

State Mental Health Facilities Division

Mission, Vision, Goals and 2004 Work Plan

Statewide Performance Indicators

1st Quarter FY 2004

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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:

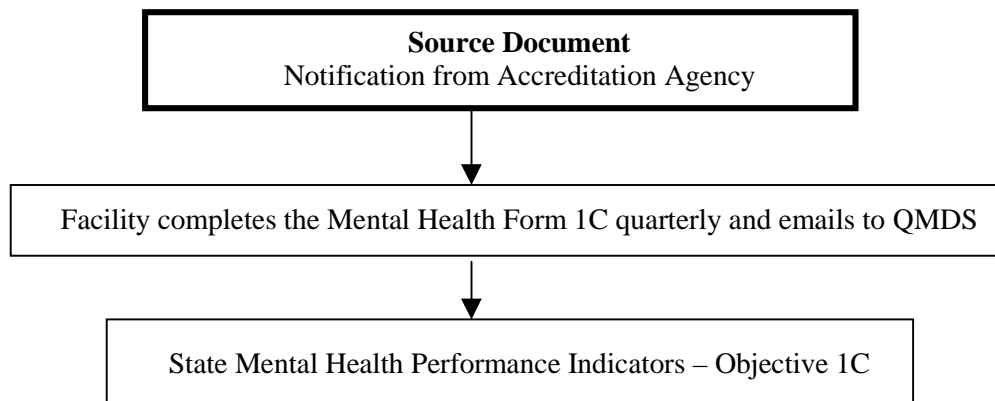
State mental health facilities will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, and ICF-MR certification where appropriate during FY 2004.

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 November 30, 2003)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
JCAHO Accreditation										
Date of accreditation:	Jun-03	Jan-03	Aug-03	Jul-03	Mar-01	Apr-02	Mar-01	Jun-01	Aug-01	Jul-01
Years accredited:	3	3	3	3	3	3	3	3	3	3
Medicare Certification										
No. certified beds:	159	104	52	115	100	27	108	160	94	N/A
No. of Complaint Visits for Q1	2	0	1	0	1	0	0	3	1	N/A
Date of last IMD Review:	Apr-02	Jul-03	Dec-02	Dec-01	Jun-02	N/A	Oct-03	Oct-03	May-02	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.

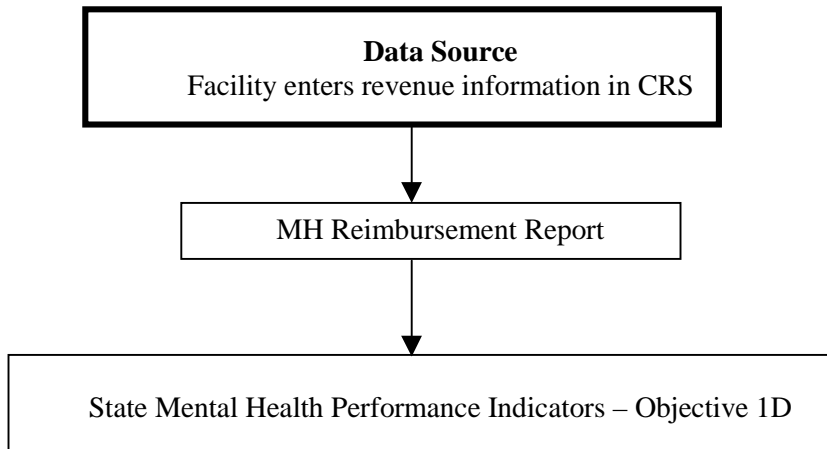
Performance Objective Operational Definition: The facility collections for Medicare, THSteps-CCP Non-Independent Child, THSteps-CCP Independent Child, Private Source, and IMD per month.

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

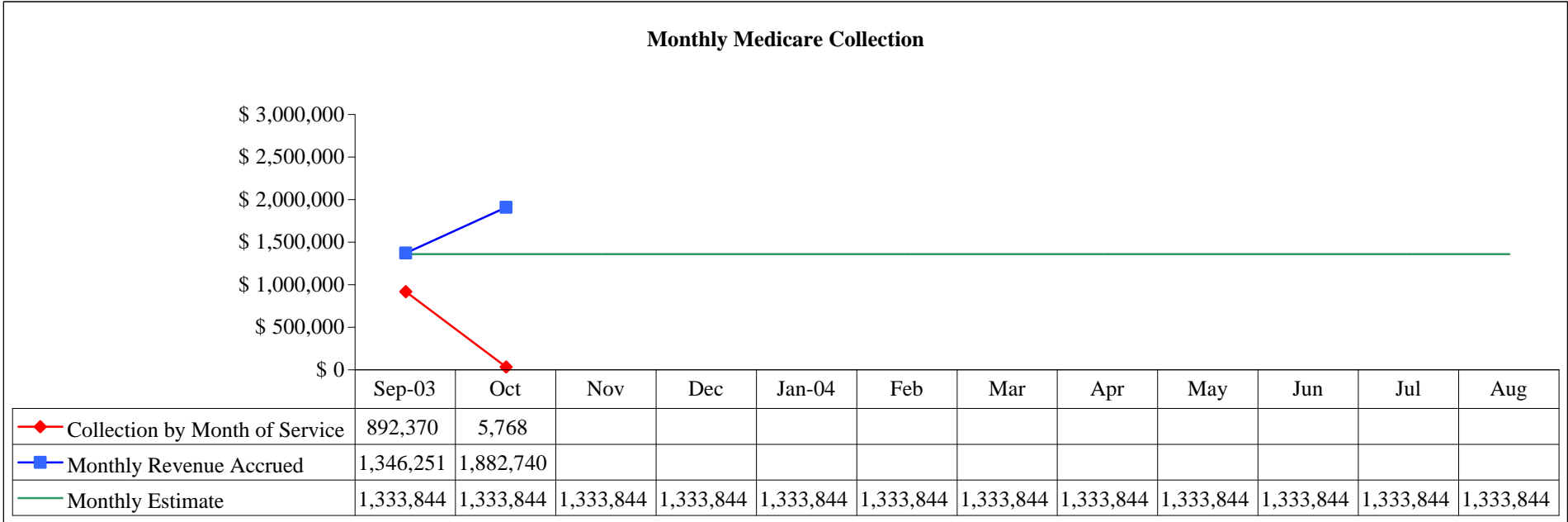
Performance Objective Data Display and Chart Description:

- ◆ 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.

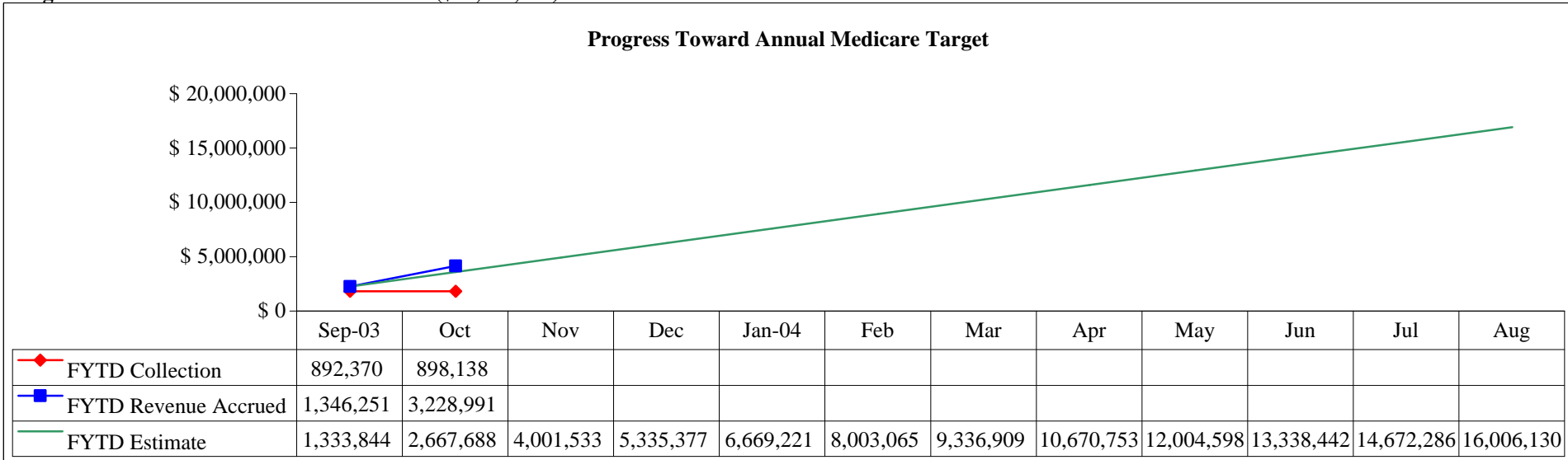
Data Flow:



Objective 1D - FY 2004 Revenue Estimates
All Mental Health Facilities
Monthly Medicare Estimate (\$1,333,844)



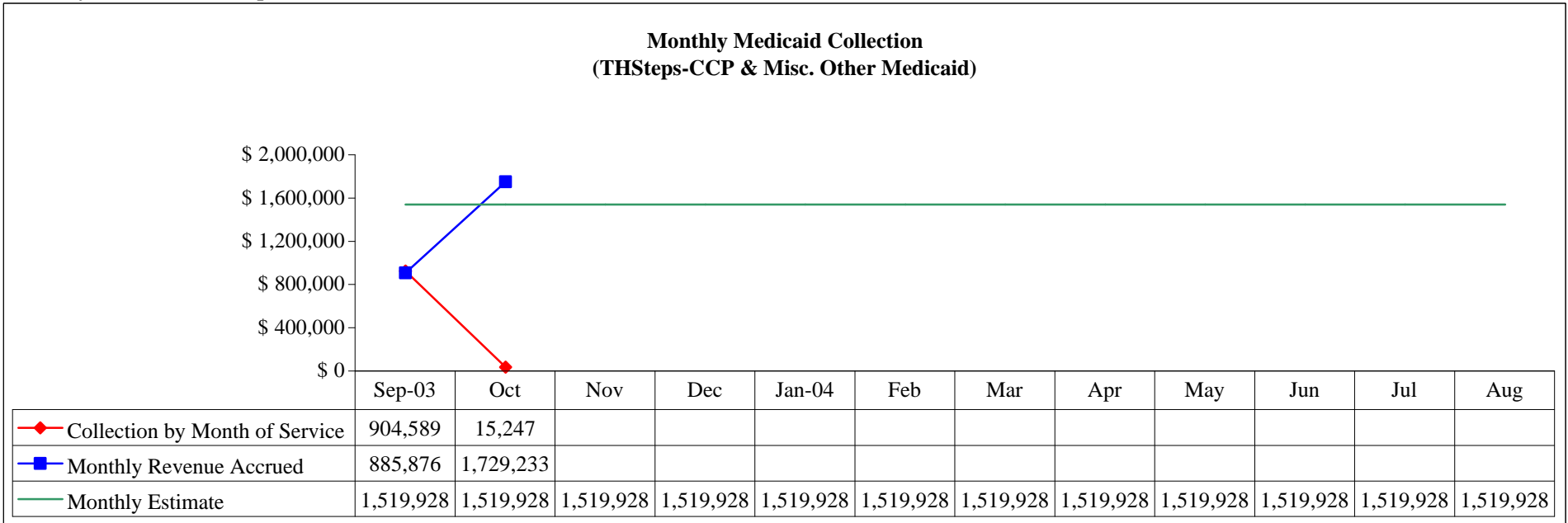
Progress Toward Annual Medicare Estimate (\$16,006,130)



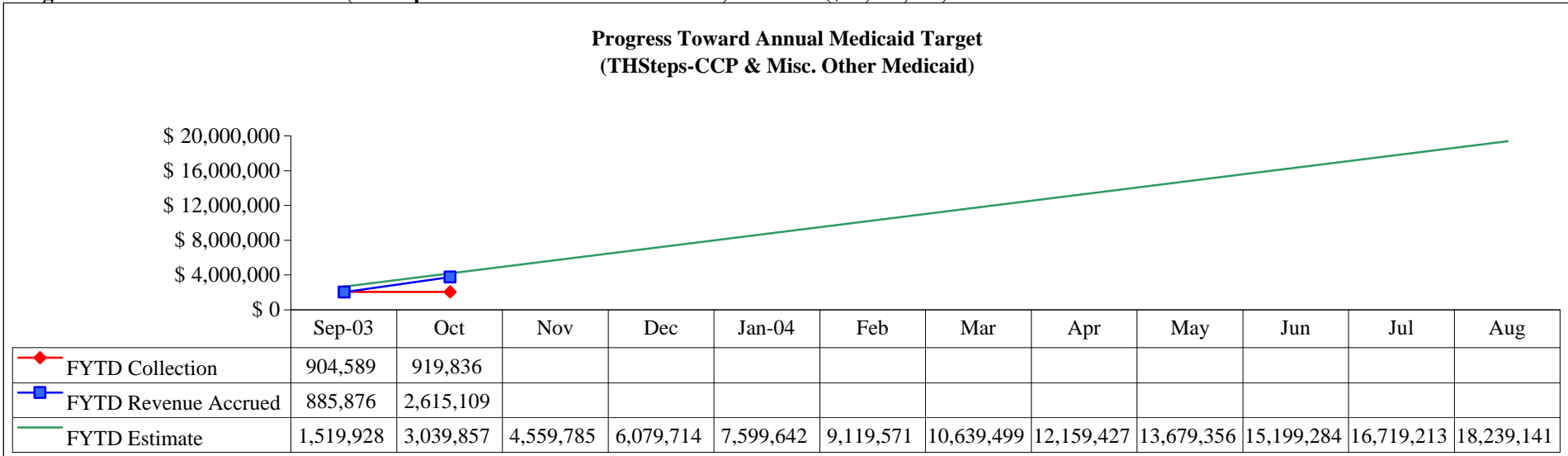
Objective 1D - FY 2004 Revenue Estimates

All Mental Health Facilities

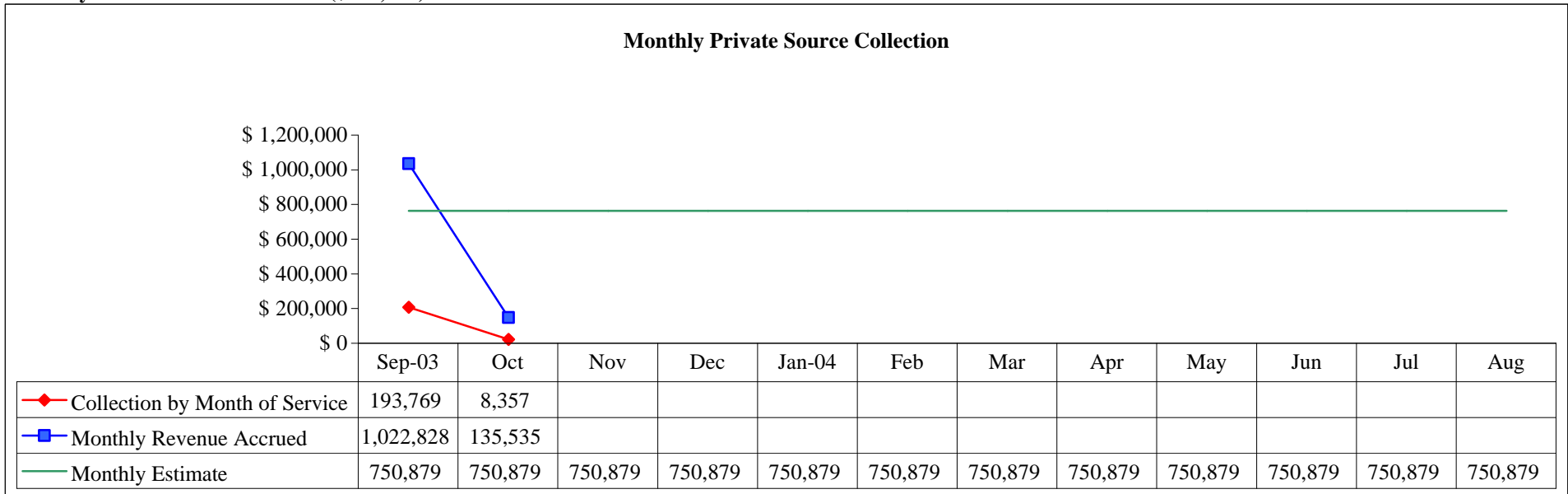
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,519,928)



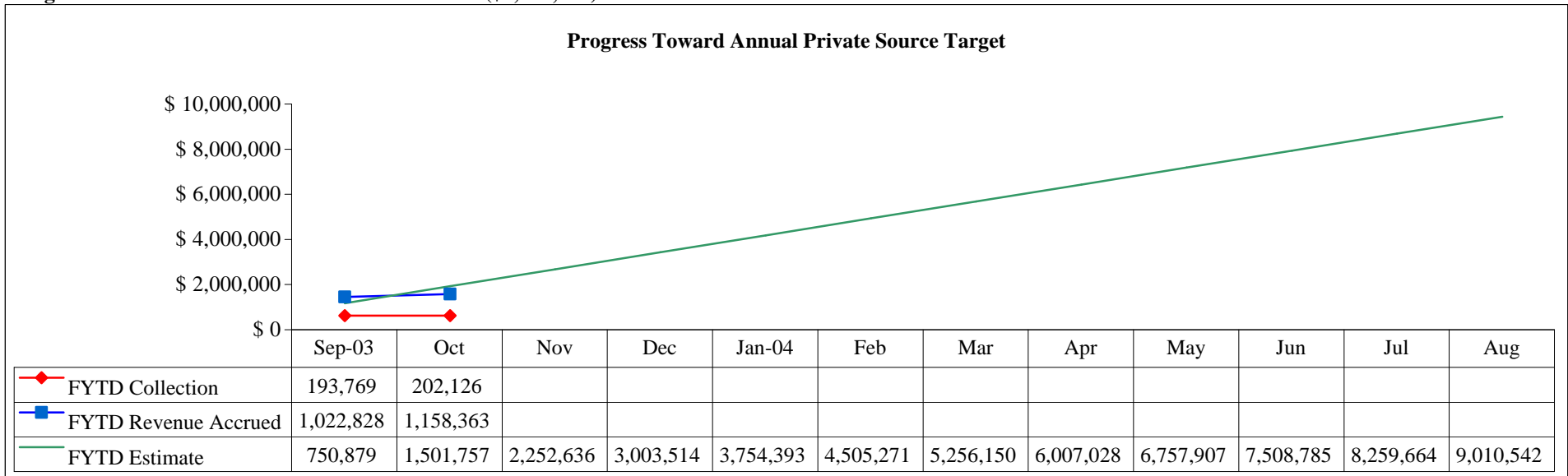
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$18,239,141)



Objective 1D - FY 2004 Revenue Estimates
All Mental Health Facilities
Monthly Private Source Estimate (\$750,879)



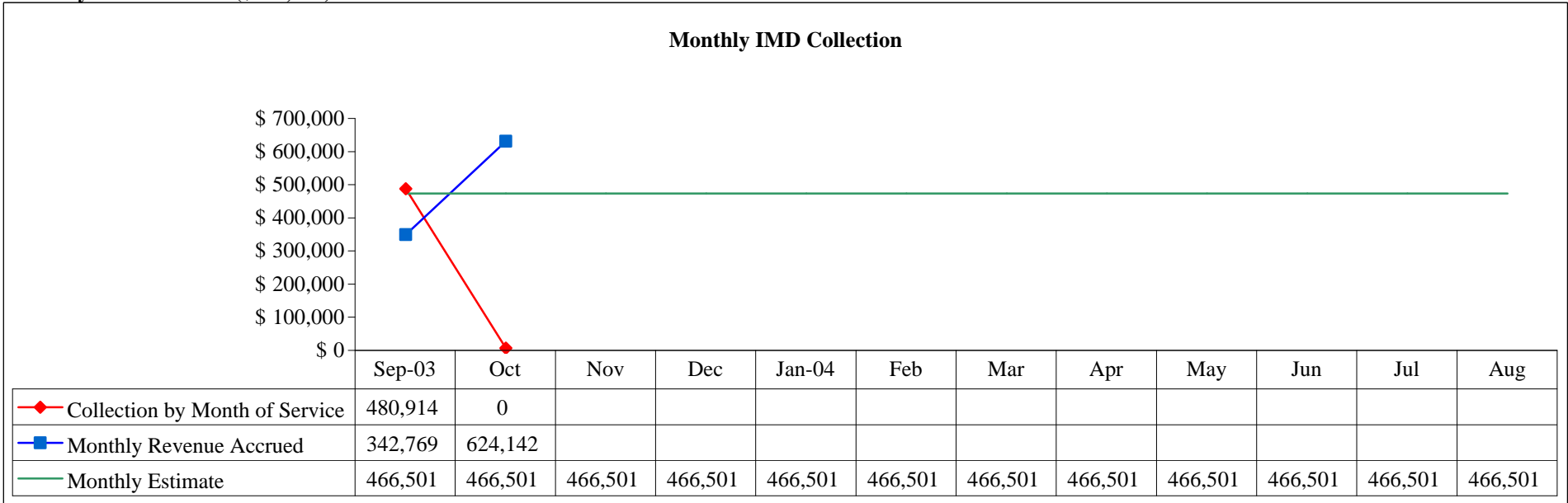
Progress Toward Annual Private Source Estimate (\$9,010,542)



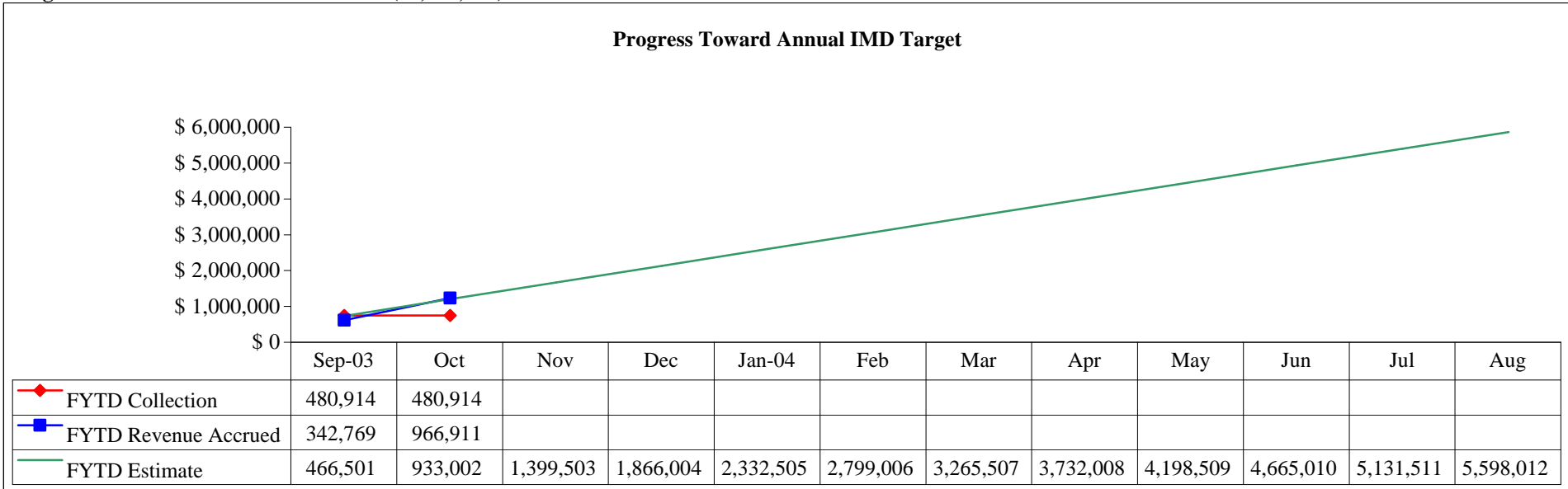
Objective 1D - FY 2004 Revenue Estimates

All Mental Health Facilities

Monthly IMD Estimate (\$466,501)



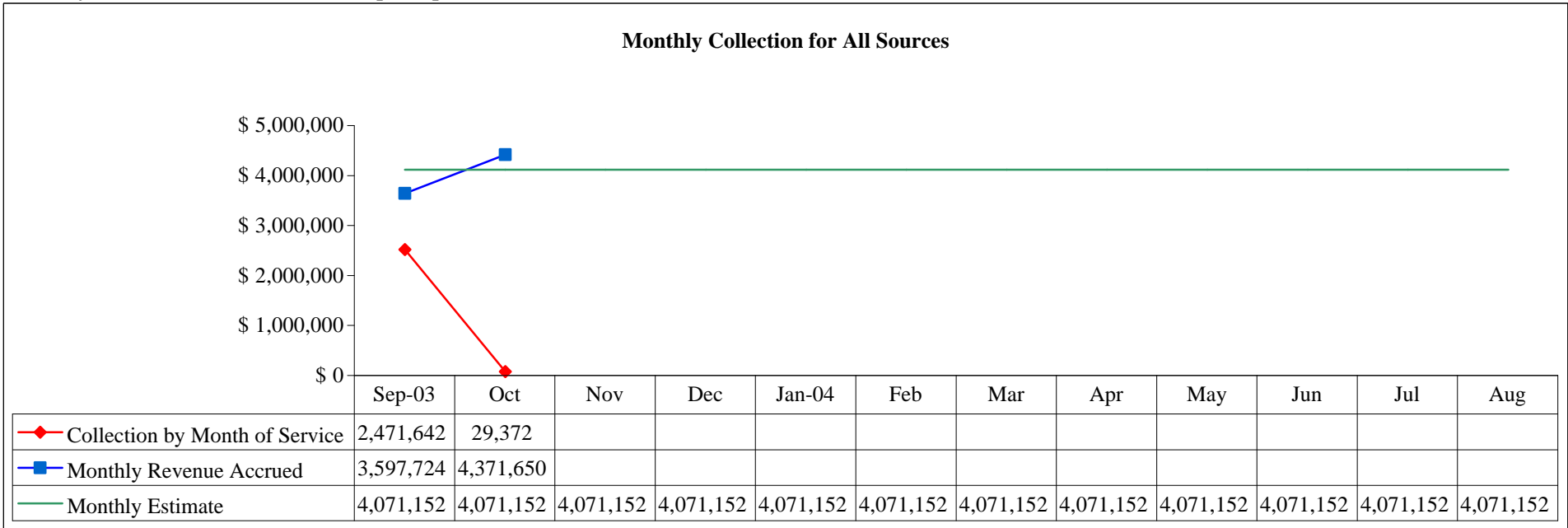
Progress Toward Annual IMD Estimate (\$5,598,012)



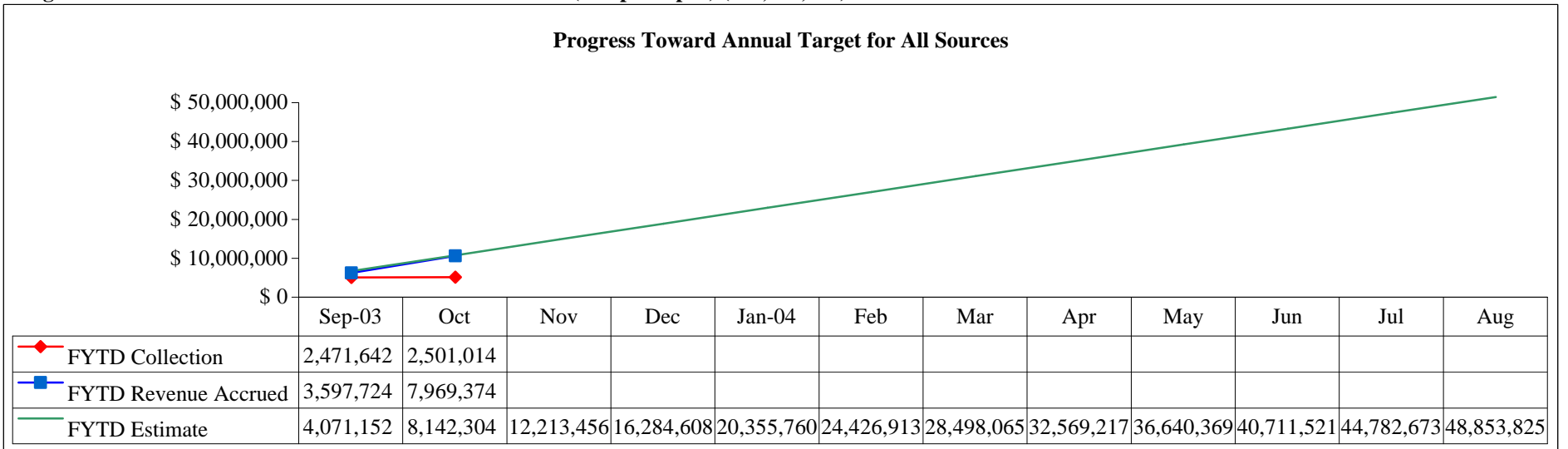
Objective 1D - FY 2004 Revenue Estimates

All Mental Health Facilities

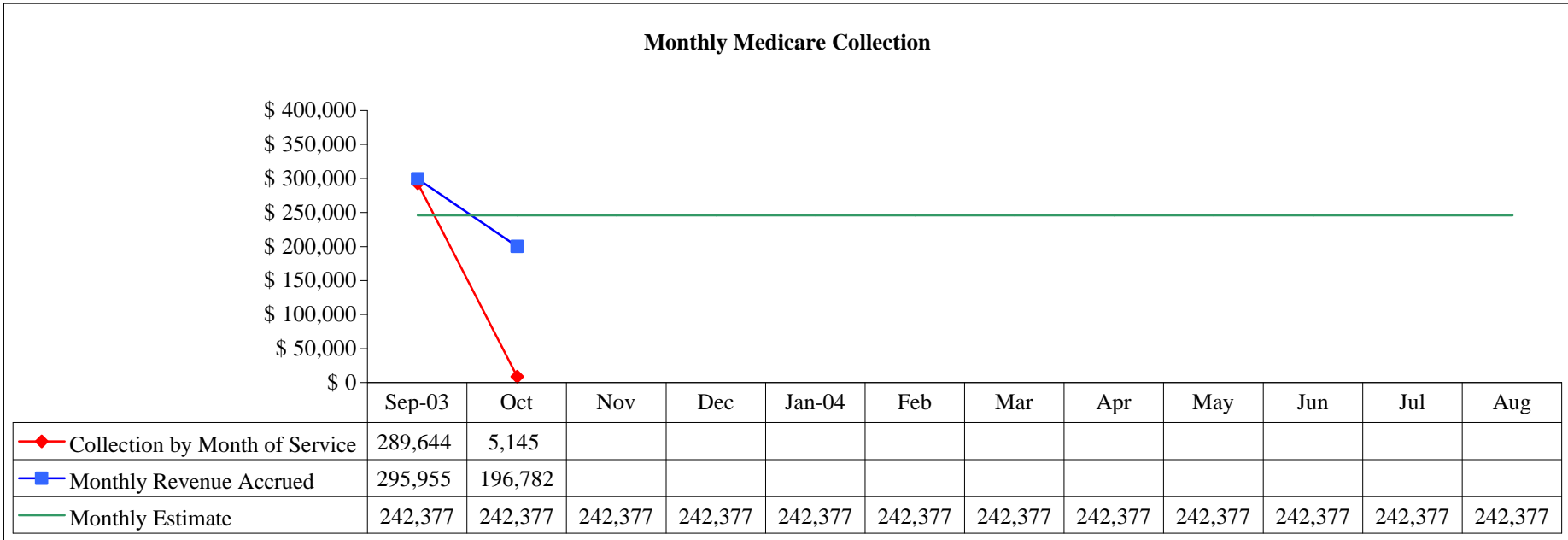
Monthly Estimate for All Sources (except Dispro) (\$4,071,152)



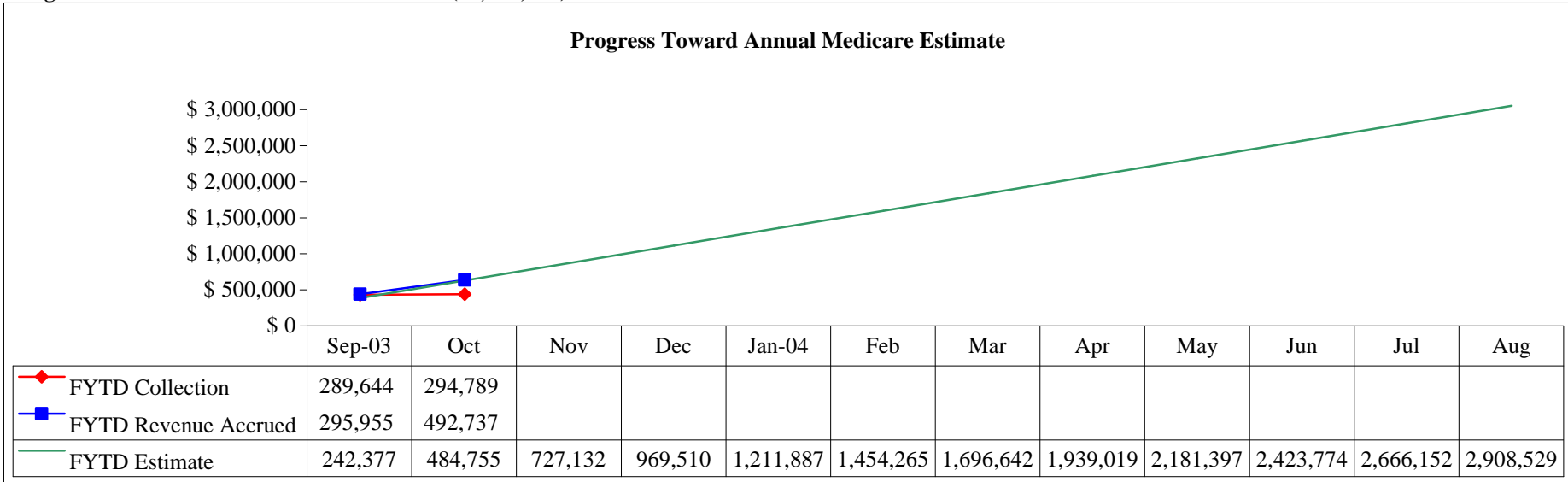
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$48,853,825)



Objective 1D - FY 2004 Revenue Estimates
Austin State Hospital
Monthly Medicare Estimate (\$242,377)



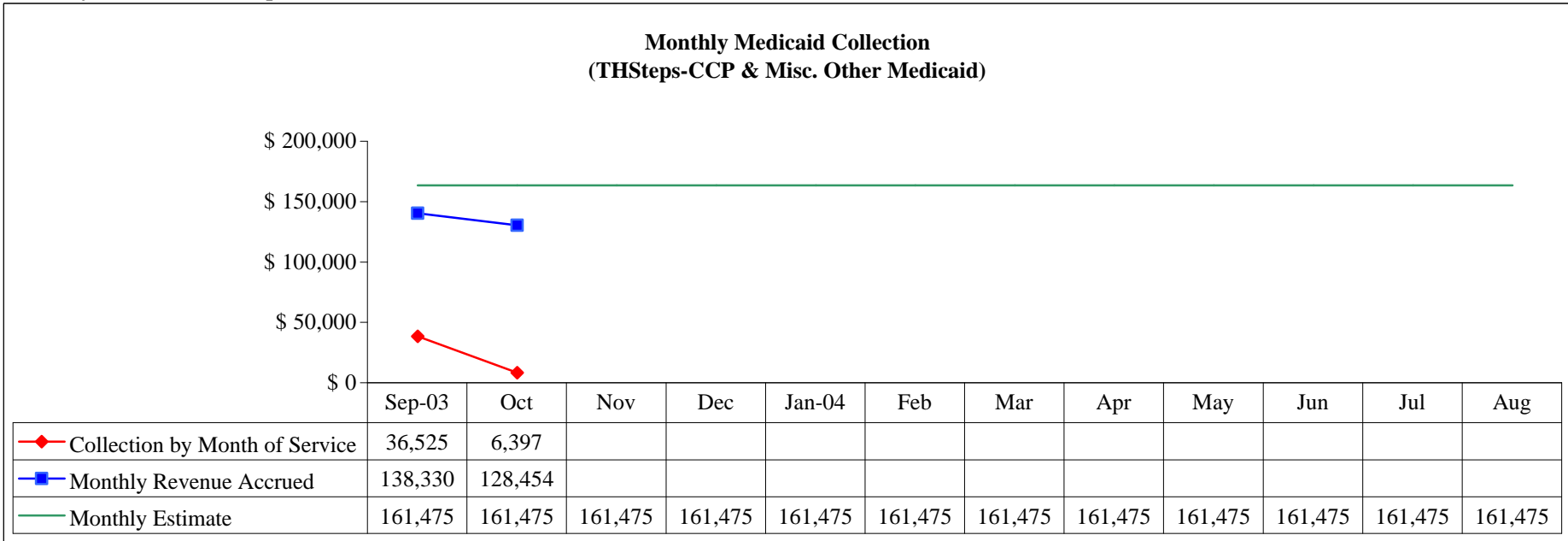
Progress Toward Annual Medicare Estimate (\$2,908,529)



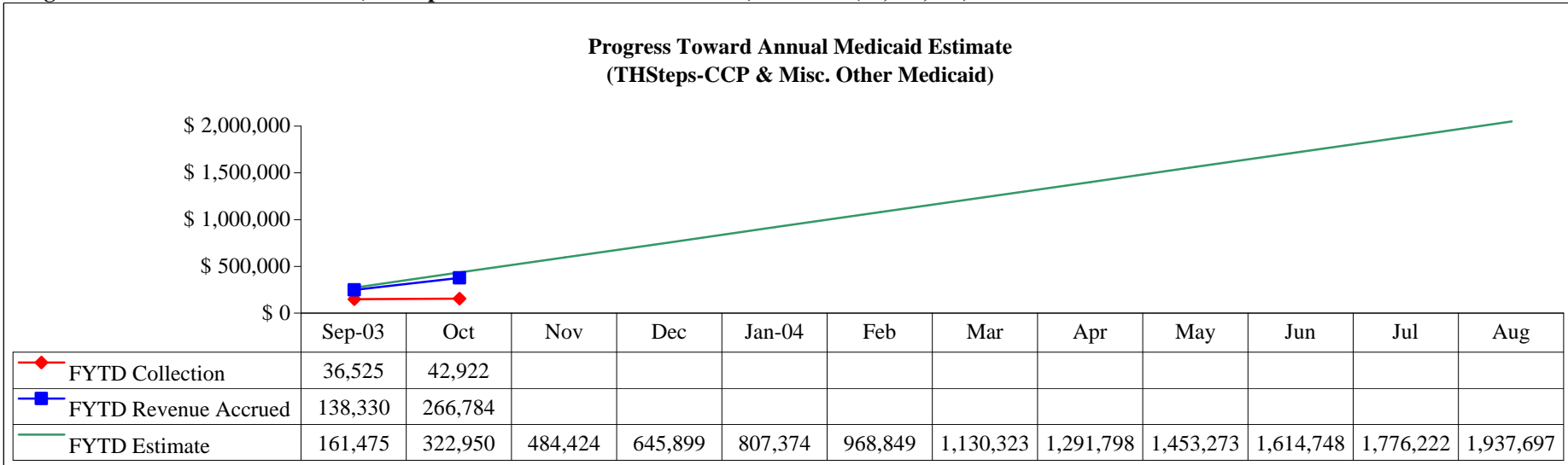
Objective 1D - FY 2004 Revenue Estimates

Austin State Hospital

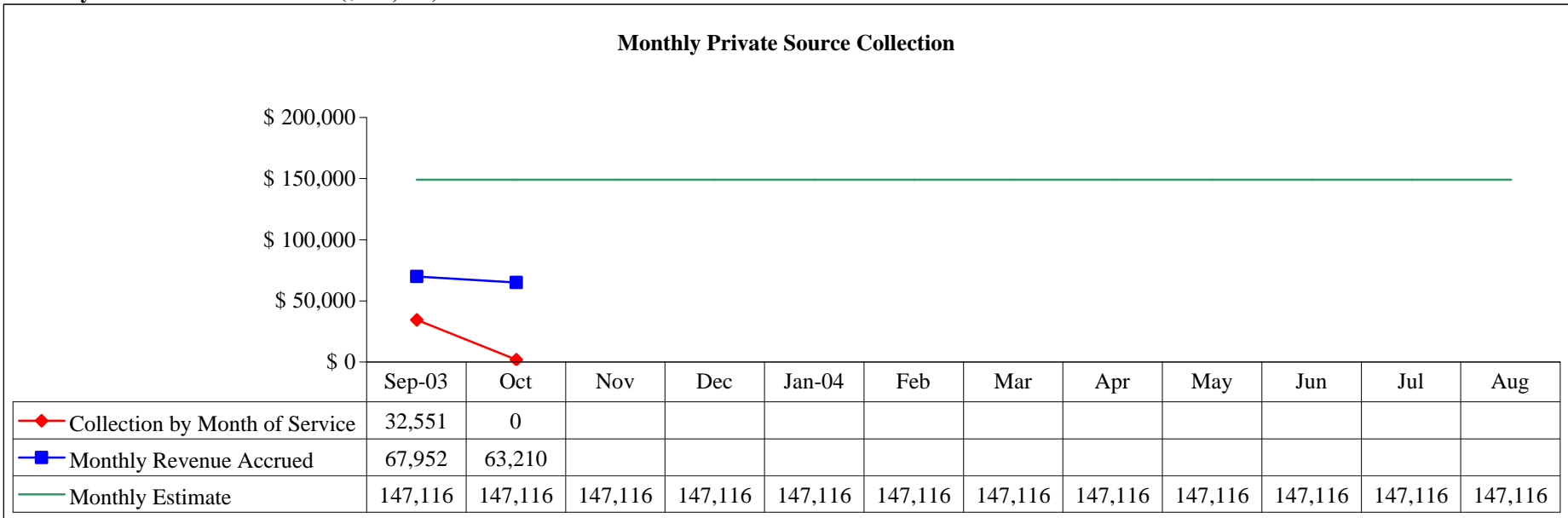
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$161,475)



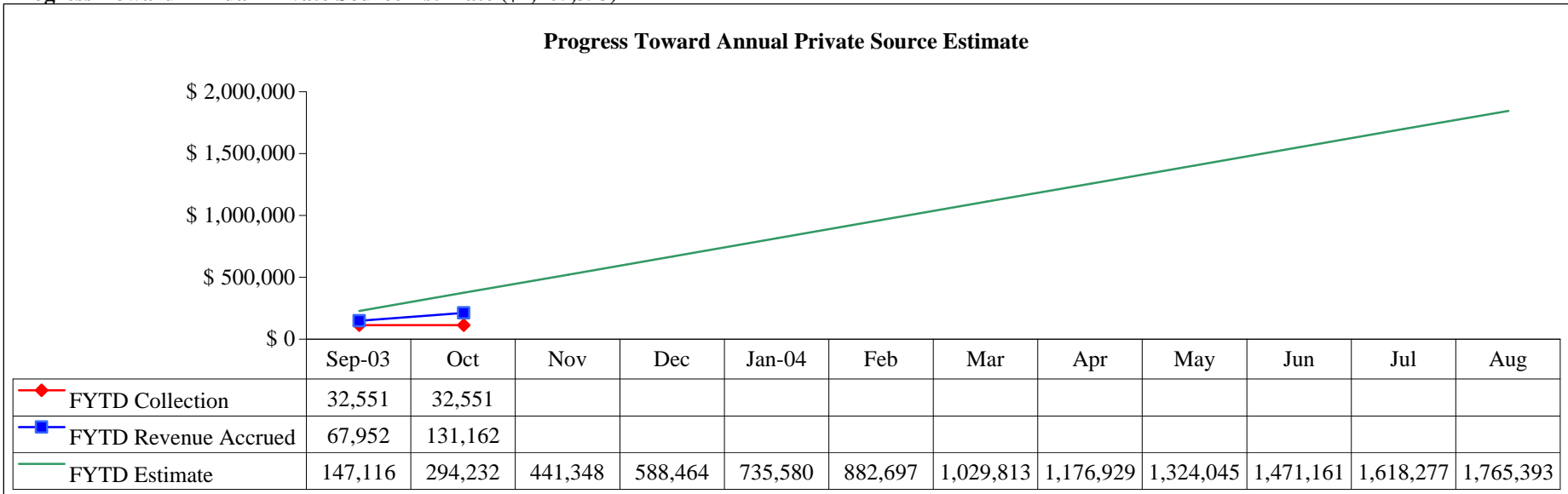
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,937,697)



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



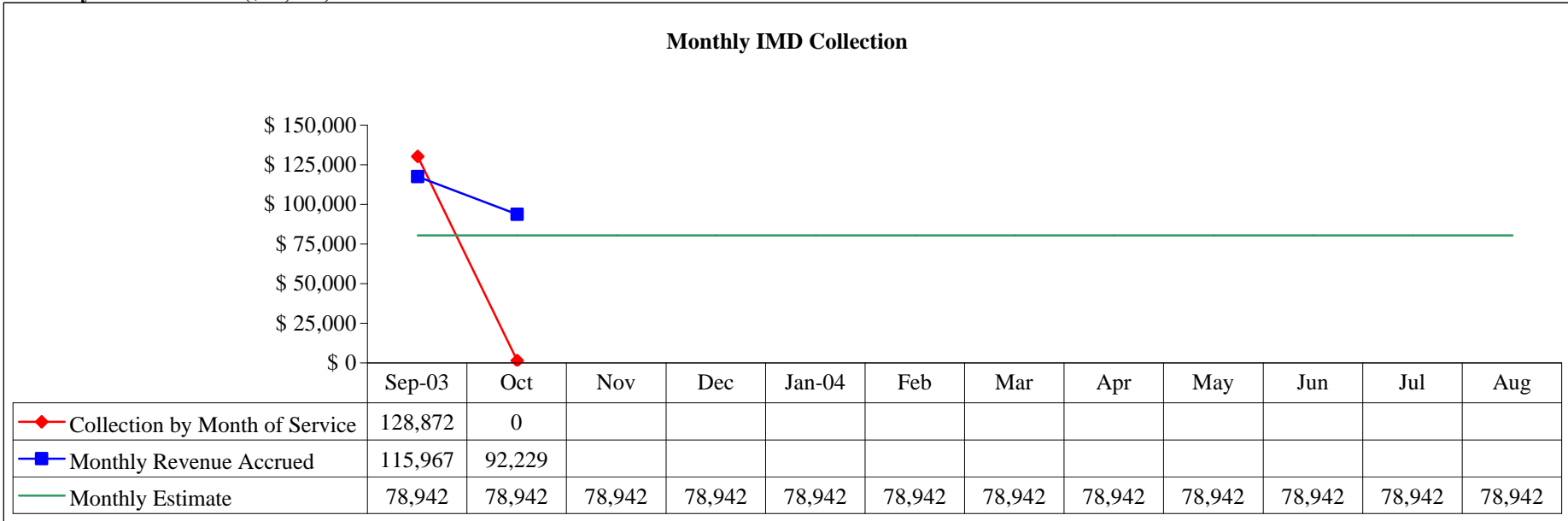
Progress Toward Annual Private Source Estimate (\$1,765,393)



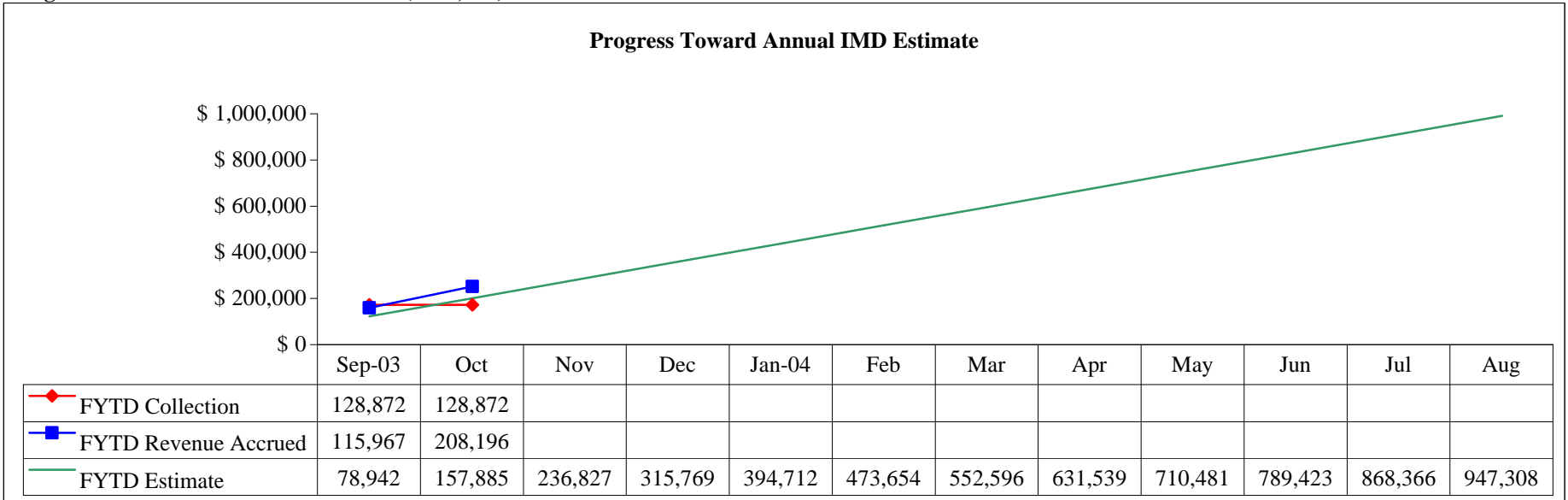
Objective 1D - FY 2004 Revenue Estimates

Austin State Hospital

Monthly IMD Estimate (\$78,942)



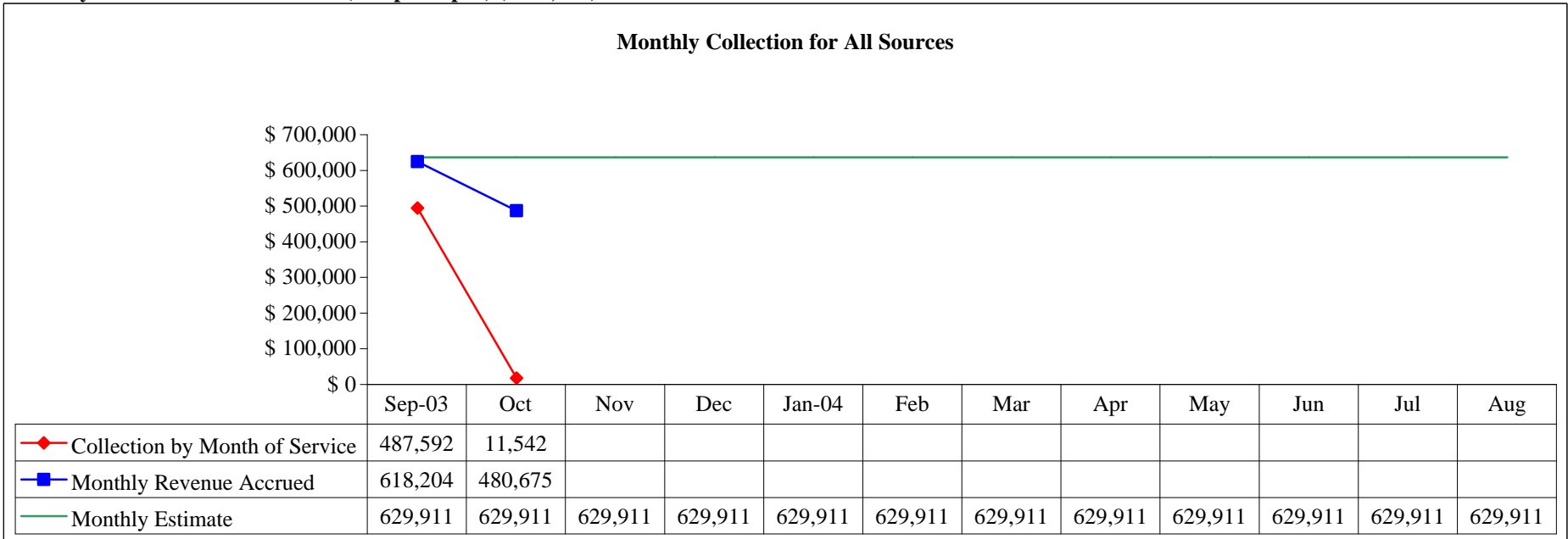
Progress Toward Annual IMD Estimate (\$947,308)



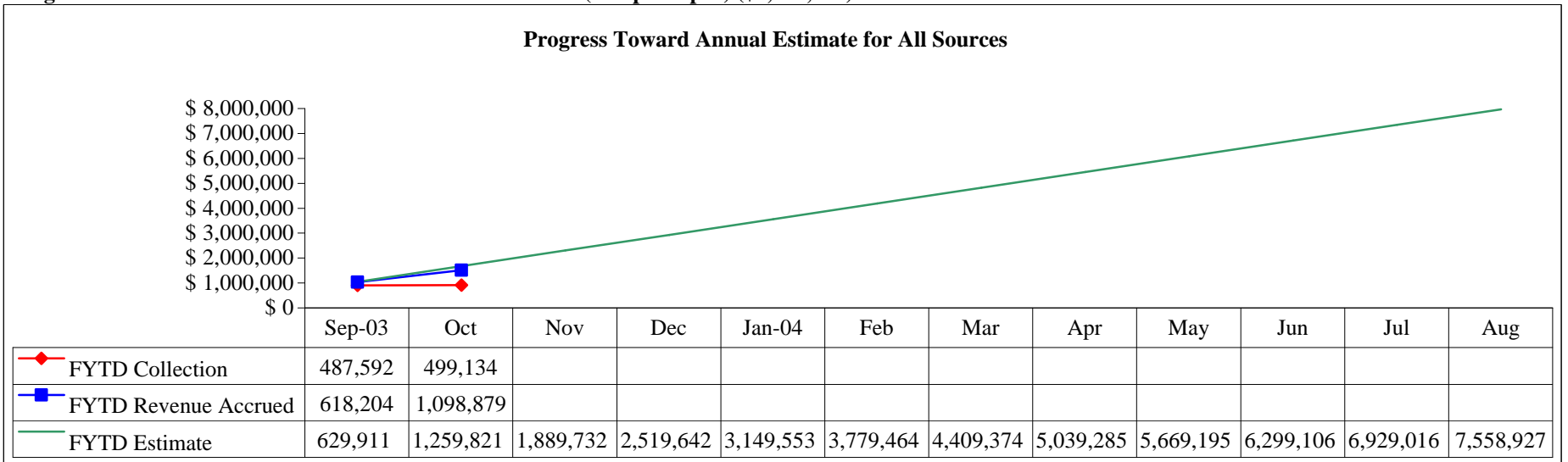
Objective 1D - FY 2004 Revenue Estimates

Austin State Hospital

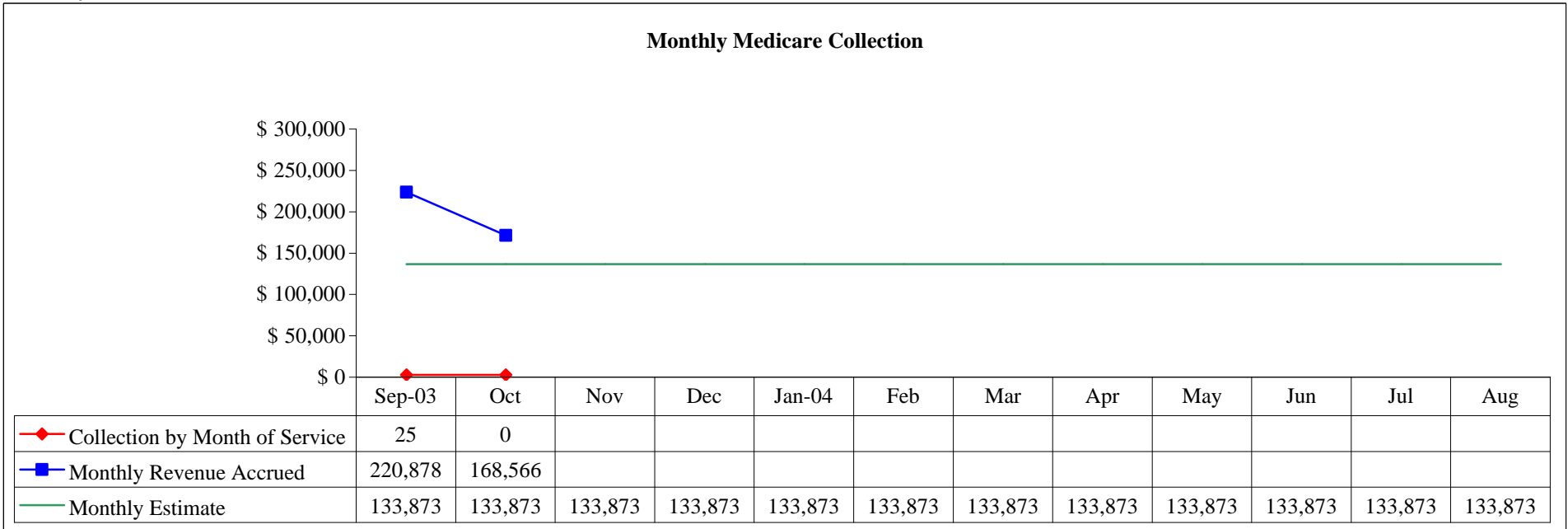
Monthly Estimate For All Sources (except Dispro) (\$629,911)



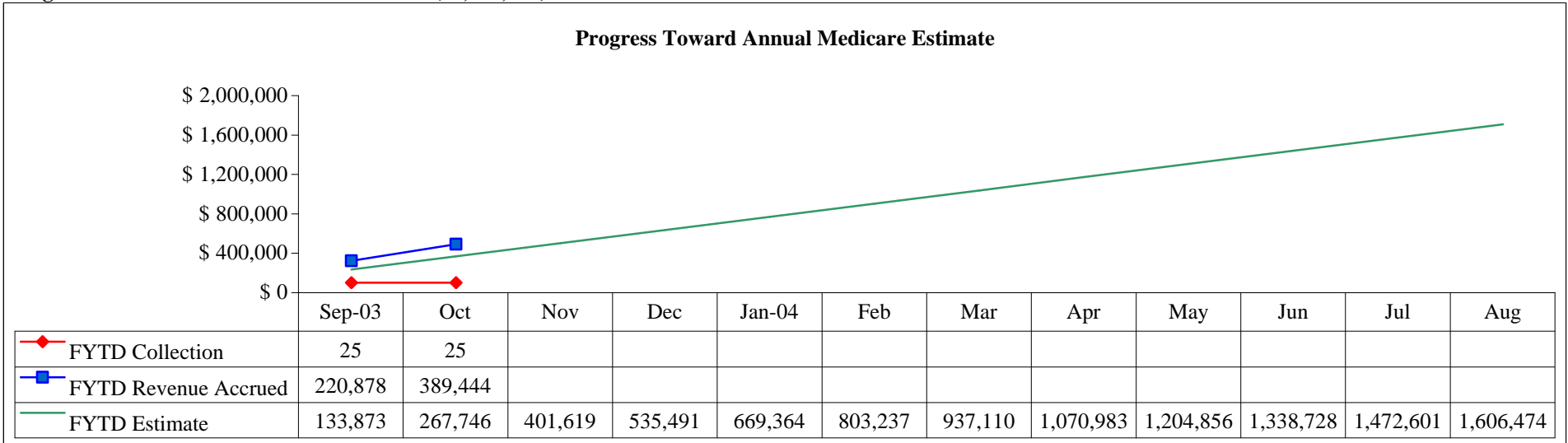
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$7,558,927)



Objective 1D - FY 2004 Revenue Estimates
Big Spring State Hospital
Monthly Medicare Estimate (\$133,873)



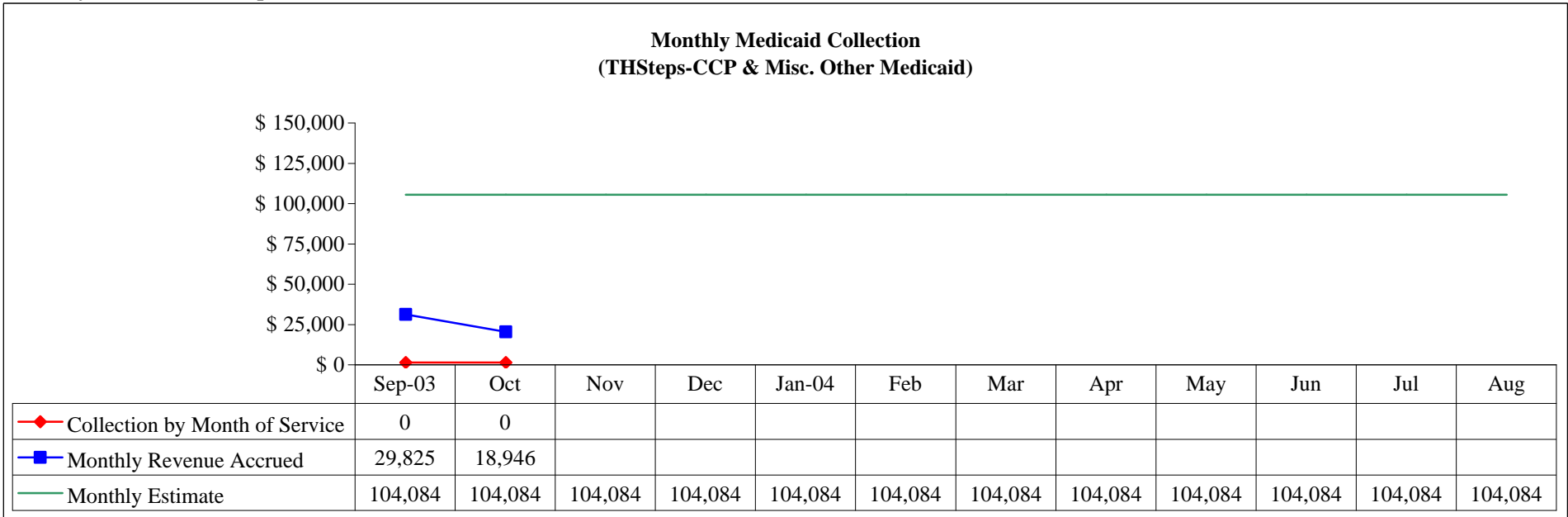
Progress Toward Annual Medicare Estimate (\$1,606,474)



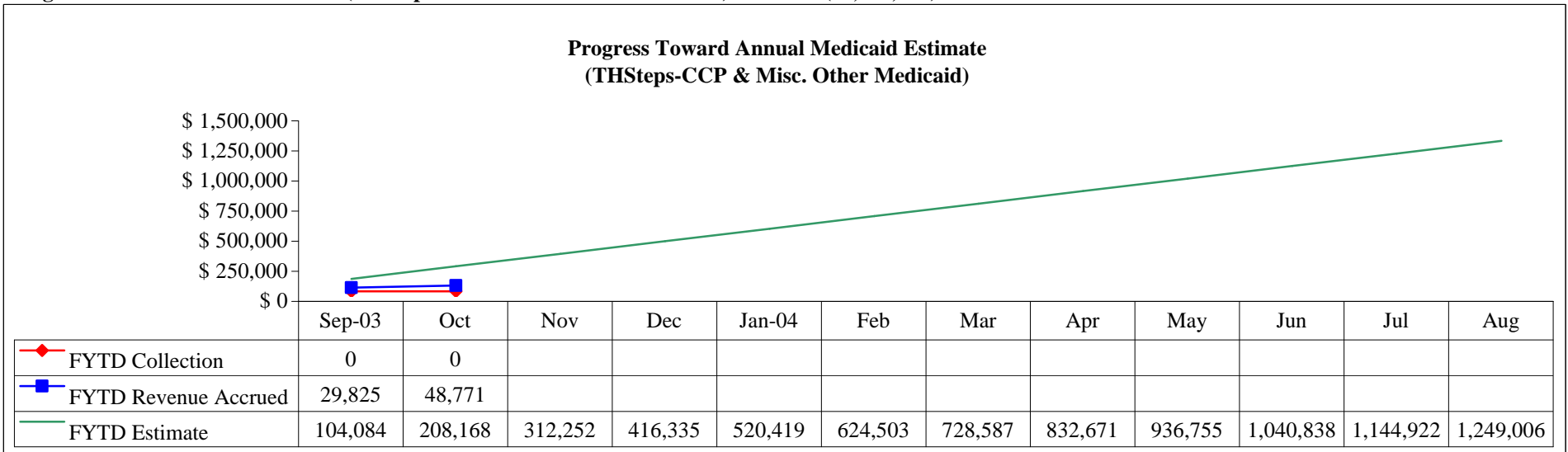
Objective 1D - FY 2004 Revenue Estimates

Big Spring State Hospital

Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$104,084)

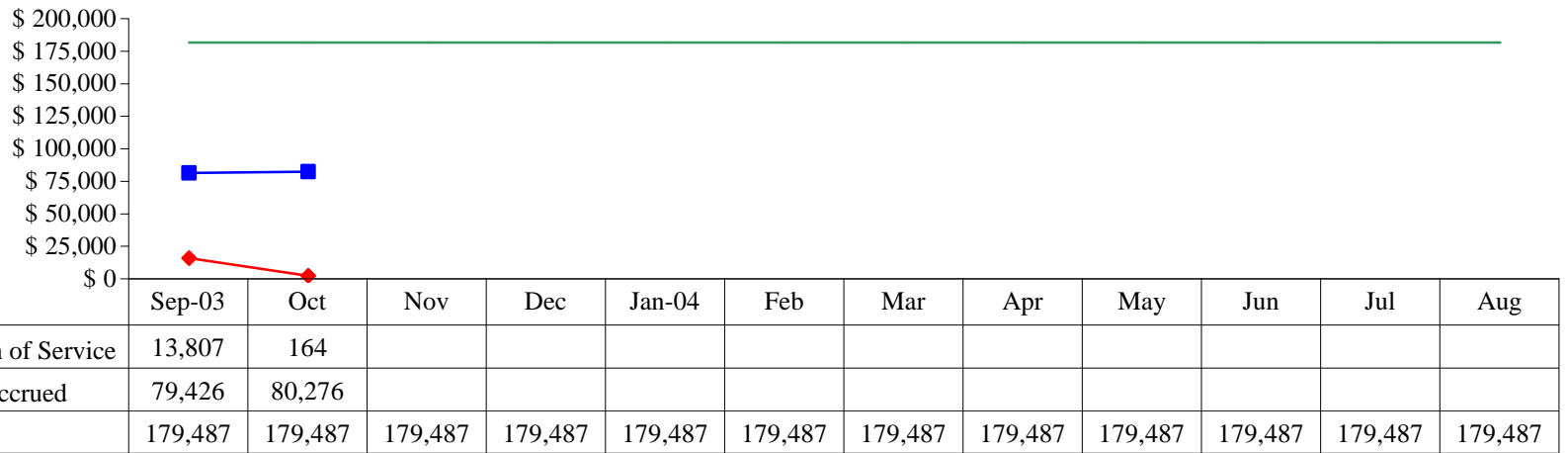


Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,249,006)



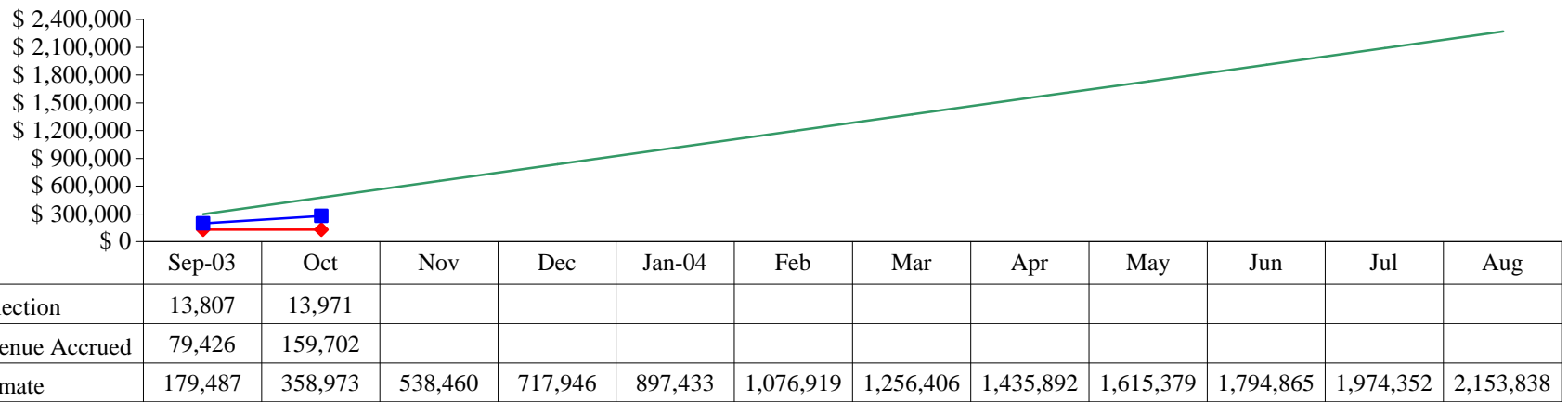
Objective 1D - FY 2004 Revenue Estimates
Big Spring State Hospital
Monthly Private Source Estimate (\$179,487)

Monthly Private Source Collection



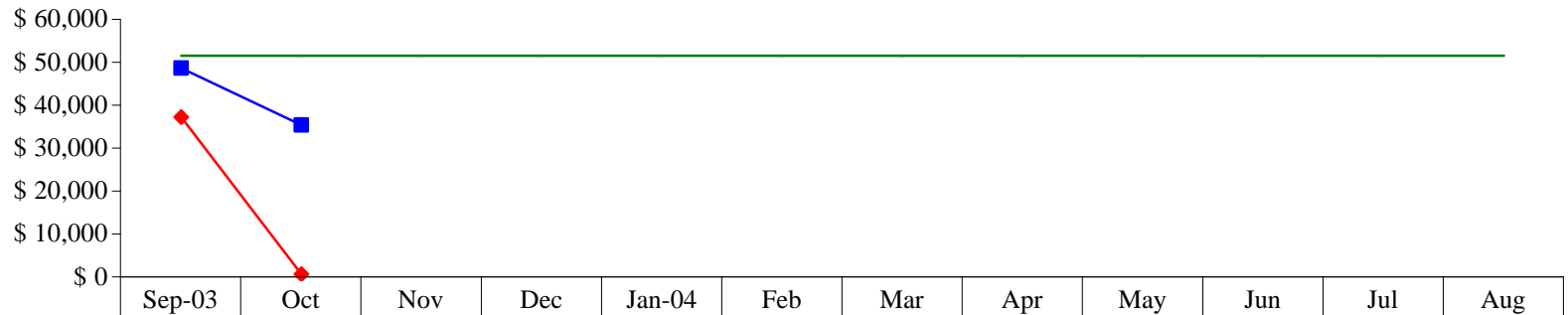
Progress Toward Annual Private Source Estimate (\$2,153,838)

Progress Toward Annual Private Source Estimate



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

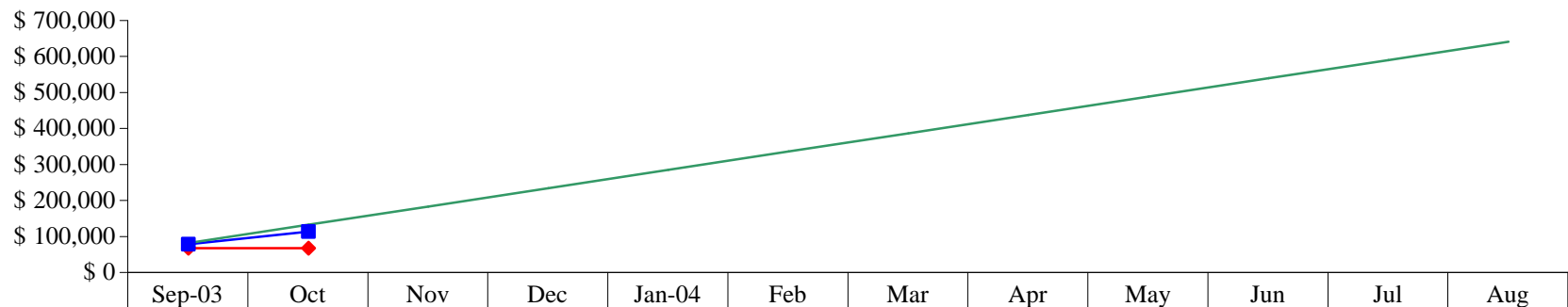
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Collection by Month of Service	36,558	0										
Monthly Revenue Accrued	47,971	34,742										
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

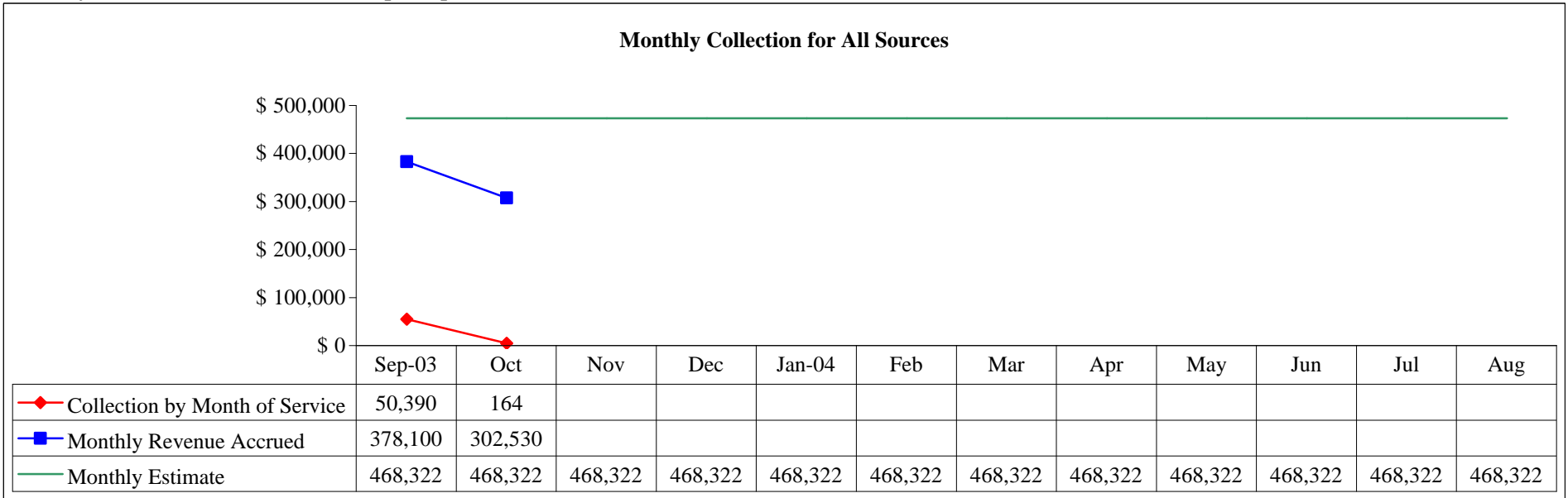


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Collection	36,558	36,558										
FYTD Revenue Accrued	47,971	82,713										
FYTD Estimate	50,879	101,758	152,637	203,516	254,395	305,274	356,152	407,031	457,910	508,789	559,668	610,547

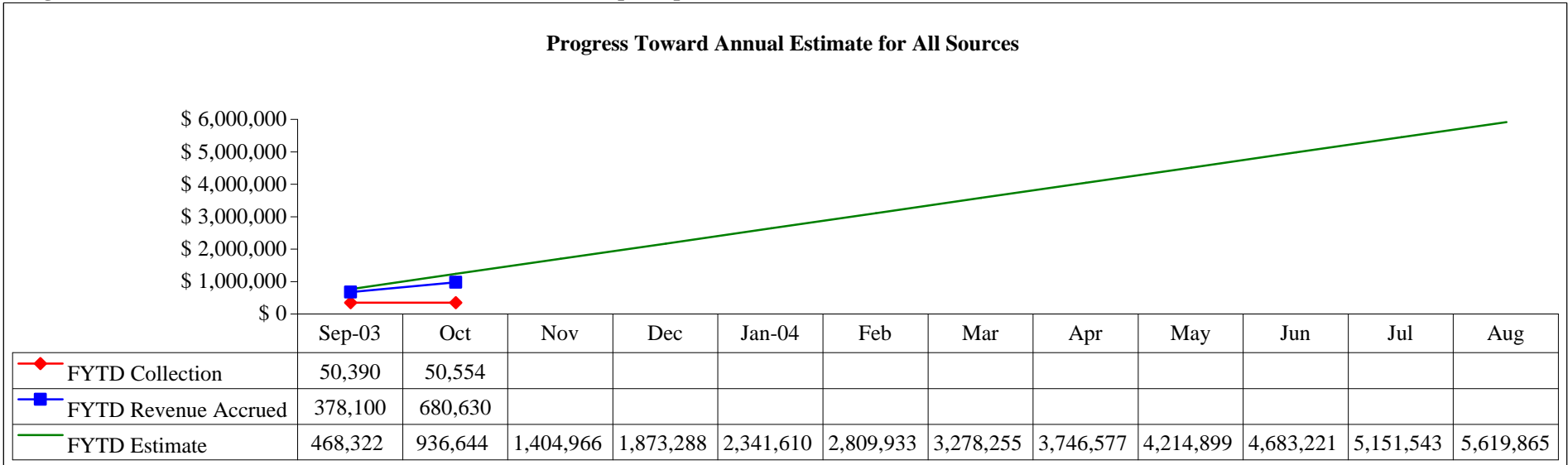
Objective 1D - FY 2004 Revenue Estimates

Big Spring State Hospital

Monthly Estimate For All Sources (except Dispro) (\$468,322)

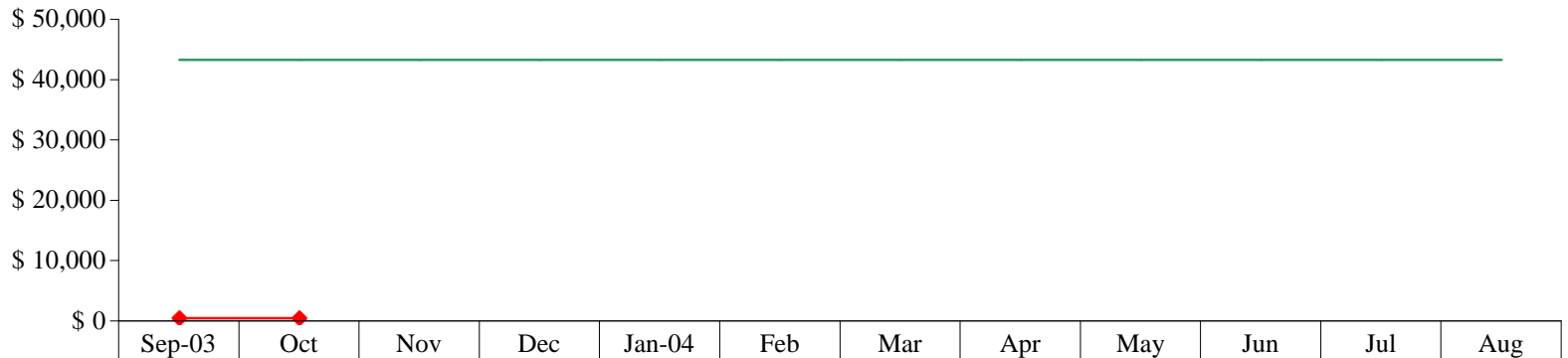


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,619,865)



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

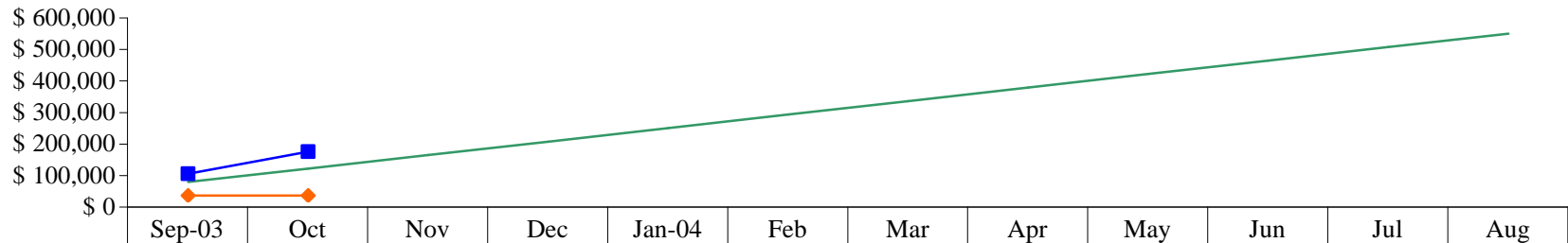
Monthly Medicare Collection



Collection by Month of Service	0	0										
Monthly Revenue Accrued	69,549	69,263										
Monthly Estimate	42,833	42,833	42,833	42,833	42,833	42,833	42,833	42,833	42,833	42,833	42,833	42,833

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

Progress Toward Annual Medicare Estimate

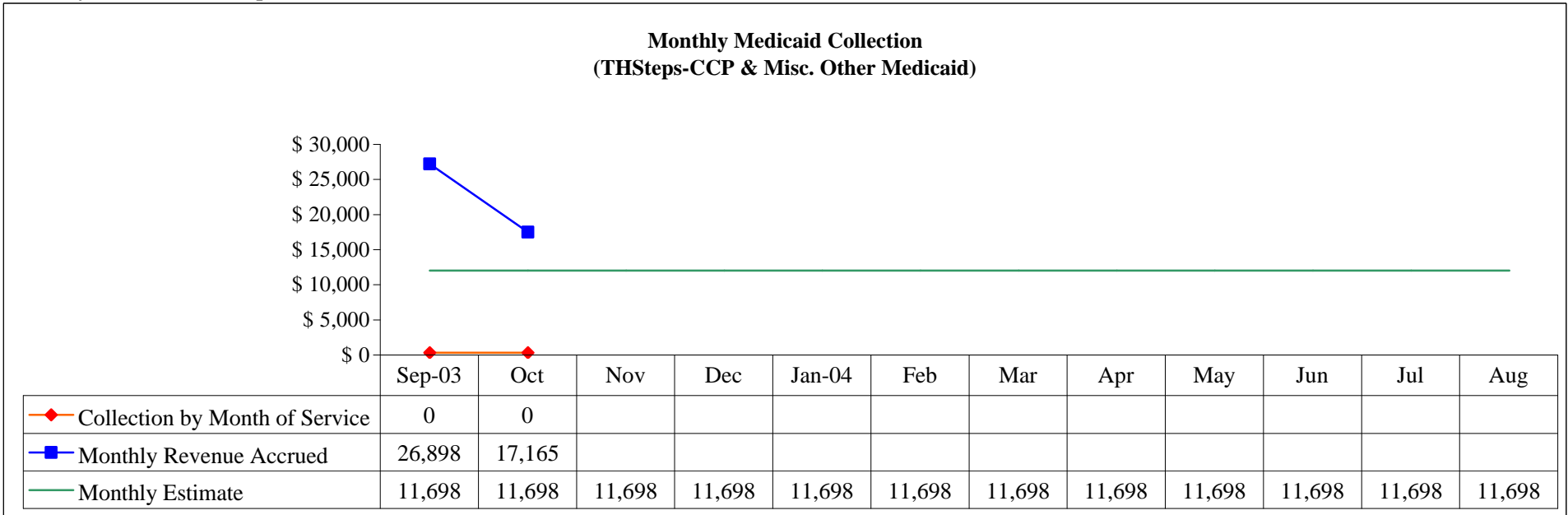


FYTD Collection	0	0										
FYTD Revenue Accrued	69,549	138,812										
FYTD Estimate	42,833	85,665	128,498	171,330	214,163	256,995	299,828	342,660	385,493	428,325	471,158	513,990

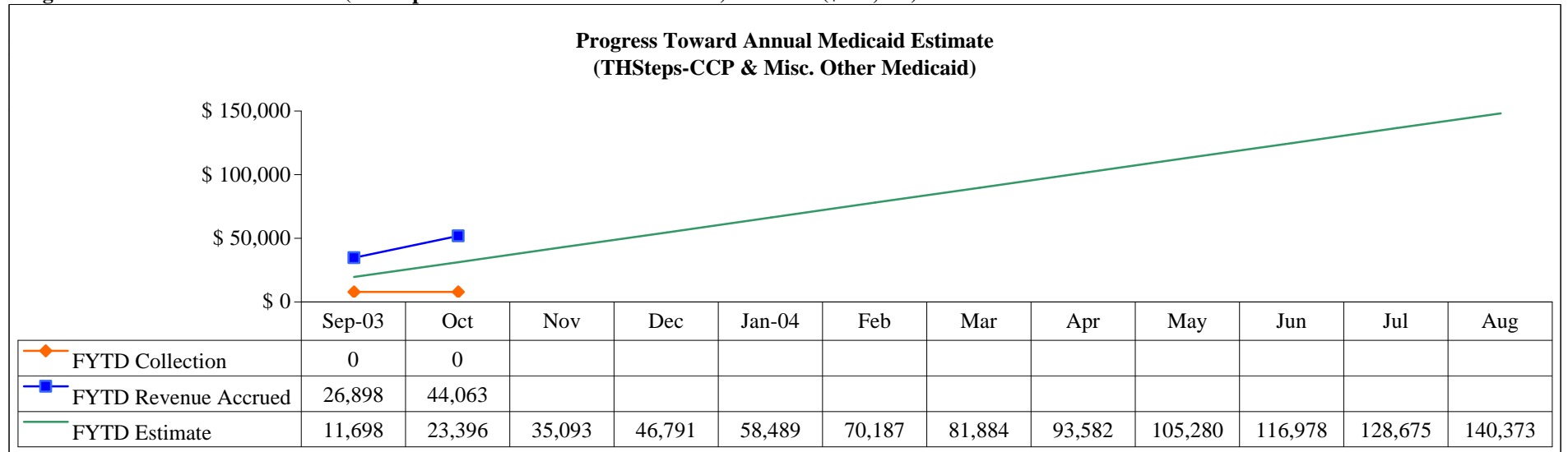
Objective 1D - FY 2004 Revenue Estimates

El Paso Psychiatric Center

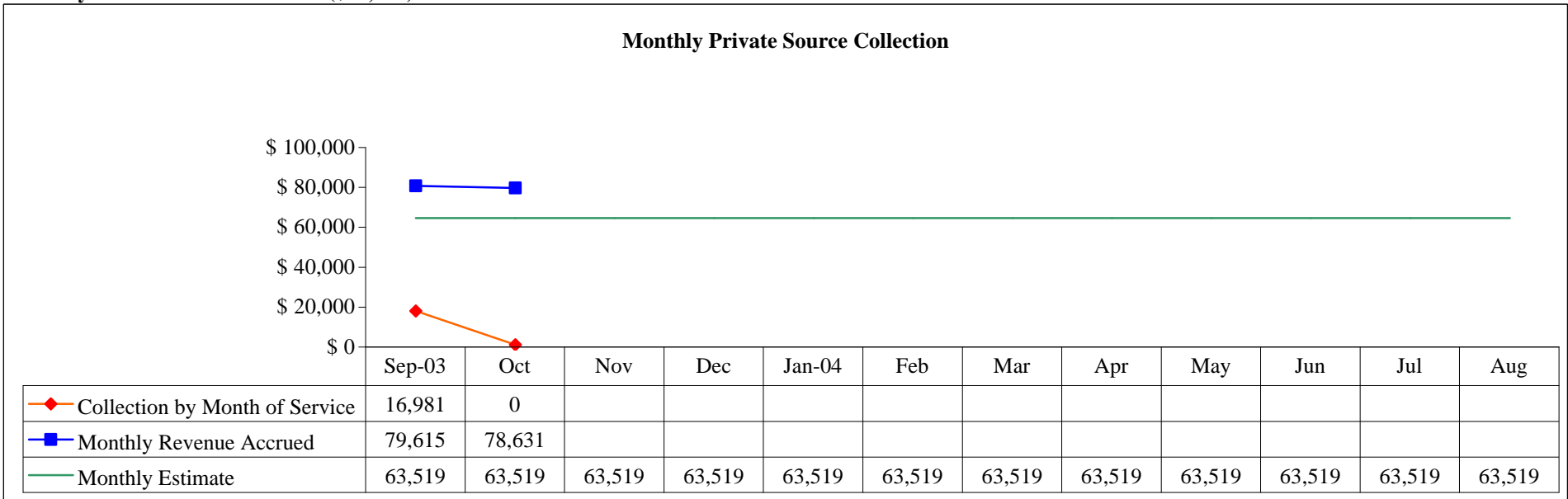
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$11,698)



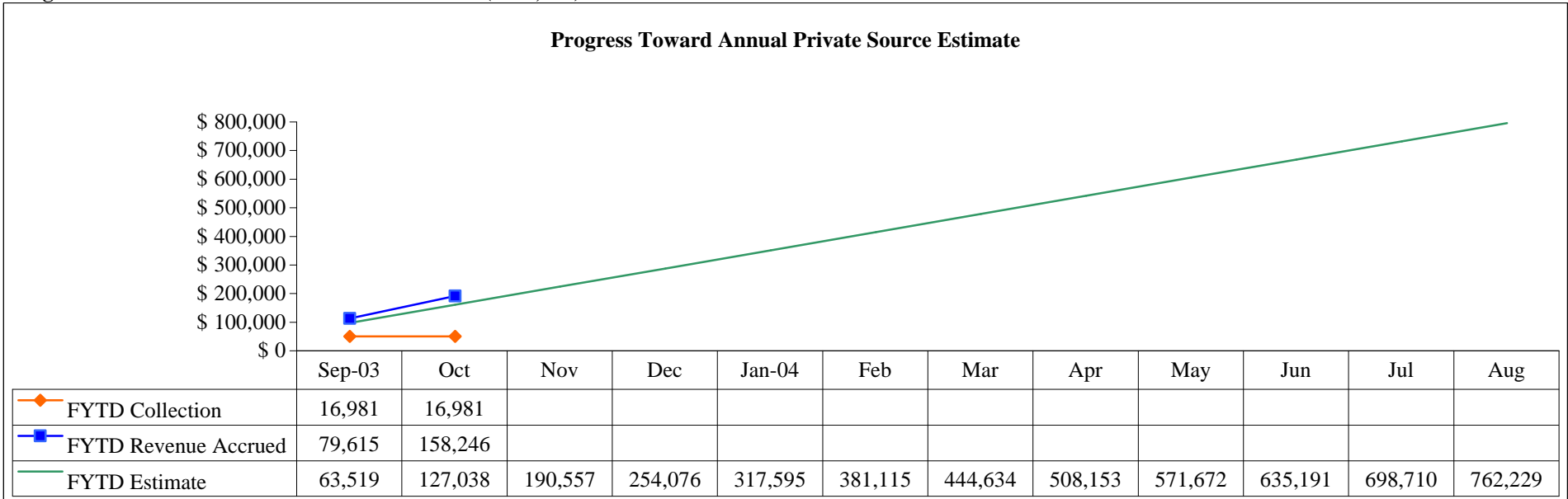
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$140,373)



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



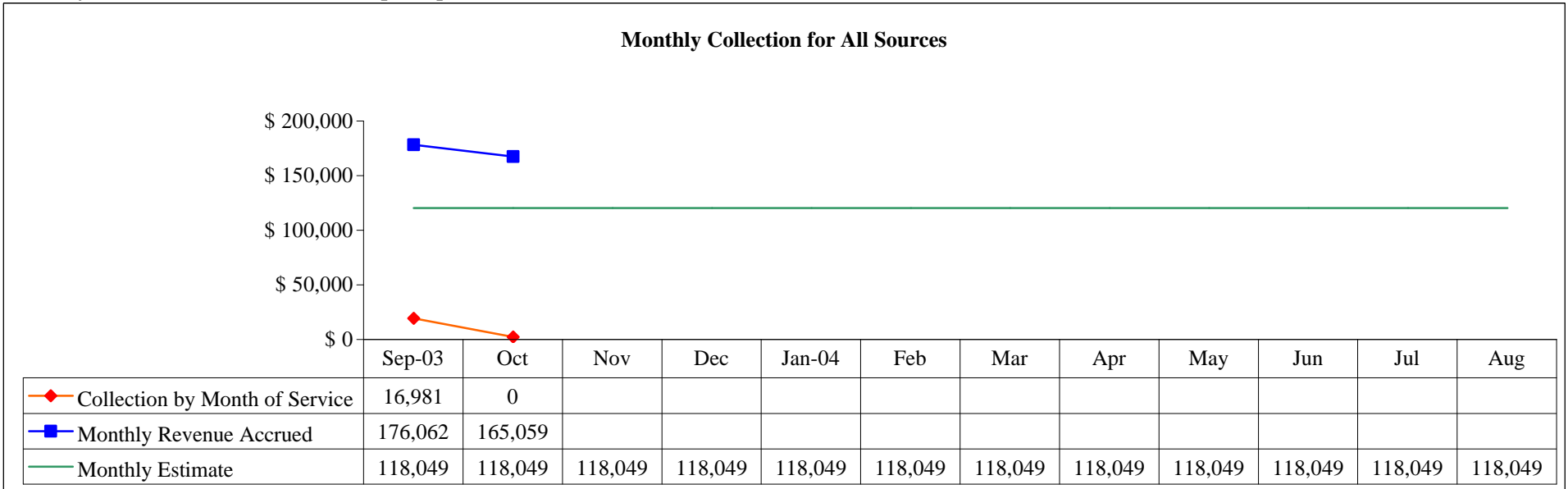
Progress Toward Annual Private Source Estimate (\$762,229)



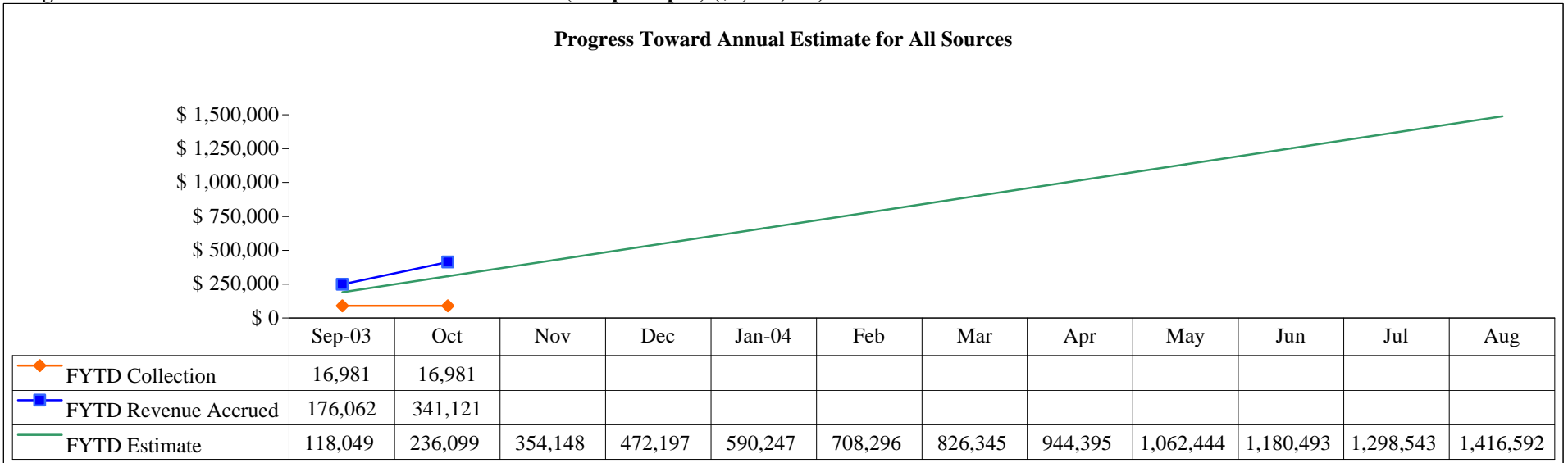
Objective 1D - FY 2004 Revenue Estimates

El Paso Psychiatric Center

Monthly Estimate For All Sources (except Dispro) (\$118,049)



Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$1,416,592)



Objective 1D - FY 2004 Revenue Estimate
Kerrville State Hospital
Monthly Medicare Estimate (\$63,846)

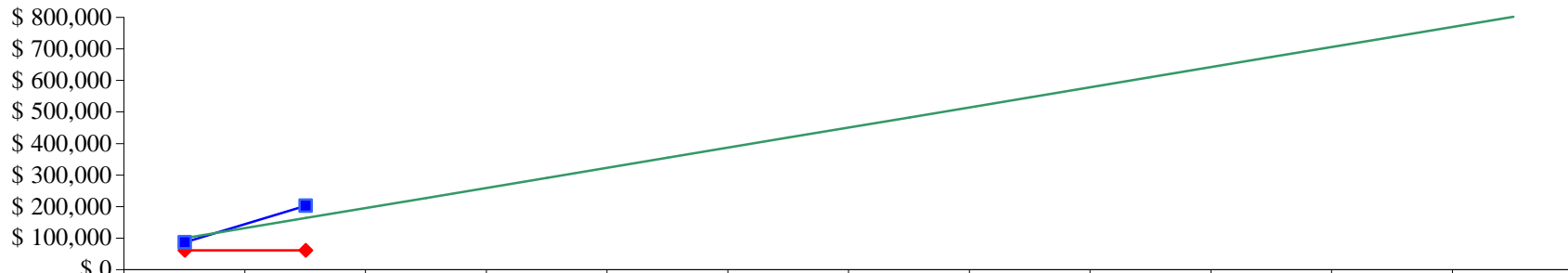
Monthly Medicare Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	25,284	0										
■ Monthly Revenue Accrued	50,569	115,854										
— Monthly Estimate	63,846	63,846	63,846	63,846	63,846	63,846	63,846	63,846	63,846	63,846	63,846	63,846

Progress Toward Annual Medicare Estimate (\$766,146)

Progress Toward Annual Medicare Estimate

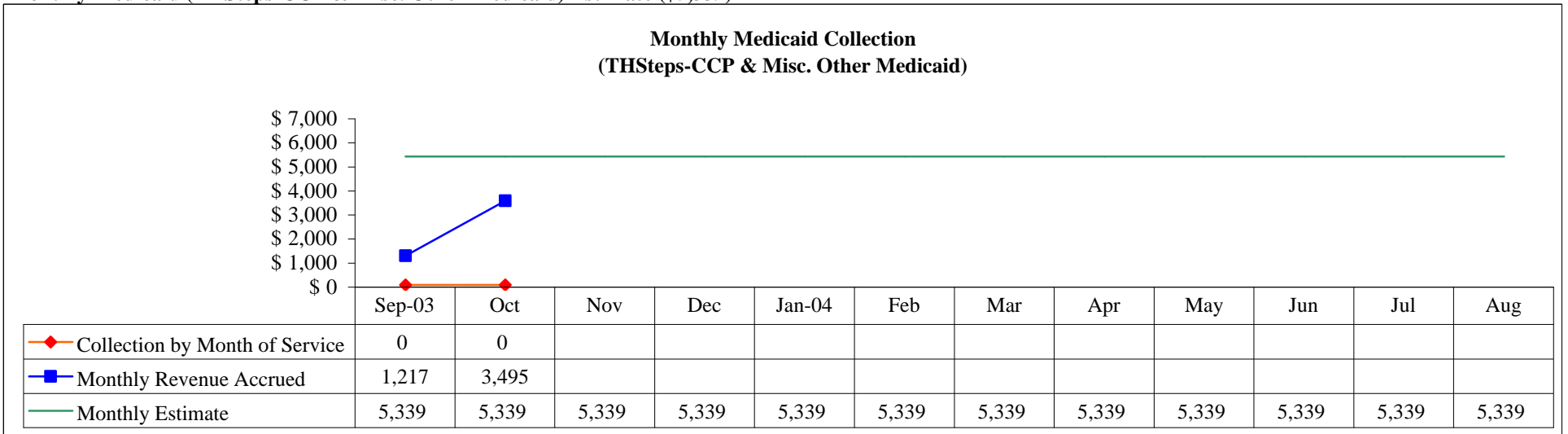


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	25,284	25,284										
■ FYTD Revenue Accrued	50,569	166,423										
— FYTD Estimate	63,846	127,691	191,537	255,382	319,228	383,073	446,919	510,764	574,610	638,455	702,301	766,146

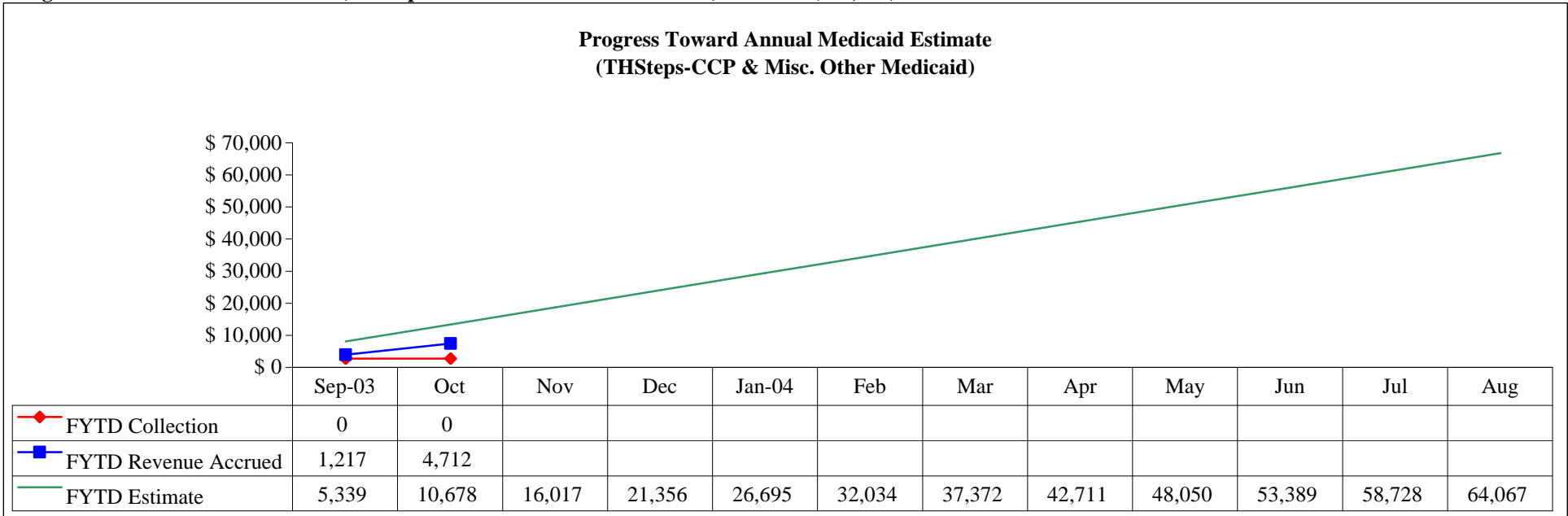
Objective 1D - FY 2004 Revenue Estimate

Kerrville State Hospital

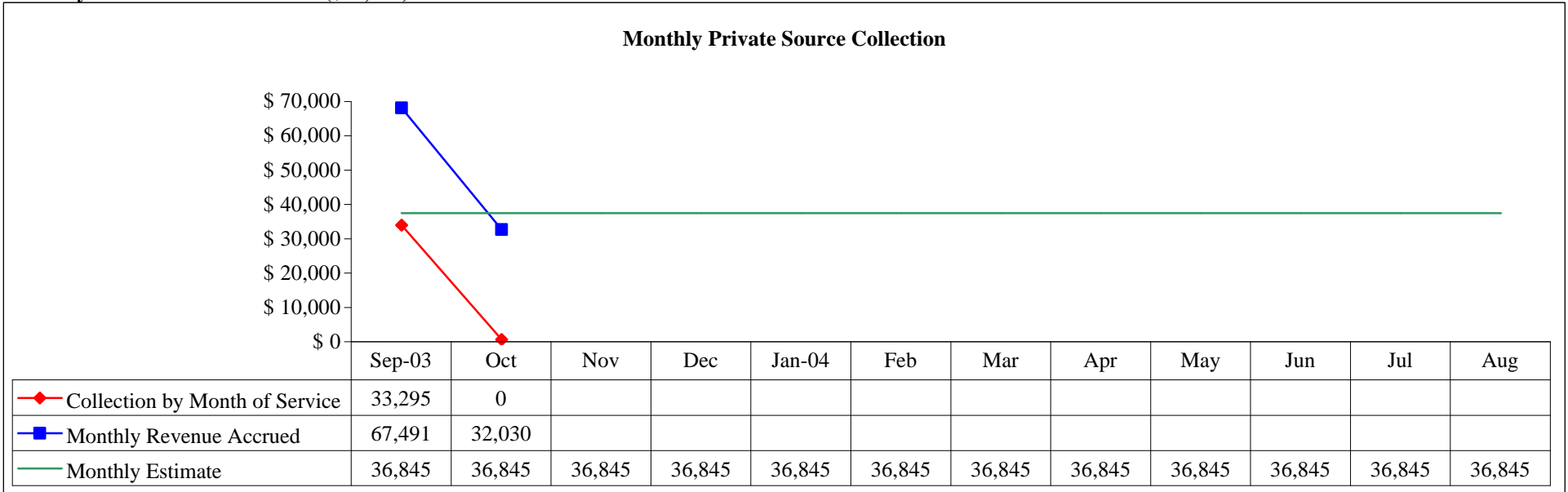
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$5,339)



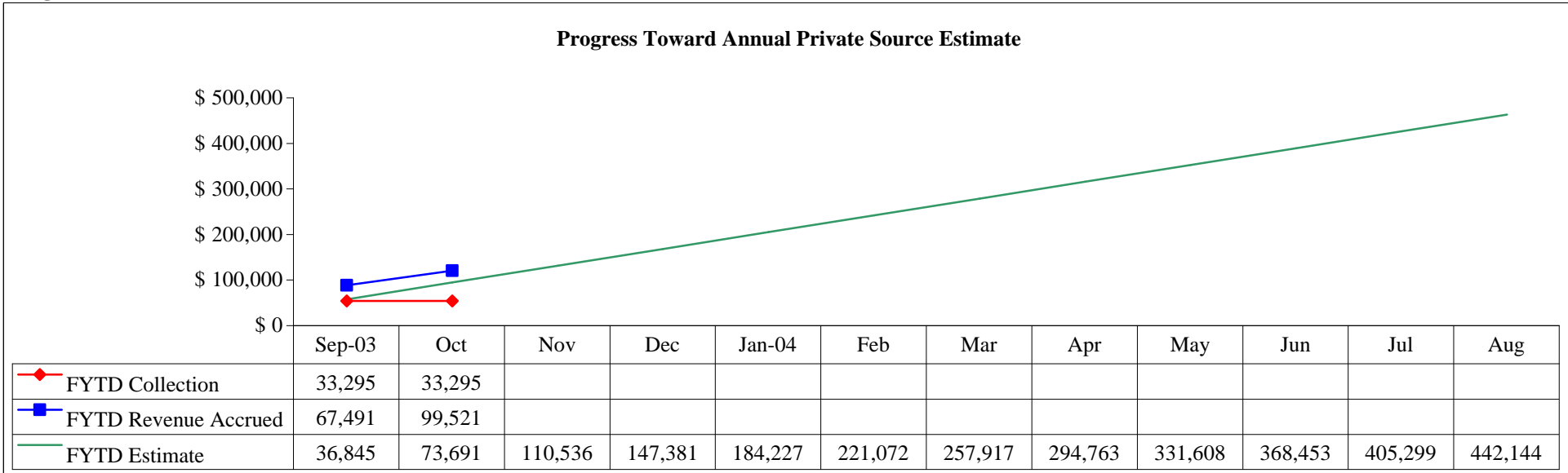
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$64,067)



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

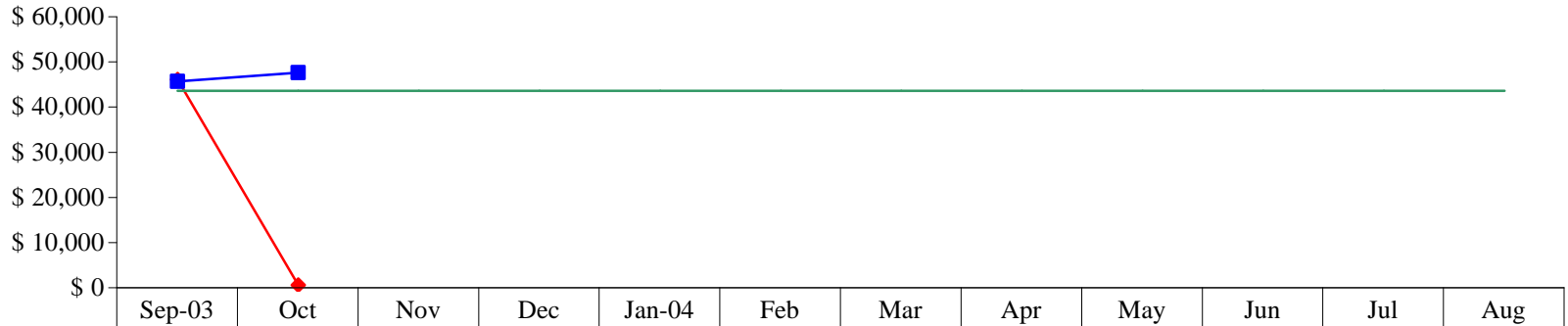


Progress Toward Annual Private Source Estimate (\$442,144)



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

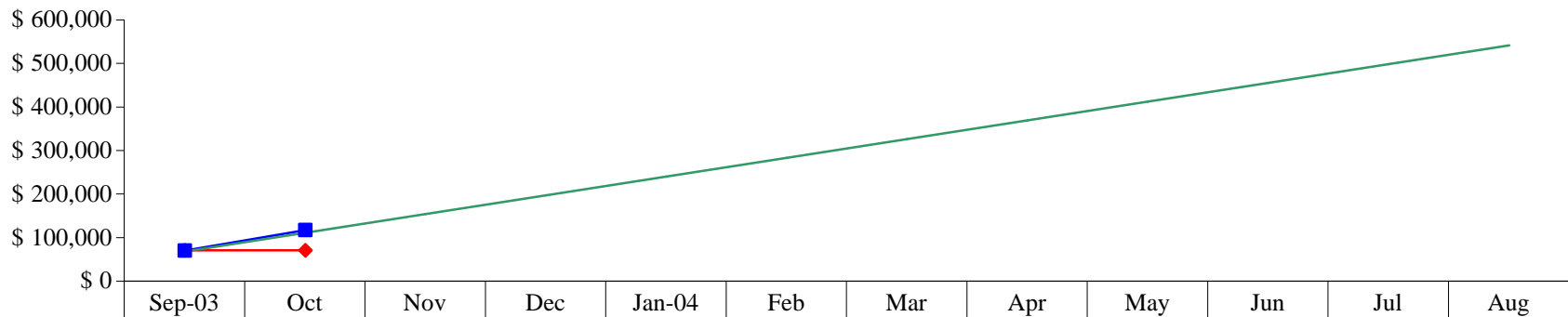
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Collection by Month of Service	45,492	0										
Monthly Revenue Accrued	45,103	47,049										
Monthly Estimate	43,026	43,026	43,026	43,026	43,026	43,026	43,026	43,026	43,026	43,026	43,026	43,026

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

Progress Toward Annual IMD Estimate

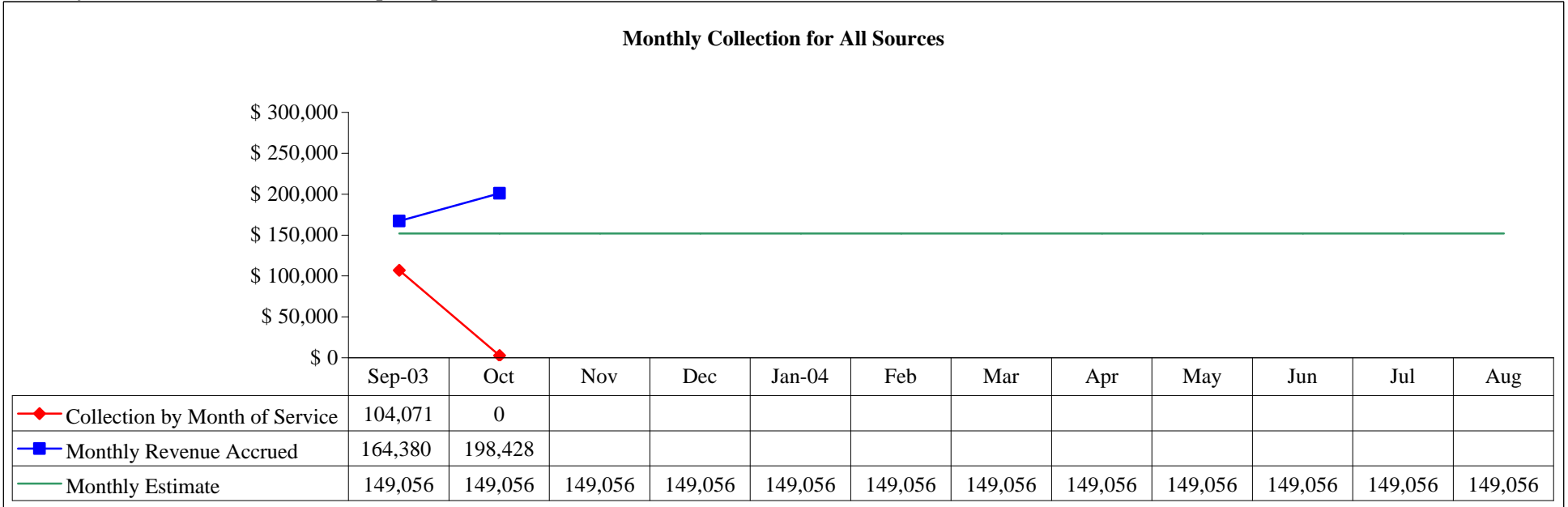


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Collection	45,492	45,492										
FYTD Revenue Accrued	45,103	92,152										
FYTD Estimate	43,026	86,052	129,078	172,104	215,130	258,156	301,181	344,207	387,233	430,259	473,285	516,311

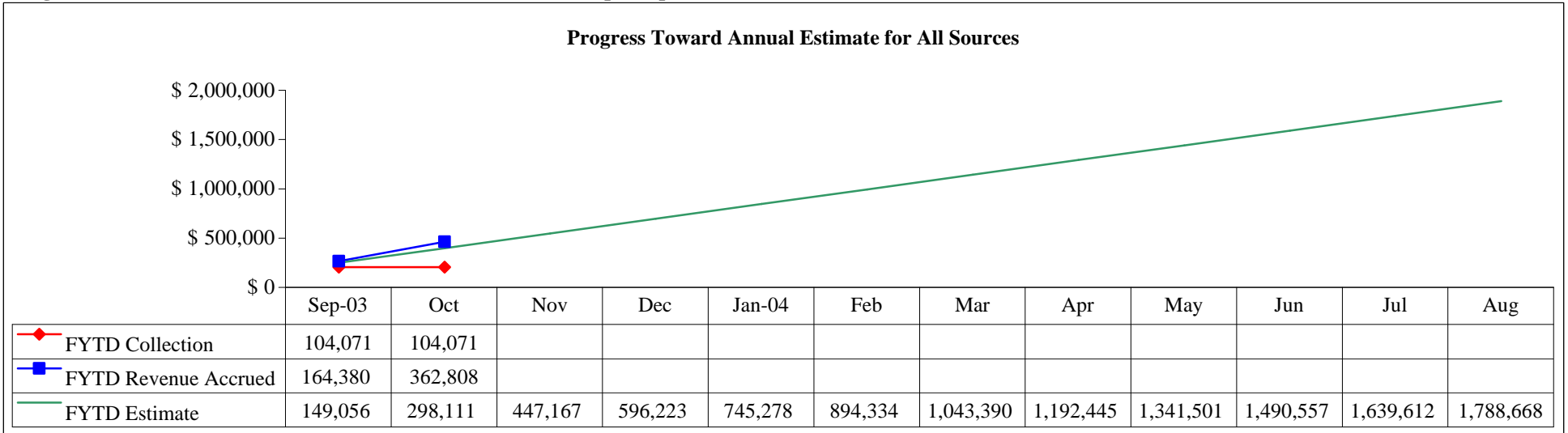
Objective 1D - FY 2004 Revenue Estimate

Kerrville State Hospital

Monthly Estimate For All Sources (except Dispro) (\$149,056)

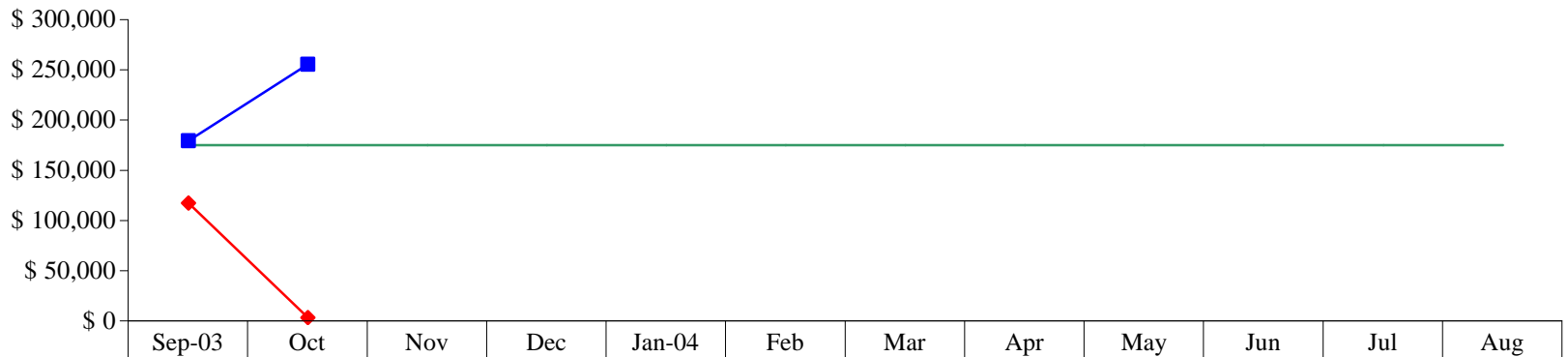


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$1,788,668)



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

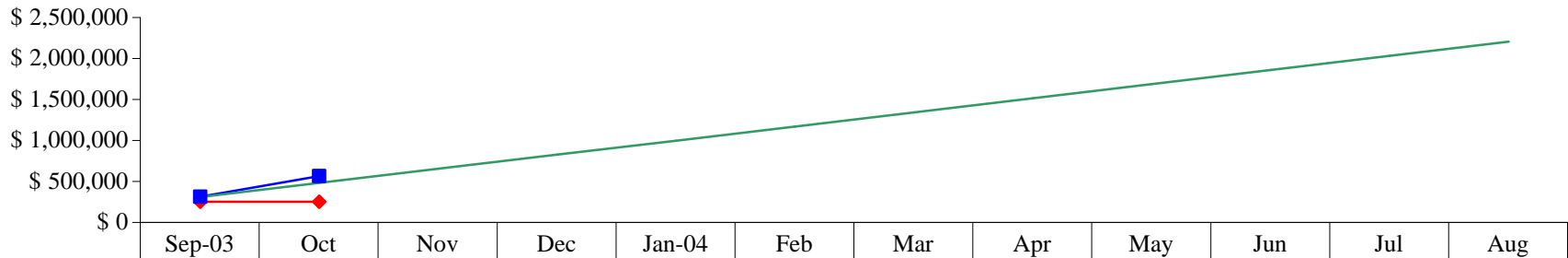
Monthly Medicare Collection



Collection by Month of Service	114,694	623										
Monthly Revenue Accrued	176,767	252,804										
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

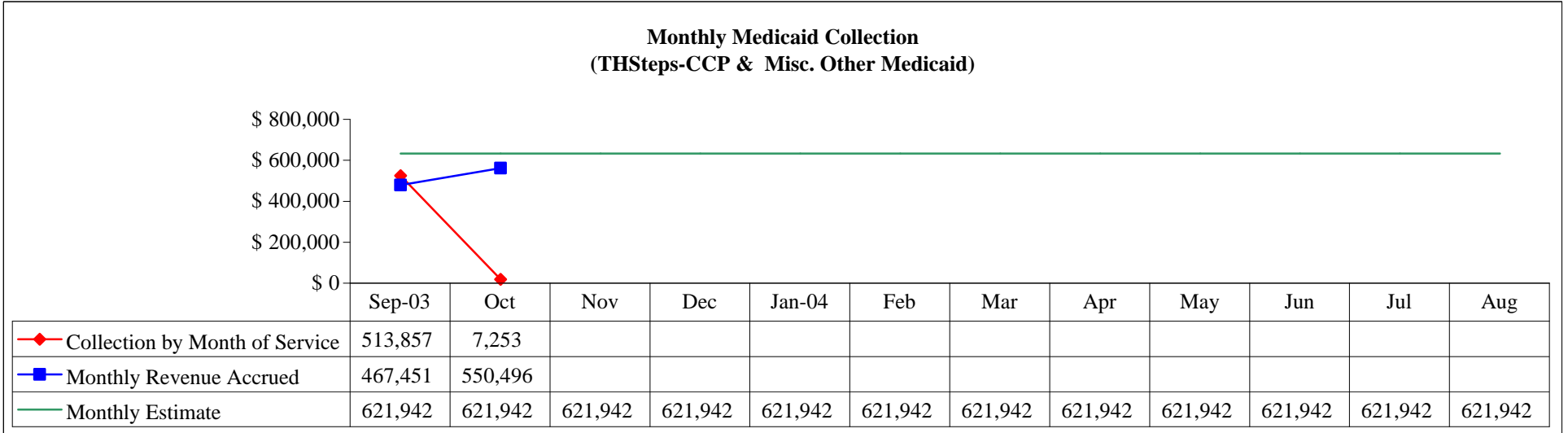


FYTD Collection	114,694	115,317										
FYTD Revenue Accrued	176,767	429,571										
FYTD Estimate	172,284	344,568	516,852	689,136	861,420	1,033,704	1,205,987	1,378,271	1,550,555	1,722,839	1,895,123	2,067,407

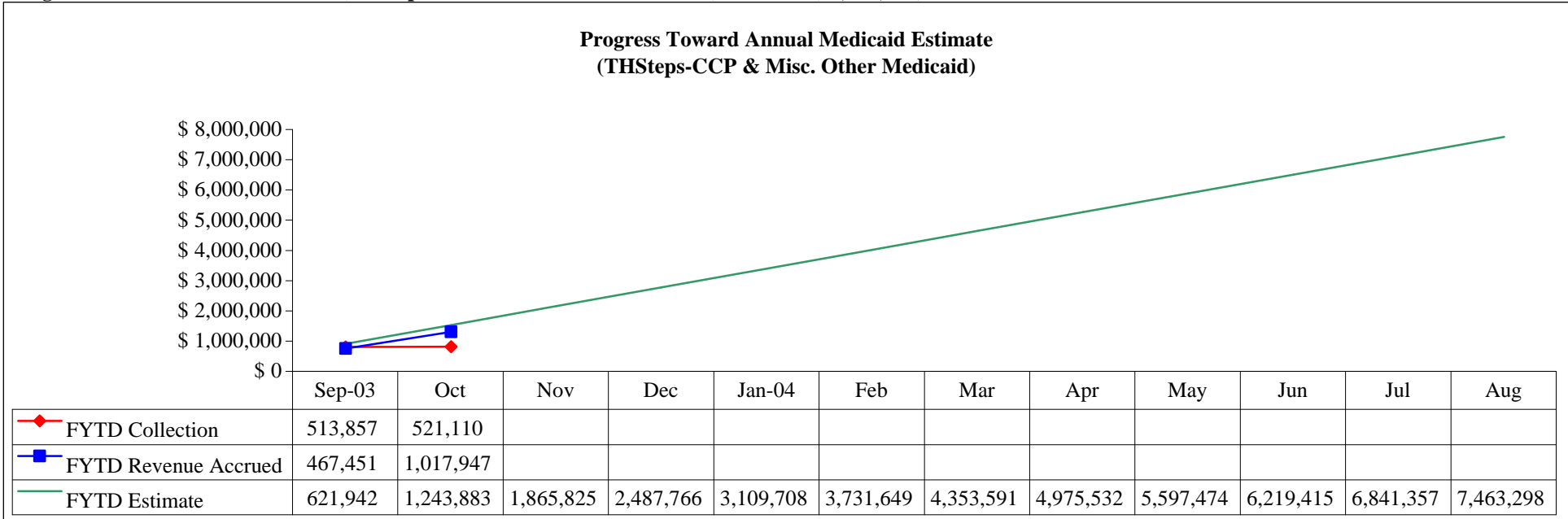
Objective 1D - FY 2004 Revenue Estimate

North Texas State Hospital

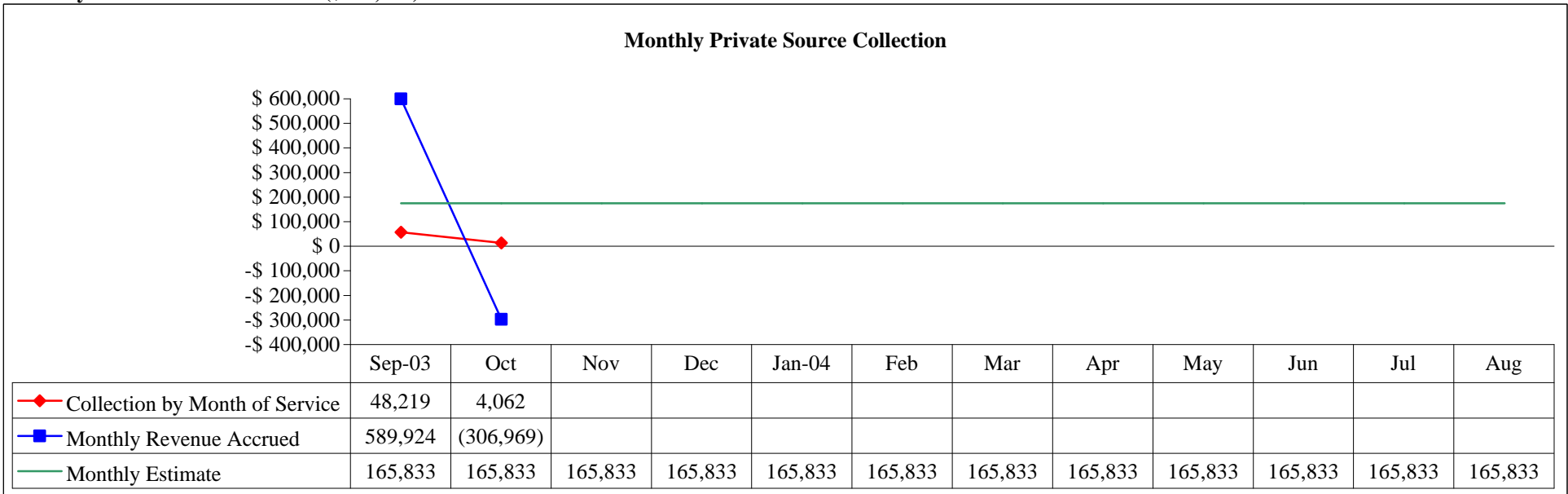
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$621,942)



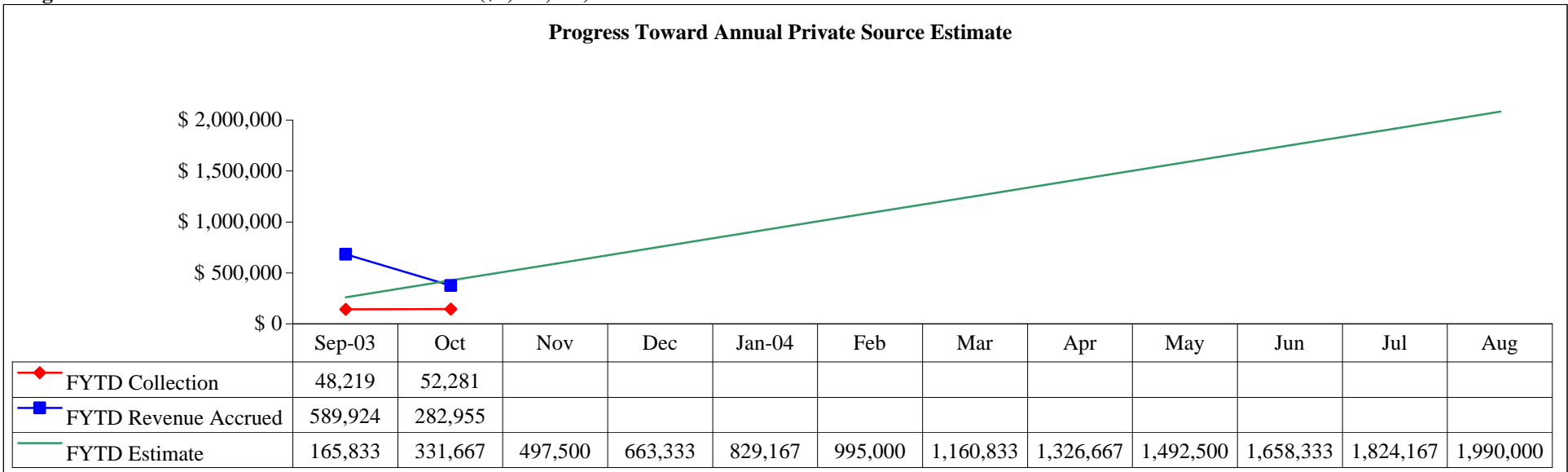
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$7,463,298)



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

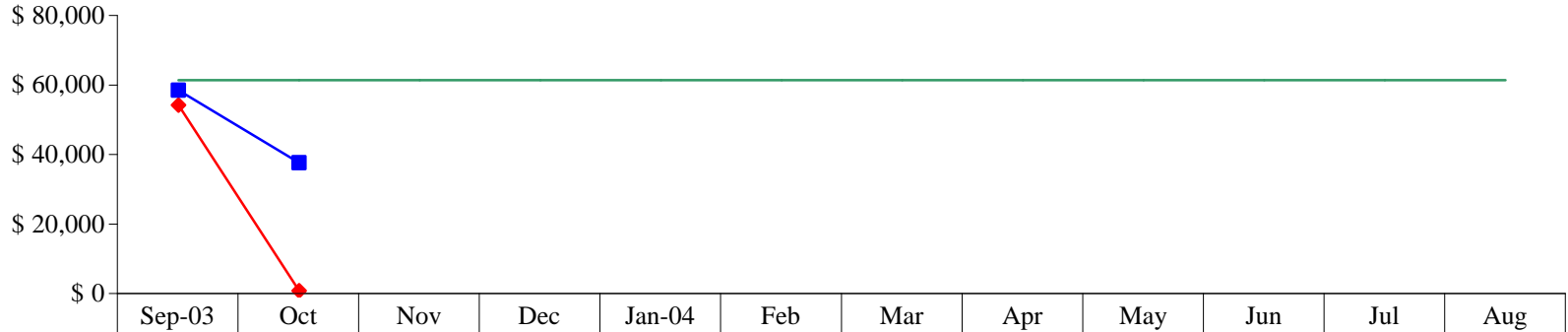


Progress Toward Annual Private Source Estimate (\$1,990,000)



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

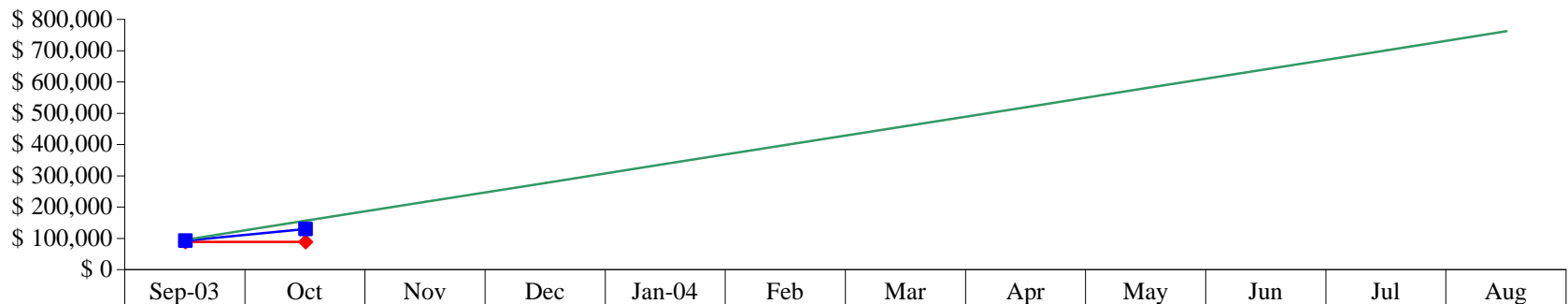
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	53,419	0										
■ Monthly Revenue Accrued	57,717	36,789										
— 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

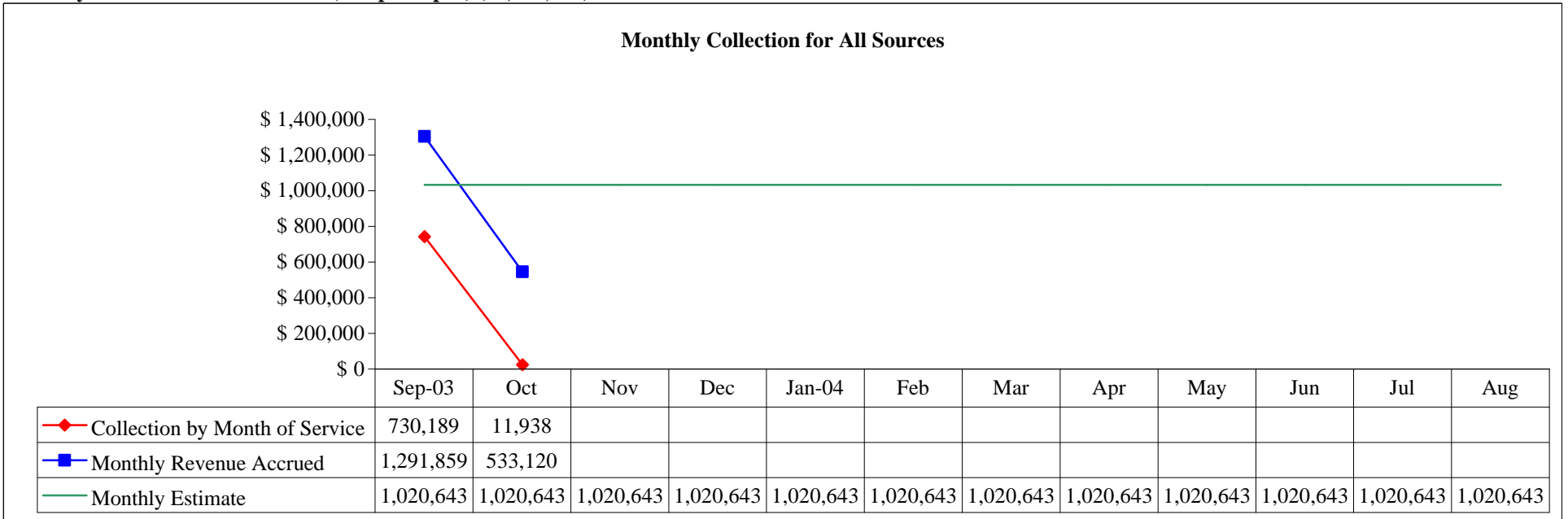


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	53,419	53,419										
■ FYTD Revenue Accrued	57,717	94,506										
— FYTD Estimate	60,584	121,168	181,751	242,335	302,919	363,503	424,086	484,670	545,254	605,838	666,421	727,005

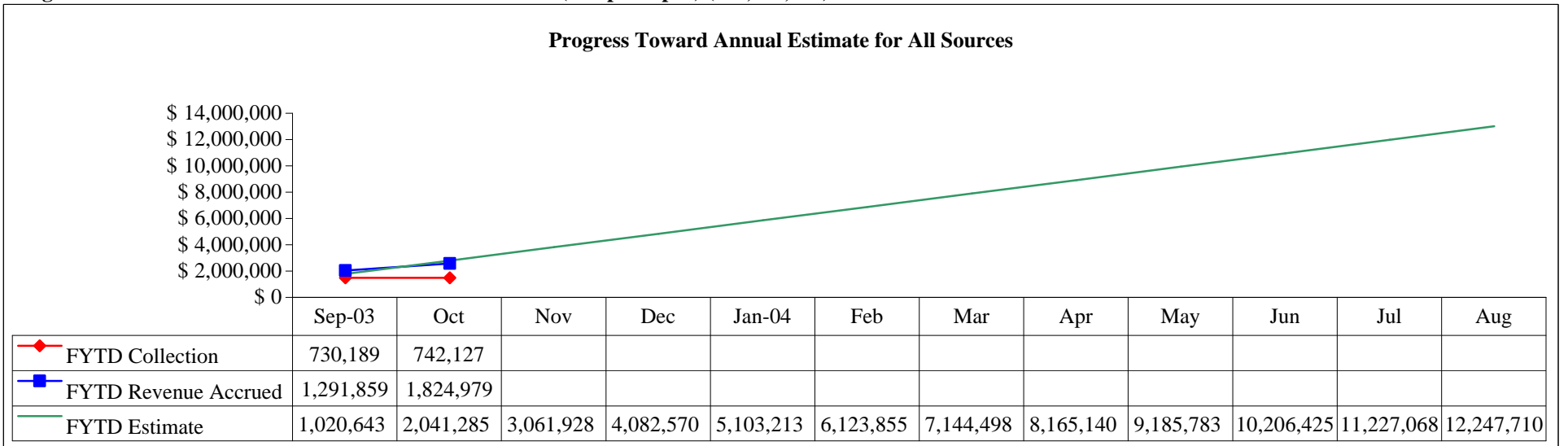
Objective 1D - FY 2004 Revenue Estimate

North Texas State Hospital

Monthly Estimate For All Sources (except Dispro) (\$1,020,643)

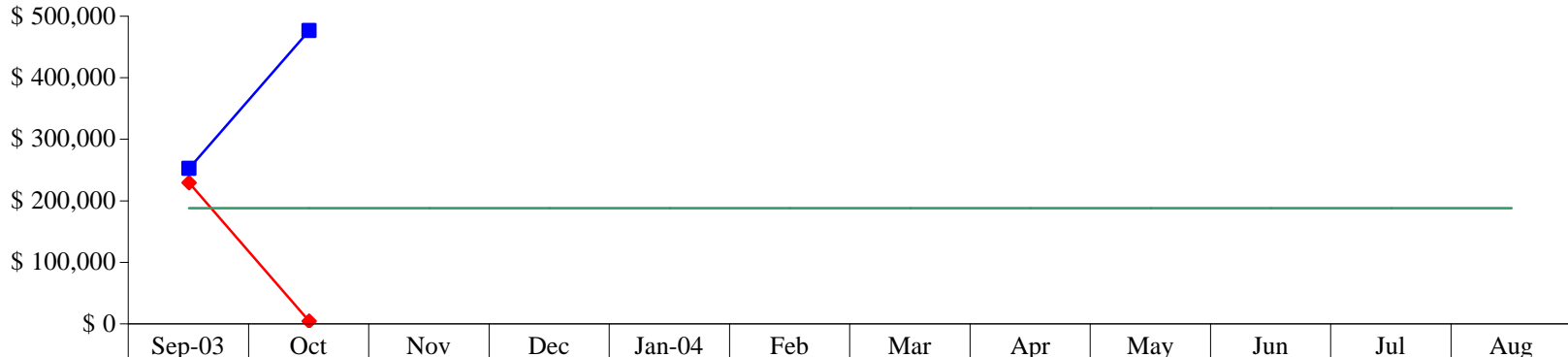


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$12,247,710)



Objective 1D - FY 2004 Revenue Estimate
Rusk State Hospital
Monthly Medicare Estimate (\$183,682)

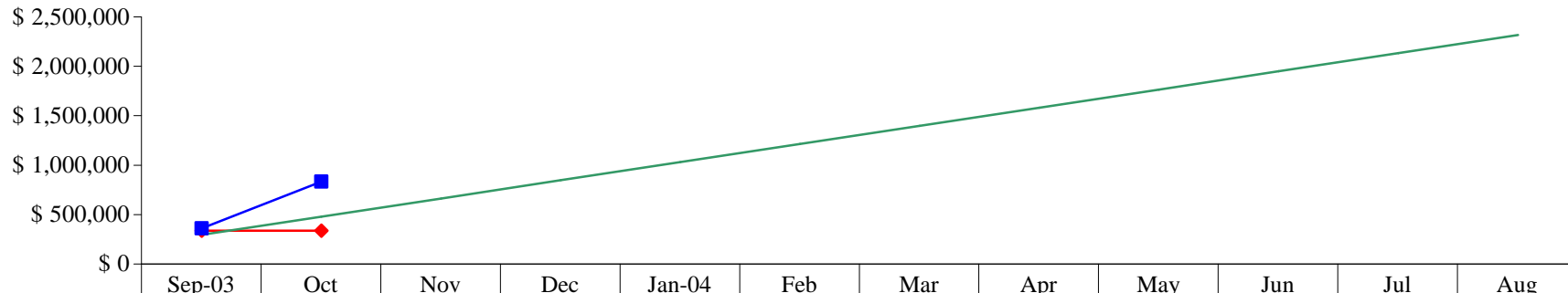
Monthly Medicare Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Collection by Month of Service	224,868	0										
Monthly Revenue Accrued	248,452	472,166										
Monthly Estimate	183,682	183,682	183,682	183,682	183,682	183,682	183,682	183,682	183,682	183,682	183,682	183,682

Progress Toward Annual Medicare Estimate (\$2,204,179)

Progress Toward Annual Medicare Estimate

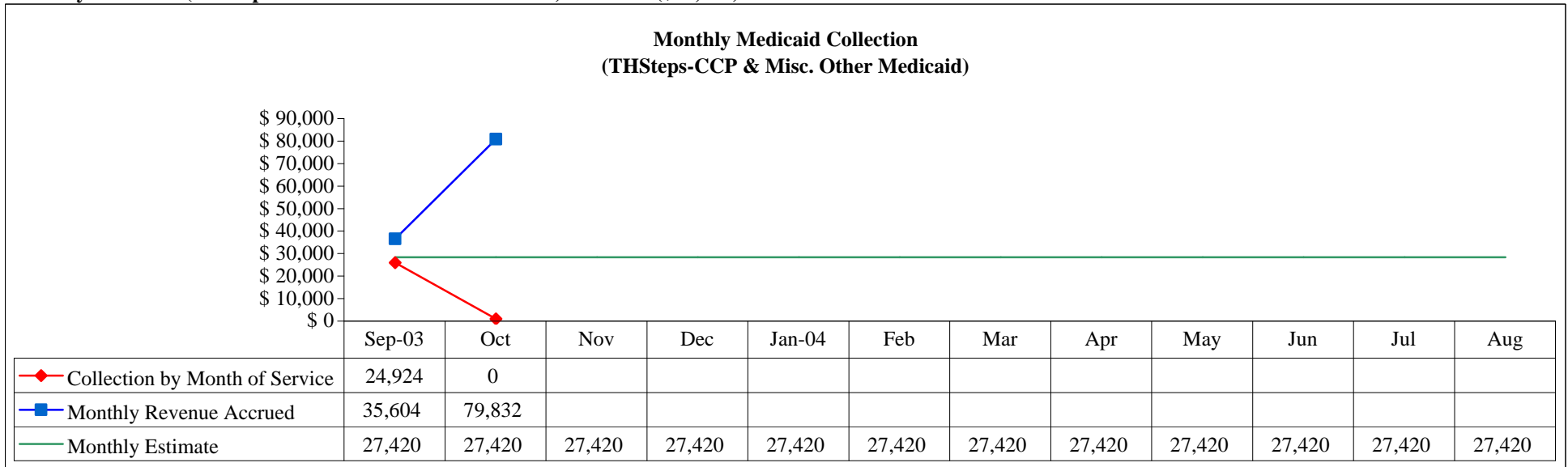


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Collection	224,868	224,868										
FYTD Revenue Accrued	248,452	720,618										
FYTD Estimate	183,682	367,363	551,045	734,726	918,408	1,102,090	1,285,771	1,469,453	1,653,134	1,836,816	2,020,497	2,204,179

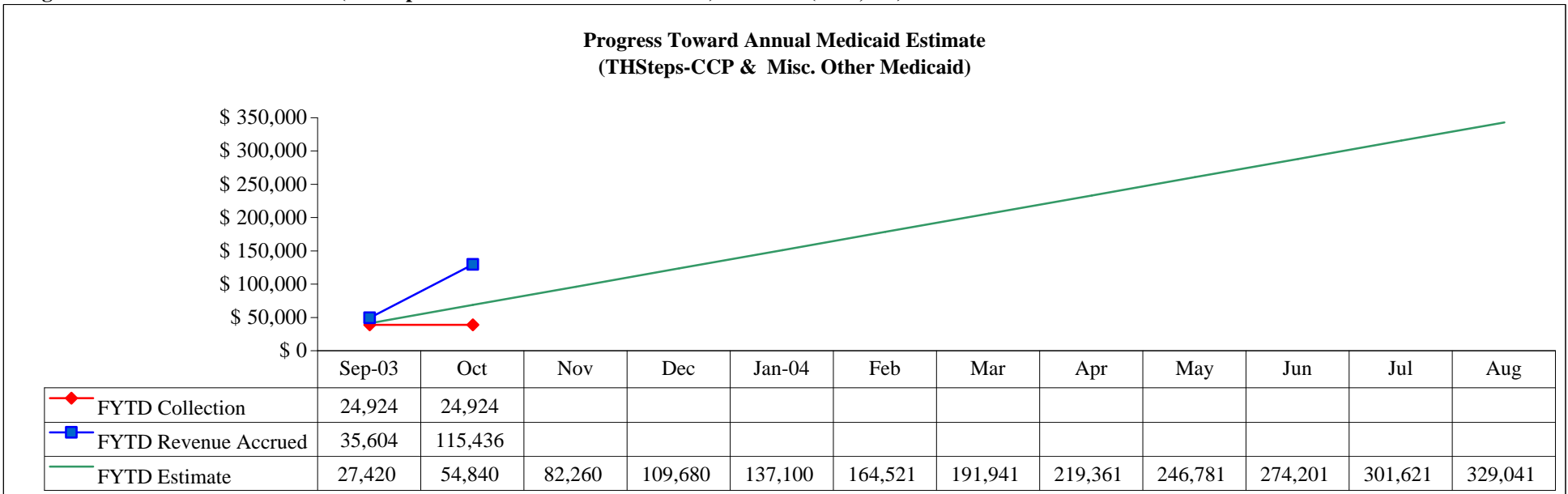
Objective 1D - FY 2004 Revenue Estimate

Rusk State Hospital

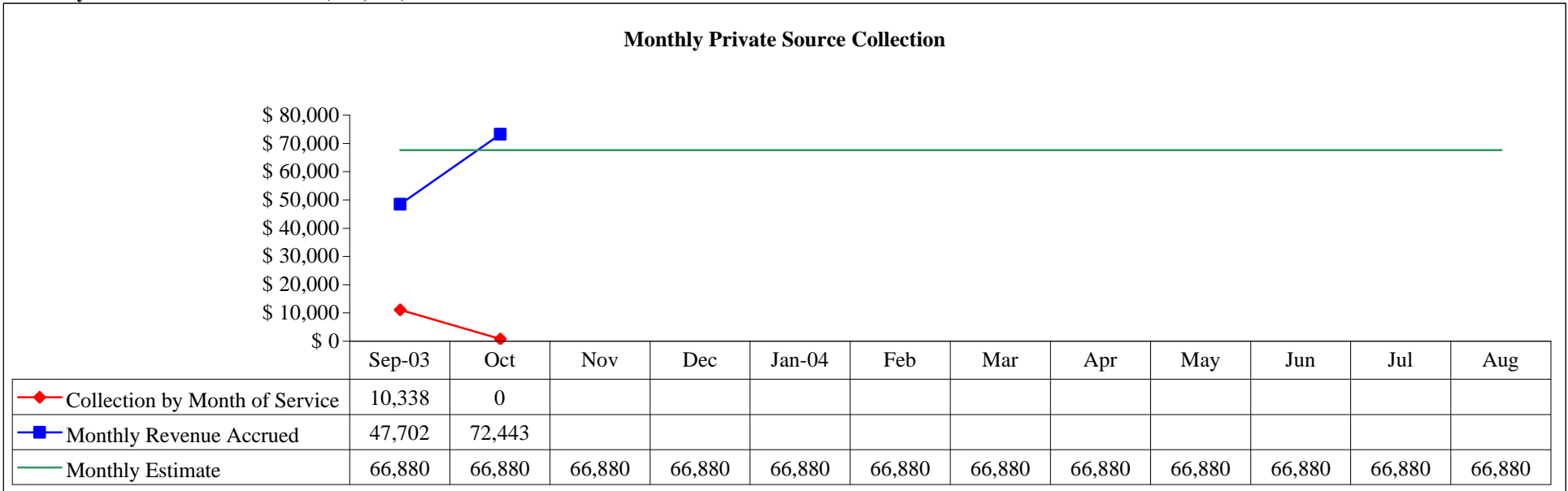
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$27,420)



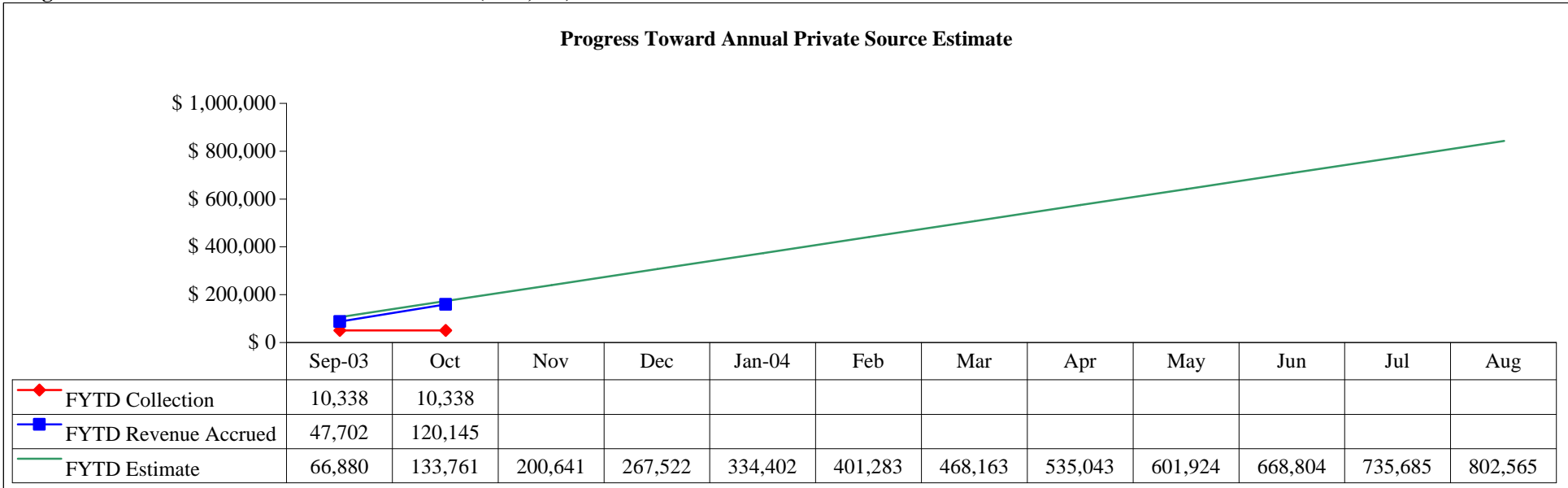
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$329,041)



Objective 1D - FY 2004 Revenue Estimate
Rusk State Hospital
Monthly Private Source Estimate (\$66,880)



Progress Toward Annual Private Source Estimate (\$802,565)

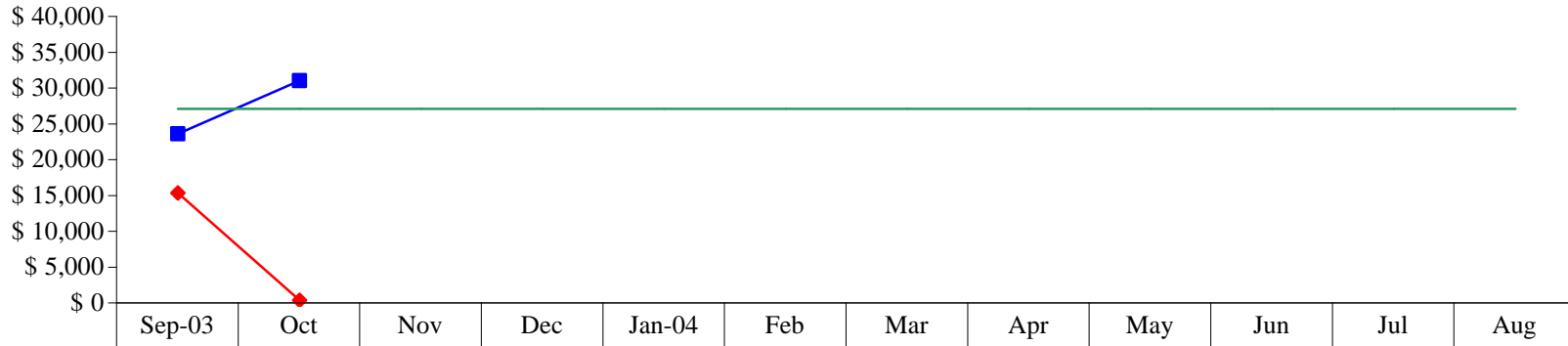


Objective 1D - FY 2004 Revenue Estimate

Rusk State Hospital

Monthly IMD Estimate (\$26,724)

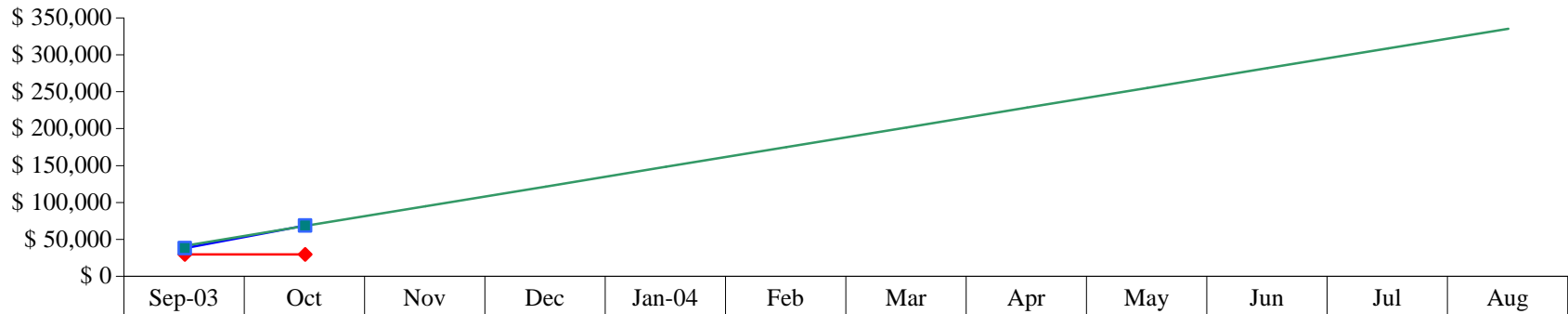
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	14,984	0										
■ Monthly Revenue Accrued	23,210	30,673										
— Monthly Estimate	26,724	26,724	26,724	26,724	26,724	26,724	26,724	26,724	26,724	26,724	26,724	26,724

Progress Toward Annual IMD Estimate (\$320,685)

Progress Toward Annual IMD Estimate

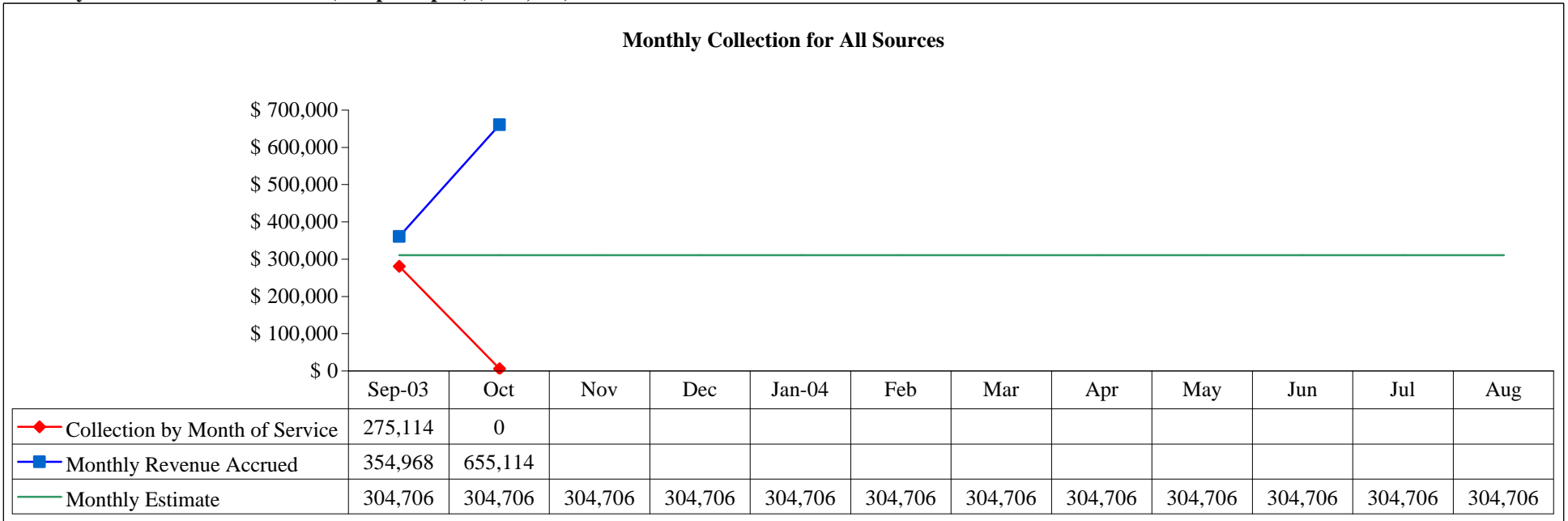


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	14,984	14,984										
■ FYTD Revenue Accrued	23,210	53,883										
— FYTD Estimate	26,724	53,448	80,171	106,895	133,619	160,343	187,066	213,790	240,514	267,238	293,961	320,685

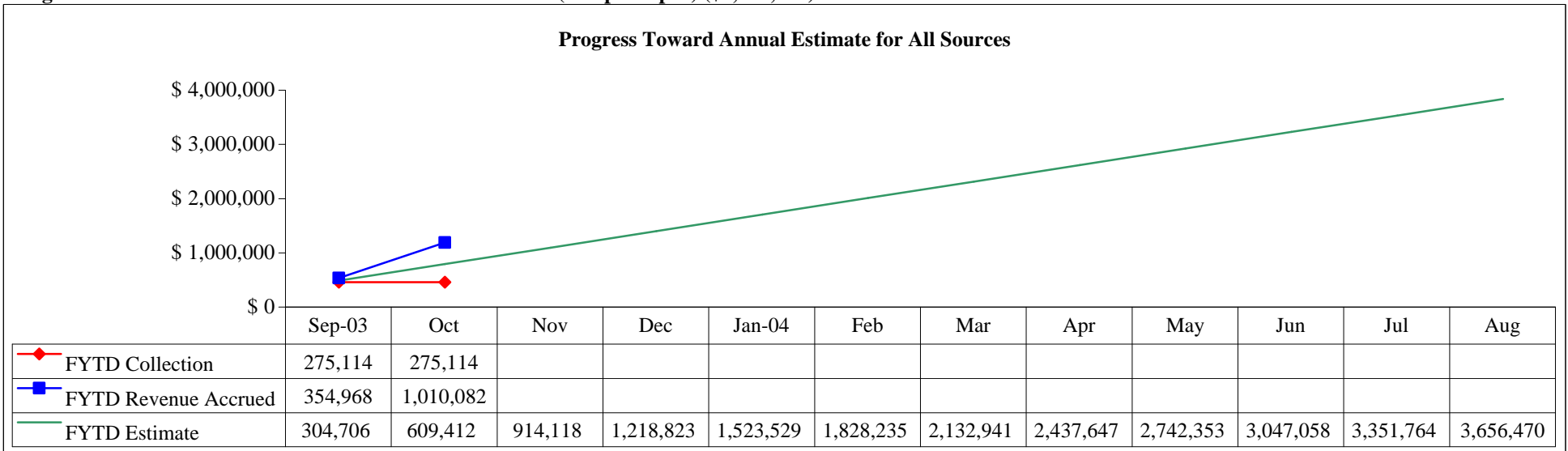
Objective 1D - FY 2004 Revenue Estimate

Rusk State Hospital

Monthly Estimate For All Sources (except Dispro) (\$304,706)

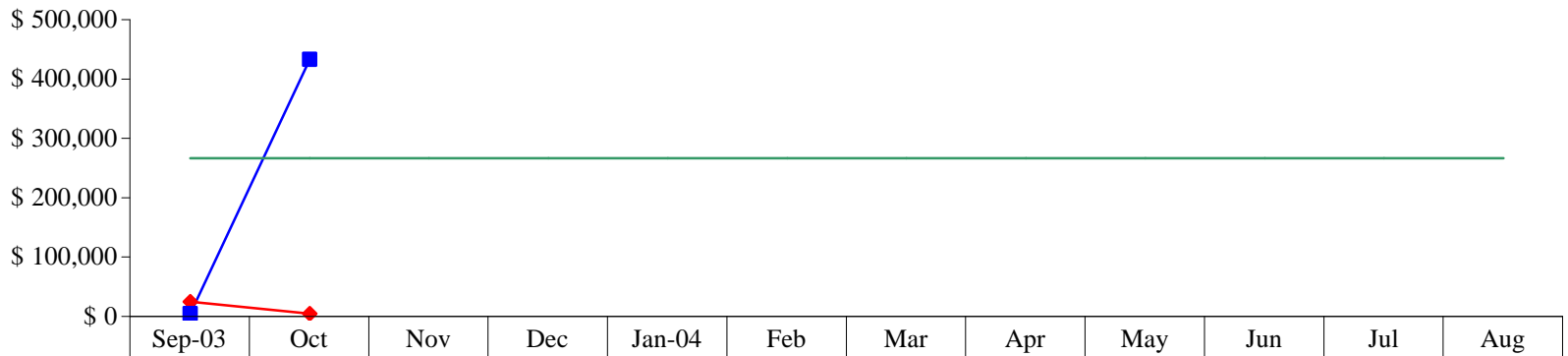


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$3,656,470)



Objective 1D - FY 2004 Revenue Estimate
San Antonio State Hospital
Monthly Medicare Estimate (\$261,962)

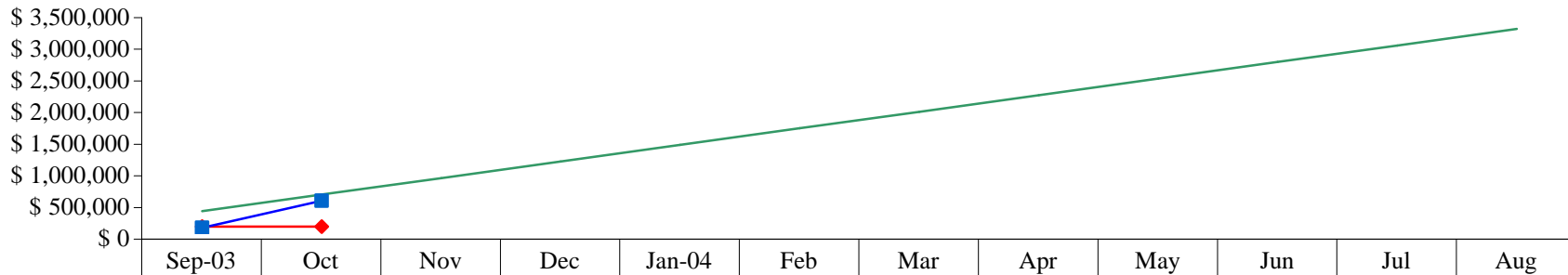
Monthly Medicare Collection



Collection by Month of Service	20,375	0										
Monthly Revenue Accrued	0	428,602										
Monthly Estimate	261,962	261,962	261,962	261,962	261,962	261,962	261,962	261,962	261,962	261,962	261,962	261,962

Progress Toward Annual Medicare Estimate (\$3,143,546)

Progress Toward Annual Medicare Target

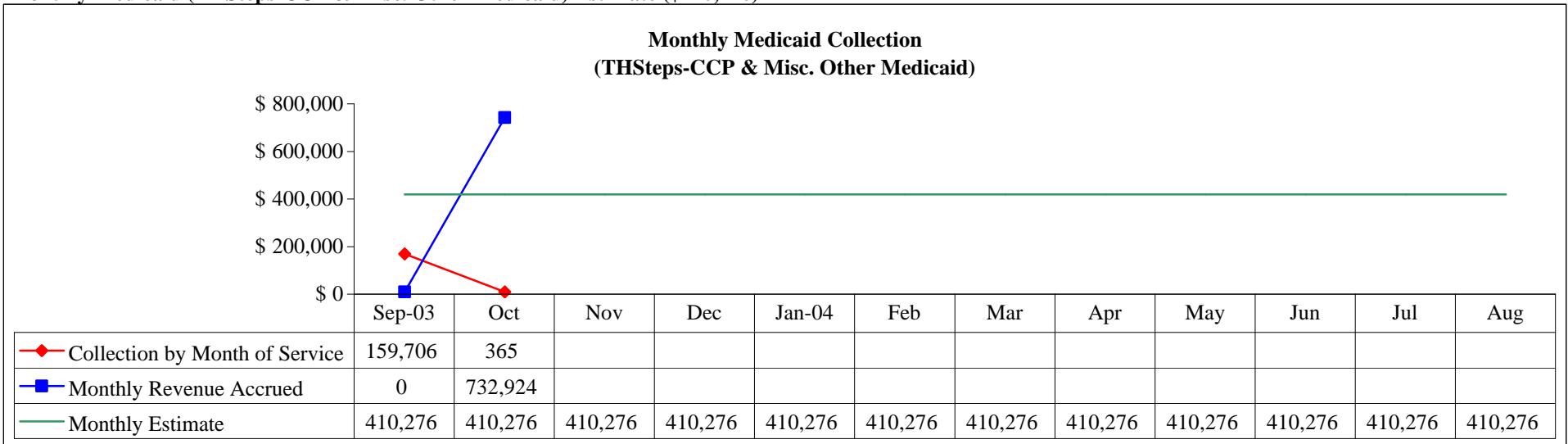


FYTD Collection	20,375	20,375										
FYTD Revenue Accrued	0	428,602										
FYTD Estimate	261,962	523,924	785,887	1,047,849	1,309,811	1,571,773	1,833,735	2,095,697	2,357,660	2,619,622	2,881,584	3,143,546

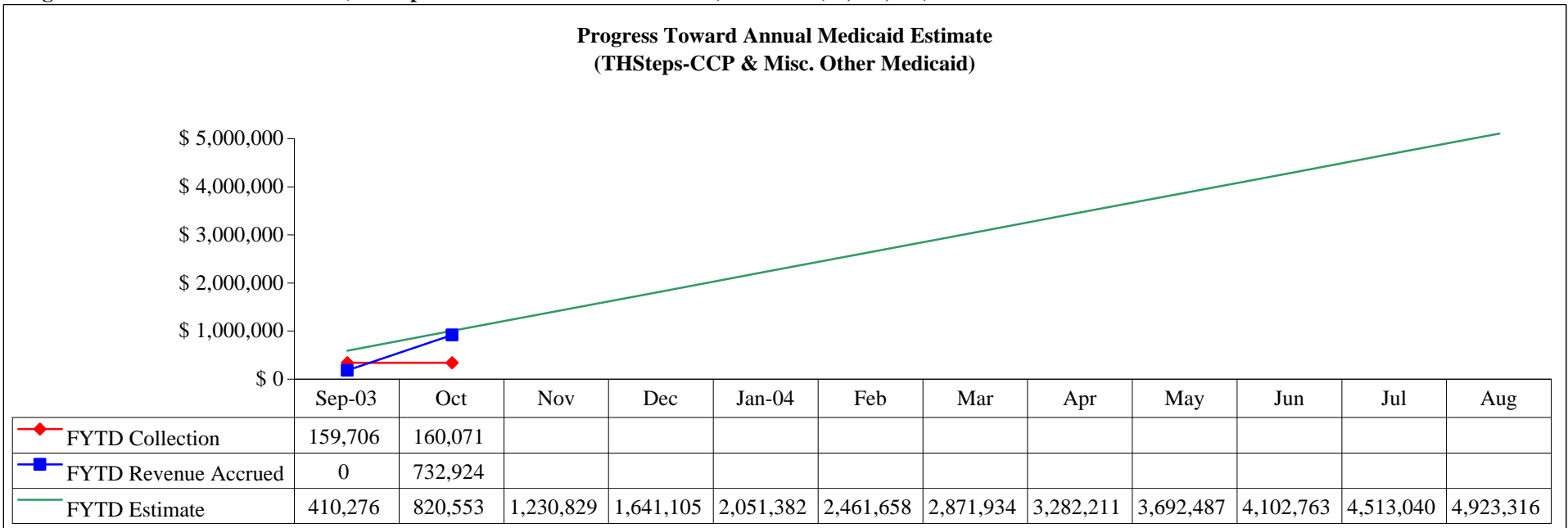
Objective 1D - FY 2004 Revenue Estimate

San Antonio State Hospital

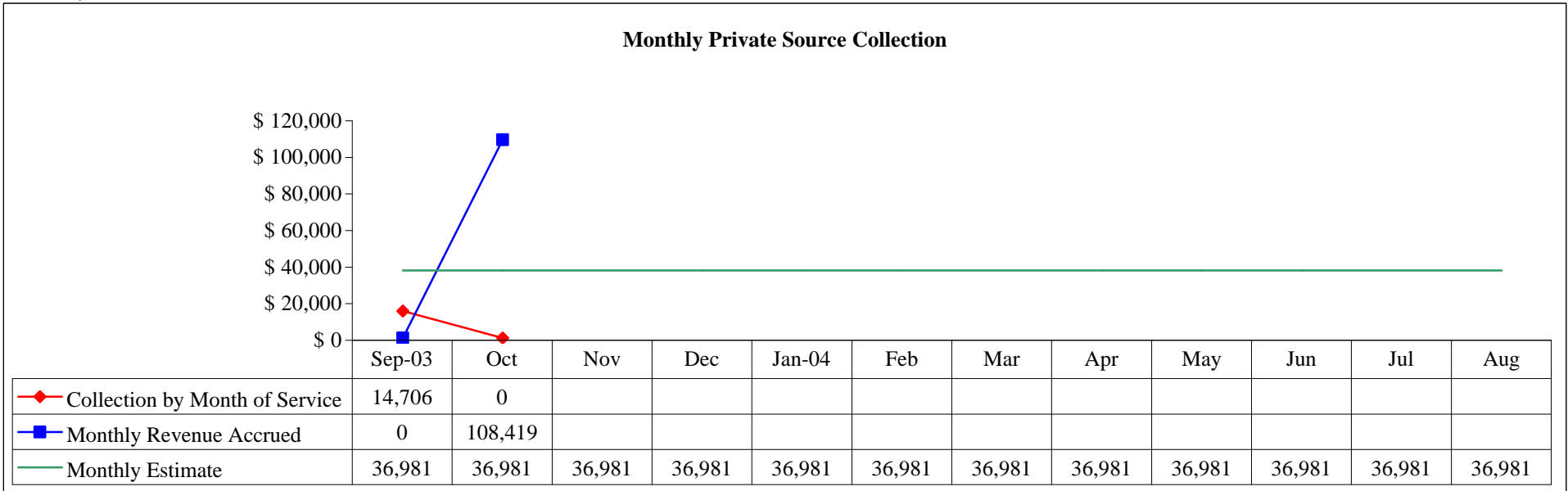
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$410,276)



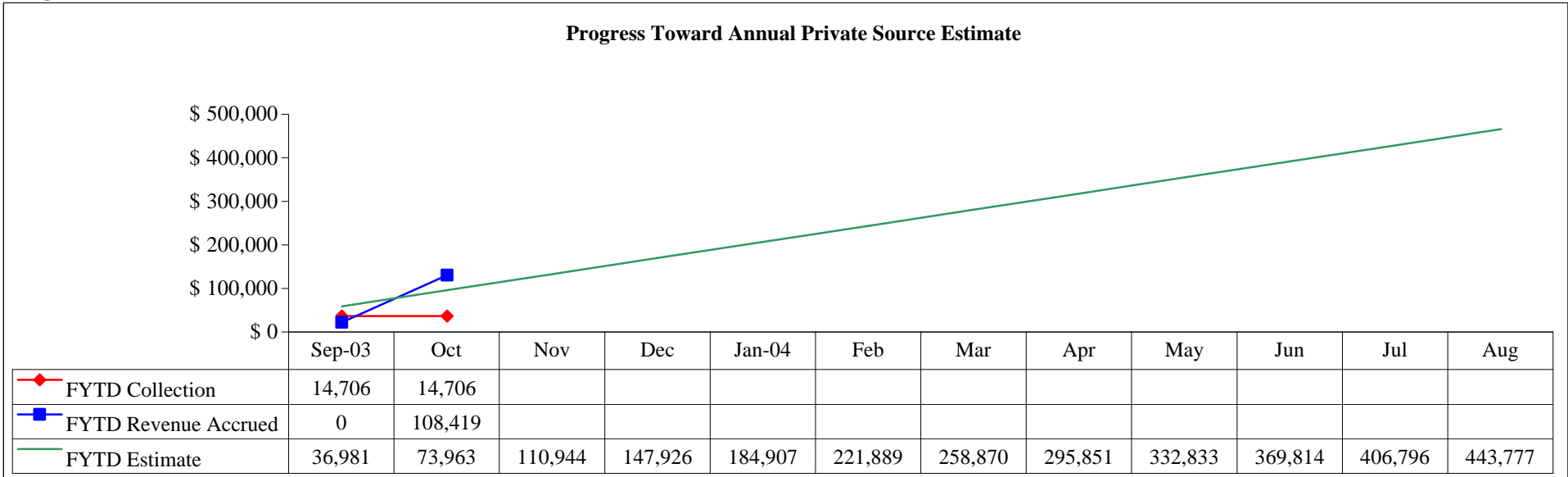
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$4,923,316)



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

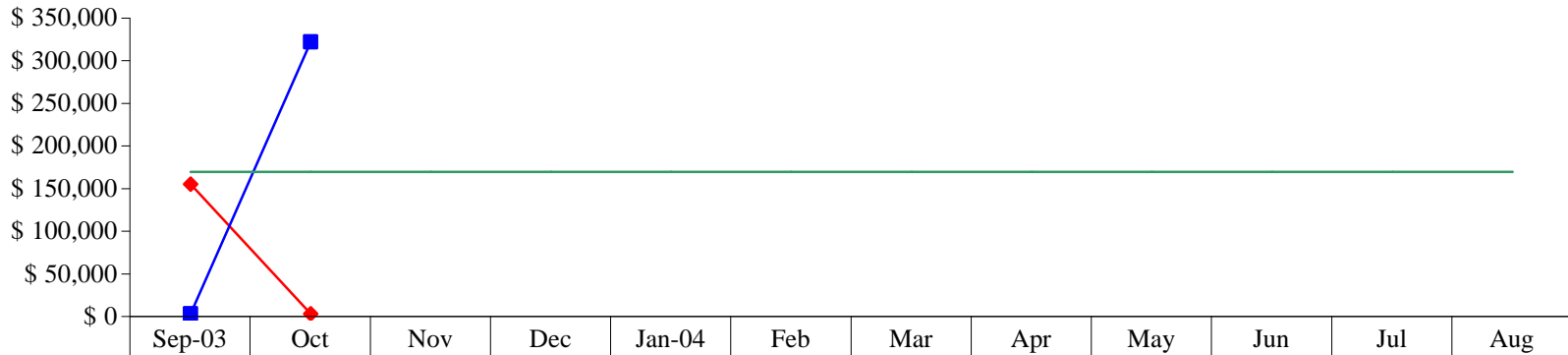


Progress Toward Annual Private Source Estimate (\$443,777)



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

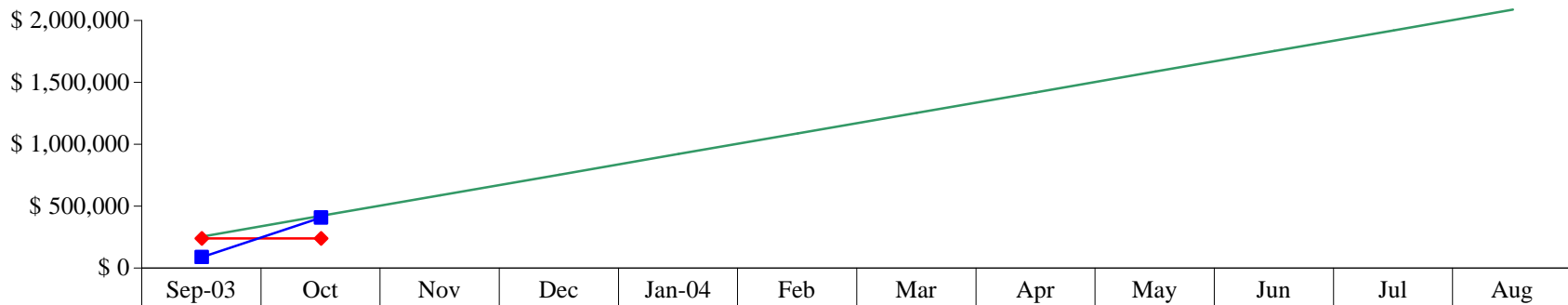
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	152,079	0										
■ Monthly Revenue Accrued	0	318,976										
— 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

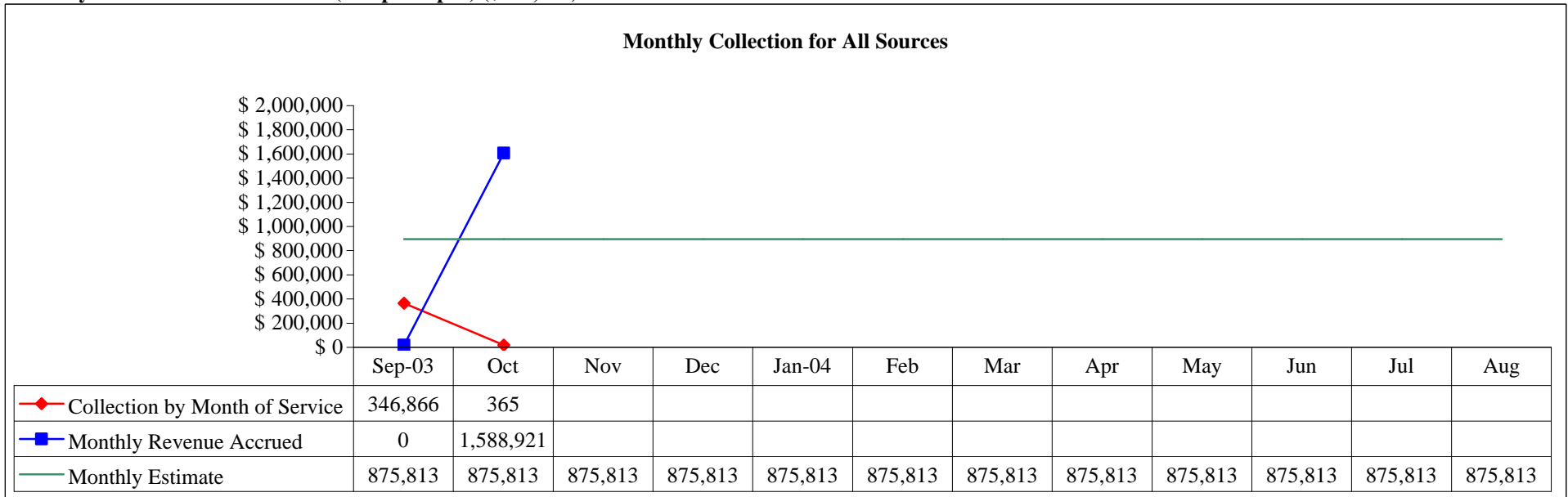


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	152,079	152,079										
■ FYTD Revenue Accrued	0	318,976										
— FYTD Estimate	166,593	333,186	499,779	666,372	832,965	999,558	1,166,151	1,332,744	1,499,337	1,665,930	1,832,523	1,999,116

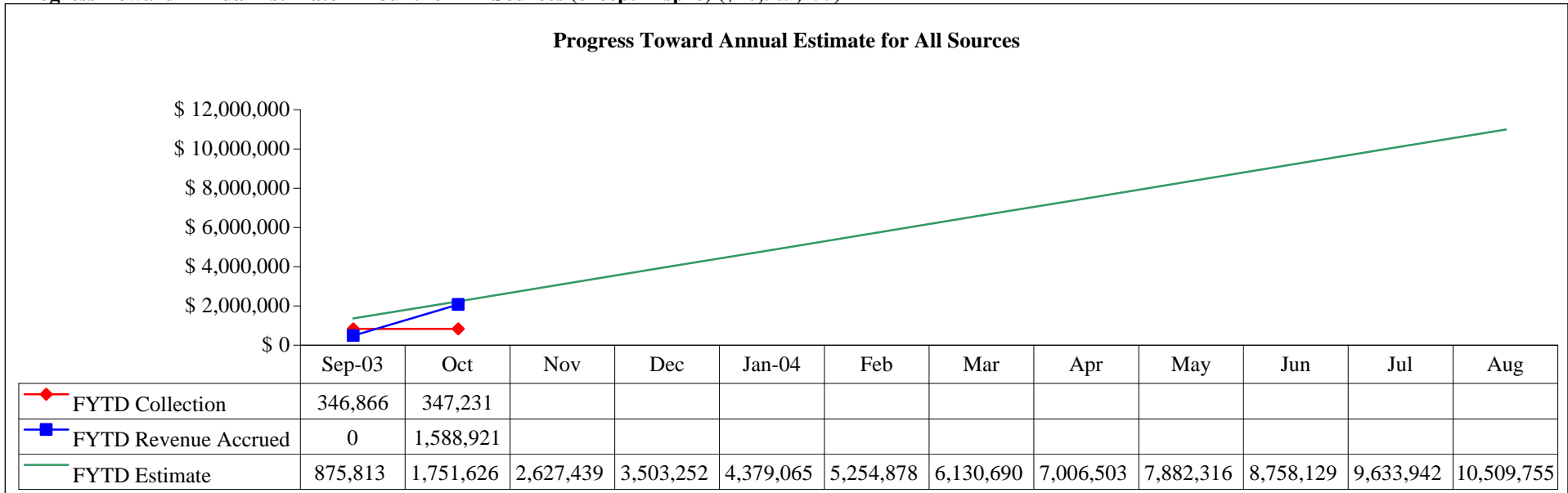
Objective 1D - FY 2004 Revenue Estimate

San Antonio State Hospital

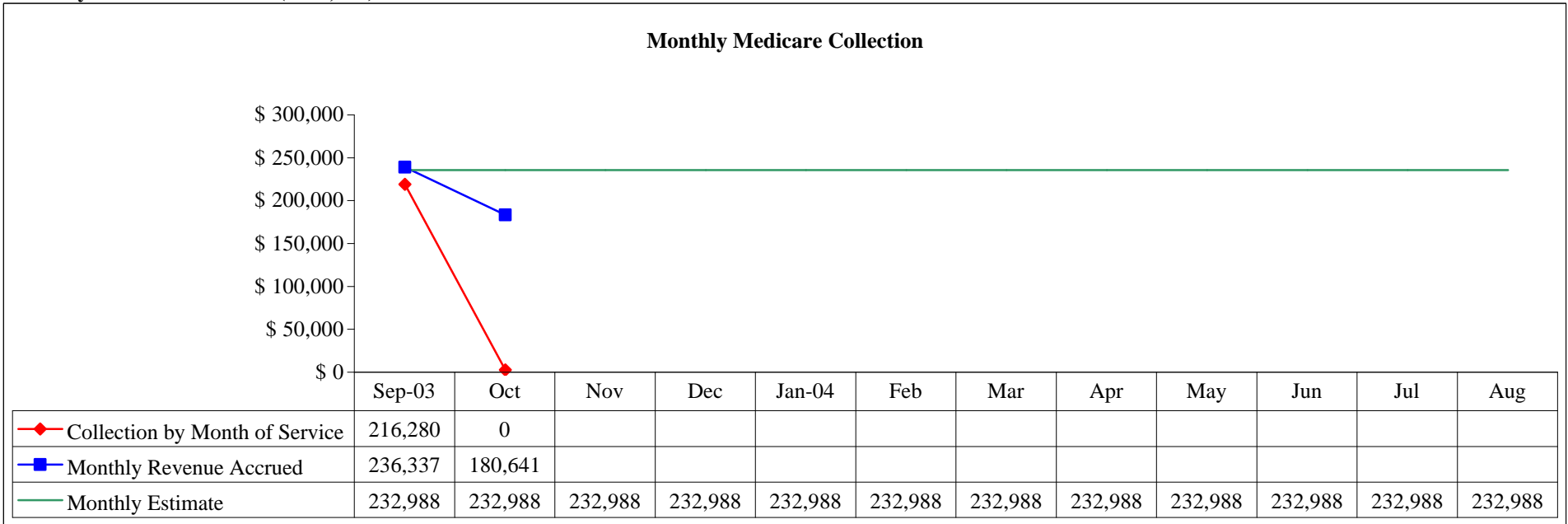
Monthly Estimate For All Sources (except Dispro) (\$875,813)



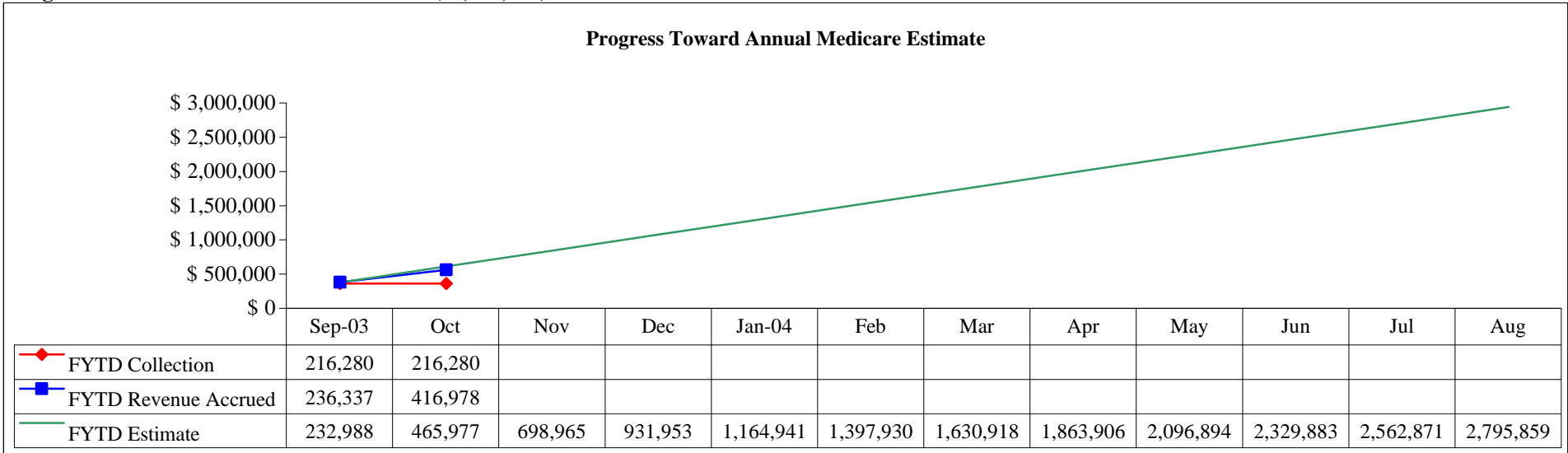
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$10,509,755)



Objective 1D - FY 2004 Revenue Estimate
Terrell State Hospital
Monthly Medicare Estimate (\$232,988)



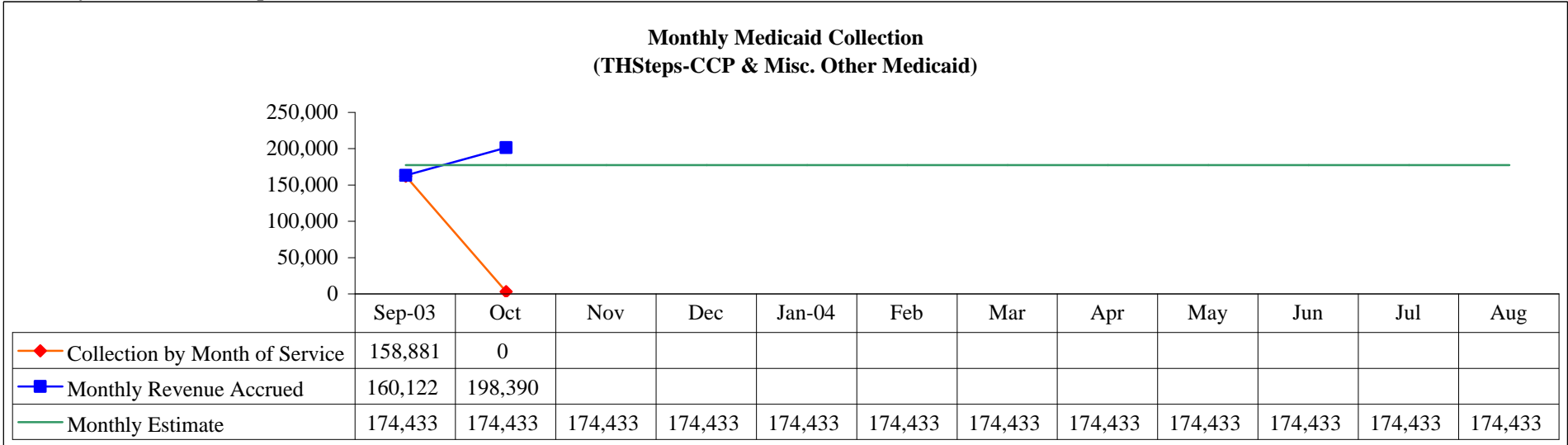
Progress Toward Annual Medicare Estimate (\$2,795,859)



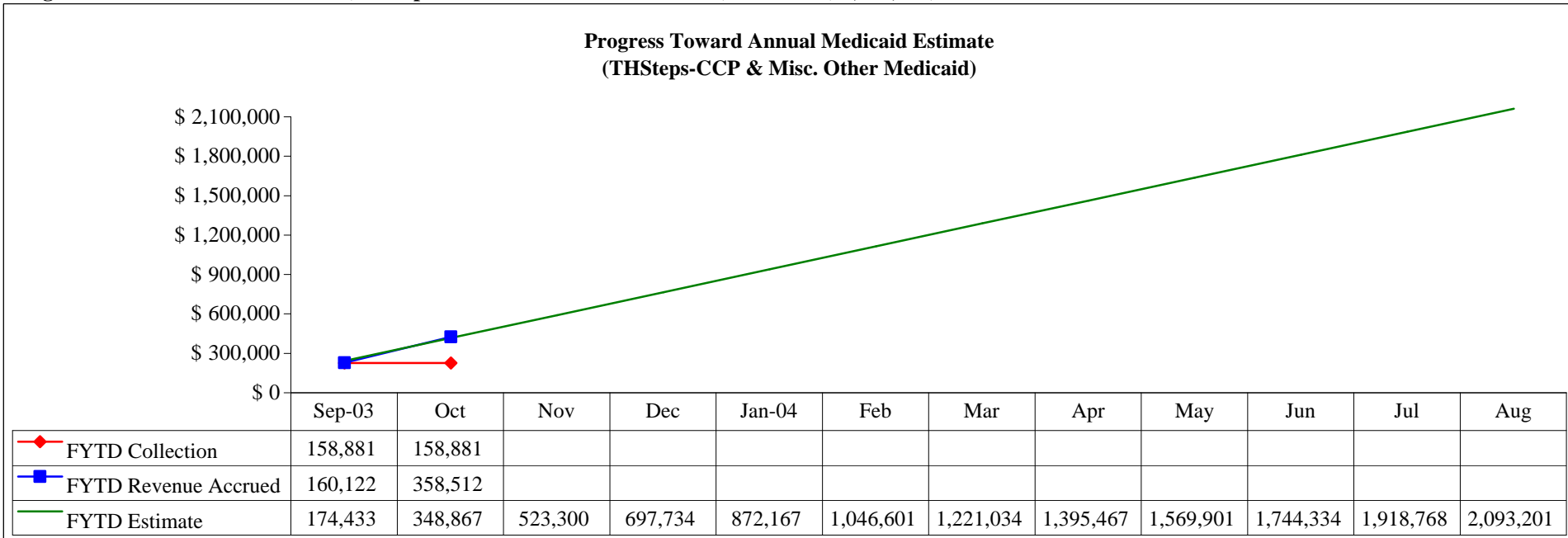
Objective 1D - FY 2004 Revenue Estimate

Terrell State Hospital

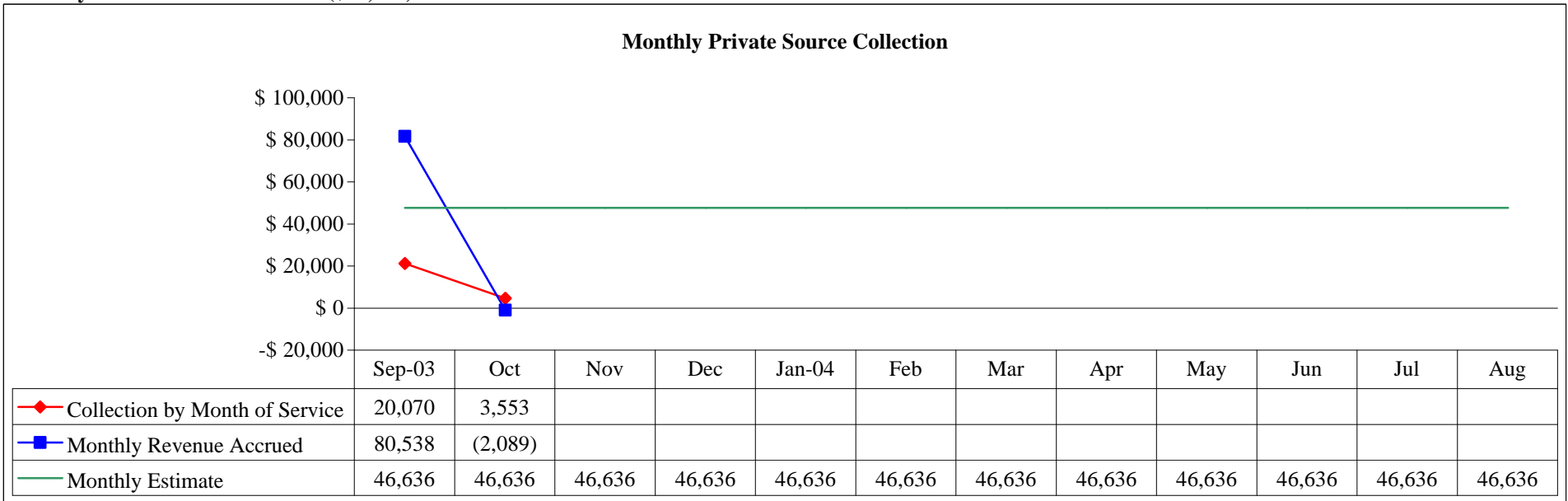
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$174,433)



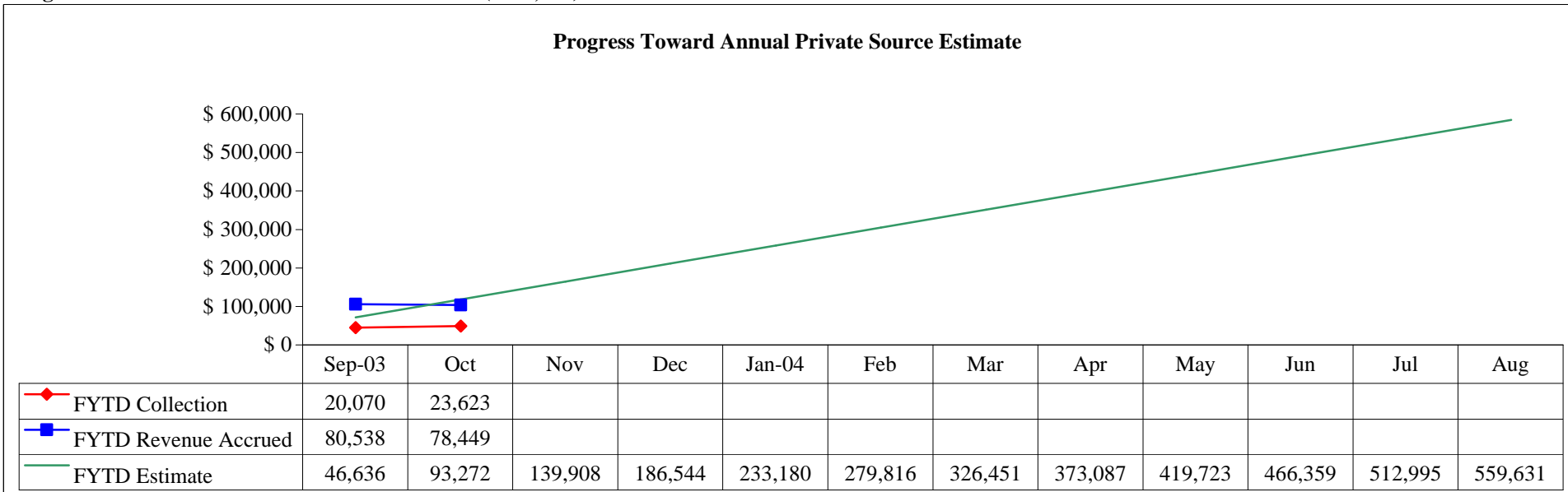
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$2,093,201)



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

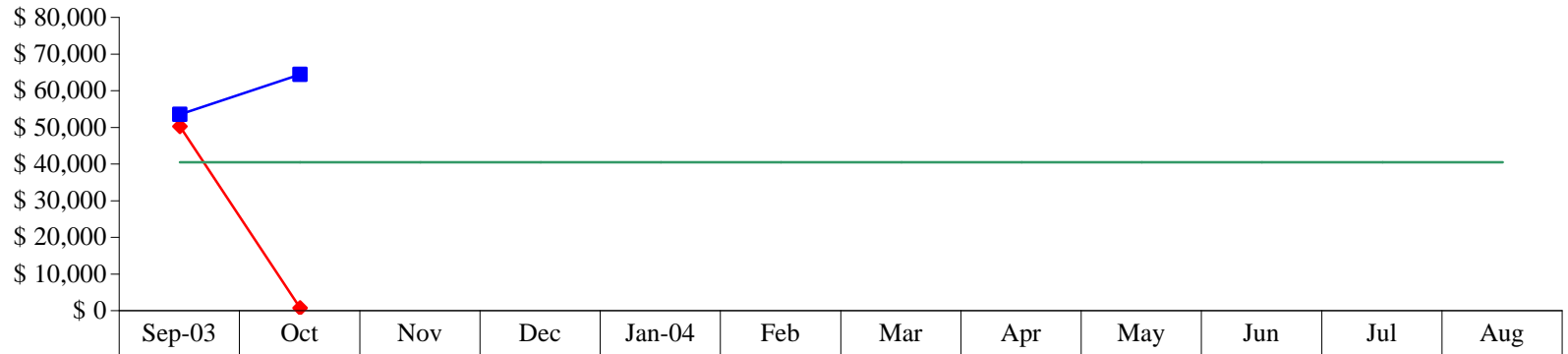


Progress Toward Annual Private Source Estimate (\$559,631)



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

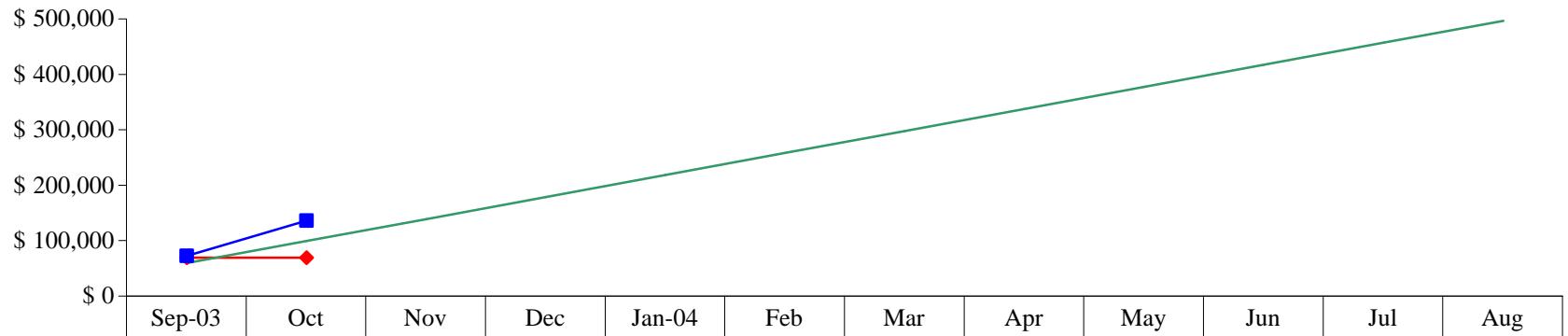
Monthly IMD Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Collection by Month of Service	49,510	0										
■ Monthly Revenue Accrued	52,801	63,684										
— 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

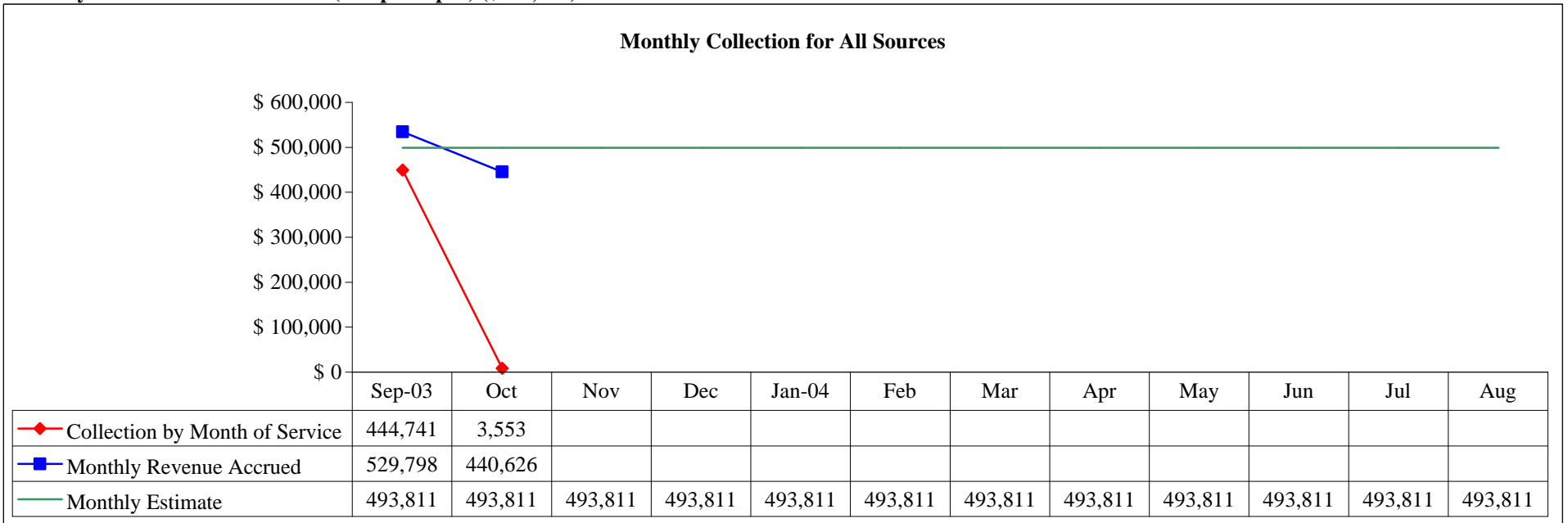


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	49,510	49,510										
■ FYTD Revenue Accrued	52,801	116,485										
— FYTD Estimate	39,753	79,507	119,260	159,013	198,767	238,520	278,273	318,027	357,780	397,533	437,287	477,040

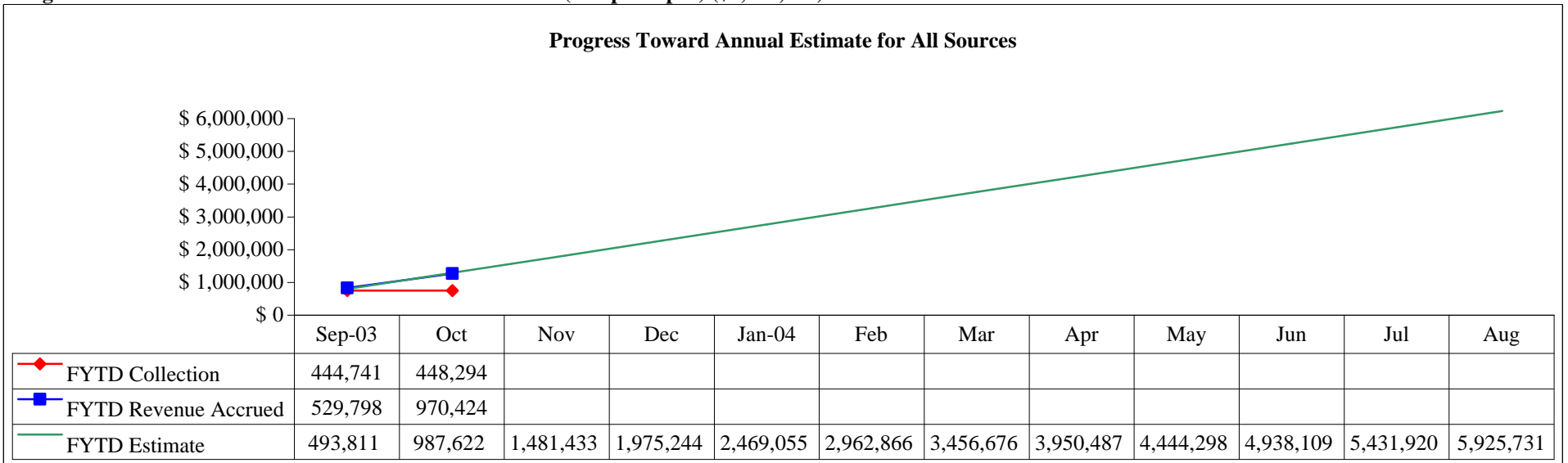
Objective 1D - FY 2004 Revenue Estimate

Terrell State Hospital

Monthly Estimate For All Sources (except Dispro) (\$493,811)



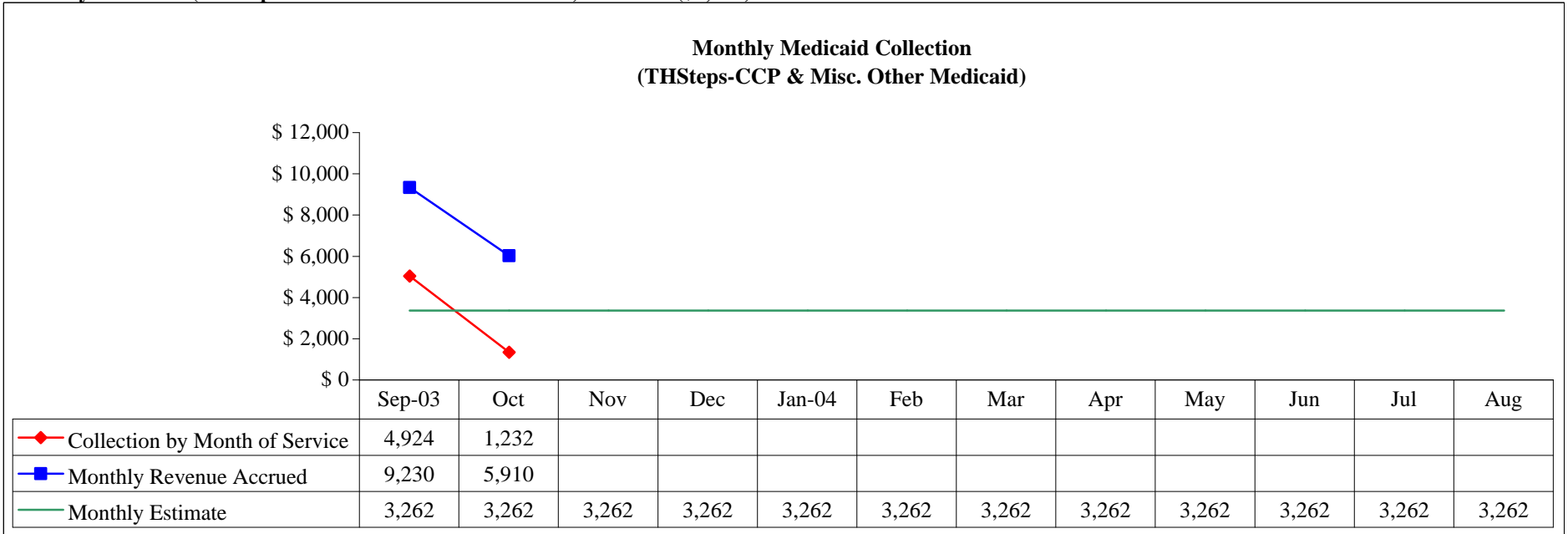
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,925,731)



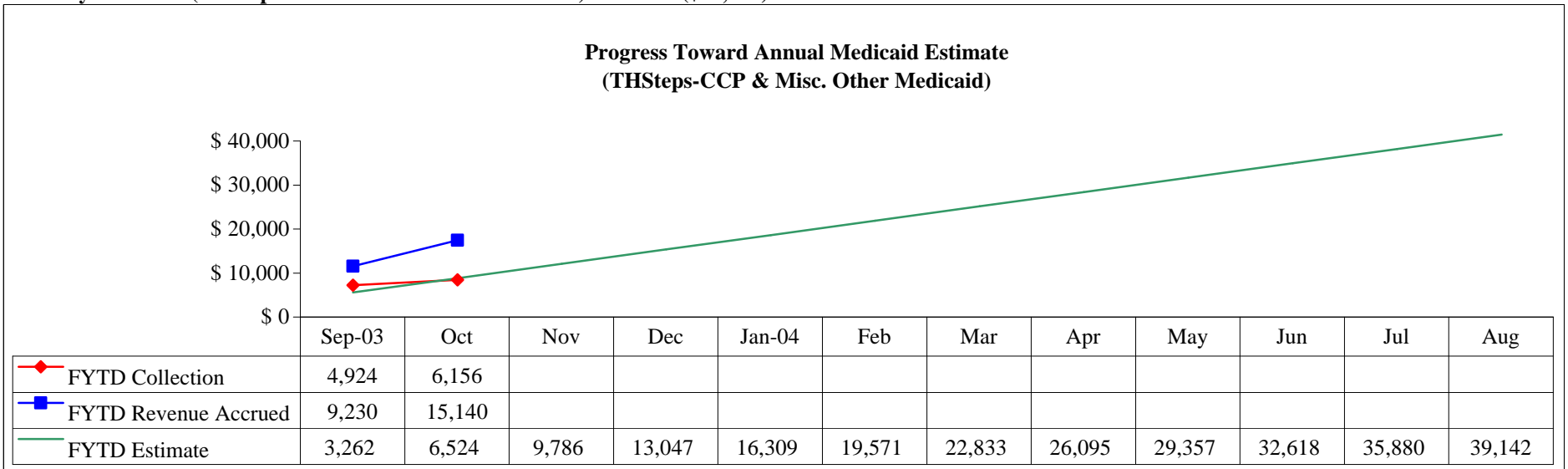
Objective 1D - FY 2004 Revenue Estimate

Waco Center for Youth

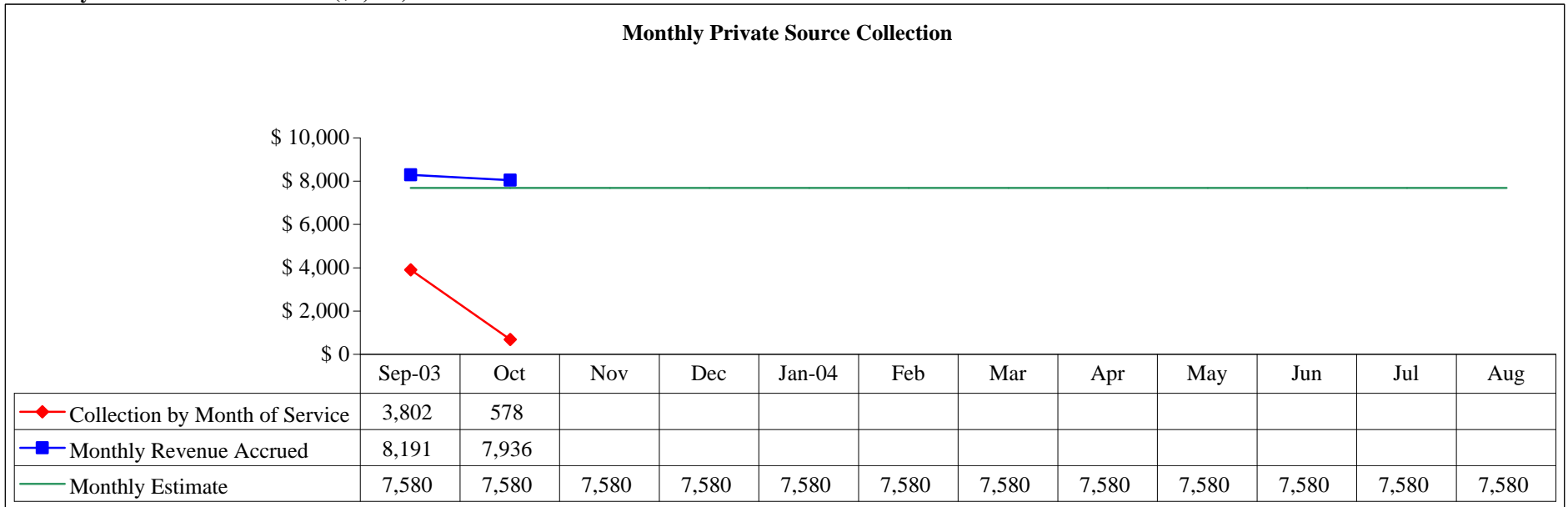
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$3,262)



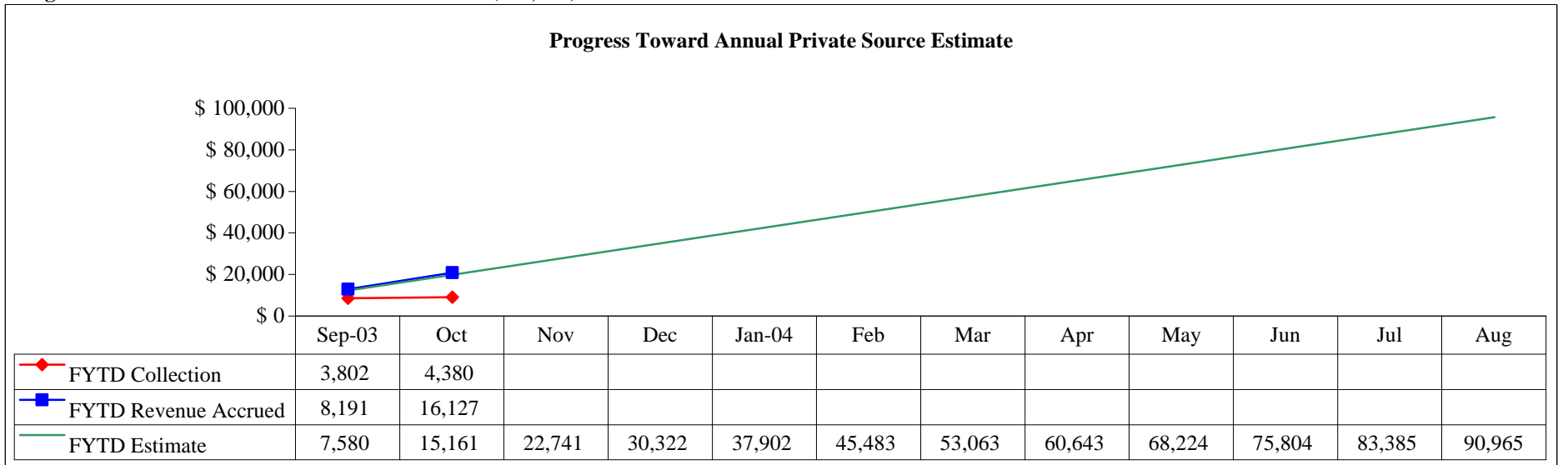
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$39,142)



Objective 1D - FY 2004 Revenue Estimate
Waco Center for Youth
Monthly Private Source Estimate (\$7,580)



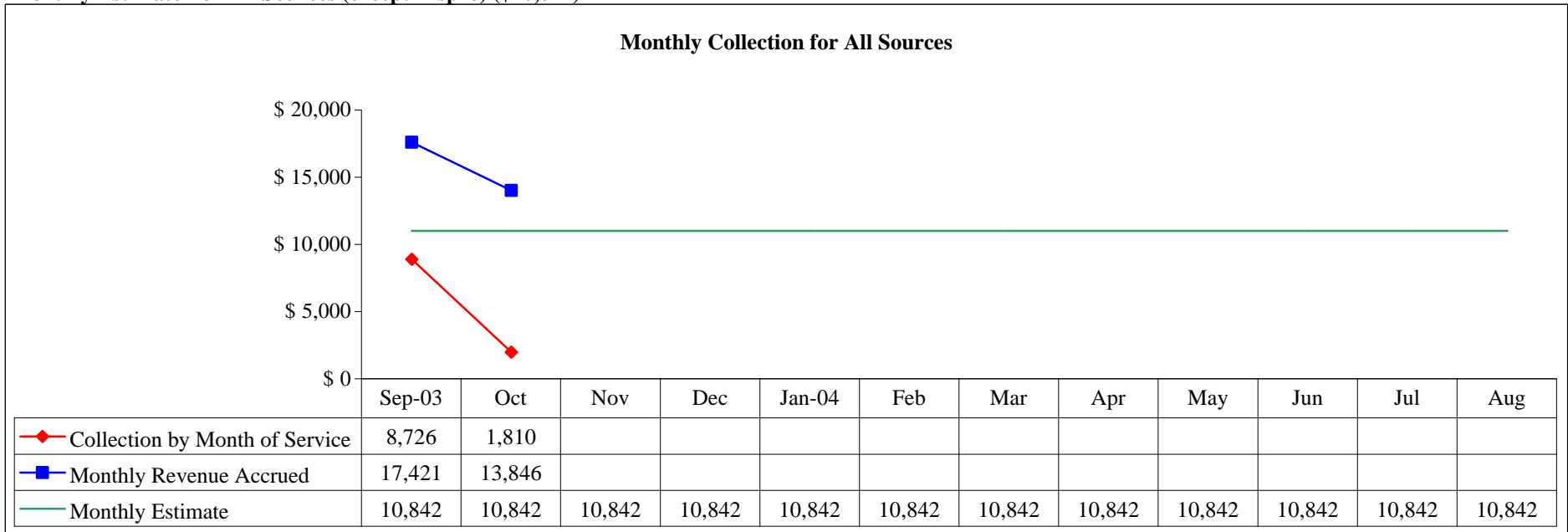
Progress Toward Annual Private Source Estimate (\$90,965)



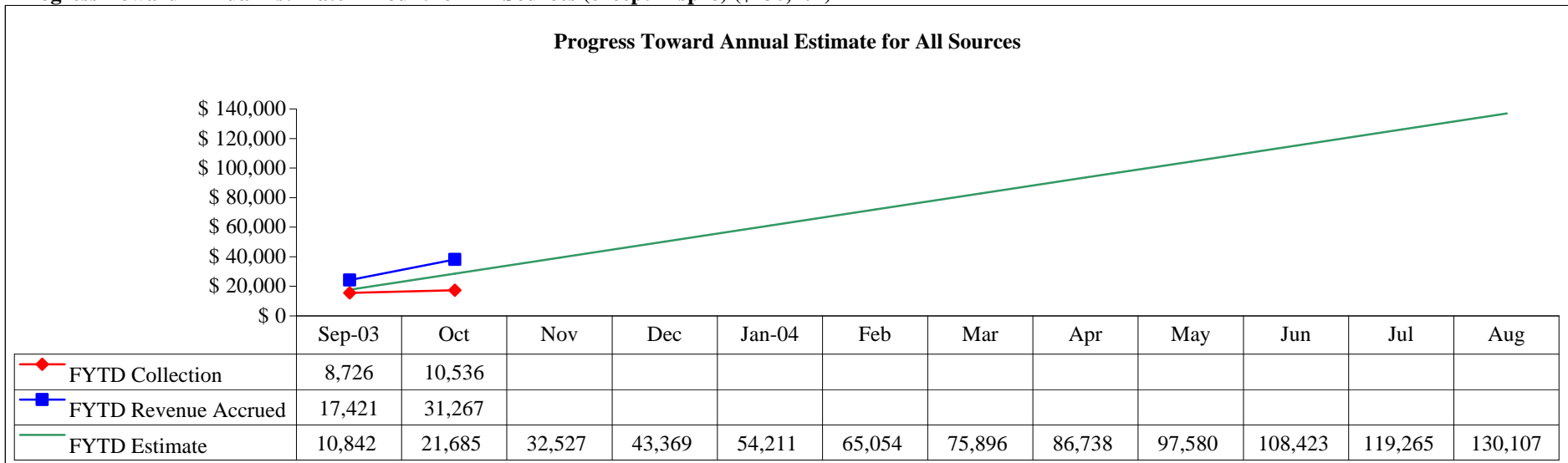
Objective 1D - FY 2004 Revenue Estimate

Waco Center for Youth

Monthly Estimate For All Sources (except Dispro) (\$10,842)

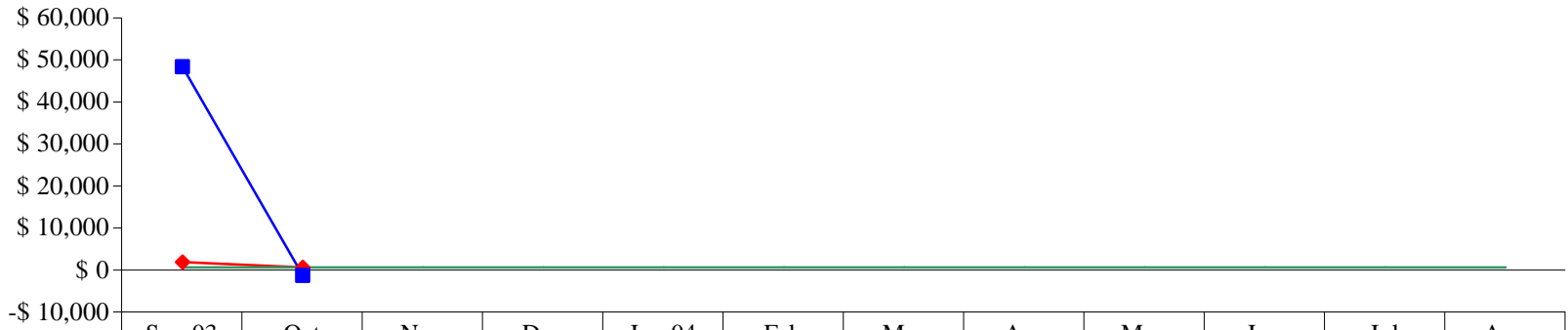


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$130,107)



Objective 1D - FY 2004 Revenue Estimate
Rio Grande State Center-MH
Monthly Medicare Estimate (\$0)

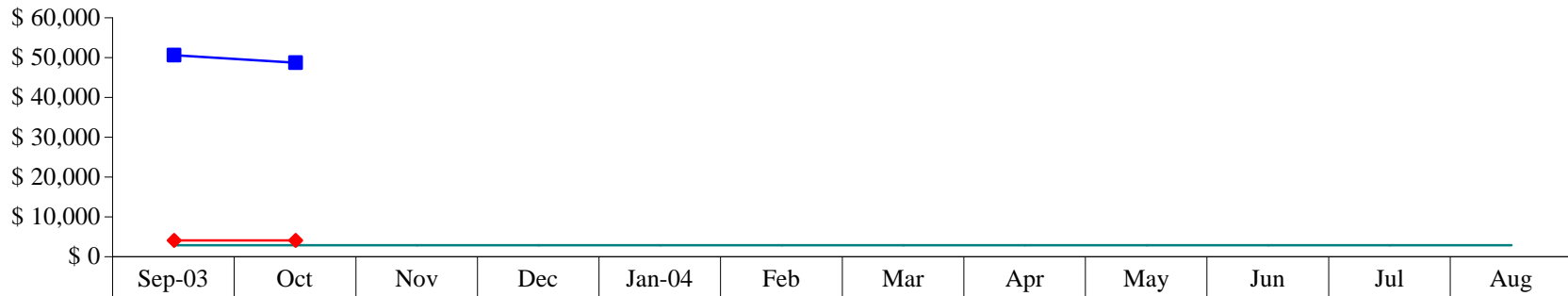
Monthly Medicare Collection



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Collection by Month of Service	1,200	0										
Monthly Revenue Accrued	47,744	(1,938)										
Monthly Estimate	0	0	0	0	0	0	0	0	0	0	0	0

Progress Toward Annual Medicare Estimate (\$0)

Progress Toward Annual Medicare Estimate

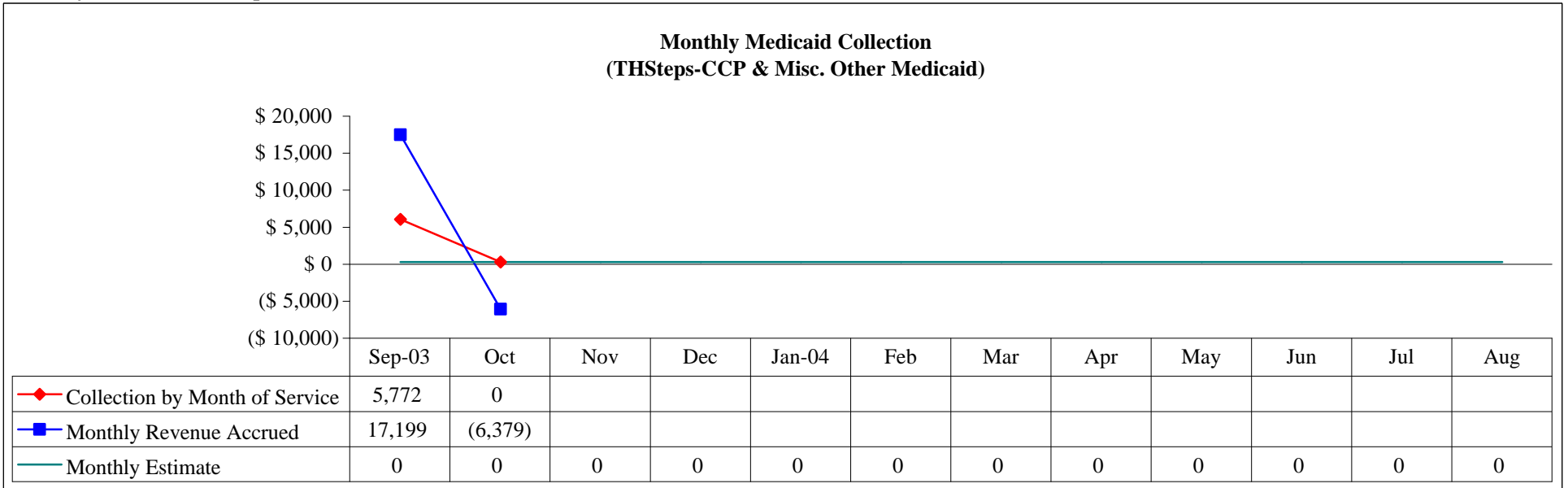


	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Collection	1,200	1,200										
FYTD Revenue Accrued	47,744	45,806										
FYTD Estimate	0	0	0	0	0	0	0	0	0	0	0	0

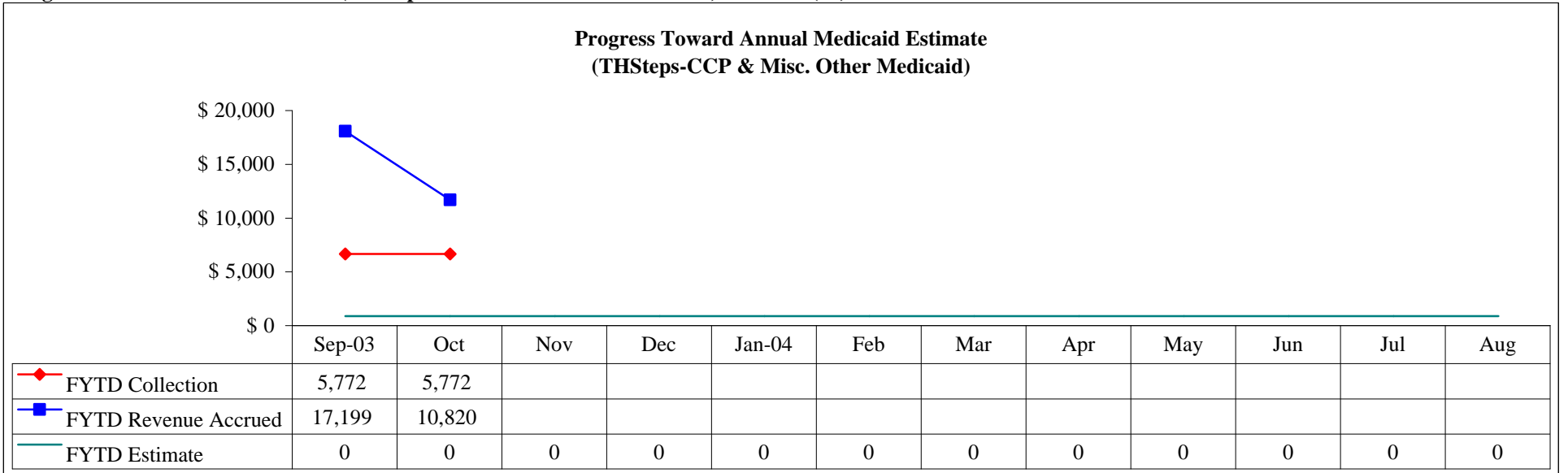
Objective 1D - FY 2004 Revenue Estimate

Rio Grande State Center-MH

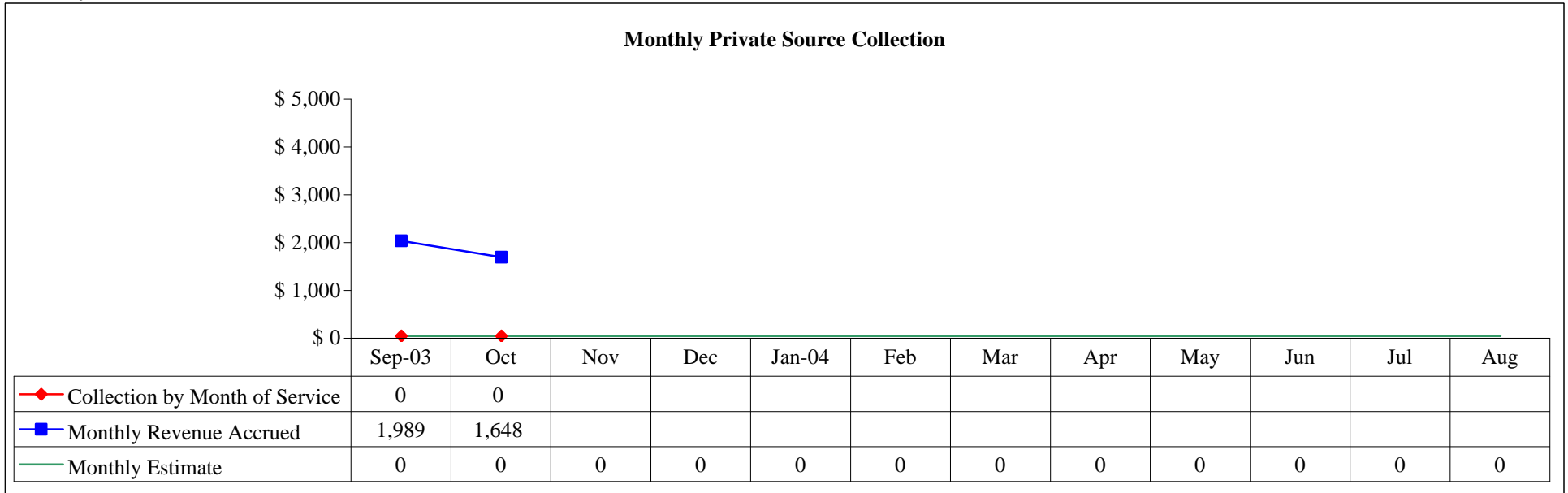
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$0)



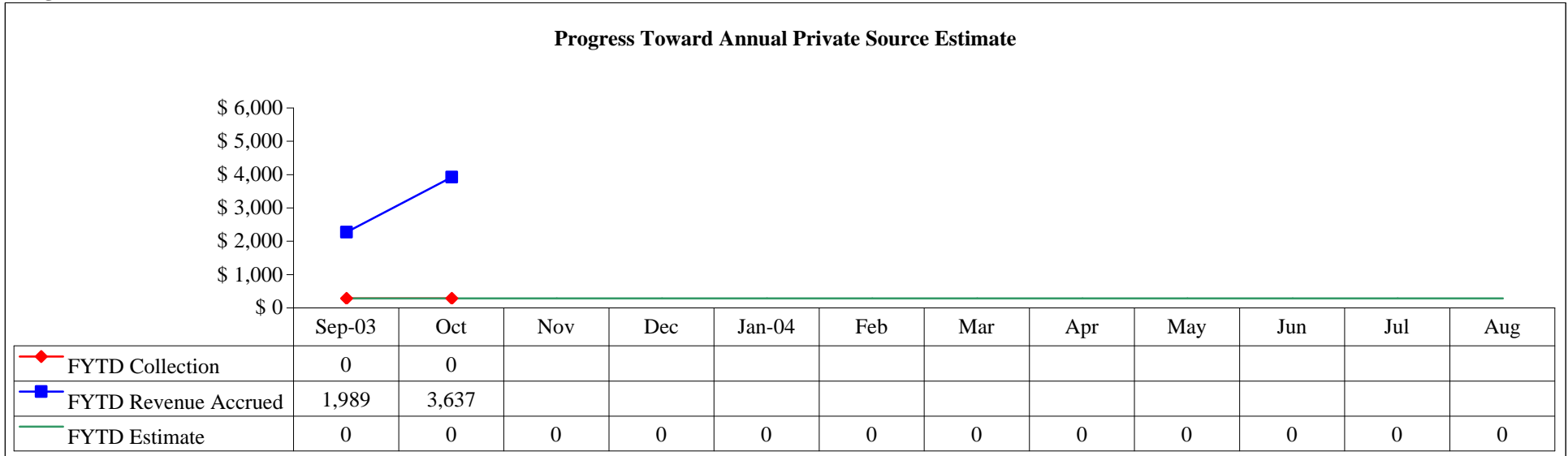
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$0)



Objective 1D - FY 2004 Revenue Estimate
Rio Grande State Center-MH
Monthly Private Source Estimate (\$0)



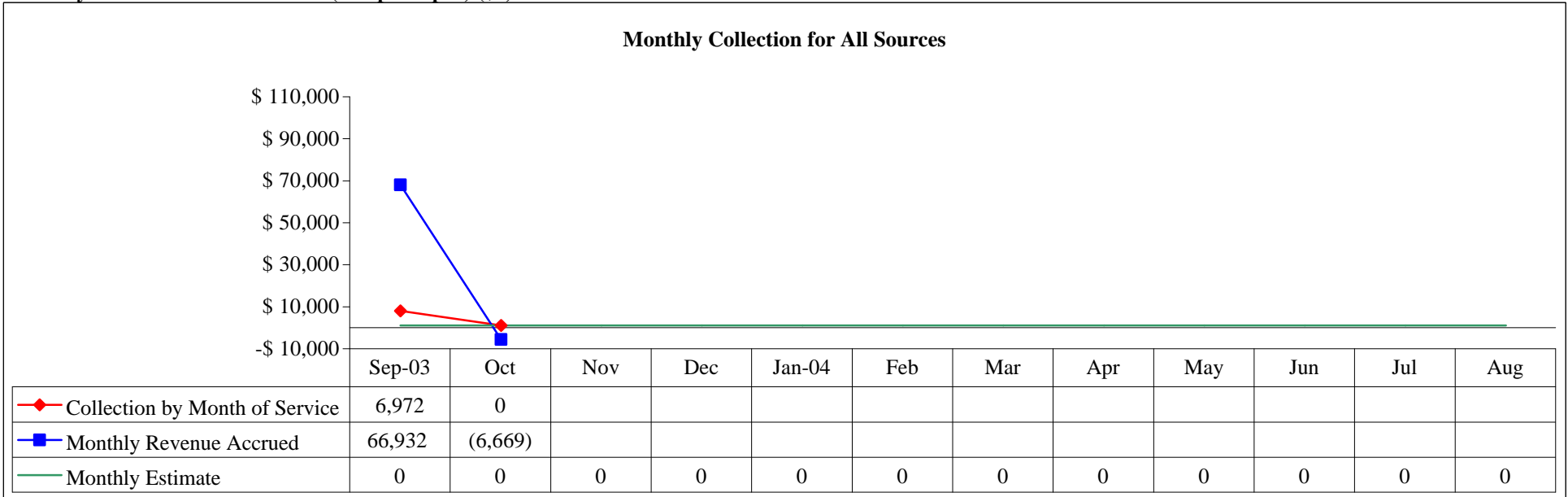
Progress Toward Annual Private Source Estimate (\$0)



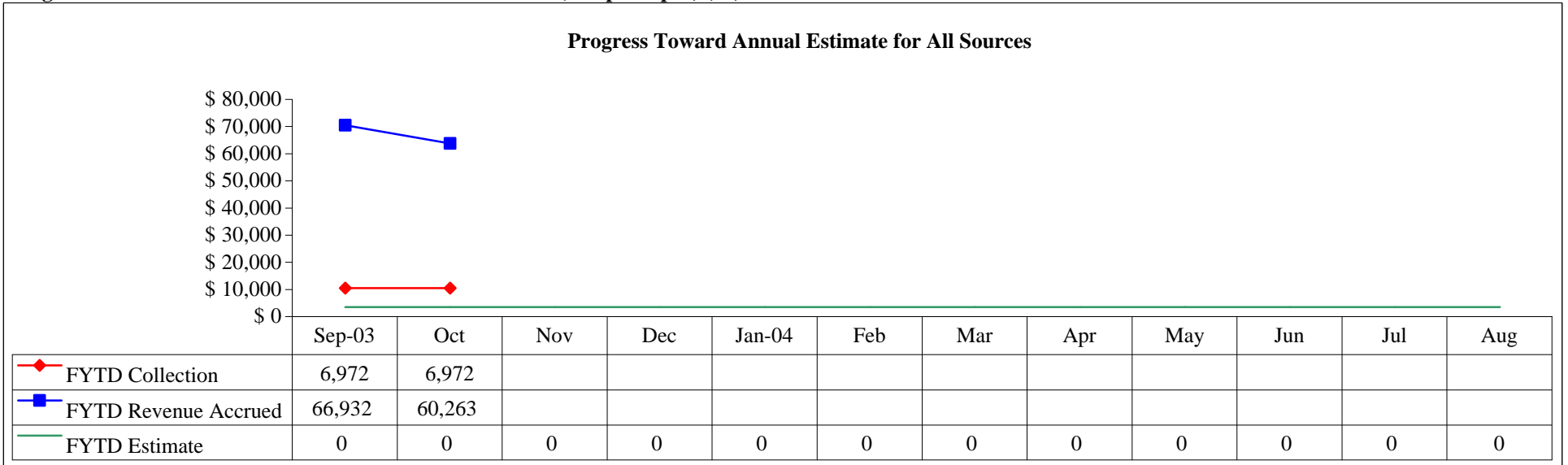
Objective 1D - FY 2004 Revenue Estimate

Rio Grande State Center-MH

Monthly Estimate For All Sources (except Dispro) (\$0)



Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$0)



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 Days	24	23	22	23	24	23	22	22	22			
LBB Cost/Bed Day	\$ 344	\$ 253	\$ 295	\$ 299	\$ 384	\$ 337	\$ 332	\$ 347	\$ 349			
Average Cost	\$ 8,309	\$ 5,930	\$ 6,349	\$ 6,925	\$ 9,251	\$ 7,630	\$ 7,467	\$ 7,488	\$ 7,654	\$ 0	\$ 0	\$ 0
Big Spring State Hospital												
Avg. Patient Days	36	34	32	33	33	32	32	31	31			
LBB Cost/Bed Day	\$ 321	\$ 350	\$ 357	\$ 346	\$ 332	\$ 360	\$ 360	\$ 380	\$ 429			
Average Cost	\$ 11,630	\$ 11,804	\$ 11,352	\$ 11,287	\$ 11,009	\$ 11,668	\$ 11,455	\$ 11,902	\$ 13,252	\$ 0	\$ 0	\$ 0
El Paso Psychiatric Center												
Avg. Patient Days					8	7	8	9	12			
LBB Cost/Bed Day					\$ 362	\$ 416	\$ 438	\$ 458	\$ 432			
Average Cost					\$ 3,034	\$ 3,091	\$ 3,373	\$ 4,008	\$ 5,076	\$ 0	\$ 0	\$ 0
Kerrville State Hospital												
Avg. Patient Days	50	52	47	44	47	48	42	46	47			
LBB Cost/Bed Day	\$ 308	\$ 327	\$ 356	\$ 332	\$ 317	\$ 340	\$ 340	\$ 351	\$ 351			
Average Cost	\$ 15,261	\$ 17,079	\$ 16,700	\$ 14,621	\$ 14,775	\$ 16,378	\$ 14,256	\$ 16,286	\$ 16,350	\$ 0	\$ 0	\$ 0
North Texas State Hospital												
Avg. Patient Days	46	45	43	45	45	48	45	46	47			
LBB Cost/Bed Day	\$ 264	\$ 270	\$ 270	\$ 271	\$ 275	\$ 290	\$ 290	\$ 298	\$ 307			
Average Cost	\$ 12,063	\$ 12,105	\$ 11,584	\$ 12,238	\$ 12,480	\$ 13,868	\$ 13,146	\$ 13,696	\$ 14,463	\$ 0	\$ 0	\$ 0
Rusk State Hospital												
Avg. Patient Days	37	37	35	36	34	35	35	32	35			
LBB Cost/Bed Day	\$ 263	\$ 295	\$ 274	\$ 278	\$ 310	\$ 331	\$ 318	\$ 333	\$ 342			
Average Cost	\$ 9,646	\$ 10,910	\$ 9,554	\$ 10,050	\$ 10,438	\$ 11,744	\$ 10,990	\$ 10,566	\$ 11,837	\$ 0	\$ 0	\$ 0
San Antonio State Hospital												
Avg. Patient Days	30	29	28	29	30	30	30	29	28			
LBB Cost/Bed Day	\$ 344	\$ 385	\$ 320	\$ 339	\$ 320	\$ 327	\$ 314	\$ 345	\$ 374			
Average Cost	\$ 10,481	\$ 11,333	\$ 8,909	\$ 9,763	\$ 9,482	\$ 9,853	\$ 9,445	\$ 10,136	\$ 10,423	\$ 0	\$ 0	\$ 0

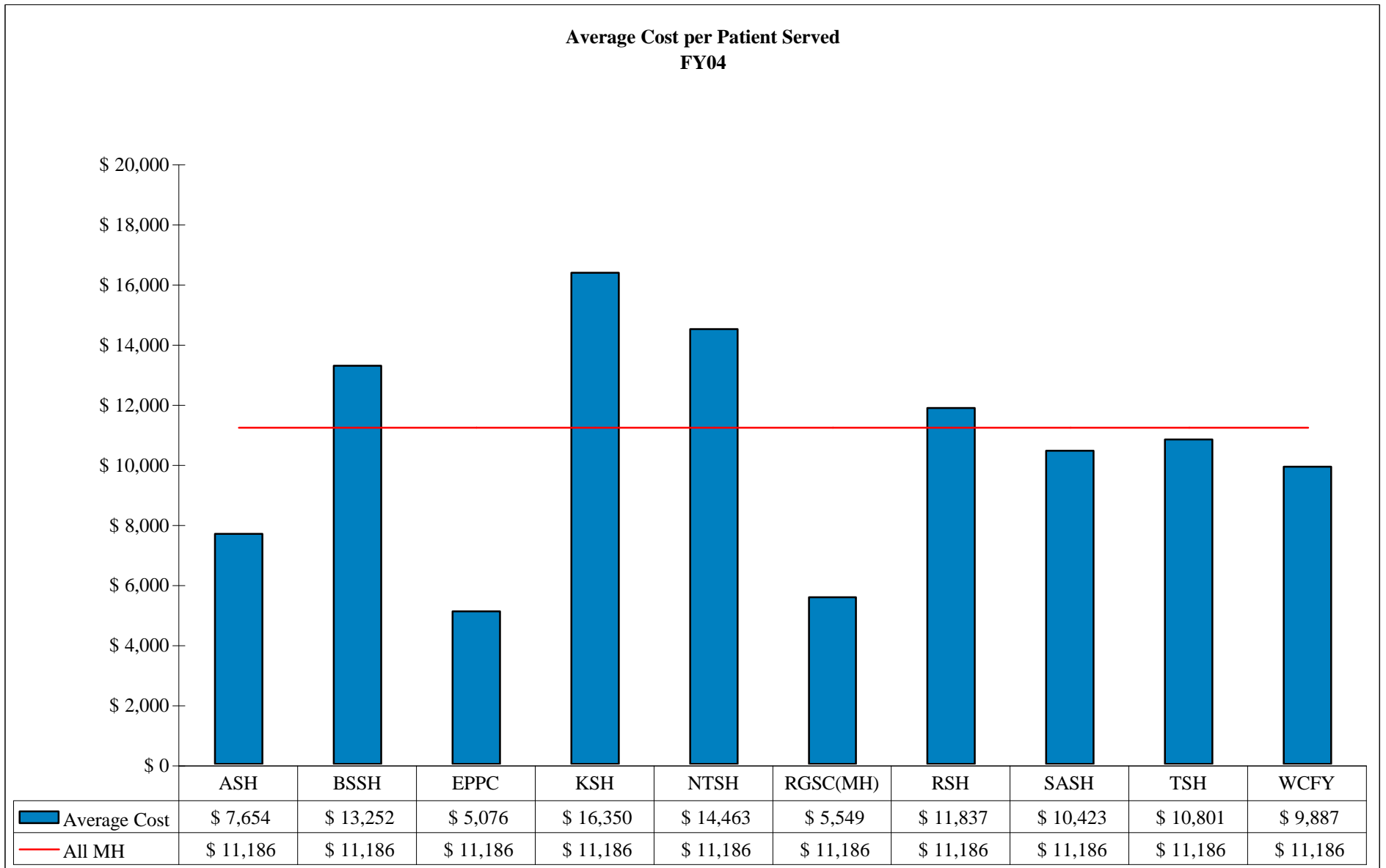
Source: Unduplicated Count of Clients Served–Inpatient Facilities (HC022330),
Financial Statistical Report-Fiscal Services

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. Patient Days	32	31	31	31	31	32	31	30	33			
LBB Cost/Bed Day	\$ 252	\$ 321	\$ 253	\$ 277	\$ 247	\$ 283	\$ 286	\$ 302	\$ 329			
Average Cost	\$ 8,103	\$ 9,900	\$ 7,869	\$ 8,648	\$ 7,588	\$ 9,048	\$ 8,760	\$ 8,948	\$ 10,801	\$ 0	\$ 0	\$ 0
Waco Center for Youth**												
Avg. Patient Days	70	57	57	56	65	61	63	52	59			
LBB Cost/Bed Day	\$ 260	\$ 280	\$ 289	\$ 284	\$ 274	\$ 289	\$ 292	\$ 332	\$ 168			
Average Cost	\$ 18,168	\$ 16,037	\$ 16,466	\$ 15,790	\$ 17,810	\$ 17,537	\$ 18,253	\$ 17,101	\$ 9,887	\$ 0	\$ 0	\$ 0
All SMHF's												
Avg. Patient Days	36	35	33	37	32	32	31	31	33			
LBB Cost/Bed Day	\$ 291	\$ 304	\$ 292	\$ 296	\$ 305	\$ 319	\$ 315	\$ 332	\$ 340			
Average Cost	\$ 10,399	\$ 10,620	\$ 9,603	\$ 10,979	\$ 9,858	\$ 10,109	\$ 9,671	\$ 10,398	\$ 11,186	\$ 0	\$ 0	\$ 0
Rio Grande State Center (MH)												
Avg. Patient Days	9	10	12	11	13	12	14	15	12			
LBB Cost/Bed Day	\$ 610	\$ 732	\$ 297	\$ 602	\$ 473	\$ 442	\$ 414	\$ 420	\$ 450			
Average Cost	\$ 5,786	\$ 7,030	\$ 3,457	\$ 6,712	\$ 6,379	\$ 5,397	\$ 5,597	\$ 6,212	\$ 5,549	\$ 0	\$ 0	\$ 0

**WCFY - Q1 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**



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

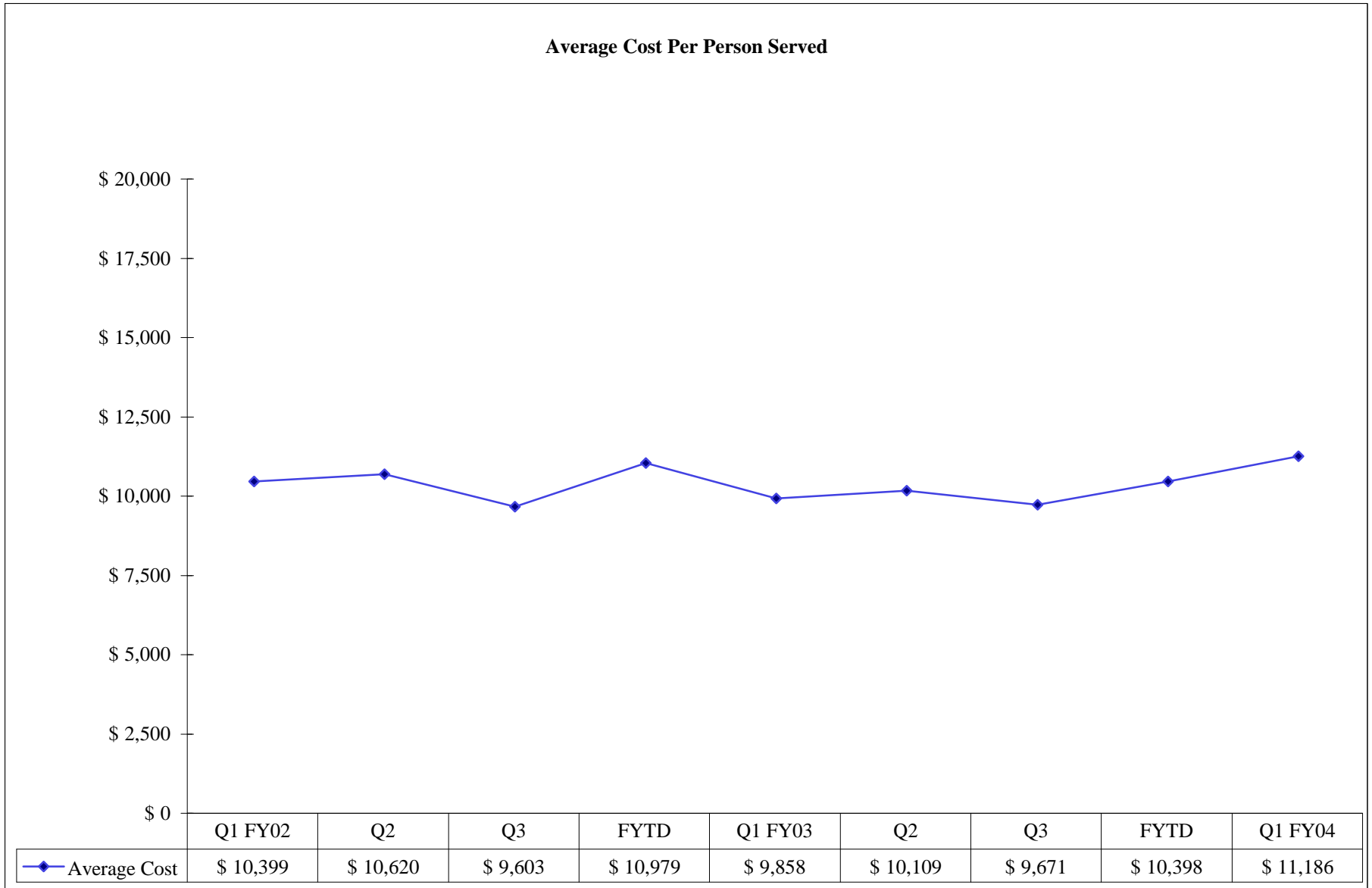


Table: Management Data Services

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

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

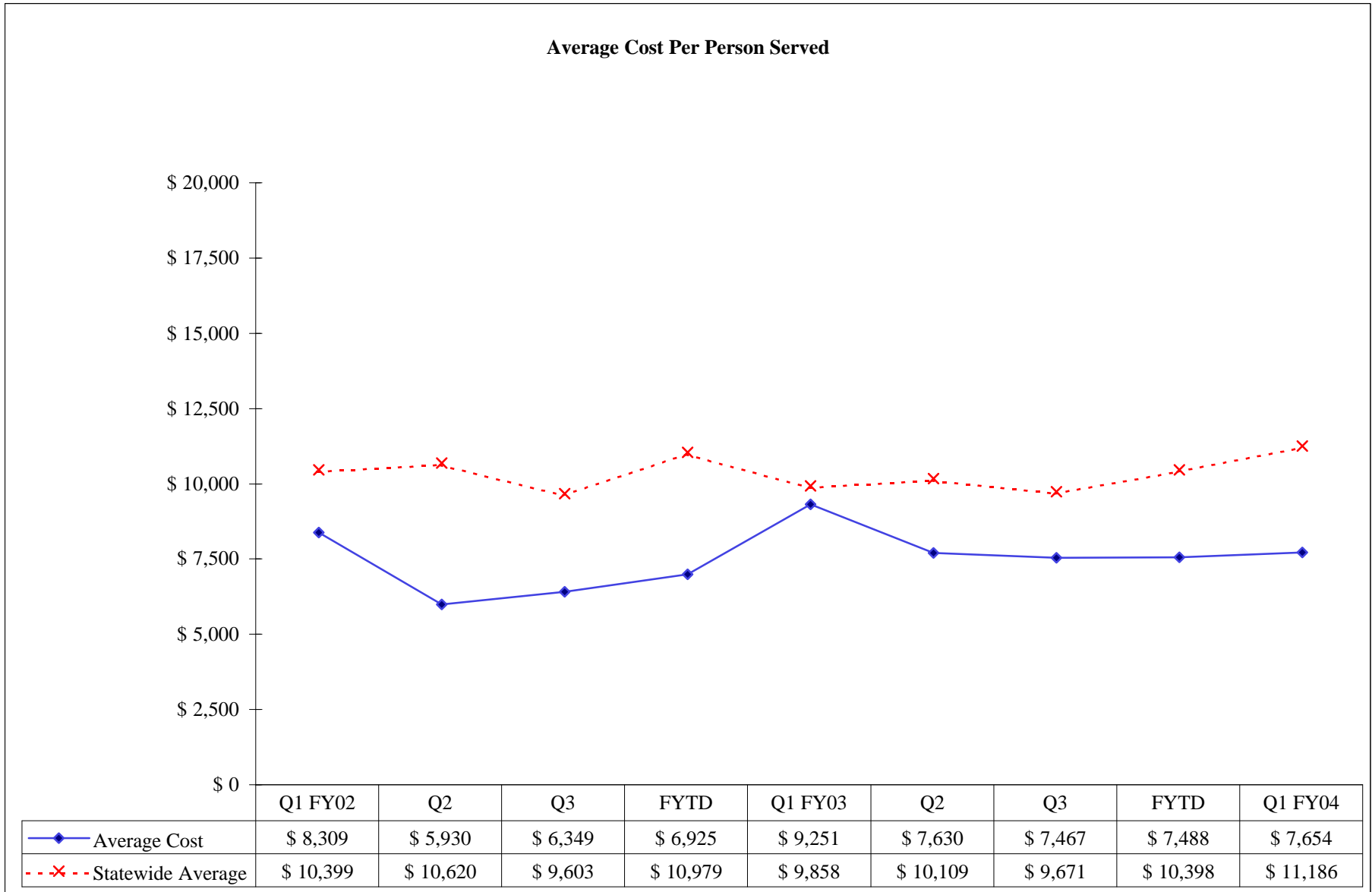
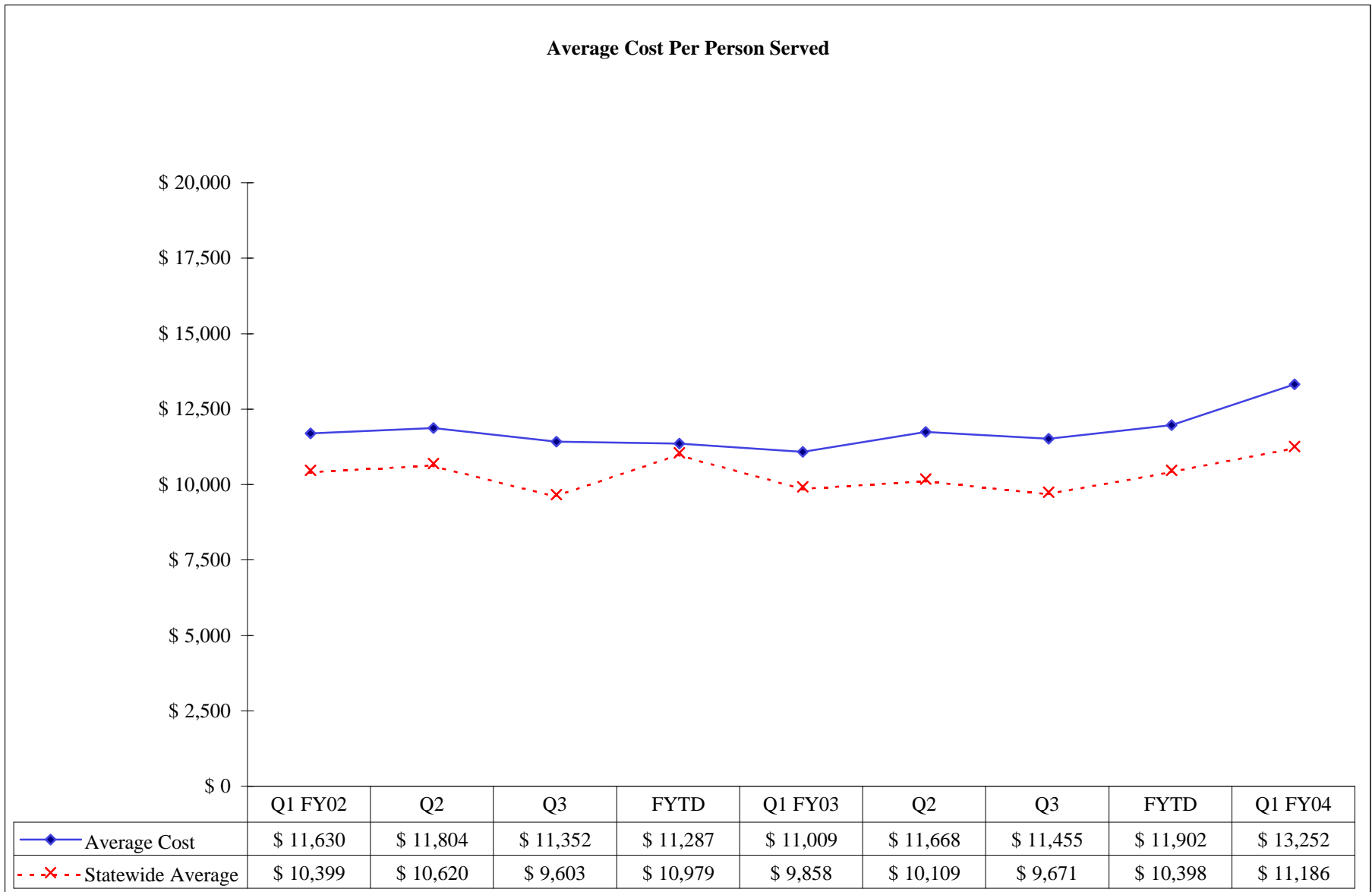


Table: Management Data Services

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

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



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

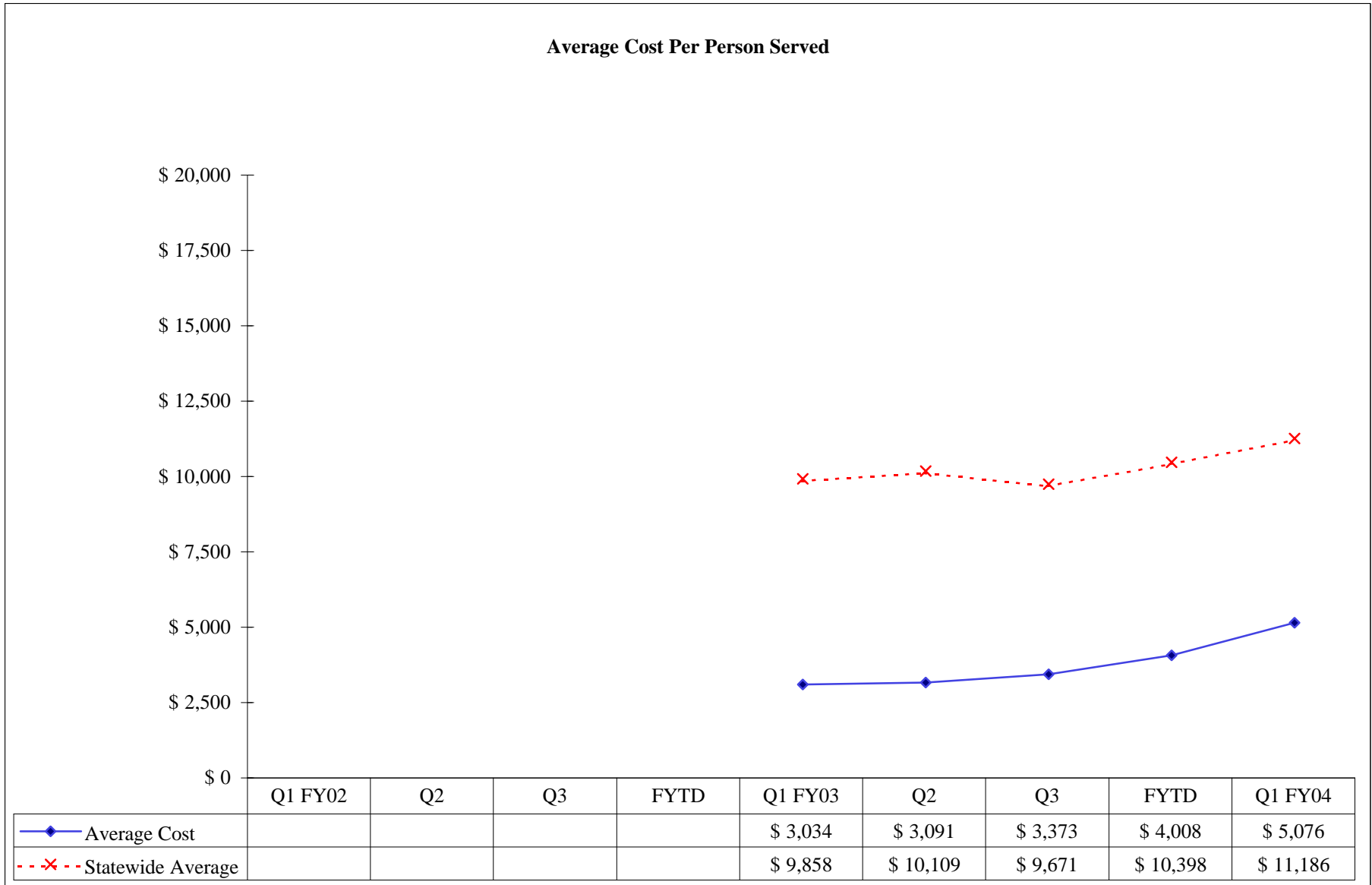


Table: Management Data Services

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

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

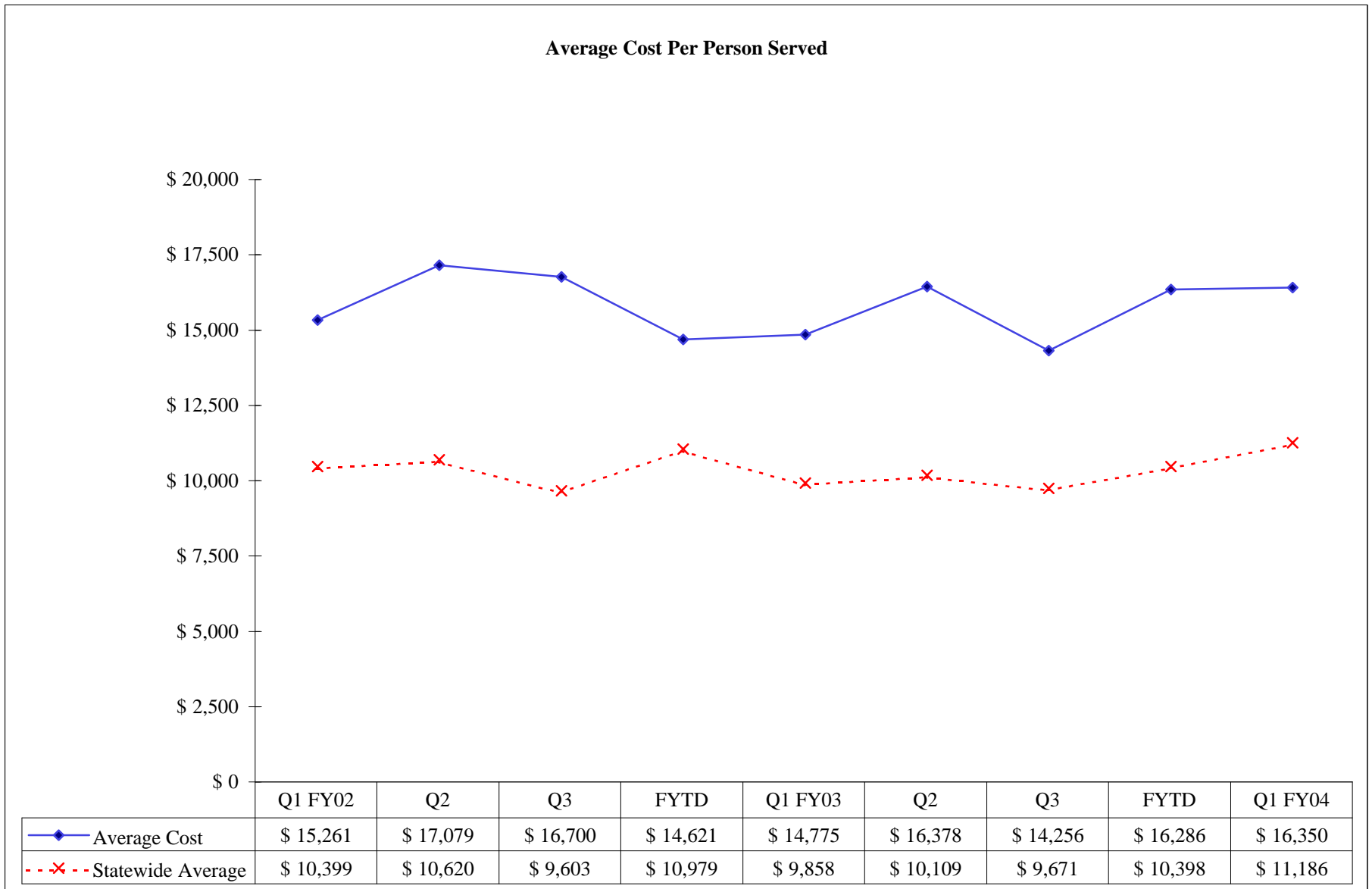


Table: Management Data Services

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

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

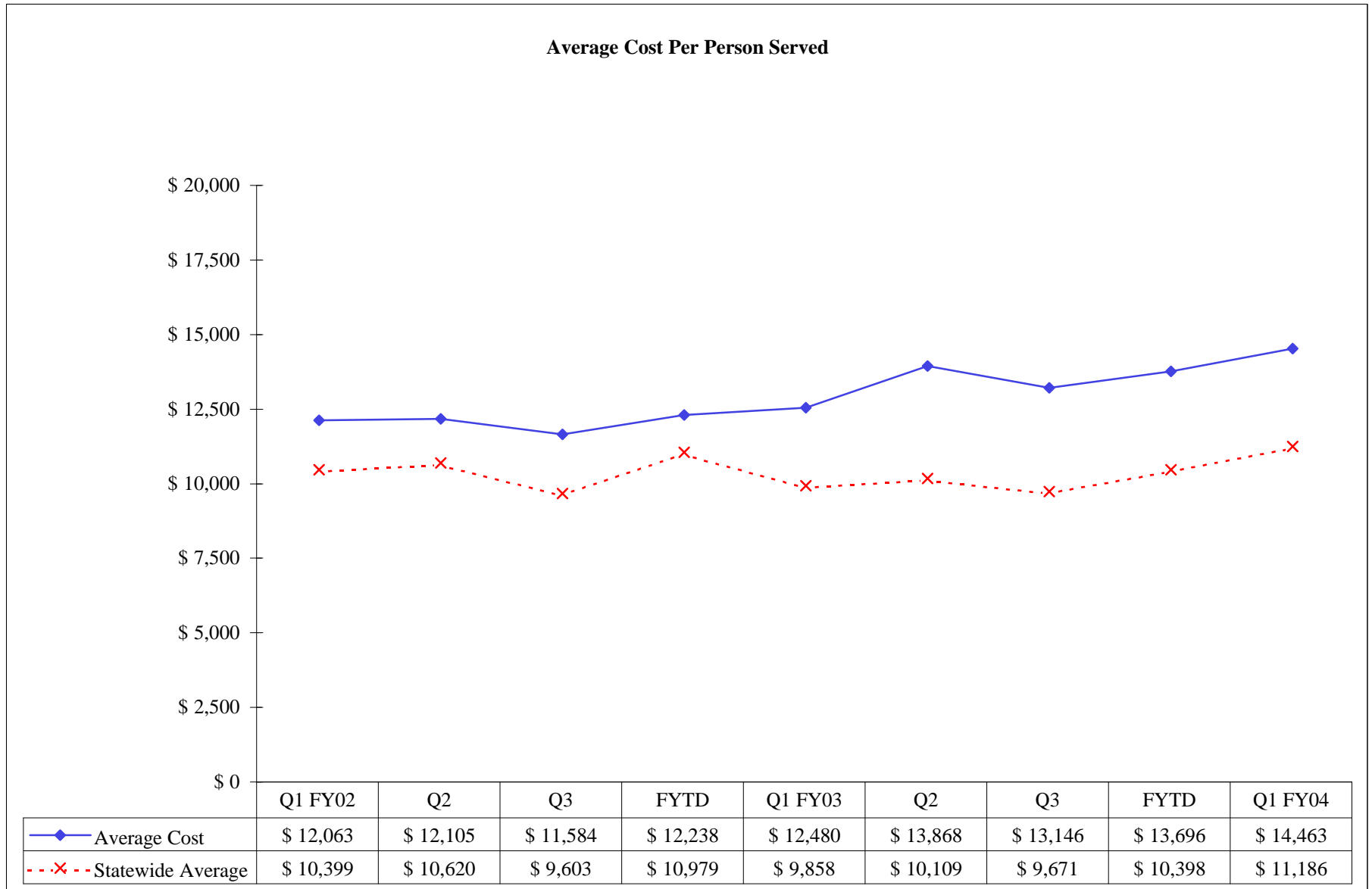


Table: Management Data Services

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

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

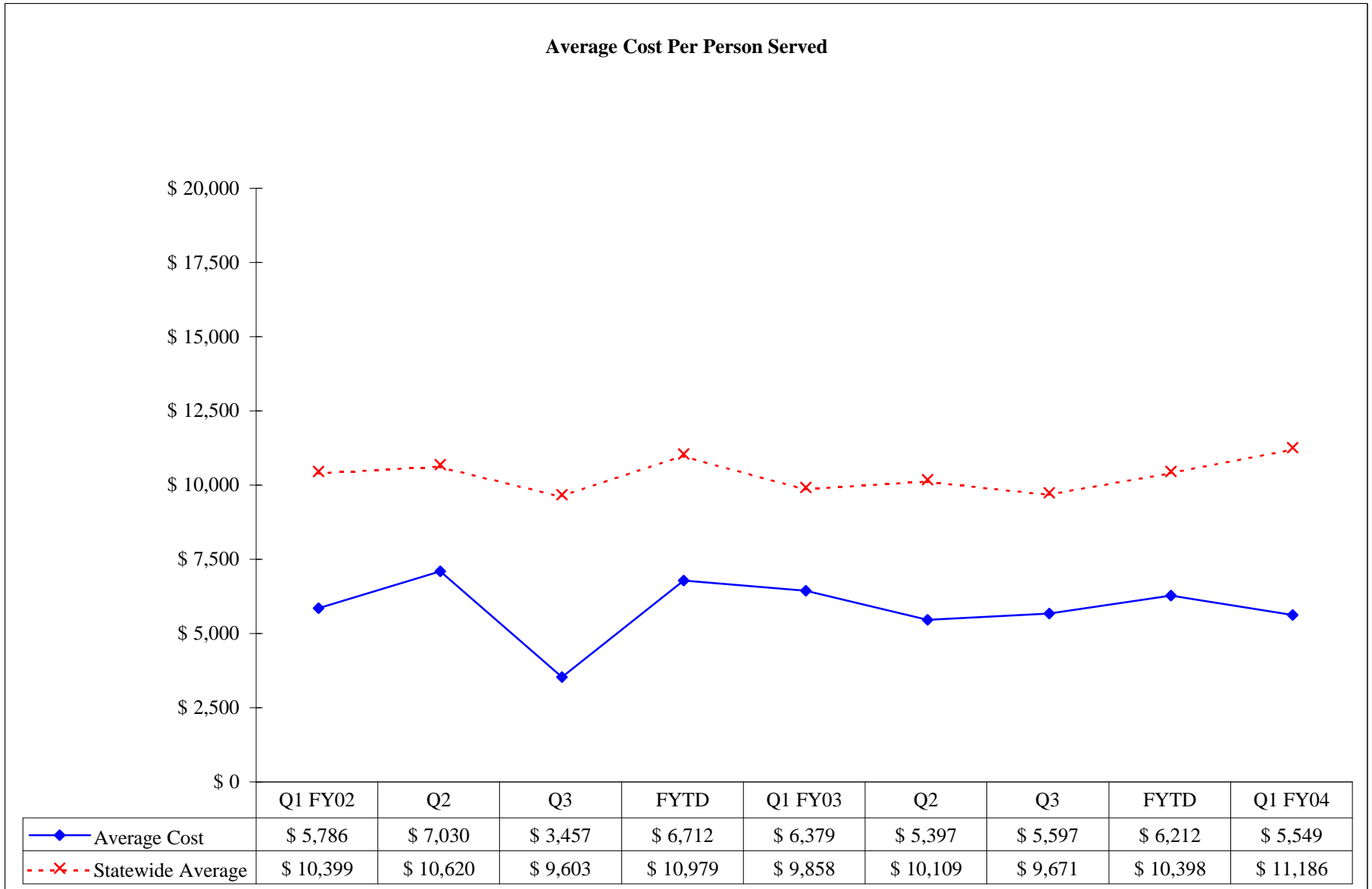


Table: Management Data Services

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

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

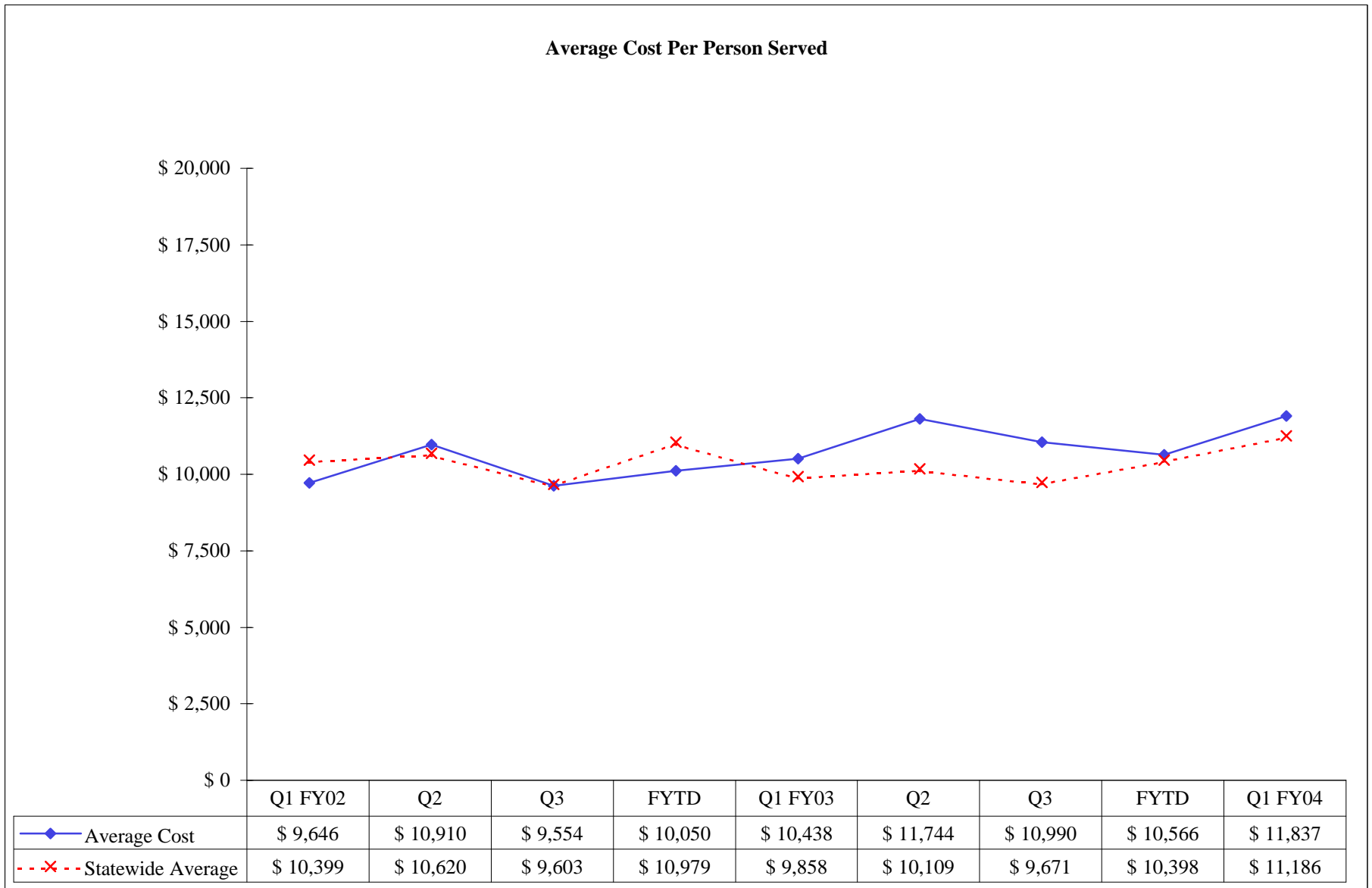
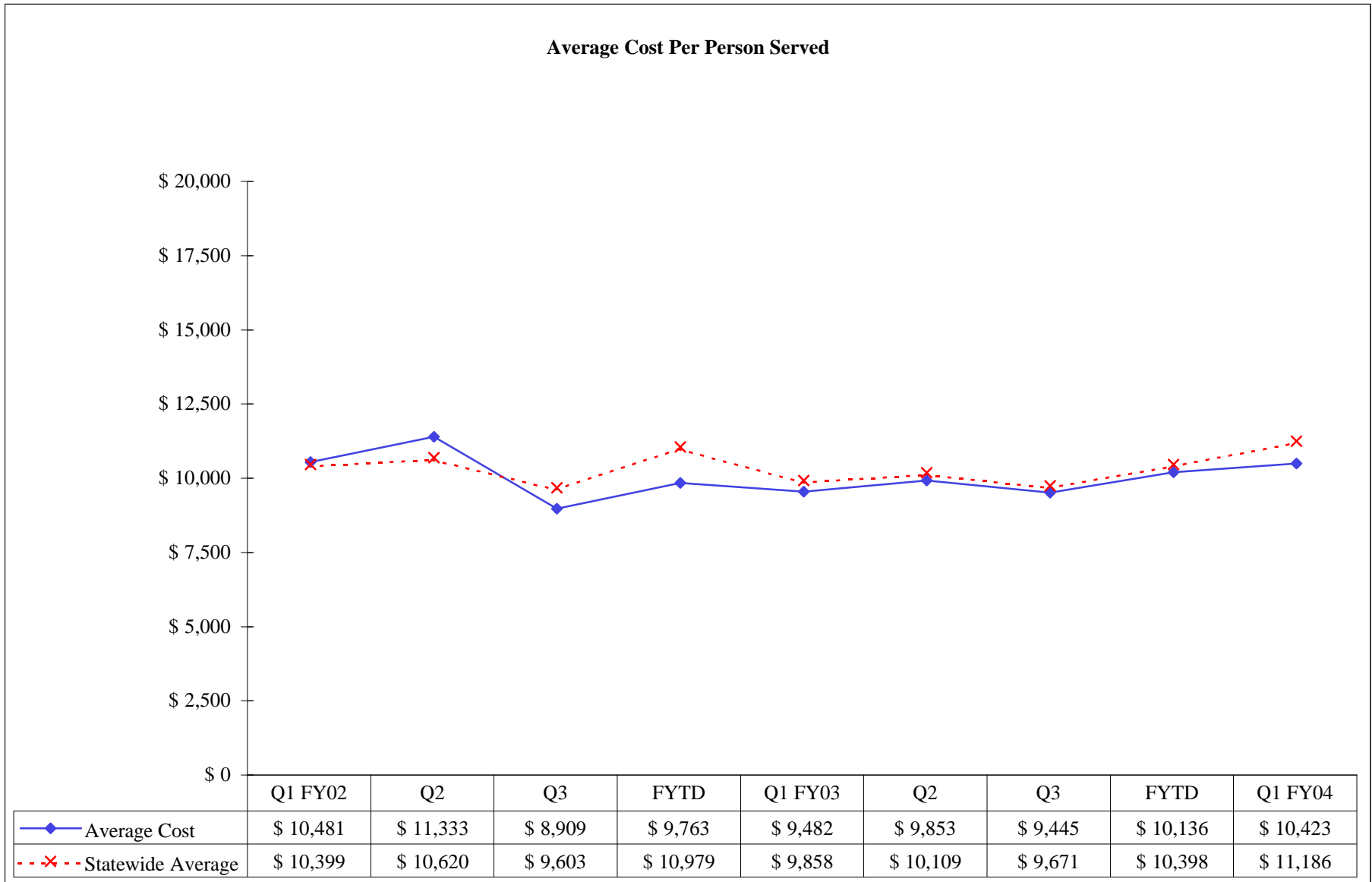


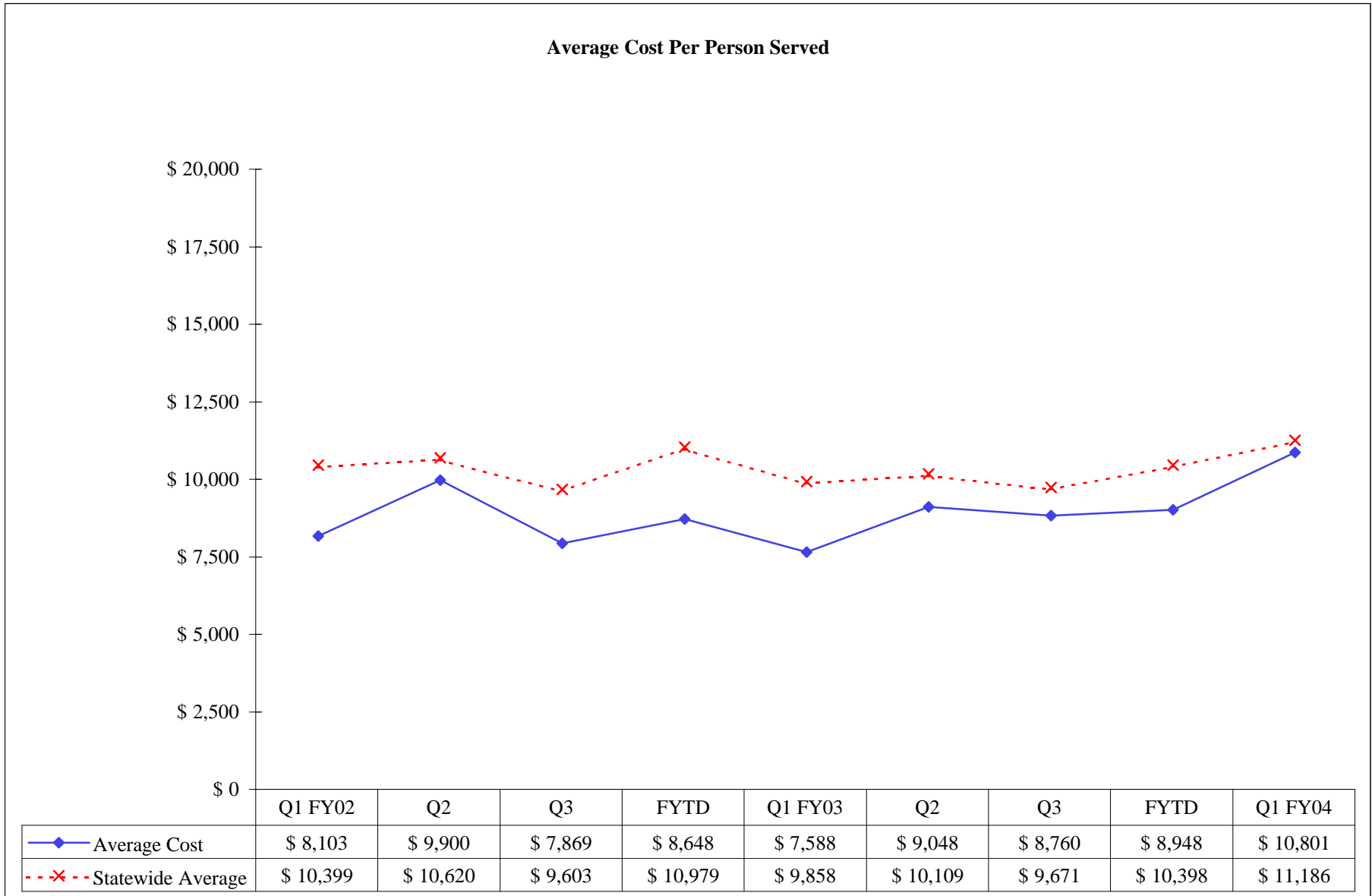
Table: Management Data Services

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

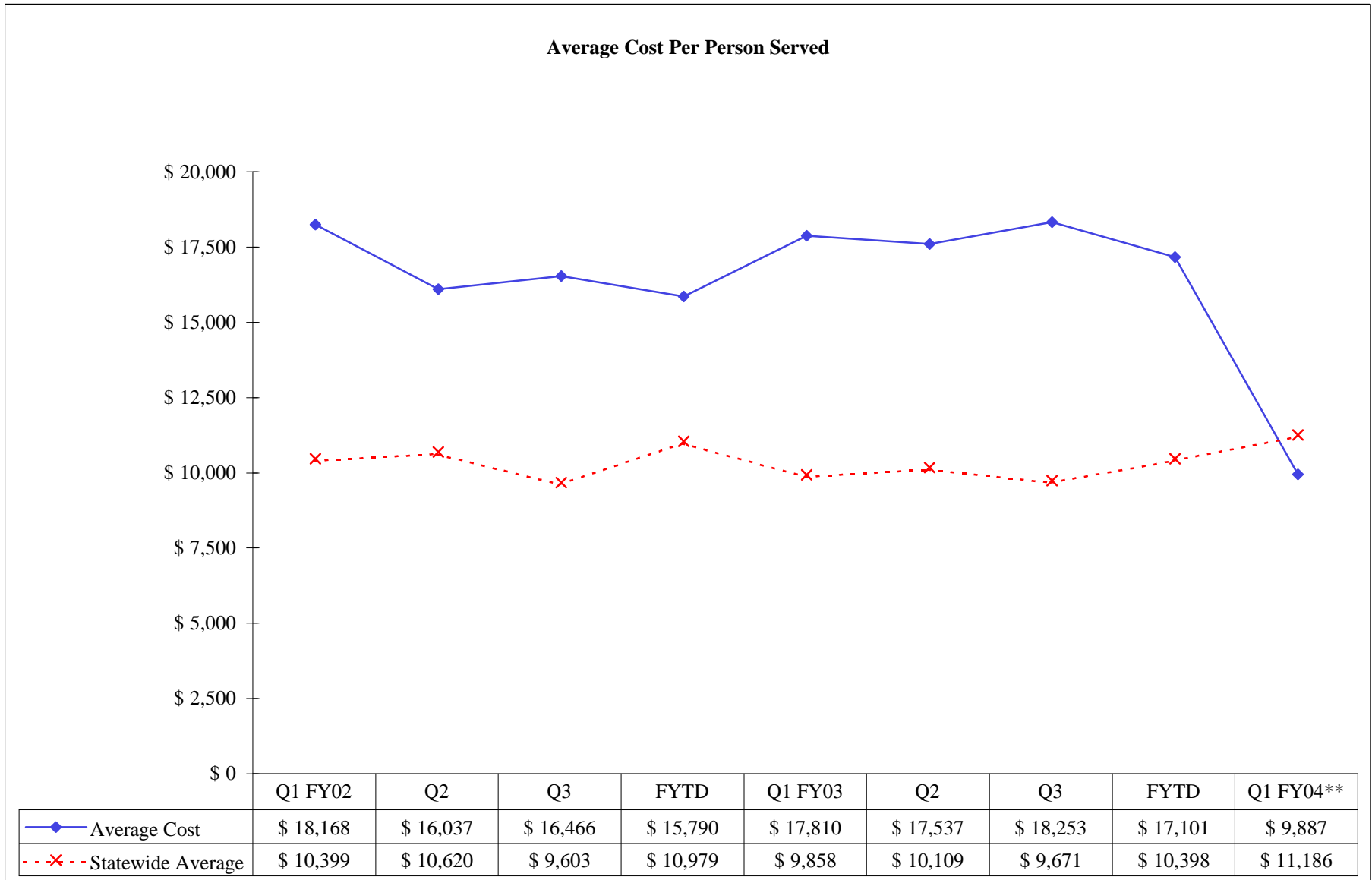
**Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital**



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



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



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

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

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.

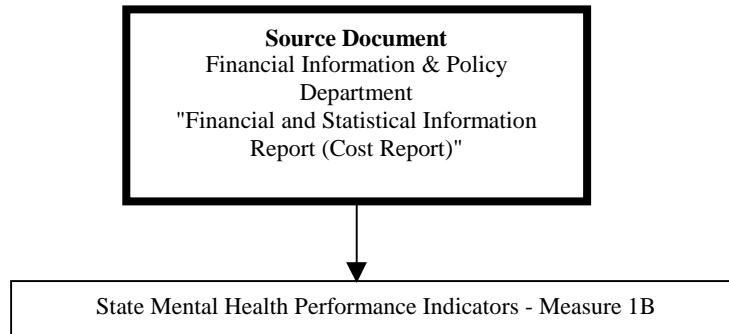
Performance Measure Formula: The facility's average cost per occupied bed day per FY quarter is calculated three ways.

- 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]

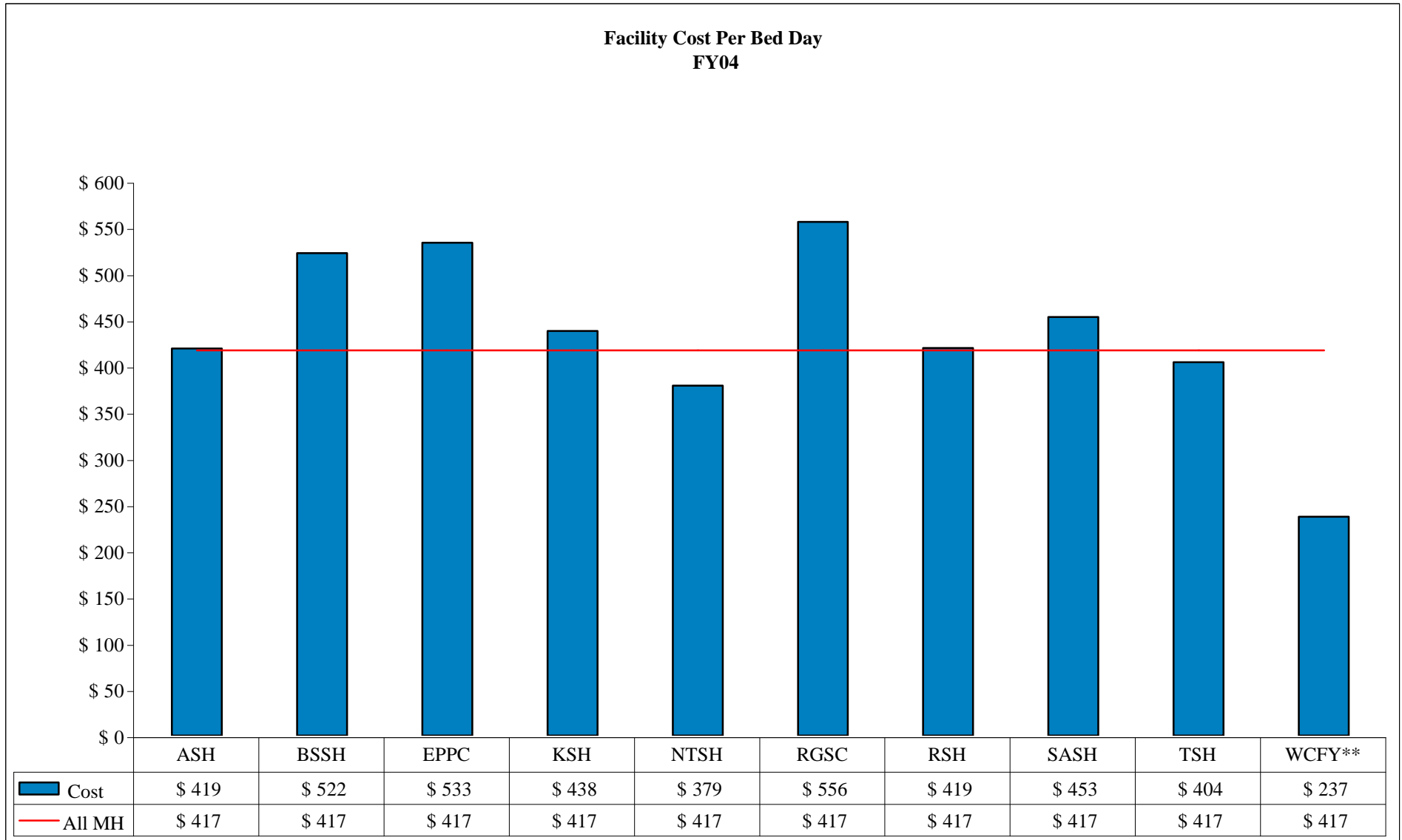
Performance Measure Data Display and Chart Description:

- ◆ 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 - Q1 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			
Cost Per Bed Day w/DICAP/SWICAP	\$ 432	\$ 353	\$ 402	\$ 407	\$ 498	\$ 455	\$ 449	\$ 465	\$ 459			
LBB Cost Per Bed Day	\$ 344	\$ 253	\$ 295	\$ 299	\$ 384	\$ 337	\$ 332	\$ 347	\$ 349			
Big Spring State Hospital												
Cost Per Bed Day	\$ 399	\$ 435	\$ 461	\$ 434	\$ 443	\$ 463	\$ 458	\$ 468	\$ 522			
Cost Per Bed Day w/DICAP/SWICAP	\$ 423	\$ 463	\$ 482	\$ 468	\$ 478	\$ 501	\$ 498	\$ 520	\$ 575			
LBB Cost Per Bed Day	\$ 321	\$ 350	\$ 357	\$ 346	\$ 332	\$ 360	\$ 360	\$ 380	\$ 429			
El Paso Psychiatric Center												
Cost Per Bed Day					\$ 457	\$ 522	\$ 535	\$ 560	\$ 533			
Cost Per Bed Day w/DICAP/SWICAP						\$ 524	\$ 540	\$ 583	\$ 538			
LBB Cost Per Bed Day					\$ 362	\$ 416	\$ 438	\$ 458	\$ 432			
Kerrville State Hospital												
Cost Per Bed Day	\$ 392	\$ 415	\$ 476	\$ 427	\$ 432	\$ 449	\$ 443	\$ 439	\$ 438			
Cost Per Bed Day w/DICAP/SWICAP	\$ 418	\$ 443	\$ 497	\$ 468	\$ 469	\$ 488	\$ 484	\$ 490	\$ 480			
LBB Cost Per Bed Day	\$ 308	\$ 327	\$ 356	\$ 332	\$ 317	\$ 340	\$ 340	\$ 351	\$ 351			
North Texas State Hospital												
Cost Per Bed Day	\$ 337	\$ 346	\$ 368	\$ 351	\$ 376	\$ 383	\$ 378	\$ 375	\$ 379			
Cost Per Bed Day w/DICAP/SWICAP	\$ 357	\$ 369	\$ 385	\$ 380	\$ 405	\$ 414	\$ 410	\$ 411	\$ 412			
LBB Cost Per Bed Day	\$ 264	\$ 270	\$ 270	\$ 271	\$ 275	\$ 290	\$ 290	\$ 298	\$ 307			
Rusk State Hospital												
Cost Per Bed Day	\$ 330	\$ 370	\$ 364	\$ 354	\$ 415	\$ 438	\$ 414	\$ 415	\$ 419			
Cost Per Bed Day w/DICAP/SWICAP	\$ 350	\$ 392	\$ 378	\$ 380	\$ 447	\$ 472	\$ 449	\$ 453	\$ 459			
LBB Cost Per Bed Day	\$ 263	\$ 295	\$ 274	\$ 278	\$ 310	\$ 331	\$ 318	\$ 333	\$ 342			
San Antonio State Hospital												
Cost Per Bed Day	\$ 424	\$ 482	\$ 416	\$ 424	\$ 433	\$ 426	\$ 404	\$ 422	\$ 453			
Cost Per Bed Day w/DICAP/SWICAP	\$ 449	\$ 511	\$ 433	\$ 455	\$ 465	\$ 460	\$ 440	\$ 461	\$ 496			
LBB Cost Per Bed Day	\$ 344	\$ 385	\$ 320	\$ 339	\$ 320	\$ 327	\$ 314	\$ 345	\$ 374			
Terrell State Hospital												
Cost Per Bed Day	\$ 324	\$ 400	\$ 342	\$ 354	\$ 336	\$ 372	\$ 370	\$ 373	\$ 404			
Cost Per Bed Day w/DICAP/SWICAP	\$ 346	\$ 425	\$ 359	\$ 383	\$ 365	\$ 403	\$ 402	\$ 410	\$ 443			
LBB Cost Per Bed Day	\$ 252	\$ 321	\$ 253	\$ 277	\$ 247	\$ 283	\$ 286	\$ 302	\$ 329			

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

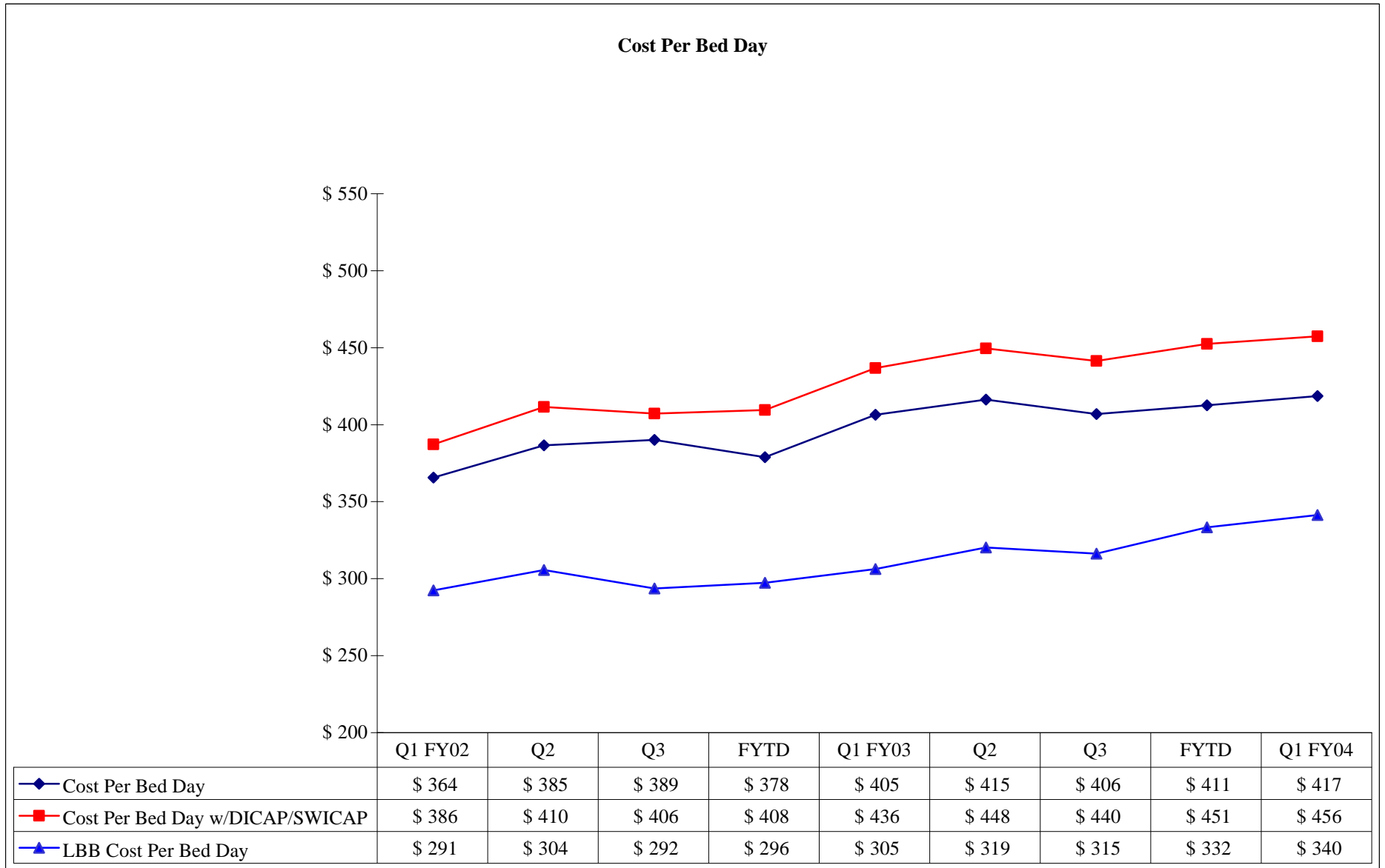
Measure 1B - Cost Per Bed Day
All MH Facilities

	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			
Cost Per Bed Day w/DICAP/SWICAP	\$ 349	\$ 383	\$ 410	\$ 394	\$ 388	\$ 404	\$ 408	\$ 453	\$ 273			
LBB Cost Per Bed Day	\$ 260	\$ 280	\$ 289	\$ 284	\$ 274	\$ 289	\$ 292	\$ 332	\$ 168			
All Hospitals												
Cost Per Bed Day	\$ 364	\$ 385	\$ 389	\$ 378	\$ 405	\$ 415	\$ 406	\$ 411	\$ 417			
Cost Per Bed Day w/DICAP/SWICAP	\$ 386	\$ 410	\$ 406	\$ 408	\$ 436	\$ 448	\$ 440	\$ 451	\$ 456			
LBB Cost Per Bed Day	\$ 291	\$ 304	\$ 292	\$ 296	\$ 305	\$ 319	\$ 315	\$ 332	\$ 340			
Rio Grande State Center (MH)												
Cost Per Bed Day	\$ 461	\$ 560	\$ 378	\$ 452	\$ 362	\$ 557	\$ 534	\$ 525	\$ 556			
Cost Per Bed Day w/DICAP/SWICAP						\$ 637	\$ 591	\$ 585	\$ 621			
LBB Cost Per Bed Day	\$ 610	\$ 732	\$ 297	\$ 602	\$ 473	\$ 442	\$ 414	\$ 420	\$ 450			

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

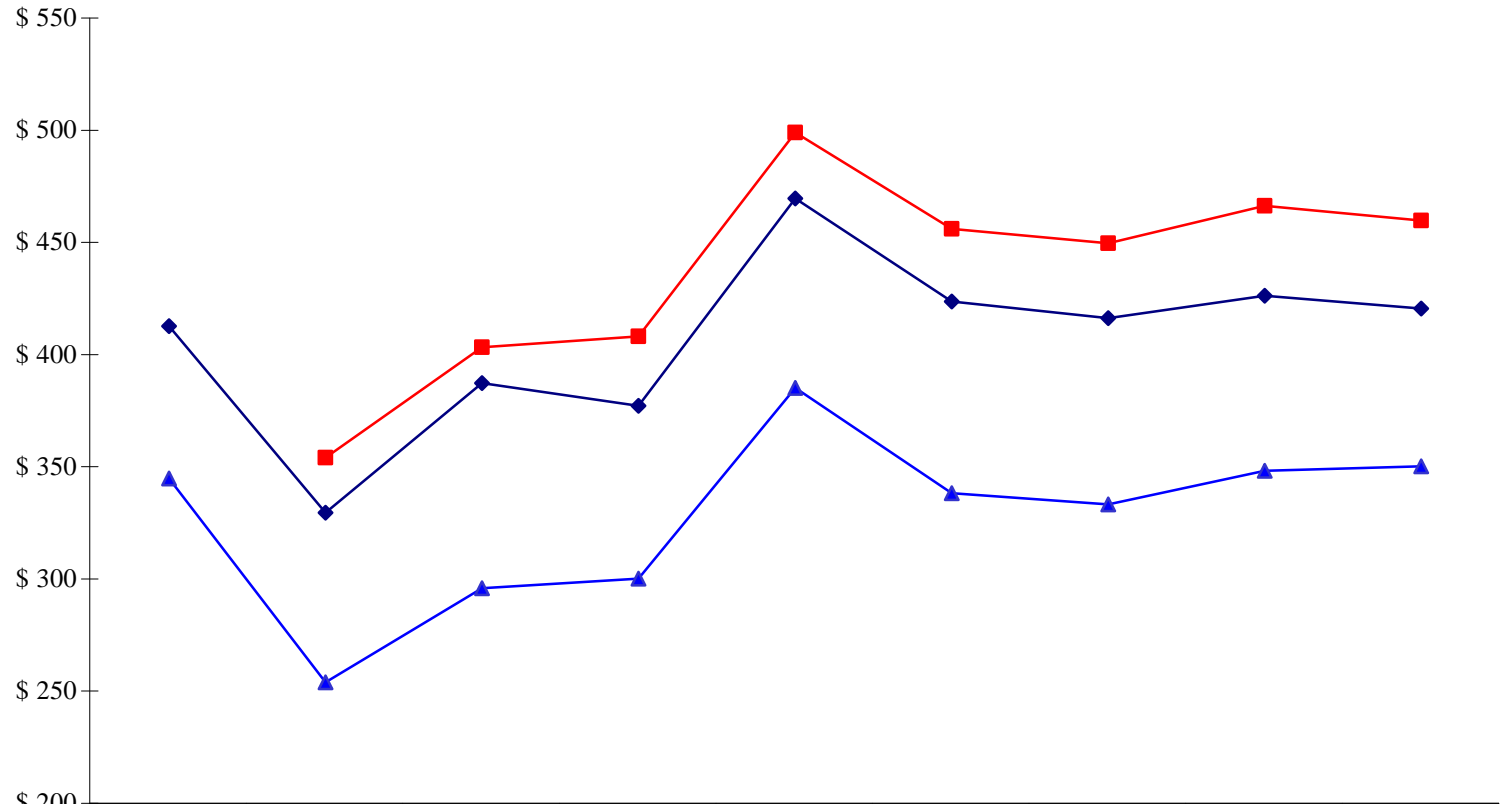
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation
Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.

Measure 1B - Cost Per Bed Day
All MH Facilities



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

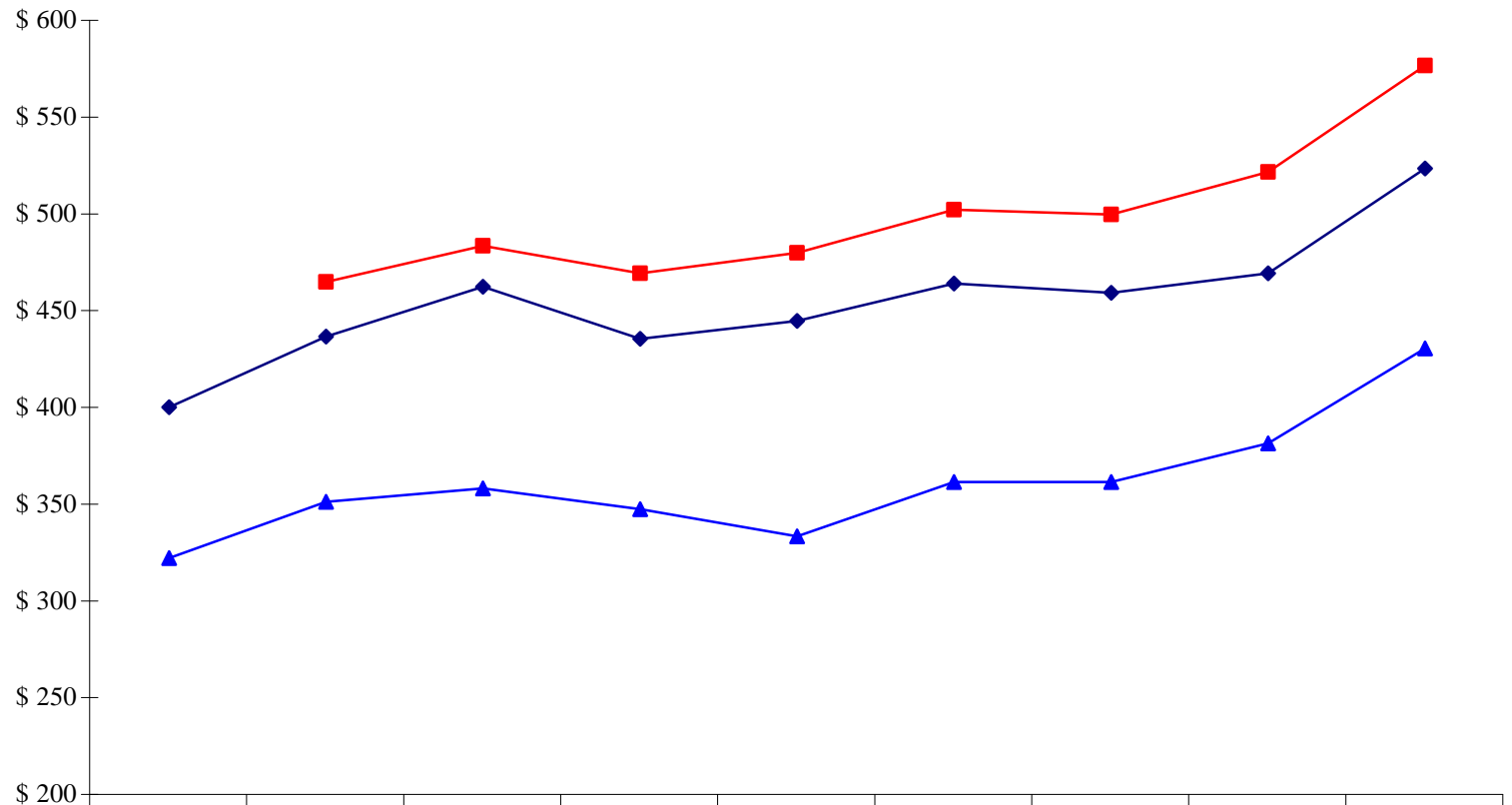
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 412	\$ 328	\$ 386	\$ 376	\$ 468	\$ 422	\$ 415	\$ 425	\$ 419
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 353	\$ 402	\$ 407	\$ 498	\$ 455	\$ 449	\$ 465	\$ 459
▲ LBB Cost Per Bed Day	\$ 344	\$ 253	\$ 295	\$ 299	\$ 384	\$ 337	\$ 332	\$ 347	\$ 349

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

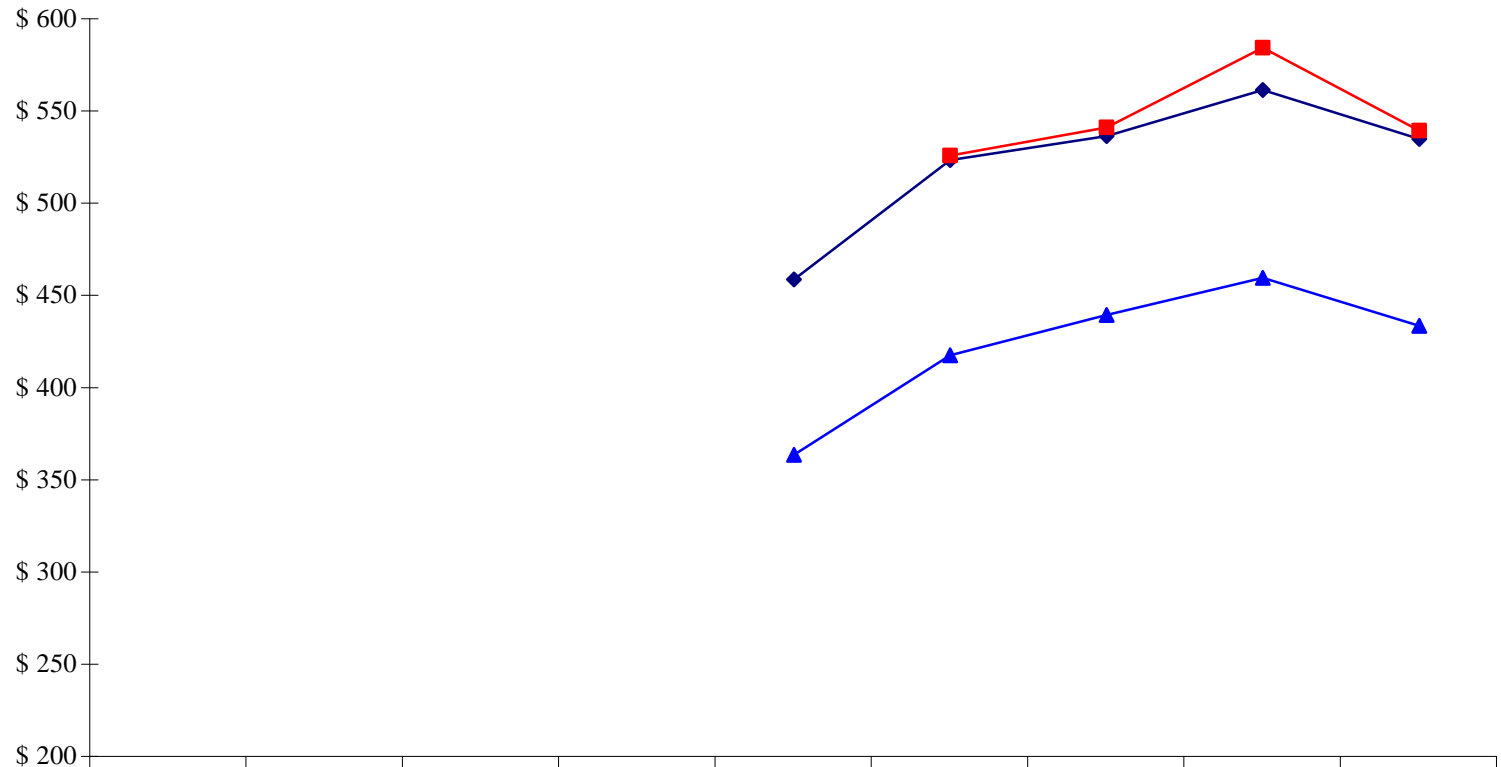
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 399	\$ 435	\$ 461	\$ 434	\$ 443	\$ 463	\$ 458	\$ 468	\$ 522
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 463	\$ 482	\$ 468	\$ 478	\$ 501	\$ 498	\$ 520	\$ 575
▲ LBB Cost Per Bed Day	\$ 321	\$ 350	\$ 357	\$ 346	\$ 332	\$ 360	\$ 360	\$ 380	\$ 429

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

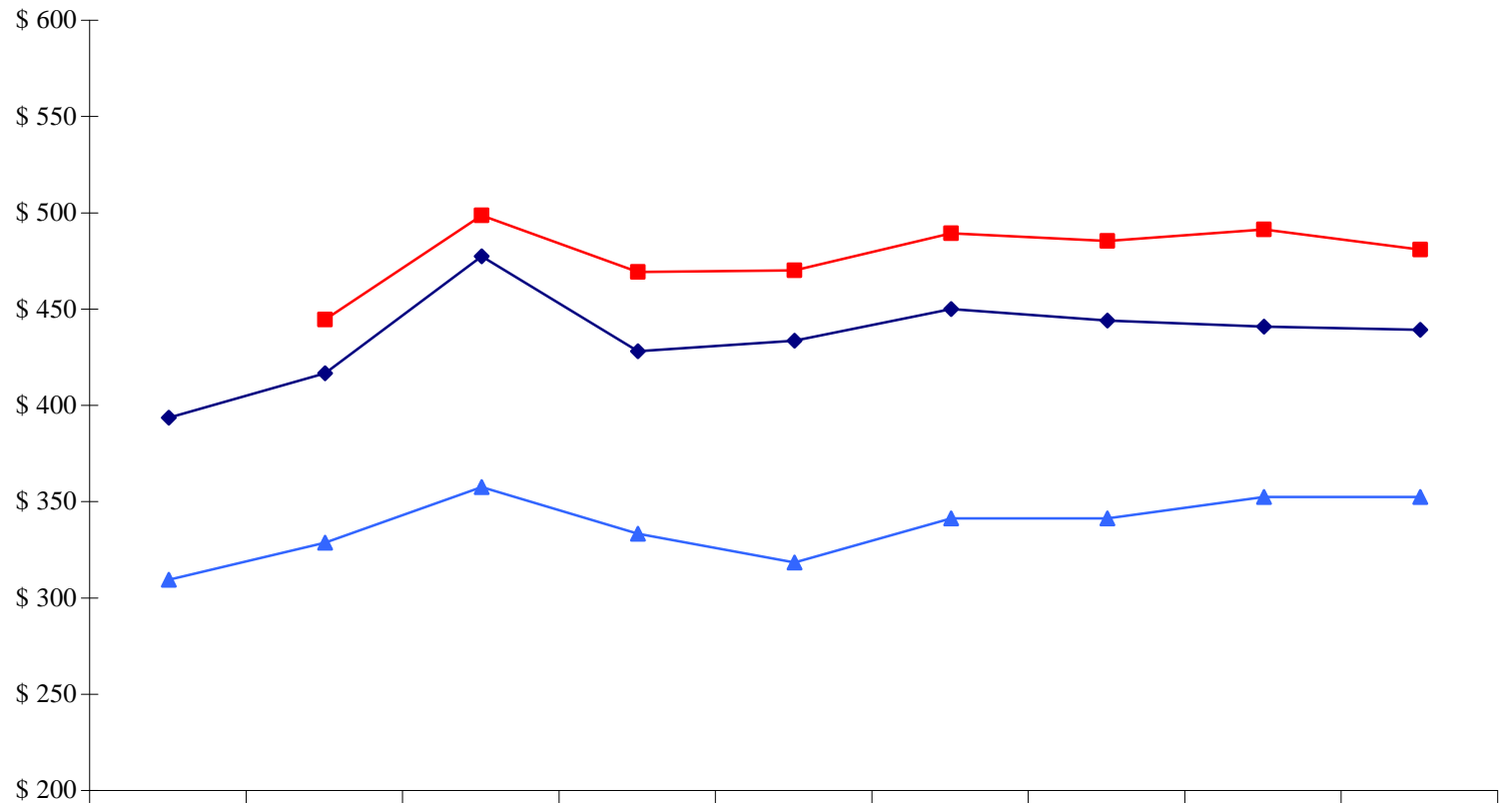
Cost Per Bed Day



◆ Cost Per Bed Day					\$ 457	\$ 522	\$ 535	\$ 560	\$ 533
■ Cost Per Bed Day w/DICAP/SWICAP						\$ 524	\$ 540	\$ 583	\$ 538
▲ LBB Cost Per Bed Day					\$ 362	\$ 416	\$ 438	\$ 458	\$ 432

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

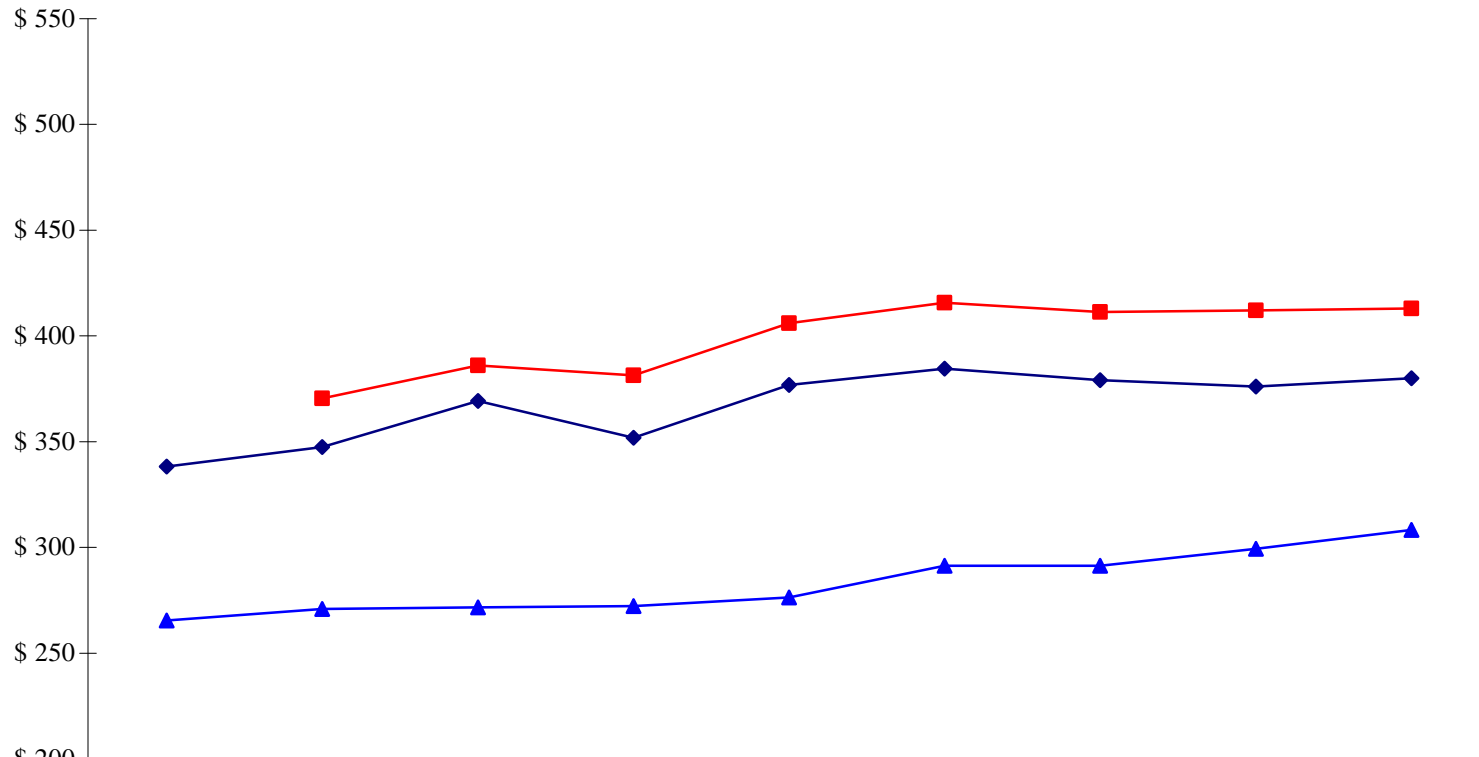
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 392	\$ 415	\$ 476	\$ 427	\$ 432	\$ 449	\$ 443	\$ 439	\$ 438
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 443	\$ 497	\$ 468	\$ 469	\$ 488	\$ 484	\$ 490	\$ 480
▲ LBB Cost Per Bed Day	\$ 308	\$ 327	\$ 356	\$ 332	\$ 317	\$ 340	\$ 340	\$ 351	\$ 351

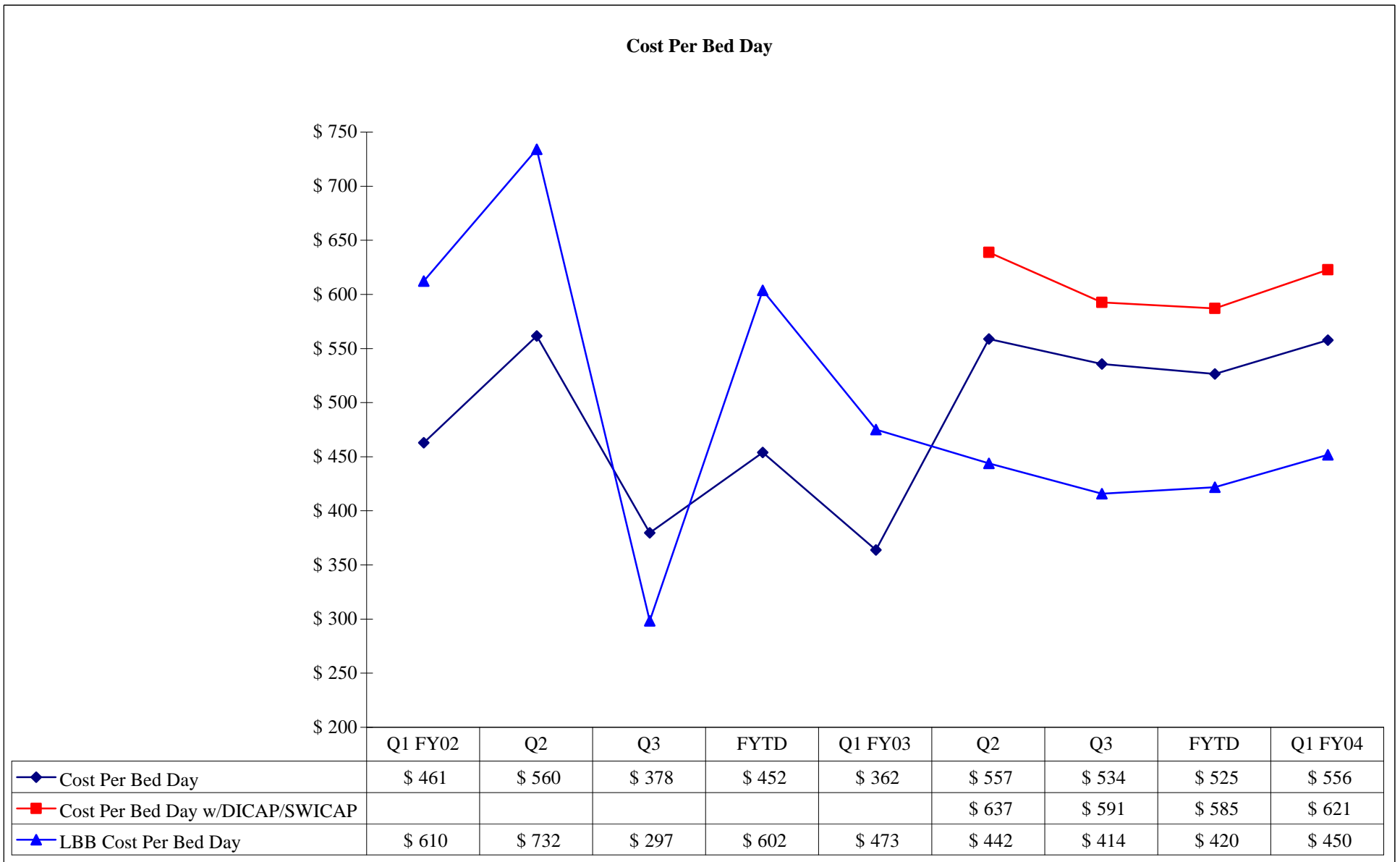
Measure 1B - Cost Per Bed Day
North Texas State Hospital

Cost Per Bed Day



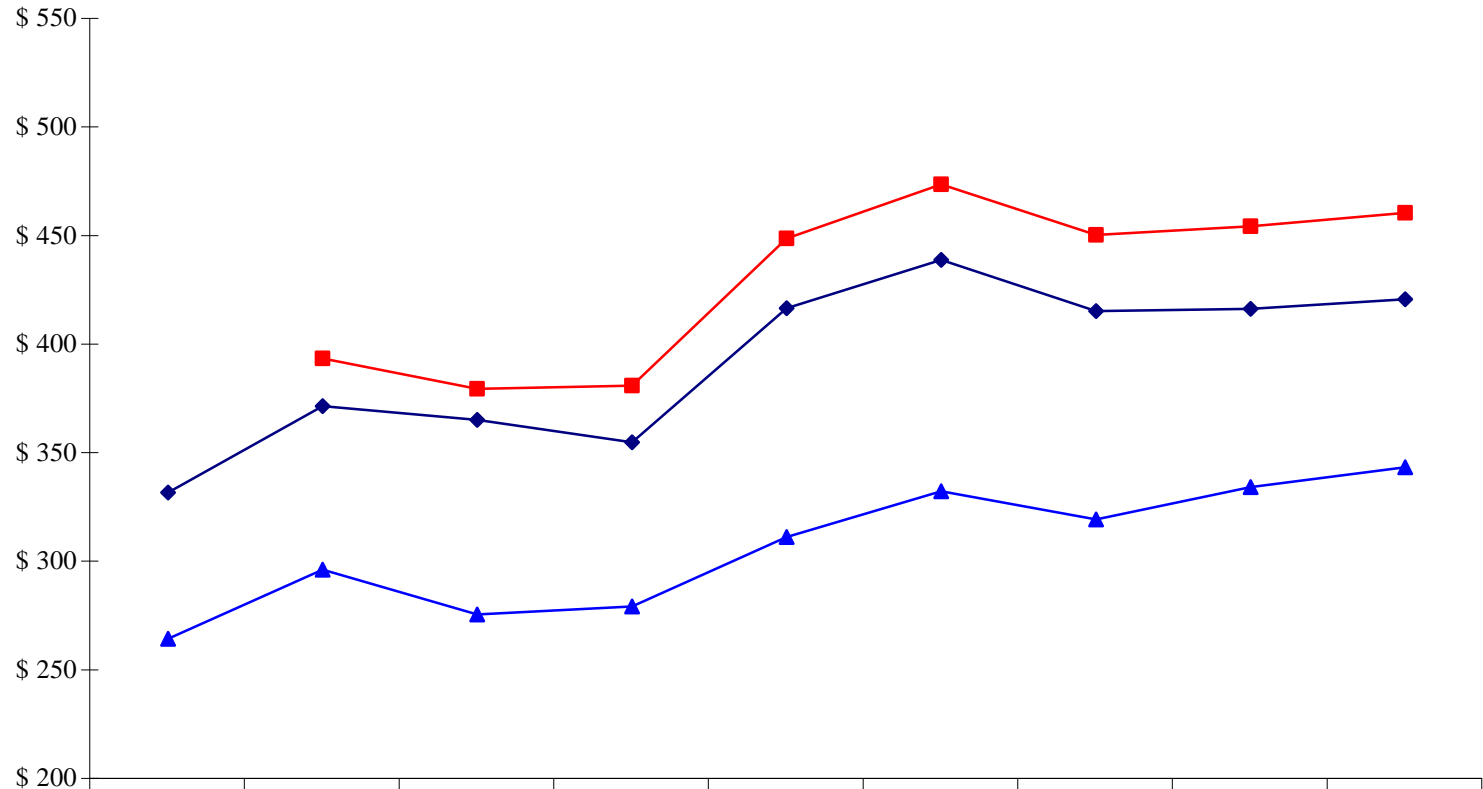
	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 337	\$ 346	\$ 368	\$ 351	\$ 376	\$ 383	\$ 378	\$ 375	\$ 379
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 369	\$ 385	\$ 380	\$ 405	\$ 414	\$ 410	\$ 411	\$ 412
▲ LBB Cost Per Bed Day	\$ 264	\$ 270	\$ 270	\$ 271	\$ 275	\$ 290	\$ 290	\$ 298	\$ 307

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



Measure 1B - Cost Per Bed Day
Rusk State Hospital

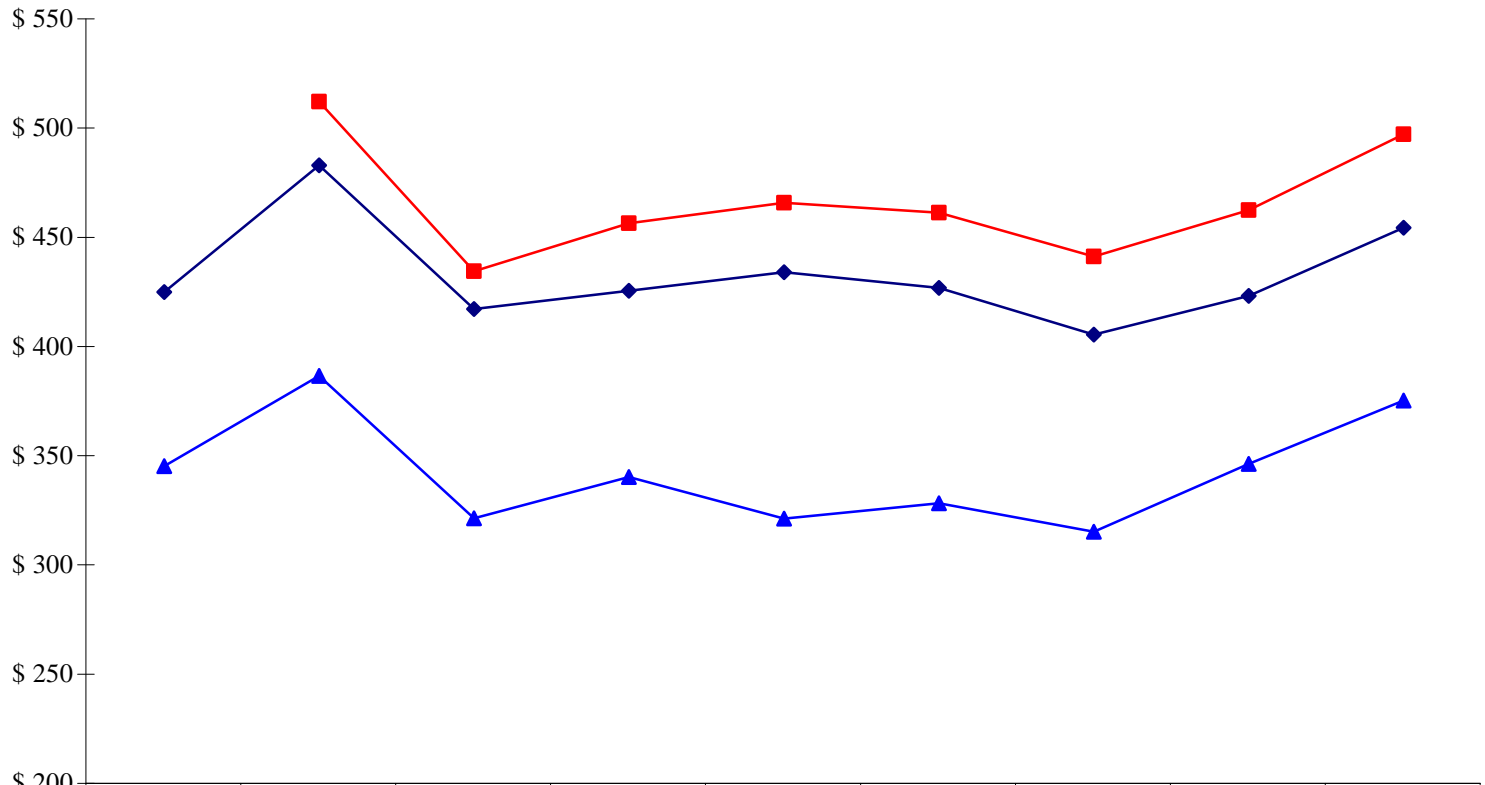
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 330	\$ 370	\$ 364	\$ 354	\$ 415	\$ 438	\$ 414	\$ 415	\$ 419
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 392	\$ 378	\$ 380	\$ 447	\$ 472	\$ 449	\$ 453	\$ 459
▲ LBB Cost Per Bed Day	\$ 263	\$ 295	\$ 274	\$ 278	\$ 310	\$ 331	\$ 318	\$ 333	\$ 342

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

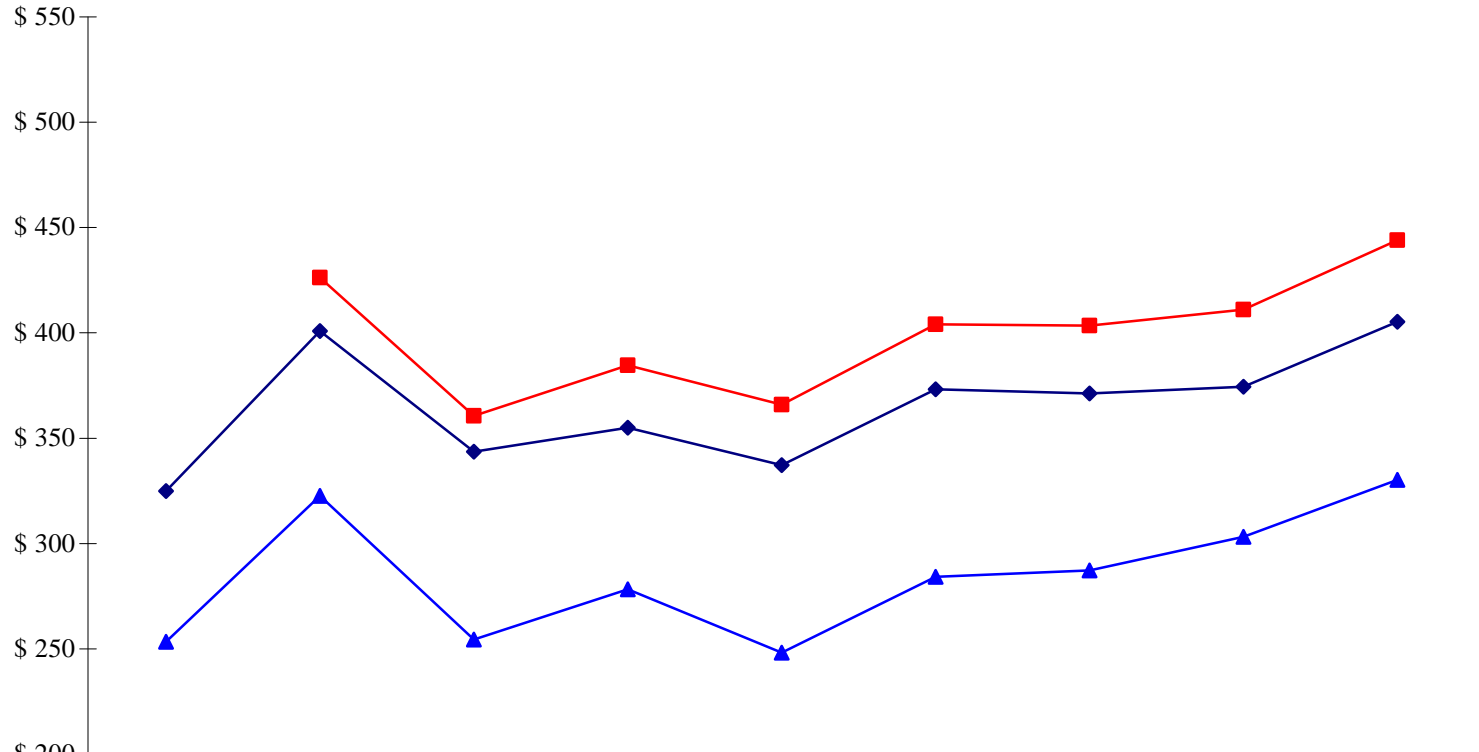
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 424	\$ 482	\$ 416	\$ 424	\$ 433	\$ 426	\$ 404	\$ 422	\$ 453
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 511	\$ 433	\$ 455	\$ 465	\$ 460	\$ 440	\$ 461	\$ 496
▲ LBB Cost Per Bed Day	\$ 344	\$ 385	\$ 320	\$ 339	\$ 320	\$ 327	\$ 314	\$ 345	\$ 374

Measure 1B - Cost Per Bed Day
Terrell State Hospital

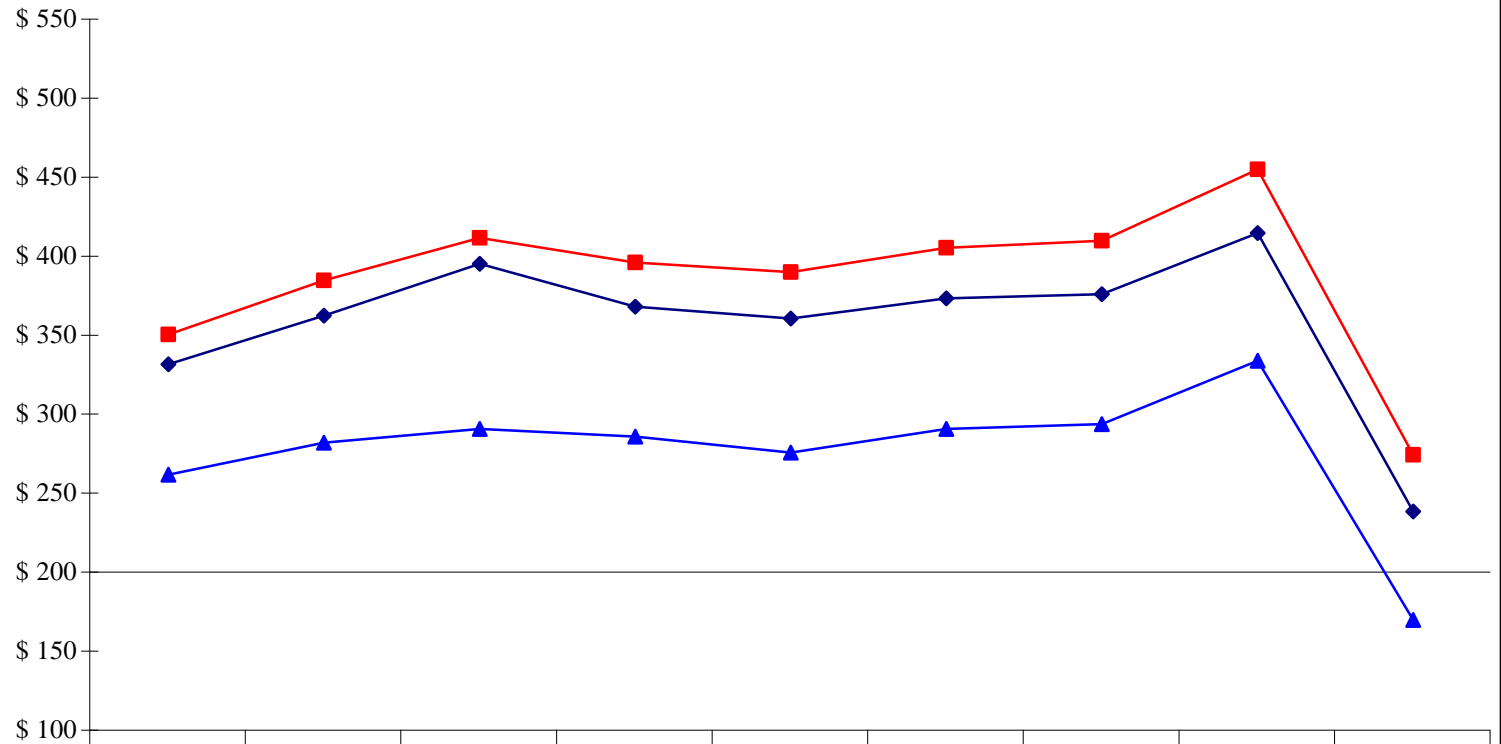
Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04
◆ Cost Per Bed Day	\$ 324	\$ 400	\$ 342	\$ 354	\$ 336	\$ 372	\$ 370	\$ 373	\$ 404
■ Cost Per Bed Day w/DICAP/SWICAP		\$ 425	\$ 359	\$ 383	\$ 365	\$ 403	\$ 402	\$ 410	\$ 443
▲ LBB Cost Per Bed Day	\$ 252	\$ 321	\$ 253	\$ 277	\$ 247	\$ 283	\$ 286	\$ 302	\$ 329

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

Cost Per Bed Day



	Q1 FY02	Q2	Q3	FYTD	Q1 FY03	Q2	Q3	FYTD	Q1 FY04**
◆ Cost Per Bed Day	\$ 330	\$ 361	\$ 393	\$ 366	\$ 359	\$ 372	\$ 374	\$ 413	\$ 237
■ Cost Per Bed Day w/DICAP/SWICAP	\$ 349	\$ 383	\$ 410	\$ 394	\$ 388	\$ 404	\$ 408	\$ 453	\$ 273
▲ LBB Cost Per Bed Day	\$ 260	\$ 280	\$ 289	\$ 284	\$ 274	\$ 289	\$ 292	\$ 332	\$ 168

**Q1 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

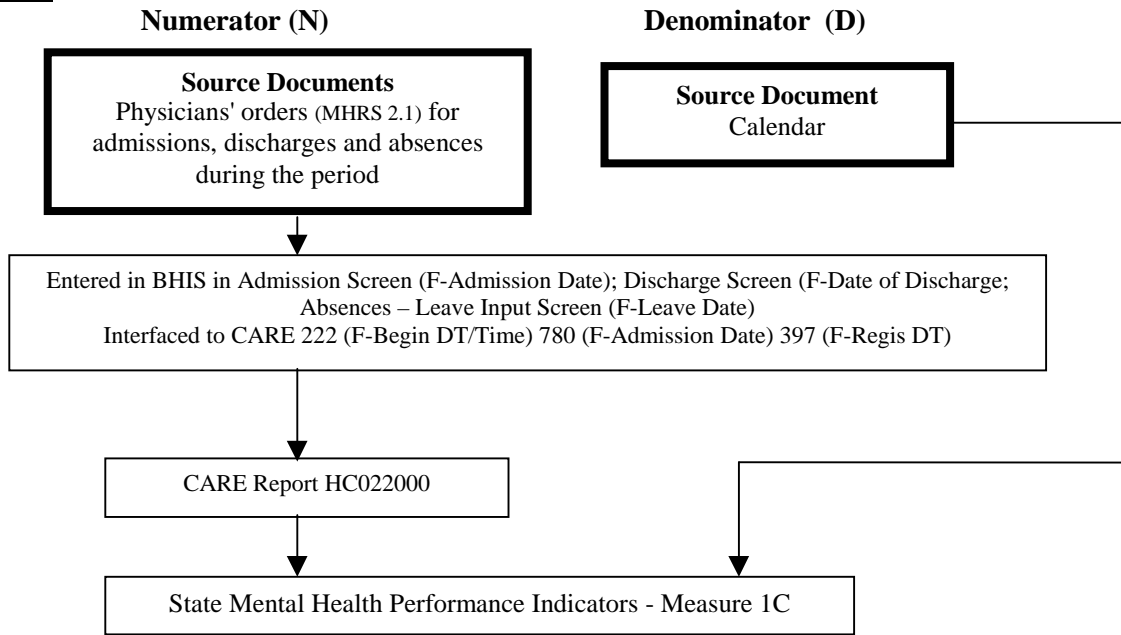
N = number of bed days

D = number of calendar days in the month

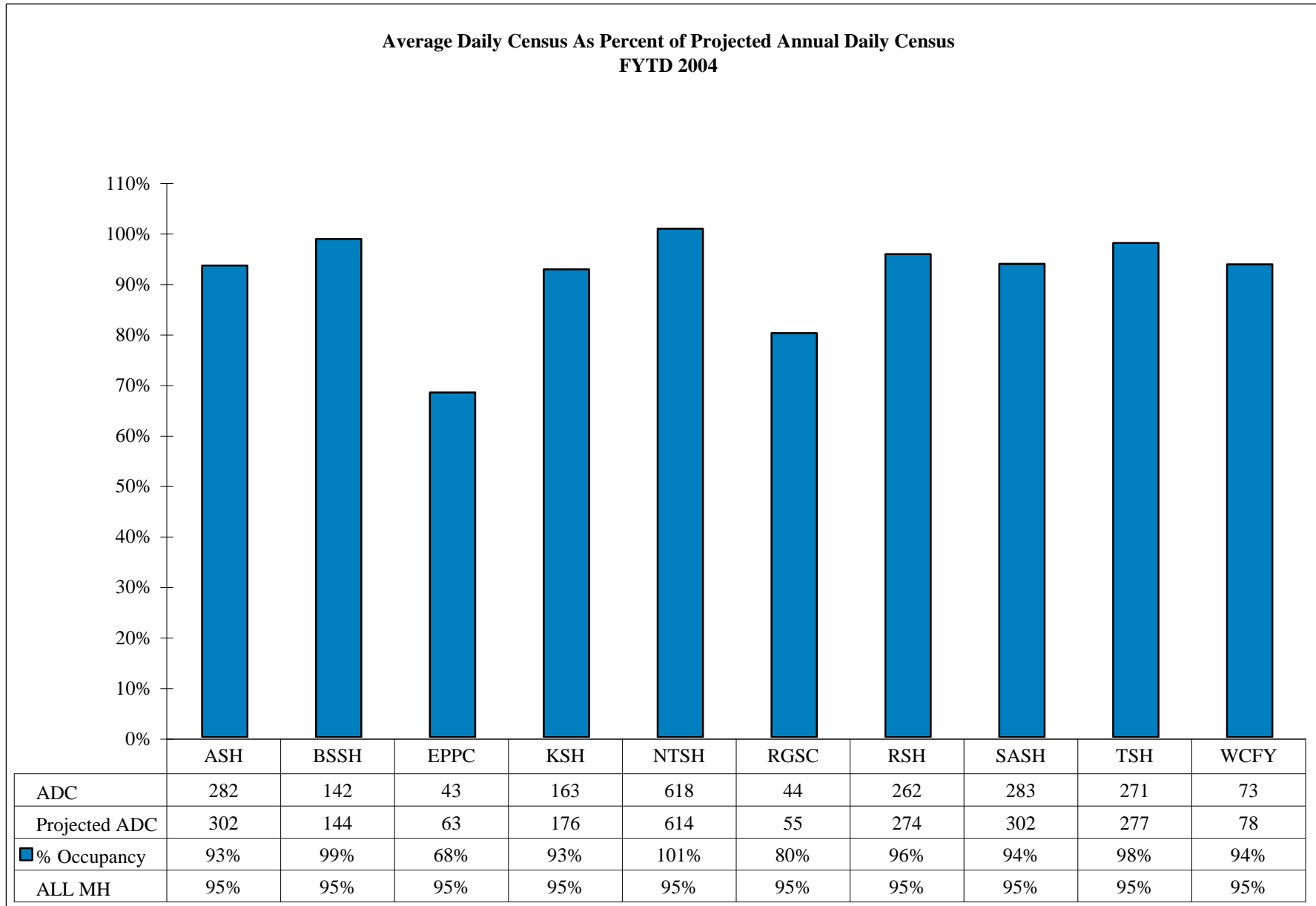
Performance Measure Data Display and Chart Description:

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

Data Flow:

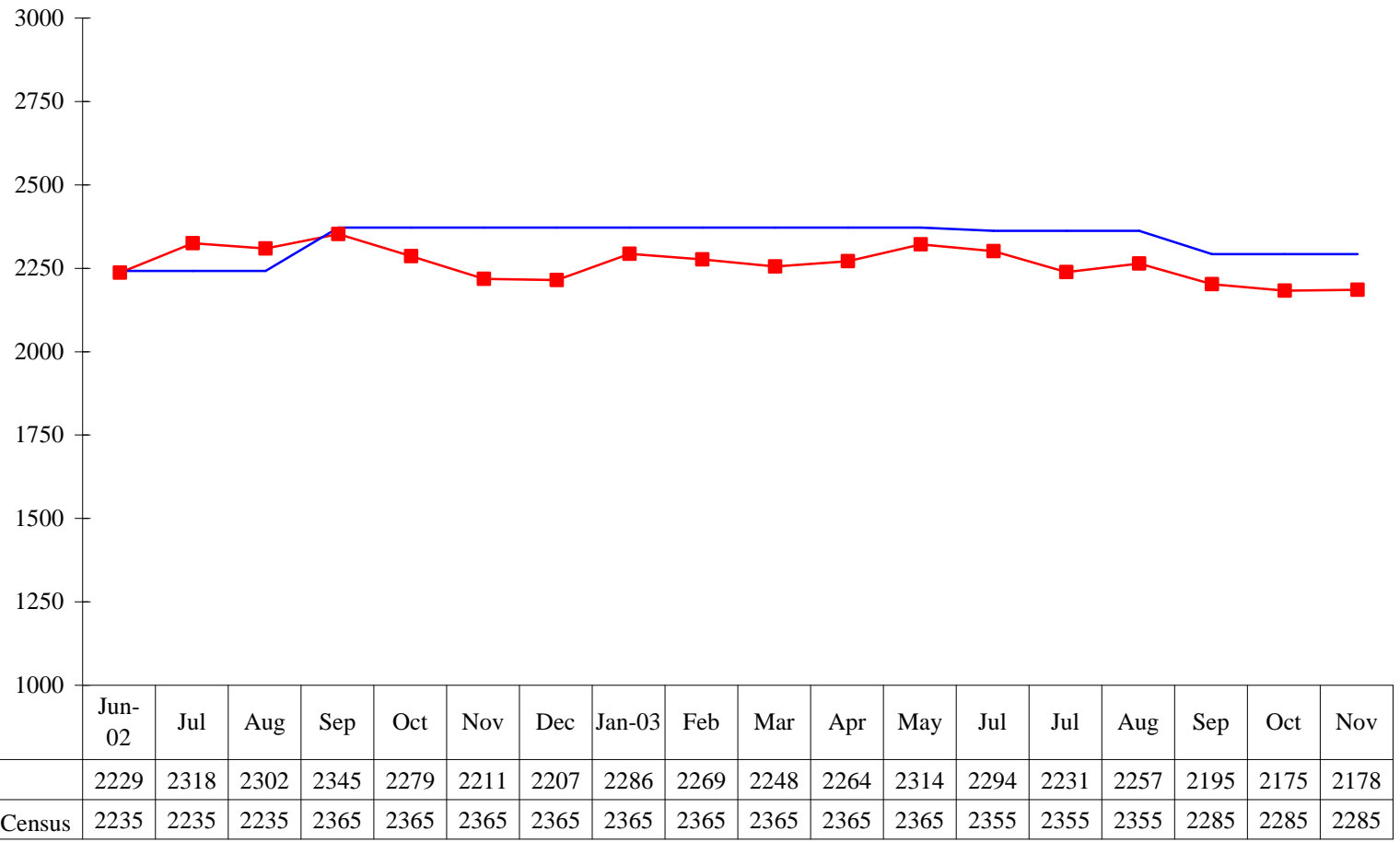


Measure 1C - Average Daily Census
All MH Facilities -As of November 30, 2003



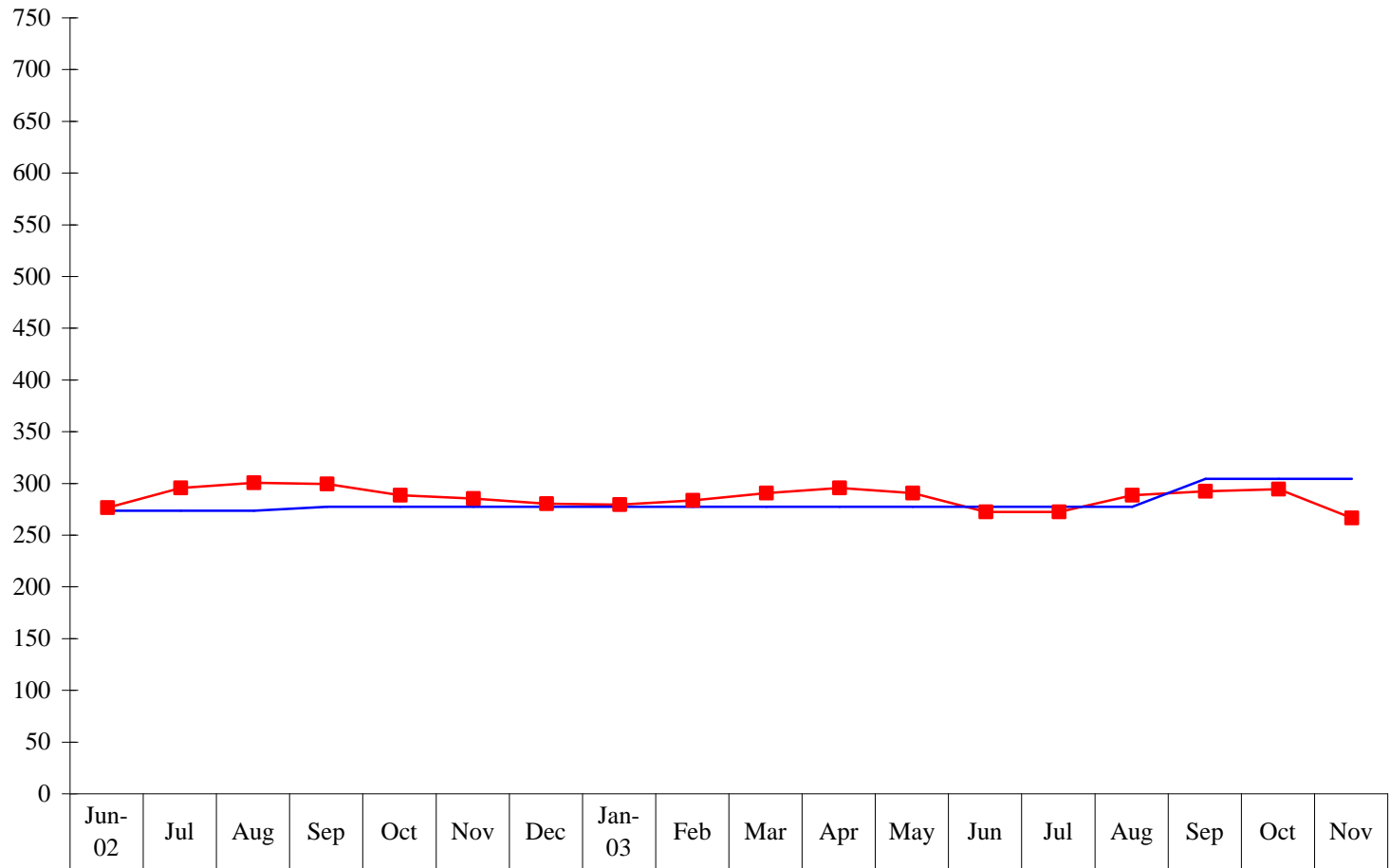
Measure 1C - Average Daily Census
All MH Facilities

Average Daily Census



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

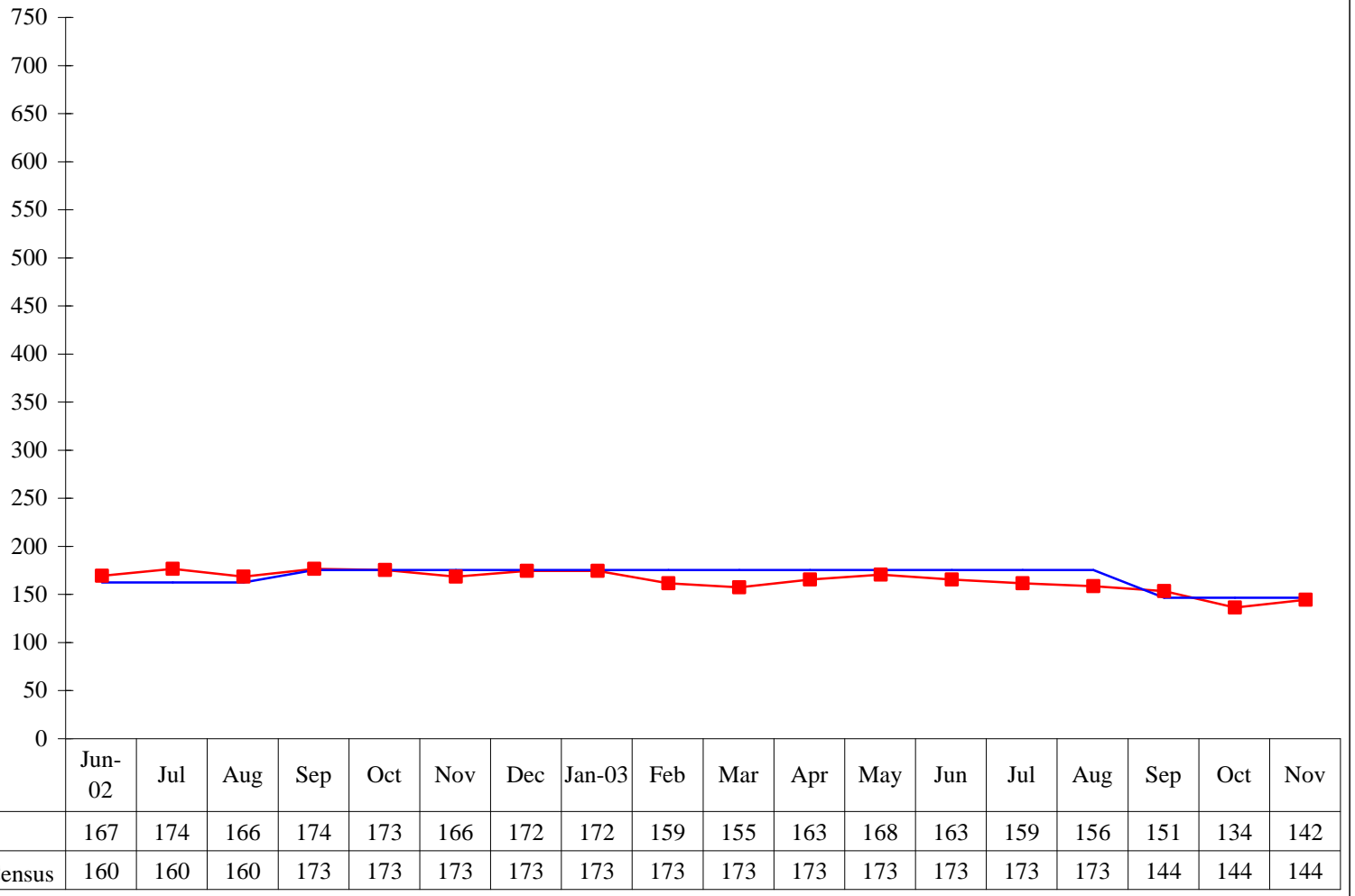
Average Daily Census



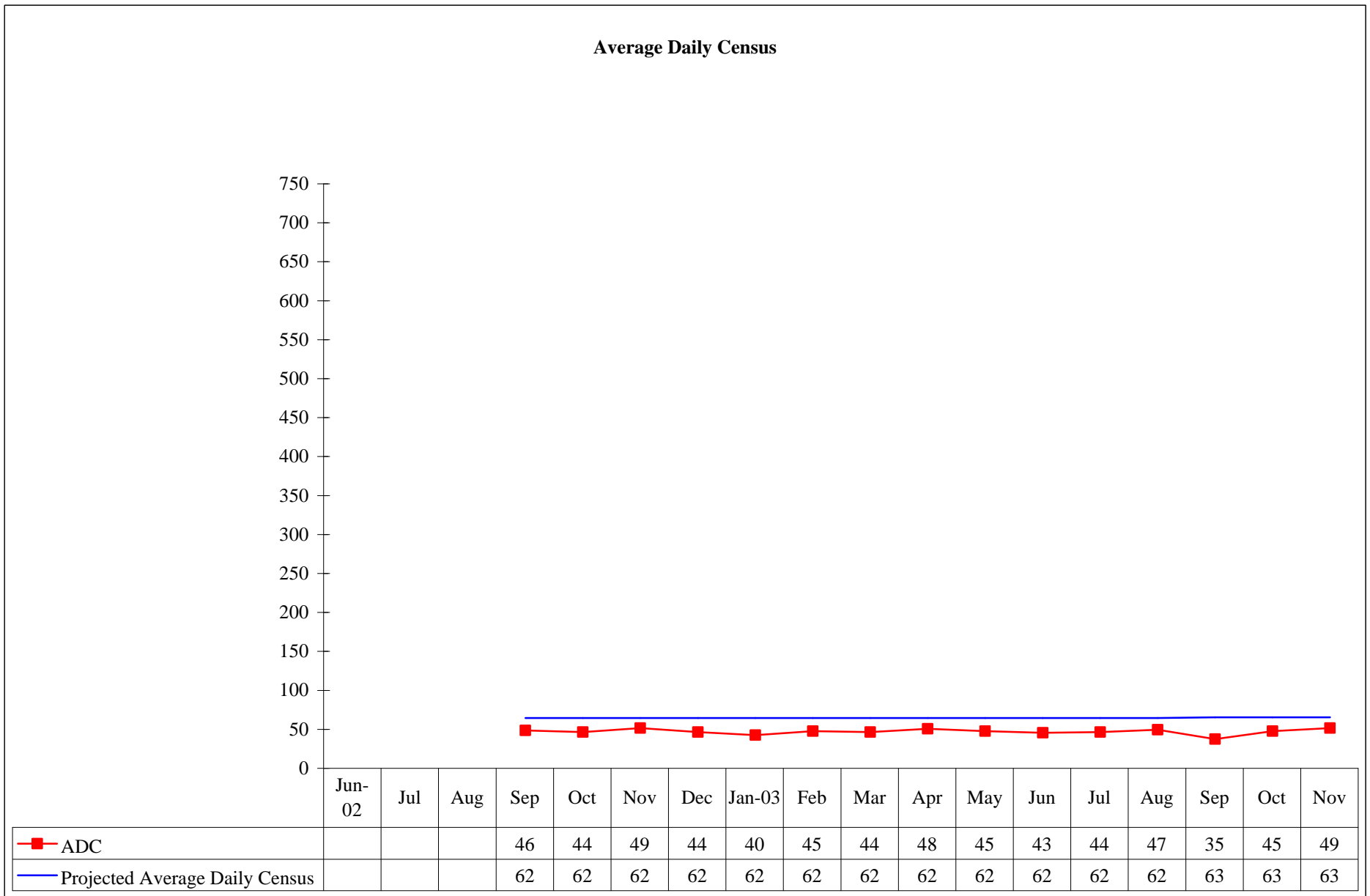
ADC	274	293	298	297	286	283	278	277	281	288	293	288	270	270	286	290	292	264
Projected Average Daily Census	271	271	271	275	275	275	275	275	275	275	275	275	275	275	275	302	302	302

Measure 1C - Average Daily Census
Big Spring State Hospital

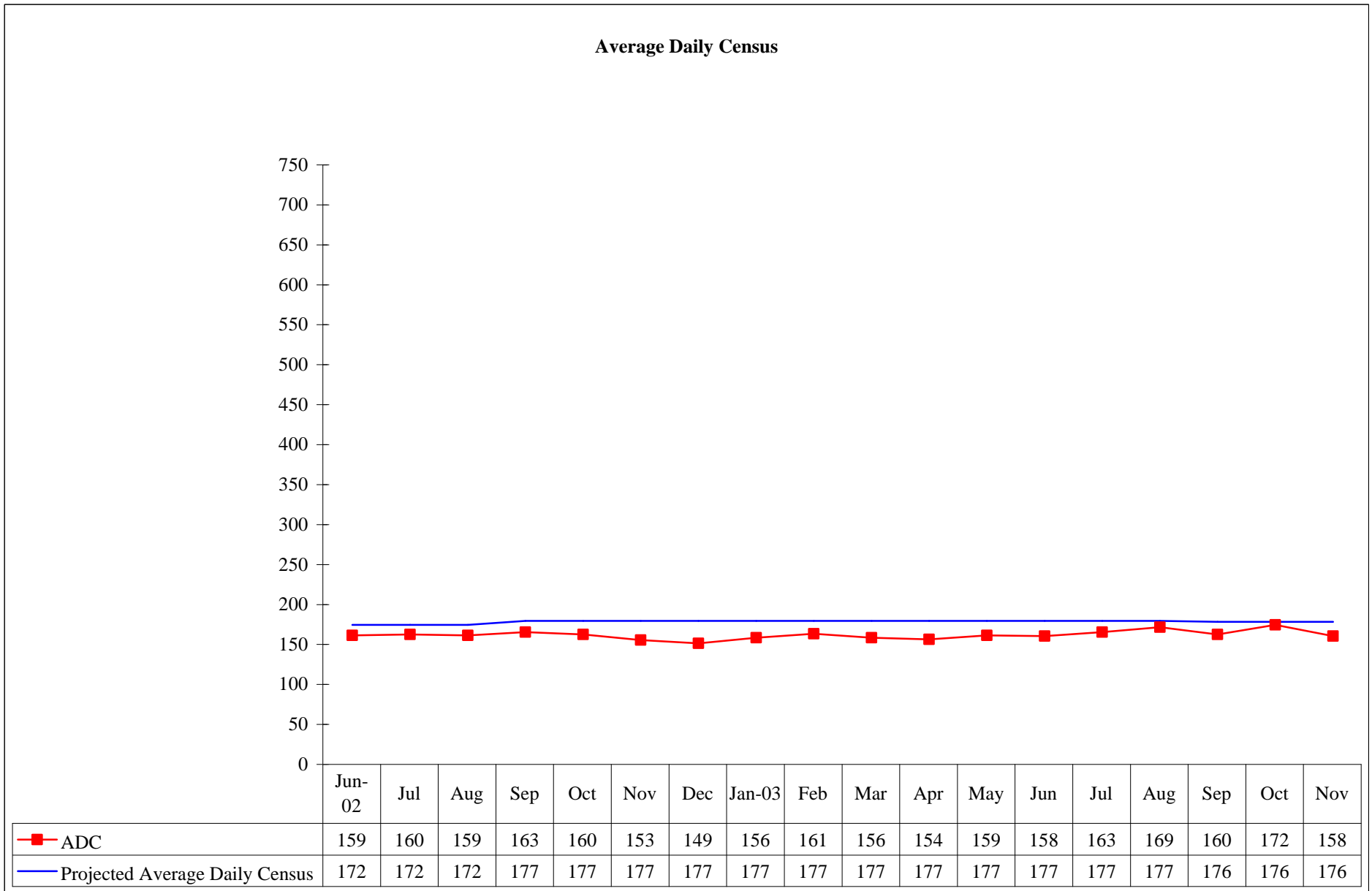
Average Daily Census



Measure 1C - Average Daily Census
El Paso Psychiatric Center

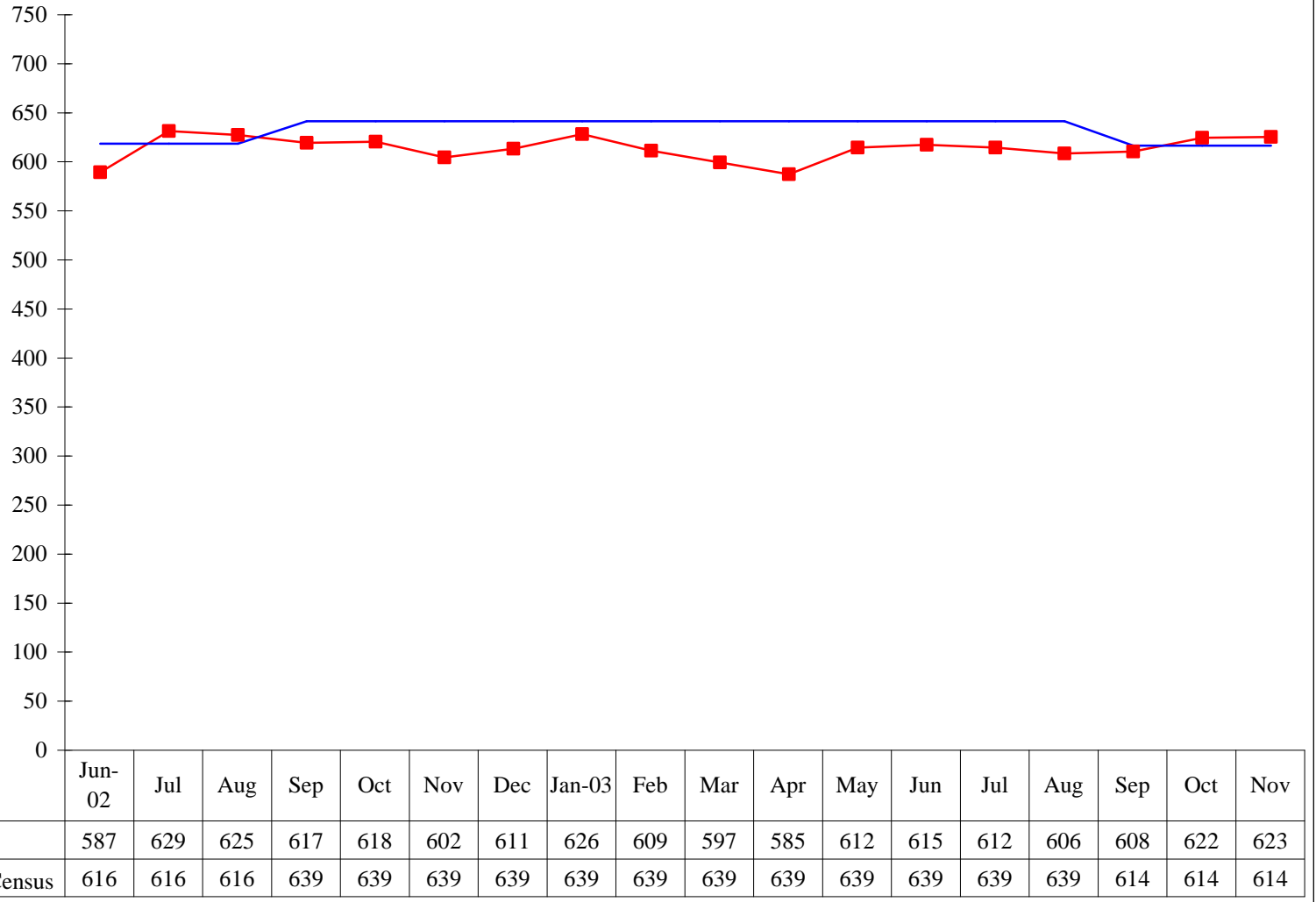


**Measure 1C - Average Daily Census
Kerrville State Hospital**



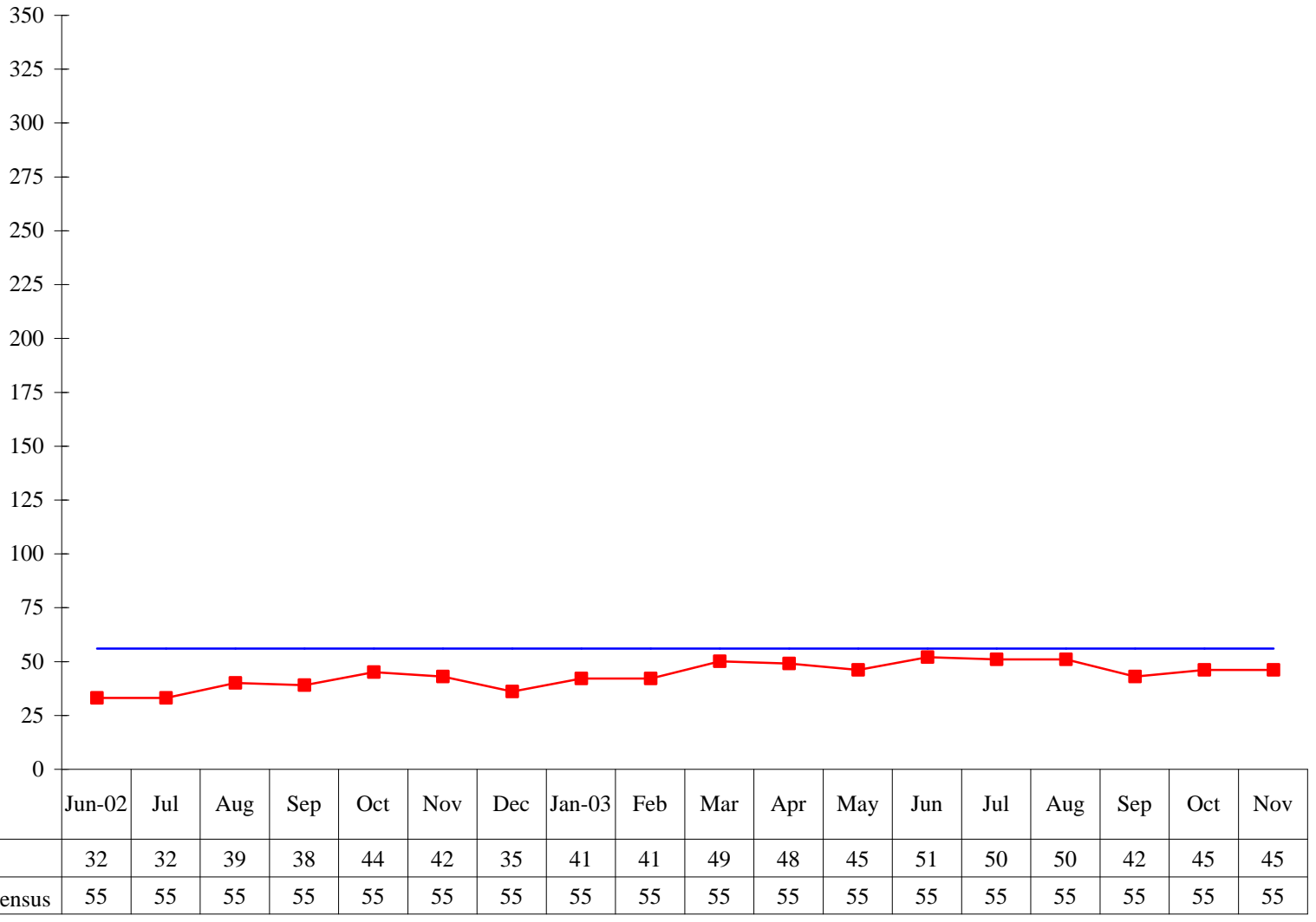
Measure 1C - Average Daily Census
North Texas State Hospital

Average Daily Census



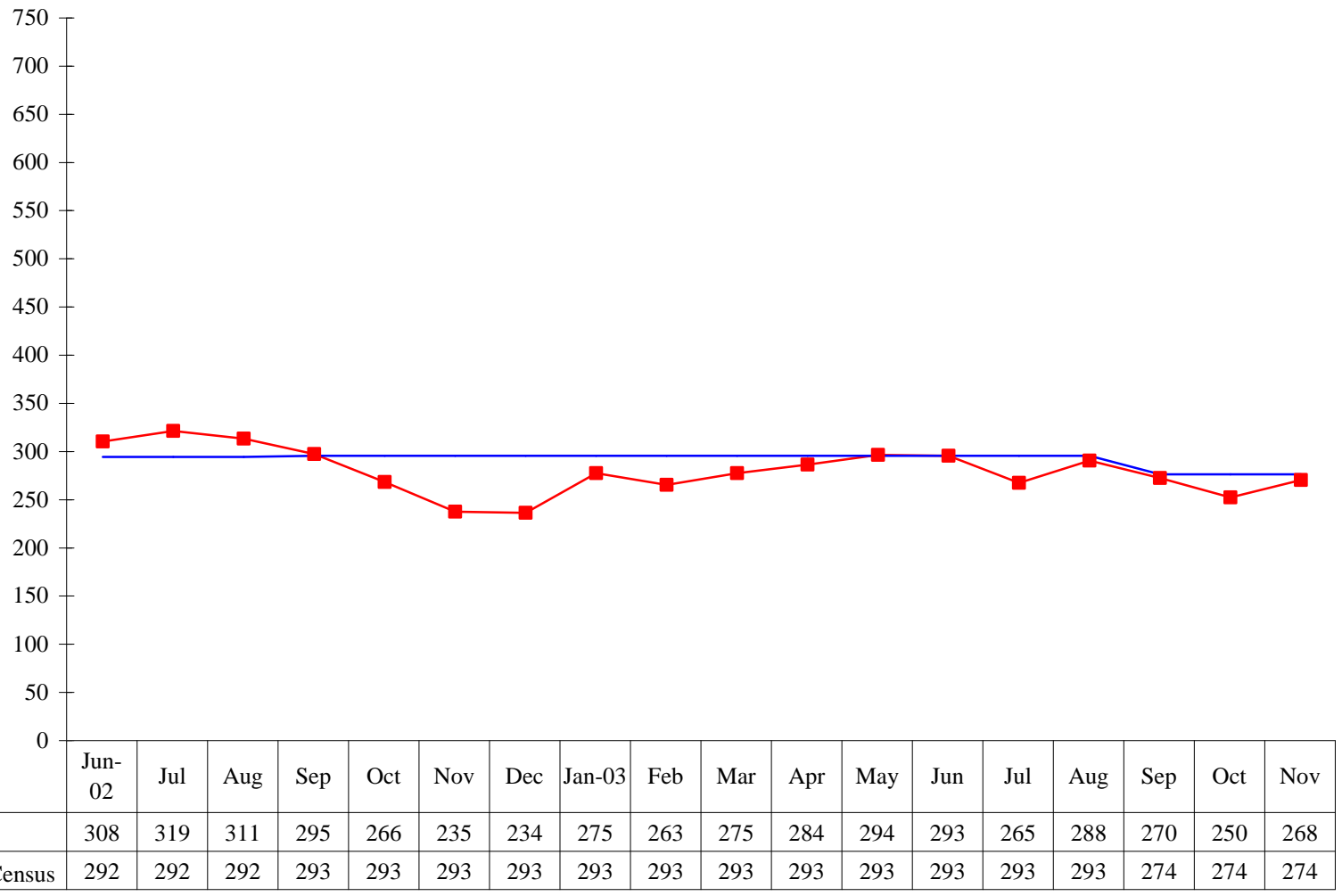
Measure 1C - Average Daily Census
Rio Grande State Center-MH

Average Daily Census



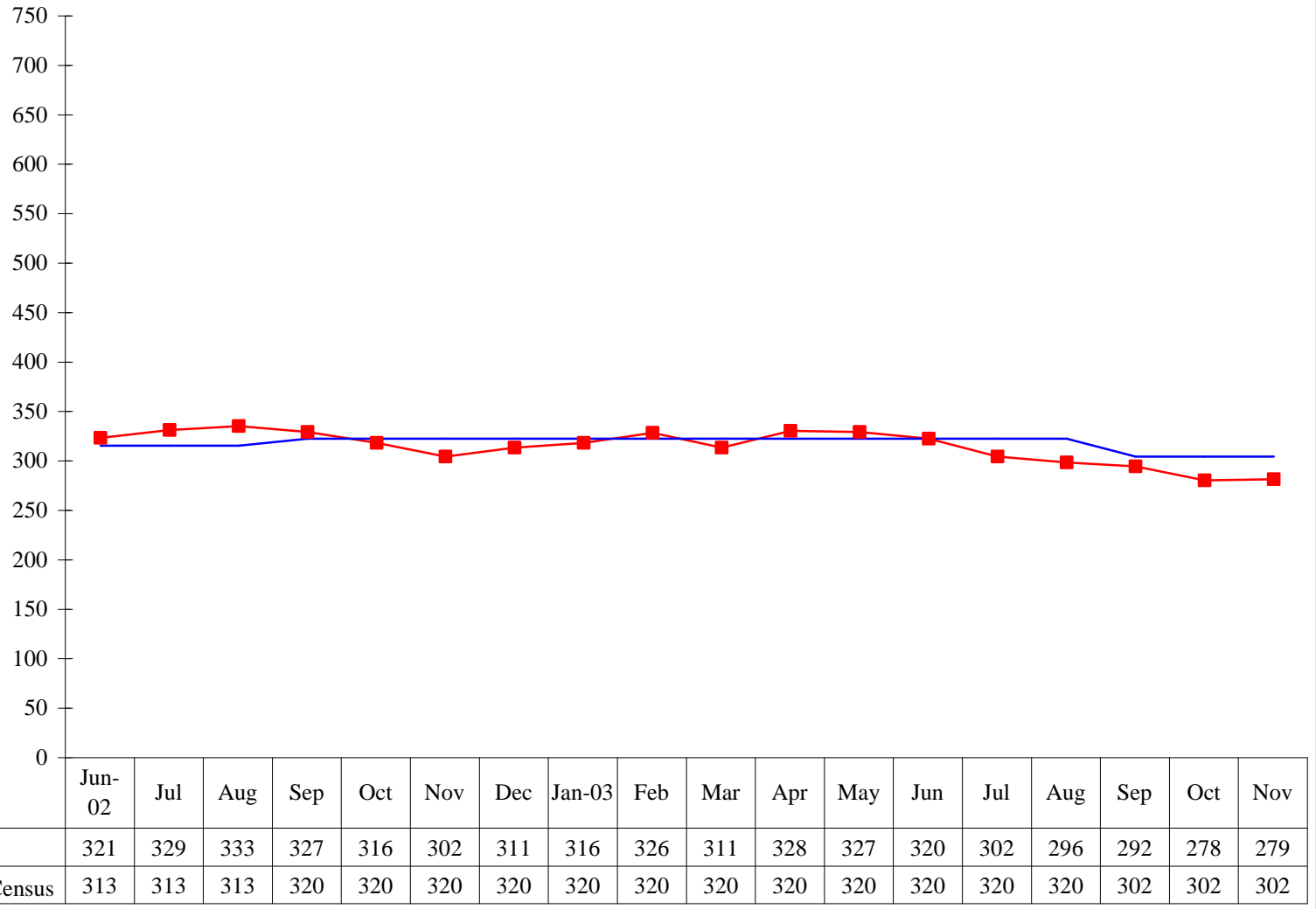
Measure 1C - Average Daily Census
Rusk State Hospital

Average Daily Census



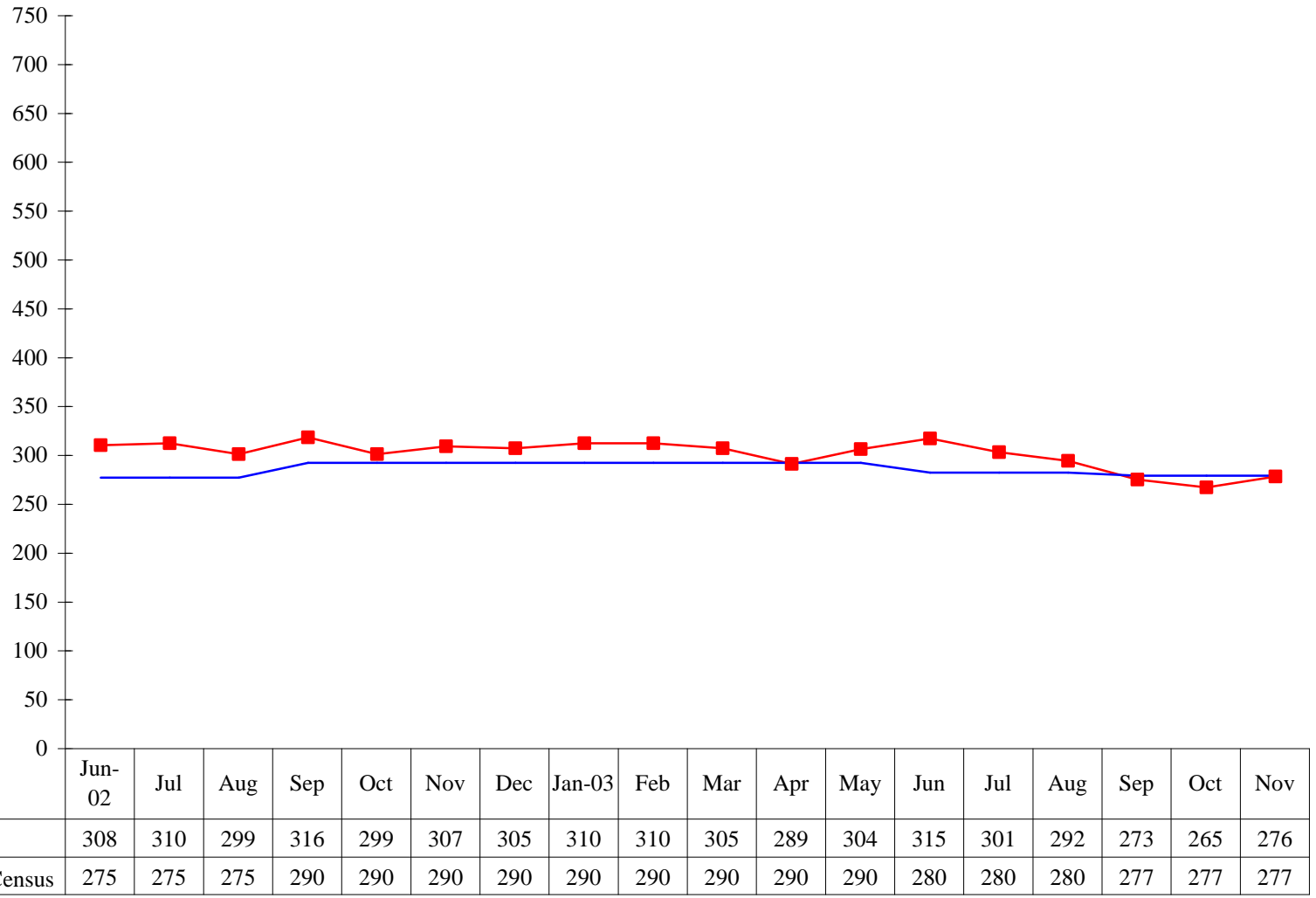
Measure 1C - Average Daily Census
San Antonio State Hospital

Average Daily Census



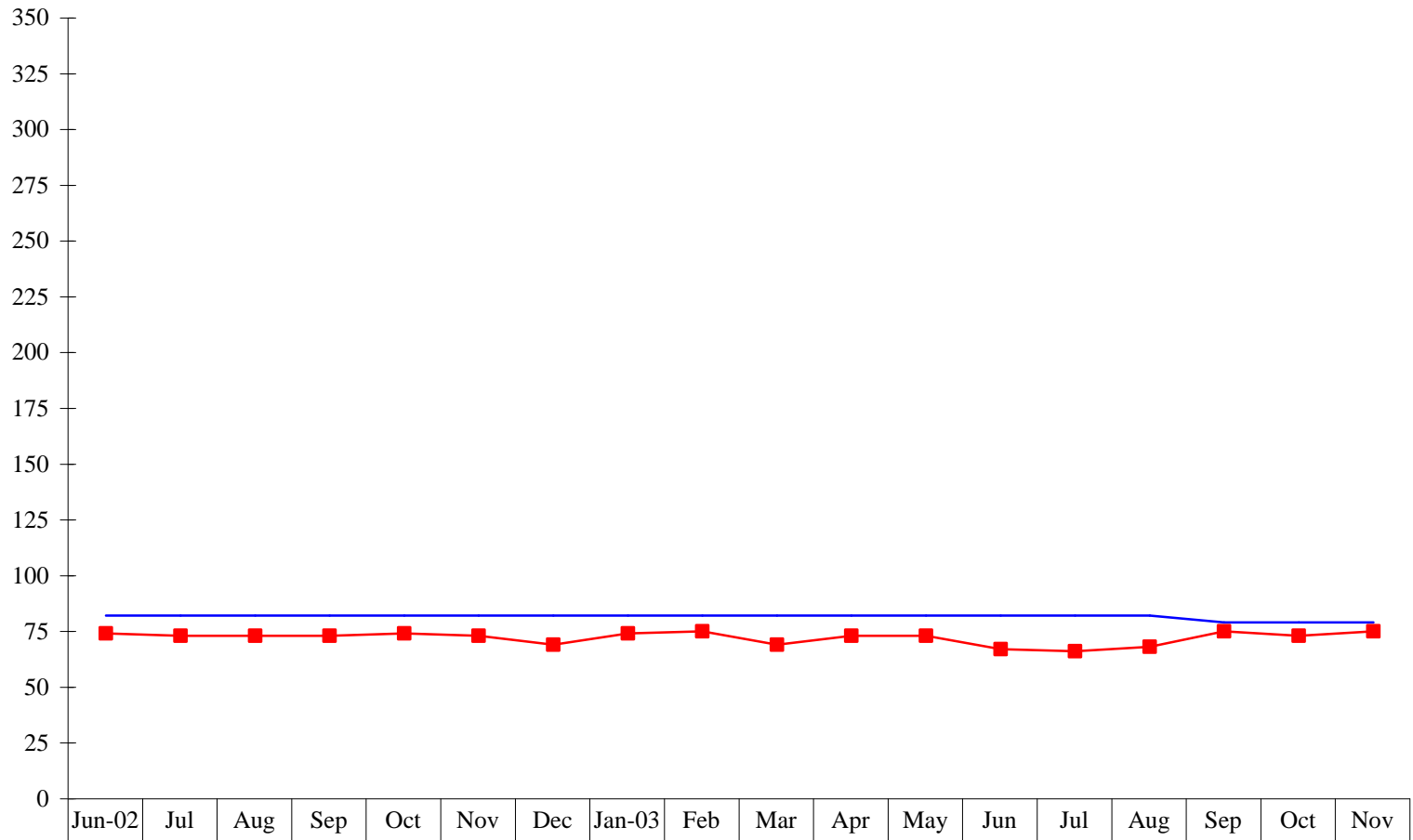
Measure 1C - Average Daily Census
Terrell State Hospital

Average Daily Census



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

Average Daily Census



—■— ADC	73	72	72	72	73	72	68	73	74	68	72	72	66	65	67	74	72	74
— Projected Average Daily Census	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	78	78	78

Performance Measure 1D:

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

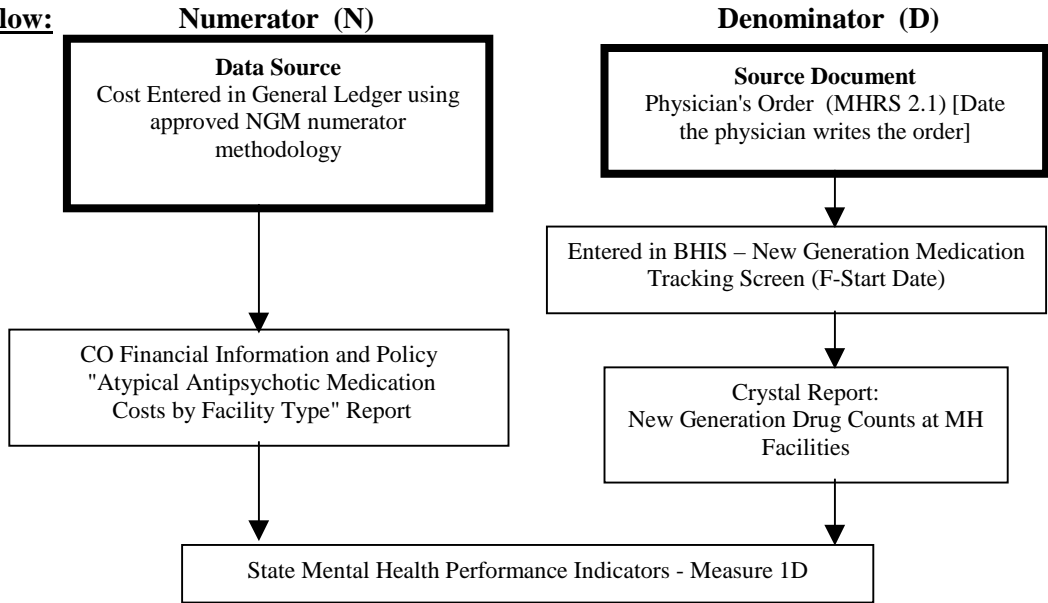
Performance Measure Operational Definition: The facility average monthly cost for new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole) per patient.

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.

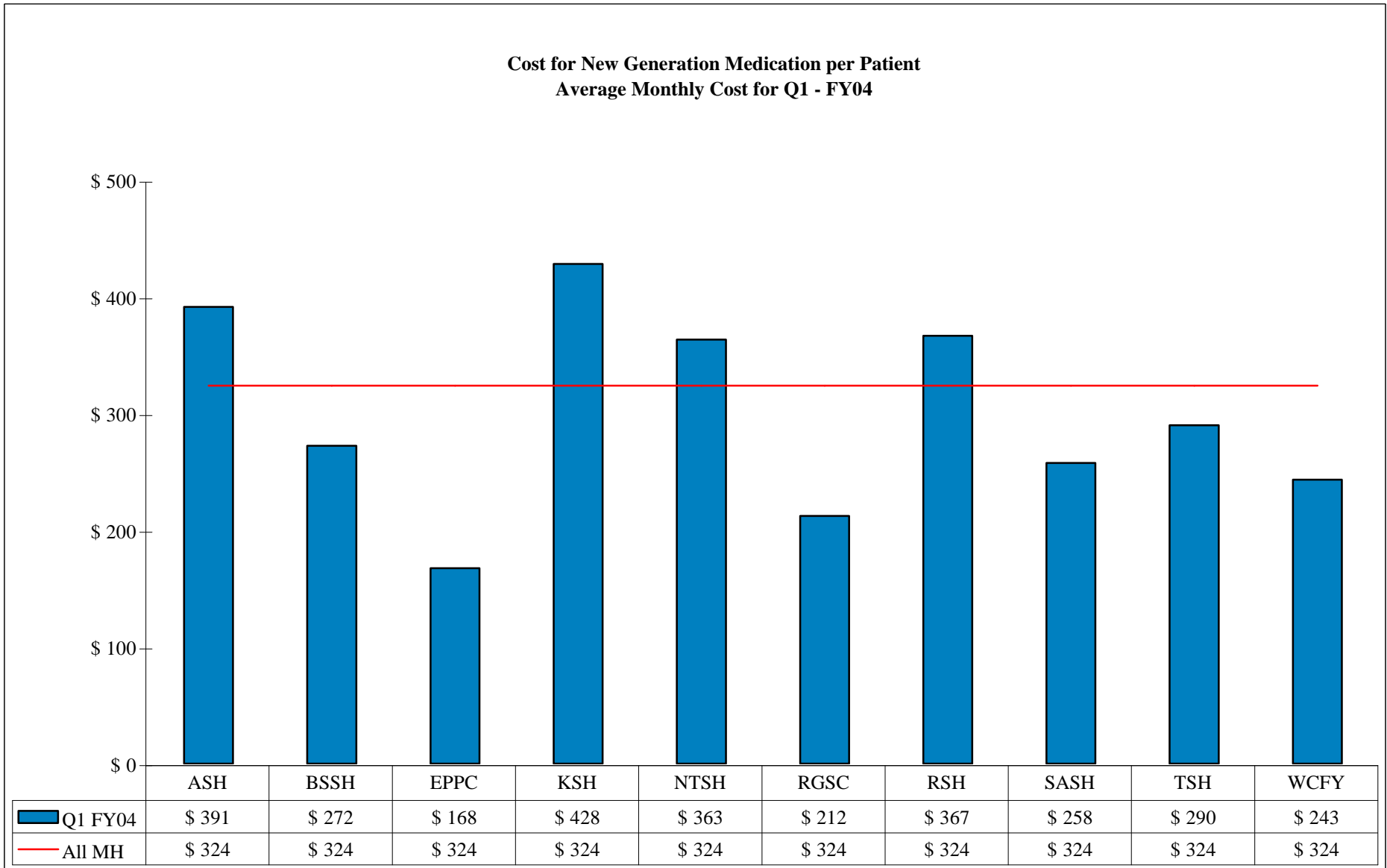
Performance Measure Data Display and Chart Description:

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

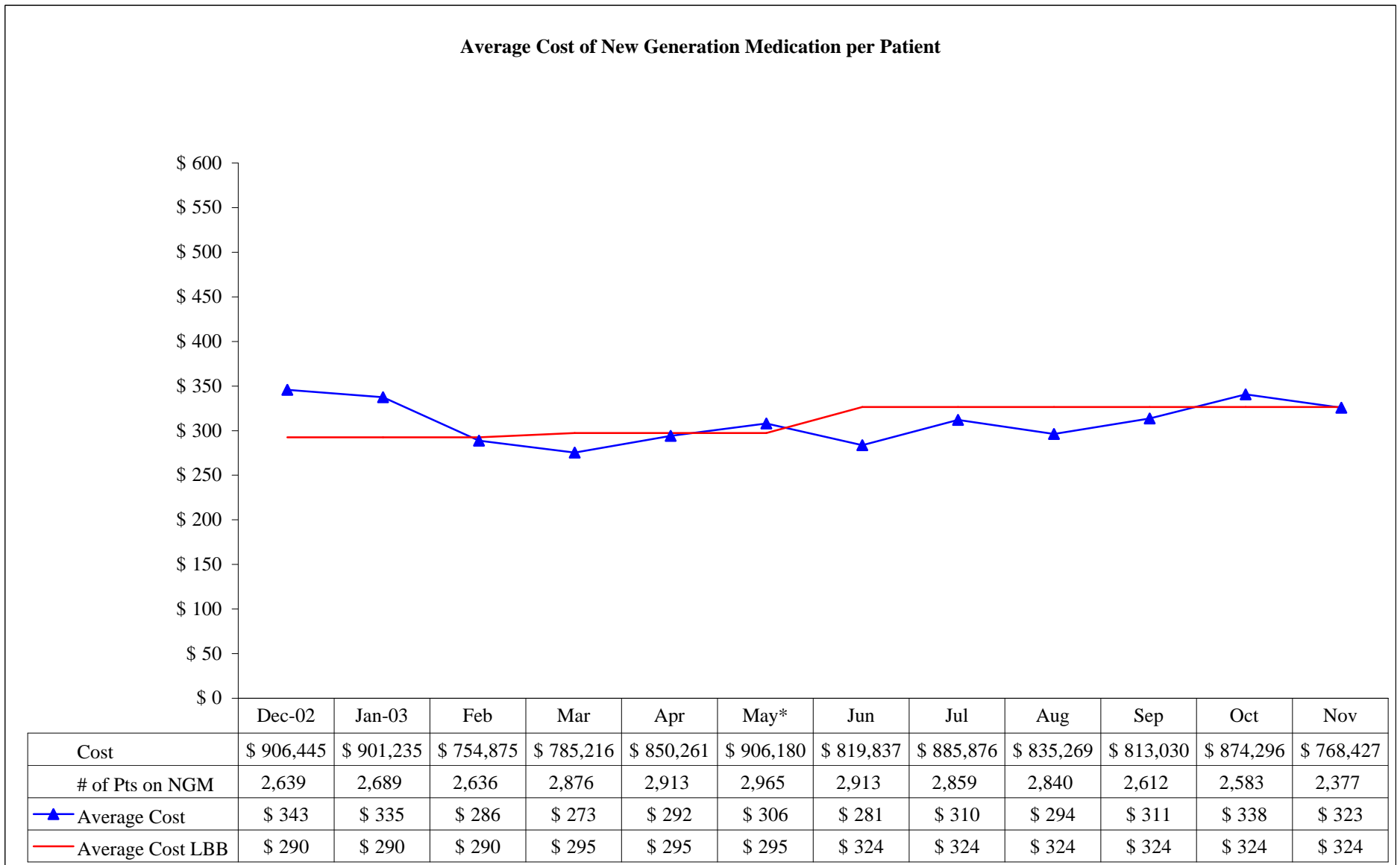
Data Flow:



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



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

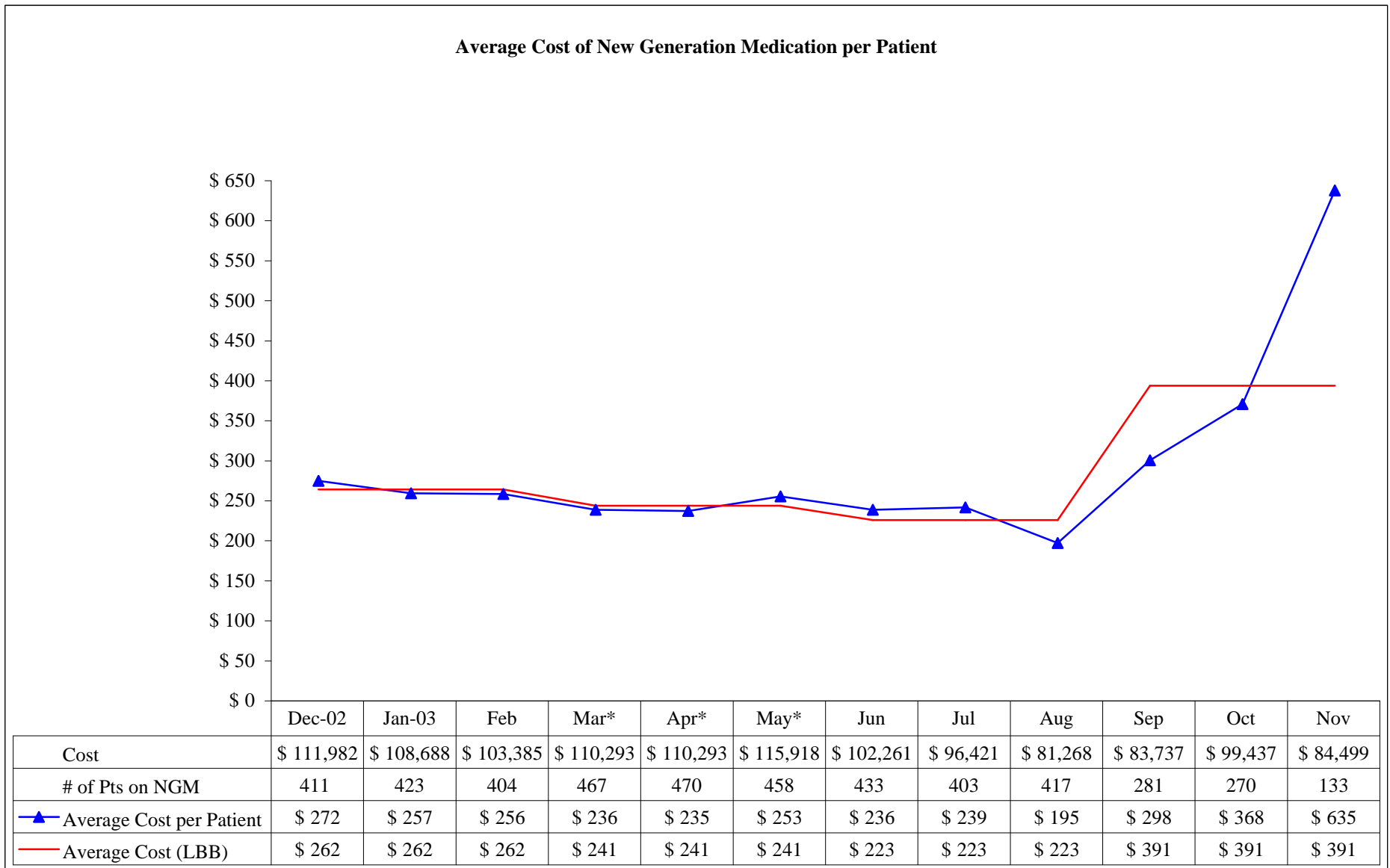


*May Revised

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
Austin State Hospital**



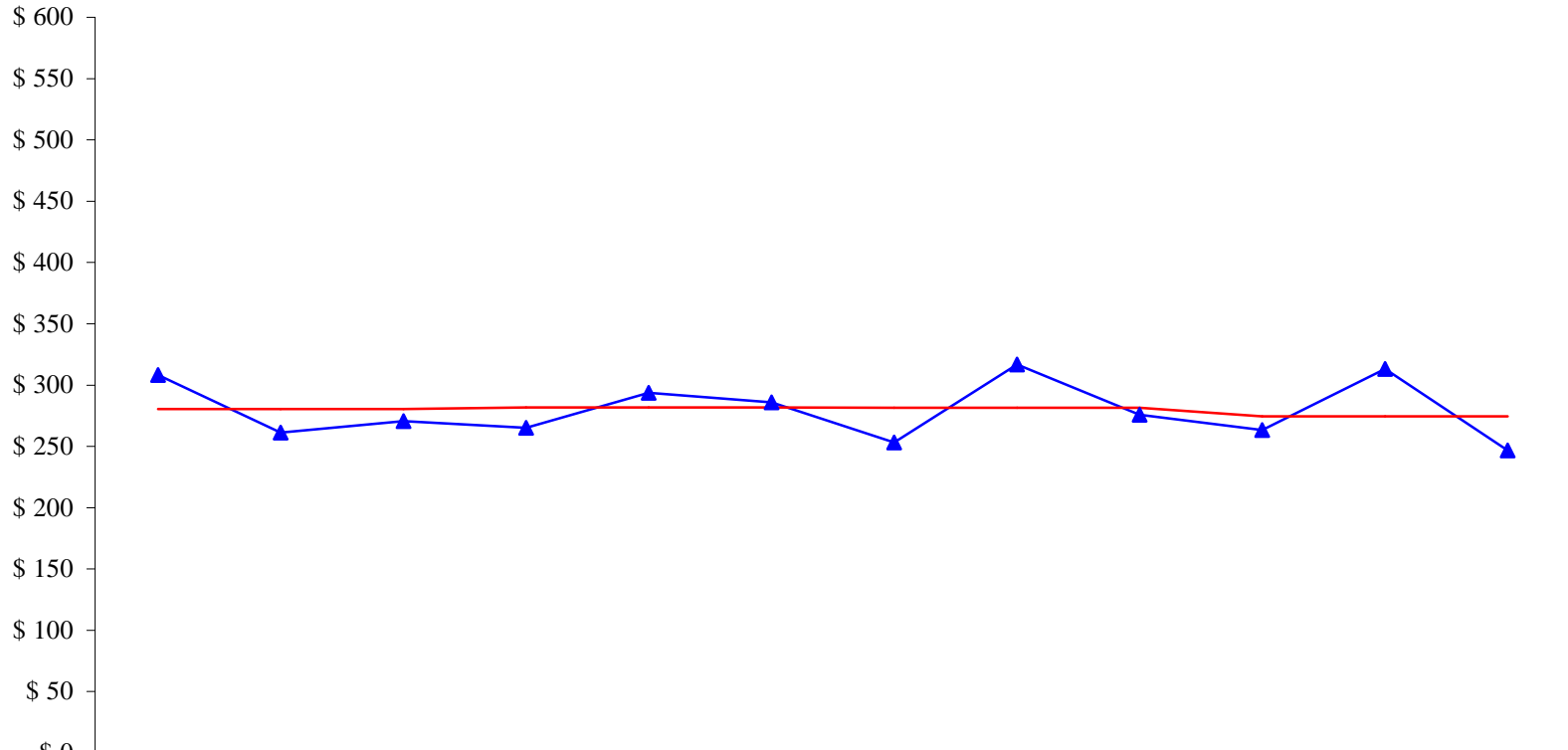
*Due to accounting problems, March and April costs are averaged.

*May Revised

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



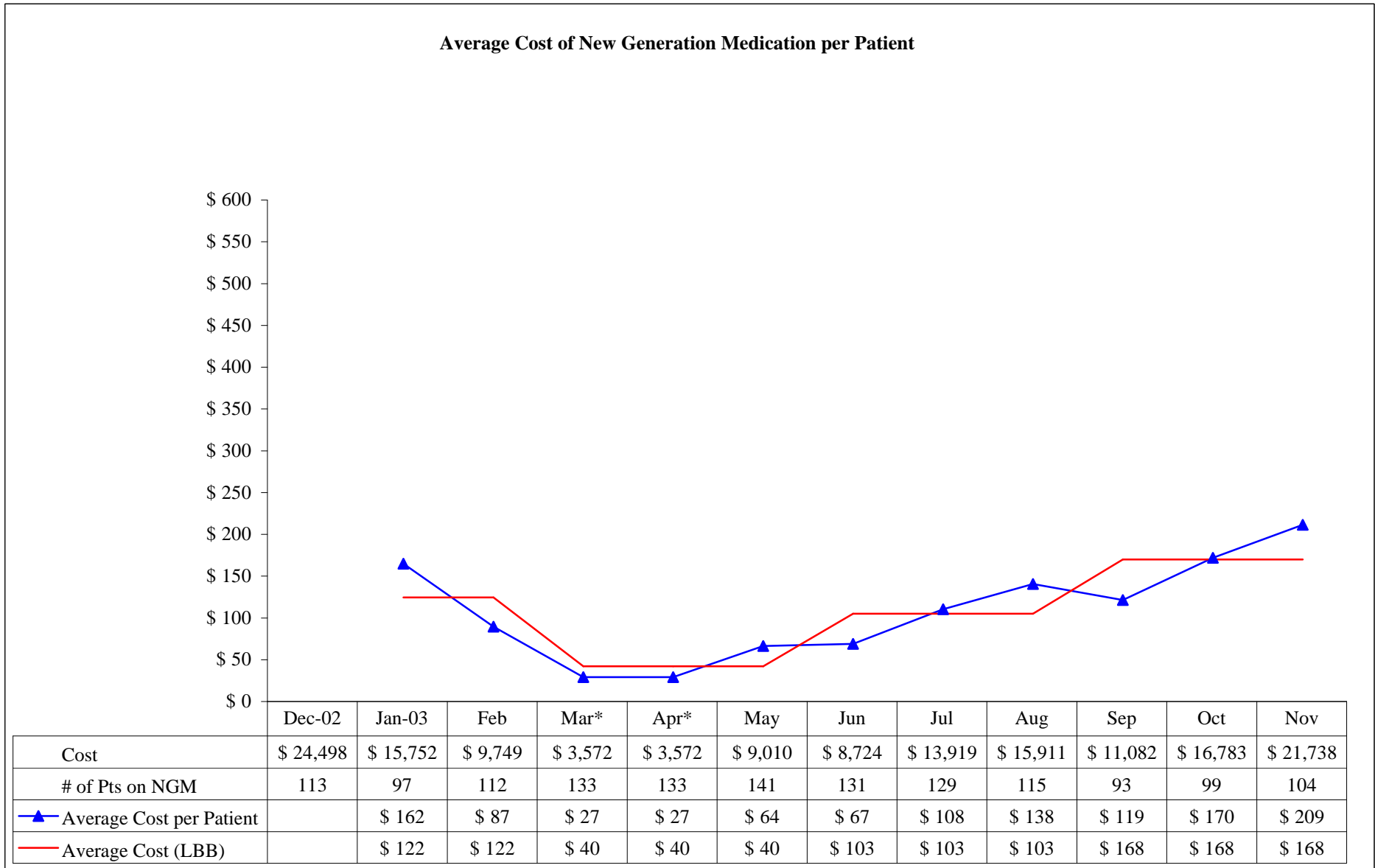
	Dec-02	Jan-03	Feb	Mar	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov
Cost	\$ 65,210	\$ 54,919	\$ 49,123	\$ 49,450	\$ 57,418	\$ 56,469	\$ 50,451	\$ 60,436	\$ 50,054	\$ 51,439	\$ 56,001	\$ 42,078
# of Pts on NGM	213	212	183	188	197	199	201	192	183	197	180	172
▲ Average Cost per Patient	\$ 306	\$ 259	\$ 268	\$ 263.03	\$ 291	\$ 284	\$ 251.00	\$ 315	\$ 274	\$ 261	\$ 311	\$ 245
— Average Cost (LBB)	\$ 278	\$ 278	\$ 278	\$ 280	\$ 280	\$ 280	\$ 279	\$ 279	\$ 279	\$ 272	\$ 272	\$ 272

*May Revised

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**

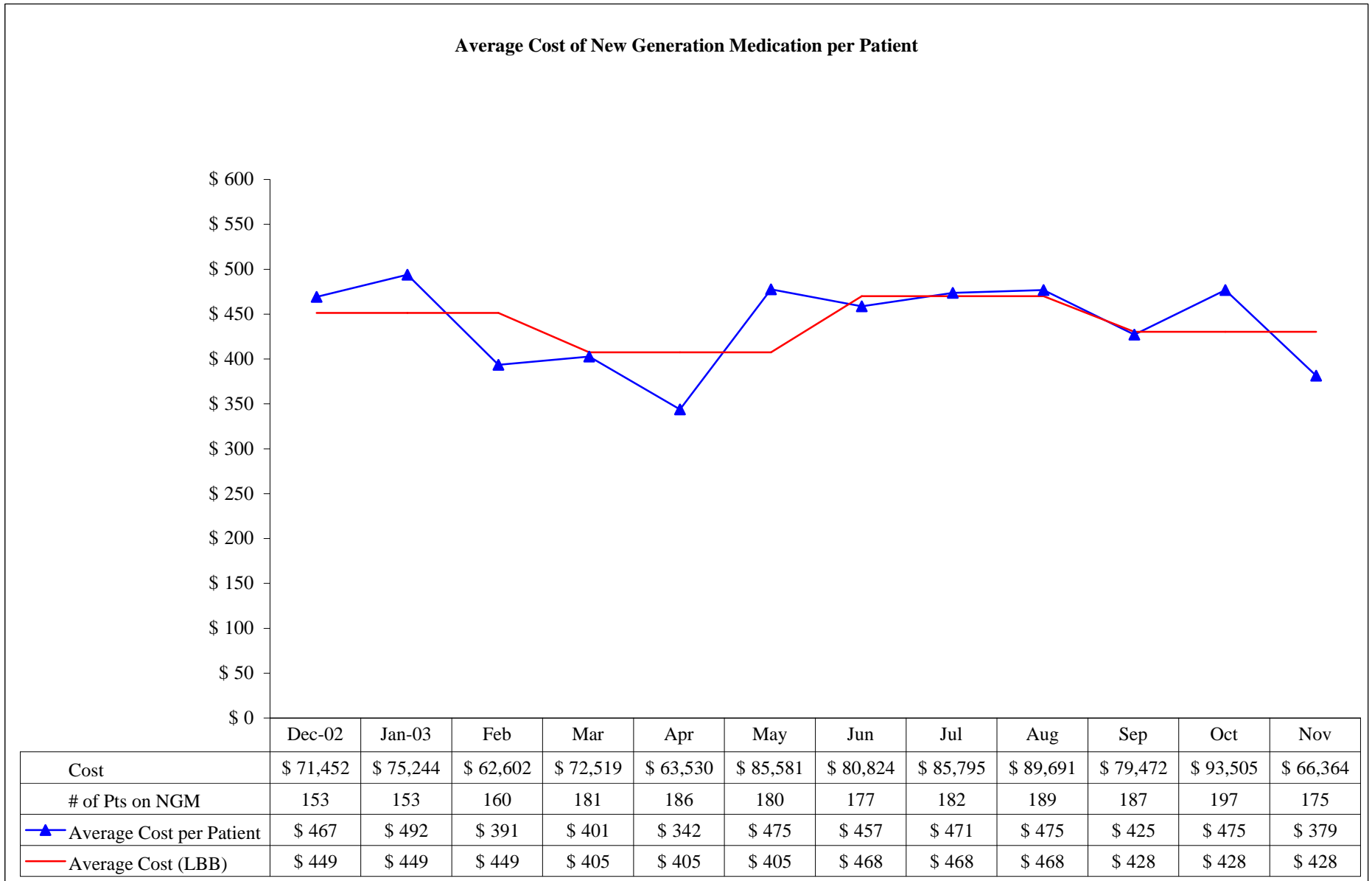
Average Cost of New Generation Medication per Patient



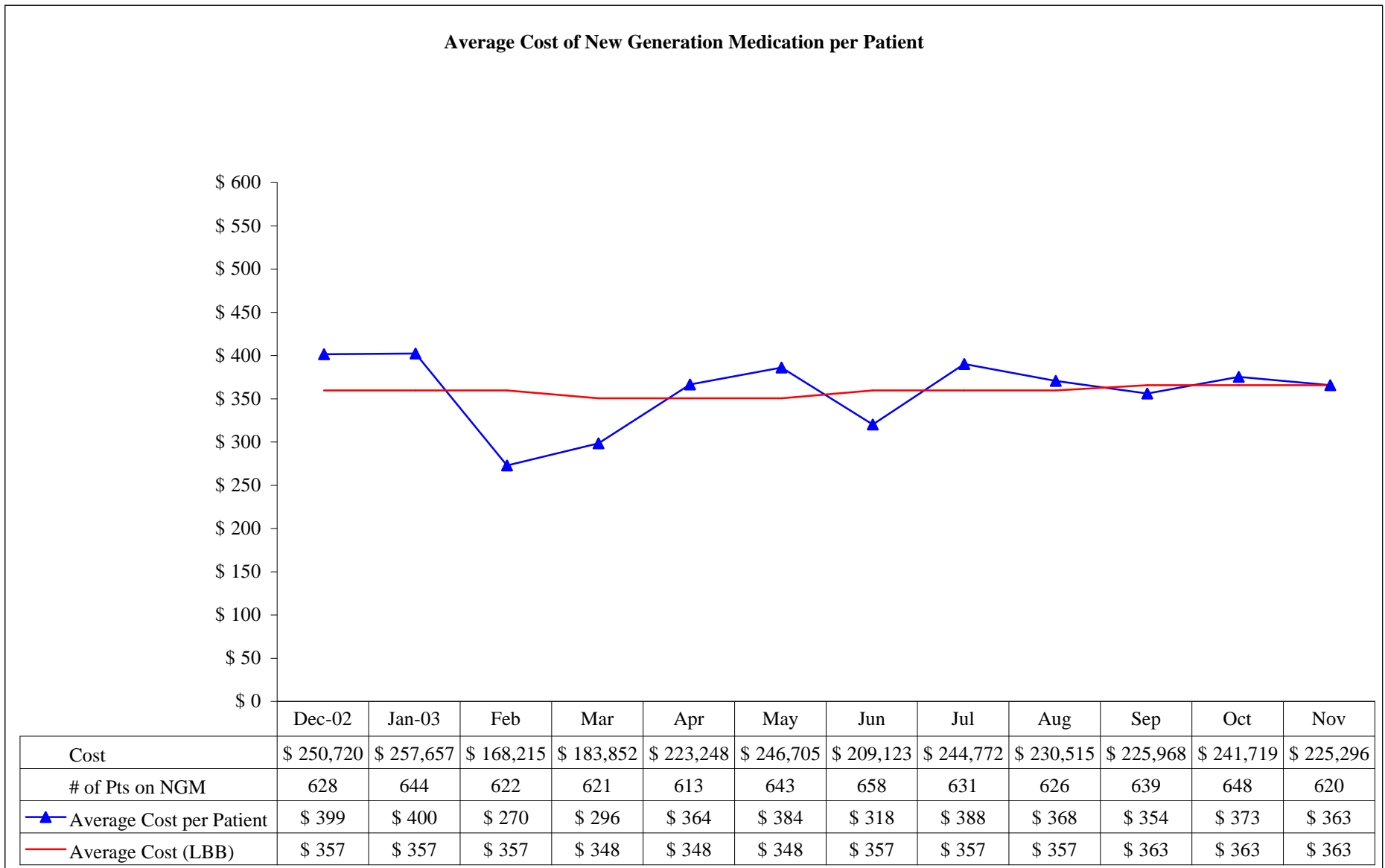
*Due to accounting problems, March and April costs are averaged.

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

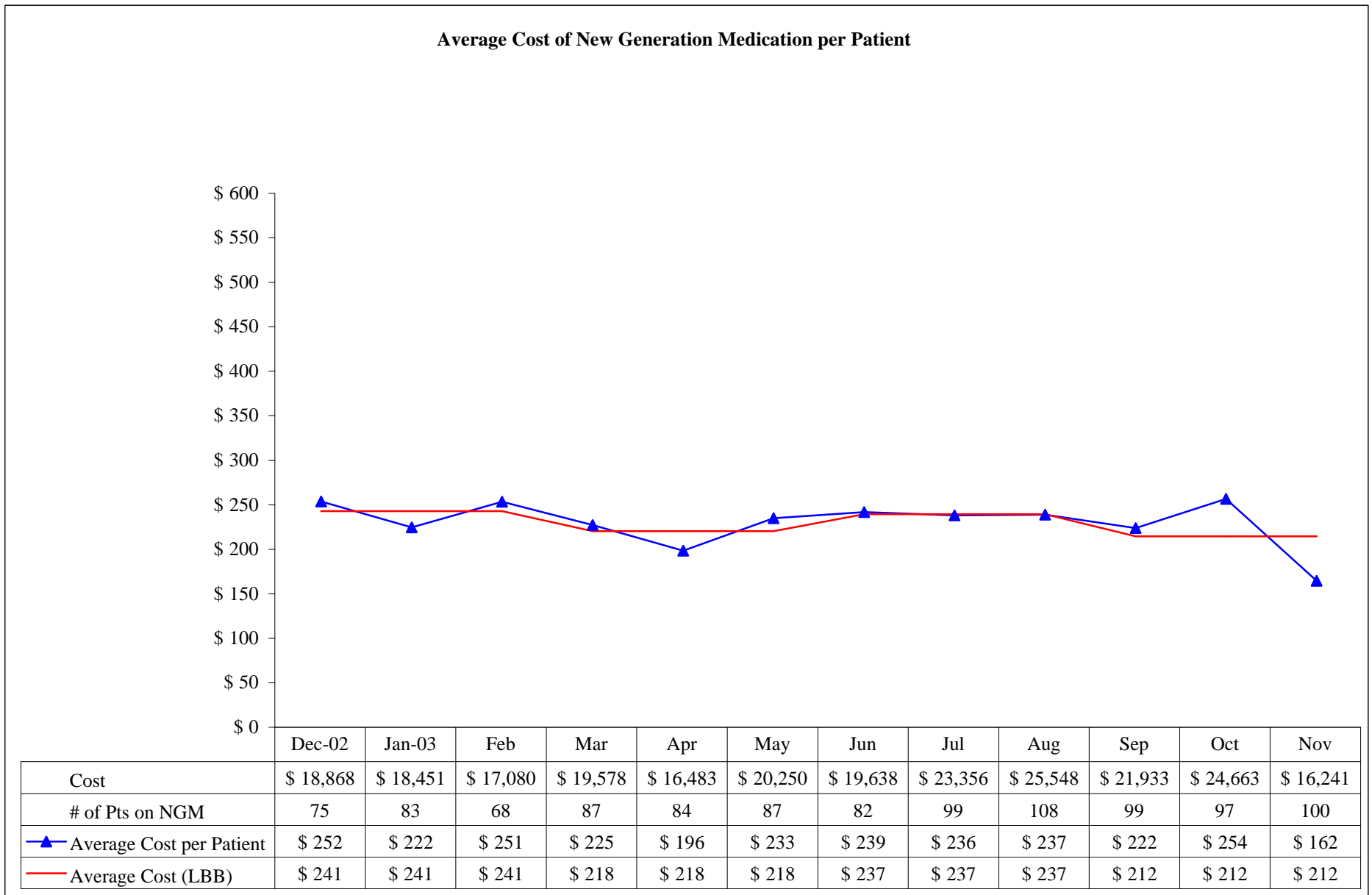
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Kerrville State Hospital**



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

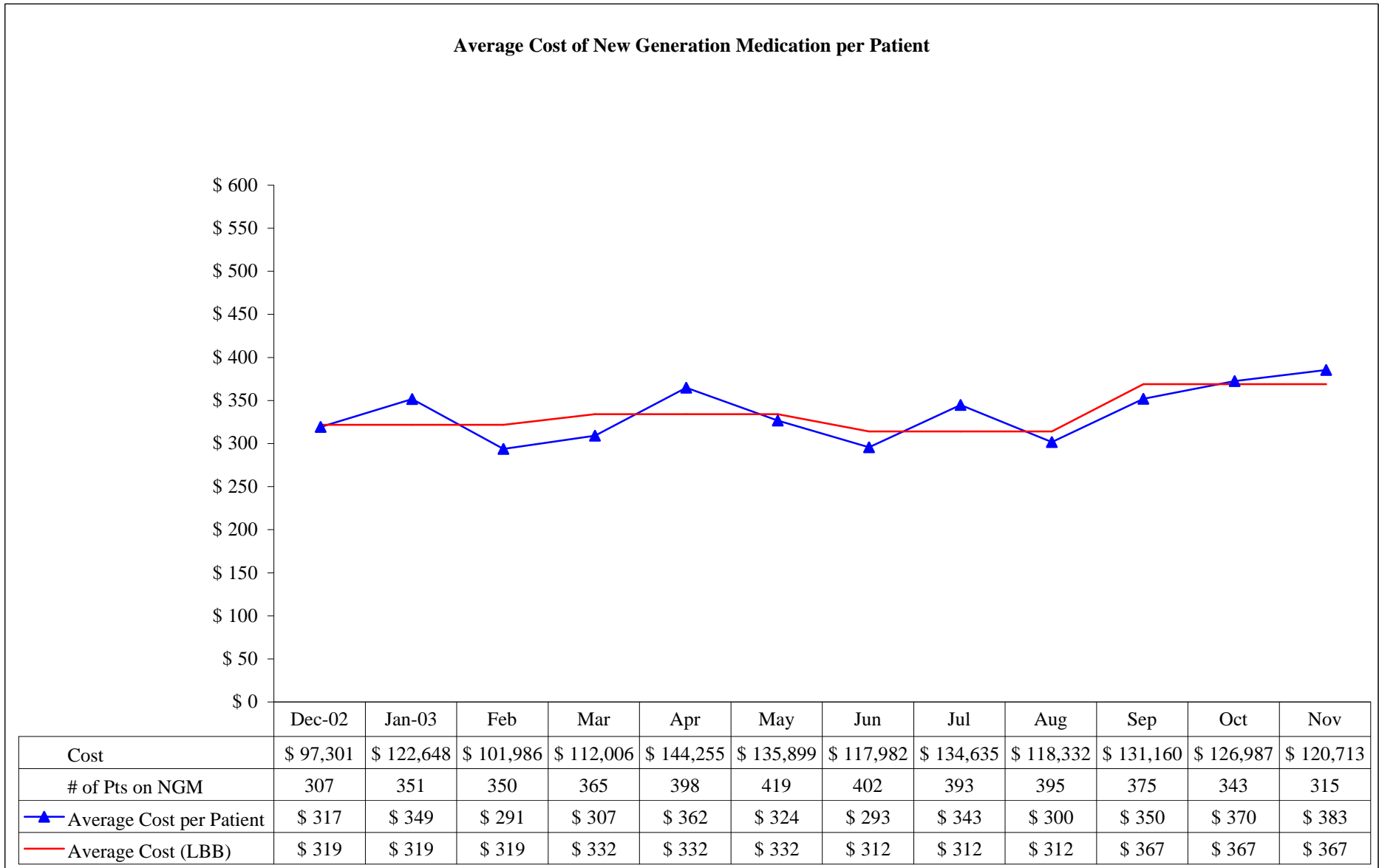


**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Rio Grande State Center (MH only)**

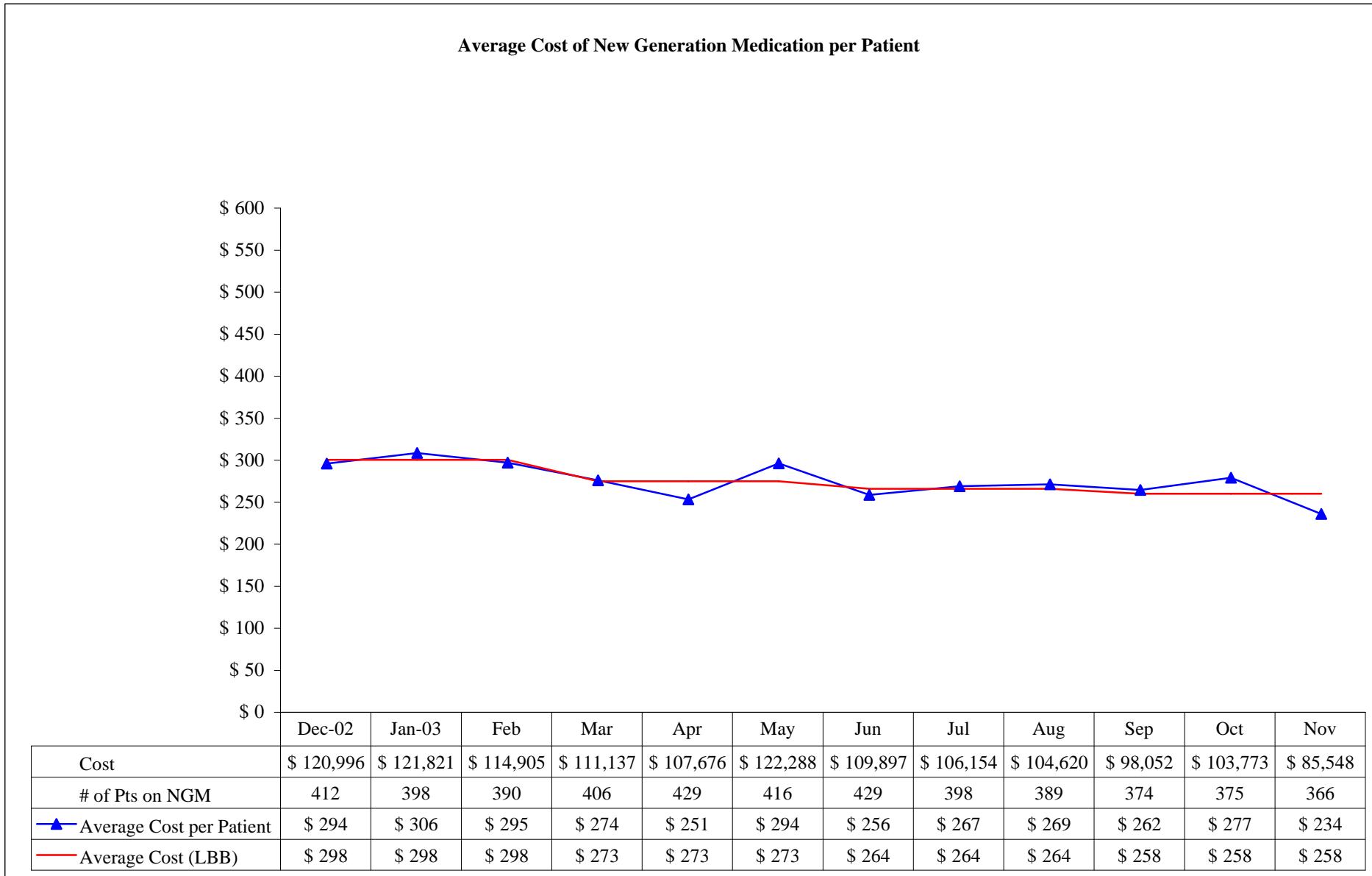


Source: Atypical Antipsychotic Medication Expenses;
New Generation Drug Counts at MH Facilities (BHIS Report)

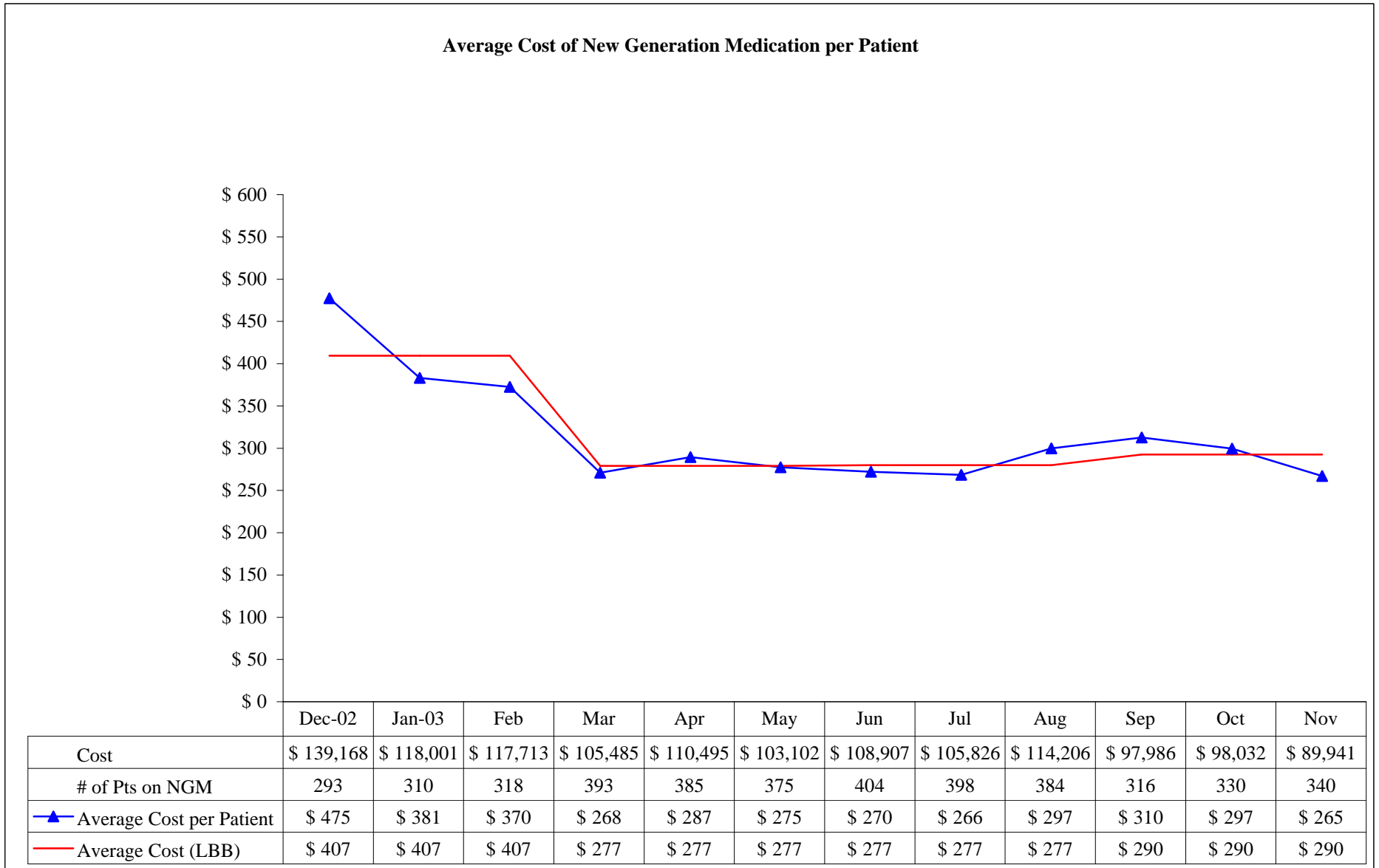
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
Rusk State Hospital**



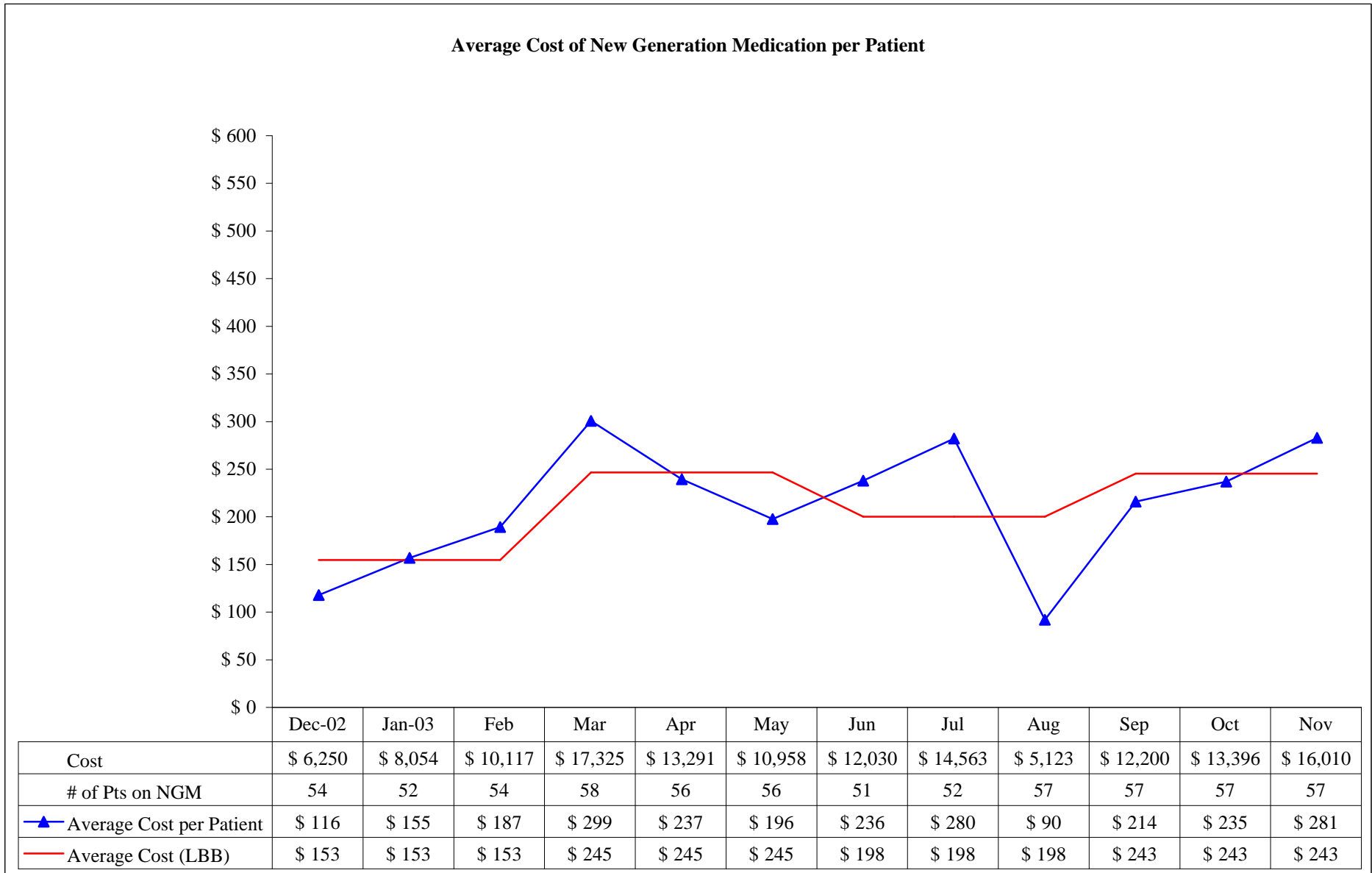
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
San Antonio State Hospital**



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



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



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

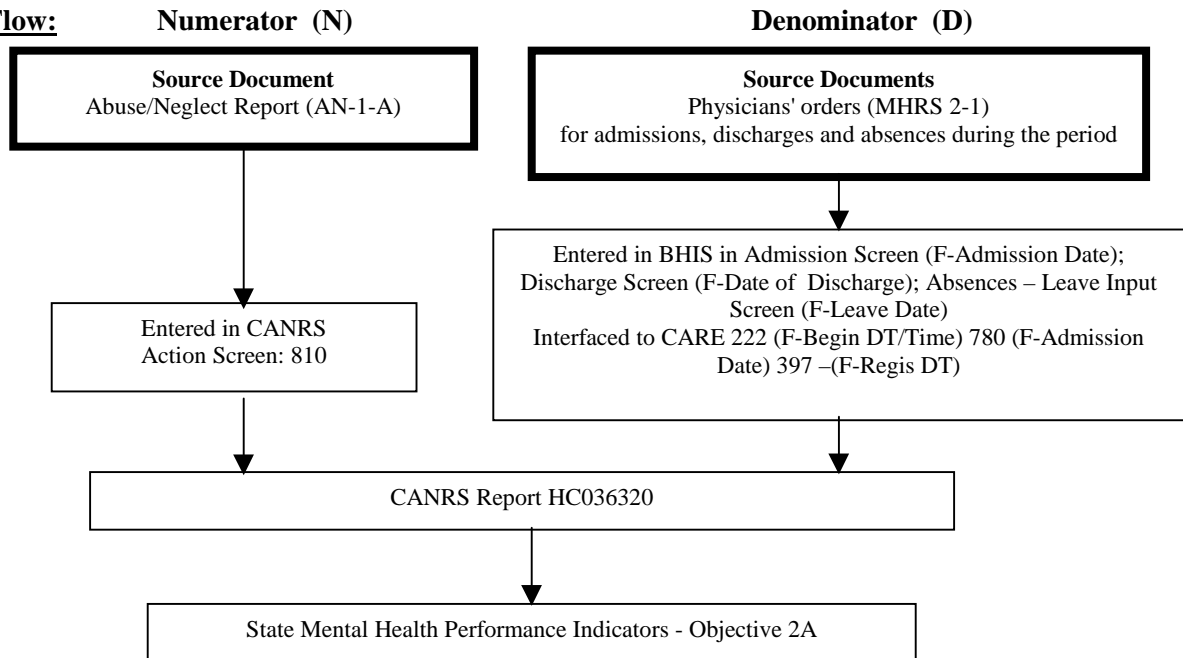
N = number of confirmed closed cases per FY (*when multiple confirmations are entered for a single case number on a single day, they are counted only as one in the abuse/neglect category incident (class I, II, verbal) of the most severe incident*).

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 November 30, 2003

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	17	136	48	22	223
Total Confirmed	277	220	211	193	175	0	2	0	2	4
Total Confirmed Rate/1000 Bed Days	0.31	0.22	0.24	0.23	0.21	0.00	0.01	0.00	0.01	0.02

*FY03 has been updated.

Performance Objective 2B:

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

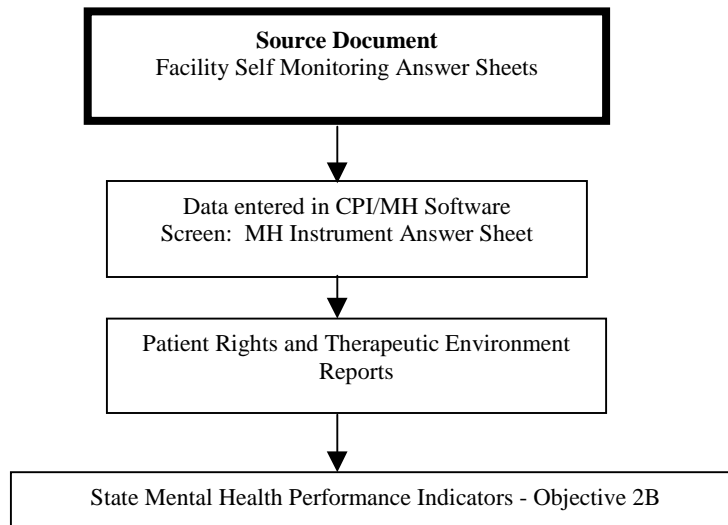
Performance Objective Operational Definition: Scores from the CPI Patient Rights Parts I, II and III assessment.

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

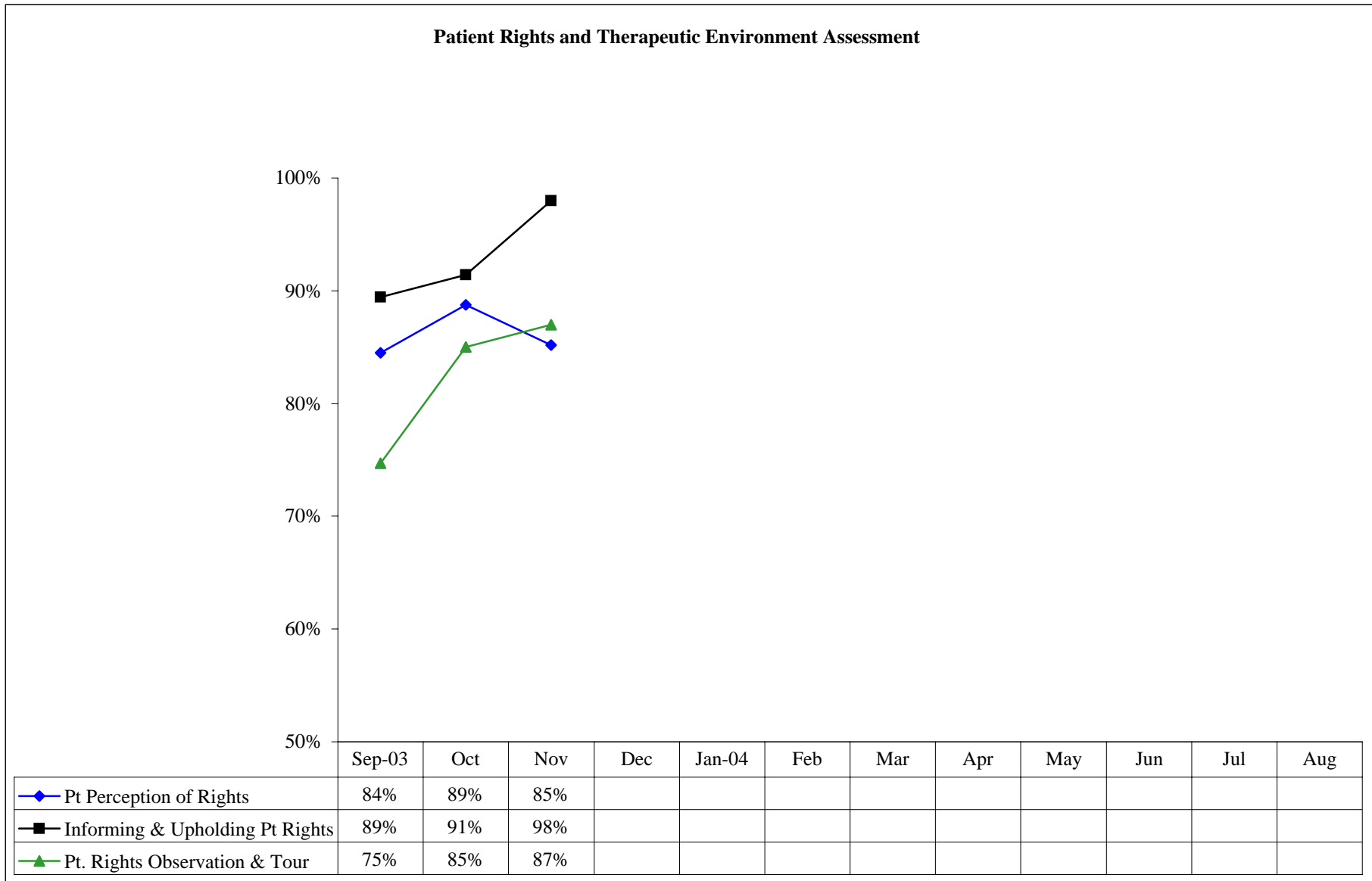
Performance Objective Data Display and Chart Description:

- ◆ 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).

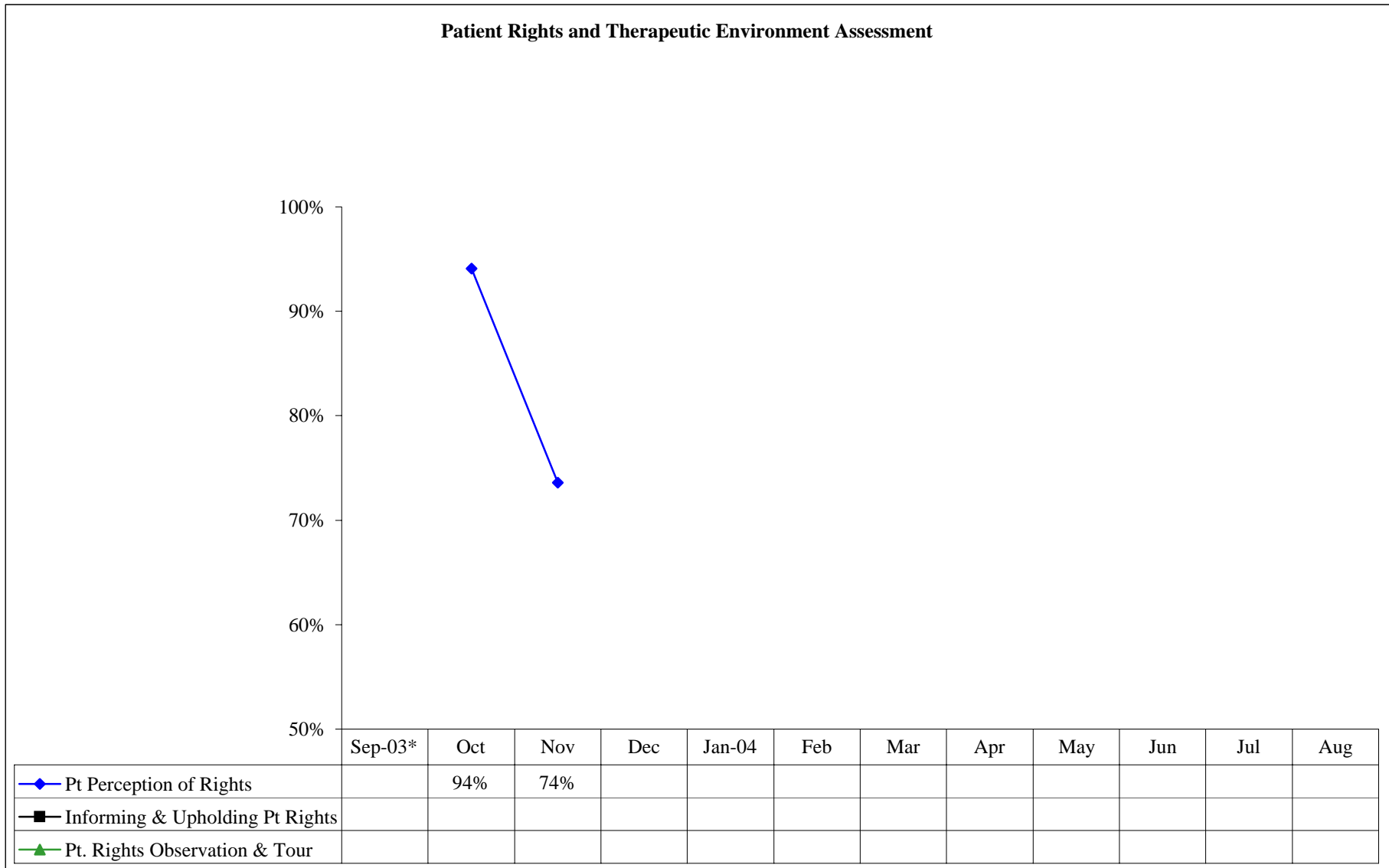
Data Flow:



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

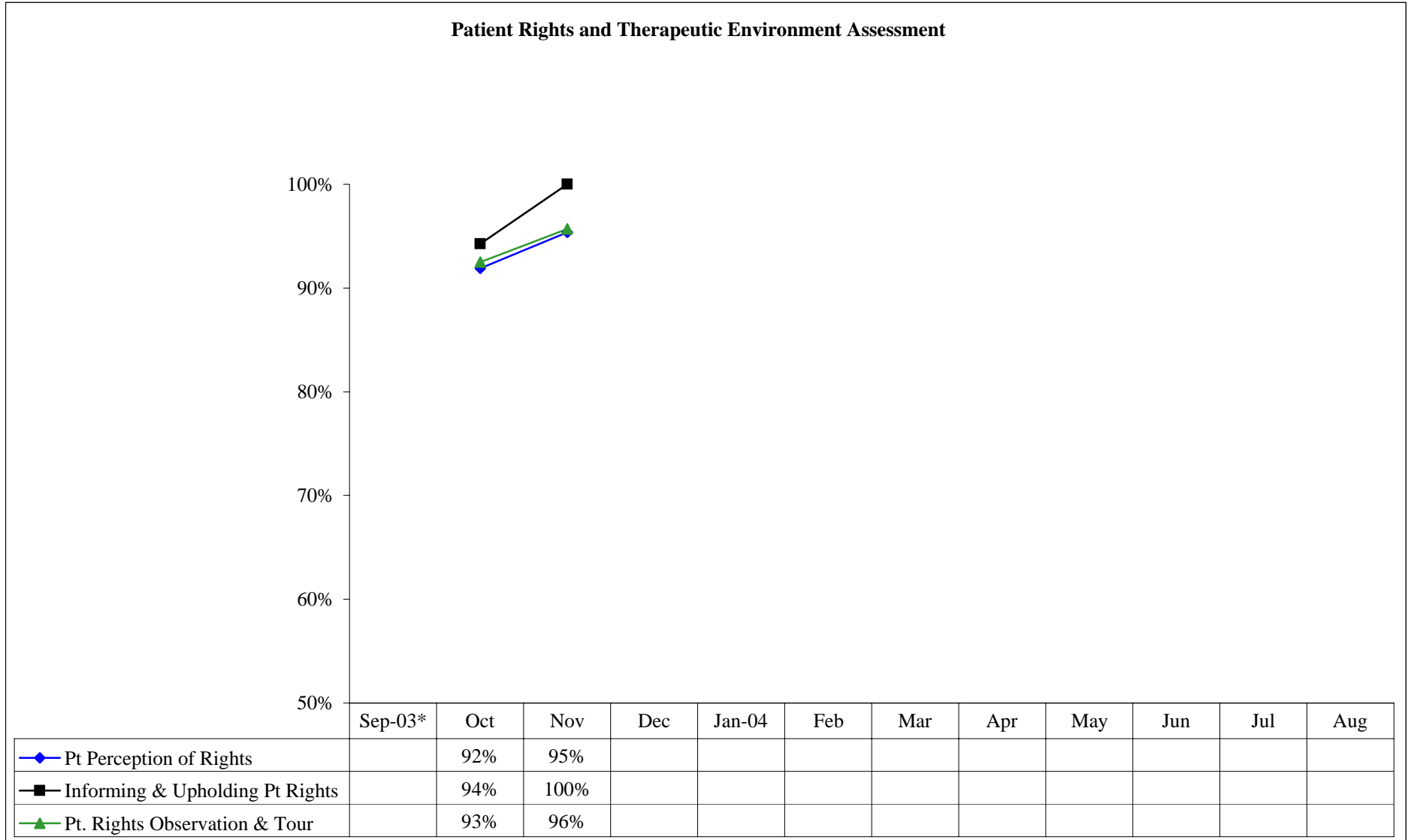


**Objective 2B - Patient Rights and Therapeutic Environment Assessment
Austin State Hospital**



*No scores reported to MDS.

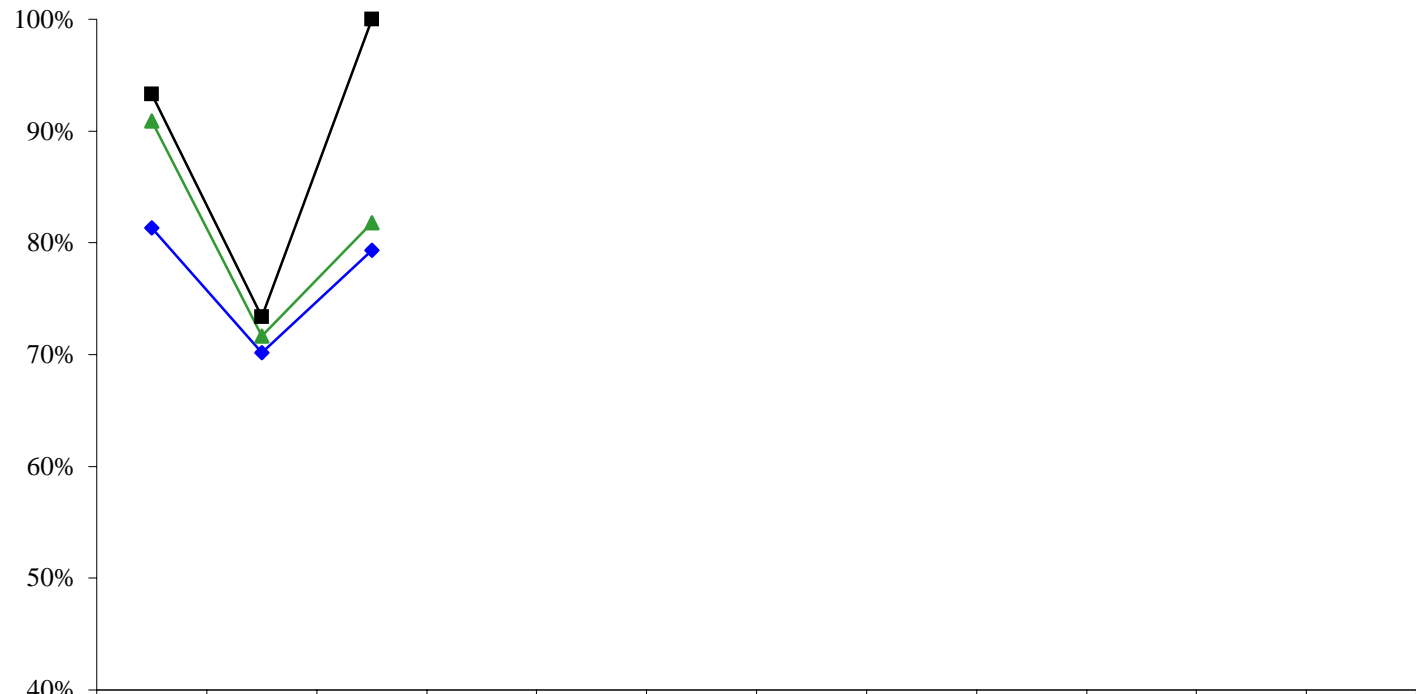
Objective 2B - Patient Rights and Therapeutic Environment Assessment
Big Spring State Hospital



*No scores reported to MDS.

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

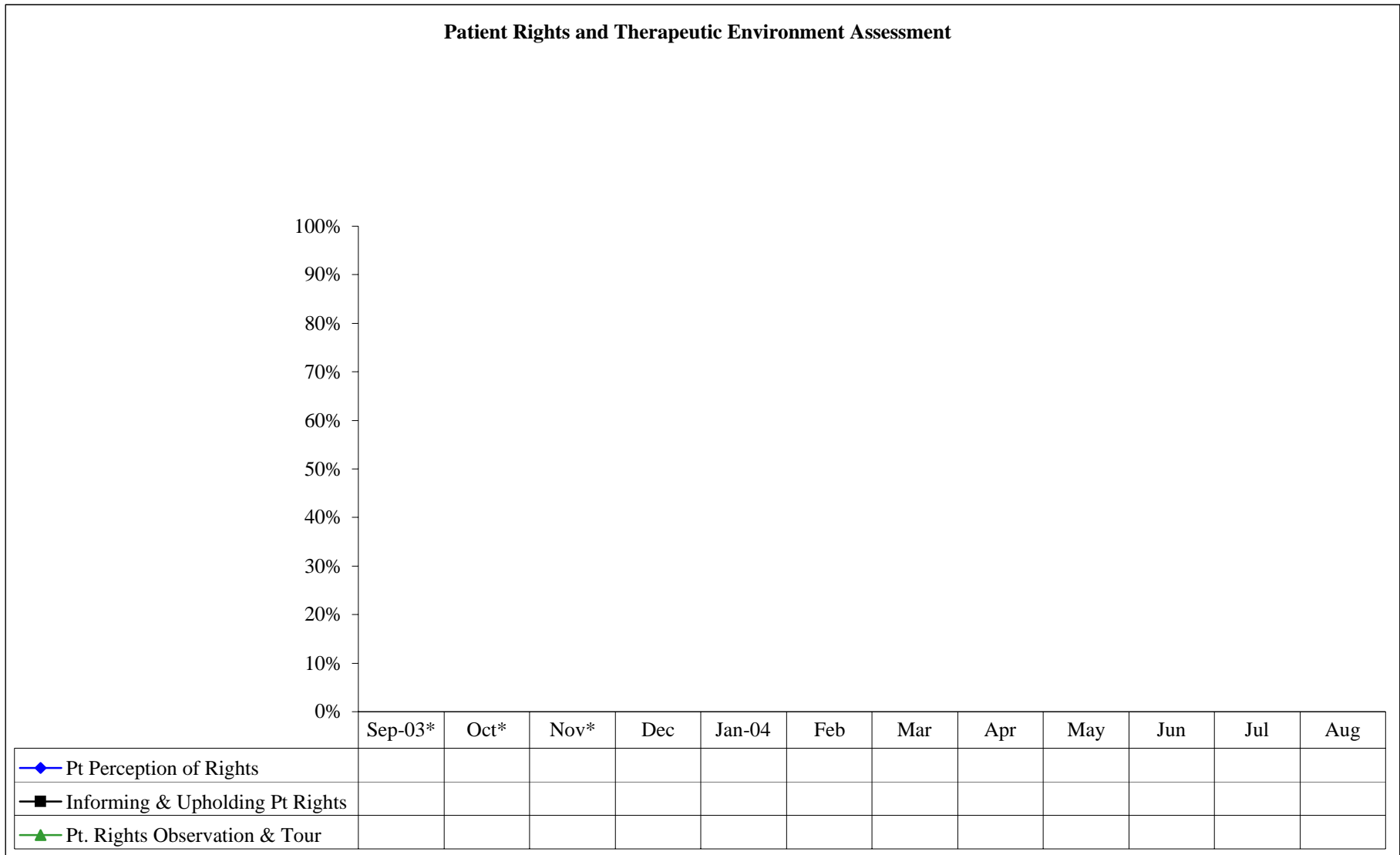
Patient Rights and Therapeutic Environment Assessment



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Pt Perception of Rights	81%	70%	79%									
Informing & Upholding Pt Rights	93%	73%	100%									
Pt. Rights Observation & Tour	91%	72%	82%									

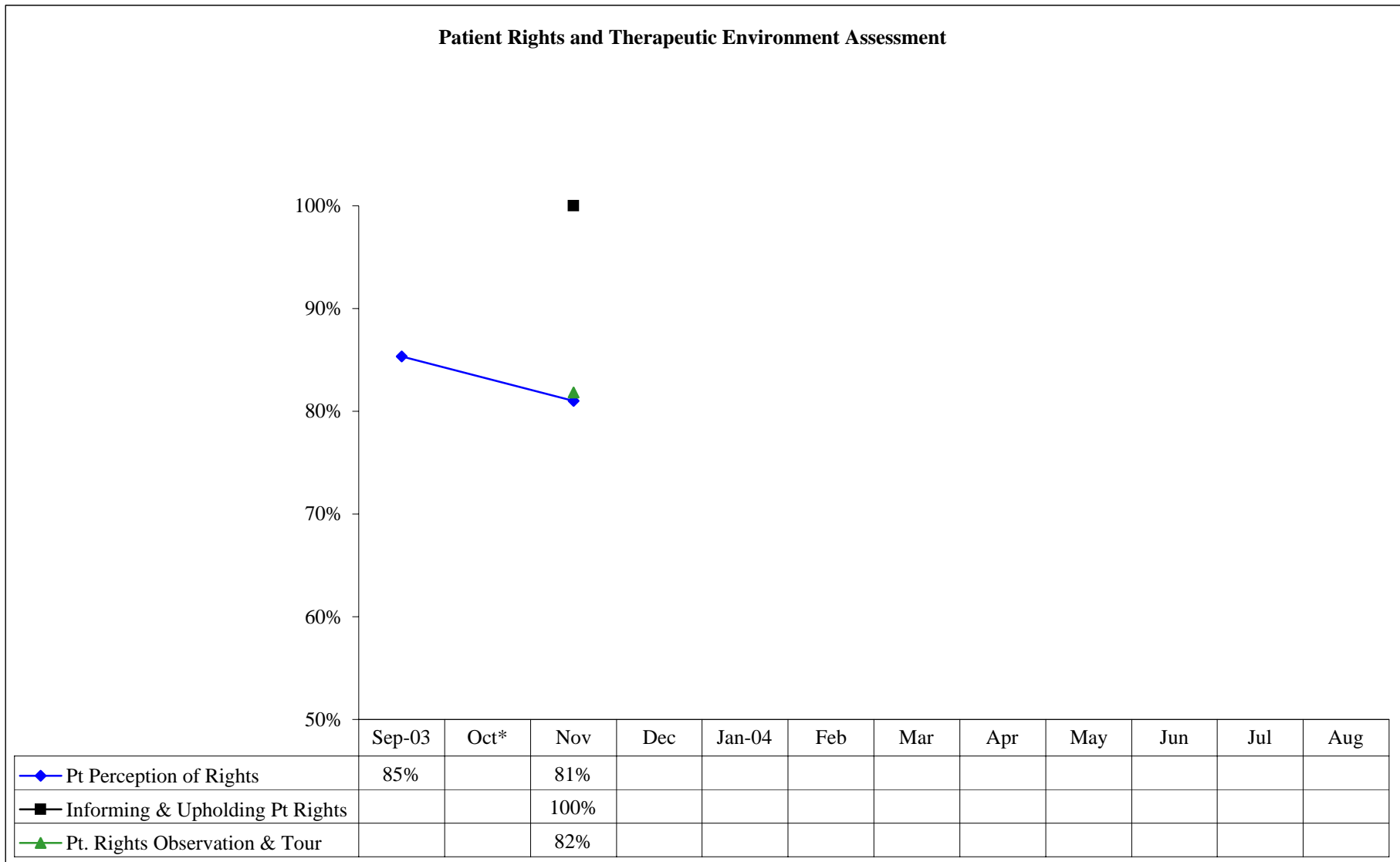
*No scores reported to MDS.

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



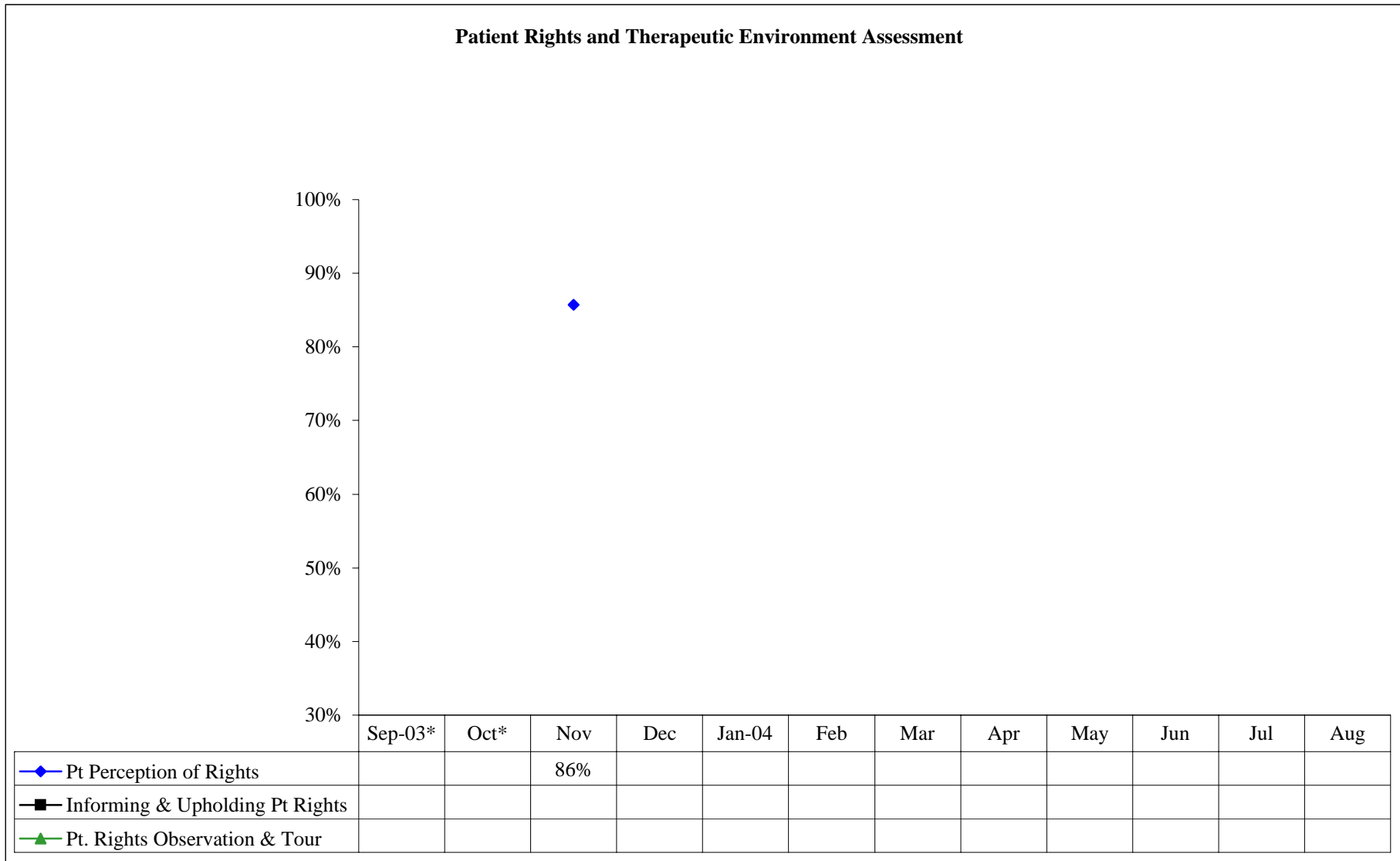
*No scores reported to MDS.

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



*No scores reported to MDS.

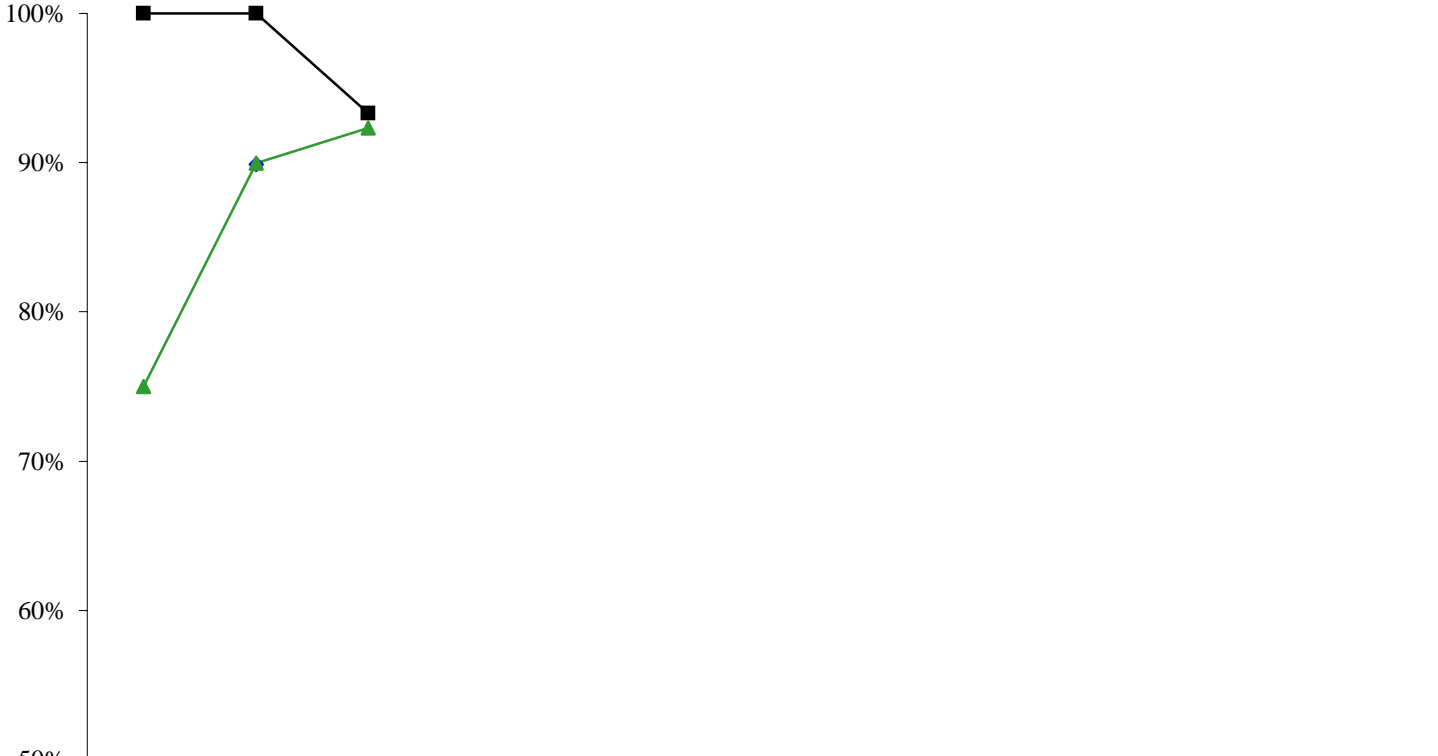
Objective 2B - Patient Rights and Therapeutic Environment Assessment
Rio Grande State Center



*No scores reported to MDS.

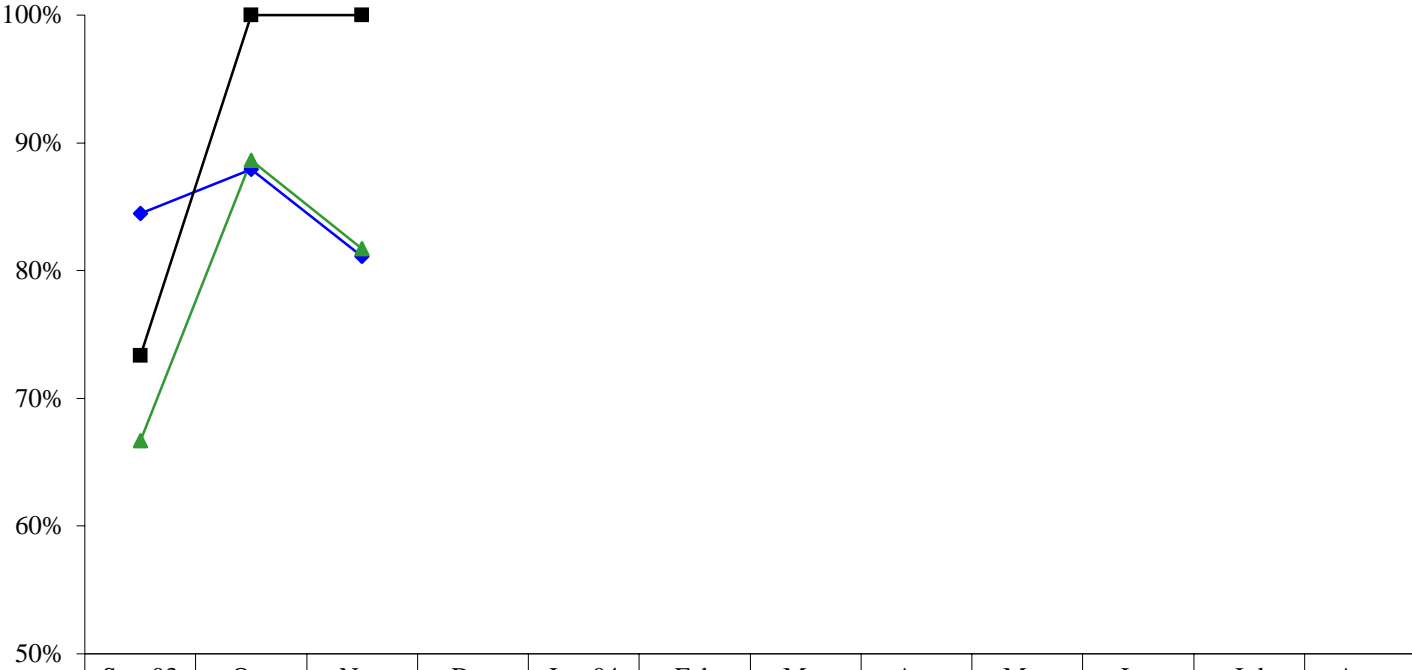
Objective 2B - Patient Rights and Therapeutic Environment Assessment
Rusk State Hospital

Patient Rights and Therapeutic Environment Assessment



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

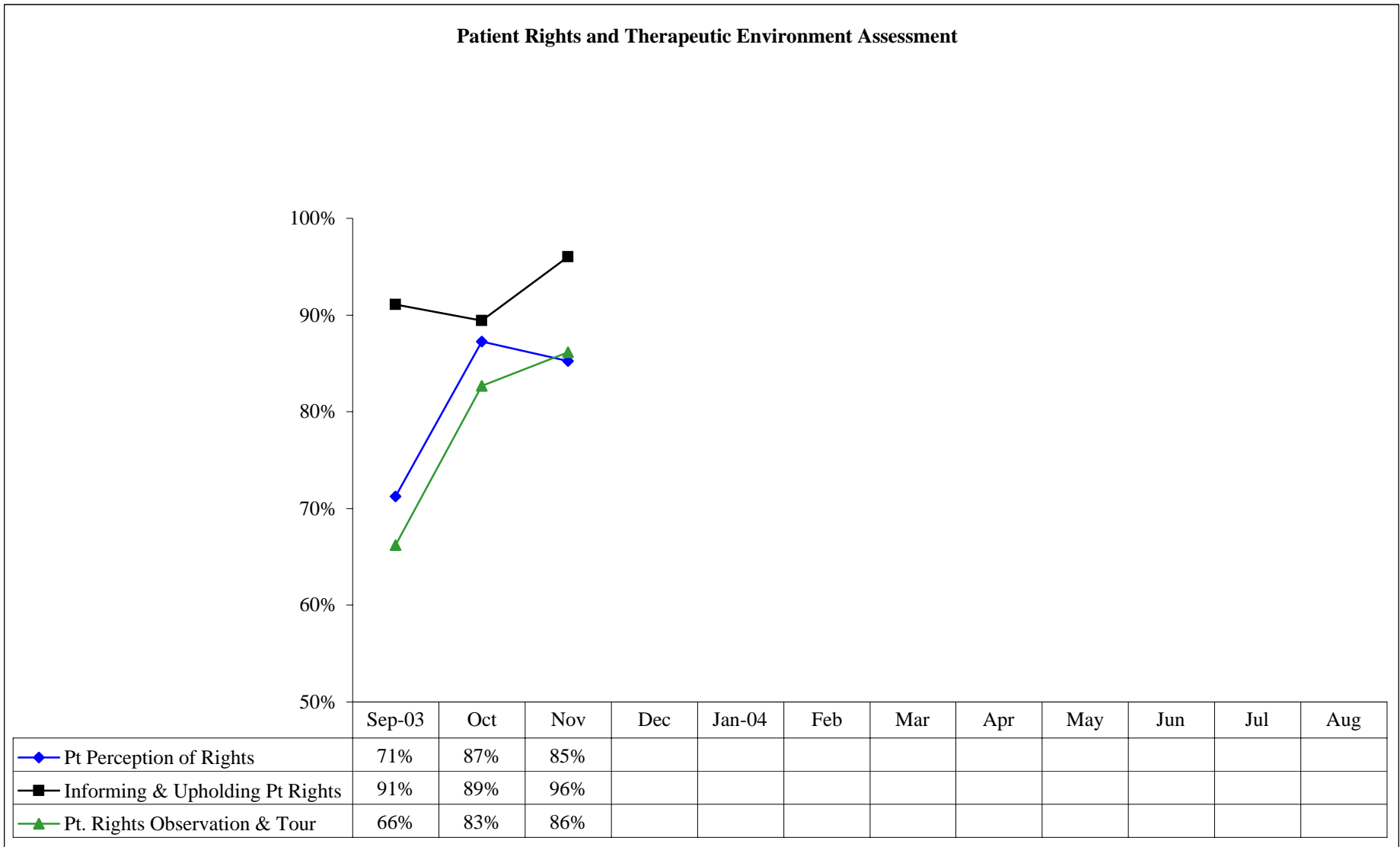
Patient Rights and Therapeutic Environment Assessment



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

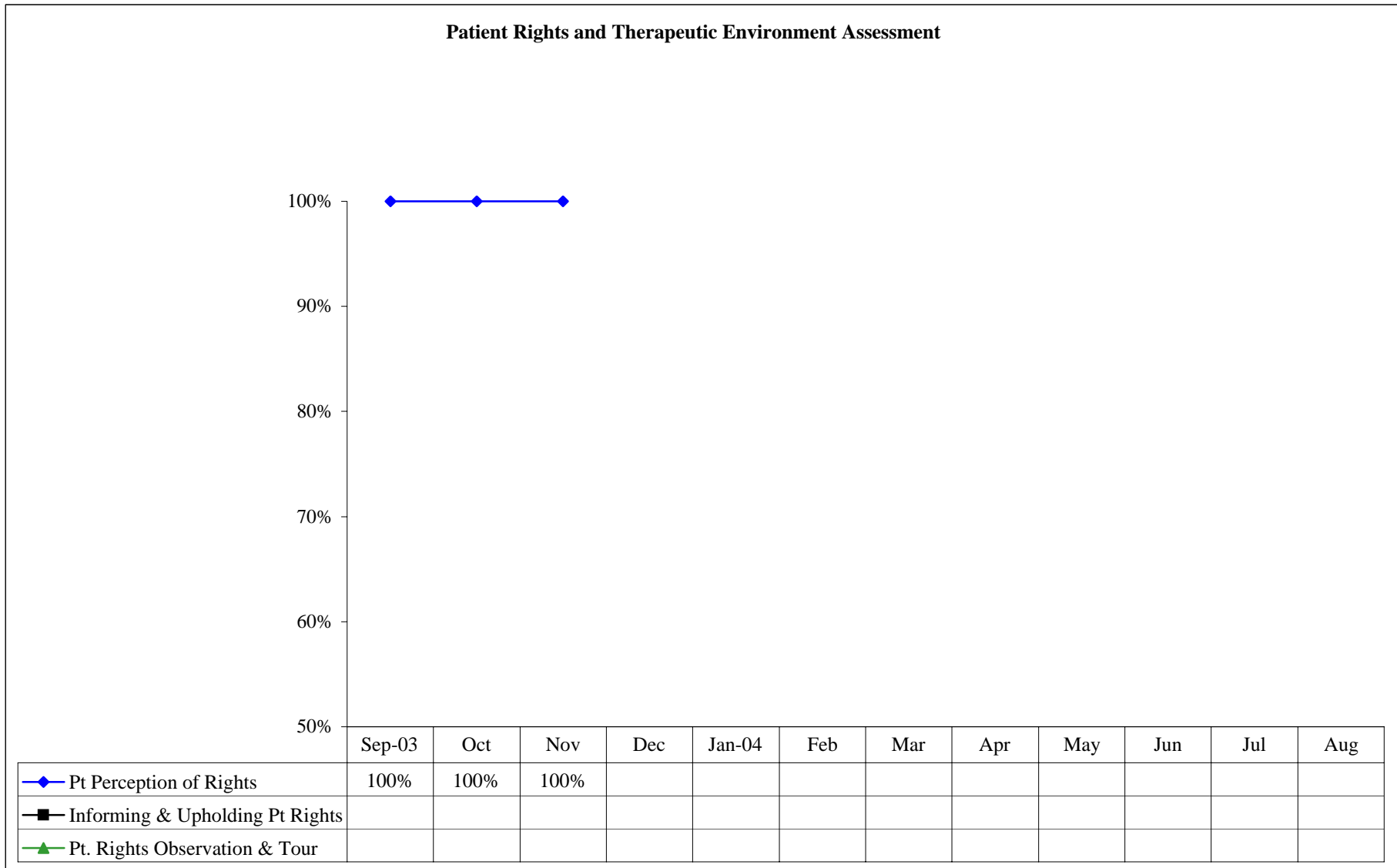
*No scores reported to MDS.

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**



*No scores reported to MDS.

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

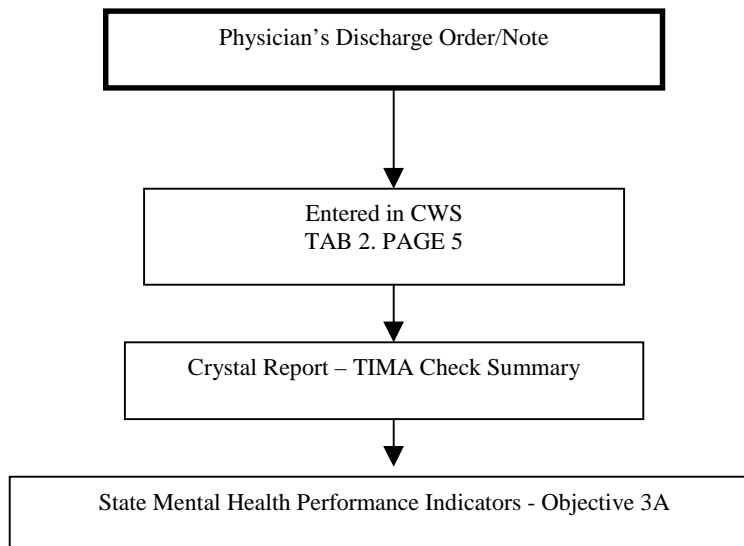
N = patients with episodes that are tracked by TIMA

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

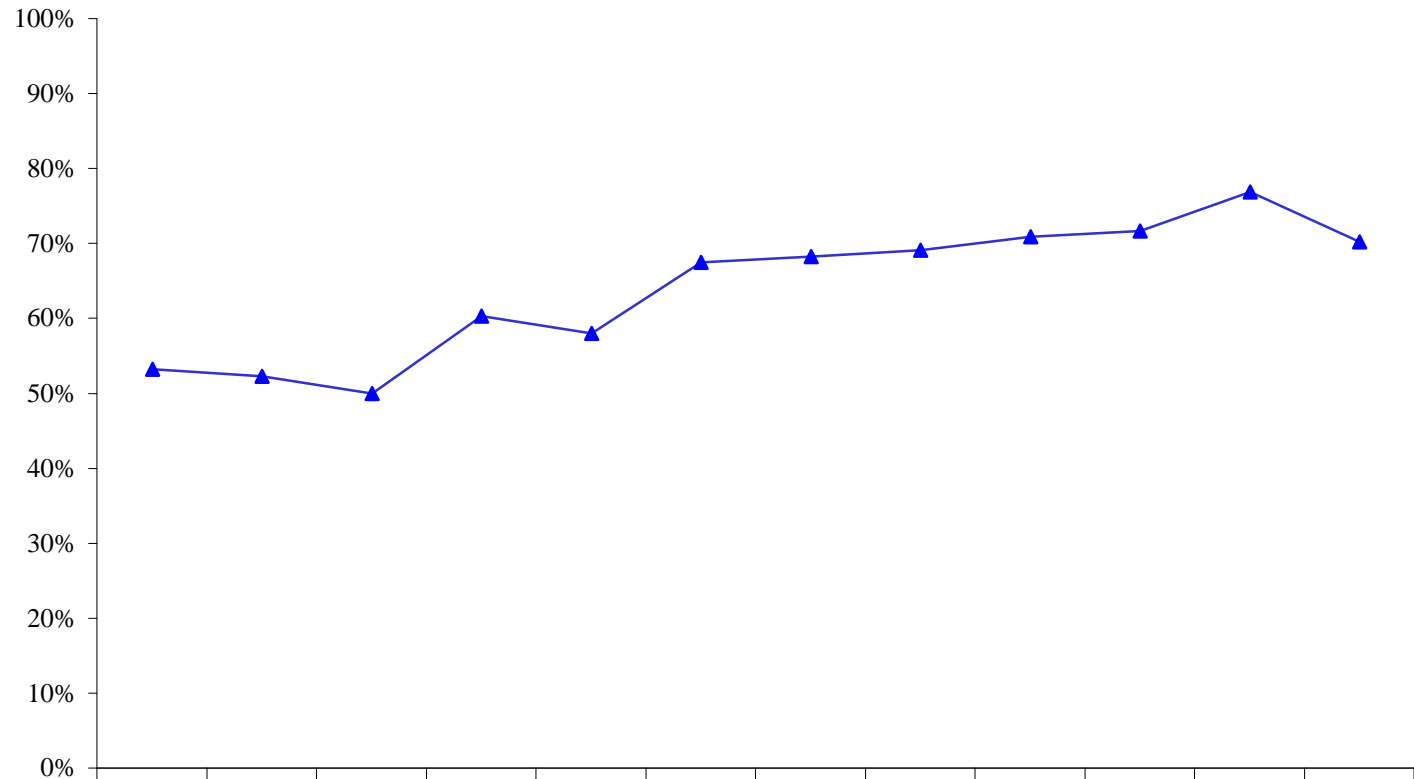
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ASH	43%	41%	24%	34%	29%	51%	70%	80%	69%	81%	83%	78%
BSSH	52%	71%	79%	89%	74%	81%	81%	88%	84%	76%	78%	81%
EPPC	0%	3%	27%	42%	60%	81%	48%	35%	49%	60%	71%	54%
KSH	81%	79%	67%	78%	68%	78%	78%	97%	93%	94%	95%	83%
NTSH	57%	53%	46%	79%	85%	79%	95%	88%	88%	79%	89%	73%
RGSC	86%	83%	82%	67%	58%	34%	39%	8%	48%	24%	38%	17%
RSH	63%	67%	65%	80%	72%	78%	86%	88%	89%	84%	87%	93%
SASH	71%	62%	64%	70%	62%	69%	77%	69%	83%	81%	89%	83%
TSH	49%	41%	40%	46%	38%	54%	26%	54%	41%	42%	44%	54%
All MH	53%	52%	50%	60%	58%	67%	67%	69%	71%	71%	77%	70%

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

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

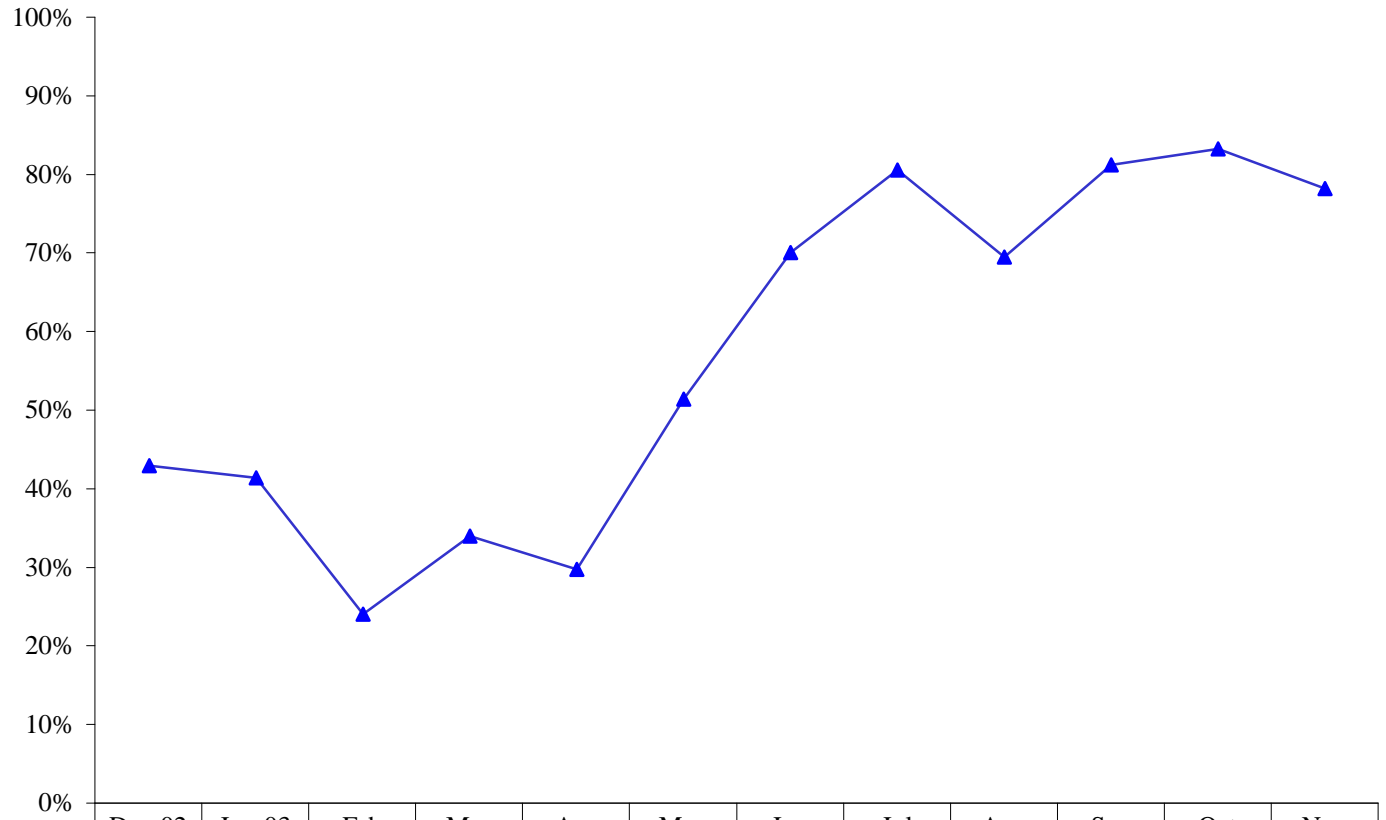
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	939	1087	961	1110	1097	1157	1171	1189	1053	1109	1049	817
Patients with Episodes that are Tracked	496	564	477	665	632	777	795	817	743	791	803	571
▲ Percent Tracked by TIMA	53%	52%	50%	60%	58%	67%	68%	69%	71%	71%	77%	70%

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

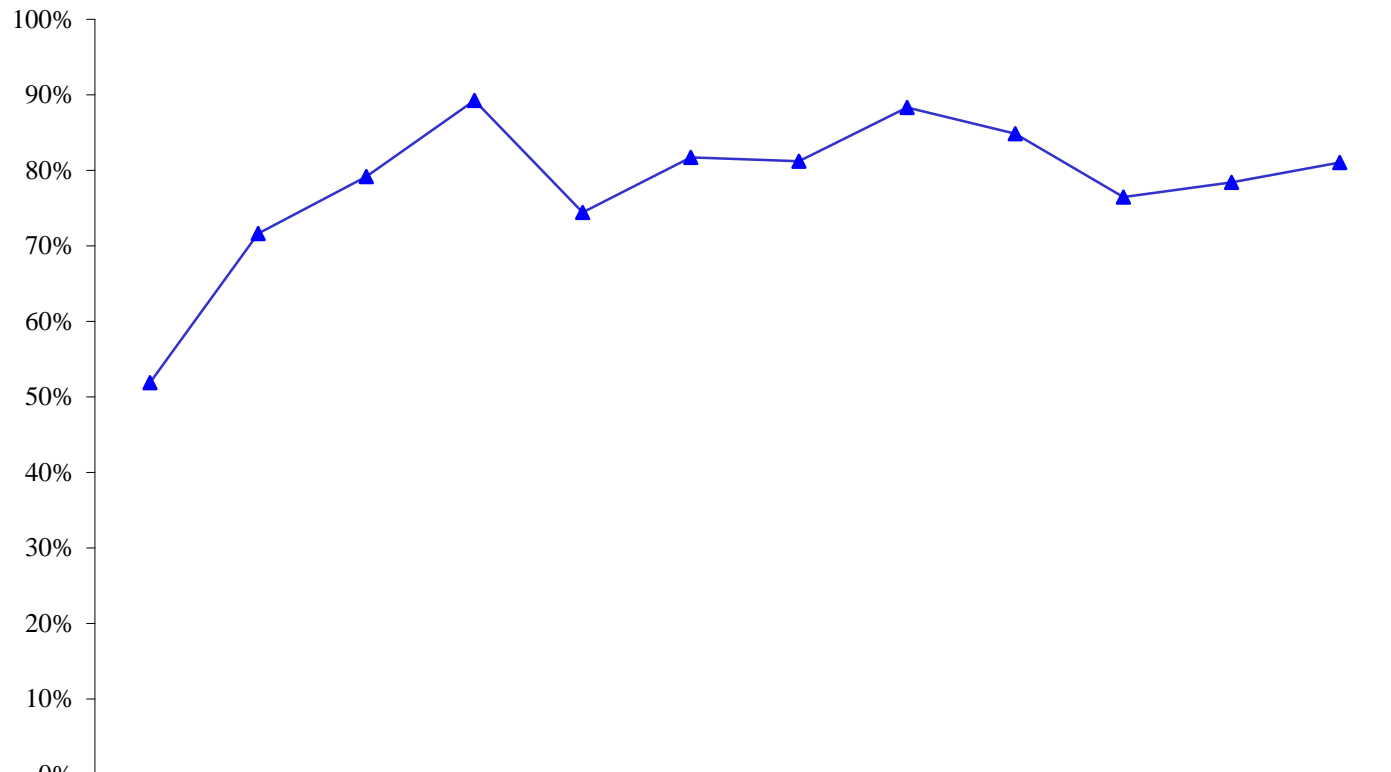
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	183	217	177	214	187	196	211	232	201	251	222	185
Patients with Episodes that are Tracked	78	89	42	72	55	100	147	186	139	203	184	144
▲ Percent Tracked by TIMA	43%	41%	24%	34%	29%	51%	70%	80%	69%	81%	83%	78%

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

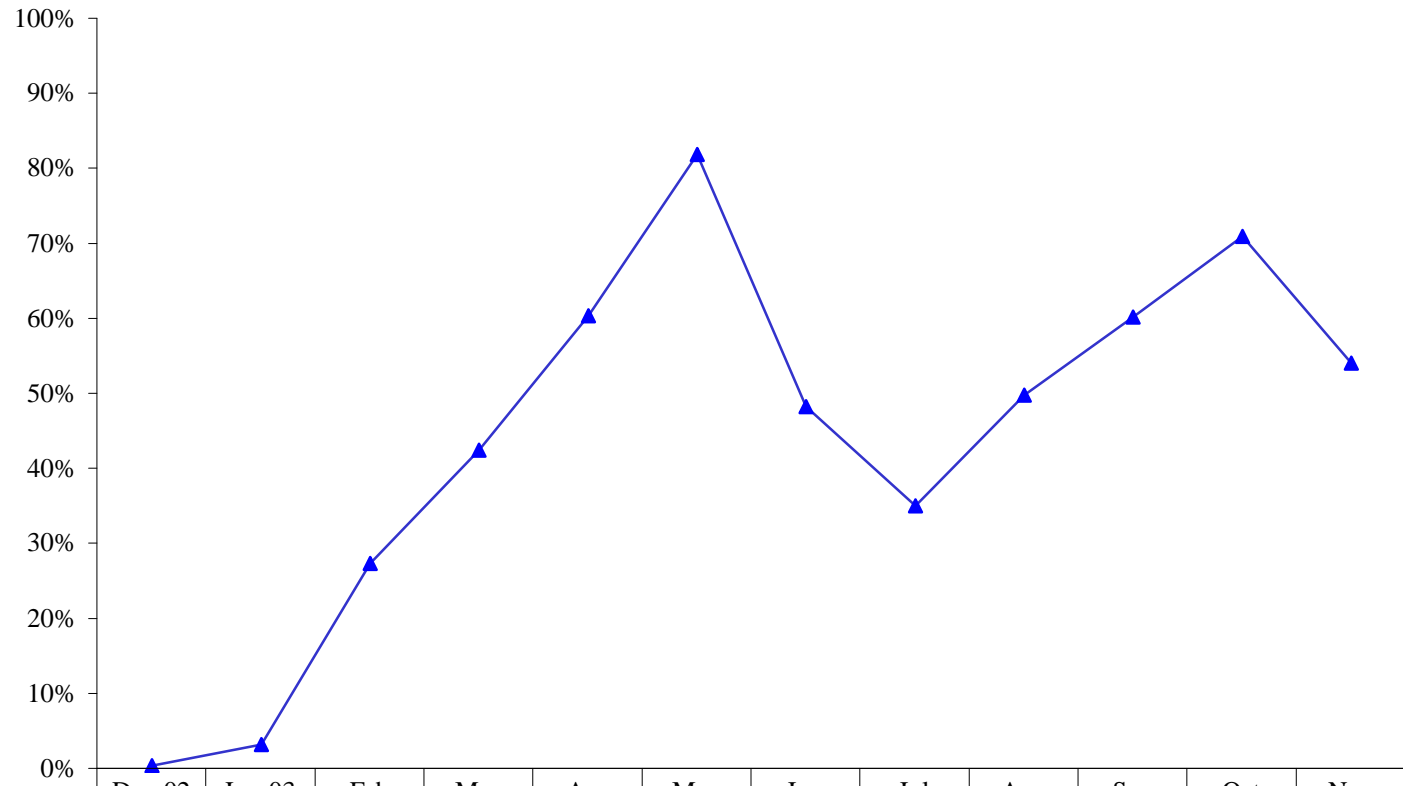
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	66	80	66	63	81	86	68	100	58	88	82	57
Patients with Episodes that are Tracked	34	57	52	56	60	70	55	88	49	67	64	46
▲ Percent Tracked by TIMA	52%	71%	79%	89%	74%	81%	81%	88%	84%	76%	78%	81%

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

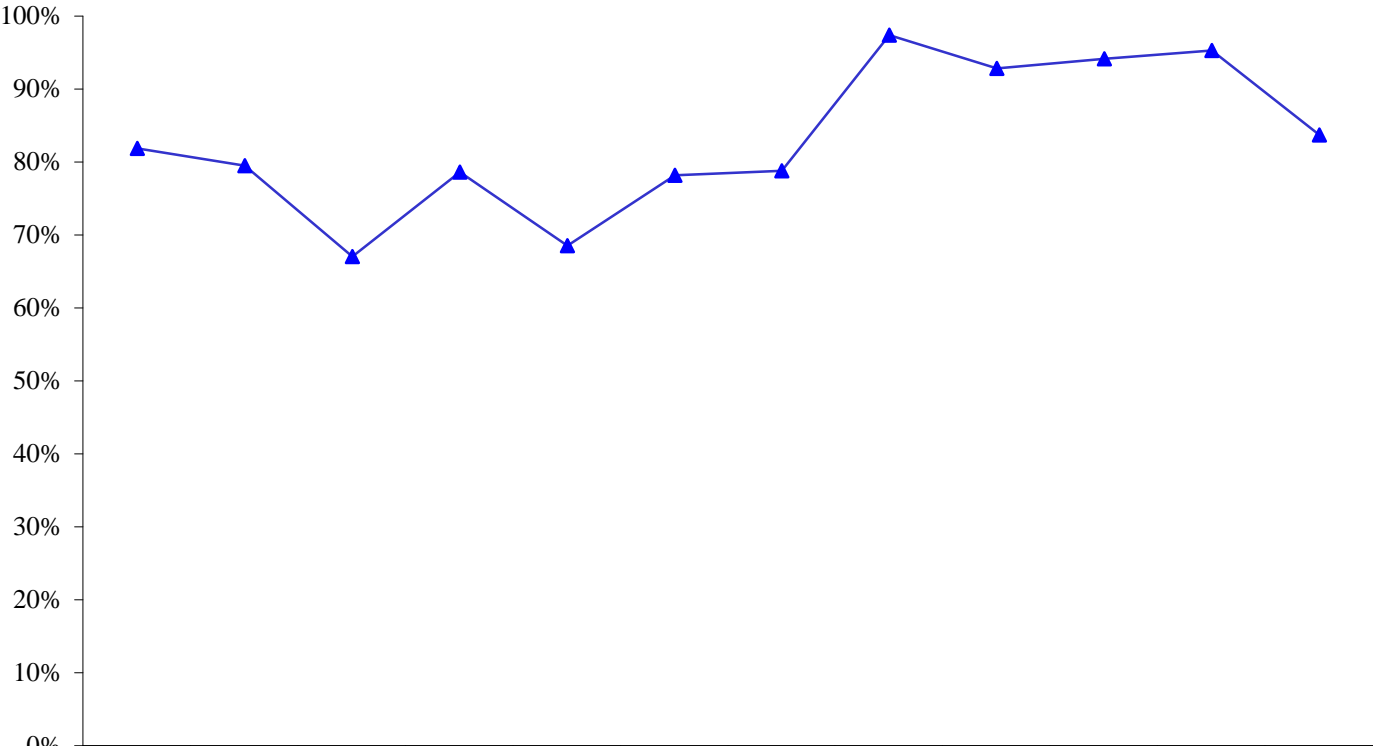
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	101	106	115	145	130	162	115	104	79	92	68	54
Patients with Episodes that are Tracked	0	3	31	61	78	132	55	36	39	55	48	29
▲ Percent Tracked by TIMA	0%	3%	27%	42%	60%	81%	48%	35%	49%	60%	71%	54%

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

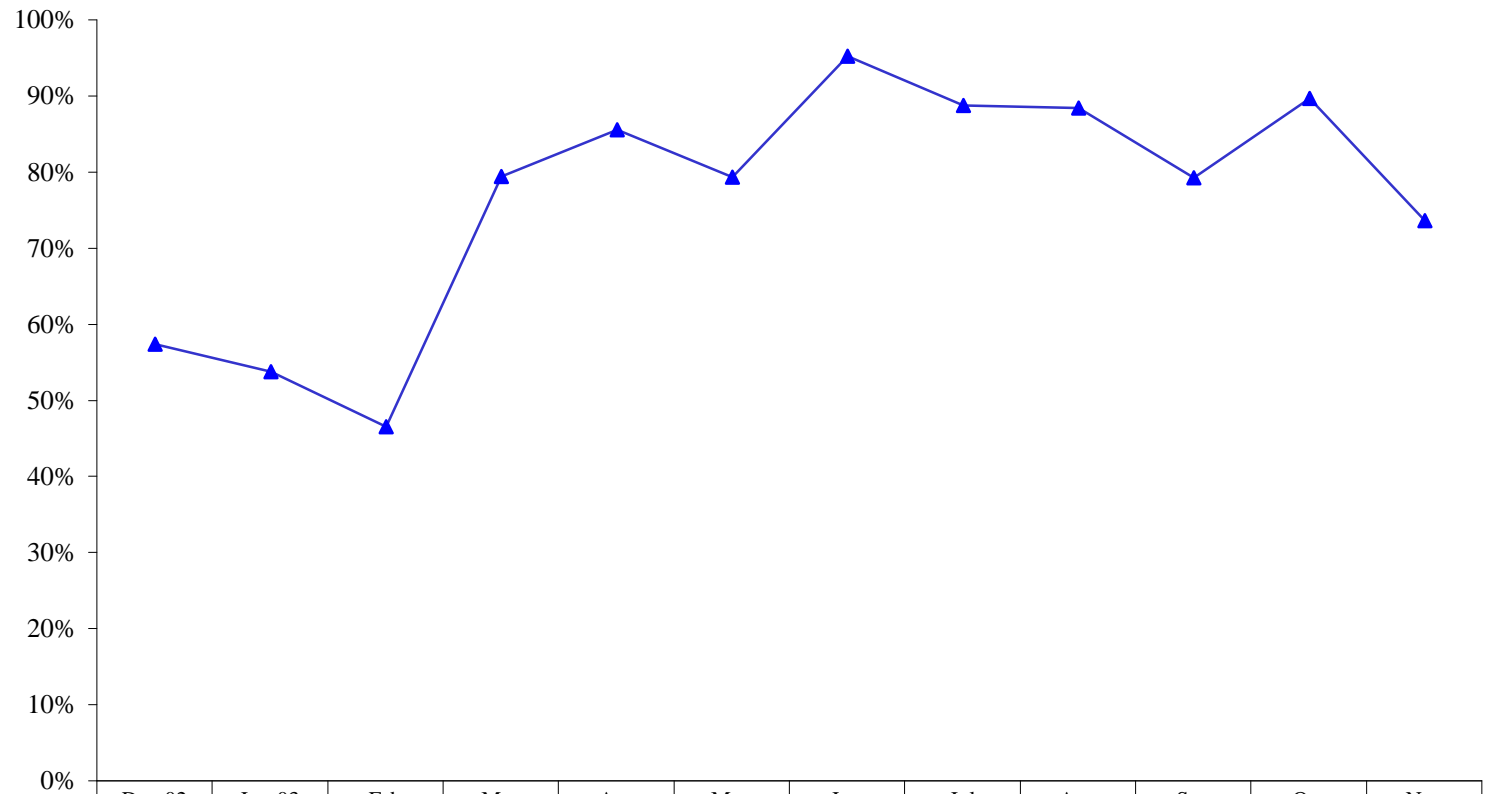
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	27	24	39	46	44	36	37	34	40	48	39	24
Patients with Episodes that are Tracked	22	19	26	36	30	28	29	33	37	45	37	20
▲ Percent Tracked by TIMA	81%	79%	67%	78%	68%	78%	78%	97%	93%	94%	95%	83%

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

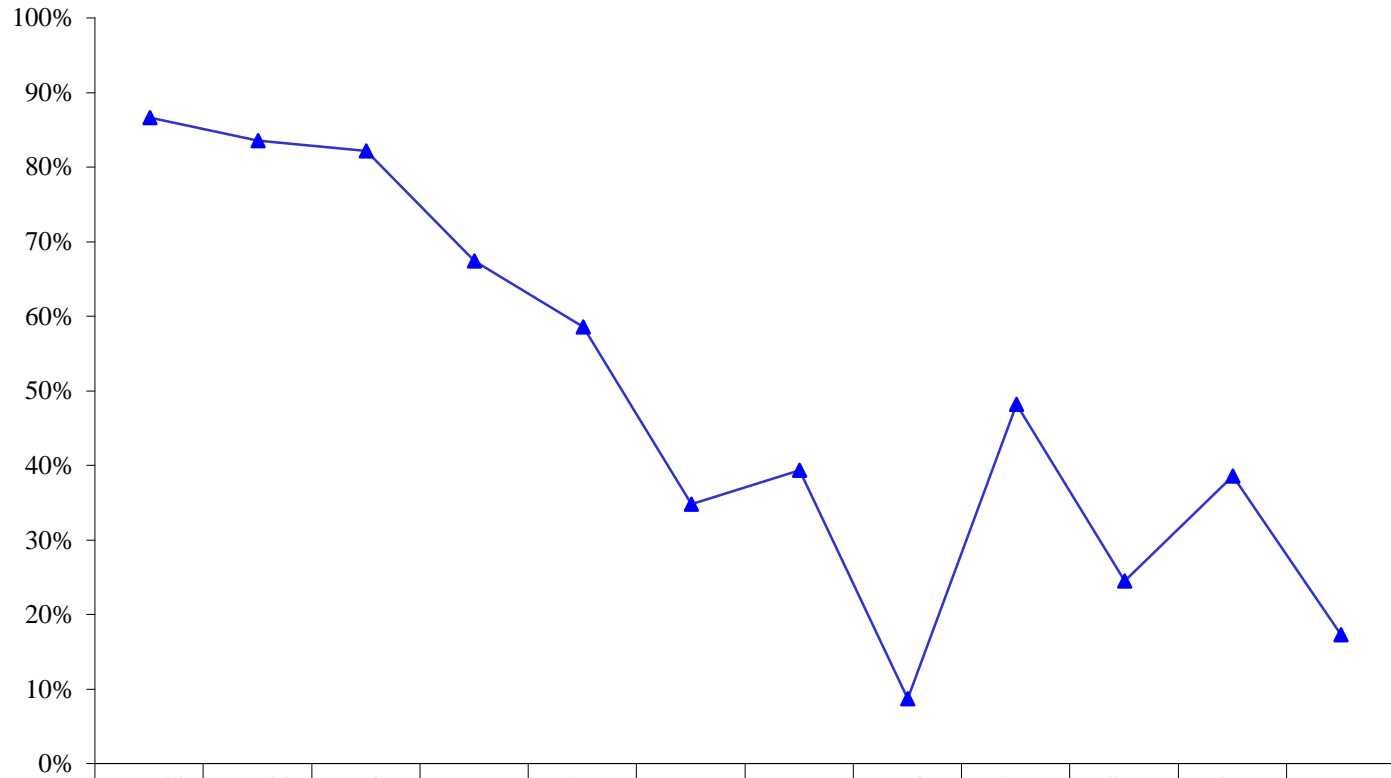
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	100	131	104	143	115	133	136	129	134	142	140	127
Patients with Episodes that are Tracked	57	70	48	113	98	105	129	114	118	112	125	93
▲ Percent Tracked by TIMA	57%	53%	46%	79%	85%	79%	95%	88%	88%	79%	89%	73%

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

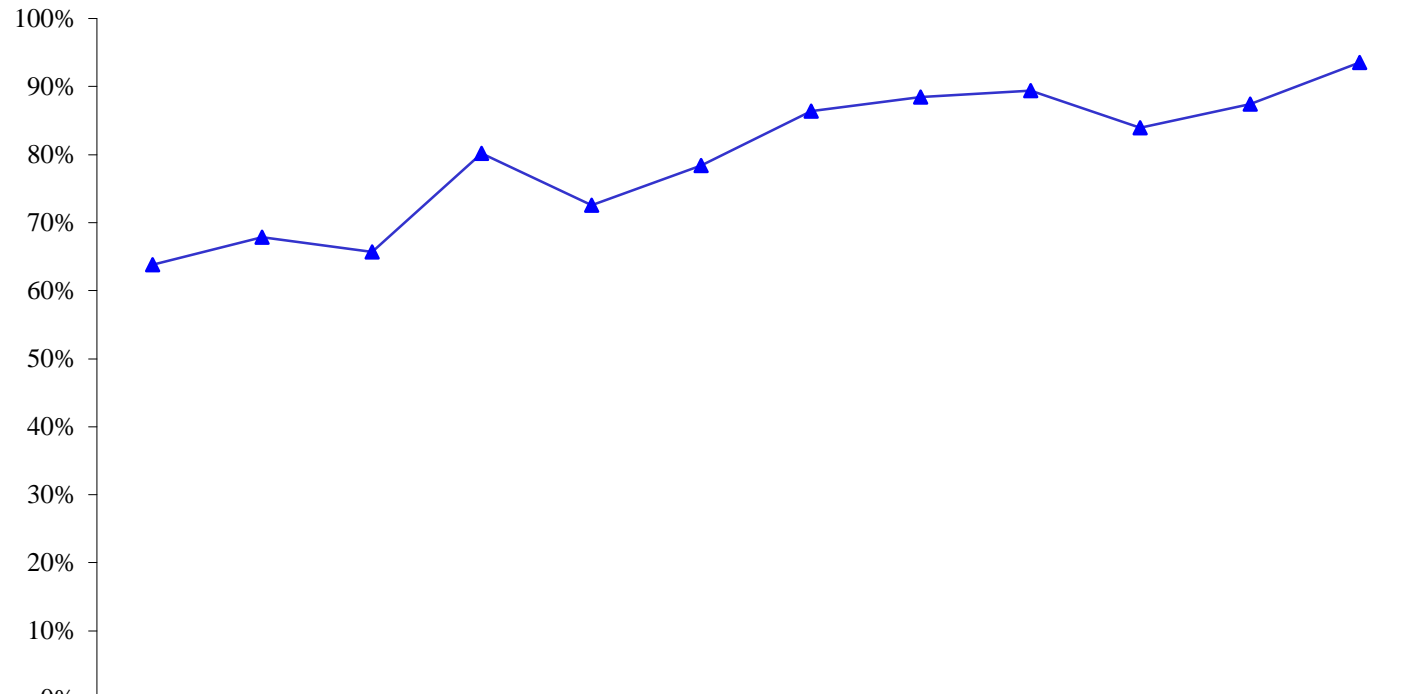
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	80	101	66	88	79	90	77	96	90	87	89	77
Patients with Episodes that are Tracked	69	84	54	59	46	31	30	8	43	21	34	13
▲ Percent Tracked by TIMA	86%	83%	82%	67%	58%	34%	39%	8%	48%	24%	38%	17%

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

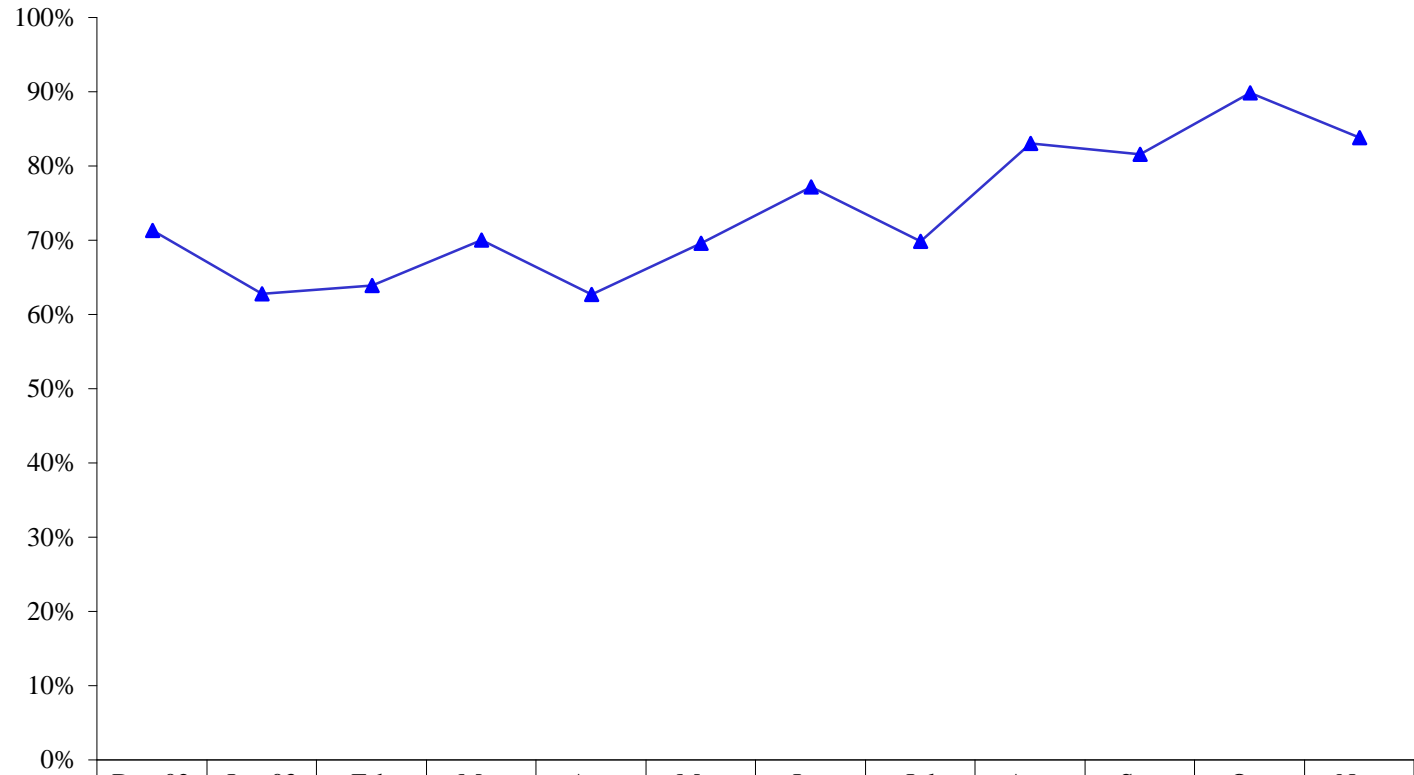
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	93	123	124	109	133	168	164	168	154	146	123	87
Patients with Episodes that are Tracked	59	83	81	87	96	131	141	148	137	122	107	81
▲ Percent Tracked by TIMA	63%	67%	65%	80%	72%	78%	86%	88%	89%	84%	87%	93%

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

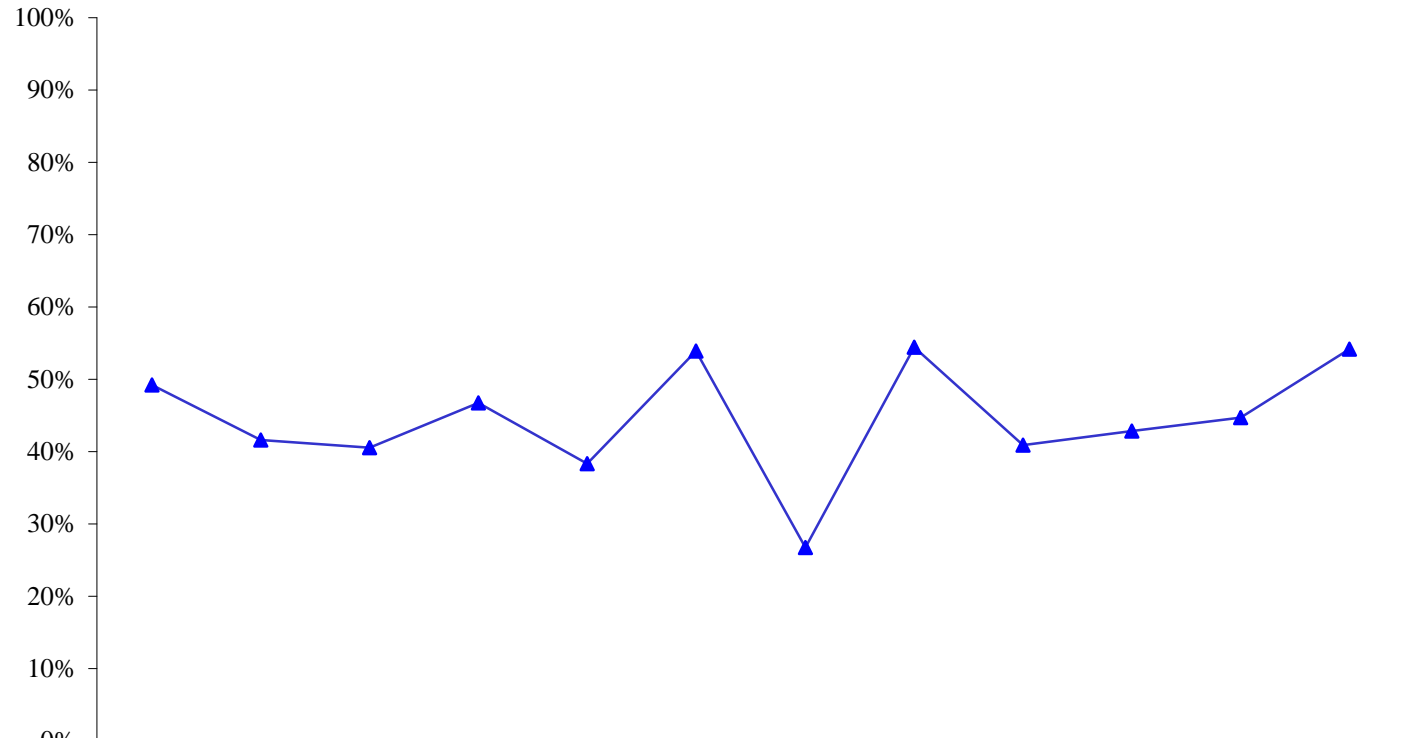
Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	162	157	148	178	183	172	177	180	144	149	171	115
Patients with Episodes that are Tracked	115	98	94	124	114	119	136	125	119	121	153	96
▲ Percent Tracked by TIMA	71%	62%	64%	70%	62%	69%	77%	69%	83%	81%	89%	83%

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

Percent of Patients with Episodes that are Tracked by TIMA



	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	127	148	122	123	145	114	186	146	153	106	115	91
Patients with Episodes that are Tracked	62	61	49	57	55	61	49	79	62	45	51	49
▲ Percent Tracked by TIMA	49%	41%	40%	46%	38%	54%	26%	54%	41%	42%	44%	54%

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

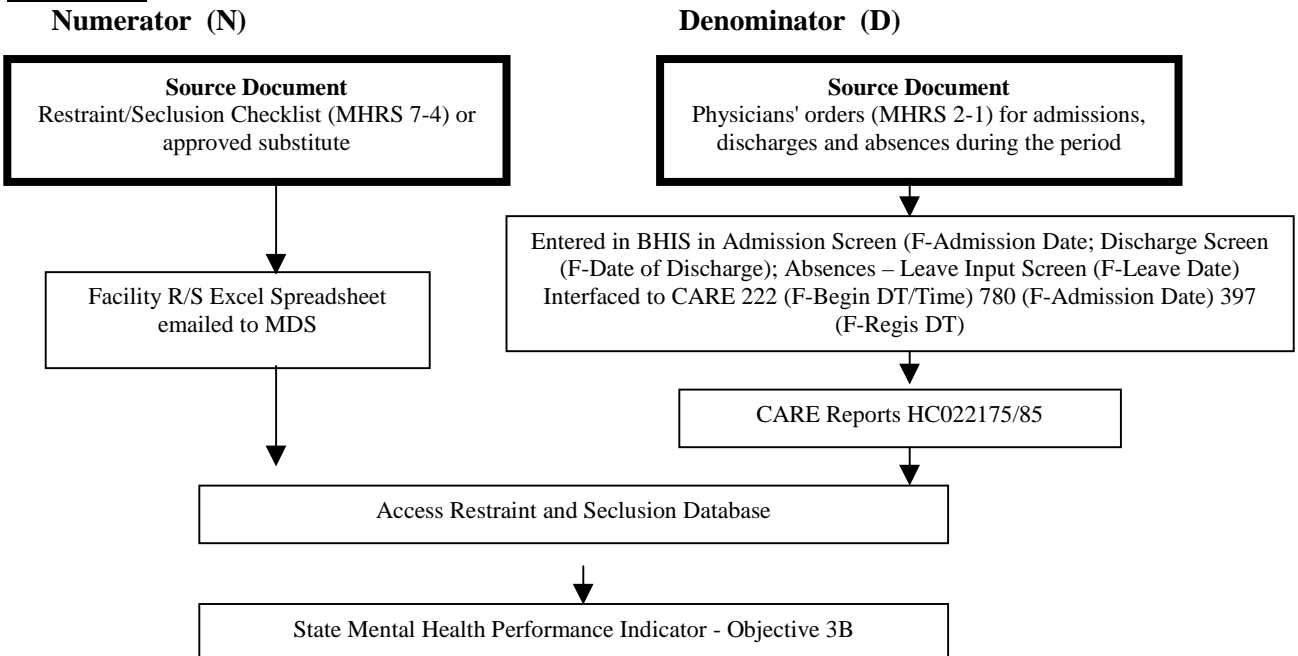
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion

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

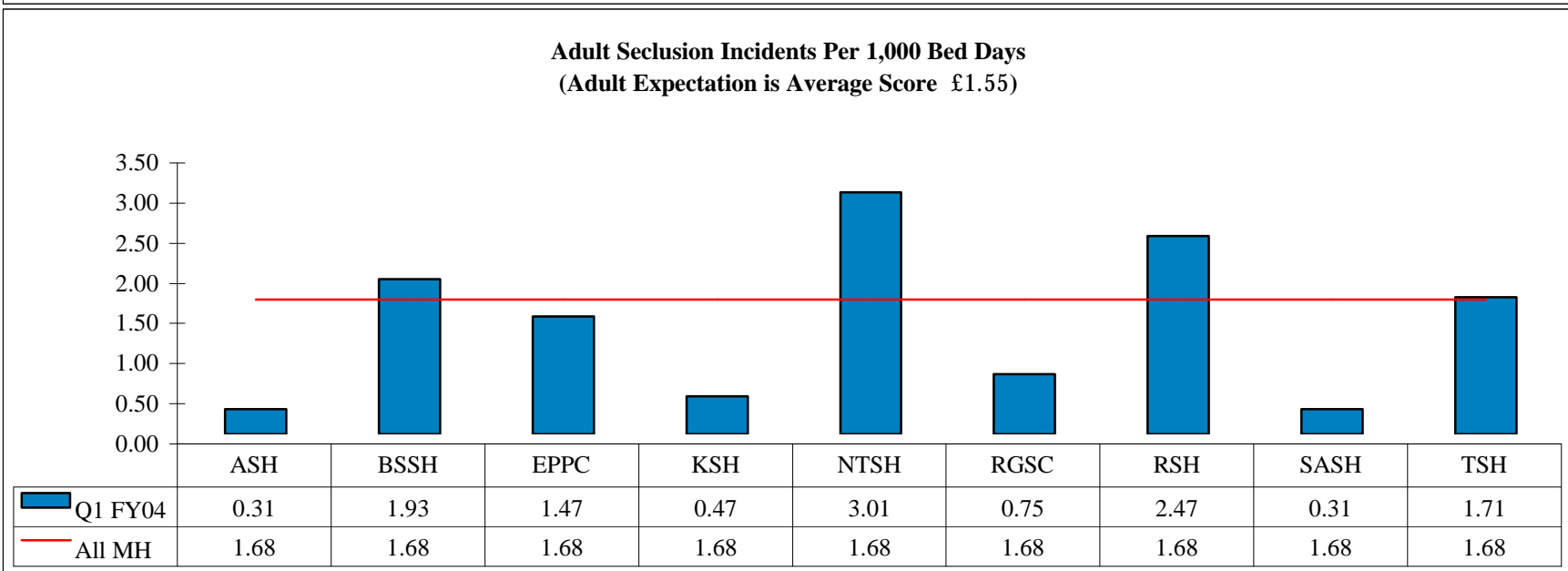
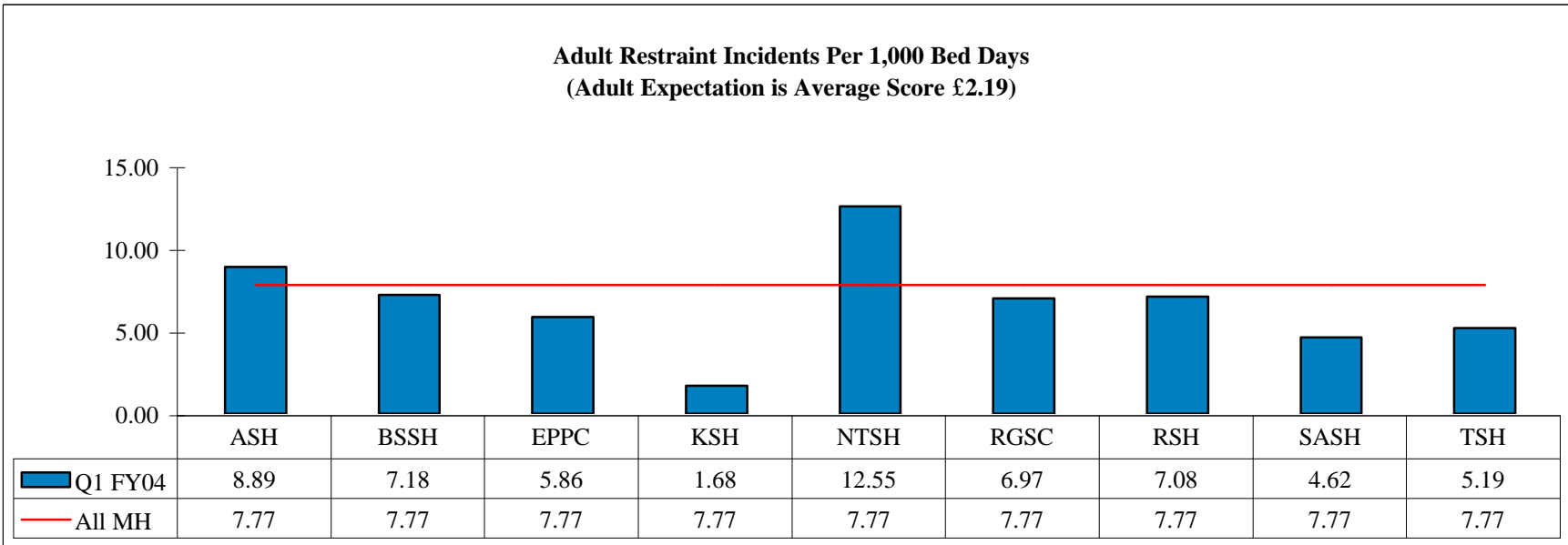
Performance Objective Data Display and Chart Description:

- ◆ 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.

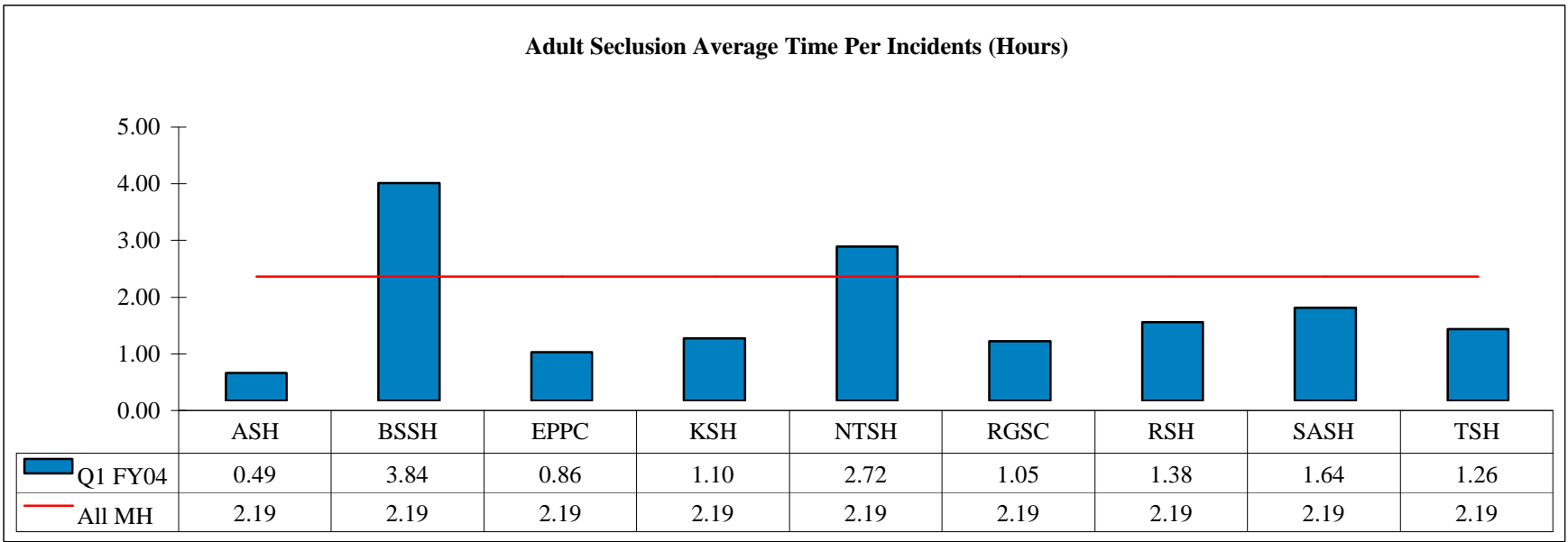
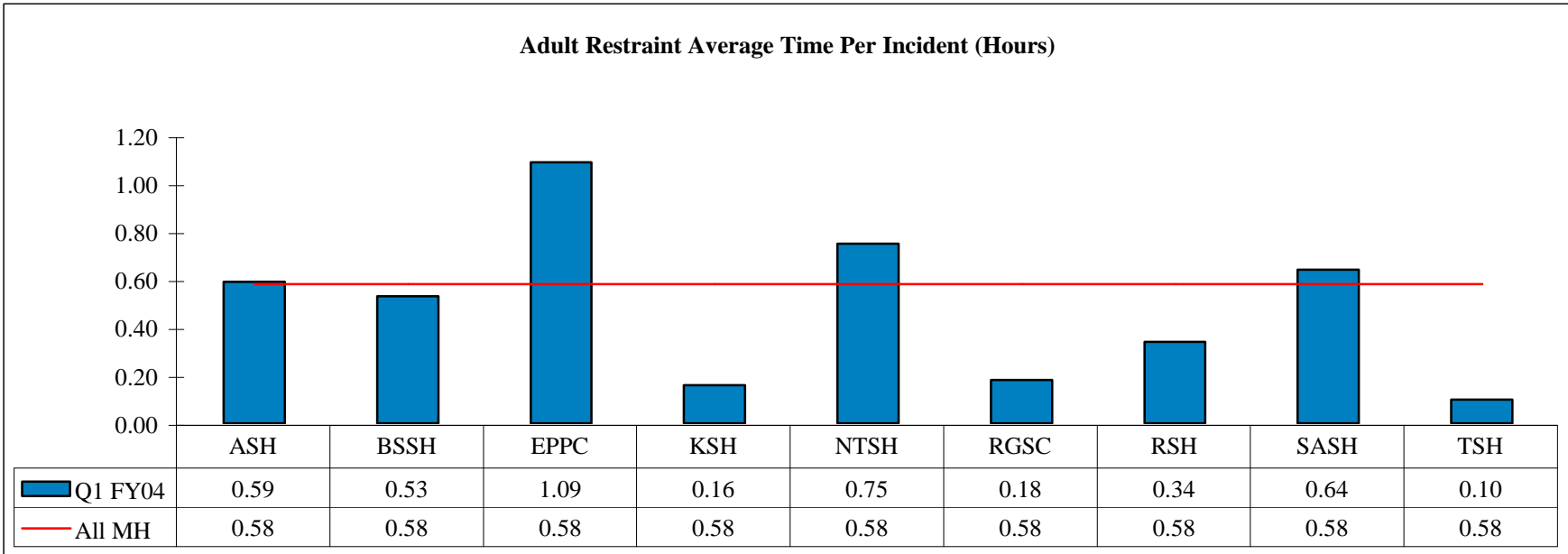
Data Flow:



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

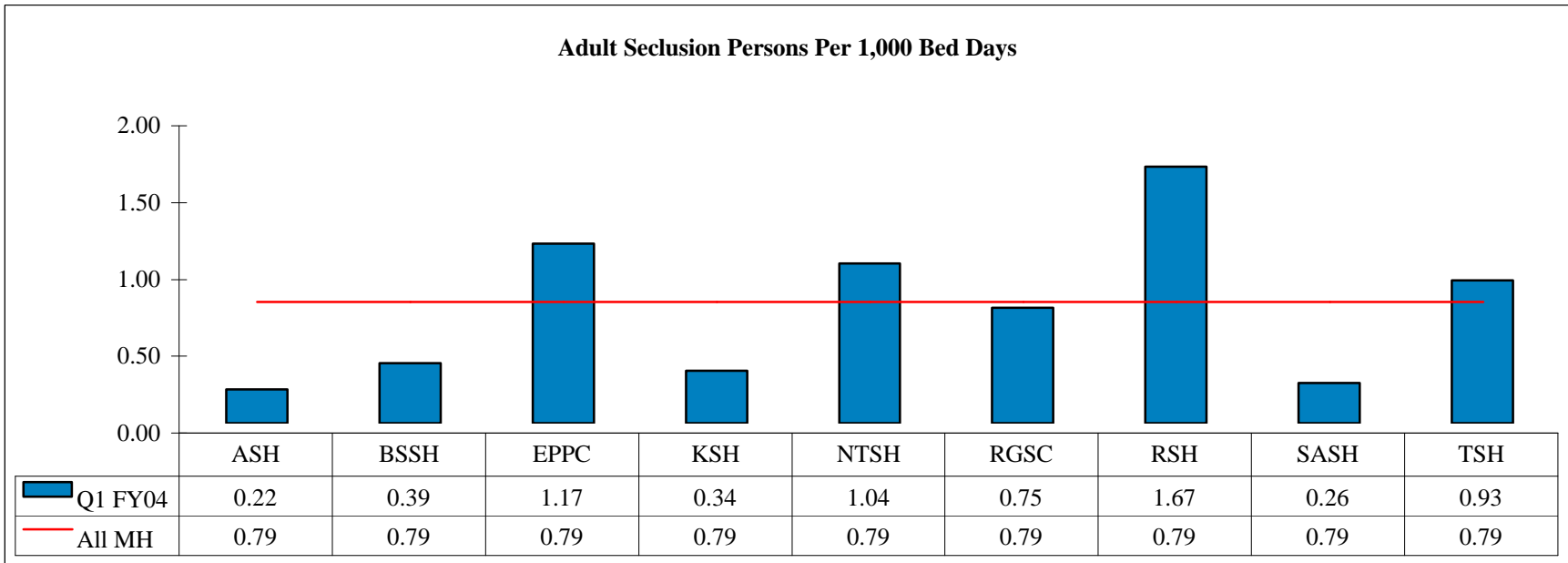
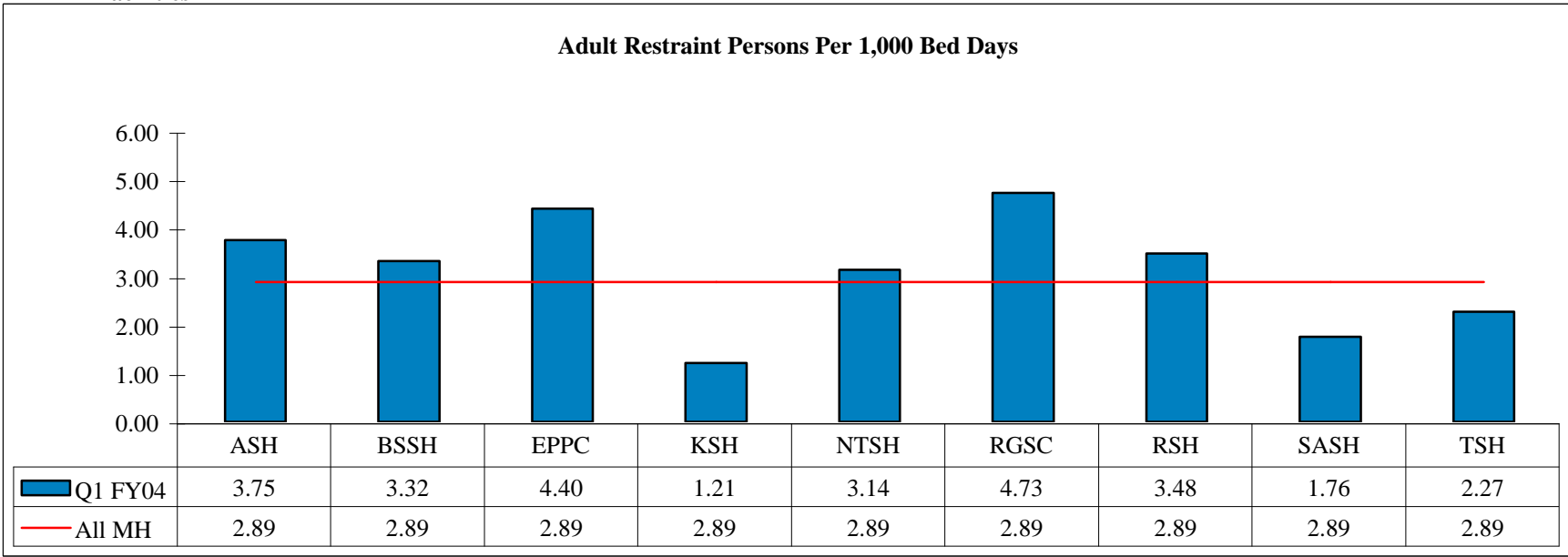


Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



Objective 3B - Maintain Restraint and Seclusion Data

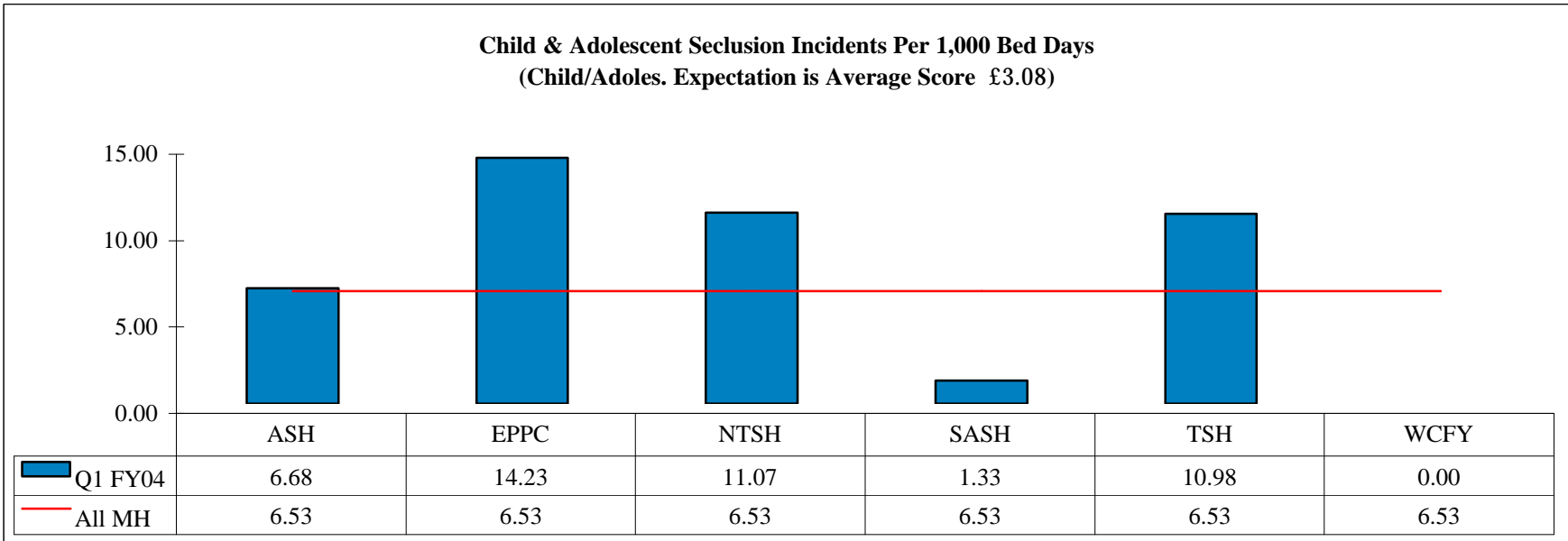
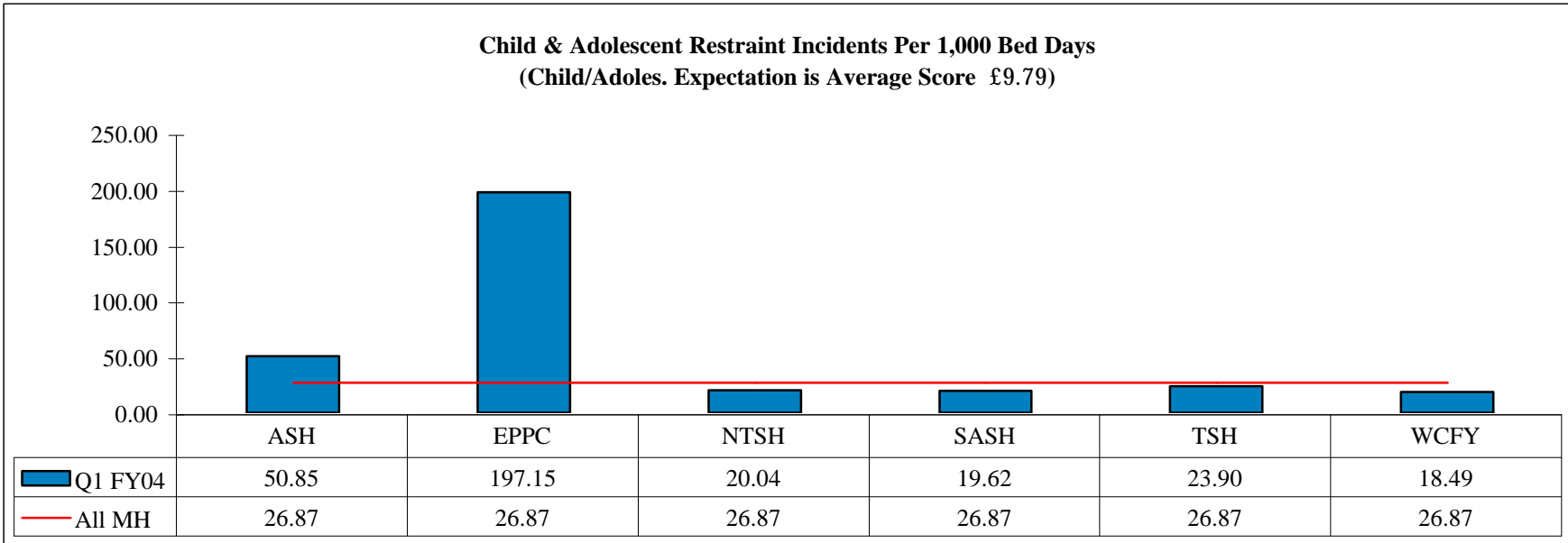
All MH Facilities



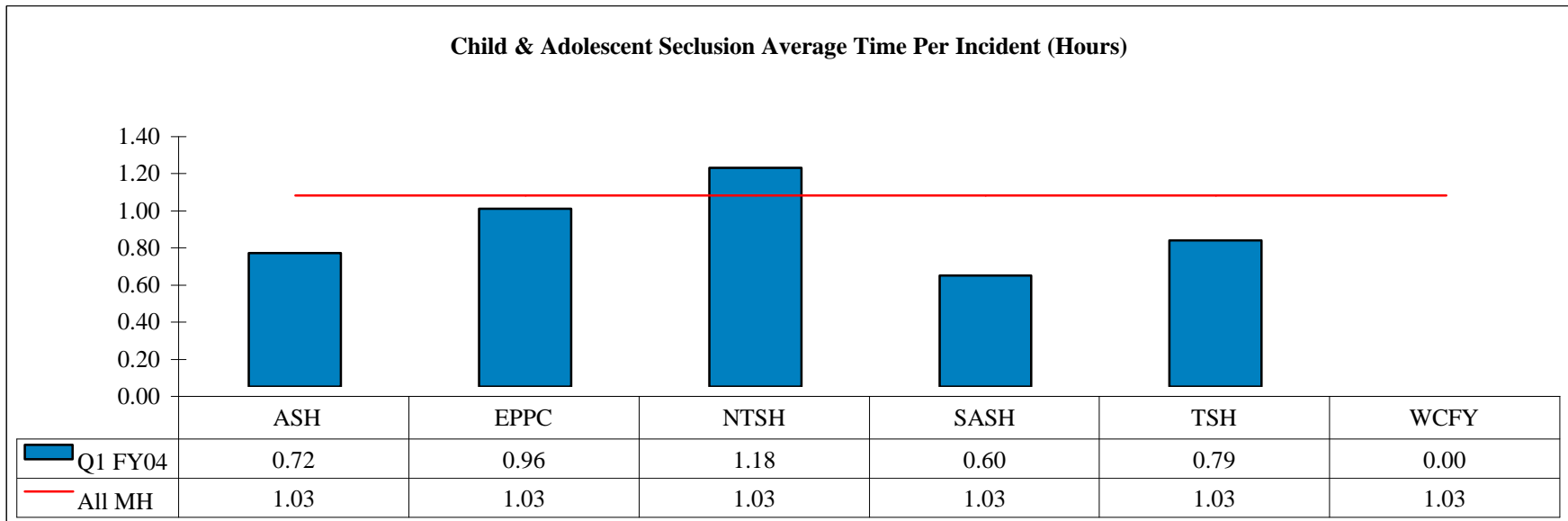
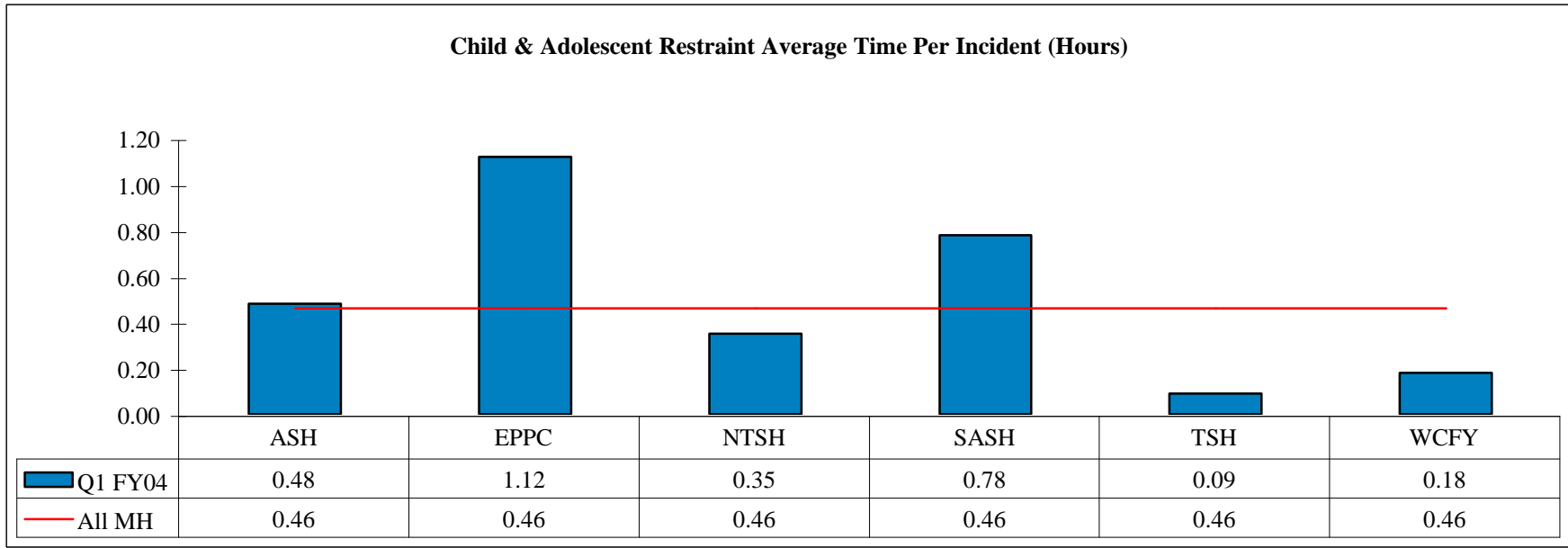
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)

Objective 3B - Maintain Restraint and Seclusion Data

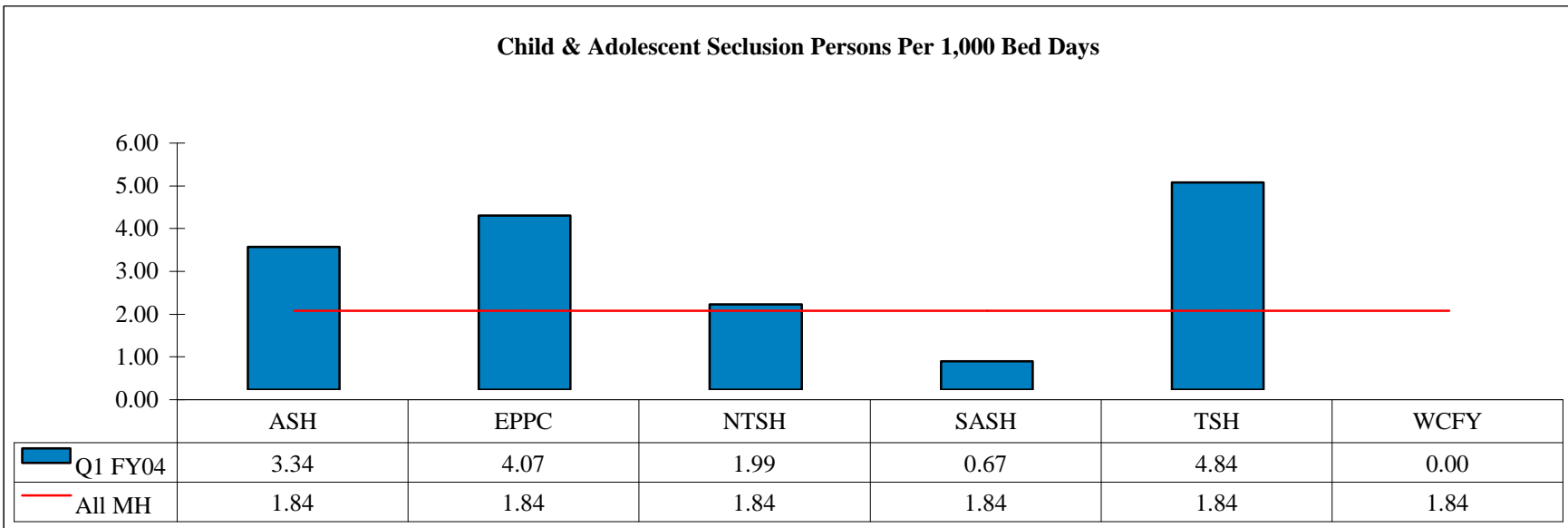
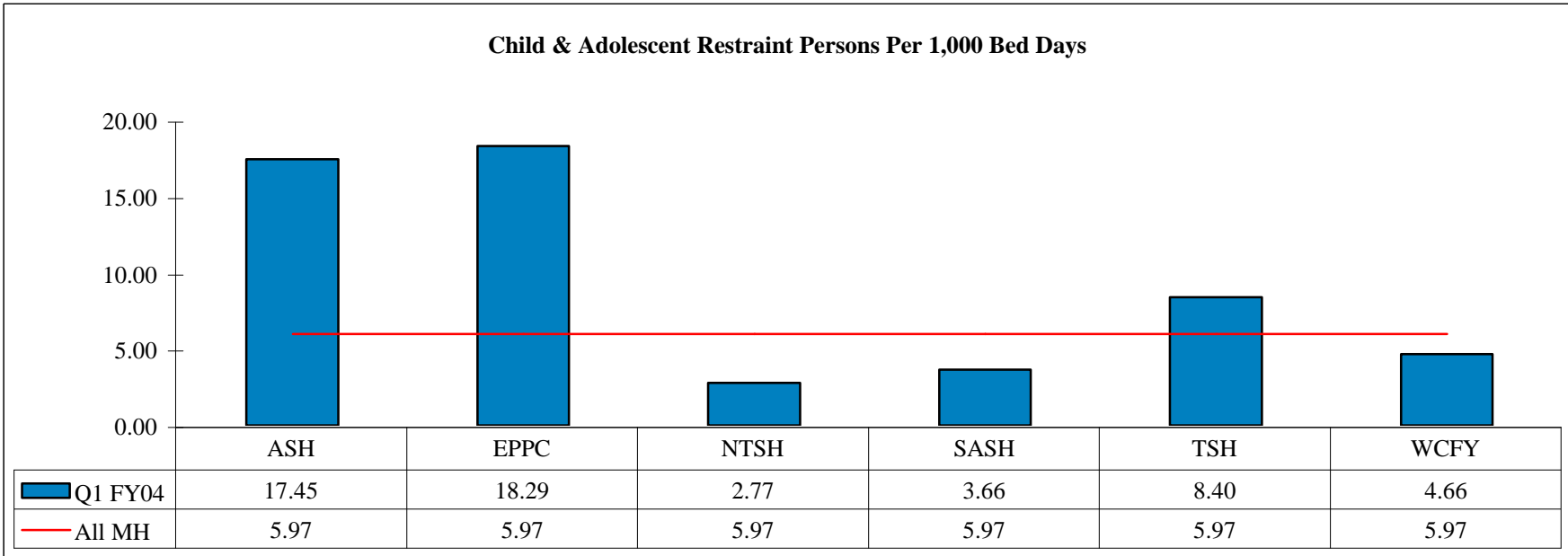
All MH Facilities



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				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				2,694				2,694			
Bed Days in Quarter-All Other Units	22,942				22,942				22,942			
Restraint Involving Children	28				6				9.3			
Restraint Involving Adolescents	109				41				56.2			
Restraint Involving Adults	204				86				121.0			
Seclusion Involving Children	7				3				3.6			
Seclusion Involving Adolescents	11				6				9.4			
Seclusion Involving Adults	7				5				3.4			
Big Spring State Hospital												
Bed Days in Quarter	12,949				12,949				12,949			
Restraint Involving Adults	93				43				48.9			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	25				5				95.9			
El Paso Psychiatric Center												
Child/Adolescent Bed Days	492				492				492			
Bed Days in Quarter-All Other Units	3,411				3,411				3,411			
Restraint Involving Children	1				1				0.2			
Restraint Involving Adolescents	96				8				108.0			
Restraint Involving Adults	20				15				21.8			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	7				2				6.7			
Seclusion Involving Adults	5				4				4.3			
Kerrville State Hospital												
Bed Days in Quarter	14,860				14,860				14,860			
Restraint Involving Adults	25				18				3.9			
Seclusion Involving Adults	7				5				7.7			

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				9,034				9,034			
Bed Days in Quarter-All Other Units	47,159				47,159				47,159			
Restraint Involving Children	29				4				5.0			
Restraint Involving Adolescents	152				21				59.2			
Restraint Involving Adults	592				148				443.1			
Seclusion Involving Children	27				4				26.4			
Seclusion Involving Adolescents	73				14				91.7			
Seclusion Involving Adults	142				49				386.4			
Rio Grande State Center												
Bed Days in Quarter	4,017				4,017				4,017			
Restraint Involving Adults	28				19				4.9			
Seclusion Involving Adults	3				3				2.3			
Rusk State Hospital												
Bed Days in Quarter	23,883				23,883				23,883			
Restraint Involving Adults	169				83				58.0			
Seclusion Involving Adults	59				40				81.7			
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	3,007				3,007				3,007			
Bed Days in Quarter-All Other Units	22,738				22,738				22,738			
Restraint Involving Adolescents	59				11				45.8			
Restraint Involving Adults	105				40				67.3			
Seclusion Involving Adolescents	4				2				2.4			
Seclusion Involving Adults	7				6				11.5			

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

Fiscal Year 2004

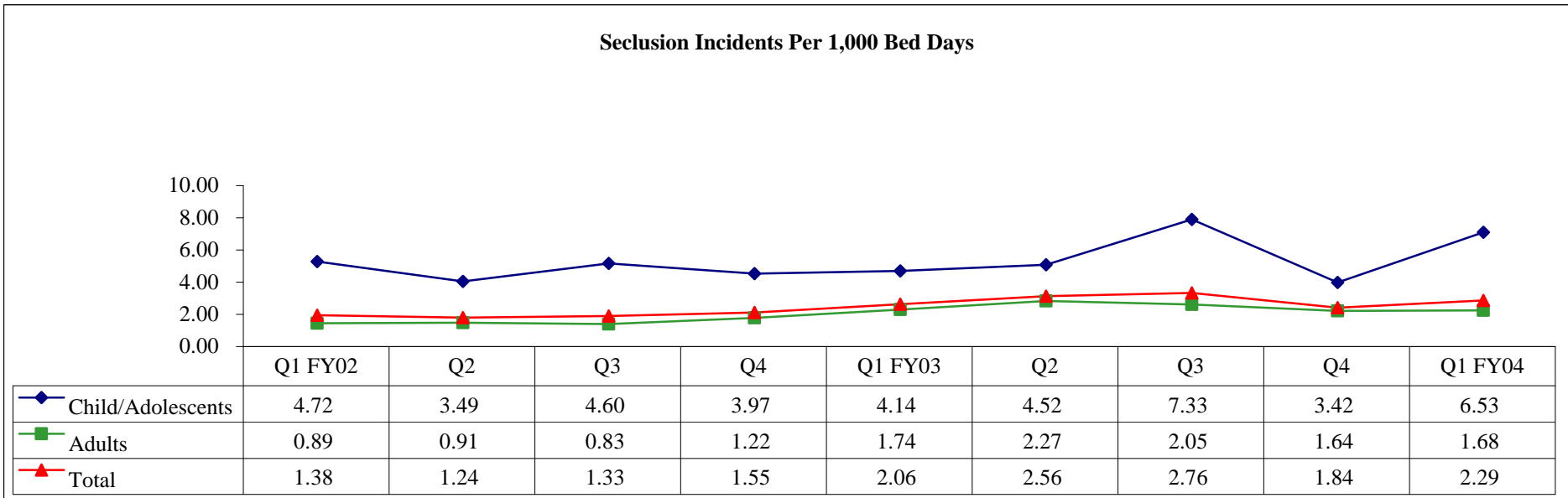
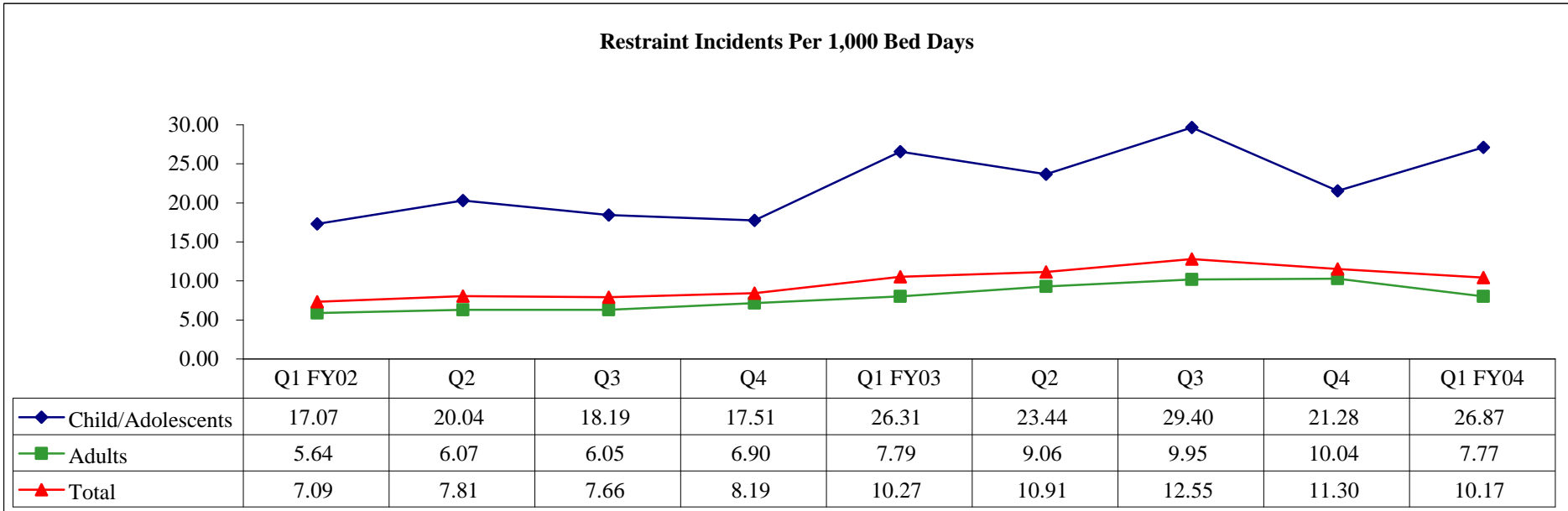
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	3,096				3,096				3,096			
Bed Days in Quarter-All Other Units	21,593				21,593				21,593			
Restraint Involving Children	3				1				0.2			
Restraint Involving Adolescents	71				25				6.1			
Restraint Involving Adults	112				49				11.4			
Seclusion Involving Children	1				1				0.8			
Seclusion Involving Adolescents	33				14				26.2			
Seclusion Involving Adults	37				20				46.8			
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,651				6,651				6,651			
Restraint Involving Adolescents	123				31				21.6			
Seclusion Involving Adolescents	0				0				0.0			
All MH Facilities												
Child/Adolescent Bed Days	24,974				24,974				24,974			
Bed Days in Quarter-All Other Units	173,552				173,552				173,552			
Restraint Involving Children	61				12				14.7			
Restraint Involving Adolescents	610				137				296.9			
Restraint Involving Adults	1,348				501				780.3			
Seclusion Involving Children	35				8				30.8			
Seclusion Involving Adolescents	128				38				136.4			
Seclusion Involving Adults	292				137				640.0			

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

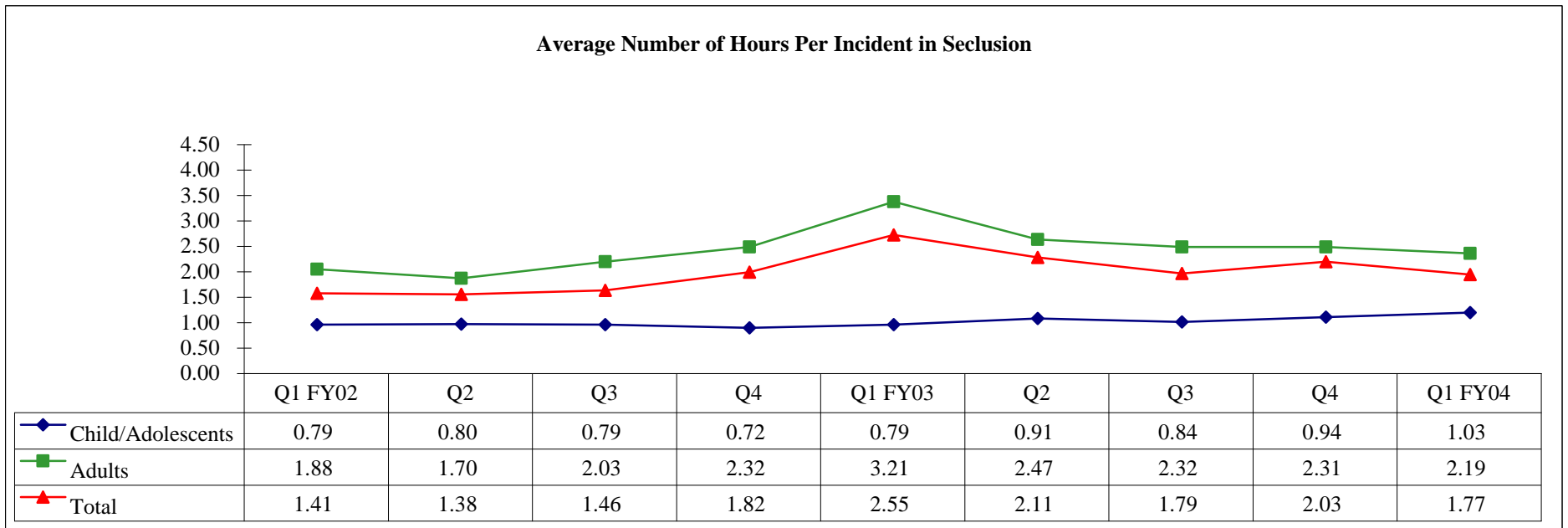
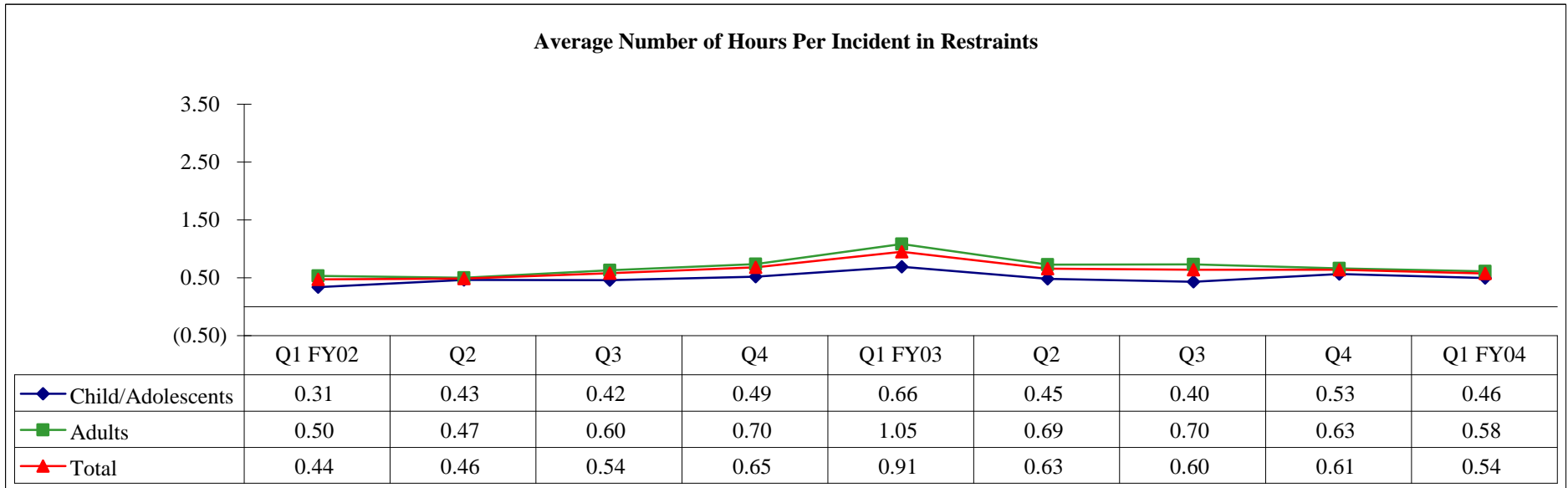
Fiscal Year 2004

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	3				2			
< 5 Restraint Involving Adolescents	22				17			
< 5 Restraint Involving Adults	54				27			
Big Spring State Hospital								
< 5 Restraint Involving Adults	12				10			
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	0				0			
< 5 Restraint Involving Adults	0				0			
Kerrville State Hospital								
< 5 Restraint Involving Adults	17				14			
North Texas State Hospital								
< 5 Restraint Involving Children	6				3			
< 5 Restraint Involving Adolescents	10				6			
< 5 Restraint Involving Adults	308				112			
Rio Grande State Center								
< 5 Restraint Involving Adults	9				8			
Rusk State Hospital								
< 5 Restraint Involving Adults	85				59			
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	10				5			
< 5 Restraint Involving Adults	18				13			
Terrell State Hospital								
< 5 Restraint Involving Children	2				1			
< 5 Restraint Involving Adolescents	34				16			
< 5 Restraint Involving Adults	82				44			
Waco Center For Youth								
< 5 Restraint Involving Adolescents	36				19			
All MH Facilities								
< 5 Restraint Involving Children	11				6			
< 5 Restraint Involving Adolescents	112				63			
< 5 Restraint Involving Adults	585				287			

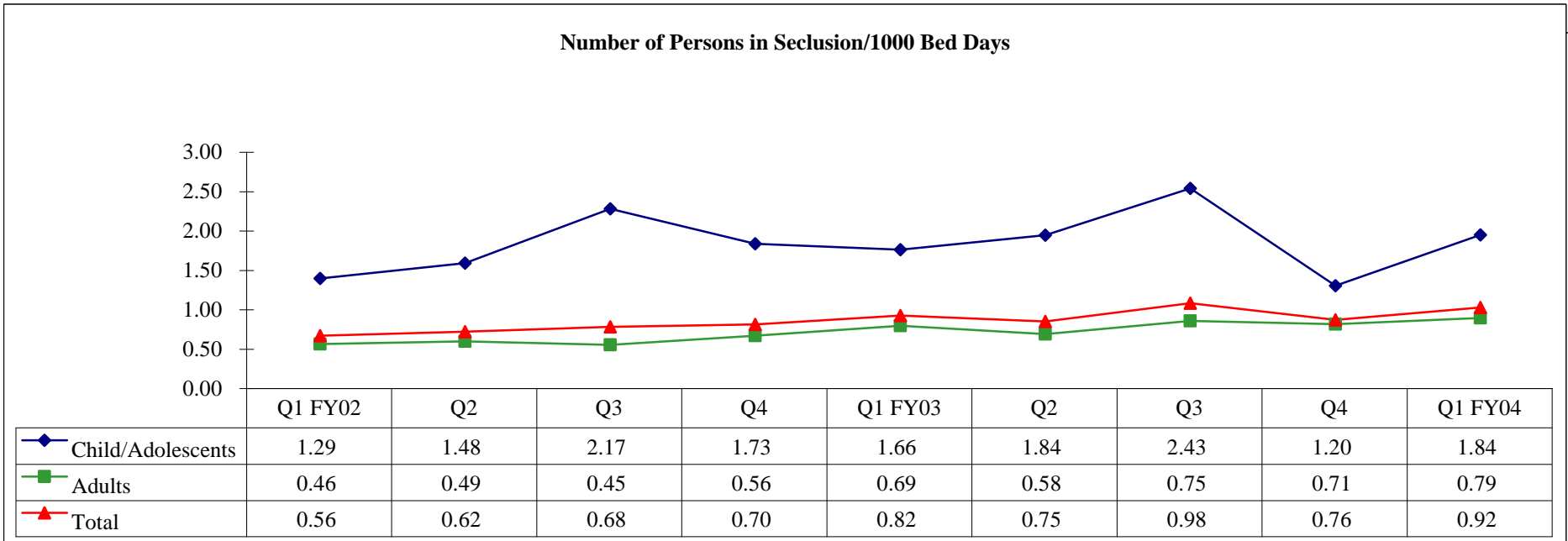
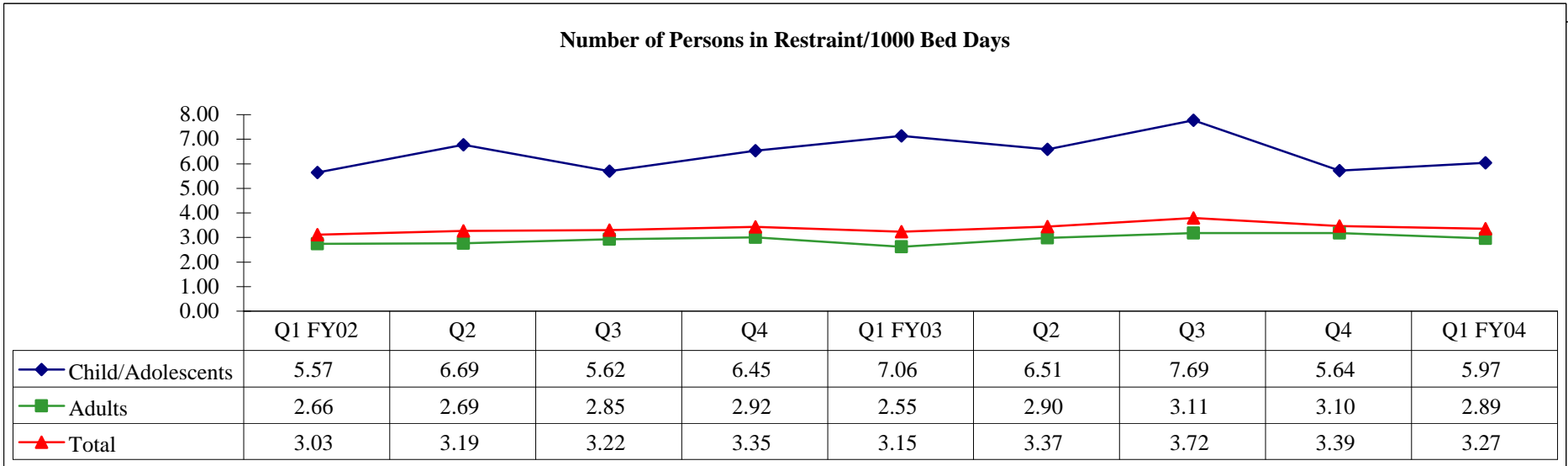
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



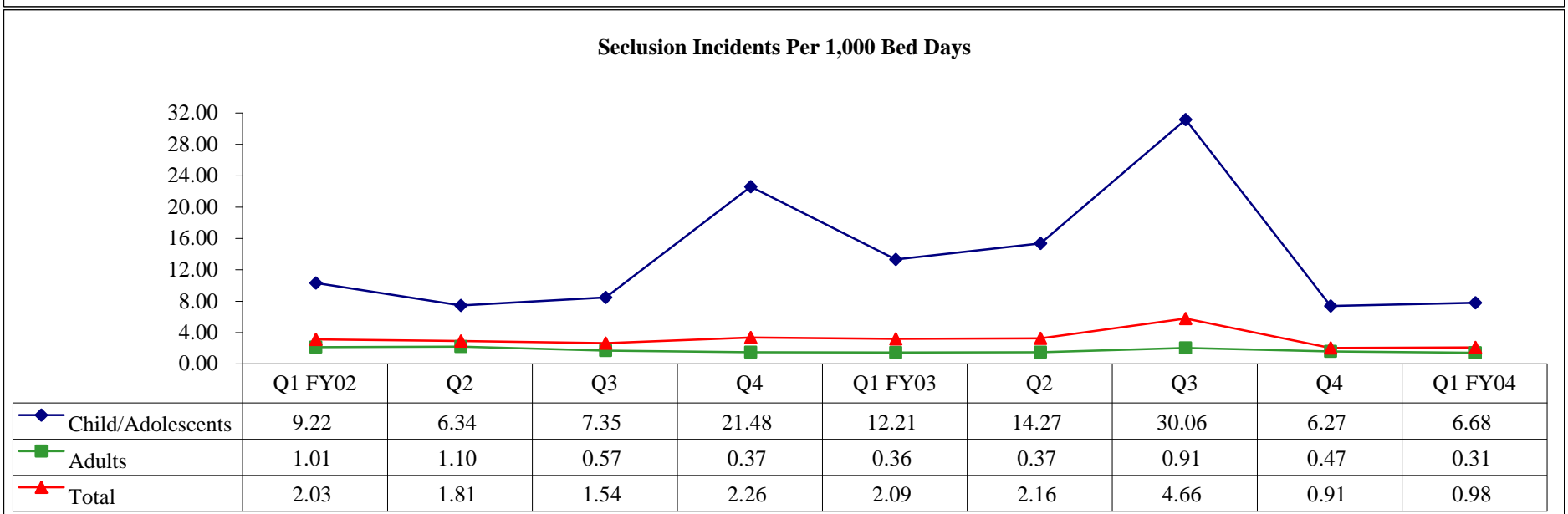
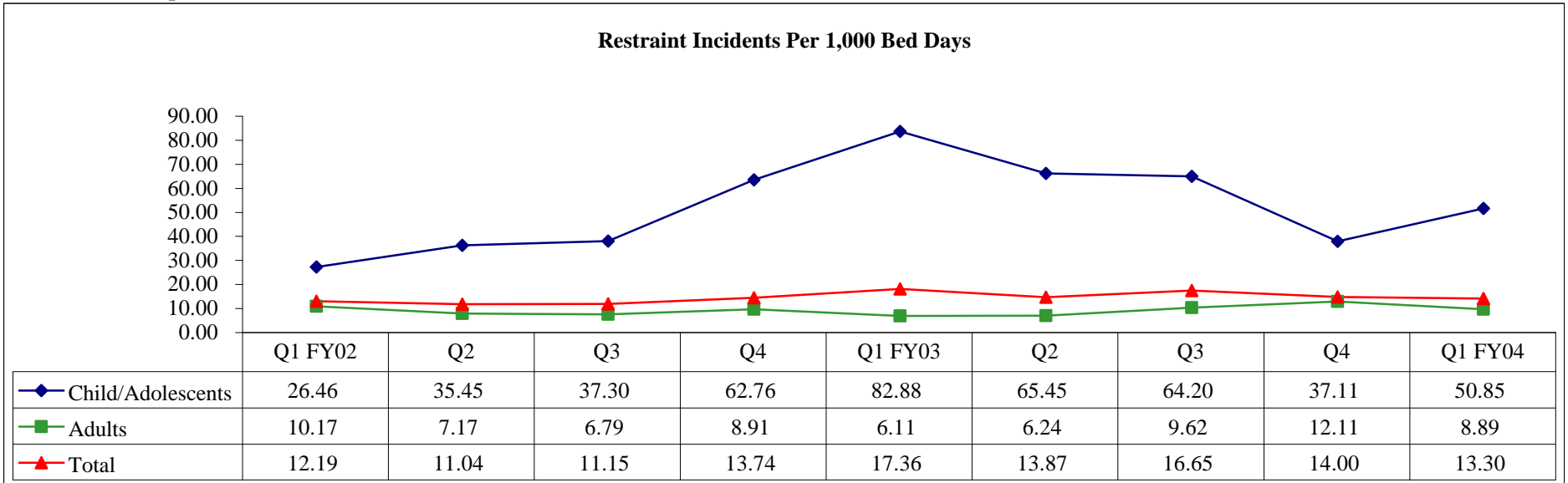
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



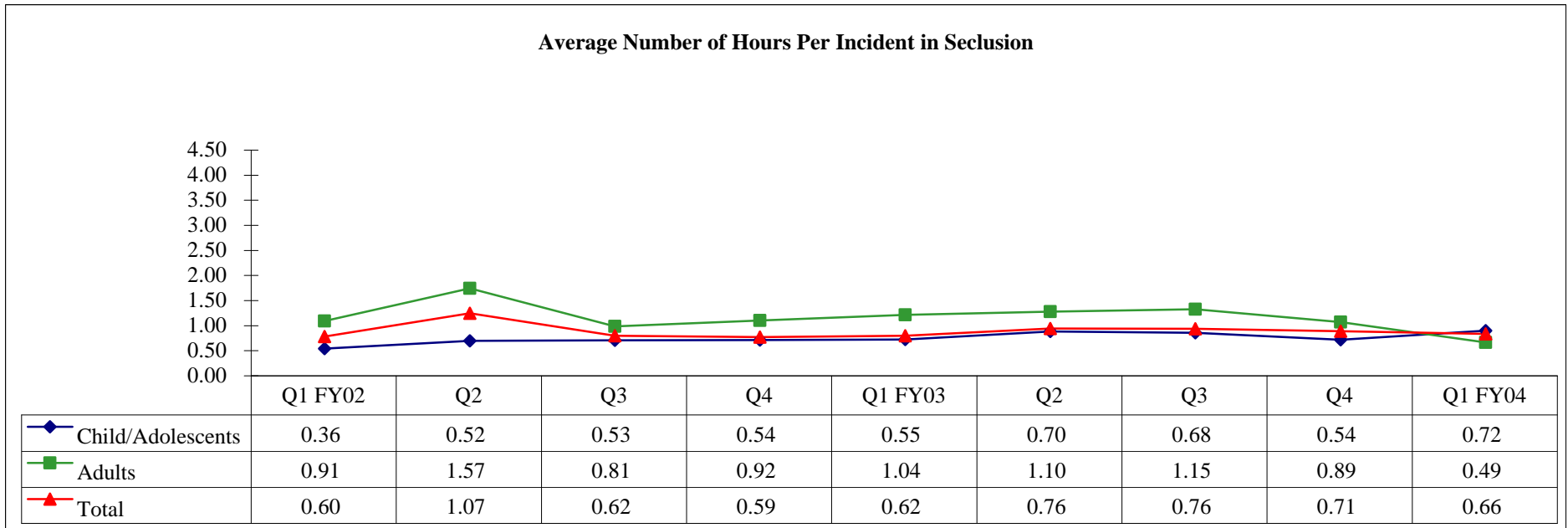
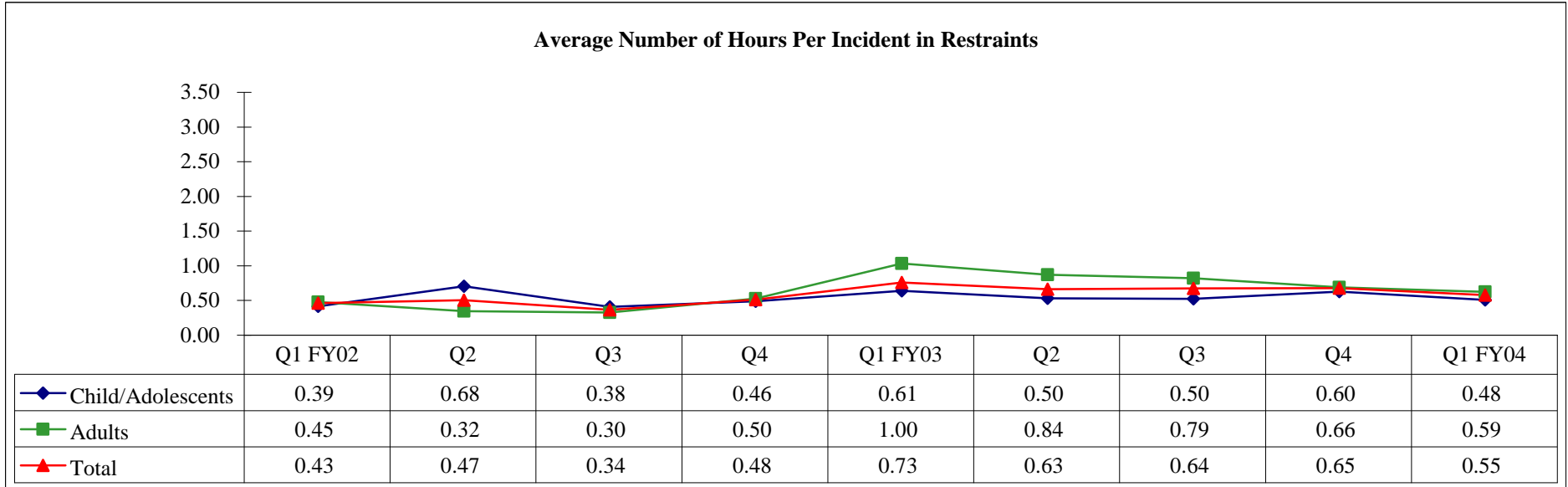
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



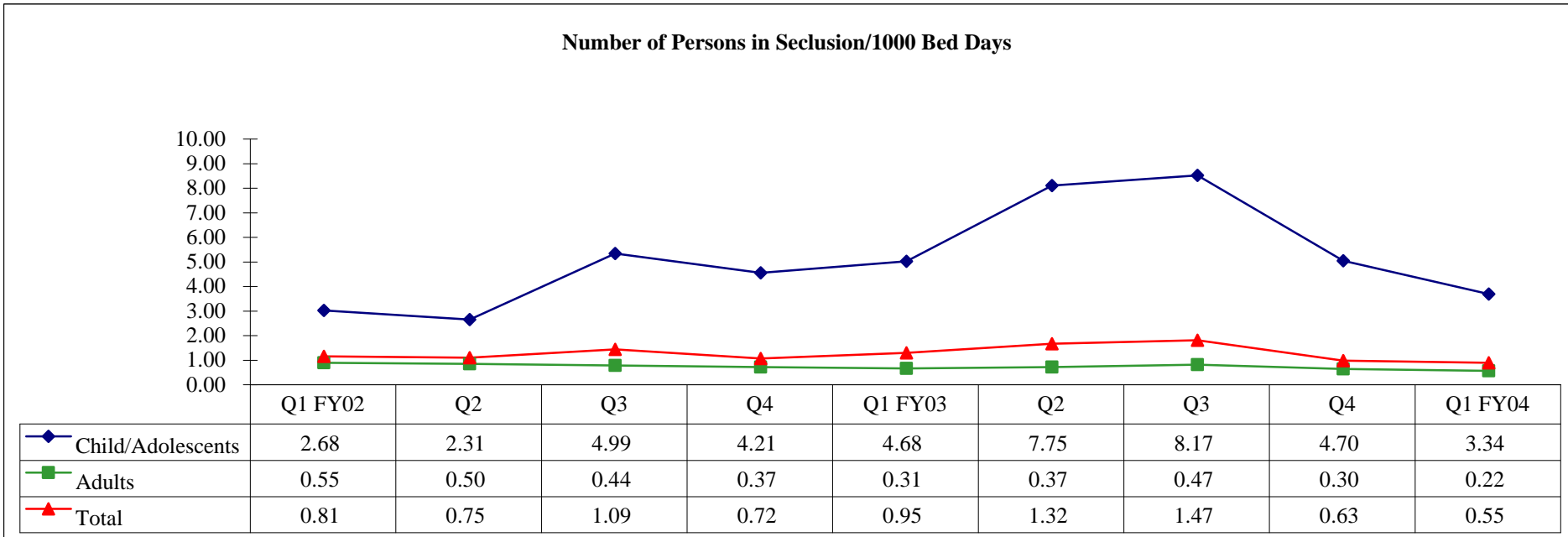
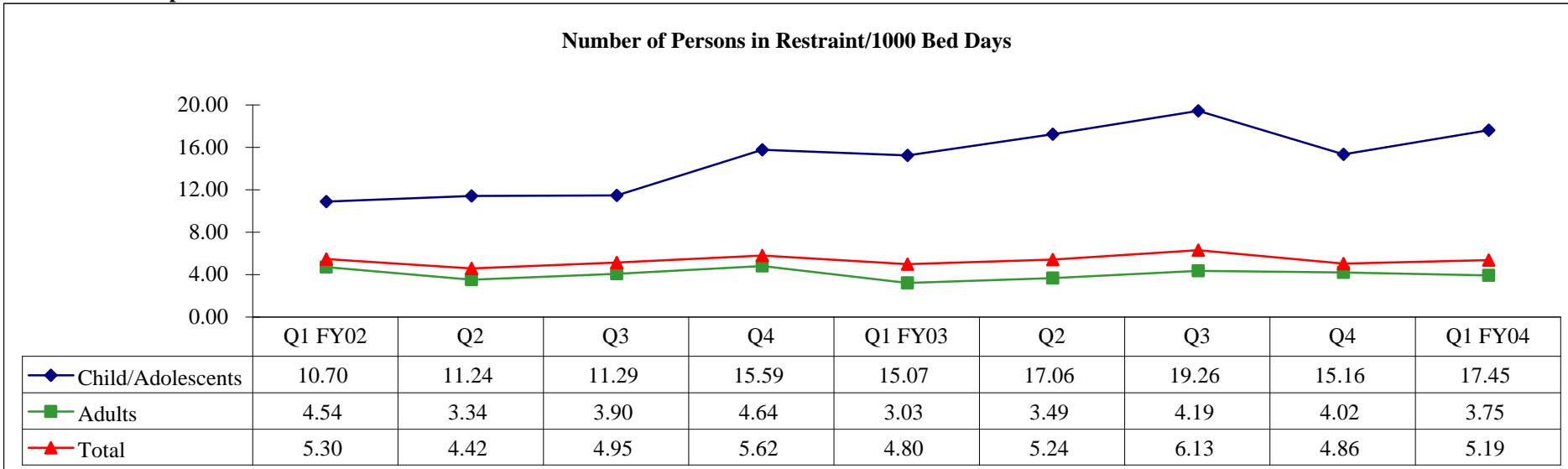
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



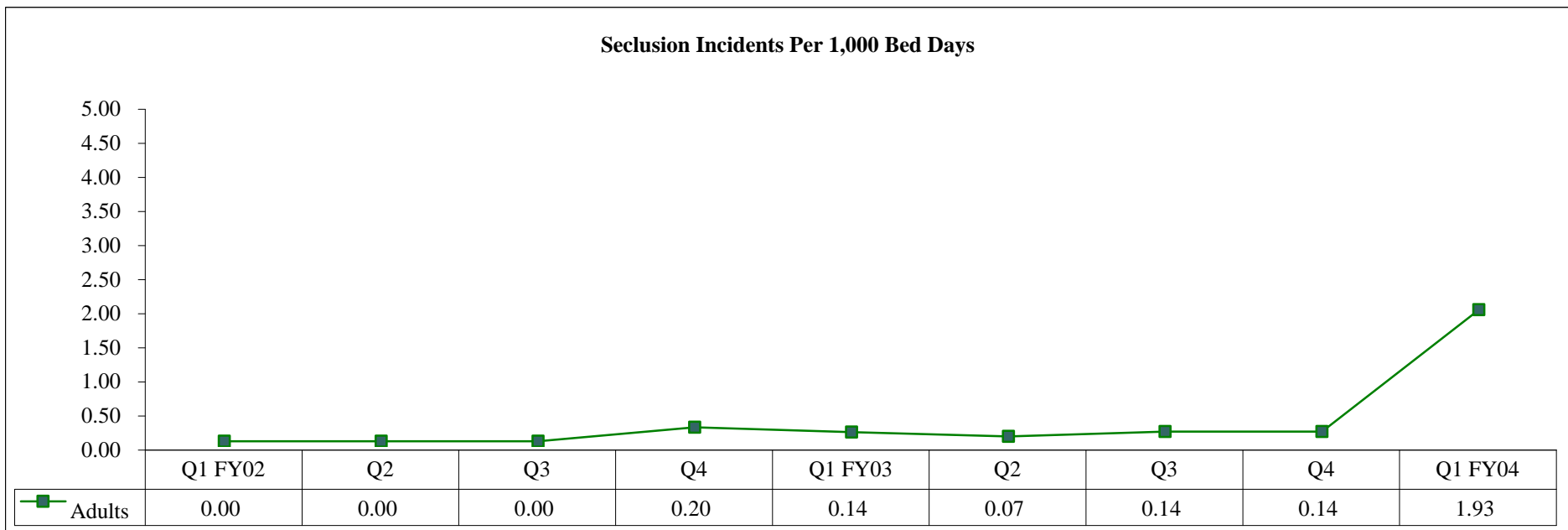
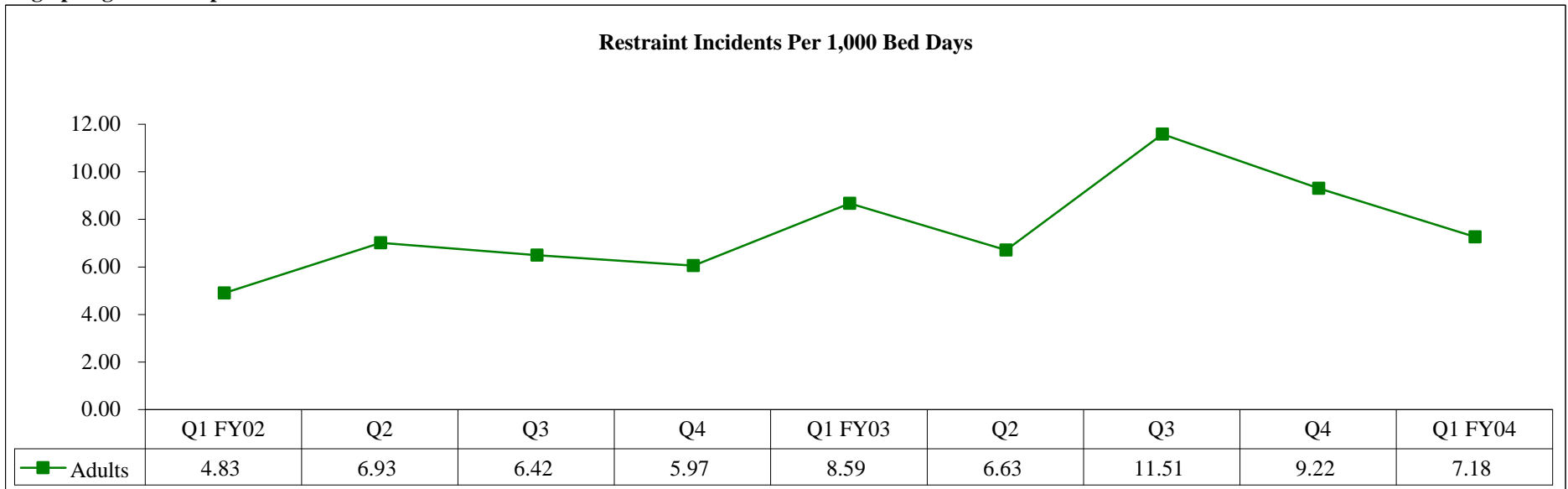
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



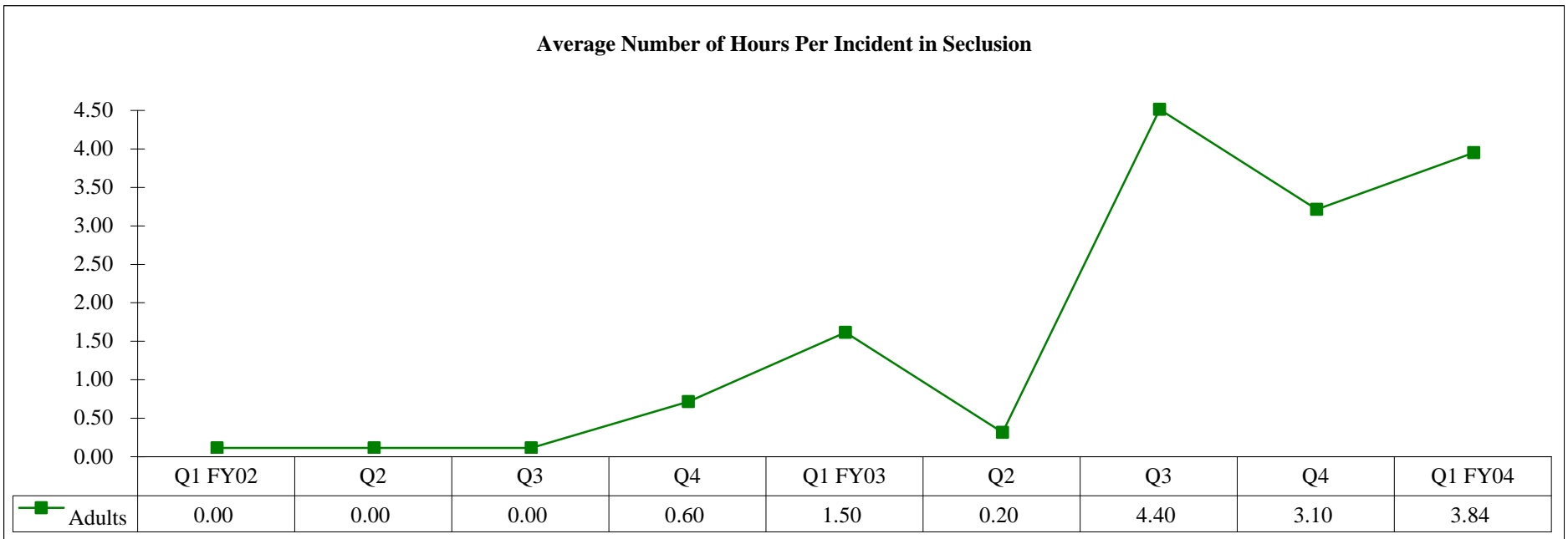
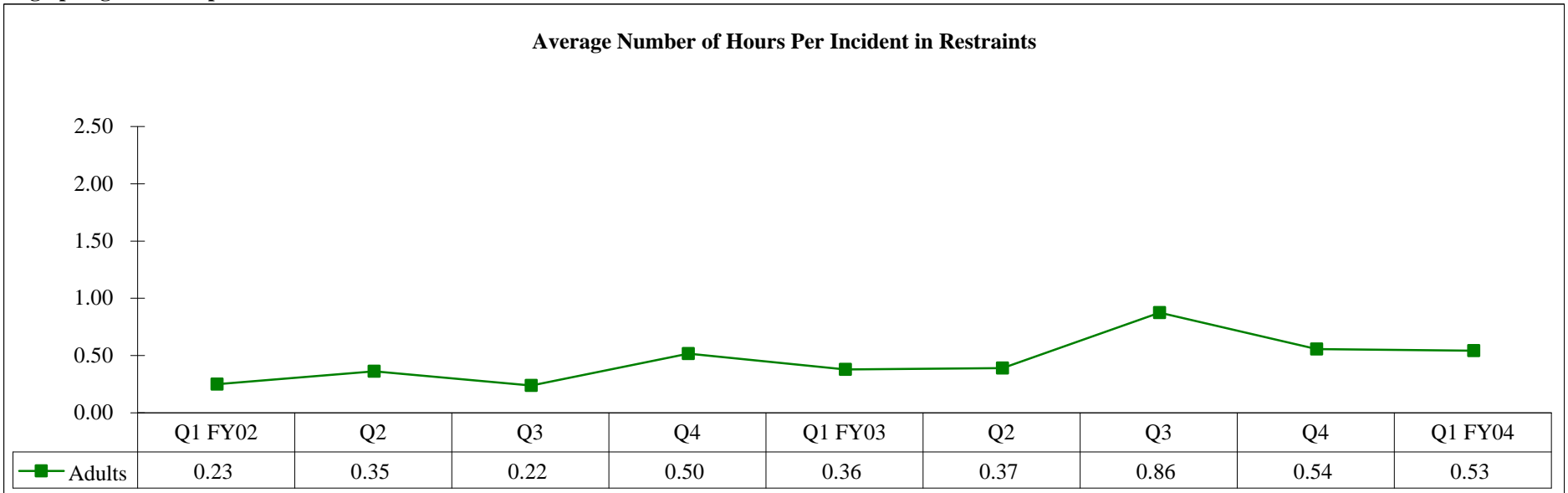
Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital



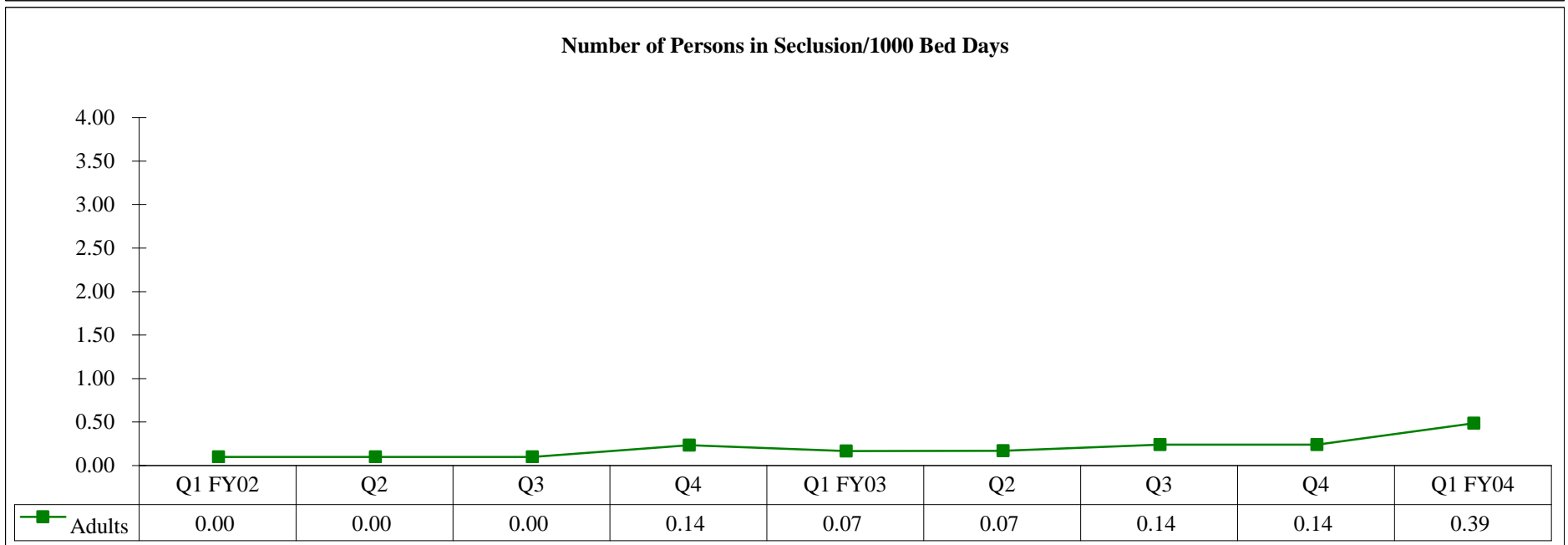
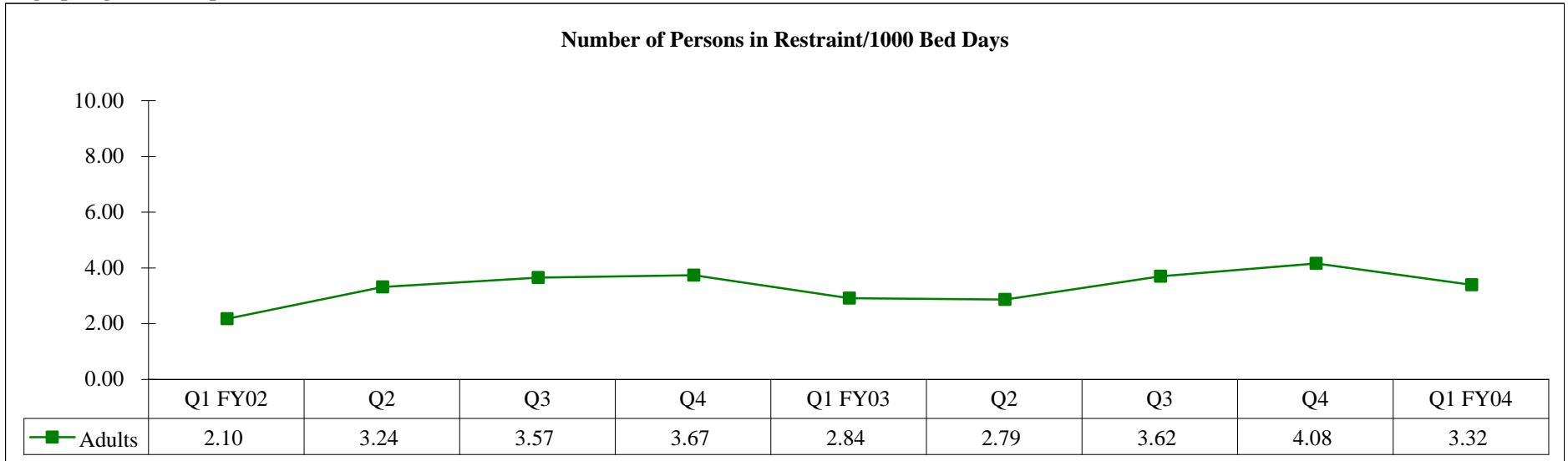
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital



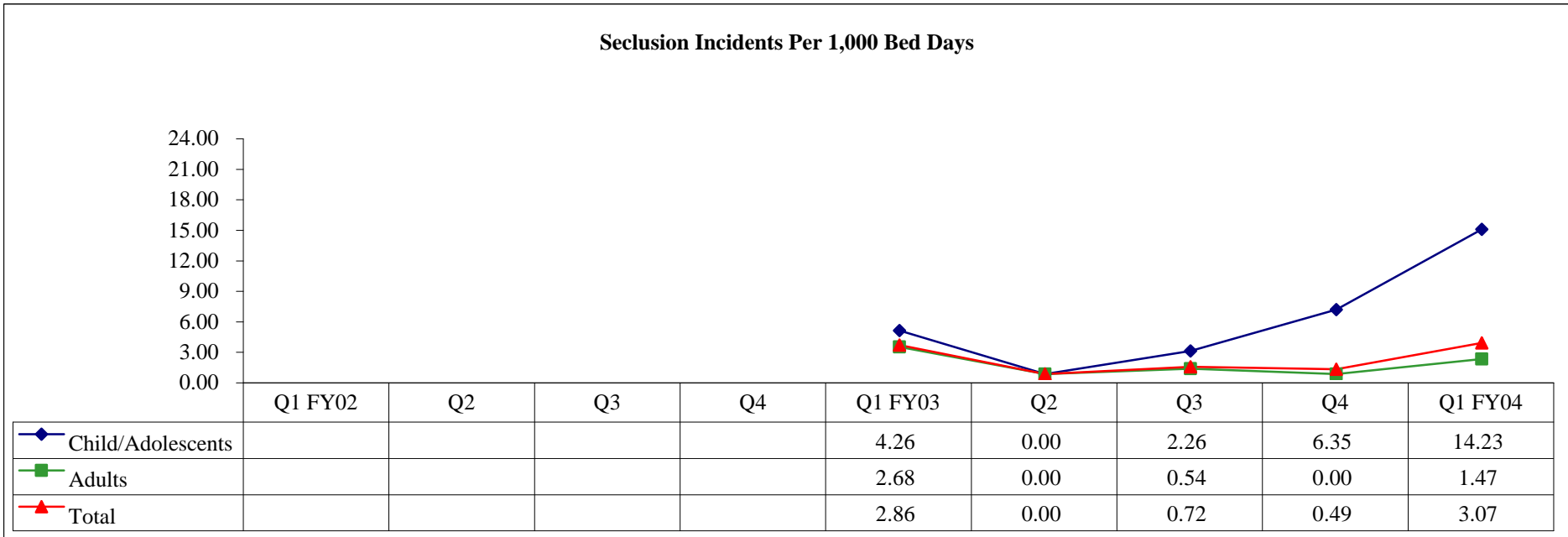
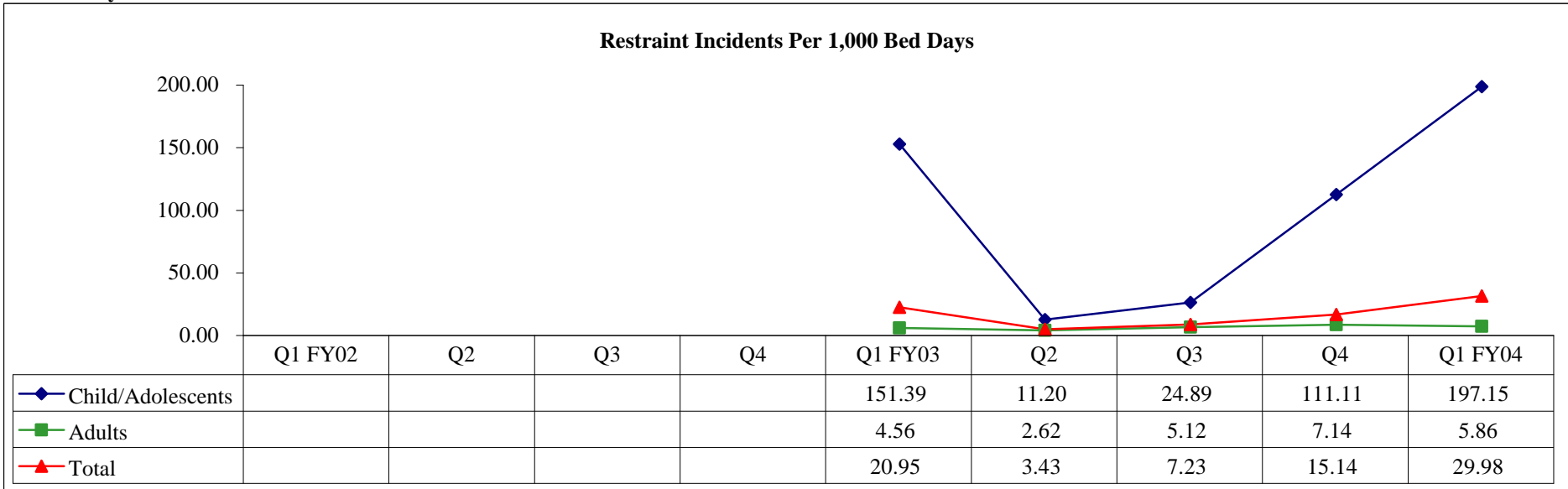
**Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital**



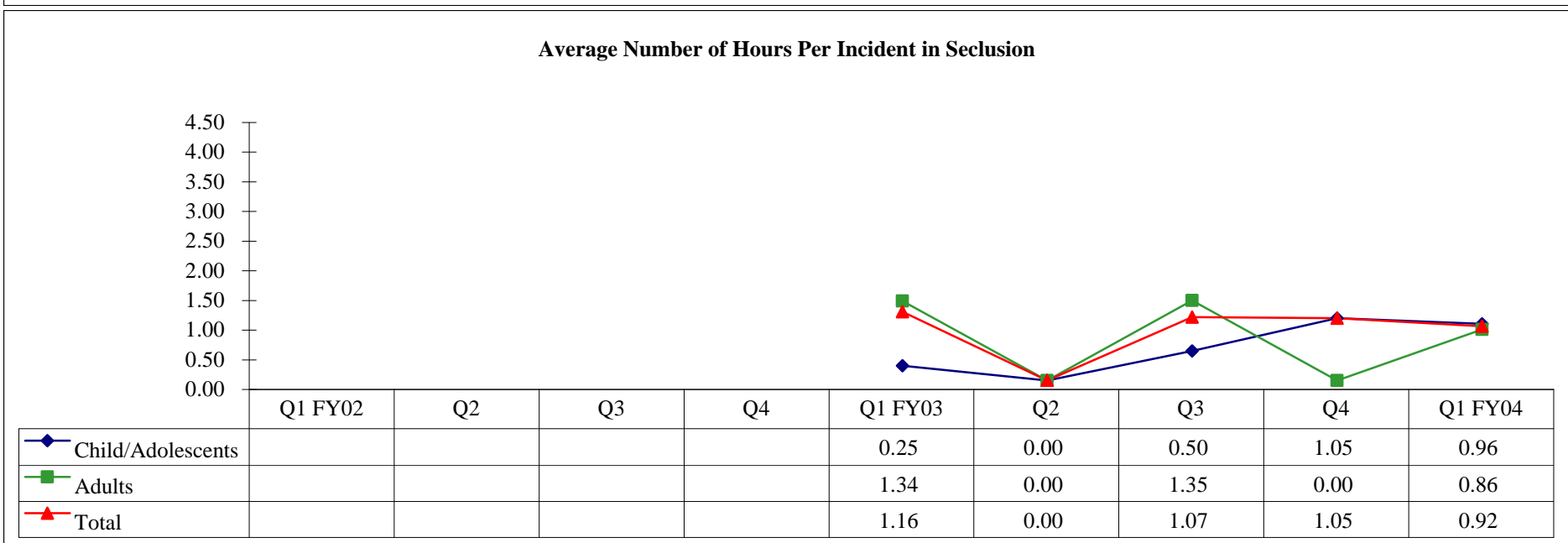
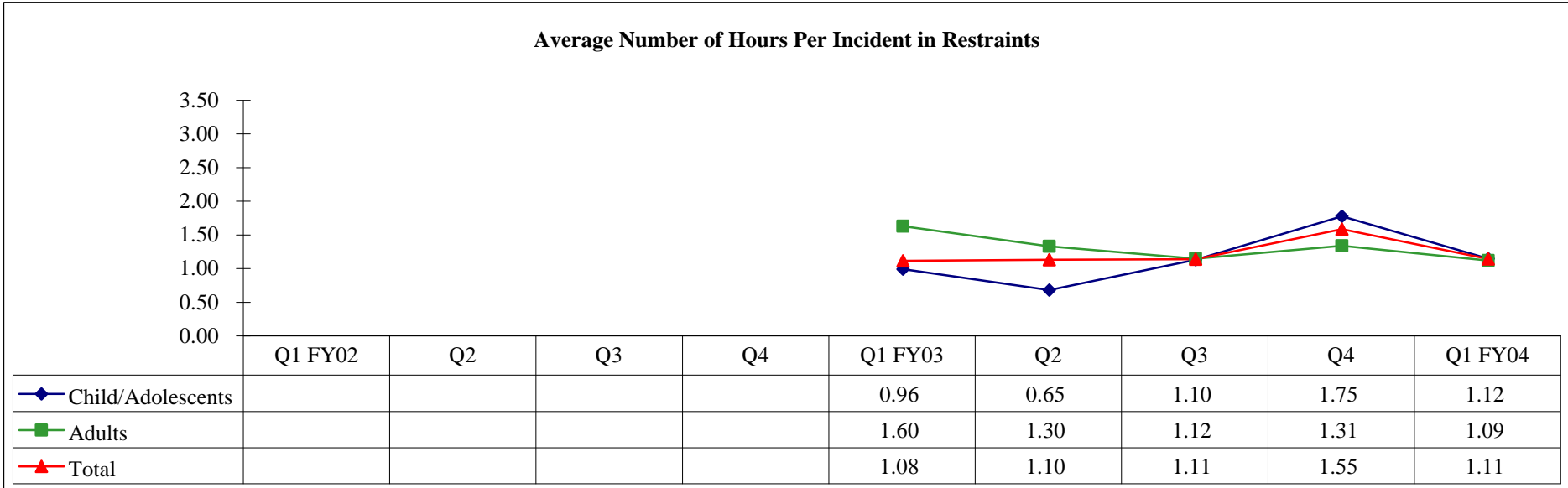
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital



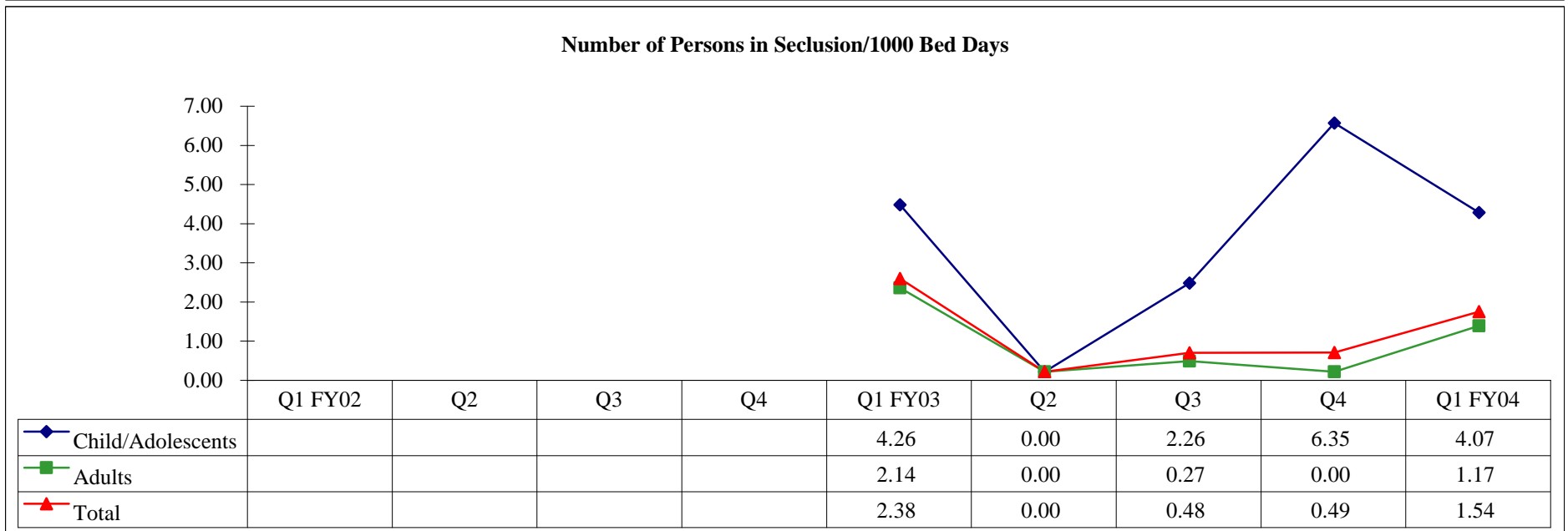
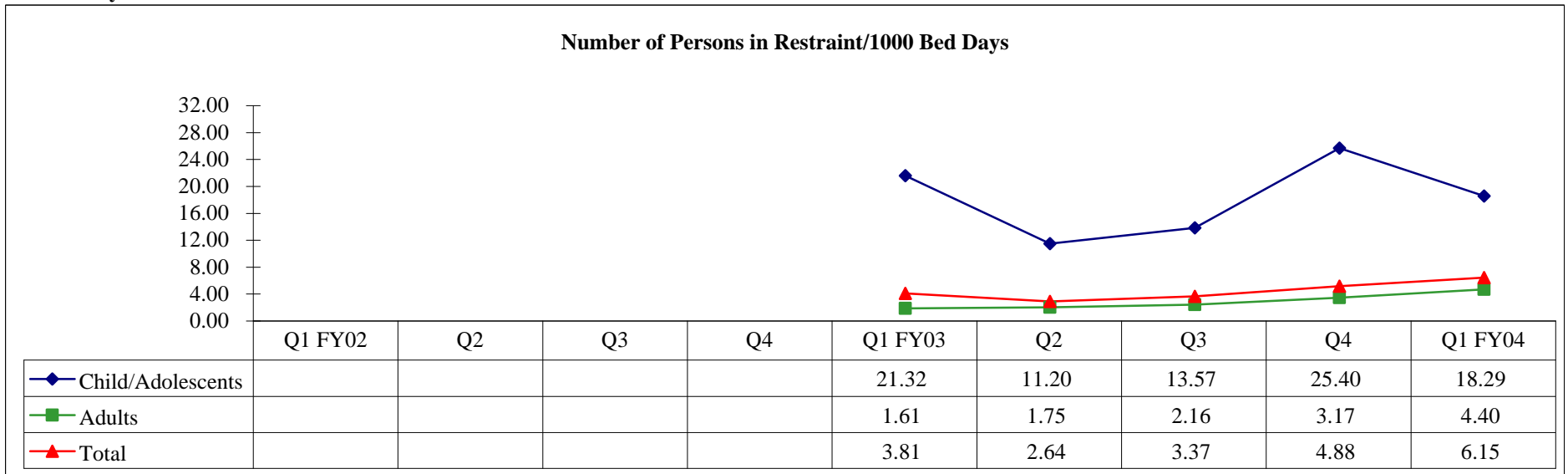
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



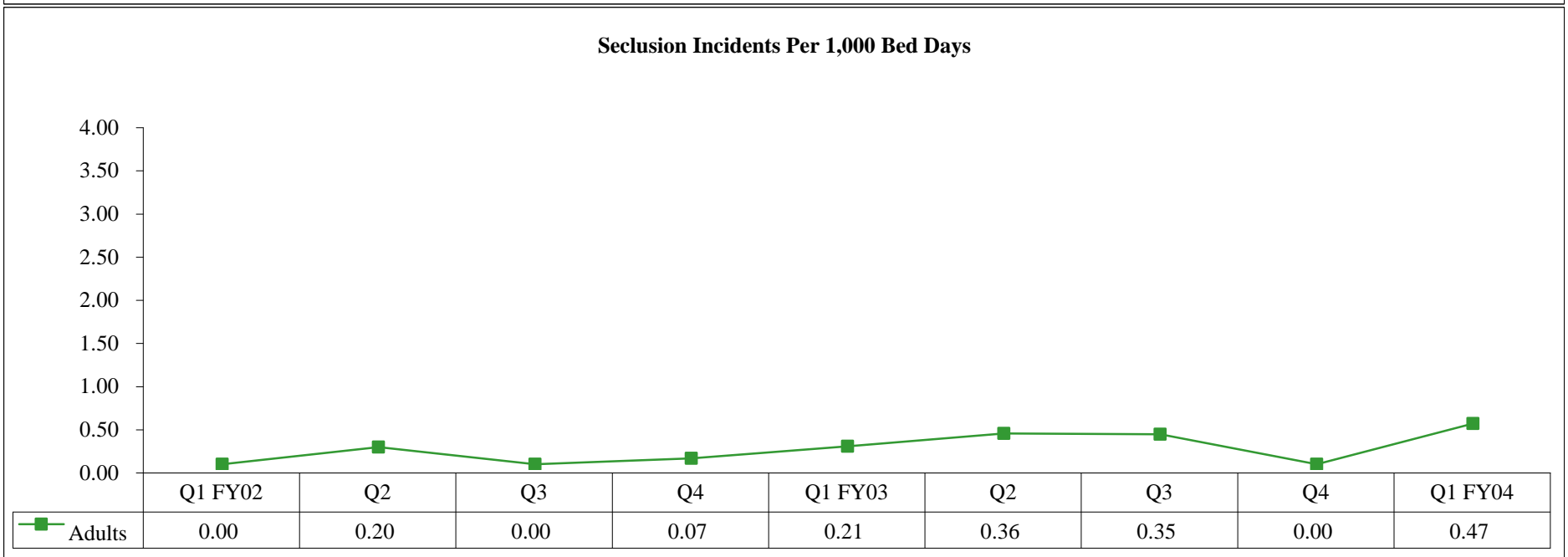
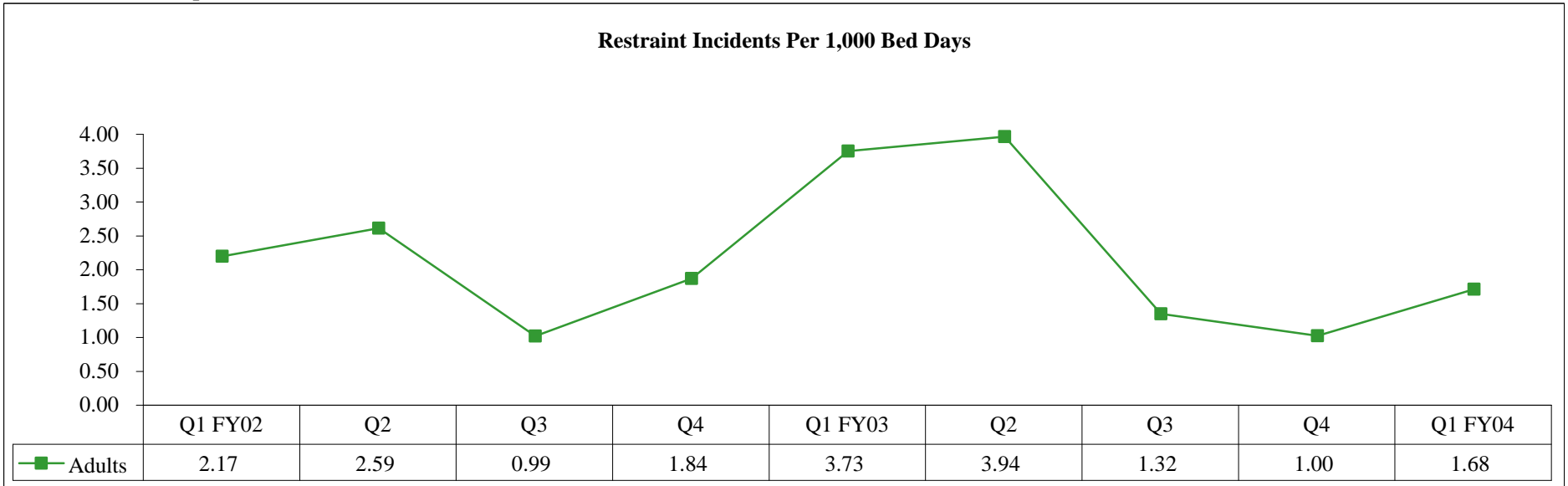
**Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center**



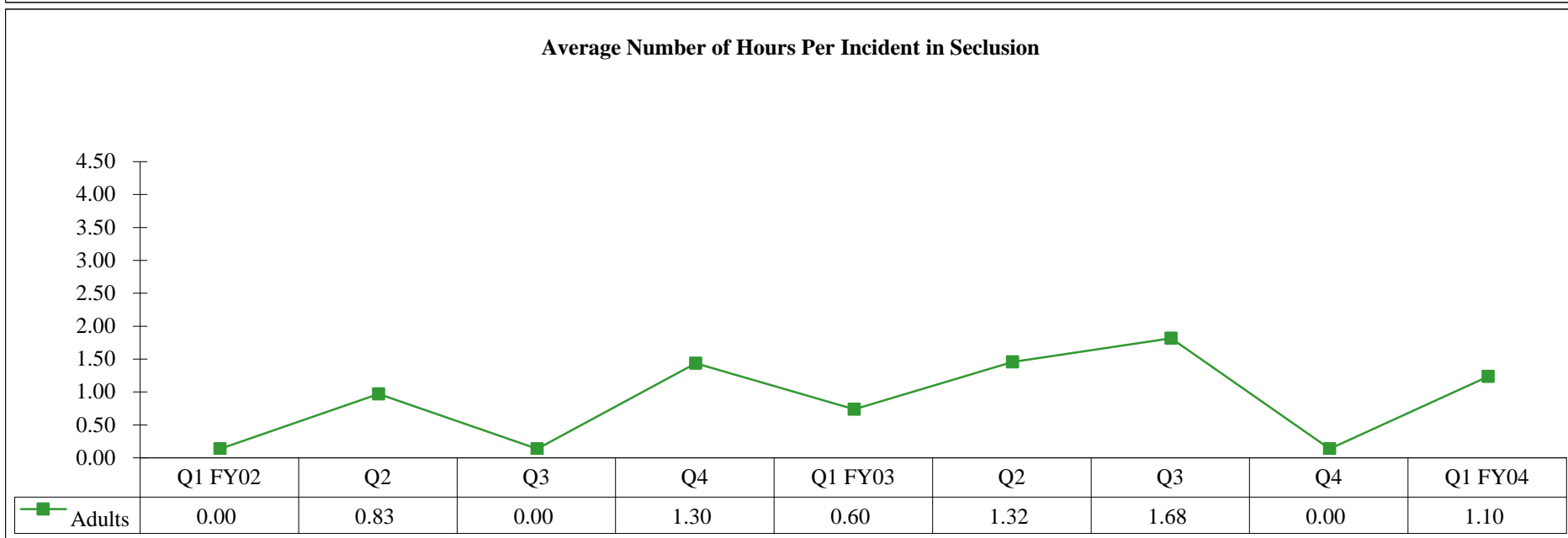
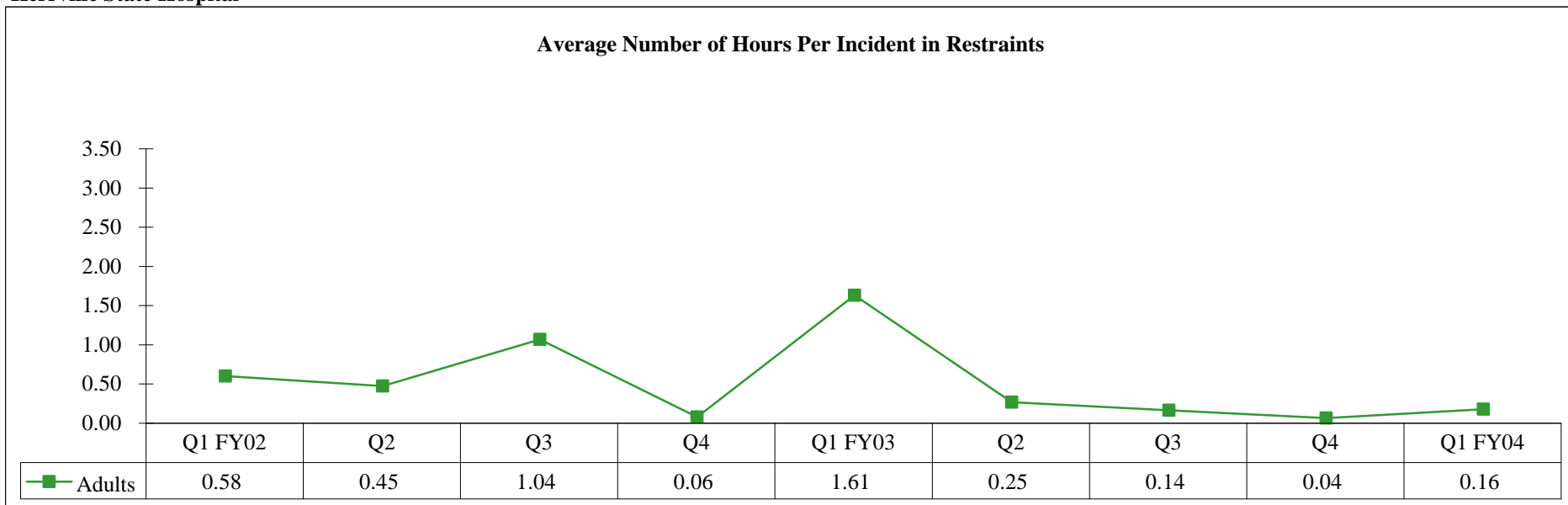
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



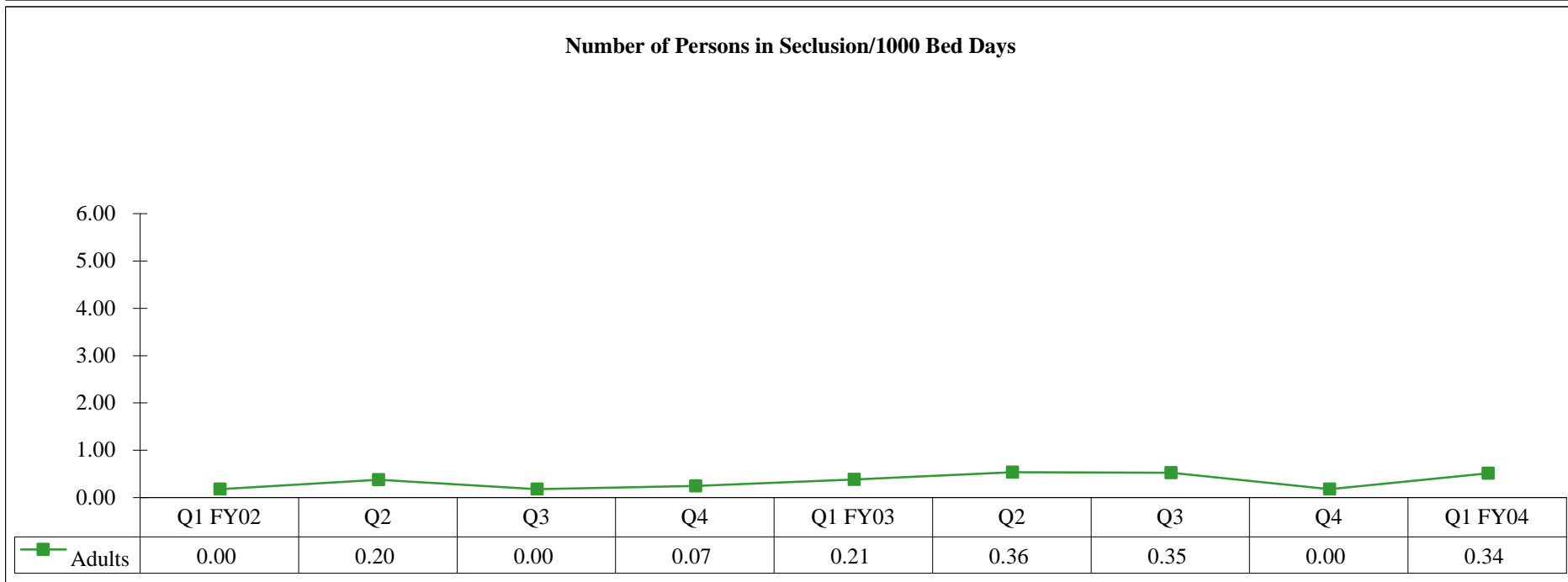
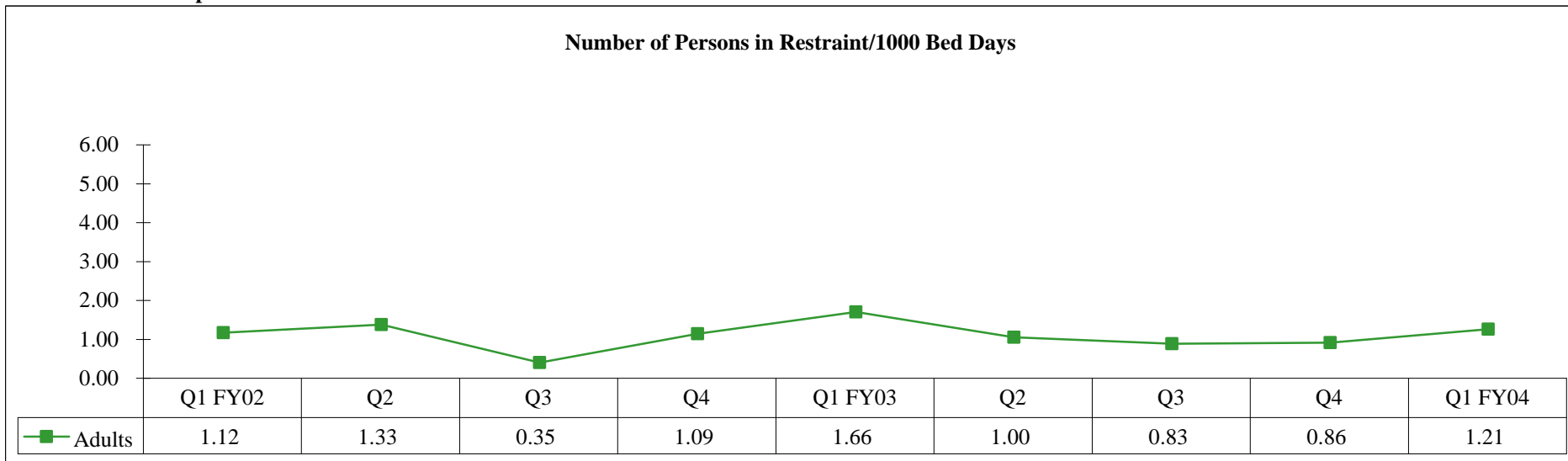
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



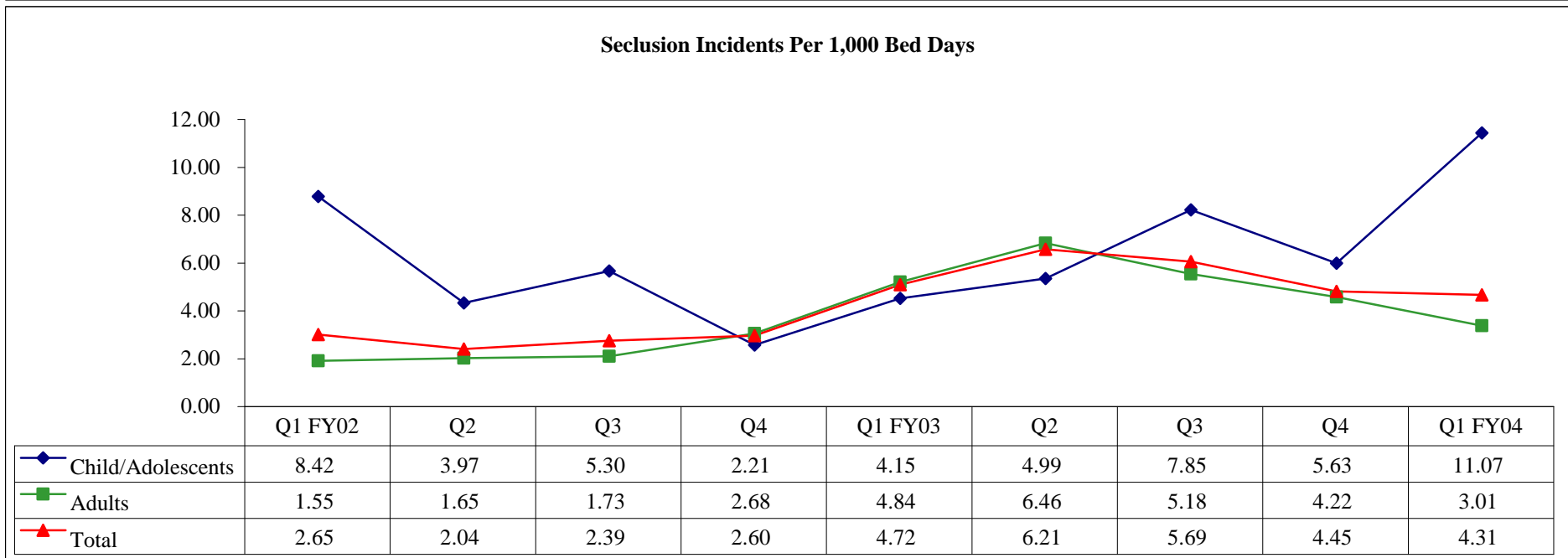
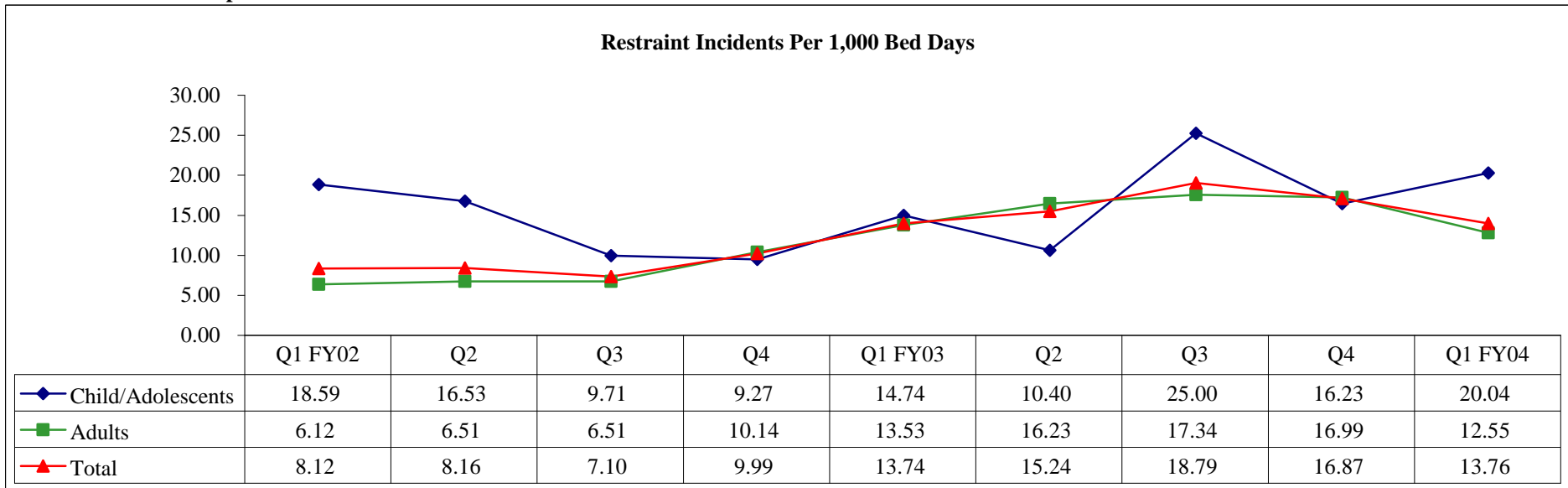
Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital



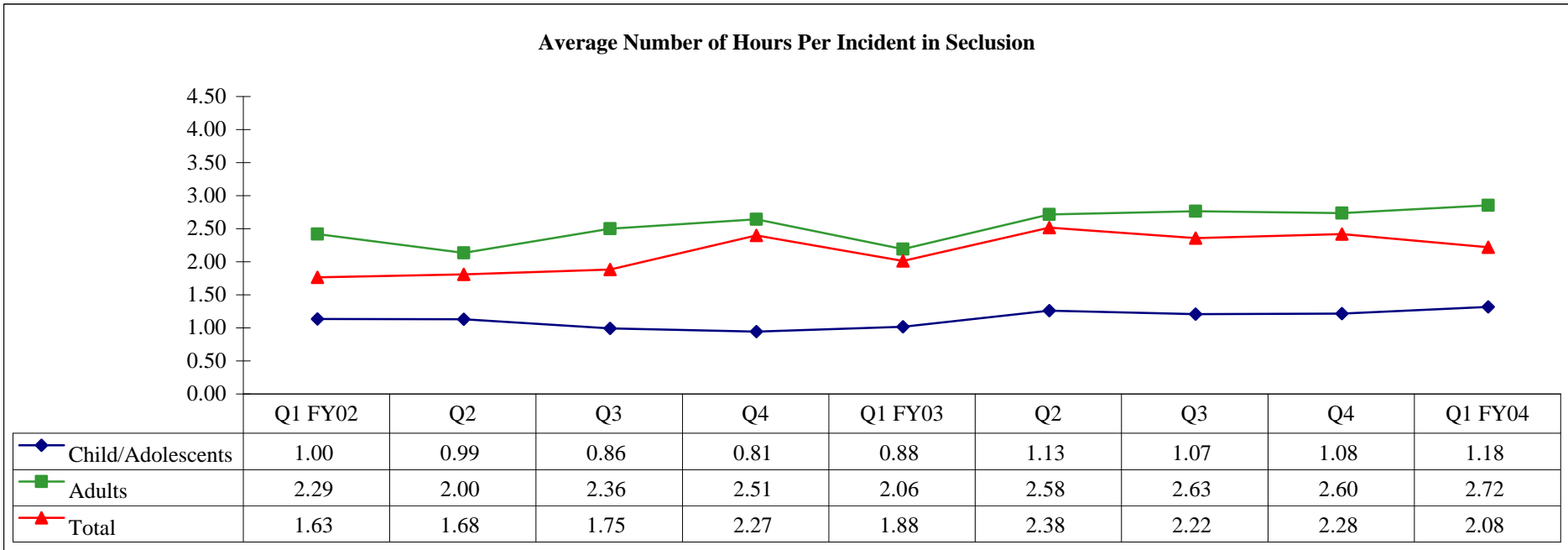
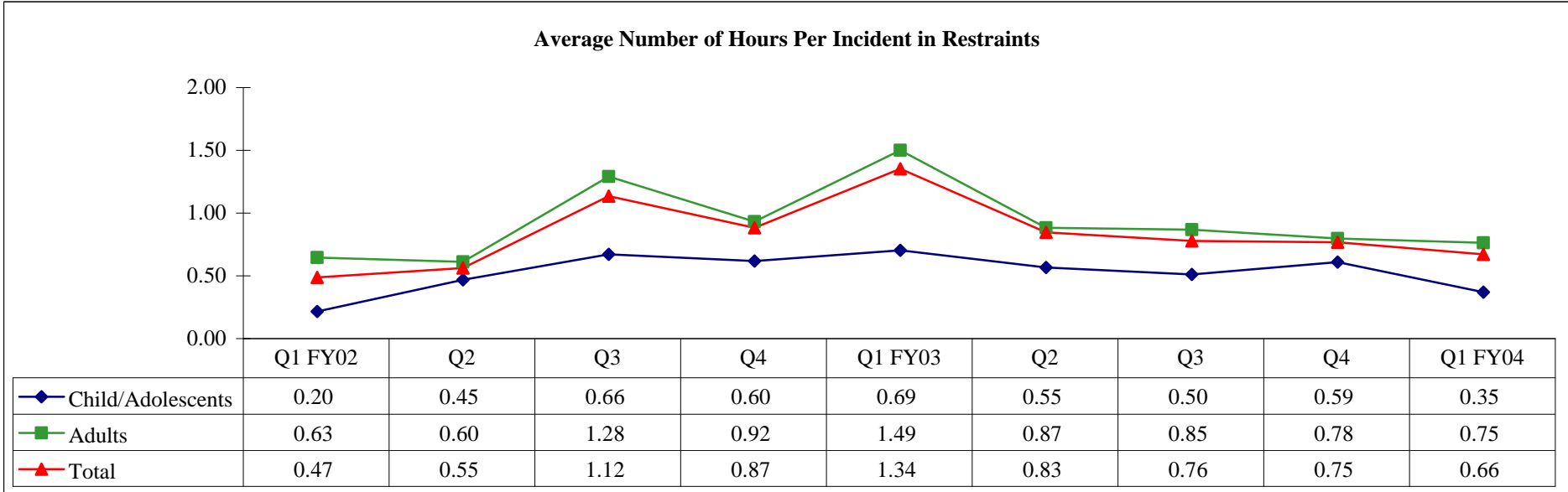
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



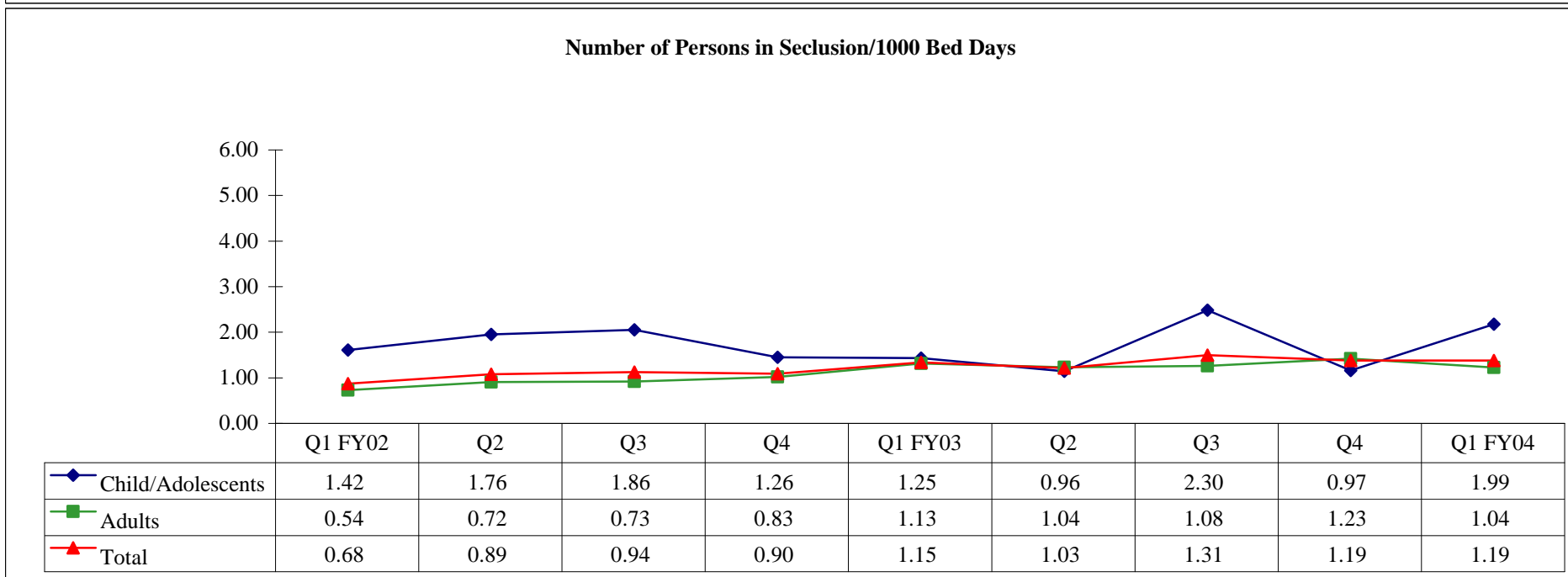
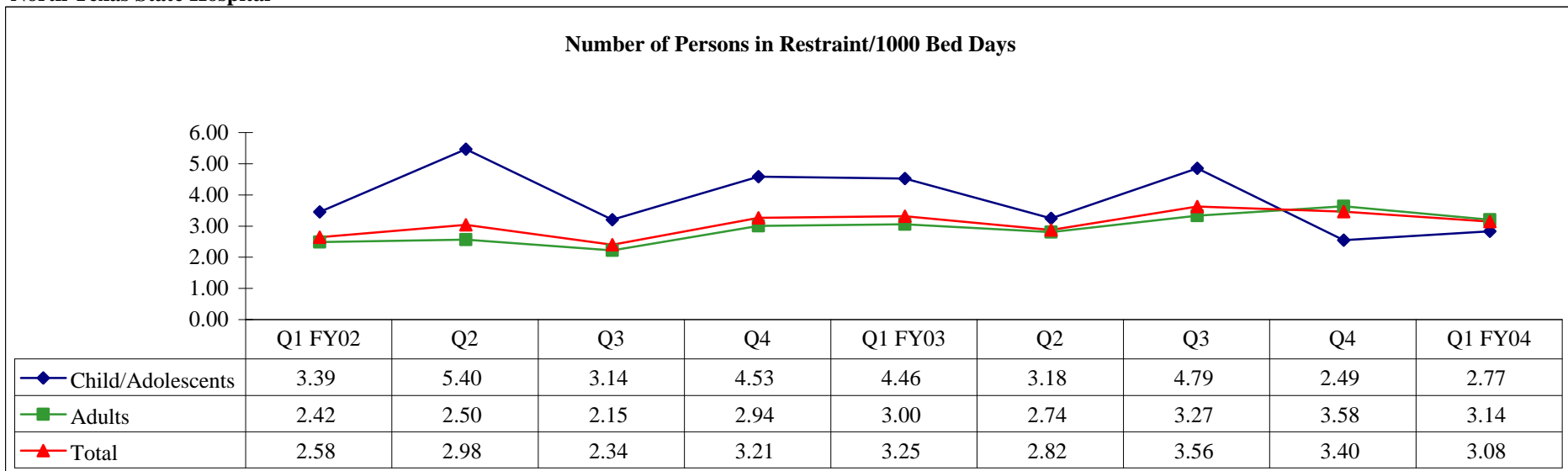
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



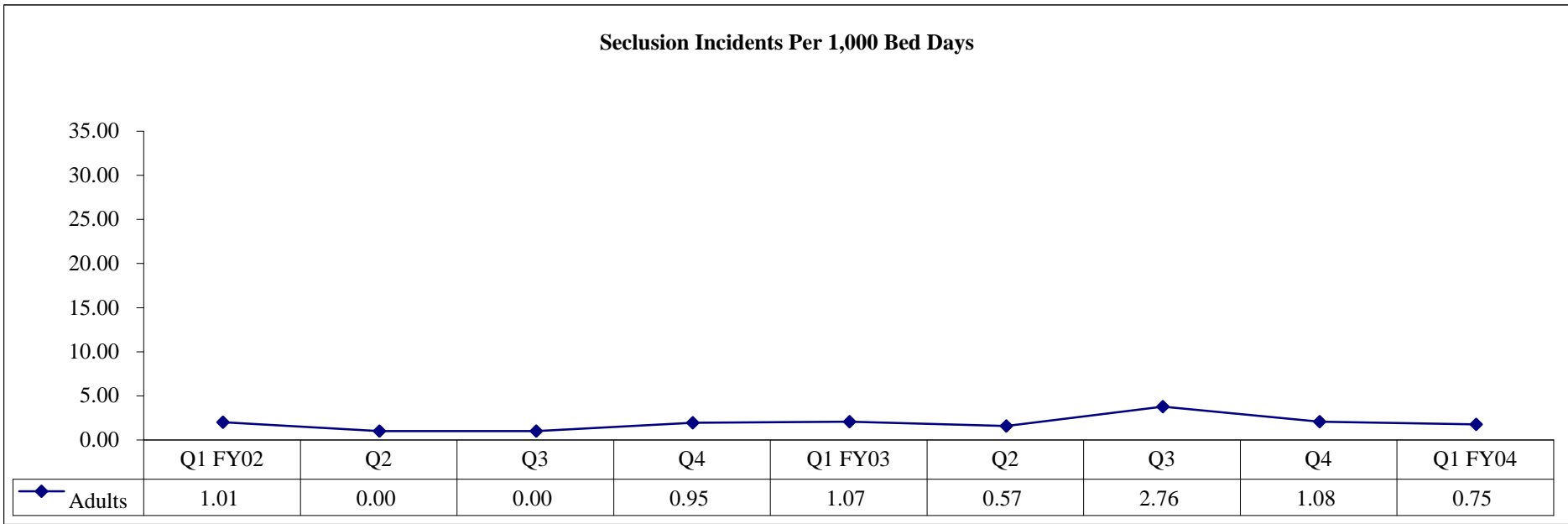
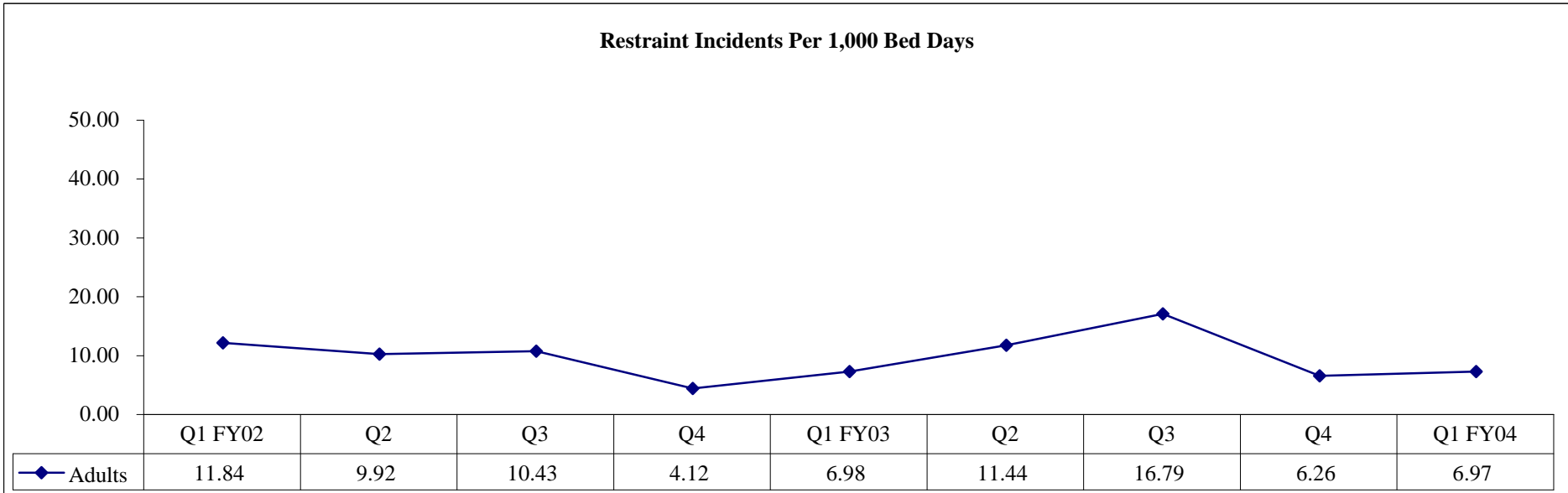
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



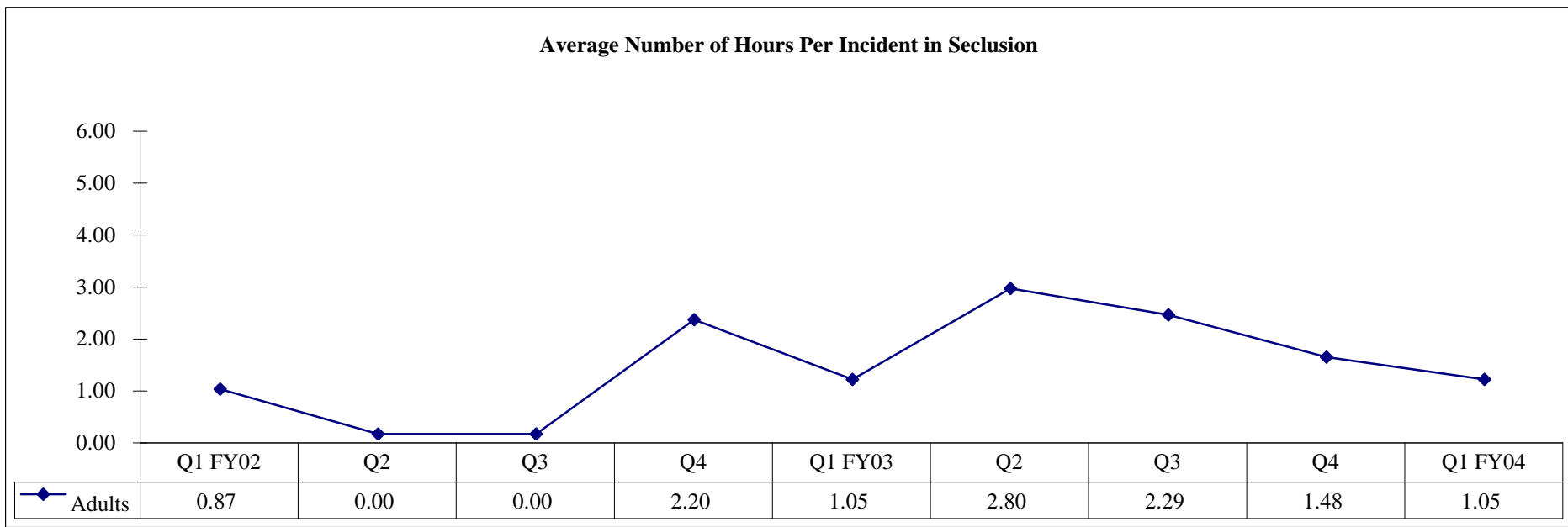
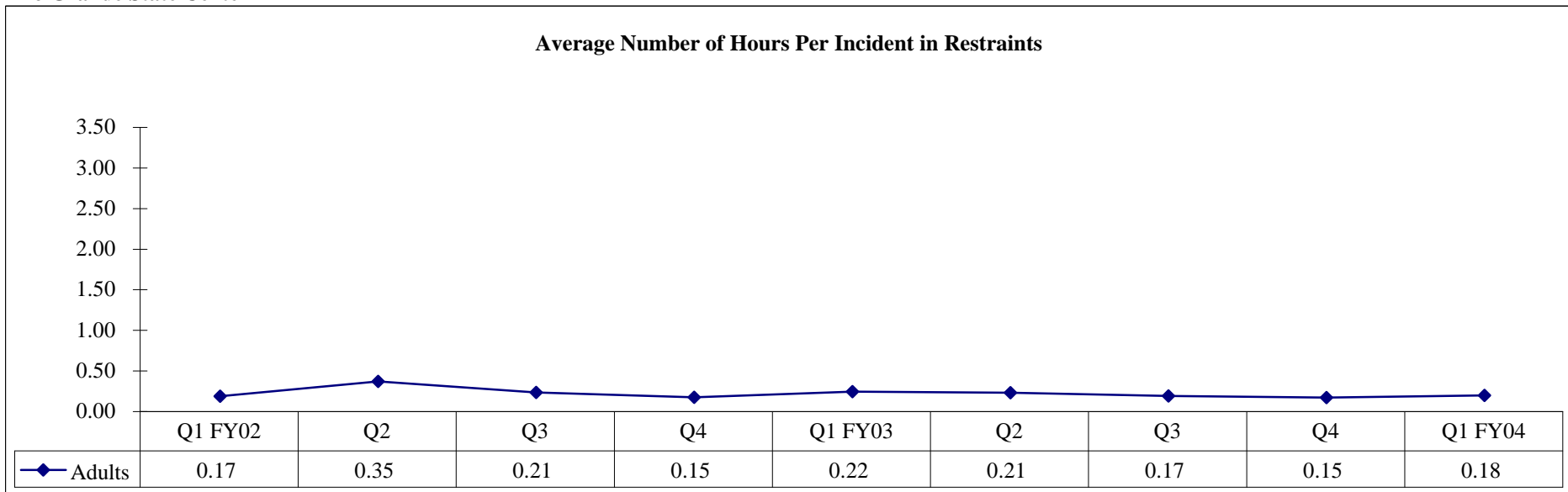
Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital



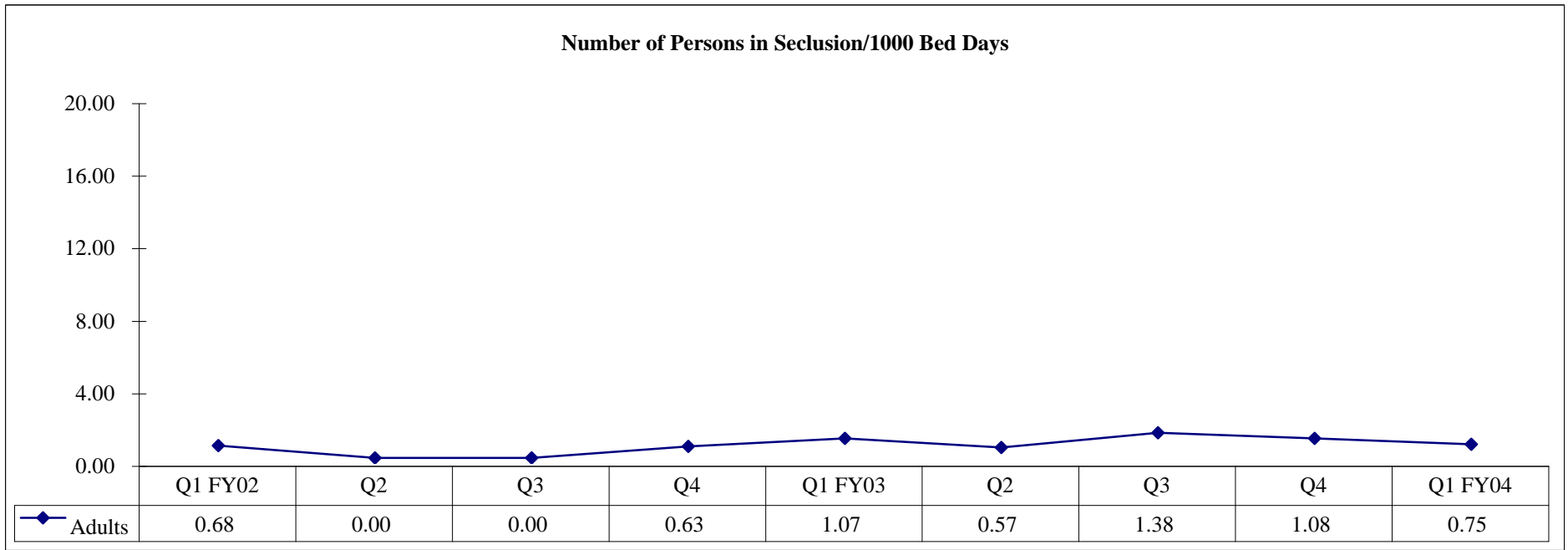
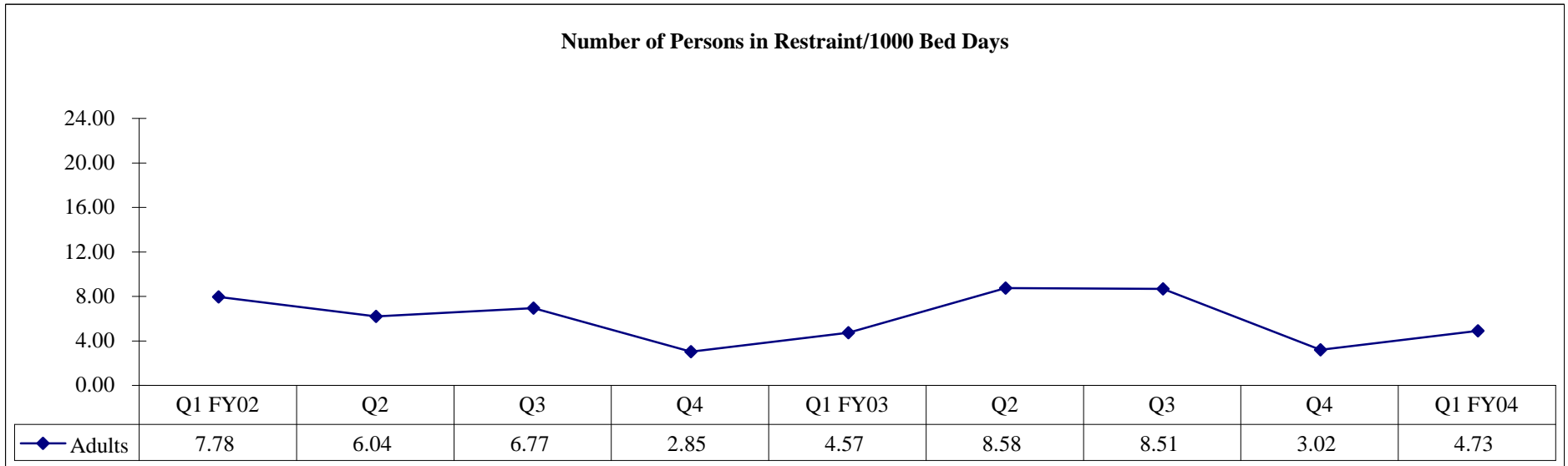
**Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center**



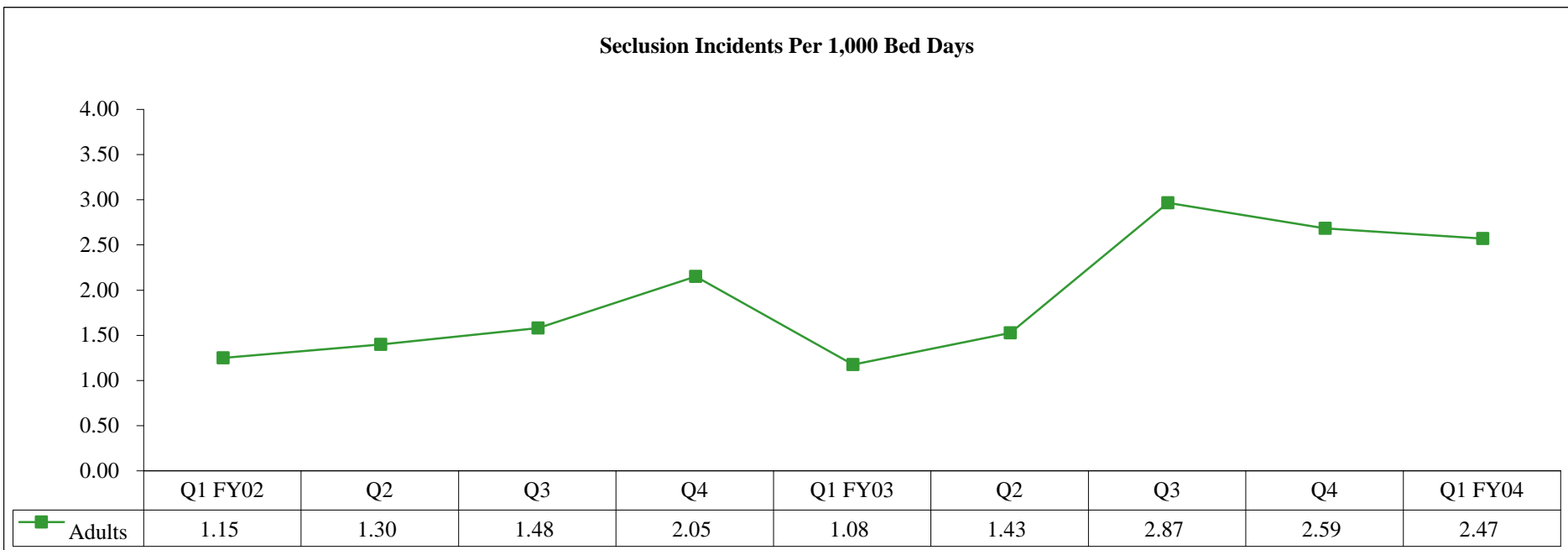
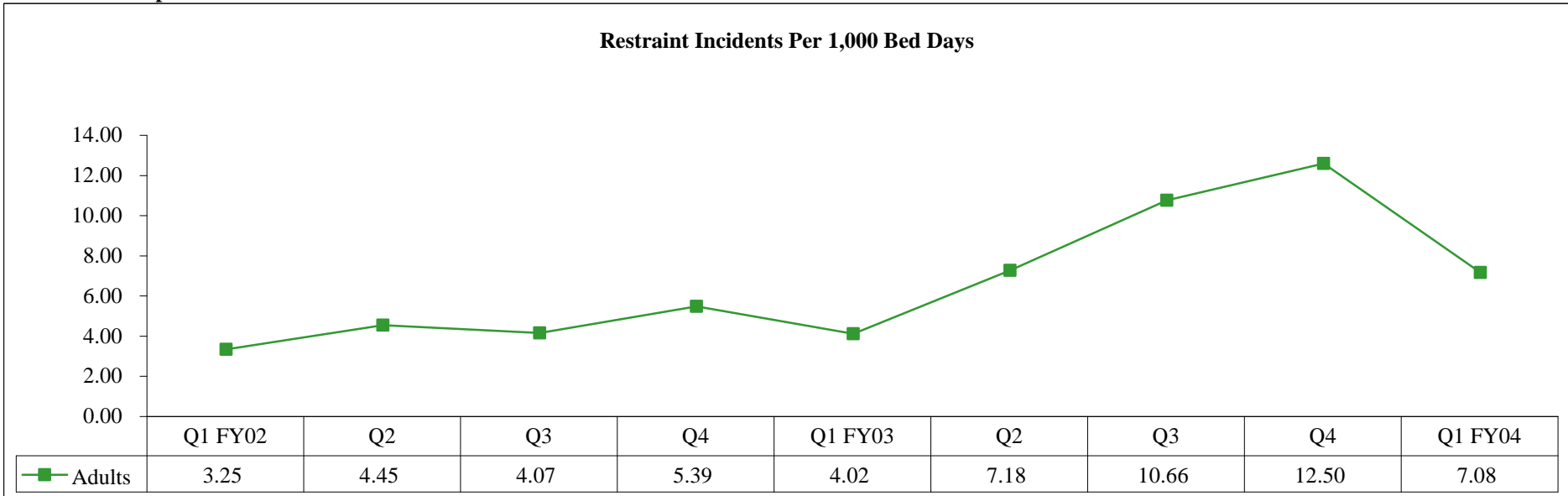
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



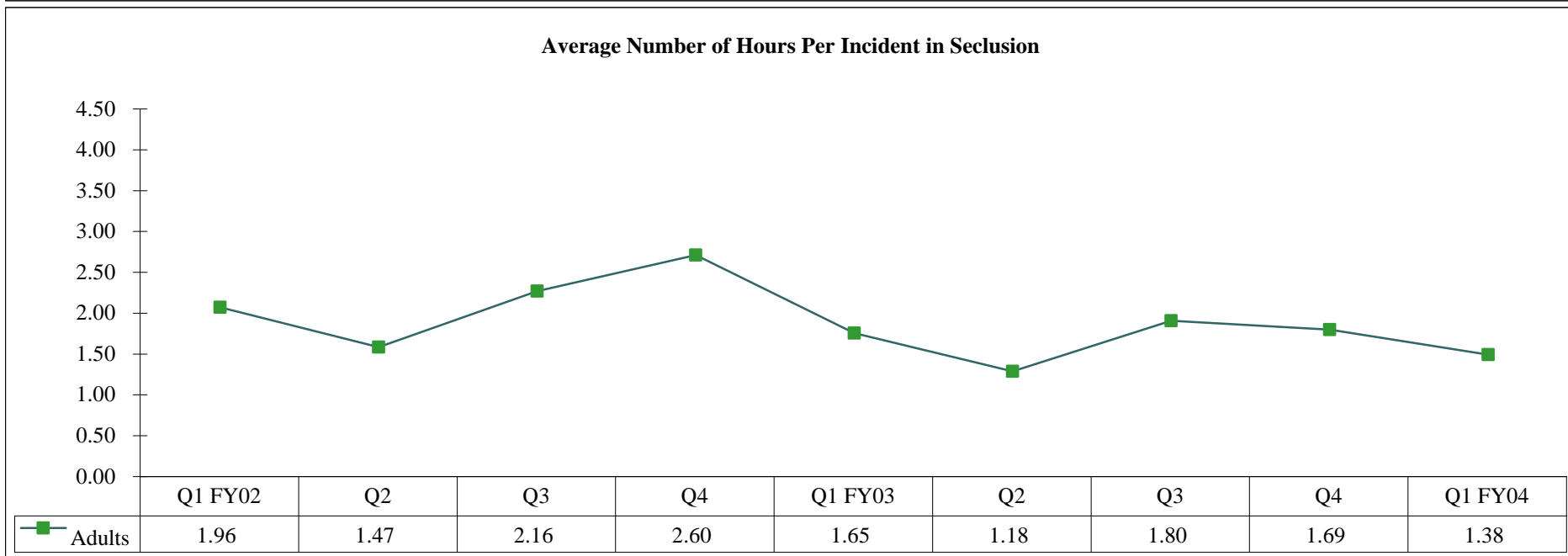
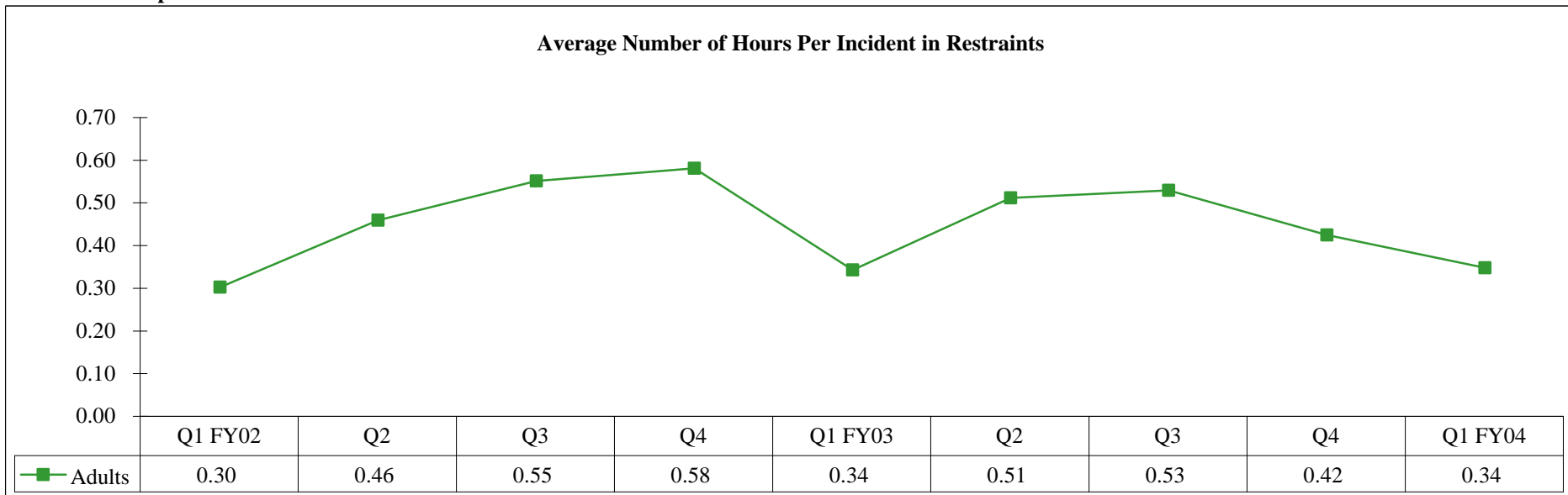
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



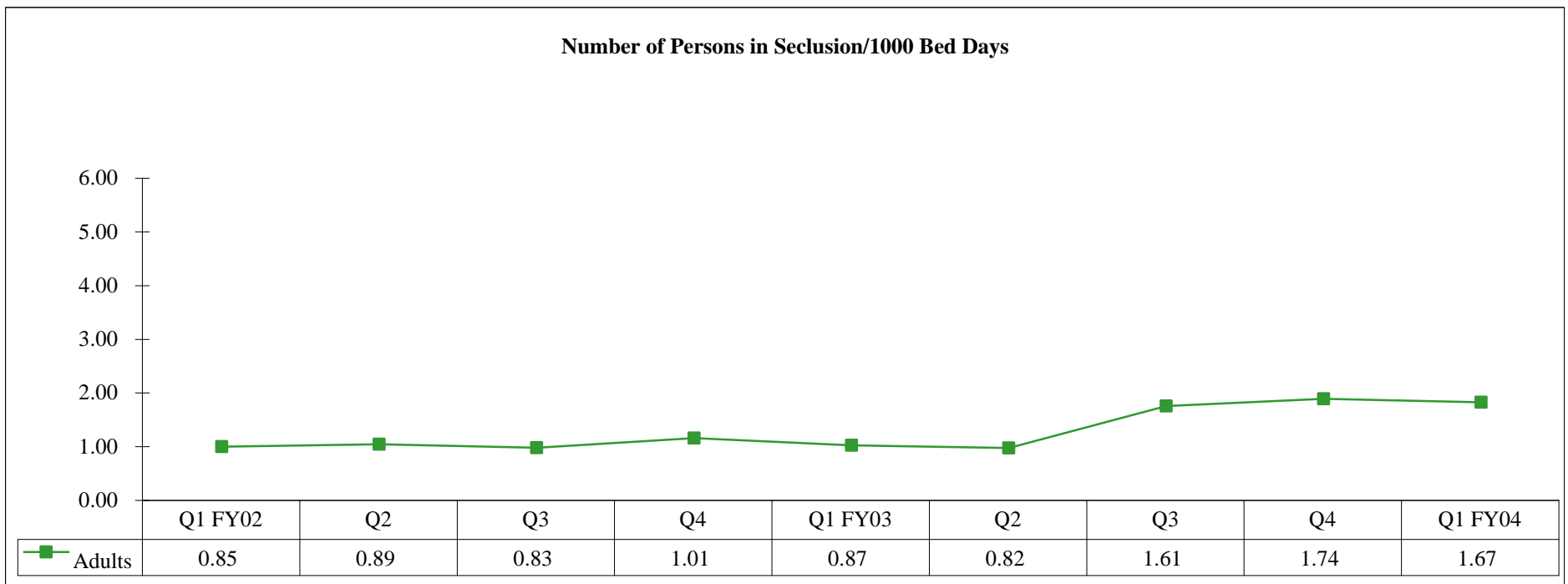
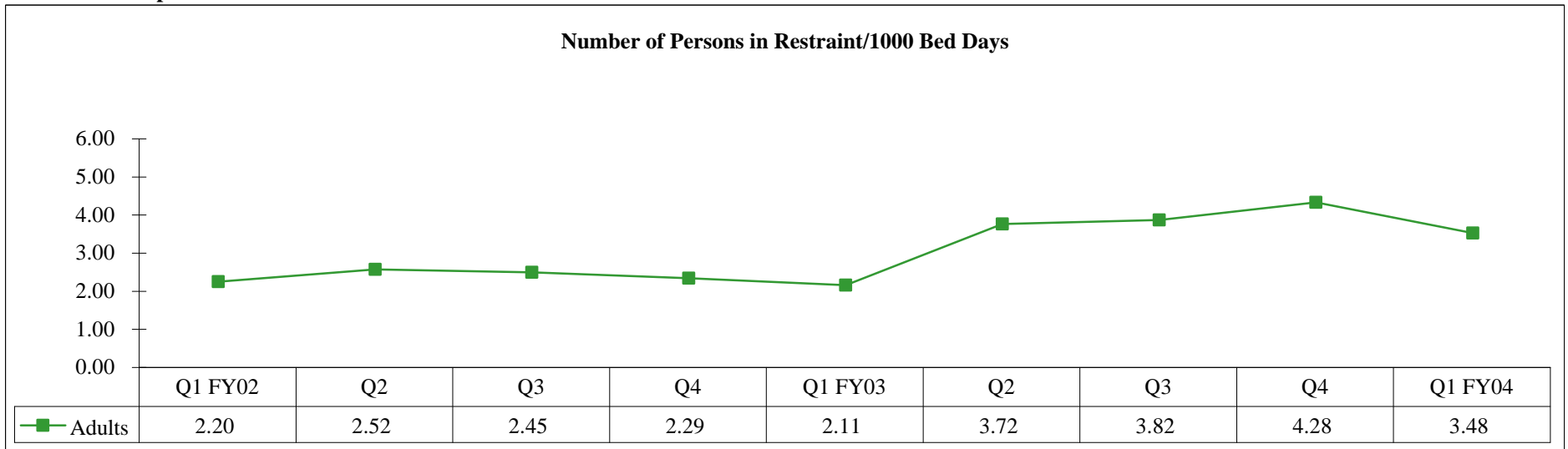
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



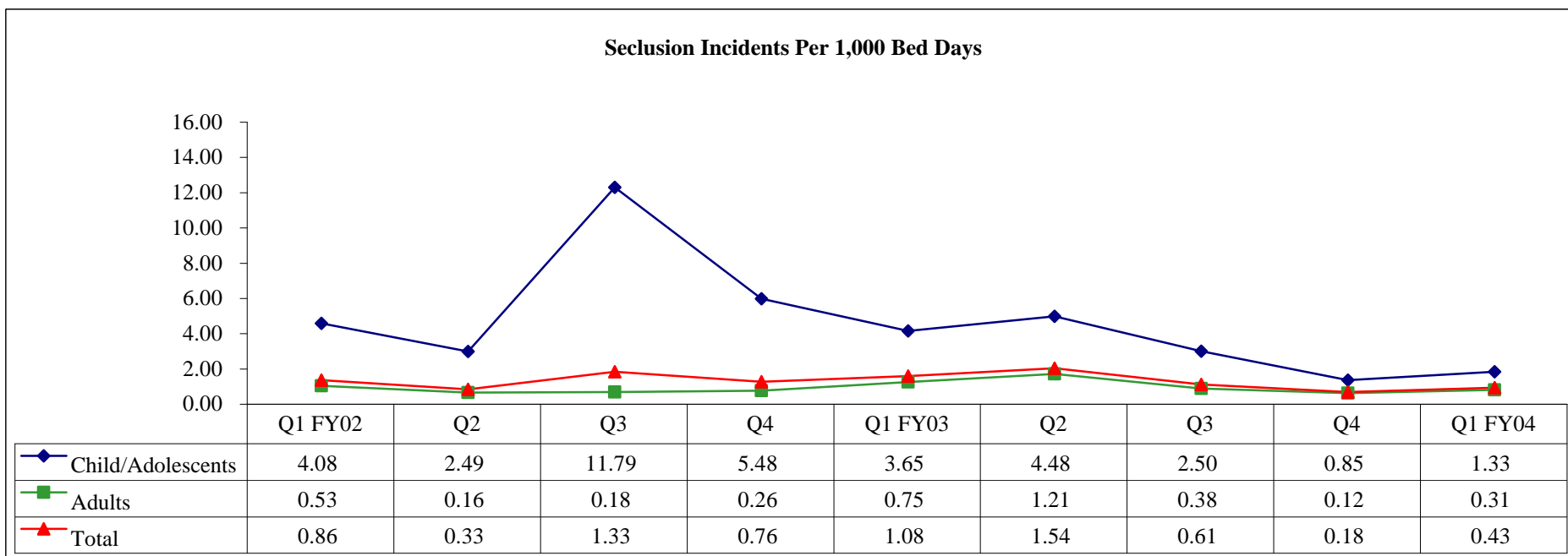
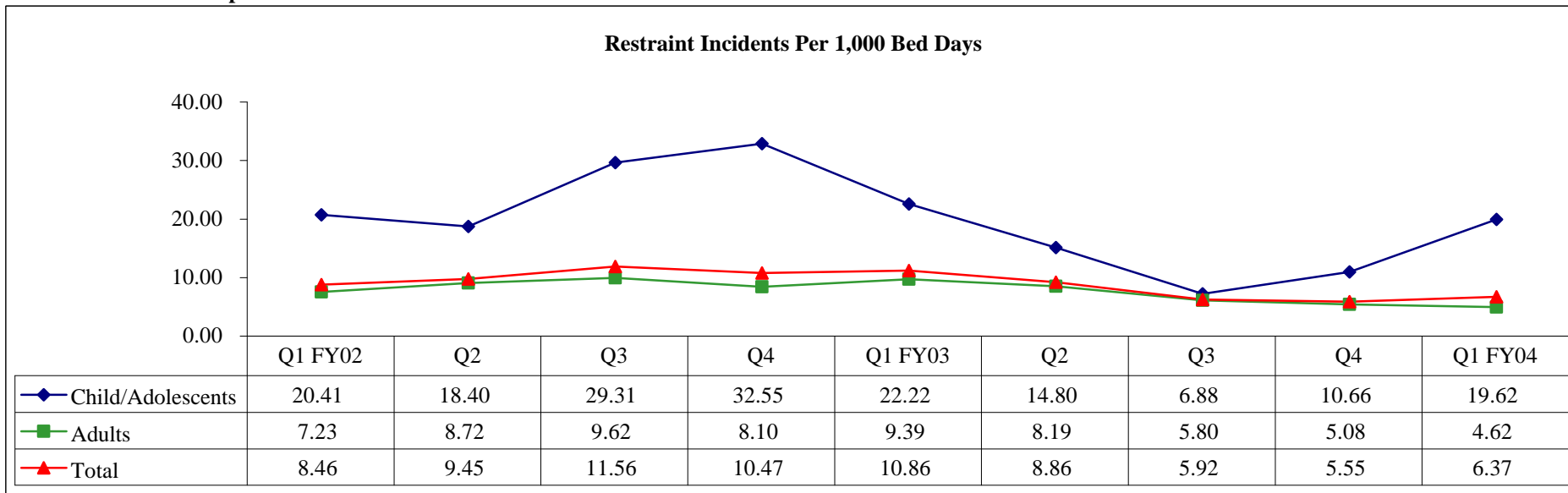
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



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

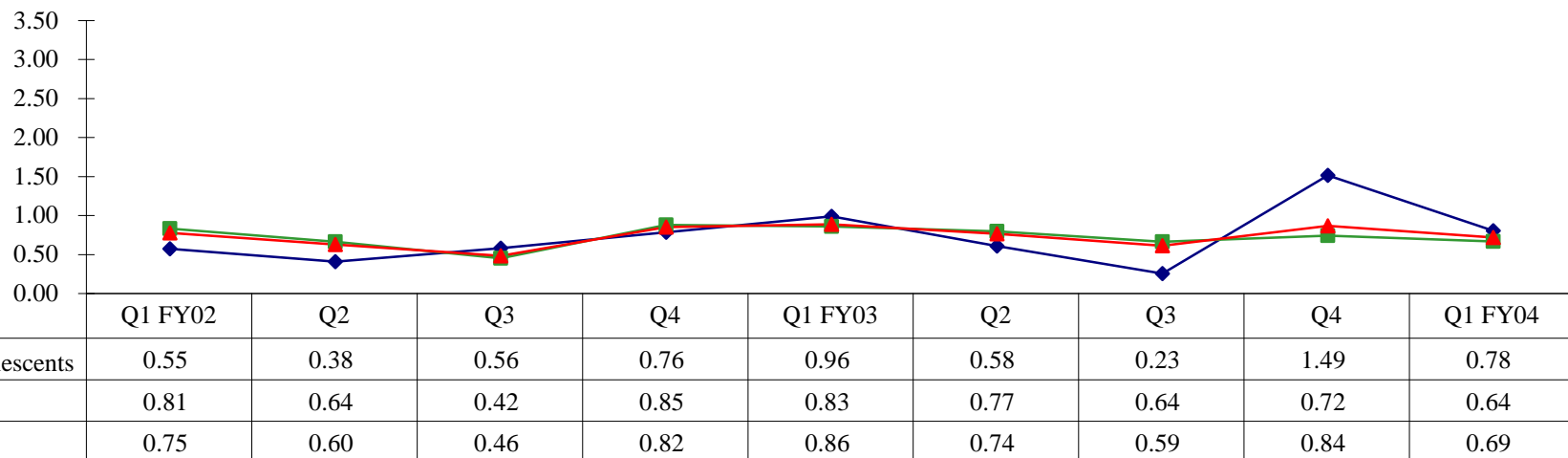


**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**

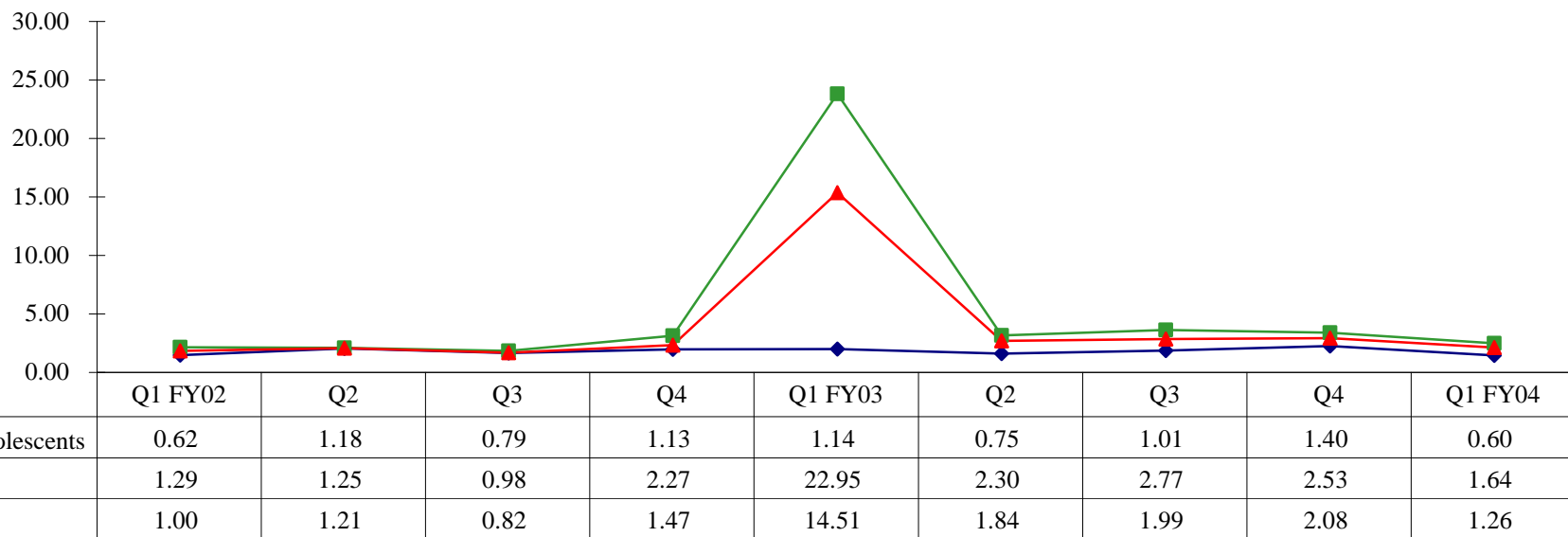


**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**

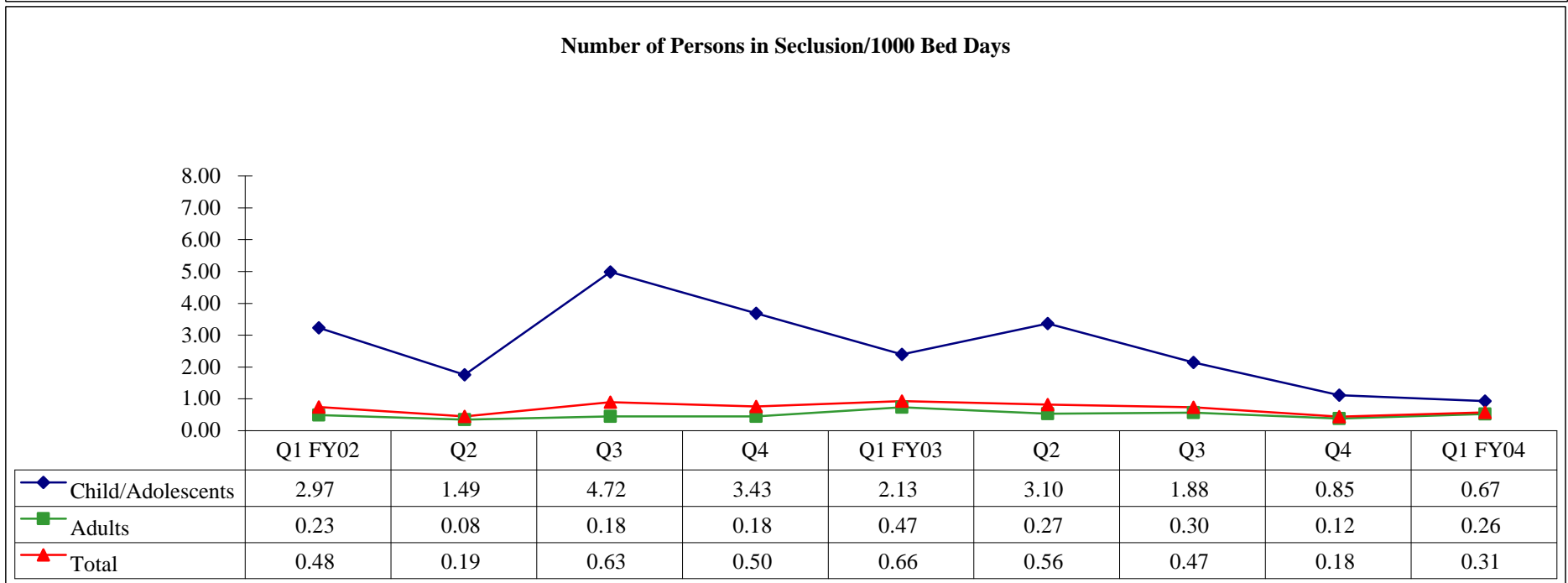
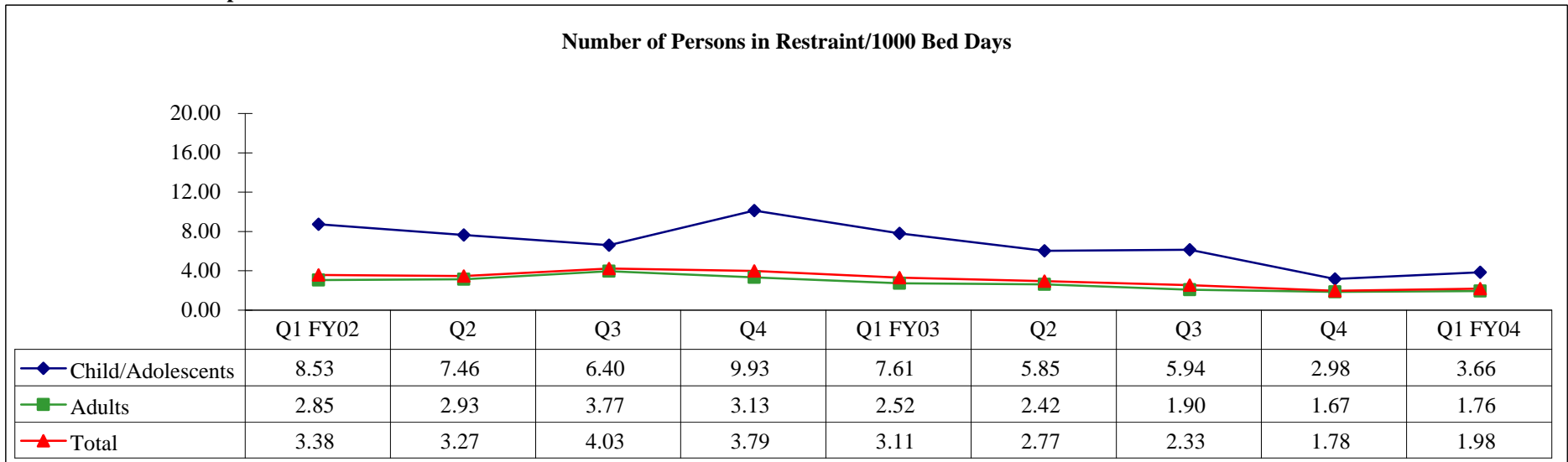
Average Number of Hours Per Incident in Restraints



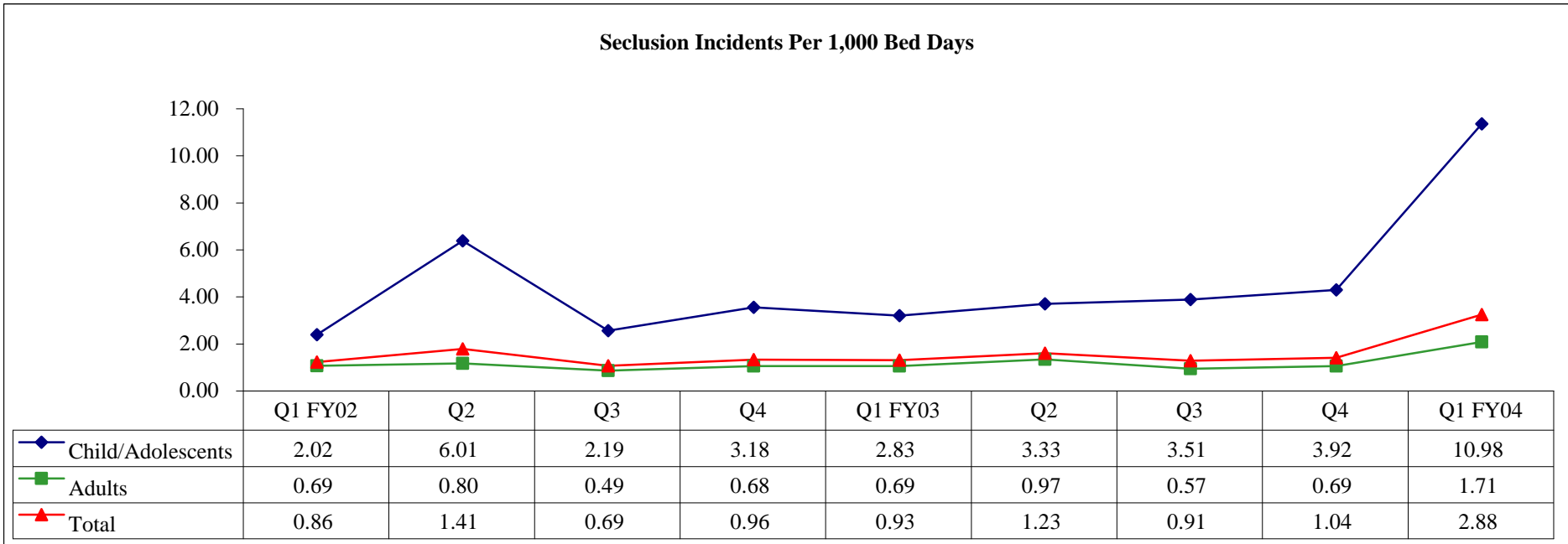
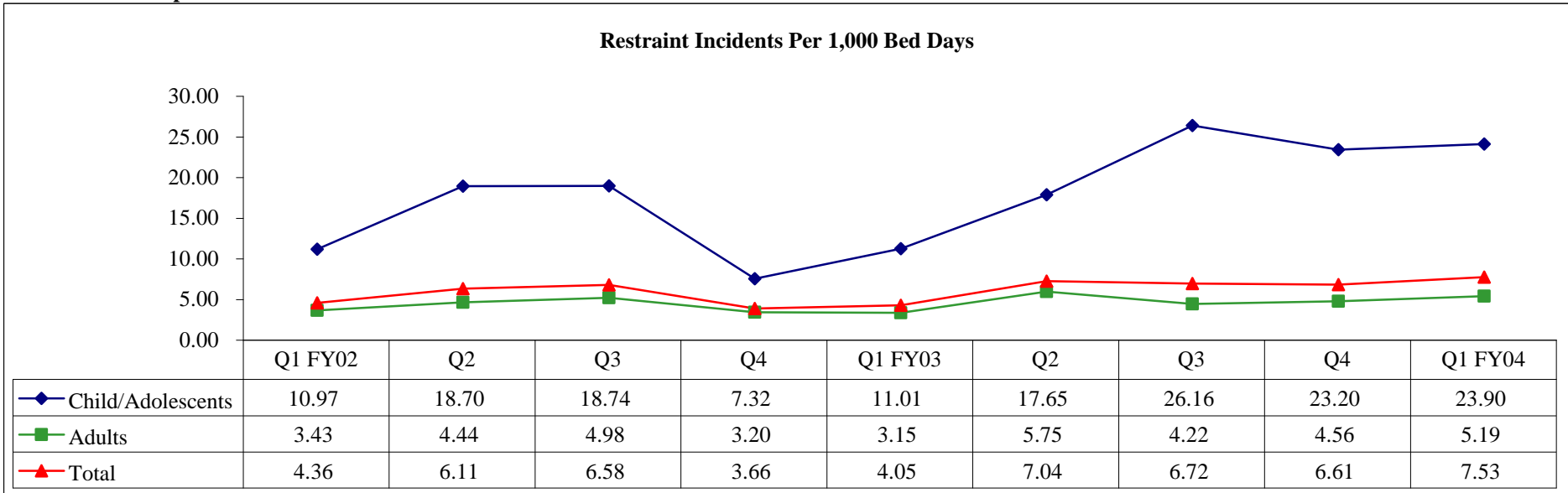
Average Number of Hours Per Incident in Seclusion



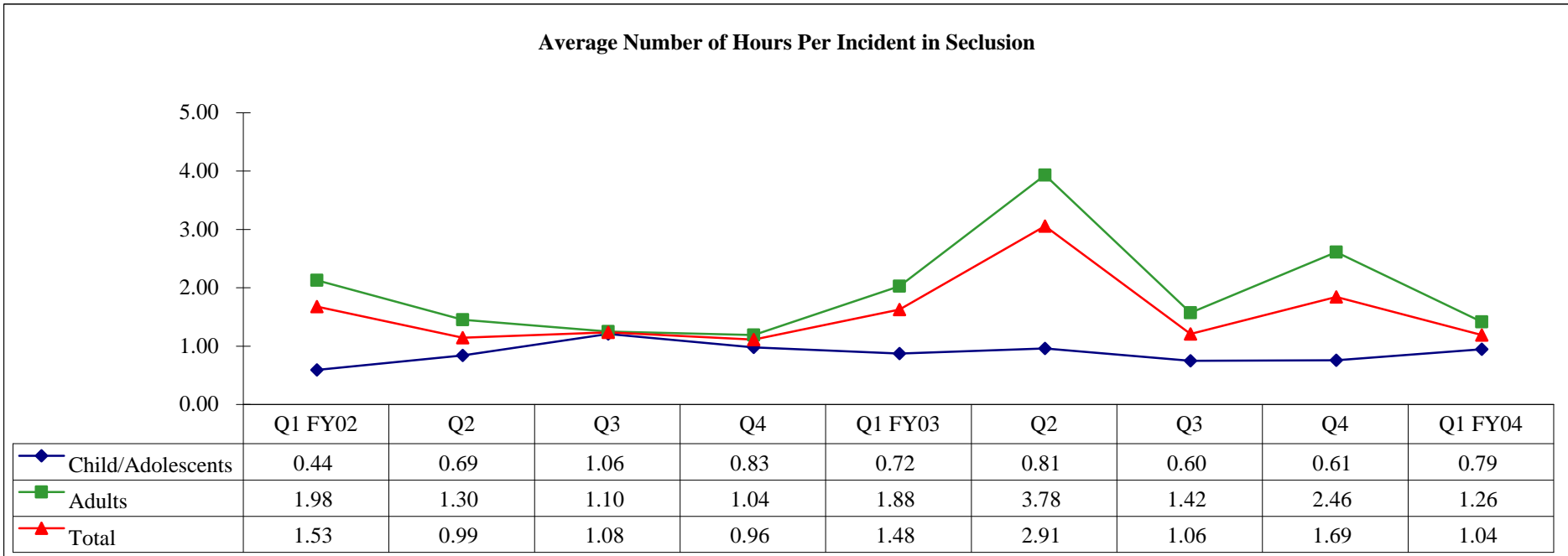
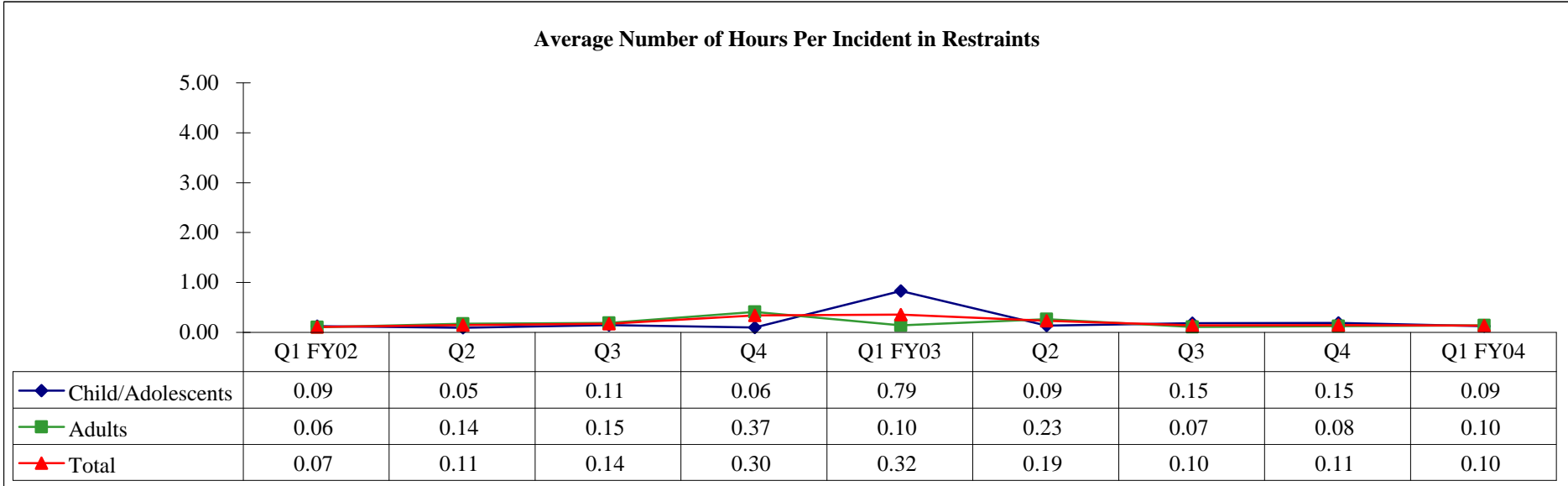
**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**



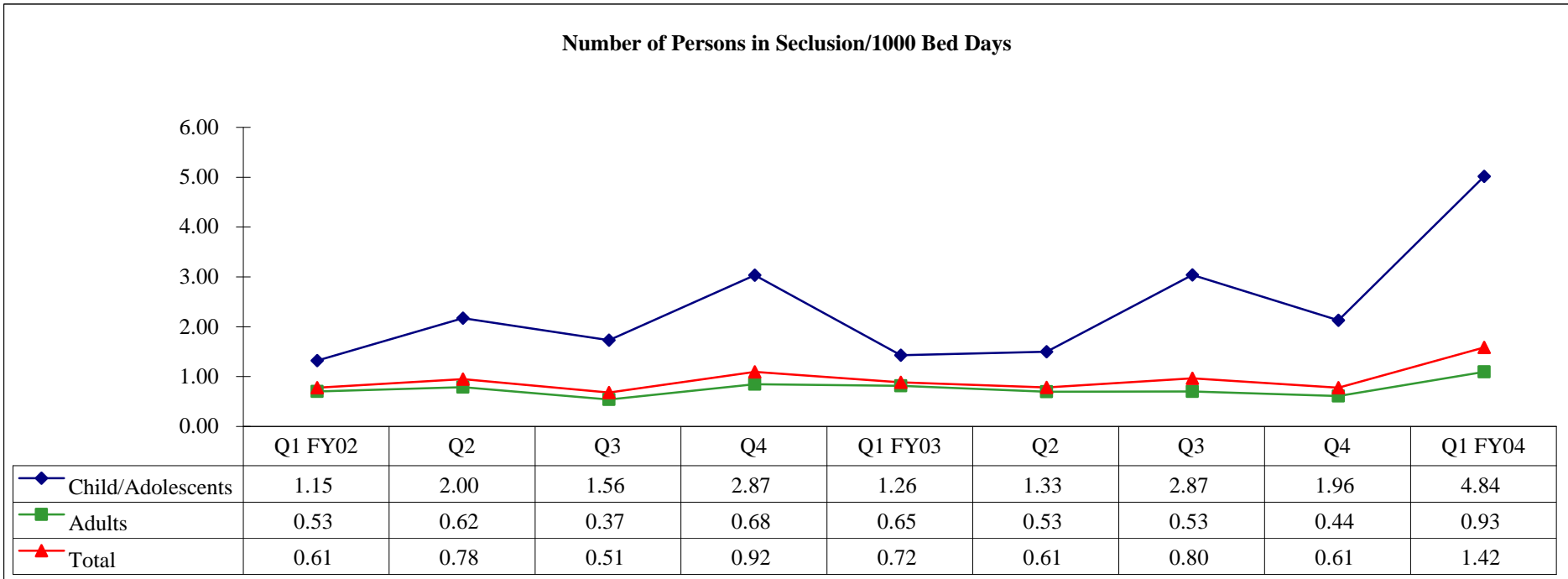
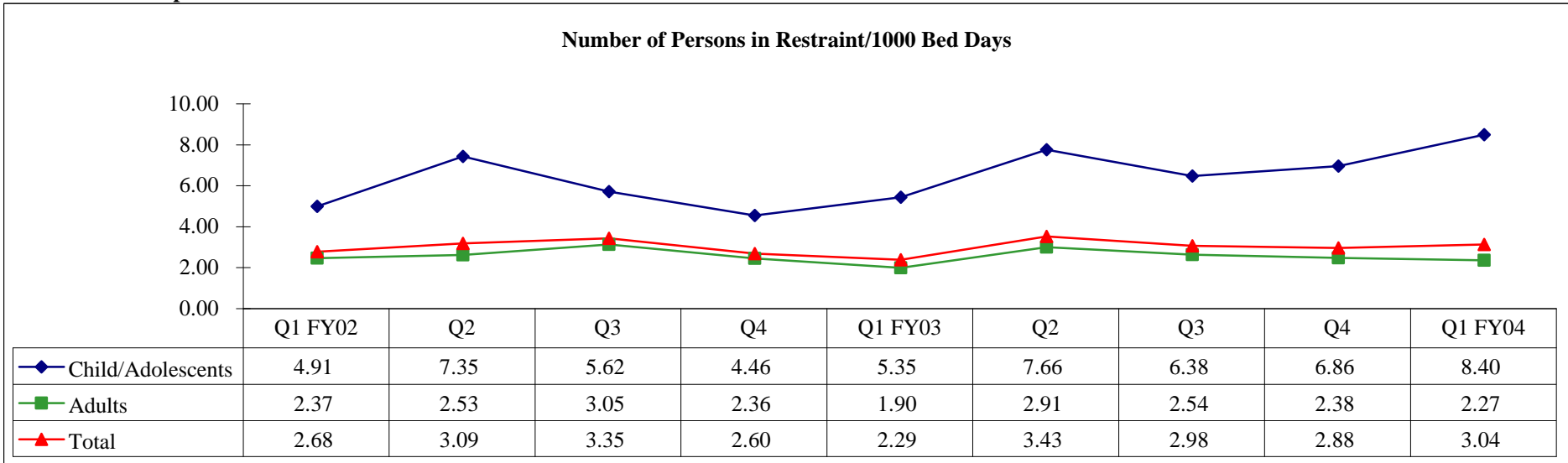
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



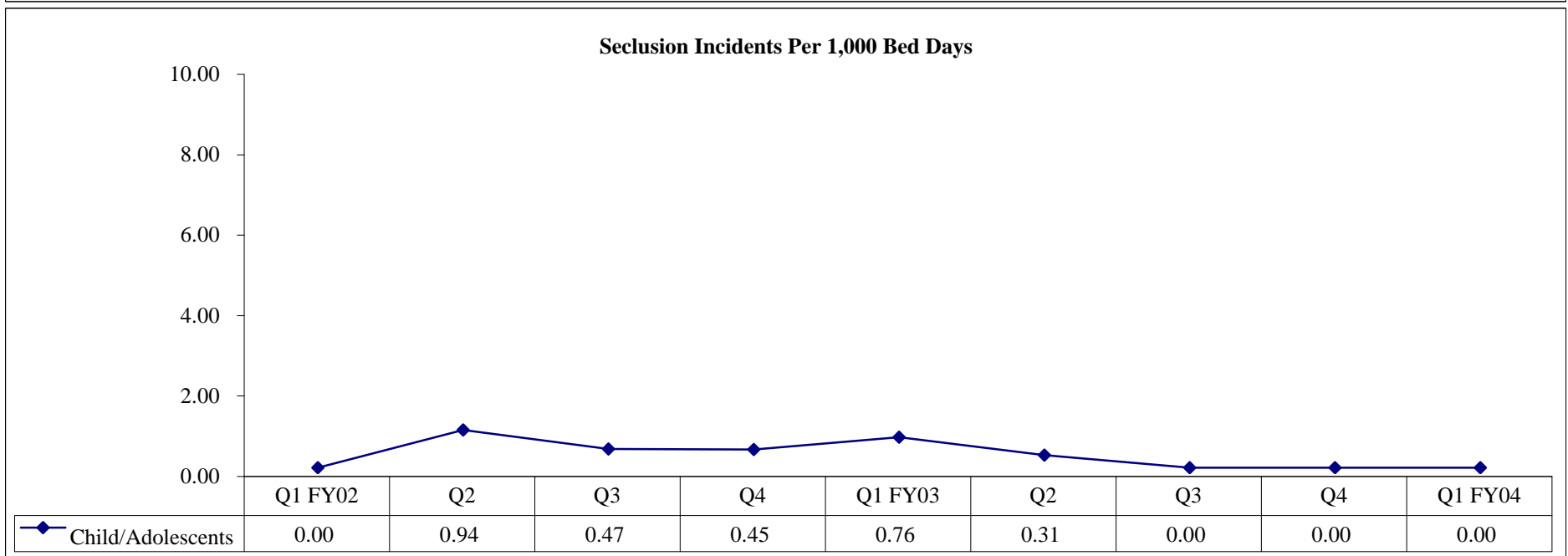
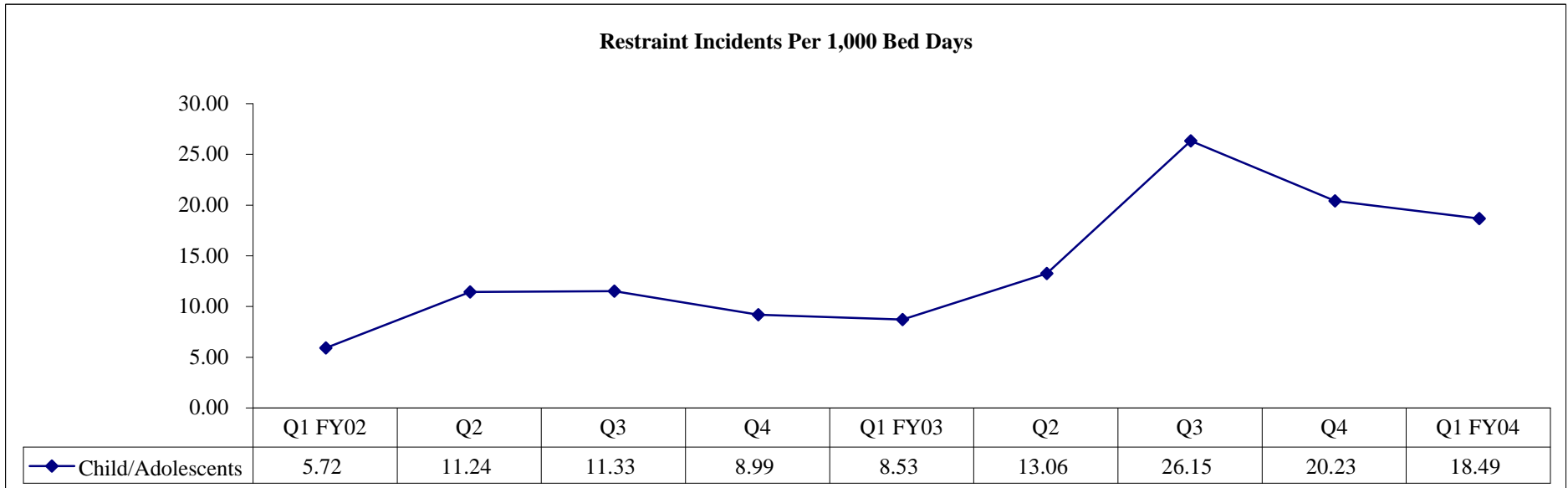
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



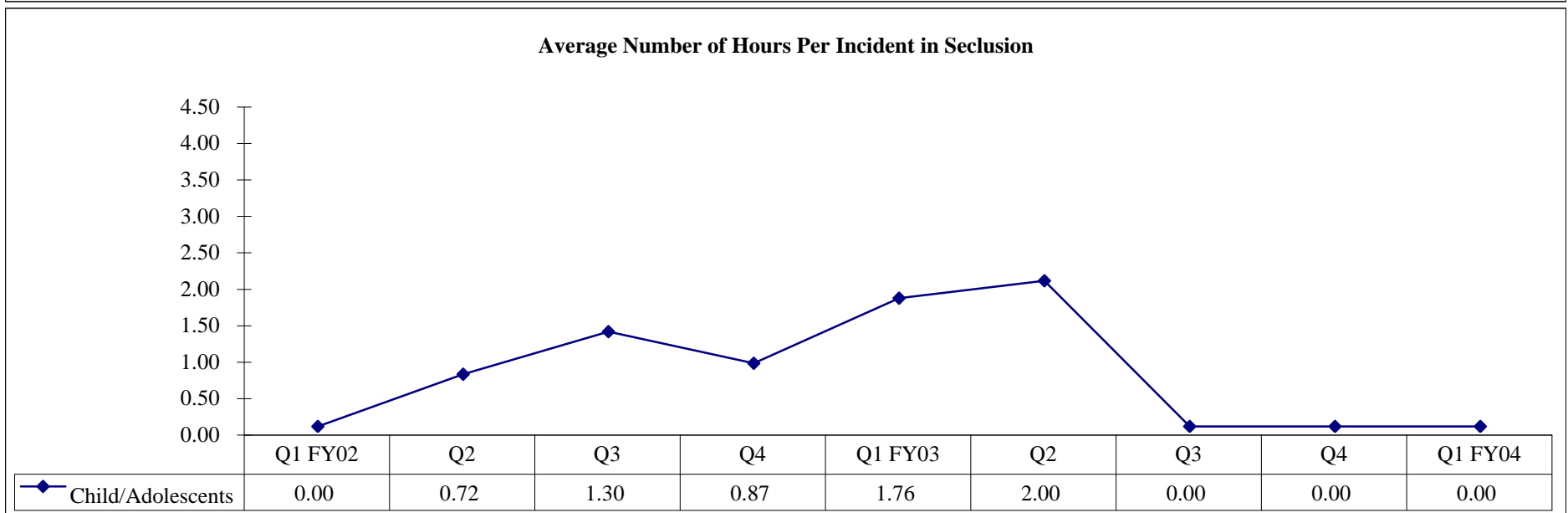
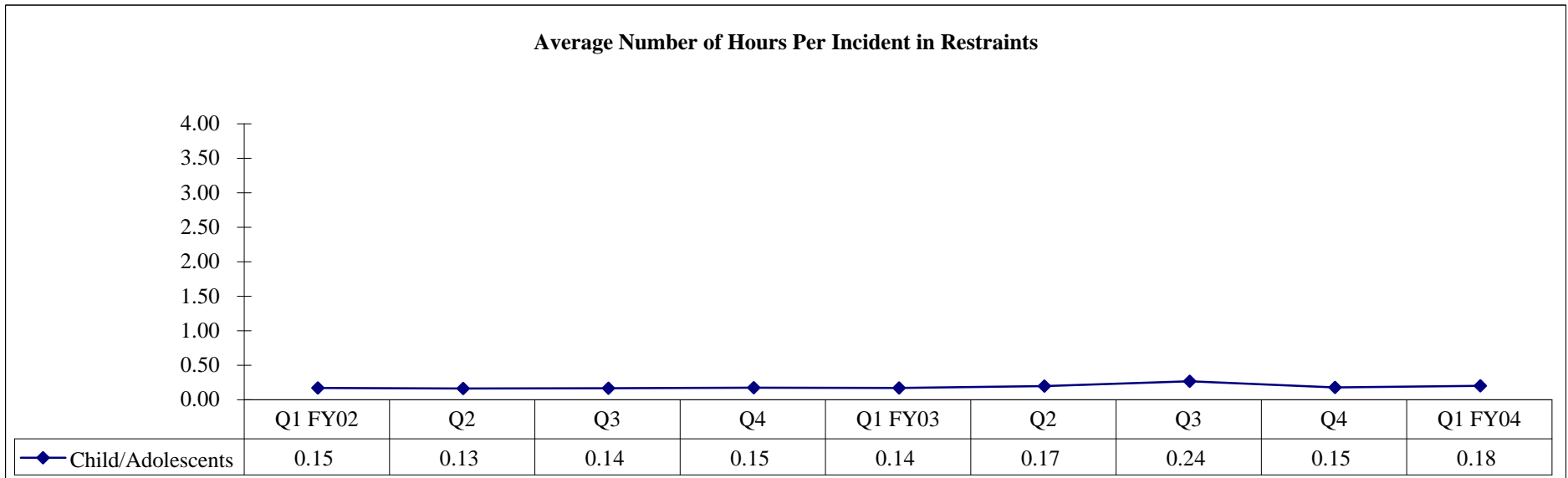
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



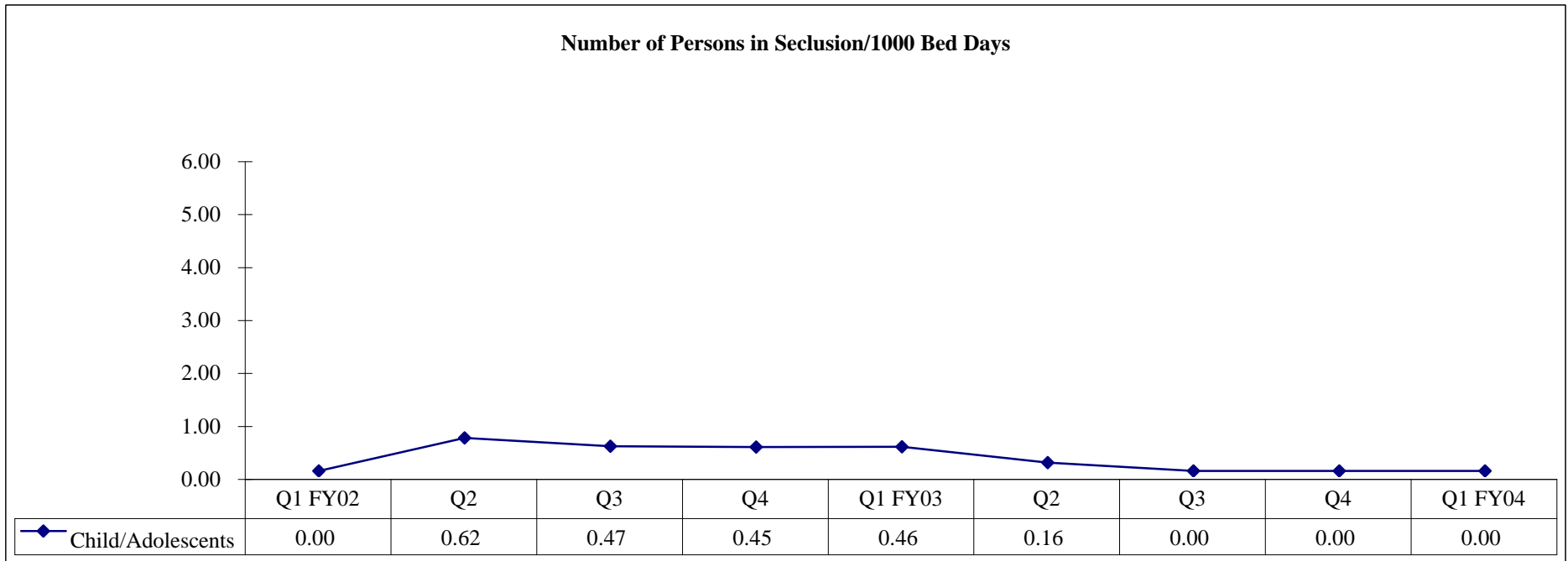
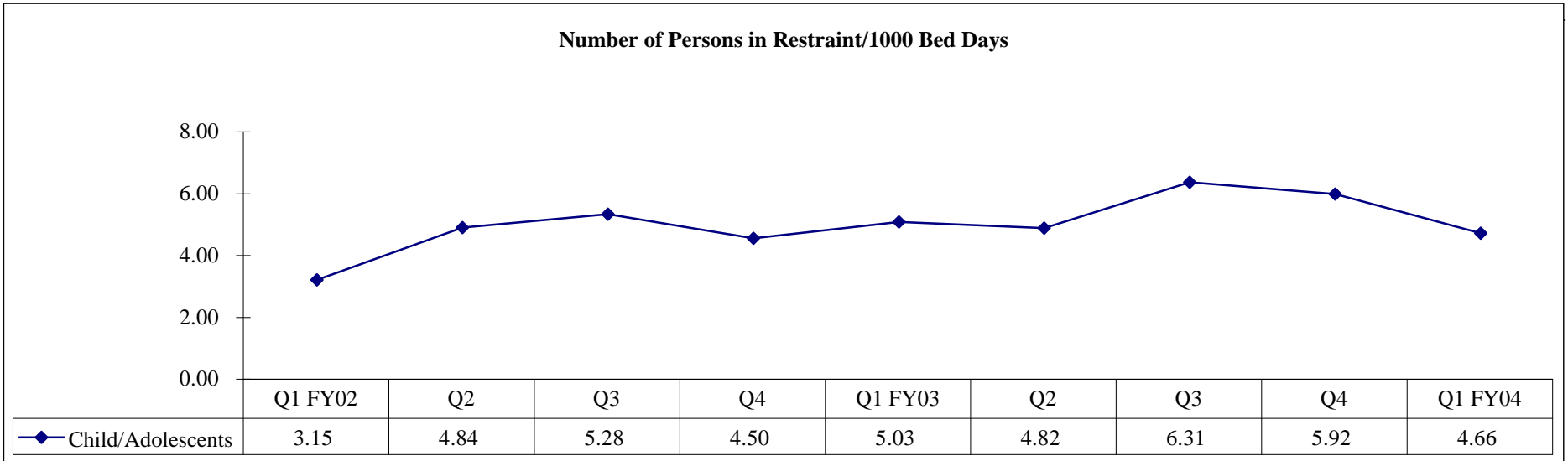
**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



**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.

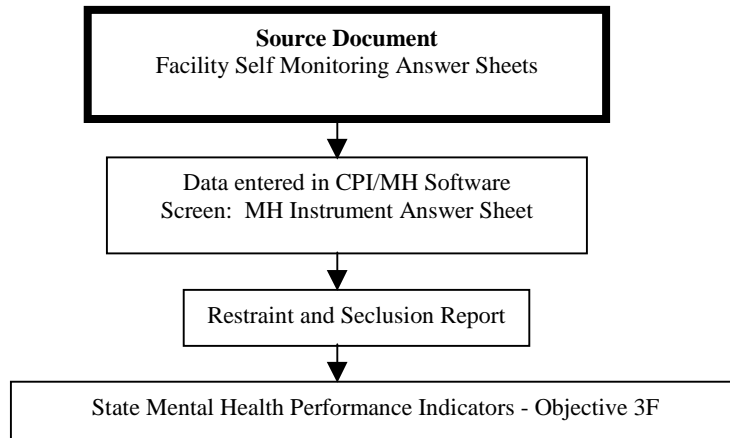
Performance Objective Operational Definition: Score from the CPI Restraint and Seclusion assessment instrument.

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

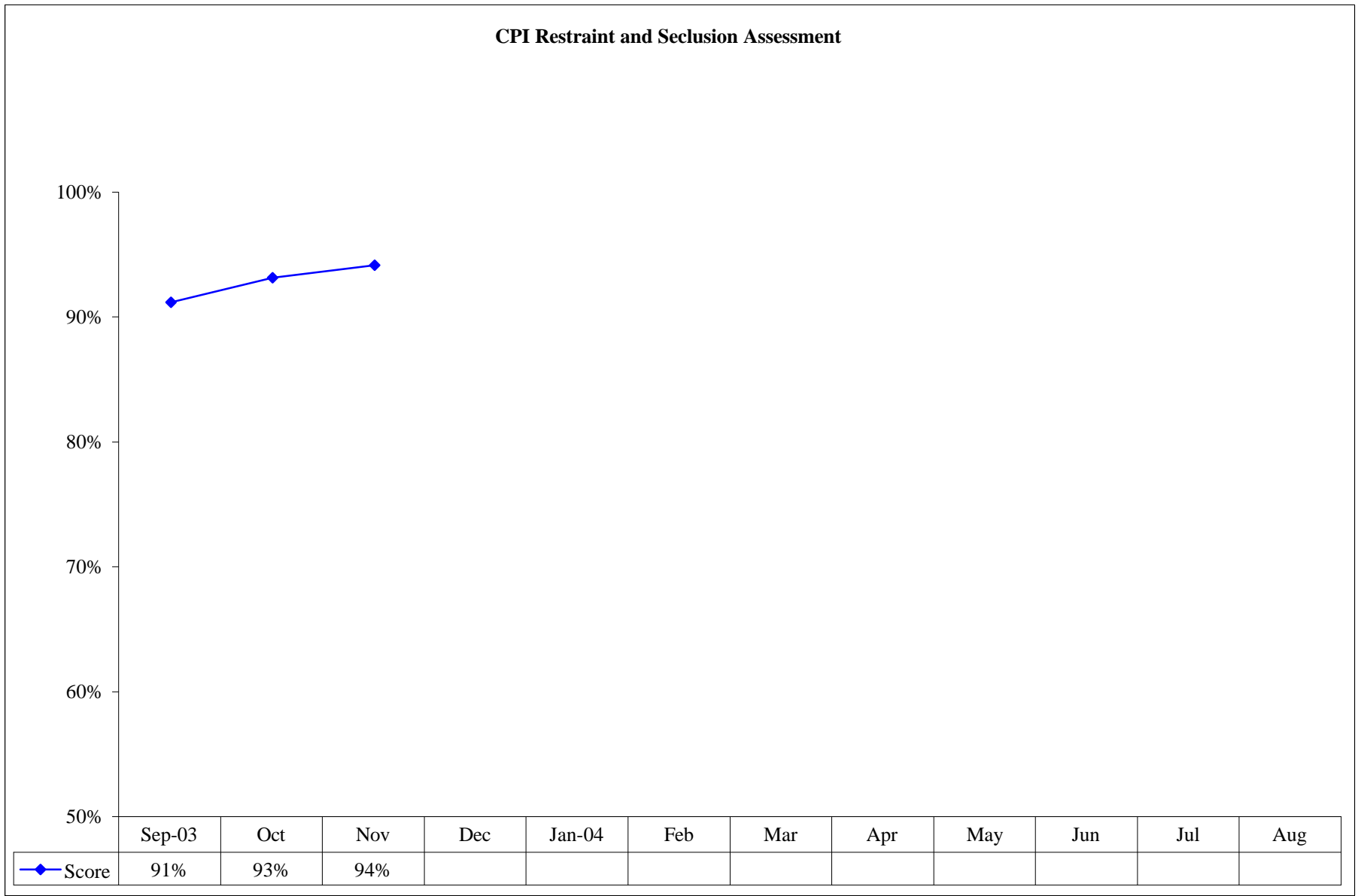
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of facility scores.

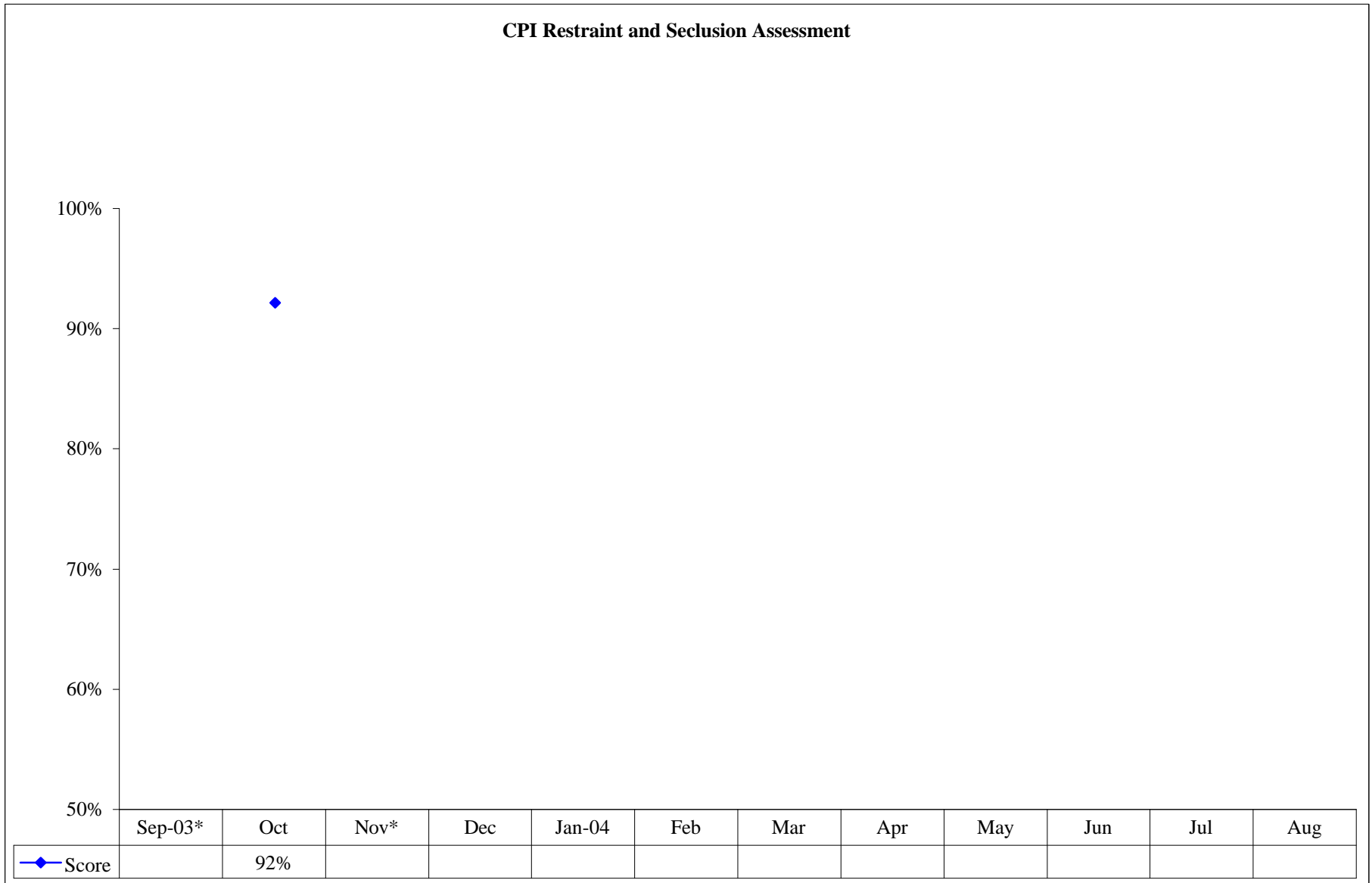
Data Flow:



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

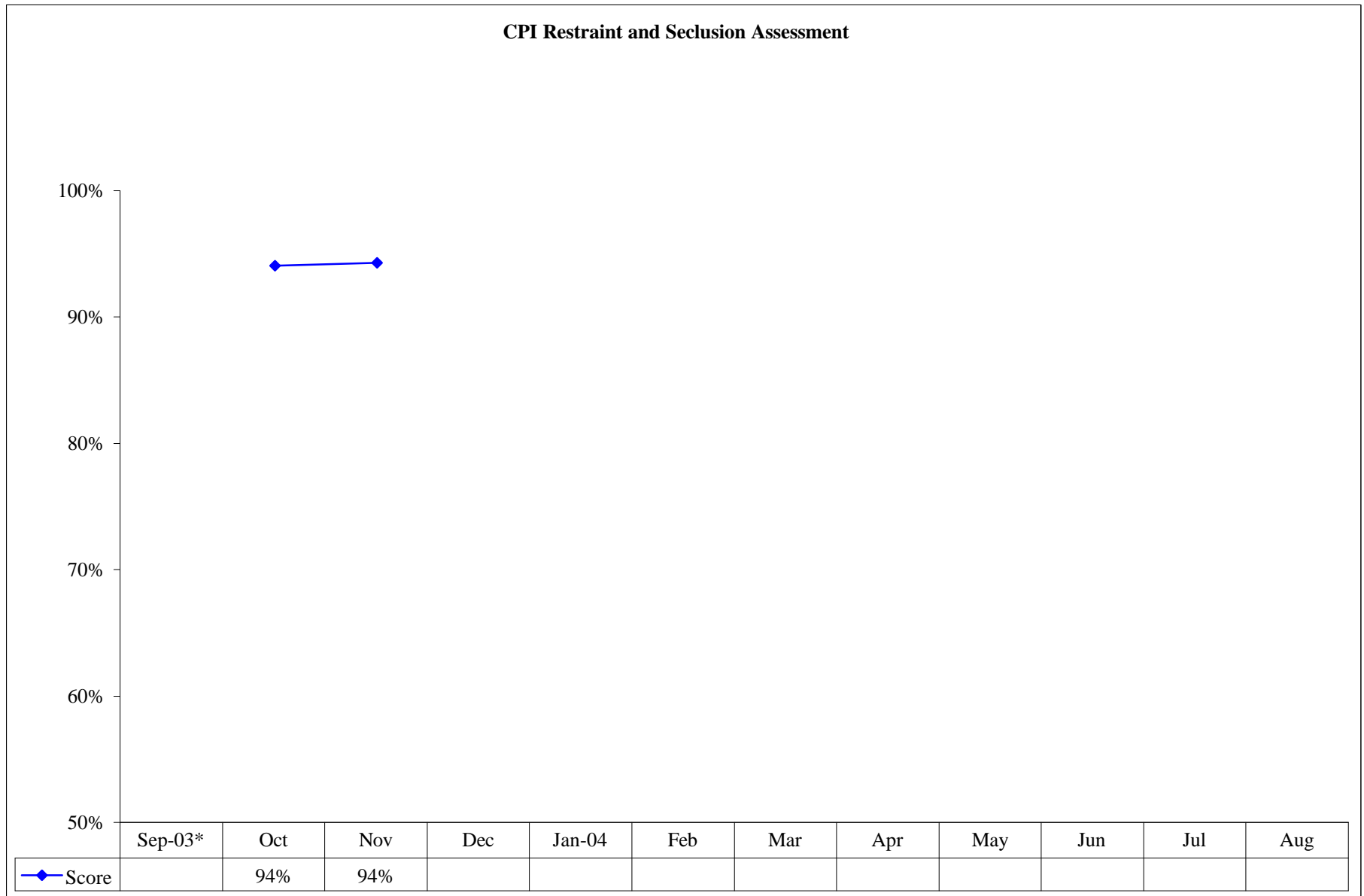


**Objective 3F - CPI Restraint and Seclusion Assessment
Austin State Hospital**

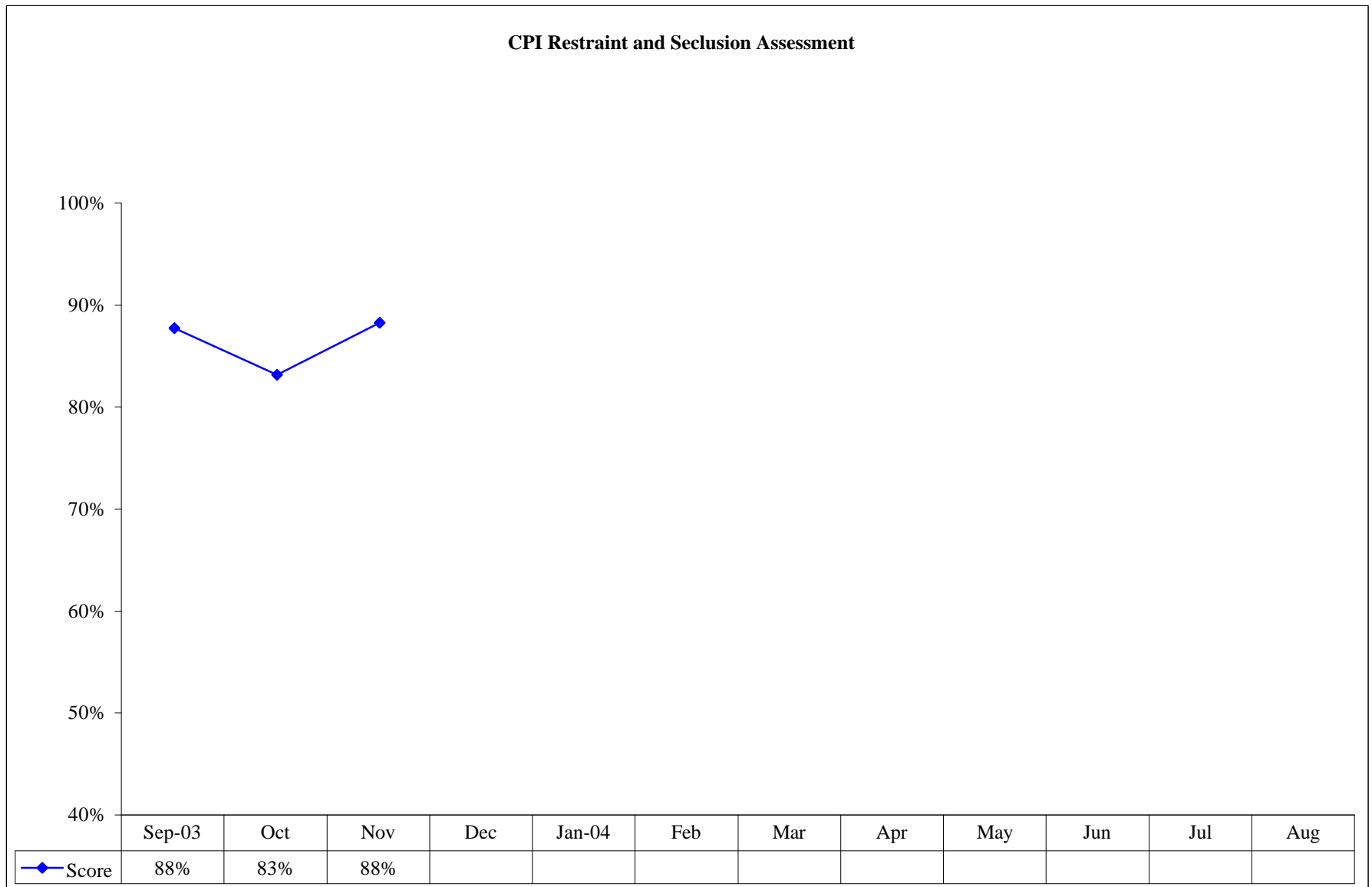


*No scores reported to MDS.

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

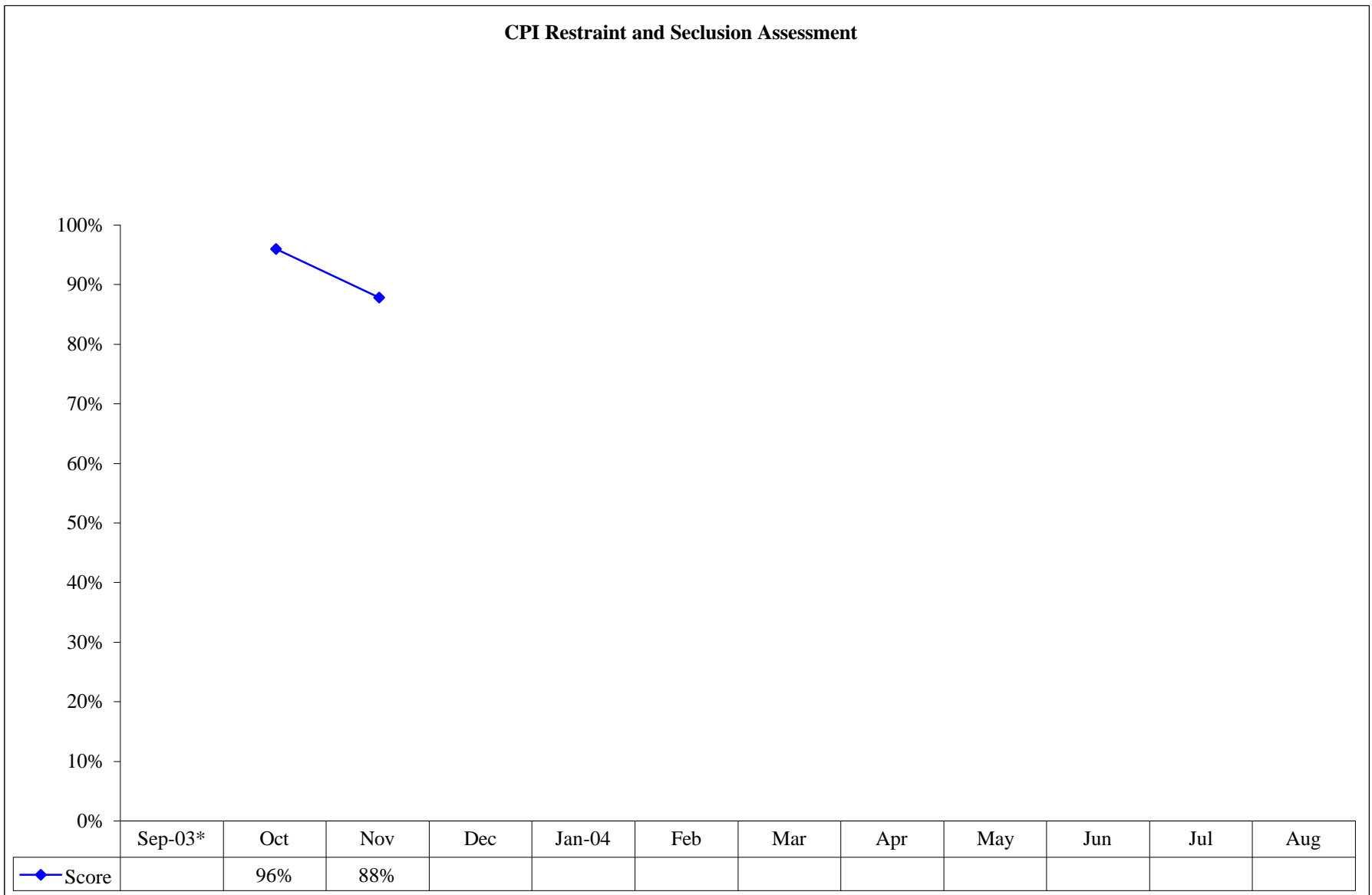


Objective 3F - CPI Restraint and Seclusion Assessment
El Paso Psychiatric Center

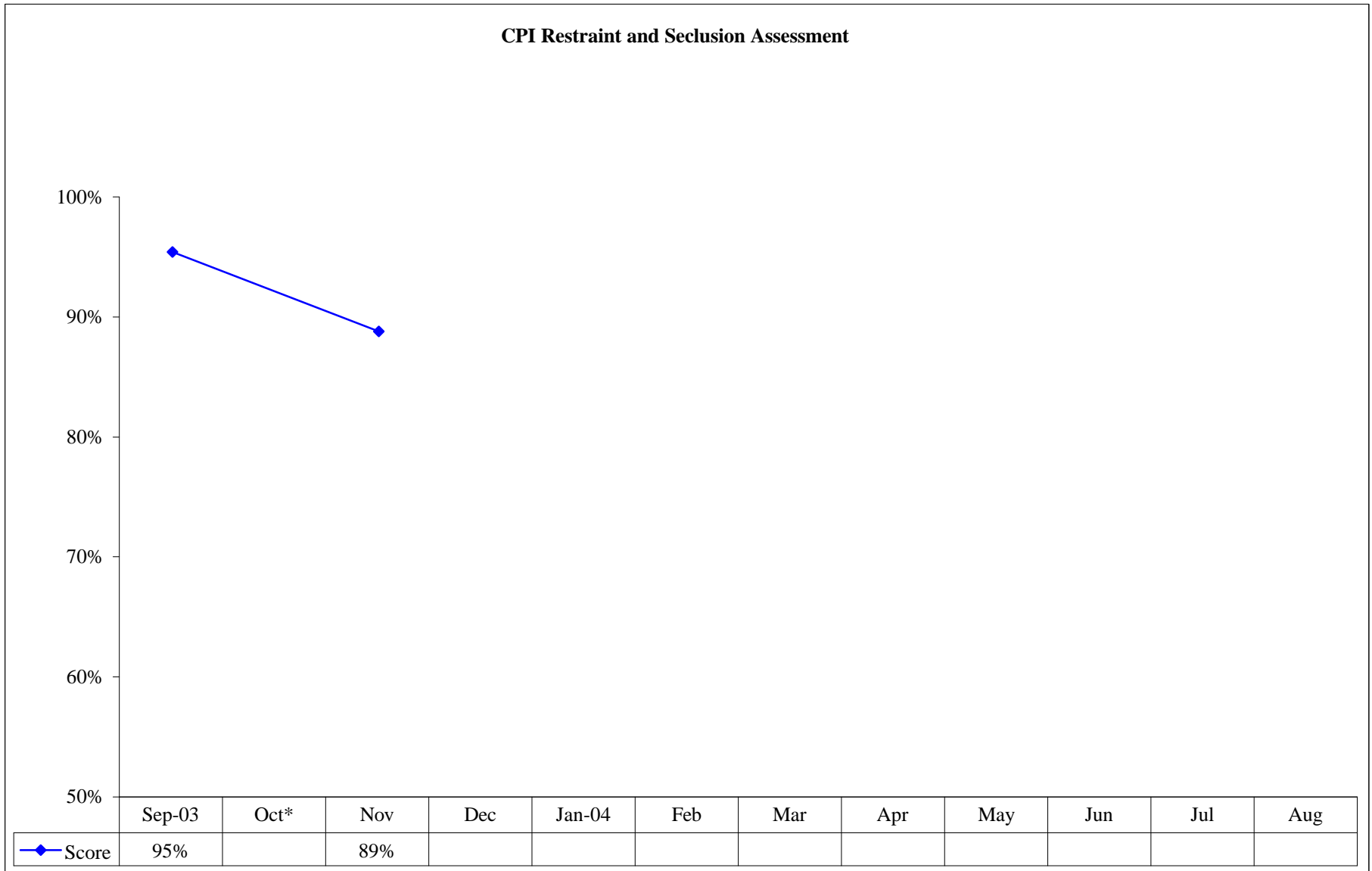


*No scores reported to MDS.

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

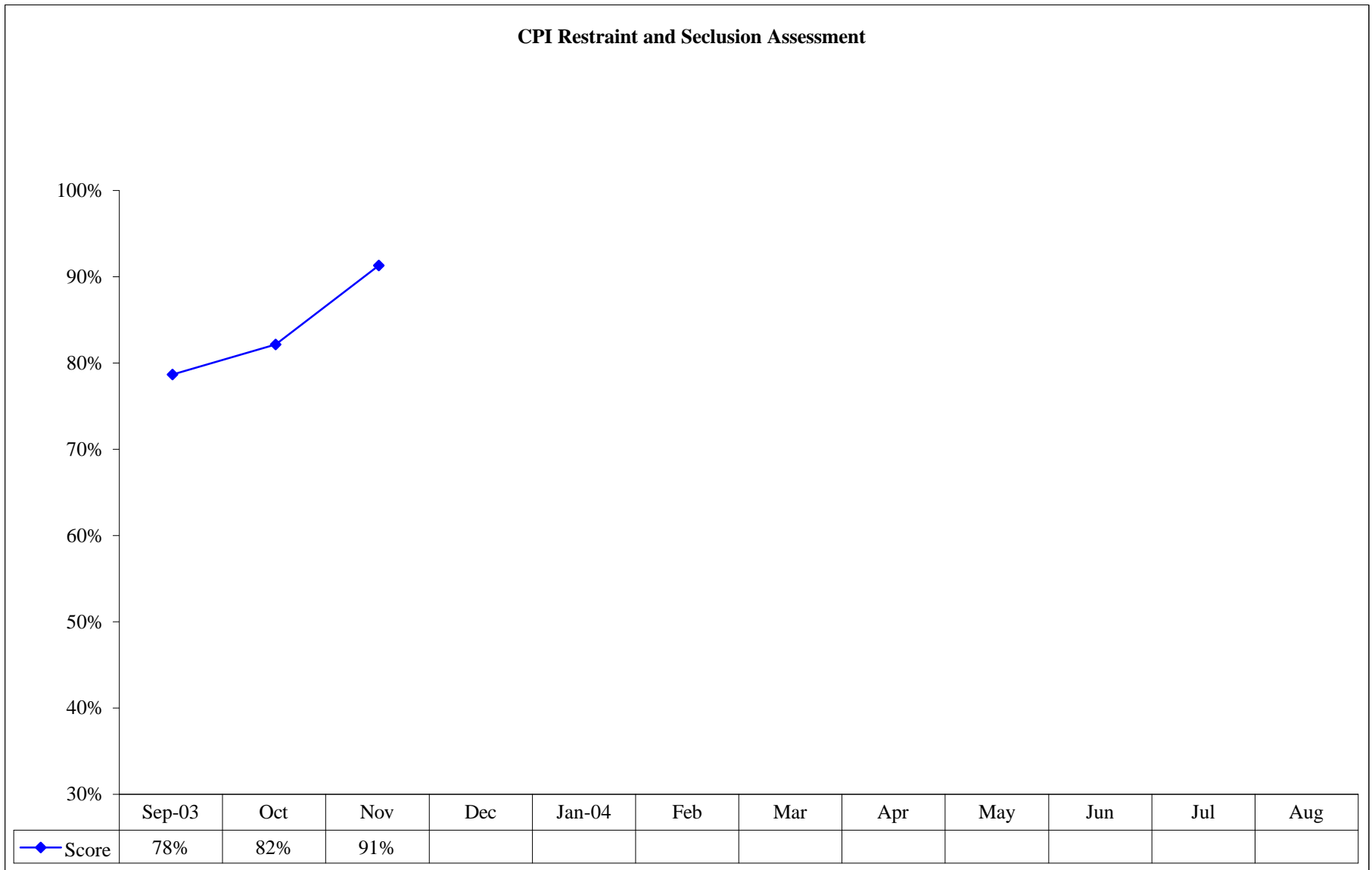


**Objective 3F - CPI Restraint and Seclusion Assessment
North Texas State Hospital**



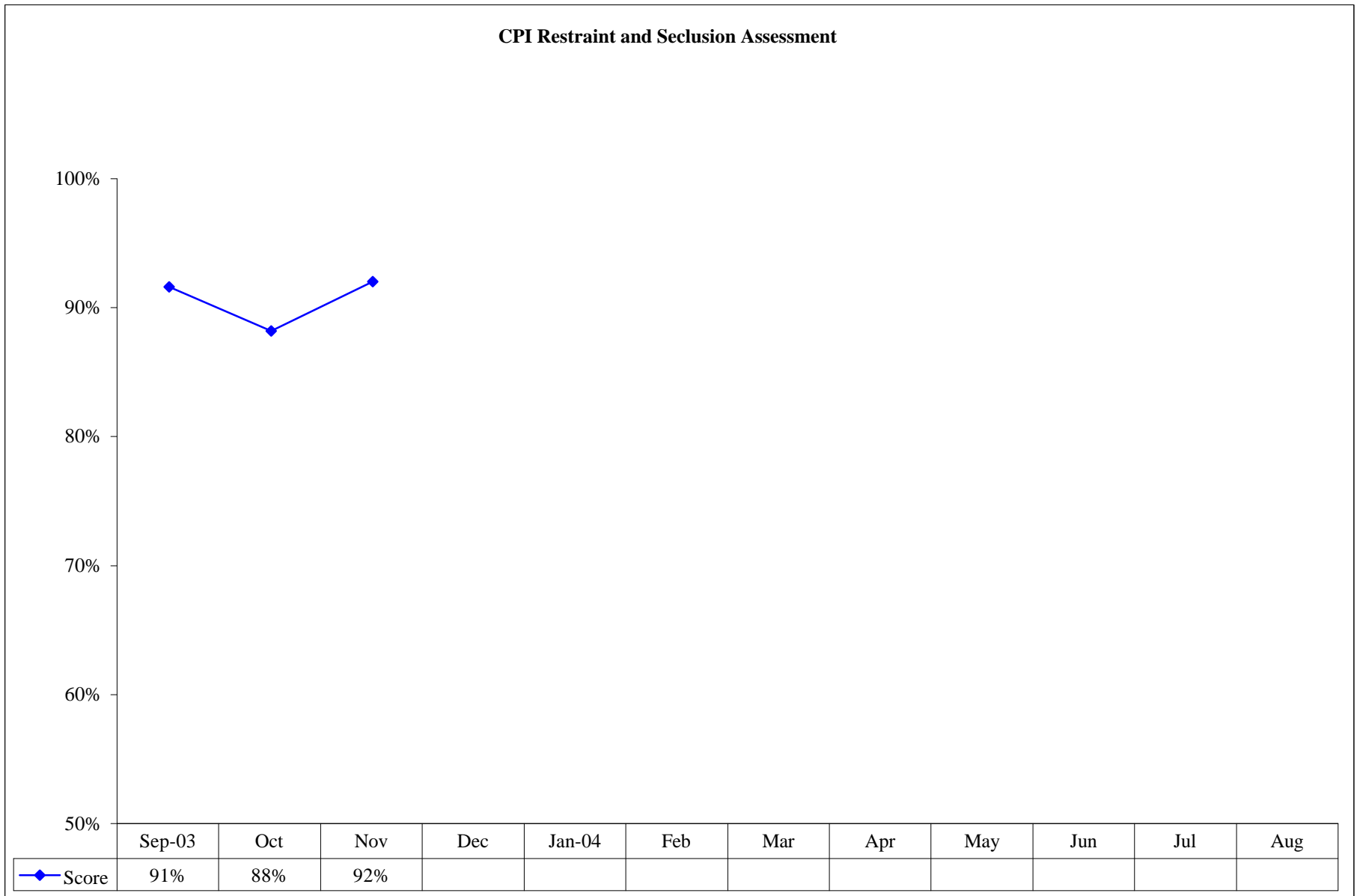
*No scores reported to MDS.

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

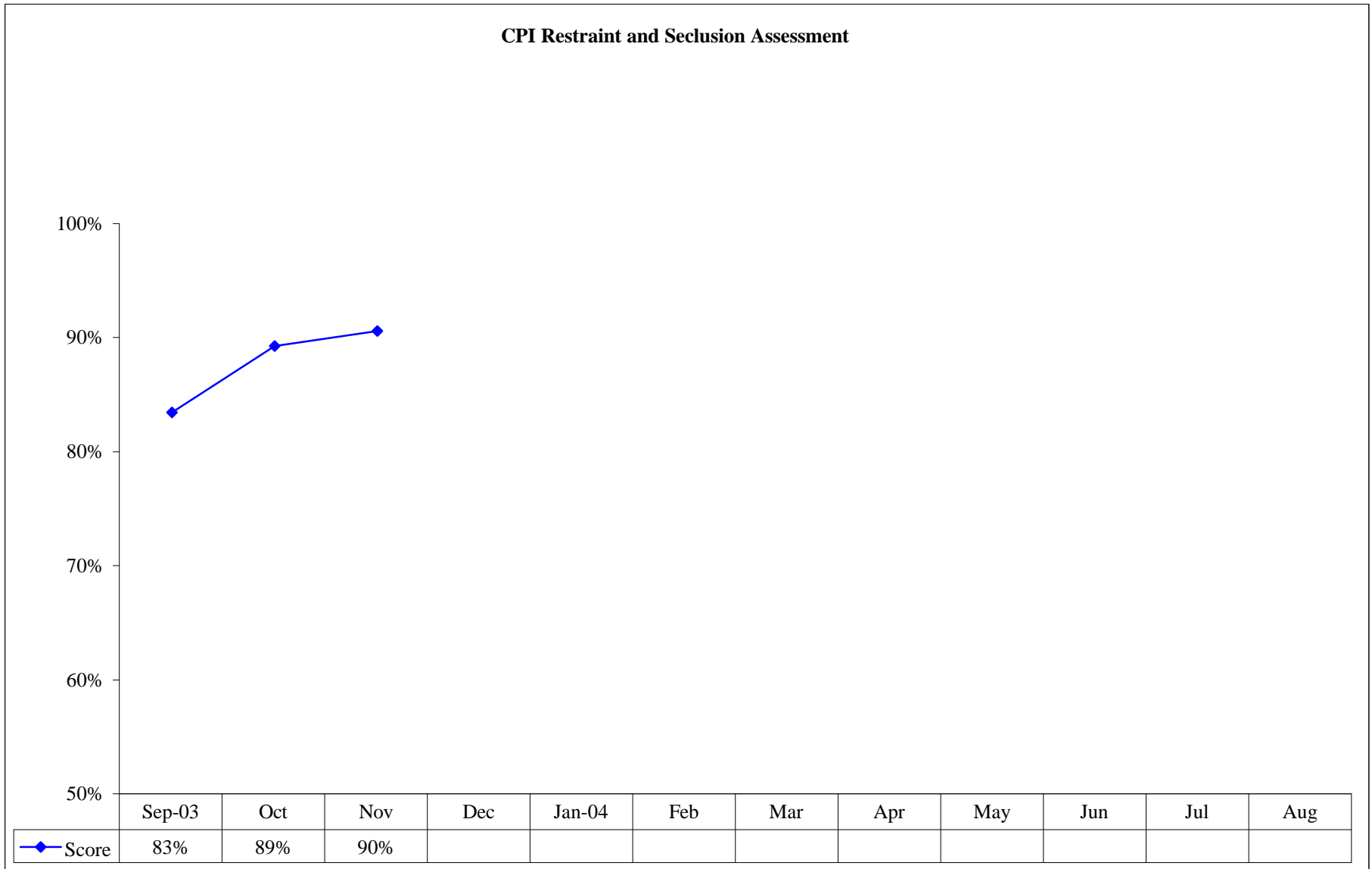


*No scores reported to MDS.

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

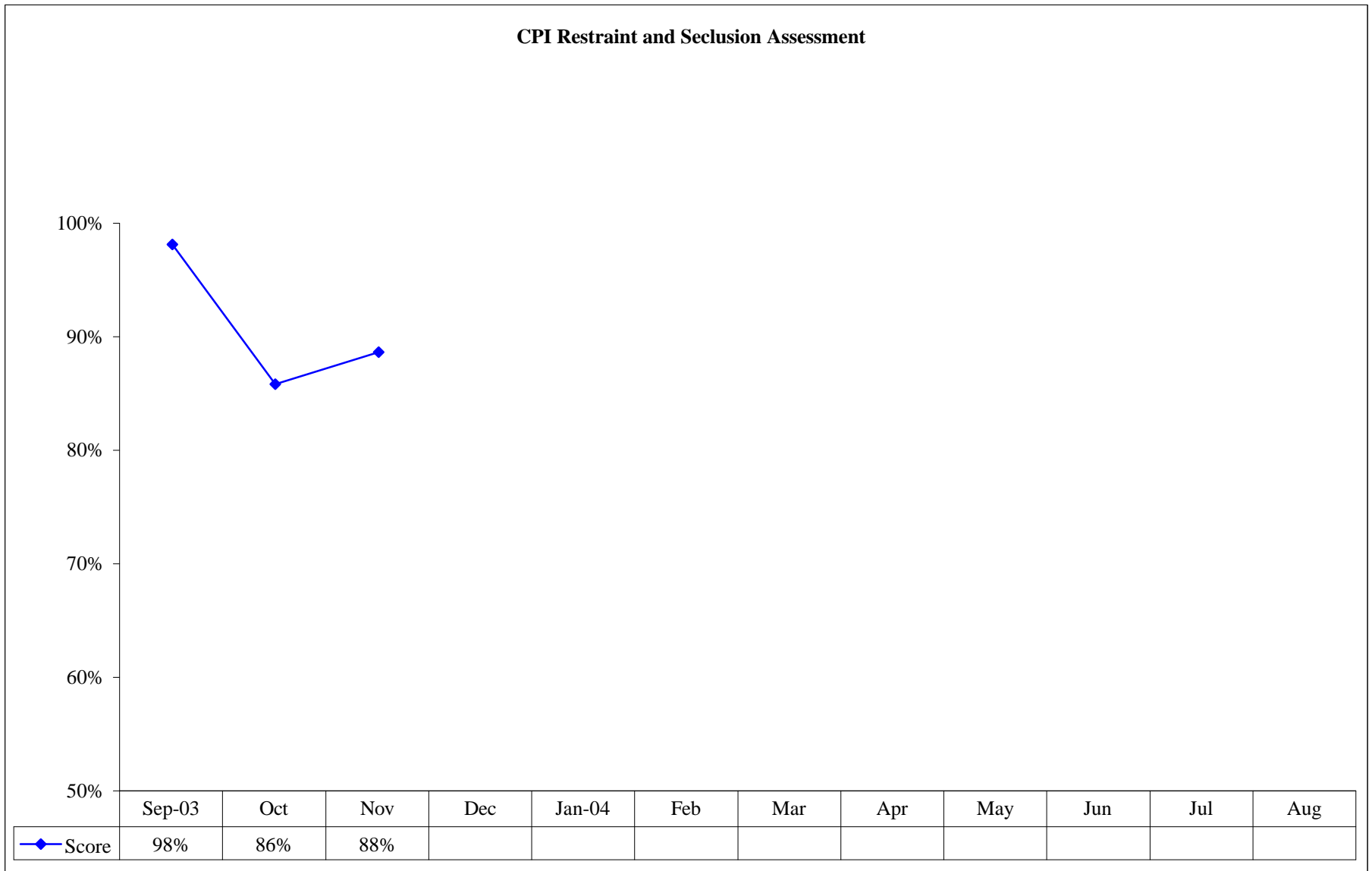


**Objective 3F - CPI Restraint and Seclusion Assessment
San Antonio State Hospital**



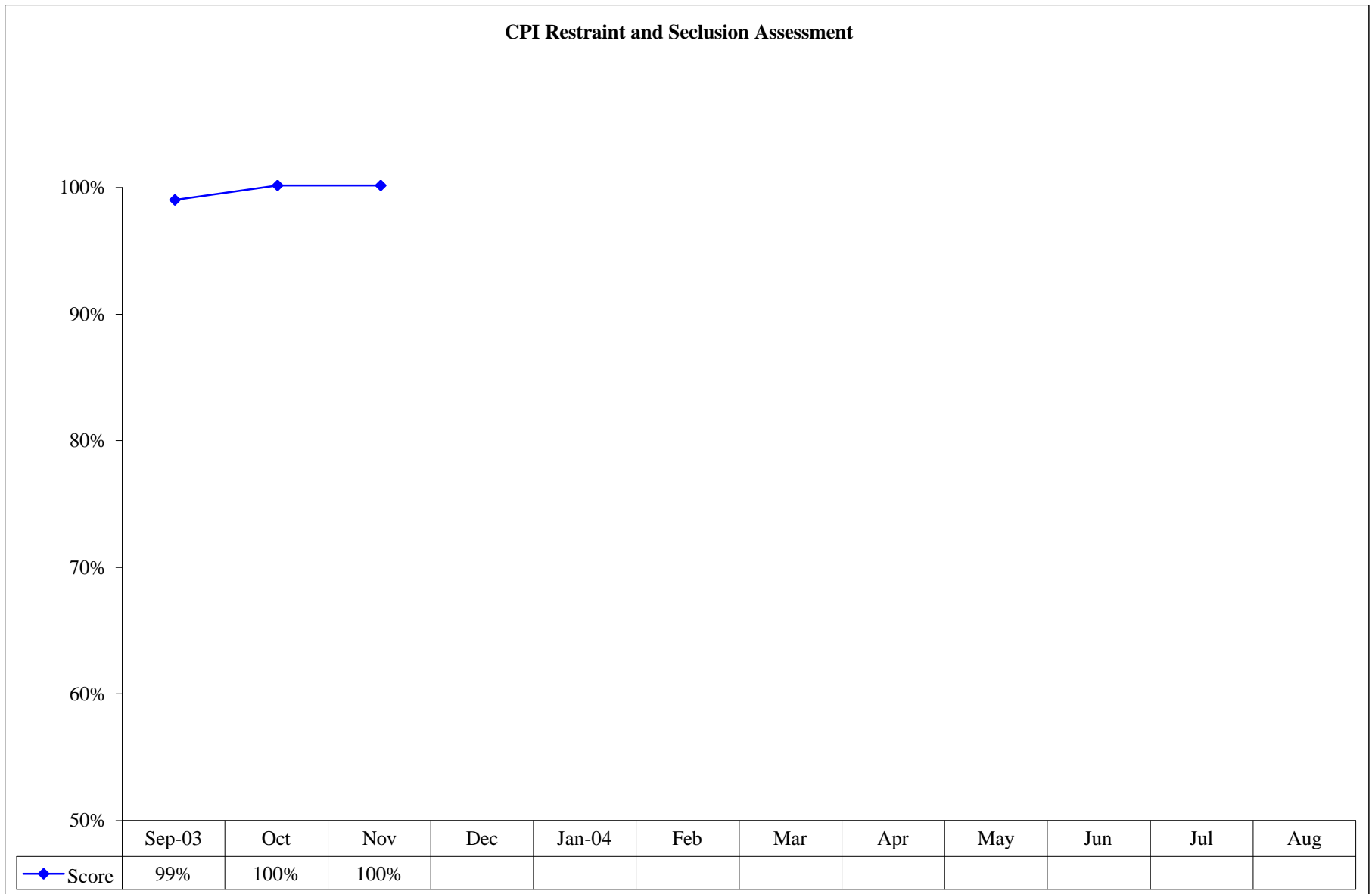
*No scores reported to MDS.

**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)

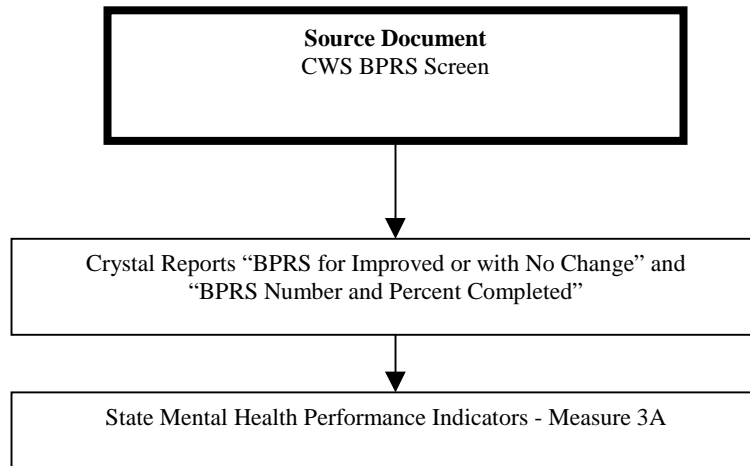
Performance Measure Operational Definition: For each quarter, the number of discharged patients in CARE with two BPRS scores that have a change in scores of +12 points or less. BPRS Version 4.0, Expanded Version will be used to rate all patients upon admission and discharge. To be valid, total BPRS score 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:

- ◆ Charts with quarter data of percent of discharged patients with two BPRS scores; numbers with two BPRS scores; number without two BPRS scores; and total discharges for individual facilities.
- ◆ 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.
- ◆ Table shows the number and percent of discharges with zero BPRS scores, one BPRS score and two BPRS scores for individual facilities and system-wide.
- ◆ Table shows the percent of discharges with two BPRS scores for individual facilities and system-wide.

Data Flow:



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

Percent with Two BPRS by Facility by Quarter

Facility	FY02				FY03				FY04			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ASH	89%	82%	88%	90%	56%	80%	92%	95%	97%			
BSSH	81%	85%	84%	96%	90%	97%	96%	98%	98%			
EPPC					0%	86%	78%	87%	73%			
KSH	73%	85%	88%	96%	95%	94%	94%	96%	88%			
NTSH	73%	86%	93%	97%	96%	98%	95%	92%	76%			
RGSC	6%	62%	74%	86%	92%	95%	94%	88%	97%			
RSH	94%	93%	98%	96%	98%	98%	99%	99%	99%			
SASH	78%	79%	91%	92%	96%	94%	96%	95%	97%			
TSH	80%	73%	85%	87%	88%	87%	77%	82%	92%			

Source: Research and Evaluation, Management Data Services

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

Number and Percent of Discharged Patients with Zero, One, and Two BPRS's
Completed by Facility - Q1 FY2004

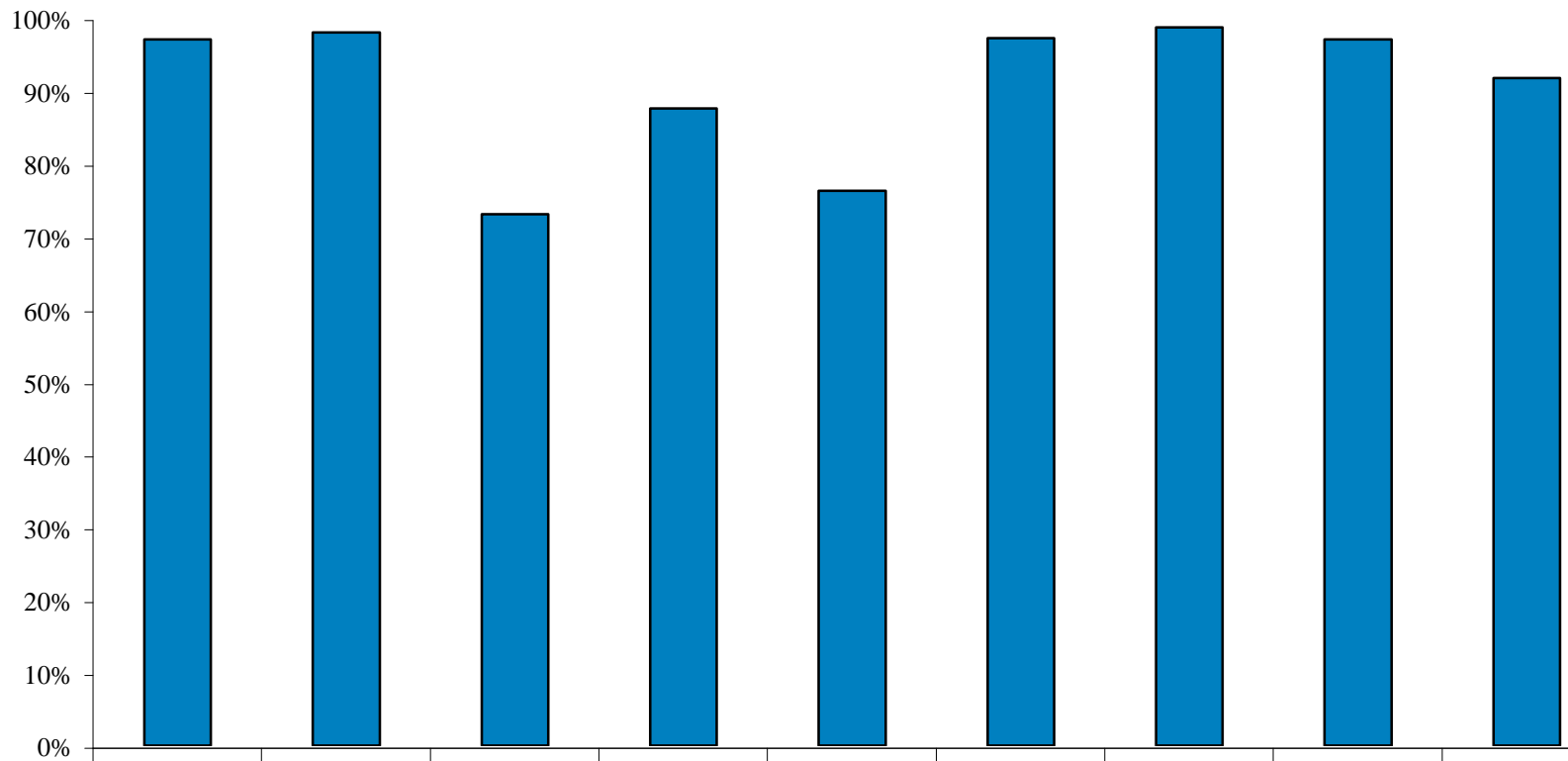
Facility	Discharges	No BPRS	%	One BRPS	%	Two BPRS	%
ASH	855	2	0%	28	3%	825	97%
BSSH	302	0	0%	6	2%	296	98%
EPPC	269	33	12%	40	15%	195	73%
KSH	177	0	0%	22	12%	155	88%
NTSH	522	14	3%	109	21%	398	76%
RGSC	354	0	0%	10	3%	344	97%
RSH	448	1	0%	5	1%	442	99%
SASH	578	2	0%	19	3%	557	97%
TSH	462	0	0%	38	8%	424	92%
Totals	3967	52	1%	277	7%	3636	92%

Discharges do not include patients under the age of 19.

Source: Research and Evaluation, Management Data Services

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

Percent of Discharged Patients with Two BPRS
Q1 FY2004



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
■ Percent w/Two BPRS	97%	98%	73%	88%	76%	97%	99%	97%	92%
Number w/ Two BPRS	825	296	195	155	398	344	442	557	424
Number w/out Two BPRS	30	6	73	22	123	10	6	21	38
Total Discharges	855	302	269	177	522	354	448	578	462

Source: Research and Evaluation, Management Data Services

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

**The Number and Percent of Discharged Patients with
Two BPRS Scores - Q1 FY2004**

Facility	Total	Improvement	%	No Change	%	Increase Symptoms	%
ASH	831	596	71%	212	26%	23	3%
BSSH	290	185	64%	99	34%	6	2%
EPPC	195	148	75%	46	24%	1	1%
KSH	155	91	58%	60	39%	4	3%
NTSH	399	270	67%	107	27%	22	6%
RGSC	344	193	56%	144	42%	7	2%
RSH	441	301	68%	133	30%	7	2%
SASH	534	433	81%	87	16%	14	3%
TSH	420	275	65%	104	25%	41	10%
Totals	3609	2492	69%	992	28%	125	3%

Source: Research and Evaluation, Management Data Services

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.

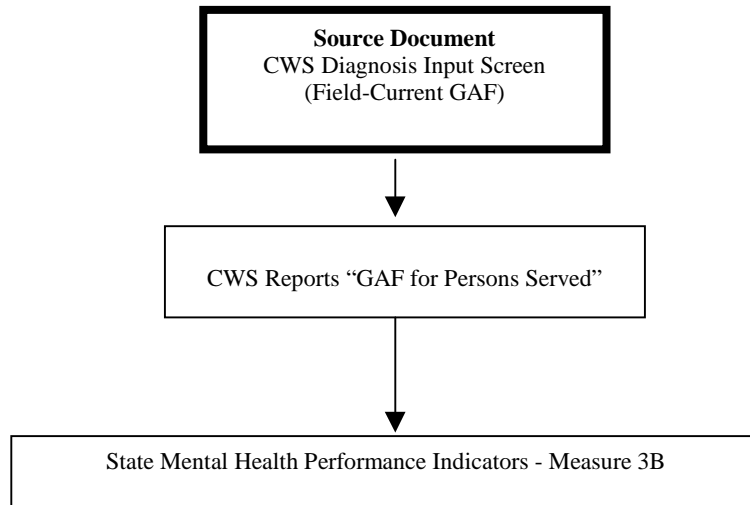
Performance Measure Formula: $R = (N/D)$

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:

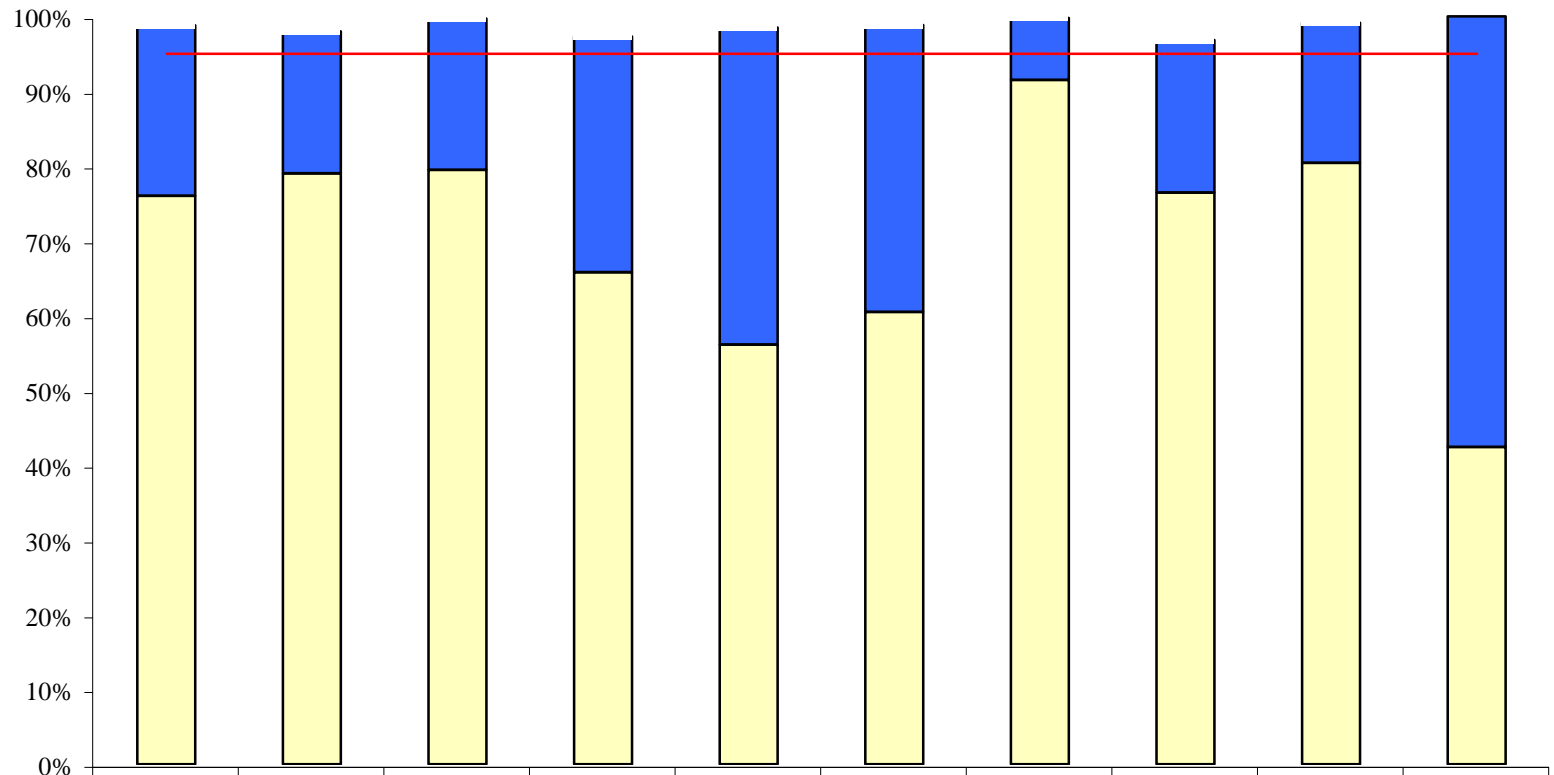
- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 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 November 30, 2003

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

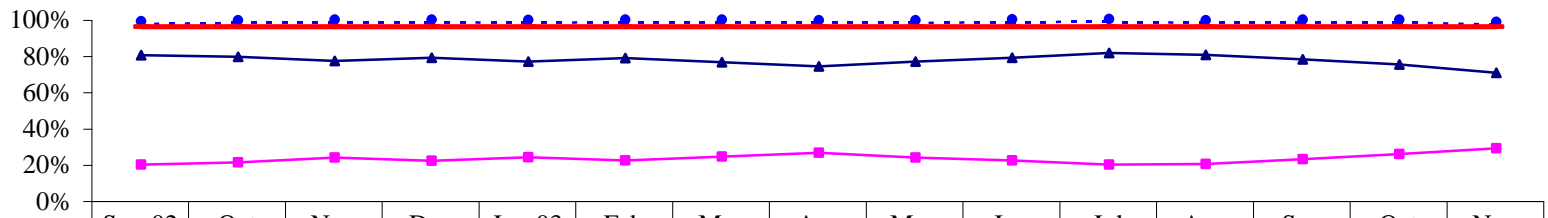


	ASH	BSSH	EPPC	KSH	NTSB	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	99%	98%	100%	97%	99%	99%	100%	97%	99%	100%
% Stabilized	23%	19%	20%	32%	42%	38%	8%	20%	19%	58%
% Increased by 10 or More	76%	79%	79%	66%	56%	60%	92%	76%	80%	42%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

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

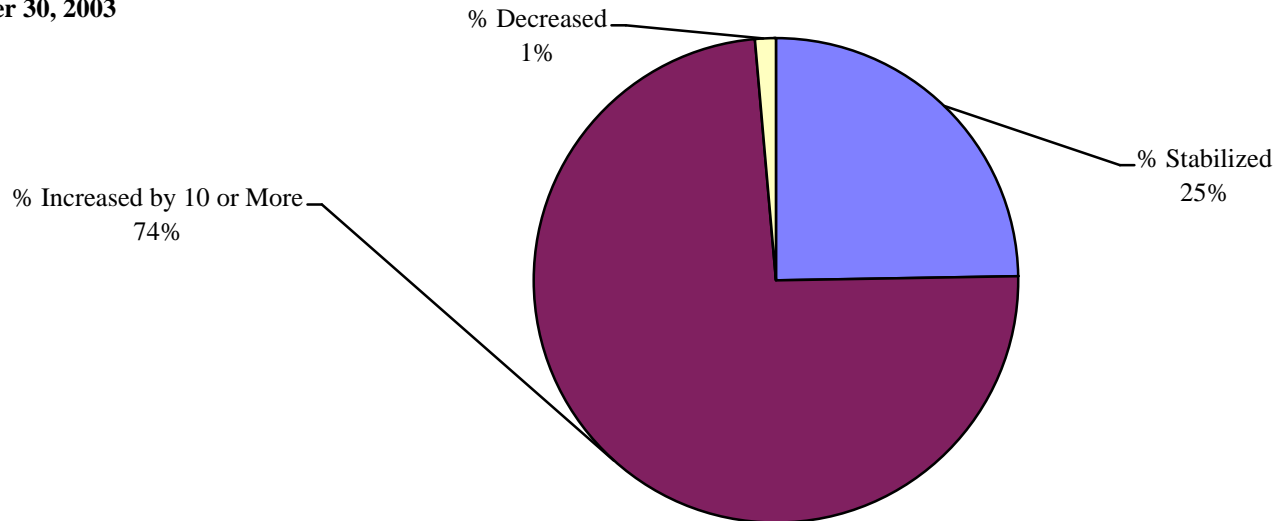
All MH Facilities

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



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	79%	78%	76%	78%	76%	78%	76%	73%	76%	78%	81%	79%	77%	74%	70%
■ % Stabilized	19%	20%	23%	21%	23%	21%	23%	25%	23%	21%	19%	19%	22%	25%	28%
- - ● % Stabilized + Increased	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

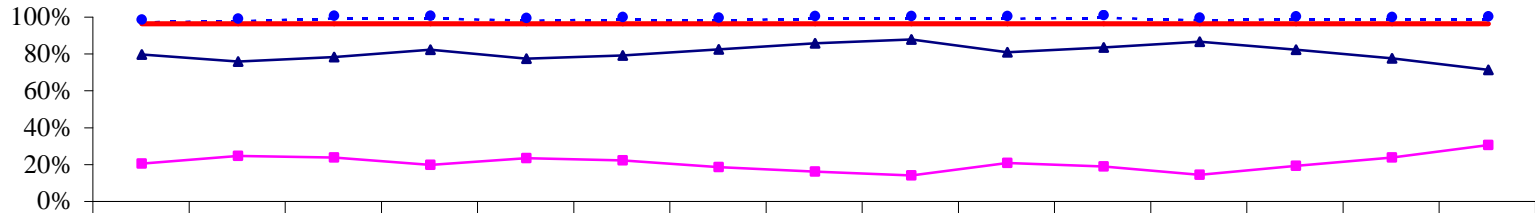
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003



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

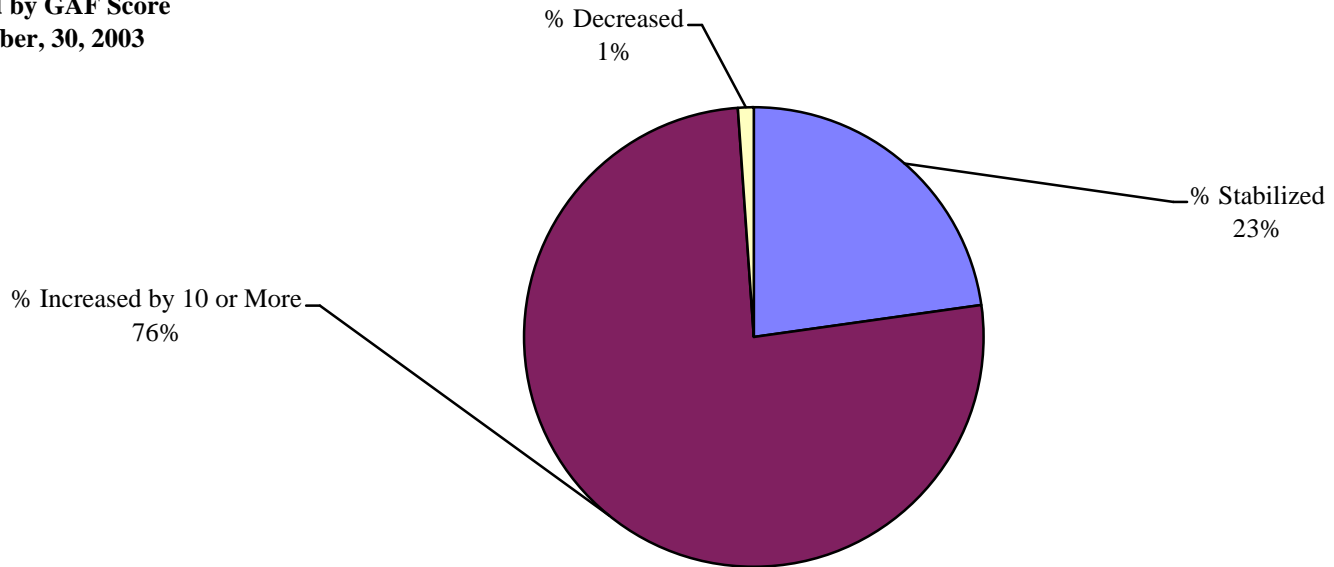
Austin State Hospital

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

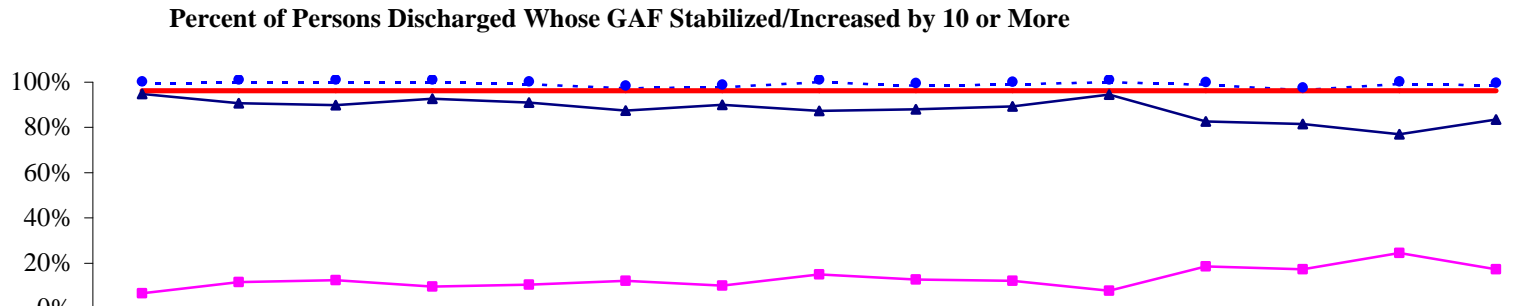


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	78%	75%	77%	81%	76%	78%	81%	84%	86%	80%	82%	85%	81%	76%	70%
■ % Stabilized	19%	23%	22%	18%	22%	21%	17%	15%	13%	20%	18%	13%	18%	22%	29%
● - - % Stabilized + Increased	97%	98%	99%	99%	98%	99%	98%	99%	99%	99%	100%	98%	99%	99%	99%
— % Statewide Expectation	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 November, 30, 2003

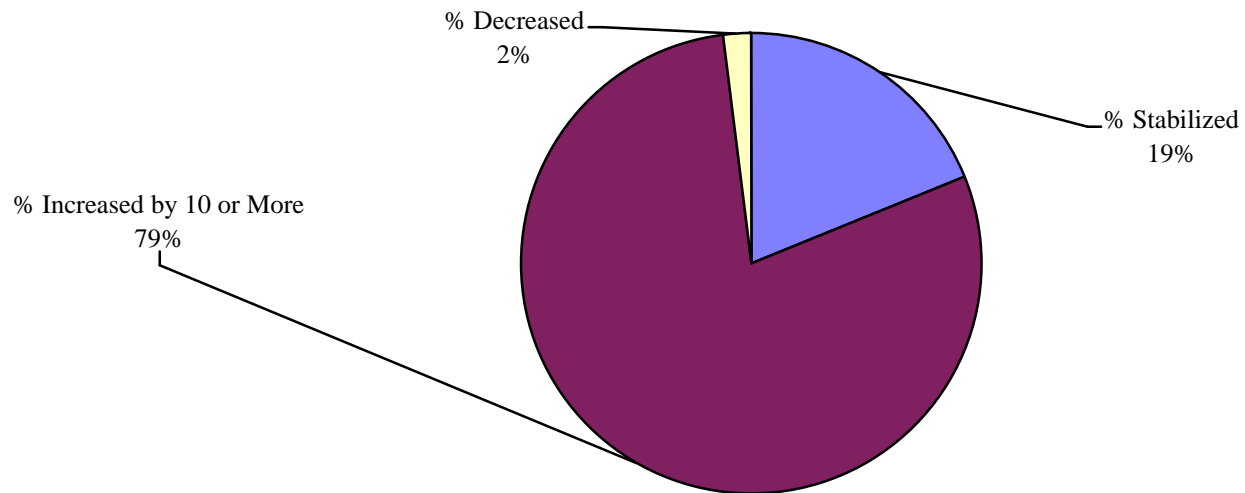


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital



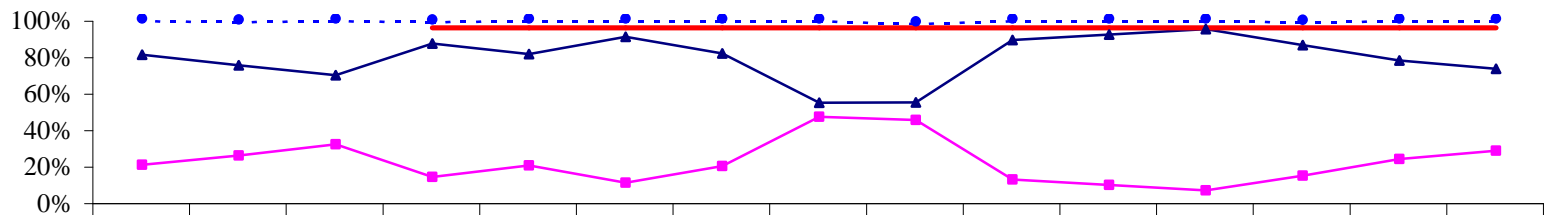
	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	94%	89%	89%	92%	90%	86%	89%	86%	87%	88%	93%	82%	80%	76%	82%
■ % Stabilized	5%	11%	11%	8%	9%	11%	9%	14%	12%	11%	7%	17%	16%	23%	16%
● - - % Stabilized + Increased	99%	100%	100%	100%	99%	97%	98%	100%	98%	99%	100%	99%	96%	99%	99%
— % Statewide Expectation	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 November 30, 2003



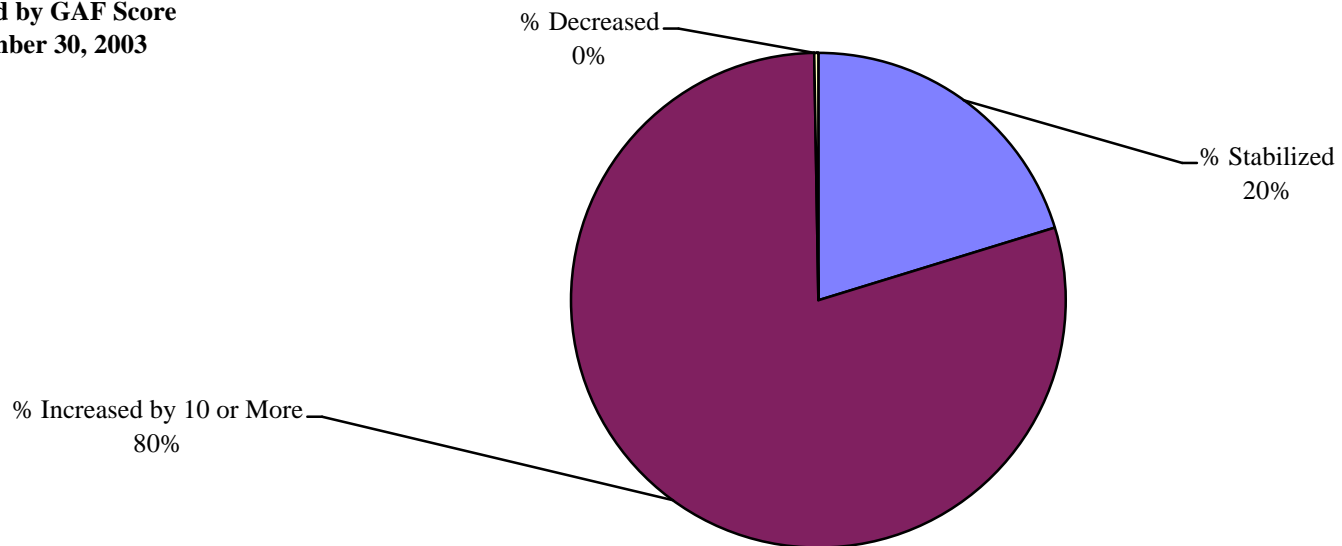
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
El Paso Psychiatric Center

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

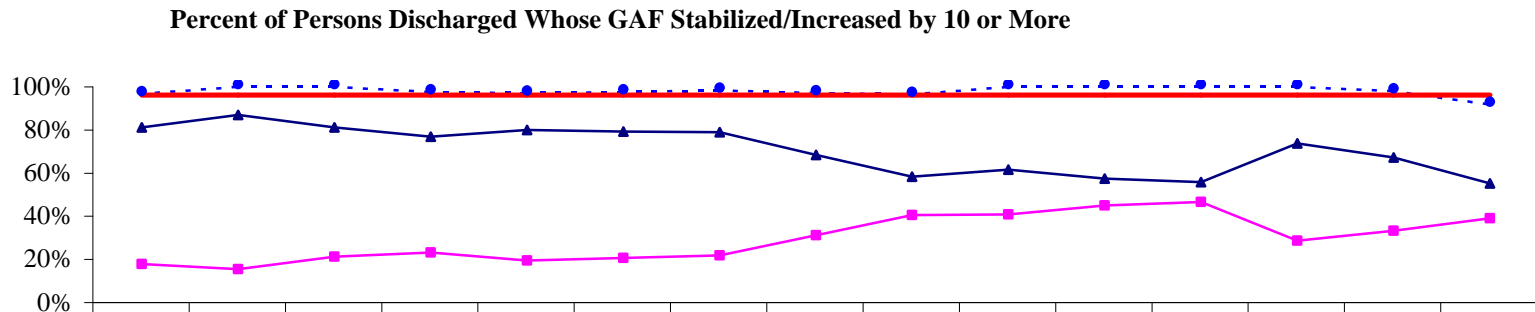


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	80%	74%	69%	86%	81%	90%	81%	54%	54%	88%	91%	94%	85%	77%	73%
■ % Stabilized	20%	25%	31%	13%	19%	10%	19%	46%	44%	12%	9%	6%	14%	23%	27%
●- - % Stabilized + Increased	100%	99%	100%	99%	100%	100%	100%	100%	98%	100%	100%	100%	99%	100%	100%
— % Statewide Expectation				95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003

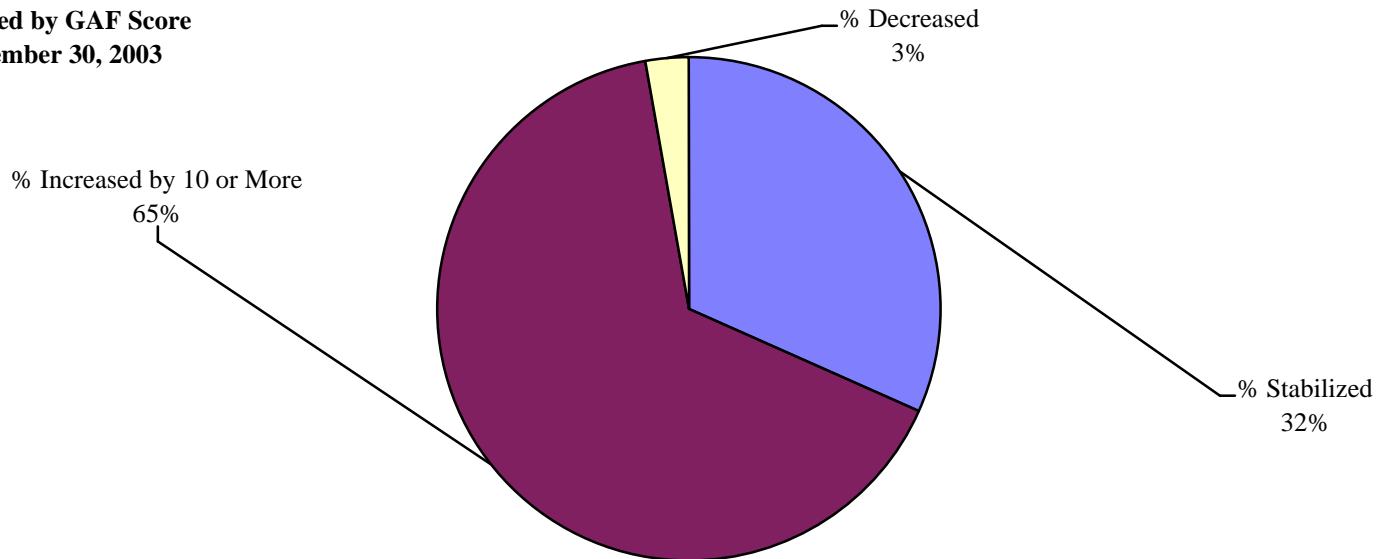


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

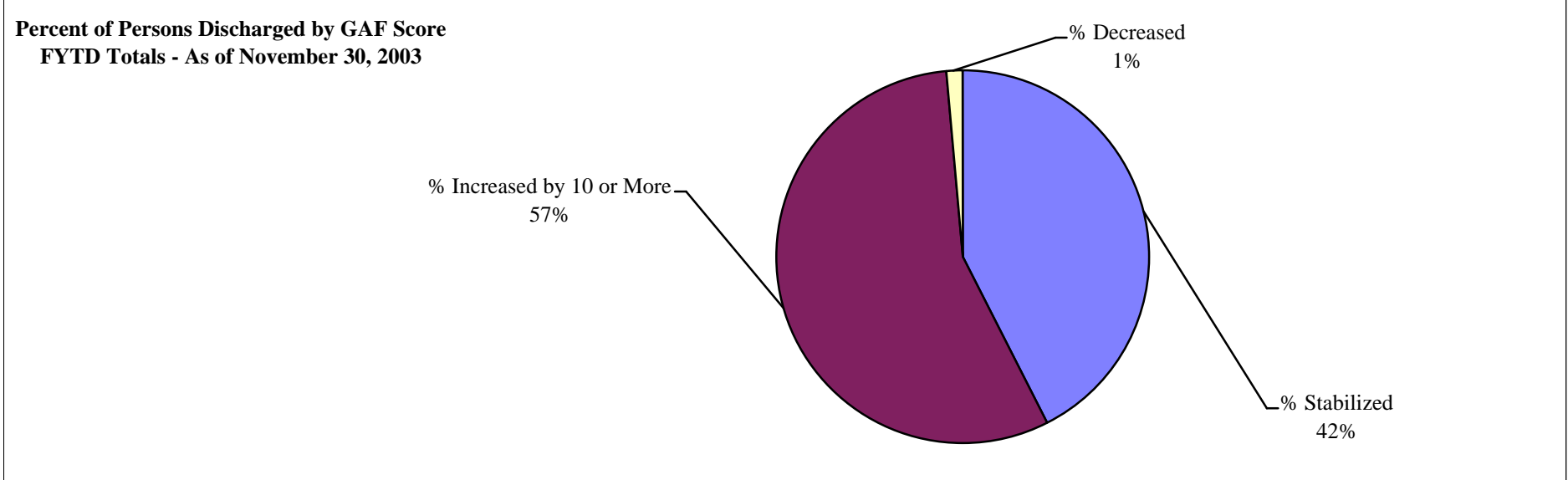
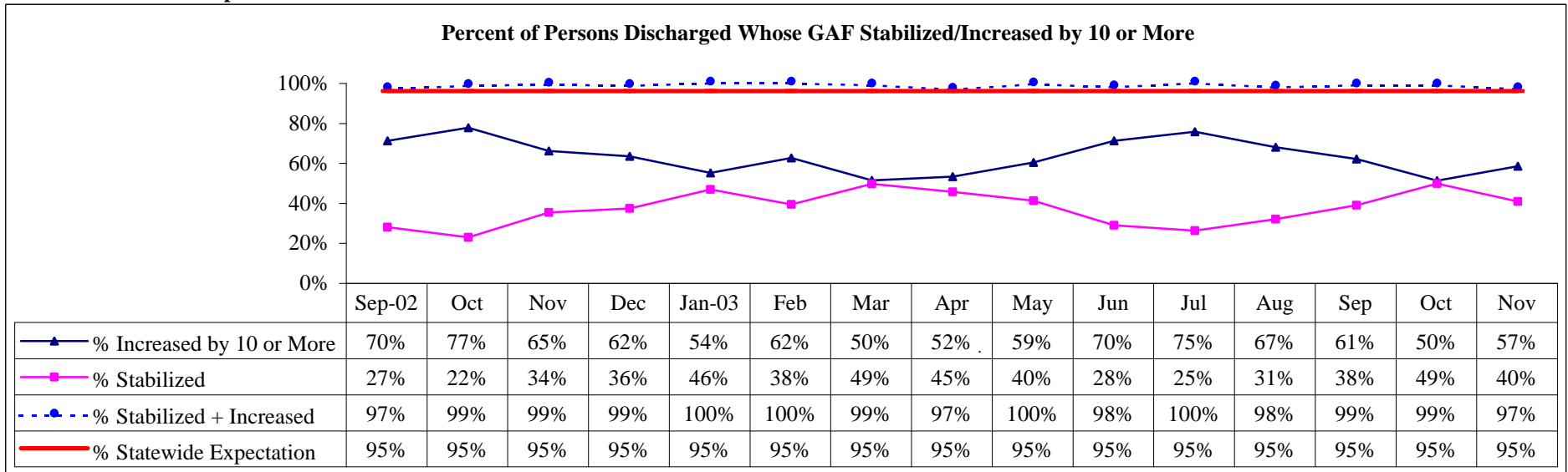


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	80%	86%	80%	76%	79%	78%	78%	67%	57%	60%	56%	55%	73%	66%	54%
—■— % Stabilized	17%	14%	20%	22%	18%	20%	21%	30%	39%	40%	44%	45%	27%	32%	38%
- - -●- - - % Stabilized + Increased	97%	100%	100%	98%	97%	98%	98%	97%	96%	100%	100%	100%	100%	98%	92%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

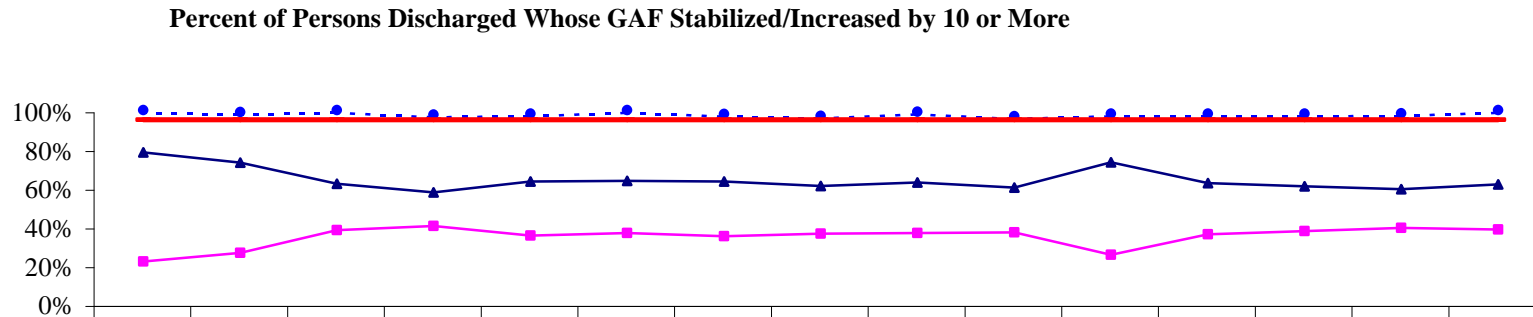
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003



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

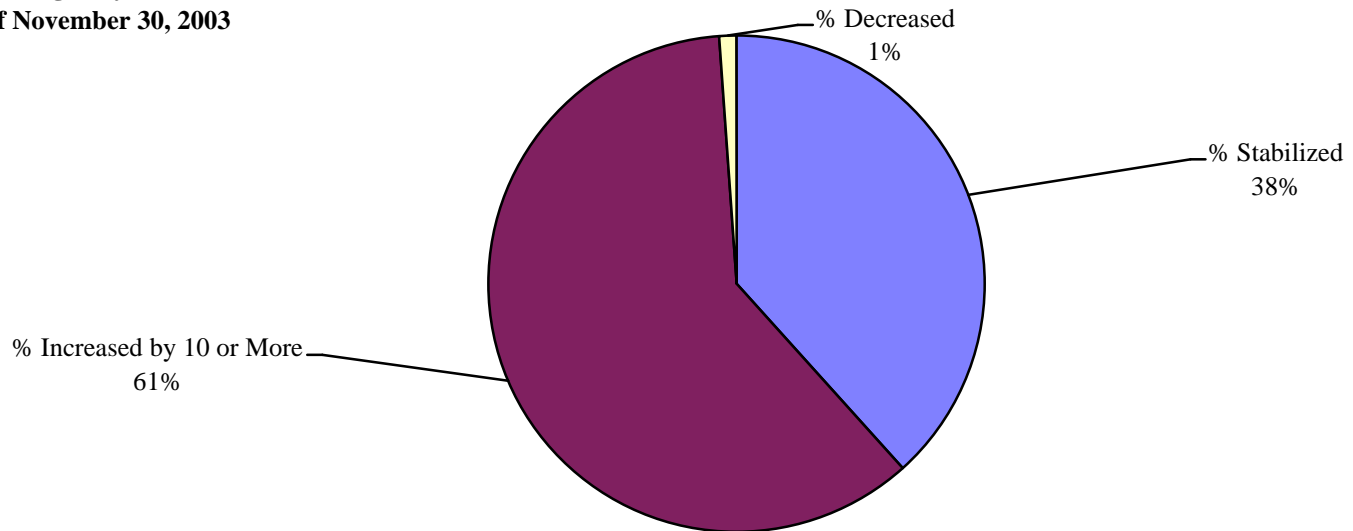


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
% Increased by 10 or More	78%	73%	62%	57%	63%	64%	63%	61%	63%	60%	73%	62%	61%	59%	62%
% Stabilized	22%	26%	38%	40%	35%	36%	35%	36%	37%	37%	25%	36%	38%	39%	38%
% Stabilized + Increased	100%	99%	100%	98%	98%	100%	98%	97%	99%	97%	98%	98%	98%	98%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

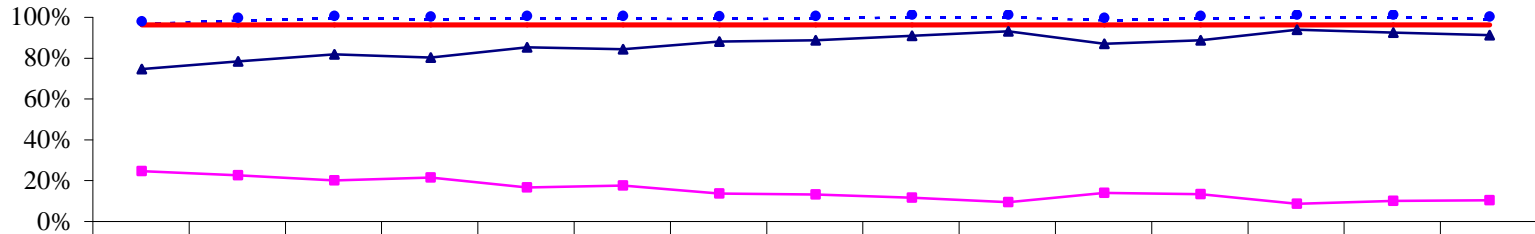
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003



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

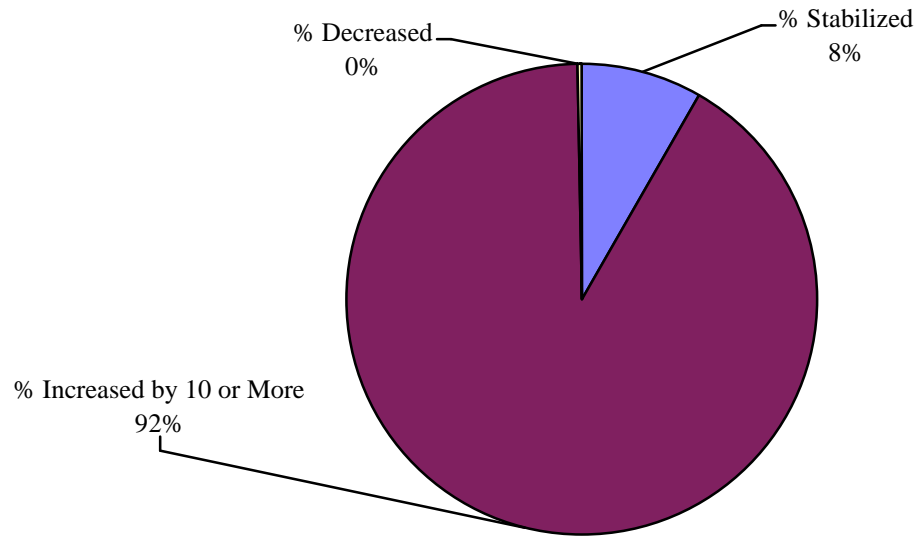
Rusk State Hospital

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

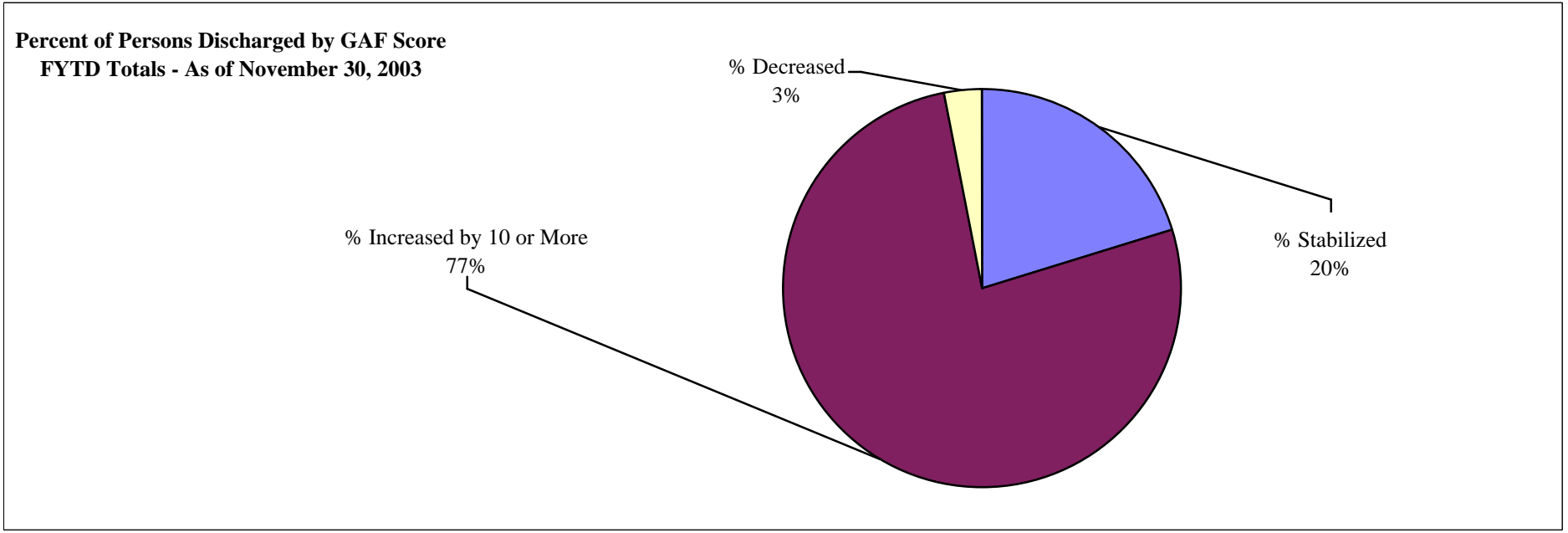
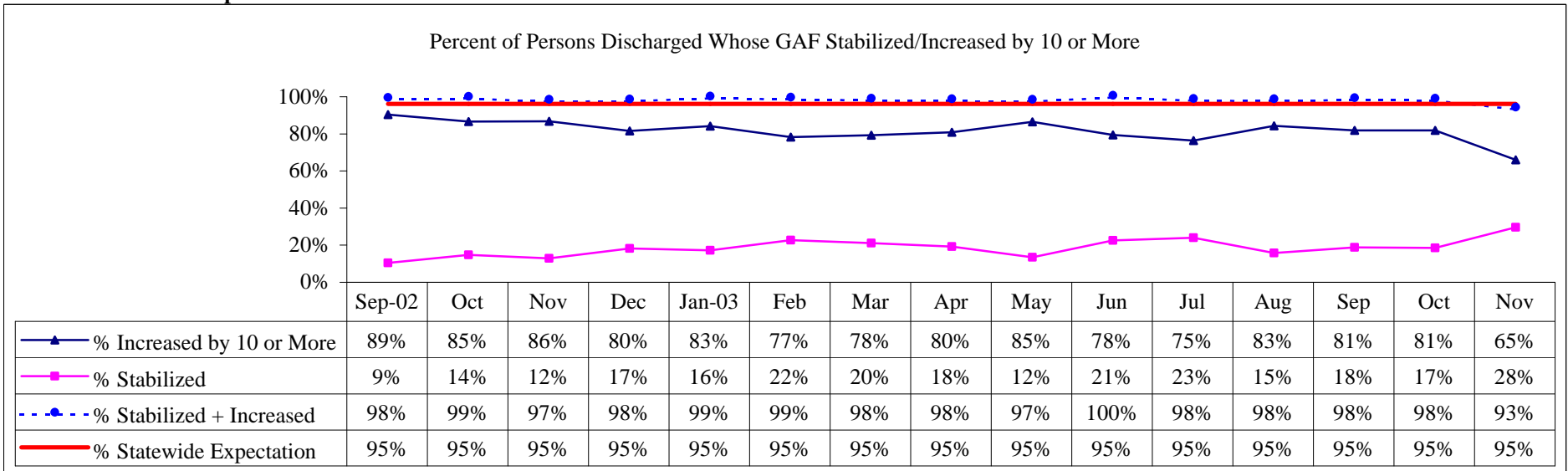


▲ % Increased by 10 or More	73%	77%	81%	79%	84%	83%	87%	88%	90%	92%	86%	87%	93%	91%	90%
■ % Stabilized	23%	21%	19%	20%	15%	16%	12%	12%	10%	8%	13%	12%	7%	9%	9%
● % Stabilized + Increased	97%	98%	99%	99%	99%	99%	99%	99%	100%	100%	98%	99%	100%	100%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

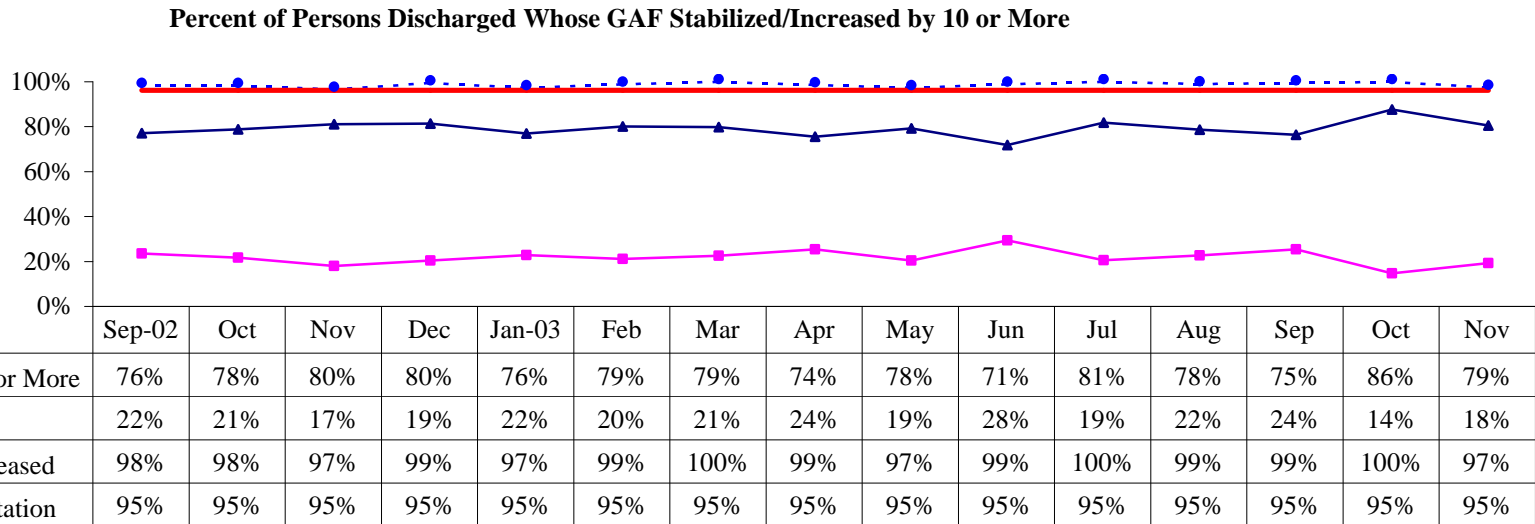
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003



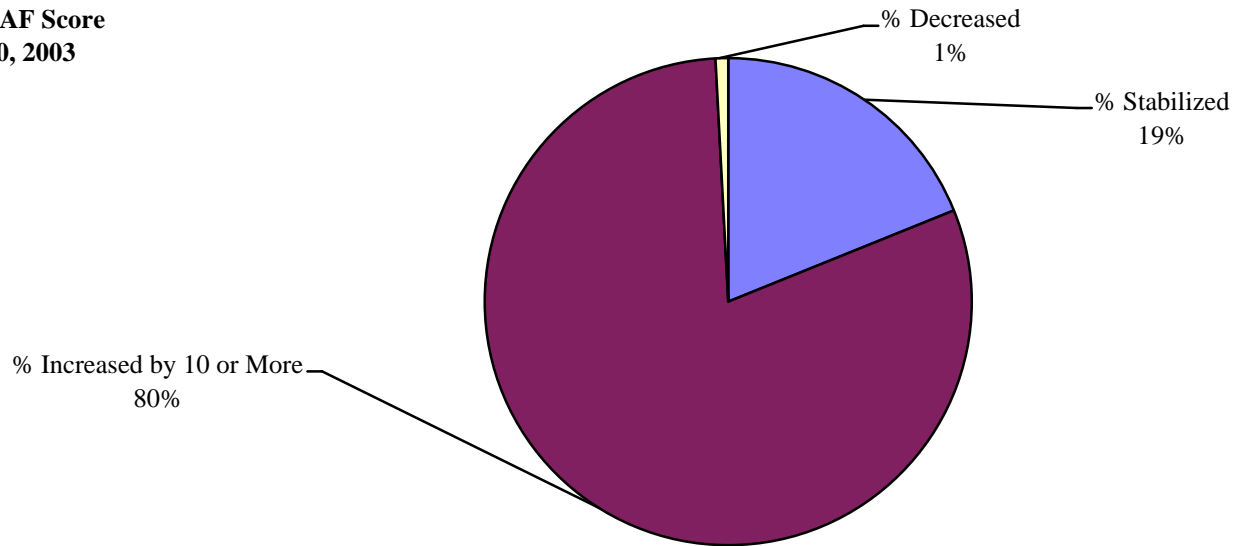
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital



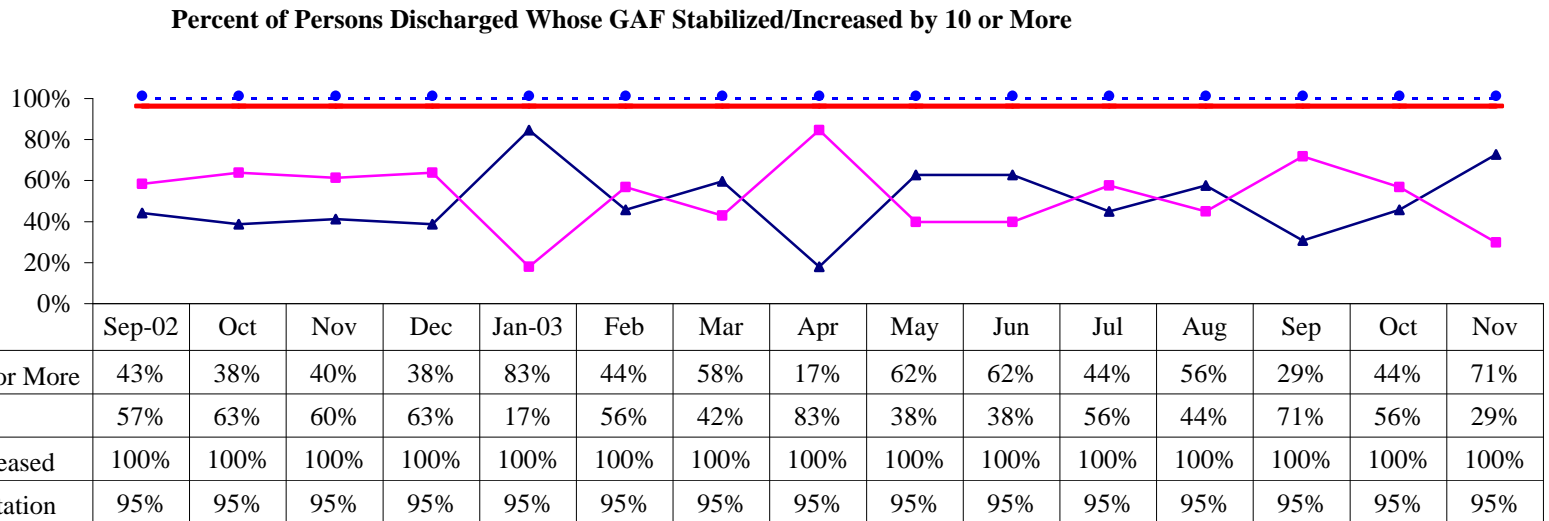
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital



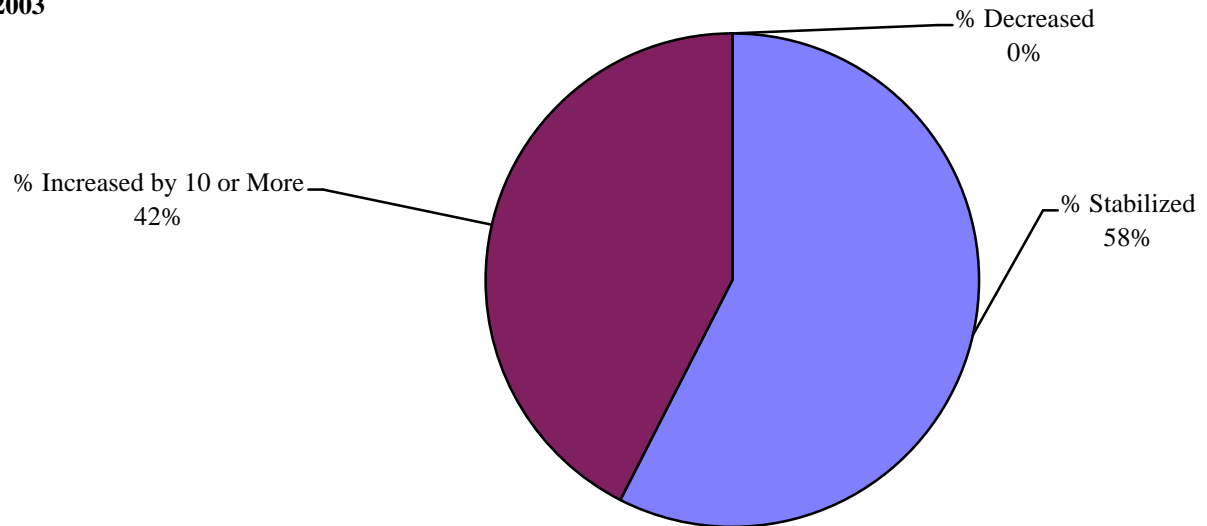
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2003



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 by GAF Score
FYTD Totals - As of November 30, 2003



Performance Measure 3C:

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

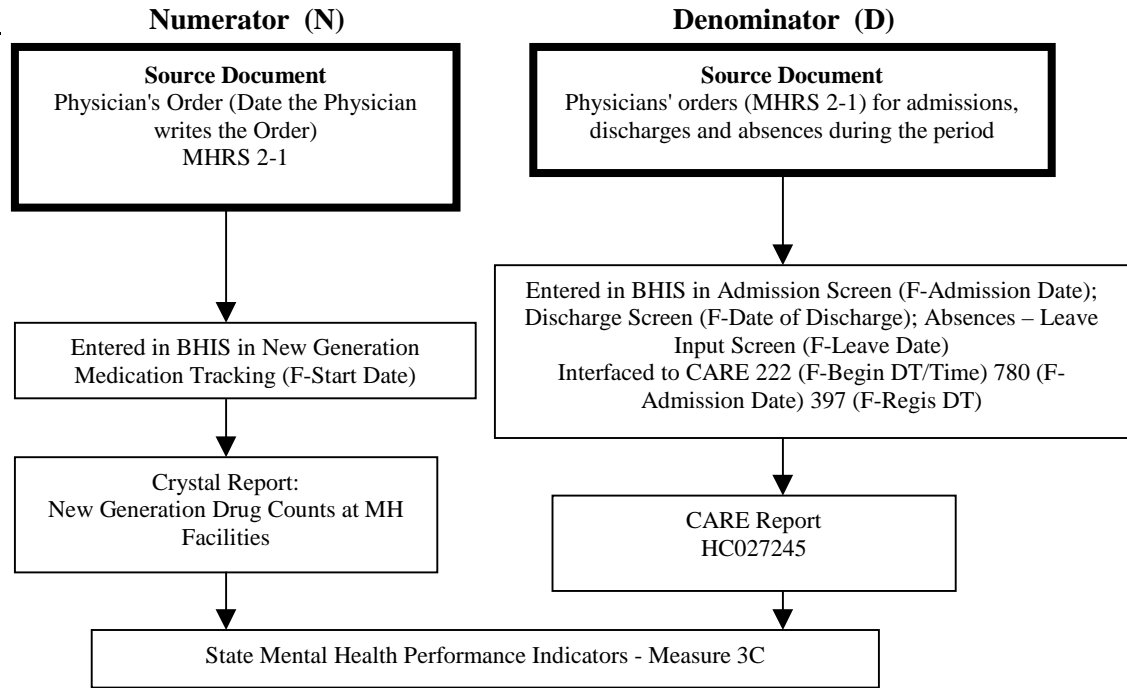
Performance Measure Operational Definition: The facility count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole).

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

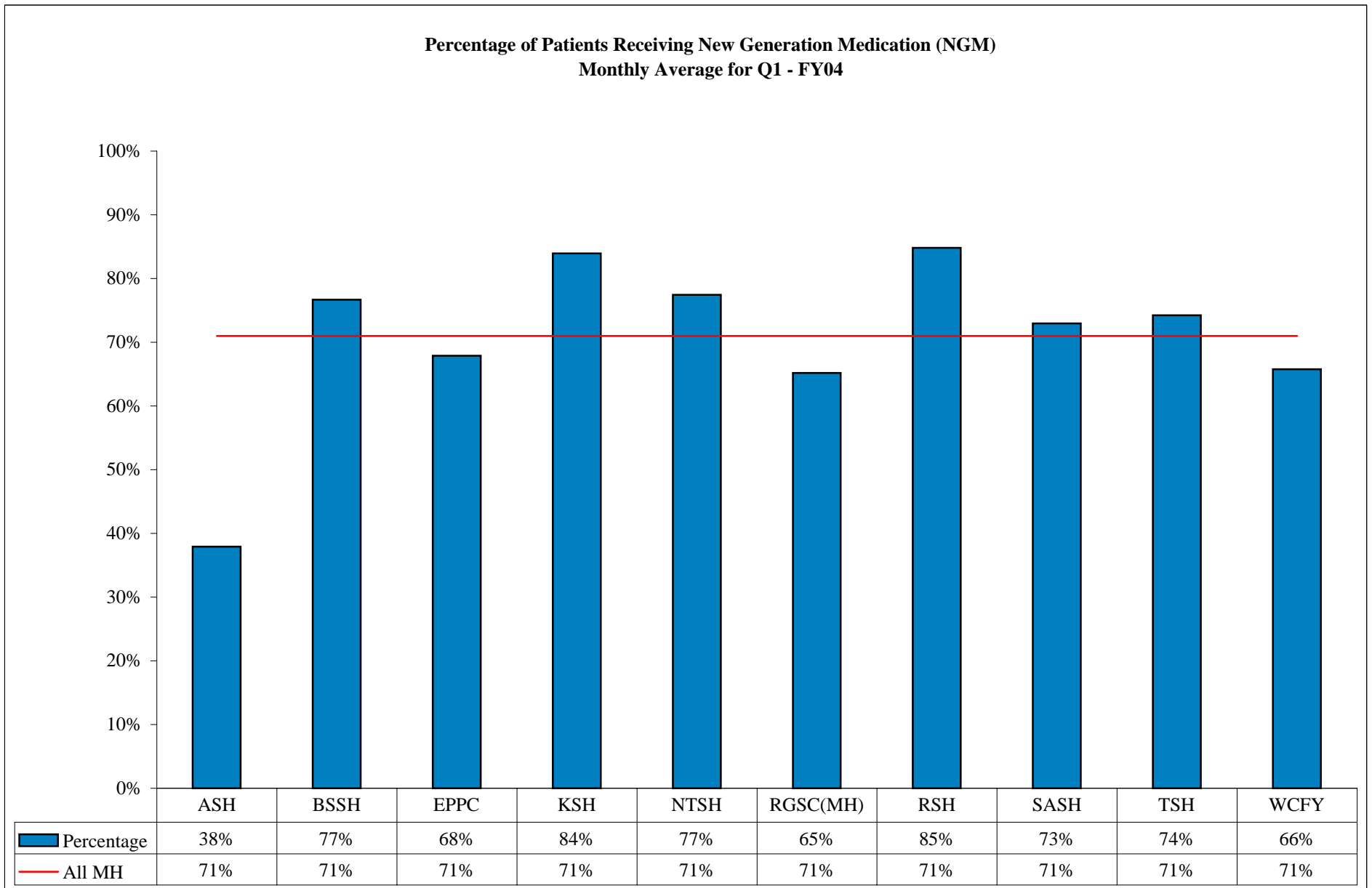
Performance Measure Data Display and Chart Description:

- ◆ 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:

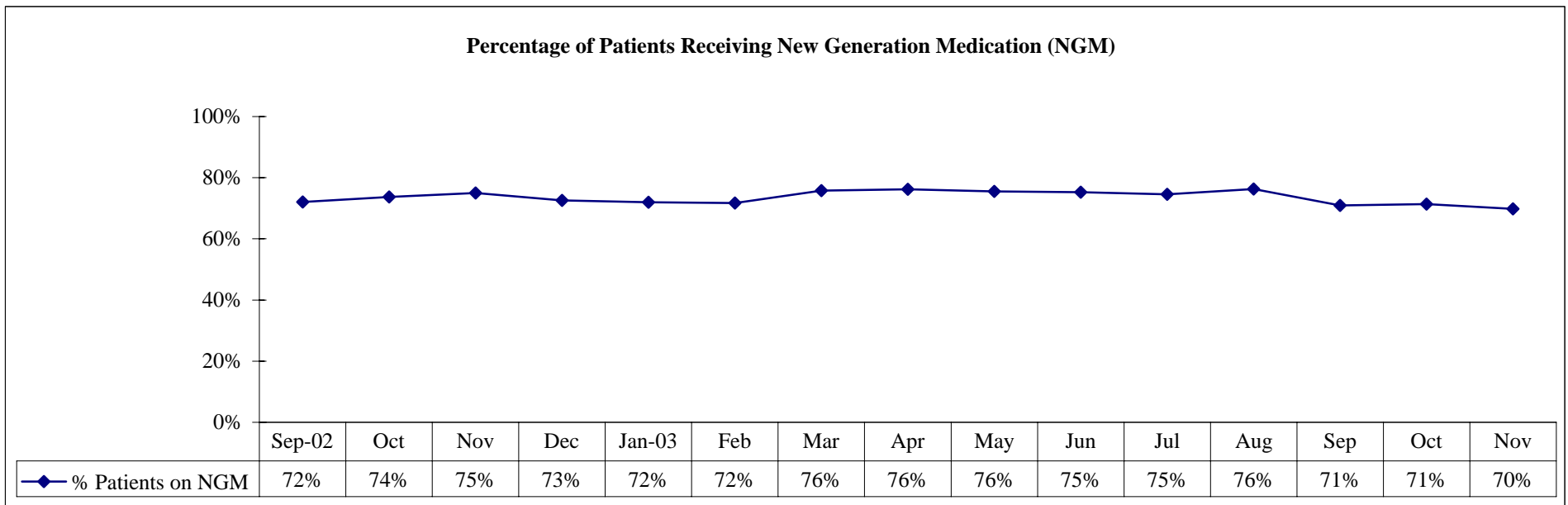
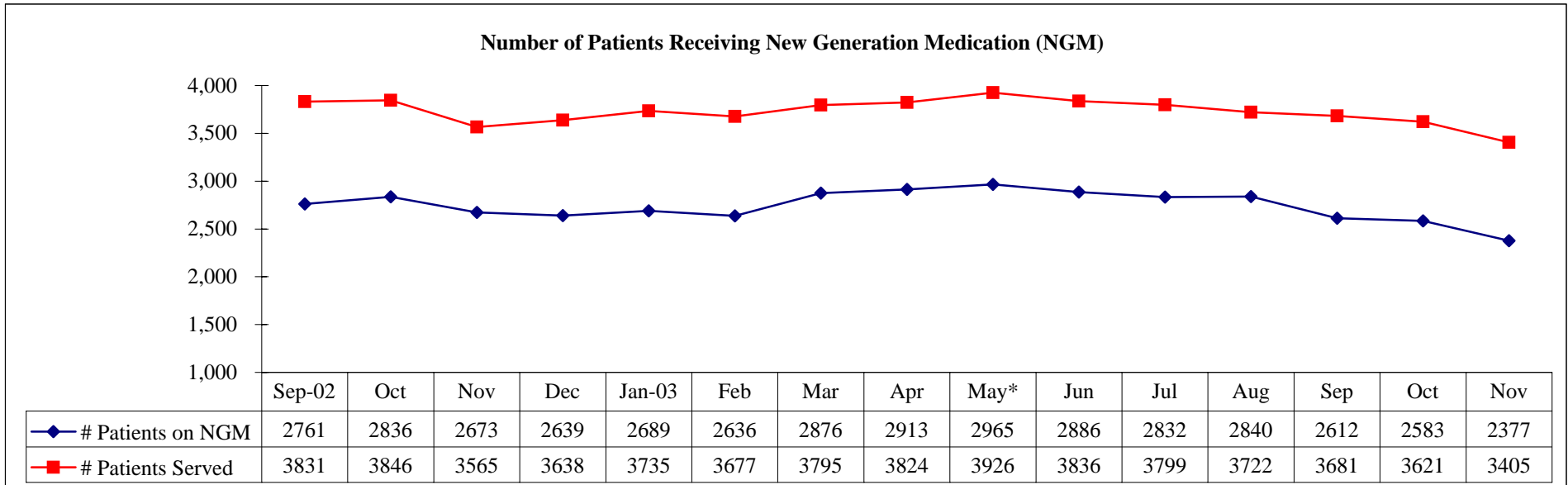


Measure 3C - Patients Receiving New Generation Medication (NGM)
All MH Facilities



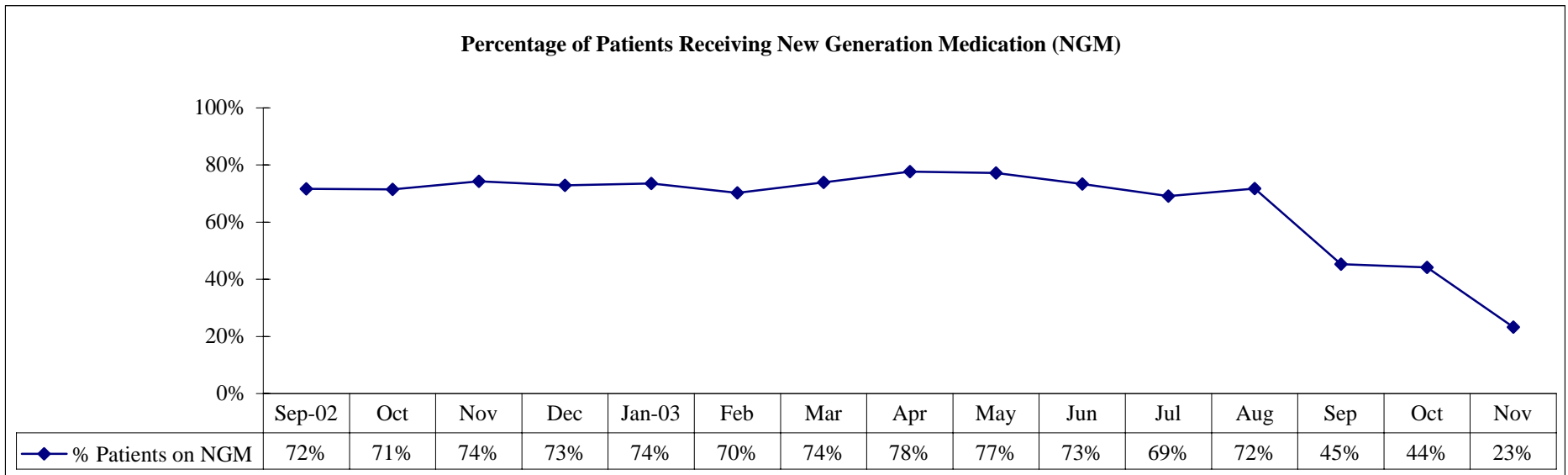
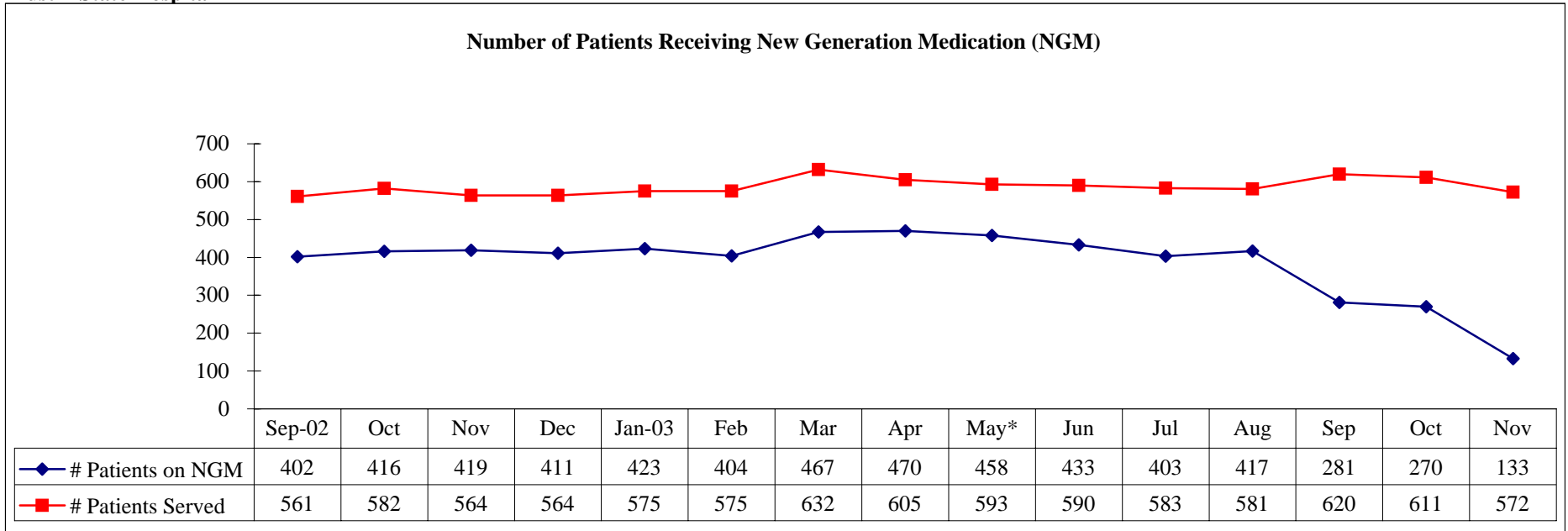
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



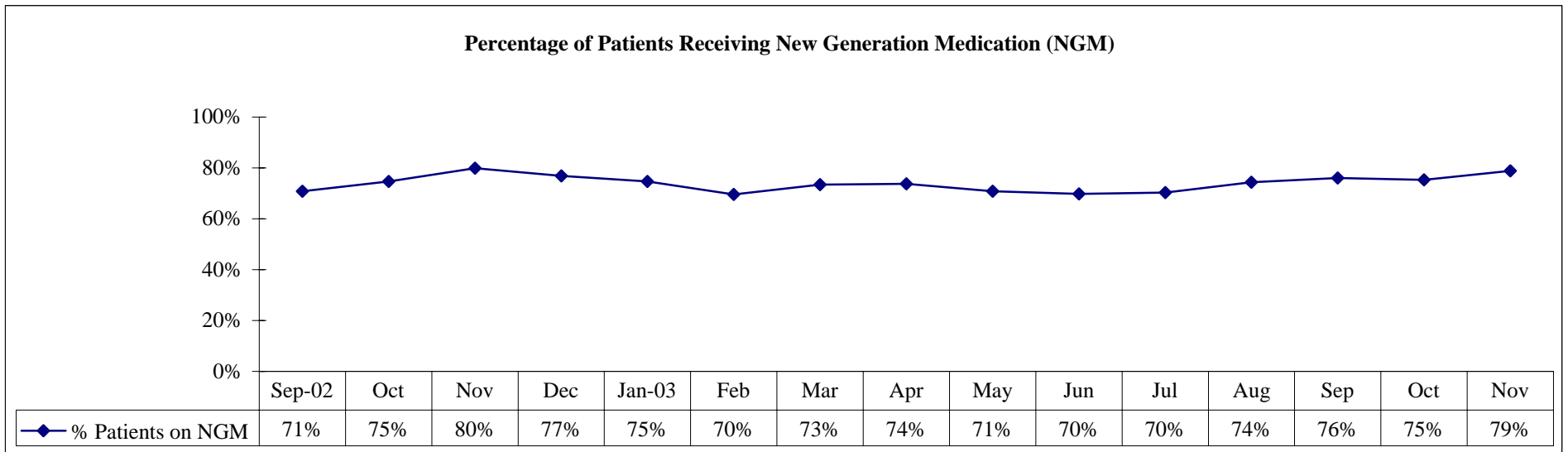
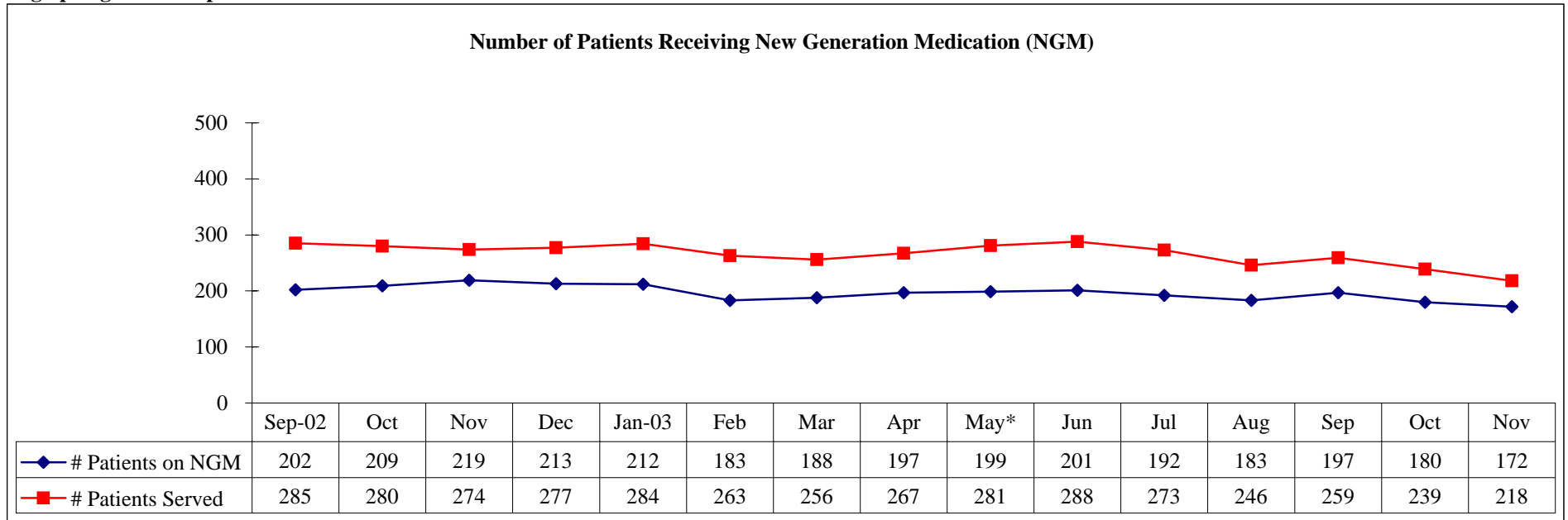
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



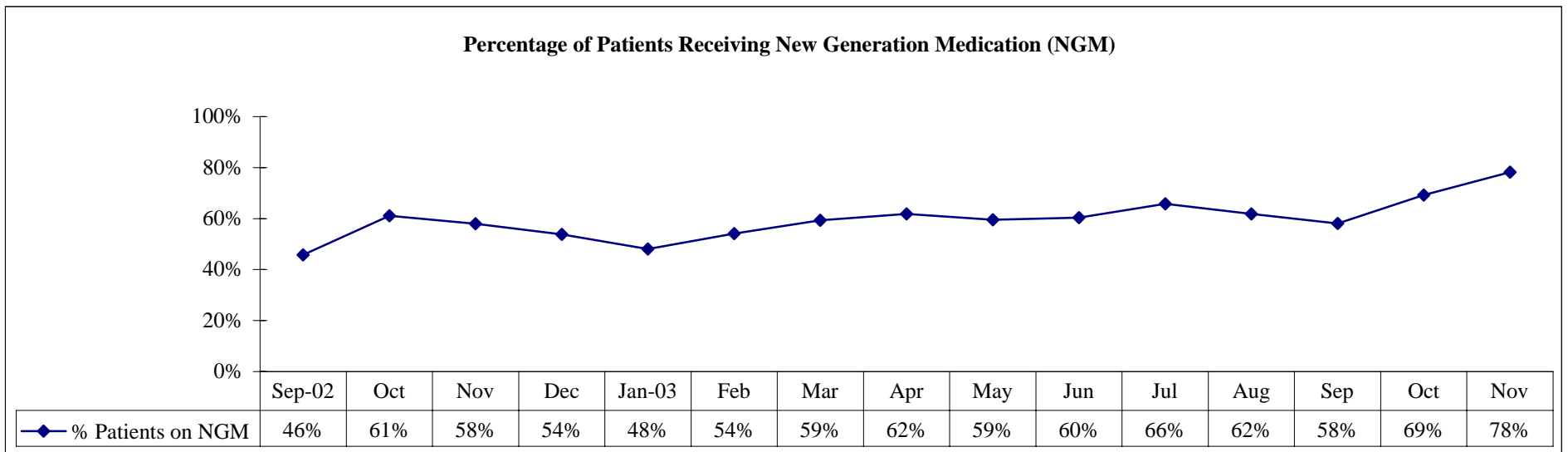
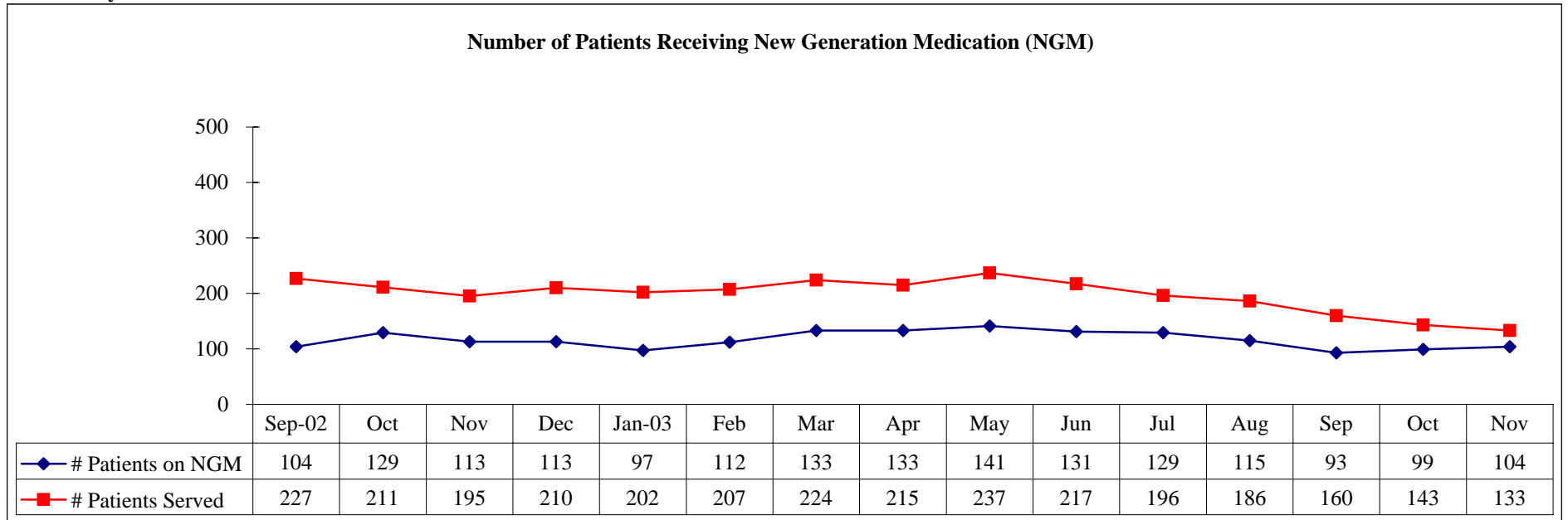
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



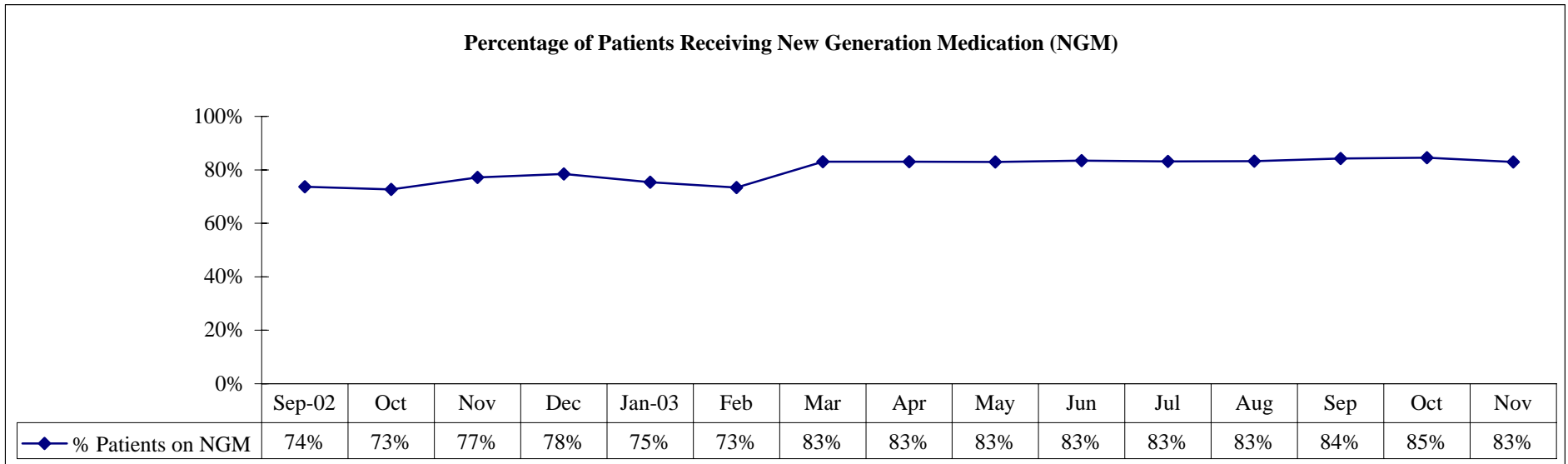
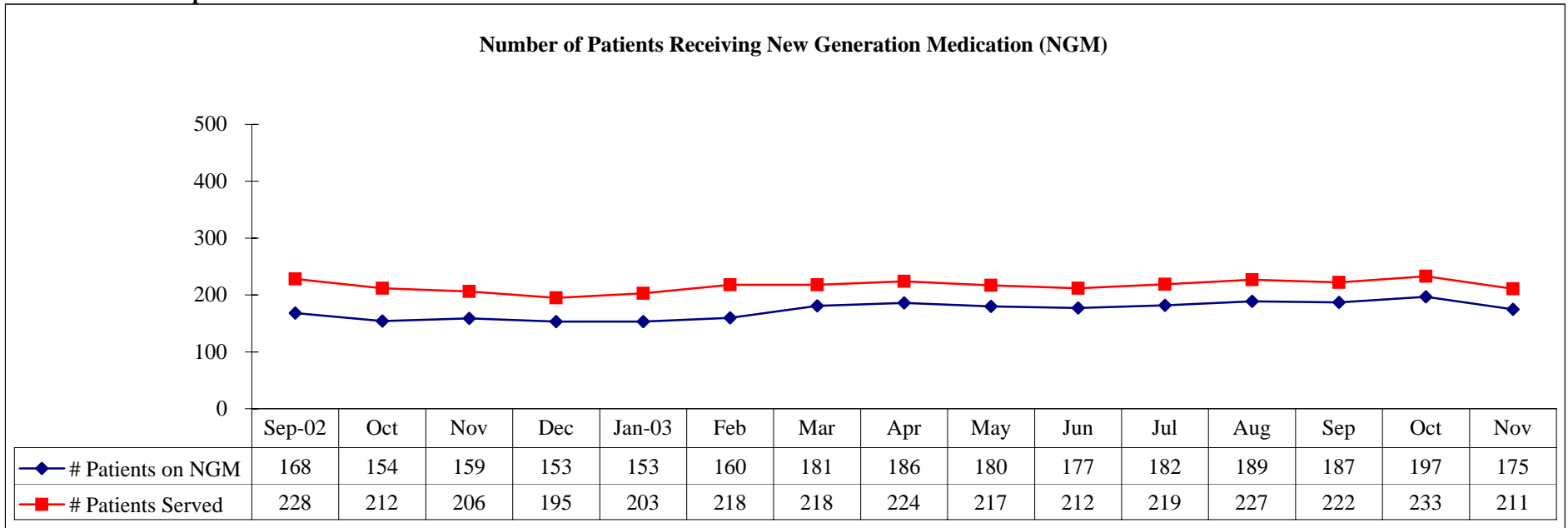
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



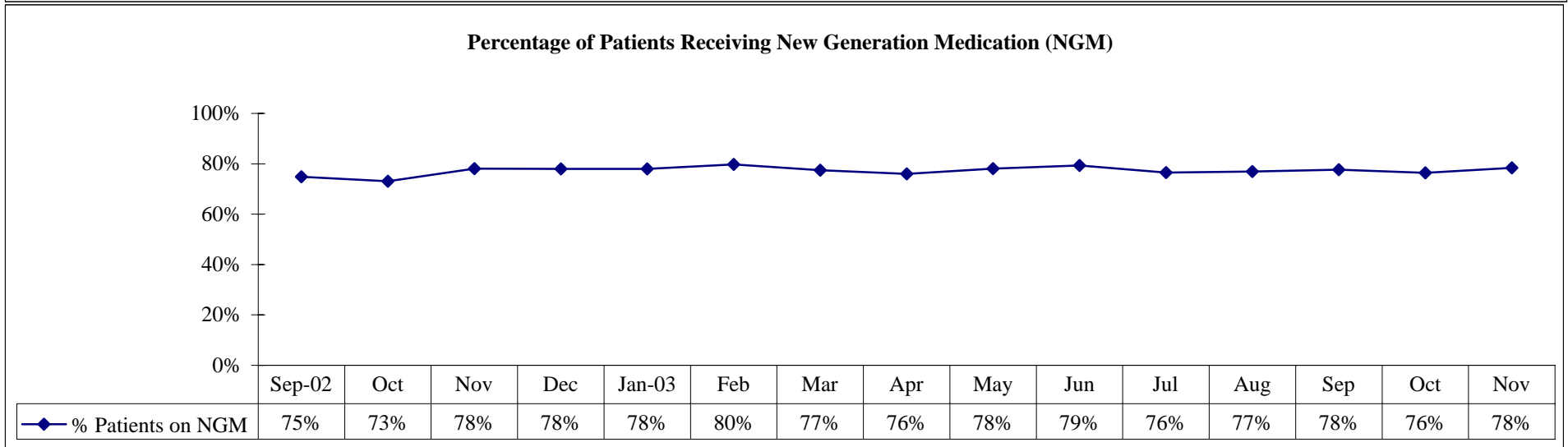
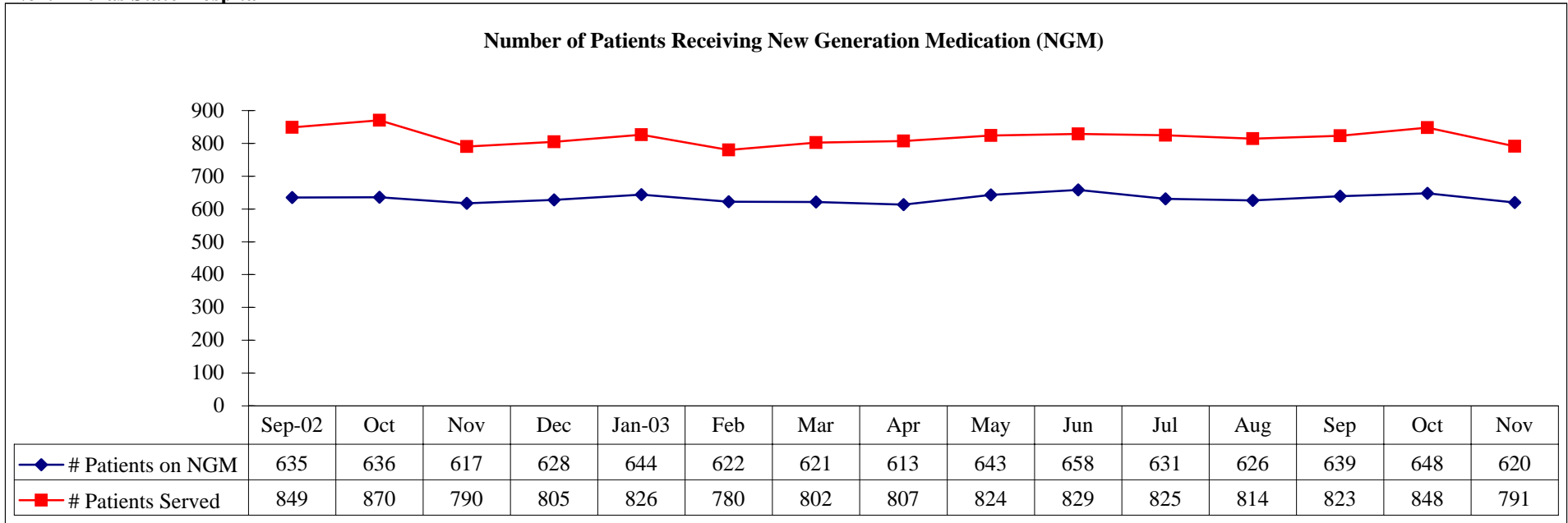
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



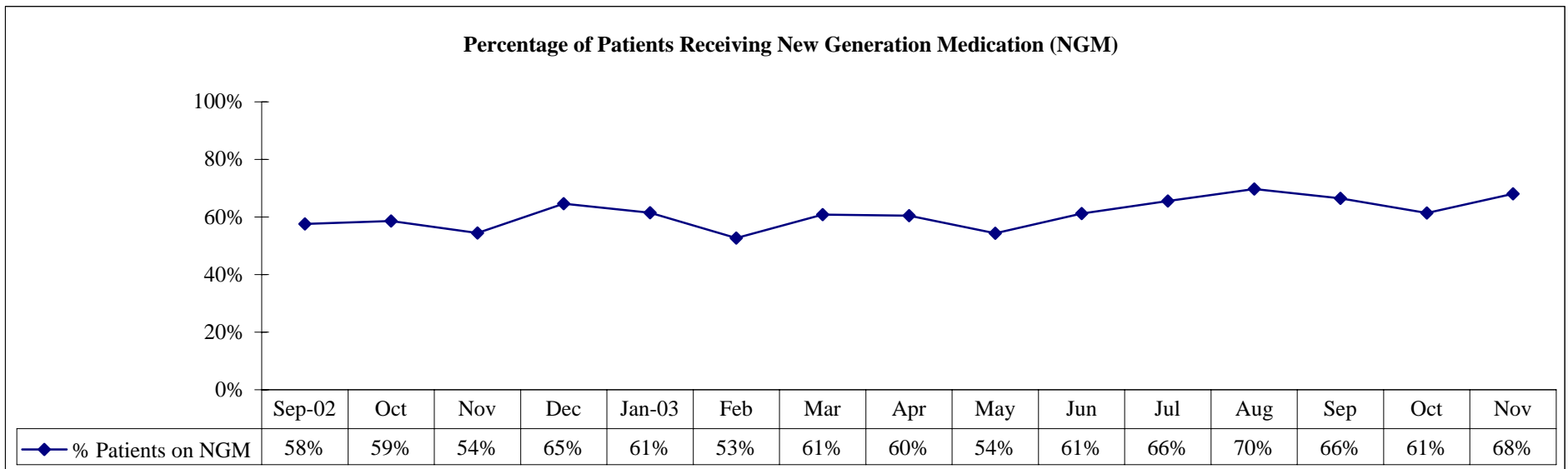
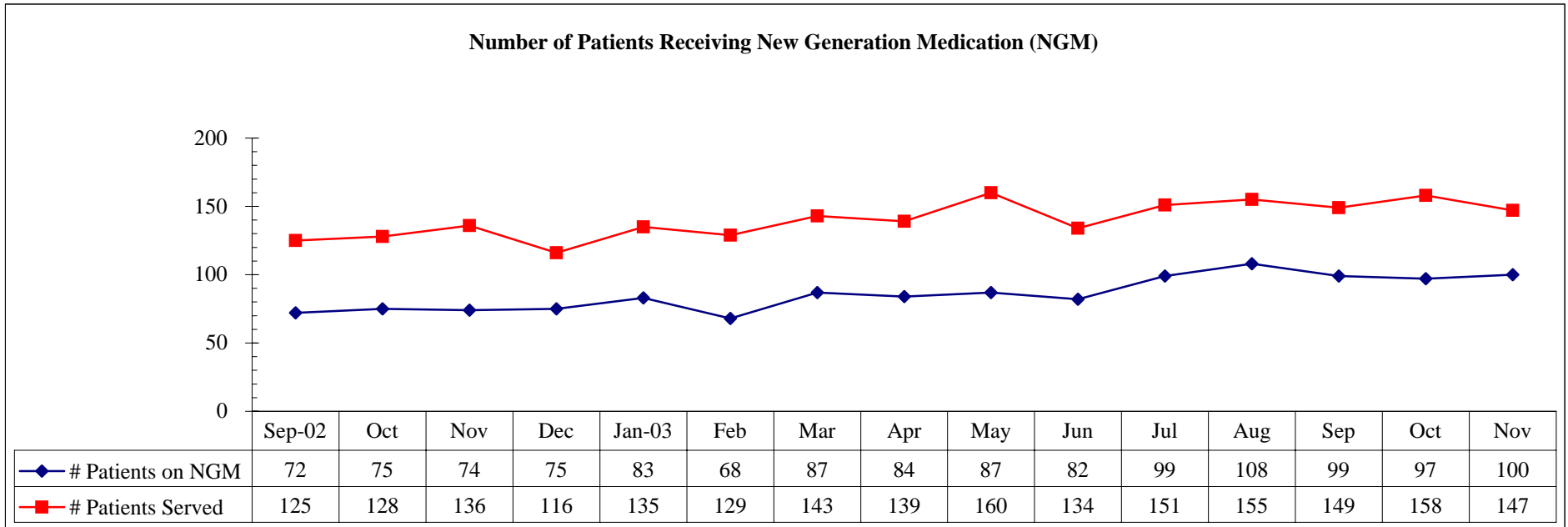
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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)

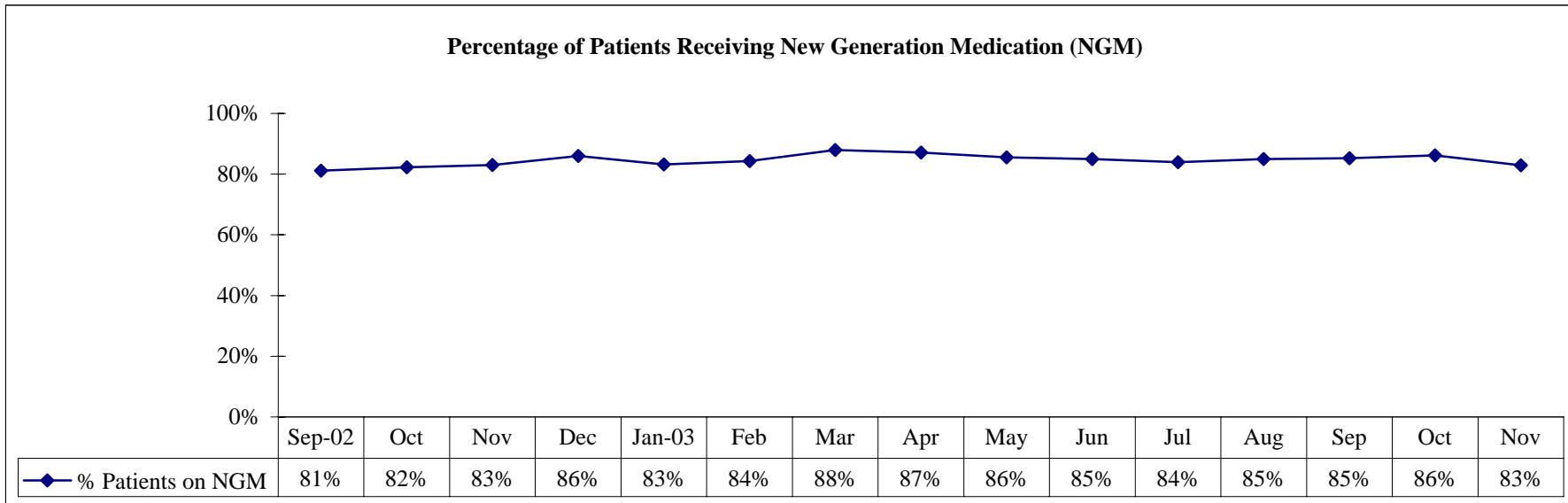
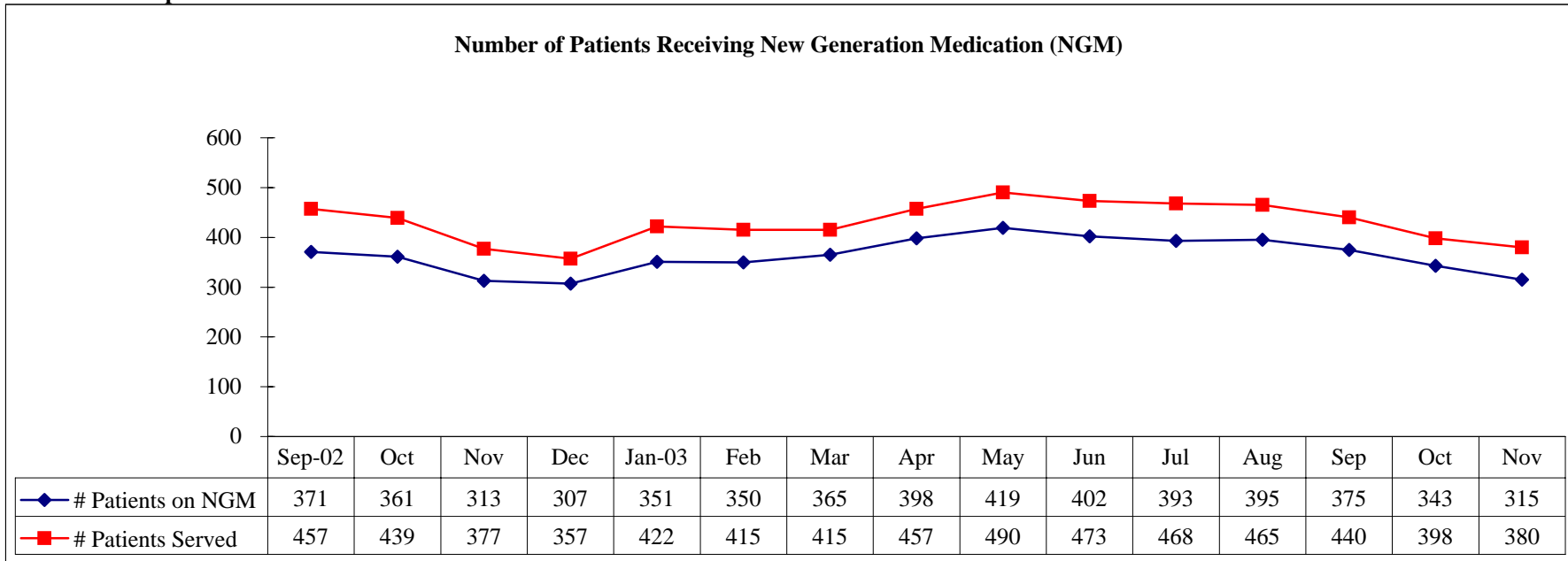
Measure 3C - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

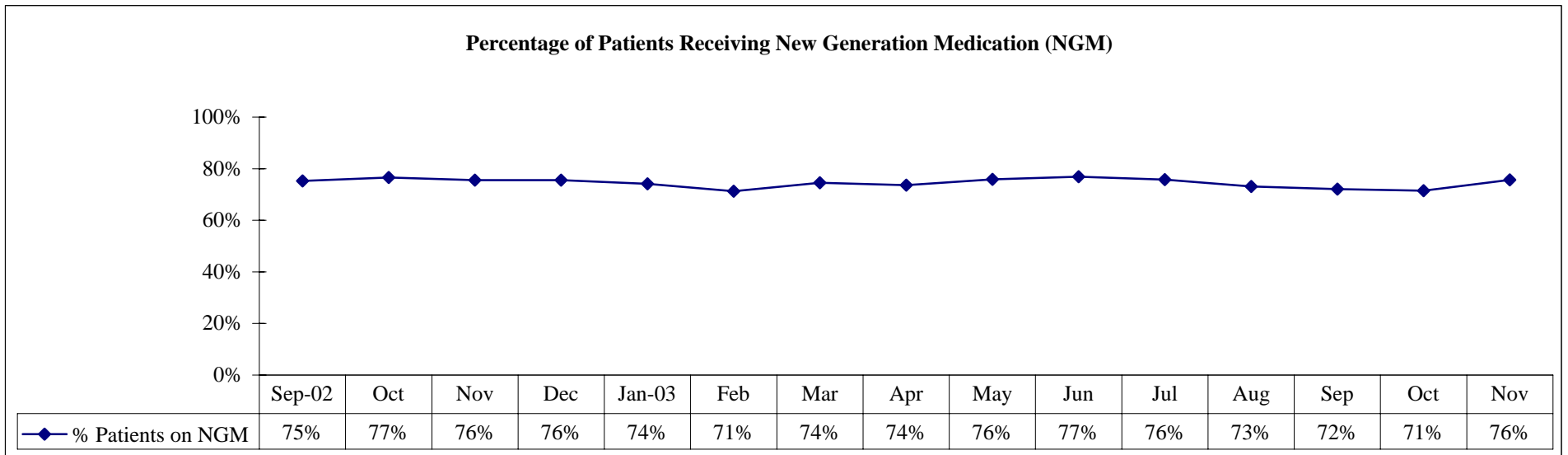
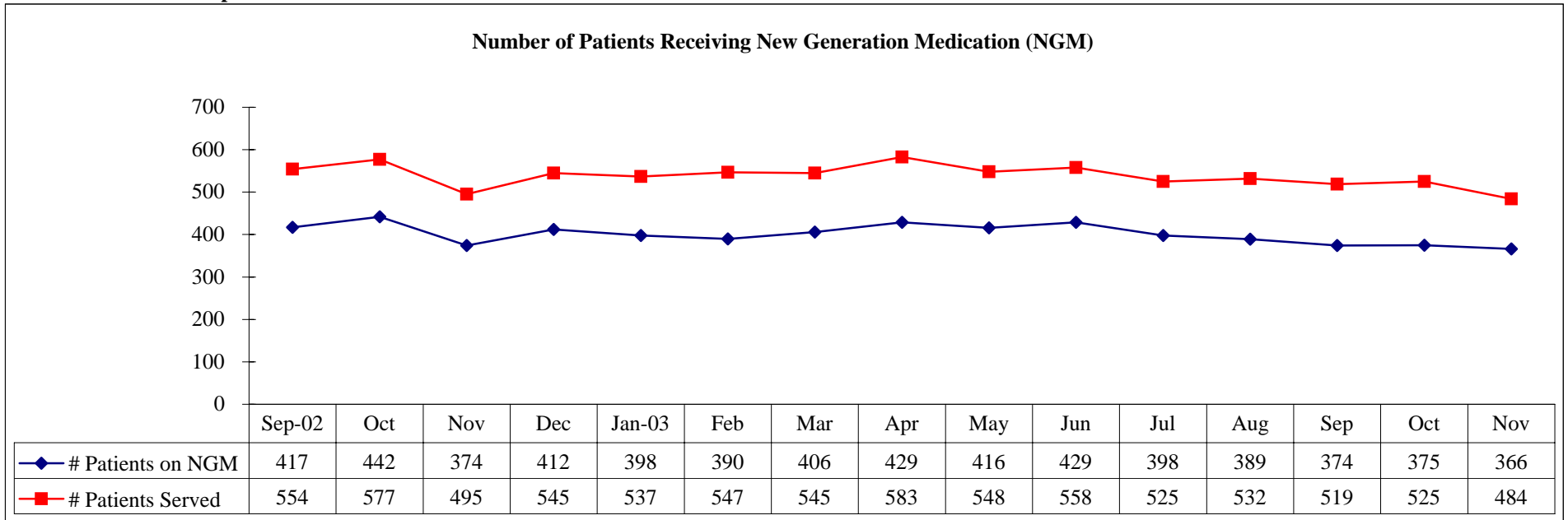
Measure 3C - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital



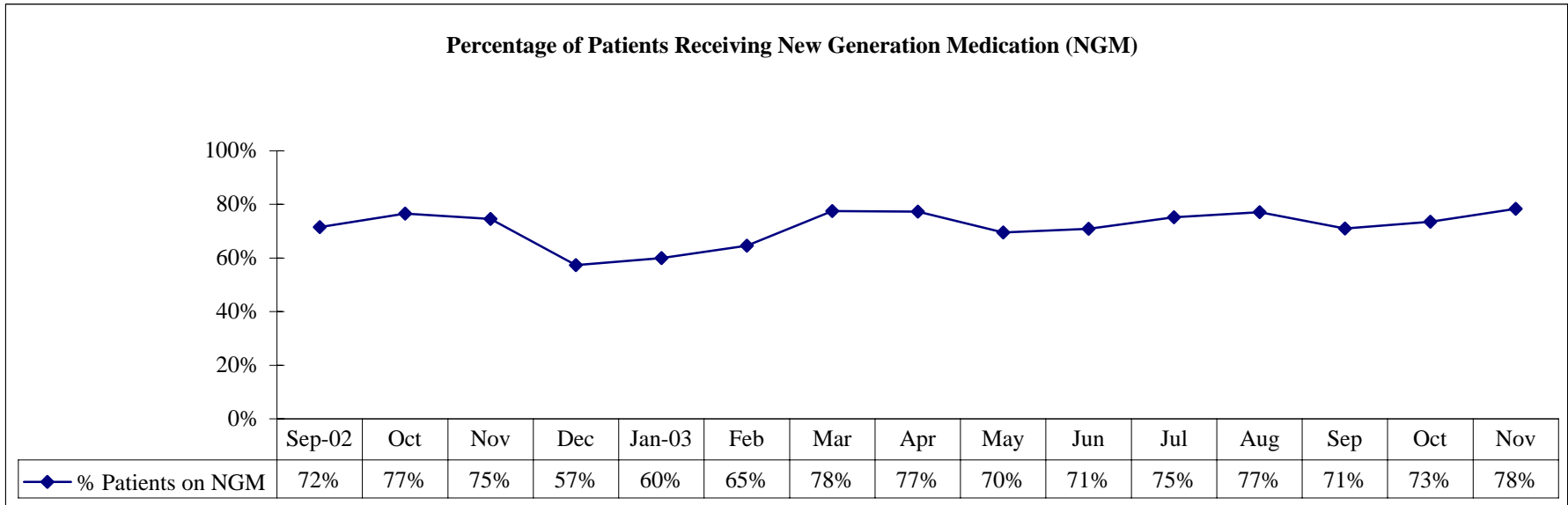
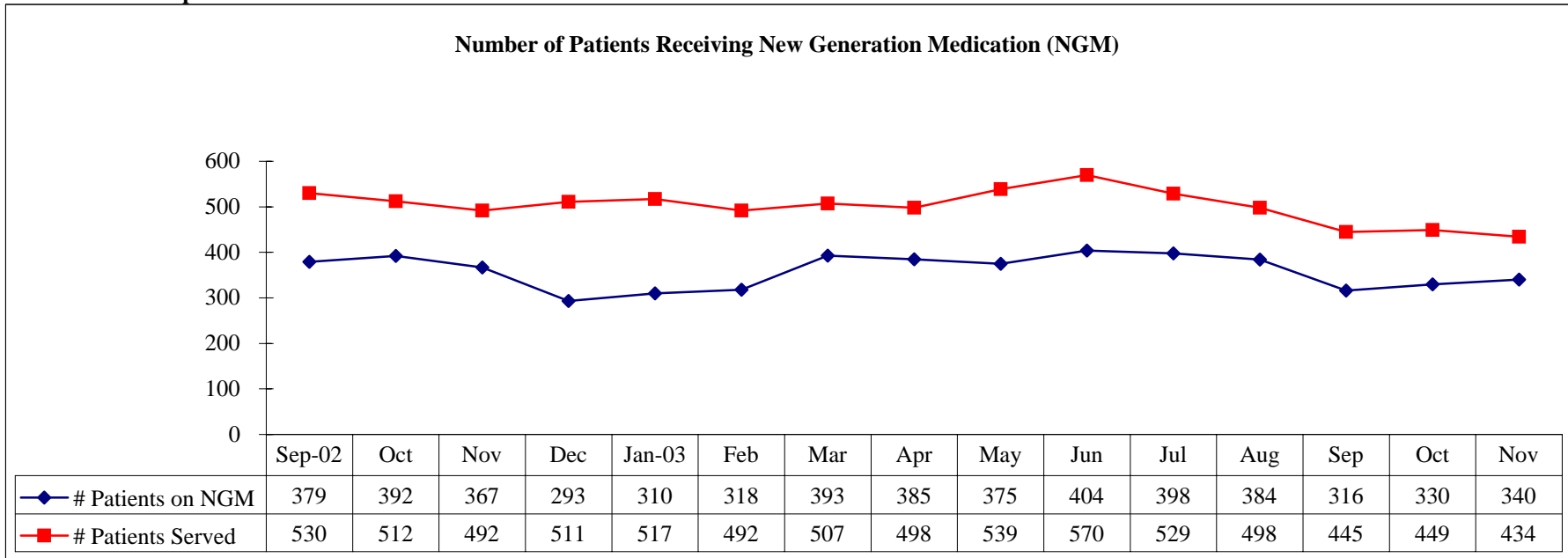
Source: New Generation Drug Counts (BHIS Report);
Counts of Persons Receiving MH Services (HC027245)

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



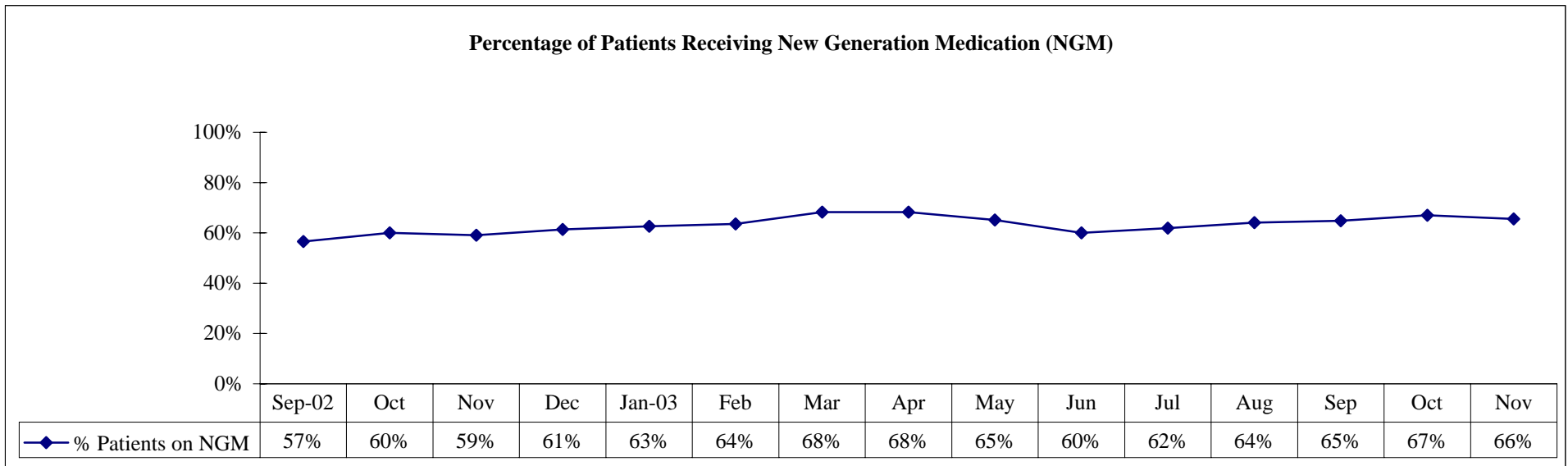
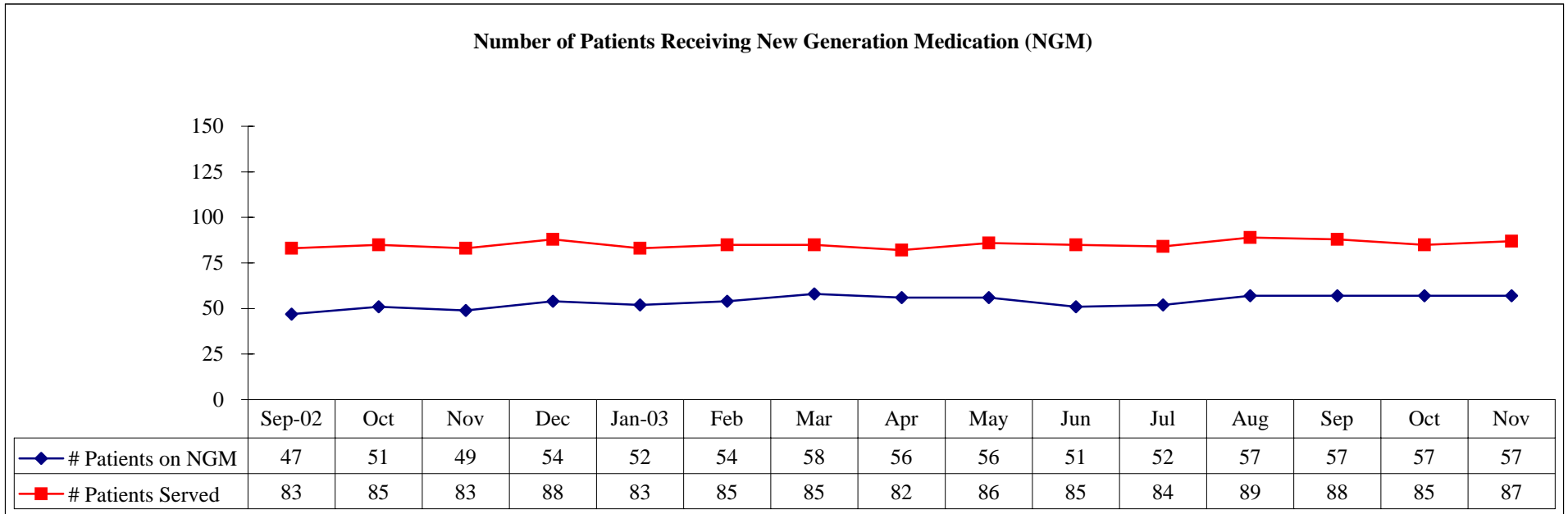
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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:

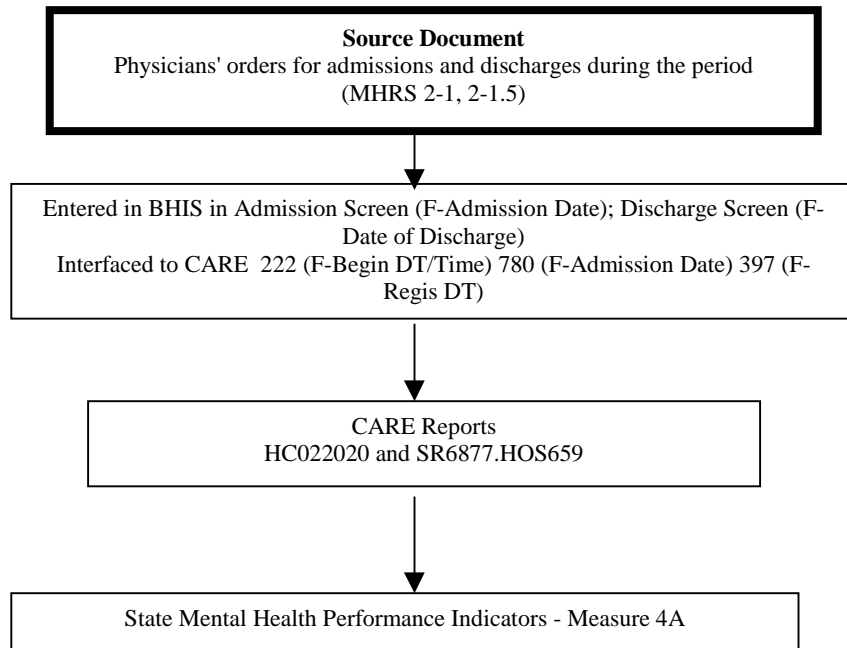
Number and type of admissions, discharges, and readmissions will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure – Reported Annually)

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:

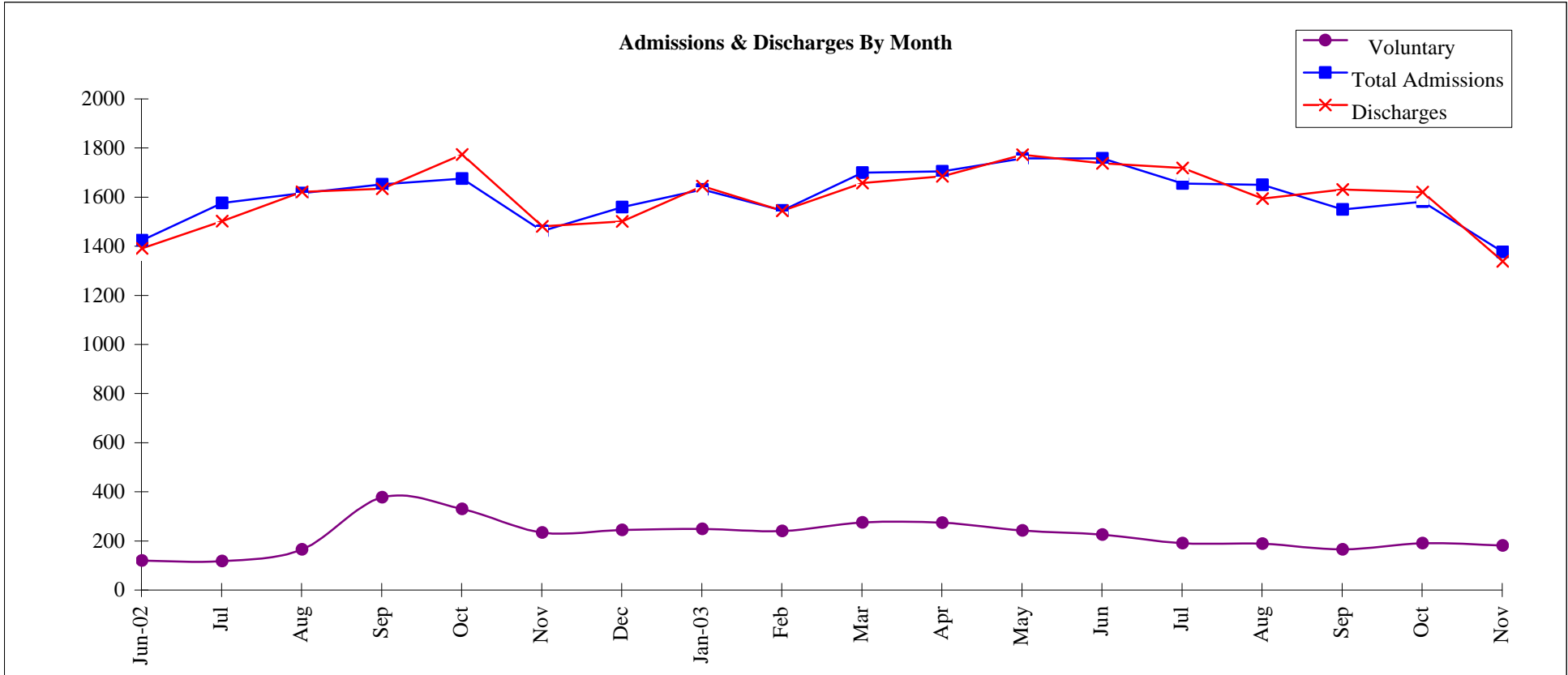


Measure 4A - Number/Type of Admissions and Readmissions

All MH Facilities

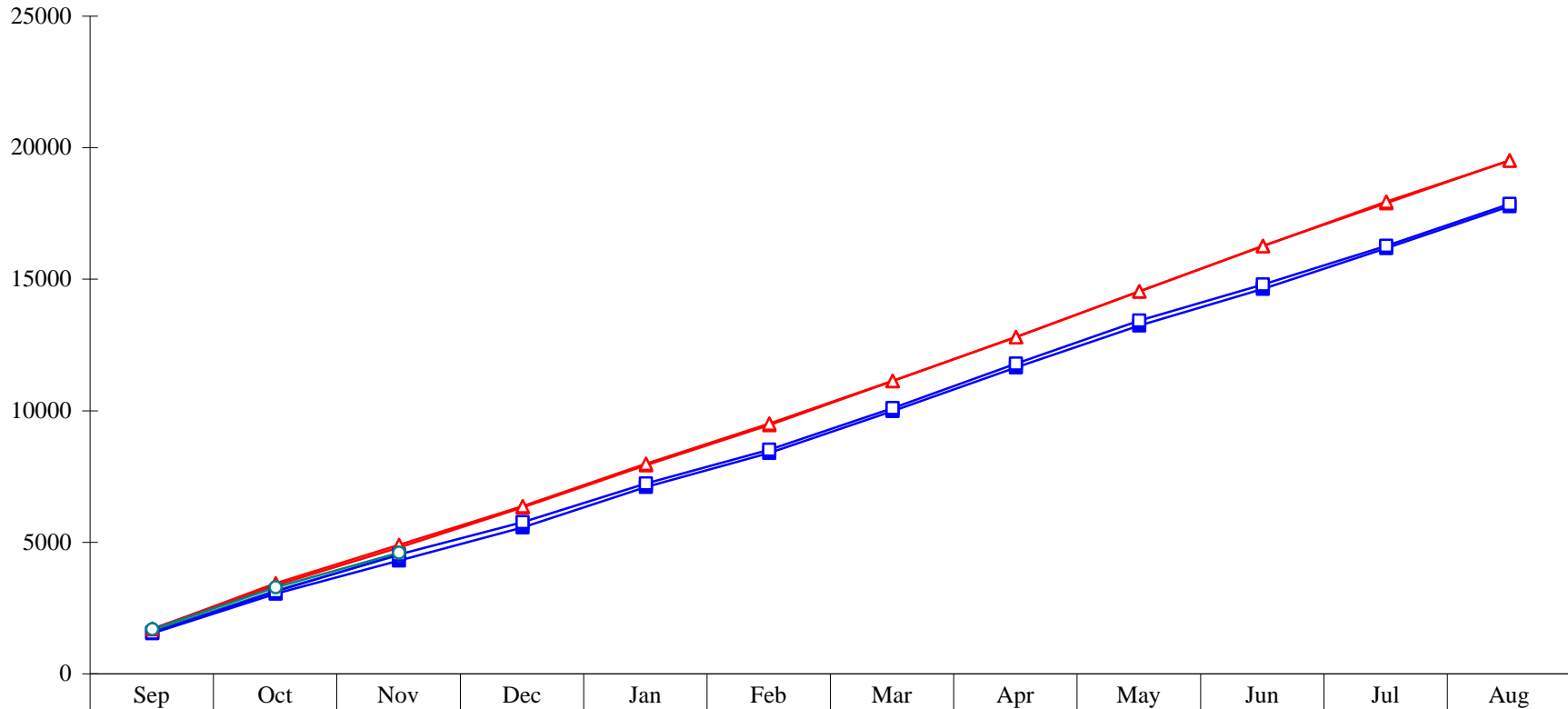
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	1397	1549	1589	1625	1648	1435	1532	1604	1519	1673	1678	1731	1731	1628	1623	1523	1554	1350
Voluntary	93	91	138	351	303	207	218	222	213	248	247	215	198	164	162	138	164	154
Involuntary	1304	1458	1451	1274	1345	1228	1314	1382	1306	1425	1431	1516	1533	1464	1461	1385	1390	1196
OPC	273	366	367	310	323	303	302	324	314	348	350	397	362	363	323	285	301	246
Emergency	681	679	733	640	673	635	689	754	700	760	765	789	773	781	797	756	730	665
Temporary	244	271	238	184	226	184	204	193	180	185	199	215	248	181	218	187	203	155
Extended	5	7	7	6	3	4	0	10	3	2	8	5	7	3	6	8	16	8
46.02/46.03	84	112	90	115	101	87	101	76	92	109	90	97	124	111	103	129	122	105
Order for MR Svc	17	23	16	19	19	15	18	25	17	21	19	13	19	25	14	20	18	17
Discharges	1364	1475	1594	1607	1747	1454	1474	1618	1517	1630	1658	1746	1711	1692	1567	1604	1593	1312
% of Readmissions	58%	57%	56%	55%	53%	54%	53%	55%	55%	54%	52%	54%	55%	55%	55%	58%	56%	57%



Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities
2003 FYTD Admissions & Discharges

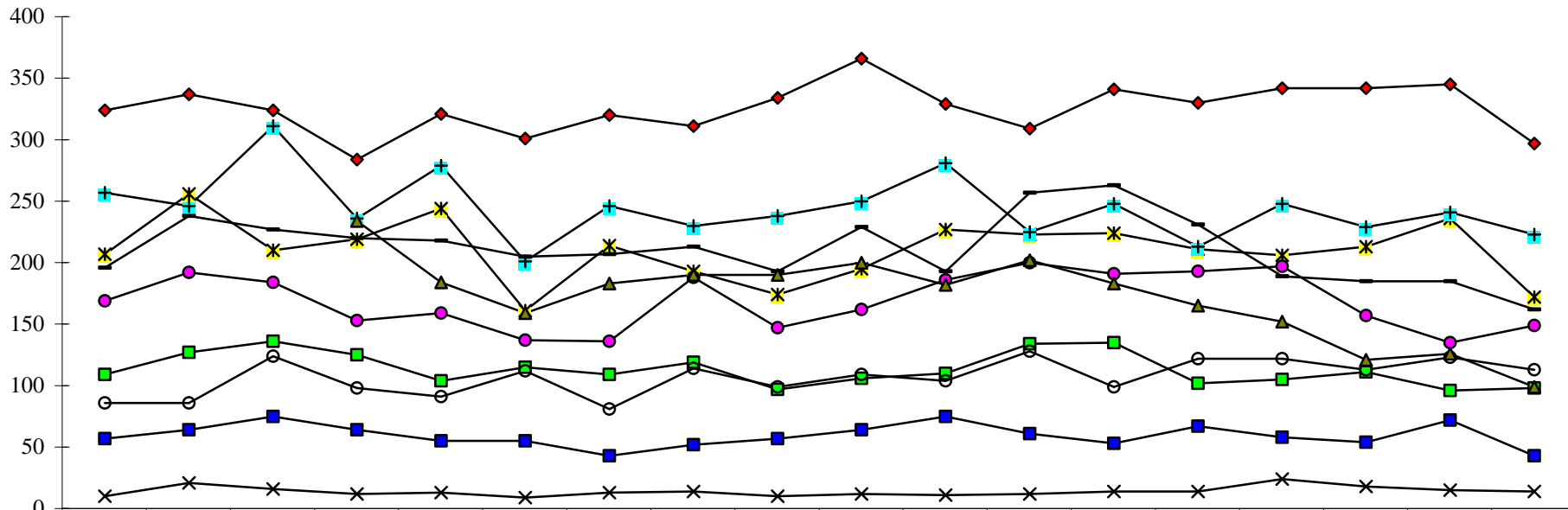
Total Admissions & Discharges Year-To-Date



	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									
□ FY02 Discharges	1469	3038	4440	5667	7141	8428	10011	11697	13337	14701	16174	17768
▲ FY03 Discharges	1607	3354	4808	6282	7900	9417	11047	12705	14451	16162	17854	19421
○ FY04 Discharges	1604	3197	4509									

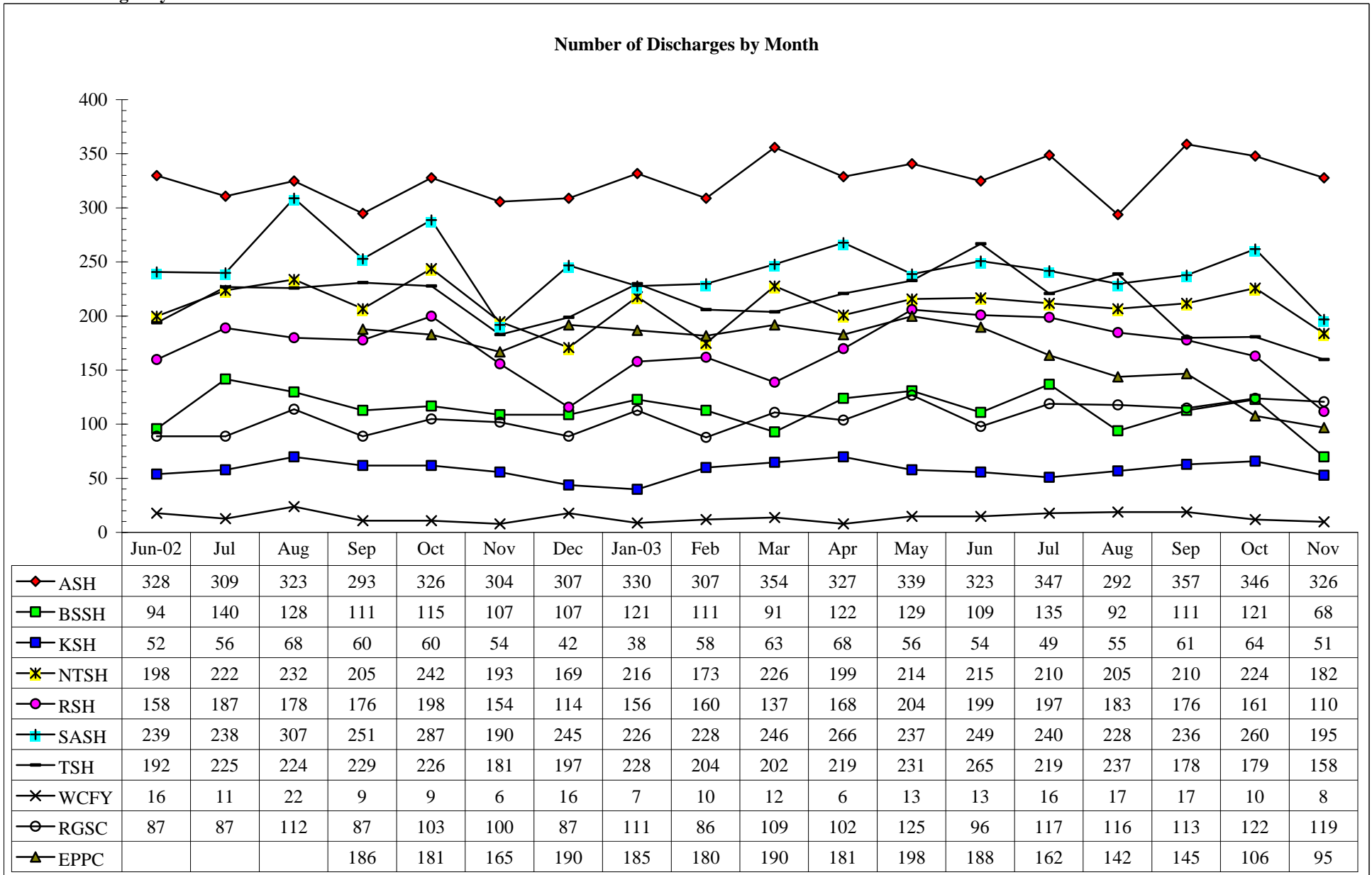
Measure 4A - Number/Type of Admissions and Readmissions
All MH Facilities
Total Admissions by Month

Number of Admissions by Month



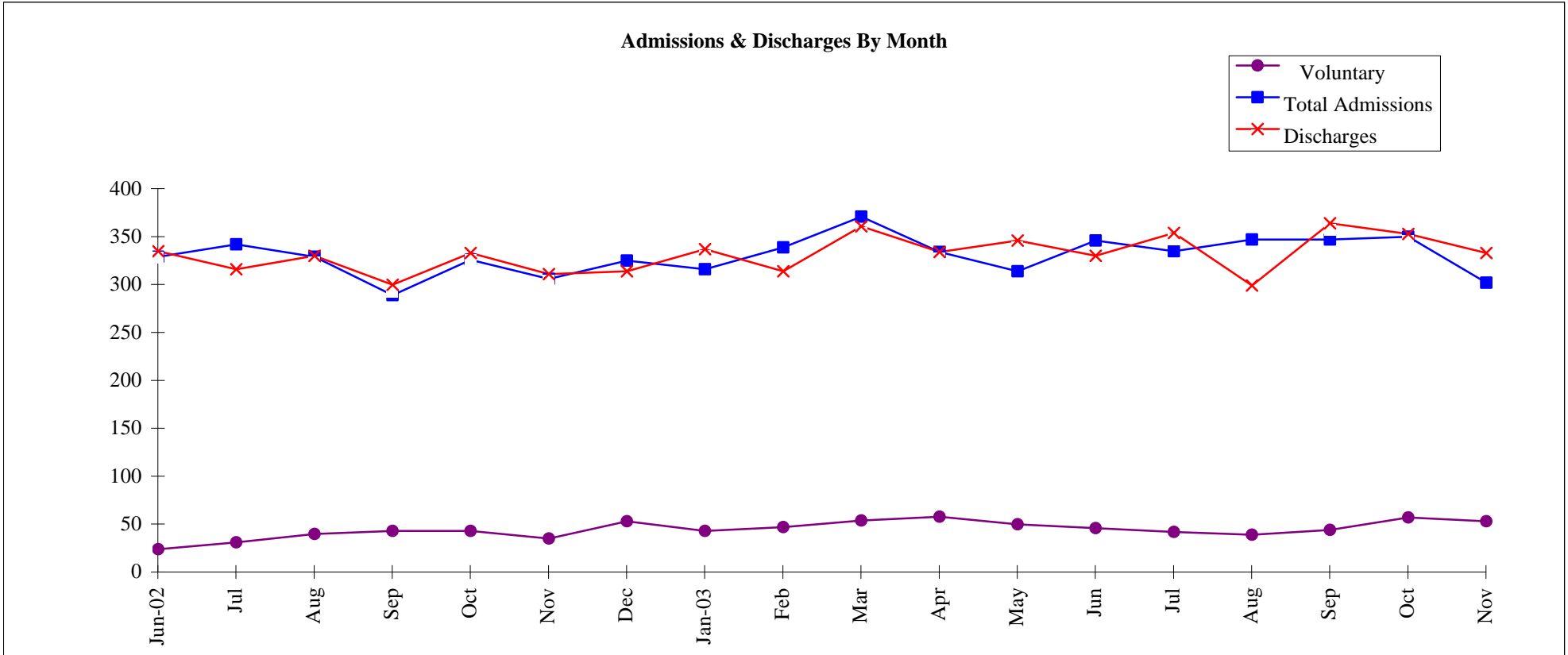
	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ ASH	322	335	322	282	319	299	318	309	332	364	327	307	339	328	340	340	343	295
■ BSSH	107	125	134	123	102	113	107	117	95	104	108	132	133	100	103	109	94	96
■ KSH	55	62	73	62	53	53	41	50	55	62	73	59	51	65	56	52	70	41
✱ NTSH	205	254	208	217	242	159	212	191	172	193	225	221	222	209	204	211	234	170
● RSH	167	190	182	151	157	135	134	186	145	160	184	198	189	191	195	155	133	147
⊕ SASH	255	244	309	234	277	199	244	228	236	248	279	223	246	211	246	227	239	221
— TSH	194	236	225	218	216	203	205	211	191	227	191	255	261	229	187	183	183	160
✕ WCFY	8	19	14	10	11	7	11	12	8	10	9	10	12	12	22	16	13	12
○ RGSC	84	84	122	96	89	110	79	112	97	107	102	126	97	120	120	111	121	111
▲ EPPC				232	182	157	181	188	188	198	180	200	181	163	150	119	124	97

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



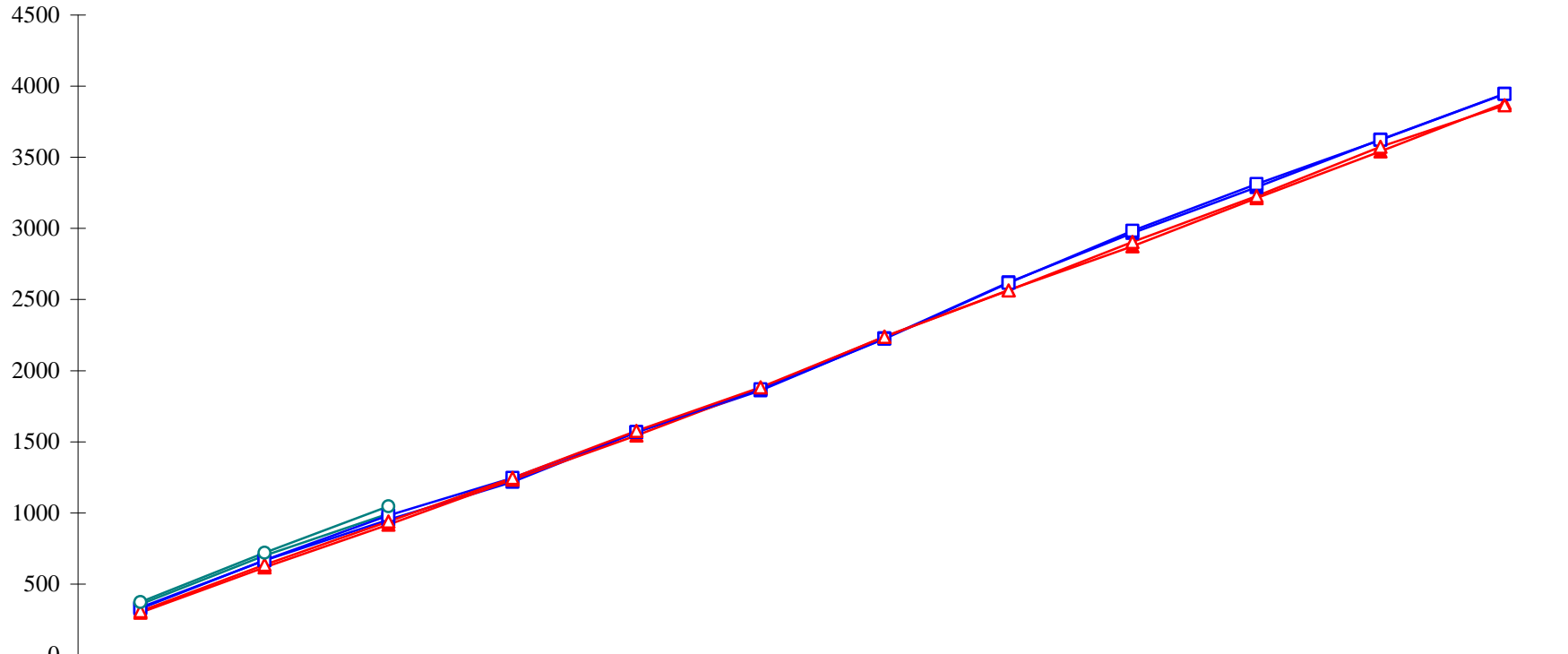
Measure 4A - Number/Type of Admissions and Readmissions
Austin State Hospital
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	322	335	322	282	319	299	318	309	332	364	327	307	339	328	340	340	343	295
Voluntary	17	24	33	36	36	28	46	36	40	47	51	43	39	35	32	37	50	46
Involuntary	305	311	289	246	283	271	272	273	292	317	276	264	300	293	308	303	293	249
OPC	16	24	16	18	20	20	23	19	24	30	22	21	30	30	31	40	33	23
Emergency	251	236	232	195	216	202	209	220	222	250	210	198	230	228	246	221	218	197
Temporary	34	42	35	24	35	41	33	24	36	27	37	33	23	21	24	31	34	26
Extended	0	1	0	0	0	1	0	2	1	0	0	1	1	0	2	1	0	0
46.02/46.03	4	8	6	9	11	7	5	7	8	10	7	10	14	13	5	10	8	3
Order for MR Svc	0	0	0	0	1	0	2	1	1	0	0	1	2	1	0	0	0	0
Discharges	328	309	323	293	326	304	307	330	307	354	327	339	323	347	292	357	346	326
% of Readmissions	55%	56%	52%	51%	51%	52%	56%	49%	54%	51%	53%	54%	49%	55%	51%	56%	50%	49%



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

Total Admissions & Discharges Year-To-Date



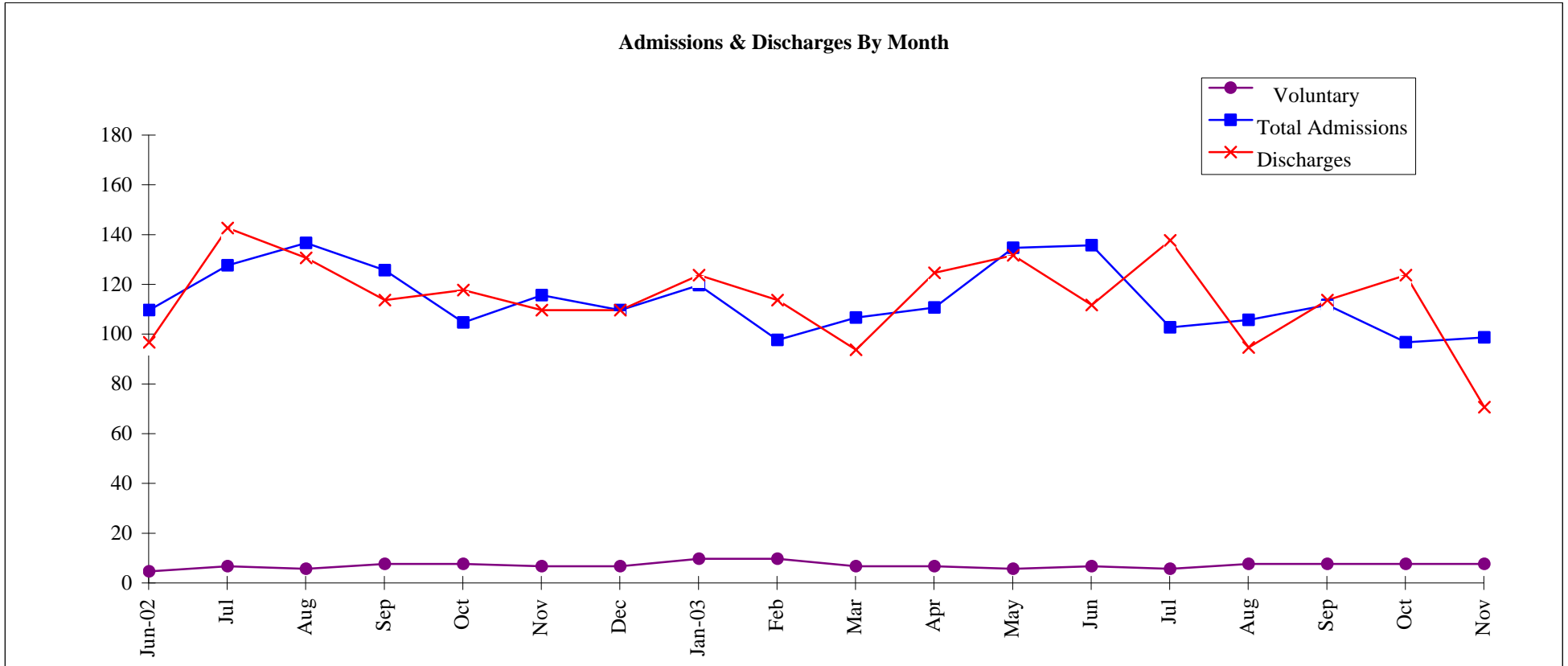
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY02 Admissions	318	649	936	1202	1550	1843	2210	2603	2951	3273	3608	3930
—▲— FY03 Admissions	282	601	900	1218	1527	1859	2223	2550	2857	3196	3524	3864
—●— FY04 Admissions	340	683	978									
—■— FY02 Discharges	311	650	966	1230	1551	1853	2207	2600	2967	3295	3605	3927
—▲— FY03 Discharges	293	619	923	1230	1560	1867	2221	2548	2887	3210	3557	3849
—●— FY04 Discharges	357	703	1029									

Measure 4A - Number/Type of Admissions and Readmissions

Big Spring State Hospital

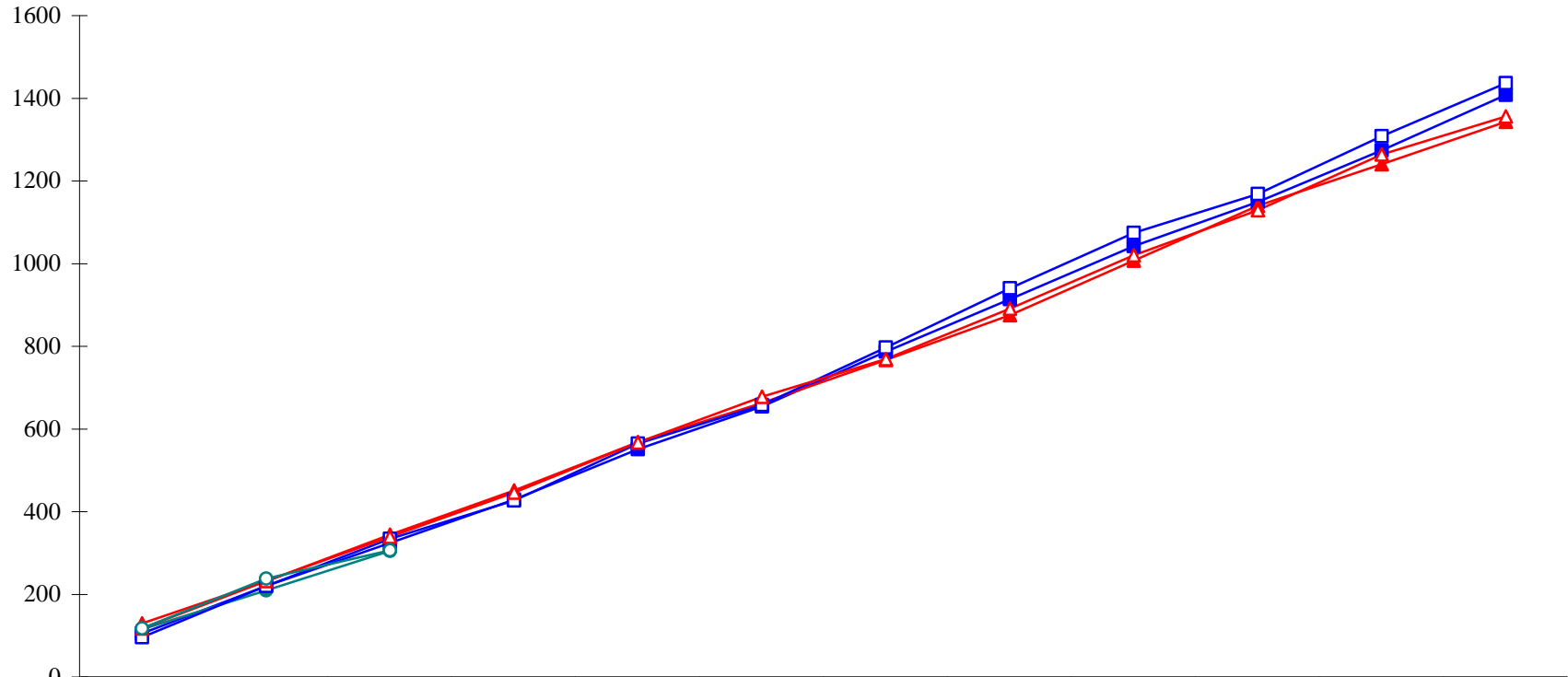
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	107	125	134	123	102	113	107	117	95	104	108	132	133	100	103	109	94	96
Voluntary	2	4	3	5	5	4	4	7	7	4	4	3	4	3	5	5	5	5
Involuntary	105	121	131	118	97	109	103	110	88	100	104	129	129	97	98	104	89	91
OPC	11	20	18	12	10	11	15	10	16	13	18	20	19	14	14	10	10	7
Emergency	83	87	99	85	64	70	65	85	56	71	71	98	73	72	68	76	68	61
Temporary	9	11	8	18	20	24	19	12	12	12	13	9	28	4	12	8	3	15
Extended	1	2	2	0	0	0	0	0	2	0	1	1	3	1	1	1	2	2
46.02/46.03	1	1	0	3	2	3	2	1	1	3	0	1	5	2	3	8	6	6
Order for MR Svc	0	0	4	0	1	1	2	2	1	1	1	0	1	4	0	1	0	0
Discharges	94	140	128	111	115	107	107	121	111	91	122	129	109	135	92	111	121	68
% of Readmissions	60%	56%	66%	62%	52%	62%	64%	71%	60%	60%	56%	59%	62%	60%	62%	70%	62%	73%



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

Total Admissions & Discharges Year-To-Date



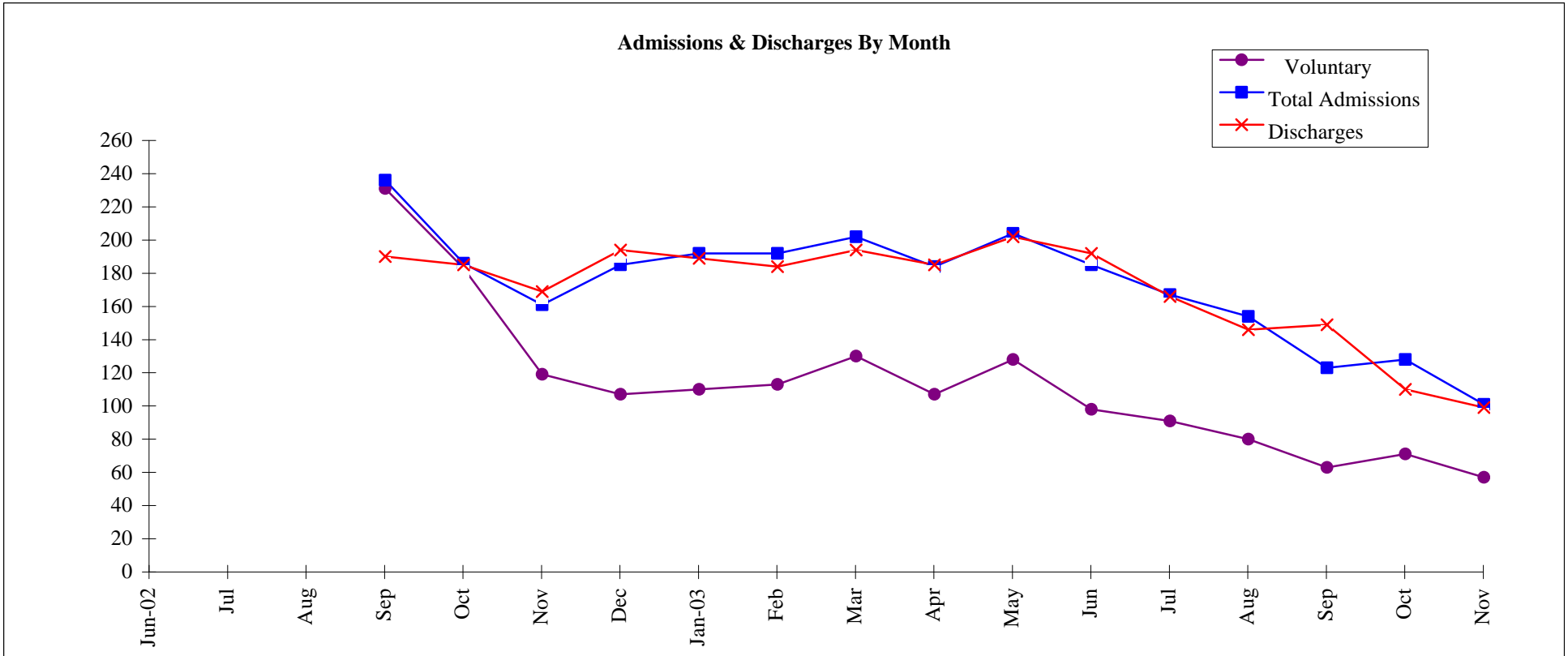
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	99	214	318	423	545	648	781	908	1036	1143	1268	1402
▲ FY03 Admissions	123	225	338	445	562	657	761	869	1001	1134	1234	1337
● FY04 Admissions	109	203	299									
□ FY02 Discharges	90	214	328	421	558	652	791	934	1068	1162	1302	1430
▲ FY03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

Measure 4A - Number/Type of Admissions and Readmissions

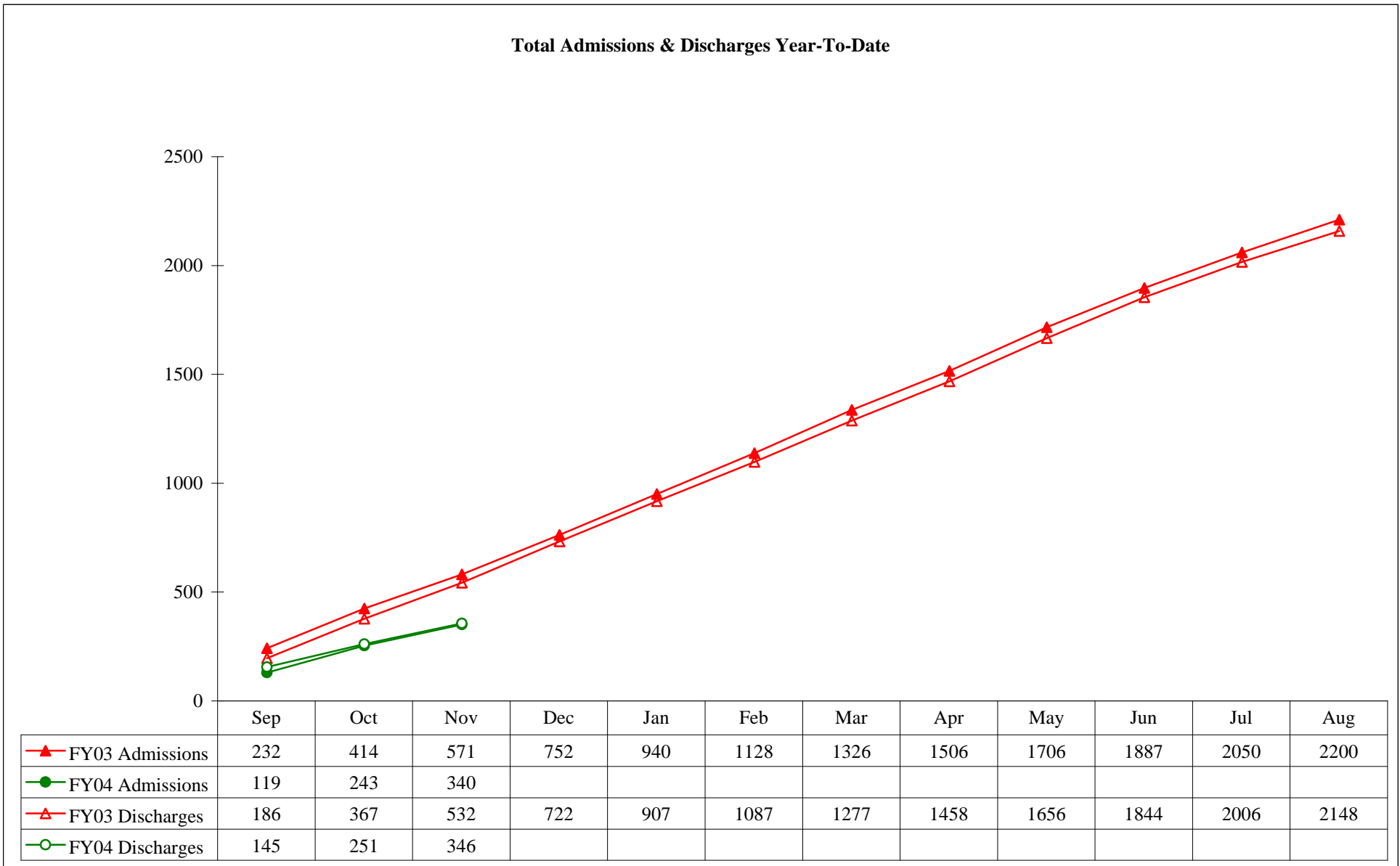
El Paso Psychiatric Center

Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions				232	182	157	181	188	188	198	180	200	181	163	150	119	124	97
Voluntary				227	179	115	103	106	109	126	103	124	94	87	76	59	67	53
Involuntary				5	3	42	78	82	79	72	77	76	87	76	74	60	57	44
OPC				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency				3	3	42	78	82	79	71	76	76	85	76	73	58	51	43
Temporary				2	0	0	0	0	0	1	1	0	2	0	1	0	2	0
Extended				0	0	0	0	0	0	0	0	0	0	0	0	2	4	1
46.02/46.03				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
Discharges				186	181	165	190	185	180	190	181	198	188	162	142	145	106	95
% of Readmissions				40%	34%	32%	35%	40%	42%	38%	43%	43%	41%	45%	50%	51%	57%	64%

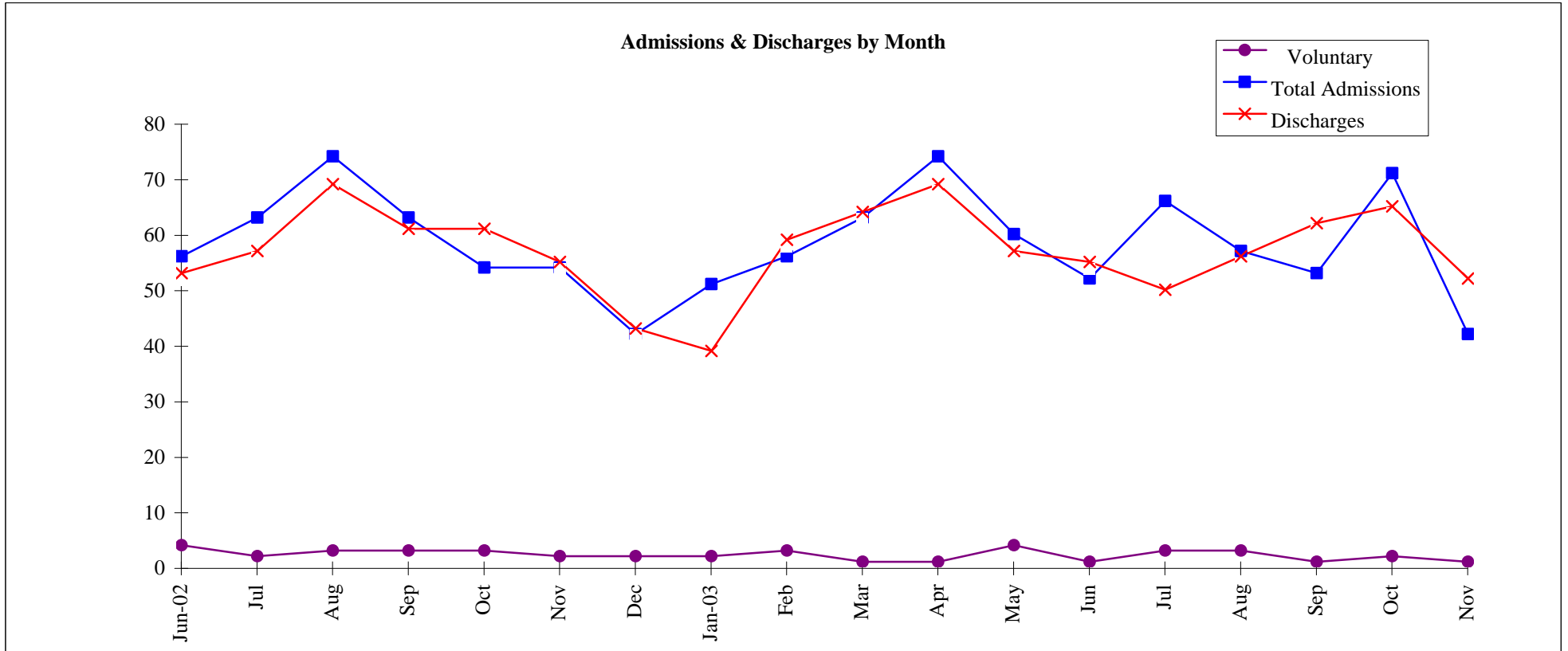


Measure 4A - Number/Type of Admissions and Readmissions
El Paso Psychiatric Center
2004 FYTD Admissions & Discharges



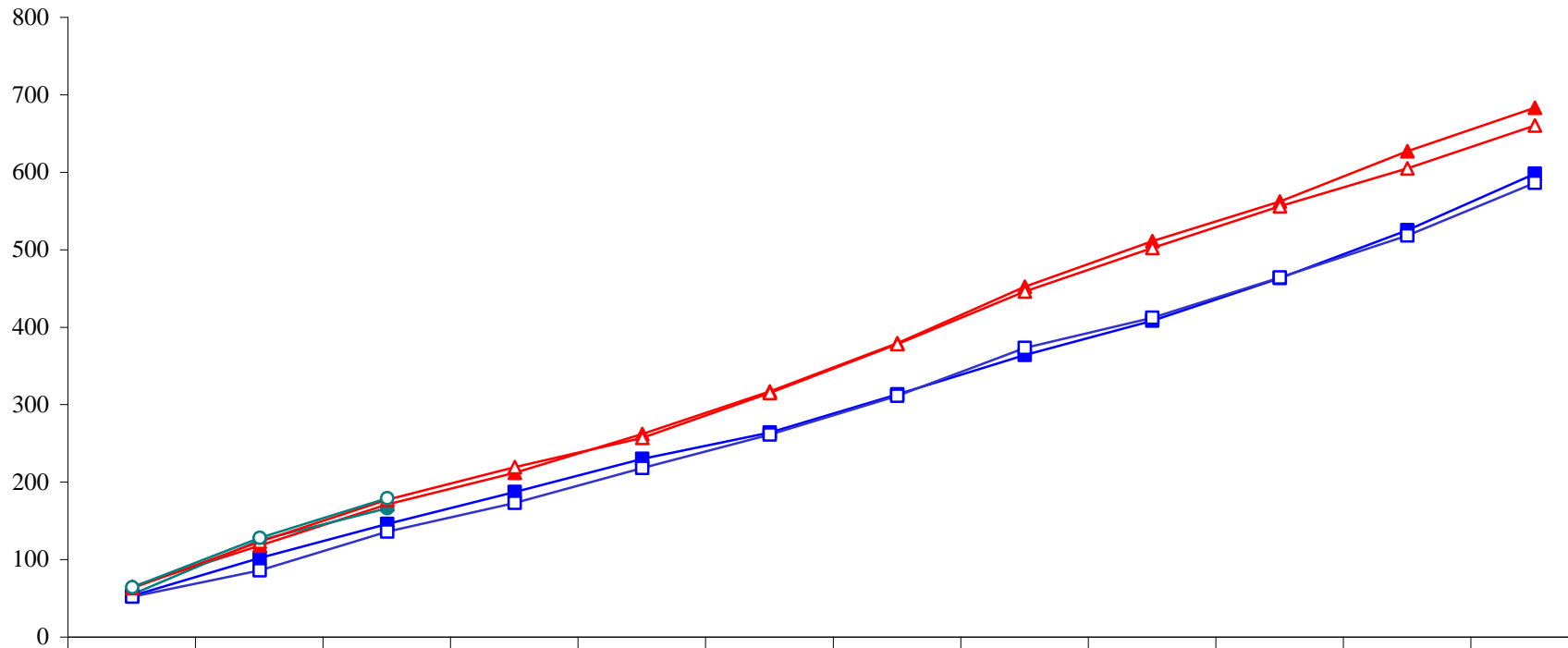
Measure 4A - Number/Type of Admissions and Readmissions
Kerrville State Hospital
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	55	62	73	62	53	53	41	50	55	62	73	59	51	65	56	52	70	41
Voluntary	3	1	2	2	2	1	1	1	2	0	0	3	0	2	2	0	1	0
Involuntary	52	61	71	60	51	52	40	49	53	62	73	56	51	63	54	52	69	41
OPC	4	1	13	11	6	9	2	5	5	6	13	8	9	7	4	1	6	6
Emergency	42	48	52	42	45	38	35	42	45	52	57	44	33	46	48	43	53	27
Temporary	0	7	0	1	0	1	0	0	1	0	0	0	0	0	0	0	1	0
Extended	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
46.02/46.03	5	4	5	6	0	4	3	2	2	4	3	3	8	10	2	8	9	8
Order for MR Svc	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Discharges	52	56	68	60	60	54	42	38	58	63	68	56	54	49	55	61	64	51
% of Readmissions	64%	61%	53%	65%	58%	70%	59%	58%	58%	52%	56%	53%	61%	55%	54%	65%	66%	71%



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

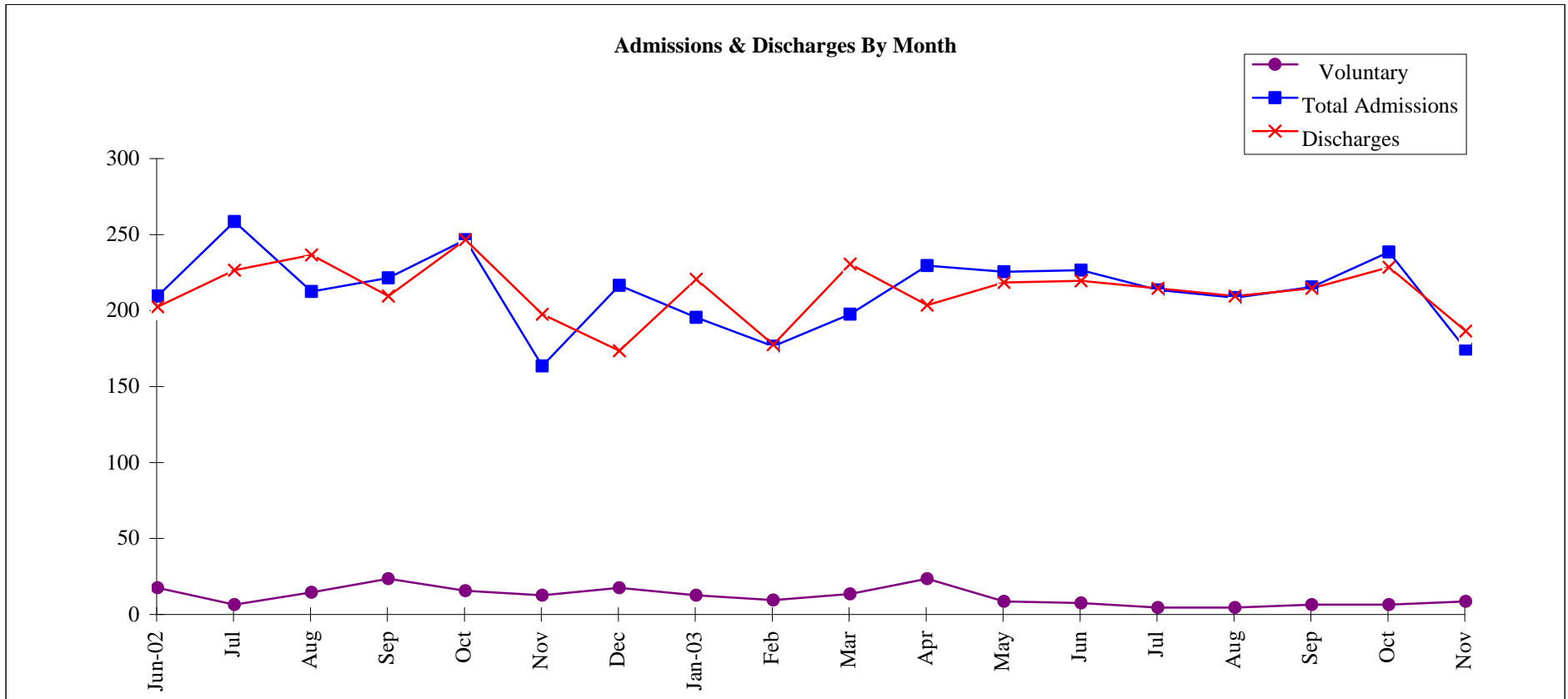
Total Admissions & Discharges Year-To-Date



	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									
□ 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									

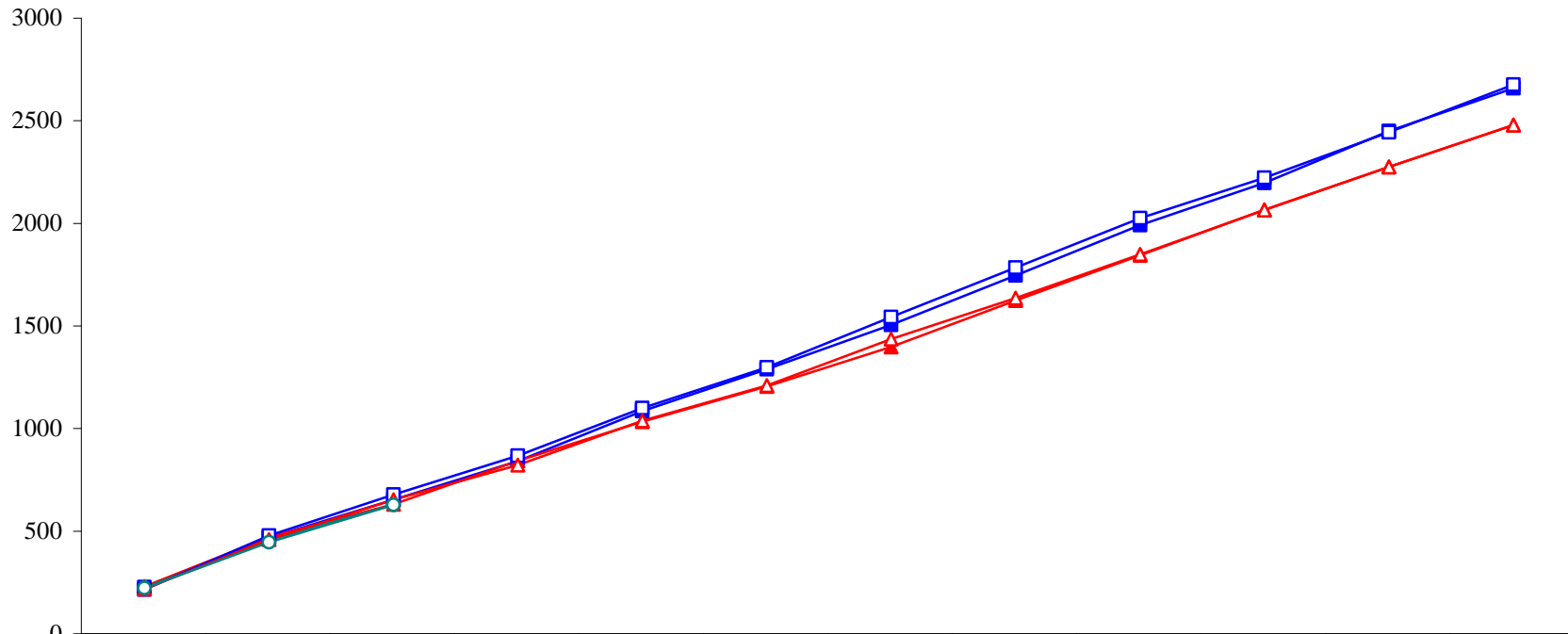
Measure 4A - Number/Type of Admissions and Readmissions
North Texas State Hospital
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	205	254	208	217	242	159	212	191	172	193	225	221	222	209	204	211	234	170
Voluntary	13	2	10	19	11	8	13	8	5	9	19	4	3	0	0	2	2	4
Involuntary	192	252	198	198	231	151	199	183	167	184	206	217	219	209	204	209	232	166
OPC	31	52	45	30	49	33	34	31	36	32	38	43	31	32	34	12	30	14
Emergency	38	41	45	46	41	25	36	28	21	32	41	34	31	49	39	48	46	38
Temporary	52	64	55	50	62	37	58	61	50	47	58	70	85	52	56	63	74	43
Extended	3	0	0	3	2	1	0	0	0	1	3	1	2	0	0	1	0	1
46.02/46.03	52	73	43	51	61	43	58	42	45	54	48	57	55	58	62	67	65	53
Order for MR Svc	16	22	10	18	16	12	13	21	15	18	18	12	15	18	13	18	17	17
Discharges	198	222	232	205	242	193	169	216	173	226	199	214	215	210	205	210	224	182
% of Readmissions	52%	52%	51%	55%	48%	48%	44%	46%	50%	50%	46%	55%	63%	48%	51%	55%	57%	54%



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

Total Admissions & Discharges Year-To-Date



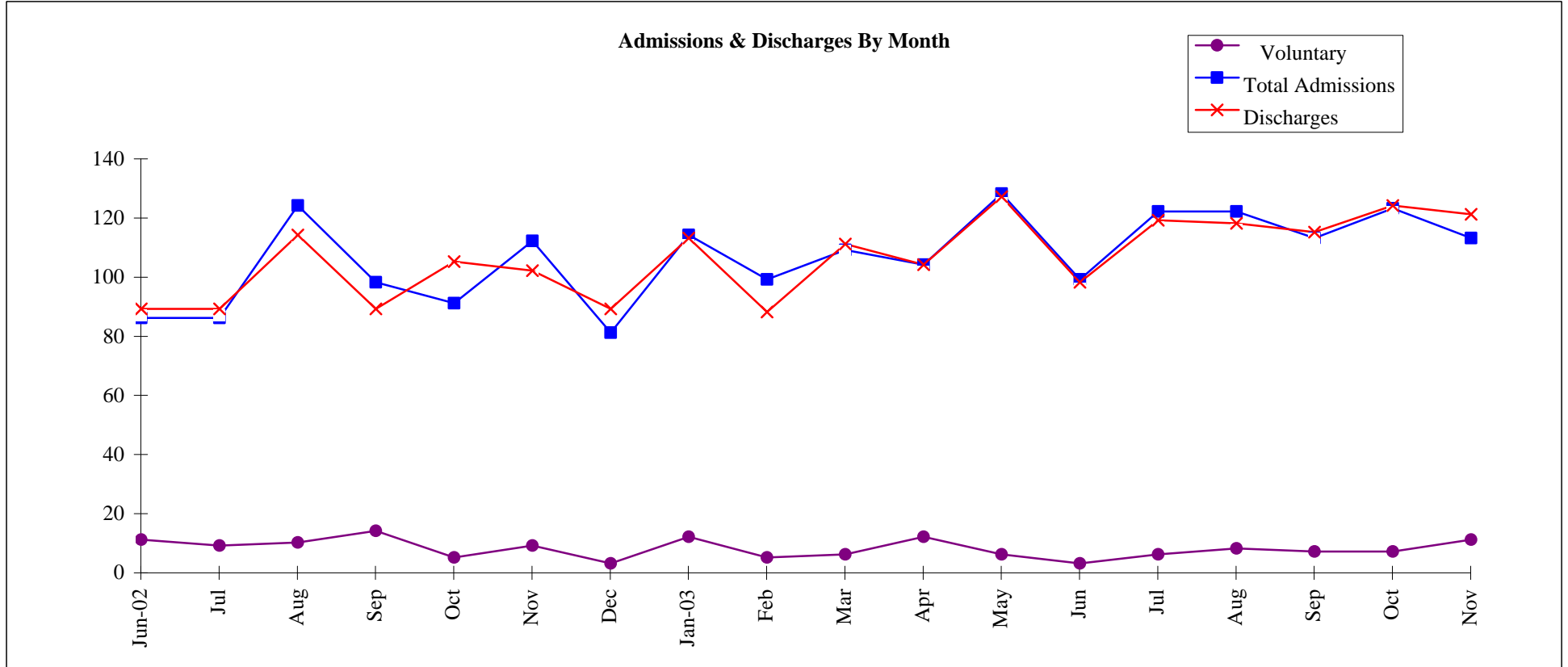
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY02 Admissions	215	455	641	829	1072	1276	1492	1734	1979	2184	2438	2646
—▲— FY03 Admissions	217	459	618	830	1021	1193	1386	1611	1832	2054	2263	2467
—●— FY04 Admissions	211	445	615									
—□— FY02 Discharges	203	465	666	855	1087	1285	1531	1772	2012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

Measure 4A - Number/Type of Admissions and Readmissions

Rio Grande State Center

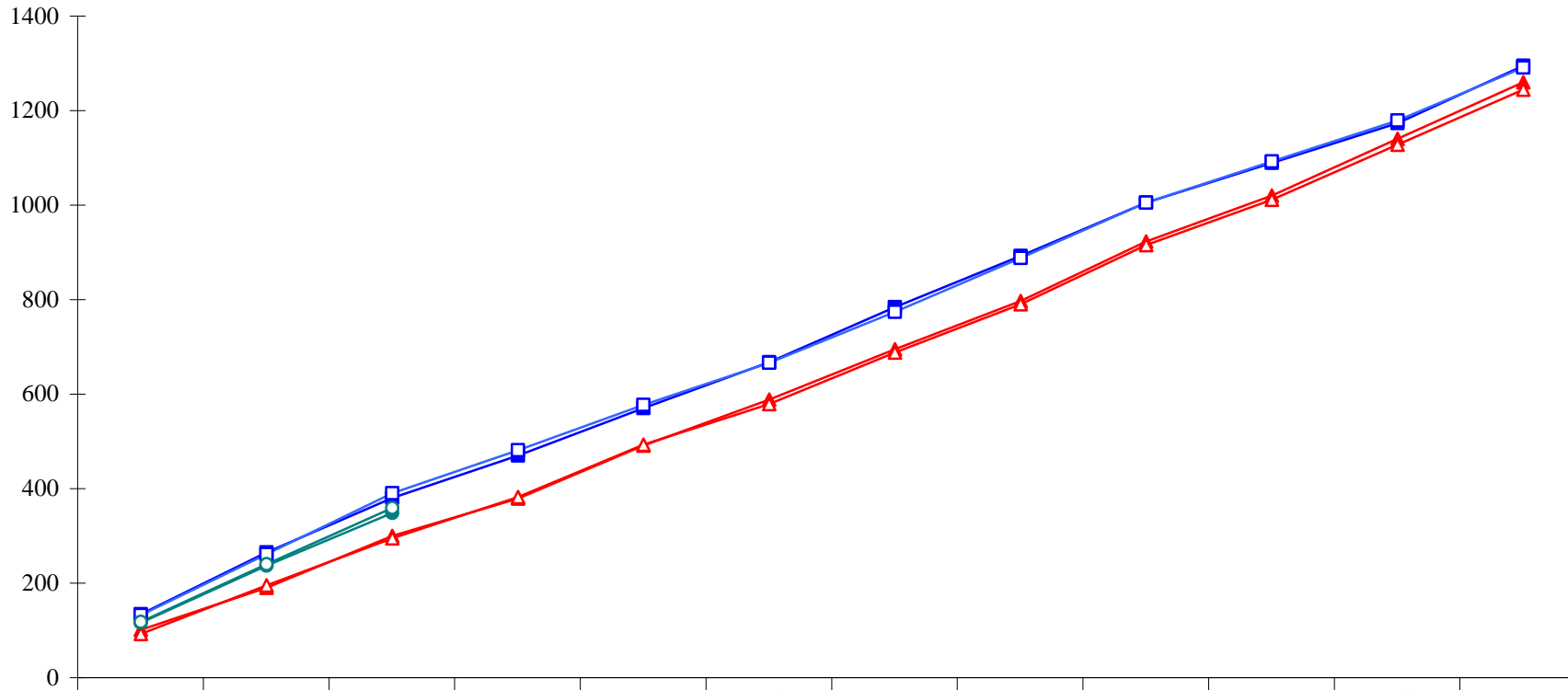
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	84	84	122	96	89	110	79	112	97	107	102	126	97	120	120	111	121	111
Voluntary	9	7	8	12	3	7	1	10	3	4	10	4	1	4	6	5	5	9
Involuntary	75	77	114	84	86	103	78	102	94	103	92	122	96	116	114	106	116	102
OPC	2	2	1	1	1	2	3	3	1	0	0	2	2	3	3	1	2	0
Emergency	73	68	113	83	85	101	74	95	92	103	92	119	93	112	107	105	114	102
Temporary	0	7	0	0	0	0	1	4	1	0	0	1	1	1	4	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	87	87	112	87	103	100	87	111	86	109	102	125	96	117	116	113	122	119
% of Readmissions	65%	60%	54%	59%	63%	68%	63%	60%	66%	66%	58%	67%	64%	61%	63%	63%	52%	62%



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

Total Admissions & Discharges Year-To-Date



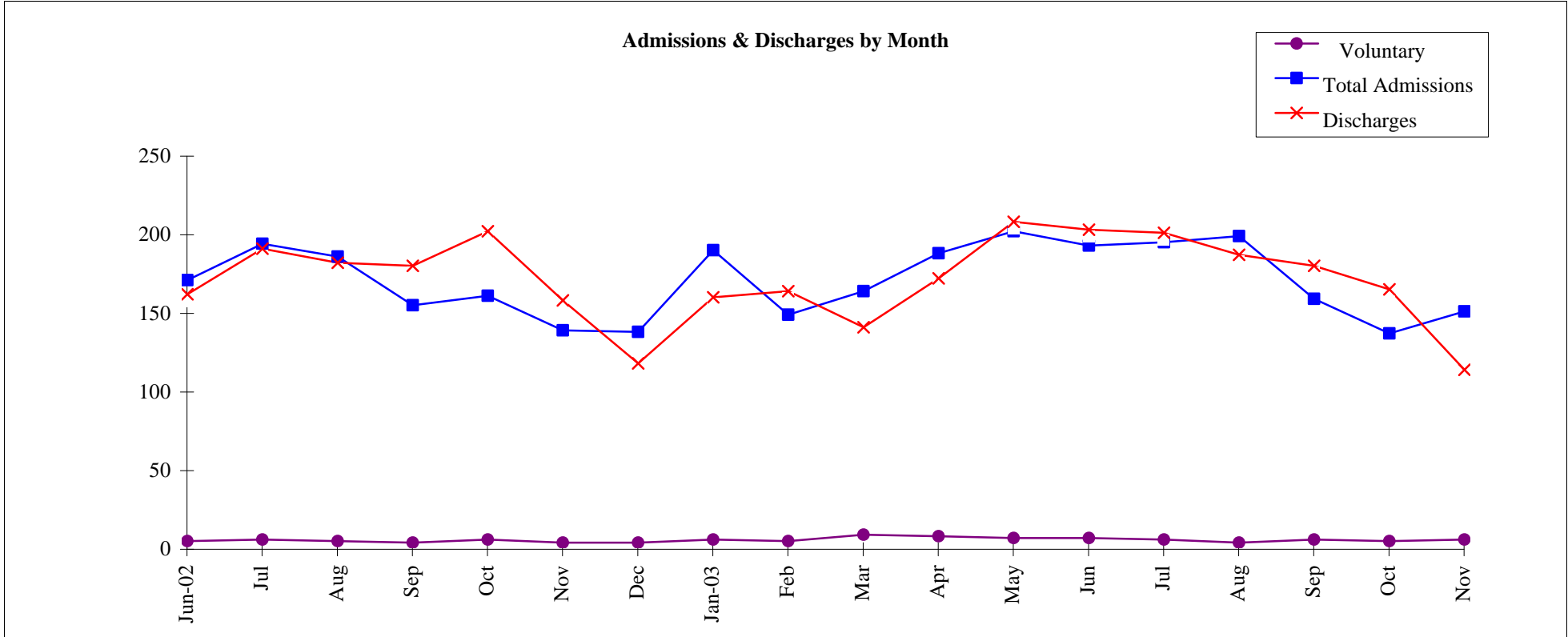
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	129	260	375	465	565	662	779	887	1000	1084	1168	1290
▲ FY03 Admissions	96	185	295	374	486	583	690	792	918	1015	1135	1255
● FY04 Admissions	111	232	343									
□ FY02 Discharges	127	256	385	476	572	661	769	883	1000	1087	1174	1286
▲ FY03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

Measure 4A - Number/Type of Admissions and Readmissions

Rusk State Hospital

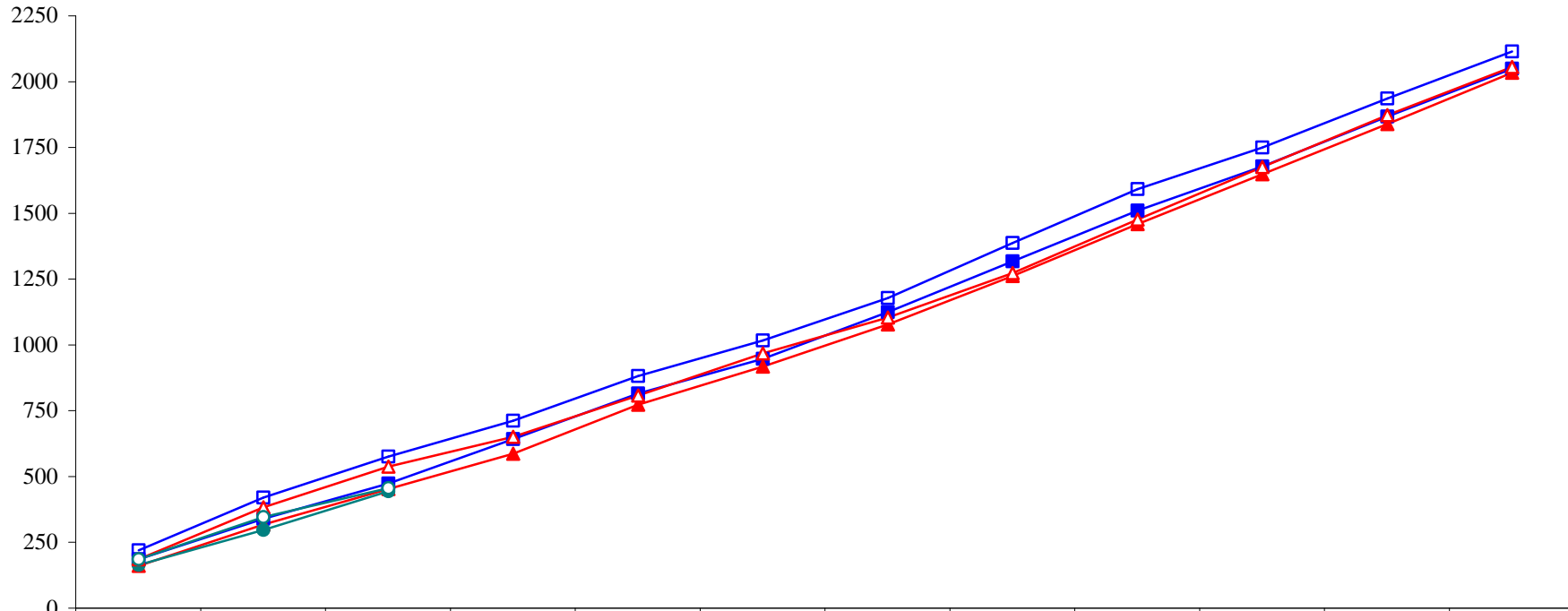
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	167	190	182	151	157	135	134	186	145	160	184	198	189	191	195	155	133	147
Voluntary	1	2	1	0	2	0	0	2	1	5	4	3	3	2	0	2	1	2
Involuntary	166	188	181	151	155	135	134	184	144	155	180	195	186	189	195	153	132	145
OPC	17	32	26	28	36	36	27	46	36	34	44	58	33	42	33	26	42	24
Emergency	66	64	69	76	85	57	61	84	62	53	83	79	91	86	96	76	52	68
Temporary	73	72	61	21	25	23	36	37	27	43	32	44	40	45	51	24	21	30
Extended	0	2	4	2	0	1	0	7	0	1	2	1	1	1	1	2	1	1
46.02/46.03	10	18	21	24	9	18	10	10	19	24	19	13	21	15	14	25	16	22
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	158	187	178	176	198	154	114	156	160	137	168	204	199	197	183	176	161	110
% of Readmissions	62%	58%	60%	63%	54%	62%	63%	64%	57%	69%	55%	54%	54%	57%	57%	63%	59%	60%



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

Total Admissions & Discharges Year-To-Date



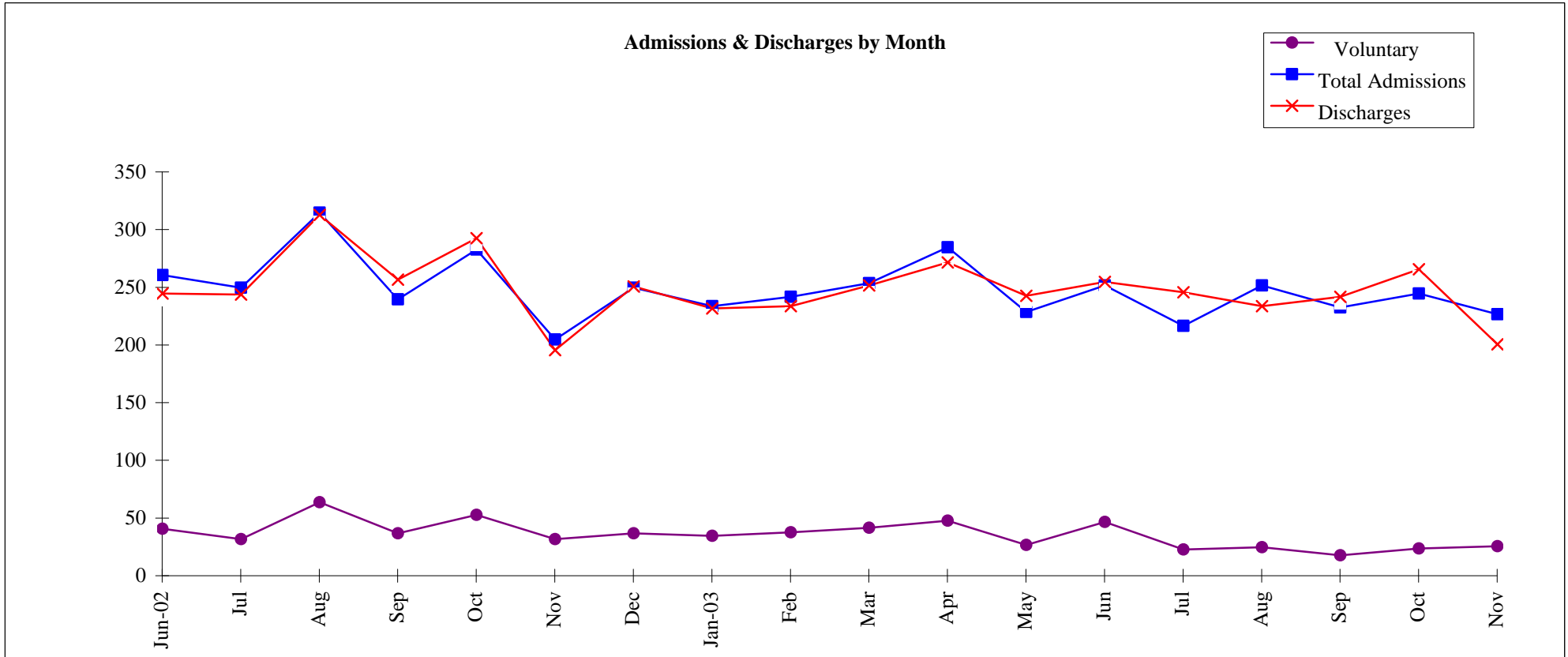
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	176	330	464	633	806	938	1115	1308	1501	1668	1858	2040
▲ FY03 Admissions	151	308	443	577	763	908	1068	1252	1450	1639	1830	2025
● FY04 Admissions	155	288	435									
□ FY02 Discharges	210	411	566	702	872	1007	1169	1378	1582	1740	1927	2105
△ FY03 Discharges	176	374	528	642	798	958	1095	1263	1467	1666	1863	2046
○ FY04 Discharges	176	337	447									

Measure 4A - Number/Type of Admissions and Readmissions

San Antonio State Hospital

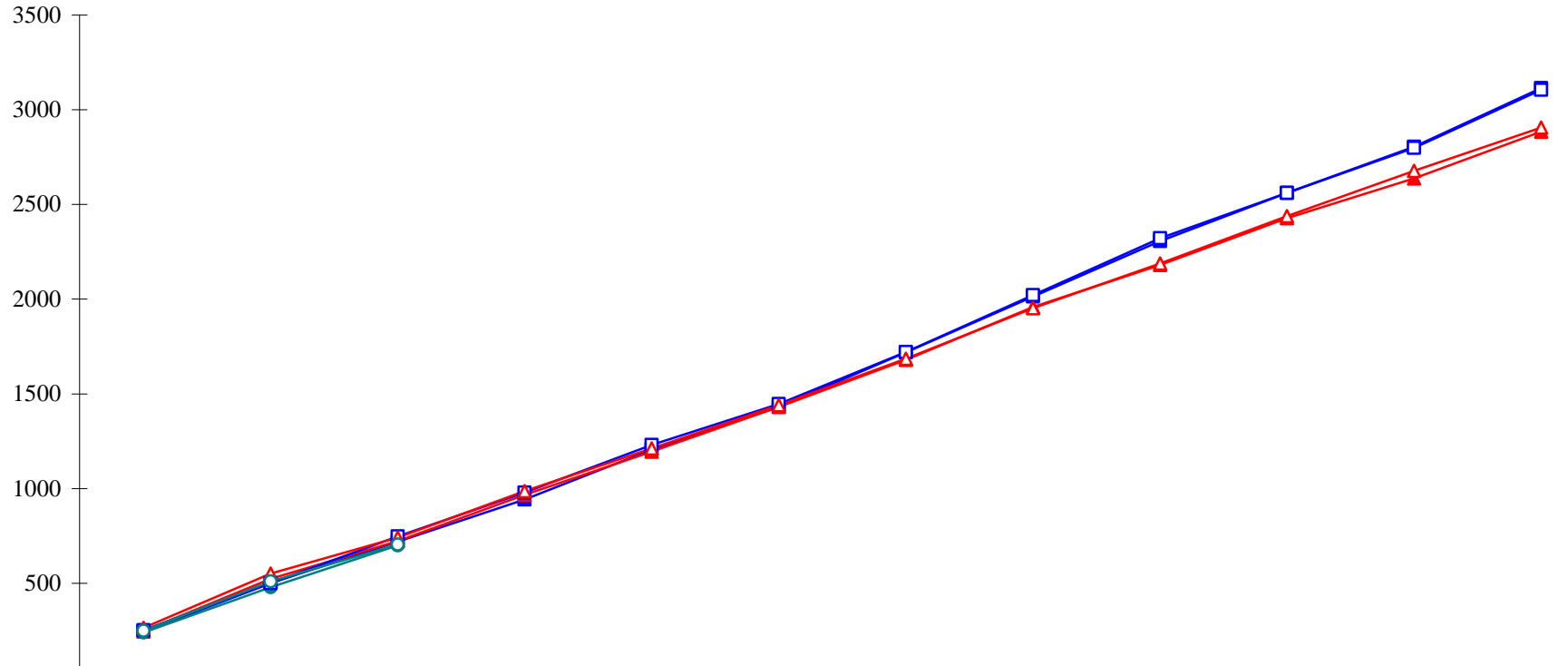
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	255	244	309	234	277	199	244	228	236	248	279	223	246	211	246	227	239	221
Voluntary	35	26	58	31	47	26	31	29	32	36	42	21	41	17	19	12	18	20
Involuntary	220	218	251	203	230	173	213	199	204	212	237	202	205	194	227	215	221	201
OPC	77	87	108	68	72	56	62	69	69	94	85	66	63	70	77	83	75	65
Emergency	104	103	103	88	115	86	116	95	104	95	118	105	112	85	97	101	97	110
Temporary	33	27	34	38	39	26	24	27	26	22	32	27	27	29	48	26	40	23
Extended	0	0	0	0	0	1	0	0	0	0	1	0	0	1	1	1	1	0
46.02/46.03	6	1	5	8	3	3	10	7	5	0	1	4	3	7	3	4	7	3
Order for MR Svc	0	0	1	1	1	1	1	1	0	1	0	0	0	2	1	0	1	0
Discharges	239	238	307	251	287	190	245	226	228	246	266	237	249	240	228	236	260	195
% of Readmissions	60%	65%	54%	61%	58%	60%	55%	59%	60%	58%	57%	55%	59%	61%	55%	53%	53%	57%



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

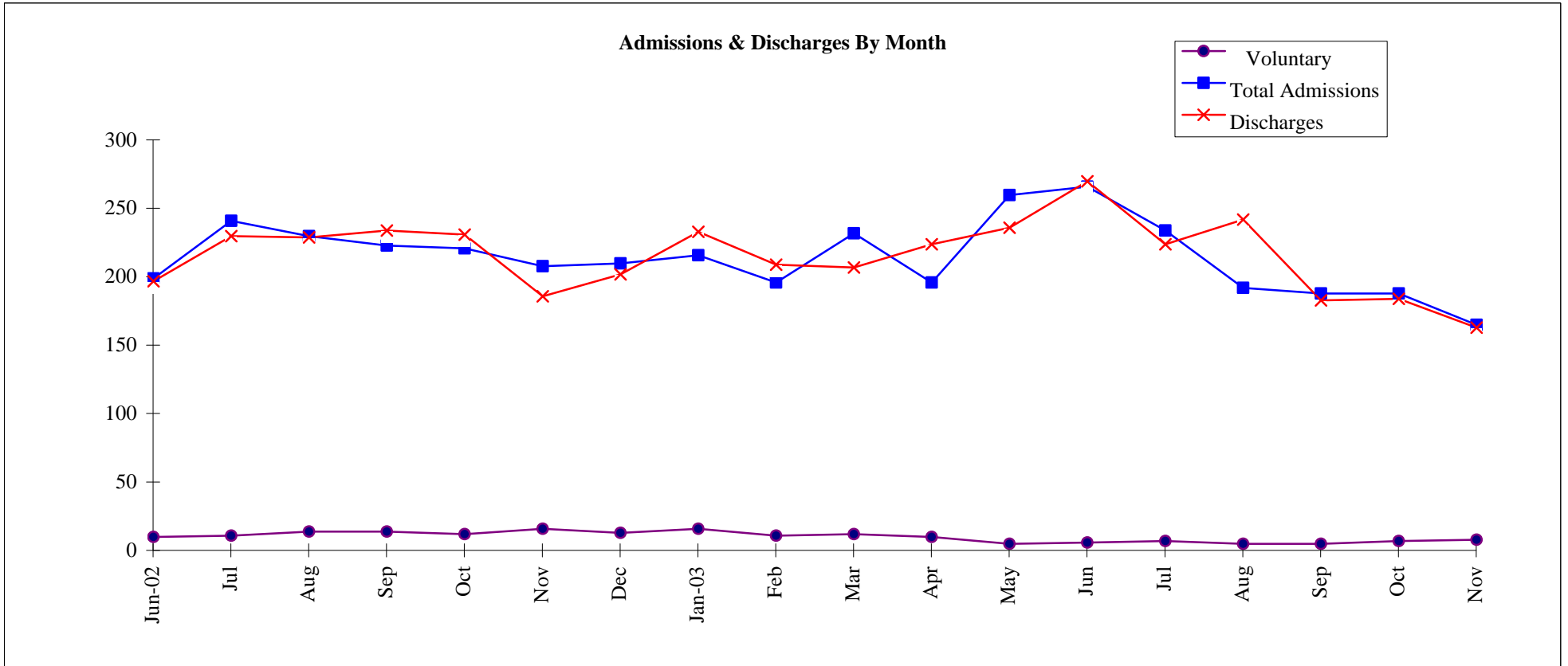
Total Admissions & Discharges Year-To-Date



	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									
■ 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									

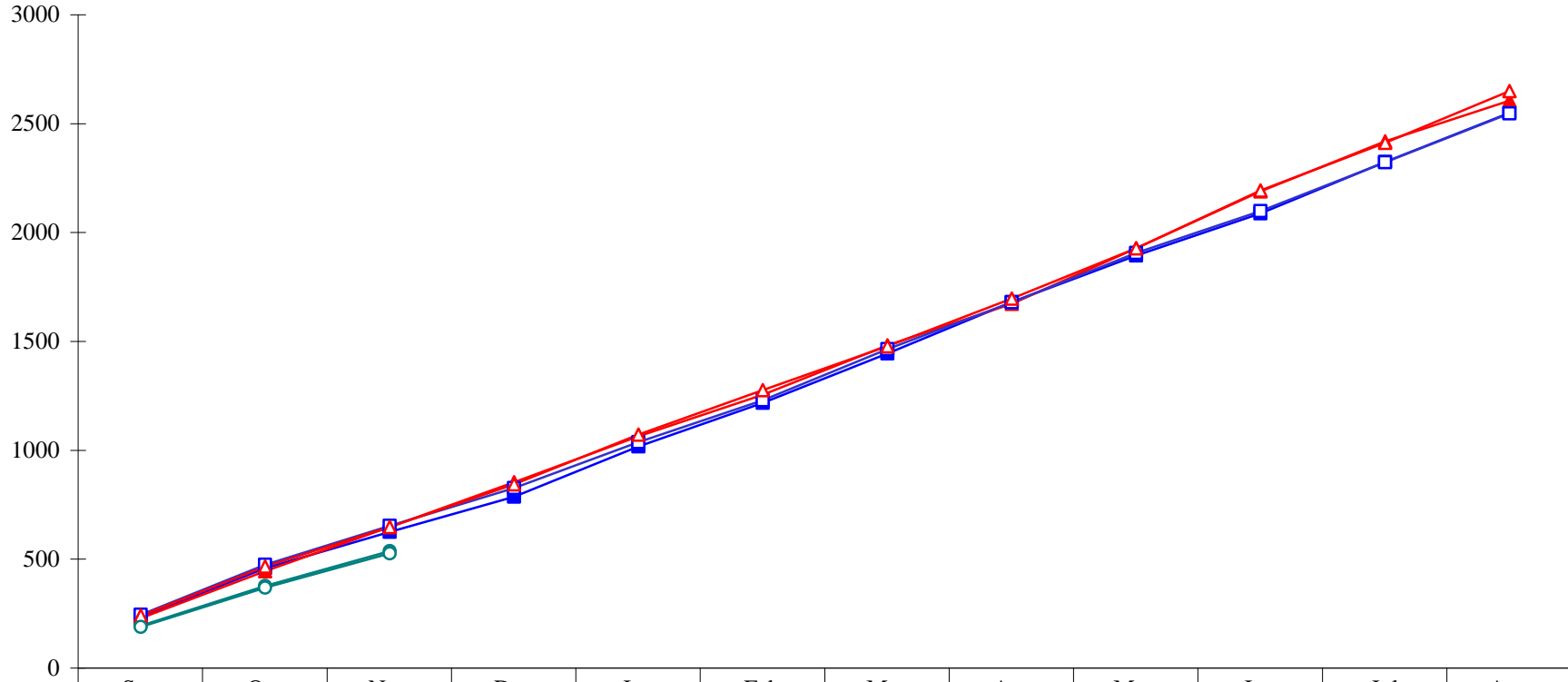
Measure 4A - Number/Type of Admissions and Readmissions
Terrell State Hospital
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	194	236	225	218	216	203	205	211	191	227	191	255	261	229	187	183	183	160
Voluntary	5	6	9	9	7	11	8	11	6	7	5	0	1	2	0	0	2	3
Involuntary	189	230	216	209	209	192	197	200	185	220	186	255	260	227	187	183	181	157
OPC	115	148	140	142	129	136	136	141	127	139	130	179	175	165	127	112	103	107
Emergency	24	32	20	22	19	14	15	23	19	33	17	36	25	27	23	28	31	19
Temporary	43	41	45	30	45	32	33	28	27	33	26	31	42	29	22	35	28	18
Extended	1	1	0	1	1	0	0	1	0	0	1	0	0	0	1	0	8	3
46.02/46.03	6	7	10	14	15	9	13	7	12	14	12	9	18	6	14	7	11	10
Order for MR Svc	0	1	1	0	0	1	0	0	0	1	0	0	0	0	0	1	0	0
Discharges	192	225	224	229	226	181	197	228	204	202	219	231	265	219	237	178	179	158
% of Readmissions	60%	53%	62%	55%	62%	54%	55%	57%	57%	56%	52%	55%	55%	58%	57%	62%	68%	56%



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

Total Admissions & Discharges Year-To-Date



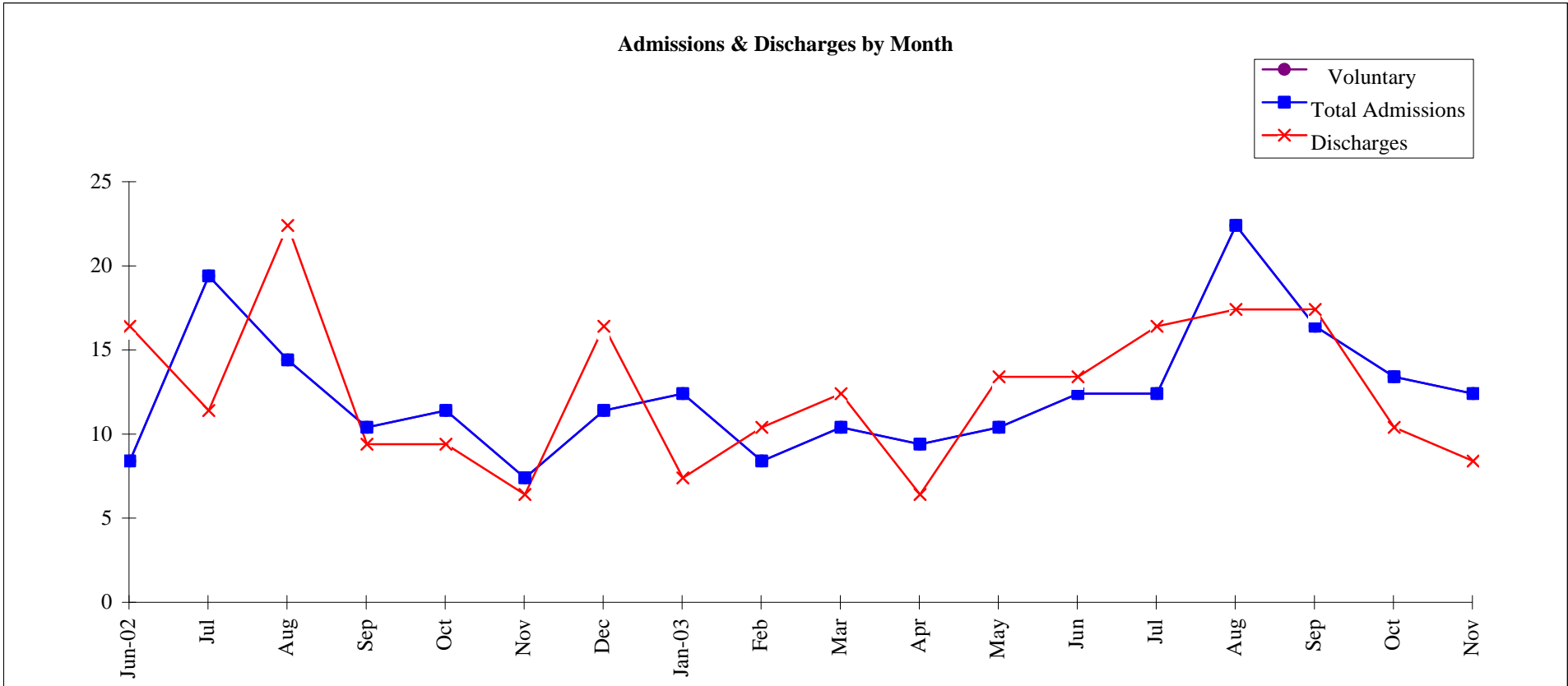
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY02 Admissions	223	447	614	775	1006	1207	1433	1670	1883	2077	2313	2538
▲ FY03 Admissions	218	434	637	842	1053	1244	1471	1662	1917	2178	2407	2594
● FY04 Admissions	183	366	526									
□ FY02 Discharges	234	463	642	815	1026	1219	1453	1668	1895	2087	2312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

Measure 4A - Number/Type of Admissions and Readmissions

Waco Center for Youth

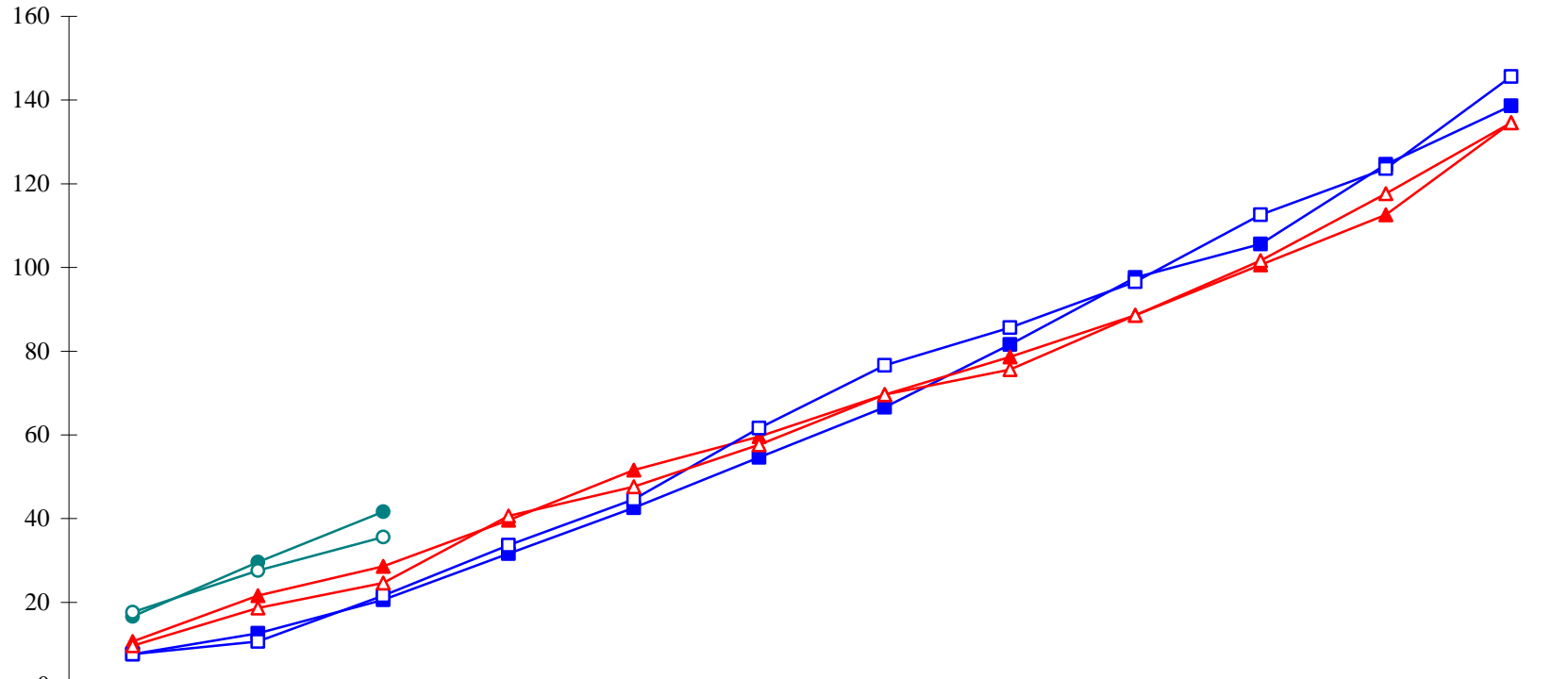
Admissions by Month

	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	8	19	14	10	11	7	11	12	8	10	9	10	12	12	22	16	13	12
Voluntary	8	19	14	10	11	7	11	12	8	10	9	10	12	12	22	16	13	12
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	16	11	22	9	9	6	16	7	10	12	6	13	13	16	17	17	10	8
% of Readmissions	50%	42%	36%	40%	64%	29%	55%	42%	63%	30%	33%	70%	42%	58%	45%	31%	31%	33%



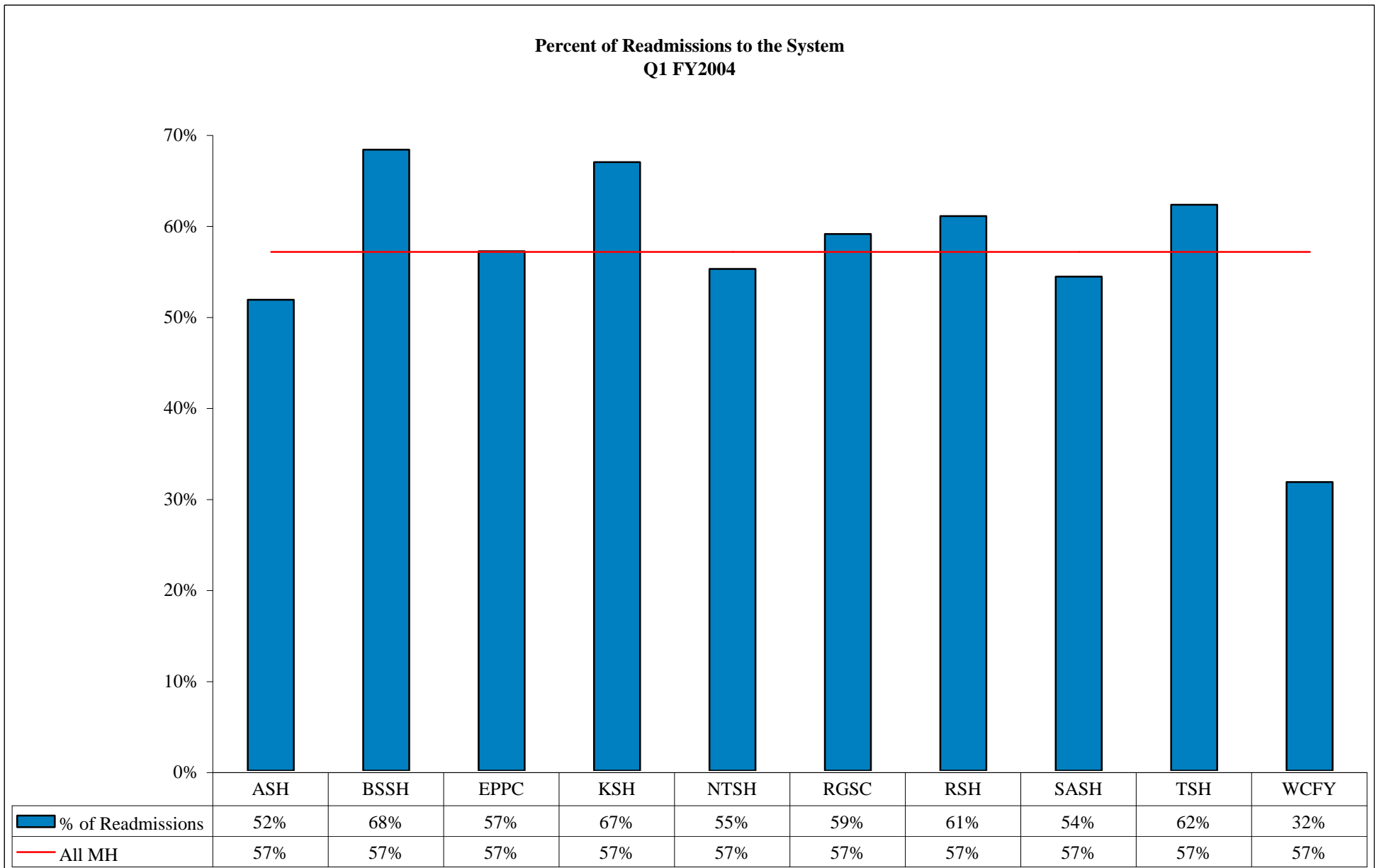
Measure 4A - Number/Type of Admissions and Readmissions
Waco Center for Youth
2004 FYTD Admissions & Discharges

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									
□ 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									

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)

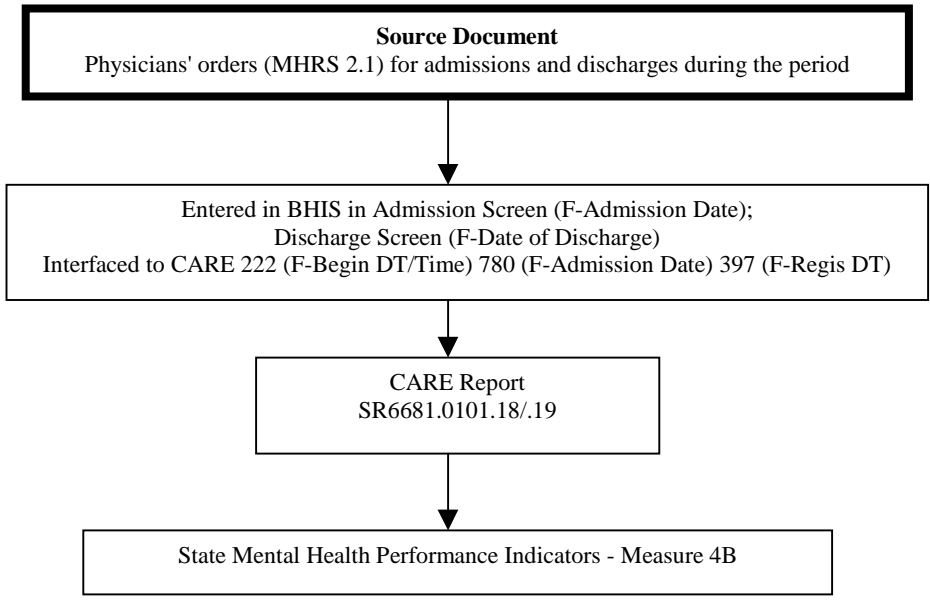
D = total persons discharged during the quarter

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).

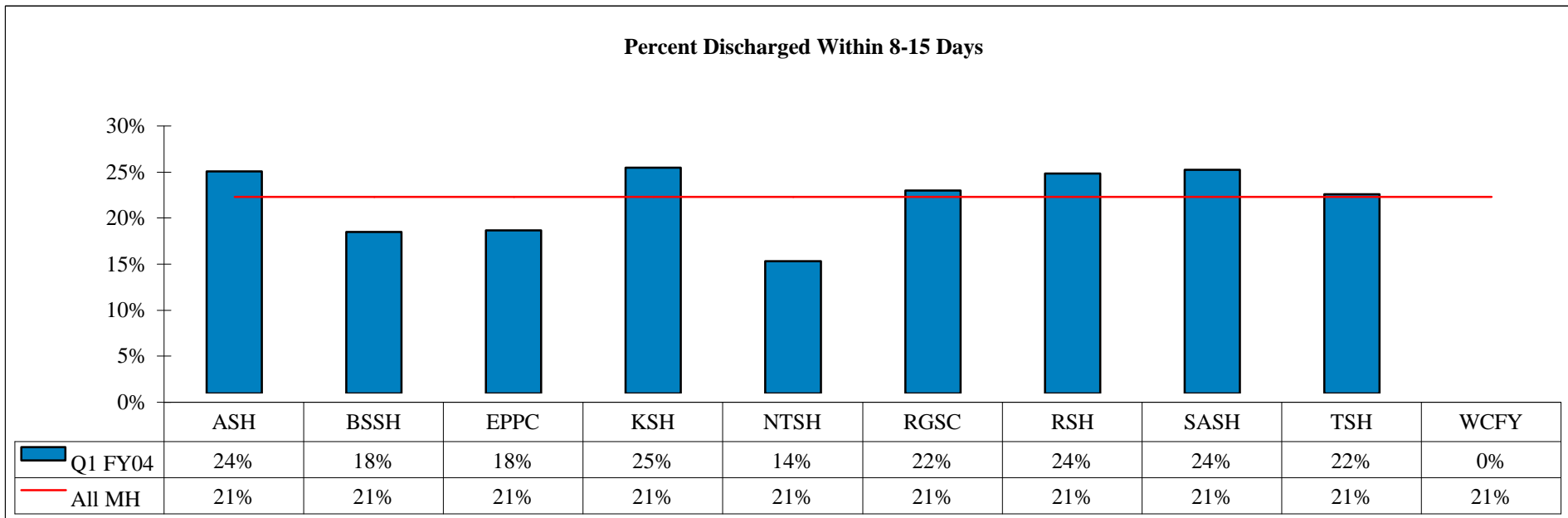
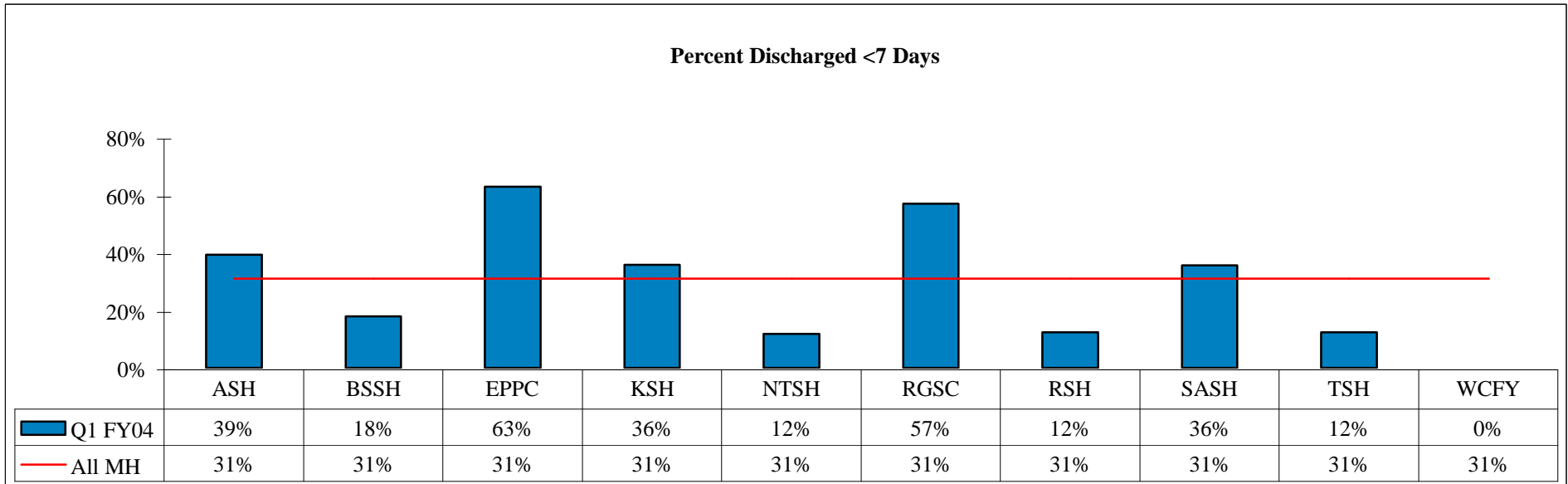
Performance Measure Data Display and Chart Description:

- ◆ 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:

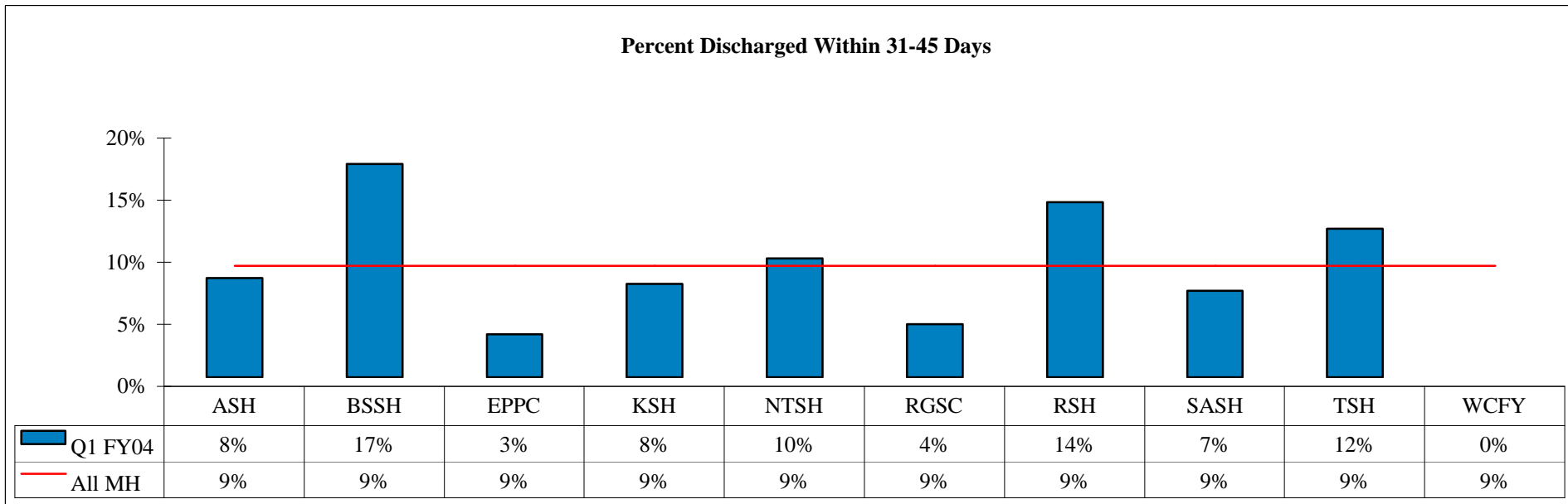
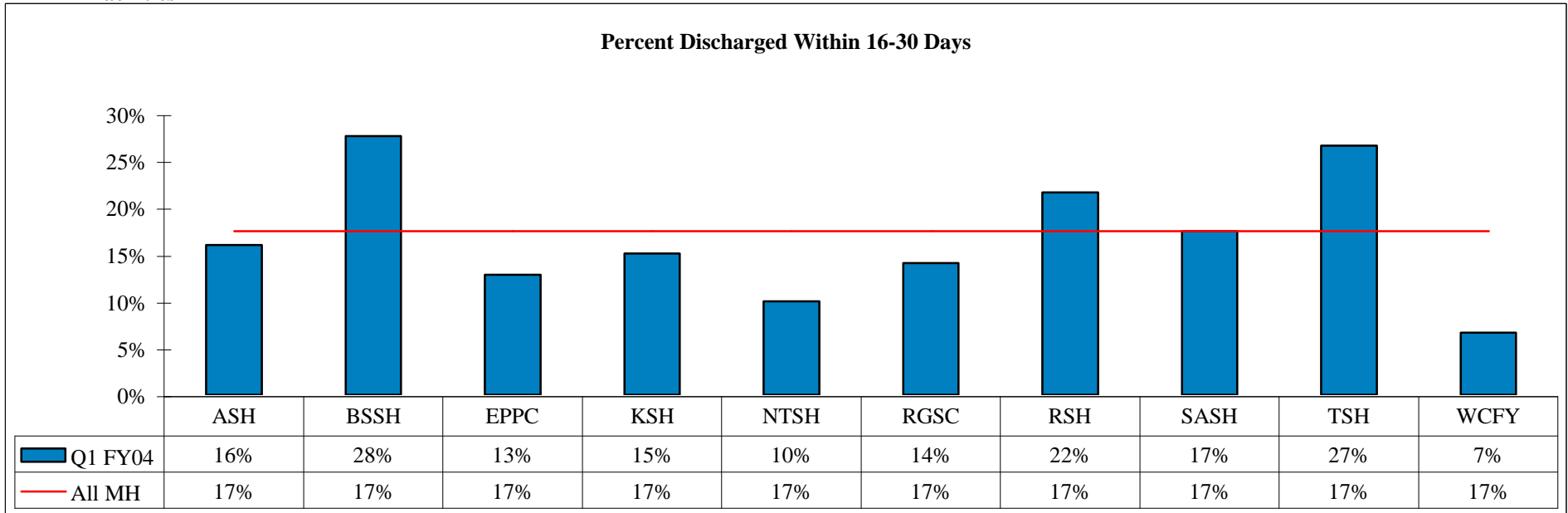


Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities

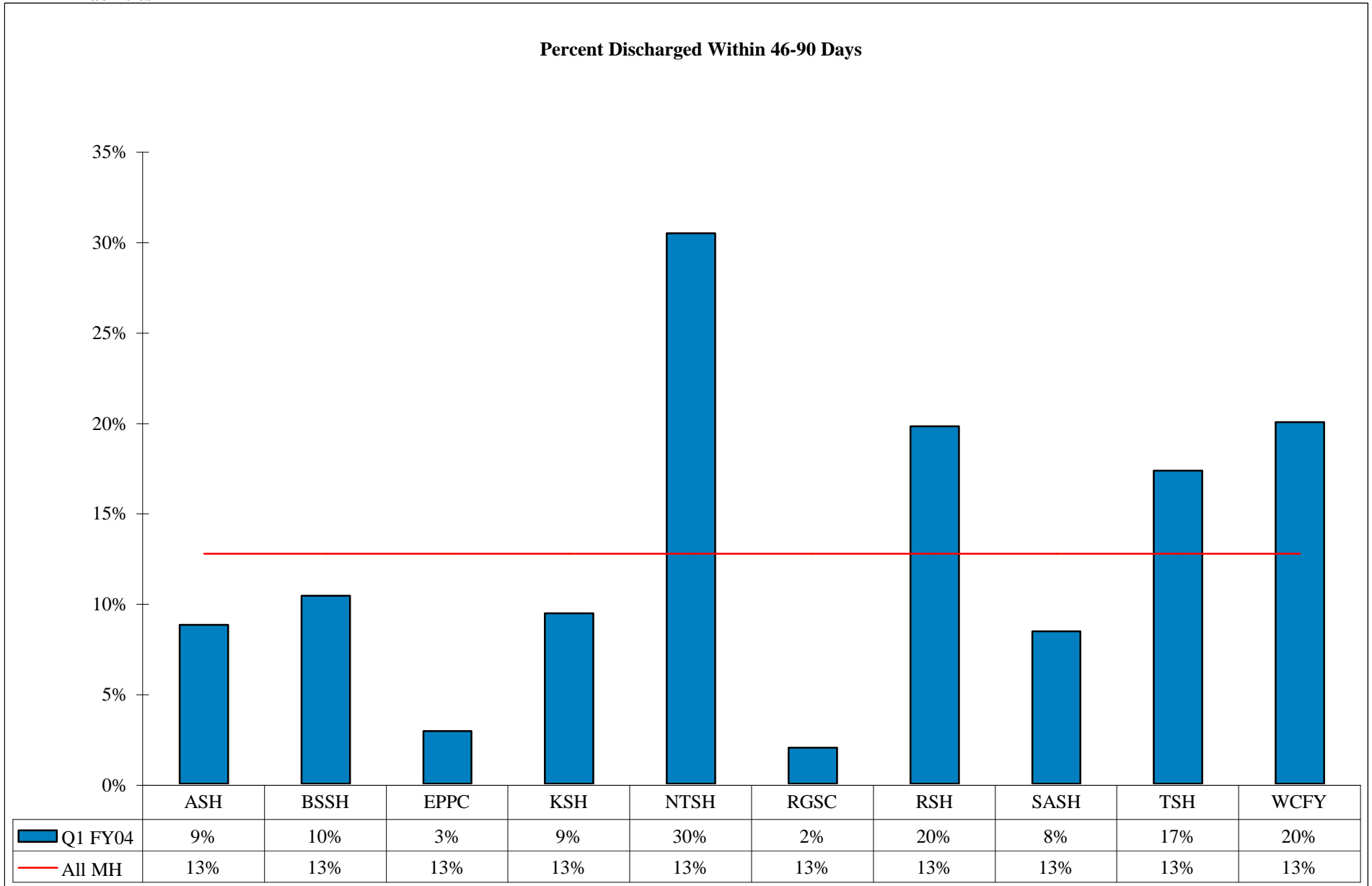


Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days

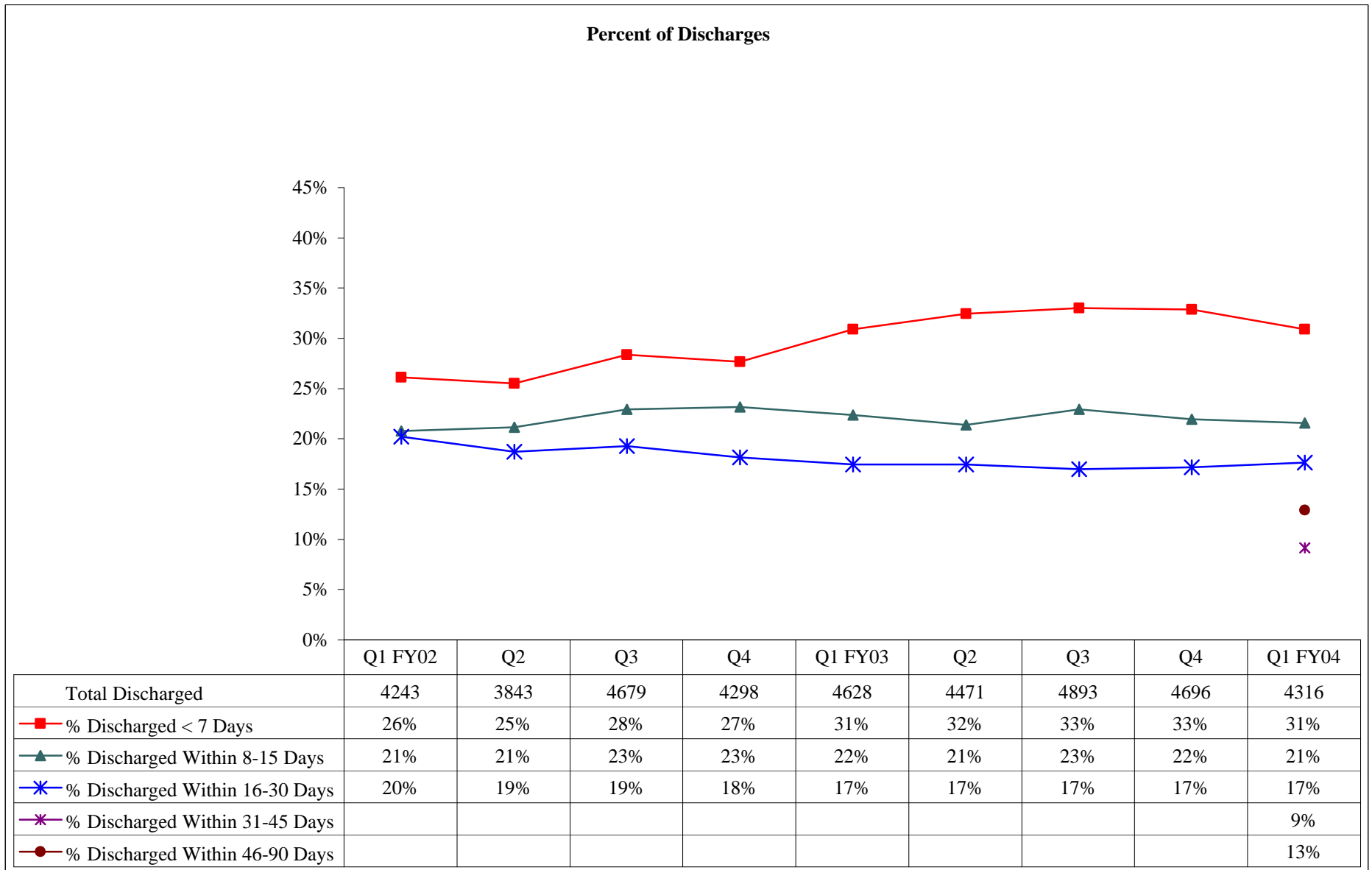
All MH Facilities



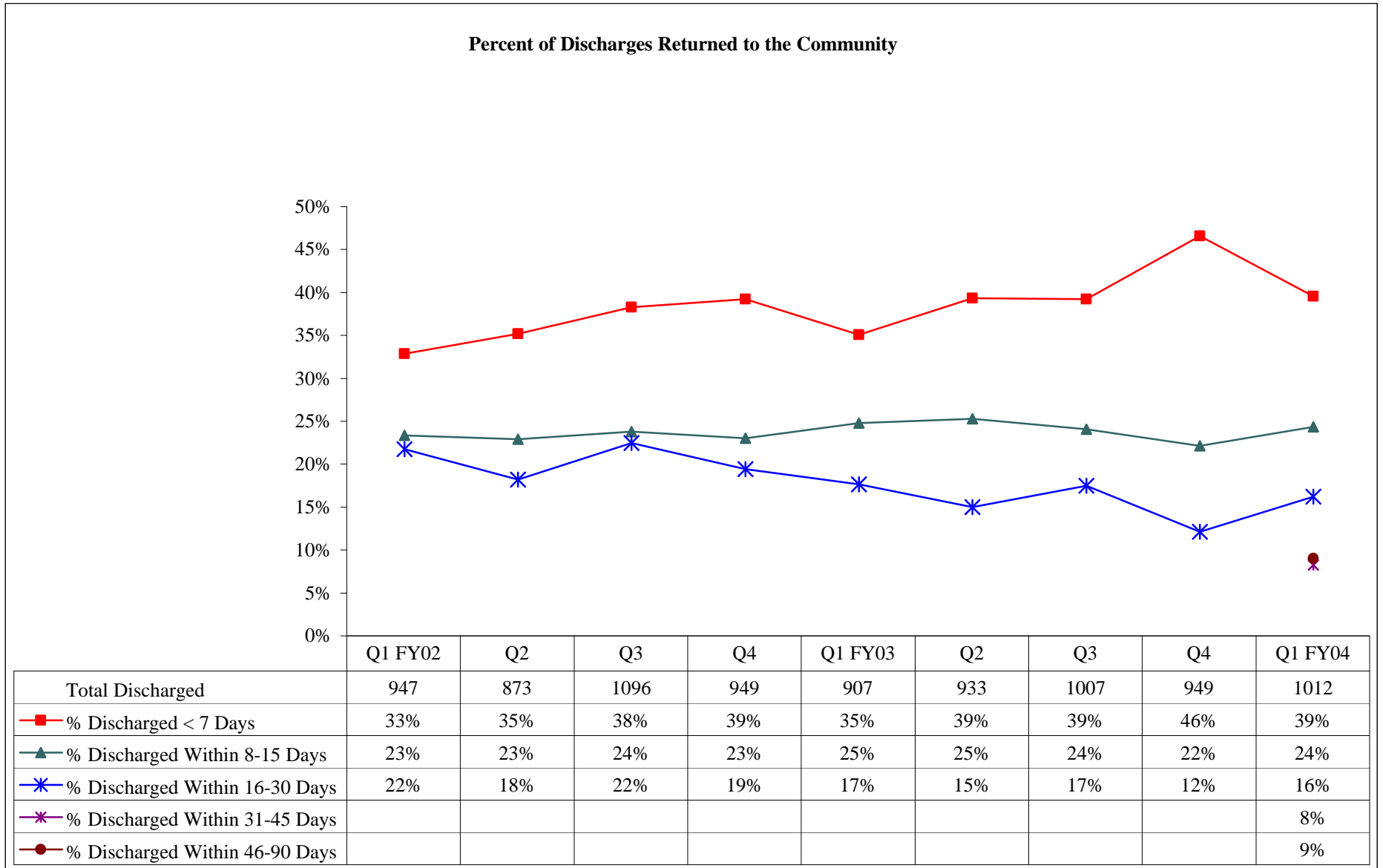
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities



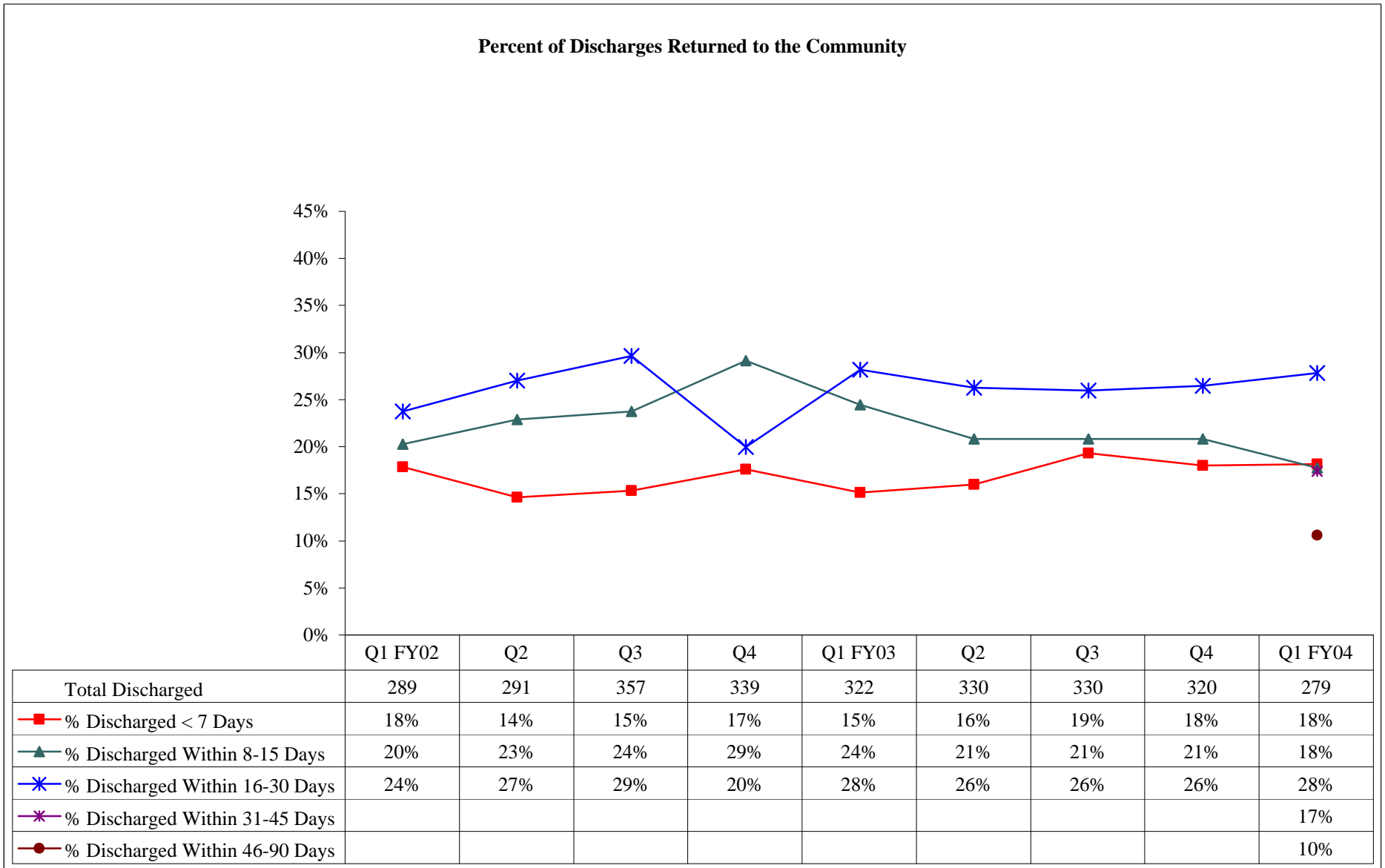
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
All MH Facilities



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

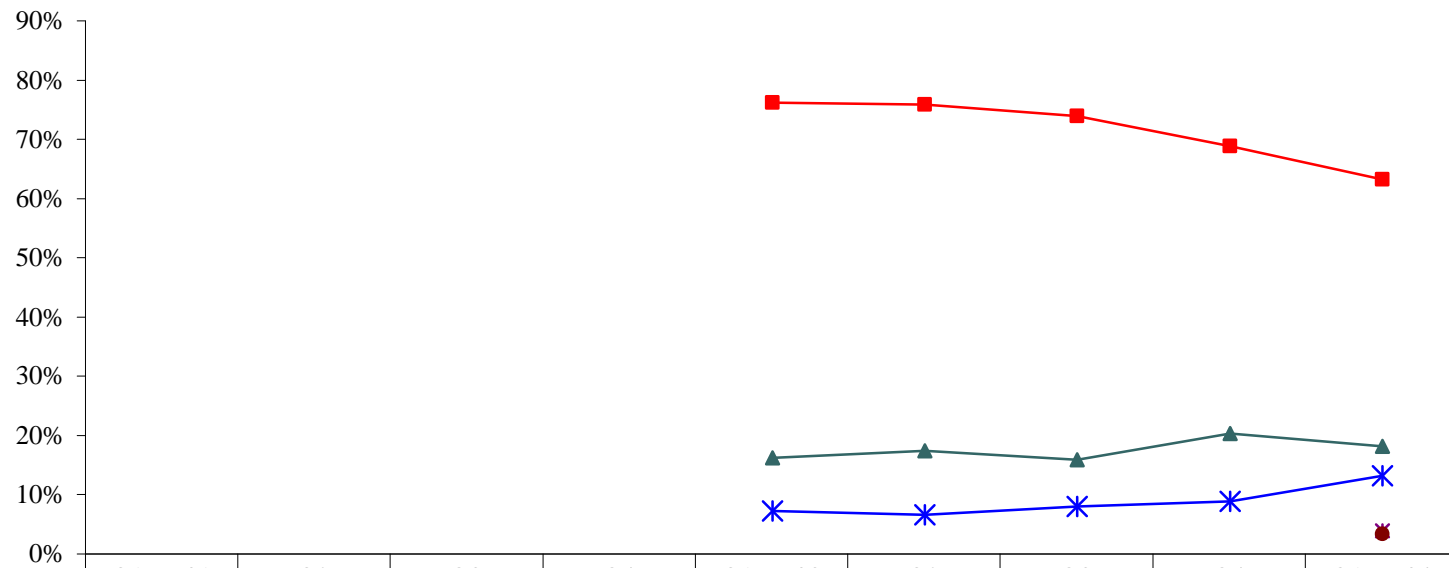


Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Big Spring State Hospital



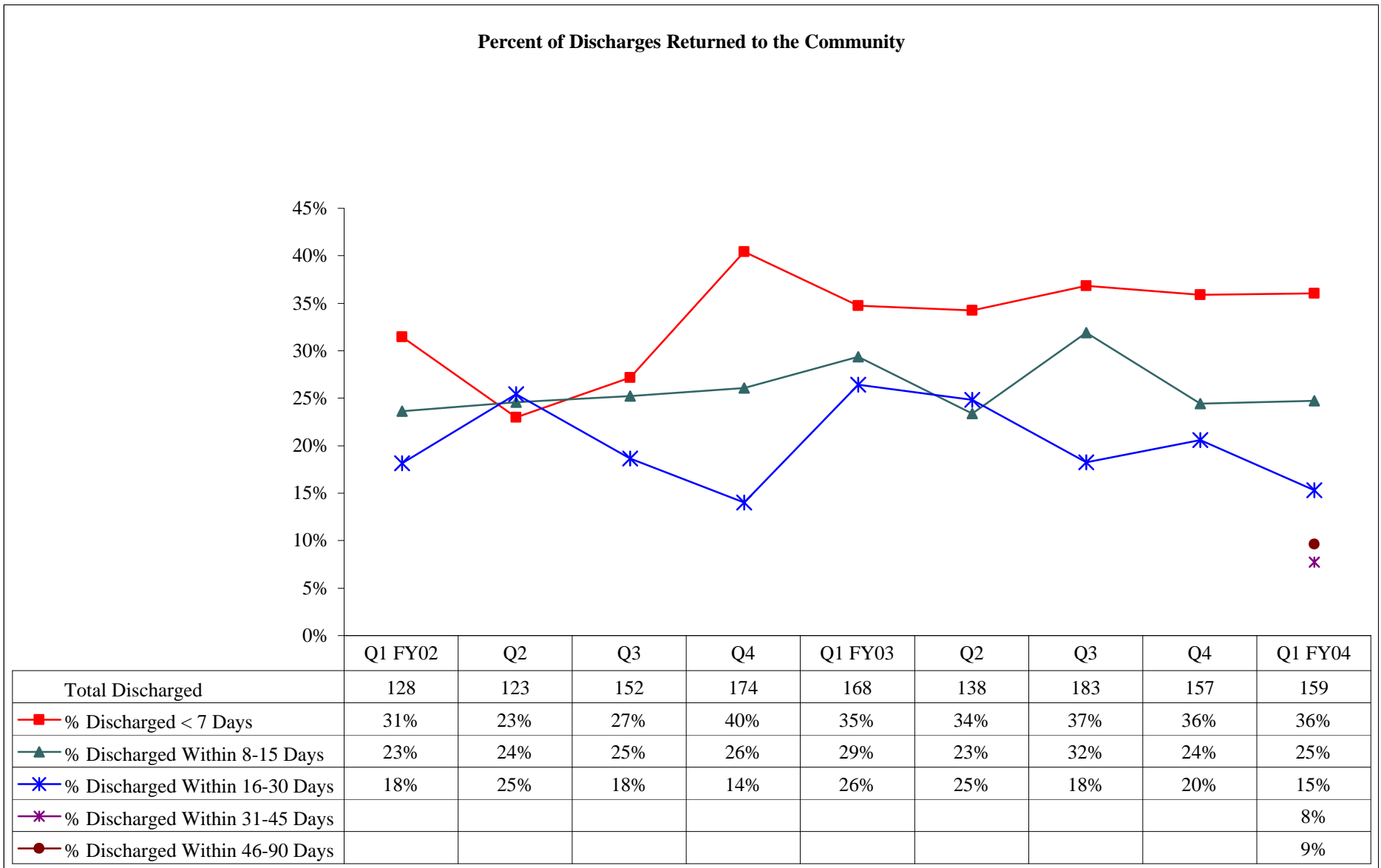
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
El Paso Psychiatric Center

Percent of Discharges Returned to the Community

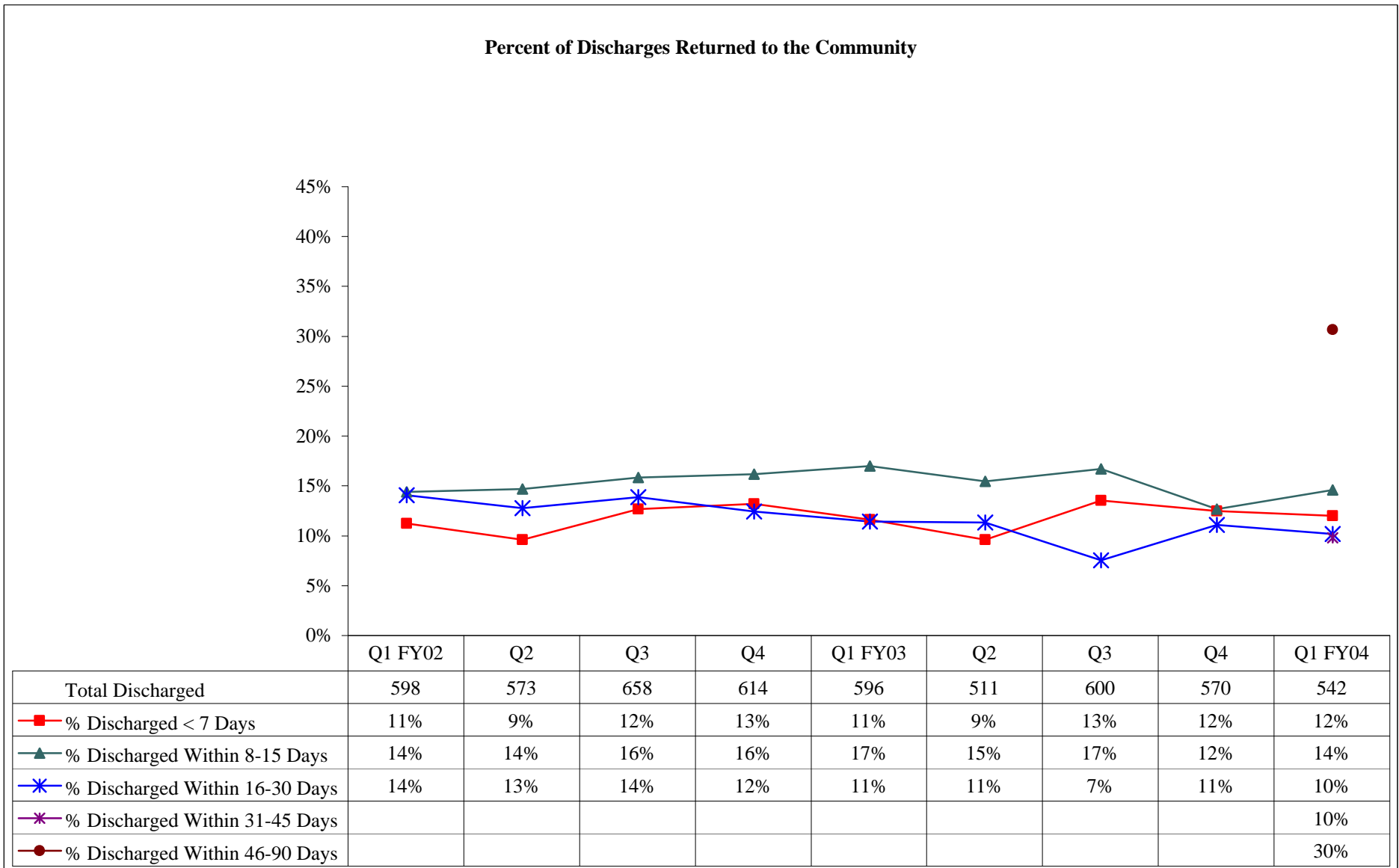


	Q1 FY01	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04
Total Discharged					495	536	557	488	344
■ % Discharged < 7 Days					76%	75%	73%	68%	63%
▲ % Discharged Within 8-15 Days					16%	17%	15%	20%	18%
* % Discharged Within 16-30 Days					7%	6%	8%	8%	13%
* % Discharged Within 31-45 Days									3%
● % Discharged Within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

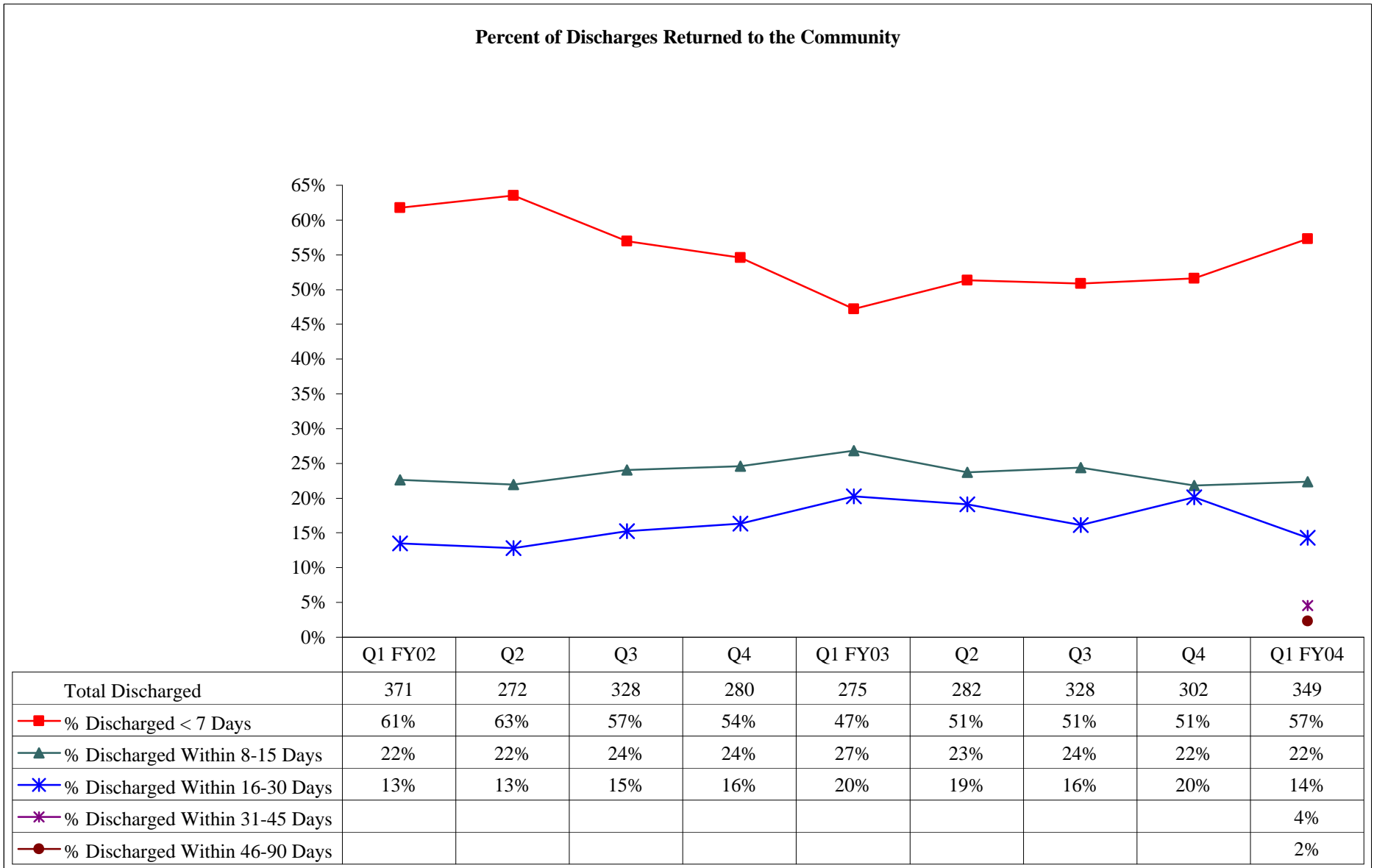
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Kerrville State Hospital



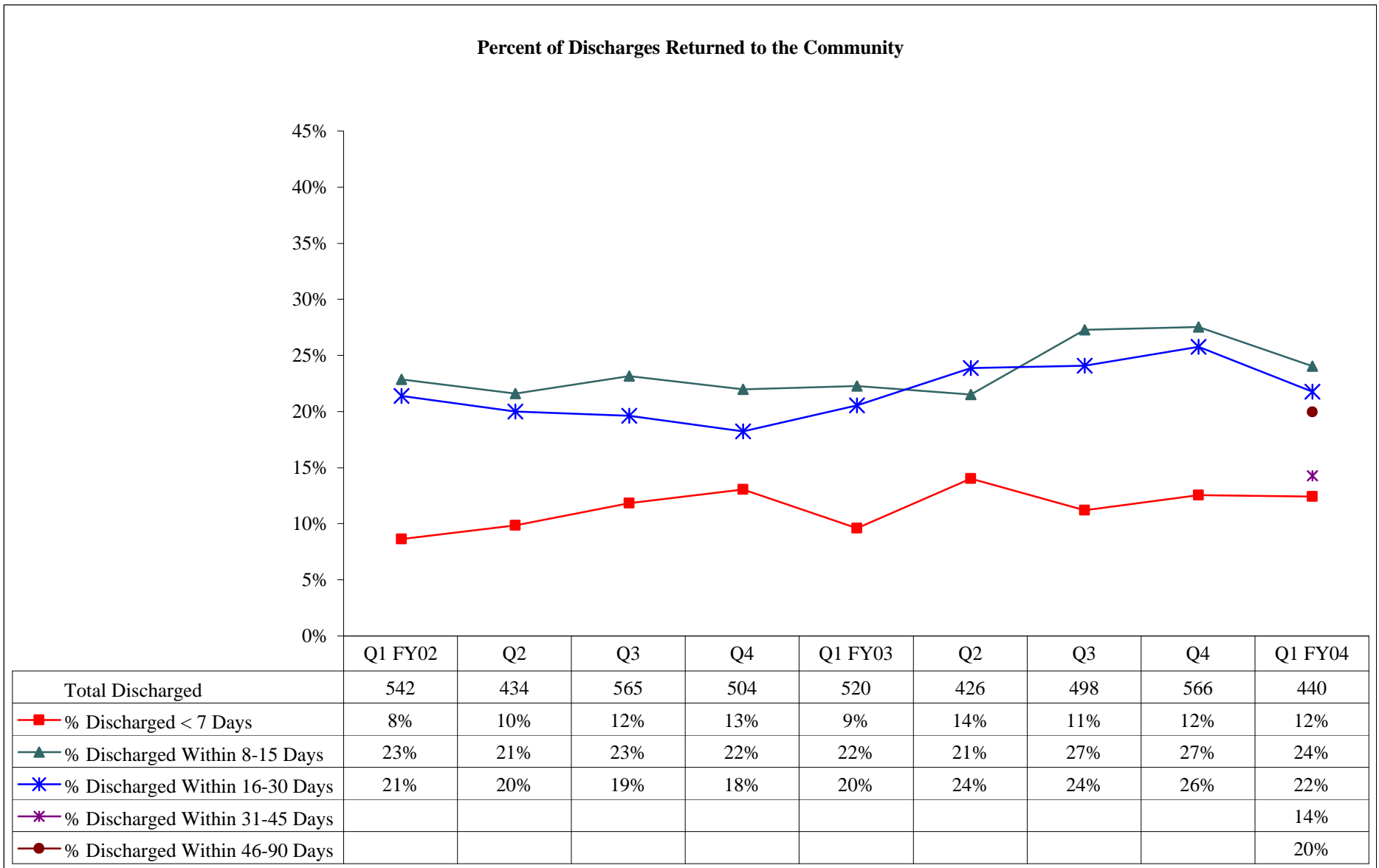
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
North Texas State Hospital



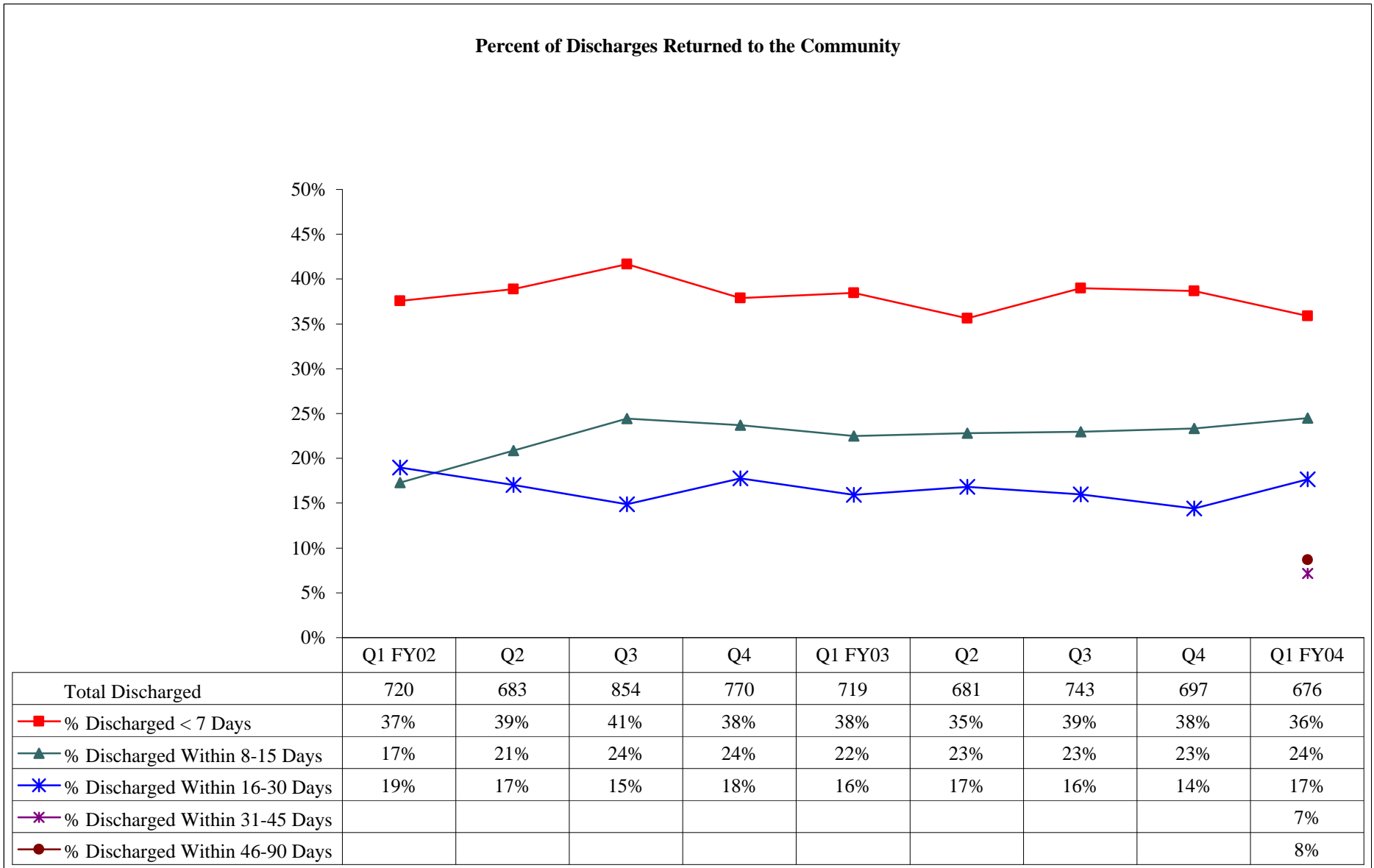
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
Rio Grande State Center



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

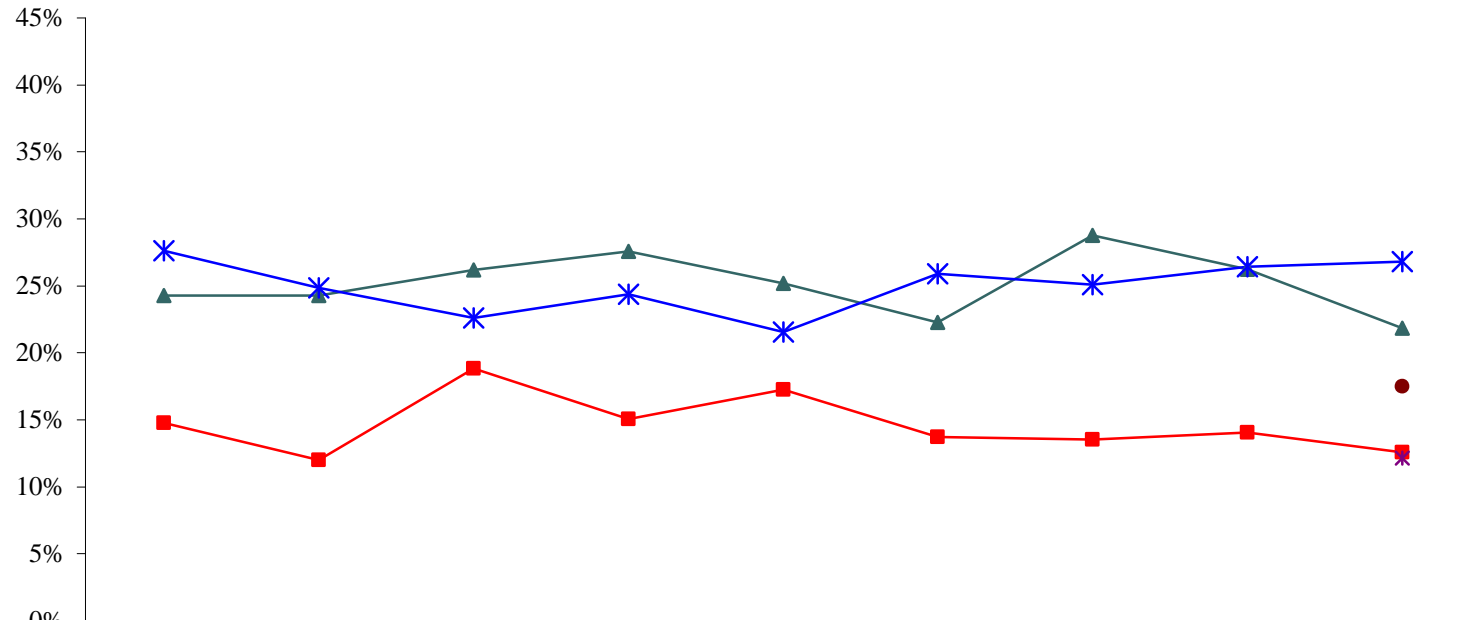


Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days, 31-45 Days, 46-90 Days
San Antonio State Hospital



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

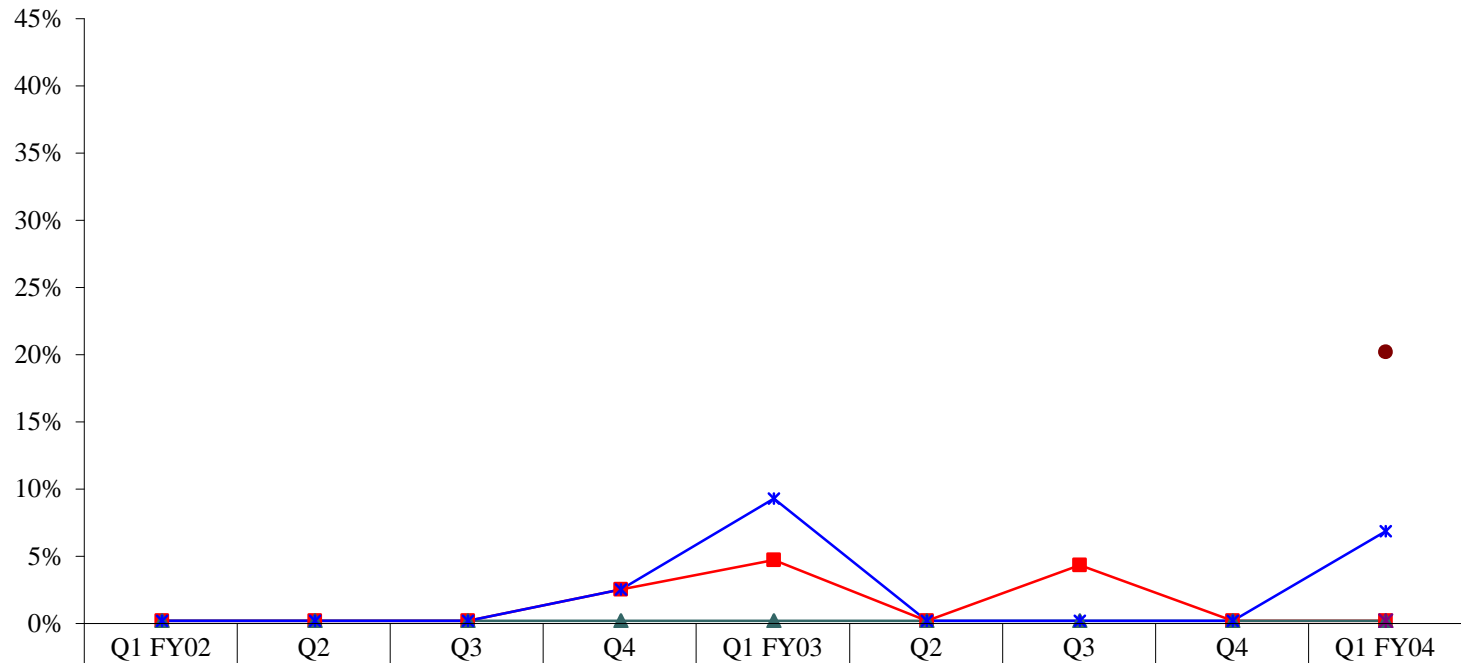
Percent of Discharges Returned to the Community



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

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
Total Discharged	17	34	31	43	22	27	24	33	30
■ % Discharged < 7 Days	0%	0%	0%	2%	5%	0%	4%	0%	0%
▲ % Discharged Within 8-15 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
* % Discharged Within 16-30 Days	0%	0%	0%	2%	9%	0%	0%	0%	7%
* % Discharged Within 31-45 Days									0%
● % Discharged Within 46-90 Days									20%

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)

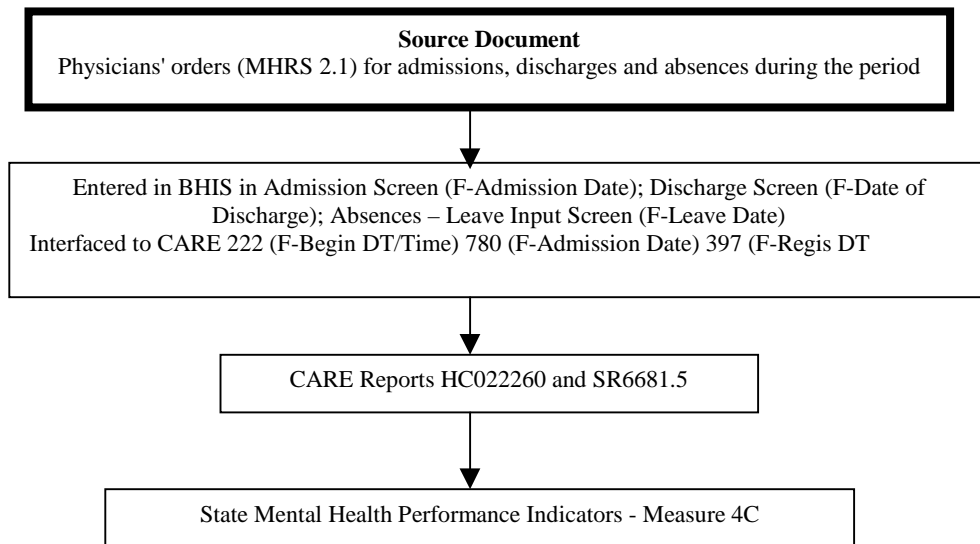
Performance Measure Operational Definition: The facility average length of stay at discharged using admissions, absence and discharge data.

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).

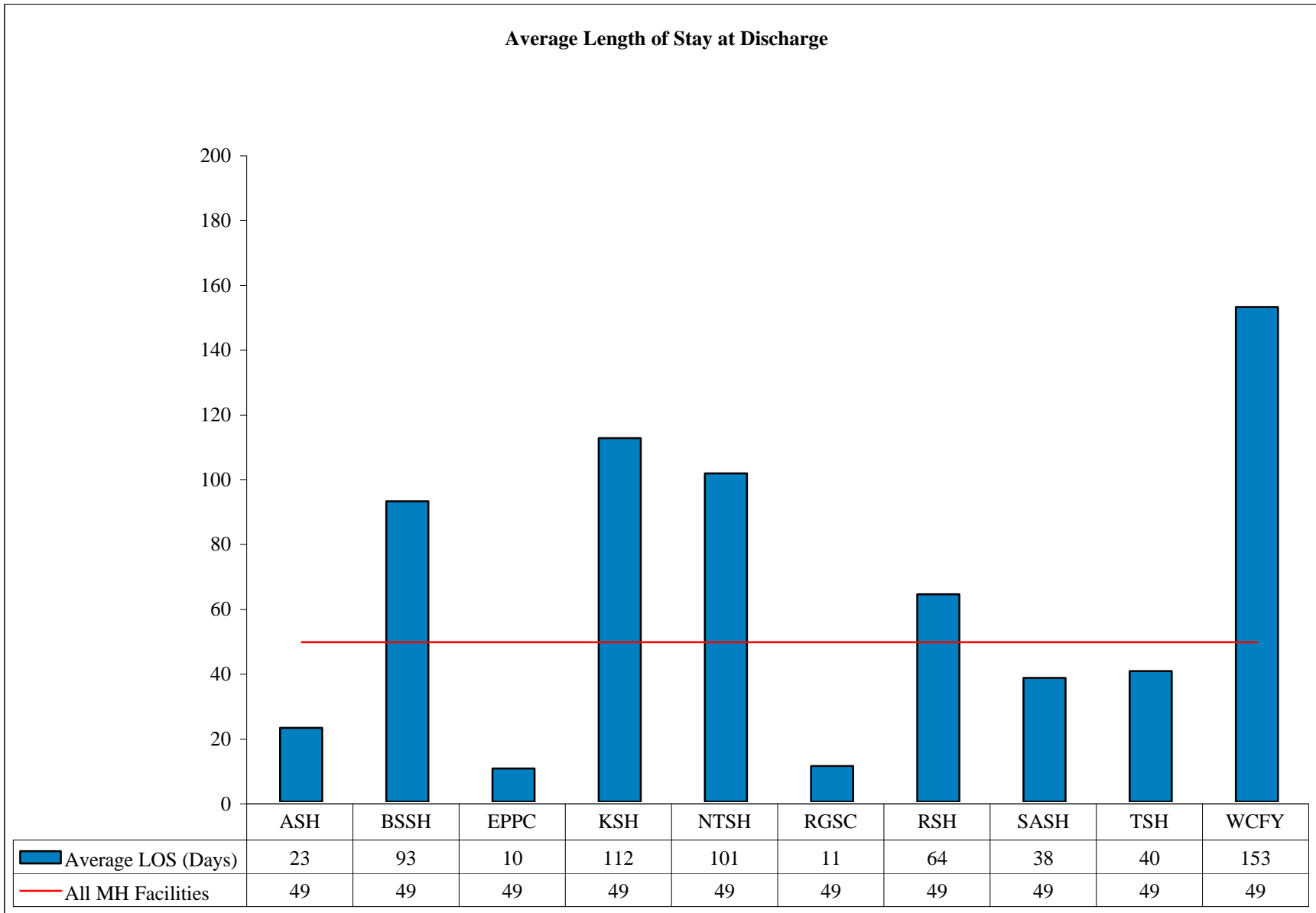
Performance Measure Data Display and Chart Description:

- ◆ 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:

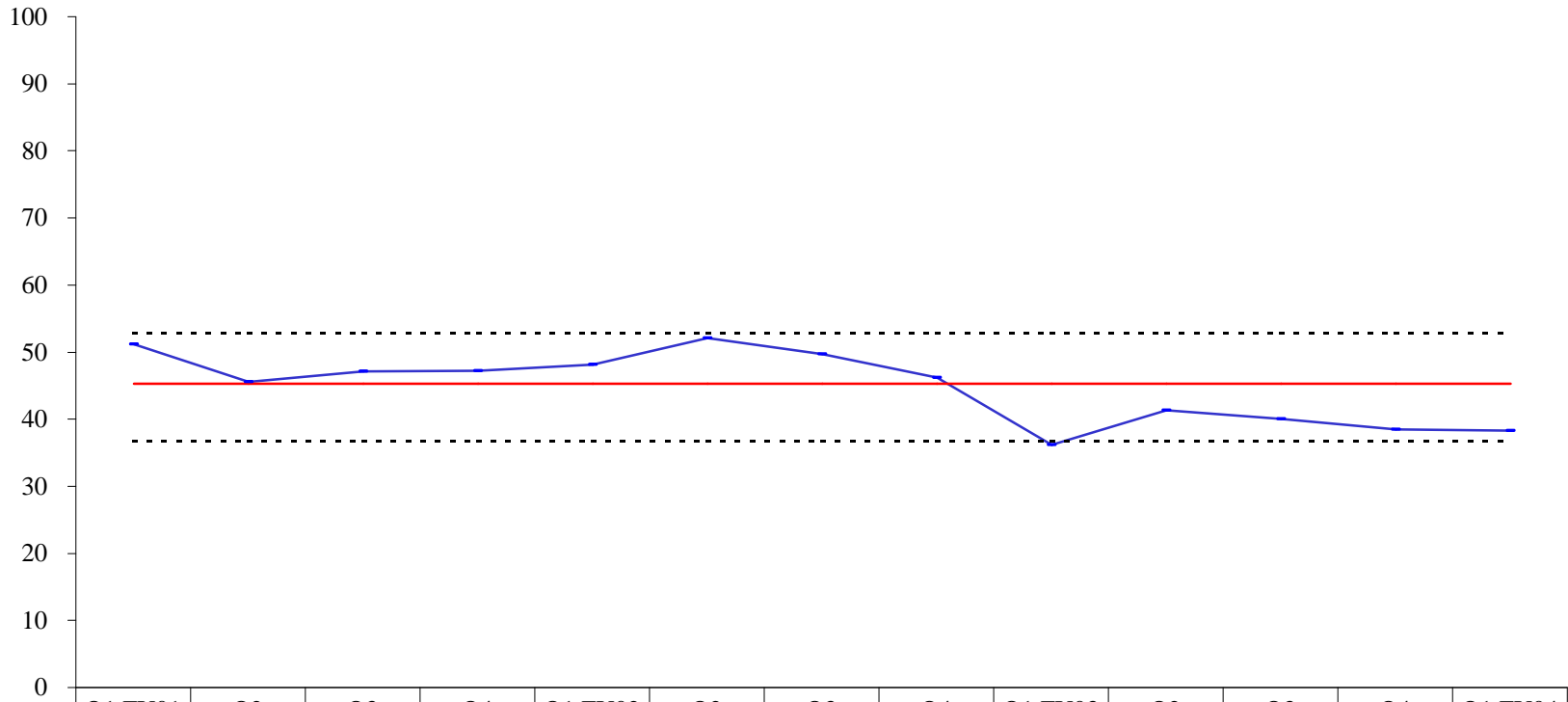


Measure 4C - Average Length of Stay at Discharge
All MH Facilities



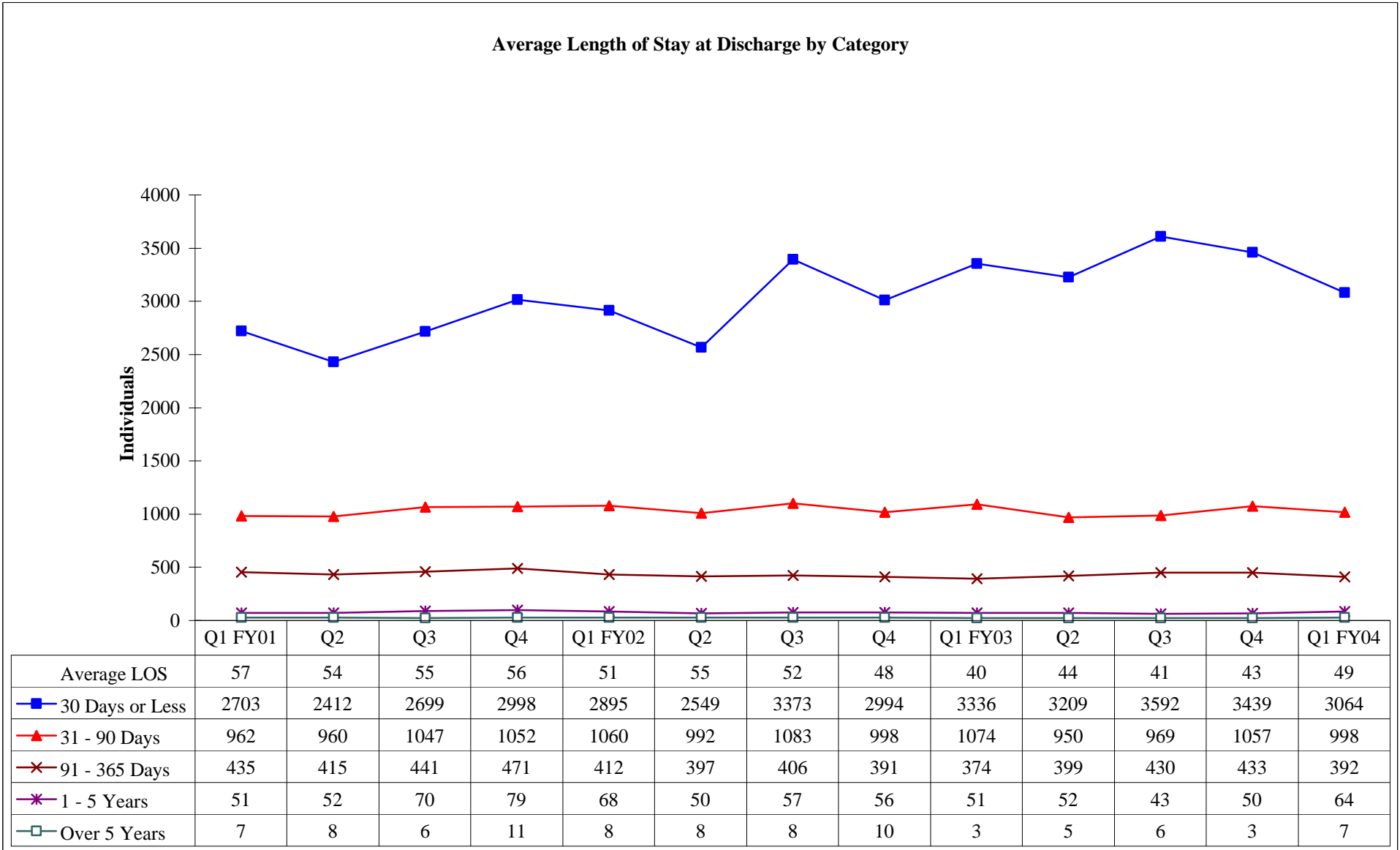
**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**

Average Length of Stay at Discharge (LBB)



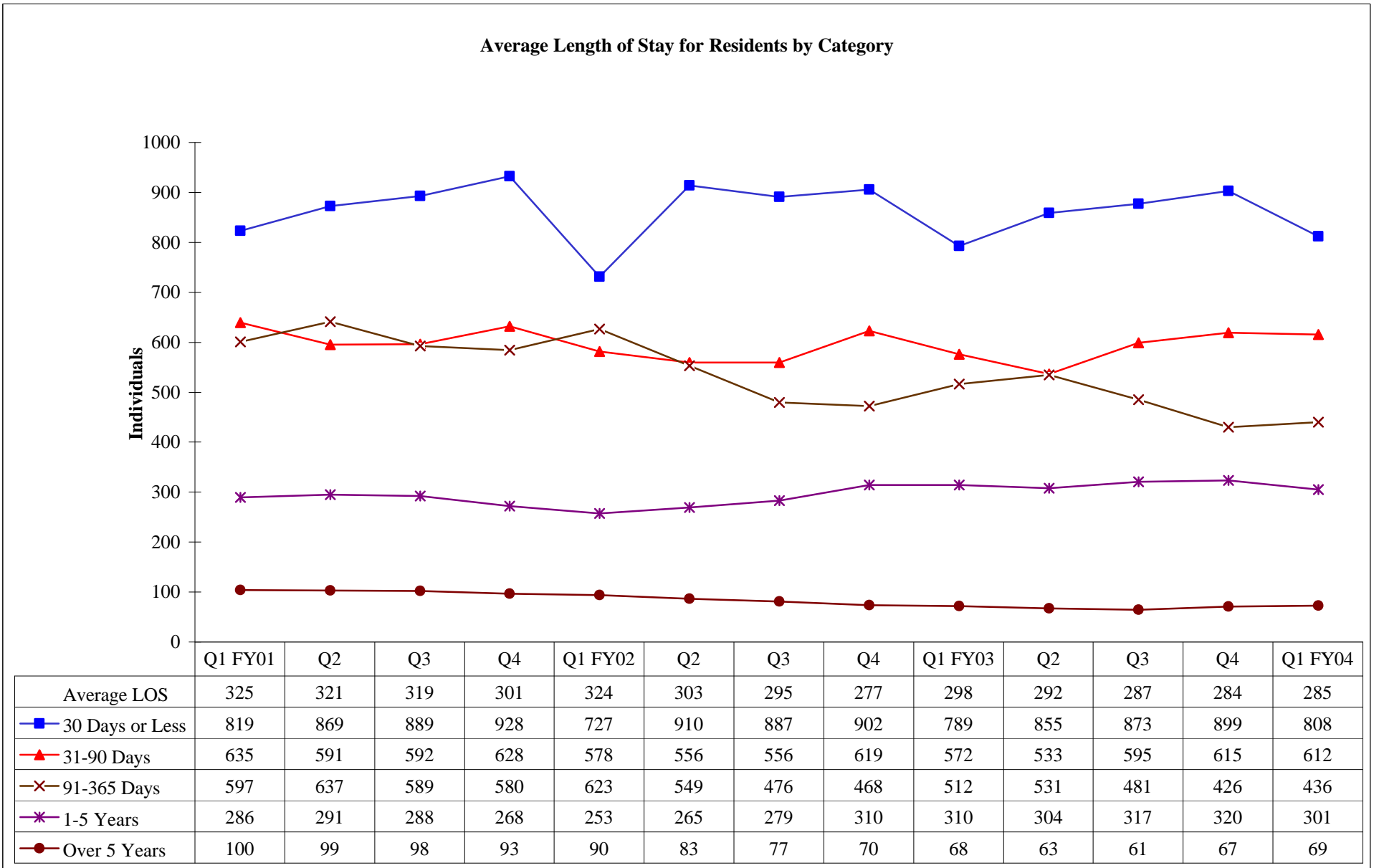
	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04
— Average LOS (Days)	51	45	47	47	48	52	49	46	36	41	40	38	38
- - - - - UCL	53	53	53	53	53	53	53	53	53	53	53	53	53
— Avg	45	45	45	45	45	45	45	45	45	45	45	45	45
- - - - - LCL	37	37	37	37	37	37	37	37	37	37	37	37	37

**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)

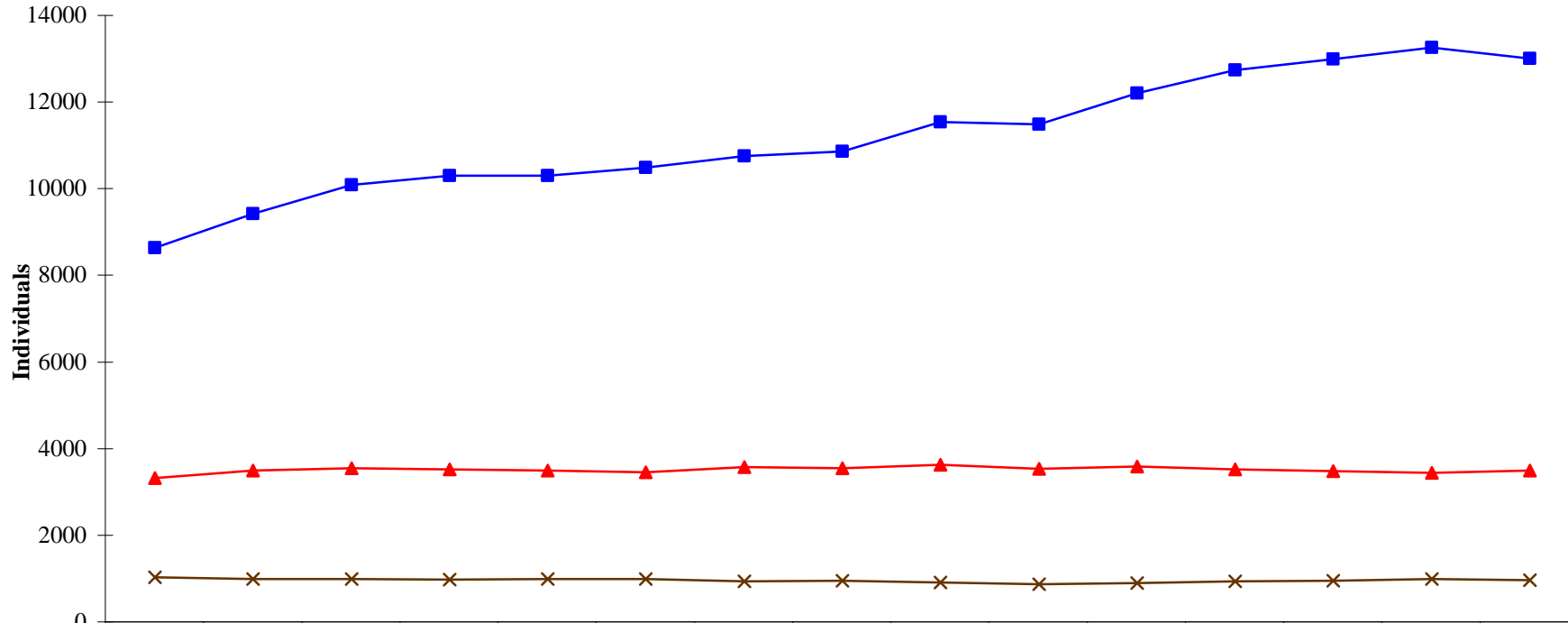
**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**



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**

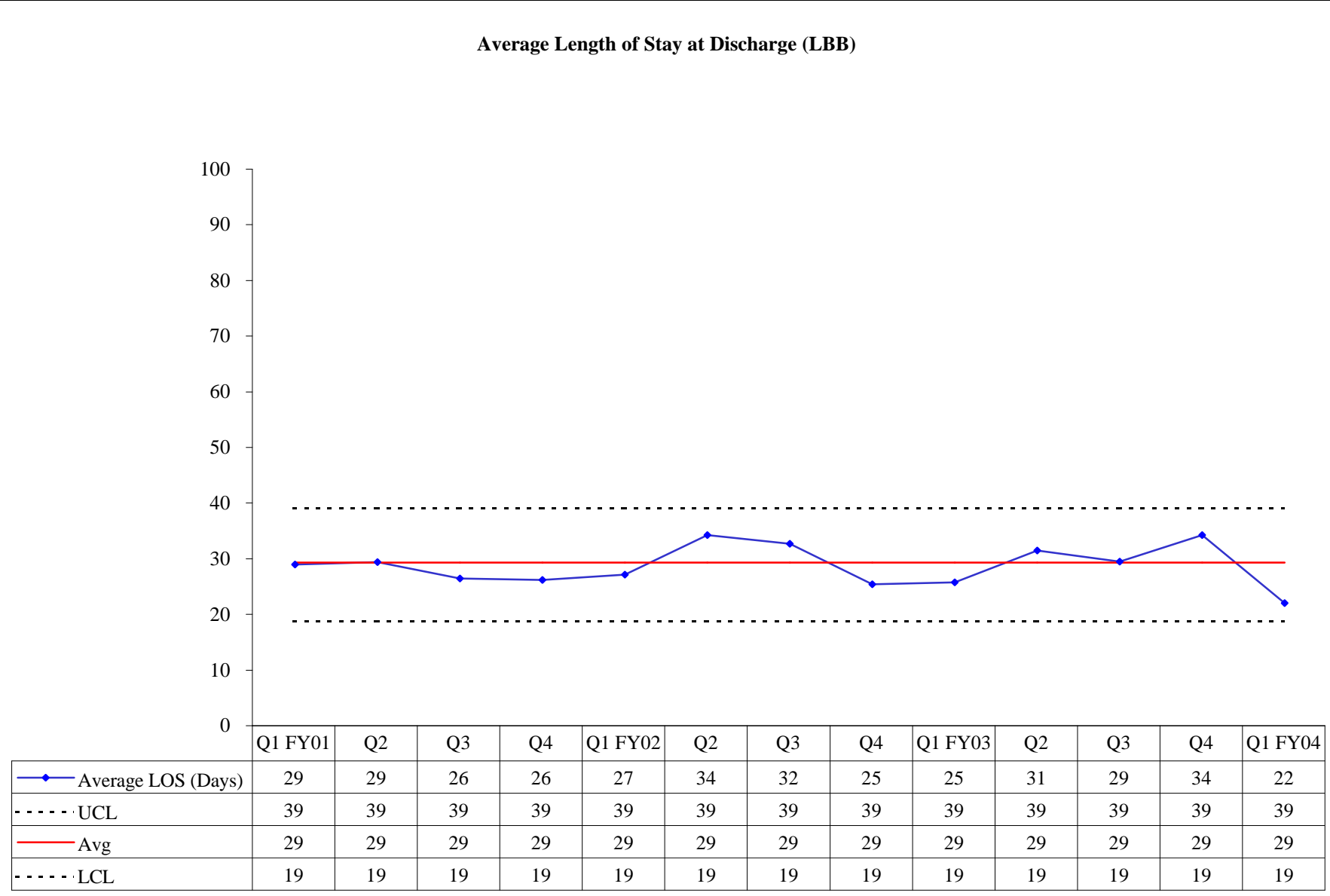
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	6/99-5/00	9/99-8/00	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
Average LOS	32	31	30	29	30	30	28	28	28	27	26	26	25	25	25
■ 30 Days or Less	8575	9364	10034	10244	10238	10435	10692	10801	11479	11431	12148	12685	12933	13204	12948
▲ 31-90 Days	3263	3438	3490	3459	3433	3400	3511	3492	3567	3483	3535	3468	3419	3378	3442
× 91-365 Days	976	939	928	917	926	938	879	895	854	806	842	884	897	926	906

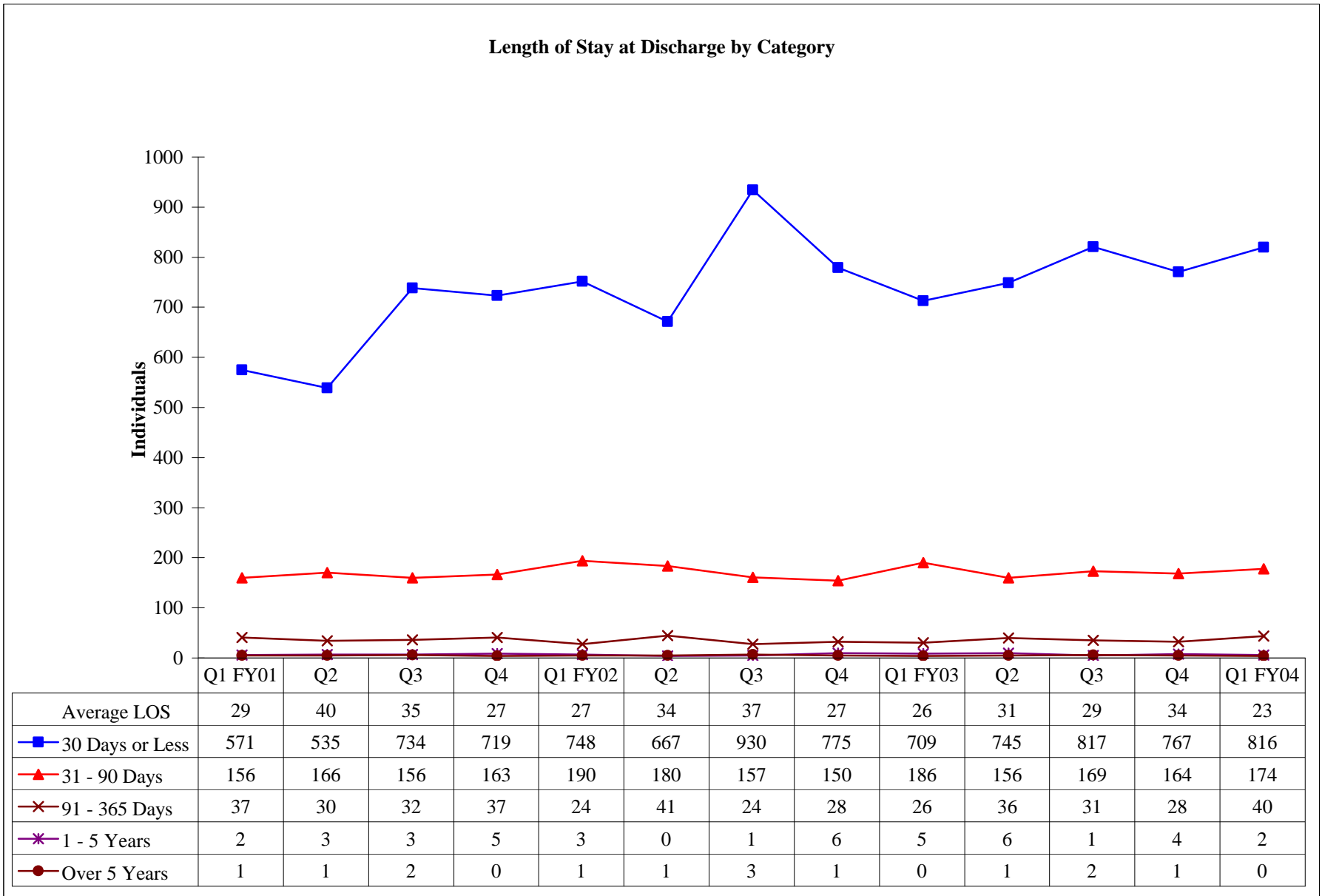
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



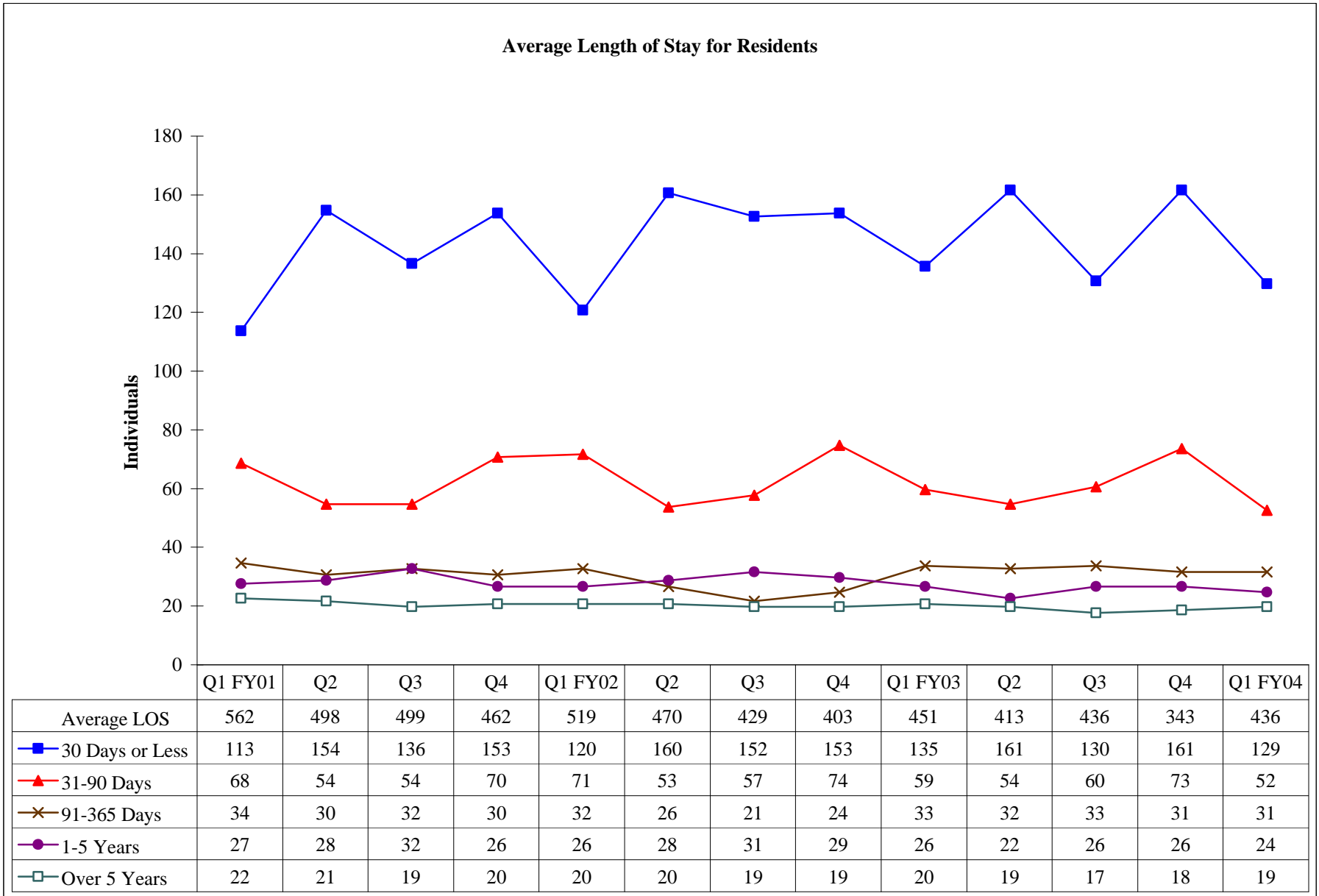
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



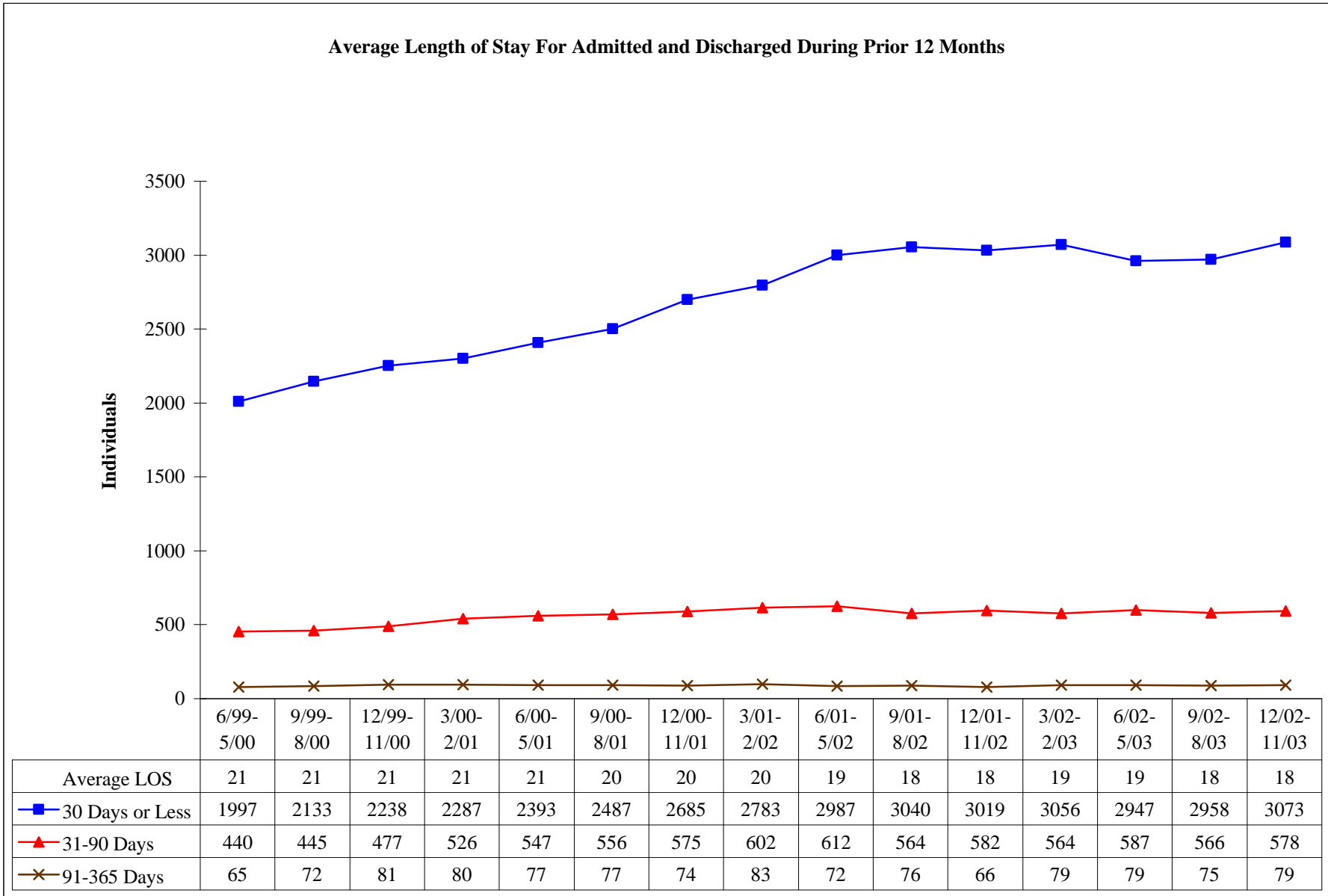
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



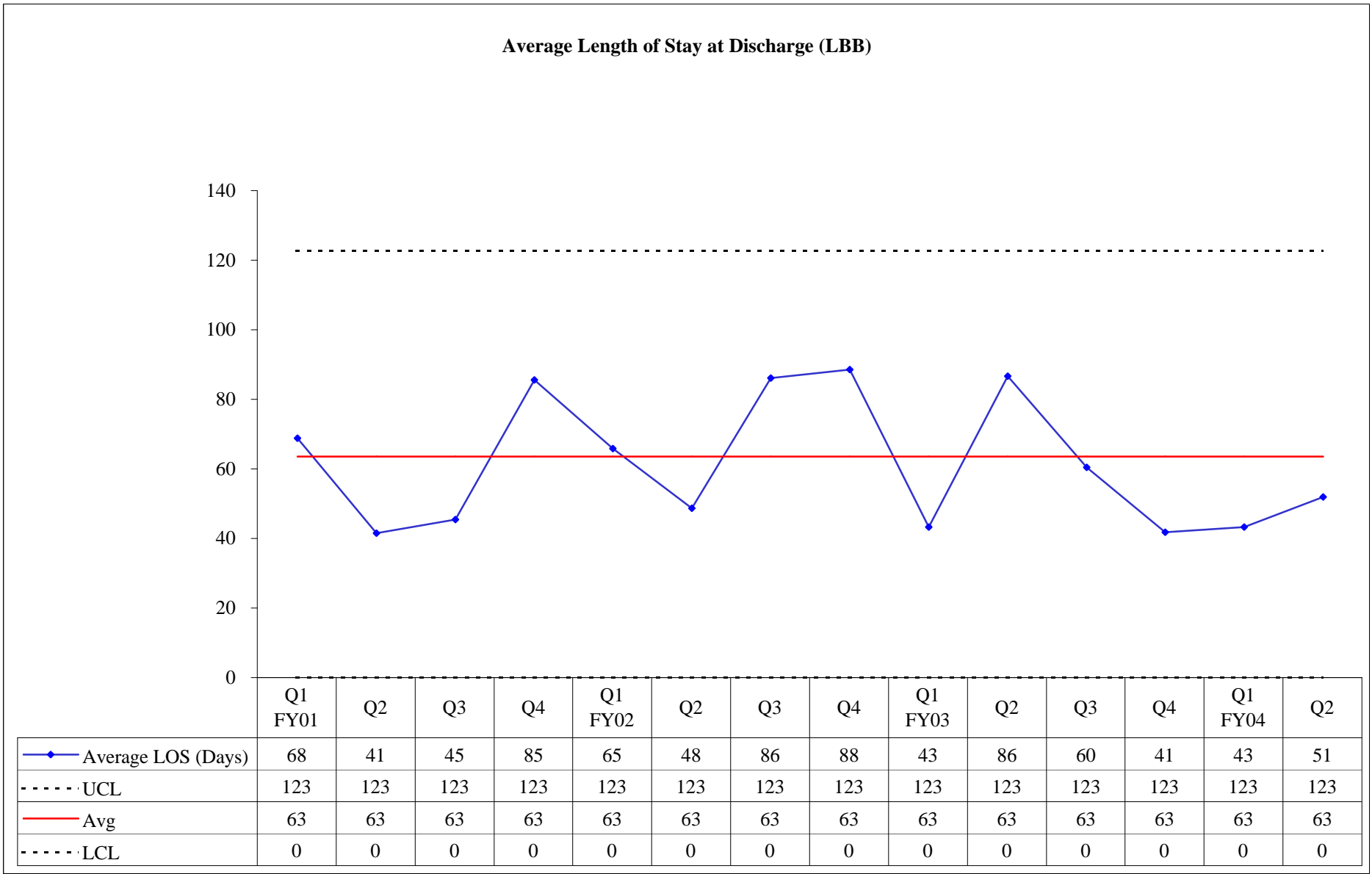
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

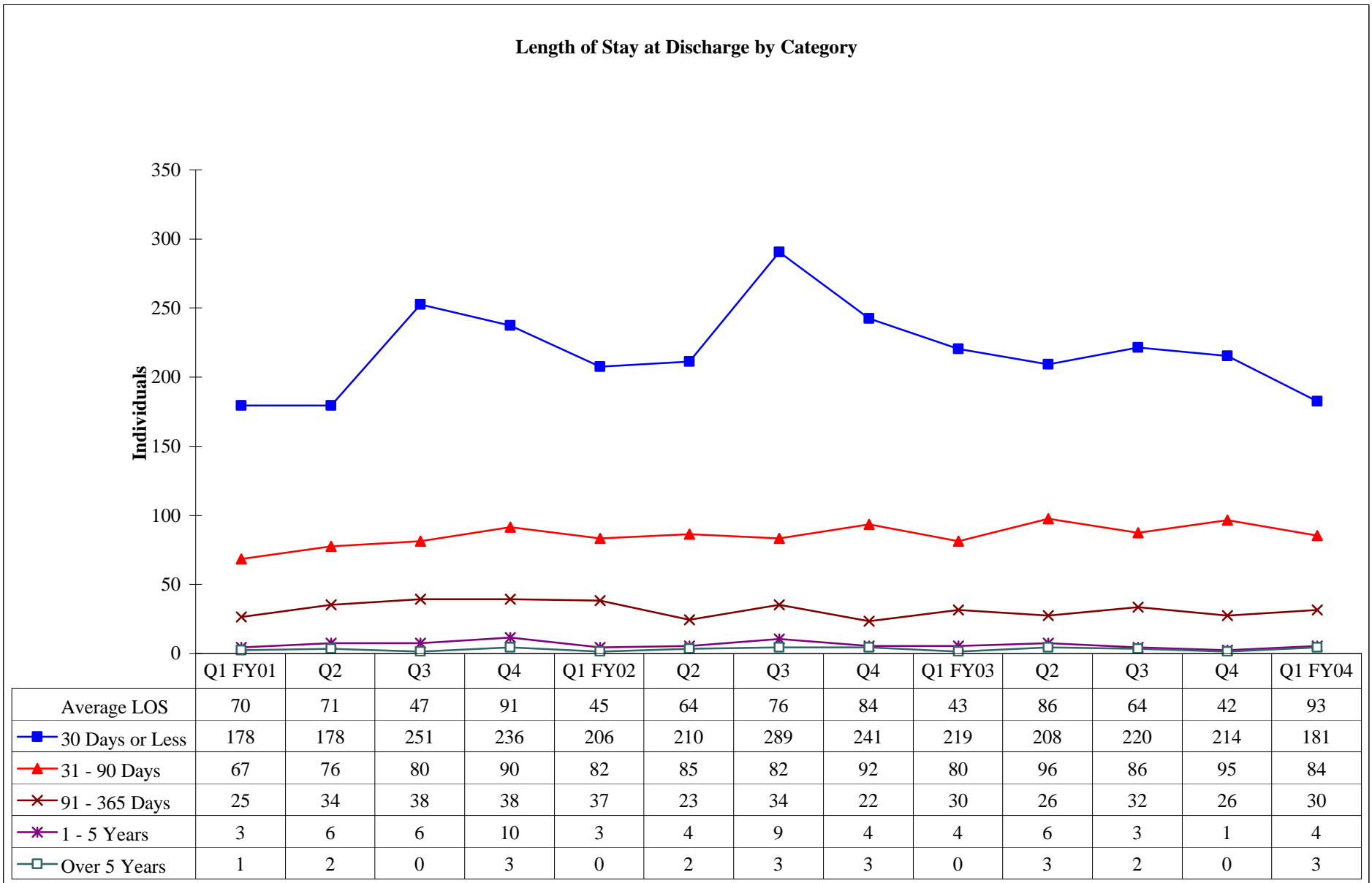


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

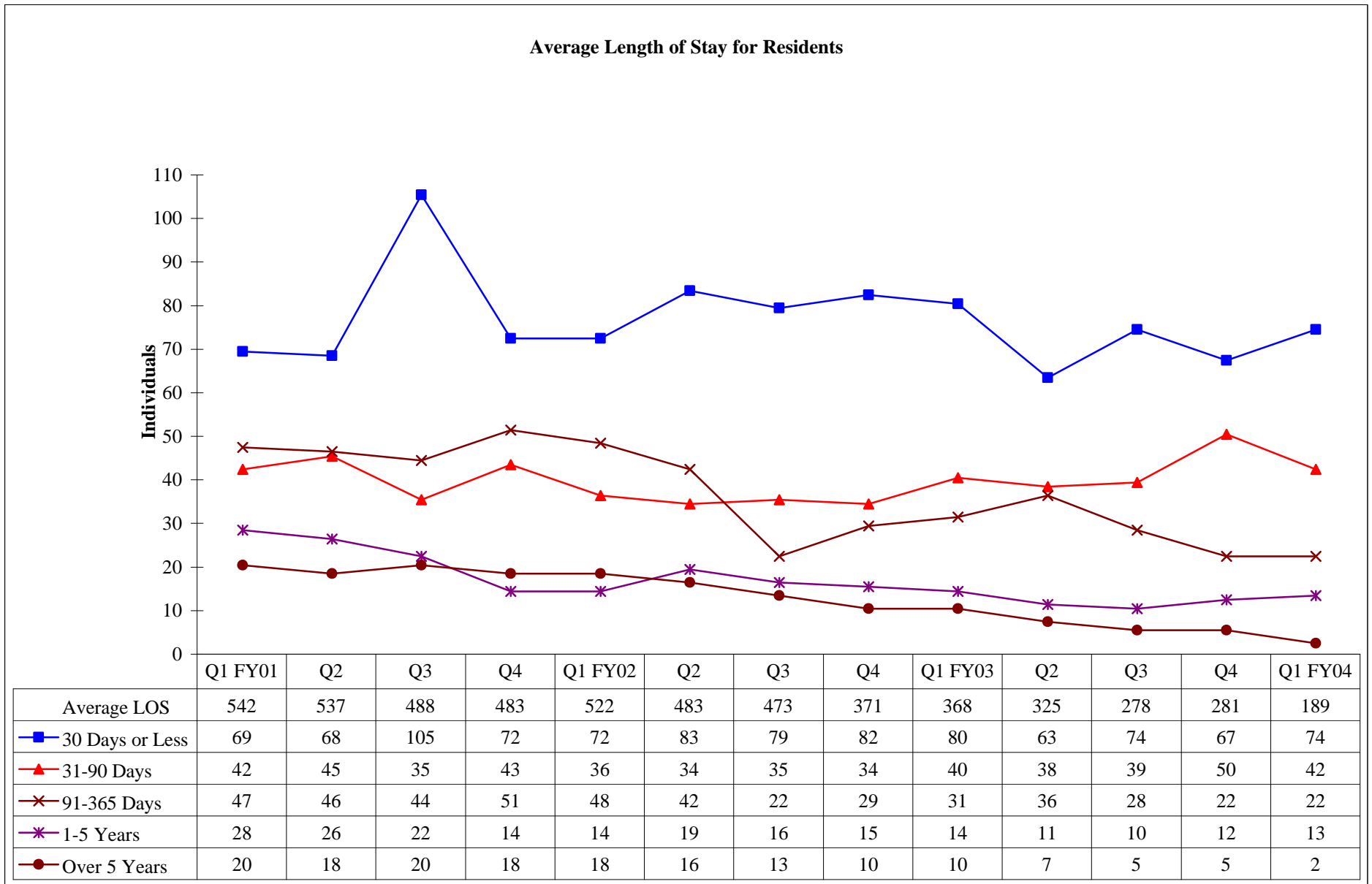


**Measure 4C - Average Length of Stay at Discharge
Big Spring State Hospital**



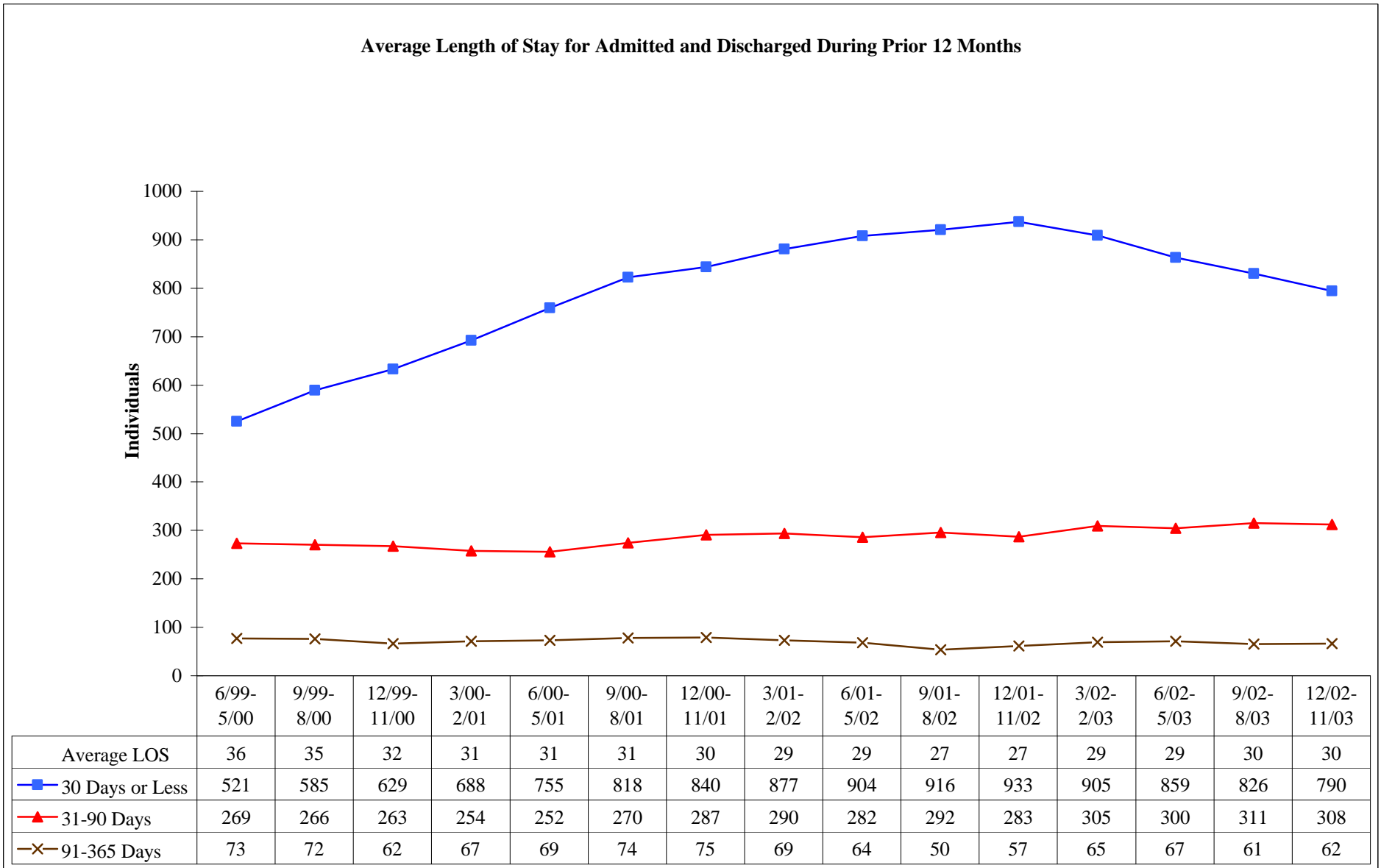
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



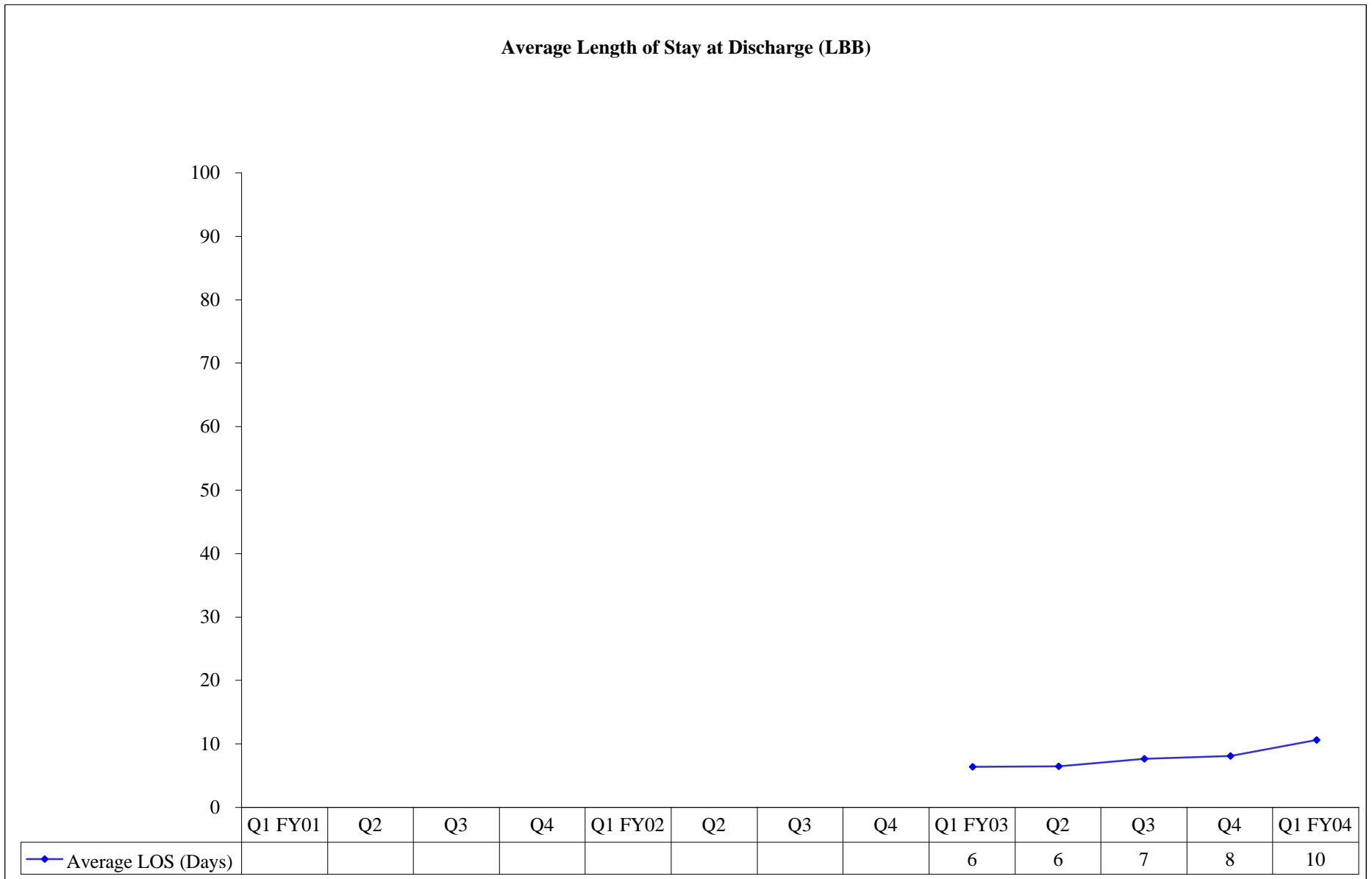
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

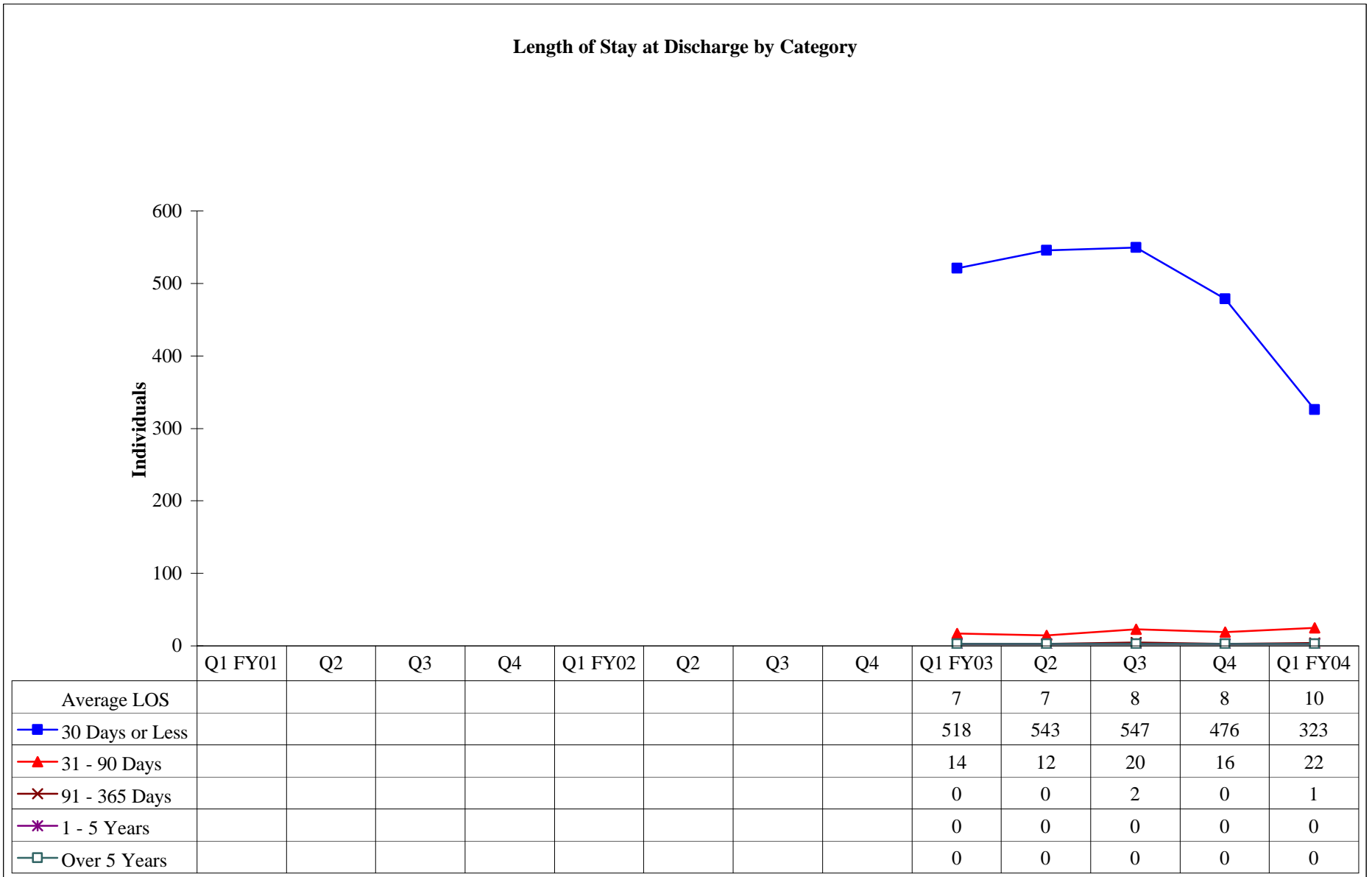
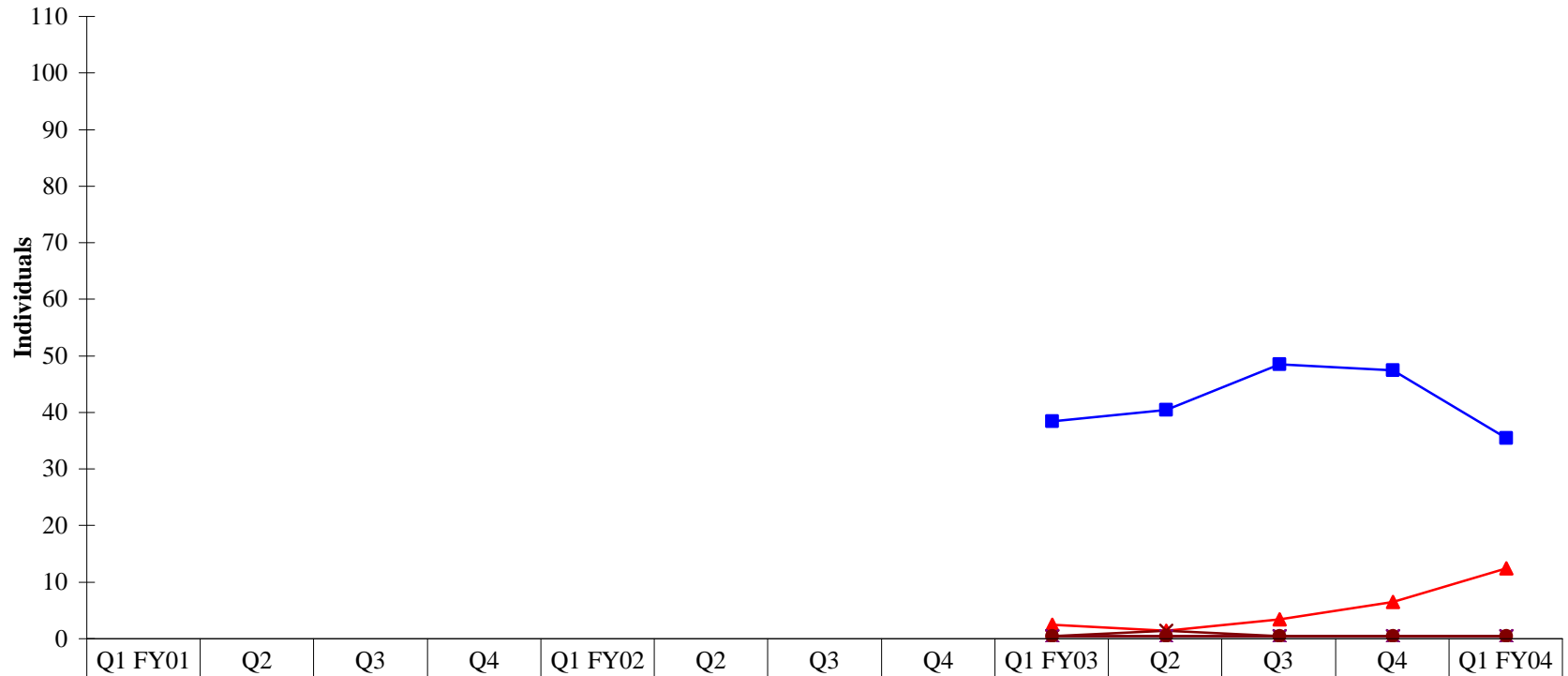


Chart: Management Data Services

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

Average Length of Stay for Residents

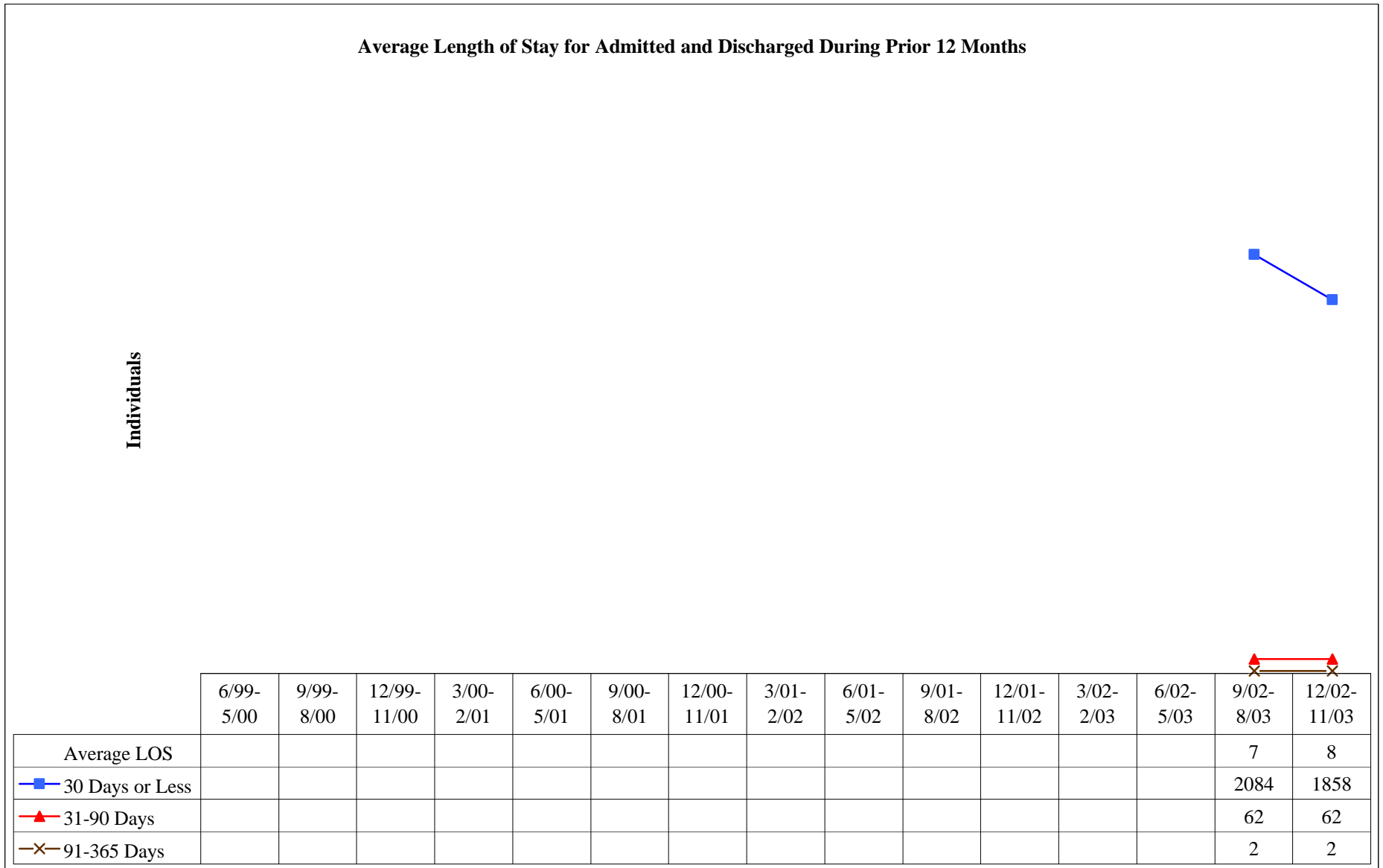


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

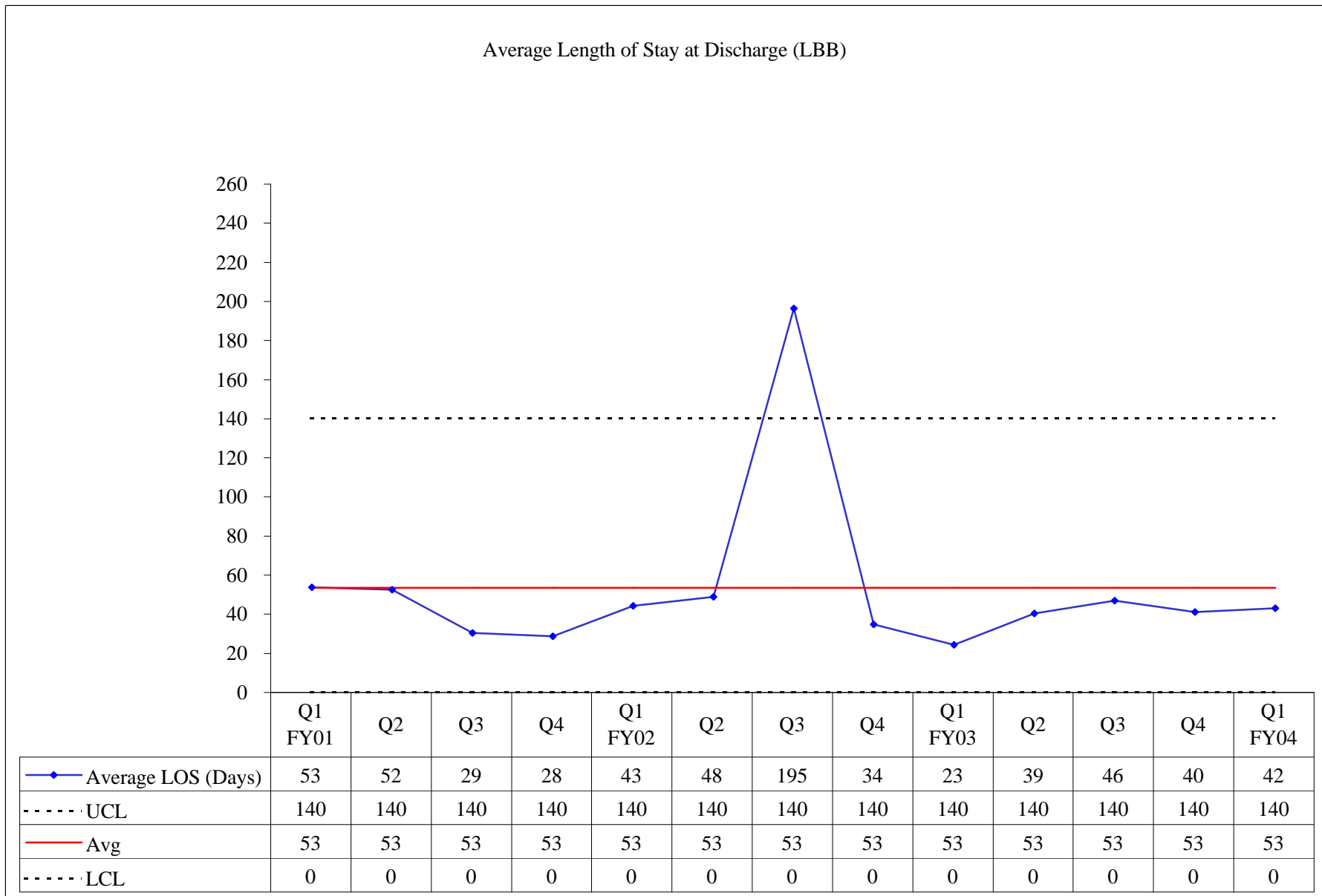
Measure 4C - Average Length of Stay at Discharge
El Paso Psychiatric Center

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

Individuals

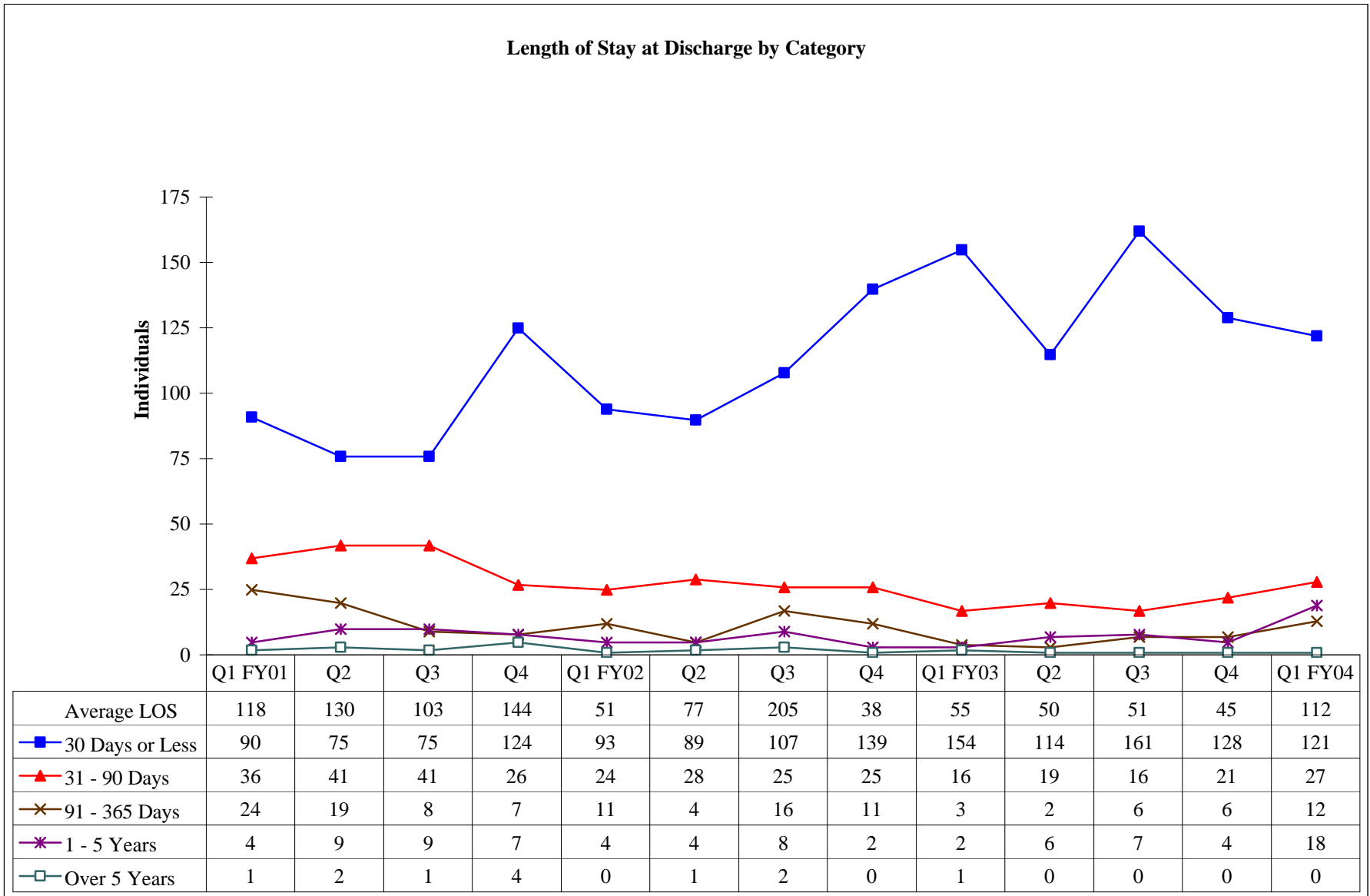


**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**

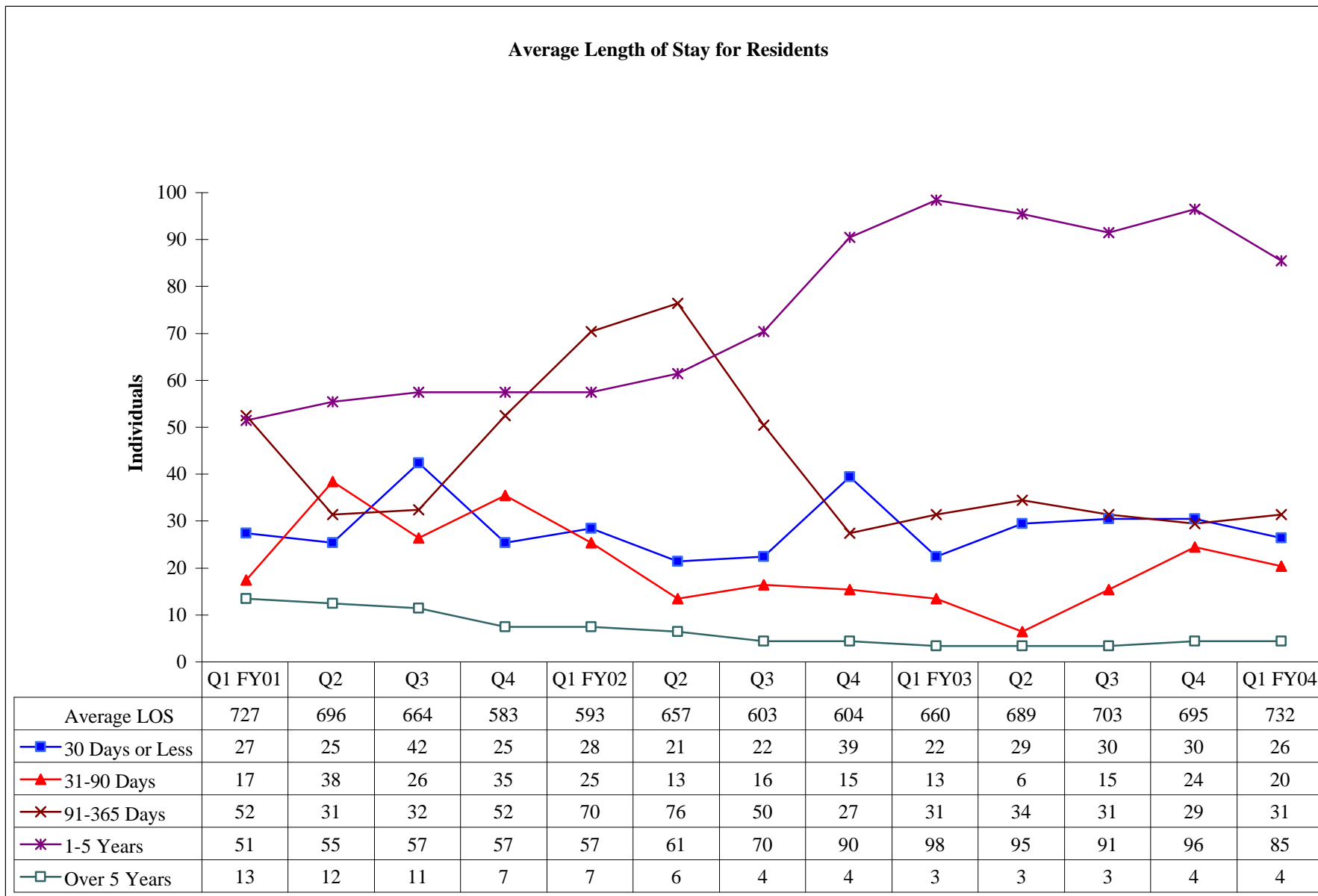


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

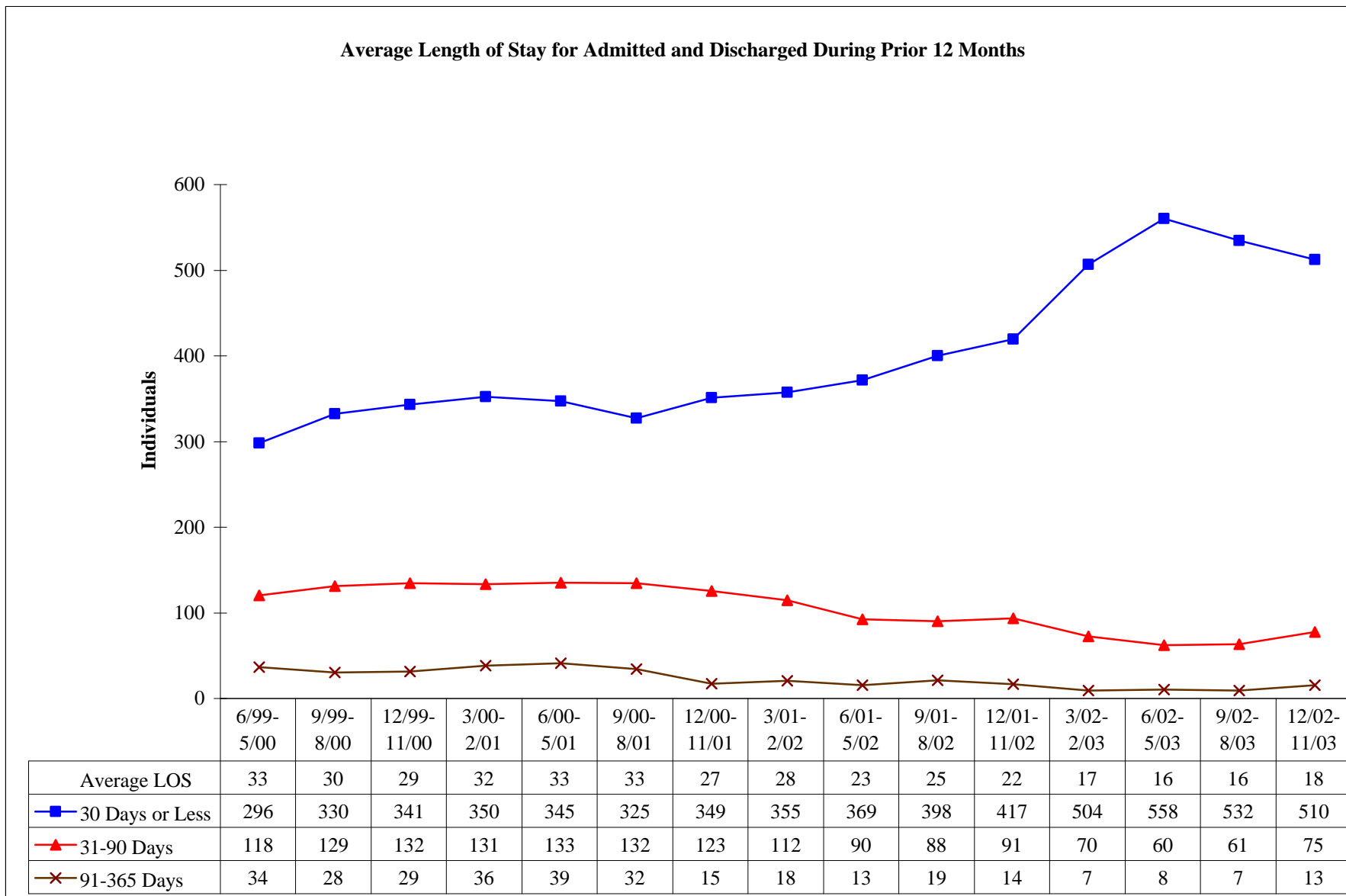


**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**



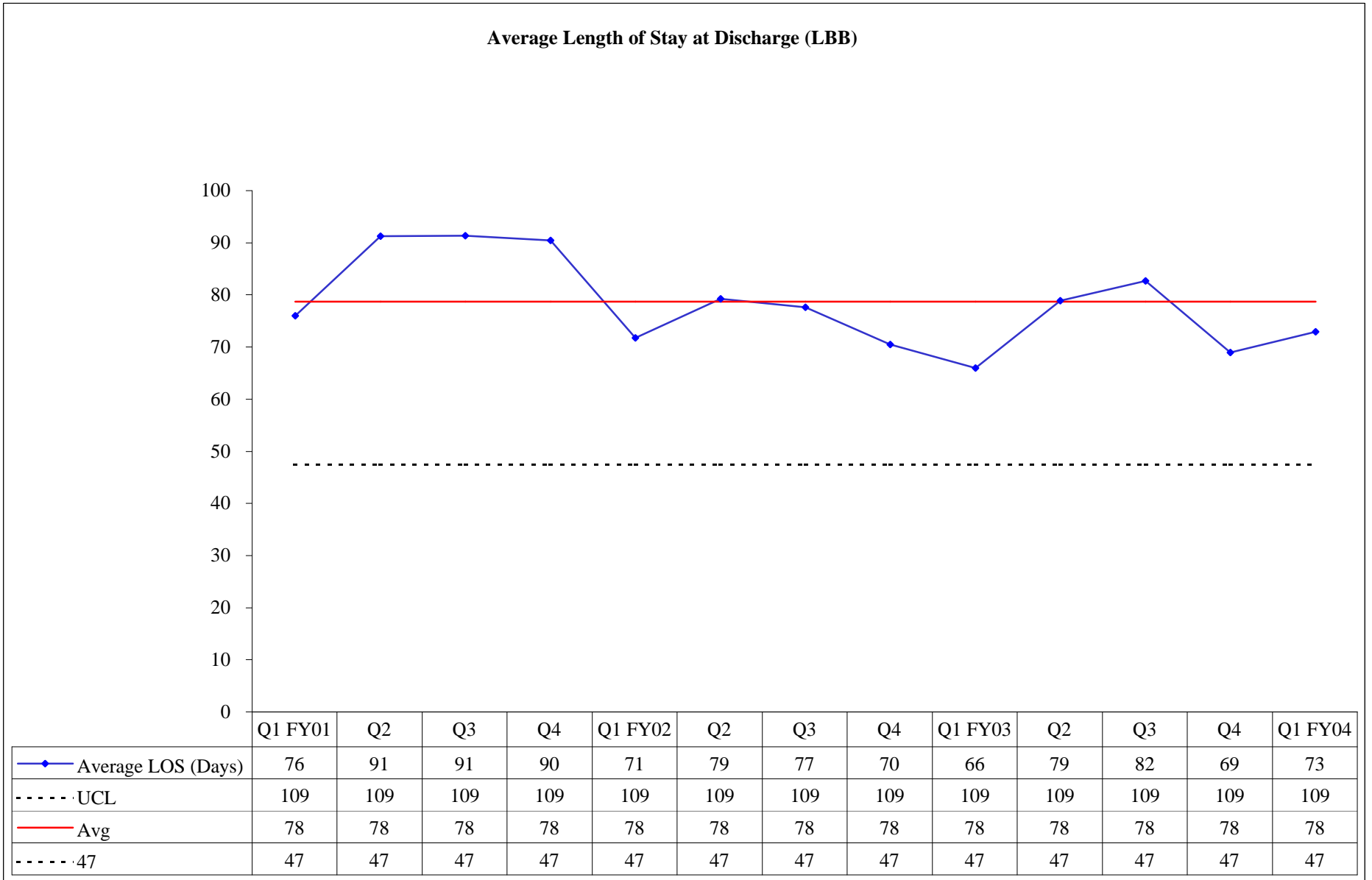
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



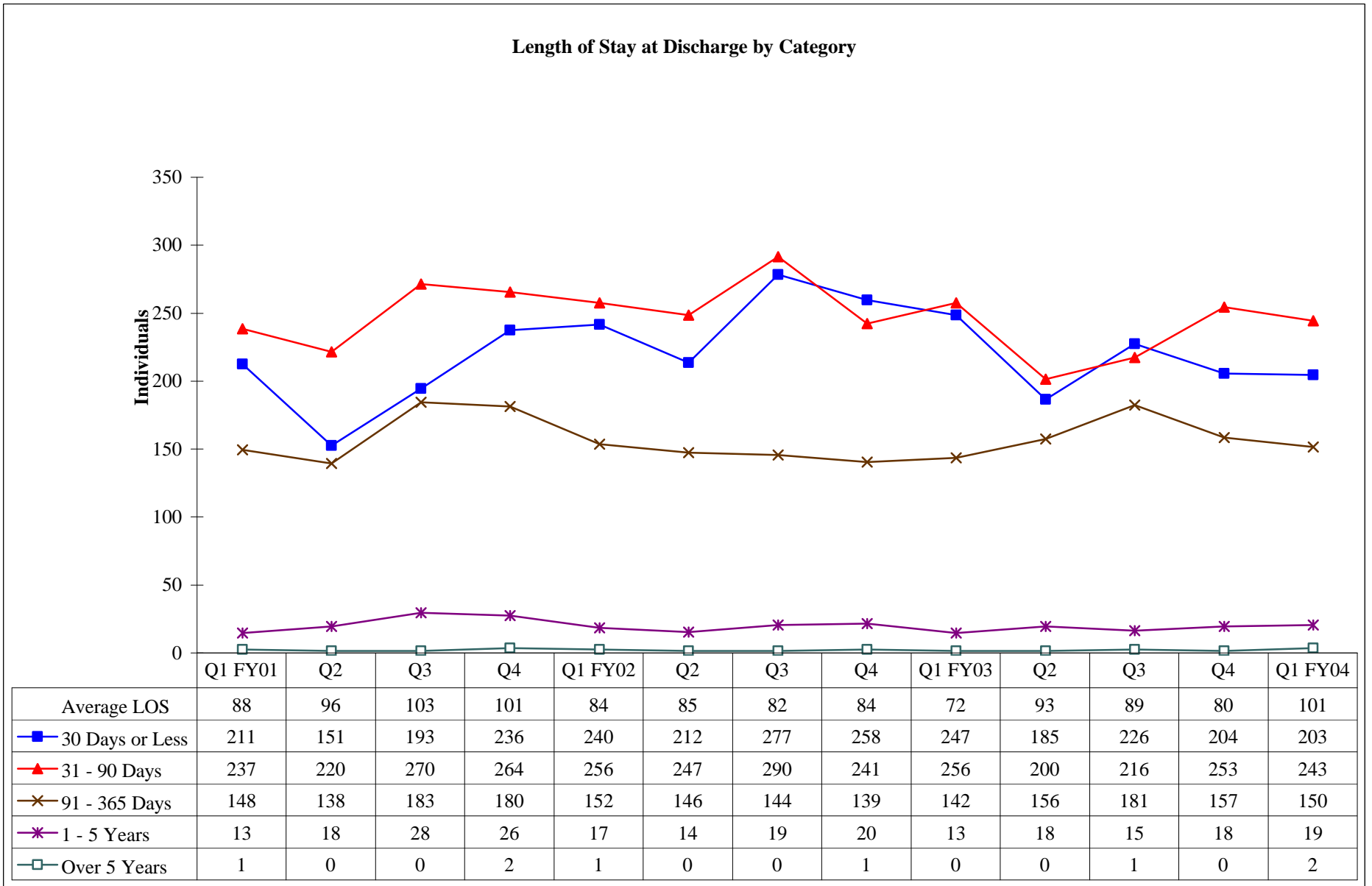
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

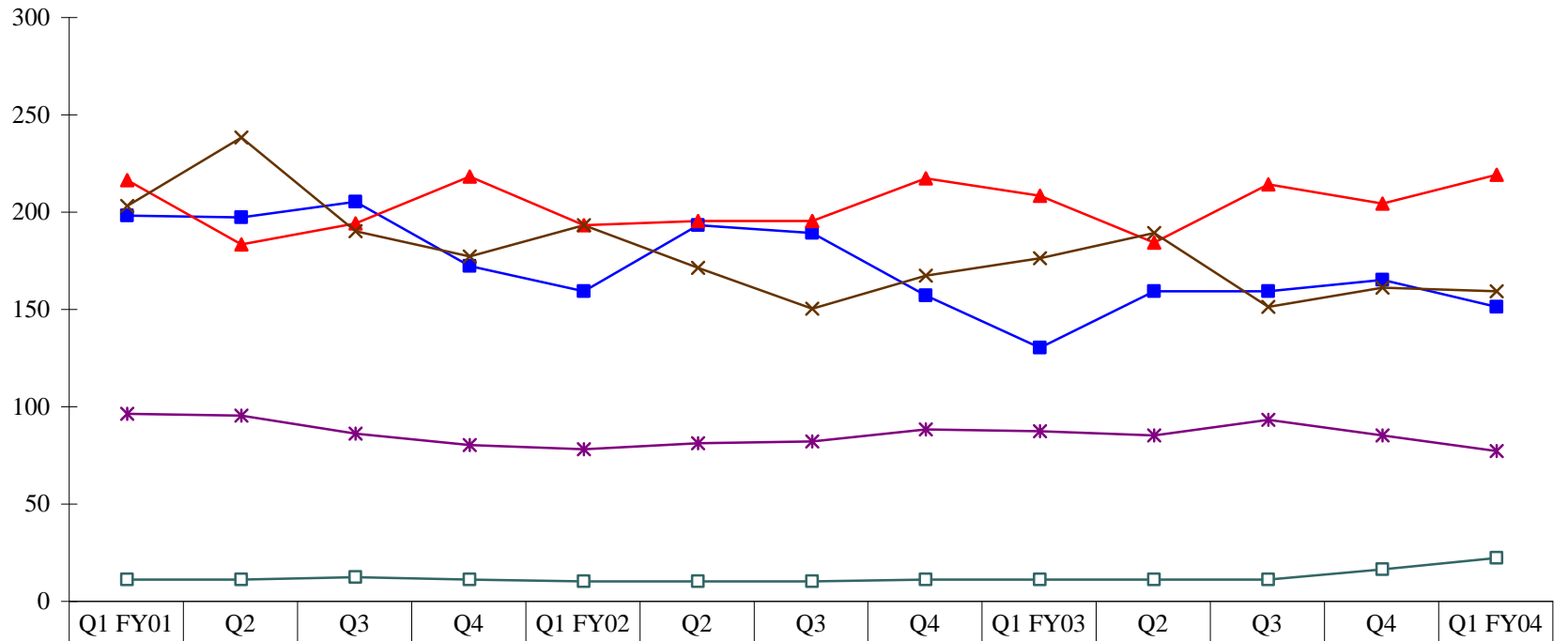
Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital



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

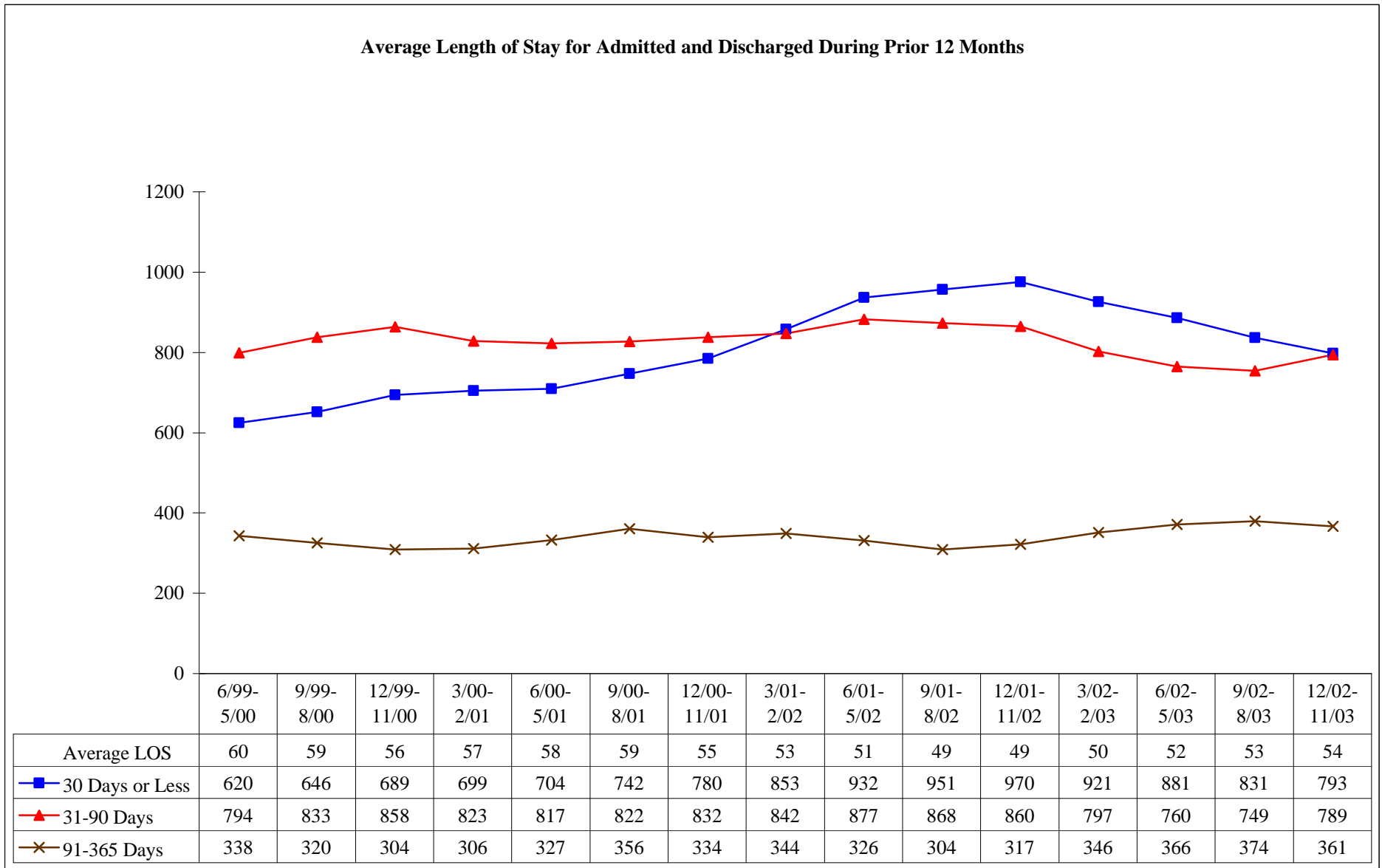
Average Length of Stay for Residents



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

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

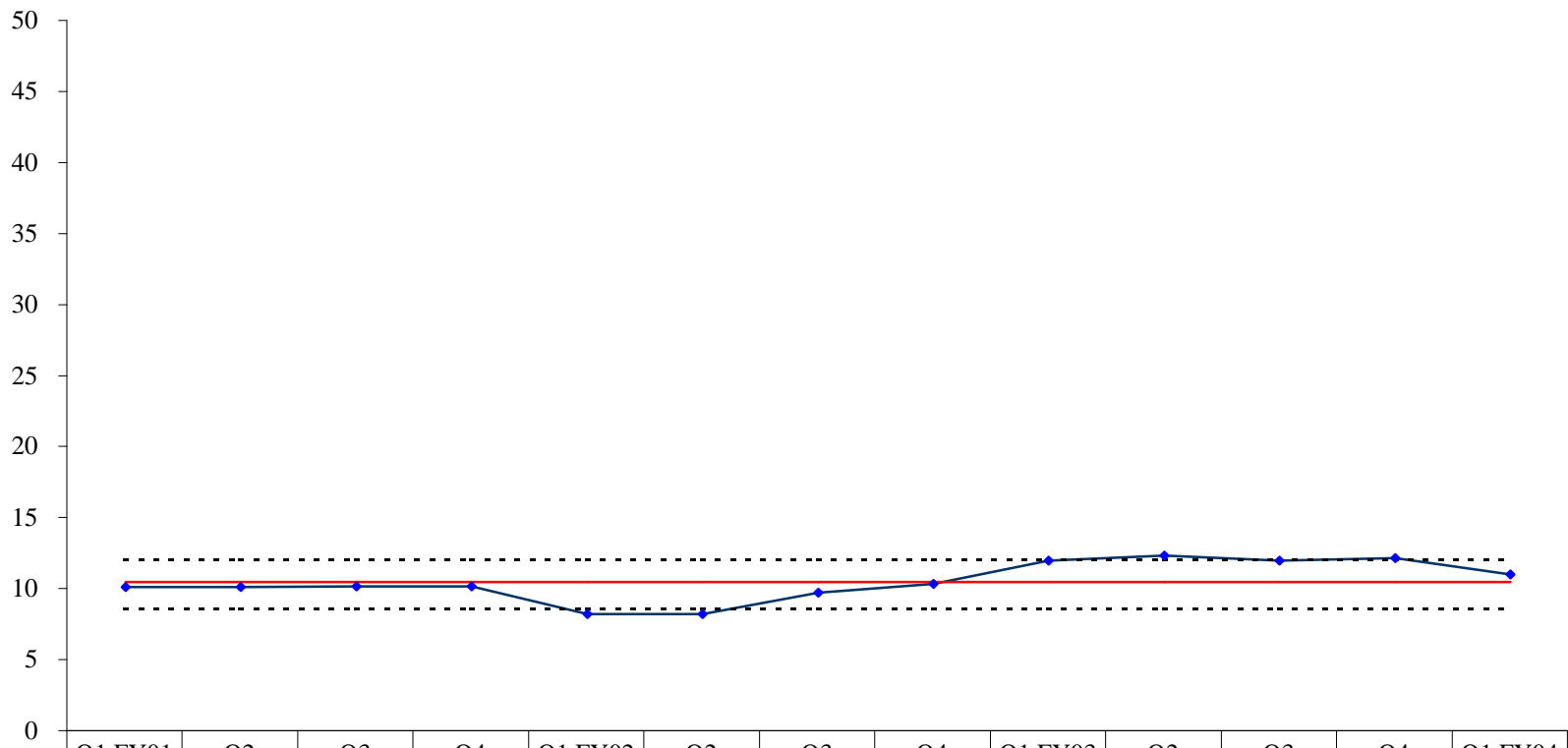
Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital



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

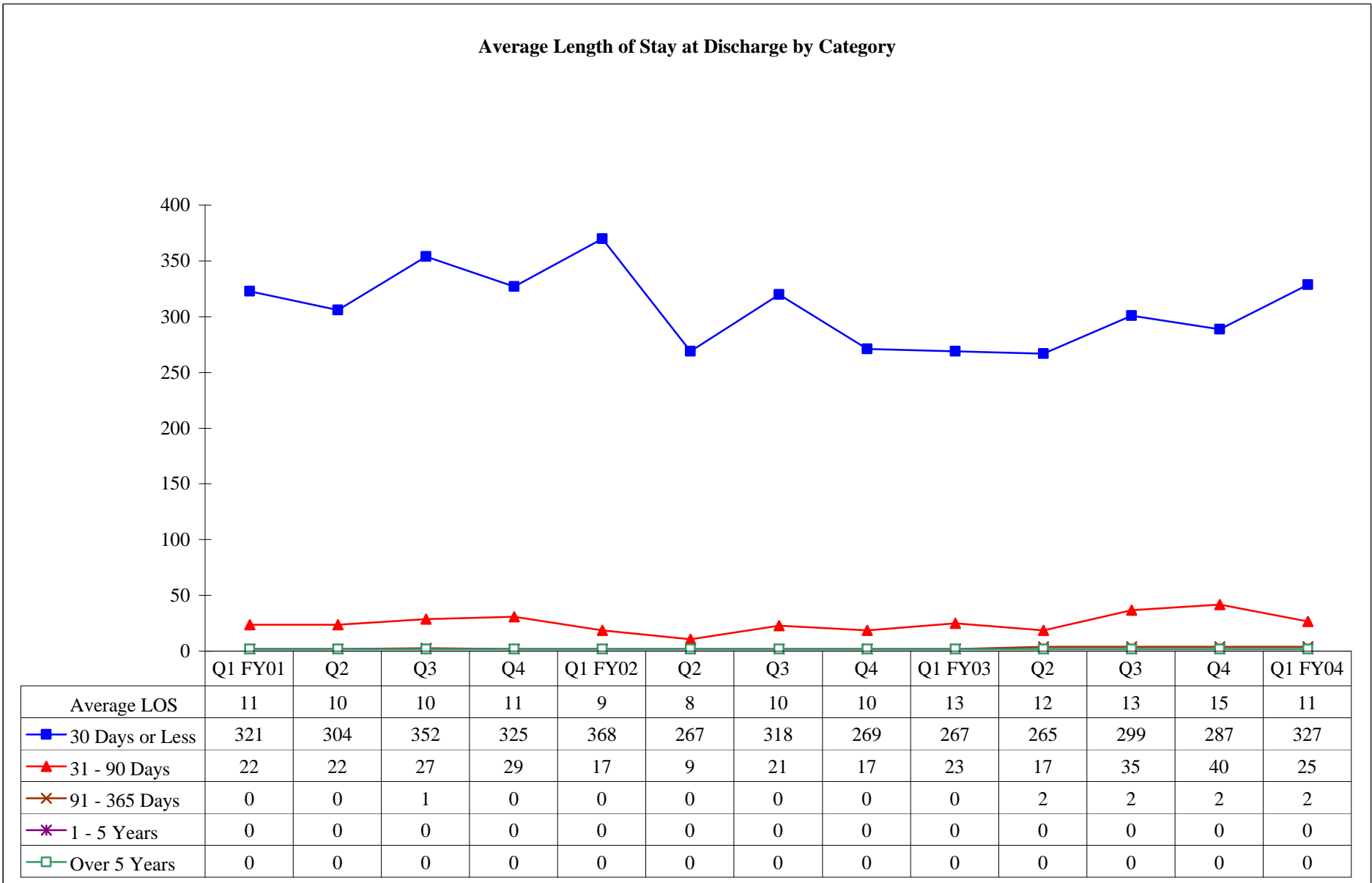
Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center

Average Length of Stay at Discharge (LBB)



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

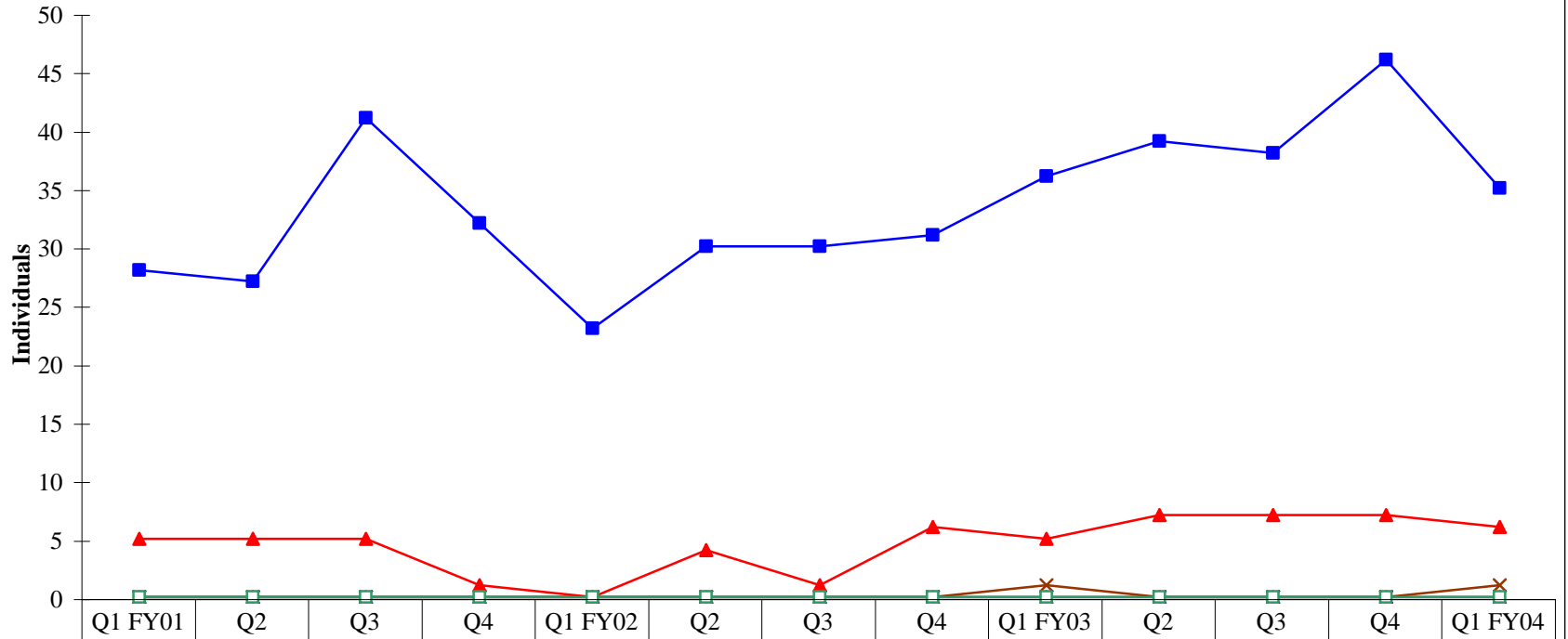
Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center



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

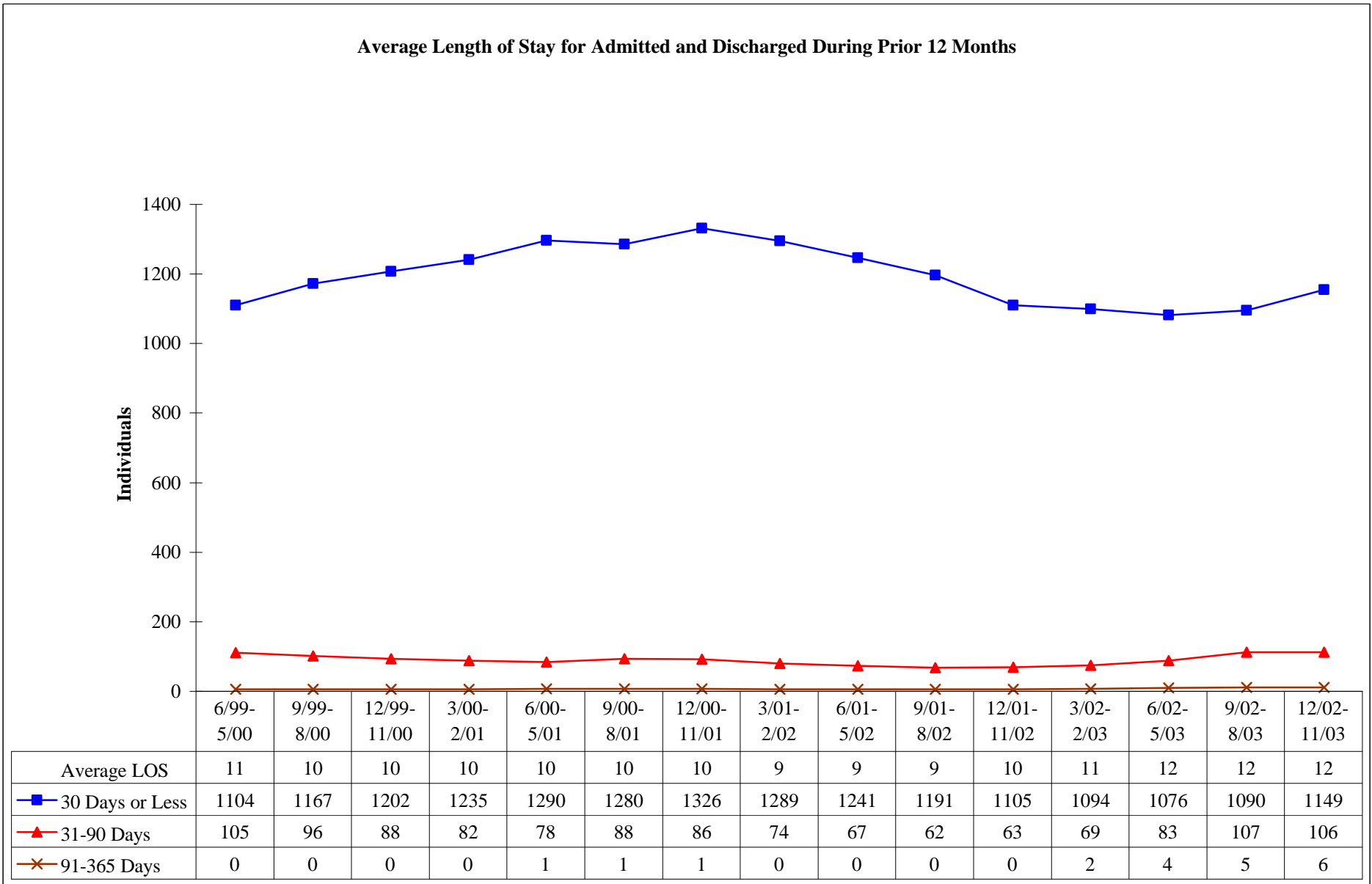
**Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center**

Average Length of Stay for Residents



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

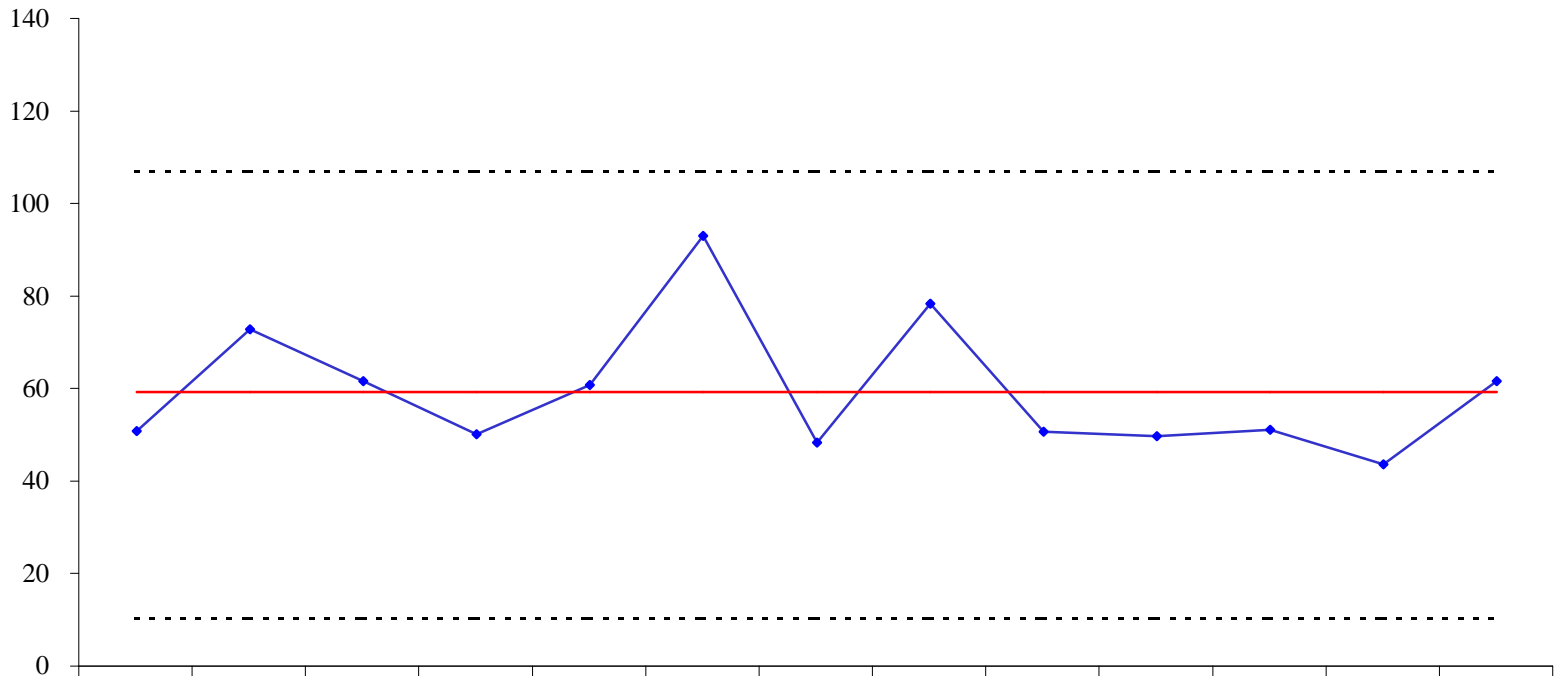
Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center



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

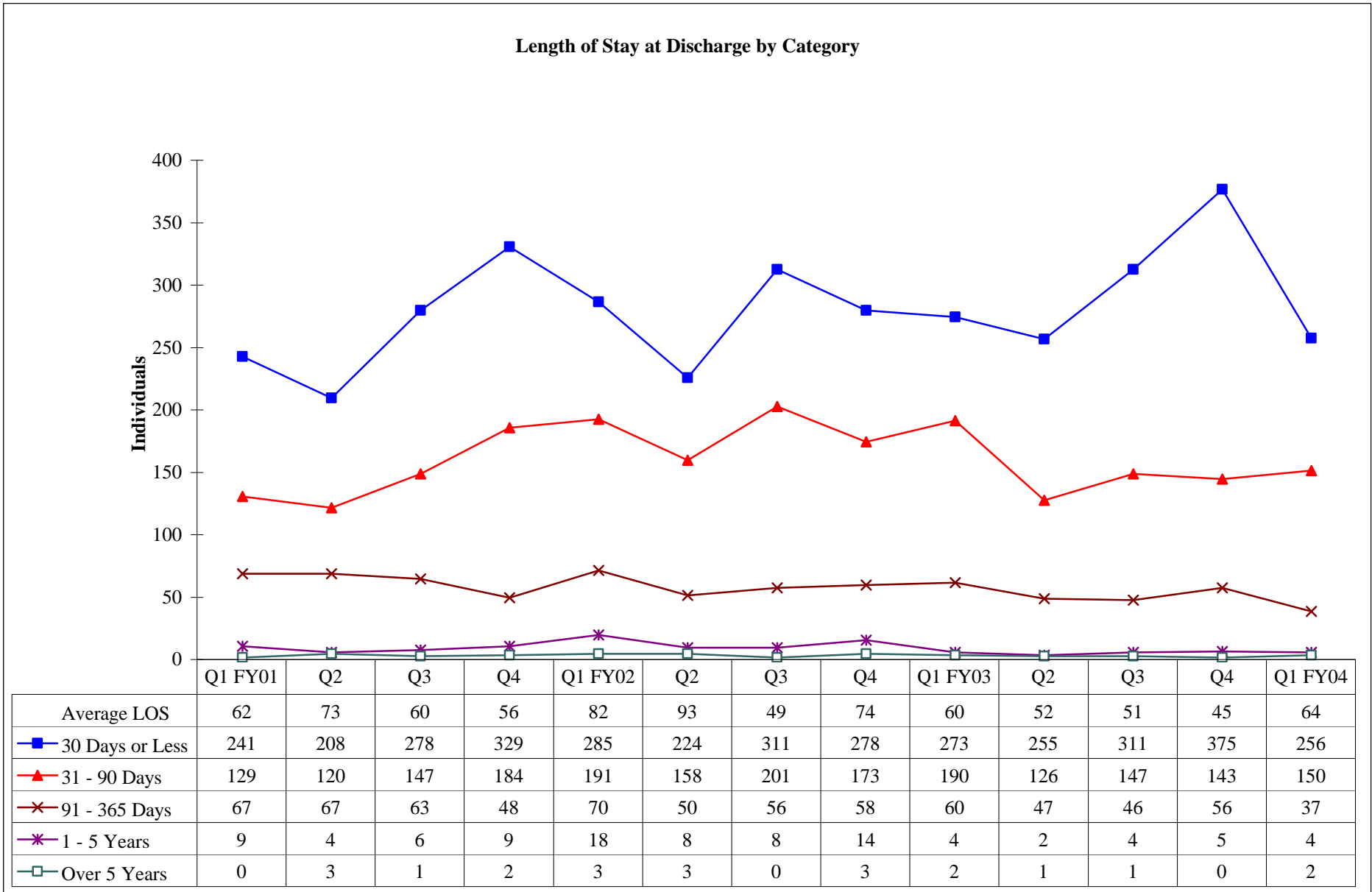
Average Length of Stay at Discharge (LBB)



	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4	Q1 FY04
—●— Average LOS (Days)	50	72	61	49	60	92	48	78	50	49	51	43	61
- - - - - UCL	107	107	107	107	107	107	107	107	107	107	107	107	107
— Avg	59	59	59	59	59	59	59	59	59	59	59	59	59
- - - - - LCL	10	10	10	10	10	10	10	10	10	10	10	10	10

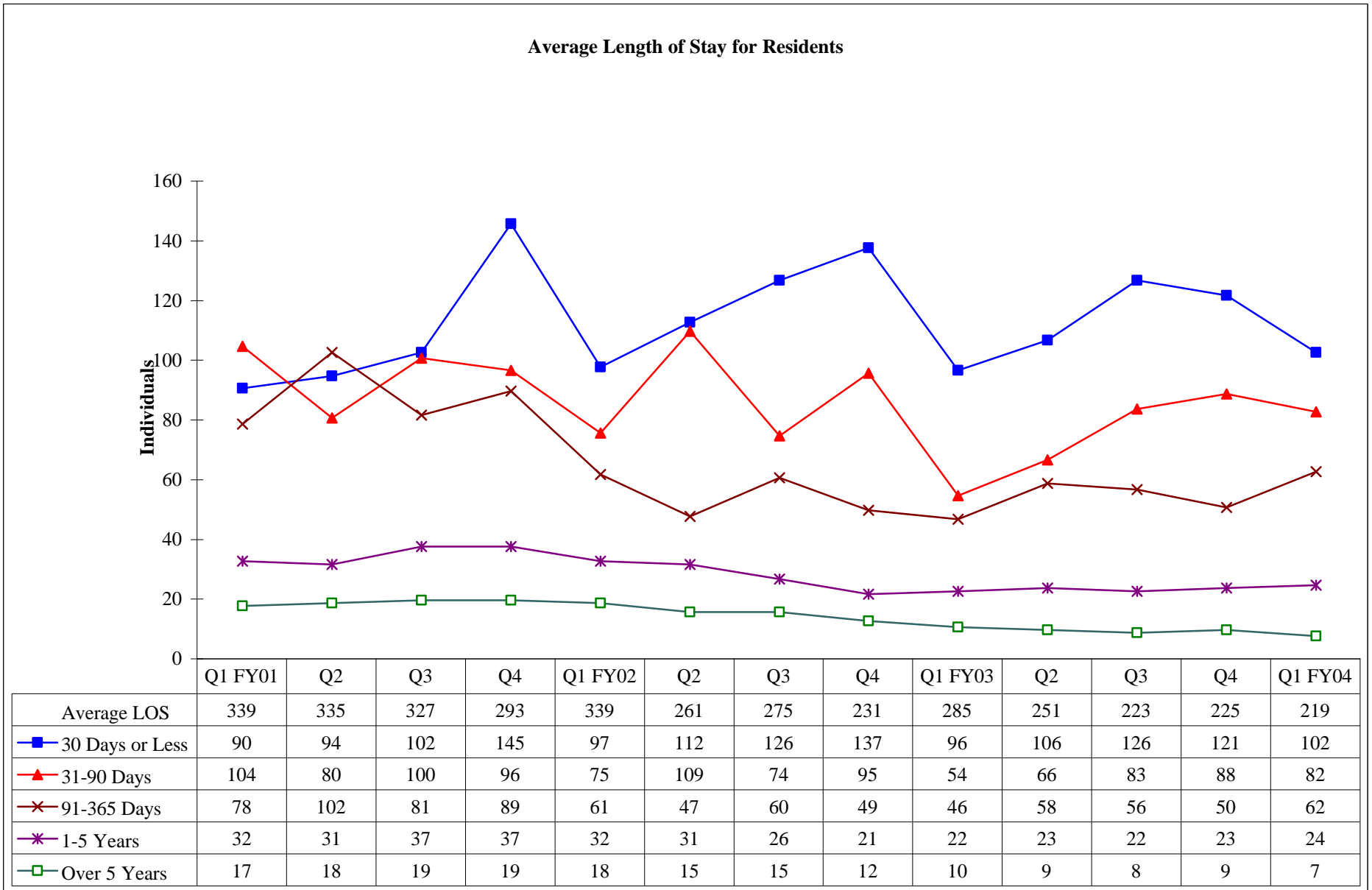
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



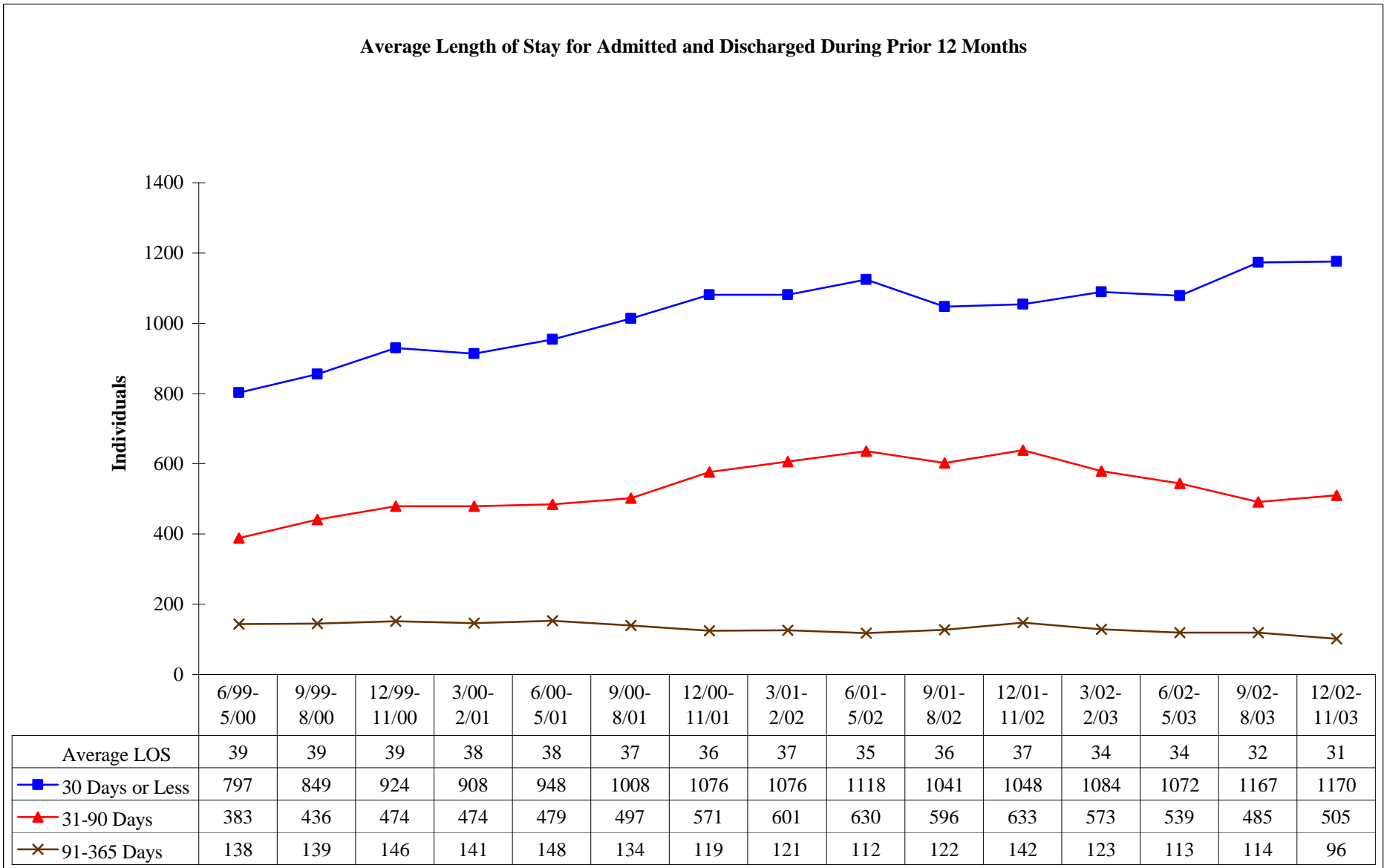
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

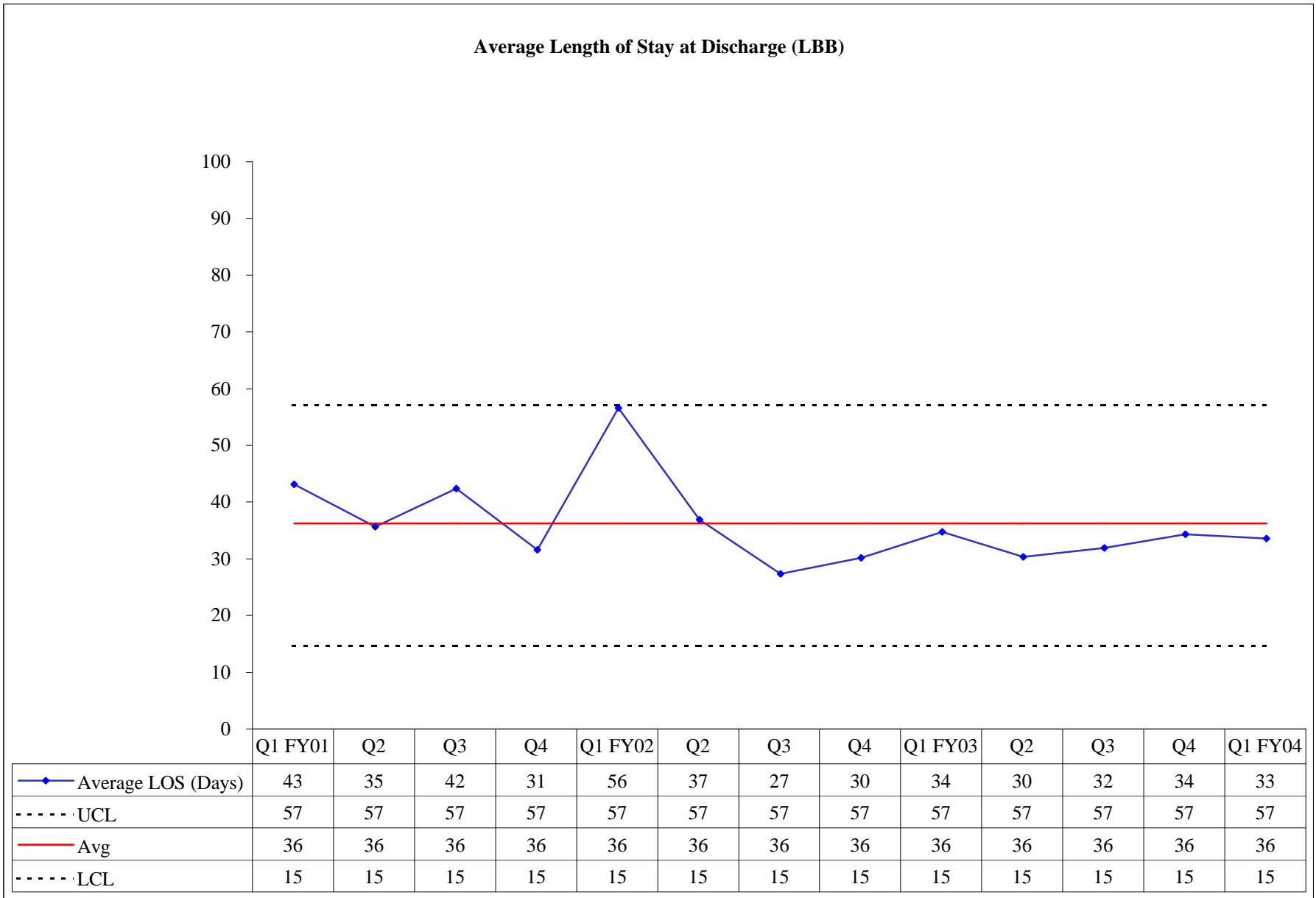


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

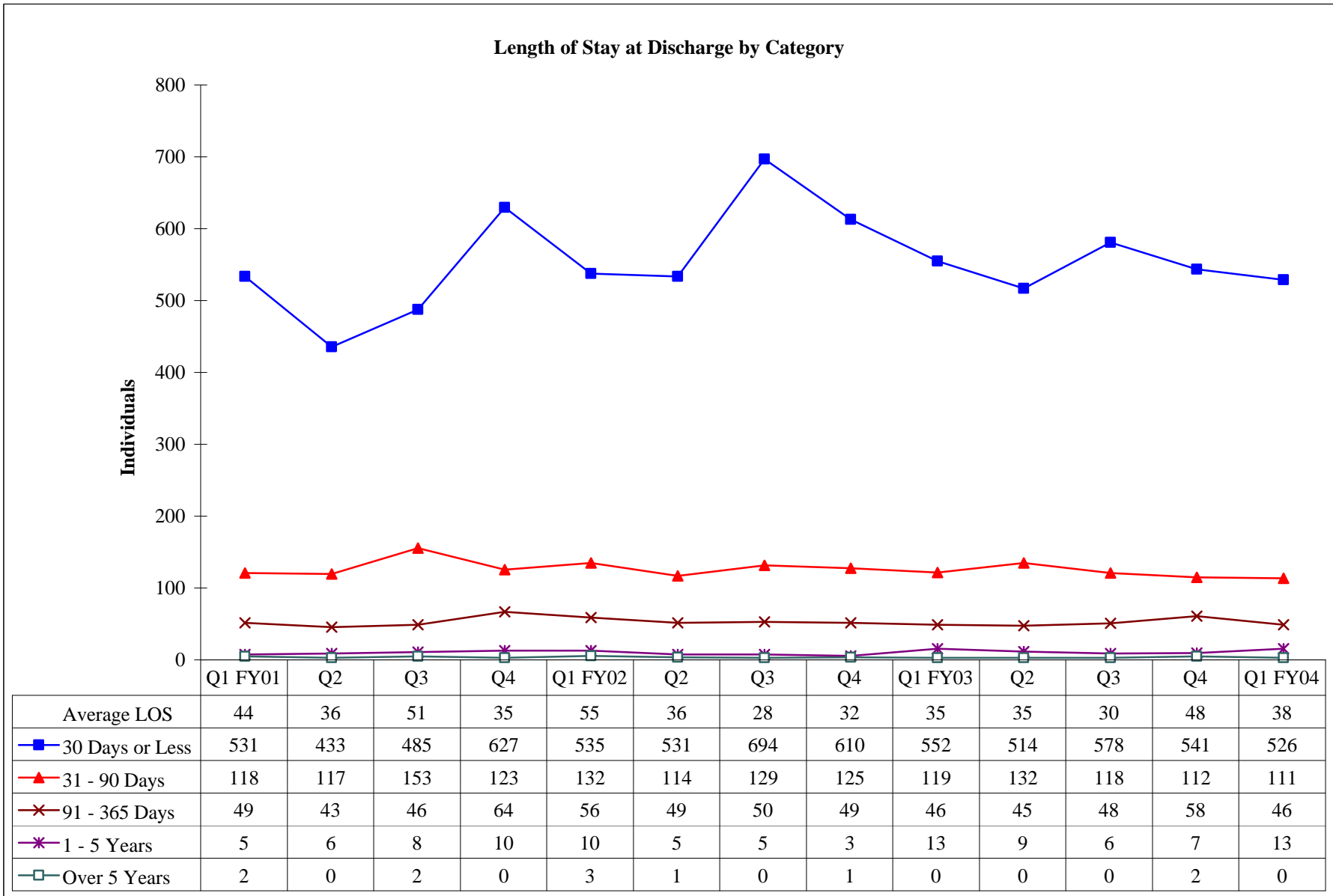


**Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital**



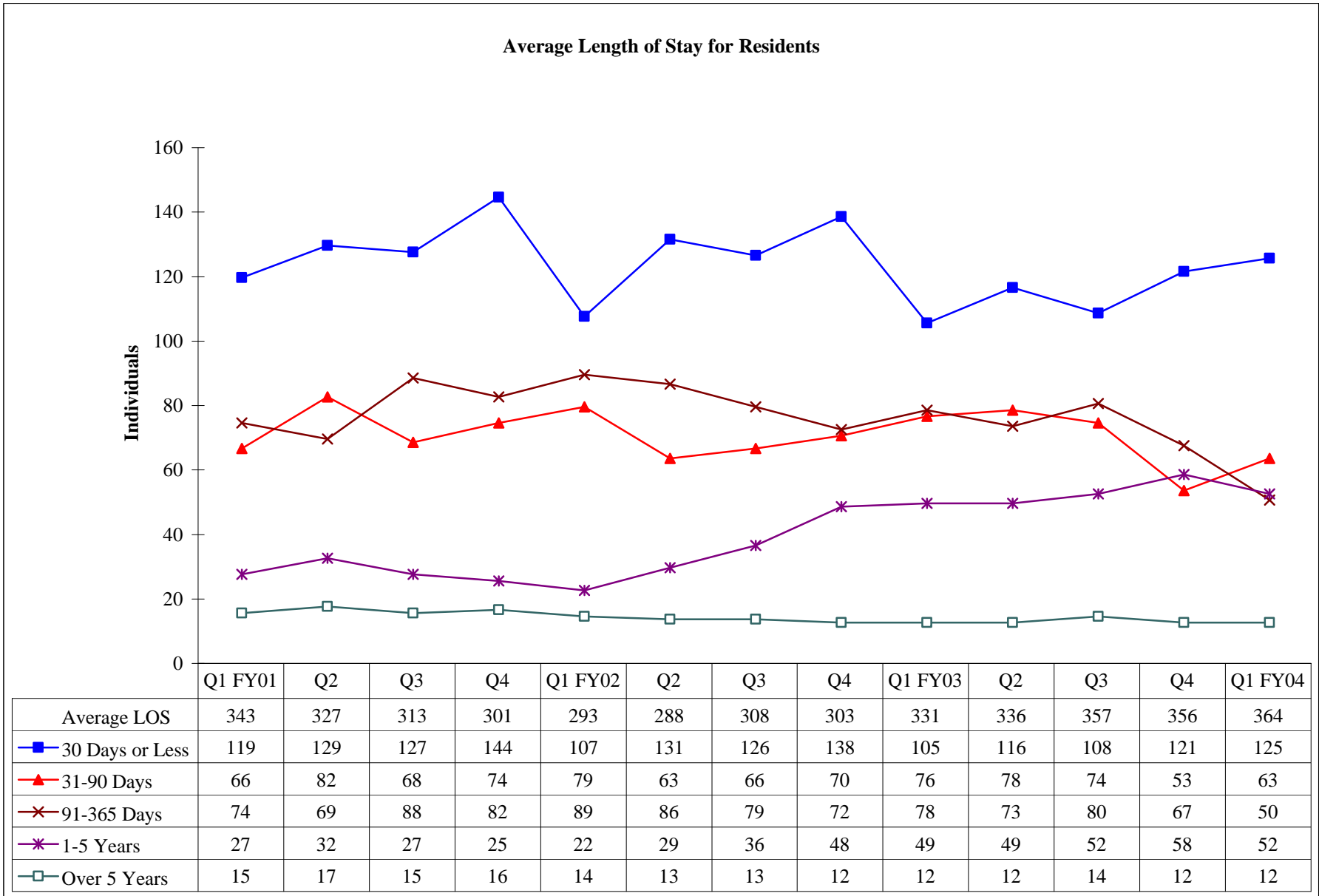
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



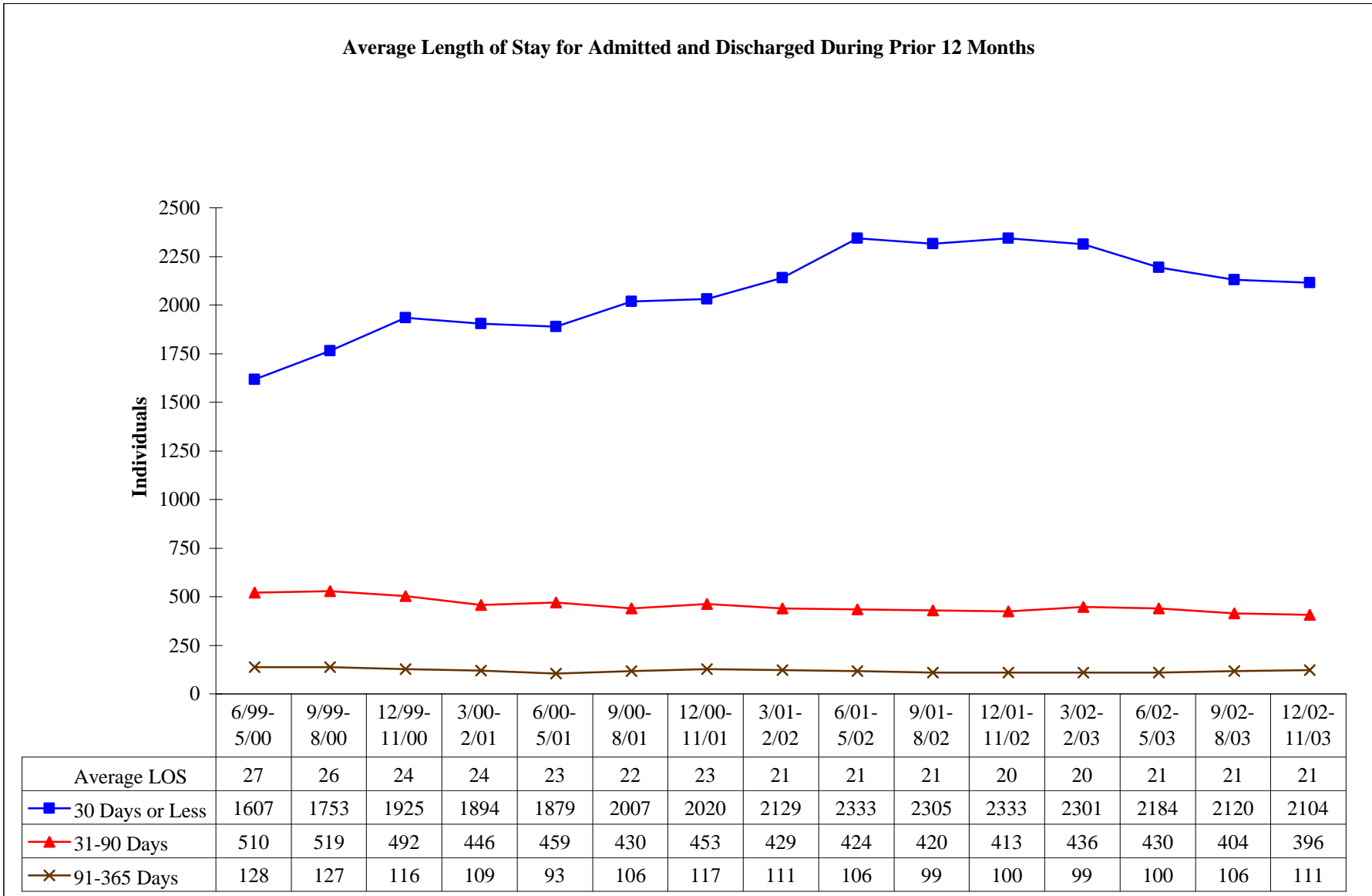
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

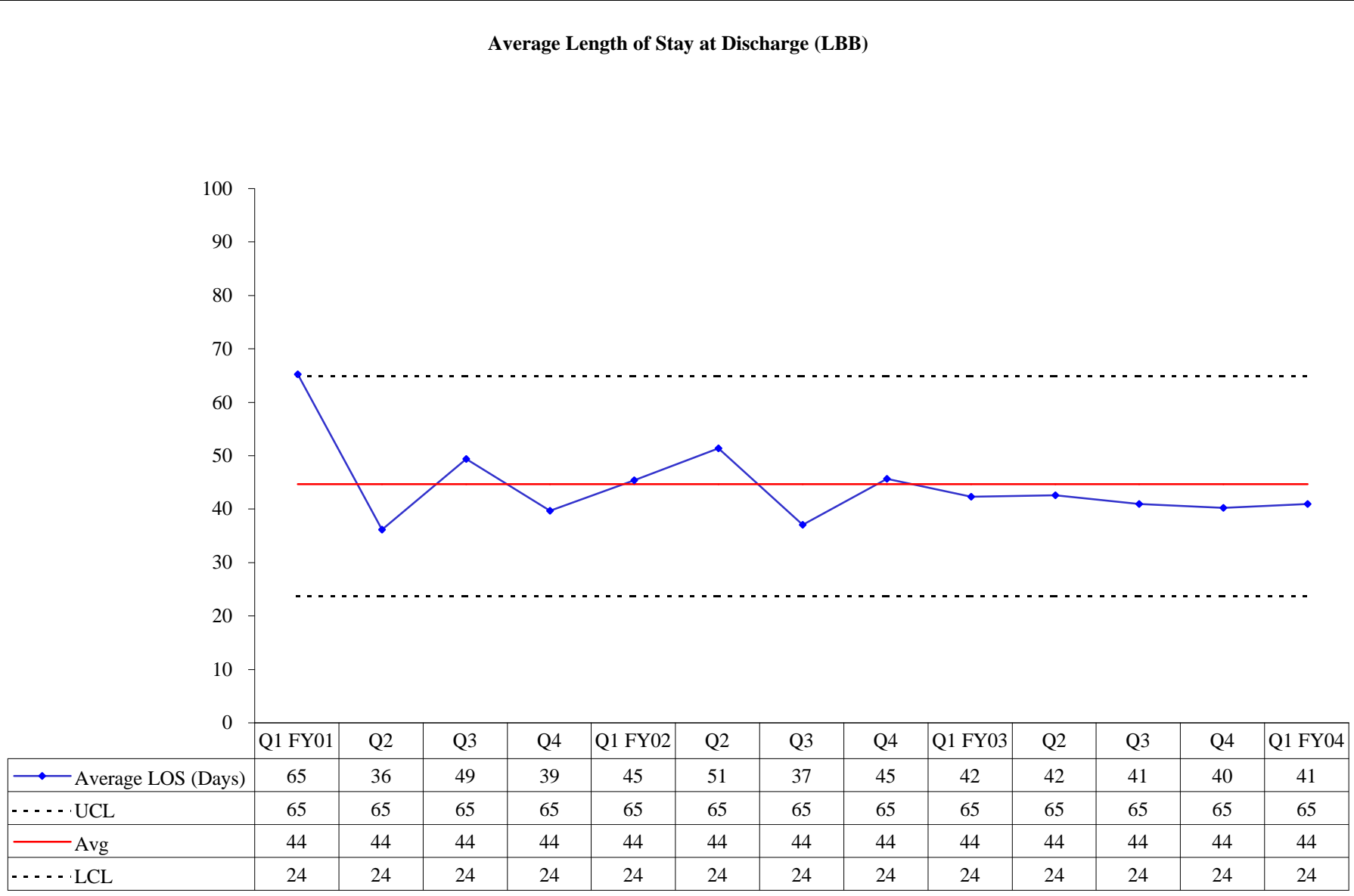


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

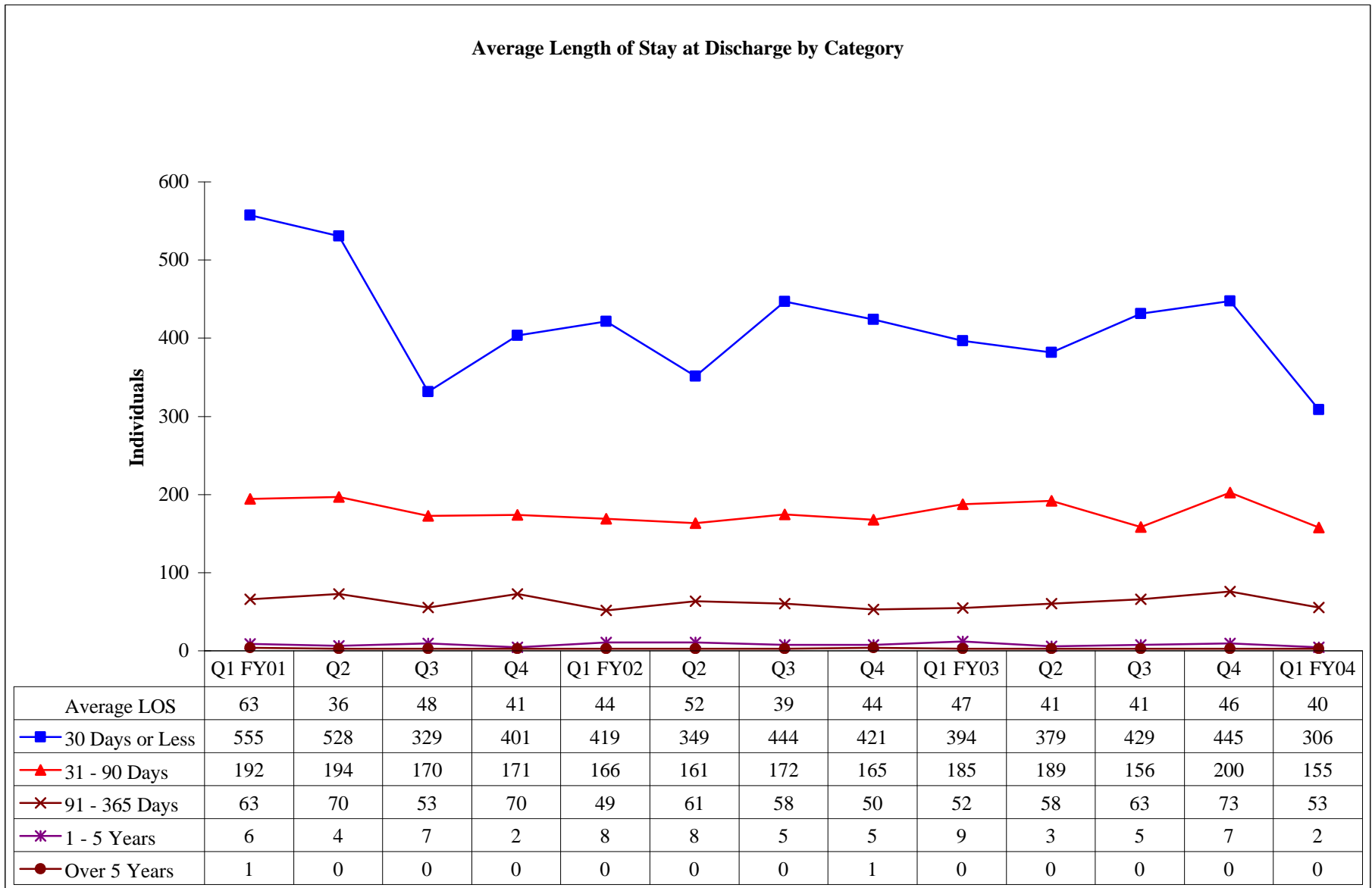


**Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital**



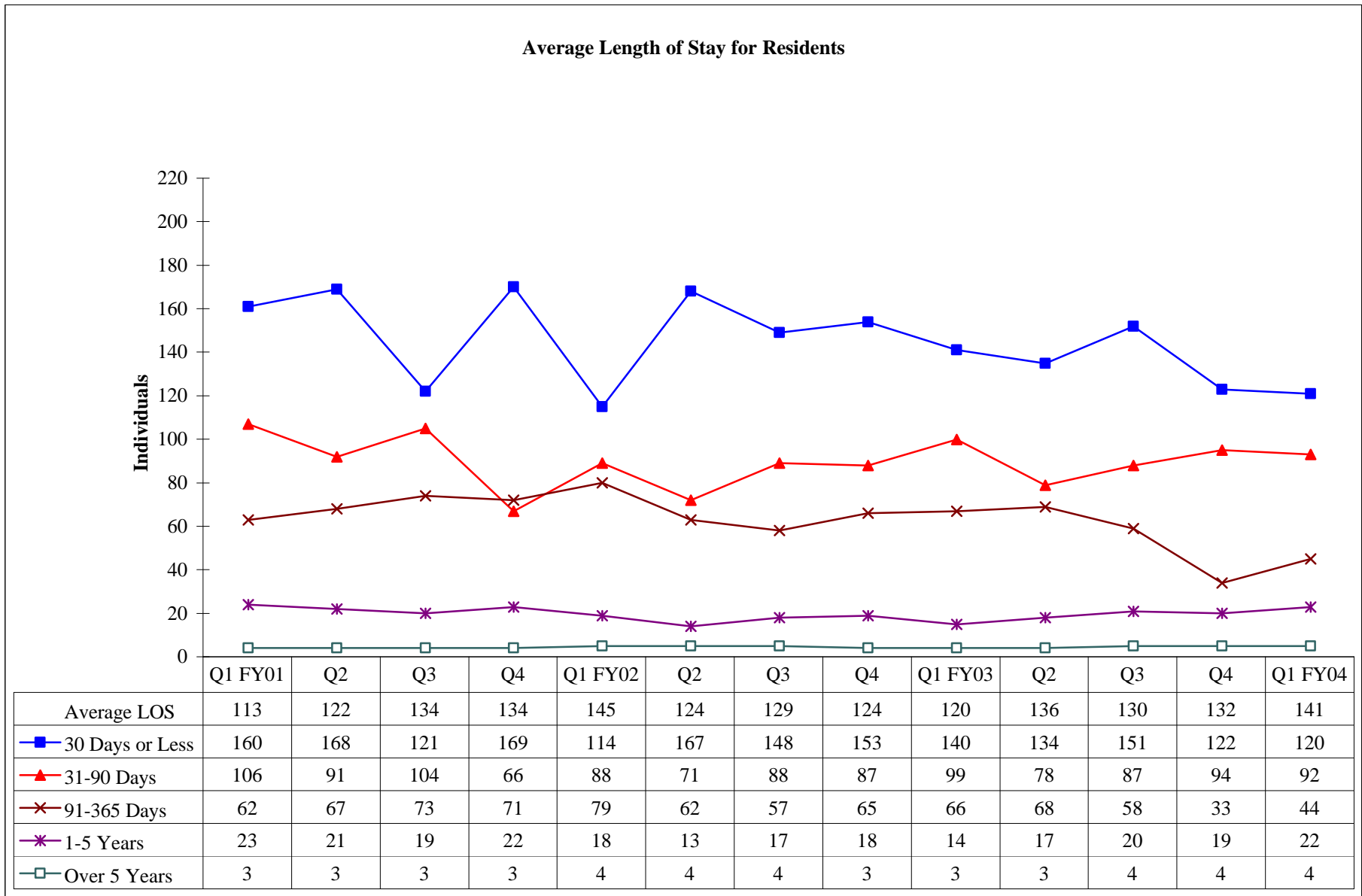
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



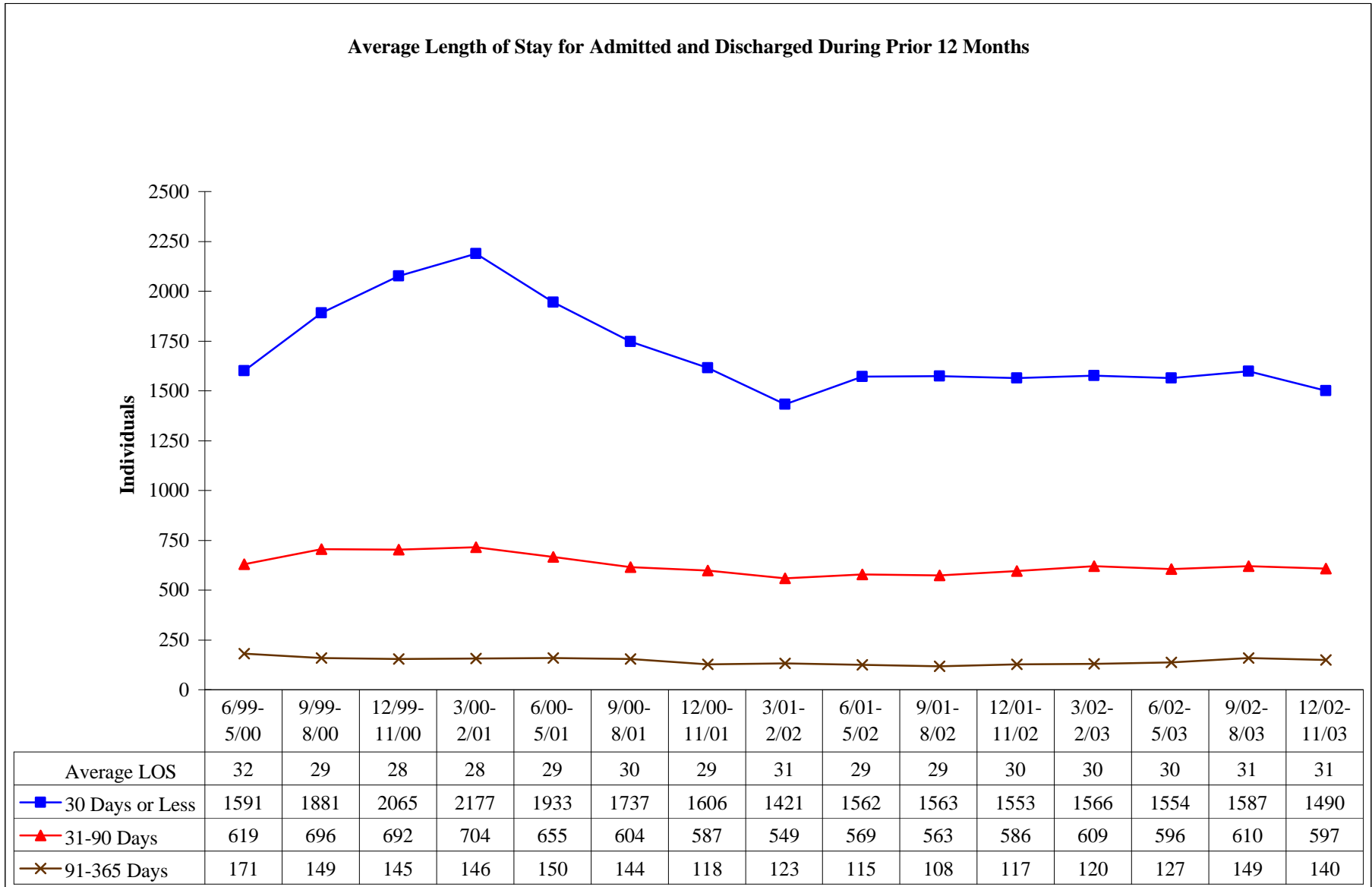
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



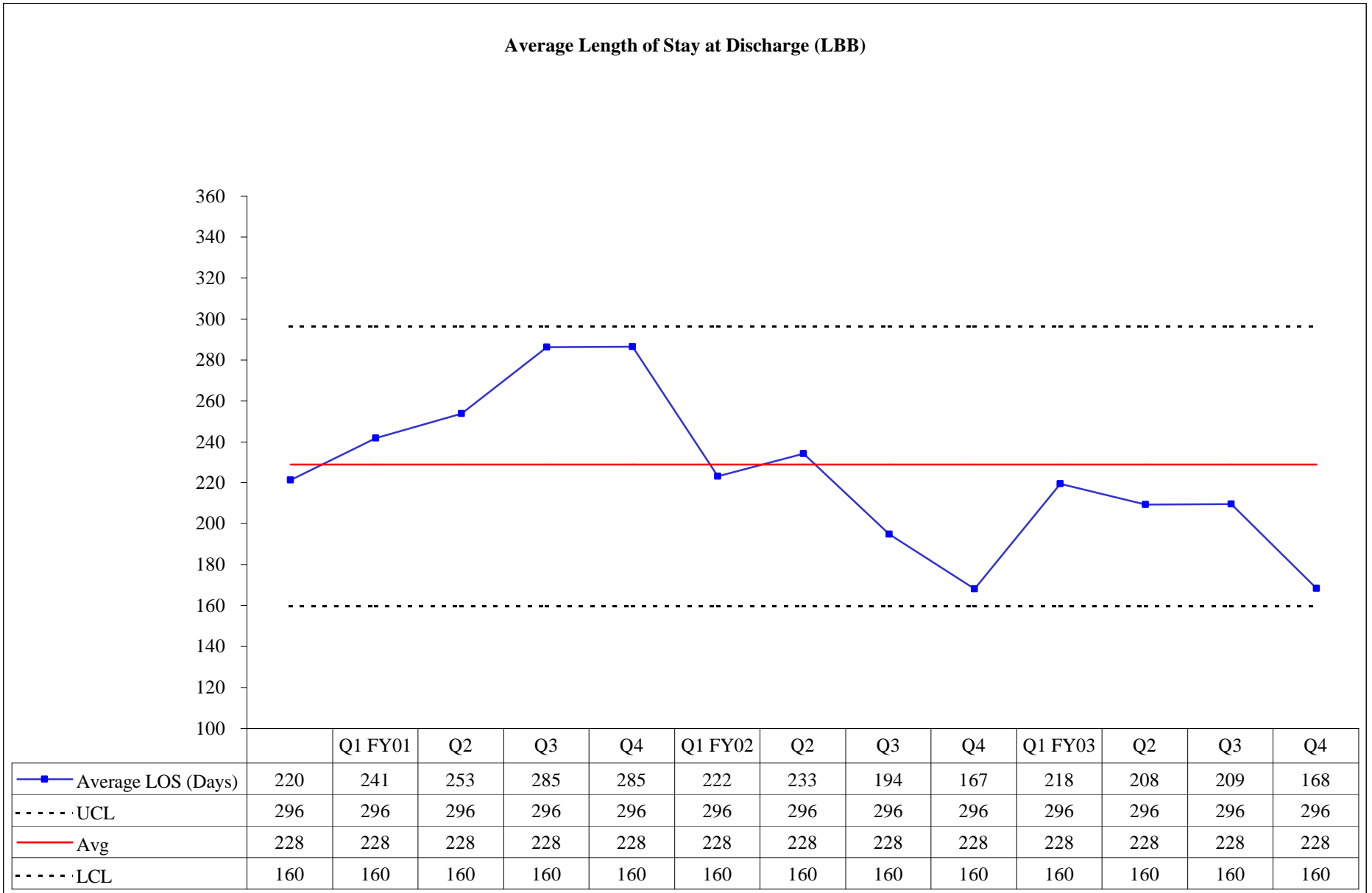
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



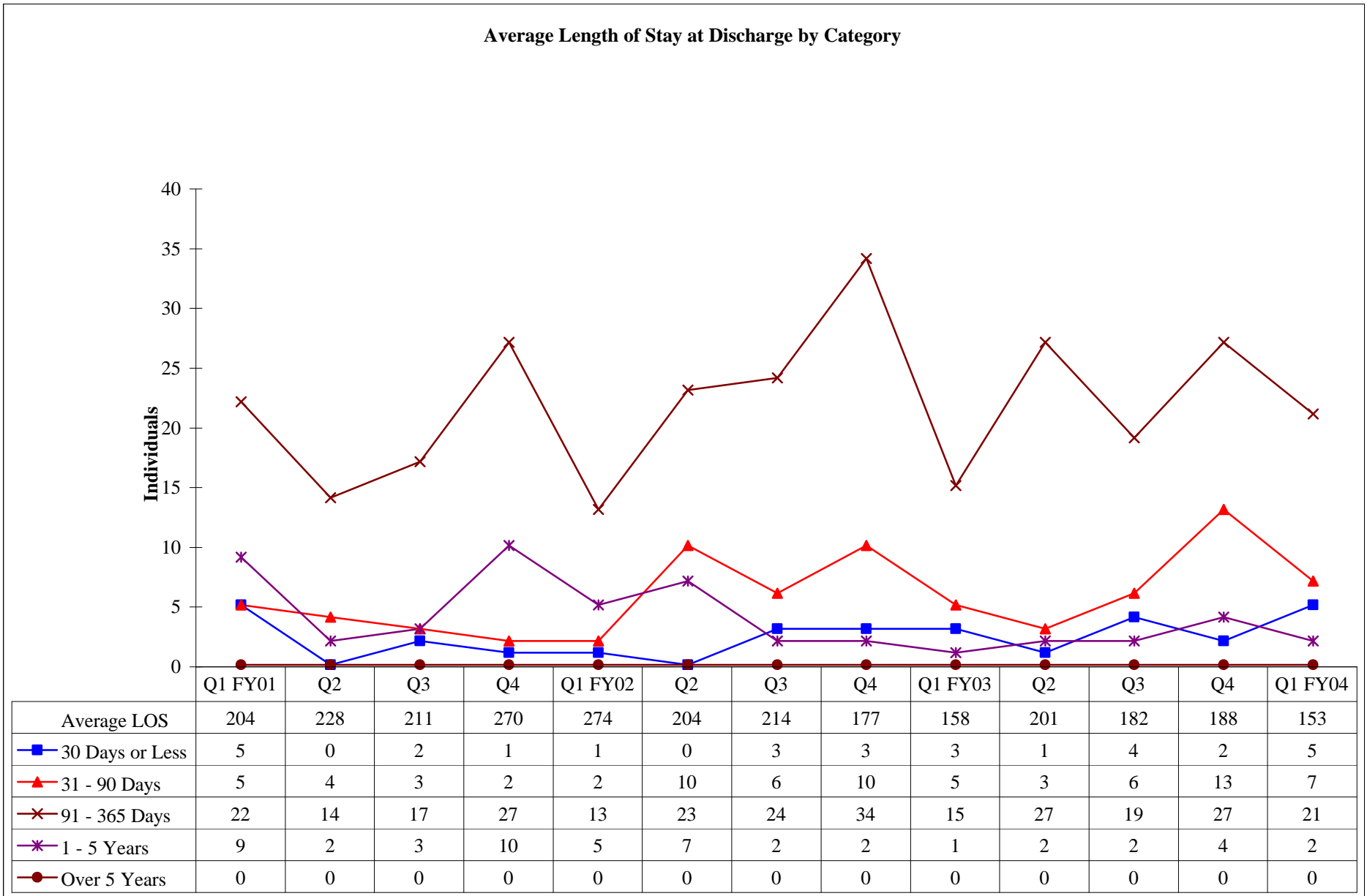
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



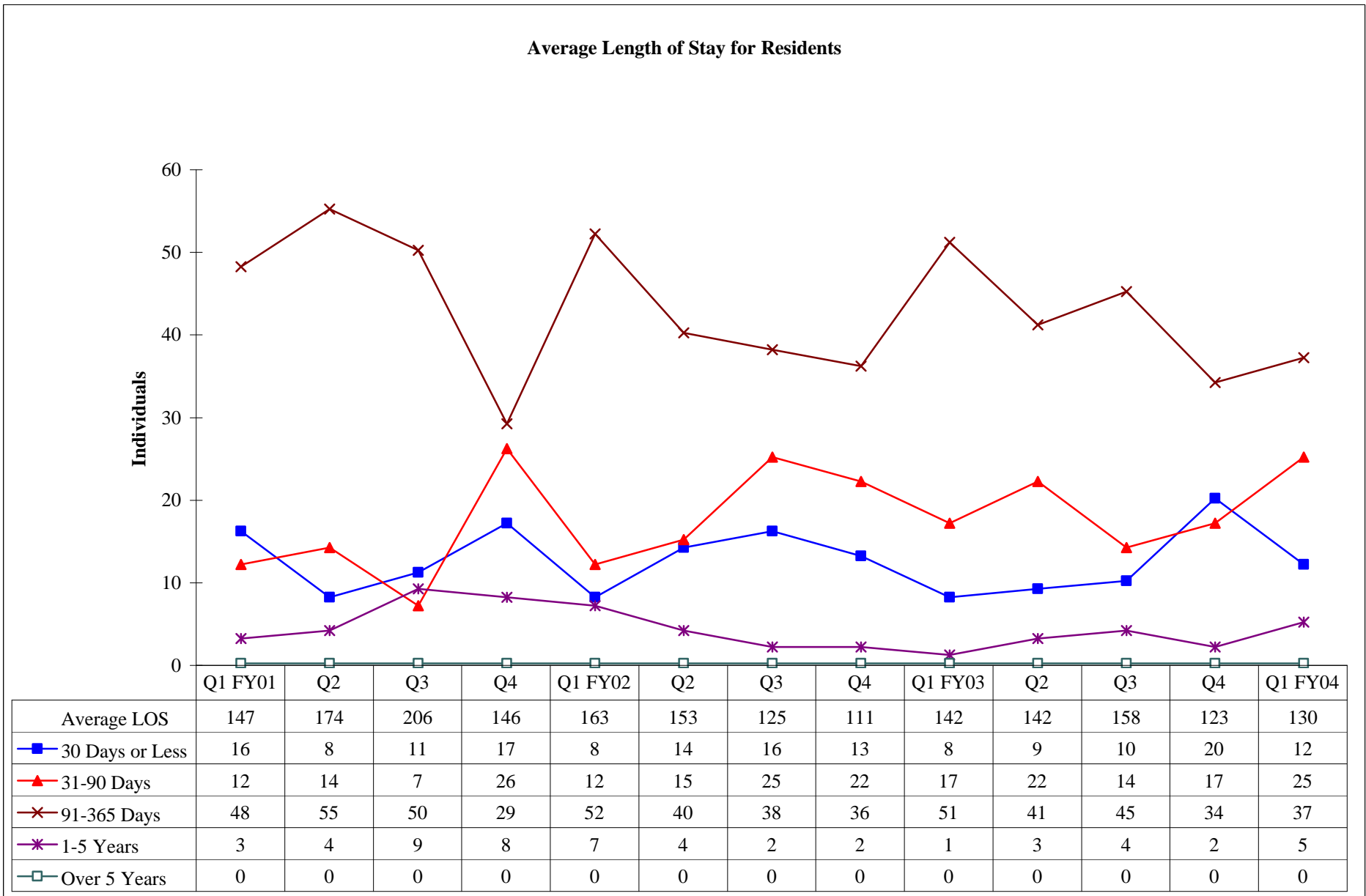
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

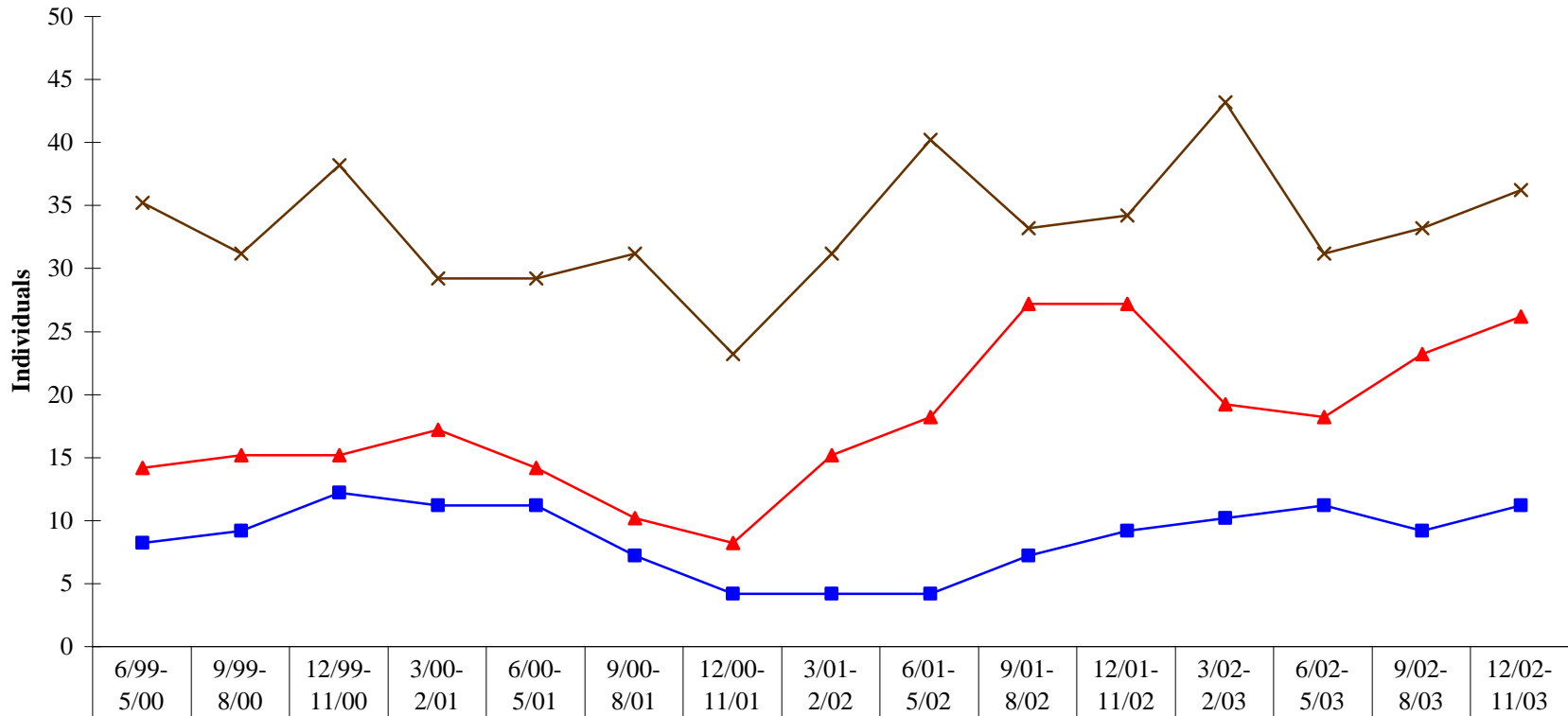
**Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth**



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 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.

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

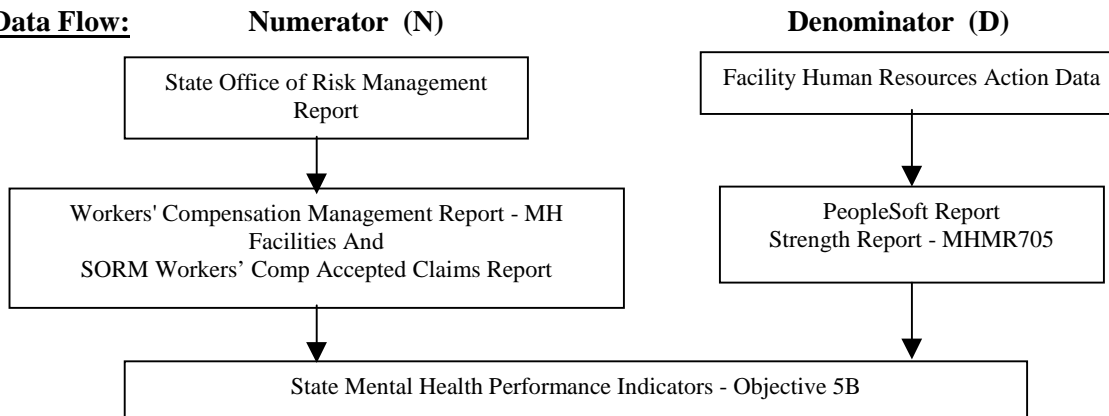
N = number of claims per month

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:



Performance Objective 5C:

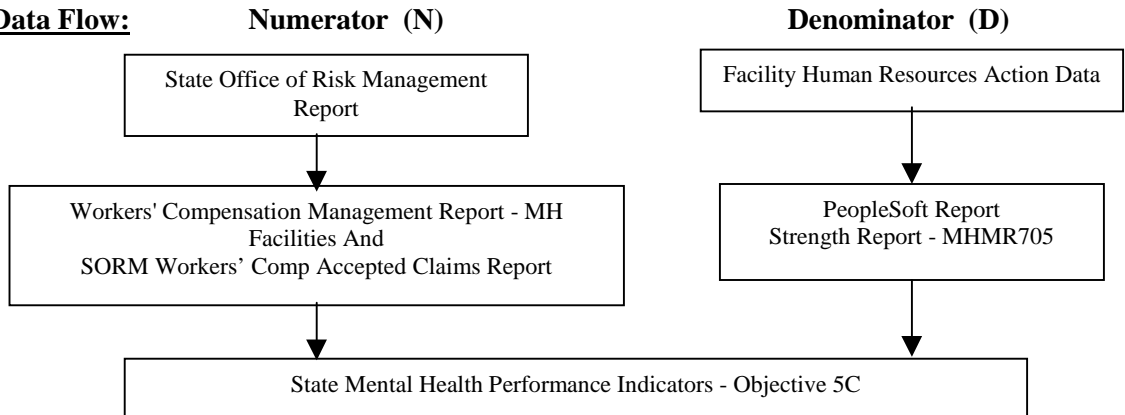
State Mental Health Facilities whose average cost of workers' compensation claims per FTE at the end of FY2003 exceeds the average cost of workers' compensation claims per FTE for all SMHFs shall decrease their average cost per FTE in FY2004 to the average cost per FTE for all SMHFs at the end of FY2003. 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:



**Objective 5B & 5C - Workers Compensation
All MH Facilities**

Workers' Compensation Accepted Claims - Aggression By Client

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

*FY03 has been updated.

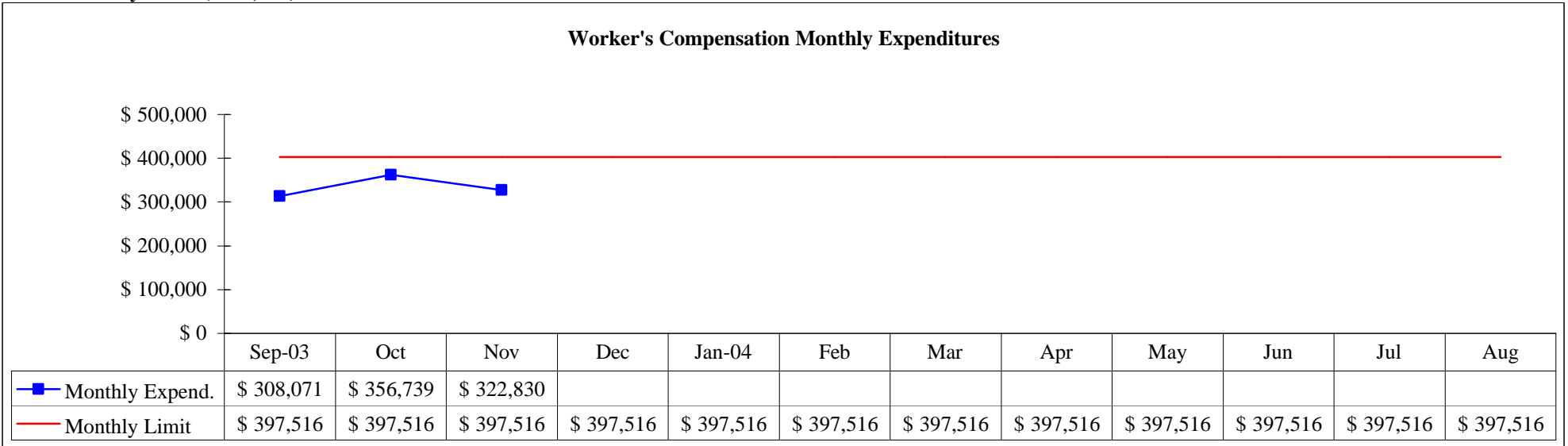
**Objective 5B & 5C - Workers Compensation
All MH Facilities**

Workers' Compensation Accepted Claims - Aggression By Client

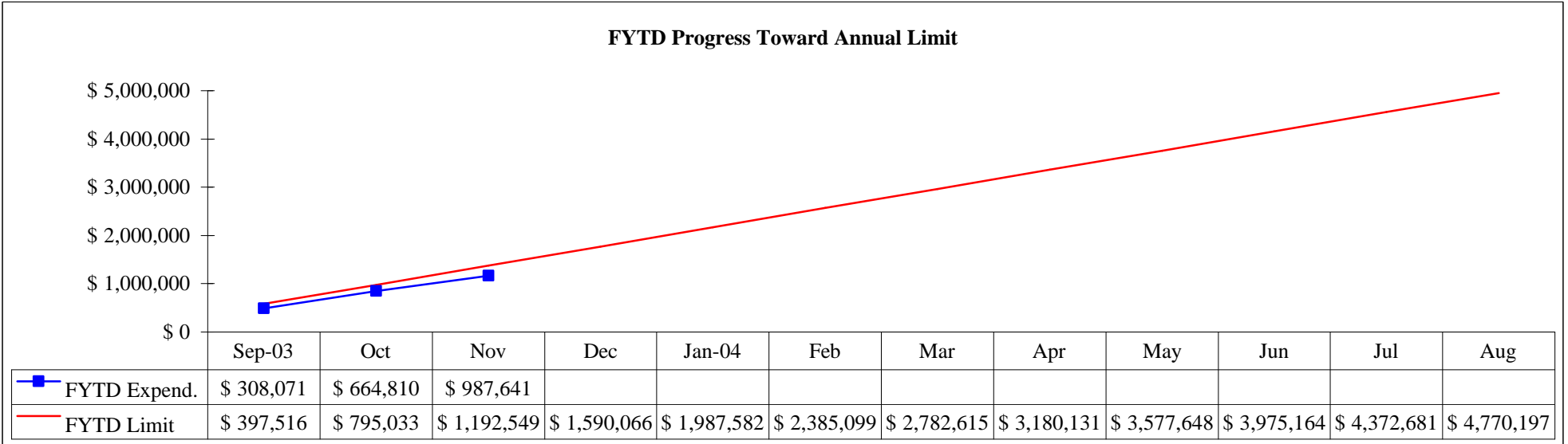
	FY 2001	FY 2002	FY2003*
Rusk State Hospital			
Amount Paid in Timeframe Claim Occurred	\$ 30,622.56	\$ 22,134.91	\$ 30,398.02
Intervention With Restraint	12	7	11
Intervention With No Restraint	11	2	11
No Intervention	4	16	11
San Antonio State Hospital			
Amount Paid in Timeframe Claim Occurred	\$ 49,340.31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

*FY03 has been updated.

**Objective 5B & 5C - Workers Compensation
All MH Facilities
FY04 Monthly Limit (\$397,516)**



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



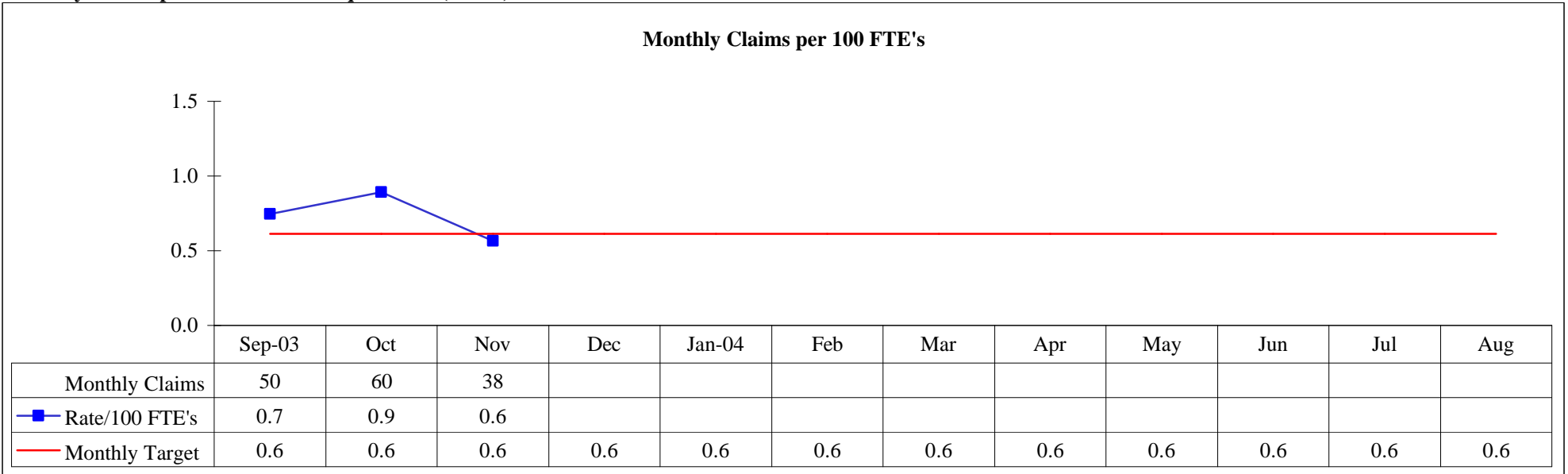
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

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

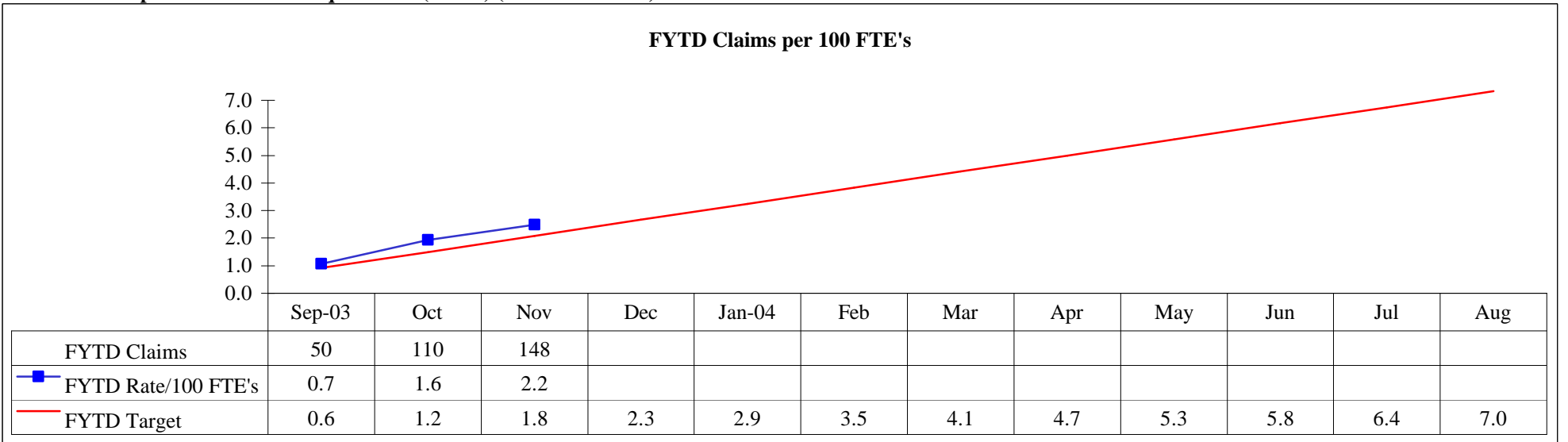
Objective 5B & 5C - Workers Compensation

All MH Facilities

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



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

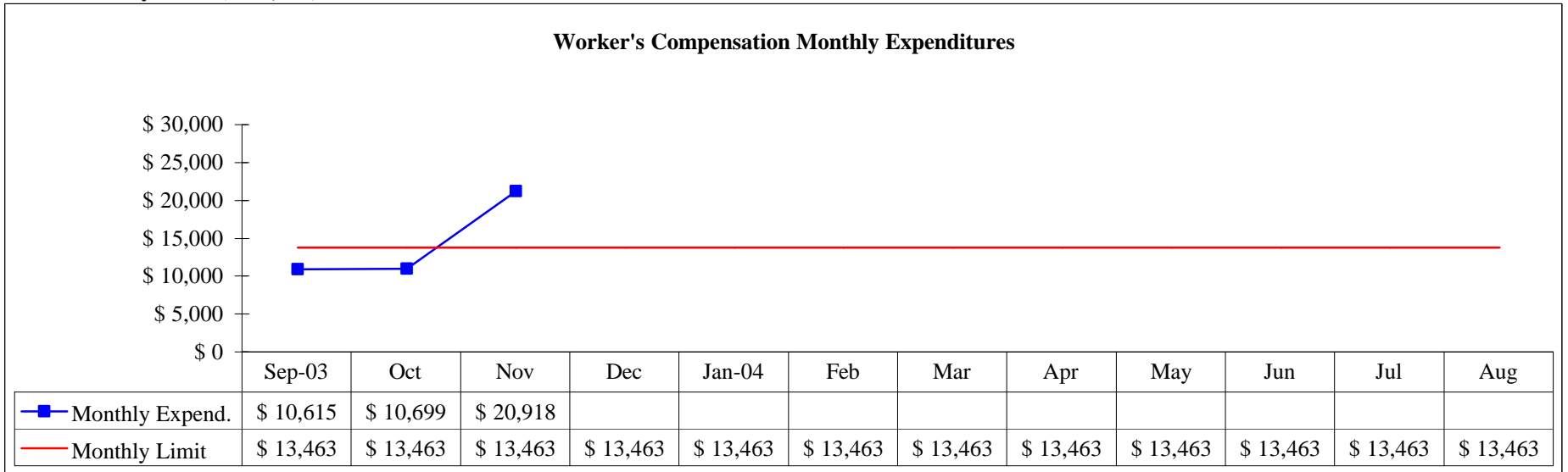


FYTD expenditure may not equal the sum of individual months due to "rounding".

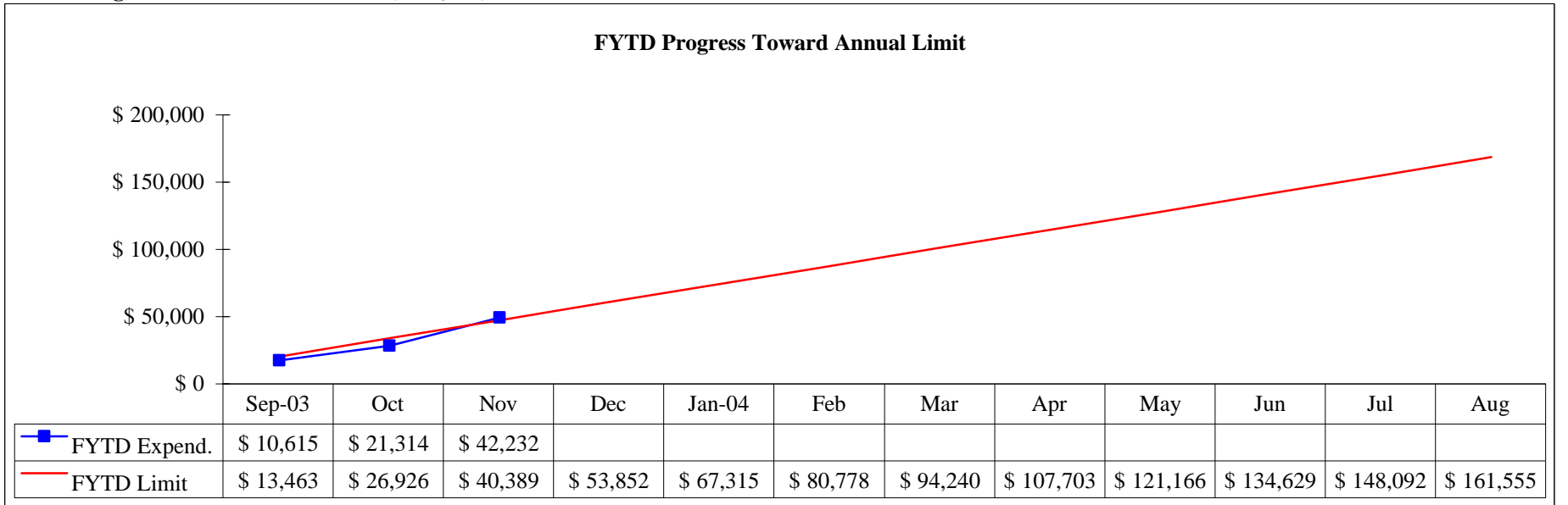
Chart: Management Data Services

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

**Objective 5B & 5C - Workers Compensation
Austin State Hospital
FY04 Monthly Limit (\$461,810)**



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



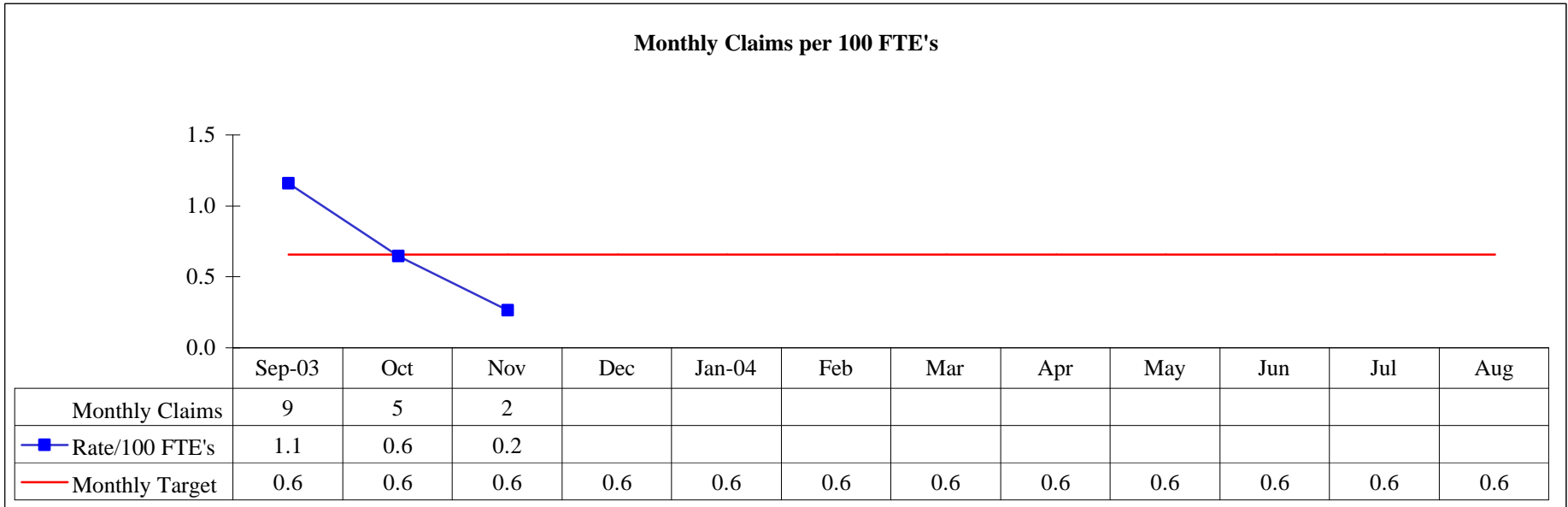
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

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

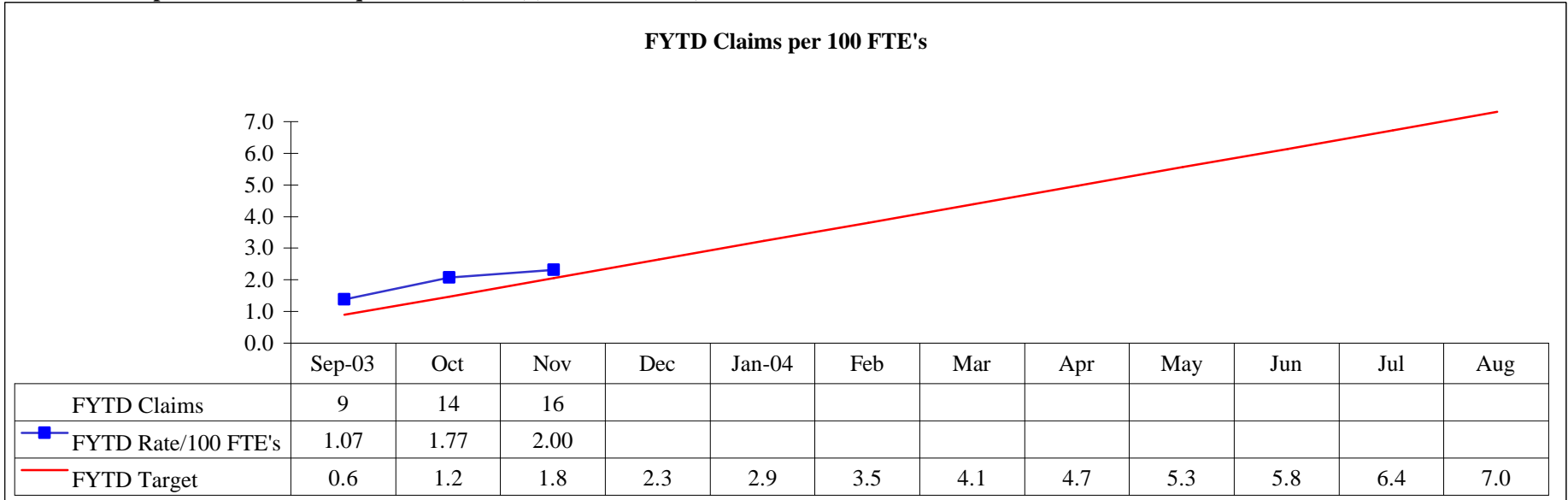
Objective 5B & 5C - Workers Compensation

Austin State Hospital

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



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

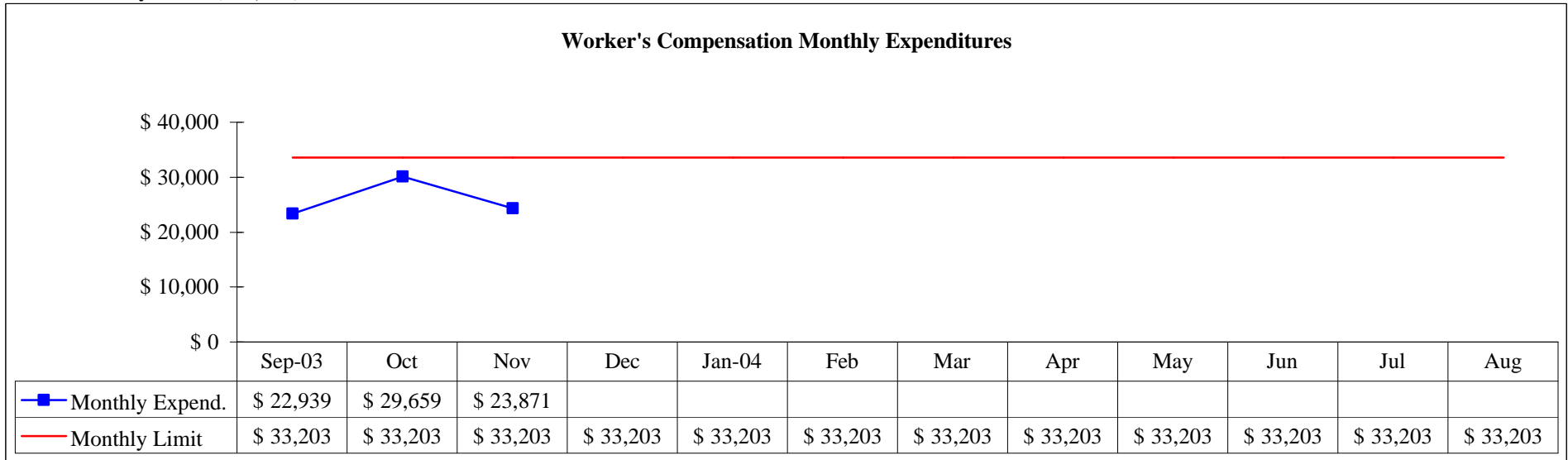


FYTD expenditure may not equal the sum of individual months due to "rounding".

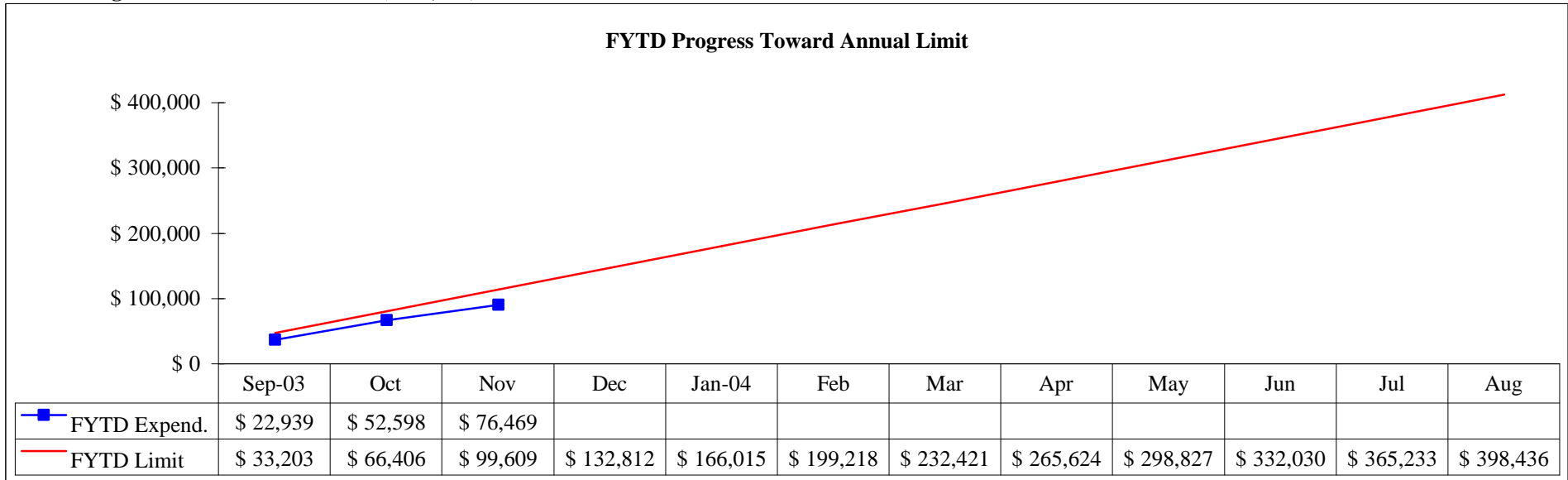
Chart: Management Data Services

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

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



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

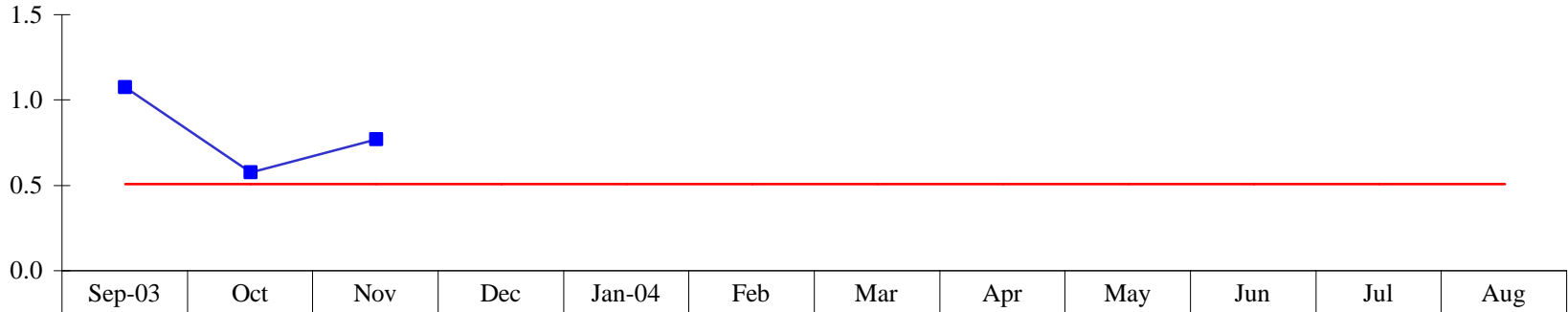


FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

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 Equivalents (FTE's)

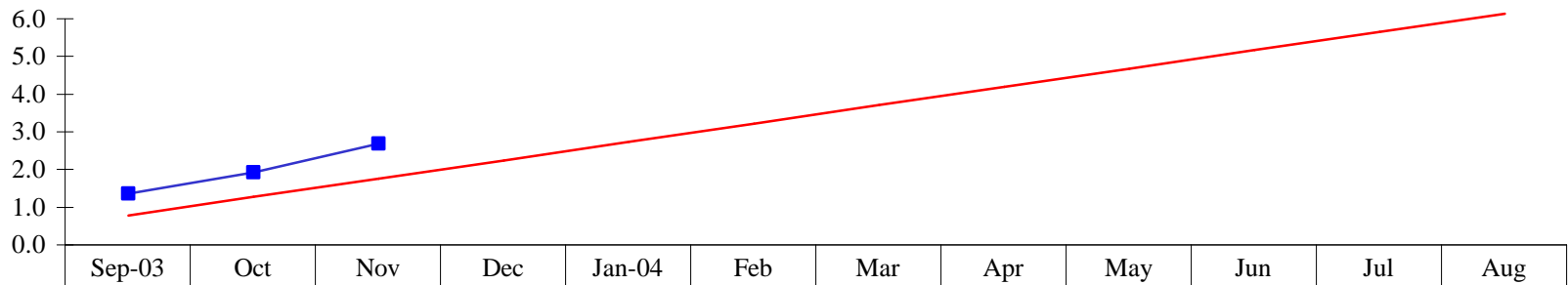
Monthly Claims per 100 FTE's



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Claims	6	3	4									
Rate/100 FTE's	1.1	0.6	0.8									
Monthly Target	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5

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

FYTD Claims per 100 FTE's



	Sep-03	Oct	Nov	Dec	Jan-04	Feb	Mar	Apr	May	Jun	Jul	Aug
FYTD Claims	6	9	13									
FYTD Rate/100 FTE's	1.1	1.6	2.4									
FYTD Target	0.5	1.0	1.5	1.9	2.4	2.9	3.4	3.9	4.4	4.9	5.4	5.8

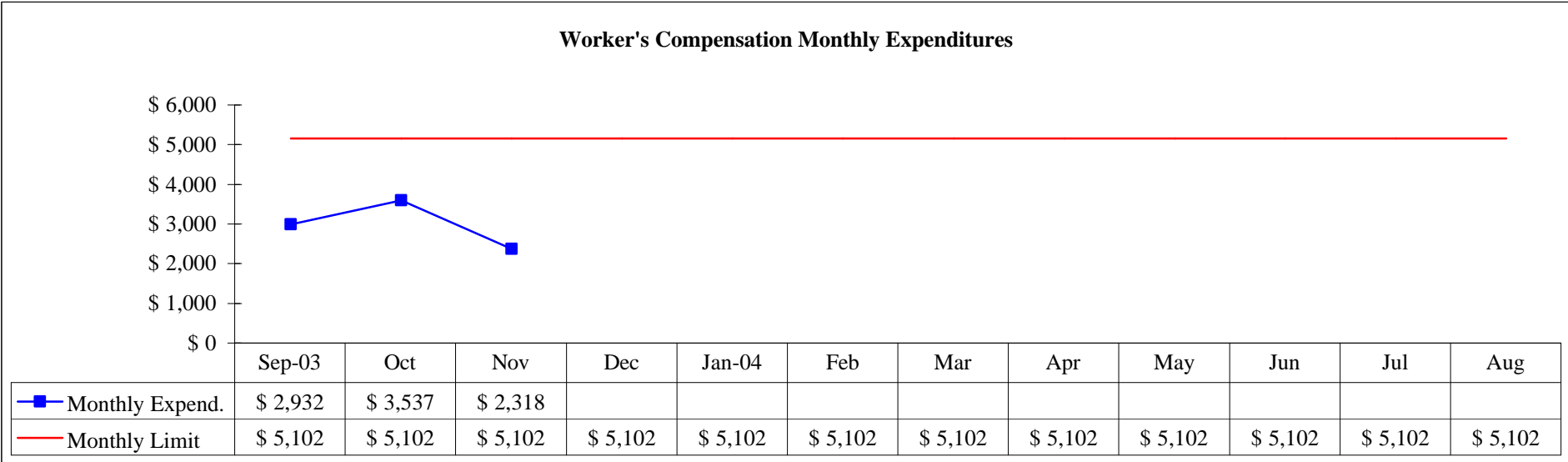
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

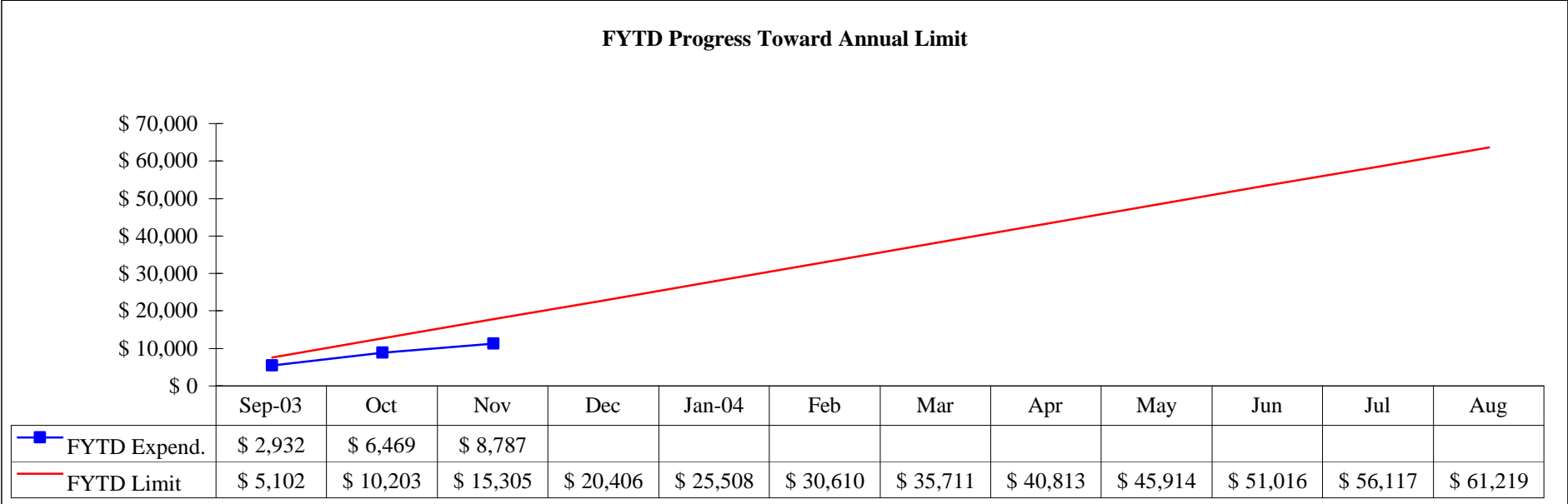
Objective 5B & 5C - Workers Compensation

El Paso Psychiatric Center

FY04 Monthly Limit (\$5,102)



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



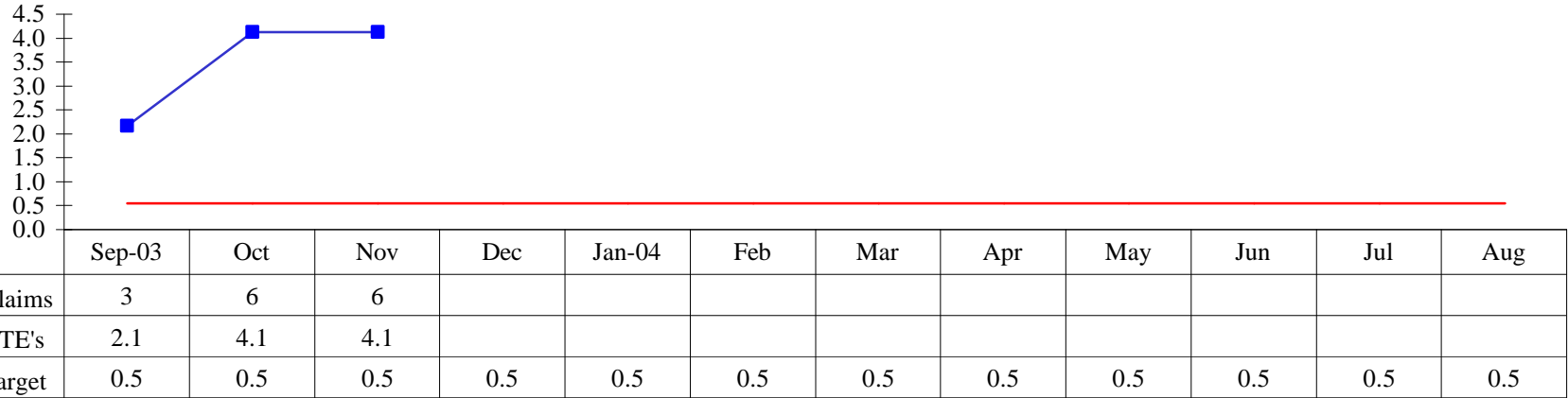
FYTD expenditure may not equal the sum of individual months due to "rounding".

Chart: Management Data Services

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

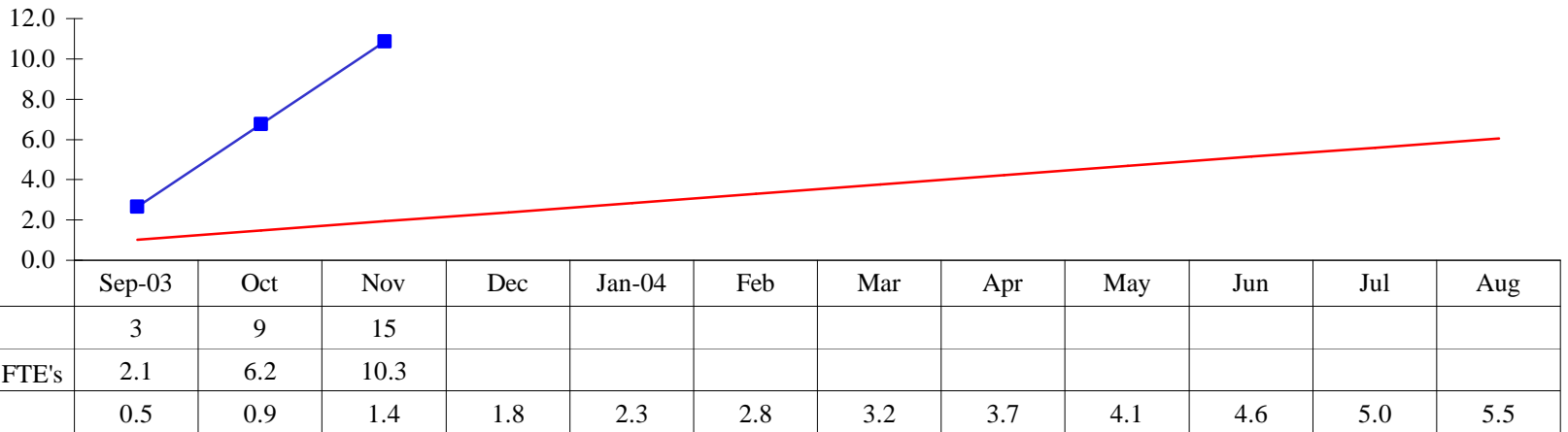
Objective 5B & 5C - Workers Compensation
El Paso Psychiatric Center
Monthly Claims per 100 Full Time Equivalents (FTE's)

Monthly Claims per 100 FTE's



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

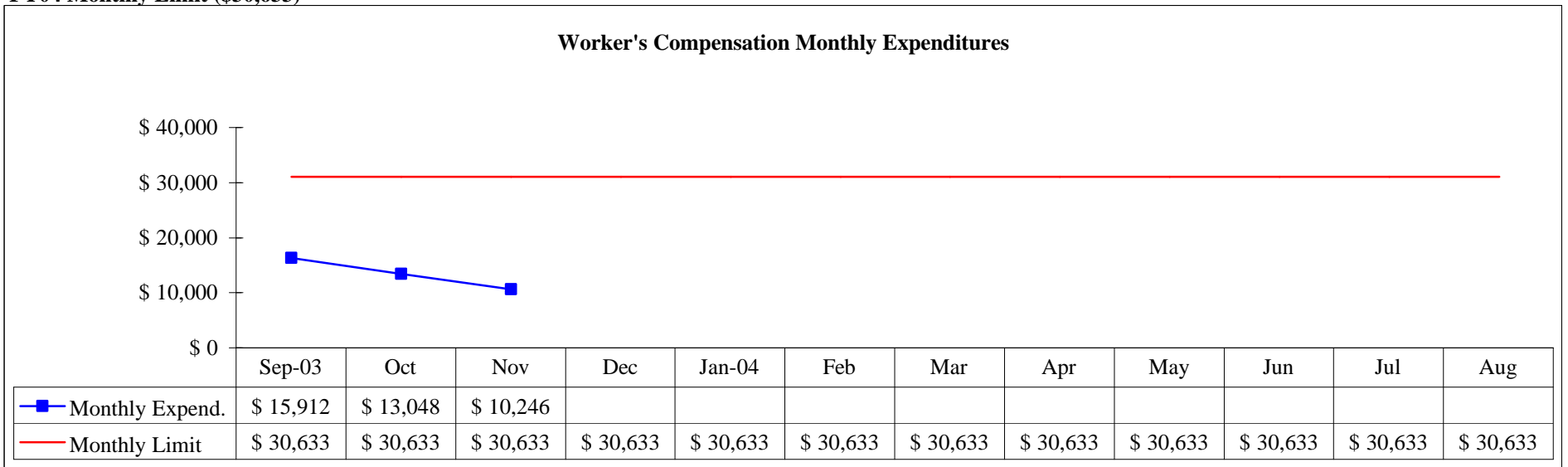
FYTD Claims per 100 FTE's



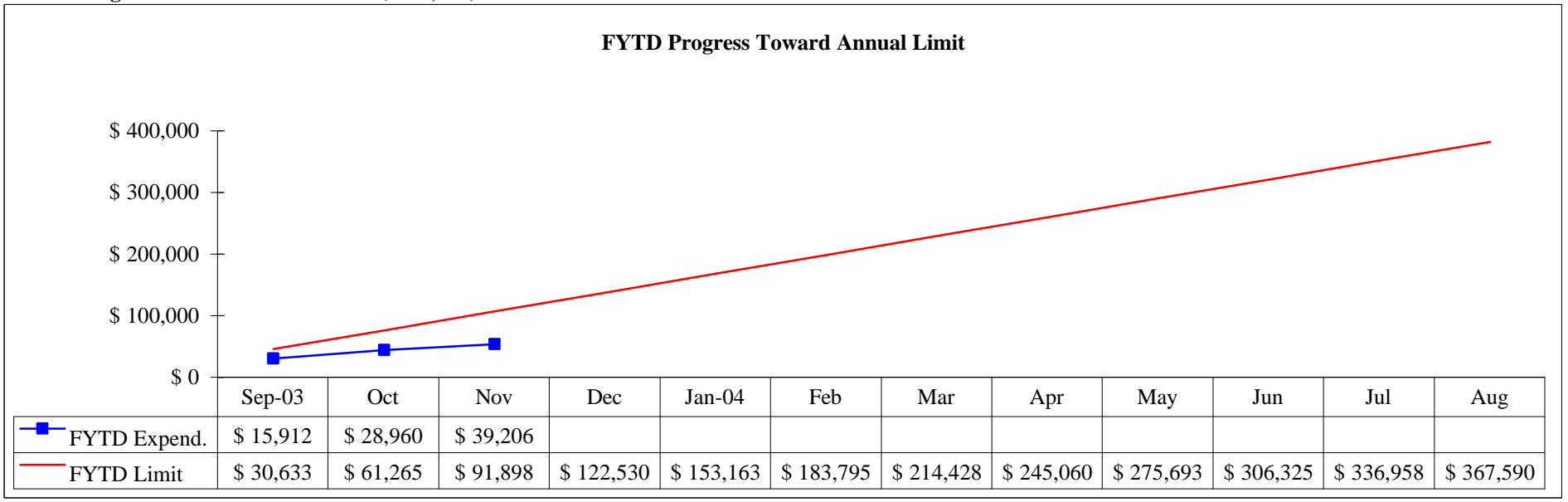
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

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



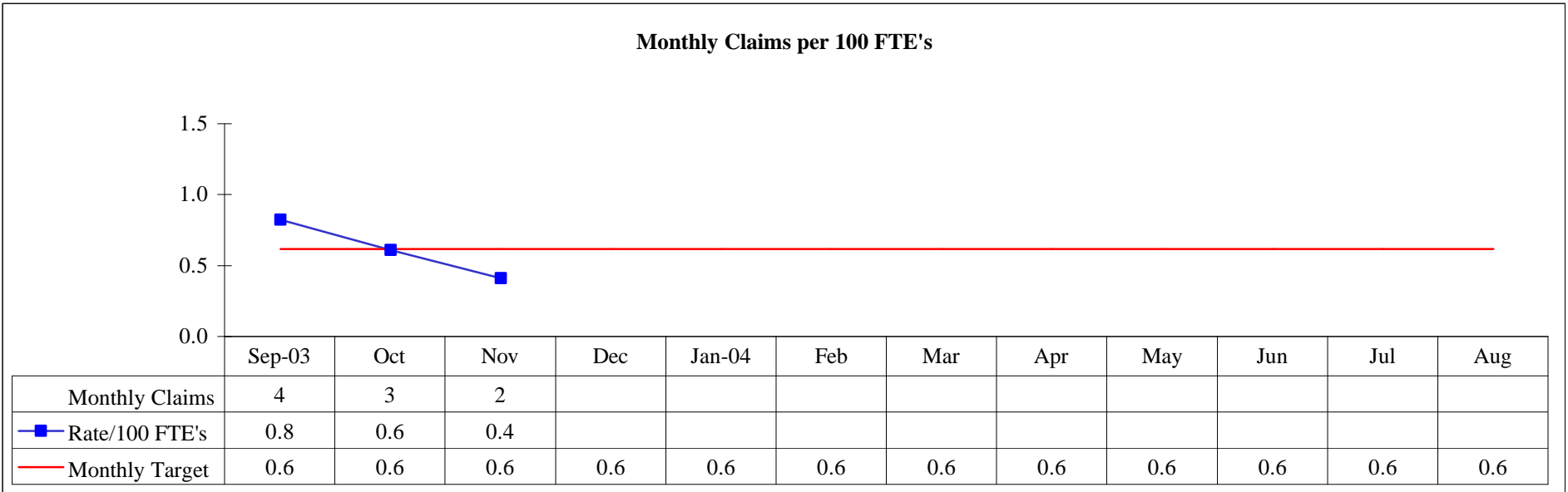
FYTD Progress Toward Annual Limit (\$367,590)



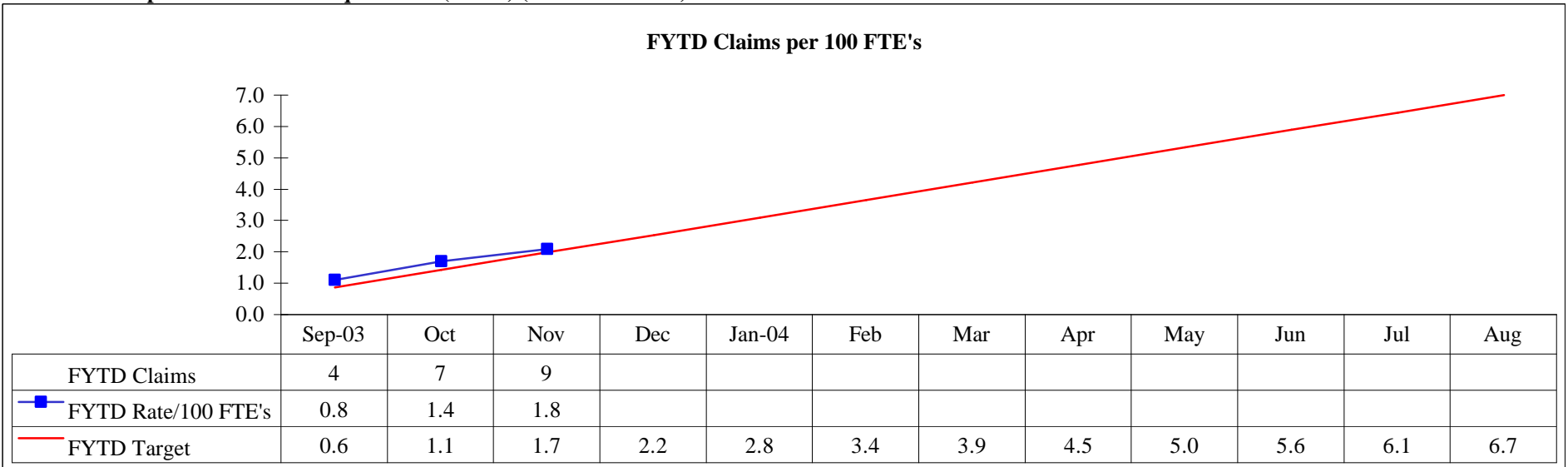
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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 Equivalentents (FTE's)



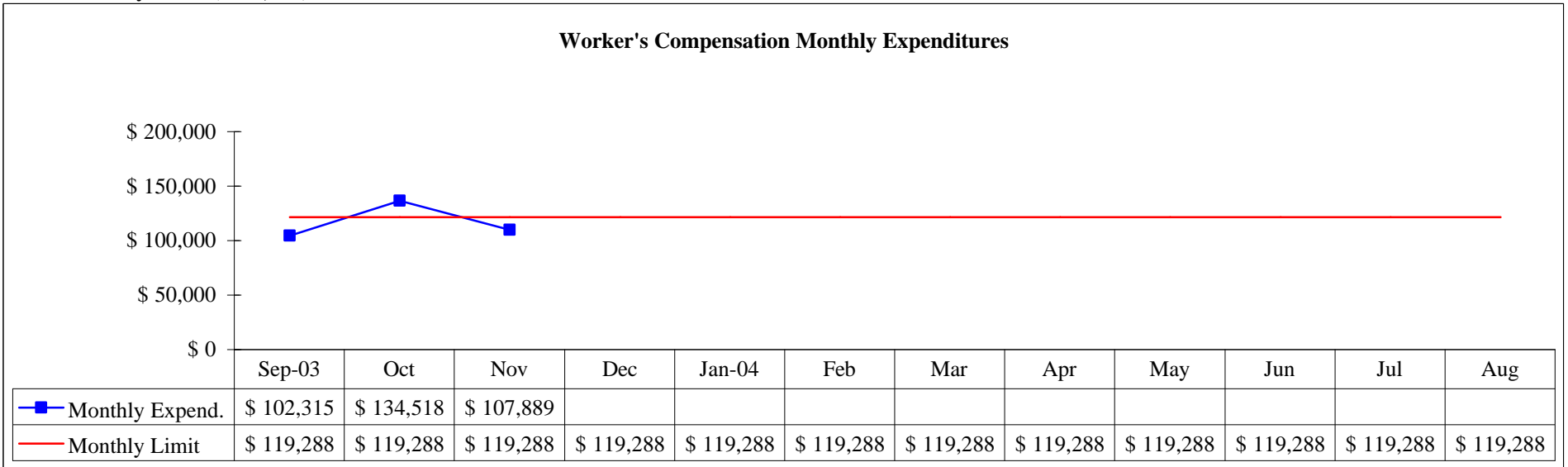
FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY04 Limit: 6.7)



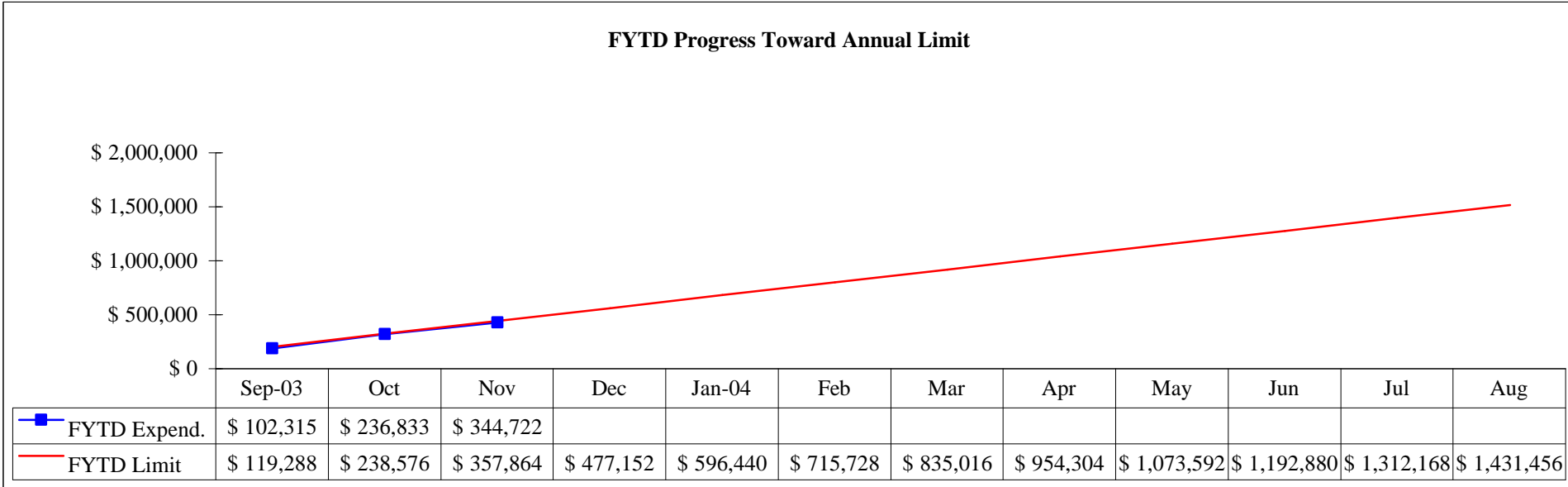
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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)



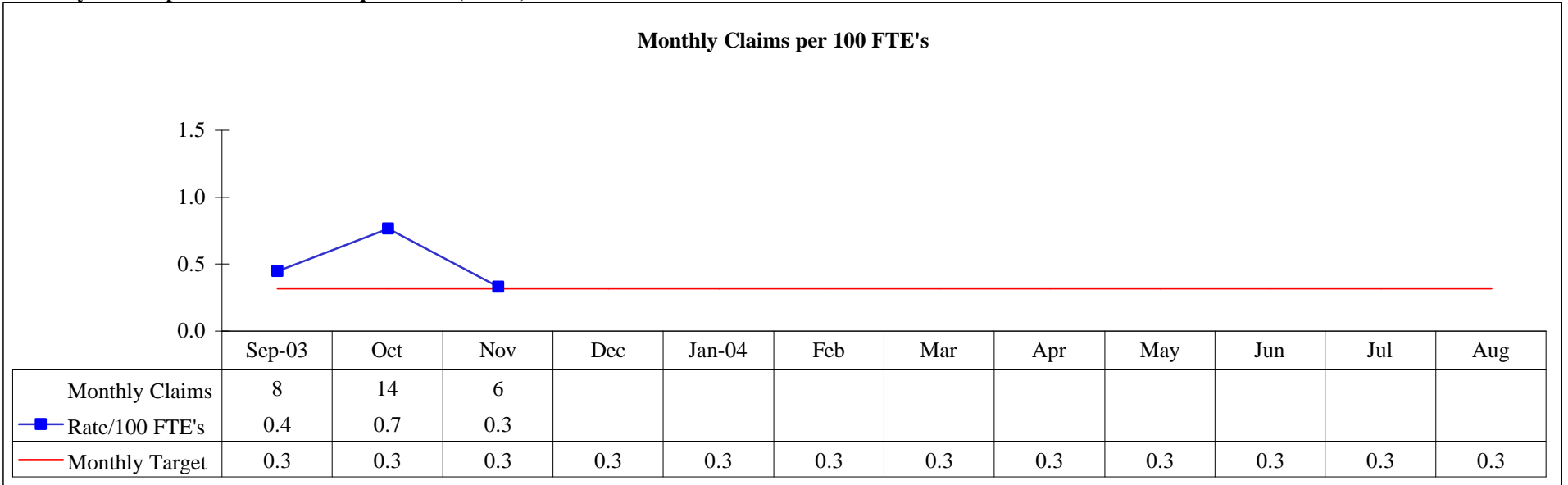
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

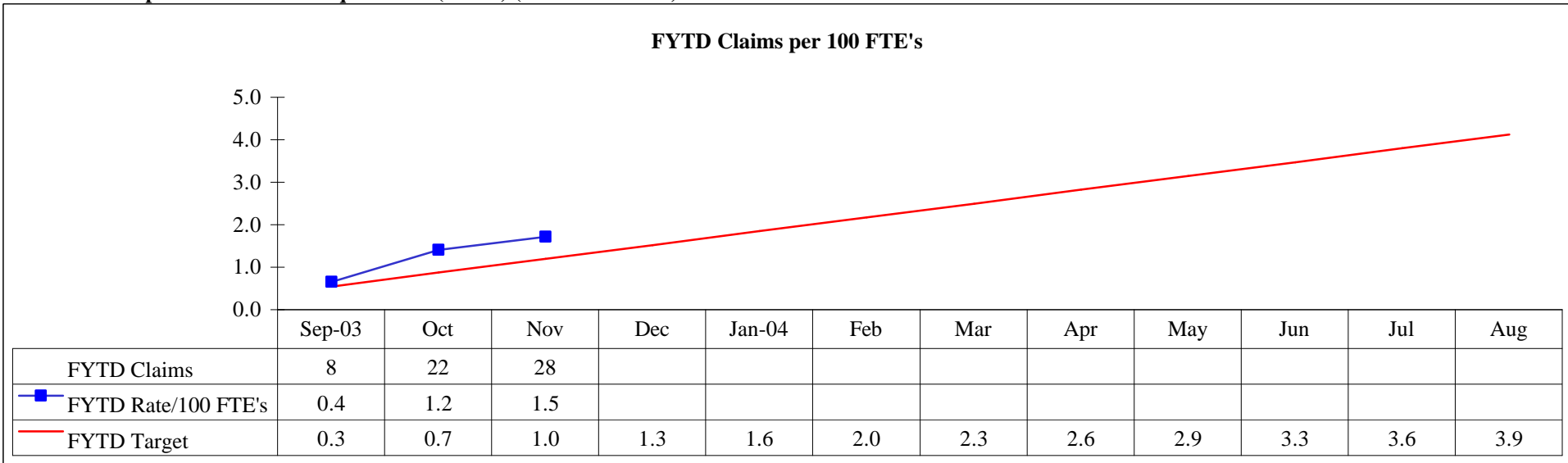
Objective 5B & 5C - Workers Compensation

North Texas State Hospital

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



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



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

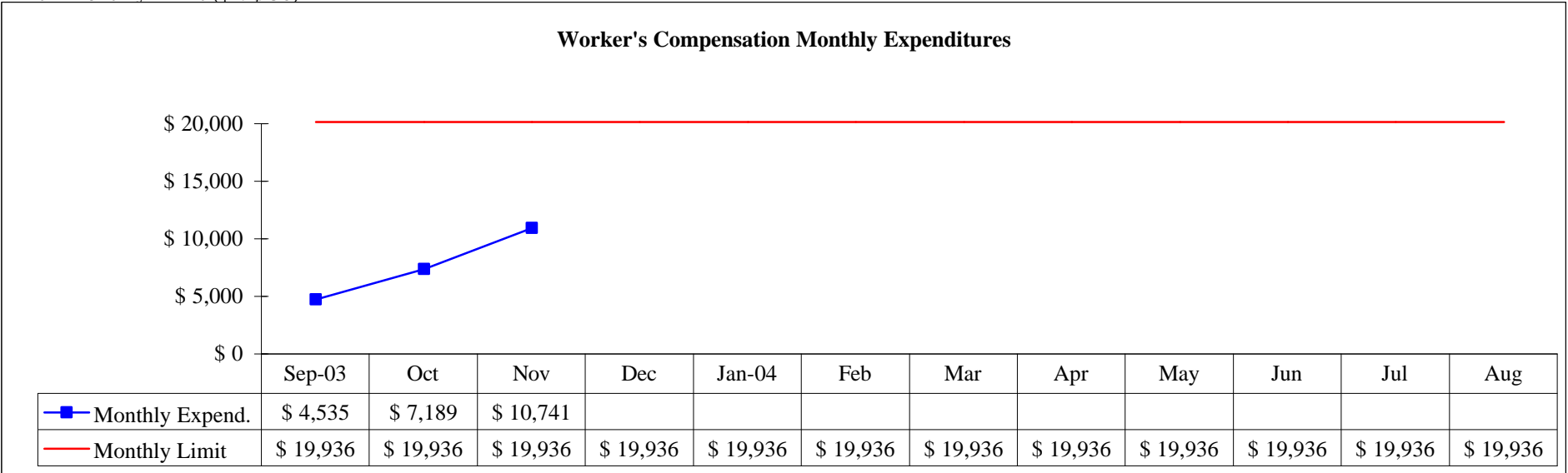
Chart: Management Data Services

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

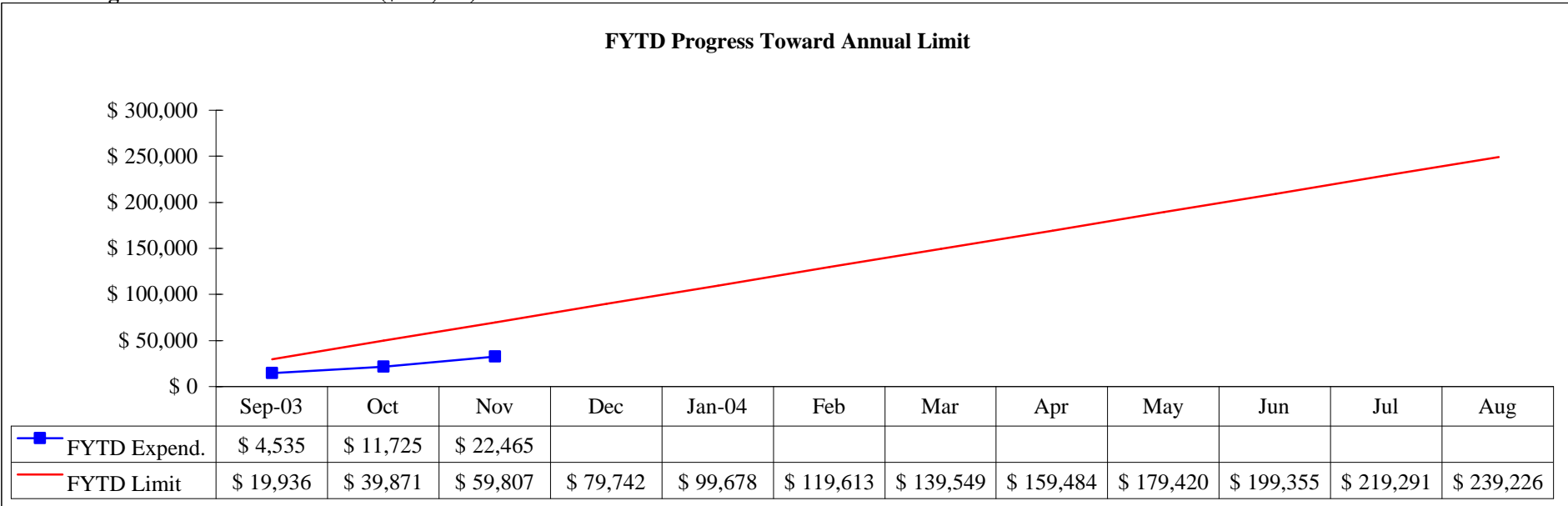
Objective 5B & 5C - Workers Compensation

Rio Grande State Center

FY04 Monthly Limit (\$19,936)



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



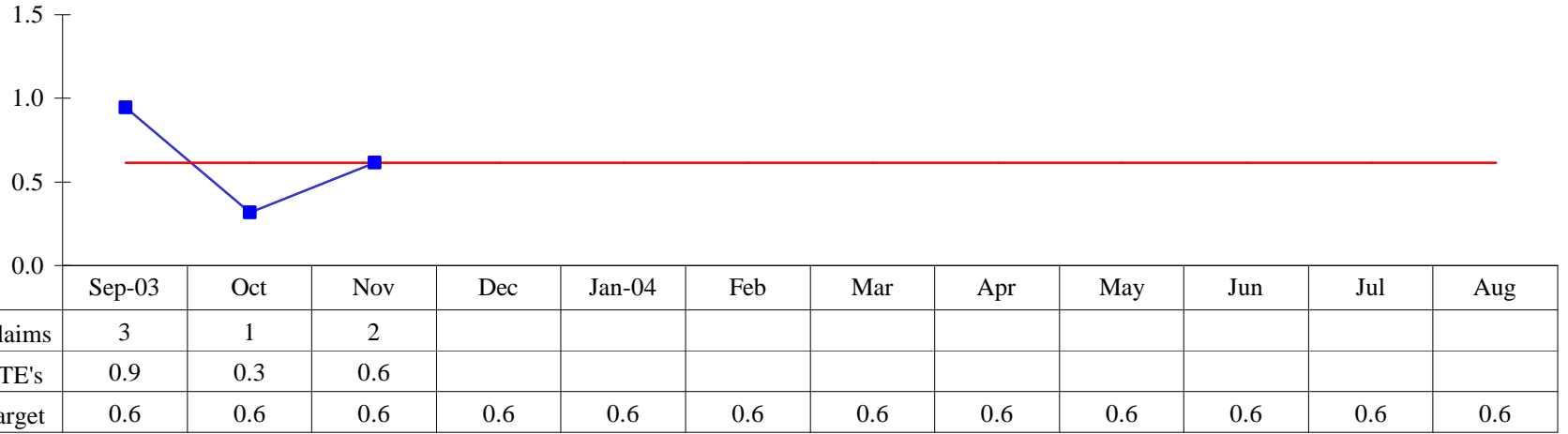
FYTD expenditure may not equal the sum of individual months due to "rounding".

Chart: Management Data Services

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

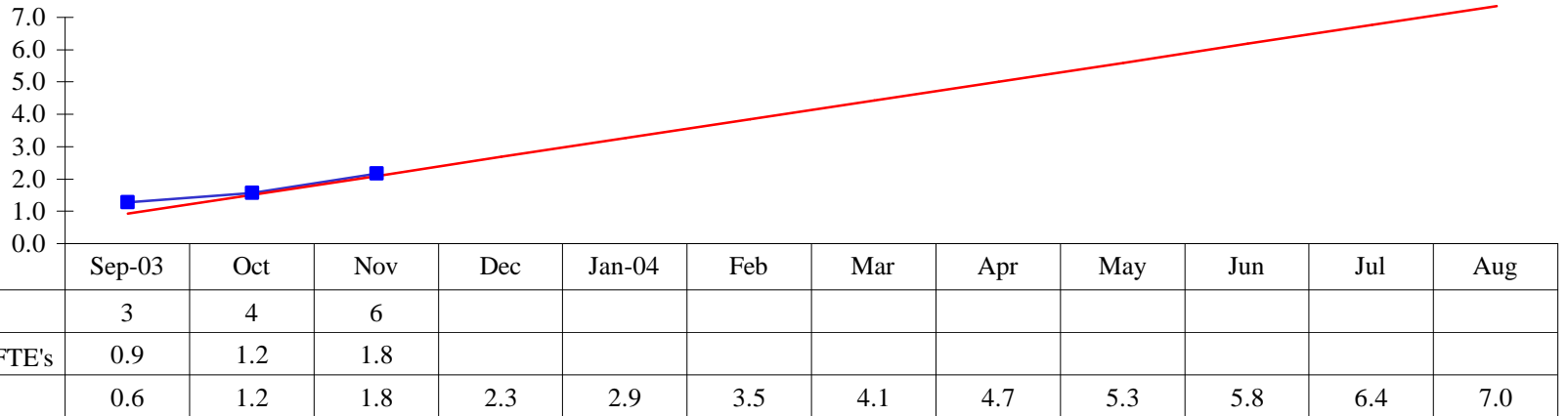
Objective 5B & 5C - Workers Compensation
Rio Grande State Center
Monthly Claims per 100 Full Time Equivalents (FTE's)

Monthly Claims per 100 FTE's



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

FYTD Claims per 100 FTE's



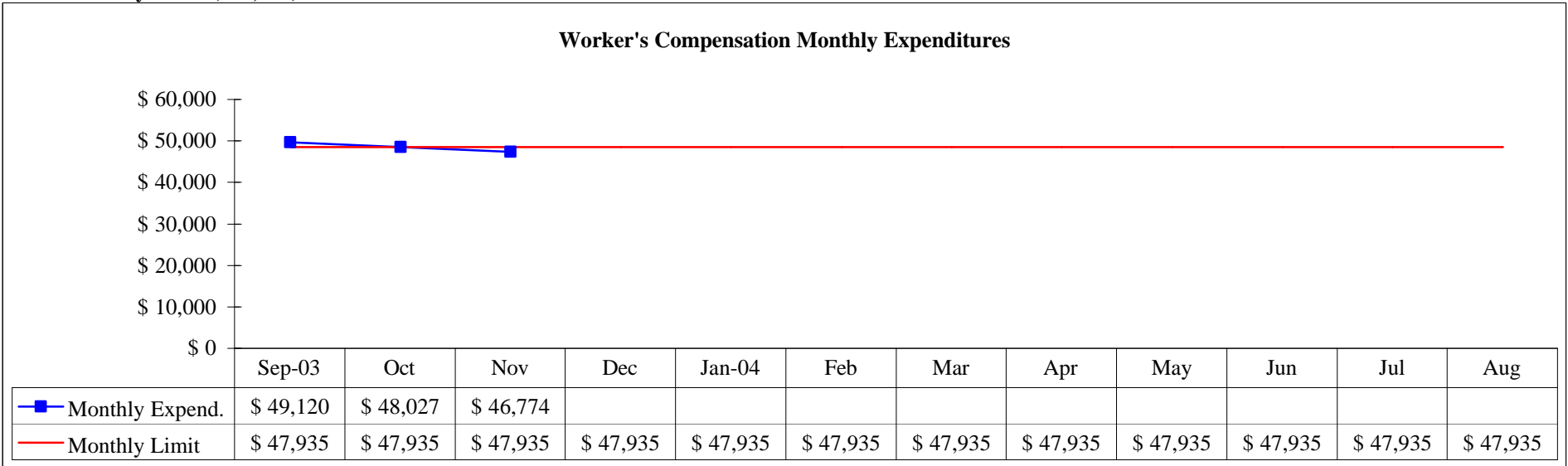
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

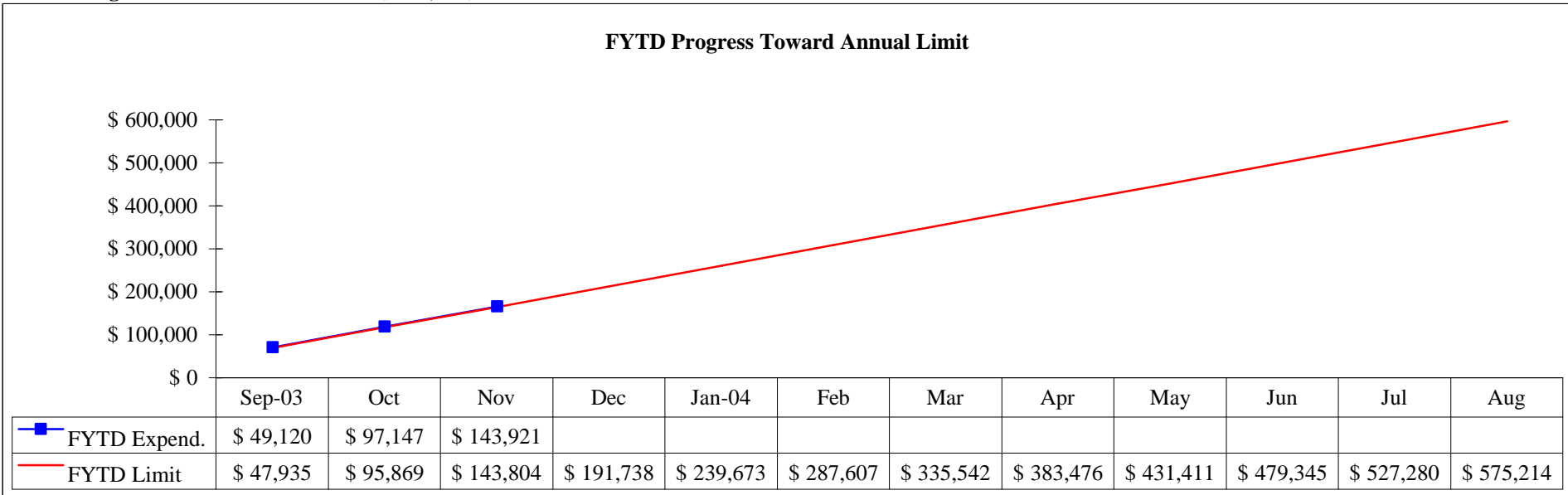
Objective 5B & 5C - Workers Compensation

Rusk State Hospital

FY04 Monthly Limit (\$47,935)



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

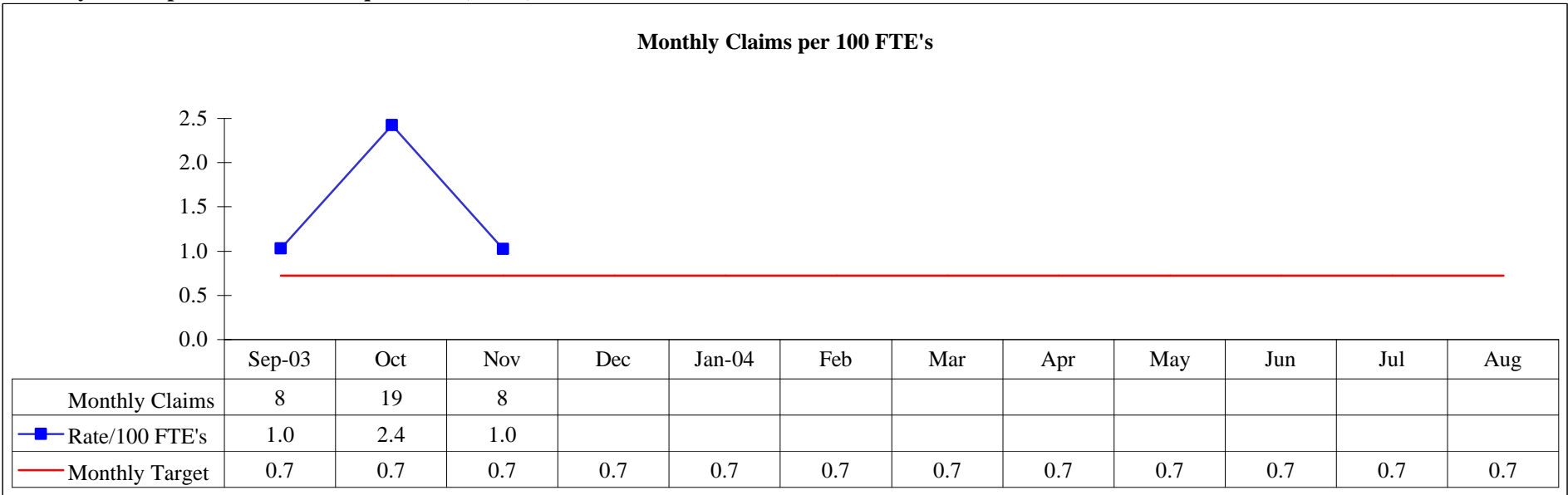


FYTD expenditure may not equal the sum of individual months due to "rounding".

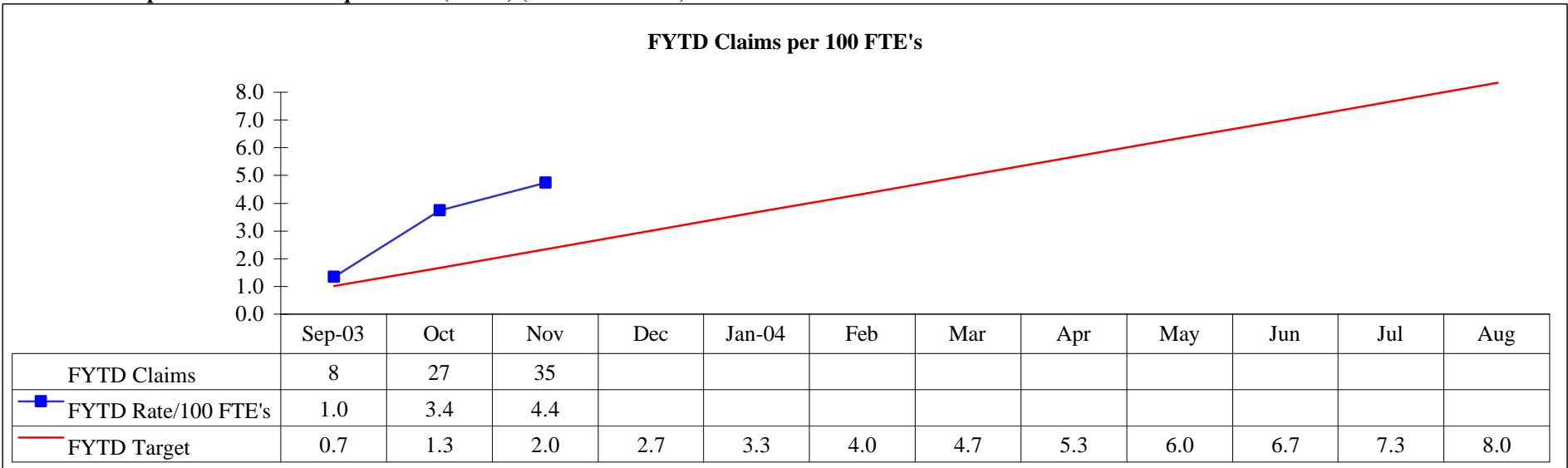
Chart: Management Data Services

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)



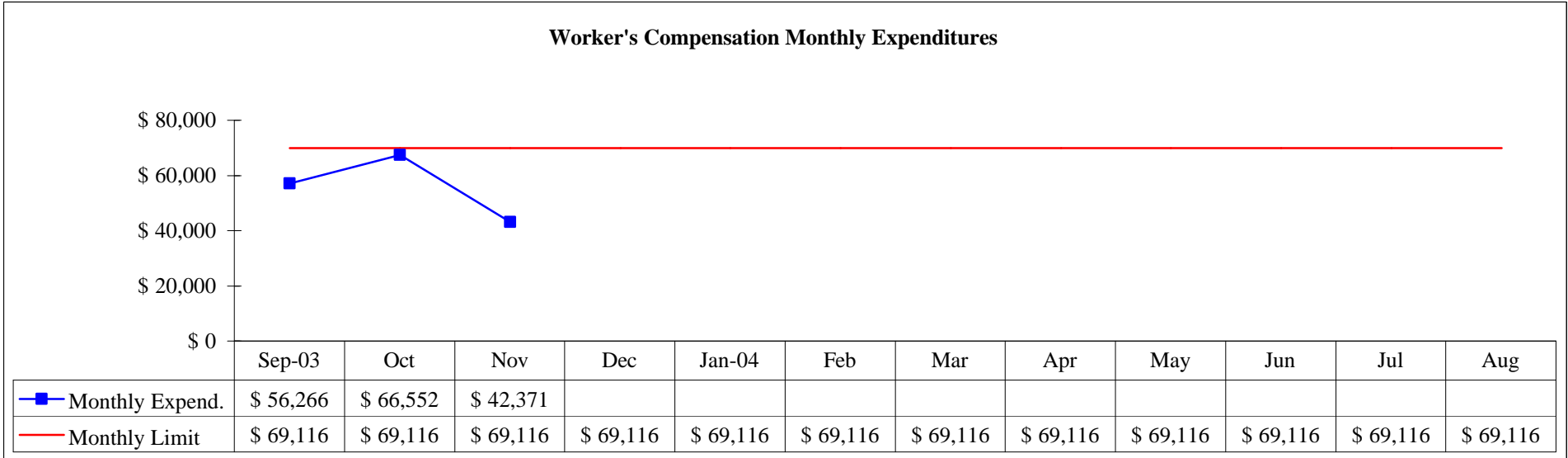
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 8.0)



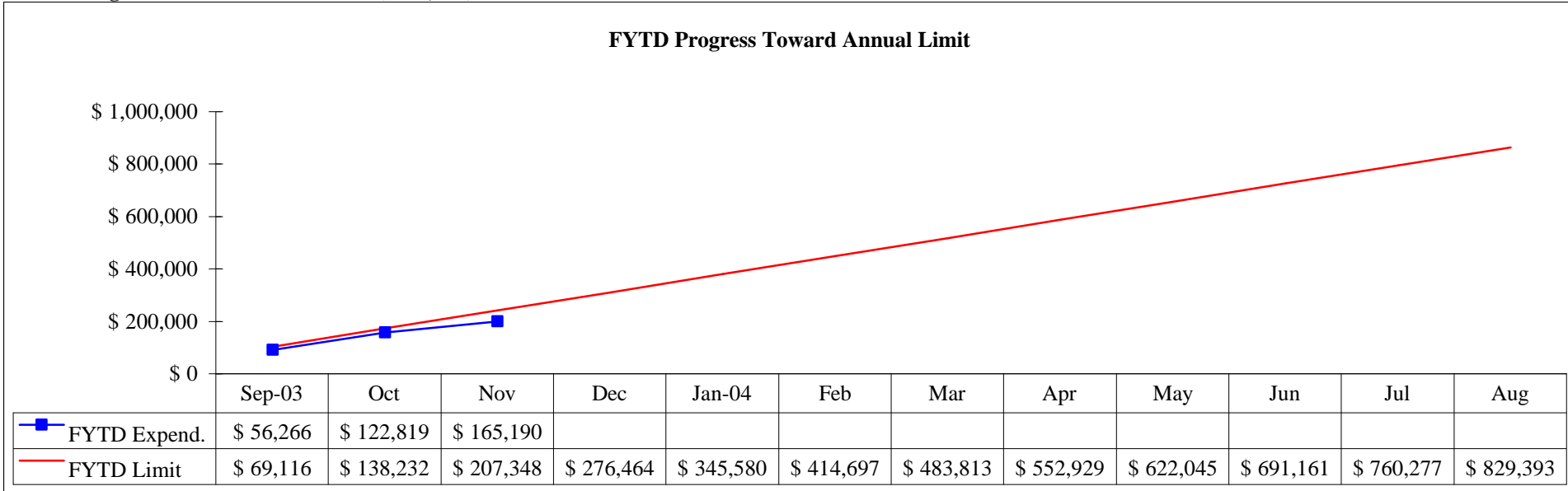
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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)



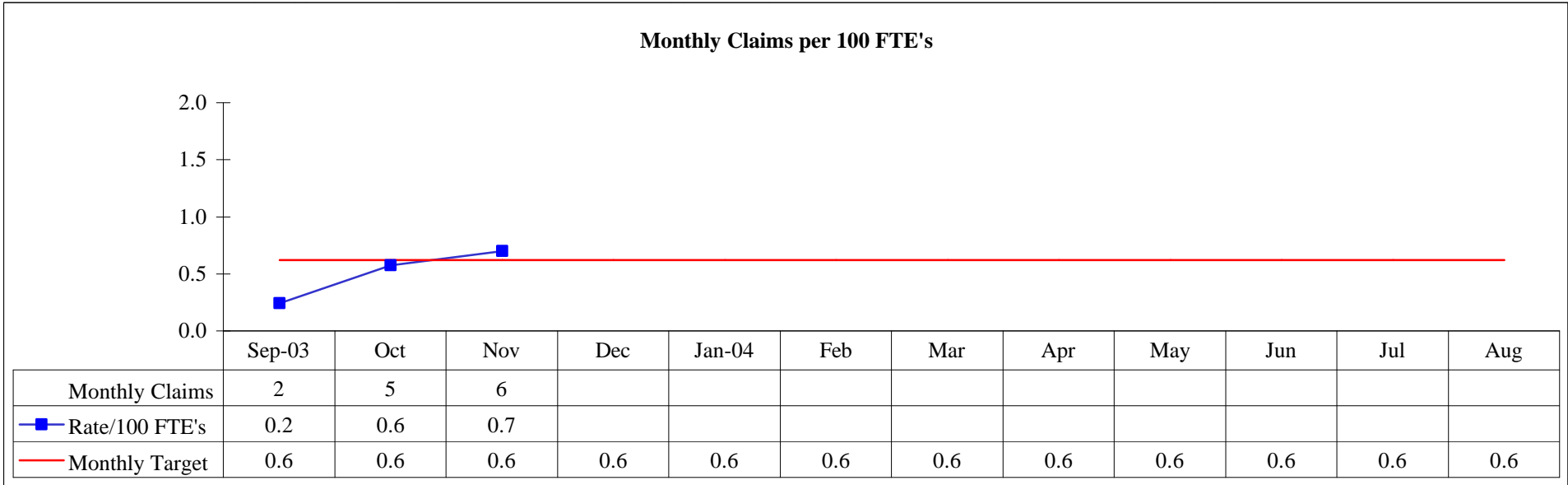
FYTD Progress Toward Annual Limit (\$829,393)



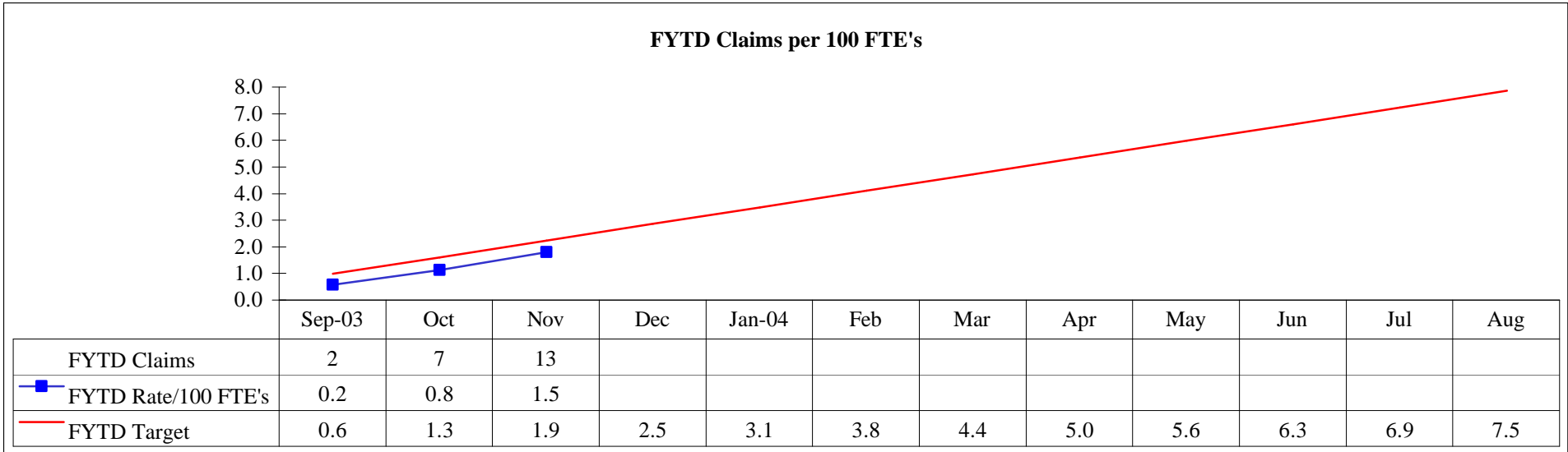
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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 Equivalents (FTE's)



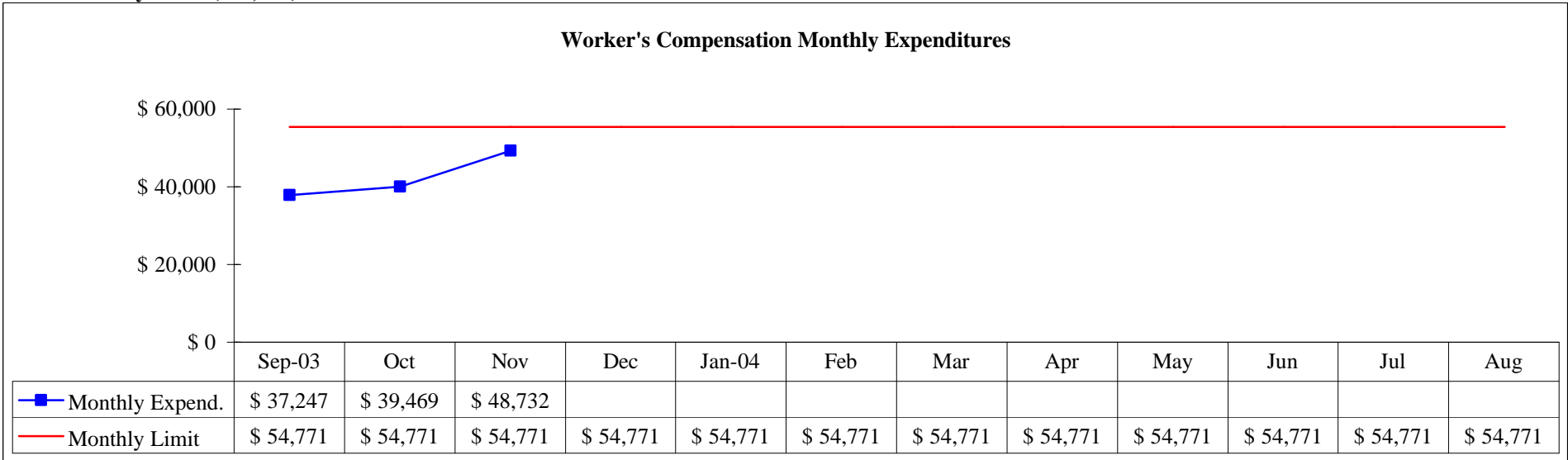
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 7.5)



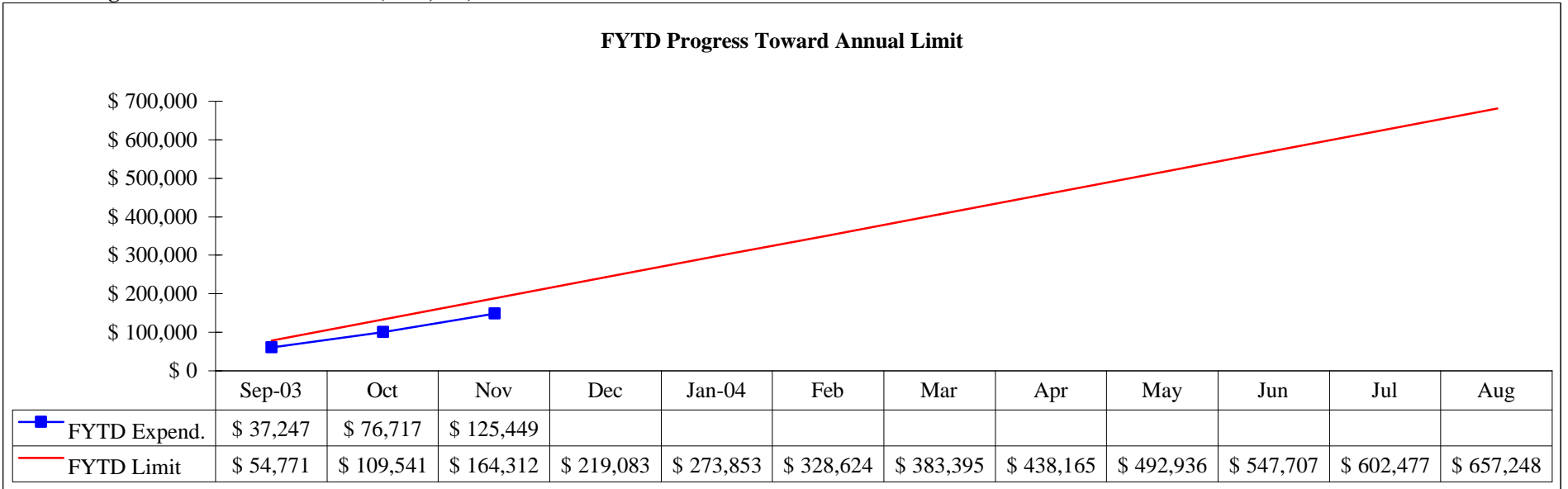
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

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



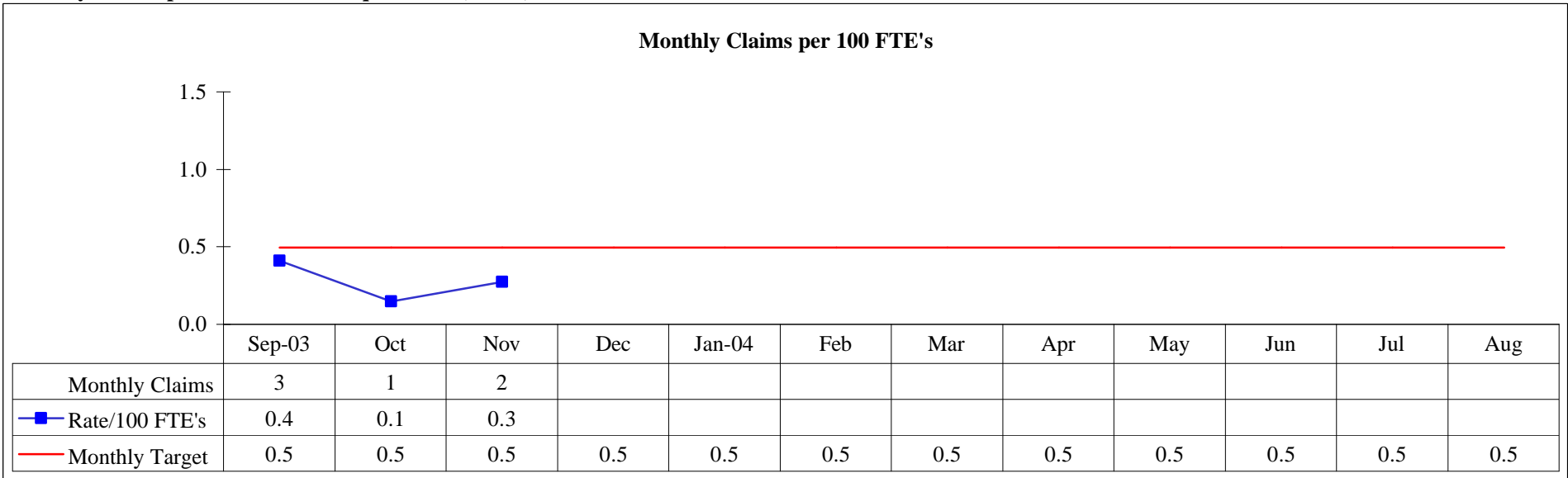
FYTD Progress Toward Annual Limit (\$657,248)



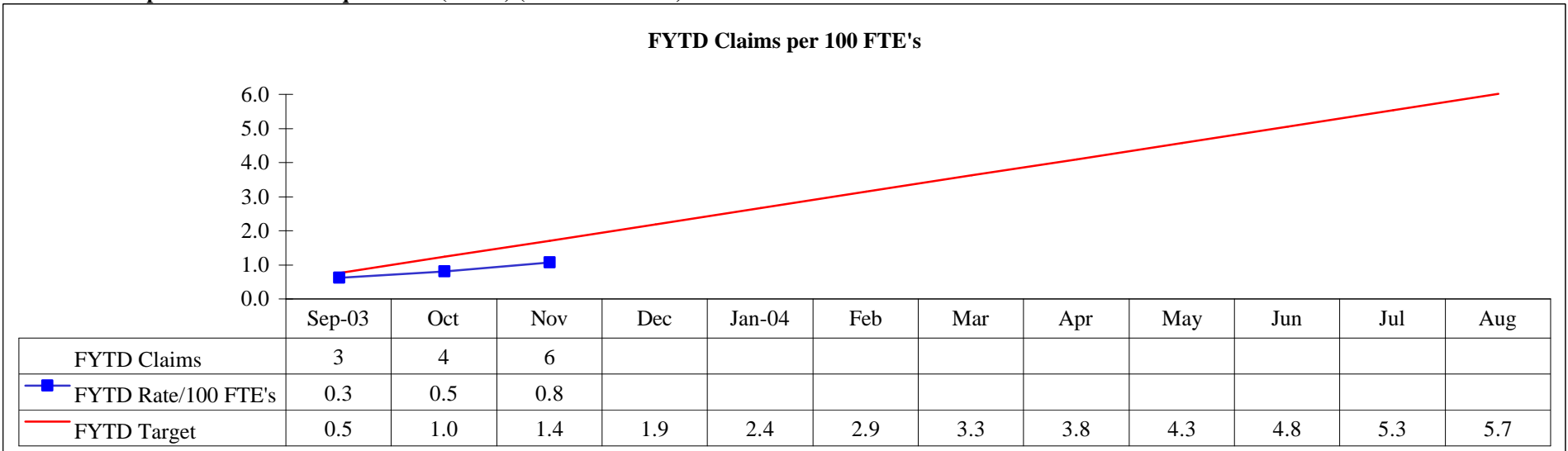
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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)**



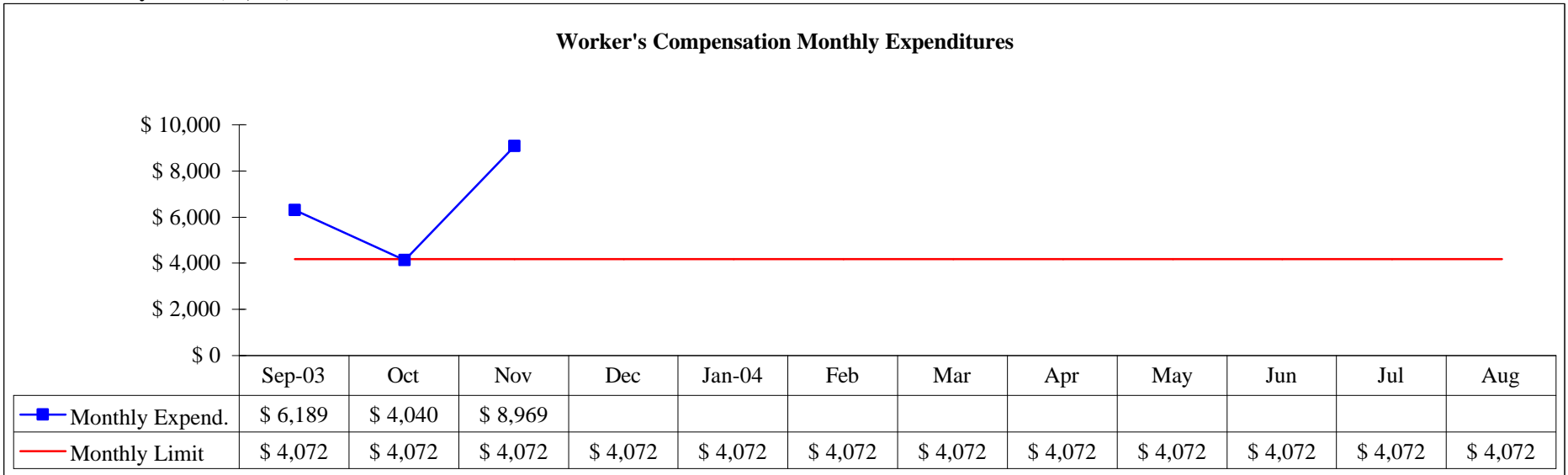
FYTD Claims per 100 Full Time Equivalents (FTE's) (FY04 Limit: 5.7)



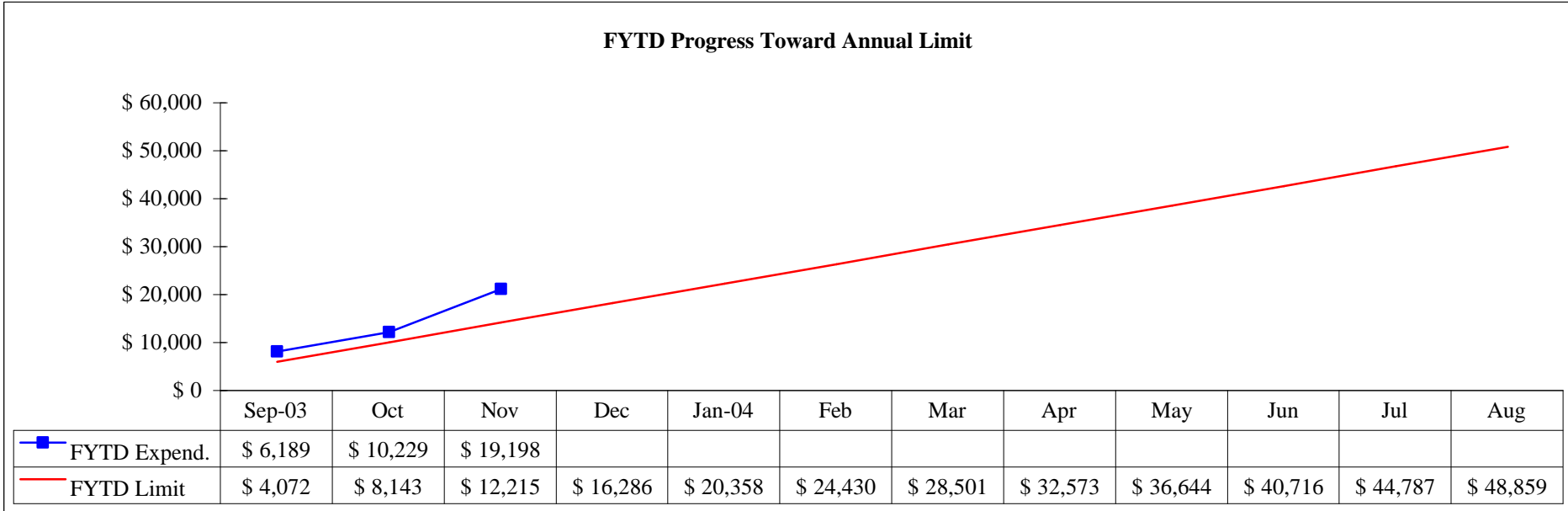
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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)**



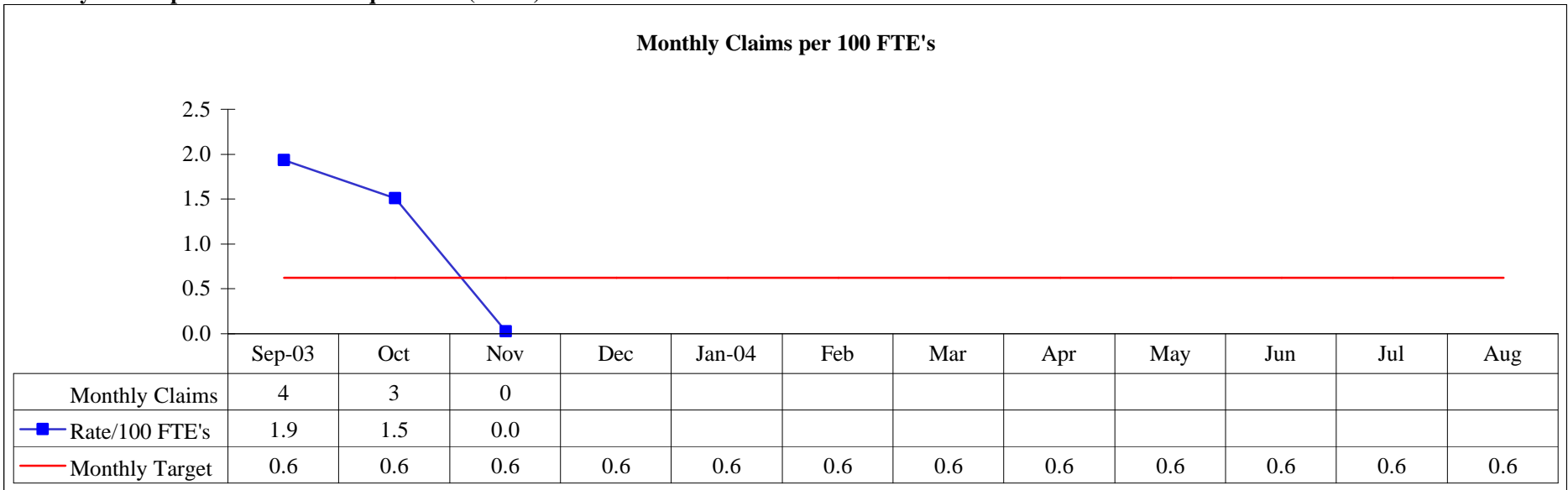
FYTD Progress Toward Annual Limit (\$48,859)



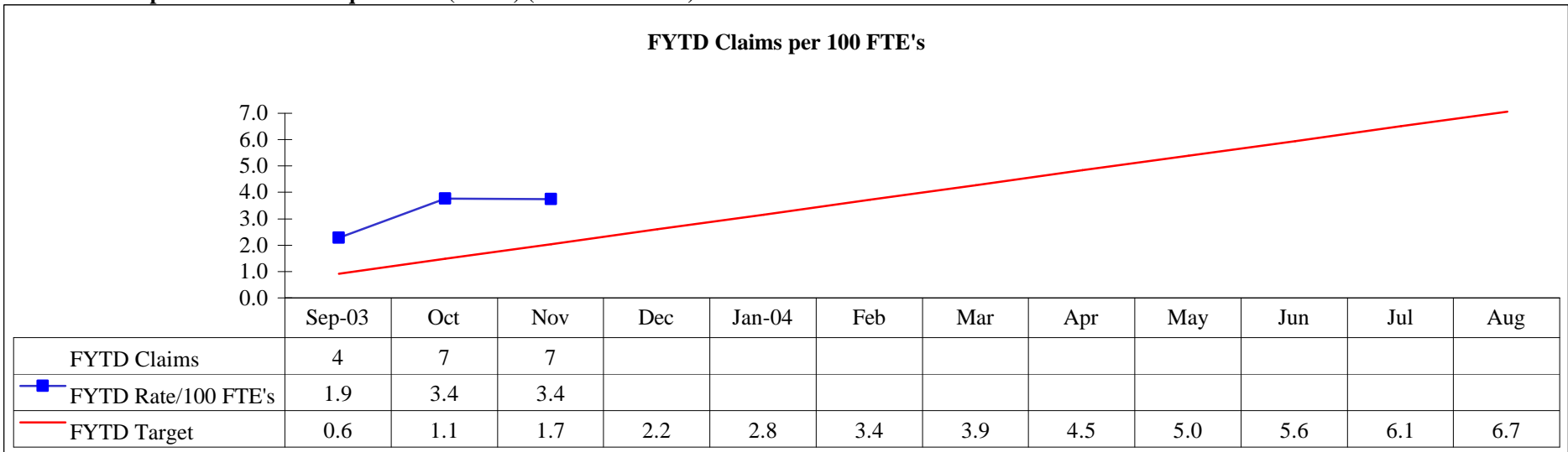
FYTD expenditure may not equal the sum of individual months due to "rounding".
Chart: Management Data Services

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 Equivalentents (FTE's)



FYTD Claims per 100 Full Time Equivalentents (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 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.**

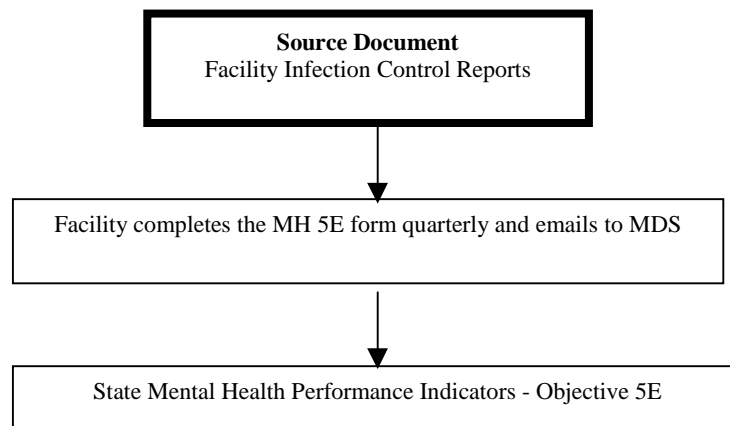
Performance Objective Operational Definition: The facility data reported on the MH Form 5E per FY quarter.

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
Q1 - 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.	183	106	39	135	416	48	167	232	226	0	1552
b. Number of employees whose screening was positive.	0	0	1	2	0	1	0	0	1	0	5
c. Conversion Rate	0.00%	0.00%	2.56%	1.48%	0.00%	2.08%	0.00%	0.00%	0.44%	0.00%	0.32%
2. All patients with a newly identified positive skin test reaction will receive a medical assessment											
a. Number with newly positive skin test.	18	2	0	8	11	13	14	14	15	0	95
b. Number received medical assessment.	16	2	0	8	11	13	14	9	15	0	88
c. Number of patients referred for medical follow-up at discharge.	2	3	0	8	0	13	3	3	0	0	32
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".	605	512	133	801	1635	283	726	507	587	217	6006
b. Number of employees in the "at risk group" who completed Hepatitis B vaccine series.	345	280	74	489	872	245	99	382	556	128	3470
c. Number of employees in the "at risk group" with serological evidence of immunity.	98	220	6	207	168	10	545	46	0	0	1300
d. Number of employees "at risk group" who have initiated but not completed the vaccine series.	69	10	13	95	403	15	31	49	11	2	698
e. Number of employees in the "at risk group" who have declined the vaccine.	78	2	40	10	192	13	51	30	20	87	523
Total # of employees concerning Hepatitis B immunity. (b+c+d+e)	590	512	133	801	1635	283	726	507	587	217	5991

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

**Objective 5E - Infection Control
Q1 - 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										

Performance Objective 5H:

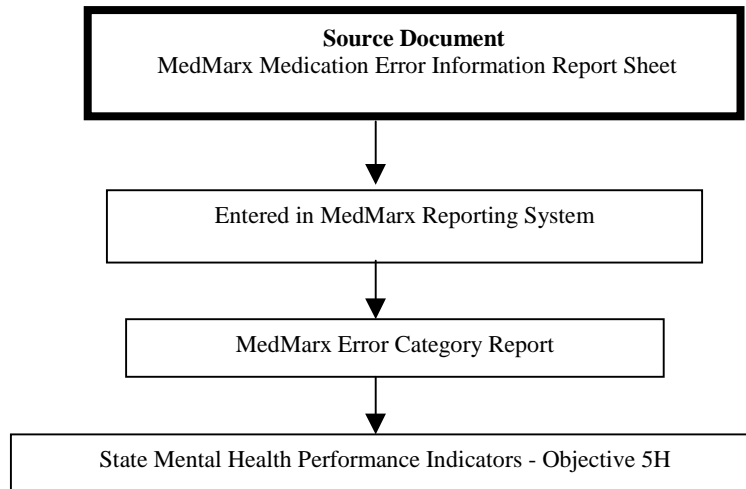
State mental health facilities will continue the TDMHMR SMH/MRF Medication Error Policy that reinforces a culture that encourages error reporting and analysis in order to improve patient safety and effectively reduce medication errors.

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

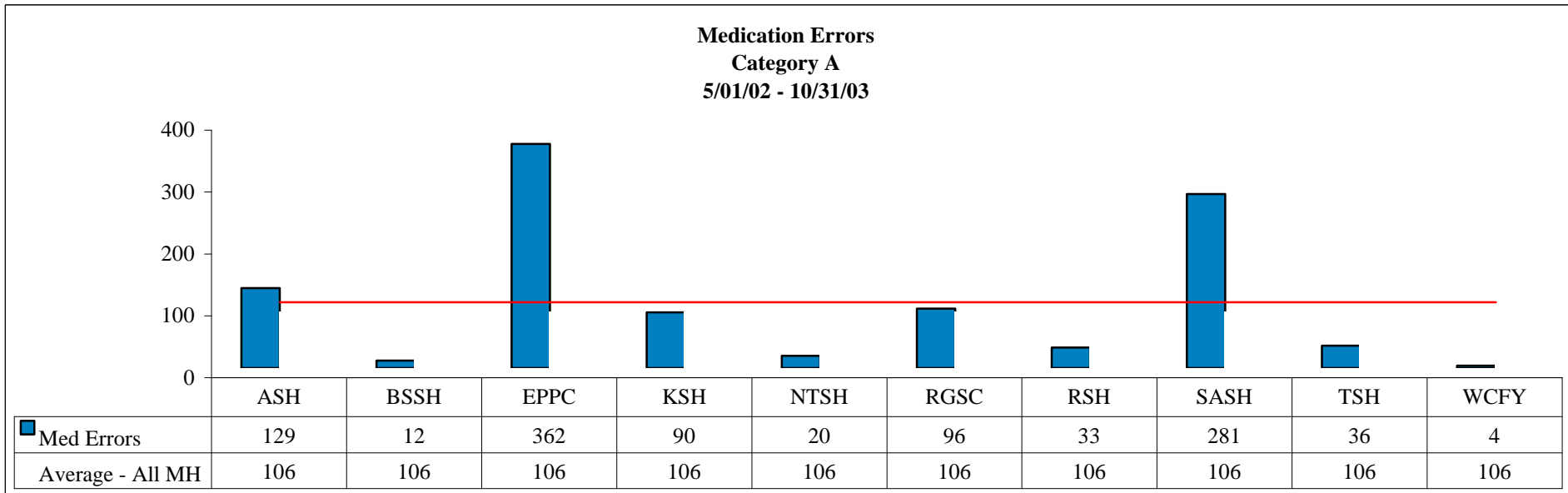
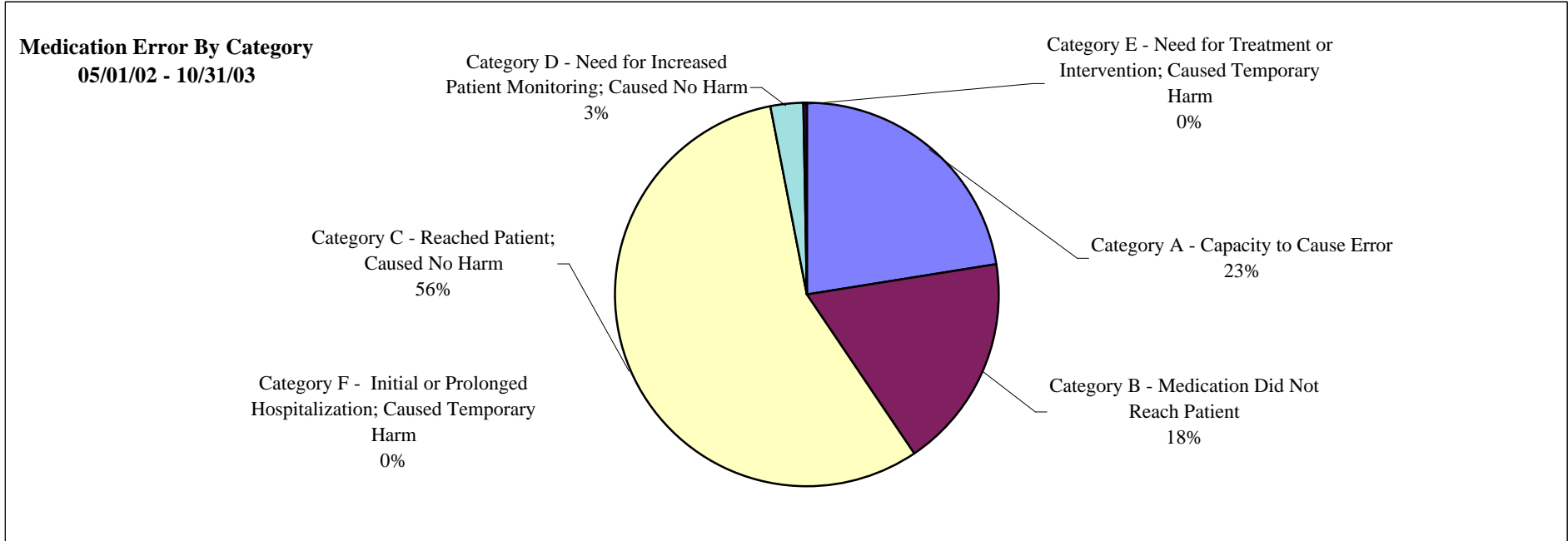
Performance Objective Data Display and Chart Description:

- ◆ 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.

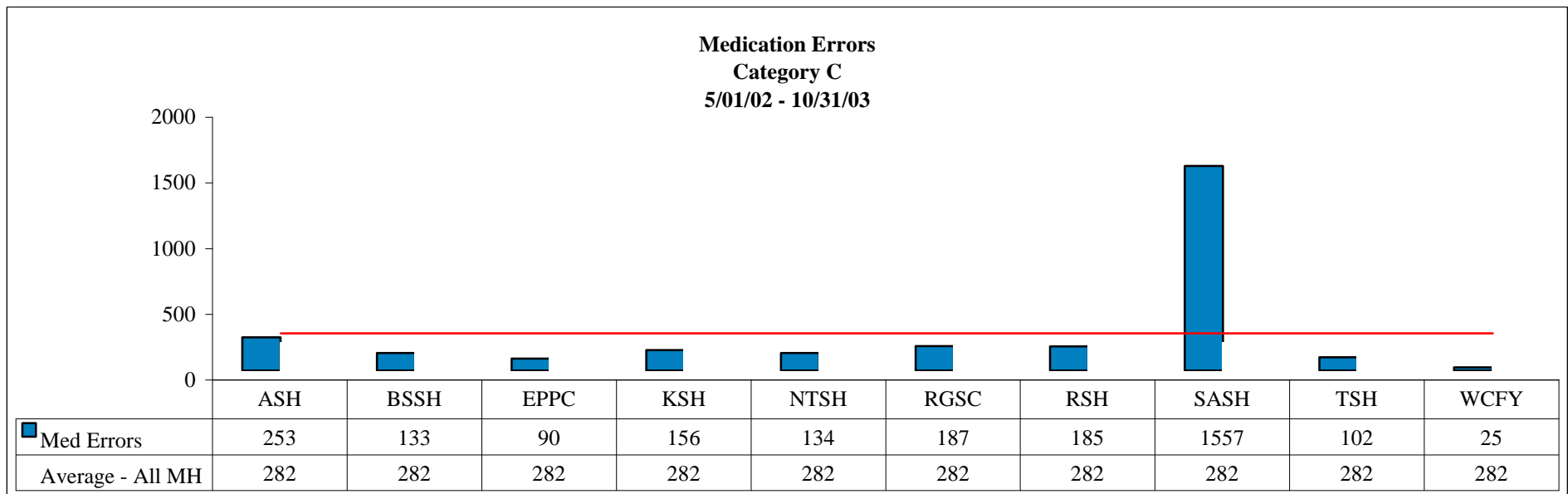
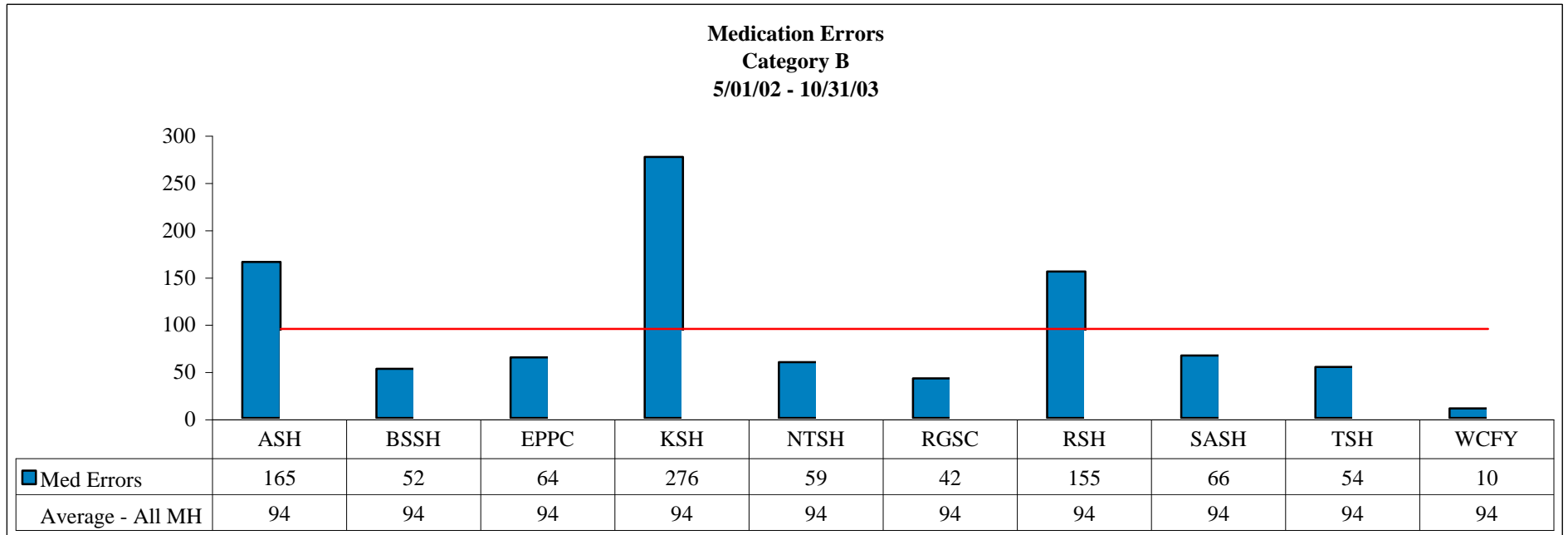
Data Flow:



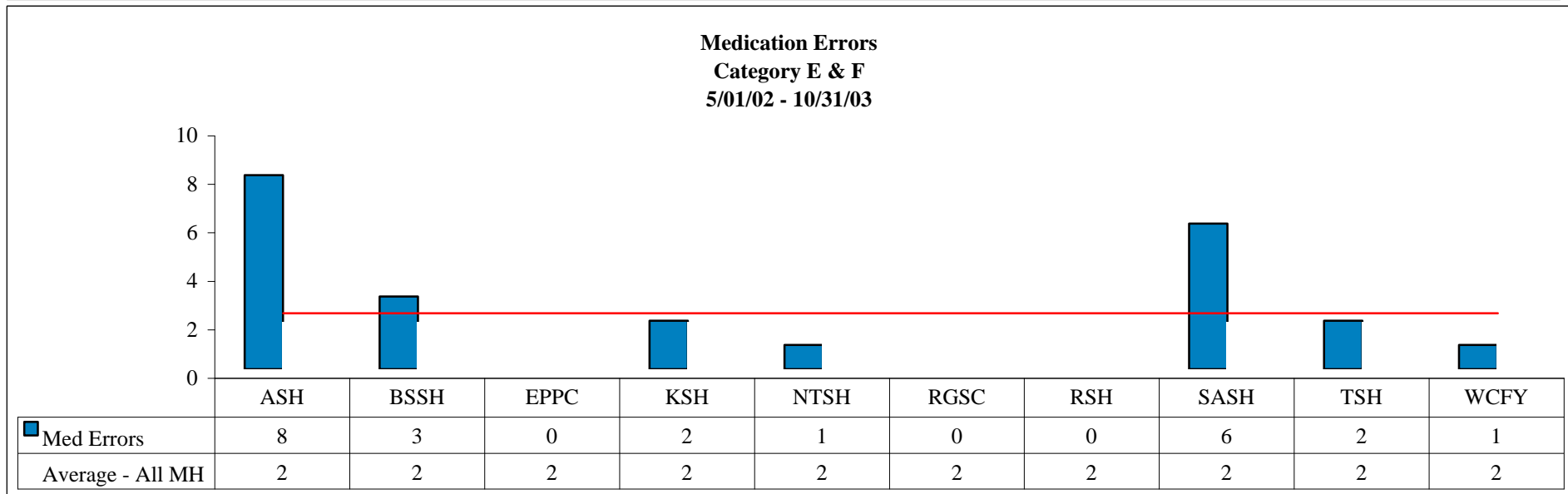
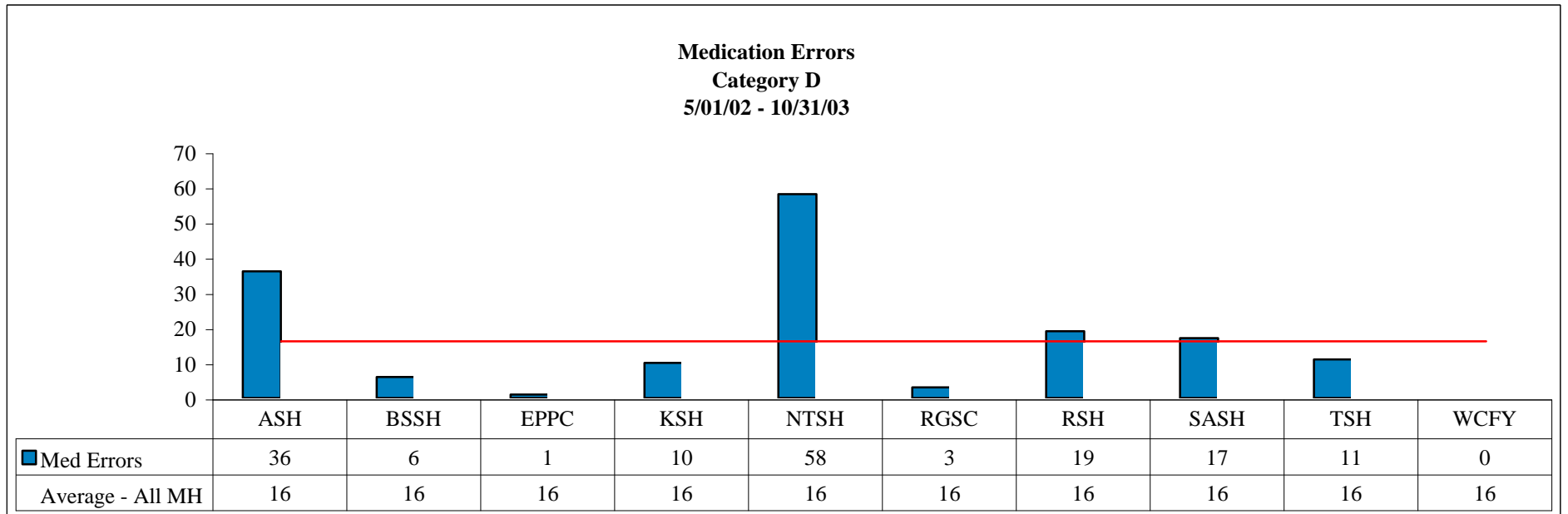
Objective 5H - Medication Variance Data
All MH Facilities



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

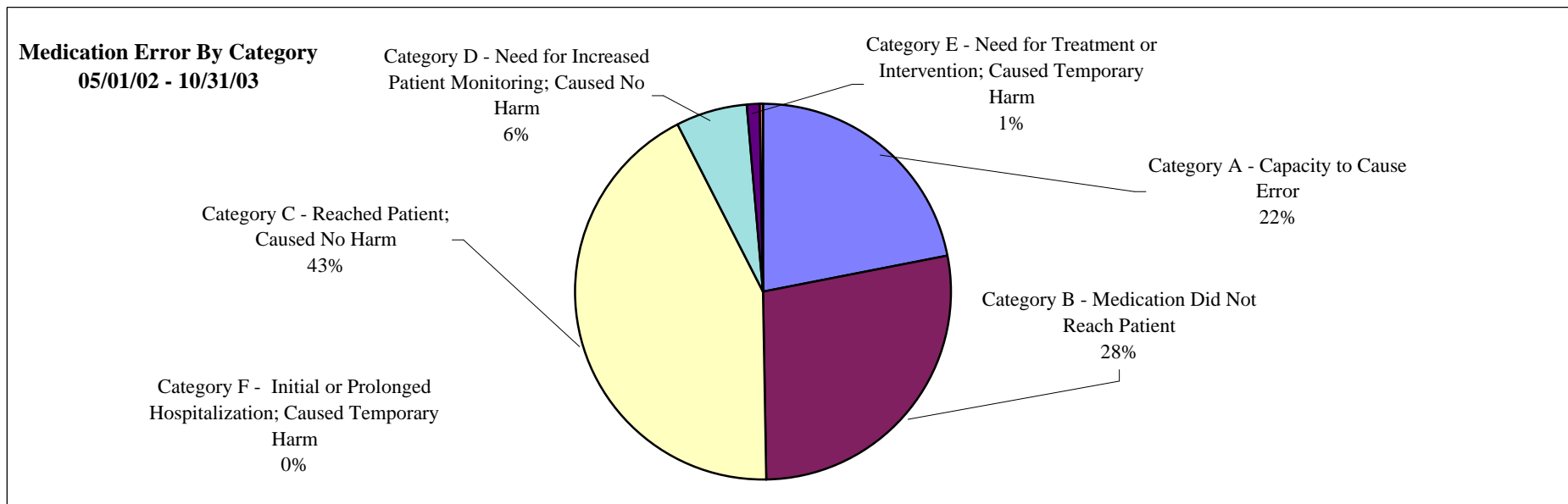
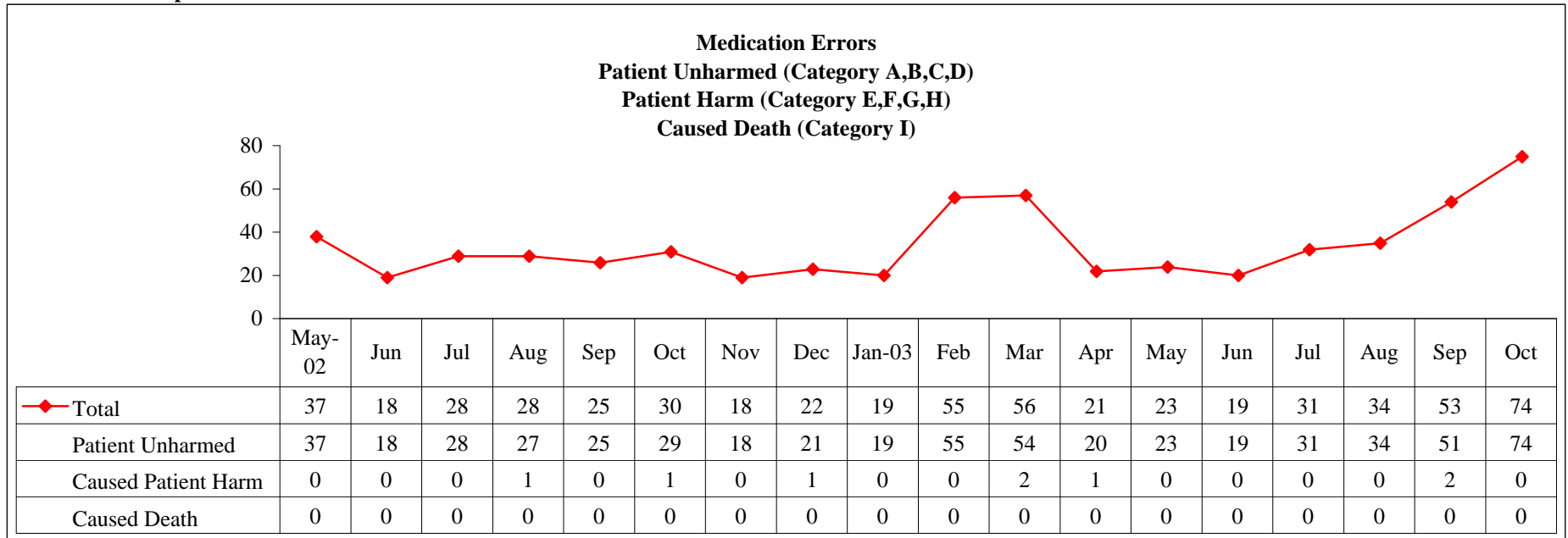
	May-02	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
◆ Total	191	134	157	132	254	273	311	282	305	328	310	340	307	373	406	424	263	222
Patient Unharmed	187	133	157	130	253	272	310	281	304	327	307	338	307	373	405	424	259	222
Caused Patient Harm	4	1	0	2	1	1	1	1	1	1	3	2	0	0	1	0	4	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Errors
All Categories
5/01/02 - 10/31/03

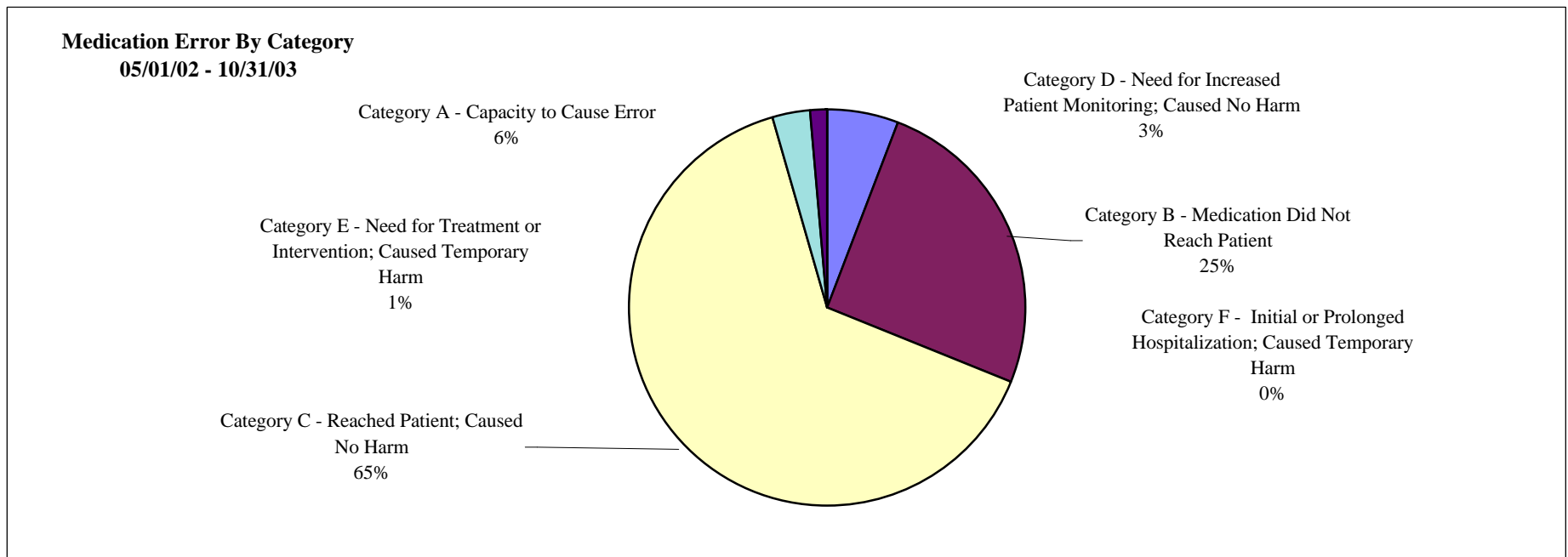
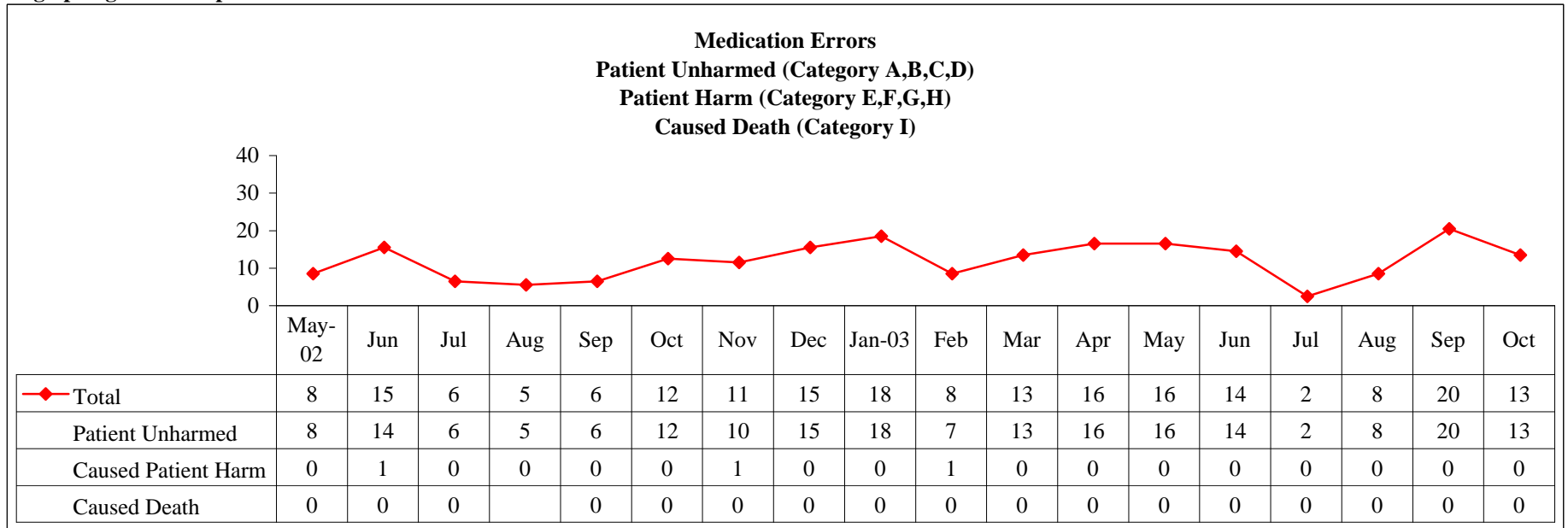
2250
2000
1750
1500
1250
1000
750
500
250
0

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
■ Med Errors	591	206	517	534	272	328	392	1927	205	40

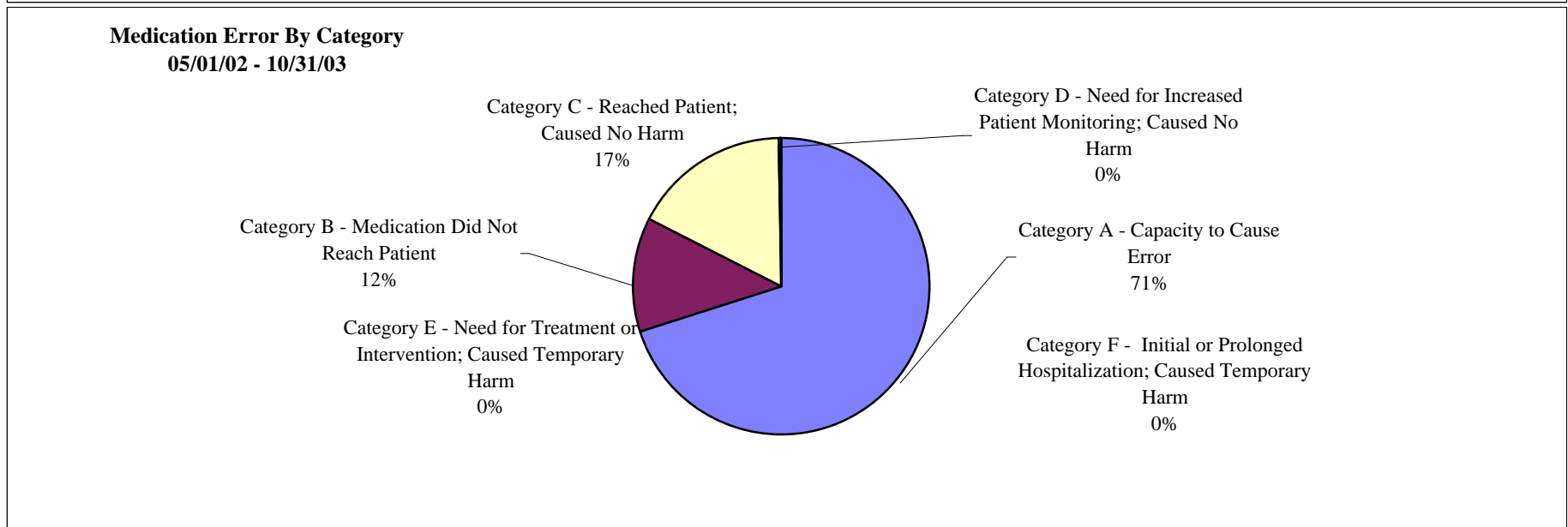
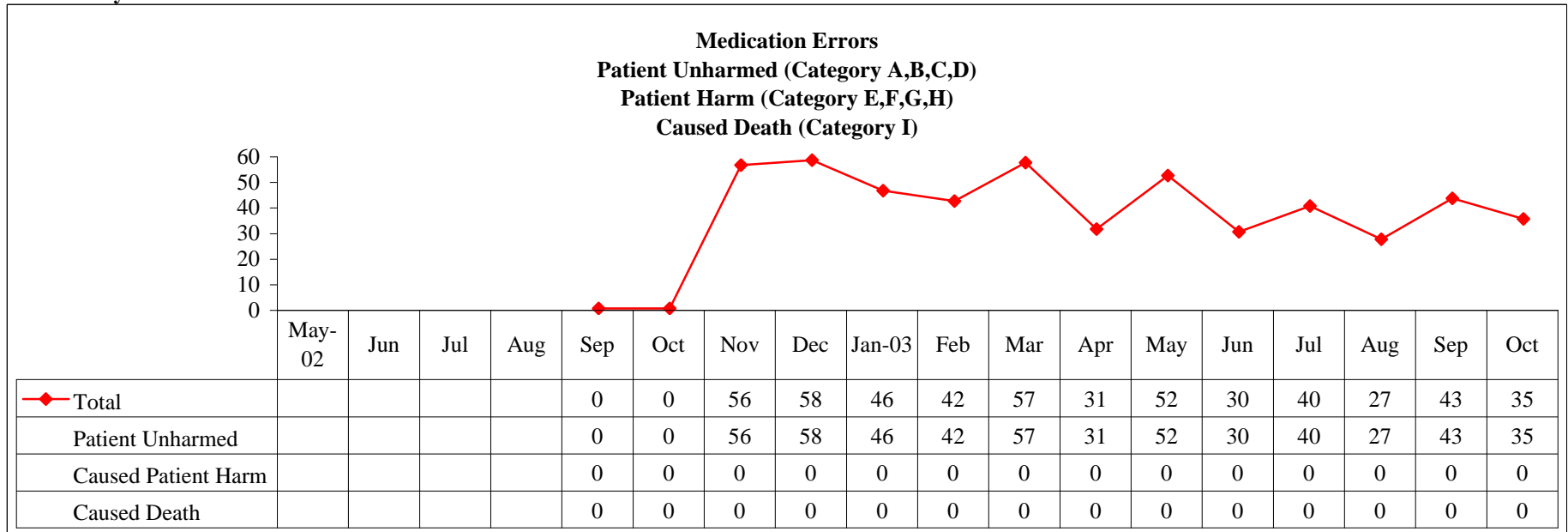
**Objective 5H - Medication Variance Data
Austin State Hospital**



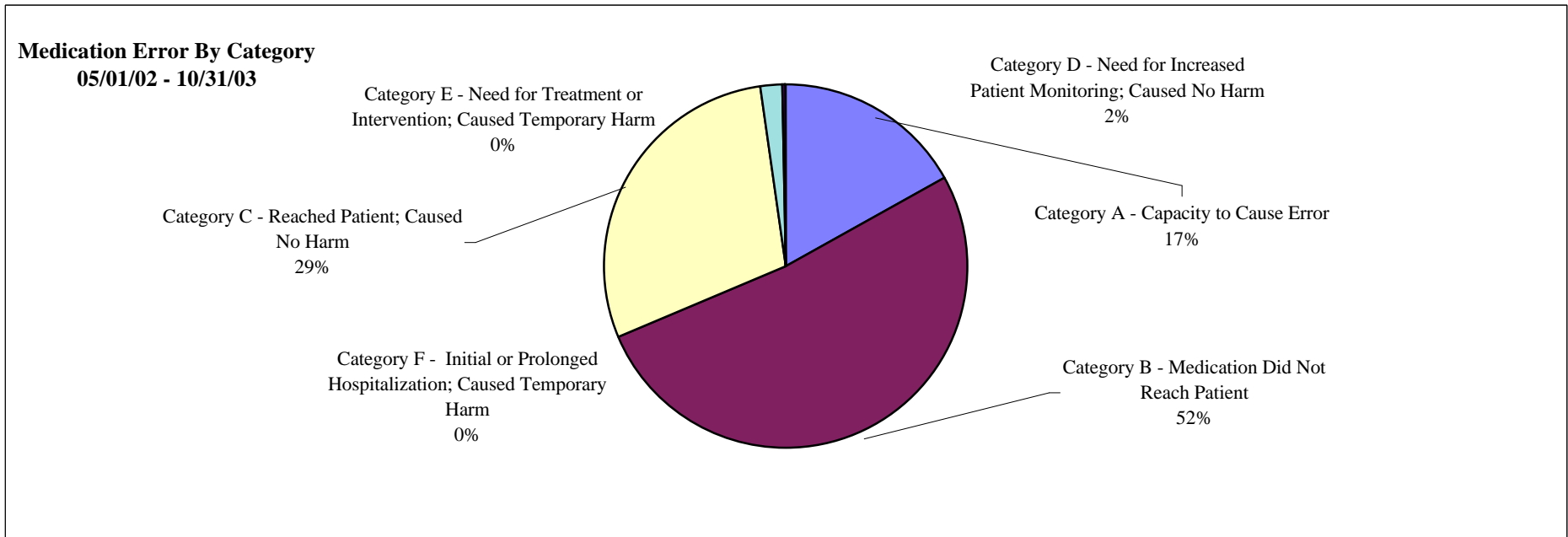
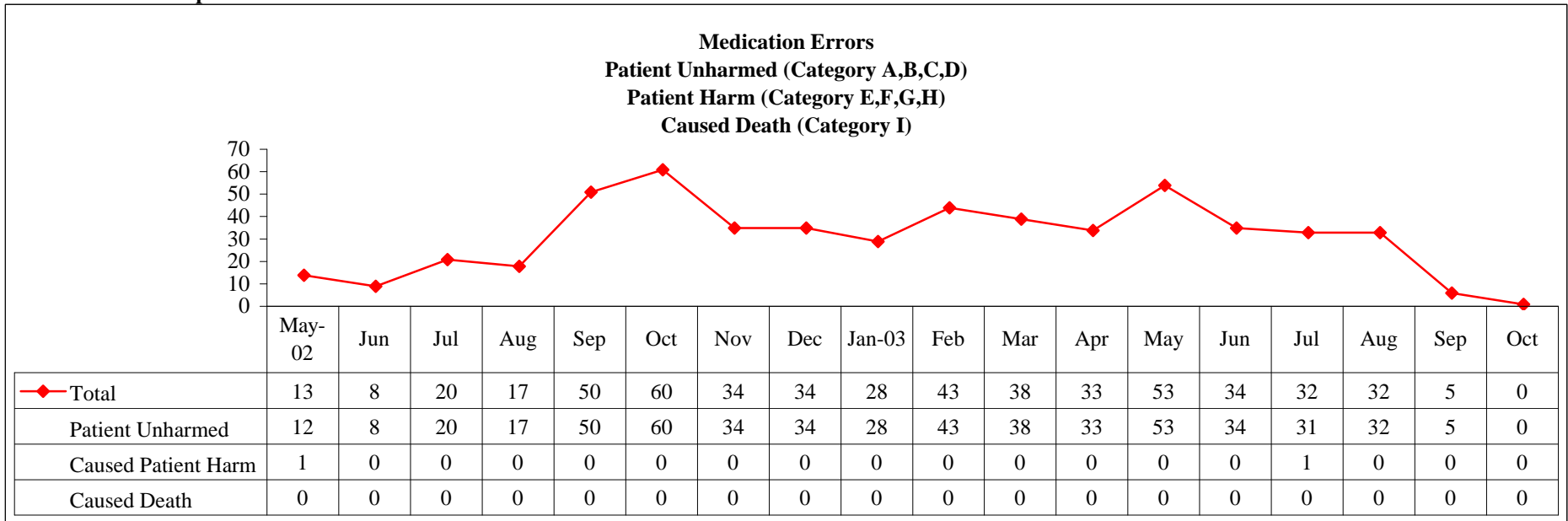
Objective 5H - Medication Variance Data
Big Spring State Hospital



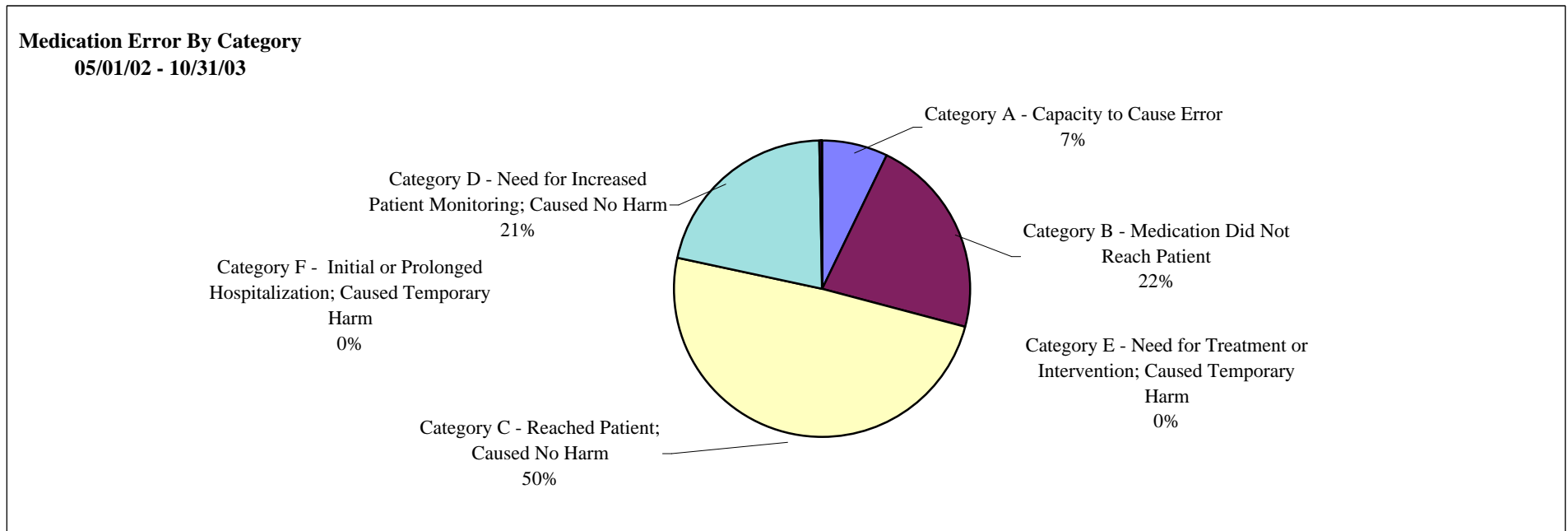
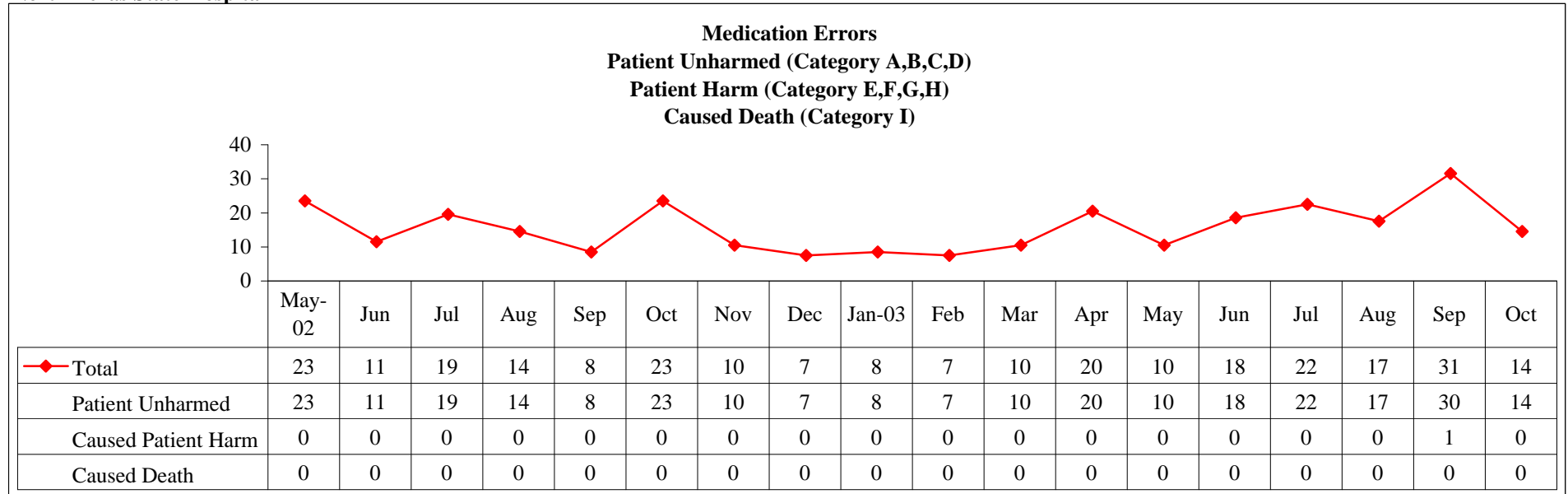
Objective 5H - Medication Variance Data
El Paso Psychiatric Center



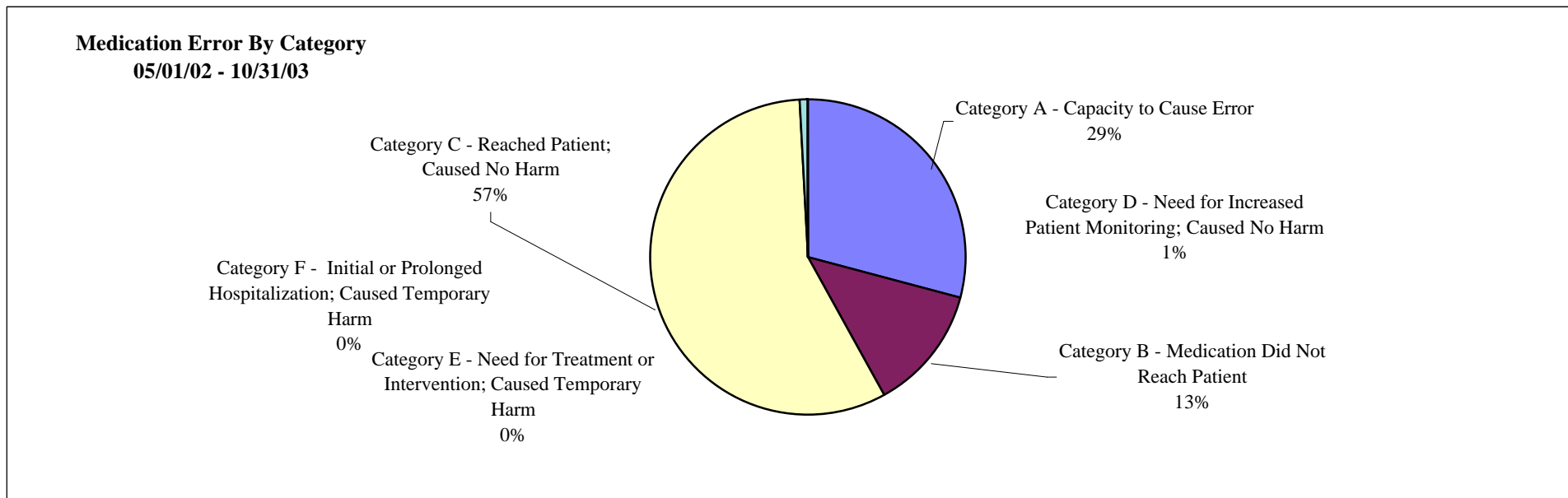
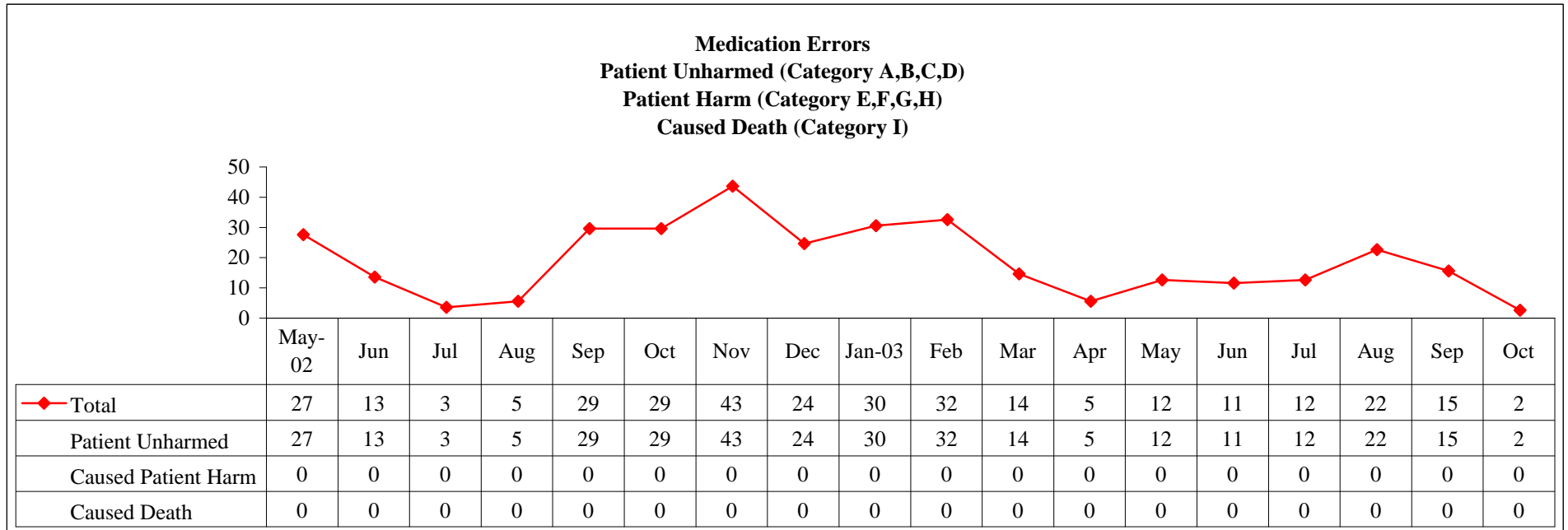
**Objective 5H - Medication Variance Data
Kerrville State Hospital**



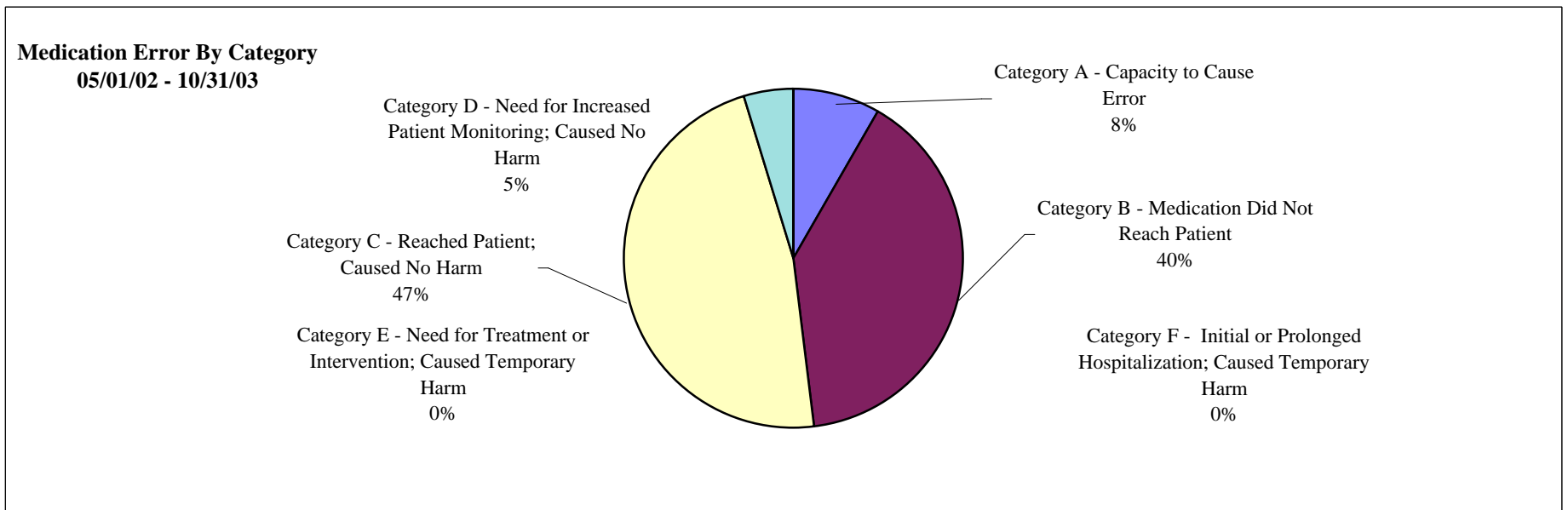
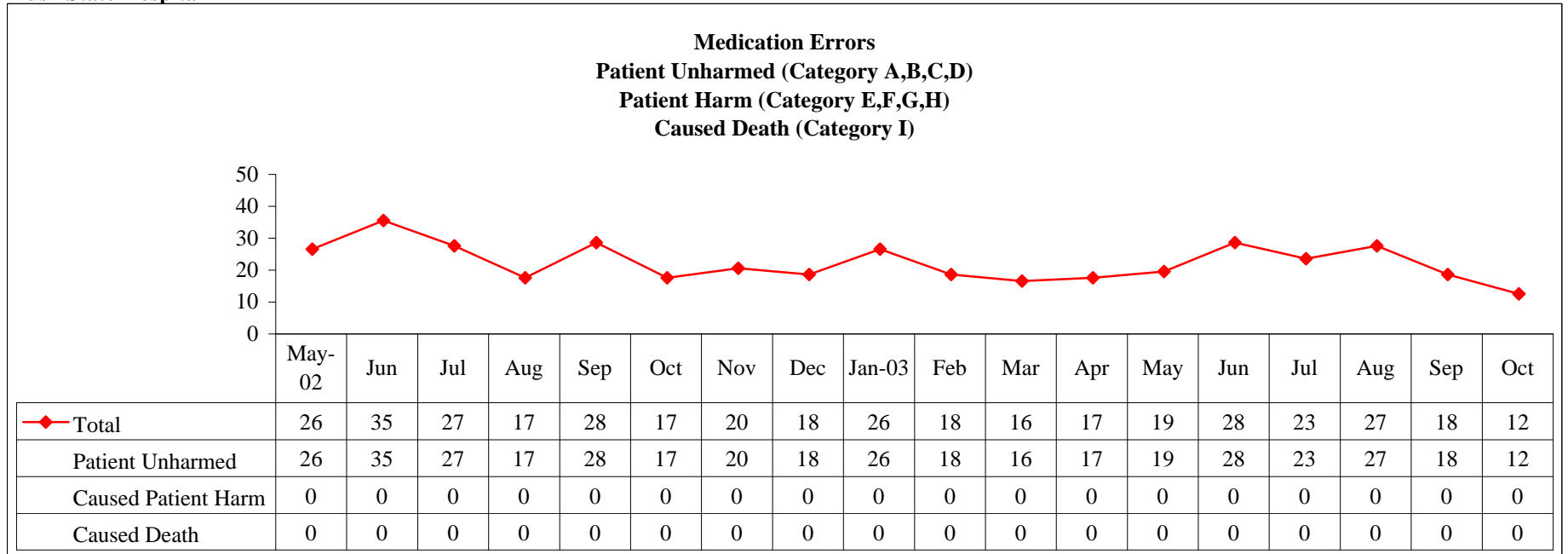
Objective 5H - Medication Variance Data
North Texas State Hospital



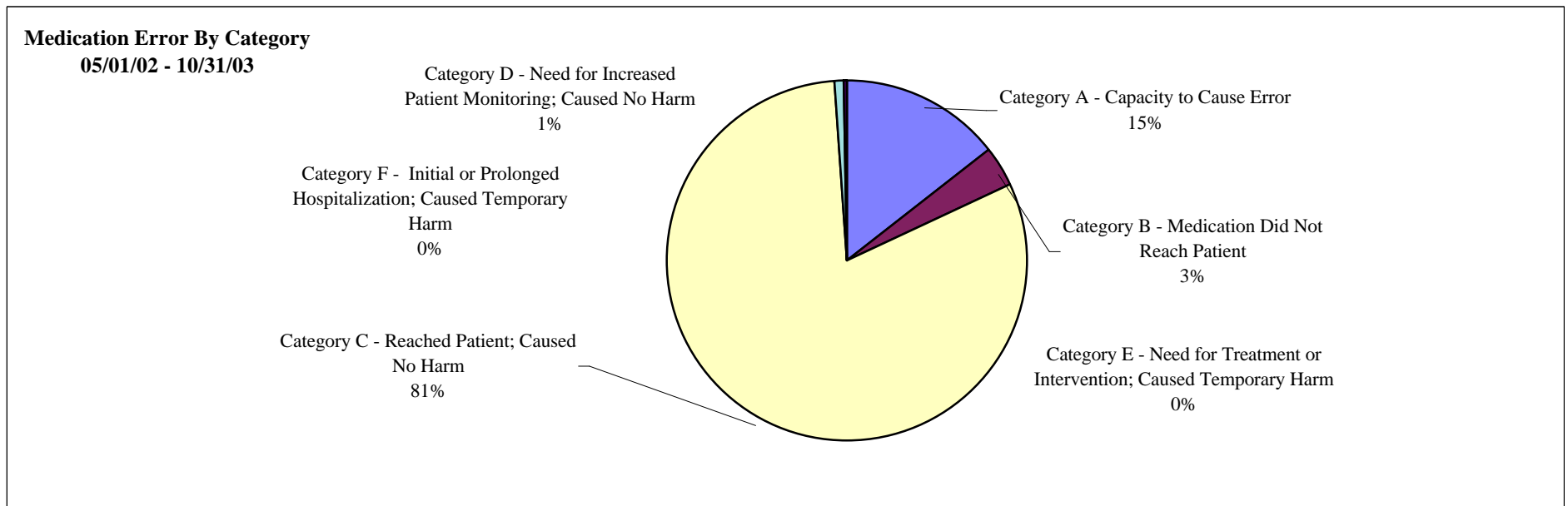
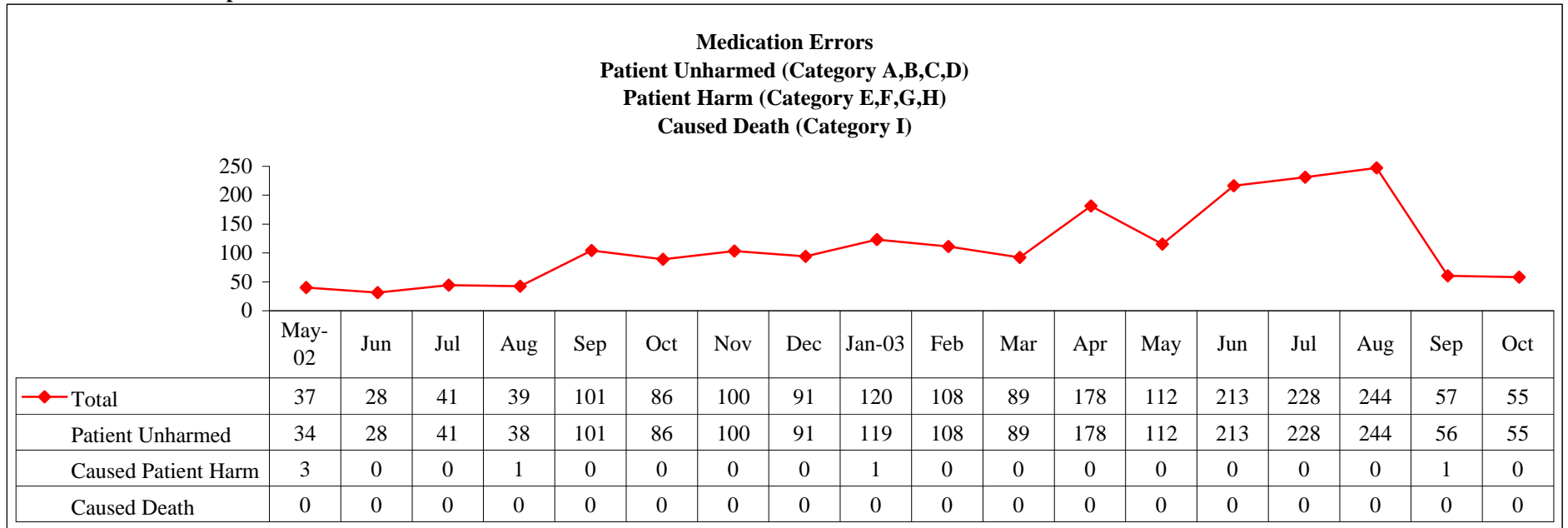
Objective 5H - Medication Variance Data
Rio Grande State Center



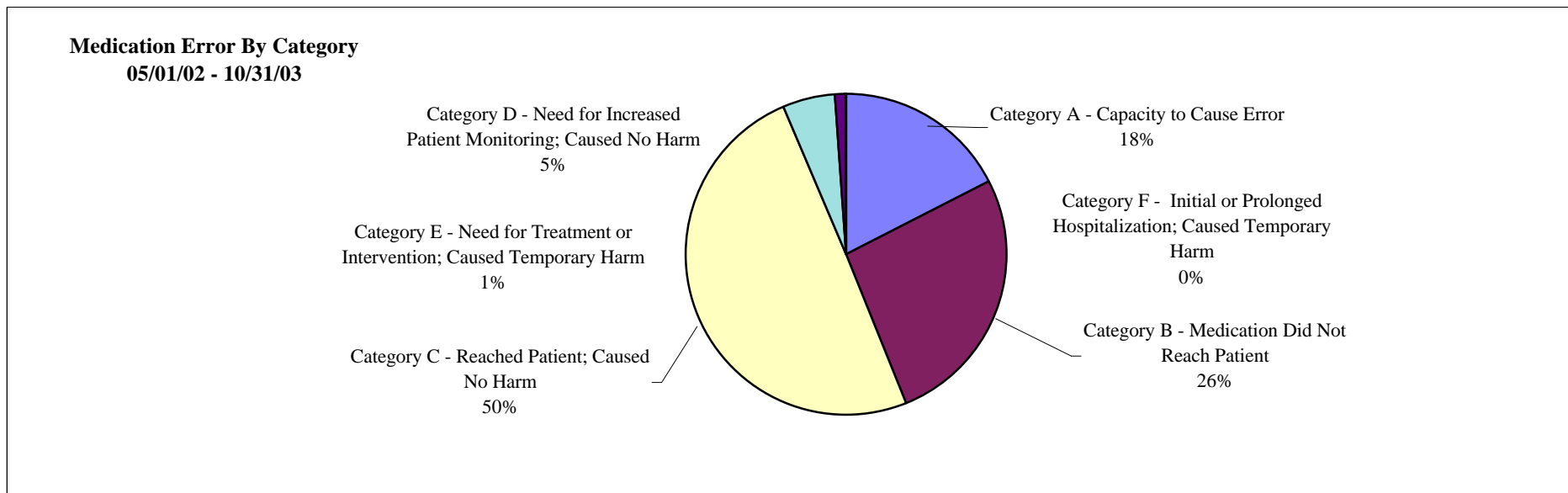
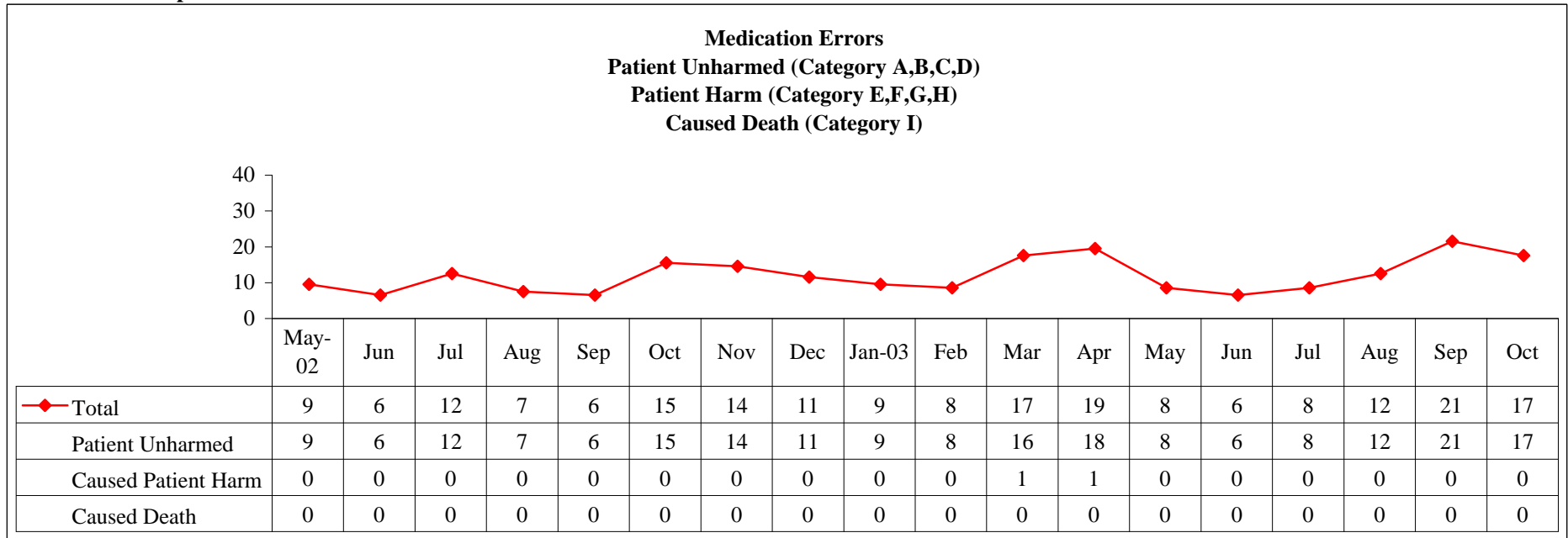
Objective 5H - Medication Variance Data
Rusk State Hospital



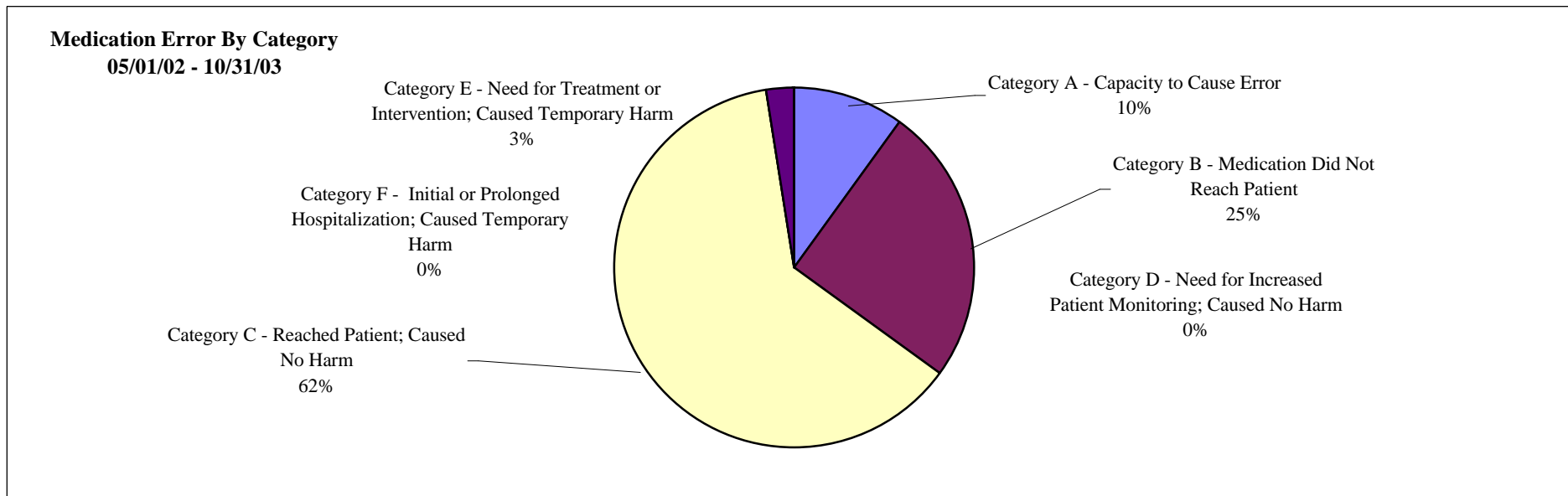
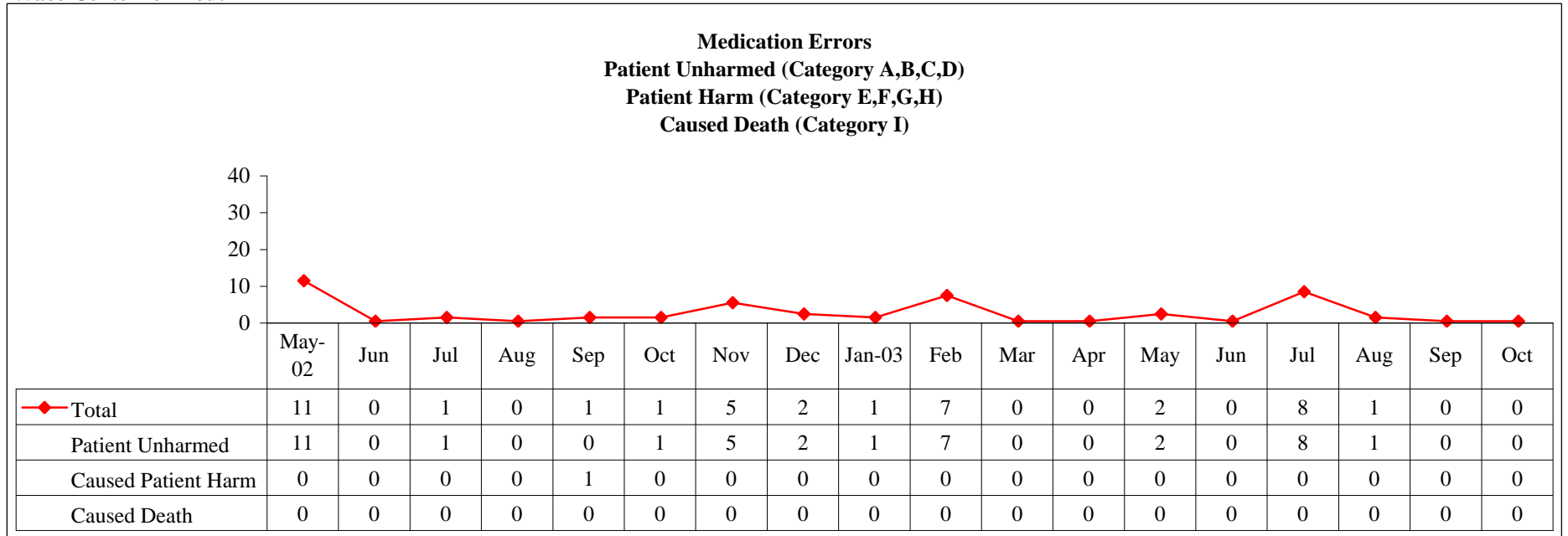
Objective 5H - Medication Variance Data
San Antonio State Hospital



Objective 5H - Medication Variance Data
Terrell State Hospital



Objective 5H - Medication Variance Data
Waco Center for Youth



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

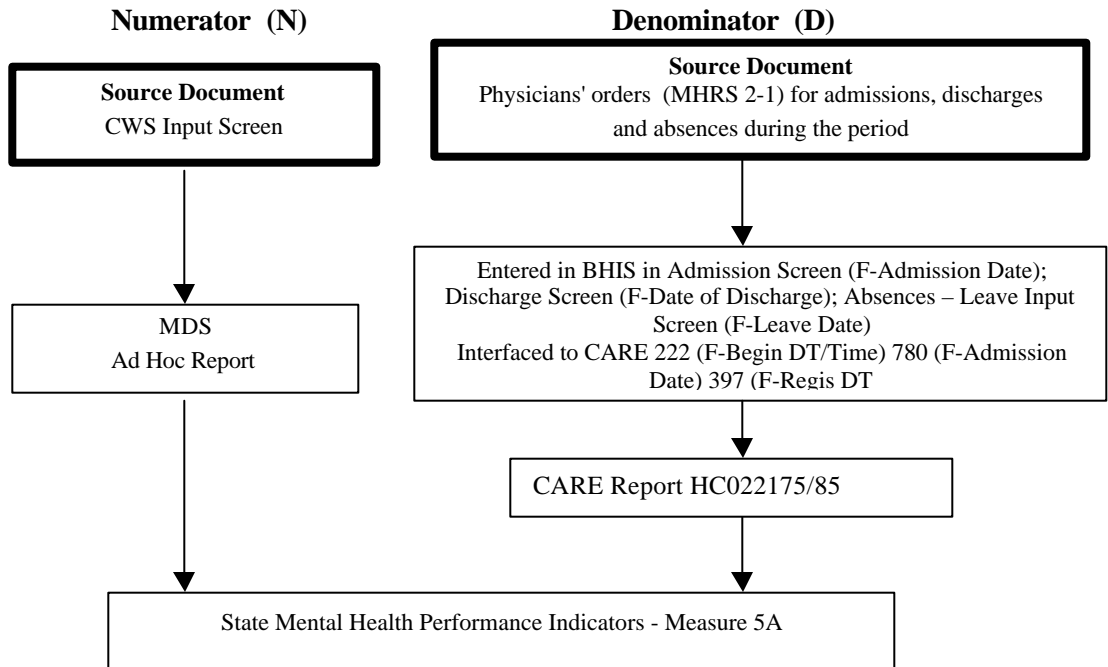
N = number of injuries D = number of bed days per FY quarter

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							
	N/A	No Tx	First Aid	Med Tx	hospital-ization	Fatal	*	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																													
Accident	15	198	236	30	6	0	485																						
Self Inflicted	6	85	156	17	1	2	267																						
Employee/Accident	0	5	14	3	0	0	22																						
Visitor	0	1	0	0	0	0	1																						
Another Client	13	119	130	23	1	0	286																						
Undetermined	32	90	58	9	0	0	189																						
Alleged Abuse/Neg	6	47	7	2	0	0	62																						
Medical Condition	1	11	6	5	2	0	25																						
Total	73	556	607	89	10	2	1337																						
Rate/1000 Bed Days	0.37	2.80	3.06	0.45	0.05	0.01	0.51																						

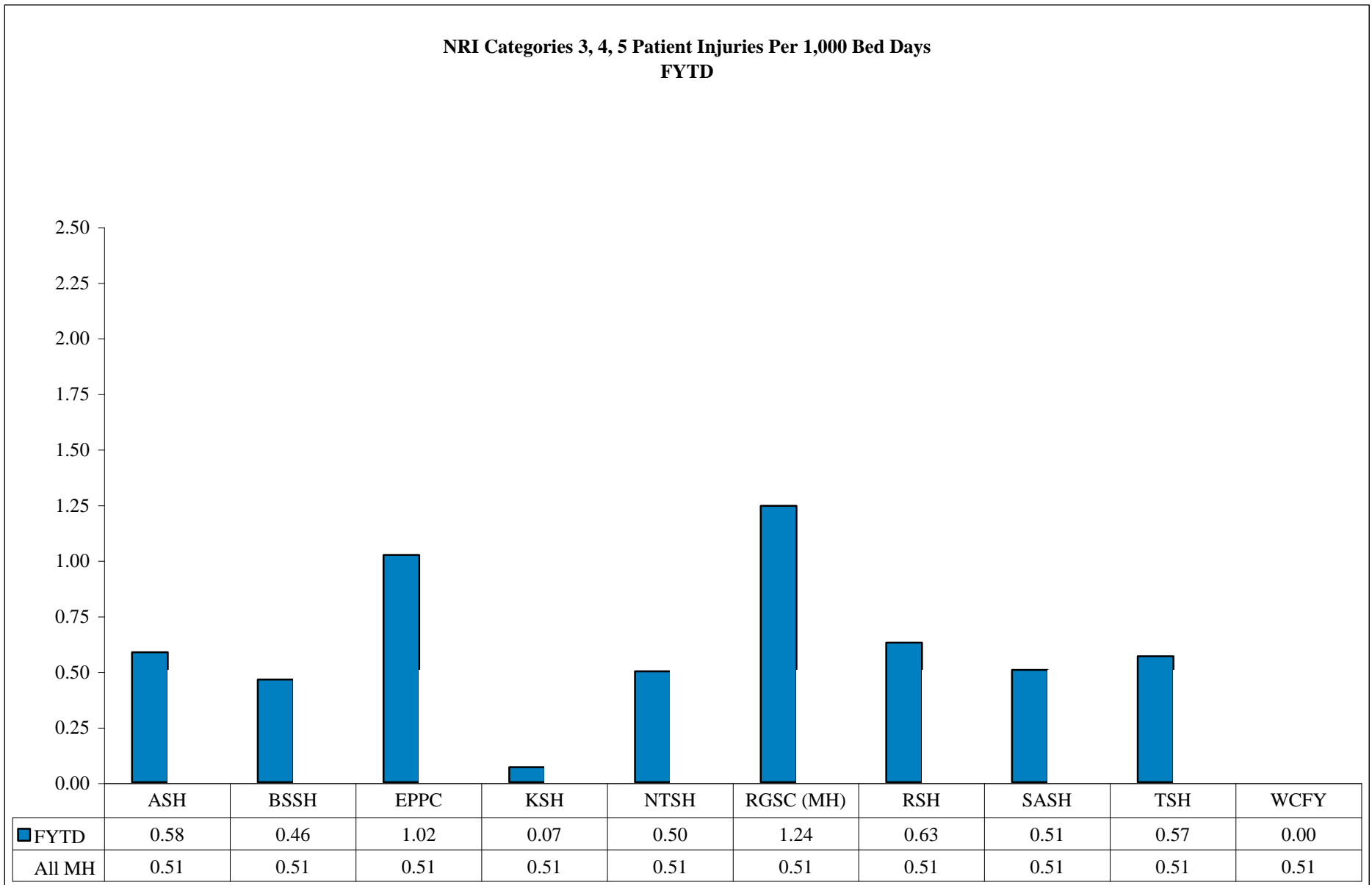
N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5

Source: Unduplicated Client Days (HC022175); and
CWS

Measure 5A - Patient Injuries

All MH Facilities - As of November 30, 2003



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

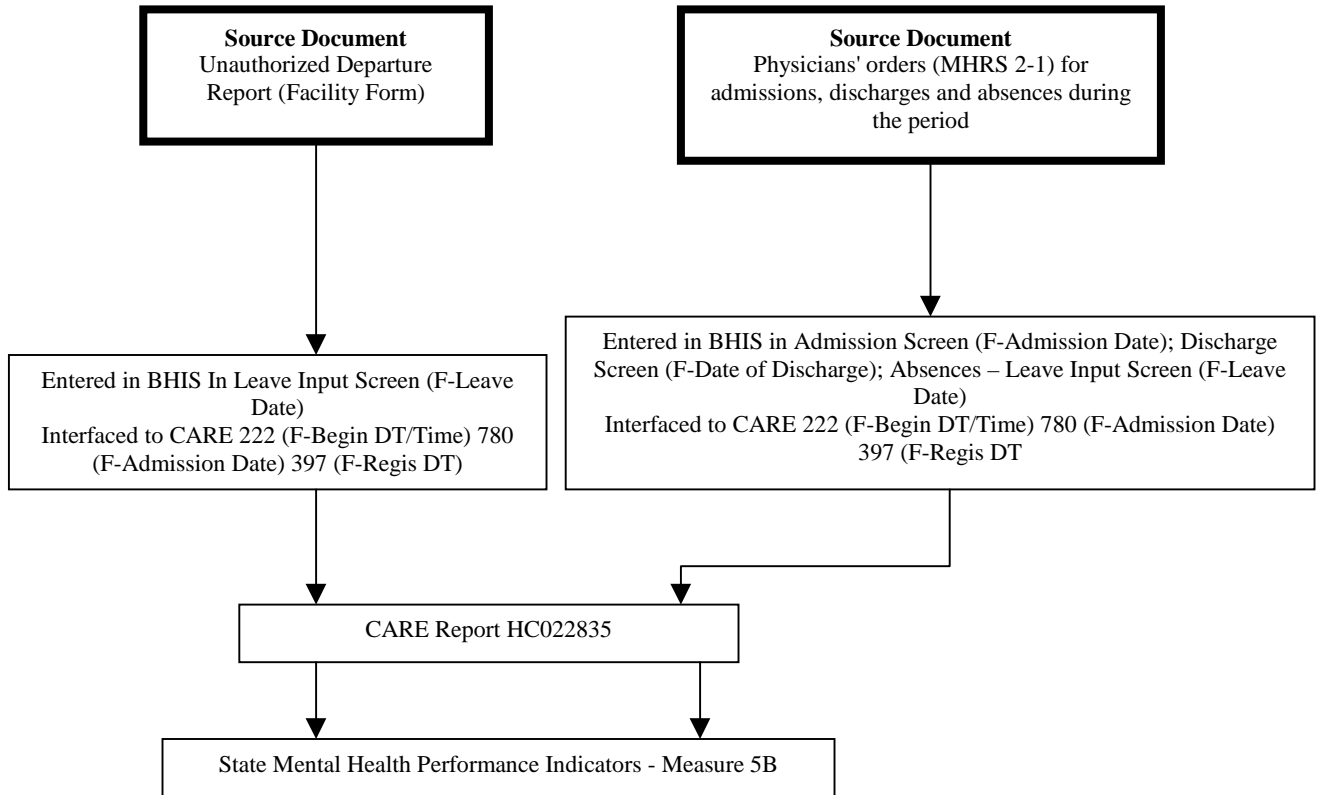
Performance Measure Data Display and Chart Description:

- ◆ 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 - Q1 FY04

	Dec-02	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ALL MH FACILITIES												
Unauthorized Departures Incidents	18	16	9	21	20	26	25	23	15	20	21	12
Unauthorized Departures Persons	17	16	9	20	20	26	25	22	14	17	20	12
Bed Days in Month	68402	70794	63465	69623	67906	71757	68818	69193	69963	65774	67425	65360
Incidents/1000 Bed Days	0.26	0.23	0.14	0.30	0.29	0.36	0.36	0.33	0.21	0.30	0.31	0.18

Measure 5B - Rate for Elopements
All MH Facilities - As of November 30, 2003

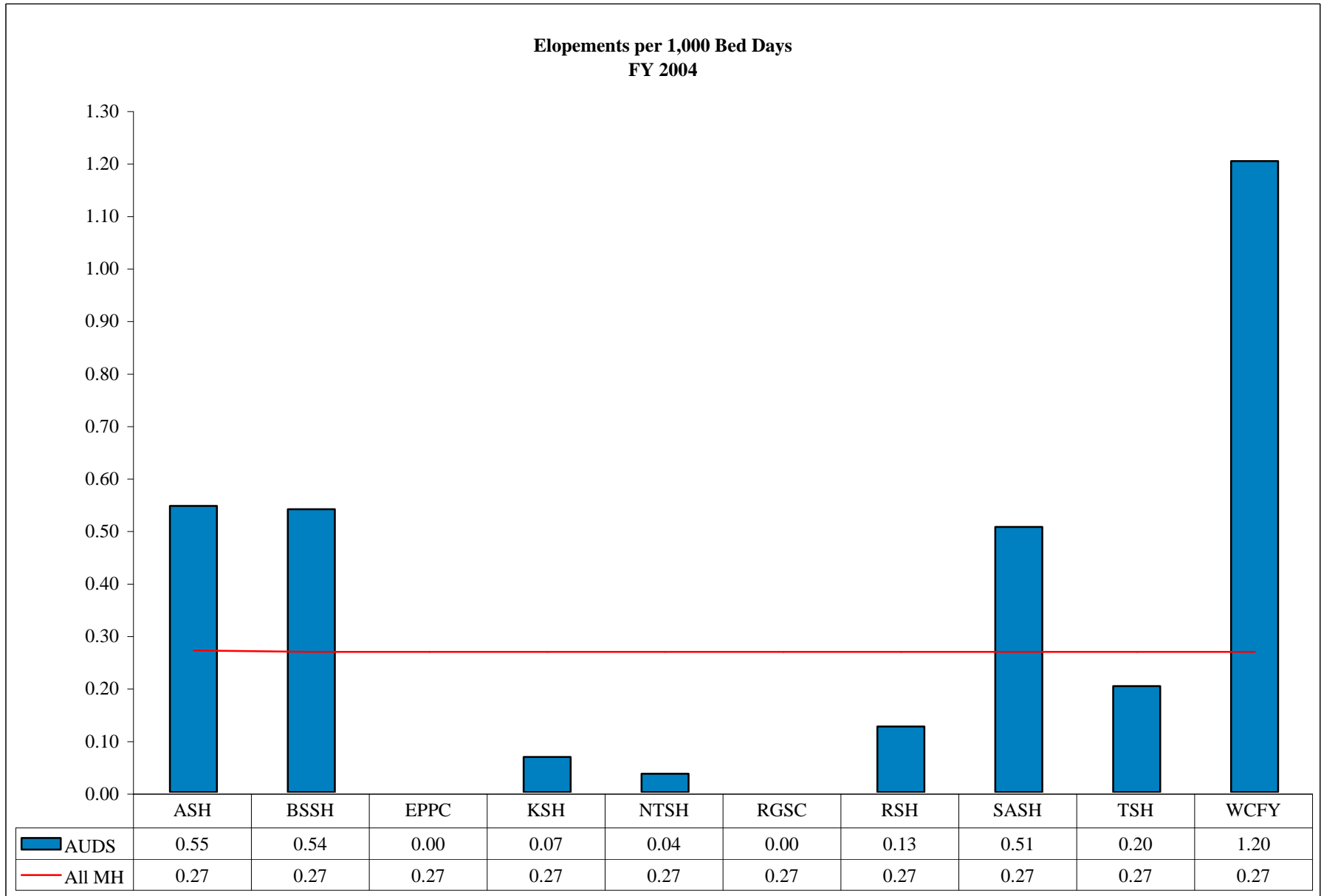


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Measure 5B - Rate for Elopements
All MH Facilities - Q1 FY04

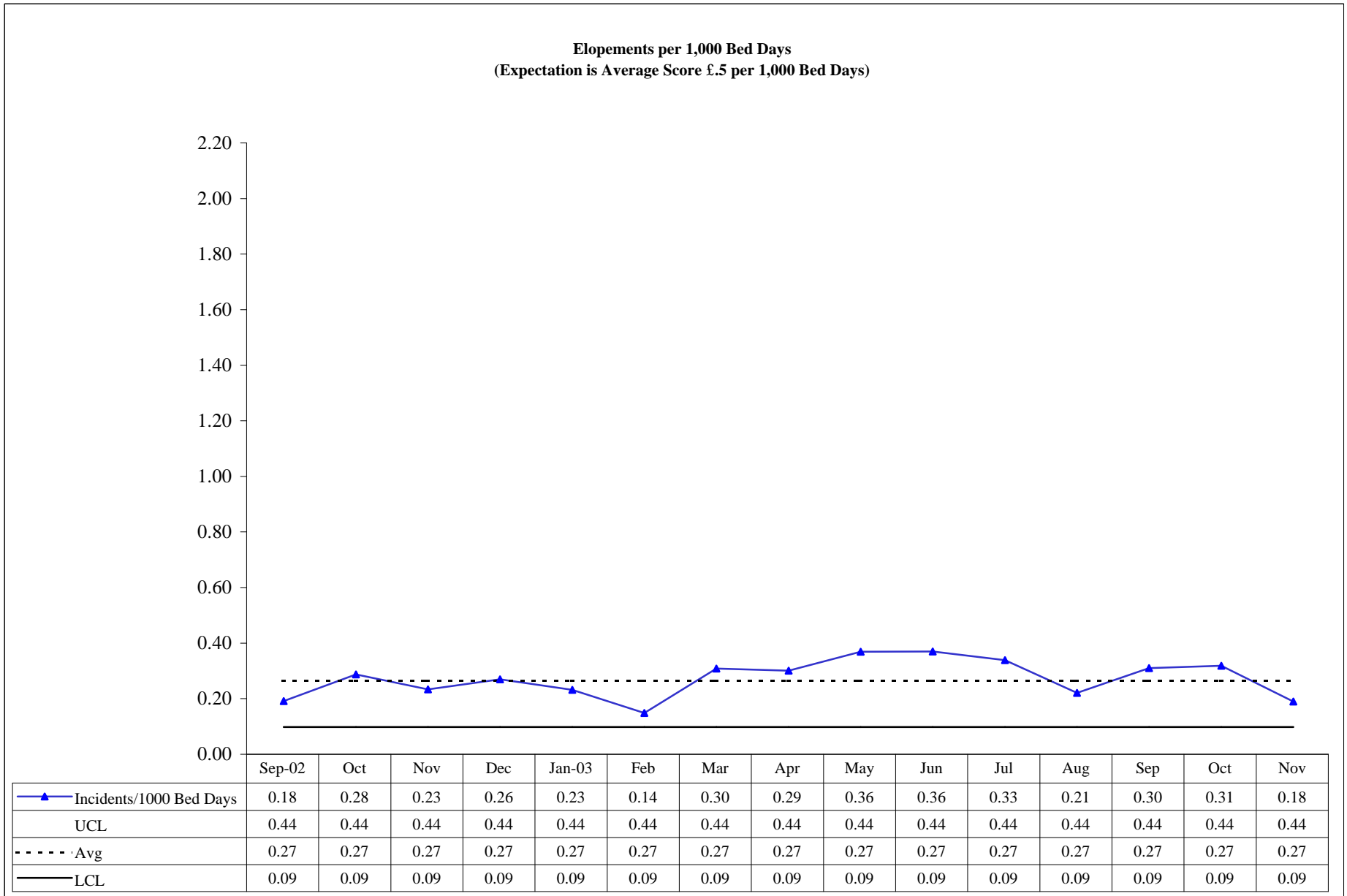


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Performance Measure 5D:

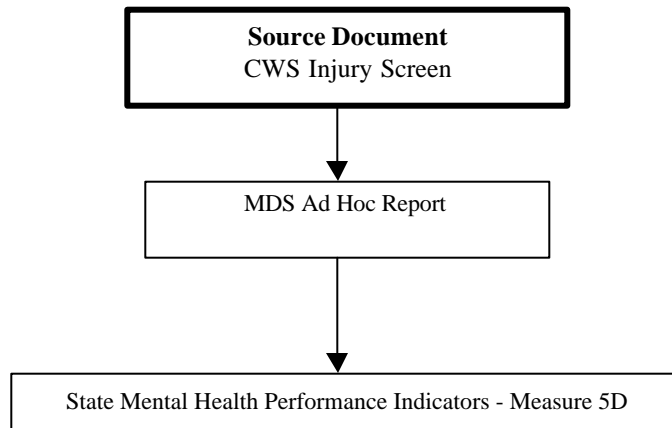
State mental health facilities will track, analyze, and report the relationship between patient injuries and restraint (by type) and seclusion. (Numerator = Number of injuries related to R/S and Denominator = Number of R/S episodes.)

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 - 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																													
Mechanical Restraint	1	4	0	0	0	0	5																						
Personal Restraint	3	7	12	0	0	0	22																						
Restraint-Personal (Vertical)	1	13	10	1	0	0	25																						
Total							52																						
Per 1000 Beddays							0.3																						

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.

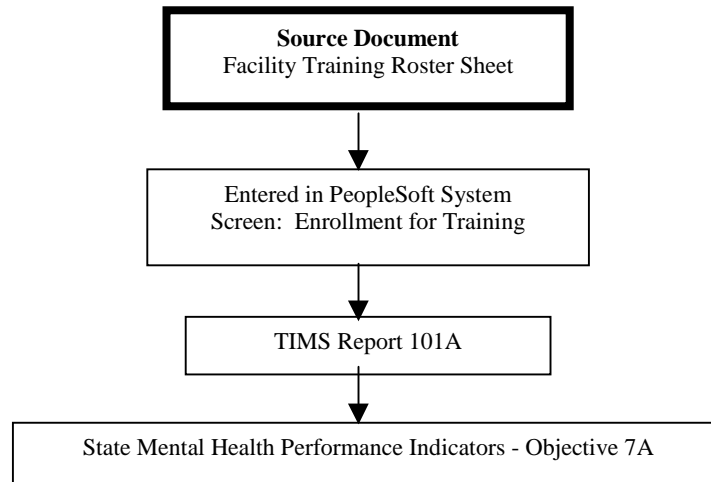
Performance Objective Operational Definition: The facility percentage of employees with active training statuses who have completed all courses related to their position type training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report is run) 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:

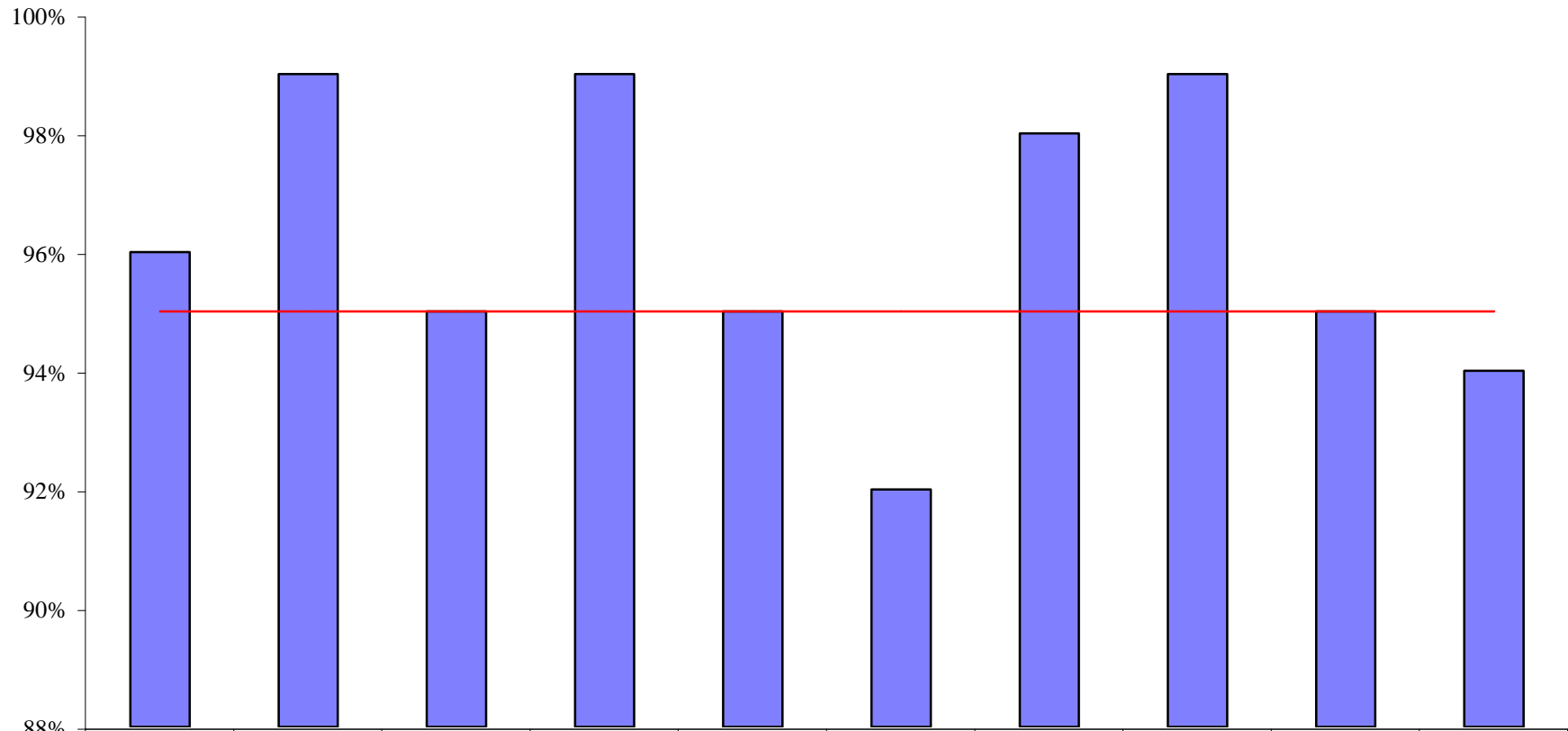
- ◆ Control chart with monthly data points of percentage of training completed for individual facilities and system-wide.
- ◆ Bar chart with all state mental health facilities scores for the last month of the quarter.

Data Flow:



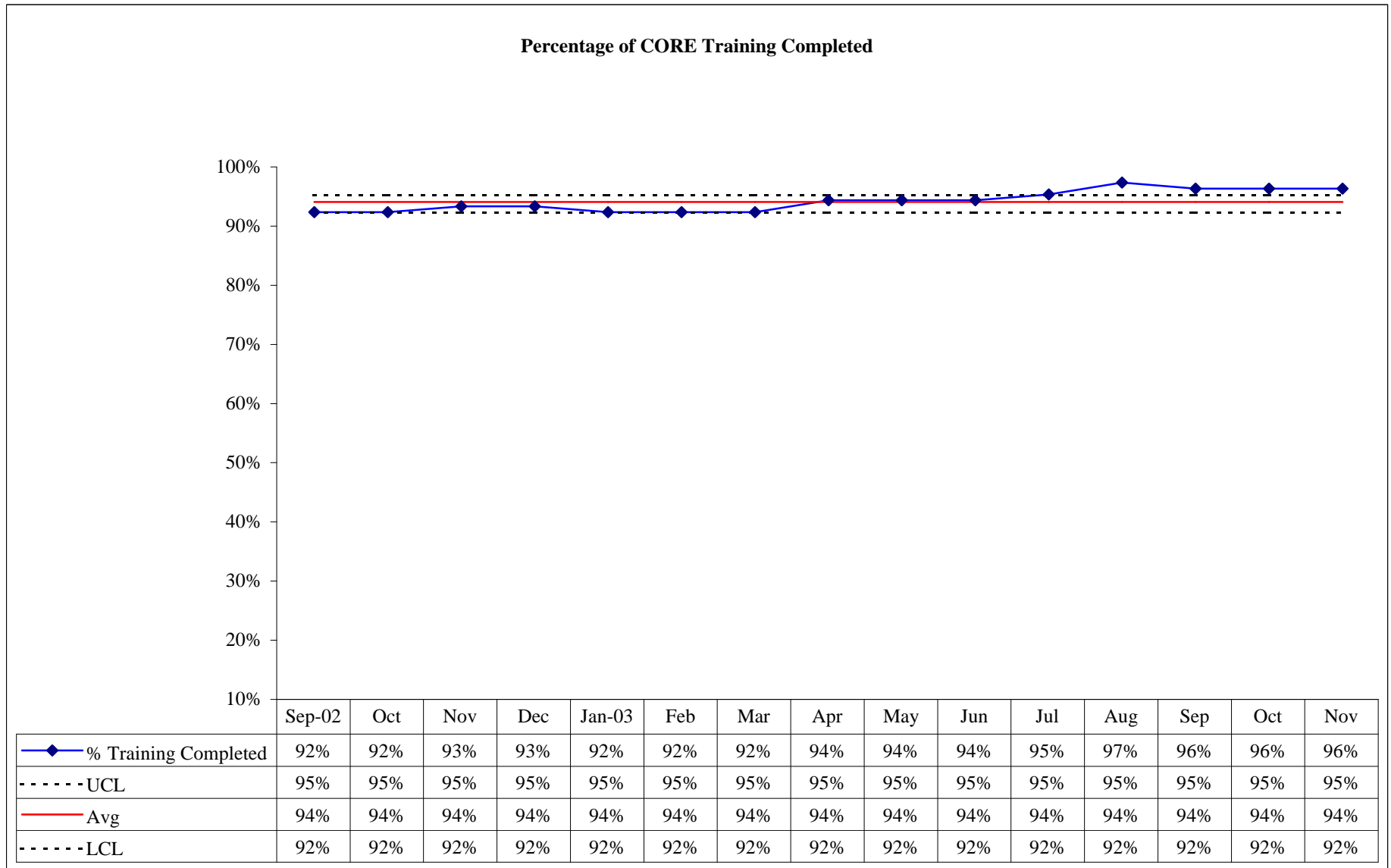
Objective 7A - Staff Up-To-Date With CORE Training
All MH Facilities

CORE Training
(As of November 30, 2003)

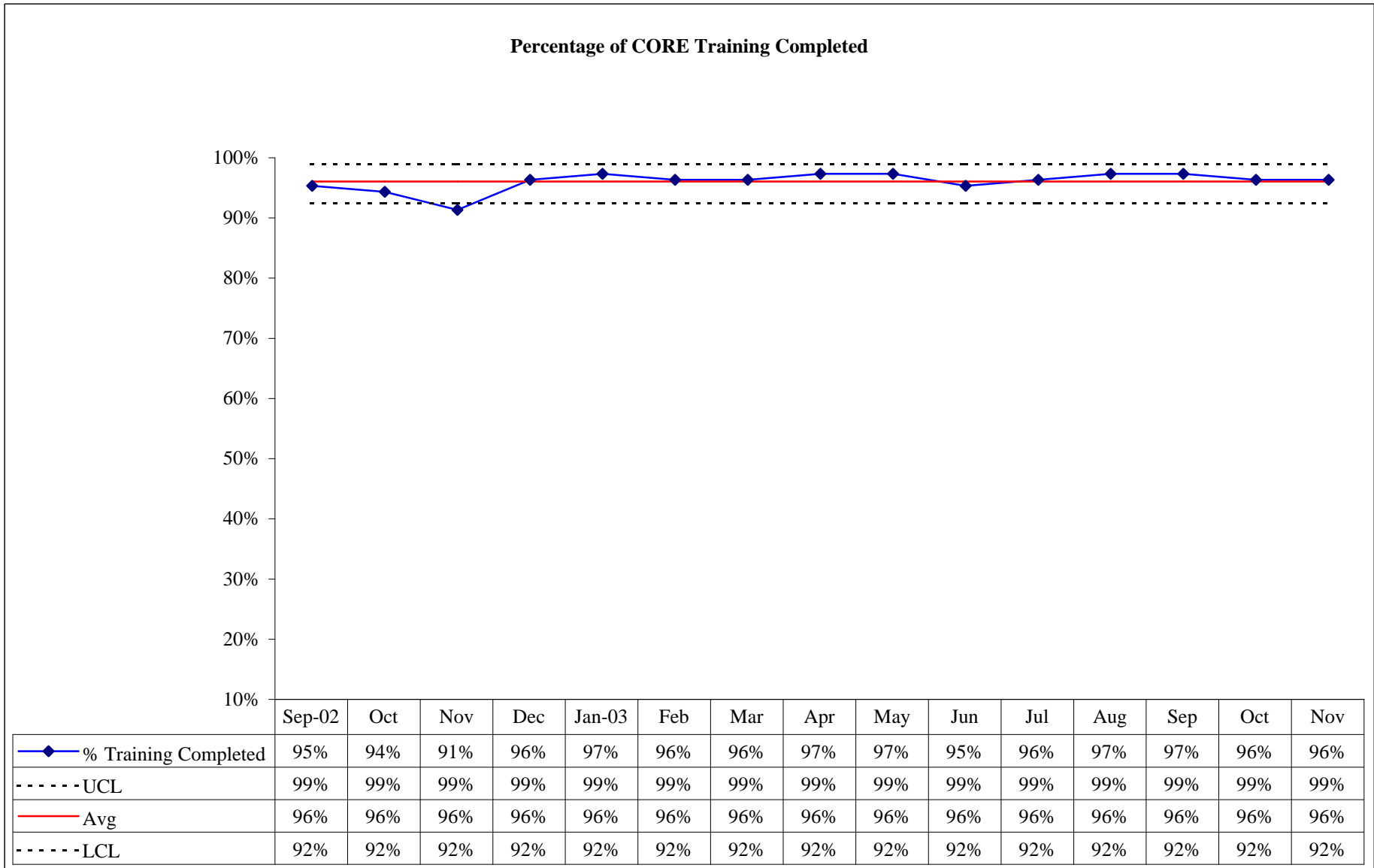


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
■ Q1 FY04	96%	99%	95%	99%	95%	92%	98%	99%	95%	94%
— Required Rate	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

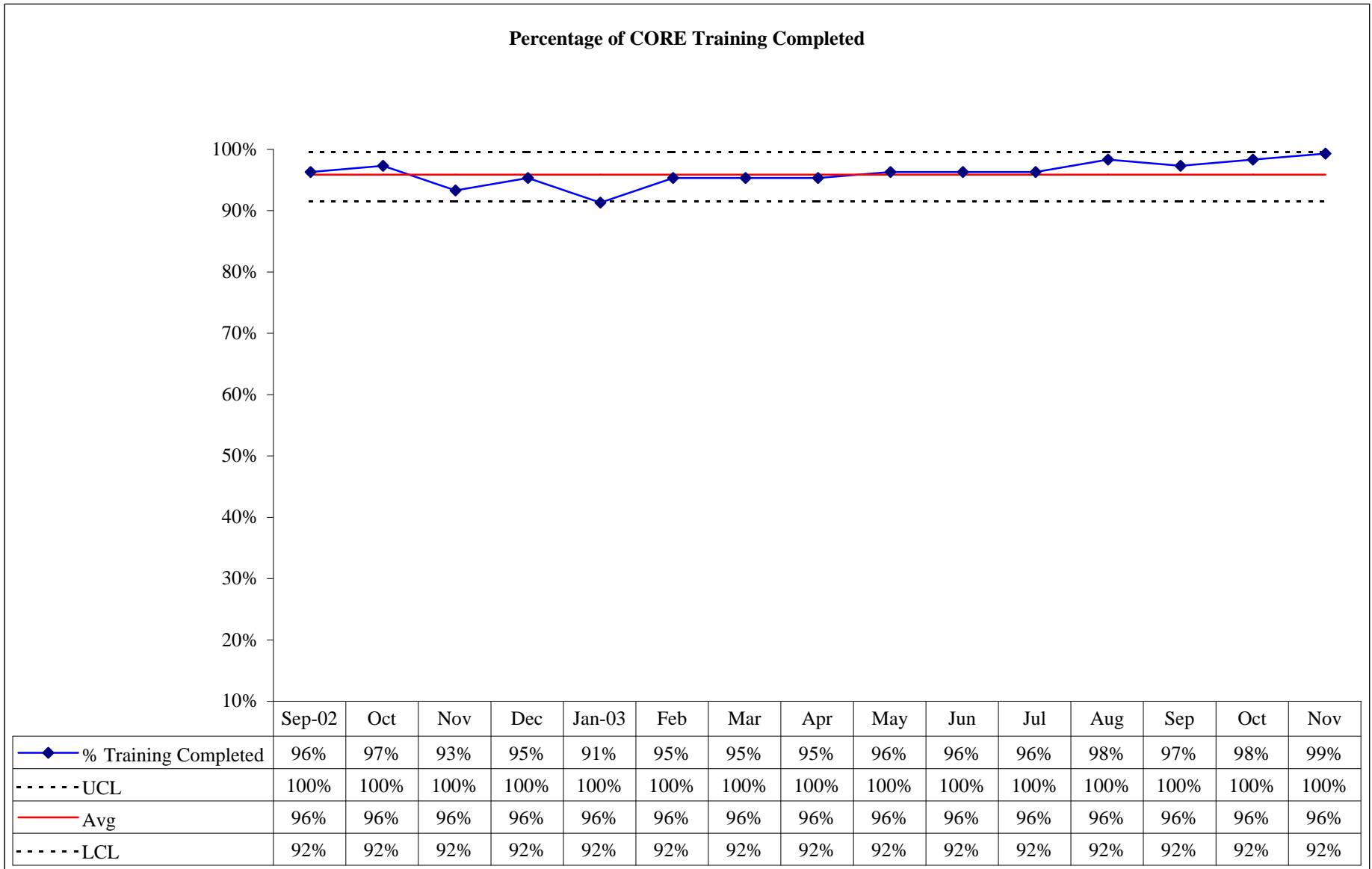
Objective 7A - Staff Up-To-Date With CORE Training
All MH Facilities



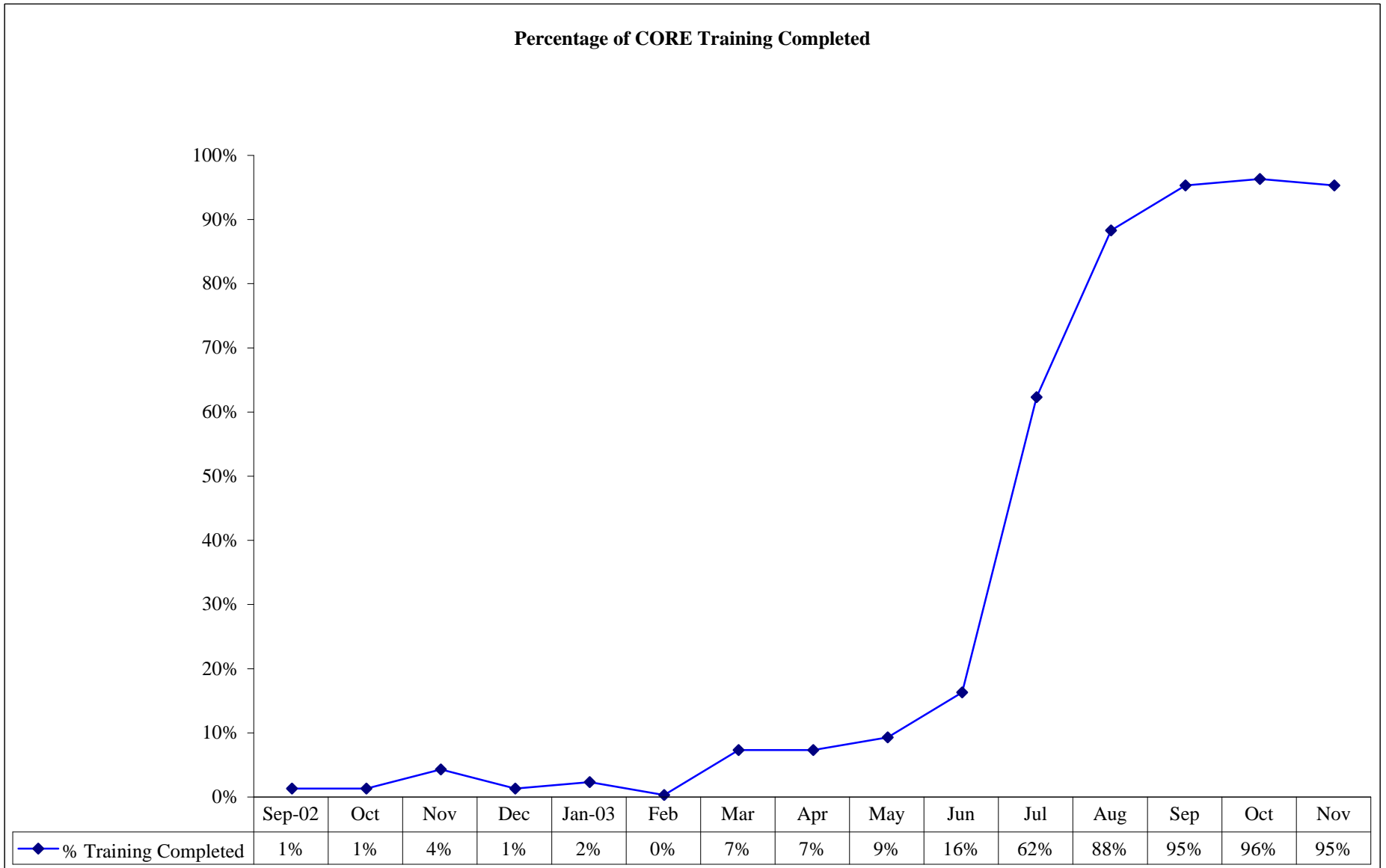
Objective 7A - Staff Up-To-Date With CORE Training
Austin State Hospital



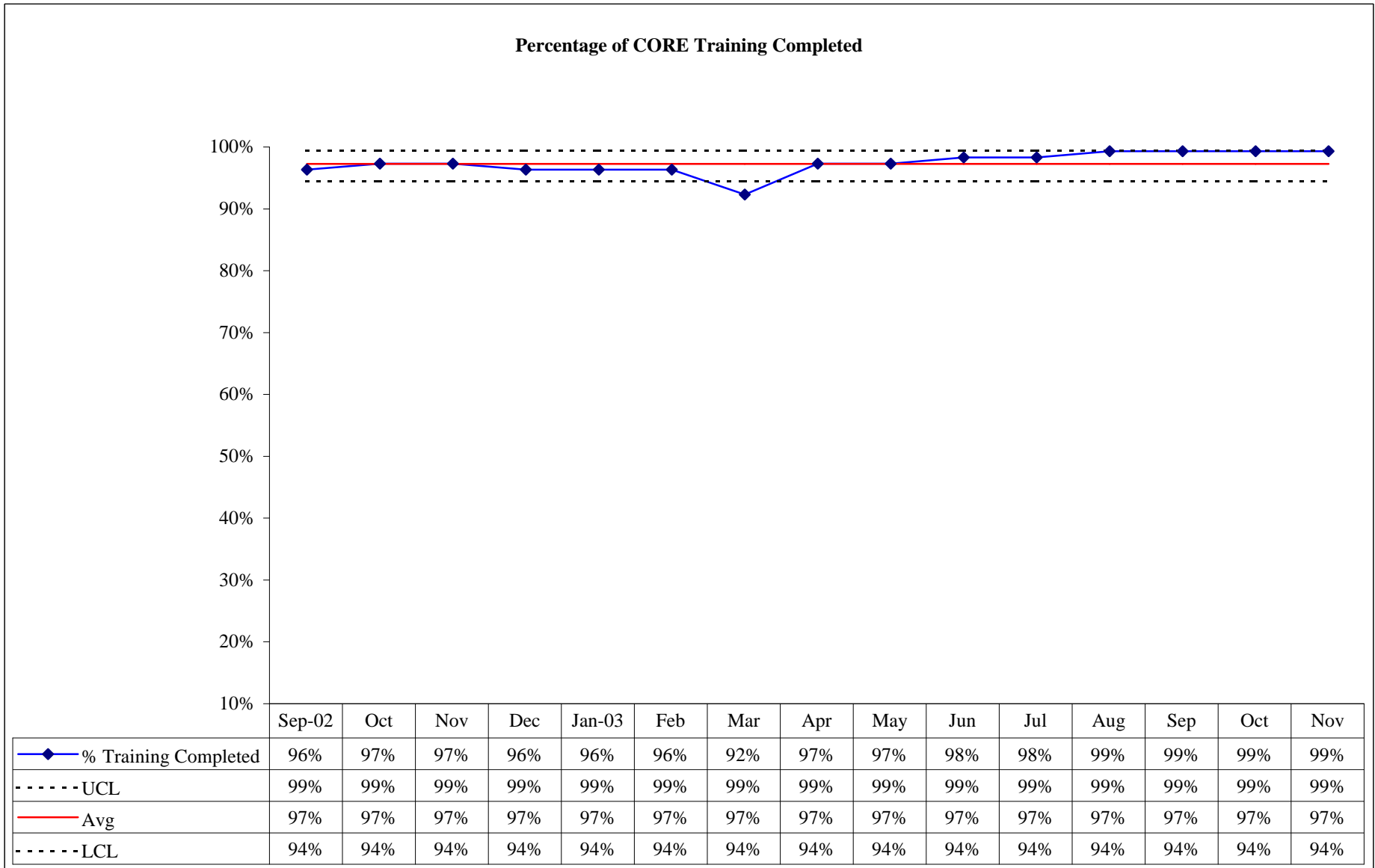
**Objective 7A - Staff Up-To-Date With CORE Training
Big Spring State Hospital**



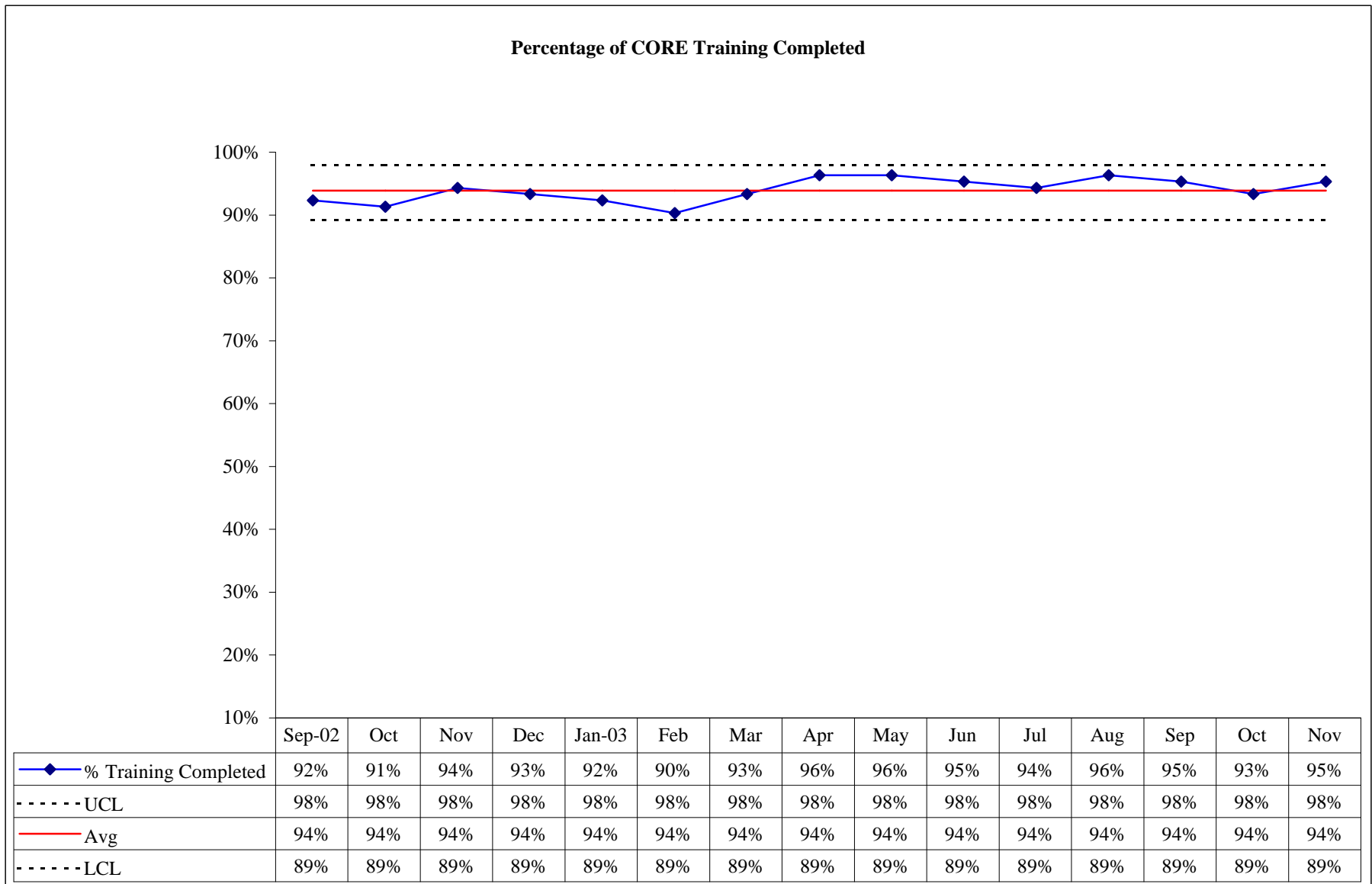
Objective 7A - Staff Up-To-Date With CORE Training
El Paso Psychiatric Center



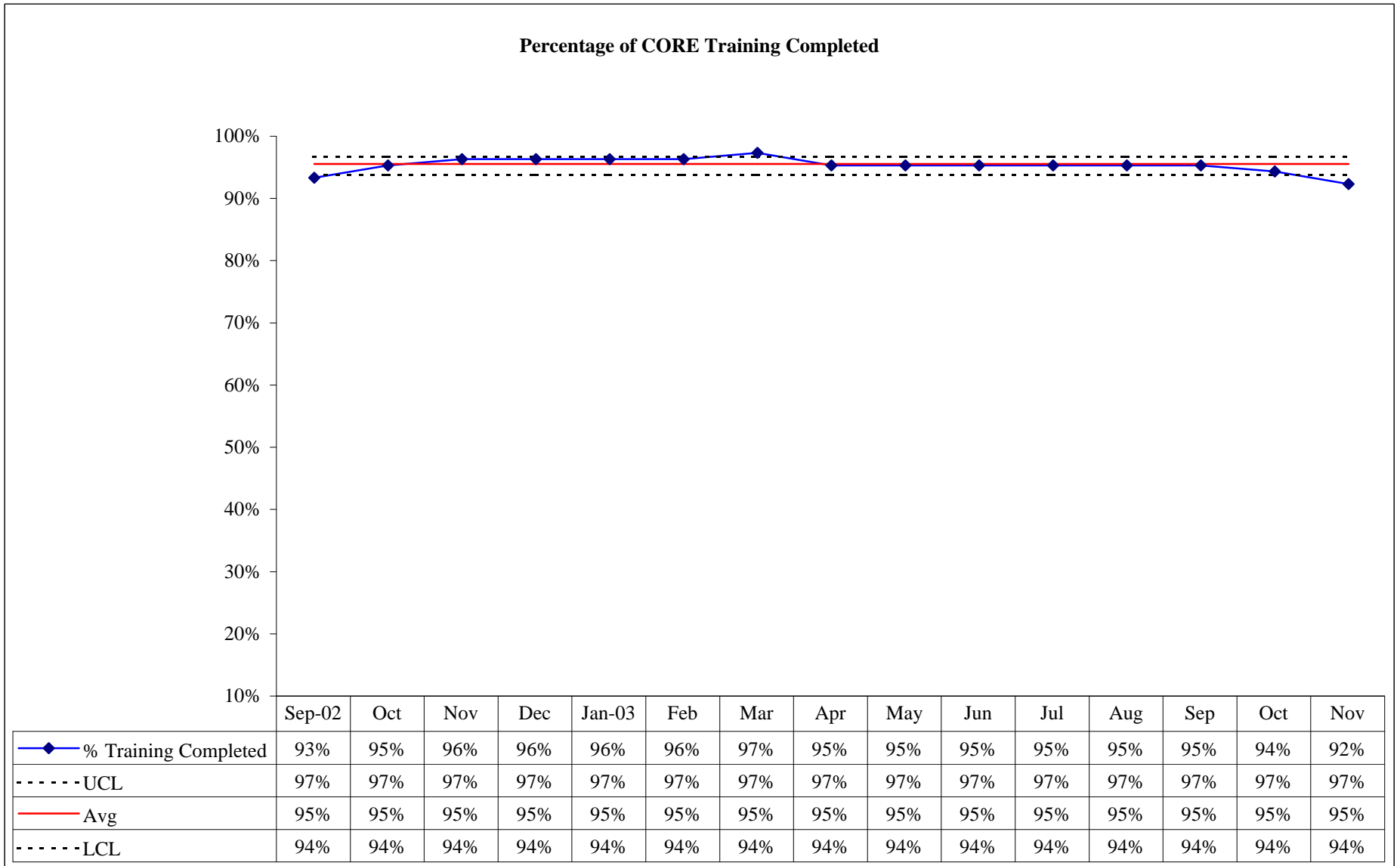
**Objective 7A - Staff Up-To-Date With CORE Training
Kerrville State Hospital**



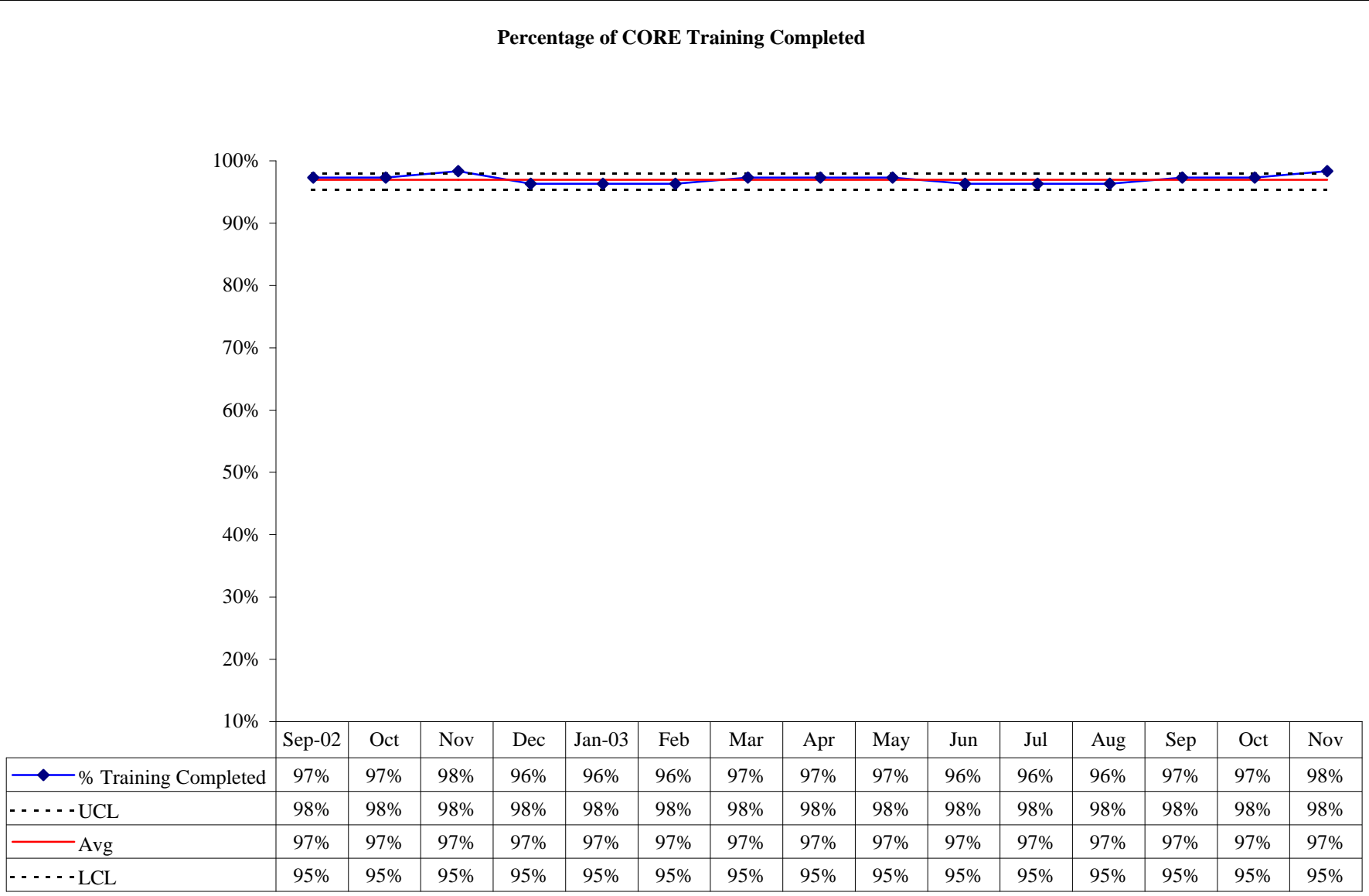
Objective 7A - Staff Up-To-Date With CORE Training
North Texas State Hospital



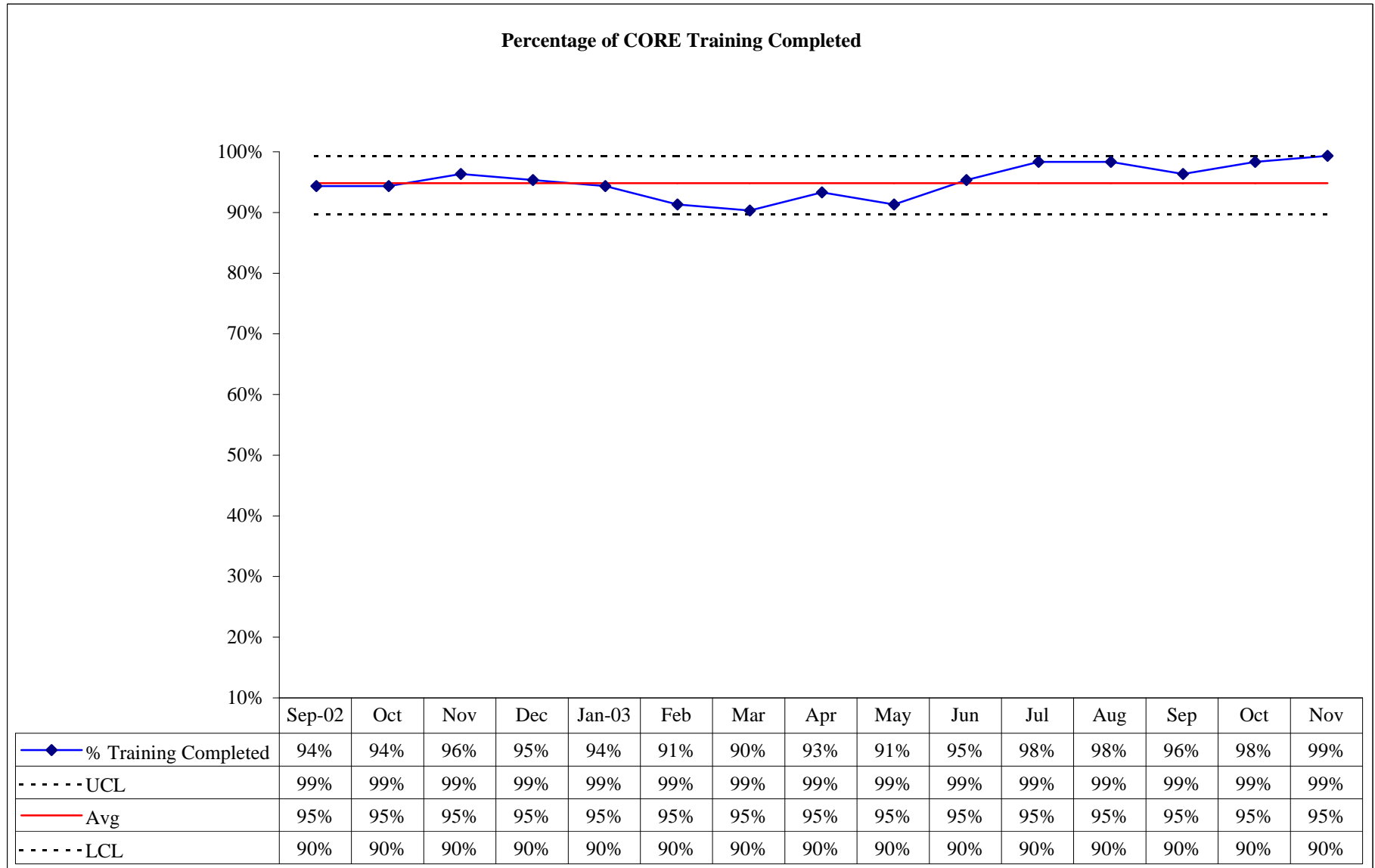
Objective 7A - Staff Up-To-Date With CORE Training
Rio Grande State Center



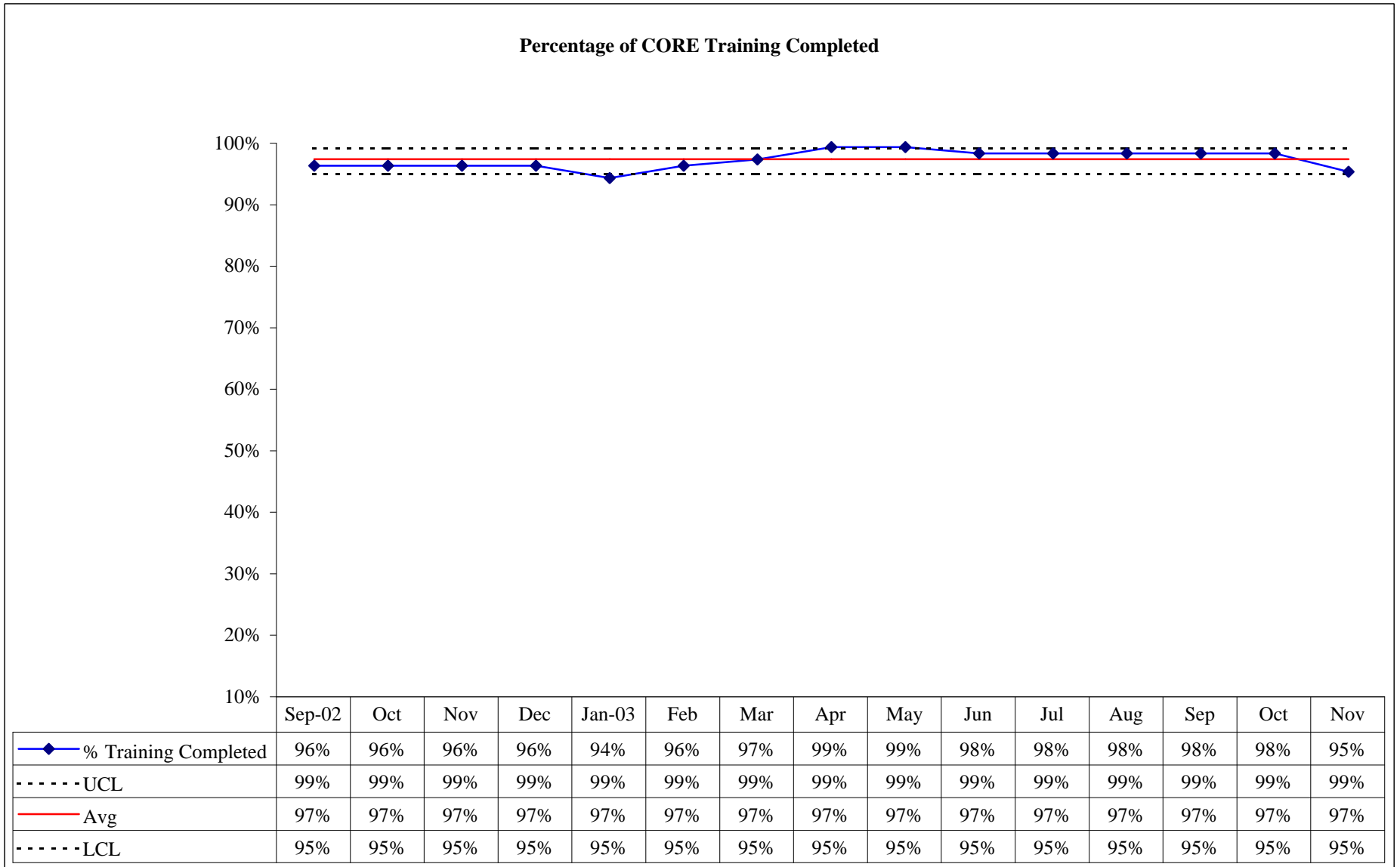
Objective 7A - Staff Up-To-Date With CORE Training
Rusk State Hospital



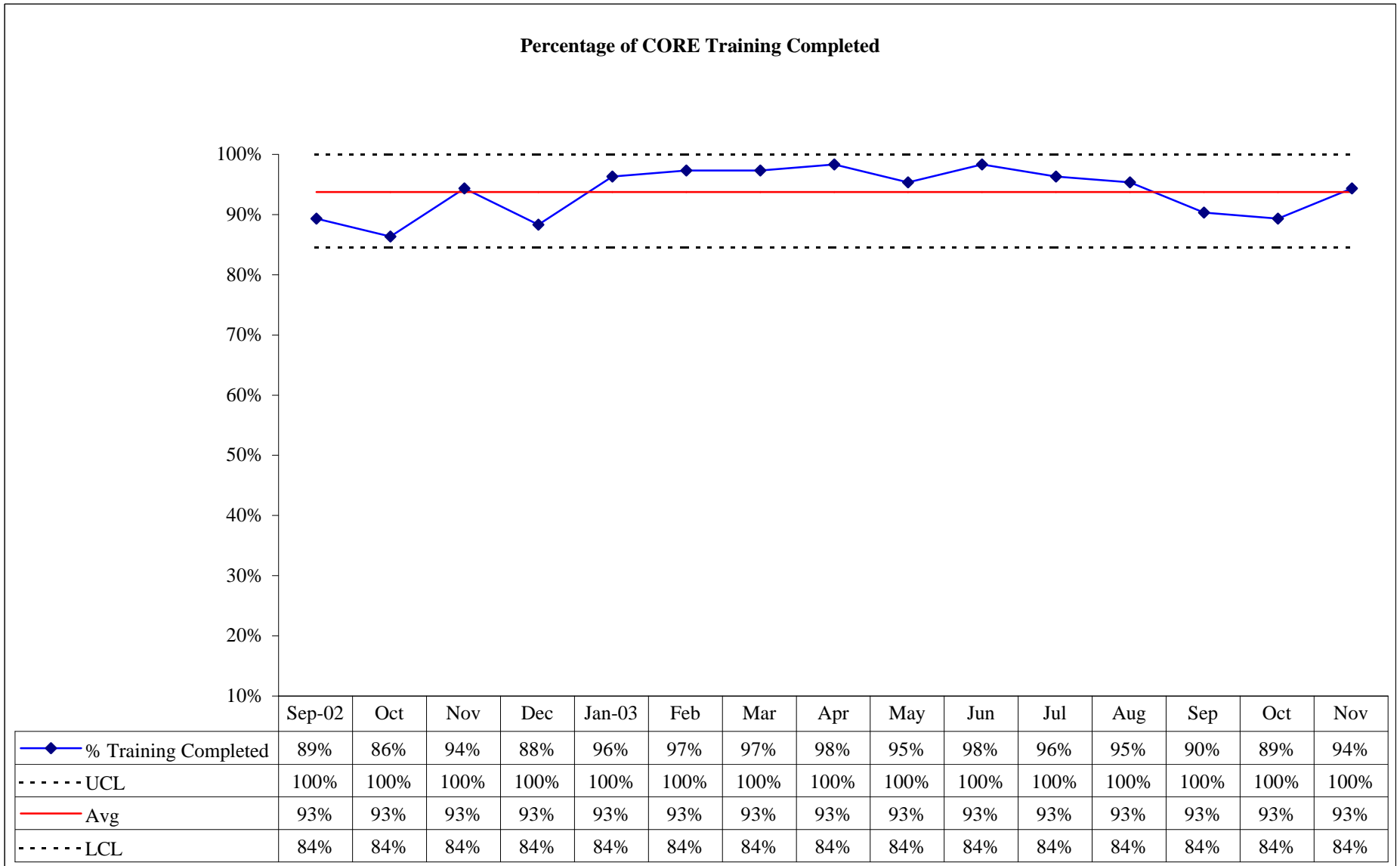
Objective 7A - Staff Up-To-Date With CORE Training
San Antonio State Hospital



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

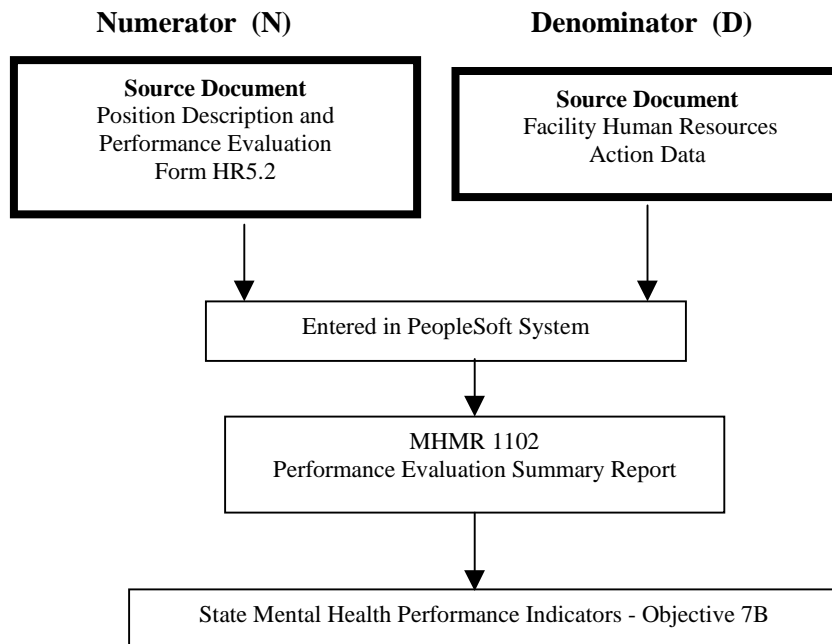
N = number of employees with current evaluations on the last day of the month

D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:

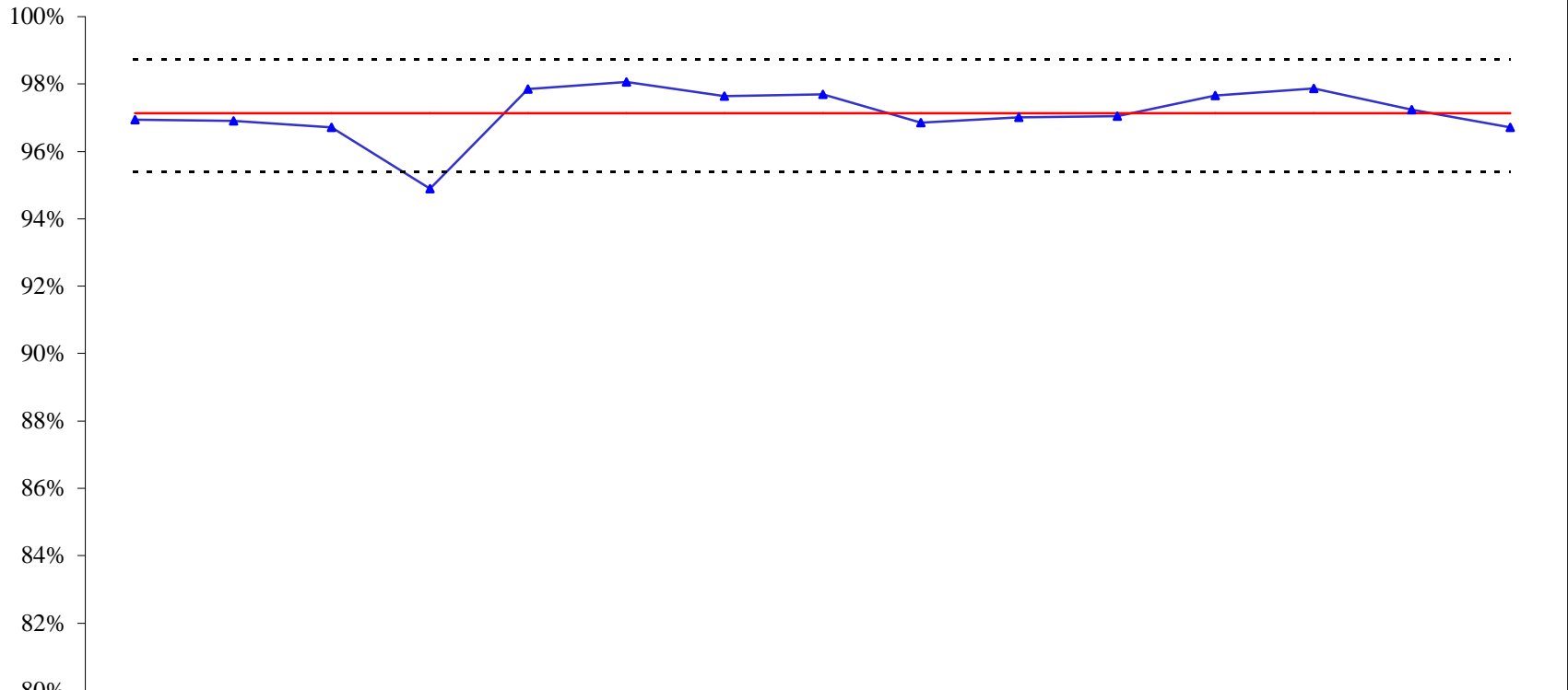
- ◆ Control chart with monthly data points of percentage of performance evaluations up-to-date for individual facilities and system-wide.

Data Flow:



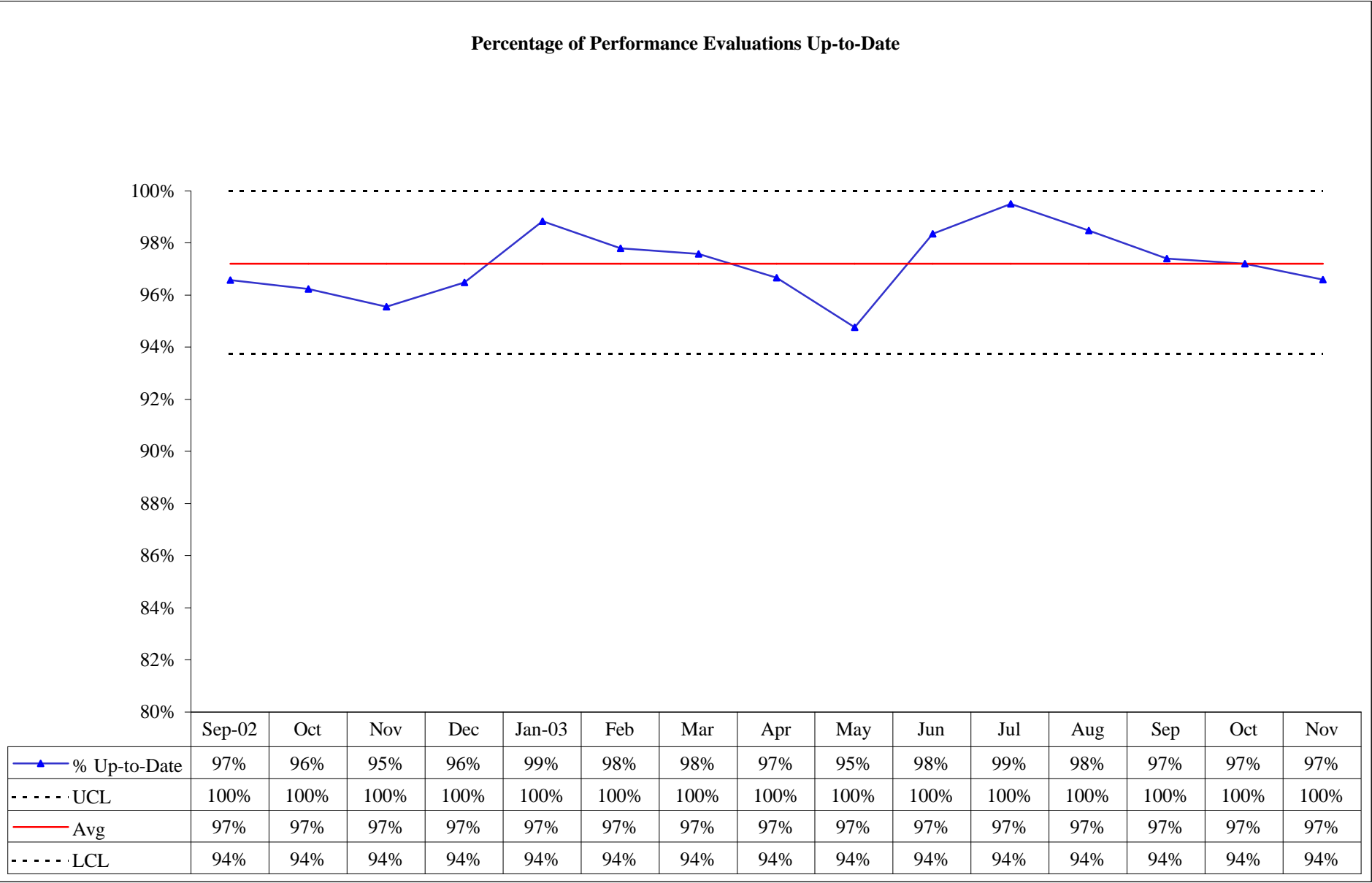
Objective 7B - Staff Have Current Performance Evaluations
All MH Facilities

Percentage of Performance Evaluations Up-to-Date

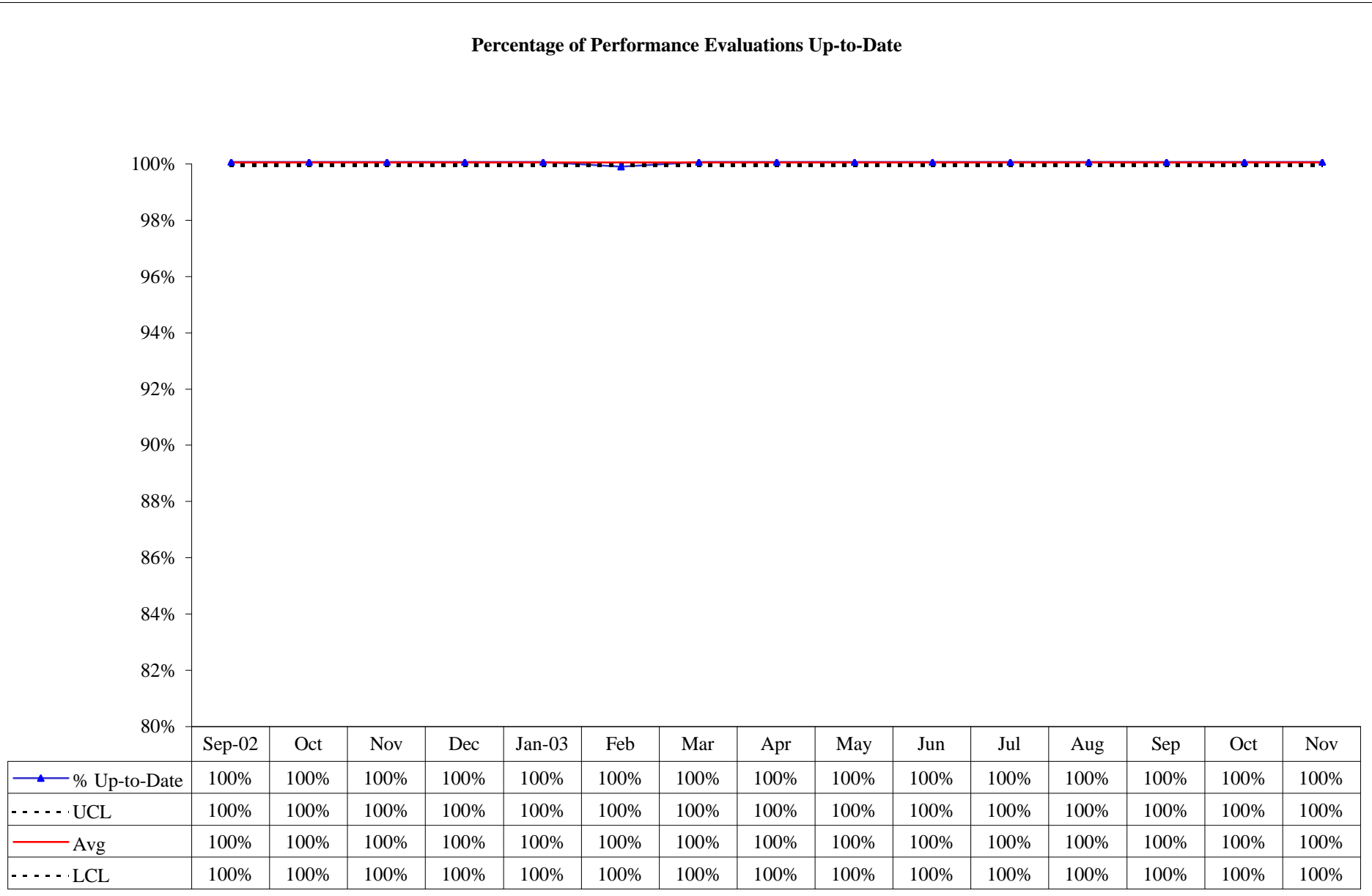


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Up-to-Date	97%	97%	97%	95%	98%	98%	98%	98%	97%	97%	97%	98%	98%	97%	97%
- - - - - UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
- - - - - LCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Objective 7B - Staff Have Current Performance Evaluations
Austin State Hospital

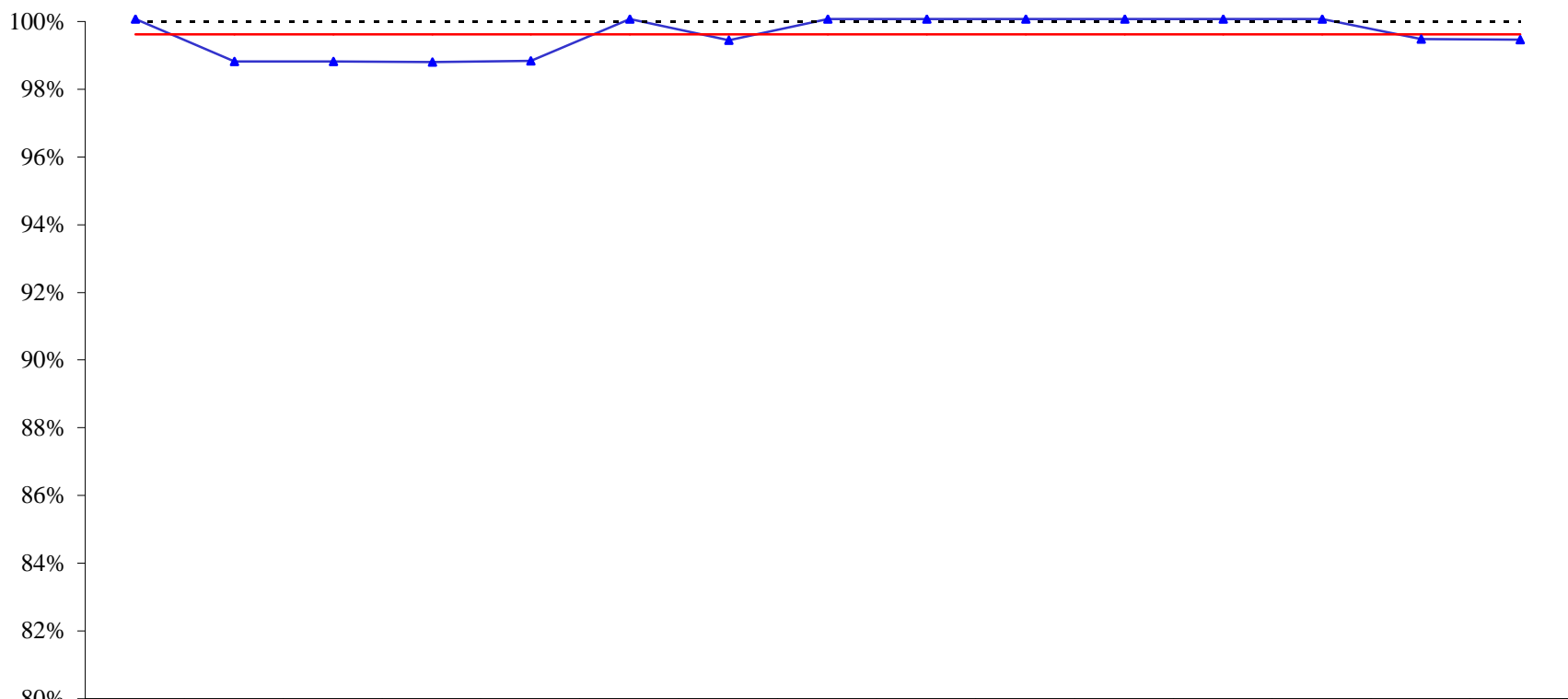


Objective 7B - Staff Have Current Performance Evaluations
Big Spring State Hospital



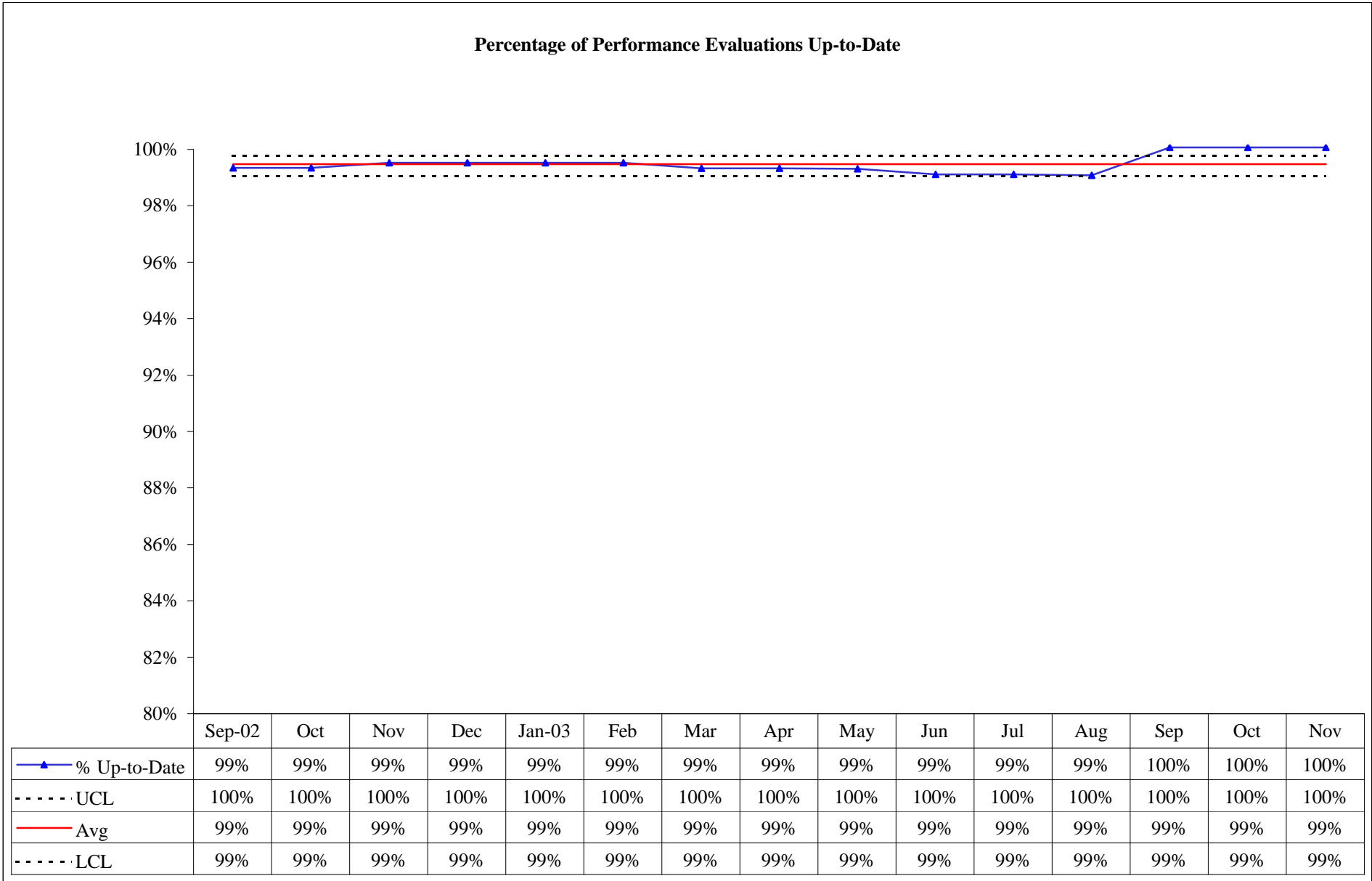
Objective 7B - Staff Have Current Performance Evaluations
El Paso Psychiatric Center

Percentage of Performance Evaluations Up-to-Date

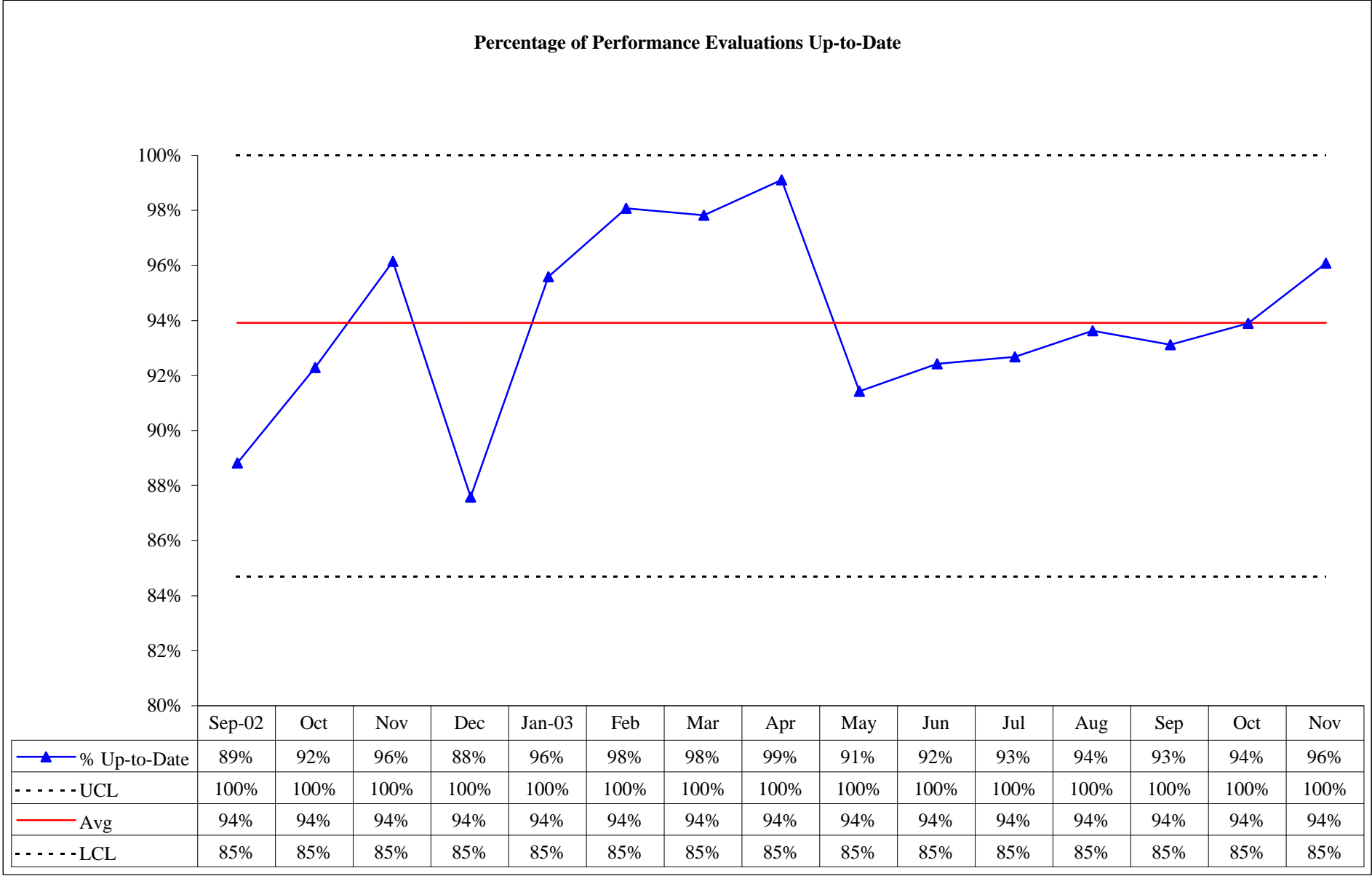


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Up-to-Date	100%	99%	99%	99%	99%	100%	99%	100%	100%	100%	100%	100%	100%	99%	99%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Objective 7B - Staff Have Current Performance Evaluations
Kerrville State Hospital

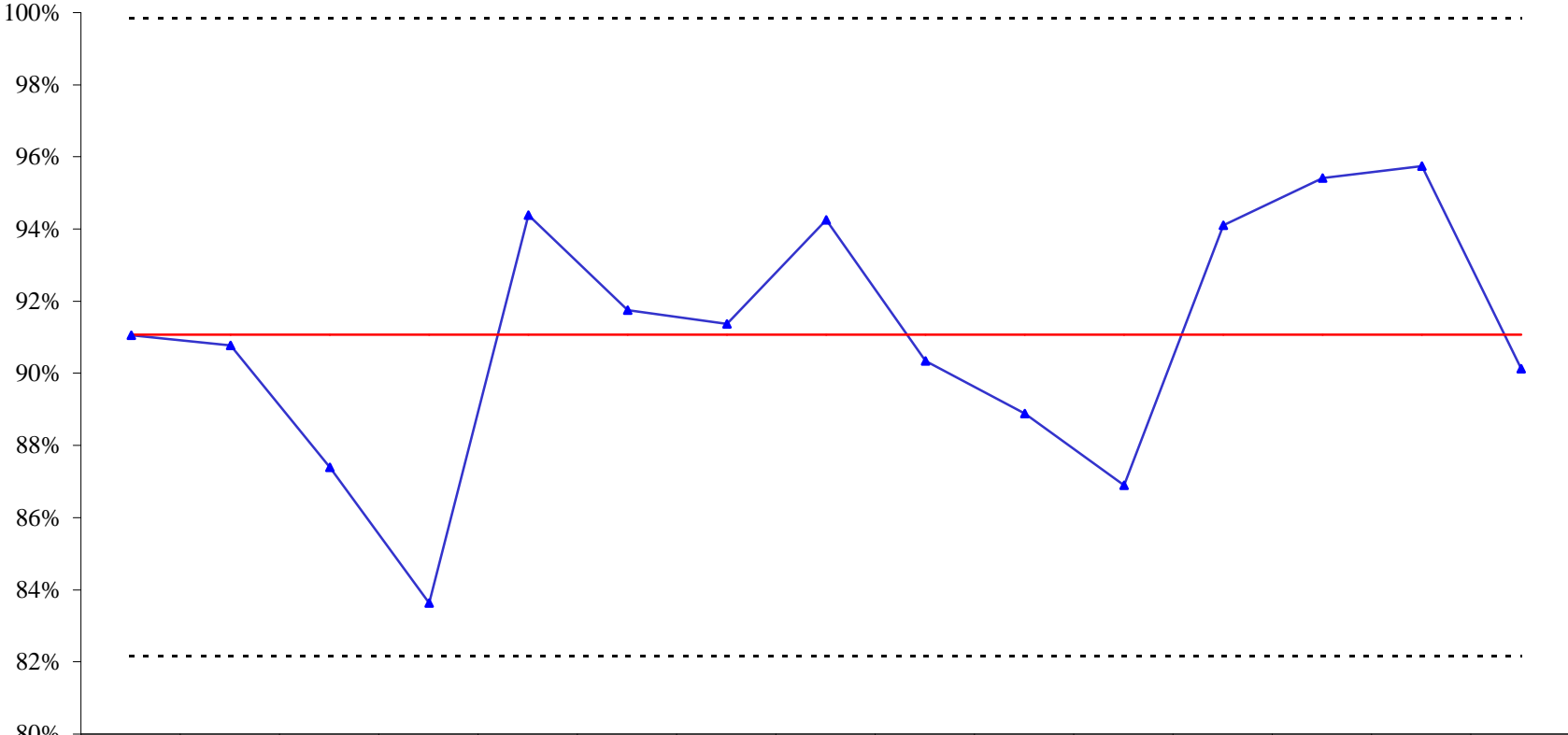


Objective 7B - Staff Have Current Performance Evaluations
North Texas State Hospital



Objective 7B - Staff Have Current Performance Evaluations
Rio Grande State Center

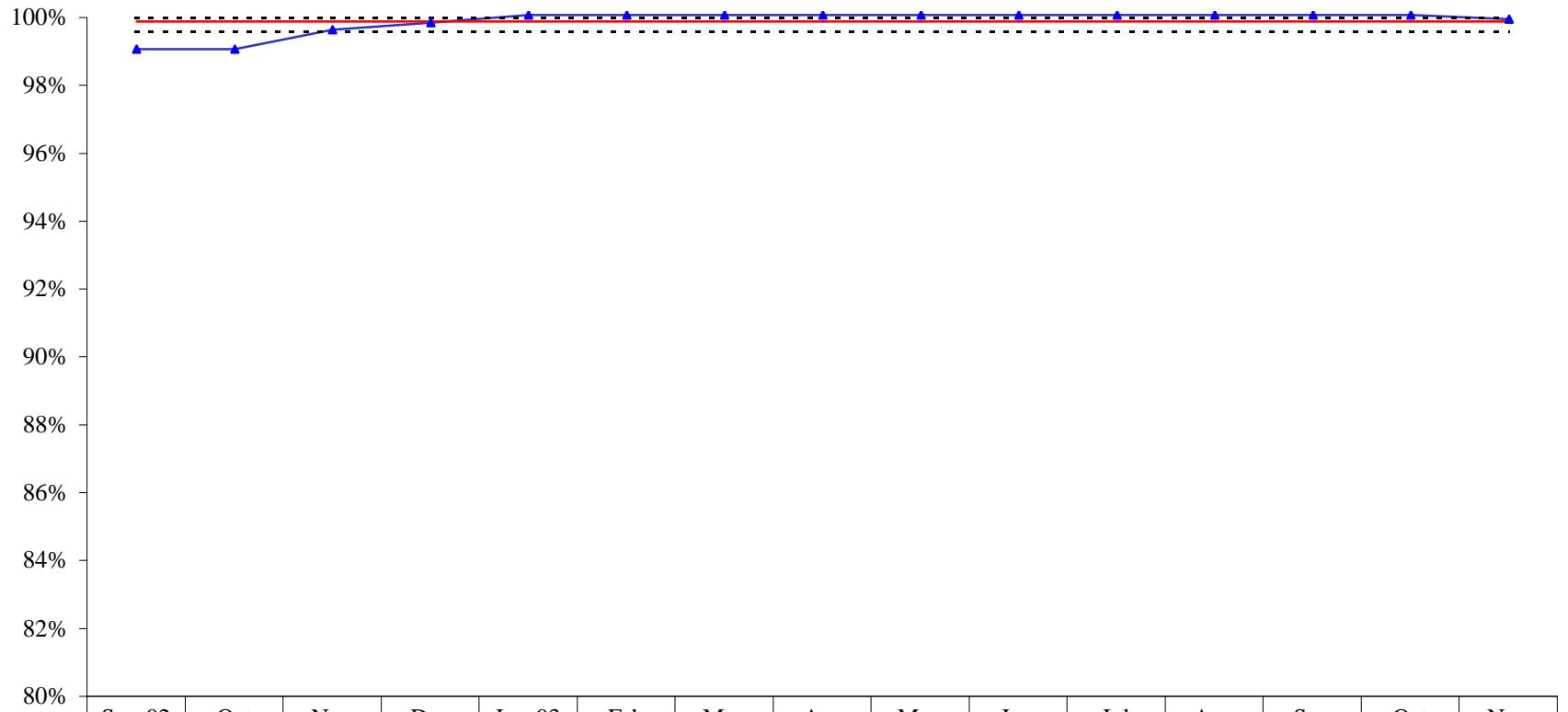
Percentage of Performance Evaluations Up-to-Date



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Up-to-Date	91%	91%	87%	84%	94%	92%	91%	94%	90%	89%	87%	94%	95%	96%	90%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
- - - - - LCL	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%	82%

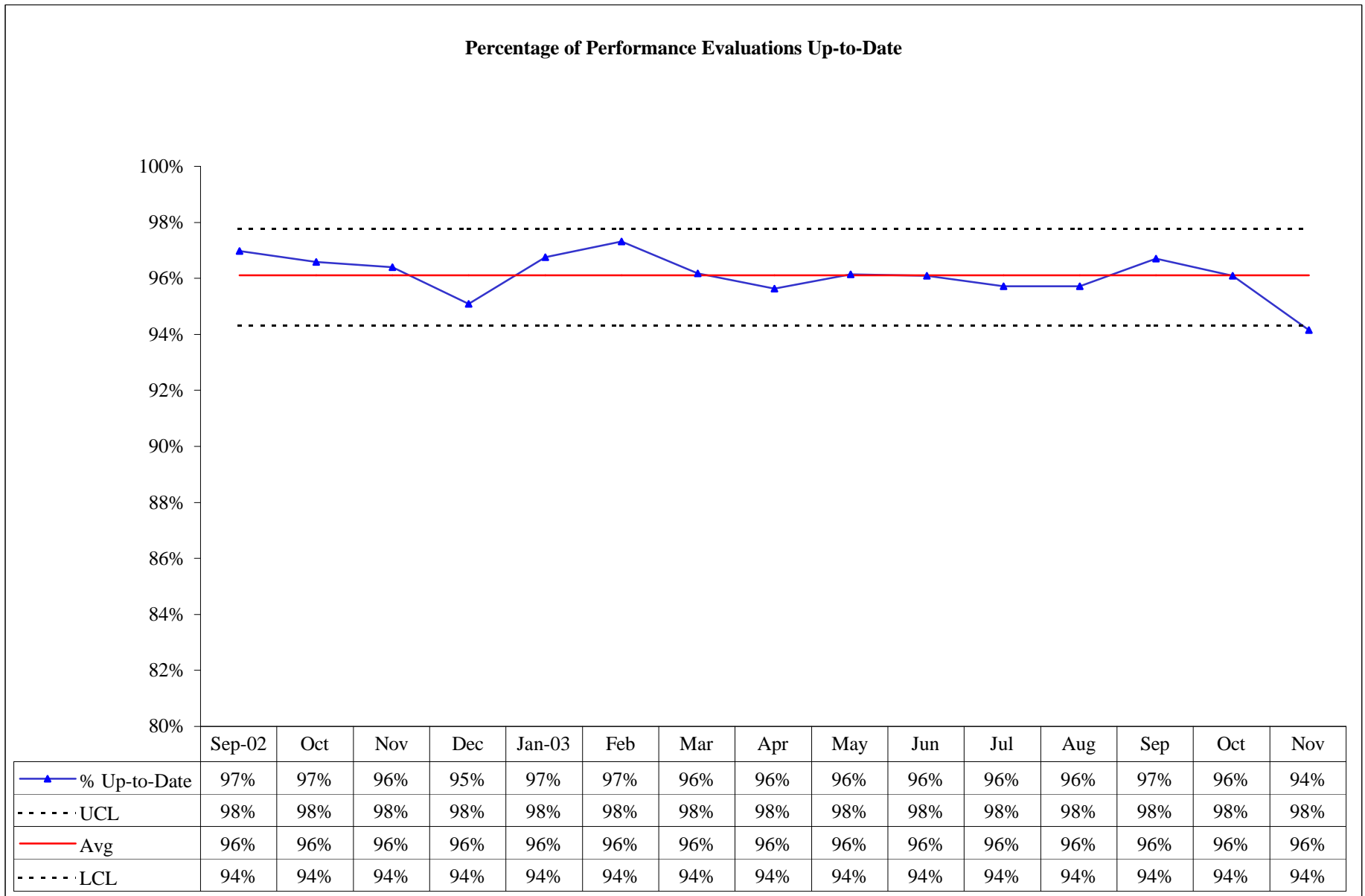
Objective 7B - Staff Have Current Performance Evaluations
Rusk State Hospital

Percentage of Performance Evaluations Up-to-Date



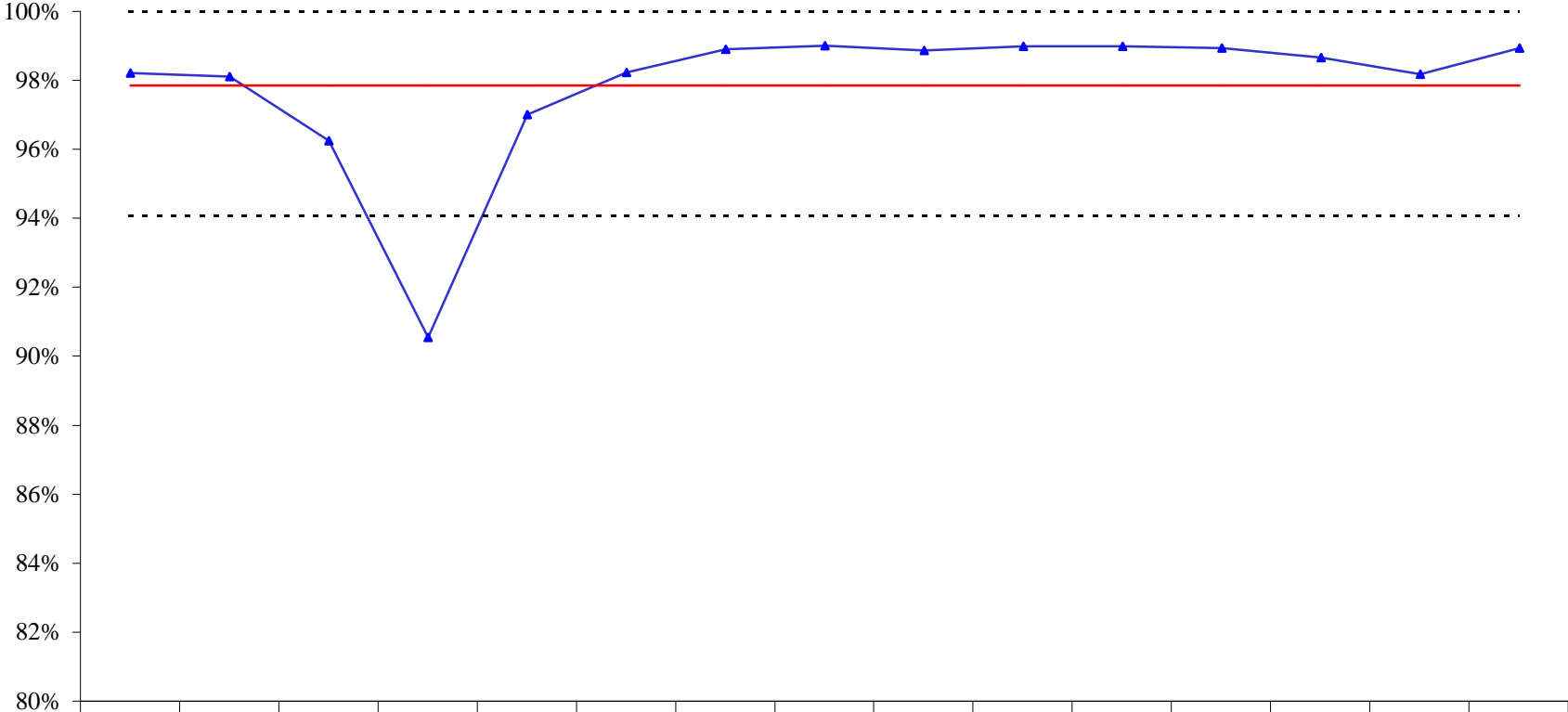
	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Up-to-Date	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- - - - LCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Objective 7B - Staff Have Current Performance Evaluations
San Antonio State Hospital



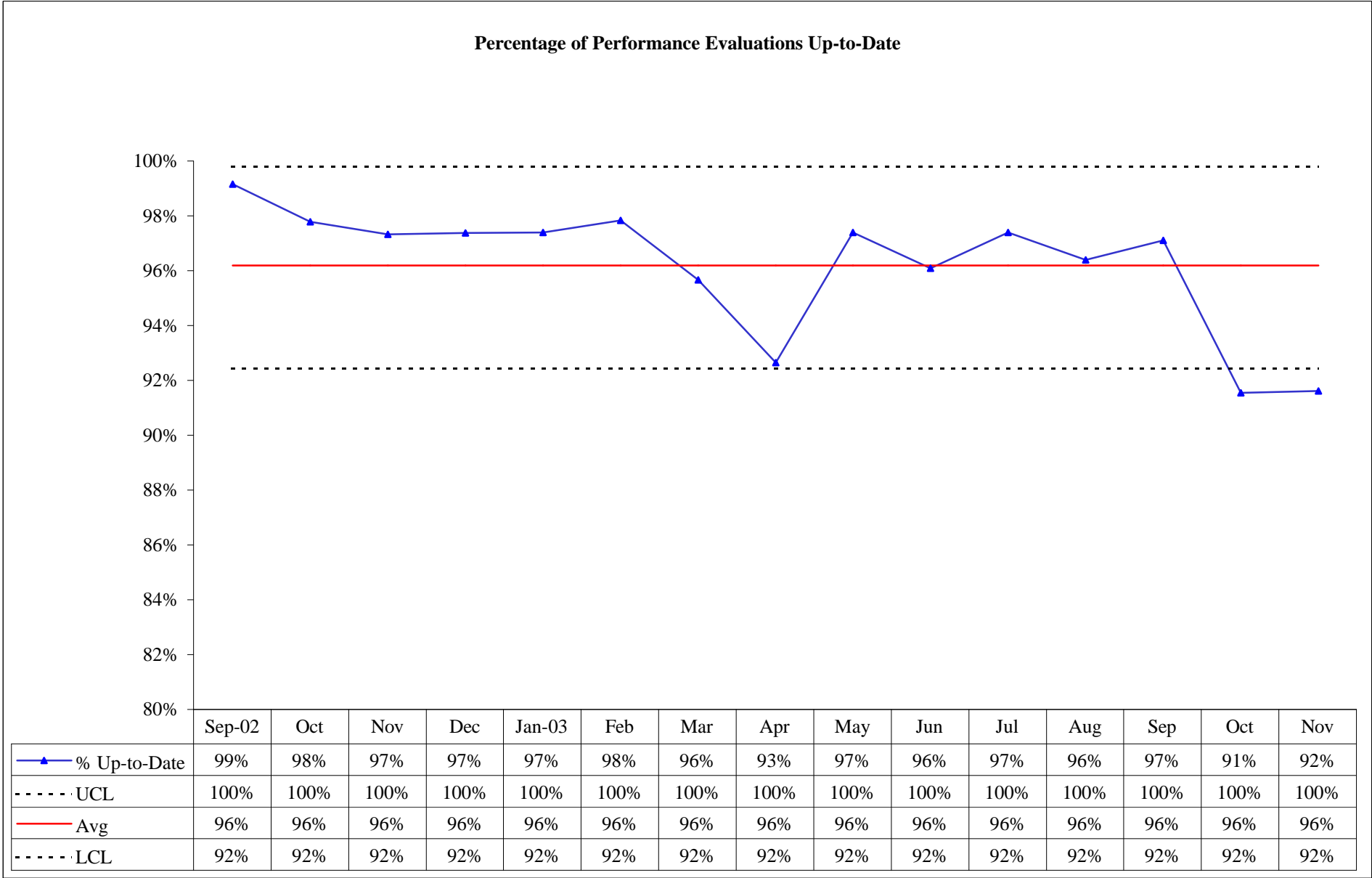
Objective 7B - Staff Have Current Performance Evaluations
Terrell State Hospital

Percentage of Performance Evaluations Up-to-Date



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Up-to-Date	98%	98%	96%	90%	97%	98%	99%	99%	99%	99%	99%	99%	99%	98%	99%
- - - - - 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	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Objective 7B - Staff Have Current Performance Evaluations
Waco Center For Youth



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)

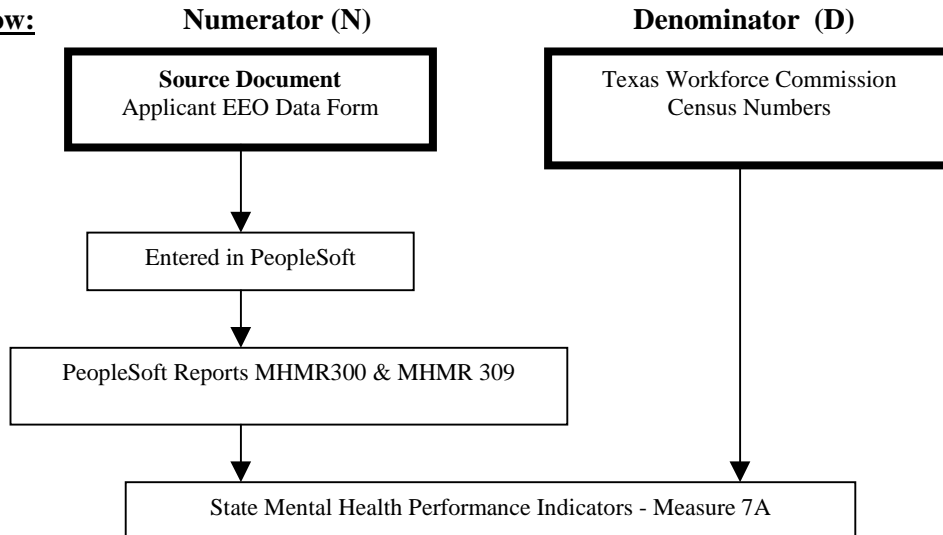
Rate = rate of applicants per EEO job category
N = number of applicants per EEO job category
D = number of total applicants

$R = (N/D)$ (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 8.4%	3 7.1%	2,301 3.0%	6 6.3%	2 4.8%	195 0.3%	1 1.1%	0 0.0%	6,817 9.0%	9 9.5%	9 21.4%	63,449 83.9%	71 74.7%	28 66.7%	75,626	95	42
Technical	709 5.0%	2 8.3%	1 7.1%	713 5.0%	1 4.2%	2 14.3%	64 0.5%	0 0.0%	0 0.0%	1,551 10.9%	2 8.3%	1 7.1%	11,181 78.6%	19 79.2%	10 71.4%	14,218	24	14
Administrative Support	2,054 9.7%	5 20.0%	4 44.4%	351 1.7%	0 0.0%	0 0.0%	51 0.2%	0 0.0%	0 0.0%	4,346 20.5%	7 28.0%	1 11.1%	14,381 67.9%	13 52.0%	4 44.4%	21,183	25	9
Service Occupations	5,794 15.3%	86 49.4%	49 40.2%	655 1.7%	3 1.7%	3 2.5%	123 0.3%	3 1.7%	0 0.0%	10,682 28.2%	29 16.7%	26 21.3%	20,563 54.4%	53 30.5%	44 36.1%	37,817	174	122
Skilled Craft	3,224 6.5%	5 12.8%	2 33.3%	727 1.5%	0 0.0%	1 16.7%	211 0.4%	0 0.0%	0 0.0%	13,514 27.4%	7 17.9%	0 0.0%	31,679 64.2%	27 69.2%	3 50.0%	49,355	39	6
Total Males	14,645 7.4%	106 29.7%	59 30.6%	4,747 2.4%	10 2.8%	8 4.1%	644 0.3%	4 1.1%	0 0.0%	36,910 18.6%	54 15.1%	37 19.2%	141,253 71.3%	183 51.3%	89 46.1%	198,199	357	193
Female																		
Managerial/Professional	4,289 6.2%	22 12.9%	22 18.5%	925 1.3%	13 7.6%	9 7.6%	160 0.2%	0 0.0%	0 0.0%	7,081 10.3%	12 7.0%	20 16.8%	56,397 81.9%	124 72.5%	68 57.1%	68,852	171	119
Technical	614 7.2%	6 9.8%	7 25.0%	254 3.0%	3 4.9%	3 10.7%	40 0.5%	2 3.3%	0 0.0%	1,244 14.6%	9 14.8%	1 3.6%	6,345 74.7%	41 67.2%	17 60.7%	8,497	61	28
Administrative Support	5,028 8.4%	15 23.4%	18 28.6%	611 1.0%	0 0.0%	2 3.2%	162 0.3%	0 0.0%	0 0.0%	10,213 17.0%	12 18.8%	15 23.8%	43,963 73.3%	37 57.8%	28 44.4%	59,977	64	63
Service Occupations	5,754 16.4%	92 49.5%	79 56.4%	632 1.8%	3 1.6%	4 2.9%	170 0.5%	2 1.1%	1 0.7%	10,326 29.4%	34 18.3%	12 8.6%	18,193 51.9%	55 29.6%	44 31.4%	35,075	186	140
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%	135 28.0%	126 36.0%	3,183 1.7%	19 3.9%	18 5.1%	588 0.3%	4 0.8%	1 0.3%	32,771 17.9%	68 14.1%	48 13.7%	130,027 70.9%	257 53.2%	157 44.9%	183,348	483	350
Total	31,424 8.2%	241 28.7%	185 34.1%	7,930 2.1%	29 3.5%	26 4.8%	1,232 0.3%	8 1.0%	1 0.2%	69,681 18.3%	122 14.5%	85 15.7%	271,280 71.1%	440 52.4%	246 45.3%	381,547	840	543

**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 2.3%	0 0.0%	4 0.3%	5 11.4%	0 0.0%	6 0.4%	0 0.0%	0 0.0%	99 7.4%	9 20.5%	1 33.3%	1,221 90.9%	29 65.9%	2 66.7%	1,343	44	3
Technical	0 0.0%	1 6.7%	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 40.0%	0 0.0%	140 77.3%	8 53.3%	0 0.0%	181	15	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%	2 66.7%	214 69.3%	2 50.0%	0 0.0%	309	4	2
Service Occupations	111 6.4%	12 13.6%	0 0.0%	0 0.0%	2 2.3%	0 0.0%	4 0.2%	3 3.4%	0 0.0%	408 23.7%	44 50.0%	6 85.7%	1,200 69.6%	27 30.7%	1 14.3%	1,723	88	7
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%	0 0.0%	1,509 65.2%	22 81.5%	0 0.0%	2,315	27	0
Total Males	200 3.4%	14 7.9%	0 0.0%	32 0.5%	7 3.9%	0 0.0%	37 0.6%	3 1.7%	0 0.0%	1,318 22.4%	66 37.1%	9 75.0%	4,284 73.0%	88 49.4%	3 25.0%	5,871	178	12
Female																		
Managerial/Professional	27 1.9%	3 3.1%	0 0.0%	24 1.7%	4 4.1%	1 10.0%	21 1.5%	0 0.0%	0 0.0%	116 8.0%	8 8.2%	0 0.0%	1,255 87.0%	83 84.7%	9 90.0%	1,443	98	10
Technical	10 3.7%	5 11.9%	0 0.0%	5 1.8%	0 0.0%	0 0.0%	0 0.0%	1 2.4%	0 0.0%	26 9.5%	10 23.8%	1 33.3%	232 85.0%	26 61.9%	2 66.7%	273	42	3
Administrative Support	15 1.1%	1 1.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 0.4%	2 3.4%	0 0.0%	205 14.6%	9 15.3%	1 11.1%	1,176 83.9%	47 79.7%	8 88.9%	1,401	59	9
Service Occupations	140 9.8%	24 14.4%	8 30.8%	7 0.5%	0 0.0%	0 0.0%	18 1.3%	0 0.0%	0 0.0%	464 32.6%	85 50.9%	14 53.8%	796 55.9%	58 34.7%	4 15.4%	1,425	167	26
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%	0 0.0%	275	1	0
Total Females	202 4.2%	33 9.0%	8 16.7%	40 0.8%	4 1.1%	1 2.1%	46 1.0%	3 0.8%	0 0.0%	854 17.7%	112 30.5%	16 33.3%	3,675 76.3%	215 58.6%	23 47.9%	4,817	367	48
Total	402 3.8%	47 8.6%	8 13.3%	72 0.7%	11 2.0%	1 1.7%	83 0.8%	6 1.1%	0 0.0%	2,172 20.3%	178 32.7%	25 41.7%	7,959 74.5%	303 55.6%	26 43.3%	10,688	545	60

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%	0 0.0%	477 1.7%	0 0.0%	0 0.0%	95 0.3%	0 0.0%	0 0.0%	12,264 42.6%	19 76.0%	5 83.3%	14,995 52.1%	6 24.0%	1 16.7%	28,771	25	6
Technical	187 4.5%	0 0.0%	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%	5 83.3%	1,637 39.7%	0 0.0%	1 16.7%	4,120	0	6
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%	7 77.8%	2,363 25.3%	0 0.0%	2 22.2%	9,328	2	9
Service Occupations	960 3.8%	4 8.7%	0 0.0%	90 0.4%	1 2.2%	0 0.0%	91 0.4%	1 2.2%	0 0.0%	19,000 74.5%	37 80.4%	5 71.4%	5,371 21.1%	3 6.5%	2 28.6%	25,512	46	7
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%	4 5.3%	0 0.0%	730 0.7%	1 1.3%	0 0.0%	297 0.3%	1 1.3%	0 0.0%	68,399 66.6%	60 80.0%	22 0.0%	30,348 29.6%	9 12.0%	6 21.4%	102,690	75	28
Female																		
Managerial/Professional	959 66.5%	1 1.0%	0 0.0%	330 22.9%	2 2.0%	0 0.0%	74 5.1%	0 0.0%	0 0.0%	12,166 843.1%	30 30.6%	6 60.0%	12,836 889.5%	9 9.2%	4 40.0%	26,365	42	10
Technical	101 37.0%	0 0.0%	0 0.0%	41 15.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,668 611.0%	5 11.9%	3 100.0%	992 363.4%	0 0.0%	2 66.7%	2,802	5	5
Administrative Support	800 57.1%	0 0.0%	0 0.0%	177 12.6%	0 0.0%	0 0.0%	61 4.4%	0 0.0%	0 0.0%	16,982 1212.1%	10 16.9%	0 0.0%	7,584 541.3%	2 3.4%	1 100.0%	25,604	12	1
Service Occupations	689 3.4%	0 0.0%	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%	29 93.5%	0 0.0%	3,643 18.0%	2 6.5%	1 100.0%	20,240	31	1
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%	1 0.0%	924 6.4%	0 0.0%	0 0.0%	14,445	0	1
Total Females	2,713 3.0%	1 1.1%	0 0.0%	977 1.1%	2 2.2%	0 0.0%	223 0.2%	0 0.0%	0 0.0%	59,564 66.6%	74 82.2%	10 11.1%	25,979 29.0%	13 14.4%	8 44.4%	89,456	90	18
Total	5,629 2.9%	5 3.0%	0 0.0%	1,707 0.9%	3 1.8%	0 0.0%	520 0.3%	1 0.6%	0 0.0%	127,963 66.6%	134 81.2%	32 19.4%	56,327 29.3%	22 13.3%	14 30.4%	192,146	165	46

**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%	3 5.3%	1 6.3%	0 0.0%	1 1.8%	1 6.3%	32 0.7%	0 0.0%	0 0.0%	266 6.2%	8 14.0%	6 37.5%	3,936 92.1%	45 78.9%	8 50.0%	4,272	57	16
Technical	5 1.3%	2 8.3%	4 21.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	26 6.6%	7 29.2%	4 21.1%	364 92.2%	15 62.5%	11 57.9%	395	24	19
Administrative Support	0 0.0%	0 0.0%	0 0.0%	6 0.8%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	166 21.7%	2 18.2%	3 0.0%	592 77.5%	9 81.8%	0 0.0%	764	11	3
Service Occupations	72 2.4%	13 13.3%	22 15.7%	6 0.2%	5 5.1%	2 1.4%	17 0.6%	0 0.0%	2 1.4%	708 23.3%	37 37.8%	56 40.0%	2,239 73.6%	43 43.9%	58 41.4%	3,042	98	140
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 20.0%	0 0.0%	3,807 73.7%	16 80.0%	0 0.0%	5,169	20	0
Total Males	153 1.1%	18 8.6%	27 15.2%	24 0.2%	6 2.9%	3 1.7%	66 0.5%	0 0.0%	2 1.1%	2,461 18.0%	58 27.6%	69 38.8%	10,938 80.2%	128 61.0%	77 43.3%	13,642	210	178
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%	4 16.7%	3,831 94.0%	50 82.0%	20 83.3%	4,075	61	24
Technical	21 3.7%	2 6.7%	1 1.4%	11 2.0%	1 3.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	22 3.9%	10 33.3%	5 7.2%	509 90.4%	17 56.7%	63 91.3%	563	30	69
Administrative Support	64 1.7%	0 0.0%	1 2.9%	9 0.2%	1 2.0%	0 0.0%	21 0.6%	0 0.0%	0 0.0%	283 7.7%	4 8.0%	10 28.6%	3,285 89.7%	45 90.0%	24 68.6%	3,662	50	35
Service Occupations	114 3.1%	16 14.5%	14 8.2%	0 0.0%	9 8.2%	6 3.5%	46 1.2%	1 0.9%	3 1.8%	976 26.3%	49 44.5%	49 28.8%	2,573 69.4%	35 31.8%	98 57.6%	3,709	110	170
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 7.2%	16 5.4%	20 0.2%	12 4.8%	6 2.0%	97 0.8%	1 0.4%	3 1.0%	1,587 12.4%	73 29.1%	68 22.8%	10,923 85.1%	147 58.6%	205 68.8%	12,842	251	298
Total	368 1.4%	36 7.8%	43 9.0%	44 0.2%	18 3.9%	9 1.9%	163 0.6%	1 0.2%	5 1.1%	4,048 15.3%	131 28.4%	137 28.8%	21,861 82.5%	275 59.7%	282 59.2%	26,484	461	476

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%	2 7.1%	76 1.2%	6 4.4%	0 0.0%	20 0.3%	1 0.7%	0 0.0%	171 2.7%	7 5.1%	6 21.4%	5,841 92.1%	118 86.8%	20 71.4%	6,345	136	28
Technical	35 3.6%	9 13.0%	12 26.1%	19 2.0%	0 0.0%	3 6.5%	6 0.6%	2 2.9%	0 0.0%	84 8.7%	8 11.6%	7 15.2%	819 85.0%	50 72.5%	24 52.2%	963	69	46
Administrative Support	124 8.1%	1 3.8%	5 27.8%	17 1.1%	0 0.0%	0 0.0%	26 1.7%	0 0.0%	0 0.0%	84 5.5%	1 3.8%	2 11.1%	1,272 83.5%	24 92.3%	11 61.1%	1,523	26	18
Service Occupations	623 10.1%	84 17.1%	108 23.1%	17 0.3%	4 0.8%	5 1.1%	72 1.2%	3 0.6%	5 1.1%	655 10.6%	75 15.3%	99 21.2%	4,831 77.9%	325 66.2%	250 53.5%	6,198	491	467
Skilled Craft	576 6.1%	1 1.4%	2 6.5%	103 1.1%	0 0.0%	0 0.0%	56 0.6%	0 0.0%	0 0.0%	997 10.5%	3 4.2%	2 6.5%	7,750 81.7%	68 94.4%	27 87.1%	9,482	72	31
Total Males	1,595 6.5%	99 12.5%	129 21.9%	232 0.9%	10 1.3%	8 1.4%	180 0.7%	6 0.8%	5 0.8%	1,991 8.1%	94 11.8%	116 19.7%	20,513 83.7%	585 73.7%	332 56.3%	24,511	794	590
Female																		
Managerial/Professional	419 6.4%	9 3.6%	6 8.1%	31 0.5%	8 3.2%	0 0.0%	24 0.4%	2 0.8%	0 0.0%	206 3.1%	6 2.4%	0 0.0%	5,886 89.6%	223 89.9%	68 91.9%	6,566	248	74
Technical	57 4.5%	18 9.2%	7 9.3%	4 0.3%	2 1.0%	0 0.0%	30 2.4%	4 2.0%	1 1.3%	76 6.0%	15 7.7%	10 13.3%	1,109 86.9%	157 80.1%	57 76.0%	1,276	196	75
Administrative Support	247 4.2%	5 2.7%	10 16.1%	27 0.5%	0 0.0%	0 0.0%	42 0.7%	2 1.1%	2 3.2%	255 4.3%	12 6.6%	6 9.7%	5,349 90.4%	163 89.6%	44 71.0%	5,920	182	62
Service Occupations	1,000 15.8%	111 20.6%	107 20.5%	75 1.2%	5 0.9%	1 0.2%	98 1.5%	2 0.4%	12 2.3%	694 11.0%	78 14.5%	104 19.9%	4,470 70.5%	342 63.6%	299 57.2%	6,337	538	523
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%	1 0.0%	2,473	0	1
Total Females	2,007 8.9%	143 12.3%	130 17.7%	274 1.2%	15 1.3%	1 0.1%	218 1.0%	10 0.9%	15 2.0%	1,722 7.6%	111 9.5%	120 16.3%	18,351 81.3%	885 76.0%	469 63.8%	22,572	1,164	735
Total	3,602 7.7%	242 12.4%	259 19.5%	506 1.1%	25 1.3%	9 0.7%	398 0.8%	16 0.8%	20 1.5%	3,713 7.9%	205 10.5%	236 17.8%	38,864 82.5%	1,470 75.1%	801 60.5%	47,083	1,958	1,325

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 2.9%	0 0.0%	130 0.6%	2 5.7%	0 0.0%	52 0.2%	1 2.9%	0 0.0%	13,870 59.6%	21 60.0%	6 60.0%	9,027 38.8%	10 28.6%	4 40.0%	23,256	35	10
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%	11 84.6%	0 0.0%	592 24.7%	2 15.4%	0 0.0%	2,397	13	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%	7 63.6%	0 0.0%	1,088 12.7%	4 36.4%	0 0.0%	8,575	11	0
Service Occupations	55 0.2%	2 2.0%	0 0.0%	8 0.0%	0 0.0%	0 0.0%	8 0.0%	0 0.0%	0 0.0%	23,934 91.3%	96 94.1%	34 100.0%	2,213 8.4%	4 3.9%	0 0.0%	26,218	102	34
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%	3 1.8%	0 0.0%	163 0.2%	2 1.2%	0 0.0%	80 0.1%	1 0.6%	0 0.0%	74,751 81.8%	140 83.8%	40 90.9%	16,117 17.6%	21 12.6%	4 9.1%	91,391	167	44
Female																		
Managerial/Professional	98 0.4%	1 2.6%	0 0.0%	185 0.8%	1 2.6%	3 13.0%	52 0.2%	0 0.0%	0 0.0%	15,677 65.9%	24 63.2%	16 69.6%	7,777 32.7%	12 31.6%	4 17.4%	23,789	38	23
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%	19 79.2%	0 0.0%	355 13.5%	5 20.8%	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 2.9%	0 0.0%	19,008 81.4%	33 97.1%	0 0.0%	4,223 18.1%	0 0.0%	0 0.0%	23,345	34	0
Service Occupations	89 0.4%	1 1.1%	3 4.4%	54 0.3%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	0 0.0%	18,182 91.1%	81 90.0%	60 88.2%	1,637 8.2%	8 8.9%	5 7.4%	19,963	90	68
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%	2 1.1%	3 3.3%	304 0.4%	1 0.5%	3 3.3%	70 0.1%	1 0.5%	0 0.0%	66,030 81.5%	157 84.4%	76 83.5%	14,349 17.7%	25 13.4%	9 9.9%	81,002	186	91
Total	529 0.3%	5 1.4%	3 2.2%	467 0.3%	3 0.8%	3 2.2%	150 0.1%	2 0.6%	0 0.0%	140,781 81.7%	297 84.1%	116 85.9%	30,466 17.7%	46 13.0%	13 9.6%	172,393	353	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 4.4%	2 2.9%	114 0.8%	4 5.9%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	296 2.0%	5 7.4%	0 0.0%	13,361 92.0%	56 82.4%	8 0.0%	14,529	68	10
Technical	193 11.1%	7 36.8%	20 60.6%	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%	13 39.4%	1,732	19	33
Administrative Support	588 16.8%	2 33.3%	0 0.0%	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%	0 0.0%	3,490	6	0
Service Occupations	3,512 22.9%	84 50.3%	108 48.4%	99 0.6%	1 0.6%	0 0.0%	40 0.3%	1 0.6%	0 0.0%	907 5.9%	0 0.0%	10 4.5%	10,745 70.2%	81 48.5%	105 47.1%	15,303	167	223
Skilled Craft	4,383 20.4%	0 0.0%	7 26.9%	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%	0 0.0%	14,879 69.3%	31 96.9%	19 73.1%	21,470	32	26
Total Males	9,420 16.7%	96 32.9%	137 46.9%	295 0.5%	6 2.1%	0 0.0%	166 0.3%	2 0.7%	0 0.0%	3,450 6.1%	6 2.1%	10 3.4%	43,193 76.4%	182 62.3%	145 49.7%	56,524	292	292
Female																		
Managerial/Professional	1,542 10.6%	14 12.1%	2 6.7%	161 1.1%	3 2.6%	0 0.0%	68 0.5%	1 0.9%	0 0.0%	306 2.1%	1 0.9%	0 0.0%	12,518 85.8%	97 83.6%	28 93.3%	14,595	116	30
Technical	356 17.4%	14 22.2%	14 60.9%	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%	49 77.8%	9 39.1%	2,043	63	23
Administrative Support	1,461 10.0%	11 10.5%	0 0.0%	21 0.1%	0 0.0%	0 0.0%	12 0.1%	1 1.0%	0 0.0%	369 2.5%	1 1.0%	0 0.0%	12,796 87.3%	92 87.6%	0 0.0%	14,659	105	0
Service Occupations	5,136 39.4%	143 56.5%	171 56.1%	37 0.3%	3 1.2%	3 1.0%	64 0.5%	2 0.8%	15 4.9%	586 4.5%	3 1.2%	2 0.7%	7,222 55.4%	102 40.3%	114 37.4%	13,045	253	305
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 33.9%	187 52.2%	257 0.5%	6 1.1%	3 0.8%	147 0.3%	4 0.7%	15 4.2%	1,492 3.2%	5 0.9%	2 0.6%	35,975 76.9%	340 63.3%	151 42.2%	46,761	537	358
Total	18,310 17.7%	278 33.5%	324 49.8%	552 0.5%	12 1.4%	3 0.5%	313 0.3%	6 0.7%	15 2.3%	4,942 4.8%	11 1.3%	12 1.8%	79,168 76.7%	522 63.0%	296 45.5%	103,285	829	650

**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 10.1%	1 9.1%	927 1.2%	3 3.0%	0 0.0%	257 0.3%	0 0.0%	0 0.0%	18,439 24.6%	36 36.4%	5 45.5%	52,061 69.4%	50 50.5%	5 45.5%	75,053	99	11
Technical	760 5.9%	7 26.9%	1 8.3%	257 2.0%	0 0.0%	0 0.0%	52 0.4%	0 0.0%	0 0.0%	4,597 35.5%	19 73.1%	7 58.3%	7,272 56.2%	0 0.0%	4 33.3%	12,938	26	12
Administrative Support	2,068 7.7%	3 18.8%	2 66.7%	319 1.2%	0 0.0%	0 0.0%	94 0.4%	1 6.3%	0 0.0%	13,237 49.3%	9 56.3%	1 33.3%	11,116 41.4%	3 18.8%	0 0.0%	26,834	16	3
Service Occupations	5,251 8.4%	42 19.8%	50 30.1%	608 1.0%	2 0.9%	0 0.0%	162 0.3%	1 0.5%	0 0.0%	35,603 57.1%	155 73.1%	101 60.8%	20,697 33.2%	12 5.7%	15 9.0%	62,321	212	166
Skilled Craft	2,686 3.4%	1 2.5%	0 0.0%	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%	0 0.0%	30,925 39.4%	5 12.5%	0 0.0%	78,493	40	0
Total Males	14,134 5.5%	63 16.0%	54 28.1%	2,552 1.0%	5 1.3%	0 0.0%	756 0.3%	2 0.5%	0 0.0%	116,126 45.4%	253 64.4%	114 59.4%	122,071 47.8%	70 17.8%	24 12.5%	255,639	393	192
Female																		
Managerial/Professional	4,473 5.9%	14 10.6%	3 10.0%	1,063 1.4%	6 4.5%	2 6.7%	230 0.3%	0 0.0%	0 0.0%	20,251 26.8%	49 37.1%	2 6.7%	49,477 65.5%	63 47.7%	23 76.7%	75,494	132	30
Technical	965 9.2%	14 23.7%	5 17.9%	191 1.8%	0 0.0%	1 3.6%	8 0.1%	0 0.0%	0 0.0%	4,298 40.9%	36 61.0%	11 39.3%	5,039 48.0%	9 15.3%	11 39.3%	10,501	59	28
Administrative Support	3,942 5.2%	12 15.0%	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%	58 72.5%	1 25.0%	37,814 49.7%	10 12.5%	3 75.0%	76,077	80	4
Service Occupations	5,585 10.9%	70 26.5%	44 22.7%	1,198 2.3%	3 1.1%	0 0.0%	199 0.4%	1 0.4%	0 0.0%	30,095 58.8%	164 62.1%	114 58.8%	14,107 27.6%	26 9.8%	36 18.6%	51,184	264	194
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%	0 0.0%	11,387 68.3%	1 100.0%	0 0.0%	3,953 23.7%	0 0.0%	0 0.0%	16,675	1	0
Total Females	15,765 6.9%	110 20.5%	52 20.3%	3,675 1.6%	9 1.7%	3 1.2%	596 0.3%	1 0.2%	0 0.0%	99,505 43.3%	308 57.5%	128 50.0%	110,390 48.0%	108 20.1%	73 28.5%	229,931	536	256
Total	29,899 6.2%	173 18.6%	106 23.7%	6,227 1.3%	14 1.5%	3 0.7%	1,352 0.3%	3 0.3%	0 0.0%	215,631 44.4%	561 60.4%	242 54.0%	232,461 47.9%	178 19.2%	97 21.7%	485,570	929	448

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 21.6%	7 50.0%	8,603 2.7%	6 8.1%	0 0.0%	1,021 0.3%	0 0.0%	0 0.0%	14,322 4.5%	2 2.7%	0 0.0%	277,697 87.3%	50 67.6%	7 50.0%	318,122	74	14
Technical	3,270 6.1%	3 75.0%	1 33.3%	2,220 4.2%	0 0.0%	0 0.0%	282 0.5%	0 0.0%	0 0.0%	3,369 6.3%	1 25.0%	0 0.0%	44,032 82.8%	0 0.0%	2 66.7%	53,173	4	3
Administrative Support	16,712 17.6%	0 0.0%	7 50.0%	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%	2 100.0%	7 50.0%	94,820	2	14
Service Occupations	38,601 21.0%	75 48.4%	97 45.1%	4,074 2.2%	2 1.3%	2 0.9%	1,100 0.6%	0 0.0%	0 0.0%	35,360 19.2%	4 2.6%	26 12.1%	104,717 57.0%	74 47.7%	90 41.9%	183,852	155	215
Skilled Craft	16,098 8.1%	3 9.7%	3 0.0%	3,541 1.8%	1 3.2%	1 5.3%	1,225 0.6%	0 0.0%	0 0.0%	34,434 17.4%	1 3.2%	1 5.3%	143,163 72.1%	26 83.9%	14 73.7%	198,461	31	19
Total Males	91,160 10.7%	97 36.5%	115 43.4%	20,604 2.4%	9 3.4%	3 1.1%	4,141 0.5%	0 0.0%	0 0.0%	97,318 11.5%	8 3.0%	27 10.2%	635,205 74.9%	152 57.1%	120 45.3%	848,428	266	265
Female																		
Managerial/Professional	25,411 9.3%	23 17.6%	5 16.1%	5,513 2.0%	2 1.5%	1 3.2%	1,037 0.4%	1 0.8%	0 0.0%	13,180 4.8%	4 3.1%	0 0.0%	227,502 83.4%	101 77.1%	25 80.6%	272,643	131	31
Technical	4,988 14.8%	20 30.8%	4 33.3%	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%	42 64.6%	8 66.7%	33,755	65	12
Administrative Support	39,416 13.7%	12 13.2%	24 26.7%	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 1.1%	1 1.1%	221,961 77.3%	78 85.7%	65 72.2%	287,258	91	90
Service Occupations	35,092 23.7%	123 51.0%	151 40.5%	2,992 2.0%	0 0.0%	4 1.1%	842 0.6%	0 0.0%	2 0.5%	24,262 16.4%	15 6.2%	30 8.0%	84,987 57.4%	103 42.7%	186 49.9%	148,175	241	373
Skilled Craft	5,092 19.0%	0 0.0%	0 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	0
Total Females	109,999 14.3%	178 33.7%	184 36.4%	14,750 1.9%	3 0.6%	5 1.0%	3,780 0.5%	1 0.2%	2 0.4%	65,568 8.5%	22 4.2%	31 6.1%	574,473 74.7%	324 61.4%	284 56.1%	768,570	528	506
Total	201,159 12.4%	275 34.6%	299 38.8%	35,354 2.2%	12 1.5%	8 1.0%	7,921 0.5%	1 0.1%	2 0.3%	162,886 10.1%	30 3.8%	58 7.5%	1,209,678 74.8%	476 59.9%	404 52.4%	1,616,998	794	771

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%	2 13.3%	1 0.0%	99 1.0%	0 0.0%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	472 4.6%	2 13.3%	0 0.0%	8,933 87.3%	11 73.3%	3 0.0%	10,235	15	4
Technical	65 5.1%	0 0.0%	3 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%	0 0.0%	1,129 88.3%	2 100.0%	1 0.0%	1,279	2	4
Administrative Support	354 10.4%	0 0.0%	2 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%	2 0.0%	3,403	3	4
Service Occupations	1,739 19.8%	26 48.1%	19 52.8%	37 0.4%	0 0.0%	0 0.0%	18 0.2%	0 0.0%	0 0.0%	1,340 15.2%	7 13.0%	5 13.9%	5,656 64.3%	21 38.9%	12 33.3%	8,790	54	36
Skilled Craft	1,236 9.6%	3 25.0%	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%	9 75.0%	0 0.0%	12,828	12	0
Total Males	4,111 11.3%	31 36.0%	25 52.1%	222 0.6%	0 0.0%	0 0.0%	72 0.2%	0 0.0%	0 0.0%	4,731 12.9%	9 10.5%	5 10.4%	27,399 75.0%	46 53.5%	18 37.5%	36,535	86	48
Female																		
Managerial/Professional	964 9.4%	3 9.4%	0 0.0%	88 0.9%	0 0.0%	0 0.0%	64 0.6%	0 0.0%	1 100.0%	460 4.5%	2 6.3%	0 0.0%	8,704 84.7%	27 84.4%	0 0.0%	10,280	32	1
Technical	194 14.3%	4 40.0%	6 50.0%	9 0.7%	0 0.0%	0 0.0%	11 0.8%	0 0.0%	0 0.0%	84 6.2%	0 0.0%	0 0.0%	1,056 78.0%	6 60.0%	6 50.0%	1,354	10	12
Administrative Support	941 8.9%	3 15.8%	6 21.4%	34 0.3%	0 0.0%	0 0.0%	3 0.0%	0 0.0%	0 0.0%	732 6.9%	1 5.3%	2 7.1%	8,913 83.9%	15 78.9%	20 71.4%	10,623	19	28
Service Occupations	2,621 33.2%	50 74.6%	45 60.0%	45 0.6%	3 4.5%	1 1.3%	22 0.3%	0 0.0%	0 0.0%	889 11.3%	6 9.0%	8 10.7%	4,308 54.6%	8 11.9%	21 28.0%	7,885	67	75
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%	1 0.0%	0 0.0%	4,644	1	0
Total Females	5,638 16.2%	60 46.5%	57 49.1%	192 0.6%	3 2.3%	1 0.9%	100 0.3%	0 0.0%	1 0.9%	3,485 10.0%	9 7.0%	10 8.6%	25,371 72.9%	57 44.2%	47 40.5%	34,786	129	116
Total	9,749 13.7%	91 42.3%	82 50.0%	414 0.6%	3 1.4%	1 0.6%	172 0.2%	0 0.0%	1 0.6%	8,216 11.5%	18 8.4%	15 9.1%	52,770 74.0%	103 47.9%	65 39.6%	71,321	215	164

Performance Measure 7B:

“Staff Turnover” rates relating to new hires and losses will be maintained and reported to the TDMHMR Board quarterly.

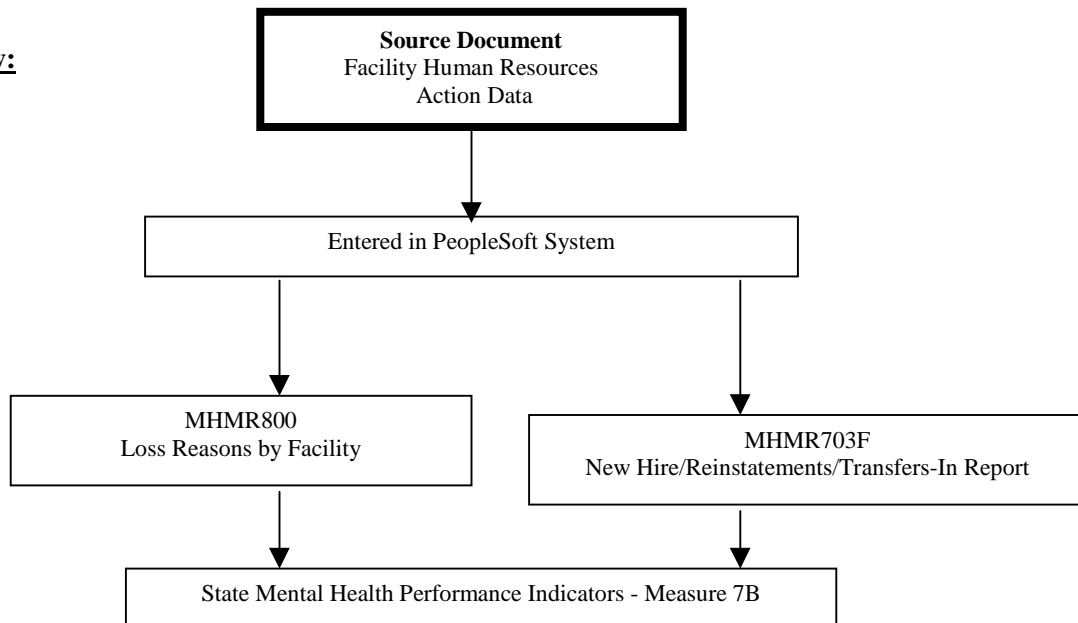
Performance Measure Operational Definition: The facility rate of staff turnover relating to “new hires” and “losses” will be available to the board.

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:

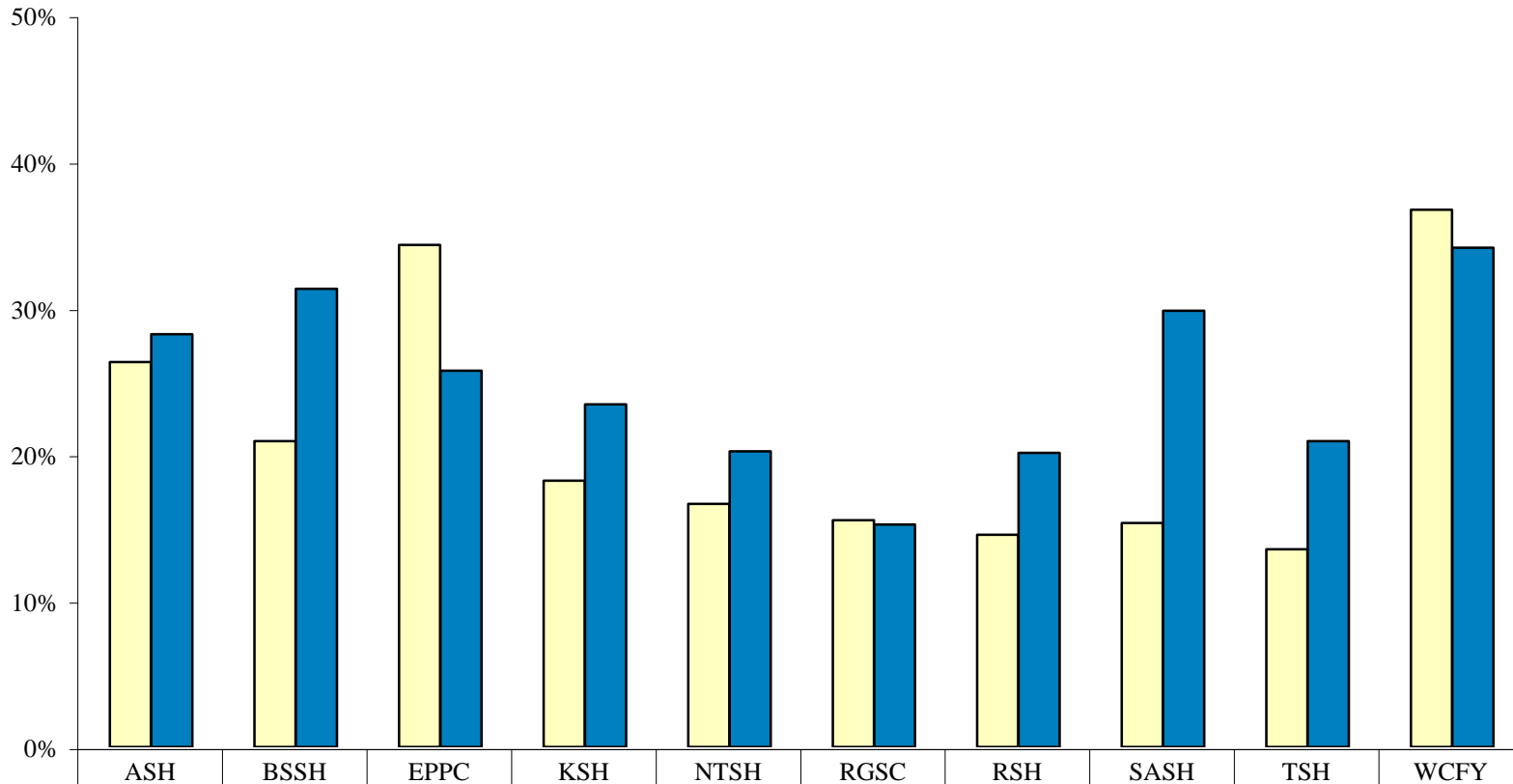
- ◆ Table shows new hires, losses and average daily strength for individual facilities and system-wide.
- ◆ Chart with monthly data points of turnover rate and annualized turnover (twelve month rolling average) for individual facilities and system-wide.

Data Flow:

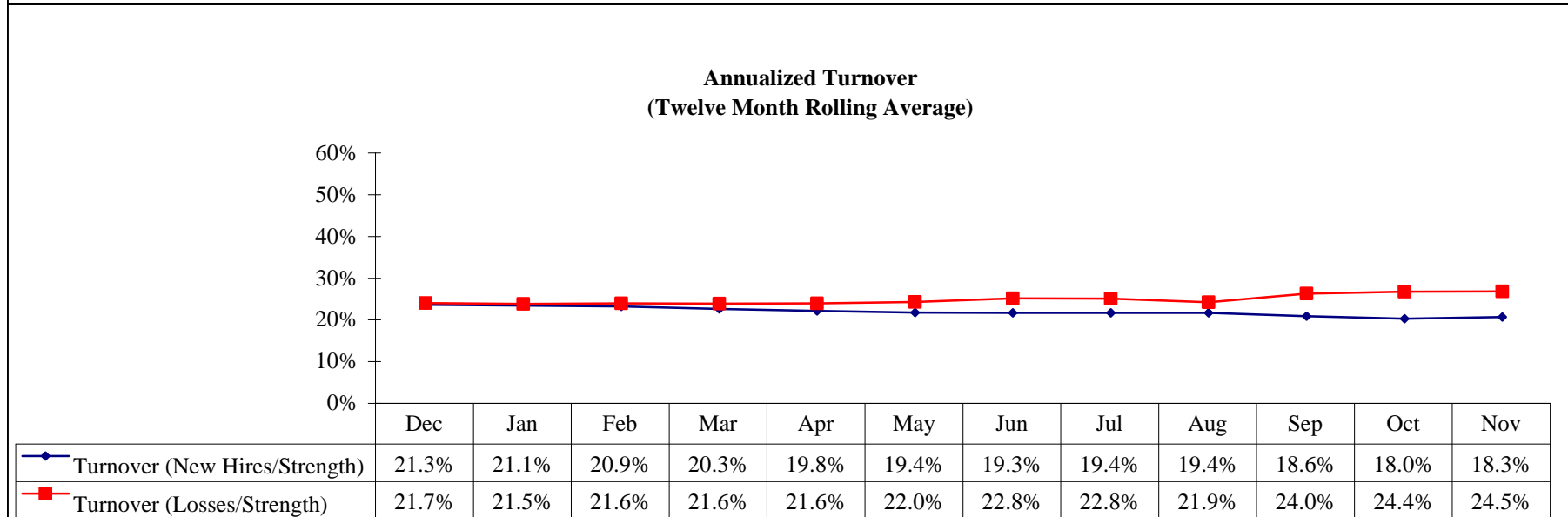
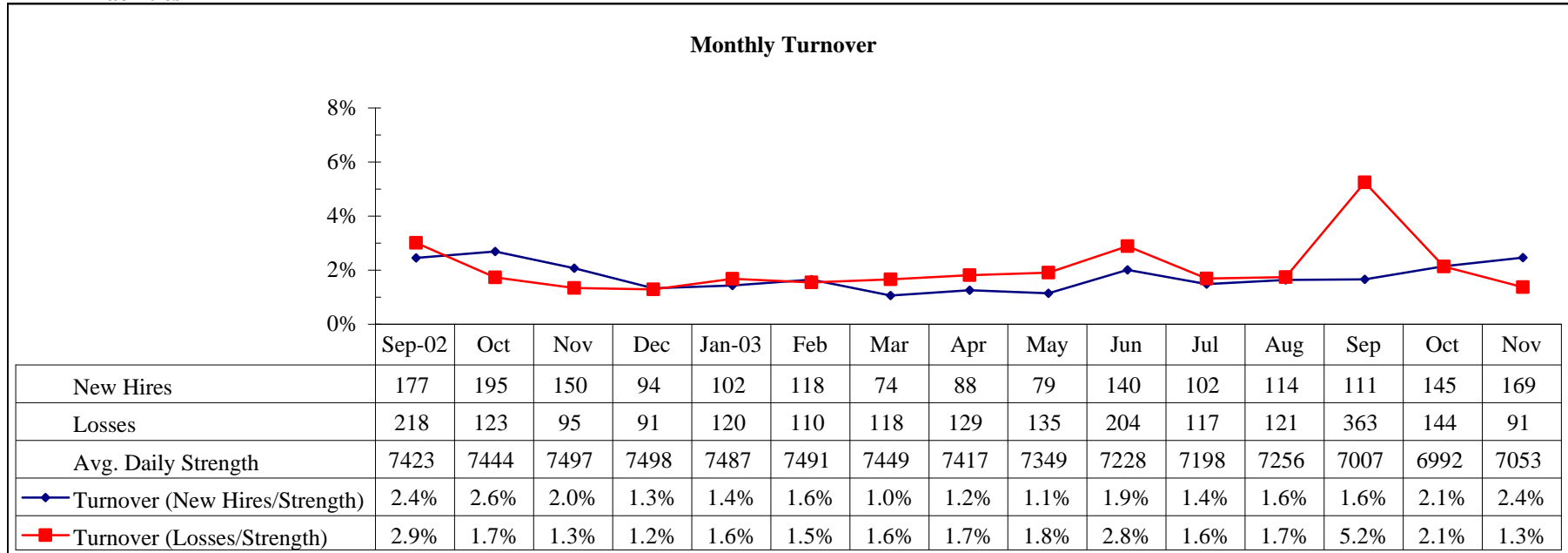


Measure 7B - Staff Turnover Rates
All MH Facilities

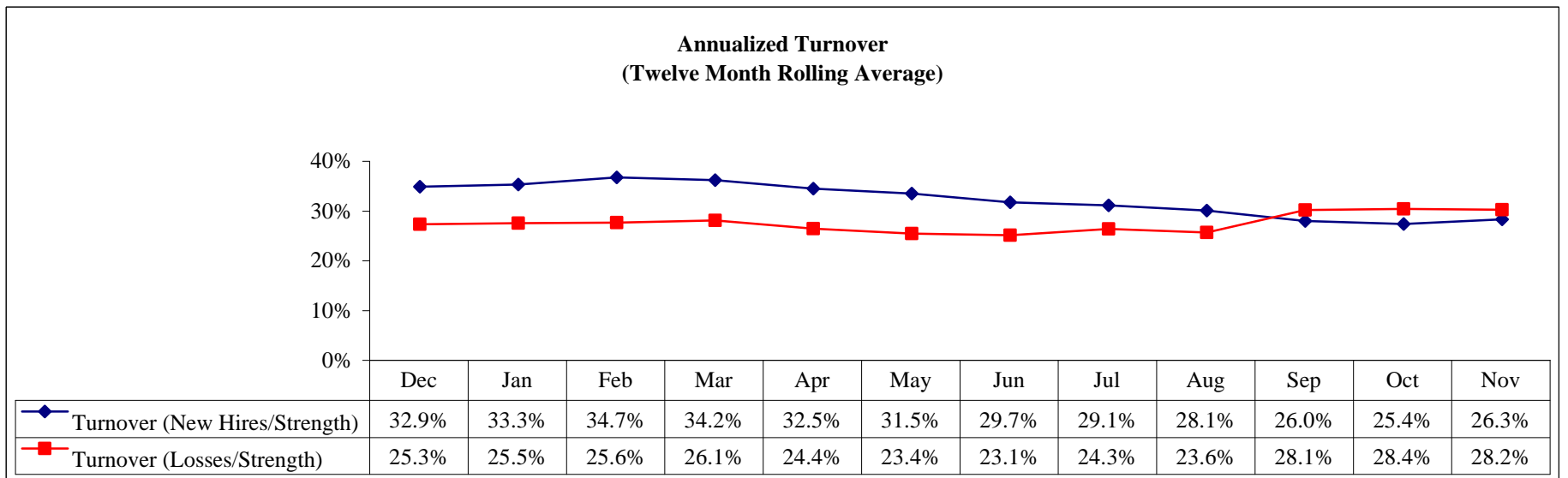
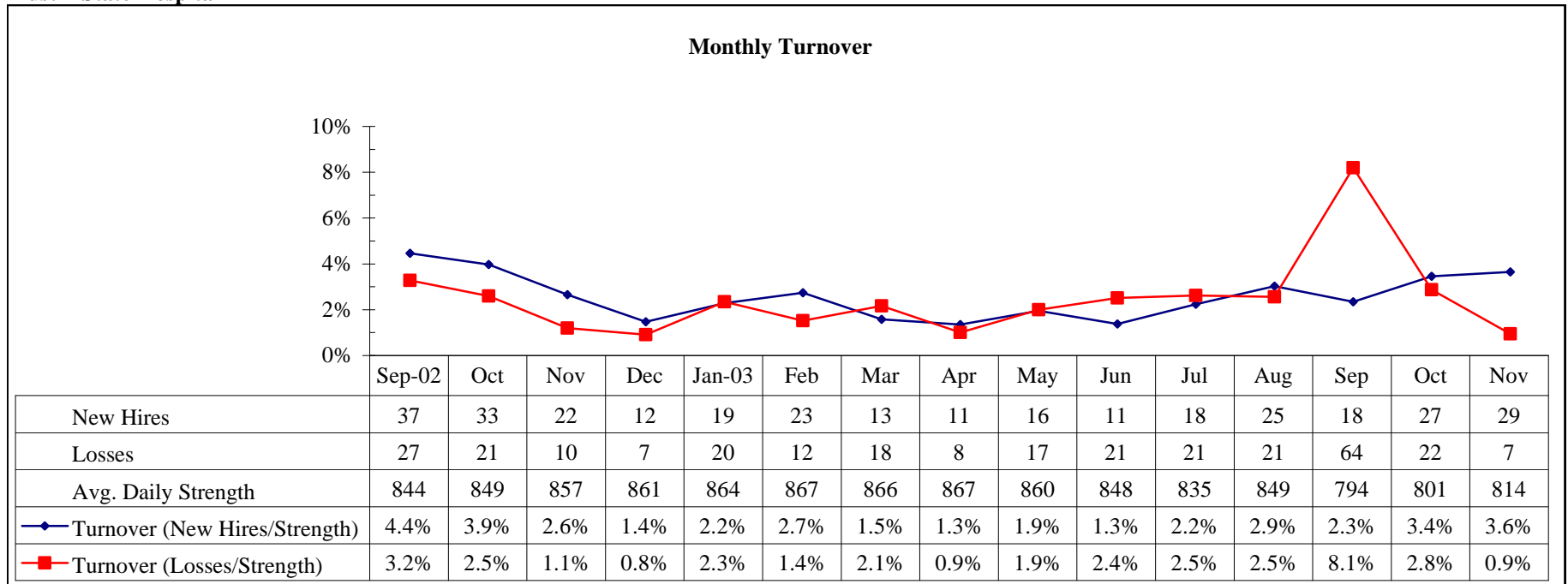
Annualized Turnover
(Twelve Month Rolling Average)



Measure 7B - Staff Turnover Rates
All MH Facilities

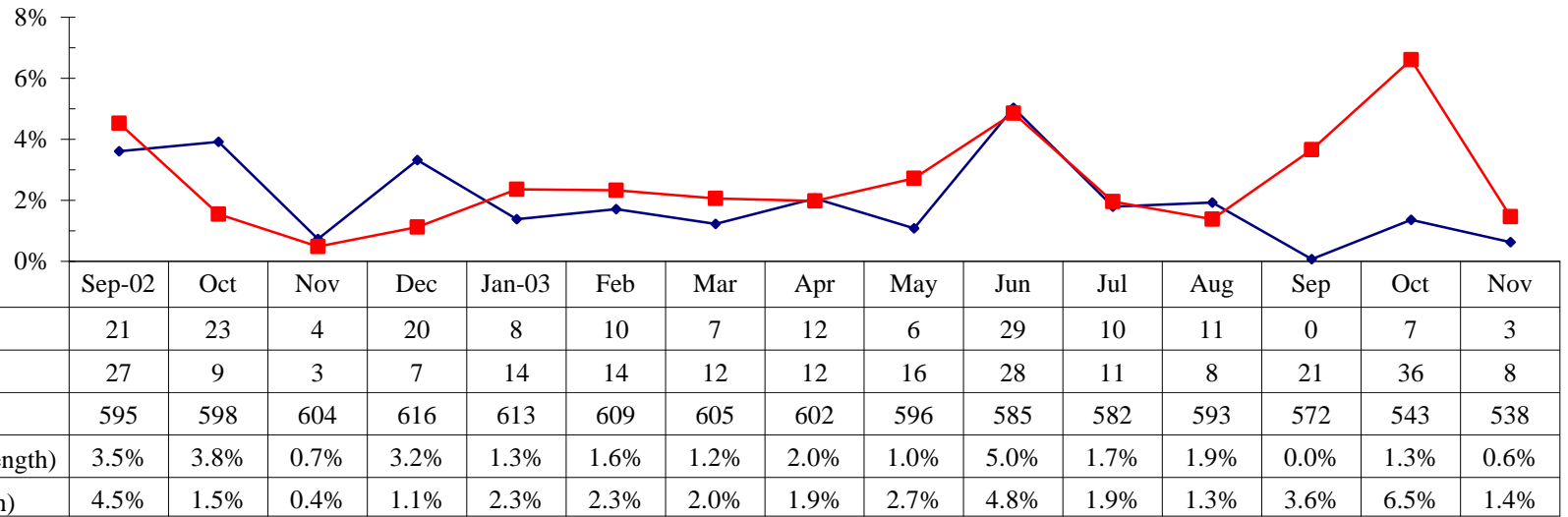


**Measure 7B - Staff Turnover Rates
Austin State Hospital**

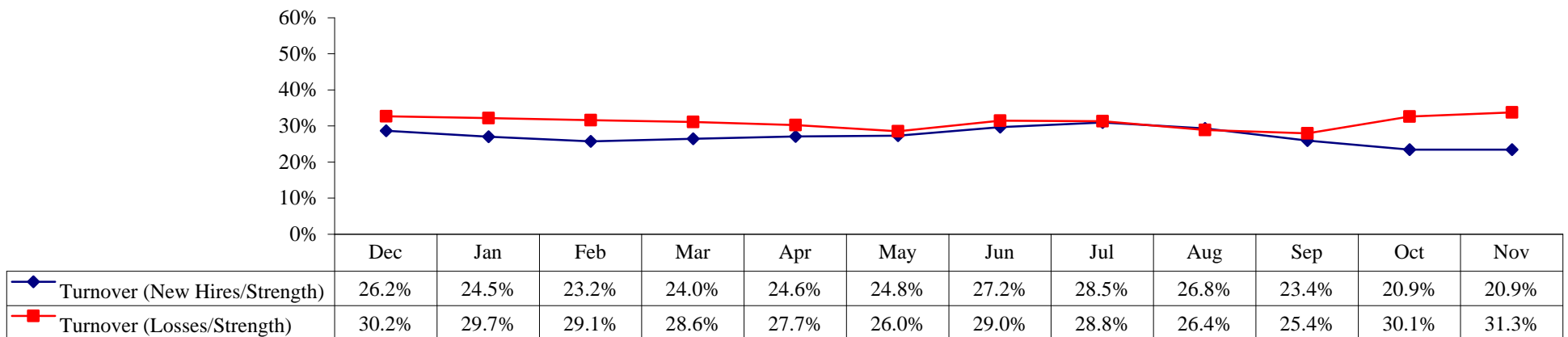


Measure 7B - Staff Turnover Rates
Big Spring State Hospital

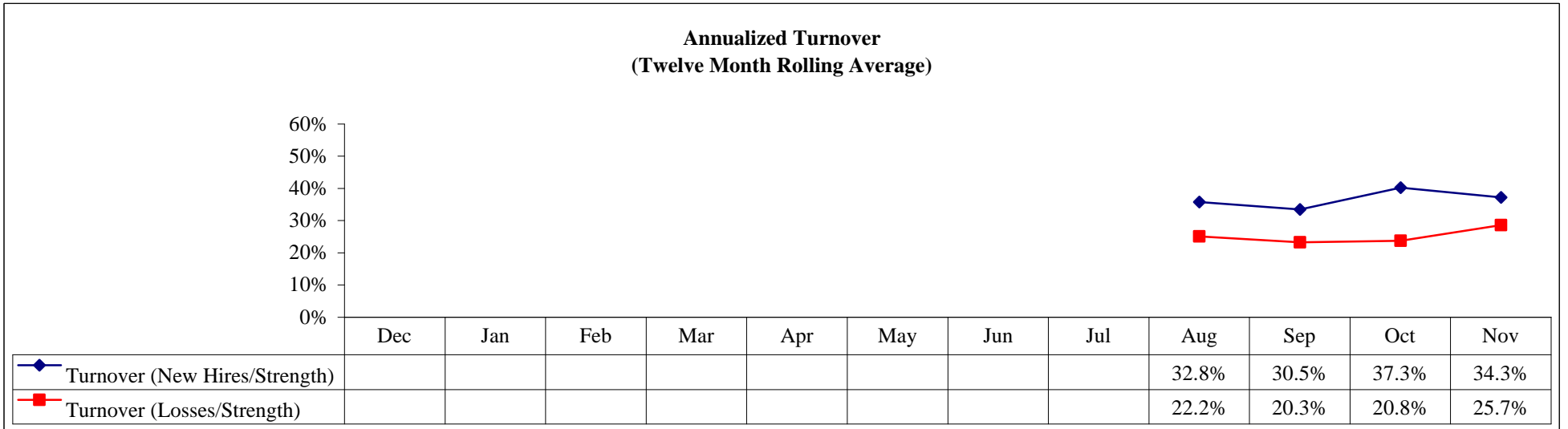
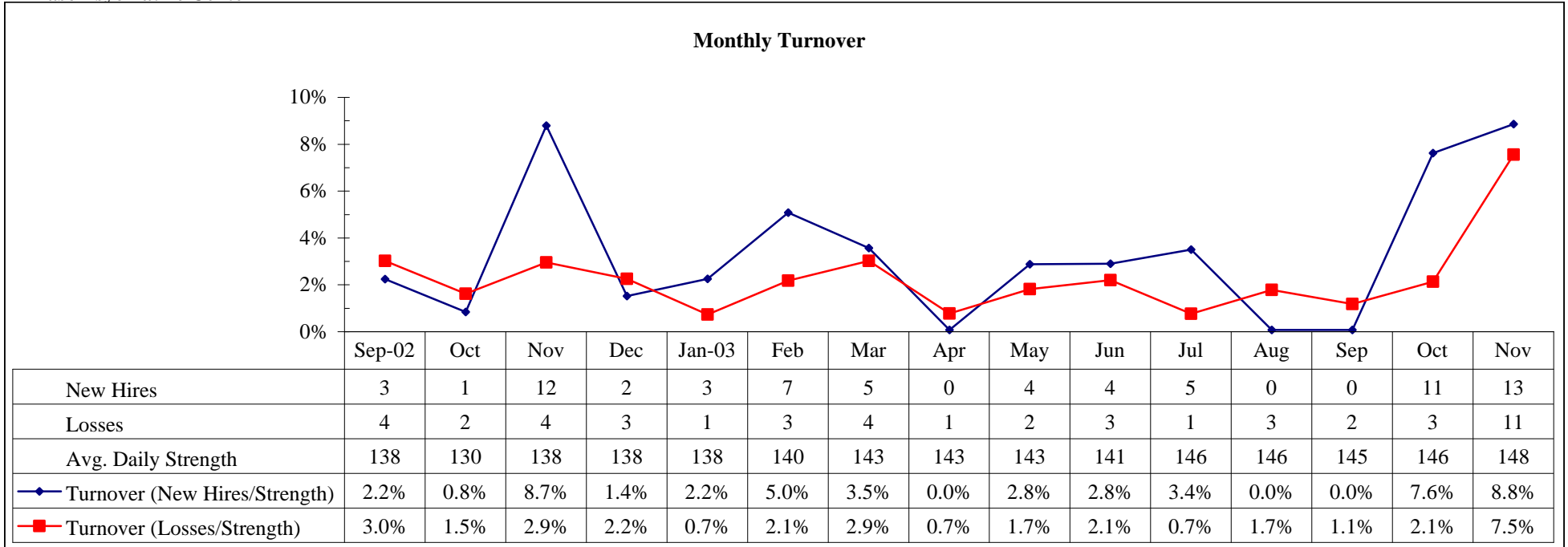
Monthly Turnover



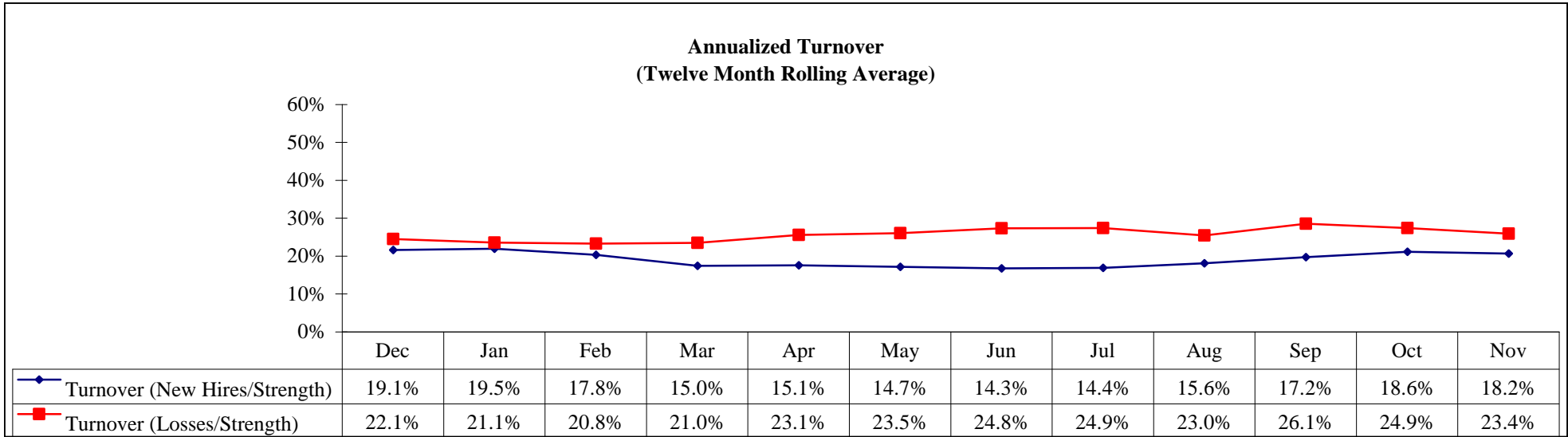
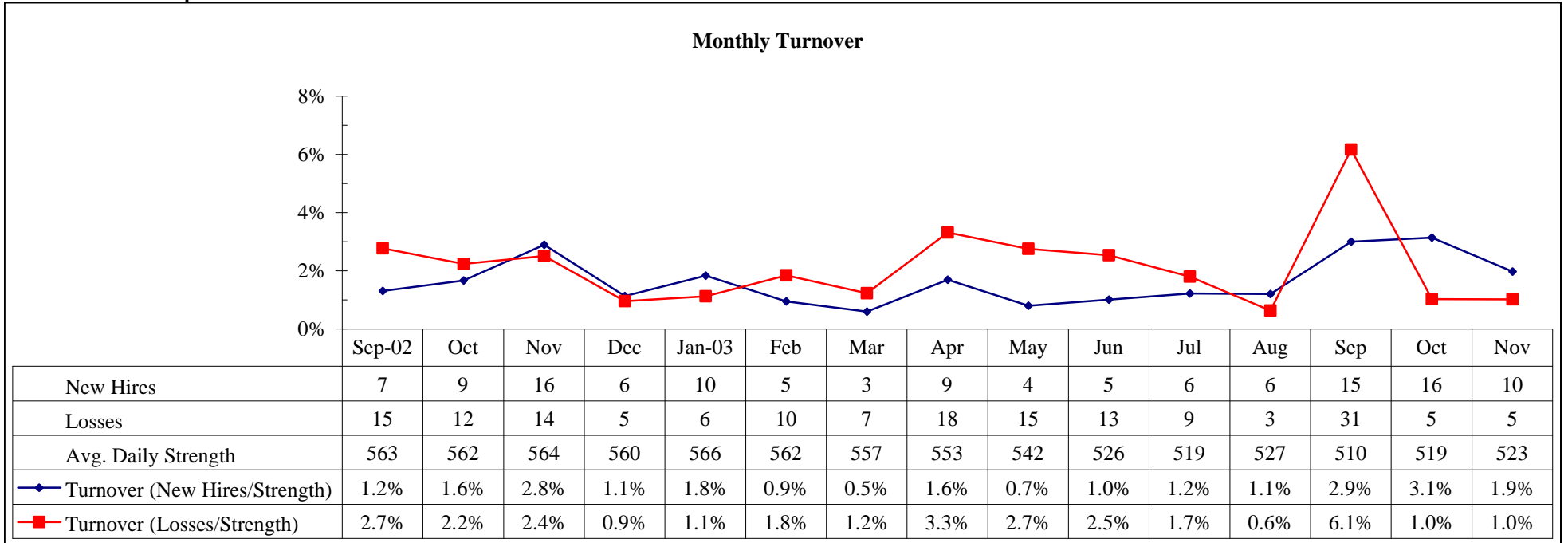
Annualized Turnover
(Twelve Month Rolling Average)



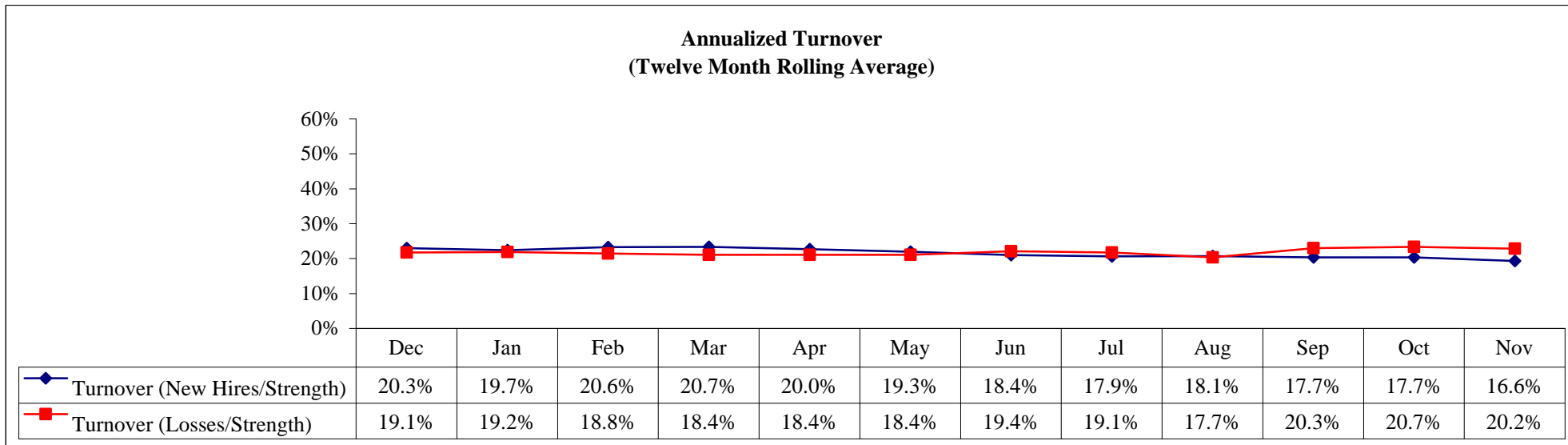
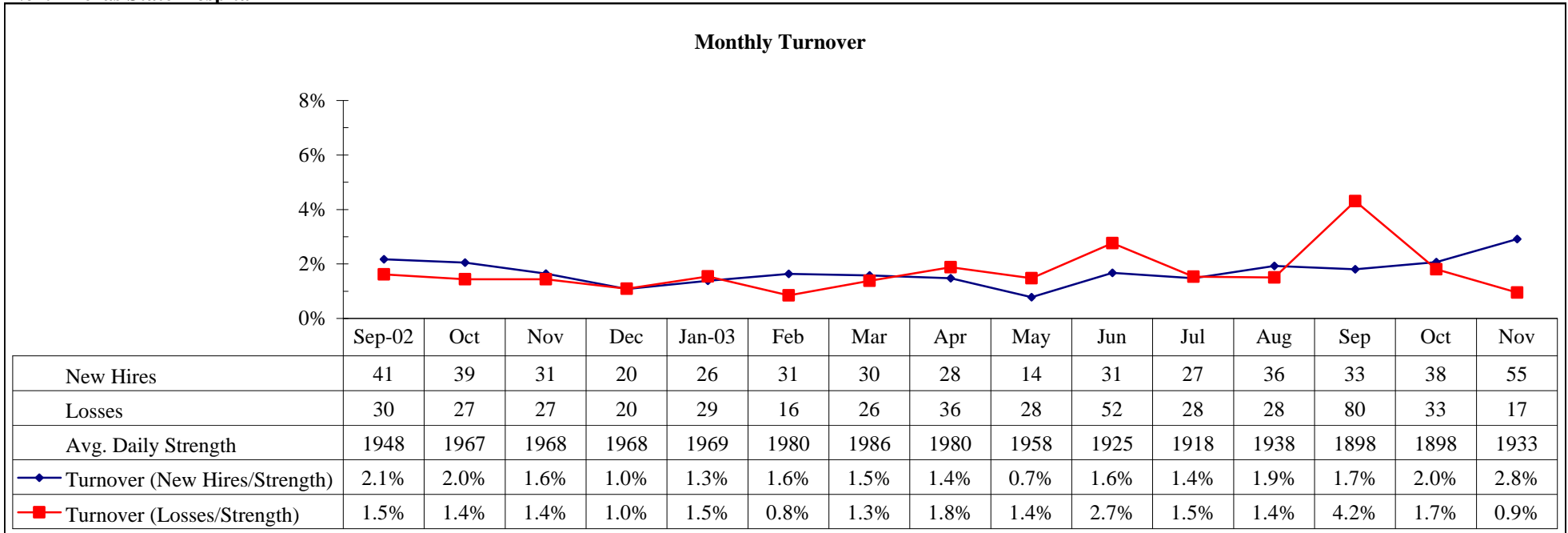
Measure 7B - Staff Turnover Rates
El Paso Psychiatric Center



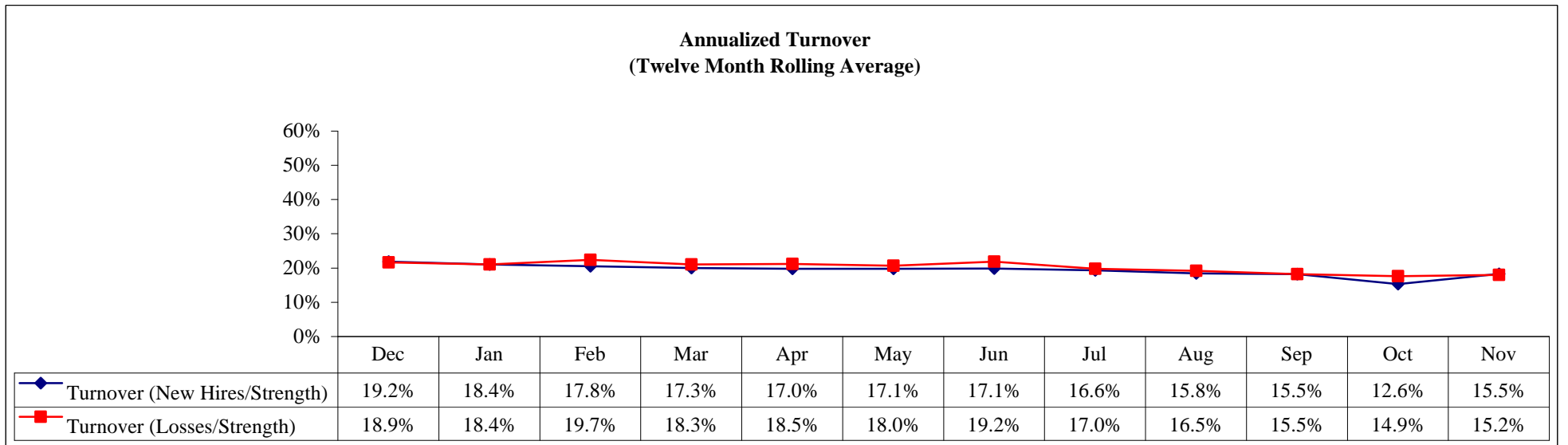
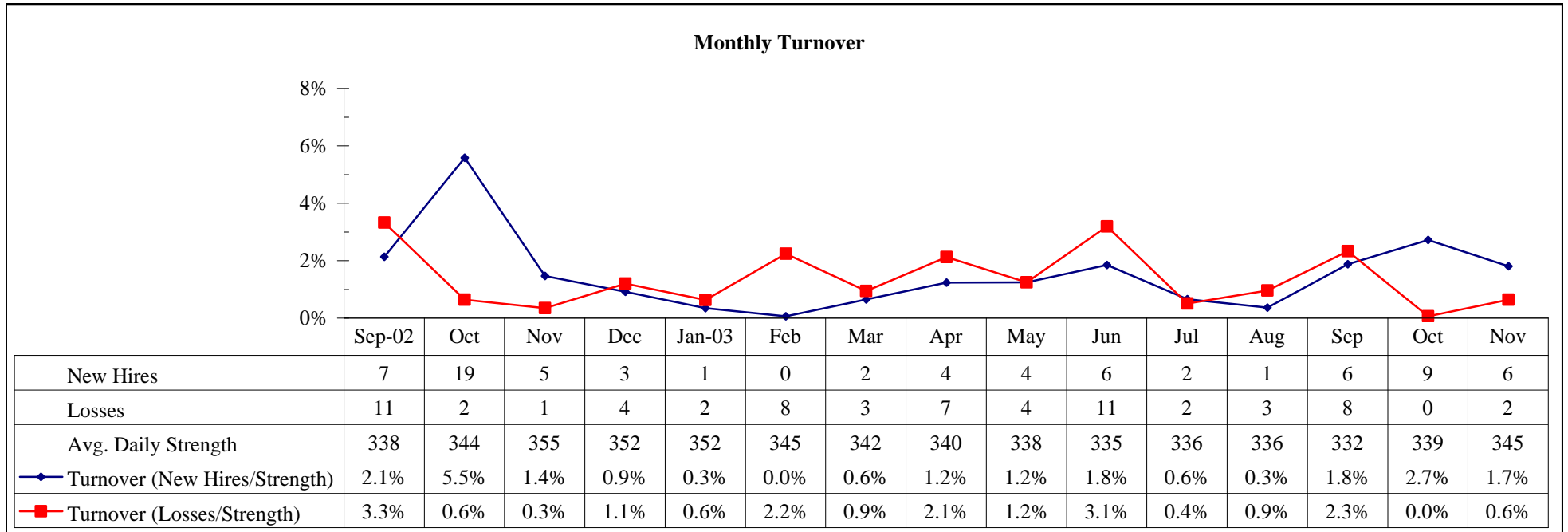
**Measure 7B - Staff Turnover Rates
Kerrville State Hospital**



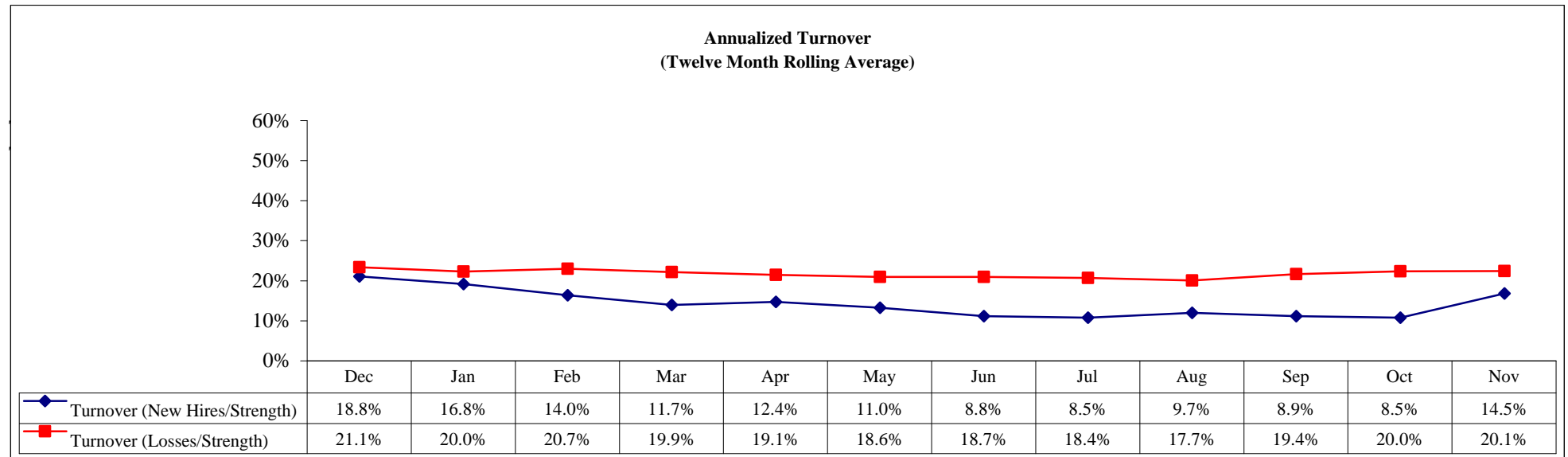
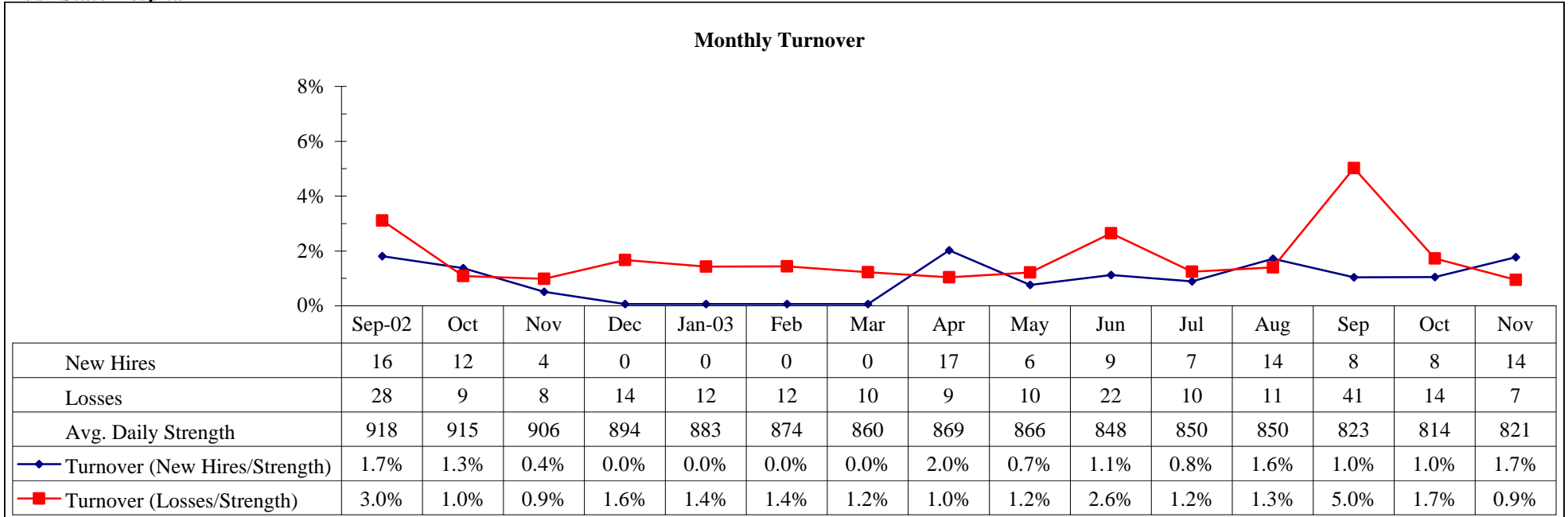
Measure 7B - Staff Turnover Rates
North Texas State Hospital



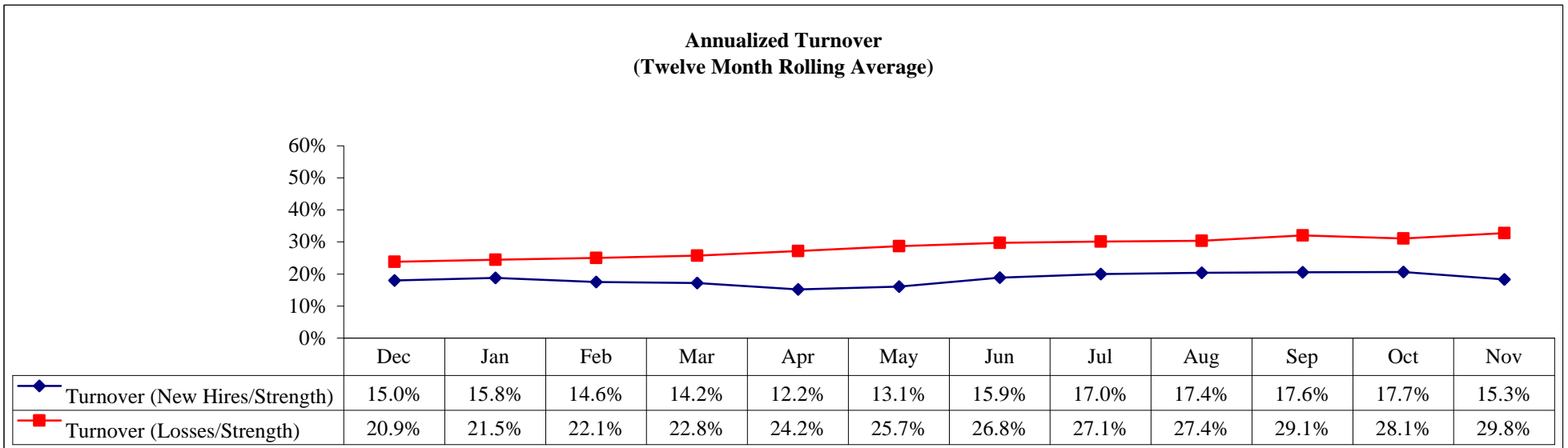
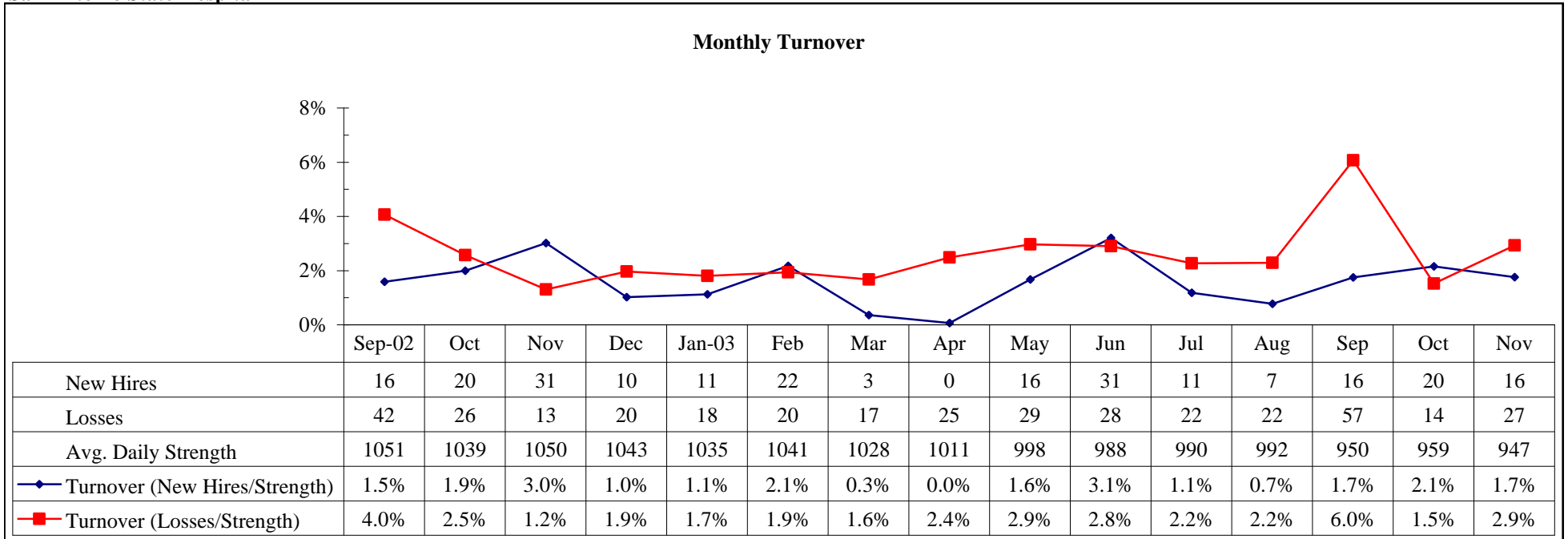
Measure 7B - Staff Turnover Rates
Rio Grande State Center



Measure 7B - Staff Turnover Rates
Rusk State Hospital

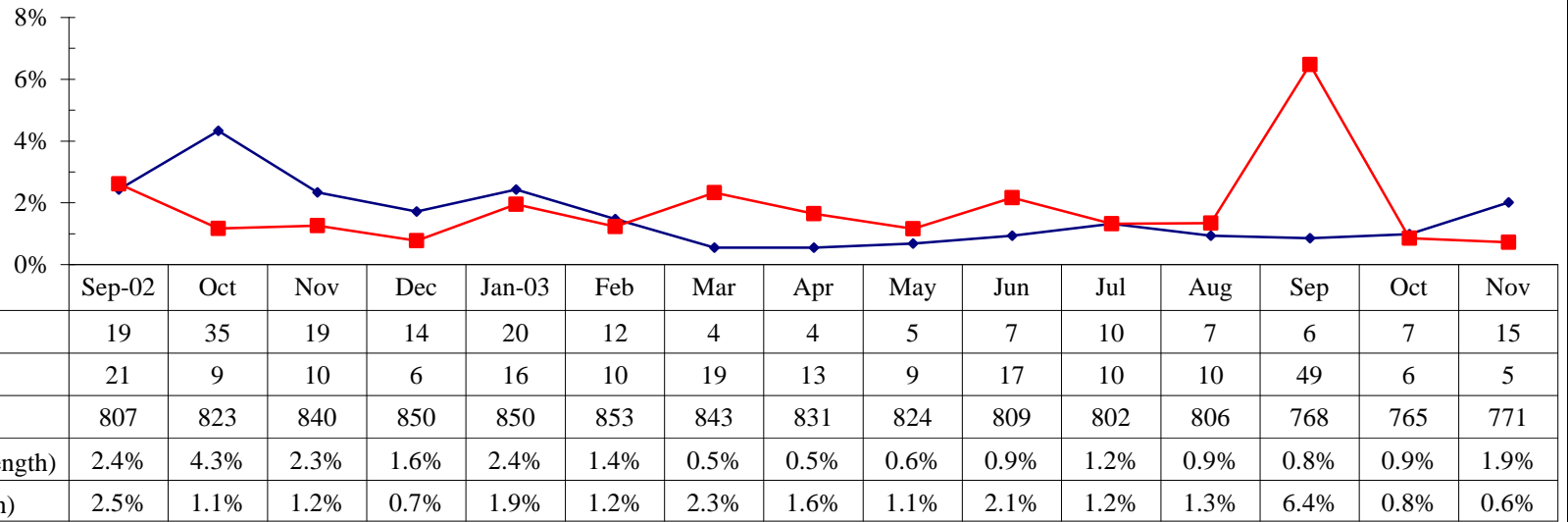


Measure 7B - Staff Turnover Rates
San Antonio State Hospital

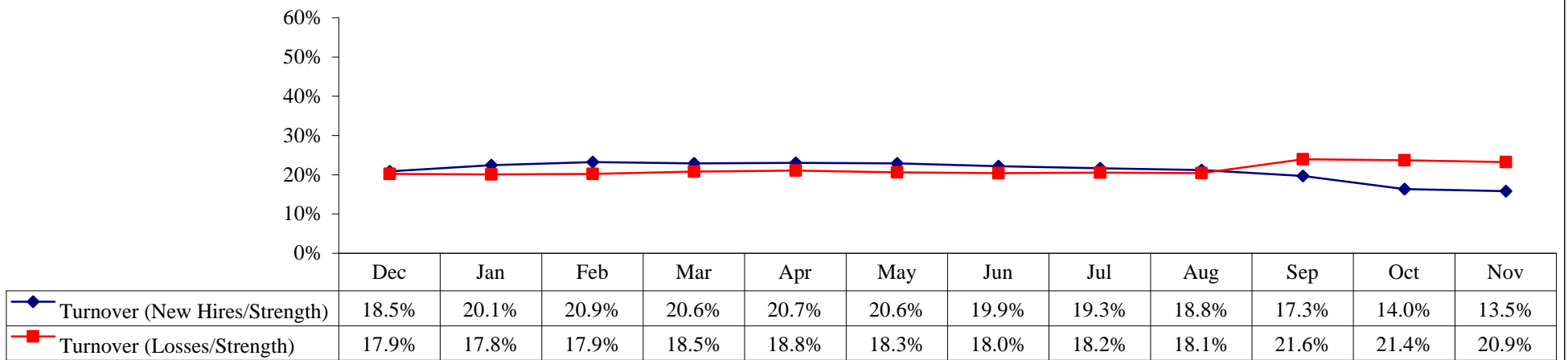


Measure 7B - Staff Turnover Rates
Terrell State Hospital

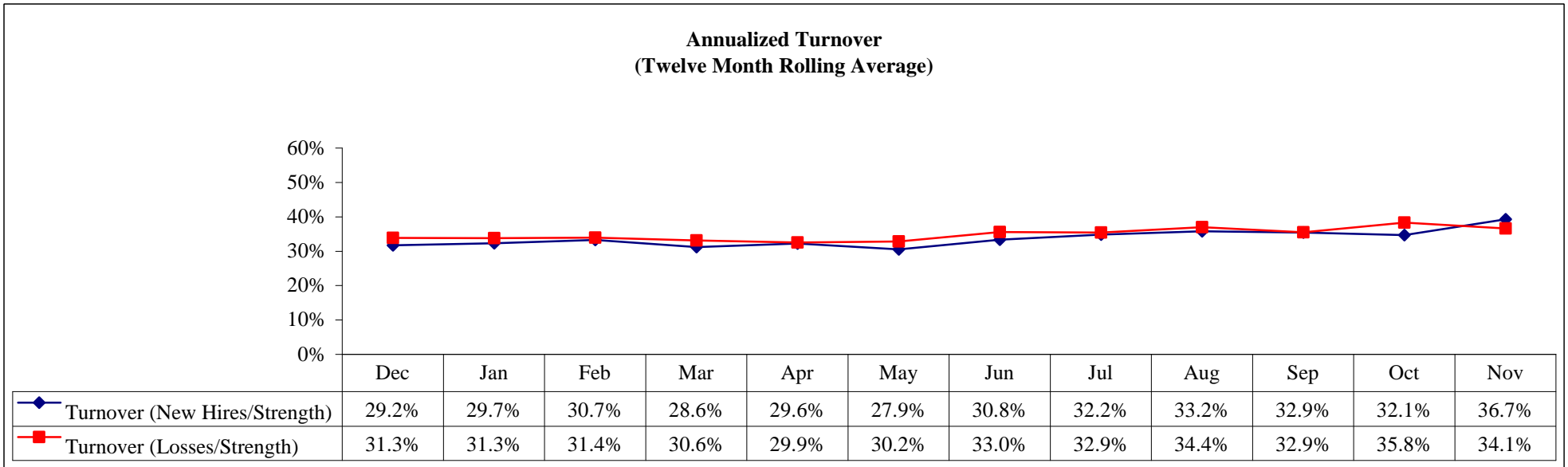
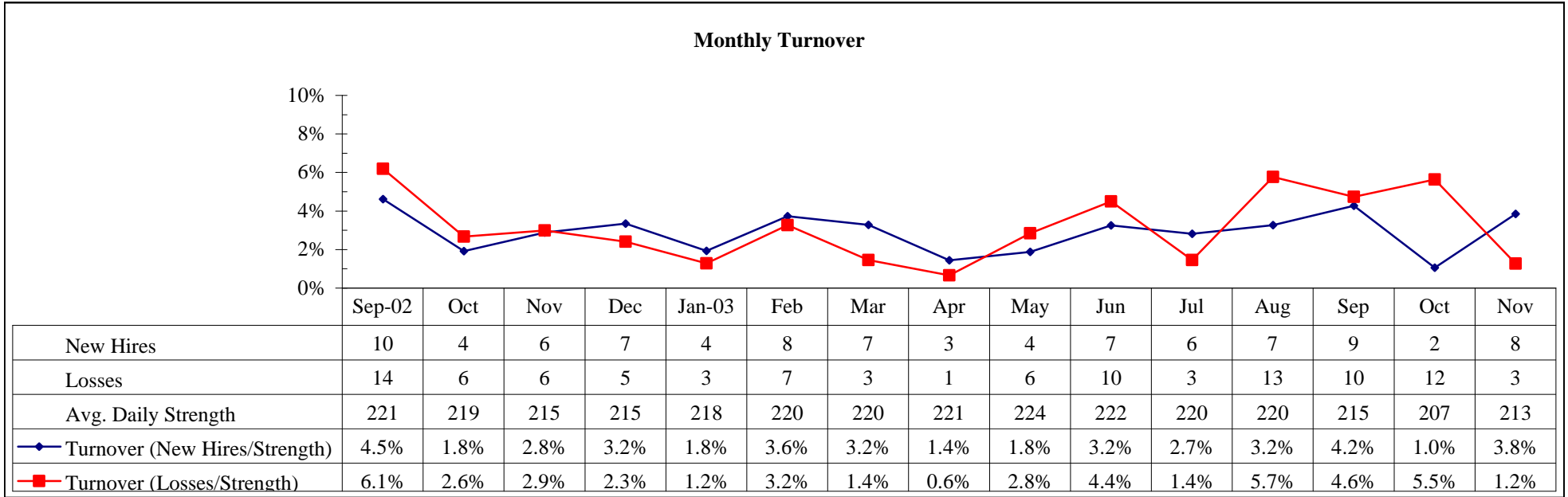
Monthly Turnover



Annualized Turnover
(Twelve Month Rolling Average)



Measure 7B - Staff Turnover Rates
Waco Center for Youth



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**

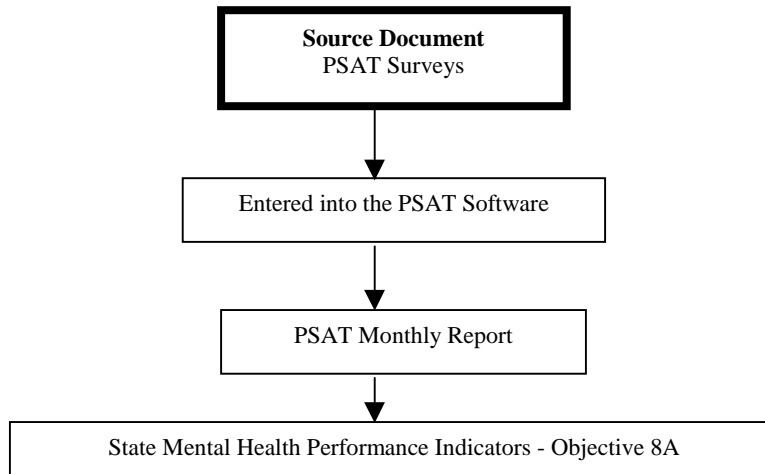
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

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.

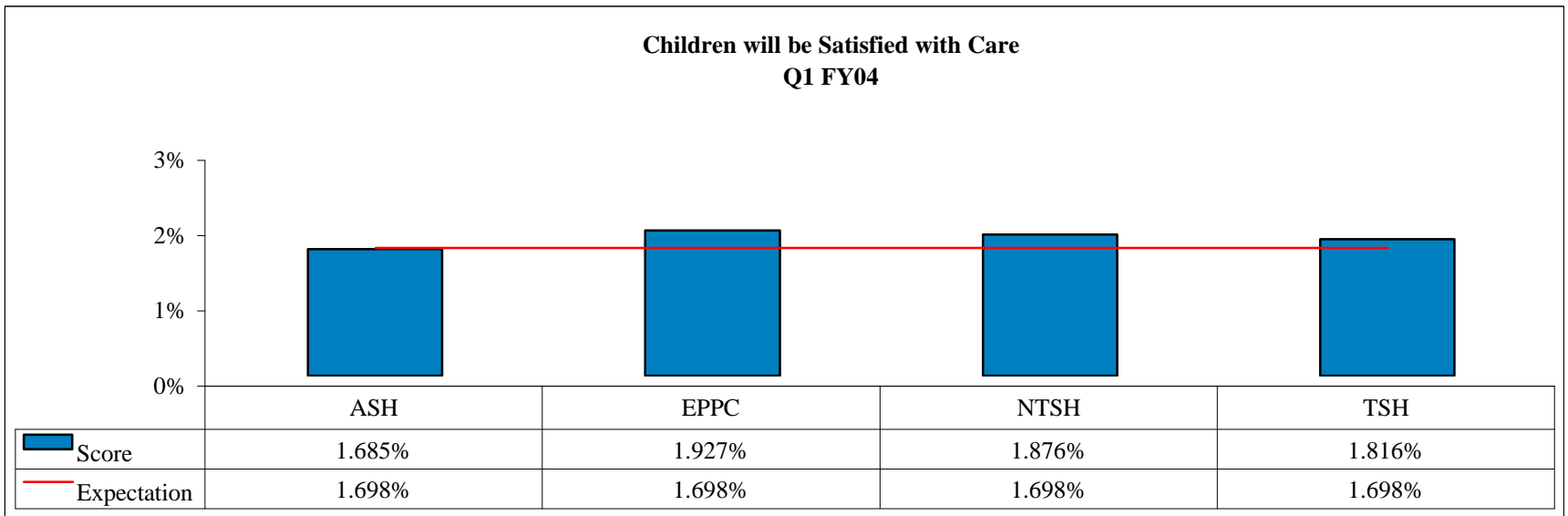
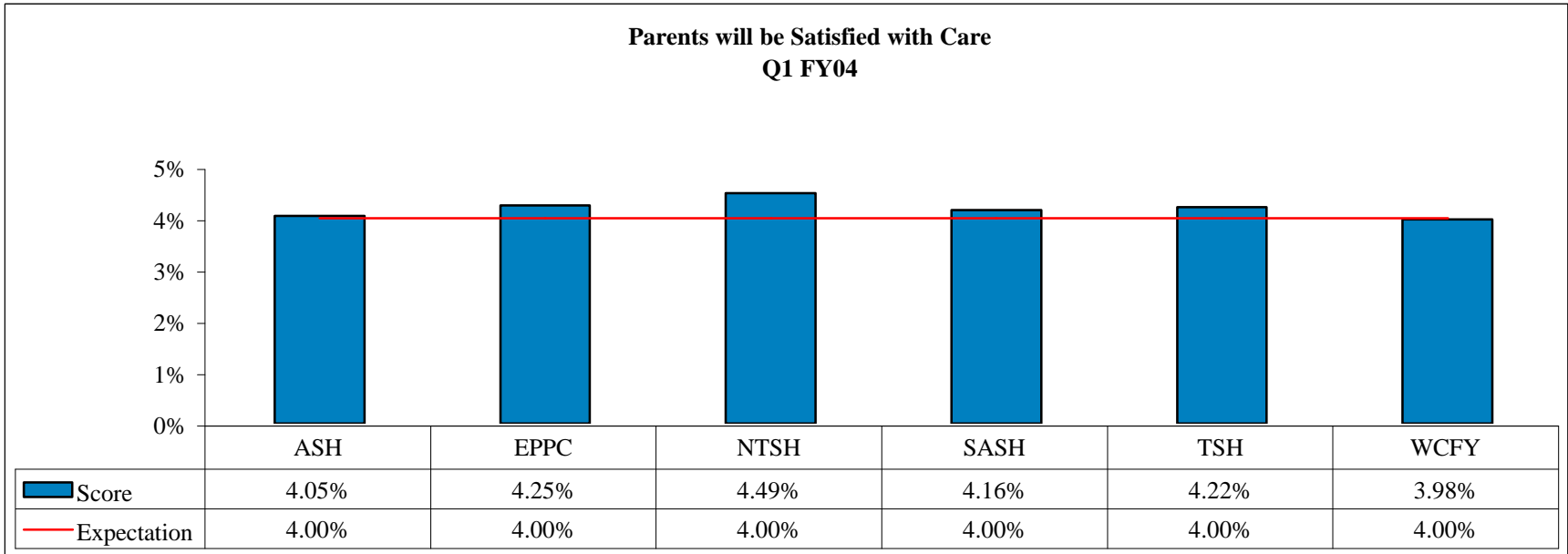
Performance Objective Data Display and Chart Description:

- ◆ 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.

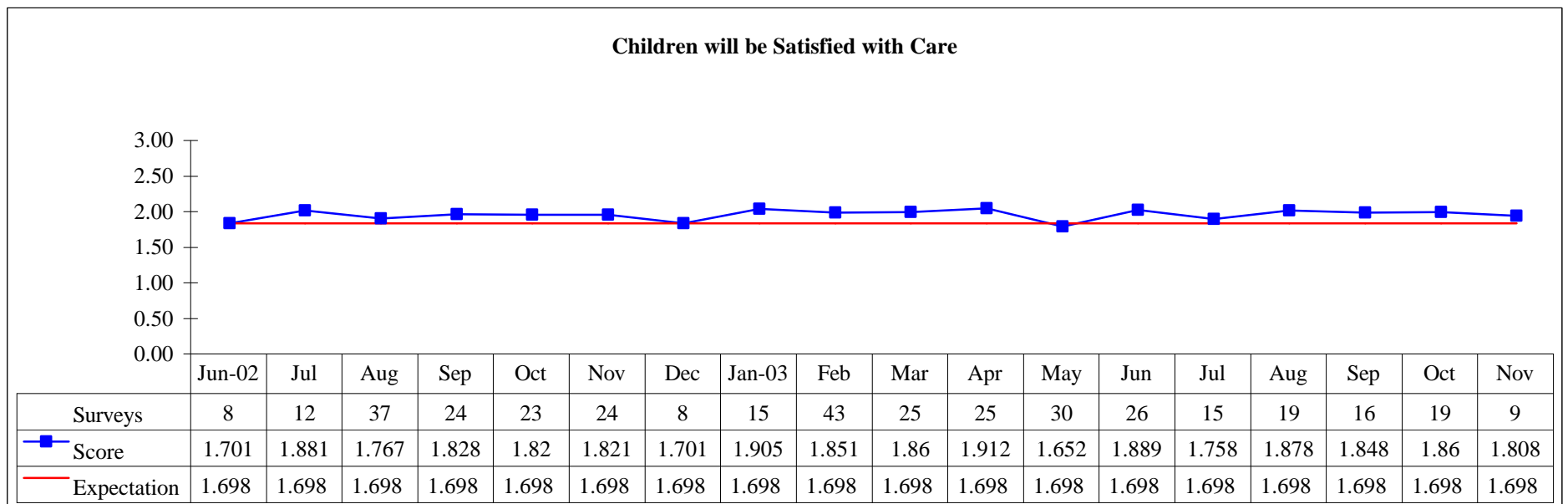
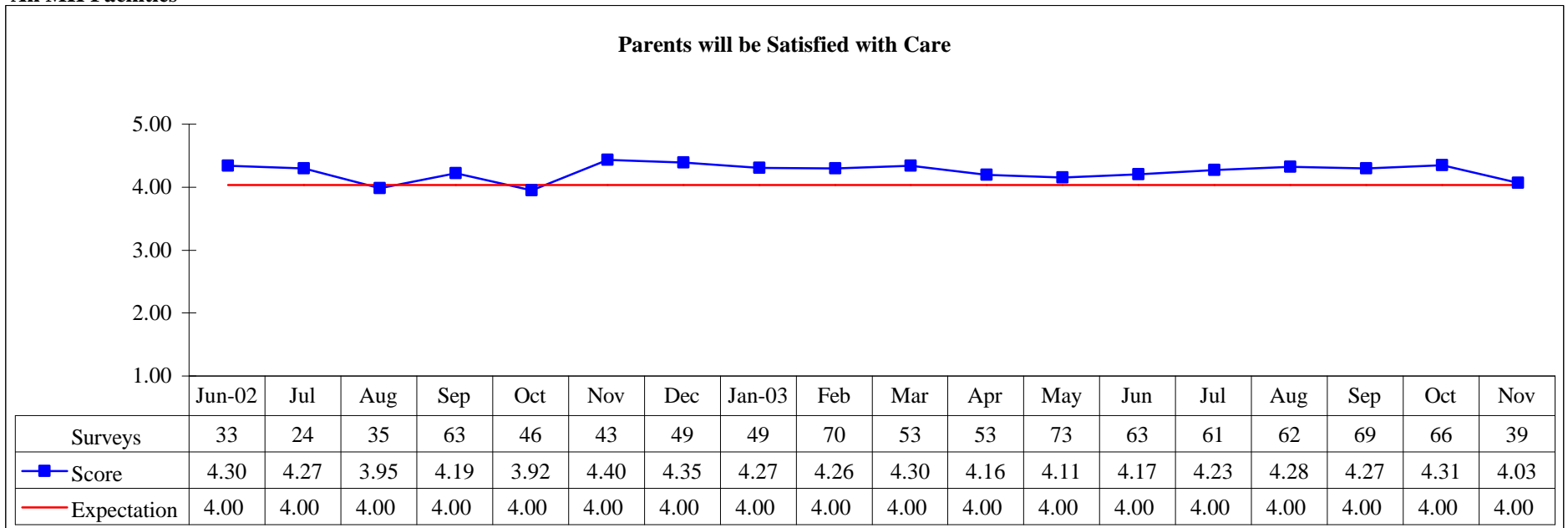
Data Flow:



Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
All MH Facilities

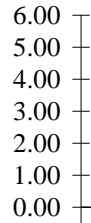


Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
All MH Facilities



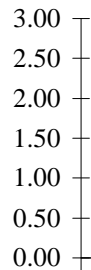
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Austin State Hospital

Parents will be Satisfied with Care



	Jun-02	Jul*	Aug	Sep	Oct*	Nov	Dec*	Jan-03*	Feb	Mar	Apr	May*	Jun	Jul*	Aug	Sep*	Oct	Nov
Surveys	4		6	1		3			10	4	2		7		9		10	7
Score	4.20		3.73	5.00		4.90			3.73	4.20	4.45		3.69		4.21		4.08	4.03
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care

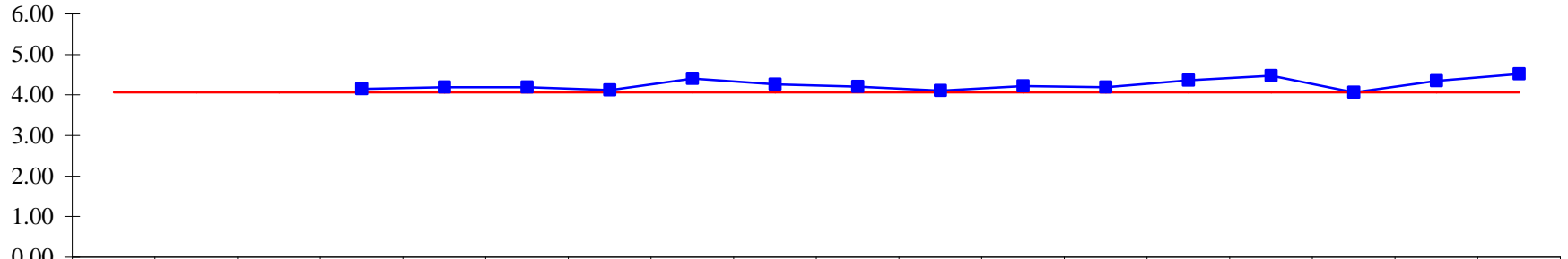


	Jun-02	Jul*	Aug	Sep	Oct	Nov	Dec*	Jan-03*	Feb	Mar	Apr	May	Jun	Jul*	Aug	Sep*	Oct	Nov
Surveys	1		18	4	3	2			16	3	4	2	1		10		14	3
Score	1.736		1.698	1.644	1.877	1.921			1.799	1.929	1.894	1.815	1.894		1.794		1.808	1.561
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

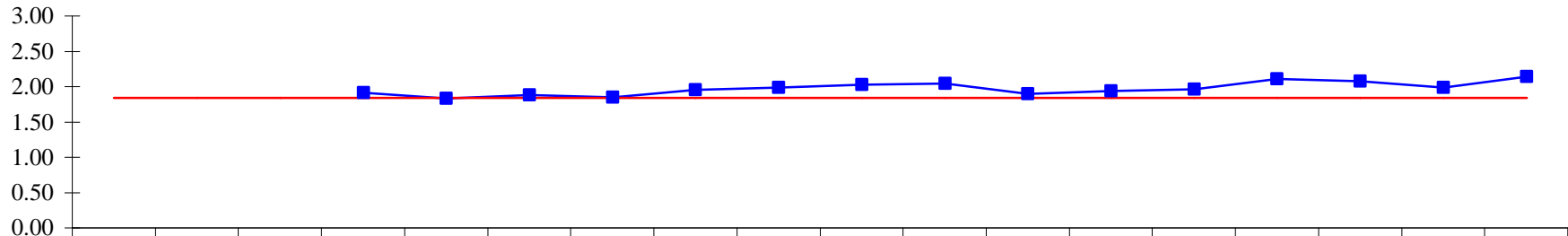
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
El Paso Psychiatric Center

Parents will be Satisfied with Care



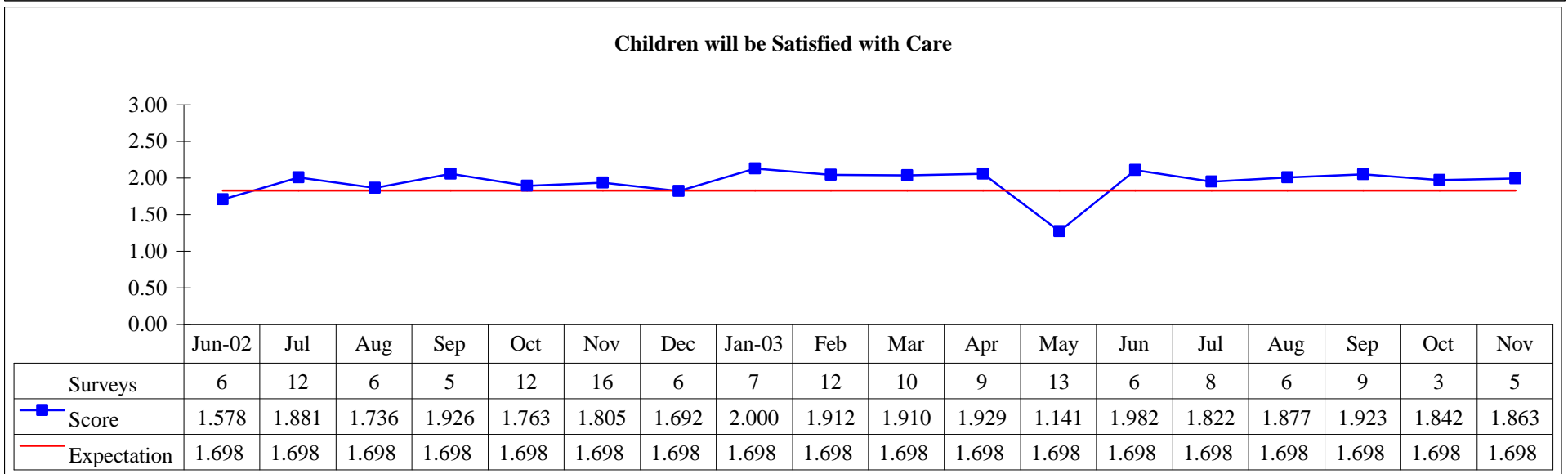
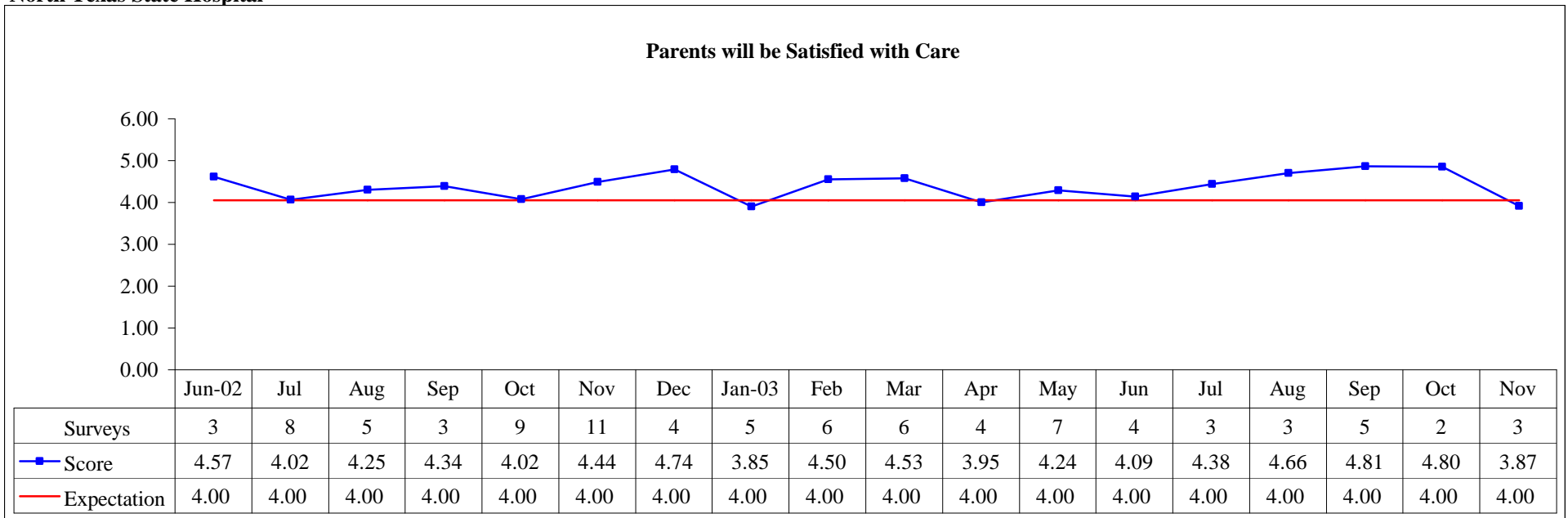
	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys				24	24	17	28	22	32	29	31	43	32	25	18	22	8	8
■ Score				4.08	4.14	4.13	4.07	4.35	4.20	4.15	4.05	4.15	4.13	4.30	4.41	4.00	4.29	4.46
— Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



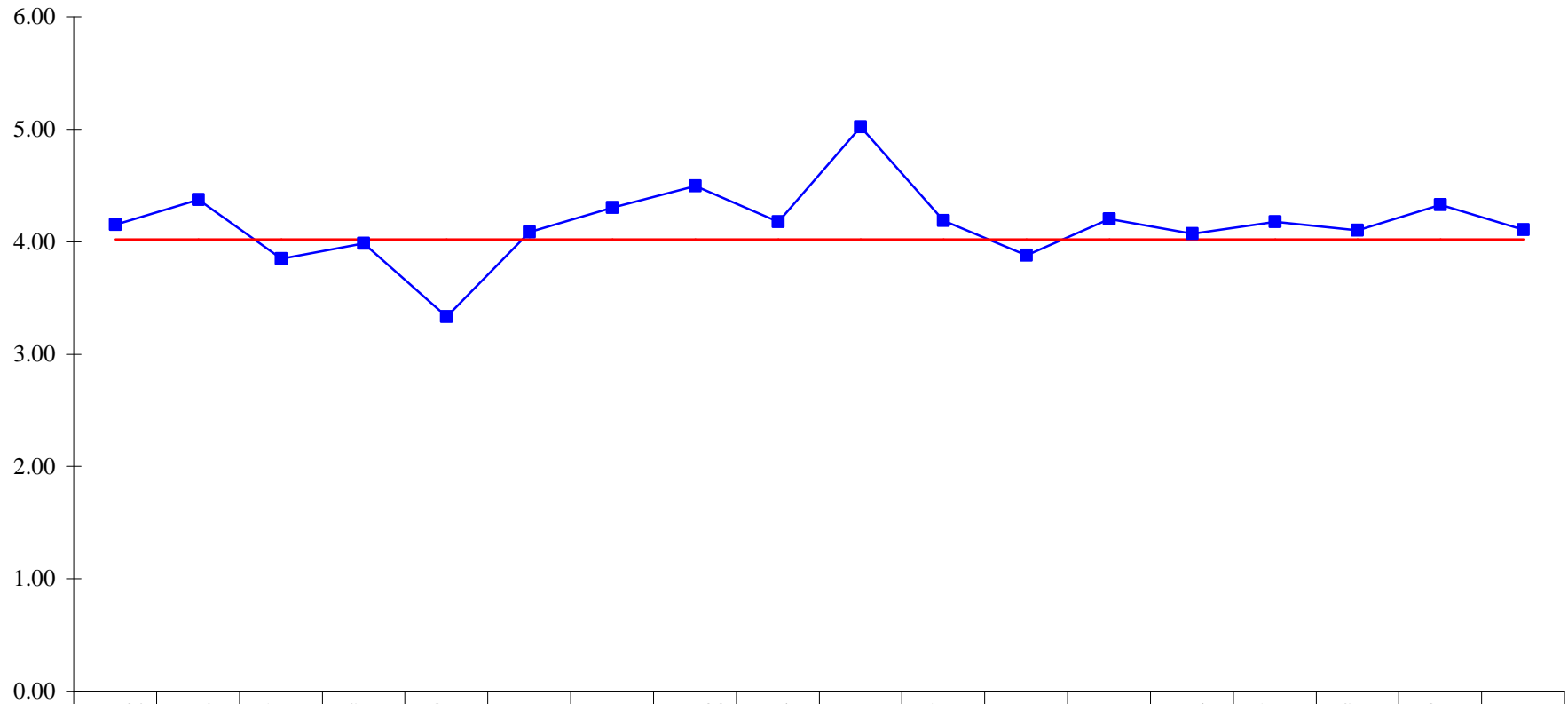
	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys				13	6	6	2	8	15	10	10	14	15	8	3	6	1	1
■ Score				1.769	1.692	1.736	1.710	1.809	1.842	1.889	1.905	1.759	1.800	1.822	1.964	1.938	1.842	2.000
— Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
North Texas State Hospital



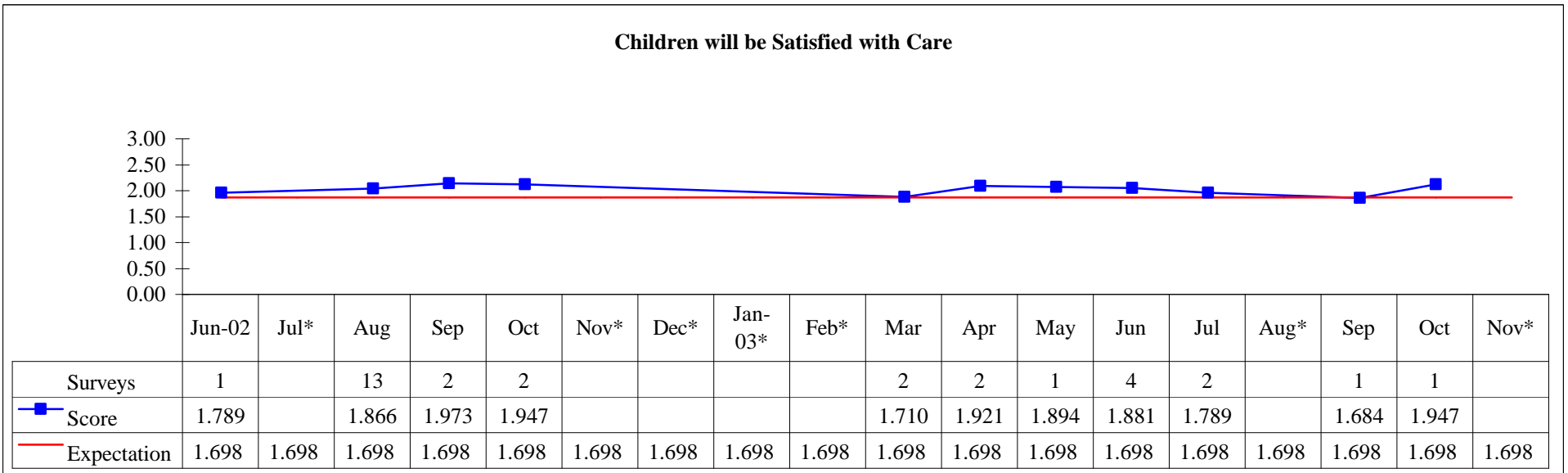
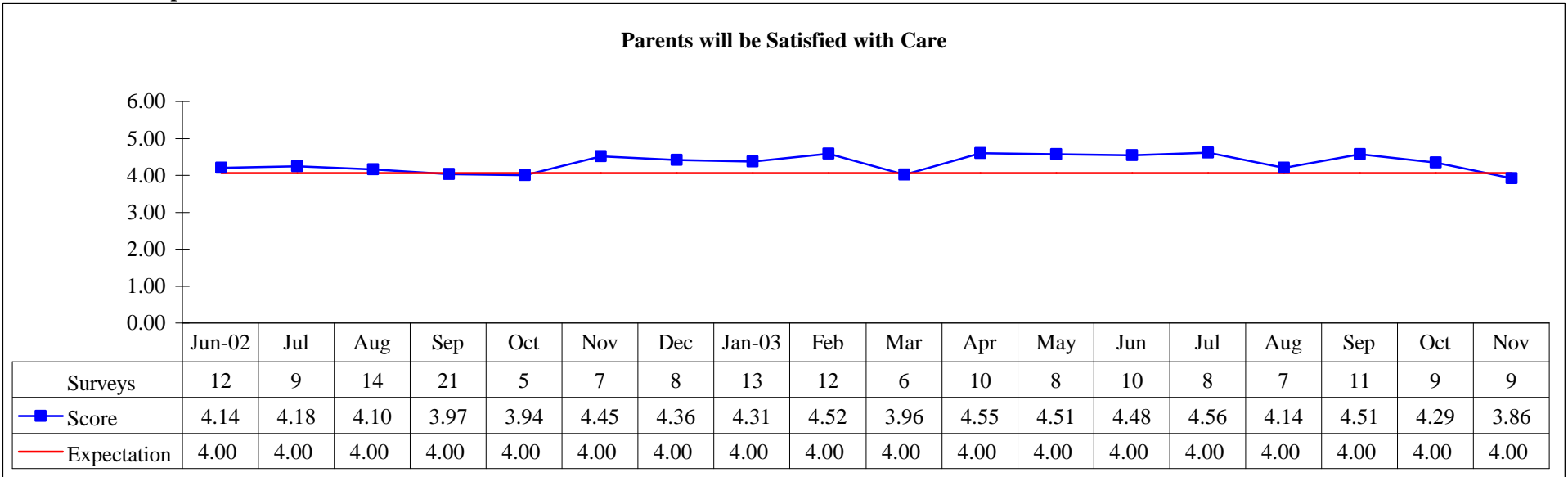
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
San Antonio State Hospital

Parents will be Satisfied with Care



	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	8	5	5	5	6	5	4	5	5	1	5	10	1	13	10	15	20	7
■ Score	4.13	4.35	3.82	3.96	3.31	4.07	4.28	4.47	4.16	5.00	4.16	3.86	4.18	4.05	4.15	4.08	4.31	4.08
— Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

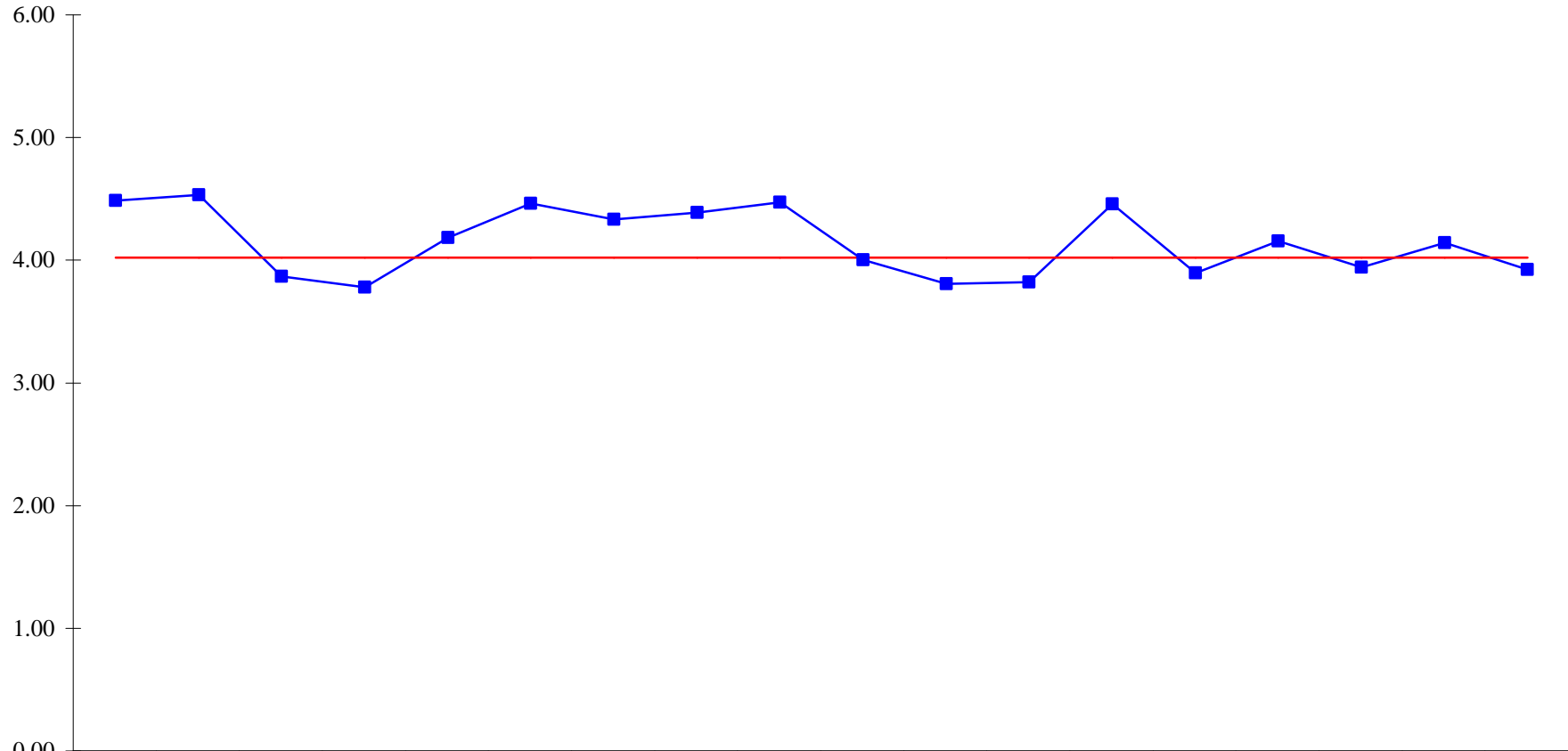
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Terrell State Hospital



*No surveys submitted

Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
Waco Center for Youth

Parents will be Satisfied with Care



	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	6	2	5	9	2	7	5	4	5	7	1	5	9	12	15	16	17	5
Score	4.46	4.52	3.85	3.76	4.17	4.45	4.32	4.37	4.45	3.98	3.79	3.80	4.44	3.88	4.14	3.92	4.12	3.90
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

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.)

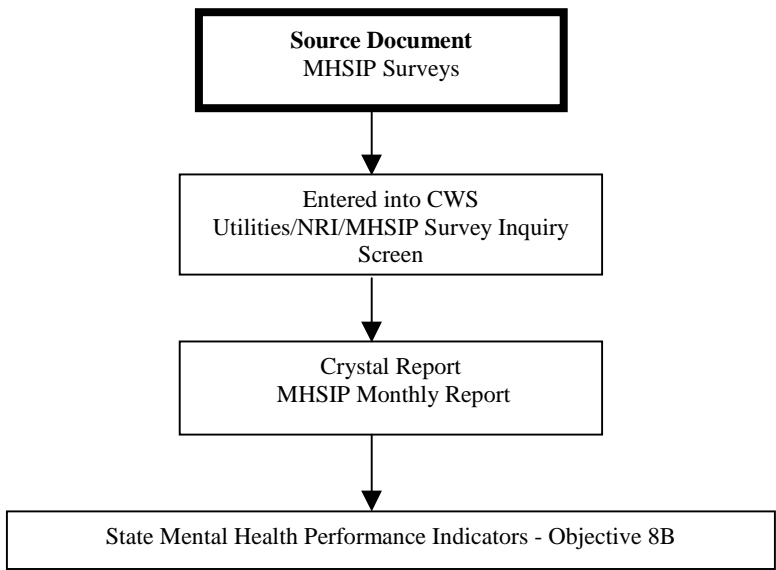
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

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.

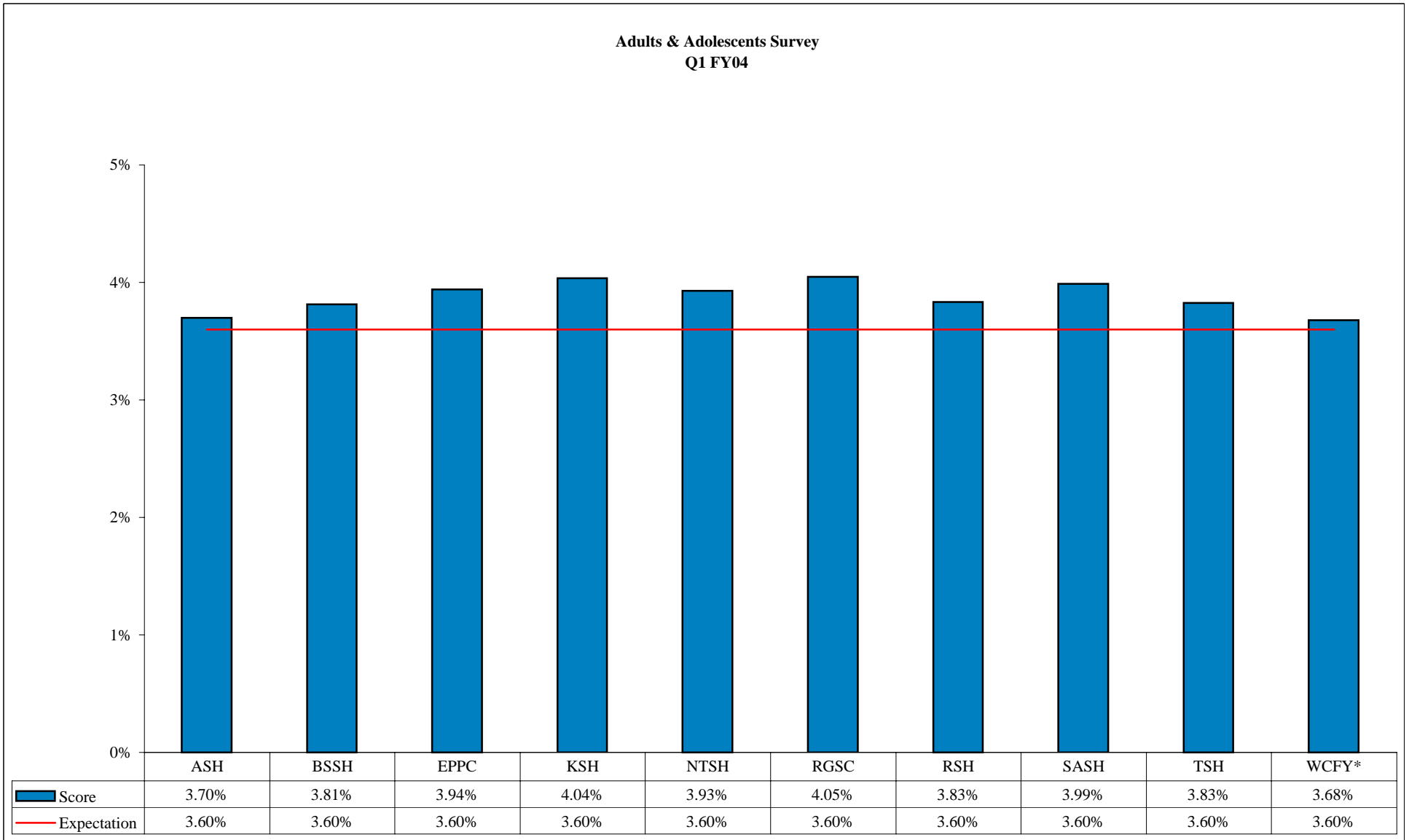
Performance Objective Data Display and Chart Description:

- ◆ 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:



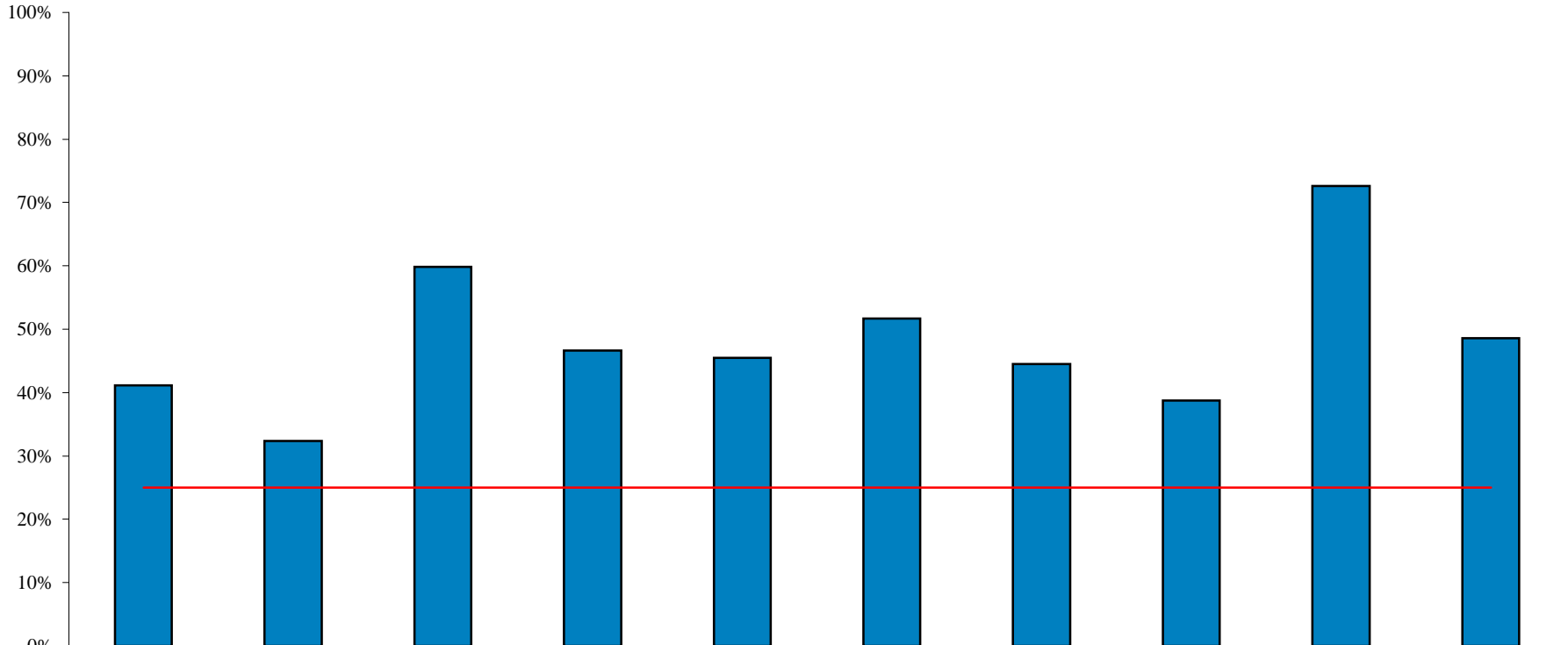
Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities



*WCFY - Adolescent Surveys Only

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

Percentage of Adult & Adolescent Surveys Completed
Q1 FY04

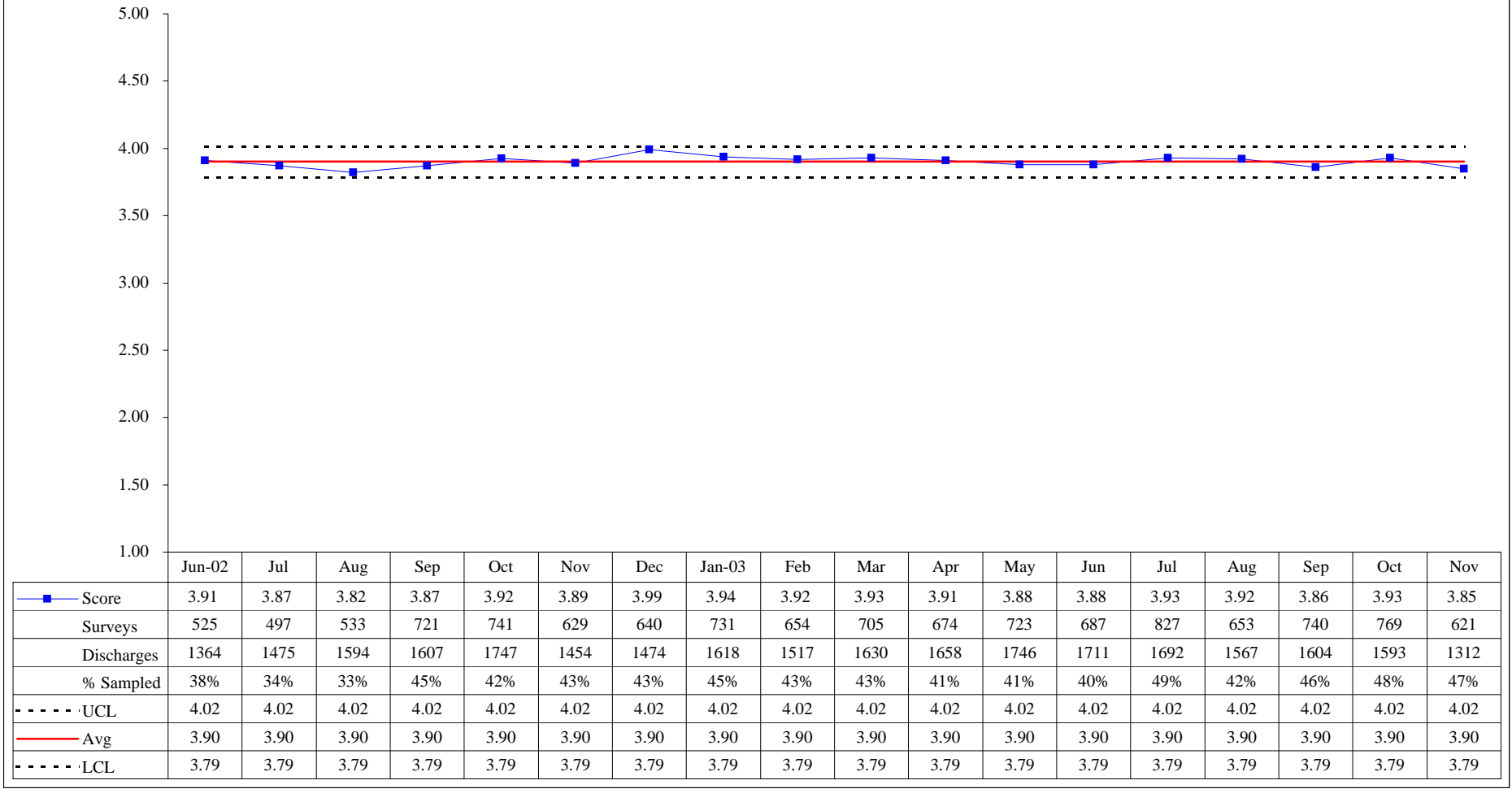


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	1029	300	346	176	616	354	447	691	515	35
Surveys	423	97	207	82	280	183	199	268	374	17
% Surveyed	41%	32%	60%	47%	45%	52%	45%	39%	73%	49%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

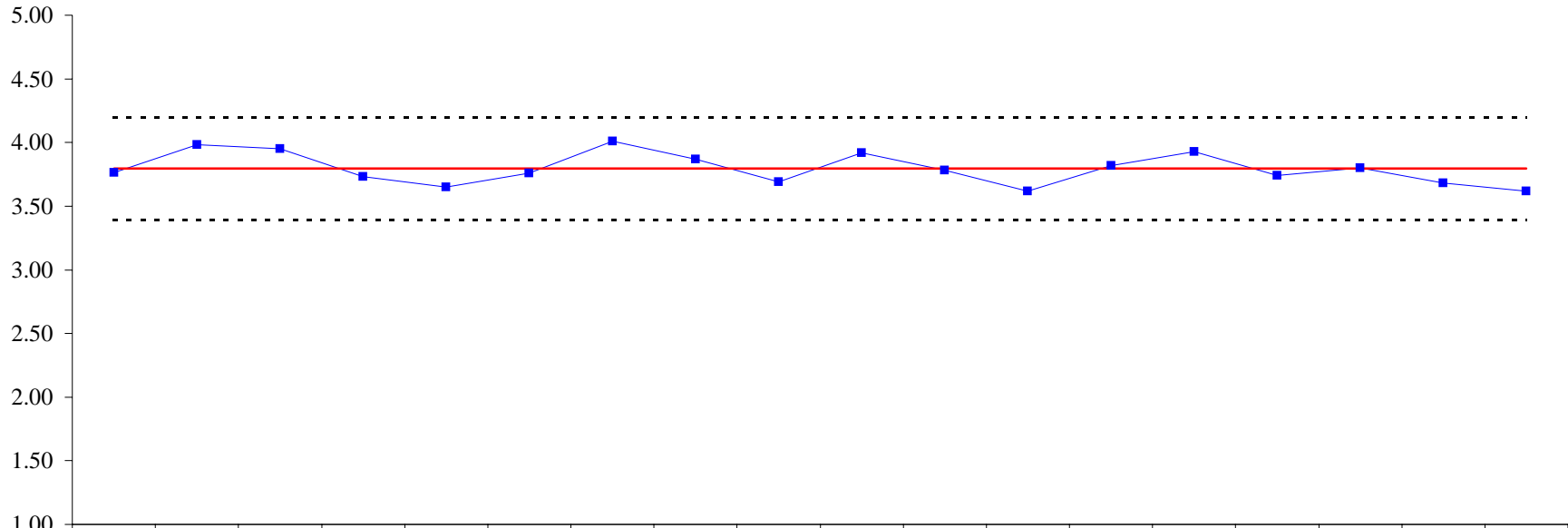
Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≥ 3.60)



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 ≥ 3.60)

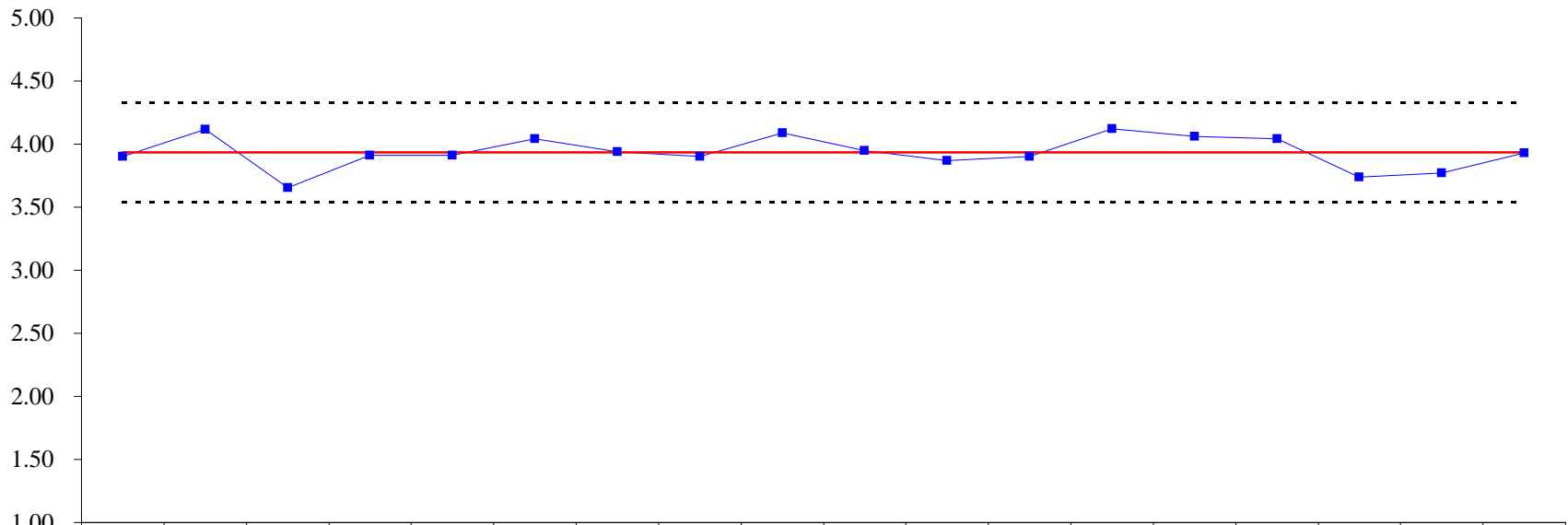


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.76	3.98	3.95	3.73	3.65	3.76	4.01	3.87	3.69	3.92	3.78	3.62	3.82	3.93	3.74	3.80	3.68	3.62
Surveys	57	75	69	71	115	58	83	83	87	108	85	56	82	117	73	132	170	121
Discharges	328	309	323	293	326	304	307	330	307	354	327	339	323	347	292	357	346	326
% Sampled	17%	24%	21%	24%	35%	19%	27%	25%	28%	31%	26%	17%	25%	34%	25%	37%	49%	37%
----- UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
----- Avg	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
----- LCL	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39	3.39

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

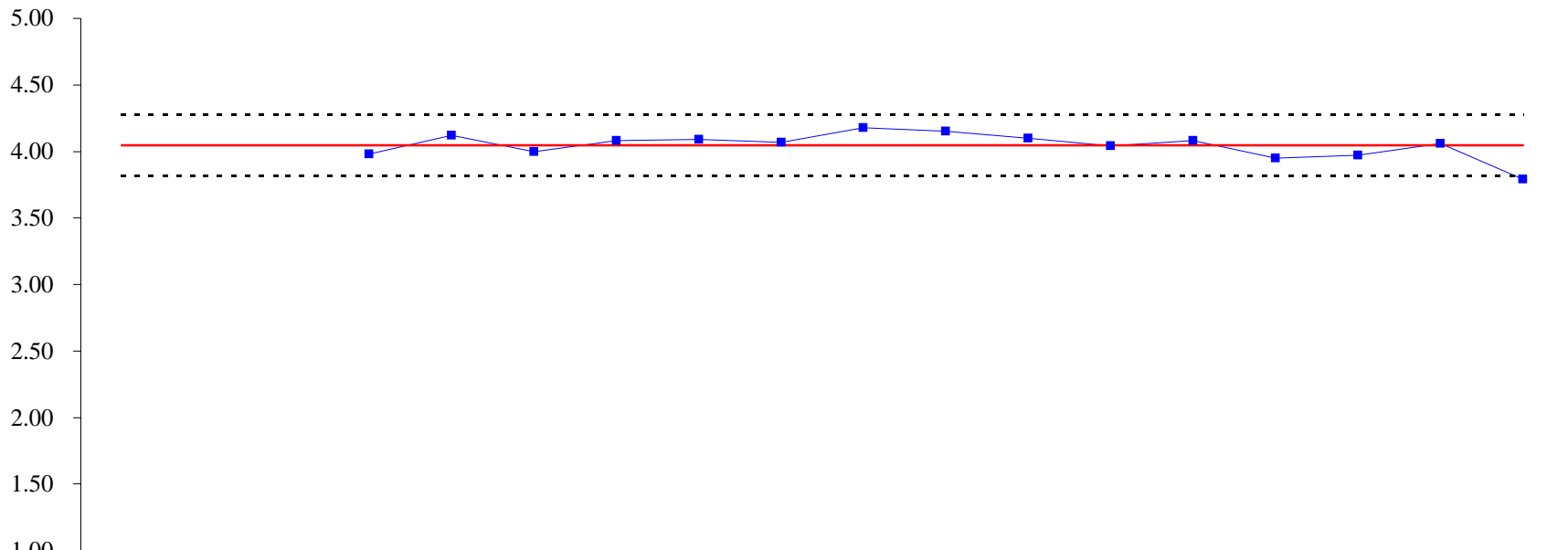
Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≥ 3.60)



	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.90	4.12	3.65	3.91	3.91	4.04	3.94	3.90	4.09	3.95	3.87	3.90	4.12	4.06	4.04	3.74	3.77	3.93
Surveys	24	21	17	43	35	39	12	43	47	38	51	37	27	55	28	33	38	26
Discharges	94	140	128	111	115	107	107	121	111	91	122	129	109	135	92	111	121	68
% Sampled	26%	15%	13%	39%	30%	36%	11%	36%	42%	42%	42%	29%	25%	41%	30%	30%	31%	38%
----- UCL	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
— Avg	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
----- LCL	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54

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 ≥ 3.60)

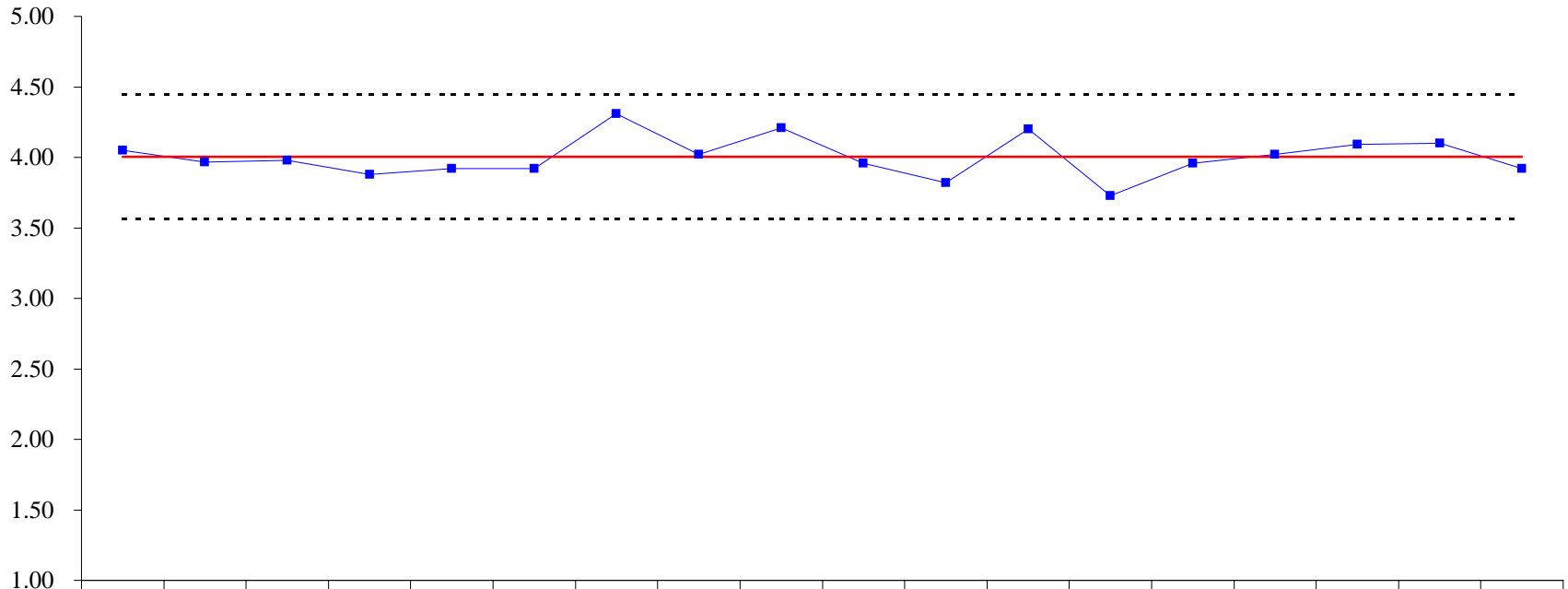


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score				3.98	4.12	4.00	4.08	4.09	4.07	4.18	4.15	4.10	4.04	4.08	3.95	3.97	4.06	3.79
Surveys				104	95	86	109	120	99	118	110	137	132	116	90	103	63	41
Discharges				186	181	165	190	185	180	190	181	198	188	162	142	145	106	95
% Sampled				56%	52%	52%	57%	65%	55%	62%	61%	69%	70%	72%	63%	71%	59%	43%
UCL	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28	4.28
Avg	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04	4.04
LCL	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81	3.81

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)

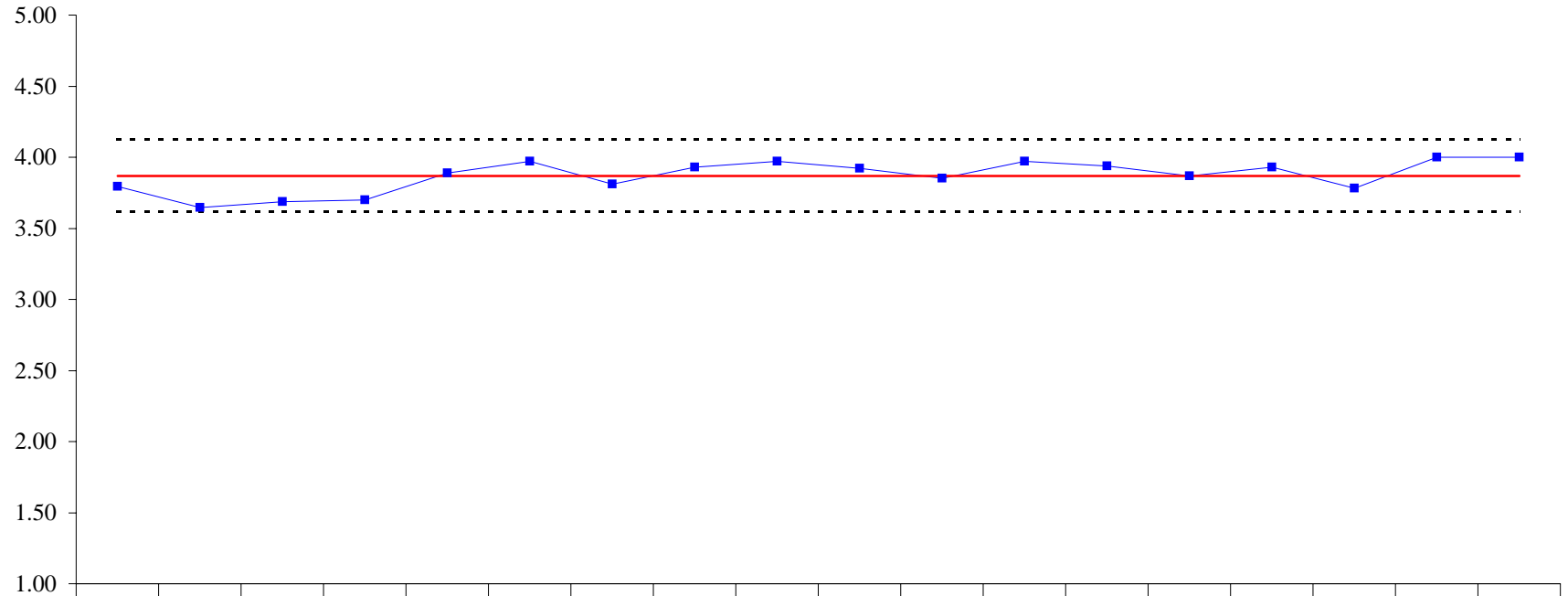


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	4.05	3.97	3.98	3.88	3.92	3.92	4.31	4.02	4.21	3.96	3.82	4.20	3.73	3.96	4.02	4.09	4.10	3.92
Surveys	28	25	25	14	17	36	22	35	31	36	36	30	49	36	31	38	20	24
Discharges	52	56	68	60	60	54	42	38	58	63	68	56	54	49	55	61	64	51
% Sampled	54%	45%	37%	23%	28%	67%	52%	92%	53%	57%	53%	54%	91%	73%	56%	62%	31%	47%
----- UCL	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44	4.44
— Avg	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
----- LCL	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56	3.56

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)

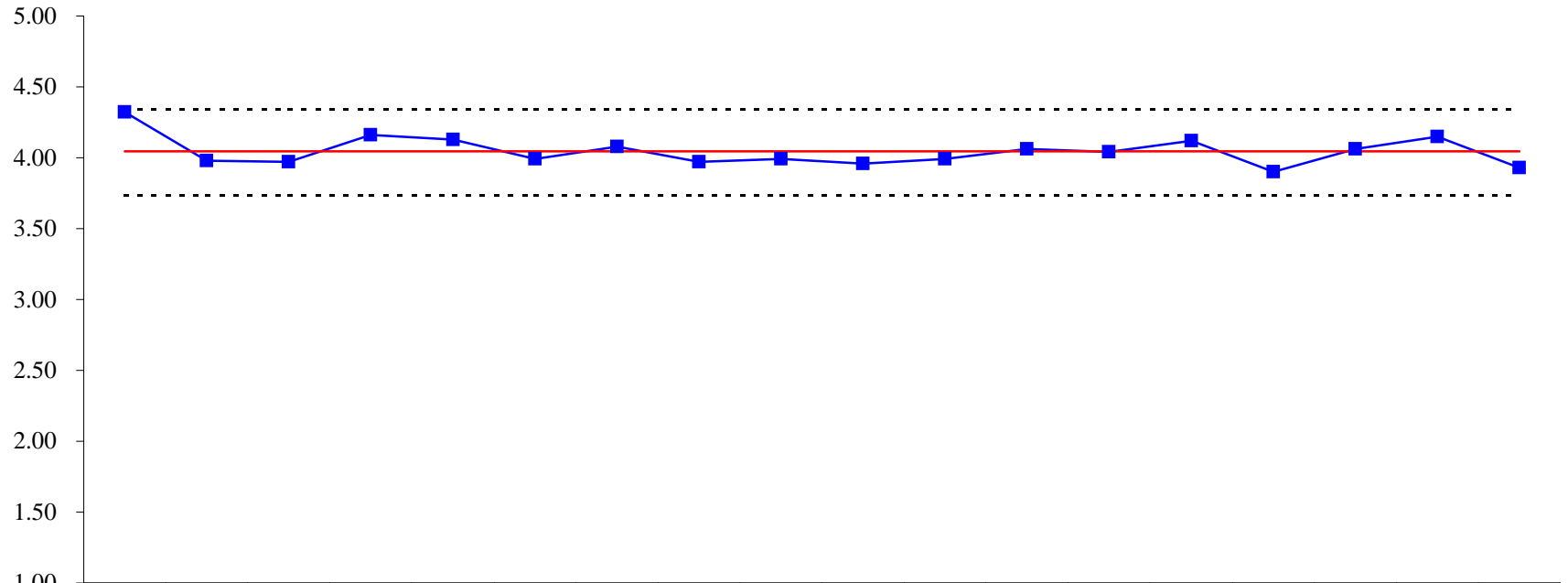


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score	3.79	3.65	3.69	3.70	3.89	3.97	3.81	3.93	3.97	3.92	3.85	3.97	3.94	3.87	3.93	3.78	4.00	4.00
Surveys	108	119	124	94	107	106	83	110	78	111	101	78	95	102	110	88	102	90
Discharges	198	222	232	205	242	193	169	216	173	226	199	214	215	210	205	210	224	182
% Sampled	55%	54%	53%	46%	44%	55%	49%	51%	45%	49%	51%	36%	44%	49%	54%	42%	46%	49%
UCL	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
Avg	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87
LCL	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62	3.62

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 ≥ 3.60)

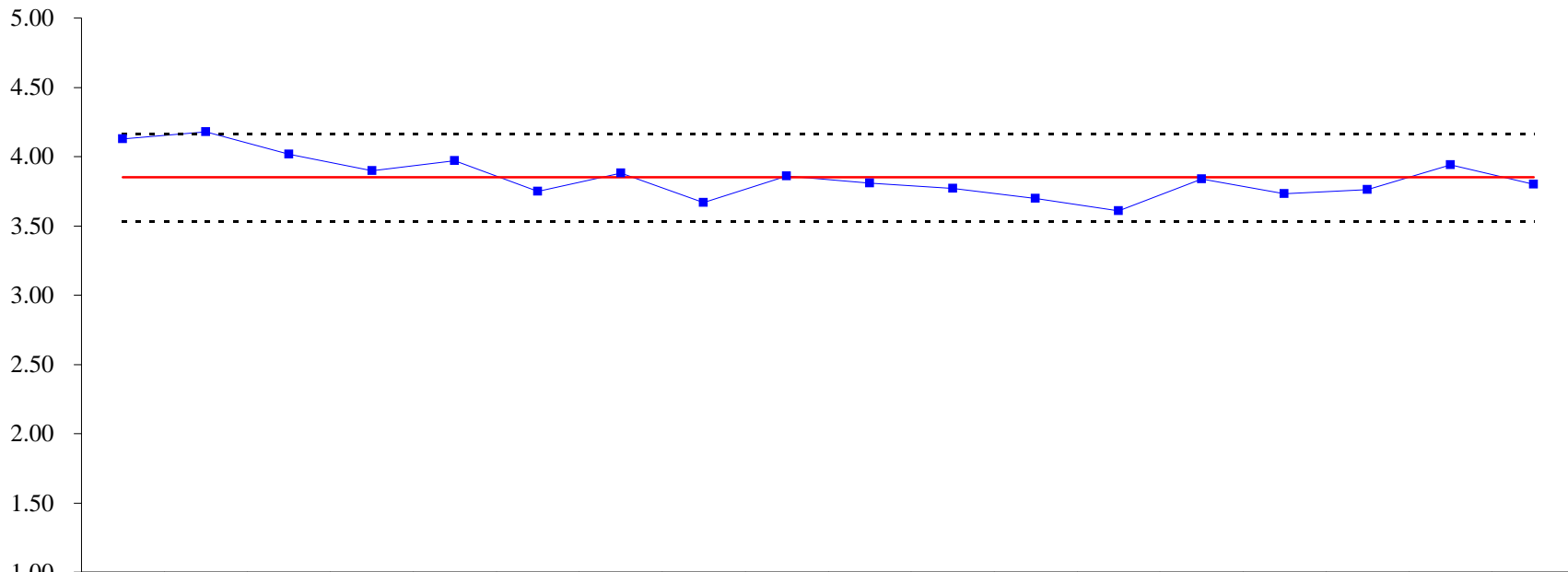


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
■ Score	4.32	3.98	3.97	4.16	4.13	3.99	4.08	3.97	3.99	3.96	3.99	4.06	4.04	4.12	3.90	4.06	4.15	3.93
Surveys	41	16	76	51	63	59	61	68	59	50	69	86	54	70	46	57	64	62
Discharges	87	87	112	87	103	100	87	111	86	109	102	125	96	117	116	113	122	119
% Sampled	47%	18%	68%	59%	61%	59%	70%	61%	69%	46%	68%	69%	56%	60%	40%	50%	52%	52%
-----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	4.05	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
Rusk State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≥ 3.60)

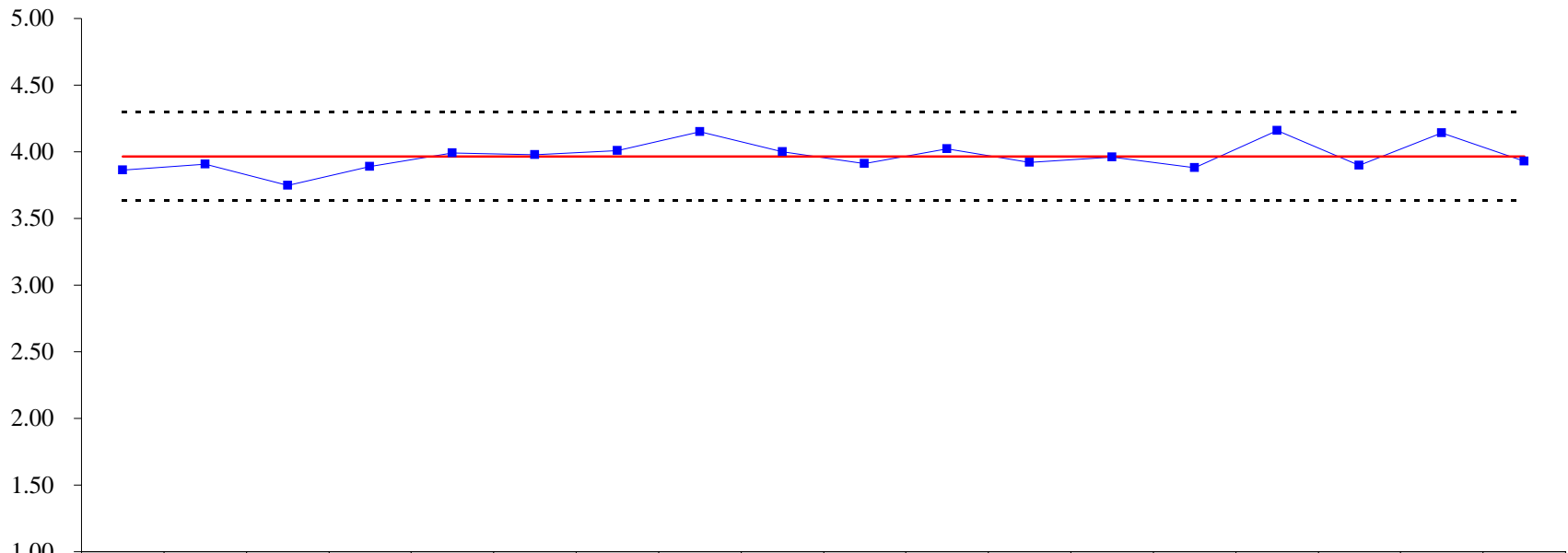


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	4.13	4.18	4.02	3.90	3.97	3.75	3.88	3.67	3.86	3.81	3.77	3.70	3.61	3.84	3.73	3.76	3.94	3.80
Surveys	63	49	39	98	109	49	60	70	95	54	62	95	77	77	73	67	86	46
Discharges	158	187	178	176	198	154	114	156	160	137	168	204	199	197	183	176	161	110
% Sampled	40%	26%	22%	56%	55%	32%	53%	45%	59%	39%	37%	47%	39%	39%	40%	38%	53%	42%
----- UCL	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17
— Avg	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85	3.85
----- LCL	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53

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
San Antonio State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2004 Expectation is Average Score ≥ 3.60)

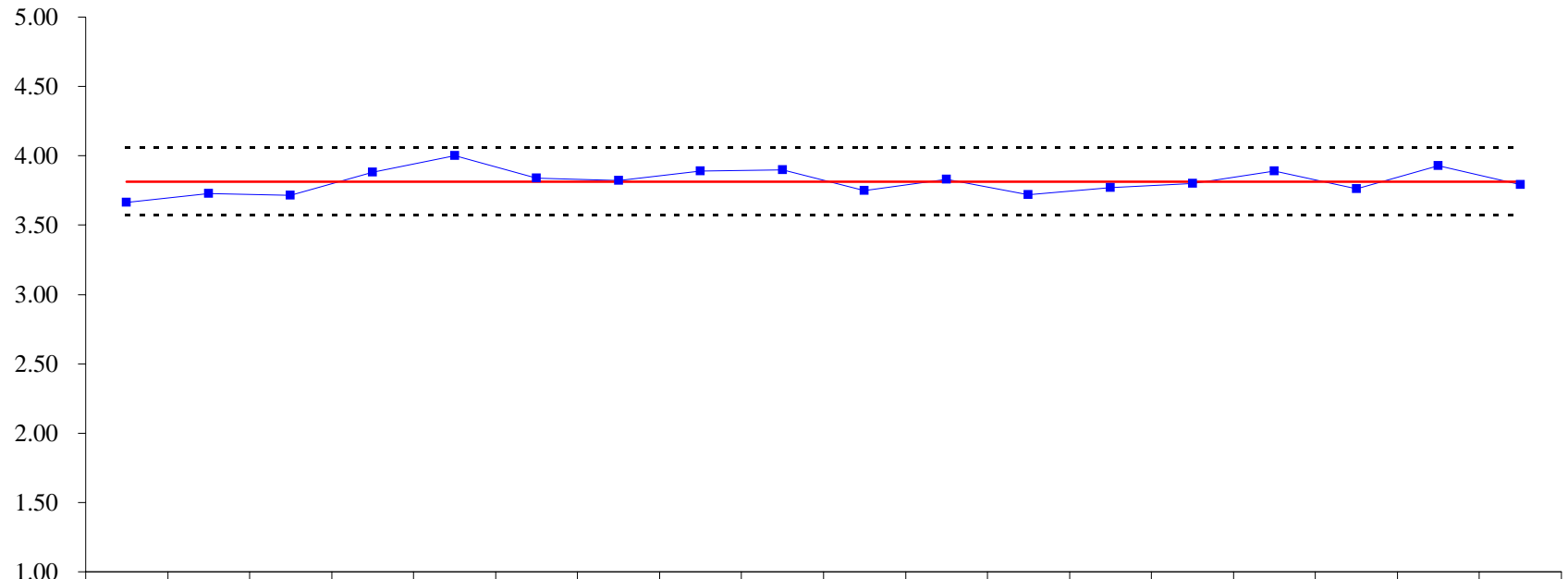


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.86	3.91	3.75	3.89	3.99	3.98	4.01	4.15	4.00	3.91	4.02	3.92	3.96	3.88	4.16	3.90	4.14	3.93
Surveys	86	70	66	110	103	79	80	89	84	81	77	81	69	88	66	85	88	95
Discharges	239	238	307	251	287	190	245	226	228	246	266	237	249	240	228	236	260	195
% Sampled	36%	29%	21%	44%	36%	42%	33%	39%	37%	33%	29%	34%	28%	37%	29%	36%	34%	49%
- - - - - UCL	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29
— Avg	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96	3.96
- - - - - LCL	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63

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)

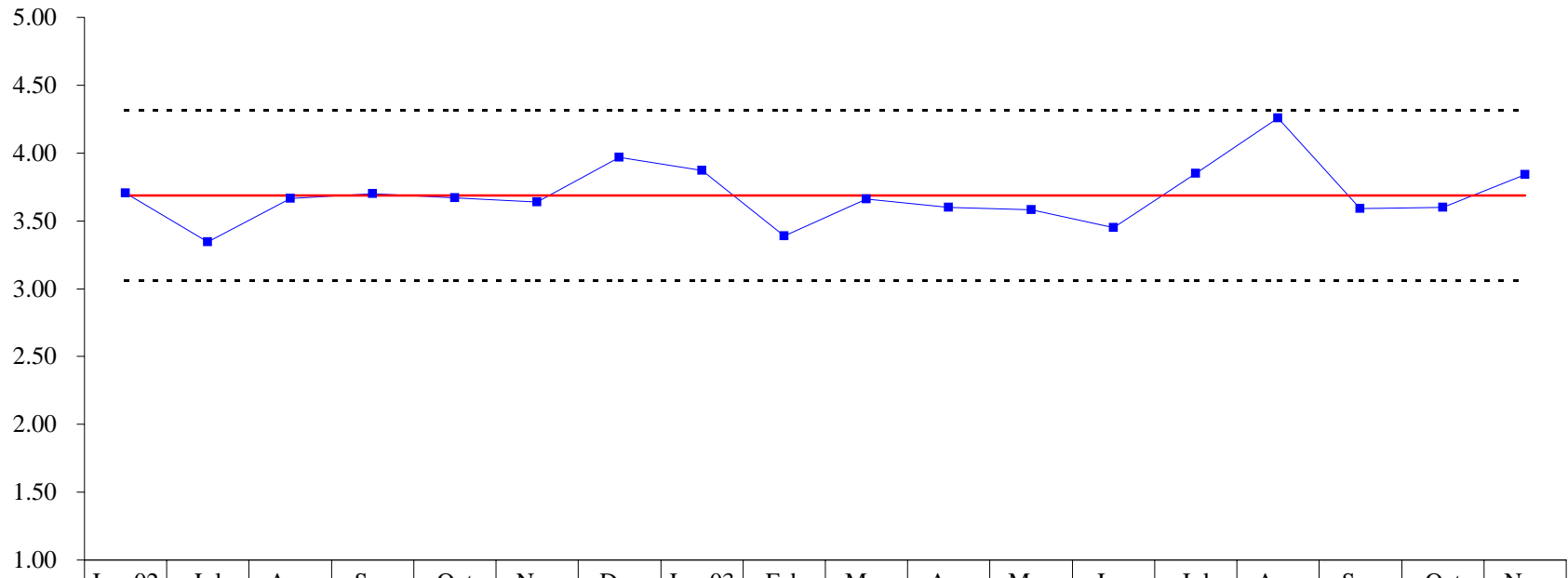


	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.67	3.73	3.71	3.88	4.00	3.84	3.82	3.89	3.90	3.75	3.83	3.72	3.77	3.80	3.89	3.76	3.93	3.79
Surveys	107	116	103	131	95	112	120	111	103	97	79	82	96	154	131	127	134	113
Discharges	192	225	224	229	226	181	197	228	204	202	219	231	265	219	237	178	179	158
% Sampled	56%	52%	46%	57%	42%	62%	61%	49%	50%	48%	36%	35%	36%	70%	55%	71%	75%	72%
----- 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)



	Jun-02	Jul	Aug	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.71	3.34	3.67	3.70	3.67	3.64	3.97	3.87	3.39	3.66	3.60	3.58	3.45	3.85	4.26	3.59	3.60	3.84
Surveys	11	6	14	5	2	5	10	2	7	12	4	12	6	12	5	10	4	3
Discharges	16	11	22	9	9	6	16	7	10	12	6	13	13	16	17	17	10	8
% Sampled	69%	55%	64%	56%	22%	83%	63%	29%	70%	100%	67%	92%	46%	75%	29%	59%	40%	38%
----- UCL	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32	4.32
———— Avg	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69	3.69
----- LCL	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06	3.06

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**

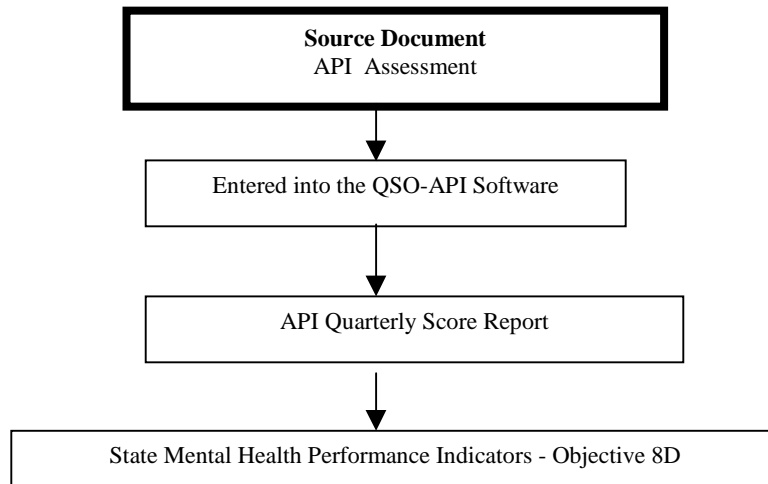
Performance Objective Operational Definition: The facility performs the self-assessment once per fiscal year according to the schedule.

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 - FY2003

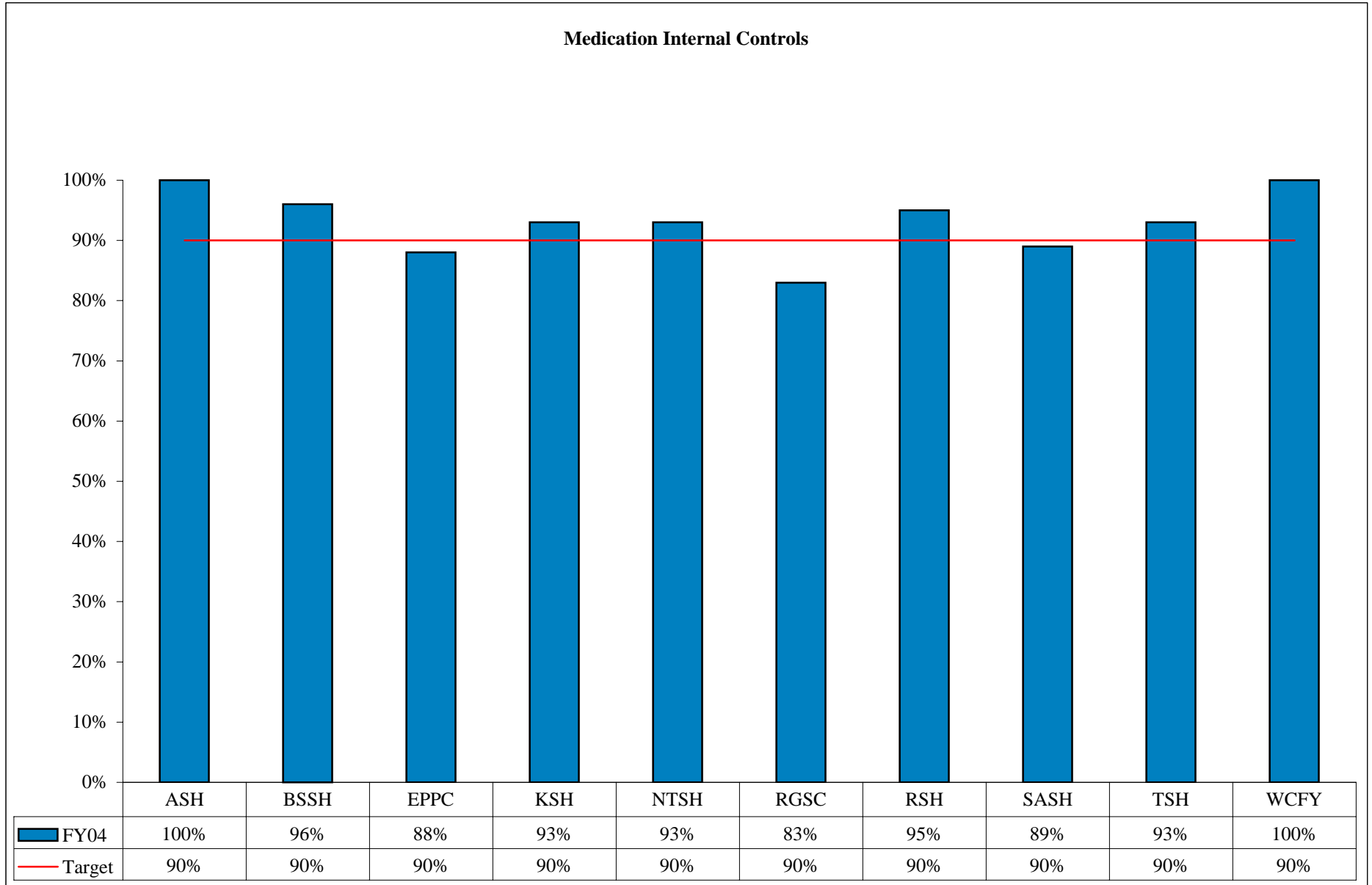
	Q1		Q2	Q3	Q4		
	Vocational Services	Budgeting	Human Resources	Consumer Monies & Personal Effects	Fixed Assets	Community Relations	Food Services
Compliance Target	92%	93%	90%	90%	90%	88%	90%
MH Totals	97%	99%	88%	95%	87%	97%	92%
Austin State Hospital	N/A	100%	100%	95%	96%	93%	100%
Big Spring State Hospital	95%	93%	77%	100%	55%	100%	100%
El Paso Psychiatric Center	*	*	*	*	*	*	*
Kerrville State Hospital	100%	100%	86%	100%	70%	94%	86%
North Texas State Hospital	96%	100%	95%	80%	80%	100%	77%
Rio Grande State Center	96%	100%	62%	100%	95%	93%	90%
Rusk State Hospital	100%	100%	91%	95%	96%	100%	95%
San Antonio State Hospital	100%	100%	82%	95%	91%	100%	86%
Terrell State Hospital	95%	100%	95%	90%	96%	100%	91%
Waco Center For Youth	N/A	100%	100%	100%	100%	94%	100%

* EPPC - exempted FY 2003 (API audits the previous year)

Objective 8D - Administrative Performance Indicators
All MH Facilities - FY2004

	Q1	Q2		Q3			Q4		
	Medication Internal Controls	Facility CMM	Procurement Card	Accounting	Cash Receipts	Petty Cash	Information Security	Fleet Management	Maintenance
Compliance Target	90%	90%	TBD	91%	90%	87%	100	87%	91%
MH Totals	93%								
Austin State Hospital	100%								
Big Spring State Hospital	96%								
El Paso Psychiatric Center	88%								
Kerrville State Hospital	93%								
North Texas State Hospital	93%								
Rio Grande State Center	83%								
Rusk State Hospital	95%								
San Antonio State Hospital	89%								
Terrell State Hospital	93%								
Waco Center For Youth	100%								

Objective 8D - Administrative Performance Indicators
All MH Facilities
Medication Internal Controls



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.

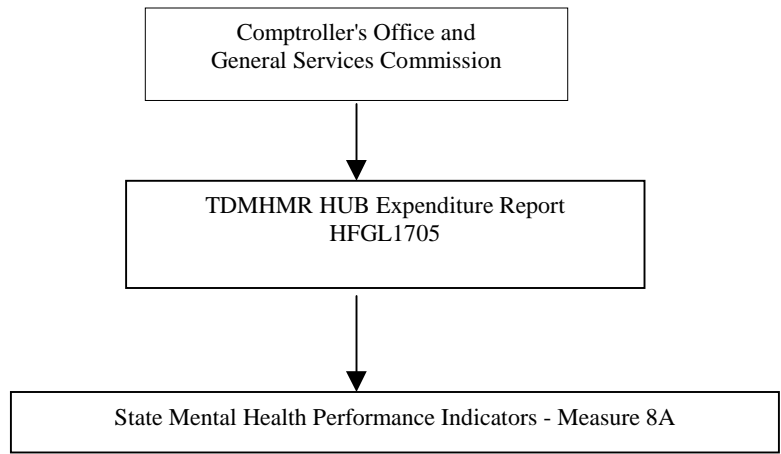
Performance Measure Operational Definition: TDMHMR as an agency must meet the following applicable statutory goals: heavy construction = 6.6%; building construction = 25.1%; special trade = 47.0%; professional services = 18.1%; other services = 33.0%; and commodities = 11.5%.

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.

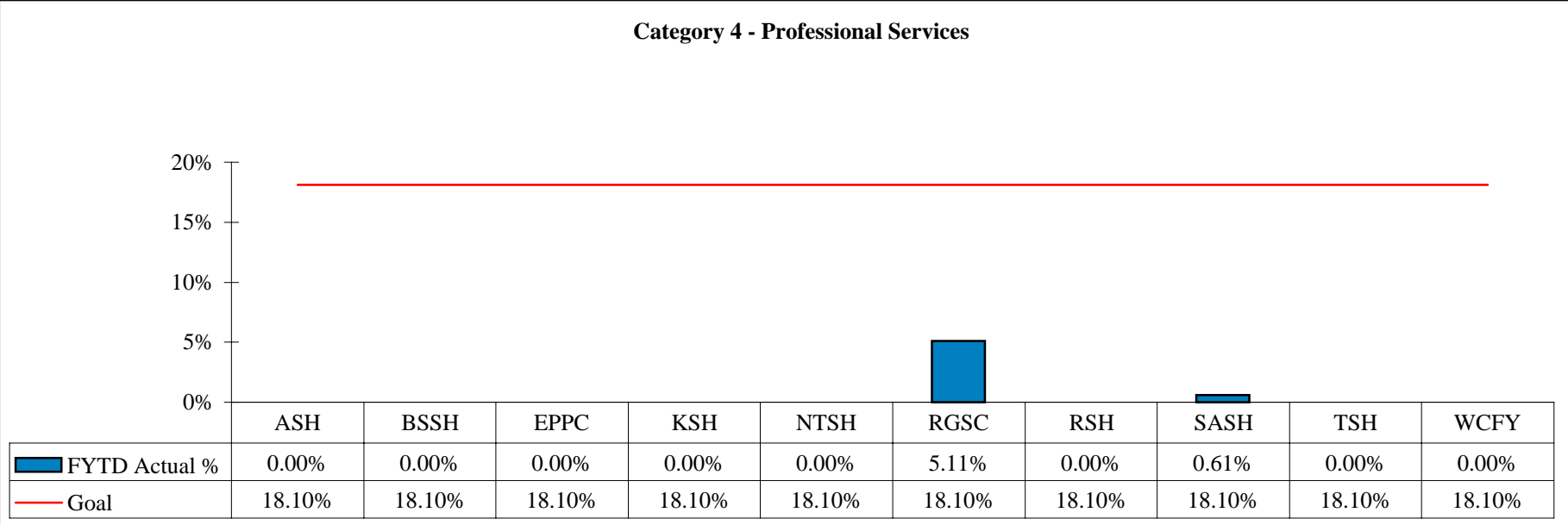
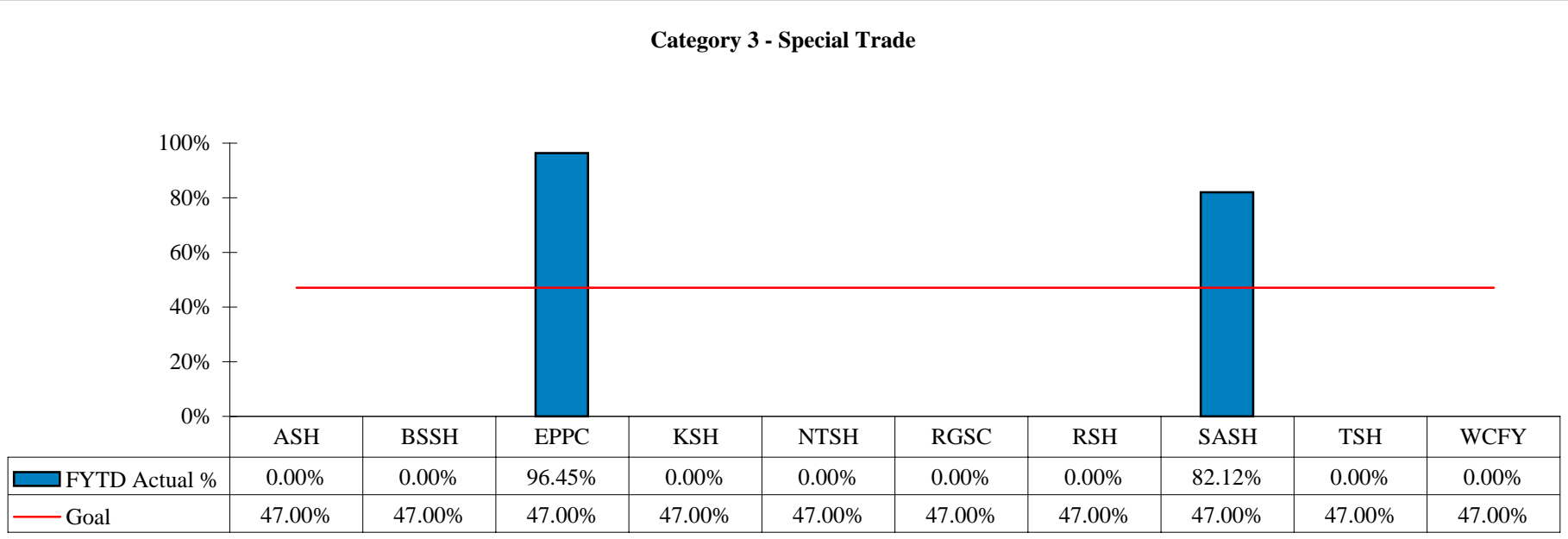
Performance Measure Data Display and Chart Description:

- ◆ 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.

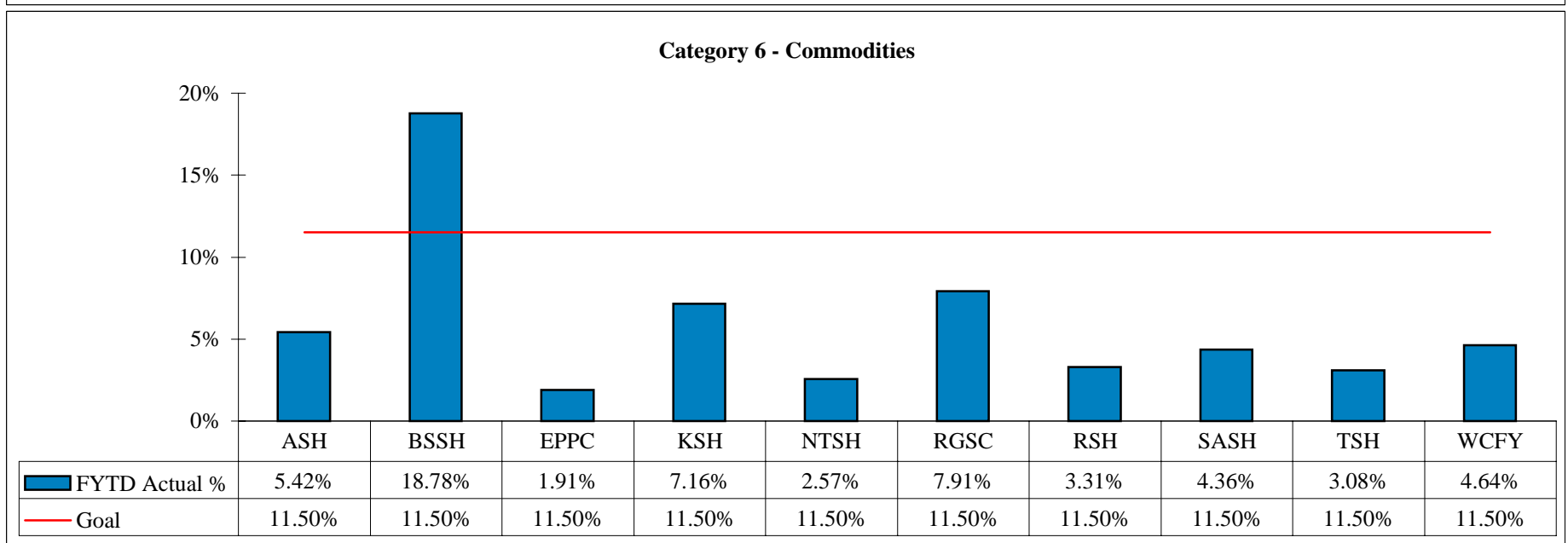
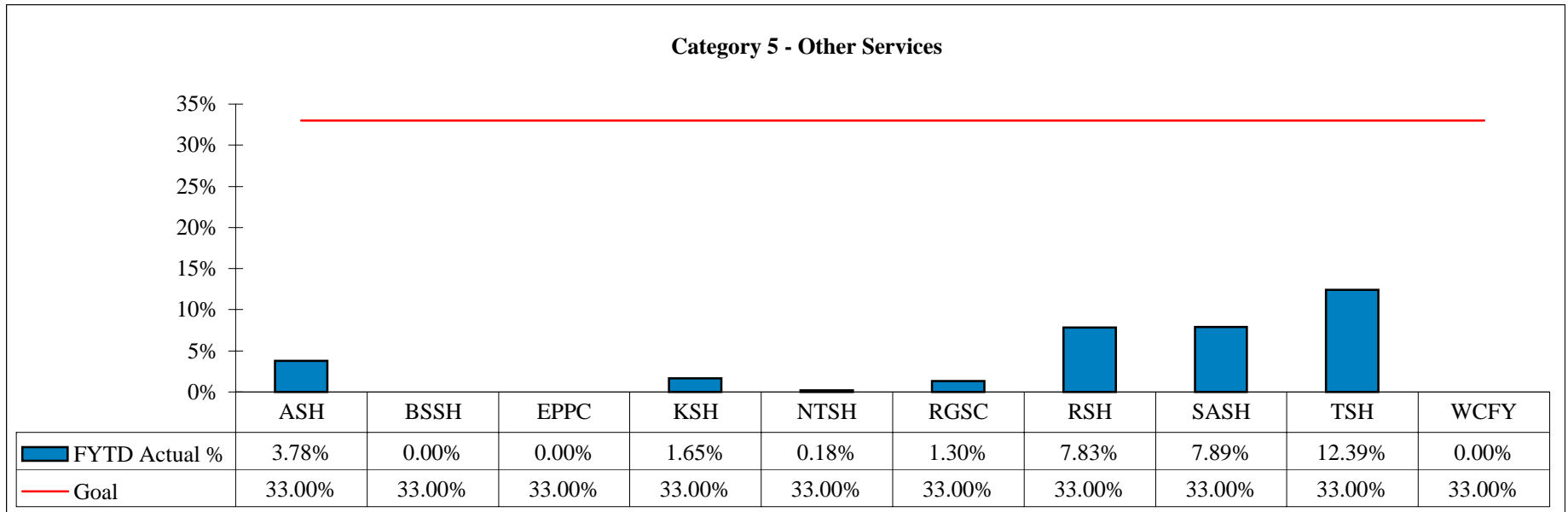
Data Flow:



Measure 8A - HUB Purchasing
All MH Facilities



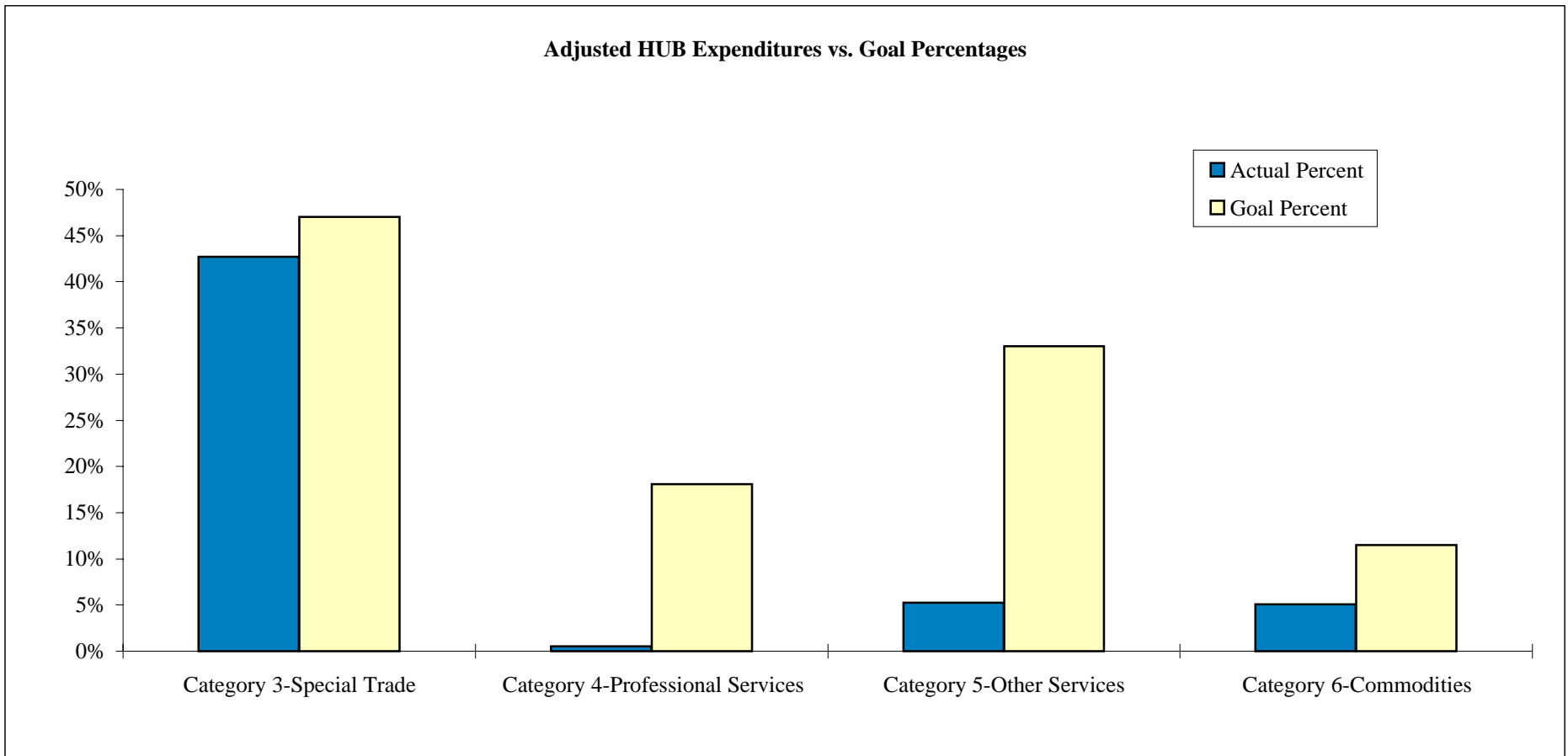
Measure 8A - HUB Purchasing
All MH Facilities



Measure 8A - HUB Purchasing
All MH Facilities

Q1 2004 FYTD Totals

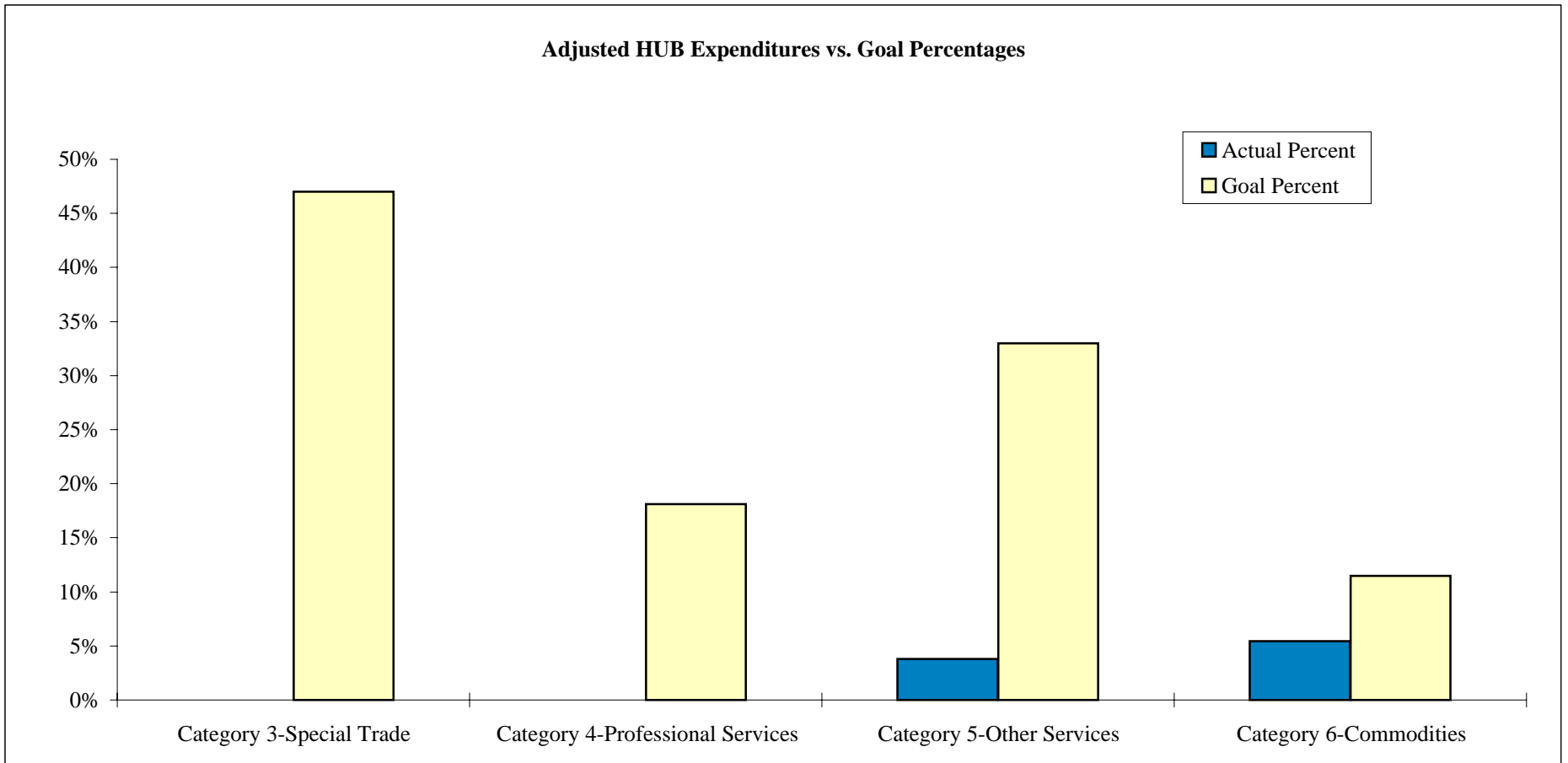
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 1 - Heavy Construction	\$ 0	\$ 0	0.00%	6.60%
Category 2-Building Construction	\$ 16,456	\$ 0	0.00%	25.10%
Category 3-Special Trade	\$ 86,187	\$ 36,796	42.69%	47.00%
Category 4-Professional Services	\$ 1,680,732	\$ 8,772	0.52%	18.10%
Category 5-Other Services	\$ 999,964	\$ 52,665	5.27%	33.00%
Category 6-Commodities	\$ 6,827,312	\$ 345,663	5.06%	11.50%
Total	\$ 9,610,650	\$ 443,896	4.62%	



Measure 8A - HUB Purchasing
Austin State Hospital

Q1 2004 FYTD Totals

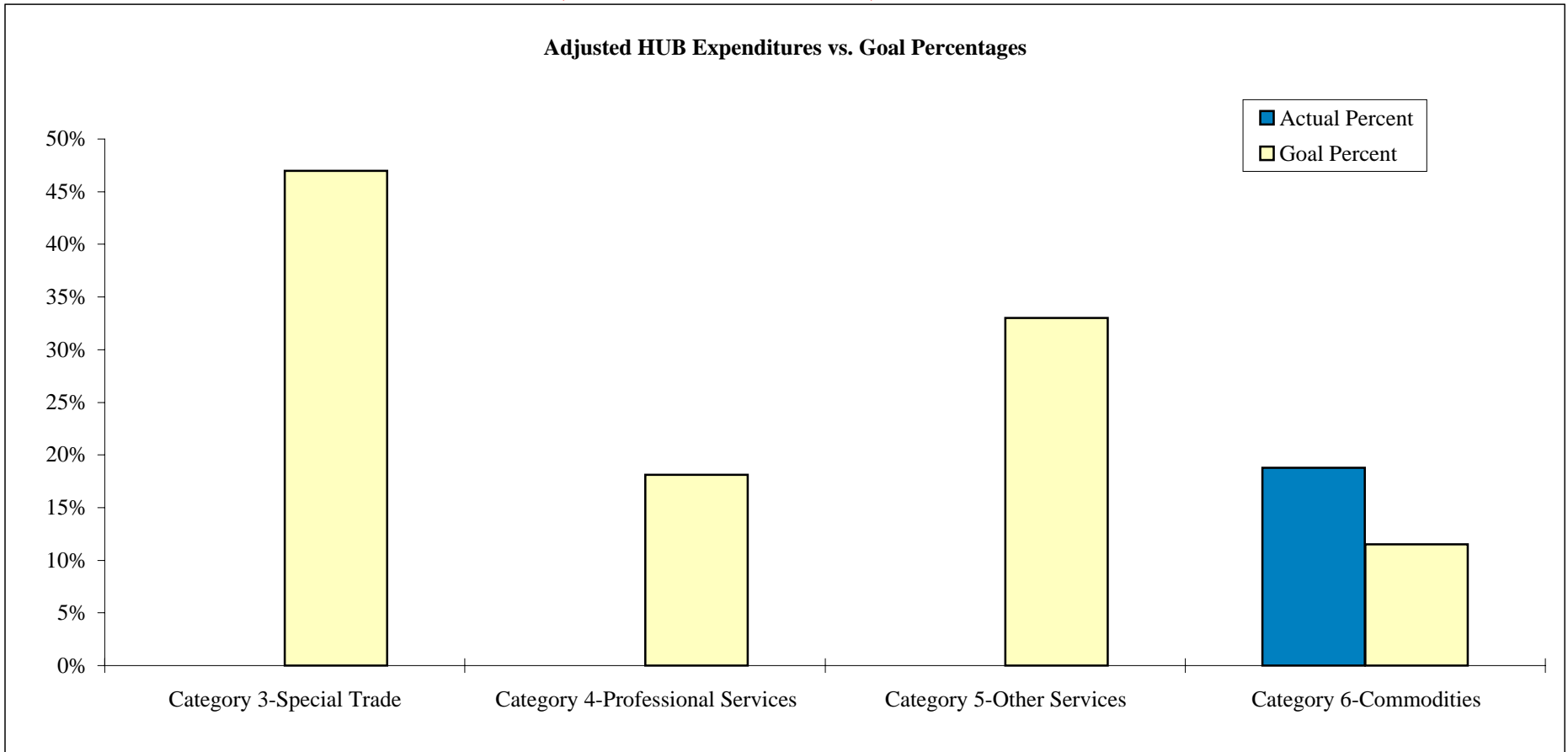
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 7,258	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 202,995	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 127,613	\$ 4,824	3.78%	33.00%
Category 6-Commodities	\$ 932,696	\$ 50,549	5.42%	11.50%
Total	\$ 1,270,562	\$ 55,372	4.36%	



Measure 8A - HUB Purchasing
Big Spring State Hospital

Q1 2004 FYTD Totals

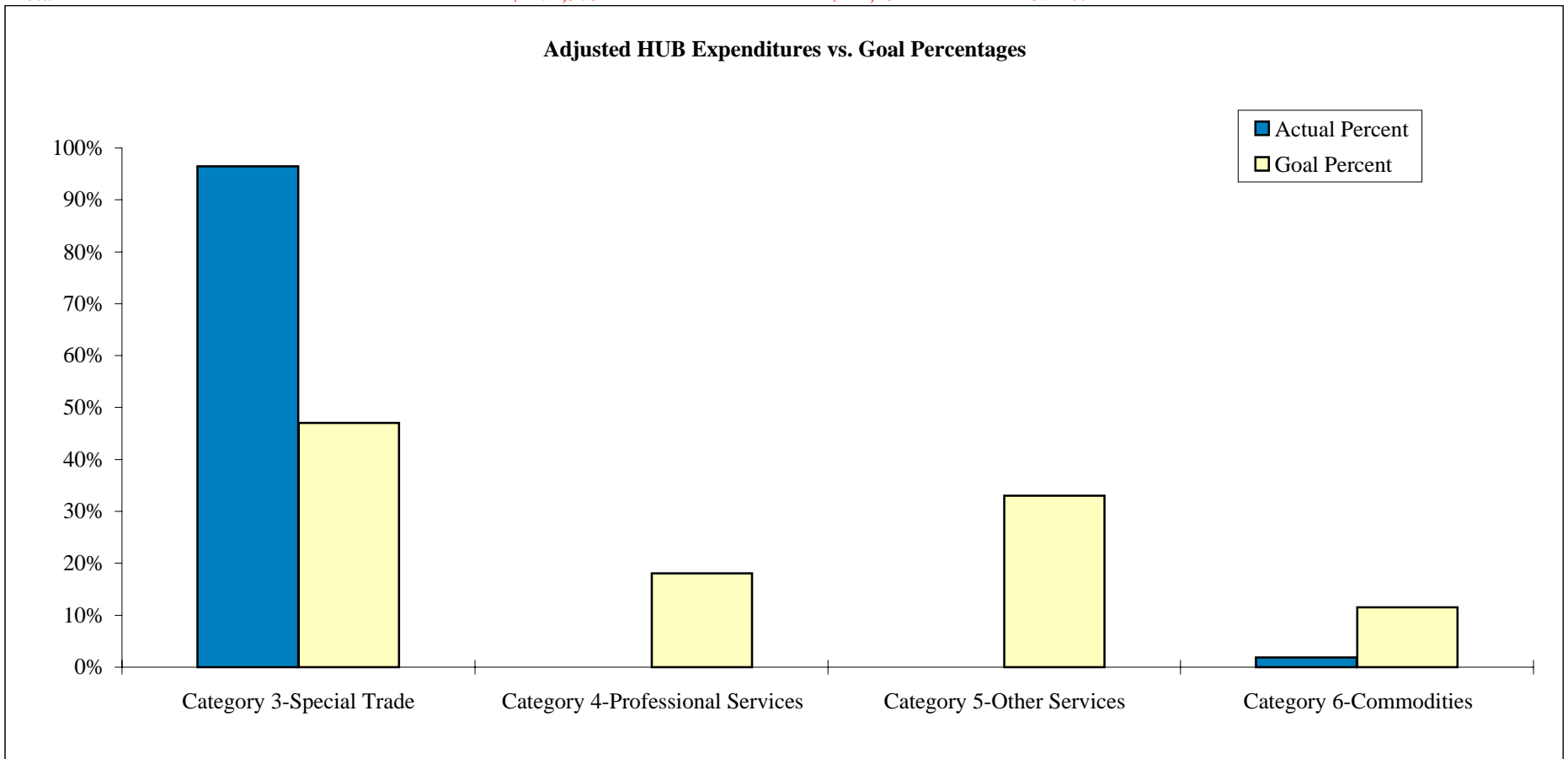
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 10,526	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 240,603	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 59,253	\$ 0	0.00%	33.00%
Category 6-Commodities	\$ 494,474	\$ 92,844	18.78%	11.50%
Total	\$ 804,856	\$ 92,844	11.54%	



Measure 8A - HUB Purchasing
El Paso Psychiatric Center

Q1 2004 FYTD Totals

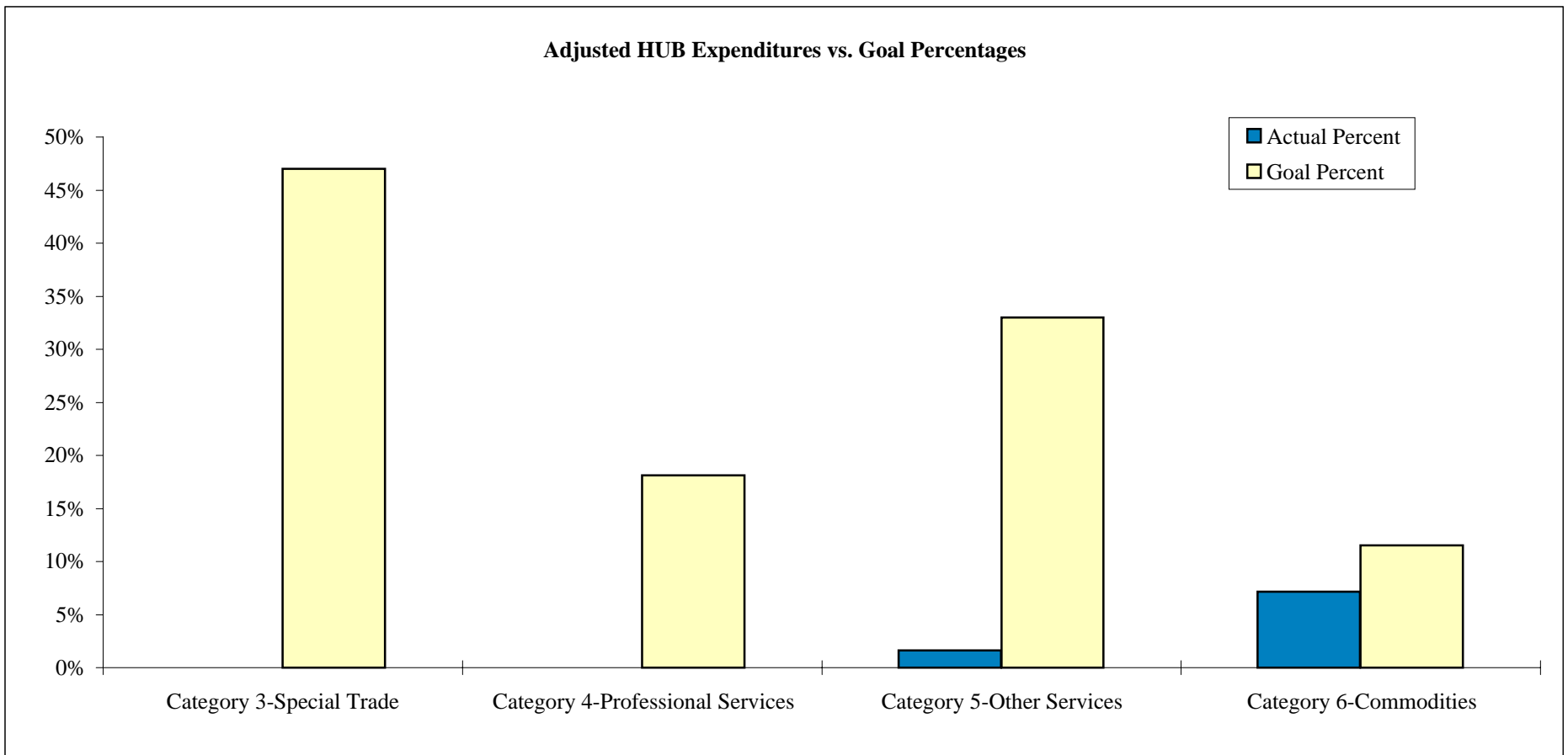
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 2-Building Construction	\$ 16,456	\$ 0	0.00%	25.10%
Category 3-Special Trade	\$ 21,665	\$ 20,895	96.45%	47.00%
Category 4-Professional Services	\$ 186,976	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 73,430	\$ 0	0.00%	33.00%
Category 6-Commodities	\$ 176,049	\$ 3,359	1.91%	11.50%
Total	\$ 474,575	\$ 24,254	5.11%	



**Measure 8A - HUB Purchasing
Kerrville State Hospital**

Q1 2004 FYTD Totals

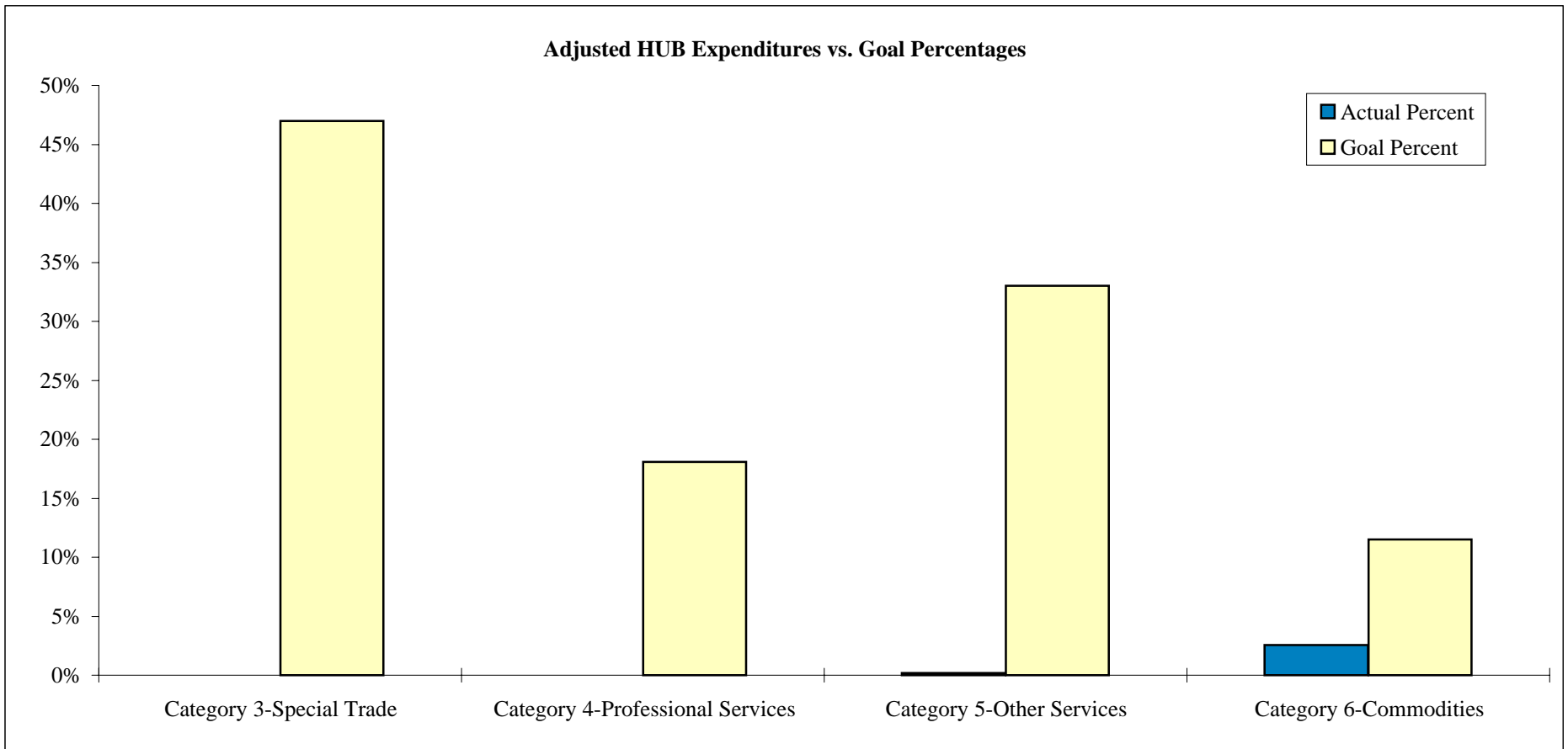
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 2,895	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 29,604	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 24,285	\$ 400	1.65%	33.00%
Category 6-Commodities	\$ 183,299	\$ 13,130	7.16%	11.50%
Total	\$ 240,083	\$ 13,530	5.64%	



Measure 8A - HUB Purchasing
North Texas State Hospital

Q1 2004 FYTD Totals

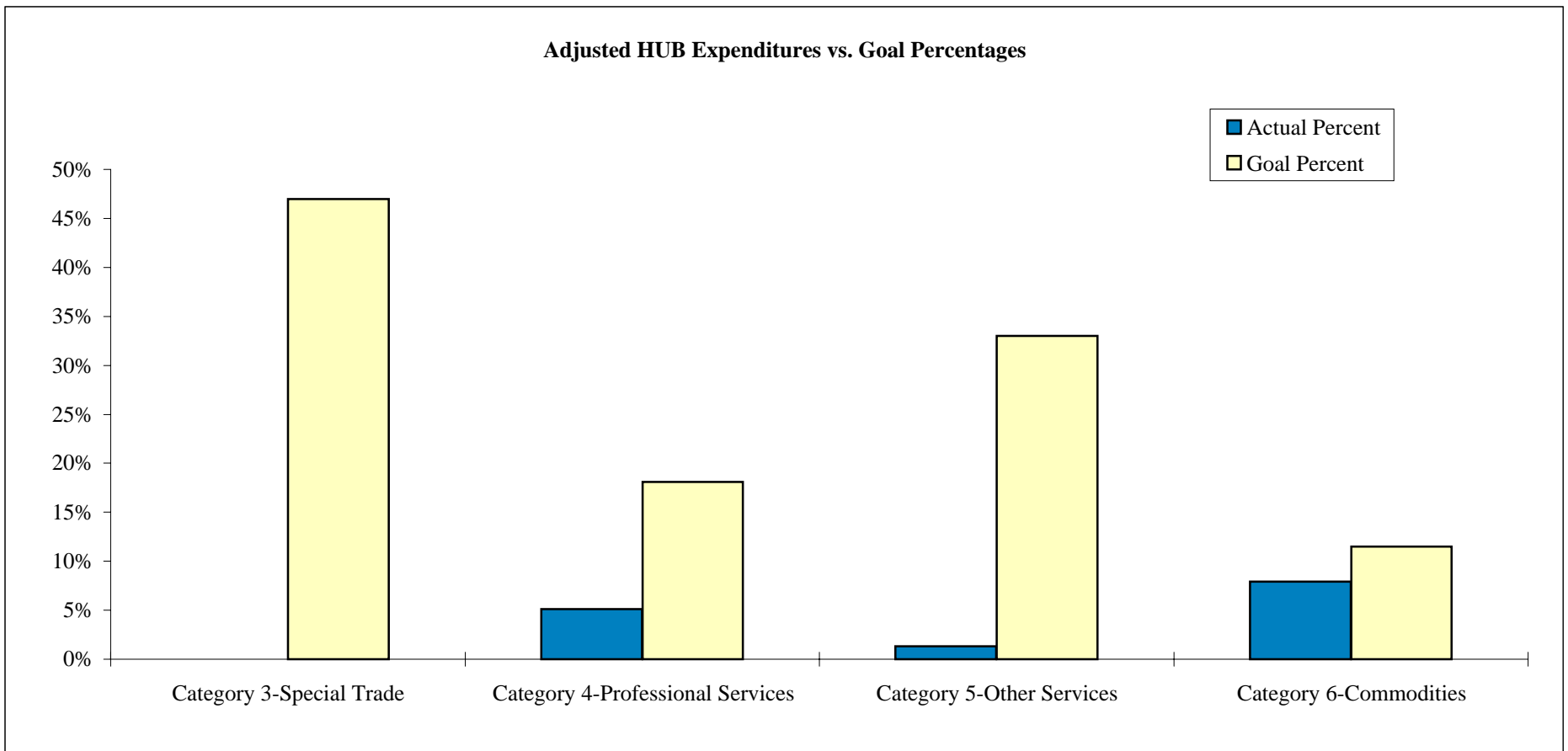
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 8,280	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 168,621	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 83,473	\$ 154	0.18%	33.00%
Category 6-Commodities	\$ 1,521,219	\$ 39,070	2.57%	11.50%
Total	\$ 1,781,593	\$ 39,224	2.20%	



Measure 8A - HUB Purchasing
Rio Grande State Center

Q1 2004 FYTD Totals

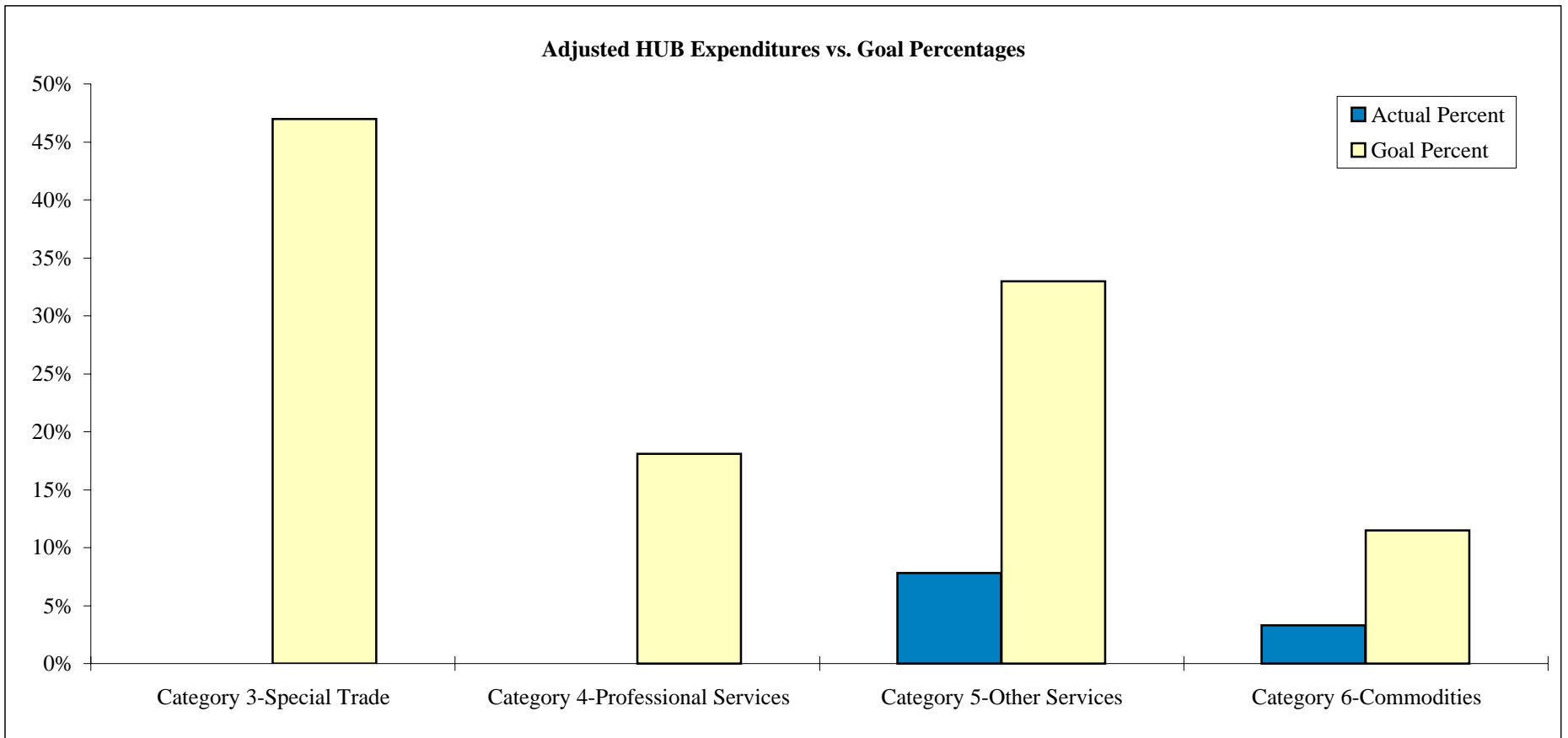
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 0	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 149,770	\$ 7,658	5.11%	18.10%
Category 5-Other Services	\$ 58,955	\$ 764	1.30%	33.00%
Category 6-Commodities	\$ 276,804	\$ 21,883	7.91%	11.50%
Total	\$ 485,530	\$ 30,305	6.24%	



Measure 8A - HUB Purchasing
Rusk State Hospital

Q1 2004 FYTD Totals

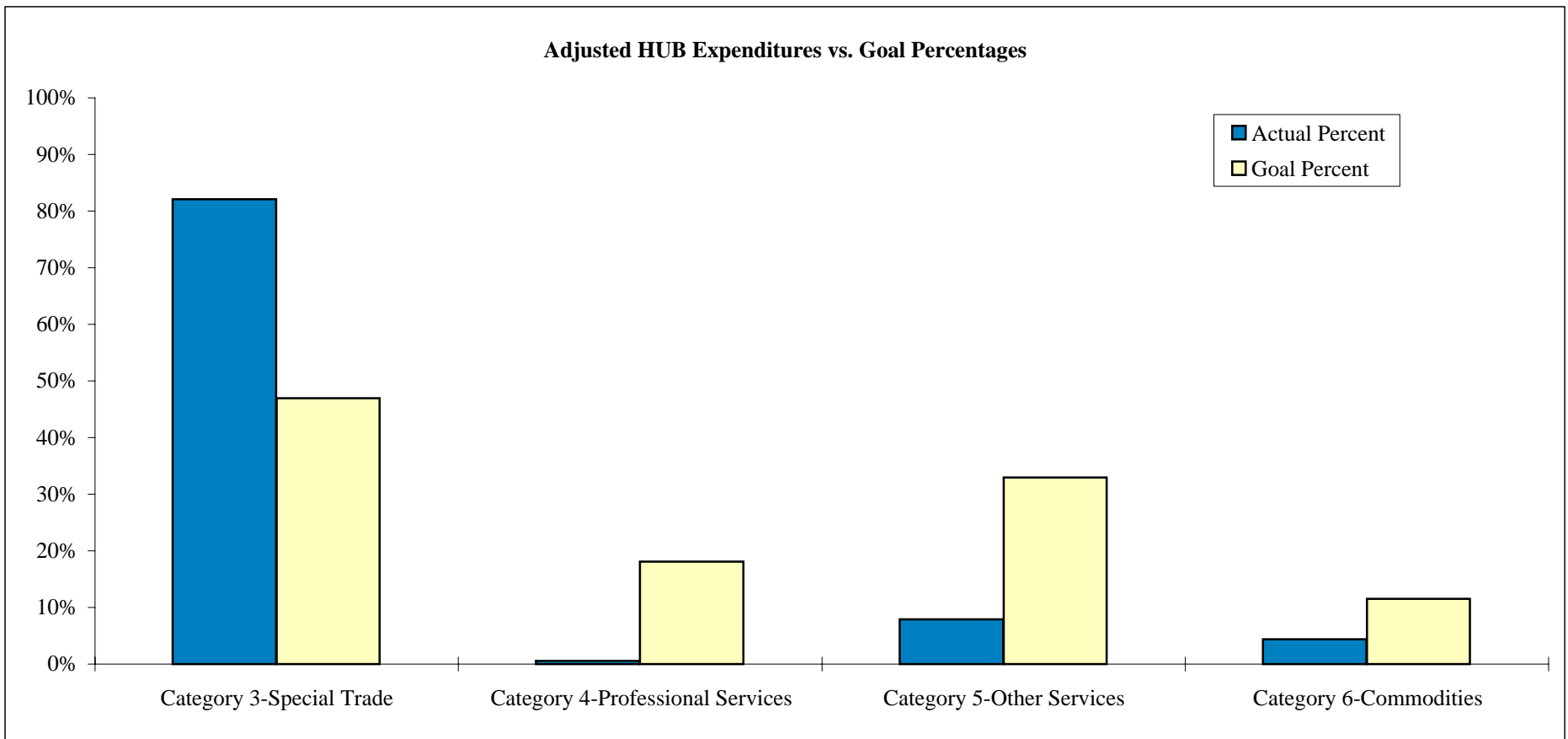
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 3,170	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 377,293	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 44,398	\$ 3,478	7.83%	33.00%
Category 6-Commodities	\$ 733,900	\$ 24,264	3.31%	11.50%
Total	\$ 1,158,762	\$ 27,742	2.39%	



Measure 8A - HUB Purchasing
San Antonio State Hospital

Q1 2004 FYTD Totals

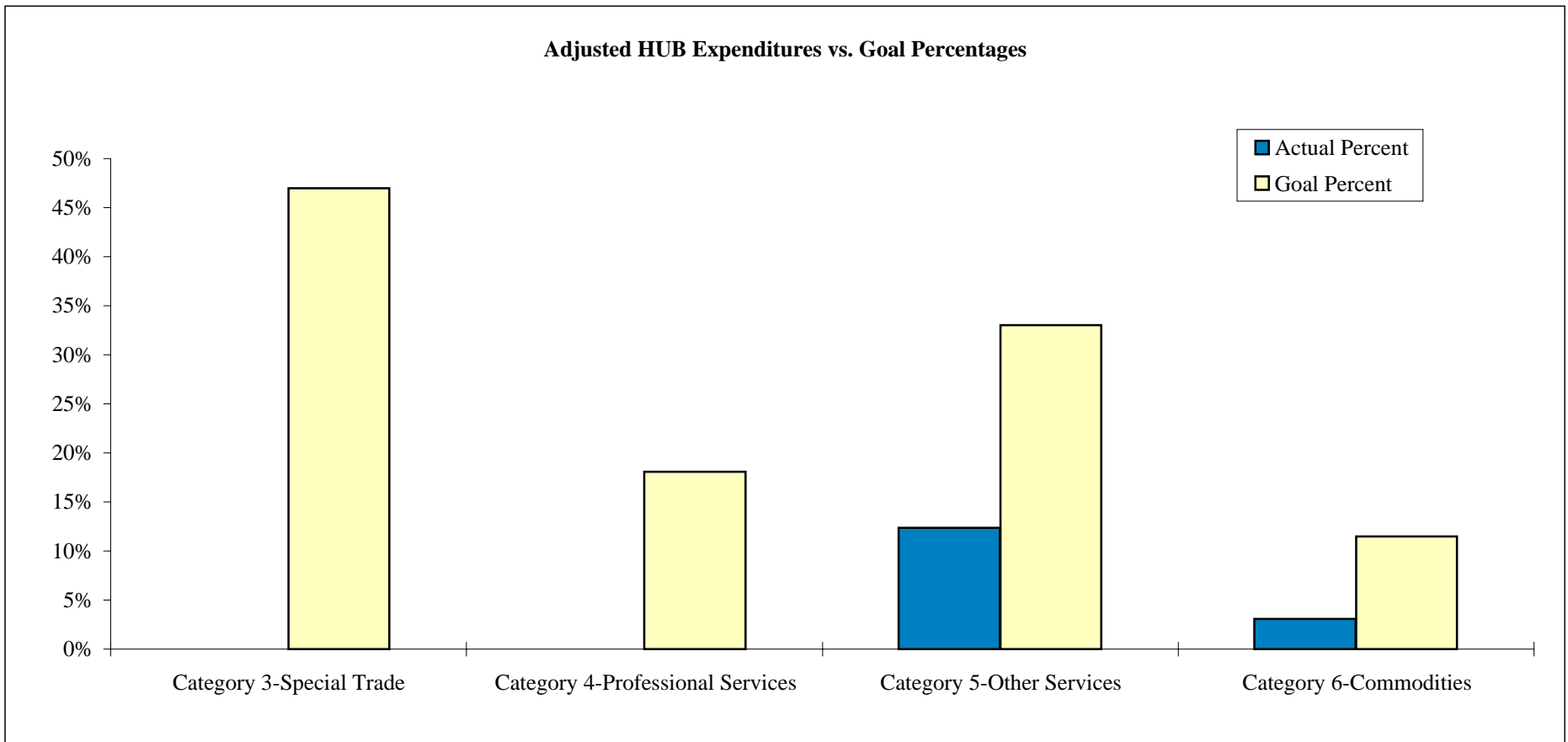
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 1 - Heavy Construction	\$ 0	\$ 0	0.00%	6.60%
Category 2-Building Construction	\$ 0	\$ 0	0.00%	25.10%
Category 3-Special Trade	\$ 19,364	\$ 15,901	82.12%	47.00%
Category 4-Professional Services	\$ 181,935	\$ 1,114	0.61%	18.10%
Category 5-Other Services	\$ 431,816	\$ 34,054	7.89%	33.00%
Category 6-Commodities	\$ 1,703,508	\$ 74,303	4.36%	11.50%
Total	\$ 2,336,623	\$ 125,372	5.37%	



Measure 8A - HUB Purchasing
Terrell State Hospital

Q1 2004 FYTD Totals

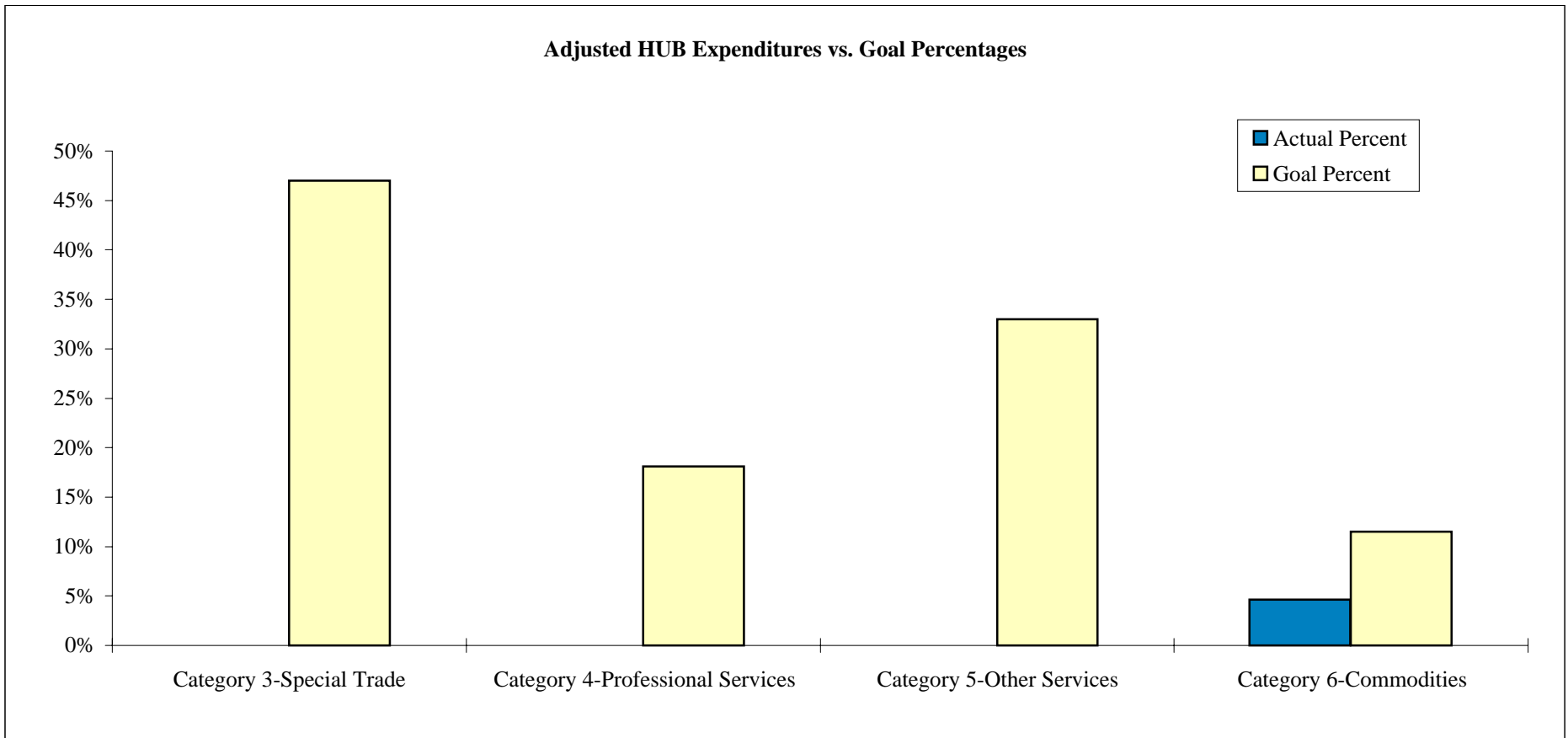
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 11,803	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 125,191	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 72,585	\$ 8,992	12.39%	33.00%
Category 6-Commodities	\$ 710,704	\$ 21,870	3.08%	11.50%
Total	\$ 920,284	\$ 30,862	3.35%	



**Measure 8A - HUB Purchasing
Waco Center for Youth**

Q1 2004 FYTD Totals

	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$ 1,226	\$ 0	0.00%	47.00%
Category 4-Professional Services	\$ 17,744	\$ 0	0.00%	18.10%
Category 5-Other Services	\$ 24,153	\$ 0	0.00%	33.00%
Category 6-Commodities	\$ 94,659	\$ 4,391	4.64%	11.50%
Total	\$ 137,783	\$ 4,391	3.19%	



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?

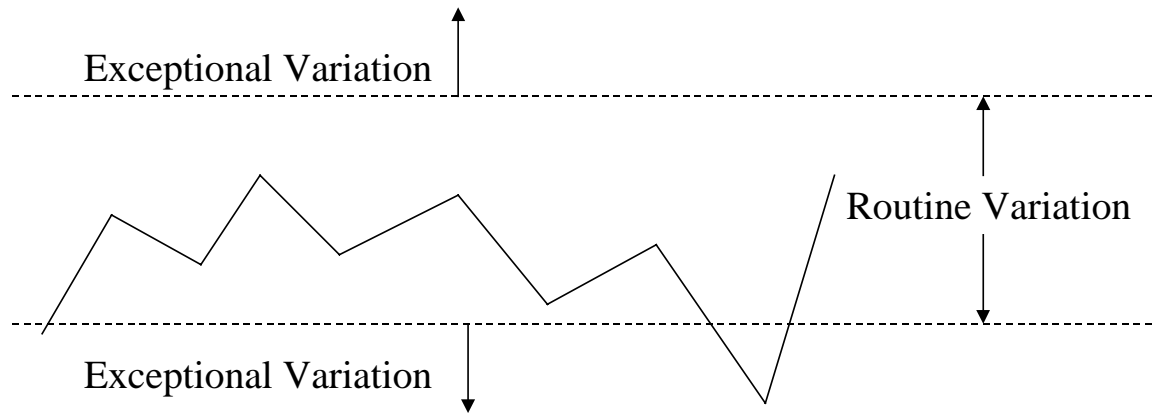
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. 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.

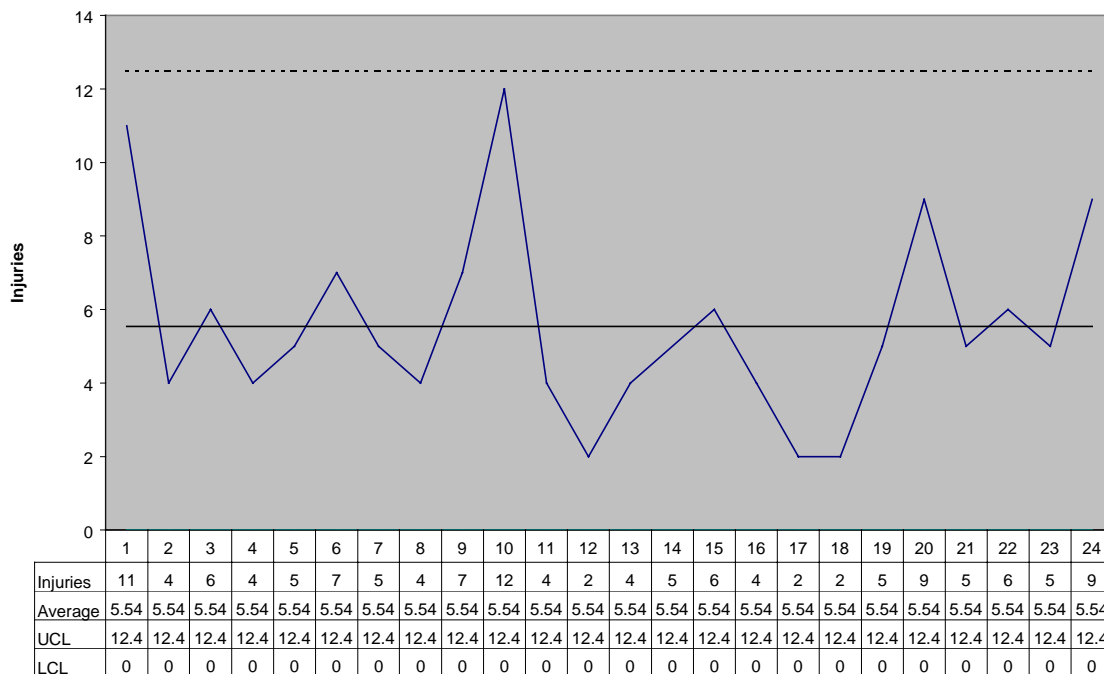
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition 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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