

**Report on Community Hospitals**

**Rider 64, House Bill 1  
78<sup>th</sup> Texas Legislature**

**Texas Department of State Health Services**

# **Report on Community Hospitals HB 1, Rider 64, 78<sup>th</sup> Legislature Texas Department of State Health Services**

## **PURPOSE**

The 78<sup>th</sup> Legislature, General Appropriations Act, Rider 64, directed the Texas Department of Mental Health and Mental Retardation, now the Texas Department of State Health Services (DSHS), to develop a study to identify the cost effectiveness of community hospitals across the state, and submit the findings of the study to the Legislature.

## **FACILITIES**

Today, the private psychiatric hospitals in Texas represent approximately 46 percent of the psychiatric bed capacity, while the state hospital system comprises about 54 percent of the bed capacity. In 1995, the numbers were just the opposite, with 63 percent in private psychiatric hospitals and 37 percent in state hospitals. The change is due to a drastic decline in the number of private psychiatric facilities. The decline in private psychiatric hospitals has been impacted by financial, insurance and other market factors. The overall reduction in bed capacity from 1995 to 2005 is 3,843, or a 48 percent decrease.

In addition to state mental health hospitals, Texas appropriates funding for the purchase of inpatient services through what are termed “community hospitals.” There are presently three MHMR community centers that operate community hospitals. The Gulf Coast Center (GCC), located in Galveston, contracts with the University of Texas Medical Branch at Galveston for the provision of 20 beds dedicated to the GCC clients. The MHMR Authority of Harris County contracts with the Department of Psychiatry, University of Texas Health Science Center in Houston, for the operation of University of Texas Harris County Psychiatry Center, with an allocated 184 beds. The Sunrise Canyon Hospital is operated by the Lubbock Regional MHMR Center and has a 30-bed capacity.

## **METHODOLOGY**

The time period used to conduct this study is State Fiscal Year 2004. The principal factors reviewed in this report were a) operational costs, b) bed days, c) admissions, d) average length of stay, and e) unique characteristics. Information gathered from each community hospital was obtained by a written survey process (Appendix I). The survey

requested month-by-month departmental operating costs, monthly bed days, and unique benefits that the community hospital provides to its local service area. For the purpose of comparison, equivalent information on the State Hospitals was extracted from the Mental Health and Mental Retardation Performance report (Appendix II).

Upon receipt of the community centers surveys, DSHS representatives conducted on-site reviews to validate the operational costs submitted.

## SUMMARY OF FINDINGS

### I. COMMUNITY HOSPITALS

#### A. Bed Days and Operating Expenses

Below is a summary of the total operating expenses, the bed days, cost per bed day and average length of stay (LOS). Detailed reports that were submitted by the community hospitals can be found in Appendix III.

| <b>SUMMARY-FY 04</b>                            | <b>Total Operating Expense</b> | <b>Bed Days</b> | <b>Cost/Bed Day</b> | <b>Average LOS</b> |
|---|--------------------------------|-----------------|---------------------|--------------------|
| <b>Harris County Psychiatric Center-Houston</b> | \$27,998,440                   | 60,458          | \$463.11            | 7.73               |
| <b>Sunrise Canyon Hospital-Lubbock</b>          | \$3,771,710                    | 7,778           | \$484.92            | 9.97               |
| <b>The Gulf Coast Center-Galveston*</b>         | \$2,021,892                    | 7,237           | \$279.38            | 8.03               |

\* Based on amount expended and not actual bed cost.

The average length of stay at the community hospitals is relatively short. Gulf Coast Community Regional Hospital reports an average length of stay of 6 days for FY2004, with The University of Texas Harris County Psychiatric Center and Sunrise Canyon Hospital reporting an average length of stay of 11 and 14 days, respectively

The average cost per bed day is difficult to compare due to different methodologies for financing operations and calculating expenses. For example, the bed cost for the Gulf Coast Center in Galveston is not completely reimbursed for by GCC, but UTMB bills for additional inpatient costs that reimburse them for the total inpatient stay. UTMB is getting the flat rate from GCC and any additional revenue they generate from their own billing activities. When the flat rate was negotiated, the state rate, at that time, was used as the benchmark to conduct the negotiations. In addition, GCC is paying for a 100% occupancy rate when in fact they do not always have all 20 beds filled. When GCC exceeds the 20-bed limit a premium is charged by UTMB for the additional bed days.

## **B. Program Characteristics**

Each community hospital submitted information to DSHS about benefits they believe their hospitals offer clients and their communities. The following is a summarization of the information presented by the hospitals. The complete information the hospitals submitted appears in Appendix IV.

Each community hospital benefits from community and local outreach opportunities. For example, The University of Texas Harris County Psychiatric Center provides a variety of service outreach programs that are self-funded, either through grants or through second party payer sources, to assist individuals with successful integration into life outside the hospital (e.g., Harris County Children's Assessment Center Program for Abused Children and Adolescents). The University of Texas Harris County Psychiatric Center also offers community outreach programs to promote The Center as a provider of quality mental healthcare and as a leader in the education of clinical professionals (e.g., Nursing Education). Likewise, Lubbock Regional MHMR Center receives local monies to help support the Sunrise Canyon Hospital triage and admission process because of the positive impact that Sunrise Canyon Hospital has had on the local emergency room. The Sunrise Canyon Hospital has also become an invaluable training ground for mental health professionals and medical personnel.

All three community hospitals offer continuity of care from outpatient to inpatient mental health services and vice versa. For instance, the admission process at Sunrise Canyon Hospital is streamlined, in part, by Lubbock Regional MHMR Center's ability to provide medical clearance on-site at the Sunrise Canyon Hospital, instead of sending people to the emergency room. Also, people served by an Assertive Community Treatment (ACT) team have one physician who directs all their treatment, regardless of whether it is on an inpatient or outpatient basis. Similarly, outpatient psychosocial rehabilitation specialists often serve on a person's inpatient treatment team in order to ensure continuity of care. In addition, Sunrise Canyon Hospital and Lubbock Regional MHMR Center share many administrative departments (and costs) to further promote continuity of care (e.g., contracts management, data management, quality management, records department).

Another unique characteristic of the community hospitals is that each offers local access for family and other supports for patients. For example, Gulf Coast Community Regional Hospital allows for immediate access as needed for family. Sunrise Canyon Hospital is located within the city limits of Lubbock, with the next closest publicly-funded inpatient psychiatric hospital, Big Spring State Hospital, over 100 miles away. Receiving inpatient psychiatric services as close to home as possible allows individuals to remain connected to family members, friends, housing, outpatient services, employment, etc. Having a local community hospital also reduces the cost to the center and local law enforcement of transporting patients to a state hospital.

Both the Gulf Coast Community Regional Hospital and Sunrise Canyon hospital offer healthcare services in addition to psychiatric services. For instance, Gulf Coast

Community Regional Hospital offers emergency room services and indigent healthcare, while patients at Sunrise Canyon Hospital have the opportunity to continue receiving ongoing physical health care from that facility.

Finally, the community hospitals also benefit from jail diversion programs and links to the juvenile probation and court systems. For instance, The University of Texas Harris County Psychiatric Center provides inpatient services to children and adolescents under the jurisdiction of the Harris County Juvenile Probation Department who are in need of psychiatric and psychological care. Similarly, Sunrise Canyon Hospital, through Lubbock Regional MHMR Center, enjoys a positive relationship with the Lubbock Sheriff’s Office, and is able to support jail diversion and competency restoration activities. When magistrate’s warrants are issued, people can be taken directly to the Sunrise Canyon Hospital for assessment, physician evaluation, medical clearance and admission, which greatly shortens the amount of time the entire process takes and, subsequently the time enforcement is detained.

## II. STATE MENTAL HEALTH HOSPITALS

| <b>SUMMARY-SFY 04</b>  | <b>Total Operating Expense</b> | <b>Bed Days</b> | <b>Cost/Bed Day</b> | <b>Average LOS</b> |
|------------------------|--------------------------------|-----------------|---------------------|--------------------|
| <b>State Hospitals</b> | \$258,478,094                  | 802,727         | \$322.00            | 26.00              |

State Hospitals accommodate a larger number of clients than community hospitals, which leads to a greater economy of scale. Because they operate as a hospital system across the state, state mental health hospitals can handle an overflow of clients at one facility by transferring clients to a different state hospital with available beds. State hospitals are able to accommodate some specialized populations including forensic patients, who are patients criminally committed by the courts, children and youth, and patients with dual diagnoses. State hospitals act as a safety net for the indigent population, and they receive clients who have exhausted their benefits at both private and community hospitals. State hospitals also receive patients for whom there are no treatment alternatives in the community. State hospitals provide specialty services that would be otherwise unavailable, and provide cost-effective treatment for the most complex and severe conditions.

The state mental health hospital system had an average length of stay of 26 days at all facilities in FY 04 (*DSHS State Mental Health Facilities Performance Indicators, 4<sup>th</sup> Quarter FY2004*, <http://www.dshs.state.tx.us/mhreports/MhBook44.pdf>). This average length of stay consists of both civil and criminal code commitments at all hospitals, including the Vernon campus of North Texas State Hospital, which is the state hospital system’s maximum security unit. The average amount of time the criminally committed, or forensic, patients stay at facilities is considerably longer than that of other patients. The forensic population now represents 30% of the patients in state mental health hospitals. The average length of stay for state hospital patients also includes the

population at the Waco Center for Youth, which serves the entire state as a psychiatric residential treatment facility for adolescents ages 13 through 17. Residents at Waco Center for Youth tend to have average lengths of stay of several months. Community hospitals do not serve forensic patients and they do not provide residential treatment for adolescents.

State Hospitals educate a wide segment of the general population, including health and social service providers, about mental illness, and the disease's treatment options. They provide nursing education, including educational training in critical shortage areas. Like the community hospitals, state hospitals participate in outreach activities with local school districts, and community and religious organizations. They are a regional resource for rural communities and smaller urban areas in Texas, providing services such as family overnight lodging, toll-free family access to professionals, flexible family visitation times, teleconferencing for treatment planning, and teleconferencing with community professionals to coordinate care and discharge planning and to provide staff training.

### **III. CONCLUSION**

The report explains a number of facts about these hospitals that can be viewed as advantages and/or disadvantages depending on the perspective. Whether the facilities represent a more cost-effective approach to services is unclear due to the differences in the individual services and business models of each. The difference in size and patient type makes benchmarking against the state hospitals difficult. Serving the mental health needs of Texans requires a systems approach, including local community services, inpatient services, and services for those individuals who may fall somewhere between these services as they are currently defined. What is clear is that transforming the mental health system of this state will continue to take creative solutions that promote effective use of resources and evidence-based practices in addressing the mental health needs of Texas.



## APPENDIX I

Eduardo J. Sanchez, M.D., MPH  
Commissioner

July 26, 2005

Dear \_\_\_\_\_,

As you know the FY 2004-2005 General Appropriations Act includes a Rider that directs the Department of State Health Services (DSHS) to evaluate the cost effectiveness of community hospitals (Rider 64 of the former the Texas Department of Mental Health and Mental Retardation appropriation).

DSHS is in the process of conducting this evaluation. In order to do this in an efficient matter we ask that you provide two documents for review prior to an on-site review at your organization. The requested documents are as follows:

- A schedule of monthly expenditures the requested costs associated with the operations of your community hospital for the SFY 2004 period, please use the attached format. We can email the template if requested.
- And, a two-page analysis of the positive and unique benefits your community hospital provides to your service delivery area. Please outline the distinctive services your community hospital provides, as opposed to the services provided by the state hospitals.

Please submit the requested information via e-mail to me no later than Tuesday, August 2, 2005. We anticipate that DSHS staff will be onsite at you offices the week of August 8. This process will be relatively simple and will consist primarily of an examination and analysis of financial information. We will contact you after we receive the information to set up a specific date and time.

We recognize that the operation of each of the community hospitals is distinct. While the financial reporting format may not be specifically tailored to your operations, we are attempting to bring some uniformity to a complex situation. DSHS staff will be willing to work with your staff to resolve any questions you may have throughout the process.

We plan to work with each Center to ensure the accuracy of all the information reported. If you have any questions or concerns, please do not hesitate to contact me directly at 512-206-5444 or via email, [Patrick.gillies@dshs.state.tx.us](mailto:Patrick.gillies@dshs.state.tx.us).

Your cooperation is greatly appreciated.

Sincerely,

Patrick M. Gillies, MPA  
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Cc: Joe Vesowate

APPENDIX II

TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
 FINANCIAL AND STATISTICAL INFORMATION  
 FOURTH QUARTER, FY 2004 YEAR-TO-DATE

| ALL STATE HOSPITALS                              | Small         |               |               |               |               | Medium        |               |               |                | Large          | Total          | High           | Low           | Avg           |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|----------------|----------------|---------------|---------------|
|  | RGSC - MH     | El Paso Psych | Waco          | Kerrville     | Big Spring    | Austin        | Terrell       | Rusk          | San Antonio    | North TX       |                |                |               |               |
| <b>VOLUME STATISTICS</b>                         |               |               |               |               |               |               |               |               |                |                |                |                |               |               |
| Admissions                                       | 1,416         | 1,189         | 146           | 669           | 1,187         | 4,318         | 2,290         | 1,963         | 2,779          | 2,527          | 18,484         | 4,318          | 146           | 1,848         |
| Discharges                                       | 1,415         | 1182          | 142           | 664           | 1,194         | 4,338         | 2,257         | 1,974         | 2,798          | 2,508          | 18,472         | 4,338          | 142           | 1,847         |
| Average LOS at Discharge                         | 11            | 13            | 198           | 88            | 57            | 25            | 42            | 48            | 37             | 93             | 614            | 198            | 11            | 61            |
| % Occupancy                                      | 99%           | 100%          | 95%           | 95%           | 105%          | 89%           | 99%           | 97%           | 93%            | 100%           | 96%            | 105%           | 89%           | 97%           |
| <b>BED DAYS By LOC</b>                           |               |               |               |               |               |               |               |               |                |                |                |                |               |               |
| Adult  | 16,656        | 16,545        | 0             | 60,887        | 55,398        | 87,064        | 88,261        | 97,616        | 90,718         | 187,352        | 700,497        | 187,352        | 0             | 70,050        |
| Child  | 0             | 1751          | 27,257        | 0             | 0             | 11,500        | 11,713        | 0             | 11,603         | 38,406         | 102,230        | 38,406         | 0             | 14,604        |
| <b>TOTAL BED DAYS</b>                            | <b>16,656</b> | <b>18,296</b> | <b>27,257</b> | <b>60,887</b> | <b>55,398</b> | <b>98,564</b> | <b>99,974</b> | <b>97,616</b> | <b>102,321</b> | <b>225,758</b> | <b>802,727</b> | <b>225,758</b> | <b>16,656</b> | <b>80,273</b> |
| <b>STAFFING</b><br>(actual pay data for quarter) |               |               |               |               |               |               |               |               |                |                |                |                |               |               |
| OFFICIAL/ADMIN                                   | 6.0           | 7.7           | 3.4           | 9.0           | 7.7           | 25.2          | 11.7          | 17.5          | 21.9           | 33.1           | 143.3          | 33.1           | 3.4           | 14.3          |
| PROFESSIONALS                                    | 9.6           | 11.0          | 18.6          | 48.9          | 33.7          | 79.8          | 35.0          | 40.3          | 46.9           | 82.5           | 406.2          | 82.5           | 9.6           | 40.6          |
| MEDICAL/DENTAL STAFF                             | 2.1           | 6.1           | 2.7           | 9.4           | 7.8           | 6.1           | 12.3          | 6.3           | 50.5           | 6.2            | 109.6          | 50.5           | 2.1           | 11.0          |
| NURSE  | 17.5          | 24.4          | 13.5          | 44.4          | 56.6          | 102.6         | 87.5          | 73.2          | 79.2           | 139.1          | 638.1          | 139.1          | 13.5          | 63.8          |
| LVN  | 4.0           | 0.0           | 6.0           | 33.5          | 31.3          | 43.8          | 44.6          | 36.9          | 10.4           | 116.3          | 326.8          | 116.3          | 0.0           | 32.7          |
| PSYCHOLOGIST                                     | 1.9           | 0.0           | 4.0           | 8.1           | 3.0           | 12.7          | 8.9           | 11.4          | 10.0           | 25.4           | 85.4           | 25.4           | 0.0           | 8.5           |
| PROFESSIONAL DIRECT                              | 4.8           | 10.7          | 7.5           | 17.8          | 19.9          | 35.4          | 29.3          | 20.6          | 32.0           | 74.6           | 252.6          | 74.6           | 4.8           | 25.3          |
| TECHNICIANS                                      | 0.9           | 0.1           | 0.8           | 3.5           | 7.0           | 4.0           | 3.9           | 3.2           | 2.0            | 12.2           | 37.6           | 12.2           | 0.1           | 3.8           |
| PROTECTIVE SERVICES                              | 0.0           | 0.0           | 5.6           | 18.3          | 4.4           | 6.6           | 5.9           | 7.0           | 5.2            | 80.7           | 133.7          | 80.7           | 0.0           | 13.4          |
| PARA PROFESSIONALS                               | 72.0          | 67.4          | 102.2         | 177.9         | 207.5         | 305.3         | 315.9         | 359.2         | 365.7          | 871.9          | 2,844.9        | 871.9          | 67.4          | 284.5         |
| ADMIN. SUPPORT                                   | 23.7          | 17.9          | 17.9          | 56.7          | 55.9          | 82.2          | 94.2          | 102.1         | 88.0           | 197.3          | 736.0          | 197.3          | 17.9          | 73.6          |
| SKILLED CRAFT                                    | 3.5           | 2.1           | 10.5          | 18.6          | 27.6          | 39.1          | 33.3          | 33.0          | 40.5           | 71.4           | 279.6          | 71.4           | 2.1           | 28.0          |
| SERVICE MAINTENANCE                              | 19.5          | 6.1           | 21.3          | 57.1          | 62.3          | 54.2          | 85.6          | 82.1          | 116.0          | 197.1          | 701.2          | 197.1          | 6.1           | 70.1          |
| <b>TOTAL STAFFING</b>                            | <b>165.4</b>  | <b>153.4</b>  | <b>214.1</b>  | <b>503.3</b>  | <b>524.7</b>  | <b>797.1</b>  | <b>768.1</b>  | <b>792.8</b>  | <b>868.2</b>   | <b>1,907.9</b> | <b>6,695.1</b> | <b>1,907.9</b> | <b>153.4</b>  | <b>669.5</b>  |
| Ratio of Staff to Patients                       | 3.01          | 2.43          | 2.75          | 2.84          | 3.75          | 2.64          | 2.76          | 2.89          | 2.87           | 3.10           | 2.93           | 3.75           | 2.43          | 2.90          |

NOTE: Account numbers 57500000-57522000 have been broken out into a new rollup expense line for fees and premiums as of fourth quarter FY 2003.  
 This will affect the cost per bed day calculations by removing workers' compensation from benefits, where it has been to date. (See page 2 of this report).  
 NOTE: Rio Grande State Center is included in the state hospital and state school reports and the separate center report has been discontinued.



APPENDIX II

TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
 FINANCIAL AND STATISTICAL INFORMATION  
 FOURTH QUARTER, FY 2004 YEAR-TO-DATE

| ALL STATE HOSPITALS  | Small            |                  |                  |                   |                   | Medium            |                   |                   |                   | Large             | Total              | High              | Low              | Avg               |
|--|------------------|------------------|------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|-------------------|------------------|-------------------|
|  | RGSC - MH        | El Paso Psych    | Waco             | Kerrville         | Big Spring        | Austin            | Terrell           | Rusk              | San Antonio       | North TX          |                    |                   |                  |                   |
| <b>EXPENSES</b>  |                  |                  |                  |                   |                   |                   |                   |                   |                   |                   |                    |                   |                  |                   |
| Exempt Salaries  | 0                | 0                | 0                | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                  | NA                | NA               | NA                |
| Classified, Hourly, Other  | 5,055,947        | 5,035,686        | 6,407,769        | 15,745,138        | 15,902,591        | 26,935,972        | 23,799,530        | 23,449,176        | 25,242,144        | 53,325,732        | 200,899,685        | 53,325,732        | 5,035,686        | 20,089,968        |
| Benefits   | 1,609,363        | 1,104,190        | 1,609,370        | 4,055,522         | 4,160,435         | 6,496,485         | 6,241,840         | 6,456,887         | 7,083,904         | 14,694,344        | 53,512,340         | 14,694,344        | 1,104,190        | 5,351,234         |
| Professional Services  | 717,920          | 946,375          | 107,723          | 258,747           | 703,854           | 919,565           | 1,200,810         | 1,523,649         | 1,138,111         | 1,385,089         | 8,901,842          | 1,523,649         | 107,723          | 890,184           |
| Food   | 60,159           | 408,927          | 113,263          | 232,679           | 208,030           | 36,085            | 425,673           | 407,141           | 1,041,266         | 805,505           | 3,738,727          | 1,041,266         | 36,085           | 373,873           |
| Drugs  | 397,433          | 359,311          | 360,189          | 1,458,508         | 1,100,975         | 2,039,527         | 1,965,947         | 2,301,823         | 2,203,399         | 4,263,966         | 16,451,078         | 4,263,966         | 359,311          | 1,645,108         |
| Medical/Hospital Supplies  | 27,891           | 37,436           | 12,244           | 81,553            | 94,255            | 638,615           | 158,185           | 211,571           | 222,928           | 500,932           | 1,985,611          | 638,615           | 12,244           | 198,561           |
| Supplies - Other   | 133,603          | 141,151          | 223,433          | 455,833           | 690,402           | (20,085)          | 728,240           | 627,768           | 407,385           | 2,198,838         | 5,586,569          | 2,198,838         | (20,085)         | 558,657           |
| Fees and Premiums  | 166,843          | 70,063           | 83,456           | 437,429           | 445,908           | 198,116           | 778,375           | 629,920           | 948,519           | 1,705,143         | 5,463,771          | 1,705,143         | 70,063           | 546,377           |
| Maintenance Supplies & Repairs   | 78,350           | 44,624           | (736,608)        | 178,489           | 237,284           | 682,229           | 476,205           | 370,521           | 935,224           | 271,983           | 2,538,301          | 935,224           | (736,608)        | 253,830           |
| Merchandise for Resale   | -411             | 0                | 0                | (13,653)          | (86,904)          | (14,669)          | 18,873            | (13,018)          | 136,341           | 31,440            | 58,000             | 136,341           | (86,904)         | 5,800             |
| Travel   | 41,359           | 41,309           | 10,158           | 31,436            | 56,679            | 14,905            | 41,314            | 42,788            | 29,354            | 65,054            | 374,355            | 65,054            | 10,158           | 37,435            |
| Utilities  | 112,654          | 332,488          | 174,451          | 665,226           | 730,256           | 1,579,193         | 1,303,068         | 1,118,928         | 1,138,770         | 2,084,863         | 9,239,897          | 2,084,863         | 112,654          | 923,990           |
| Telephone  | 45,325           | 27,780           | 37,749           | 54,534            | 59,565            | 127,908           | 175,616           | 94,512            | 175,102           | 145,826           | 943,917            | 175,616           | 27,780           | 94,392            |
| Rental and Leasing   | 29,333           | 115,137          | 18,895           | 149,766           | 79,094            | 153,288           | 106,271           | 82,055            | 148,114           | 163,905           | 1,045,858          | 163,905           | 18,895           | 104,586           |
| Purchased/Contracted Services  | 89,280           | 176,067          | 21,345           | 31,418            | 61,274            | 232,949           | 43,504            | 69,953            | 316,016           | 104,572           | 1,146,377          | 316,016           | 21,345           | 114,638           |
| Other Expenses   | 10,383           | 6,367            | 22,580           | 11,193            | 20,046            | 18,463            | 1,911             | 5,605             | 100,062           | 112,097           | 308,707            | 112,097           | 1,911            | 30,871            |
| Depreciation   | 149,801          | 466,438          | 231,197          | 844,923           | 506,049           | 819,680           | 909,993           | 871,918           | 819,960           | 1,613,897         | 7,233,856          | 1,613,897         | 149,801          | 723,386           |
| Interfacility Services   | 0                | 0                | 0                | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                  | 0                 | 0                | 0                 |
| <b>TOTAL FACILITY EXPENSE</b>  | <b>8,725,233</b> | <b>9,313,349</b> | <b>8,697,212</b> | <b>24,678,741</b> | <b>24,969,791</b> | <b>40,858,227</b> | <b>38,375,354</b> | <b>38,251,195</b> | <b>42,086,599</b> | <b>83,473,189</b> | <b>319,428,891</b> | <b>83,473,189</b> | <b>8,697,212</b> | <b>31,942,889</b> |
| DICAP/SWICAP Allocation  | 1,267,160        | 216,645          | 1,133,779        | 3,064,134         | 3,375,178         | 4,550,538         | 4,321,134         | 4,121,573         | 4,799,572         | 8,283,861         | 35,133,573         | 8,283,861         | 216,645          | 3,513,357         |
| <b>GRAND TOTAL</b>   | <b>9,992,394</b> | <b>9,529,994</b> | <b>9,830,991</b> | <b>27,742,875</b> | <b>28,344,969</b> | <b>45,408,765</b> | <b>42,696,488</b> | <b>42,372,768</b> | <b>46,886,171</b> | <b>91,757,049</b> | <b>354,562,463</b> | <b>91,757,049</b> | <b>9,529,994</b> | <b>35,456,246</b> |
| Facility Cost Per Bed Day  | 523.85           | 509.04           | 319.08           | 405.32            | 450.73            | 414.53            | 383.85            | 391.85            | 411.32            | 369.75            | 397.93             | 523.85            | 319.08           | 397.93            |
| Cost/Bed Day w/ DICAP/SWICAP   | 599.93           | 520.88           | 360.68           | 455.65            | 511.66            | 460.70            | 427.08            | 434.08            | 458.23            | 406.44            | 441.70             | 599.93            | 360.68           | 441.70            |
| <b>APPROPRIATED FUNDS COST (for LBB)</b>   |                  |                  |                  |                   |                   |                   |                   |                   |                   |                   |                    |                   |                  |                   |
| Total Facility Expense   | 8,725,233        | 9,313,349        | 8,697,212        | 24,678,741        | 24,969,791        | 40,858,227        | 38,375,354        | 38,251,195        | 42,086,599        | 83,473,189        | 319,428,891        |                   |                  | 31,942,889        |
| Less: Benefits   | 1,609,363        | 1,104,190        | 1,609,370        | 4,055,522         | 4,160,435         | 6,496,485         | 6,241,840         | 6,456,887         | 7,083,904         | 14,694,344        | 53,512,340         |                   |                  | 5,351,234         |
| Subtotal   | 7,115,870        | 8,209,159        | 7,087,843        | 20,623,219        | 20,809,356        | 34,361,743        | 32,133,514        | 31,794,308        | 35,002,695        | 68,778,844        | 265,916,550        |                   |                  | 26,591,655        |
| Less: Depreciation   | 149,801          | 466,438          | 231,197          | 844,923           | 506,049           | 819,680           | 909,993           | 871,918           | 819,960           | 1,613,897         | 7,233,856          |                   |                  | 723,386           |
| Adjusted Total Expense   | 6,966,069        | 7,742,721        | 6,856,646        | 19,778,296        | 20,303,307        | 33,542,062        | 31,223,522        | 30,922,390        | 34,182,735        | 67,164,947        | 258,682,694        |                   |                  | 25,868,269        |
| Total Bed Days   | 16,656           | 18,296           | 27,257           | 60,887            | 55,398            | 98,564            | 99,974            | 97,616            | 102,321           | 225,758           | 802,727            |                   |                  | 80,273            |
| <b>Adjusted Cost per Bed Day</b><br>(adjusted total expense divided by total bed days)   | 418              | 423              | 252              | 325               | 366               | 340               | 312               | 317               | 334               | 298               | 322                |                   | 423              | 322               |
| LBB Average Daily Census   | 55               | 63               | 78               | 177               | 140               | 302               | 278               | 274               | 303               | 615               | 2,285              |                   | 615              | 229               |
| <b>Alternate Cost per Bed Day</b><br>(adjusted total exp. divided by LBB ADC x 366 days) | 346              | 336              | 240              | 305               | 396               | 303               | 307               | 308               | 308               | 298               | 309                |                   | 396              | 315               |
| Actual Average Daily Census  | 46               | 50               | 75               | 166               | 151               | 270               | 273               | 267               | 280               | 615               | 2,193              |                   | 615              | 219               |
| Adjusted total expense divided by actual ADC x 366 days                                  | 414              | 423              | 250              | 326               | 367               | 339               | 312               | 316               | 334               | 298               | 322                |                   | 423              | 323               |

See methodology for explanation of data

**APPENDIX IIIA**

**FY 04 GULF COAST CENTER**

| Community Hospital Selected Expense Items SFY 2004 |               |               |               |               |               |               |               |               |               |               |               |               |                 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------|
| Community Center: The Gulf Coast Center - #100     |               |               |               |               |               |               |               |               |               |               |               |               |                 |
| Expenses   | Sept.         | Oct.          | Nov.          | Dec.          | Jan.          | Feb.          | March         | April         | May           | June          | July          | Aug.          | Total FY2004    |
| Exempt Salaries                                    |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Classified, Hourly, Other                          |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Benefits   |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Professional Services                              |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Food   |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Drugs  |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Medical/Hospital Supplies                          |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Supplies - Other                                   |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Fees and Premiums                                  |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Maintenance Supplies & Repairs                     |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Merchandise for Resale                             |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Travel   |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Utilities  |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Telephone  |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Rental and Leasing                                 |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Purchased/Contracted Services                      | 168,741.00    | 168,741.00    | 168,741.00    | 168,741.00    | 169,657.00    | 167,825.00    | 168,741.00    | 168,741.00    | 165,741.00    | 168,741.00    | 168,741.00    | 168,741.00    | 2,021,892.00    |
| Other Expenses                                     |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Depreciation                                       |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Medical Records                                    |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| Information Security                               |               |               |               |               |               |               |               |               |               |               |               |               | -               |
| <i>subtotal direct</i>                             | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 169,657.00 | \$ 167,825.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 165,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 2,021,892.00 |
| Authority Costs (Give Details)                     | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -               |
| Administrative Costs                               | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -             | -               |
| <i>total direct</i>                                | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 169,657.00 | \$ 167,825.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 165,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 168,741.00 | \$ 2,021,892.00 |
| Total Bed Days                                     | 639           | 692           | 537           | 611           | 640           | 695           | 711           | 666           | 605           | 632           | 444           | 365           | 7,237           |
| <b>Cost/Bed Day</b>                                | <b>264.07</b> | <b>243.85</b> | <b>314.23</b> | <b>276.17</b> | <b>265.09</b> | <b>241.47</b> | <b>237.33</b> | <b>253.36</b> | <b>273.95</b> | <b>267.00</b> | <b>380.05</b> | <b>462.30</b> | <b># 279.38</b> |

Facility: The Gulf Coast Center

Period Ending: September 1st, 2003 - November 31st, 2003

| Strategy A.1.2                                     |                |                                  |                      |                |
|--|----------------|----------------------------------|----------------------|----------------|
|  | Inpatient      | Outpatient and Other Programming | Research & Education | Total          |
| <b>EXPENDITURES:</b>                               |                |                                  |                      |                |
| Exempt Salaries                                    | -              | -                                | -                    | -              |
| Employee Benefits                                  | -              | 34,175                           | -                    | 34,175         |
| Debt Service                                       | -              | 12,300                           | -                    | 12,300         |
| Capital Outlay                                     | -              | -                                | -                    | -              |
| Equity Uses/Transfers                              | -              | -                                | -                    | -              |
| Other Operating Expenses                           | 506,436        | 53,525                           | -                    | 559,961        |
| <b>TOTAL DIRECT</b>                                | <b>506,436</b> | <b>100,000</b>                   | <b>-</b>             | <b>606,436</b> |
| <b>ADMINISTRATIVE OVERHEAD</b>                     |                |                                  |                      | -              |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | <b>506,436</b> | <b>100,000</b>                   | <b>-</b>             | <b>606,436</b> |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> | <b>506,436</b> | <b>100,000</b>                   |                      | <b>606,436</b> |
| <b>METHOD OF FINANCE:</b>                          |                |                                  |                      |                |
| General Revenue Allocated - Psychiatric Hospital   | 506,436        | 100,000                          | -                    | 606,436        |
| All Other General Revenue Allocated                |                |                                  |                      | -              |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | <b>506,436</b> | <b>100,000</b>                   | <b>-</b>             | <b>606,436</b> |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               | <b>-</b>       | <b>-</b>                         | <b>-</b>             | <b>-</b>       |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   | <b>-</b>       | <b>-</b>                         | <b>-</b>             | <b>-</b>       |
| <b>TOTAL LOCAL FUNDS</b>                           | <b>-</b>       | <b>-</b>                         | <b>-</b>             | <b>-</b>       |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               | <b>506,436</b> | <b>100,000</b>                   | <b>-</b>             | <b>606,436</b> |

Outpatient & Other Programming Number Served

|     |
|-----|
| 242 |
|-----|

Avg. Outpatient & Other Programming Cost/Person Served

|           |
|-----------|
| \$ 413.22 |
|-----------|

Total Occupied Bed Days

| Quarter | Year to Date |
|---------|--------------|
| n/a     | 1,764        |

Average Daily Census (Total Bed Days / Number of Days in Period)

|     |     |
|-----|-----|
| n/a | 97% |
|-----|-----|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|     |           |
|-----|-----------|
| n/a | \$ 287.10 |
|-----|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
(Total General Revenue MH/Total Actual Bed Days)

|     |           |
|-----|-----------|
| n/a | \$ 287.10 |
|-----|-----------|

| fy04 1st Quarter       | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 20            | 91                    | 1,764                           | 19.38                                | 97%   | 242                     | 7.29                           |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | 20            | 91                    | 1,764                           | 19.38                                | 97%   | 242                     | 7.29                           |

|  |               |   |               |
|--|---------------|---|---------------|
| Seclusion/Restraint rate per 1000 bed-days | not available | Number of consumers discharged less than 72 hours after admission | not available |
| Patient Injury rate per 1000 bed-days      | not available | Readmits < 30 days  | not available |

| Facility: The Gulf Coast Center   | Period Ending: September 1st, 2003 - February 29th, 2004 (Preliminary) |                                  |                      |           |
|-----------------------------------|--|----------------------------------|----------------------|-----------|
| Strategy A.1.2                    |  |                                  |                      |           |
|                                   | Inpatient  | Outpatient and Other Programming | Research & Education | Total     |
| <b>EXPENDITURES:</b>              |  |                                  |                      |           |
| Exempt Salaries                   | -  | -                                | -                    | -         |
| Employee Benefits                 | -  | 68,340                           | -                    | 68,340    |
| Debt Service                      | -  | 24,600                           | -                    | 24,600    |
| Capital Outlay                    | -  | -                                | -                    | -         |
| Equity Uses/Transfers             | -  | -                                | -                    | -         |
| Other Operating Expenses          | 1,012,448  | 107,060                          | -                    | 1,119,508 |
| <b>TOTAL DIRECT</b>               | 1,012,448  | 200,000                          | -                    | 1,212,448 |
| <b>ADMINISTRATIVE OVERHEAD</b>    |  |                                  |                      | -         |
| <b>GRAND TOTAL - EXPENDITURES</b> | 1,012,448  | 200,000                          | -                    | 1,212,448 |

|  |           |         |  |           |
|--|-----------|---------|--|-----------|
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> | 1,012,448 | 200,000 |  | 1,212,448 |
|--|-----------|---------|--|-----------|

| <b>METHOD OF FINANCE:</b>                        |           |         |   |           |
|--|-----------|---------|---|-----------|
| General Revenue Allocated - Psychiatric Hospital | 1,012,448 | 200,000 | - | 1,212,448 |
| All Other General Revenue Allocated              |           |         |   | -         |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>           | 1,012,448 | 200,000 | - | 1,212,448 |

|                                      |   |   |   |   |
|--------------------------------------|---|---|---|---|
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b> | - | - | - | - |
|--------------------------------------|---|---|---|---|

|                                  |   |   |   |   |
|----------------------------------|---|---|---|---|
| <b>TOTAL OTHER FEDERAL FUNDS</b> | - | - | - | - |
|----------------------------------|---|---|---|---|

|                          |   |   |   |   |
|--------------------------|---|---|---|---|
| <b>TOTAL LOCAL FUNDS</b> | - | - | - | - |
|--------------------------|---|---|---|---|

|                                      |           |         |   |           |
|--------------------------------------|-----------|---------|---|-----------|
| <b>GRAND TOTAL METHOD OF FINANCE</b> | 1,012,448 | 200,000 | - | 1,212,448 |
|--------------------------------------|-----------|---------|---|-----------|

Outpatient & Other Programming Number Served

|     |
|-----|
| 461 |
|-----|

Avg. Outpatient & Other Programming Cost/Person Served

|           |
|-----------|
| \$ 433.84 |
|-----------|

| Quarter | Year to Date |
|---------|--------------|
|---------|--------------|

Total Occupied Bed Days

|       |       |
|-------|-------|
| 1,600 | 3,364 |
|-------|-------|

Average Daily Census (Total Bed Days / Number of Days in Period)

|     |     |
|-----|-----|
| 88% | 92% |
|-----|-----|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 316.26 | \$ 300.97 |
|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only

|           |           |
|-----------|-----------|
| \$ 316.26 | \$ 300.97 |
|-----------|-----------|

(Total General Revenue MH/Total Actual Bed Days)

| Facility: The Gulf Coast Center        |         |                |                          | Period Ending: September 1st, 2003 - February 29th, 2004 (Preliminary) |   |                  |                                |
|--|---------|----------------|--------------------------|--|---|------------------|--------------------------------|
| fy04 Year to Date: through 2nd Quarter | 1       | 2              | 3                        | 4  | 5   | 6                | 7                              |
| Inpatient Beds                         | # Beds  | Days in Period | Actual Occupied Bed Days | Average Monthly Occupied Beds  | Occupancy Rate                                | Total Admissions | Average Length of Stay         |
| Calculation Method                     | (Count) |                | (Count)                  | (Column 3 Divided by Column 2)   | Column 3 divided by (Column 1 times Column 2) | (Count)          | (Column 3 divided by Column 6) |
| Adult                                  | 20      | 182            | 3,364                    | 18.48  | 92%   | 461              | 7.30                           |
| Geriatric                              |         |                |                          |  |   |                  |                                |
| Child/Adolescent                       |         |                |                          |  |   |                  |                                |
| Other                                  |         |                |                          |  |   |                  |                                |
| <b>Combined Totals</b>                 | 20      | 182            | 3,364                    | 18.48  | 92%   | 461              | 7.30                           |

|  |               |   |               |
|--|---------------|---|---------------|
| Seclusion/Restraint rate per 1000 bed-days | not available | Number of consumers discharged less than 72 hours after admission | not available |
| Patient Injury rate per 1000 bed-days      | not available | Readmits < 30 days  | not available |

| Facility: The Gulf Coast Center                    |           | Period Ending: September 1st, 2003 - May 31st, 2004 (Preliminary) |                      |           |  |
|--|-----------|---|----------------------|-----------|--|
| Strategy A.1.2                                     |           |   |                      |           |  |
|  | Inpatient | Outpatient and Other Programming                                  | Research & Education | Total     |  |
| <b>EXPENDITURES:</b>                               |           |   |                      |           |  |
| Exempt Salaries                                    | -         | -   | -                    | -         |  |
| Employee Benefits                                  | -         | 102,510   | -                    | 102,510   |  |
| Debt Service                                       | -         | 36,900  | -                    | 36,900    |  |
| Capital Outlay                                     | -         | -   | -                    | -         |  |
| Equity Uses/Transfers                              | -         | -   | -                    | -         |  |
| Other Operating Expenses                           | 1,518,672 | 160,590   | -                    | 1,679,262 |  |
| <b>TOTAL DIRECT</b>                                | 1,518,672 | 300,000   | -                    | 1,818,672 |  |
| <b>ADMINISTRATIVE OVERHEAD</b>                     |           |   |                      | -         |  |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | 1,518,672 | 300,000   | -                    | 1,818,672 |  |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> | 1,518,672 | 300,000   |                      | 1,818,672 |  |
| <b>METHOD OF FINANCE:</b>                          |           |   |                      |           |  |
| General Revenue Allocated - Psychiatric Hospital   | 1,518,672 | 300,000   | -                    | 1,818,672 |  |
| All Other General Revenue Allocated                |           |   |                      | -         |  |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | 1,518,672 | 300,000   | -                    | 1,818,672 |  |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               | -         | -   | -                    | -         |  |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   | -         | -   | -                    | -         |  |
| <b>TOTAL LOCAL FUNDS</b>                           | -         | -   | -                    | -         |  |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               | 1,518,672 | 300,000   | -                    | 1,818,672 |  |

Outpatient & Other Programming Number Served  
 Avg. Outpatient & Other Programming Cost/Person Served

|           |
|-----------|
| 783       |
| \$ 383.14 |

Total Occupied Bed Days

| Quarter | Year to Date |
|---------|--------------|
| 1,661   | 5,025        |

Average Daily Census (Total Bed Days / Number of Days in Period)

|     |     |
|-----|-----|
| 90% | 92% |
|-----|-----|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 304.77 | \$ 302.22 |
|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
 (Total General Revenue MH/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 304.77 | \$ 302.22 |
|-----------|-----------|



| Facility: The Gulf Coast Center        |         |                |                          | Period Ending: September 1st, 2003 - February 29th, 2004 (Preliminary) |   |                  |                                |
|--|---------|----------------|--------------------------|--|---|------------------|--------------------------------|
| fy04 Year to Date: through 3rd Quarter | 1       | 2              | 3                        | 4  | 5   | 6                | 7                              |
| Inpatient Beds                         | # Beds  | Days in Period | Actual Occupied Bed Days | Average Monthly Occupied Beds  | Occupancy Rate                                | Total Admissions | Average Length of Stay         |
| Calculation Method                     | (Count) |                | (Count)                  | (Column 3 Divided by Column 2)   | Column 3 divided by (Column 1 times Column 2) | (Count)          | (Column 3 divided by Column 6) |
| Adult                                  | 20      | 274            | 5,025                    | 18.34  | 92%   | 783              | 6.42                           |
| Geriatric                              |         |                |                          |  |   |                  |                                |
| Child/Adolescent                       |         |                |                          |  |   |                  |                                |
| Other                                  |         |                |                          |  |   |                  |                                |
| <b>Combined Totals</b>                 | 20      | 274            | 5,025                    | 18.34  | 92%   | 783              | 6.42                           |

|  |               |   |               |
|--|---------------|---|---------------|
| Seclusion/Restraint rate per 1000 bed-days | not available | Number of consumers discharged less than 72 hours after admission | not available |
| Patient Injury rate per 1000 bed-days      | not available | Readmits < 30 days  | not available |

| Facility: The Gulf Coast Center                    |           | Period Ending: September 1st, 2003 - August 31st, 2004 (Preliminary) |                      |           |  |
|--|-----------|--|----------------------|-----------|--|
| Strategy A.1.2                                     |           |  |                      |           |  |
|  | Inpatient | Outpatient and Other Programming                                     | Research & Education | Total     |  |
| <b>EXPENDITURES:</b>                               |           |  |                      |           |  |
| Exempt Salaries                                    | -         | -  | -                    | -         |  |
| Employee Benefits                                  | -         | 102,510  | -                    | 102,510   |  |
| Debt Service                                       | -         | 36,900   | -                    | 36,900    |  |
| Capital Outlay                                     | -         | -  | -                    | -         |  |
| Equity Uses/Transfers                              | -         | -  | -                    | -         |  |
| Other Operating Expenses                           | 2,024,900 | 260,590  | -                    | 2,285,490 |  |
| <b>TOTAL DIRECT</b>                                | 2,024,900 | 400,000  | -                    | 2,424,900 |  |
| <b>ADMINISTRATIVE OVERHEAD</b>                     |           |  |                      | -         |  |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | 2,024,900 | 400,000  | -                    | 2,424,900 |  |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> | 2,024,900 | 400,000  |                      | 2,424,900 |  |
| <b>METHOD OF FINANCE:</b>                          |           |  |                      |           |  |
| General Revenue Allocated - Psychiatric Hospital   | 2,024,900 | 400,000  | -                    | 2,424,900 |  |
| All Other General Revenue Allocated                |           |  |                      | -         |  |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | 2,024,900 | 400,000  | -                    | 2,424,900 |  |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               | -         | -  | -                    | -         |  |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   | -         | -  | -                    | -         |  |
| <b>TOTAL LOCAL FUNDS</b>                           | -         | -  | -                    | -         |  |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               | 2,024,900 | 400,000  | -                    | 2,424,900 |  |

|   |                |                     |
|---|----------------|---------------------|
| Outpatient & Other Programming Number Served  | 834            |                     |
| Avg. Outpatient & Other Programming Cost/Person Served  | \$ 479.62      |                     |
|   | <b>Quarter</b> | <b>Year to Date</b> |
| Total Occupied Bed Days   | 1,675          | 6,700               |
| Average Daily Census (Total Bed Days / Number of Days in Period)  | 91%            | 92%                 |
| Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)   | \$ 302.23      | \$ 302.22           |
| Inpatient Cost per Bed Day for Allocated General Revenue Only<br>(Total General Revenue MH/Total Actual Bed Days) | \$ 302.23      | \$ 302.22           |

| Facility: The Gulf Coast Center             |         |                |                          | Period Ending: September 1st, 2003 - February 29th, 2004 (Preliminary) |   |                  |                                |
|---|---------|----------------|--------------------------|--|---|------------------|--------------------------------|
| fy04 Year to Date: through 4th qtr (Prelim) | 1       | 2              | 3                        | 4  | 5   | 6                | 7                              |
| Inpatient Beds                              | # Beds  | Days in Period | Actual Occupied Bed Days | Average Monthly Occupied Beds  | Occupancy Rate                                | Total Admissions | Average Length of Stay         |
| Calculation Method                          | (Count) |                | (Count)                  | (Column 3 Divided by Column 2)   | Column 3 divided by (Column 1 times Column 2) | (Count)          | (Column 3 divided by Column 6) |
| Adult                                       | 20      | 366            | 6,700                    | 18.31  | 92%   | 834              | 8.03                           |
| Geriatric                                   |         |                |                          |  |   |                  |                                |
| Child/Adolescent                            |         |                |                          |  |   |                  |                                |
| Other                                       |         |                |                          |  |   |                  |                                |
| <b>Combined Totals</b>                      | 20      | 366            | 6,700                    | 18.31  | 92%   | 834              | 8.03                           |

|  |               |   |               |
|--|---------------|---|---------------|
| Seclusion/Restraint rate per 1000 bed-days | not available | Number of consumers discharged less than 72 hours after admission | not available |
| Patient Injury rate per 1000 bed-days      | not available | Readmits < 30 days  | not available |

Facility: The Gulf Coast Center

Period Ending: September 1st, 2003-August 31st, 2004

| Strategy A.1.2                                   |           |                                  |                      |           |
|--|-----------|----------------------------------|----------------------|-----------|
|  | Inpatient | Outpatient and Other Programming | Research & Education | Total     |
| <b>EXPENDITURES:</b>                             |           |                                  |                      |           |
| Exempt Salaries                                  | -         | 136,680                          | -                    | 136,680   |
| Employee Benefits                                | -         | 49,774                           | -                    | 49,774    |
| Debt Service                                     | -         | -                                | -                    | -         |
| Capital Outlay                                   | -         | -                                | -                    | -         |
| Equity Uses/Transfers                            | -         | -                                | -                    | -         |
| Other Operating Expenses                         | 2,024,900 | 213,546                          | -                    | 2,238,446 |
| <b>TOTAL DIRECT</b>                              | 2,024,900 | 400,000                          | -                    | 2,424,900 |
| <b>ADMINISTRATIVE OVERHEAD</b>                   |           |                                  |                      | -         |
| <b>GRAND TOTAL - EXPENDITURES</b>                | 2,024,900 | 400,000                          | -                    | 2,424,900 |
| <b>WITH MHMR GENERAL REVENUE</b>                 | 2,024,900 | 400,000                          |                      | 2,424,900 |
| <b>METHOD OF FINANCE:</b>                        |           |                                  |                      |           |
| General Revenue Allocated - Psychiatric Hospital | 2024900   | 400000                           | 0                    | 2424900   |
| All Other General Revenue Allocated              |           |                                  |                      | 0         |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>           | 2024900   | 400000                           | 0                    | 2424900   |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>             | 0         | 0                                | 0                    | 0         |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                 | 0         | 0                                | 0                    | 0         |
| <b>TOTAL LOCAL FUNDS</b>                         | 0         | 0                                | 0                    | 0         |
| <b>GRAND TOTAL METHOD OF FINANCE</b>             | 2024900   | 400000                           | 0                    | 2424900   |

Outpatient & Other Programming Number Served

Avg. Outpatient & Other Programming Cost/Person Served

Total Occupied Bed Days

Average Daily Census (Total Bed Days / Number of Days in Period)

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

Inpatient Cost per Bed Day for Allocated General Revenue Only

(Total General Revenue MH/Total Actual Bed Days)

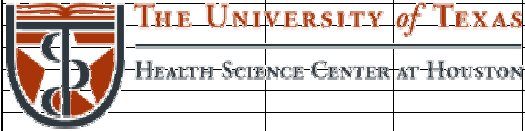
|                |                     |
|----------------|---------------------|
|                | 825                 |
| \$             | 484.85              |
| <b>Quarter</b> | <b>Year to Date</b> |
| n/a            | 6,570               |
| n/a            | 90%                 |
| n/a            | \$ 308.20           |
| n/a            | \$ 308.20           |

|                        | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 20            | 365                   | 6,570                           | 18.00                                | 90%   | 825                     | 7.96                           |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | <b>20</b>     | <b>365</b>            | <b>6,570</b>                    | <b>18.00</b>                         | <b>90%</b>                                    | <b>825</b>              | <b>7.96</b>                    |

|  |               |   |               |
|--|---------------|---|---------------|
| Seclusion/Restraint rate per 1000 bed-days | not available | Number of consumers discharged less than 72 hours after admission | not available |
| Patient Injury rate per 1000 bed-days      | not available | Readmits < 30 days  | not available |

**APPENDIX IIIB**

**FY 04 HARRIS COUNTY PSYCHIATRIC CENTER  
MHMRA OF HARRIS COUNTY**



Harris County Psychiatric Center

Selected Expense Items FY 2004

| Expenses                       | Sep-03              | Oct-03              | Nov-03              | Dec-03              | Jan-04              | Feb-04              | Mar-04              | Apr-04              | May-04              | Jun-04              | Jul-04              | Aug-04              | YTD Totals           | YTD Total Cost/Bed Day |
|--------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|------------------------|
| Faculty Salaries               | 238,301.10          | 242,946.91          | 242,953.71          | 234,620.22          | 226,483.16          | 274,175.40          | 231,613.61          | 241,148.16          | 230,664.99          | 256,638.16          | 232,431.93          | 235,191.87          | 2,887,169.22         |                        |
| Classified, Hourly, Other      | 1,215,012.85        | 1,175,611.89        | 1,176,323.23        | 1,222,585.81        | 1,200,333.95        | 1,210,617.41        | 1,170,926.39        | 1,181,737.95        | 1,223,079.79        | 1,245,415.73        | 1,221,583.43        | 1,232,940.64        | 14,476,169.07        | 239.44                 |
| Benefits                       | 323,066.82          | 187,285.21          | 187,780.71          | 198,051.64          | 143,997.26          | 200,550.10          | 180,494.81          | 101,421.70          | 281,920.34          | 202,628.12          | 190,961.54          | 1,599,190.78        | 3,797,349.03         | 62.81                  |
| Professional Services          | 65,664.19           | 32,848.48           | 57,371.24           | 52,543.25           | 75,550.21           | 36,133.23           | 43,970.98           | 34,052.42           | 28,035.16           | 28,348.66           | 64,555.00           | 54,306.50           | 573,379.32           | 9.48                   |
| Food                           | 106,225.19          | 70,648.76           | 50,620.54           | 102,812.62          | 60,977.96           | 102,578.97          | 109,027.15          | 110,765.02          | 111,996.52          | 105,026.64          | 102,270.11          | 68,973.89           | 1,101,923.37         | 18.23                  |
| Drugs                          | 81,803.61           | 58,998.83           | 161,364.01          | 23,126.76           | 179,338.35          | 89,336.26           | 87,476.08           | 92,489.63           | 97,756.54           | 83,033.81           | 84,671.33           | 110,540.62          | 1,149,935.83         | 19.02                  |
| Medical/Hospital Supplies      | 38,544.28           | 59,378.99           | 17,426.20           | 18,052.62           | 96,343.51           | 63,959.77           | 74,865.65           | 83,919.20           | 74,496.12           | 69,744.47           | 78,625.57           | (26,974.44)         | 648,381.94           | 10.72                  |
| Supplies - Other               | 4,255.76            | 7,107.41            | 1,318.47            | 41,437.14           | 6,496.88            | 9,134.29            | 17,084.06           | 8,391.51            | 8,226.88            | 9,654.61            | 14,912.24           | (29,280.94)         | 98,738.31            | 1.63                   |
| Fees & Premiums                | 23,386.00           | 39,151.65           | 1,979.20            | 3,685.89            | 7,054.54            | 4,358.64            | 1,866.88            | 7,129.73            | 8,221.26            | 28,652.08           | 2,063.27            | 4,253.77            | 131,802.91           | 2.18                   |
| Maintenance Supplies & Repairs | 19,958.18           | 45,923.16           | 59,976.41           | 30,192.20           | 23,534.27           | 31,546.65           | 55,756.81           | 29,970.27           | 27,385.26           | 22,119.14           | 89,675.41           | 70,356.30           | 506,394.06           | 8.38                   |
| Travel                         | -                   | 3,718.85            | 1,539.11            | 9,573.86            | 708.18              | 1,218.91            | 292.78              | -                   | -                   | -                   | -                   | 972.50              | 18,024.19            | 0.30                   |
| Utilities                      | 27,962.46           | 27,716.17           | 39,696.83           | 30,327.30           | 3,764.69            | 60,978.72           | 13,518.85           | 31,670.16           | 29,487.14           | 33,043.20           | 32,087.73           | 28,933.30           | 359,186.55           | 5.94                   |
| Telecommunications             | -                   | 891.12              | 20,908.32           | 26,871.04           | 80.27               | 21,267.34           | 5,525.66            | 18,609.78           | 19,485.80           | 9,922.09            | 23,255.99           | 15,760.81           | 162,578.22           | 2.69                   |
| Rental and Leasing             | -                   | -                   | 1,621.44            | 810.72              | 810.72              | 1,814.52            | 1,621.44            | 1,714.07            | 1,833.94            | 810.72              | 1,626.72            | 11,400.00           | 24,064.29            | 0.40                   |
| Purchased/Contracted Services  | 143,375.25          | 195,747.03          | 143,550.81          | 193,680.72          | 197,441.62          | 153,239.04          | 124,933.19          | 274,396.87          | 129,108.67          | 200,442.56          | 117,789.54          | 273,822.59          | 2,147,527.89         | 35.52                  |
| Other Expenses                 | 273.18              | 4,303.97            | 4,208.51            | 8,308.99            | 14,674.03           | 15,356.40           | 7,757.31            | 10,757.56           | 8,593.27            | 6,962.71            | 11,910.36           | 2,261.63            | 95,367.92            | 1.58                   |
| Pers Prop/Depreciation         | 38,143.60           | 37,892.21           | 37,020.21           | 36,282.12           | 39,455.30           | 39,303.98           | 40,360.47           | 39,870.20           | 40,474.28           | 41,153.35           | 42,100.53           | 42,164.36           | 474,220.61           | 7.84                   |
| Security Services              | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 857,673.00           | 14.19                  |
| Administrative Costs           | 112,405.94          | 112,405.94          | 112,405.94          | 112,405.94          | 114,056.66          | 115,707.38          | 115,687.37          | 115,707.36          | 115,790.70          | 115,874.04          | 116,460.48          | 116,816.28          | 1,375,724.03         | 22.76                  |
| <b>TOTALS</b>                  | <b>2,271,550.06</b> | <b>2,131,102.42</b> | <b>2,146,583.93</b> | <b>2,182,221.37</b> | <b>2,236,091.15</b> | <b>2,228,574.36</b> | <b>2,122,638.63</b> | <b>2,214,076.18</b> | <b>2,277,364.42</b> | <b>2,274,304.68</b> | <b>2,266,022.00</b> | <b>3,647,911.34</b> | <b>27,998,440.54</b> | <b>463.11</b>          |
| Total Bed Days                 | 5,052               | 5,259               | 4,845               | 4,729               | 5,107               | 4,698               | 4,976               | 5,094               | 5,302               | 4,993               | 5,239               | 5,164               | 60,458               |                        |
| <b>COSTS/BED DAY</b>           | <b>449.63</b>       | <b>405.23</b>       | <b>443.05</b>       | <b>461.46</b>       | <b>437.85</b>       | <b>474.37</b>       | <b>426.58</b>       | <b>434.64</b>       | <b>429.53</b>       | <b>455.50</b>       | <b>432.53</b>       | <b>706.41</b>       | <b>463.11</b>        |                        |

| Facility: MHMRA of Harris County  |  | Period Ending: 30 Novemeber 2003 |                                  |                     |
|---|--|----------------------------------|----------------------------------|---------------------|
|   |  | A .1.3                           | A.1.1                            |                     |
|   |  | Inpatient                        | Outpatient and Other Programming | Total               |
| <b>EXPENDITURES:</b>  |  |                                  |                                  |                     |
|   | Exempt Salaries                                  |                                  |                                  | 0                   |
|   | Employee Benefits                                |                                  |                                  | 0                   |
|   | Debt Service                                     |                                  |                                  | 0                   |
|   | Capital Outlay                                   |                                  |                                  | 0                   |
|   | Equity Uses/Transfers                            |                                  |                                  | 0                   |
|   | Other Operating Expenses                         |                                  |                                  | 0                   |
|   | <b>TOTAL DIRECT</b>                              | 0                                | 0                                | 0                   |
|   | <b>ADMINISTRATIVE OVERHEAD</b>                   |                                  |                                  | 0                   |
|   | <b>GRAND TOTAL - EXPENDITURES</b>                | 4,951,498                        | 0                                | 4,951,498           |
| <b>EXPENDITURES PAID WITH MHR GENERAL REVENUE</b>   |  |                                  |                                  | 0                   |
| <b>METHOD OF FINANCE:</b>   |  |                                  |                                  |                     |
|   | General Revenue Allocated - Psychiatric Hospital |                                  |                                  |                     |
|   | All Other General Revenue Allocated              |                                  |                                  | 0                   |
|   | <b>TOTAL GENERAL REVENUE ALLOCATED</b>           | 3,944,925                        | 0                                | 3,944,925           |
|   | <b>TOTAL ALLOCATED FEDERAL FUNDS</b>             |                                  |                                  | 0                   |
|   | <b>TOTAL OTHER FEDERAL FUNDS</b>                 |                                  |                                  | 0                   |
|   | <b>TOTAL LOCAL FUNDS</b>                         | 1,006,573                        |                                  | 1,006,573           |
|   | <b>GRAND TOTAL METHOD OF FINANCE</b>             | 4,951,498                        | 0                                | 4,951,498           |
| Outpatient & Other Programming Number Served  |  |                                  |                                  |                     |
| Avg. Outpatient & Other Programming Cost/Person Served  |  |                                  |                                  |                     |
|   |  |                                  |                                  | <b>Year to Date</b> |
| Total Occupied Bed Days   |  |                                  | 12,241                           | 12241               |
| Average Daily Census (Total Bed Days / Number of Days in Period)  |  |                                  | 134.52                           | 134.52              |
| Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)   |  |                                  | 404.50                           | 404.50              |
| Inpatient Cost per Bed Day for Allocated General Revenue Only<br>(Total General Revenue MH/Total Actual Bed Days) |  |                                  | 322.27                           | 322.27              |



|   | 1             | 2                     | 3   | 4                                    | 5   | 6                       | 7                              |
|---|---------------|-----------------------|---|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>   | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b>                                   | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method  | (Count)       |                       | (Count)   | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult   | 124           | 91                    | 11,370  | 124.95                               | 101%  | 1090                    | 10.43                          |
| Geriatric   |               | 91                    | 0   | 0.00                                 |   | 0                       |                                |
| Child/Adolescent  | 14            | 91                    | 871   | 9.57                                 | 68%   | 113                     | 7.71                           |
| Other   | 5             | 91                    | 0   | 0.00                                 | 0%  | 0                       |                                |
| <b>Combined Totals</b>  | 143           | 91                    | 12,241  | 134.52                               | 94%   | 1203                    | 10.18                          |
| Seclusion/Restraint rate per 1000 bed-days  |               | 2.45                  | Number of consumers discharged less than 72 hours after admission |                                      |   |                         | 134                            |
| Patient Injury rate per 1000 bed-days   |               | 1.39                  | Readmits < 30 days  |                                      |   |                         | 148                            |
| <p>The 143 beds under the contract between HCPC and MHMRA of Harris County are allocated as follows:<br/> Child/Adolescent - 8 to 14 beds per day<br/> MR/MI Dual Diagnosis -- 2 to 5 beds per day<br/> Adult - 124 to 133 beds per day depending on the usage in the two categories above.<br/> For the purposes of this worksheet, maximum numbers have been used for Child/Adolescent and MR/MI.</p> |               |                       |   |                                      |   |                         |                                |

| Facility: MHMRA of Harris County  |  | Period Ending: | 29-Feb-04                        |           |
|---|--|----------------|----------------------------------|-----------|
|   |  | A .1.3         | A.1.1                            |           |
|   |  | Inpatient      | Outpatient and Other Programming | Total     |
| <b>EXPENDITURES:</b>  |  |                |                                  |           |
|   | Exempt Salaries                                  |                |                                  | 0         |
|   | Employee Benefits                                |                |                                  | 0         |
|   | Debt Service                                     |                |                                  | 0         |
|   | Capital Outlay                                   |                |                                  | 0         |
|   | Equity Uses/Transfers                            |                |                                  | 0         |
|   | Other Operating Expenses                         |                |                                  | 0         |
|   | <b>TOTAL DIRECT</b>                              | 0              | 0                                | 0         |
|   | <b>ADMINISTRATIVE OVERHEAD</b>                   |                |                                  | 0         |
|   | <b>GRAND TOTAL - EXPENDITURES</b>                | 9,903,092      | 0                                | 9,903,092 |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b>  |  |                |                                  | 0         |
| <b>METHOD OF FINANCE:</b>   |  |                |                                  |           |
|   | General Revenue Allocated - Psychiatric Hospital |                |                                  |           |
|   | All Other General Revenue Allocated              |                |                                  | 0         |
|   | <b>TOTAL GENERAL REVENUE ALLOCATED</b>           | 7,889,850      | 0                                | 7,889,850 |
|   | <b>TOTAL ALLOCATED FEDERAL FUNDS</b>             |                |                                  | 0         |
|   | <b>TOTAL OTHER FEDERAL FUNDS</b>                 |                |                                  | 0         |
|   | <b>TOTAL LOCAL FUNDS</b>                         | 2,013,242      |                                  | 2,013,242 |
|   | <b>GRAND TOTAL METHOD OF FINANCE</b>             | 9,903,092      | 0                                | 9,903,092 |
| Outpatient & Other Programming Number Served  |  |                |                                  |           |
| Avg. Outpatient & Other Programming Cost/Person Served  |  |                |                                  |           |
|   |  |                | <b>Year to Date</b>              |           |
| Total Occupied Bed Days   |  |                | 11,597                           | 23,838    |
| Average Daily Census (Total Bed Days / Number of Days in Period)  |  |                | 127.44                           | 130.98    |
| Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)   |  |                | 426.97                           | 415.43    |
| Inpatient Cost per Bed Day for Allocated General Revenue Only<br>(Total General Revenue MH/Total Actual Bed Days) |  |                | 340.17                           | 330.98    |

|   | 1             | 2                     | 3   | 4                                    | 5   | 6                       | 7                              |  |  |                 |
|---|---------------|-----------------------|---|--------------------------------------|---|-------------------------|--------------------------------|--|--|-----------------|
| <b>Inpatient Beds</b>   | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b>                                   | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |  |  |                 |
| Calculation Method  | (Count)       |                       | (Count)   | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |  |  |                 |
| Adult   | 124           | 91                    | 10,832  | 119.03                               | 96%   | 1060                    | 10.22                          |  |  |                 |
| Geriatric   |               | 91                    | 0   | 0.00                                 |   | 0                       |                                |  |  |                 |
| Child/Adolescent  | 14            | 91                    | 765   | 8.41                                 | 60%   | 99                      | 7.73                           |  |  | 12/1/2003       |
| Other   | 5             | 91                    | 0   | 0.00                                 | 0%  | 0                       |                                |  |  | 2/29/2004 90.00 |
| <b>Combined Totals</b>  | <b>143</b>    | <b>91</b>             | <b>11,597</b>   | <b>127.44</b>                        | <b>89%</b>                                    | <b>1159</b>             | <b>10.01</b>                   |  |  |                 |
|   |               |                       |   |                                      |   |                         |                                |  |  |                 |
| Seclusion/Restraint rate per 1000 bed-days  |               | 5.43                  | Number of consumers discharged less than 72 hours after admission |                                      |   |                         | 124                            |  |  |                 |
| Patient Injury rate per 1000 bed-days   |               | 1.47                  | Readmits < 30 days  |                                      |   |                         | 114                            |  |  |                 |
|   |               |                       |   |                                      |   |                         |                                |  |  |                 |
| <p>The 143 beds under the contract between HCPC and MHMRA of Harris County are allocated as follows:<br/> Child/Adolescent - 8 to 14 beds per day<br/> MR/MI Dual Diagnosis -- 2 to 5 beds per day<br/> Adult - 124 to 133 beds per day depending on the usage in the two categories above.<br/> For the purposes of this worksheet, maximum numbers have been used for Child/Adolescent and MR/MI.</p> |               |                       |   |                                      |   |                         |                                |  |  |                 |

| Facility: MHMRA of Harris County |   | Period Ending: | 31-May-04                        |                     |
|----------------------------------|---|----------------|----------------------------------|---------------------|
|                                  |   | A .1.3         | A.1.1                            |                     |
|                                  |   | Inpatient      | Outpatient and Other Programming | Total               |
| <b>EXPENDITURES:</b>             |   |                |                                  |                     |
|                                  | Exempt Salaries   |                |                                  | 0                   |
|                                  | Employee Benefits   |                |                                  | 0                   |
|                                  | Debt Service  |                |                                  | 0                   |
|                                  | Capital Outlay  |                |                                  | 0                   |
|                                  | Equity Uses/Transfers   |                |                                  | 0                   |
|                                  | Other Operating Expenses  |                |                                  | 0                   |
|                                  | <b>TOTAL DIRECT</b>   | 0              | 0                                | 0                   |
|                                  | <b>ADMINISTRATIVE OVERHEAD</b>  |                |                                  | 0                   |
|                                  | <b>GRAND TOTAL - EXPENDITURES</b>   | 14,854,687     | 0                                | 14,854,687          |
|                                  | <b>EXPENDITURES PAID WITH MHR GENERAL REVENUE</b>   |                |                                  | 0                   |
| <b>METHOD OF FINANCE:</b>        |   |                |                                  |                     |
|                                  | General Revenue Allocated - Psychiatric Hospital  |                |                                  |                     |
|                                  | All Other General Revenue Allocated   |                |                                  | 0                   |
|                                  | <b>TOTAL GENERAL REVENUE ALLOCATED</b>  | 11,834,775     | 0                                | 11,834,775          |
|                                  | <b>TOTAL ALLOCATED FEDERAL FUNDS</b>  |                |                                  | 0                   |
|                                  | <b>TOTAL OTHER FEDERAL FUNDS</b>  |                |                                  | 0                   |
|                                  | <b>TOTAL LOCAL FUNDS</b>  | 3,019,912      |                                  | 3,019,912           |
|                                  | <b>GRAND TOTAL METHOD OF FINANCE</b>  | 14,854,687     | 0                                | 14,854,687          |
|                                  | Outpatient & Other Programming Number Served  |                |                                  |                     |
|                                  | Avg. Outpatient & Other Programming Cost/Person Served  |                |                                  |                     |
|                                  |   |                |                                  | <b>Year to Date</b> |
|                                  | Total Occupied Bed Days   |                | 12,281                           | 36,119              |
|                                  | Average Daily Census (Total Bed Days / Number of Days in Period)  |                | 133.49                           | 131.82              |
|                                  | Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)   |                | 403.19                           | 411.27              |
|                                  | Inpatient Cost per Bed Day for Allocated General Revenue Only<br>(Total General Revenue MH/Total Actual Bed Days) |                | 321.22                           | 327.66              |

|   | 1             | 2                     | 3   | 4                                    | 5   | 6                       | 7                              |
|---|---------------|-----------------------|---|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>   | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b>                                   | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method  | (Count)       |                       | (Count)   | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult   | 124           | 92                    | 11,390  | 123.80                               | 100%  | 1057                    | 10.78                          |
| Geriatric   |               | 92                    | 0   | 0.00                                 |   | 0                       |                                |
| Child/Adolescent  | 14            | 92                    | 891   | 9.68                                 | 69%   | 97                      | 9.19                           |
| Other   | 5             | 92                    | 0   | 0.00                                 | 0%  | 0                       |                                |
| <b>Combined Totals</b>  | <b>143</b>    | <b>92</b>             | <b>12,281</b>   | <b>133.49</b>                        | <b>93%</b>                                    | <b>1154</b>             | <b>10.64</b>                   |
|   |               |                       |   |                                      |   |                         |                                |
| Seclusion/Restraint rate per 1000 bed-days  |               | 5.78                  | Number of consumers discharged less than 72 hours after admission |                                      |   |                         | 130                            |
| Patient Injury rate per 1000 bed-days   |               | 0.49                  | Readmits < 30 days  |                                      |   |                         | 137                            |
| <p>The 143 beds under the contract between HCPC and MHMRA of Harris County are allocated as follows:<br/> Child/Adolescent - 8 to 14 beds per day<br/> MR/MI Dual Diagnosis -- 2 to 5 beds per day<br/> Adult - 124 to 133 beds per day depending on the usage in the two categories above.<br/> For the purposes of this worksheet, maximum numbers have been used for Child/Adolescent and MR/MI.</p> |               |                       |   |                                      |   |                         |                                |

| Facility: MHMRA of Harris County  |  | Period Ending: | 31-Aug-04                        |                     |
|---|--|----------------|----------------------------------|---------------------|
|   |  | A .1.3         | A.1.1                            |                     |
|   |  | Inpatient      | Outpatient and Other Programming | Total               |
| <b>EXPENDITURES:</b>  |  |                |                                  |                     |
|   | Exempt Salaries                                  |                |                                  | 0                   |
|   | Employee Benefits                                |                |                                  | 0                   |
|   | Debt Service                                     |                |                                  | 0                   |
|   | Capital Outlay                                   |                |                                  | 0                   |
|   | Equity Uses/Transfers                            |                |                                  | 0                   |
|   | Other Operating Expenses                         |                |                                  | 0                   |
|   | <b>TOTAL DIRECT</b>                              | 0              | 0                                | 0                   |
|   | <b>ADMINISTRATIVE OVERHEAD</b>                   |                |                                  | 0                   |
|   | <b>GRAND TOTAL - EXPENDITURES</b>                | 19,806,281     | 0                                | 19,806,281          |
| <b>EXPENDITURES PAID WITH MHR GENERAL REVENUE</b>   |  |                |                                  | 0                   |
| <b>METHOD OF FINANCE:</b>   |  |                |                                  |                     |
|   | General Revenue Allocated - Psychiatric Hospital |                |                                  |                     |
|   | All Other General Revenue Allocated              |                |                                  | 0                   |
|   | <b>TOTAL GENERAL REVENUE ALLOCATED</b>           | 15,779,700     | 0                                | 15,779,700          |
|   | <b>TOTAL ALLOCATED FEDERAL FUNDS</b>             |                |                                  | 0                   |
|   | <b>TOTAL OTHER FEDERAL FUNDS</b>                 |                |                                  | 0                   |
|   | <b>TOTAL LOCAL FUNDS</b>                         | 4,026,581      |                                  | 4,026,581           |
|   | <b>GRAND TOTAL METHOD OF FINANCE</b>             | 19,806,281     | 0                                | 19,806,281          |
| Outpatient & Other Programming Number Served  |  |                |                                  |                     |
| Avg. Outpatient & Other Programming Cost/Person Served  |  |                |                                  |                     |
|   |  |                |                                  | <b>Year to Date</b> |
| Total Occupied Bed Days   |  |                | 12,732                           | 48,851              |
| Average Daily Census (Total Bed Days / Number of Days in Period)  |  |                | 138.39                           | 133.47              |
| Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)   |  |                | 388.91                           | 405.44              |
| Inpatient Cost per Bed Day for Allocated General Revenue Only<br>(Total General Revenue MH/Total Actual Bed Days) |  |                | 309.84                           | 323.02              |



**THE UNIVERSITY of TEXAS**  
**HEALTH SCIENCE CENTER AT HOUSTON**

Harris County Psychiatric Center

Selected Expense Items FY 2004

| <b>Expenses</b>                | <b>Sep-03</b>       | <b>Oct-03</b>       | <b>Nov-03</b>       | <b>Dec-03</b>       | <b>Jan-04</b>       | <b>Feb-04</b>       | <b>Mar-04</b>       | <b>Apr-04</b>       |
|--------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Faculty Salaries               | 238,301.10          | 242,946.91          | 242,953.71          | 234,620.22          | 226,483.16          | 274,175.40          | 231,613.61          | 241,148.16          |
| Classified, Hourly, Other      | 1,215,012.85        | 1,175,611.89        | 1,176,323.23        | 1,222,585.81        | 1,200,333.95        | 1,210,617.41        | 1,170,926.39        | 1,181,737.95        |
| Benefits                       | 323,066.82          | 187,285.21          | 187,780.71          | 198,051.64          | 143,997.26          | 200,550.10          | 180,494.81          | 101,421.70          |
| Professional Services          | 65,664.19           | 32,848.48           | 57,371.24           | 52,543.25           | 75,550.21           | 36,133.23           | 43,970.98           | 34,052.42           |
| Food                           | 106,225.19          | 70,648.76           | 50,620.54           | 102,812.62          | 60,977.96           | 102,578.97          | 109,027.15          | 110,765.02          |
| Drugs                          | 81,803.61           | 58,998.83           | 161,364.01          | 23,126.76           | 179,338.35          | 89,336.26           | 87,476.08           | 92,489.63           |
| Medical/Hospital Supplies      | 38,544.28           | 59,378.99           | 17,426.20           | 18,052.62           | 96,343.51           | 63,959.77           | 74,865.65           | 83,919.20           |
| Supplies - Other               | 4,255.76            | 7,107.41            | 1,318.47            | 41,437.14           | 6,496.88            | 9,134.29            | 17,084.06           | 8,391.51            |
| Fees & Premiums                | 23,386.00           | 39,151.65           | 1,979.20            | 3,685.89            | 7,054.54            | 4,358.64            | 1,866.88            | 7,129.73            |
| Maintenance Supplies & Repairs | 19,958.18           | 45,923.16           | 59,976.41           | 30,192.20           | 23,534.27           | 31,546.65           | 55,756.81           | 29,970.27           |
| Travel                         | -                   | 3,718.85            | 1,539.11            | 9,573.86            | 708.18              | 1,218.91            | 292.78              | -                   |
| Utilities                      | 27,962.46           | 27,716.17           | 39,696.83           | 30,327.30           | 3,764.69            | 60,978.72           | 13,518.85           | 31,670.16           |
| Telecommunications             | -                   | 891.12              | 20,908.32           | 26,871.04           | 80.27               | 21,267.34           | 5,525.66            | 18,609.78           |
| Rental and Leasing             | -                   | -                   | 1,621.44            | 810.72              | 810.72              | 1,814.52            | 1,621.44            | 1,714.07            |
| Purchased/Contracted Services  | 143,375.25          | 195,747.03          | 143,550.81          | 193,680.72          | 197,441.62          | 153,239.04          | 124,933.19          | 274,396.87          |
| Other Expenses                 | 273.18              | 4,303.97            | 4,208.51            | 8,308.99            | 14,674.03           | 15,356.40           | 7,757.31            | 10,757.56           |
| Pers Prop/Depreciation         | 38,143.60           | 37,892.21           | 37,020.21           | 36,282.12           | 39,455.30           | 39,303.98           | 40,360.47           | 39,870.20           |
| Security Services              | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           | 71,472.75           |
| Administrative Costs           | 112,405.94          | 112,405.94          | 112,405.94          | 112,405.94          | 114,056.66          | 115,707.38          | 115,687.37          | 115,707.36          |
| <b>TOTALS</b>                  | <b>2,271,550.06</b> | <b>2,131,102.42</b> | <b>2,146,583.93</b> | <b>2,182,221.37</b> | <b>2,236,091.15</b> | <b>2,228,574.36</b> | <b>2,122,638.63</b> | <b>2,214,076.18</b> |
| Total Bed Days                 | 5,052               | 5,259               | 4,845               | 4,729               | 5,107               | 4,698               | 4,976               | 5,094               |

**APPENDIX III C**

**FY 04 SUNRISE CANYON HOSPITAL  
LUBBOCK REGIONAL MHMR CENTER**



| Community Hospital Selected Expense Items SFY 2004  |     |                |                |                |                |                |                |                |                |                |                |                |                |                  |                        |
|---|-----|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|------------------------|
| Lubbock Regional MHMR Center-Sunrise Canyon Hospital  |     |                |                |                |                |                |                |                |                |                |                |                |                |                  |                        |
| Expenses  | (1) | Sept.          | Oct.           | Nov.           | Dec.           | Jan.           | Feb.           | March          | April          | May            | June           | July           | Aug.           | YTD              | YTD Total Cost/Bed Day |
| Exempt Salaries   | (2) |                |                |                |                |                |                |                |                |                |                |                |                |                  | -                      |
| Classified, Hourly, Other   |     | 90,245         | 93,148         | 90,593         | 109,019        | 83,458         | 89,447         | 93,196         | 110,044        | 105,345        | 155,507        | 132,323        | 132,081        | 1,284,406        | 165.13                 |
| Benefits  |     | 28,040         | 28,527         | 28,468         | 29,536         | 26,725         | 27,508         | 30,965         | 29,545         | 29,414         | 35,851         | 32,077         | 24,290         | 350,946          | 45.12                  |
| Professional Services   |     | 58,767         | 62,196         | 70,774         | 63,859         | 67,504         | 80,156         | 50,200         | 85,255         | 46,880         | 44,003         | 64,952         | 68,001         | 762,547          | 98.04                  |
| Food  |     | 6,566          | 6,703          | 5,321          | 8,151          | 7,017          | 4,946          | 7,575          | 6,850          | 8,887          | 8,360          | 5,606          | 9,500          | 85,482           | 10.99                  |
| Drugs   |     | 12,101         | 16,466         | 1,135          | 29,425         | 12,142         | 17,927         | 13,842         | 27,350         | 26,306         | 30,083         | 25,276         | 20,764         | 232,817          | 29.93                  |
| Medical/Hospital Supplies   |     | 117            | 393            | 554            | 355            | 1,198          | 256            | 273            | 650            | 537            | 1,034          | 326            | 269            | 5,962            | 0.77                   |
| Supplies - Other  |     | 2,089          | 2,780          | 2,497          | 2,339          | 1,915          | 1,843          | 1,179          | 1,395          | 1,622          | 1,465          | 2,473          | 12,928         | 34,525           | 4.44                   |
| Fees and Premiums   |     |                |                |                |                |                |                |                |                |                |                |                |                | -                | -                      |
| Maintenance Supplies & Repairs  |     | 2,139          | 3,149          | 2,136          | 1,533          | 1,770          | 1,598          | 1,554          | 3,010          | 842            | 2,918          | 915            | 2,754          | 24,318           | 3.13                   |
| Merchandise for Resale  |     |                |                |                |                |                |                |                |                |                |                |                |                | -                | -                      |
| Travel  |     |                |                | 30             | 136            | 1,002          | 1,057          |                | 1,162          | 215            | 43             | 488            | 401            | 4,534            | 0.58                   |
| Utilities   |     |                |                | 90             |                |                |                |                |                |                |                |                |                | 90               | 0.01                   |
| Telephone   | (3) | 285            | 335            | 275            | 292            | 347            | 548            | 618            | 524            | 518            | 634            | 501            | 1,051          | 5,928            | 0.76                   |
| Rental and Leasing  |     | 637            | 867            | 150            | 918            | 1,499          | 579            | 853            | 480            | 663            | 877            | 727            | 872            | 9,122            | 1.17                   |
| Purchased/Contracted Services   |     | 6,551          | 9,739          | 1,679          | 11,823         | 13,296         | 7,302          | 9,083          | 3,998          | 12,961         | 11,480         | 9,516          | 12,150         | 109,580          | 14.09                  |
| Other Expenses  |     | 1,995          | 5,438          | 1,247          | 1,721          | 2,878          | 3,935          | 2,134          | 3,171          | 2,744          | 5,041          | 7,195          | 22,506         | 60,005           | 7.71                   |
| <b>subtotal</b>   |     | <b>209,533</b> | <b>229,742</b> | <b>204,949</b> | <b>259,107</b> | <b>220,752</b> | <b>237,102</b> | <b>211,472</b> | <b>273,434</b> | <b>236,934</b> | <b>297,296</b> | <b>282,375</b> | <b>307,567</b> | <b>2,970,261</b> | <b>381.88</b>          |
| Allocated Share of Building Costs   |     |                |                | 78,492         |                |                | 71,215         |                |                | 65,359         |                |                | 74,500         | 289,566          | 37.23                  |
| Allocated Share of Chief Operating Officer  |     |                |                | 8,607          |                |                | 9,178          |                |                | 11,754         |                |                | 30,259         | 59,798           | 7.69                   |
| Depreciation  | (4) |                |                |                |                |                | 10,311         |                |                |                |                |                | 8,955          | 19,266           | 2.48                   |
| Medical Records Information Security  | (5) |                |                |                |                |                |                |                |                |                |                |                |                | -                | -                      |
| Authority Costs (Give Details)  | (6) |                |                | 43,018         |                |                | 43,440         |                |                | 41,478         |                |                | 49,706         | 177,642          | 22.84                  |
| Administrative Costs  | (6) |                |                | 55,354         |                |                | 62,007         |                |                | 61,877         |                |                | 75,939         | 255,177          | 32.81                  |
| <b>Total</b>  |     | <b>209,533</b> | <b>229,742</b> | <b>390,420</b> | <b>259,107</b> | <b>220,752</b> | <b>433,253</b> | <b>211,472</b> | <b>273,434</b> | <b>417,402</b> | <b>297,296</b> | <b>282,375</b> | <b>546,926</b> | <b>3,771,710</b> | <b>484.92</b>          |
| Total Bed Days  |     | 648            | 842            | 510            | 408            | 648            | 782            | 343            | 678            | 887            | 497            | 680            | 855            | 7,778            |                        |
| <b>Cost/Bed Day</b>   |     | <b>323</b>     | <b>273</b>     | <b>766</b>     | <b>635</b>     | <b>341</b>     | <b>554</b>     | <b>617</b>     | <b>403</b>     | <b>471</b>     | <b>598</b>     | <b>415</b>     | <b>640</b>     | <b>485</b>       |                        |
| <p>(1) Expenses do not tie exactly to final FY04 Report III as external audit was not finalized until after the report was due to the state in late December 2004.</p> <p>(2) Exempt salaries are not captured separately from other salary categories.</p> <p>(3) Telephone costs include only mobile phones, paging and advertising. Other phone expense is included in the building allocation.</p> <p>(4) Depreciation expense is not recorded on Report III. In order to show applicable depreciation expense here, information from the corresponding semi-annual Cost Accounting Methodology (CAM) reports was used and is reflective of the hospital only.</p> <p>(5) Hospital charts are maintained by the unit clerk. The applicable expense is included in various other expense line items.</p> <p>(6) Report III does not allocate authority and administrative costs directly to the hospital strategy, as it does to the other strategies. In order to reflect the hospital's share of these costs, an allocation is made based upon the ration between the hospital costs to total costs receiving an overhead allocation. The amount determined to apply to the hospital is reported in the hospital strategy with the other direct costs.</p> |     |                |                |                |                |                |                |                |                |                |                |                |                |                  |                        |

# COMMUNITY HOSPITAL FINANCIAL REPORT

Facility: Lubbock Regional MHMR Center

Period Ending: FY 2004 1st Quarter

| Strategy A.1.3                                     |           |                                  |                      |        |
|--|-----------|----------------------------------|----------------------|--------|
|  | Inpatient | Outpatient and Other Programming | Research & Education | Total  |
| <b>EXPENDITURES:</b>                               |           |                                  |                      |        |
| Exempt Salaries                                    | 291331    |                                  |                      | 291331 |
| Employee Benefits                                  | 90519     |                                  |                      | 90519  |
| Debt Service                                       | 29        |                                  |                      | 29     |
| Capital Outlay                                     | 21        |                                  |                      | 21     |
| Equity Uses/Transfers                              |           |                                  |                      | 0      |
| Other Operating Expenses                           | 331091    |                                  |                      | 331091 |
| <b>TOTAL DIRECT</b>                                | 712991    | 0                                | 0                    | 712991 |
| <b>ADMINISTRATIVE OVERHEAD</b>                     | 98372     |                                  |                      | 98372  |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | 811363    | 0                                | 0                    | 811363 |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> |           |                                  |                      | 0      |
| <b>METHOD OF FINANCE:</b>                          |           |                                  |                      |        |
| General Revenue Allocated - Psychiatric Hospital   | 694762    |                                  |                      | 694762 |
| All Other General Revenue Allocated                |           |                                  |                      | 0      |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | 694762    | 0                                | 0                    | 694762 |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               |           |                                  |                      | 0      |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   | 539       |                                  |                      | 539    |
| <b>TOTAL LOCAL FUNDS</b>                           | 116062    |                                  |                      | 116062 |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               | 811363    | 0                                | 0                    | 811363 |

Outpatient & Other Programming Number Served  
 Avg. Outpatient & Other Programming Cost/Person Served

|  |  |
|--|--|
|  |  |
|  |  |

Total Occupied Bed Days

| Quarter | Year to Date |
|---------|--------------|
| 2,000   | 2000         |

Average Daily Census (Total Bed Days / Number of Days in Period)

|       |       |
|-------|-------|
| 21.98 | 21.98 |
|-------|-------|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 405.68 | \$ 405.68 |
|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
 (Total General Revenue MH/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 347.38 | \$ 347.38 |
|-----------|-----------|

### COMMUNITY HOSPITAL OPERATIONS REPORT

|                        | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 30            | 91                    | 2,000                           | 21.98                                | 73%   | 181                     | 11.05                          |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | 30            | 91                    | 2,000                           | 21.98                                | 73%   | 181                     | 11.05                          |

|  |      |  |    |
|--|------|--|----|
| Seclusion/Restraint rate per 1000 bed-day: | 13.5 | Number of consumers discharged less than 72 hours after admission: | 64 |
| Patient Injury rate per 1000 bed-day:      | 0.5  | Readmits < 30 days   | 18 |

# COMMUNITY HOSPITAL FINANCIAL REPORT

Facility: Lubbock Regional MHMR Center

Period Ending: FY 2004 2nd Qtr

| Strategy A.1.3                                     |           |  |                         |         |
|--|-----------|--|-------------------------|---------|
|  | Inpatient | Outpatient and<br>Other<br>Programming | Research &<br>Education | Total   |
| <b>EXPENDITURES:</b>                               |           |  |                         |         |
| Exempt Salaries                                    | 592744    |  |                         | 592744  |
| Employee Benefits                                  | 180819    |  |                         | 180819  |
| Debt Service                                       | 92        |  |                         | 92      |
| Capital Outlay                                     | 1159      |  |                         | 1159    |
| Equity Uses/Transfers                              |           |  |                         | 0       |
| Other Operating Expenses                           | 691745    |  |                         | 691745  |
| <b>TOTAL DIRECT</b>                                | 1466559   | 0                                      | 0                       | 1466559 |
| <b>ADMINISTRATIVE OVERHEAD</b>                     | 203821    |  |                         | 203821  |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | 1670380   | 0                                      | 0                       | 1670380 |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> |           |  |                         |         |
|  |           |  |                         | 0       |
| <b>METHOD OF FINANCE:</b>                          |           |  |                         |         |
| General Revenue Allocated - Psychiatric Hospital   | 1392166   |  |                         | 1392166 |
| All Other General Revenue Allocated                |           |  |                         | 0       |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | 1392166   | 0                                      | 0                       | 1392166 |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               |           |  |                         |         |
|  |           |  |                         | 0       |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   |           |  |                         |         |
|  | 1124      |  |                         | 1124    |
| <b>TOTAL LOCAL FUNDS</b>                           |           |  |                         |         |
|  | 277090    |  |                         | 277090  |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               |           |  |                         |         |
|  | 1670380   | 0                                      | 0                       | 1670380 |

Outpatient & Other Programming Number Served  
Avg. Outpatient & Other Programming Cost/Person Served

|  |  |
|--|--|
|  |  |
|  |  |

Total Occupied Bed Days

|       | Quarter |      | Year to Date |
|-------|---------|------|--------------|
| 1,838 |         | 3838 |              |

Average Daily Census (Total Bed Days / Number of Days in Period)

|       |       |
|-------|-------|
| 20.20 | 21.09 |
|-------|-------|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 467.37 | \$ 435.22 |
|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
(Total General Revenue MH/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 379.44 | \$ 362.73 |
|-----------|-----------|

### COMMUNITY HOSPITAL OPERATIONS REPORT

|                        | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 30            | 182                   | 3,838                           | 21.09                                | 70%   | 346                     | 11.09                          |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | 30            | 182                   | 3,838                           | 21.09                                | 70%   | 346                     | 11.09                          |

|  |      |  |     |
|--|------|--|-----|
| Seclusion/Restraint rate per 1000 bed-day: | 9.12 | Number of consumers discharged less than 72 hours after admission: | 103 |
| Patient Injury rate per 1000 bed-day:      | 0.78 | Readmits < 30 days   | 28  |

# COMMUNITY HOSPITAL FINANCIAL REPORT

Facility: **Lubbock Regional MHR Center**

Period Ending: **FY 2004 3rd Qtr**

| Strategy A.1.3                                    |                |                                  |                      |                |
|---|----------------|----------------------------------|----------------------|----------------|
|   | Inpatient      | Outpatient and Other Programming | Research & Education | Total          |
| <b>EXPENDITURES:</b>                              |                |                                  |                      |                |
| Exempt Salaries                                   | 921341         |                                  |                      | 921341         |
| Employee Benefits                                 | 277709         |                                  |                      | 277709         |
| Debt Service                                      | 141            |                                  |                      | 141            |
| Capital Outlay                                    | 1361           |                                  |                      | 1361           |
| Equity Uses/Transfers                             |                |                                  |                      | 0              |
| Other Operating Expenses                          | 1036238        |                                  |                      | 1036238        |
| <b>TOTAL DIRECT</b>                               | <b>2236790</b> | <b>0</b>                         | <b>0</b>             | <b>2236790</b> |
| <b>ADMINISTRATIVE OVERHEAD</b>                    | <b>307173</b>  |                                  |                      | <b>307173</b>  |
| <b>GRAND TOTAL - EXPENDITURES</b>                 | <b>2543963</b> | <b>0</b>                         | <b>0</b>             | <b>2543963</b> |
| <b>EXPENDITURES PAID WITH MHR GENERAL REVENUE</b> |                |                                  |                      |                |
|   |                |                                  |                      | 0              |
| <b>METHOD OF FINANCE:</b>                         |                |                                  |                      |                |
| General Revenue Allocated - Psychiatric Hospital  | 2159349        |                                  |                      | 2159349        |
| All Other General Revenue Allocated               |                |                                  |                      | 0              |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>            | <b>2159349</b> | <b>0</b>                         | <b>0</b>             | <b>2159349</b> |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>              |                |                                  |                      |                |
|   |                |                                  |                      | 0              |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                  |                |                                  |                      |                |
|   | 1241           |                                  |                      | 1241           |
| <b>TOTAL LOCAL FUNDS</b>                          |                |                                  |                      |                |
|   | 383373         |                                  |                      | 383373         |
| <b>GRAND TOTAL METHOD OF FINANCE</b>              |                |                                  |                      |                |
|   | 2543963        | 0                                | 0                    | 2543963        |

Outpatient & Other Programming Number Served  
Avg. Outpatient & Other Programming Cost/Person Served

|  |  |
|--|--|
|  |  |
|  |  |

Total Occupied Bed Days

|       | Quarter |      | Year to Date |
|-------|---------|------|--------------|
| 1,908 | 1,908   | 5746 | 5746         |

Average Daily Census (Total Bed Days / Number of Days in Period)

|       |       |       |       |
|-------|-------|-------|-------|
| 20.74 | 20.74 | 20.97 | 20.97 |
|-------|-------|-------|-------|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |           |           |
|-----------|-----------|-----------|-----------|
| \$ 457.85 | \$ 457.85 | \$ 442.74 | \$ 442.74 |
|-----------|-----------|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
(Total General Revenue MH/Total Actual Bed Days)

|           |           |           |           |
|-----------|-----------|-----------|-----------|
| \$ 402.09 | \$ 402.09 | \$ 375.80 | \$ 375.80 |
|-----------|-----------|-----------|-----------|

### COMMUNITY HOSPITAL OPERATIONS REPORT

|                        | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 30            | 274                   | 5,746                           | 20.97                                | 70%   | 555                     | 10.35                          |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | 30            | 274                   | 5,746                           | 20.97                                | 70%   | 555                     | 10.35                          |

|  |      |  |     |
|--|------|--|-----|
| Seclusion/Restraint rate per 1000 bed-day: | 9.22 | Number of consumers discharged less than 72 hours after admission: | 152 |
| Patient Injury rate per 1000 bed-day:      | 1.74 | Readmits < 30 days   | 52  |

# COMMUNITY HOSPITAL FINANCIAL REPORT

Facility: **Lubbock Regional MHMR Center**

Period Ending: **FY 2004 4th Qtr**

| Strategy A.1.3                                     |                |  |                         |                |
|--|----------------|--|-------------------------|----------------|
|  | Inpatient      | Outpatient and<br>Other<br>Programming | Research &<br>Education | Total          |
| <b>EXPENDITURES:</b>                               |                |  |                         |                |
| Exempt Salaries                                    | 1355909        |  |                         | 1355909        |
| Employee Benefits                                  | 387302         |  |                         | 387302         |
| Debt Service                                       | 246            |  |                         | 246            |
| Capital Outlay                                     | 20368          |  |                         | 20368          |
| Equity Uses/Transfers                              |                |  |                         | 0              |
| Other Operating Expenses                           | 1372974        |  |                         | 1372974        |
| <b>TOTAL DIRECT</b>                                | <b>3136799</b> | <b>0</b>                               | <b>0</b>                | <b>3136799</b> |
| <b>ADMINISTRATIVE OVERHEAD</b>                     | <b>426828</b>  |  |                         | <b>426828</b>  |
| <b>GRAND TOTAL - EXPENDITURES</b>                  | <b>3563627</b> | <b>0</b>                               | <b>0</b>                | <b>3563627</b> |
| <b>EXPENDITURES PAID WITH MHMR GENERAL REVENUE</b> |                |  |                         |                |
|  |                |  |                         | <b>0</b>       |
| <b>METHOD OF FINANCE:</b>                          |                |  |                         |                |
| General Revenue Allocated - Psychiatric Hospital   | 2916655        |  |                         | 2916655        |
| All Other General Revenue Allocated                |                |  |                         | 0              |
| <b>TOTAL GENERAL REVENUE ALLOCATED</b>             | <b>2916655</b> | <b>0</b>                               | <b>0</b>                | <b>2916655</b> |
| <b>TOTAL ALLOCATED FEDERAL FUNDS</b>               |                |  |                         |                |
|  |                |  |                         | <b>0</b>       |
| <b>TOTAL OTHER FEDERAL FUNDS</b>                   |                |  |                         |                |
|  | 1094           |  |                         | 1094           |
| <b>TOTAL LOCAL FUNDS</b>                           |                |  |                         |                |
|  | 645881         |  |                         | 645881         |
| <b>GRAND TOTAL METHOD OF FINANCE</b>               |                |  |                         |                |
|  | 3563630        | 0                                      | 0                       | 3563630        |

Outpatient & Other Programming Number Served  
Avg. Outpatient & Other Programming Cost/Person Served

|  |  |
|--|--|
|  |  |
|  |  |

Total Occupied Bed Days

| Quarter | Year to Date |
|---------|--------------|
| 2,032   | 7778         |

Average Daily Census (Total Bed Days / Number of Days in Period)

|       |       |
|-------|-------|
| 22.09 | 21.25 |
|-------|-------|

Inpatient Cost per Bed Day (Total Expenditures/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 501.80 | \$ 458.17 |
|-----------|-----------|

Inpatient Cost per Bed Day for Allocated General Revenue Only  
(Total General Revenue MH/Total Actual Bed Days)

|           |           |
|-----------|-----------|
| \$ 372.69 | \$ 374.99 |
|-----------|-----------|



### COMMUNITY HOSPITAL OPERATIONS REPORT

|                        | 1             | 2                     | 3                               | 4                                    | 5   | 6                       | 7                              |
|------------------------|---------------|-----------------------|---------------------------------|--------------------------------------|---|-------------------------|--------------------------------|
| <b>Inpatient Beds</b>  | <b># Beds</b> | <b>Days in Period</b> | <b>Actual Occupied Bed Days</b> | <b>Average Monthly Occupied Beds</b> | <b>Occupancy Rate</b>                         | <b>Total Admissions</b> | <b>Average Length of Stay</b>  |
| Calculation Method     | (Count)       |                       | (Count)                         | (Column 3 Divided by Column 2)       | Column 3 divided by (Column 1 times Column 2) | (Count)                 | (Column 3 divided by Column 6) |
| Adult                  | 30            | 366                   | 7,778                           | 21.25                                | 71%   | 780                     | 9.97                           |
| Geriatric              |               |                       |                                 |                                      |   |                         |                                |
| Child/Adolescent       |               |                       |                                 |                                      |   |                         |                                |
| Other                  |               |                       |                                 |                                      |   |                         |                                |
| <b>Combined Totals</b> | 30            | 366                   | 7,778                           | 21.25                                | 71%   | 780                     | 9.97                           |

|  |      |  |     |
|--|------|--|-----|
| Seclusion/Restraint rate per 1000 bed-day: | 8.61 | Number of consumers discharged less than 72 hours after admission: | 210 |
| Patient Injury rate per 1000 bed-day:      | 2.44 | Readmits < 30 days   | 75  |

## APPENDIX IV

### UNIQUE ASPECTS & BEST PRACTICES

The following was submitted by the Community Hospitals when asked to submit an analysis of the positive and unique benefits that the community hospital provides to their service delivery area as well as outline the distinctive services that they provide.

#### University of Texas Harris County Psychiatric Center

The University of Texas Harris County Psychiatric Center (UTHCPC) is located in a major metropolitan area, UTHCPC is able to provide local mental health care services for children, adolescents and adults. The fact that intensive local treatment is available is important to the successful treatment outcome for these patients. Often, families are involved in therapy and follow-up, ensuring a more successful outcome for discharged patients.

All treatment programs have the following components:

- Individualized treatment plans
- Individualized counseling and therapy, involving the family whenever possible
- Group counseling and therapy
- A multi-disciplinary team approach which allows patients to have a fuller understanding of their physical and mental health
- Discharge planning, including referrals for follow-up at local, community-based treatment clinics
- Academic programming, with State-certified teachers, for children and adolescents

UTHCPC continually seeks ways to enhance patient programming through a variety of outreach programs, funded through private sources, including grants. The purpose of these outreach activities is to:

- Provide a mechanism for early identification of and treatment intervention for those with mental illness or behavioral problems
- To educate a wider segment of the general population, including health and social service providers, about mental illness, and the disease's treatment options

UTHCPC's service and outreach activities include:

*Service Outreach* programs, self-funded, either through grant funding or through second party payer sources. The programs at these sites provided assessment and treatment of children and adults; follow-up, family counseling and education and related services to ensure the patient/client would have a more successful outcome of being able to function in an external environment. Programs were offered at or through the following sites:

- Houston Independent School District (program begins April, 2005)
- Gulf Coast Community Head Start

- Wesley Community Center
- Harris County Children's Assessment Center Program for Abused Children and Adolescents
- After – School Program for Children and Adolescents with Emotional Problems
- Sub-Acute Program for Harris County Juvenile Probation Department juvenile offenders
- Outpatient Services for adults needing intensive treatment, intermediate follow-up and medication monitoring
- Neighborhood Centers

In addition to the programs listed above, UTHCPC is actively seeking collaborative service agreements for grant and other funded programs aimed at early intervention, provision of services to the elderly and under served populations. To this end, UTHCPC is a member of a broad collaborative of agencies, including UTH, Baylor and the Harris County Community Access Collaborative, designed to assist in collaborative efforts to obtain grants for the local community.

*Community Outreach* programs are designed to reach a wide audience in an effort to promote the hospital as a provider of quality mental healthcare and a leader in the education of clinical professionals. Examples of outreach programs include:

- Tele-Education and Tele-Health
  - School Based Program, two-way interactive television providing services to 20-plus local schools in nine area school districts and the Harris County Juvenile Probation
- Patient Care/Support Program
  - Provided screening and brief intervention for those with substance abuse and mental health problems
  - Worked with corporate entities to eliminate stigma and discrimination in insurance coverage for those with mental illness
- Healthcare Education
  - Collaborated with the Area Agency on Aging to provide live interactive teleeducation programming for healthcare workers
- Nursing Education
  - The Greater Houston Partnership funded UTHCPC with an \$8,000 Work Resources Grant to allow UTHCPC senior nursing educational professionals to receive joint appointments with local nursing schools in order to provide educational training in this critical shortage area
- Publications
  - Mental Health Related Brochures –a series of 23 brochures about how to access the mental healthcare system, understanding various mental illness and mental health disorders was produced
- Website
  - UTHCPC's website, <http://hcpc.uth.tmc.edu> (available in English, Spanish and Vietnamese) was visited by approximately

20,000 people each month (more than 34% of the information is accessed in Spanish)

- Community Outreach
- Health fair participation – UTHCPC participated in approximately 24 community-wide health fairs
- Speaking engagements – UTHCPC faculty and staff speak at approximately 30 events each year, ranging from mental health community meetings to Rotary Club meetings, small and large company brown bag lunches, etc

UTHCPC staff participated in outreach activities with the following organizations:

- Local School Districts
- Local Religious Organizations and Church Groups
- NAACP
- Local Government Agencies
- Gateway to Care
- Area Agency on Aging
- Fifth Ward Multi Service Center
- Houston Crackdown
- Drug Abuse Early Warning Network
- Children's Festival
- Shell Oil
- Better Business Bureau
- Third Ward Community Festival
- Third Ward Cloth
- ChildBuilders
- United Way
- Zebec Corporation
- Children's Forum
- Dynegy
- Sally's House
- Children's Assessment Center
- Texas Southern University
- University of Houston

### **Sunrise Canyon Hospital, Lubbock**

The foremost benefit of Sunrise Canyon Hospital is its proximity to where people actually live. Sunrise Canyon Hospital is located within the city limits of Lubbock, Texas. The next closest publicly-funded inpatient psychiatric hospital is Big Spring State Hospital, over 100 miles away. In most cases, people would be transported from

Lubbock to Big Spring by either law enforcement or ambulance; both of which are very expensive. Receiving inpatient psychiatric services as close to home as possible affords the opportunity for people to remain connected to family members, friends, housing, outpatient services, employment, etc.

Many family members and friends find it difficult to travel the distance to Big Spring State Hospital and are, therefore, less likely to visit. In most cases, the love and support of family and friends greatly increases the effectiveness of treatment for people in crises. The average lengths of stay (ALOS) at Sunrise Canyon Hospital are such that people don't usually lose their housing due to the limited length of time they are hospitalized. People can attend to the ongoing needs of a home (utilities, repairs, food, pets, etc.) even while hospitalized. During FY04.Q4, the ALOS at Sunrise Canyon Hospital was 14 days, compared to 32 days in the state mental health facility system. Length of stay and the stigma associated with the state mental health facility system have been cited by people as reasons why they prefer to be served by Sunrise Canyon Hospital.

For people served by Sunrise Canyon Hospital who do not have a place to live, the hospital's proximity to their home community allows staff members to more readily assist with locating housing upon discharge. Finding suitable housing is often difficult, a complexity worsened by great distances between a State hospital's location and a person's home community. Lubbock Regional MHMR Center is the recipient of housing grants, used to assist in these individuals.

Continuity of care is another unique benefit offered by Sunrise Canyon Hospital. Shared leadership between the community center's inpatient services and outpatient services allows for a common vision and consistent direction, as well as, opportunities for certain efficiencies. For example, hospitalization can often be avoided because local staff members are familiar with a person's needs and treatment plan when he/she calls the crisis line. Familiarity, from both the perspective of the staff member and the person in crisis, often aid in resolving a crisis situation without costly emergency room, ambulance, and hospital services. For a person who needs inpatient services, the admission process is better facilitated and less costly when a staff member has knowledge of the person and his/her specific circumstances. The admission process can be further streamlined by Lubbock Regional MHMR Center's ability to provide medical clearance on-site at the Sunrise Canyon facility, instead of sending people to the emergency room. When magistrate's warrants are issued, people can be taken directly to the Sunrise Canyon facility for assessment, physician evaluation, medical clearance and admission, which greatly shortens the amount of time the entire process takes and, subsequently, the time law enforcement is detained. When a crisis occurs in the community, an assessment can be done in vivo and, if appropriate, arrangements can be made for transport of the person to the Sunrise Canyon facility for the remainder of the process.

Another example of enhanced continuity of care can be found in Assertive Community Treatment (ACT). People served by the ACT Team have one (1) physician who directs all of their treatment, regardless of whether it is on an inpatient or outpatient basis. Similarly, outpatient psychosocial rehabilitation specialists often serve on a person's

inpatient treatment team in order to ensure continuity of care. Lubbock Regional MHMR Center has one (1) centralized records department which also acts to enhance continuity of care between inpatient and outpatient services.

For those people in need of ongoing physical health care, being served by Sunrise Canyon Hospital in Lubbock allows them the opportunity to continue receiving the care they require in a familiar and continuous way. In most instances, receiving services from a local physician, familiar with a person's need is much less expensive than providing intermittent care in the state hospital system.

Sunrise Canyon Hospital is a component of Lubbock Regional MHMR Center's system of care and, as such, shares many administrative and support functions provided to the other components of care. Sharing administrative and support functions allows Sunrise Canyon Hospital the unique opportunity to have economies of scale, not available to other psychiatric hospitals. Lubbock Regional MHMR Center utilizes a centralized model of administration and support that assists in deferring expenses associated with such functions. Centralized functions include, but are not limited to: records management, quality management, contracts management, planning and evaluation, data management, human rights, accounting and finance, human resource management, maintenance, etc. These economies of scale, paired with shorter average lengths of stay, make for a favorable comparison between Sunrise Canyon Hospital's average cost per episode of care and that of the state mental health facility system. In FY04.Q4, Sunrise Canyon Hospital's average cost per episode of care was \$5,121; the state mental health facility's was \$10,240.

Other unique benefits offered by Sunrise Canyon Hospital include opportunities for the leveraging of local resources, jail diversion, competency restoration, collaborations with institutions of higher education, etc. Local relationships, based upon mutual priorities allow for opportunities to leverage general revenue monies with local resources. For example, Lubbock Regional MHMR Center receives local monies to help support the Sunrise Canyon Hospital triage and admission processes, because of the positive impact Sunrise Canyon Hospital has on the local emergency room. These local monies allow general revenue to be used in ways it would not, if it were dedicated to the state mental health facility system. Lubbock Regional MHMR Center enjoys a positive relationship with the Lubbock County Sheriff's Office. Because of this relationship, Sunrise Canyon Hospital has had opportunities to support jail diversion and competency restoration activities. In addition to these collaborative efforts, Sunrise Canyon Hospital has proven to be an invaluable training ground for mental health professionals, such as medical residents, nursing students, social work and counseling interns, health organization management students, among others. These collaborations pave the way for the development of local talent to serve in the local service delivery system.

### **Community Regional Hospital - The Gulf Coast Center**

One of the most positive aspects of the Community Regional Hospital in Galveston is that it meets community (consumers and family) identified needs for local hospital. The

community based hospital beds has over 7,300 bed days of service per year. The Regional Hospital assists in managing allocation of State Hospital Bed Days. There is a collaborative partnership of local community hospitals and community center. There is consumer choice for local hospitalization. There is an immediate/emergency hospital beds - *safety net* (in conjunction with community resource network). It maintains family support and access (i.e. closer to home). Consumers have access to other medical needs as needed. There is a better continuation / coordination of existing care. Short term hospitalization (average length of care: 6.03 days) for most clients. The Regional Hospital is cost effective - less than \$300/bed day.

In addition, cost of transportation to State Hospital (i.e. mileage, staff time) is low. There is an efficient use of local resource (i.e. MH Deputies who would be transporting). The collaborative partnership supports other local community projects and grant opportunities. There is more face-to-face contact with consumer upon discharge, admittance, and length of stay. The hospital allows for immediate access as needed for consumers and families (i.e. direct admit option). Funds expended locally. Community Regional Hospital is not just a psychiatric hospital, but is a full spectrum of medical care (i.e. ER, Indigent Health Hospital, Healthcare). There is a community hospital network - "overflow" bed options when primary beds filled.