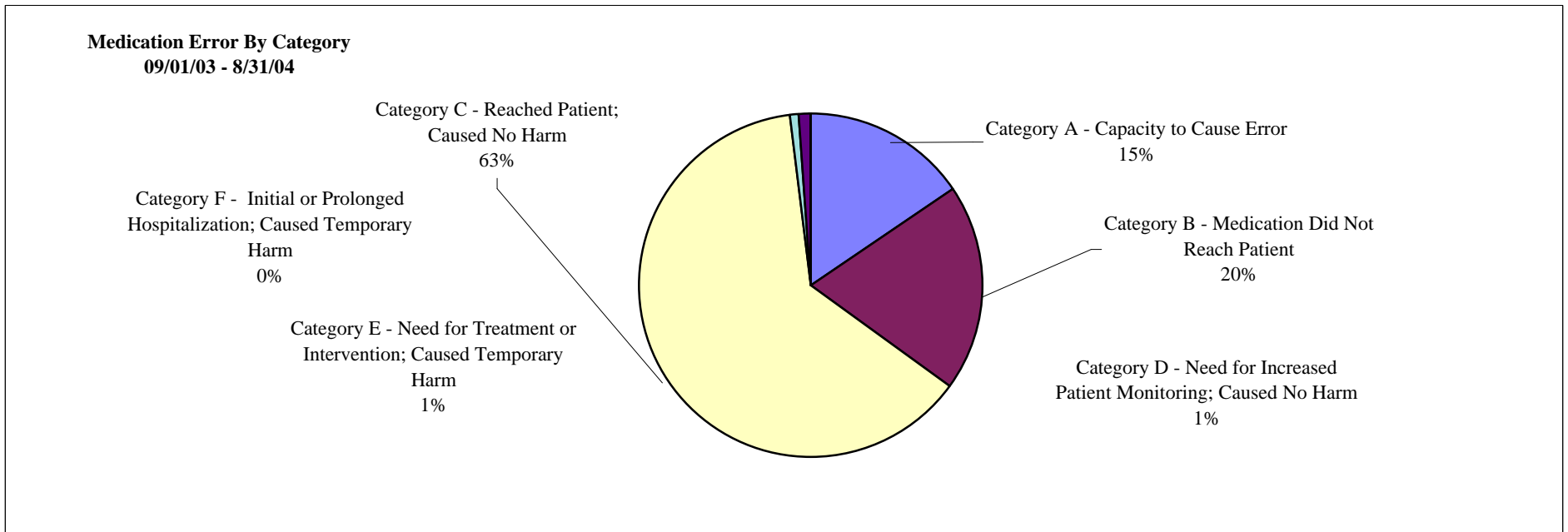
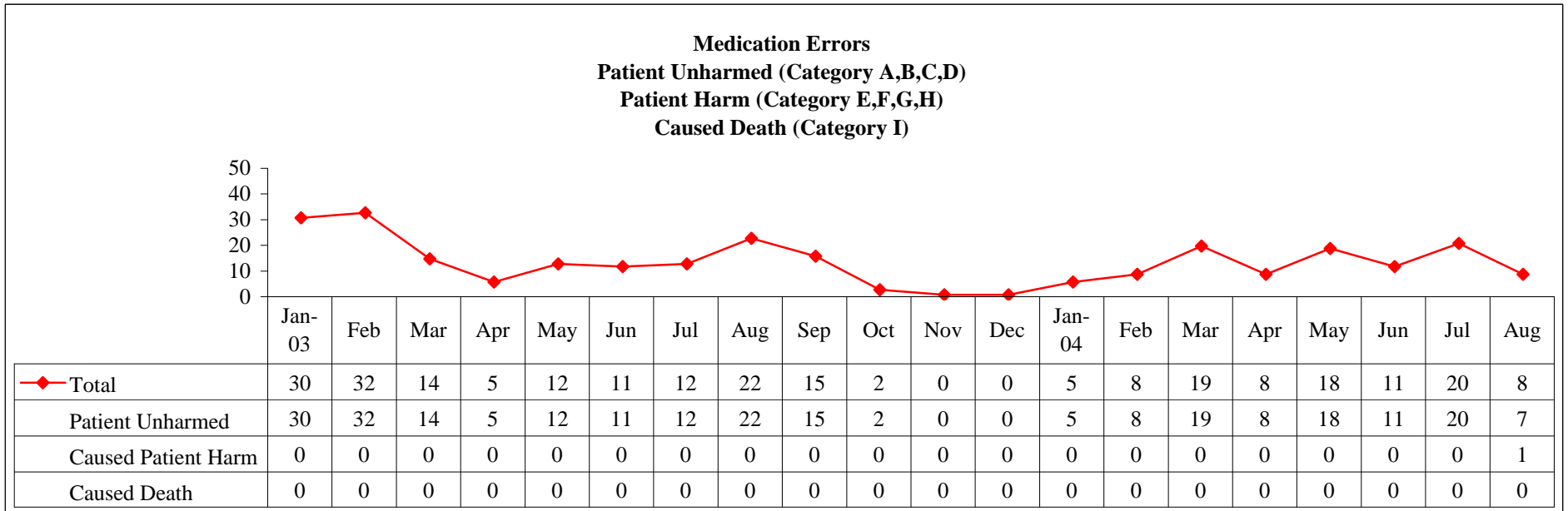
**Objective 5H - Medication Variance Data
Kerrville State Hospital**



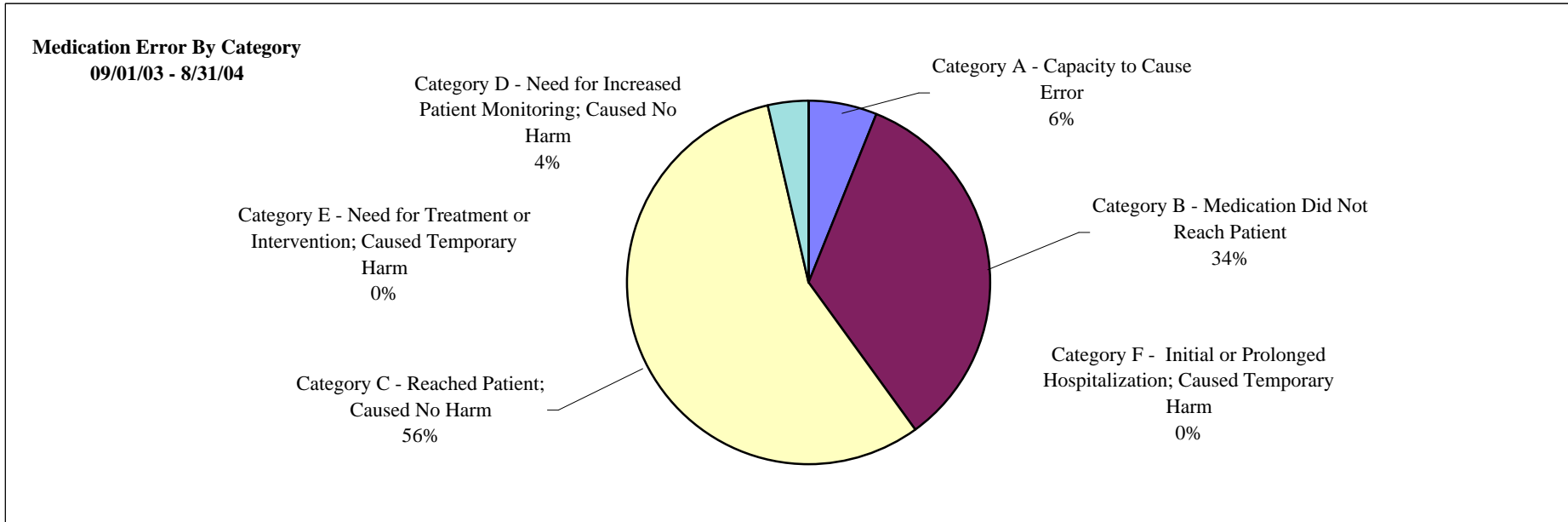
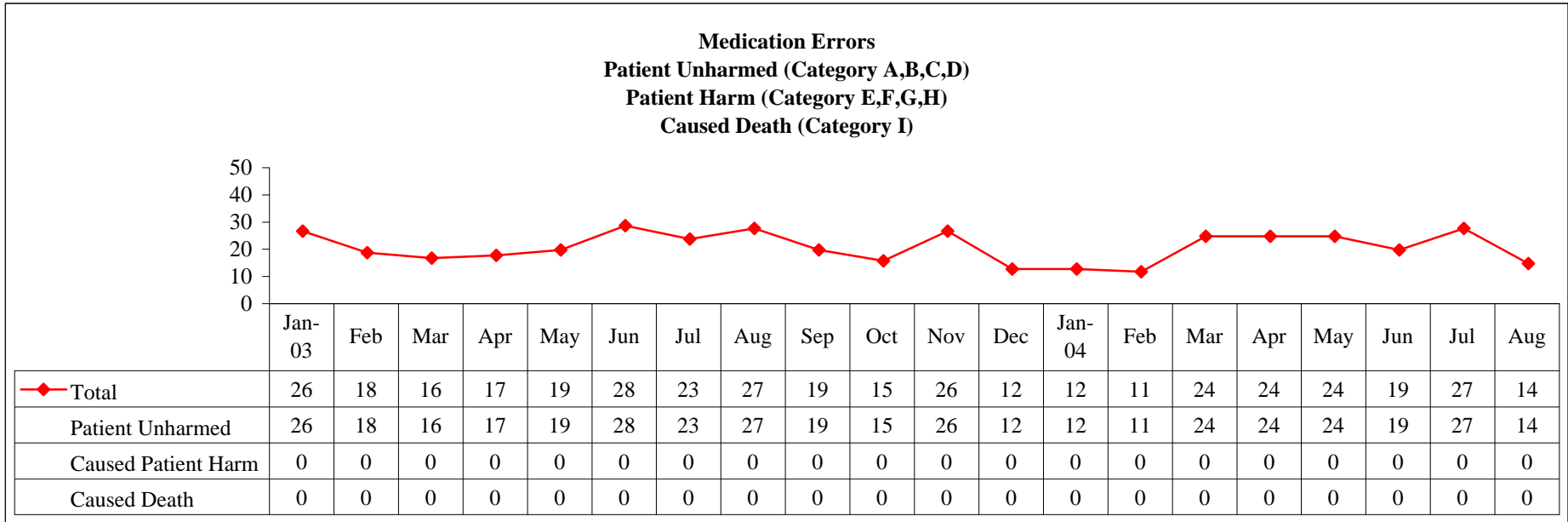
Objective 5H - Medication Variance Data
North Texas State Hospital



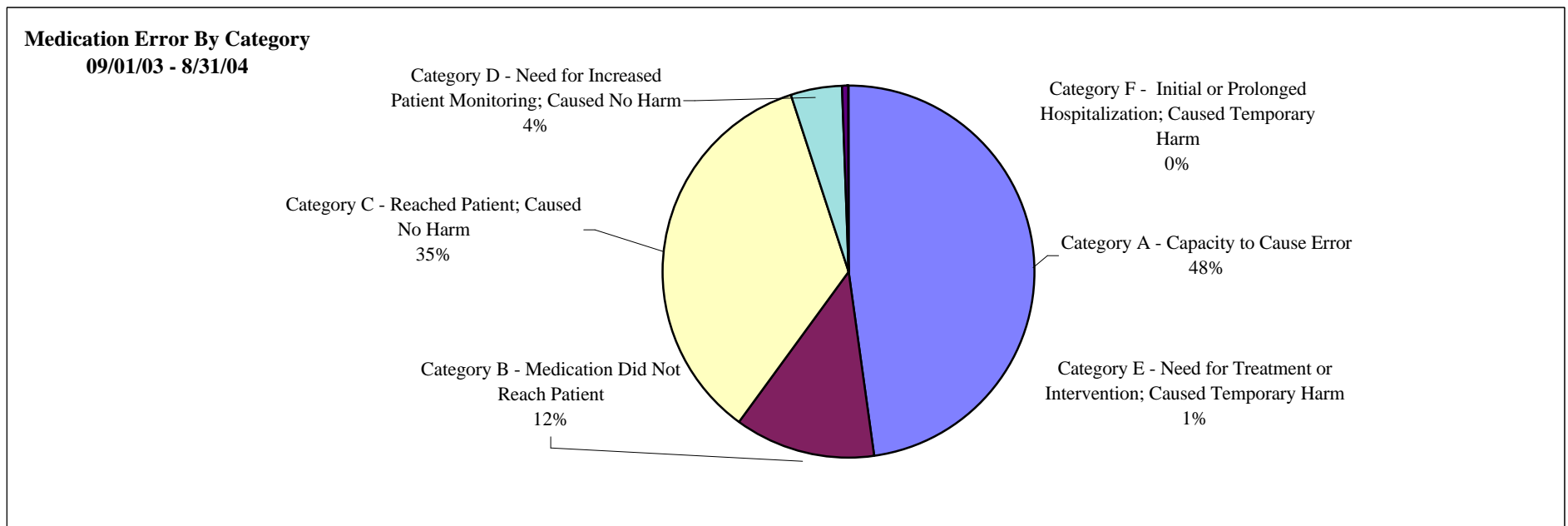
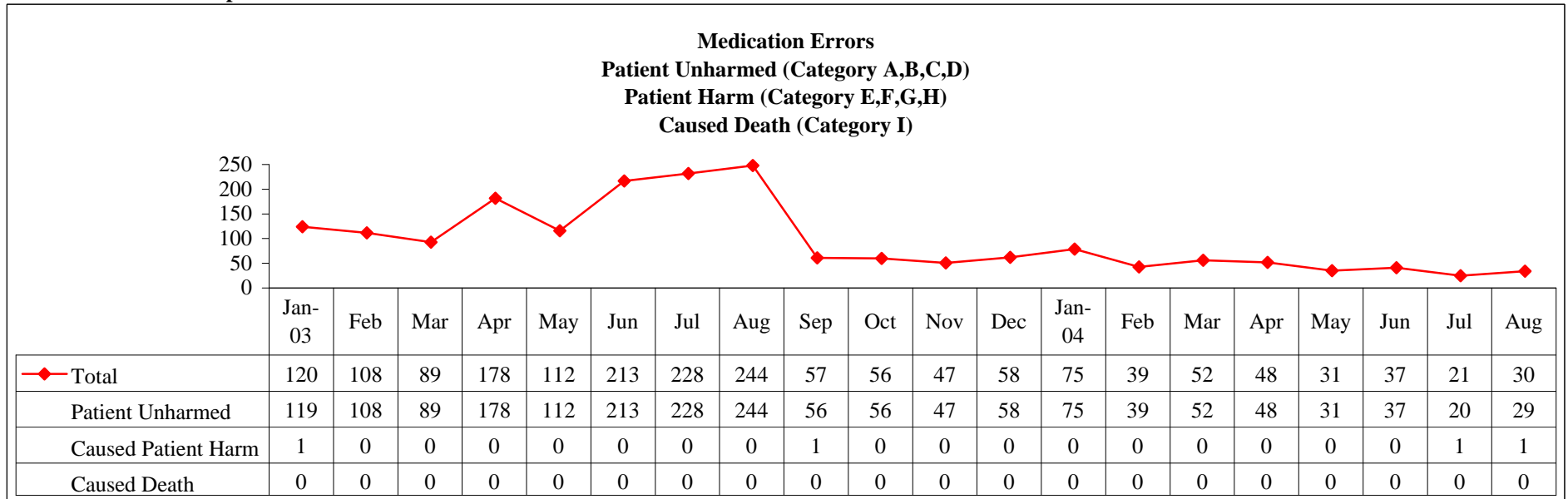
Objective 5H - Medication Variance Data
Rio Grande State Center



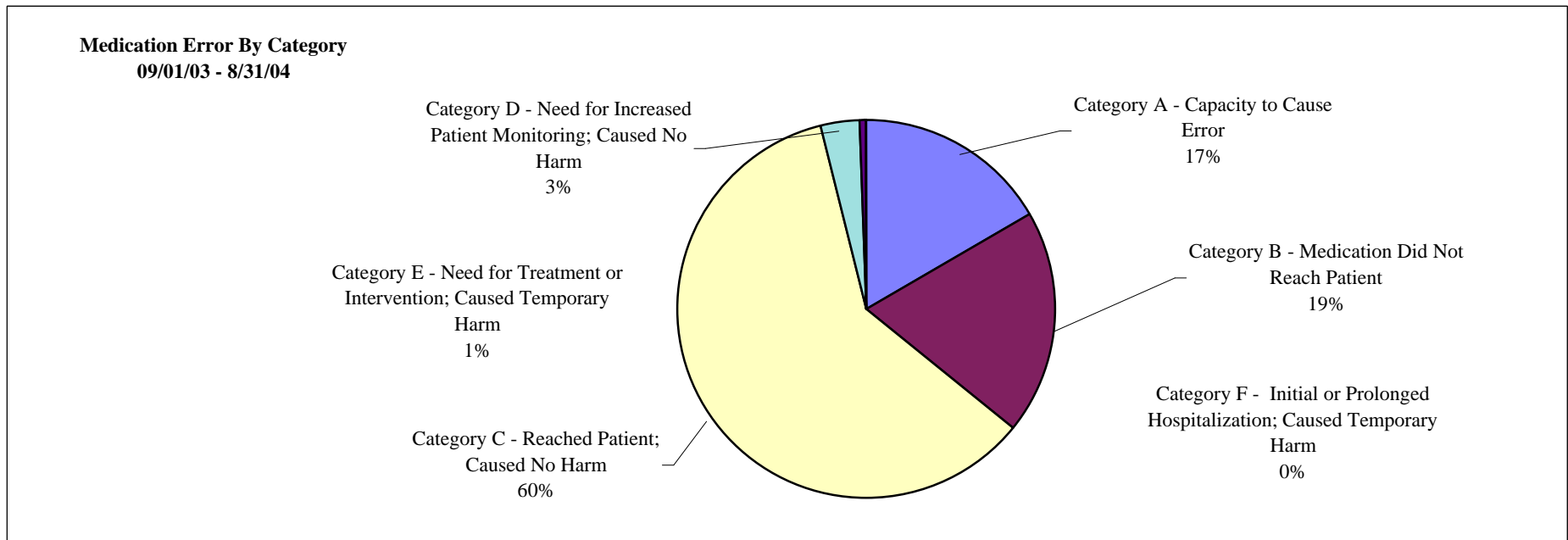
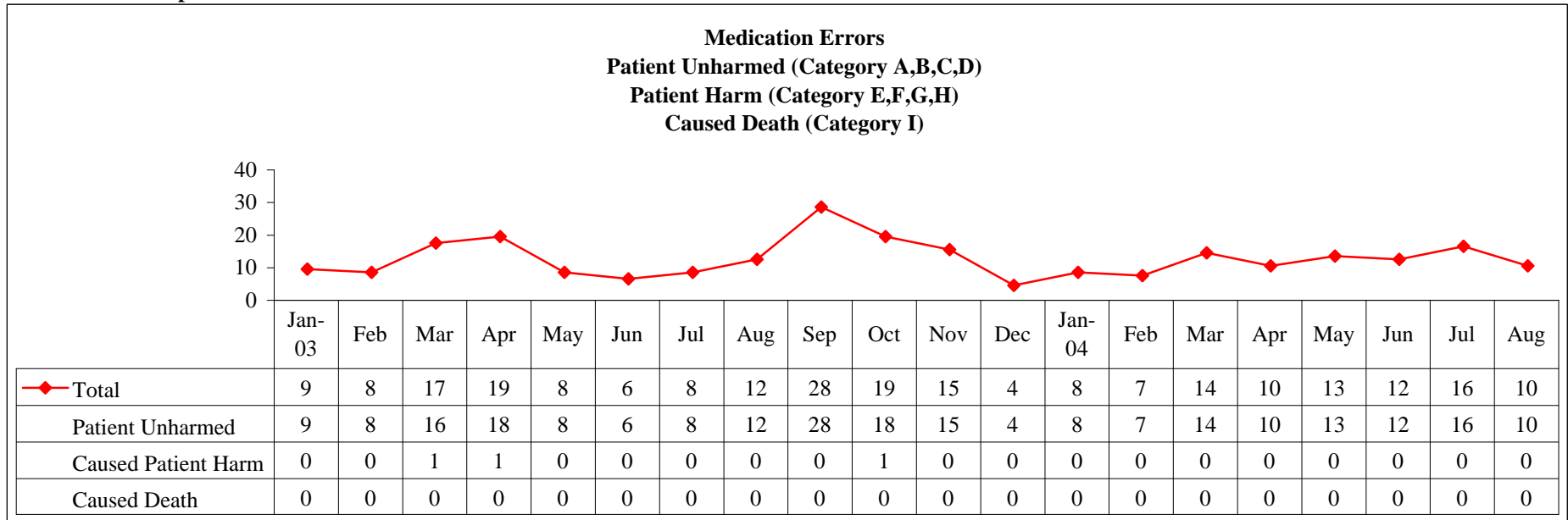
Objective 5H - Medication Variance Data
Rusk State Hospital



Objective 5H - Medication Variance Data
San Antonio State Hospital

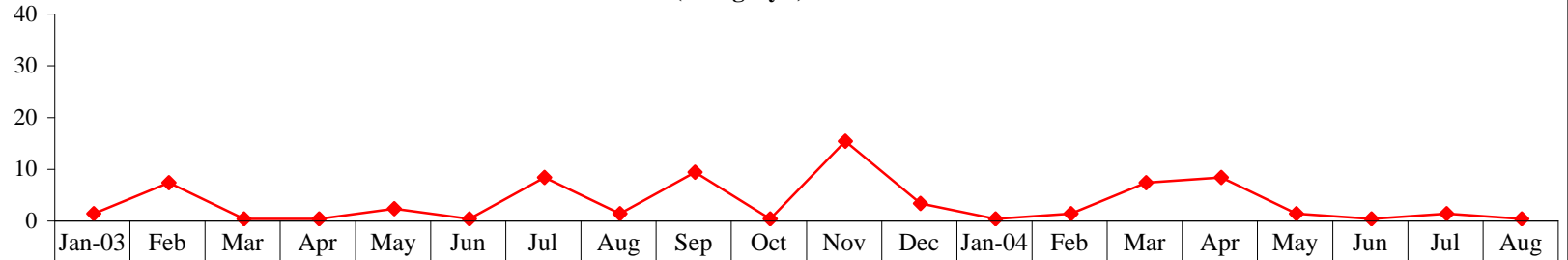


Objective 5H - Medication Variance Data
Terrell State Hospital



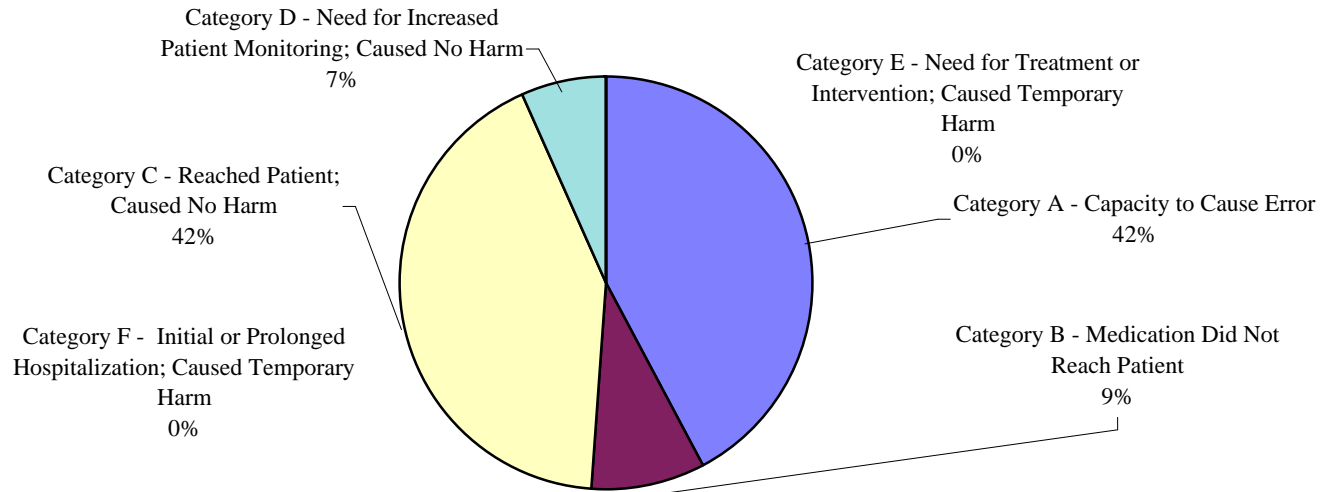
Objective 5H - Medication Variance Data
Waco Center for Youth

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



—◆ Total	1	7	0	0	2	0	8	1	9	0	15	3	0	1	7	8	1	0	1	0
Patient Unharmed	1	7	0	0	2	0	8	1	9	0	15	3	0	1	7	8	1	0	1	0
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
09/01/03 - 8/31/04



Performance Measure 5A:

The rate of NRI categories 3,4,5 patient injuries per 1000 patient days across all state mental health facilities will be reported and analyzed based on NRI data.

Performance Measure Operational Definition: The facility rate of patient injuries documented on the Client Injury Assessment per FY quarter.

Performance Measure Formula: $R = (N/D) \times 1000$

R = rate of injuries per 1000 bed days per FY quarter

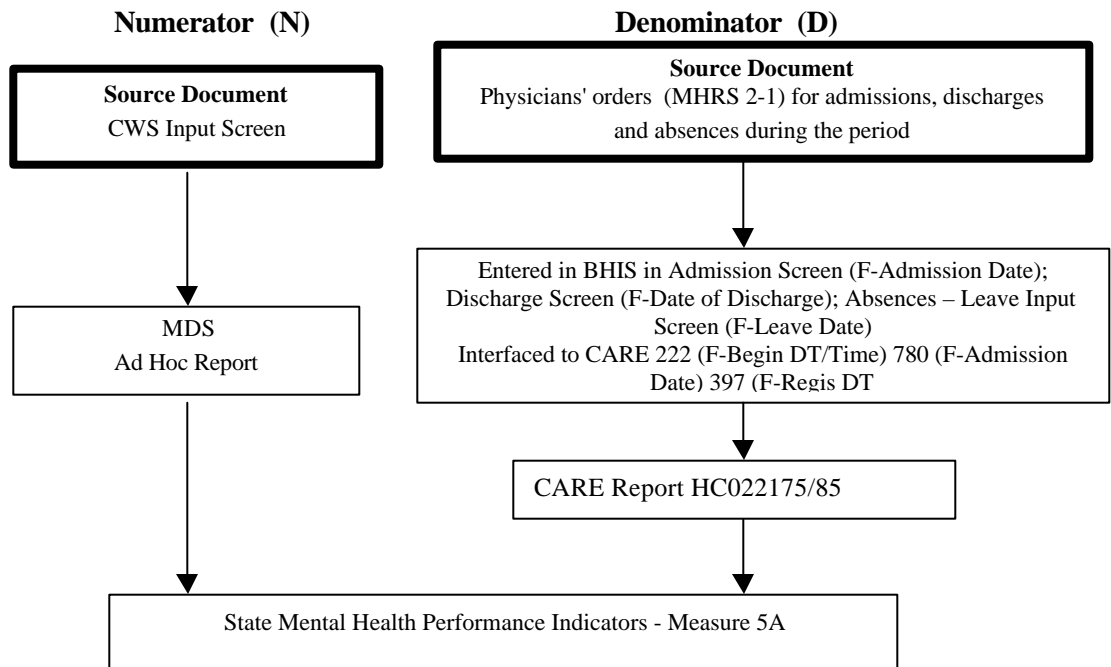
N = number of injuries D = number of bed days per FY quarter

1000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- ◆ Table shows number of injuries by probable cause and rate (per 1000 bed days) of injuries by treatment for individual facilities and system-wide.
- ◆ Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1000 bed days for individual facilities and system-wide.

Data Flow:



Measure 5A - Patient Injuries

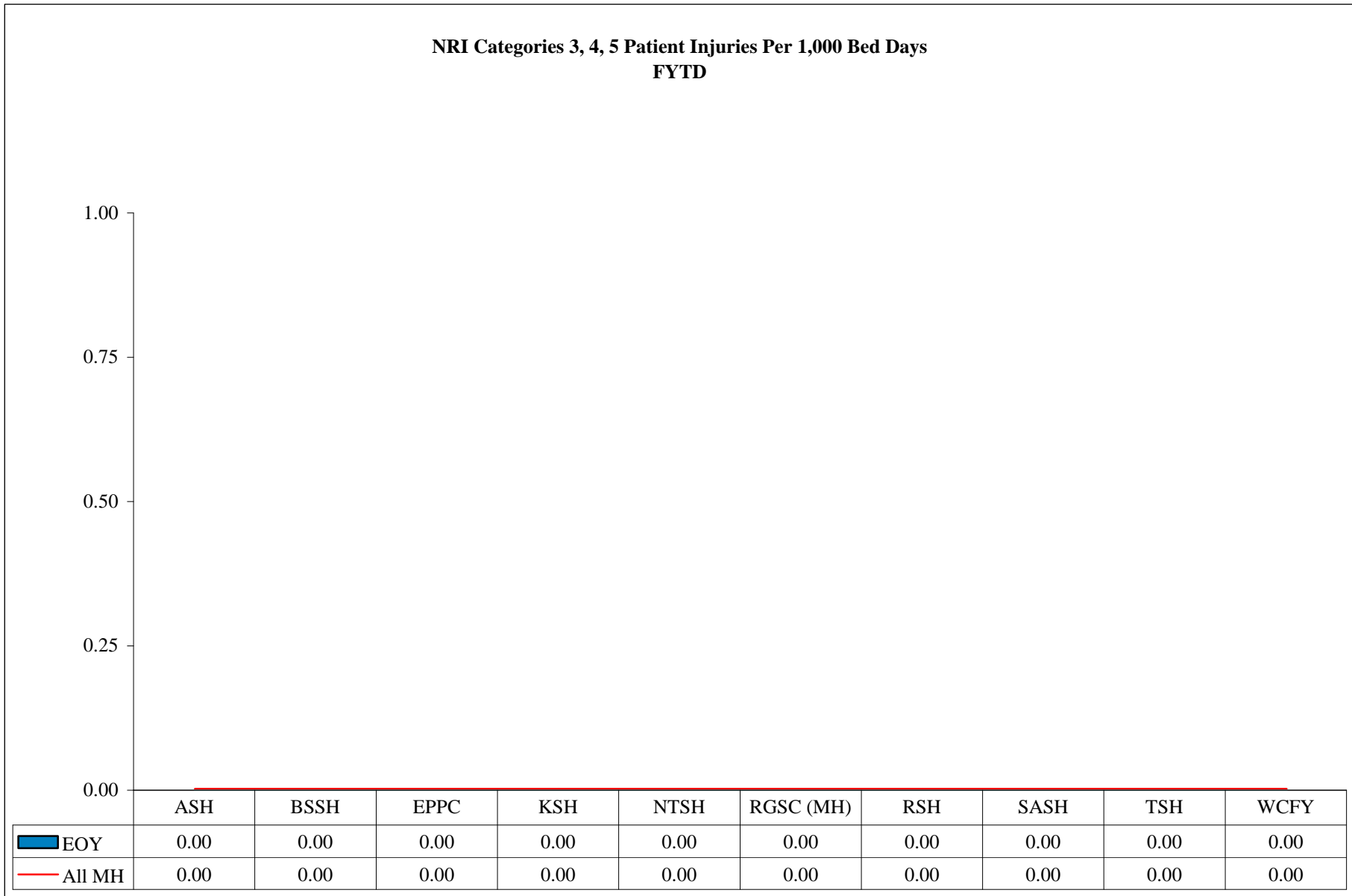
All MH Facilities

Facility	Q1 FY04							Q2							Q3							FY04 - FYTD							
	No N/A	First Tx	Med Aid	Tx	Hosp	Fatal	*	No N/A	First Tx	Med Aid	Tx	Hosp	Fatal	*	No N/A	First Tx	Med Aid	Tx	Hosp	Fatal	*	No N/A	First Tx	Med Aid	Tx	Hosp	Fatal	Total	
ALL MH																													
Accident	15	198	236	30	6	0	485	8	161	237	16	1	0	423	15	204	265	23	1	0	508	46	834	1021	96	12	0	2009	
Self Inflicted	6	85	156	17	1	2	267	8	117	174	17	1	0	317	7	112	192	21	0	0	332	26	401	697	74	3	2	1203	
Employee/Accident	0	5	14	3	0	0	22	3	9	15	0	0	0	27	3	6	14	2	0	0	25	5	31	49	8	0	0	93	
Visitor	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	2	0	0	0	0	2	0	3	1	0	0	0	4	
Another Client	13	119	130	23	1	0	286	6	128	129	11	0	0	274	7	130	144	10	1	0	292	19	519	595	67	2	0	1202	
Undetermined	32	90	58	9	0	0	189	18	94	48	11	1	0	172	32	98	65	5	1	0	201	92	404	240	36	4	0	776	
Alleged Abuse/Neg	6	47	7	2	0	0	62	6	61	17	3	0	0	87	3	38	19	3	0	0	63	10	216	55	12	1	0	294	
Medical Condition	1	11	6	5	2	0	25	1	22	12	2	0	0	37	1	8	8	6	2	0	25	3	50	34	16	4	0	107	
Total	73	556	607	89	10	2	1337	50	592	633	60	3	0	1338	68	598	707	70	5	0	1448	201	2458	2692	309	26	2	5688	
Rate/1000 Bed Days	0.37	2.80	3.06	0.45	0.05	0.01	0.51	0.26	3.07	3.28	0.31	0.02	0.00	0.33	0.33	2.94	3.48	0.34	0.02	0.00	0.37	0.25	3.06	3.35	0.38	0.03	0.00	0.42	

N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5

Measure 5A - Patient Injuries
All MH Facilities - As of August 31, 2004



Performance Measure 5B:

The rate of Unauthorized Departures will not exceed 0.5 per 1000 bed days across all state mental health facilities during FY2004.

Performance Measure Operational Definition: The facility rate of unauthorized departures assignments documented on the facility elopement report form per 1000 bed days per month.

Performance Measure Formula: $R = (N/D) \times 1000$

R = rate of elopement assignments per 1000 bed days per month

N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

D = number of bed days per month

1000 = bed day rate multiplier

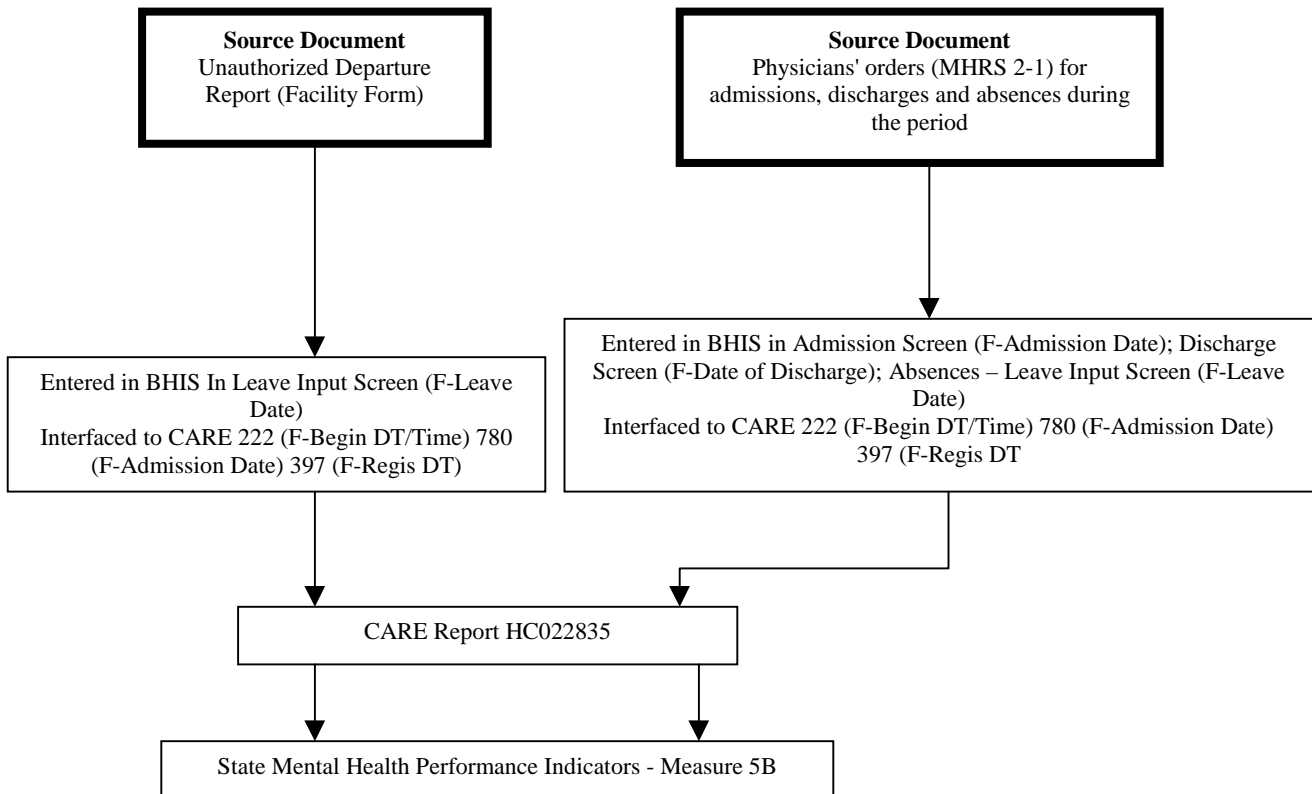
Performance Measure Data Display and Chart Description:

- ◆ Table shows UD incidents, UD persons and bed days in a month for individual facilities and system-wide.
- ◆ Control chart with monthly data points of UDs per 1000 bed days for individual facilities and system-wide and NRI national public rates.

Data Flow:

Numerator (N)

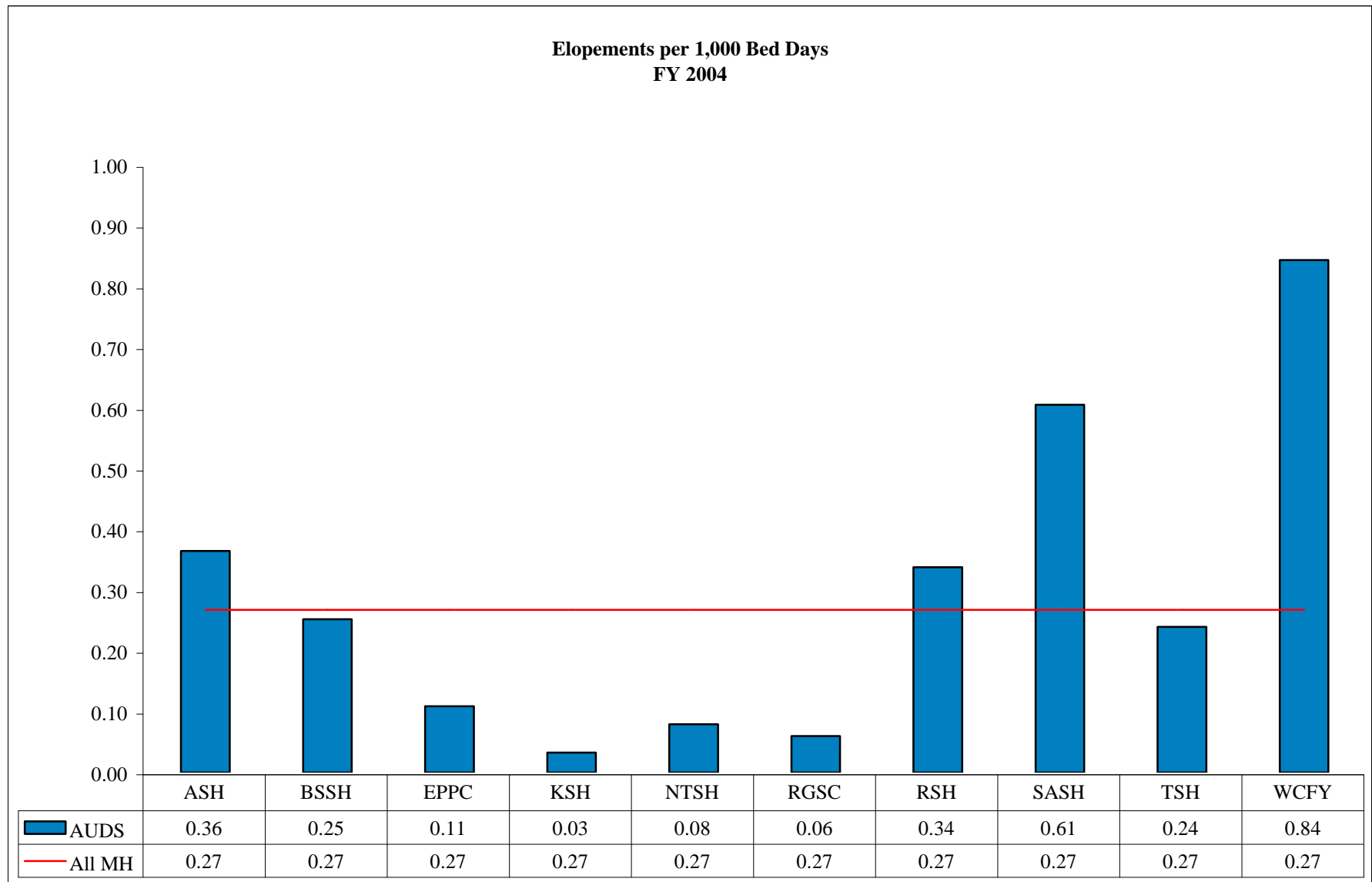
Denominator (D)



Measure 5B - Rate for Elopements
All MH Facilities - Previous 12 Months

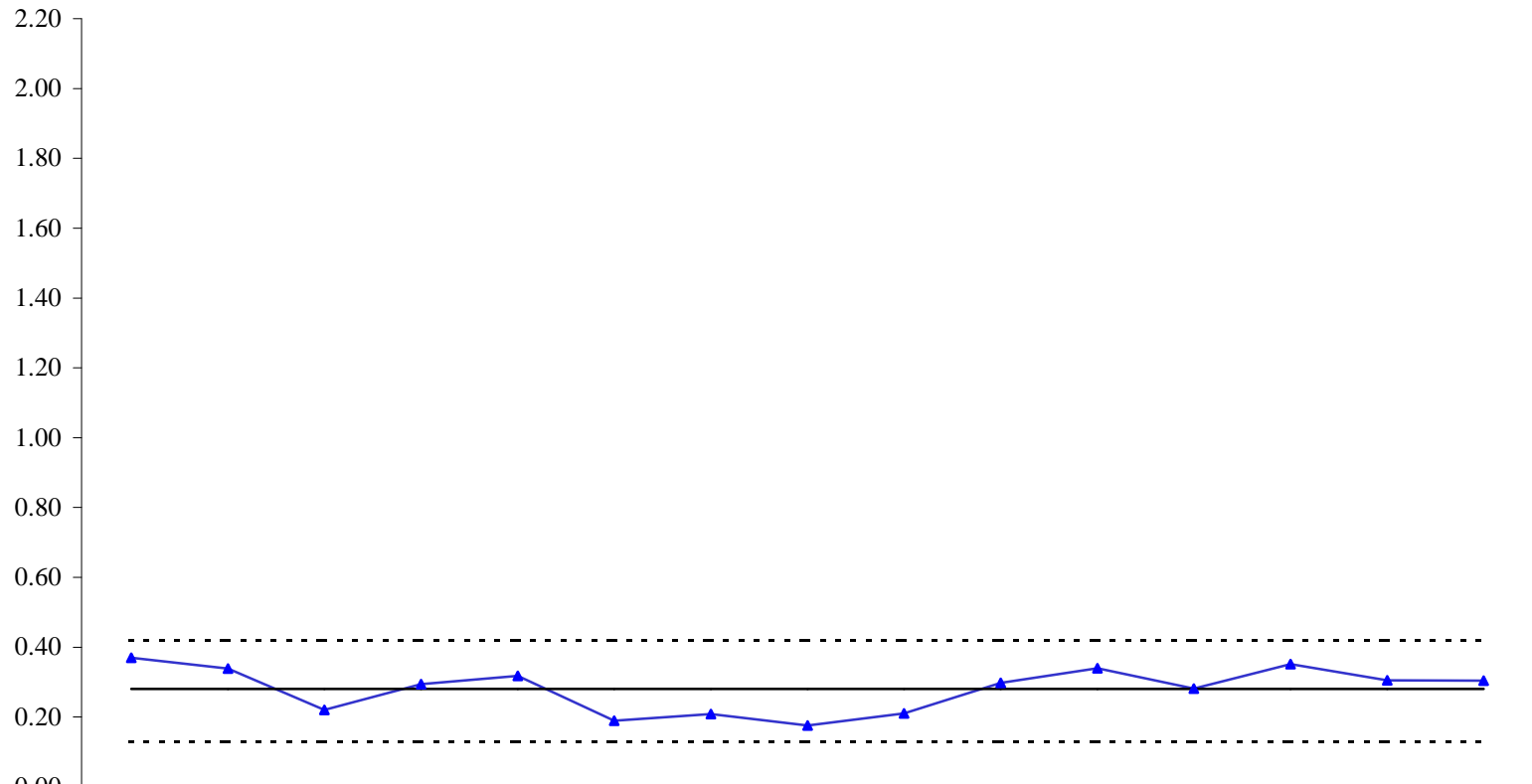
	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL MH FACILITIES															
Unauthorized Departures Incid	25	23	15	19	21	12	13	11	13	20	22	19	23	21	21
Unauthorized Departures Perso	25	22	14	16	20	12	13	10	13	17	22	19	23	20	19
Bed Days in Month	68818	69193	69963	65769	67417	65361	64251	65088	63660	68644	66879	68860	66541	70214	70468
Incidents/1000 Bed Days	0.36	0.33	0.21	0.29	0.31	0.18	0.20	0.17	0.20	0.29	0.33	0.28	0.35	0.30	0.30

Measure 5B - Rate for Elopements
All MH Facilities - As of August 31, 2004



Measure 5B - Rate for Elopements
All MH Facilities

Elopements per 1,000 Bed Days
(Expectation is Average Score 0.5 per 1,000 Bed Days)



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—▲— Incidents/1000 Bed Days	0.36	0.33	0.21	0.29	0.31	0.18	0.20	0.17	0.20	0.29	0.33	0.28	0.35	0.30	0.30
- - - - - UCL	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42	0.42
— Avg	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
- LCL	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13	0.13

Performance Measure 5D:

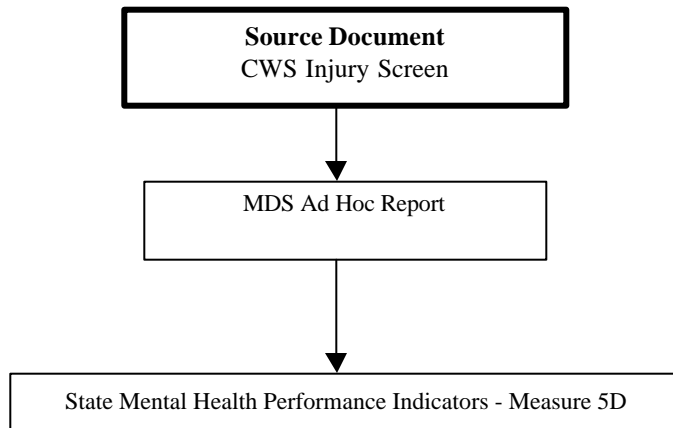
State mental health facilities will track, analyze, and report the relationship between patient injuries and restraint (by type) and seclusion. (Numerator = Number of injuries related to R/S and Denominator = Number of R/S episodes.)

Performance Measure Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion.

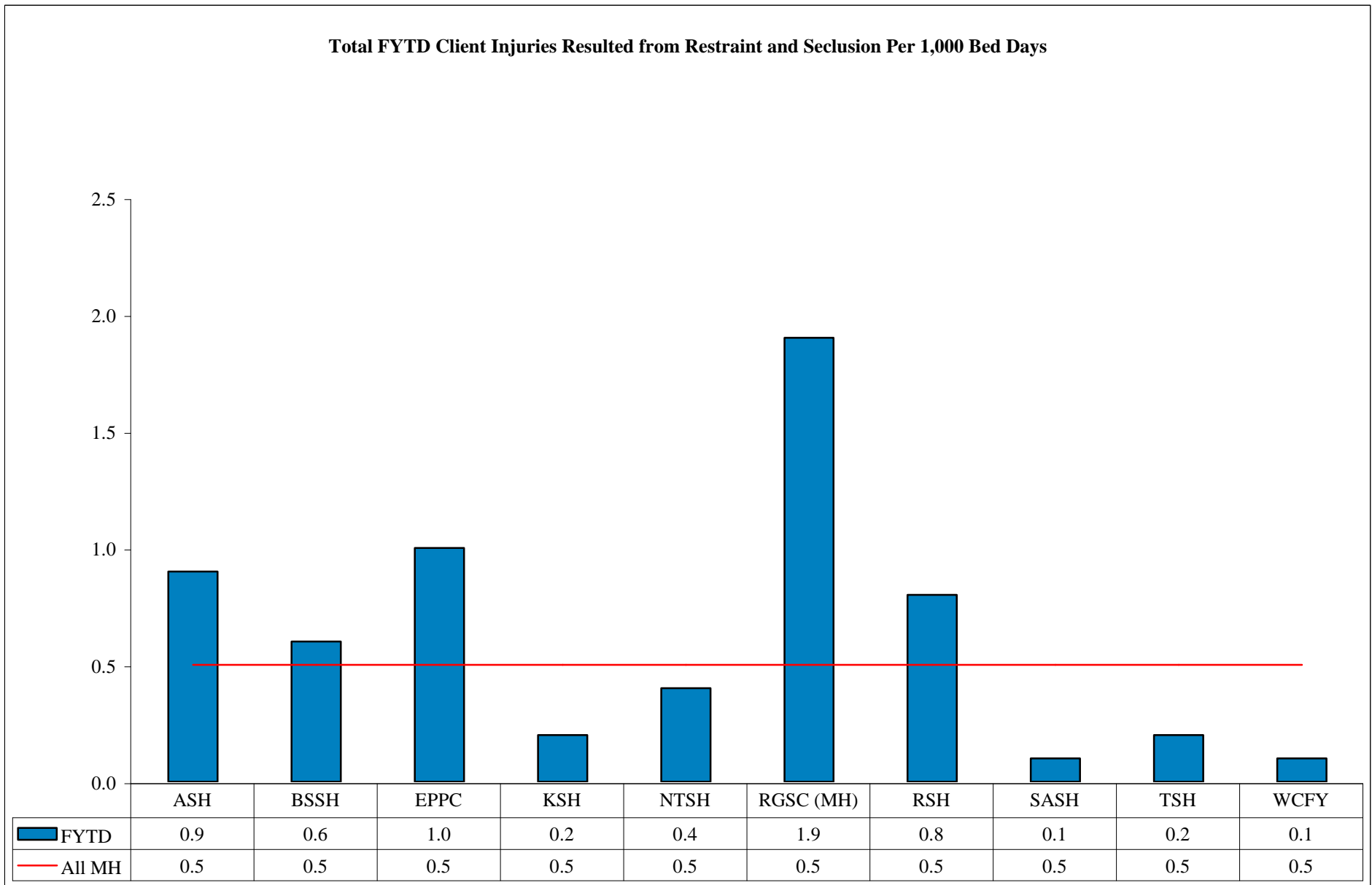
Performance Measure Data Display and Chart Description:

- ◆ Table shows number of injuries by mechanical restraint, personal restraint and restraint-personal (vertical) by treatment for individual facilities and system-wide.
- ◆ Bar chart with total FYTD client injuries resulted from restraint and seclusion per 1000 bed days.

Data Flow:



Measure 5D - Client Injuries Resulted From Restraint and Seclusion
All MH Facilities - As of August 31, 2004



Measure 5D - Client Injuries Resulted From Restraint and Seclusion

All MH Facilities - FY2004

Facility	Q1							Q2							Q3							Q4							
	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	Total	
ALL MH																													
Restraint	4	37	30	5	0	0	76	1	47	45	6	0	0	99	1	34	38	9	1	0	83	2	33	35	5	0	0	75	
Seclusion	1	5	6	4	0	0	16	0	2	3	1	0	0	6	0	5	6	1	0	0	12	1	4	5	0	0	0	10	
Total	5	42	36	9	0	0	92	1	49	48	7	0	0	105	1	39	44	10	1	0	95	3	37	40	5	0	0	85	
Per 1000 Beddays							0.5							0.5														0.4	

GOAL 7: Assure a Competent Workforce

Performance Objective 7A:

A total of 95 percent of all staff will be up-to-date with required training at all times.

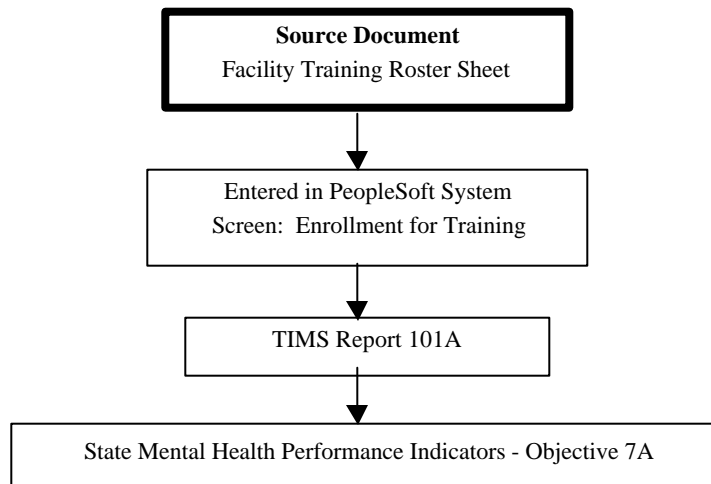
Performance Objective Operational Definition: The facility percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report is run) will be reported in TIMS Report 101A.

Performance Objective Formula: Rate = number of employees with active training statuses who have completed their training/number of current employees at the facility.

Performance Objective Data Display and Chart Description:

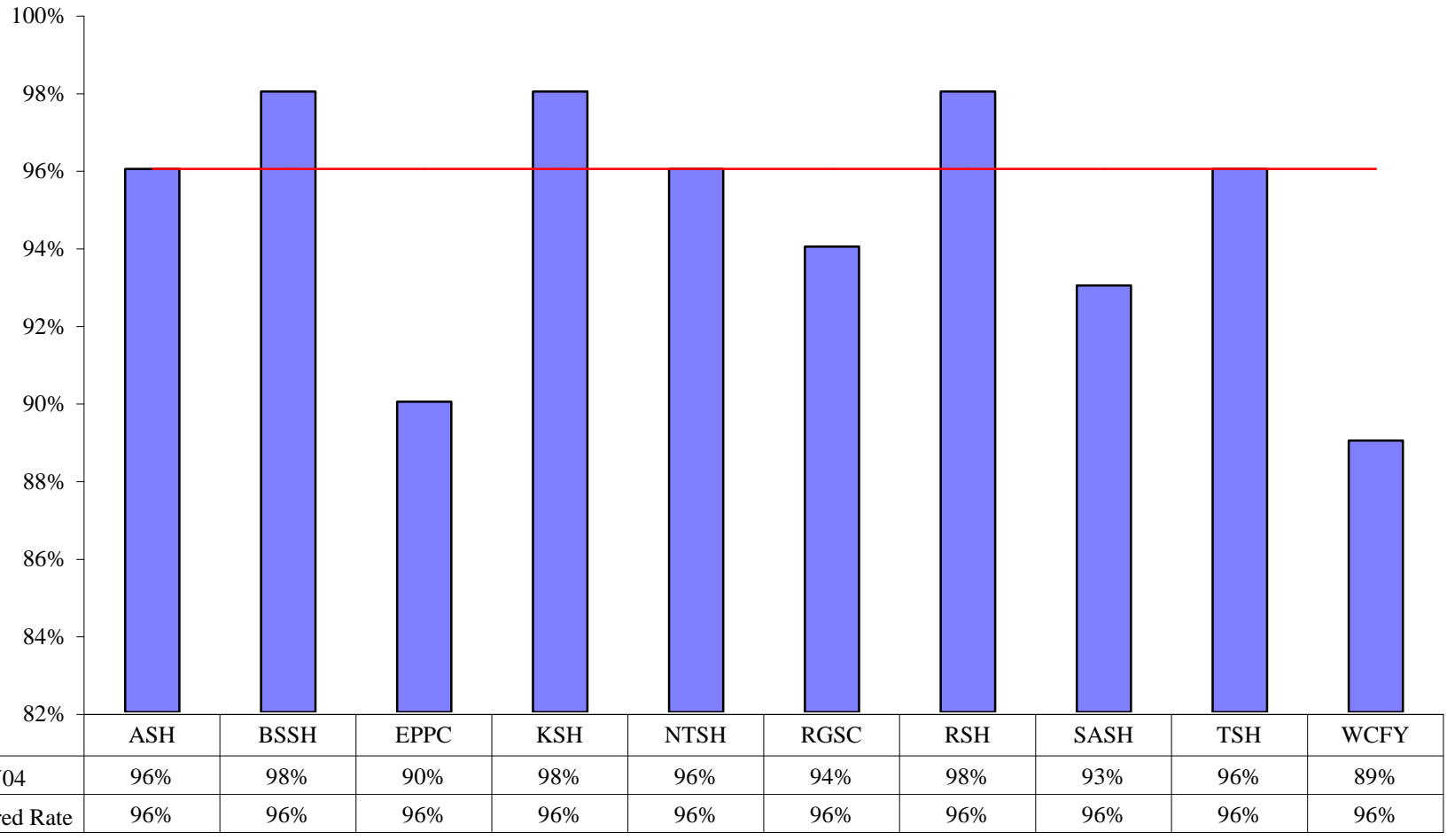
- ◆ Control chart with monthly data points of percentage of training completed for individual facilities and system-wide.
- ◆ Bar chart with all state mental health facilities scores for the last month of the quarter.

Data Flow:

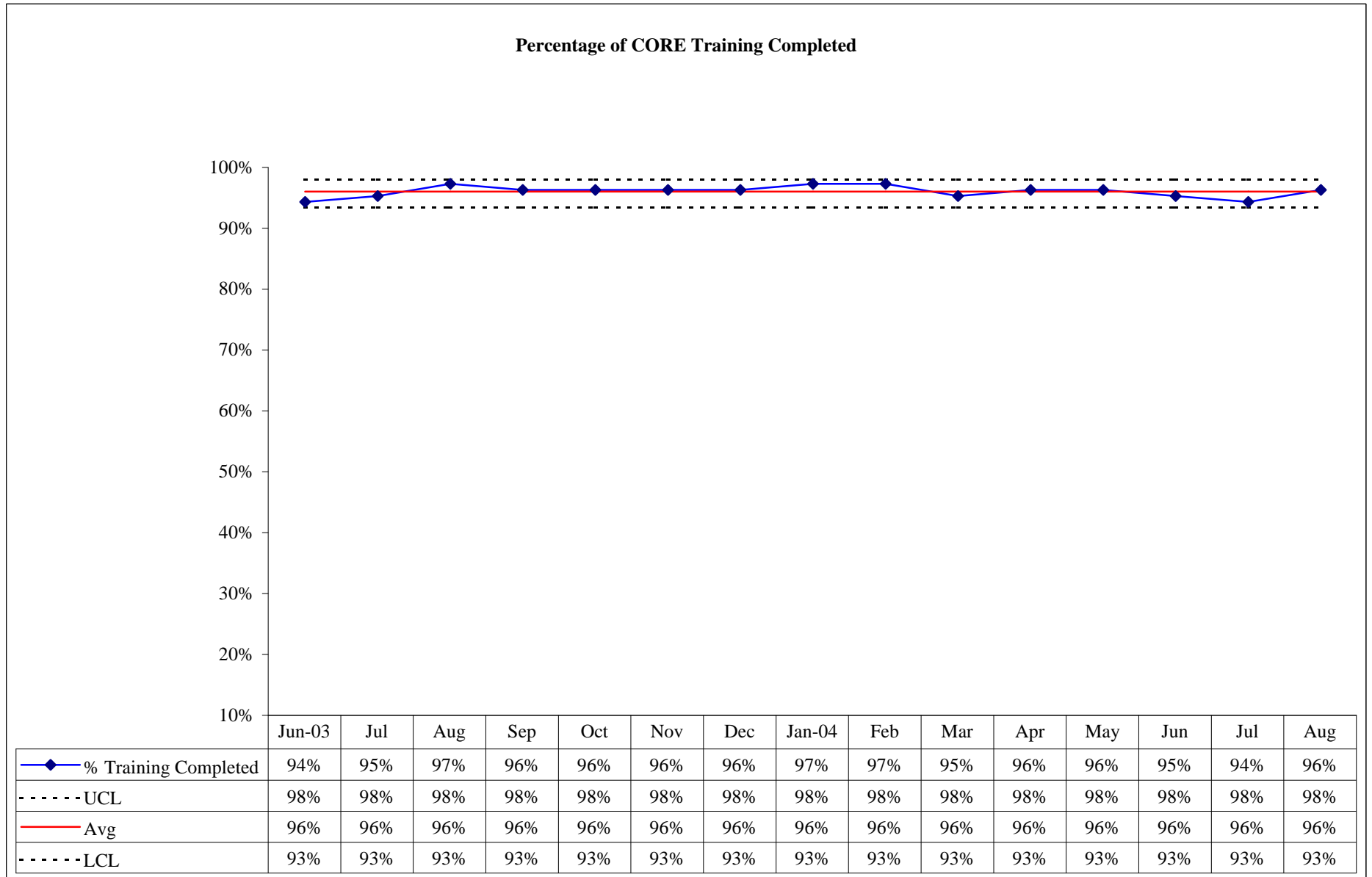


**Objective 7A - Staff Up-To-Date With CORE Training
All MH Facilities**

**CORE Training
(As of August 31, 2004)**

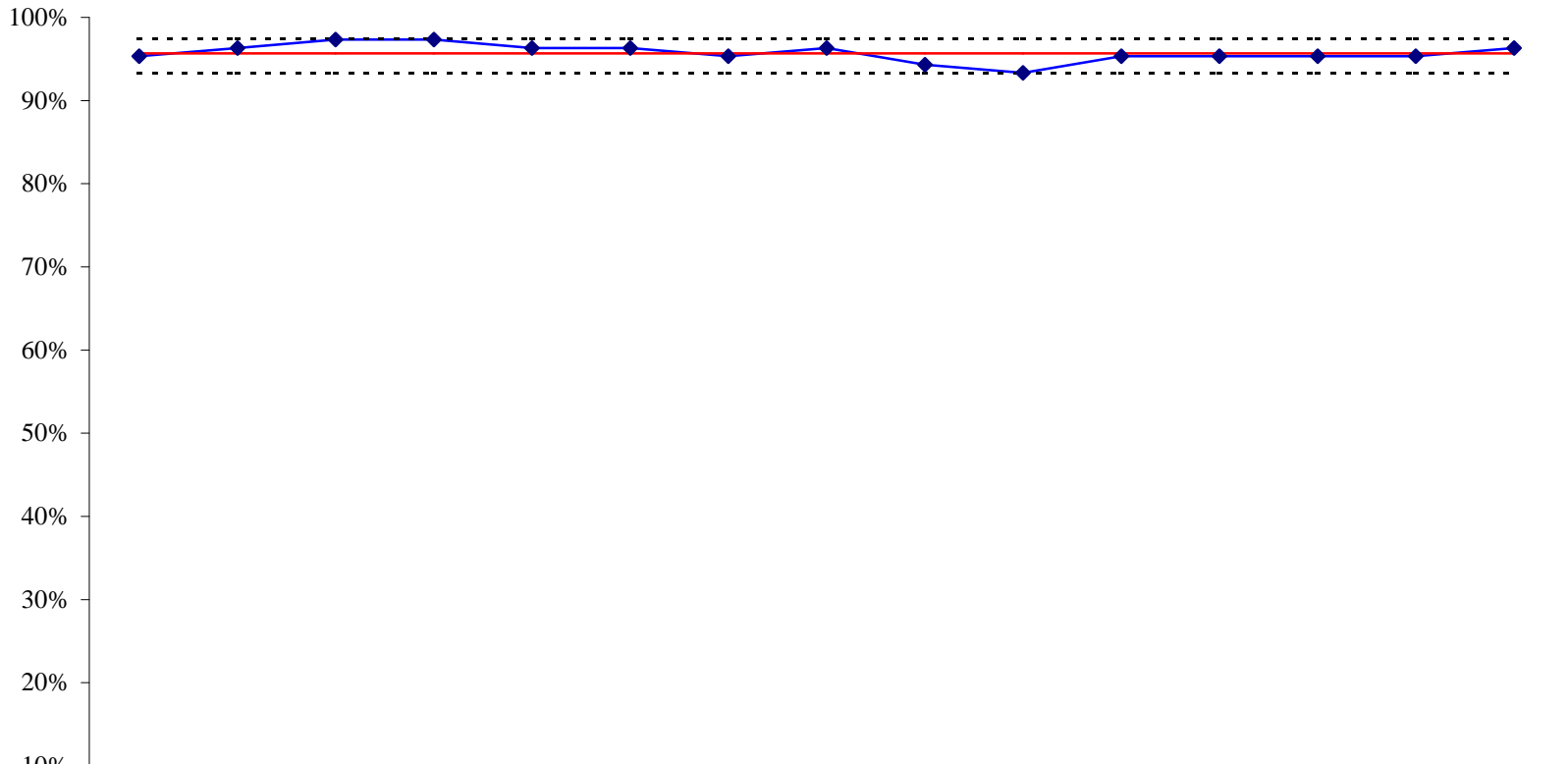


Objective 7A - Staff Up-To-Date With CORE Training
All MH Facilities



Objective 7A - Staff Up-To-Date With CORE Training
Austin State Hospital

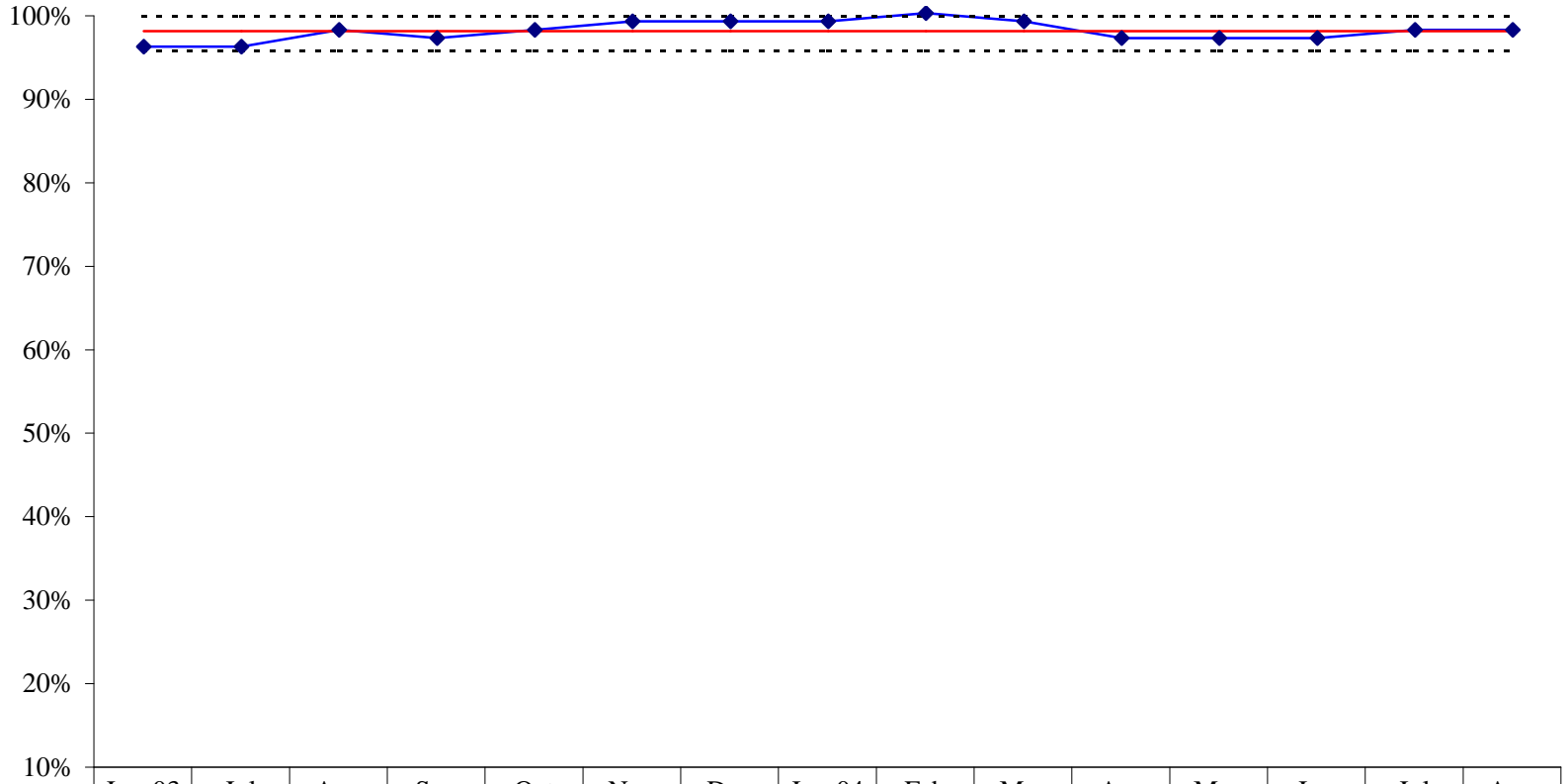
Percentage of CORE Training Completed



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	95%	96%	97%	97%	96%	96%	95%	96%	94%	93%	95%	95%	95%	95%	96%
-----UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
-----LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

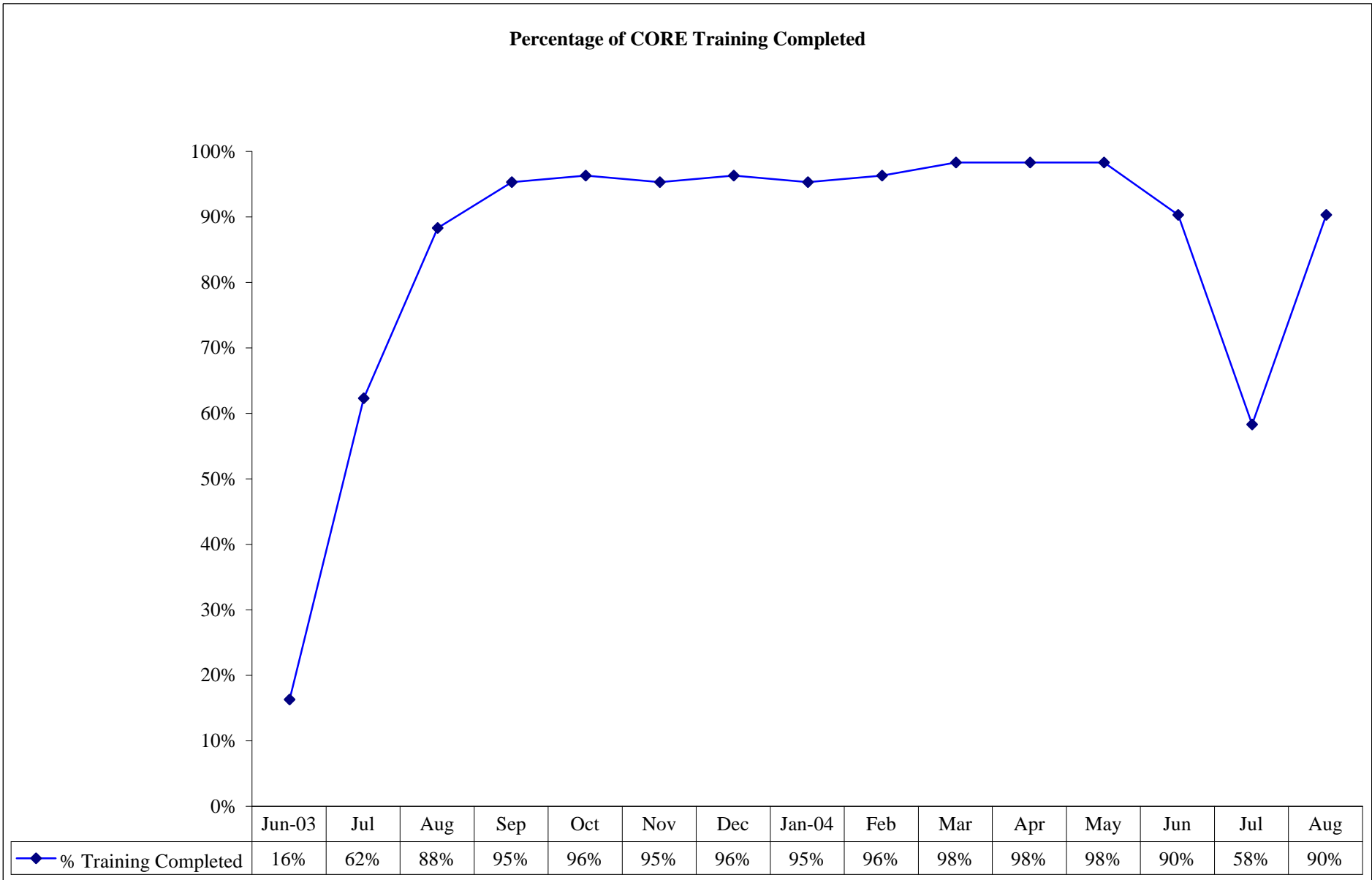
Objective 7A - Staff Up-To-Date With CORE Training
Big Spring State Hospital

Percentage of CORE Training Completed



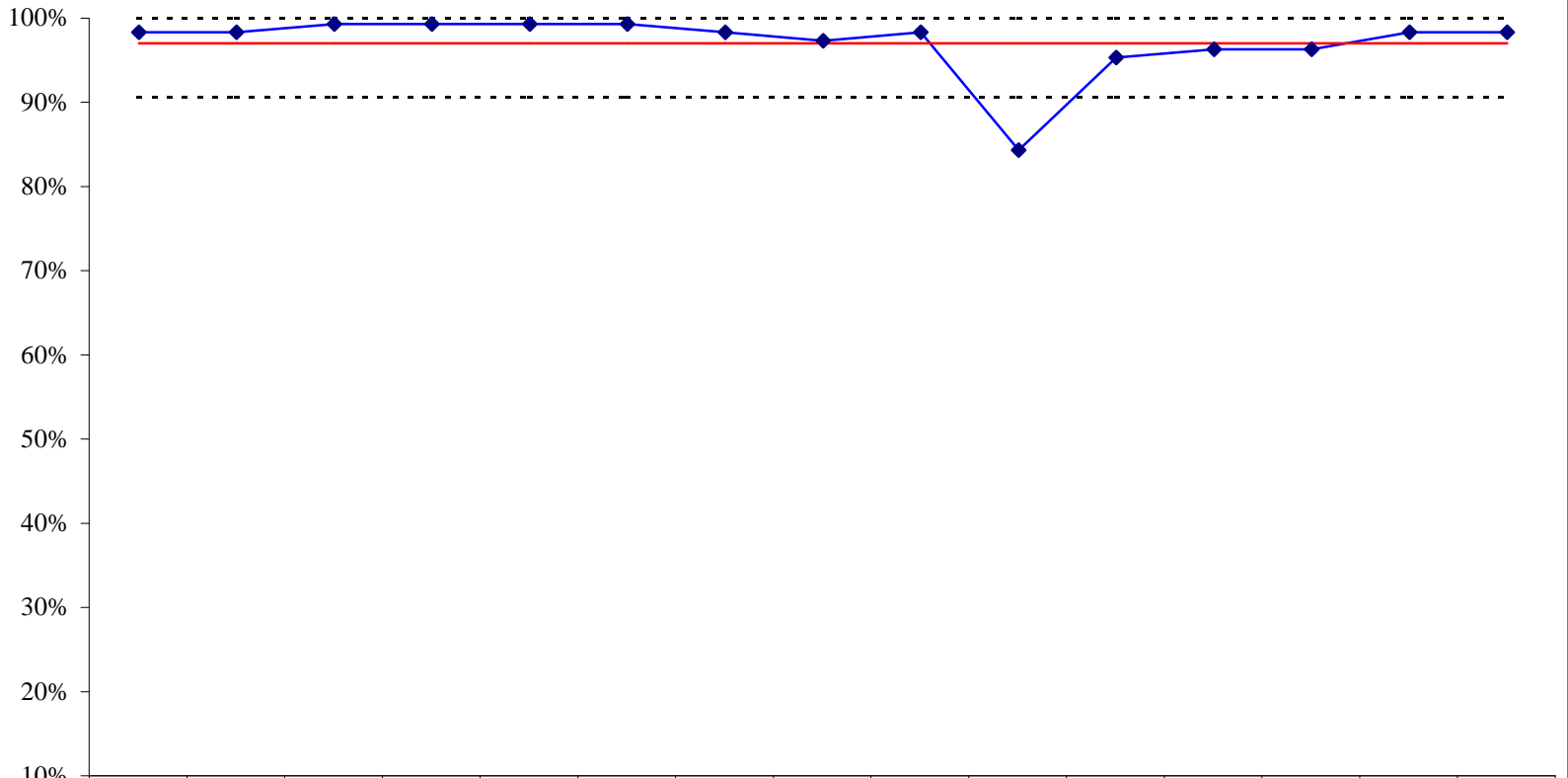
	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	96%	98%	97%	98%	99%	99%	99%	100%	99%	97%	97%	97%	98%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
..... LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Objective 7A - Staff Up-To-Date With CORE Training
El Paso Psychiatric Center



Objective 7A - Staff Up-To-Date With CORE Training
Kerrville State Hospital

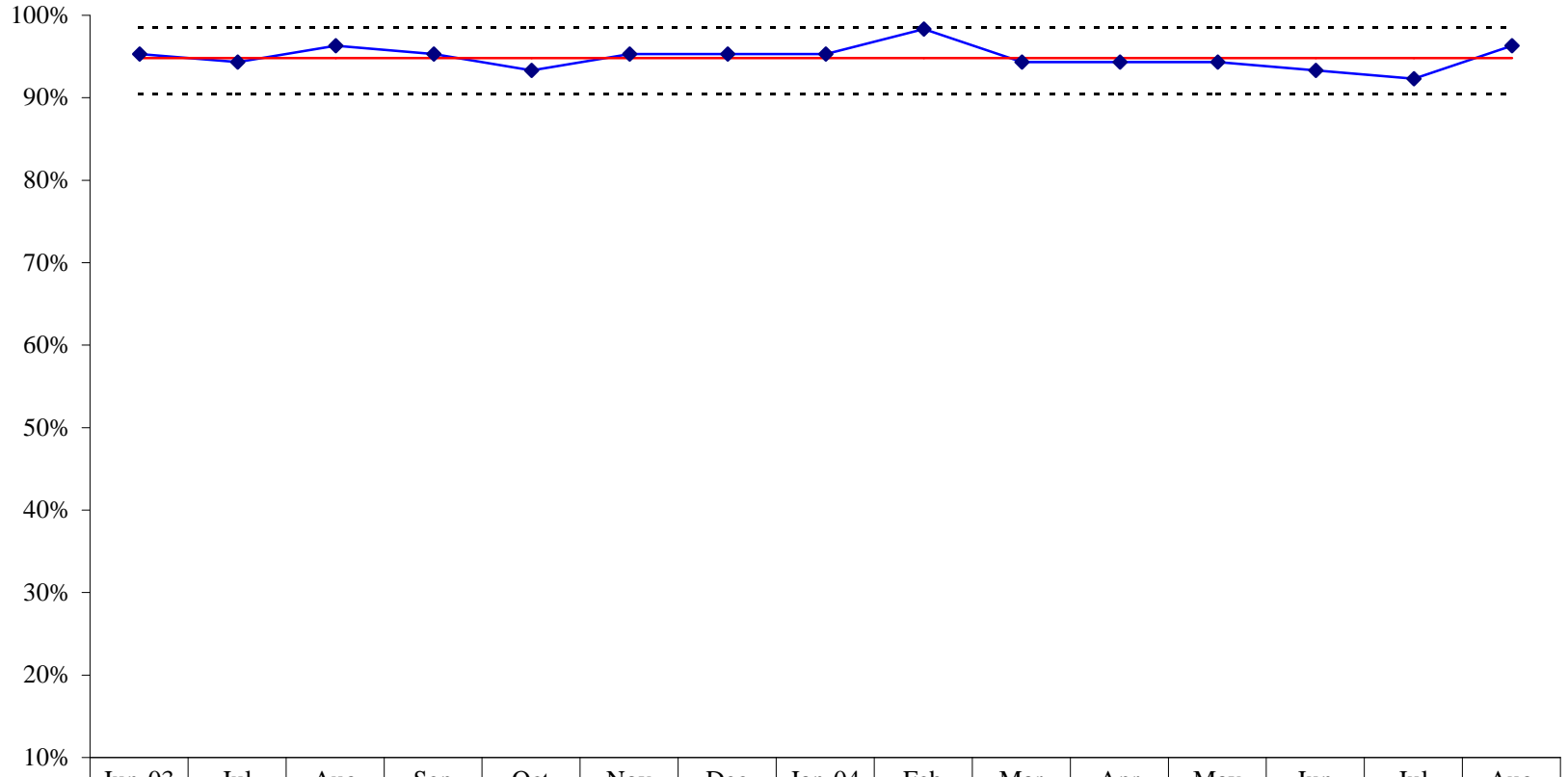
Percentage of CORE Training Completed



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	98%	98%	99%	99%	99%	99%	98%	97%	98%	84%	95%	96%	96%	98%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

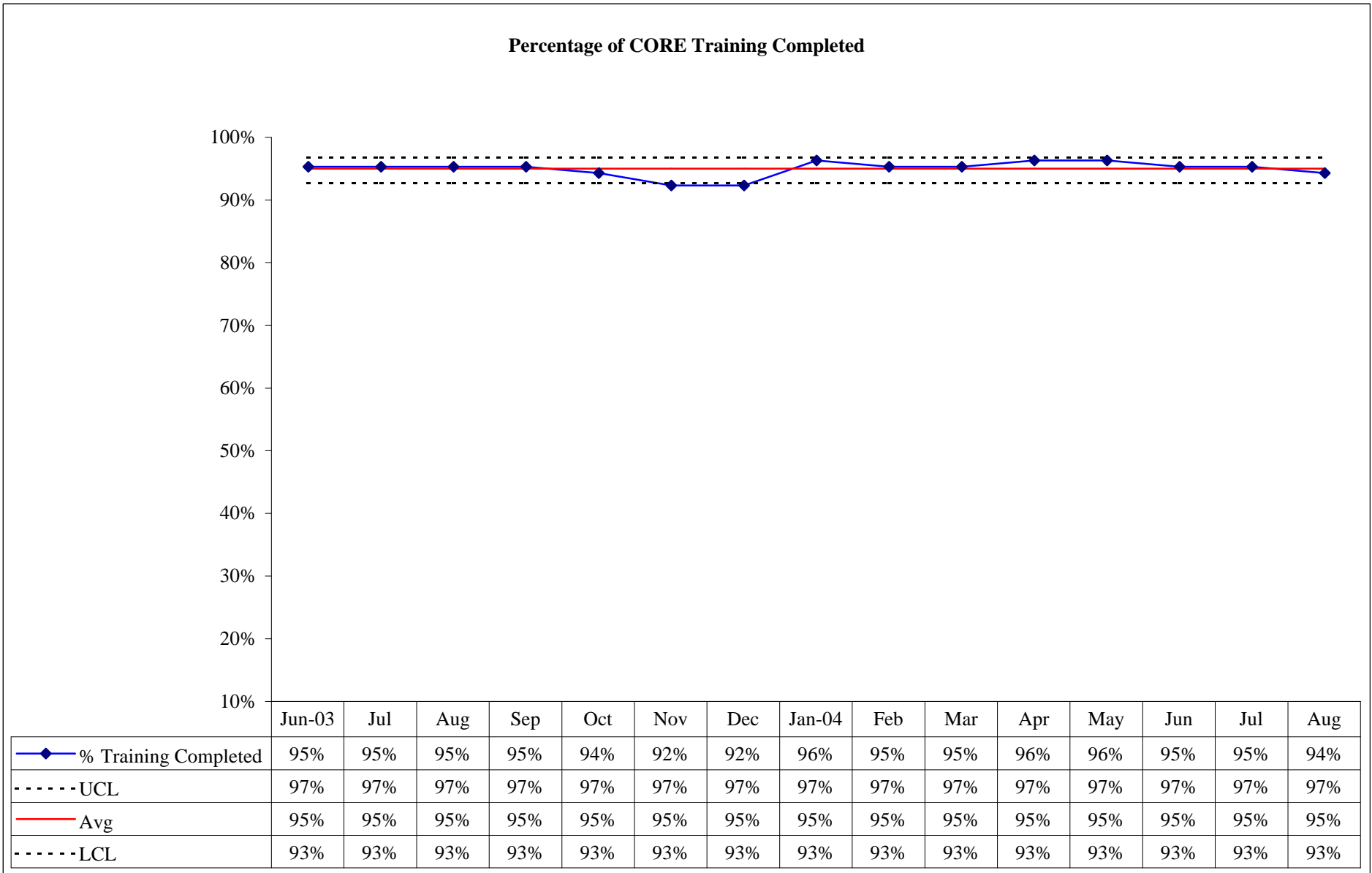
Objective 7A - Staff Up-To-Date With CORE Training
North Texas State Hospital

Percentage of CORE Training Completed



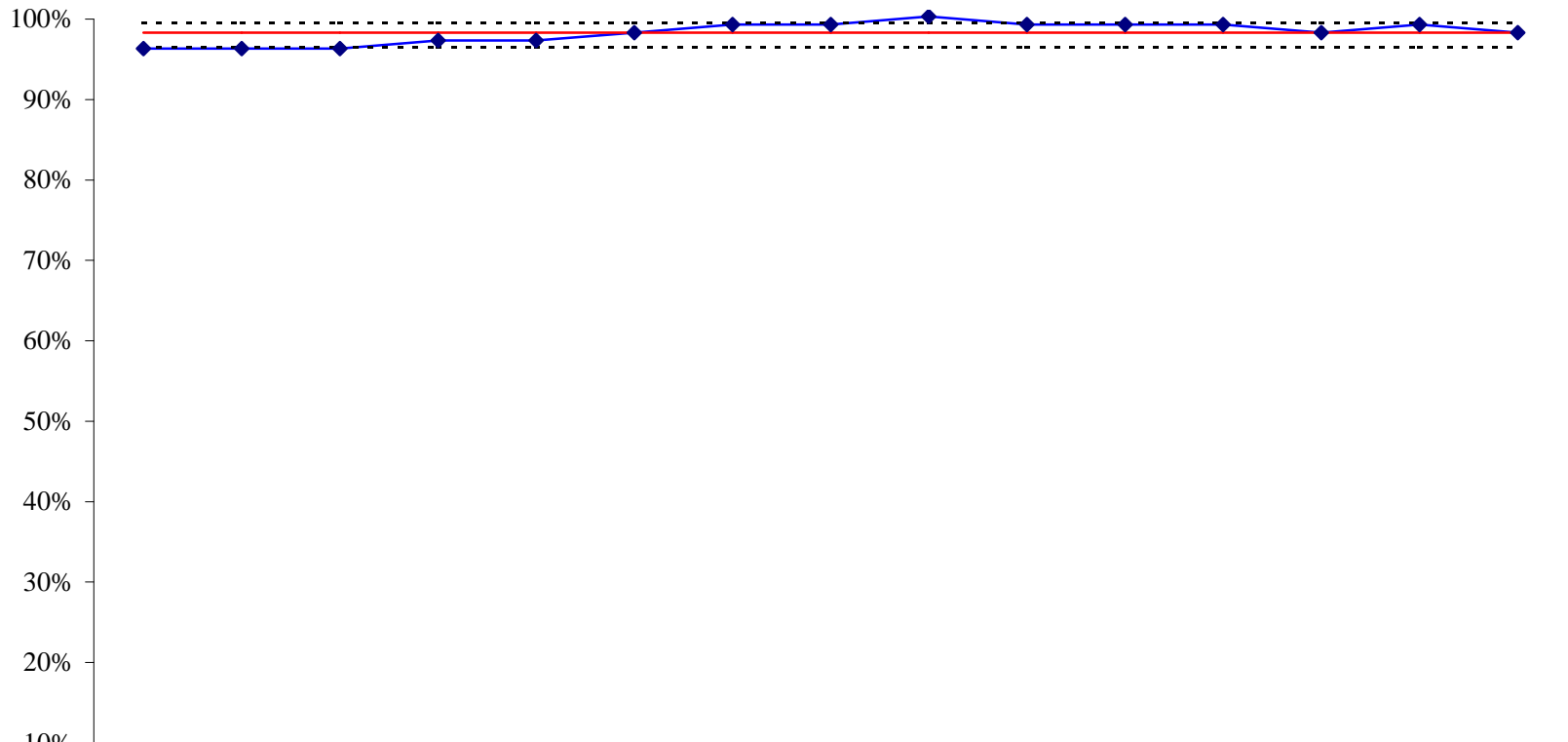
	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	95%	94%	96%	95%	93%	95%	95%	95%	98%	94%	94%	94%	93%	92%	96%
----- UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
----- LCL	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%

Objective 7A - Staff Up-To-Date With CORE Training
Rio Grande State Center



Objective 7A - Staff Up-To-Date With CORE Training
Rusk State Hospital

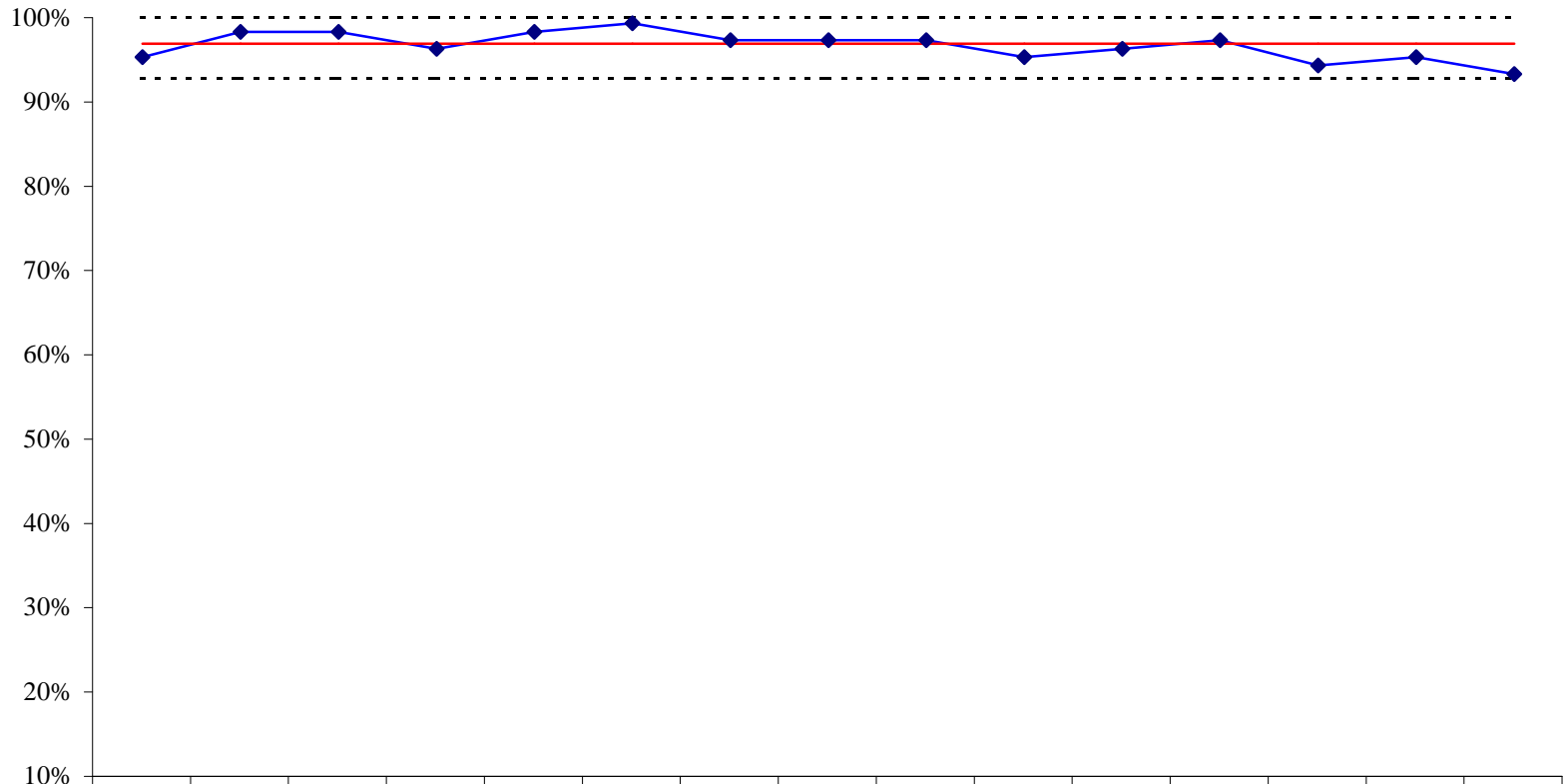
Percentage of CORE Training Completed



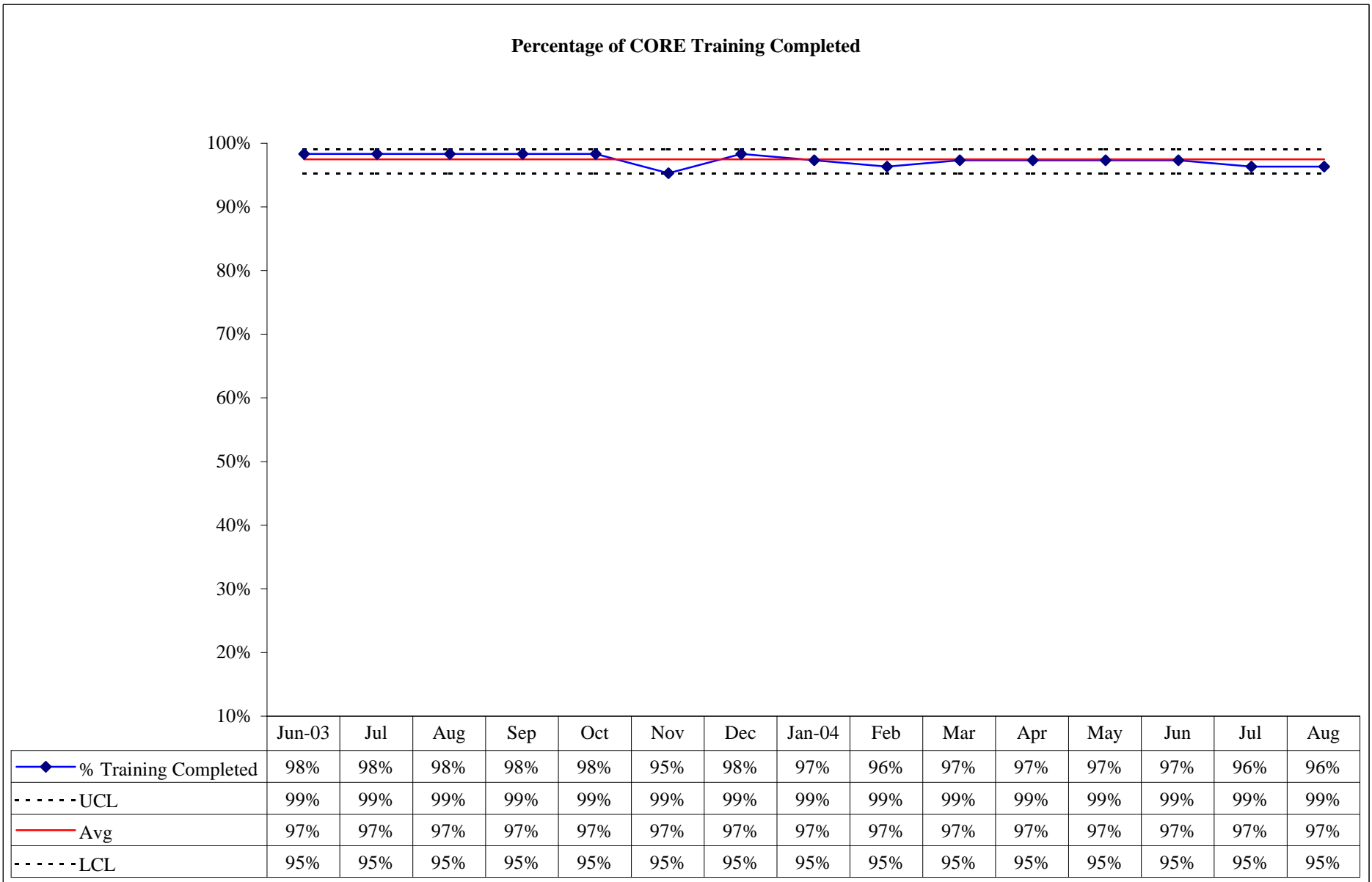
	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ % Training Completed	96%	96%	96%	97%	97%	98%	99%	99%	100%	99%	99%	99%	98%	99%	98%
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
----- LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Objective 7A - Staff Up-To-Date With CORE Training
San Antonio State Hospital

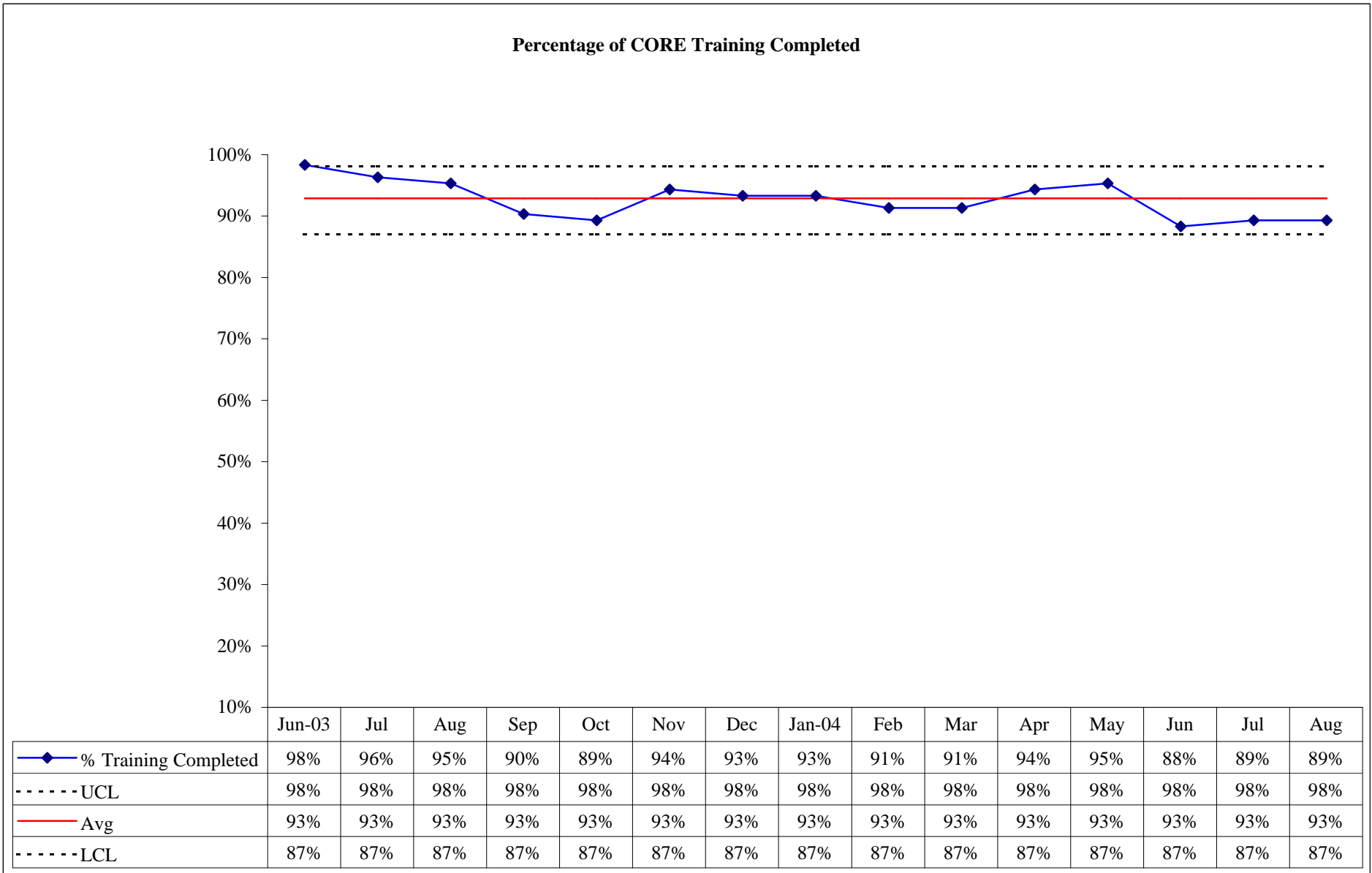
Percentage of CORE Training Completed



Objective 7A - Staff Up-To-Date With CORE Training
Terrell State Hospital



Objective 7A - Staff Up-To-Date With CORE Training
Waco Center for Youth



Performance Objective 7B:

A total of 97 percent of all staff will be up-to-date with annual performance evaluations at all times.

Performance Objective Operational Definition: The facility rate of up-to-date annual performance evaluations documented on the HR5.2 per month. (Performance evaluations are due 12 months following the date of the last evaluation as entered in PeopleSoft and are considered late when they are more than 30 days past due). PeopleSoft Report HSAS1102 includes all employees on leave, transferred employees and retired employees using up their time.

Performance Objective Formula: $R = (N/D)$

Rate = rate of staff up-to-date with annual performance evaluations

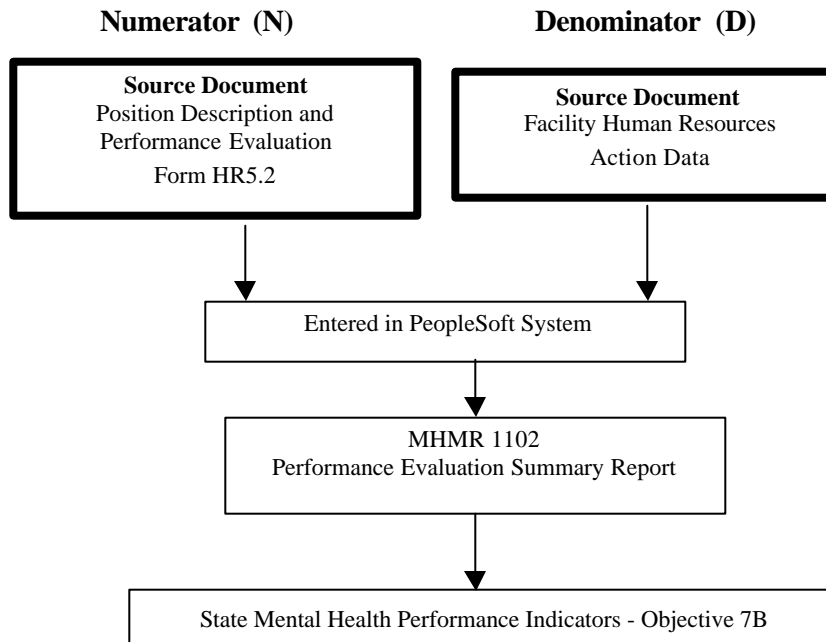
N = number of employees with current evaluations on the last day of the month

D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:

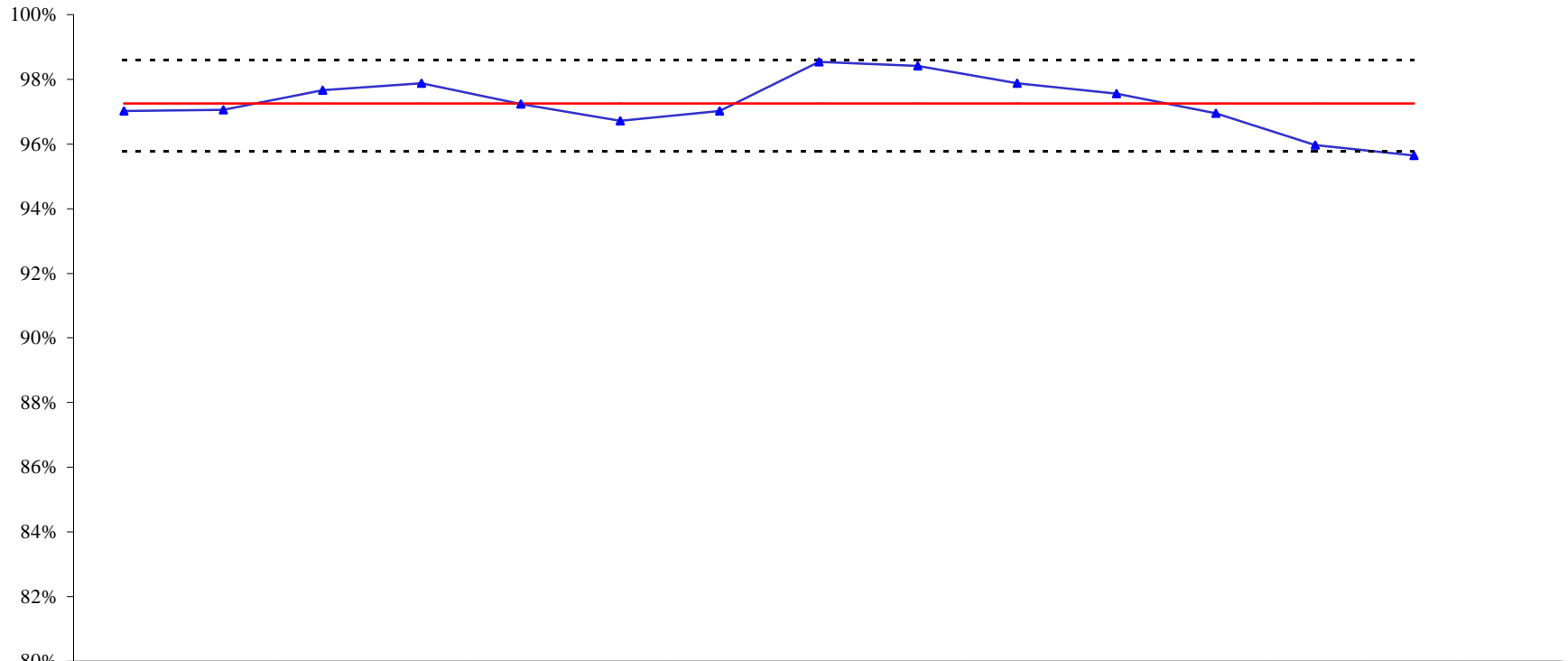
- ◆ Control chart with monthly data points of percentage of performance evaluations up-to-date for individual facilities and system-wide.

Data Flow:



Objective 7B - Staff Have Current Performance Evaluations
All MH Facilities

Percentage of Performance Evaluations Up-to-Date

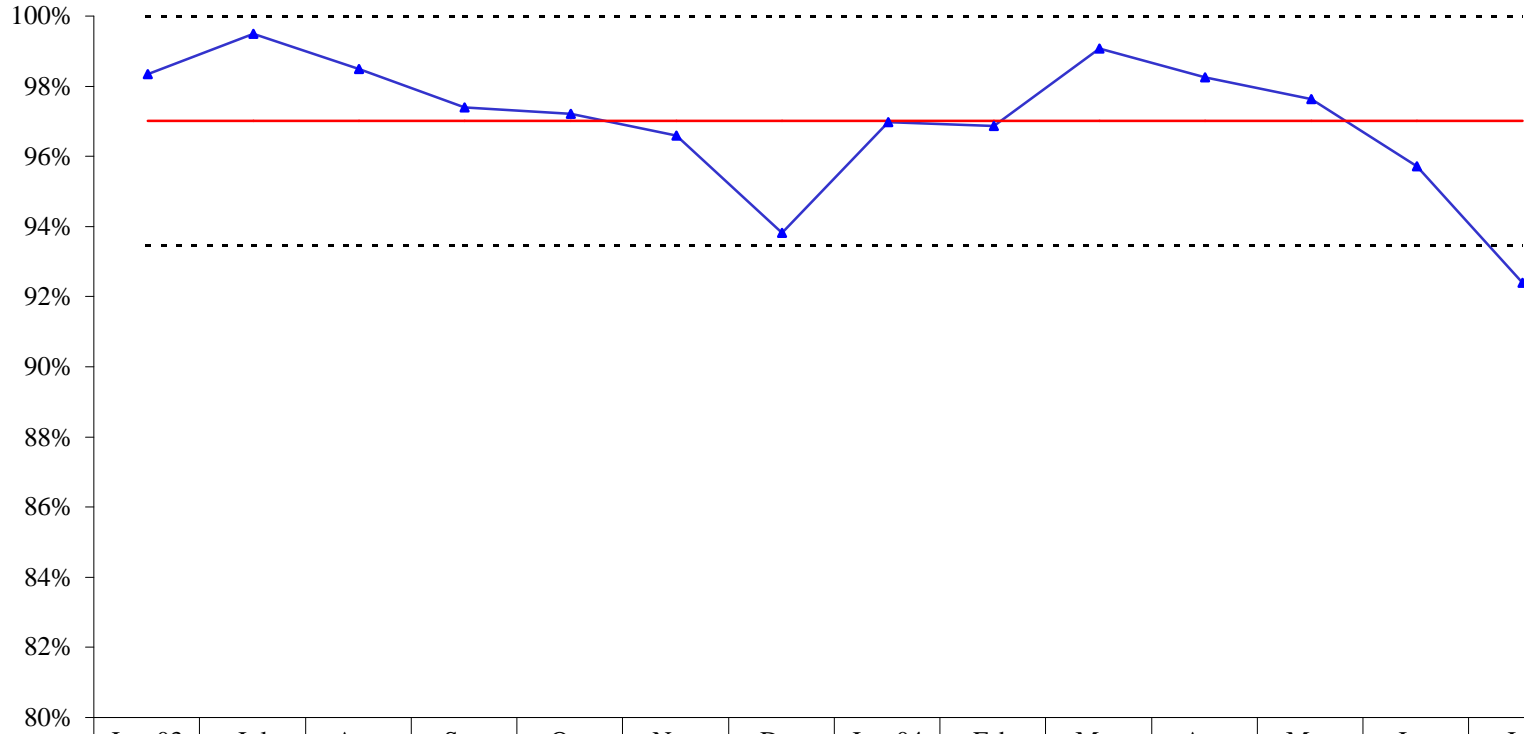


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	97%	97%	98%	98%	97%	97%	97%	98%	98%	98%	97%	97%	96%	96%	
- - - - - UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
. LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Austin State Hospital

Percentage of Performance Evaluations Up-to-Date

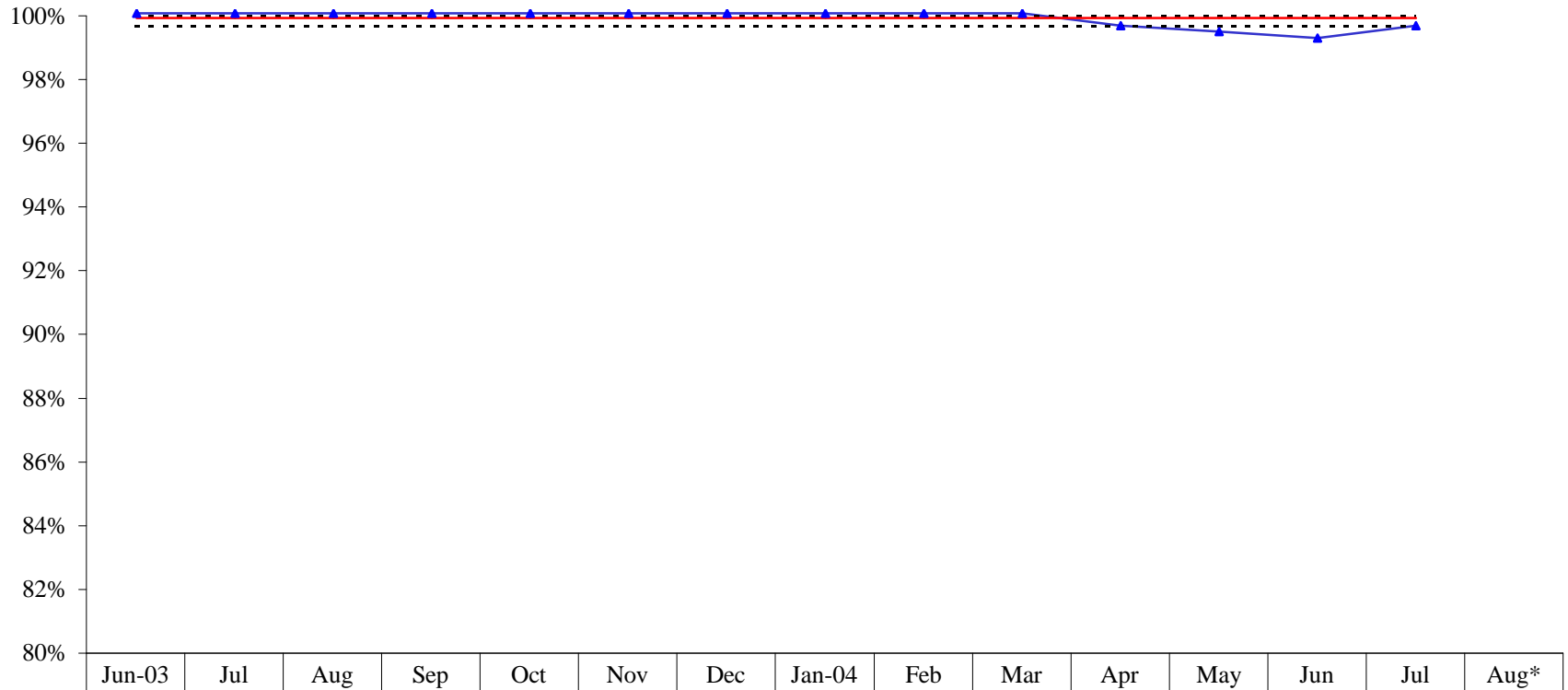


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	98%	99%	98%	97%	97%	97%	94%	97%	97%	99%	98%	98%	96%	92%	
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
- - - - - LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Big Spring State Hospital

Percentage of Performance Evaluations Up-to-Date

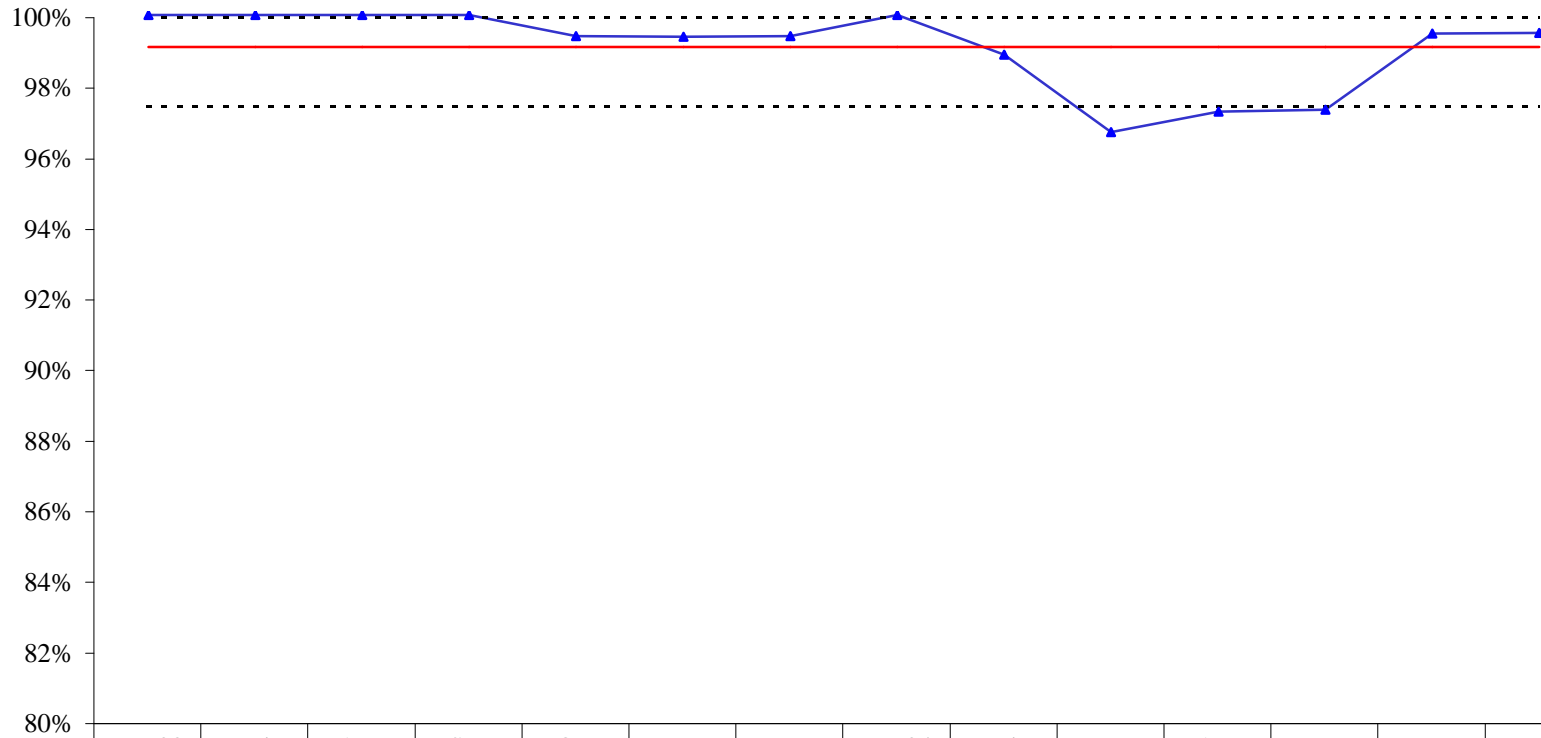


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	99%	100%	
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
- - - - - LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
El Paso Psychiatric Center

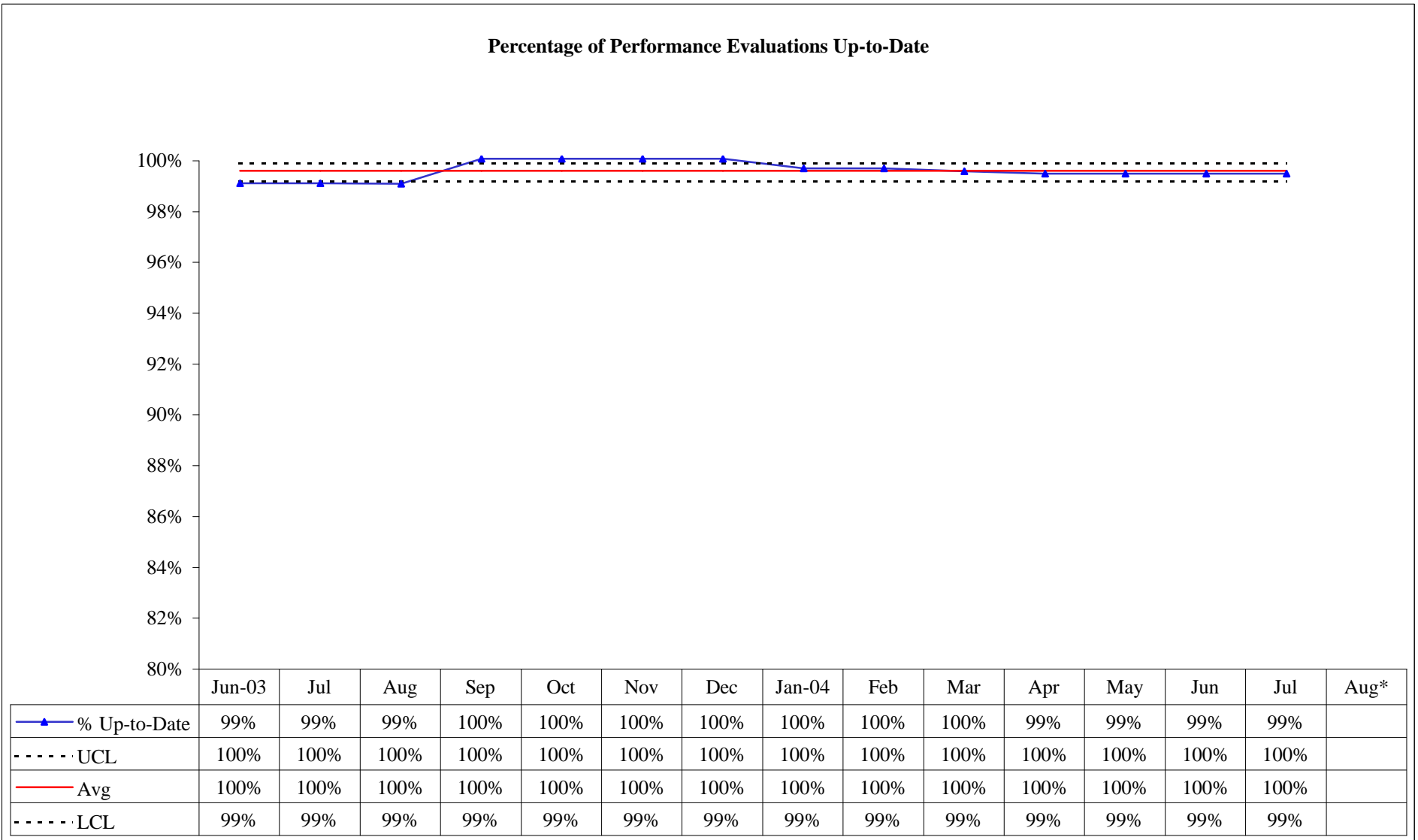
Percentage of Performance Evaluations Up-to-Date



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
▲ % Up-to-Date	100%	100%	100%	100%	99%	99%	99%	100%	99%	97%	97%	97%	99%	99%	
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
— Avg	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
----- LCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	

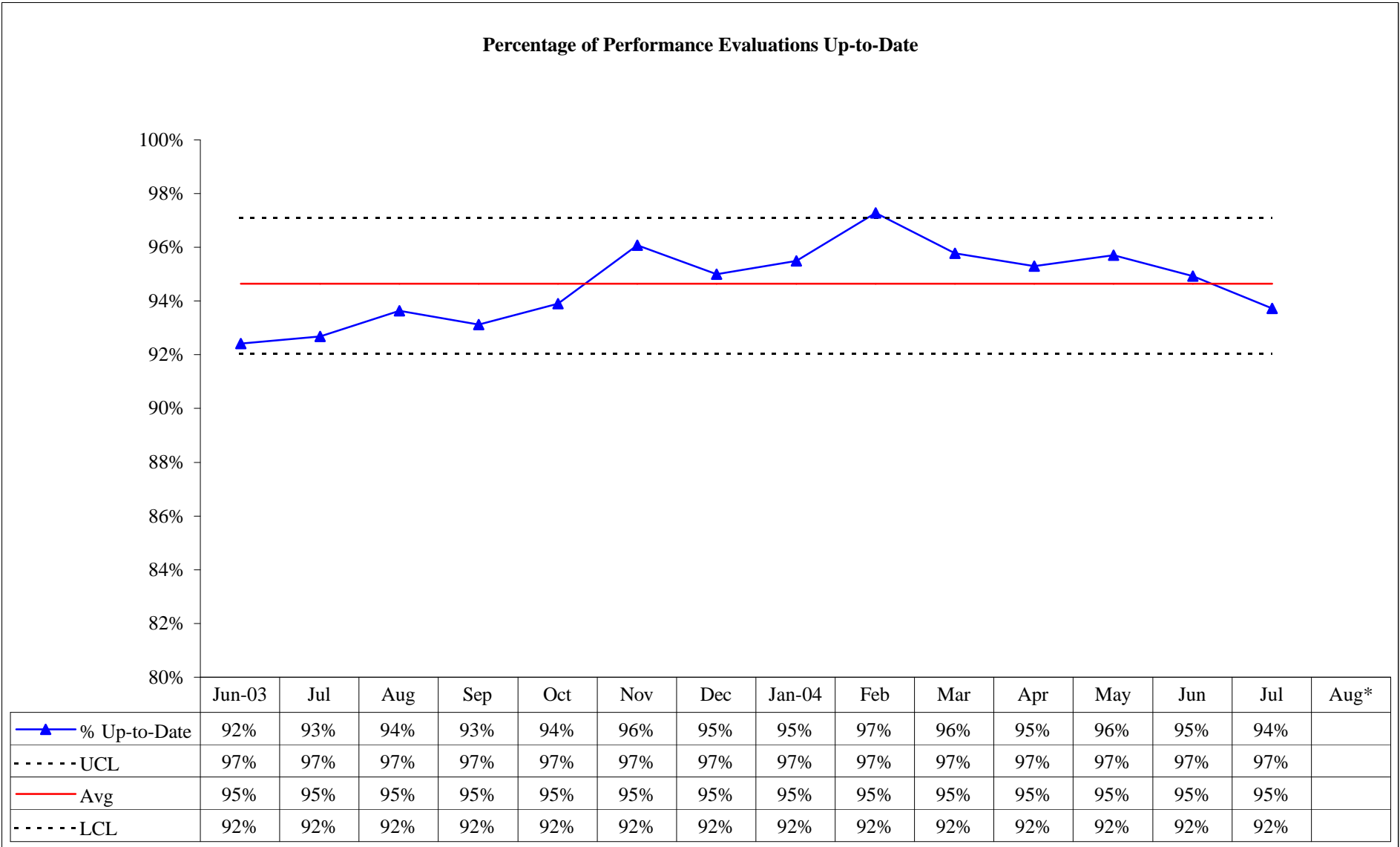
*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Kerrville State Hospital



*Data not available

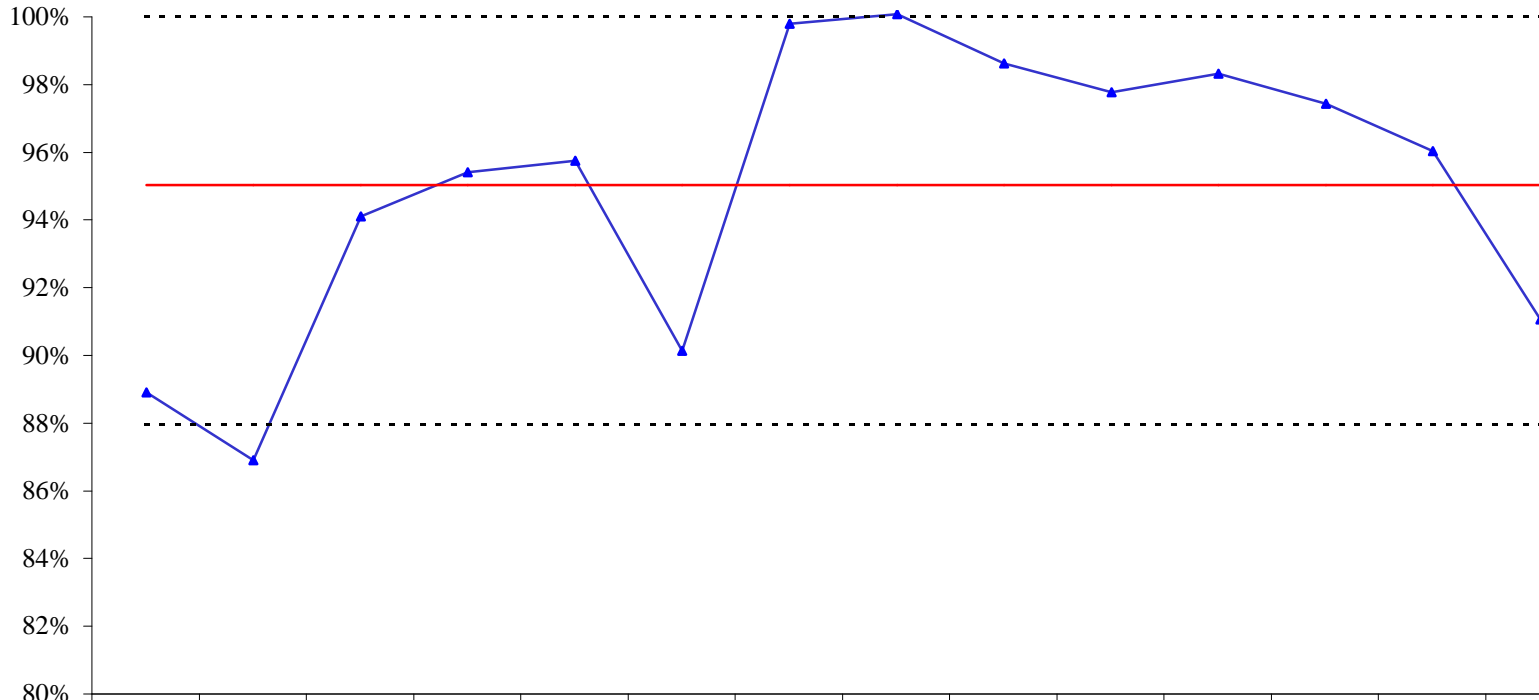
Objective 7B - Staff Have Current Performance Evaluations
North Texas State Hospital



*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Rio Grande State Center

Percentage of Performance Evaluations Up-to-Date

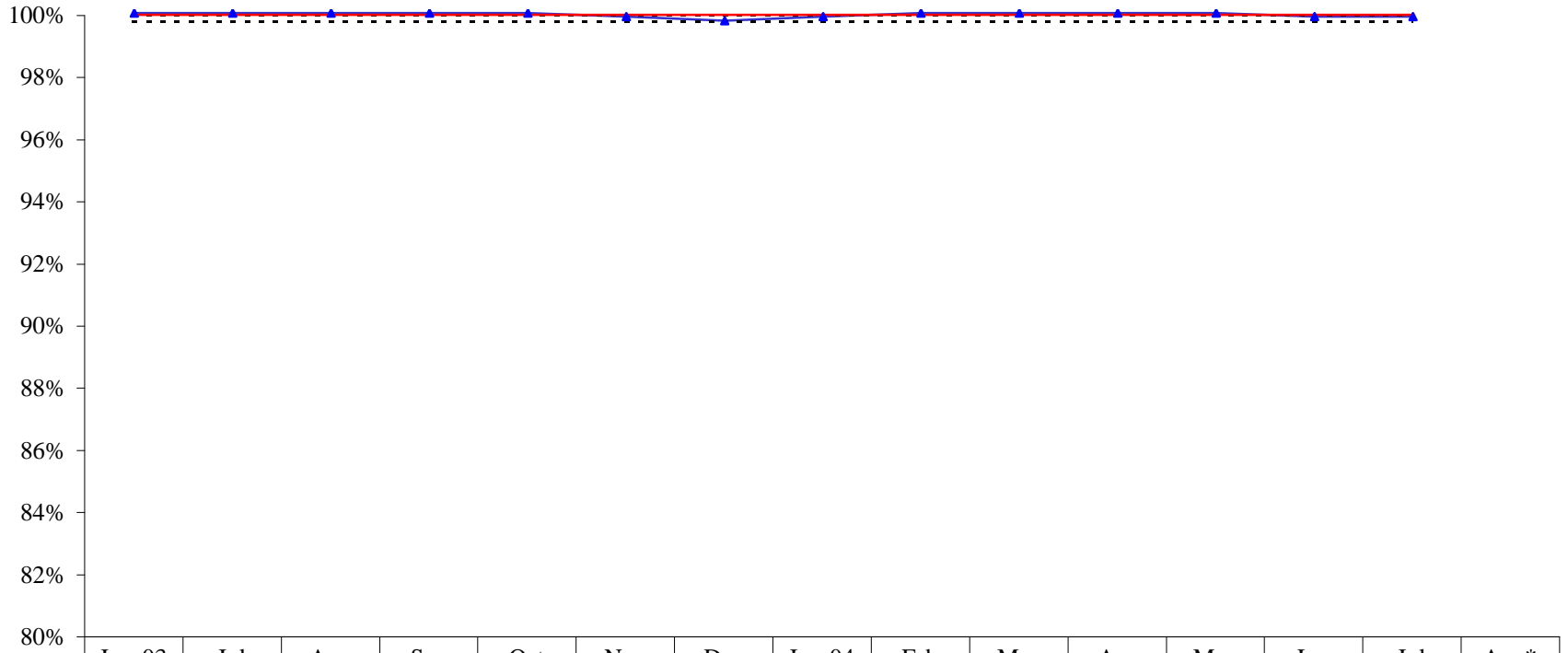


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
▲ % Up-to-Date	89%	87%	94%	95%	96%	90%	100%	100%	99%	98%	98%	97%	96%	91%	
----- UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	
----- LCL	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	88%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Rusk State Hospital

Percentage of Performance Evaluations Up-to-Date

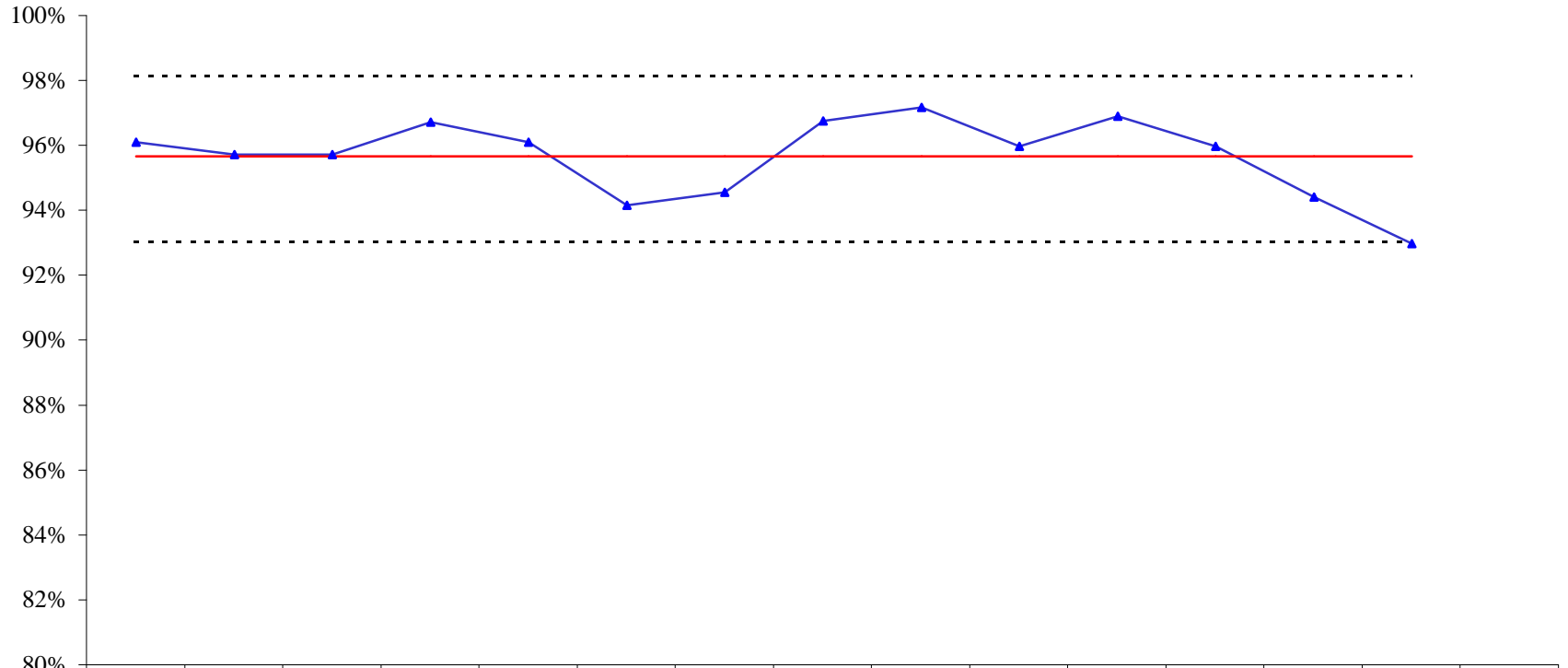


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
- - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
. . . . LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
San Antonio State Hospital

Percentage of Performance Evaluations Up-to-Date

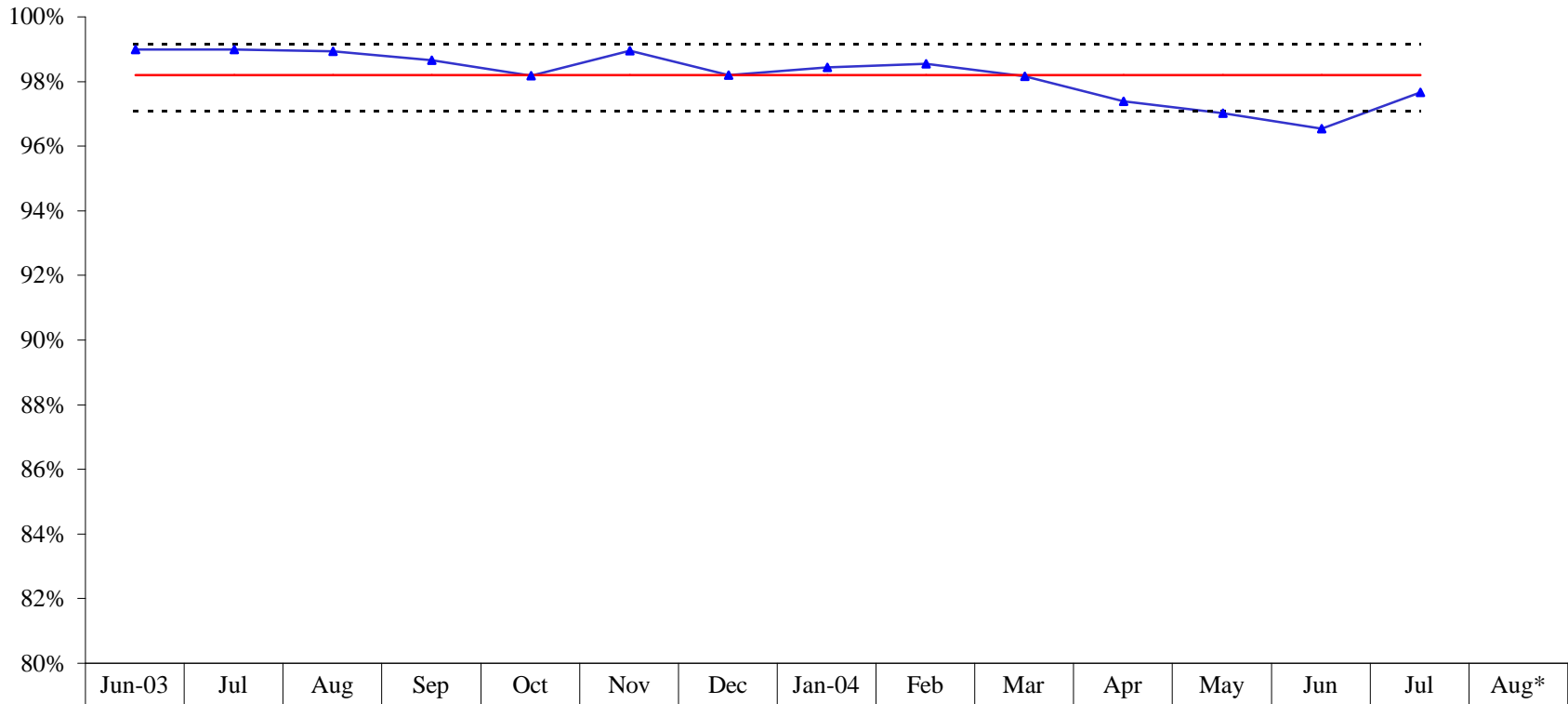


	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	96%	96%	96%	97%	96%	94%	94%	97%	97%	96%	97%	96%	94%	93%	
- - - - - UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
— Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	
- - - - - LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Terrell State Hospital

Percentage of Performance Evaluations Up-to-Date

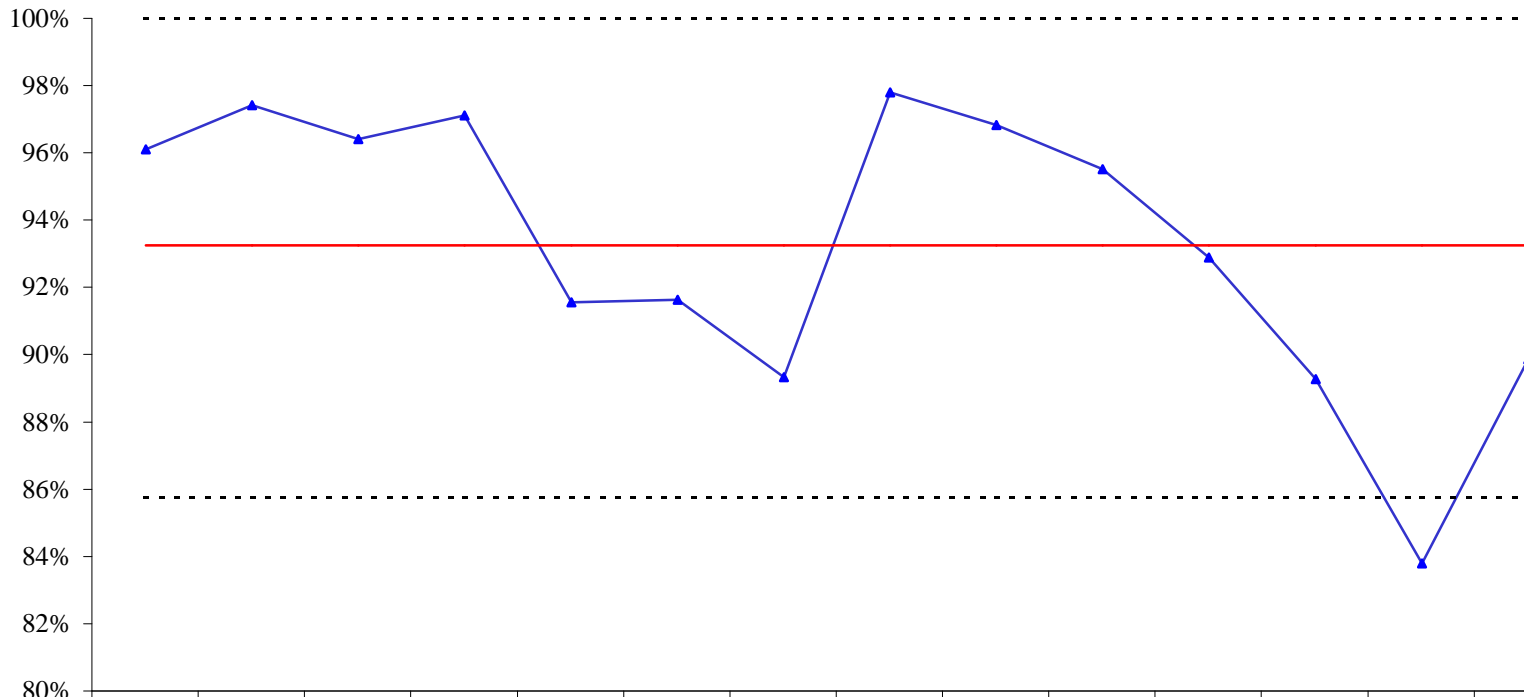


—▲ % Up-to-Date	99%	99%	99%	99%	98%	99%	98%	98%	98%	98%	97%	97%	96%	98%	
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	
----- LCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	

*Data not available

Objective 7B - Staff Have Current Performance Evaluations
Waco Center For Youth

Percentage of Performance Evaluations Up-to-Date



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug*
—▲— % Up-to-Date	96%	97%	96%	97%	91%	92%	89%	98%	97%	95%	93%	89%	84%	90%	
- - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	
- - - - LCL	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	

*Data not available

Performance Measure 7A:

State mental health facilities will analyze and report to the Governing Body their Recruitment and employment of qualified minority applicants utilizing the EEO Job Categories for Black, Hispanic and Female.

Performance Measure Operational Definition: The facility rate of EEO Categories documented on the EEO Data Form per FY quarter. (Each applicant from outside the facility should be counted once, even if they apply for more than one job at the facility using the same application. They should be counted in the EEOC job class that best fits the applicant’s qualifications. If the person submits a completely new application, they should be counted again).

Performance Measure Formula: $R = (N/D)$ (for recruitment)

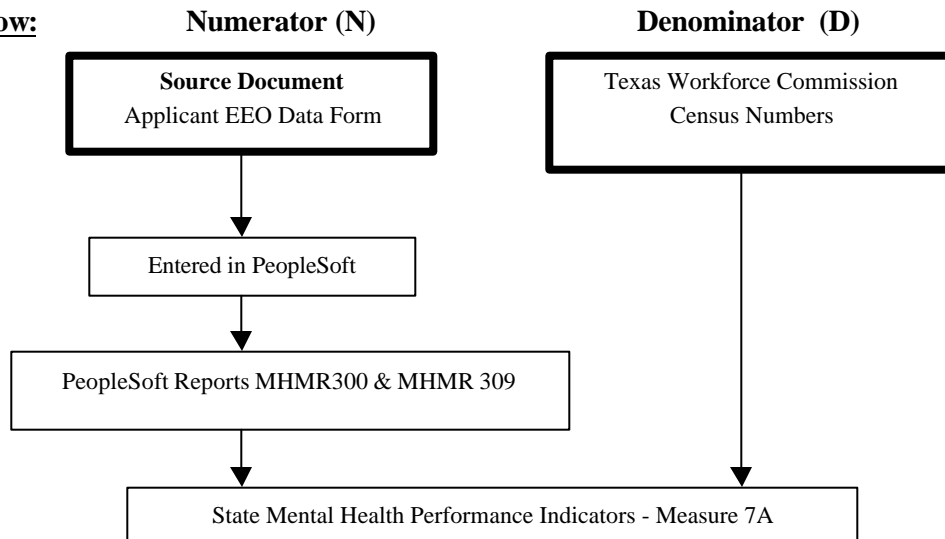
Rate = rate of applicants per EEO job category
N = number of applicants per EEO job category
D = number of total applicants

$R = (N/D)$ (for employment)
Rate = rate of employees per EEO job category
N = number of employees per EEO job category
D = number of total employees

Performance Measure Data Display and Chart Description:

- ◆ Table shows data on employees, applicants, and local civilian workforce by sex, rate, and EEO job class (Managerial/Professional, Technical, Administrative Support, Service Occupations, and Skilled Craft) for individual facilities.

Data Flow:



Measure 7A - Workforce Diversity
Austin State Hospital

Recruitment Counties: Bastrop, Caldwell, Hays, Travis, Williamson

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	2,864 3.8%	8 8.2%	1 7.1%	2,301 3.0%	7 7.2%	0 0.0%	195 0.3%	1 1.0%	0 0.0%	6,817 9.0%	10 10.3%	8 57.1%	63,449 83.9%	71 73.2%	5 35.7%	75,626	97	14
Technical	709 5.0%	2 9.1%	1 33.3%	713 5.0%	1 4.5%	0 0.0%	64 0.5%	0 0.0%	0 0.0%	1,551 10.9%	2 9.1%	0 0.0%	11,181 78.6%	17 77.3%	2 66.7%	14,218	22	3
Administratvie Support	2,054 9.7%	4 16.7%	6 40.0%	351 1.7%	0 0.0%	3 20.0%	51 0.2%	0 0.0%	0 0.0%	4,346 20.5%	7 29.2%	1 6.7%	14,381 67.9%	13 54.2%	5 33.3%	21,183	24	15
Service Occupations	5,794 15.3%	81 45.5%	64 35.4%	655 1.7%	3 1.7%	2 1.1%	123 0.3%	5 2.8%	0 0.0%	10,682 28.2%	31 17.4%	45 24.9%	20,563 54.4%	58 32.6%	70 38.7%	37,817	178	181
Skilled Craft	3,224 6.5%	5 13.2%	2 66.7%	727 1.5%	0 0.0%	0 0.0%	211 0.4%	0 0.0%	0 0.0%	13,514 27.4%	6 15.8%	0 0.0%	31,679 64.2%	27 71.1%	1 33.3%	49,355	38	3
Total Males	14,645 7.4%	100 27.9%	74 34.3%	4,747 2.4%	11 3.1%	5 2.3%	644 0.3%	6 1.7%	0 0.0%	36,910 18.6%	56 15.6%	54 25.0%	141,253 71.3%	186 51.8%	83 38.4%	198,199	359	216
Female																		
Managerial/Professional	4,289 6.2%	22 12.6%	6 7.7%	925 1.3%	14 8.0%	7 9.0%	160 0.2%	0 0.0%	2 2.6%	7,081 10.3%	15 8.6%	3 3.8%	56,397 81.9%	124 70.9%	60 76.9%	68,852	175	78
Technical	614 7.2%	8 12.5%	2 50.0%	254 3.0%	4 6.3%	0 0.0%	40 0.5%	2 3.1%	0 0.0%	1,244 14.6%	9 14.1%	0 0.0%	6,345 74.7%	41 64.1%	2 50.0%	8,497	64	4
Administratvie Support	5,028 8.4%	16 24.2%	40 36.4%	611 1.0%	0 0.0%	1 0.9%	162 0.3%	0 0.0%	1 0.9%	10,213 17.0%	10 15.2%	19 17.3%	43,963 73.3%	40 60.6%	49 44.5%	59,977	66	110
Service Occupations	5,754 16.4%	88 48.6%	32 26.2%	632 1.8%	2 1.1%	3 2.5%	170 0.5%	2 1.1%	2 1.6%	10,326 29.4%	31 17.1%	40 32.8%	18,193 51.9%	58 32.0%	45 36.9%	35,075	181	122
Skilled Craft	1,094 10.0%	0 0.0%	0 0.0%	761 7.0%	0 0.0%	0 0.0%	56 0.5%	0 0.0%	0 0.0%	3,907 35.7%	1 100.0%	0 0.0%	5,129 46.9%	0 0.0%	0 0.0%	10,947	1	0
Total Females	16,779 9.2%	134 27.5%	80 25.5%	3,183 1.7%	20 4.1%	11 3.5%	588 0.3%	4 0.8%	5 1.6%	32,771 17.9%	66 13.6%	62 19.7%	130,027 70.9%	263 54.0%	156 49.7%	183,348	487	314
Total	31,424 8.2%	234 27.7%	154 29.1%	7,930 2.1%	31 3.7%	16 3.0%	1,232 0.3%	10 1.2%	5 0.9%	69,681 18.3%	122 14.4%	116 21.9%	271,280 71.1%	449 53.1%	239 45.1%	381,547	846	530

**Measure 7A - Workforce Diversity
Big Spring State Hospital**

Recruitment Counties: Howard

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	13 1.0%	1 2.6%	0 0.0%	4 0.3%	5 12.8%	0 0.0%	6 0.4%	0 0.0%	0 0.0%	99 7.4%	7 17.9%	0 0.0%	1,221 90.9%	26 66.7%	0 0.0%	1,343	39	0
Technical	0 0.0%	1 7.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 3.9%	0 0.0%	0 0.0%	34 18.8%	6 46.2%	0 0.0%	140 77.3%	6 46.2%	0 0.0%	181	13	0
Administrative Support	29 9.4%	0 0.0%	0 0.0%	6 1.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	60 19.4%	2 50.0%	0 0.0%	214 69.3%	2 50.0%	2 100.0%	309	4	2
Service Occupations	111 6.4%	12 15.4%	1 9.1%	0 0.0%	2 2.6%	0 0.0%	4 0.2%	2 2.6%	0 0.0%	408 23.7%	39 50.0%	2 18.2%	1,200 69.6%	23 29.5%	8 72.7%	1,723	78	11
Skilled Craft	47 2.0%	0 0.0%	0 0.0%	22 1.0%	0 0.0%	0 0.0%	20 0.9%	0 0.0%	0 0.0%	717 31.0%	5 18.5%	1 0.0%	1,509 65.2%	22 81.5%	2 0.0%	2,315	27	3
Total Males	200 3.4%	14 8.7%	1 6.3%	32 0.5%	7 4.3%	0 0.0%	37 0.6%	2 1.2%	0 0.0%	1,318 22.4%	59 36.6%	3 18.8%	4,284 73.0%	79 49.1%	12 75.0%	5,871	161	16
Female																		
Managerial/Professional	27 1.9%	3 3.3%	0 0.0%	24 1.7%	3 3.3%	0 0.0%	21 1.5%	0 0.0%	0 0.0%	116 8.0%	7 7.6%	0 0.0%	1,255 87.0%	79 85.9%	1 100.0%	1,443	92	1
Technical	10 3.7%	4 10.0%	0 0.0%	5 1.8%	0 0.0%	0 0.0%	0 0.0%	1 2.5%	0 0.0%	26 9.5%	8 20.0%	0 0.0%	232 85.0%	27 67.5%	2 100.0%	273	40	2
Administrative Support	15 1.1%	1 1.7%	1 12.5%	0 0.0%	0 0.0%	0 0.0%	5 0.4%	2 3.4%	0 0.0%	205 14.6%	11 18.6%	2 25.0%	1,176 83.9%	45 76.3%	5 62.5%	1,401	59	8
Service Occupations	140 9.8%	27 15.8%	0 0.0%	7 0.5%	0 0.0%	0 0.0%	18 1.3%	0 0.0%	0 0.0%	464 32.6%	87 50.9%	26 61.9%	796 55.9%	57 33.3%	16 38.1%	1,425	171	42
Skilled Craft	10 3.6%	0 0.0%	0 0.0%	4 1.5%	0 0.0%	0 0.0%	2 0.7%	0 0.0%	0 0.0%	43 15.6%	0 0.0%	0 0.0%	216 78.5%	1 100.0%	2 100.0%	275	1	2
Total Females	202 4.2%	35 9.6%	1 1.8%	40 0.8%	3 0.8%	0 0.0%	46 1.0%	3 0.8%	0 0.0%	854 17.7%	113 31.1%	28 50.9%	3,675 76.3%	209 57.6%	26 47.3%	4,817	363	55
Total	402 3.8%	49 9.4%	2 2.8%	72 0.7%	10 1.9%	0 0.0%	83 0.8%	5 1.0%	0 0.0%	2,172 20.3%	172 32.8%	31 43.7%	7,959 74.5%	288 55.0%	38 53.5%	10,688	524	71

**Measure 7A - Workforce Diversity
El Paso Psychiatric Center**

Recruitment Counties: El Paso

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	940 3.3%	0 0.0%	1 5.0%	477 1.7%	0 0.0%	0 0.0%	95 0.3%	0 0.0%	0 0.0%	12,264 42.6%	15 75.0%	0 0.0%	14,995 52.1%	5 25.0%	8 88.9%	28,771	20	9
Technical	187 4.5%	1 5.0%	0 0.0%	44 1.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2,252 54.7%	0 0.0%	0 0.0%	1,637 39.7%	0 0.0%	0 0.0%	4,120	1	0
Administrative Support	324 3.5%	0 0.0%	0 0.0%	37 0.4%	0 0.0%	0 0.0%	46 0.5%	0 0.0%	0 0.0%	6,558 70.3%	2 100.0%	0 0.0%	2,363 25.3%	0 0.0%	0 0.0%	9,328	2	0
Service Occupations	960 3.8%	4 6.8%	0 0.0%	90 0.4%	0 0.0%	0 0.0%	91 0.4%	1 1.7%	0 0.0%	19,000 74.5%	49 83.1%	1 100.0%	5,371 21.1%	5 8.5%	0 0.0%	25,512	59	1
Skilled Craft	505 1.4%	0 0.0%	0 0.0%	82 0.2%	0 0.0%	0 0.0%	65 0.2%	0 0.0%	0 0.0%	28,325 81.0%	2 100.0%	0 0.0%	5,982 17.1%	0 0.0%	0 0.0%	34,959	2	0
Total Males	2,916 2.8%	5 6.0%	1 6.3%	730 0.7%	0 0.0%	0 0.0%	297 0.3%	1 1.2%	0 0.0%	68,399 66.6%	68 81.0%	1 0.0%	30,348 29.6%	10 11.9%	8 80.0%	102,690	84	10
Female																		
Managerial/Professional	959 3.6%	0 0.0%	3 33.3%	330 1.3%	3 6.8%	0 0.0%	74 0.3%	0 0.0%	1 11.1%	12,166 46.1%	29 65.9%	0 0.0%	12,836 48.7%	12 27.3%	5 55.6%	26,365	44	9
Technical	101 3.6%	0 0.0%	0 0.0%	41 1.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,668 59.5%	5 100.0%	0 0.0%	992 35.4%	0 0.0%	0 0.0%	2,802	5	0
Administrative Support	800 3.1%	0 0.0%	0 0.0%	177 0.7%	0 0.0%	0 0.0%	61 0.2%	0 0.0%	0 0.0%	16,982 66.3%	14 87.5%	0 0.0%	7,584 29.6%	2 12.5%	0 0.0%	25,604	16	0
Service Occupations	689 3.4%	2 5.3%	0 0.0%	295 1.5%	0 0.0%	0 0.0%	70 0.3%	0 0.0%	0 0.0%	15,543 76.8%	32 84.2%	0 0.0%	3,643 18.0%	4 10.5%	0 0.0%	20,240	38	0
Skilled Craft	164 1.1%	0 0.0%	0 0.0%	134 0.9%	0 0.0%	0 0.0%	18 0.1%	0 0.0%	0 0.0%	13,205 91.4%	0 0.0%	0 0.0%	924 6.4%	0 0.0%	0 0.0%	14,445	0	0
Total Females	2,713 3.0%	2 1.9%	3 2.9%	977 1.1%	3 2.9%	0 0.0%	223 0.2%	0 0.0%	1 1.0%	59,564 66.6%	80 77.7%	0 0.0%	25,979 29.0%	18 17.5%	5 55.6%	89,456	103	9
Total	5,629 2.9%	7 3.7%	4 2.1%	1,707 0.9%	3 1.6%	0 0.0%	520 0.3%	1 0.5%	1 0.5%	127,963 66.6%	148 79.1%	1 0.5%	56,327 29.3%	28 15.0%	13 68.4%	192,146	187	19

**Measure 7A - Workforce Diversity
Kerrville State Hospital**

Recruitment Counties: Bandera, Gillespie, Kendall, Kerr

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	38 0.9%	1 1.8%	1 9.1%	0 0.0%	1 1.8%	0 0.0%	32 0.7%	0 0.0%	0 0.0%	266 6.2%	7 12.7%	2 18.2%	3,936 92.1%	46 83.6%	8 72.7%	4,272	55	11
Technical	5 1.3%	2 8.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	26 6.6%	7 29.2%	0 0.0%	364 92.2%	15 62.5%	0 0.0%	395	24	0
Administrative Support	0 0.0%	0 0.0%	0 0.0%	6 0.8%	0 0.0%	1 9.1%	0 0.0%	0 0.0%	0 0.0%	166 21.7%	2 18.2%	0 0.0%	592 77.5%	9 81.8%	0 0.0%	764	11	1
Service Occupations	72 2.4%	12 12.0%	9 9.6%	6 0.2%	5 5.0%	9 9.6%	17 0.6%	0 0.0%	1 1.1%	708 23.3%	41 41.0%	36 38.3%	2,239 73.6%	42 42.0%	39 41.5%	3,042	100	94
Skilled Craft	38 0.7%	0 0.0%	0 0.0%	12 0.2%	0 0.0%	0 0.0%	17 0.3%	0 0.0%	0 0.0%	1,295 25.1%	4 22.2%	0 0.0%	3,807 73.7%	14 77.8%	0 0.0%	5,169	18	0
Total Males	153 1.1%	15 7.2%	10 9.4%	24 0.2%	6 2.9%	10 9.4%	66 0.5%	0 0.0%	1 0.9%	2,461 18.0%	61 29.3%	38 35.8%	10,938 80.2%	126 60.6%	47 44.3%	13,642	208	106
Female																		
Managerial/Professional	13 0.3%	0 0.0%	0 0.0%	0 0.0%	1 1.6%	0 0.0%	28 0.7%	0 0.0%	0 0.0%	203 5.0%	10 16.4%	2 8.3%	3,831 94.0%	50 82.0%	22 91.7%	4,075	61	24
Technical	21 3.7%	3 10.0%	0 0.0%	11 2.0%	1 3.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	22 3.9%	9 30.0%	2 18.2%	509 90.4%	17 56.7%	9 81.8%	563	30	11
Administrative Support	64 1.7%	0 0.0%	1 2.9%	9 0.2%	0 0.0%	0 0.0%	21 0.6%	0 0.0%	0 0.0%	283 7.7%	3 6.3%	2 5.7%	3,285 89.7%	45 93.8%	32 91.4%	3,662	48	35
Service Occupations	114 3.1%	15 13.9%	10 9.5%	0 0.0%	8 7.4%	5 4.8%	46 1.2%	1 0.9%	0 0.0%	976 26.3%	49 45.4%	19 18.1%	2,573 69.4%	35 32.4%	71 67.6%	3,709	108	105
Skilled Craft	3 0.4%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 0.2%	0 0.0%	0 0.0%	103 12.4%	0 0.0%	0 0.0%	725 87.0%	0 0.0%	0 0.0%	833	0	0
Total Females	215 1.7%	18 7.3%	11 6.3%	20 0.2%	10 4.0%	5 2.9%	97 0.8%	1 0.4%	0 0.0%	1,587 12.4%	71 28.7%	25 14.3%	10,923 85.1%	147 59.5%	134 76.6%	12,842	247	175
Total	368 1.4%	33 7.3%	21 7.5%	44 0.2%	16 3.5%	15 5.3%	163 0.6%	1 0.2%	1 0.4%	4,048 15.3%	132 29.0%	63 22.4%	21,861 82.5%	273 60.0%	181 64.4%	26,484	455	281

**Measure 7A - Workforce Diversity
North Texas State Hospital**

Recruitment Counties: Archer, Wichita

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	237 3.7%	4 2.9%	0 0.0%	76 1.2%	6 4.4%	0 0.0%	20 0.3%	1 0.7%	0 0.0%	171 2.7%	6 4.4%	1 10.0%	5,841 92.1%	119 87.5%	9 90.0%	6,345	136	10
Technical	35 3.6%	9 12.9%	5 19.2%	19 2.0%	0 0.0%	1 3.8%	6 0.6%	2 2.9%	0 0.0%	84 8.7%	9 12.9%	8 30.8%	819 85.0%	50 71.4%	12 46.2%	963	70	26
Administrative Support	124 8.1%	1 4.2%	6 15.4%	17 1.1%	0 0.0%	1 2.6%	26 1.7%	0 0.0%	0 0.0%	84 5.5%	1 4.2%	2 5.1%	1,272 83.5%	22 91.7%	30 76.9%	1,523	24	39
Service Occupations	623 10.1%	79 16.7%	98 27.0%	17 0.3%	4 0.8%	1 0.3%	72 1.2%	4 0.8%	3 0.8%	655 10.6%	75 15.8%	63 17.4%	4,831 77.9%	312 65.8%	198 54.5%	6,198	474	363
Skilled Craft	576 6.1%	1 1.5%	0 0.0%	103 1.1%	0 0.0%	0 0.0%	56 0.6%	0 0.0%	0 0.0%	997 10.5%	3 4.4%	0 0.0%	7,750 81.7%	64 94.1%	2 100.0%	9,482	68	2
Total Males	1,595 6.5%	94 12.2%	109 24.8%	232 0.9%	10 1.3%	3 0.7%	180 0.7%	7 0.9%	3 0.7%	1,991 8.1%	94 12.2%	74 16.8%	20,513 83.7%	567 73.4%	251 57.0%	24,511	772	440
Female																		
Managerial/Professional	419 6.4%	10 4.0%	6 42.9%	31 0.5%	7 2.8%	0 0.0%	24 0.4%	3 1.2%	1 7.1%	206 3.1%	6 2.4%	2 14.3%	5,886 89.6%	222 89.5%	5 35.7%	6,566	248	14
Technical	57 4.5%	16 7.9%	5 5.4%	4 0.3%	2 1.0%	0 0.0%	30 2.4%	4 2.0%	2 2.2%	76 6.0%	16 7.9%	8 8.6%	1,109 86.9%	164 81.2%	78 83.9%	1,276	202	93
Administrative Support	247 4.2%	5 2.8%	0 0.0%	27 0.5%	0 0.0%	0 0.0%	42 0.7%	2 1.1%	1 1.1%	255 4.3%	12 6.7%	9 10.2%	5,349 90.4%	160 89.4%	78 88.6%	5,920	179	88
Service Occupations	1,000 15.8%	113 20.2%	89 23.7%	75 1.2%	5 0.9%	0 0.0%	98 1.5%	4 0.7%	5 1.3%	694 11.0%	85 15.2%	89 23.7%	4,470 70.5%	353 63.0%	193 51.3%	6,337	560	376
Skilled Craft	284 11.5%	0 0.0%	0 0.0%	137 5.5%	0 0.0%	0 0.0%	24 1.0%	0 0.0%	0 0.0%	491 19.9%	0 0.0%	0 0.0%	1,537 62.2%	0 0.0%	0 0.0%	2,473	0	0
Total Females	2,007 8.9%	144 12.1%	100 17.5%	274 1.2%	14 1.2%	0 0.0%	218 1.0%	13 1.1%	9 1.6%	1,722 7.6%	119 10.0%	108 18.9%	18,351 81.3%	899 75.6%	354 62.0%	22,572	1,189	571
Total	3,602 7.7%	238 12.1%	209 20.7%	506 1.1%	24 1.2%	3 0.3%	398 0.8%	20 1.0%	12 1.2%	3,713 7.9%	213 10.9%	182 18.0%	38,864 82.5%	1,466 74.8%	605 59.8%	47,083	1,961	1,011

Measure 7A - Workforce Diversity
Rio Grande State Center

Recruitment Counties: Cameron, Hidalgo, Willacy

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	177 0.8%	1 2.8%	2 66.7%	130 0.6%	2 5.6%	0 0.0%	52 0.2%	1 2.8%	0 0.0%	13,870 59.6%	21 58.3%	1 33.3%	9,027 38.8%	11 30.6%	0 0.0%	23,256	36	3
Technical	0 0.0%	0 0.0%	0 0.0%	12 0.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,793 74.8%	10 83.3%	0 0.0%	592 24.7%	2 16.7%	0 0.0%	2,397	12	0
Administrative Support	27 0.3%	0 0.0%	0 0.0%	6 0.1%	0 0.0%	0 0.0%	11 0.1%	0 0.0%	0 0.0%	7,443 86.8%	6 66.7%	1 11.1%	1,088 12.7%	3 33.3%	0 0.0%	8,575	9	1
Service Occupations	55 0.2%	1 1.1%	0 0.0%	8 0.0%	0 0.0%	3 5.9%	8 0.0%	0 0.0%	0 0.0%	23,934 91.3%	89 93.7%	46 90.2%	2,213 8.4%	5 5.3%	2 3.9%	26,218	95	51
Skilled Craft	21 0.1%	0 0.0%	0 0.0%	7 0.0%	0 0.0%	0 0.0%	9 0.0%	0 0.0%	0 0.0%	27,711 89.5%	5 83.3%	0 0.0%	3,197 10.3%	1 16.7%	0 0.0%	30,945	6	0
Total Males	280 0.3%	2 1.3%	2 3.6%	163 0.2%	2 1.3%	3 5.5%	80 0.1%	1 0.6%	0 0.0%	74,751 81.8%	131 82.9%	48 87.3%	16,117 17.6%	22 13.9%	2 3.6%	91,391	158	55
Female																		
Managerial/Professional	98 0.4%	1 2.9%	0 0.0%	185 0.8%	1 2.9%	0 0.0%	52 0.2%	0 0.0%	9 64.3%	15,677 65.9%	23 65.7%	5 35.7%	7,777 32.7%	10 28.6%	0 0.0%	23,789	35	14
Technical	26 1.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2,256 85.6%	20 83.3%	0 0.0%	355 13.5%	4 16.7%	0 0.0%	2,637	24	0
Administrative Support	36 0.2%	0 0.0%	0 0.0%	61 0.3%	0 0.0%	0 0.0%	17 0.1%	1 3.0%	0 0.0%	19,008 81.4%	32 97.0%	4 0.0%	4,223 18.1%	0 0.0%	0 0.0%	23,345	33	4
Service Occupations	89 0.4%	2 2.2%	0 0.0%	54 0.3%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	0 0.0%	18,182 91.1%	86 92.5%	60 96.8%	1,637 8.2%	5 5.4%	2 3.2%	19,963	93	62
Skilled Craft	0 0.0%	0 0.0%	0 0.0%	4 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	10,907 96.8%	0 0.0%	0 0.0%	357 3.2%	0 0.0%	0 0.0%	11,268	0	0
Total Females	249 0.3%	3 1.6%	0 0.0%	304 0.4%	1 0.5%	0 0.0%	70 0.1%	1 0.5%	9 11.3%	66,030 81.5%	161 87.0%	69 86.3%	14,349 17.7%	19 10.3%	2 2.5%	81,002	185	80
Total	529 0.3%	5 1.5%	2 1.5%	467 0.3%	3 0.9%	3 2.2%	150 0.1%	2 0.6%	9 6.7%	140,781 81.7%	292 85.1%	117 86.7%	30,466 17.7%	41 12.0%	4 3.0%	172,393	343	135

Measure 7A - Workforce Diversity
Rusk State Hospital

Recruitment Counties: Anderson, Cherokee, Nacogdoches, Rusk, Smith

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	744 5.1%	3 4.8%	1 1.6%	114 0.8%	3 4.8%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	296 2.0%	5 7.9%	0 0.0%	13,361 92.0%	52 82.5%	12 0.0%	14,529	63	13
Technical	193 11.1%	7 36.8%	0 0.0%	15 0.9%	1 5.3%	0 0.0%	13 0.8%	0 0.0%	0 0.0%	44 2.5%	1 5.3%	0 0.0%	1,467 84.7%	10 52.6%	10 100.0%	1,732	19	10
Administrative Support	588 16.8%	2 33.3%	1 16.7%	20 0.6%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	0 0.0%	140 4.0%	0 0.0%	0 0.0%	2,741 78.5%	4 66.7%	2 0.0%	3,490	6	3
Service Occupations	3,512 22.9%	75 47.2%	42 63.6%	99 0.6%	1 0.6%	0 0.0%	40 0.3%	1 0.6%	0 0.0%	907 5.9%	0 0.0%	2 3.0%	10,745 70.2%	82 51.6%	22 33.3%	15,303	159	66
Skilled Craft	4,383 20.4%	0 0.0%	2 28.6%	47 0.2%	0 0.0%	0 0.0%	98 0.5%	1 3.1%	0 0.0%	2,063 9.6%	0 0.0%	1 3.1%	14,879 69.3%	31 96.9%	4 57.1%	21,470	32	7
Total Males	9,420 16.7%	87 31.2%	46 46.5%	295 0.5%	5 1.8%	0 0.0%	166 0.3%	2 0.7%	0 0.0%	3,450 6.1%	6 2.2%	3 3.0%	43,193 76.4%	179 64.2%	50 50.5%	56,524	279	99
Female																		
Managerial/Professional	1,542 10.6%	13 11.4%	9 23.1%	161 1.1%	4 3.5%	0 0.0%	68 0.5%	0 0.0%	0 0.0%	306 2.1%	1 0.9%	0 0.0%	12,518 85.8%	96 84.2%	30 76.9%	14,595	114	39
Technical	356 17.4%	14 22.6%	23 62.2%	14 0.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	31 1.5%	0 0.0%	0 0.0%	1,642 80.4%	48 77.4%	14 37.8%	2,043	62	37
Administrative Support	1,461 10.0%	10 9.9%	2 2.0%	21 0.1%	0 0.0%	0 0.0%	12 0.1%	2 2.0%	0 0.0%	369 2.5%	1 1.0%	0 0.0%	12,796 87.3%	88 87.1%	13 86.7%	14,659	101	15
Service Occupations	5,136 39.4%	145 56.4%	62 57.9%	37 0.3%	3 1.2%	0 0.0%	64 0.5%	2 0.8%	5 4.7%	586 4.5%	5 1.9%	2 1.9%	7,222 55.4%	102 39.7%	38 35.5%	13,045	257	107
Skilled Craft	395 16.3%	0 0.0%	0 0.0%	24 1.0%	0 0.0%	0 0.0%	3 0.1%	0 0.0%	0 0.0%	200 8.3%	0 0.0%	0 0.0%	1,797 74.3%	0 0.0%	0 0.0%	2,419	0	0
Total Females	8,890 19.0%	182 34.1%	96 48.5%	257 0.5%	7 1.3%	0 0.0%	147 0.3%	4 0.7%	5 2.5%	1,492 3.2%	7 1.3%	2 1.0%	35,975 76.9%	334 62.5%	95 48.0%	46,761	534	198
Total	18,310 17.7%	269 33.1%	142 47.8%	552 0.5%	12 1.5%	0 0.0%	313 0.3%	6 0.7%	5 1.7%	4,942 4.8%	13 1.6%	5 1.7%	79,168 76.7%	513 63.1%	145 48.8%	103,285	813	297

Measure 7A - Workforce Diversity
San Antonio State Hospital

Recruitment Counties: Bexar, Comal, Guadalupe, Wilson

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	3,369 4.5%	10 10.5%	1 20.0%	927 1.2%	3 3.2%	0 0.0%	257 0.3%	0 0.0%	0 0.0%	18,439 24.6%	37 38.9%	2 40.0%	52,061 69.4%	45 47.4%	2 40.0%	75,053	95	5
Technical	760 5.9%	7 26.9%	1 11.1%	257 2.0%	0 0.0%	0 0.0%	52 0.4%	0 0.0%	0 0.0%	4,597 35.5%	18 69.2%	8 88.9%	7,272 56.2%	1 3.8%	0 0.0%	12,938	26	9
Administrative Support	2,068 7.7%	2 16.7%	0 0.0%	319 1.2%	0 0.0%	0 0.0%	94 0.4%	0 0.0%	0 0.0%	13,237 49.3%	8 66.7%	0 0.0%	11,116 41.4%	2 16.7%	0 0.0%	26,834	12	0
Service Occupations	5,251 8.4%	40 20.3%	26 22.2%	608 1.0%	2 1.0%	2 1.7%	162 0.3%	1 0.5%	0 0.0%	35,603 57.1%	142 72.1%	76 65.0%	20,697 33.2%	12 6.1%	13 11.1%	62,321	197	117
Skilled Craft	2,686 3.4%	1 2.5%	1 2.5%	441 0.6%	0 0.0%	0 0.0%	191 0.2%	0 0.0%	0 0.0%	44,250 56.4%	34 85.0%	10 0.0%	30,925 39.4%	5 12.5%	5 31.3%	78,493	40	16
Total Males	14,134 5.5%	60 16.2%	29 19.7%	2,552 1.0%	5 1.4%	2 1.4%	756 0.3%	1 0.3%	0 0.0%	116,126 45.4%	239 64.6%	96 65.3%	122,071 47.8%	65 17.6%	20 13.6%	255,639	370	147
Female																		
Managerial/Professional	4,473 5.9%	15 11.5%	1 16.7%	1,063 1.4%	6 4.6%	0 0.0%	230 0.3%	0 0.0%	0 0.0%	20,251 26.8%	50 38.2%	3 50.0%	49,477 65.5%	60 45.8%	2 33.3%	75,494	131	6
Technical	965 9.2%	13 21.7%	4 25.0%	191 1.8%	0 0.0%	0 0.0%	8 0.1%	1 1.7%	0 0.0%	4,298 40.9%	37 61.7%	10 62.5%	5,039 48.0%	9 15.0%	2 12.5%	10,501	60	16
Administrative Support	3,942 5.2%	12 15.6%	0 0.0%	726 1.0%	0 0.0%	0 0.0%	121 0.2%	0 0.0%	0 0.0%	33,474 44.0%	54 70.1%	1 33.3%	37,814 49.7%	11 14.3%	2 66.7%	76,077	77	3
Service Occupations	5,585 10.9%	70 28.1%	36 27.3%	1,198 2.3%	3 1.2%	0 0.0%	199 0.4%	1 0.4%	1 0.8%	30,095 58.8%	152 61.0%	82 62.1%	14,107 27.6%	23 9.2%	13 9.8%	51,184	249	132
Skilled Craft	800 4.8%	0 0.0%	0 0.0%	497 3.0%	0 0.0%	0 0.0%	38 0.2%	0 0.0%	1 50.0%	11,387 68.3%	0 0.0%	0 0.0%	3,953 23.7%	0 0.0%	1 0.0%	16,675	0	2
Total Females	15,765 6.9%	110 21.3%	41 25.8%	3,675 1.6%	9 1.7%	0 0.0%	596 0.3%	2 0.4%	2 1.3%	99,505 43.3%	293 56.7%	96 60.4%	110,390 48.0%	103 19.9%	20 12.6%	229,931	517	159
Total	29,899 6.2%	170 19.2%	70 22.9%	6,227 1.3%	14 1.6%	2 0.7%	1,352 0.3%	3 0.3%	2 0.7%	215,631 44.4%	532 60.0%	192 62.7%	232,461 47.9%	168 18.9%	40 13.1%	485,570	887	306

**Measure 7A - Workforce Diversity
Terrell State Hospital**

Recruitment Counties: Dallas, Hunt, Kaufman, Rockwall, Van Zandt

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	16,479 5.2%	16 22.9%	8 47.1%	8,603 2.7%	4 5.7%	0 0.0%	1,021 0.3%	0 0.0%	0 0.0%	14,322 4.5%	2 2.9%	0 0.0%	277,697 87.3%	48 68.6%	9 52.9%	318,122	70	17
Technical	3,270 6.1%	3 50.0%	0 0.0%	2,220 4.2%	0 0.0%	0 0.0%	282 0.5%	0 0.0%	0 0.0%	3,369 6.3%	1 16.7%	5 83.3%	44,032 82.8%	2 33.3%	1 16.7%	53,173	6	6
Administrative Support	16,712 17.6%	0 0.0%	0 0.0%	2,166 2.3%	0 0.0%	0 0.0%	513 0.5%	0 0.0%	0 0.0%	9,833 10.4%	0 0.0%	0 0.0%	65,596 69.2%	3 100.0%	0 0.0%	94,820	3	0
Service Occupations	38,601 21.0%	75 50.3%	46 43.8%	4,074 2.2%	3 2.0%	0 0.0%	1,100 0.6%	0 0.0%	2 1.9%	35,360 19.2%	4 2.7%	3 2.9%	104,717 57.0%	67 45.0%	54 51.4%	183,852	149	105
Skilled Craft	16,098 8.1%	3 8.8%	2 0.0%	3,541 1.8%	1 2.9%	0 0.0%	1,225 0.6%	0 0.0%	1 2.9%	34,434 17.4%	1 2.9%	2 14.3%	143,163 72.1%	29 85.3%	9 64.3%	198,461	34	14
Total Males	91,160 10.7%	97 37.0%	56 39.4%	20,604 2.4%	8 3.1%	0 0.0%	4,141 0.5%	0 0.0%	3 2.1%	97,318 11.5%	8 3.1%	10 7.0%	635,205 74.9%	149 56.9%	73 51.4%	848,428	262	142
Female																		
Managerial/Professional	25,411 9.3%	25 18.8%	2 11.1%	5,513 2.0%	2 1.5%	0 0.0%	1,037 0.4%	1 0.8%	3 16.7%	13,180 4.8%	4 3.0%	1 5.6%	227,502 83.4%	101 75.9%	12 66.7%	272,643	133	18
Technical	4,988 14.8%	18 27.7%	2 18.2%	1,334 4.0%	1 1.5%	0 0.0%	192 0.6%	0 0.0%	0 0.0%	2,122 6.3%	2 3.1%	0 0.0%	25,119 74.4%	44 67.7%	9 81.8%	33,755	65	11
Administrative Support	39,416 13.7%	12 14.1%	10 21.7%	3,064 1.1%	0 0.0%	0 0.0%	1,425 0.5%	0 0.0%	0 0.0%	21,392 7.4%	1 1.2%	2 4.3%	221,961 77.3%	72 84.7%	34 73.9%	287,258	85	46
Service Occupations	35,092 23.7%	119 51.3%	53 36.1%	2,992 2.0%	0 0.0%	1 0.7%	842 0.6%	0 0.0%	2 1.4%	24,262 16.4%	16 6.9%	5 3.4%	84,987 57.4%	97 41.8%	86 58.5%	148,175	232	147
Skilled Craft	5,092 19.0%	0 0.0%	1 0.0%	1,847 6.9%	0 0.0%	0 0.0%	284 1.1%	0 0.0%	0 0.0%	4,612 17.2%	0 0.0%	0 0.0%	14,904 55.7%	0 0.0%	0 0.0%	26,739	0	1
Total Females	109,999 14.3%	174 33.8%	68 30.5%	14,750 1.9%	3 0.6%	1 0.4%	3,780 0.5%	1 0.2%	5 2.2%	65,568 8.5%	23 4.5%	8 3.6%	574,473 74.7%	314 61.0%	141 63.2%	768,570	515	223
Total	201,159 12.4%	271 34.9%	124 34.0%	35,354 2.2%	11 1.4%	1 0.3%	7,921 0.5%	1 0.1%	8 2.2%	162,886 10.1%	31 4.0%	18 4.9%	1,209,678 74.8%	463 59.6%	214 58.6%	1,616,998	777	365

**Measure 7A - Workforce Diversity
Waco Center for Youth**

Recruitment Counties: McLennan

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	717 7.0%	4 22.2%	3 16.7%	99 1.0%	0 0.0%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	472 4.6%	3 16.7%	2 11.1%	8,933 87.3%	11 61.1%	5 50.0%	10,235	18	10
Technical	65 5.1%	1 50.0%	0 0.0%	21 1.6%	0 0.0%	0 0.0%	7 0.5%	0 0.0%	0 0.0%	57 4.5%	0 0.0%	1 50.0%	1,129 88.3%	1 50.0%	3 75.0%	1,279	2	4
Administrative Support	354 10.4%	0 0.0%	0 0.0%	18 0.5%	0 0.0%	0 0.0%	2 0.1%	0 0.0%	0 0.0%	296 8.7%	0 0.0%	0 0.0%	2,733 80.3%	3 100.0%	0 0.0%	3,403	3	0
Service Occupations	1,739 19.8%	25 48.1%	26 86.7%	37 0.4%	0 0.0%	0 0.0%	18 0.2%	0 0.0%	0 0.0%	1,340 15.2%	8 15.4%	1 3.3%	5,656 64.3%	19 36.5%	3 10.0%	8,790	52	30
Skilled Craft	1,236 9.6%	3 33.3%	0 0.0%	47 0.4%	0 0.0%	0 0.0%	31 0.2%	0 0.0%	0 0.0%	2,566 20.0%	0 0.0%	0 0.0%	8,948 69.8%	6 66.7%	0 0.0%	12,828	9	0
Total Males	4,111 11.3%	33 39.3%	29 65.9%	222 0.6%	0 0.0%	0 0.0%	72 0.2%	0 0.0%	0 0.0%	4,731 12.9%	11 13.1%	4 9.1%	27,399 75.0%	40 47.6%	11 25.0%	36,535	84	44
Female																		
Managerial/Professional	964 9.4%	2 6.5%	3 30.0%	88 0.9%	0 0.0%	0 0.0%	64 0.6%	0 0.0%	0 0.0%	460 4.5%	1 3.2%	1 10.0%	8,704 84.7%	28 90.3%	6 60.0%	10,280	31	10
Technical	194 14.3%	4 36.4%	2 20.0%	9 0.7%	0 0.0%	0 0.0%	11 0.8%	0 0.0%	0 0.0%	84 6.2%	0 0.0%	2 20.0%	1,056 78.0%	7 63.6%	6 60.0%	1,354	11	10
Administrative Support	941 8.9%	4 19.0%	0 0.0%	34 0.3%	0 0.0%	0 0.0%	3 0.0%	0 0.0%	0 0.0%	732 6.9%	2 9.5%	1 50.0%	8,913 83.9%	15 71.4%	1 50.0%	10,623	21	2
Service Occupations	2,621 33.2%	54 71.1%	76 65.0%	45 0.6%	2 2.6%	0 0.0%	22 0.3%	0 0.0%	0 0.0%	889 11.3%	8 10.5%	11 9.4%	4,308 54.6%	12 15.8%	30 25.6%	7,885	76	117
Skilled Craft	918 19.8%	0 0.0%	0 0.0%	16 0.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,320 28.4%	0 0.0%	0 0.0%	2,390 51.5%	0 0.0%	0 0.0%	4,644	0	0
Total Females	5,638 16.2%	64 46.0%	81 58.3%	192 0.6%	2 1.4%	0 0.0%	100 0.3%	0 0.0%	0 0.0%	3,485 10.0%	11 7.9%	15 10.8%	25,371 72.9%	62 44.6%	43 30.9%	34,786	139	139
Total	9,749 13.7%	97 43.5%	110 60.1%	414 0.6%	2 0.9%	0 0.0%	172 0.2%	0 0.0%	0 0.0%	8,216 11.5%	22 9.9%	19 10.4%	52,770 74.0%	102 45.7%	54 29.5%	71,321	223	183

Performance Measure 7B:

“Staff Turnover” rates relating to new hires and losses will be maintained and reported to the TDMHMR Board quarterly.

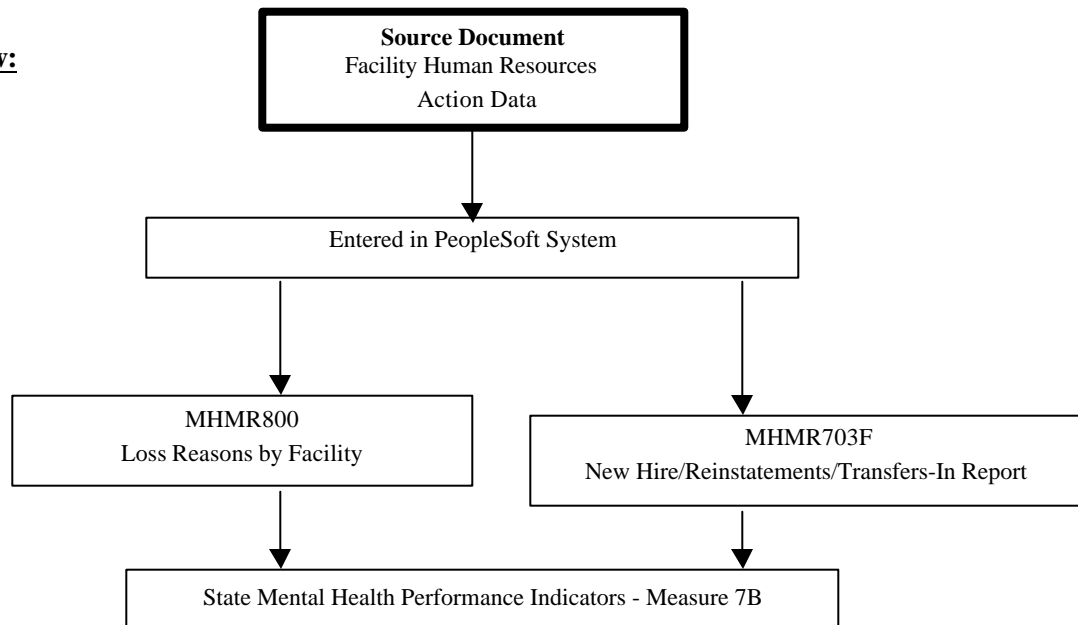
Performance Measure Operational Definition: The facility rate of staff turnover relating to “new hires” and “losses” will be available to the board.

Performance Measure Formula: Two formulas are used to calculate turnover for this report. The first formula for calculating turnover is [(number of losses/average strength for reporting period) x 100]. (Number of losses is not reported in full-time equivalents). The second formula for calculating turnover is [(number of new hires, transfers-in and reinstatements/average strength for reporting period) x 100]. Average daily strength is calculated by adding the total number of filled positions for each day in the reporting period, and dividing by the total number of days in the reporting period.

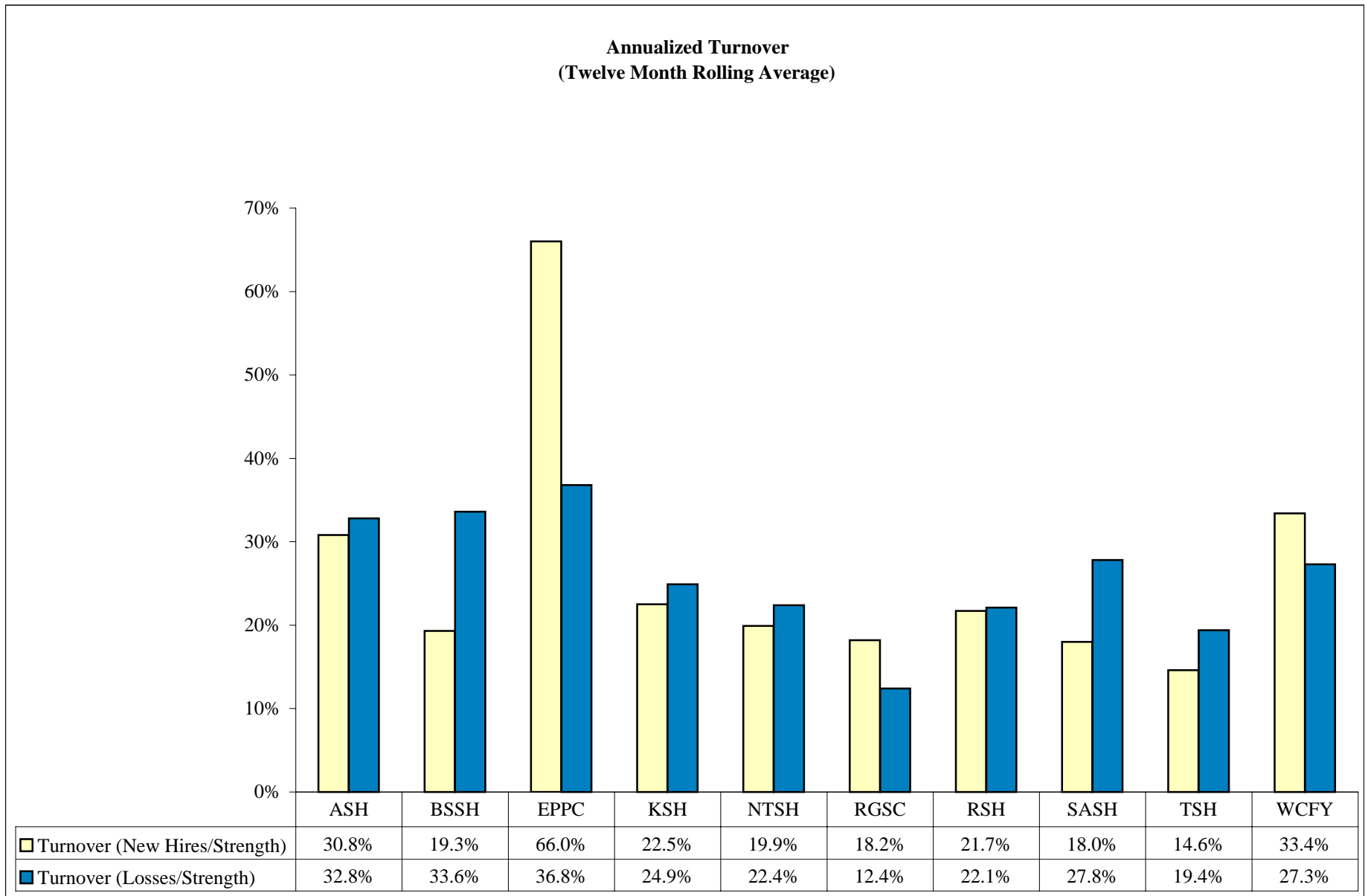
Performance Measure Data Display and Chart Description:

- ◆ Table shows new hires, losses and average daily strength for individual facilities and system-wide.
- ◆ Chart with monthly data points of turnover rate and annualized turnover (twelve month rolling average) for individual facilities and system-wide.

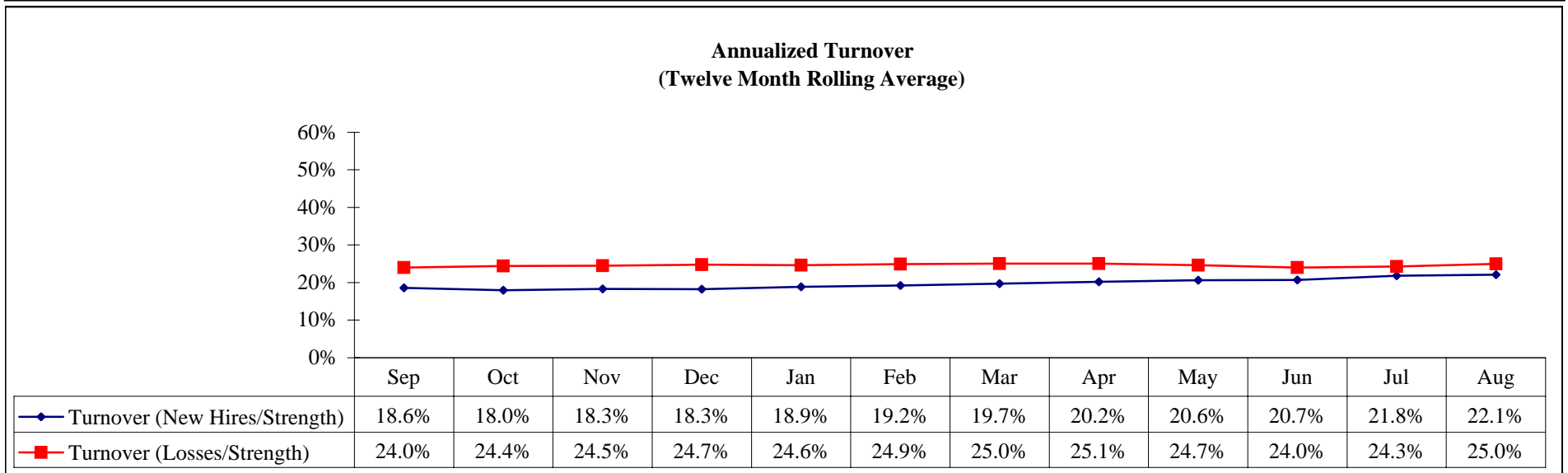
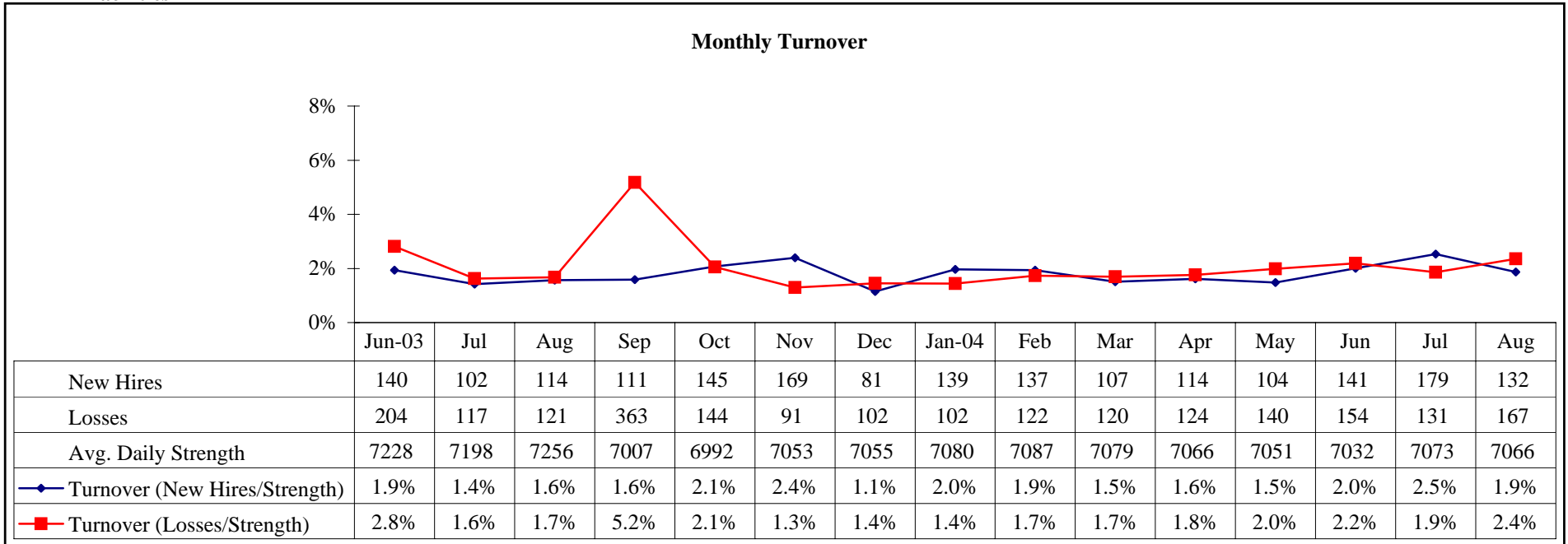
Data Flow:



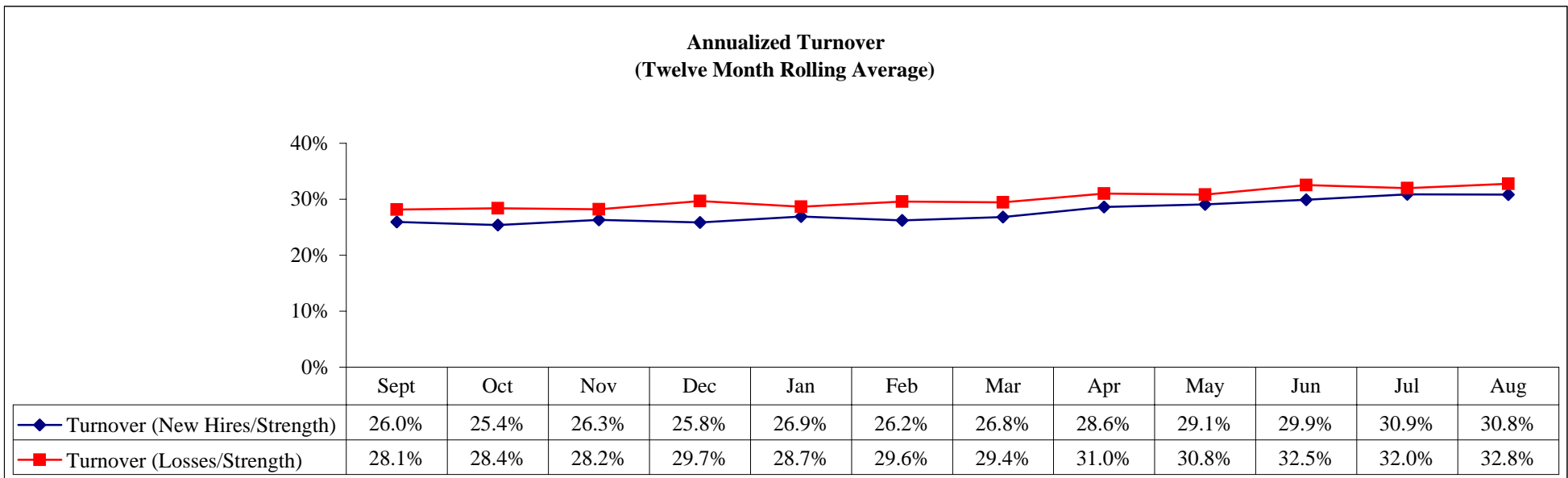
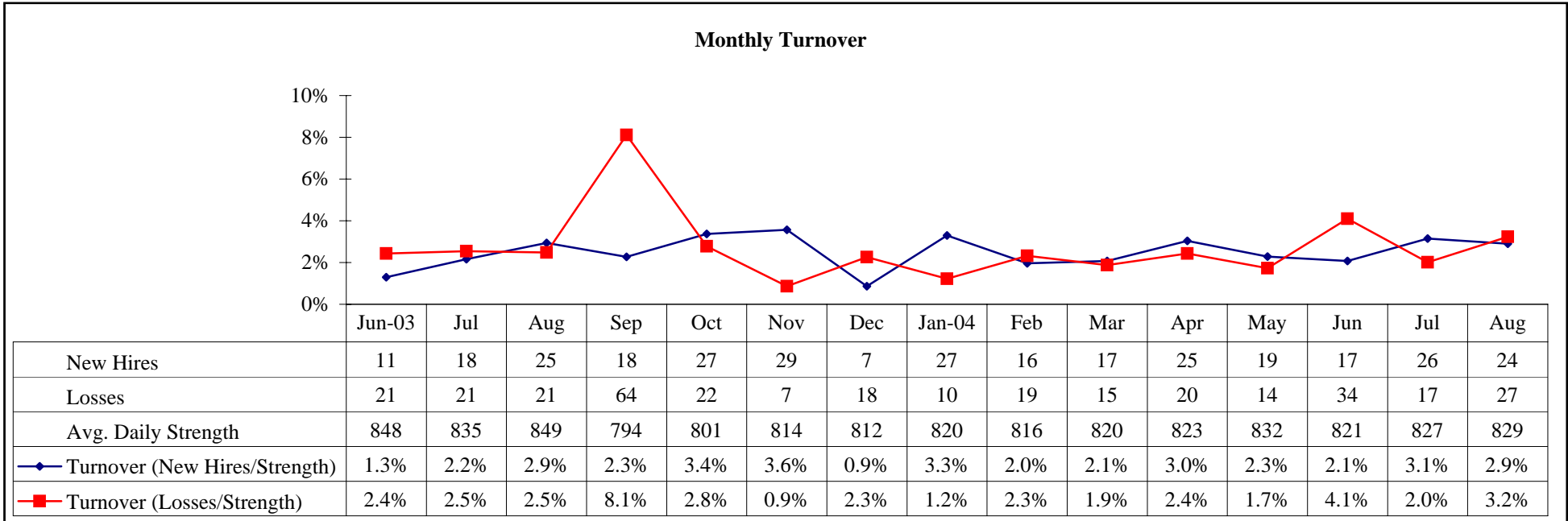
Measure 7B - Staff Turnover Rates
All MH Facilities



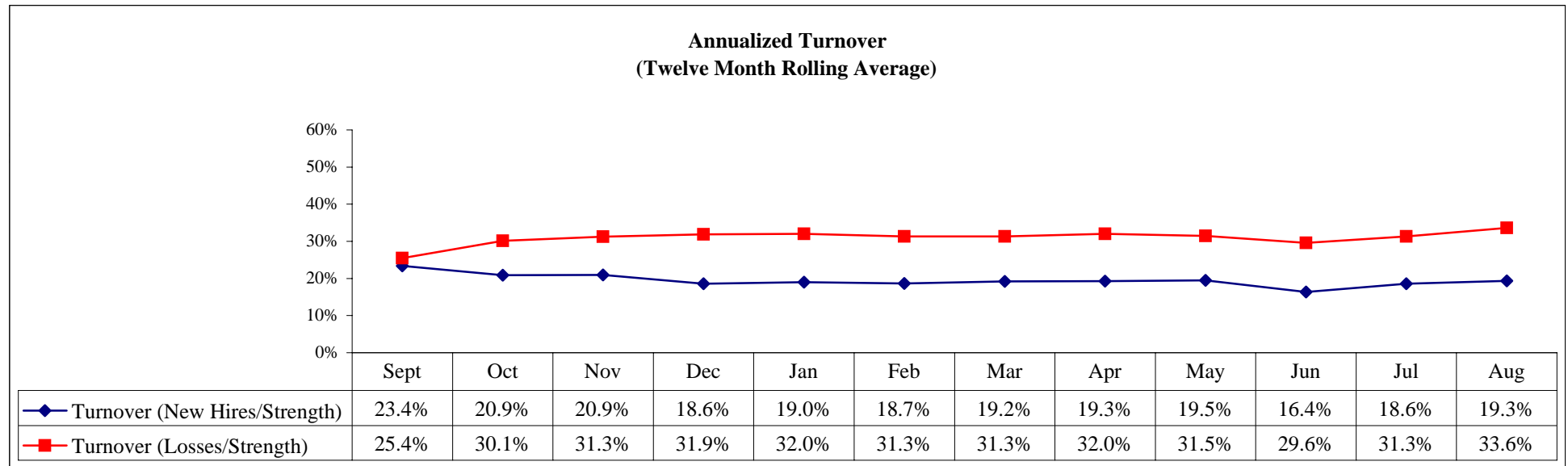
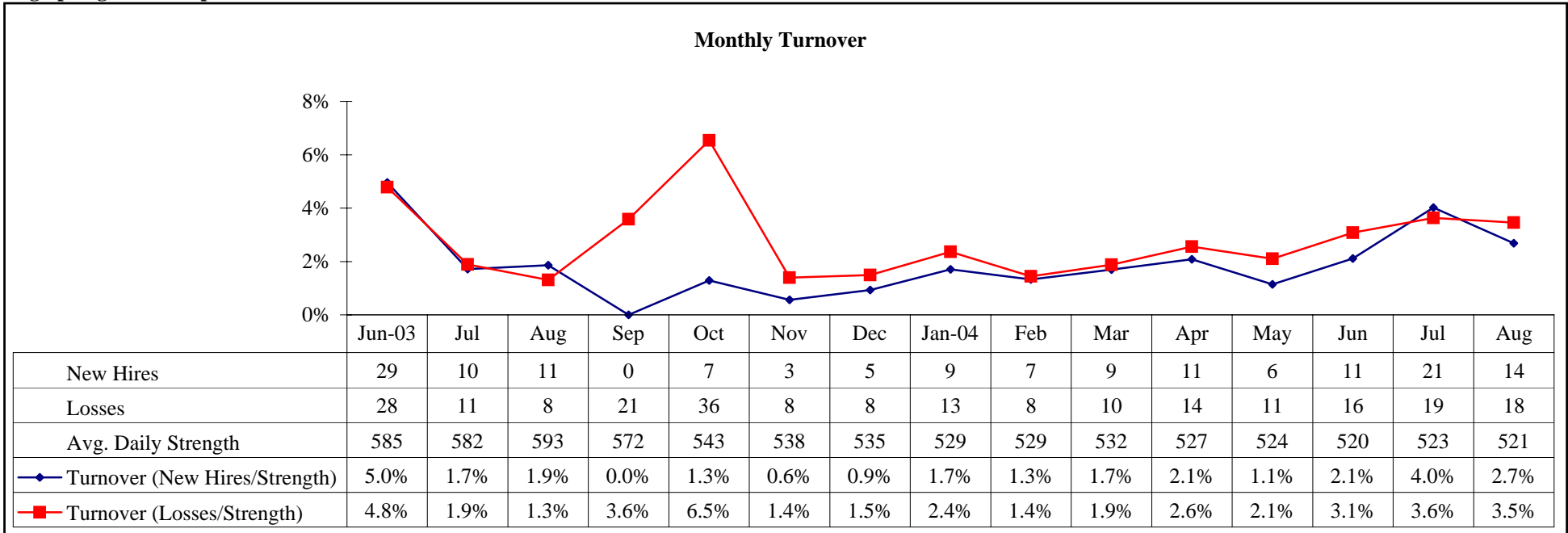
Measure 7B - Staff Turnover Rates
All MH Facilities



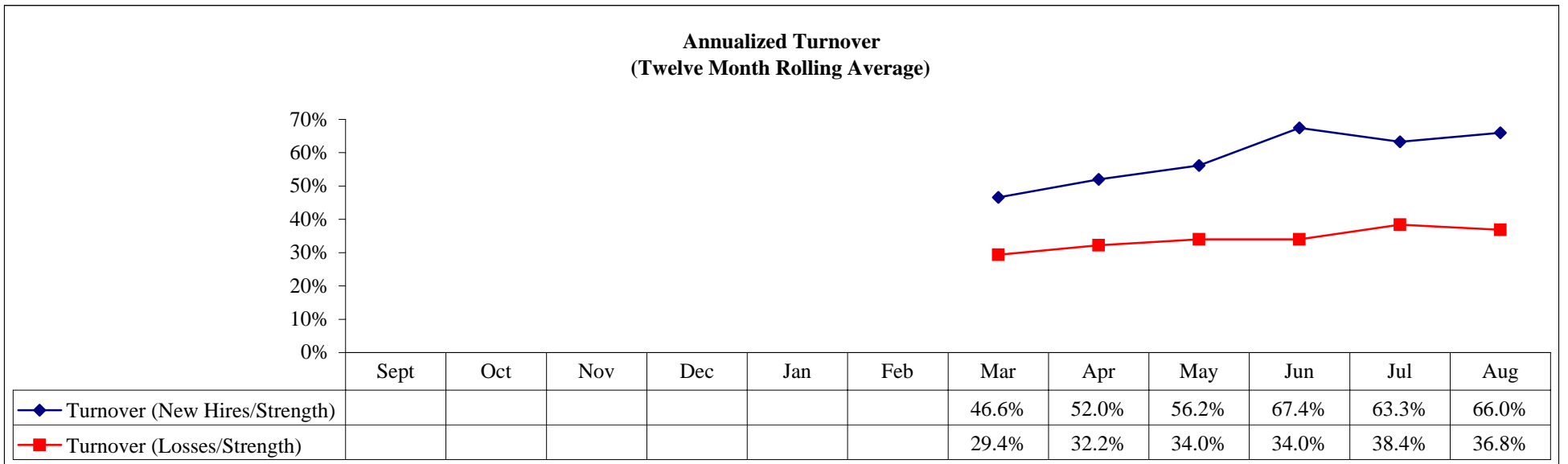
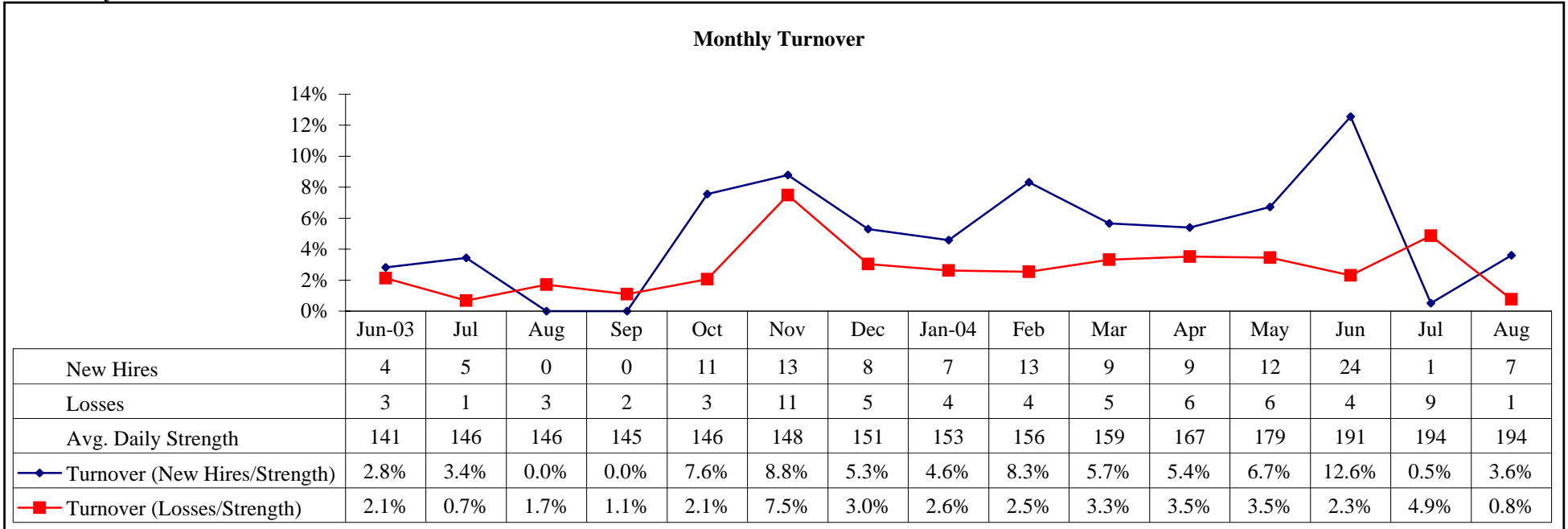
**Measure 7B - Staff Turnover Rates
Austin State Hospital**



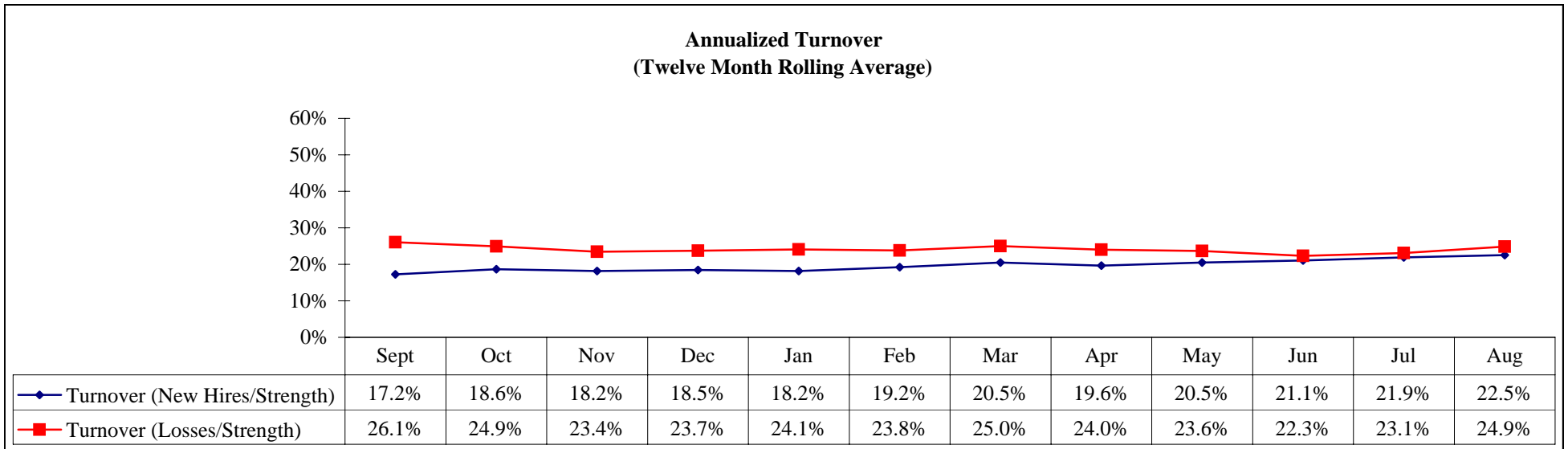
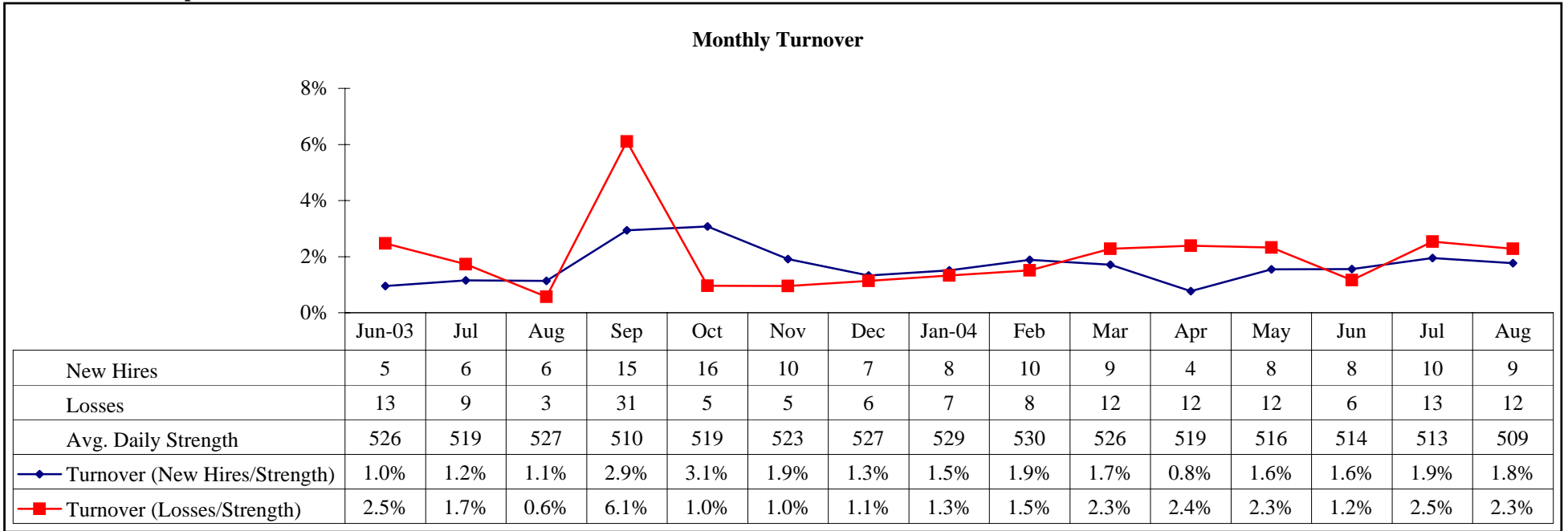
Measure 7B - Staff Turnover Rates
Big Spring State Hospital



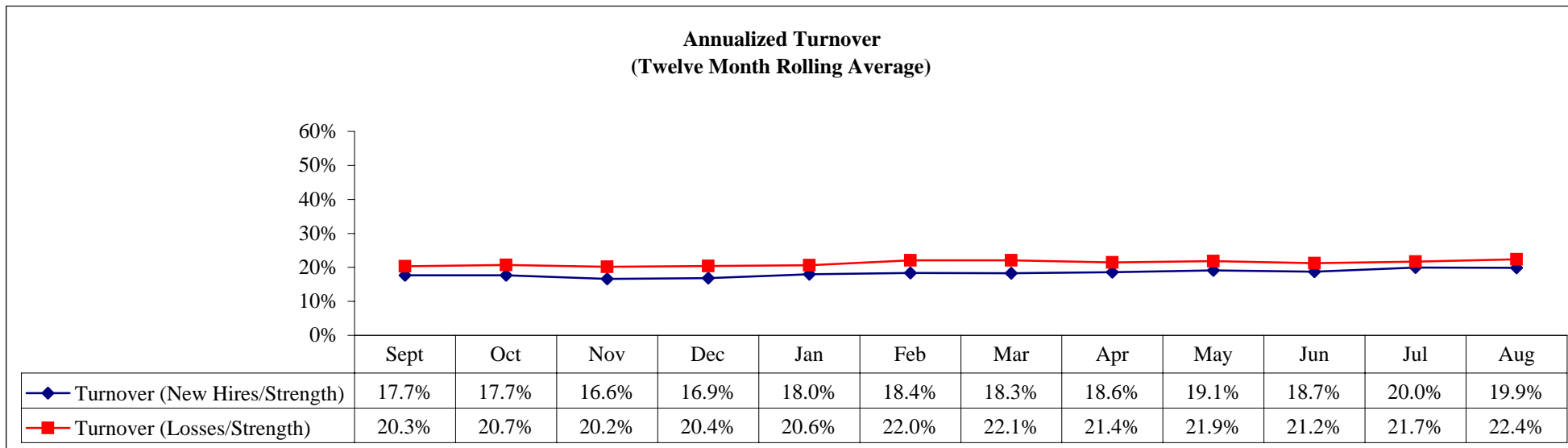
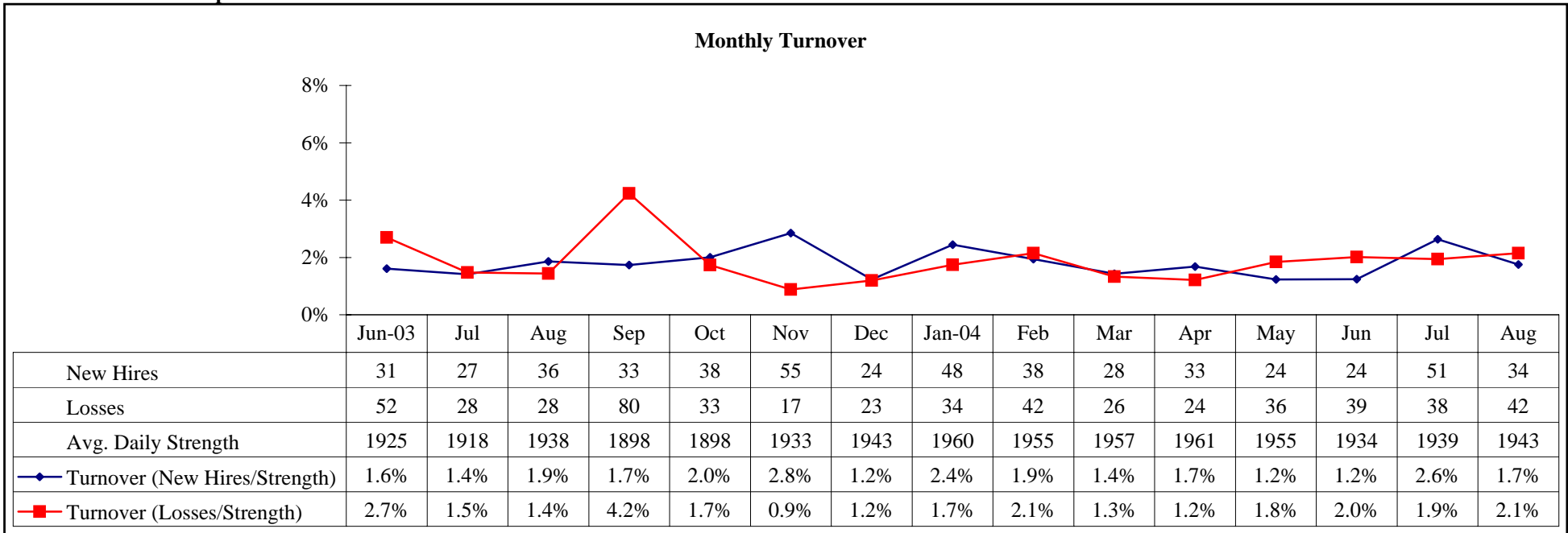
Measure 7B - Staff Turnover Rates
El Paso Psychiatric Center



Measure 7B - Staff Turnover Rates
Kerrville State Hospital

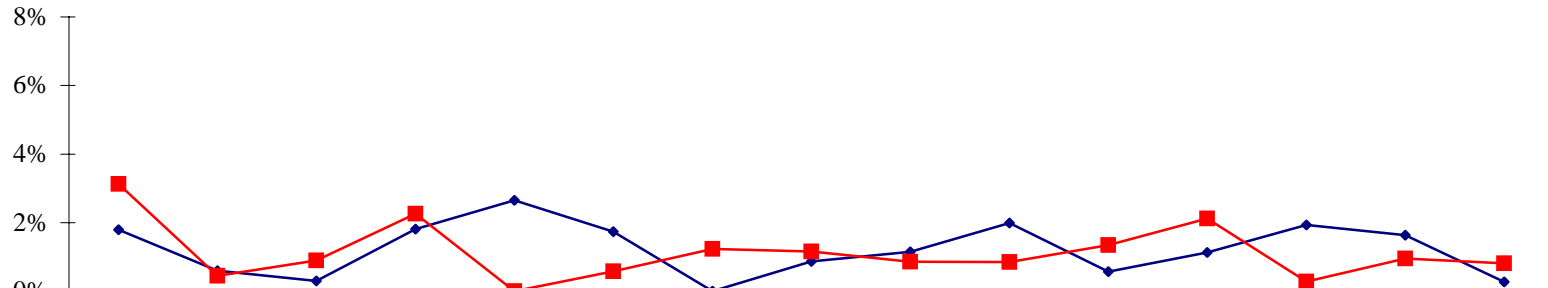


Measure 7B - Staff Turnover Rates
North Texas State Hospital



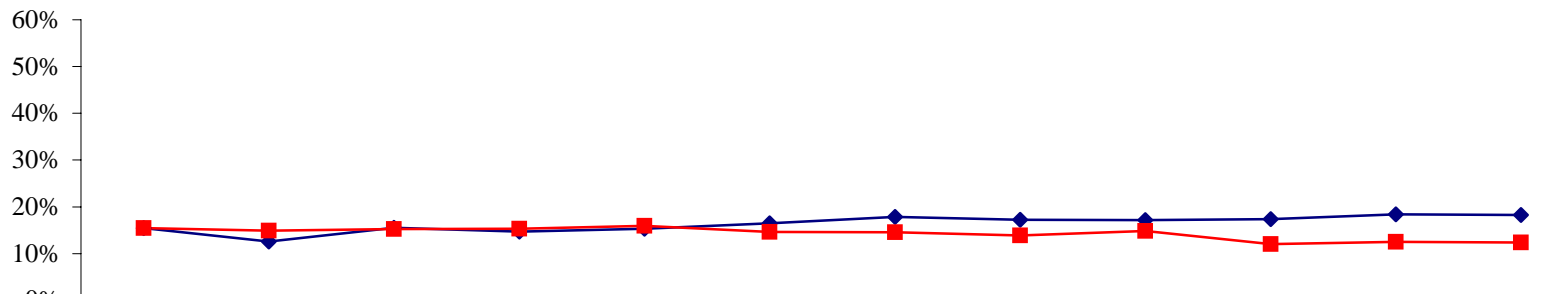
Measure 7B - Staff Turnover Rates
Rio Grande State Center

Monthly Turnover



	Jun-03	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
New Hires	6	2	1	6	9	6	0	3	4	7	2	4	7	6	1
Losses	11	2	3	8	0	2	4	4	3	3	5	8	1	4	3
Avg. Daily Strength	335	336	336	332	339	345	344	345	349	353	354	353	362	368	369
◆ Turnover (New Hires/Strength)	1.8%	0.6%	0.3%	1.8%	2.7%	1.7%	0.0%	0.9%	1.1%	2.0%	0.6%	1.1%	1.9%	1.6%	0.3%
■ Turnover (Losses/Strength)	3.1%	0.4%	0.9%	2.3%	0.0%	0.6%	1.2%	1.2%	0.9%	0.9%	1.3%	2.1%	0.3%	1.0%	0.8%

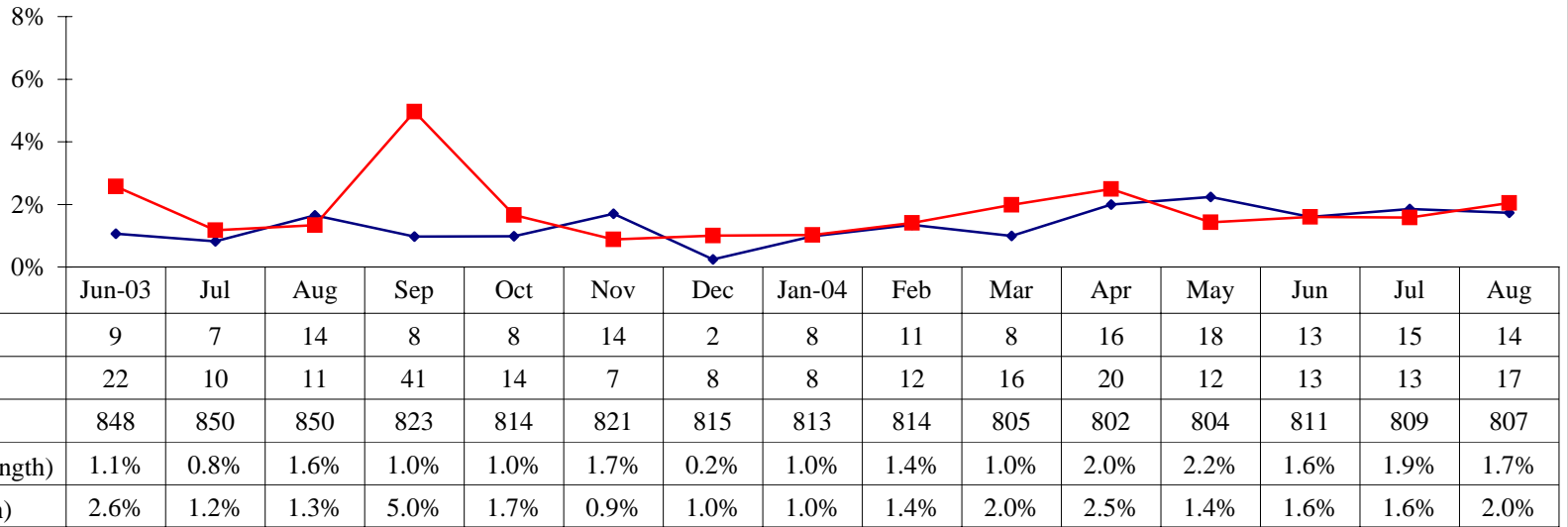
Annualized Turnover
(Twelve Month Rolling Average)



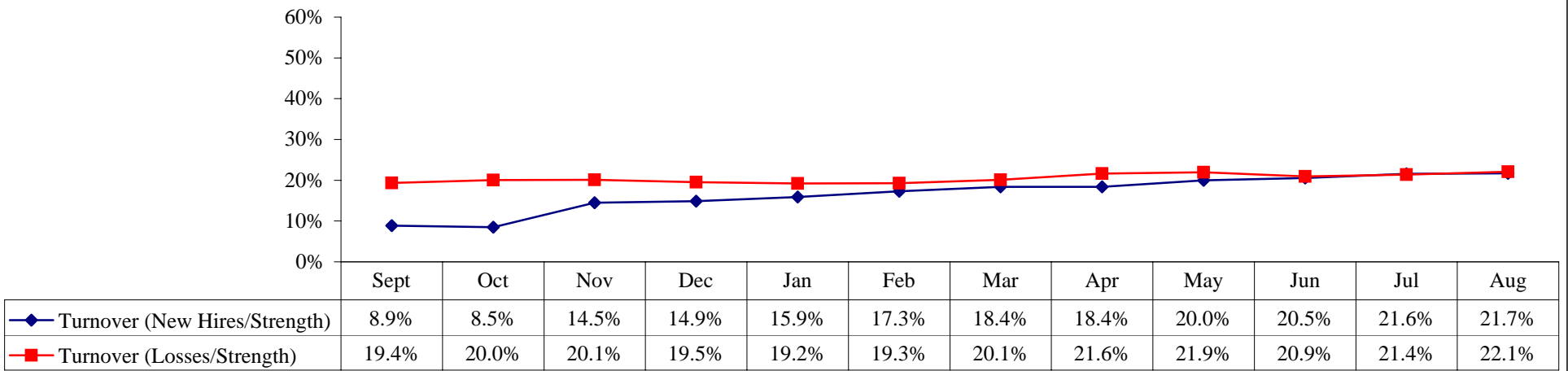
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Turnover (New Hires/Strength)	15.5%	12.6%	15.5%	14.7%	15.3%	16.5%	17.9%	17.2%	17.2%	17.4%	18.4%	18.2%
■ Turnover (Losses/Strength)	15.5%	14.9%	15.2%	15.4%	16.0%	14.6%	14.6%	13.9%	14.9%	12.0%	12.5%	12.4%

Measure 7B - Staff Turnover Rates
Rusk State Hospital

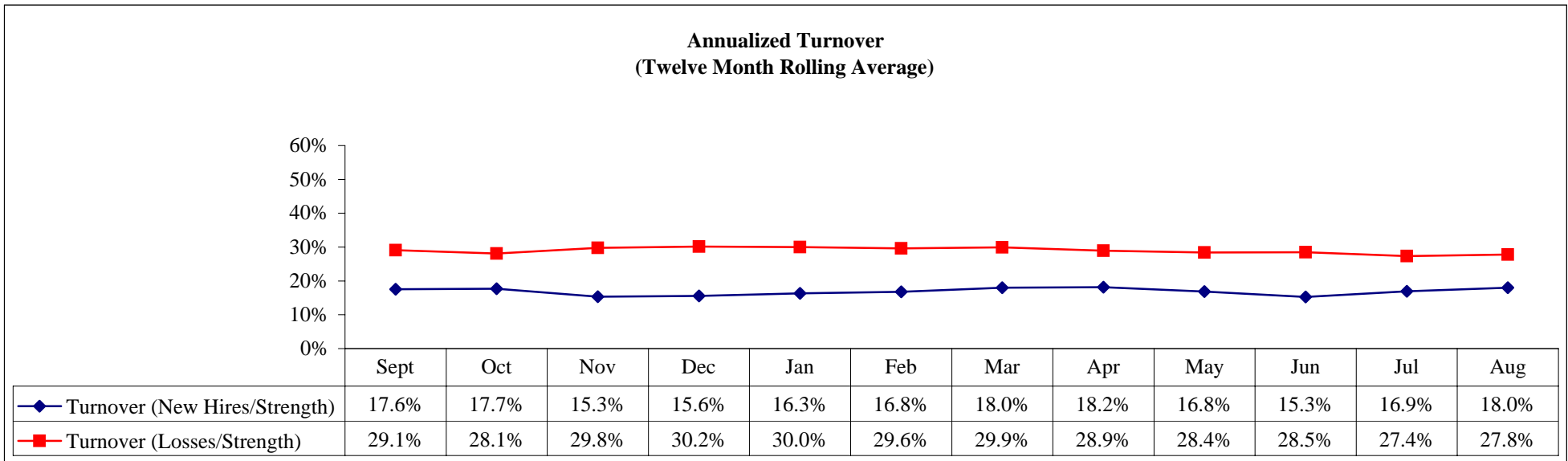
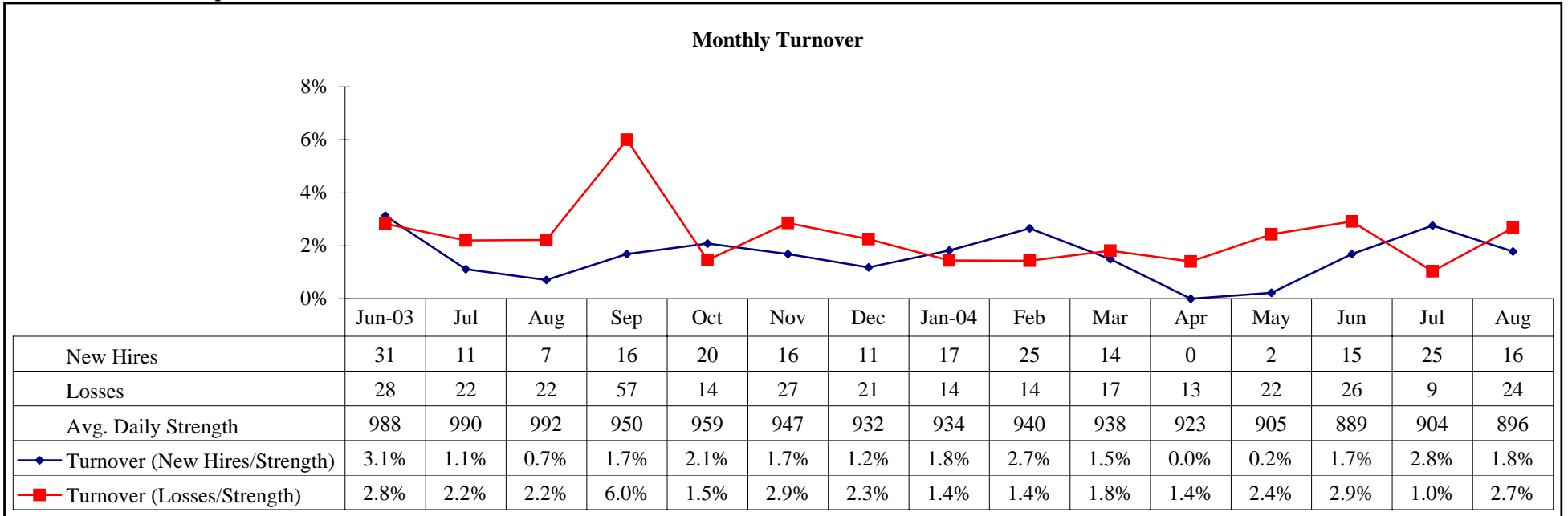
Monthly Turnover



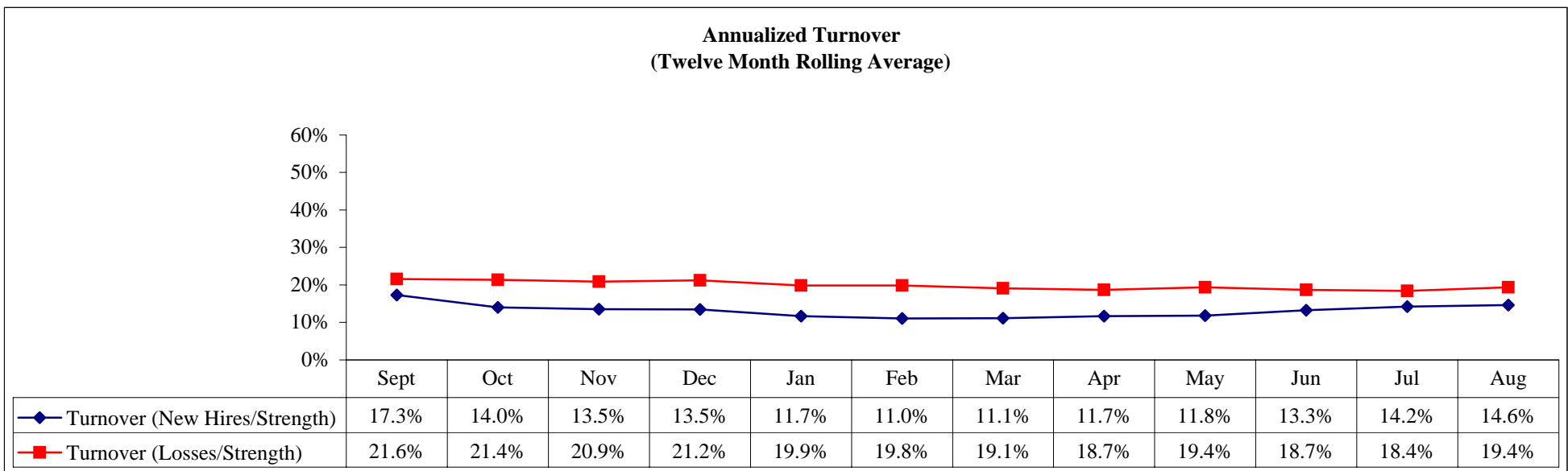
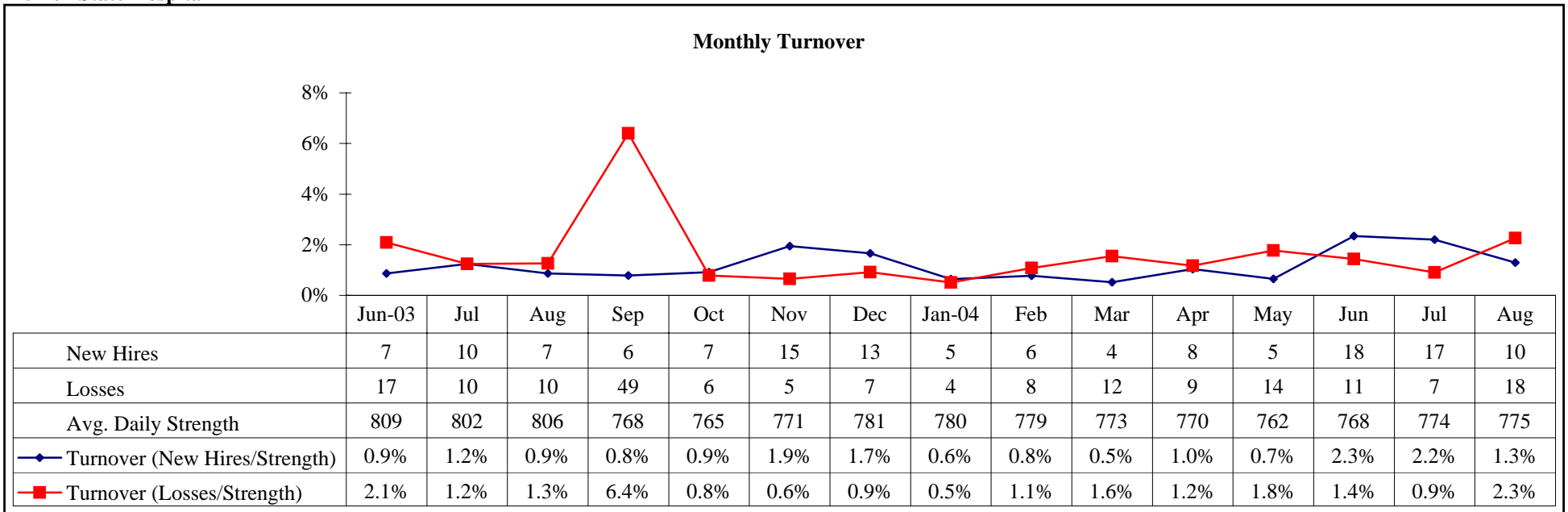
Annualized Turnover
(Twelve Month Rolling Average)



Measure 7B - Staff Turnover Rates
San Antonio State Hospital

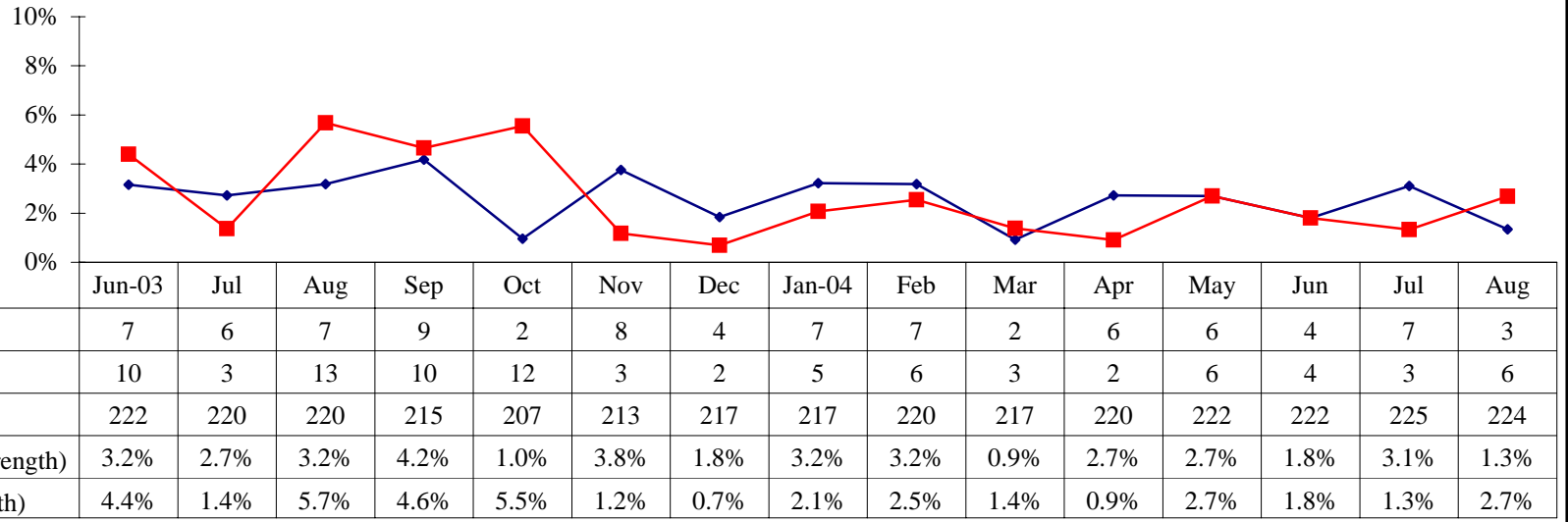


Measure 7B - Staff Turnover Rates
Terrell State Hospital

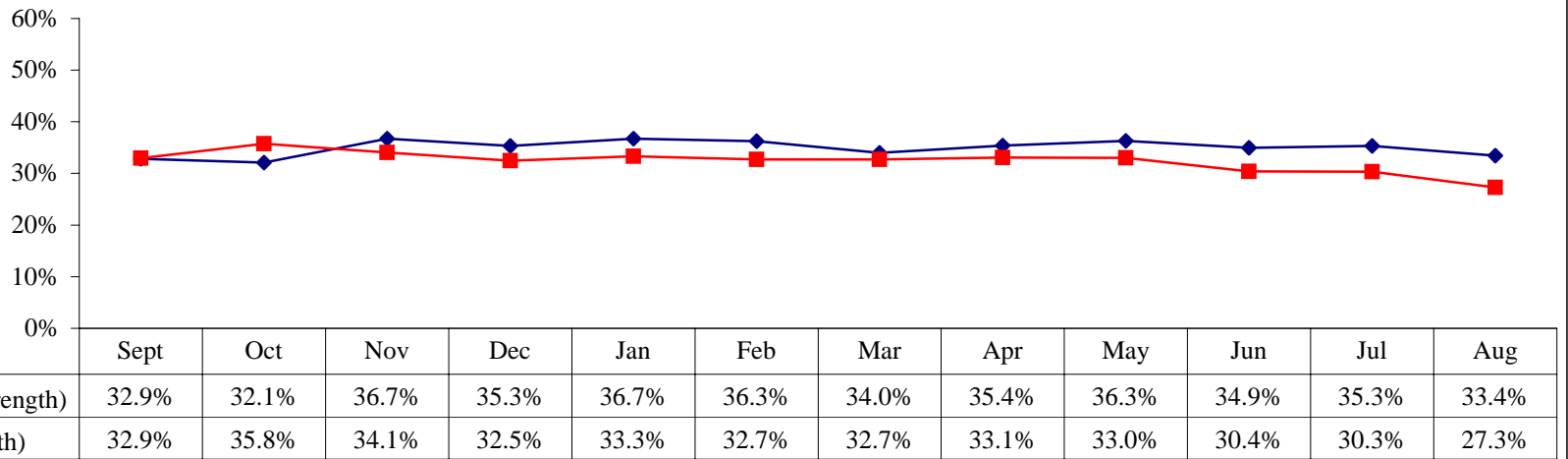


Measure 7B - Staff Turnover Rates
Waco Center for Youth

Monthly Turnover



Annualized Turnover
(Twelve Month Rolling Average)



GOAL 8: Improve Organizational Performance

Performance Objective 8A:

Children and parent(s) or the legally authorized representative will be satisfied with the Treatment and safe milieu provided by achieving the following average response on the Patient Satisfaction Surveys (PSAT). (LBB Measure)

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.698” on the Children Satisfaction Survey**

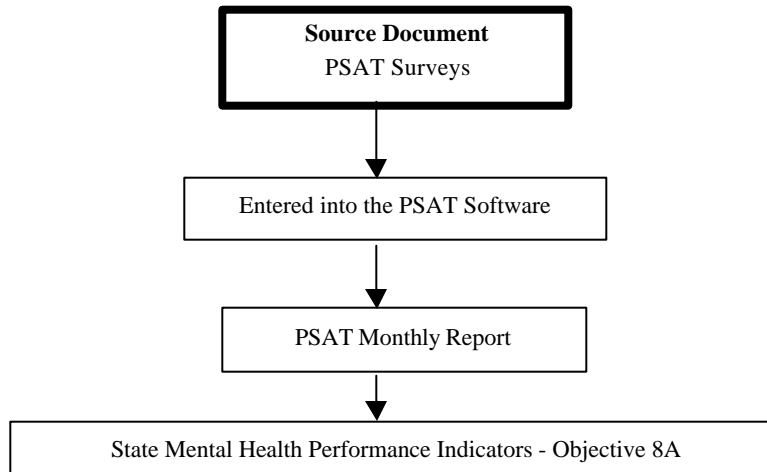
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

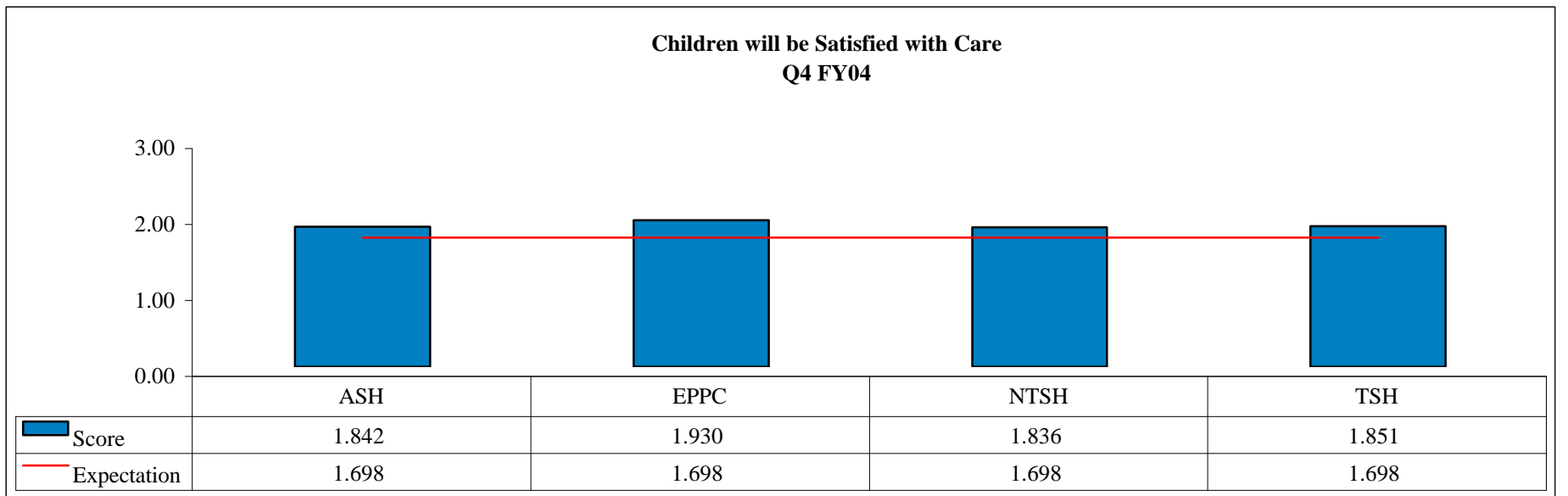
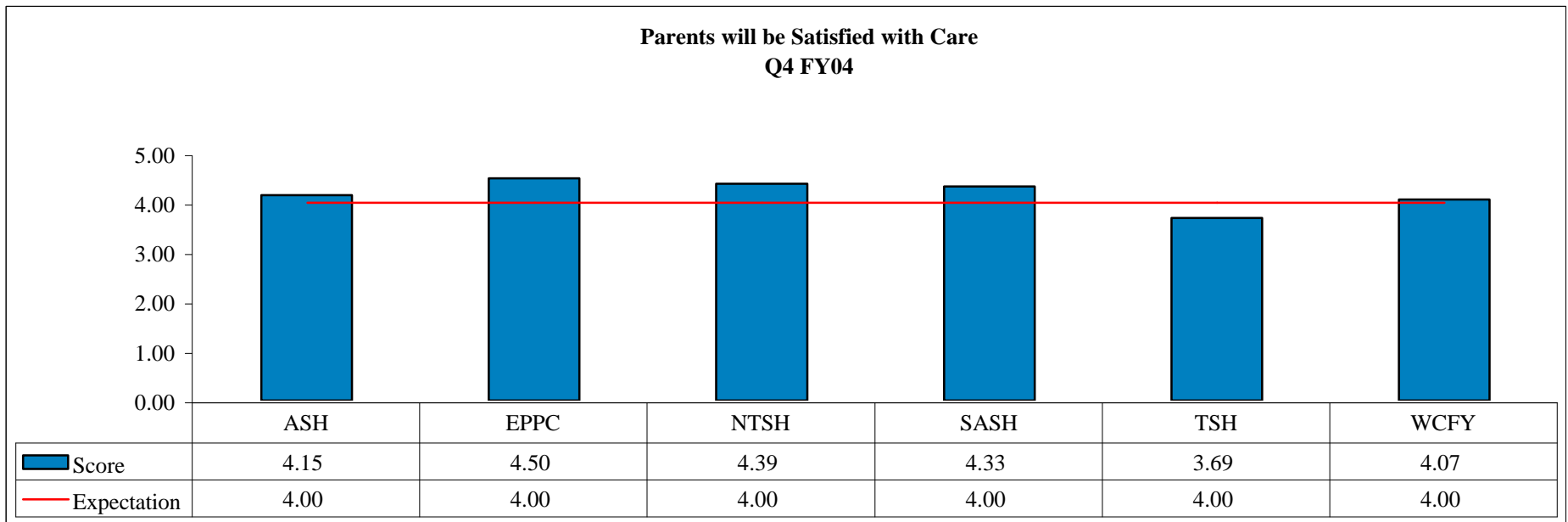
Performance Objective Data Display and Chart Description:

- ◆ Bar chart showing scores for individual facilities.
- ◆ Line chart with monthly data points of children scores and parents scores for individual facilities and system-wide.

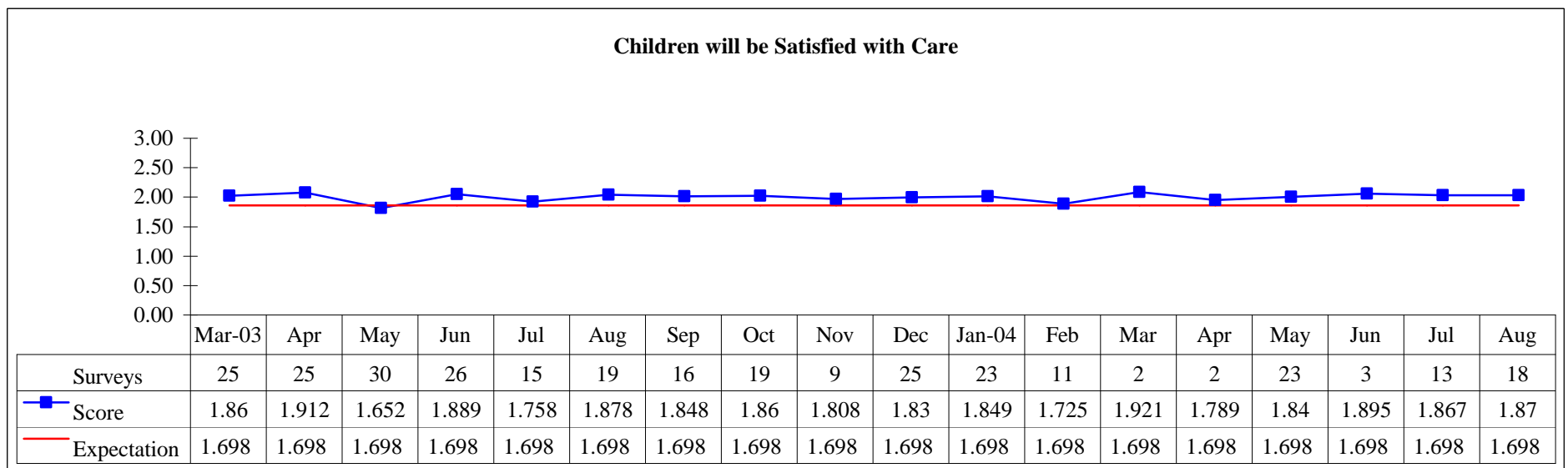
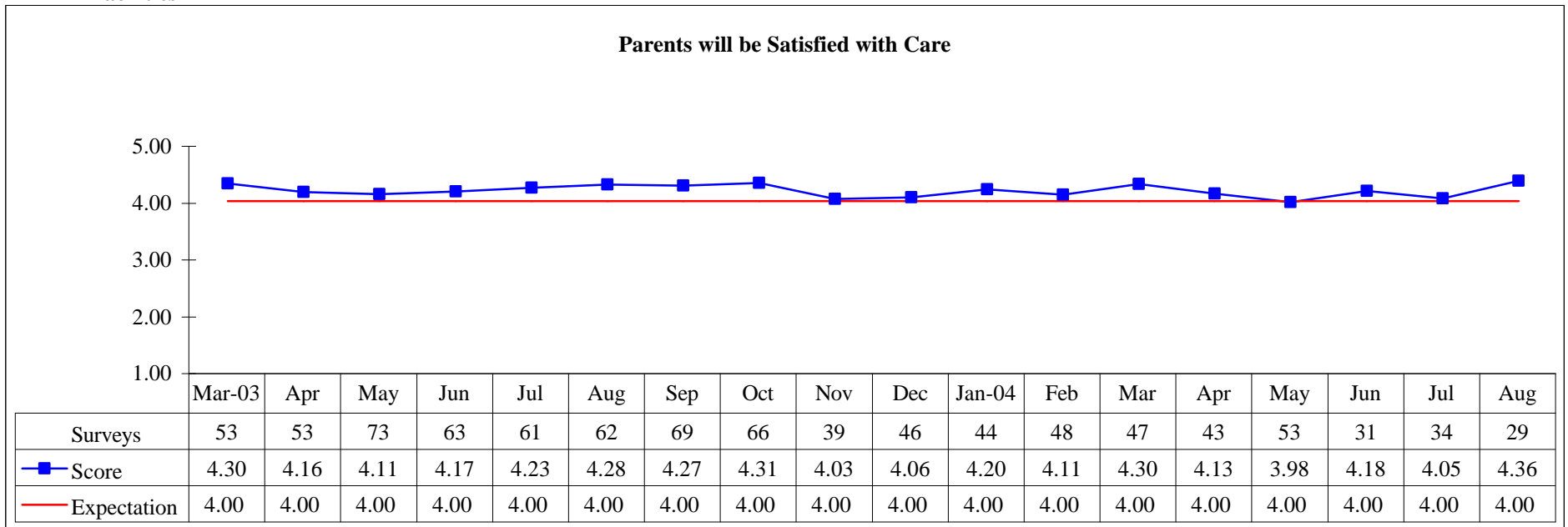
Data Flow:



Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
All MH Facilities

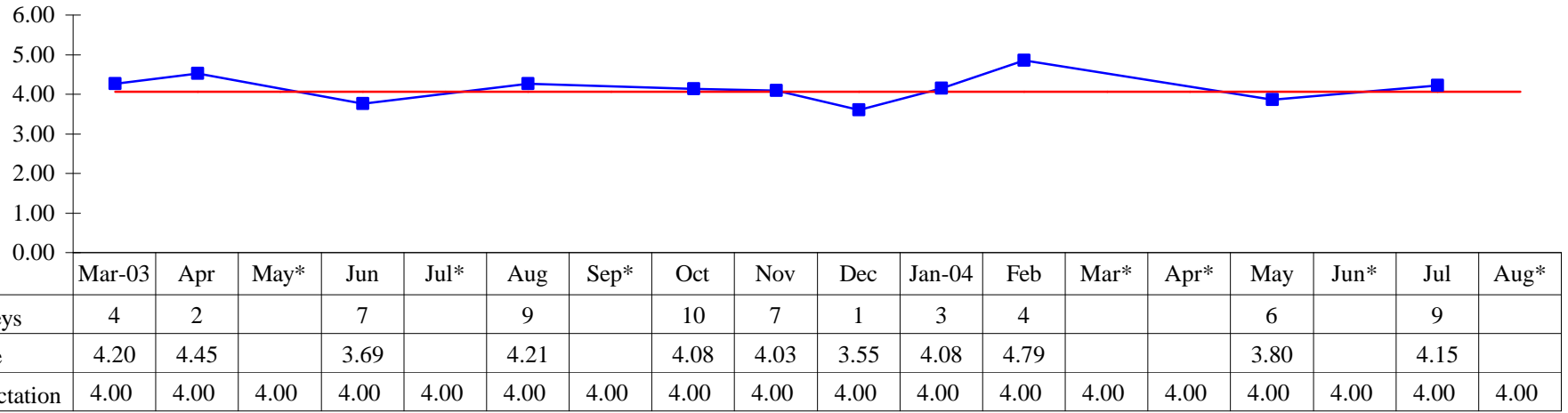


Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
All MH Facilities

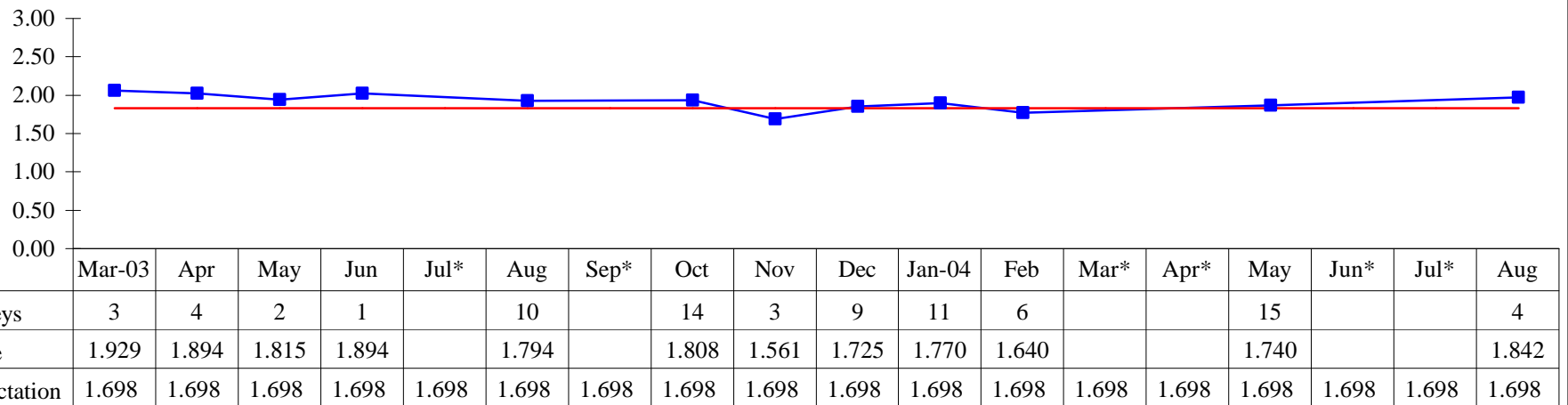


Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Austin State Hospital

Parents will be Satisfied with Care

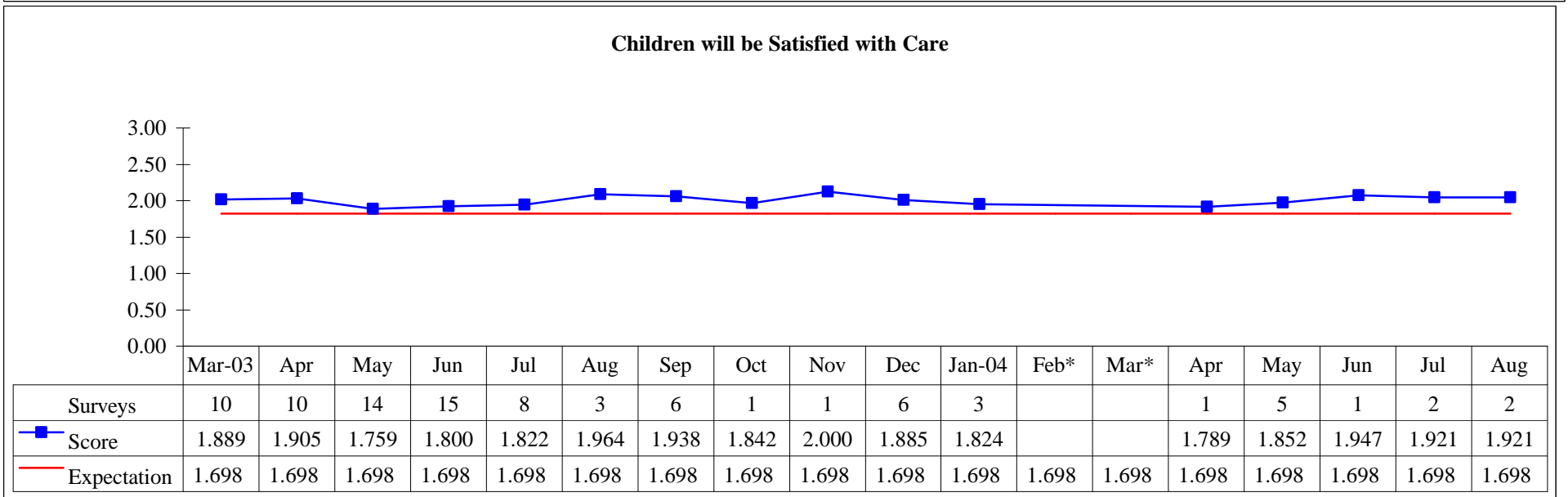
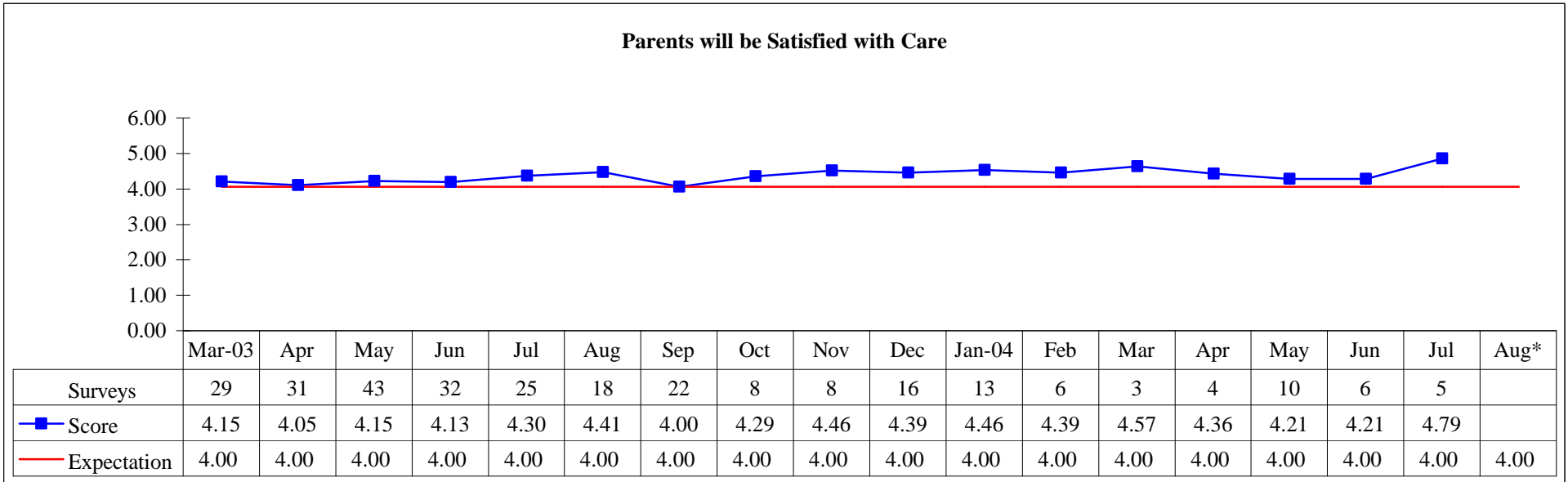


Children will be Satisfied with Care



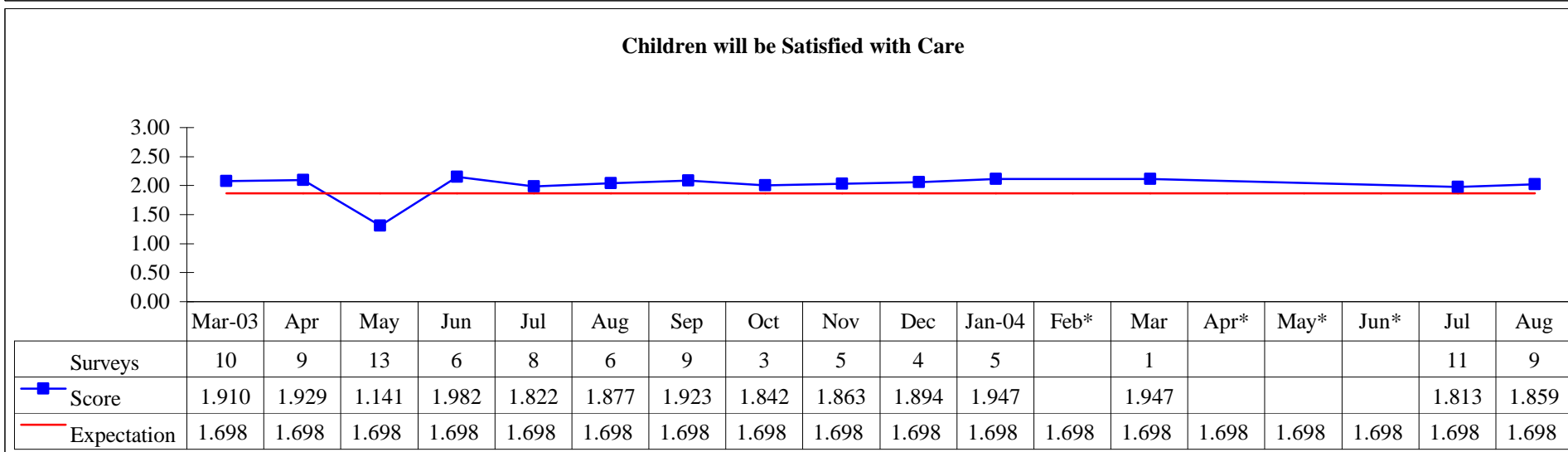
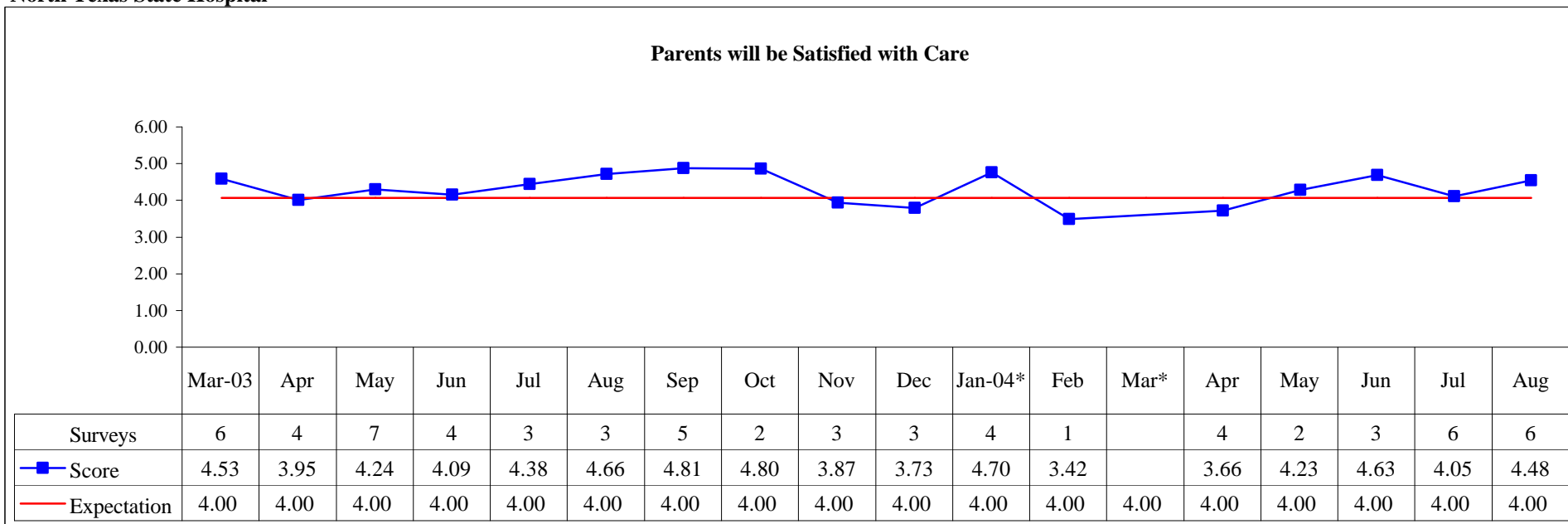
*No surveys submitted

Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
El Paso Psychiatric Center



*No surveys submitted

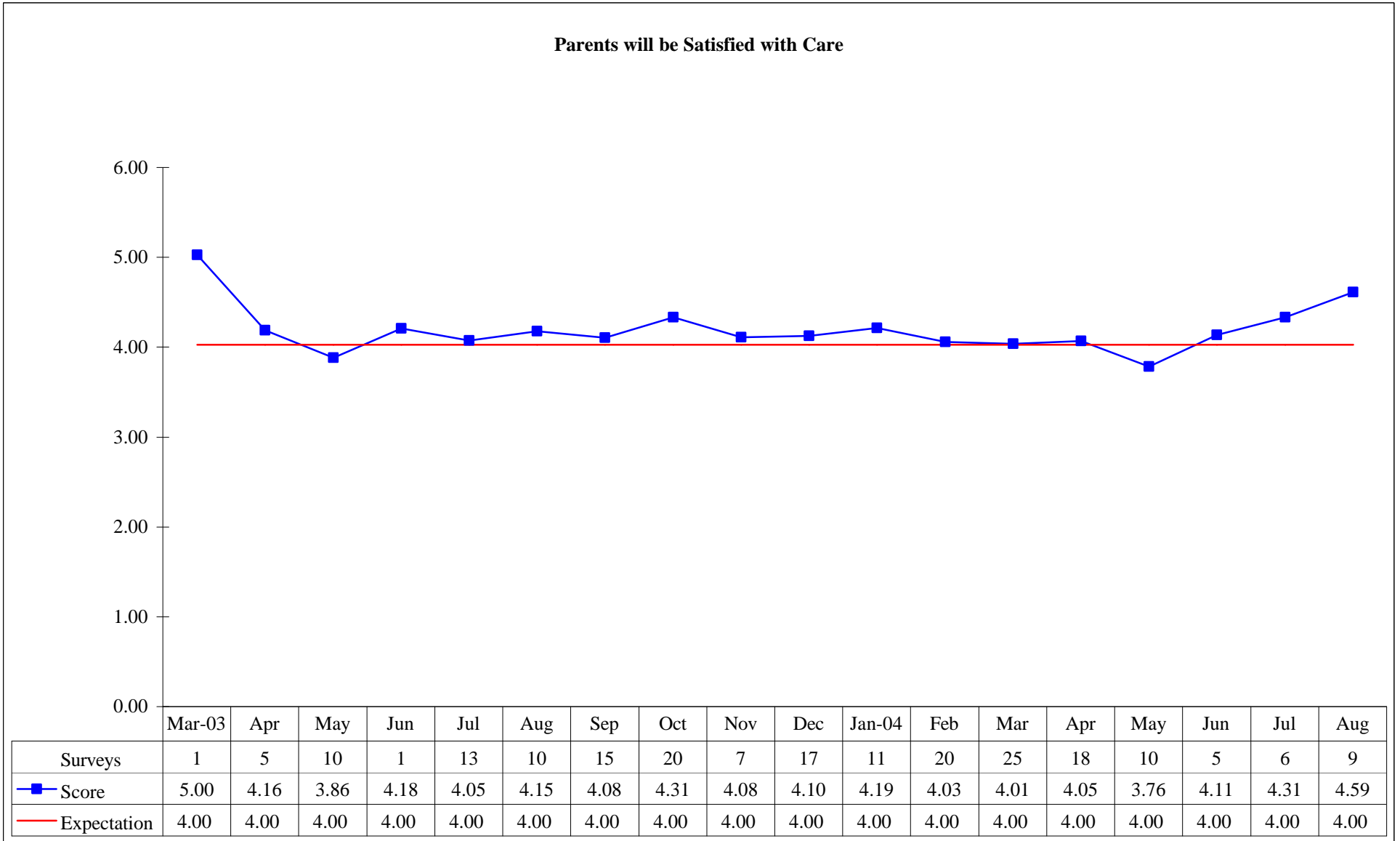
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
North Texas State Hospital



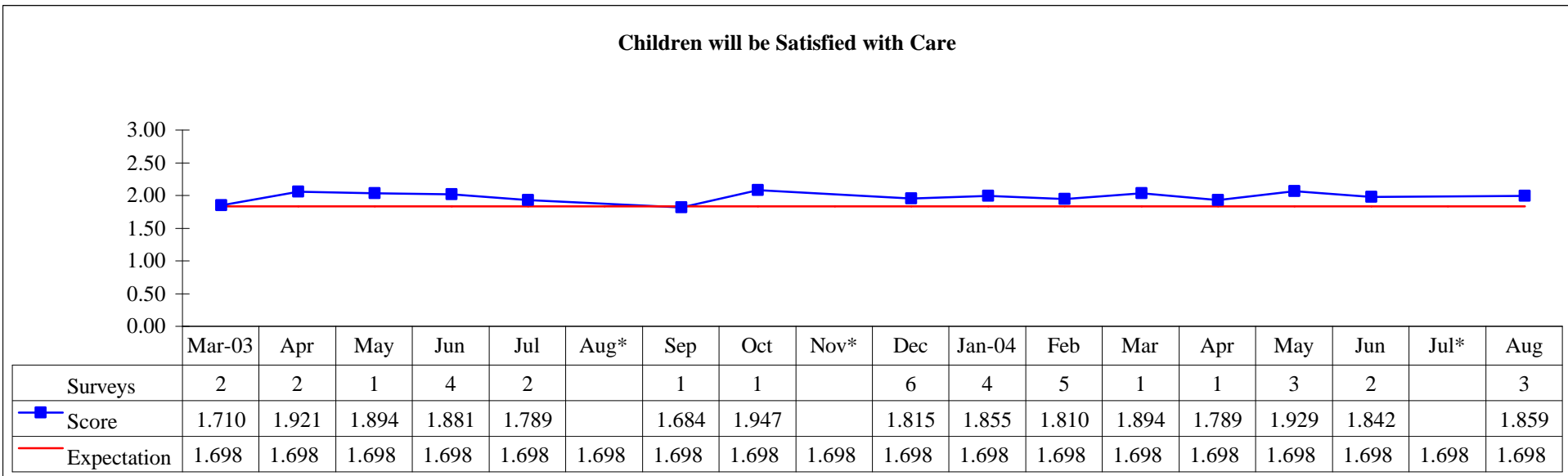
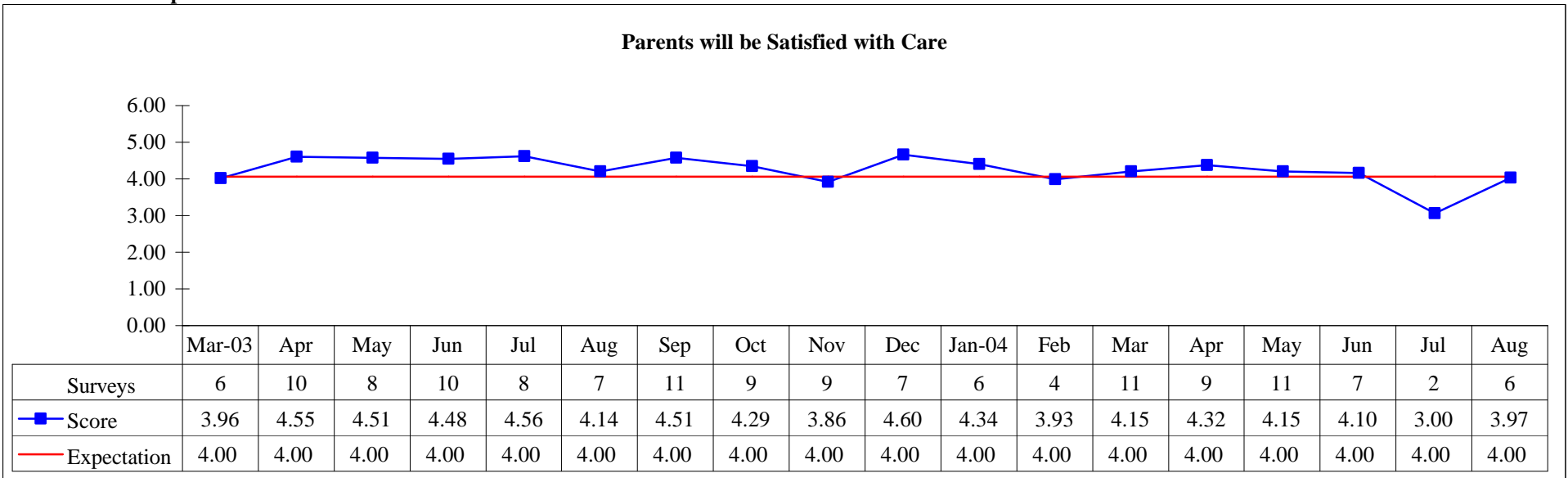
* Revised

*No surveys submitted

Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
San Antonio State Hospital

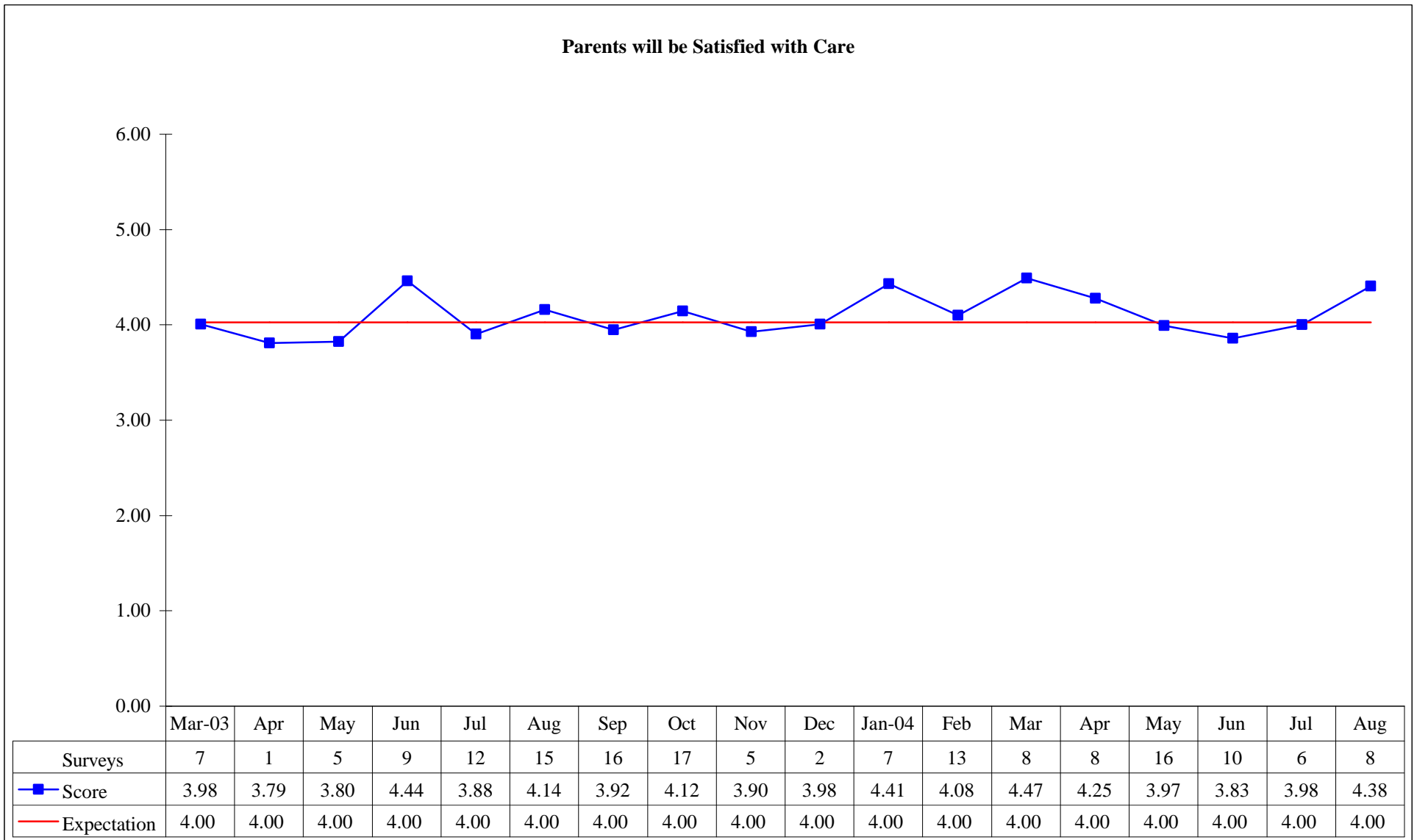


Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Terrell State Hospital



*No surveys submitted

Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Waco Center for Youth



Performance Objective 8B:

MHSIP will be fully implemented in all state mental health facilities (except WCFY) according to CPIC/QMDS and NRI guidelines. (A minimum of 25% response rate is expected.)

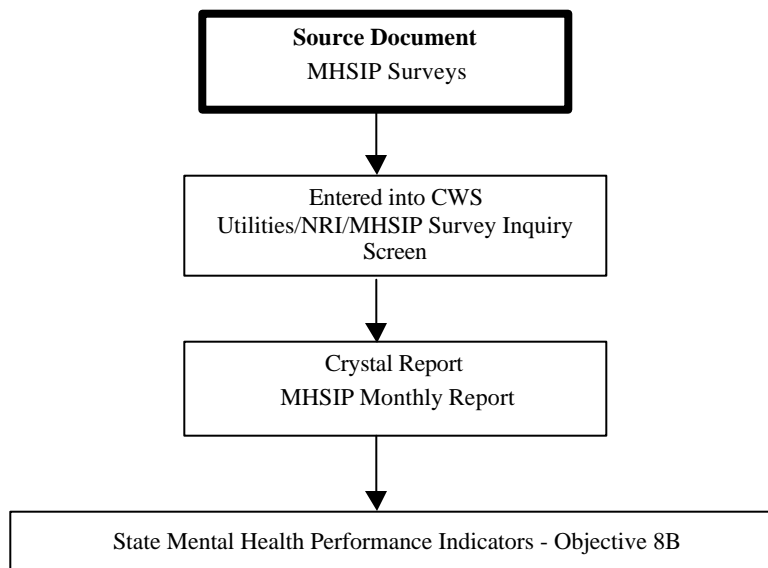
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: MHSIP gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

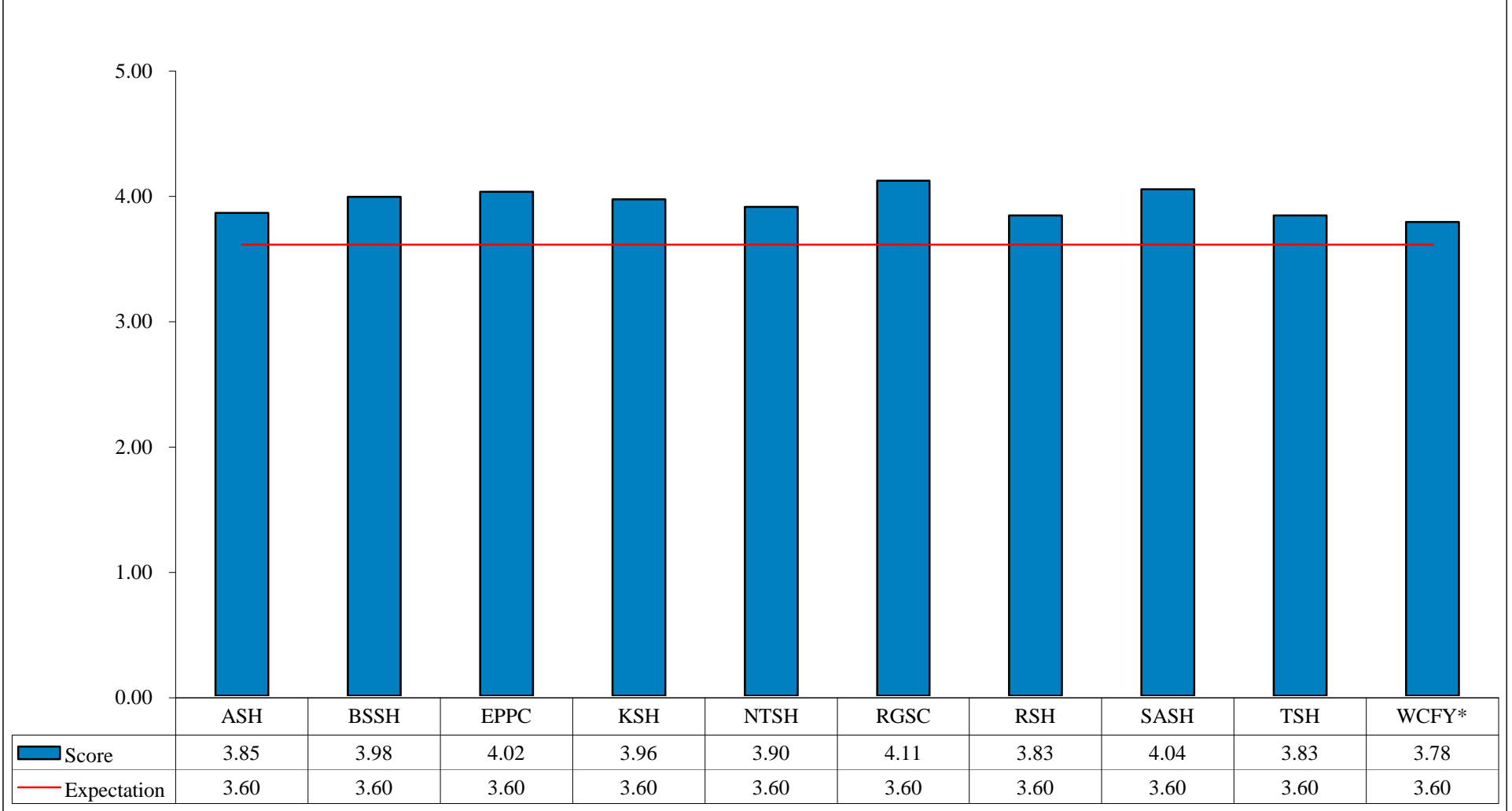
- ◆ Bar chart showing scores for individual facilities.
- ◆ Bar chart showing percentages of discharges surveyed for individual facilities
- ◆ Control chart with monthly data points of scores for individual facilities and system-wide. Chart shows number of surveys, number of discharges and the percentage of discharges surveyed for individual facilities.

Data Flow:



Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

Adults & Adolescents Survey
Q4 FY04



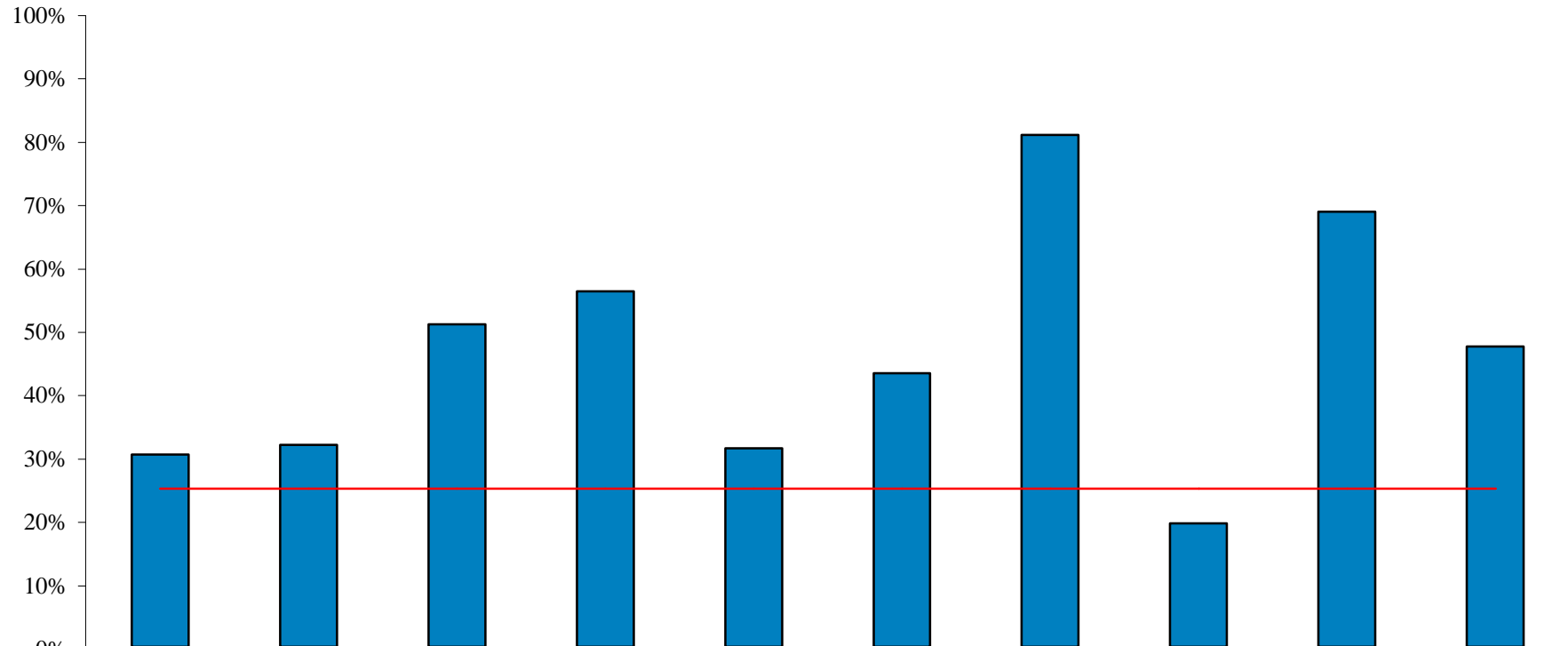
*WCFY - Adolescent Surveys Only

Chart: Management Data Services

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

Percentage of Adult & Adolescent Surveys Completed
Q4 FY04



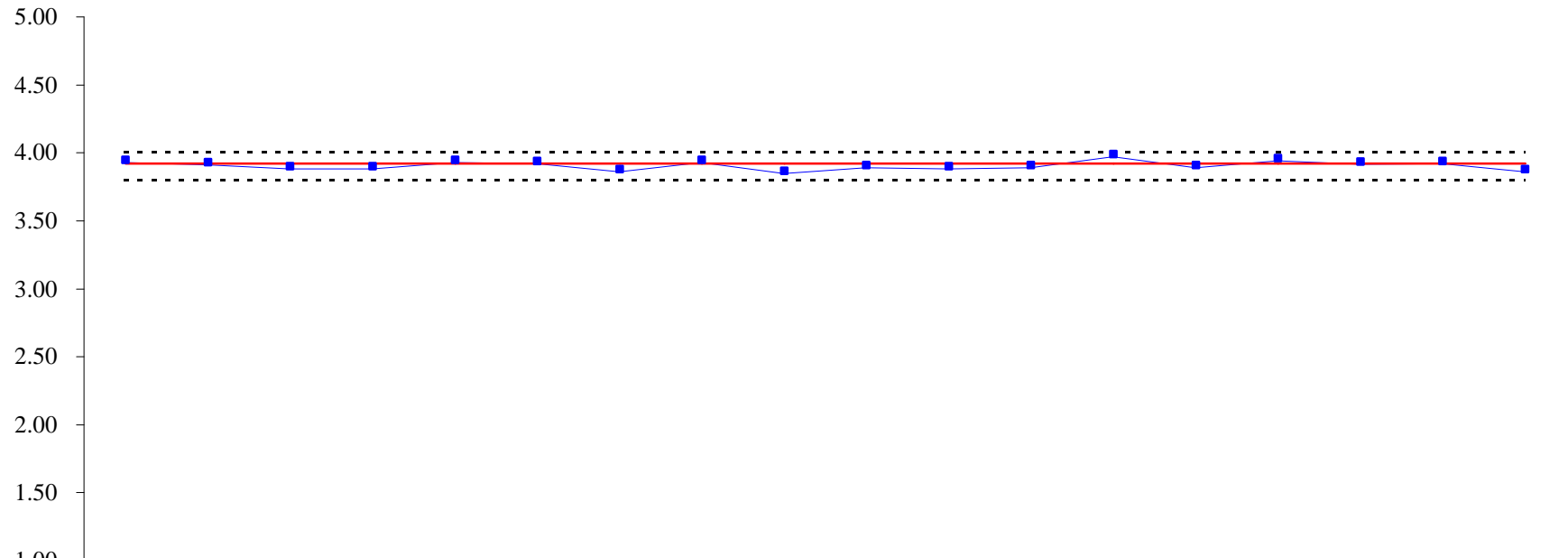
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	1111	326	224	164	667	350	521	756	594	38
Surveys	337	104	114	92	209	151	421	147	408	18
% Surveyed	30%	32%	51%	56%	31%	43%	81%	19%	69%	47%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ³3.60)

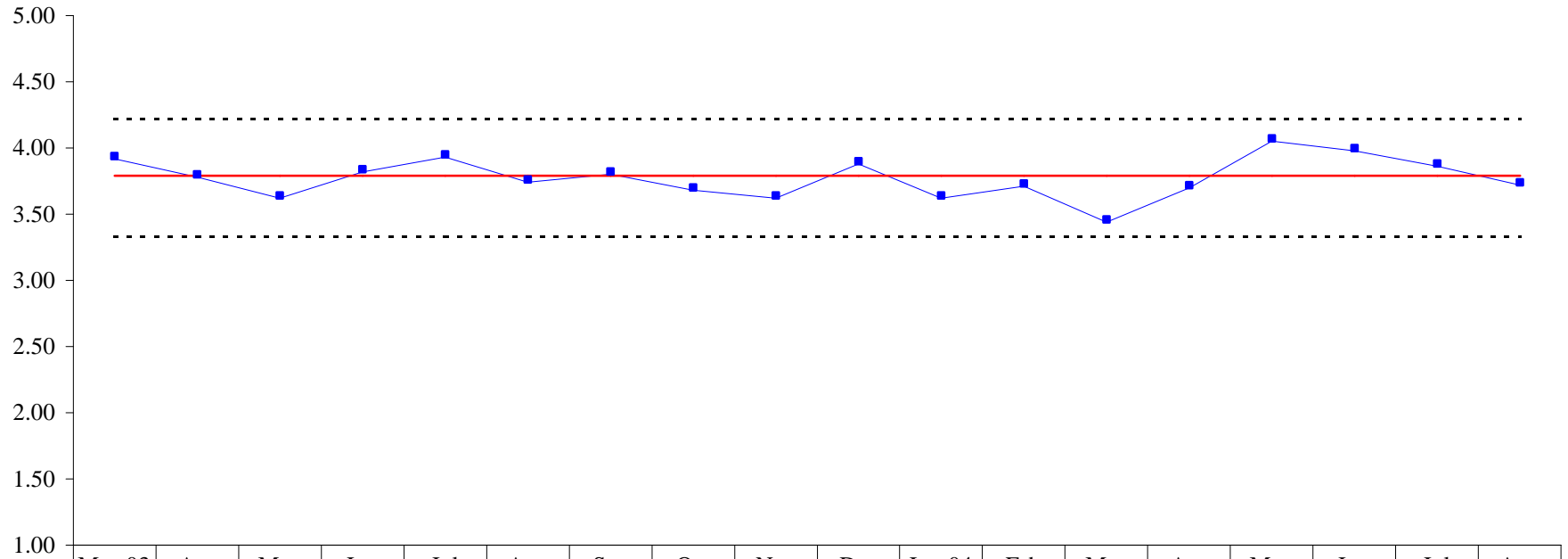


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.93	3.91	3.88	3.88	3.93	3.92	3.86	3.93	3.85	3.89	3.88	3.89	3.97	3.89	3.94	3.91	3.92	3.86
Surveys	705	674	723	687	827	653	740	769	621	563	639	635	673	606	586	641	618	742
Discharges	1630	1658	1746	1711	1692	1567	1604	1593	1312	1406	1379	1417	1656	1663	1645	1663	1559	1529
% Sampled	43%	41%	41%	40%	49%	42%	46%	48%	47%	40%	46%	45%	41%	36%	36%	39%	40%	49%
..... UCL	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
— Avg	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90
..... LCL	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Austin State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ³3.60)

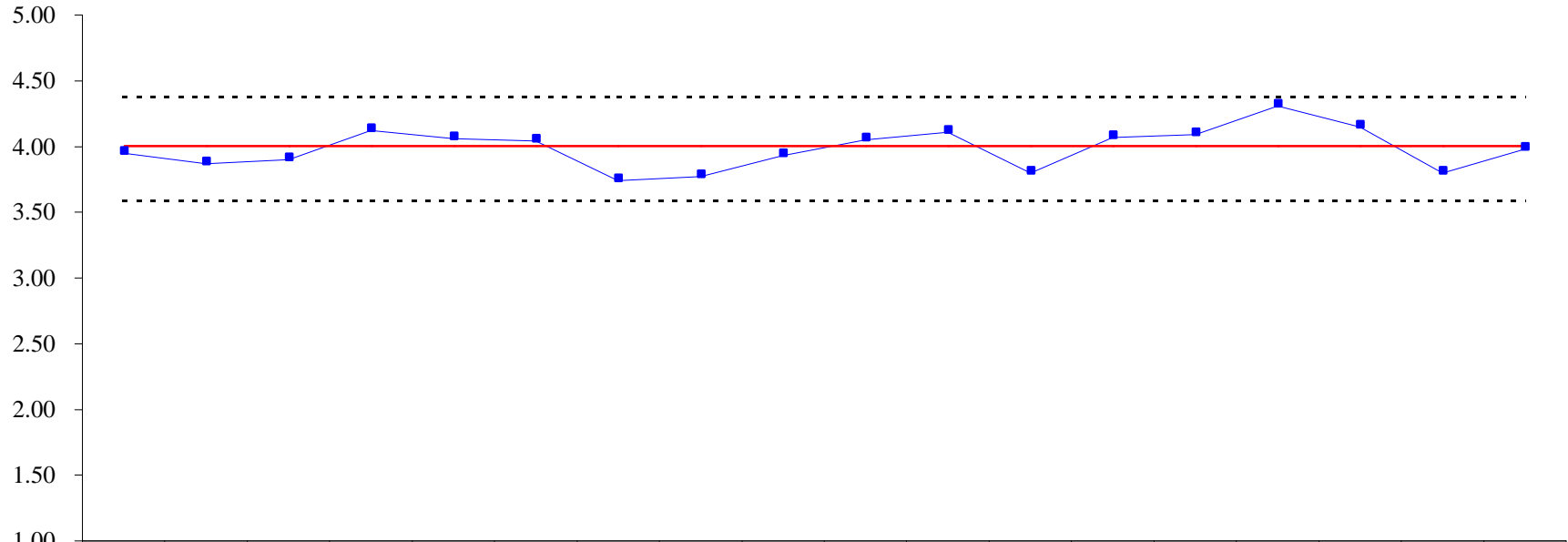


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.92	3.78	3.62	3.82	3.93	3.74	3.80	3.68	3.62	3.88	3.62	3.71	3.44	3.70	4.05	3.98	3.86	3.72
Surveys	108	85	56	82	117	73	132	170	121	61	110	74	48	106	50	67	70	200
Discharges	354	327	339	323	347	292	357	346	326	300	305	376	402	415	392	418	364	329
% Sampled	31%	26%	17%	25%	34%	25%	37%	49%	37%	20%	36%	20%	12%	26%	13%	16%	19%	61%
----- UCL	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21
— Avg	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77	3.77
----- LCL	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33	3.33

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Big Spring State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≈3.60)

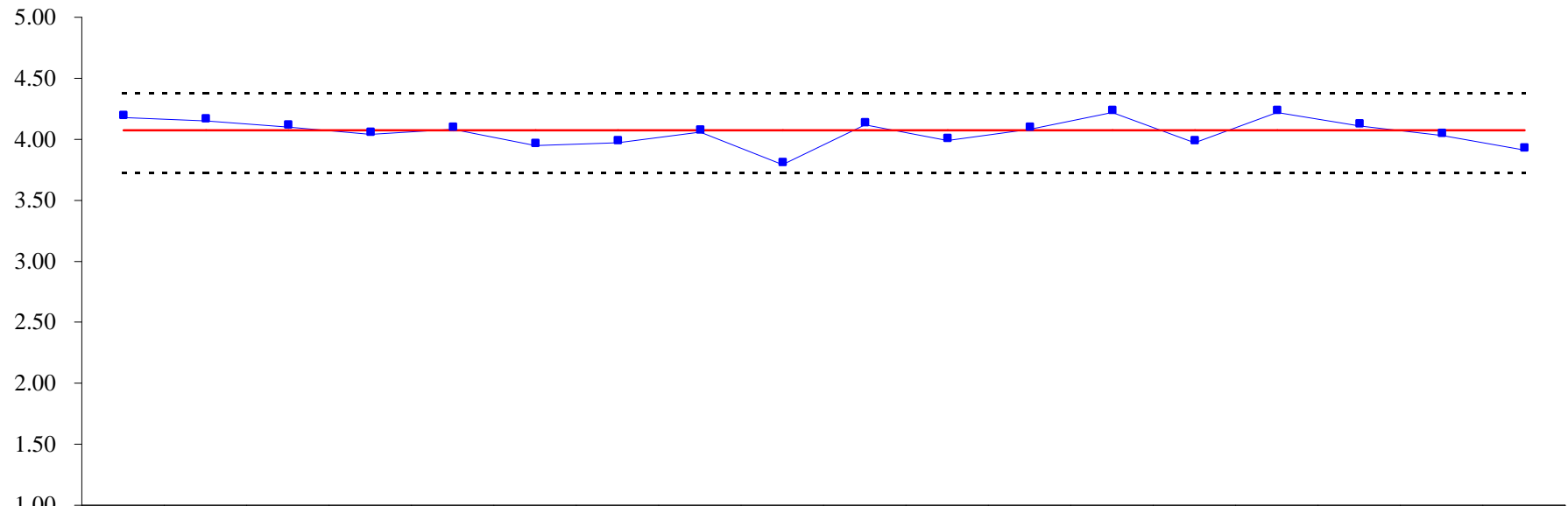


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.95	3.87	3.90	4.12	4.06	4.04	3.74	3.77	3.93	4.05	4.11	3.80	4.07	4.09	4.31	4.15	3.80	3.98
Surveys	38	51	37	27	55	28	33	38	26	48	50	34	31	47	32	28	31	45
Discharges	91	122	129	109	135	92	111	121	68	98	89	78	103	107	90	126	100	100
% Sampled	42%	42%	29%	25%	41%	30%	30%	31%	38%	49%	56%	44%	30%	44%	36%	22%	31%	45%
UCL	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38
Avg	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
LCL	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
El Paso Psychiatric Center

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ³3.60)

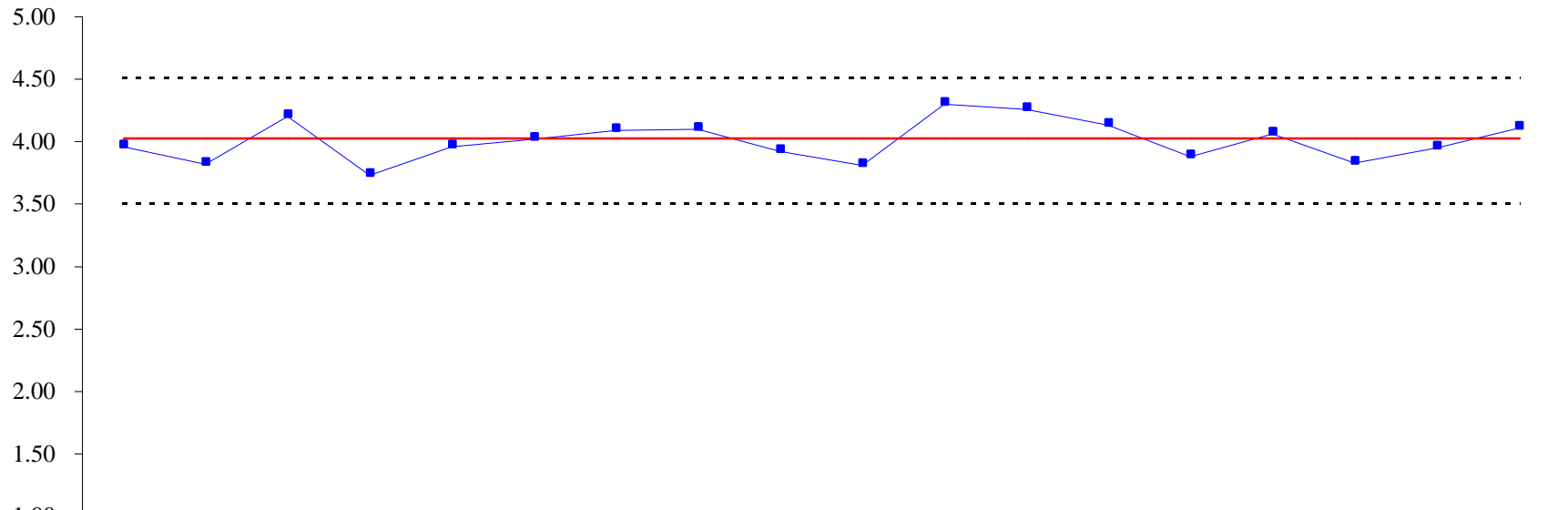


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	4.18	4.15	4.10	4.04	4.08	3.95	3.97	4.06	3.79	4.12	3.99	4.08	4.22	3.97	4.22	4.11	4.03	3.91
Surveys	118	110	137	132	116	90	103	63	41	65	66	56	55	35	59	58	29	27
Discharges	190	181	198	188	162	142	145	106	95	118	104	90	99	92	109	97	59	68
% Sampled	62%	61%	69%	70%	72%	63%	71%	59%	43%	55%	63%	62%	56%	38%	54%	60%	49%	40%
UCL	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38	4.38
Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
LCL	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73	3.73

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Kerrville State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≈3.60)

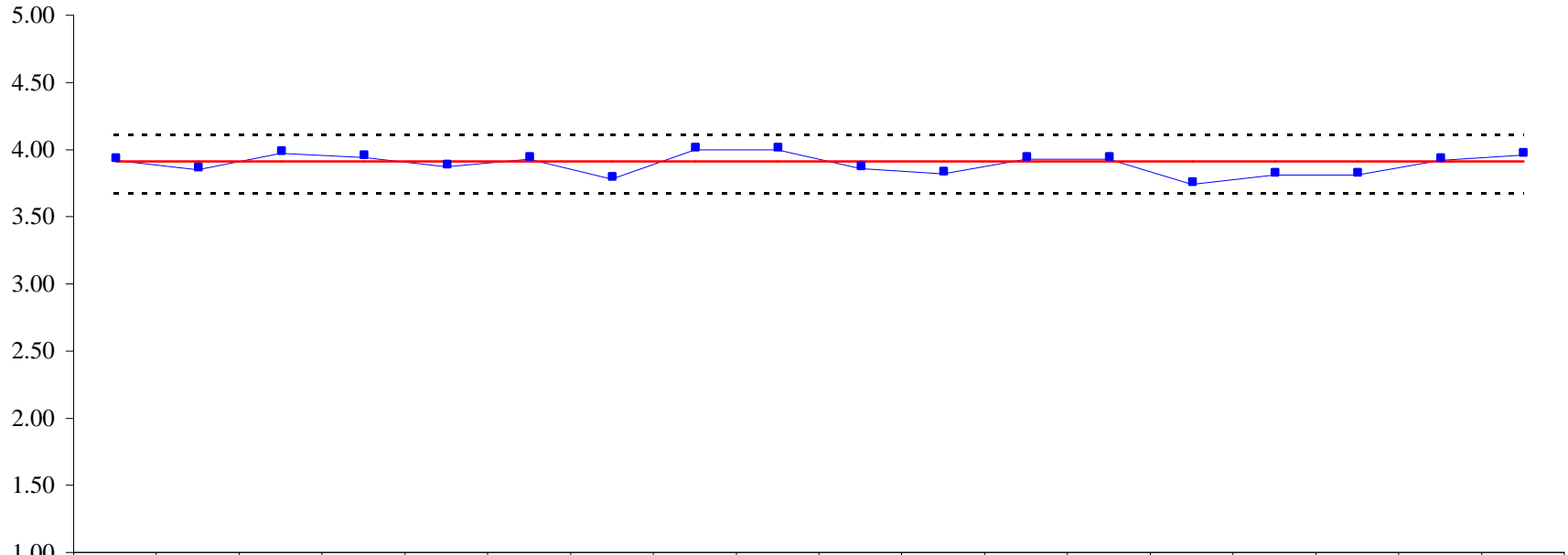


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— Score	3.96	3.82	4.20	3.73	3.96	4.02	4.09	4.10	3.92	3.81	4.30	4.26	4.13	3.88	4.06	3.83	3.95	4.11
Surveys	36	36	30	49	36	31	38	20	24	26	29	29	30	31	23	18	47	27
Discharges	63	68	56	54	49	55	61	64	51	46	45	45	59	62	58	39	74	51
% Sampled	57%	53%	54%	91%	73%	56%	62%	31%	47%	57%	64%	64%	51%	50%	40%	46%	64%	53%
- - - - - UCL	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51	4.51
— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
- - - - - LCL	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
North Texas State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≈3.60)

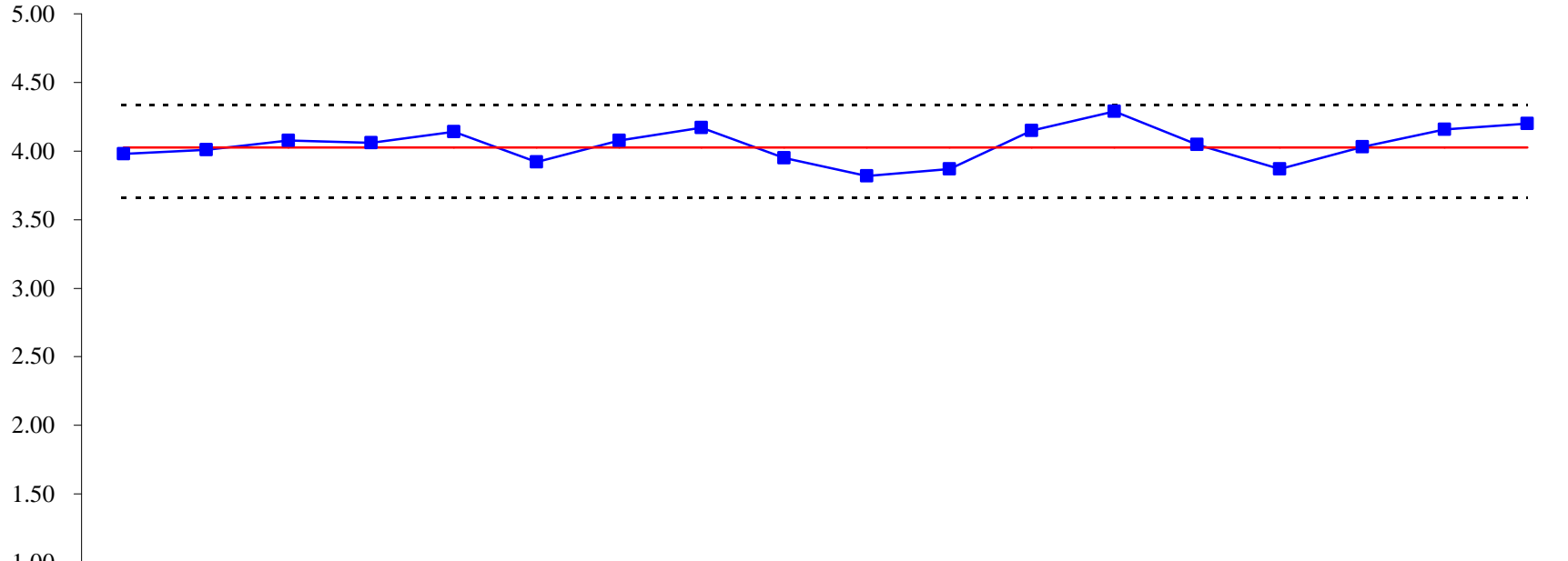


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.92	3.85	3.97	3.94	3.87	3.93	3.78	4.00	4.00	3.86	3.82	3.93	3.93	3.74	3.81	3.81	3.92	3.96
Surveys	111	101	78	95	102	110	88	102	90	69	70	85	116	66	81	67	80	62
Discharges	226	199	214	215	210	205	210	224	182	190	174	190	226	220	221	215	216	236
% Sampled	49%	51%	36%	44%	49%	54%	42%	46%	49%	36%	40%	45%	51%	30%	37%	31%	37%	26%
UCL	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11
Avg	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89	3.89
LCL	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67	3.67

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rio Grande State Center

Adults & Adolescents will be Satisfied With Care
(FY2004 Expectation is Average Score ³3.60)

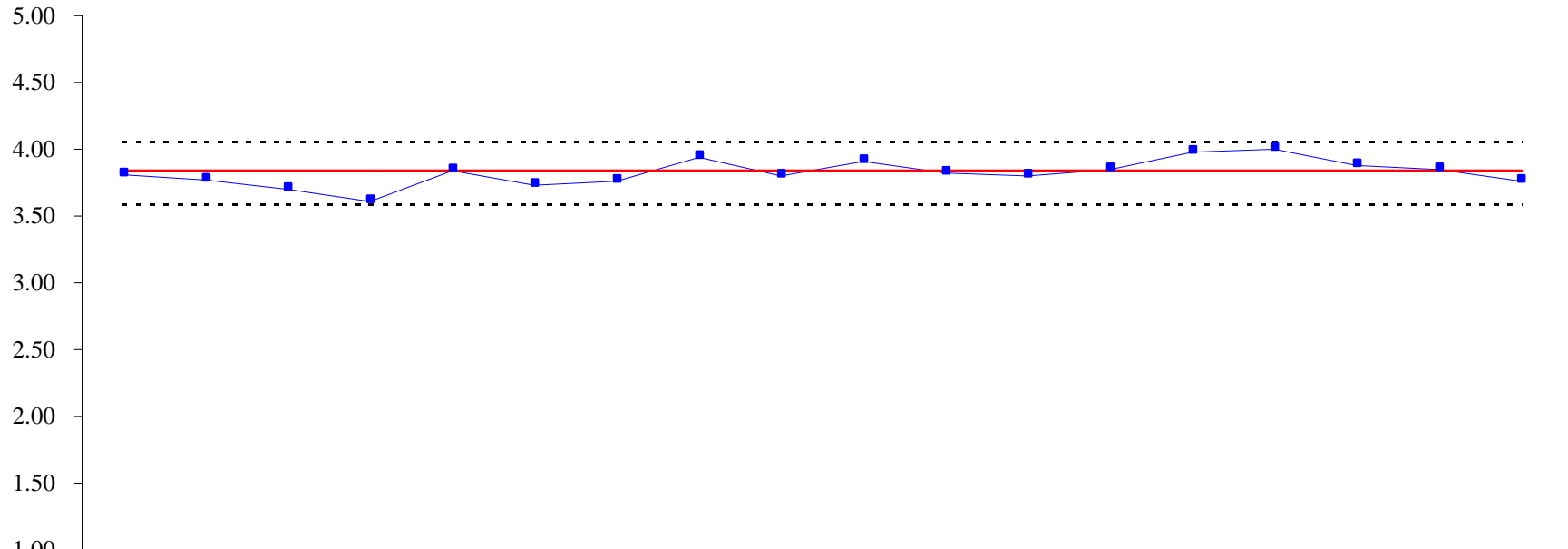


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.96	3.99	4.06	4.04	4.12	3.90	4.06	4.15	3.93	3.80	3.85	4.13	4.27	4.03	3.85	4.01	4.14	4.18
Surveys	50	69	86	54	70	46	57	64	62	47	35	53	58	46	55	59	46	46
Discharges	109	102	125	96	117	116	113	122	119	104	107	104	134	131	131	119	113	118
% Sampled	46%	68%	69%	56%	60%	40%	50%	52%	52%	45%	33%	51%	43%	35%	42%	50%	41%	39%
-----UCL	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34
— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
-----LCL	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66	3.66

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rusk State Hospital

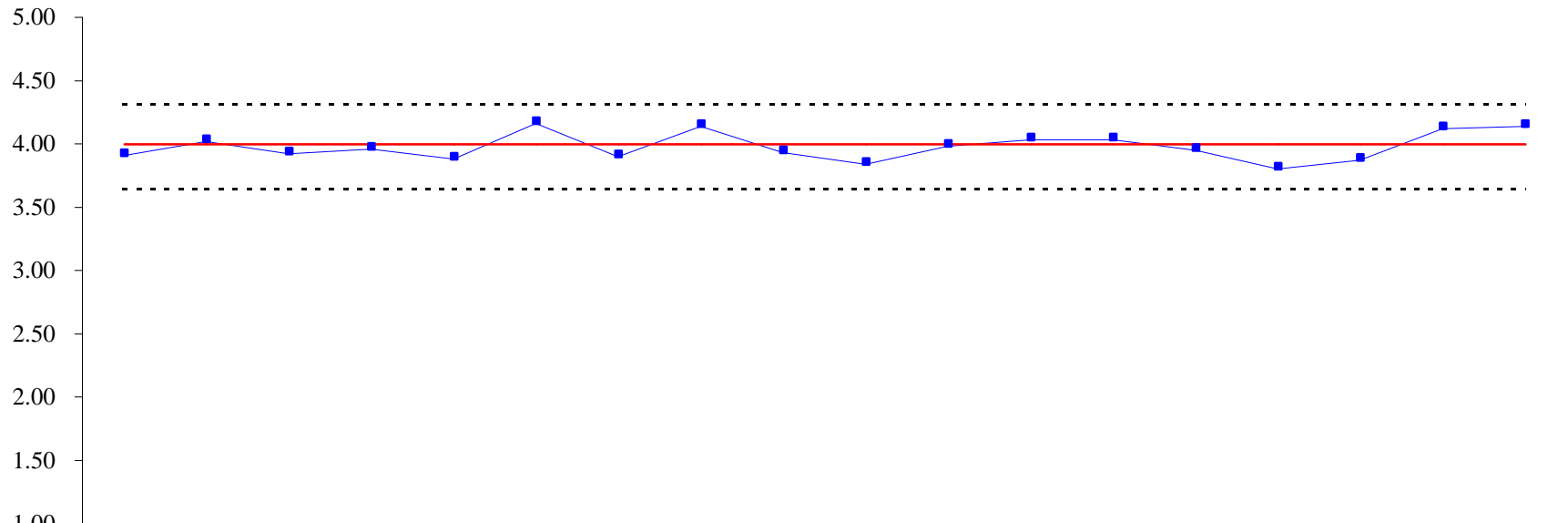
Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ³3.60)



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.81	3.77	3.70	3.61	3.84	3.73	3.76	3.94	3.80	3.91	3.82	3.80	3.85	3.98	4.00	3.88	3.85	3.76
Surveys	54	62	95	77	77	73	67	86	46	44	79	91	103	77	80	137	107	177
Discharges	137	168	204	199	197	183	176	161	110	158	166	148	159	188	181	199	170	152
% Sampled	39%	37%	47%	39%	39%	40%	38%	53%	42%	28%	48%	61%	65%	41%	44%	69%	63%	116%
----- UCL	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06
— Avg	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82
----- LCL	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
San Antonio State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ³3.60)

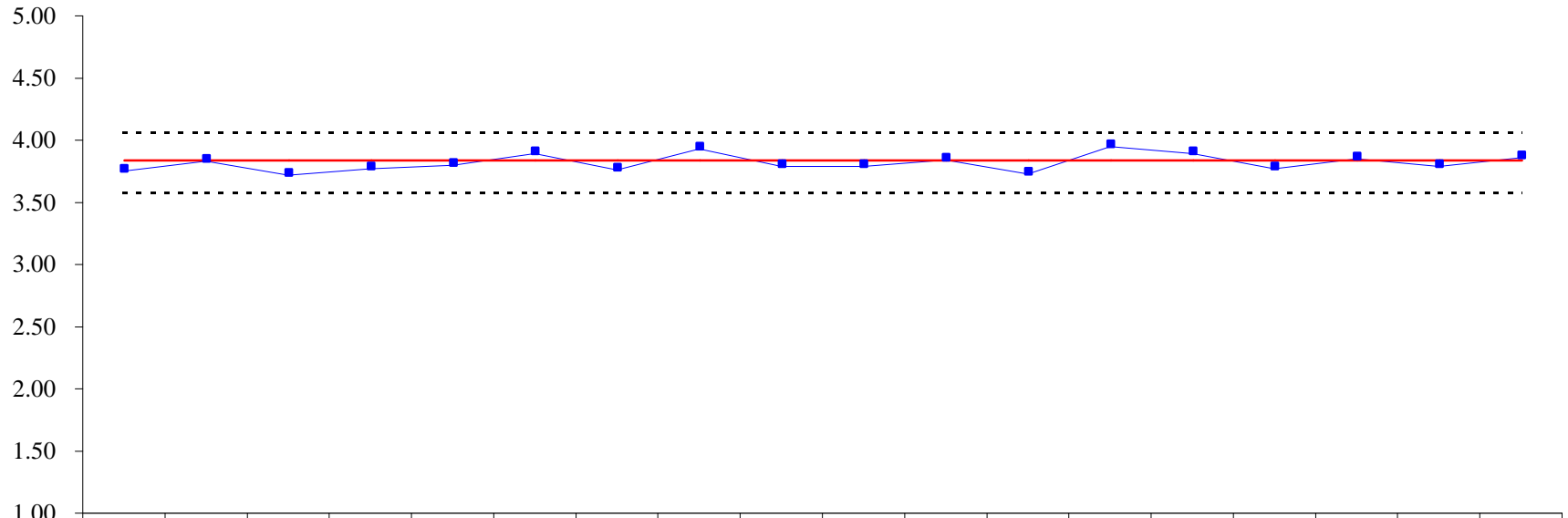


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
■ Score	3.91	4.02	3.92	3.96	3.88	4.16	3.90	4.14	3.93	3.84	3.98	4.03	4.03	3.95	3.80	3.87	4.12	4.14
Surveys	81	77	81	69	88	66	85	88	95	68	68	74	75	51	48	46	74	27
Discharges	246	266	237	249	240	228	236	260	195	213	215	197	228	236	252	244	253	259
% Sampled	33%	29%	34%	28%	37%	29%	36%	34%	49%	32%	32%	38%	33%	22%	19%	19%	29%	10%
----- UCL	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31	4.31
----- Avg	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
----- LCL	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Terrell State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≈3.60)

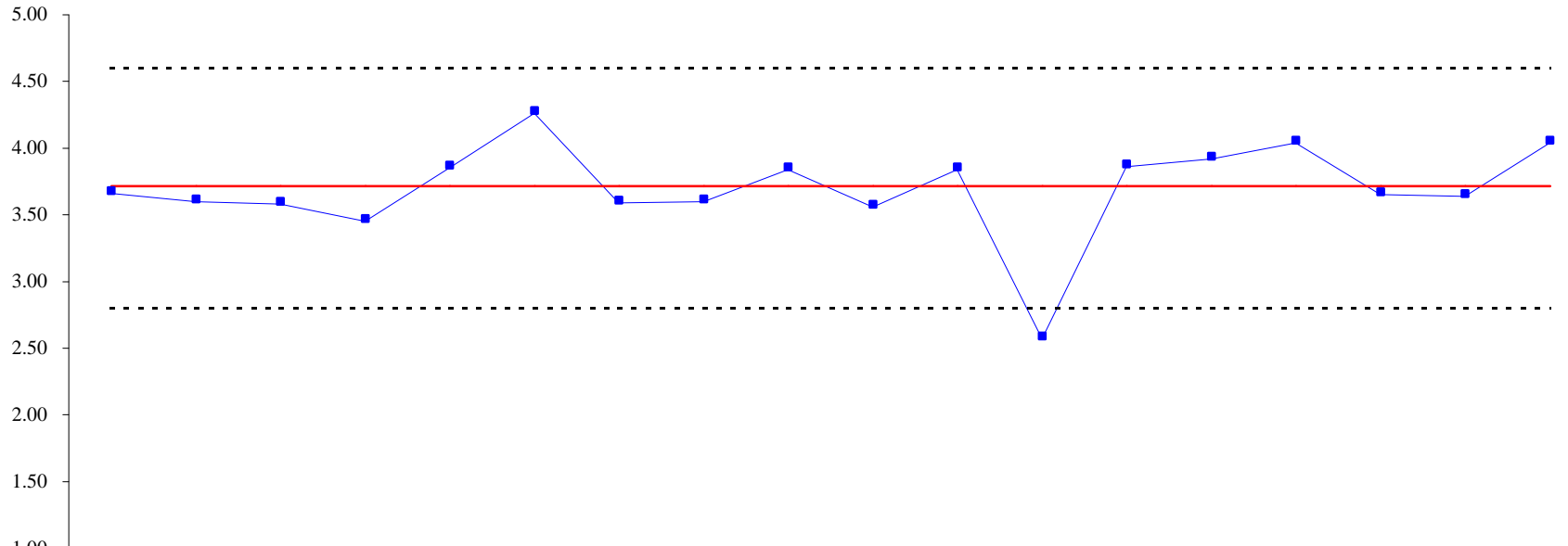


	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.75	3.83	3.72	3.77	3.80	3.89	3.76	3.93	3.79	3.79	3.84	3.73	3.95	3.89	3.77	3.85	3.79	3.86
Surveys	97	79	82	96	154	131	127	134	113	129	129	135	154	147	150	157	127	124
Discharges	202	219	231	265	219	237	178	179	158	167	168	178	234	203	191	196	196	202
% Sampled	48%	36%	35%	36%	70%	55%	71%	75%	72%	77%	77%	76%	66%	72%	79%	80%	65%	61%
UCL	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06	4.06
Avg	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82
LCL	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57	3.57

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Waco Center for Youth

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≈3.60)



	Mar-03	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Score	3.66	3.60	3.58	3.45	3.85	4.26	3.59	3.60	3.84	3.56	3.84	2.57	3.86	3.92	4.04	3.65	3.64	4.04
Surveys	12	4	12	6	12	5	10	4	3	6	3	4	3	5	8	4	7	7
Discharges	12	6	13	13	16	17	17	10	8	12	6	11	12	9	20	10	14	14
% Sampled	100%	67%	92%	46%	75%	29%	59%	40%	38%	50%	50%	36%	25%	56%	40%	40%	50%	50%
UCL	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60	4.60
Avg	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70	3.70
LCL	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80	2.80

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Performance Objective 8D:

Biennial assessments will be conducted using established criteria and improvement Opportunities identified by each state mental health facility in the following Administrative Performance Indicators areas:

- 1. Community Relations**
- 2. SMHF Contracting, Procurement and Warehousing**
- 3. Fiscal Management** (Budgeting, Accounting, Cash Receipts, Petty Cash, Consumer Money Management and Personal Effects)
- 4. Fixed Assets**
- 5. Human Resources**
- 6. Fleet Management**
- 7. Maintenance**
- 8. Vocational Services**
- 9. Medication Internal Controls**
- 10. Food Service**

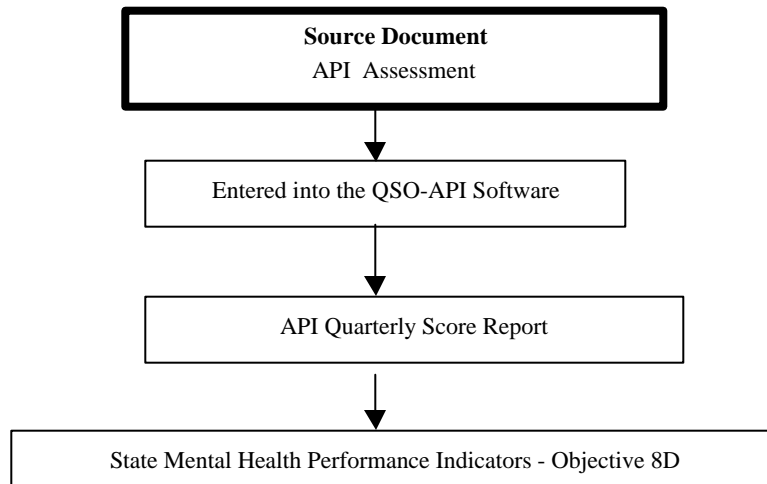
Performance Objective Operational Definition: The facility performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$.

Performance Objective Data Display and Chart Description:

- ◆ Table shows the assessment score for individual facilities and system-wide
- ◆ Chart shows the assessment score for individual facilities.

Data Flow:



Objective 8D - Administrative Performance Indicators
All MH Facilities - FY2004

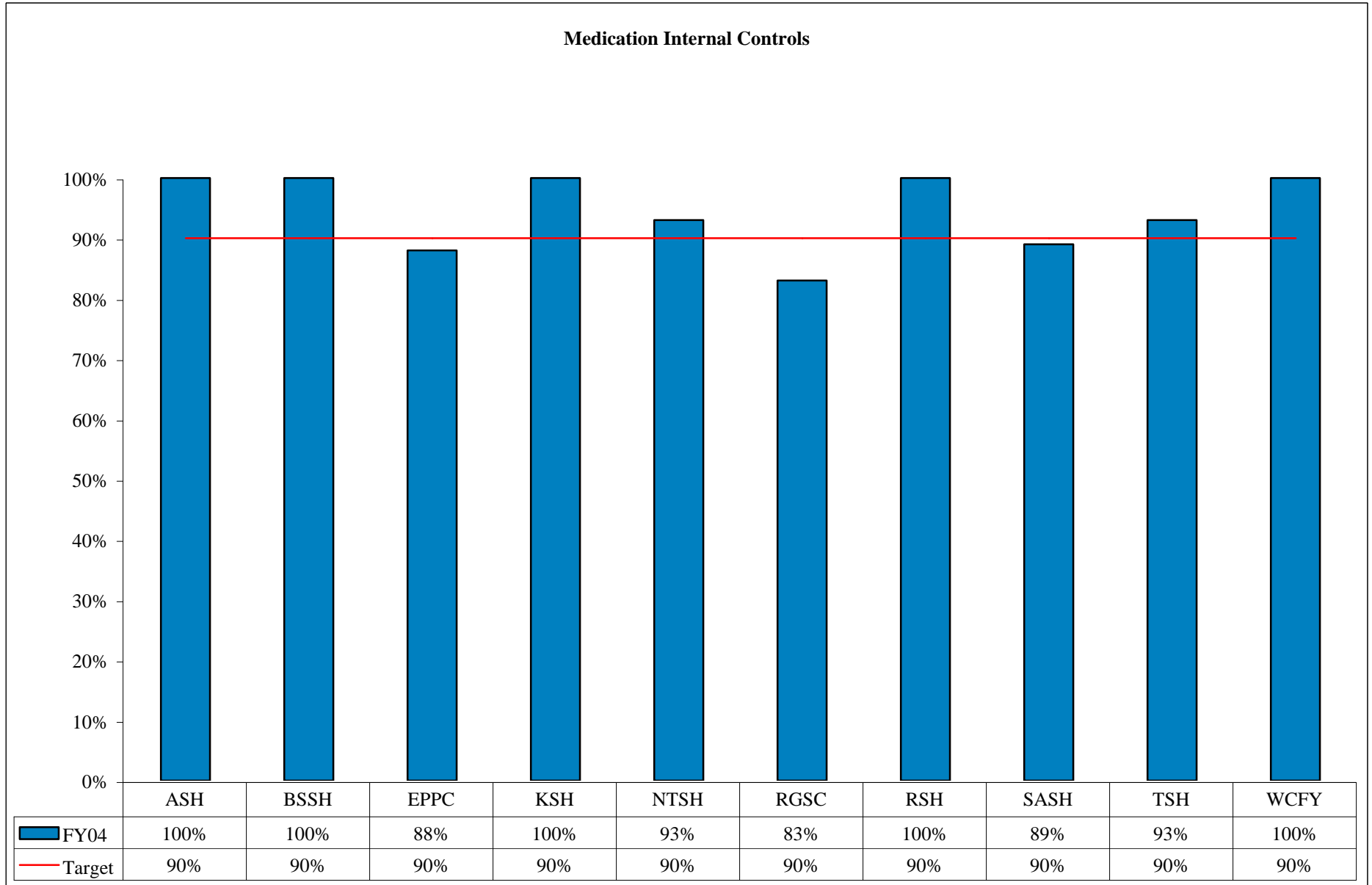
	Q1	Q2		Q3			Q4
	Medication Internal Controls	Facility C&MM	Procurement Card	Accounting	Cash Receipts	Petty Cash	
Compliance Target	90%	90%	NA	91%	90%	87%	
MH Totals	95%	95%	56%	97%	95%	99%	
Austin State Hospital	100%	90%	38%	89%	100%	100%	No APIs Completed in Q4 FY04
Big Spring State Hospital	100%	100%	85%	100%	86%	94%	
El Paso Psychiatric Center	88%	90%	38%	90%	86%	100%	
Kerrville State Hospital	100%	95%	69%	100%	86%	100%	
North Texas State Hospital	93%	100%	31%	100%	100%	100%	
Rio Grande State Center	83%	95%	50%	100%	100%	100%	
Rusk State Hospital	100%	100%	54%	97%	100%	100%	
San Antonio State Hospital	89%	95%	38%	100%	100%	100%	
Terrell State Hospital	93%	100%	85%	97%	93%	100%	
Waco Center For Youth	100%	*CF	69%	*CF	100%	93%	

*CF = Contract Facility

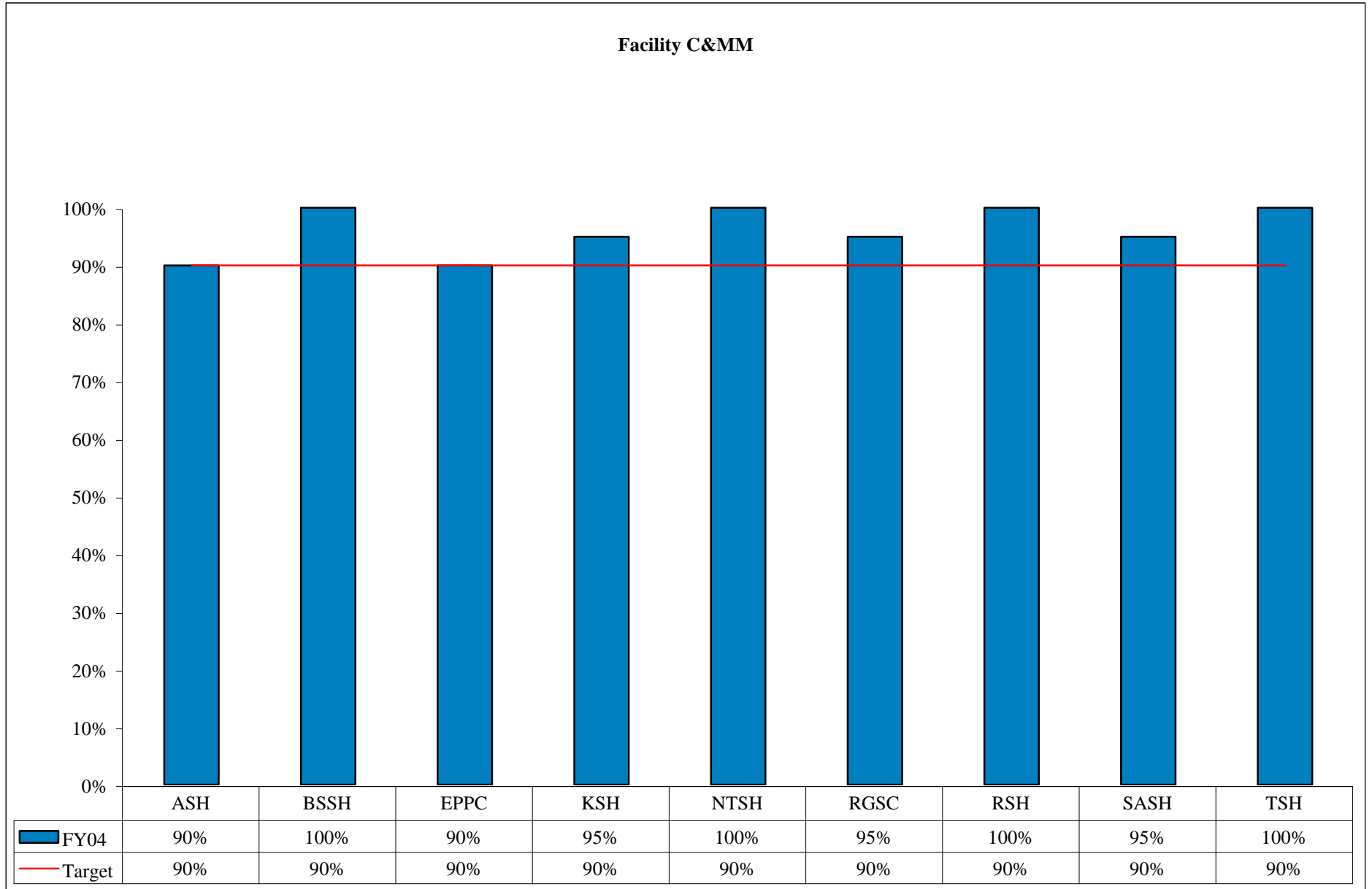
Chart: Management Data Services

Source: QSOAPI Intranet Software

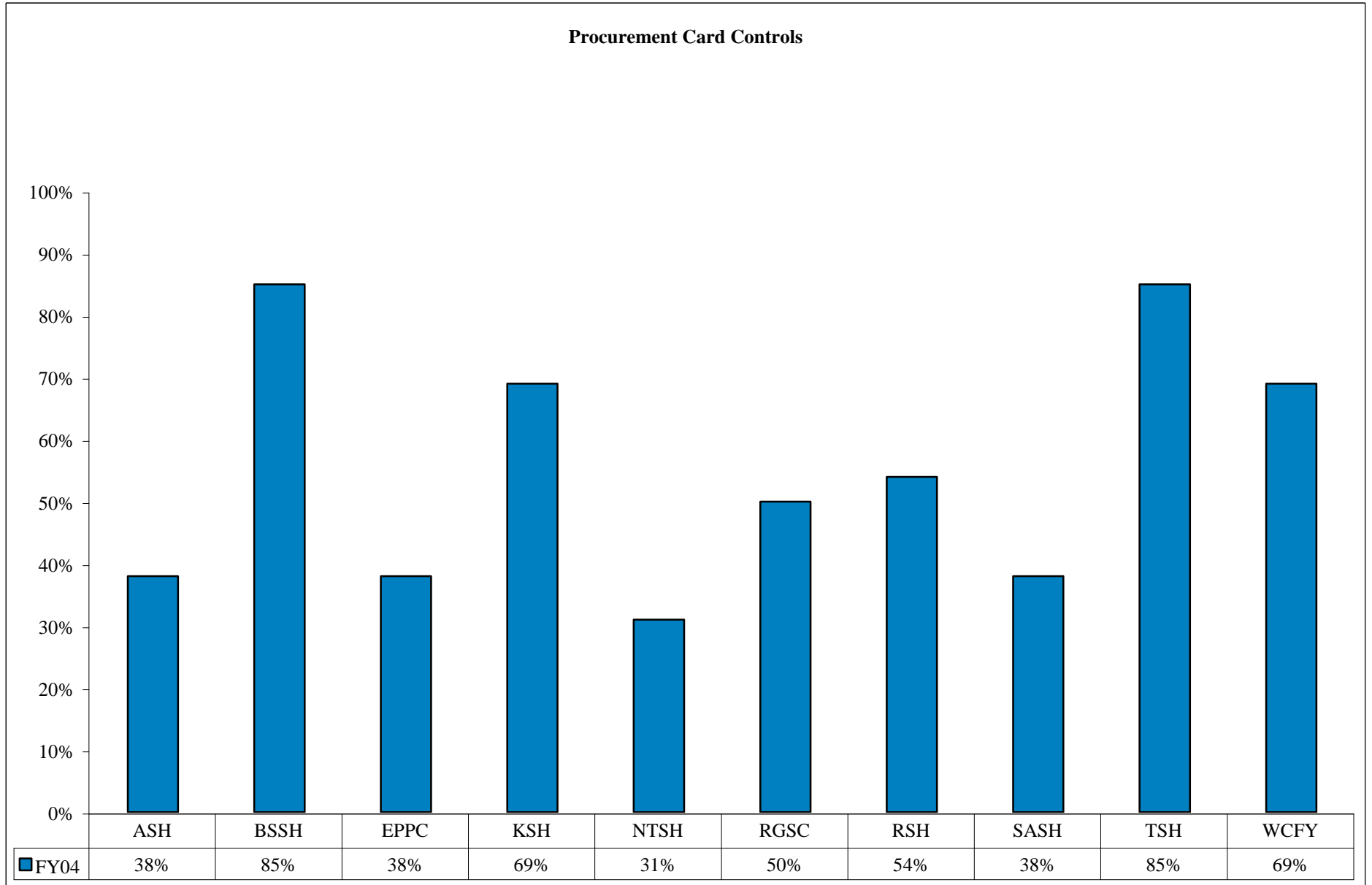
Objective 8D - Administrative Performance Indicators
All MH Facilities
Medication Internal Controls



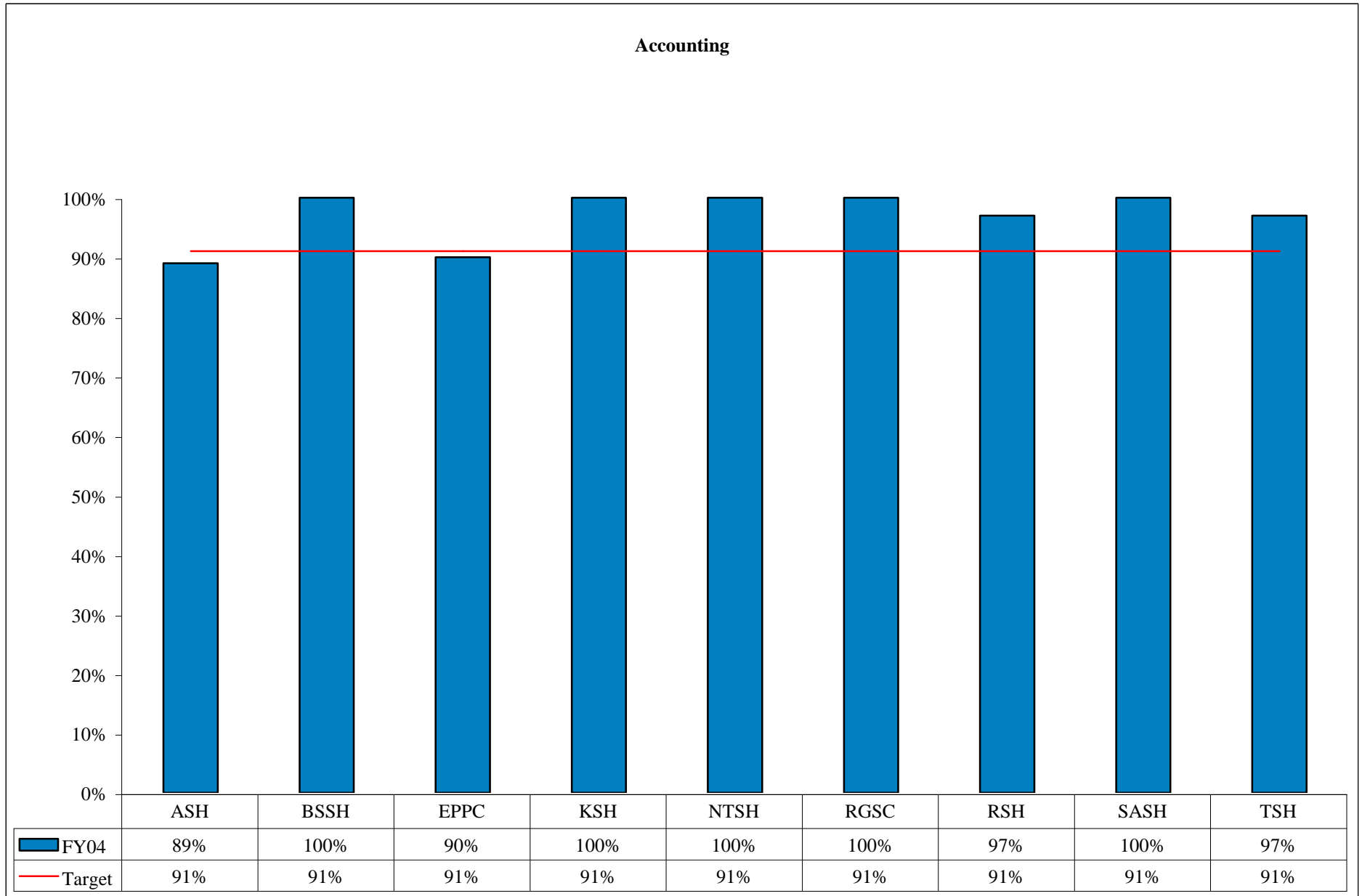
Objective 8D - Administrative Performance Indicators
All MH Facilities
Facility C&MM



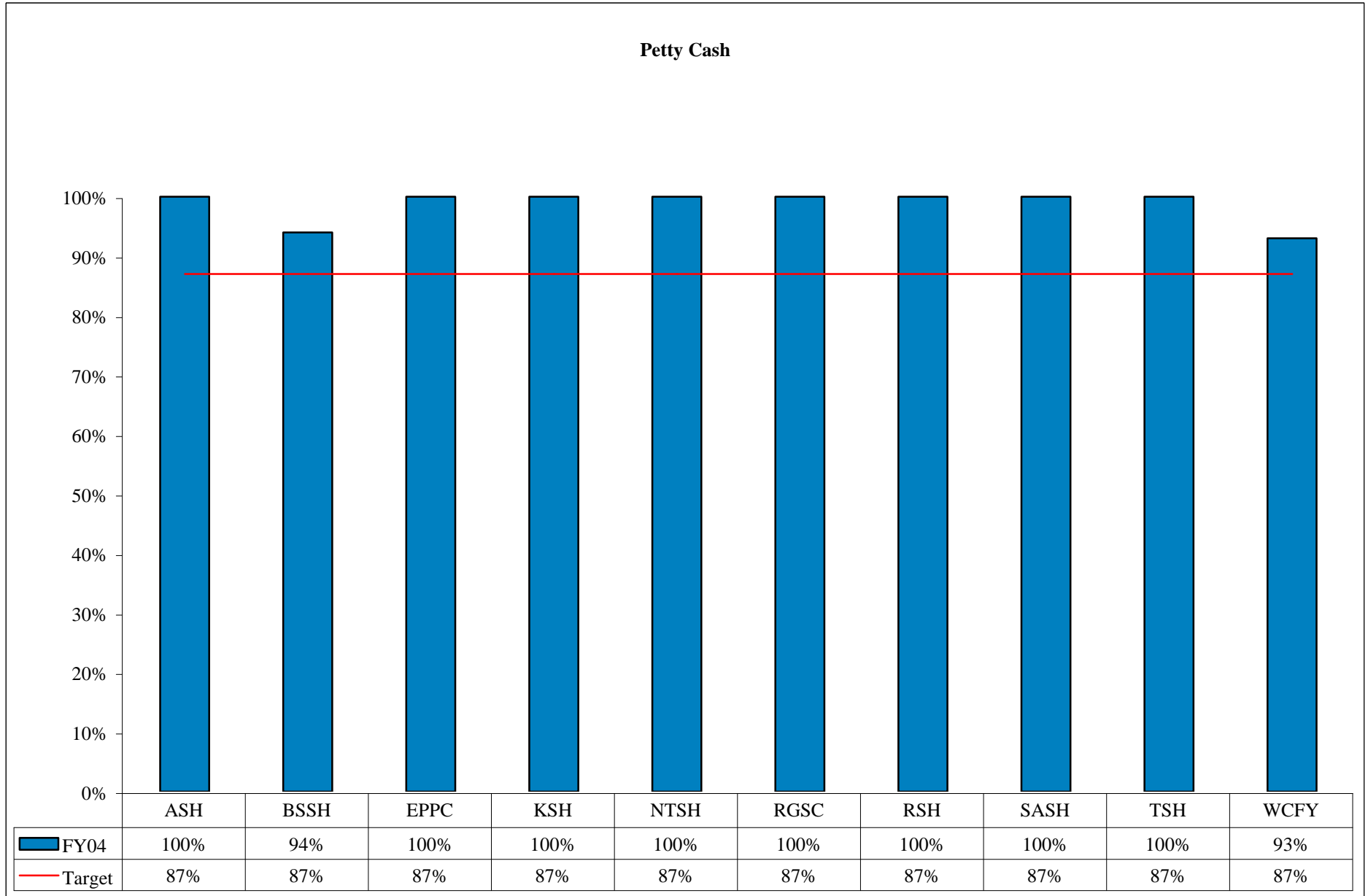
Objective 8D - Administrative Performance Indicators
All MH Facilities
Procurement Card Controls



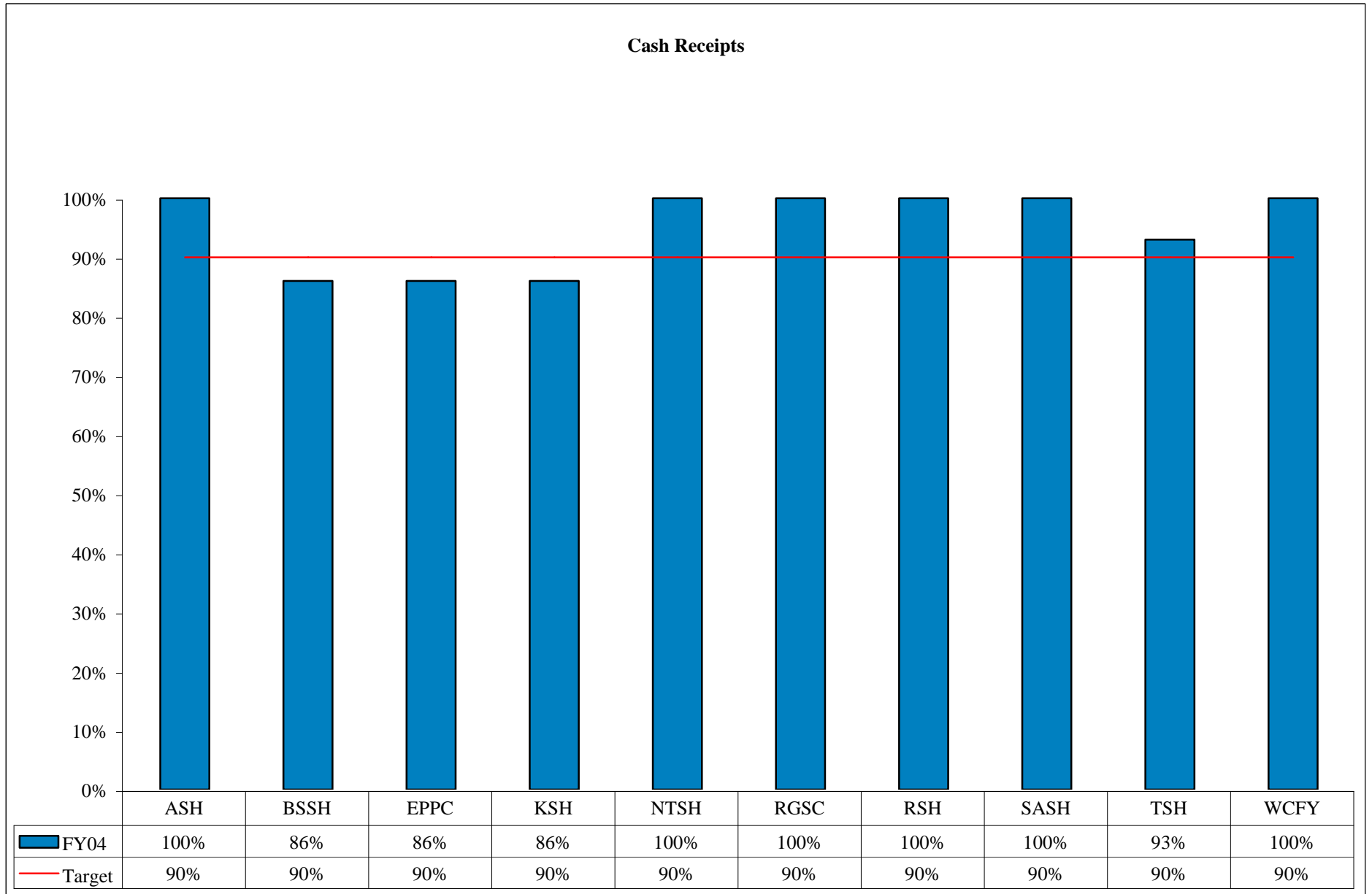
Objective 8D - Administrative Performance Indicators
All MH Facilities
Accounting



Objective 8D - Administrative Performance Indicators
All MH Facilities
Petty Cash



Objective 8D - Administrative Performance Indicators
All MH Facilities
Cash Receipts



Performance Measure 8A:

Each state mental health facility will make a good faith effort to meet the HUB Performance goals in an applicable expenditure category.

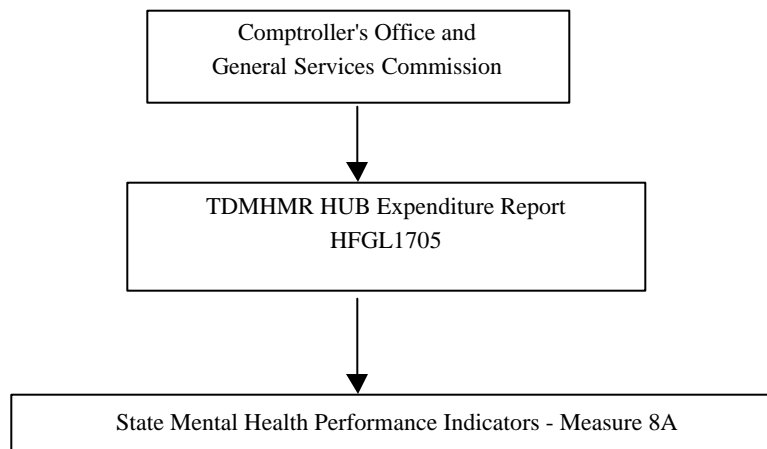
Performance Measure Operational Definition: TDMHMR as an agency must meet the following applicable statutory goals: heavy construction = 6.6%; building construction = 25.1%; special trade = 47.0%; professional services = 18.1%; other services = 33.0%; and commodities = 11.5%.

Performance Measure Formula: Reflects all expenditures by object code by facility as captured by the Comptroller’s Office. Vendor ID numbers from the Comptroller’s expenditure tapes are matched against the certified HUB vendor listing maintained by the General Services Commission (GSC) to produce proportion paid to HUB by object code.

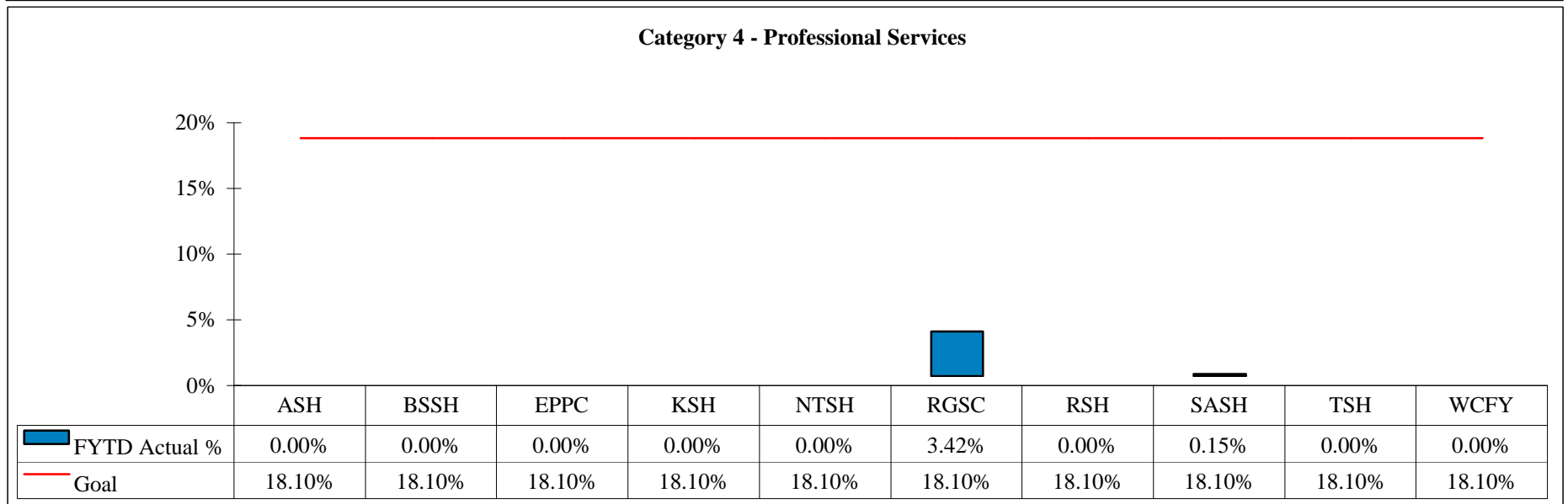
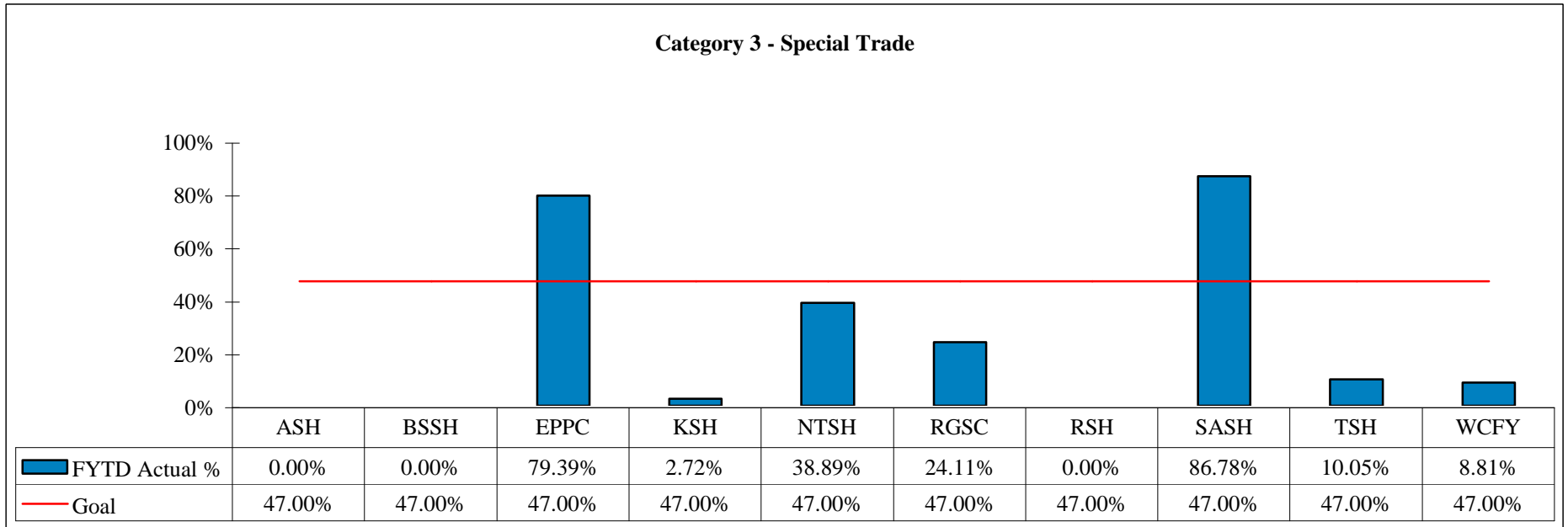
Performance Measure Data Display and Chart Description:

- ◆ Bar chart with FYTD data of total expenditures, total adjusted HUB amount, actual percent and goal percent for each category for individual facilities and system-wide.

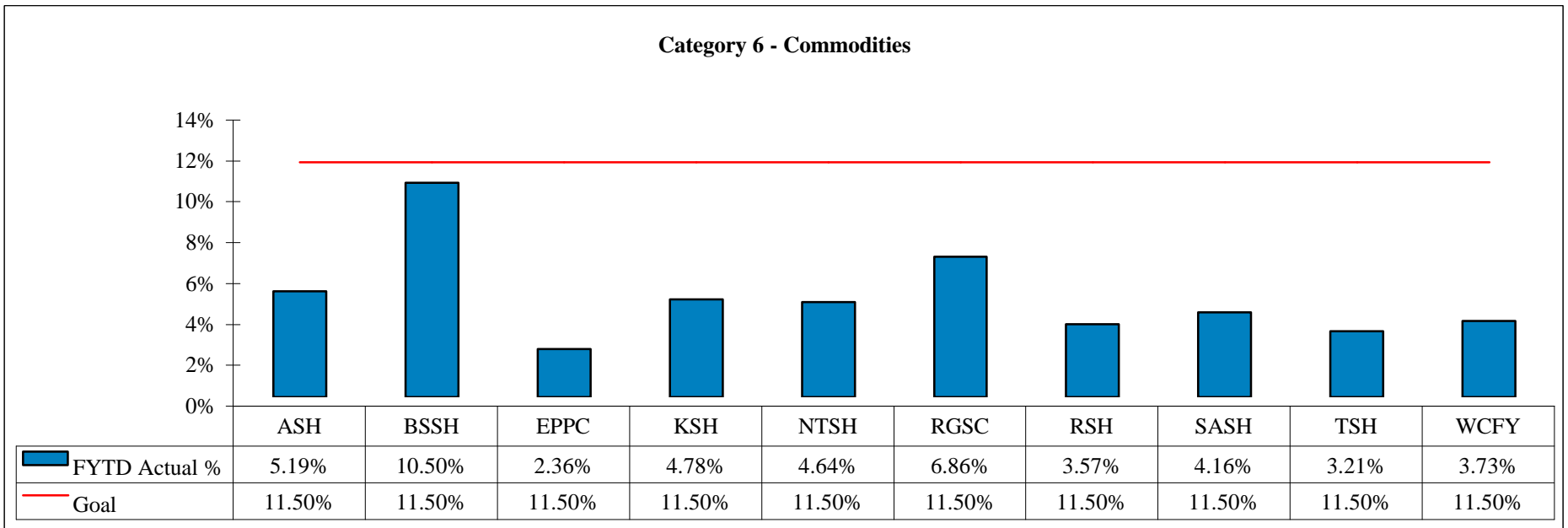
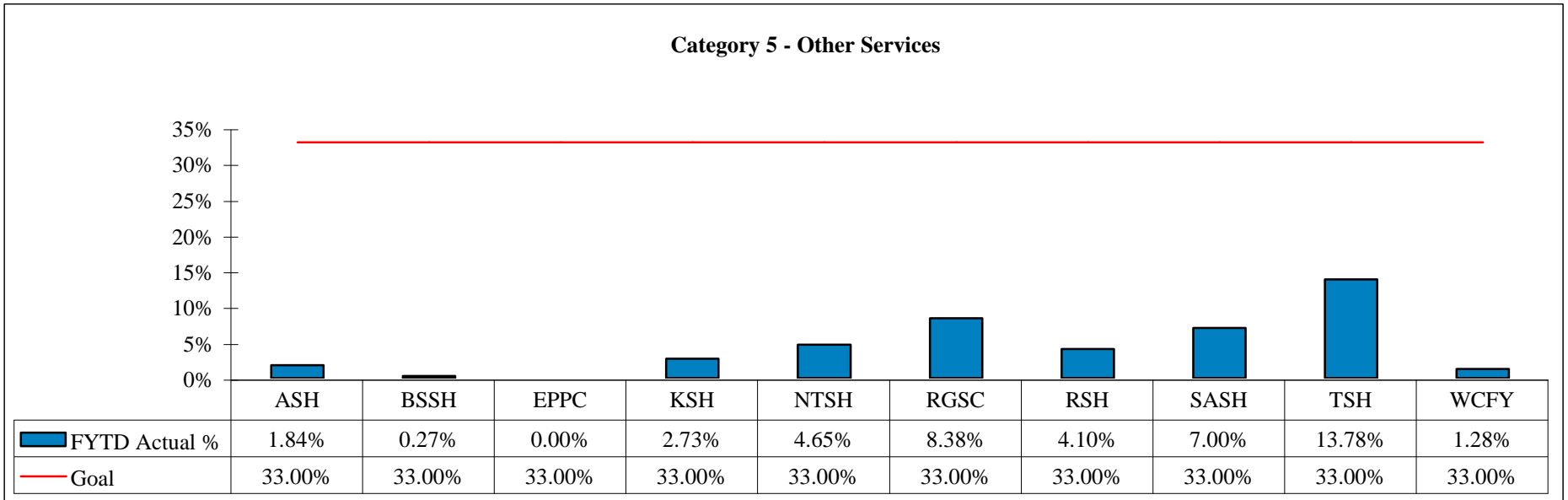
Data Flow:



**Measure 8A - HUB Purchasing
All MH Facilities**



**Measure 8A - HUB Purchasing
All MH Facilities**

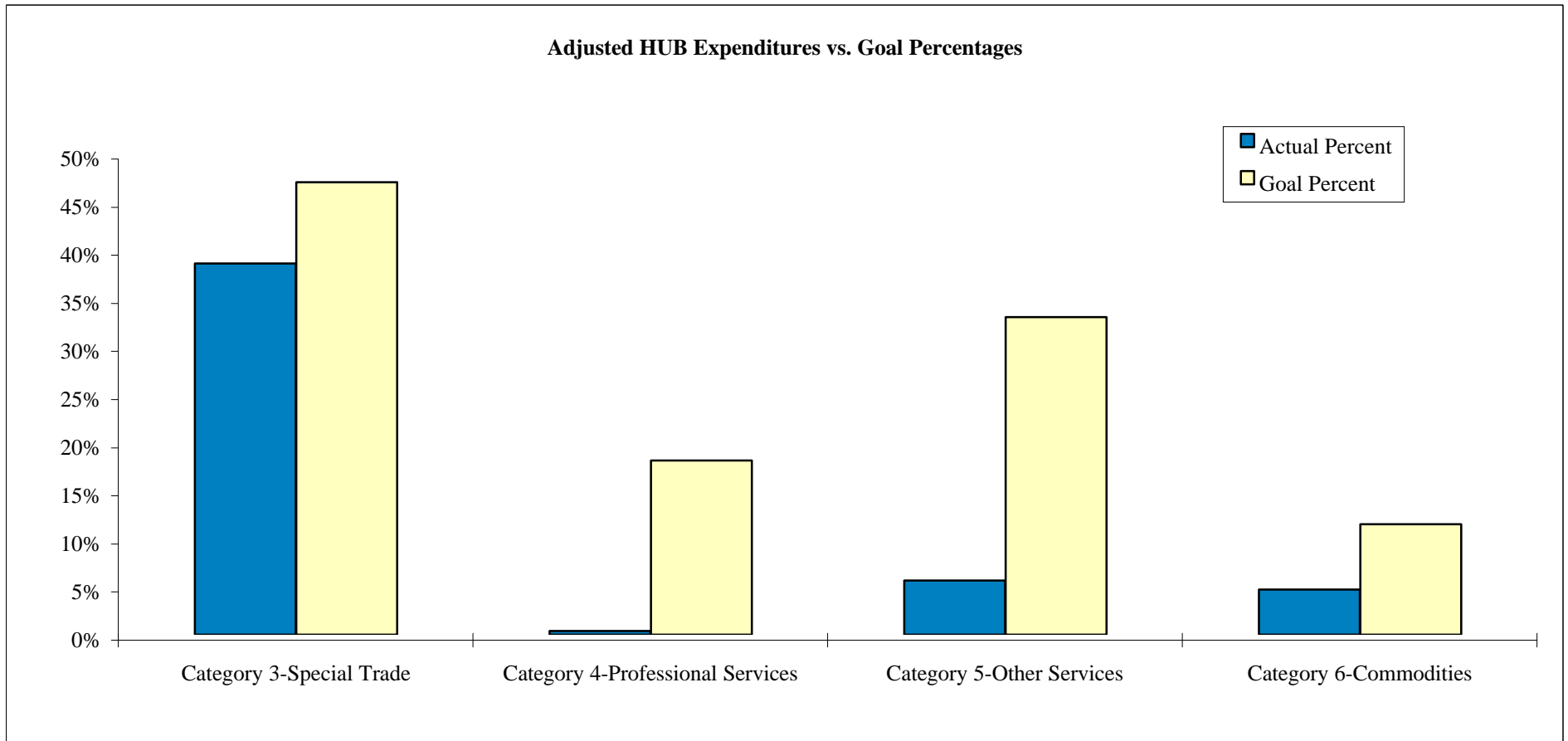


**Measure 8A - HUB Purchasing
All MH Facilities**

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 1 - Heavy Construction	\$0	\$0	0.00%	6.60%
Category 2-Building Construction	\$139,216	\$0	0.00%	25.10%
Category 3-Special Trade	\$384,903	\$148,504	38.58%	47.00%
Category 4-Professional Services	\$9,057,126	\$32,792	0.36%	18.10%
Category 5-Other Services	\$4,028,507	\$226,123	5.61%	33.00%
Category 6-Commodities	\$29,081,065	\$1,370,865	4.71%	11.50%
Total	\$42,690,818	\$1,778,284	4.17%	

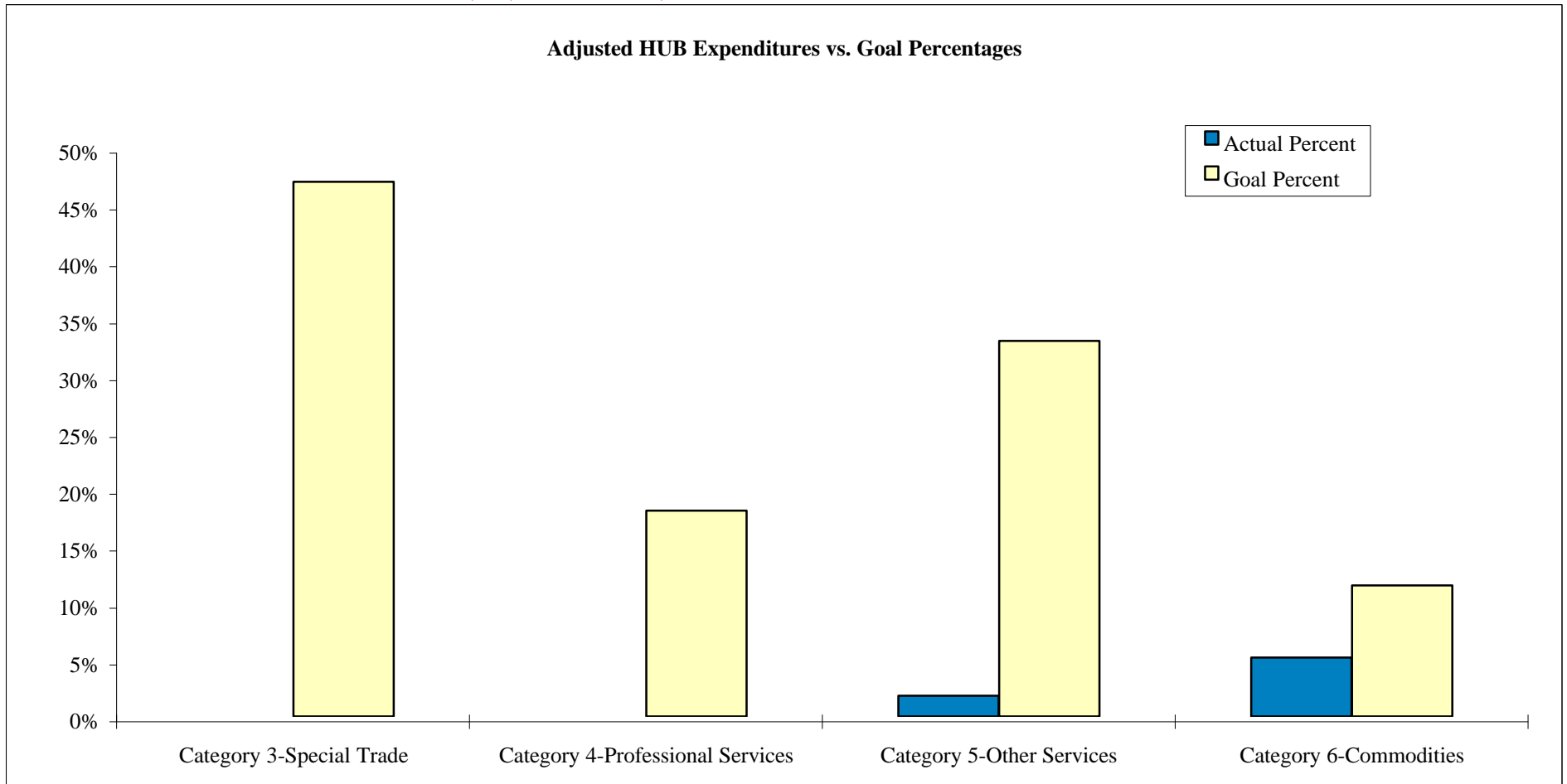


**Measure 8A - HUB Purchasing
Austin State Hospital**

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$7,658	\$0	0.00%	47.00%
Category 4-Professional Services	\$974,441	\$0	0.00%	18.10%
Category 5-Other Services	\$643,806	\$11,845	1.84%	33.00%
Category 6-Commodities	\$3,996,906	\$207,556	5.19%	11.50%
Total	\$5,622,812	\$219,401	3.90%	

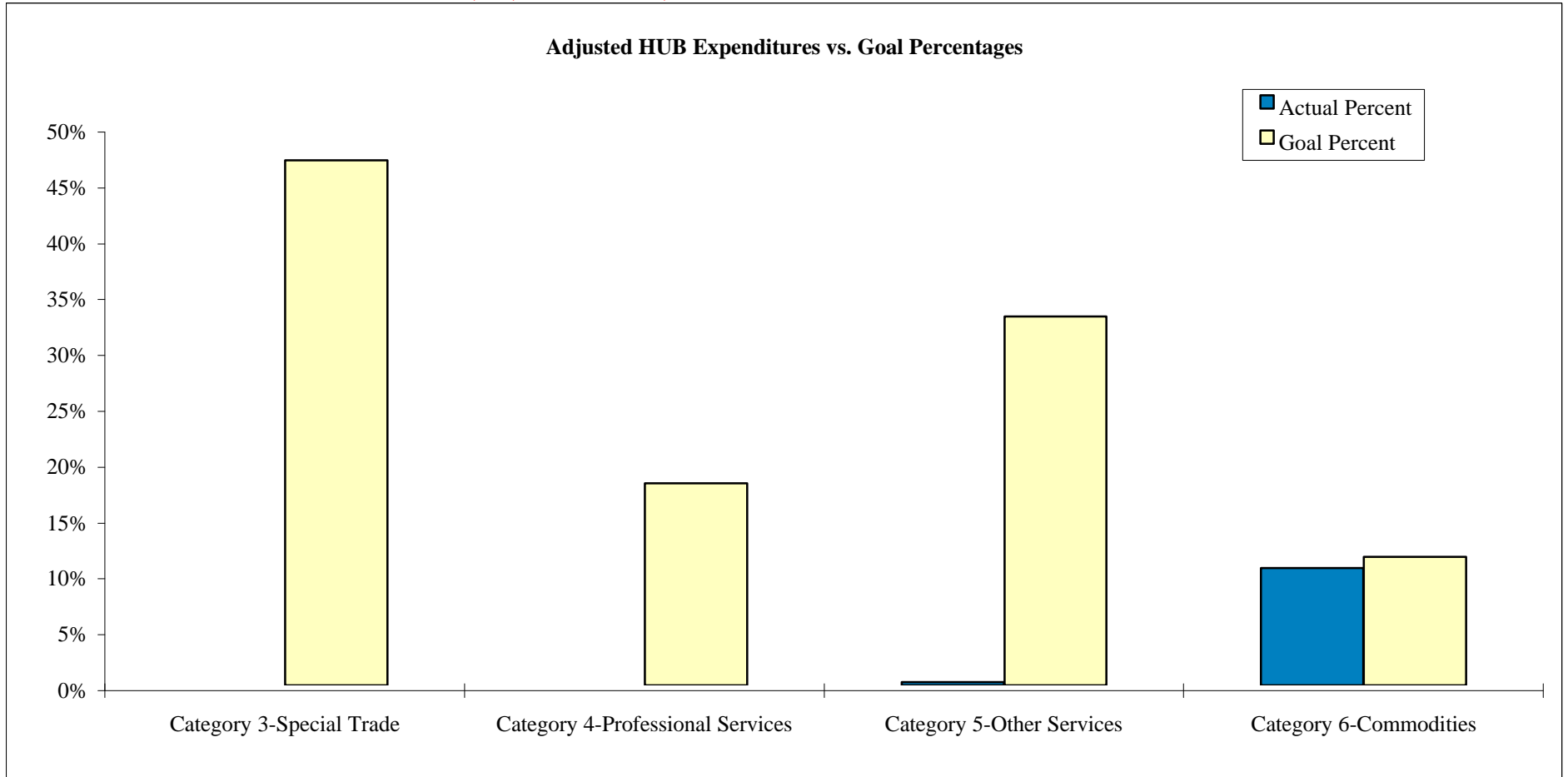


**Measure 8A - HUB Purchasing
Big Spring State Hospital**

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$37,449	\$0	0.00%	47.00%
Category 4-Professional Services	\$786,081	\$0	0.00%	18.10%
Category 5-Other Services	\$157,196	\$420	0.27%	33.00%
Category 6-Commodities	\$1,868,920	\$196,304	10.50%	11.50%
Total	\$2,849,645	\$196,724	6.90%	

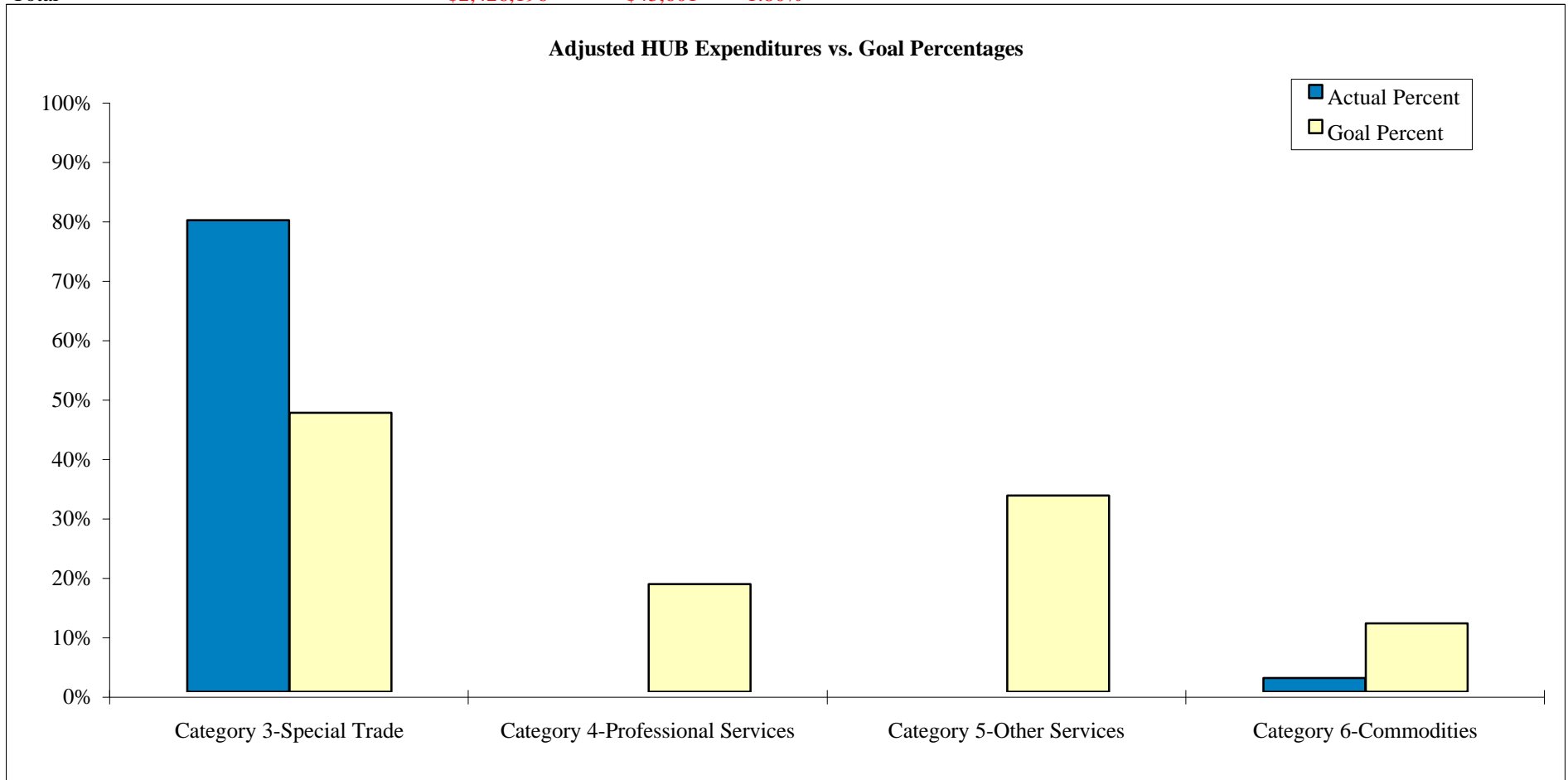


**Measure 8A - HUB Purchasing
El Paso Psychiatric Center**

Q4 2004 FYTD Totals

Total Expenditures d HUB Amount ual Percent oal Percent

Category 2-Building Construction	\$139,216	\$0	0.00%	25.10%
Category 3-Special Trade	\$26,320	\$20,895	79.39%	47.00%
Category 4-Professional Services	\$1,028,094	\$0	0.00%	18.10%
Category 5-Other Services	\$270,575	\$0	0.00%	33.00%
Category 6-Commodities	\$961,992	\$22,706	2.36%	11.50%
Total	\$2,426,196	\$43,601	1.80%	

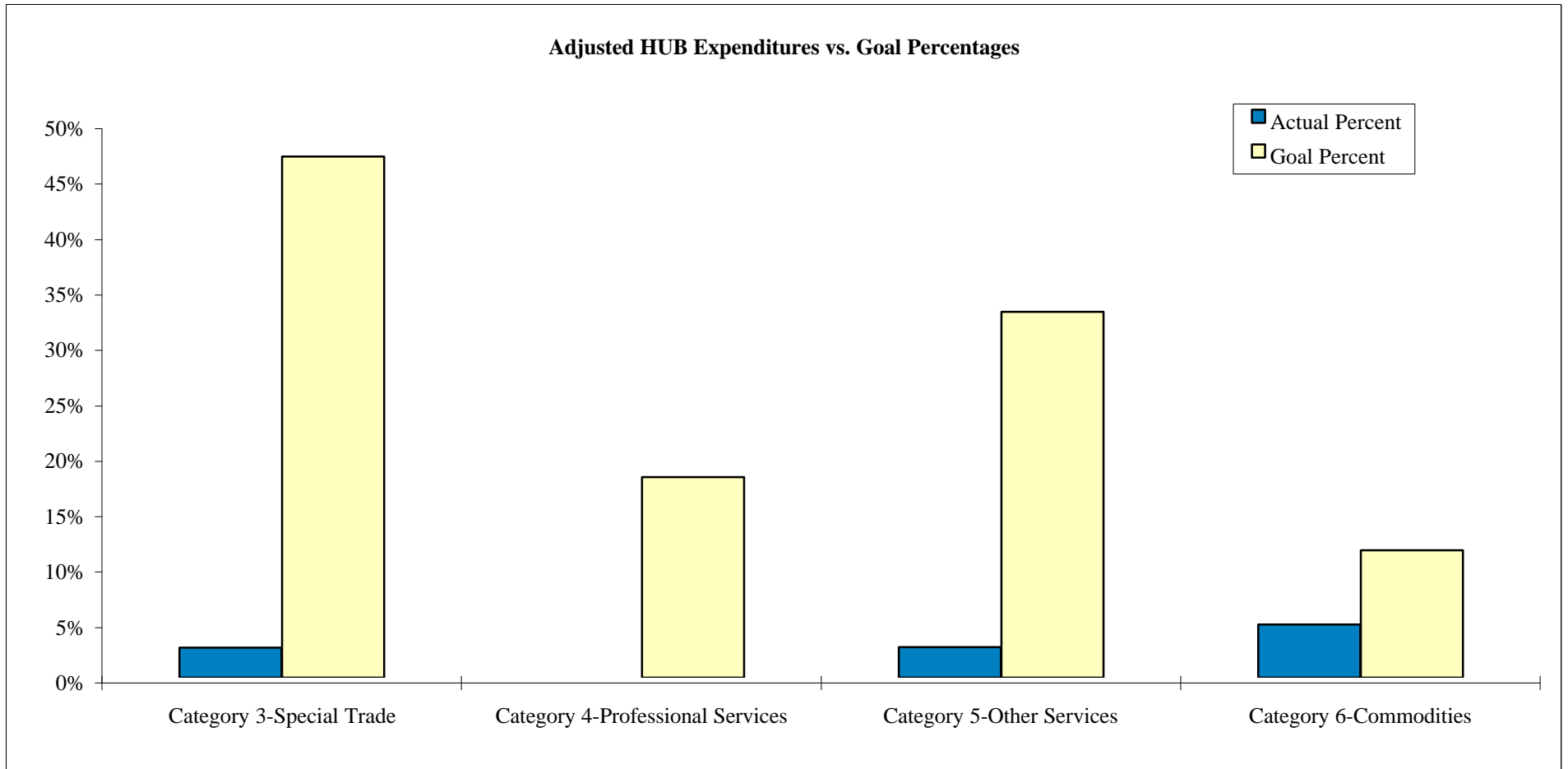


**Measure 8A - HUB Purchasing
Kerrville State Hospital**

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$24,234	\$660	2.72%	47.00%
Category 4-Professional Services	\$245,768	\$0	0.00%	18.10%
Category 5-Other Services	\$140,613	\$3,840	2.73%	33.00%
Category 6-Commodities	\$799,862	\$38,243	4.78%	11.50%
Total	\$1,210,478	\$42,743	3.53%	

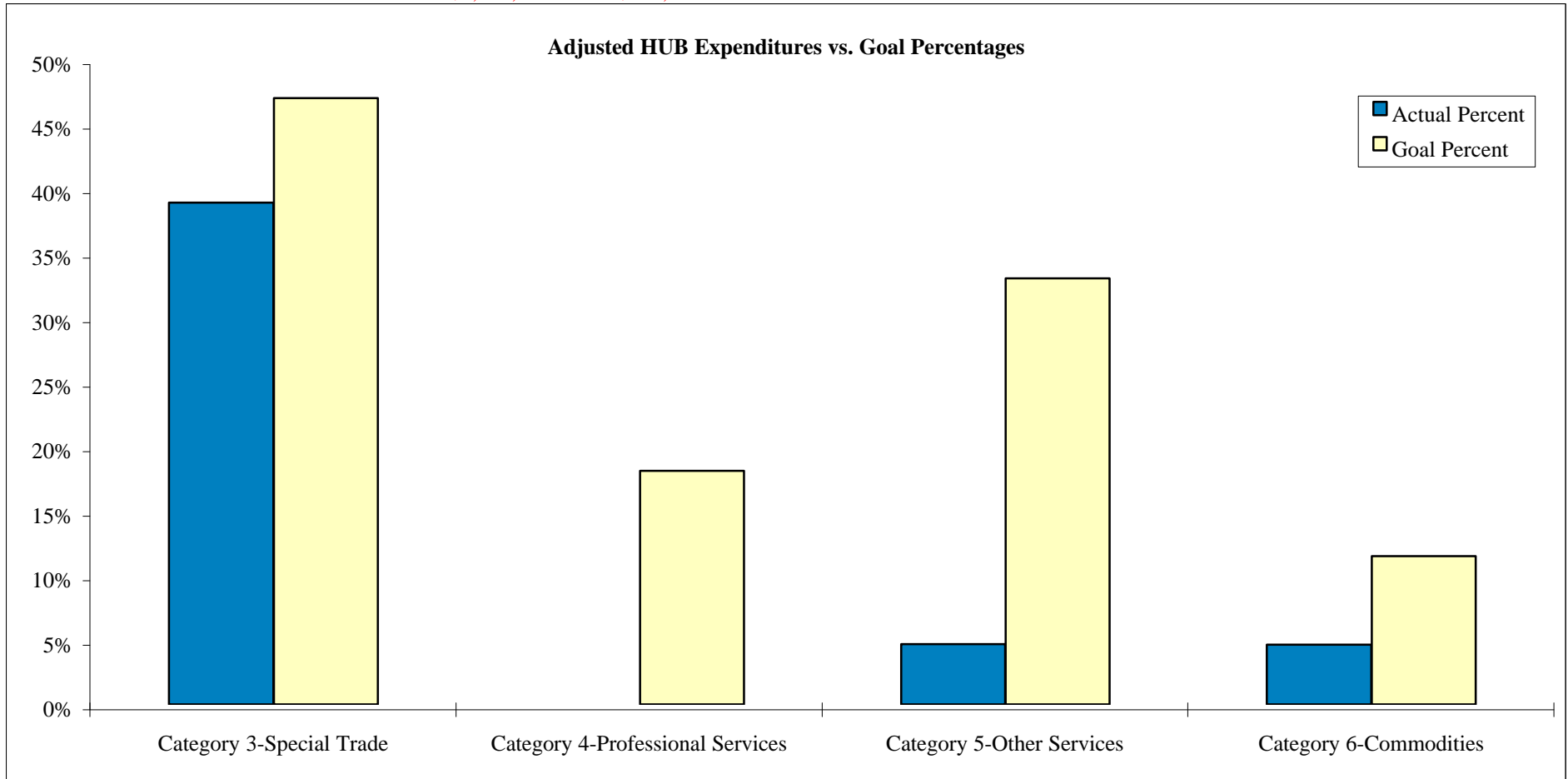


Measure 8A - HUB Purchasing
North Texas State Hospital

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$20,666	\$8,037	38.89%	47.00%
Category 4-Professional Services	\$1,349,959	\$0	0.00%	18.10%
Category 5-Other Services	\$374,329	\$17,402	4.65%	33.00%
Category 6-Commodities	\$6,695,722	\$310,925	4.64%	11.50%
Total	\$8,440,676	\$336,365	3.99%	

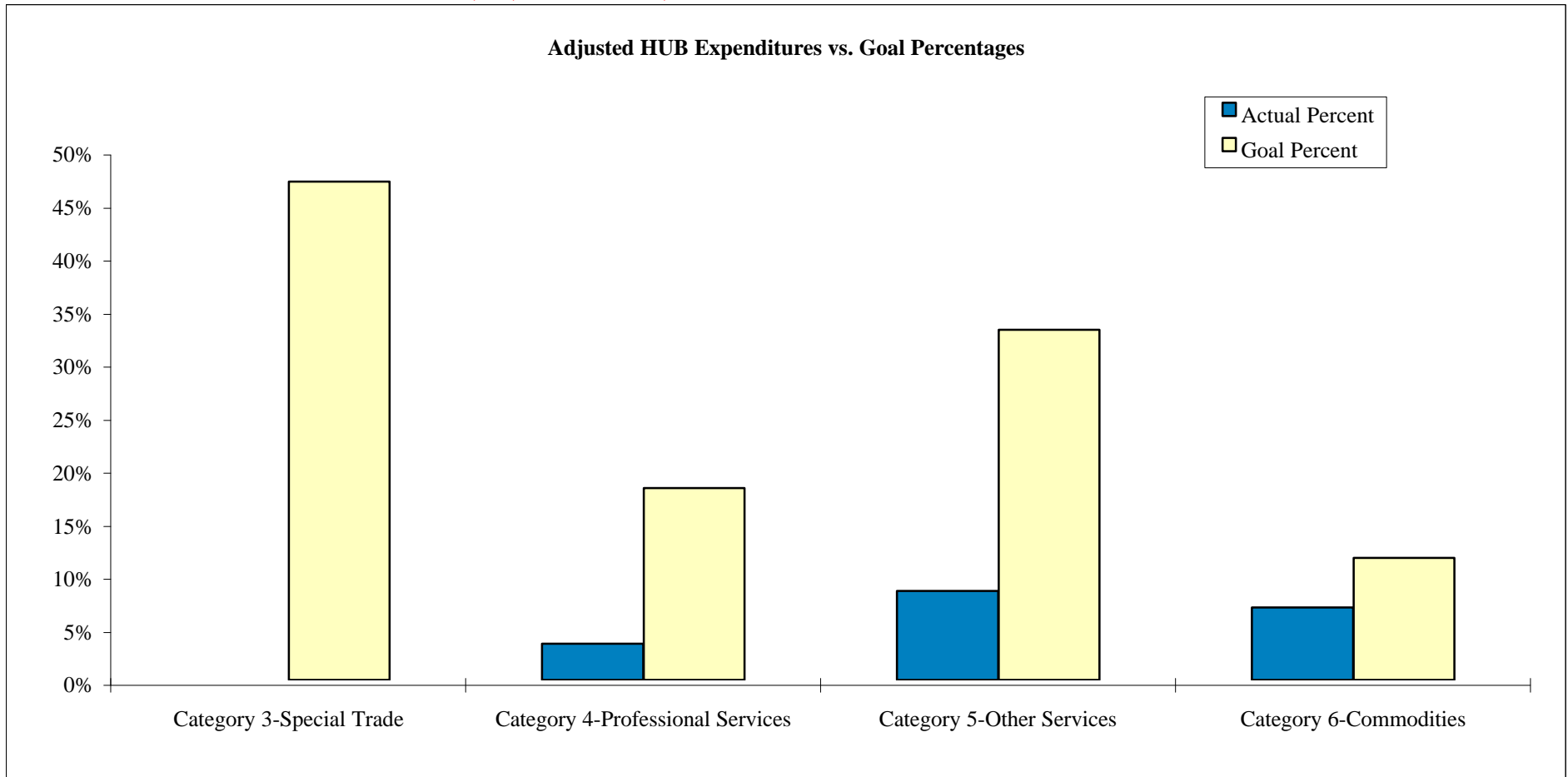


Measure 8A - HUB Purchasing
Rio Grande State Center

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$10,563	\$2,547	0.00%	47.00%
Category 4-Professional Services	\$909,417	\$31,101	3.42%	18.10%
Category 5-Other Services	\$251,891	\$21,106	8.38%	33.00%
Category 6-Commodities	\$1,111,470	\$76,206	6.86%	11.50%
Total	\$2,283,341	\$130,959	5.74%	

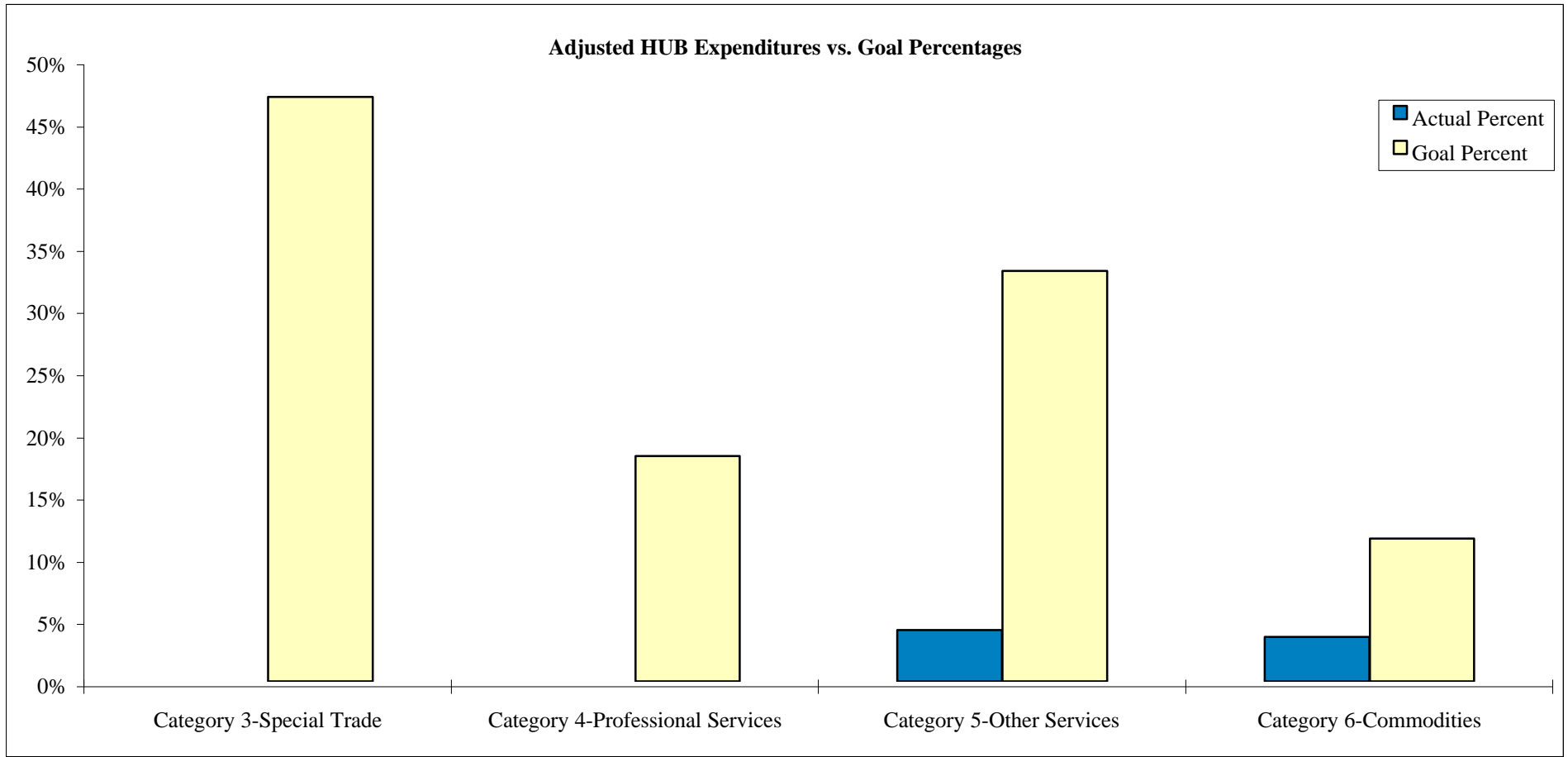


Measure 8A - HUB Purchasing
Rusk State Hospital

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$22,618	\$0	0.00%	47.00%
Category 4-Professional Services	\$1,633,343	\$0	0.00%	18.10%
Category 5-Other Services	\$250,032	\$10,263	4.10%	33.00%
Category 6-Commodities	\$3,202,219	\$114,343	3.57%	11.50%
Total	\$5,108,211	\$124,605	2.44%	

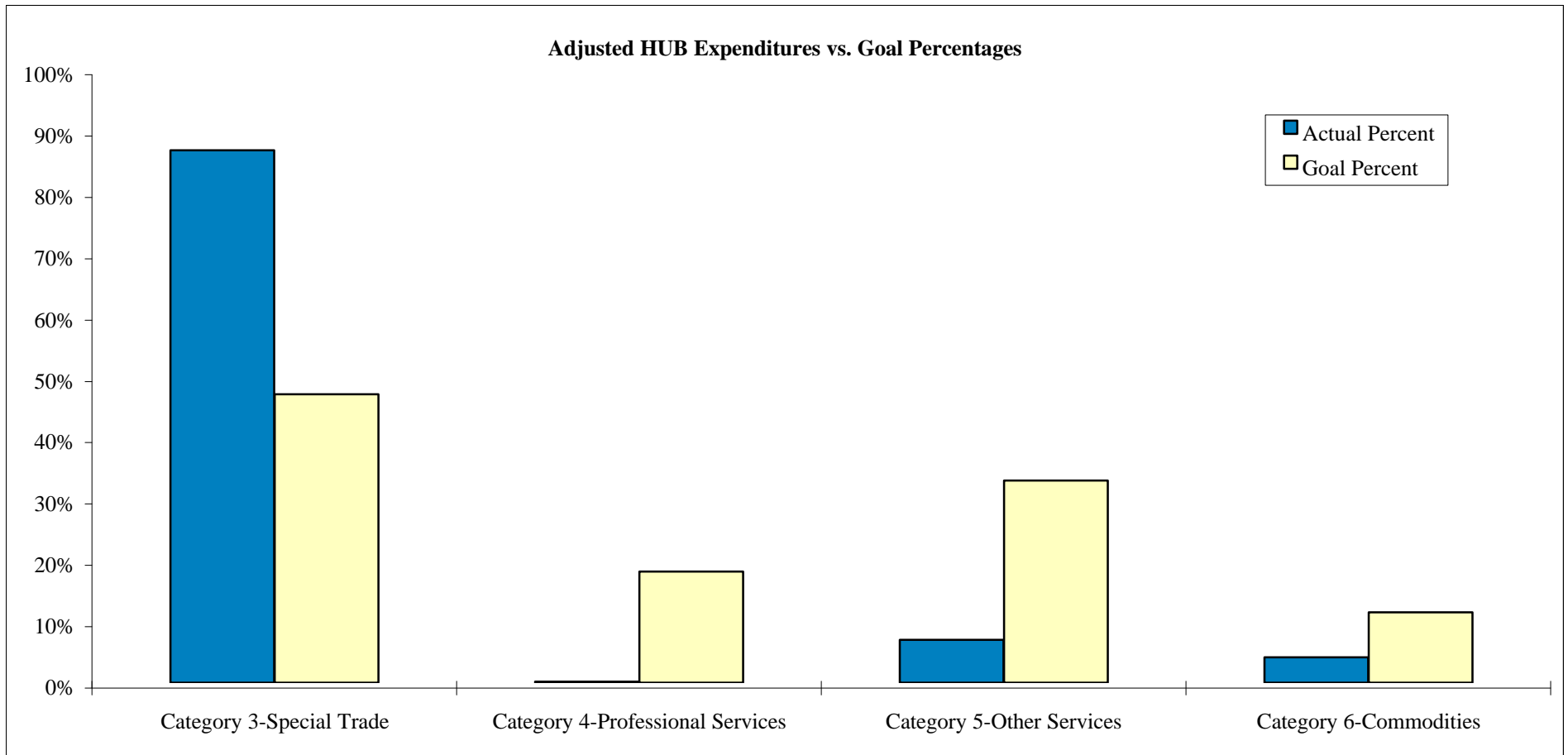


**Measure 8A - HUB Purchasing
San Antonio State Hospital**

Q4 2004 FYTD Totals

Total Expenditures | Actual HUB Amount | Actual Percent | Goal Percent

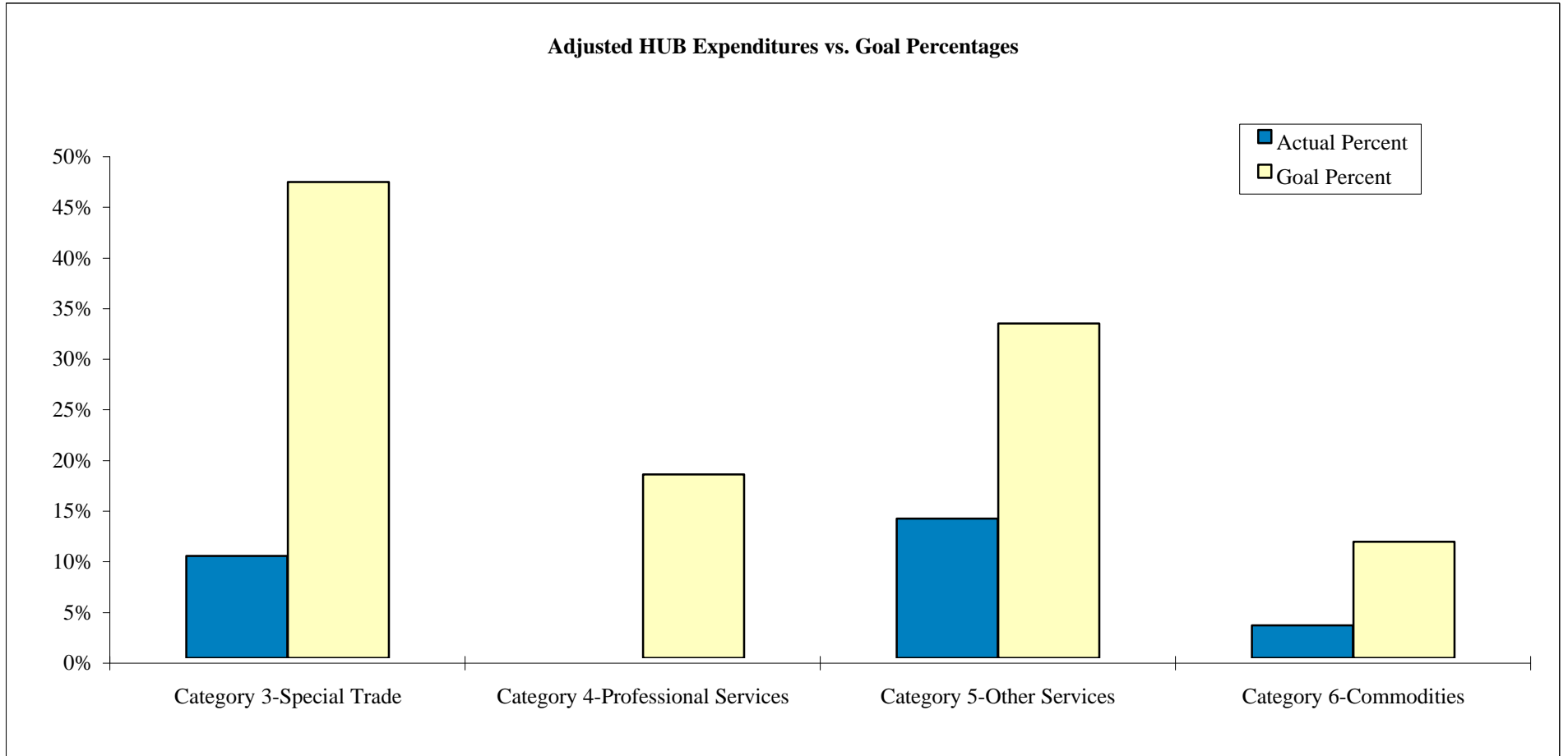
Category 3-Special Trade	\$121,490	\$105,434	86.78%	47.00%
Category 4-Professional Services	\$1,092,714	\$1,691	0.15%	18.10%
Category 5-Other Services	\$1,421,385	\$99,507	7.00%	33.00%
Category 6-Commodities	\$6,977,948	\$290,286	4.16%	11.50%
Total	\$9,613,537	\$496,918	5.17%	



**Measure 8A - HUB Purchasing
Terrell State Hospital**

Q4 2004 FYTD Totals
Total Expenditures d HUB Amount ual Percent oal Percent

Category 3-Special Trade	\$72,023	\$7,241	10.05%	47.00%
Category 4-Professional Services	\$958,796	\$0	0.00%	18.10%
Category 5-Other Services	\$440,931	\$60,742	13.78%	33.00%
Category 6-Commodities	\$2,883,649	\$92,602	3.21%	11.50%
Total	\$4,355,398	\$160,585	3.69%	

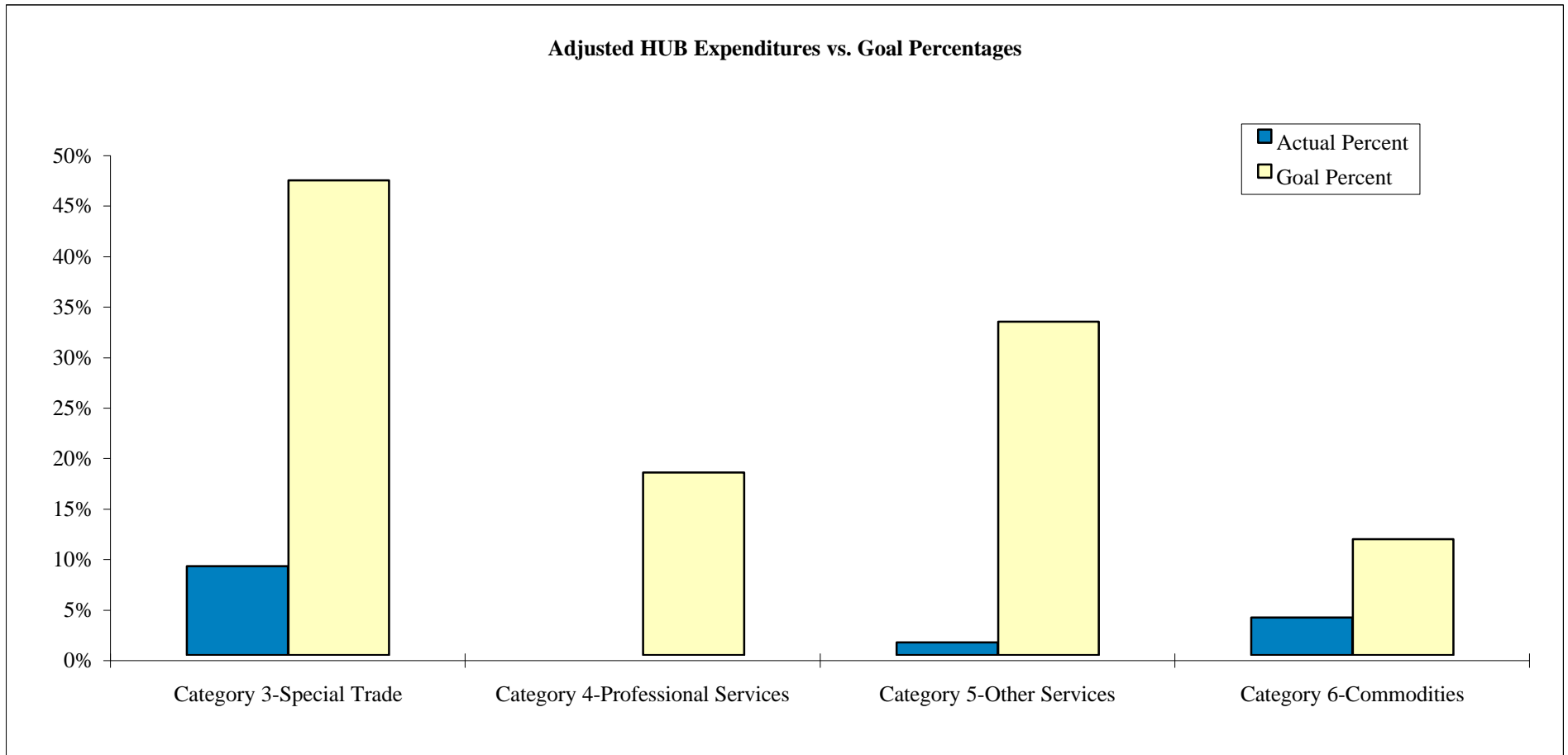


**Measure 8A - HUB Purchasing
Waco Center for Youth**

Q4 2004 FYTD Totals

Total Expenditures | Adjusted HUB Amount | Actual Percent | Goal Percent

Category 3-Special Trade	\$41,883	\$3,690	8.81%	47.00%
Category 4-Professional Services	\$78,515	\$0	0.00%	18.10%
Category 5-Other Services	\$77,749	\$998	1.28%	33.00%
Category 6-Commodities	\$582,378	\$21,695	3.73%	11.50%
Total	\$780,525	\$26,383	3.38%	



Appendix A - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?

One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How many causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?

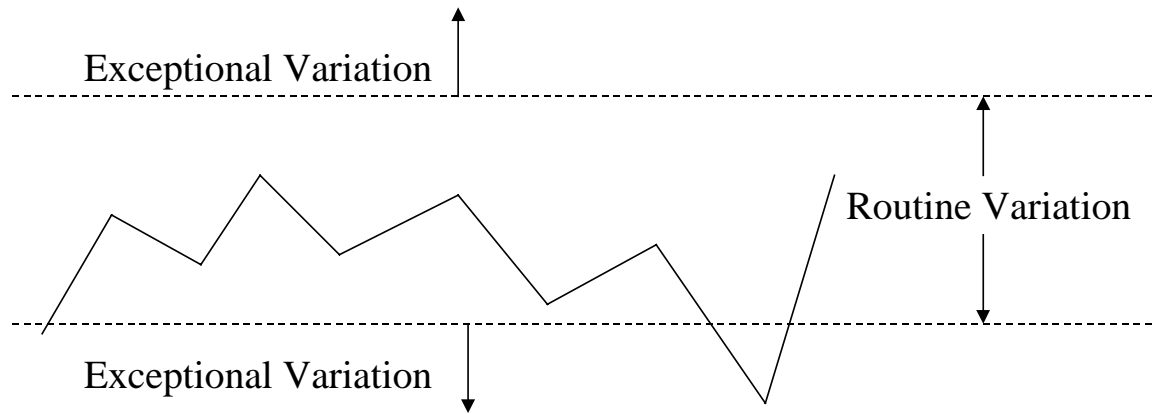
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

While every process displays variation, some processes display predictable variation, while others display unpredictable variation.

Don Wheeler, Building Continual Improvement.

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

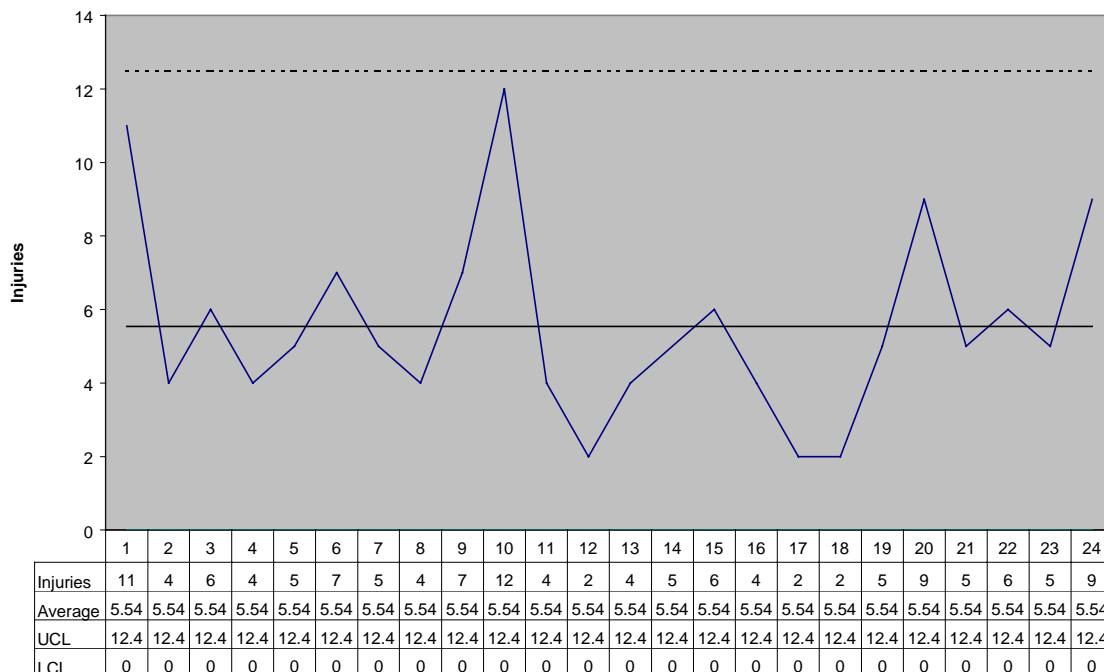
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

The XmR Chart for Monthly Injuries



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	LCL	LCL
1	11		12.48	-1.40	0
2	4	7	12.48	-1.40	0
3	6	2	12.48	-1.40	0
4	4	2	12.48	-1.40	0
5	5	1	12.48	-1.40	0
6	7	2	12.48	-1.40	0
7	5	2	12.48	-1.40	0
8	4	1	12.48	-1.40	0
9	7	3	12.48	-1.40	0
10	12	5	12.48	-1.40	0
11	4	8	12.48	-1.40	0
12	2	2	12.48	-1.40	0
13	4	2	12.48	-1.40	0
14	5	1	12.48	-1.40	0
15	6	1	12.48	-1.40	0
16	4	2	12.48	-1.40	0
17	2	2	12.48	-1.40	0
18	2	0	12.48	-1.40	0
19	5	3	12.48	-1.40	0
20	9	4	12.48	-1.40	0
21	5	4	12.48	-1.40	0
22	6	1	12.48	-1.40	0
23	5	1	12.48	-1.40	0
24	9	4	12.48	-1.40	0
Average	5.54	2.61			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are called *Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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