

State Mental Health Facilities Division
Mission, Vision, Goals and
2003 Work Plan

Statewide Performance Indicators
1st Quarter FY 2003

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MISSION OF TEXAS STATE GOVERNMENT

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

MISSION OF TDMHMR

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

MISSION OF STATE MENTAL HEALTH FACILITIES DIVISION

The mission of the State Mental Health Facilities Division is to provide leadership, direction, and support to nine (9) state psychiatric facilities and to assure that effective, cost efficient and quality psychiatric services are provided that meet the needs of patients and/or guardians of patients served by these facilities.

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

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

TDMHMR VISION

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

STATE MENTAL HEALTH FACILITIES DIVISION VISION

The State Mental Health Facilities Division will be a partnership of consumers, family members, volunteers, policy makers, and service providers that work together to provide quality psychiatric services that are responsive to each patient's needs and preferences in nine (9) state mental health facilities.

WE WILL BE RECOGNIZED AS PROVIDING QUALITY:

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

HOW DO WE KNOW WE ARE PROVIDING QUALITY SERVICES?			
We Ask Our Customers	We Maintain Accreditation And Certification	We Identify Key Functions Of State Mental Health Facilities And Establish Measurable Performance Indicators	We Maintain A Qualified And Diverse Workforce
<ul style="list-style-type: none"> - Patients - Families - Guardians - LMHAs & LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payors - Volunteers - Students 	<ul style="list-style-type: none"> - Medicare - JCAHO - Training Programs - Medicaid - ICF/MR - CAP - Agency clinical and administrative performance indicator compliance 	<p style="text-align: center;"><u>Patient-Focused Functions</u></p> <ul style="list-style-type: none"> A1 Rights of Patients and Organizational Ethics A2 Assessment of Patients A3 Care and Treatment of Patients A4 Education of Patients/ Families A5 Continuity of Care <p style="text-align: center;"><u>Organizational Functions</u></p> <ul style="list-style-type: none"> B1 Leadership B2 Management of Information B3 Management of Human Resources B4 Management of Environment B5 Surveillance, Prevention, and Control of Infection B6 Improving Organizational Performance Through Customer Satisfaction <p style="text-align: center;"><u>Structures with Functions</u></p> <ul style="list-style-type: none"> C1 Governance C2 Management C3 Medical Staff C4 Nursing 	<p>We assess competence:</p> <ul style="list-style-type: none"> ➤ Skills/Job, ➤ Professional, and ➤ Cultural. <p>We assess performance.</p> <p>We grant clinical privileges.</p> <p>We set expectations for education and training and ensure this continuing knowledge acquisition process.</p> <p>We implement strategies to ensure our workforce is recognized, treated and rewarded in a manner that reflects a commitment to valuing workforce diversity.</p>

VALUES OF THE TDMHMR SYSTEM

Individual Worth:

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

Quality:

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

Integrity:

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

Dedication:

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

Innovation:

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

Teamwork:

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

GOALS OF THE TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

One

Mental Health Community

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

Two

Mental Health Specialized Services (State Psychiatric Facilities)

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

Three

Mental Retardation Community

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

Four

Mental Retardation Specialized Services (State Mental Retardation Facilities)

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

Five

Improve Infrastructure of State Facilities

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

Six

Indirect Administration

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

Seven

Historically Underutilized Businesses

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

**TDMHMR Objectives and Outcome Measures
Directly Relating to State Mental Health Facilities**

Goal II: Mental Health Specialized Services

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

Objective 02-01: Mental Health Campus

Assist individuals with mental illness who need campus services and assist them in returning to the community when appropriate.

Outcome Measures:

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

MH Customer satisfaction with Mental Health Campus treatment. **Reported Annually to the LBB.**

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

Strategy 02-01-01: Mental Health Campus-Based Services

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

Output Measures:

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

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

Efficiency Measures:

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

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

Explanatory/Input Measures:

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

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

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

Strategy 02-01-02: Mental Health State Hospital Administration

Administer and support specialized assessment, treatment, and medical services in state mental health facility campus programs.

Efficiency Measures:

State mental health facility administration costs as a percent of facility costs.

Reported Annually to the LBB.

Goal V: Infrastructure of State Facilities

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

Objective 05-01: Facility Maintenance

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

Strategy 05-01-01: Capital Construction

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

Goal VI: Indirect Administration

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

Objective 06-01: Indirect Administration

Deliver services efficiently and effectively.

Strategy 06-01-01: Central Administration

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

Strategy 06-01-02: Information Resources

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

Strategy 06-01-03: Other Support Services

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

Goal VII: Historically Underutilized Businesses

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

**STATE MENTAL HEALTH FACILITIES DIVISION
FY 2003 MANAGEMENT PLAN**

The State Mental Health Facilities Division FY 2003 Management Plan has been divided into performance objectives and performance measures.

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

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

Required Reporting To Governing Body

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

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

GOAL I

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

Performance Objectives

Key Functions

- A. Guidelines for the SMHF annual planning process for FY2004 will be presented for approval at the December Executive Committee of the Governing Body Meeting. C1
- B. Consolidation/coordination activity log which identifies all management consolidation/coordination efforts at each state mental health facility will be revised annually by the Administrative Oversight Committee. C1
- C. **AOC will continue to track outside medical costs on a quarterly basis ensuring consistent definitions and reporting procedures.** C1, C2
- D. **State mental health facilities will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, and ICF-MR certification where appropriate during FY 2003.** B1
- E. **FY 2003 revenue targets for Medicare, THSTEPS-CCP, IMD, and private source funds will be met by each state mental health facility so as to satisfy specific methods of finance.** C2
- F. **Each state mental health facility will operate within the funds that have been allocated.** C2
- G. The State Mental Health Facilities' Division FY 2004 Governing Body Bylaws will be revised and approved by August 1, 2003. C1
- H. **Each State Mental Health Facility will analyze their integrated patient safety program according to the JCAHO standards and report annually to the Governing Body.** C1
- I. **State Mental Health Facilities will monitor the utilization of the Over Capacity Plan by reporting to the Governing Body:**
1. **Number of times the Over Capacity Plan was activated;**
 2. **Number of patients who were transferred to another SMHF;**

- 3. Number of patients the facilities assisted the LMHA in diverting to another SMHF;
- 4. Number of times the system was over capacity by Adults and Child/Adolescents.C2

J. Each SMHF maintaining a cemetery will develop an implementation plan for the recommendations made by the Cemetery Task Force and report on the progress at the Governing Body Meetings. B1

<u>Performance Measures</u>	<u>Key Functions</u>
A. Average cost per patient served will be calculated and reported for each state mental health facility on a quarterly basis.	<u>C2</u>
B. Average cost per occupied bed will be calculated and reported for each state mental health facility on a quarterly basis.	<u>C2</u>
C. Average daily census of campus-based services will be calculated and reported for each state mental health facility on a quarterly basis. (LBB Measure)	<u>C2</u>
D. The cost of new generation medication will be tracked and analyzed quarterly. (LBB Measure)	<u>C2</u>

GOAL 2

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

<u>Performance Objective</u>	<u>Key Functions</u>
A. The annual rate of confirmed abuse/neglect across all state mental health facilities will not exceed <u>.2</u> per 1000 bed days.	<u>A1</u>

<u>Performance Measures</u>	<u>Key Functions</u>
A. In order to ensure all patients have the right to informed consent prior to administration of psychoactive medications, data will be analyzed from the Consent for Treatment with Psychoactive Medications monitoring instrument. Pending approval of FY03 IOPS.	<u>A1</u>
B. In order to ensure all patient rights are upheld, data will be analyzed from the Patient Rights domain of the Patient Rights/Treatment Continuity monitoring instrument. Pending approval of FY03 IOPS.	<u>A1, A4</u>
C. In order to ensure that all cases of alleged abuse/neglect are reported, investigated, data will be analyzed from the Client/Abuse monitoring instrument. Pending approval of FY03 IOPS.	<u>A1</u>

GOAL 3

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

Performance Objectives

Key Functions

- A. Patients will be treated in accordance with TIMA guidelines as measured by:**
 - 1. Adherence to use of TIMA progress notes documented (audit of a sample of records of patients on algorithms will be conducted quarterly).**
 - 2. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge. A3, C3, C4**

- B. State mental health facilities will continue to develop strategies to decrease the use of restraint and seclusion. Efforts will be made to improve the specificity and accuracy of the restraint and seclusion data during FY03. Episodes will be reported by type: A3, B6**

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

- C. SMHF will continue the new TDMHMR SMH/MRF Medication Error Policy that reinforces a culture that encourages error reporting and analysis in order to improve patient safety and effectively reduce medication errors. A3, B6**

- D. Each SMHF will continue to collect data on medications administered in an emergency situation and their impact on restraint and seclusion. The analysis of patterns of use will be presented at the semi annual governing body meetings. A3, B6

Performance Measures

Key Functions

- A. BPRS: Improvement in patient treatment outcomes will be measured by showing a significant decrease of clinical symptoms with a reduction of more than twelve (12) points. (LBB Measure) A2, A3
- B. GAF: Improvement in patient treatment outcomes will be analyzed by showing:
1. The percent of patients receiving campus services whose GAF score increased.
 2. The percent of patients receiving campus services whose GAF score stabilized. (LBB Measure) A2
- C. In order to evaluate the quality of services provided to the patient and the patient's family regarding individualized treatment, patient and family education, and medication monitoring, data will be analyzed from the Patient Education, Assessment and Treatment (PEAT) monitoring instrument. Pending revision of FY03 IOPS. A2, A3, A4
- D. In order to ensure that necessary medical treatment is provided data will be analyzed from the Medical Treatment monitoring instrument. Pending revision of FY03 IOPS. A2, A3
- E. In order to ensure the provision of culturally sensitive treatment services, data will be analyzed from the Clinical Cultural Competency Domain within the Patient Education Assessment and Treatment (PEAT) and Patient Rights and Treatment Continuity monitoring instruments. Pending revision of FY03 IOPS. A2, A3, A4, A5
- F. In order to ensure that special treatment procedures are implemented in such a way to protect the health and safety of patients while preserving their dignity, rights, and well being, data will be analyzed from the Special Treatment Procedures monitoring instrument. Pending revision of FY03 IOPS. A1, A3
- G. The number of patients receiving new generation medication will be tracked and analyzed quarterly. (LBB Measure) A3, C2

GOAL 4

Assure Continuum of Care: All state mental health facilities will collaborate and work cooperatively with designated local mental health/mental retardation authorities to assure patient access to an integrated system of settings, services, and care levels. Within this continuum of care, the following processes

(before admission, during admission, in the hospital, before discharge, and at discharge) are defined, coordinated, and facilitated among the care providers.

Performance Objectives

Key Functions

- A. **Dually diagnosed patients with mental illness and mental retardation will be discharged or transferred within 60 days of being placed on the “Patients Determined No Longer in Need of Inpatient Hospitalization” list.** **A5**

- B. **Each SMHF will maintain a current Memorandum of Understanding (MOU) with all the Local Mental Health Authorities (LMHAs) in their service area.** **A5**

- C. **At the end of each quarter patients having been in the SMHF over 365 days will be identified by four categories; (1) need continued hospitalization; (2) accepted for placement; (3) barrier to placement; and (4) criminal court involvement. A new continuity of care plan for any patient who is on the list in category 3 after one quarter will be updated by the SMHF and the appropriate LMHA. This plan should be developed within 30 days after being identified as continuing on the list for the second quarter. The progress of placements from category 3 will be reviewed at each Governing Body Meeting.** **A5**

- D. **SMHF will identify the frequency and analyze the impact of the number of patients admitted who are transferred to a general medical facility or the facility infirmary within 24 hours of admission.** **A3, A5**

Performance Measures

Key Functions

- A. **Number and type of admissions, discharges, and readmissions will be calculated and reported for each state mental health facility on a quarterly basis.** **A5**

- B. **Percent of discharges returned to the community will be calculated on a quarterly basis for:**
 - 7 days or less,
 - 8 to 15 days, and
 - 16 to 30 days.**A5**

- C. **Average length of stay in a state mental health facility at time of discharge will be calculated on a quarterly basis. (LBB Measure)** **A5**

- D. **In order to ensure the level of coordination of quality treatment and care provided to all patients throughout the TDMHMR system, data will be analyzed from the Patient Treatment Continuity domain of the Patient Rights/Treatment Continuity monitoring instrument. Pending revision of FY03 IOPS.** **A5**

GOAL 5

Provide a Functional and Safe Environment: The State Mental Health Facilities Division will provide resources to ensure a functional and safe environment for patients and other individuals served by or providing services in the organization.

Performance Objectives

Key Functions

- A. Each state mental health facility will implement an action plan to correct Life Safety Code deficiencies reflecting efforts to locally fund projects under \$25,000. **B4**

- B. The Facility Assessment Surveys (FAS) will be kept up to date and changes reported. **B4**

- C. Each SMHF will maintain an unfunded prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated. **B4**

- D. State mental health facilities whose claims per 100 FTEs at the end of FY2002 exceed the average rate of workers' compensation claims per 100 FTEs for all state mental health facilities shall decrease claims per 100 FTEs in FY2003 to the average rate for all state mental health facilities at the end of FY2002. A minimum decrease of 10% is required if the % decrease to achieve the average rate for all state mental health facilities at the end of FY2002 is greater than 10%. Facilities whose claims per 100 FTEs at the end of FY2002 were at or below the average rate of workers' compensation claims per 100 FTEs for all state mental health facilities shall decrease claims per 100 FTEs by 5% during FY2003.

FY03 Targets for all SMHF will be established by December 2002. **B4**

- E. State mental health facilities will maintain an effective infection control program as indicated by:
 - 1. All employees will receive tuberculin screening upon hiring and annually thereafter.
 - 2. All patients with newly identified positive skin test reactions will receive a medical assessment.
 - 3. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine.
 - 4. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety.
 - 5. Report the number of patients who have been identified with Hepatitis C. **A3, B5**

- F. Each SMHF will complete one Failure Mode and Effects Analysis (FMEAs) during FY2003 and report this analysis to the Governing Body. **B4**

- G. SMHF, as appropriate, will track, analyze, and report the relationship between patient injuries and restraint (by type) and seclusion. **B4**

Performance Measures

- A. The number of patient injuries per 1000 patient days across all state mental health facilities will not exceed the 2.0 rate as established in FY 2002. **B4**

- B. The rate of Unauthorized Departures will not exceed .5 per 1000 bed days across all state mental health facilities during FY2003. B4**
- C. Data on employee injuries will be collected, monitored, and analyzed during FY2003 to establish a baseline:**
 - 1. Injuries associated with Restraint and Seclusion and**
 - 2. Injuries resulting in a worker's compensation claim. B4**

GOAL 6

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

Performance Objectives

Key Functions

- A. Information Management Oversight Committee will maintain a prioritized listing of state mental health facility FY 2003 automation initiatives in order to maximize available funds. B2**
- B. SMHF through IMC will define and support a data/information management oversight function for all state facilities. B2**
- C. Service level agreements with Statewide Information Services will be completed and implemented on September 1, 2002. B2**
- D. The Information Management Committee as executive sponsors of CRS will ensure continual implementation of CRS in FY2003 (including the necessary hardware and software). B2**
- E. State mental health facilities will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. B2**
- F. SMHF through the COC will create a forensic sub committee to provide a mechanism through which forensic issues may be addressed in a uniform and systematic manner.**

GOAL 7

Assure a Competent Workforce: The State Mental Health Facilities Division provides leadership, resources, and expectations that facilities create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which includes planning that defines the qualifications, competencies, and staffing needed to carry out the organization's mission; providing competent staff members either through traditional employer-employee

arrangements or contractual arrangements; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and providing a work environment that promotes self-development and learning.

Performance Objectives

Key Functions

- A. A total of 95 percent of all staff will be up-to-date with CORE training at all times. **B3**
- B. A total of 96 percent of all staff will be up-to-date with annual performance evaluations at all times. **B3**
- C. Each SMHF will identify all core competencies for clinical disciplines and identify staff required to obtain competency. **B3**
- D. To facilitate SMHF comprehensive Patient Safety programs, systemwide training will be provided in "clinical risk management". **B3, B4**
- E. Each SMHF will identify, track, and analyze two clinical/service screening indicators in combination with two human resource screening indicators to assess staffing effectiveness. At least one of the human resource and one of the clinical/service screening indicators must be selected from a list of Joint Commission identified screening indicators. **B3**
- F. TIMA training will be monitored by:
 - 1. Percent of the medical staff trained on each algorithm;
 - 2. Percent of facility designated staff trained in the provision of TIMA patient/family education. **A3, B3**
- G. SMHF will report their recruitment and retention efforts for licensed nursing personnel. **B3**

Performance Measures

Key Functions

- A. State mental health facilities will analyze and report to the Governing Body their recruitment and employment of qualified minority applicants utilizing the EEO Job Categories for Black, Hispanic, and Female. **B3**
- B. "Staff Turnover" rates relating to "new hires"" and "losses" will be maintained and reported to the TDMHMR Board quarterly. **B3**

GOAL 8

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

Performance Objectives

Key Functions

- A. **Children and parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by achieving the following average response on the Patient Satisfaction Surveys (PSAT). (LBB Measure)**
1. **An average score of "4" on the Parent Satisfaction Survey.**
 2. **An average score of "1.698" on the Children Satisfaction Survey. B6**
- B. **Fully implement the Mental Health Statistics Improvement Project (MHSIP)/NRI consumer survey during FY2003 and establish baseline data for satisfaction of adult and adolescent patients. (LBB Measure) B6**
- C. **The COC, based on recommendations from the QSOC, will recommend revisions to the QSO self-assessment system by December 31, 2002. B6**
- D. **Biennial assessments will be conducted using established criteria and improvement opportunities identified by each state mental health facility in the following Administrative Performance Indicators areas:**
1. **Community Relations.**
 2. **State mental health facility Contracting, Procurement, and Warehousing.**
 3. **Fiscal Management including Budgeting, Accounting, Cash Receipts, Petty Cash, Consumer Money Management and Personal Effects.**
 4. **Reimbursement.**
 5. **Fixed Assets.**
 6. **Human Resources.**
 7. **Fleet Management.**
 8. **Maintenance.**
 9. **Vocational Services.**
 10. **Medication Internal Controls.**
 11. **Food Service. B6**

Performance Measure

Key Function

- A. **Each State Mental Health Facility will meet the HUB performance goals in an applicable expenditure category. B6**

GOAL 1: Provide Leadership, Management, and Appropriate Governance

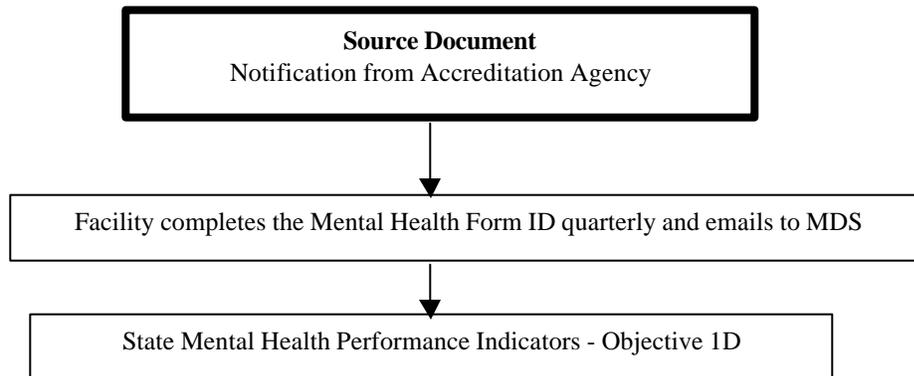
Performance Objective 1D: State mental health facilities will maintain Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation, Medicare certification, and ICF-MR certification where appropriate during FY 2003.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

N/A

Objective 1D - Maintain Accreditation and Certifications

(As of November 30, 2002)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
JCAHO Accreditation										
Date of accreditation:	Aug-00	Feb-00	**	Aug-00	Mar-01	Apr-02	Mar-01	Jun-01	Aug-01	Jul-01
Years accredited:	3	3	**	3	3	3	3	3	3	3
JCAHO Grid Score	94	95	**	94	91	91/100*	100	88	96	99*
Medicare Certification										
No. certified beds:	159	145	62	115	100	20	108	160	94	N/A
Date of last IMD Review:	Mar-02	Aug-01	**	Dec-01	Jun-02	N/A	Oct-01	Oct-01	May-02	N/A
ICF-MR Certification										
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-02	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A

*Based on the Behavioral Health Care Accreditation Standards

** New facility- awaiting initial review.

Performance Objective 1E: FY 2003 revenue targets for Medicare, THSTEPS-CCP, IMD and private source funds will be met by each state mental health facility so as to satisfy specific methods of finance.

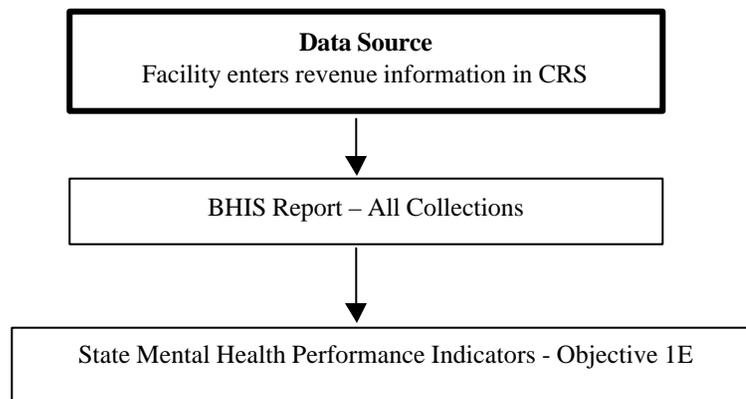
Performance Objective Operational Definition: The facility collections for Medicare, THSteps-CCP Non-Independent Child, THSteps-CCP Independent Child, Private Source, and IMD per month.

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

Performance Objective Data Display and Chart Description:

- Chart with monthly data points of collection for Medicare, THSteps-CCP Non-Independent Child, THSteps-CCP Independent Child, Private Source, IMD and All Sources for all individual facilities and system-wide.
- Chart with monthly data points of progress toward annual targets for Medicare, THSteps-CCP Non-Independent Child, THSteps-CCP Independent Child, Private Source, IMD and All Sources collections for individual facilities and system-wide.

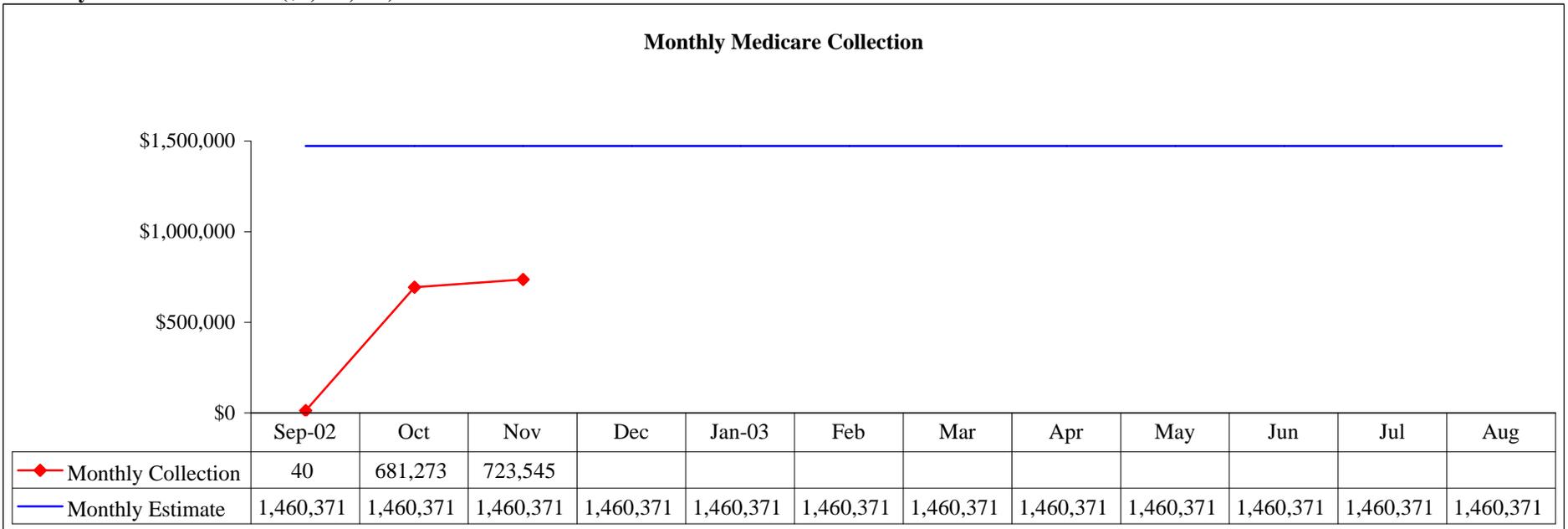
Data Flow:



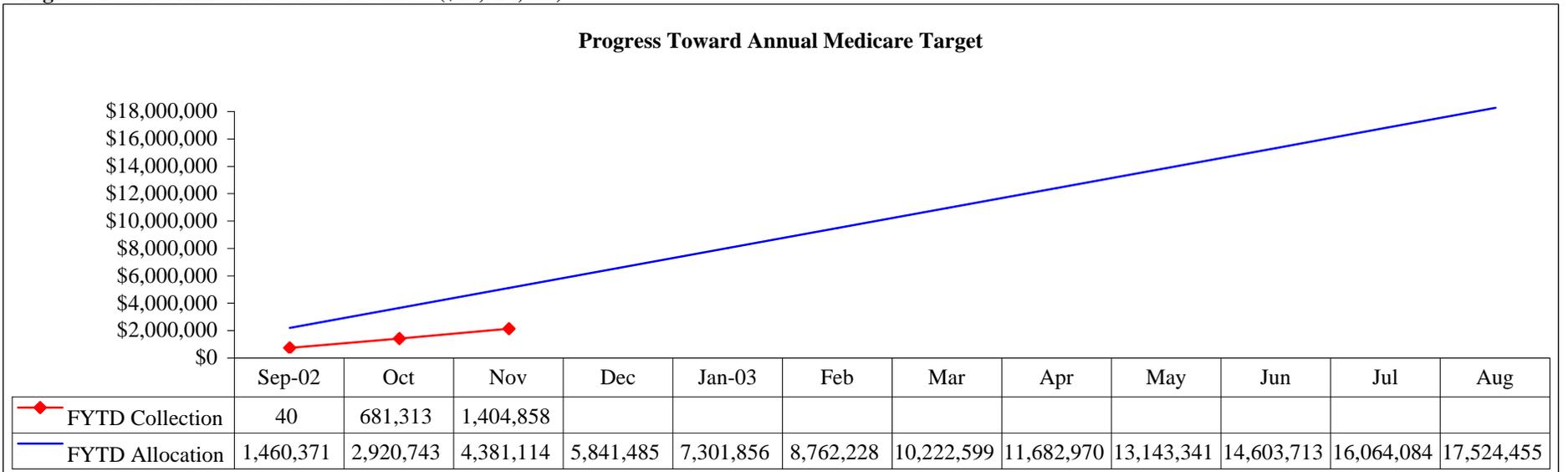
Data Integrity Review Process:

N/A

Objective 1E - FY 2003 Revenue Estimates
All Mental Health Facilities
Monthly Medicare Estimate (\$1,460,371)



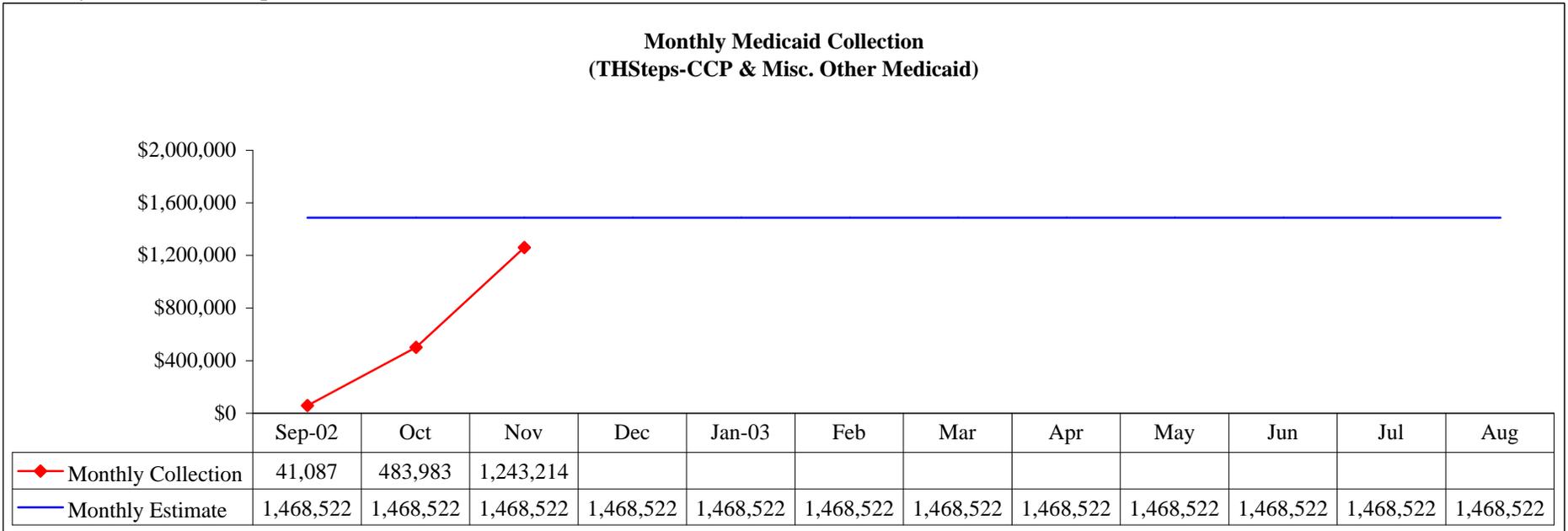
Progress Toward Annual Medicare Estimate (\$17,524,455)



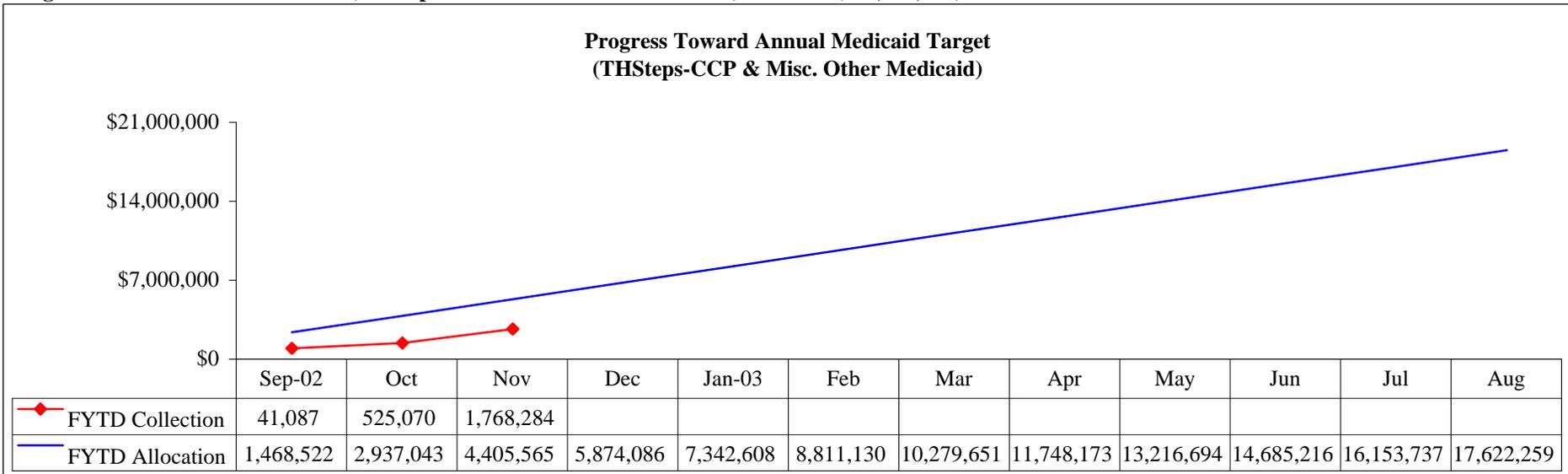
Objective 1E - FY 2003 Revenue Estimates

All Mental Health Facilities

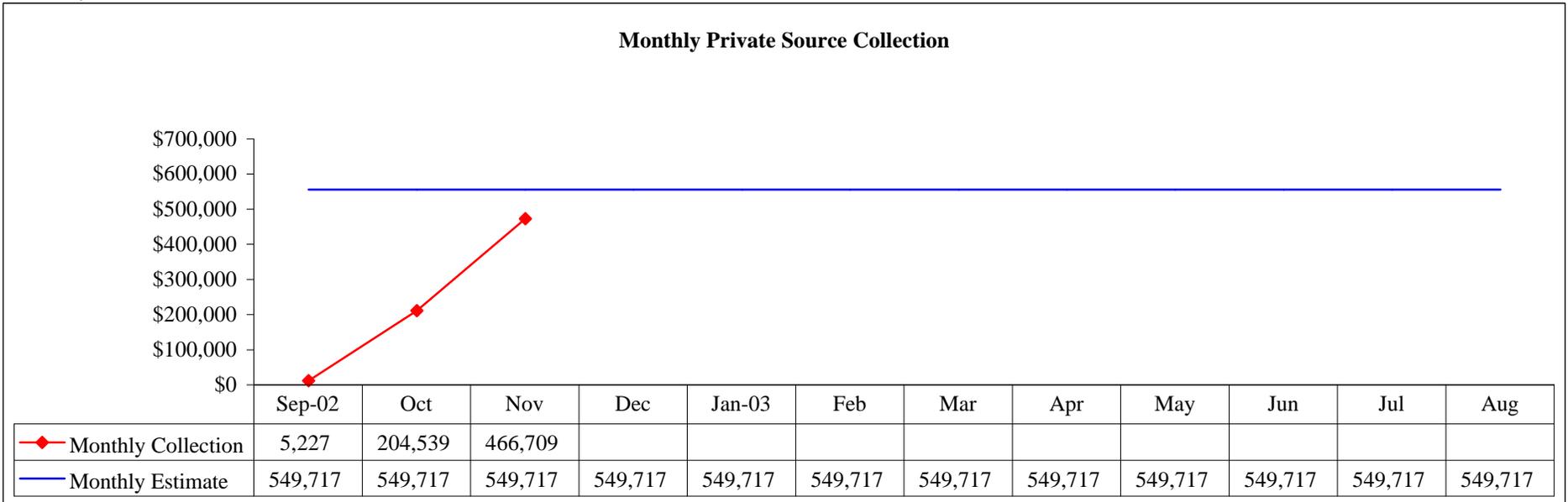
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,468,522)



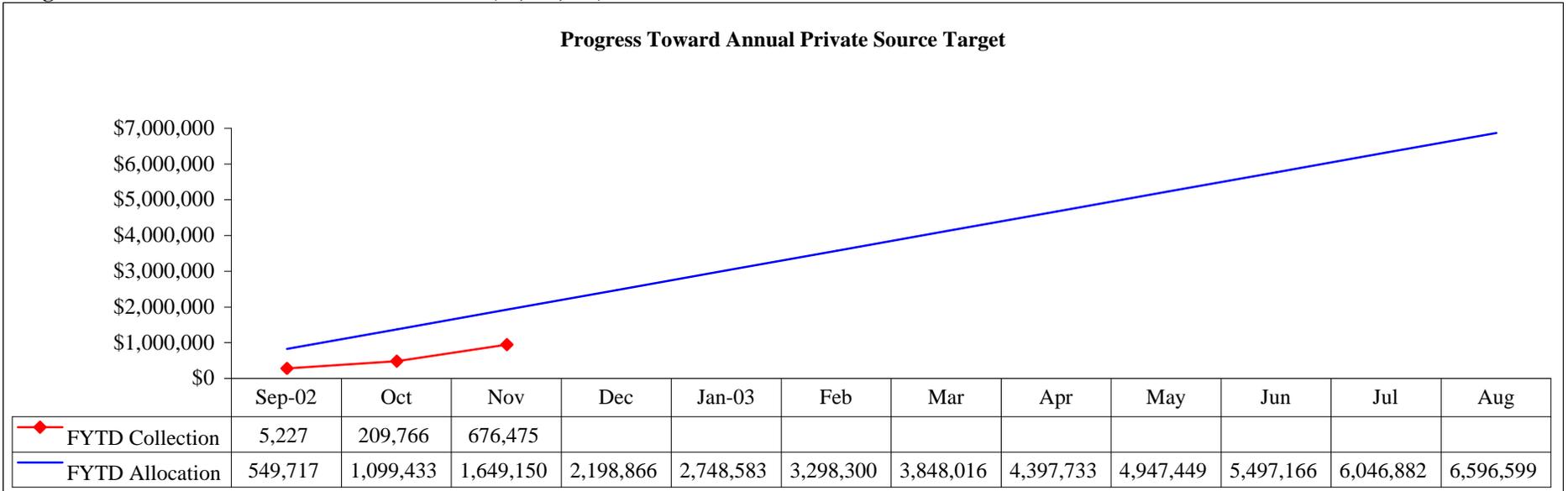
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$17,622,259)



Objective 1E - FY 2003 Revenue Estimates
All Mental Health Facilities
Monthly Private Source Estimate (\$549,717)

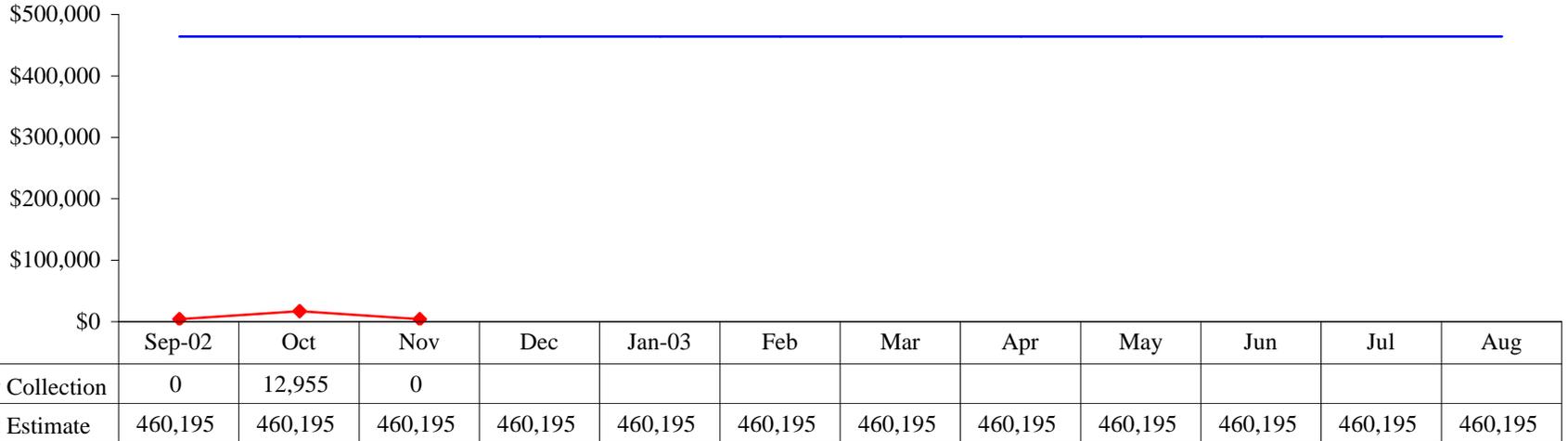


Progress Toward Annual Private Source Estimate (\$6,596,599)



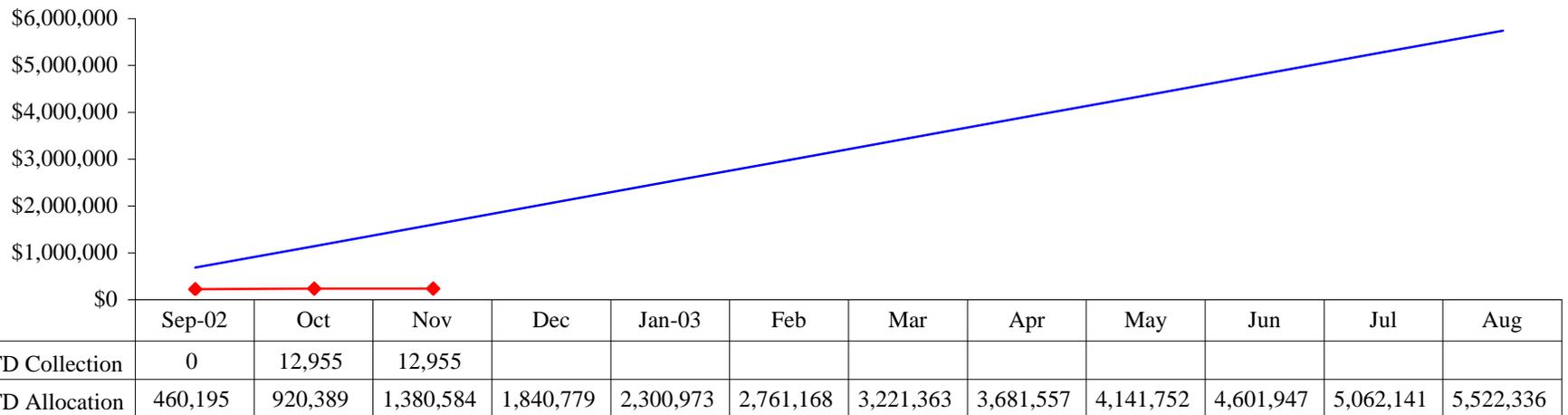
Objective 1E - FY 2003 Revenue Estimates
All Mental Health Facilities
Monthly IMD Estimate (\$460,195)

Monthly IMD Collection



Progress Toward Annual IMD Estimate (\$5,522,336)

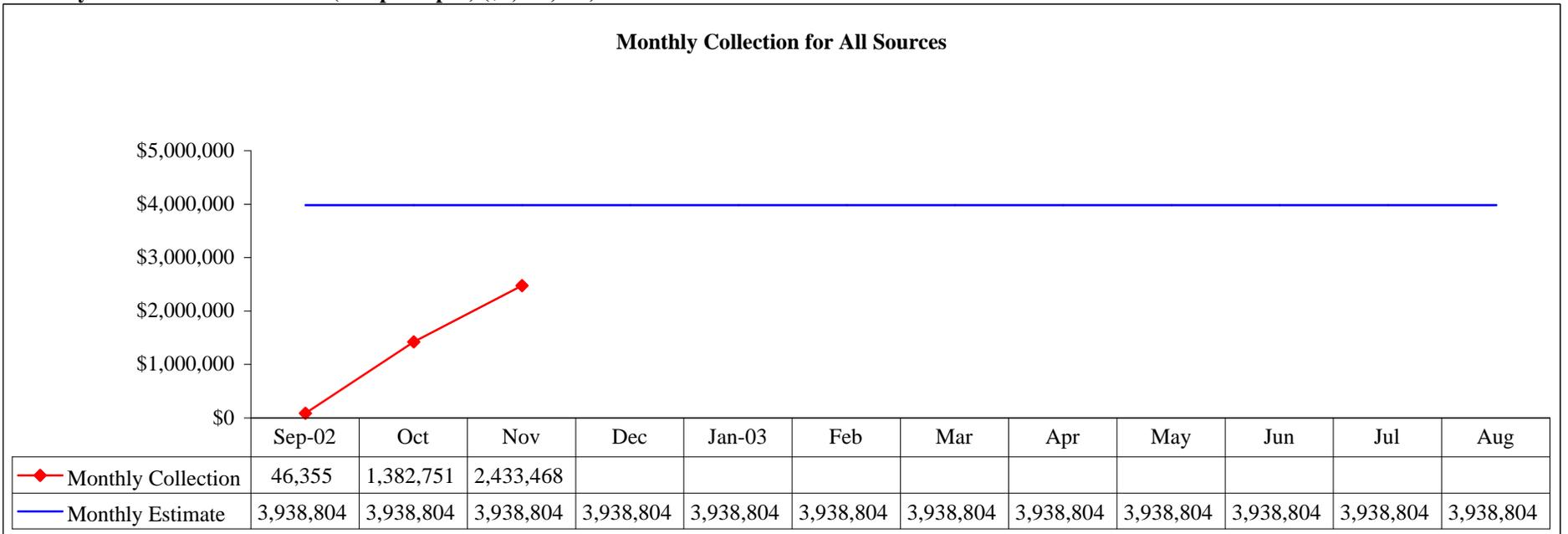
Progress Toward Annual IMD Target



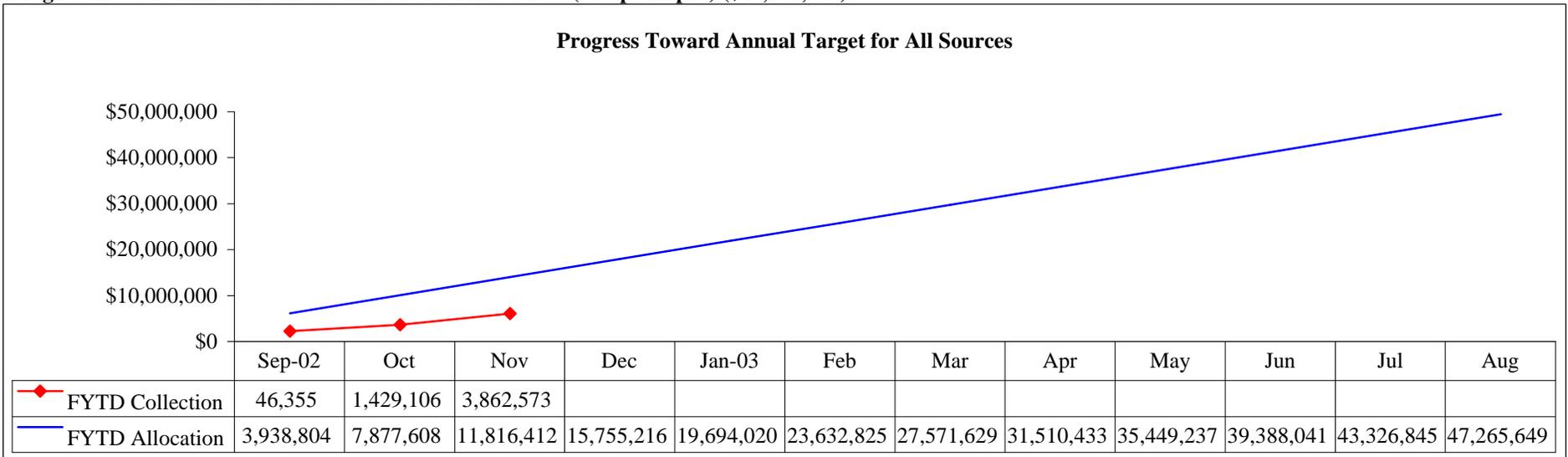
Objective 1E- FY 2003 Revenue Estimates

All Mental Health Facilities

Monthly Estimate for All Sources (except Dispro) (\$3,938,804)



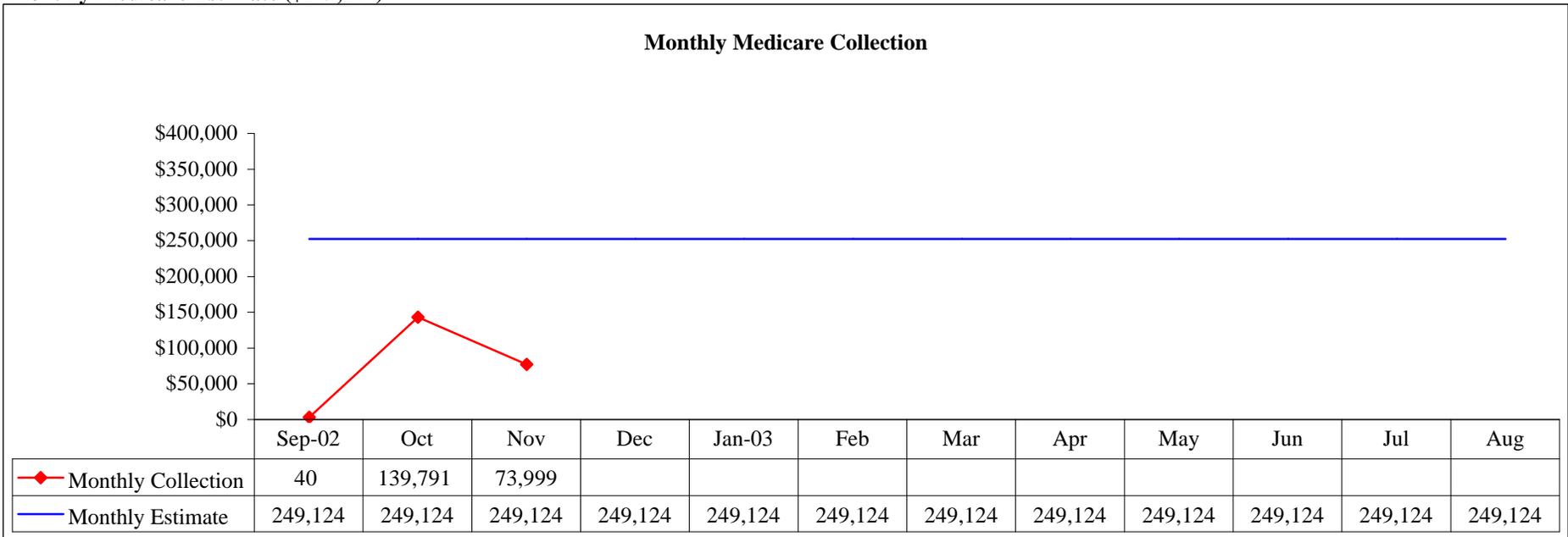
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$47,265,649)



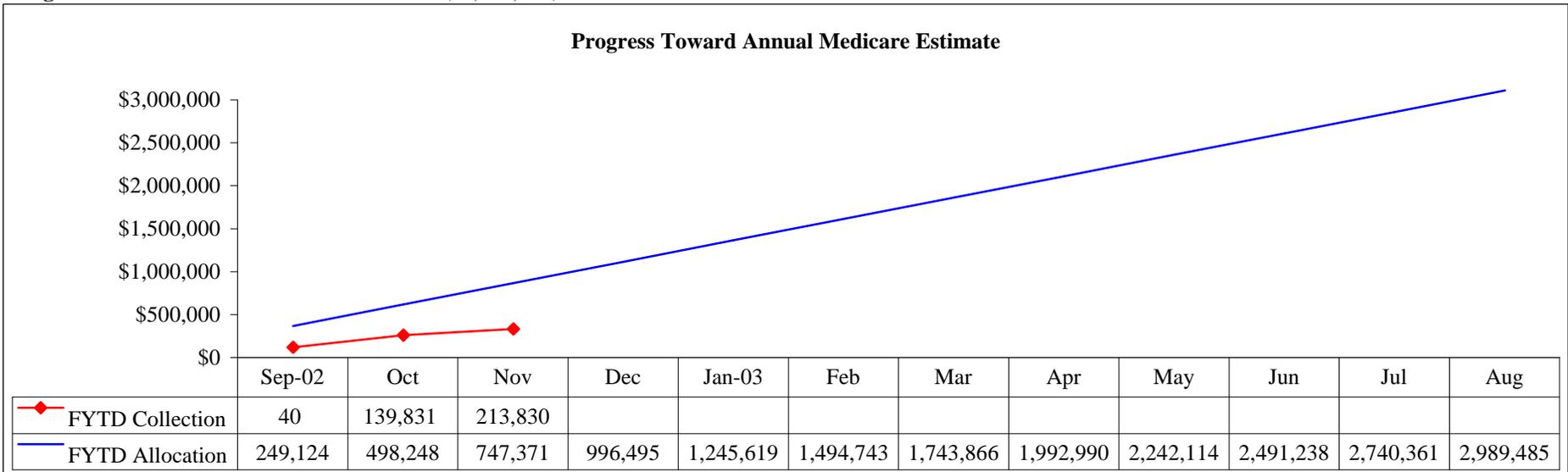
Objective 1E - FY 2003 Revenue Estimates

Austin State Hospital

Monthly Medicare Estimate (\$249,124)



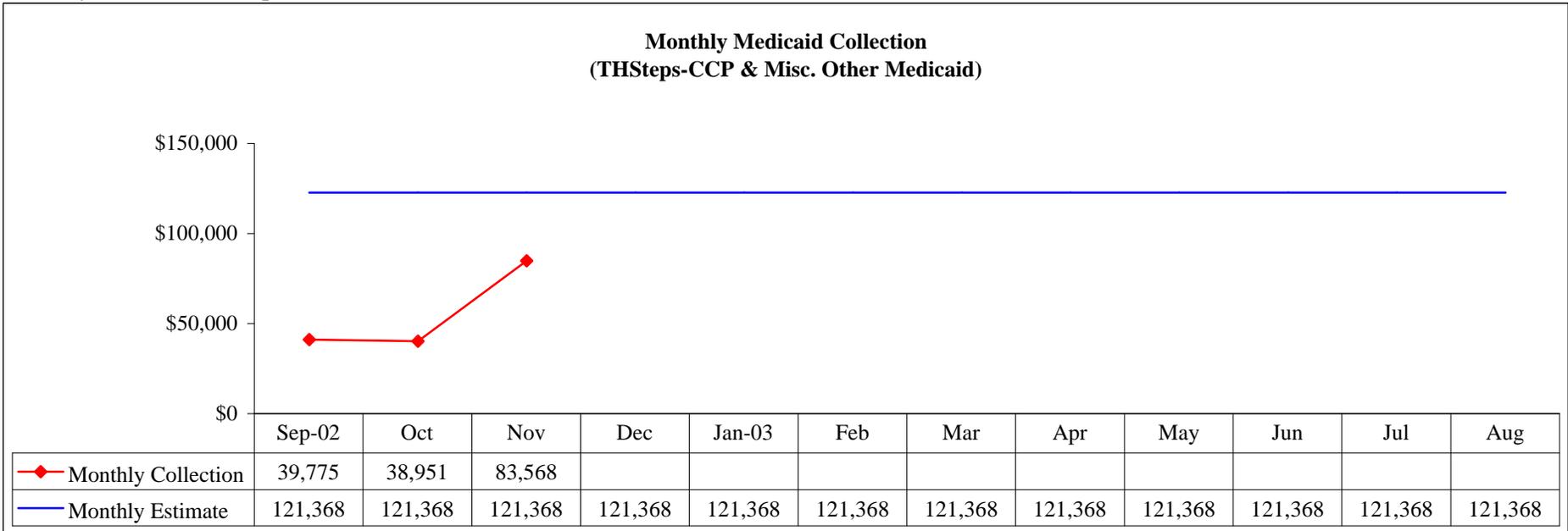
Progress Toward Annual Medicare Estimate (\$2,989,485)



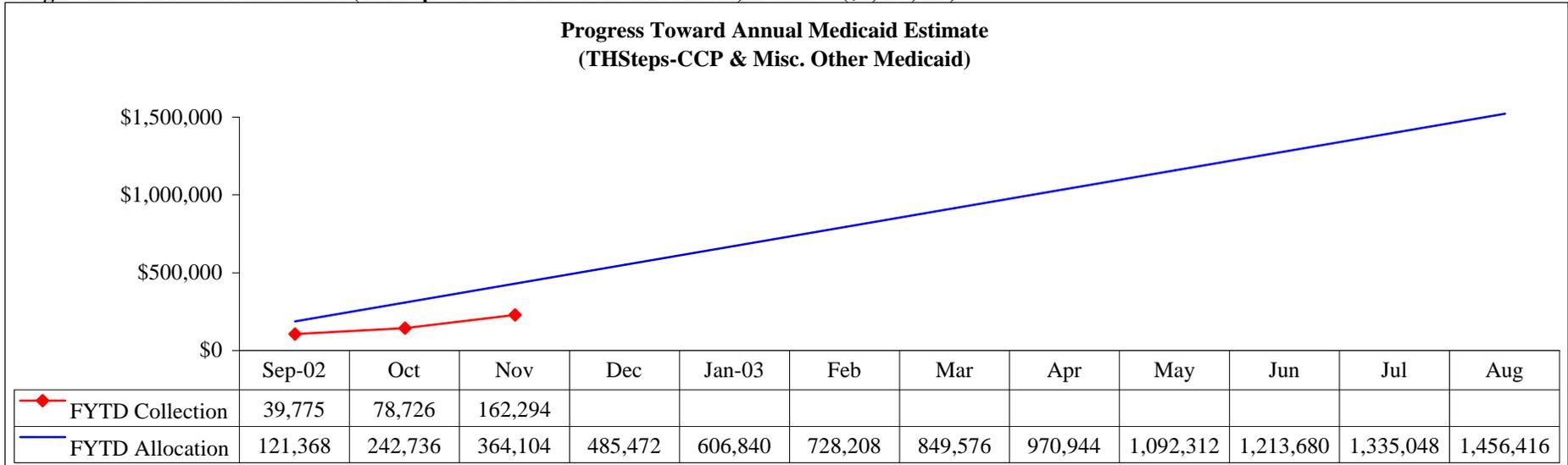
Objective 1E - FY 2003 Revenue Estimates

Austin State Hospital

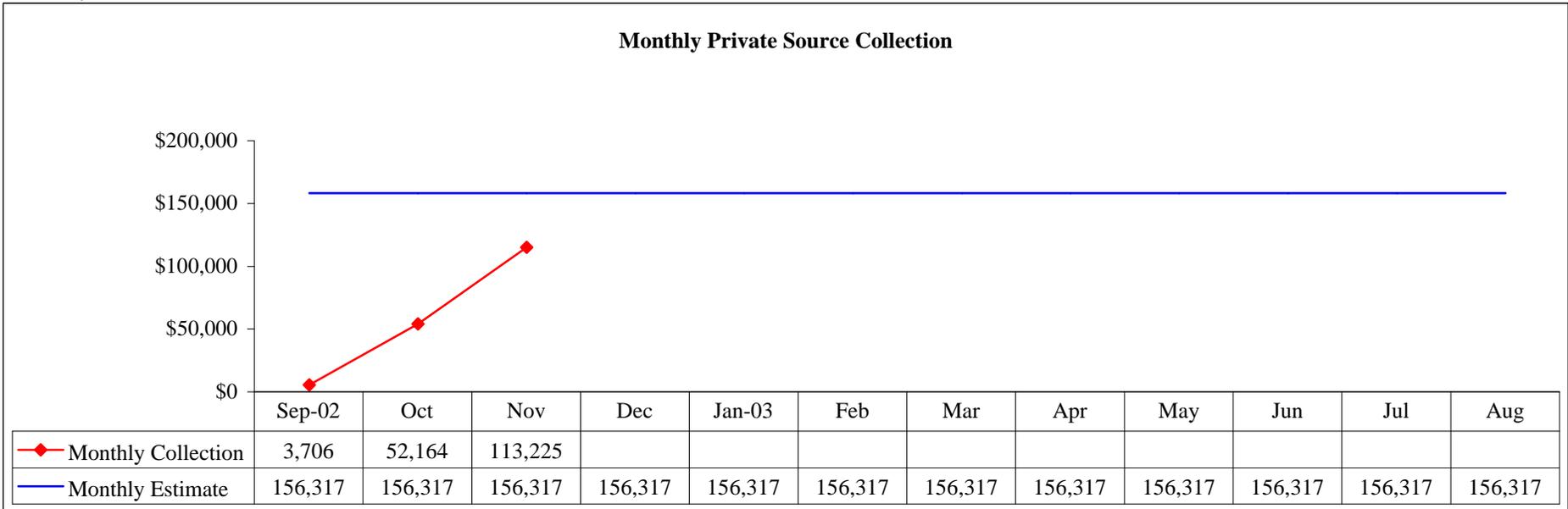
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$121,368)



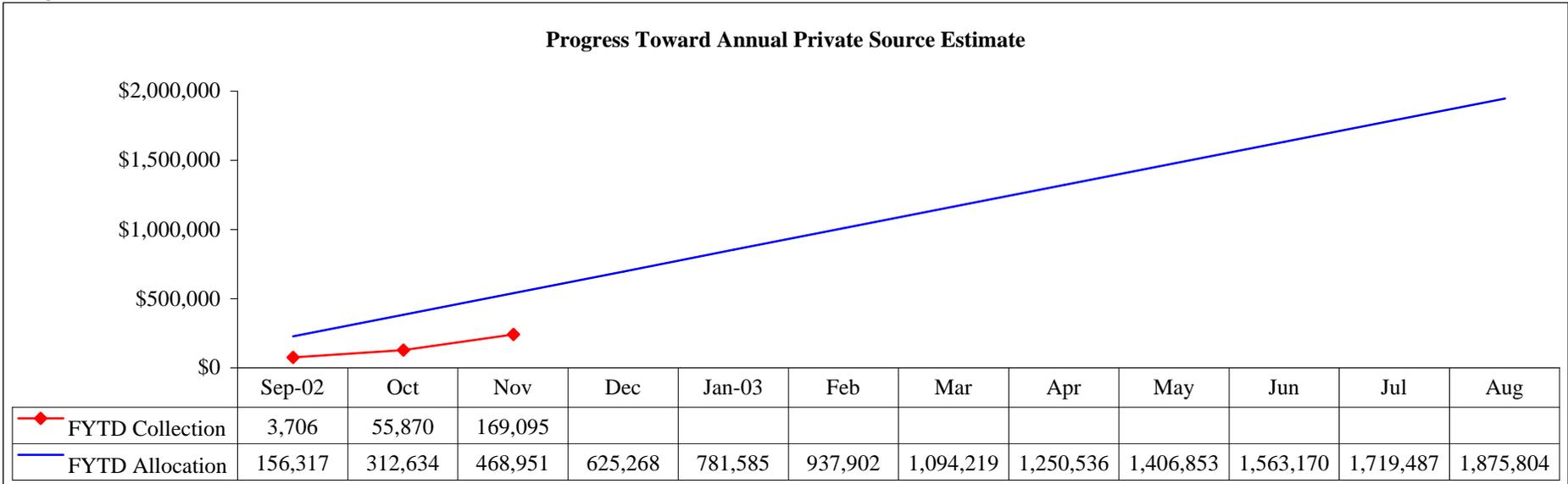
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,456,416)



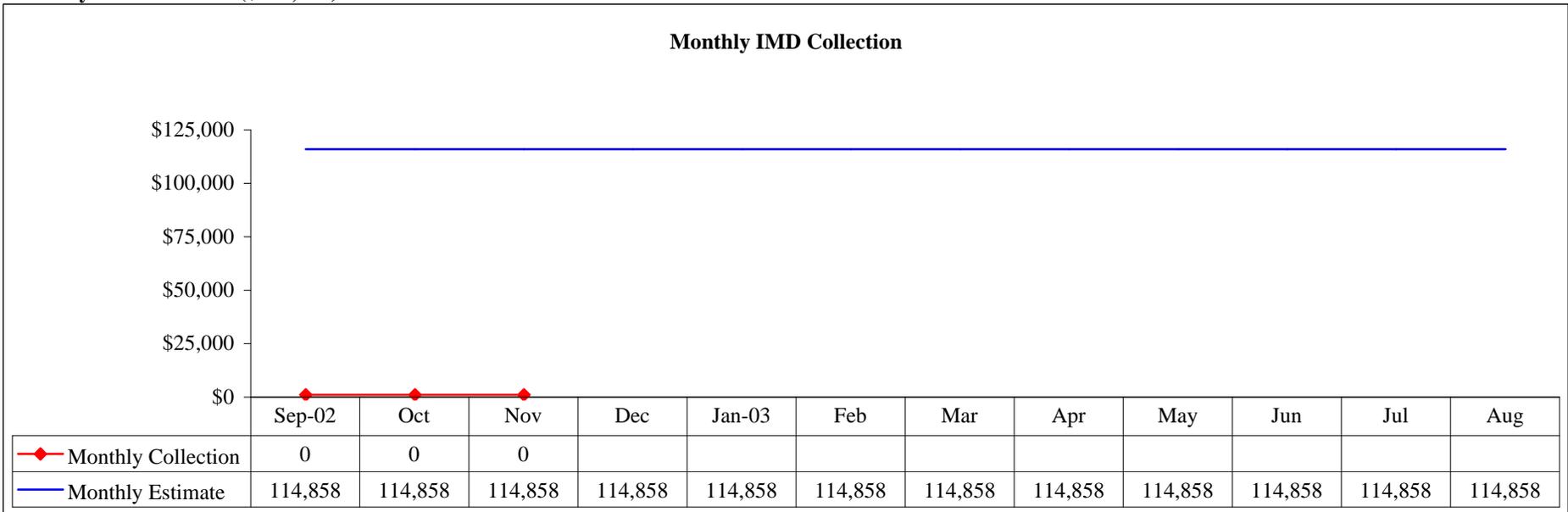
Objective 1E - FY 2003 Revenue Estimates
Austin State Hospital
Monthly Private Source Estimate (\$156,317)



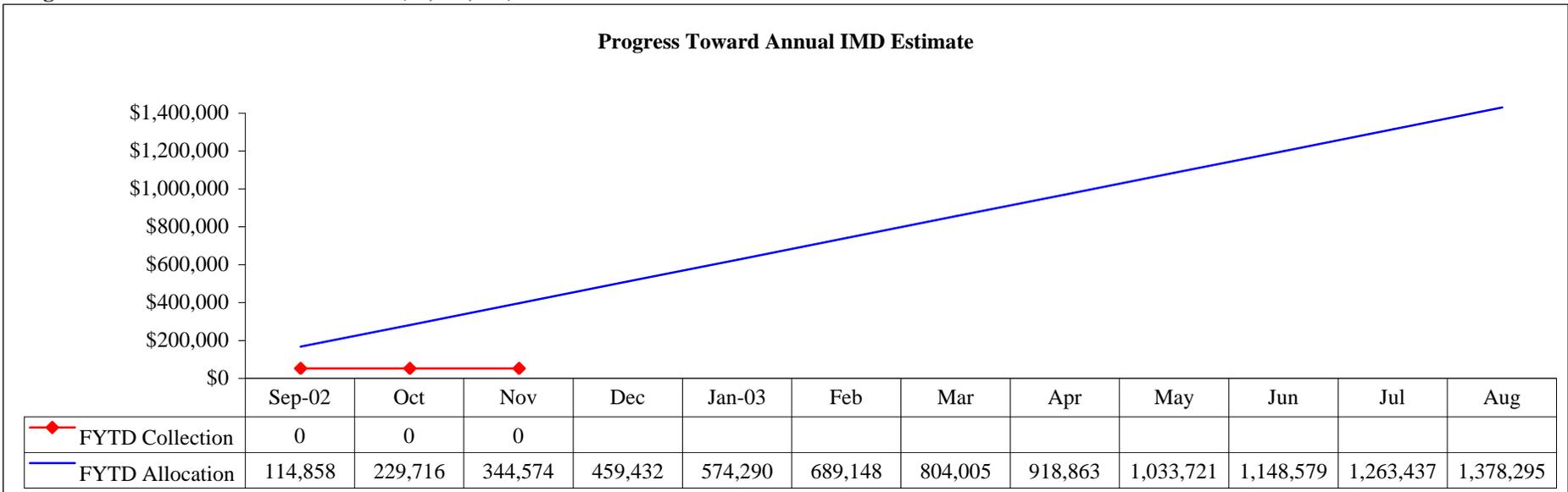
Progress Toward Annual Private Source Estimate (\$1,875,804)



Objective 1E - FY 2003 Revenue Estimates
Austin State Hospital
Monthly IMD Estimate (\$114,858)



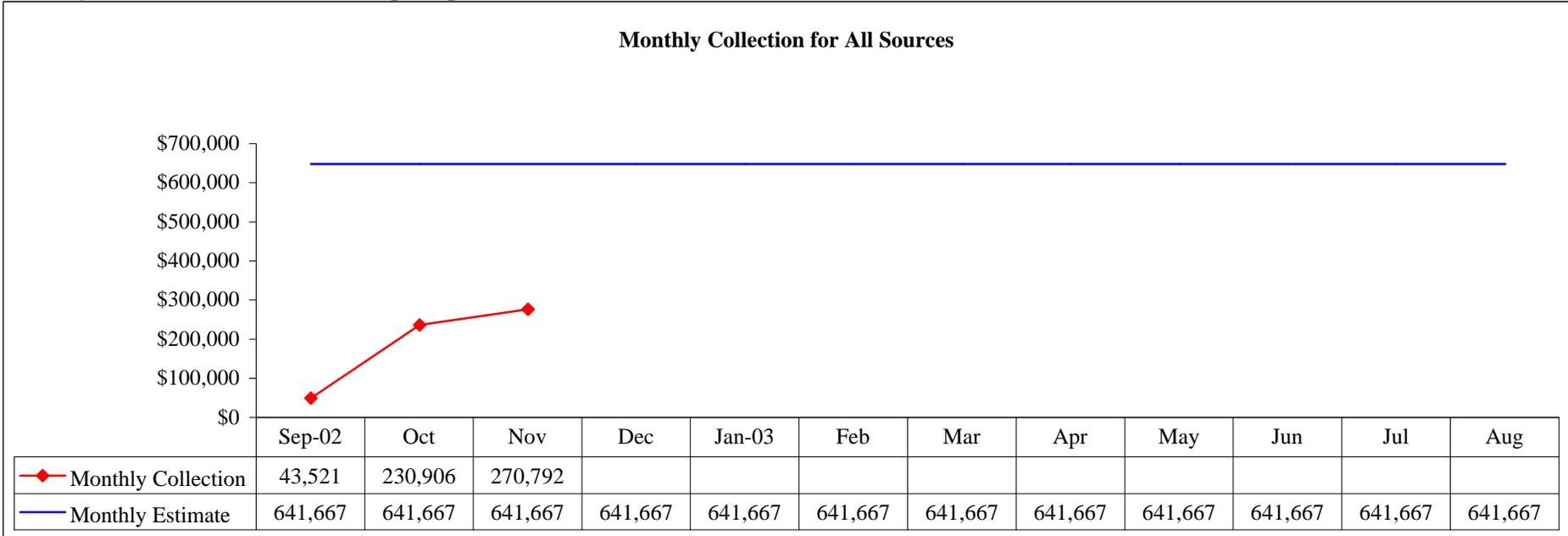
Progress Toward Annual IMD Estimate (\$1,378,295)



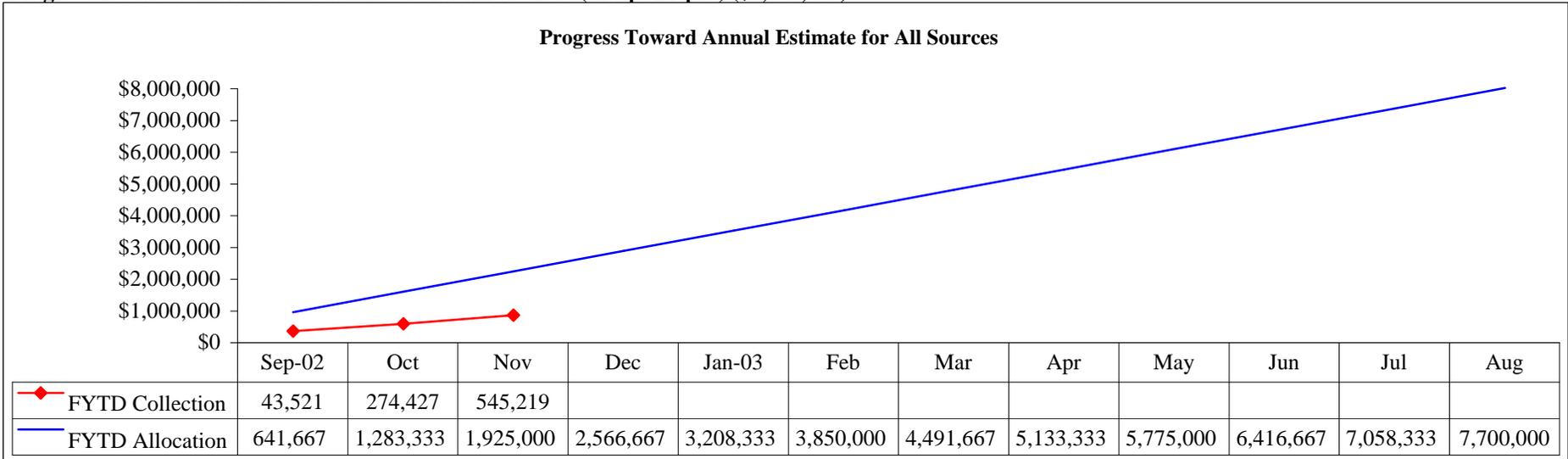
Objective 1E - FY 2003 Revenue Estimates

Austin State Hospital

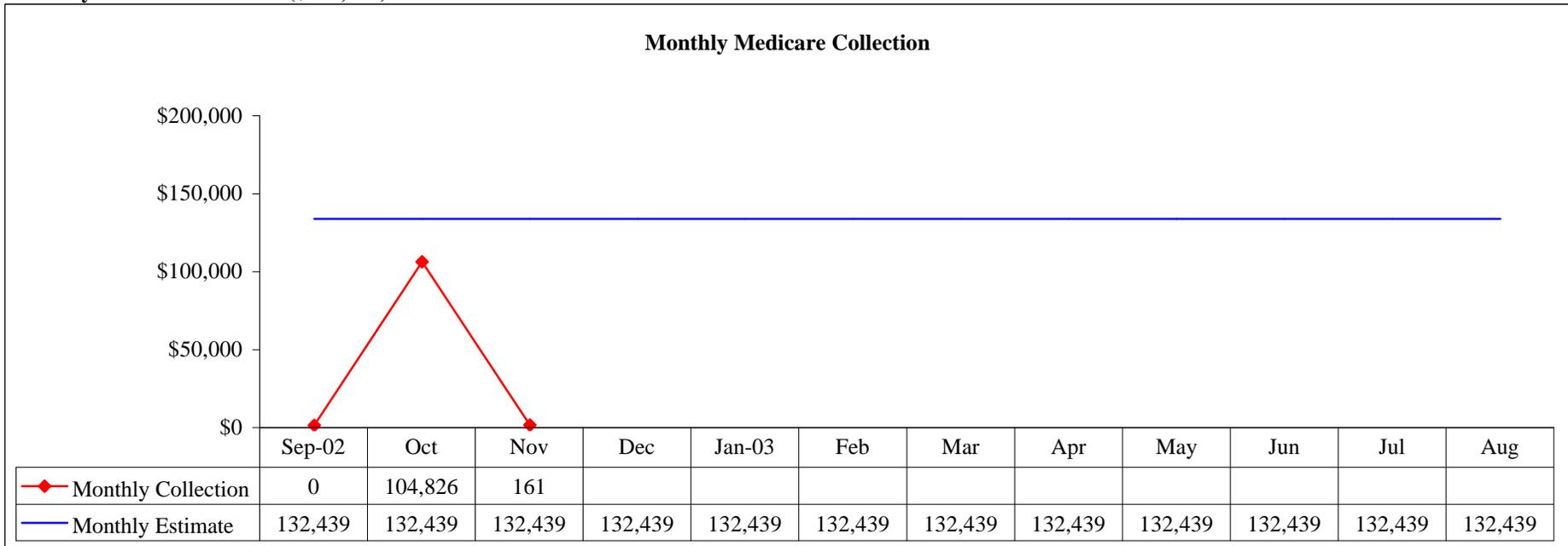
Monthly Estimate For All Sources (except Dispro) (\$641,667)



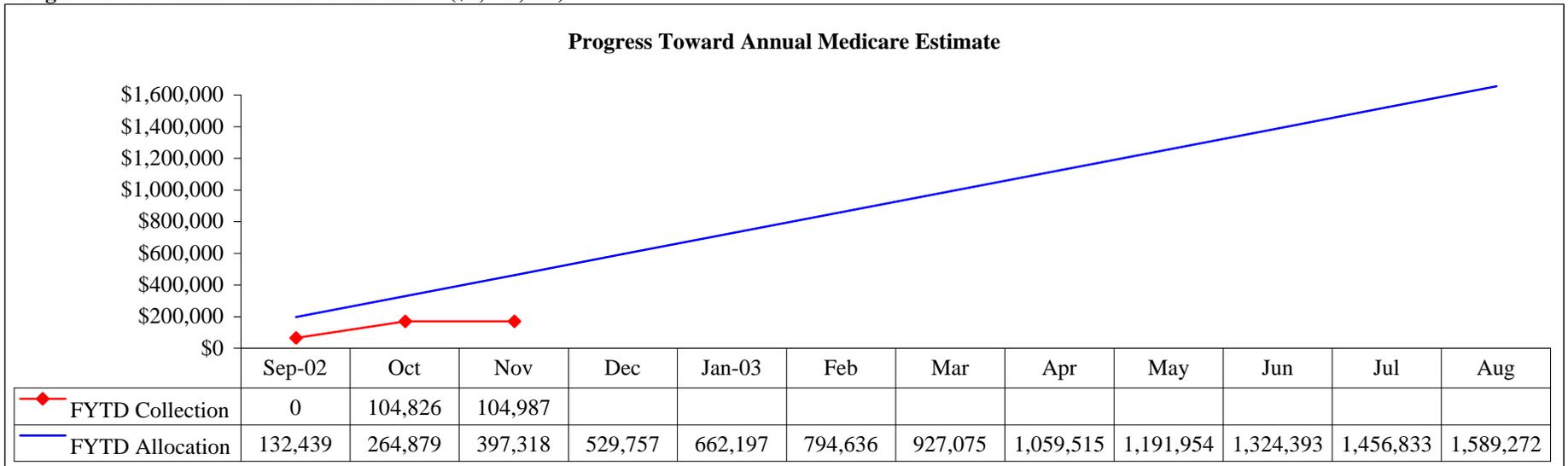
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$7,700,000)



Objective 1E - FY 2003 Revenue Estimates
Big Spring State Hospital
Monthly Medicare Estimate (\$132,439)



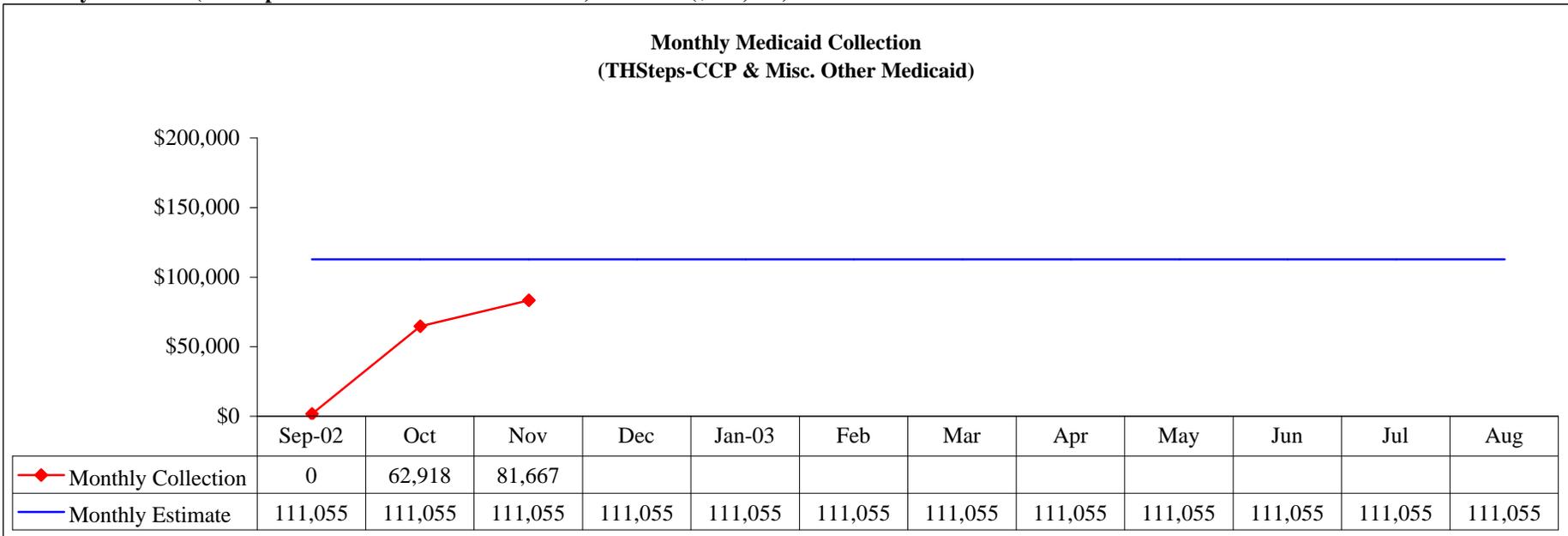
Progress Toward Annual Medicare Estimate (\$1,589,272)



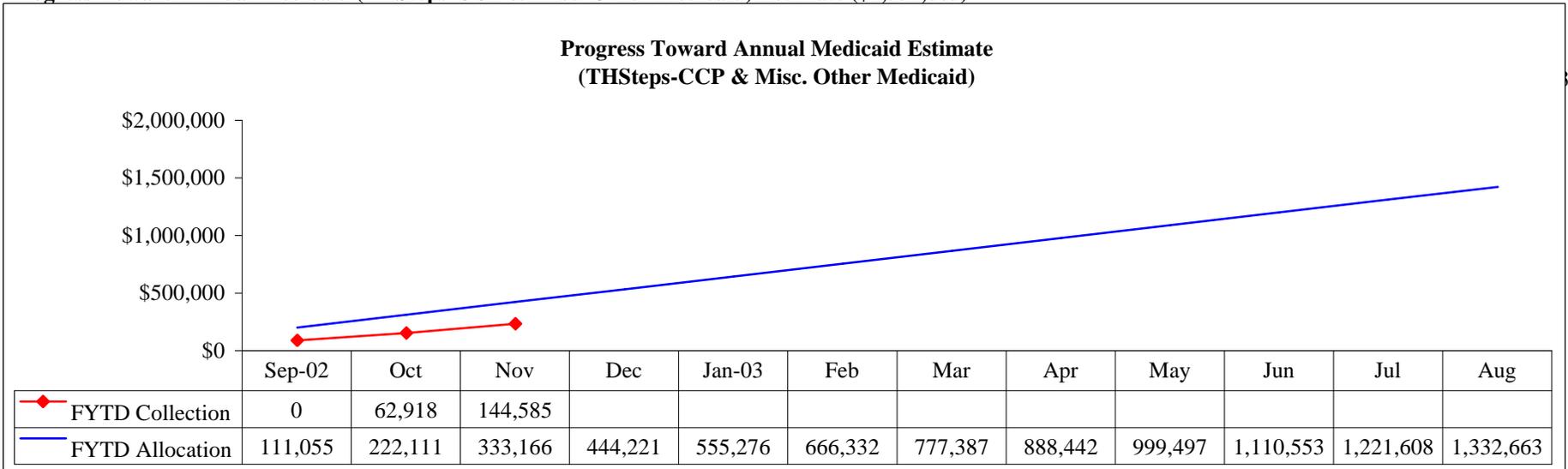
Objective 1E - FY 2003 Revenue Estimates

Big Spring State Hospital

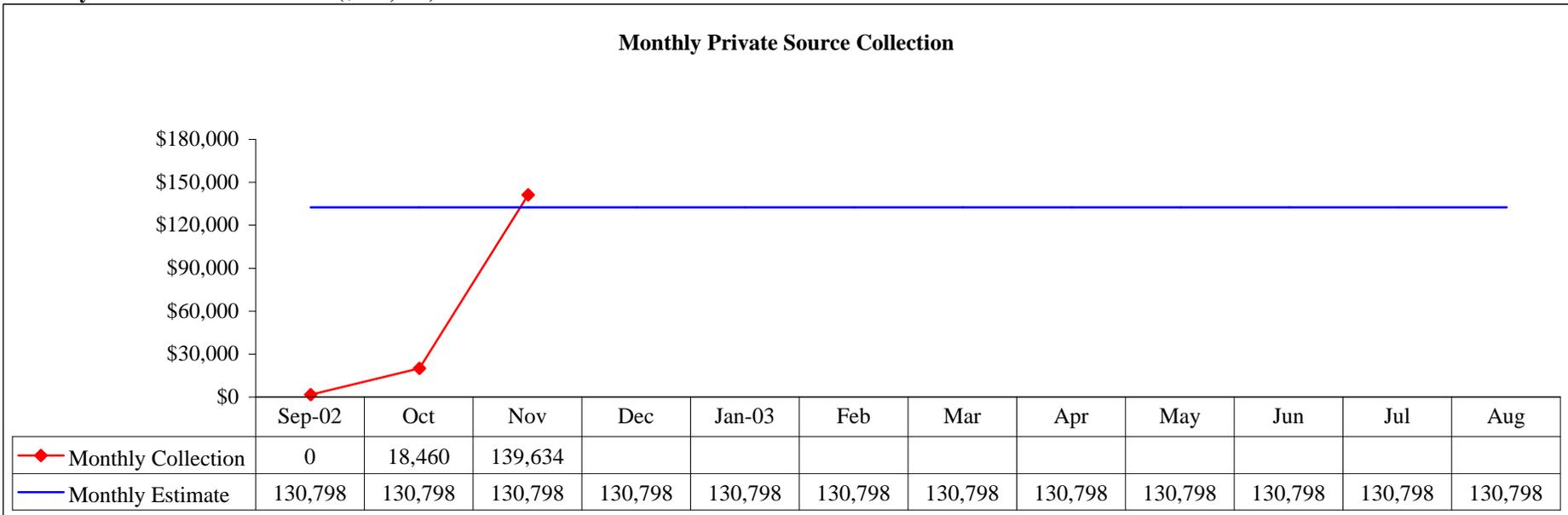
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$111,055)



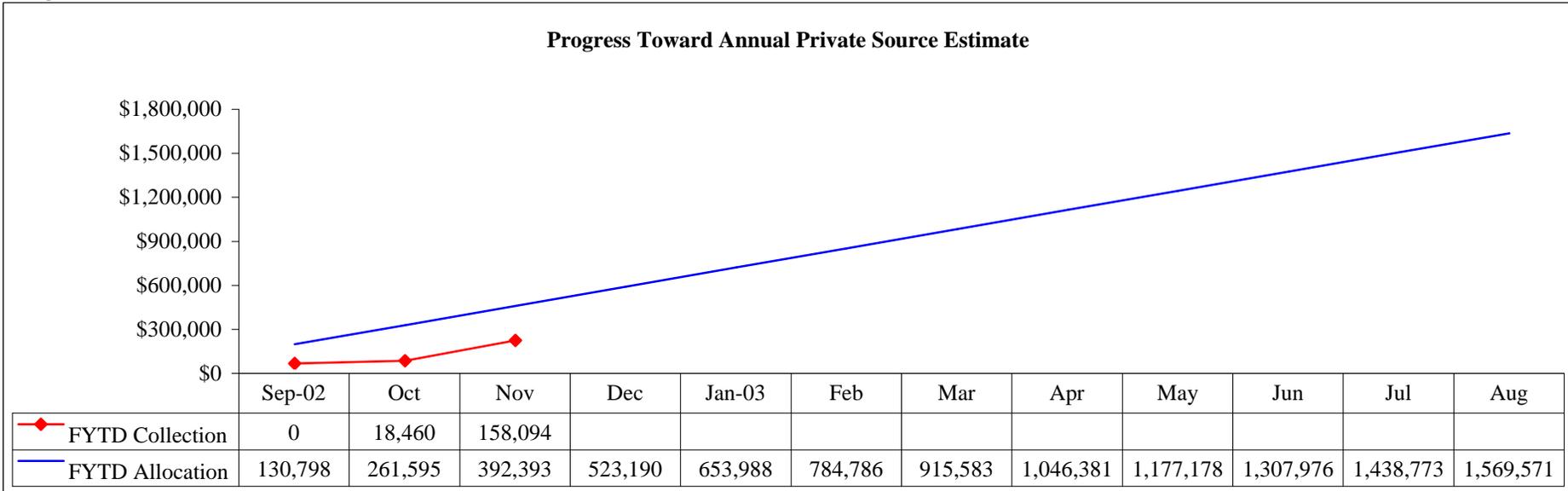
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$1,332,663)



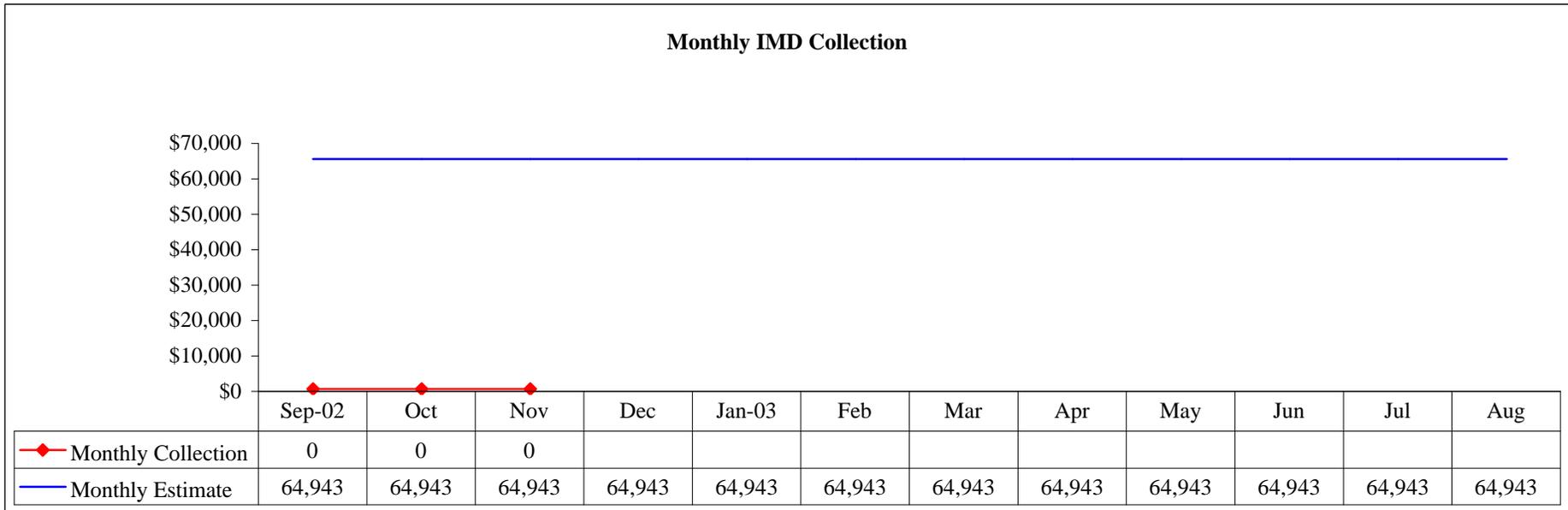
Objective 1E - FY 2003 Revenue Estimates
Big Spring State Hospital
Monthly Private Source Estimate (\$130,798)



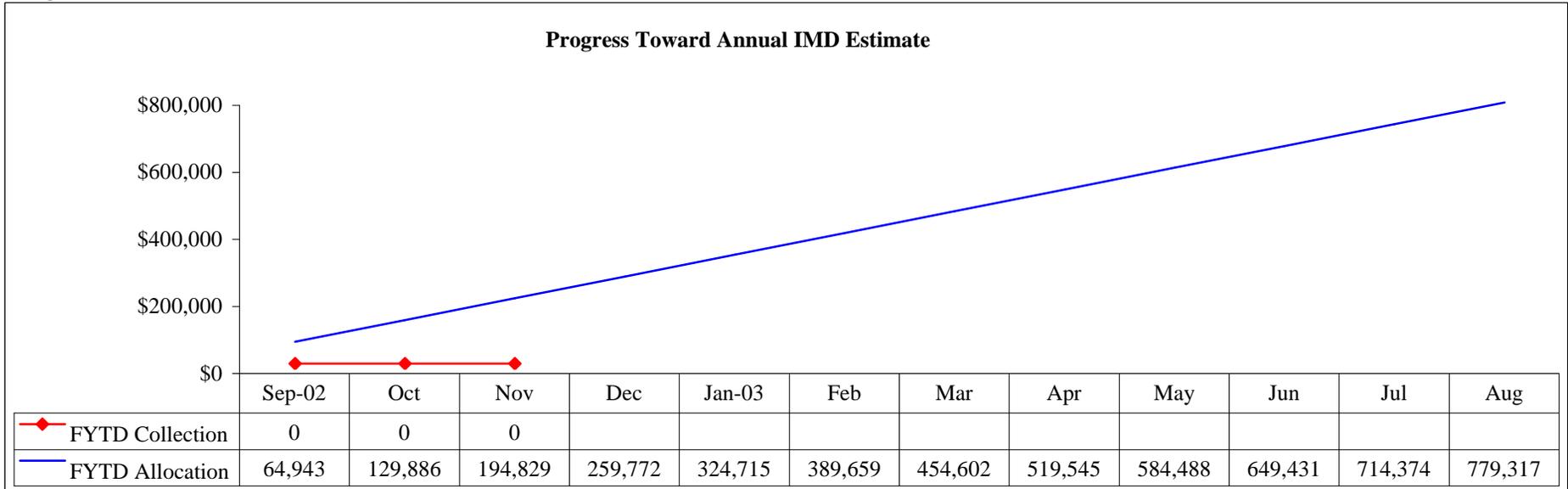
Progress Toward Annual Private Source Estimate (\$1,569,571)



Objective 1E - FY 2003 Revenue Estimates
Big Spring State Hospital
Monthly IMD Estimate (\$64,943)



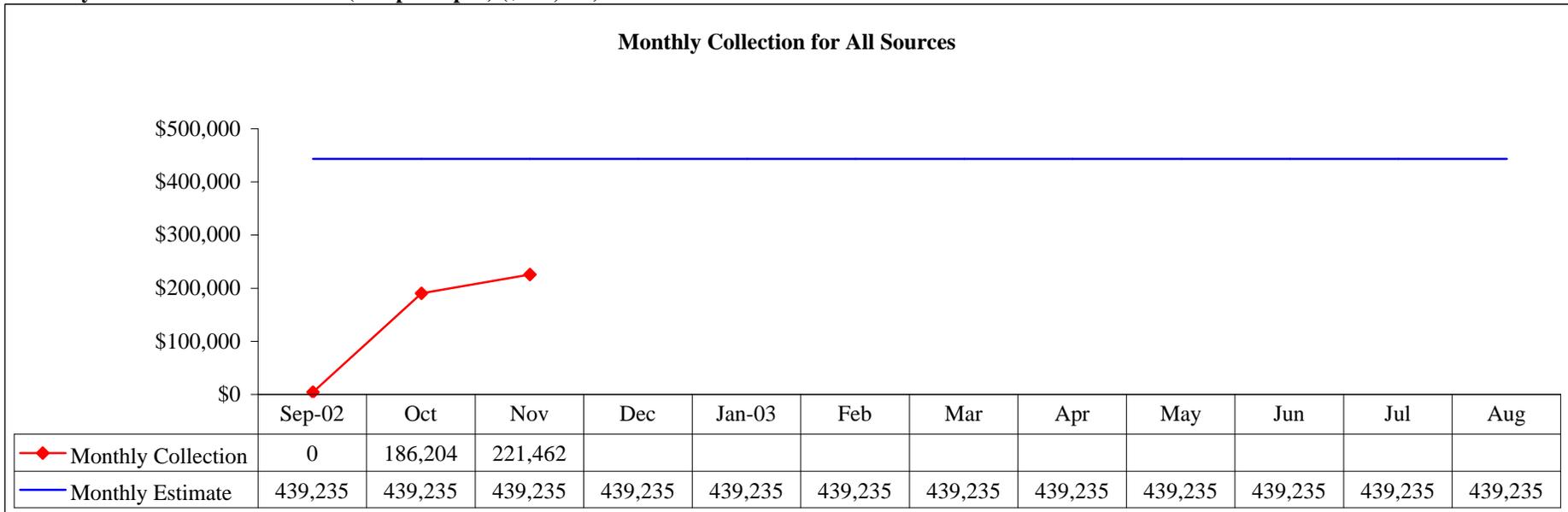
Progress Toward Annual IMD Estimate (\$779,317)



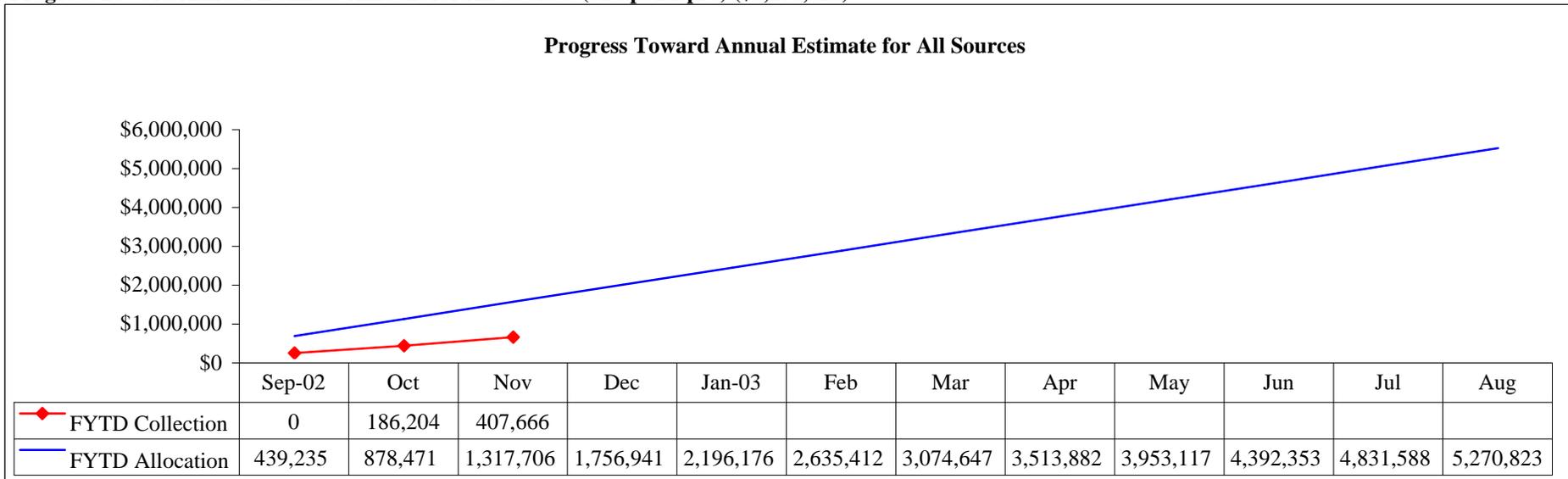
Objective 1E - FY 2003 Revenue Estimates

Big Spring State Hospital

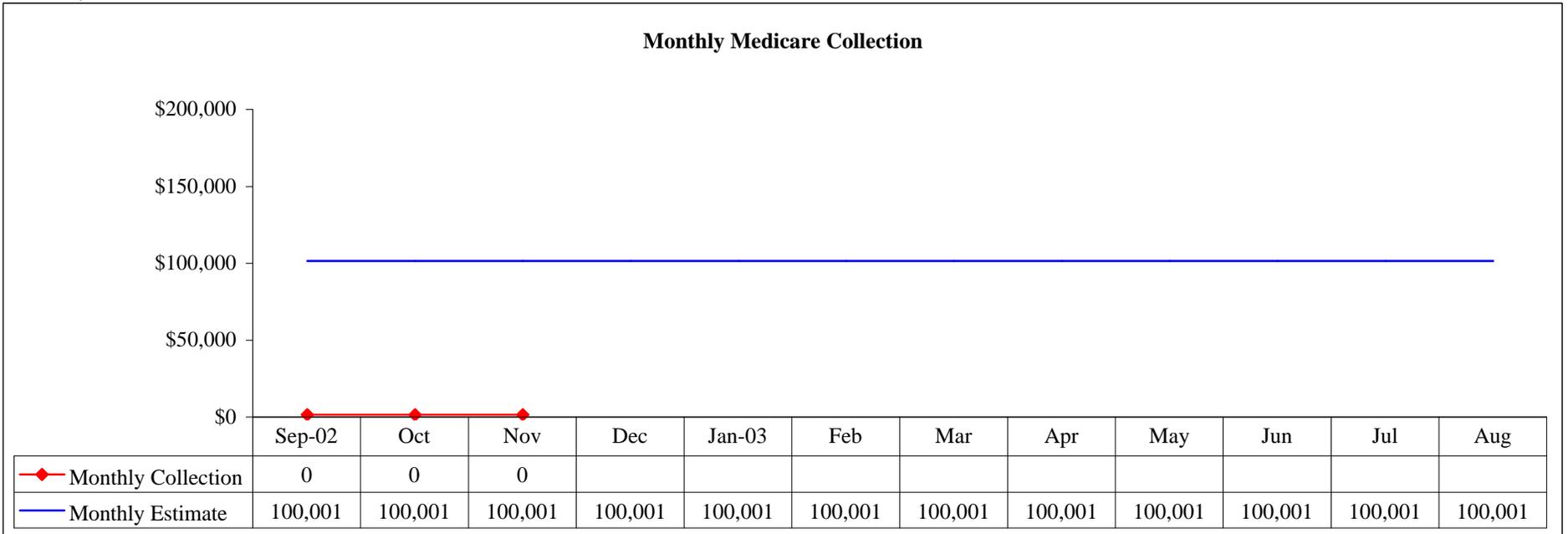
Monthly Estimate For All Sources (except Dispro) (\$439,235)



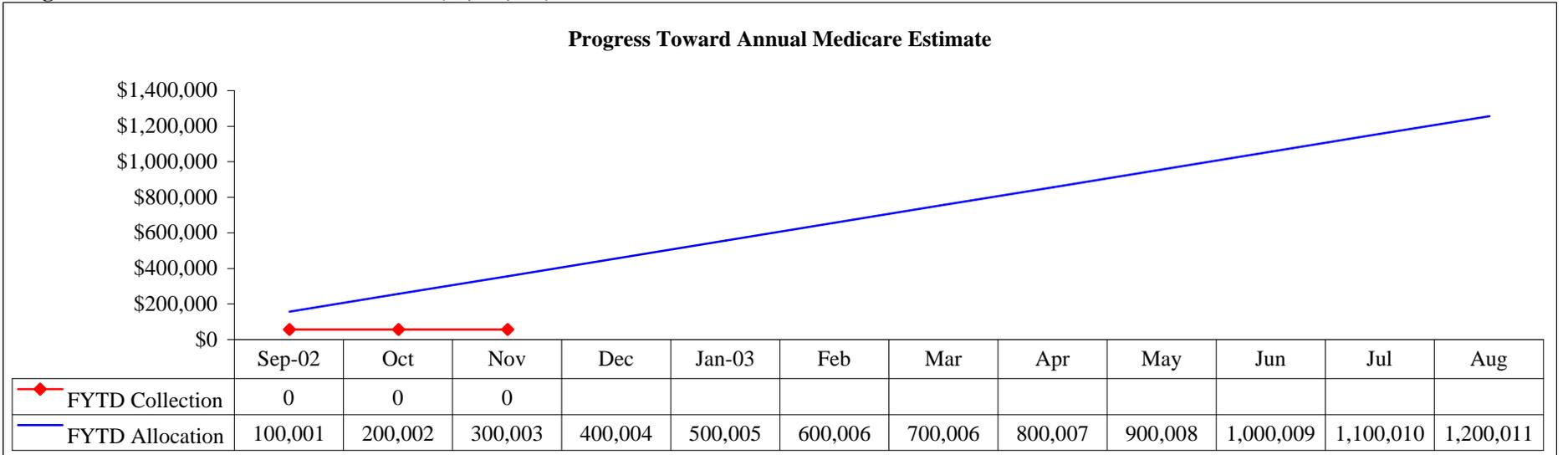
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$5,270,823)



Objective 1E - FY 2003 Revenue Estimates
El Paso Psychiatric Center
Monthly Medicare Estimate (\$100,001)



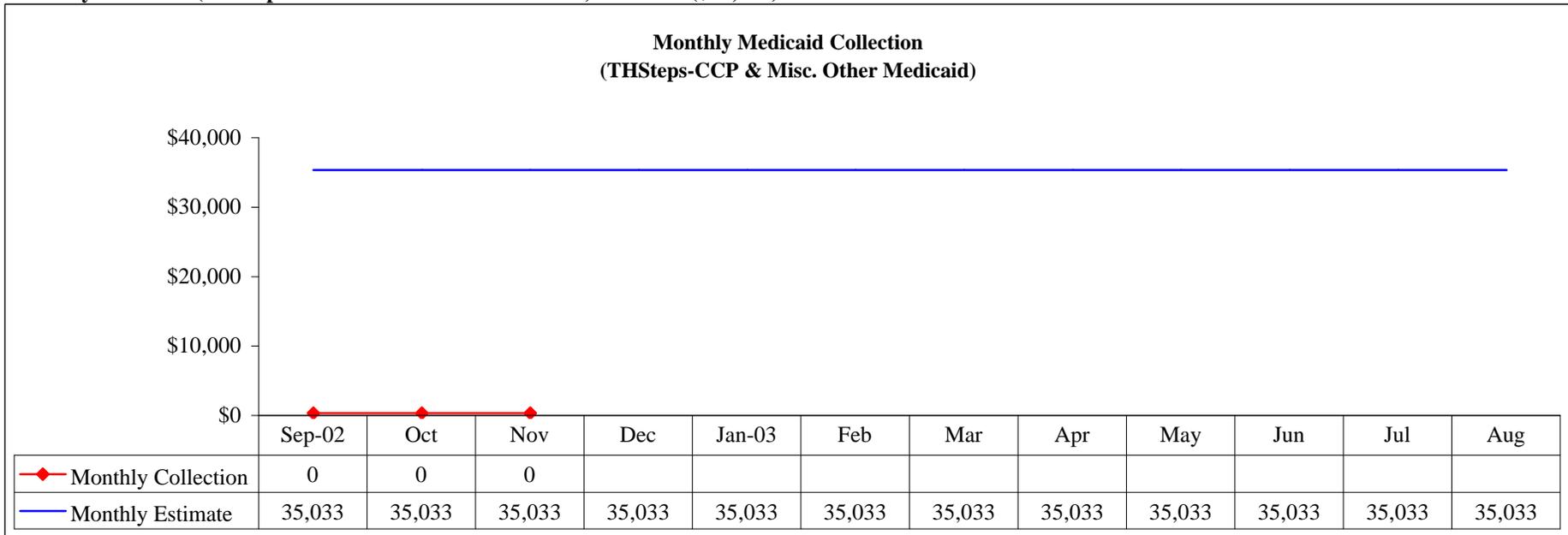
Progress Toward Annual Medicare Estimate (\$1,200,011)



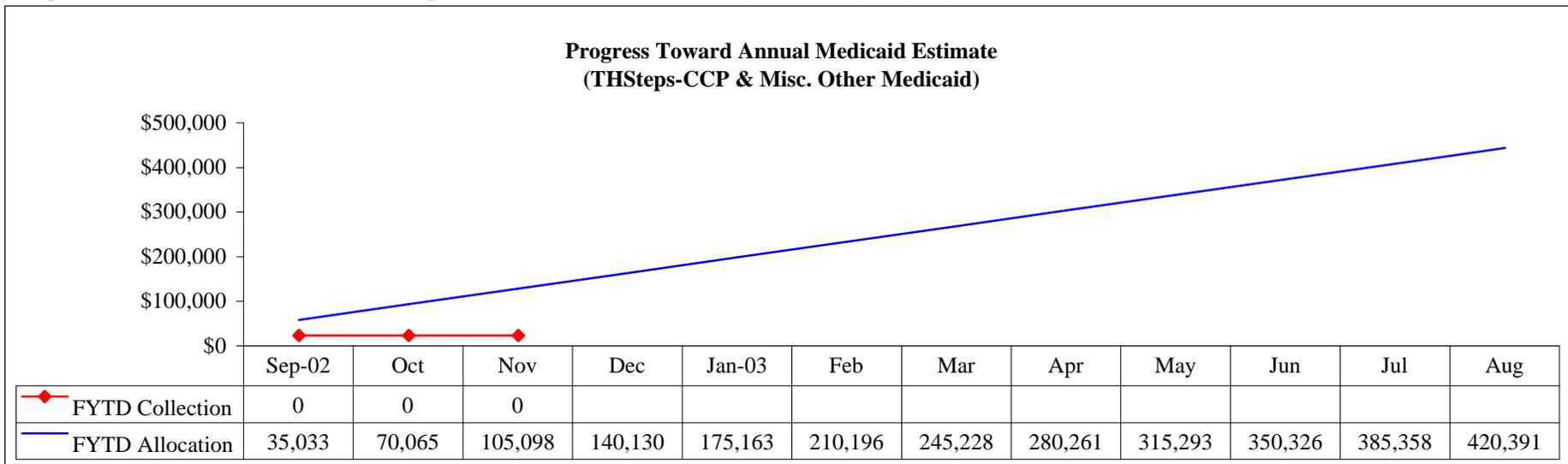
Objective 1E - FY 2003 Revenue Estimates

El Paso Psychiatric Center

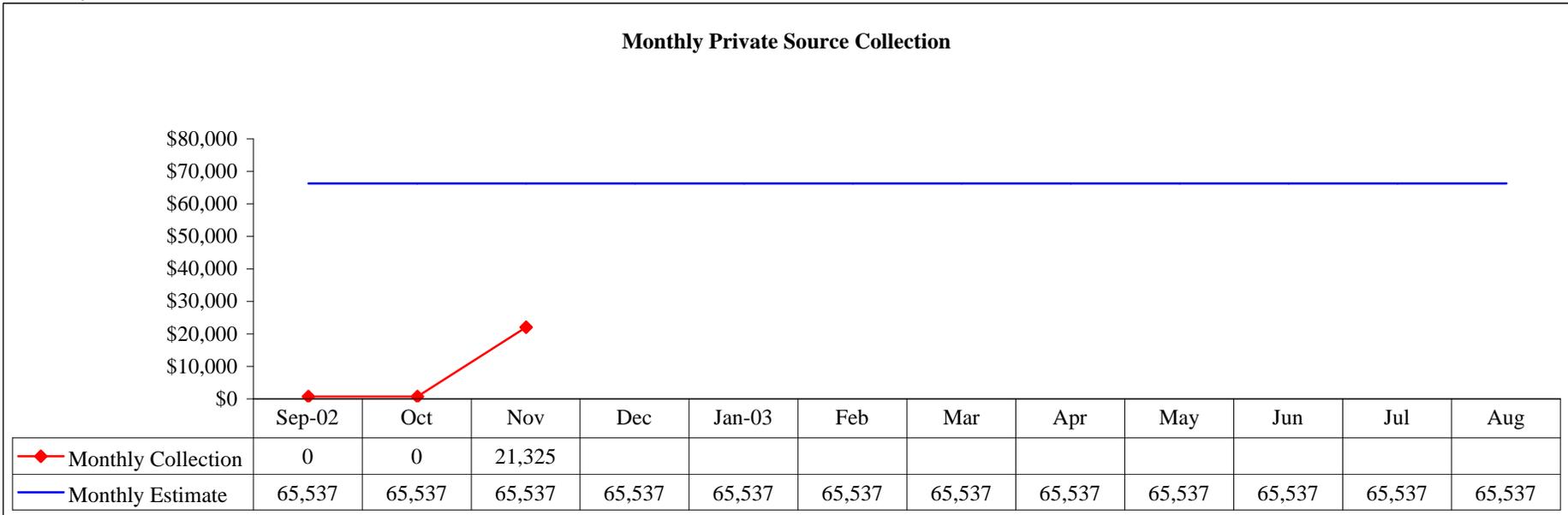
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$35,033)



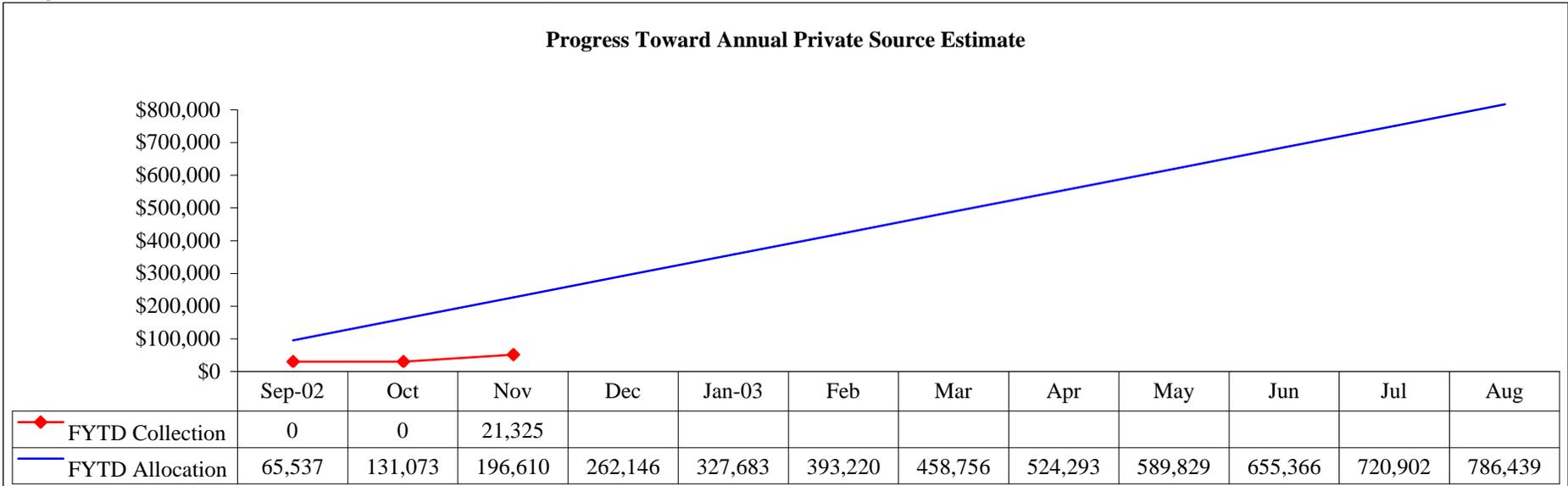
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$420,391)



Objective 1E - FY 2003 Revenue Estimates
El Paso Psychiatric Center
Monthly Private Source Estimate (\$65,537)



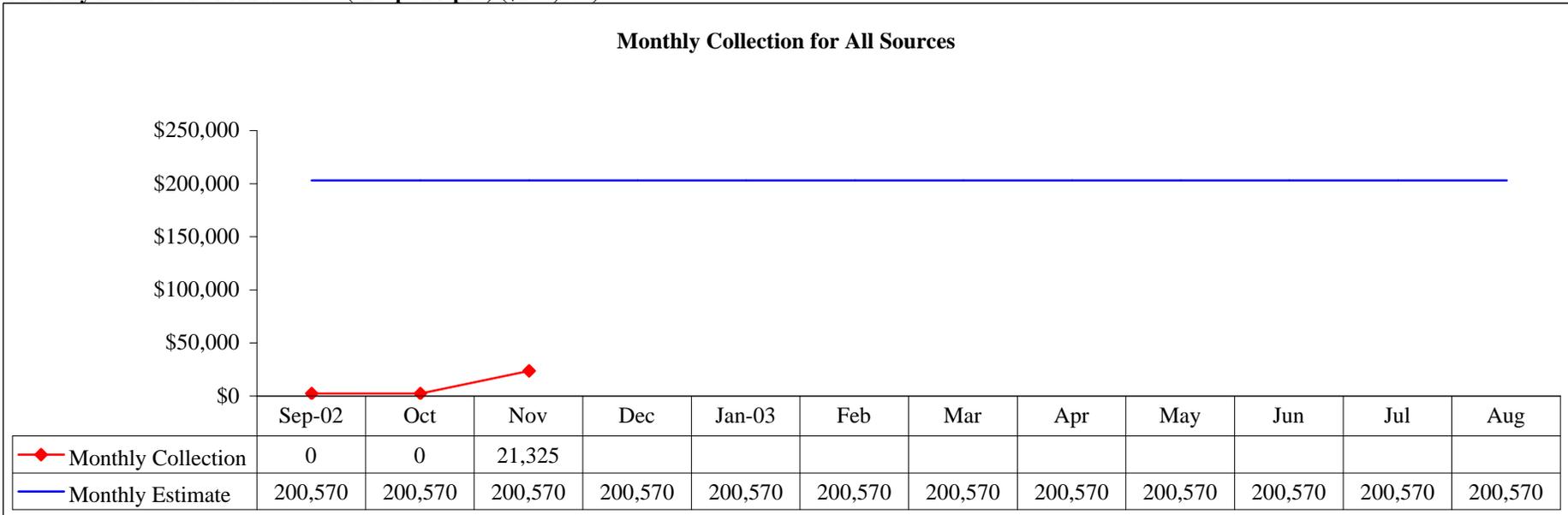
Progress Toward Annual Private Source Estimate (\$786,439)



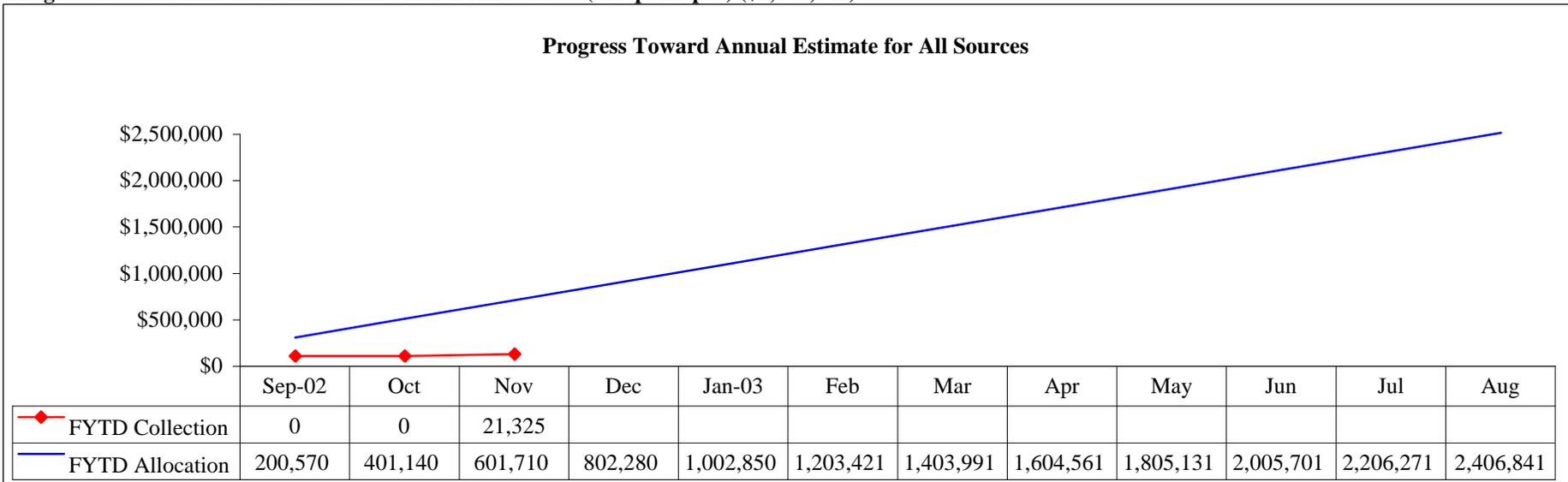
Objective 1E - FY 2003 Revenue Estimates

El Paso Psychiatric Center

Monthly Estimate For All Sources (except Dispro) (\$200,570)

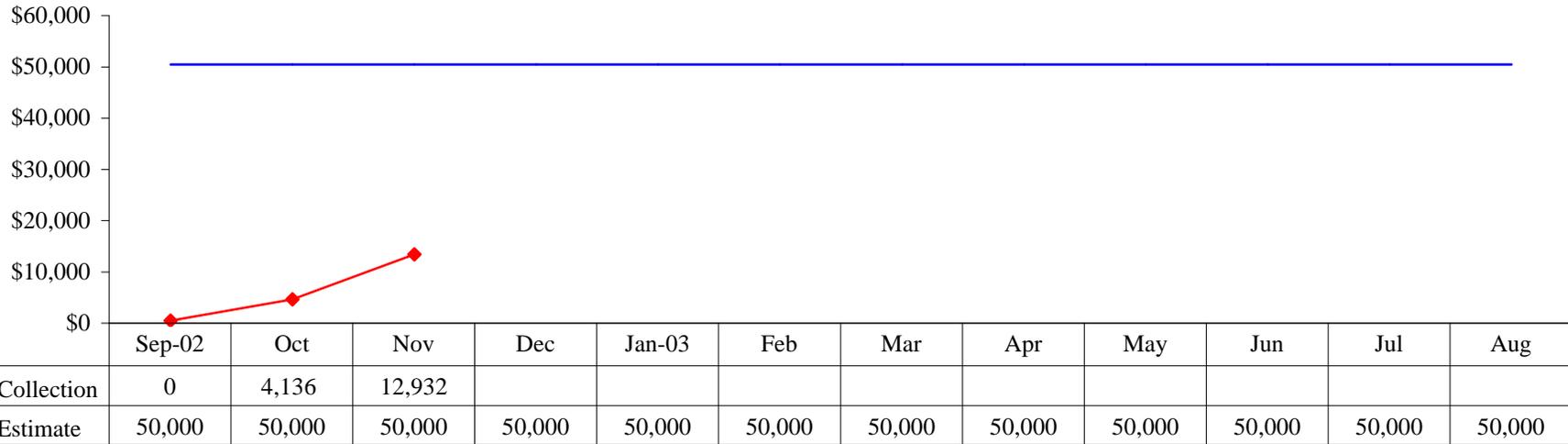


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$2,406,841)



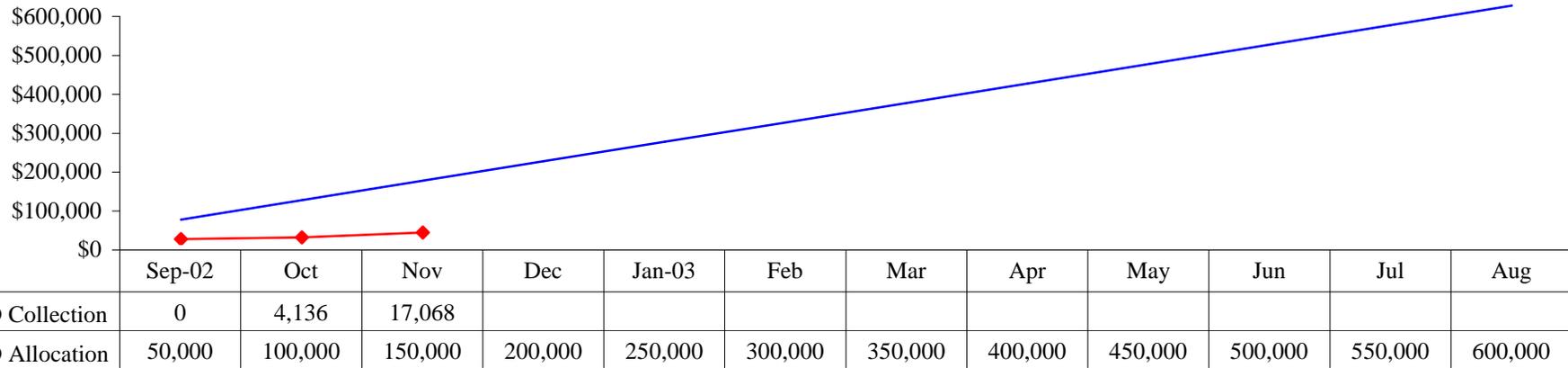
Objective 1E - FY 2003 Revenue Estimate
Kerrville State Hospital
Monthly Medicare Estimate (\$50,000)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$600,000)

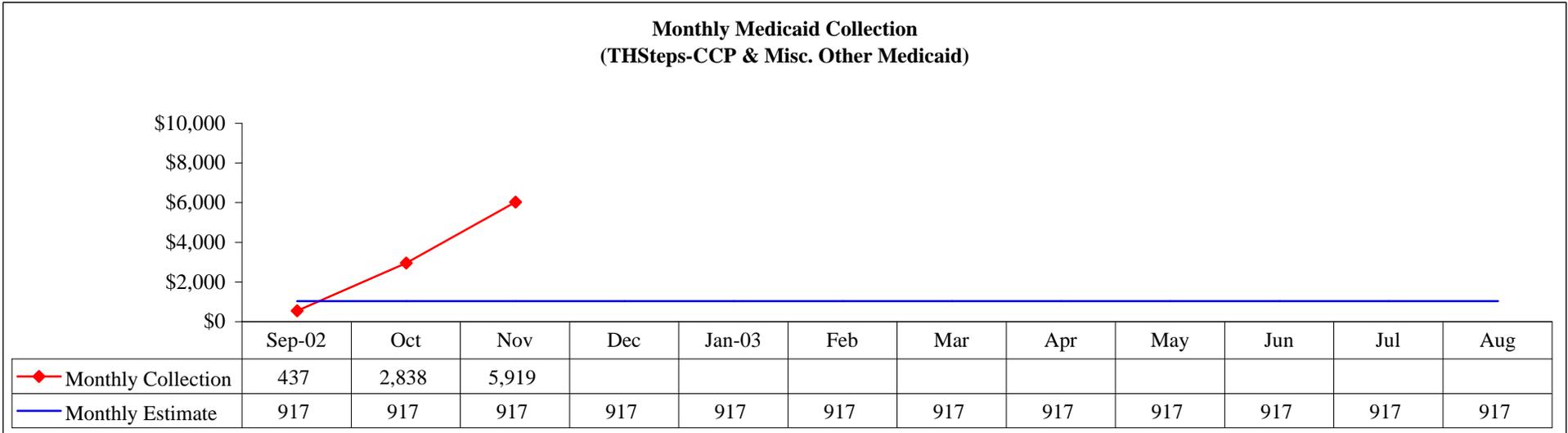
Progress Toward Annual Medicare Estimate



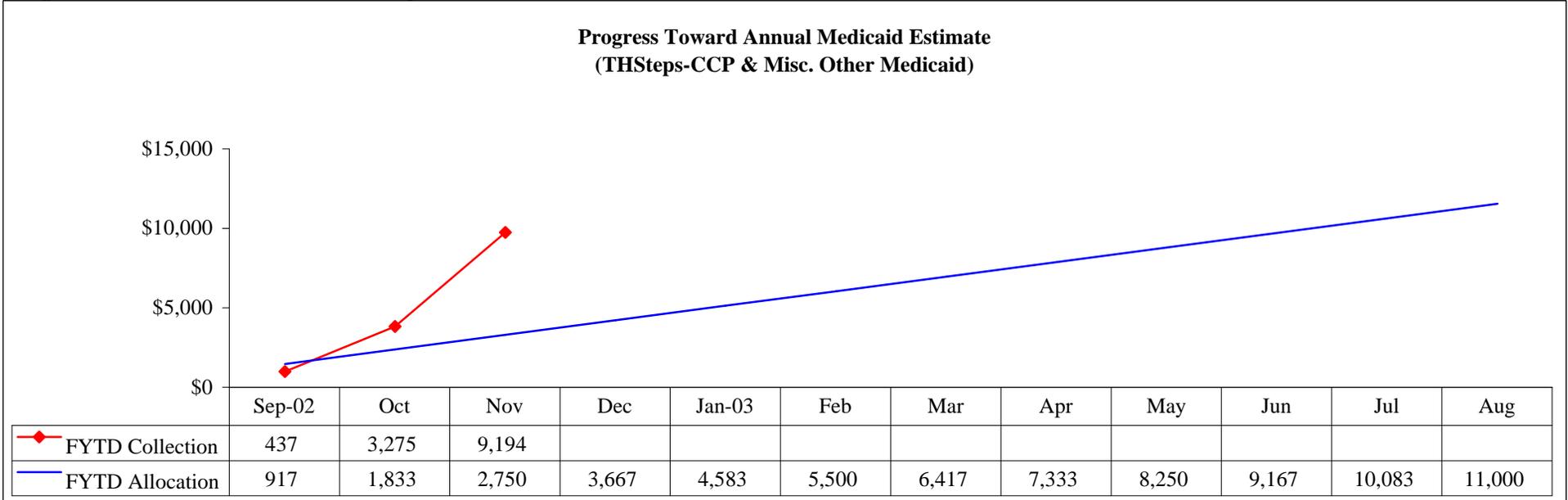
Objective 1E - FY 2003 Revenue Estimate

Kerrville State Hospital

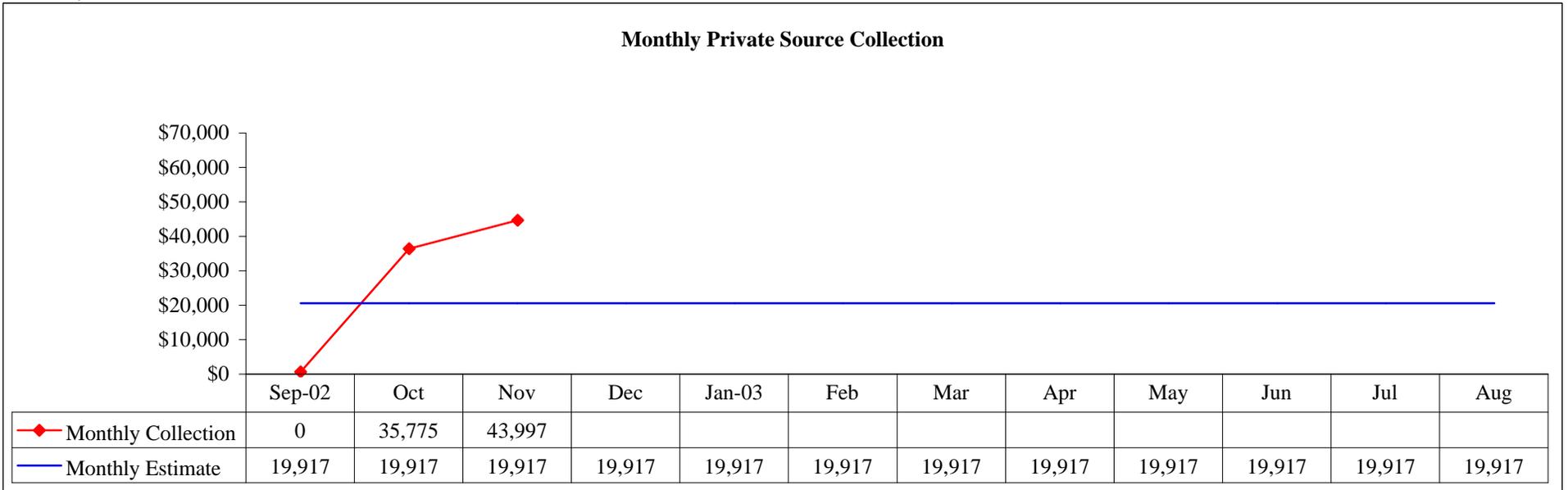
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$917)



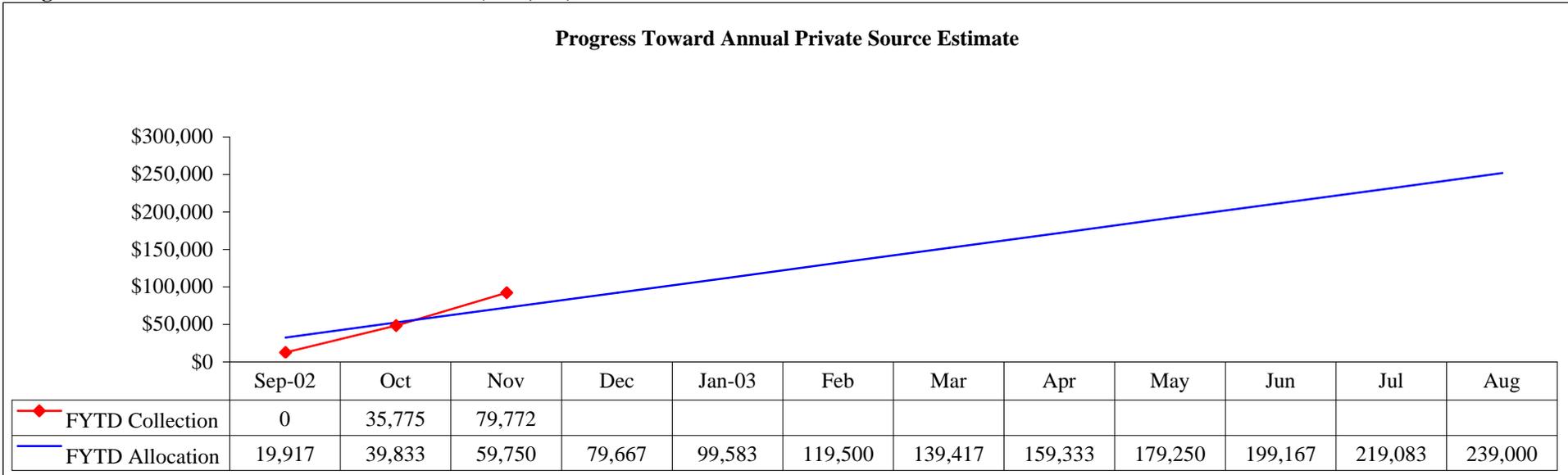
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$11,000)



Objective 1E - FY 2003 Revenue Estimate
Kerrville State Hospital
Monthly Private Source Estimate (\$19,917)

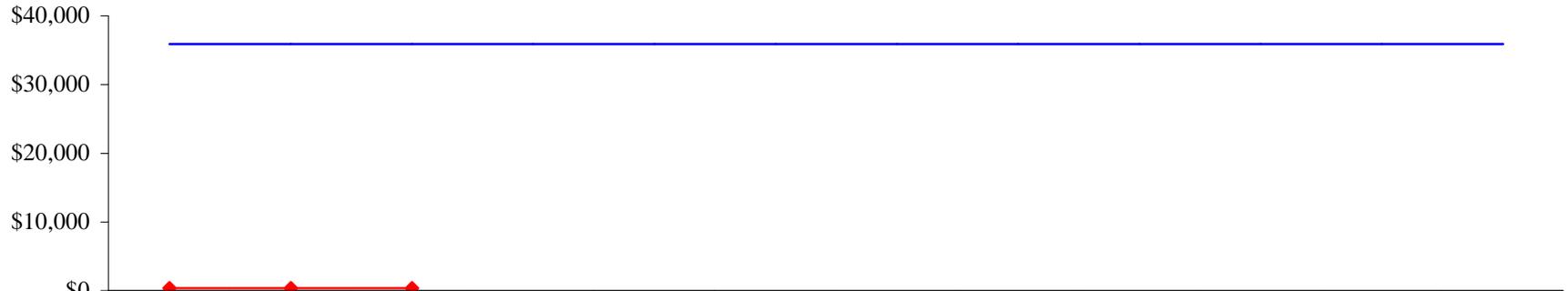


Progress Toward Annual Private Source Estimate (\$239,000)



Objective 1E - FY 2003 Revenue Estimate
Kerrville State Hospital
Monthly IMD Estimate (\$35,520)

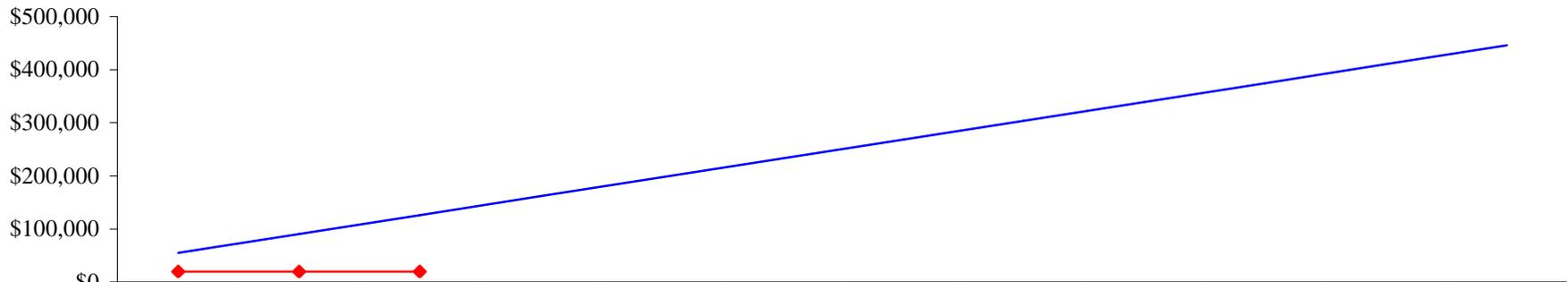
Monthly IMD Collection



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Monthly Collection	0	0	0									
— Monthly Estimate	35,520	35,520	35,520	35,520	35,520	35,520	35,520	35,520	35,520	35,520	35,520	35,520

Progress Toward Annual IMD Estimate (\$426,240)

Progress Toward Annual IMD Estimate

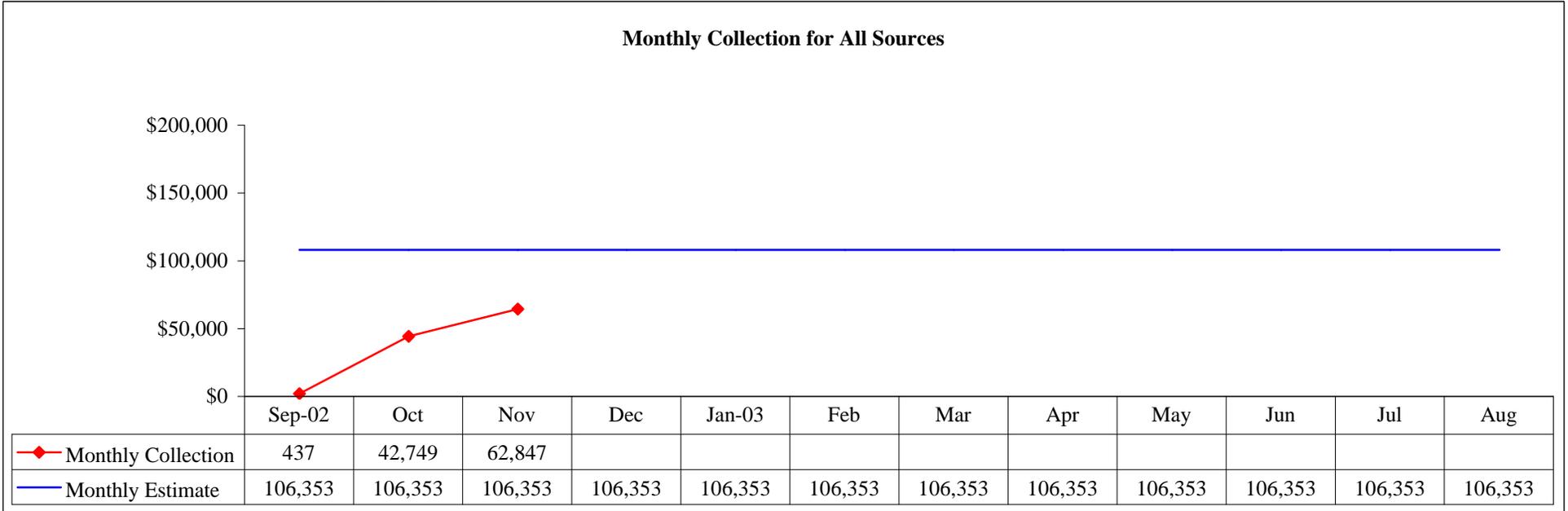


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	0	0	0									
— FYTD Allocation	35,520	71,040	106,560	142,080	177,600	213,120	248,640	284,160	319,680	355,200	390,720	426,240

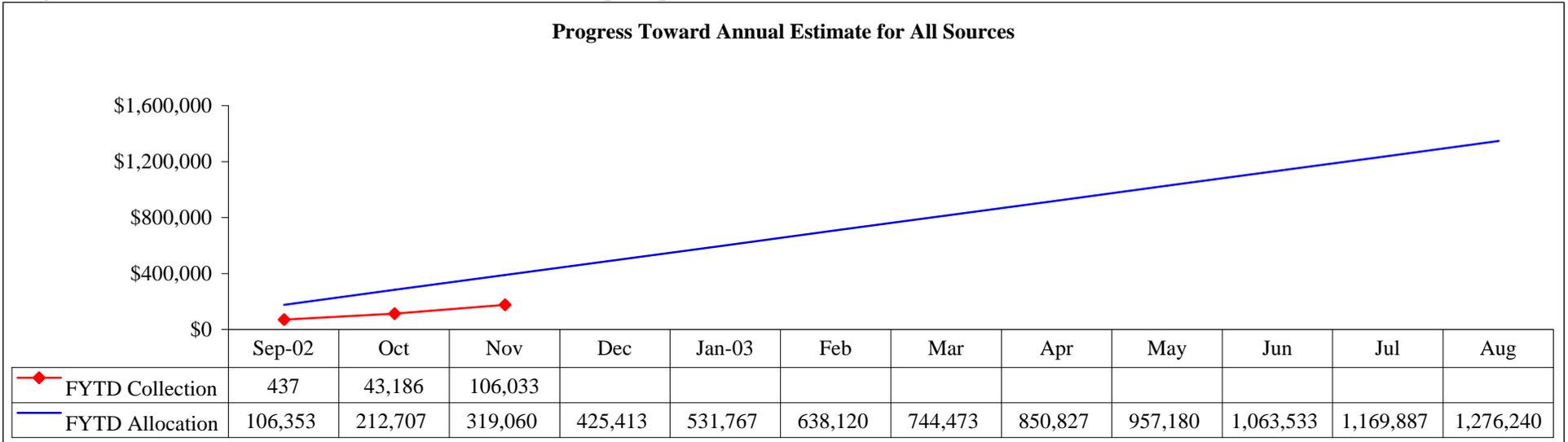
Objective 1E - FY 2003 Revenue Estimate

Kerrville State Hospital

Monthly Estimate For All Sources (except Dispro) (\$106,353)



Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$1,276,240)



Objective 1E - FY 2003 Revenue Estimate
North Texas State Hospital
Monthly Medicare Estimate (\$160,417)

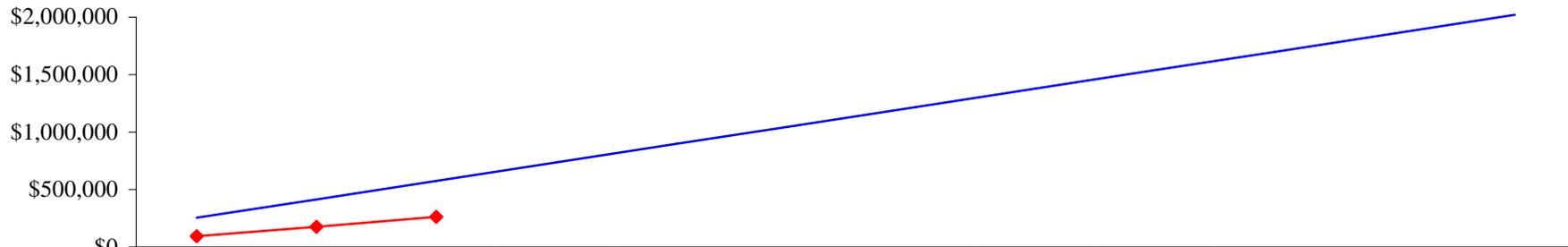
Monthly Medicare Collection



Monthly Collection	0	82,777	86,888									
Monthly Estimate	160,417	160,417	160,417	160,417	160,417	160,417	160,417	160,417	160,417	160,417	160,417	160,417

Progress Toward Annual Medicare Estimate (\$1,925,004)

Progress Toward Annual Medicare Estimate

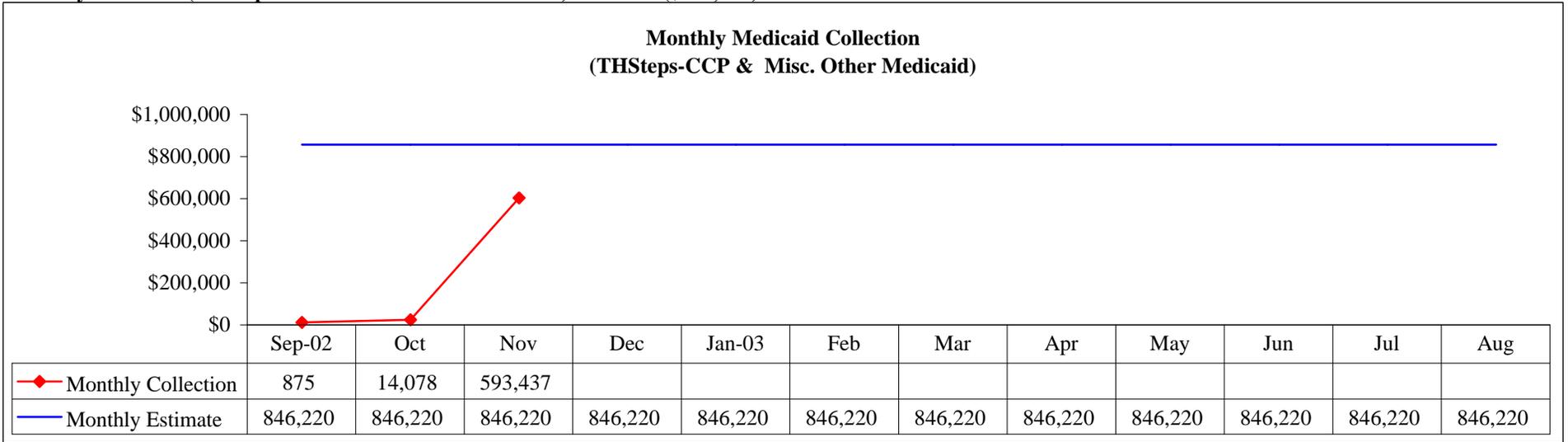


FYTD Collection	0	82,777	169,665									
FYTD Allocation	160,417	320,834	481,251	641,668	802,085	962,502	1,122,919	1,283,336	1,443,753	1,604,170	1,764,587	1,925,004

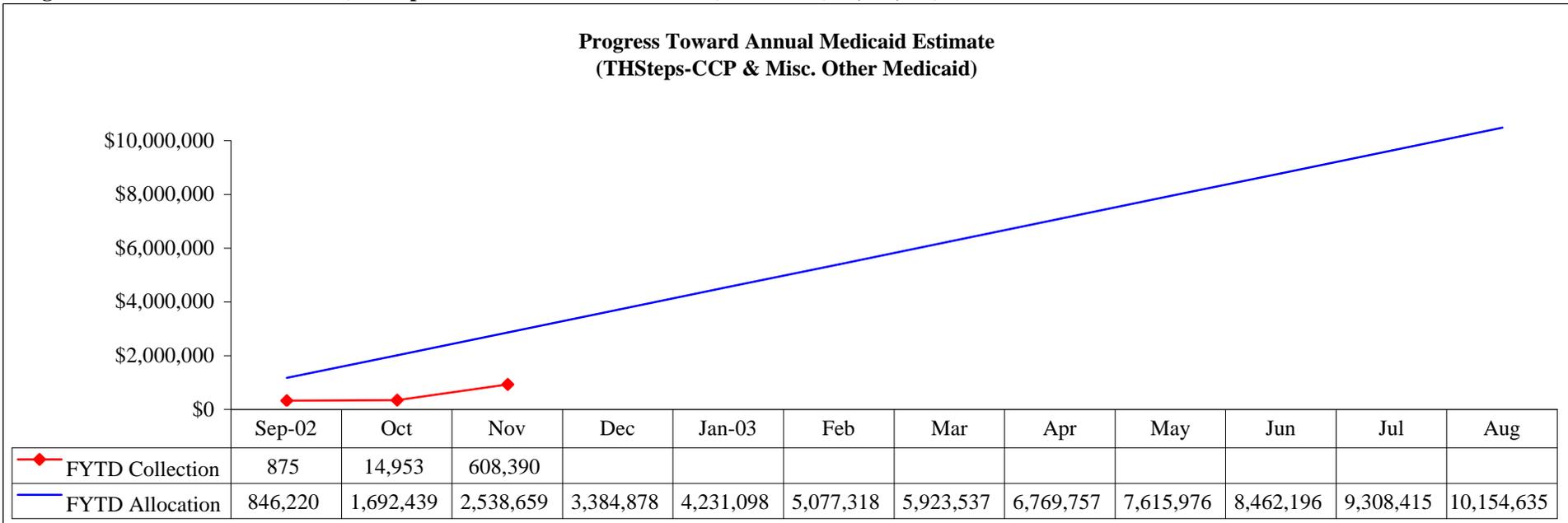
Objective 1E - FY 2003 Revenue Estimate

North Texas State Hospital

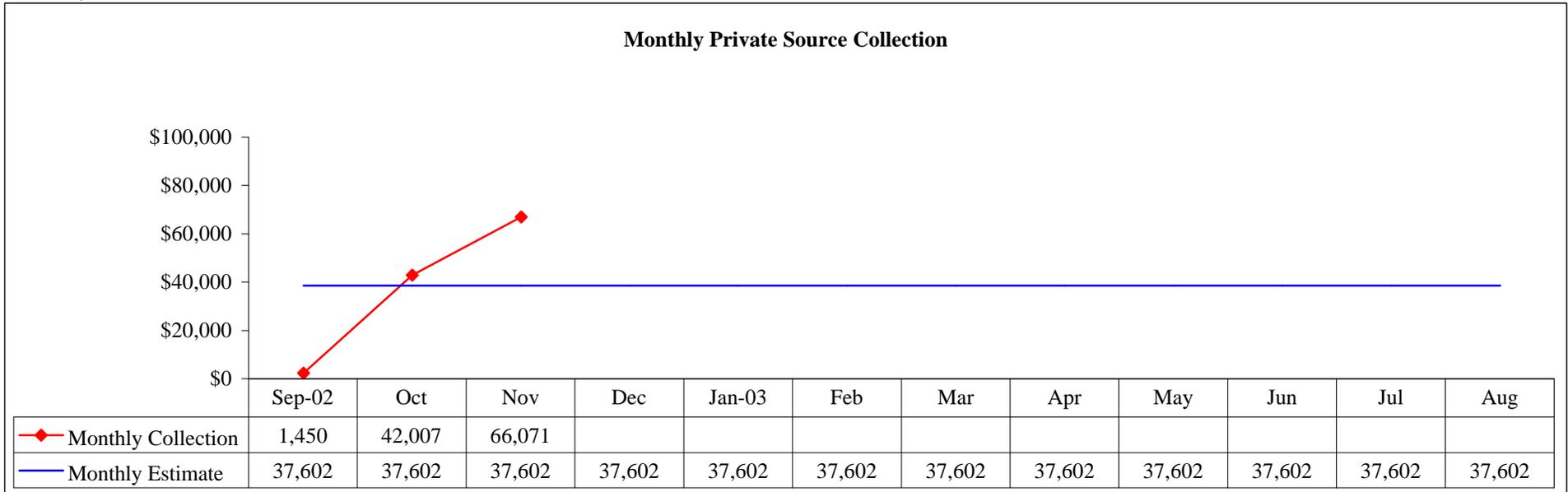
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$846,220)



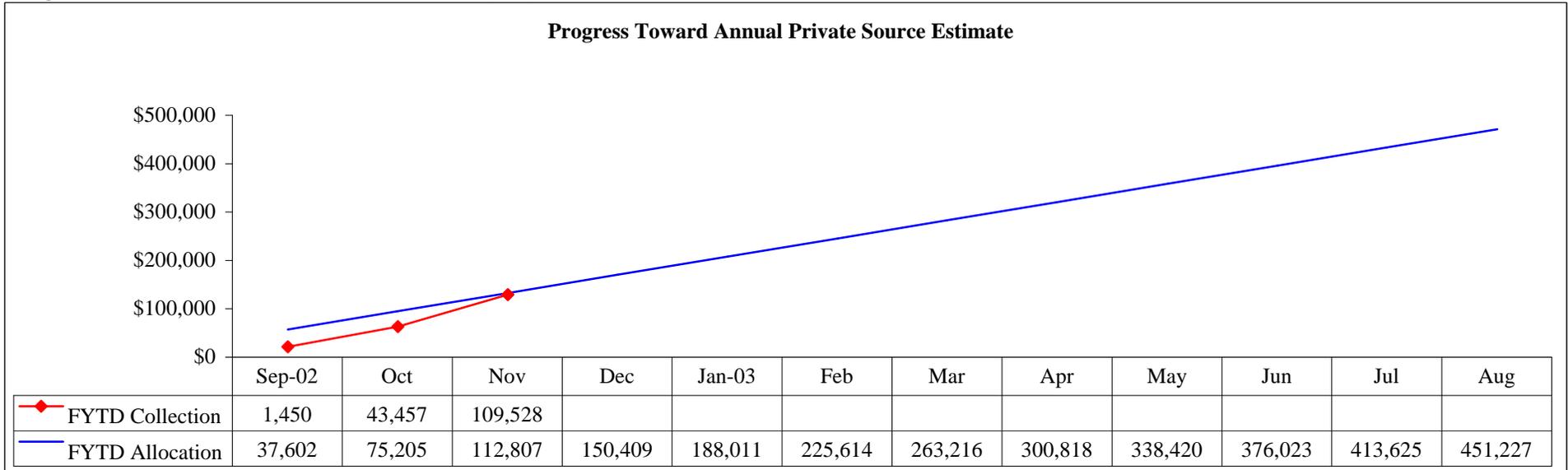
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$10,154,635)



Objective 1E - FY 2003 Revenue Estimate
North Texas State Hospital
Monthly Private Source Estimate (\$37,602)



Progress Toward Annual Private Source Estimate (\$451,227)



Objective 1E - FY 2003 Revenue Estimate
North Texas State Hospital
Monthly IMD Estimate (\$16,364)

Monthly IMD Collection

\$20,000
 \$18,000
 \$16,000
 \$14,000
 \$12,000
 \$10,000
 \$8,000
 \$6,000
 \$4,000
 \$2,000
 \$0

	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Monthly Collection	0	12,955	0									
— Monthly Estimate	16,364	16,364	16,364	16,364	16,364	16,364	16,364	16,364	16,364	16,364	16,364	16,364

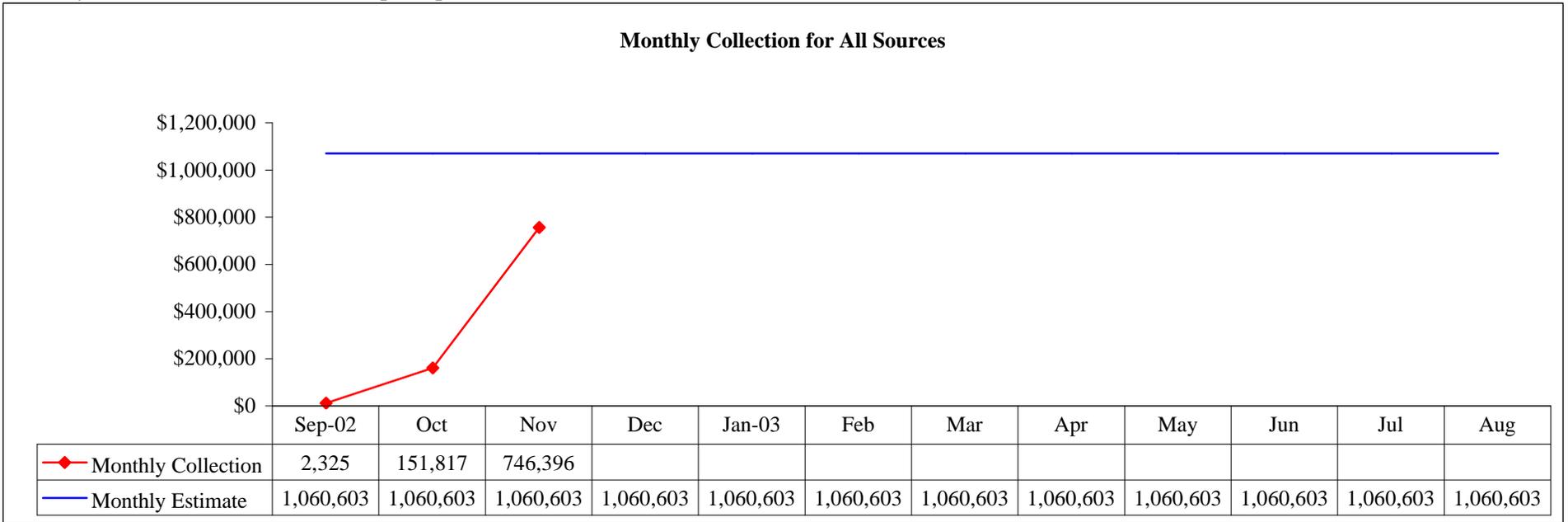
Progress Toward Annual IMD Estimate (\$196,364)

Progress Toward Annual IMD Estimate

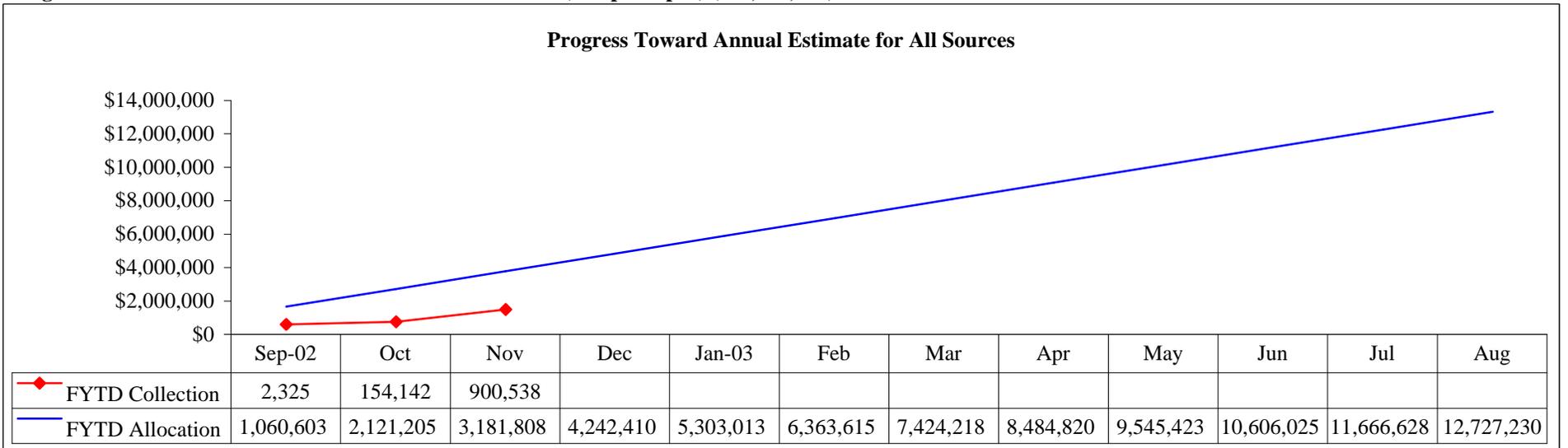
\$200,000
 \$150,000
 \$100,000
 \$50,000
 \$0

	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	0	12,955	12,955									
— FYTD Allocation	16,364	32,727	49,091	65,455	81,818	98,182	114,546	130,909	147,273	163,637	180,000	196,364

Objective 1E - FY 2003 Revenue Estimate
North Texas State Hospital
Monthly Estimate For All Sources (except Dispro) (\$1,060,603)

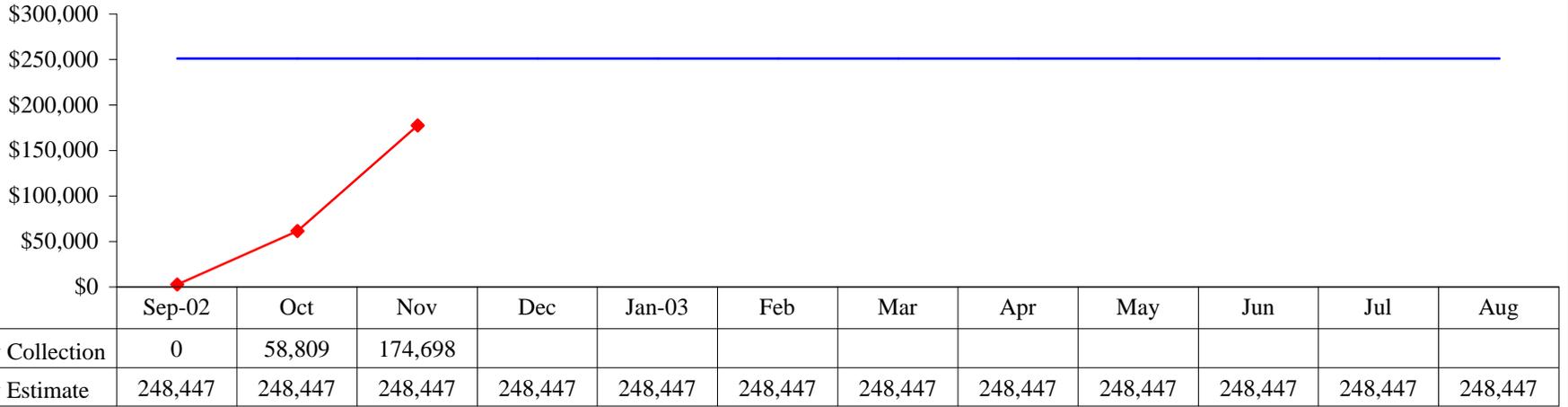


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$12,727,230)



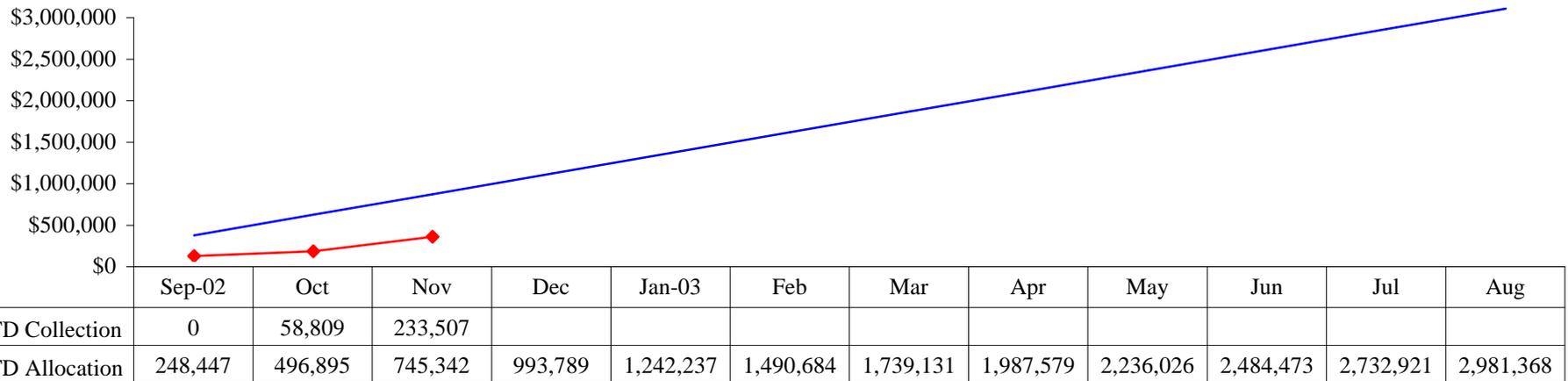
Objective 1E - FY 2003 Revenue Estimate
Rusk State Hospital
Monthly Medicare Estimate (\$248,447)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$2,981,368)

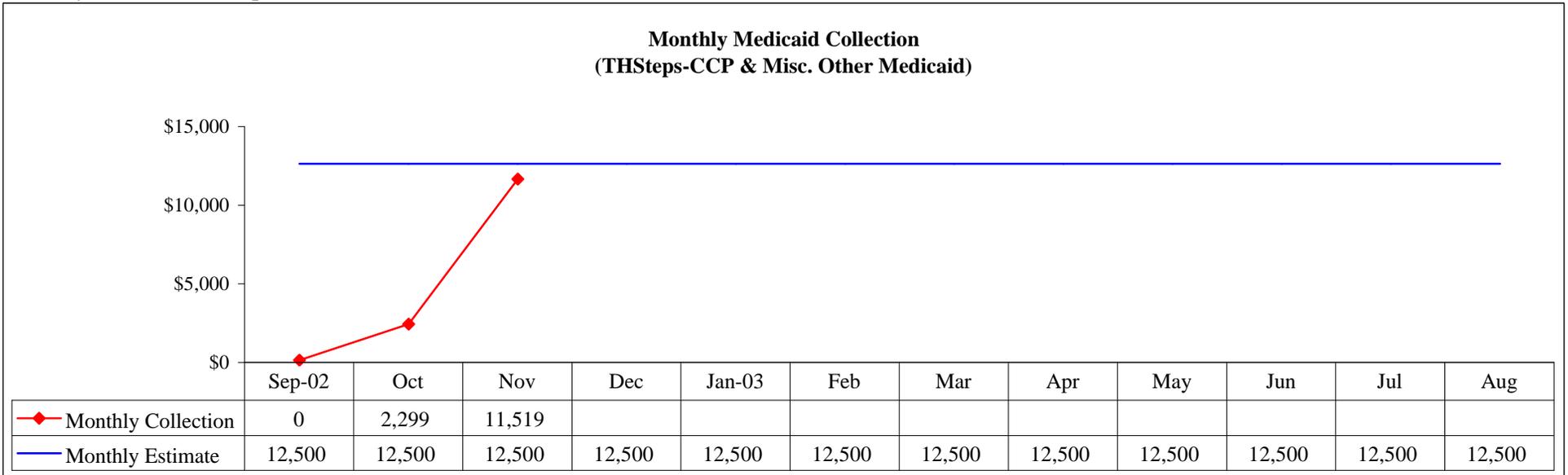
Progress Toward Annual Medicare Estimate



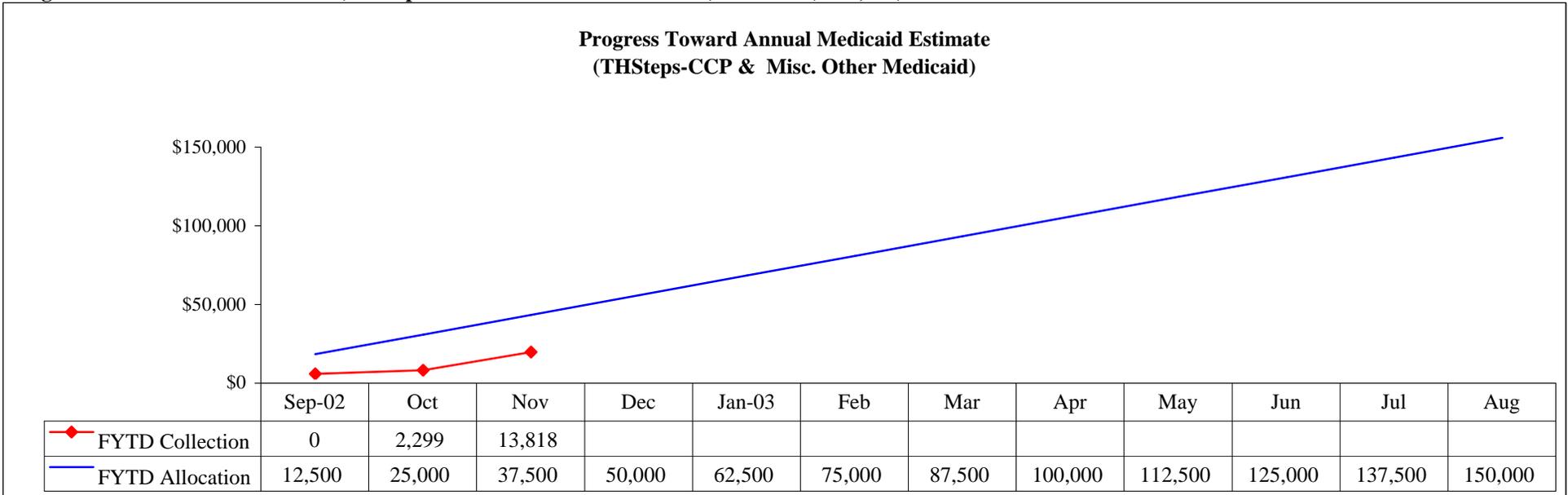
Objective 1E - FY 2003 Revenue Estimate

Rusk State Hospital

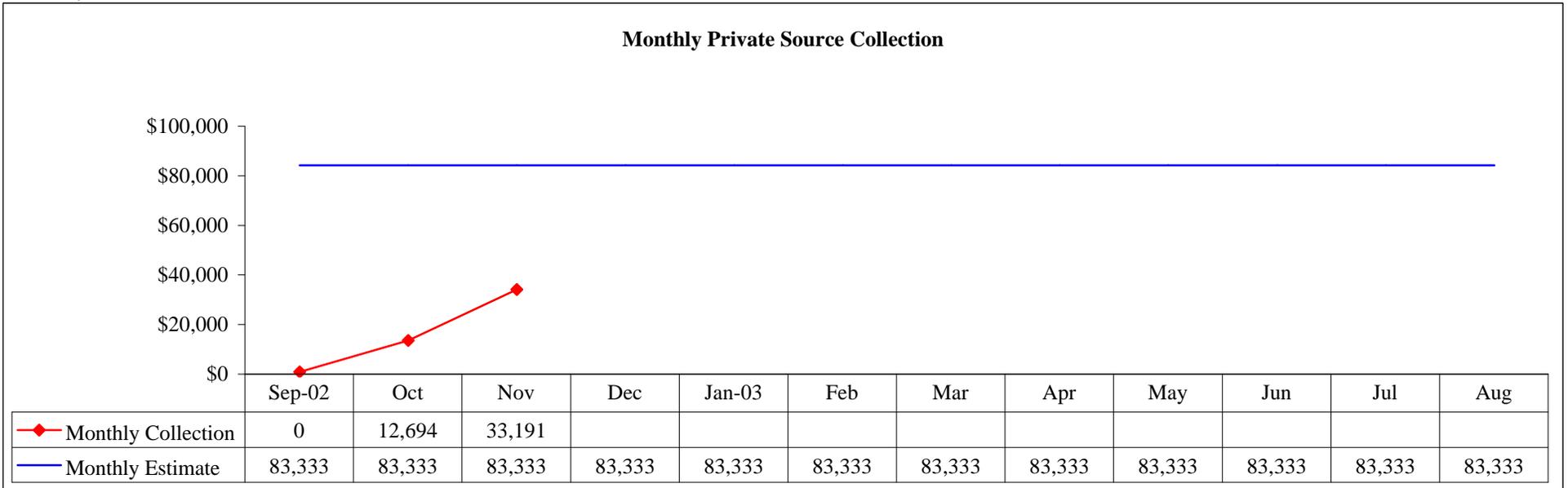
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$12,500)



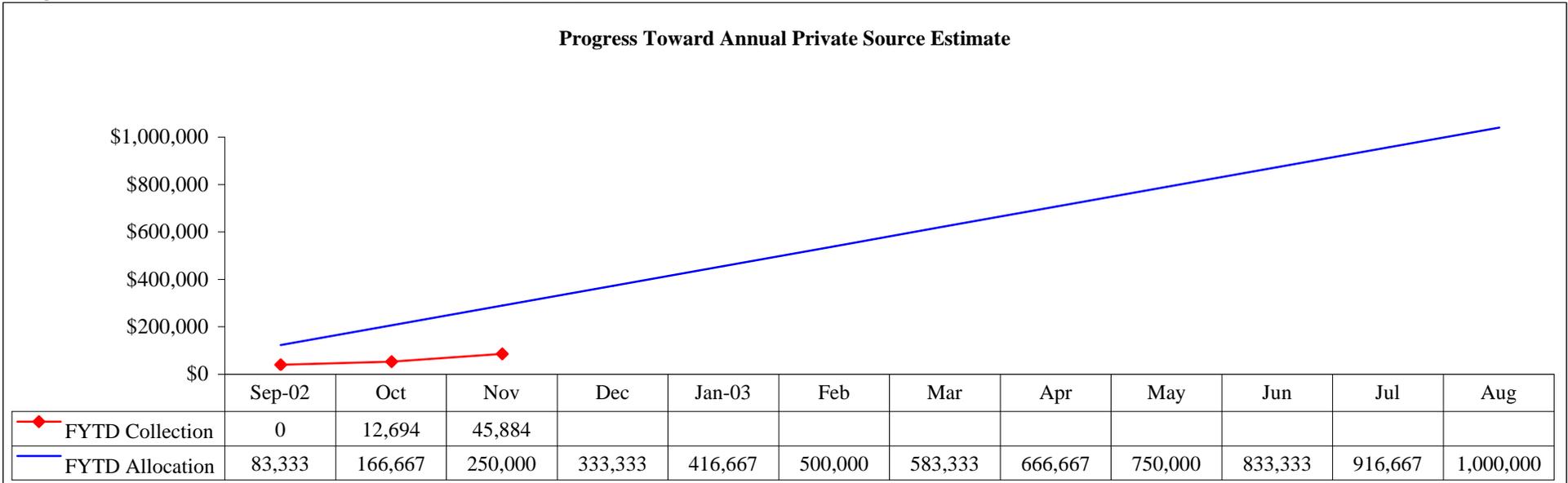
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$150,000)



Objective 1E - FY 2003 Revenue Estimate
Rusk State Hospital
Monthly Private Source Estimate (\$83,333)

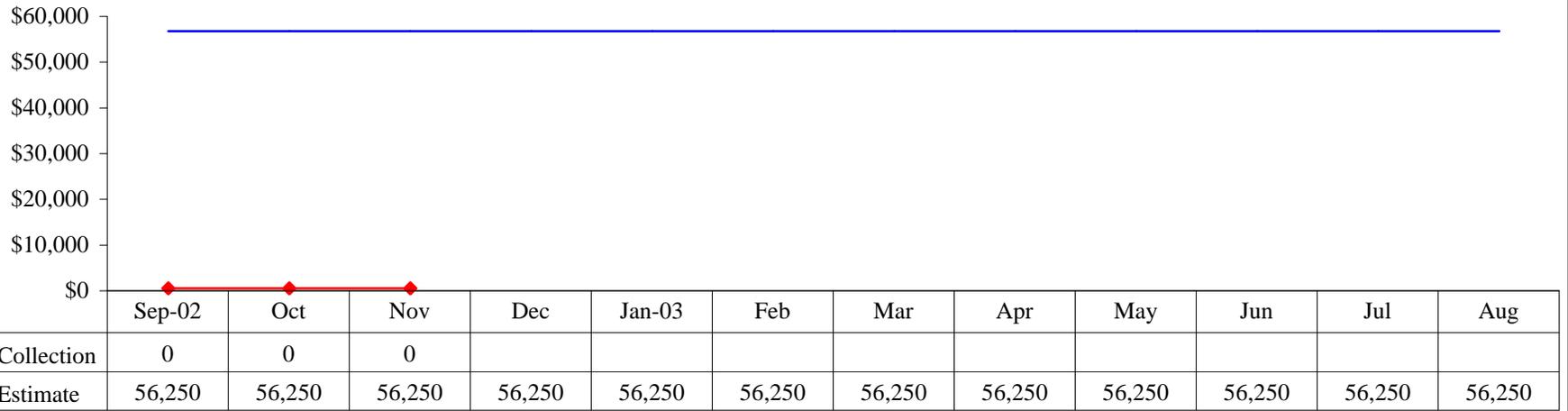


Progress Toward Annual Private Source Estimate (\$1,000,000)



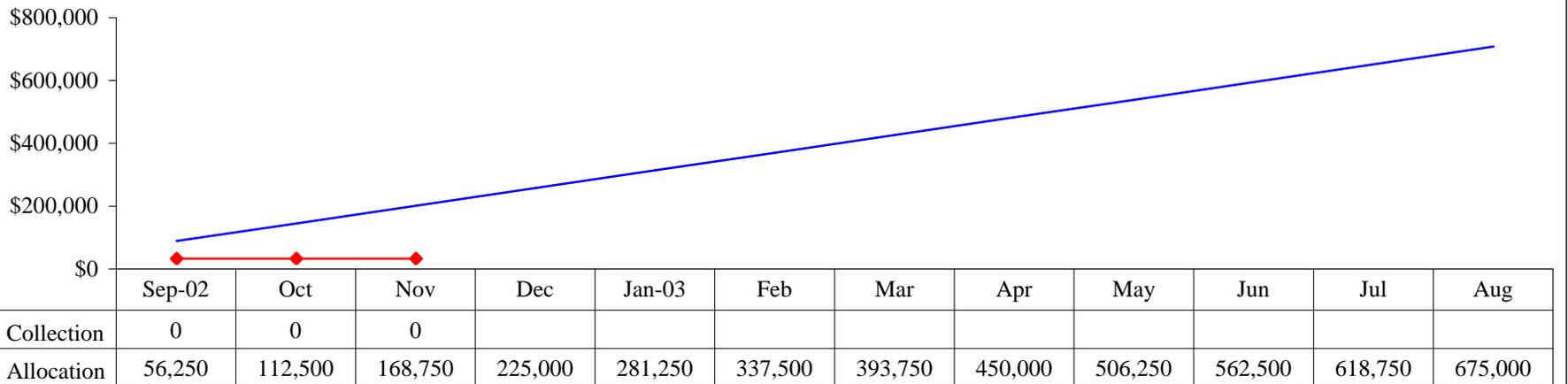
Objective 1E - FY 2003 Revenue Estimate
Rusk State Hospital
Monthly IMD Estimate (\$56,250)

Monthly IMD Collection



Progress Toward Annual IMD Estimate (\$675,000)

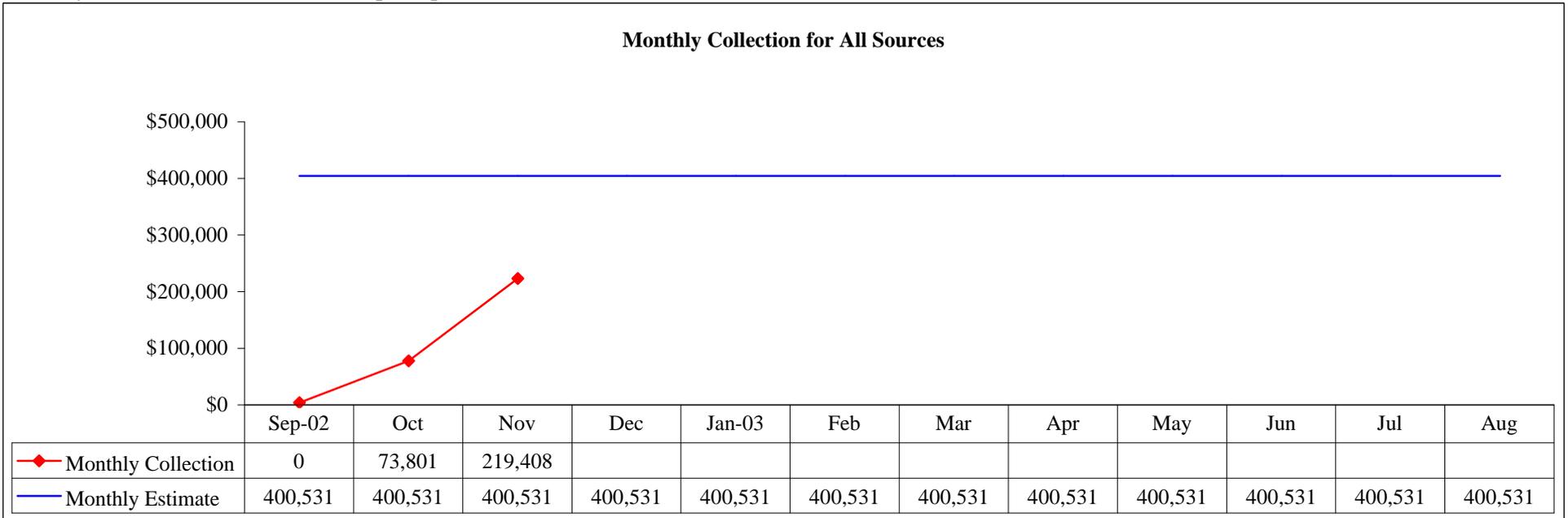
Progress Toward Annual IMD Estimate



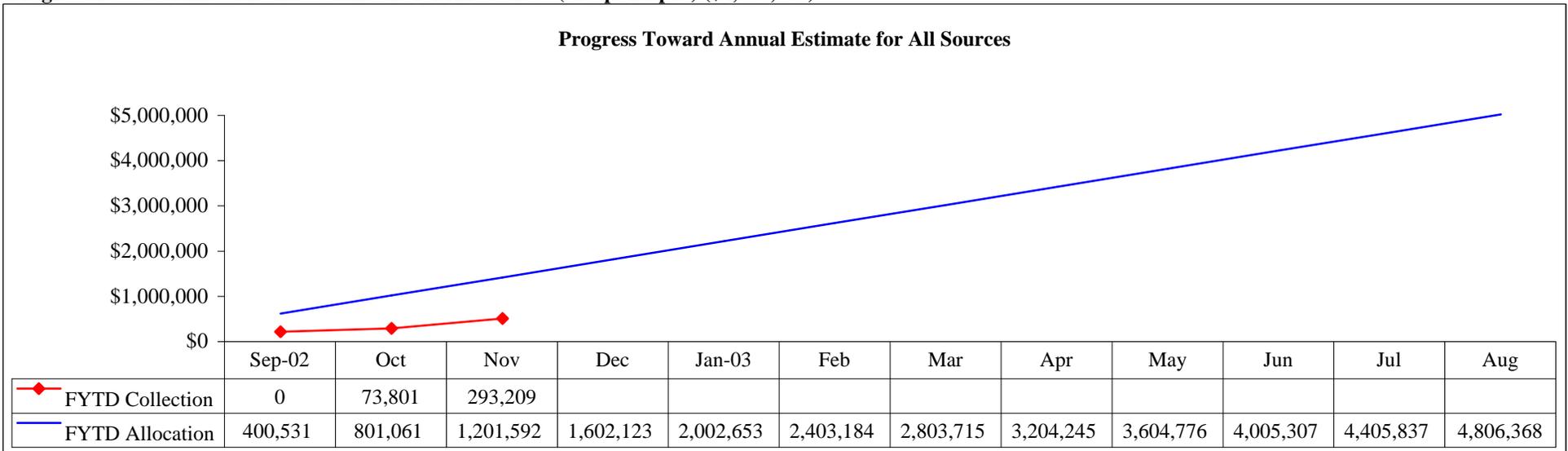
Objective 1E - FY 2003 Revenue Estimate

Rusk State Hospital

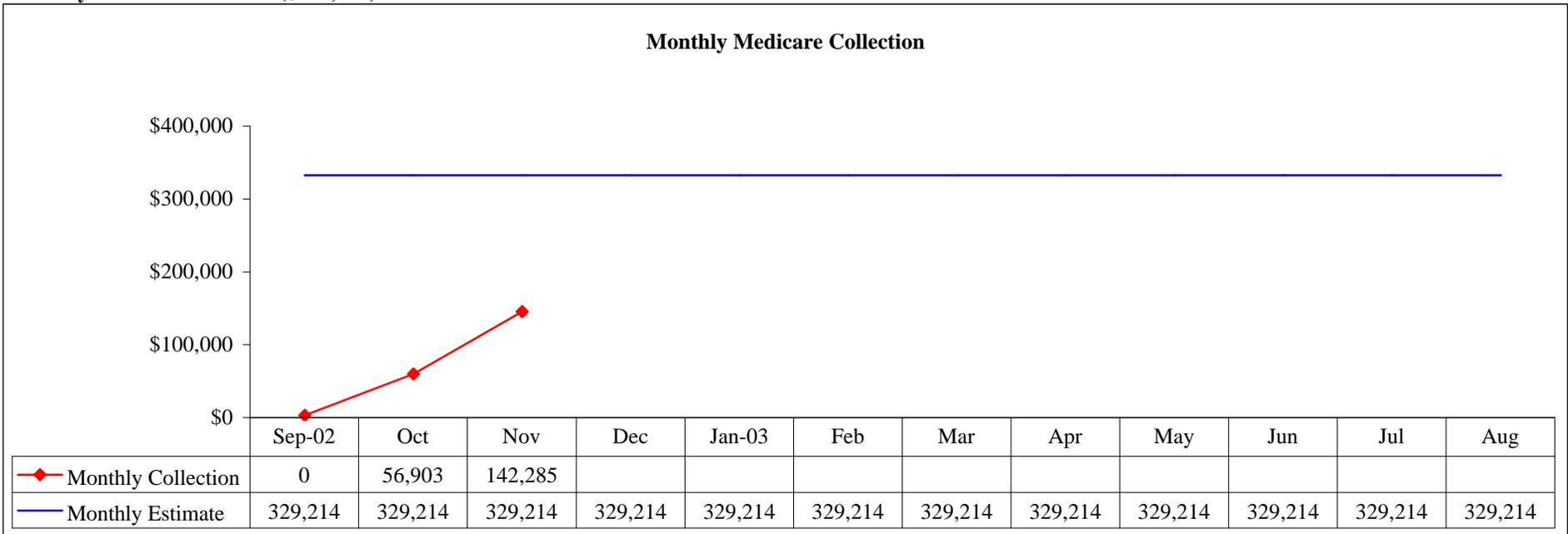
Monthly Estimate For All Sources (except Dispro) (\$400,531)



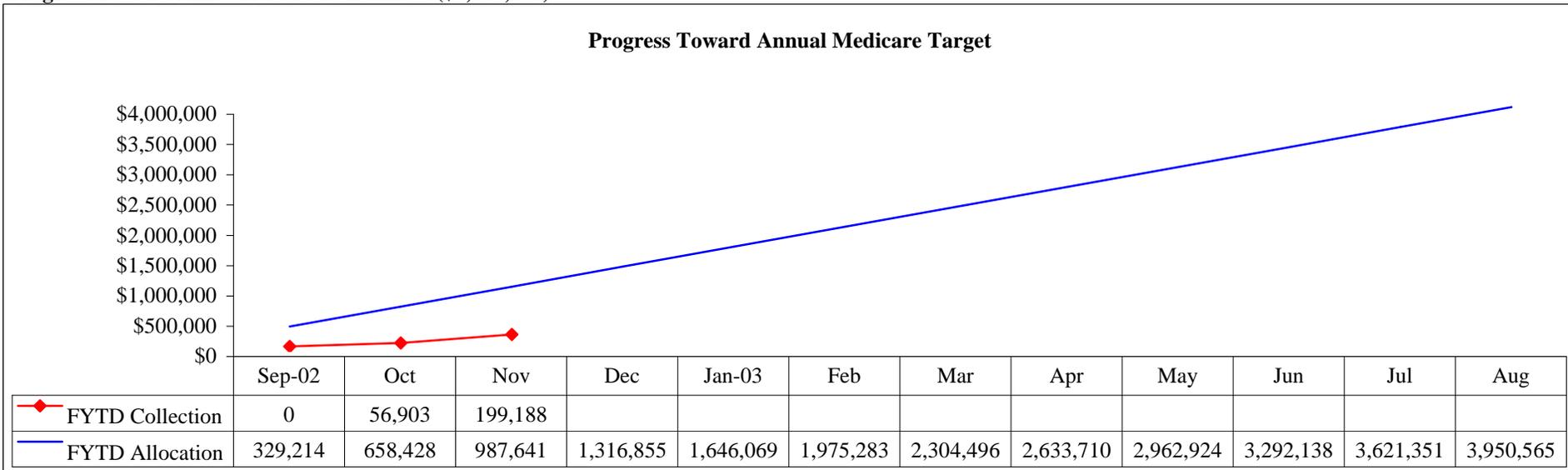
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$4,806,368)



Objective 1E - FY 2003 Revenue Estimate
San Antonio State Hospital
Monthly Medicare Estimate (\$329,214)



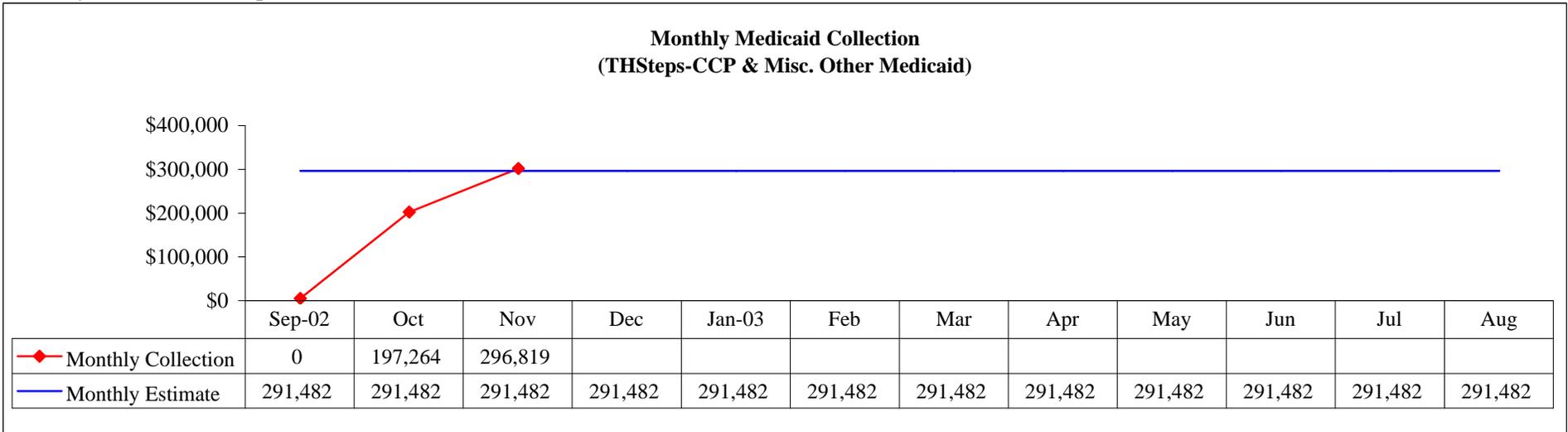
Progress Toward Annual Medicare Estimate (\$3,950,565)



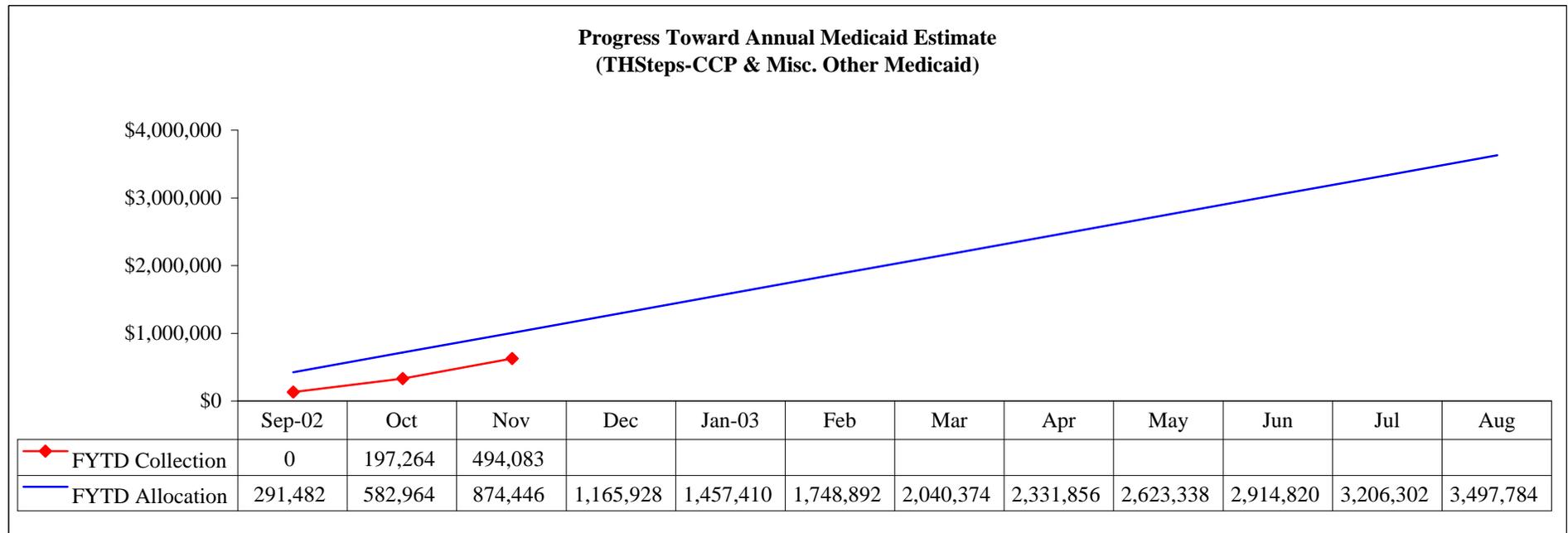
Objective 1E - FY 2003 Revenue Estimate

San Antonio State Hospital

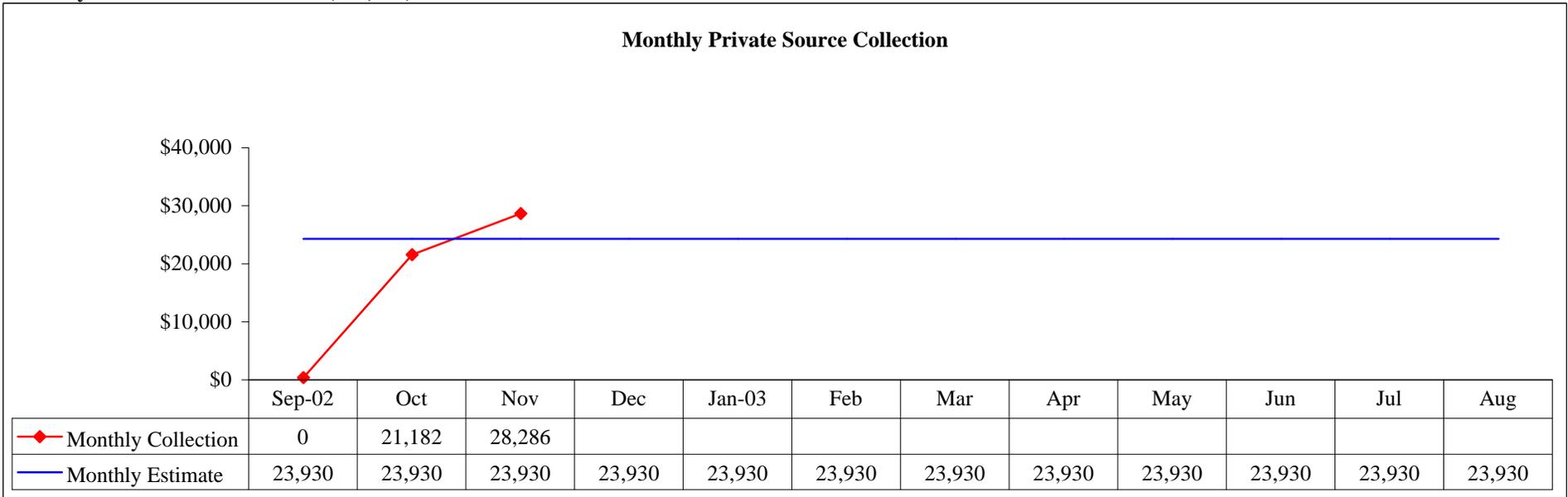
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$291,482)



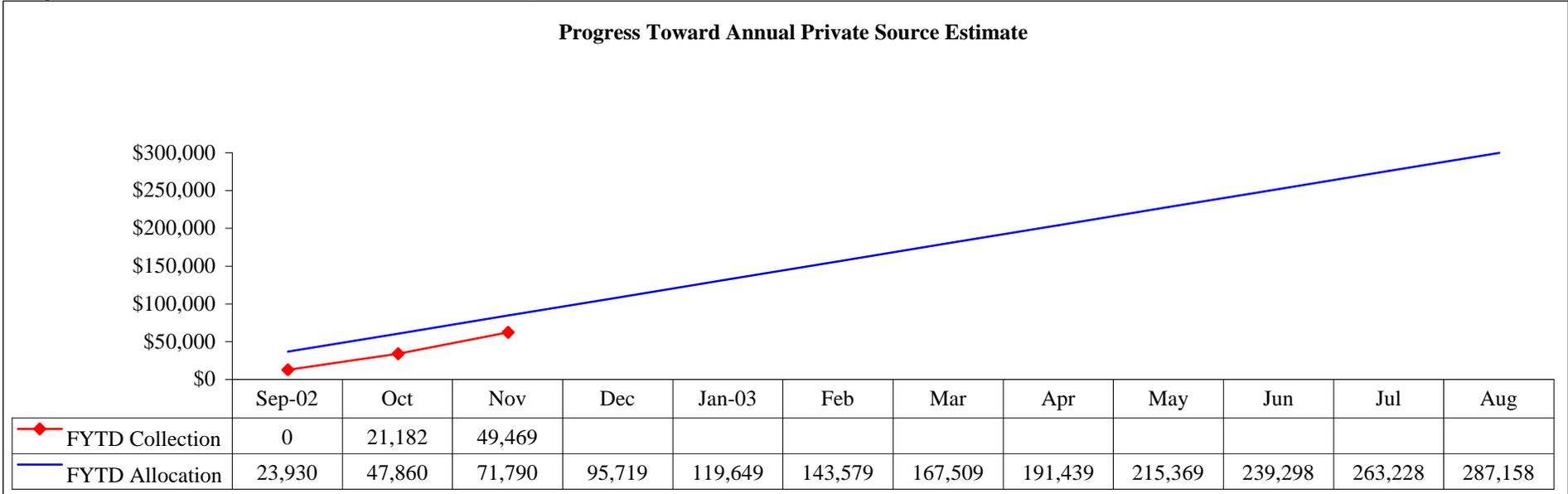
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$3,497,784)



Objective 1E - FY 2003 Revenue Estimate
San Antonio State Hospital
Monthly Private Source Estimate (\$23,930)

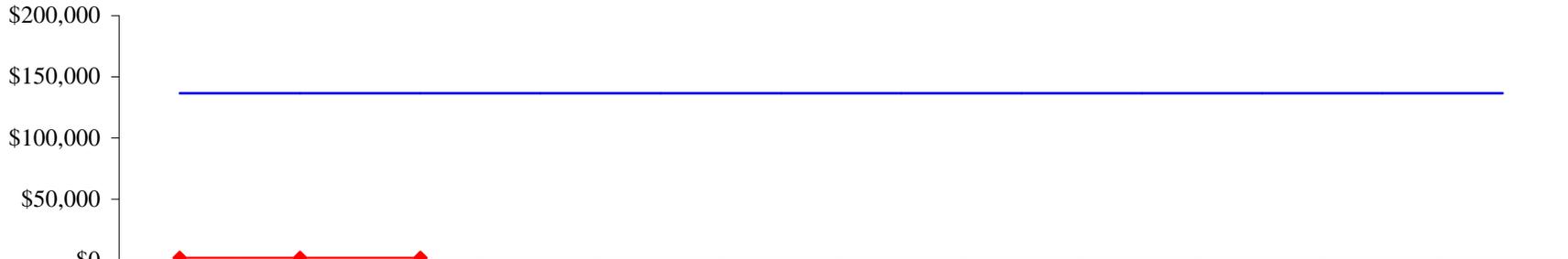


Progress Toward Annual Private Source Estimate (\$287,158)



Objective 1E - FY 2003 Revenue Estimate
San Antonio State Hospital
Monthly IMD Estimate (\$134,541)

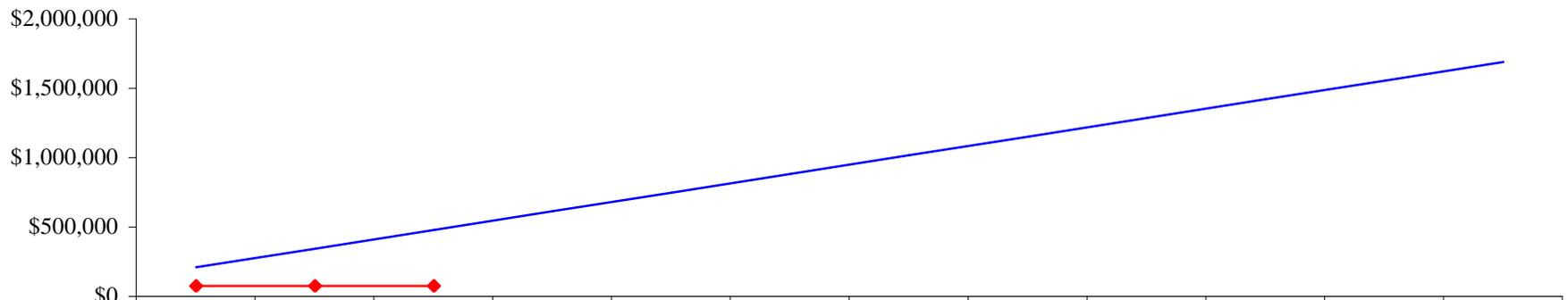
Monthly IMD Collection



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ Monthly Collection	0	0	0									
— Monthly Estimate	134,541	134,541	134,541	134,541	134,541	134,541	134,541	134,541	134,541	134,541	134,541	134,541

Progress Toward Annual IMD Estimate (\$1,614,493)

Progress Toward Annual IMD Estimate

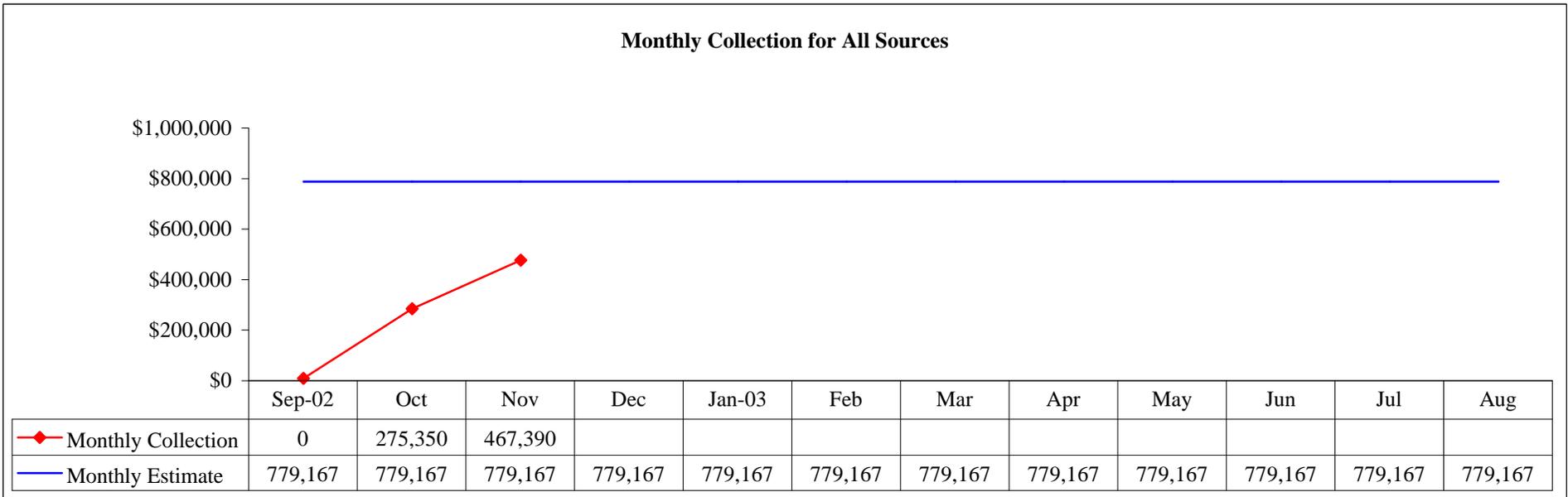


	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
◆ FYTD Collection	0	0	0									
— FYTD Allocation	134,541	269,082	403,623	538,164	672,705	807,247	941,788	1,076,329	1,210,870	1,345,411	1,479,952	1,614,493

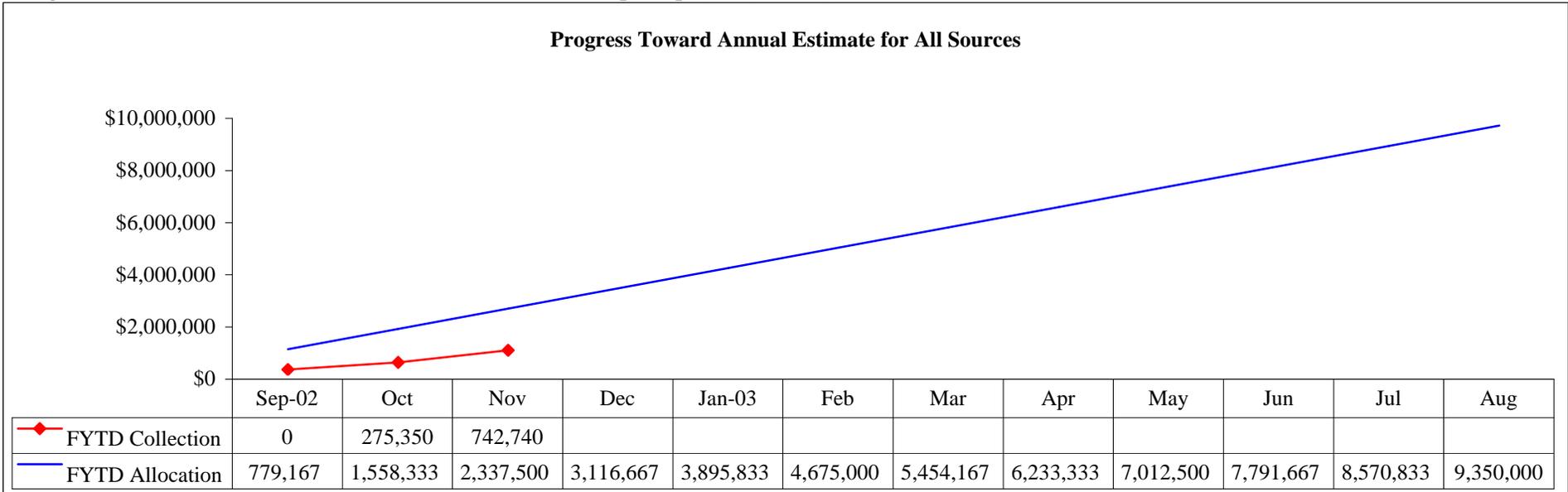
Objective 1E - FY 2003 Revenue Estimate

San Antonio State Hospital

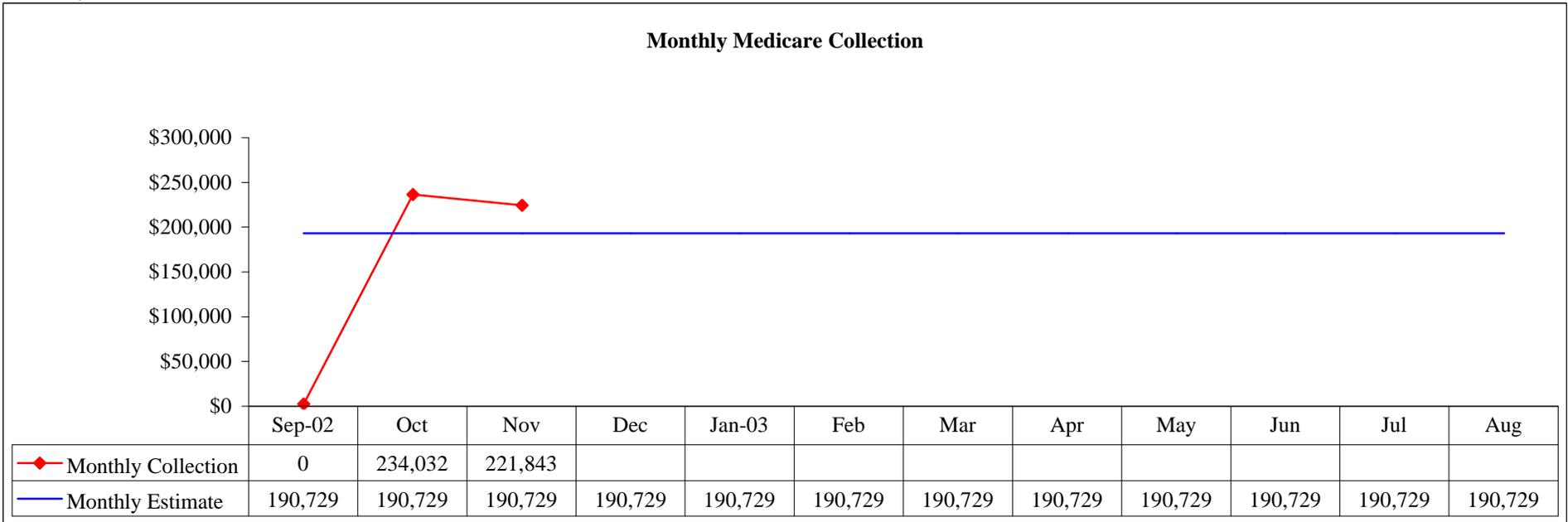
Monthly Estimate For All Sources (except Dispro) (\$779,167)



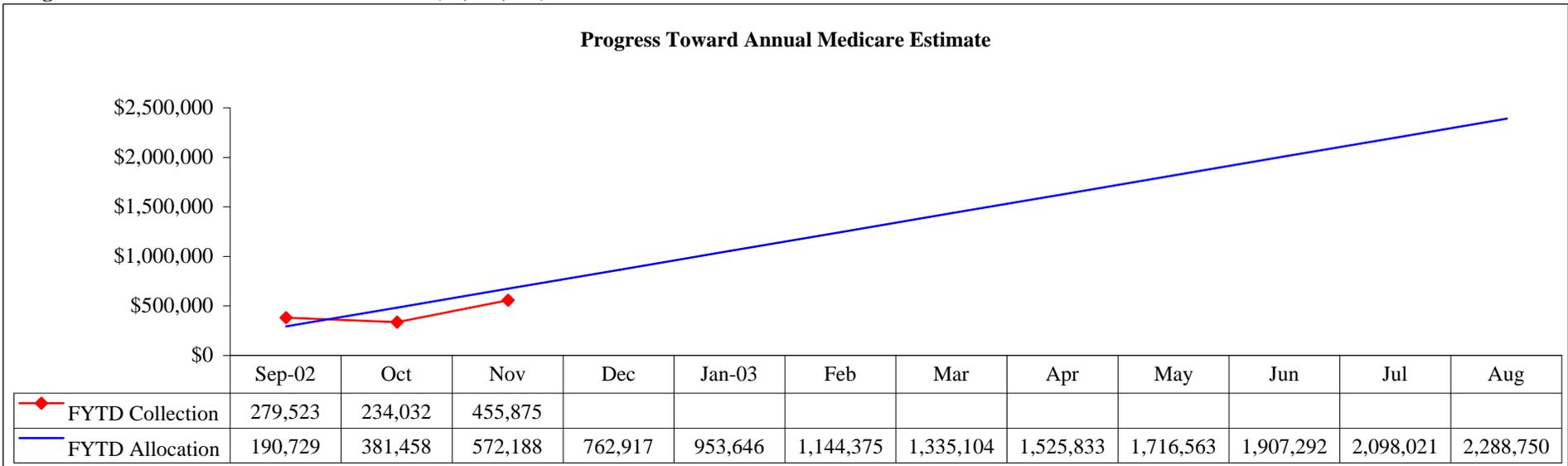
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$9,350,000)



Objective 1E - FY 2003 Revenue Estimate
Terrell State Hospital
Monthly Medicare Estimate (\$190,729)



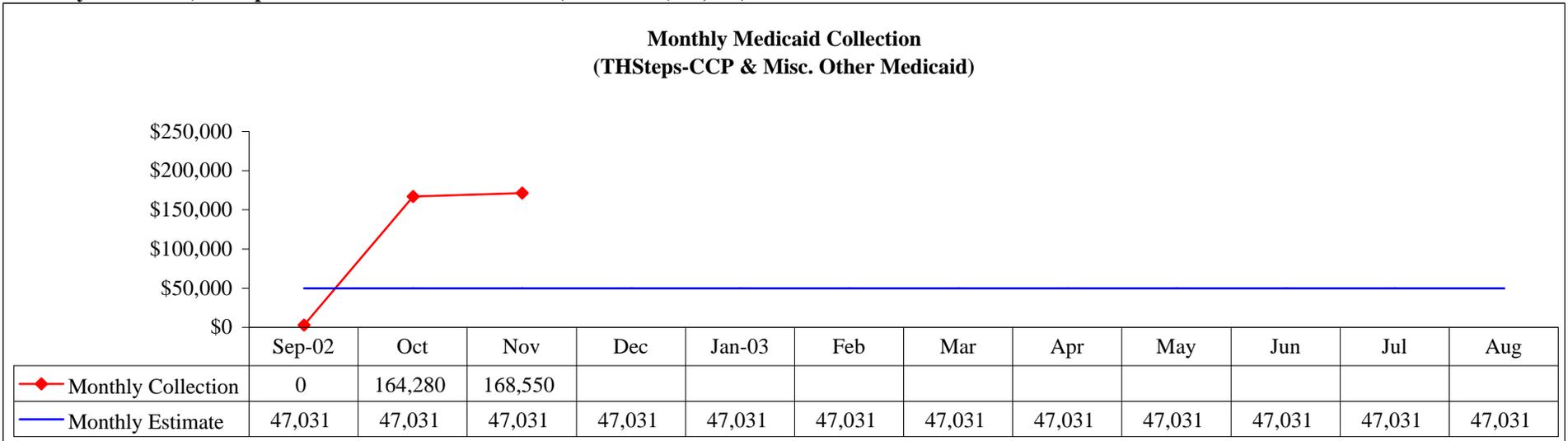
Progress Toward Annual Medicare Estimate (\$2,288,750)



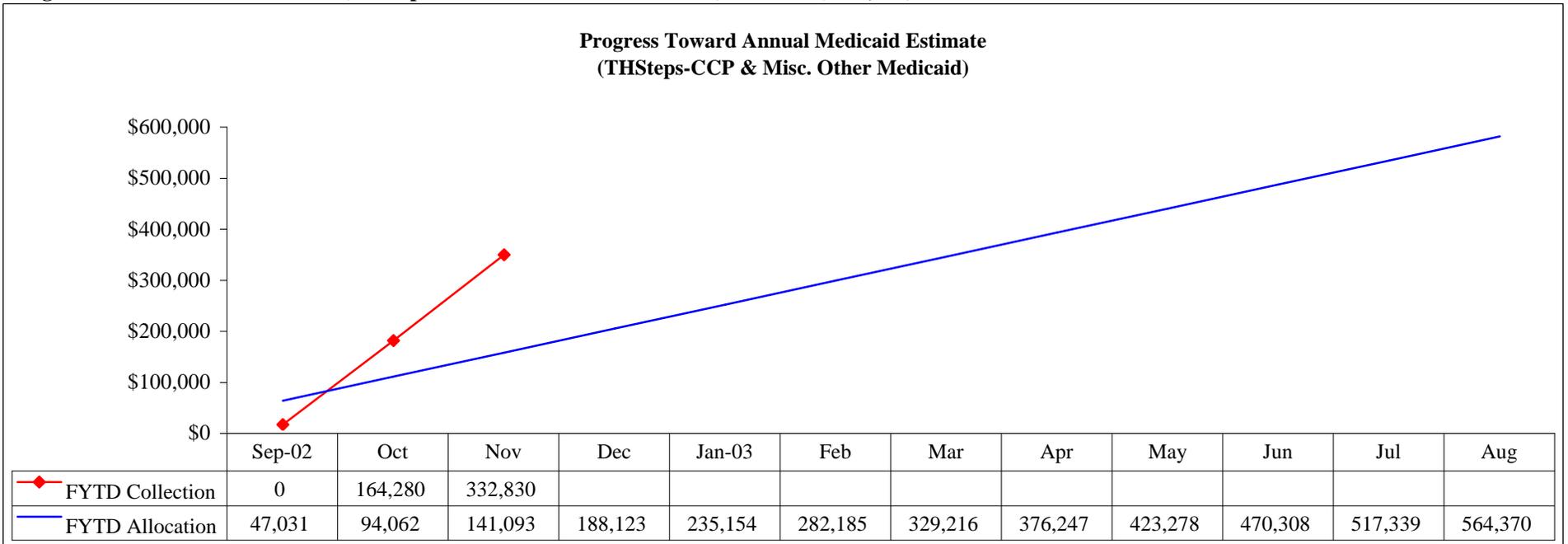
Objective 1E - FY 2003 Revenue Estimate

Terrell State Hospital

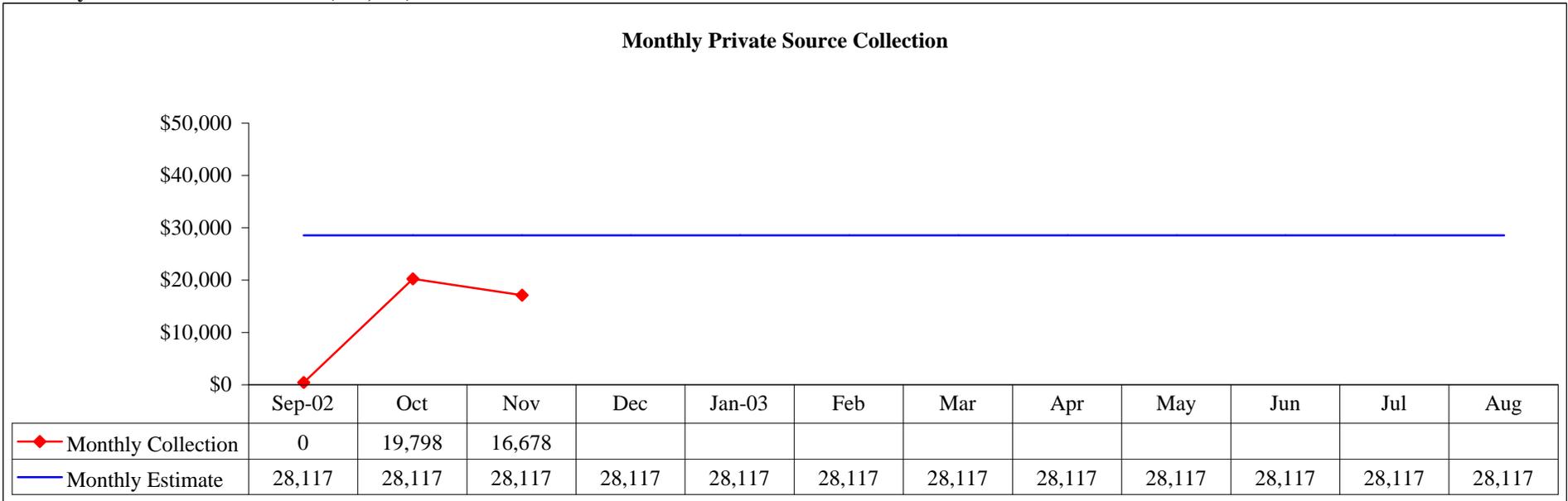
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$47,031)



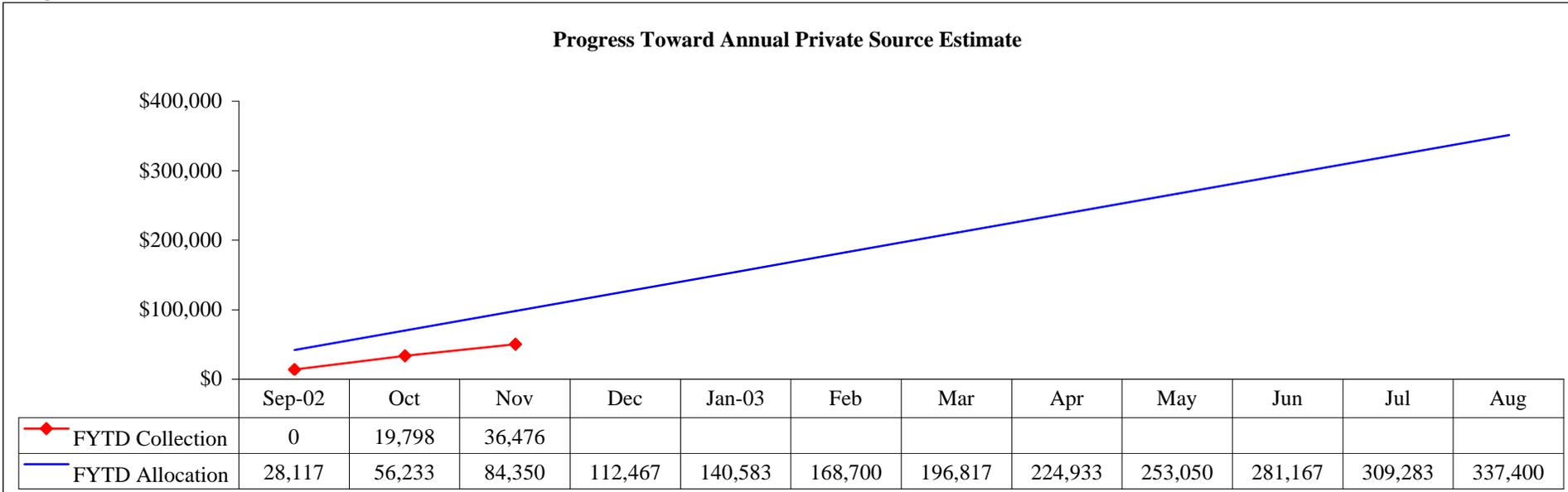
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$564,370)



Objective 1E - FY 2003 Revenue Estimate
Terrell State Hospital
Monthly Private Source Estimate (\$28,117)

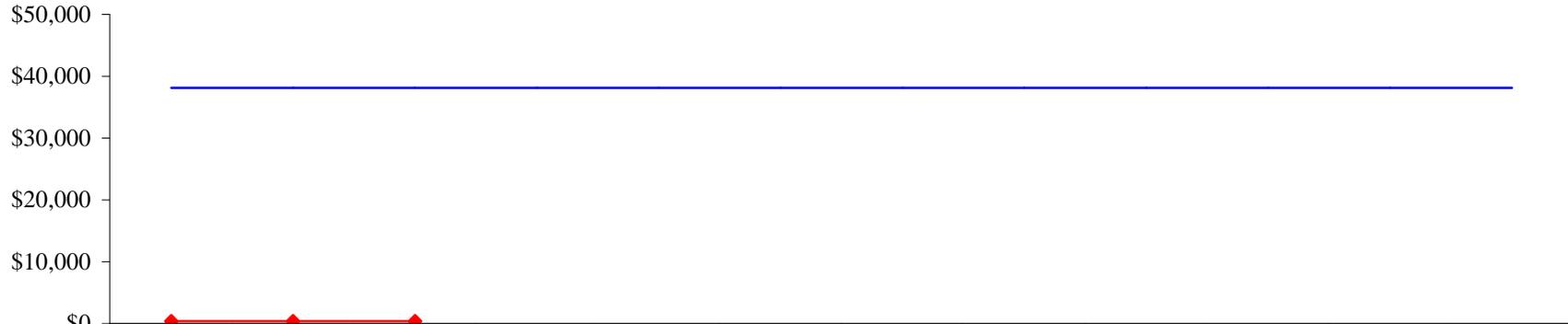


Progress Toward Annual Private Source Estimate (\$337,400)



Objective 1E - FY 2003 Revenue Estimate
Terrell State Hospital
Monthly IMD Estimate (\$37,719)

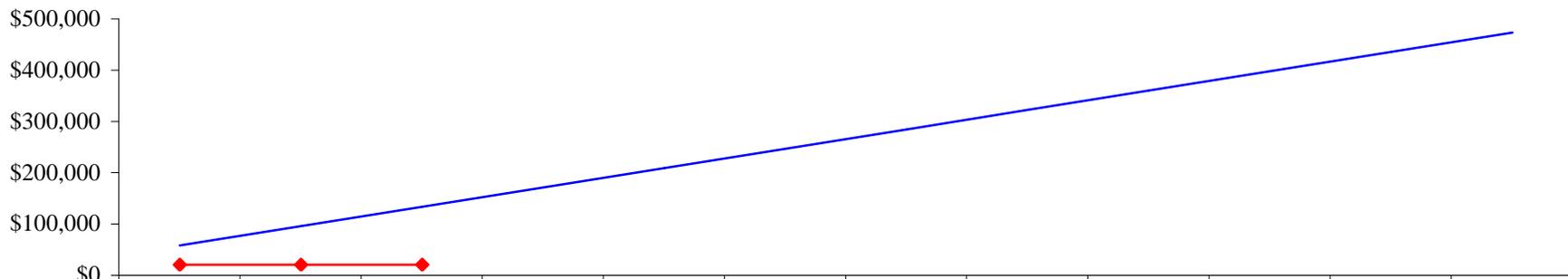
Monthly IMD Collection



Monthly Collection	0	0	0									
Monthly Estimate	37,719	37,719	37,719	37,719	37,719	37,719	37,719	37,719	37,719	37,719	37,719	37,719

Progress Toward Annual IMD Estimate (\$452,627)

Progress Toward Annual IMD Estimate

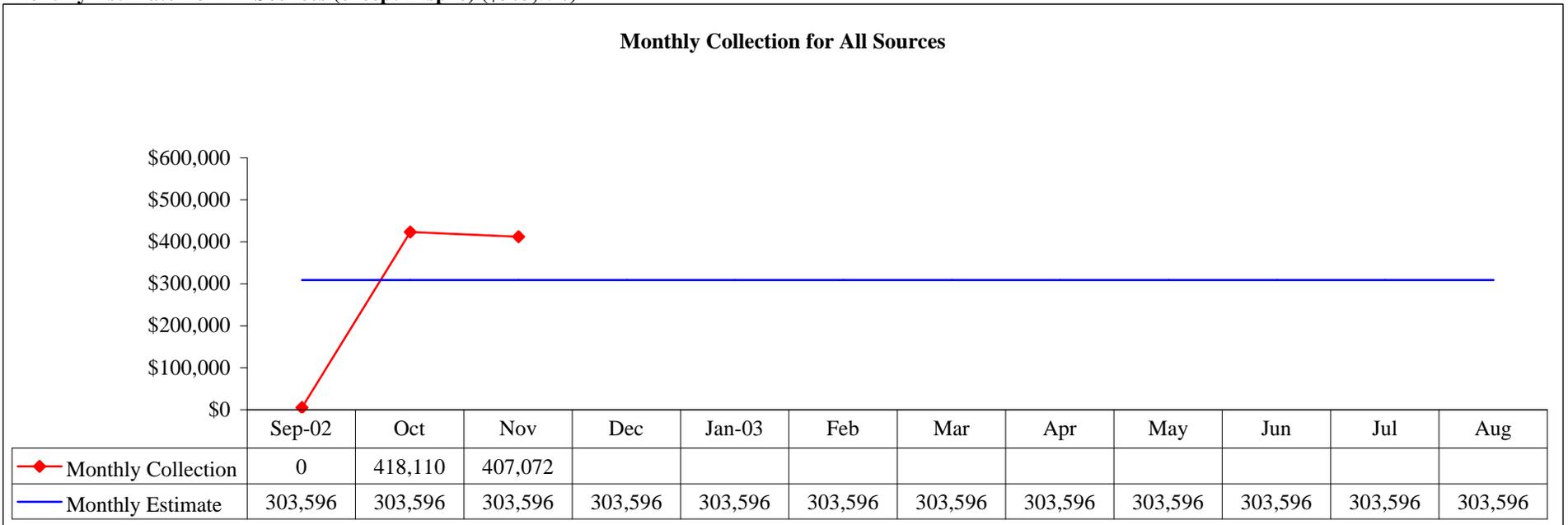


FYTD Collection	0	0	0									
FYTD Allocation	37,719	75,438	113,157	150,876	188,595	226,314	264,032	301,751	339,470	377,189	414,908	452,627

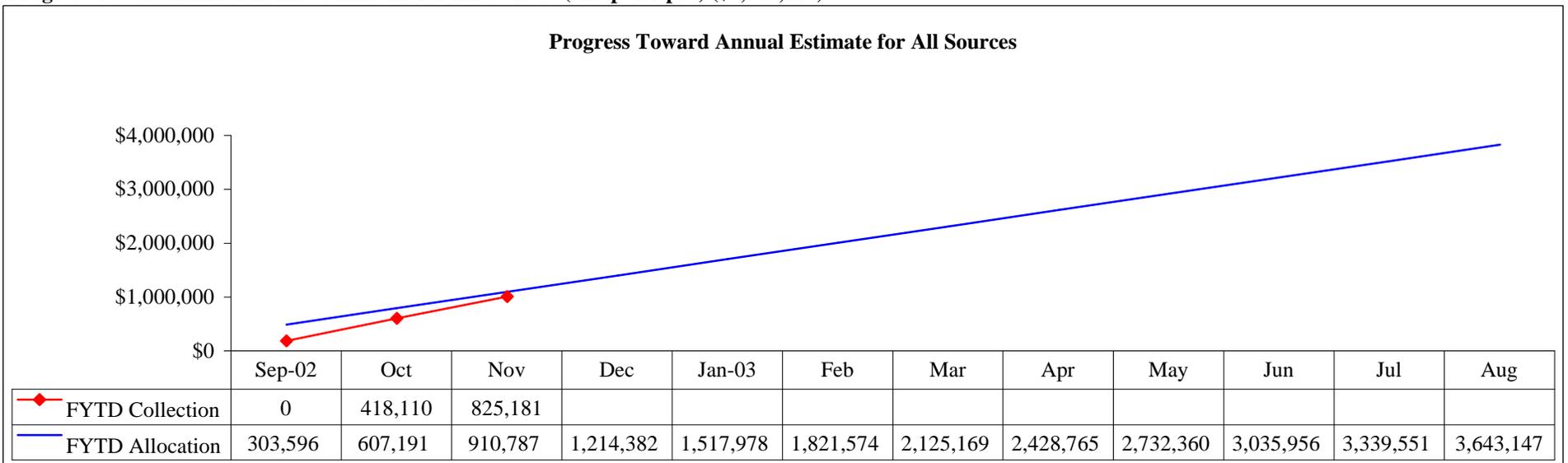
Objective 1E - FY 2003 Revenue Estimate

Terrell State Hospital

Monthly Estimate For All Sources (except Dispro) (\$303,596)



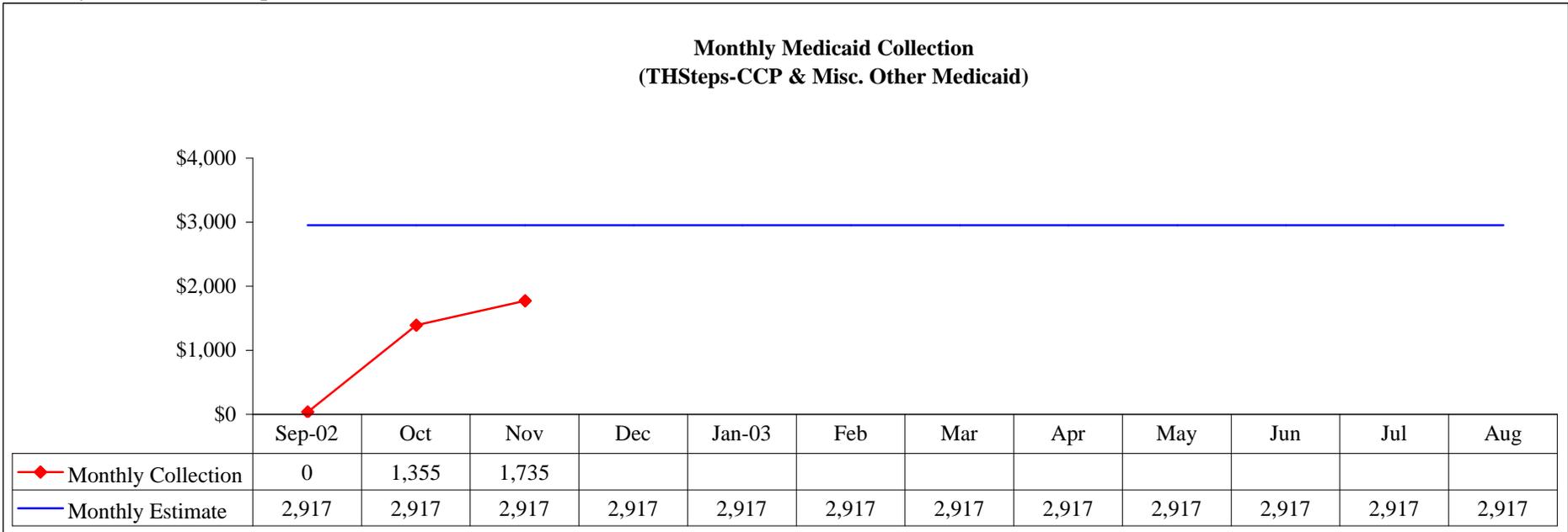
Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$3,643,147)



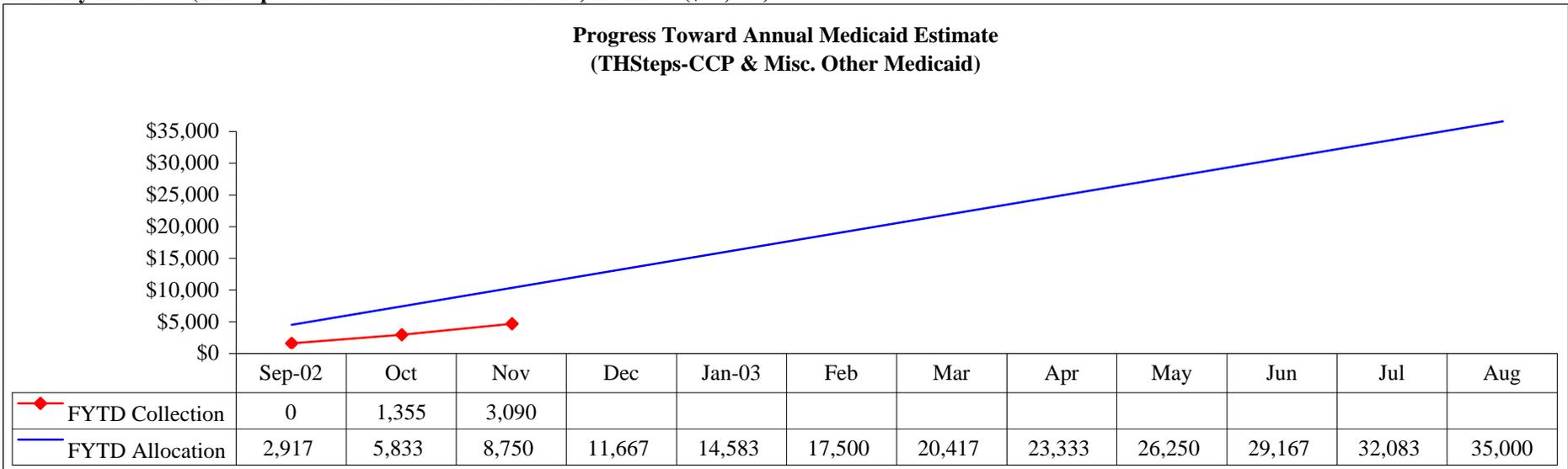
Objective 1E - FY 2003 Revenue Estimate

Waco Center for Youth

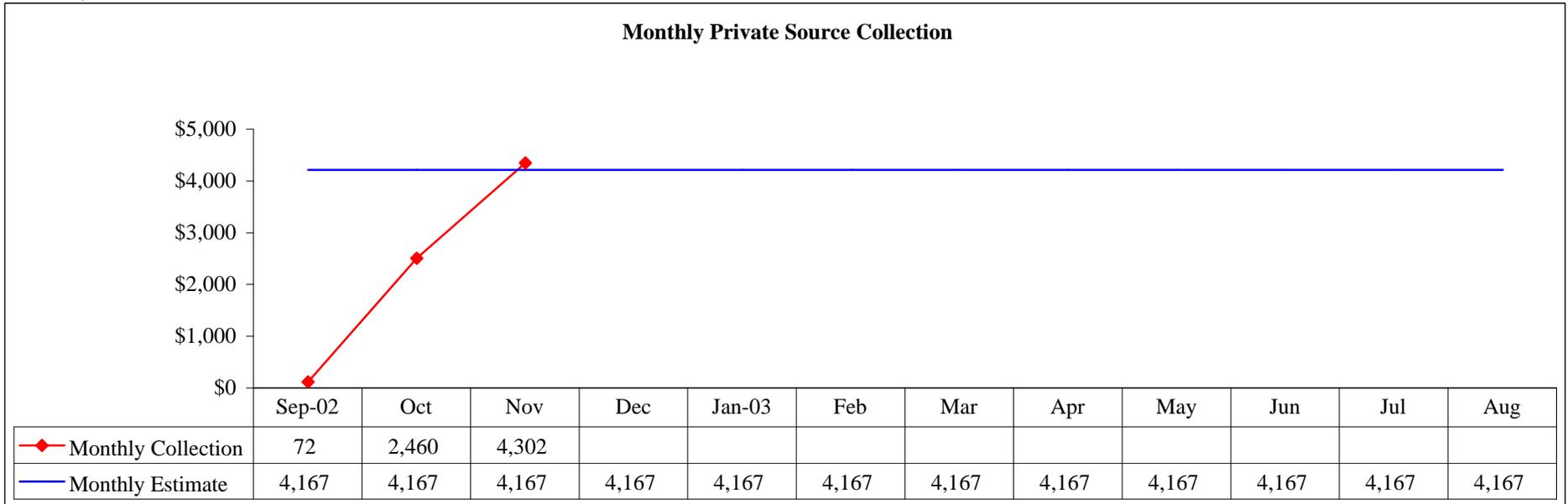
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$2,917)



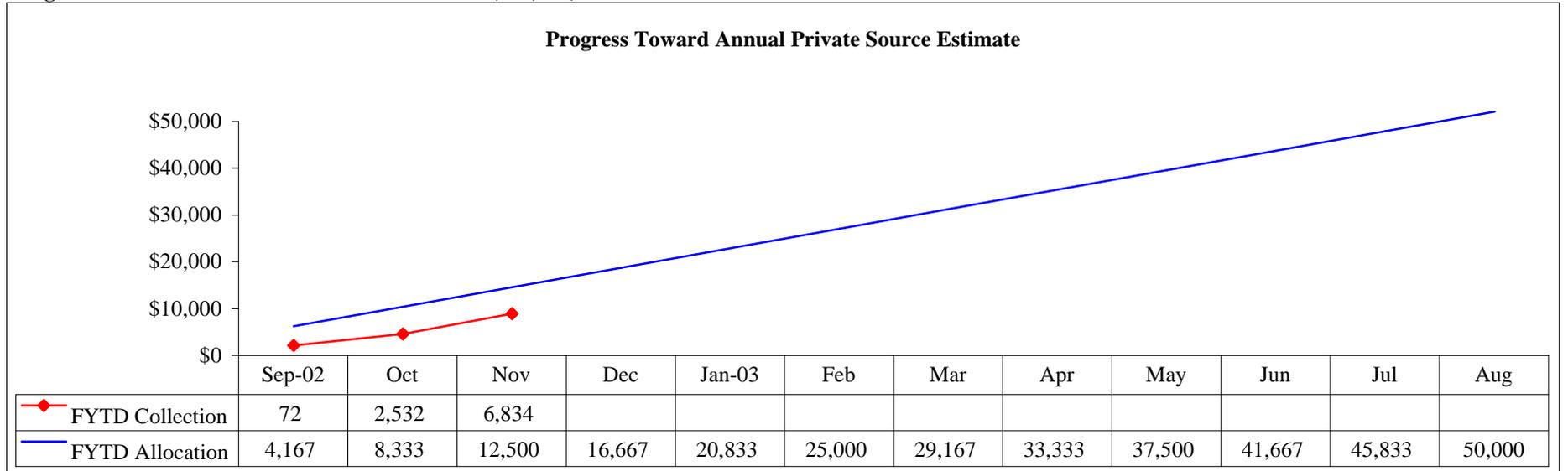
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$35,000)



Objective 1E - FY 2003 Revenue Estimate
Waco Center for Youth
Monthly Private Source Estimate (\$4,167)



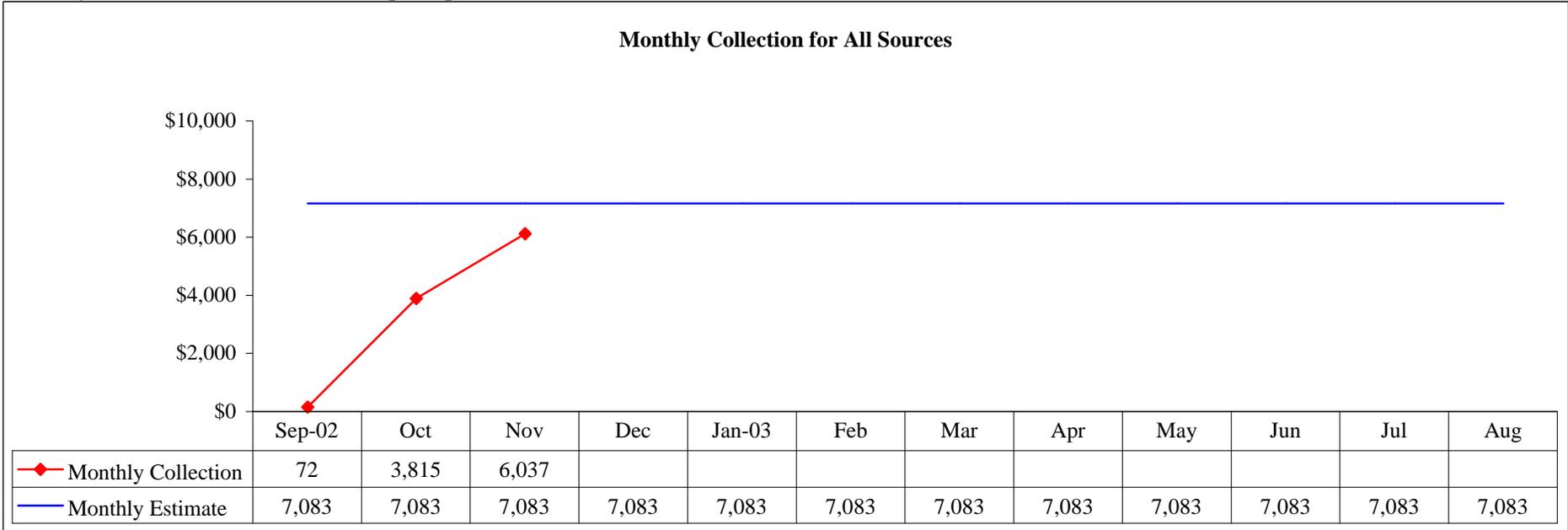
Progress Toward Annual Private Source Estimate (\$50,000)



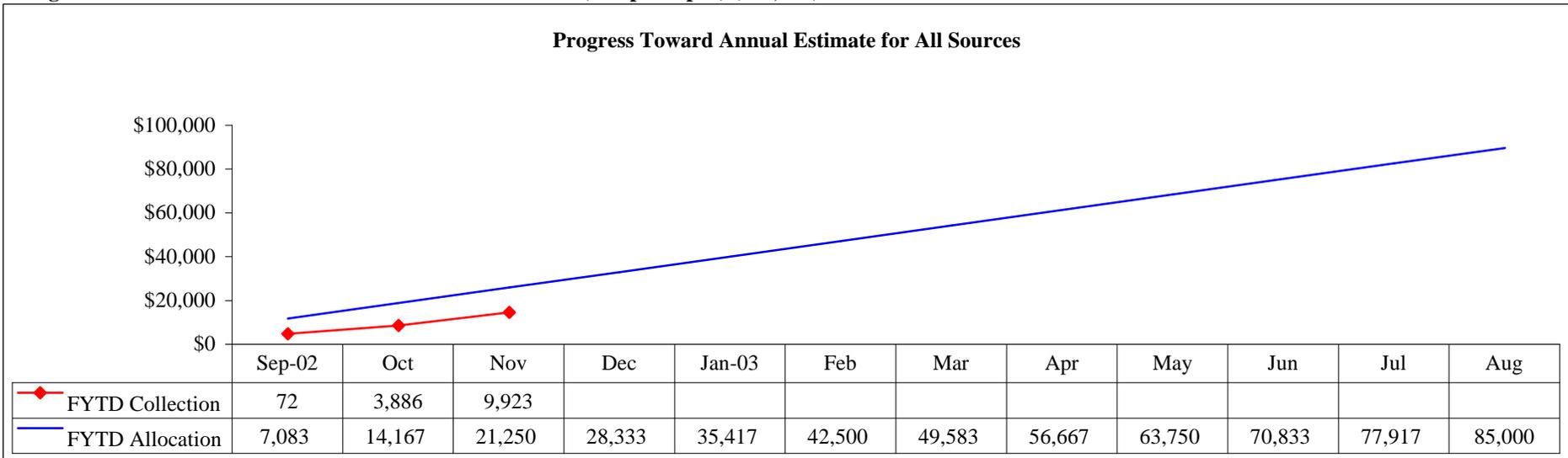
Objective 1E - FY 2003 Revenue Estimate

Waco Center for Youth

Monthly Estimate For All Sources (except Dispro) (\$7,083)

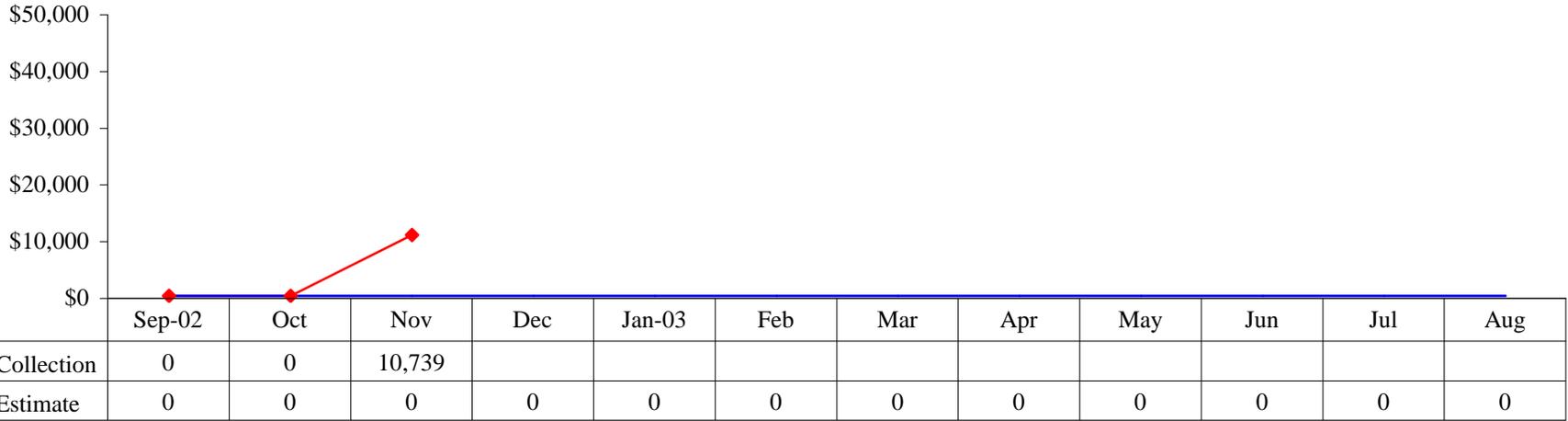


Progress Toward Annual Estimate Amount for All Sources (except Dispro) (\$85,000)



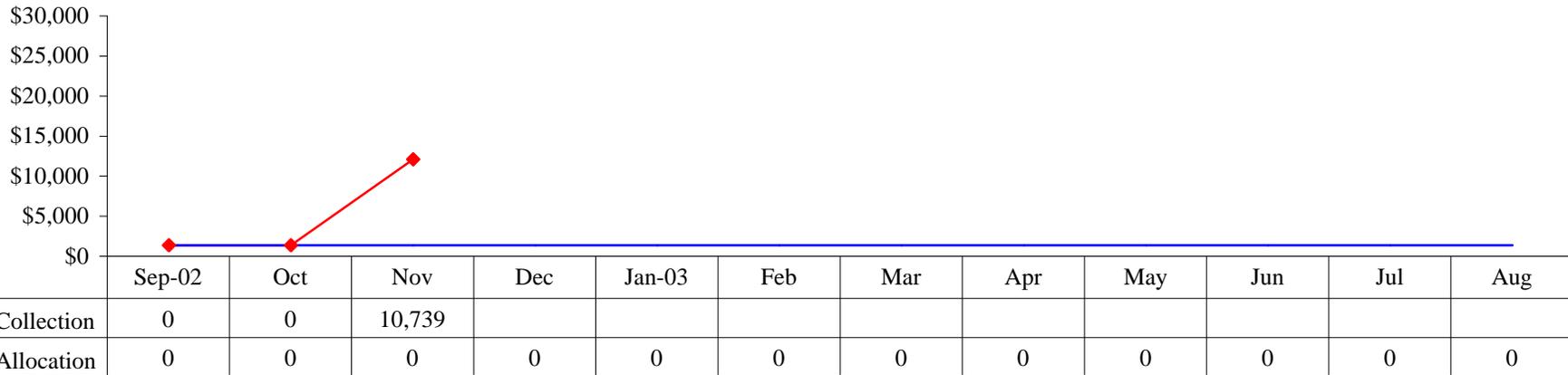
Objective 1E - FY 2003 Revenue Estimate
Rio Grande State Center-MH
Monthly Medicare Estimate (\$0)

Monthly Medicare Collection



Progress Toward Annual Medicare Estimate (\$0)

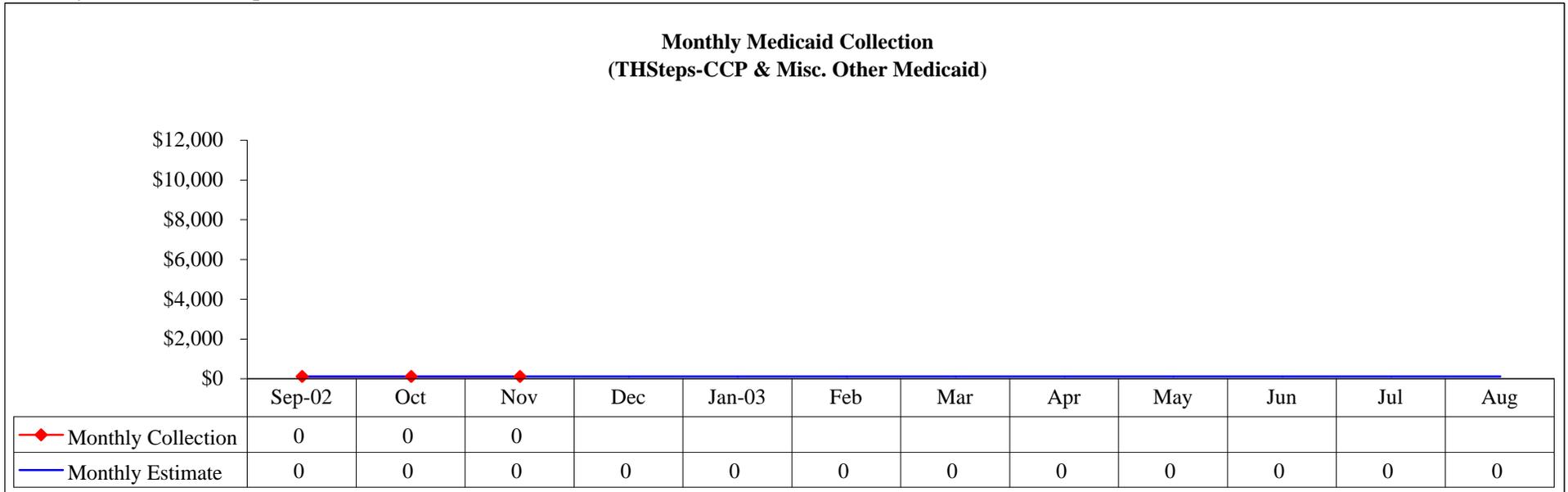
Progress Toward Annual Medicare Estimate



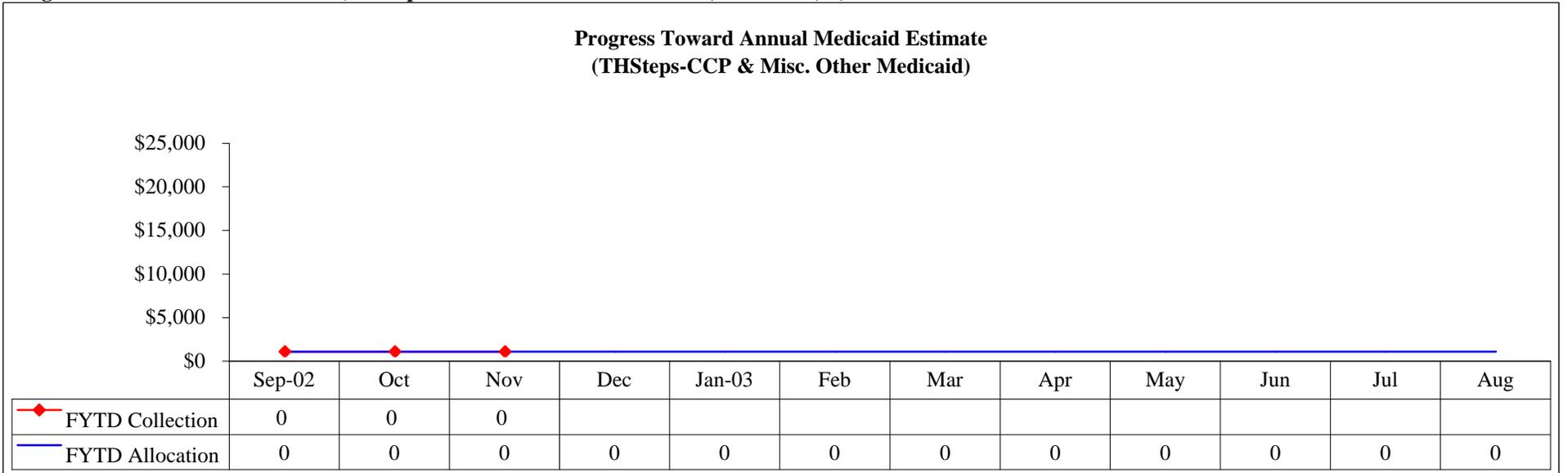
Objective 1E - FY 2003 Revenue Estimate

Rio Grande State Center–MH

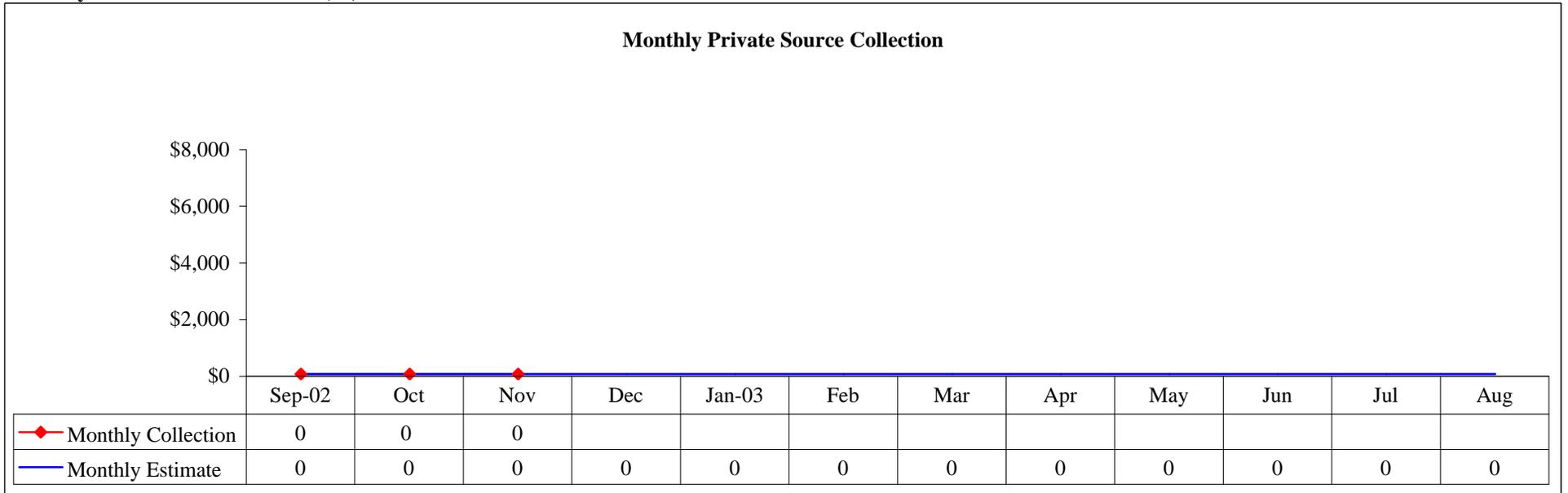
Monthly Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$0)



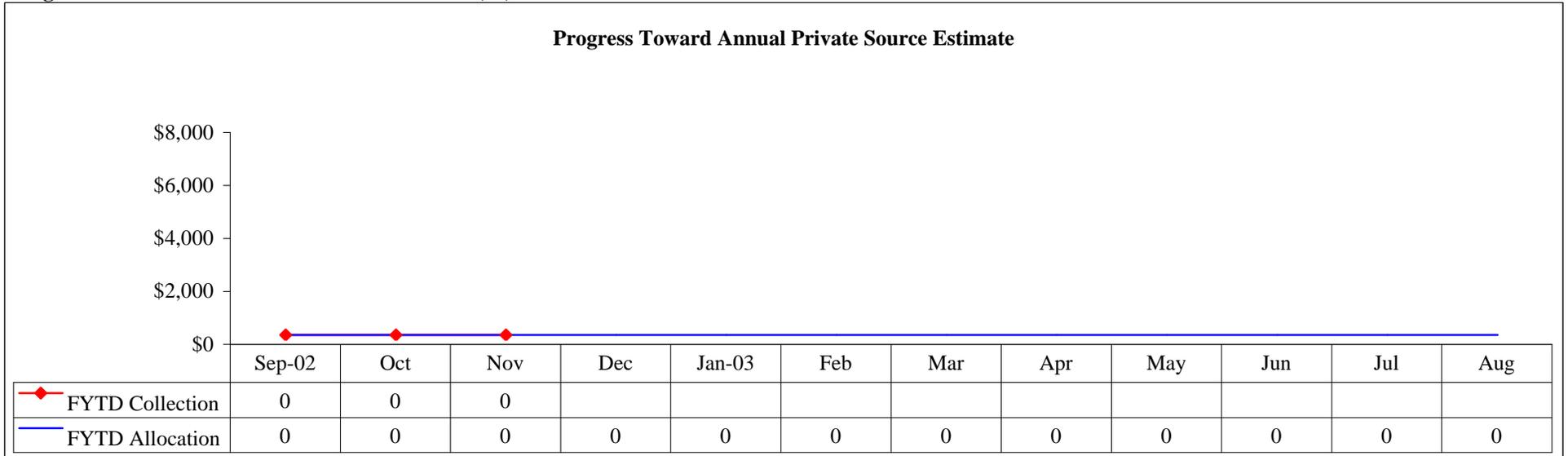
Progress Toward Annual Medicaid (THSteps-CCP & Misc. Other Medicaid) Estimate (\$0)



Objective 1E - FY 2003 Revenue Estimate
Rio Grande State Center-MH
Monthly Private Source Estimate (\$0)



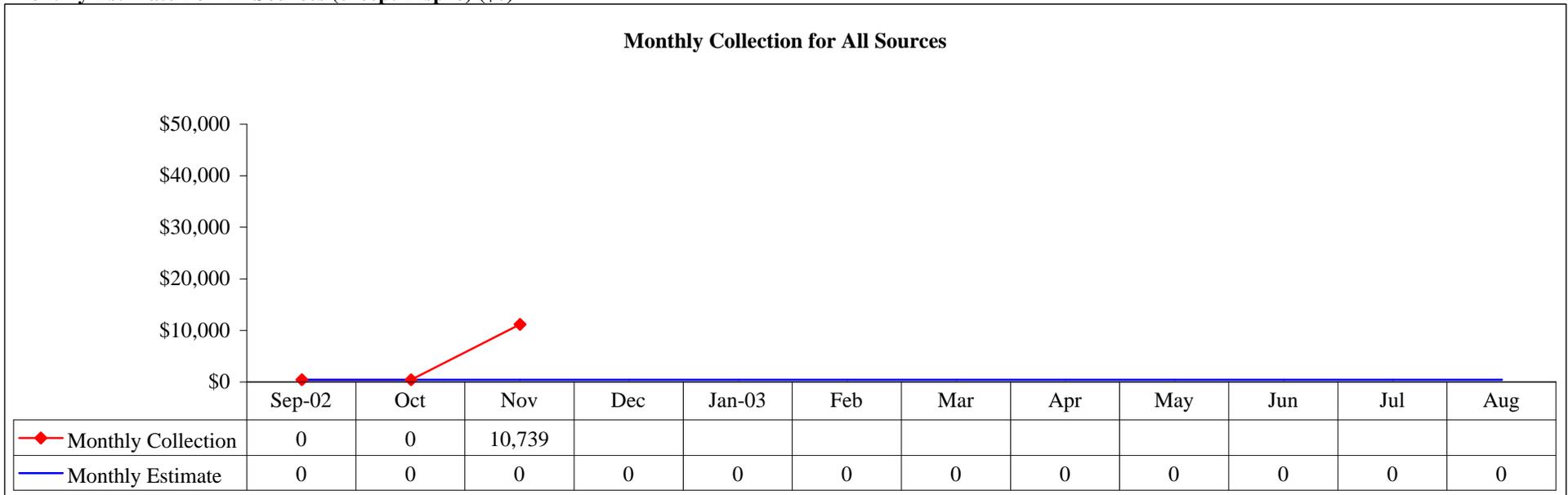
Progress Toward Annual Private Source Estimate (\$0)



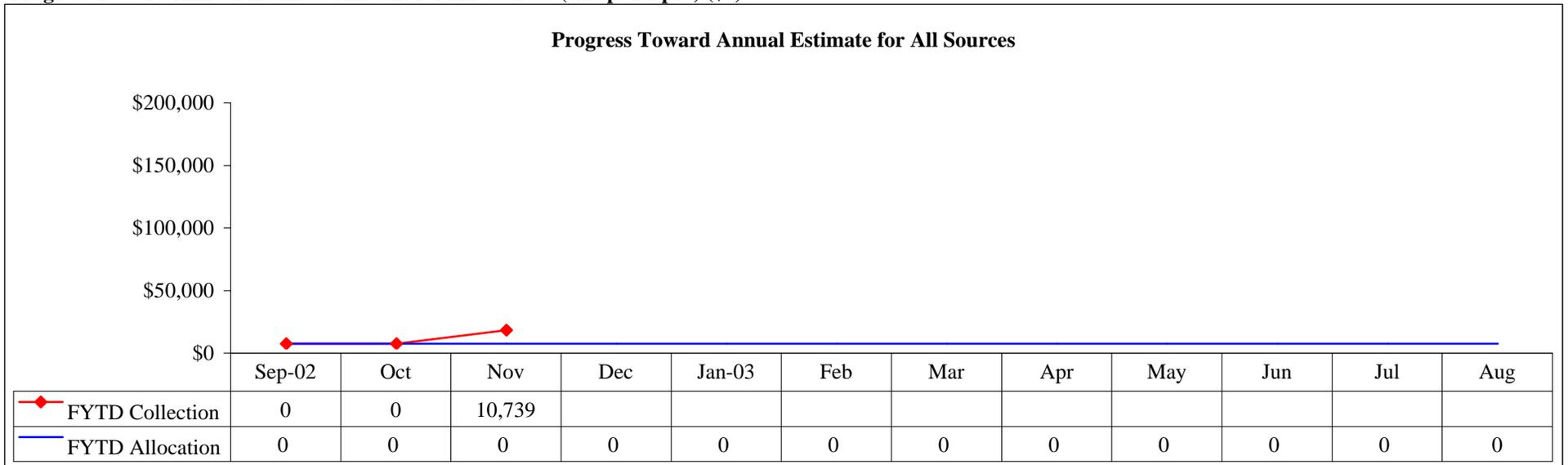
Objective 1E - FY 2003 Revenue Estimate

Rio Grande State Center-MH

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



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



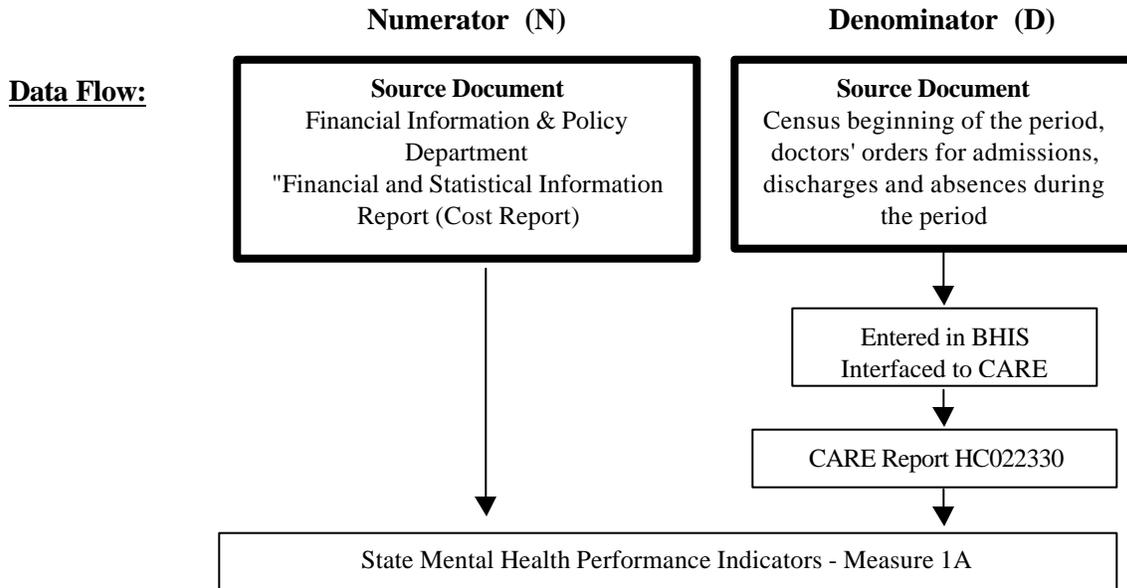
Performance Measure 1A: Average cost per patient served will be calculated and reported for each state mental health facility on a quarterly basis.

Performance Measure Operational Definition: Facility cost per person served represents the average cost of care for an individual per FY quarter.

Performance Measure Formula: Quarterly Average Cost Per Patient = LBB Cost [total facility cost – (benefits + depreciation) / quarterly total bed days derived from the Cost Report] x Average Patient Days * During Period (unduplicated count of patient's served). *Average patient days means the net stay in days at the component during the quarter divided by the number of unduplicated count of patient's served during the quarter.

Performance Measure Data Display and Chart Description:

- Table shows average patient days, cost per bed day and average cost for FY quarter for individual facilities and system-wide.
- Chart with accumulated quarterly data points of average cost per persons served for individual facilities and system-wide.



Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

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

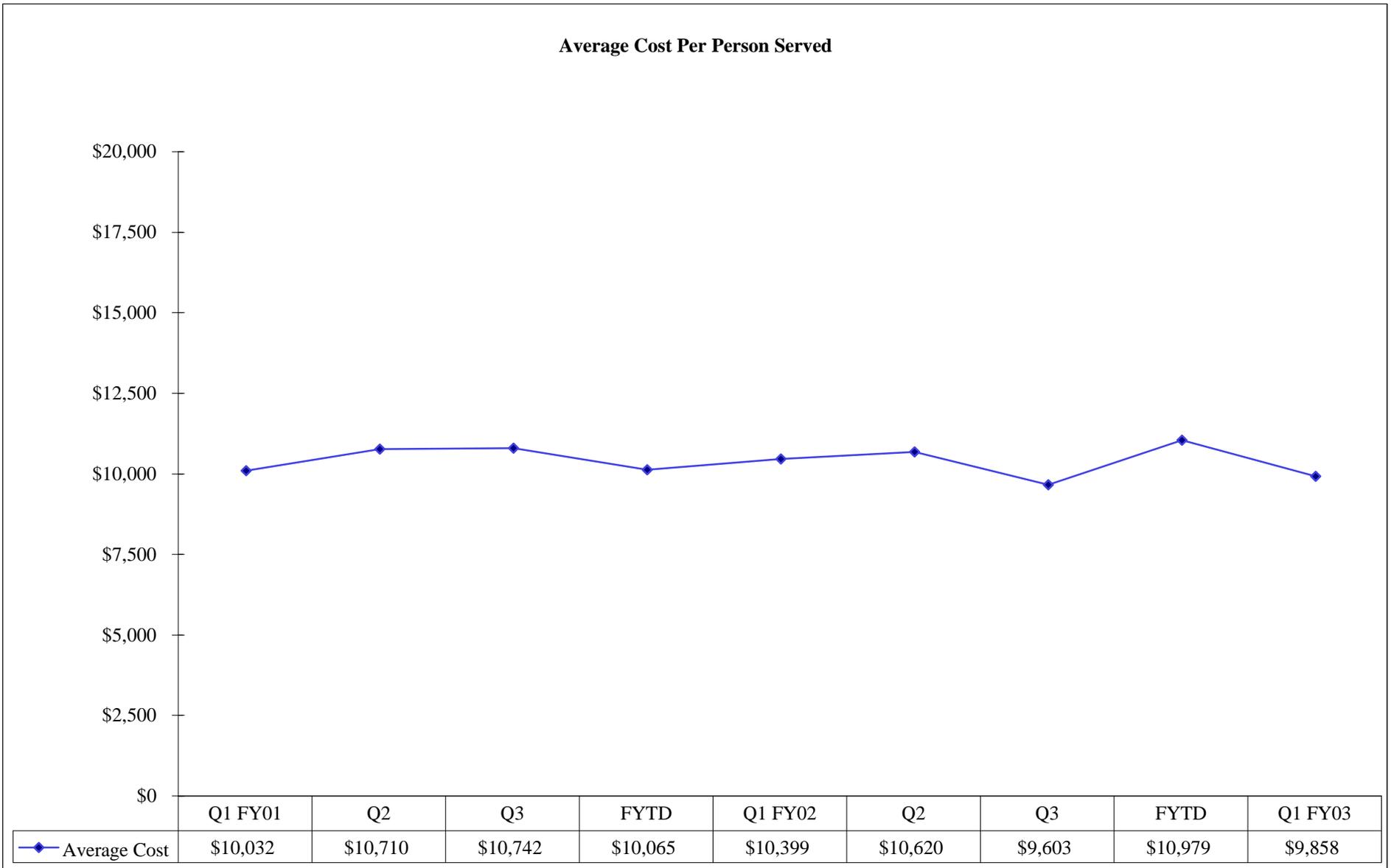


Table: Management Data Services

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

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

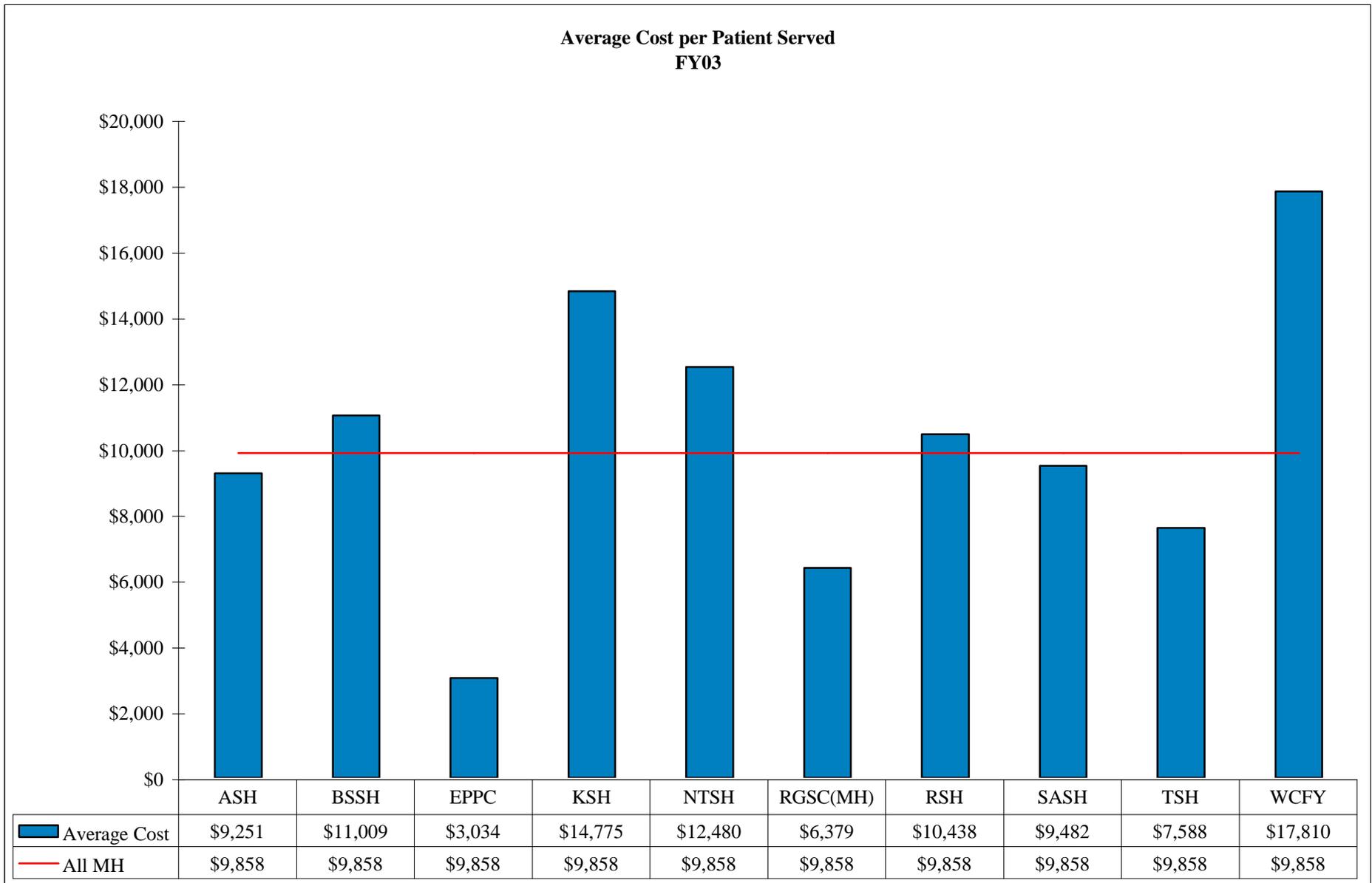


Table: Management Data Services

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

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

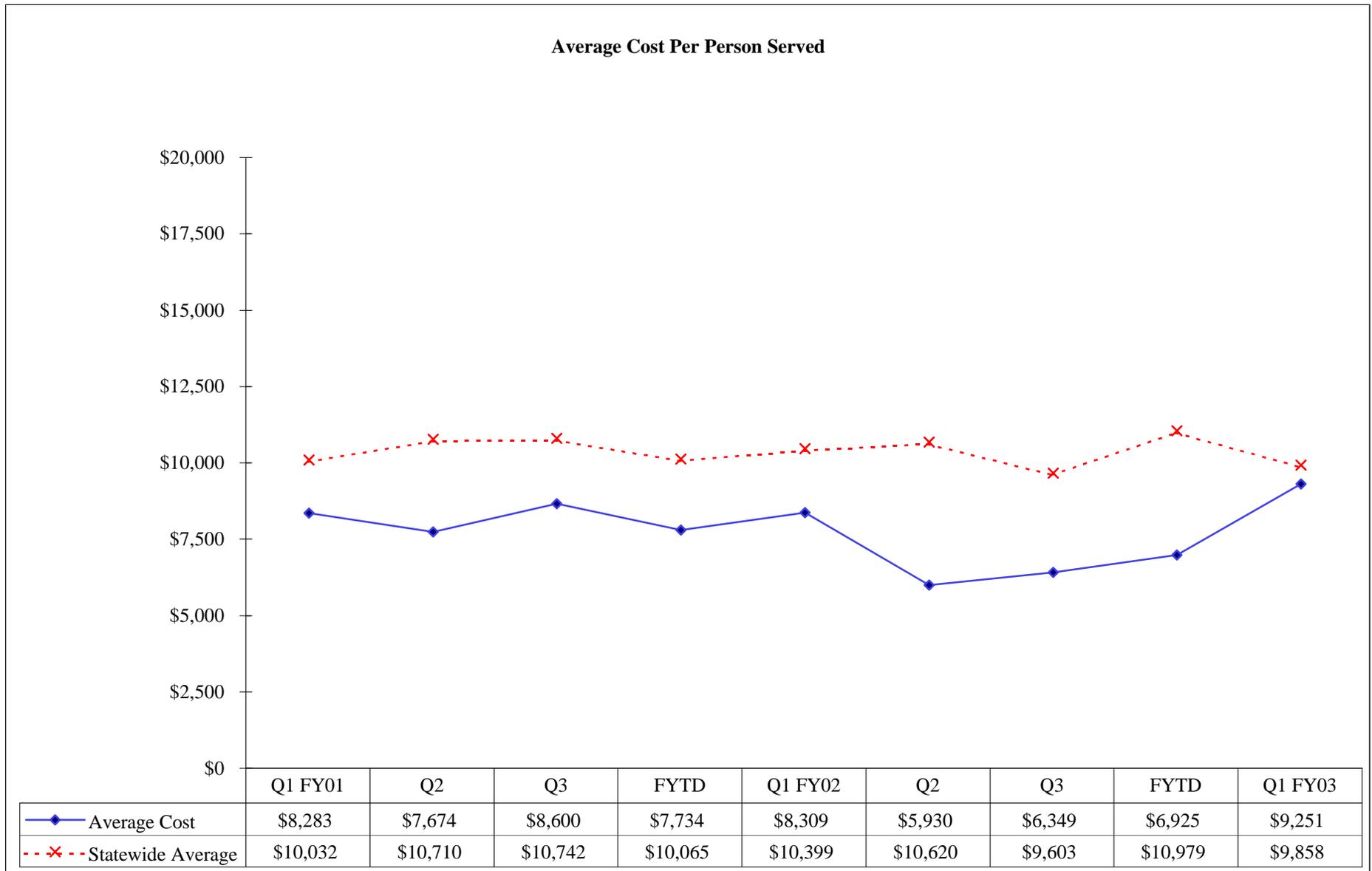


Table: Management Data Services

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

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

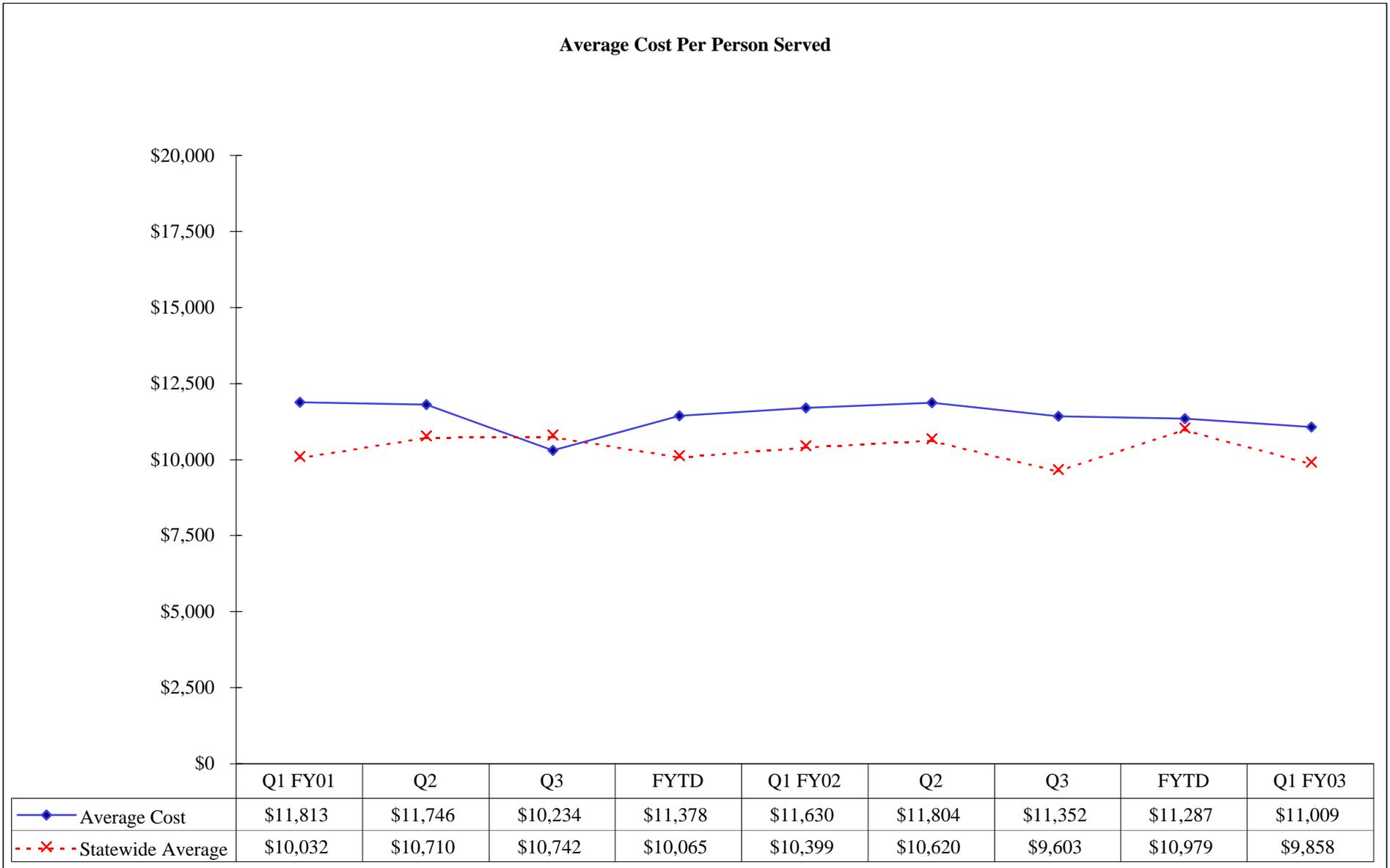


Table: Management Data Services

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

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

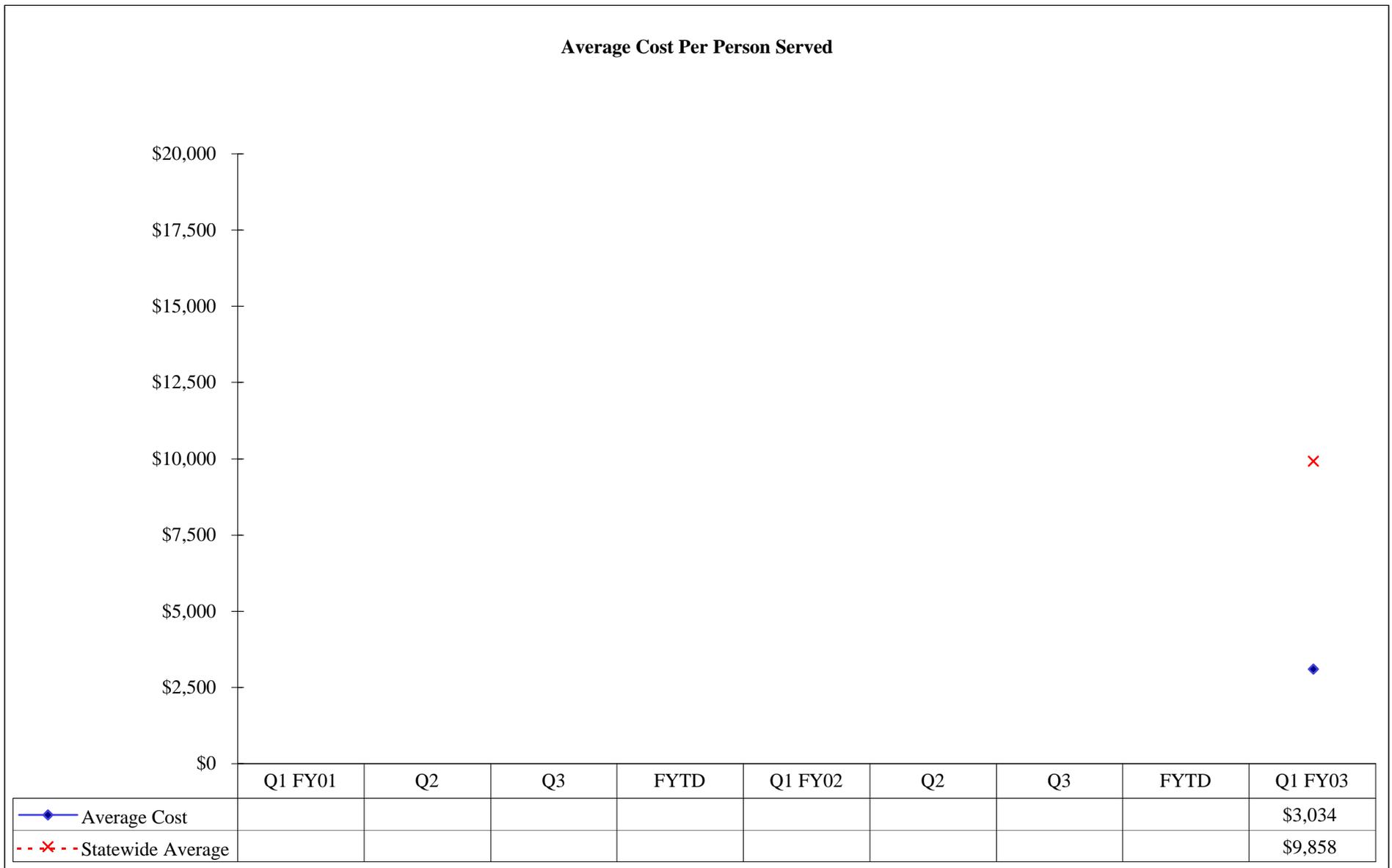


Table: Management Data Services

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

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

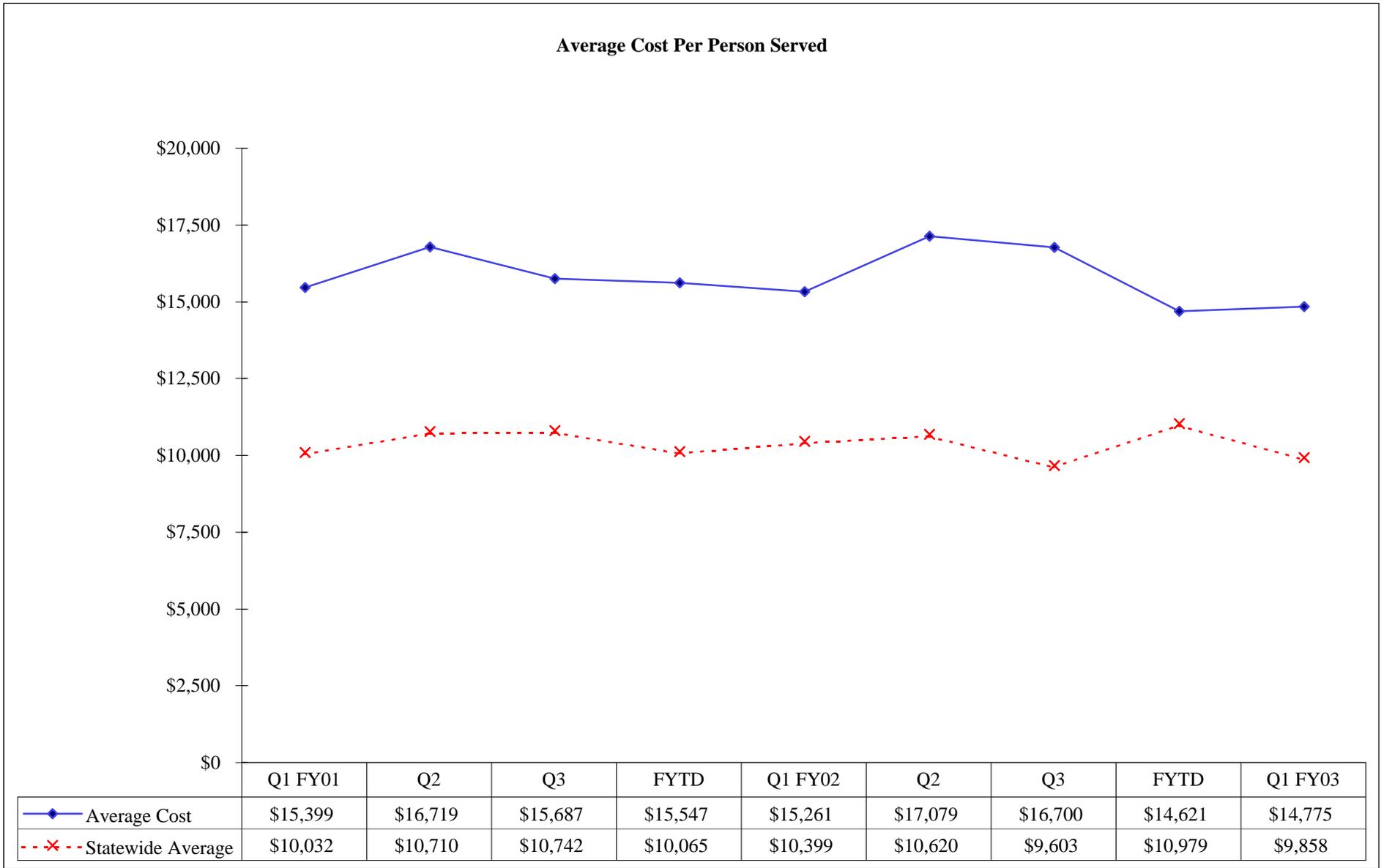


Table: Management Data Services

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

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

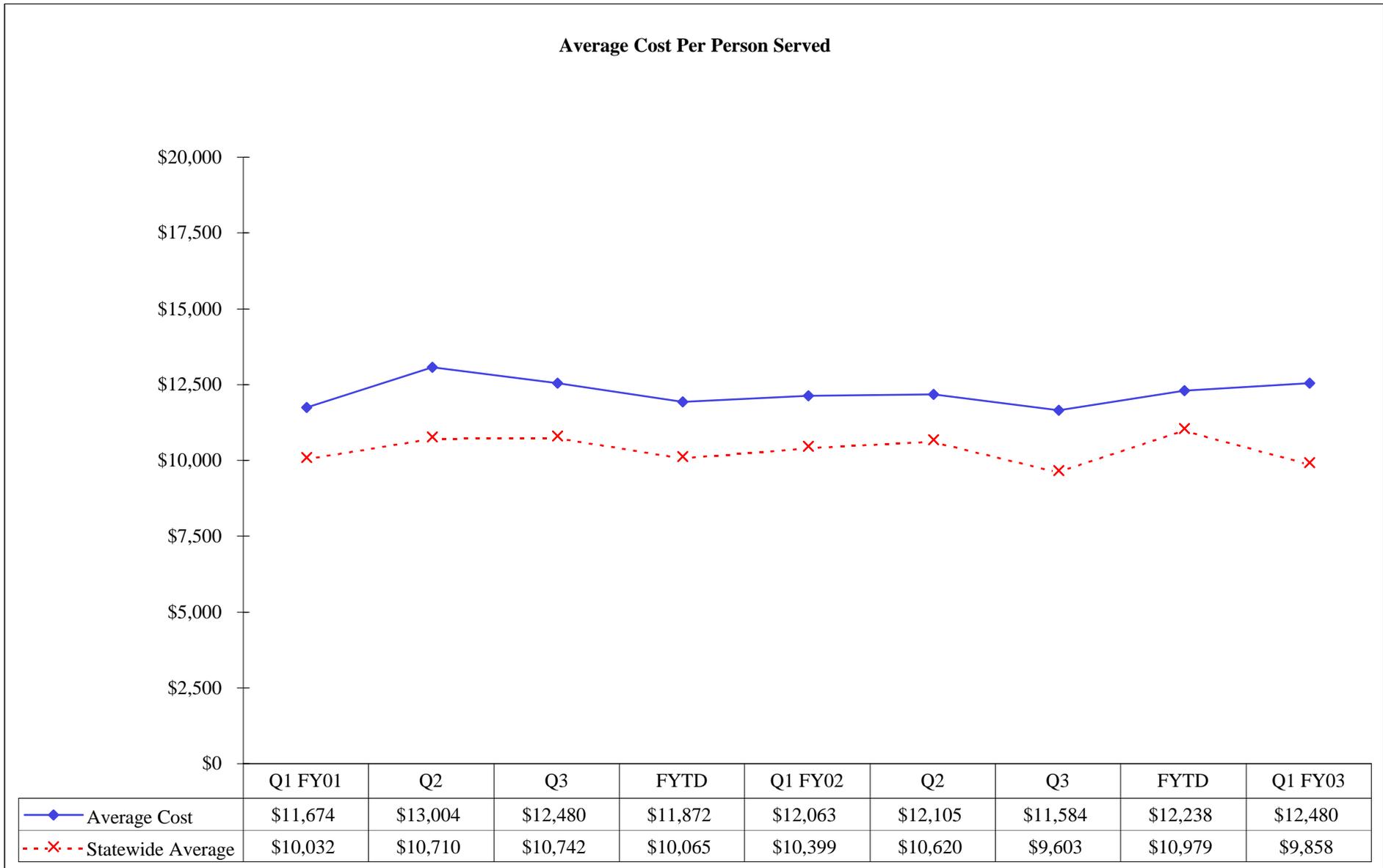


Table: Management Data Services

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

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

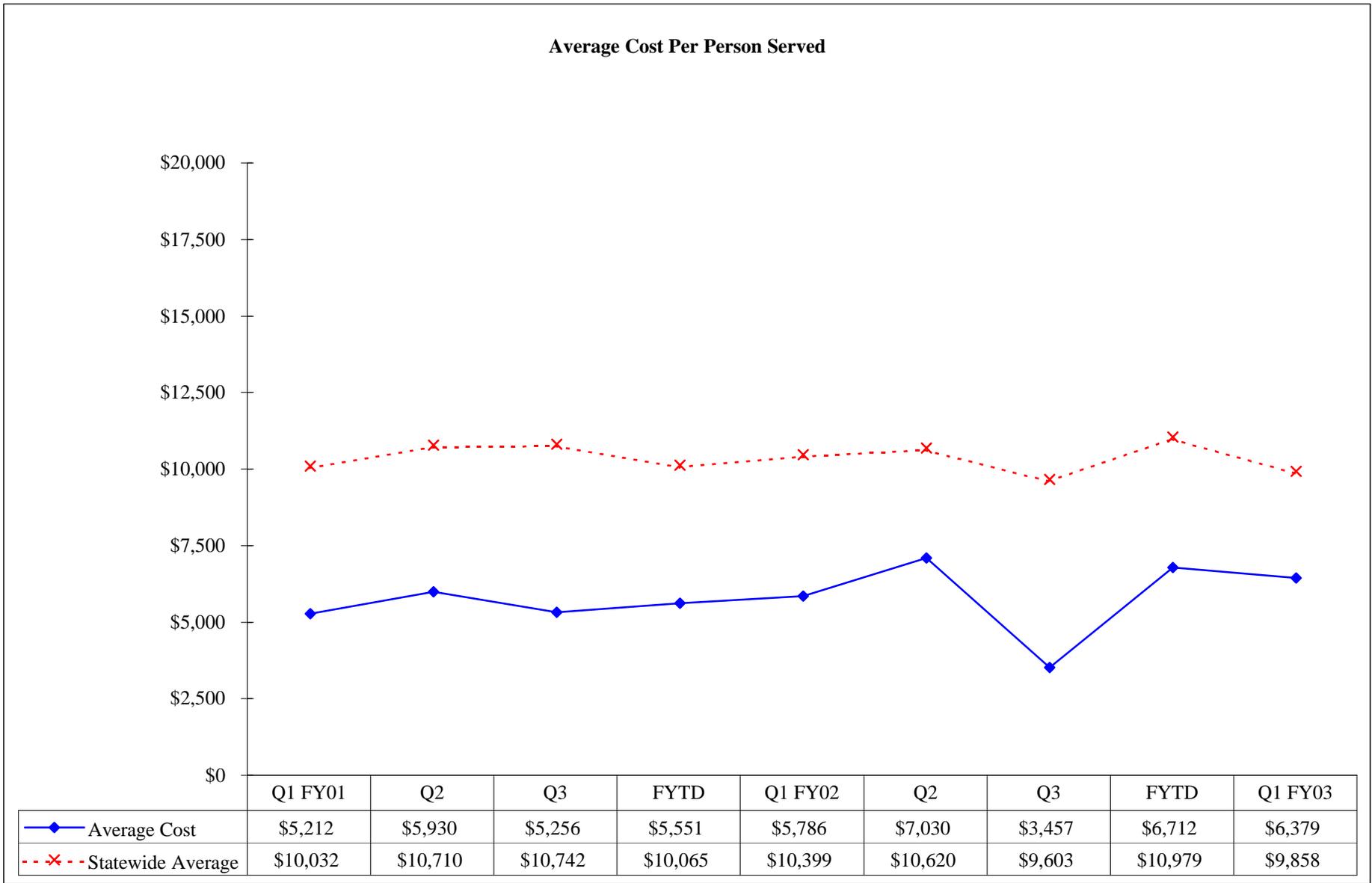


Table: Management Data Services

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

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

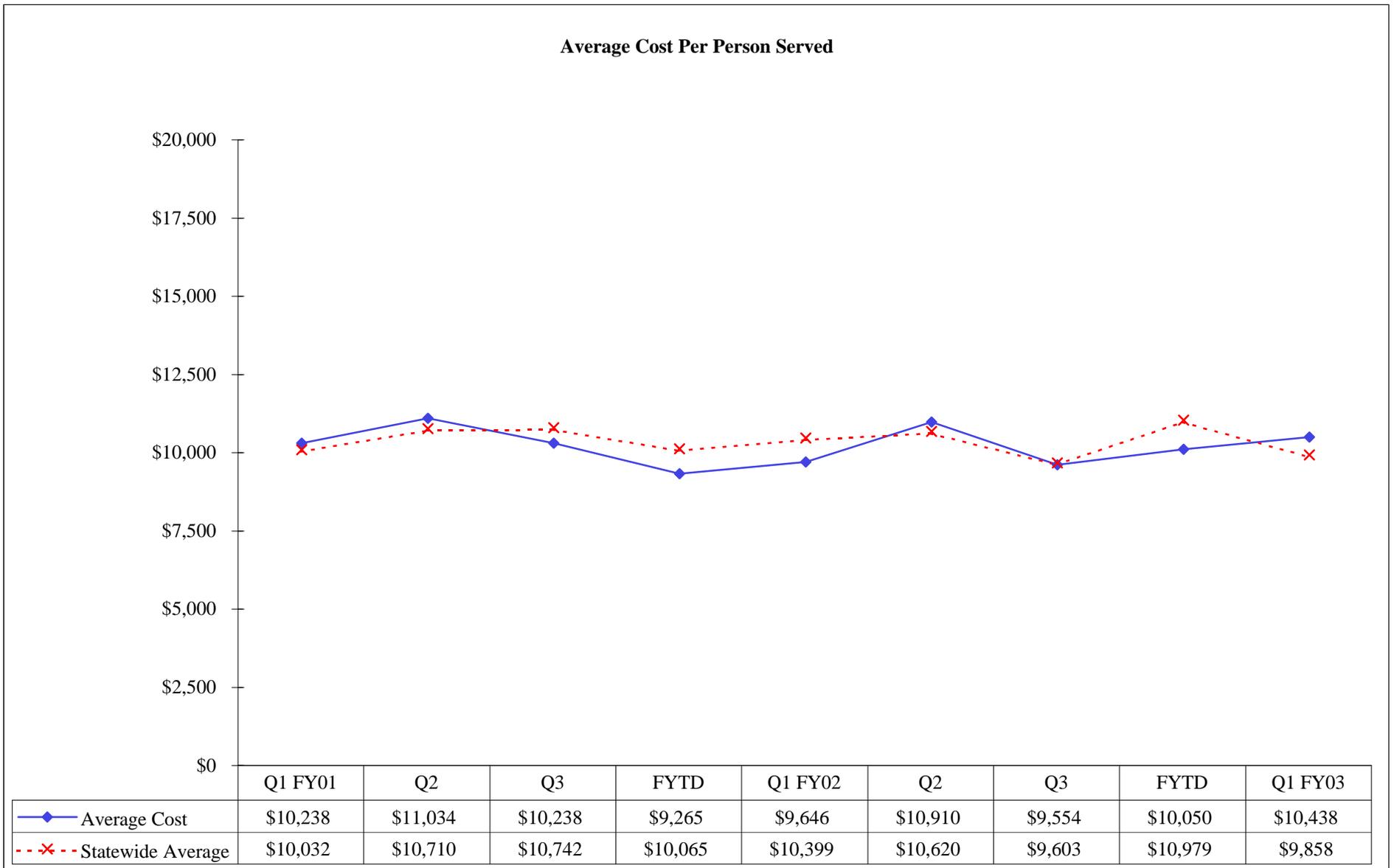


Table: Management Data Services

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

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

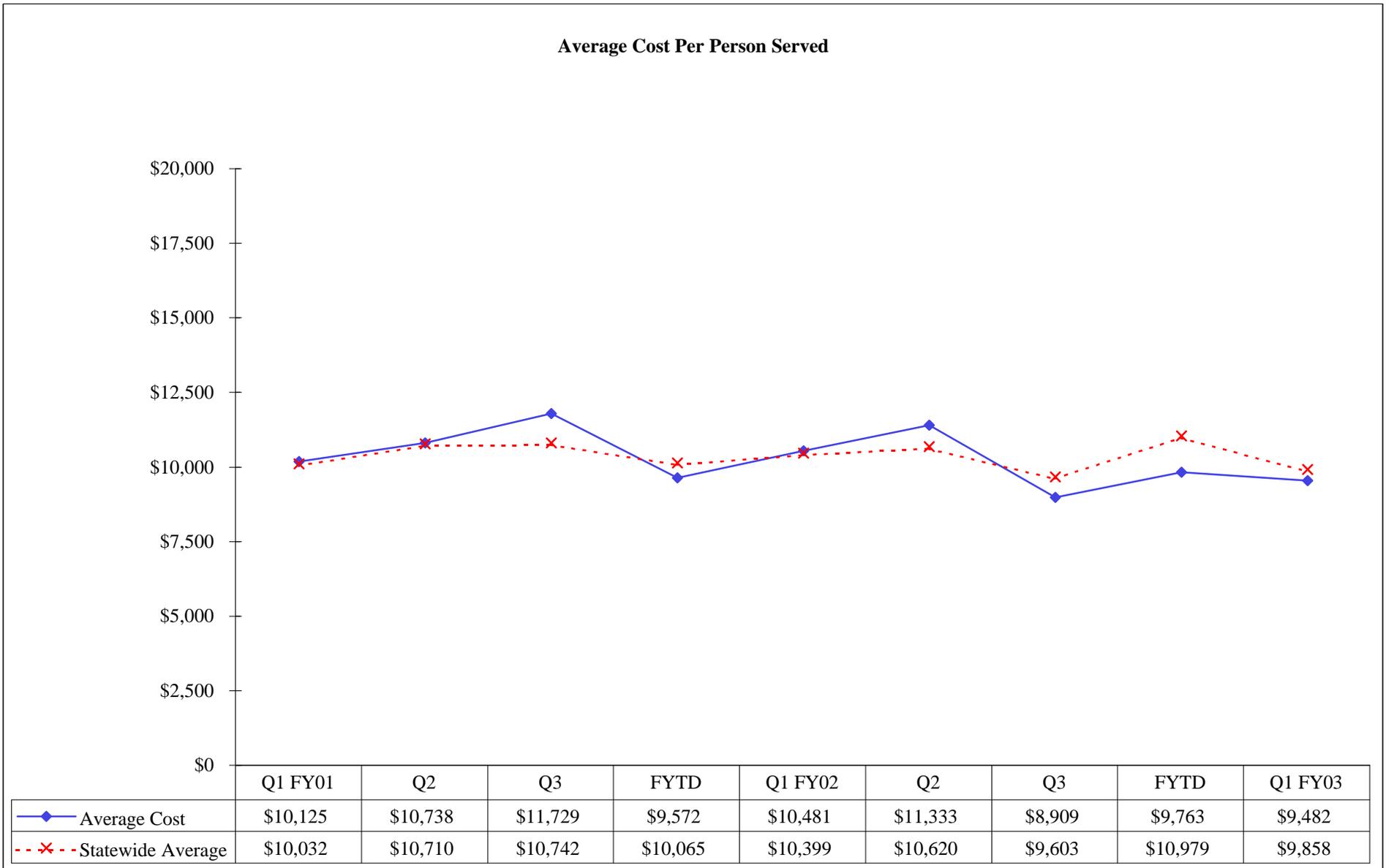
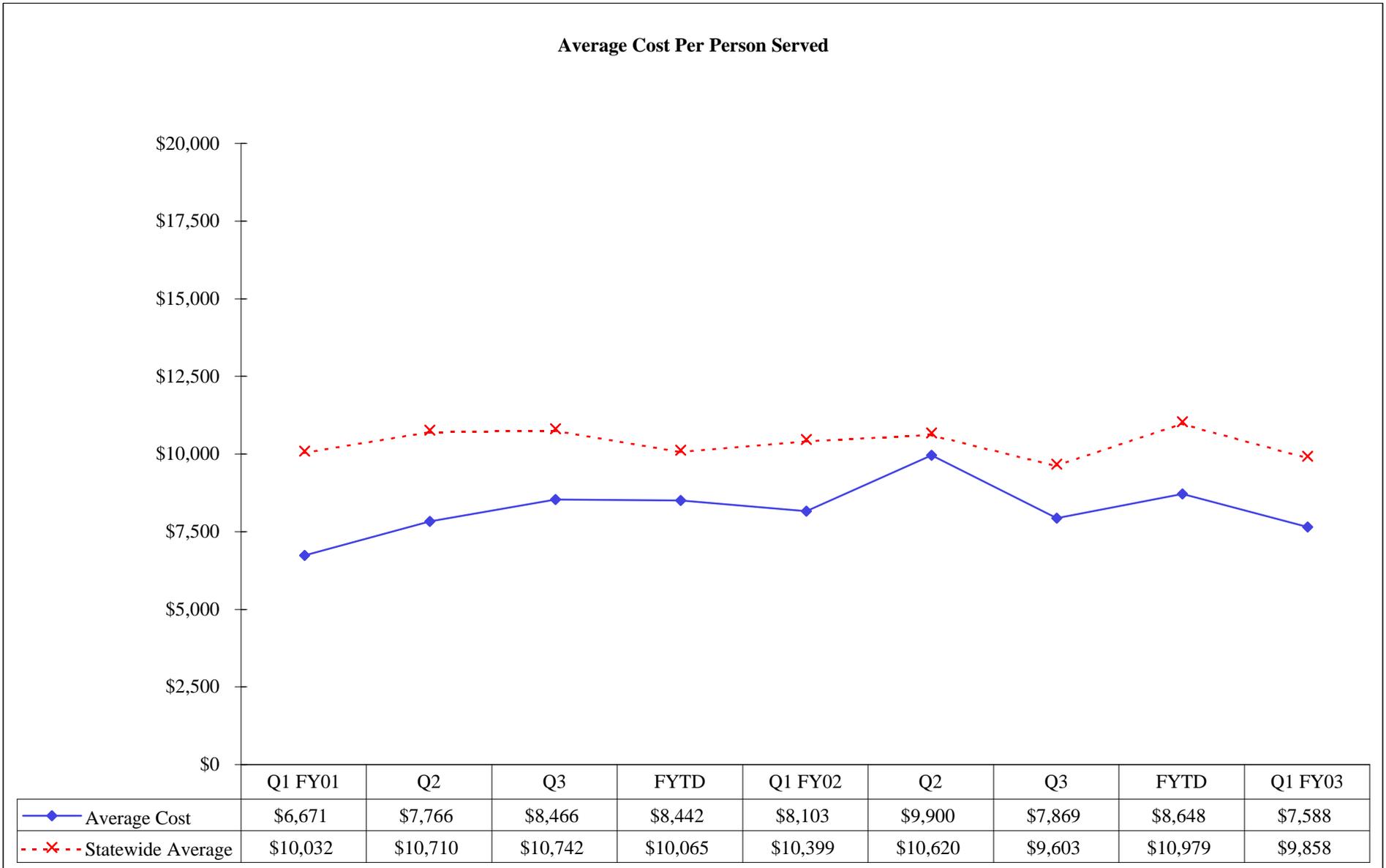


Table: Management Data Services

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

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



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

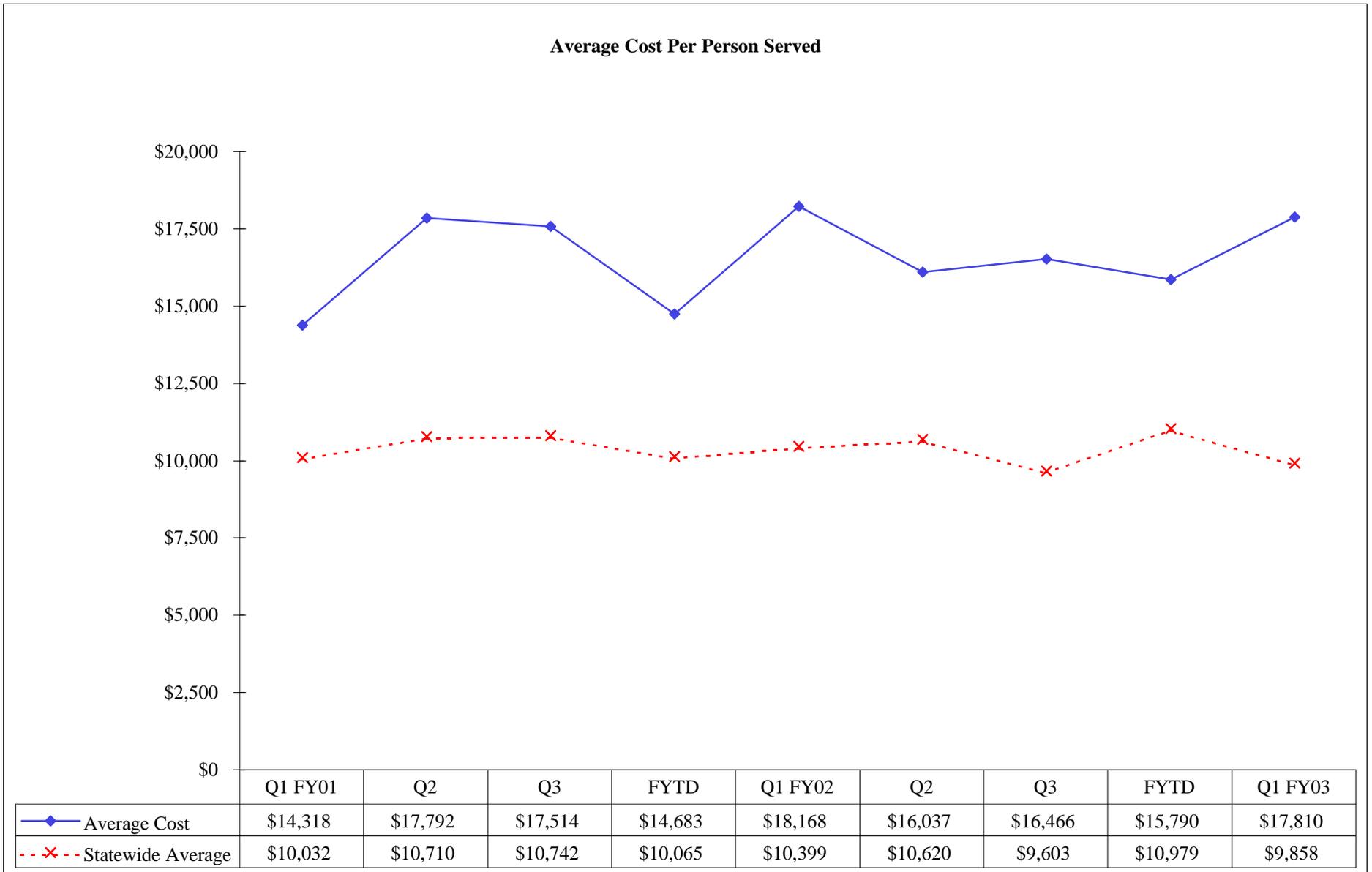


Table: Management Data Services

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

Performance Measure 1B: Average cost per occupied bed day will be calculated and reported for each state mental health facility on a quarterly basis.

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

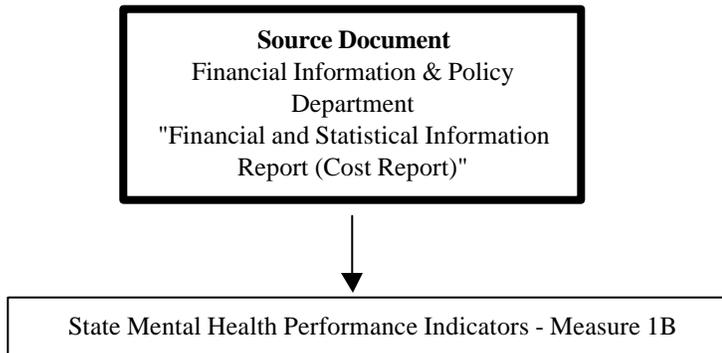
Performance Measure Formula: The facility's average cost per occupied bed day per FY quarter is calculated three ways.

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

Performance Measure Data Display and Chart Description:

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

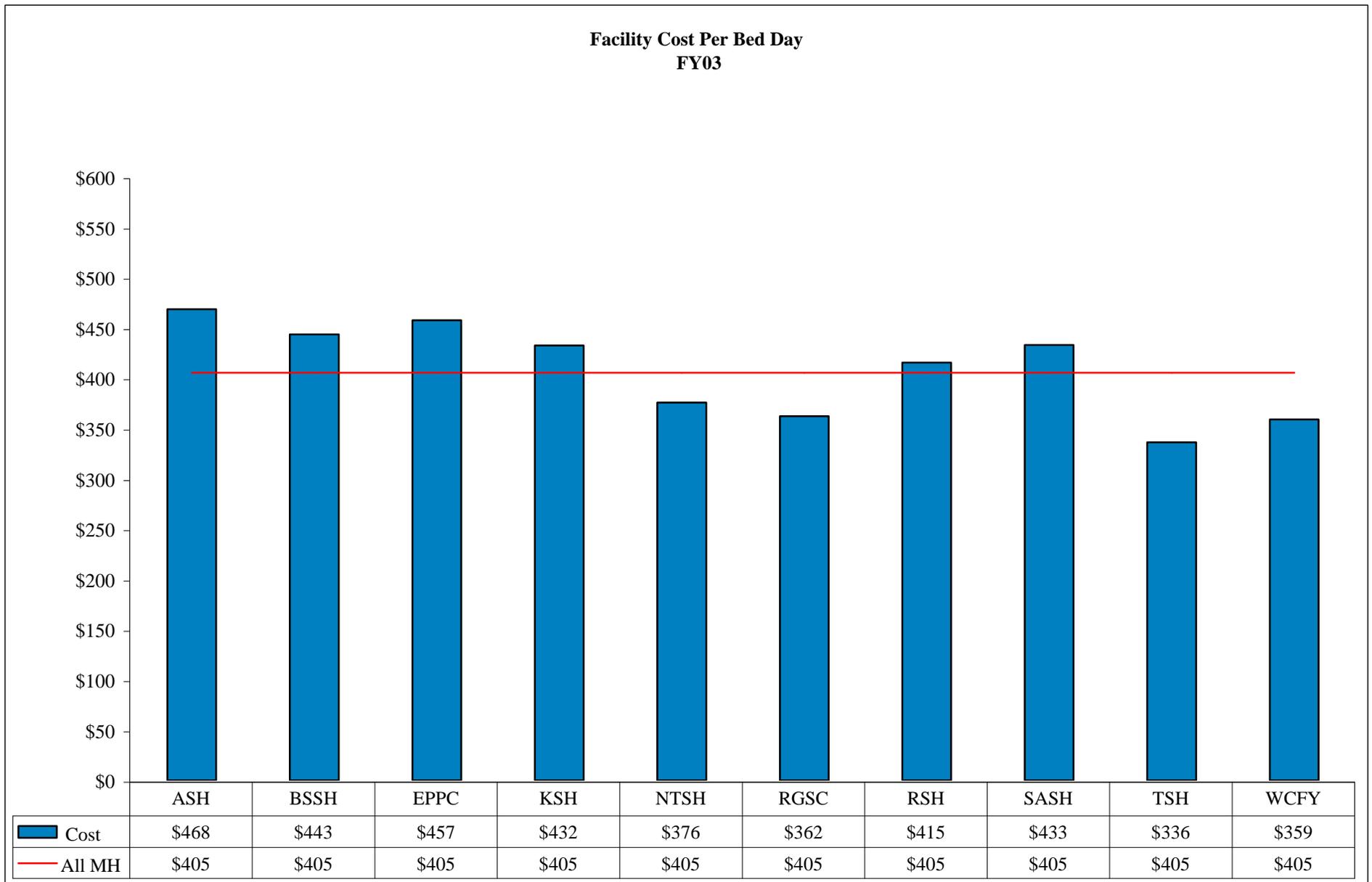
Data Flow:



Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Measure 1B - Cost Per Patient Per Day
All MH Facilities



Measure 1B - Cost Per Patient Per Day

All MH Facilities

	FY01				FY02				FY03			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Austin State Hospital												
Cost Per Bed Day	\$377	\$363	\$427	\$380	\$412	\$328	\$386	\$376	\$468			
Cost Per Bed Day w/DICAP/SWICAP	\$399	\$387	\$450	\$407	\$432	\$353	\$402	\$407	\$498			
LBB Cost Per Bed Day	\$312	\$299	\$357	\$317	\$344	\$253	\$295	\$299	\$384			
Big Spring State Hospital												
Cost Per Bed Day	\$373	\$363	\$366	\$369	\$399	\$435	\$461	\$434	\$443			
Cost Per Bed Day w/DICAP/SWICAP	\$398	\$388	\$390	\$397	\$423	\$463	\$482	\$468	\$478			
LBB Cost Per Bed Day	\$300	\$302	\$300	\$304	\$321	\$350	\$357	\$346	\$332			
El Paso Psychiatric Center												
Cost Per Bed Day									\$457			
Cost Per Bed Day w/DICAP/SWICAP												
LBB Cost Per Bed Day									\$362			
Kerrville State Hospital												
Cost Per Bed Day	\$398	\$425	\$407	\$417	\$392	\$415	\$476	\$427	\$432			
Cost Per Bed Day w/DICAP/SWICAP	\$425	\$453	\$435	\$454	\$418	\$443	\$497	\$468	\$469			
LBB Cost Per Bed Day	\$313	\$340	\$328	\$334	\$308	\$327	\$356	\$332	\$317			
North Texas State Hospital												
Cost Per Bed Day	\$316	\$323	\$323	\$316	\$337	\$346	\$368	\$351	\$376			
Cost Per Bed Day w/DICAP/SWICAP	\$335	\$343	\$342	\$338	\$357	\$369	\$385	\$380	\$405			
LBB Cost Per Bed Day	\$248	\$264	\$259	\$254	\$264	\$270	\$270	\$271	\$275			
Rusk State Hospital												
Cost Per Bed Day	\$313	\$315	\$312	\$299	\$330	\$370	\$364	\$354	\$415			
Cost Per Bed Day w/DICAP/SWICAP	\$332	\$336	\$332	\$319	\$350	\$392	\$378	\$380	\$447			
LBB Cost Per Bed Day	\$250	\$259	\$253	\$243	\$263	\$295	\$274	\$278	\$310			
San Antonio State Hospital												
Cost Per Bed Day	\$424	\$422	\$444	\$416	\$424	\$482	\$416	\$424	\$433			
Cost Per Bed Day w/DICAP/SWICAP	\$451	\$453	\$473	\$444	\$449	\$511	\$433	\$455	\$465			
LBB Cost Per Bed Day	\$337	\$349	\$365	\$337	\$344	\$385	\$320	\$339	\$320			
Terrell State Hospital												
Cost Per Bed Day	\$290	\$320	\$312	\$333	\$324	\$400	\$342	\$354	\$336			
Cost Per Bed Day w/DICAP/SWICAP	\$309	\$341	\$333	\$357	\$346	\$425	\$359	\$383	\$365			
LBB Cost Per Bed Day	\$226	\$264	\$254	\$271	\$252	\$321	\$253	\$277	\$247			

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

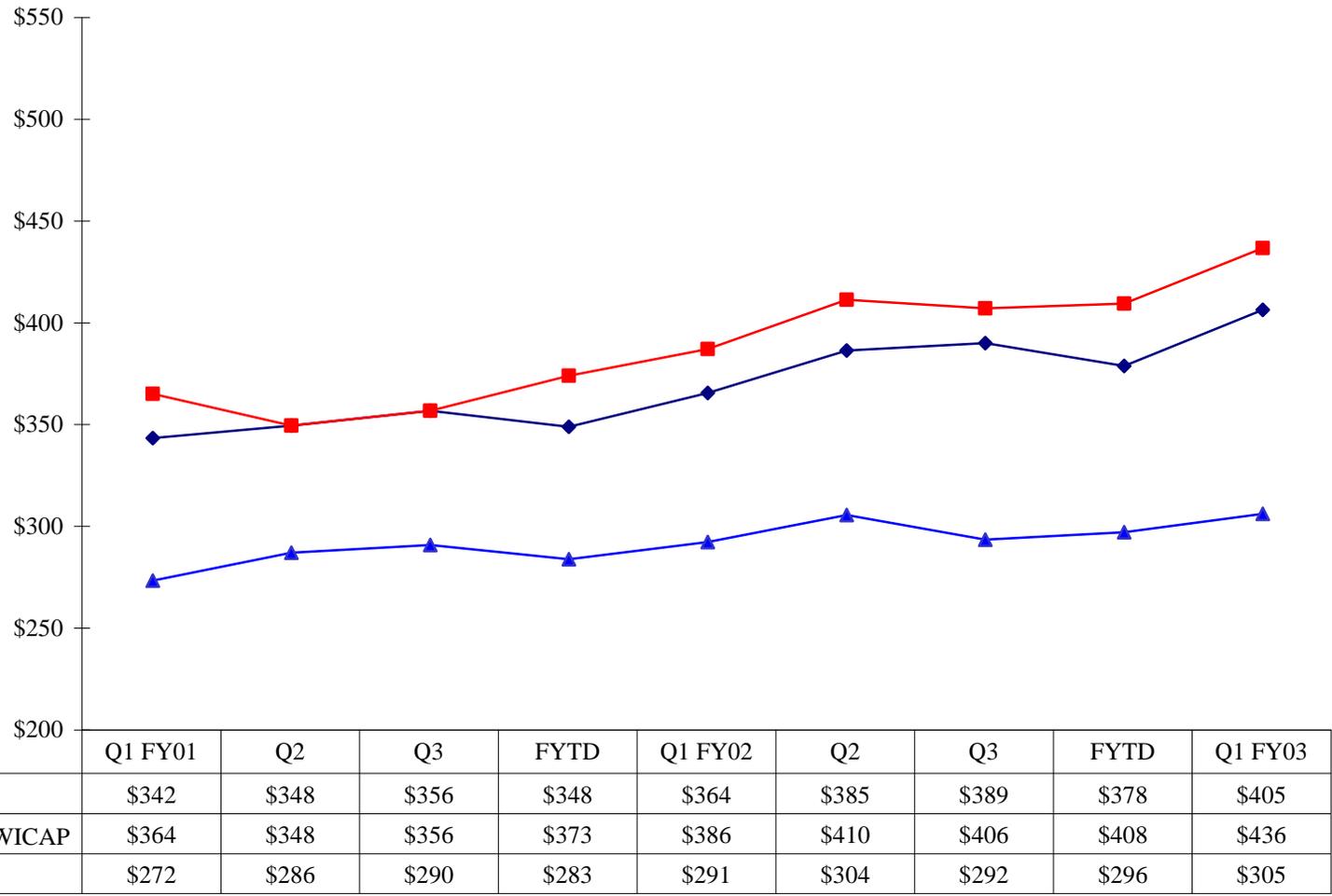
Measure 1B - Cost Per Patient Per Day
All MH Facilities

	FY01				FY02				FY03			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Waco Center for Youth												
Cost Per Bed Day	\$301	\$313	\$310	\$324	\$330	\$361	\$393	\$366	\$359			
Cost Per Bed Day w/DICAP/SWICAP	\$319	\$332	\$329	\$347	\$349	\$383	\$410	\$394	\$388			
LBB Cost Per Bed Day	\$238	\$253	\$249	\$262	\$260	\$280	\$289	\$284	\$274			
All Hospitals												
Cost Per Bed Day	\$342	\$348	\$356	\$348	\$364	\$385	\$389	\$378	\$405			
Cost Per Bed Day w/DICAP/SWICAP	\$364	\$348	\$356	\$373	\$386	\$410	\$406	\$408	\$436			
LBB Cost Per Bed Day	\$272	\$286	\$290	\$283	\$291	\$304	\$292	\$296	\$305			
Rio Grande State Center (MH)												
Cost Per Bed Day	\$350	\$397	\$336	\$373	\$461	\$560	\$378	\$452	\$362			
Cost Per Bed Day w/DICAP/SWICAP												
LBB Cost Per Bed Day	\$463	\$542	\$466	\$526	\$610	\$732	\$297	\$602	\$473			

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

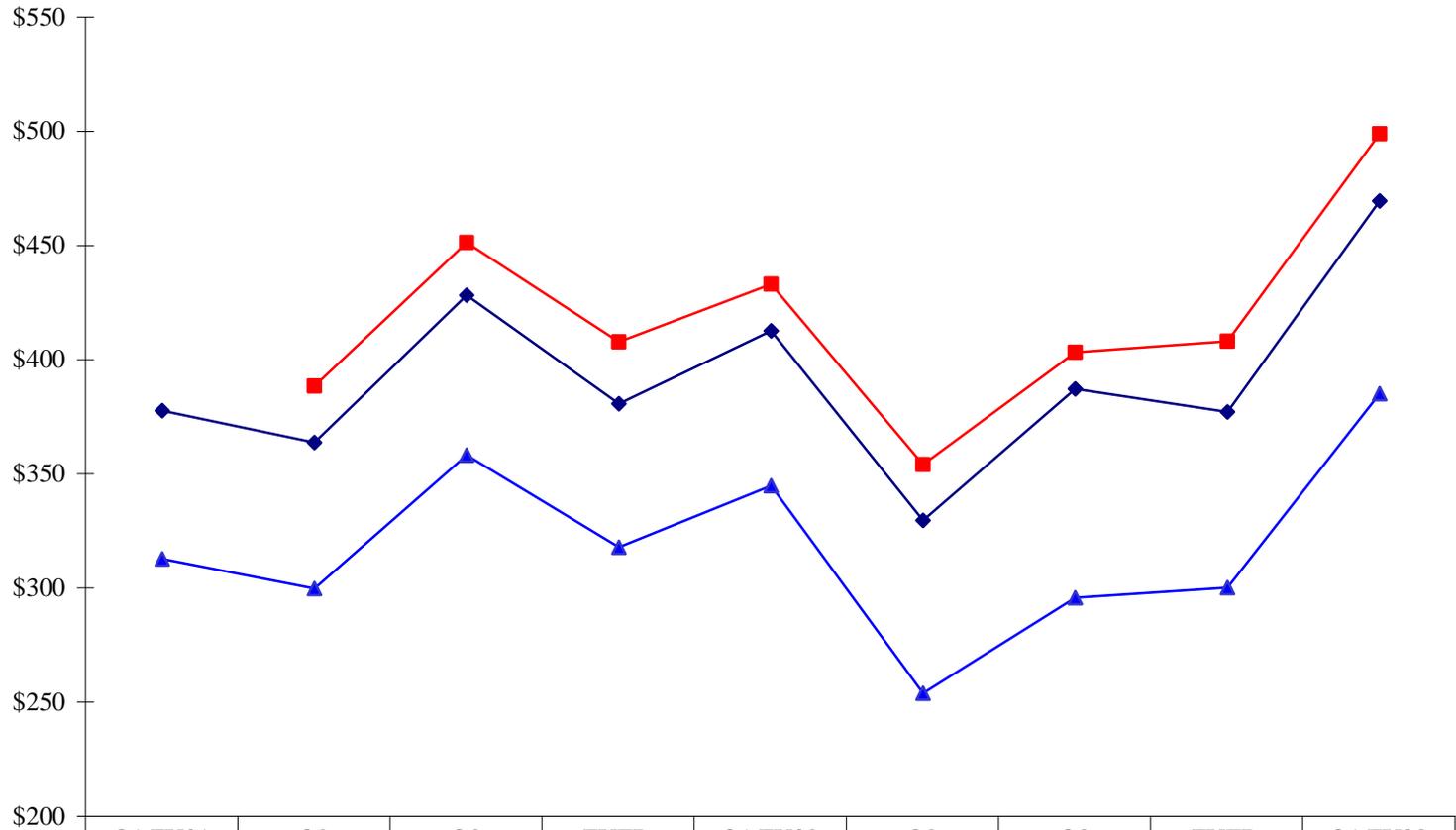
Measure 1B - Cost Per Patient Per Day
All MH Facilities

Cost Per Bed Day



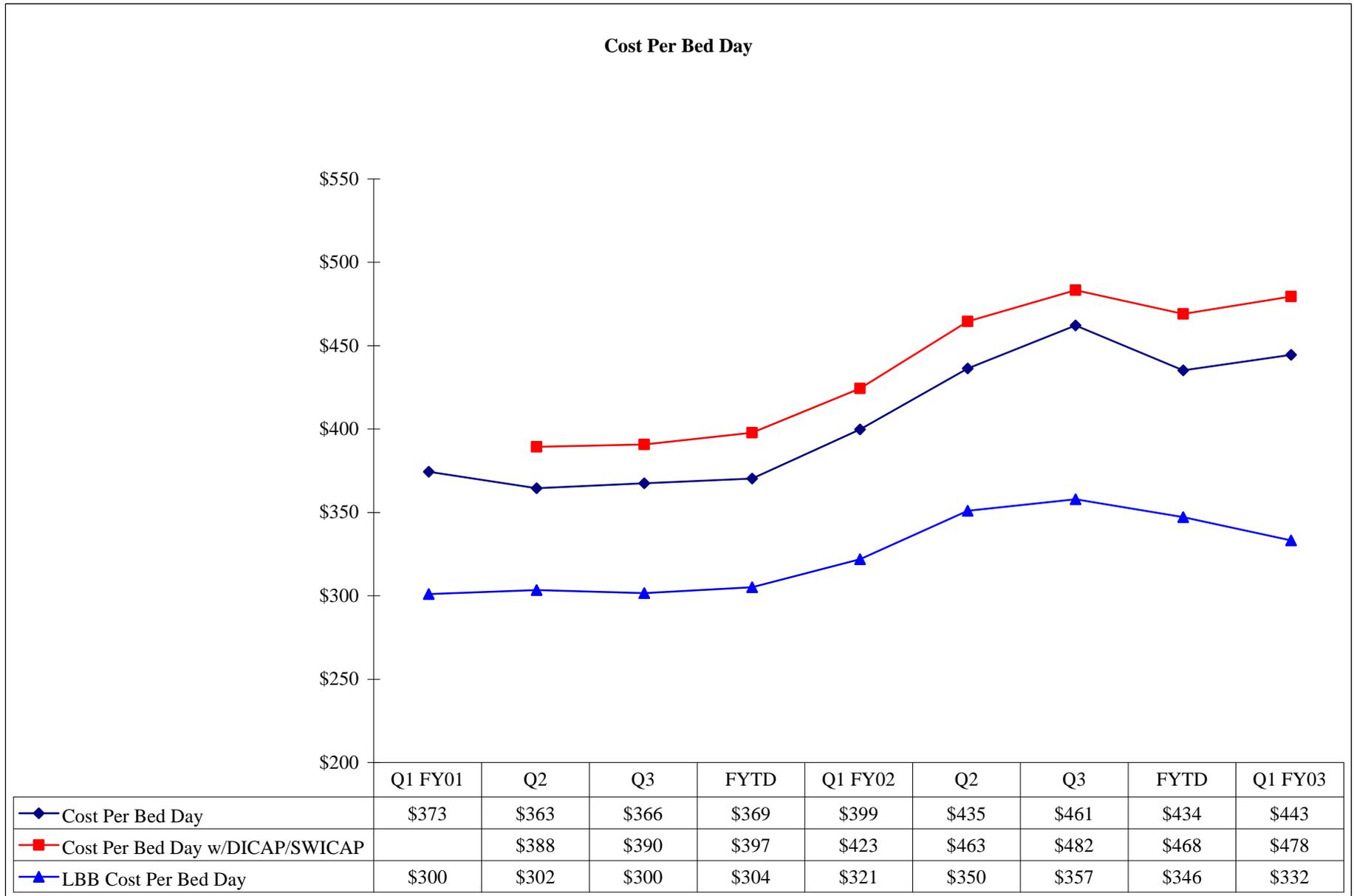
Measure 1B - Cost Per Patient Per Day
Austin State Hospital

Cost Per Bed Day

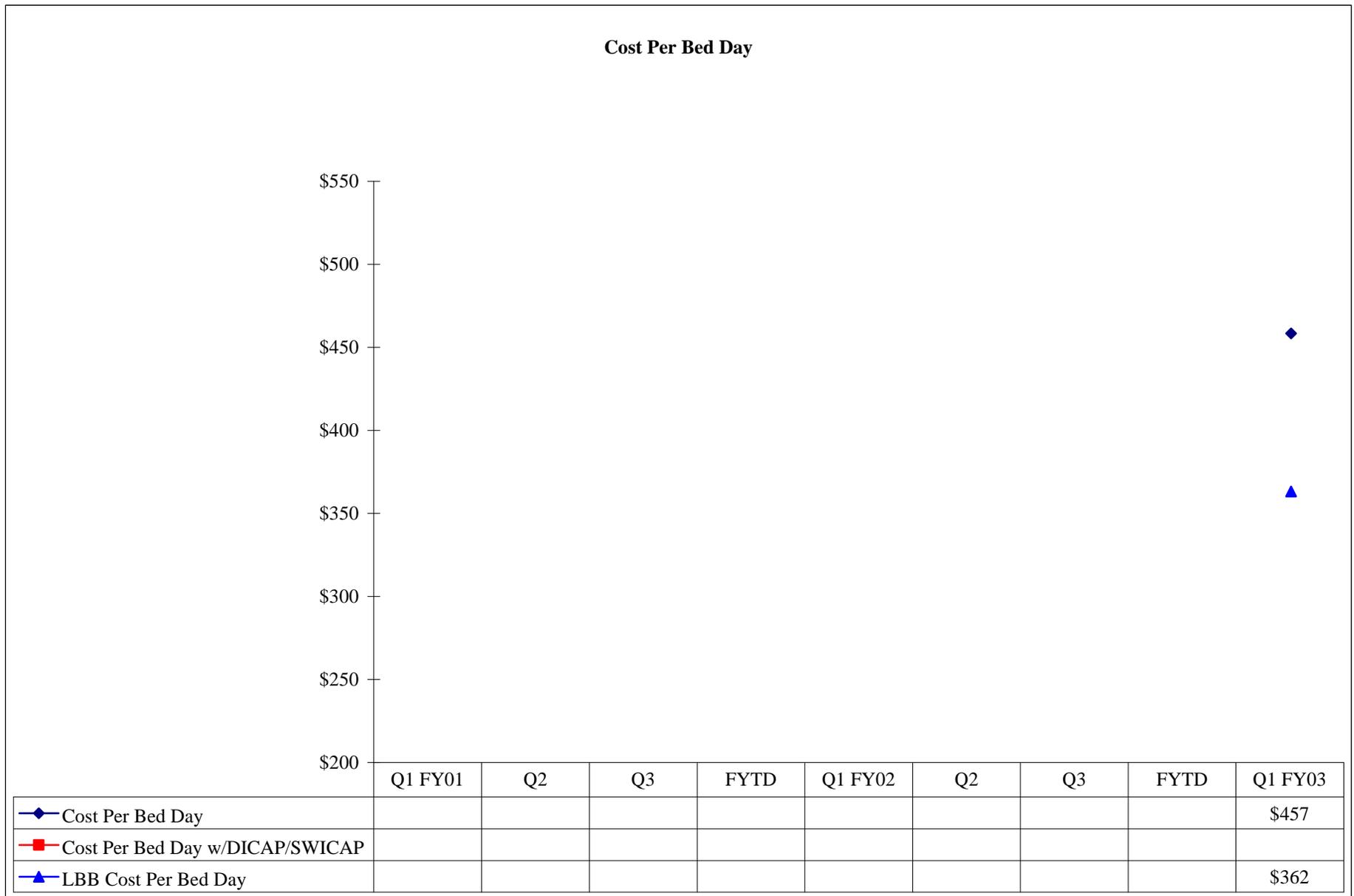


◆ Cost Per Bed Day	\$377	\$363	\$427	\$380	\$412	\$328	\$386	\$376	\$468
■ Cost Per Bed Day w/DICAP/SWICAP		\$387	\$450	\$407	\$432	\$353	\$402	\$407	\$498
▲ LBB Cost Per Bed Day	\$312	\$299	\$357	\$317	\$344	\$253	\$295	\$299	\$384

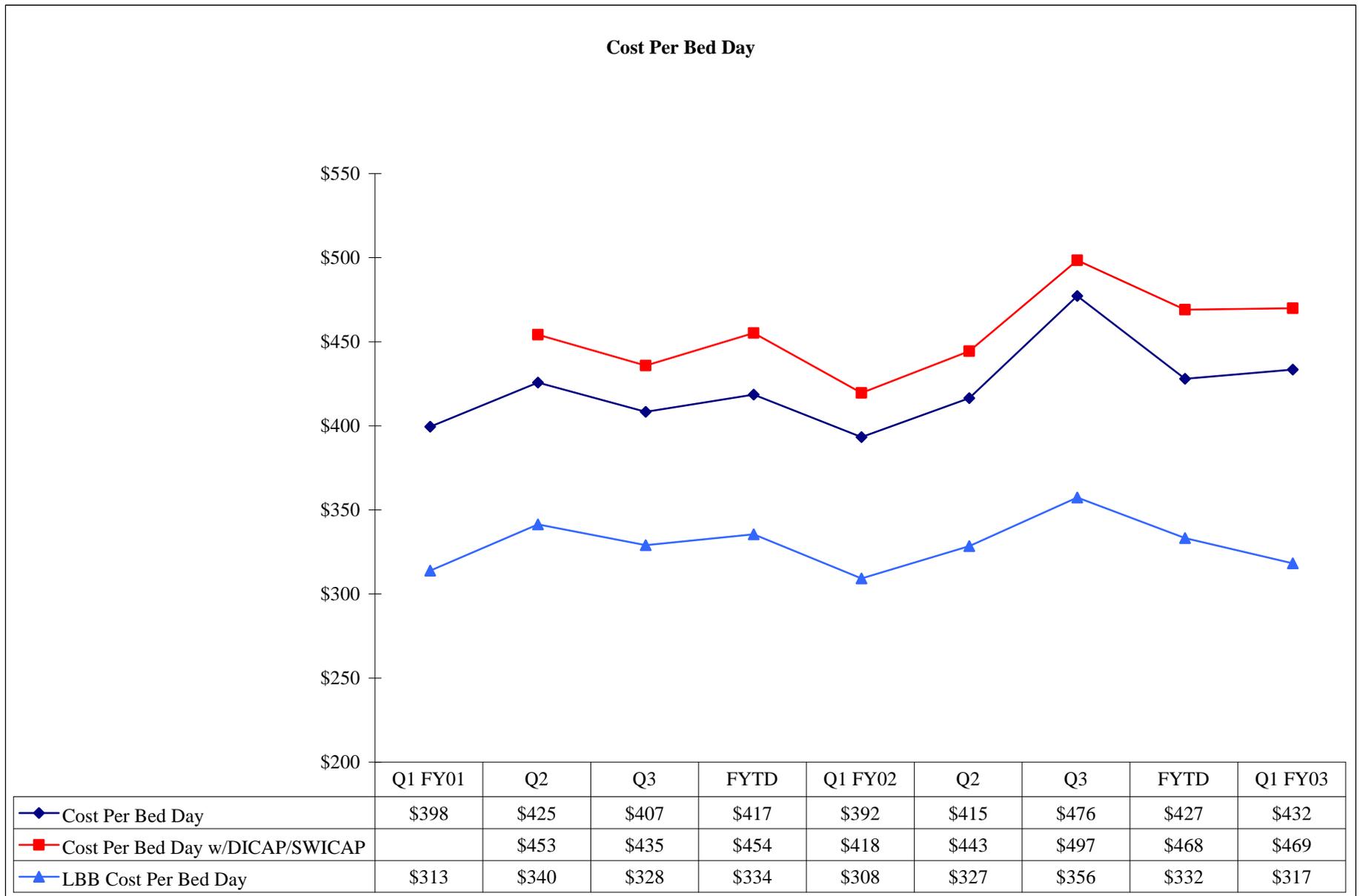
Measure 1B - Cost Per Patient Per Day
Big Spring State Hospital



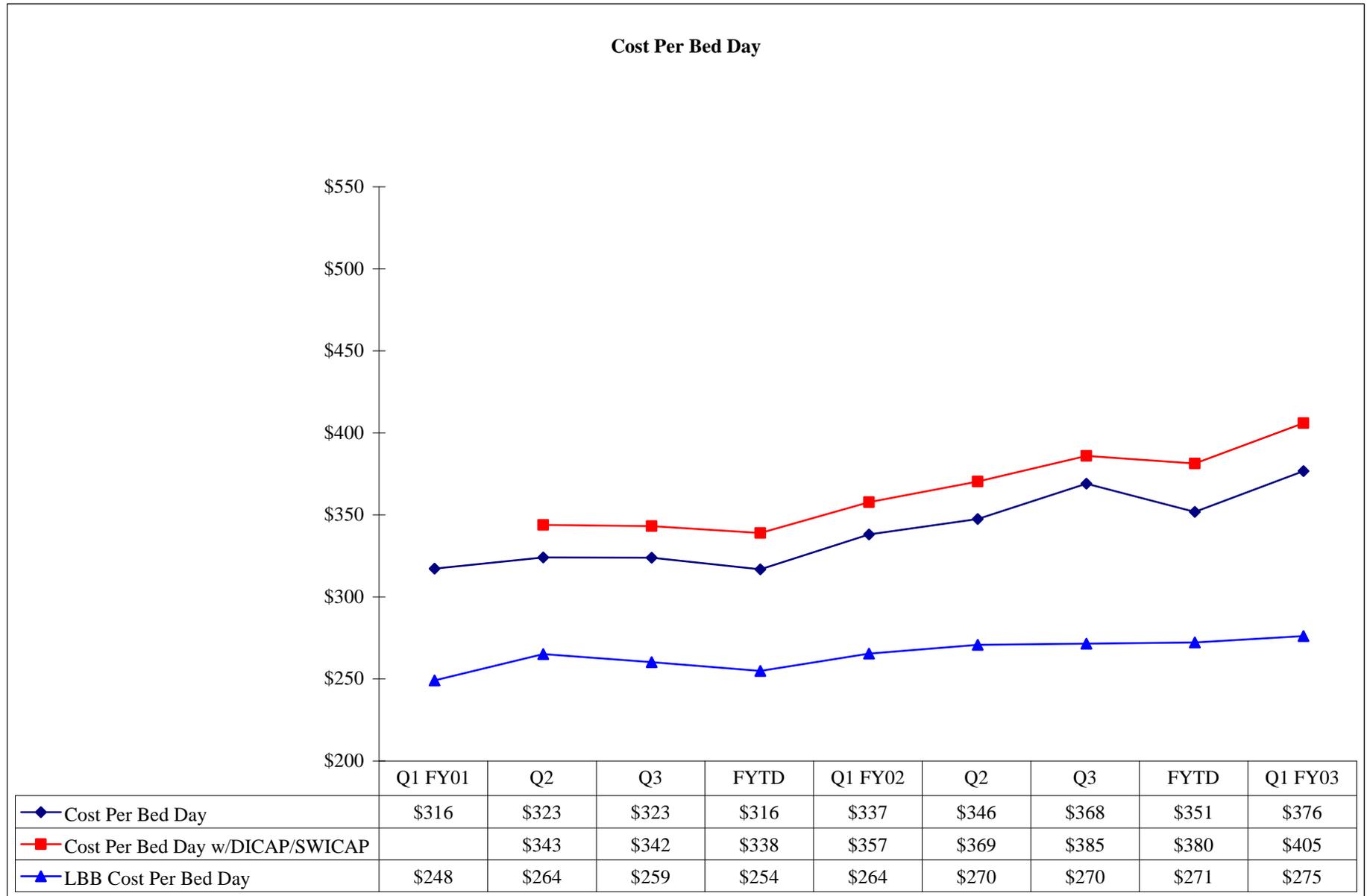
Measure 1B - Cost Per Patient Per Day
El Paso Psychiatric Center



**Measure 1B - Cost Per Patient Per Day
Kerrville State Hospital**



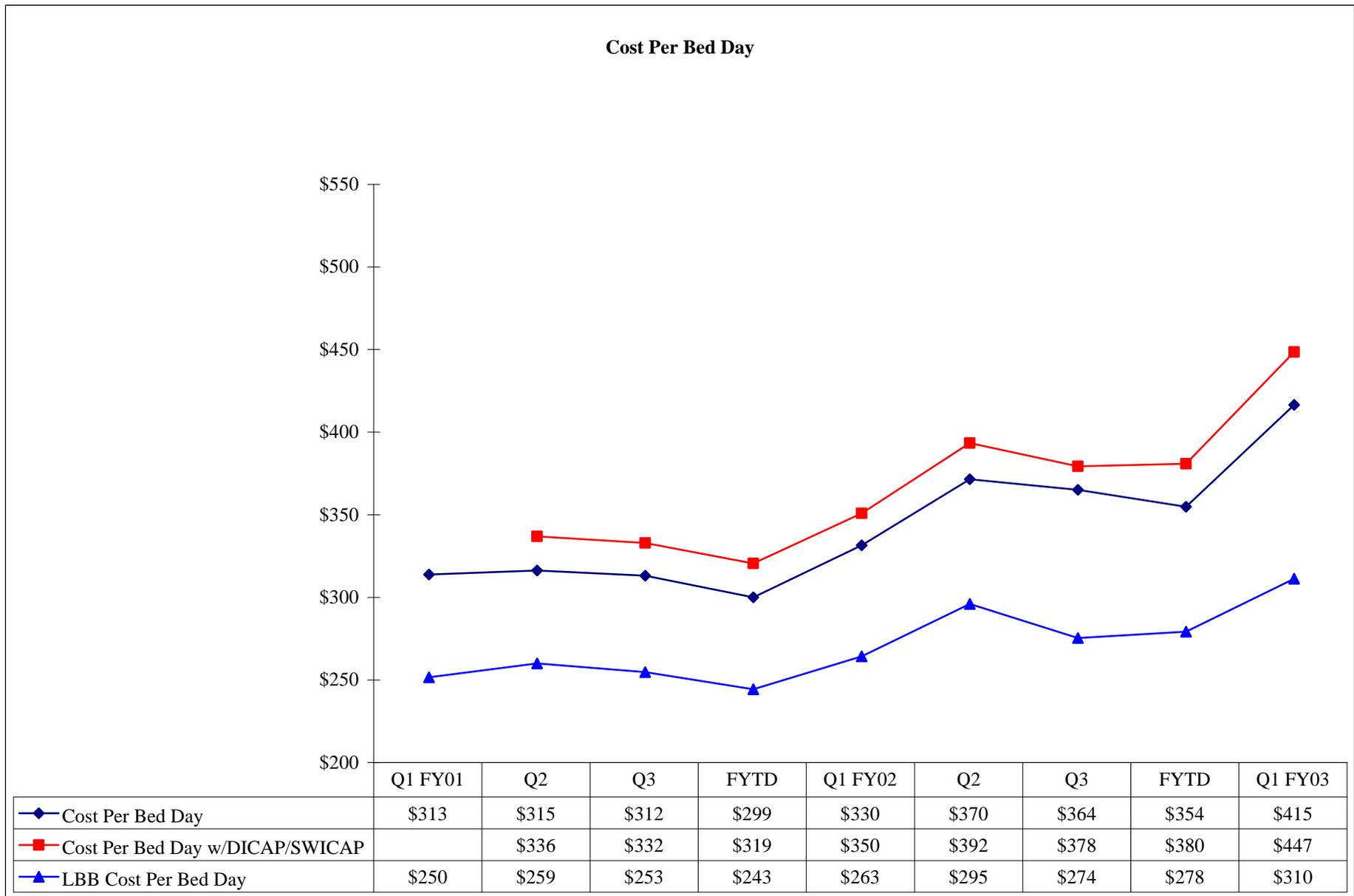
Measure 1B - Cost Per Patient Per Day
North Texas State Hospital



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

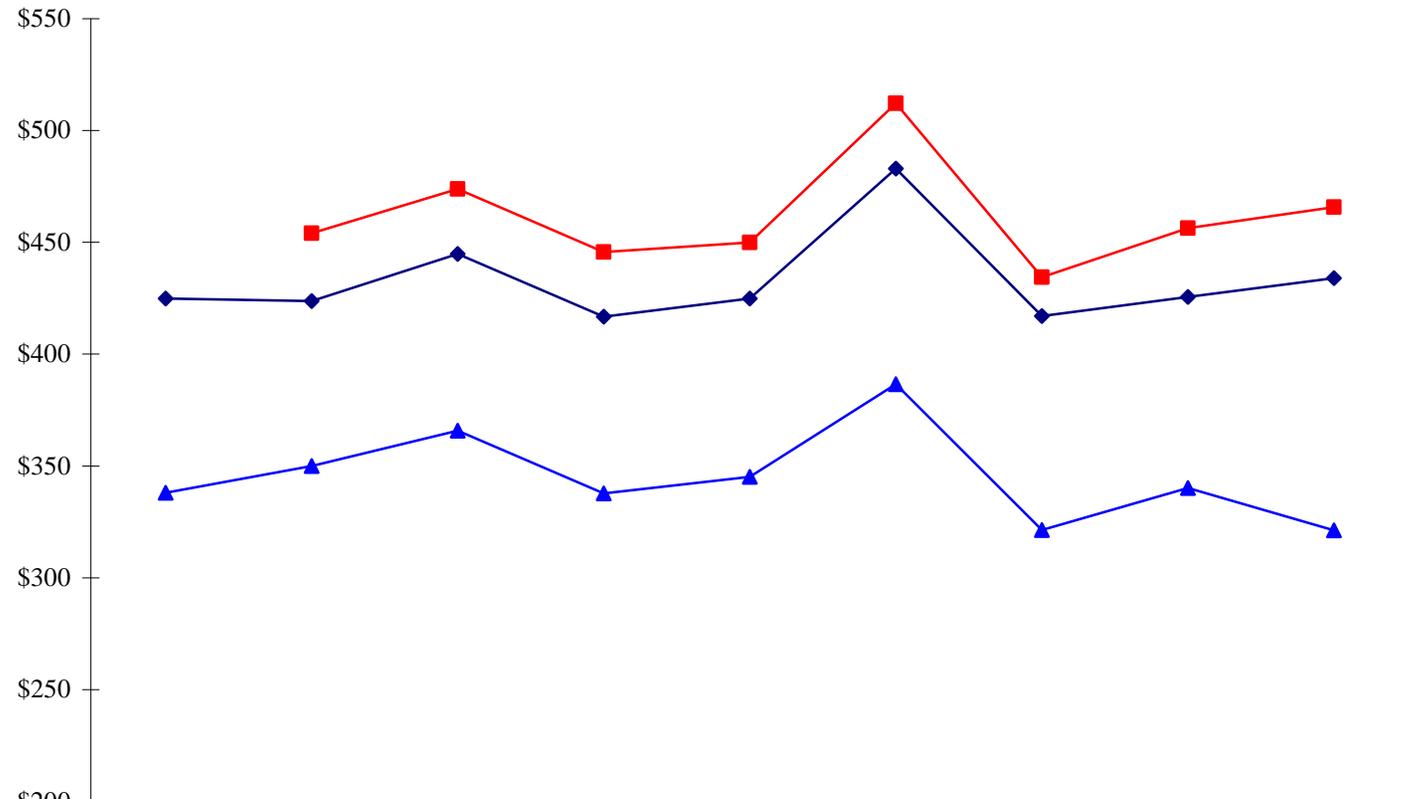


Measure 1B - Cost Per Patient Per Day
Rusk State Hospital



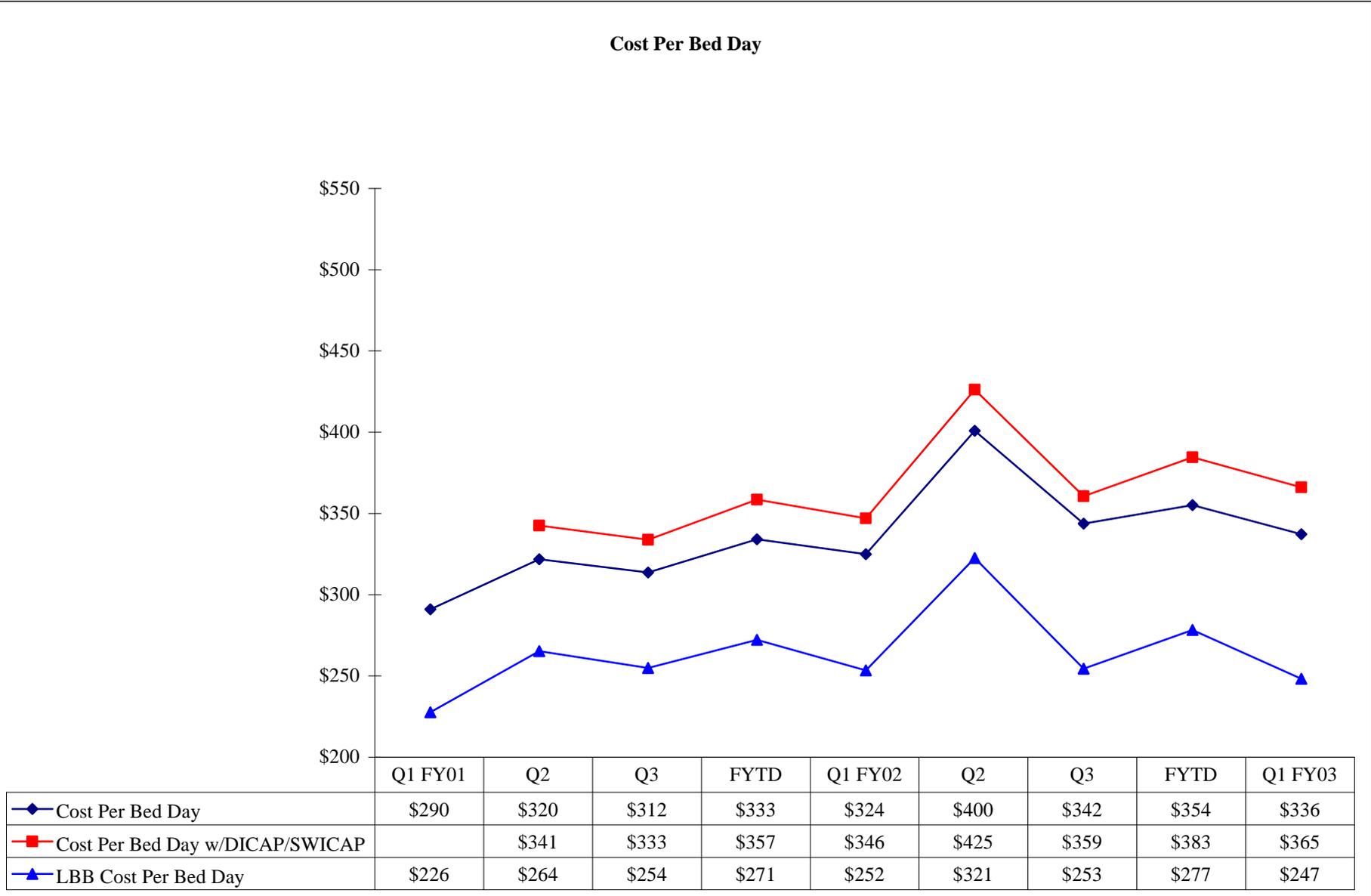
Measure 1B - Cost Per Patient Per Day
San Antonio State Hospital

Cost Per Bed Day



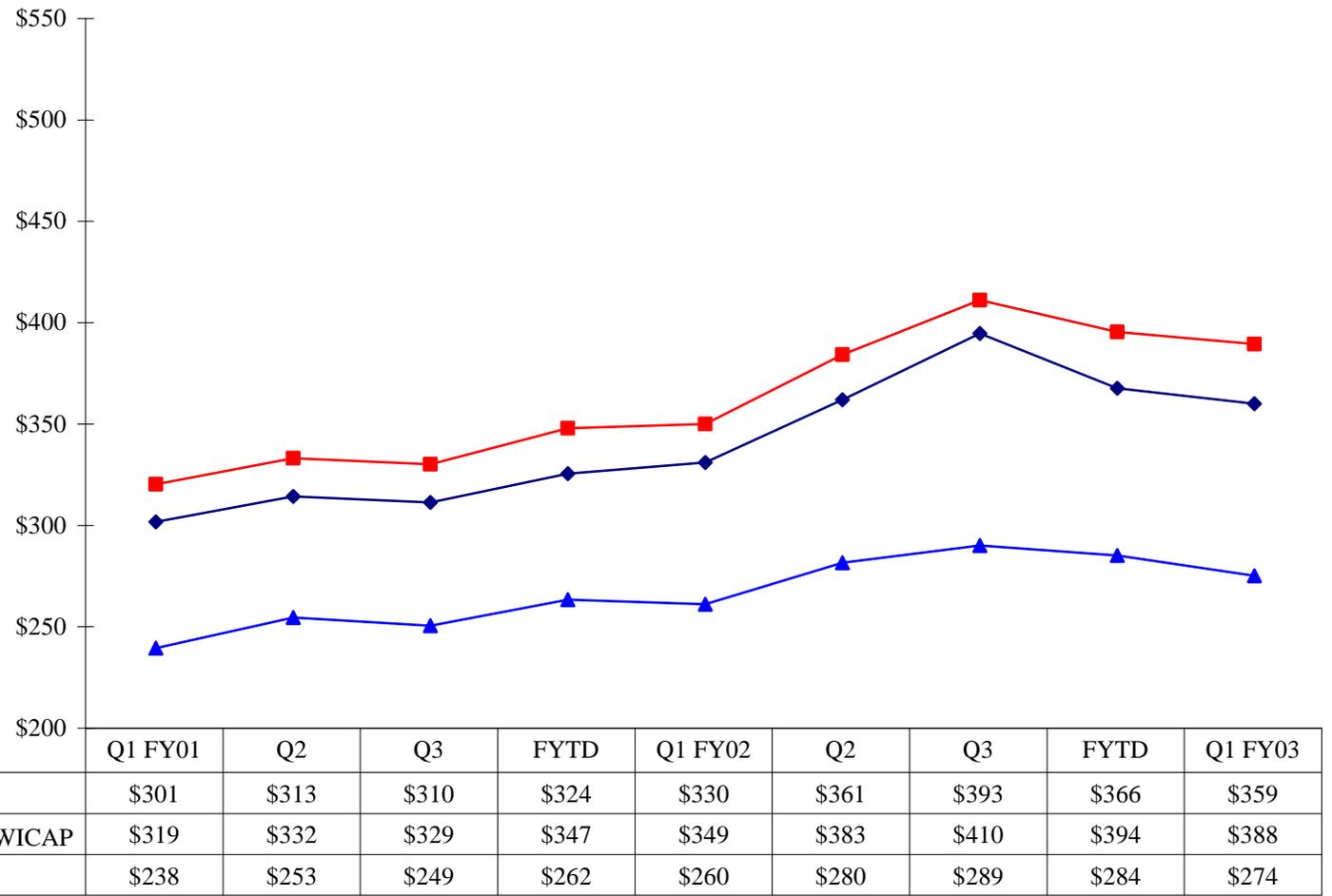
	Q1 FY01	Q2	Q3	FYTD	Q1 FY02	Q2	Q3	FYTD	Q1 FY03
◆ Cost Per Bed Day	\$424	\$422	\$444	\$416	\$424	\$482	\$416	\$424	\$433
■ Cost Per Bed Day w/DICAP/SWICAP		\$453	\$473	\$444	\$449	\$511	\$433	\$455	\$465
▲ LBB Cost Per Bed Day	\$337	\$349	\$365	\$337	\$344	\$385	\$320	\$339	\$320

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



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

Cost Per Bed Day



Performance Measure 1C: Average daily census of campus-based services will be calculated and reported for each state mental health facility on a quarterly basis.

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

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

C = average daily census

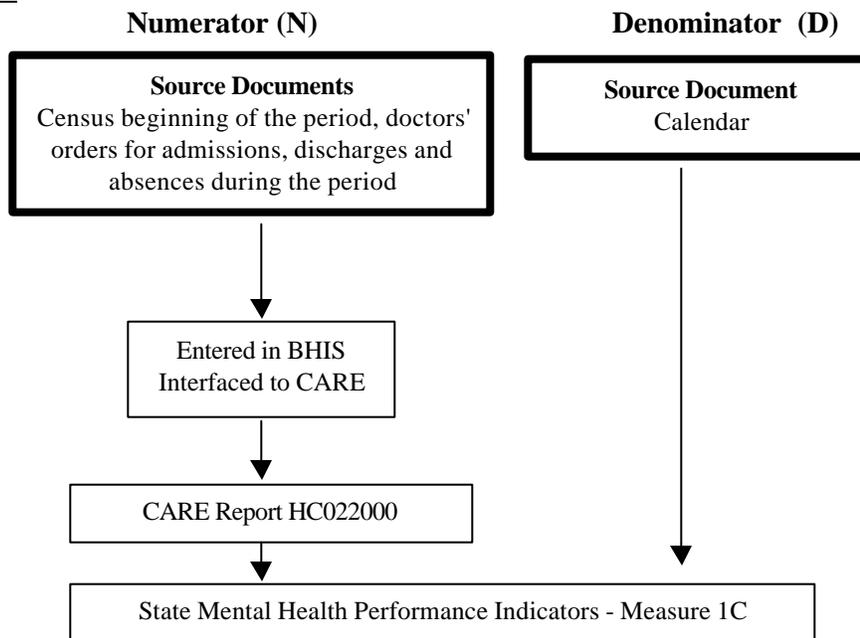
N = number of bed days

D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

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

Data Flow:

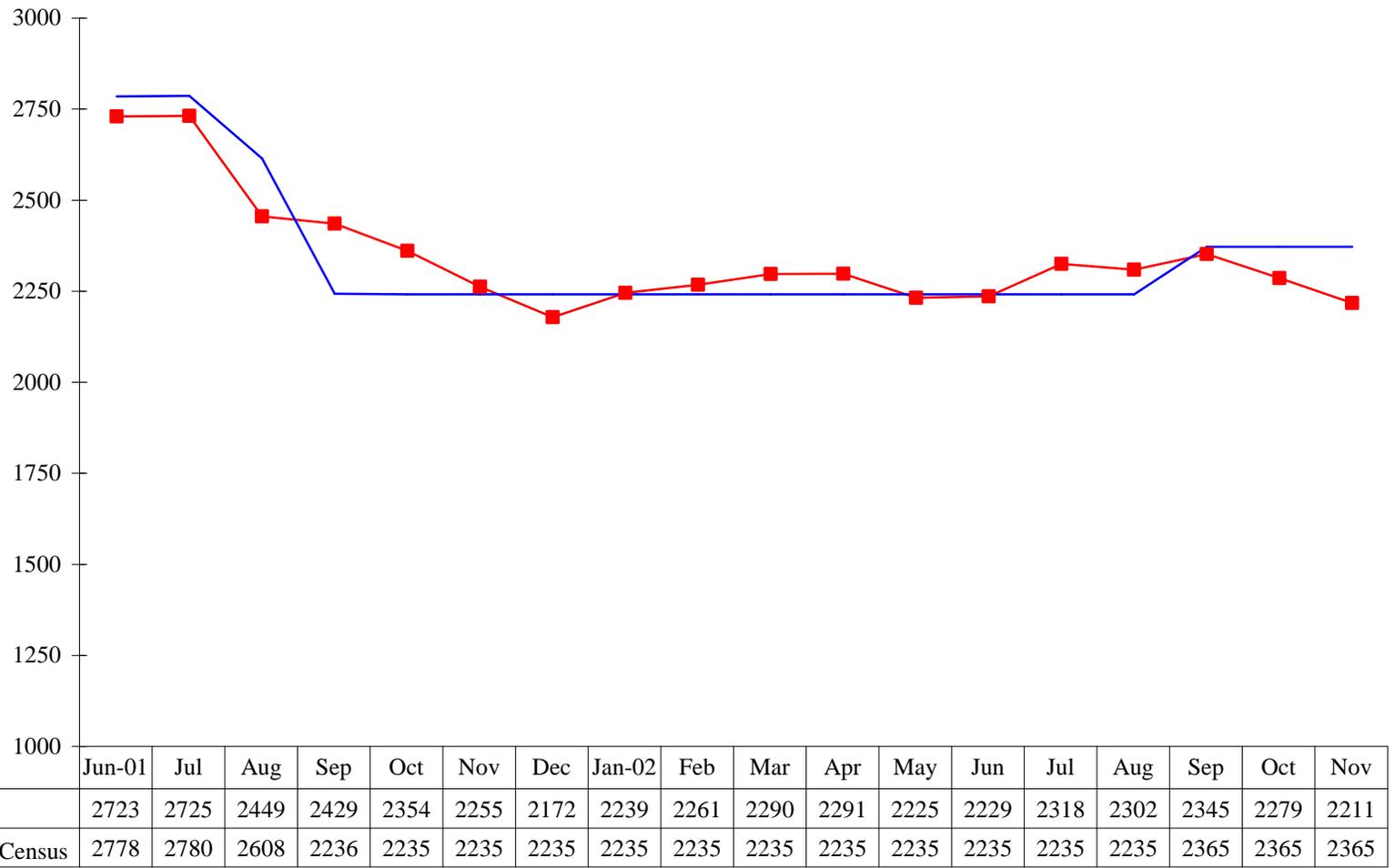


Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Measure 1C - Average Daily Census
All MH Facilities

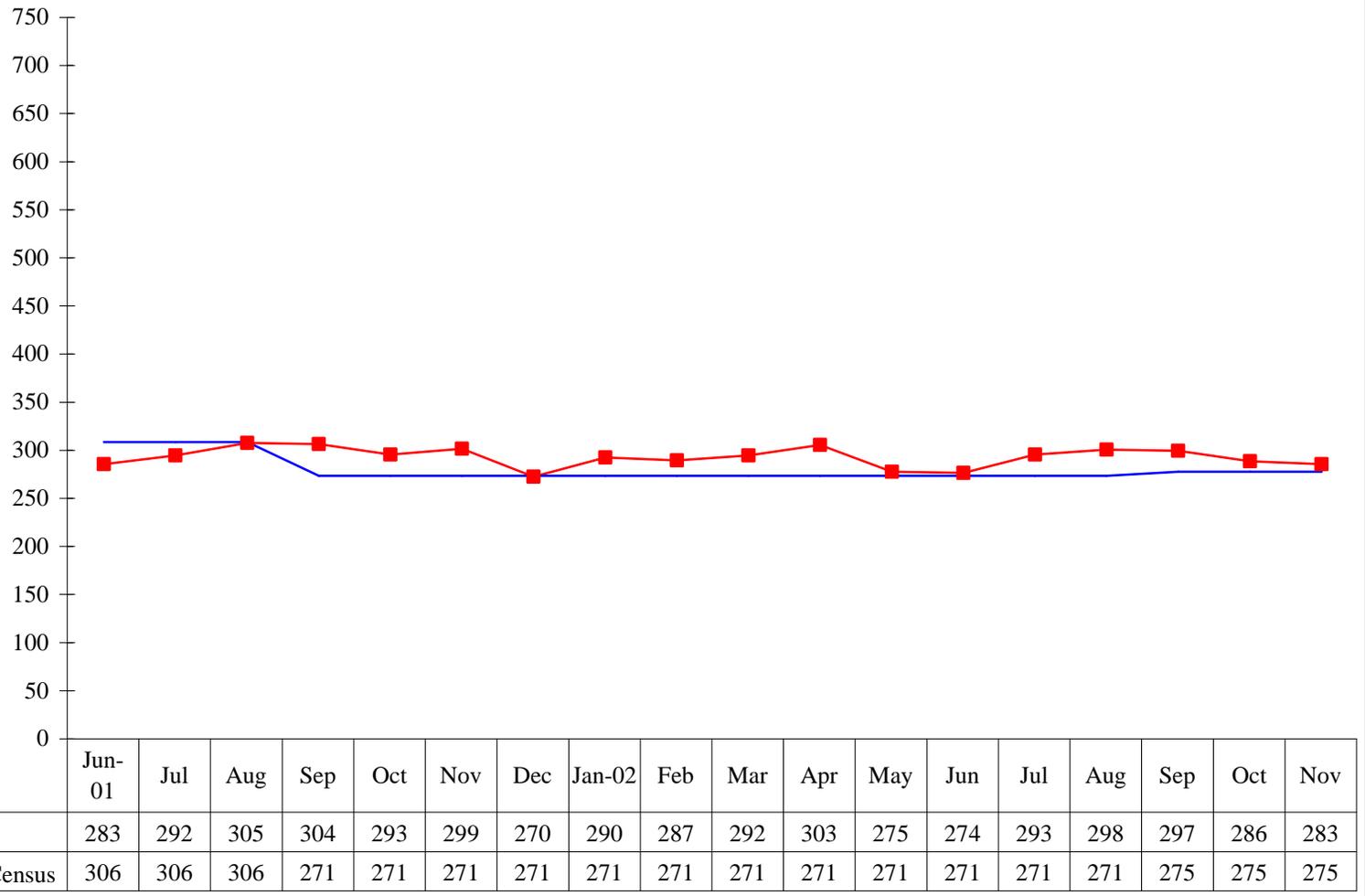
Average Daily Census



Projected ADC increased due to EPPC becoming a SMHF 9/1/02.

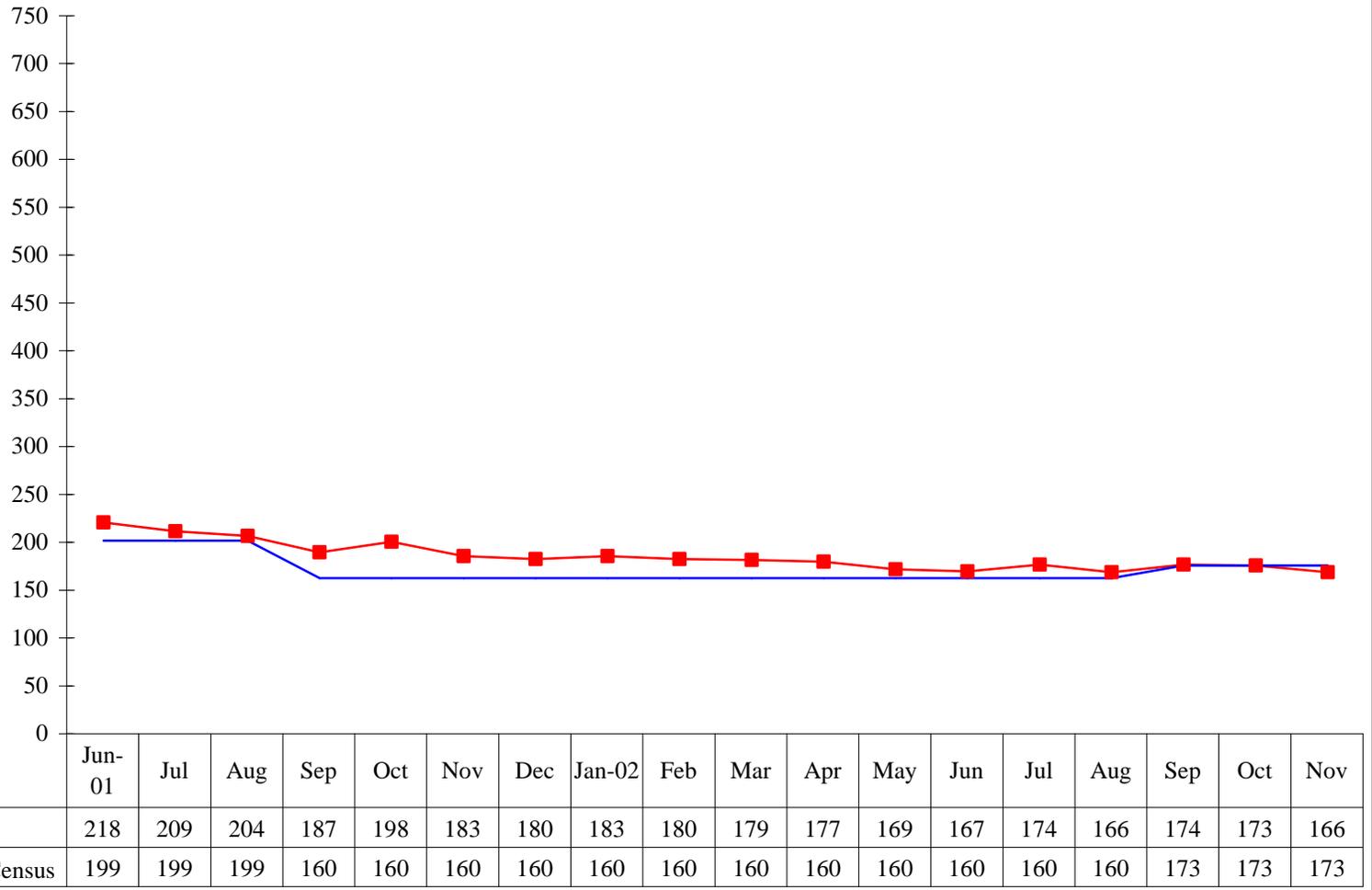
**Measure 1C - Average Daily Census
Austin State Hospital**

Average Daily Census

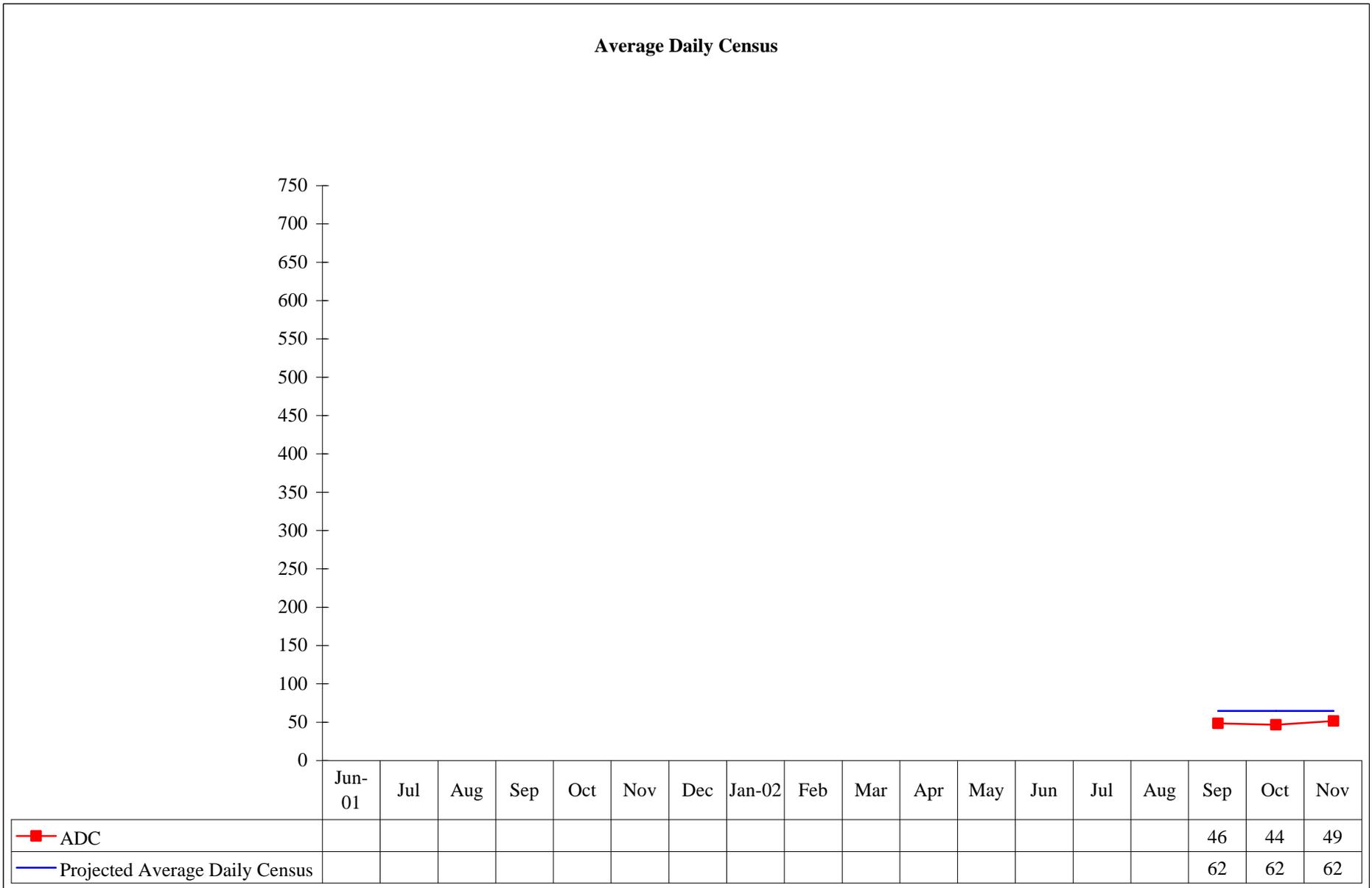


Measure 1C - Average Daily Census
Big Spring State Hospital

Average Daily Census

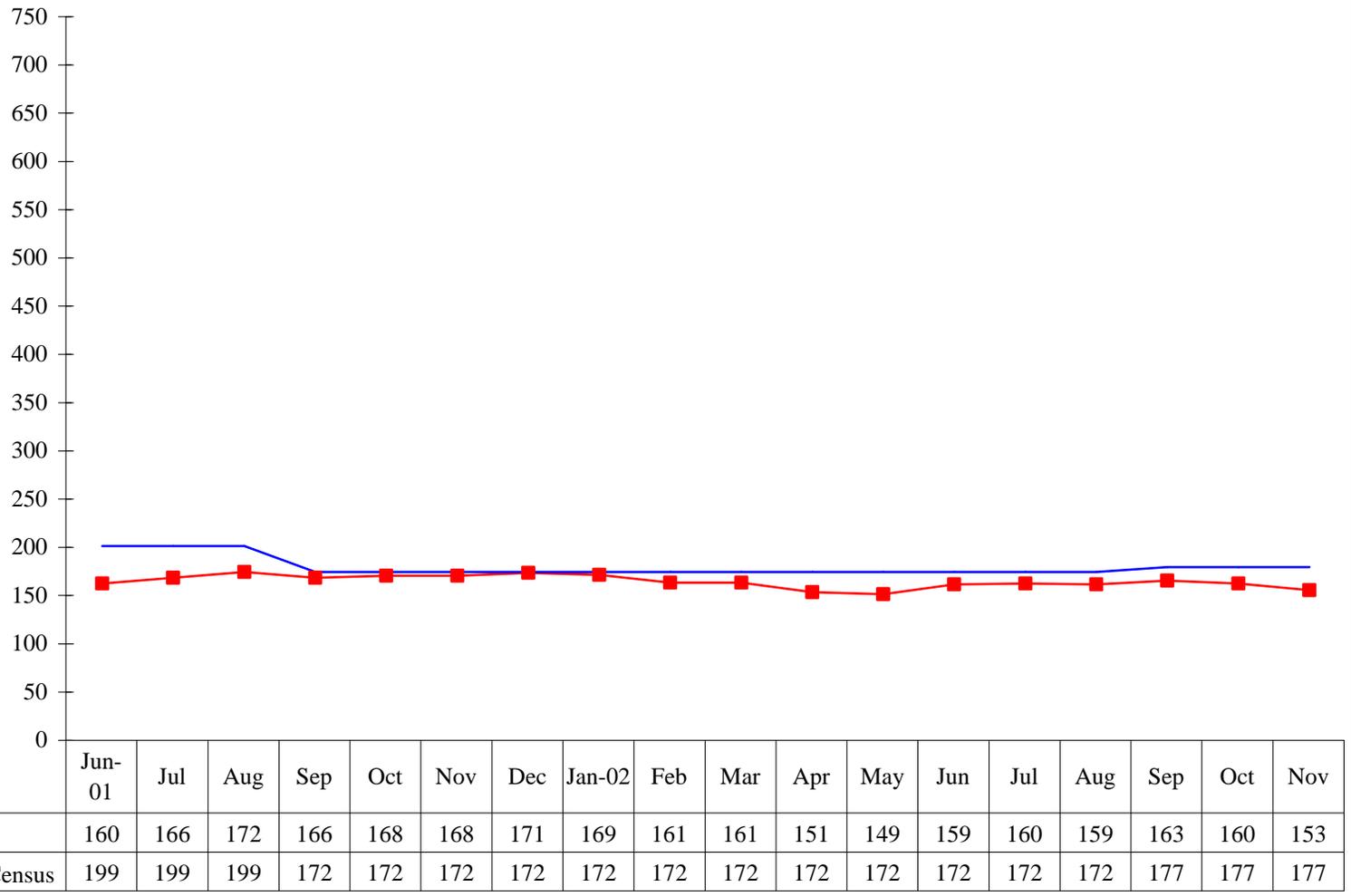


Measure 1C - Average Daily Census
El Paso Psychiatric Center



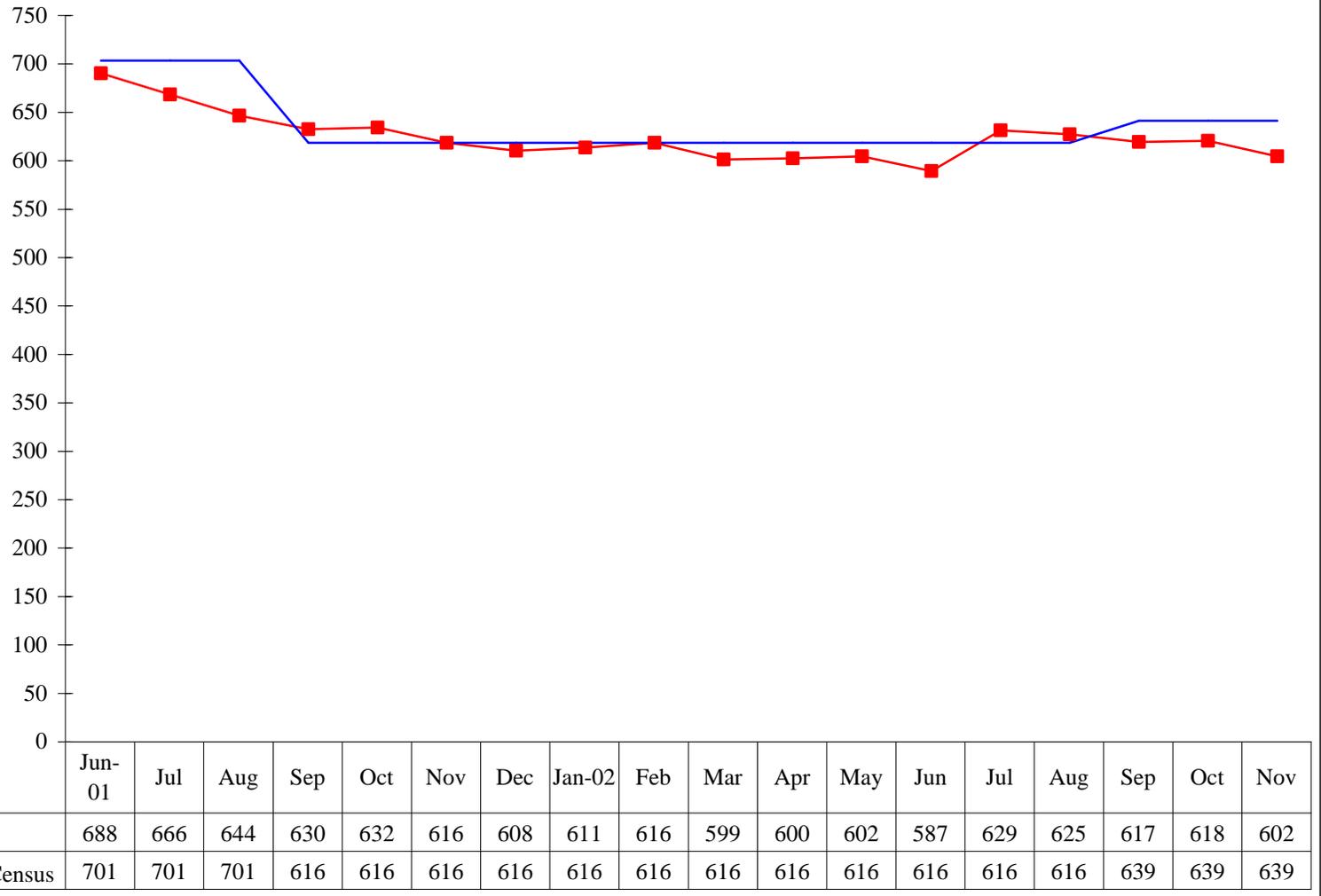
**Measure 1C - Average Daily Census
Kerrville State Hospital**

Average Daily Census



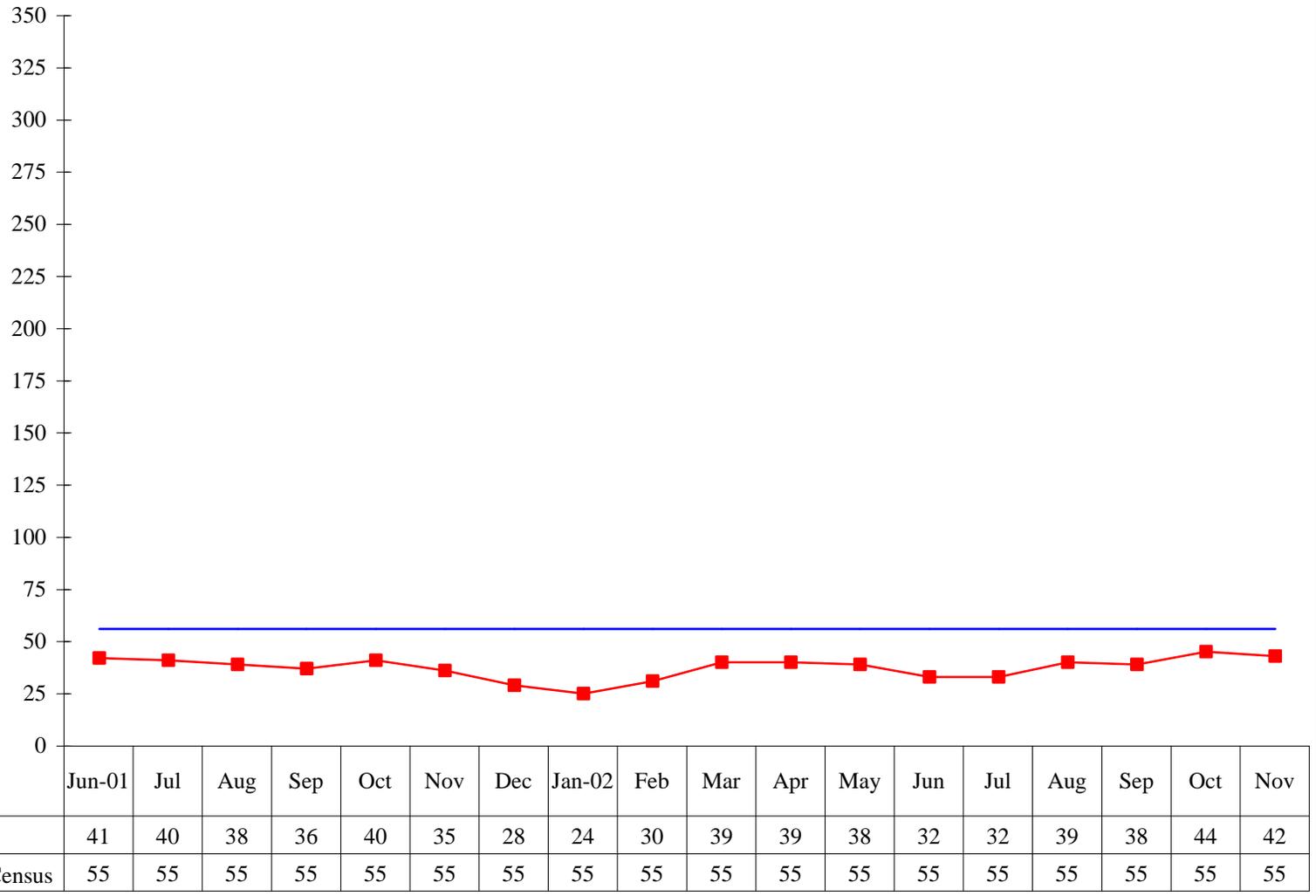
Measure 1C - Average Daily Census
North Texas State Hospital

Average Daily Census



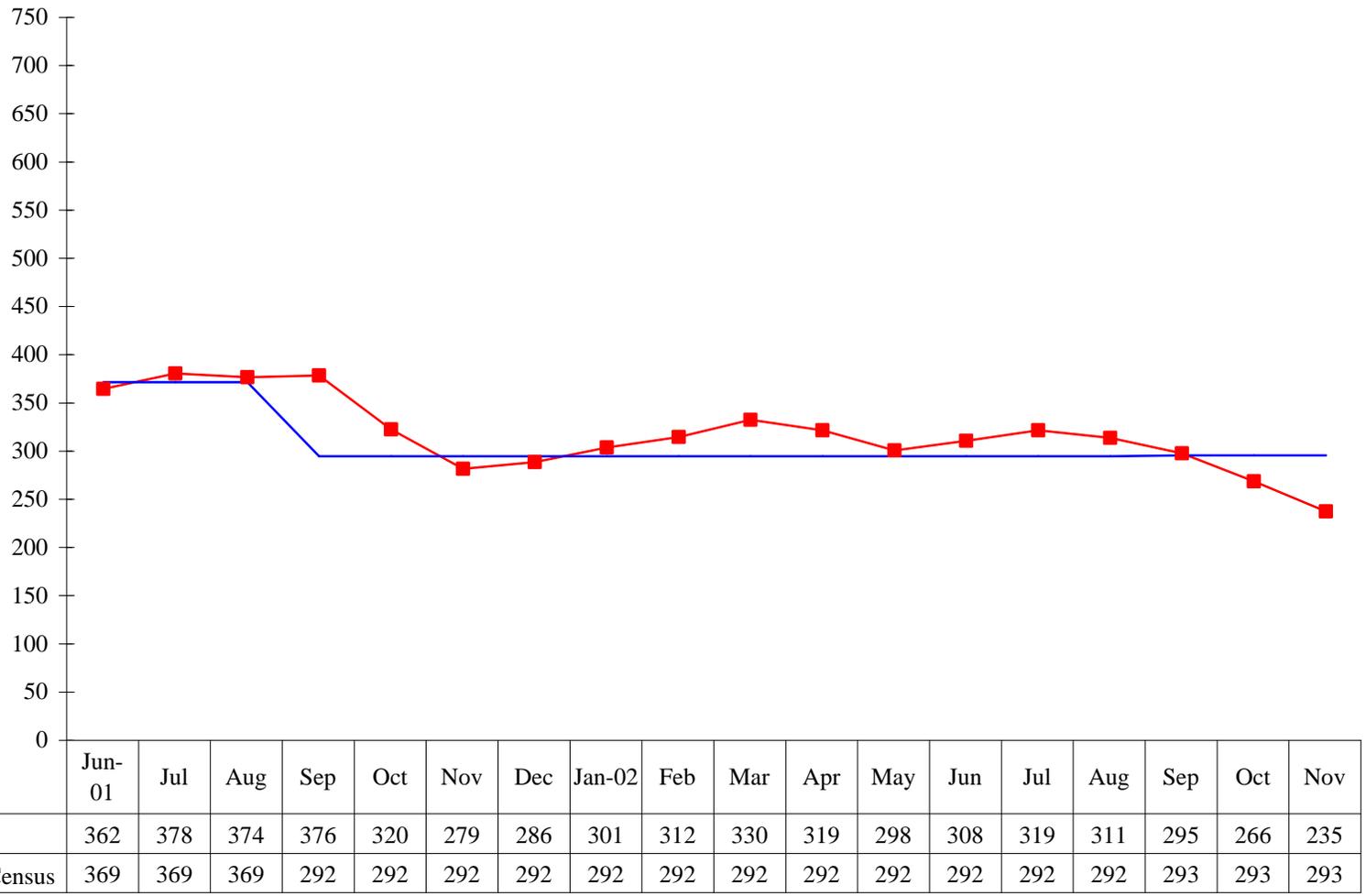
Measure 1C - Average Daily Census
Rio Grande State Center-MH

Average Daily Census

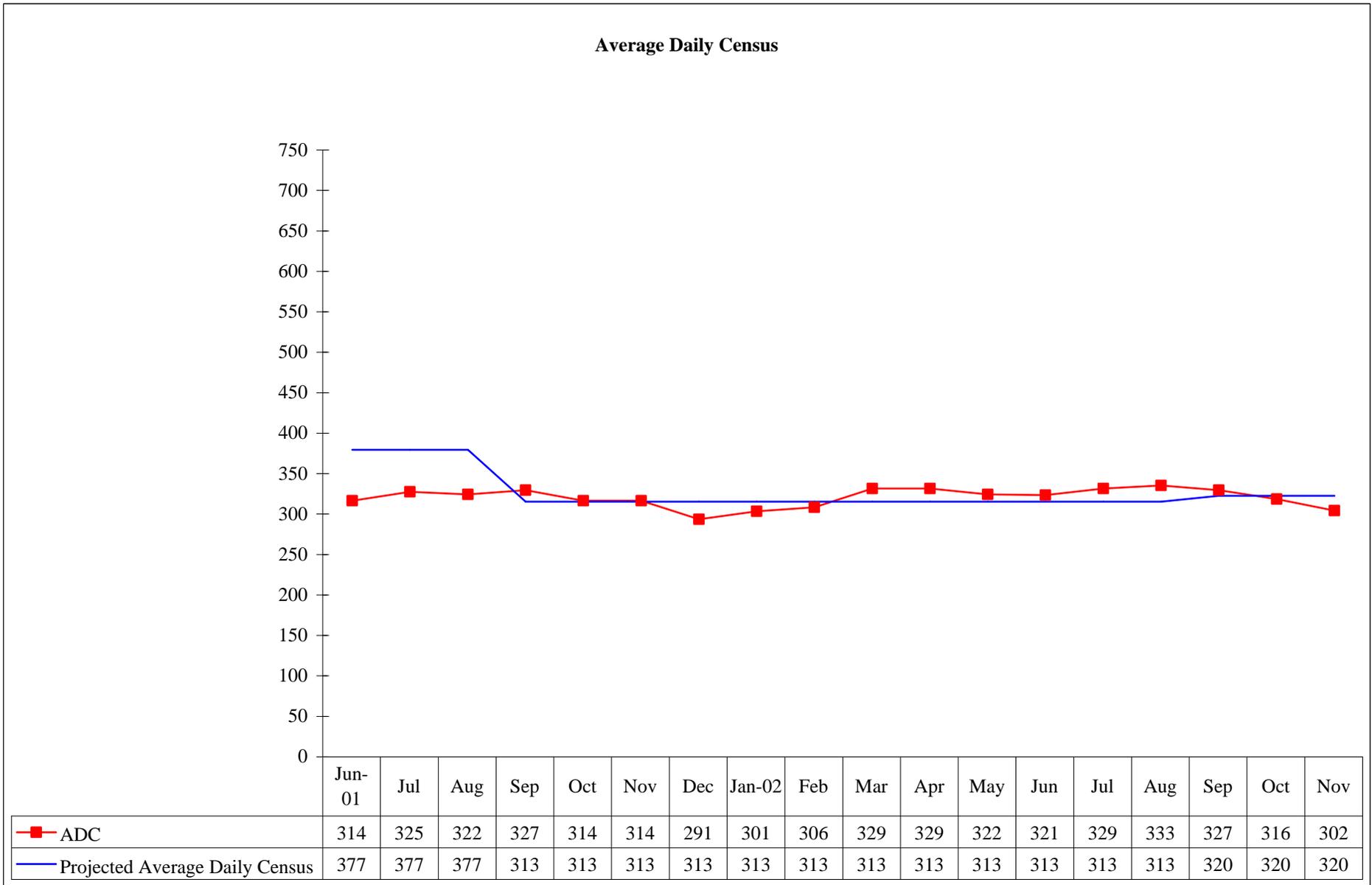


Measure 1C - Average Daily Census
Rusk State Hospital

Average Daily Census

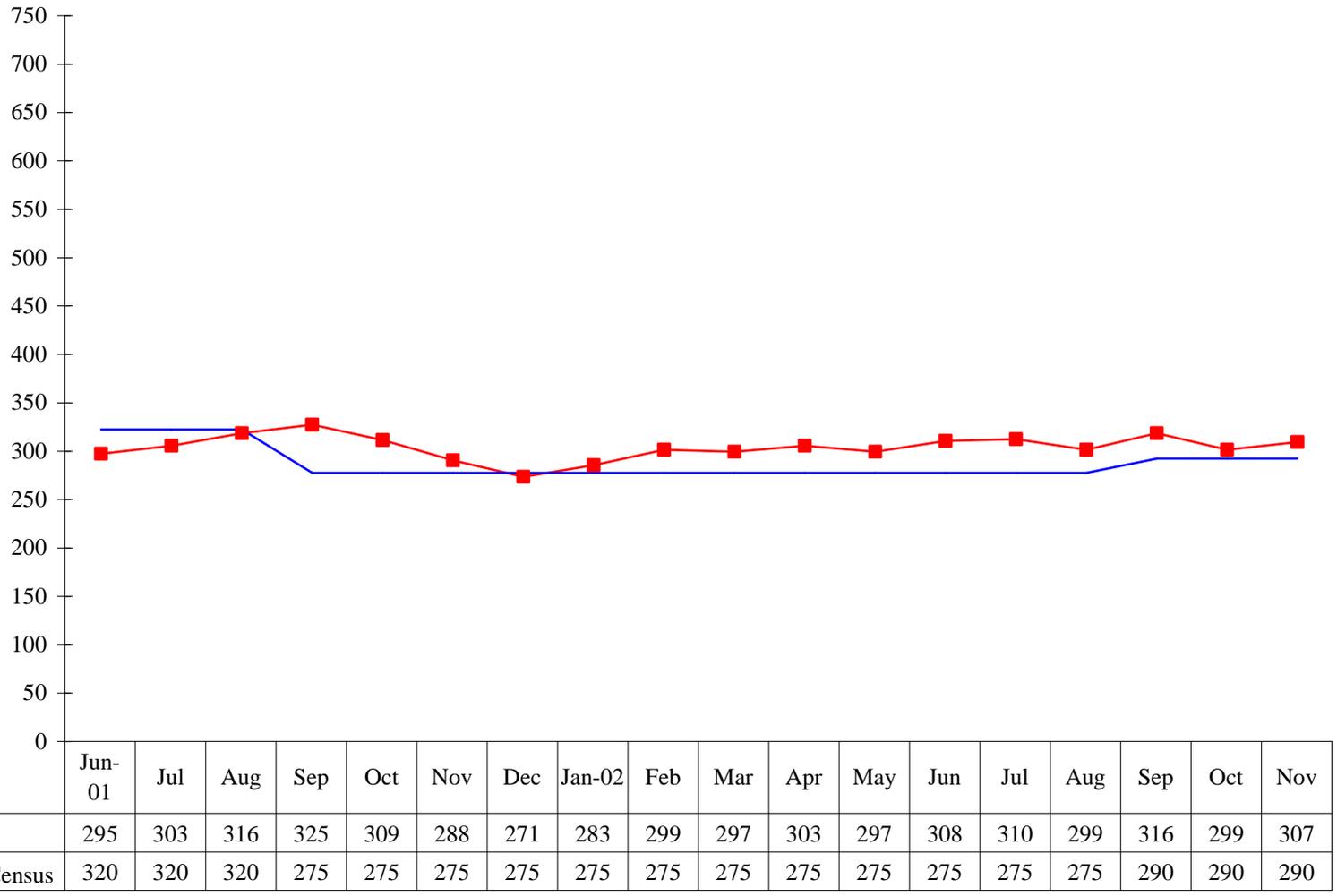


Measure 1C - Average Daily Census
San Antonio State Hospital



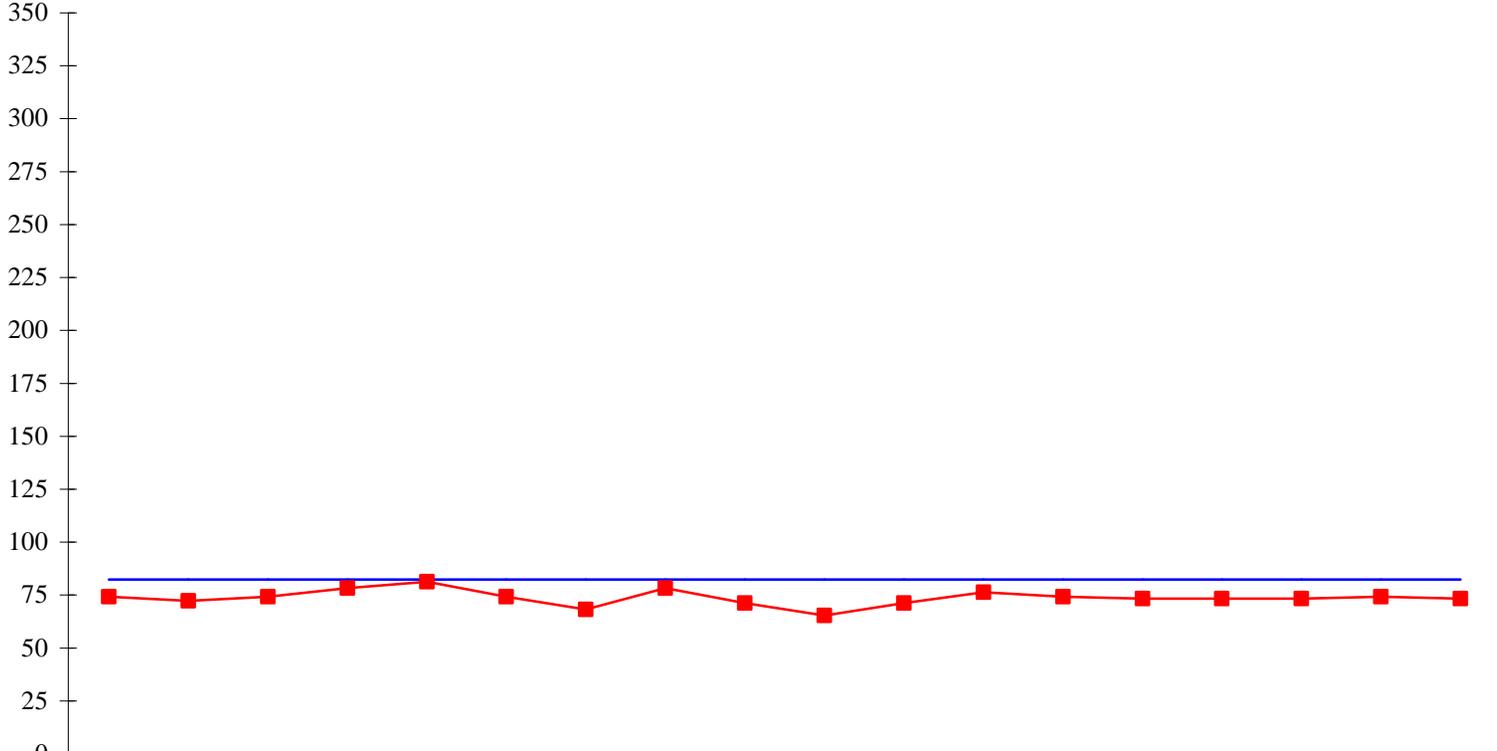
Measure 1C - Average Daily Census
Terrell State Hospital

Average Daily Census



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

Average Daily Census



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— ADC	73	71	73	77	80	73	67	77	70	64	70	75	73	72	72	72	73	72
— Projected Average Daily Census	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81

Performance Measure 1D: The cost of new generation medication will be tracked and analyzed quarterly. (LBB Measure)

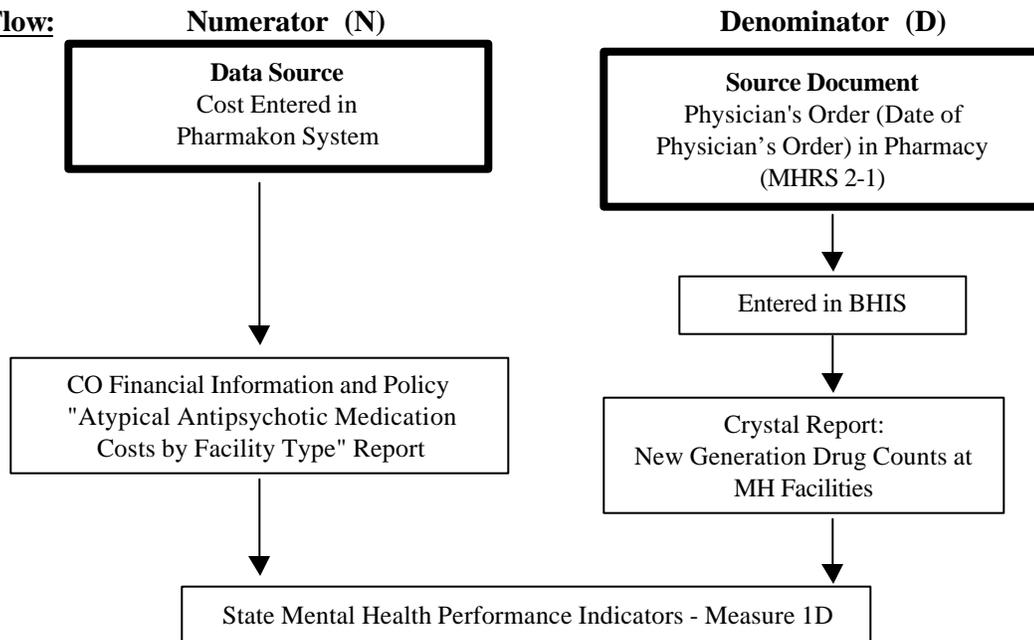
Performance Measure Operational Definition: The facility average monthly cost for new generation medications (risperidone, clozapine, olanzapine, quietapine and ziprasidone) per patient.

Performance Measure Formula: Average Cost Per Patient Receiving NGM = NGM Cost / Number of Unique Patients Taking NGM.

Performance Measure Data Display and Chart Description:

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

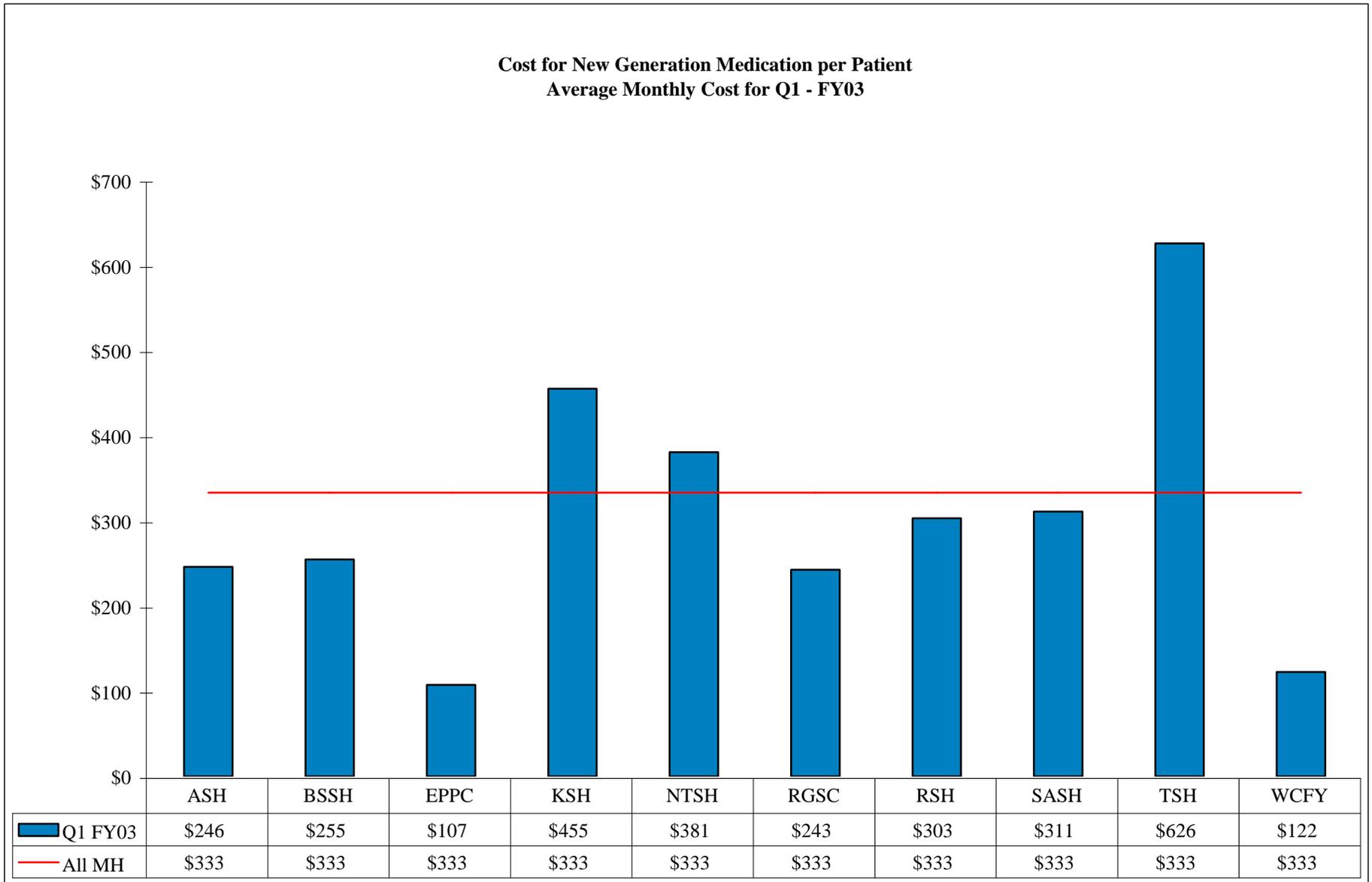
Data Flow:



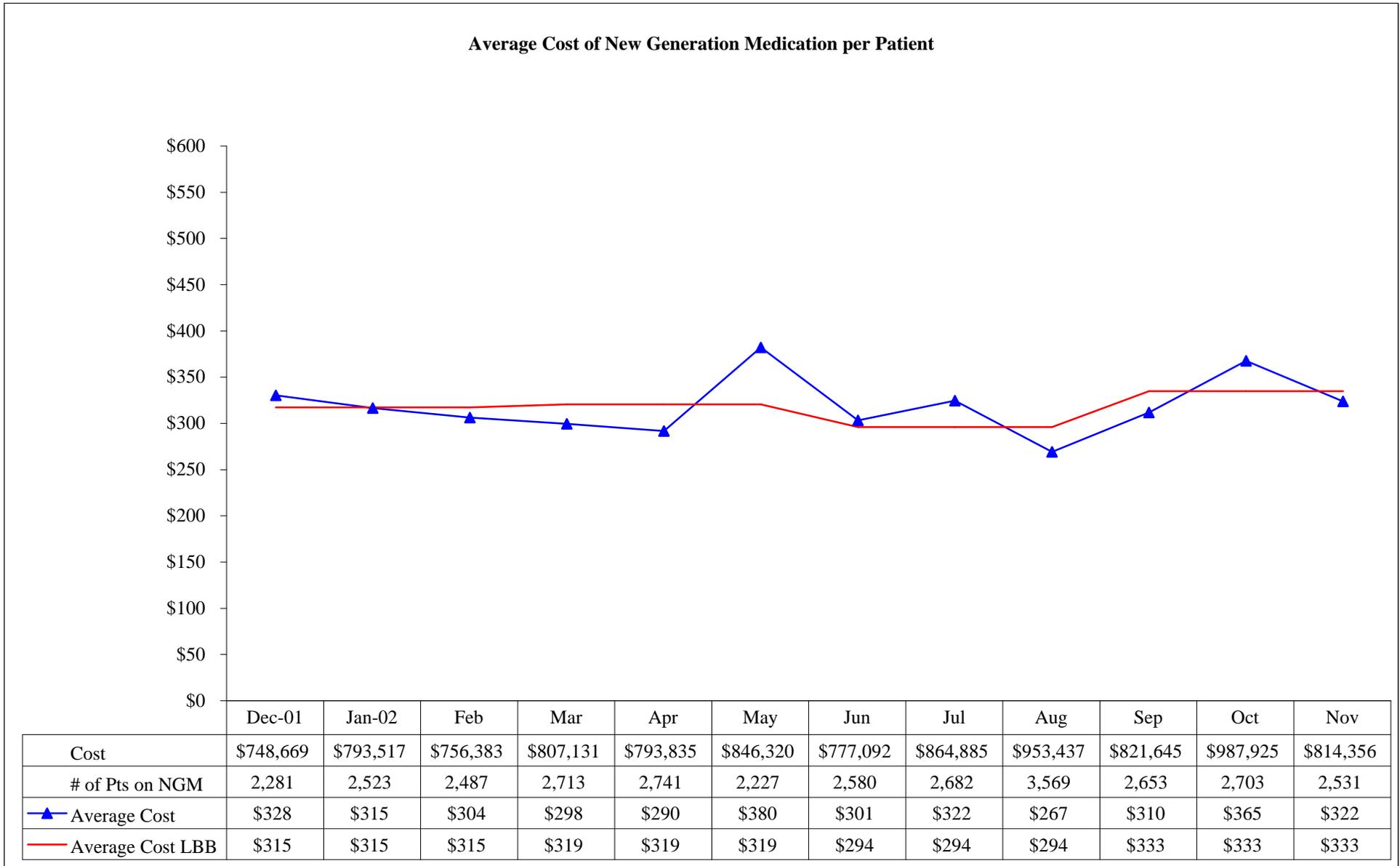
Data Integrity Review Process:

Monitoring Method	Review of physician's orders in pharmacy for new generation medications.
Monitoring Instrument/Tool	Physician orders from pharmacy and DIR Tally Sheet.
Description of Review Process	Verification by reviewing physician orders in the pharmacy for start/stop date of "new generation" medications prescribed to patients compared to data displayed on the crystal report covering the review period.
Sample Size	Review of 30 randomly selected closed records for a selected FY Quarter
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When there are any new generation medications ordered but not found on the crystal report during the quarter reviewed. Also any incorrect start/stop dates in the sample for the fiscal quarter.
DIR/EVT Report	Summary of review including findings and data analysis.

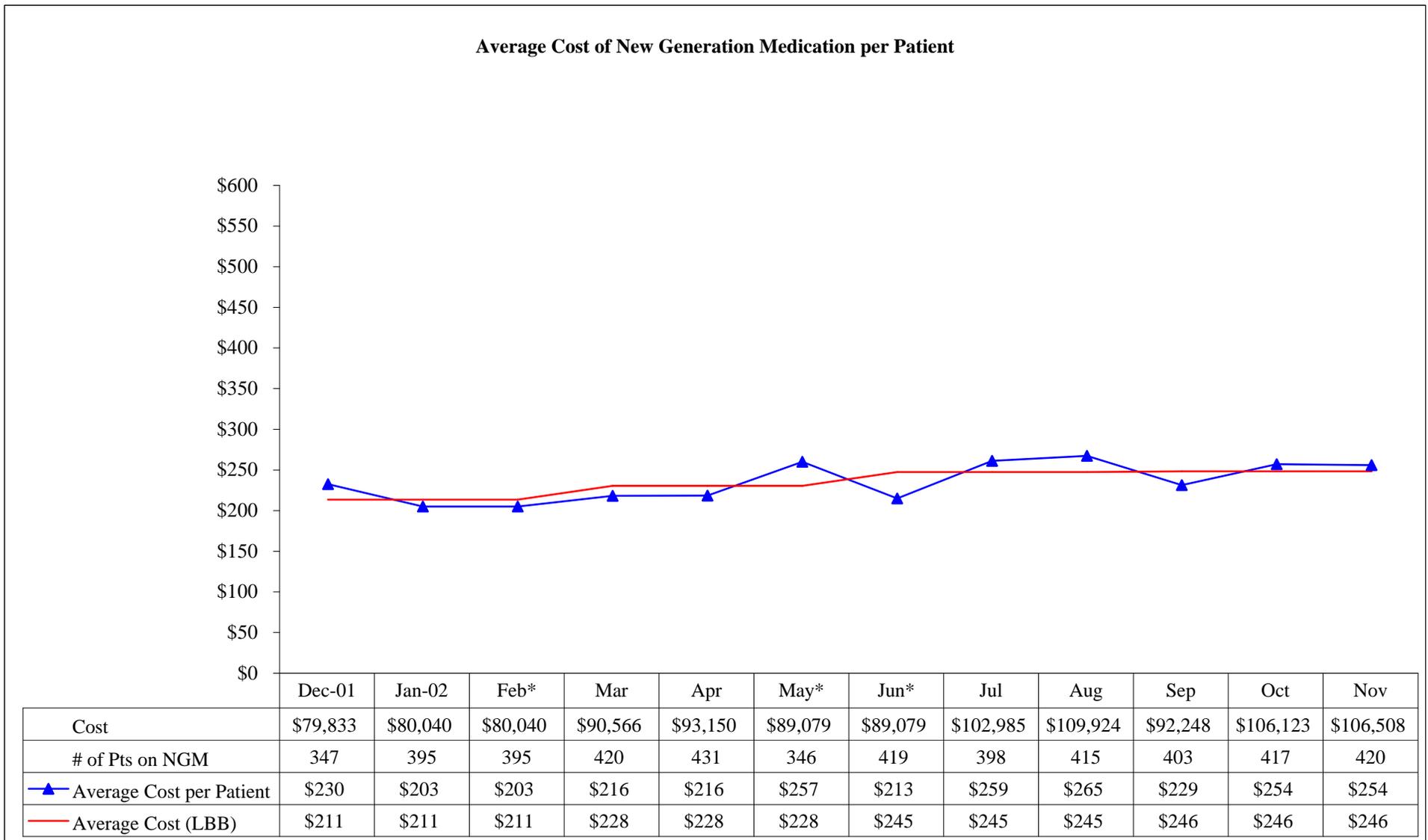
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
All MH Facilities**



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



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

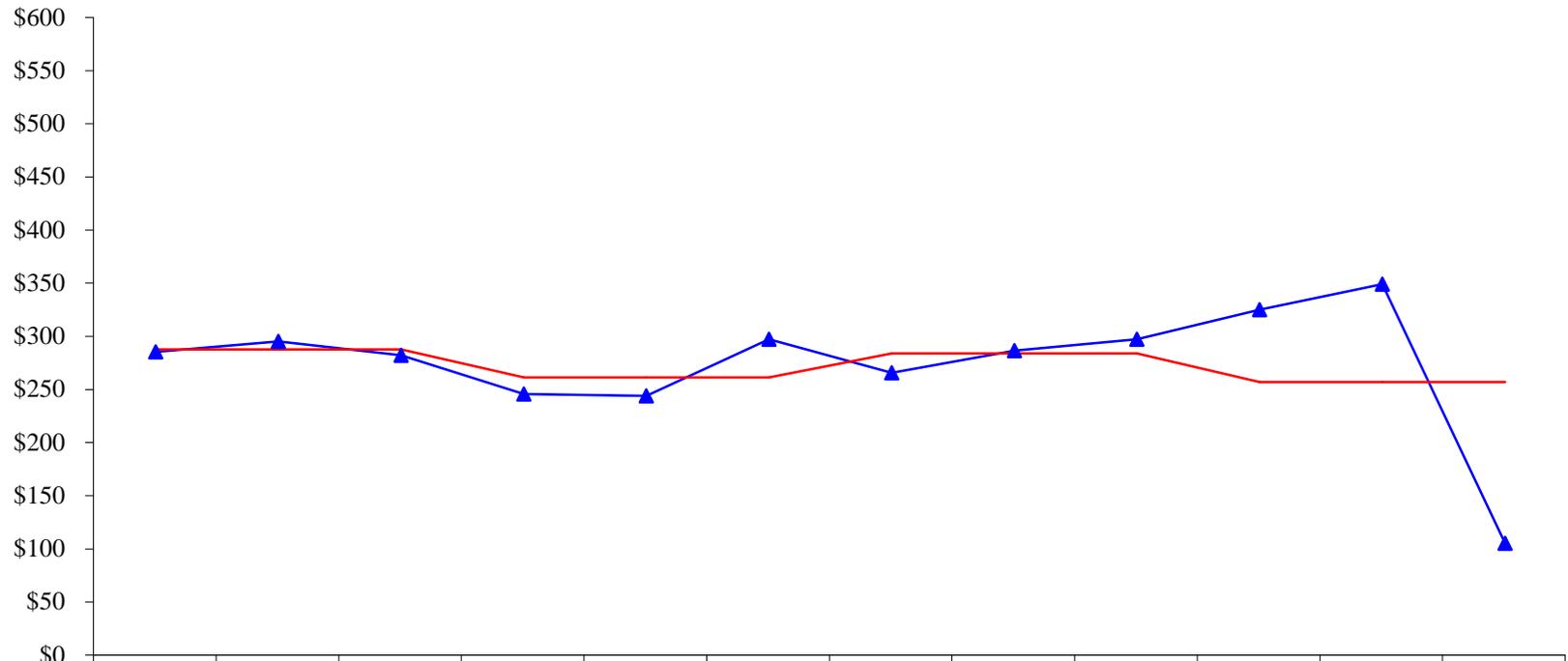


*Due to accounting problems, January and February costs are averaged.

*Due to accounting problems, May and June costs are averaged.

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

Average Cost of New Generation Medication per Patient



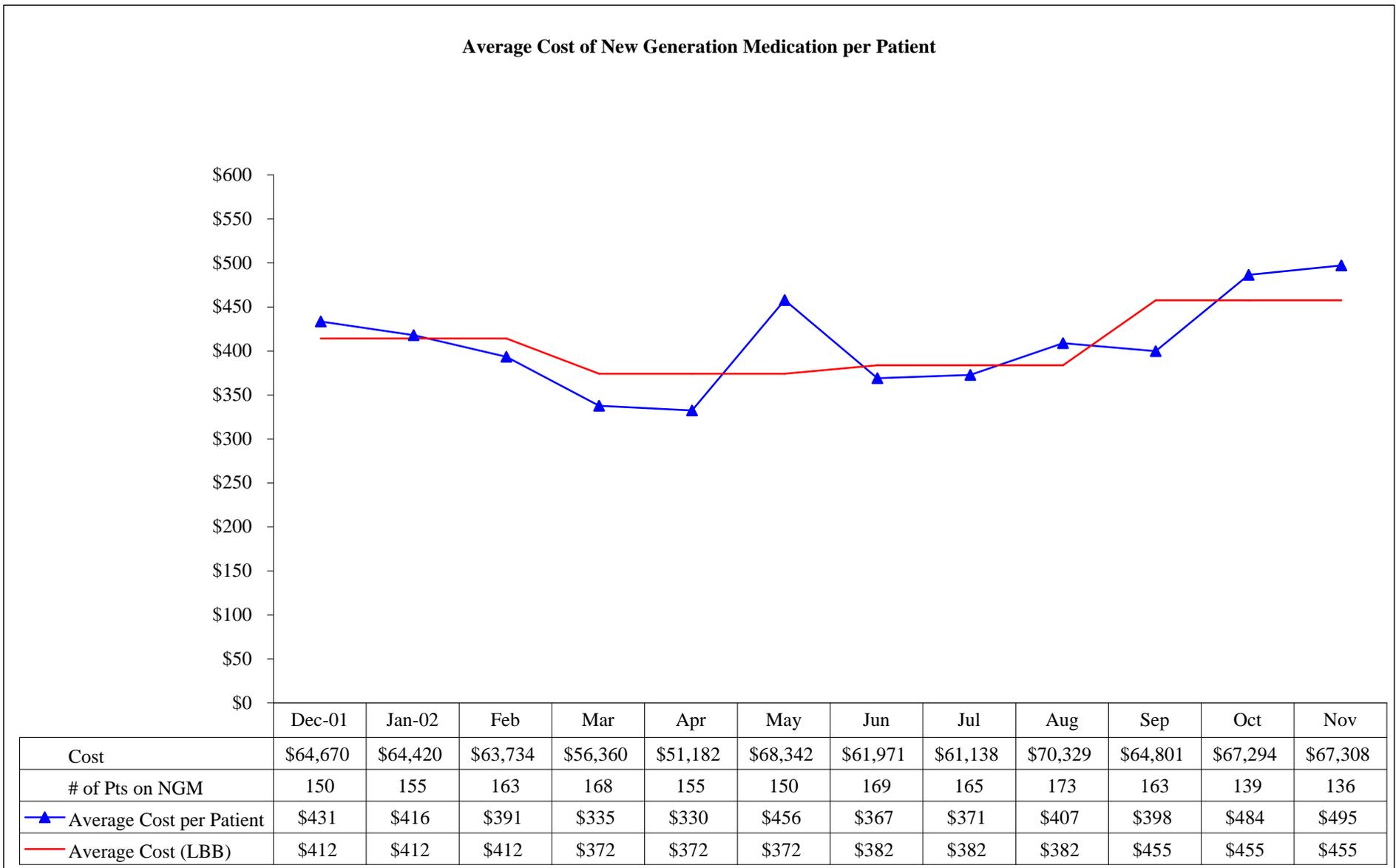
**Measure 1D - Average Cost Per Patient Receiving New Generation Medication
El Paso Psychiatric Center**

Average Cost of New Generation Medication per Patient



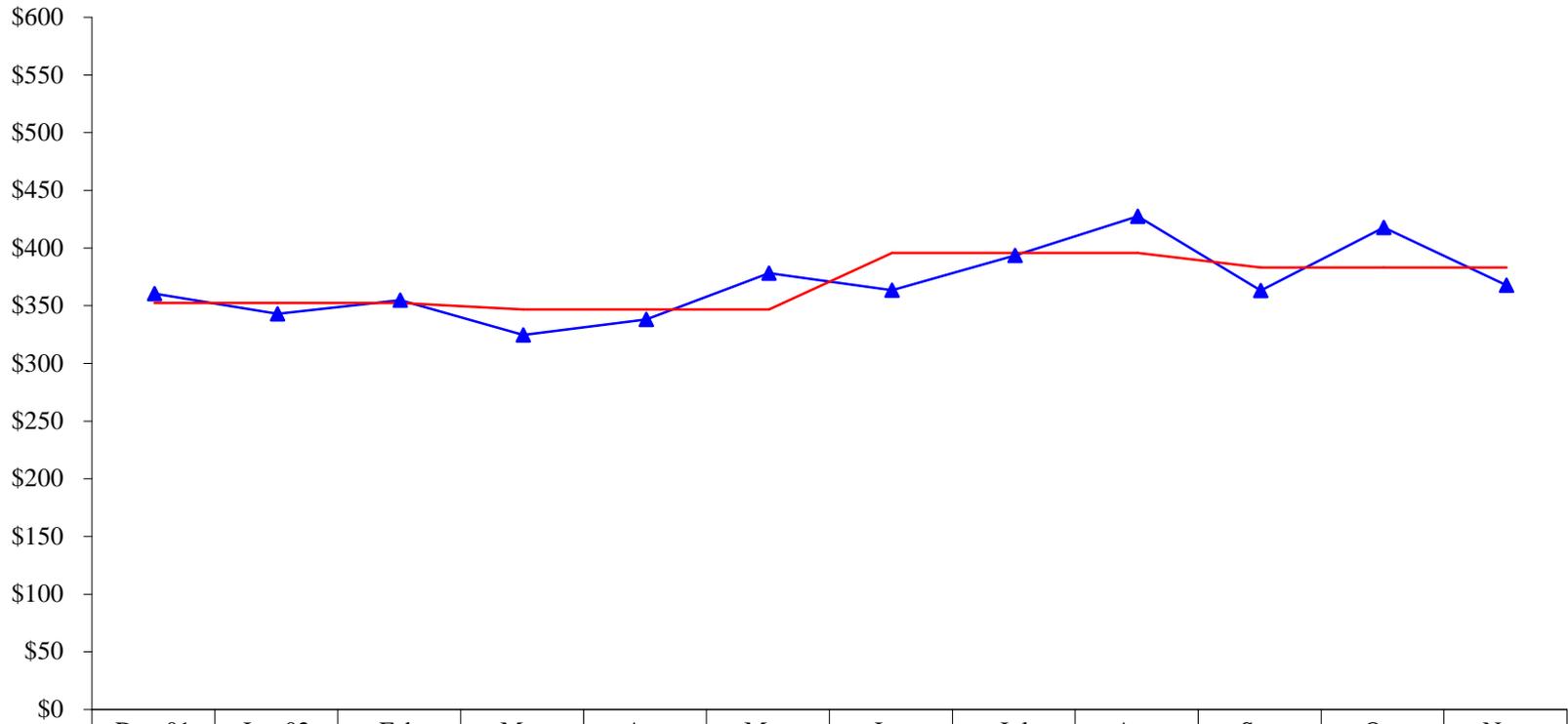
	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost											\$19,154	\$8,766
# of Pts on NGM											136	124
▲ Average Cost per Patient											\$141	\$71
— Average Cost (LBB)											\$107	\$107

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



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

Average Cost of New Generation Medication per Patient



	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost	\$206,713	\$215,566	\$214,346	\$204,611	\$209,131	\$231,511	\$210,565	\$251,585	\$266,697	\$229,083	\$264,320	\$225,427
# of Pts on NGM	577	633	608	635	623	616	583	643	627	635	636	617
▲ Average Cost per Patient	\$358	\$341	\$353	\$322	\$336	\$376	\$361	\$391	\$425	\$361	\$416	\$365
— Average Cost (LBB)	\$350	\$350	\$350	\$344	\$344	\$344	\$393	\$393	\$393	\$381	\$381	\$381

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

Average Cost of New Generation Medication per Patient

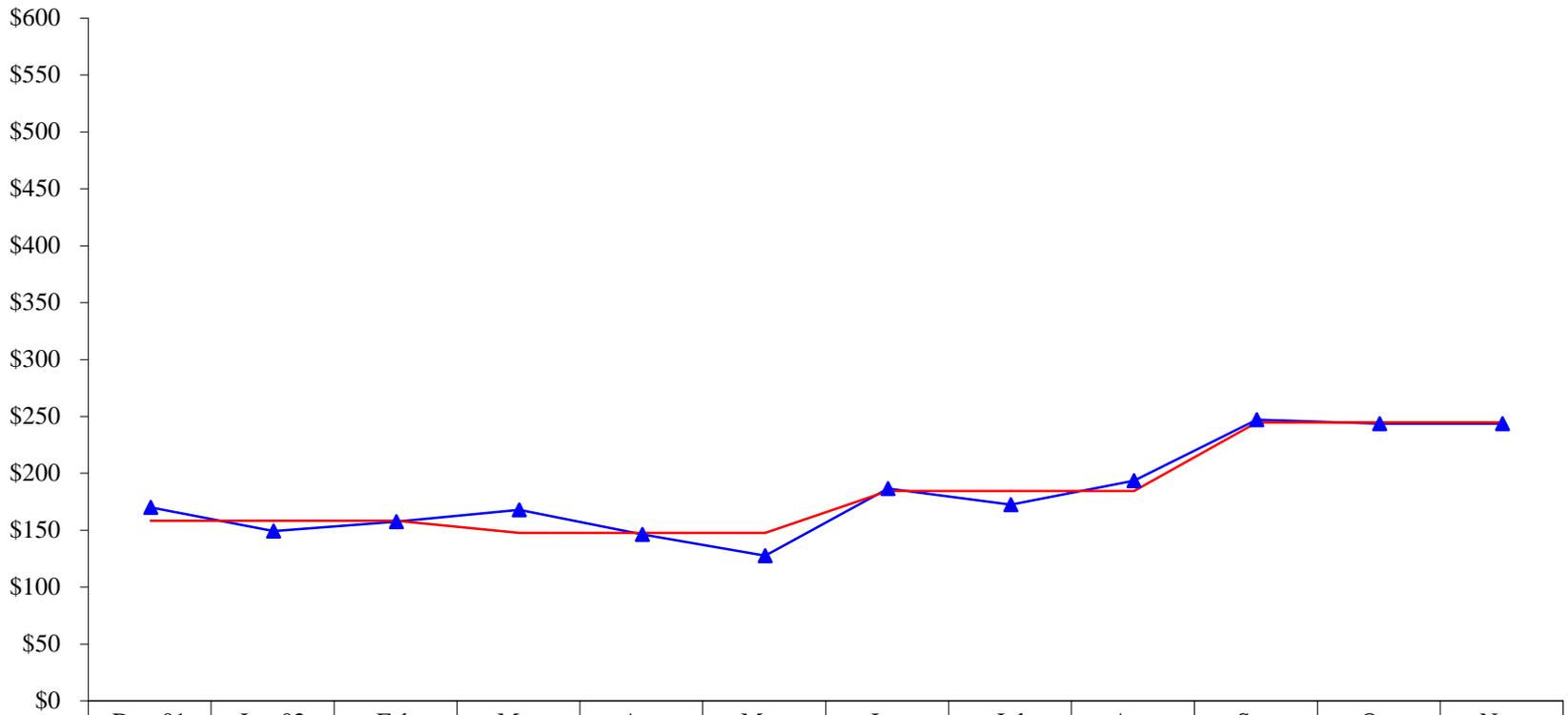
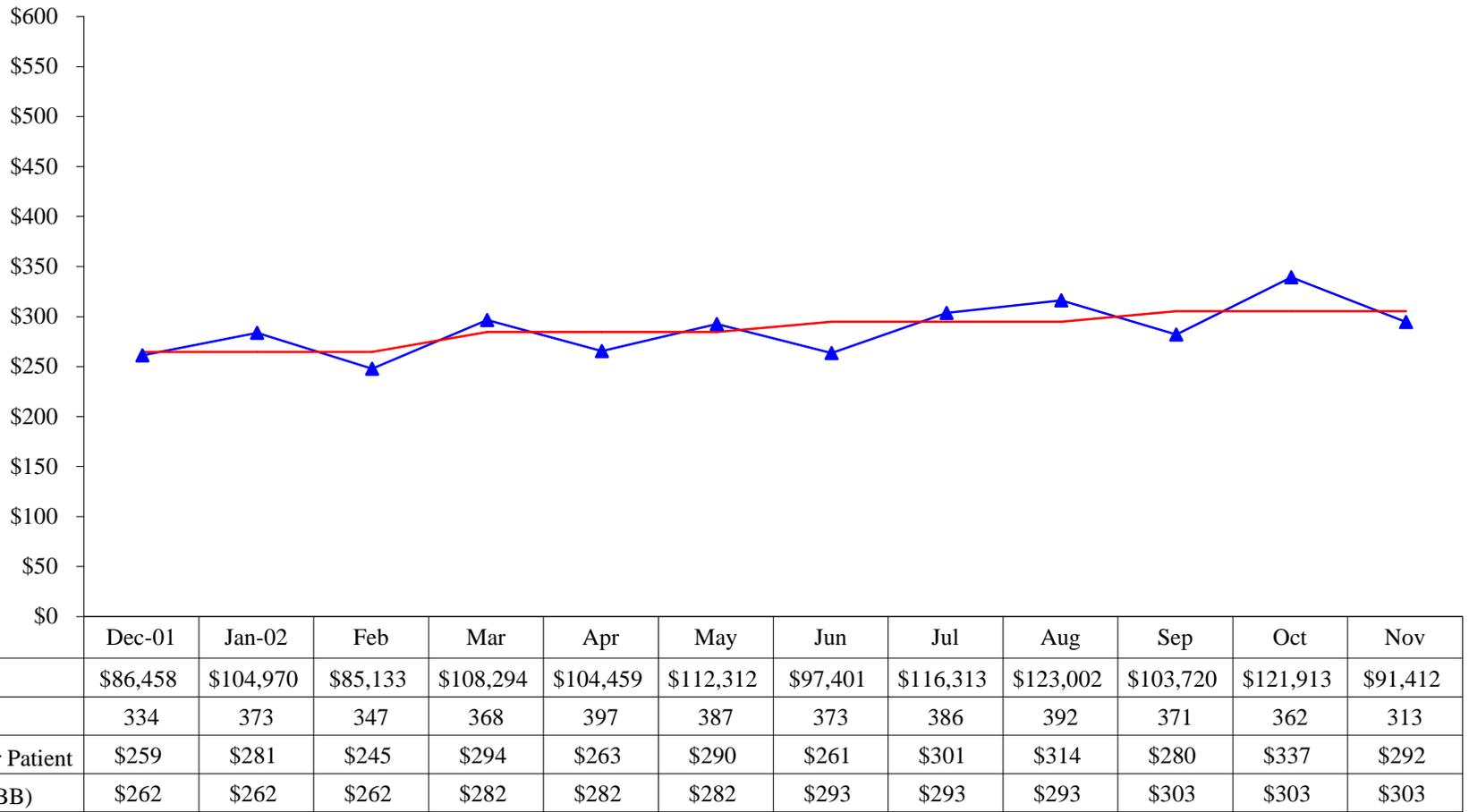


Chart: Management Data Services

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

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

Average Cost of New Generation Medication per Patient



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

Average Cost of New Generation Medication per Patient

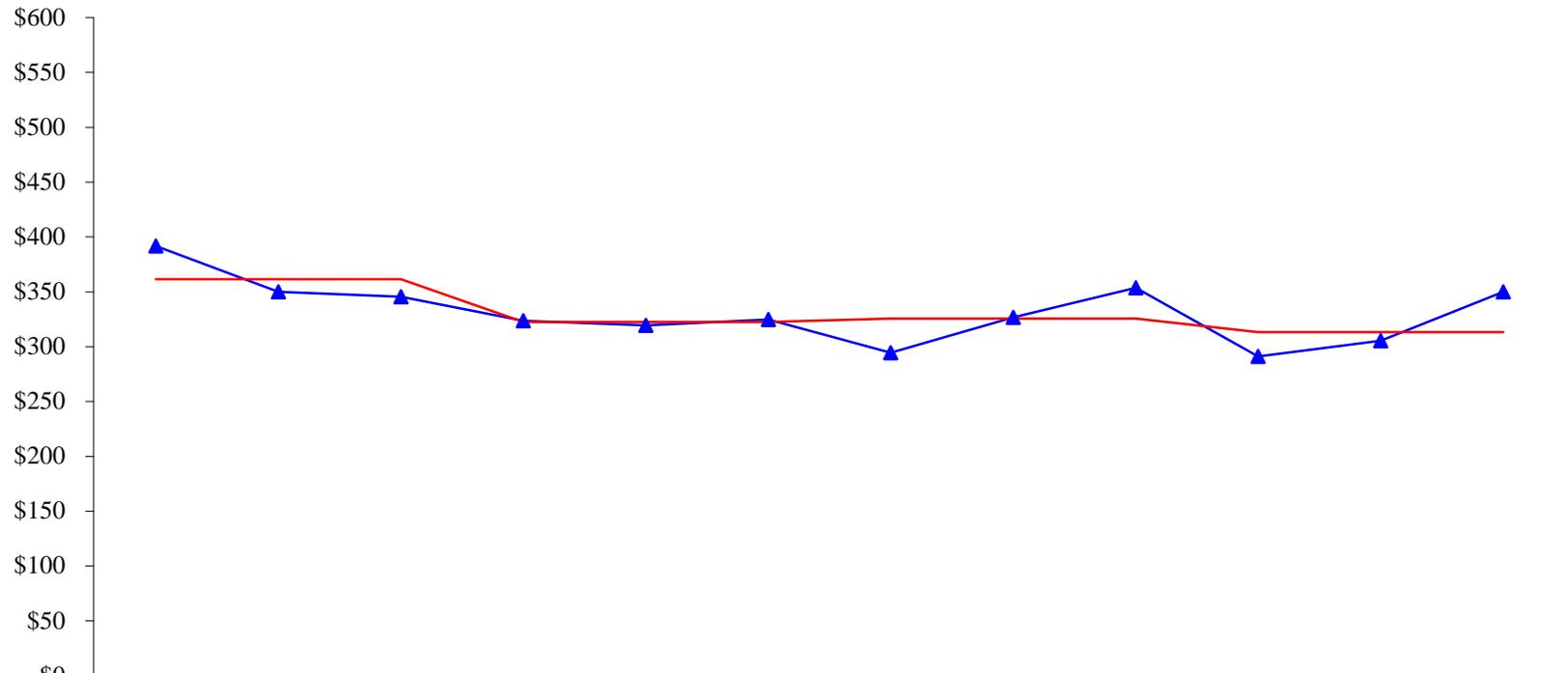
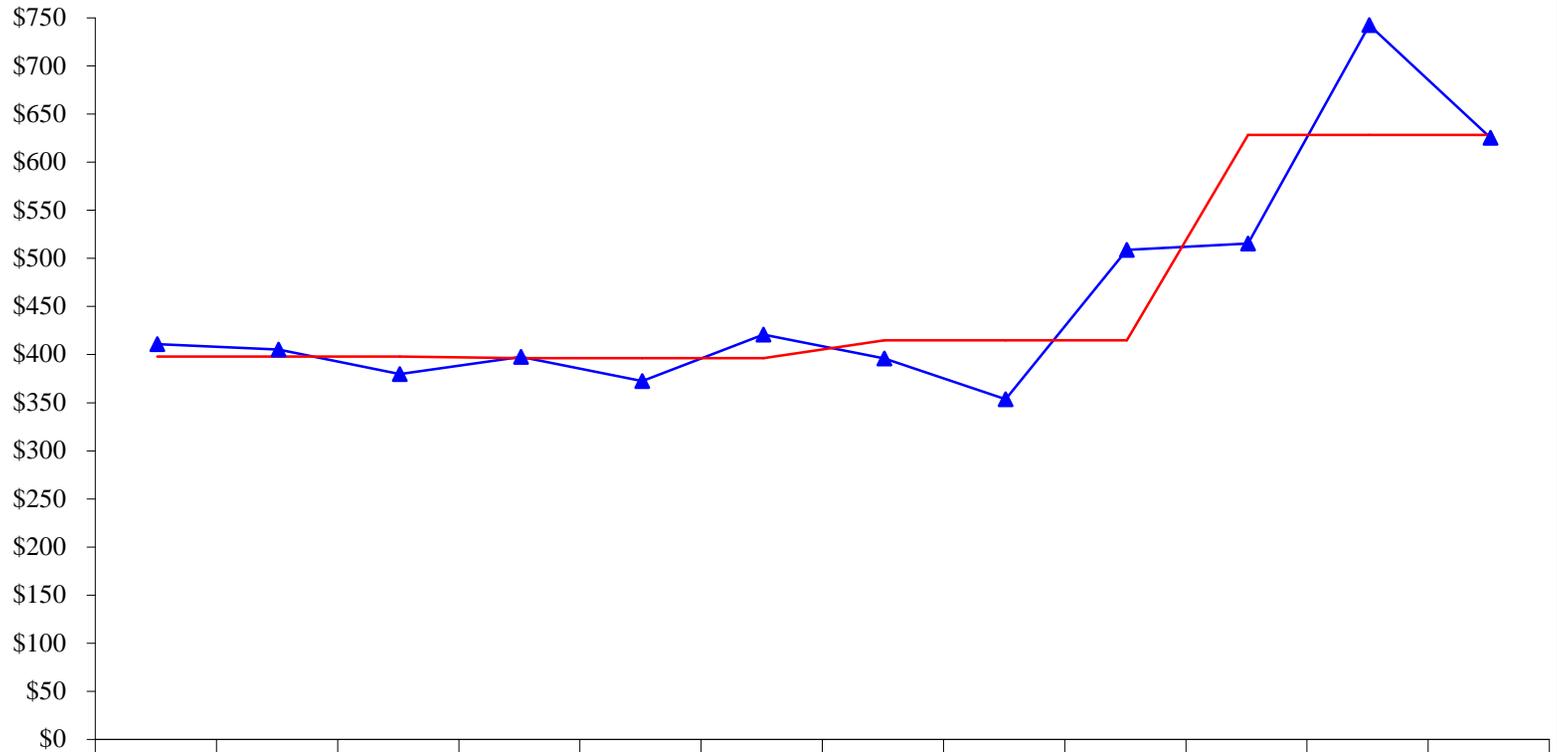


Chart: Management Data Services

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

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

Average Cost of New Generation Medication per Patient

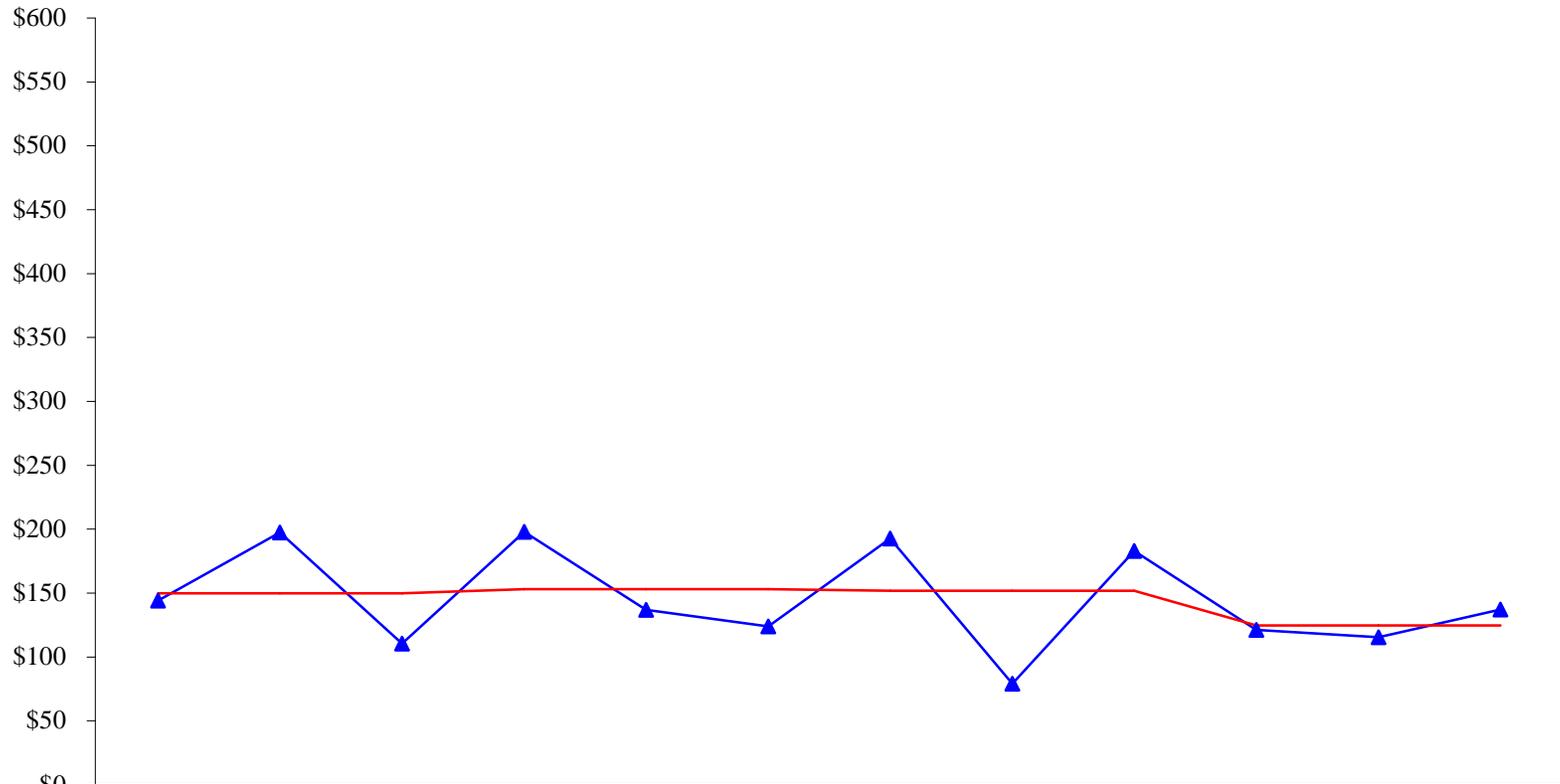


	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost	\$106,525	\$117,914	\$113,820	\$131,543	\$126,469	\$130,859	\$126,587	\$117,147	\$142,225	\$124,096	\$181,976	\$149,396
# of Pts on NGM	261	293	302	333	342	313	322	334	281	242	246	240
▲ Average Cost per Patient	\$408	\$402	\$377	\$395	\$370	\$418	\$393	\$351	\$506	\$513	\$740	\$622
— Average Cost (LBB)	\$395	\$395	\$395	\$394	\$394	\$394	\$412	\$412	\$412	\$626	\$626	\$626

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

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

Average Cost of New Generation Medication per Patient



	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Cost	\$6,107	\$8,595	\$5,100	\$9,597	\$6,738	\$5,726	\$8,199	\$3,465	\$8,863	\$5,600	\$5,784	\$6,623
# of Pts on NGM	43	44	47	49	50	47	43	45	49	47	51	49
▲ Average Cost per Patient	\$142	\$195	\$109	\$196	\$135	\$122	\$191	\$77	\$181	\$119	\$113	\$135
— Average Cost (LBB)	\$148	\$148	\$148	\$151	\$151	\$151	\$150	\$150	\$150	\$122	\$122	\$122

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

GOAL 2: Recognize and Respect the Rights of Each Patient

Performance Objective 2A: The annual rate of confirmed abuse/neglect across all state mental health facilities will not exceed .2 per 1,000 bed days.

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

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

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

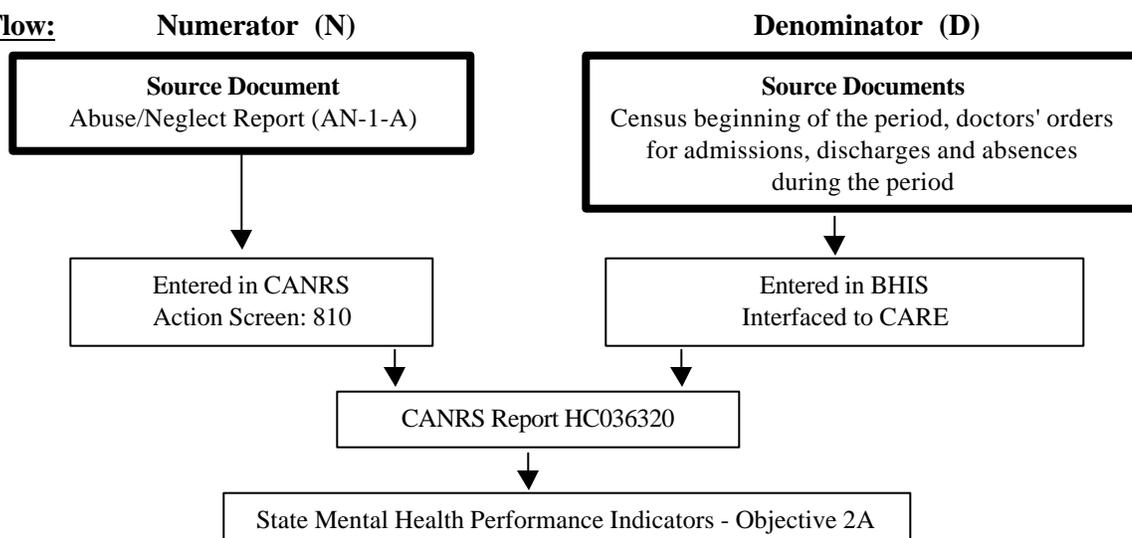
N = number of confirmed closed cases per FY (*when multiple confirmations are entered for a single case number on a single day, they are counted only as one in the abuse/neglect category incident (class I, II, verbal) of the most severe incident*).

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review
Monitoring Instrument	CANRS Report HC036320 DIR Tally Sheet
Description of Review Process	Verification by a) comparing AN-1-A data fields to the quarterly HC036320 Report for 100% of number of confirmed closed cases by abuse/neglect category, for the quarter; b) review 50% of the remaining AN-1-As for the quarter to determine if there are closed cases by a/n category that did not get reported as documented on the HC036320 Report.
Sample Size	100% of the AN-1-As for the number of closed confirmed cases and 50% of the remaining AN-1-As both applied to the designated quarter.
Monitoring Frequency	Facility: Semiannually EVT Annually
Performance Improvement Trigger	When there is less than a 1.00 correlation between the number of closed confirmed cases for the specified quarter documented on the AN-1-As when compared to the CANRS Report HC036320 for the same quarter.
QSO-DIR Report	Summary of findings.

**Objective 2A - Abuse/Neglect Rate
All MH Facilities**

Facility	FY99	FY00	FY01	FY02					FY03-FYTD				
	Total	Total	Total	Class I	Class II	Class III	Neglect	Total	Class I	Class II	Class III	Neglect	Total
ASH													
Cases	353	269	201	44	116	41	49	250	7	30	9	4	50
Confirmed	42	25	25	0	6	5	12	23	1	2	0	1	4
Confirmed Rate/1000 Bed Days	0.47	0.27	0.24	0.00	0.05	0.04	0.11	0.21	0.03	0.07	0.00	0.03	0.15
BSSH													
Cases	212	165	153	11	76	25	52	164	0	7	5	0	12
Confirmed	30	26	24	0	5	3	18	26	0	0	0	0	0
Confirmed Rate/1000 Bed Days	0.44	0.35	0.32	0.00	0.07	0.04	0.27	0.39	0.00	0.00	0.00	0.00	0.00
EPPC				New State Mental Health Facility 09/01/02									
Cases									0	1	3	0	4
Confirmed									0	0	0	0	0
Confirmed Rate/1000 Bed Days									0.00	0.00	0.00	0.00	0.00
KSH													
Cases	41	41	37	5	9	7	3	24	0	4	1	0	5
Confirmed	3	4	6	0	2	1	0	3	0	3	0	0	3
Confirmed Rate/1000 Bed Days	0.05	0.06	0.10	0.00	0.03	0.01	0.00	0.05	0.00	0.20	0.00	0.00	0.20
NTSH													
Cases	885	787	739	48	439	228	111	826	7	76	31	19	133
Confirmed	73	57	71	2	25	13	16	56	0	1	0	2	3
Confirmed Rate/1000 Bed Days	0.31	0.23	0.29	0.00	0.11	0.05	0.07	0.25	0.00	0.01	0.00	0.03	0.05
RGSC (MH only)													
Cases	41	42	48	3	11	17	8	39	0	5	1	1	7
Confirmed	5	3	1	0	0	1	1	2	0	0	1	0	0
Confirmed Rate/1000 Bed Days	0.32	0.21	0.06	0.00	0.00	0.07	0.07	0.15	0.00	0.00	0.00	0.00	0.00
RSH													
Cases	574	501	525	34	333	133	82	582	3	58	27	11	99
Confirmed	35	34	30	3	8	6	10	27	0	1	0	2	3
Confirmed Rate/1000 Bed Days	0.31	0.29	0.24	0.02	0.06	0.05	0.08	0.23	0.00	0.04	0.00	0.08	0.12
SASH													
Cases	303	227	202	21	112	40	34	207	5	31	12	4	52
Confirmed	31	29	19	1	3	4	17	25	0	0	1	0	1
Confirmed Rate/1000 Bed Days	0.24	0.25	0.17	0.00	0.02	0.03	0.14	0.21	0.00	0.00	0.03	0.00	0.03

Source: CANRS Quarterly Report for MH/MR Performance Measures
(HC036320)

Objective 2A - Abuse/Neglect Rate
All MH Facilities

Facility	FY99	FY00	FY01	FY02					FY03-FYTD				
	Total	Total	Total	Class I	Class II	Class III	Neglect	Total	Class I	Class II	Class III	Neglect	Total
TSH													
Cases	327	318	290	17	134	28	21	200	0	22	14	4	40
Confirmed	20	28	27	3	5	2	9	19	0	1	0	0	1
Confirmed Rate/1000 Bed Days	0.16	0.22	0.22	0.02	0.04	0.01	0.08	0.17	0.00	0.03	0.00	0.00	0.03
WCFY													
Cases	108	69	65	11	31	34	19	95	0	9	4	0	13
Confirmed	10	14	8	1	4	3	4	12	0	0	0	0	0
Confirmed Rate/1000 Bed Days	0.36	0.50	0.28	0.03	0.15	0.11	0.15	0.45	0.00	0.00	0.00	0.00	0.00
ALL MH Facilities													
Total Cases	2844	2419	2260	194	1261	553	379	2387	22	243	107	43	415
Total Confirmed	277	220	211	10	58	38	87	193	1	8	2	5	15
Total Confirmed Rate/1000 Bed Days	0.31	0.22	0.24	0.01	0.07	0.04	0.10	0.23	0.00	0.03	0.00	0.02	0.07

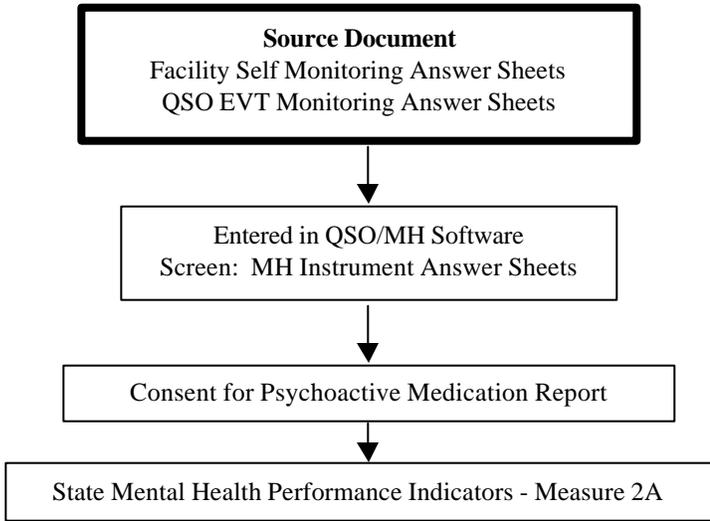
Performance Measure 2A: In order to ensure all patients have the right to informed consent prior to administration of psychoactive medications, data will be analyzed from the Consent for Treatment with Psychoactive Medications monitoring instrument.

Performance Measure Operational Definition: Score from the Consent for Psychoactive Medication instrument.

Performance Measure Formula: According to the Consent for Psychoactive Medication instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Measure Data Display and Chart Description: Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

NOTE: For Graph See Performance Measure 2B Section

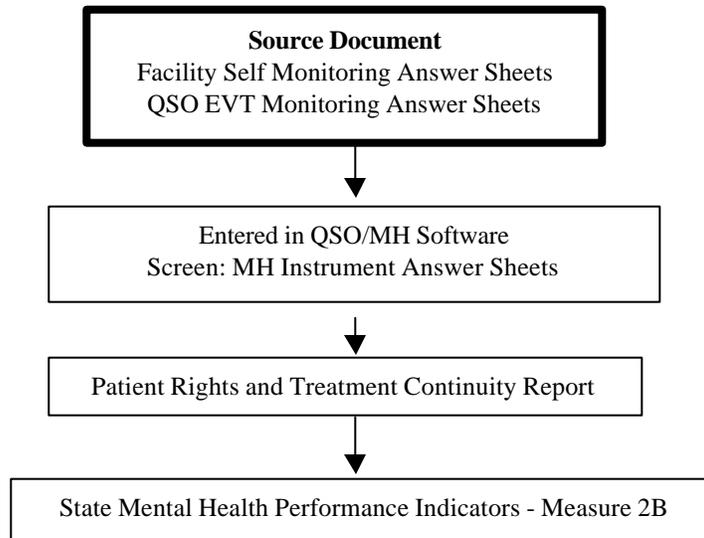
Performance Measure 2B: In order to ensure all patient rights are upheld, data will be analyzed from the Patient Rights/Treatment Continuity monitoring instrument.

Performance Measure Operational Definition: Score from the Patient Rights and Treatment Continuity instrument.

Performance Measure Formula: According to the Patient Rights and Treatment Continuity instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Measure Data Display and Chart Description:
Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:

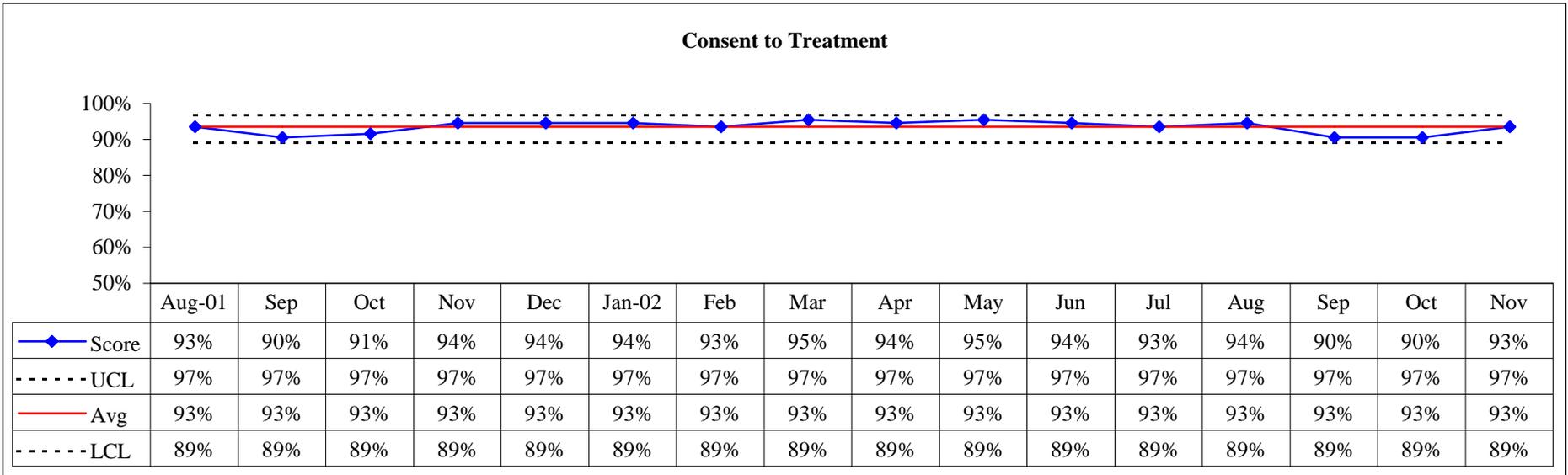


Data Integrity Review Process:

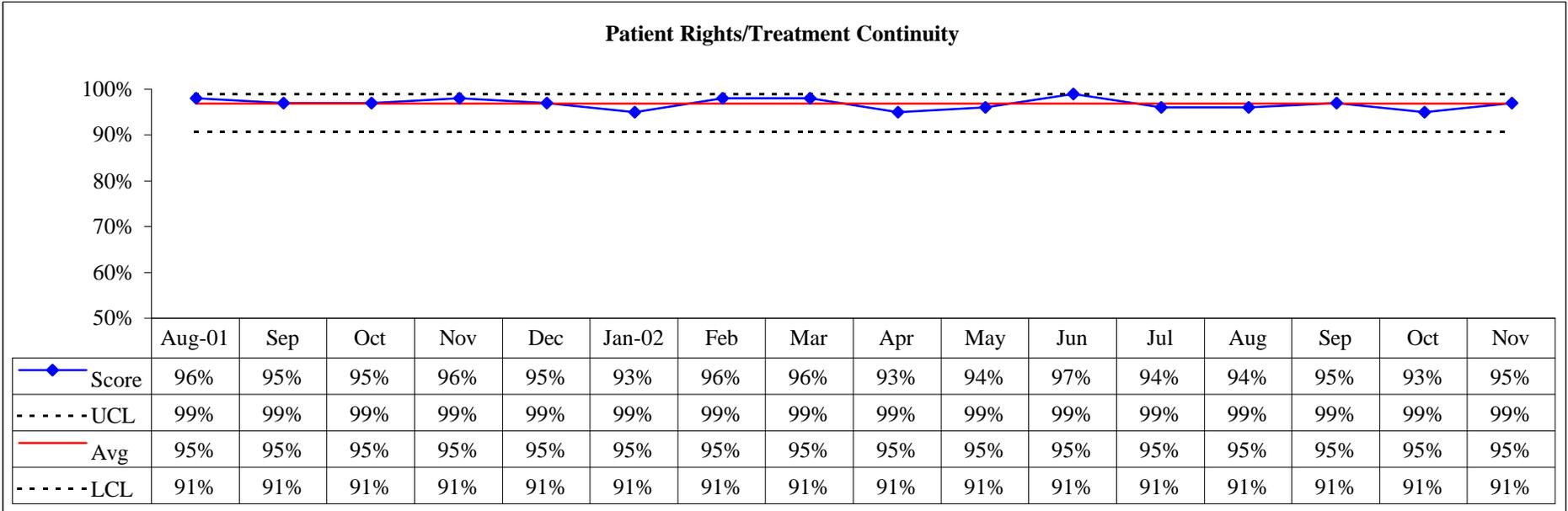
Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

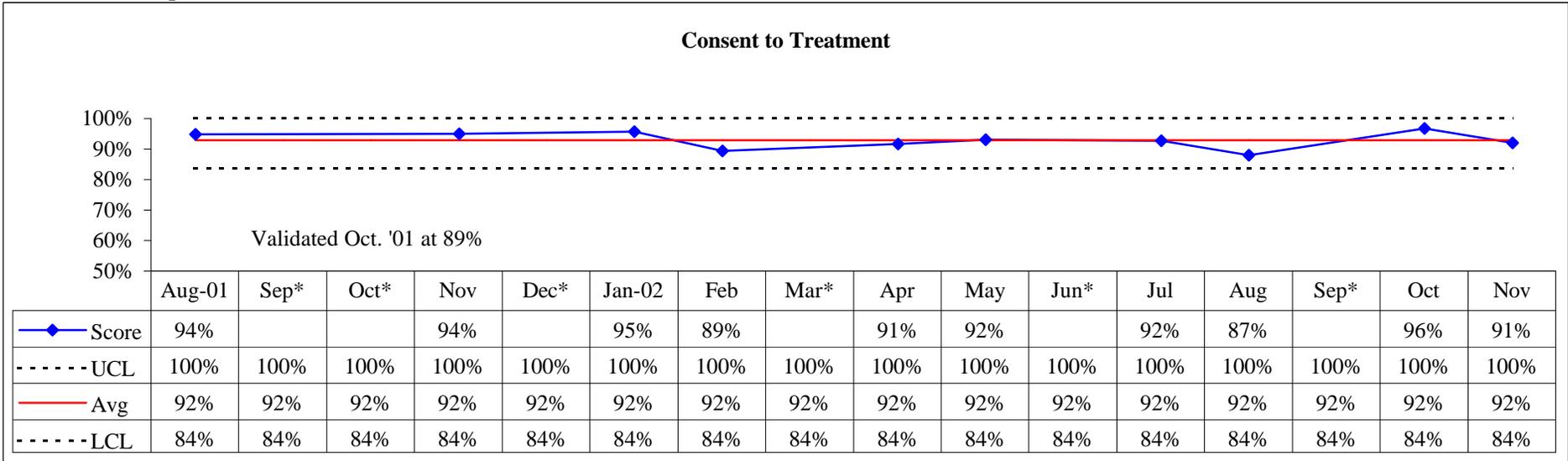
Measure 2A - Consent to Treatment
All MH Facilities



Measure 2B - Patient Rights/Treatment Continuity
All MH Facilities

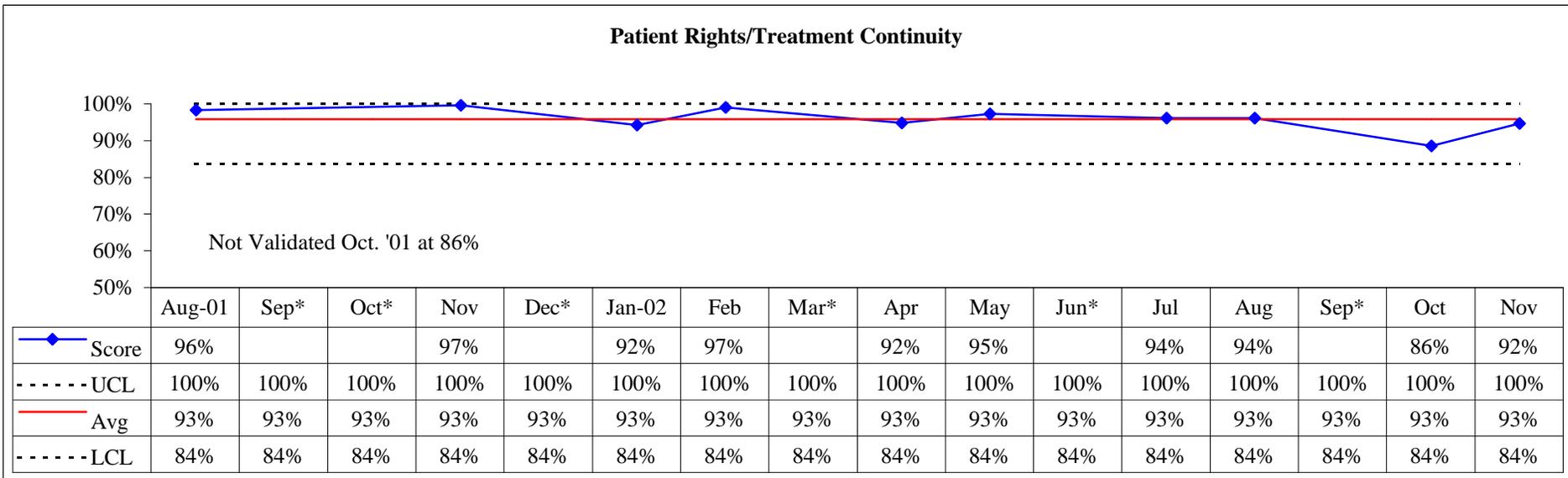


Measure 2A - Consent to Treatment
Austin State Hospital



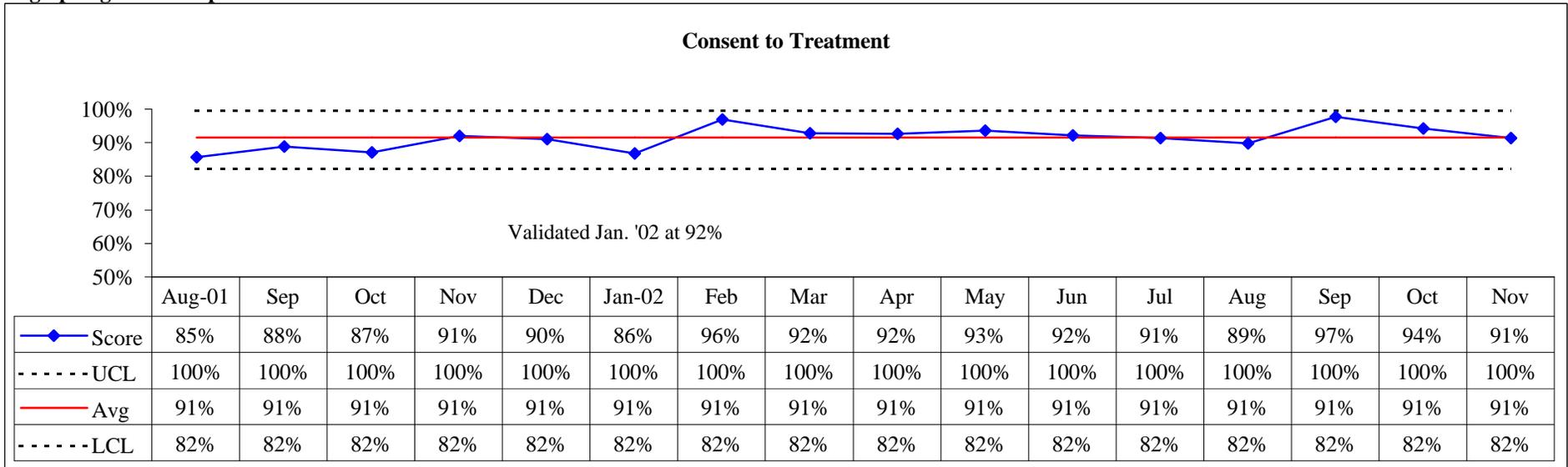
Measure 2B - Patient Rights/Treatment Continuity
Austin State Hospital

*No scores reported to MDS.



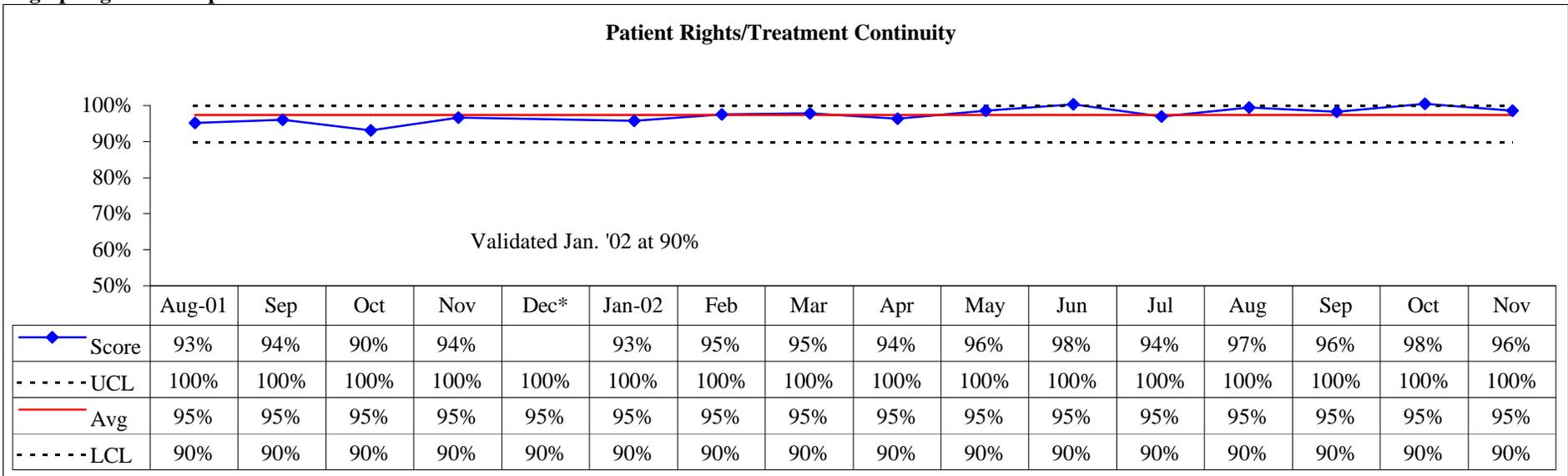
*No scores reported to MDS.

Measure 2A - Consent to Treatment
Big Spring State Hospital



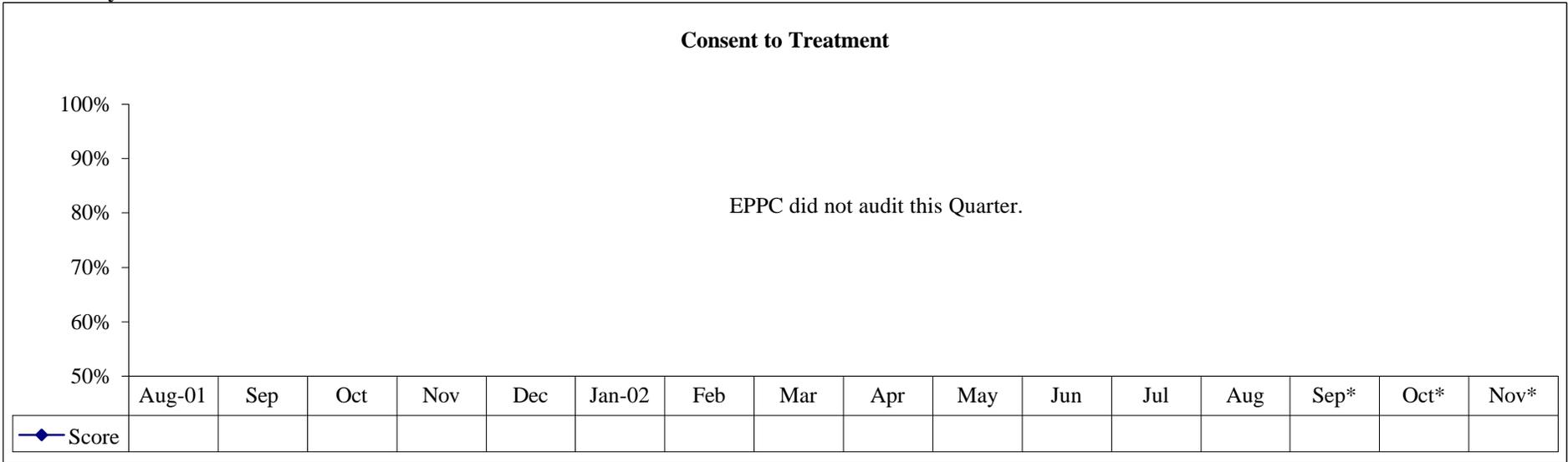
Measure 2B - Patient Rights/Treatment Continuity
Big Spring State Hospital

*No scores reported to MDS.



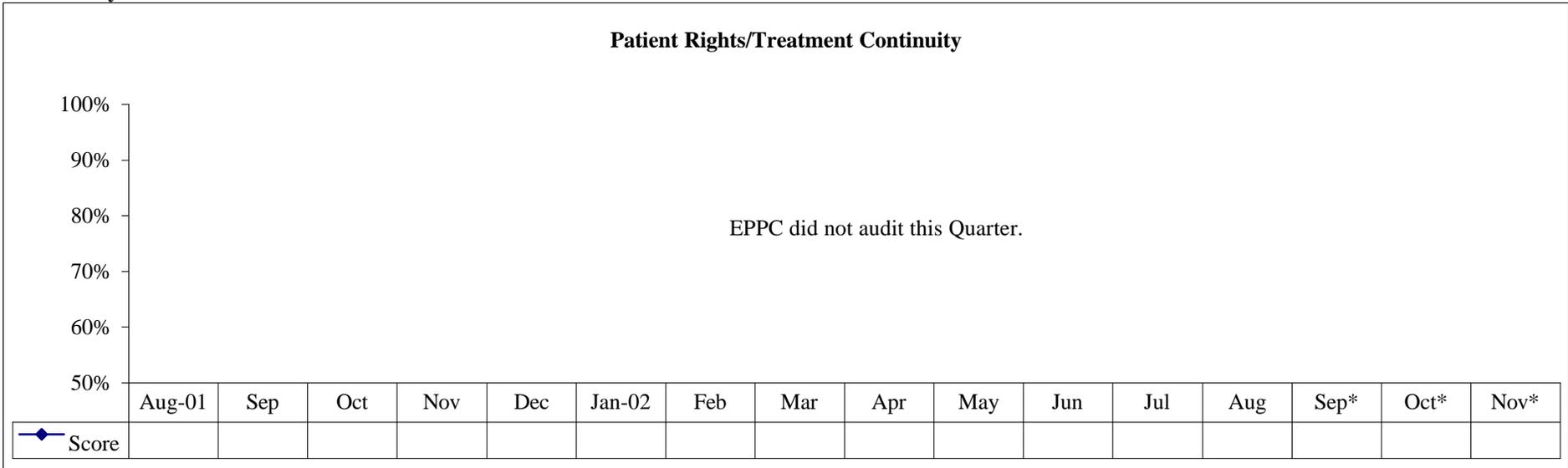
*No scores reported to MDS.

Measure 2A - Consent to Treatment
El Paso Psychiatric Center



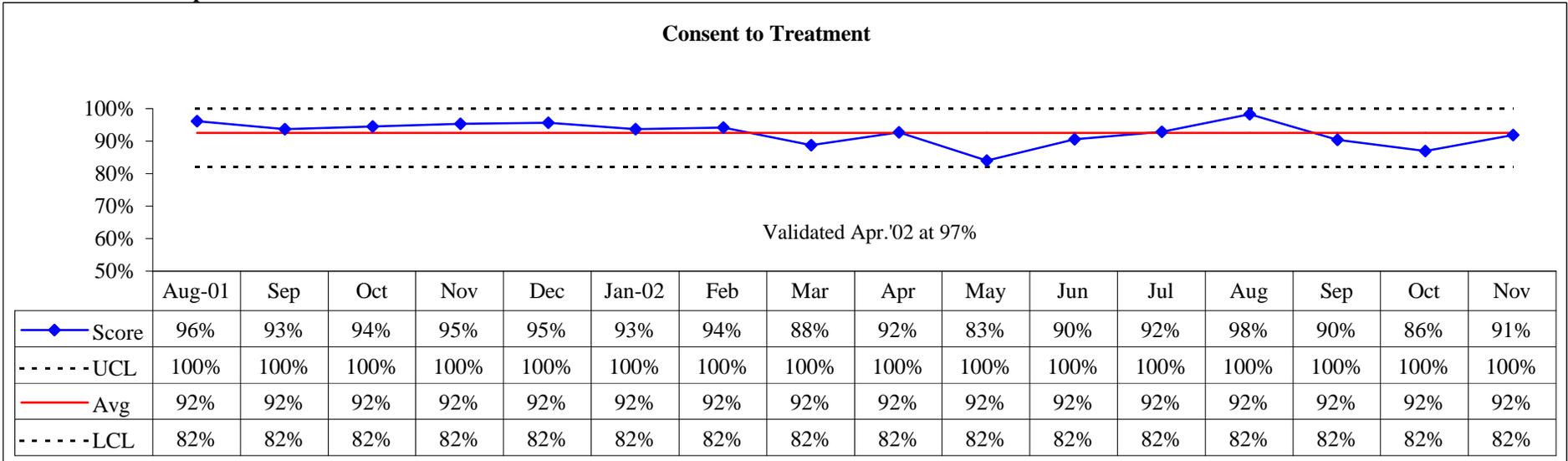
Measure 2B - Patient Rights/Treatment Continuity
El Paso Psychiatric Center

*No scores reported to MDS.

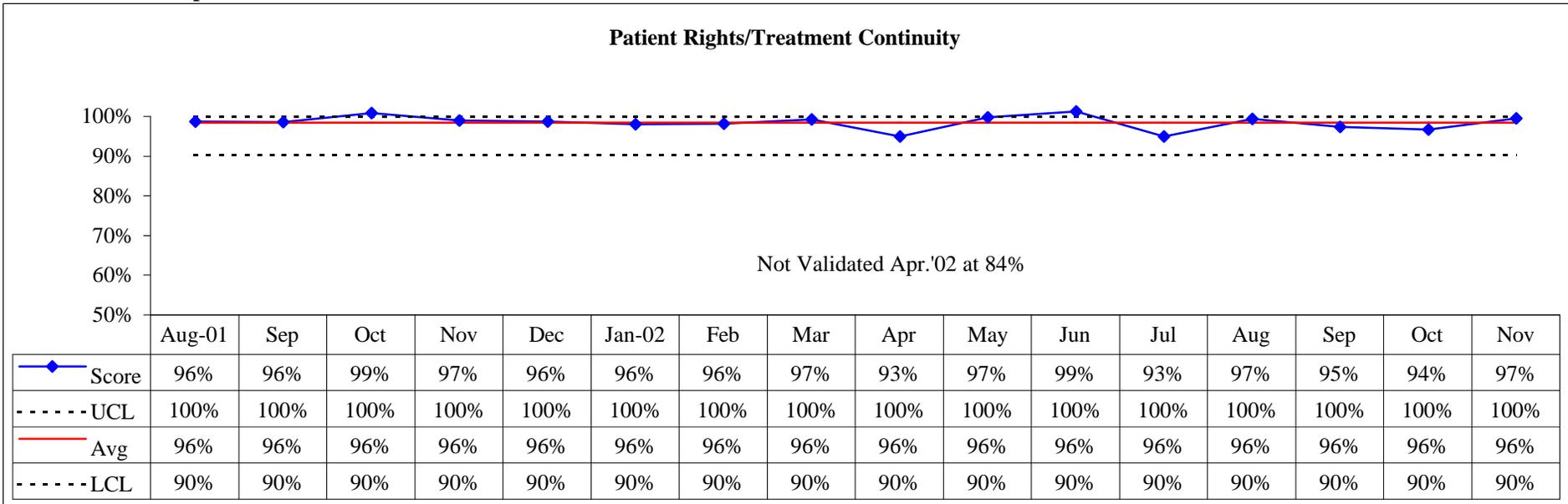


*No scores reported to MDS.

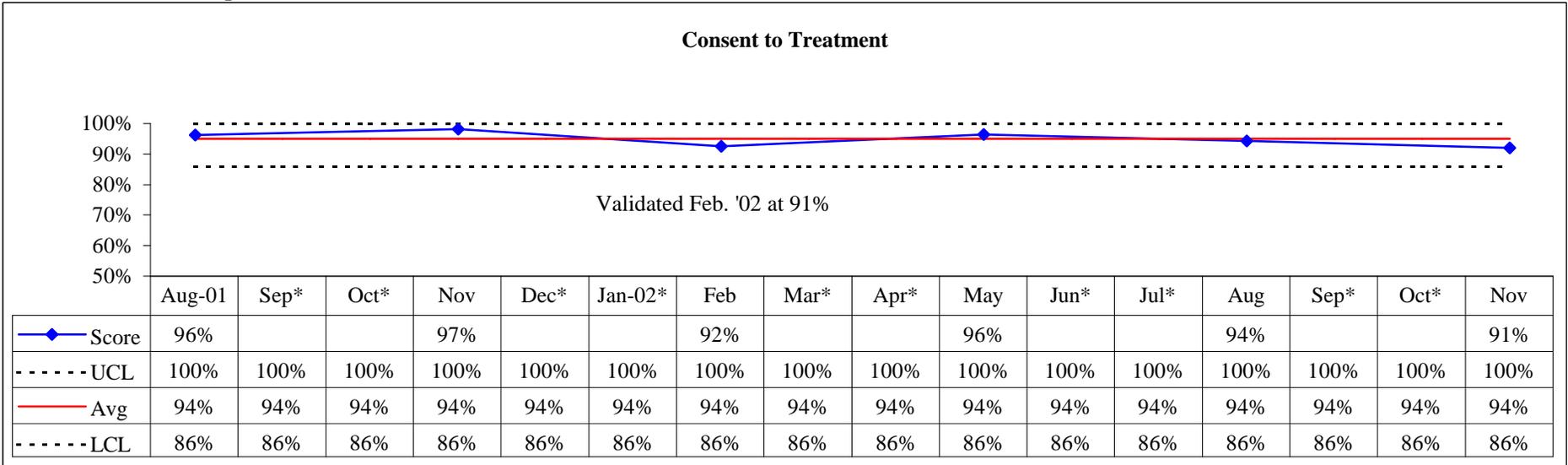
Measure 2A - Consent to Treatment
Kerrville State Hospital



Measure 2B - Patient Rights/Treatment Continuity
Kerrville State Hospital

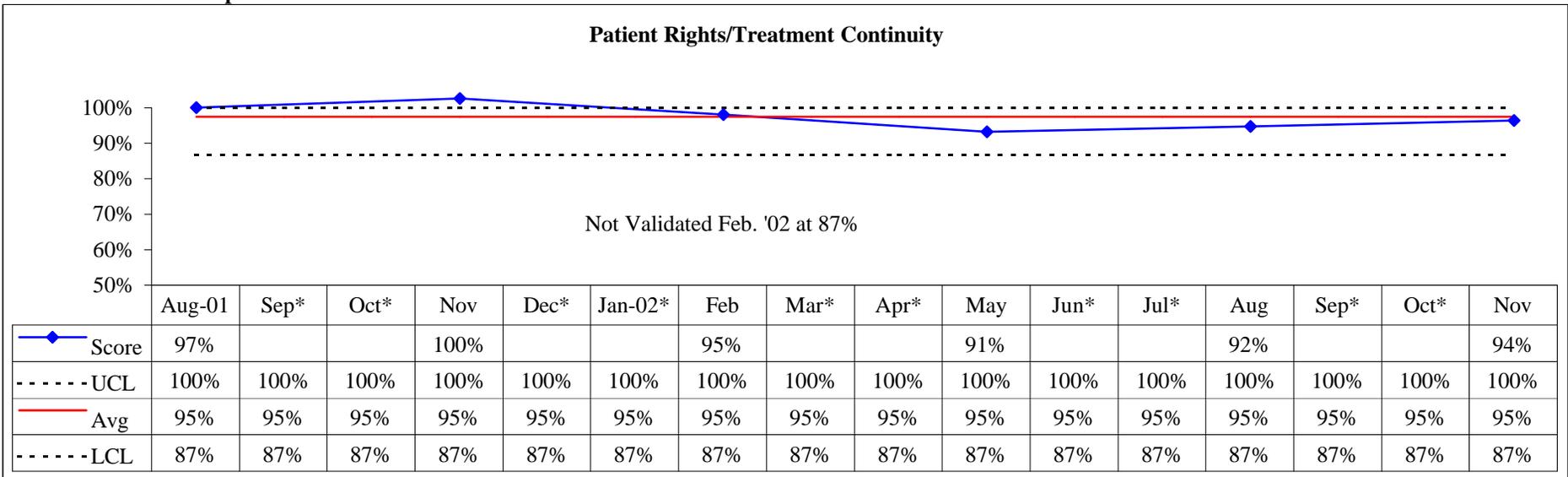


Measure 2A - Consent to Treatment
North Texas State Hospital



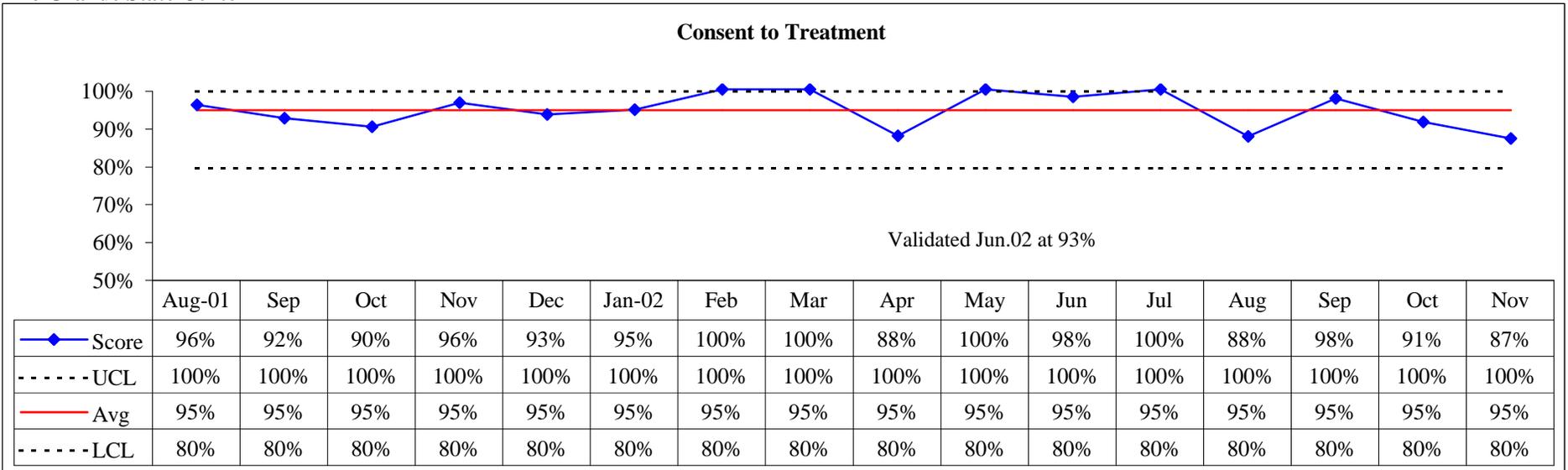
Measure 2B - Patient Rights/Treatment Continuity
North Texas State Hospital

*No scores reported to MDS.

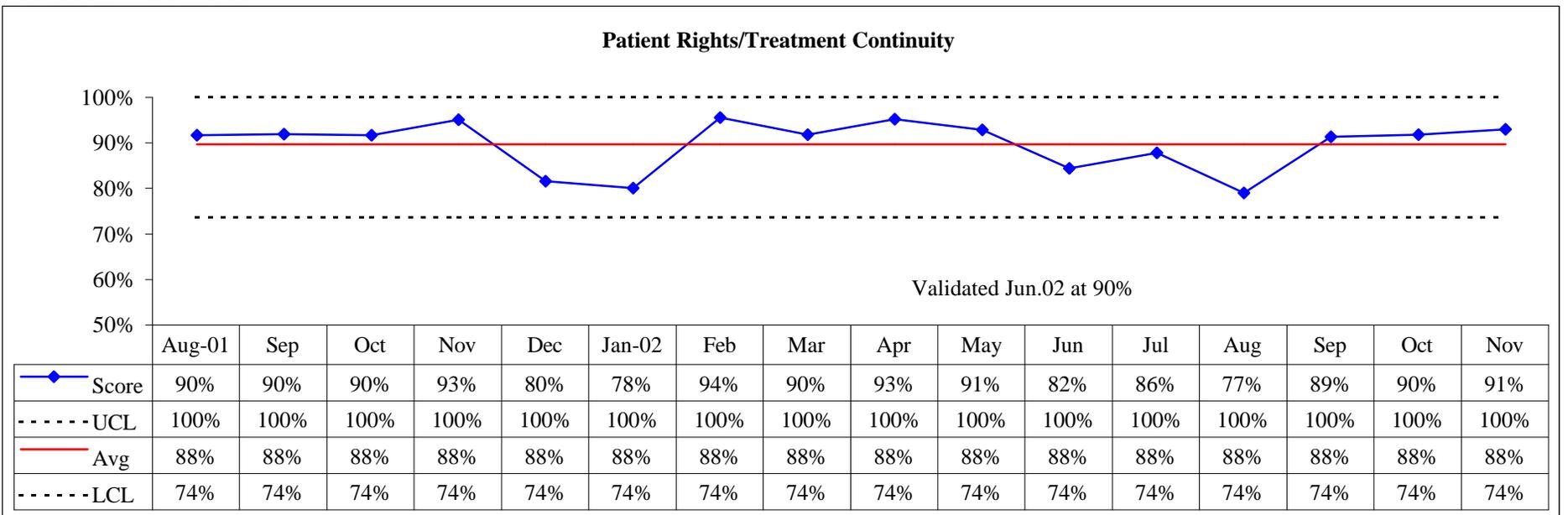


*No scores reported to MDS.

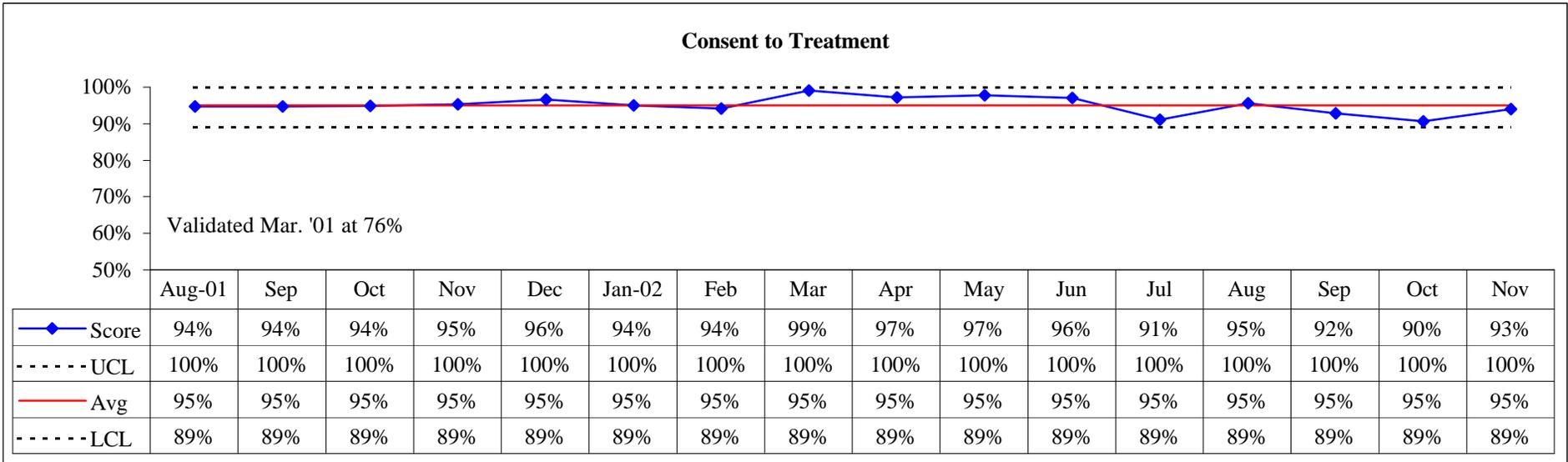
Measure 2A - Consent to Treatment
Rio Grande State Center



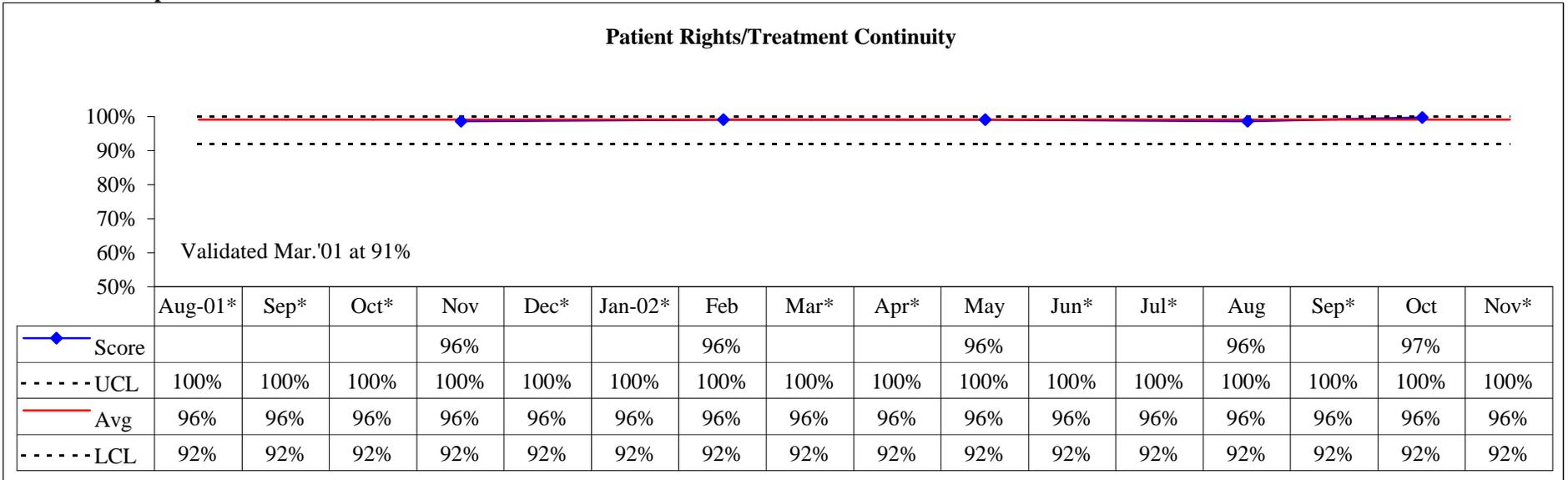
Measure 2B - Patient Rights/Treatment Continuity
Rio Grande State Center



Measure 2A - Consent to Treatment
Rusk State Hospital

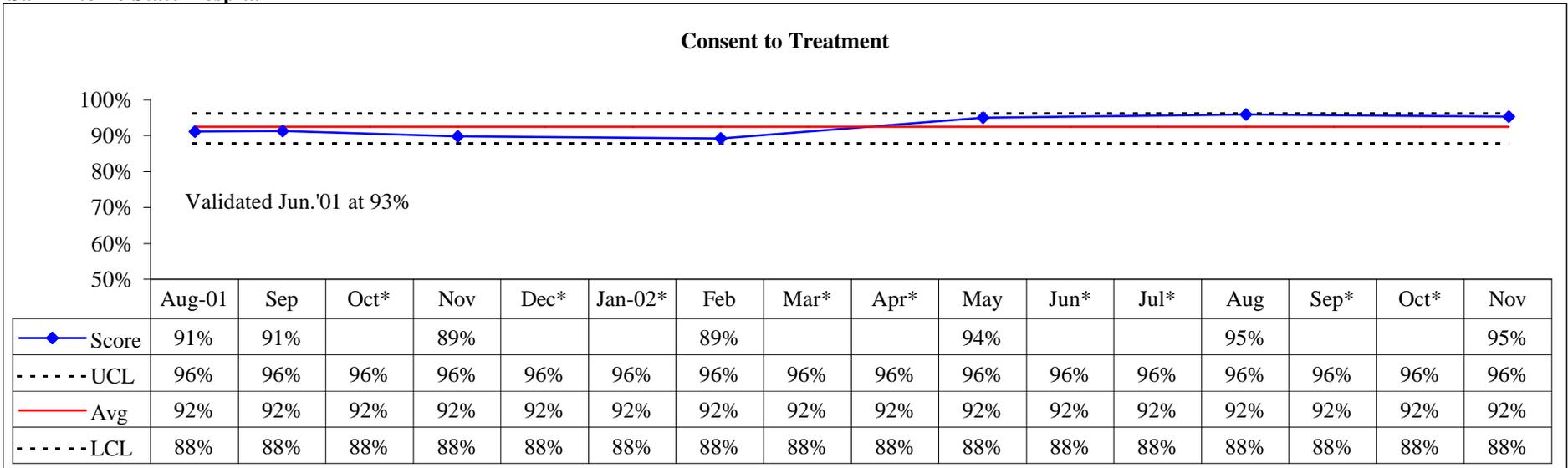


Measure 2B - Patient Rights/Treatment Continuity
Rusk State Hospital



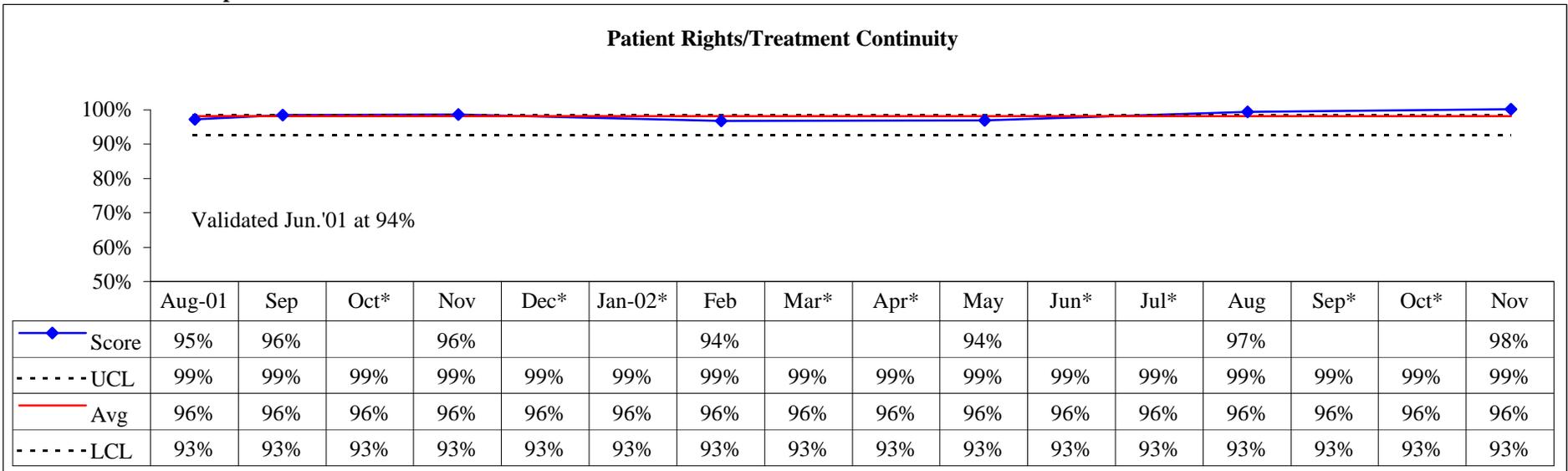
*No scores reported to MDS.

Measure 2A - Consent to Treatment
San Antonio State Hospital



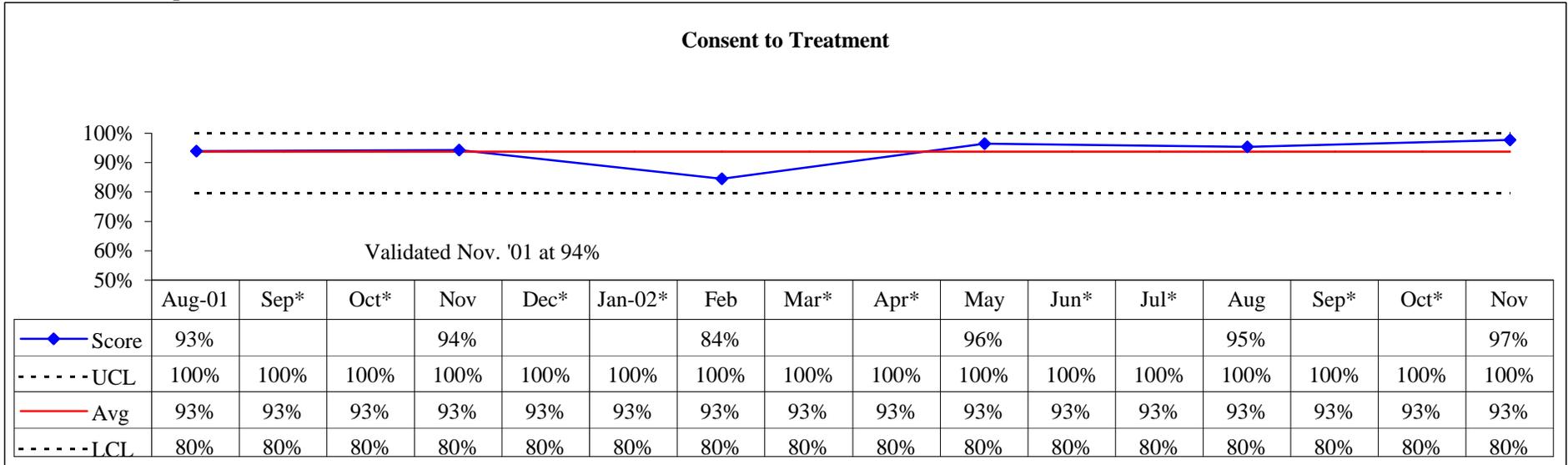
Measure 2B - Patient Rights/Treatment Continuity
San Antonio State Hospital

*No scores reported to MDS.



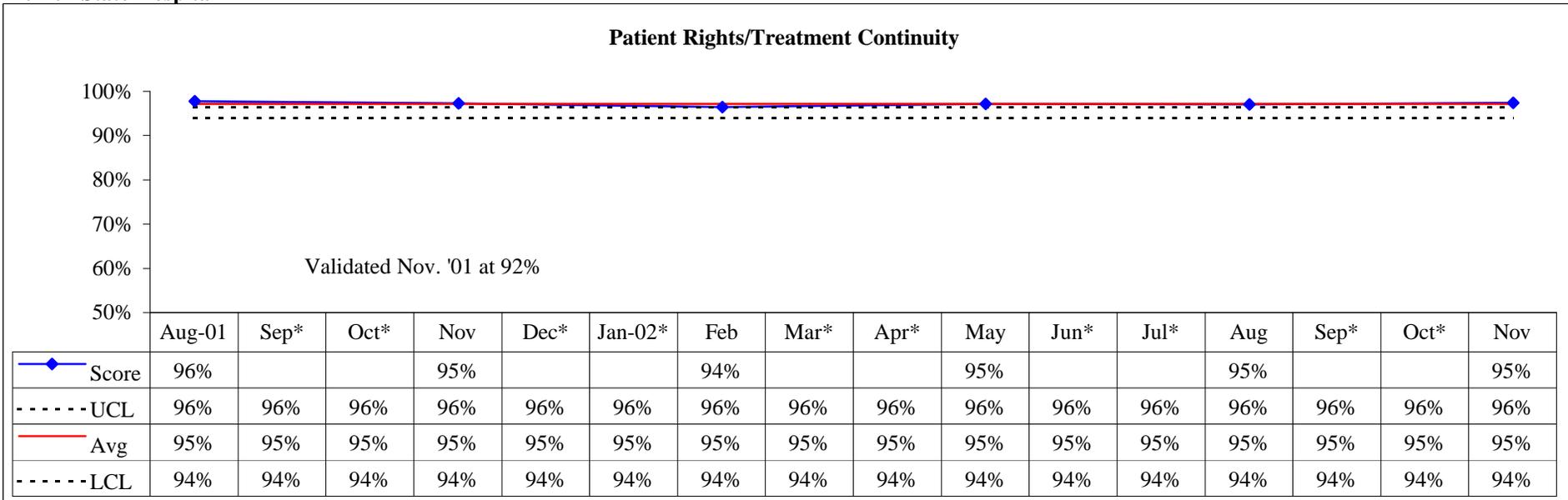
*No scores reported to MDS.

Measure 2A - Consent to Treatment
Terrell State Hospital



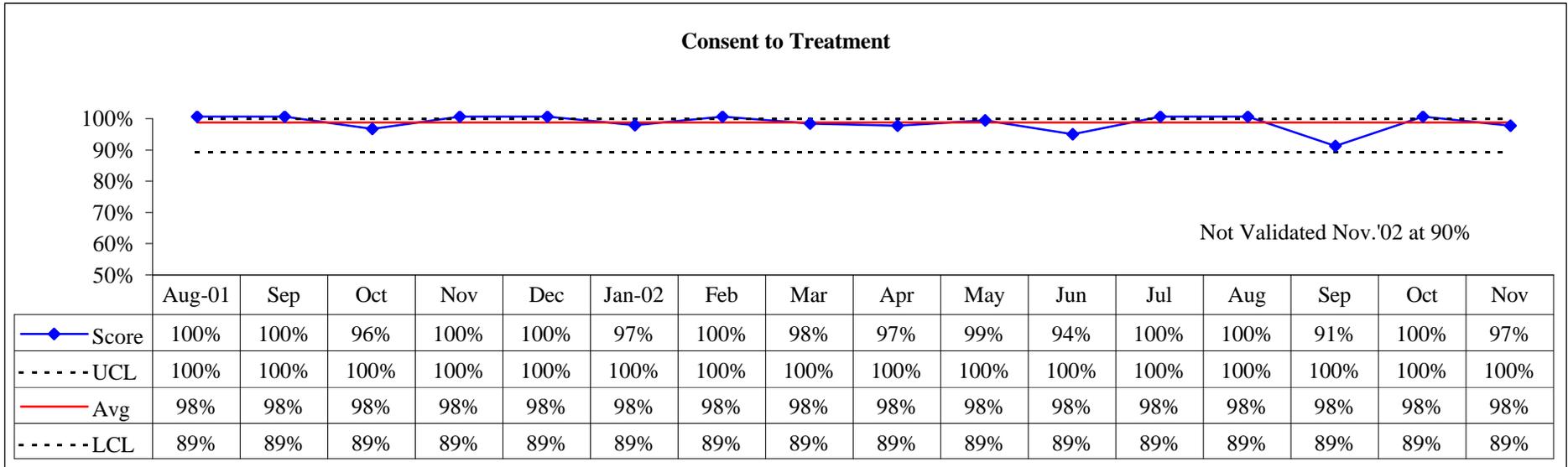
Measure 2B - Patient Rights/Treatment Continuity
Terrell State Hospital

*No scores reported to MDS.

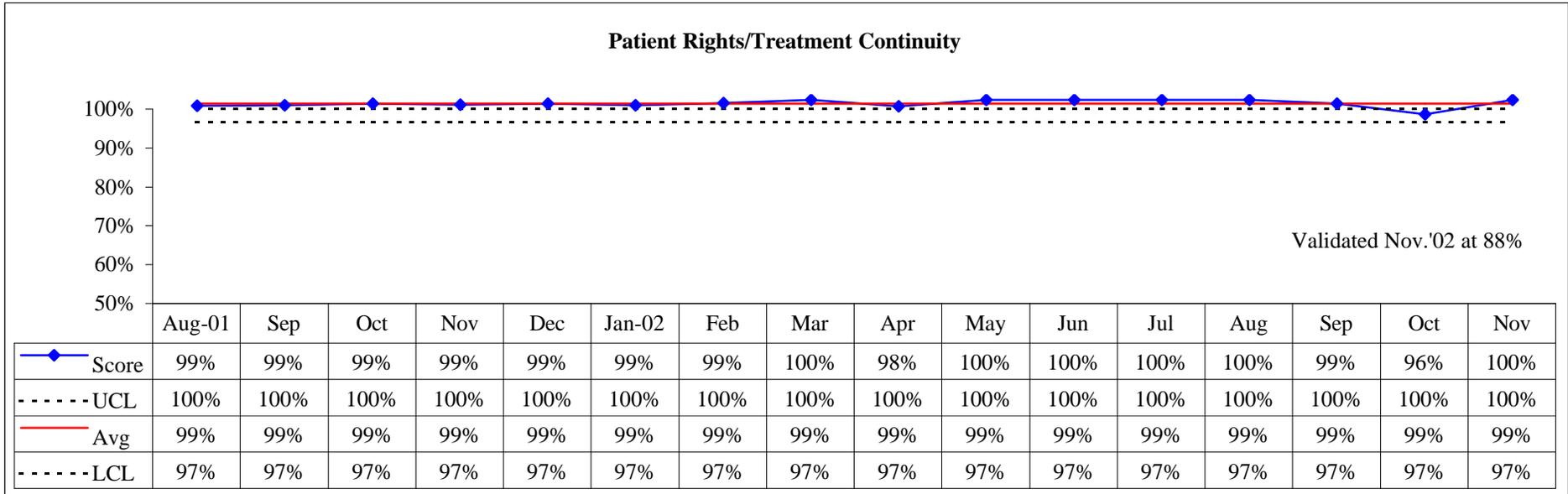


*No scores reported to MDS.

Measure 2A - Consent to Treatment
Waco Center for Youth



Measure 2B - Patient Rights/Treatment Continuity
Waco Center for Youth



Performance Measure 2C: In order to ensure that all cases of alleged abuse/neglect are reported and investigated, data will be analyzed from the Client Abuse/Neglect monitoring instrument.

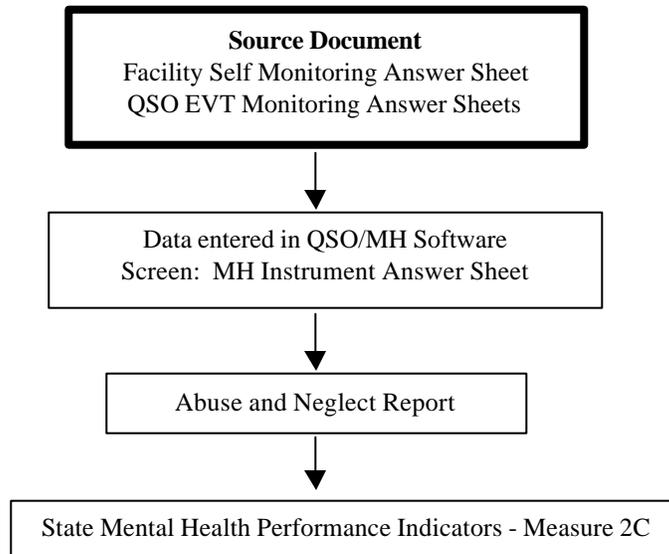
Performance Measure Operational Definition: Score from the Abuse and Neglect instrument.

Performance Measure Formula: According to the Abuse and Neglect instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Measure Data Display and Chart Description:

Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:

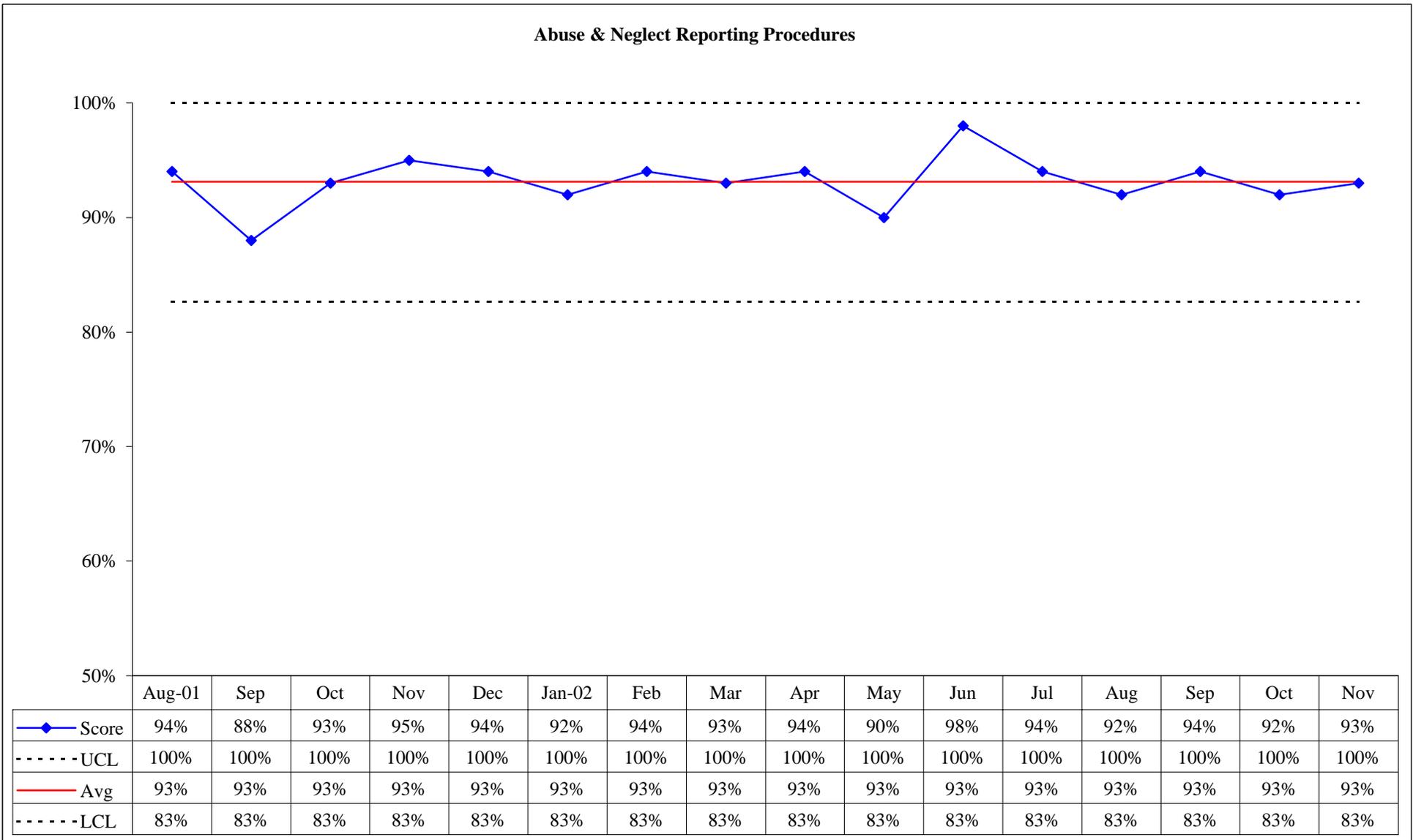


Data Integrity Review Process:

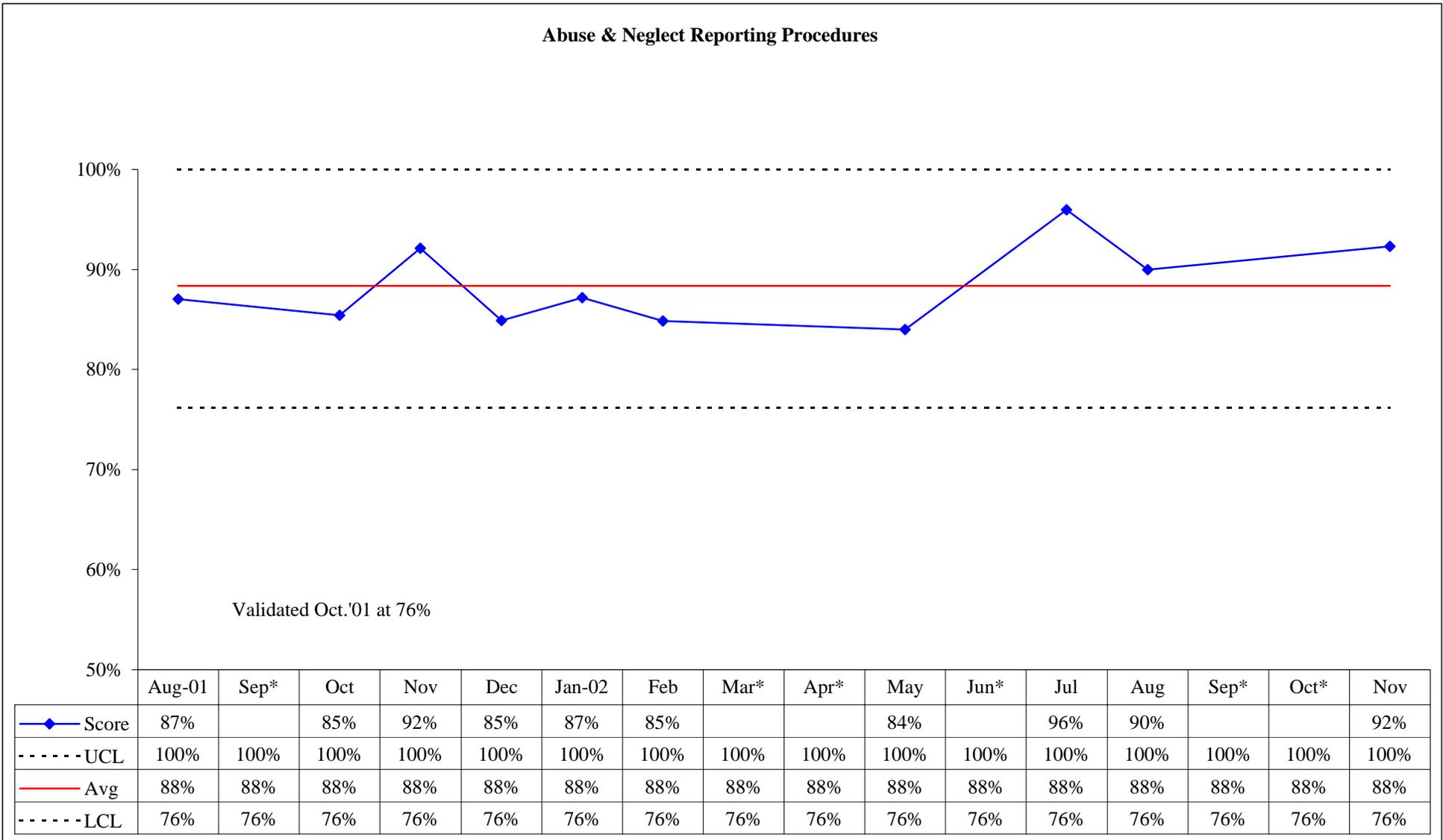
Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
All MH Facilities

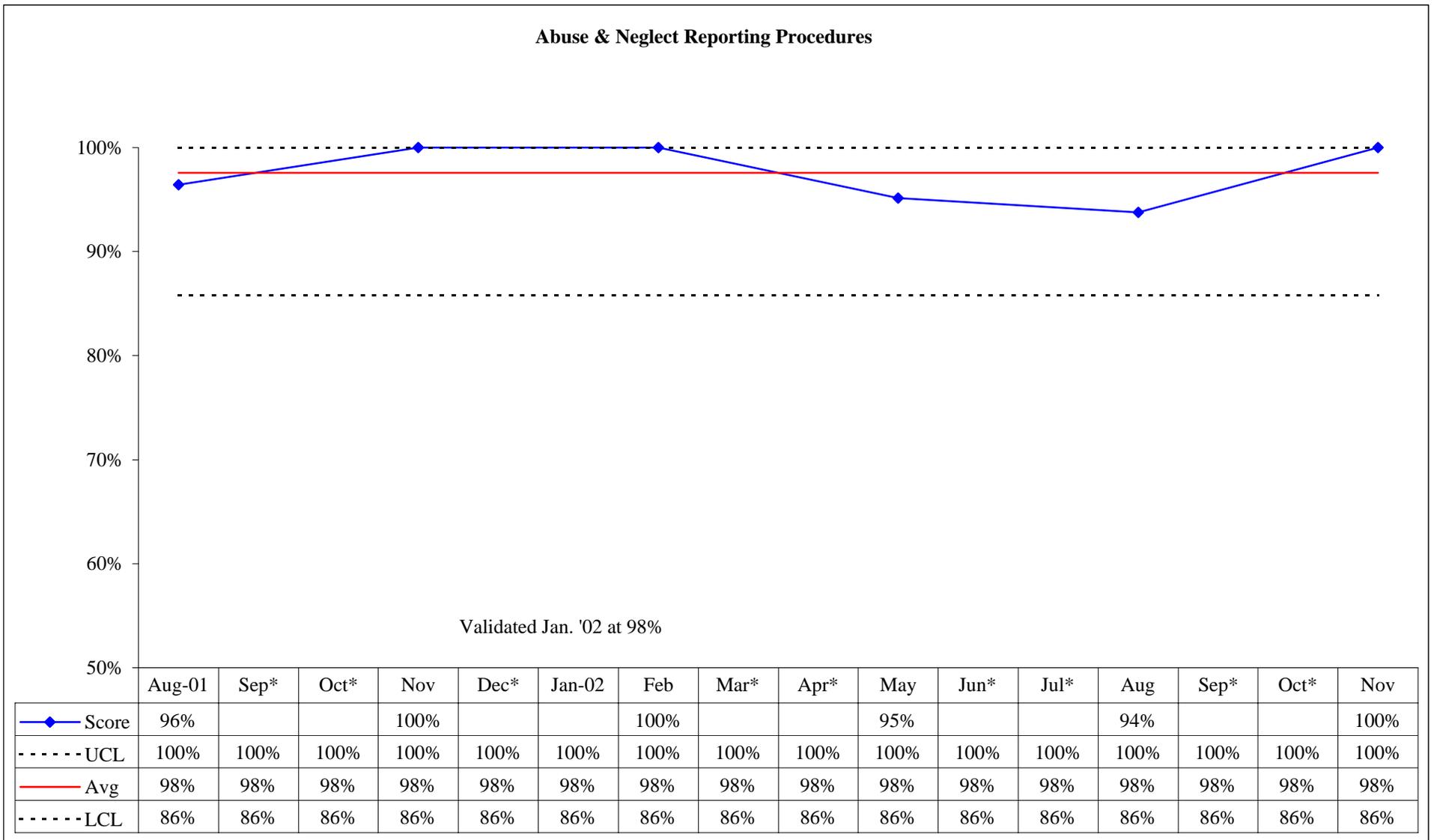


Measure 2C - Abuse and Neglect Reporting Procedures Followed
Austin State Hospital



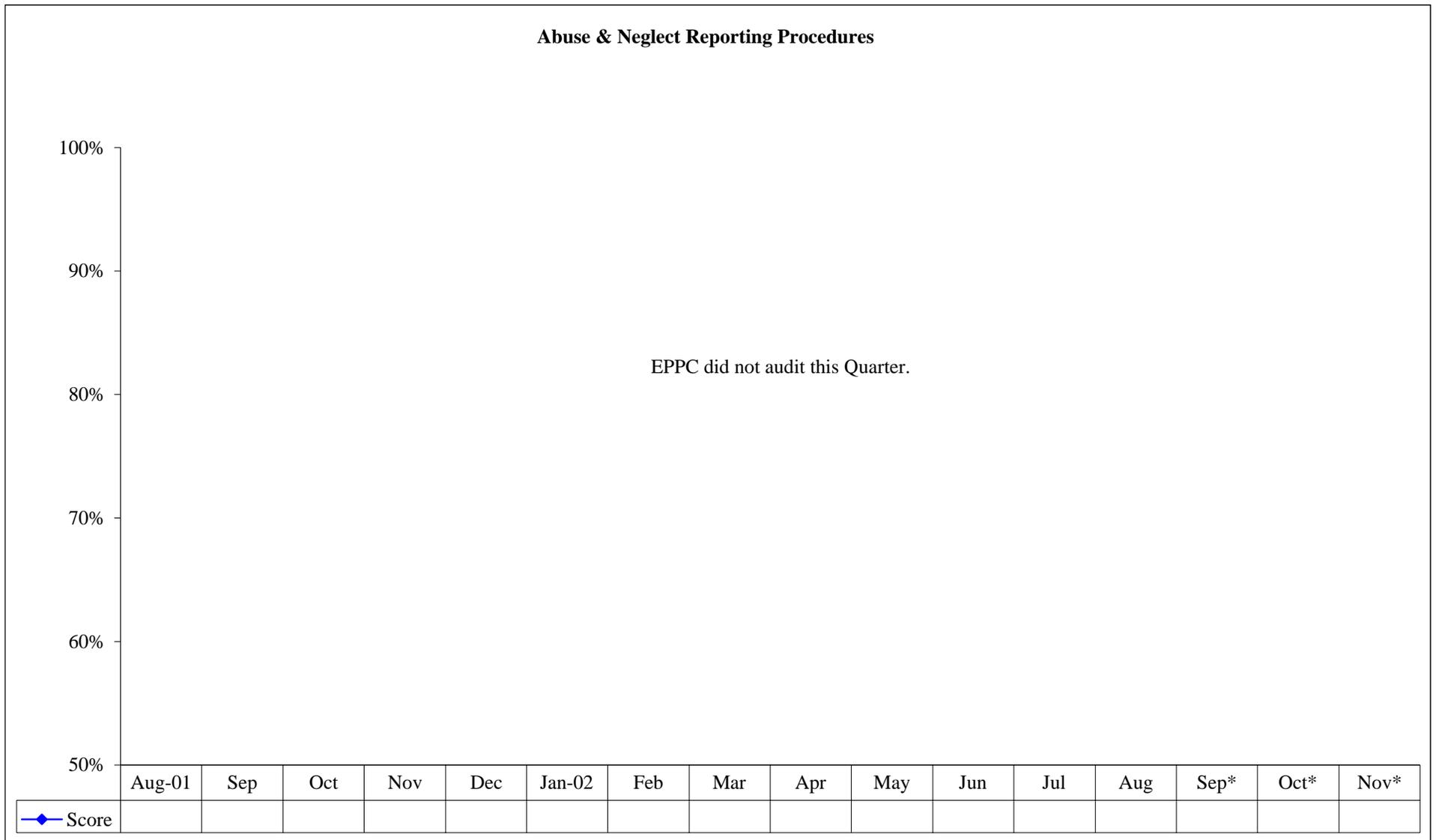
*No scores reported to MDS.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
Big Spring State Hospital



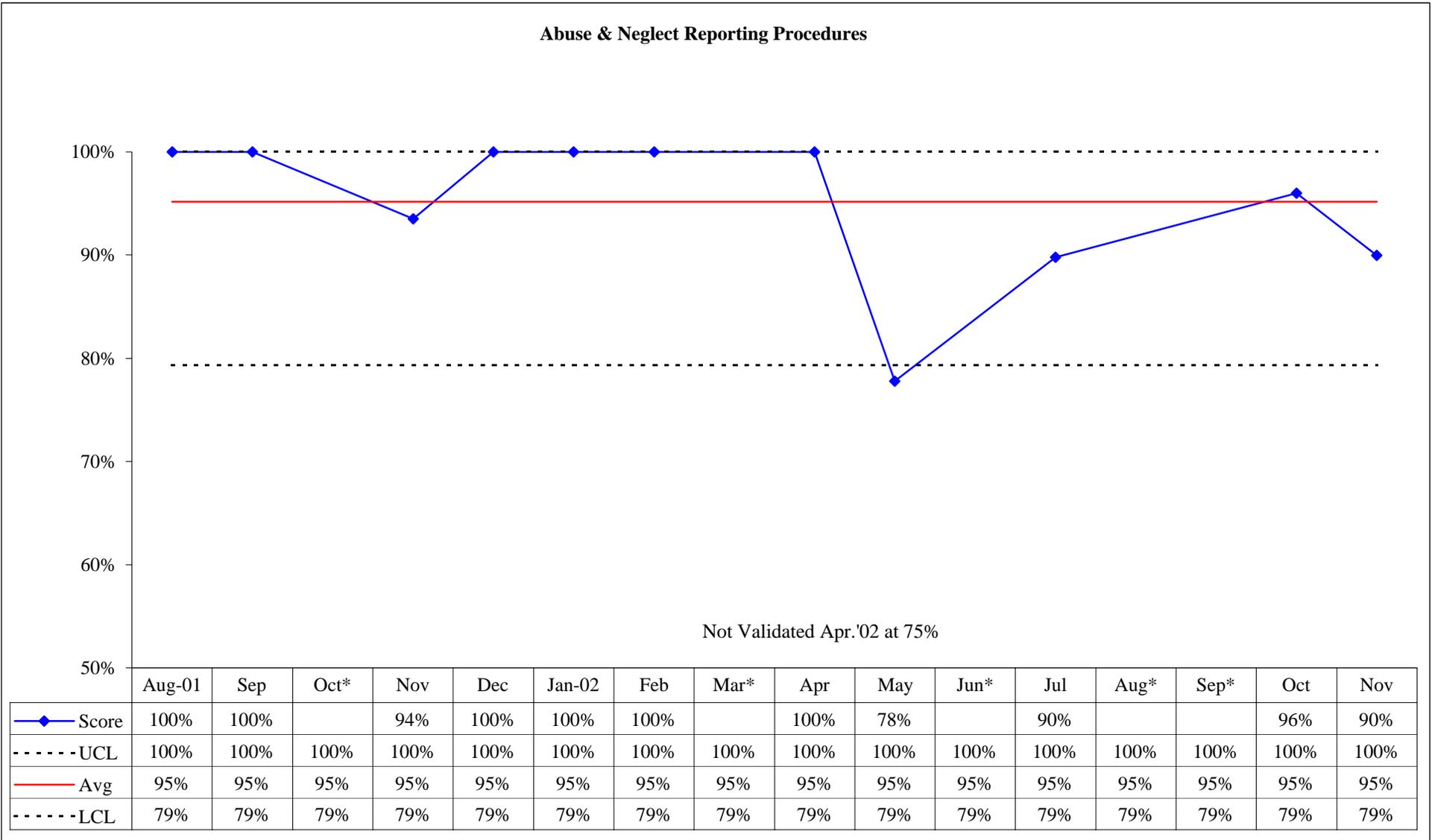
*No scores reported to MDS.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
El Paso Psychiatric Center



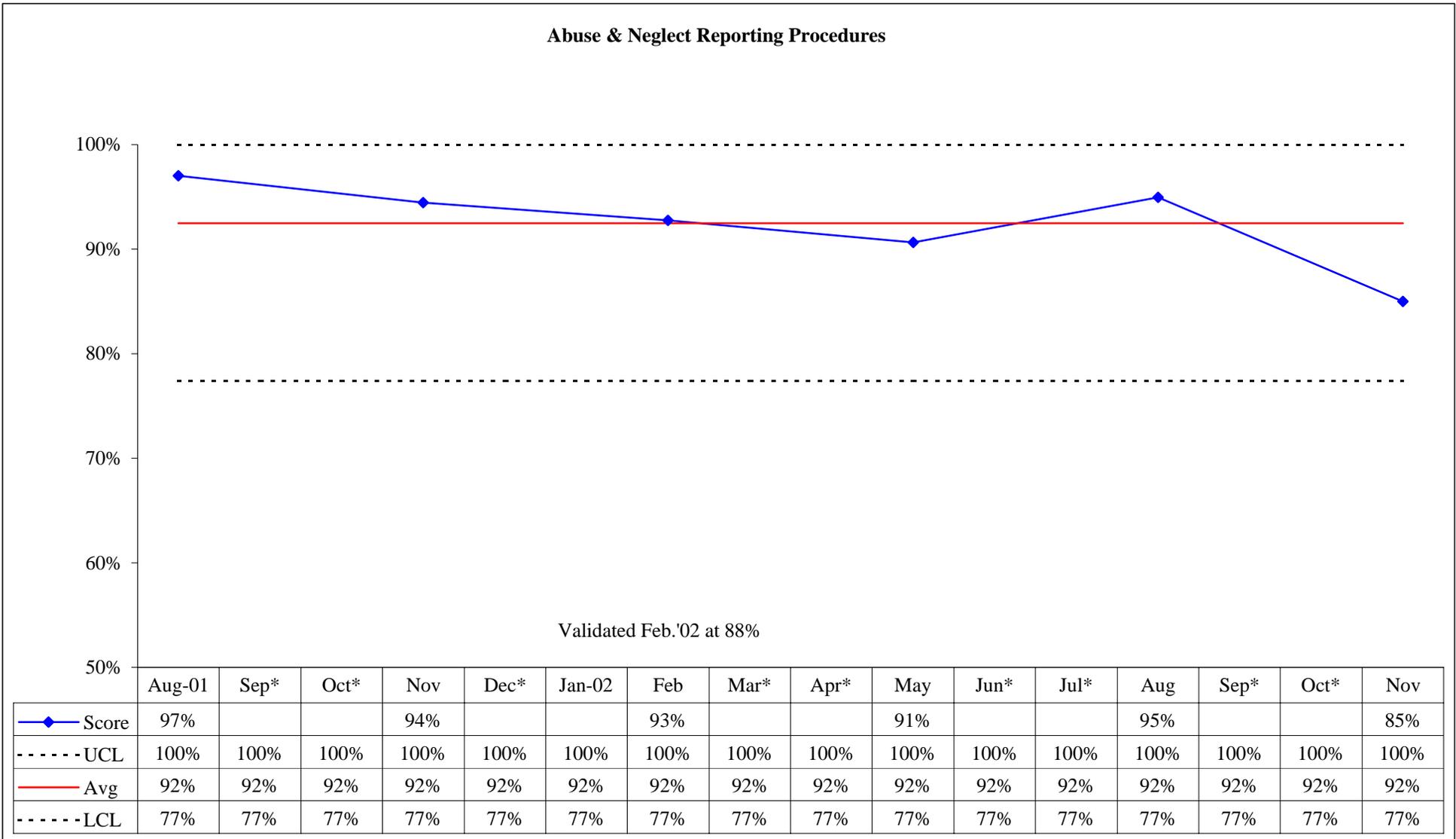
*No scores reported to MDS.

**Measure 2C - Abuse and Neglect Reporting Procedures Followed
Kerrville State Hospital**



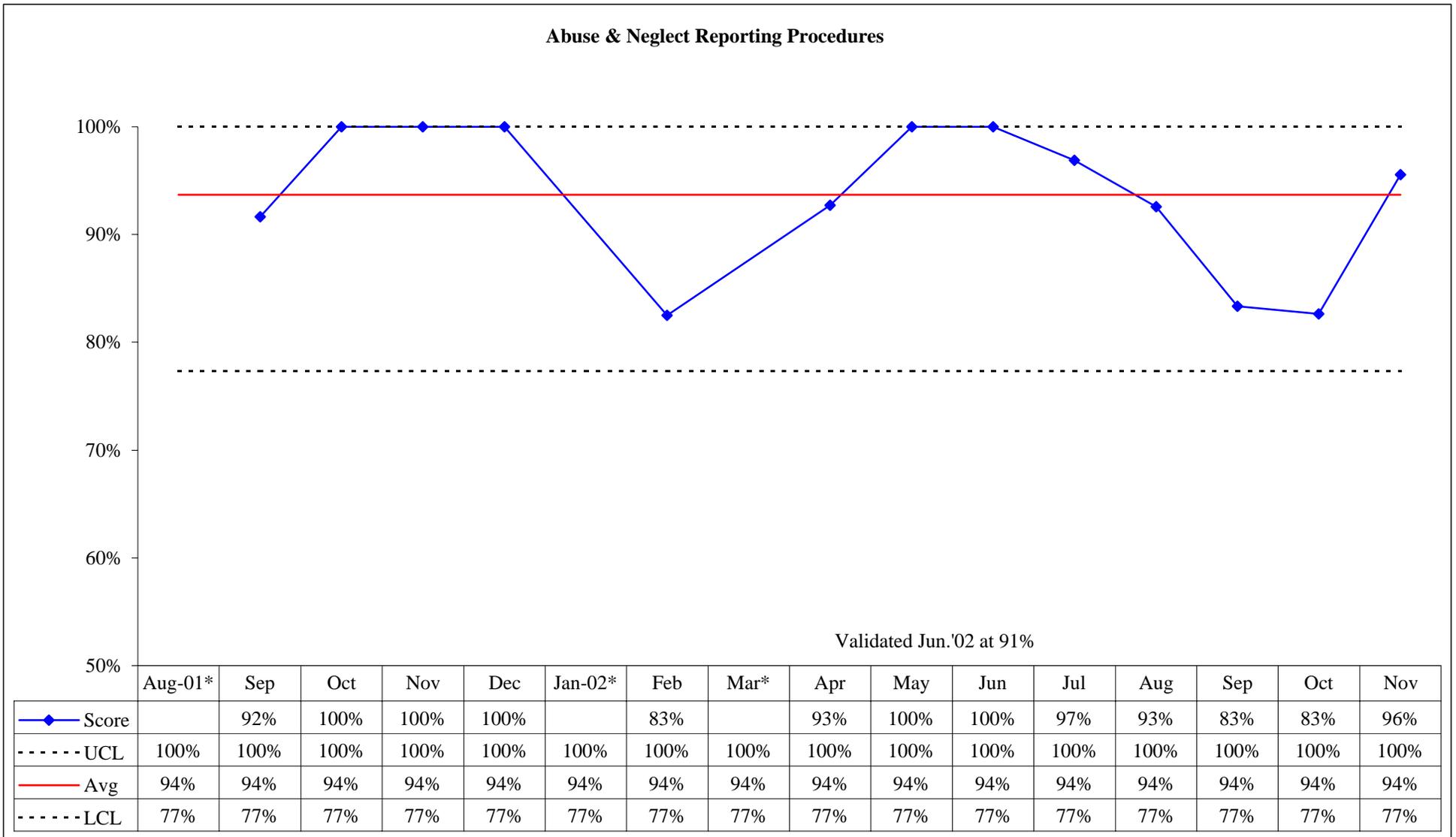
*No scores reported to MDS.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
North Texas State Hospital



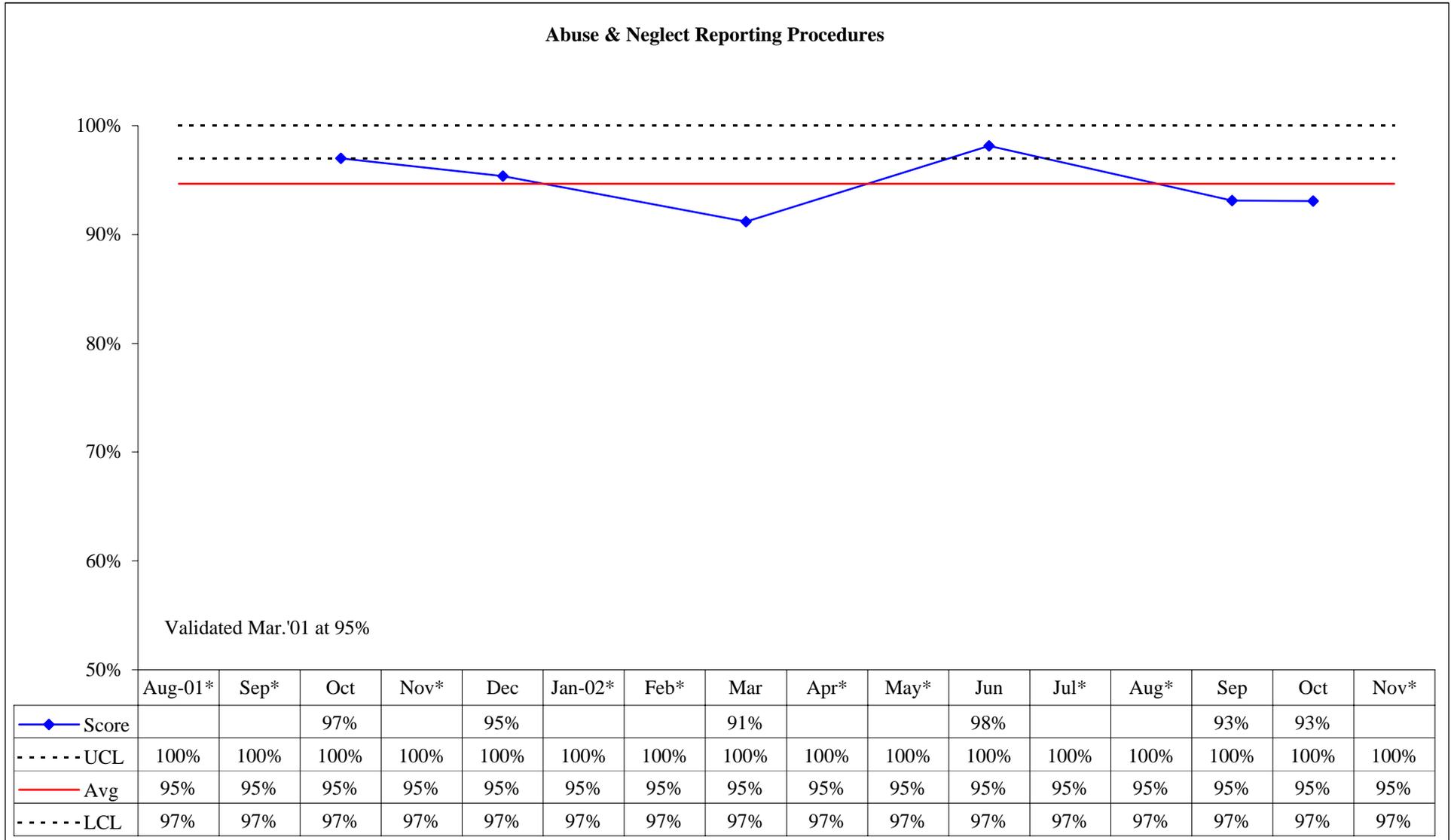
*No scores reported to MDS.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
Rio Grande State Center



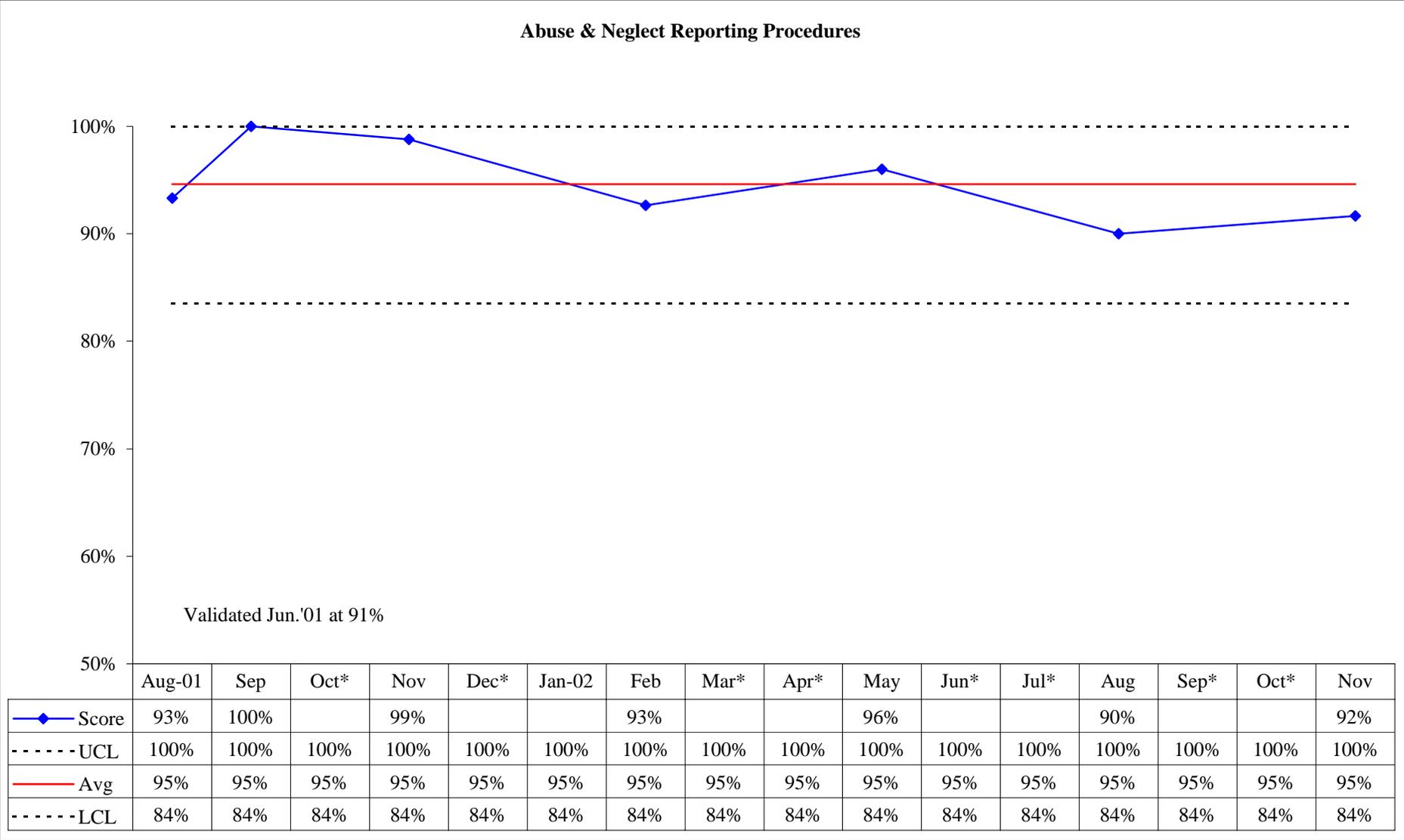
*No scores reported to MDS.

Measure 2C - Abuse and Neglect Reporting Procedures Followed
Rusk State Hospital



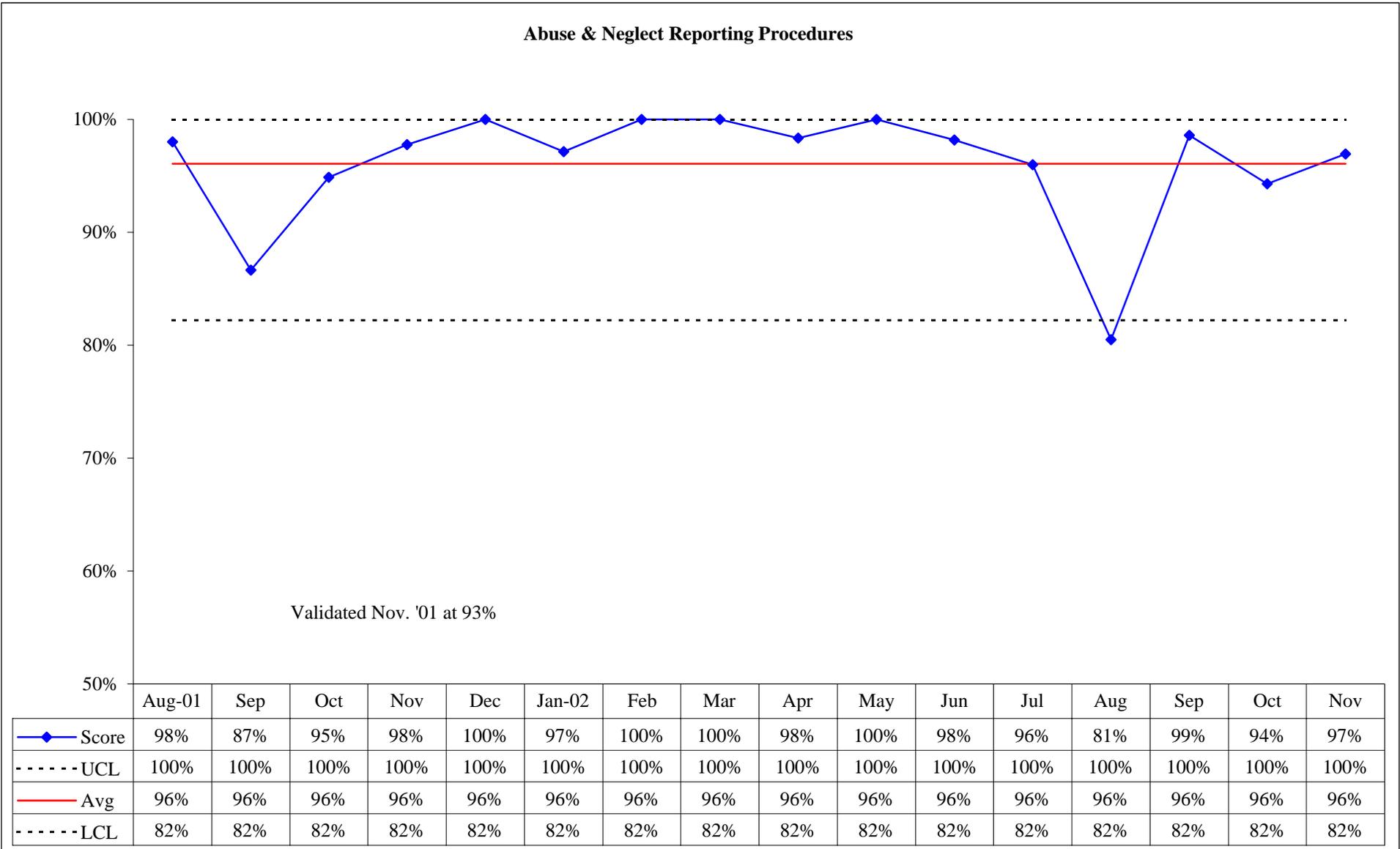
*No scores reported to MDS.

**Measure 2C - Abuse and Neglect Reporting Procedures Followed
San Antonio State Hospital**

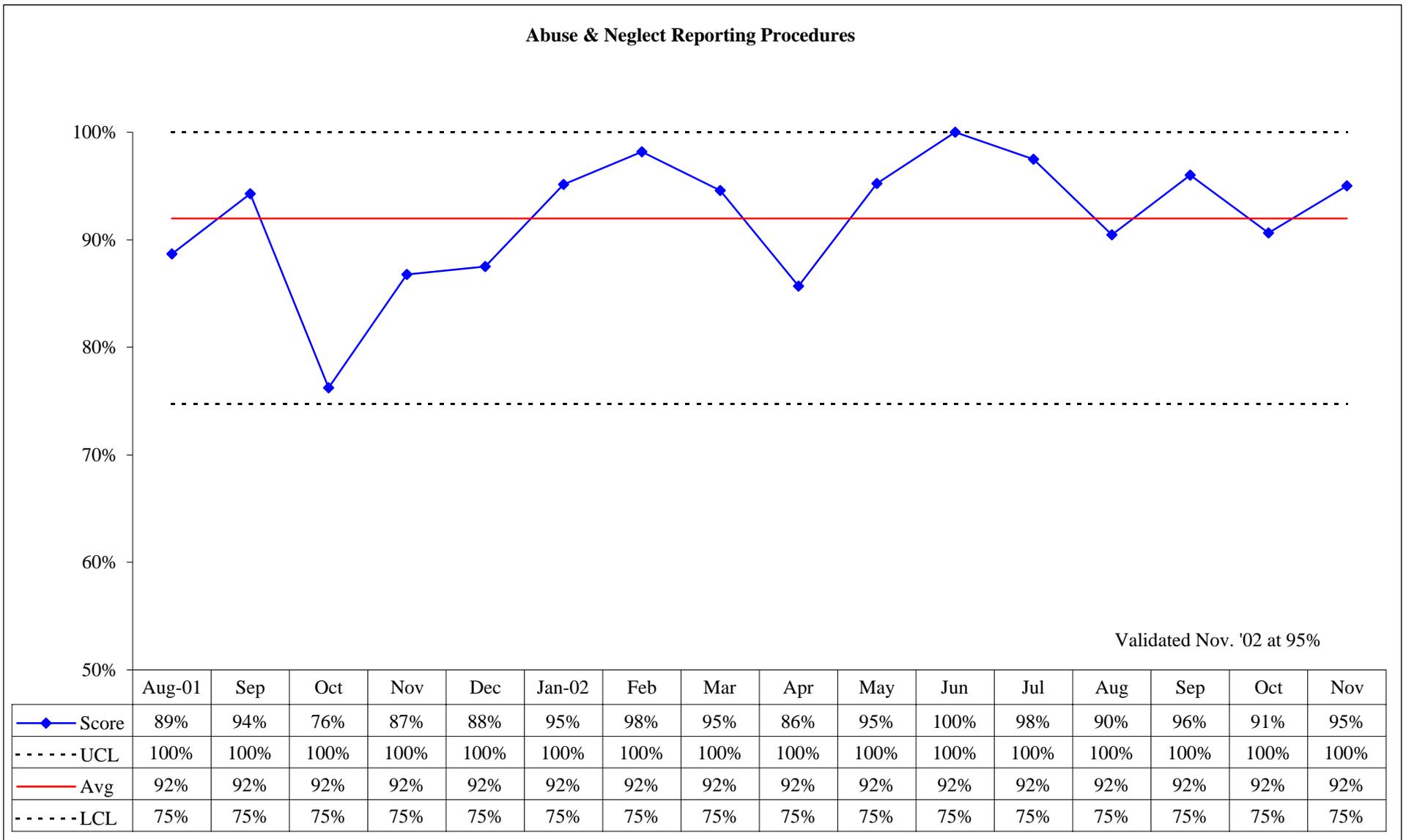


*No scores reported to MDS.

**Measure 2C - Abuse and Neglect Reporting Procedures Followed
Terrell State Hospital**



**Measure 2C - Abuse and Neglect Reporting Procedures Followed
Waco Center for Youth**



GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3A: Patients will be treated in accordance with TIMA guidelines as measured by:

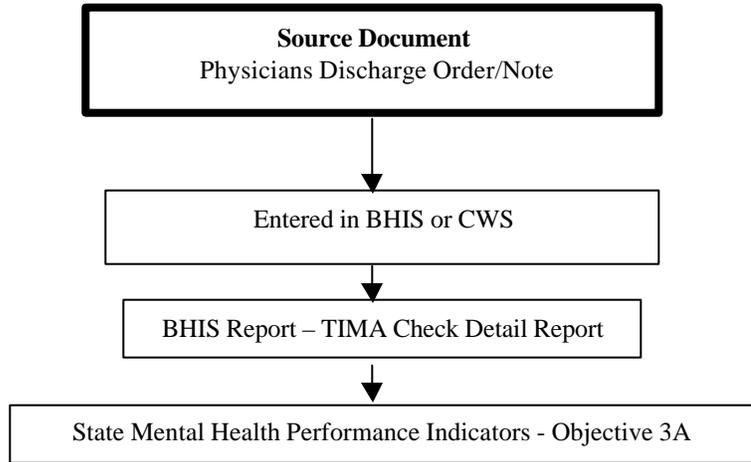
- 1. Adherence to use of TIMA progress notes documented (audit of a sample of records of patients on algorithms will be conducted quarterly).**
- 2. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge.**

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

Performance Objective Formula: $R = N/D$
 R = rate of patients that are tracked by TIMA
 N = patients with episodes that are tracked by TIMA
 D = patients with episodes that should be tracked by TIMA

- Performance Objective Data Display and Chart Description:**
- Table shows the percent of patients with episodes that are tracked by TIMA for individual facilities and system-wide.
 - Chart with monthly data of percent of patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients with episodes that are tracked for individual facilities and system-wide.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review
Monitoring Instrument	BHIS TIMA Check Detail Report and DIR Tally Sheet
Description of Review Process	Compare the Physician Discharge Order to the TIMA Report
Facility/EVT Sample Size	In a given quarter, a random sample of 29 patients from the TIMA Report.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	Less than 80%
DRI/EVT Report	Summary of findings

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

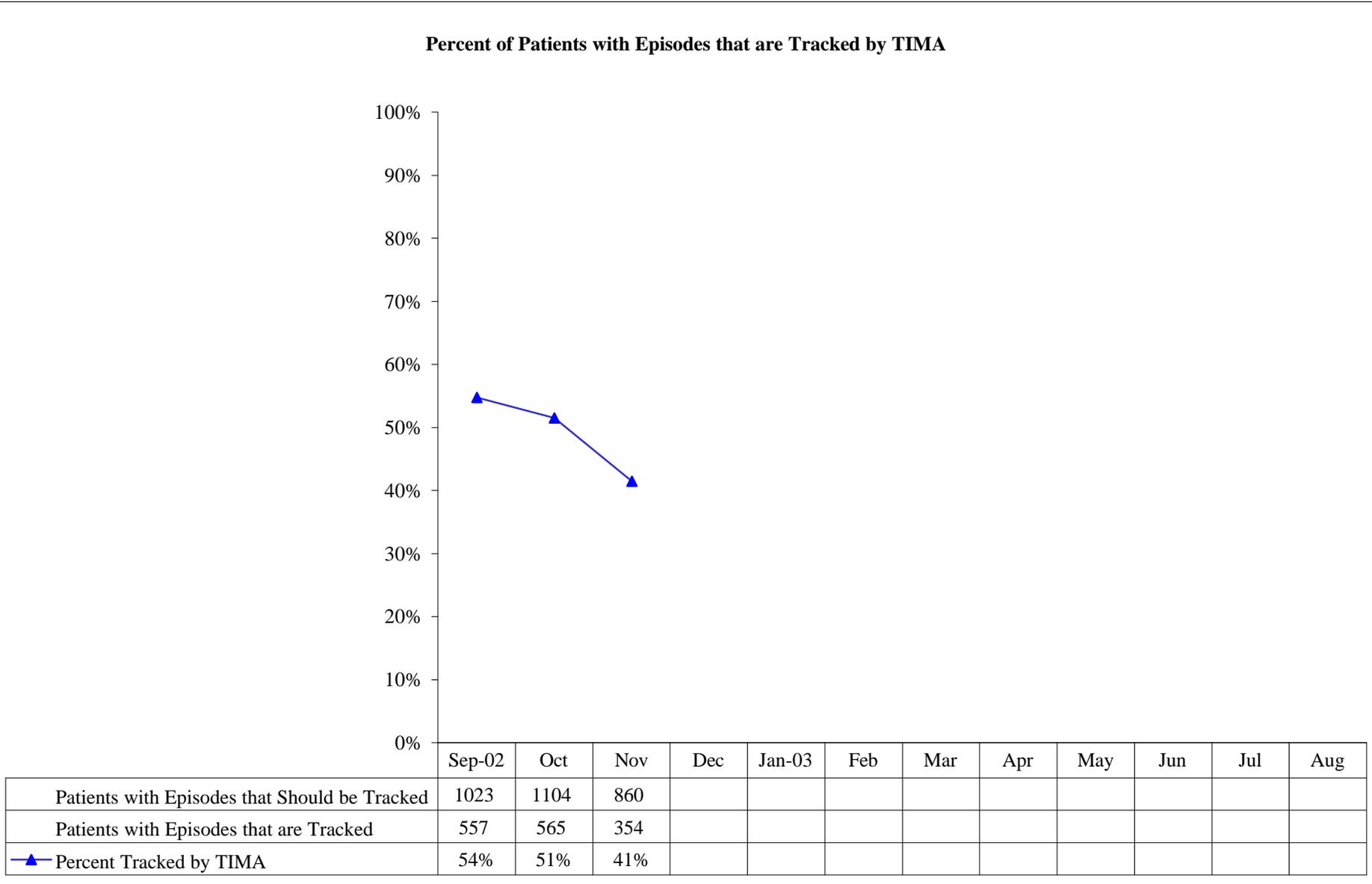
Percent of Patients with Episodes that are Tracked by TIMA - FY03

Facility	Sep	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
ASH	71%	66%	32%									
BSSH	48%	48%	53%									
EPPC	0%	0%	0%									
KSH	73%	77%	24%									
NTSH	55%	58%	53%									
RGSC	34%	0%	0%									
RSH	57%	68%	61%									
SASH	64%	63%	68%									
TSH	57%	51%	54%									
All MH	54%	51%	41%									

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

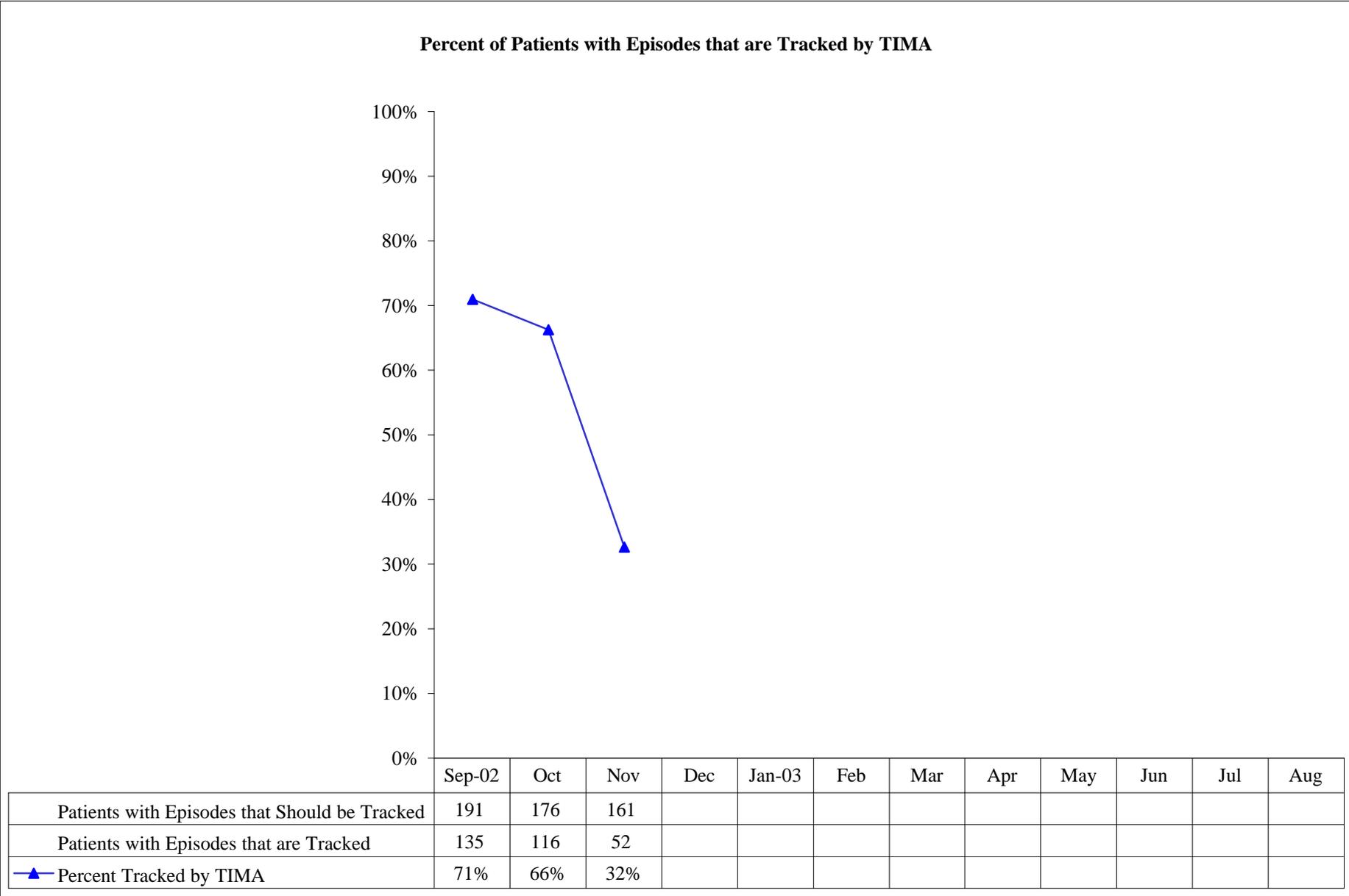
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

All MH Facilities



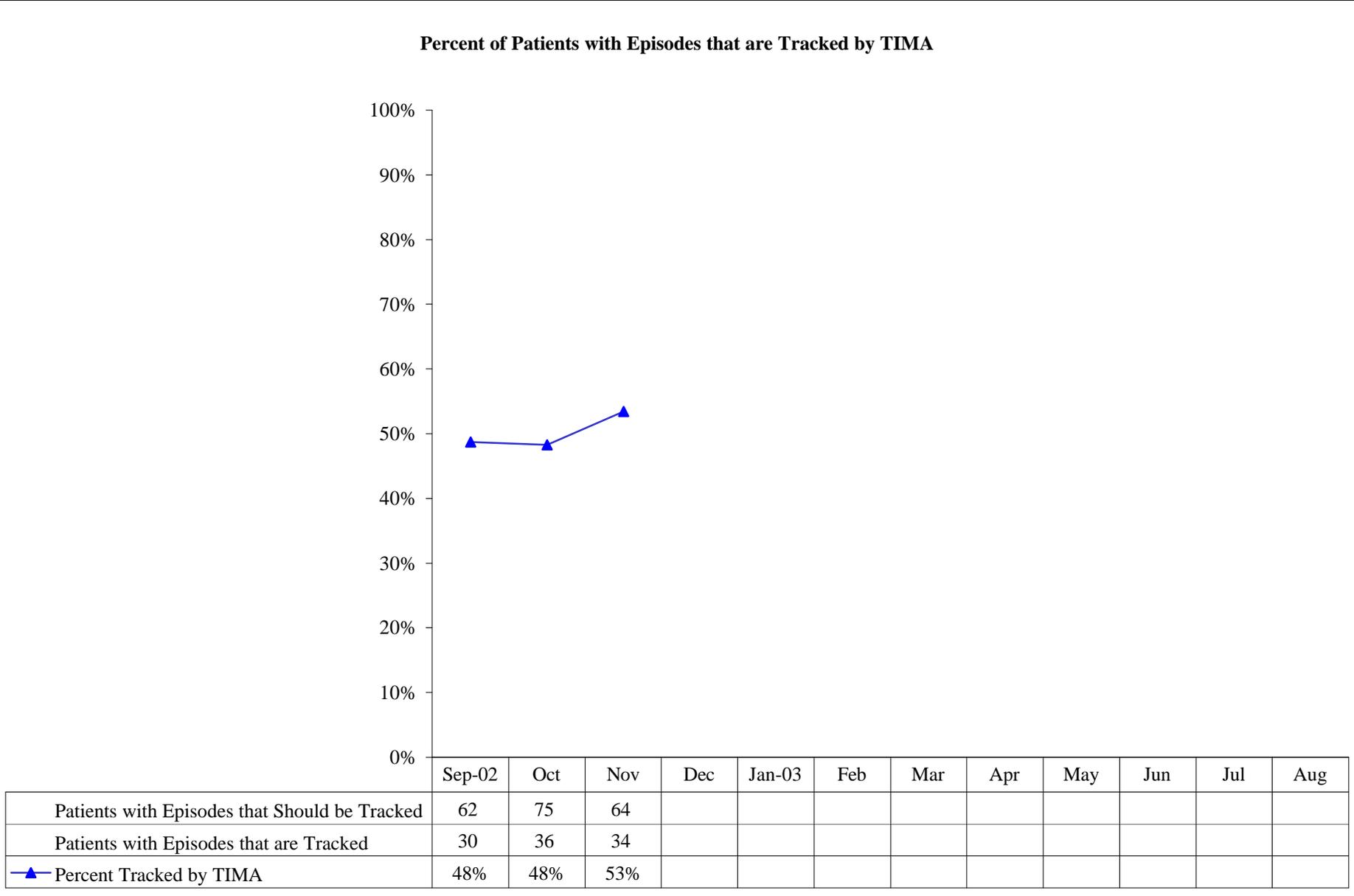
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

Austin State Hospital



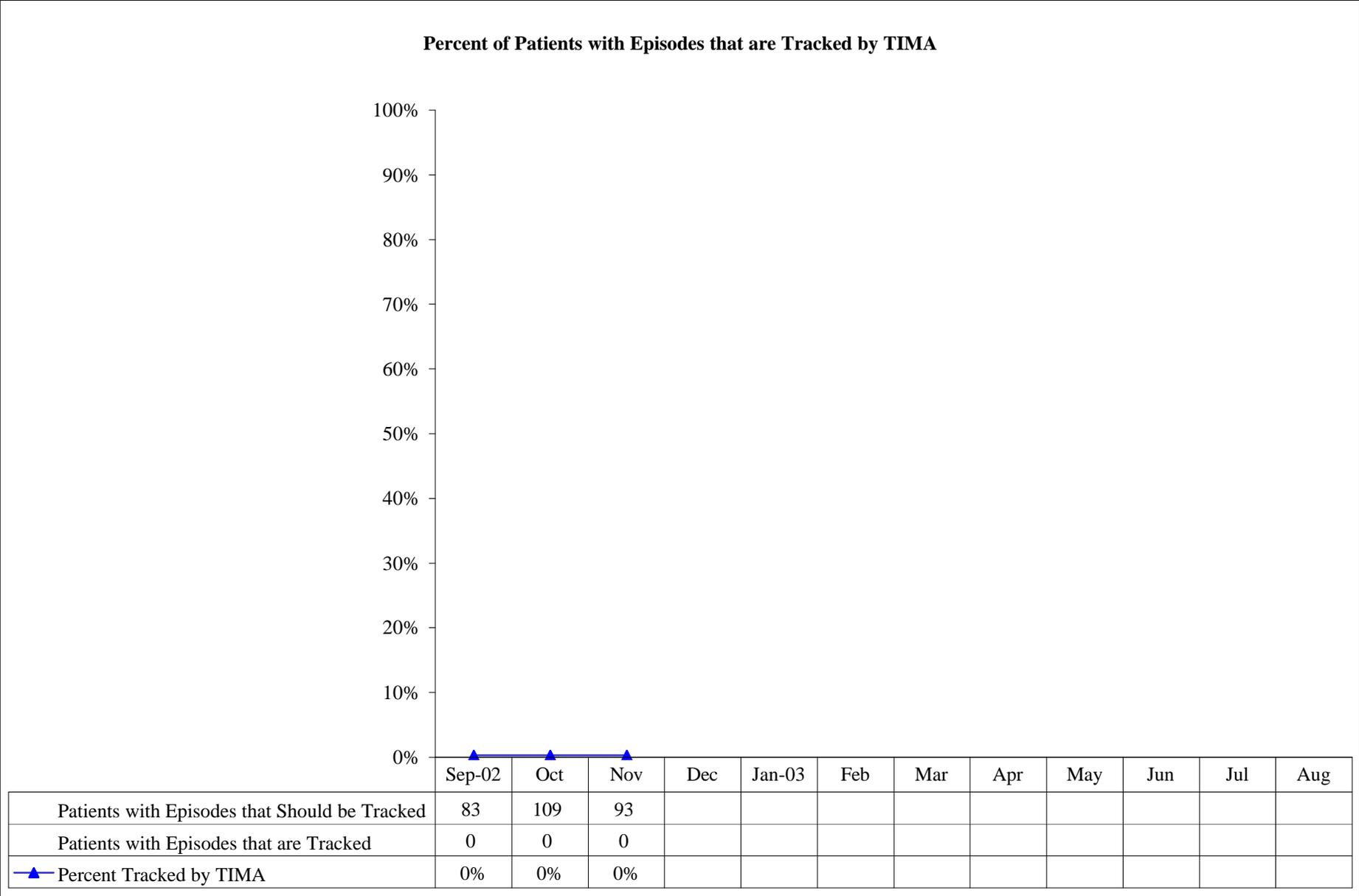
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

Big Spring State Hospital



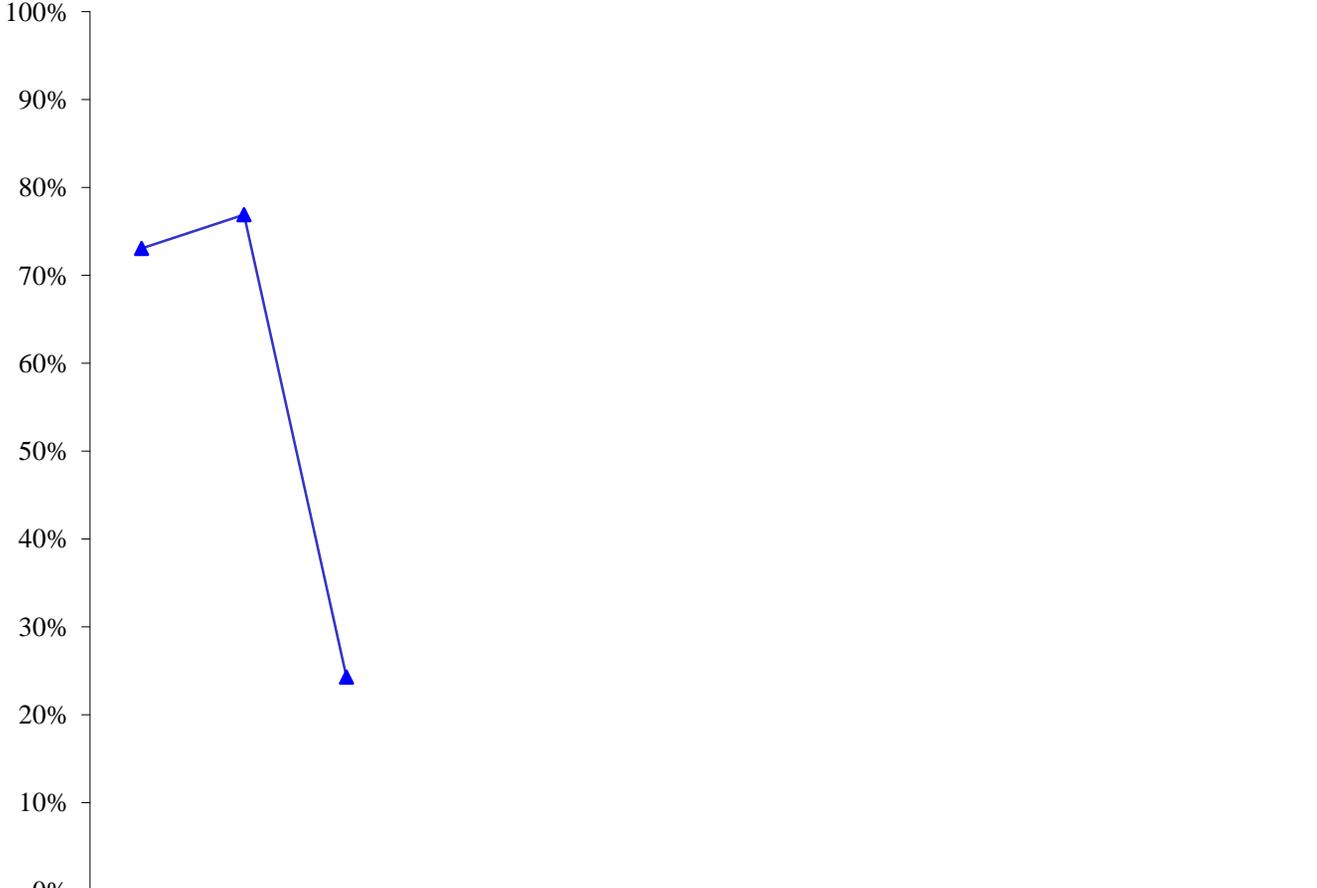
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

El Paso Psychiatric Center



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

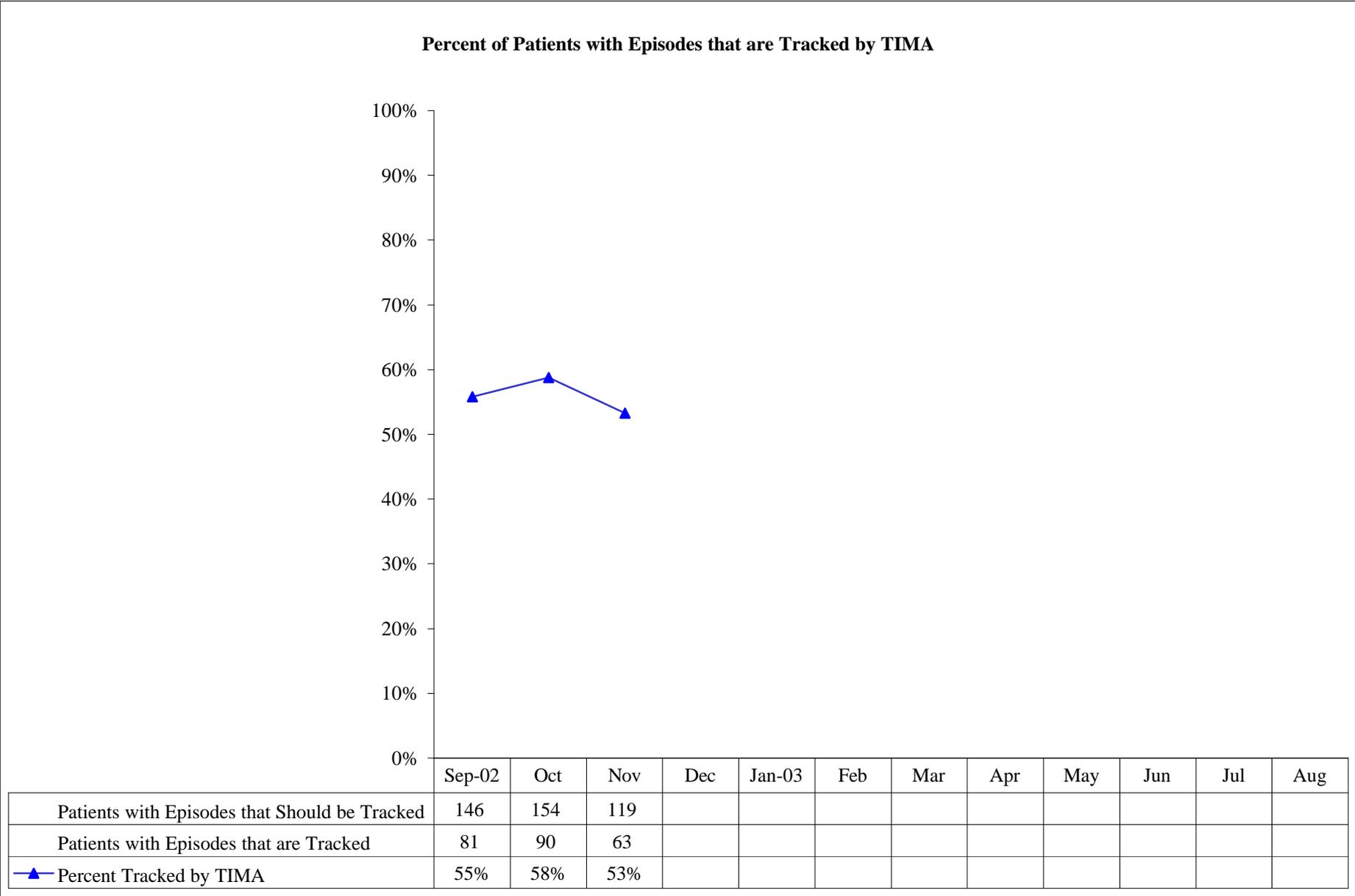
Percent of Patients with Episodes that are Tracked by TIMA



	Sep-02	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun	Jul	Aug
Patients with Episodes that Should be Tracked	44	47	25									
Patients with Episodes that are Tracked	32	36	6									
▲ Percent Tracked by TIMA	73%	77%	24%									

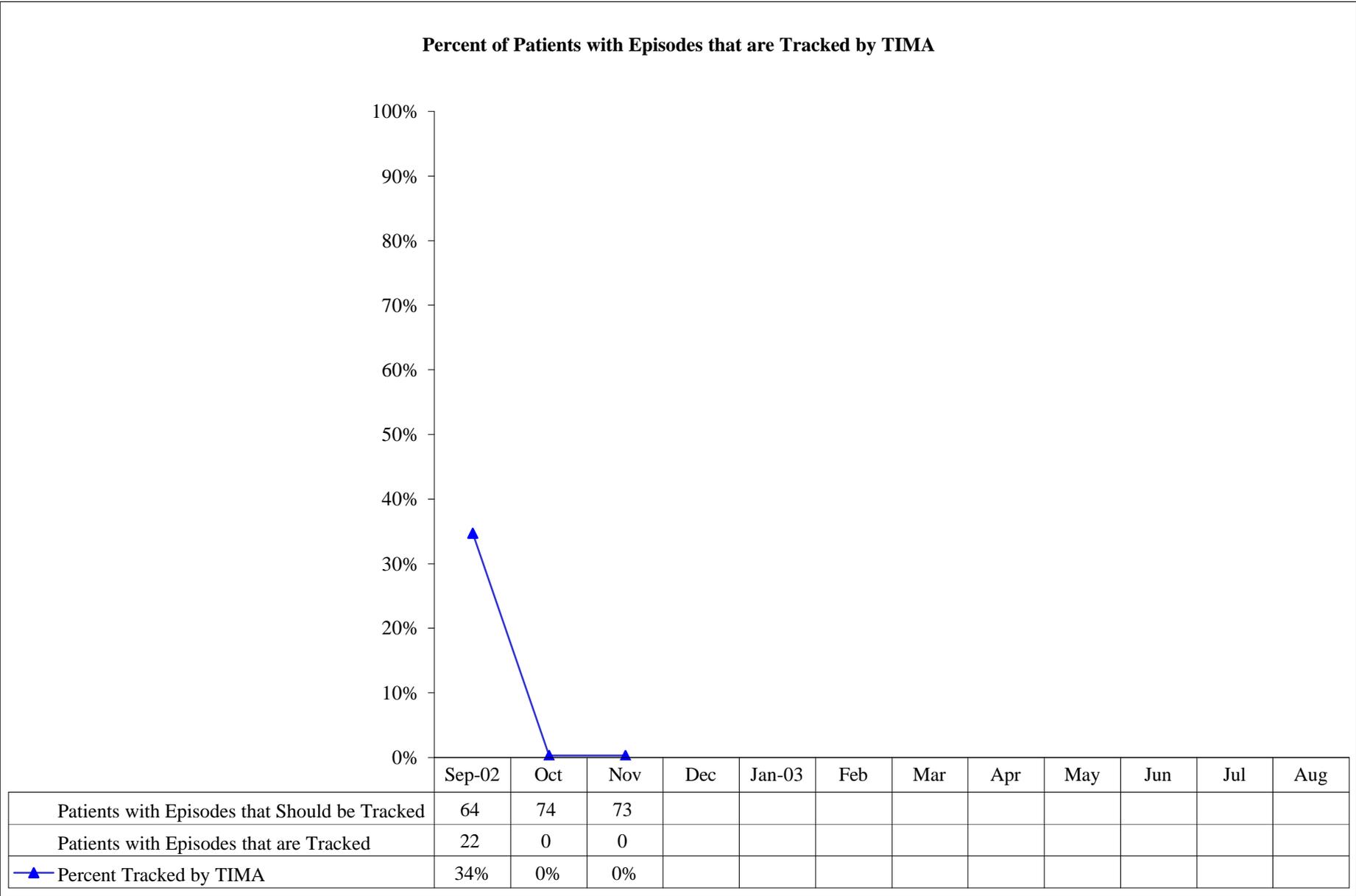
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

North Texas State Hospital



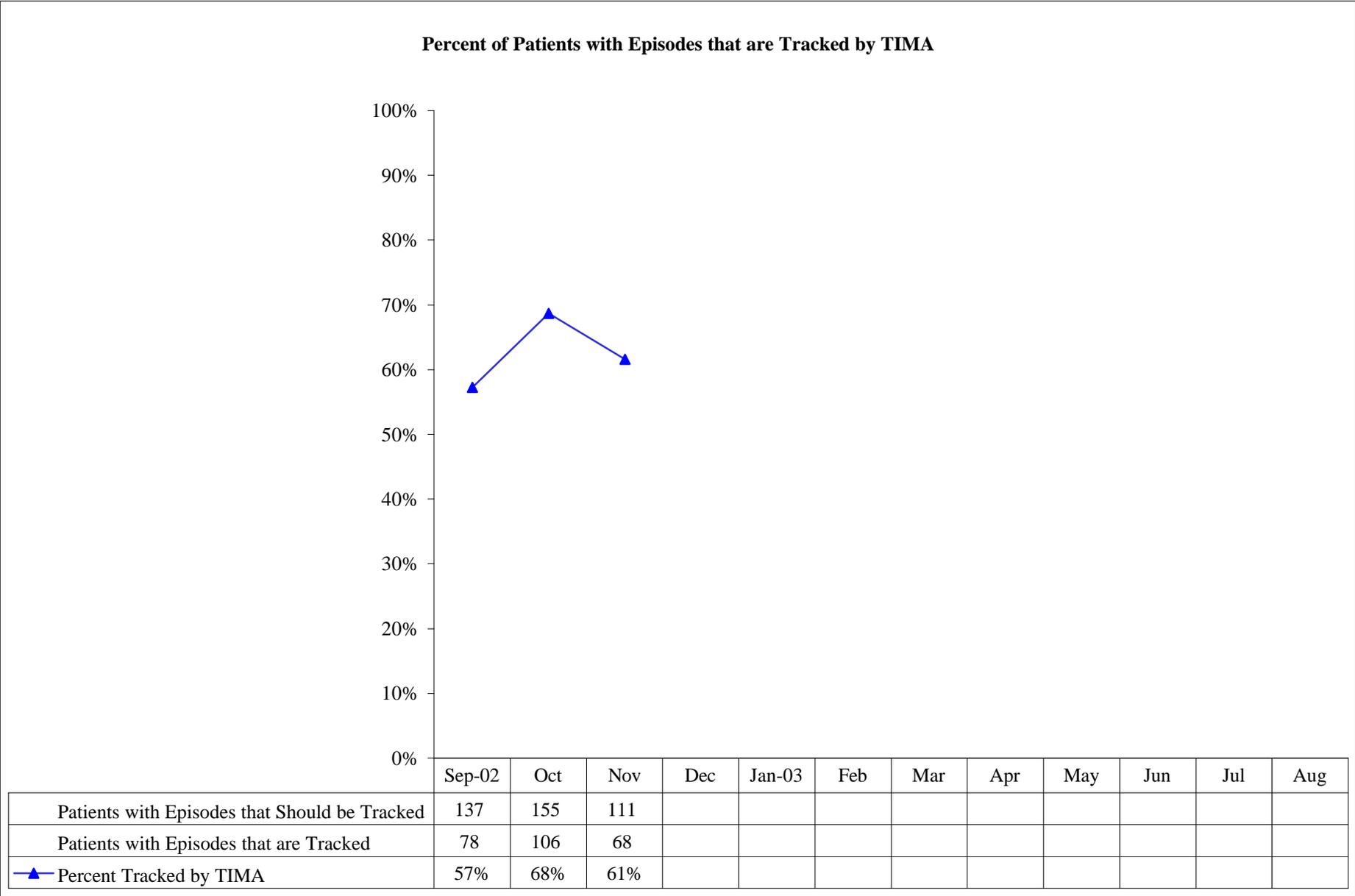
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

Rio Grande State Center



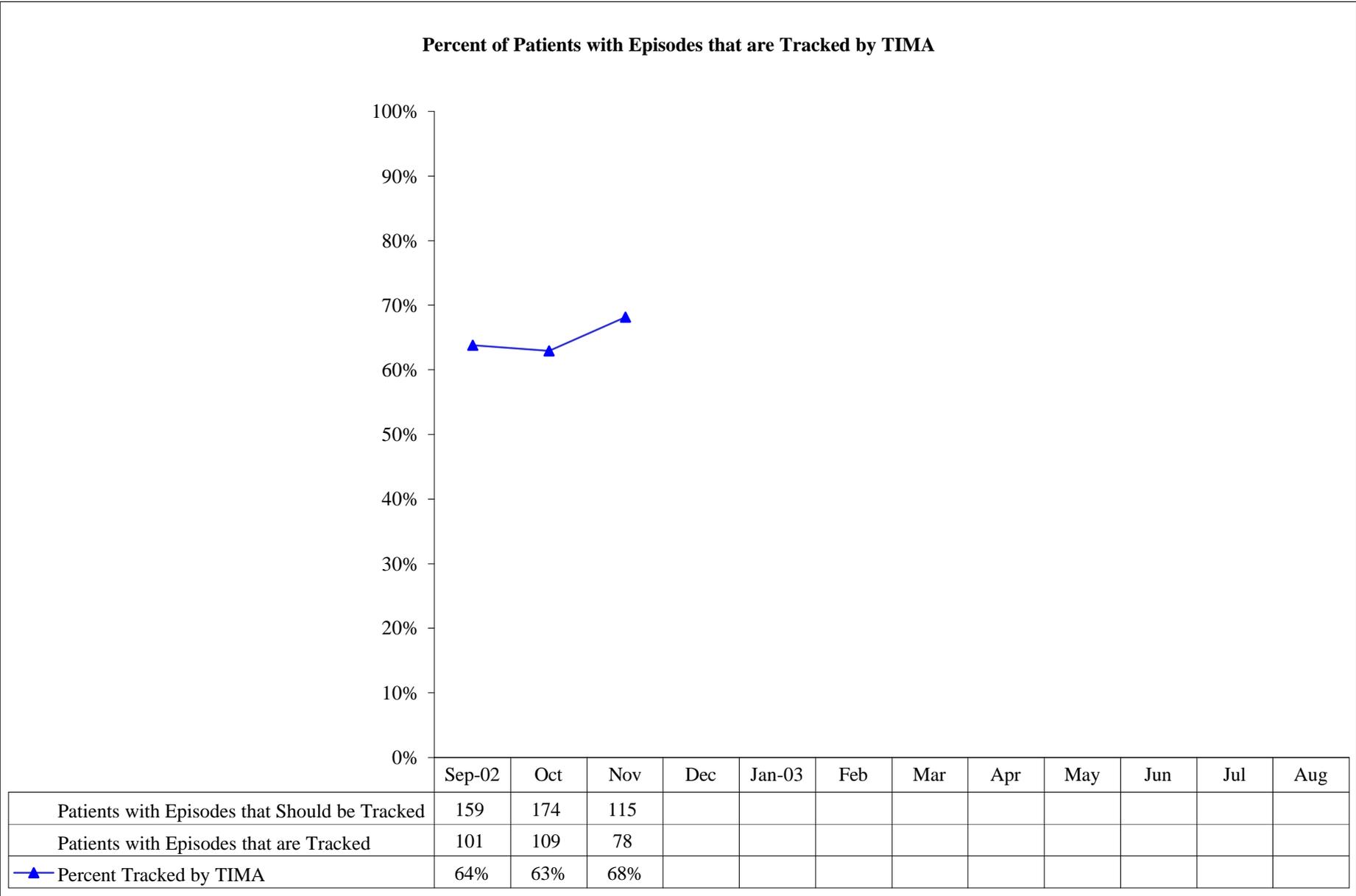
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

Rusk State Hospital



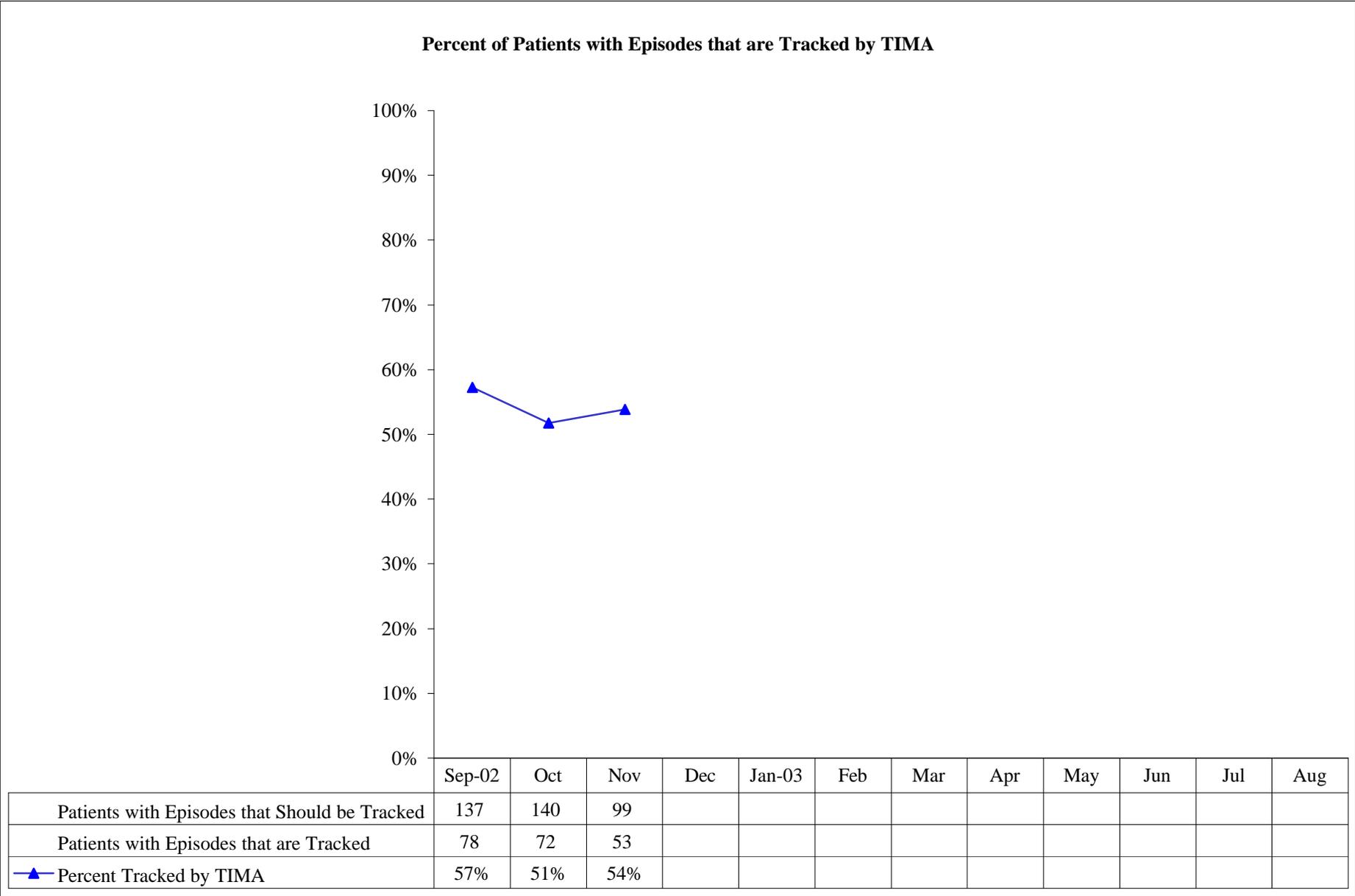
Objective 3A - Texas Implementation of Medication Algorithm (TIMA)

San Antonio State Hospital



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

Terrell State Hospital



Performance Objective 3B: State mental health facilities will continue to develop strategies to decrease the use of restraint and seclusion. Efforts will be made to improve the specificity and accuracy of the restraint and seclusion data during FY03. Episodes will be reported by type: Personal, Mechanical and Seclusion.

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

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

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

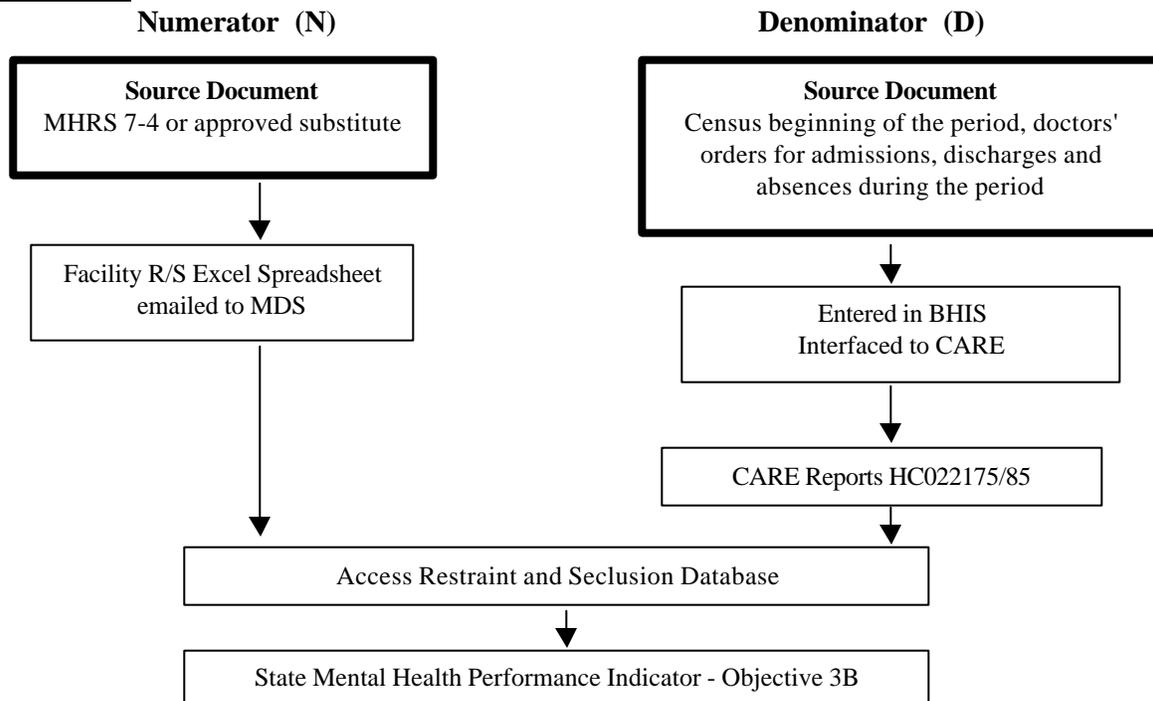
N = number of restraint and seclusion incidents and number of persons involved in restraint/seclusion

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

Performance Objective Data Display and Chart Description:

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

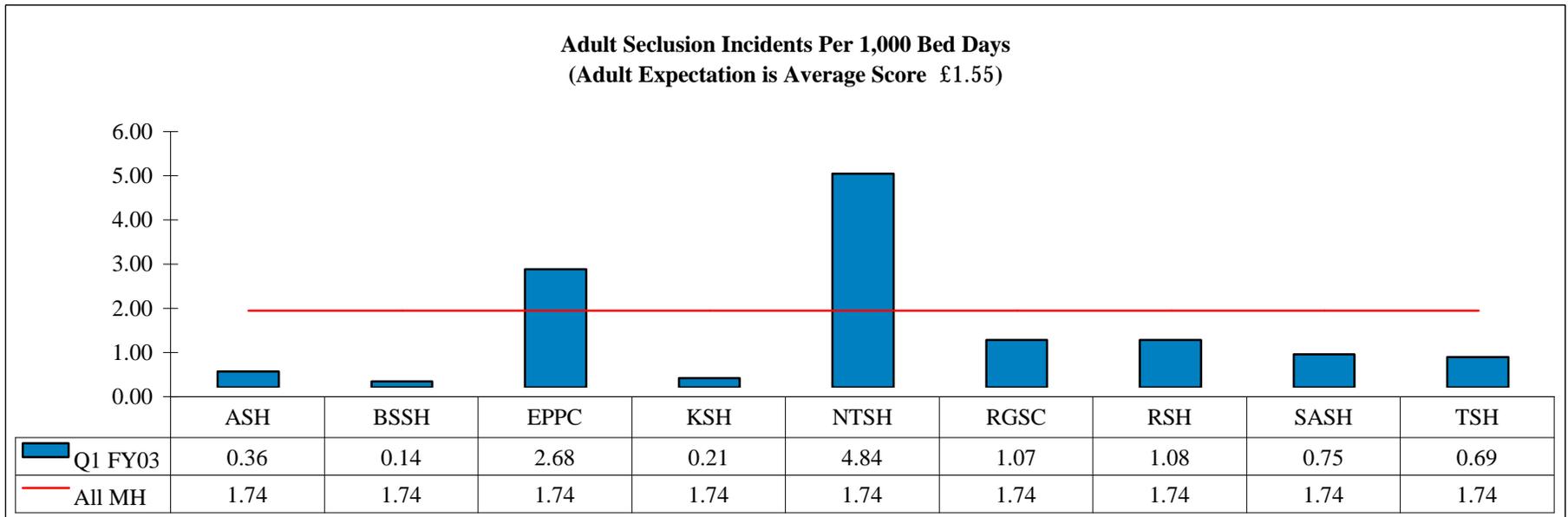
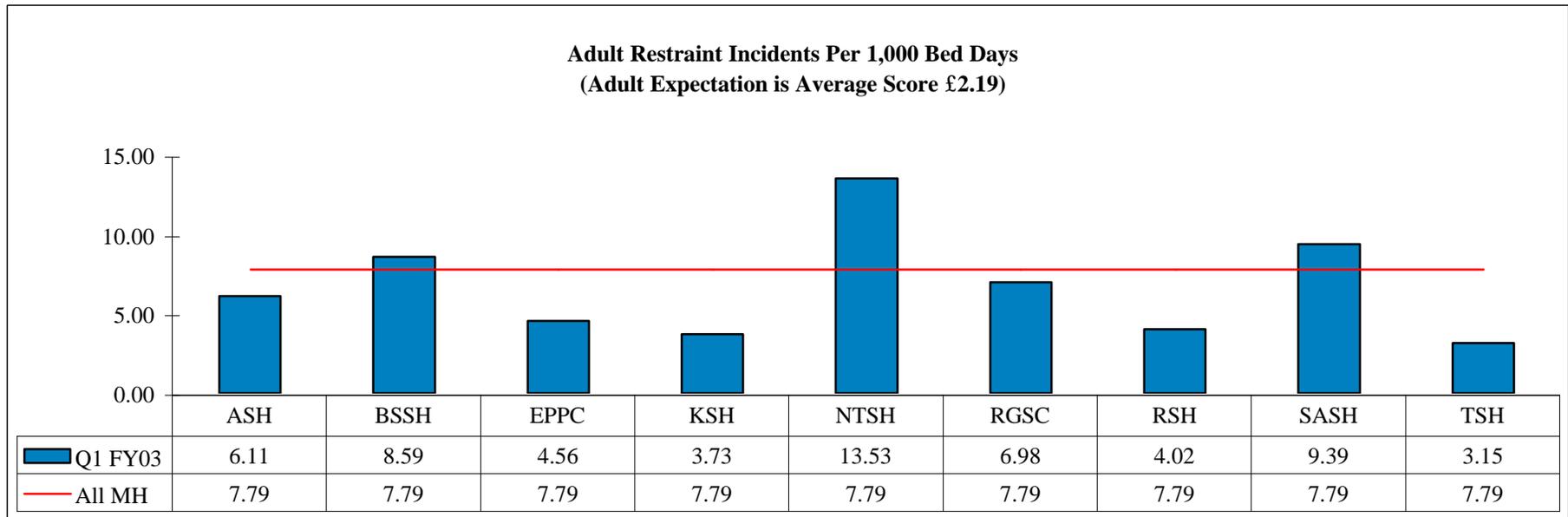
Data Flow:



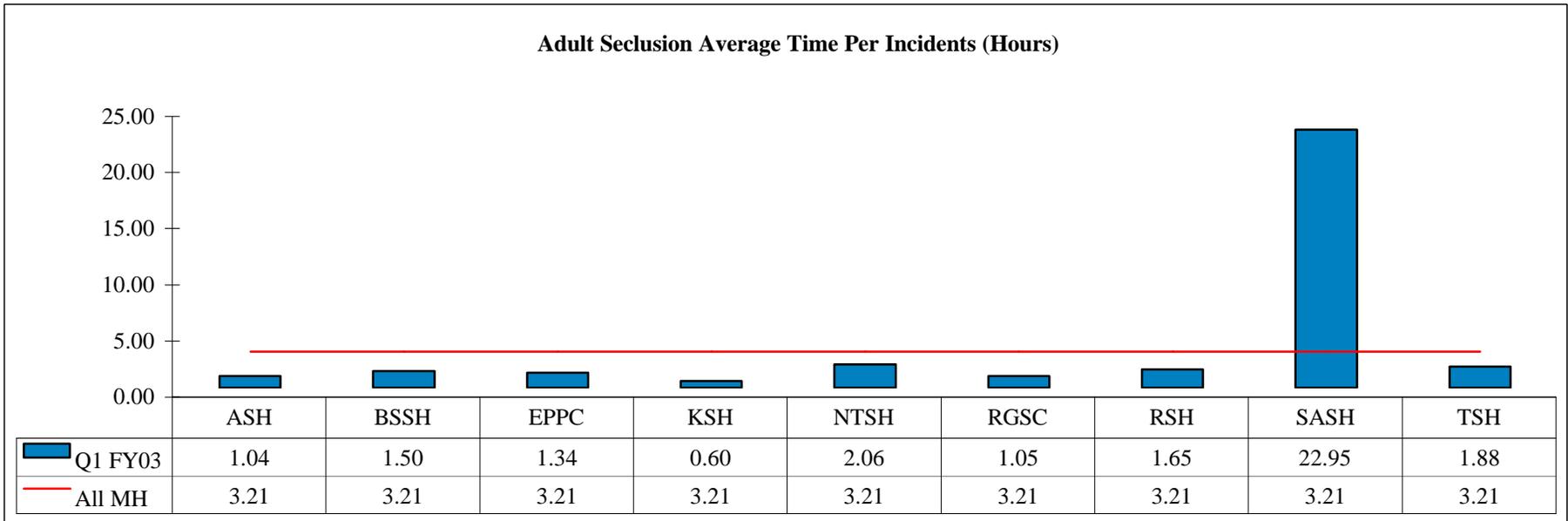
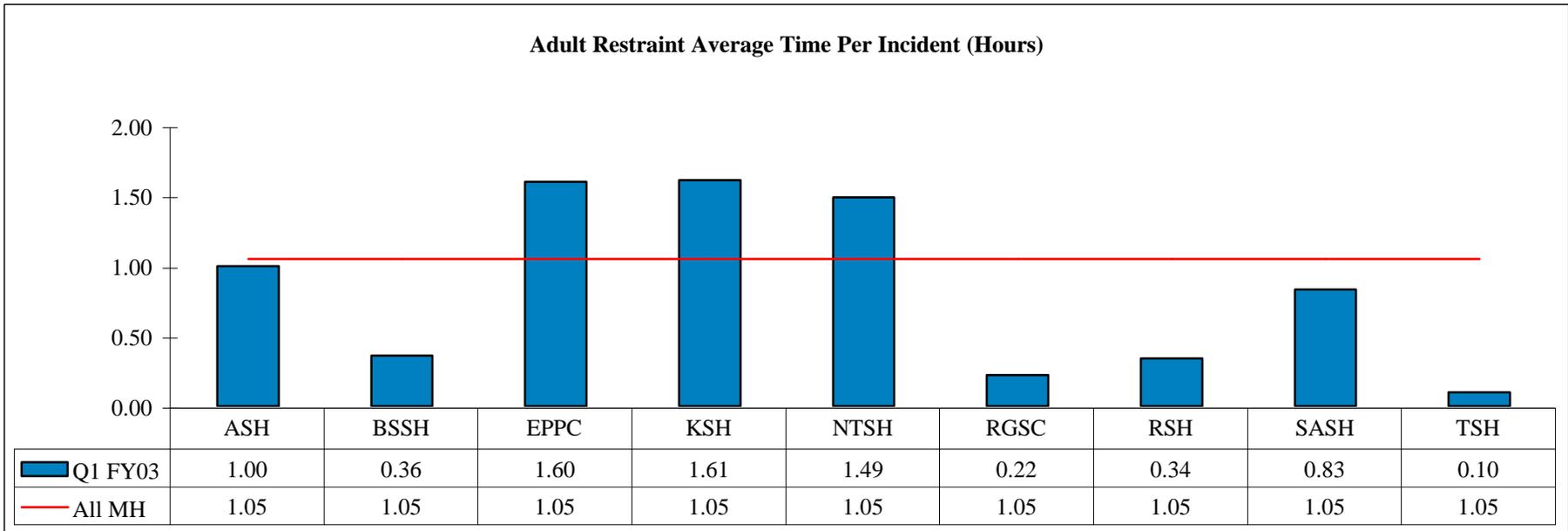
Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Use 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and to review only the associated restraint and seclusion events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

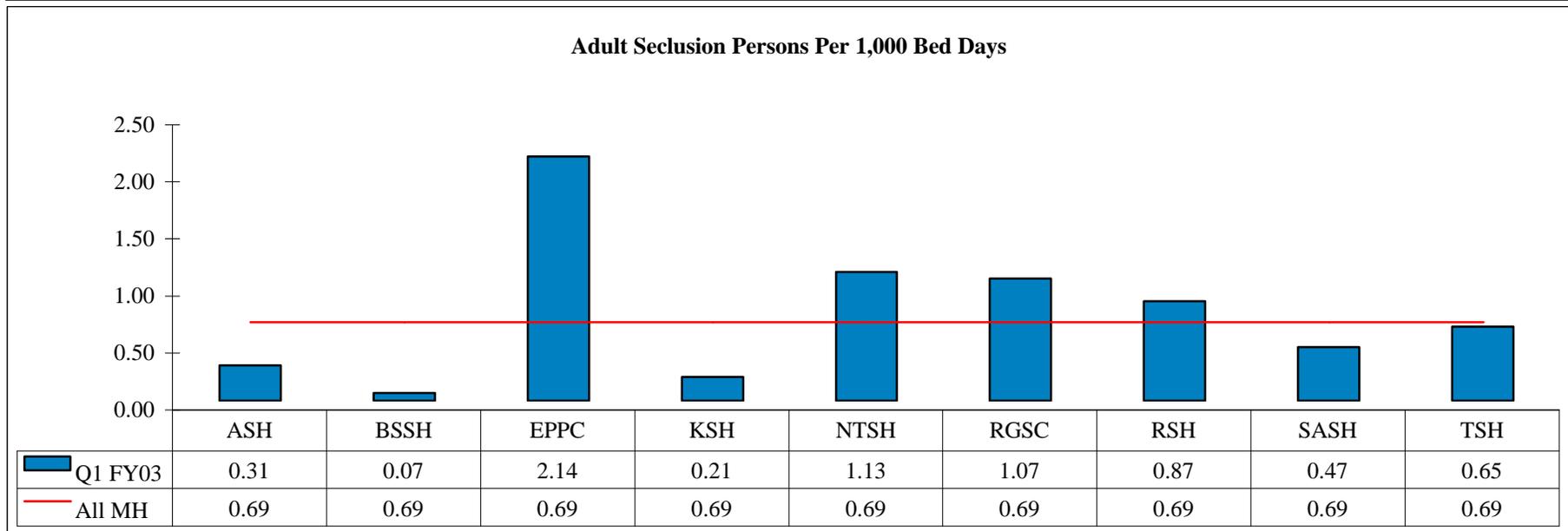
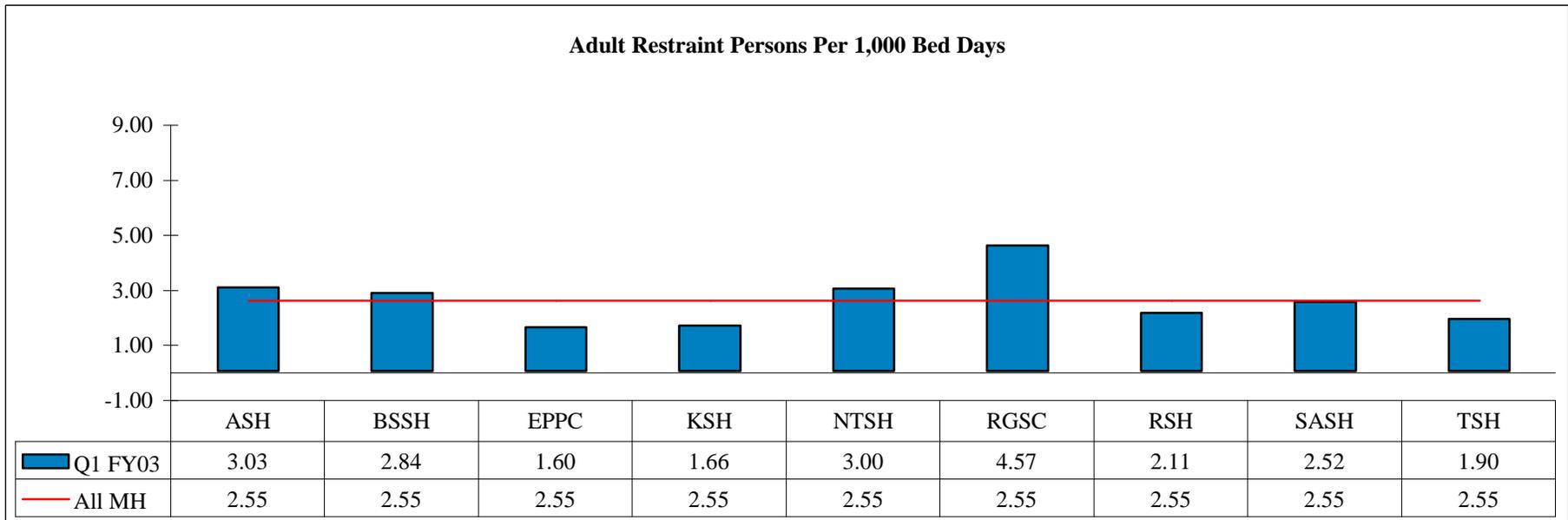
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



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



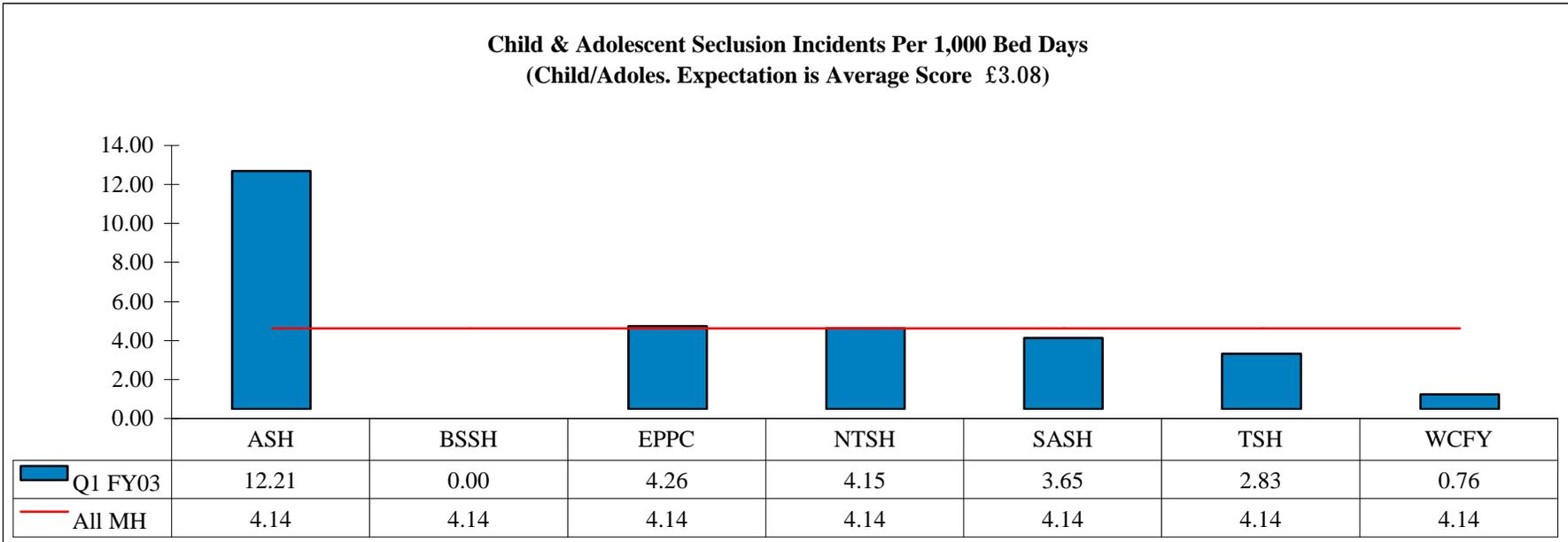
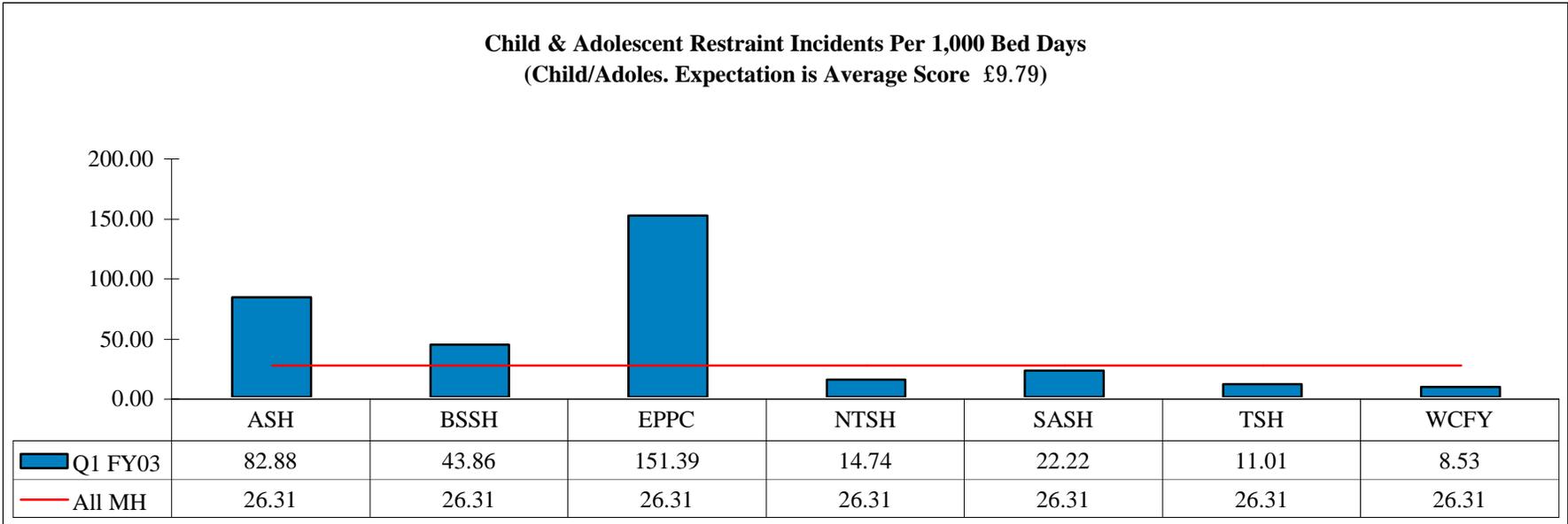
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



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

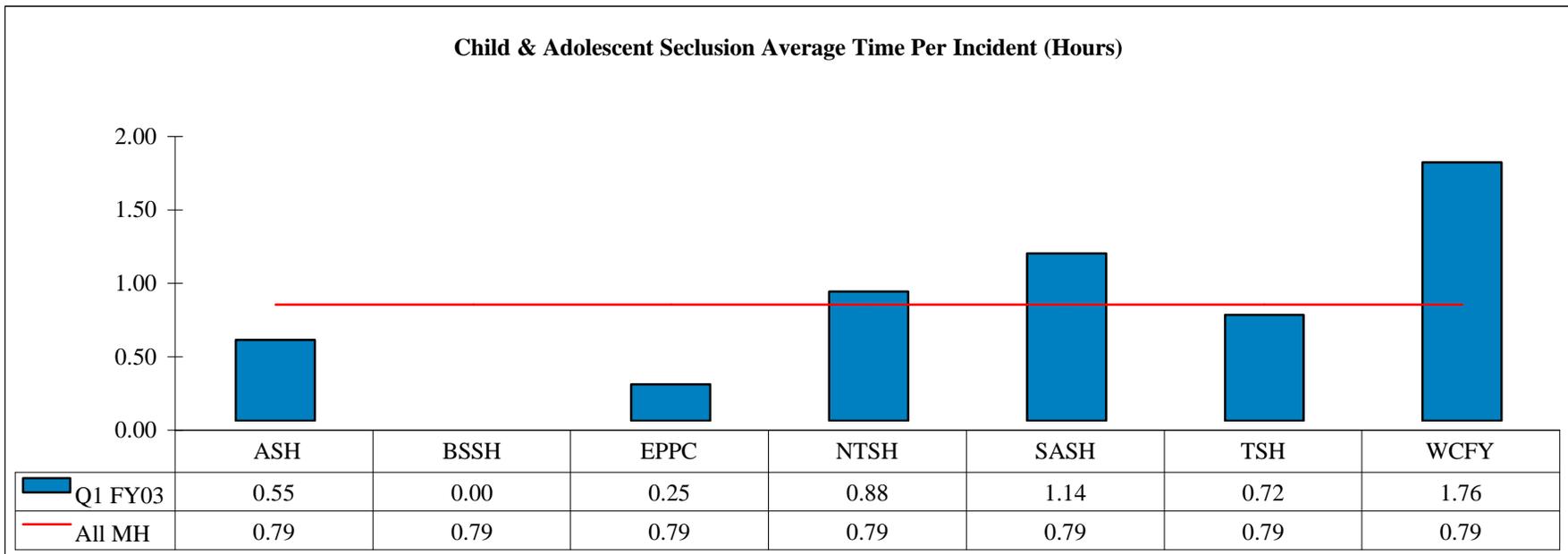
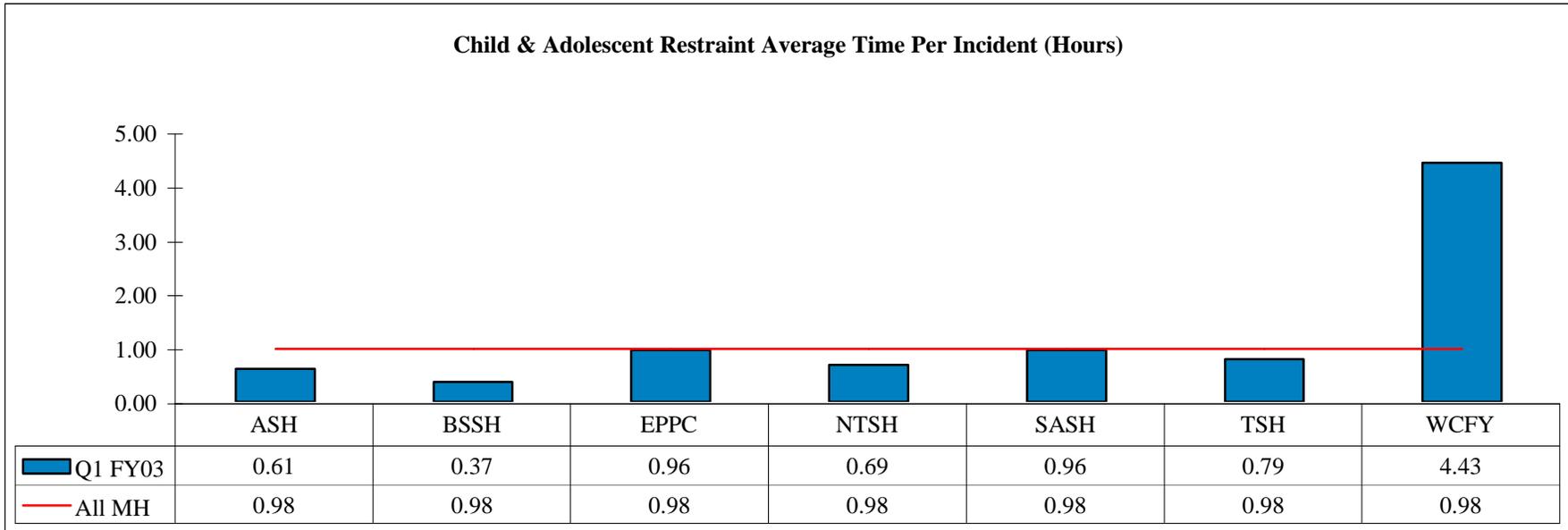
Objective 3B - Maintain Restraint and Seclusion Data

All MH Facilities



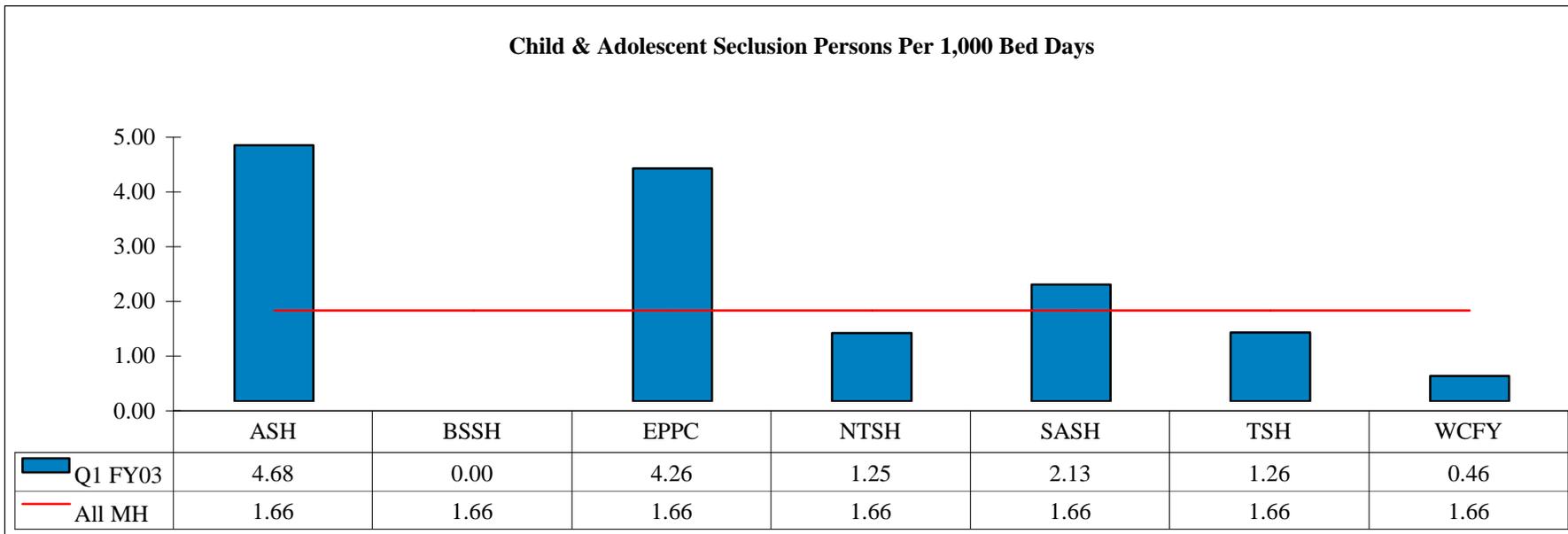
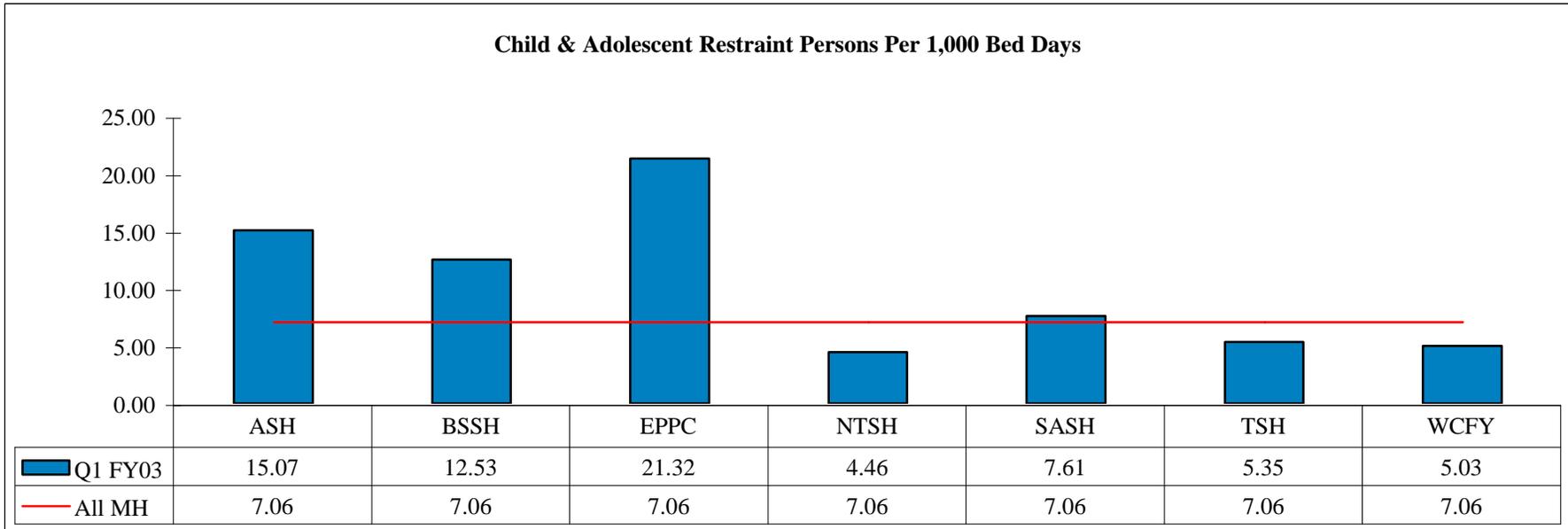
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)

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



Objective 3B - Maintain Restraint and Seclusion Data

All MH Facilities



Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY03

Fiscal Year 2003

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	3,849				3,849				3,849			
Bed Days in Quarter-All Other Units	22,414				22,414				22,414			
Restraint Involving Children	6				4				0.8			
Restraint Involving Adolescents	313				54				194.2			
Restraint Involving Adults	137				68				137.4			
Seclusion Involving Children	11				4				6.9			
Seclusion Involving Adolescents	36				14				18.8			
Seclusion Involving Adults	8				7				8.3			
Big Spring State Hospital												
Child/Adolescent Bed Days	798				798				798			
Bed Days in Quarter-All Other Units	14,785				14,785				14,785			
Restraint Involving Adolescents	35				10				12.9			
Restraint Involving Adults	127				42				46.1			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	2				1				3.0			
El Paso Psychiatric Center												
Child/Adolescent Bed Days	469				469				469			
Bed Days in Quarter-All Other Units	3,732				3,732				3,732			
Restraint Involving Children	0				0				0.0			
Restraint Involving Adolescents	71				10				68.2			
Restraint Involving Adults	17				6				27.2			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	2				2				0.5			
Seclusion Involving Adults	10				8				13.4			
Kerrville State Hospital												
Bed Days in Quarter	14,496				14,496				14,496			
Restraint Involving Adults	54				24				86.8			
Seclusion Involving Adults	3				3				1.8			

Personal Restraints Less Than 5 Minutes Included

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

Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY03

	Fiscal Year 2003											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	9,634				9,634				9,634			
Bed Days in Quarter-All Other Units	46,041				46,041				46,041			
Restraint Involving Children	24				4				10.6			
Restraint Involving Adolescents	118				39				87.0			
Restraint Involving Adults	623				138				925.2			
Seclusion Involving Children	21				3				18.4			
Seclusion Involving Adolescents	19				9				16.9			
Seclusion Involving Adults	223				52				458.5			
Rio Grande State Center												
Child/Adolescent Bed Days in Quarter	0				0				0			
Bed Days in Quarter-All Other Units	3,723				3,723				3,723			
Restraint Involving Adults	26				17				5.8			
Seclusion Involving Adults	4				4				4.2			
Rusk State Hospital												
Bed Days in Quarter	24,134				24,134				24,134			
Restraint Involving Adults	97				51				32.8			
Seclusion Involving Adults	26				21				42.8			
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	3,285				3,285				3,285			
Bed Days in Quarter-All Other Units	25,347				25,347				25,347			
Restraint Involving Adolescents	73				25				70.1			
Restraint Involving Adults	238				64				197.7			
Seclusion Involving Adolescents	12				7				13.7			
Seclusion Involving Adults	19				12				436.1			

Personal Restraints Less Than 5 Minutes Included

Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY03

	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	3,179				3,179				3,179			
Bed Days in Quarter-All Other Units	24,748				24,748				24,748			
Restraint Involving Children	0				0				0.0			
Restraint Involving Adolescents	35				17				27.7			
Restraint Involving Adults	78				47				8.1			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	9				4				6.5			
Seclusion Involving Adults	17				16				31.9			
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,565				6,565				6,565			
Restraint Involving Adolescents	56				33				248.1			
Seclusion Involving Adolescents	5				3				8.8			
All MH Facilities												
Child/Adolescent Bed Days	27,779				27,779				27,779			
Bed Days in Quarter-All Other Units	179,420				179,420				179,420			
Restraint Involving Children	30				8				11.4			
Restraint Involving Adolescents	701				188				708.2			
Restraint Involving Adults	1,397				457				1,467.1			
Seclusion Involving Children	32				7				25.3			
Seclusion Involving Adolescents	83				39				65.2			
Seclusion Involving Adults	312				124				1,000.0			

Personal Restraints Less Than 5 Minutes Included

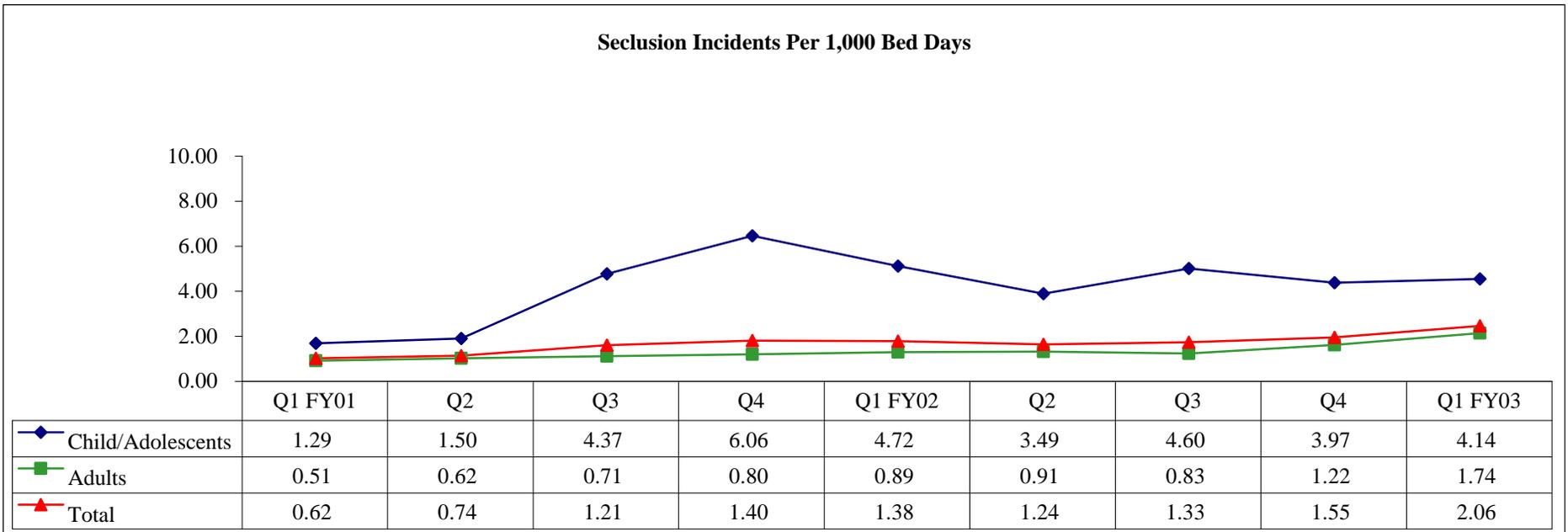
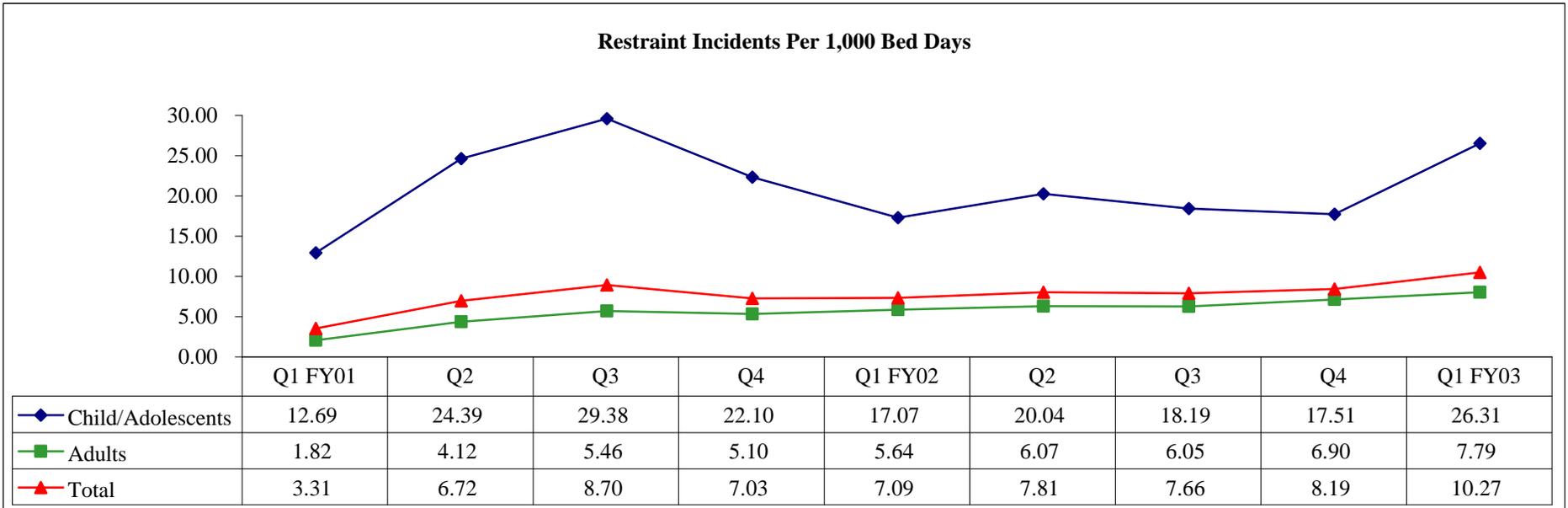
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities - FY03

Fiscal Year 2003

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	1				1			
< 5 Restraint Involving Adolescents	59				29			
< 5 Restraint Involving Adults	36				24			
Big Spring State Hospital								
< 5 Restraint Involving Adolescents	4				4			
< 5 Restraint Involving Adults	20				14			
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	0				0			
< 5 Restraint Involving Adults	1				1			
Kerrville State Hospital								
< 5 Restraint Involving Adults	32				19			
North Texas State Hospital								
< 5 Restraint Involving Children	2				2			
< 5 Restraint Involving Adolescents	10				6			
< 5 Restraint Involving Adults	235				103			
Rio Grande State Center								
< 5 Restraint Involving Adults	0				0			
Rusk State Hospital								
< 5 Restraint Involving Adults	60				39			
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	22				17			
< 5 Restraint Involving Adults	43				27			
Terrell State Hospital								
< 5 Restraint Involving Children	0				0			
< 5 Restraint Involving Adolescents	19				12			
< 5 Restraint Involving Adults	64				41			
Waco Center For Youth								
< 5 Restraint Involving Adolescents	18				13			
All MH Facilities								
< 5 Restraint Involving Children	3				3			
< 5 Restraint Involving Adolescents	132				81			
< 5 Restraint Involving Adults	491				268			

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

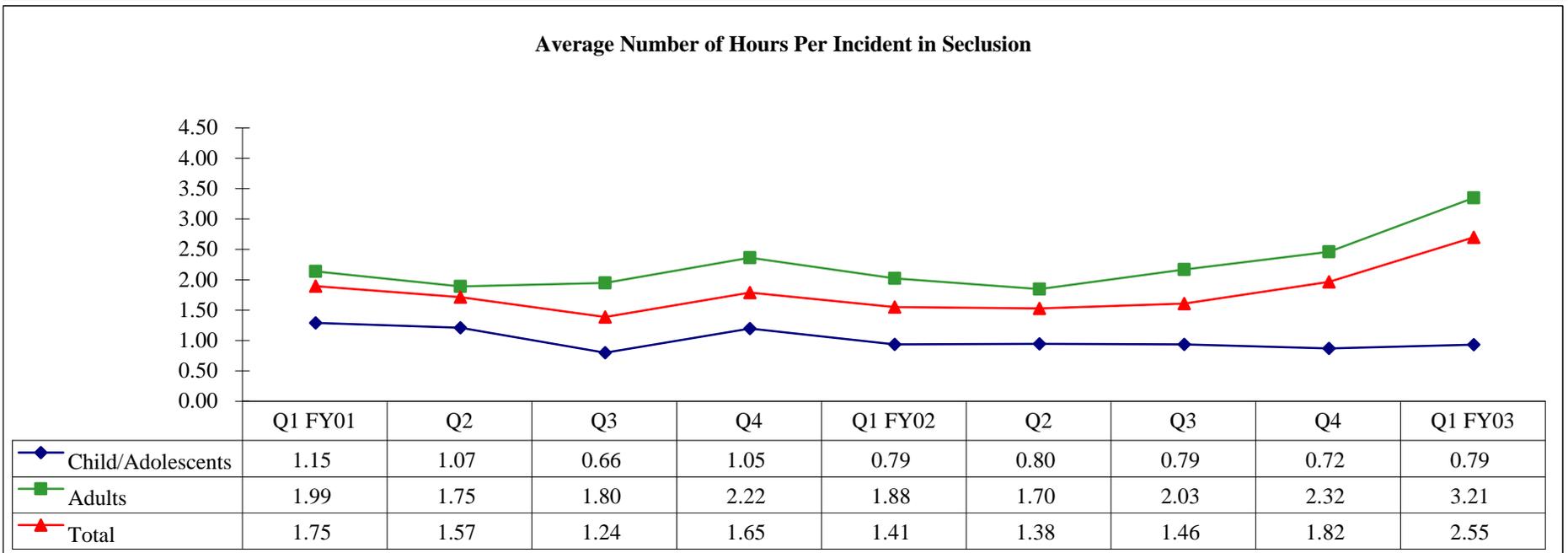
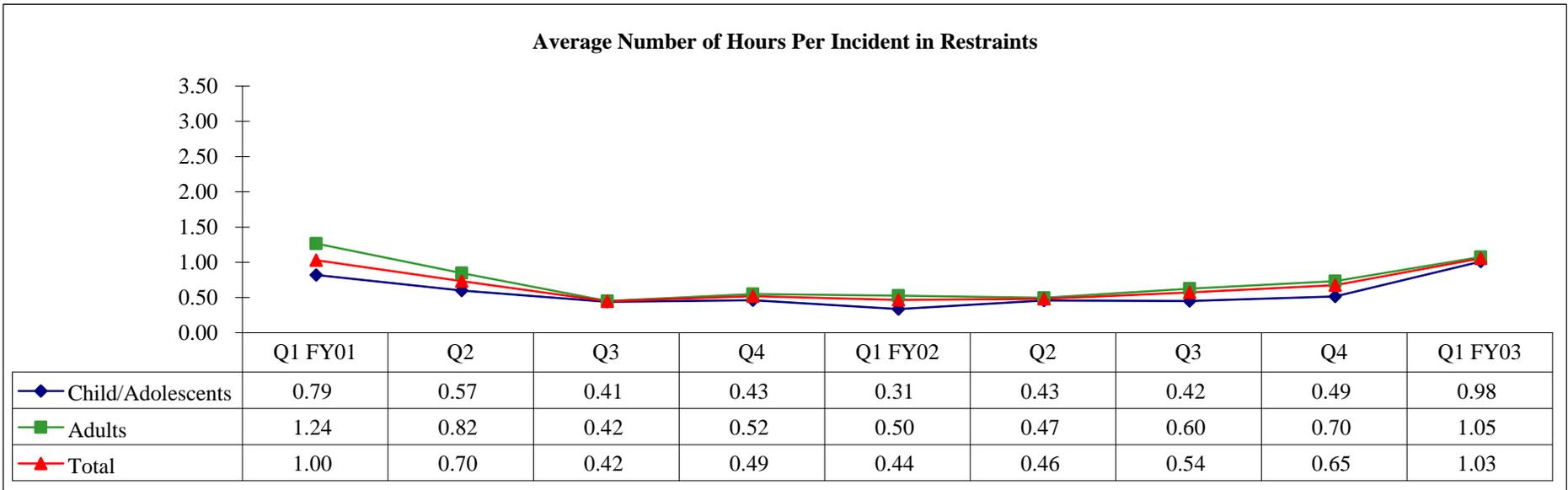
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



New Restraint/Seclusion Policy effective 1/01/01

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

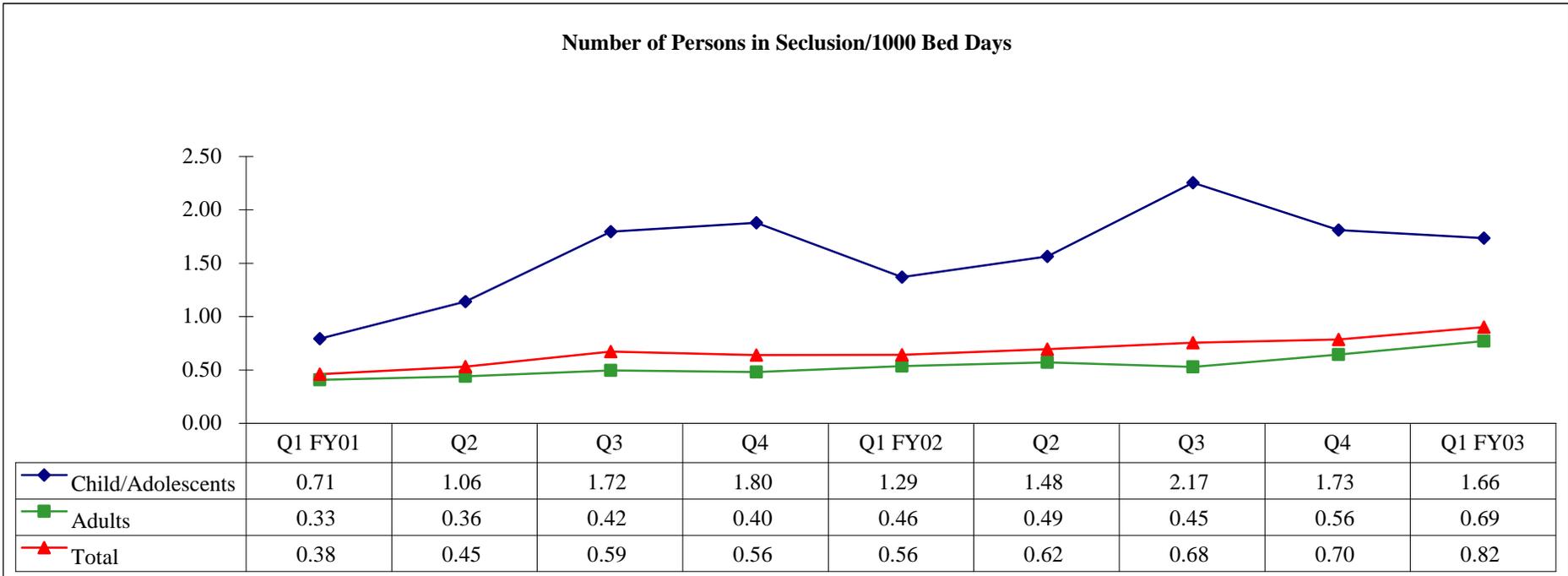
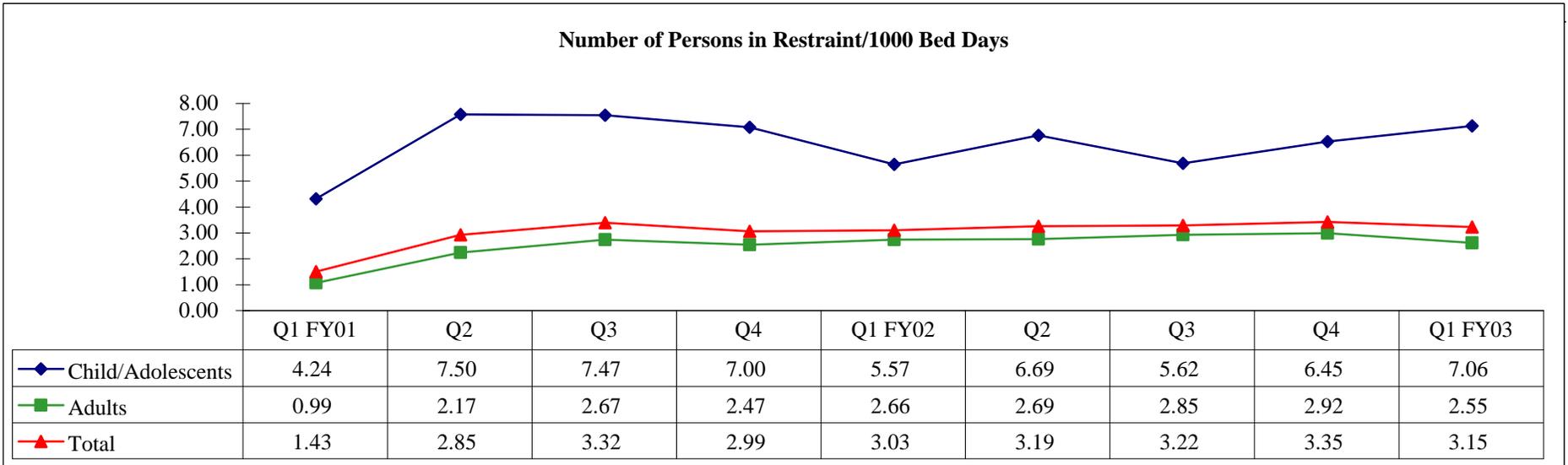
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



New Restraint/Seclusion Policy effective 1/01/01

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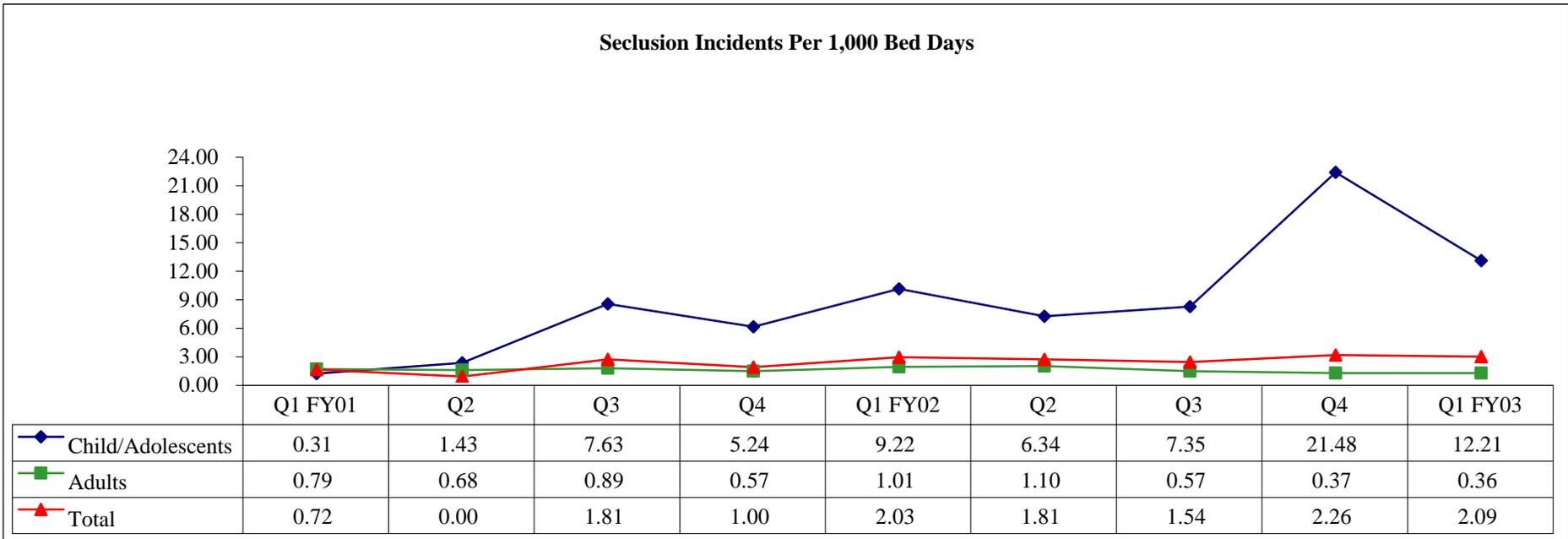
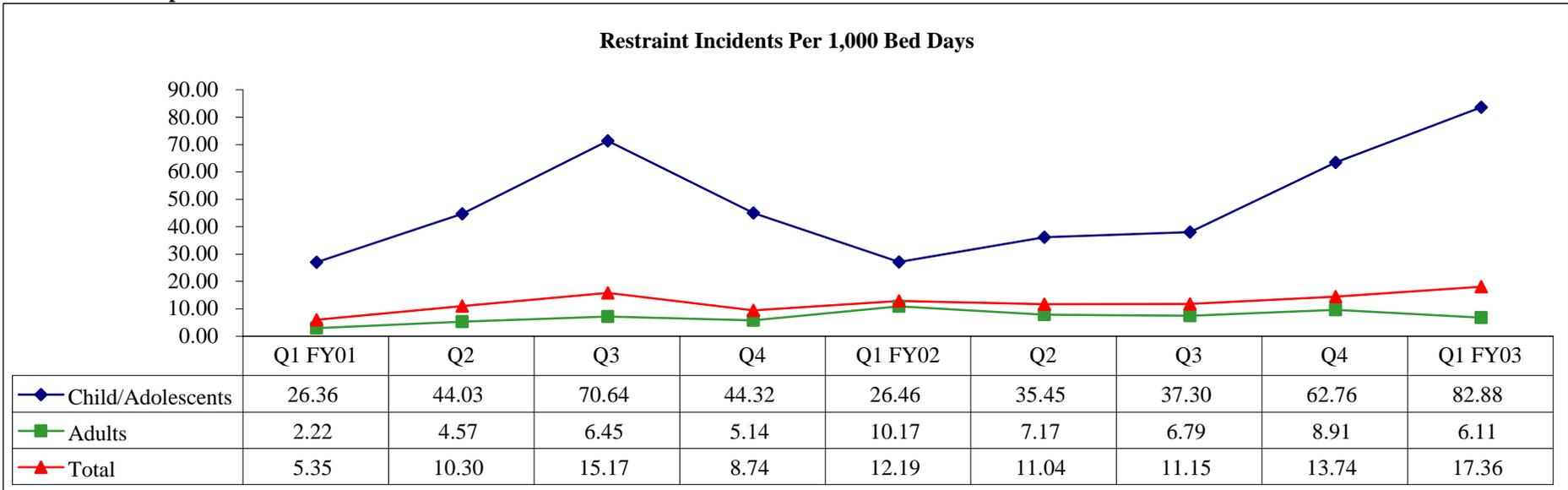
Objective 3B - Maintain Restraint and Seclusion Data
All MH Facilities



New Restraint/Seclusion Policy effective 1/01/01

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

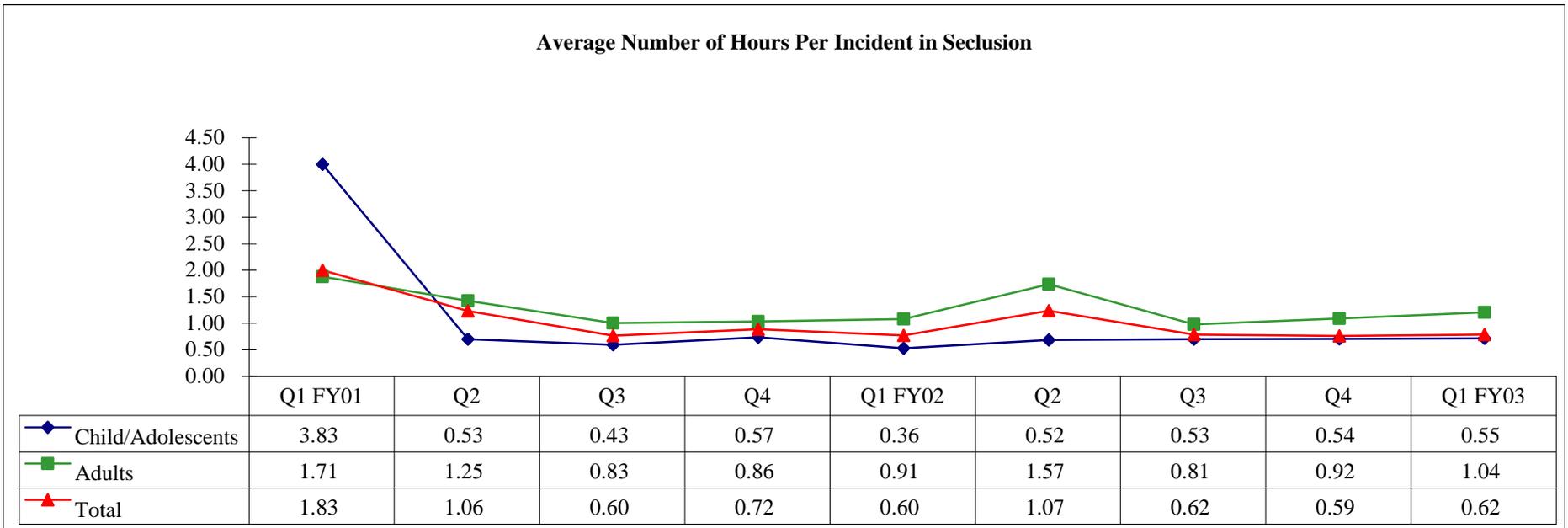
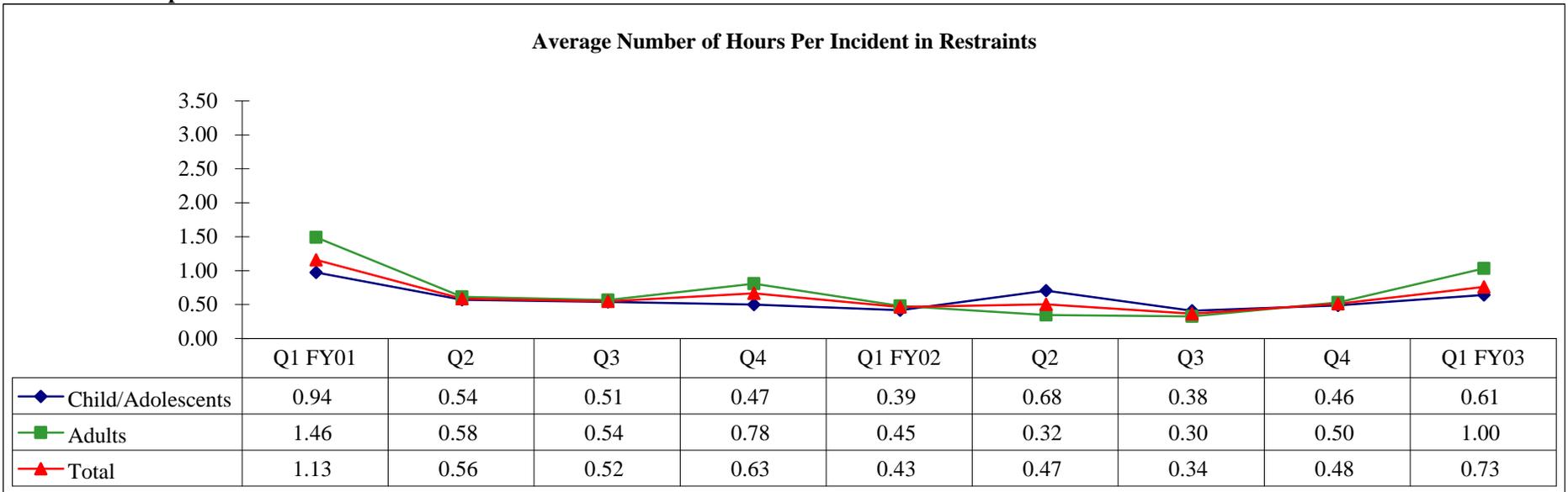
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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

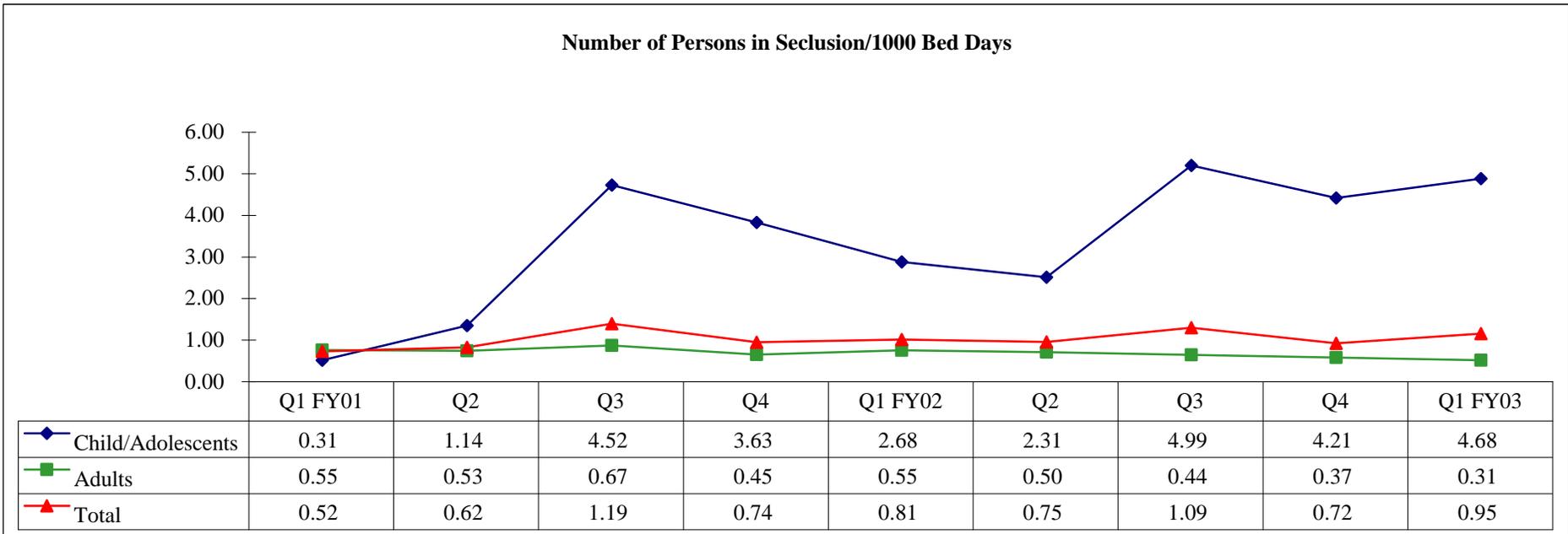
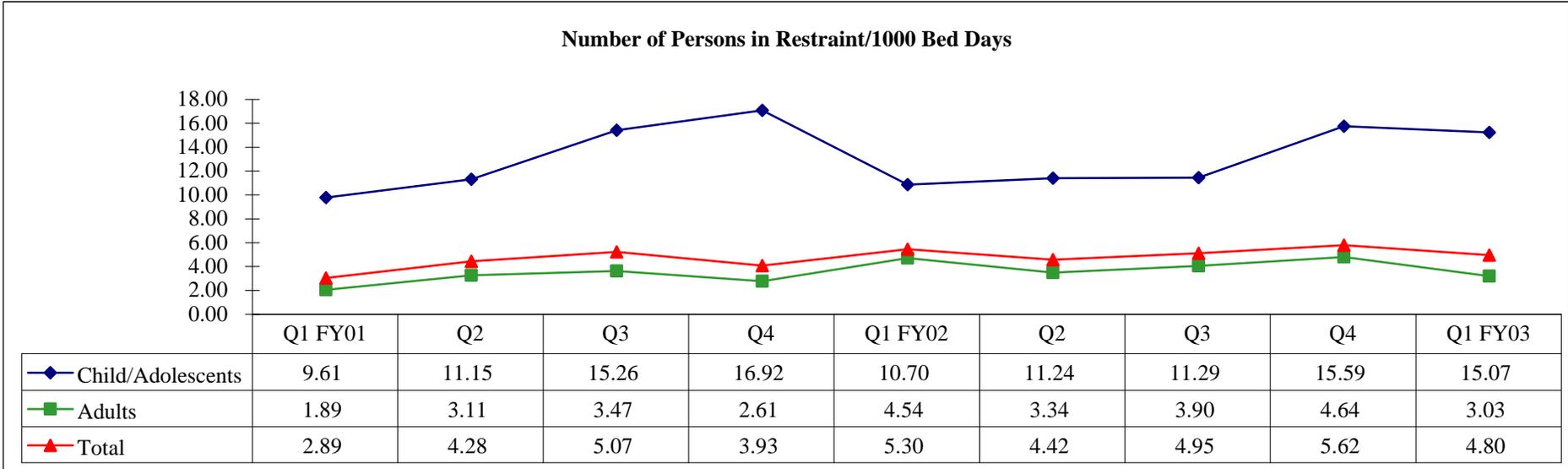
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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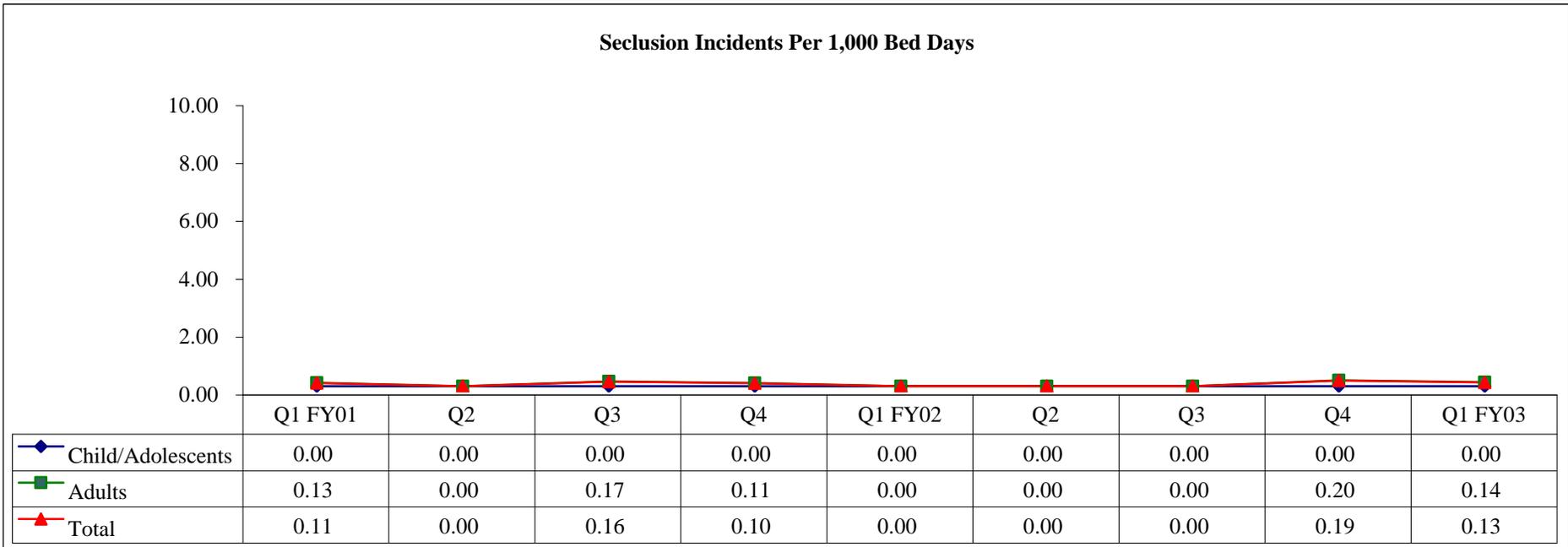
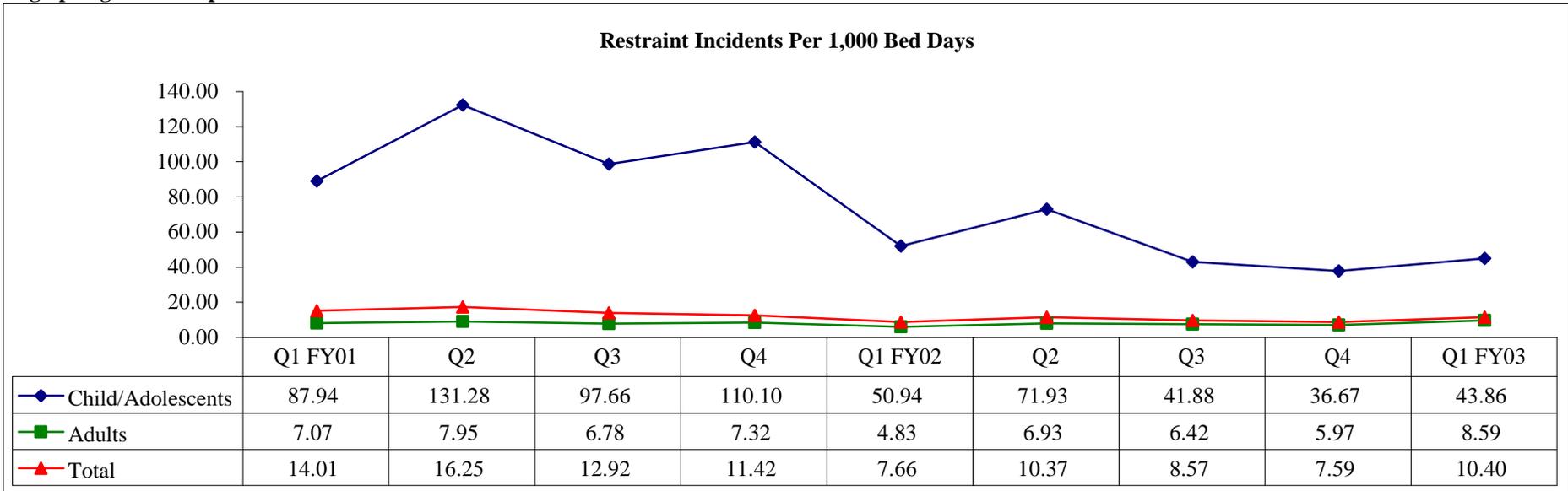
**Objective 3B - Maintain Restraint and Seclusion Data
Austin State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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

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

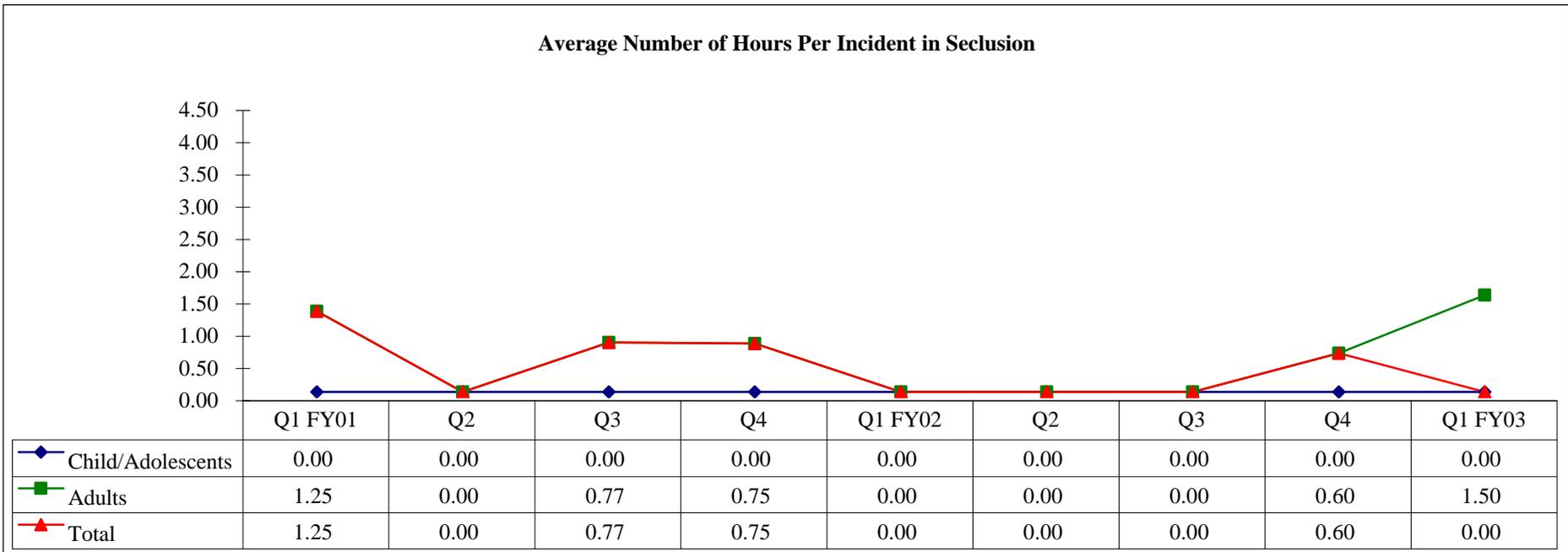
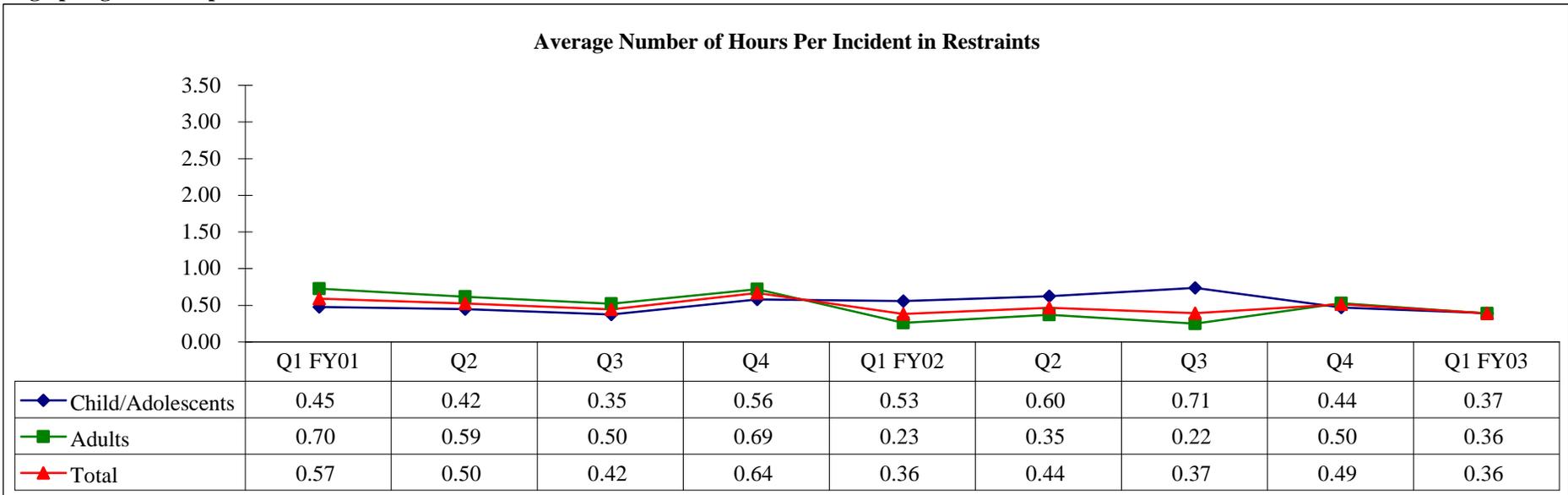


New Restraint/Seclusion Policy effective 1/01/01

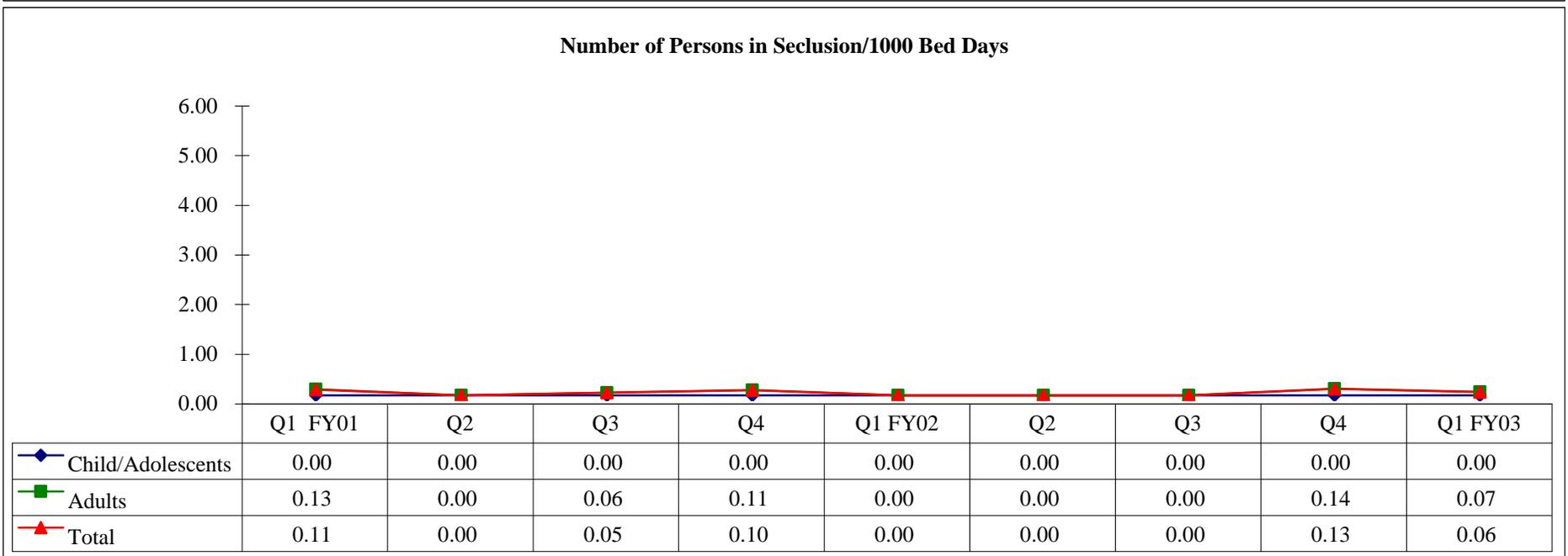
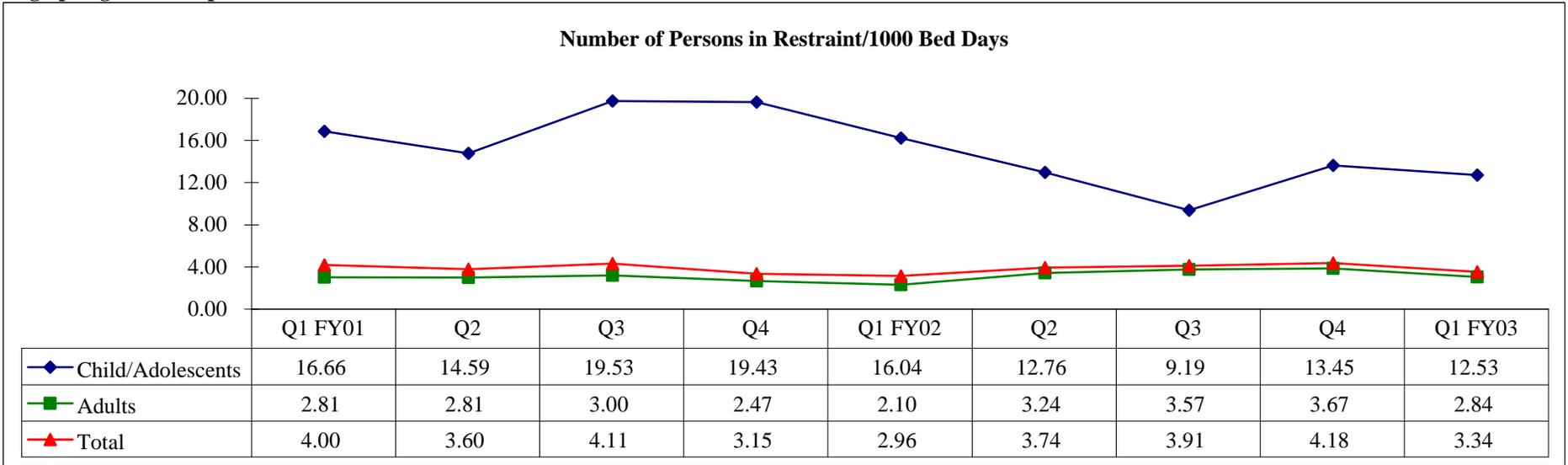
Table: Management Data Services

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

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



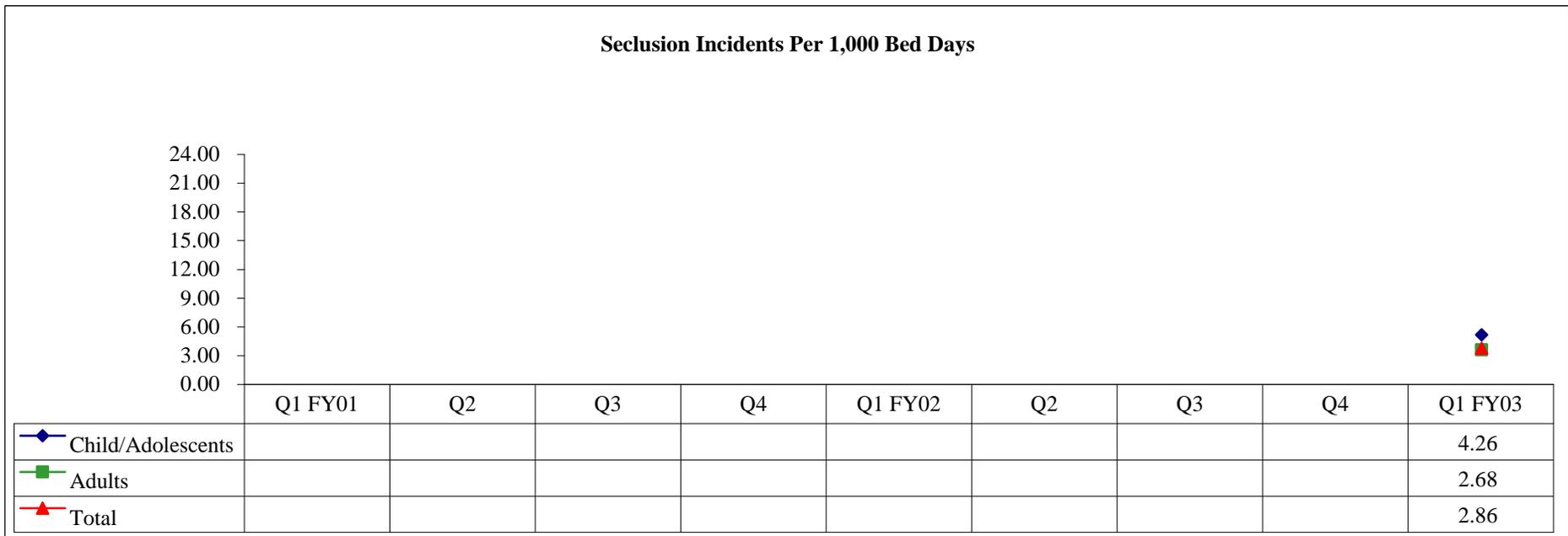
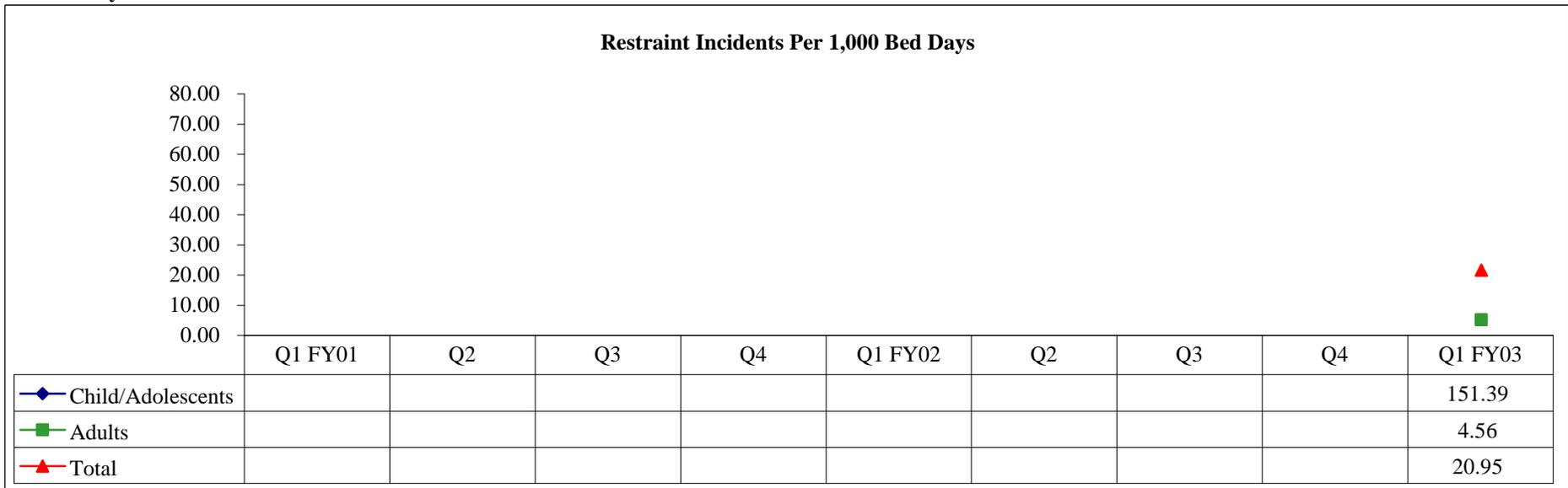
Objective 3B - Maintain Restraint and Seclusion Data
Big Spring State Hospital



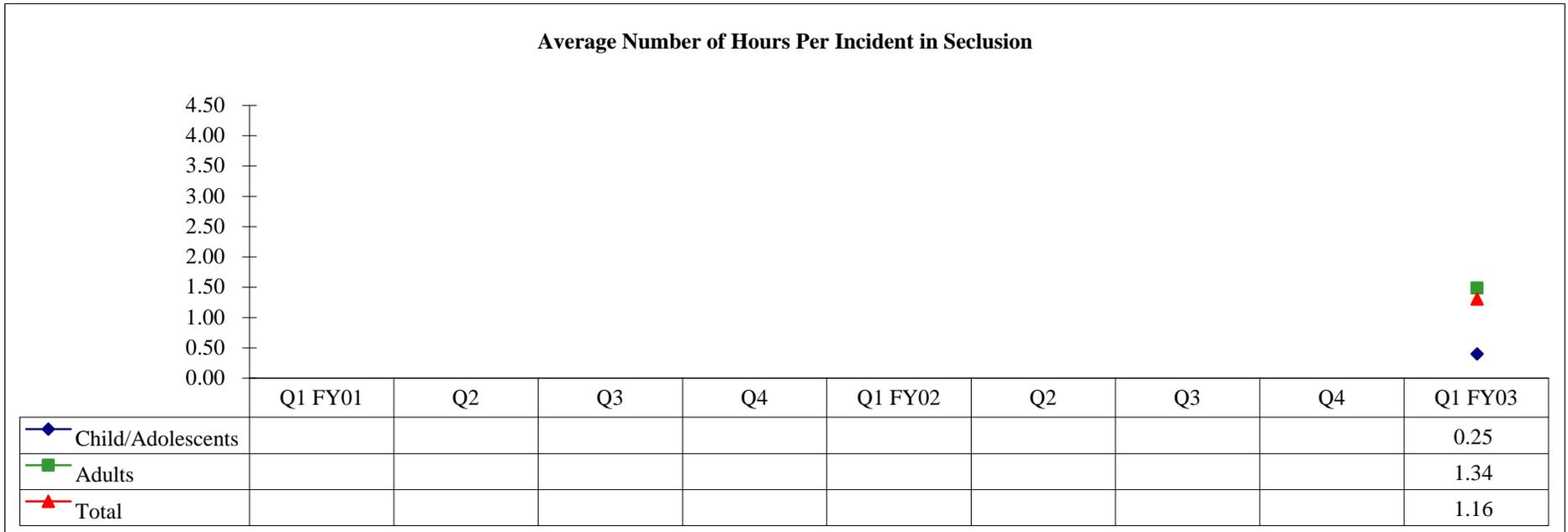
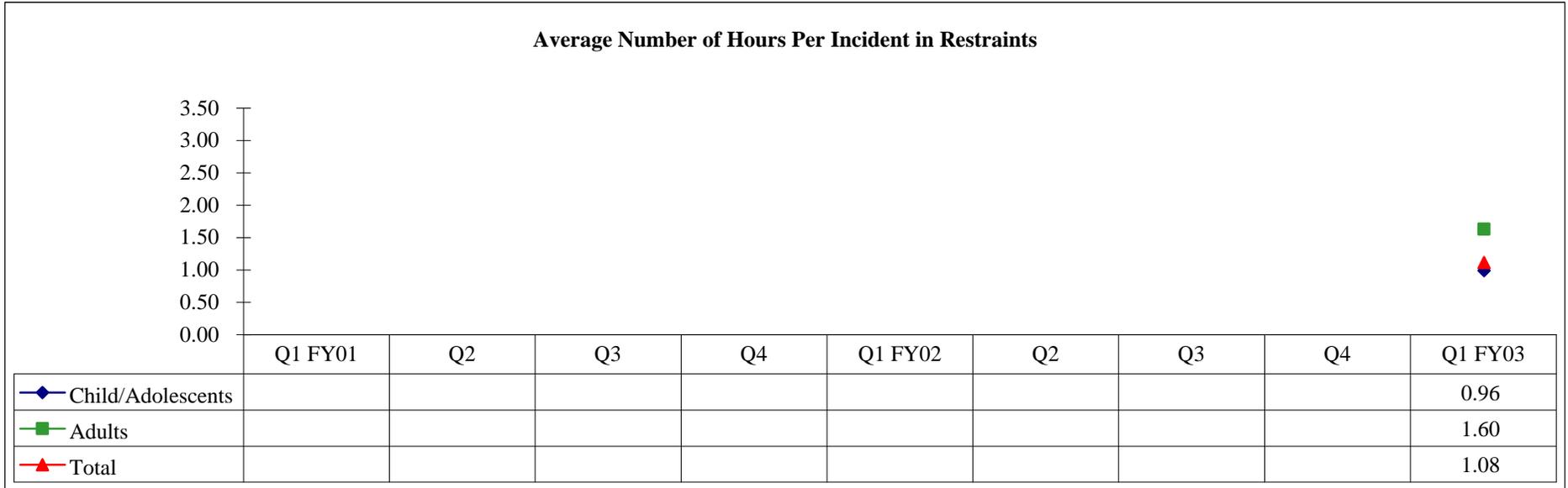
New Restraint/Seclusion Policy effective 1/01/01

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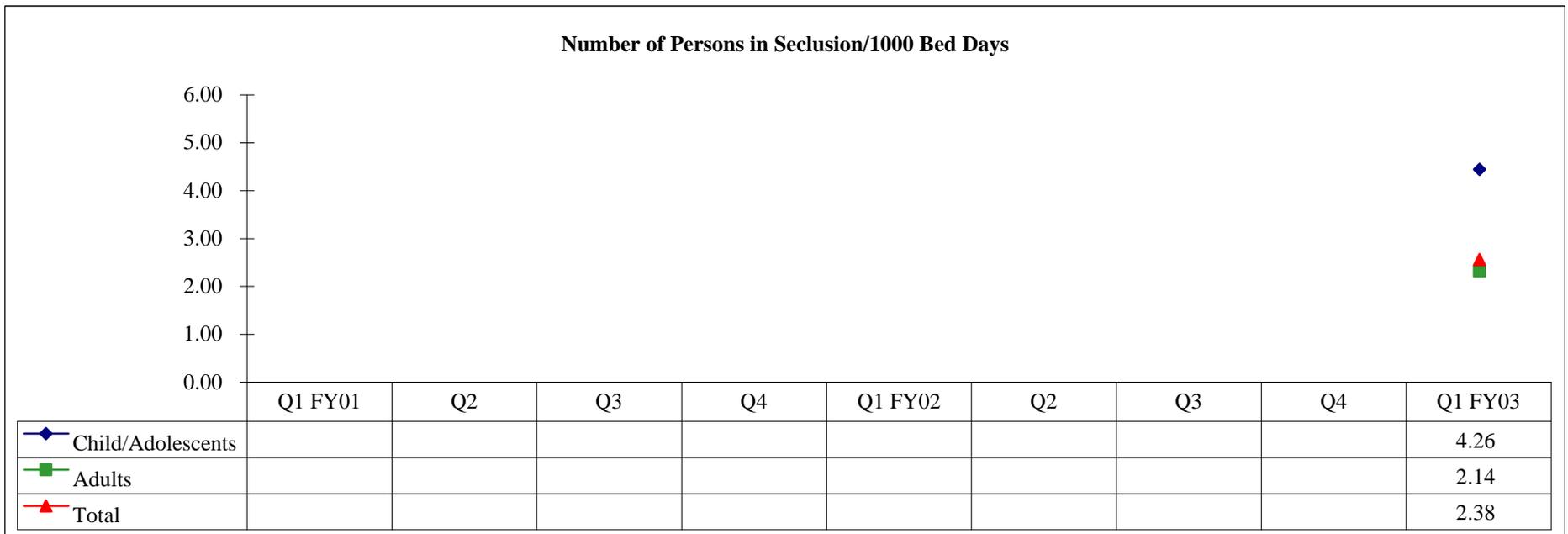
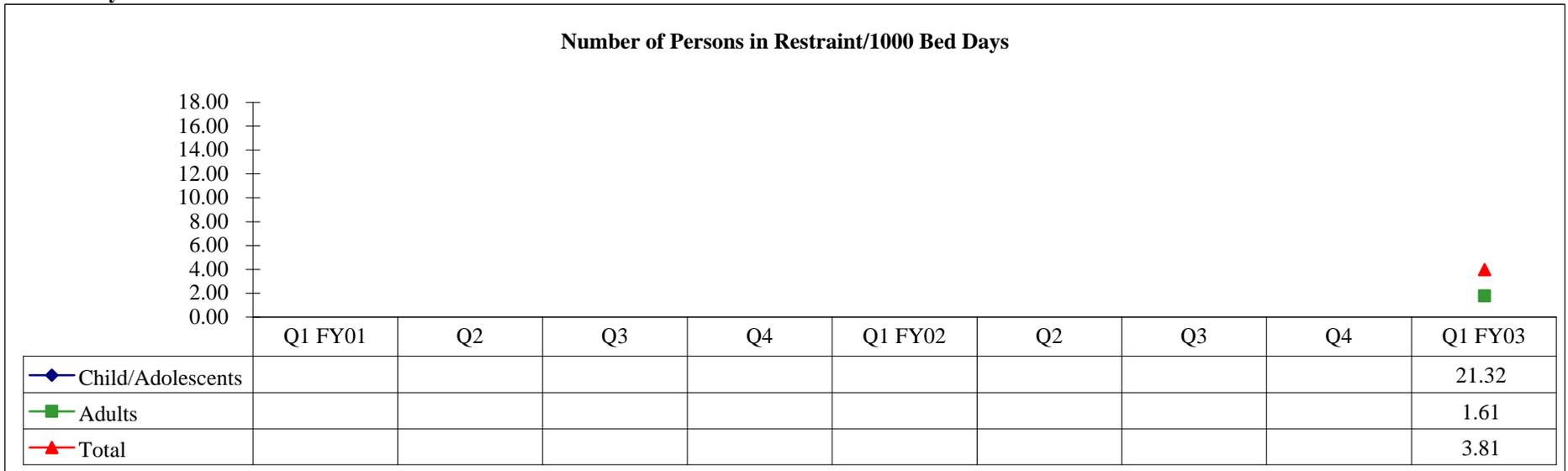
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



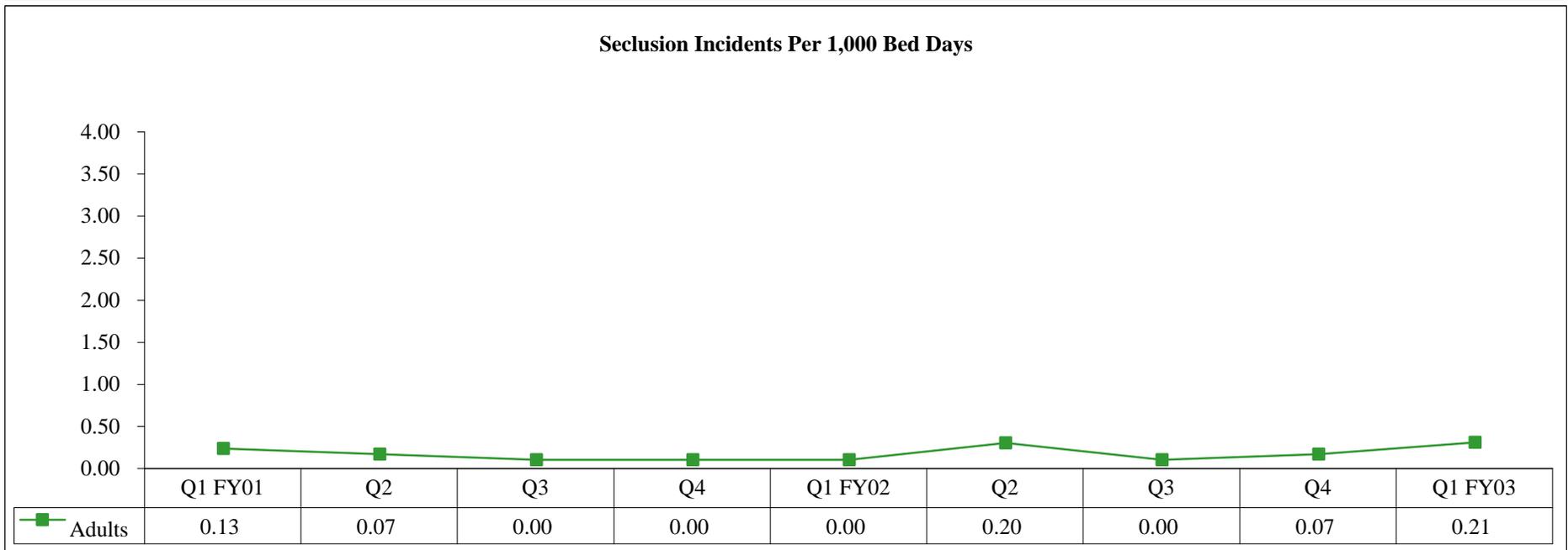
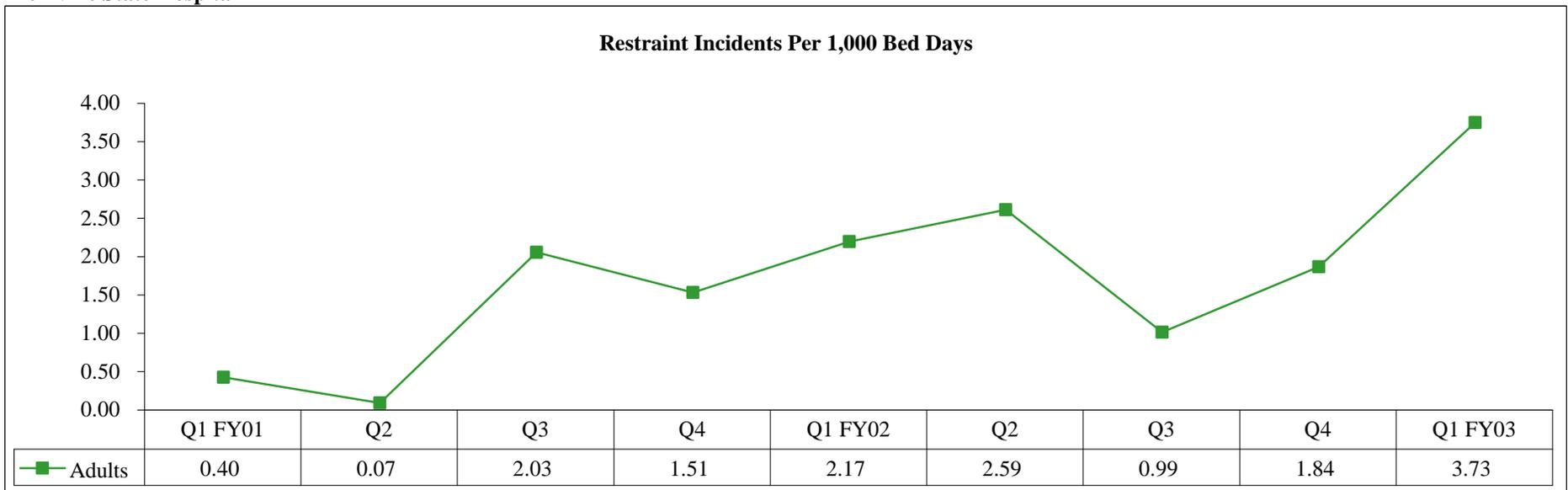
Objective 3B - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



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



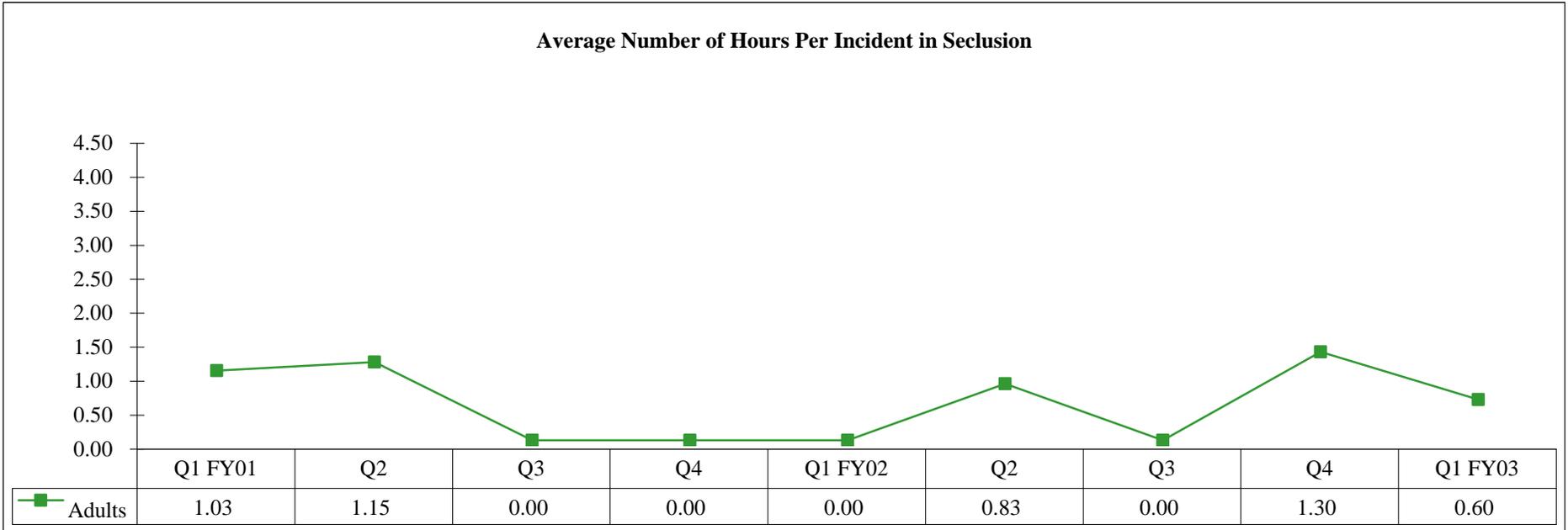
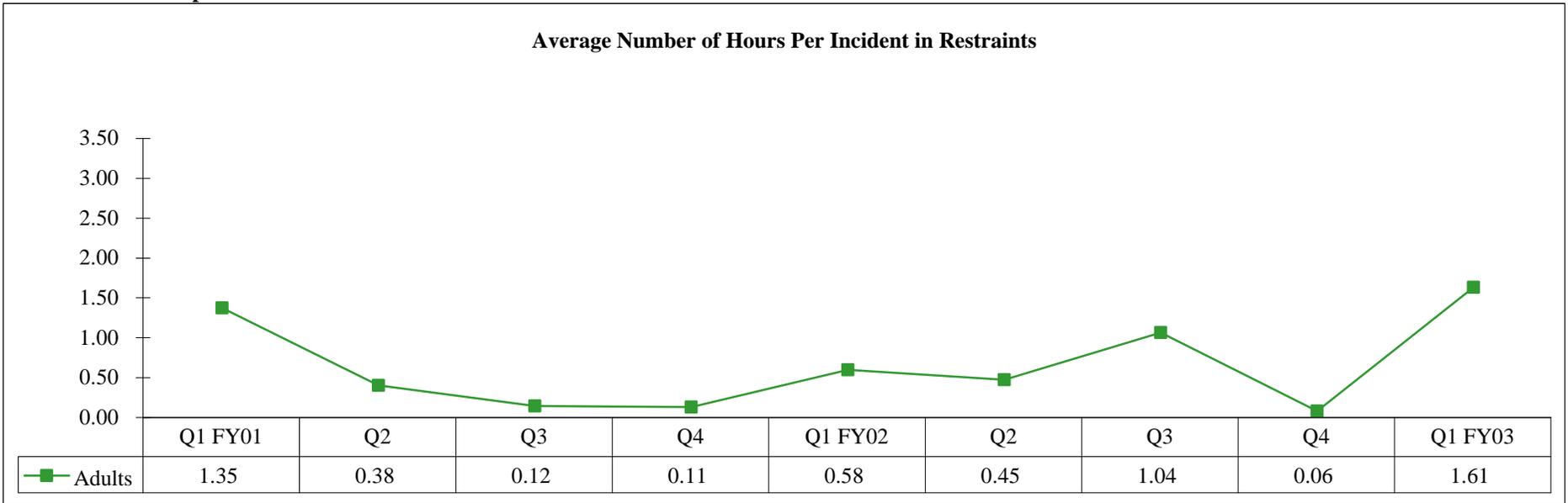
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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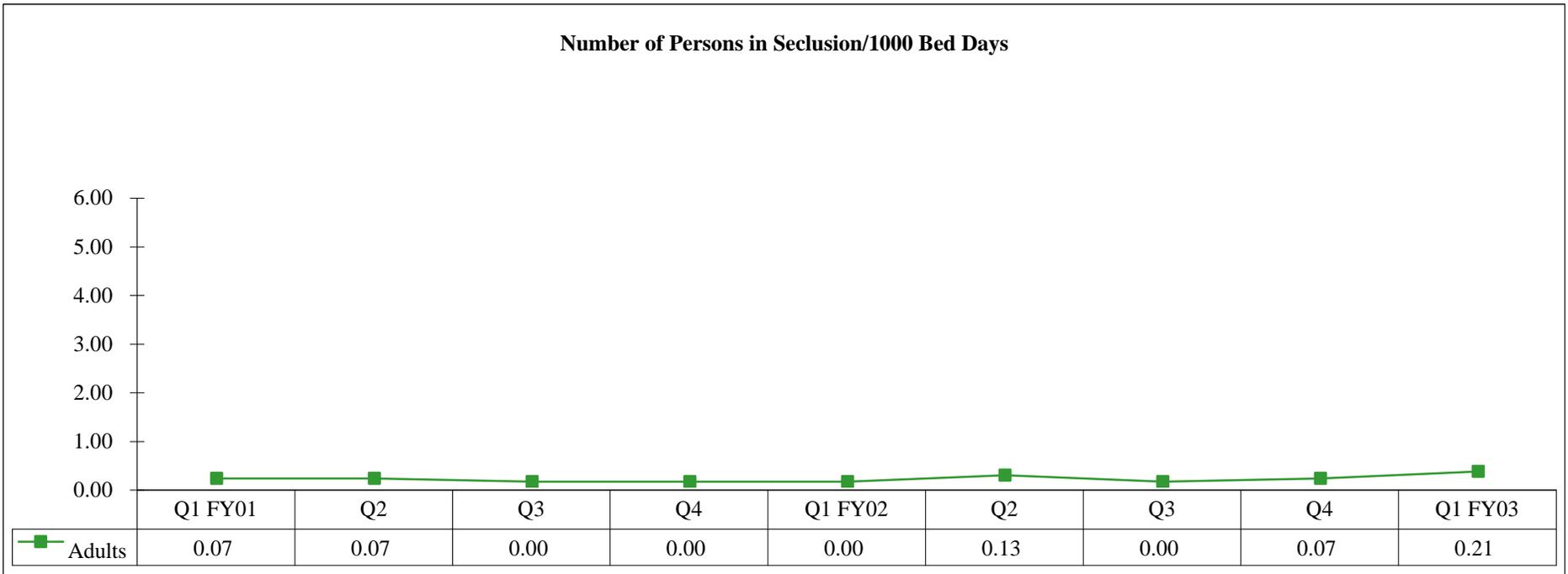
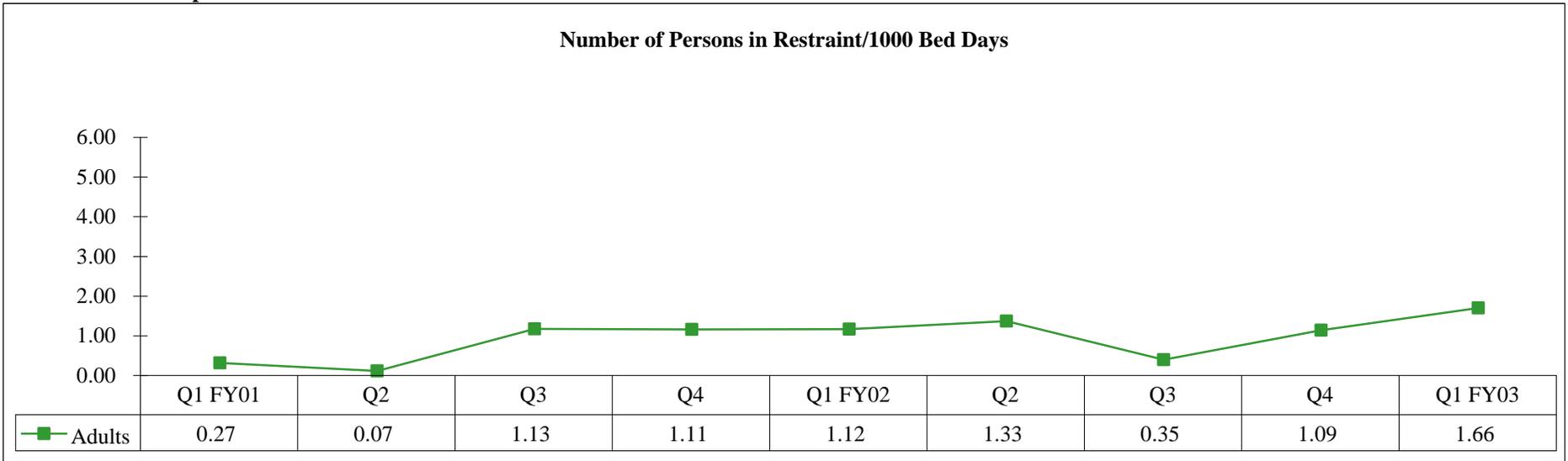
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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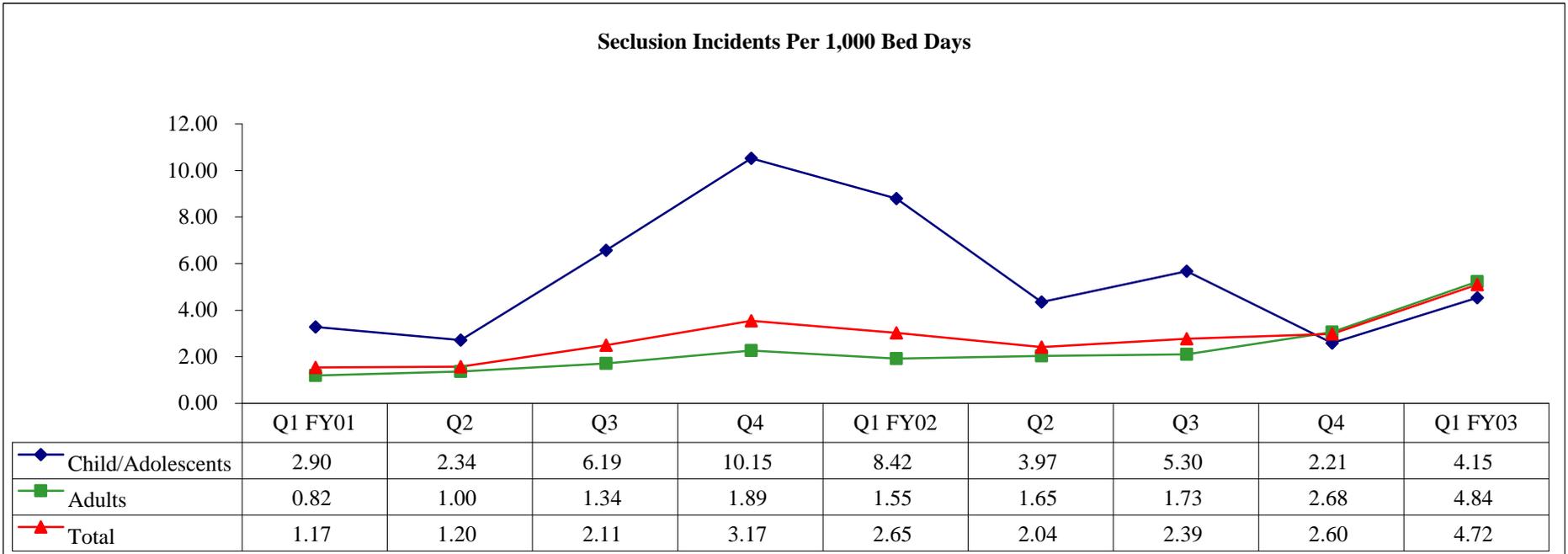
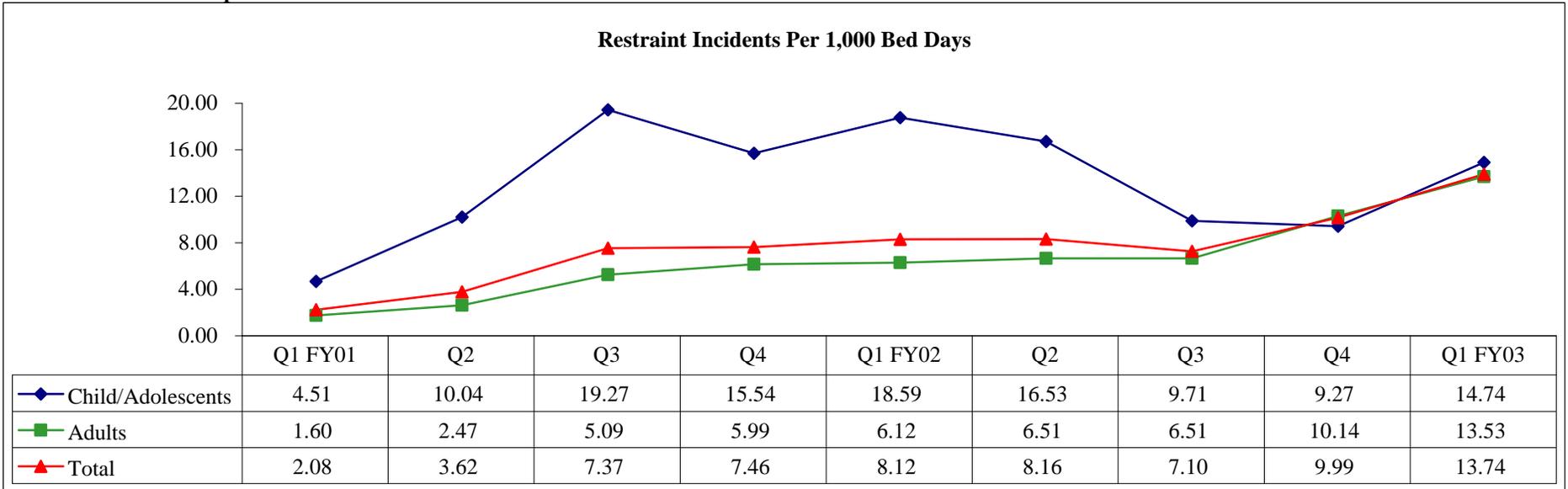
**Objective 3B - Maintain Restraint and Seclusion Data
Kerrville State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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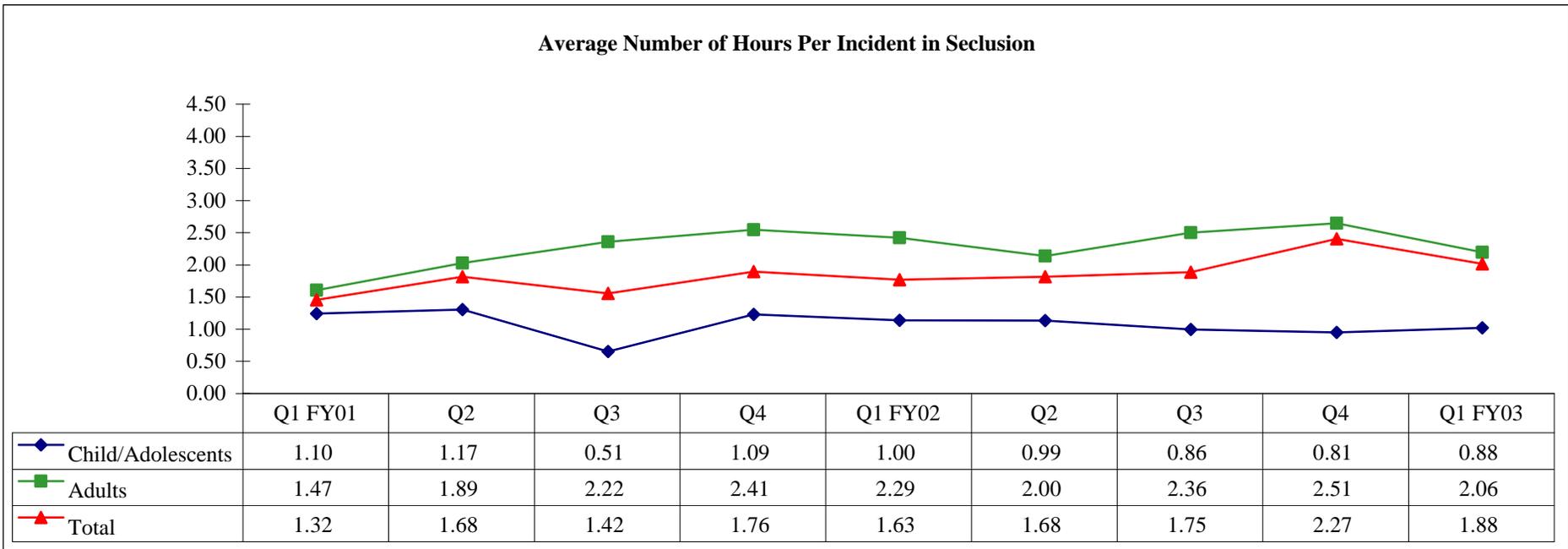
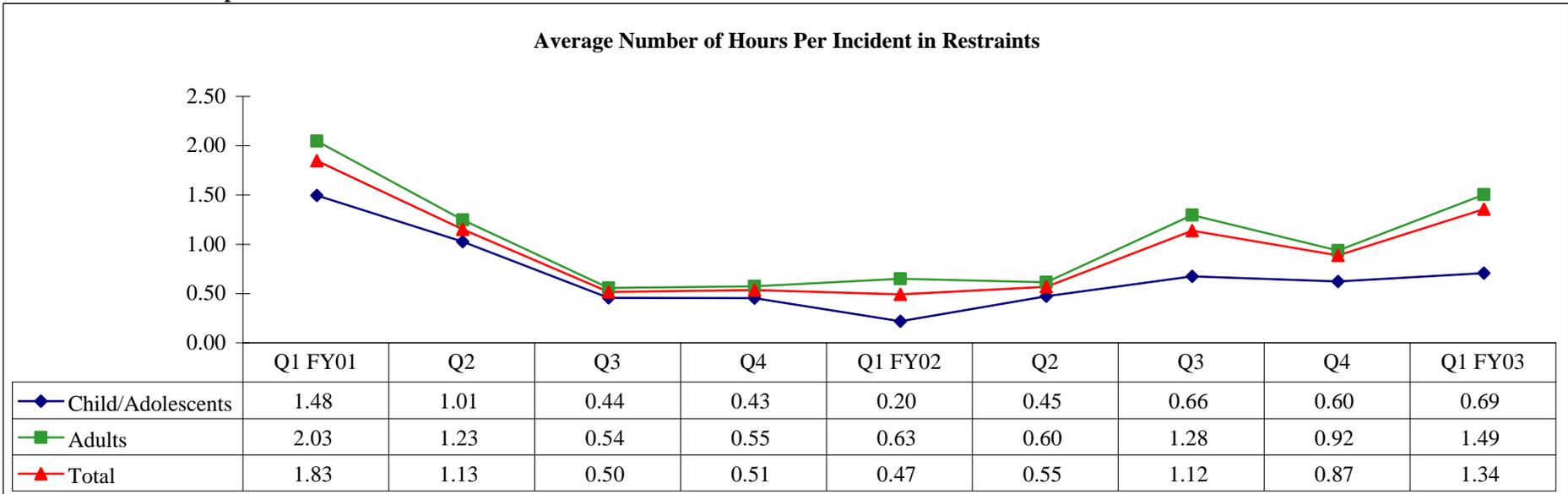
Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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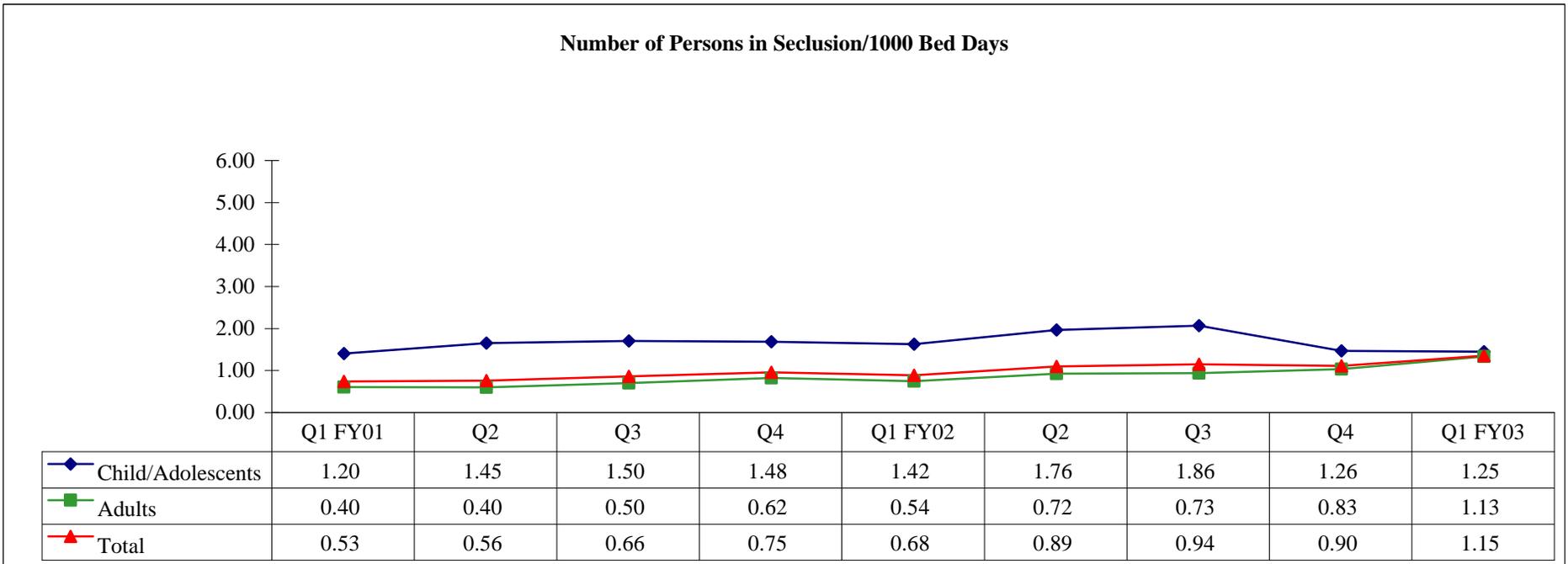
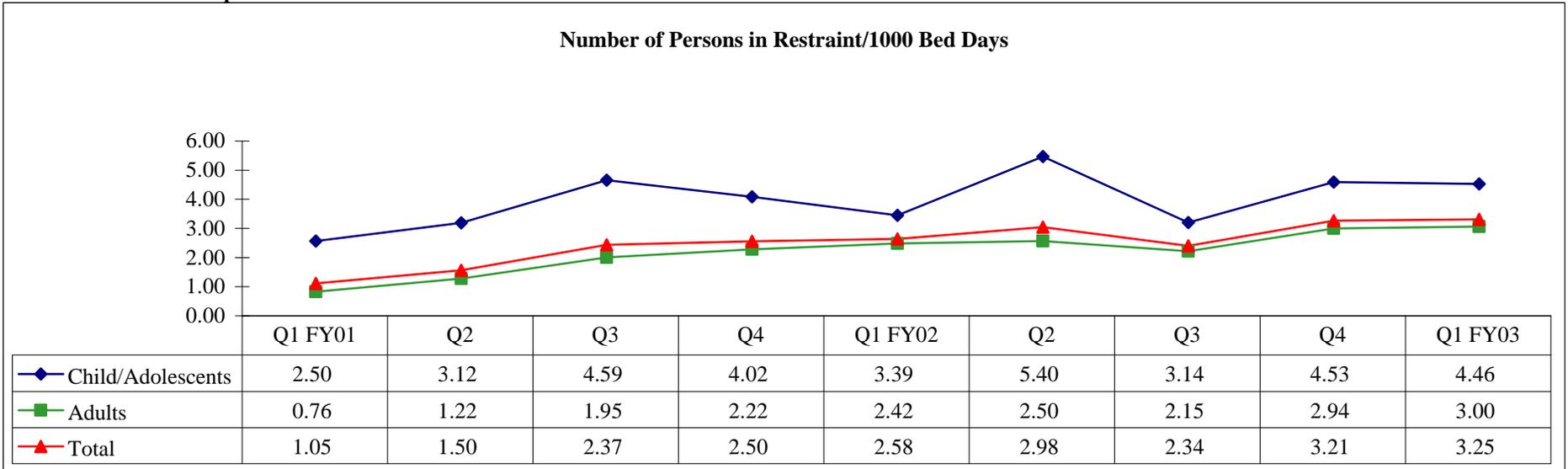
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North Texas State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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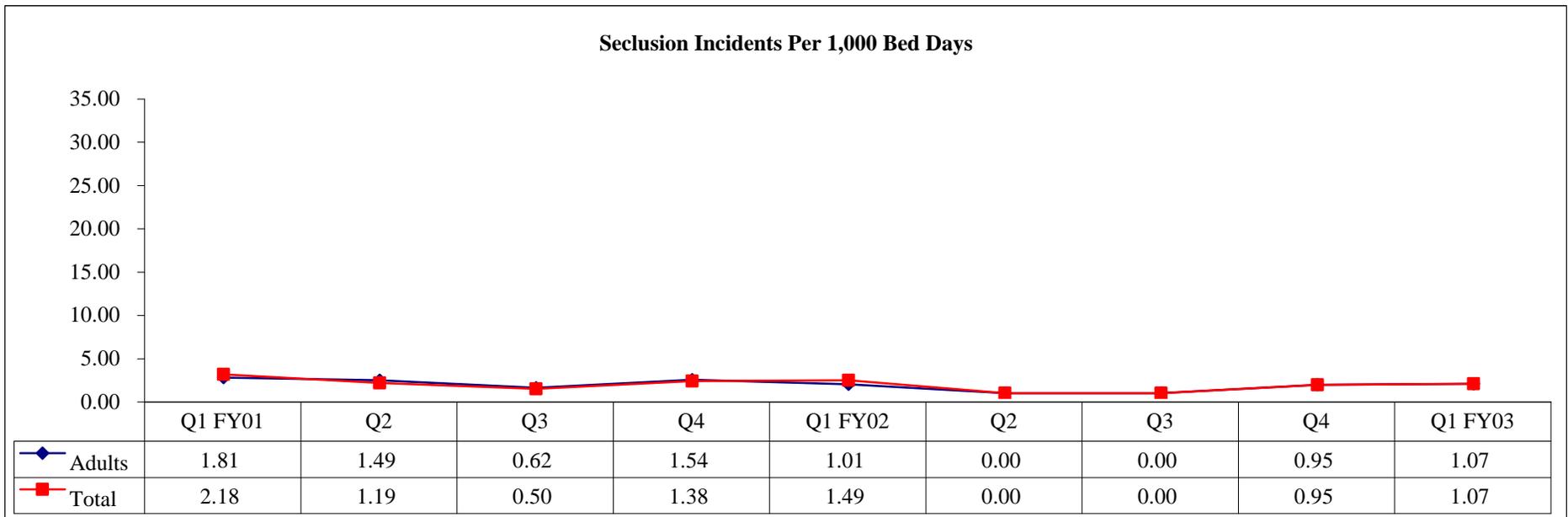
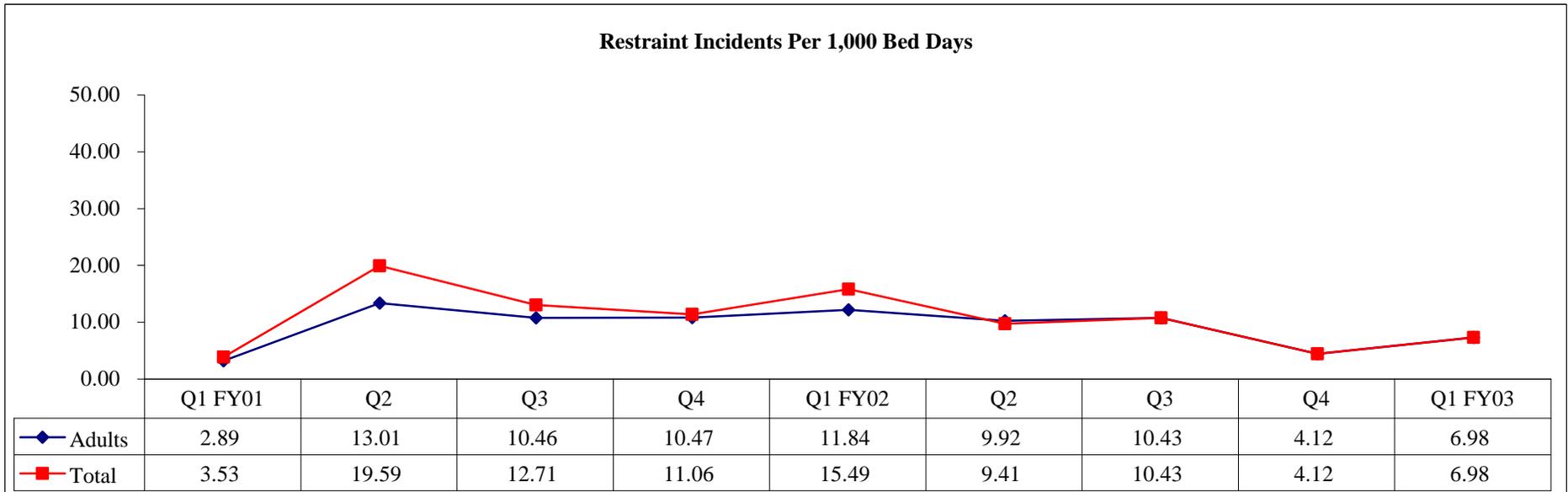
**Objective 3B - Maintain Restraint and Seclusion Data
North Texas State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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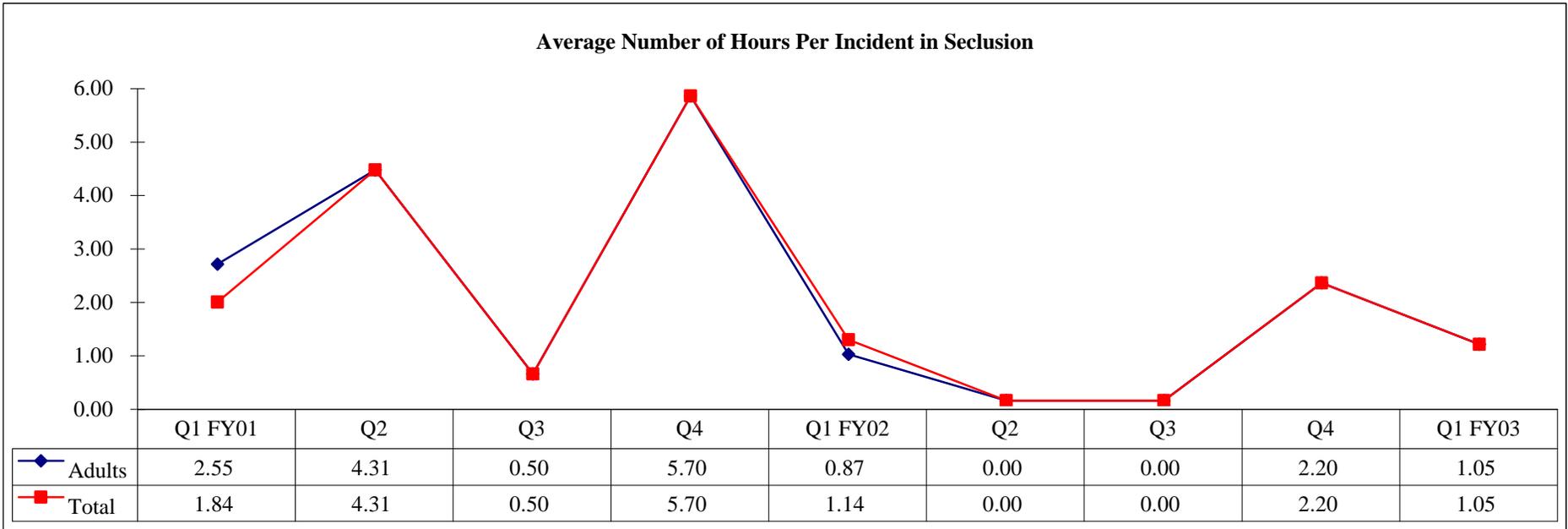
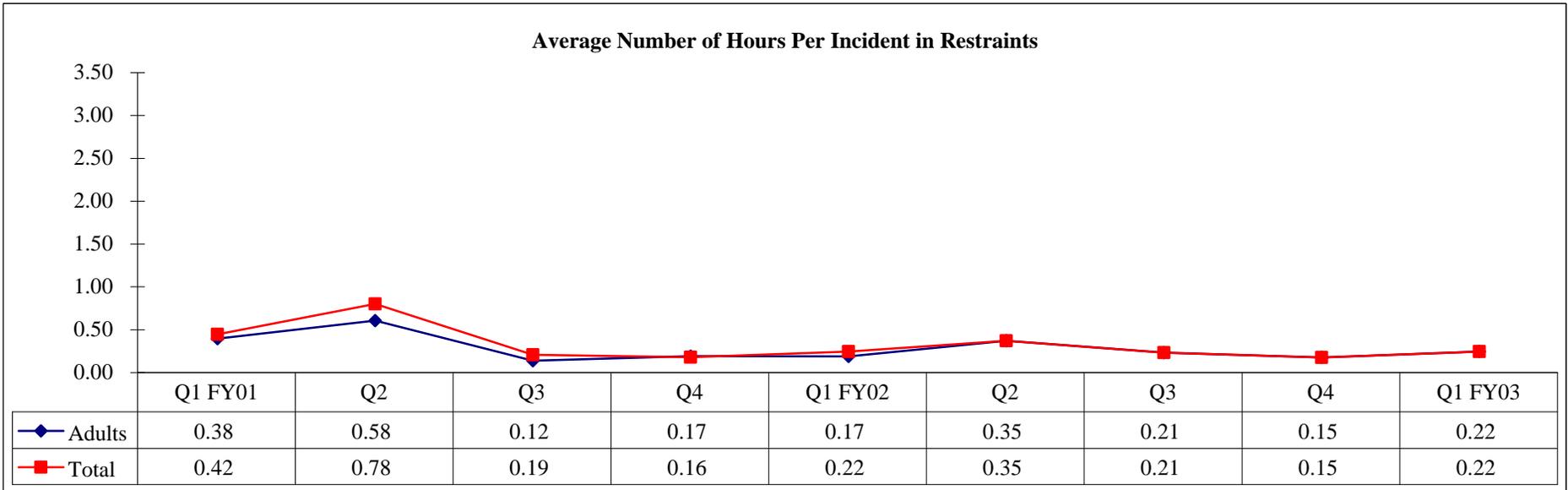
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



New Restraint/Seclusion Policy effective 1/01/01

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

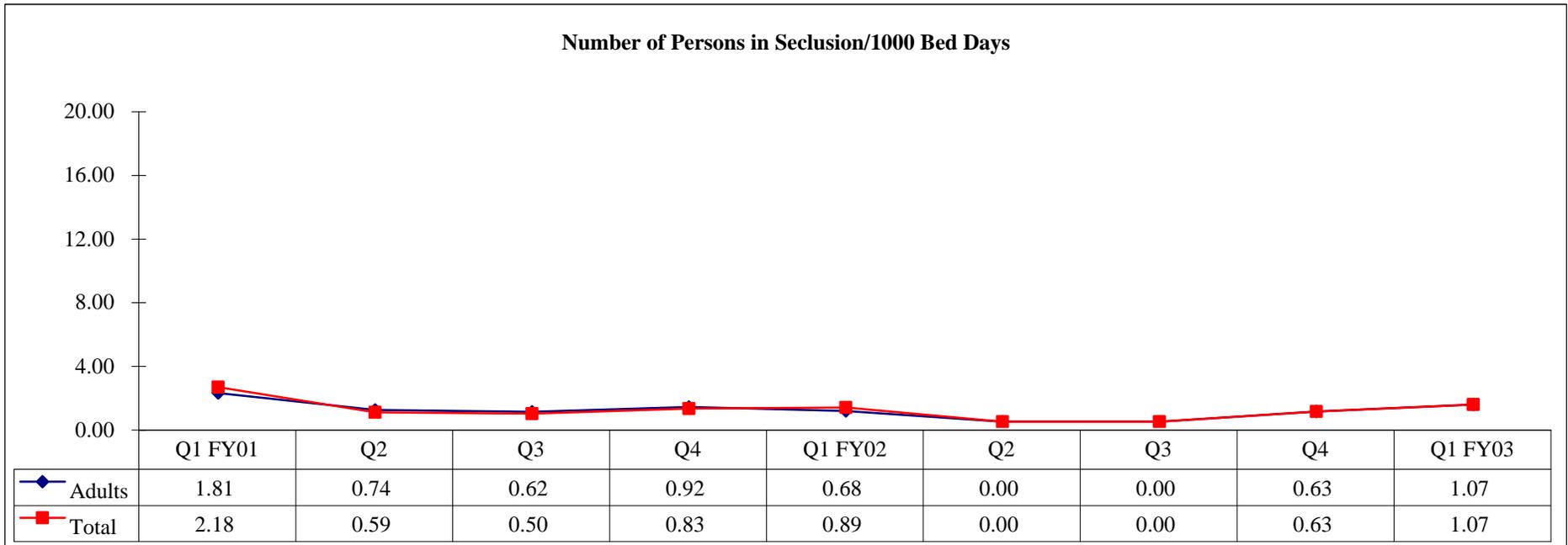
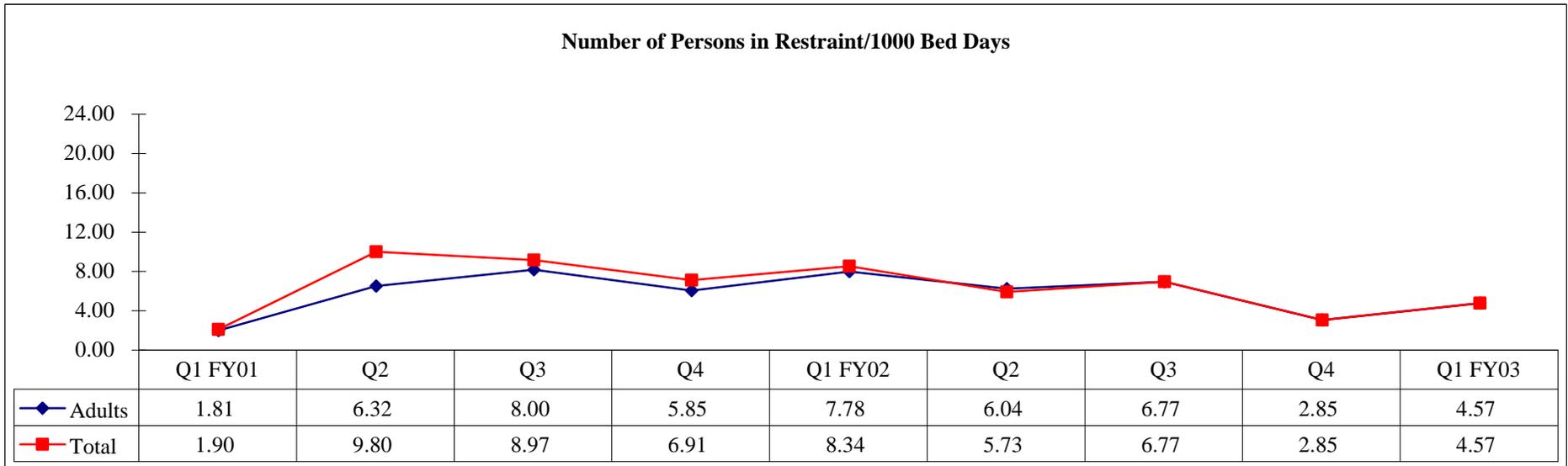
**Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center**



New Restraint/Seclusion Policy effective 1/01/01

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

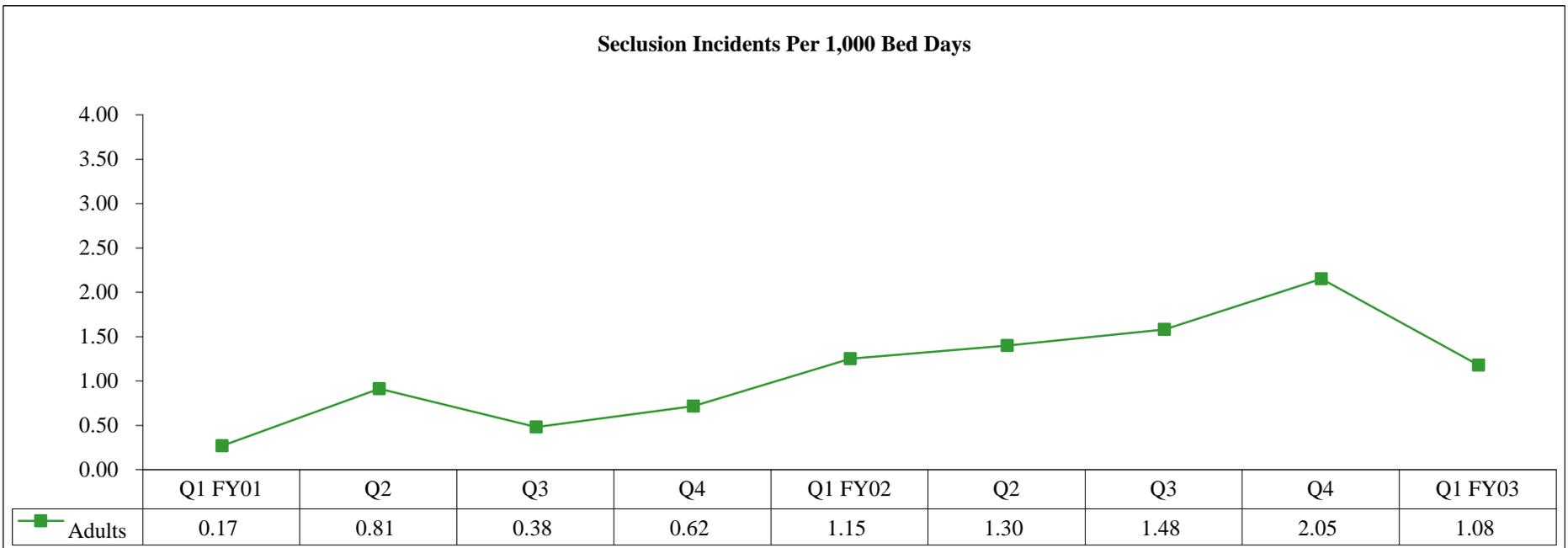
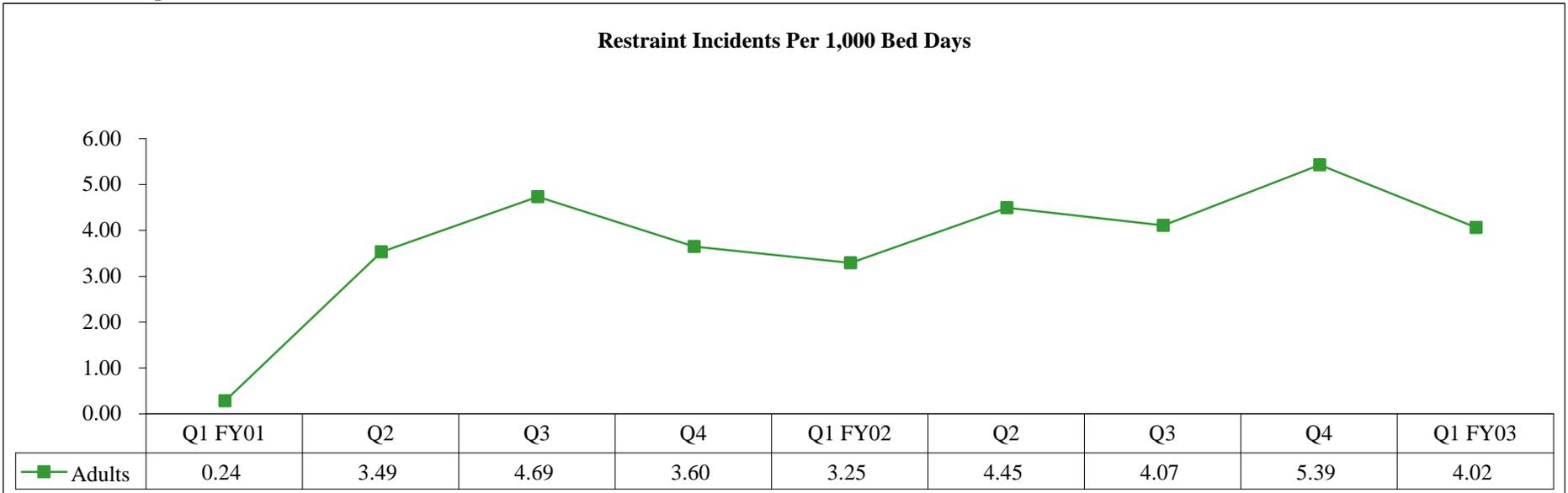
Objective 3B - Maintain Restraint and Seclusion Data
Rio Grande State Center



New Restraint/Seclusion Policy effective 1/01/01

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

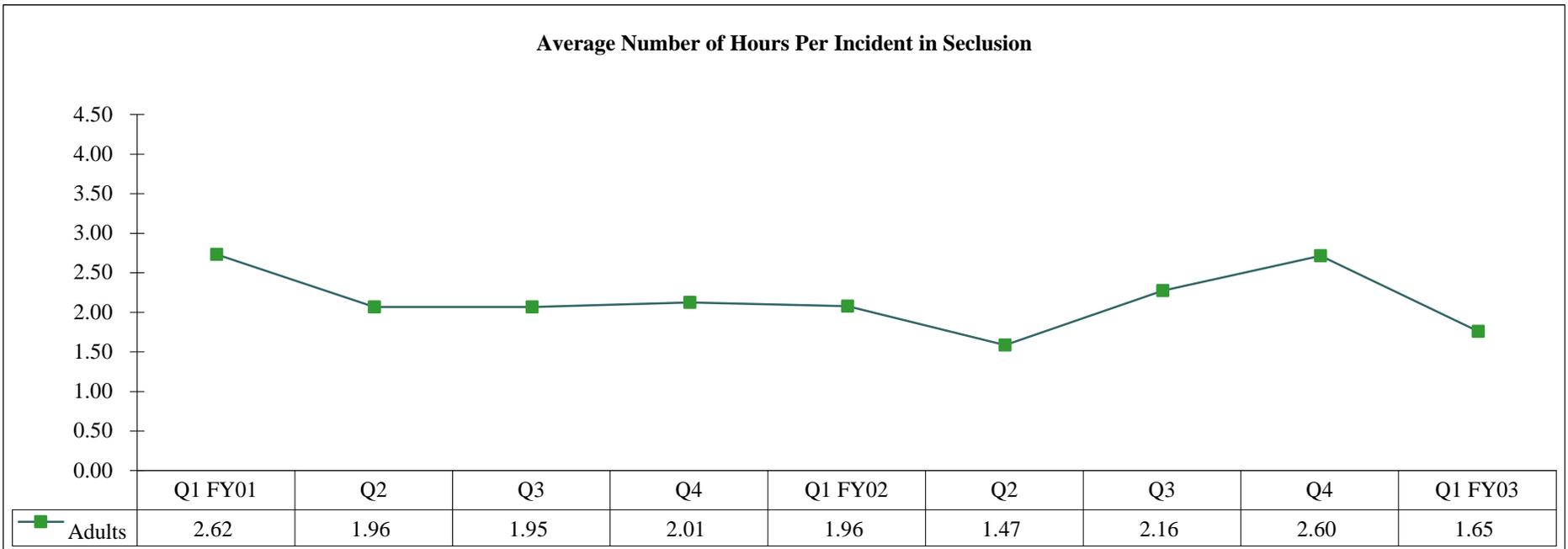
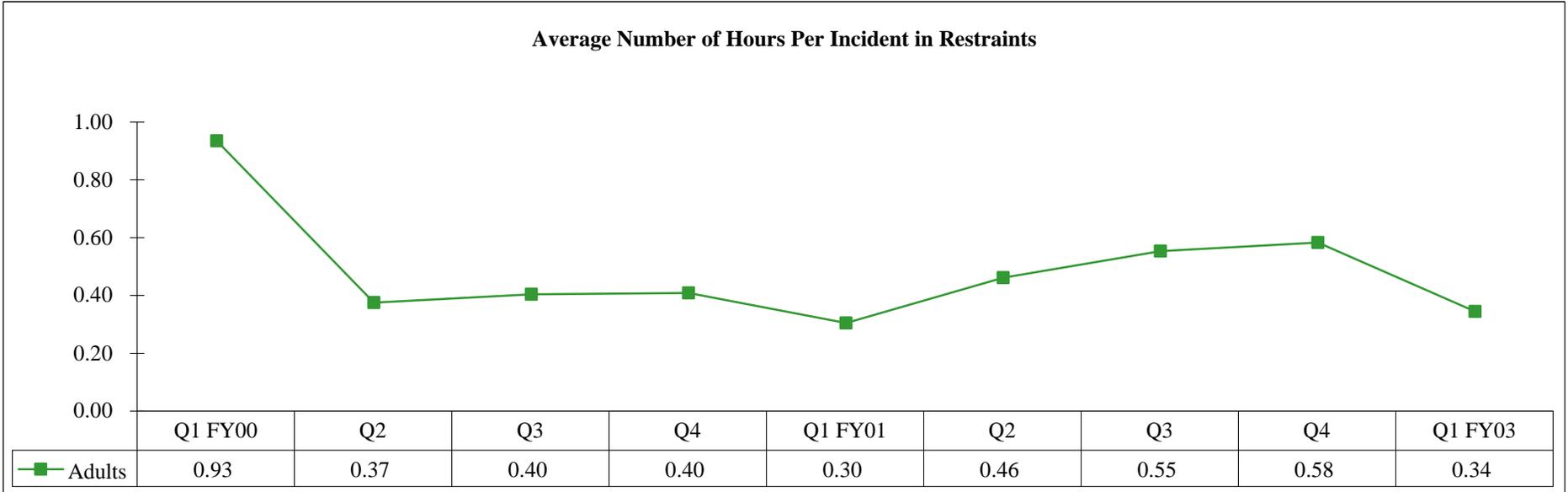
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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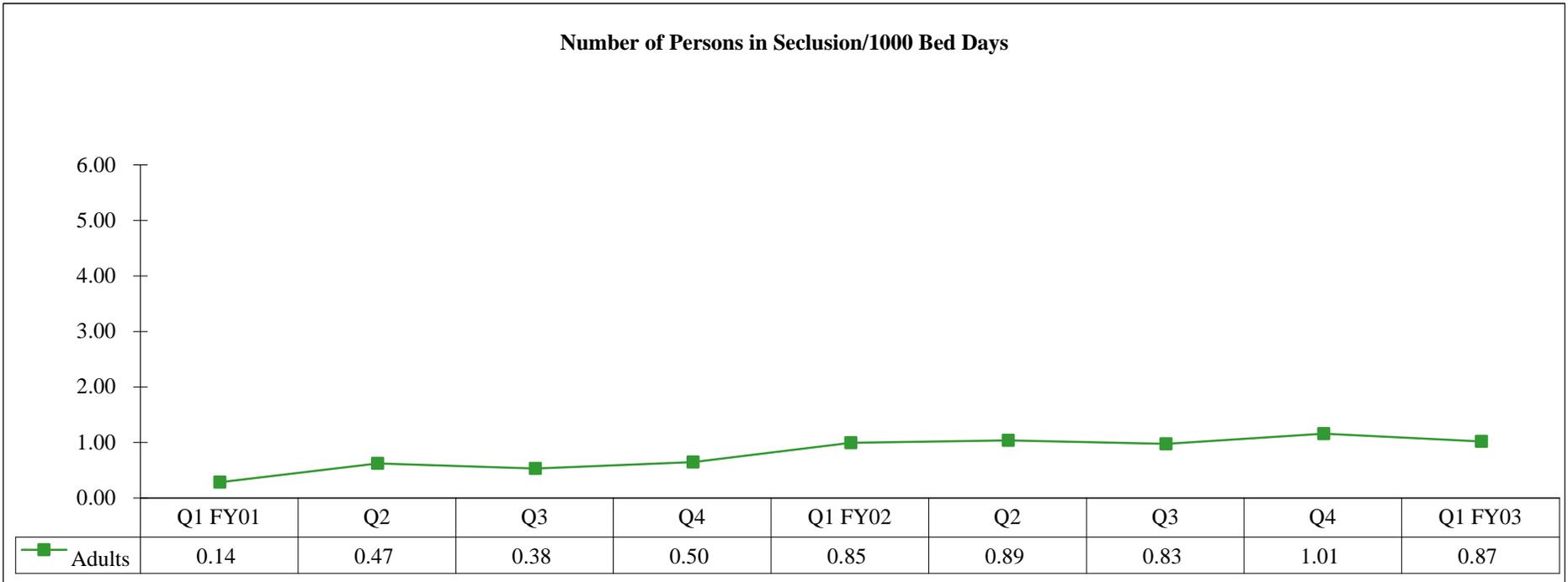
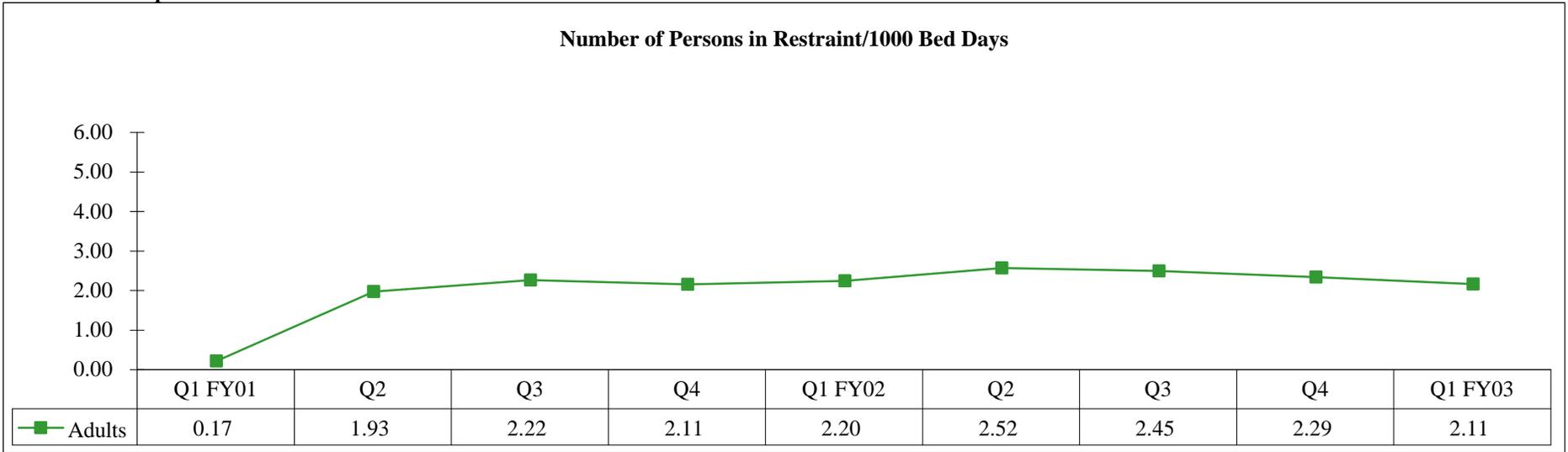
**Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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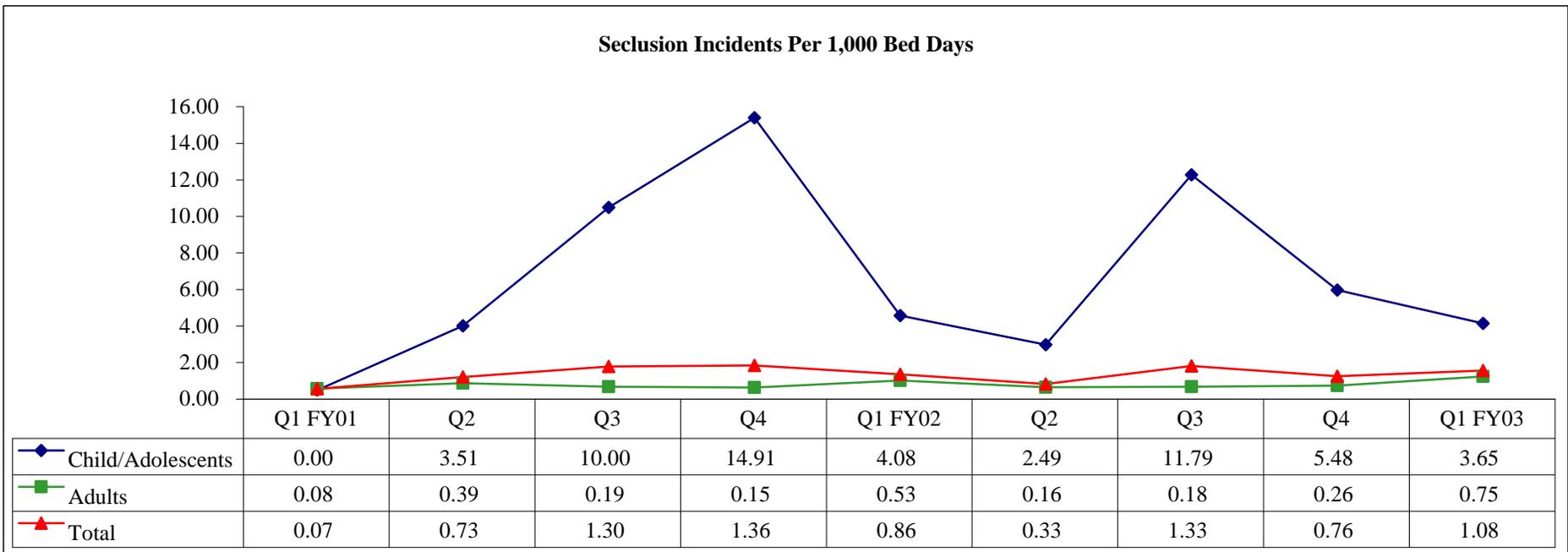
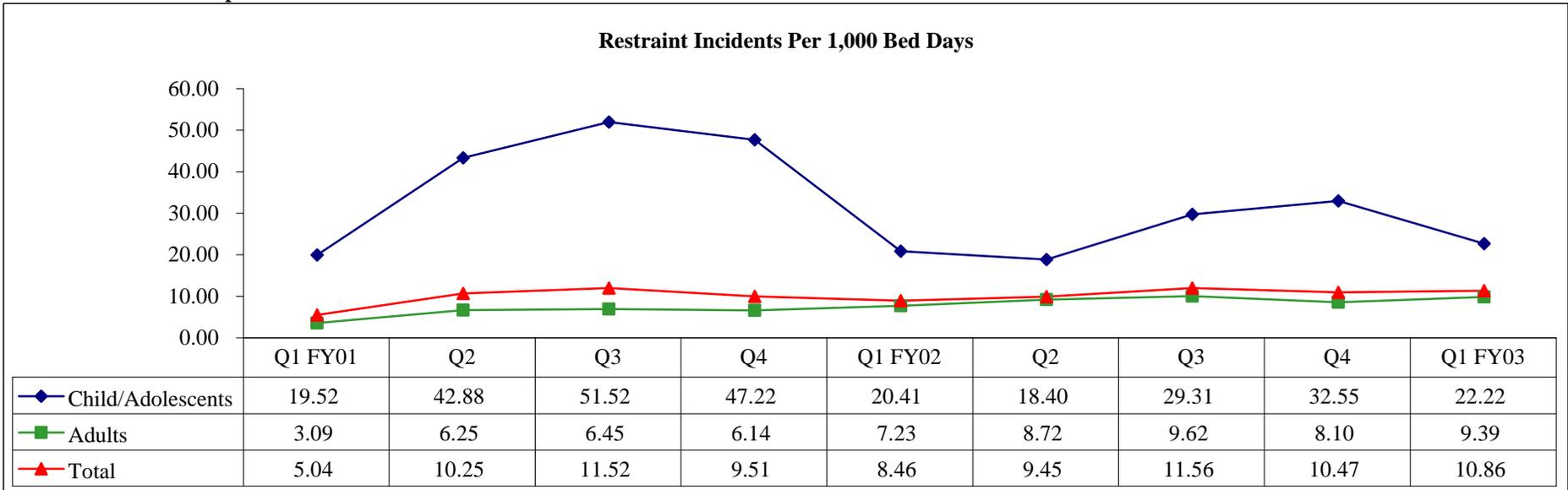
Objective 3B - Maintain Restraint and Seclusion Data
Rusk State Hospital



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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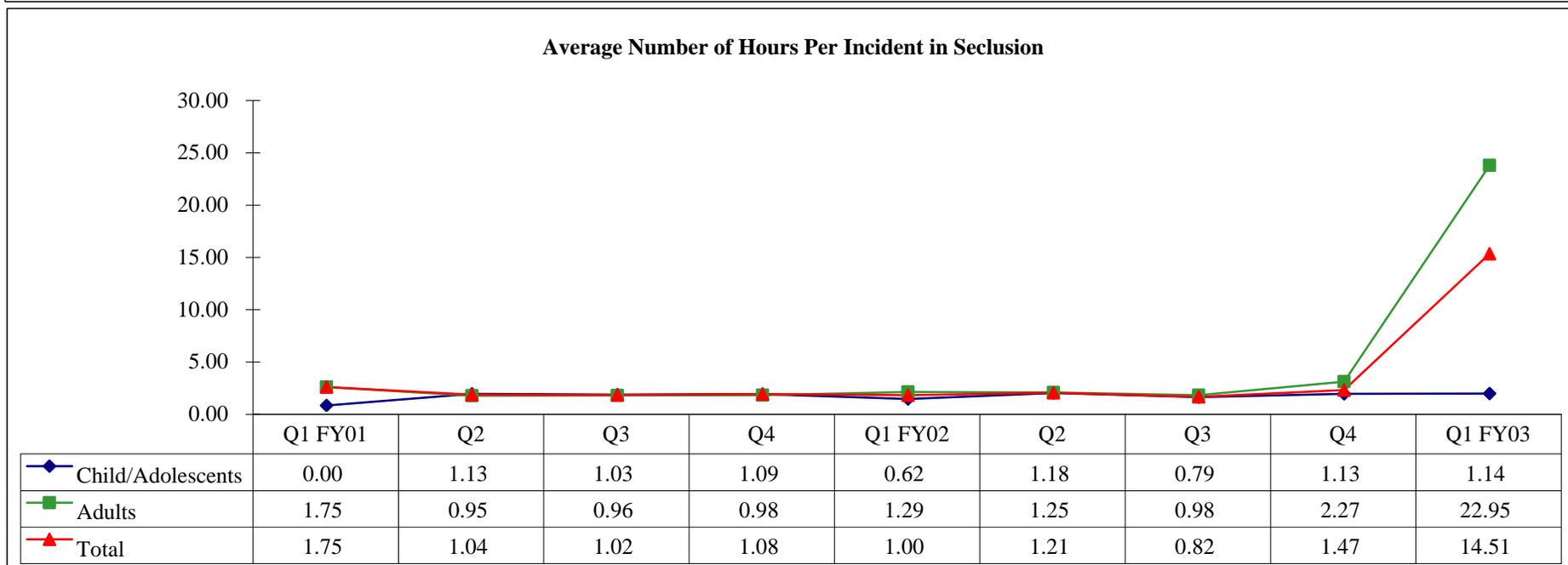
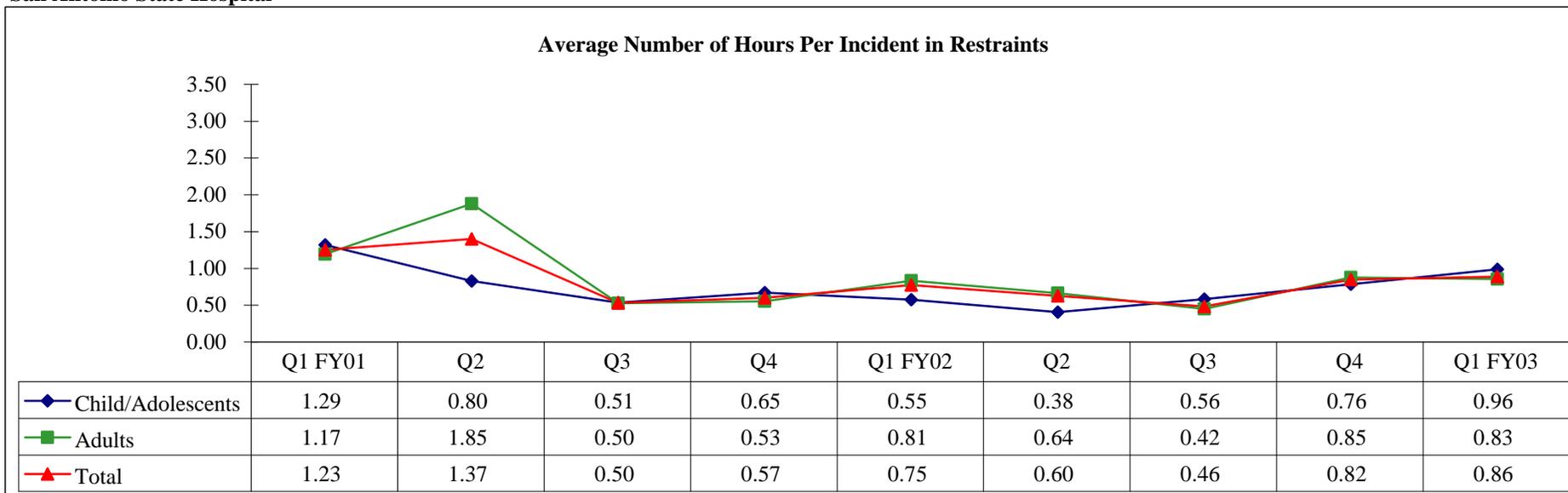
**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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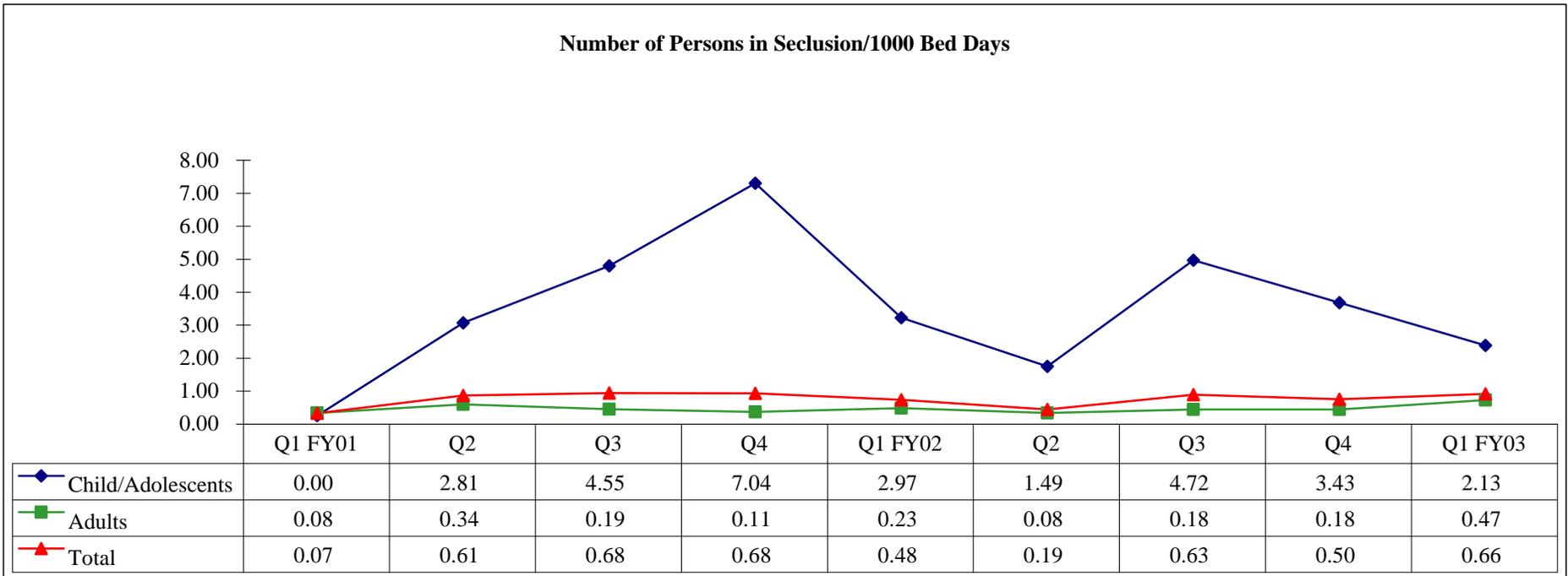
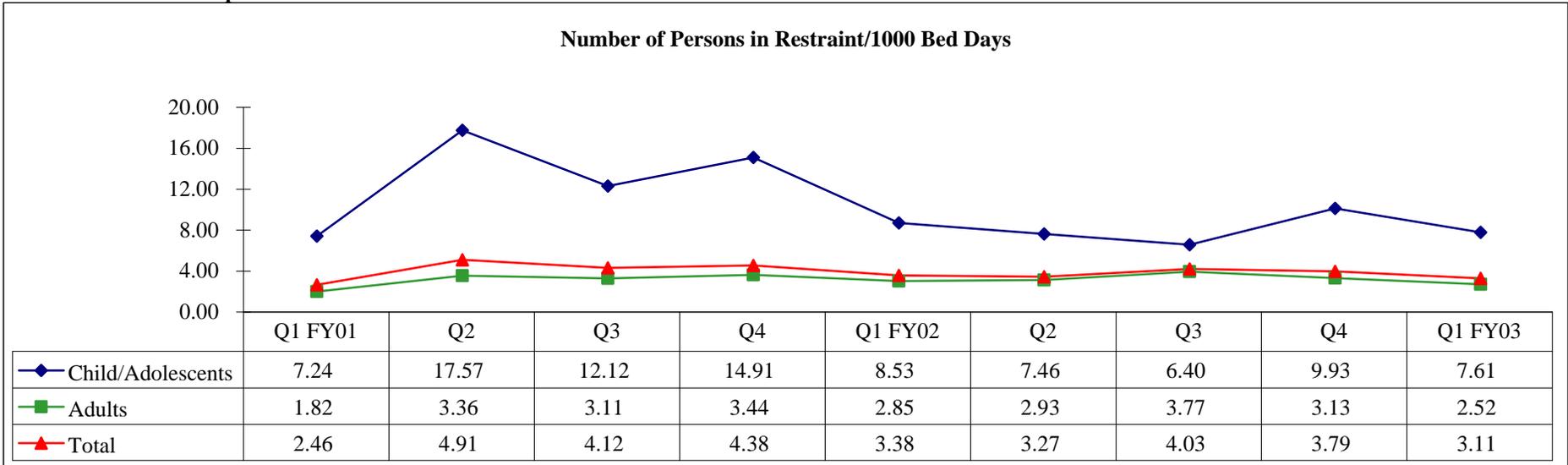
Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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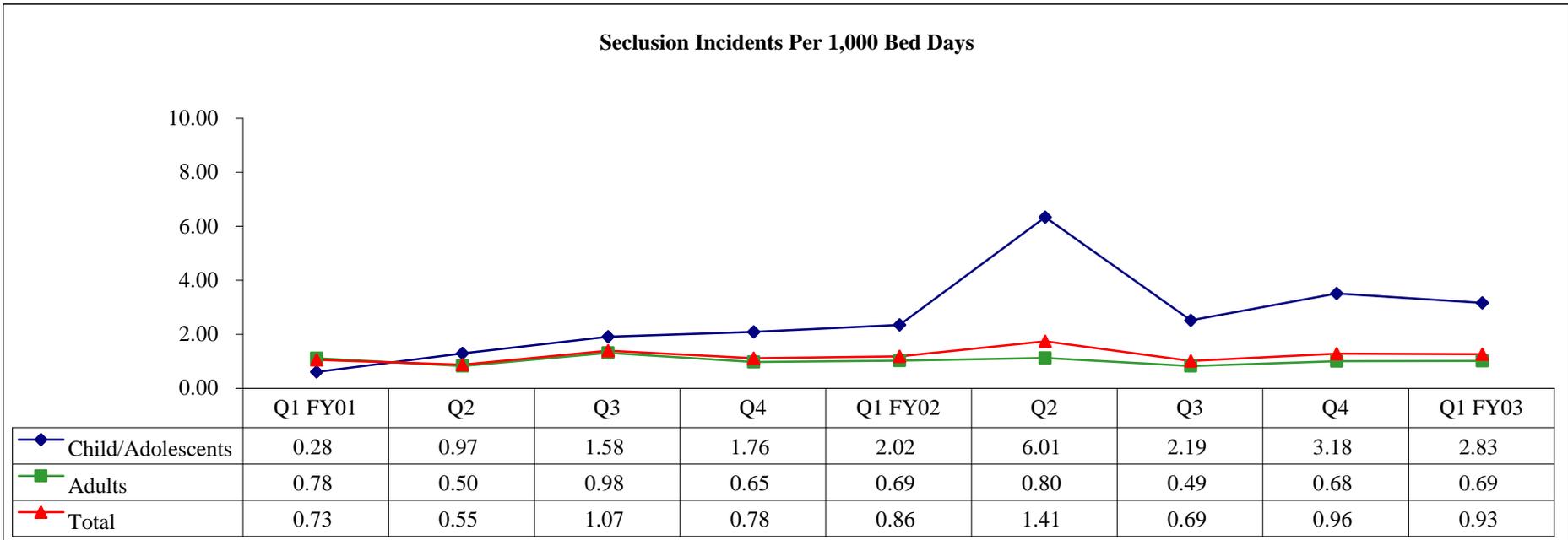
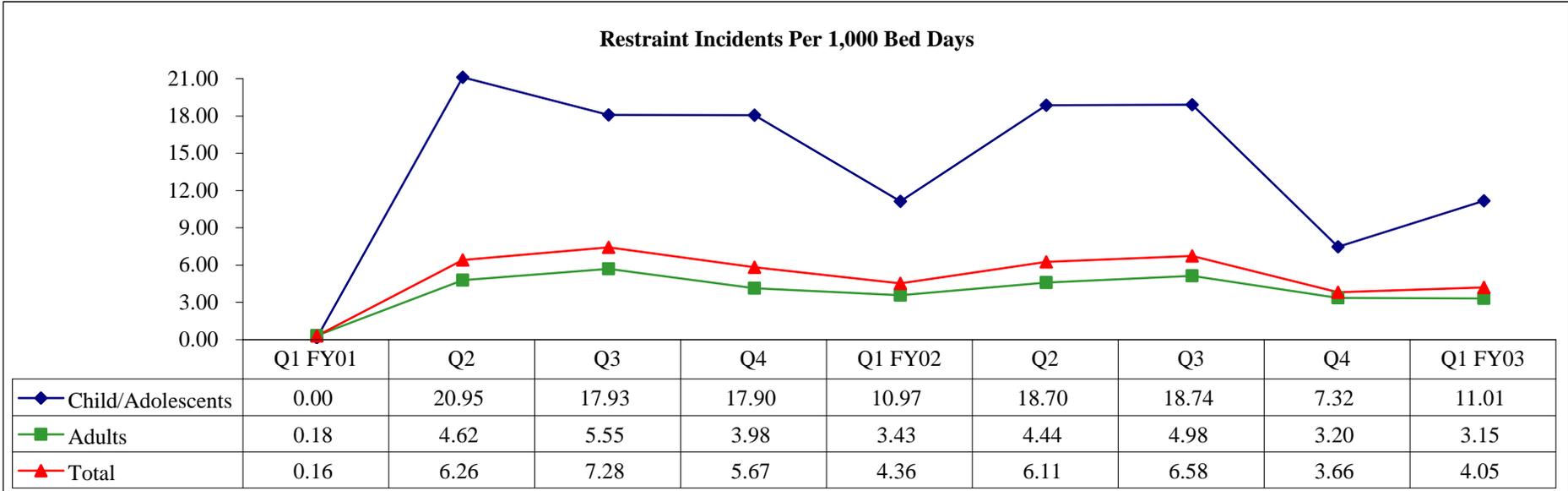
**Objective 3B - Maintain Restraint and Seclusion Data
San Antonio State Hospital**



New Restraint/Seclusion Policy effective 1/01/01

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

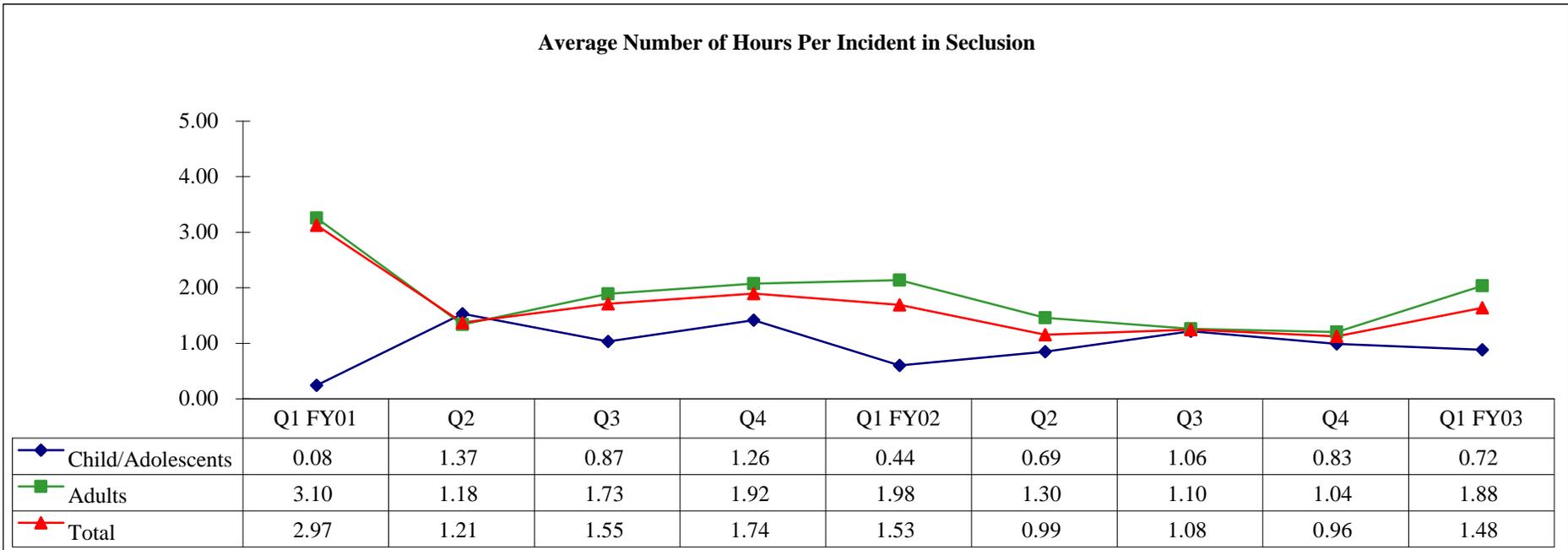
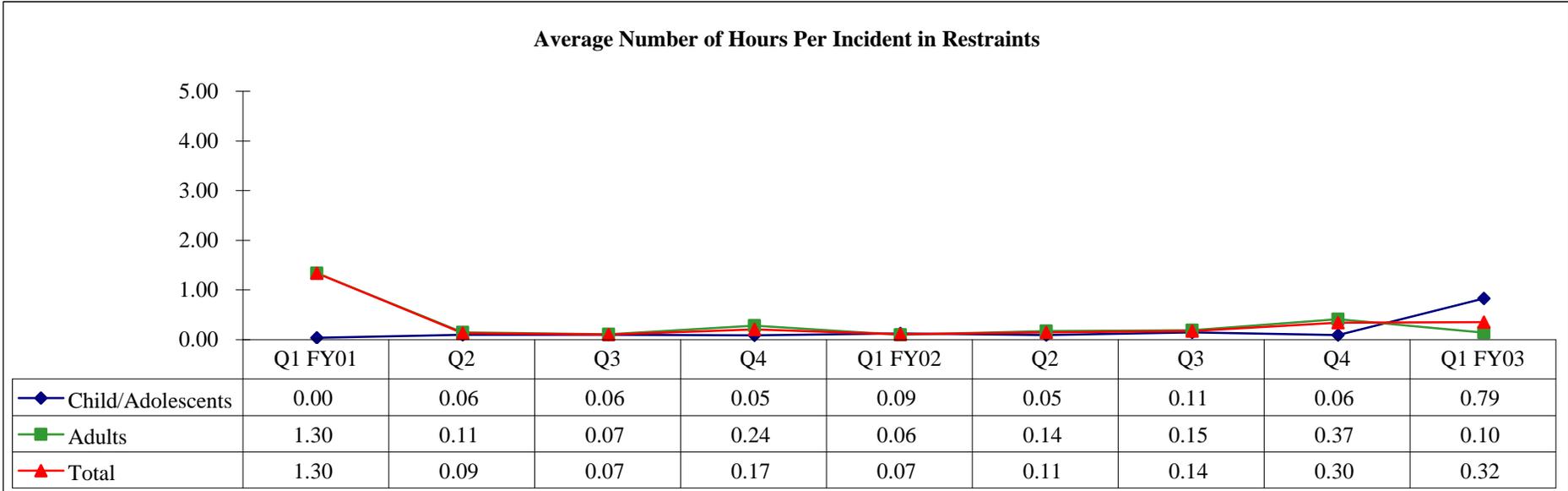
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



New Restraint/Seclusion Policy effective 1/01/01

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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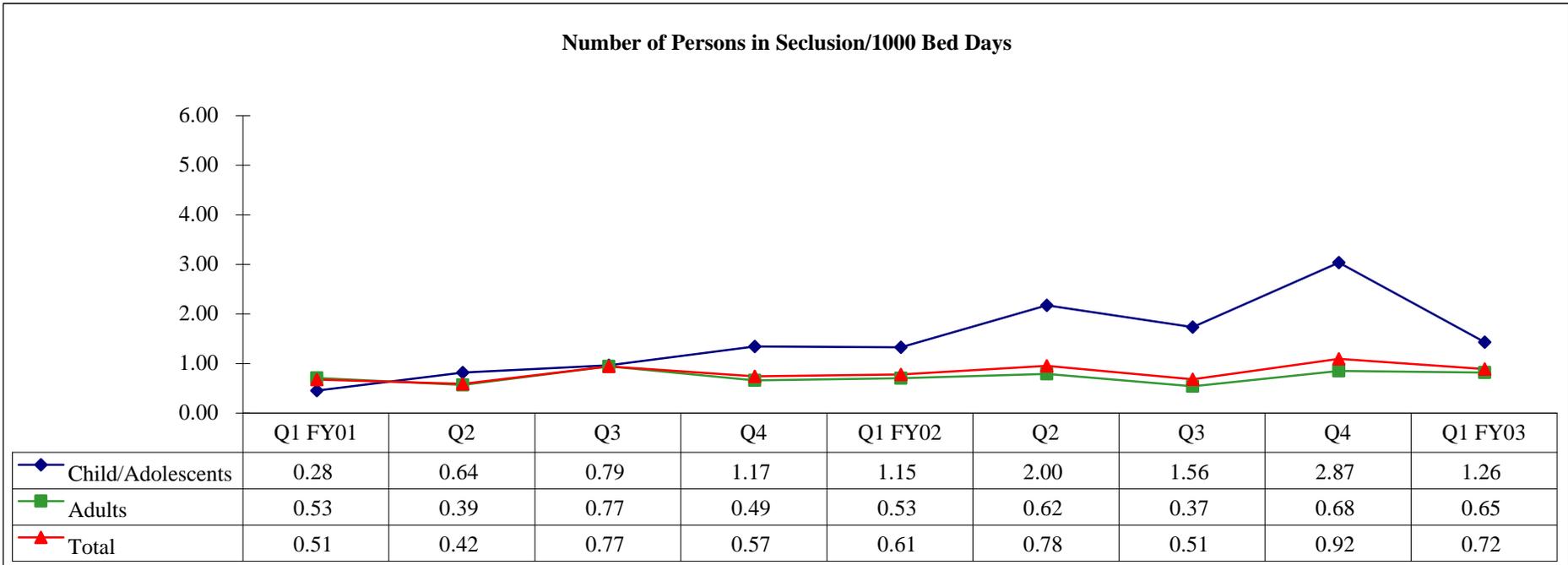
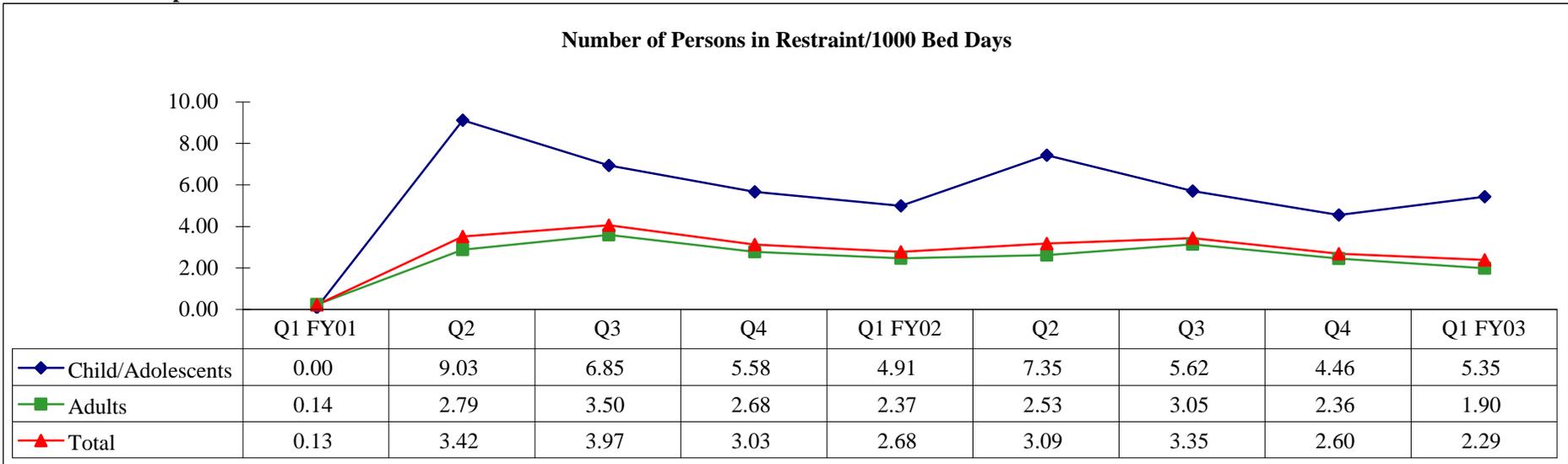
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



New Restraint/Seclusion Policy effective 1/01/01

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

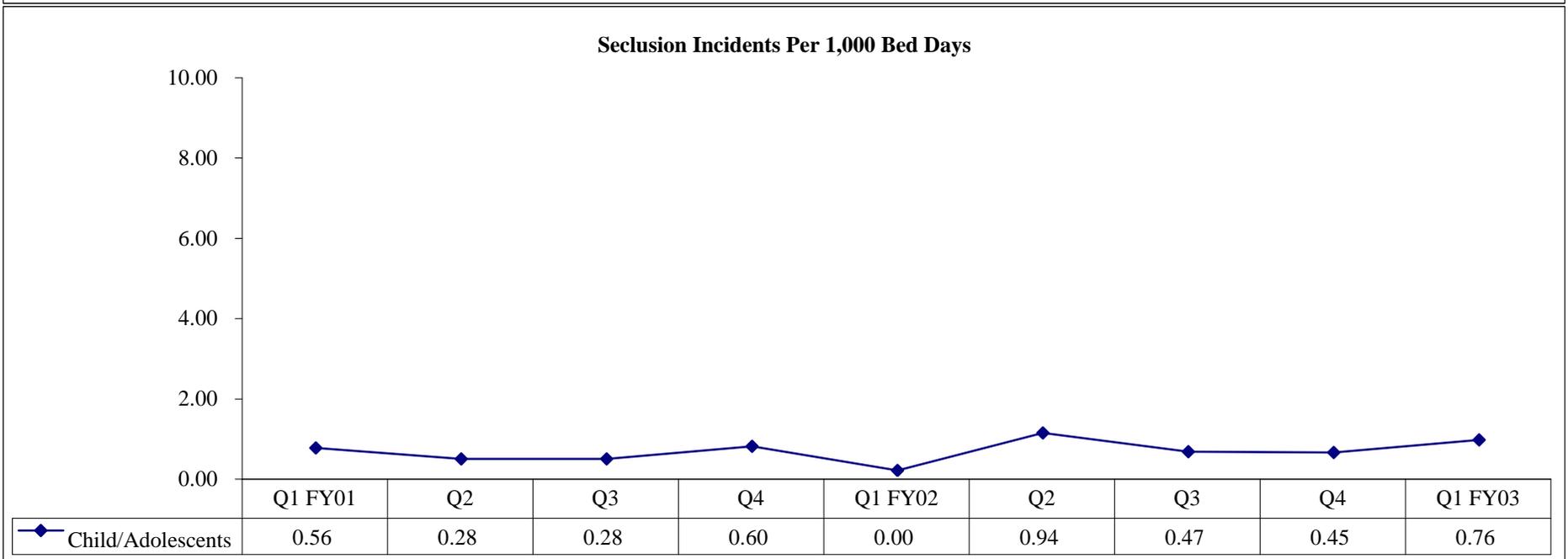
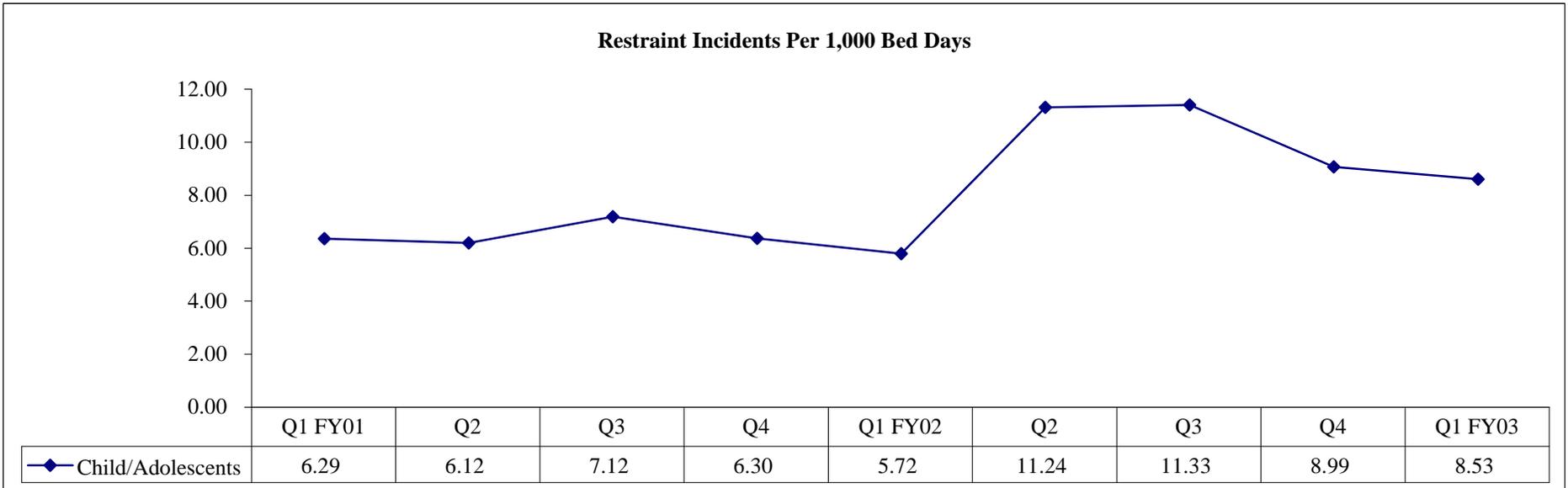
Objective 3B - Maintain Restraint and Seclusion Data
Terrell State Hospital



New Restraint/Seclusion Policy effective 1/01/01

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

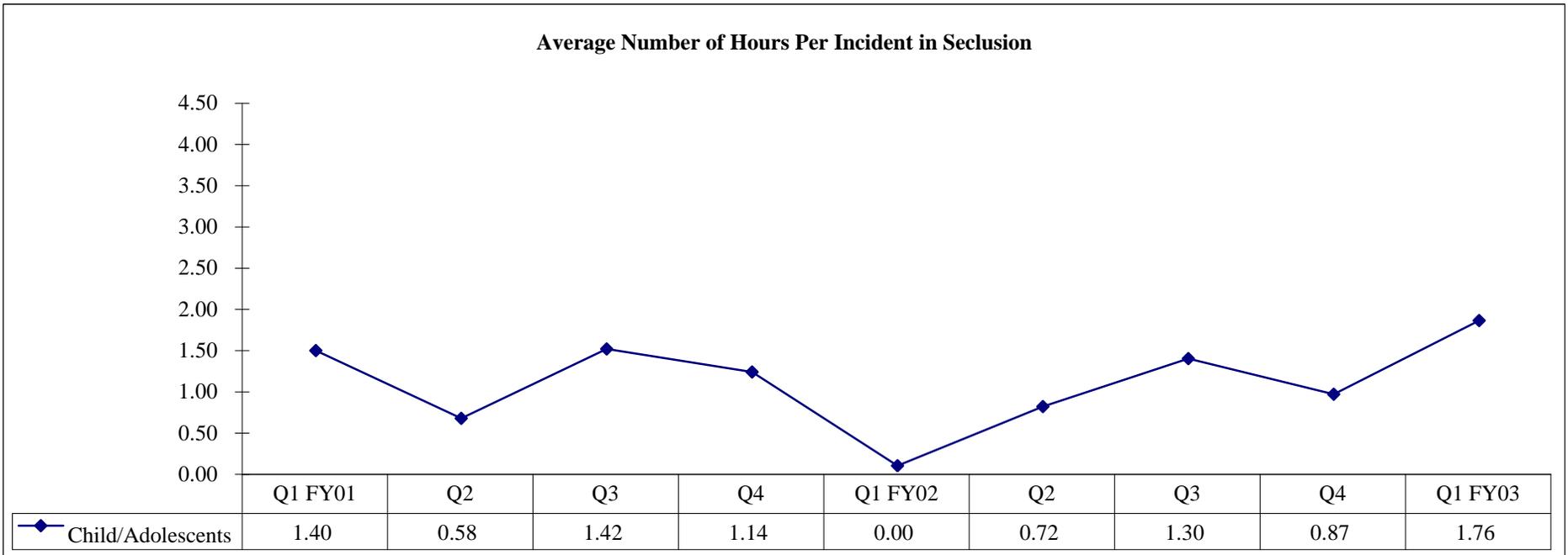
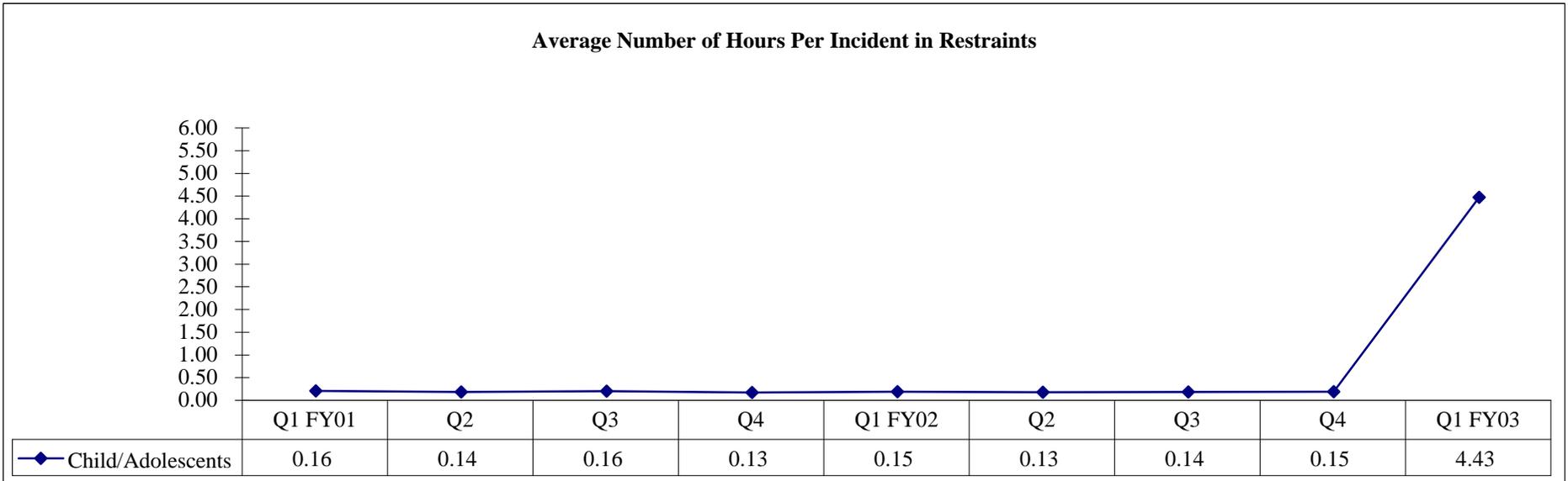
**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



New Restraint/Seclusion Policy effective 1/01/01

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

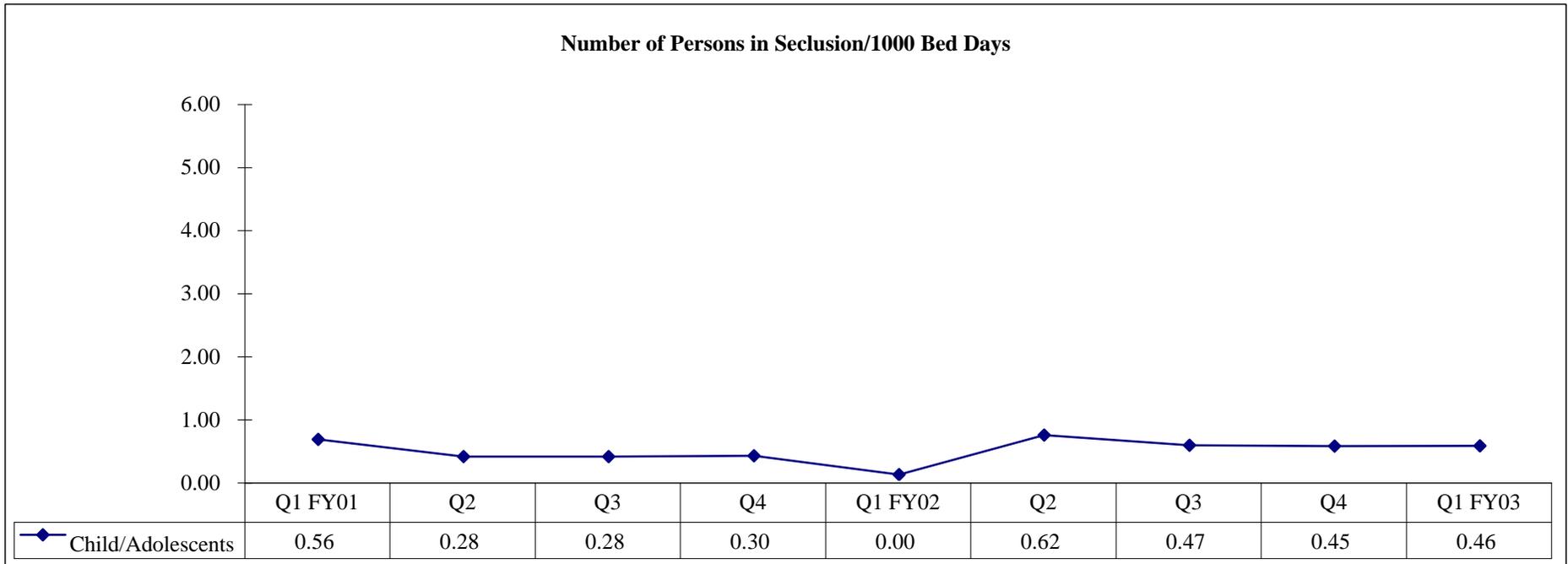
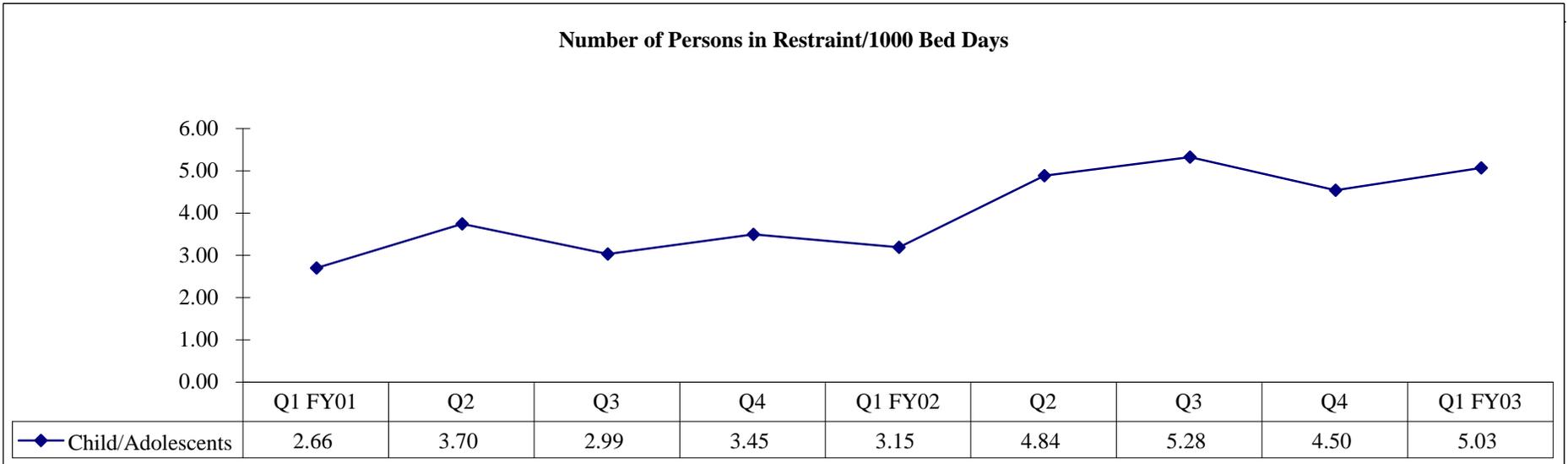
**Objective 3B - Maintain Restraint and Seclusion Data
Waco Center for Youth**



New Restraint/Seclusion Policy effective 1/01/01

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

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



New Restraint/Seclusion Policy effective 1/01/01

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

Performance Objective 3C: State mental health facilities will continue the new TDMHMR SMH/MRF Medication Error Policy that reinforces a culture that encourages error reporting and analysis in order to improve patient safety and effectively reduce medication errors.

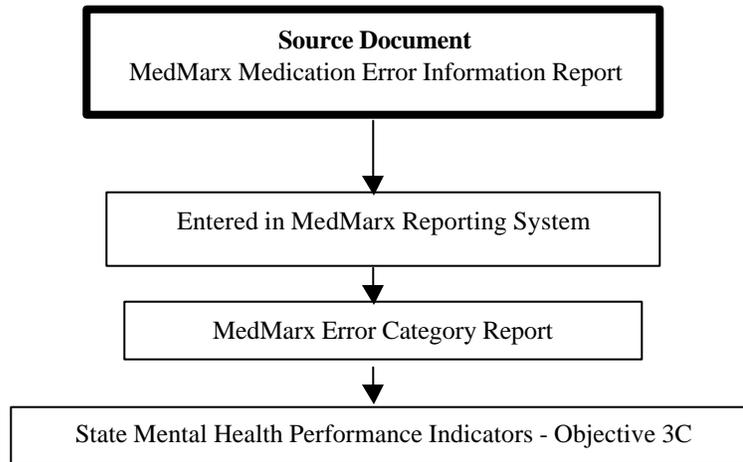
Performance Objective Operational Definition: The number of facility medication errors as documented on the MedMarx Medication Error Information Report form per month.

Performance Objective Formula: N/A (Reporting the monthly number of errors per state mental health facility).

Performance Objective Data Display and Chart Description:

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

Data Flow:

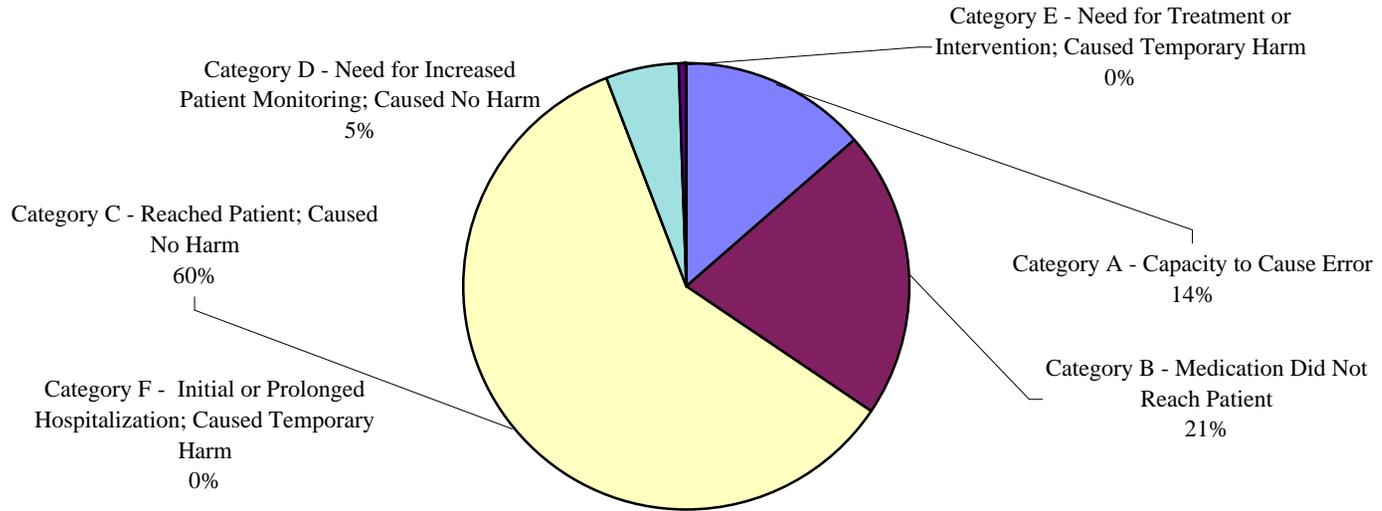


Data Integrity Review Process:

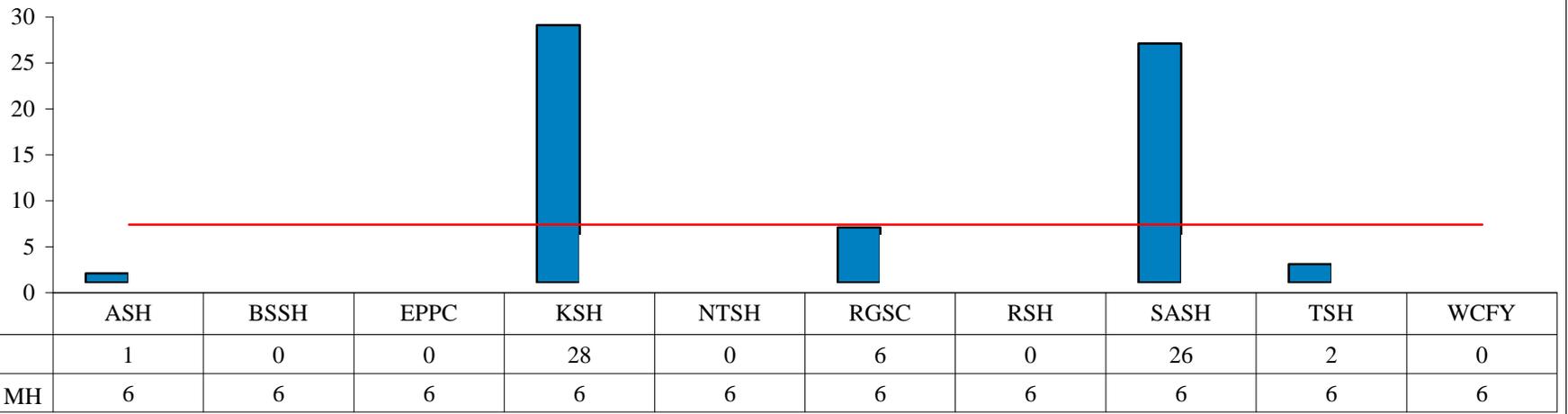
Monitoring Method	Desk Review
Monitoring Instrument	MedMarx Error Category Report, Facility Medication Error Information Report and DIR Tally Sheet
Description of Review Process	Verification by comparing the Facility Medication Error Information Report to the MedMarx Error Category Report for 100% of the errors that occurred in a specified reporting period, e.g., monthly.
Facility/EVT Sample Size	100% Medication errors reported at the facility in a given month per report.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the number of med errors recorded on the Facility Medication Error Information Report compared to the MedMarx Error Category Report for the specified review period.
DRI/EVT Report	Summary of findings

Objective 3C - Medication Variance Data
All MH Facilities

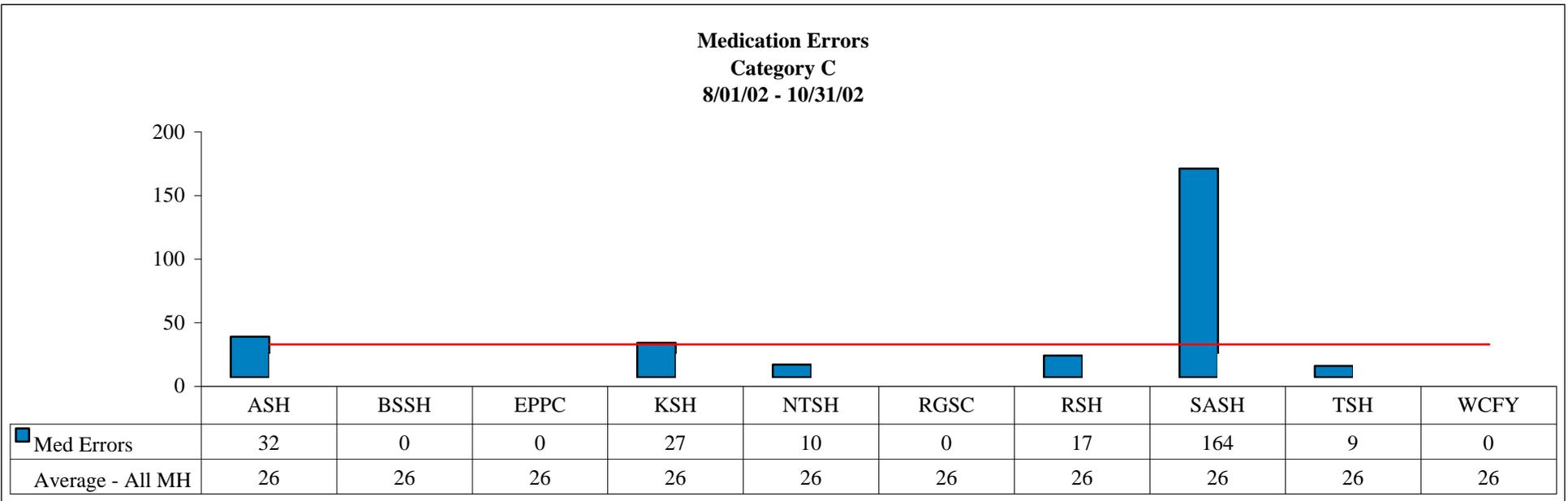
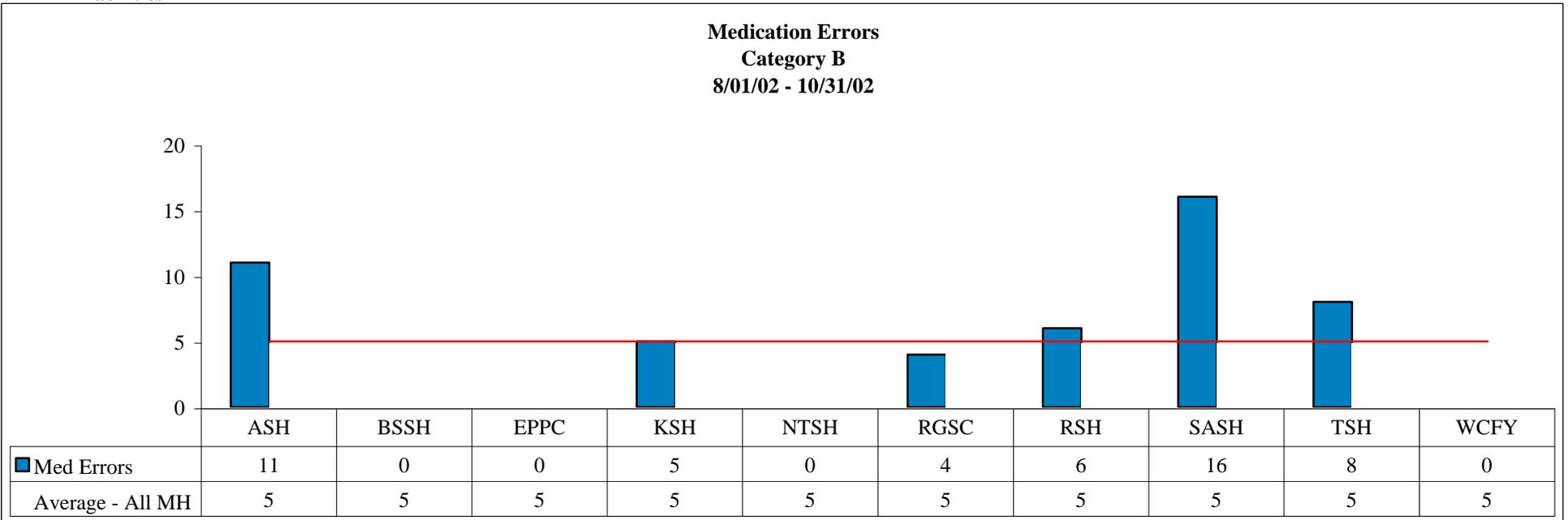
Medication Error By Category
08/01/02 - 10/31/02



Medication Errors
Category A
8/01/02 - 10/31/02

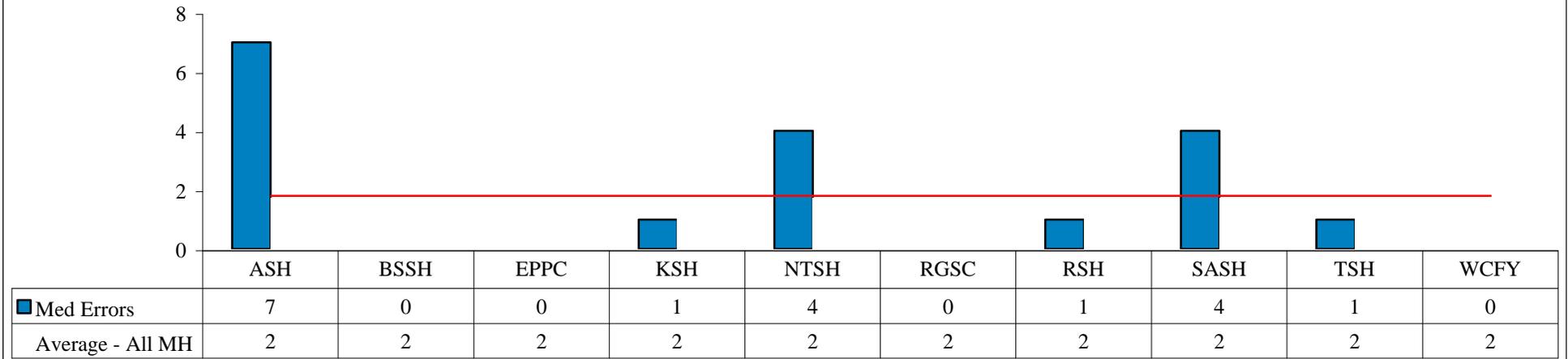


Objective 3C - Medication Variance Data
All MH Facilities

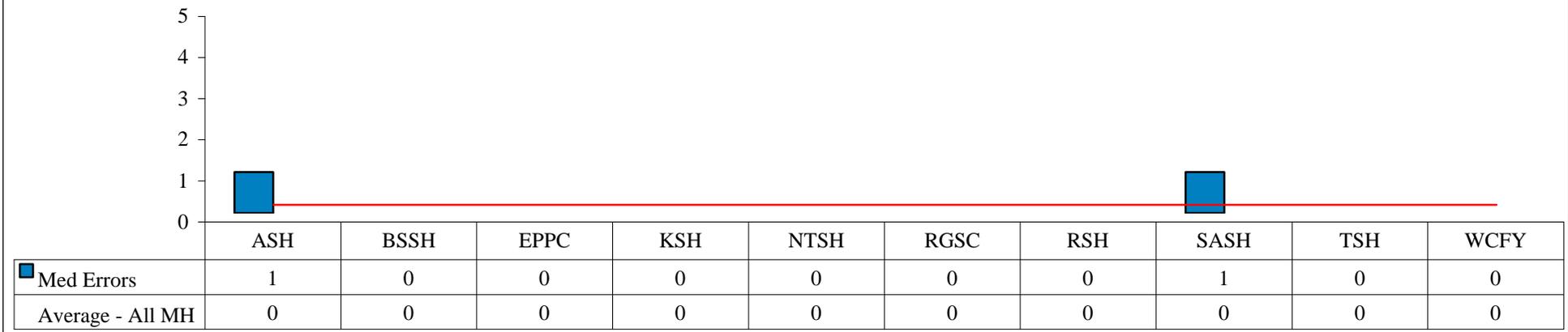


Objective 3C - Medication Variance Data
All MH Facilities

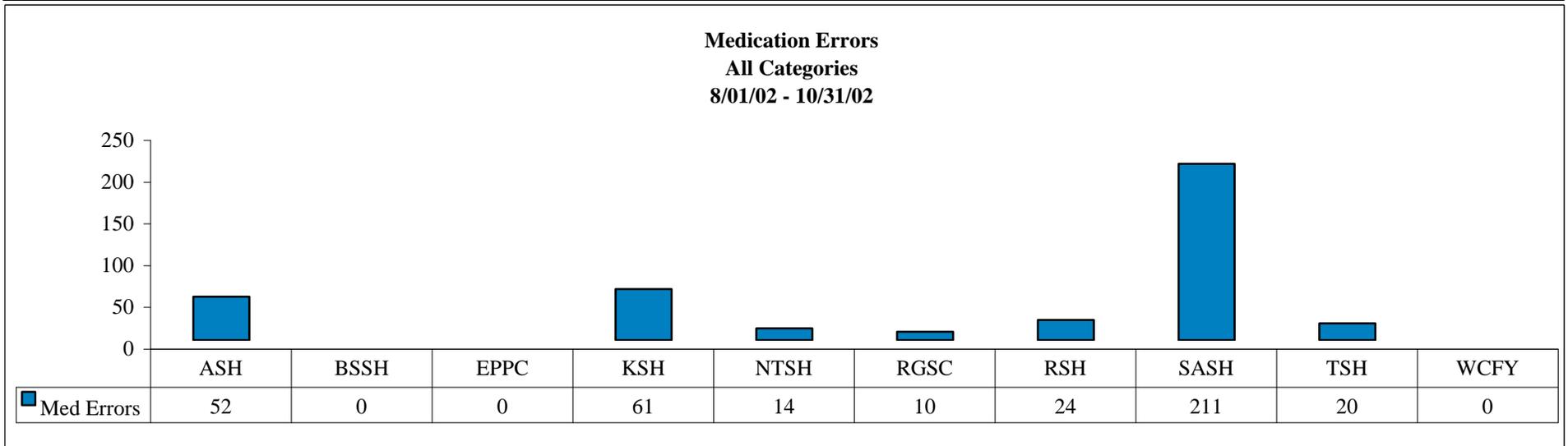
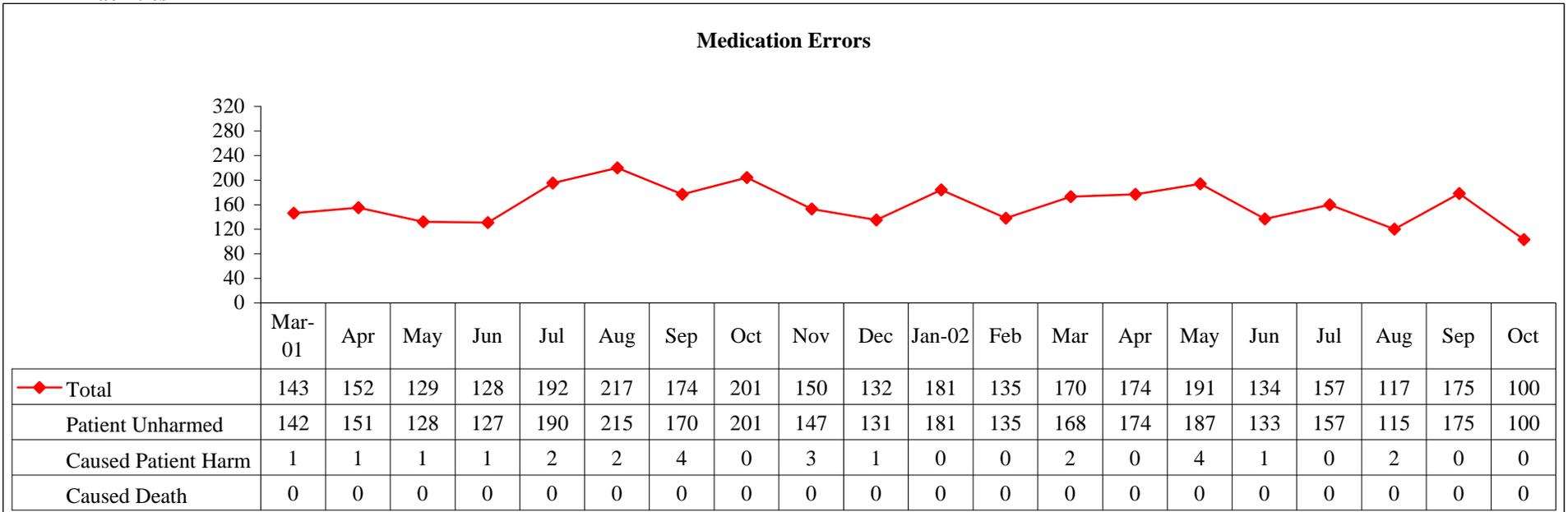
Medication Errors
Category D
8/01/02 - 10/31/02



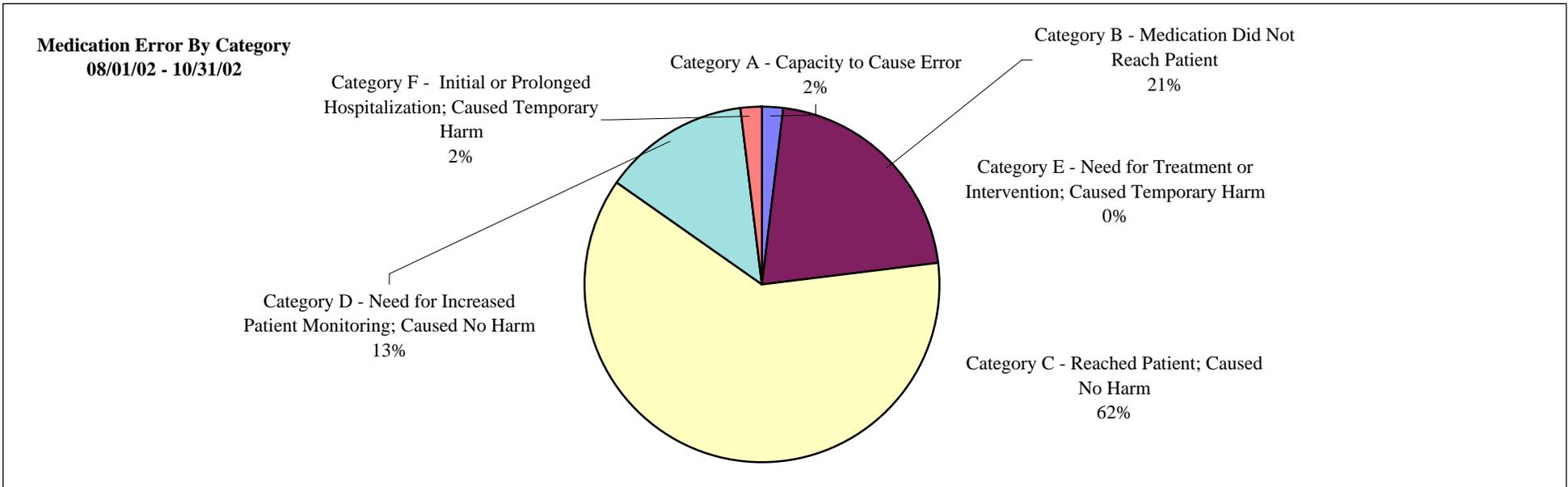
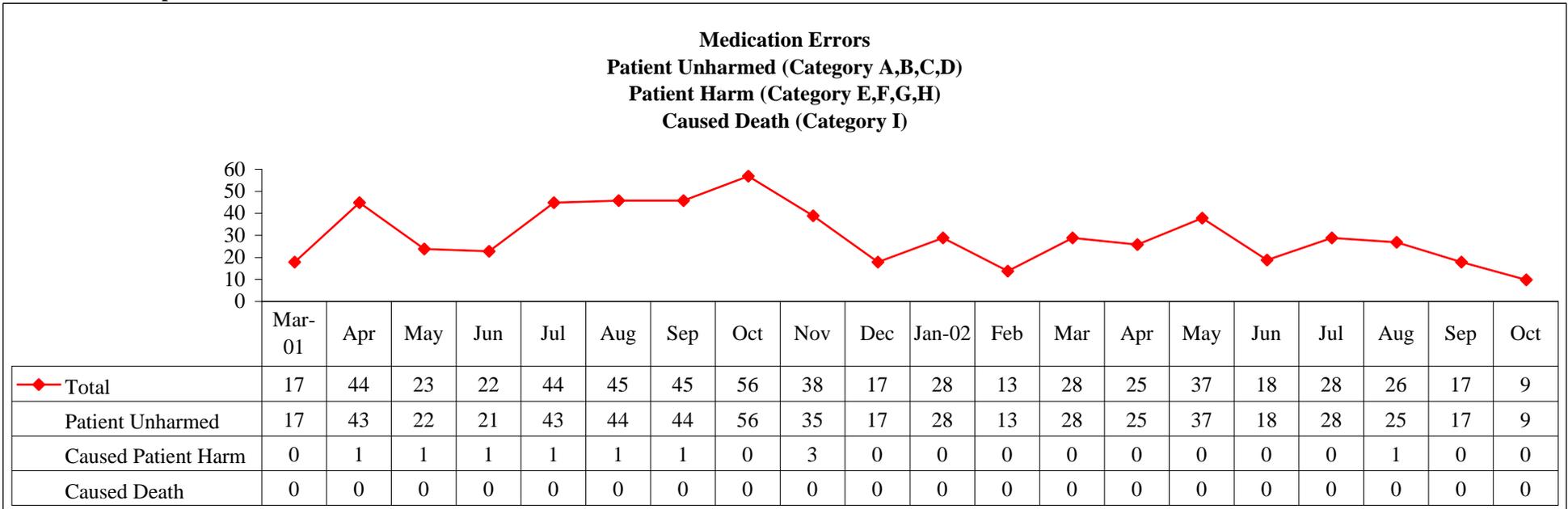
Medication Errors
Category E & F
8/01/02 - 10/31/02



Objective 3C - Medication Variance Data
All MH Facilities

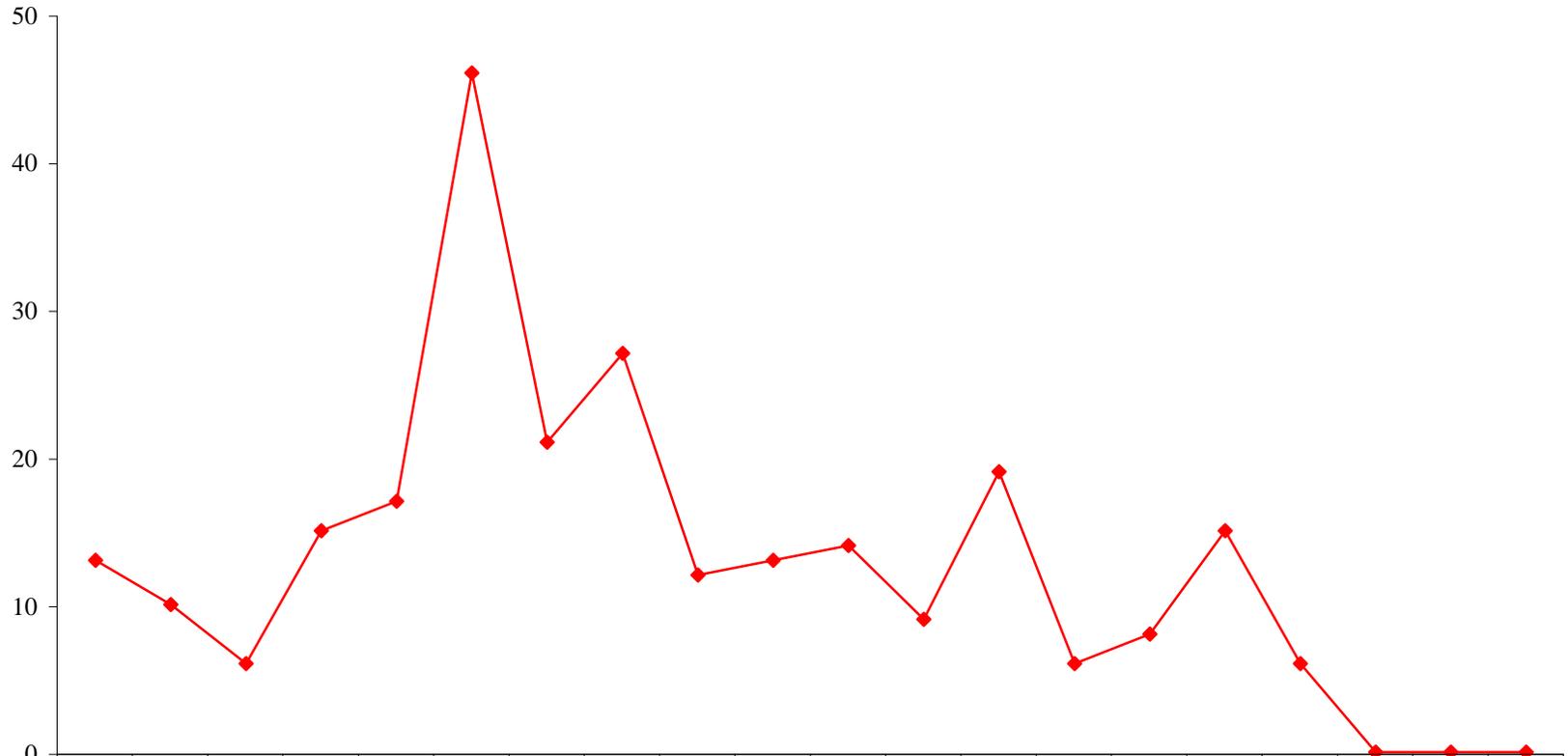


Objective 3C - Medication Variance Data
Austin State Hospital



Objective 3C - Medication Variance Data
Big Spring State Hospital

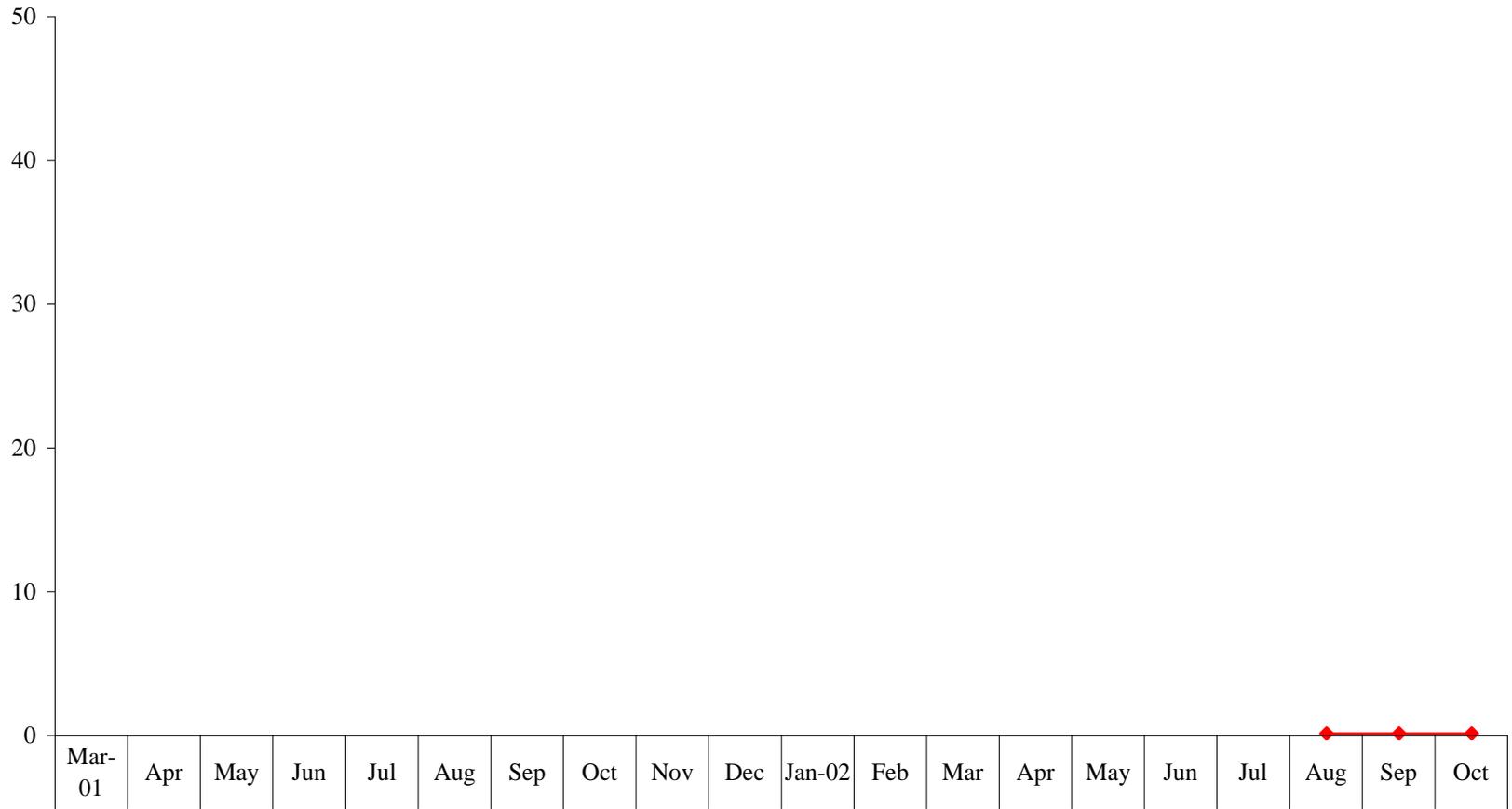
Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



	Mar-01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
◆ Total	13	10	6	15	17	46	21	27	12	13	14	9	19	6	8	15	6	0	0	0
Patient Unharmed	13	10	6	15	17	46	21	27	12	13	14	9	17	6	8	14	6	0	0	0
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

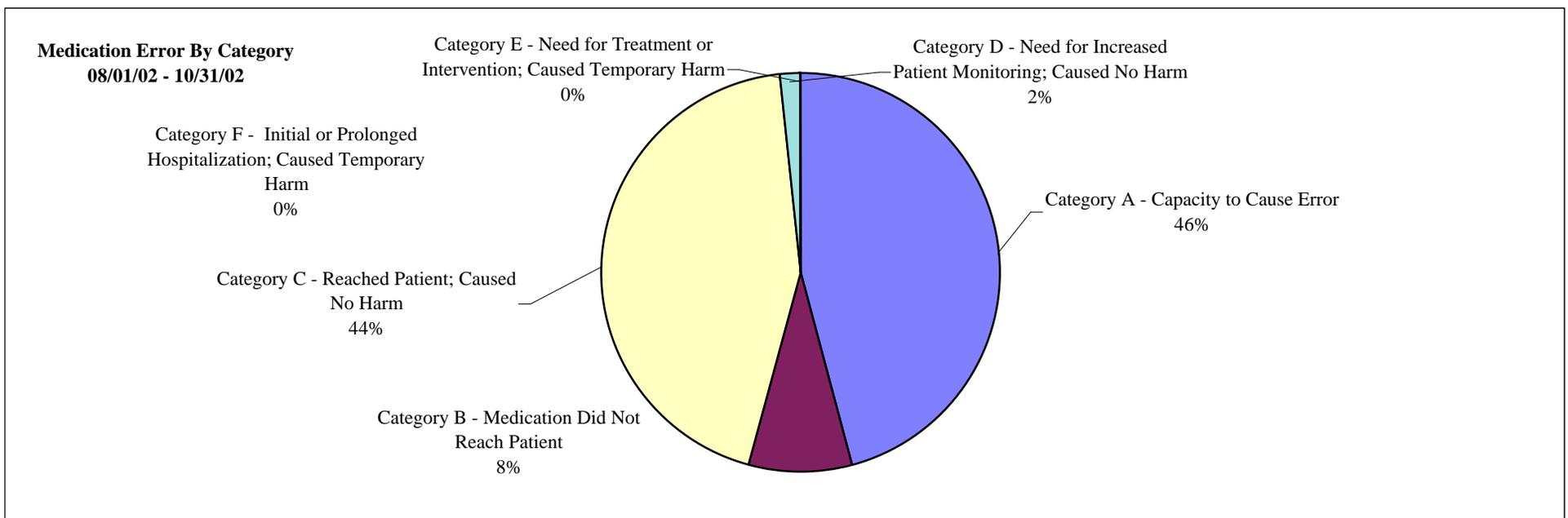
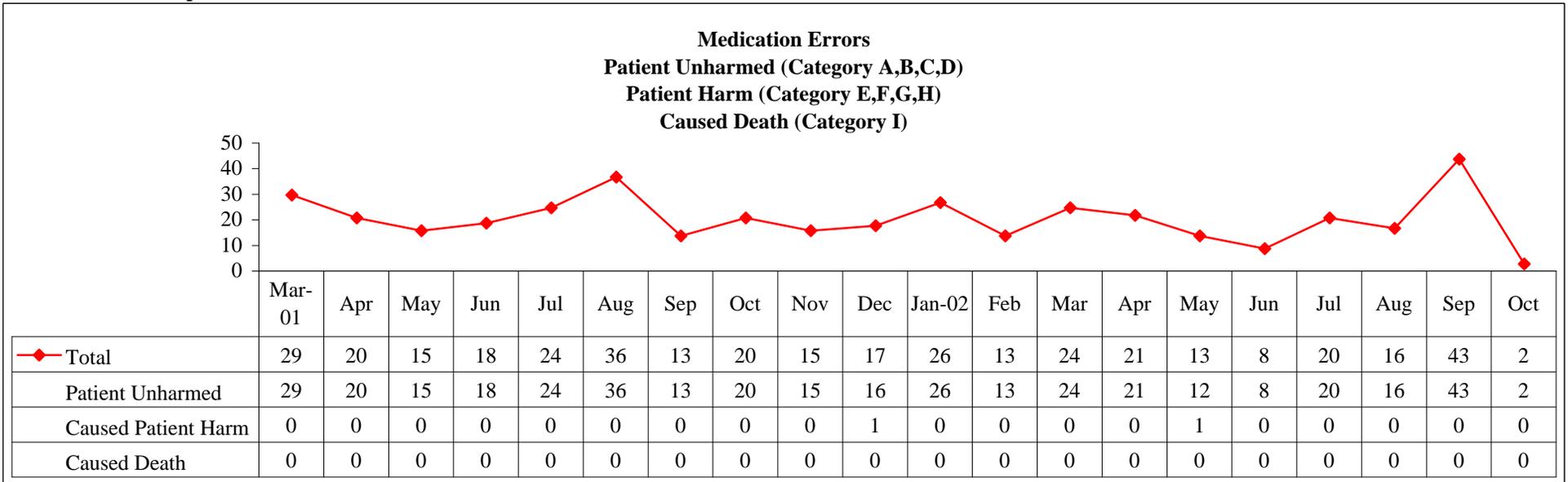
Objective 3C - Medication Variance Data
El Paso Psychiatric Center

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



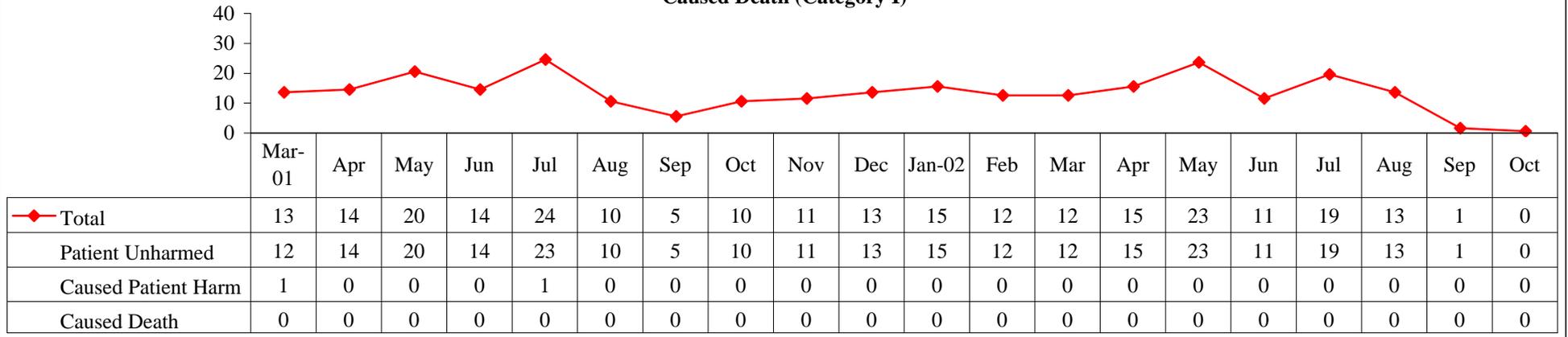
	Mar-01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
◆ Total																		0	0	0
Patient Unharmed																		0	0	0
Caused Patient Harm																		0	0	0
Caused Death																		0	0	0

**Objective 3C - Medication Variance Data
Kerrville State Hospital**

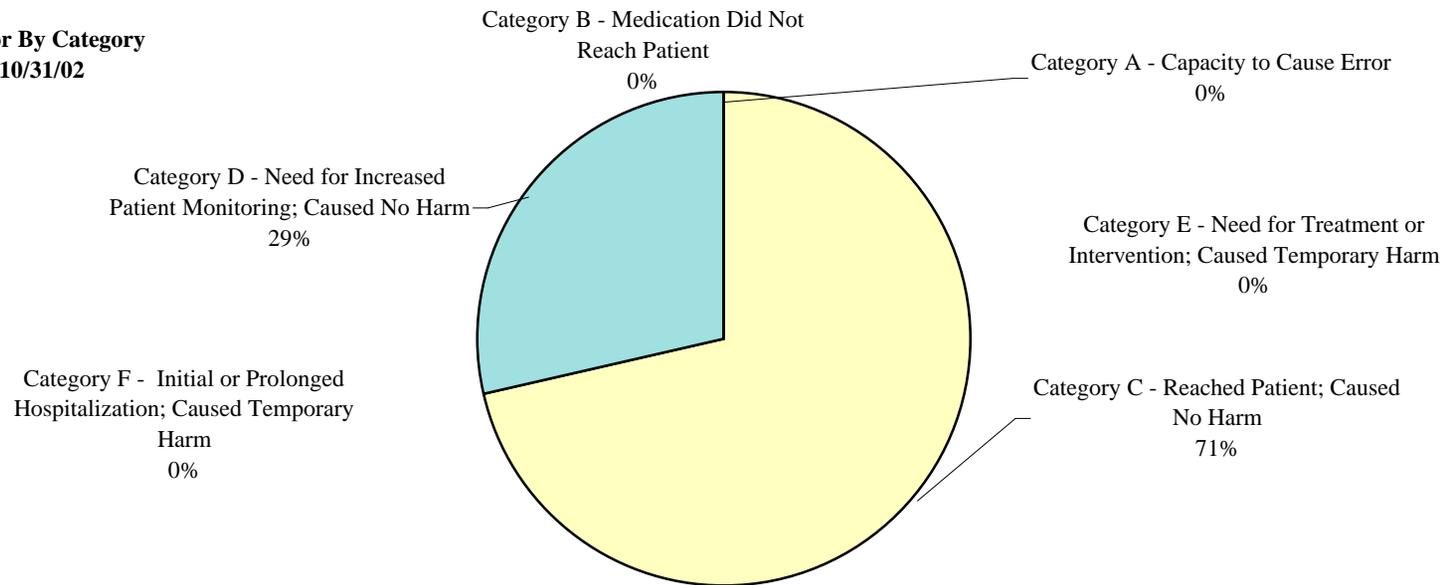


Objective 3C - Medication Variance Data
North Texas State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)

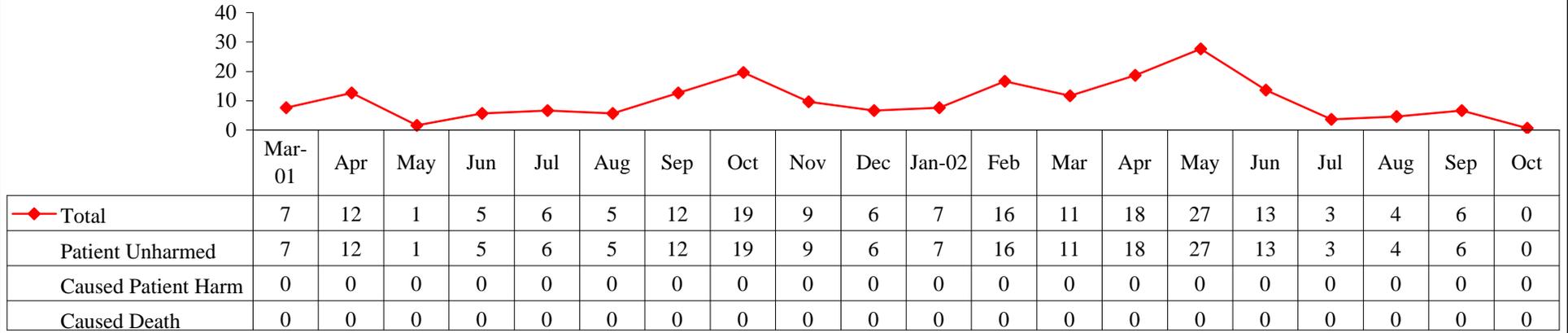


Medication Error By Category
08/01/02 - 10/31/02

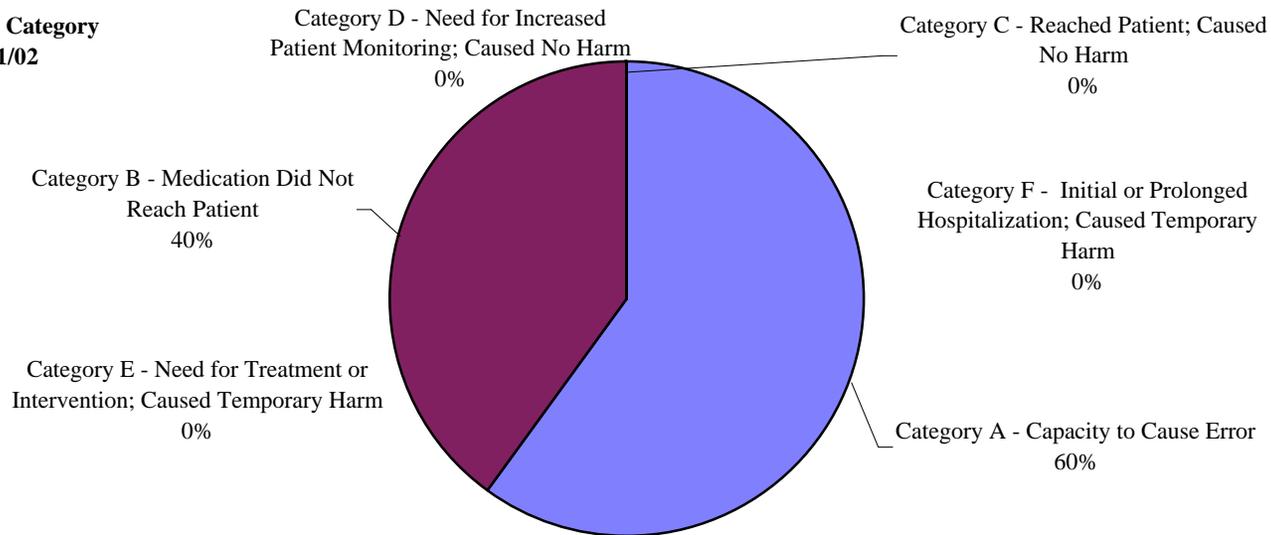


Objective 3C - Medication Variance Data
Rio Grande State Center

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



Medication Error By Category
08/01/02 - 10/31/02



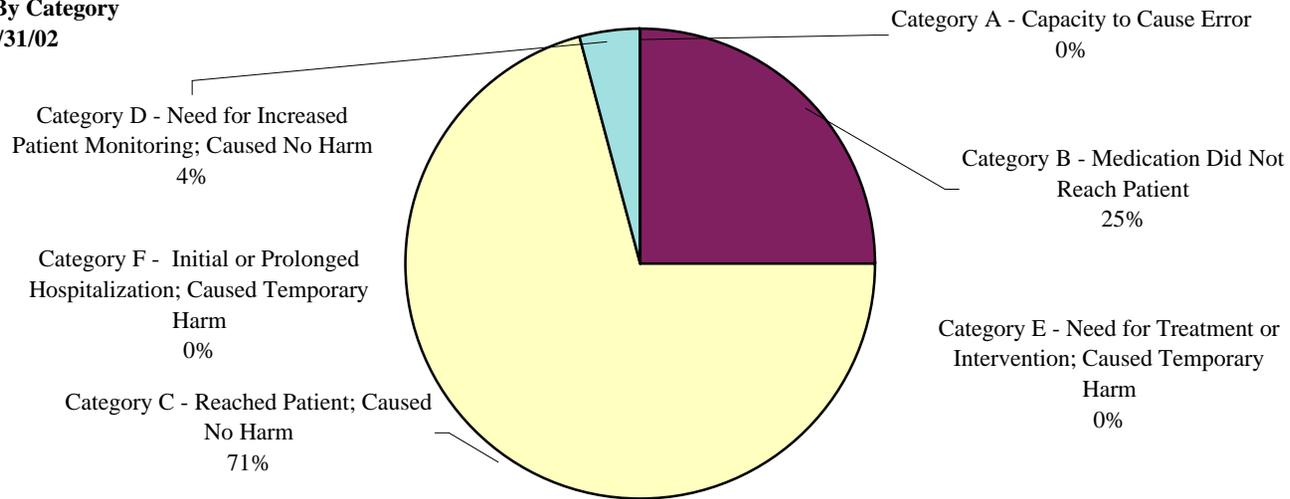
Objective 3C - Medication Variance Data
Rusk State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)

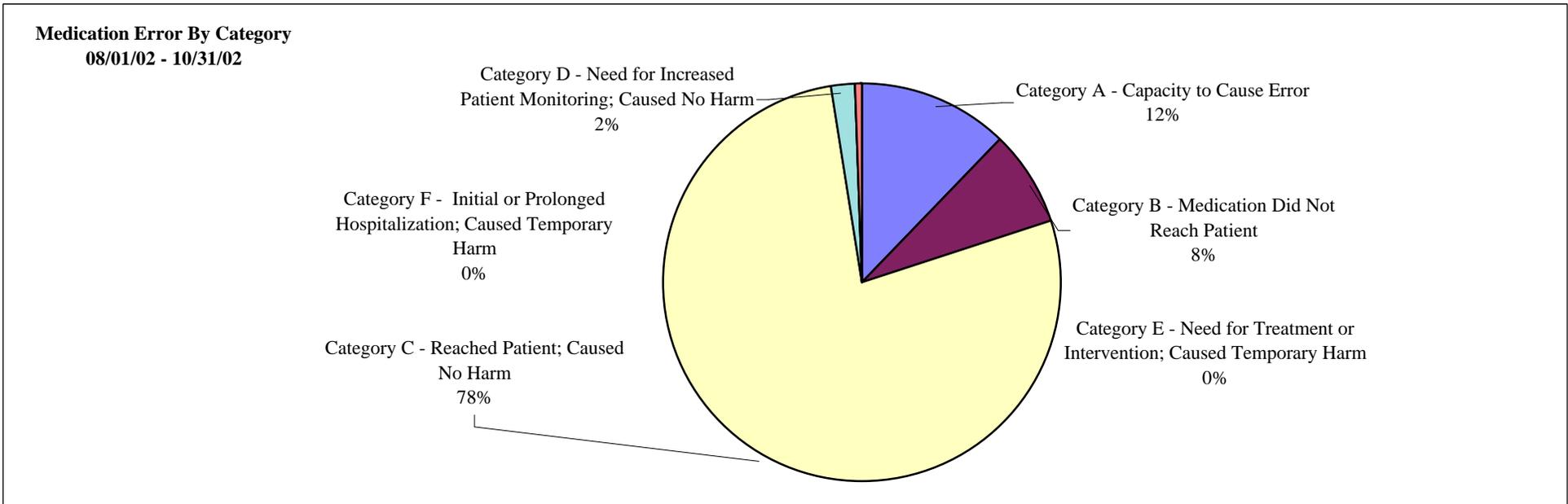
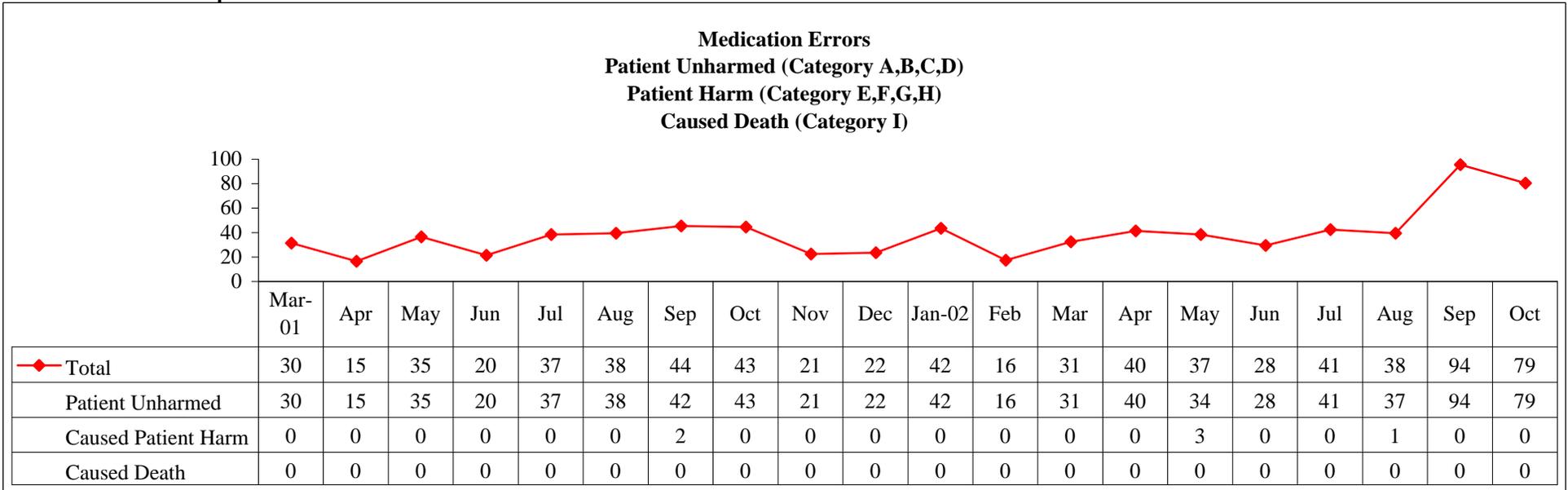


	Mar-01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
◆ Total	24	26	24	28	27	27	18	23	18	33	33	45	40	25	26	35	27	14	10	0
Patient Unharmed	24	26	24	28	27	27	18	23	18	33	33	45	40	25	26	35	27	14	10	0
Caused Patient Harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
08/01/02 - 10/31/02



Objective 3C - Medication Variance Data
San Antonio State Hospital



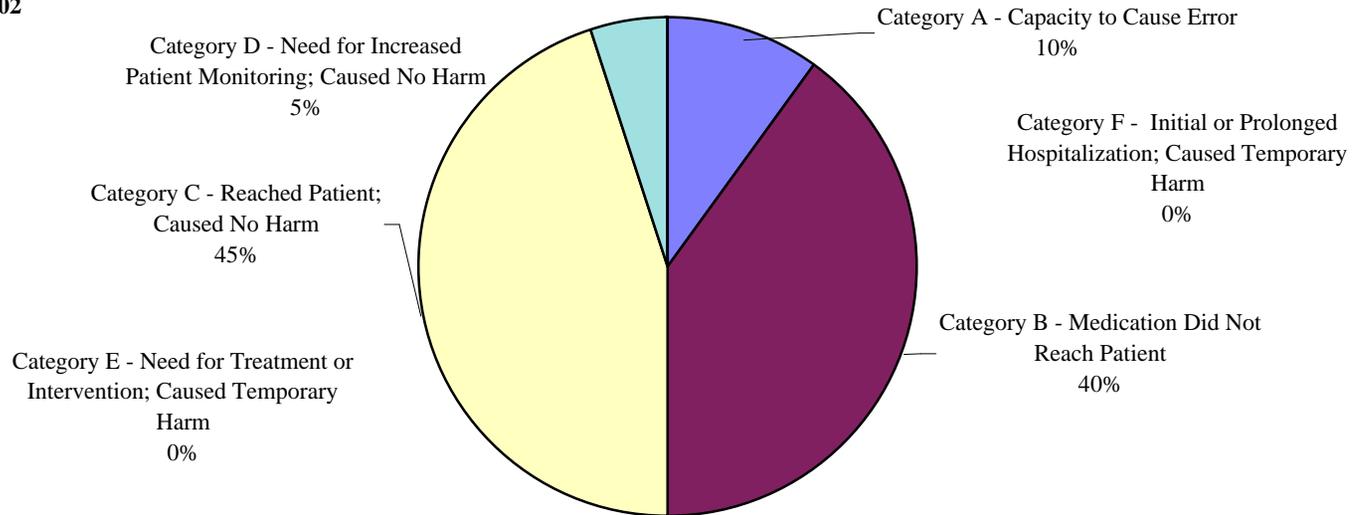
Objective 3C - Medication Variance Data
Terrell State Hospital

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



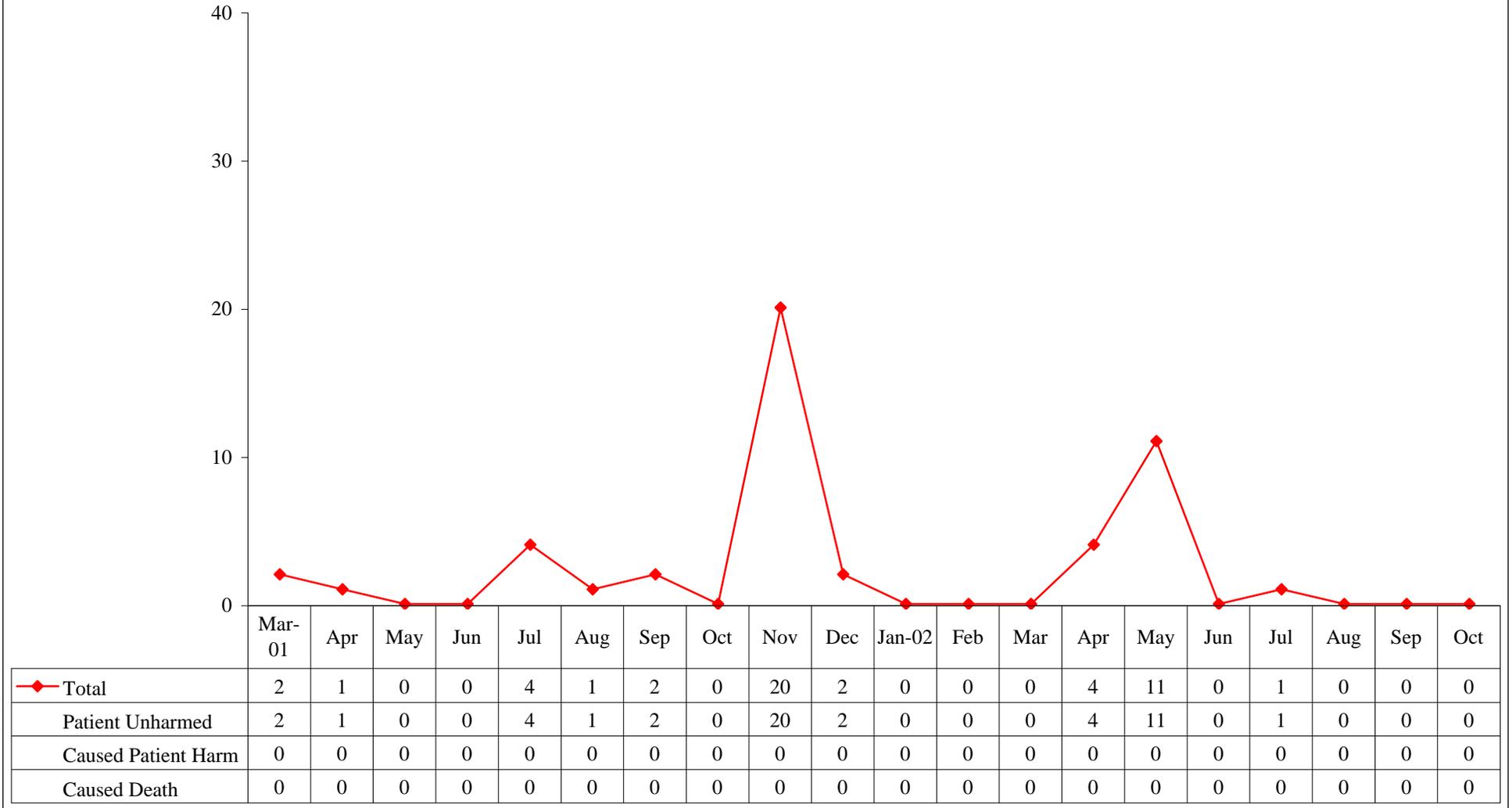
	Mar-01	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
◆ Total	8	10	5	6	9	9	14	3	6	9	16	11	5	20	9	6	12	6	4	10
Patient Unharmed	8	10	5	6	9	8	13	3	6	9	16	11	5	20	9	6	12	6	4	10
Caused Patient Harm	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Caused Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medication Error By Category
08/01/02 - 10/31/02



Objective 3C - Medication Variance Data
Waco Center for Youth

Medication Errors
Patient Unharmed (Category A,B,C,D)
Patient Harm (Category E,F,G,H)
Caused Death (Category I)



Performance Measure 3A: Brief Psychiatric Rating Scale (BPRS): Improvement in patient treatment outcomes will be measured by showing a significant decrease of clinical symptoms with a reduction of more than twelve (12) points. (LBB Measure)

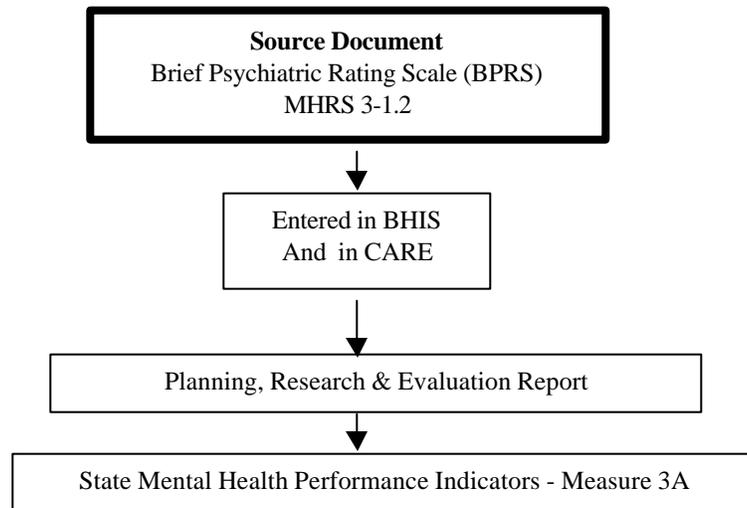
Performance Measure Operational Definition: For each quarter, the number of discharged patients in CARE with two BPRS scores that have a change in scores of +12 points or less. BPRS Version 4.0, Expanded Version will be used to rate all patients upon admission and discharge. To be valid, total BPRS score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

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

Performance Measure Data Display and Chart Description:

- Chart with quarter data of percent of discharged patients with two BPRS Scores; number with two BPRS Scores; number without two BPRS Scores; and total discharges for individual facilities.
- Table shows the number and percent of improvement, no change and increase symptoms of discharged patients with two BPRS Scores for individual facilities and system-wide.
- Table shows the number and percent of discharges with zero BPRS Score, one BPRS Score and two BPRS Scores for individual facilities and system-wide.
- Table shows the percent of discharges with two BPRS Scores for individual facilities and system-wide for FY quarters.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk and Record Review of applicable BPRS data
Monitoring Instrument/Tool	Planning Research & Evaluation (PR&E) BPRS Report, DIR Tally Sheet
Description of Review Process	Compare the BPRS dates and scores in the PR&E BPRS Report and the MHR 3-1.2 for discharge patients with two BPRS scores.
Facility and DIR Sample Size	In a given quarter, a random sample of 30 from the PR&E BPRS Report.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When there is more than one incorrect date or score for the quarter reviewed.
DIR/EVT Report	Summary of review including findings and data analysis

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

Percent with Two BPRS by Facility by Quarter

Facility	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03	Q2	Q3	Q4
ASH	94%	91%	93%	87%	89%	82%	88%	90%	56%			
BSSH	70%	78%	72%	70%	81%	85%	84%	96%	90%			
EPPC									0%			
KSH	70%	53%	64%	83%	73%	85%	88%	96%	95%			
NTSH	86%	82%	81%	78%	73%	86%	93%	97%	96%			
RGSC	62%	71%	59%	5%	6%	62%	74%	86%	92%			
RSH	97%	99%	97%	97%	94%	93%	98%	96%	98%			
SASH	63%	80%	81%	68%	78%	79%	91%	92%	96%			
TSH	38%	80%	73%	75%	80%	73%	85%	87%	88%			

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

**Number and Percent of Discharged Patients with Zero, One, and Two BPRS's
Completed by Facility - Q1 FY2003**

Facility	Discharges	No BPRS	%	One BRPS	%	Two BPRS	%
ASH	783	231	29%	115	15%	437	56%
BSSH	308	1	0%	30	10%	277	90%
EPPC	403	403	100%	0	0%	0	0%
KSH	176	1	1%	7	4%	168	95%
NTSH	561	3	1%	19	3%	539	96%
RGSC	290	2	1%	21	7%	267	92%
RSH	527	1	0%	9	2%	517	98%
SASH	626	4	1%	21	3%	601	96%
TSH	589	5	1%	66	11%	518	88%
Totals	4263	651	15%	288	7%	3324	78%

Discharges do not include patients under the age of 19.

Performance Measure 3B: GAF: Improvement in patient treatment outcomes will be analyzed by showing:

1. the percent of patients receiving campus services whose GAF score increased;
 2. the percent of patients receiving campus services whose GAF score stabilized.
- (LBB Measure)

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

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

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

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

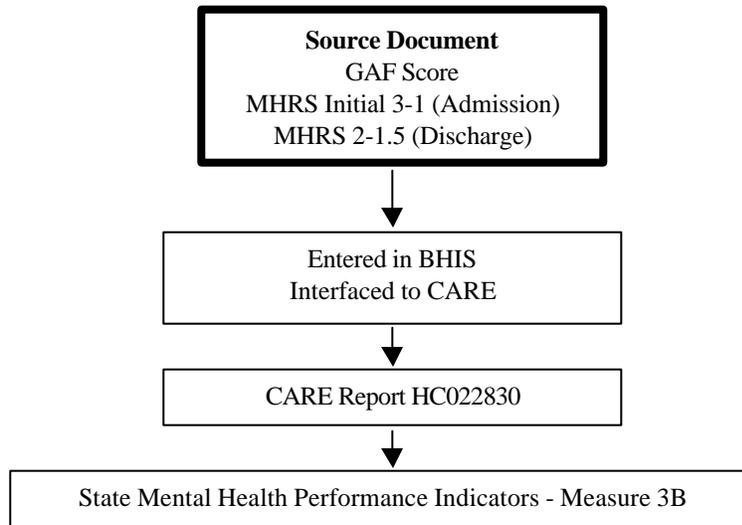
D = number of discharges per month (Persons who were discharged from the facility monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

Performance Measure Data Display and Chart Description:

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

Data Flow:

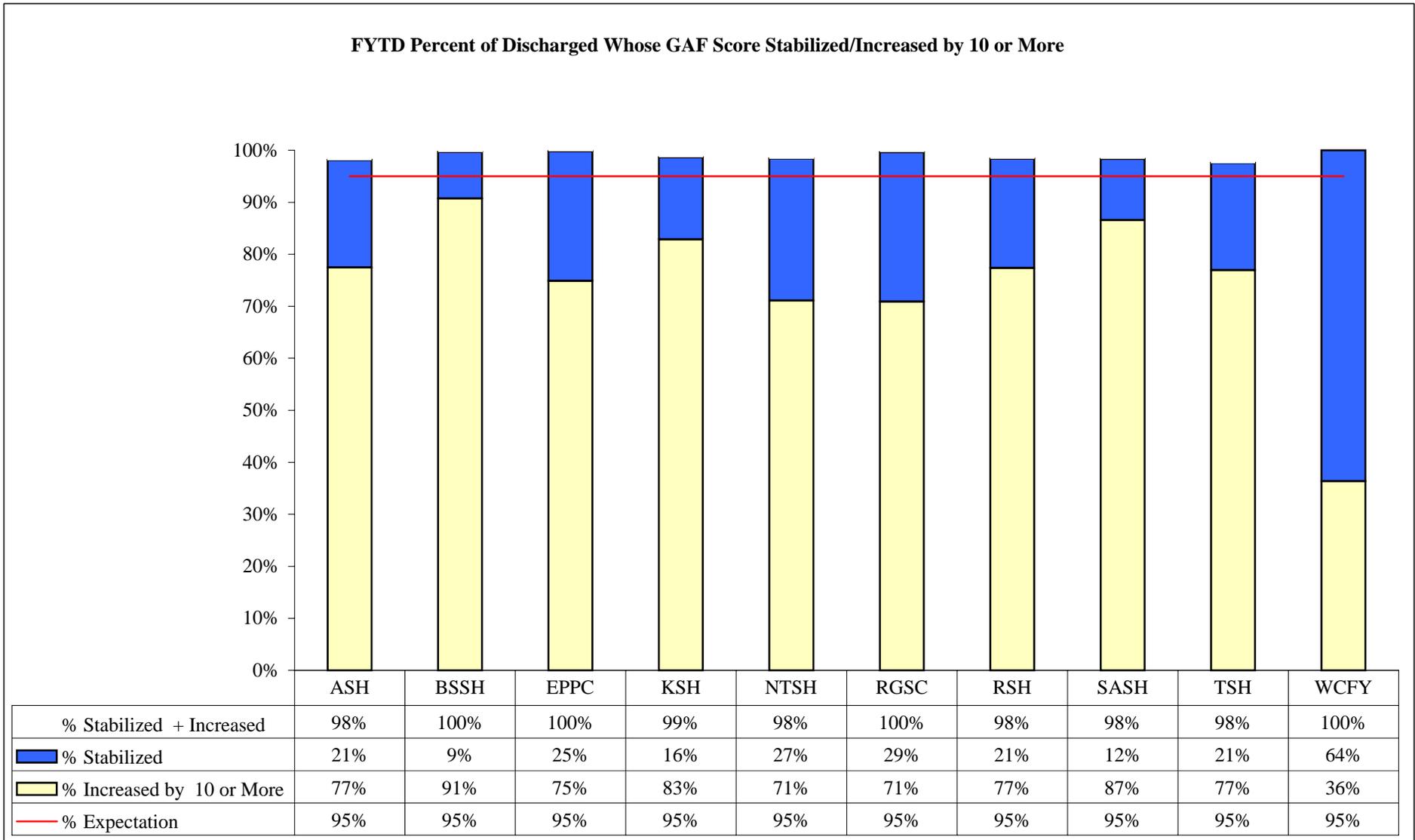
Numerator (N) & Denominator (D)



Data Integrity Review Process:

Monitoring Method	Medical record review for GAF scores recorded in psychiatric evaluation and discharge summary/ note
Monitoring Instrument/Tool	Care Report HC022830 and DIR Tally Sheet
Description of Review Process	Verification by reviewing patient admission/discharge GAF scores of closed records.
Sample Size	Review of 30 randomly selected closed records for a selected FY Quarter
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When there is more than one incorrect or missing GAF score missing during the quarter reviewed.

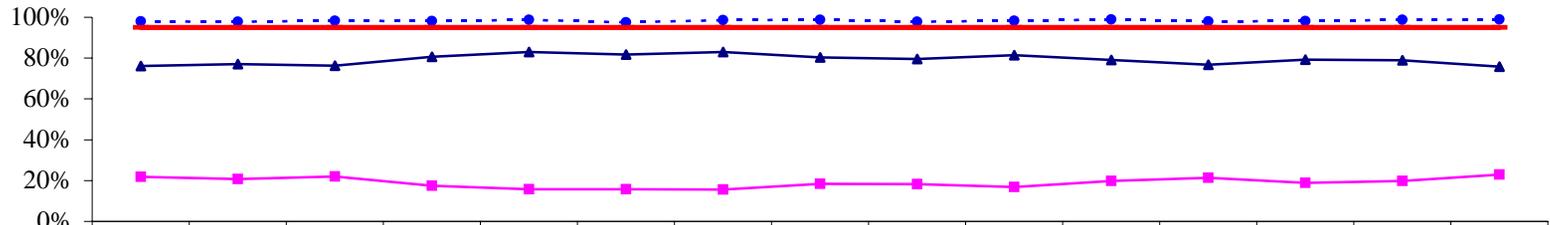
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All MH Facilities



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

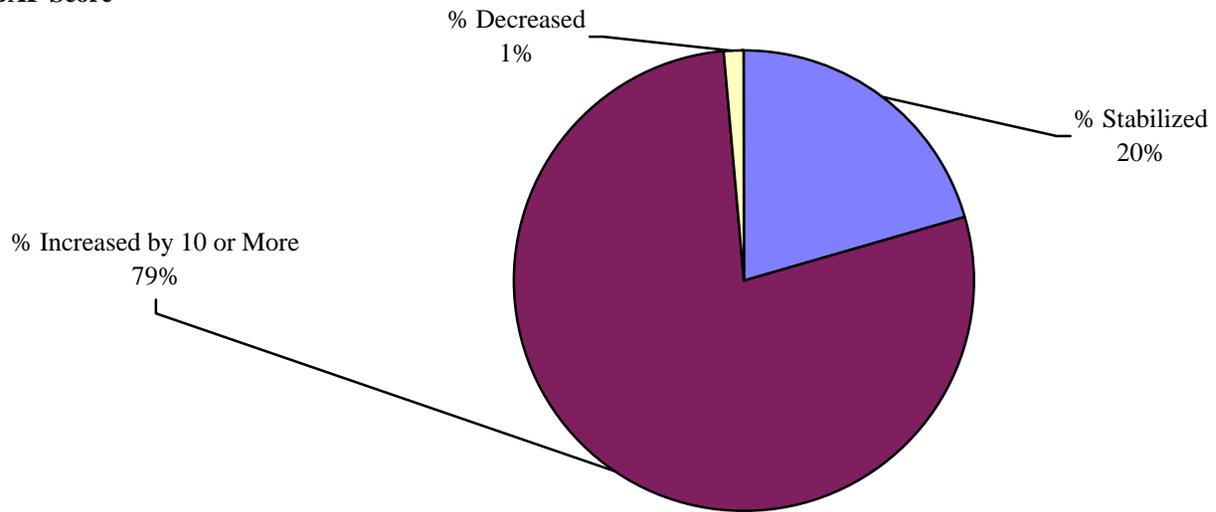
All MH Facilities

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



	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	76%	77%	76%	81%	83%	82%	83%	80%	80%	81%	79%	77%	79%	79%	76%
■ % Stabilized	22%	21%	22%	17%	16%	16%	16%	18%	18%	17%	20%	21%	19%	20%	23%
● % Stabilized + Increased	98%	98%	98%	98%	99%	98%	99%	99%	98%	98%	99%	98%	98%	99%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

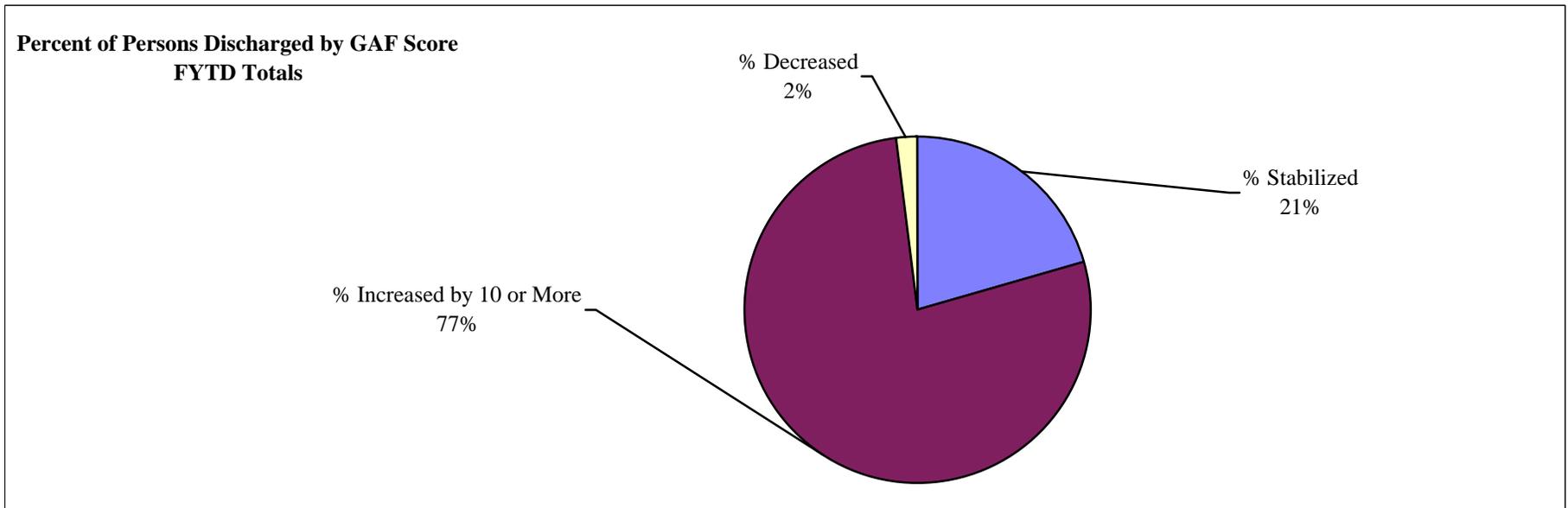
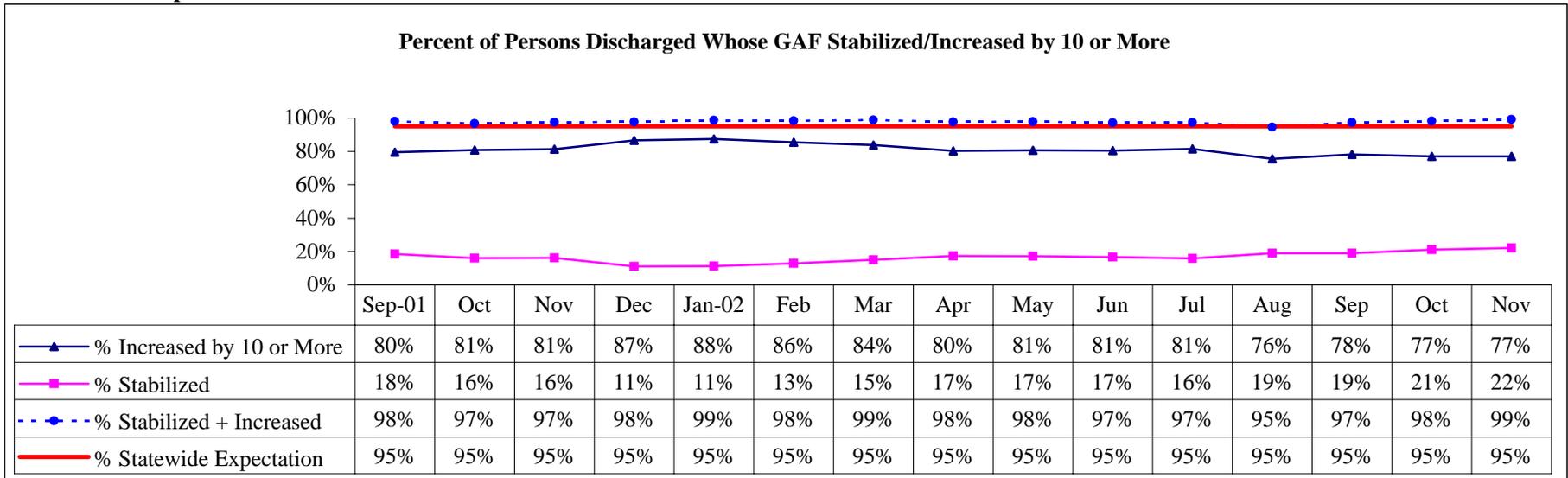
Percent of Persons Discharged by GAF Score
FYTD Totals



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

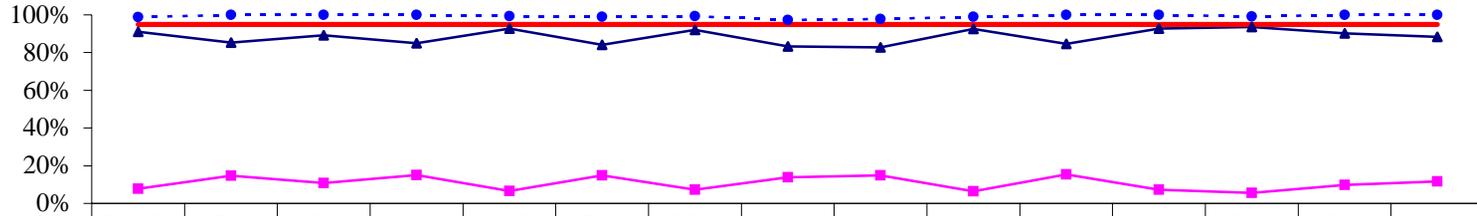
Percent of Discharged Whose GAF Score Stabilized

Austin State Hospital



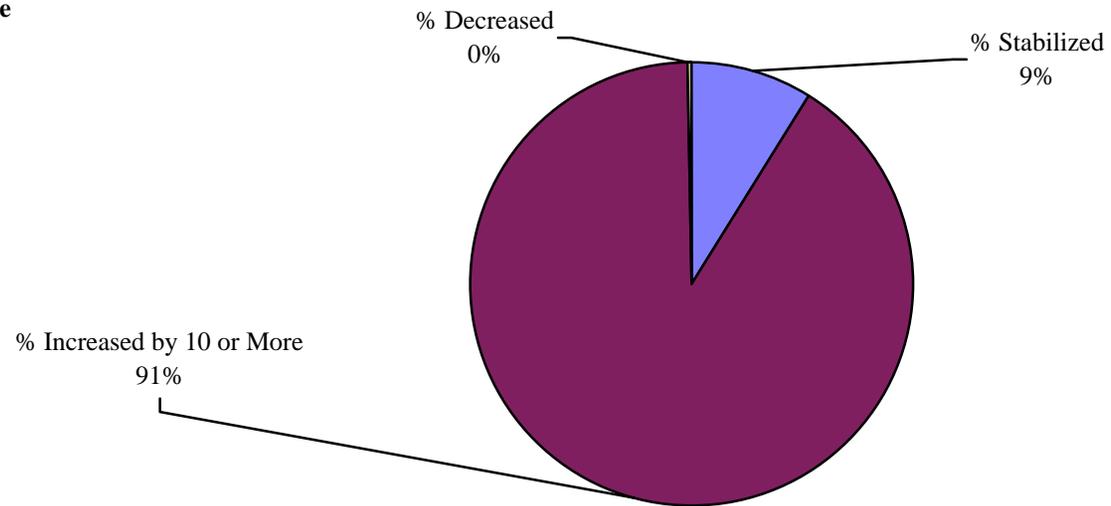
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Big Spring State Hospital

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



	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	91%	85%	89%	85%	93%	84%	92%	83%	83%	93%	85%	93%	94%	90%	88%
■ % Stabilized	8%	15%	11%	15%	7%	15%	7%	14%	15%	6%	15%	7%	6%	10%	12%
● - - % Stabilized + Increased	99%	100%	100%	100%	99%	99%	99%	97%	98%	99%	100%	100%	99%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals



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

Percent of Discharged Whose GAF Score Stabilized

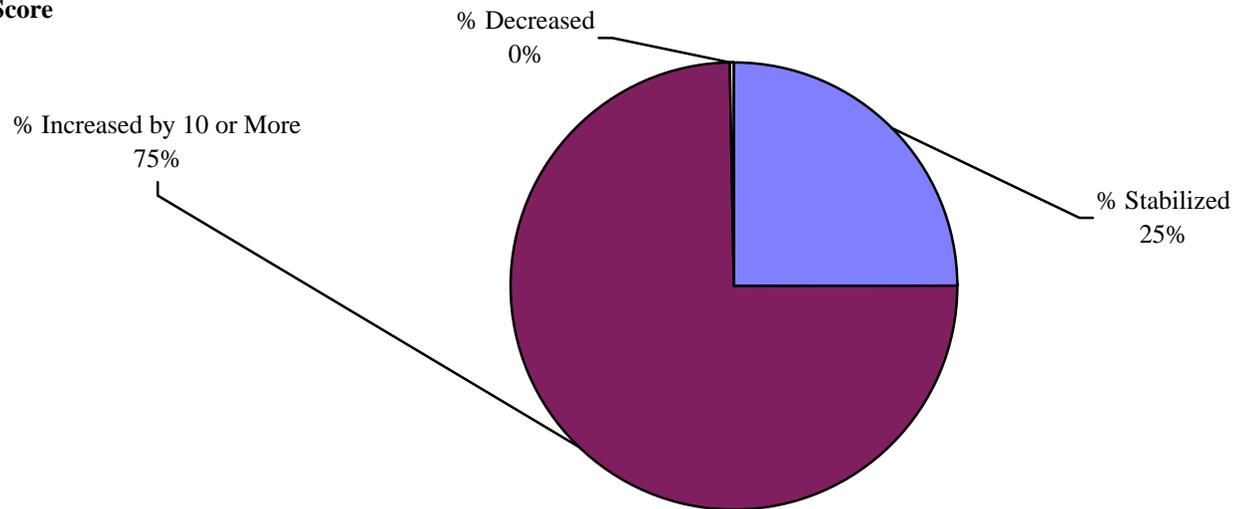
El Paso Psychiatric Center

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



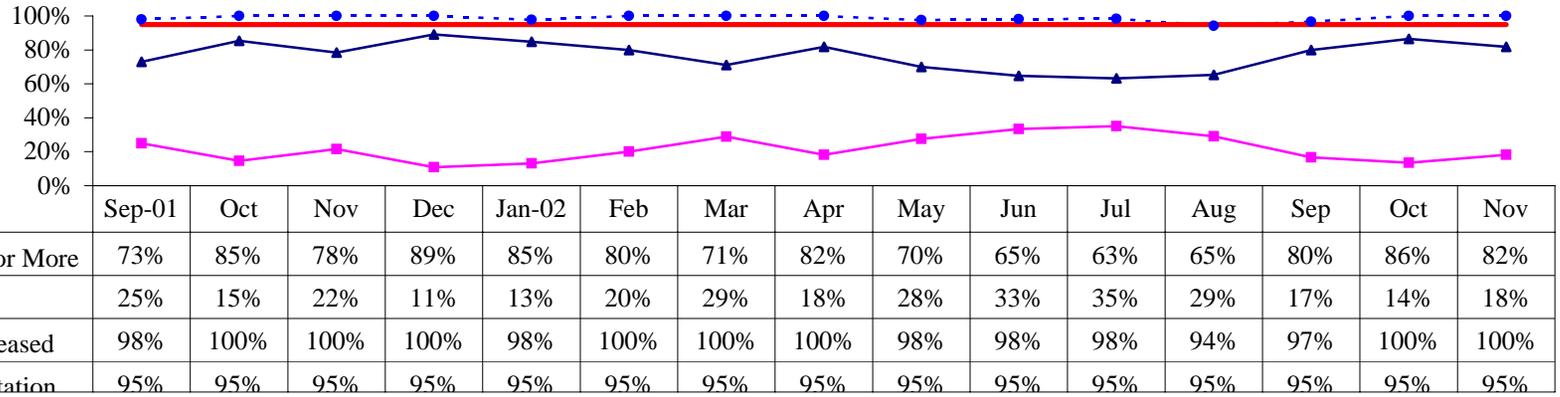
	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More													80%	74%	69%
■ % Stabilized													20%	25%	31%
● % Stabilized + Increased													100%	99%	100%
— % Statewide Expectation													95%	95%	95%

**Percent of Persons Discharged by GAF Score
FYTD Totals**

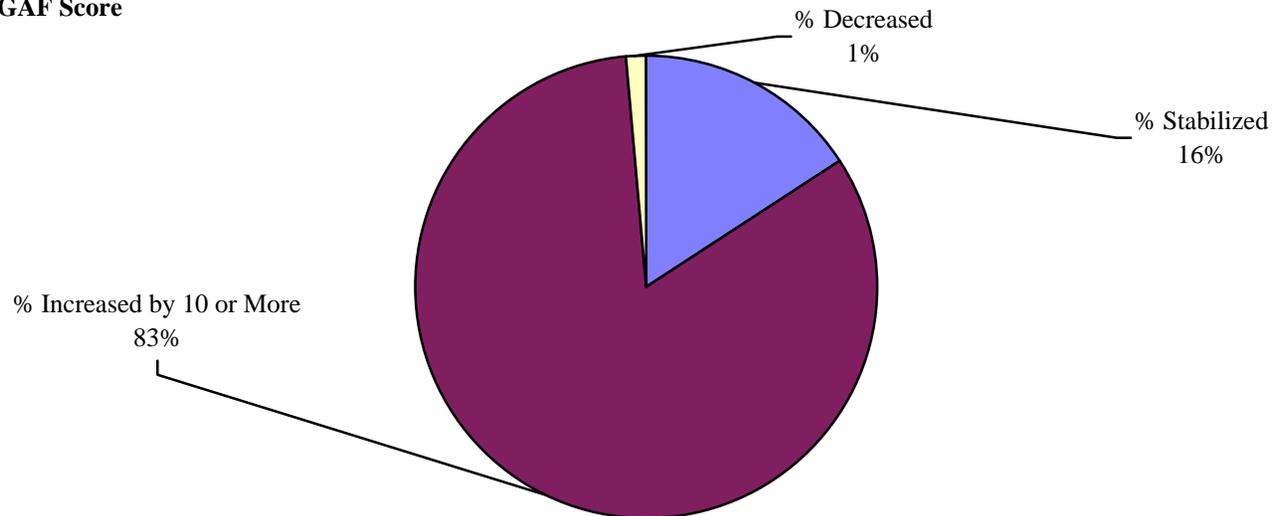


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital

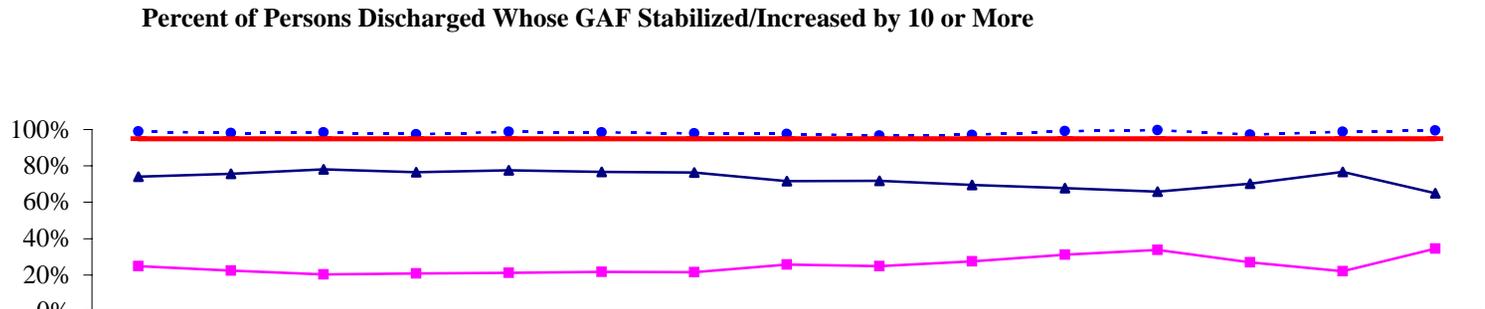
Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More



Percent of Persons Discharged by GAF Score
FYTD Totals

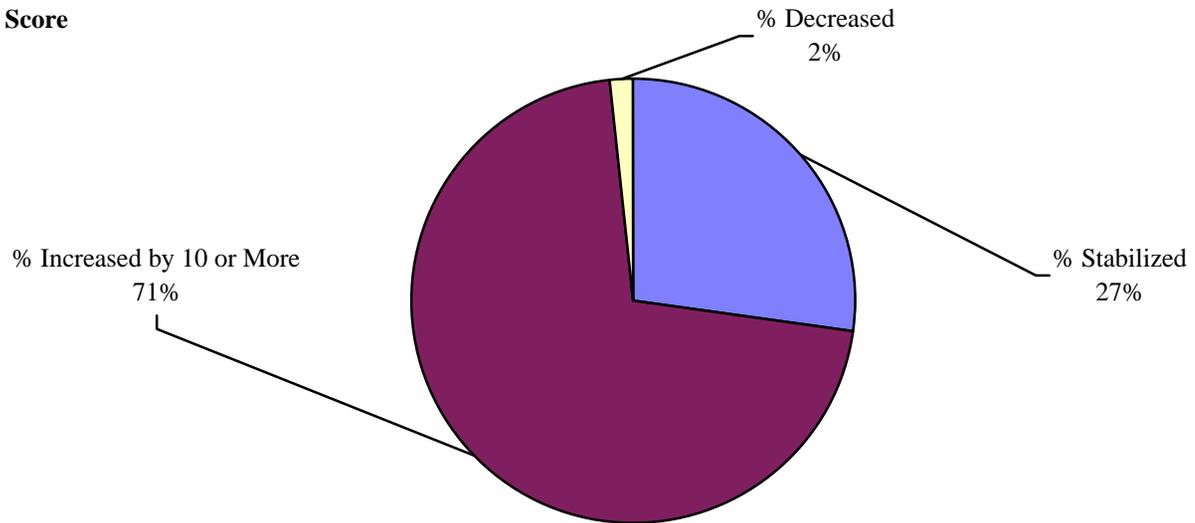


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital

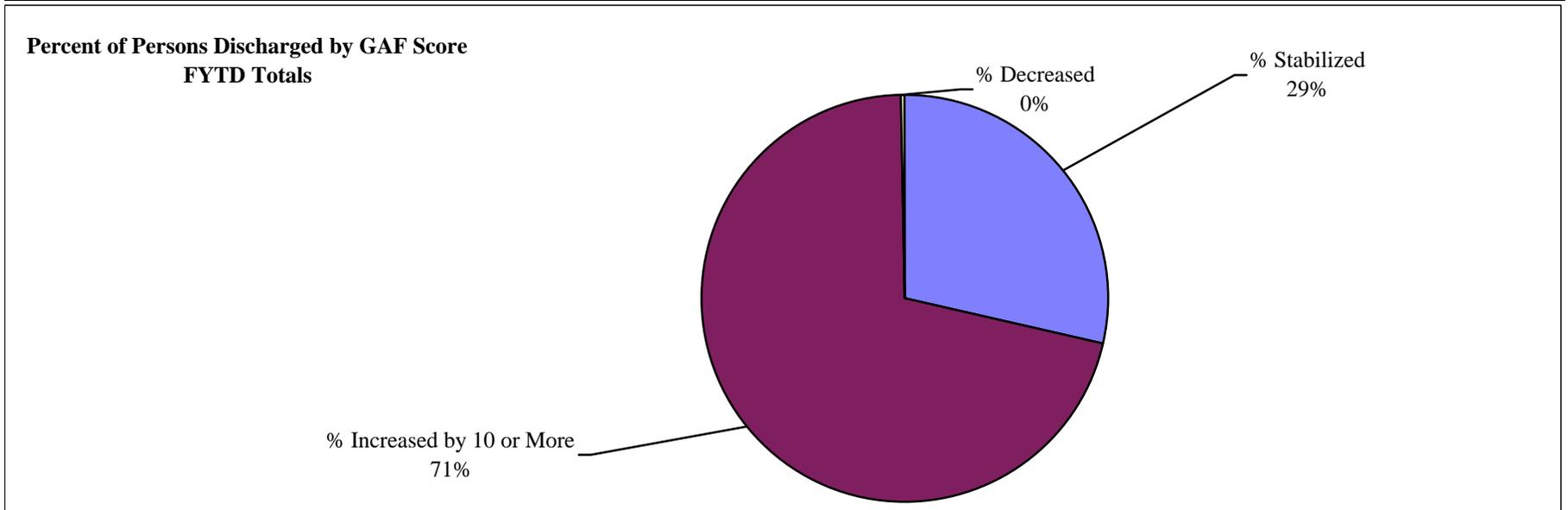
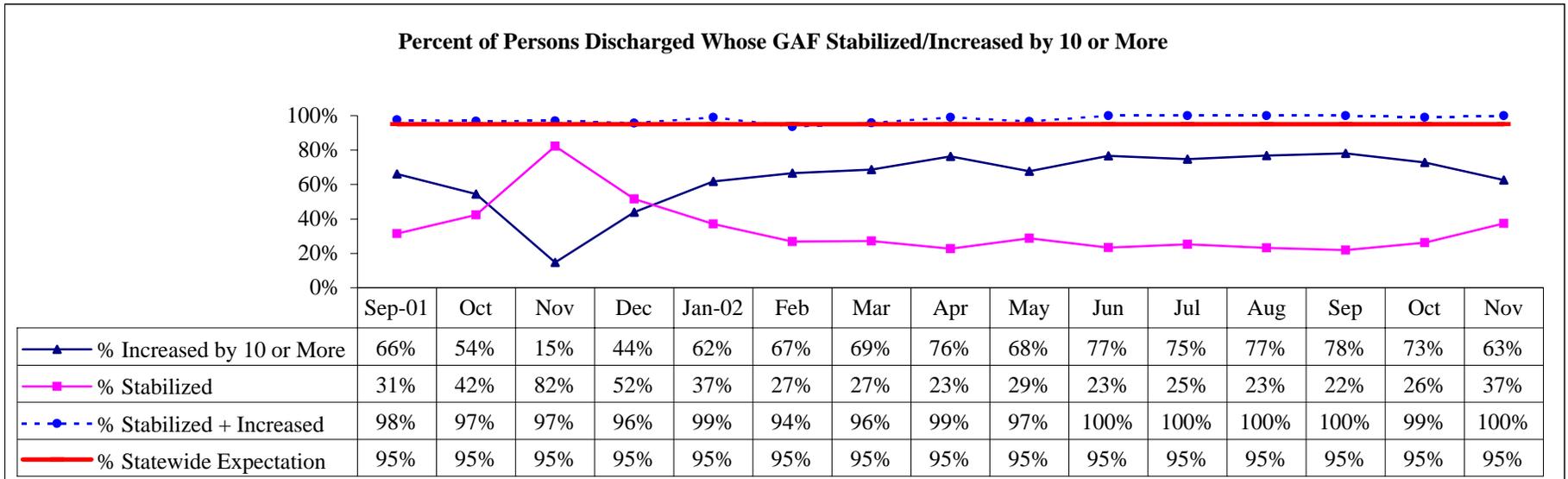


	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	74%	76%	78%	76%	78%	77%	76%	72%	72%	70%	68%	66%	70%	77%	65%
■ % Stabilized	25%	22%	20%	21%	21%	22%	22%	26%	25%	28%	31%	34%	27%	22%	35%
- - ● % Stabilized + Increased	99%	98%	98%	97%	99%	98%	98%	98%	97%	97%	99%	100%	97%	99%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals



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

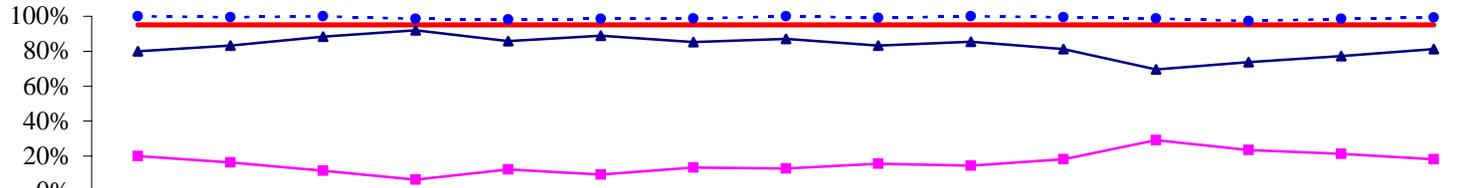


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

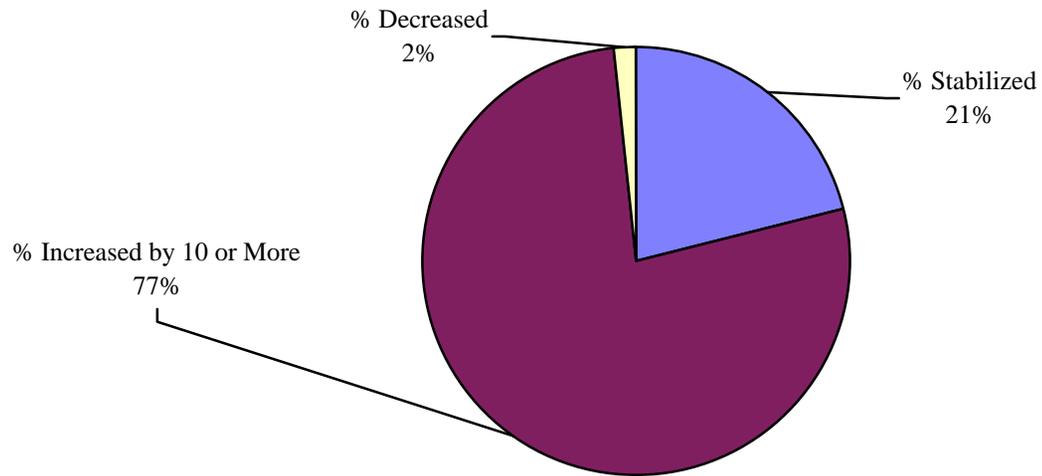
Rusk State Hospital

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

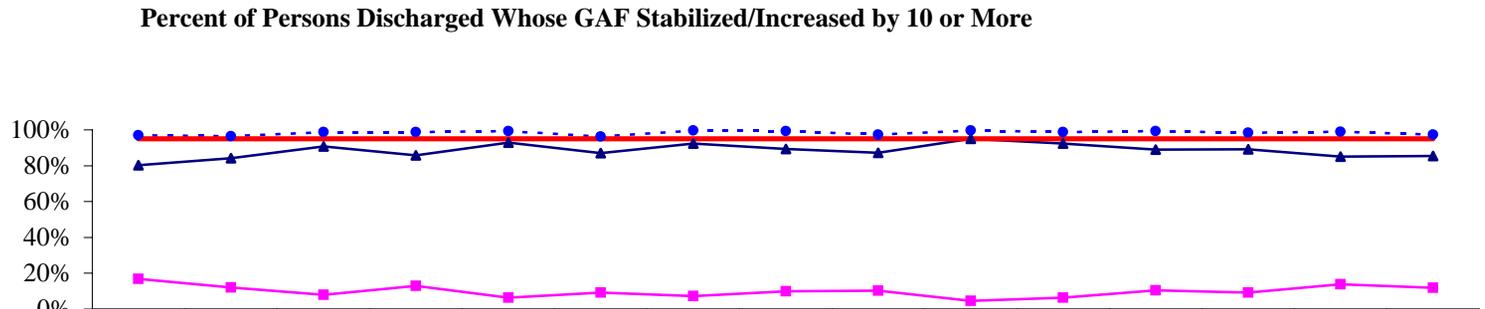


	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	80%	83%	88%	92%	86%	89%	85%	87%	83%	85%	81%	70%	74%	77%	81%
—■— % Stabilized	20%	16%	12%	7%	12%	10%	14%	13%	16%	15%	18%	29%	23%	21%	18%
- - ● - - % Stabilized + Increased	100%	100%	100%	99%	98%	99%	99%	100%	99%	100%	99%	99%	97%	98%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

**Percent of Persons Discharged by GAF Score
FYTD Totals**

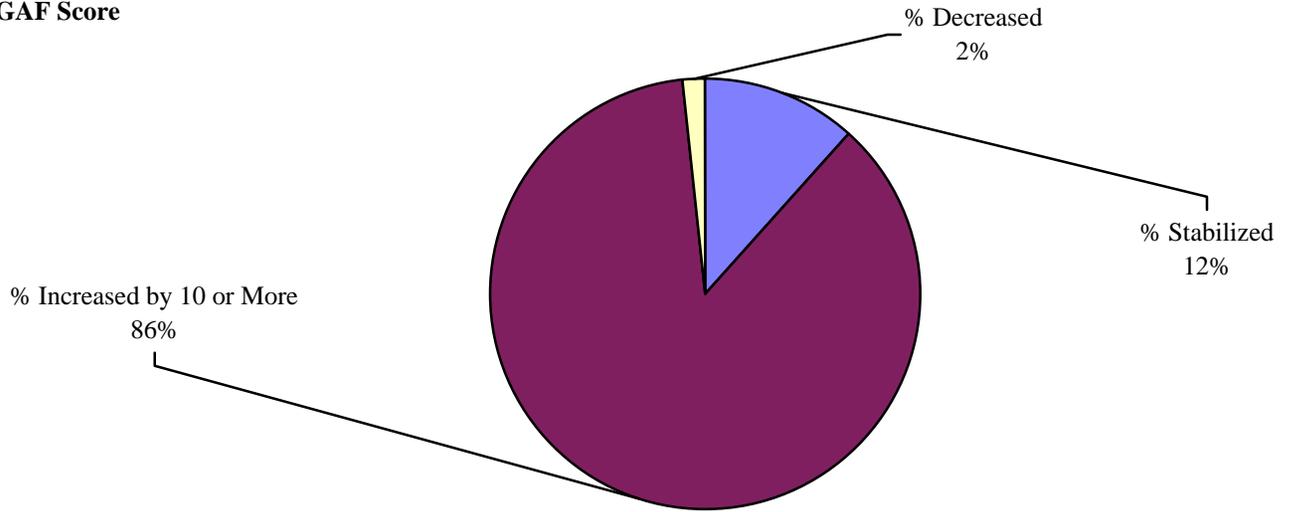


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital



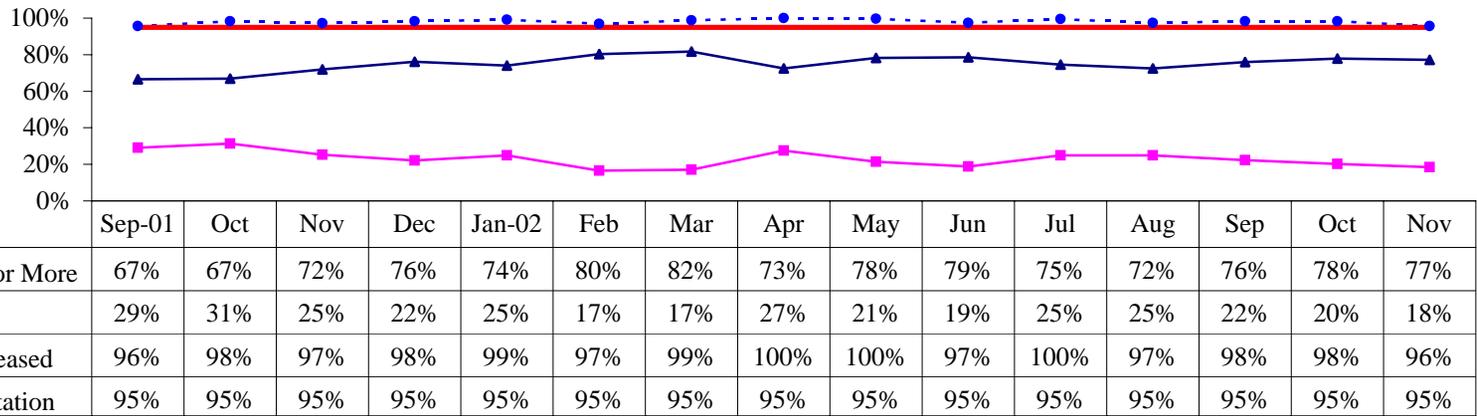
	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
▲ % Increased by 10 or More	80%	84%	91%	86%	93%	87%	92%	89%	87%	95%	92%	89%	89%	85%	85%
■ % Stabilized	17%	12%	8%	13%	6%	9%	7%	10%	10%	5%	6%	10%	9%	14%	12%
●- - % Stabilized + Increased	97%	96%	99%	99%	99%	96%	100%	99%	97%	100%	99%	99%	98%	99%	97%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals

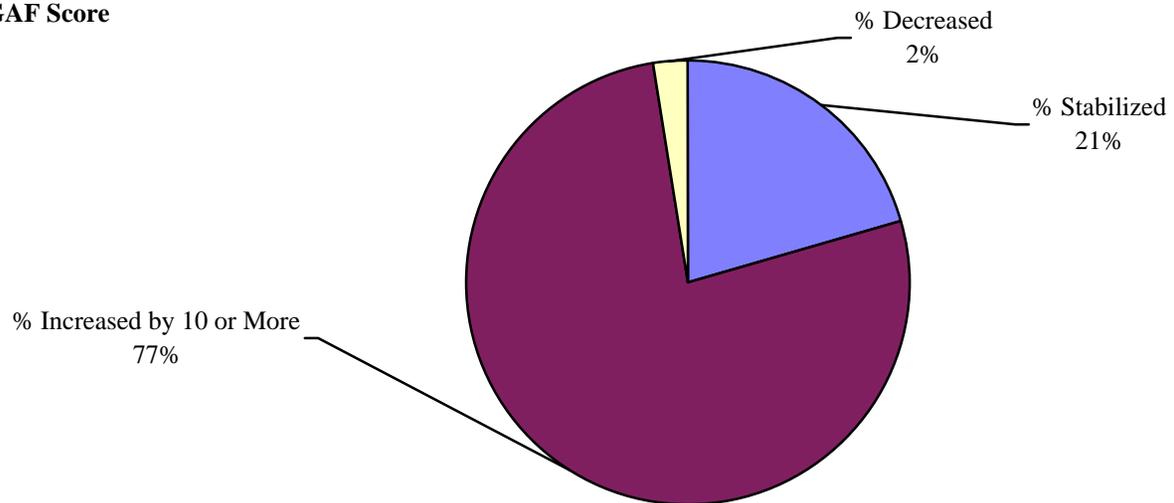


Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Terrell State Hospital

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

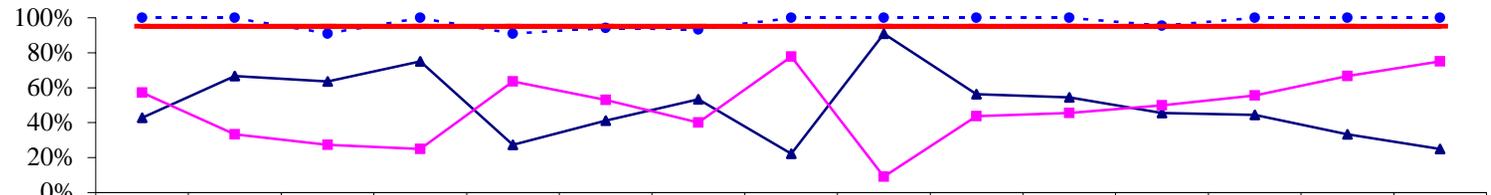


Percent of Persons Discharged by GAF Score
FYTD Totals



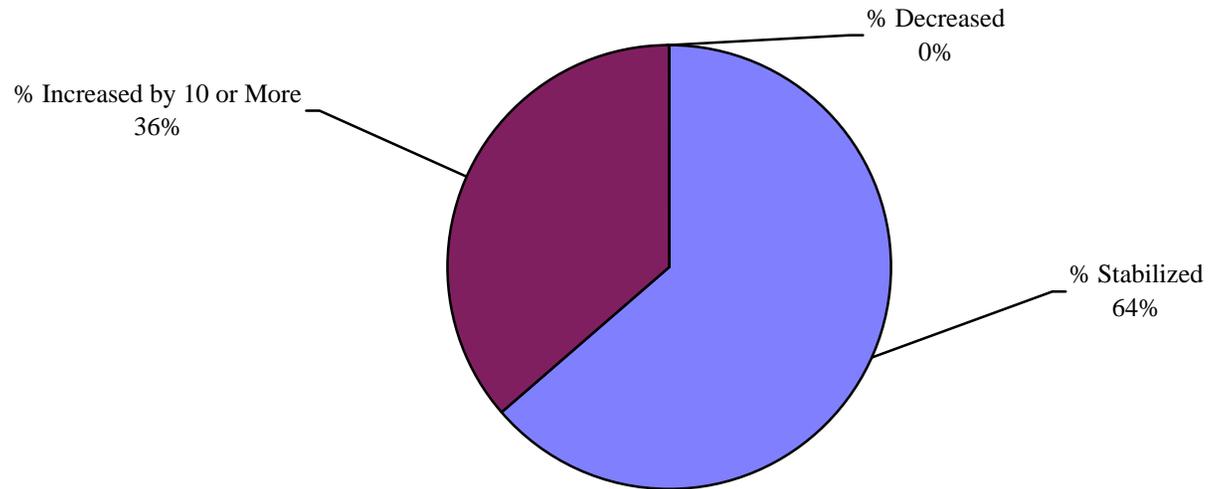
Measure 3B - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth

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



	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	43%	67%	64%	75%	27%	41%	53%	22%	91%	56%	55%	45%	44%	33%	25%
—■— % Stabilized	57%	33%	27%	25%	64%	53%	40%	78%	9%	44%	45%	50%	56%	67%	75%
- - ● - - % Stabilized + Increased	100%	100%	91%	100%	91%	94%	93%	100%	100%	100%	100%	95%	100%	100%	100%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals



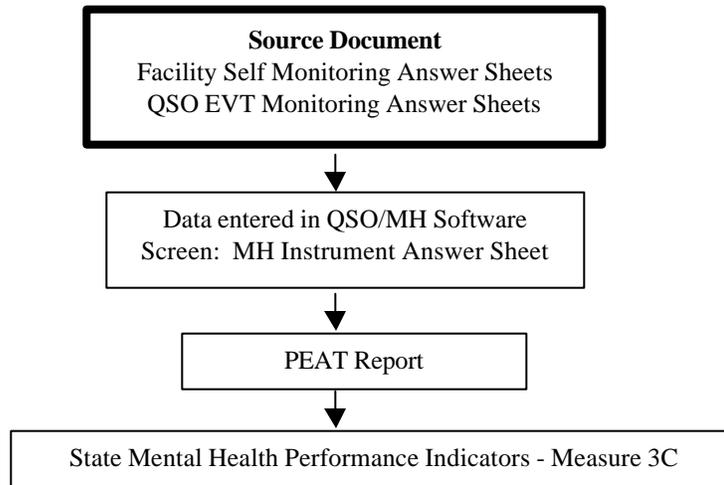
Performance Measure 3C: In order to evaluate the quality of services provided to the patient and the patient’s family regarding individualized treatment, patient and family education, and medication monitoring, data will be analyzed from the Patient Education, Assessment and Treatment (PEAT) monitoring instrument.

Performance Measure Operational Definition: Score from the Patient Education, Assessment and Treatment instrument (PEAT).

Performance Measure Formula: According to the Patient Education, Assessment and Treatment instrument $[(\text{yes} + \text{no with})/(\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Measure Data Display and Chart Description: Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

NOTE: For Graph See Performance Measure 3D Section

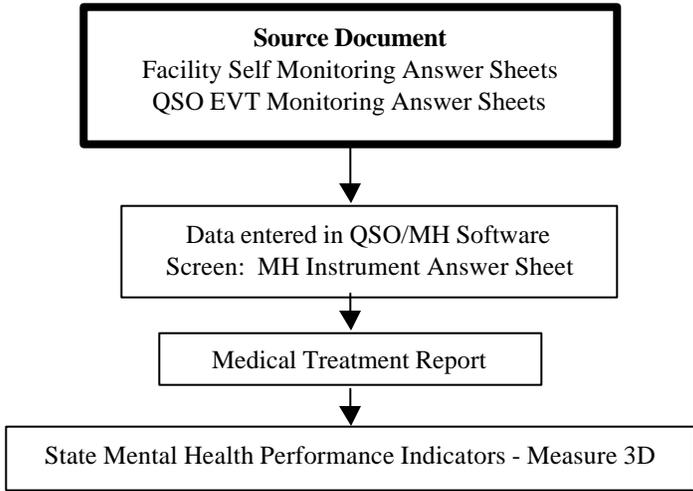
Performance Measure 3D: In order to ensure that necessary medical treatment is provided, data will be analyzed from the Medical Treatment monitoring instrument.

Performance Measure Operational Definition: Score from the Medical Treatment instrument.

Performance Measure Formula: According to the Medical Treatment instrument $[(\text{yes} + \text{no with}) / (\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Measure Data Display and Chart Description:
Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:



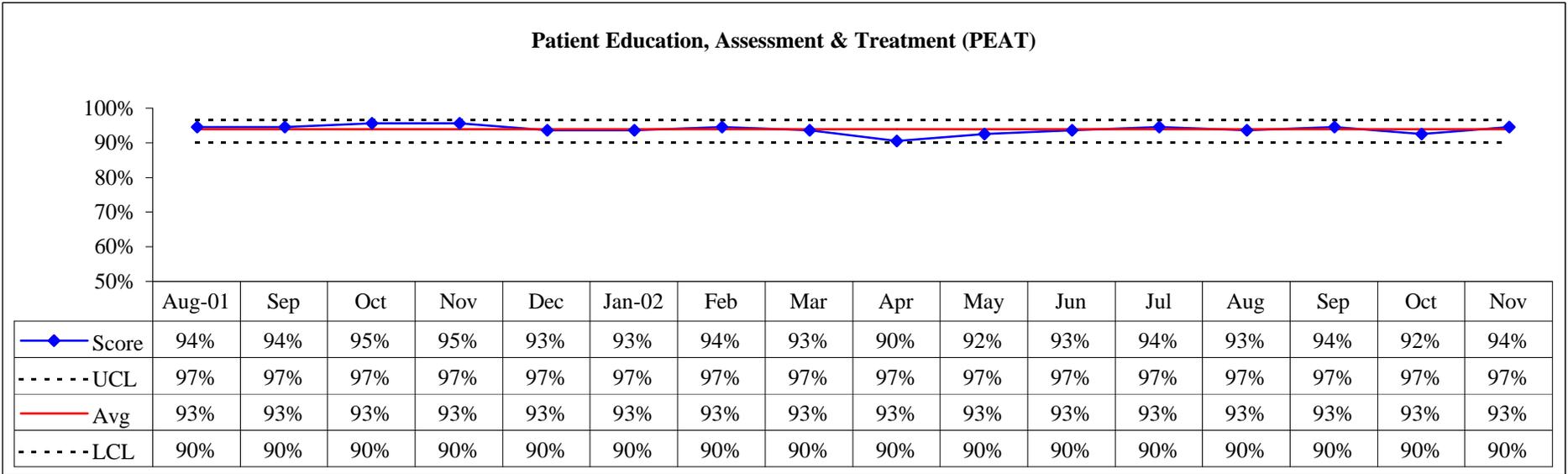
Data Integrity Review Process:

Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

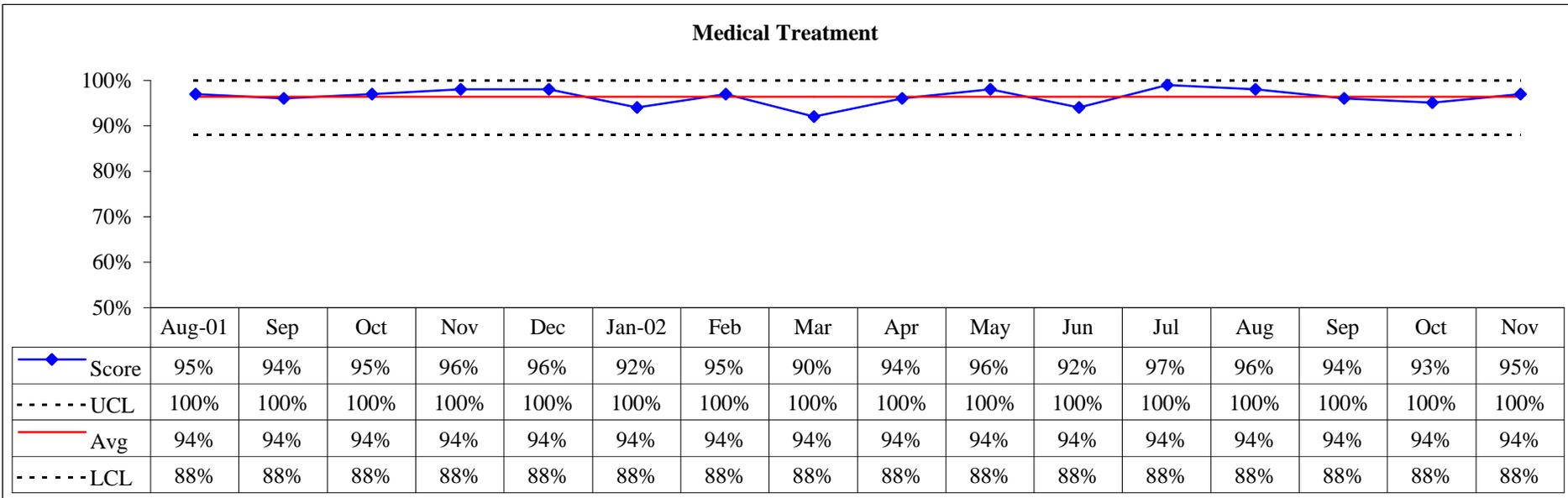
Measure 3C - Patient Education, Assessment & Treatment (PEAT)

All MH Facilities

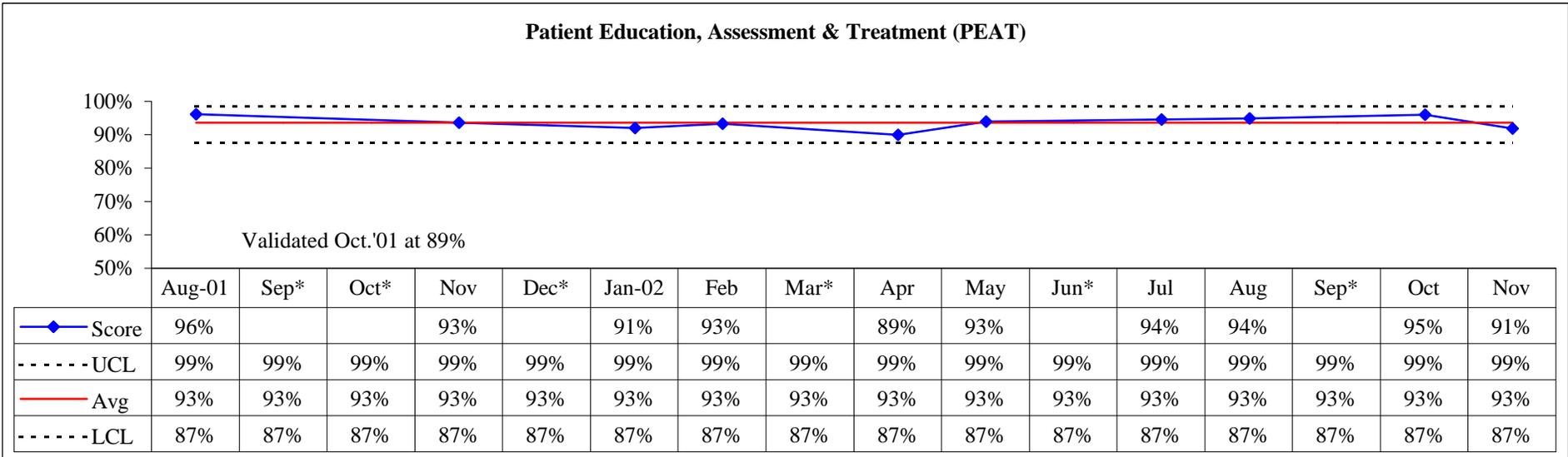


Measure 3D - Medical Treatment Needs

All MH Facilities

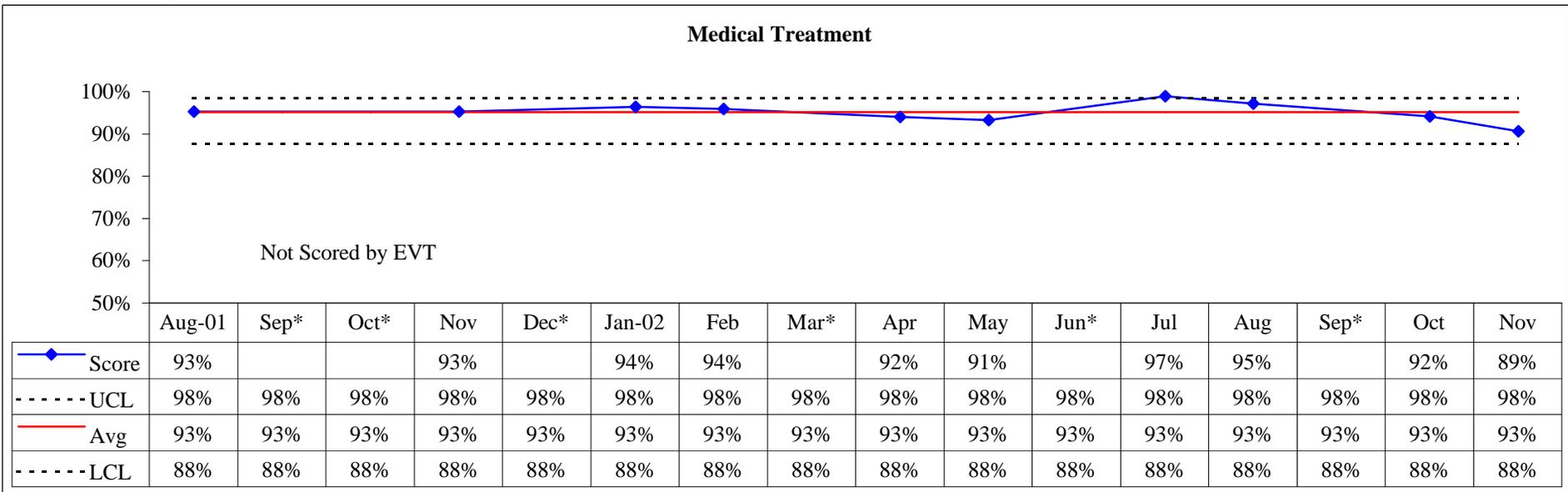


Measure 3C - Patient Education, Assessment & Treatment (PEAT)
Austin State Hospital



Measure 3D - Medical Treatment Needs
Austin State Hospital

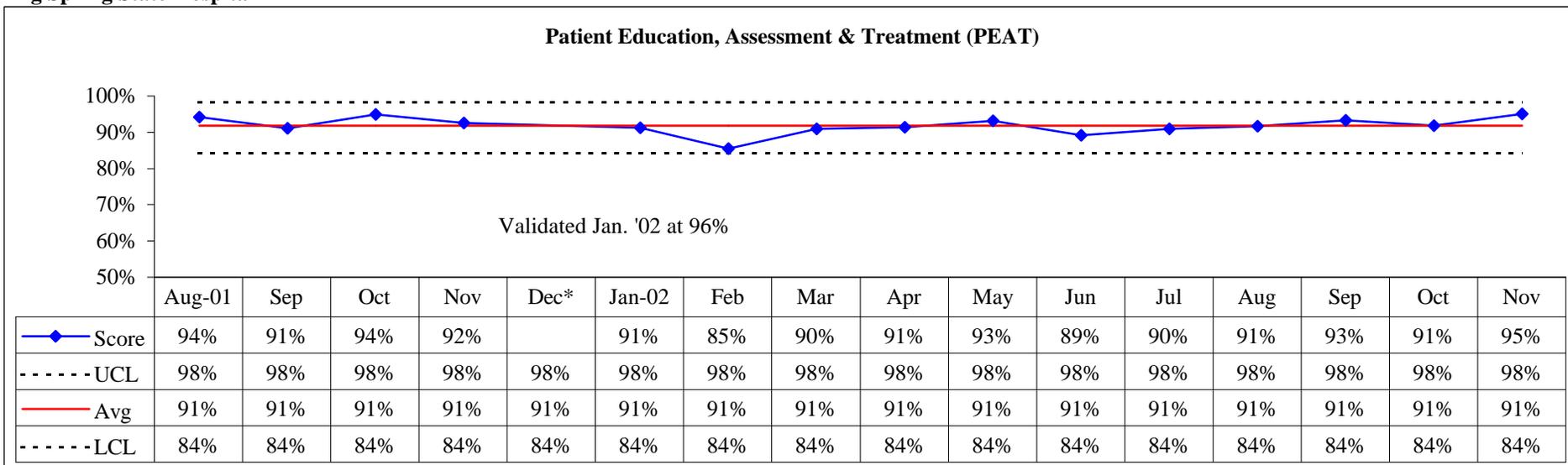
*No scores reported to MDS.



*No scores reported to MDS.

Measure 3C - Patient Education, Assessment & Treatment (PEAT)

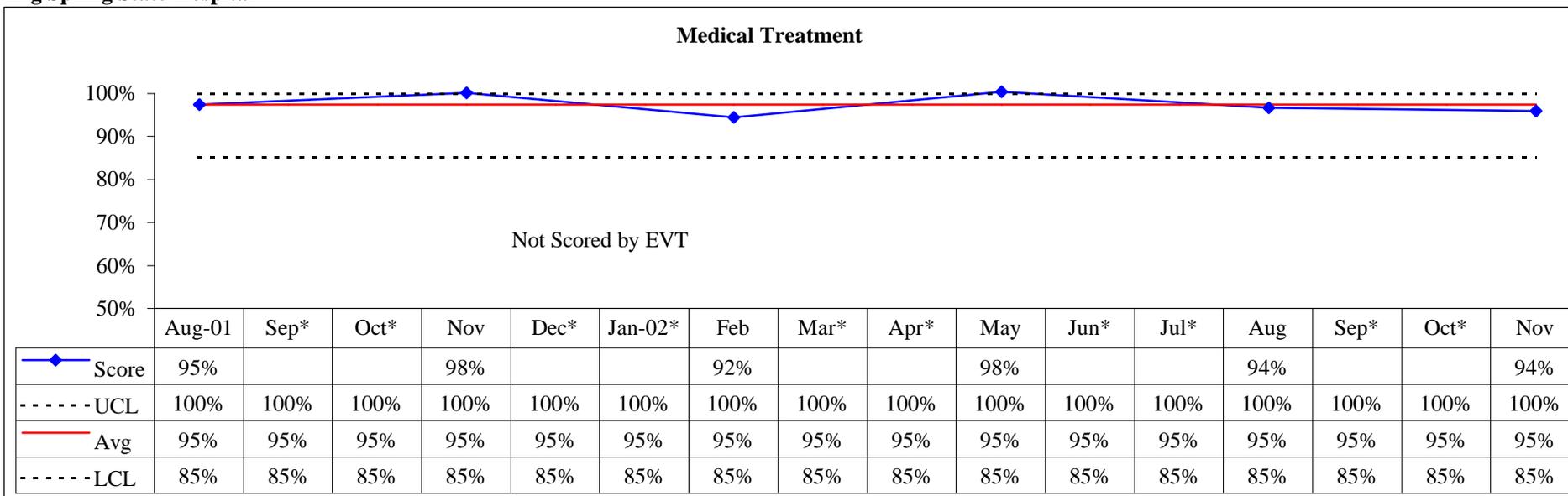
Big Spring State Hospital



Measure 3D - Medical Treatment Needs

*No scores reported to MDS.

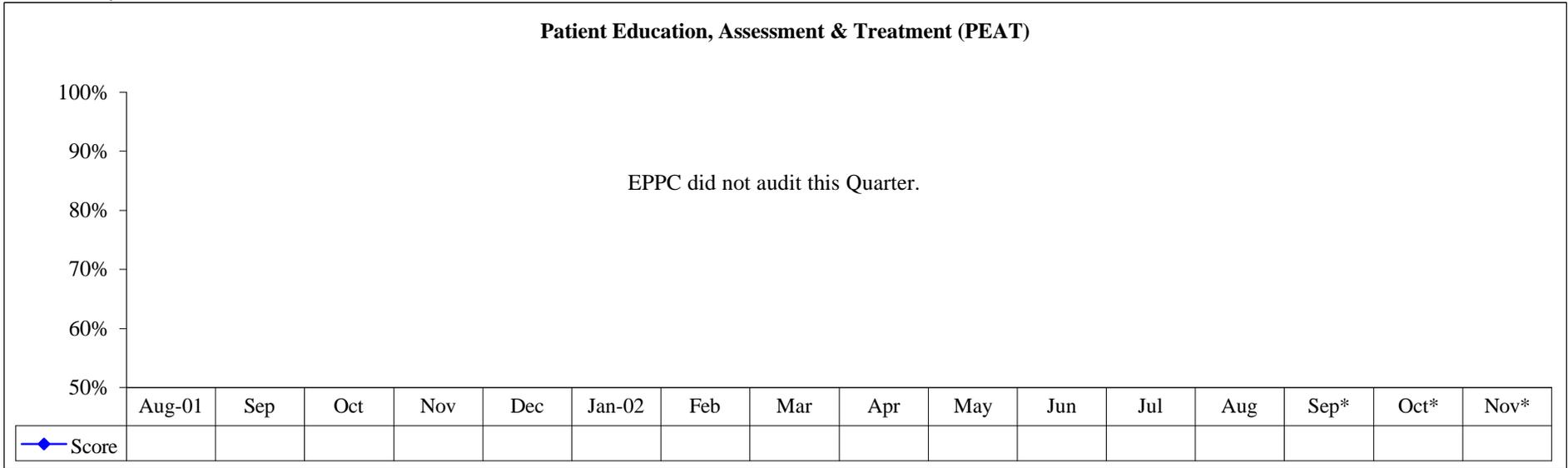
Big Spring State Hospital



*No scores reported to MDS.

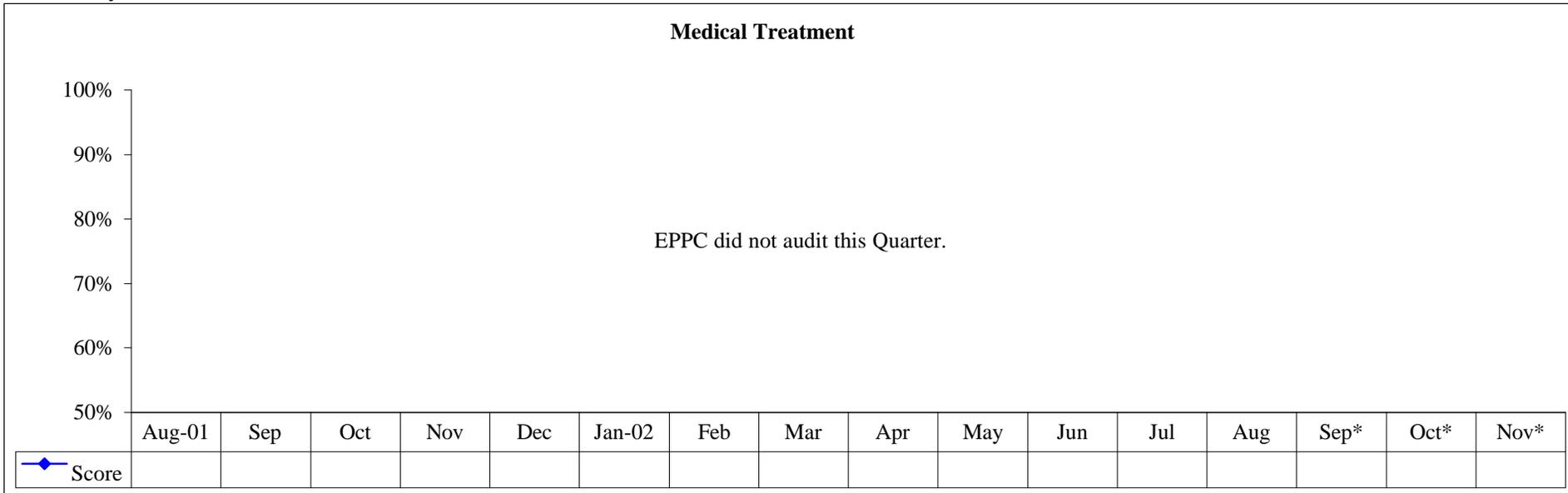
Measure 3C - Patient Education, Assessment & Treatment (PEAT)

El Paso Psychiatric Center



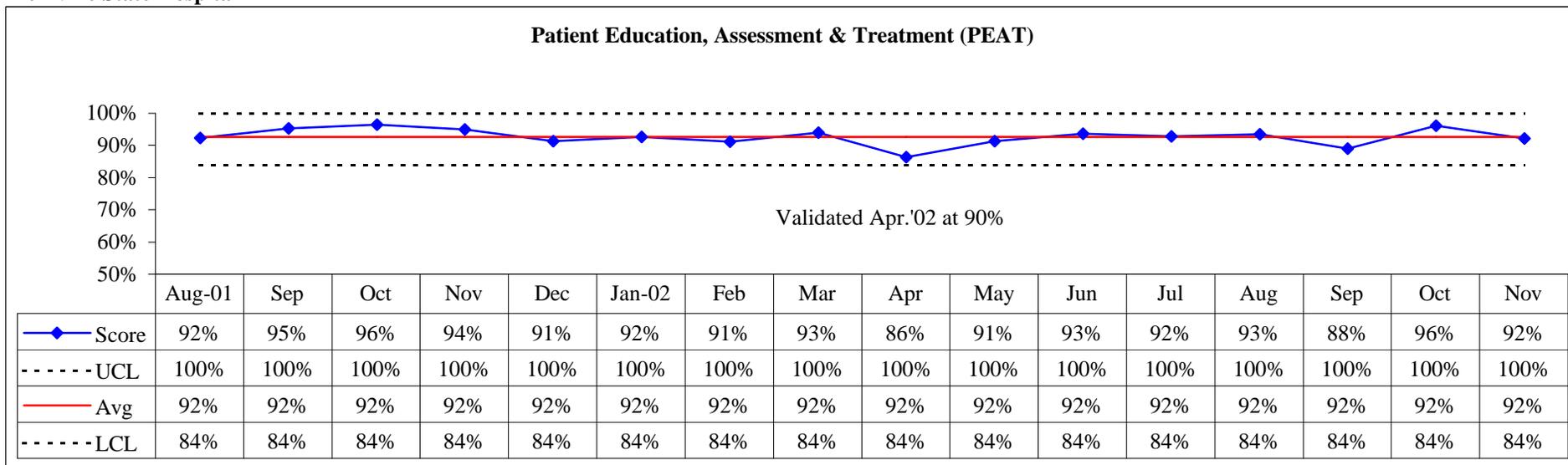
Measure 3D - Medical Treatment Needs

El Paso Psychiatric Center



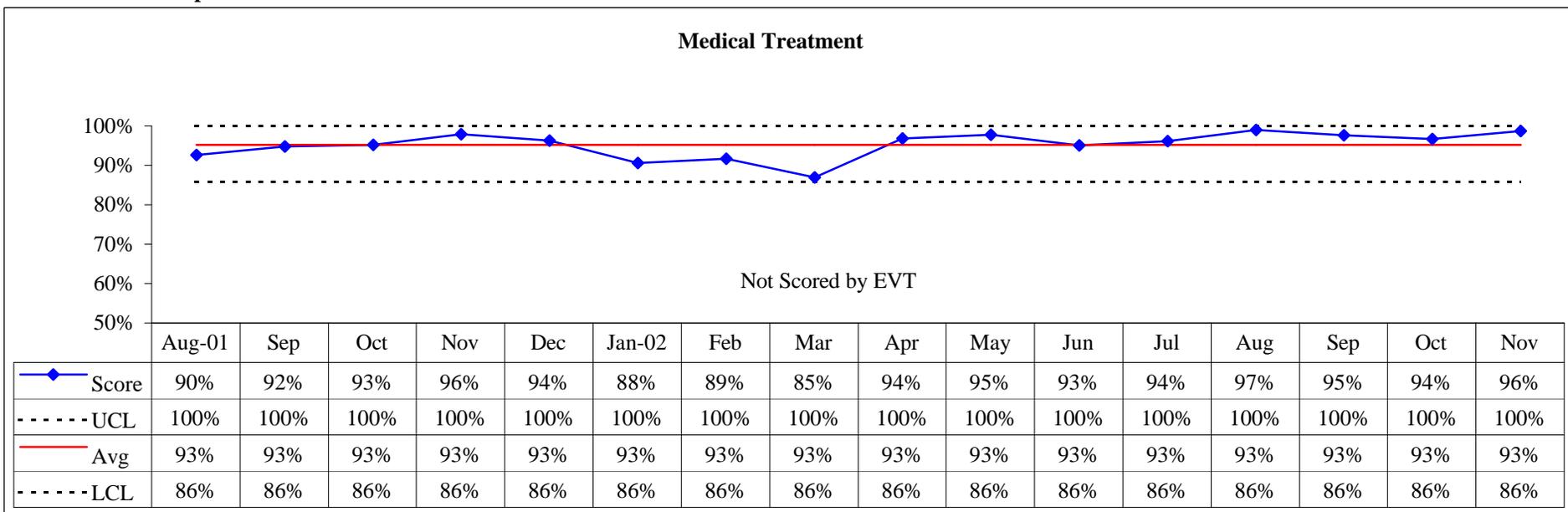
Measure 3C - Patient Education, Assessment & Treatment (PEAT)

Kerrville State Hospital

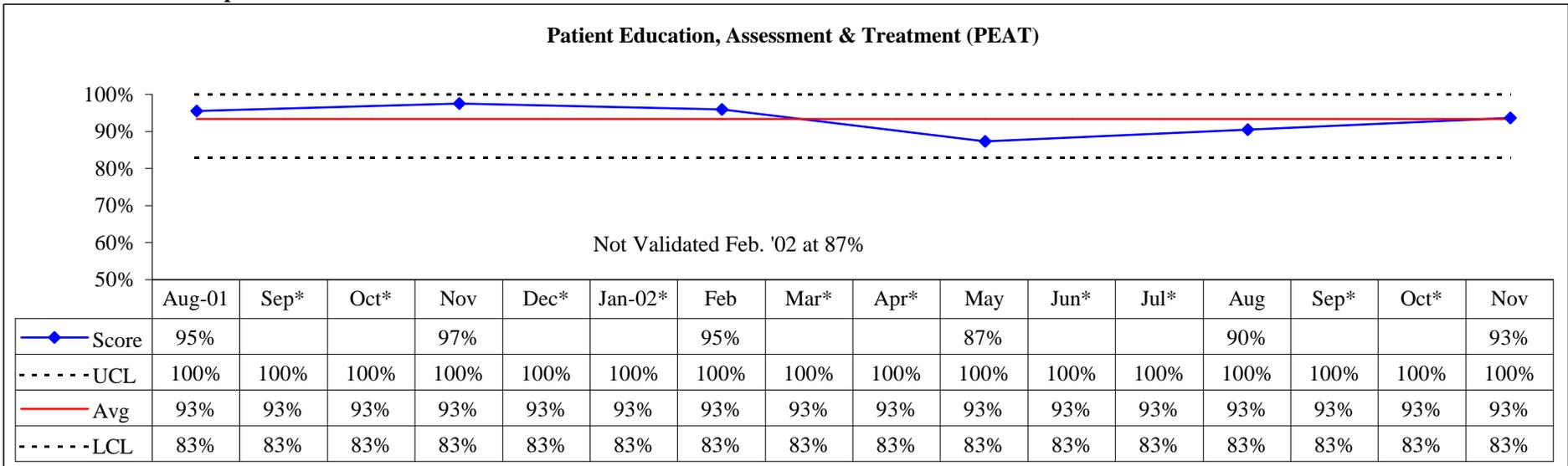


Measure 3D - Medical Treatment Needs

Kerrville State Hospital

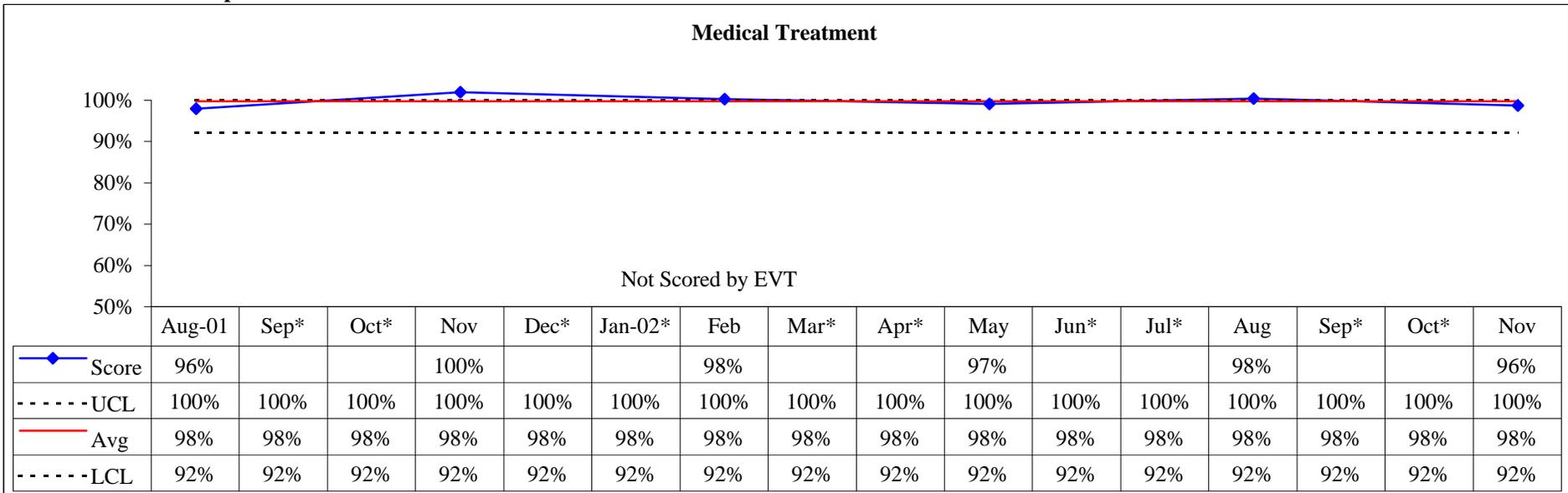


Measure 3C - Patient Education, Assessment & Treatment (PEAT)
North Texas State Hospital



Measure 3D - Medical Treatment Needs
North Texas State Hospital

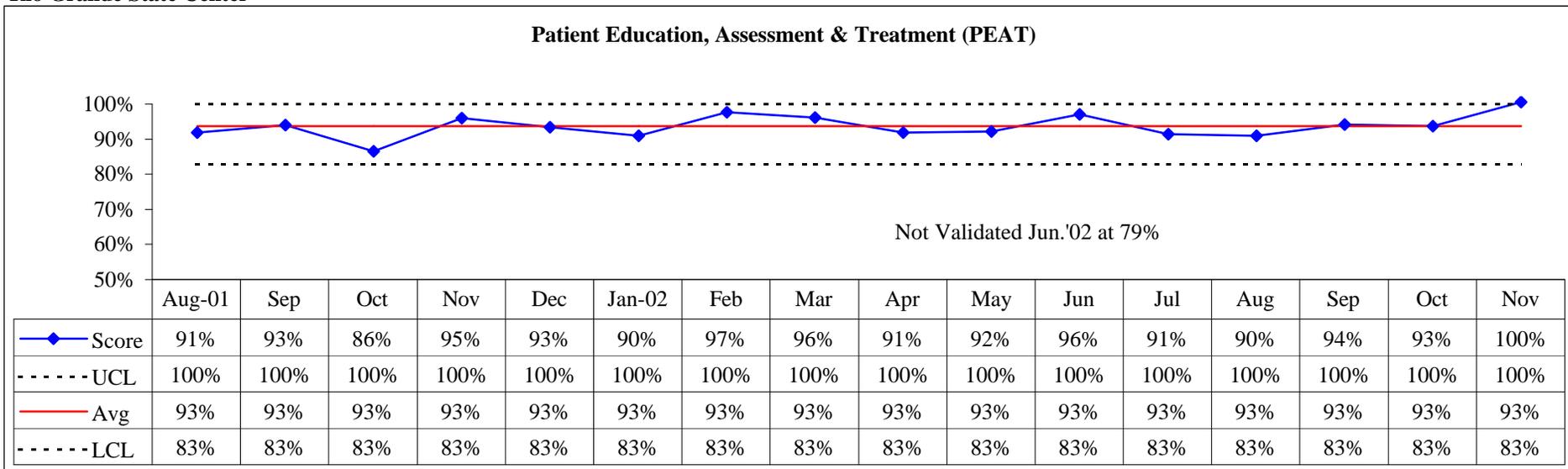
*No scores reported to MDS.



*No scores reported to MDS.

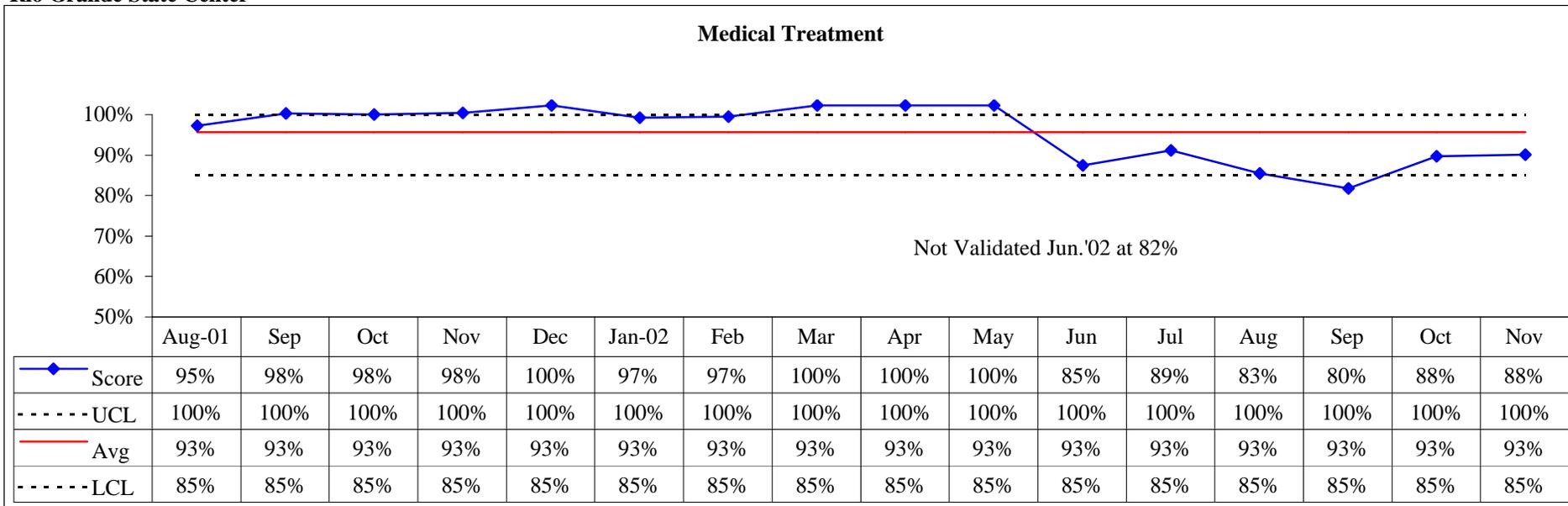
Measure 3C - Patient Education, Assessment & Treatment (PEAT)

Rio Grande State Center



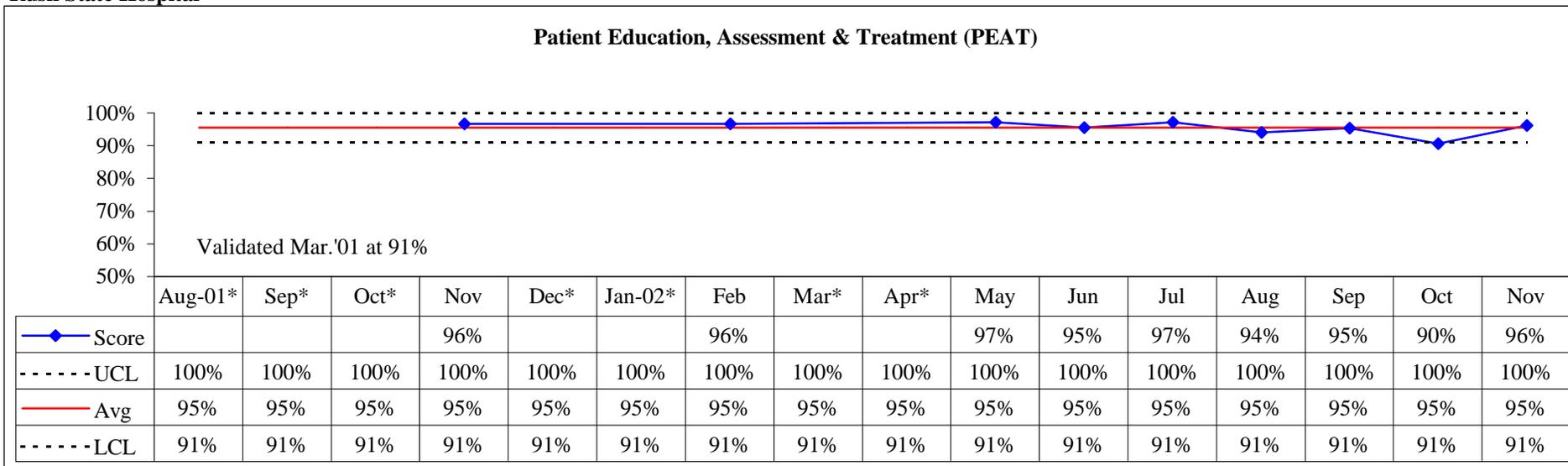
Measure 3D - Medical Treatment Needs

Rio Grande State Center



Measure 3C - Patient Education, Assessment & Treatment (PEAT)

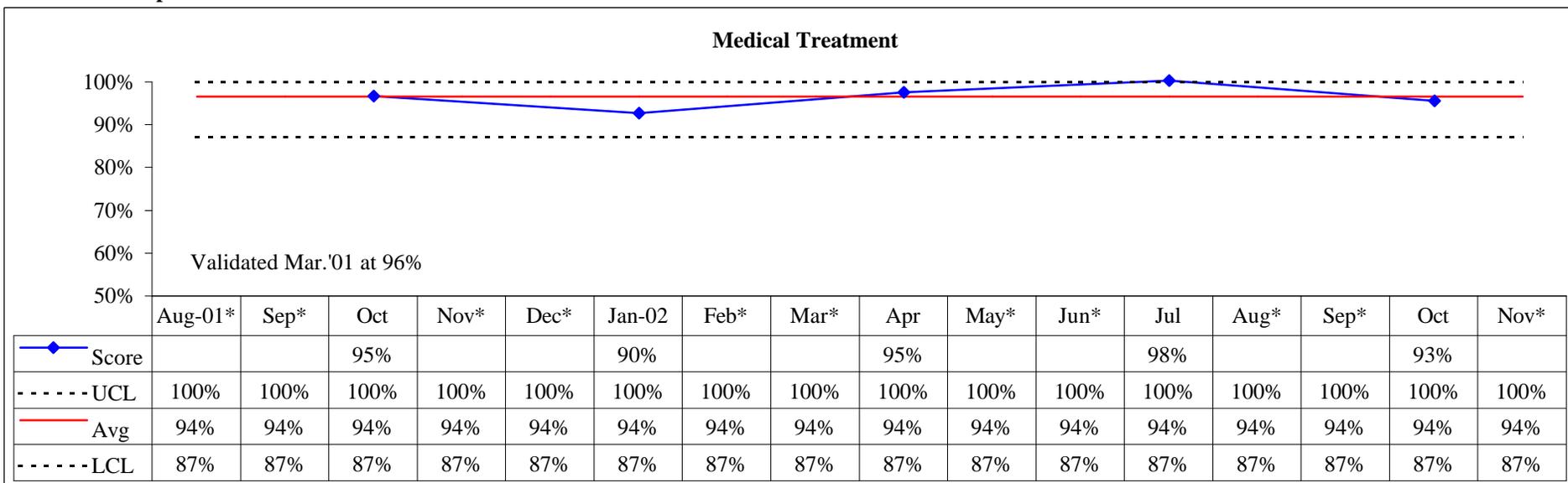
Rusk State Hospital



Measure 3D - Medical Treatment Needs

*No scores reported to MDS.

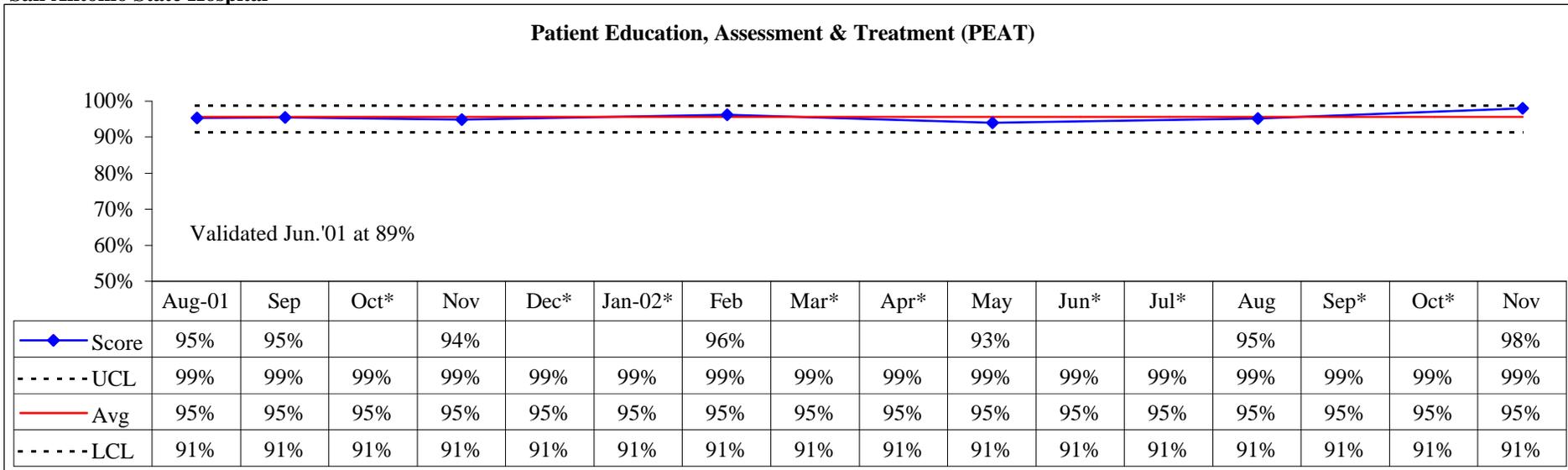
Rusk State Hospital



*No scores reported to MDS.

Measure 3C - Patient Education, Assessment & Treatment (PEAT)

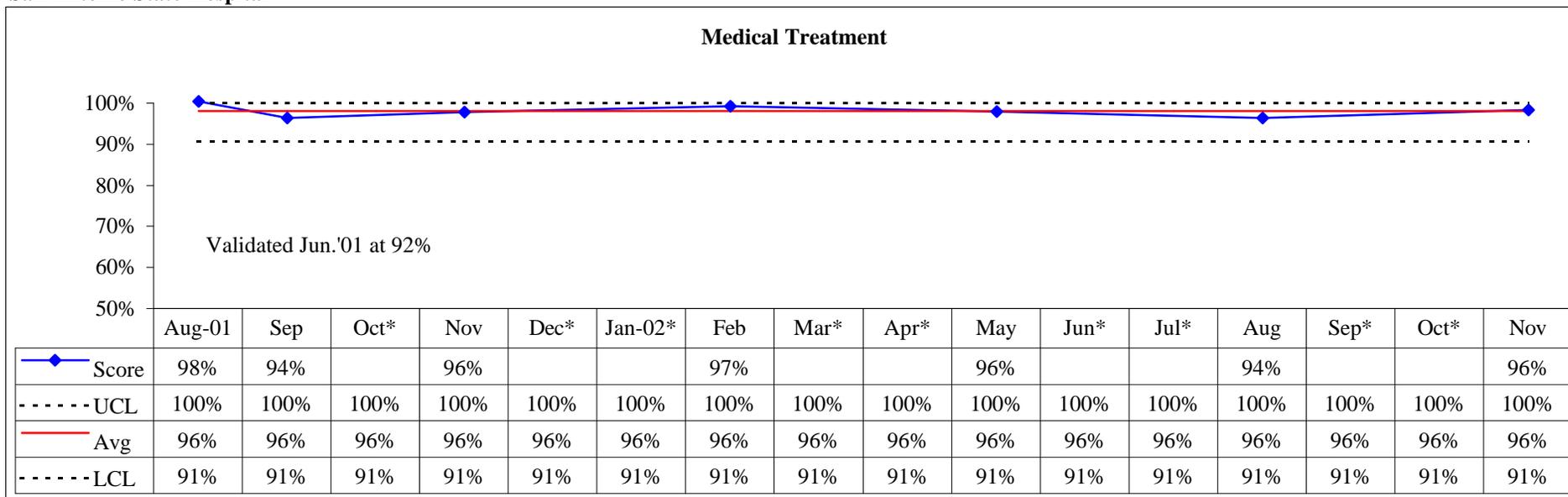
San Antonio State Hospital



Measure 3D - Medical Treatment Needs

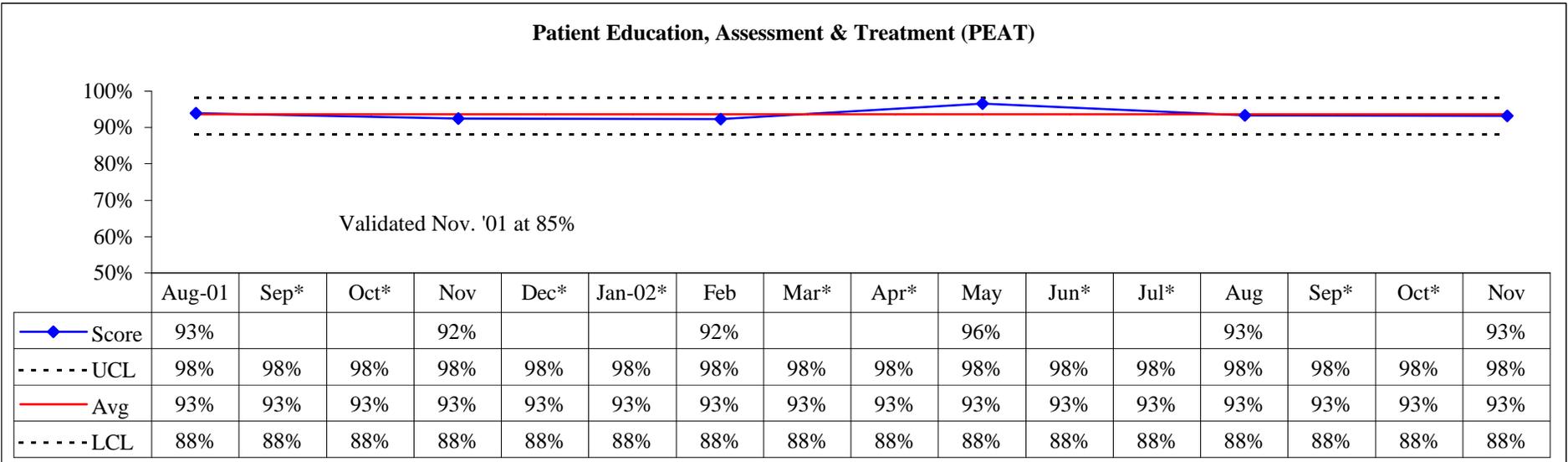
*No scores reported to MDS.

San Antonio State Hospital



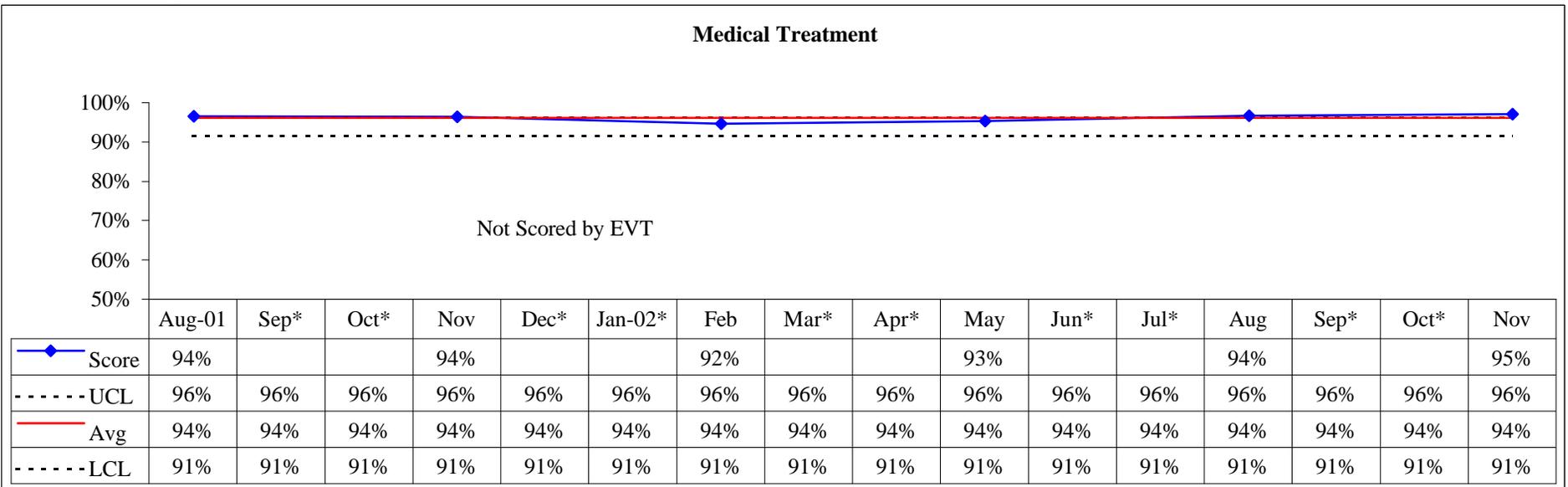
*No scores reported to MDS.

Measure 3C - Patient Education, Assessment & Treatment (PEAT)
Terrell State Hospital



Measure 3D - Medical Treatment Needs
Terrell State Hospital

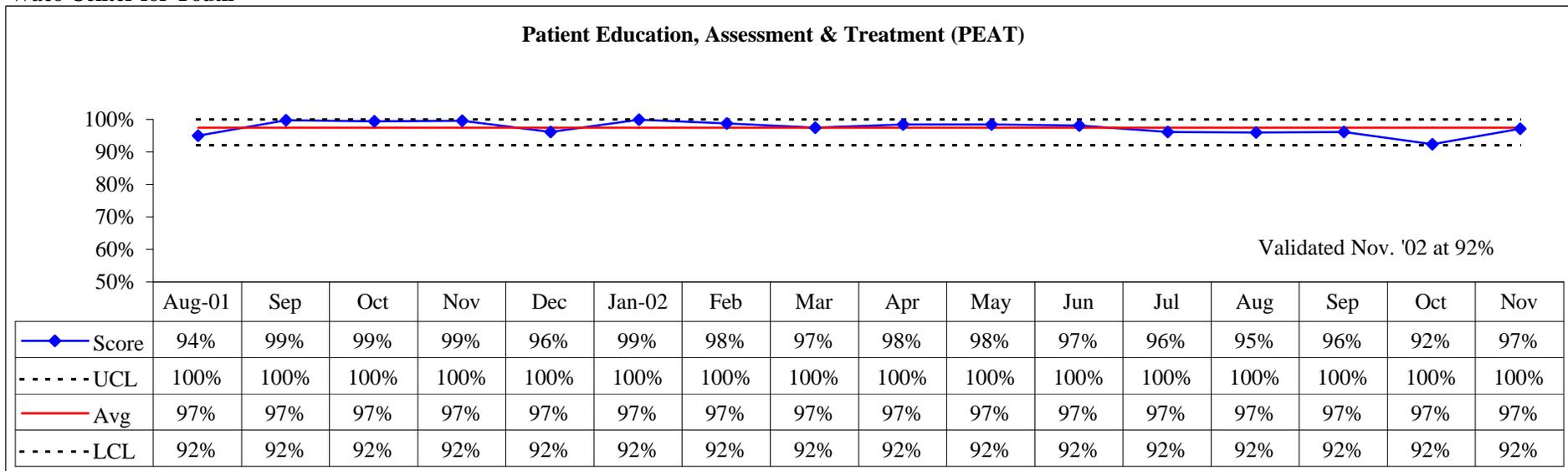
*No scores reported to MDS.



*No scores reported to MDS.

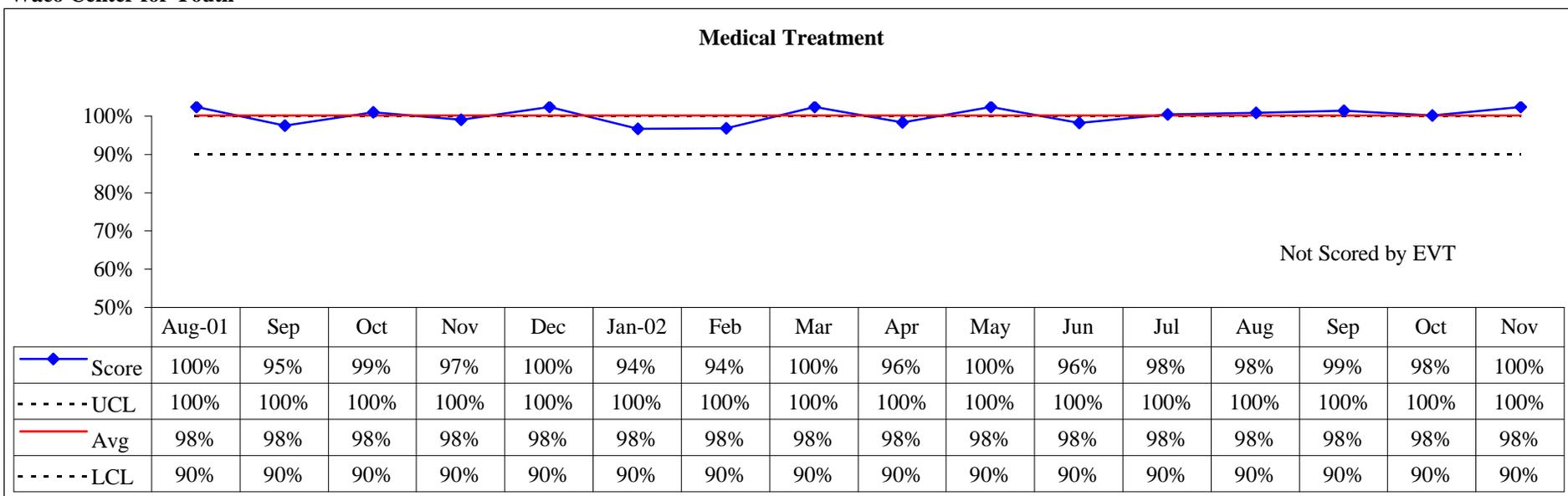
Measure 3C - Patient Education, Assessment & Treatment (PEAT)

Waco Center for Youth



Measure 3D - Medical Treatment Needs

Waco Center for Youth



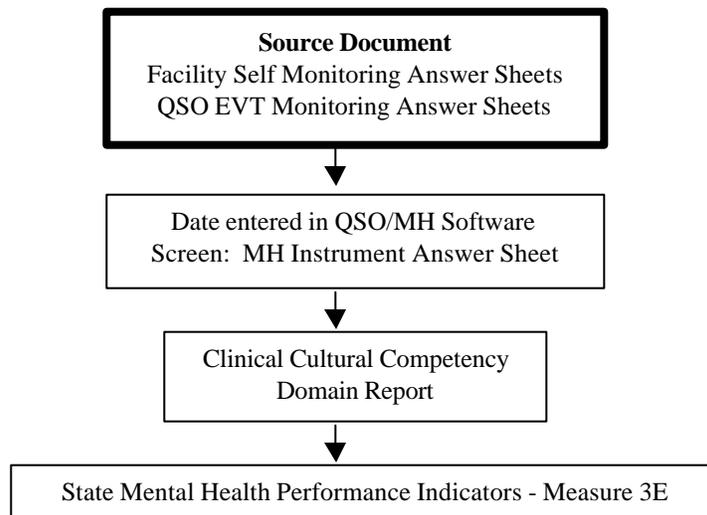
Performance Measure 3E: In order to ensure the provision of culturally sensitive treatment services, data will be analyzed from the Clinical Cultural Competency Domain within the Patient Education, Assessment and Treatment (PEAT) and Patient Rights and Treatment Continuity monitoring instruments.

Performance Measure Operational Definition: Scores from Questions 2, 13, 14 of the Patient Education, Assessment and Treatment instrument and Question 2 of the Patient Rights and Treatment Continuity instrument.

Performance Measure Formula: According to Questions 2, 13, 14 of the Patient Education, Assessment and Treatment instrument and Question 2 of the Patient Rights and Treatment Continuity instrument $[(\text{yes} + \text{no with})/(\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Measure Data Display and Chart Description: Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:

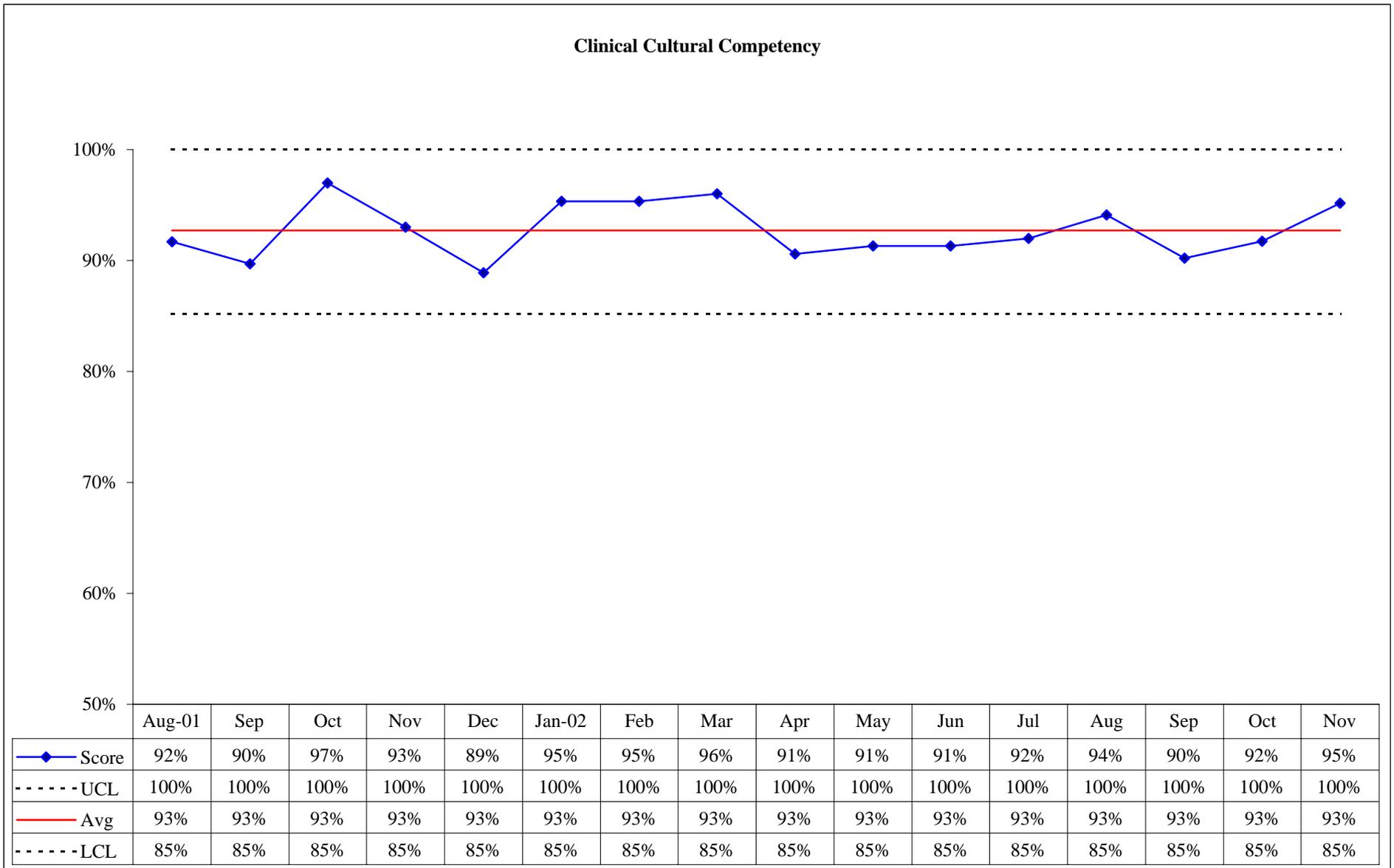


Data Integrity Review Process:

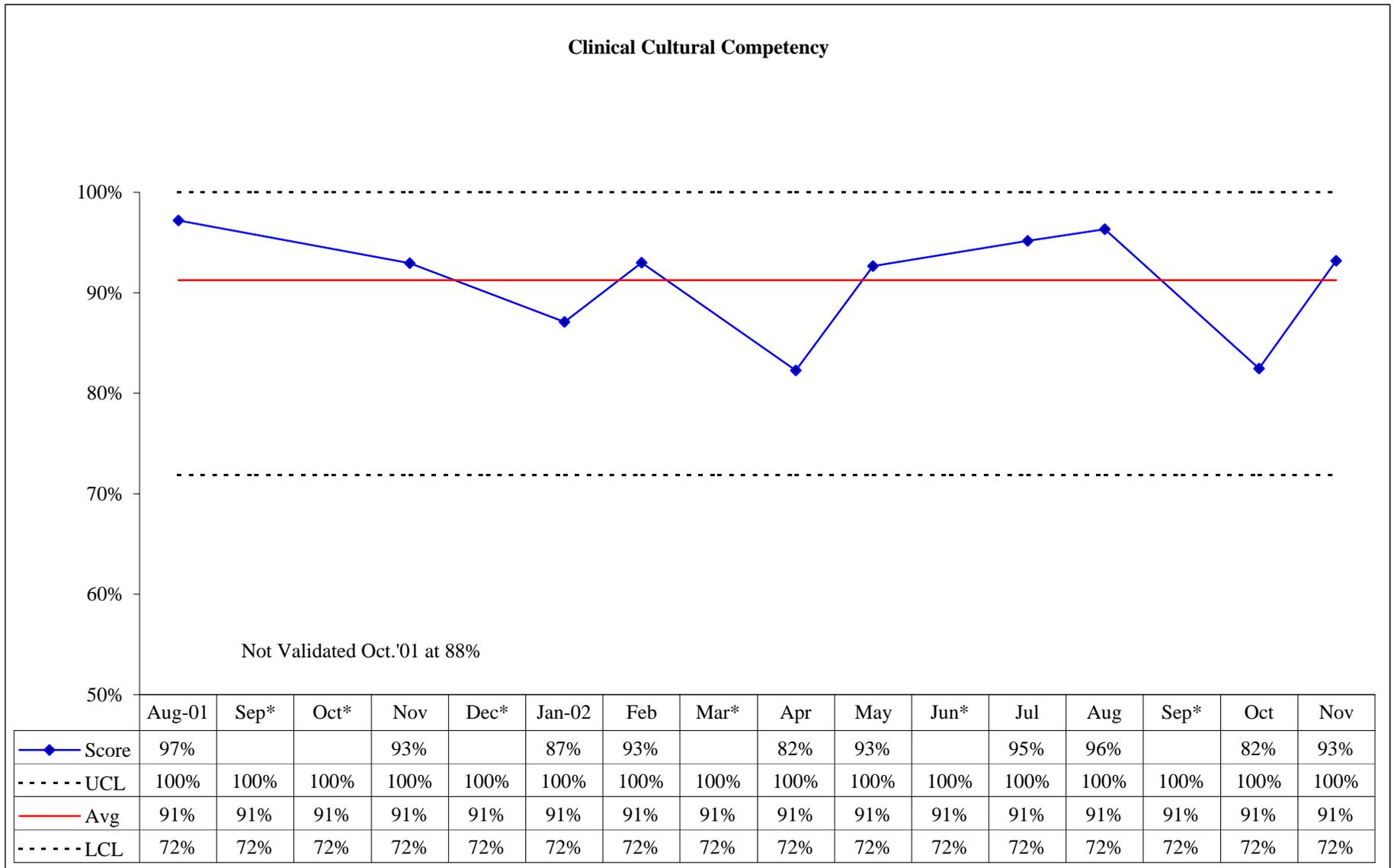
Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

Measure 3E - Clinical Cultural Competency
All MH Facilities

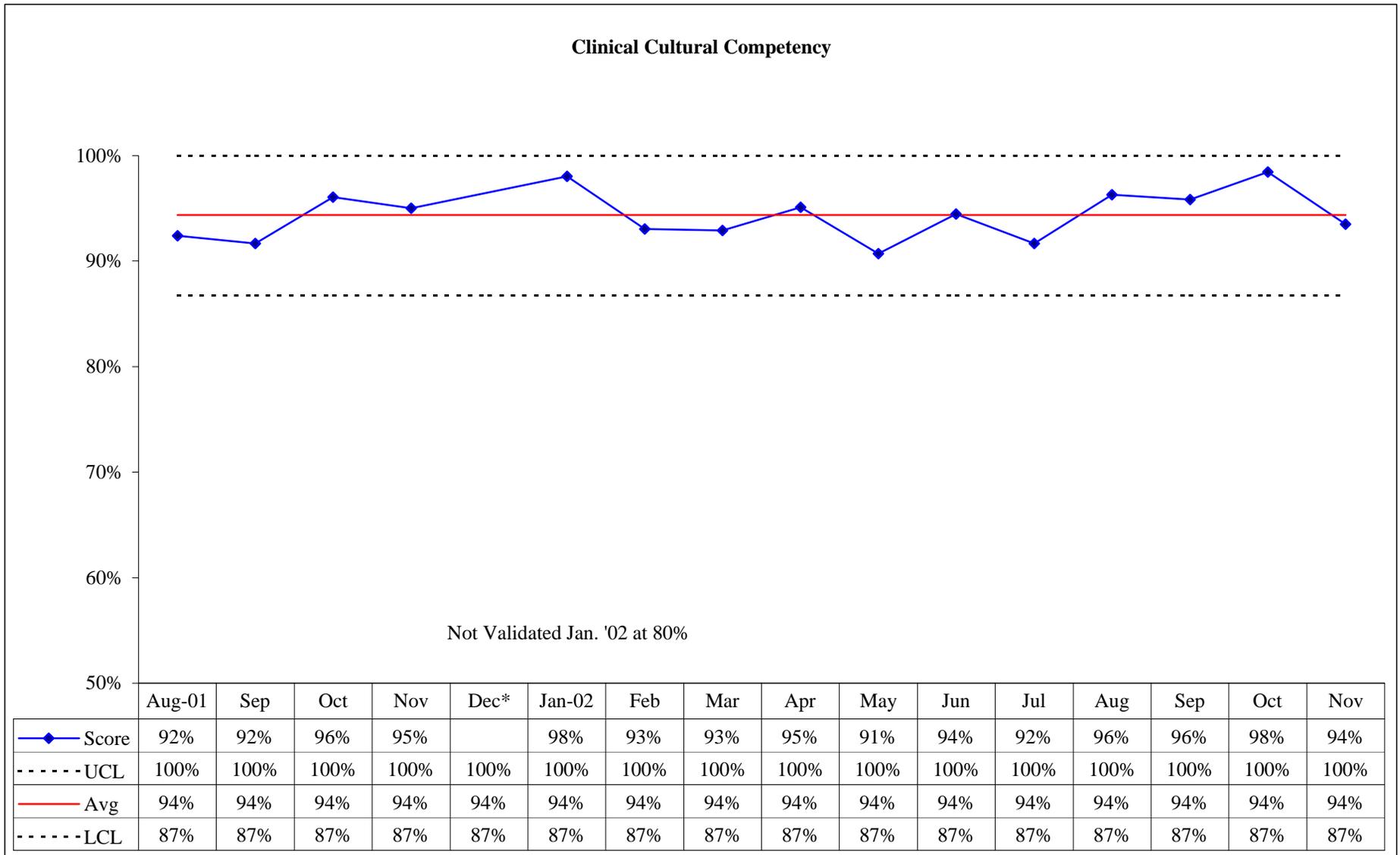


Measure 3E - Clinical Cultural Competency
Austin State Hospital



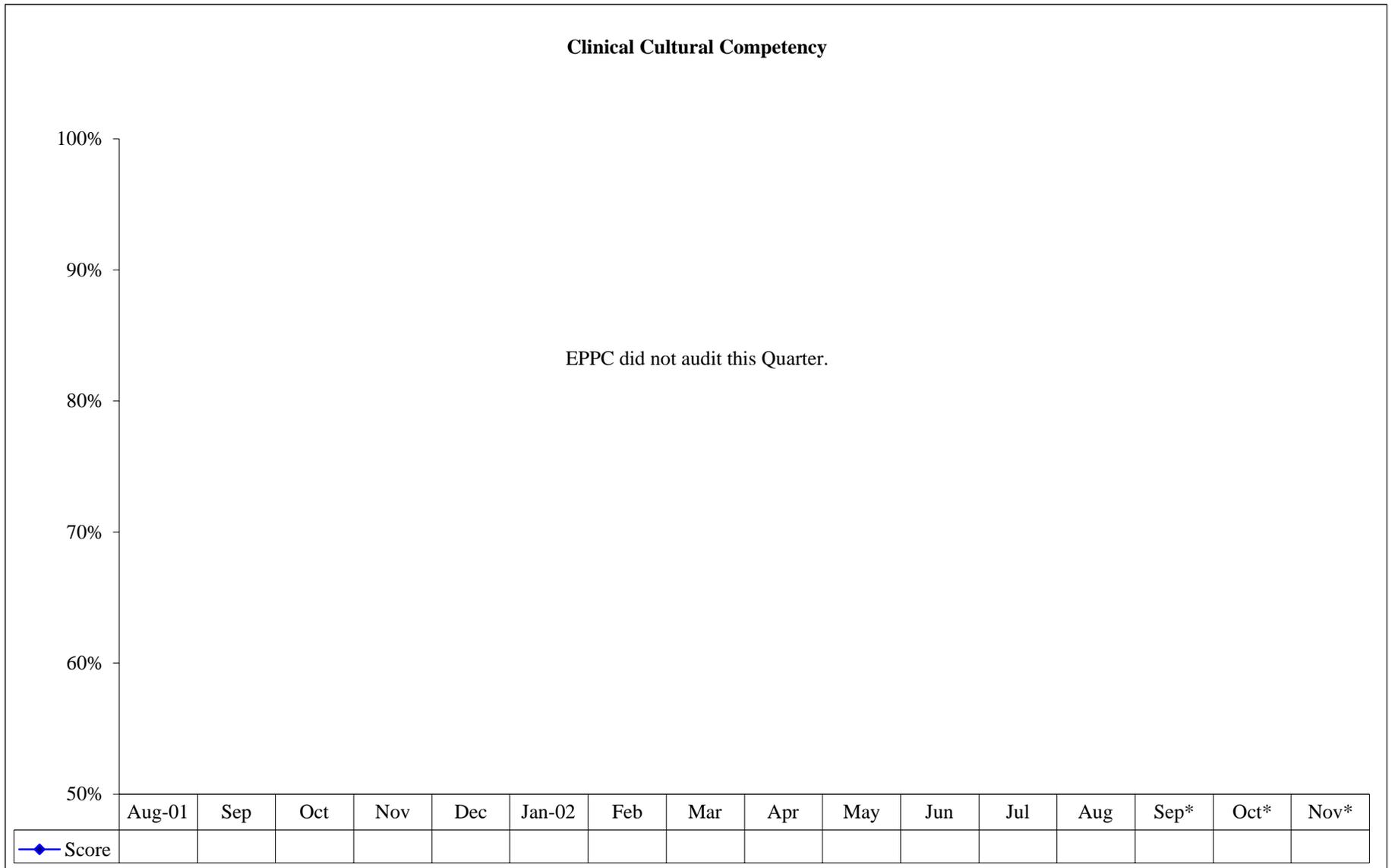
*No scores reported to MDS.

Measure 3E - Clinical Cultural Competency
Big Spring State Hospital

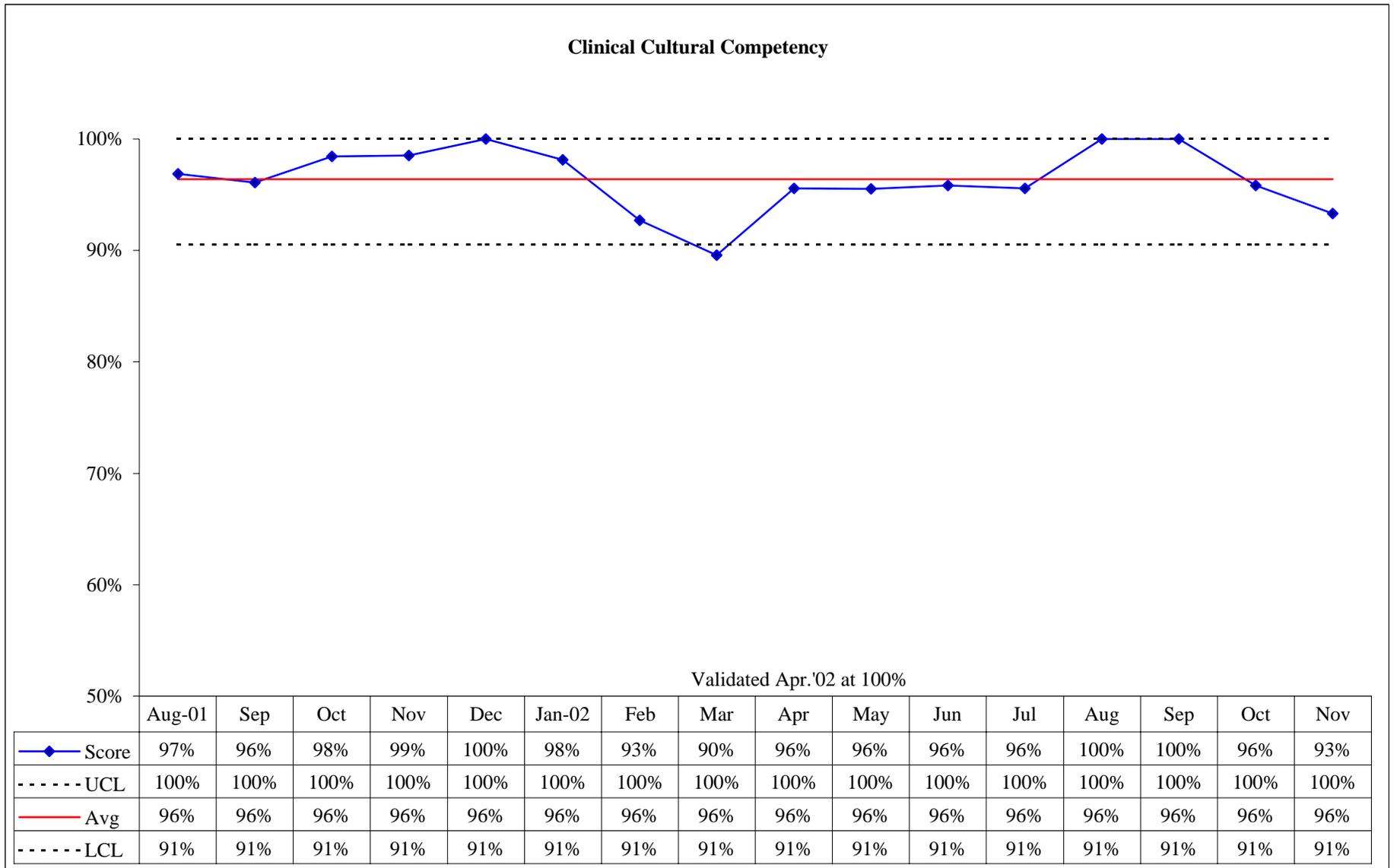


*No scores reported to MDS.

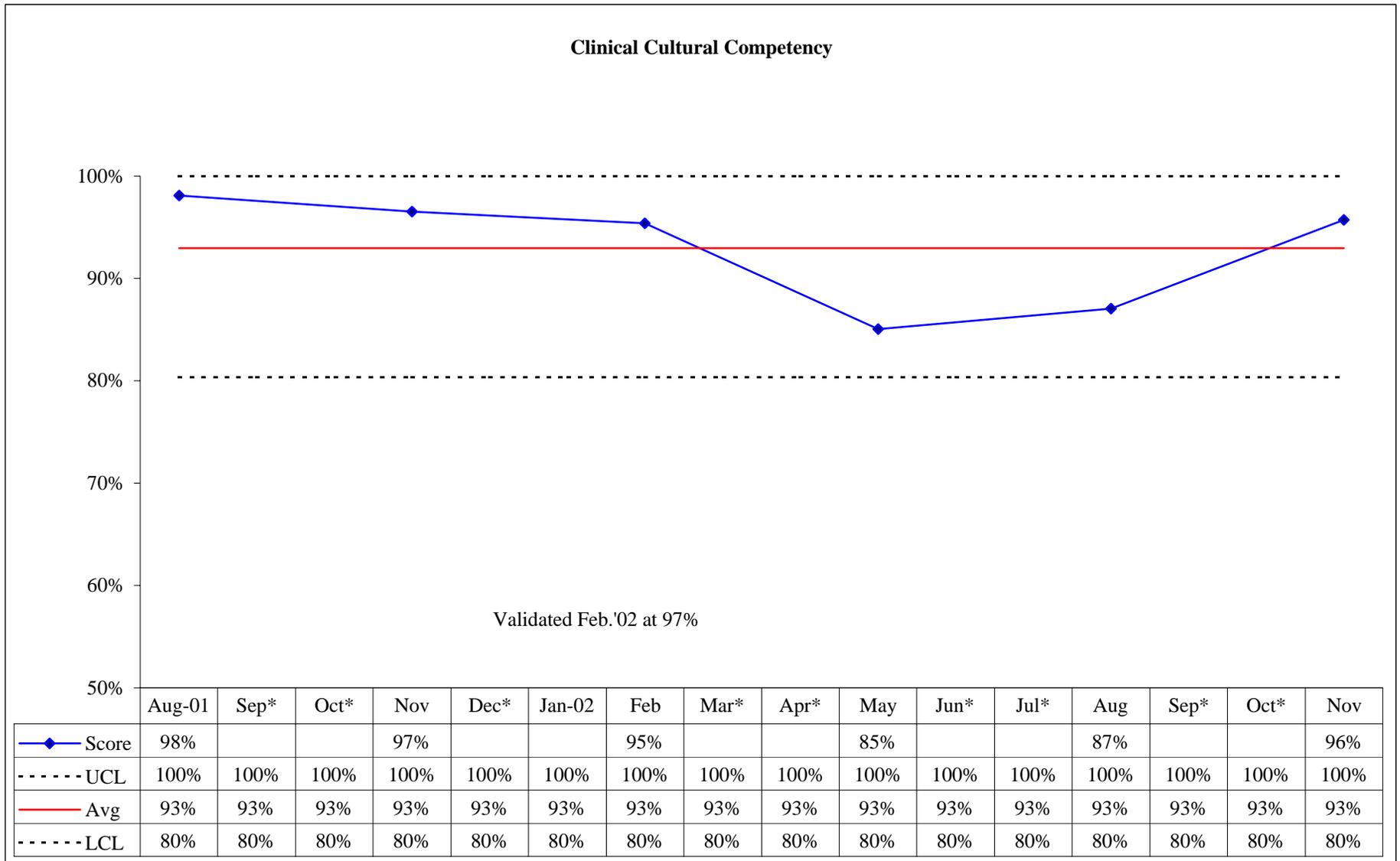
Measure 3E - Clinical Cultural Competency
El Paso Psychiatric Center



Measure 3E - Clinical Cultural Competency
Kerrville State Hospital

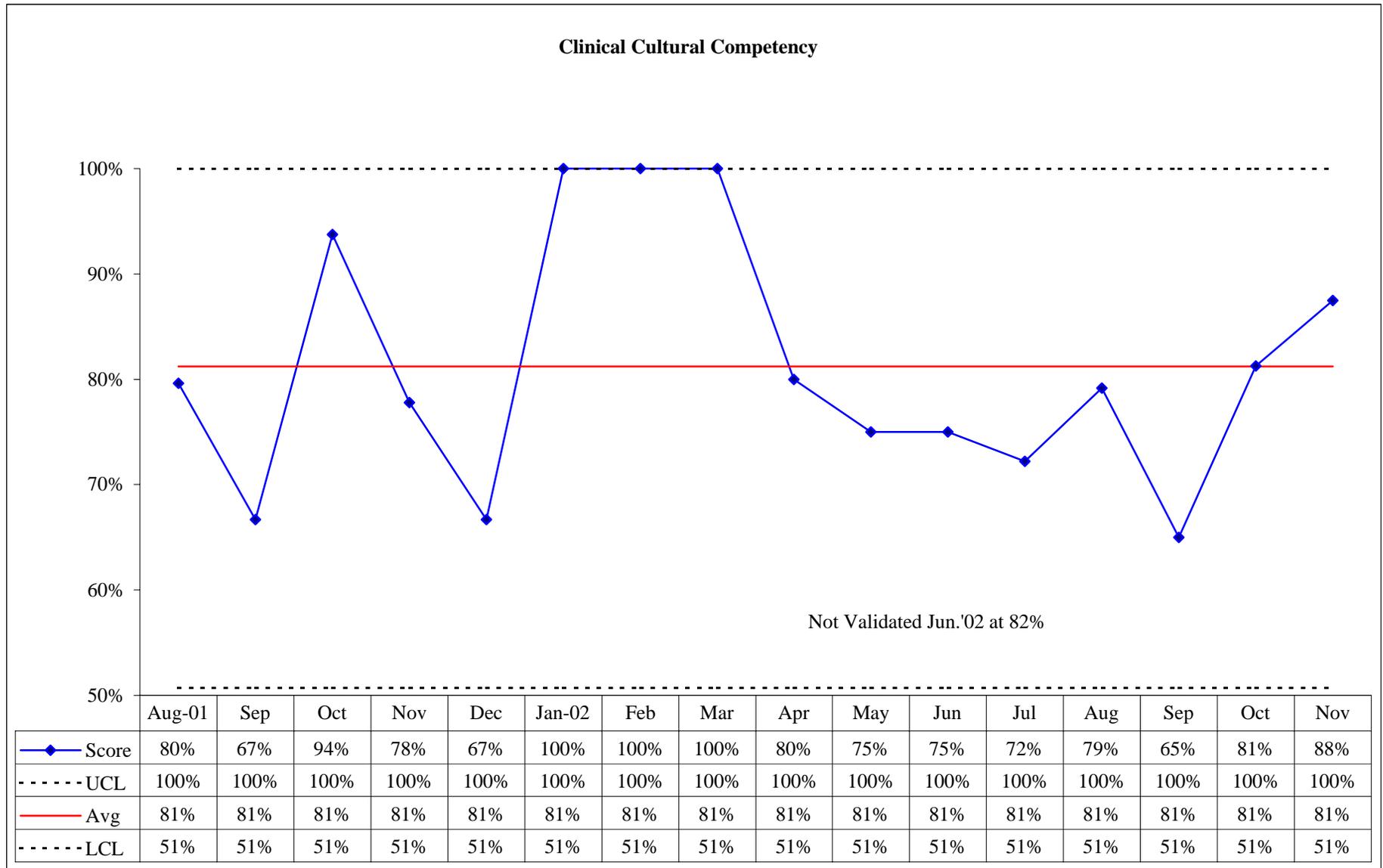


Measure 3E - Clinical Cultural Competency
North Texas State Hospital

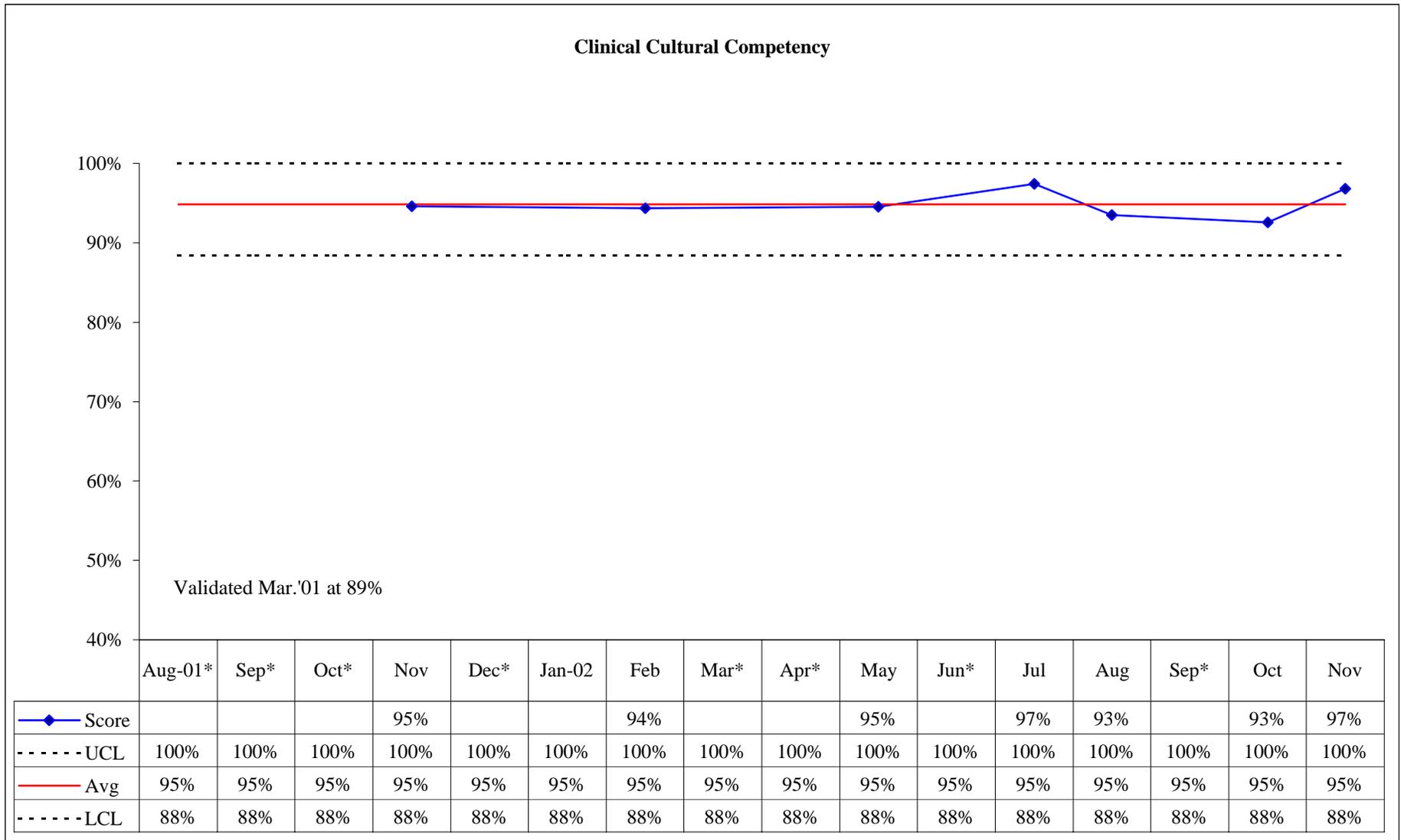


*No scores reported to MDS.

Measure 3E - Clinical Cultural Competency
Rio Grande State Center

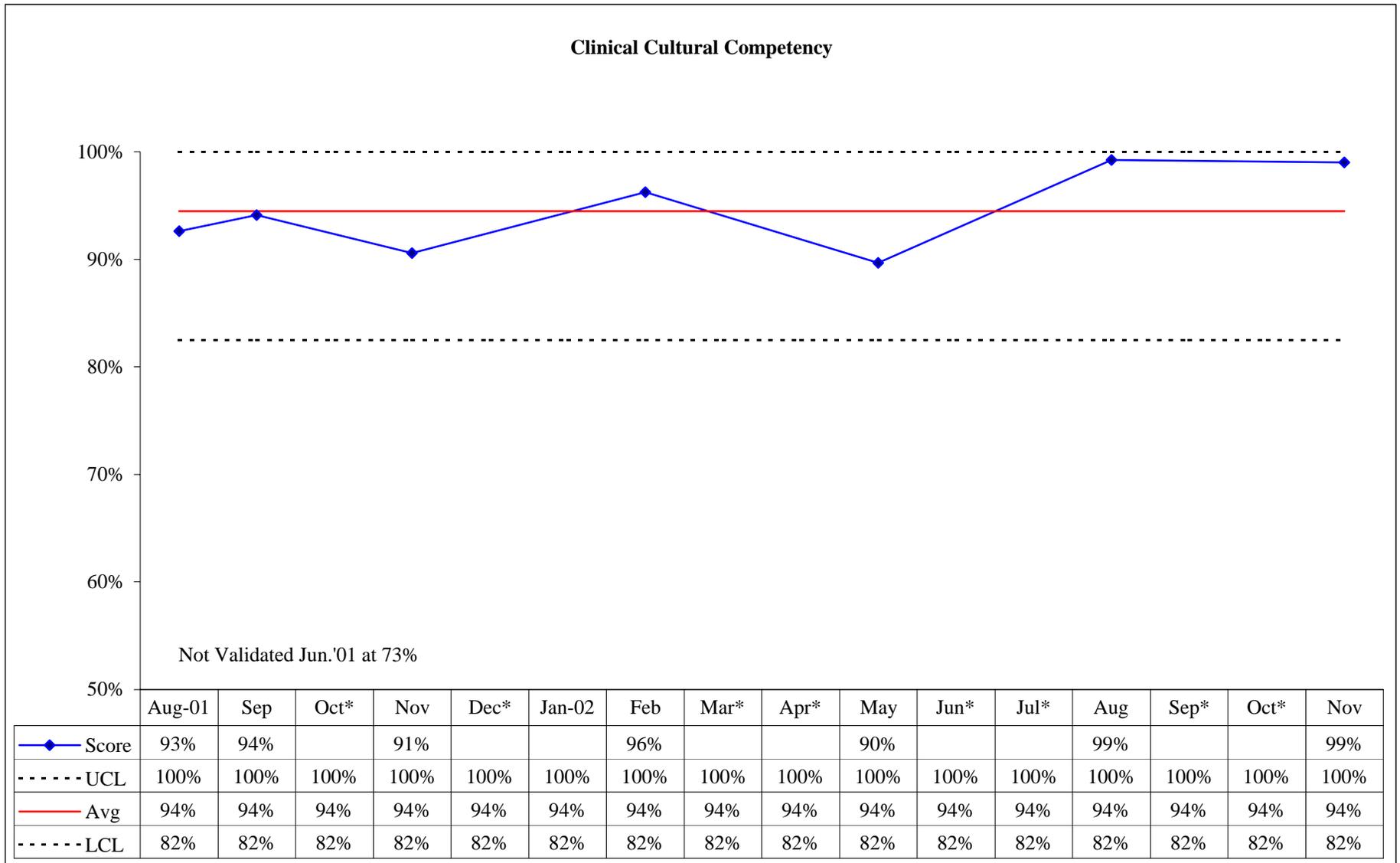


Measure 3E - Clinical Cultural Competency
Rusk State Hospital



*No scores reported to MDS.

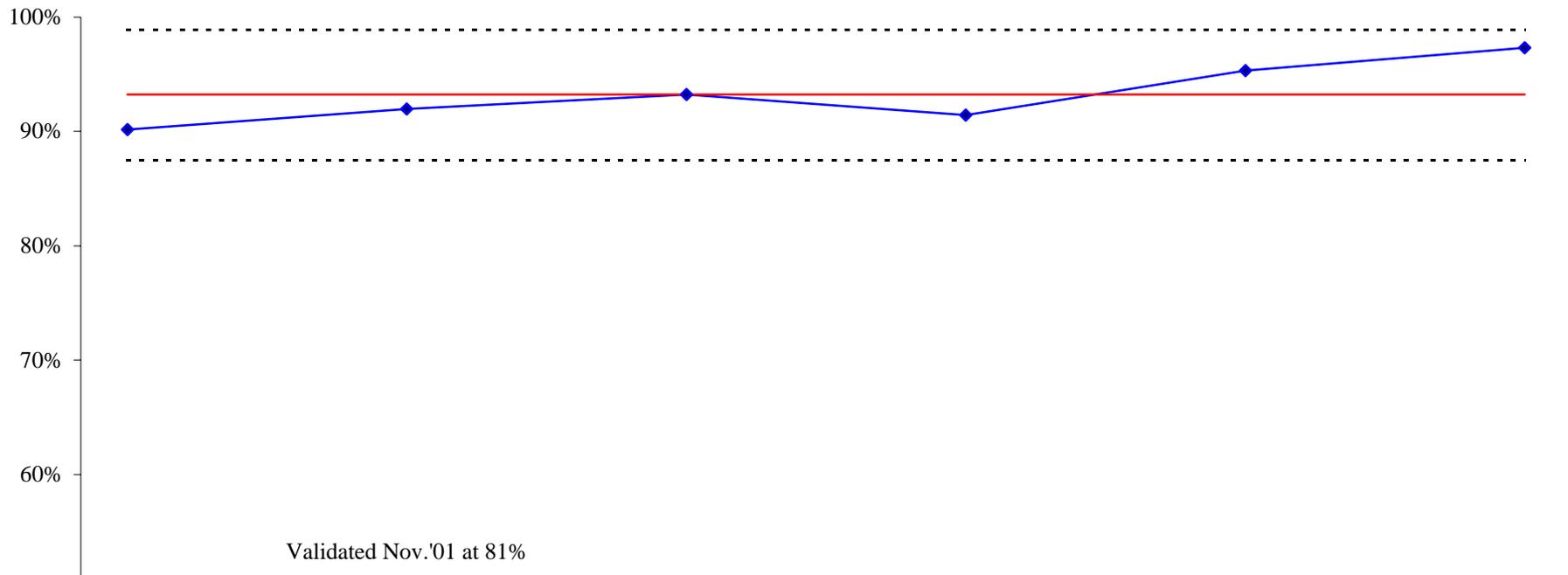
Measure 3E - Clinical Cultural Competency
San Antonio State Hospital



*No scores reported to MDS.

Measure 3E - Clinical Cultural Competency
Terrell State Hospital

Clinical Cultural Competency

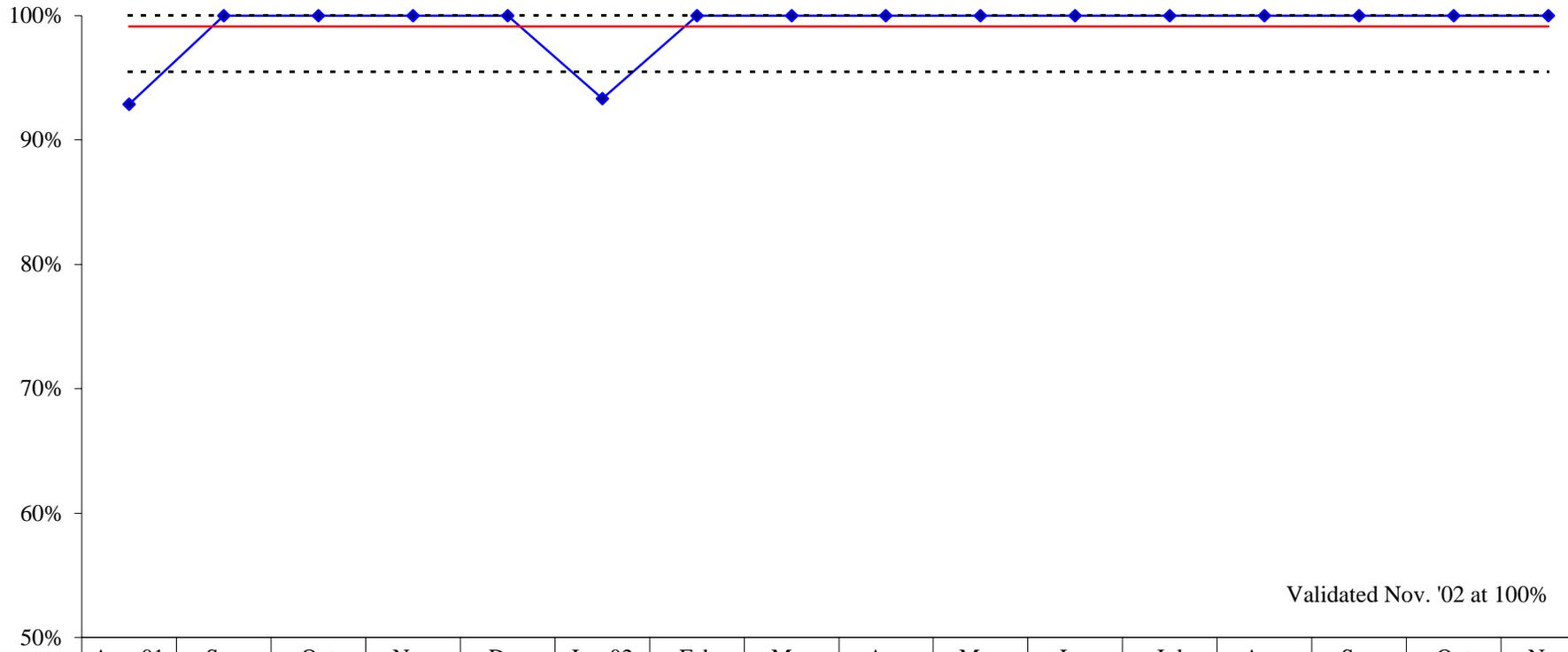


	Aug-01	Sep*	Oct*	Nov	Dec*	Jan-02	Feb	Mar*	Apr*	May	Jun*	Jul*	Aug	Sep*	Oct*	Nov
◆ Score	90%			92%			93%			91%			95%			97%
----- UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
----- LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

*No scores reported to MDS.

Measure 3E - Clinical Cultural Competency
Waco Center for Youth

Clinical Cultural Competency



	Aug-01	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—◆— Score	93%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
- - - - - LCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

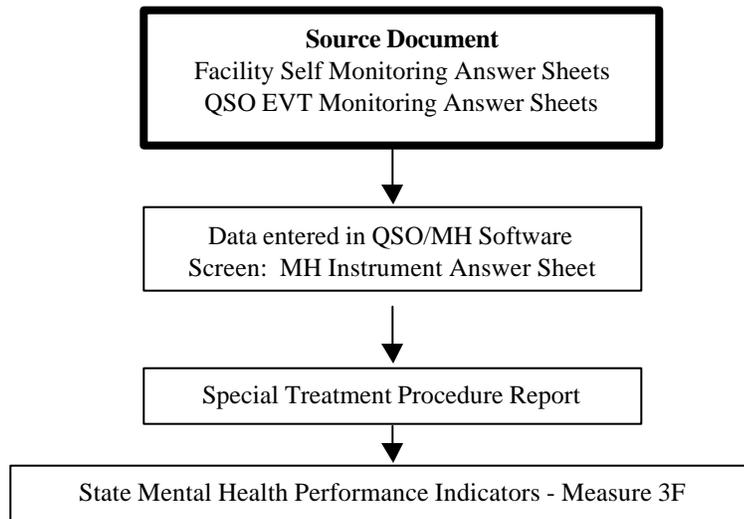
Performance Measure 3F: In order to ensure that special treatment procedures are implemented in such a way to protect the health and safety of patients while preserving their dignity, rights, and well being, data will be analyzed from the Special Treatment Procedure monitoring instrument.

Performance Measure Operational Definition: Score from the Special Treatment Procedures instrument.

Performance Measure Formula: According to the Special Treatment Procedures instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Measure Data Display and Chart Description:
Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:



Data Integrity Review Process:

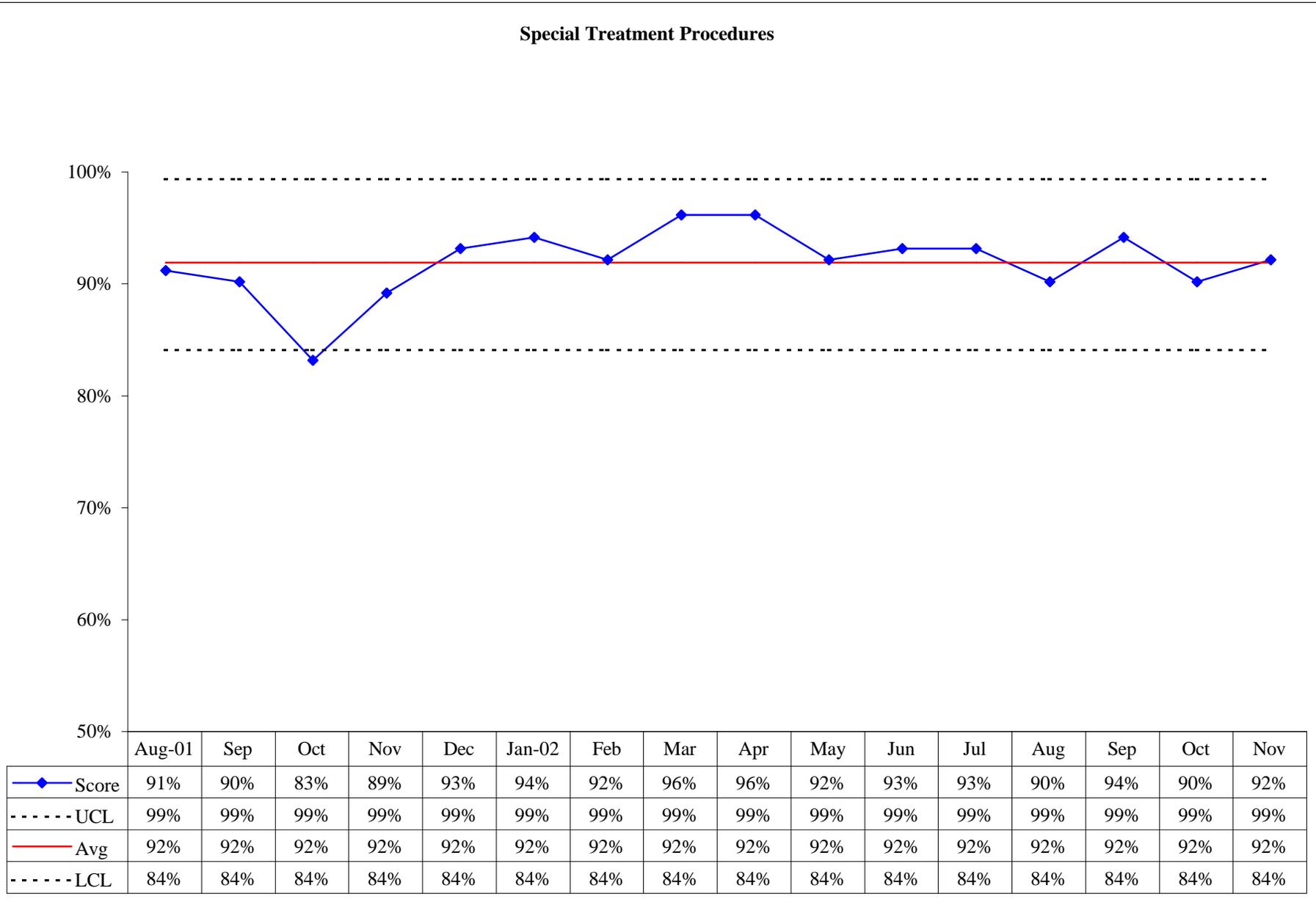
Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

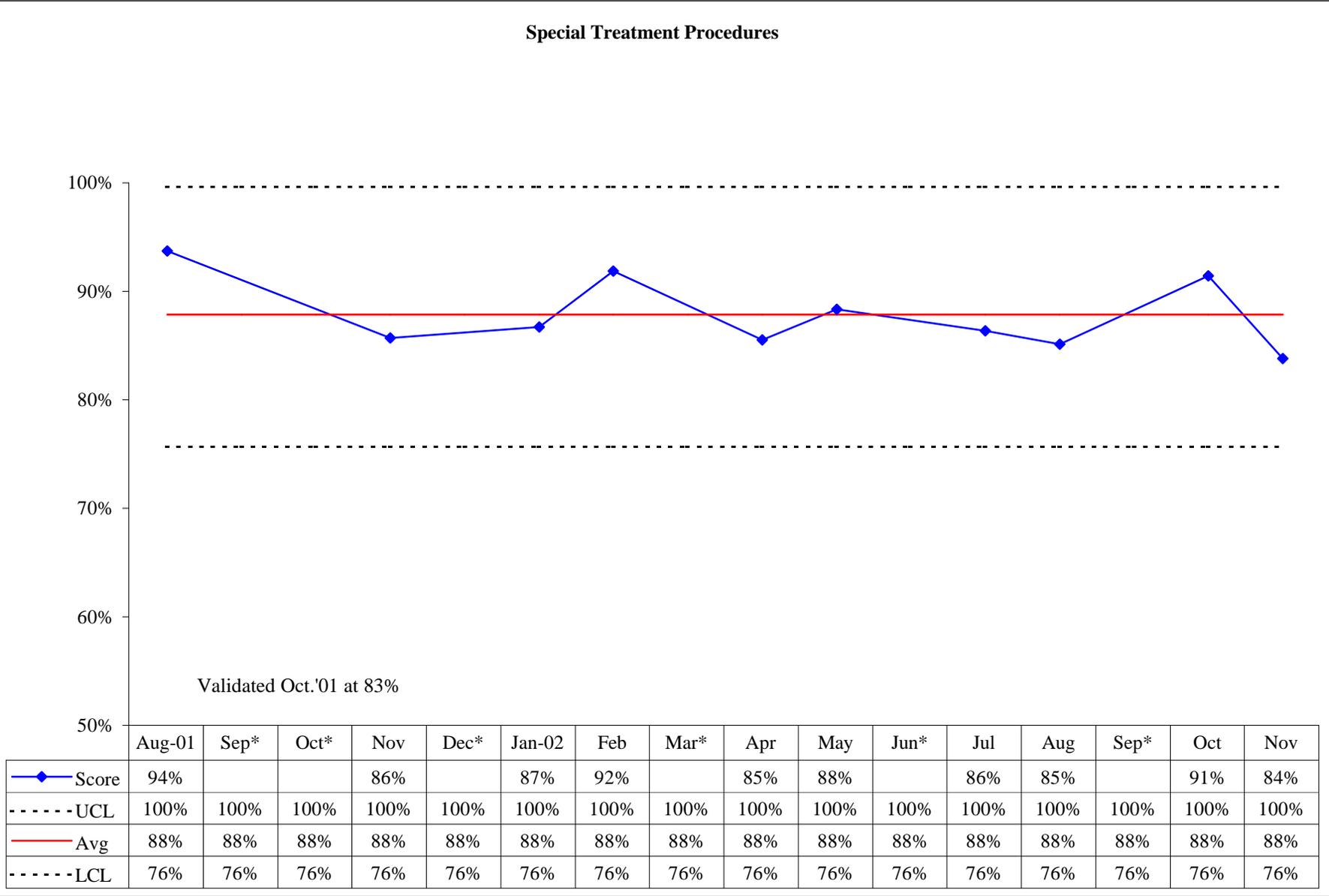
**Measure 3F - Special Treatment Procedures
Q1 FY2003**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Number of persons who received ECT treatments either at this facility or through contract services this quarter.	0	0	0	0	0	0	0	0	13	0
Total number of ECT treatments provided at this facility this quarter.	0	0	0	0	0	0	0	0	85	0
Total number of ECT treatments provided through contract services this quarter.	0	0	0	0	0	0	0	0	0	0

Measure 3F - Special Treatment Procedures
All MH Facilities

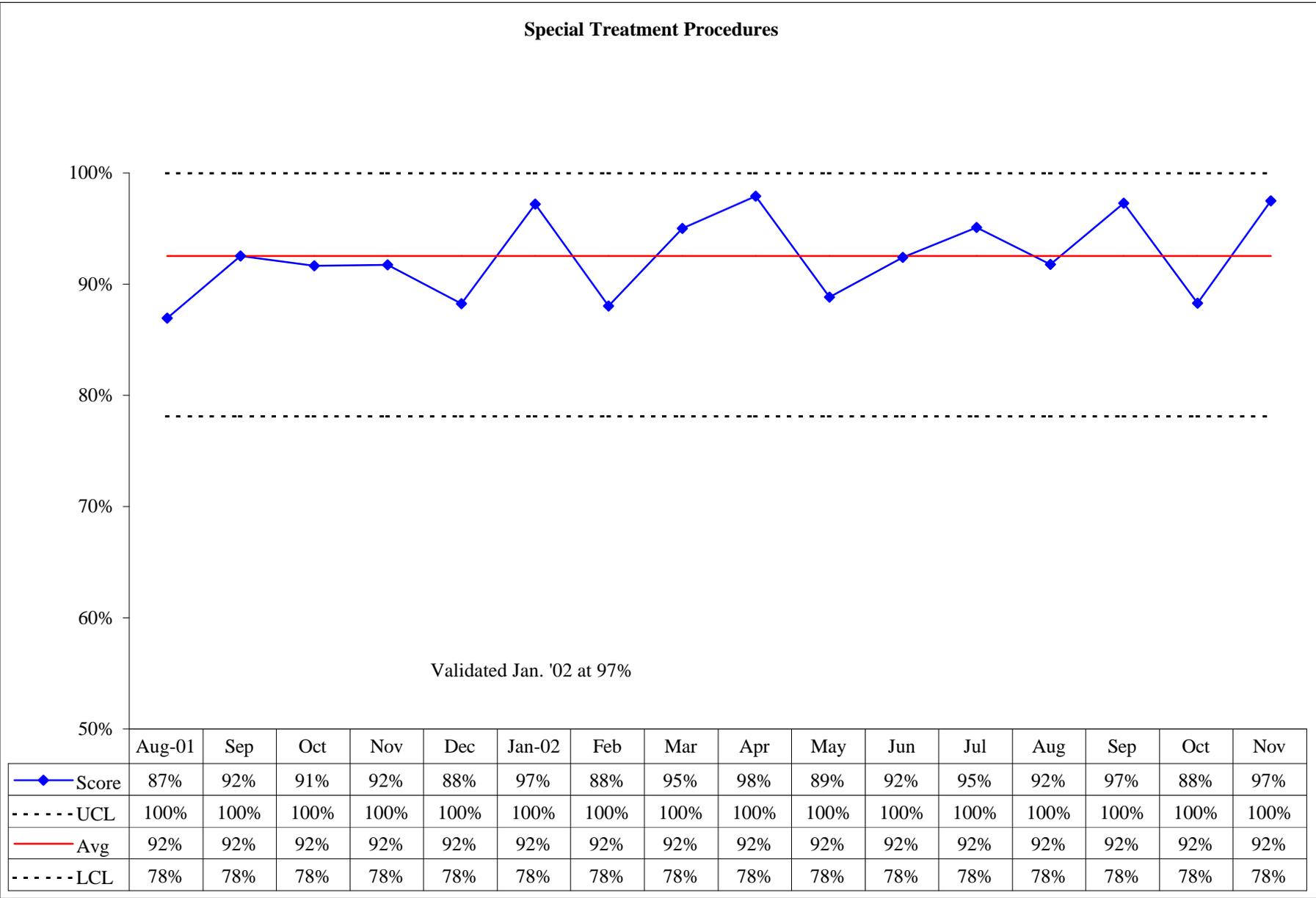


**Measure 3F - Special Treatment Procedures
Austin State Hospital**

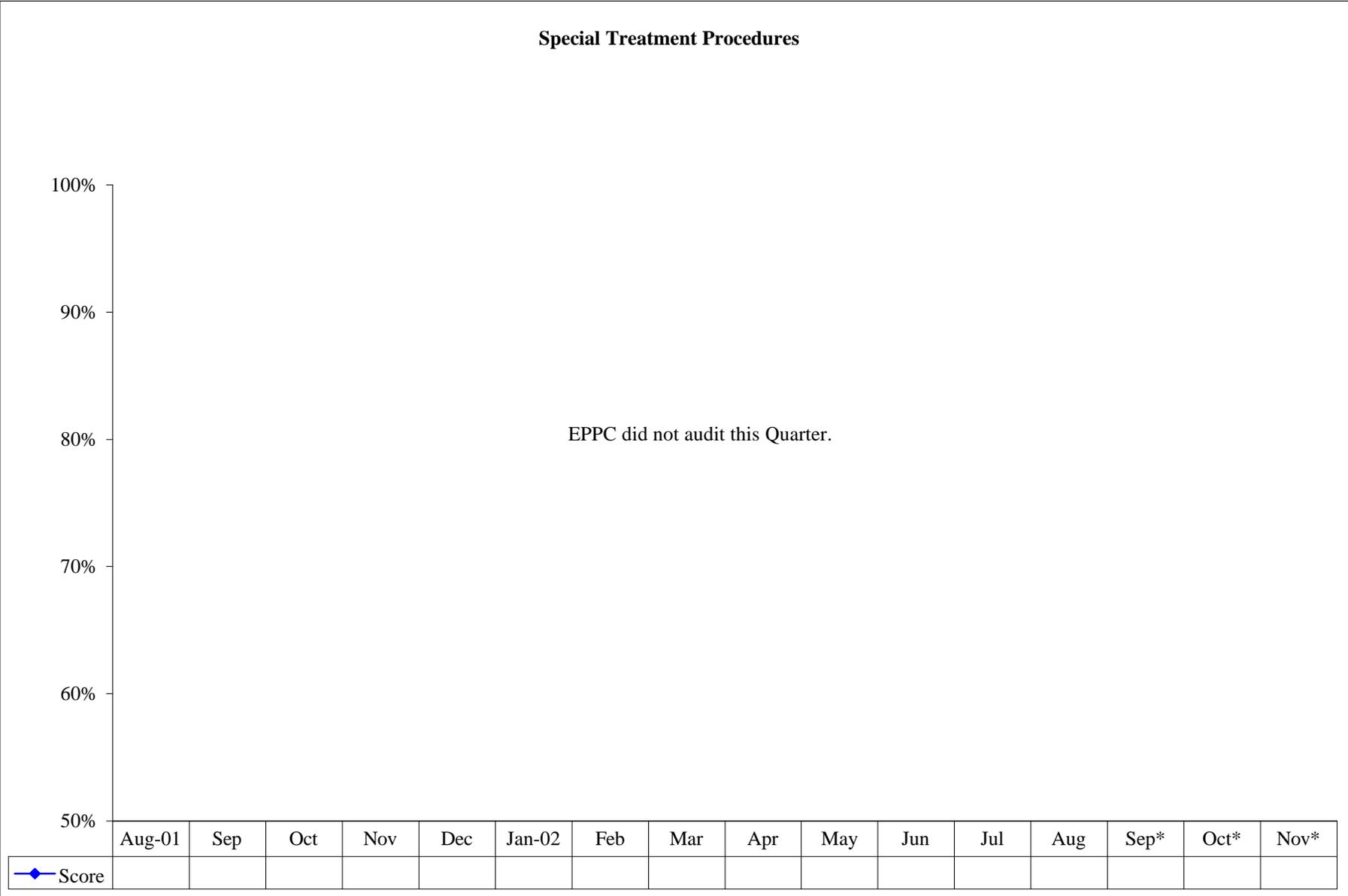


*No scores reported to MDS.

Measure 3F - Special Treatment Procedures
Big Spring State Hospital

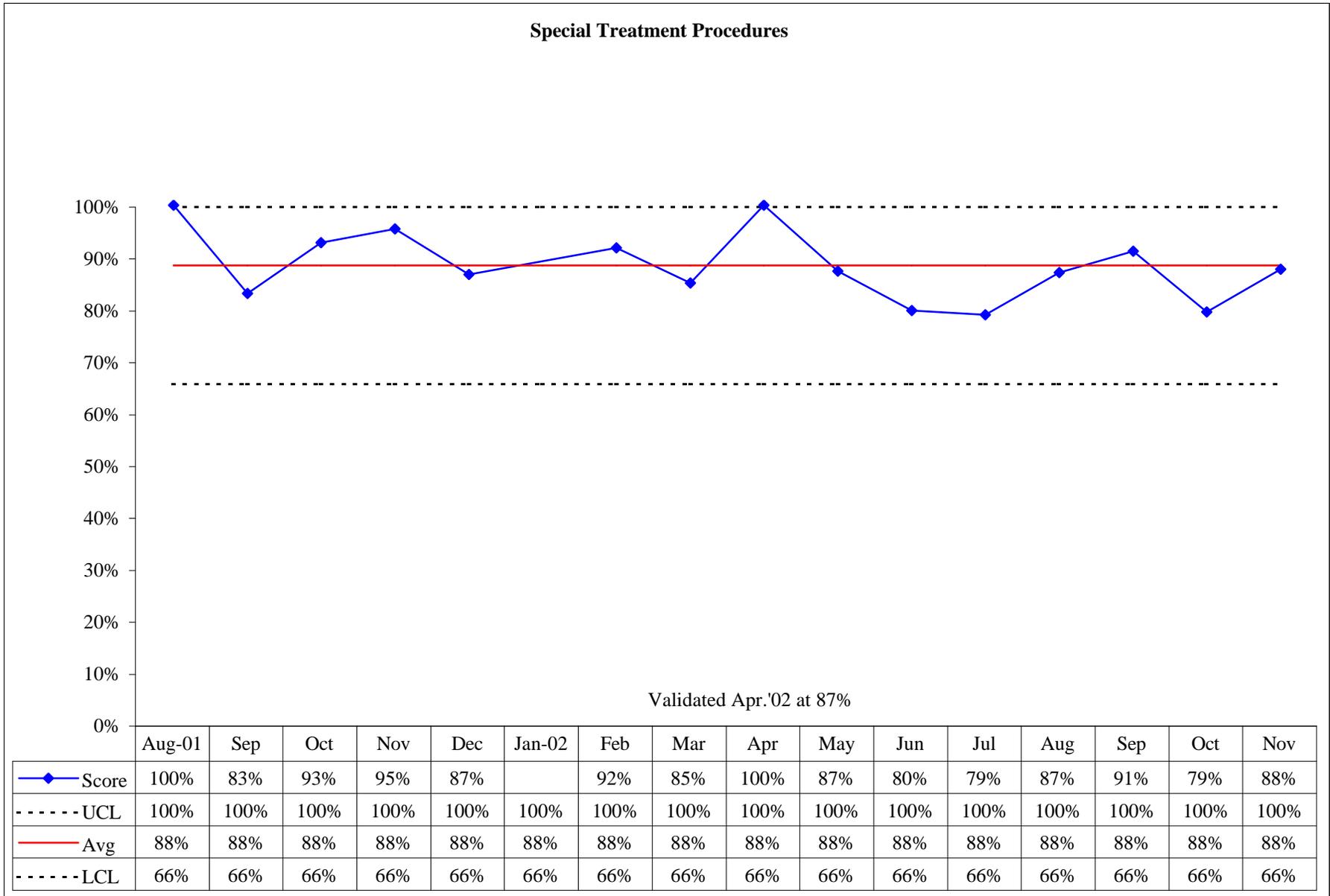


Measure 3F - Special Treatment Procedures
El Paso Psychiatric Center



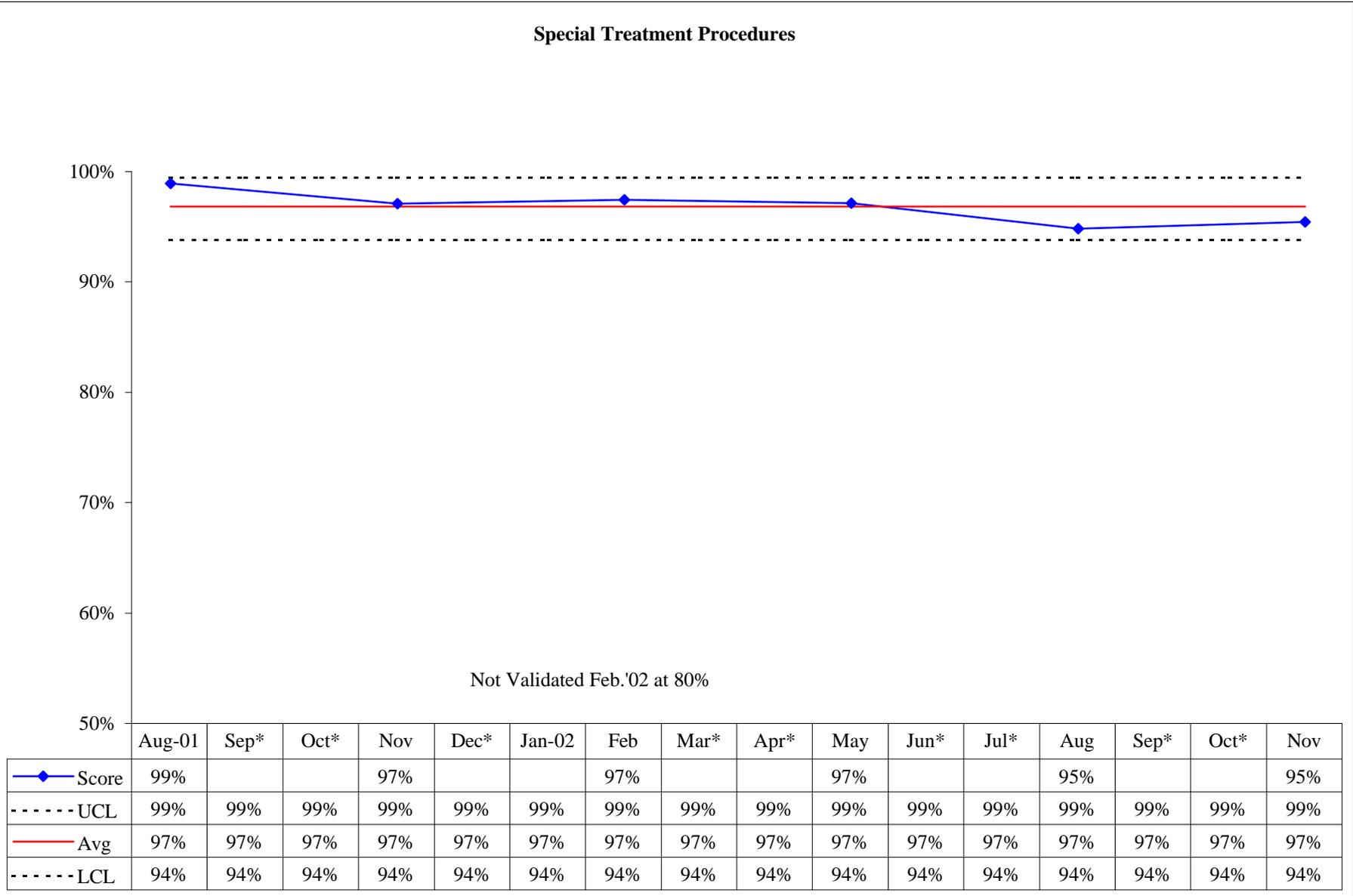
*No scores reported to MDS.

**Measure 3F - Special Treatment Procedures
Kerrville State Hospital**



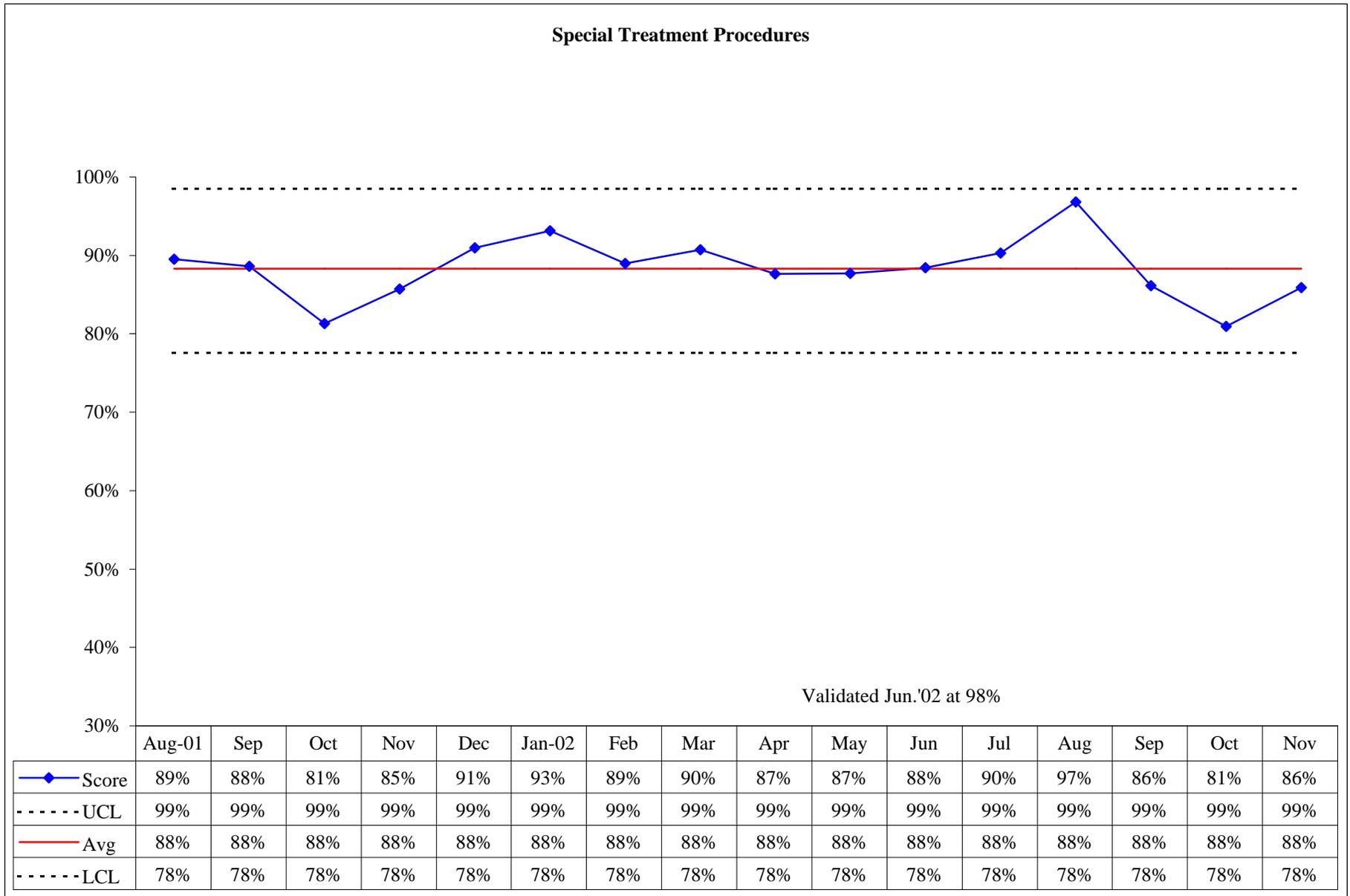
*No scores reported to MDS.

Measure 3F - Special Treatment Procedures
North Texas State Hospital

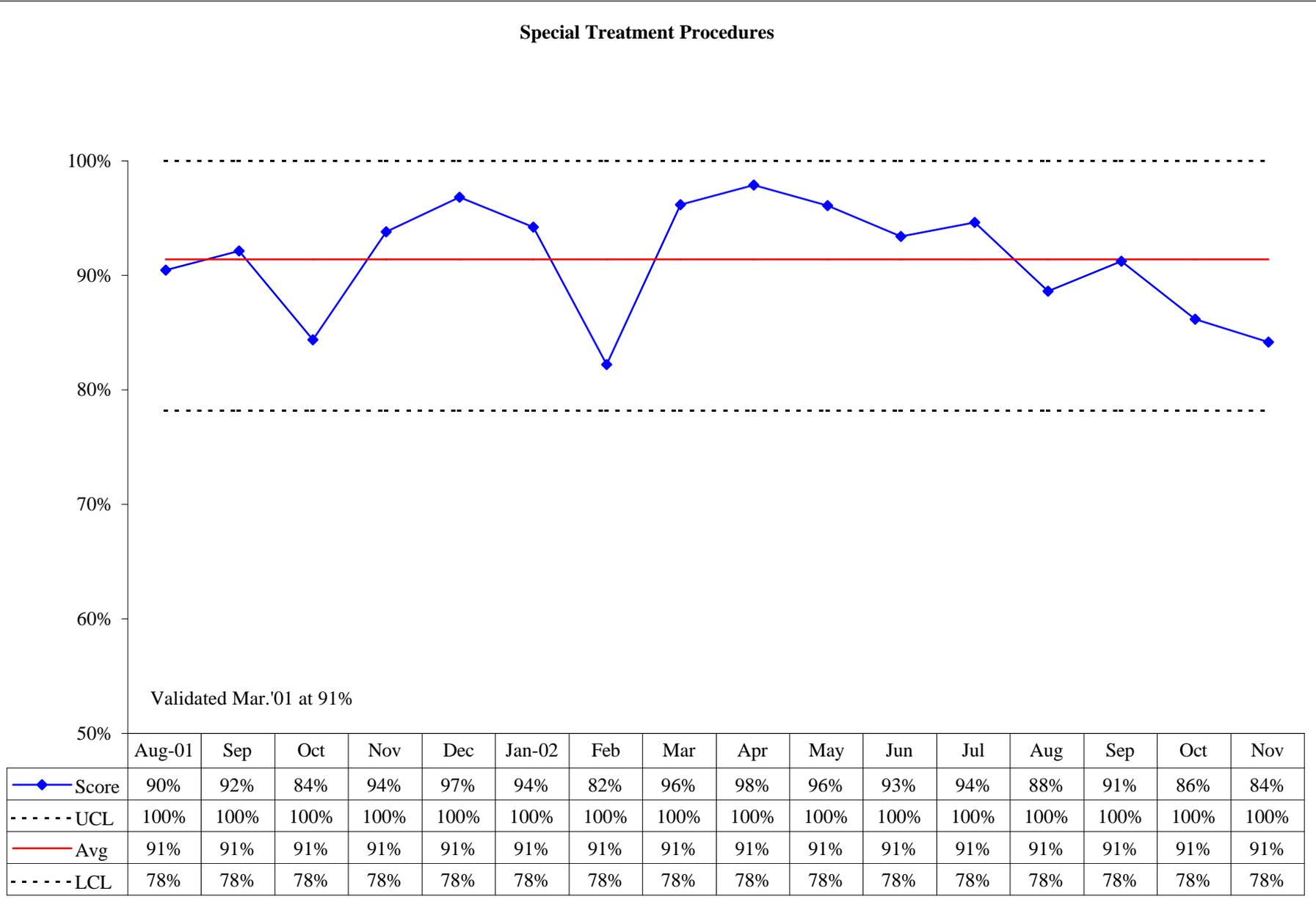


*No scores reported to MDS.

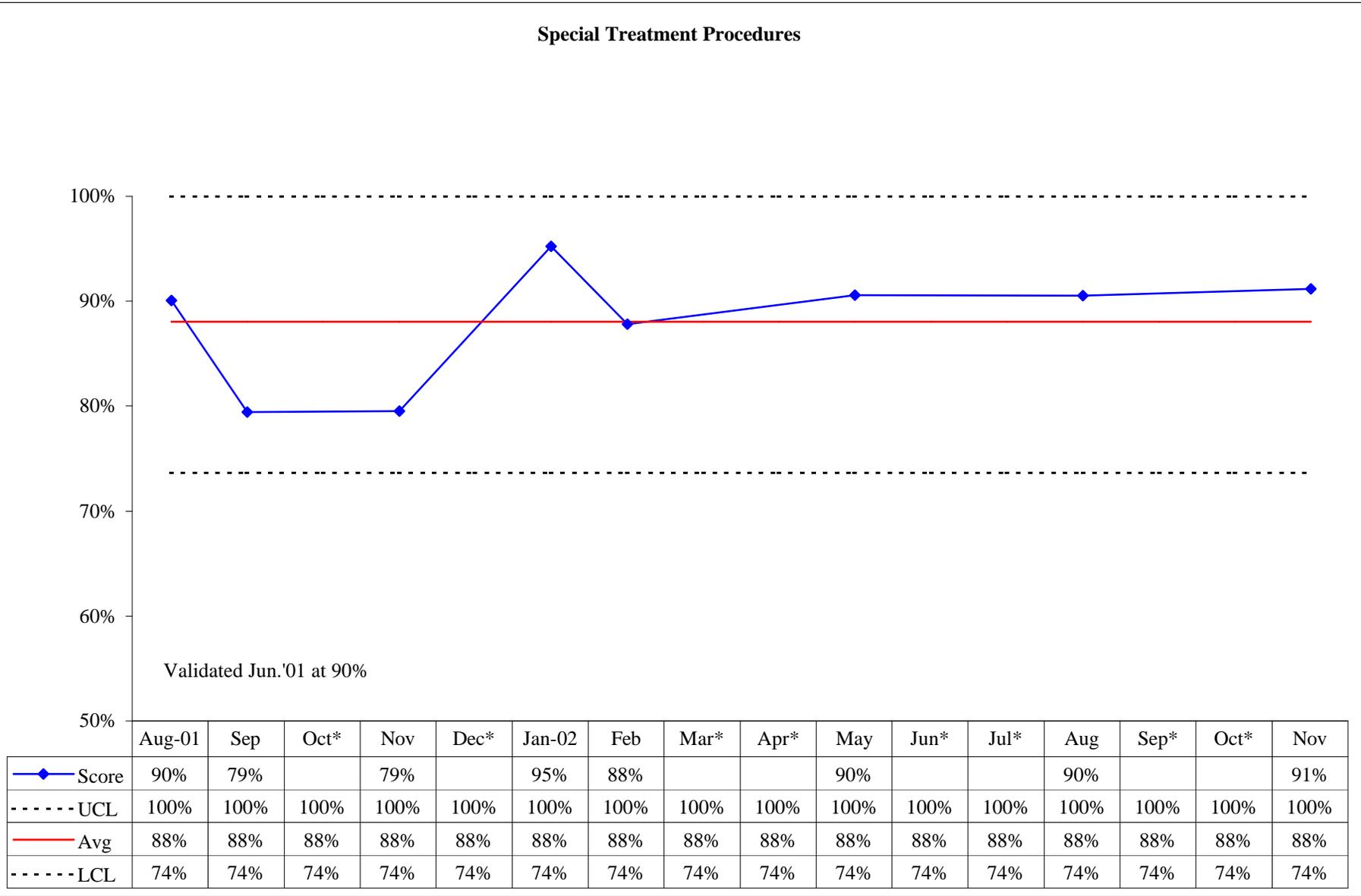
Measure 3F - Special Treatment Procedures
Rio Grande State Center



Measure 3F - Special Treatment Procedures
Rusk State Hospital

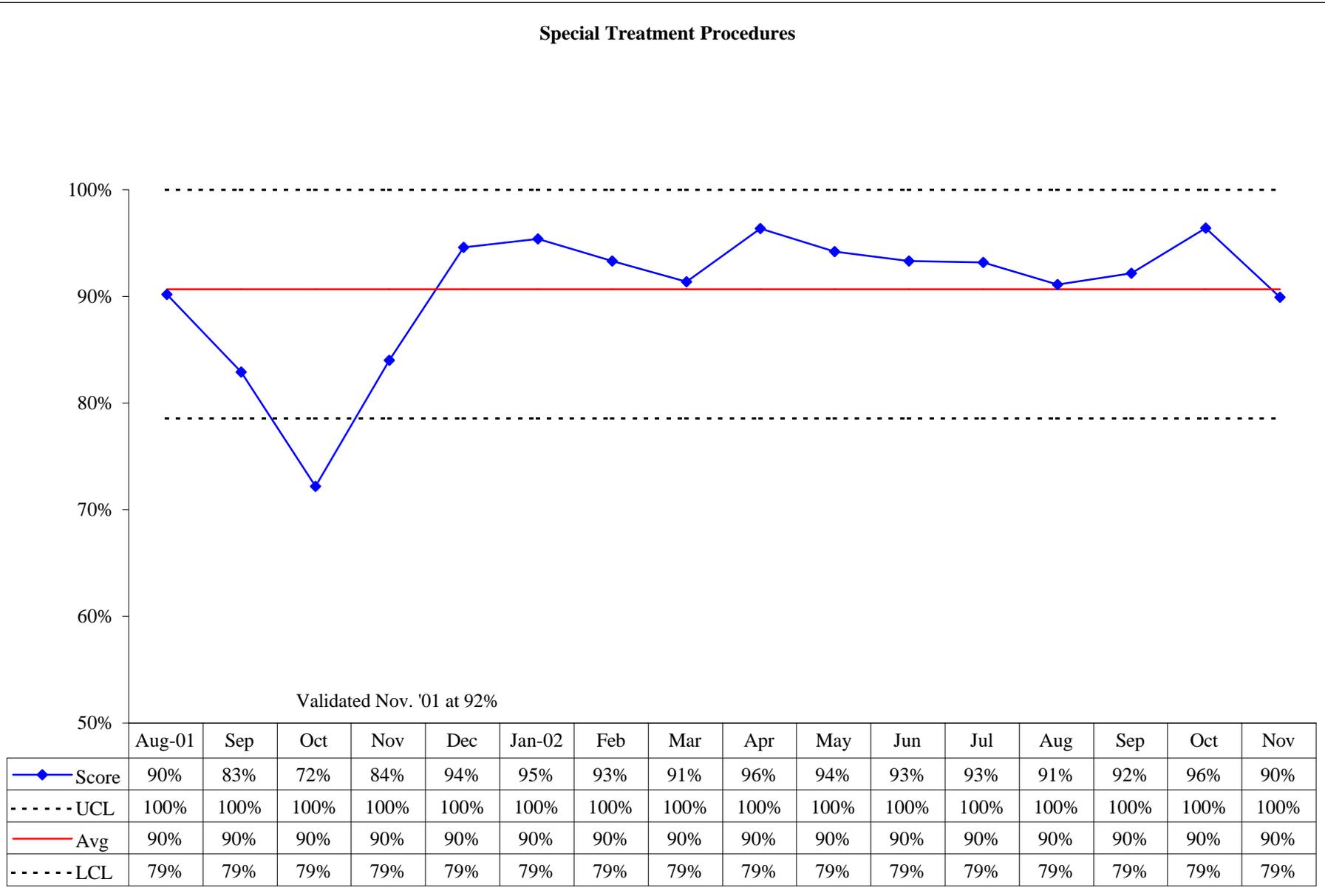


Measure 3F - Special Treatment Procedures
San Antonio State Hospital

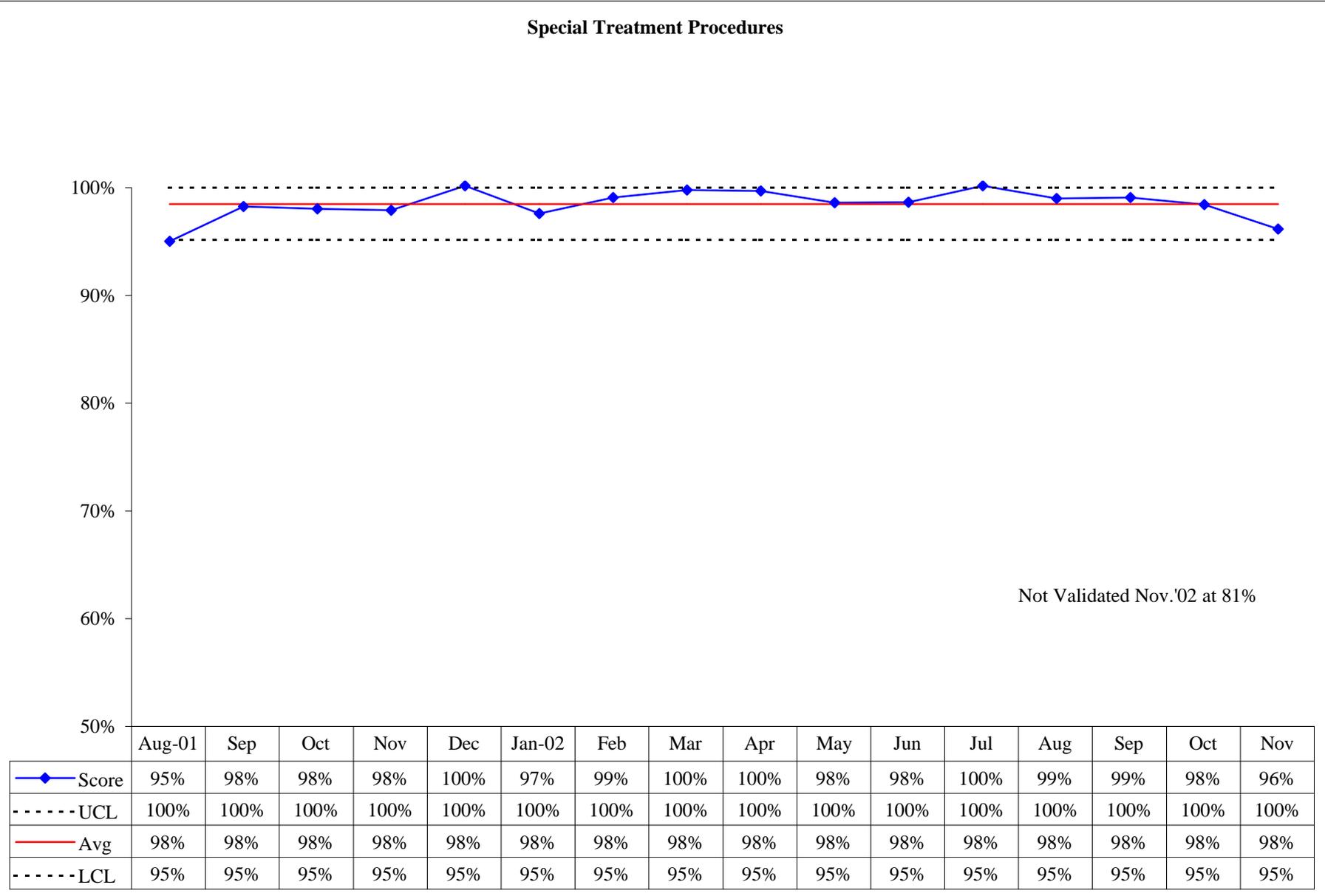


*No scores reported to MDS.

Measure 3F - Special Treatment Procedures
Terrell State Hospital



**Measure 3F - Special Treatment Procedures
Waco Center for Youth**



Performance Measure 3G: The number of patients receiving new generation medication will be tracked and analyzed quarterly. (LBB Measure)

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

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

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

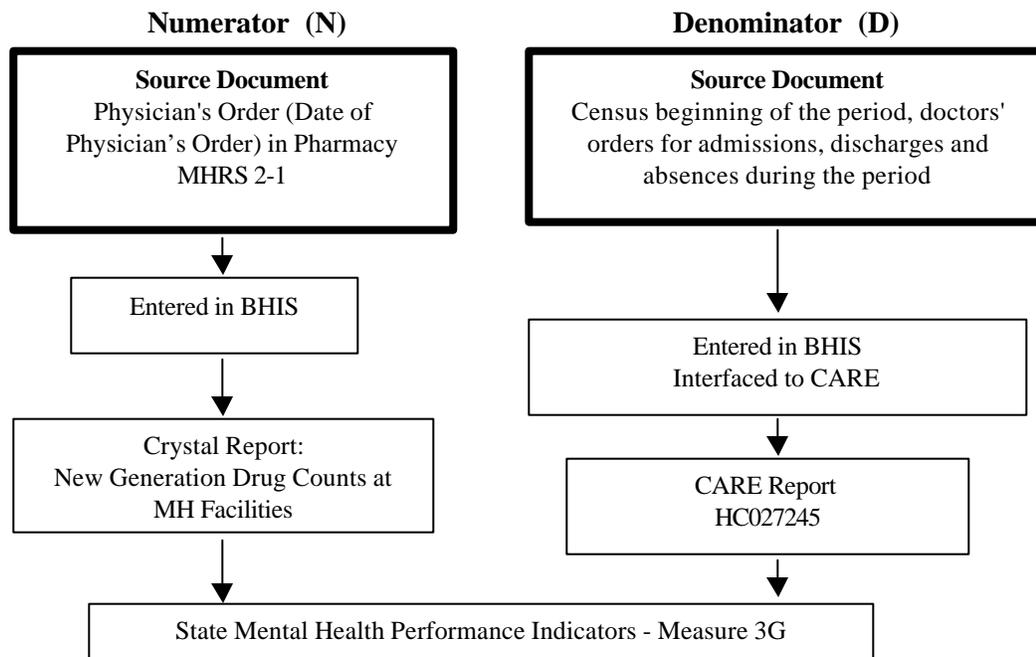
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

Performance Measure Data Display and Chart Description:

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

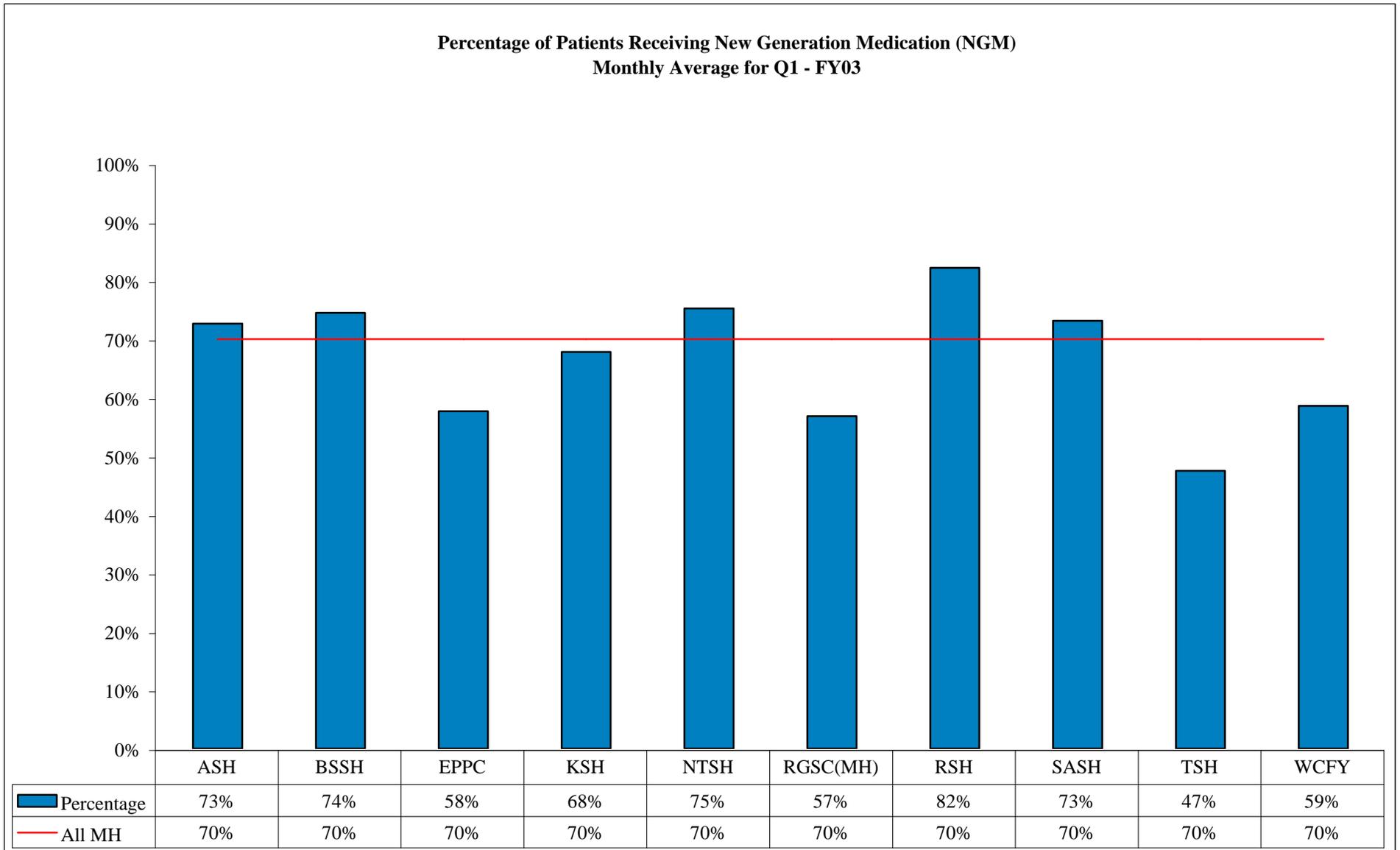
Data Flow:



Data Integrity Review Process:

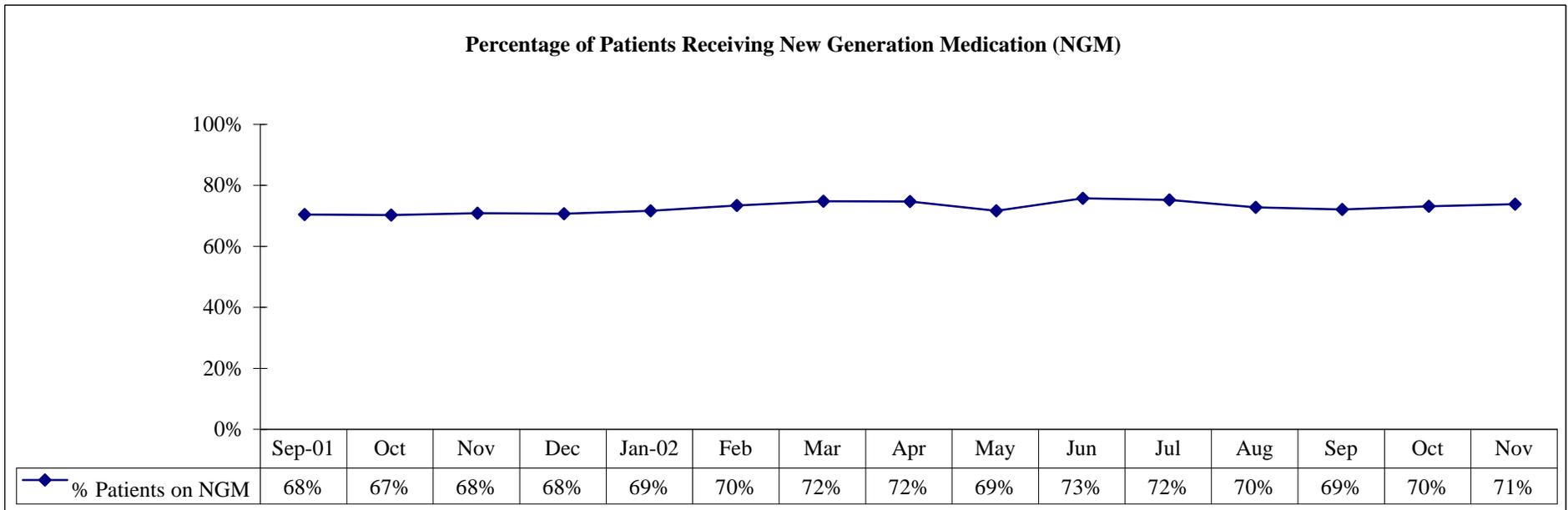
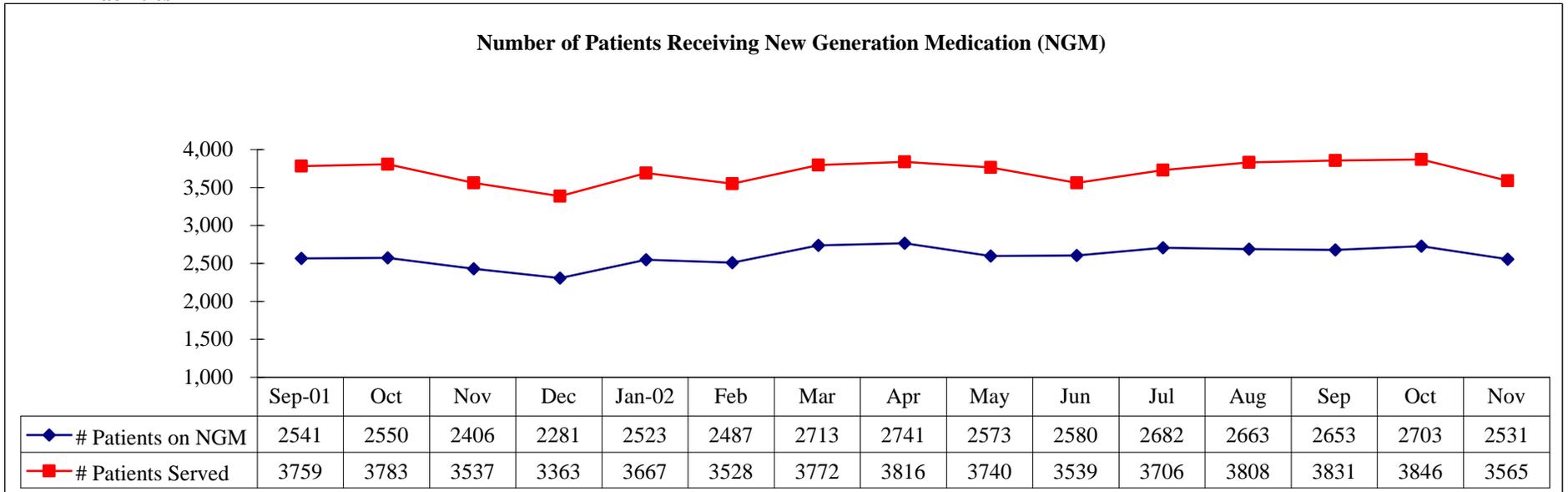
Monitoring Method	Review of physician's orders in pharmacy for new generation medications.
Monitoring Instrument/Tool	Physician orders from the pharmacy and DIR Tally Sheet
Description of Review Process	Verification by reviewing physician orders in the pharmacy for start/stop date of "new generation" medications prescribed to patients compared to data displayed on the crystal report covering the review period.
Sample Size	Review of 30 randomly selected closed records for a selected FY Quarter
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When there are any new generation medications ordered but not found on the crystal report during the quarter reviewed. Also any incorrect start/stop dates in the sample for the fiscal quarter.

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



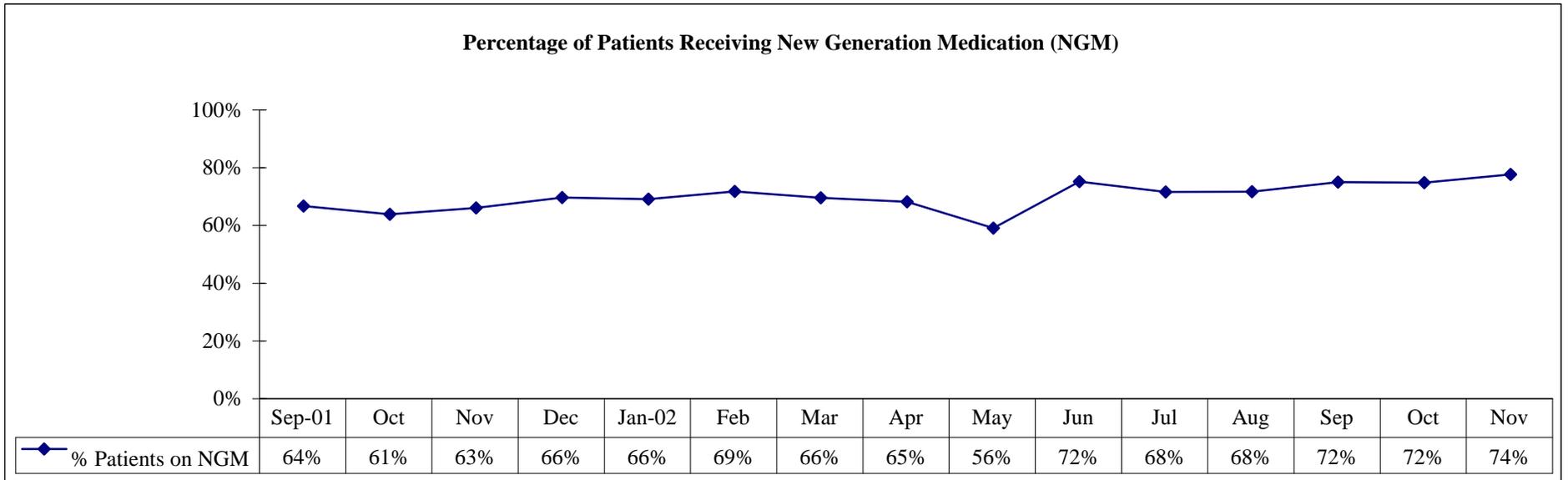
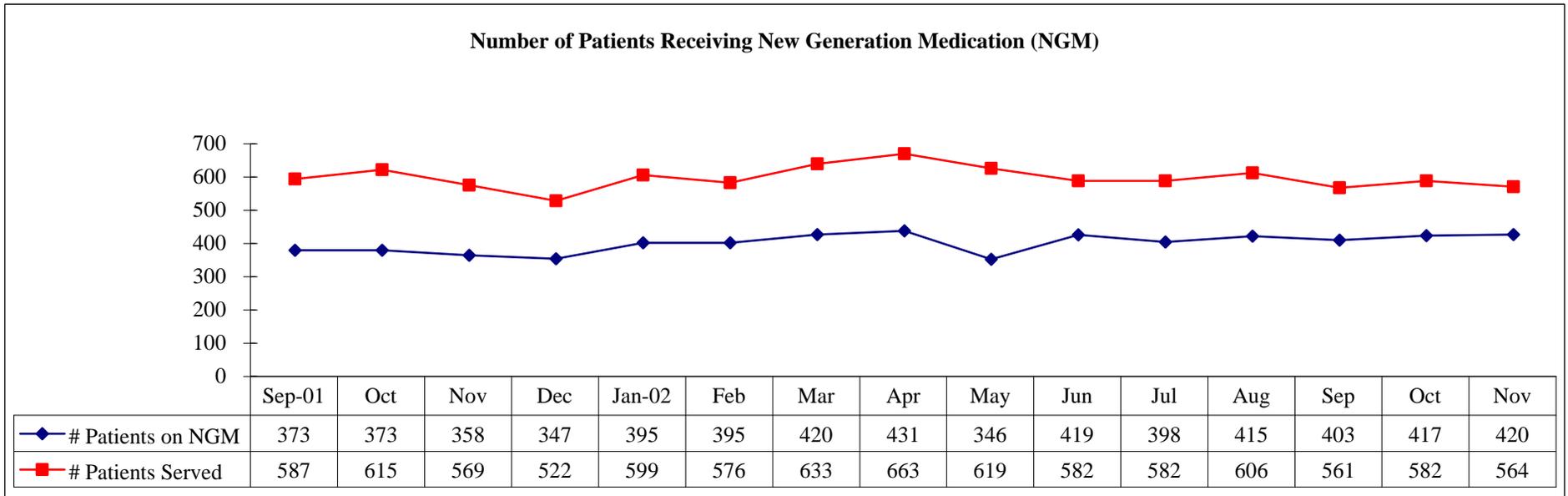
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



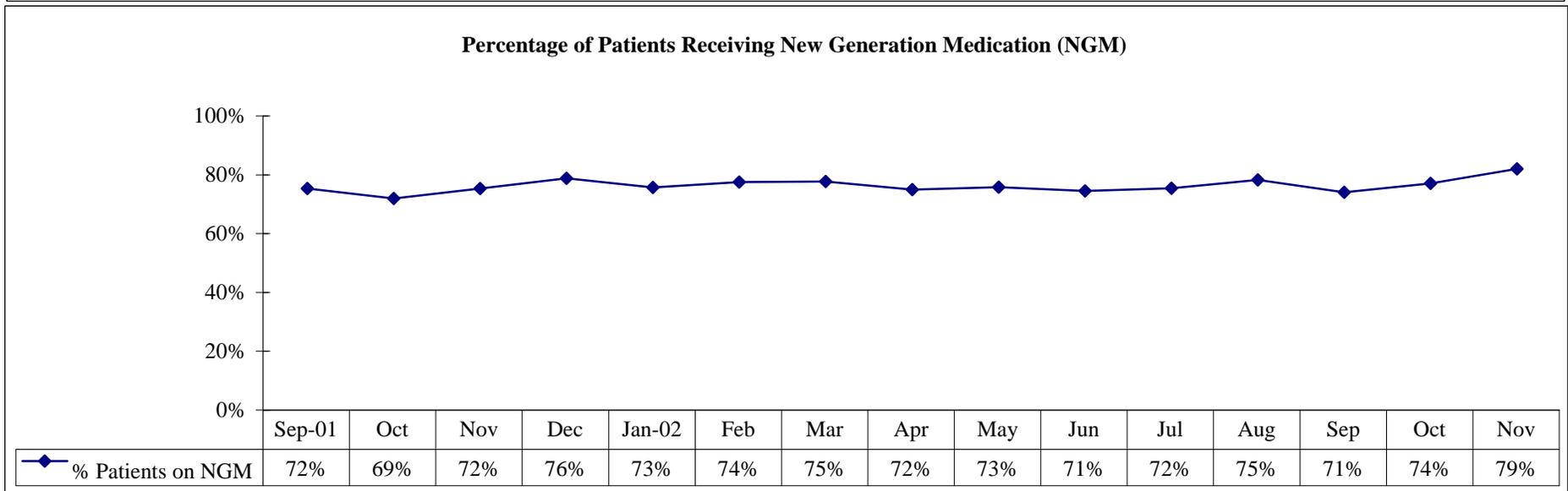
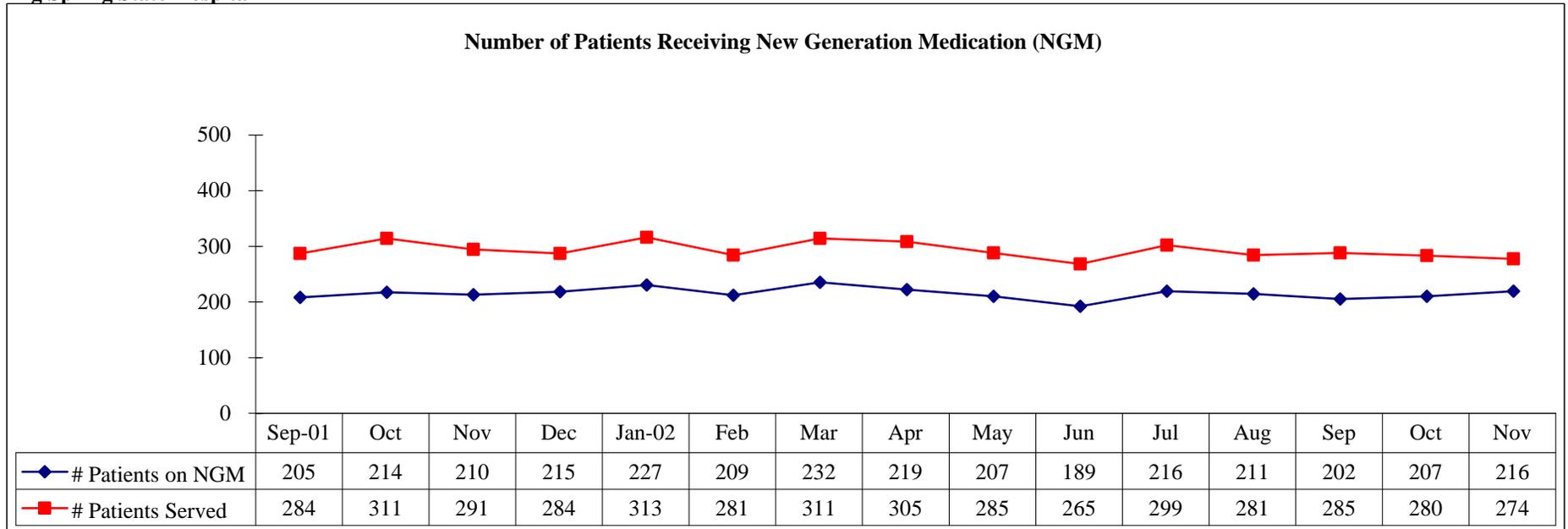
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



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

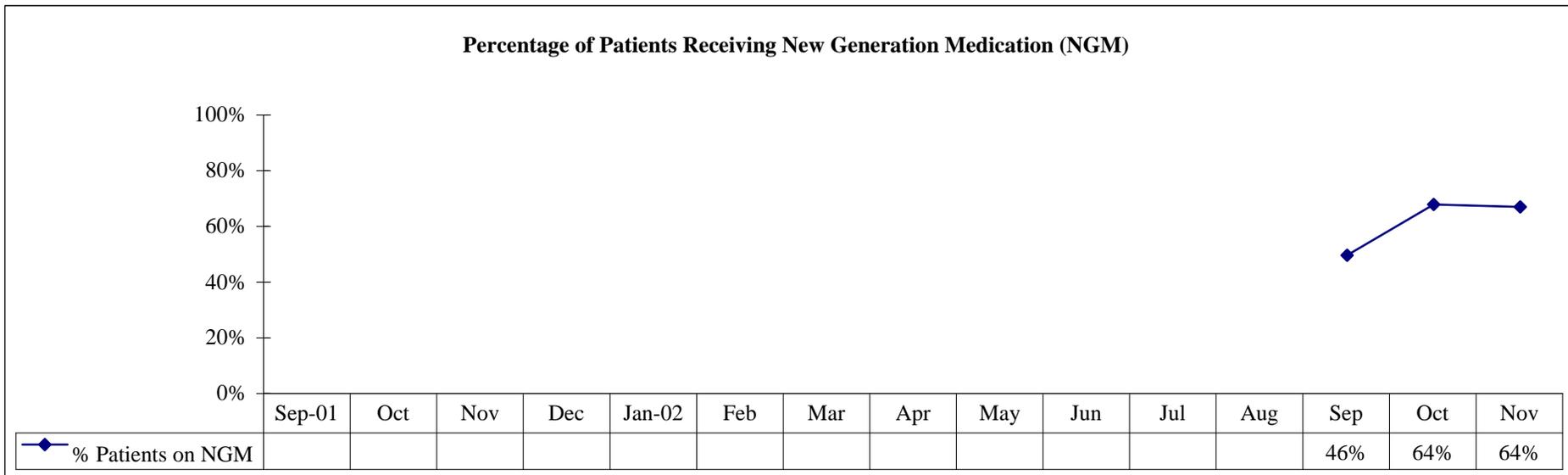
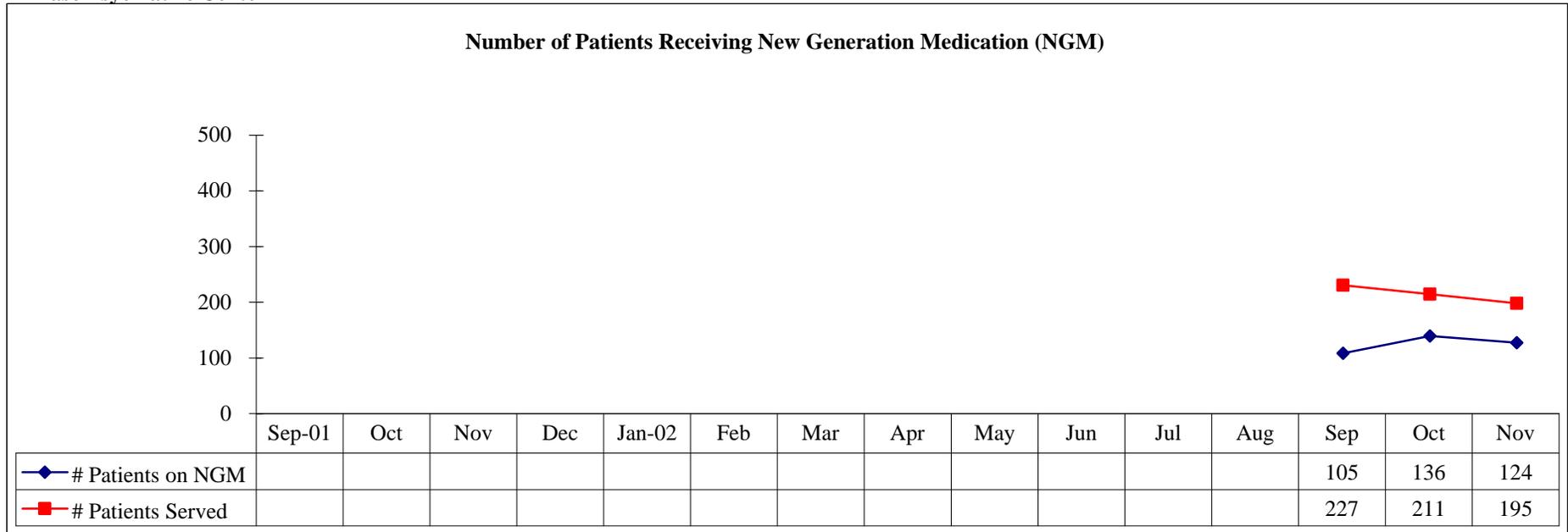
**Measure 3G - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital**



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

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

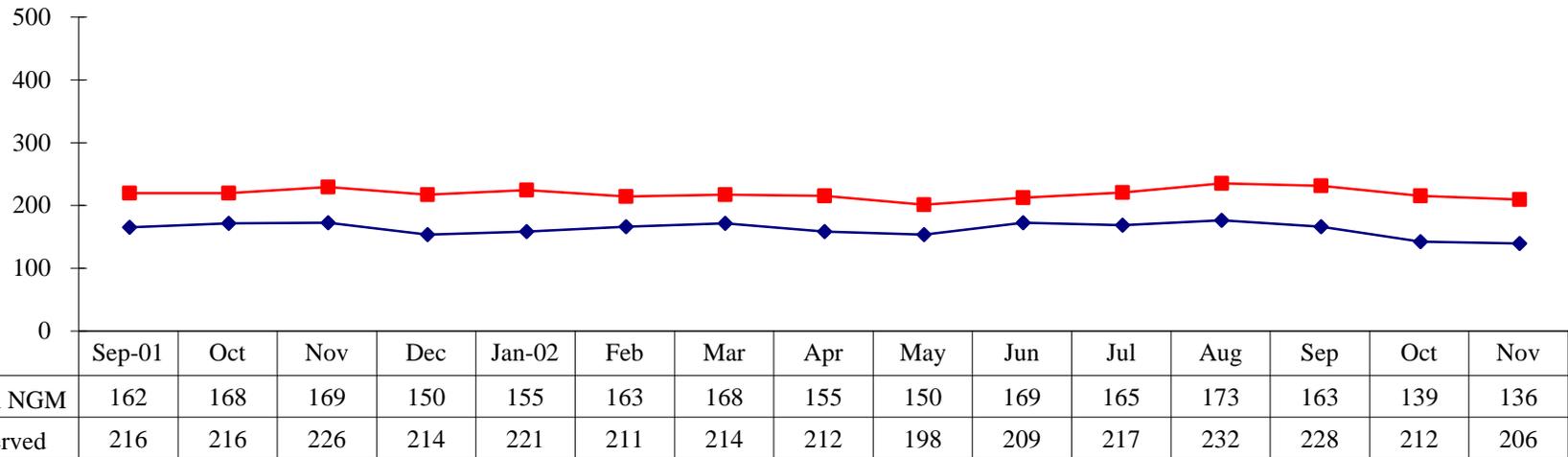
El Paso Psychiatric Center



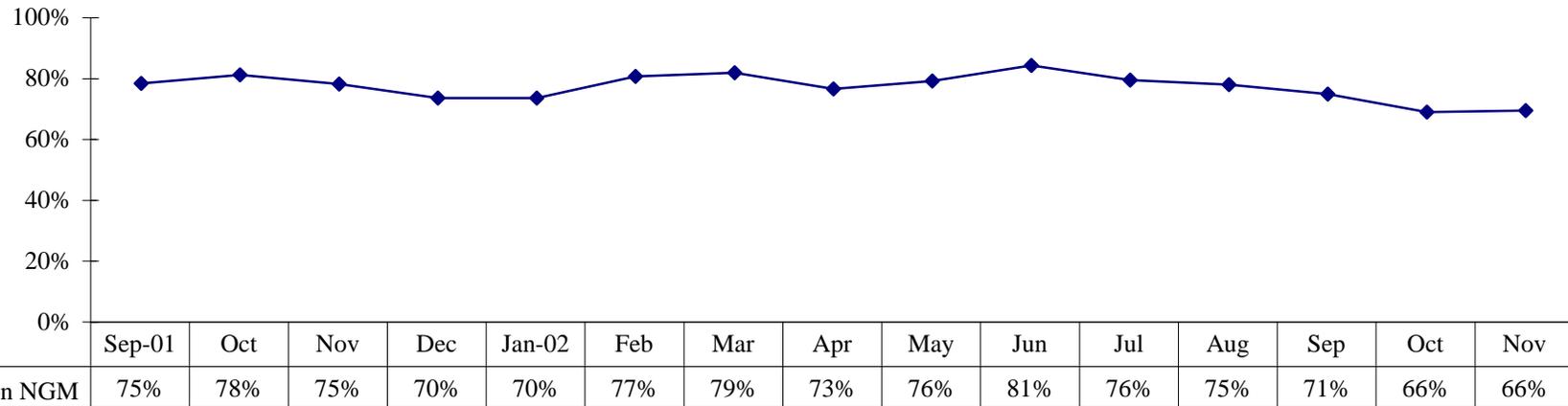
Source: New Generation Drug Counts (BHIS Report);
Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)

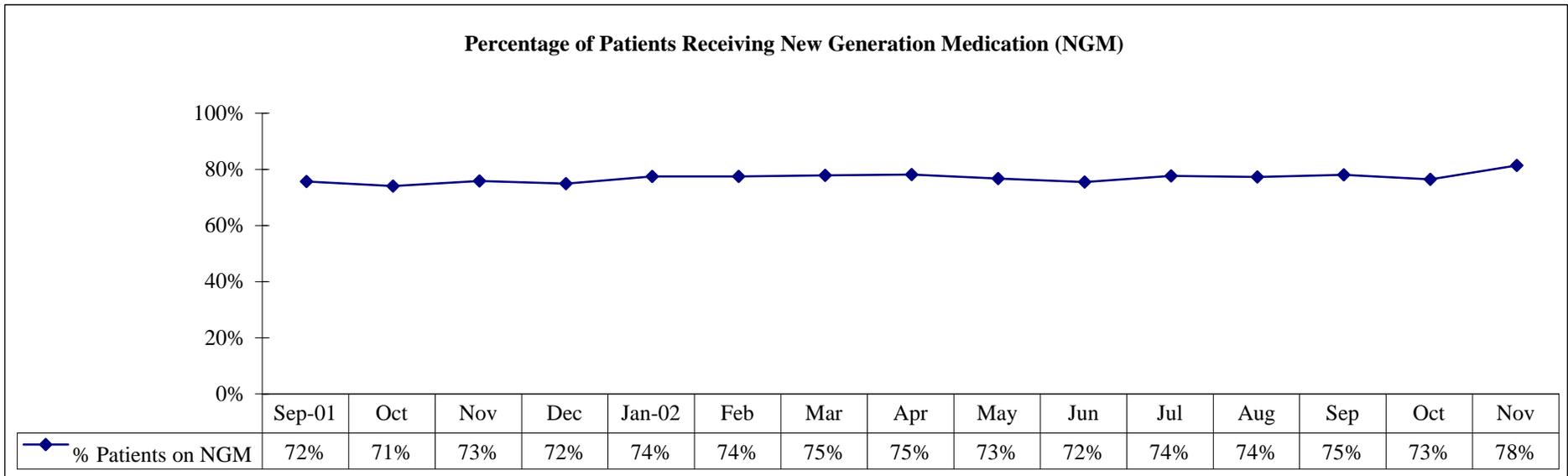
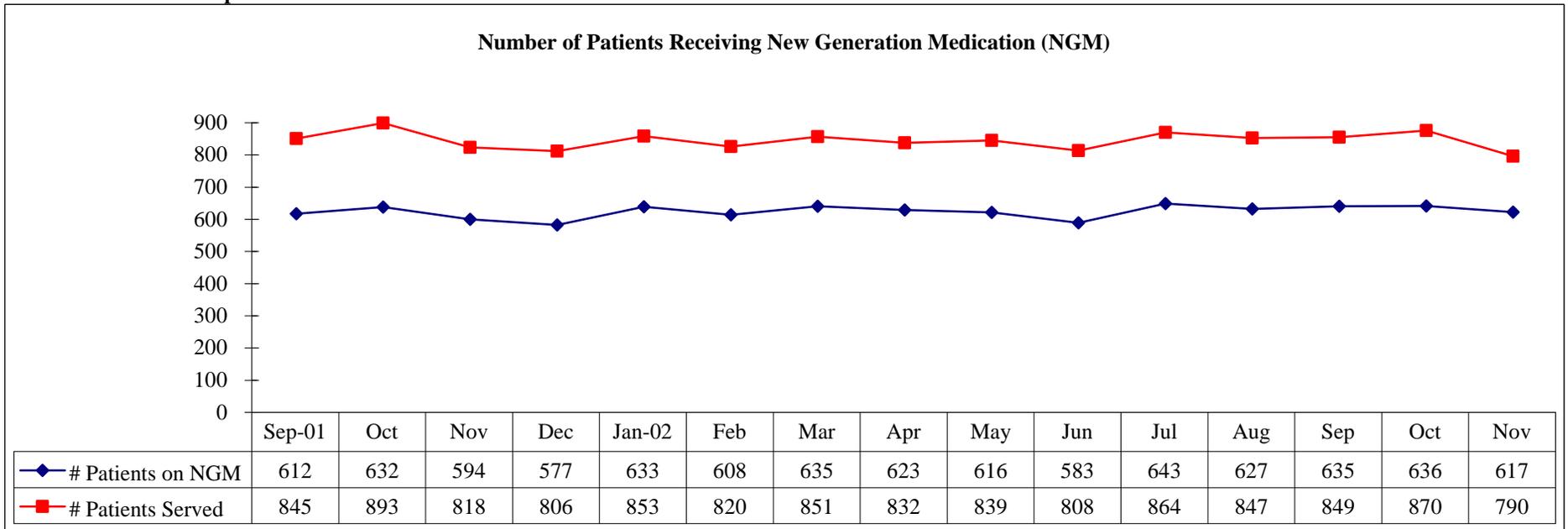


Percentage of Patients Receiving New Generation Medication (NGM)



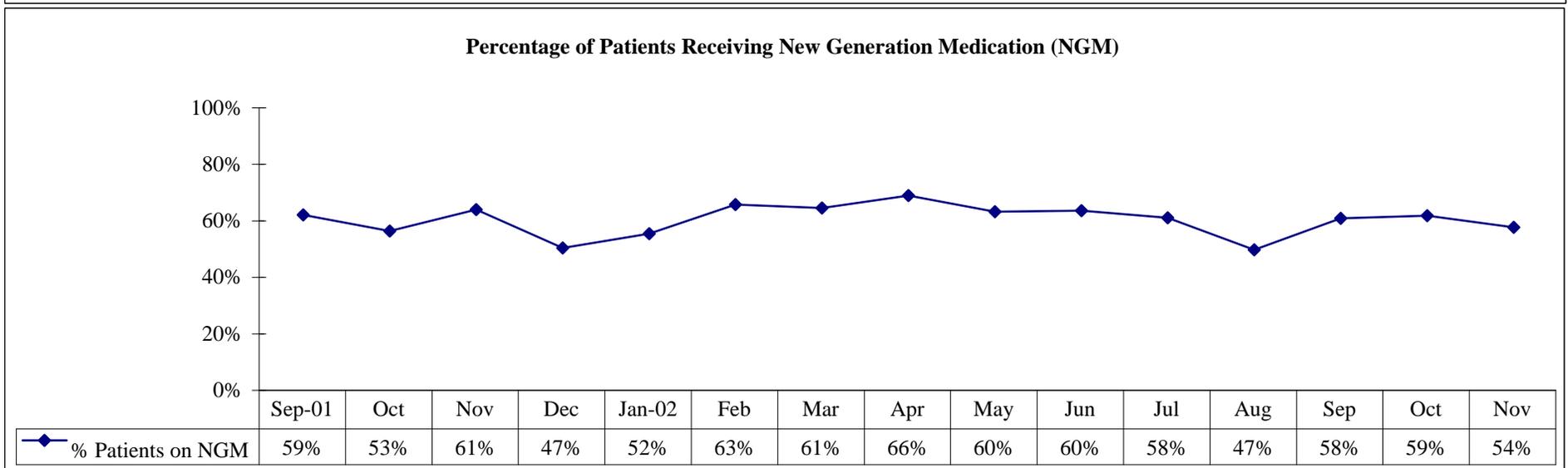
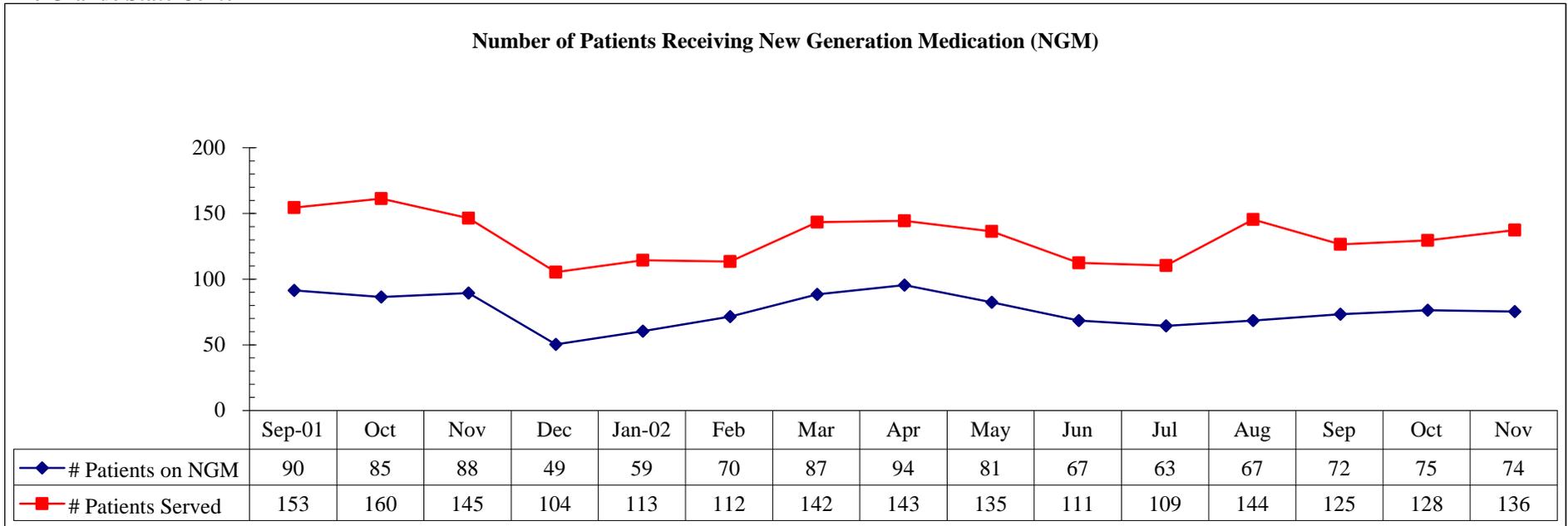
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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



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

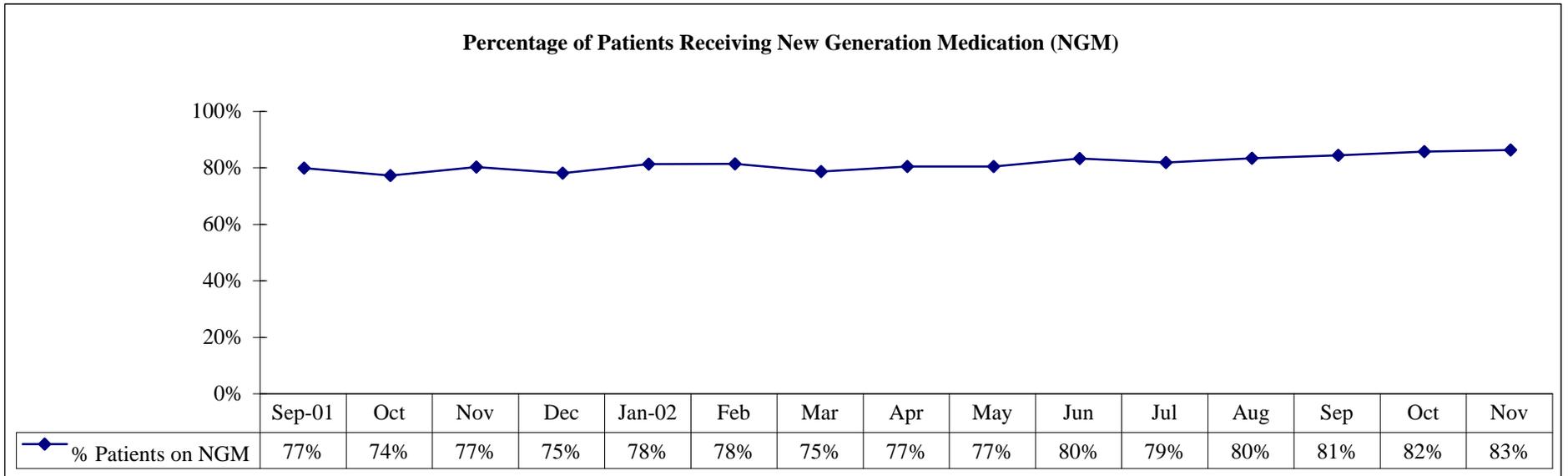
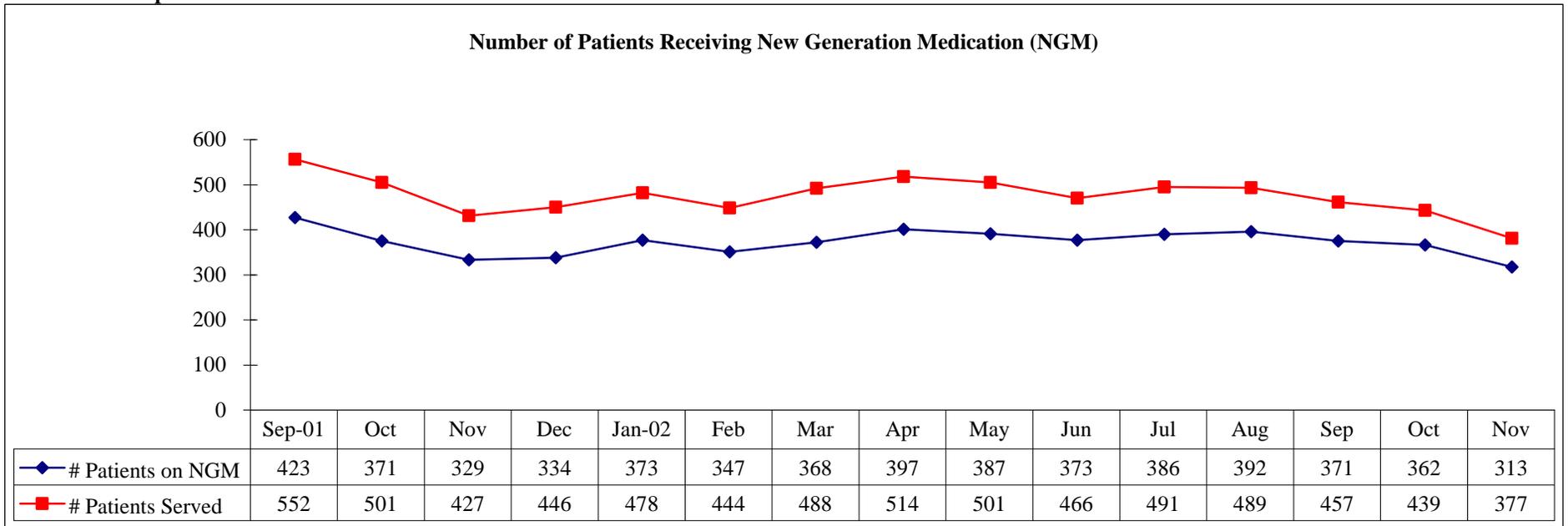
Measure 3G - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



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

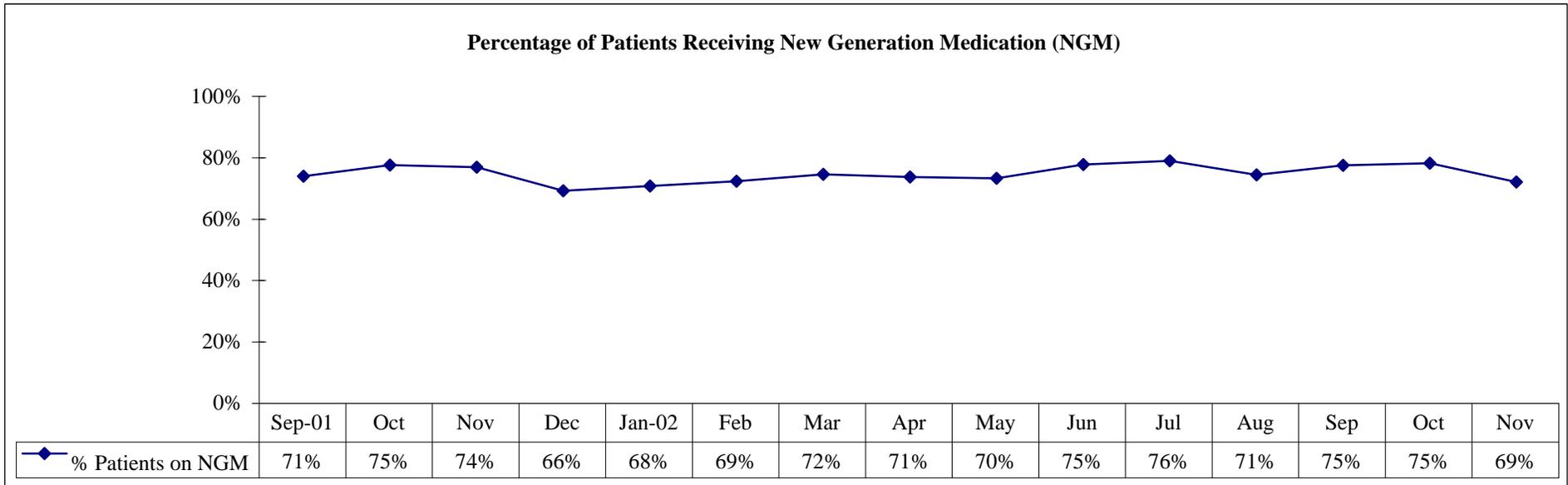
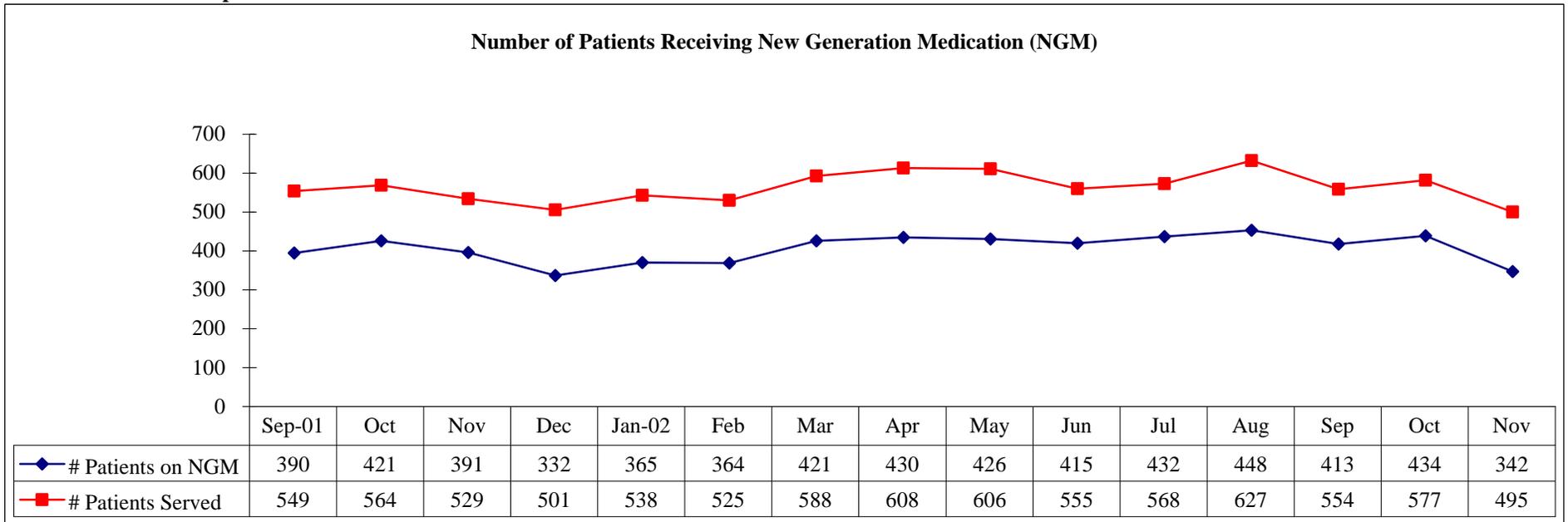
Measure 3G - Patients Receiving New Generation Medication (NGM)

Rusk State Hospital



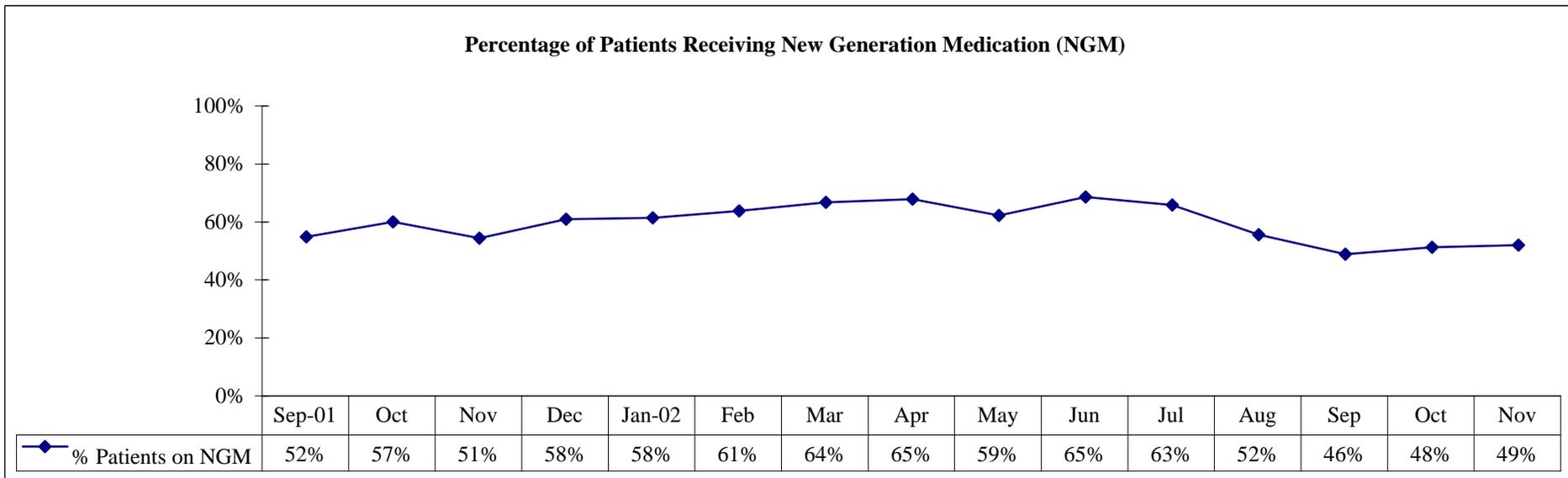
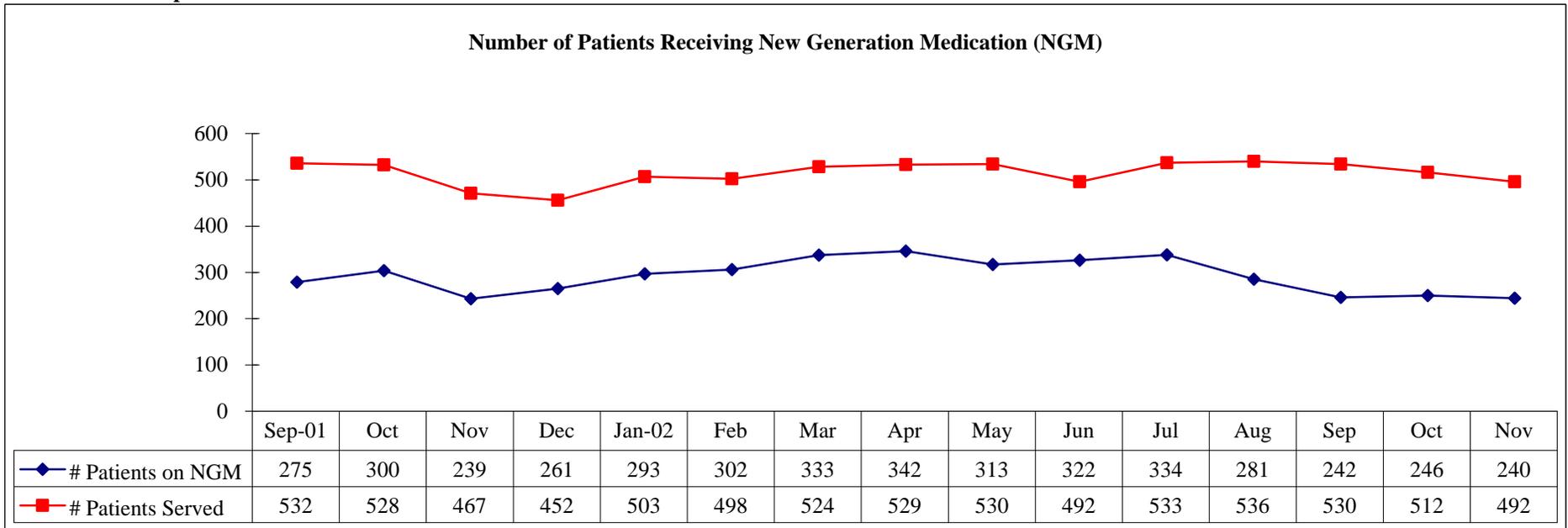
Source: New Generation Drug Counts (BHIS Report);
Counts of Persons Receiving MH Services (HC027245)

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



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

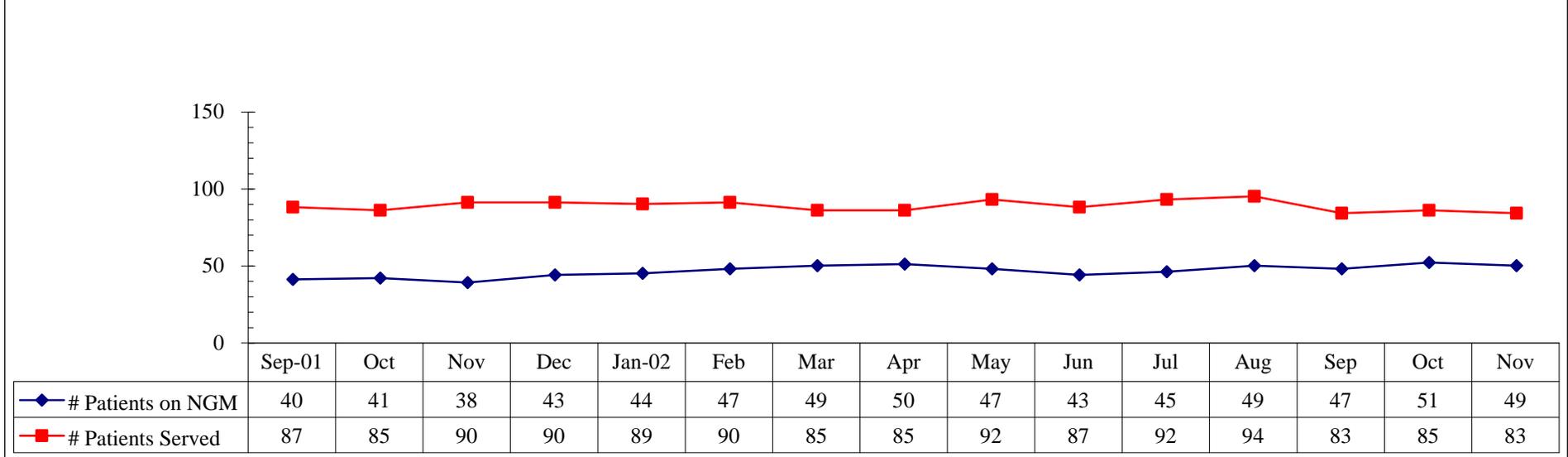
Measure 3G - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital



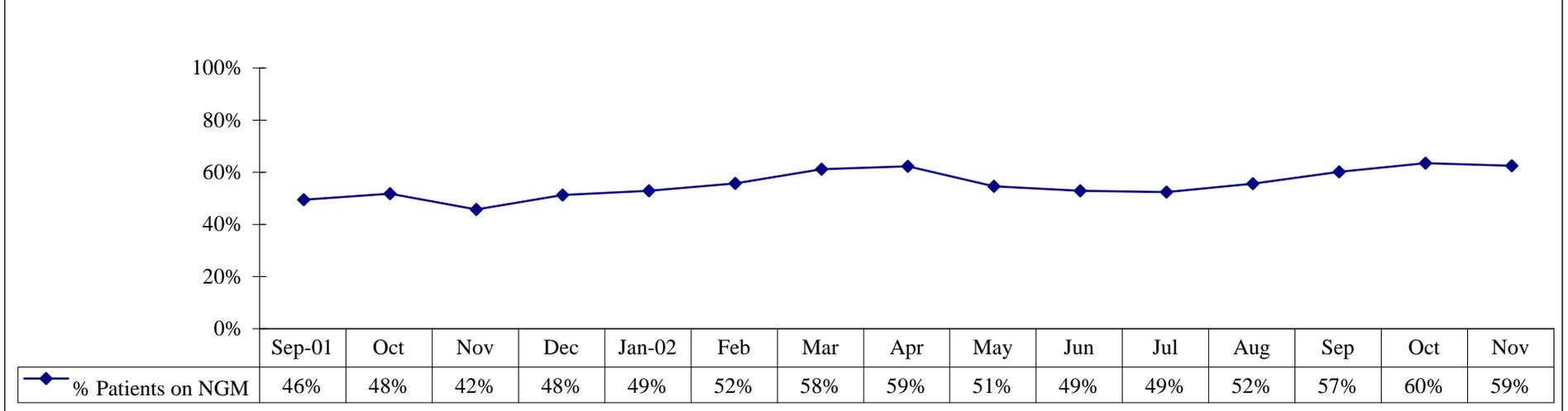
Source: New Generation Drug Counts (BHIS Report);
 Counts of Persons Receiving MH Services (HC027245)

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

Number of Patients Receiving New Generation Medication (NGM)



Percentage of Patients Receiving New Generation Medication (NGM)



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

GOAL 4: Assure Continuum of Care

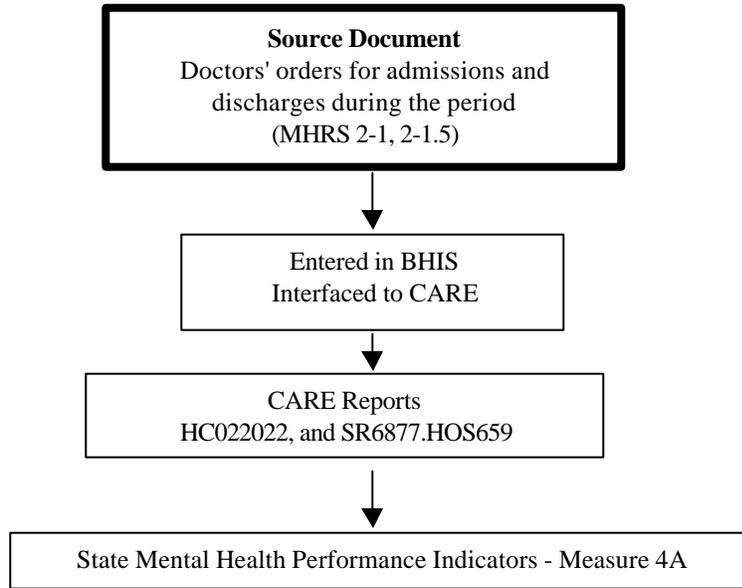
Performance Measure 4A: Number and type of admissions, discharges, and readmissions will be calculated and reported for each state mental health facility on a quarterly basis.

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

Performance Measure Data Display and Chart Description

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

Data Flow:



Data Integrity Review Process:

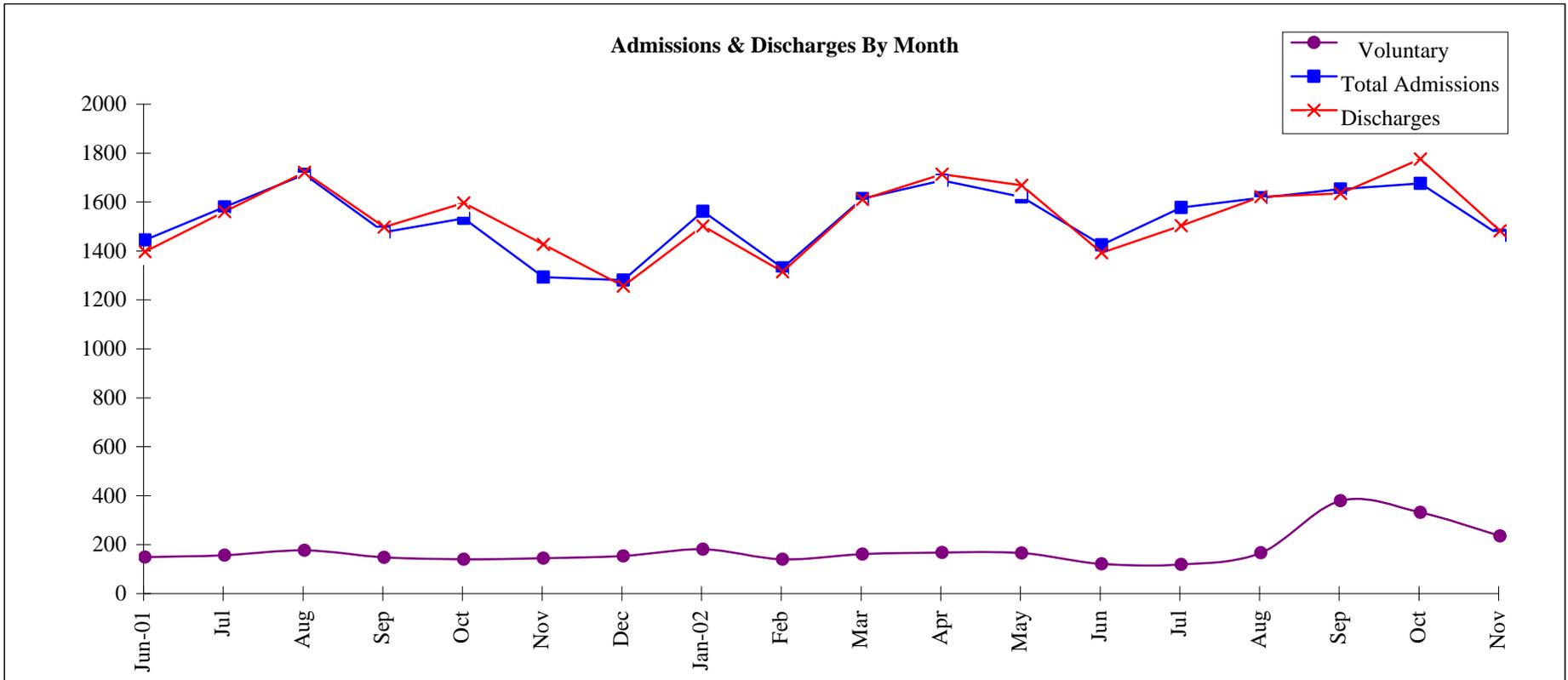
Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Measure 4A - Number/Type of Admissions and Readmissions

All MH Facilities

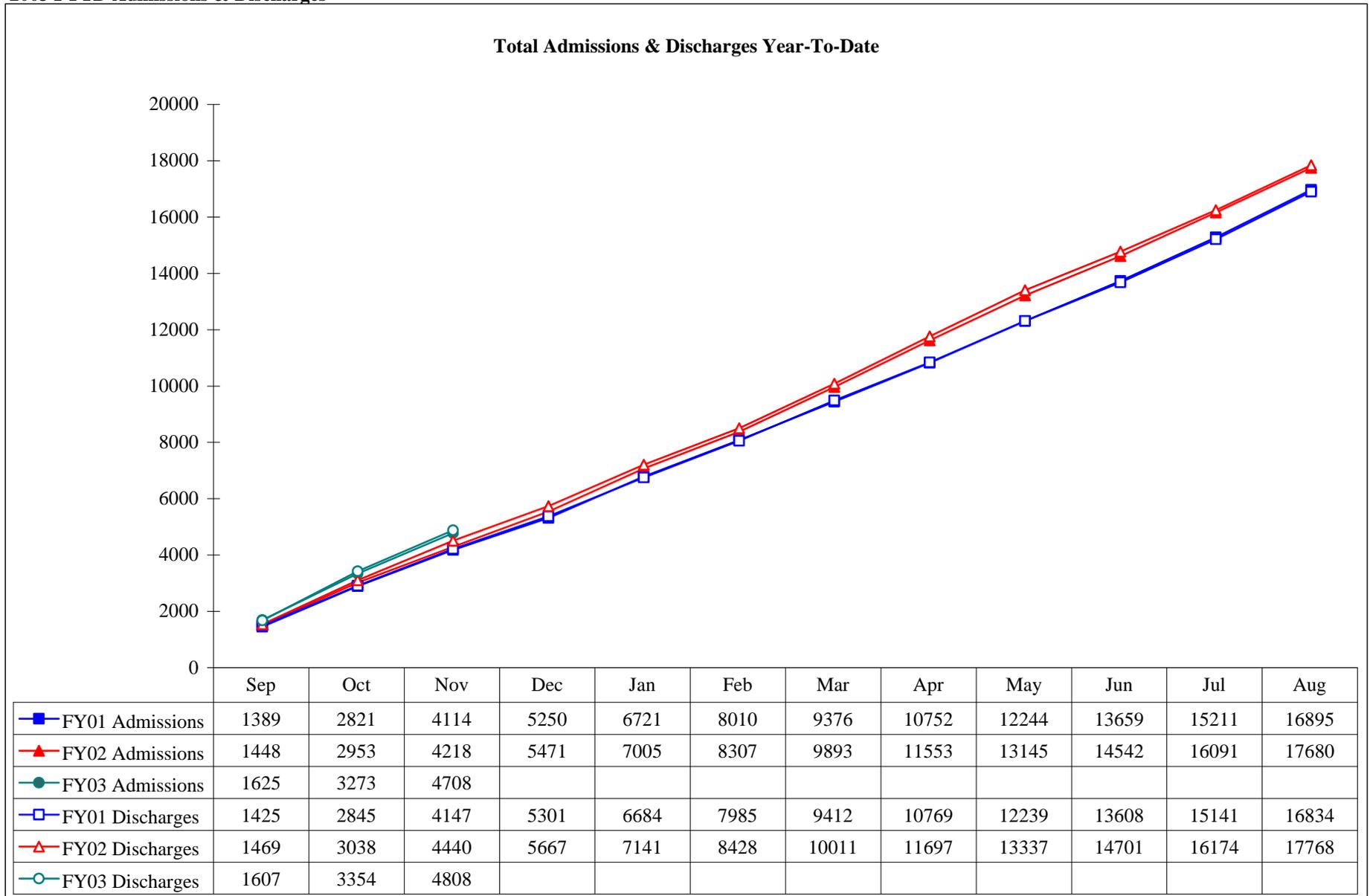
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	1416	1552	1684	1448	1505	1265	1253	1534	1302	1586	1660	1592	1397	1549	1589	1625	1648	1435
Voluntary	121	128	148	120	112	116	125	153	112	133	139	137	93	91	138	351	303	207
Involuntary	1295	1424	1536	1328	1393	1149	1128	1381	1190	1453	1521	1455	1304	1458	1451	1274	1345	1228
OPC	335	350	423	343	351	268	255	340	299	362	382	365	273	366	367	310	323	303
Emergency	626	744	703	649	642	580	532	647	551	724	742	695	681	679	733	640	673	635
Temporary	196	193	269	217	247	193	217	256	225	248	250	252	244	271	238	184	226	184
Extended	16	11	12	11	17	3	16	3	9	9	8	14	5	7	7	6	3	4
46.02/46.03	102	102	105	87	122	84	89	110	87	93	115	105	84	112	90	115	101	87
Order for MR Svc	20	24	24	21	17	20	19	25	19	16	24	24	17	23	16	19	19	15
Discharges	1369	1533	1693	1470	1568	1399	1228	1474	1287	1583	1686	1640	1364	1475	1594	1607	1747	1454
% of Readmissions	56%	57%	56%	56%	59%	54%	57%	56%	58%	54%	57%	58%	58%	57%	56%	55%	53%	54%



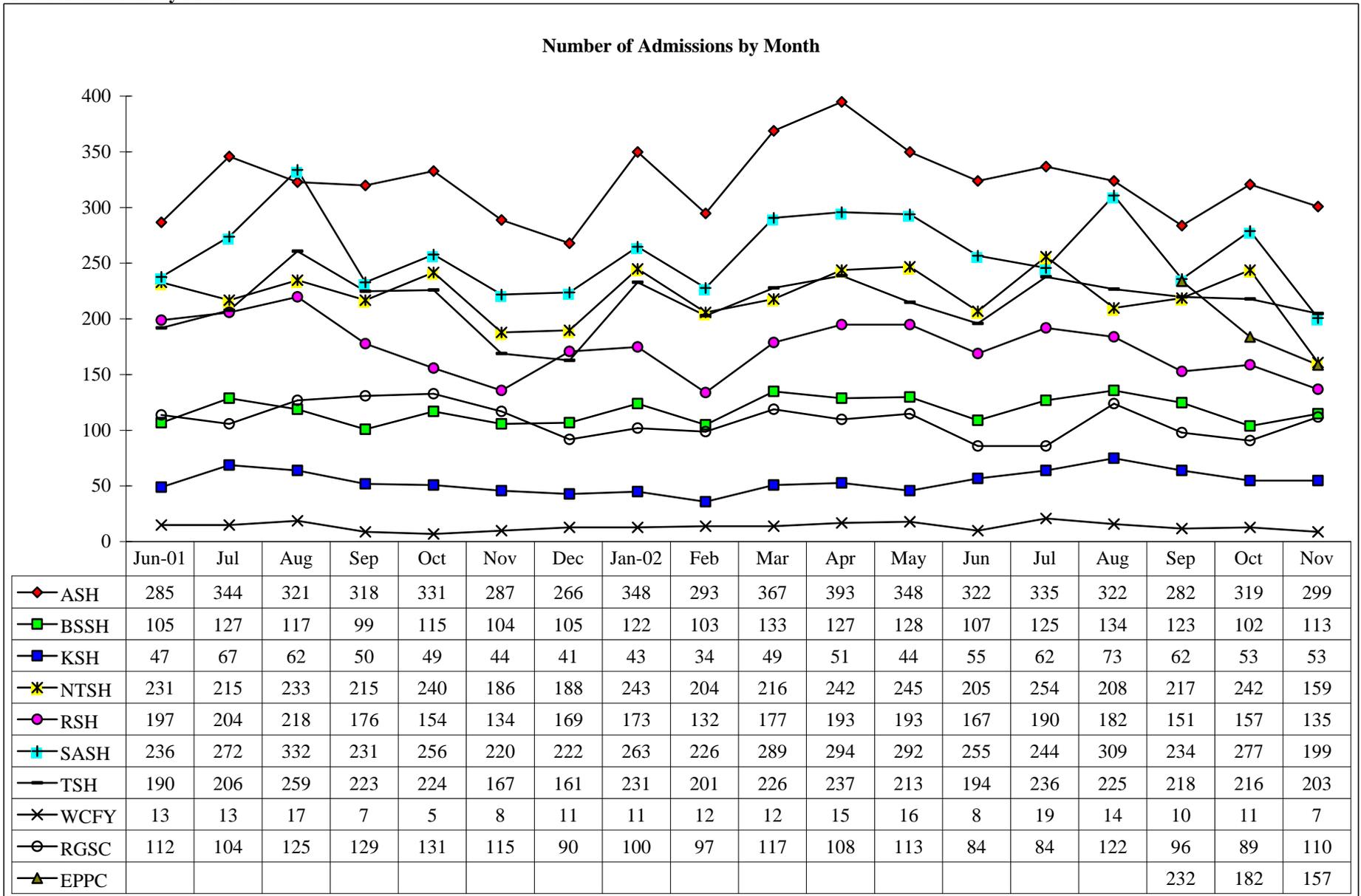
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



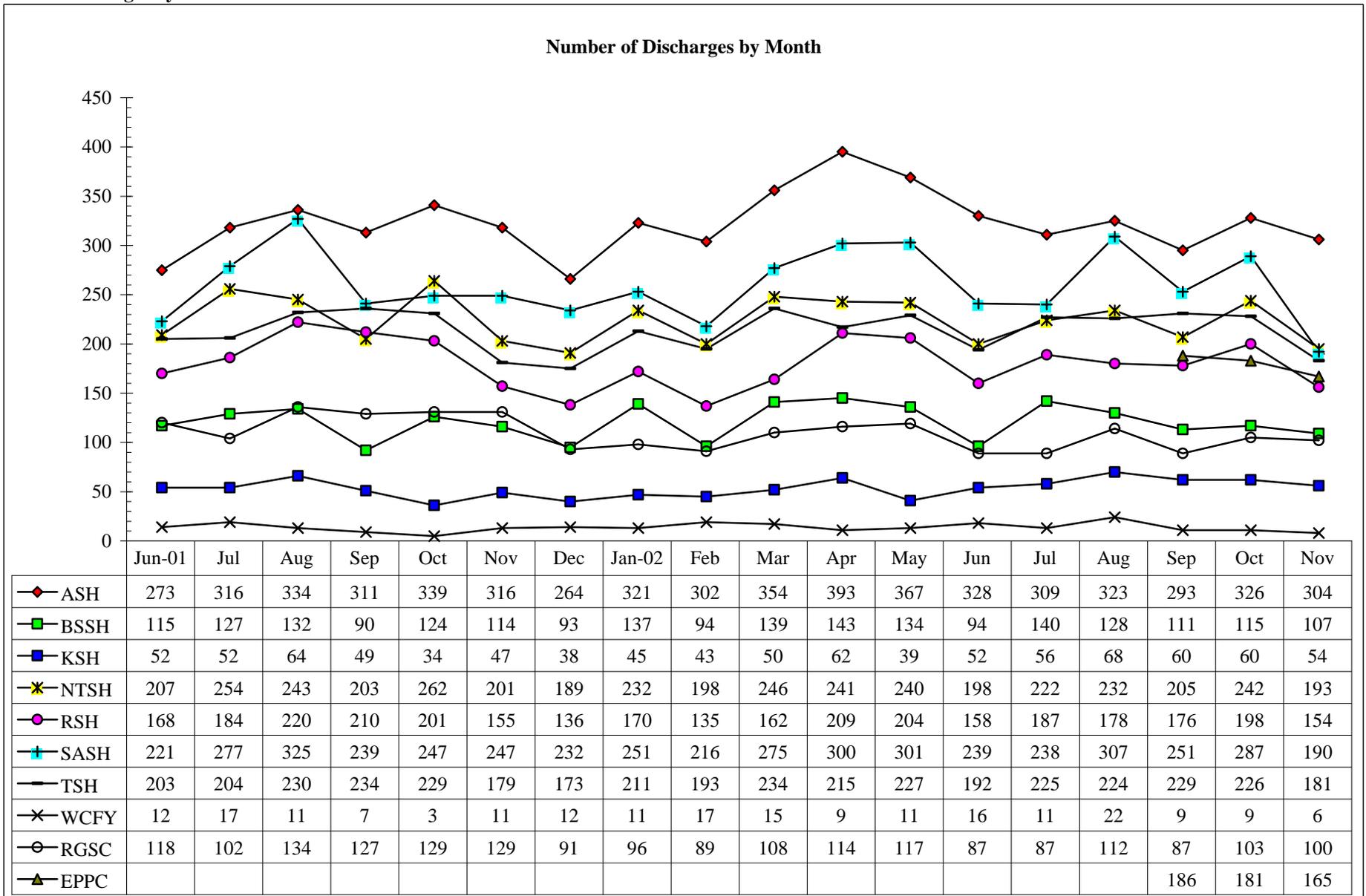
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



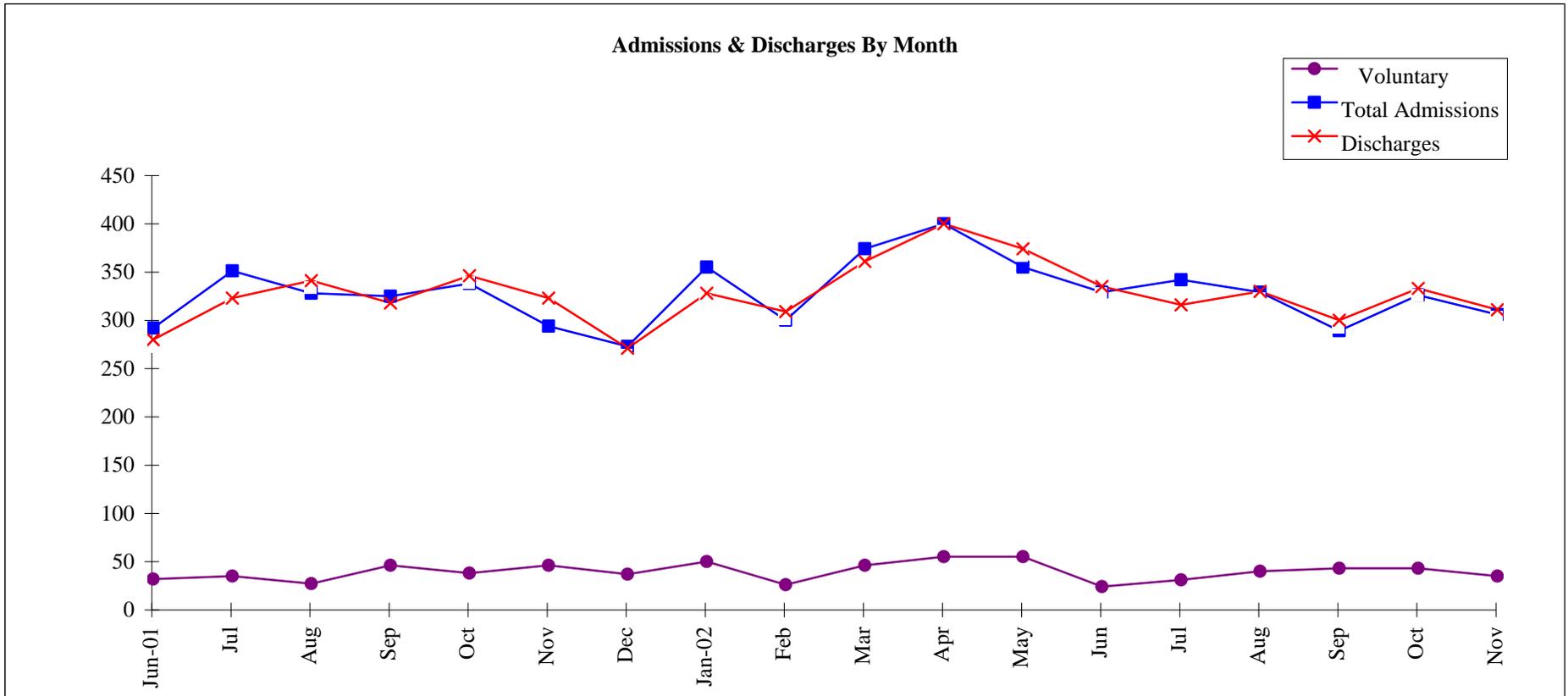
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Austin State Hospital

Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	285	344	321	318	331	287	266	348	293	367	393	348	322	335	322	282	319	299
Voluntary	25	28	20	39	31	39	30	43	19	39	48	48	17	24	33	36	36	28
Involuntary	260	316	301	279	300	248	236	305	274	328	345	300	305	311	289	246	283	271
OPC	25	23	37	26	29	25	20	35	25	27	38	27	16	24	16	18	20	20
Emergency	195	260	211	198	206	195	175	232	201	257	262	239	251	236	232	195	216	202
Temporary	39	27	45	46	53	25	35	32	43	36	36	29	34	42	35	24	35	41
Extended	0	2	0	1	1	0	1	0	1	0	2	0	0	1	0	0	0	1
46.02/46.03	0	3	7	6	11	2	4	4	4	7	5	4	4	8	6	9	11	7
Order for MR Svc	1	1	1	2	0	1	1	2	0	1	2	1	0	0	0	0	1	0
Discharges	273	316	334	311	339	316	264	321	302	354	393	367	328	309	323	293	326	304
% of Readmissions	56%	54%	53%	52%	52%	45%	50%	55%	57%	48%	54%	54%	55%	56%	52%	51%	51%	52%

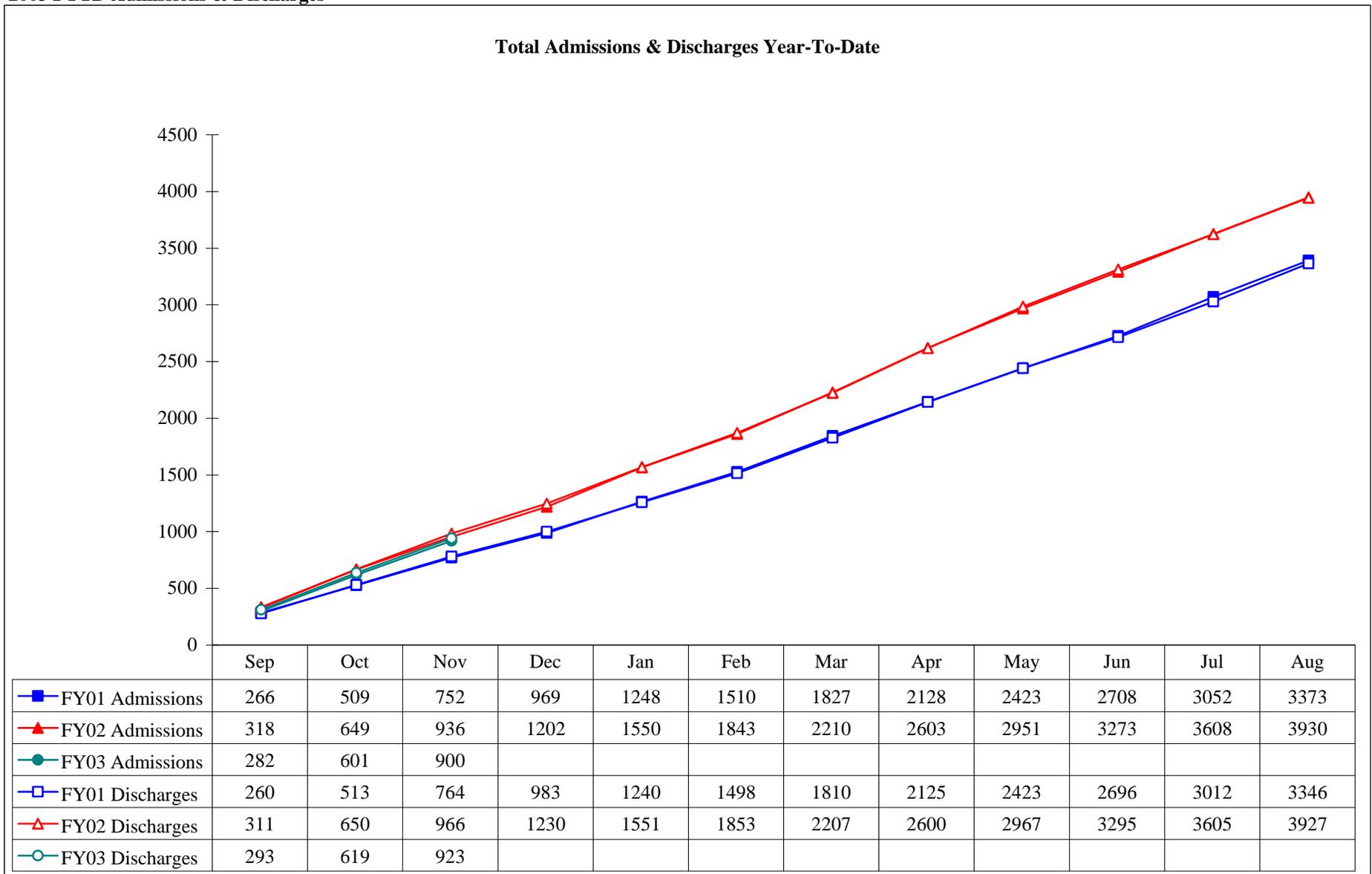


Source: Admis./Disch./Pop. by Month (HC022020/22),

Readmissions Within 30 Days of Discharge (HC022302),

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

Measure 4A - Number/Type of Admissions and Readmissions
Austin State Hospital
2003 FYTD Admissions & Discharges



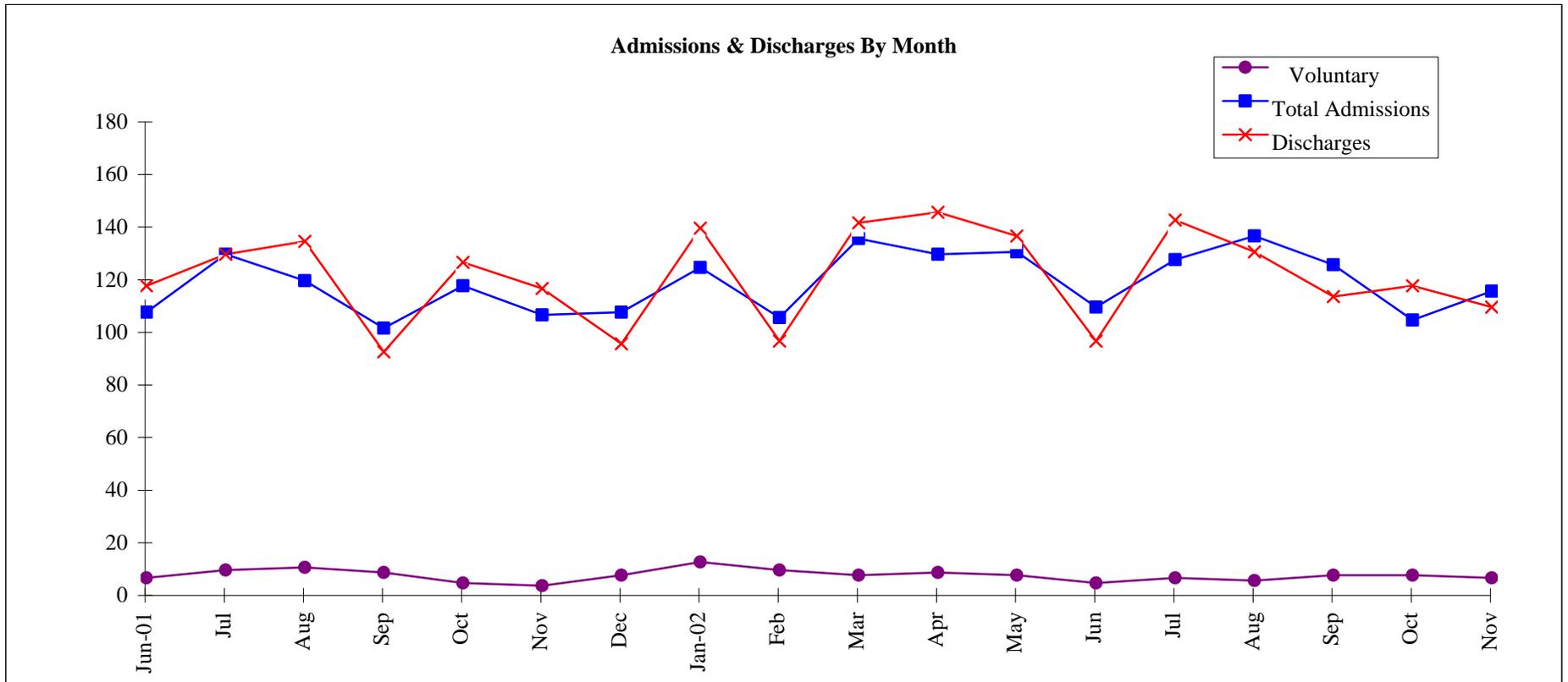
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Big Spring State Hospital

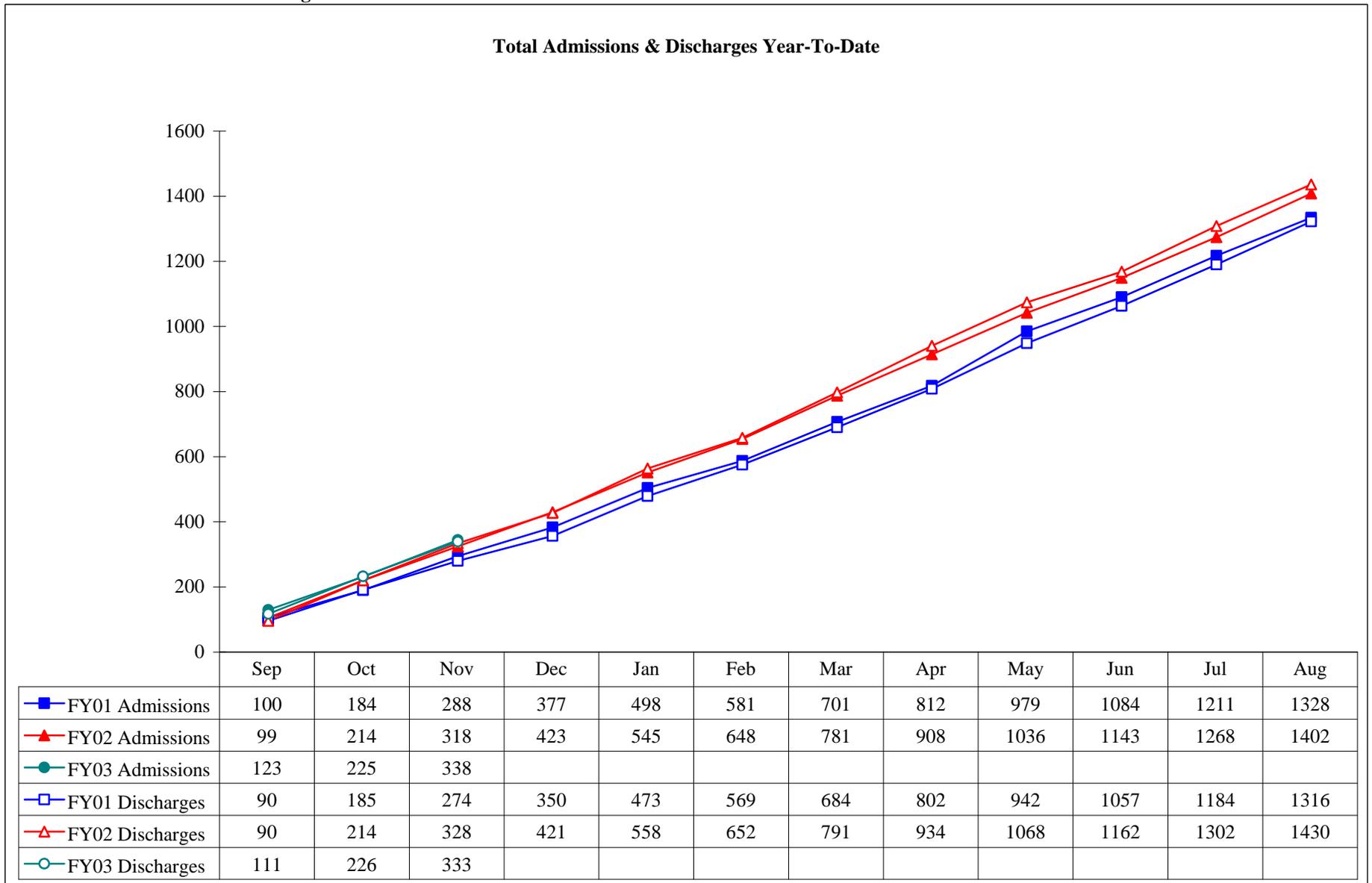
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	105	127	117	99	115	104	105	122	103	133	127	128	107	125	134	123	102	113
Voluntary	4	7	8	6	2	1	5	10	7	5	6	5	2	4	3	5	5	4
Involuntary	101	120	109	93	113	103	100	112	96	128	121	123	105	121	131	118	97	109
OPC	13	23	9	9	7	14	15	14	16	22	15	15	11	20	18	12	10	11
Emergency	67	77	89	72	88	73	70	84	67	91	95	88	83	87	99	85	64	70
Temporary	18	16	10	9	15	12	12	12	8	11	6	13	9	11	8	18	20	24
Extended	0	1	1	0	0	0	0	0	0	1	0	0	1	2	2	0	0	0
46.02/46.03	1	0	0	0	0	1	1	0	3	1	3	4	1	1	0	3	2	3
Order for MR Svc	2	3	0	3	3	3	2	2	2	2	2	3	0	0	4	0	1	1
Discharges	115	127	132	90	124	114	93	137	94	139	143	134	94	140	128	111	115	107
% of Readmissions	62%	61%	57%	68%	58%	51%	67%	50%	53%	61%	68%	66%	60%	56%	66%	62%	52%	62%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Big Spring State Hospital
2003 FYTD Admissions & Discharges



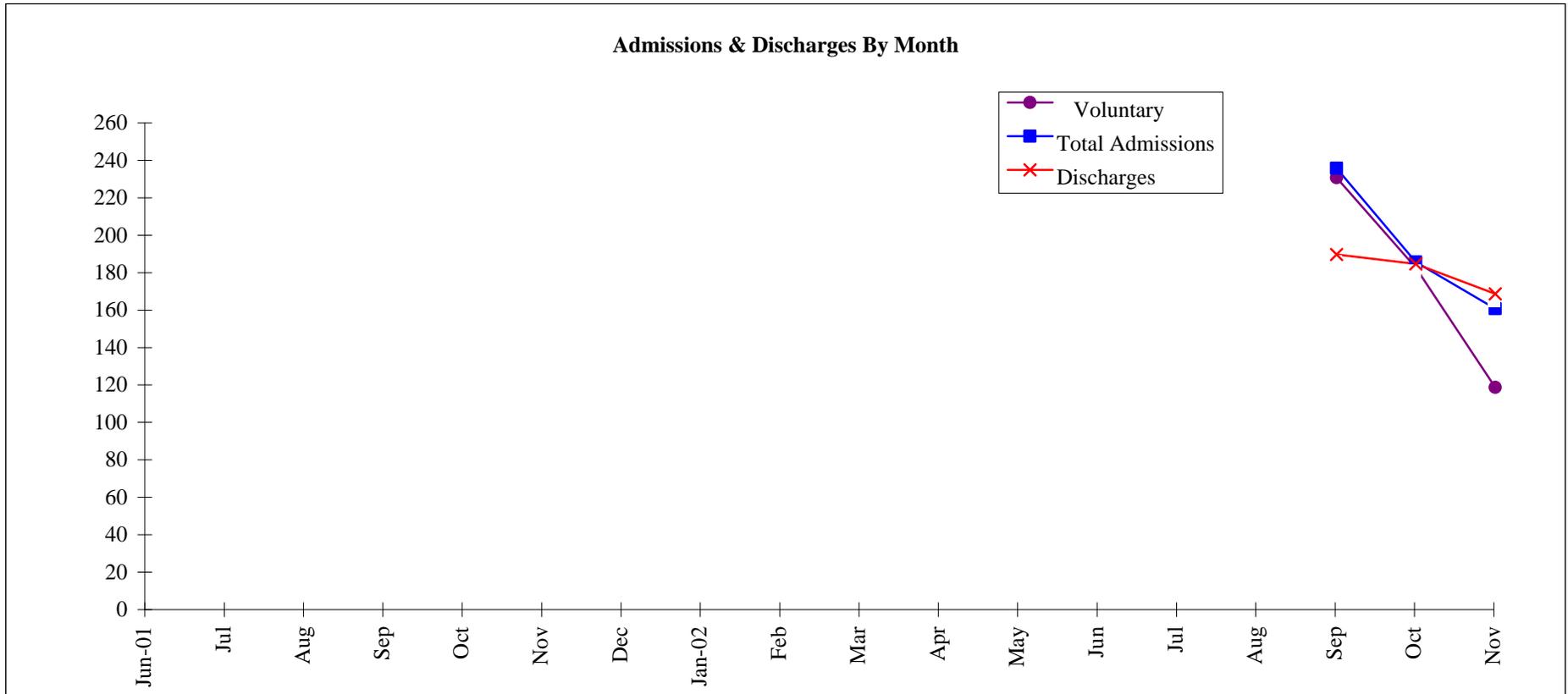
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

El Paso Psychiatric Center

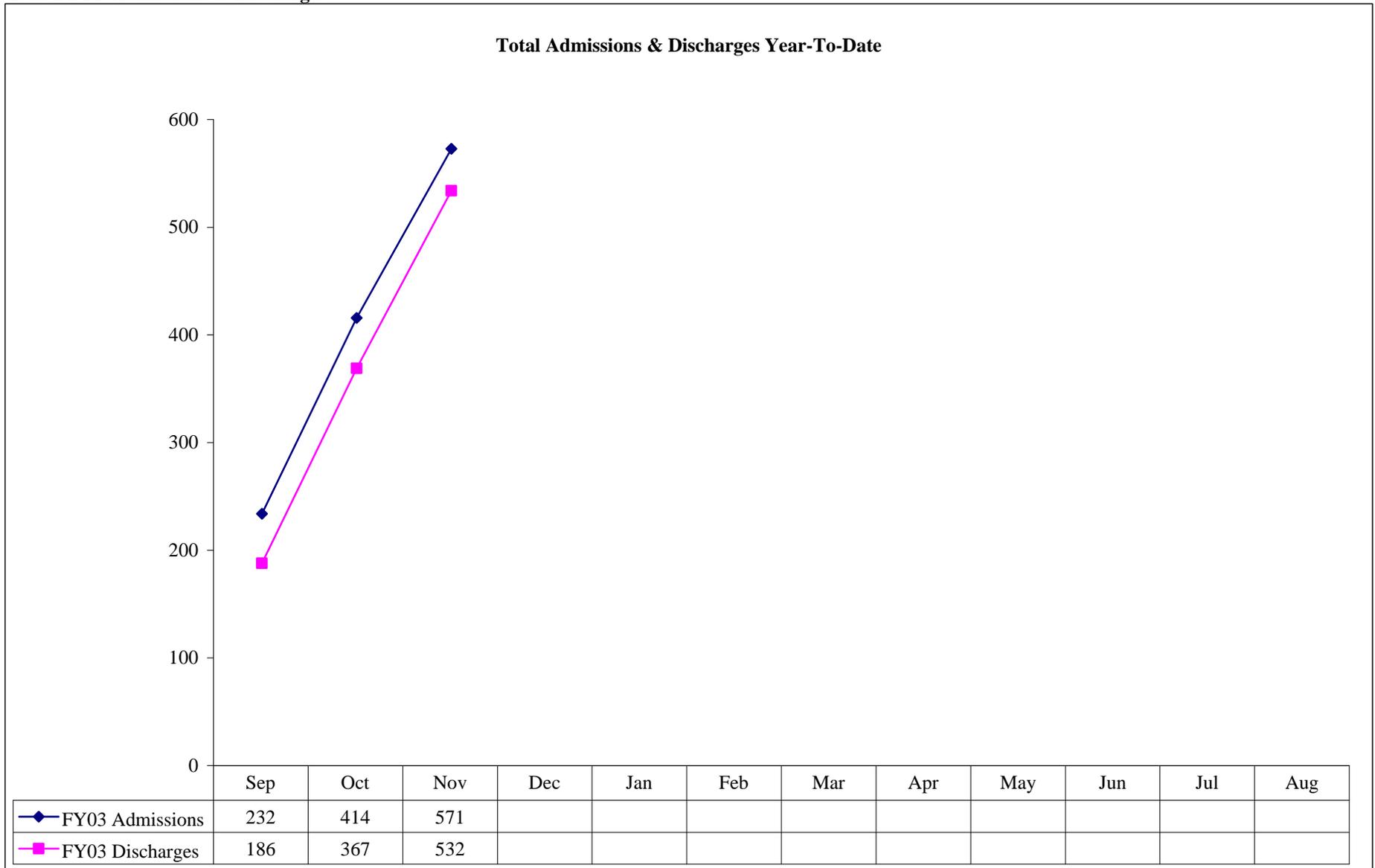
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions																232	182	157
Voluntary																227	179	115
Involuntary																5	3	42
OPC																0	0	0
Emergency																3	3	42
Temporary																2	0	0
Extended																0	0	0
46.02/46.03																0	0	0
Order for MR Svc																0	0	0
Discharges																186	181	165
% of Readmissions																40%	34%	32%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
El Paso Psychiatric Center
2003 FYTD Admissions & Discharges



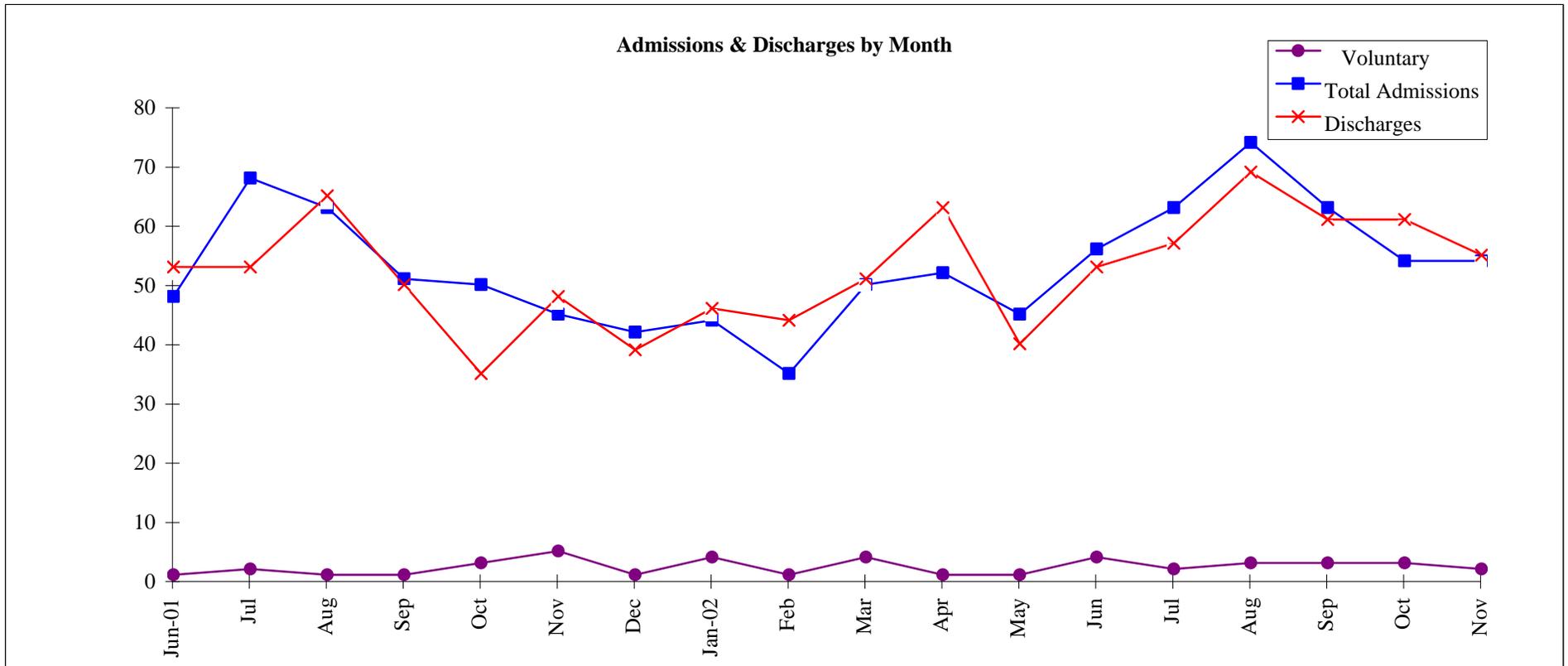
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Kerrville State Hospital

Admissions by Month

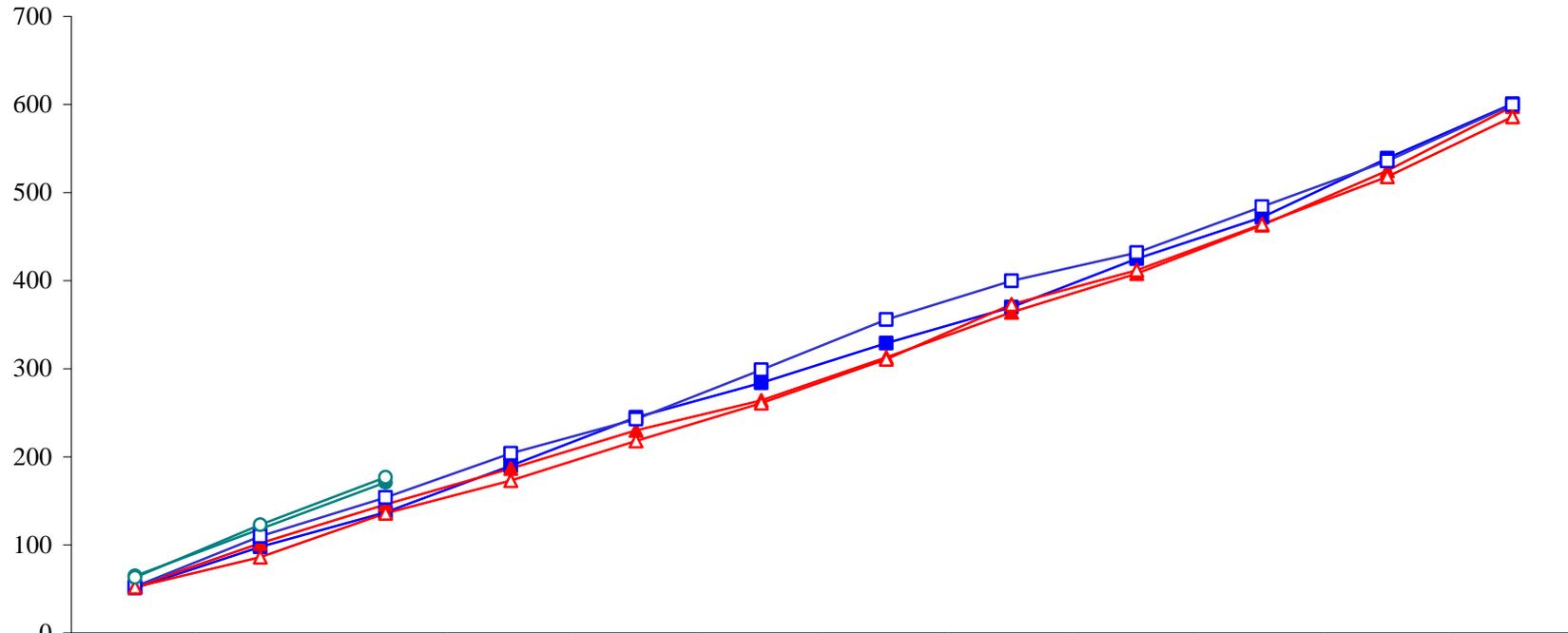
	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	47	67	62	50	49	44	41	43	34	49	51	44	55	62	73	62	53	53
Voluntary	0	1	0	0	2	4	0	3	0	3	0	0	3	1	2	2	2	1
Involuntary	47	66	62	50	47	40	41	40	34	46	51	44	52	61	71	60	51	52
OPC	5	4	6	6	8	5	7	1	3	4	6	1	4	1	13	11	6	9
Emergency	33	46	46	38	30	32	30	37	31	38	40	39	42	48	52	42	45	38
Temporary	1	0	2	0	1	0	0	0	0	0	1	1	0	7	0	1	0	1
Extended	0	0	2	0	0	1	1	1	0	0	0	0	0	1	1	0	0	0
46.02/46.03	8	16	6	6	8	2	3	1	0	4	4	3	5	4	5	6	0	4
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Discharges	52	52	64	49	34	47	38	45	43	50	62	39	52	56	68	60	60	54
% of Readmissions	60%	66%	65%	50%	78%	45%	51%	53%	49%	55%	51%	59%	64%	61%	53%	65%	58%	70%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Kerrville State Hospital
2003 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date

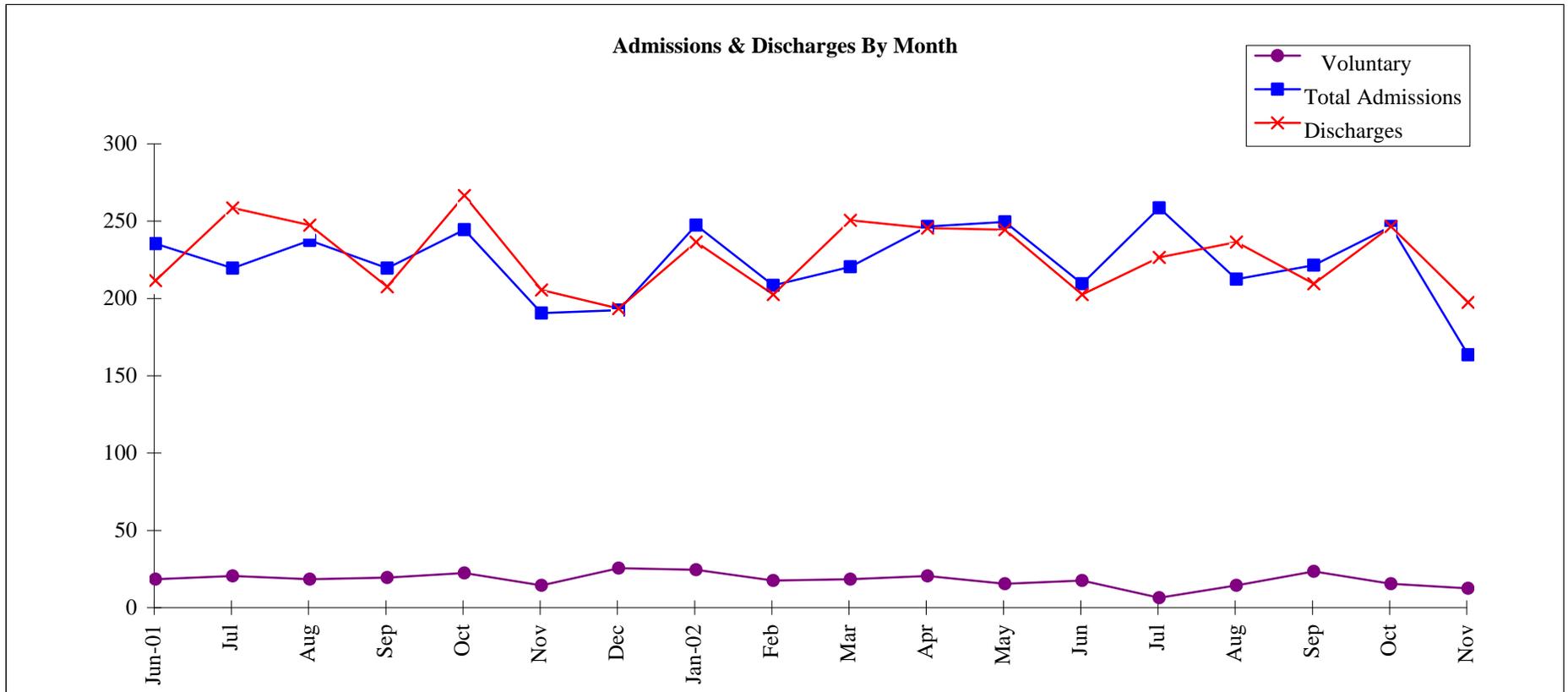


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
■ FY01 Admissions	48	95	134	187	242	281	326	367	422	469	536	598
▲ FY02 Admissions	50	99	143	184	227	261	310	361	405	460	522	595
● FY03 Admissions	62	115	168									
□ FY01 Discharges	50	107	151	201	240	296	353	397	429	481	533	597
▲ FY02 Discharges	49	83	133	170	215	258	308	370	409	461	515	583
○ FY03 Discharges	60	120	174									

Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

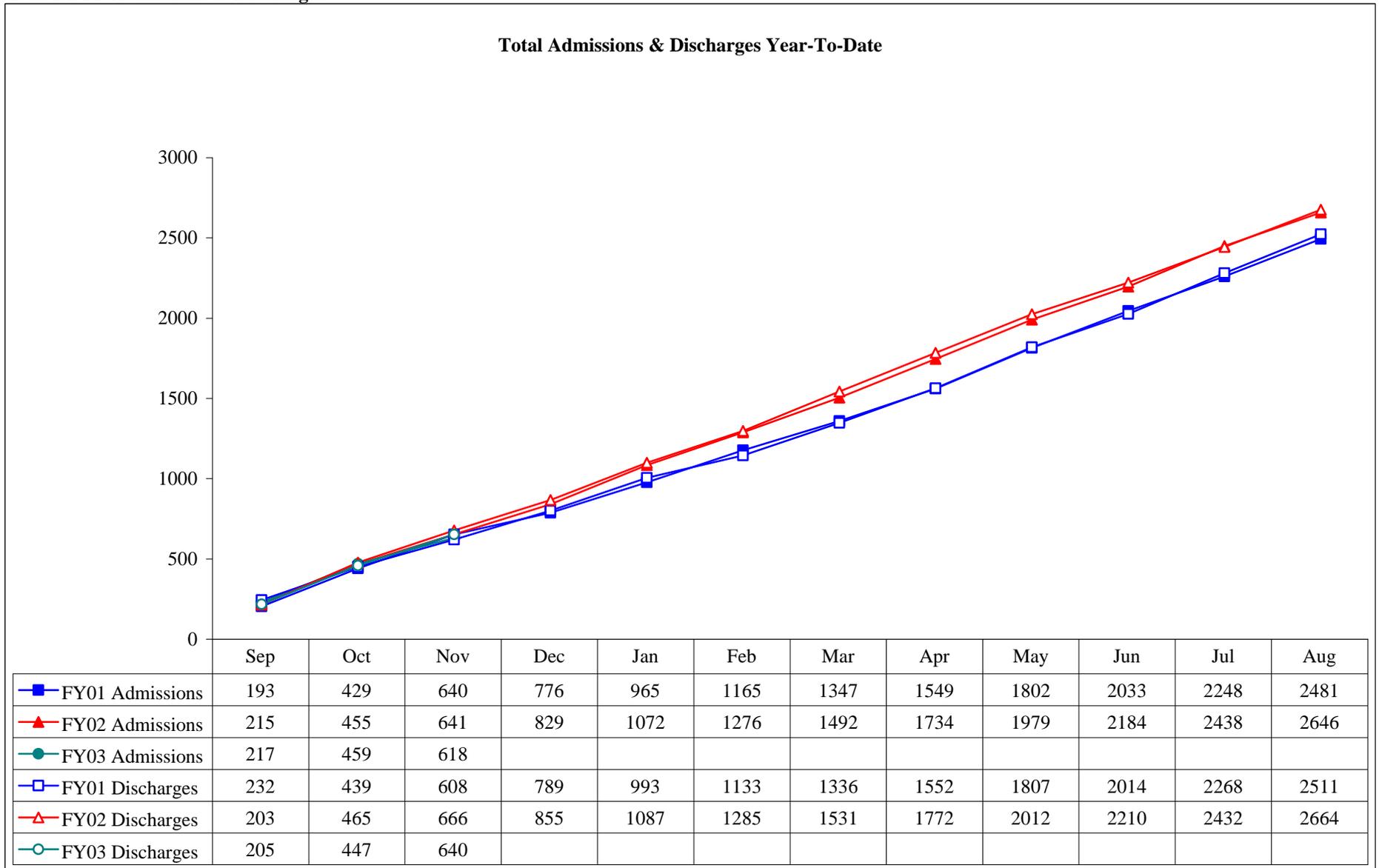
Measure 4A - Number/Type of Admissions and Readmissions
North Texas State Hospital
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	231	215	233	215	240	186	188	243	204	216	242	245	205	254	208	217	242	159
Voluntary	14	16	14	15	18	10	21	20	13	14	16	11	13	2	10	19	11	8
Involuntary	217	199	219	200	222	176	167	223	191	202	226	234	192	252	198	198	231	151
OPC	44	39	46	42	44	33	38	36	31	34	40	40	31	52	45	30	49	33
Emergency	36	34	44	29	52	29	21	29	27	42	34	35	38	41	45	46	41	25
Temporary	41	41	52	50	43	42	38	53	53	60	64	76	52	64	55	50	62	37
Extended	3	6	0	7	4	1	2	0	6	3	1	0	3	0	0	3	2	1
46.02/46.03	77	60	58	57	67	57	53	85	57	52	68	64	52	73	43	51	61	43
Order for MR Svc	16	19	19	15	12	14	15	20	17	11	19	19	16	22	10	18	16	12
Discharges	207	254	243	203	262	201	189	232	198	246	241	240	198	222	232	205	242	193
% of Readmissions	49%	62%	49%	55%	52%	59%	48%	54%	54%	50%	54%	57%	52%	52%	51%	55%	48%	48%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
North Texas State Hospital
2003 FYTD Admissions & Discharges



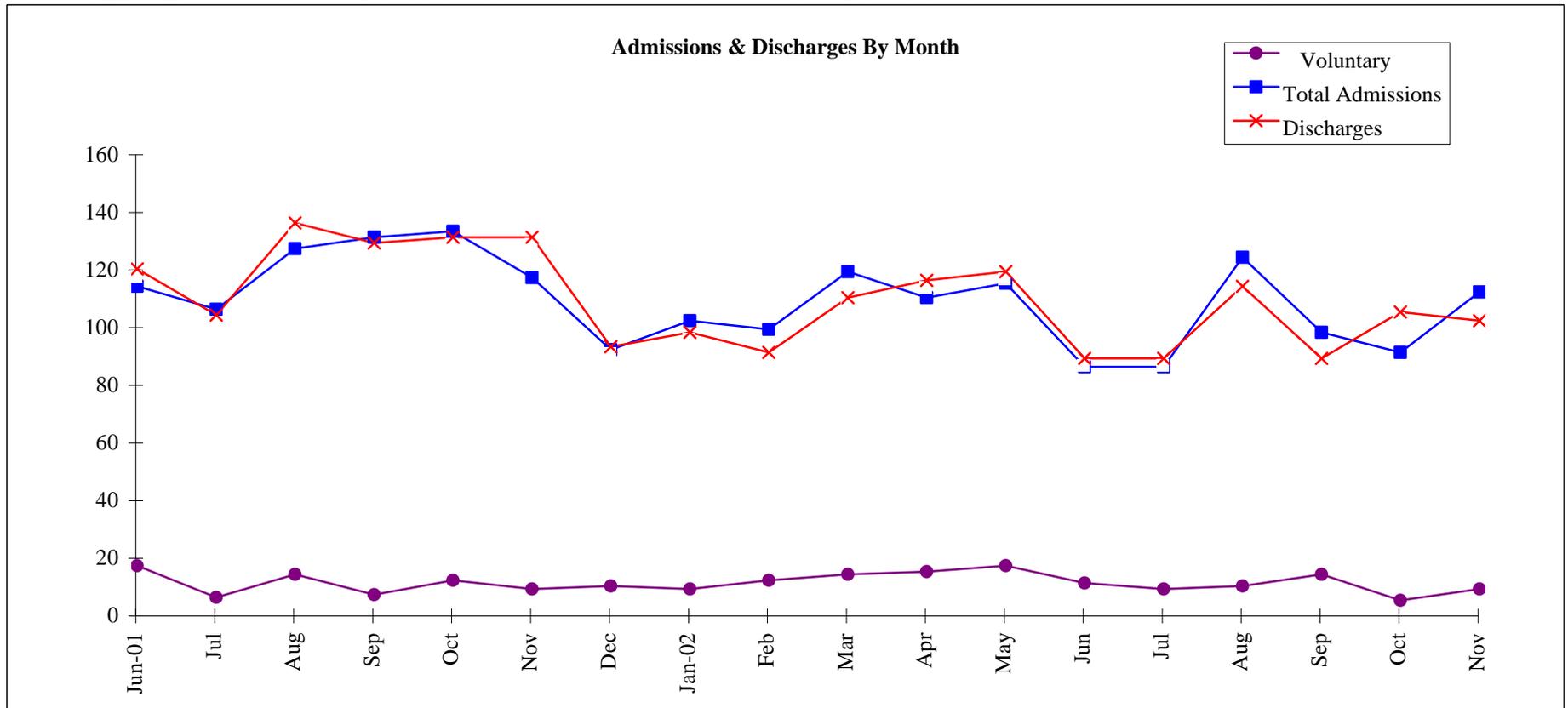
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Rio Grande State Center

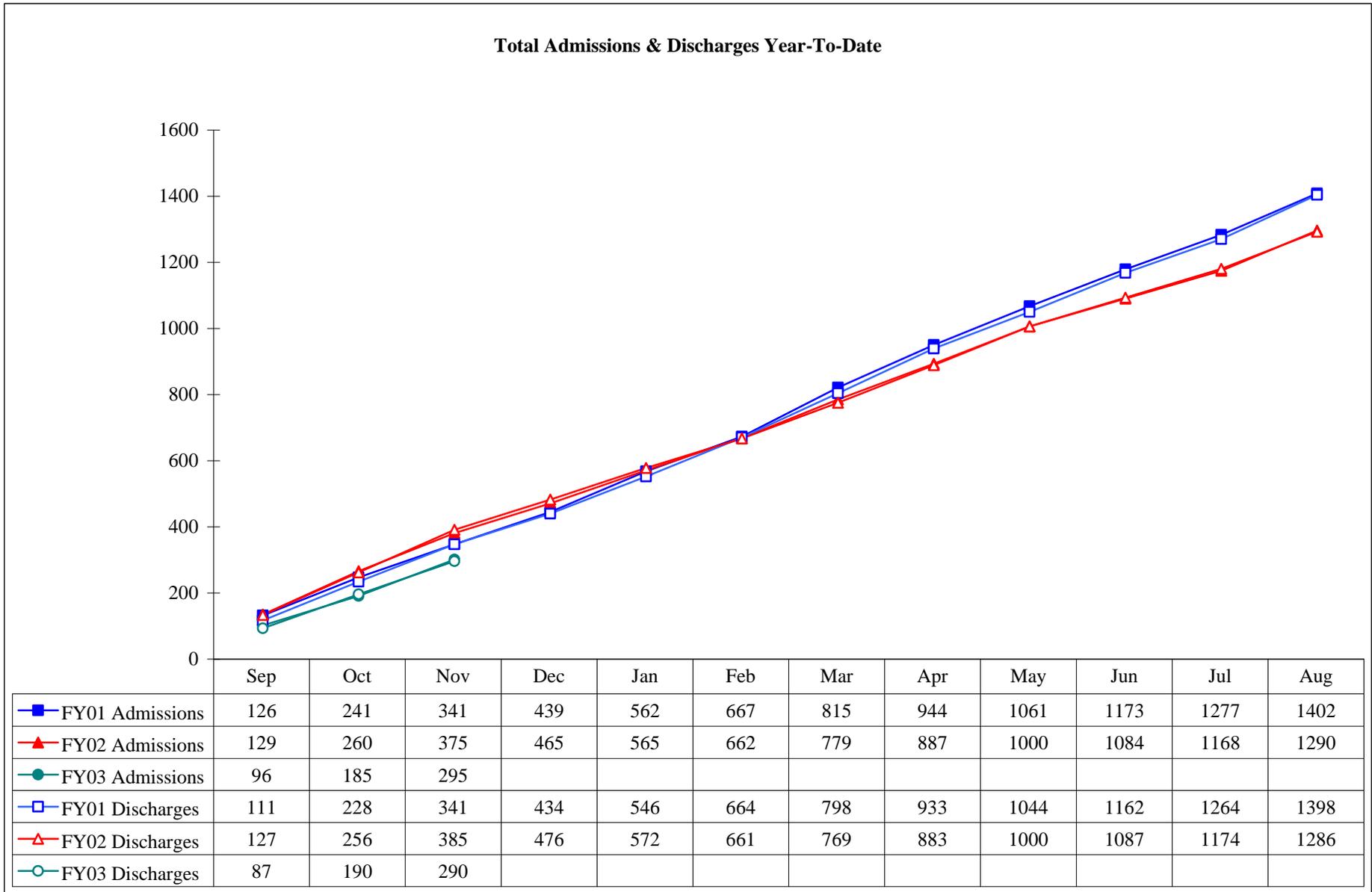
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	112	104	125	129	131	115	90	100	97	117	108	113	84	84	122	96	89	110
Voluntary	15	4	12	5	10	7	8	7	10	12	13	15	9	7	8	12	3	7
Involuntary	97	100	113	124	121	108	82	93	87	105	95	98	75	77	114	84	86	103
OPC	2	4	4	1	1	2	0	1	1	1	1	1	2	2	1	1	1	2
Emergency	93	96	108	122	121	104	82	92	86	96	94	97	73	68	113	83	85	101
Temporary	2	0	1	1	2	1	0	0	0	7	0	0	0	7	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	118	102	134	127	129	129	91	96	89	108	114	117	87	87	112	87	103	100
% of Readmissions	51%	52%	54%	56%	46%	49%	58%	61%	62%	63%	63%	65%	65%	60%	54%	59%	63%	68%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Rio Grande State Center
2003 FYTD Admissions & Discharges



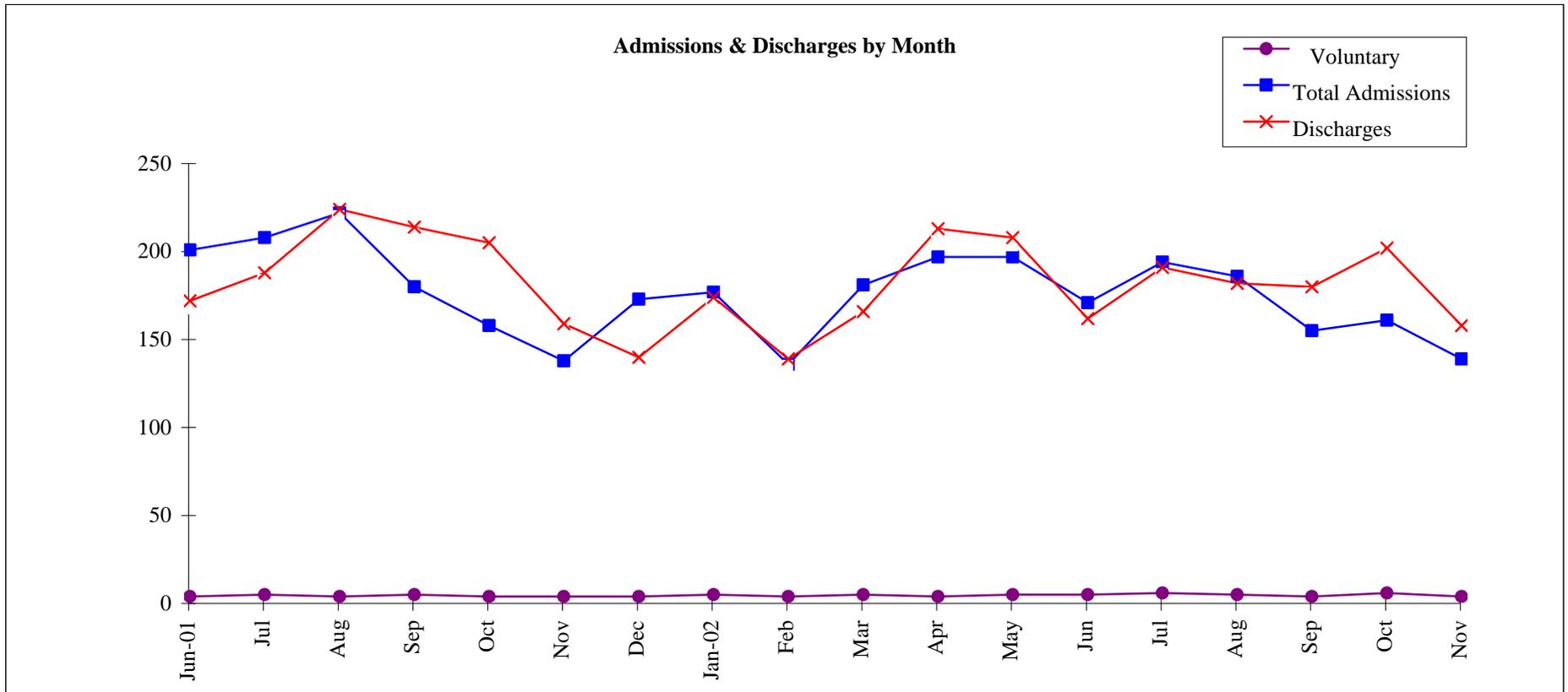
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Rusk State Hospital

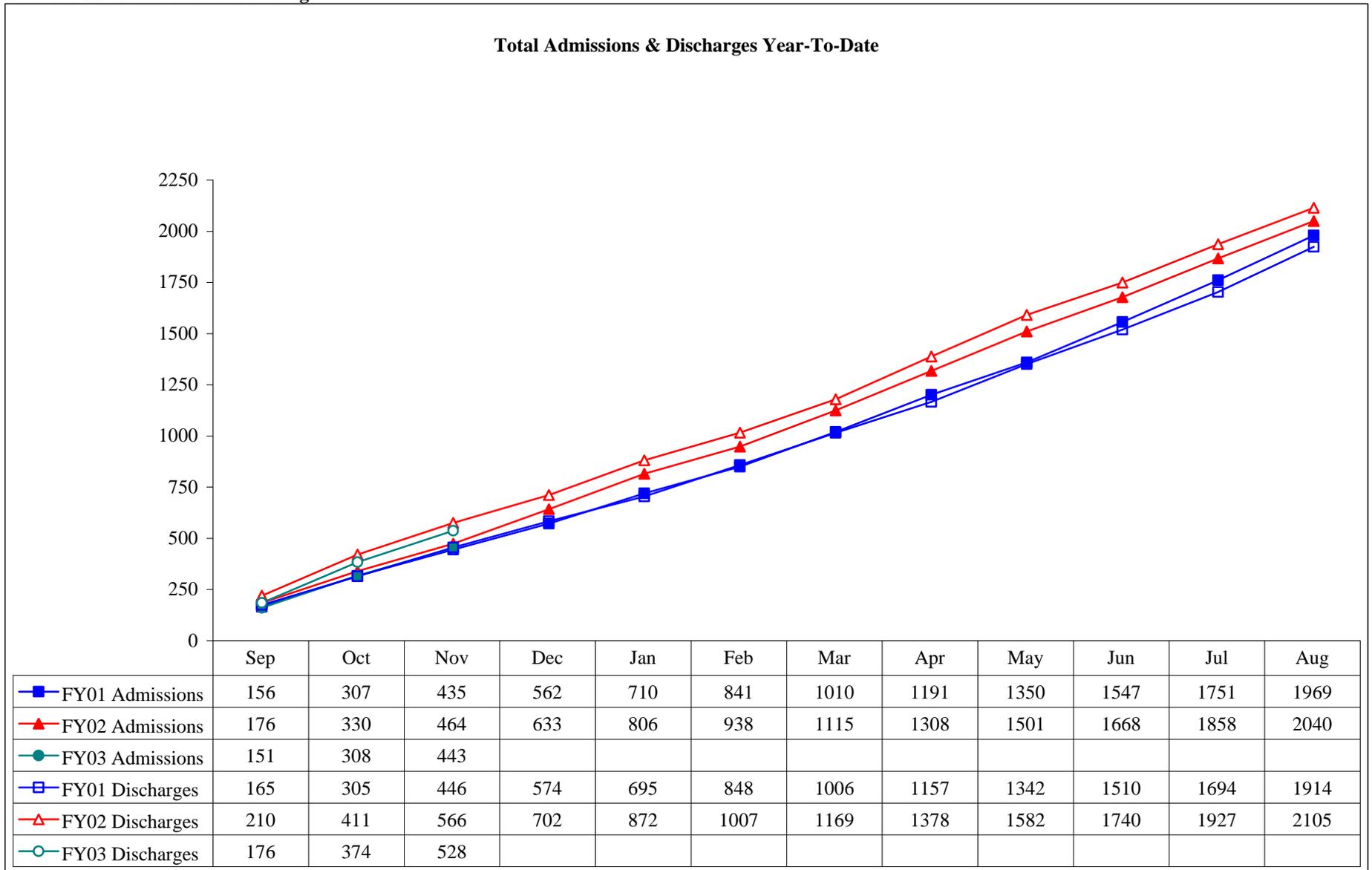
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	197	204	218	176	154	134	169	173	132	177	193	193	167	190	182	151	157	135
Voluntary	0	1	0	1	0	0	0	1	0	1	0	1	1	2	1	0	2	0
Involuntary	197	203	218	175	154	134	169	172	132	176	193	192	166	188	181	151	155	135
OPC	36	33	36	25	24	22	19	30	22	33	29	32	17	32	26	28	36	36
Emergency	118	108	115	102	67	56	74	60	48	64	86	73	66	64	69	76	85	57
Temporary	35	49	56	42	47	44	60	74	55	64	61	67	73	72	61	21	25	23
Extended	2	1	0	0	6	1	6	0	0	0	1	5	0	2	4	2	0	1
46.02/46.03	6	12	11	6	10	11	10	7	7	15	16	15	10	18	21	24	9	18
Order for MR Svc	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Discharges	168	184	220	210	201	155	136	170	135	162	209	204	158	187	178	176	198	154
% of Readmissions	59%	51%	57%	53%	60%	63%	57%	61%	61%	58%	50%	55%	62%	58%	60%	63%	54%	62%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Rusk State Hospital
2003 FYTD Admissions & Discharges



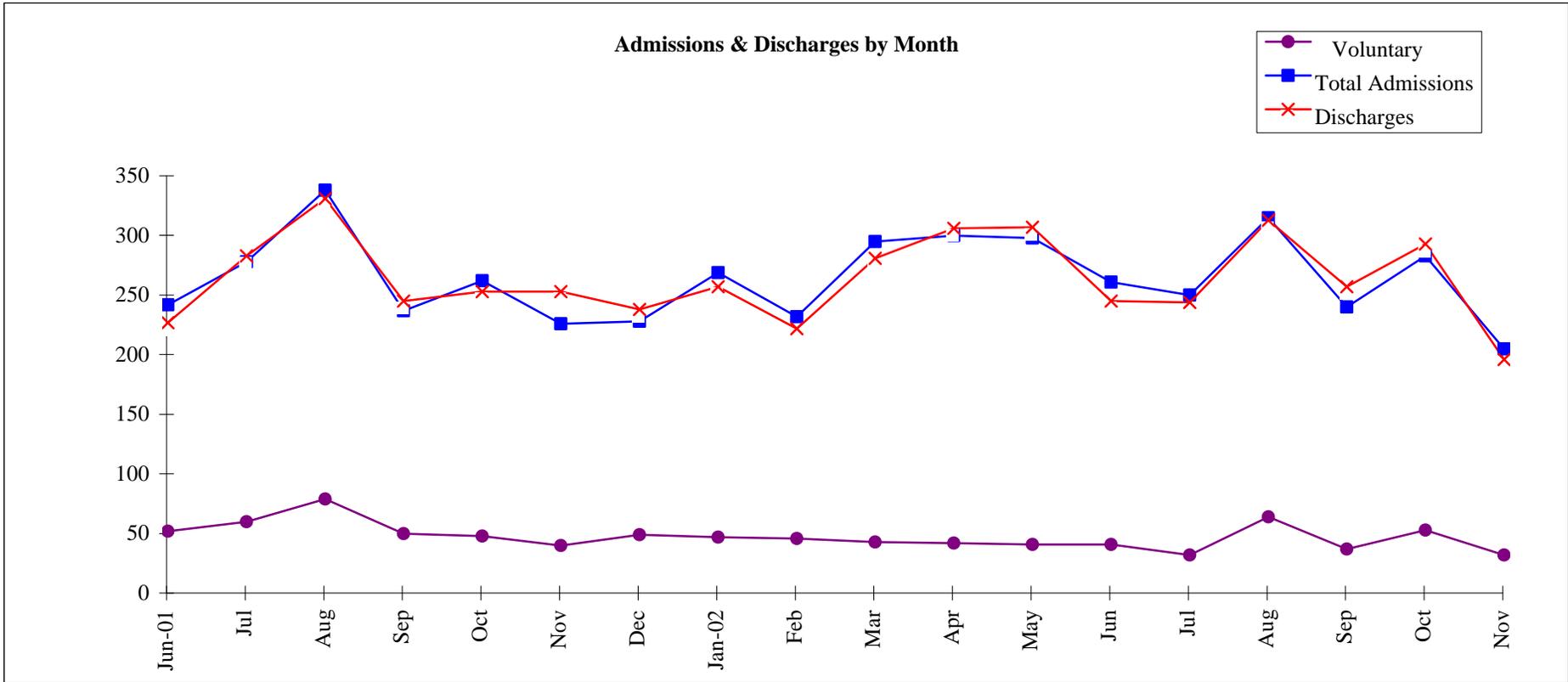
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

San Antonio State Hospital

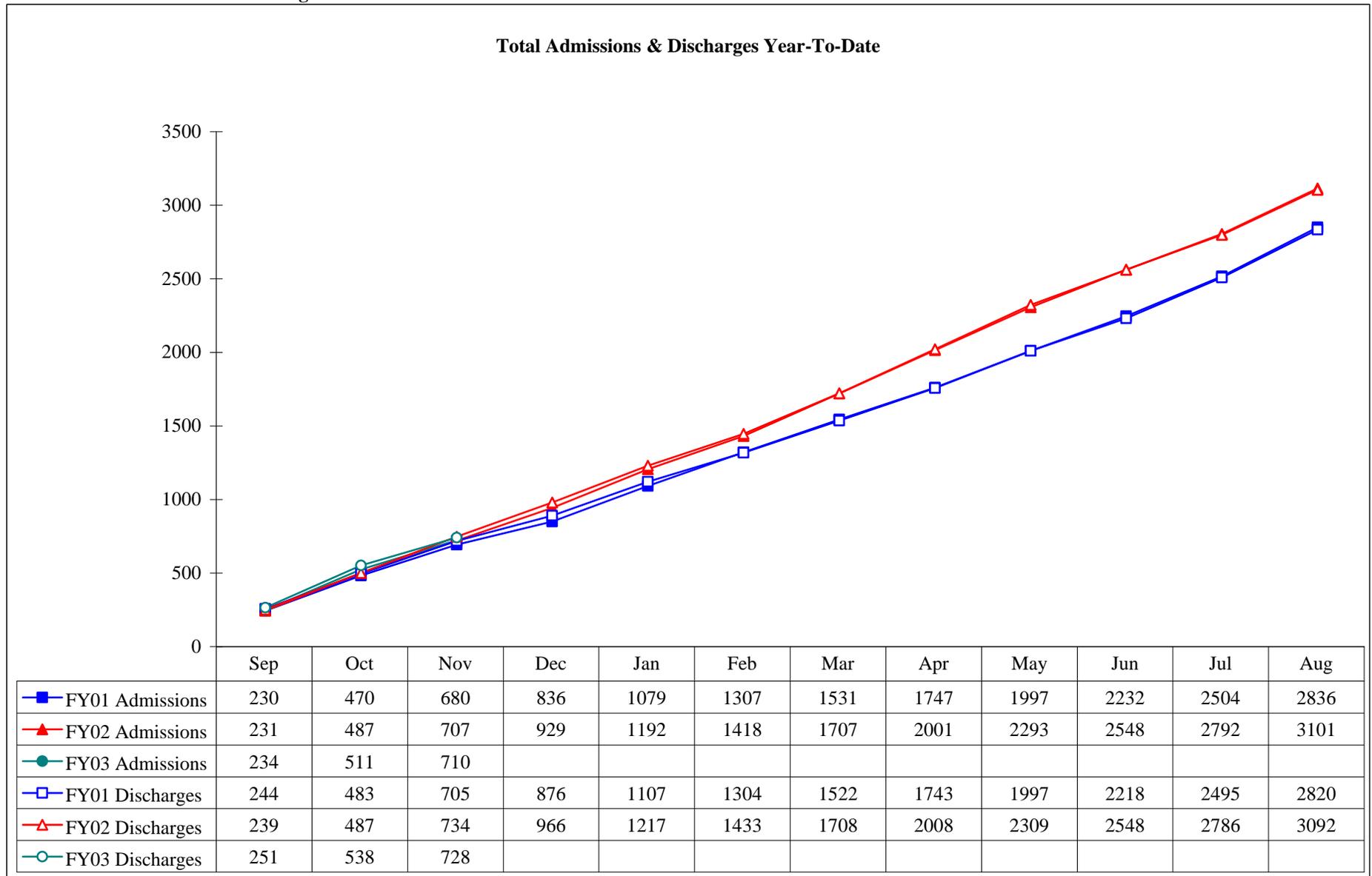
Admissions by Month

	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	236	272	332	231	256	220	222	263	226	289	294	292	255	244	309	234	277	199
Voluntary	46	54	73	44	42	34	43	41	40	37	36	35	35	26	58	31	47	26
Involuntary	190	218	259	187	214	186	179	222	186	252	258	257	220	218	251	203	230	173
OPC	82	86	101	69	86	71	65	91	82	103	99	110	77	87	108	68	72	56
Emergency	64	97	72	73	62	74	70	85	69	106	109	104	104	103	103	88	115	86
Temporary	30	30	67	38	51	34	38	41	28	35	41	34	33	27	34	38	39	26
Extended	9	0	5	1	4	0	1	0	1	2	3	2	0	0	0	0	0	1
46.02/46.03	4	4	10	5	10	5	4	5	6	5	5	6	6	1	5	8	3	3
Order for MR Svc	1	1	4	1	1	2	1	0	0	1	1	1	0	0	1	1	1	1
Discharges	221	277	325	239	247	247	232	251	216	275	300	301	239	238	307	251	287	190
% of Readmissions	59%	65%	64%	62%	70%	65%	64%	57%	61%	59%	60%	57%	60%	65%	54%	61%	58%	60%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
San Antonio State Hospital
2003 FYTD Admissions & Discharges



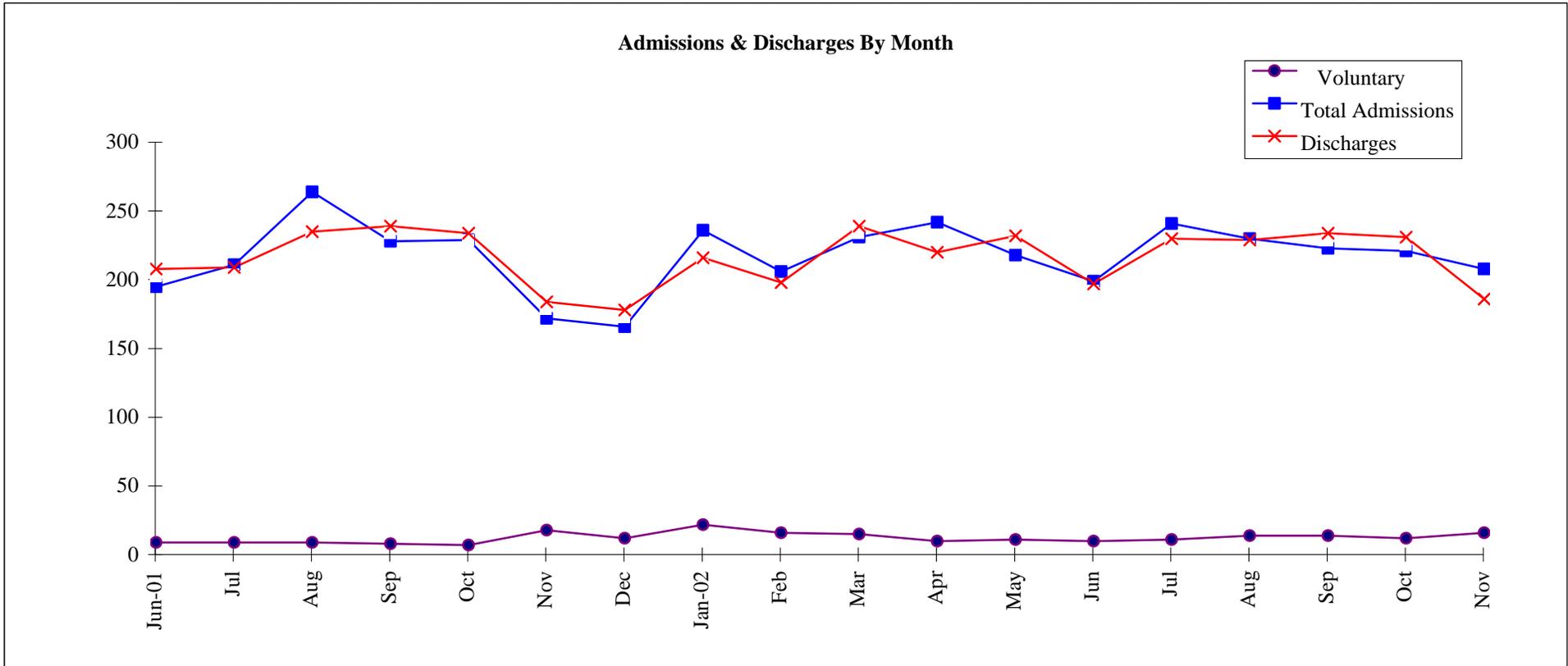
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Terrell State Hospital

Admissions by Month

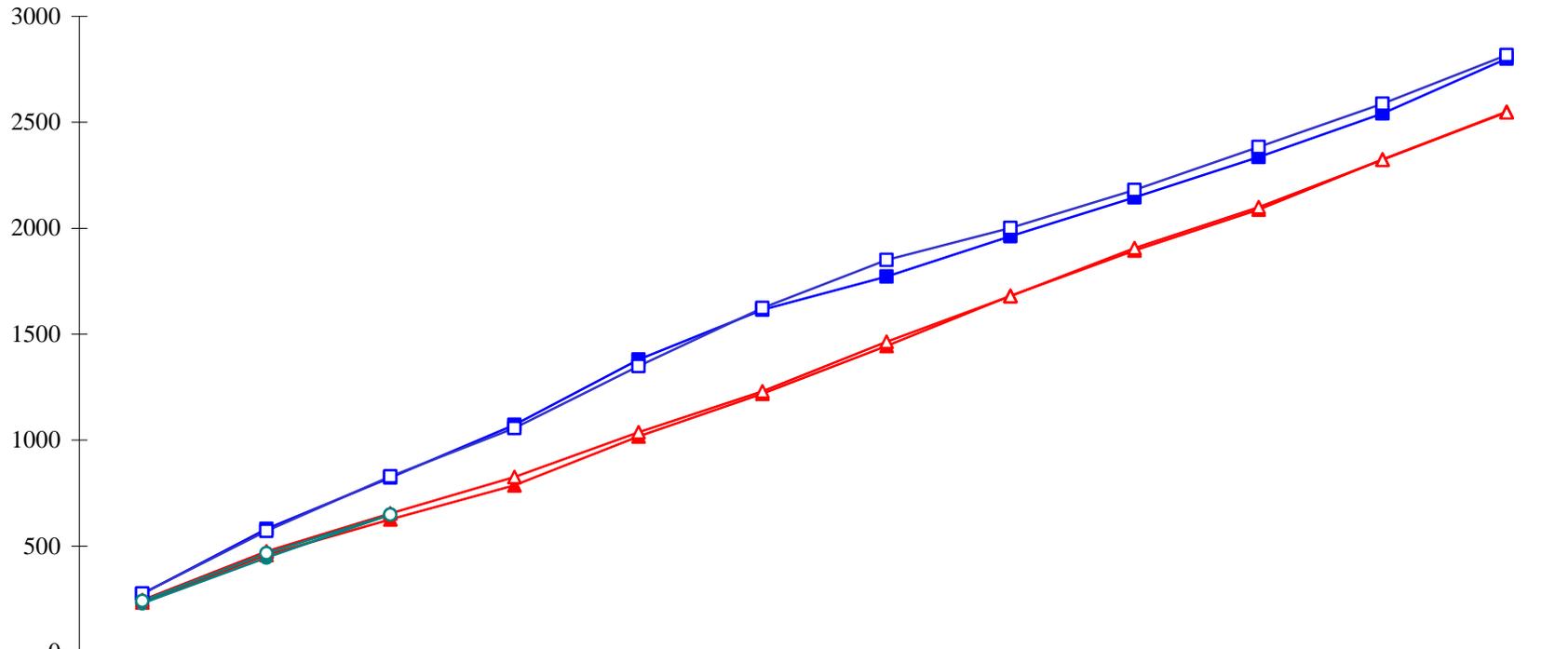
	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	190	206	259	223	224	167	161	231	201	226	237	213	194	236	225	218	216	203
Voluntary	4	4	4	3	2	13	7	17	11	10	5	6	5	6	9	9	7	11
Involuntary	186	202	255	220	222	154	154	214	190	216	232	207	189	230	216	209	209	192
OPC	128	138	184	165	152	96	91	132	119	138	154	139	115	148	140	142	129	136
Emergency	20	26	18	15	16	17	10	28	22	30	22	20	24	32	20	22	19	14
Temporary	30	30	36	31	35	35	34	44	38	35	41	32	43	41	45	30	45	32
Extended	2	1	4	2	2	0	5	2	1	3	1	7	1	1	0	1	1	0
46.02/46.03	6	7	13	7	16	6	14	8	10	9	14	9	6	7	10	14	15	9
Order for MR Svc	0	0	0	0	1	0	0	0	0	1	0	0	0	1	1	0	0	1
Discharges	203	204	230	234	229	179	173	211	193	234	215	227	192	225	224	229	226	181
% of Readmissions	57%	51%	55%	55%	65%	51%	62%	57%	60%	51%	60%	61%	60%	53%	62%	55%	62%	54%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Terrell State Hospital
2003 FYTD Admissions & Discharges

Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY01 Admissions	263	569	811	1060	1368	1603	1760	1951	2134	2324	2530	2789
—▲— FY02 Admissions	223	447	614	775	1006	1207	1433	1670	1883	2077	2313	2538
—●— FY03 Admissions	218	434	637									
- -□- FY01 Discharges	264	560	817	1045	1338	1612	1838	1990	2169	2372	2576	2806
- -▲- FY02 Discharges	234	463	642	815	1026	1219	1453	1668	1895	2087	2312	2536
- -●- FY03 Discharges	229	455	636									

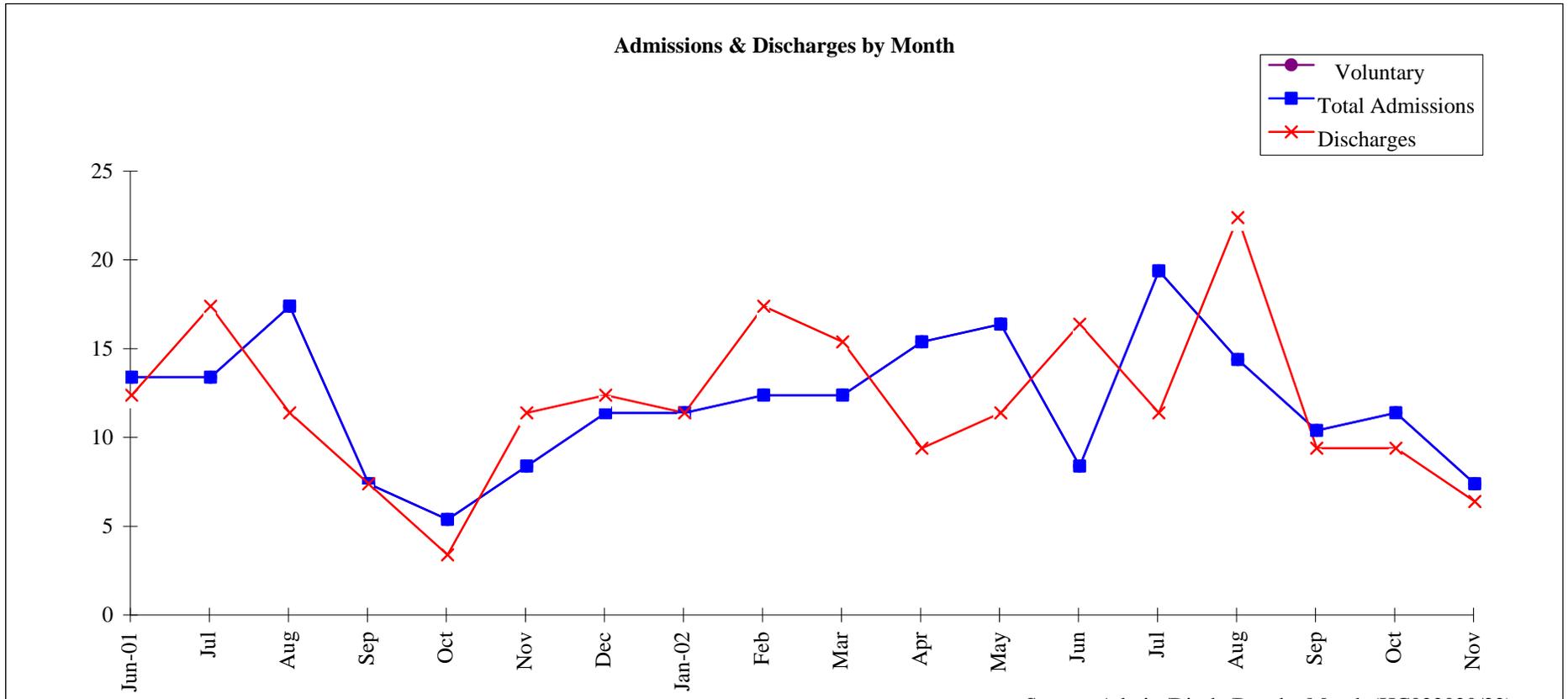
Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions

Waco Center for Youth

Admissions by Month

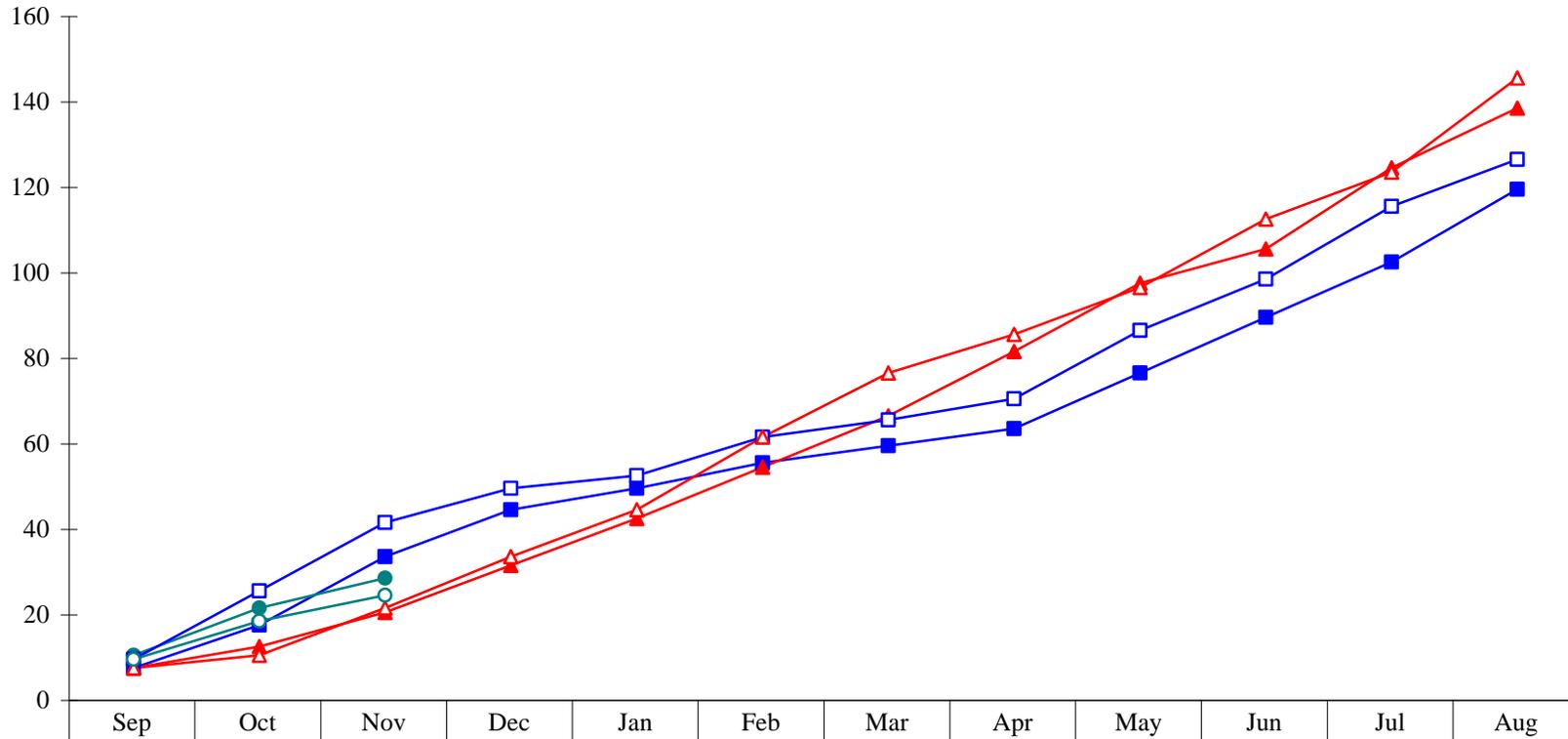
	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	13	13	17	7	5	8	11	11	12	12	15	16	8	19	14	10	11	7
Voluntary	13	13	17	7	5	8	11	11	12	12	15	16	8	19	14	10	11	7
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	12	17	11	7	3	11	12	11	17	15	9	11	16	11	22	9	9	6
% of Readmissions	38%	69%	35%	57%	100%	25%	55%	55%	17%	58%	53%	38%	50%	42%	36%	40%	64%	29%



Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 4A - Number/Type of Admissions and Readmissions
Waco Center for Youth
2003 FYTD Admissions & Discharges

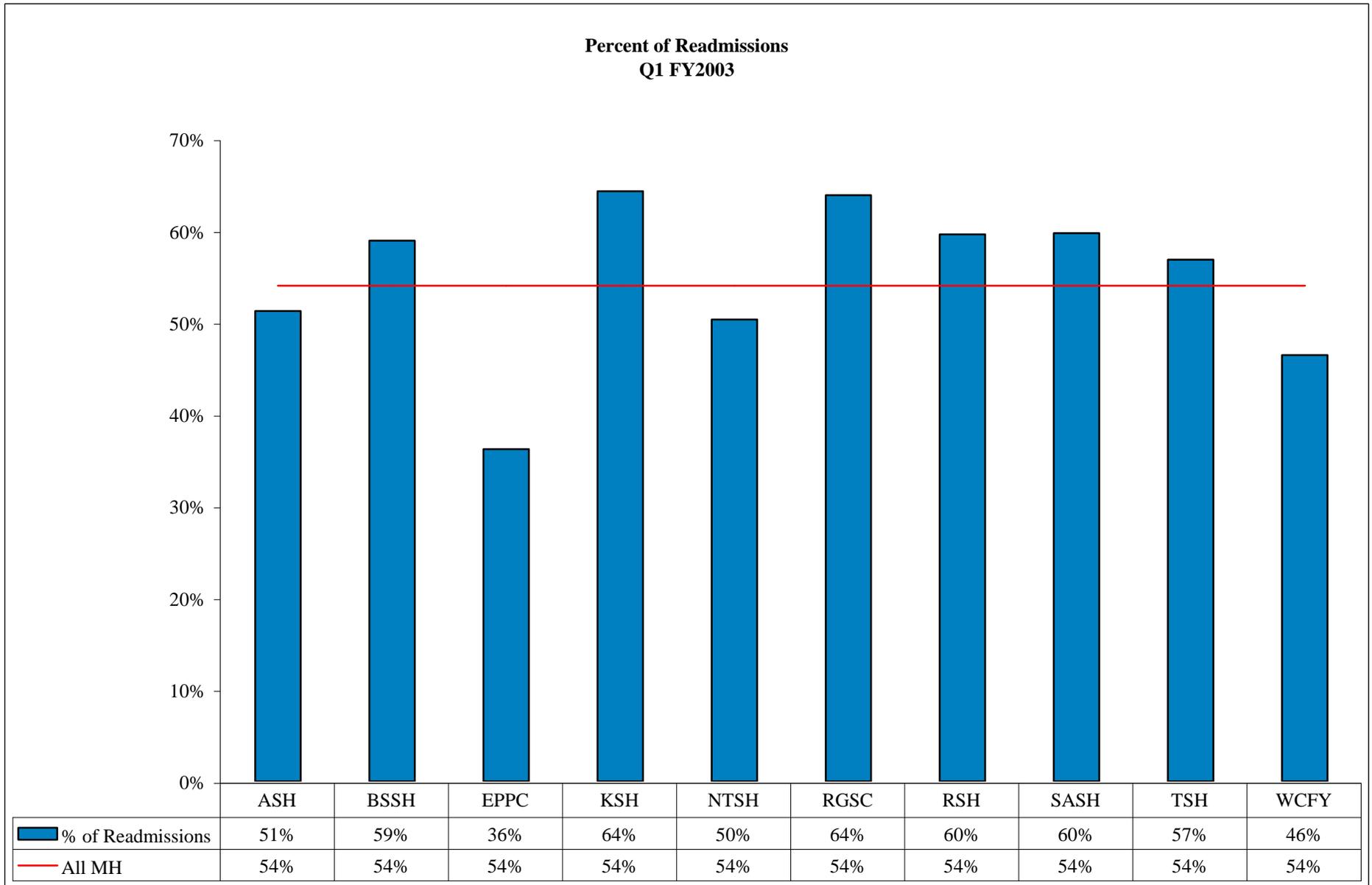
Total Admissions & Discharges Year-To-Date



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
—■— FY01 Admissions	7	17	33	44	49	55	59	63	76	89	102	119
—▲— FY02 Admissions	7	12	20	31	42	54	66	81	97	105	124	138
—●— FY03 Admissions	10	21	28									
- -□- FY01 Discharges	9	25	41	49	52	61	65	70	86	98	115	126
- -▲- FY02 Discharges	7	10	21	33	44	61	76	85	96	112	123	145
- -○- FY03 Discharges	9	18	24									

Source: Admis./Disch./Pop. by Month (HC022020/22),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

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



Source: Admis./Disch./Population by Month (HC022020),
 Readmissions Within 30 Days of Discharge (HC022302),
 Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Performance Measure 4B: Percent of discharges returned to the community will be calculated on a quarterly basis for: 7 days or less, 8 to 15 days, and 16 to 30 days.

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

Performance Measure Formula:

Rate = (N/D) X 100

N = # Persons discharged during time frame (i.e., < 8 days, 8-15 days, 16-30 days)

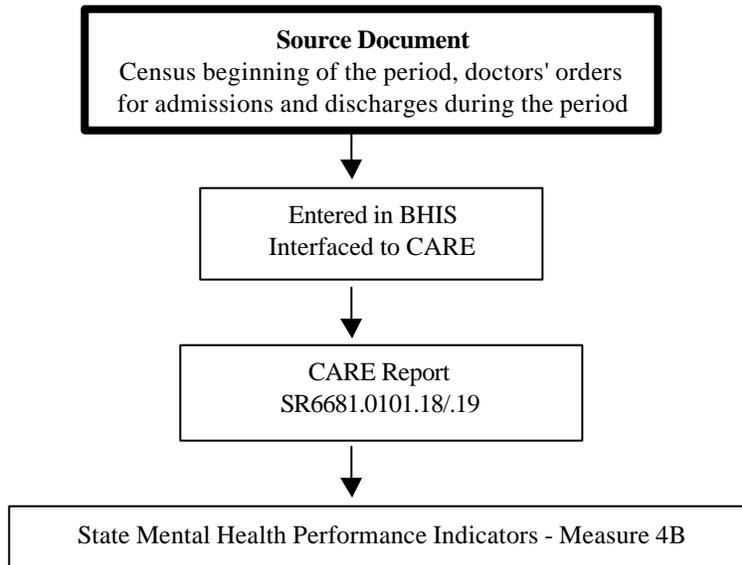
D = total persons discharged during the quarter

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

Performance Measure Data Display and Chart Description:

- Chart with quarterly data points of percent of discharges returned to the community less than or equals to 7 days, 8-15 days and 16-30 days for individual facilities and system-wide.
- Table shows total discharges for the quarter for individual facilities and system-wide.

Data Flow:

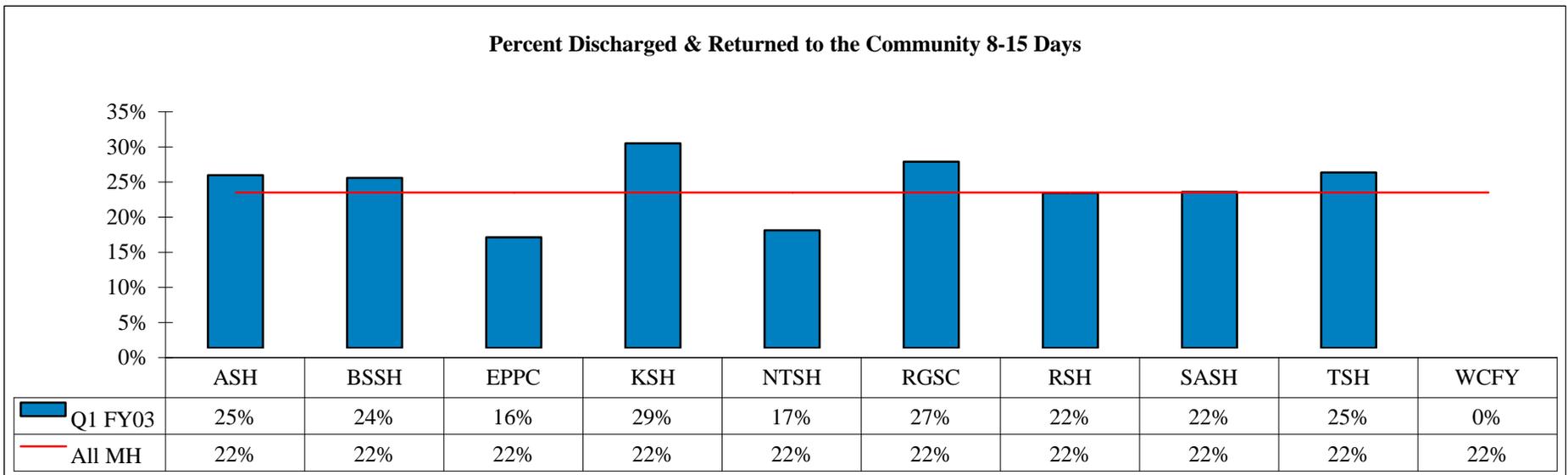
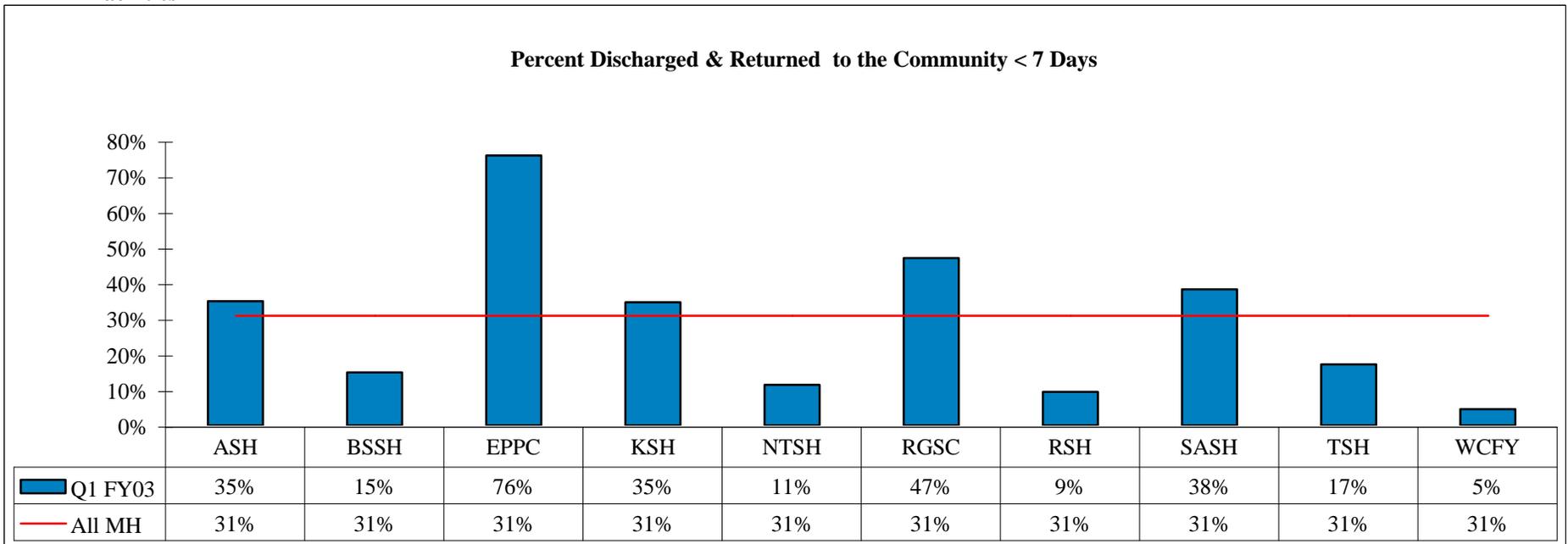


Data Integrity Review Process:

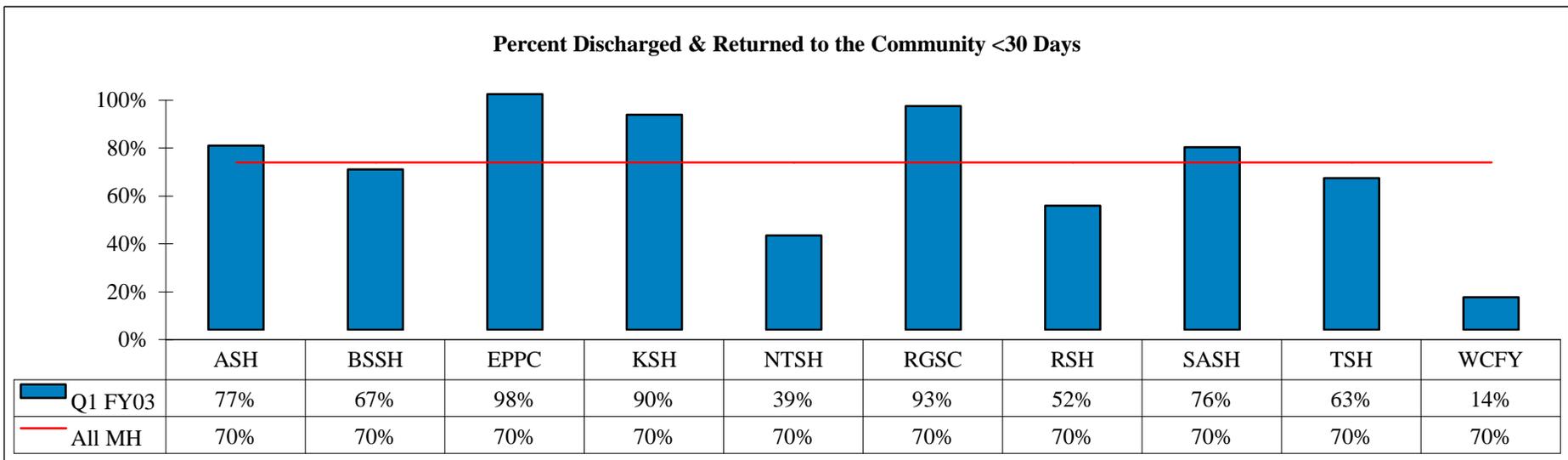
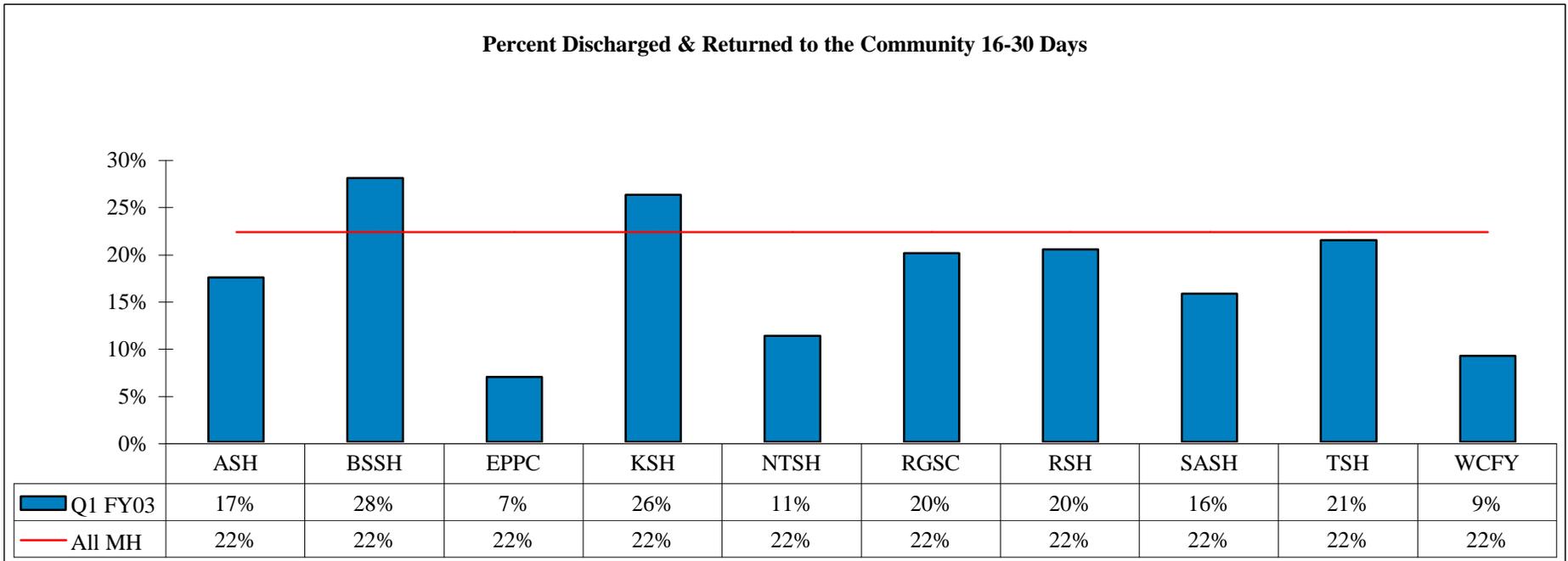
Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually

Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

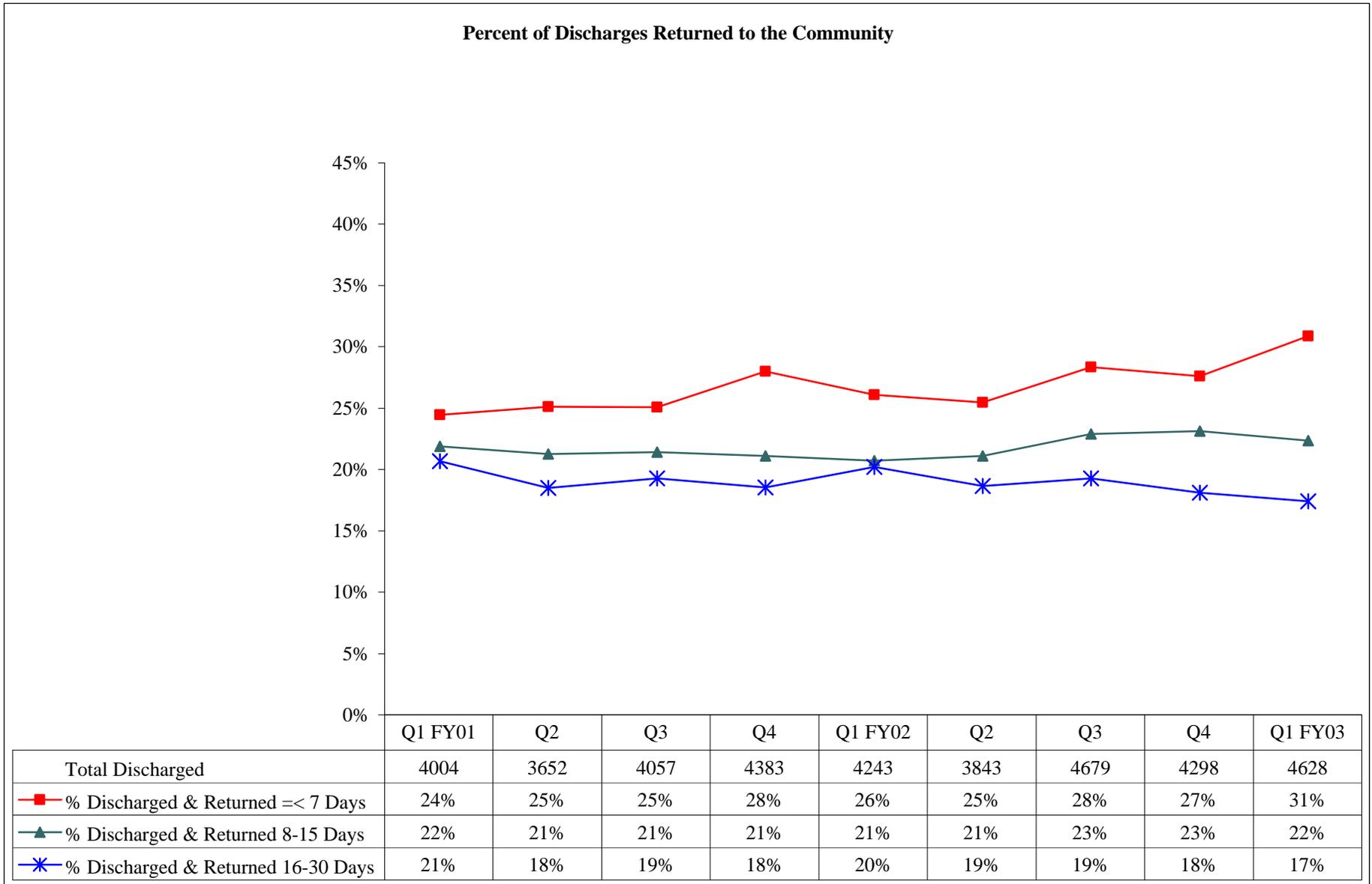
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
All MH Facilities



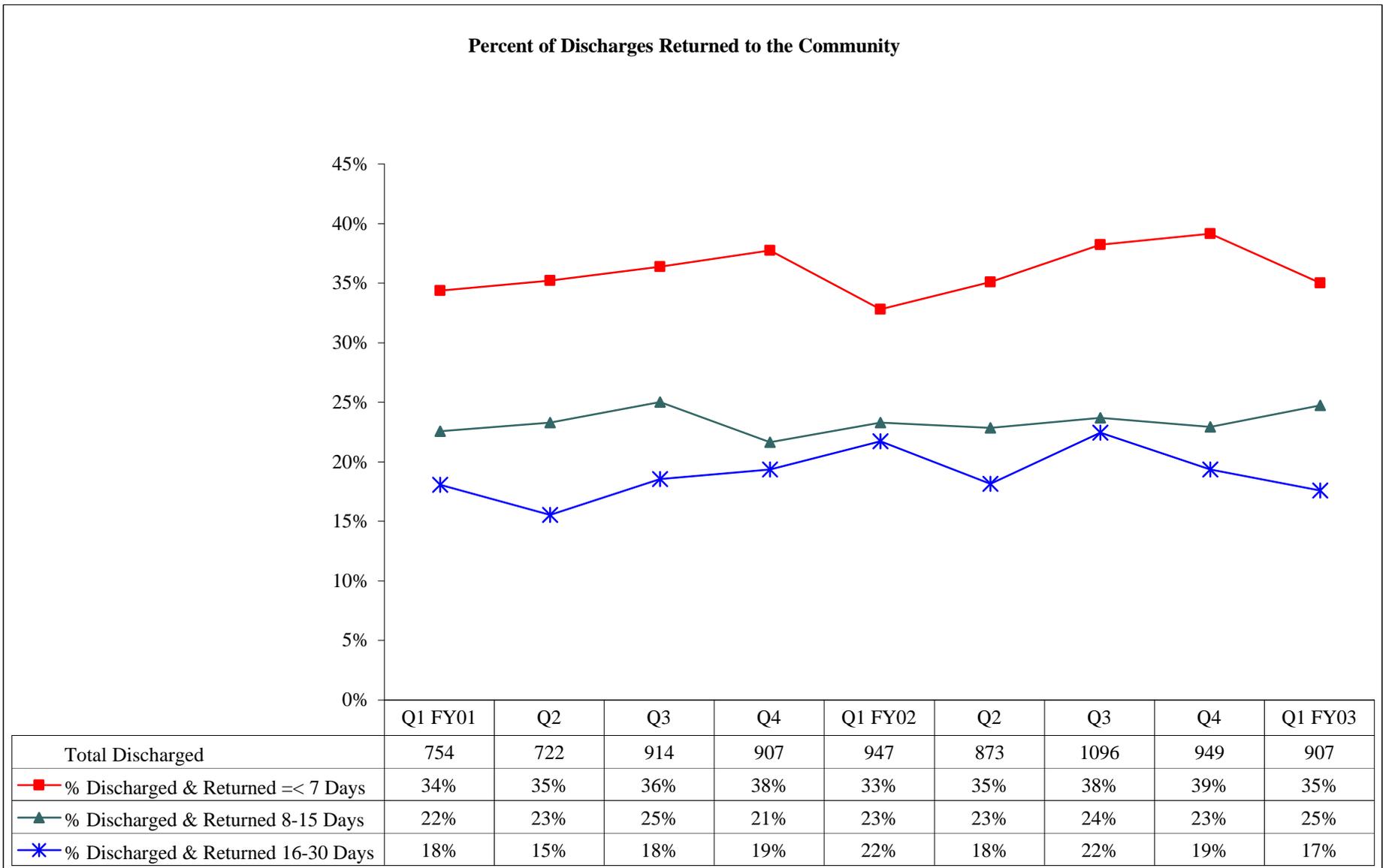
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
All MH Facilities



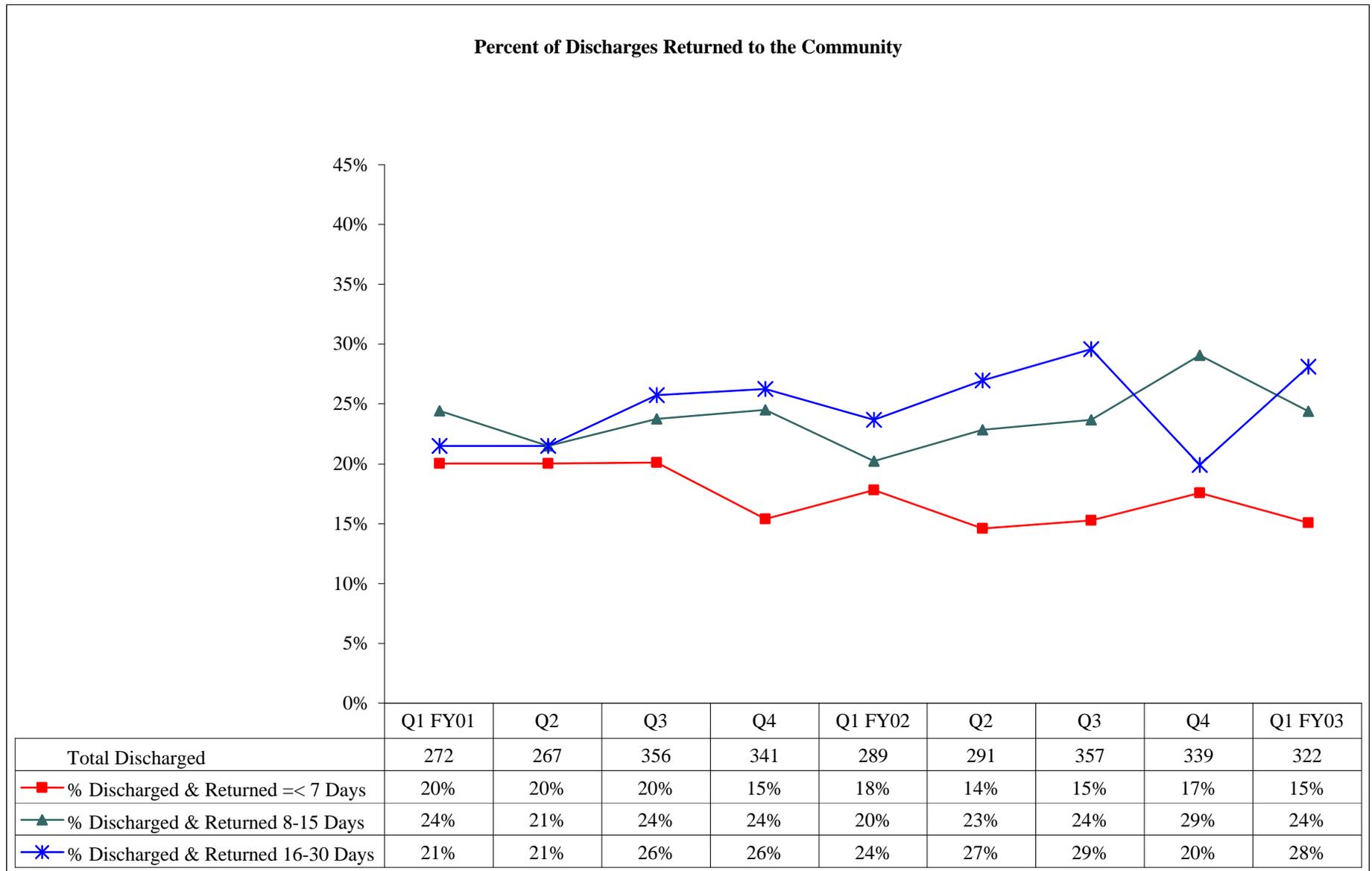
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
All MH Facilities



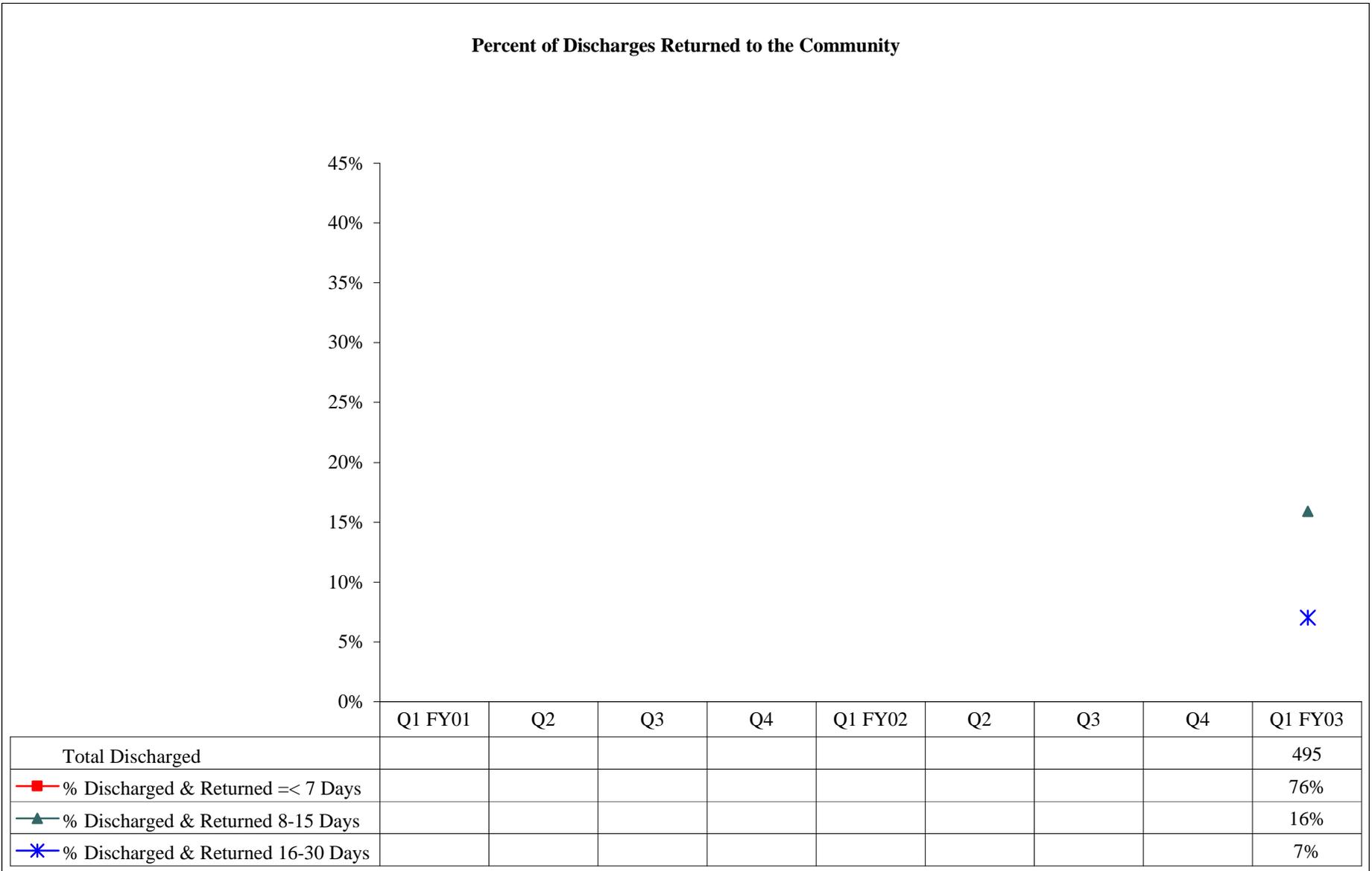
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
Austin State Hospital



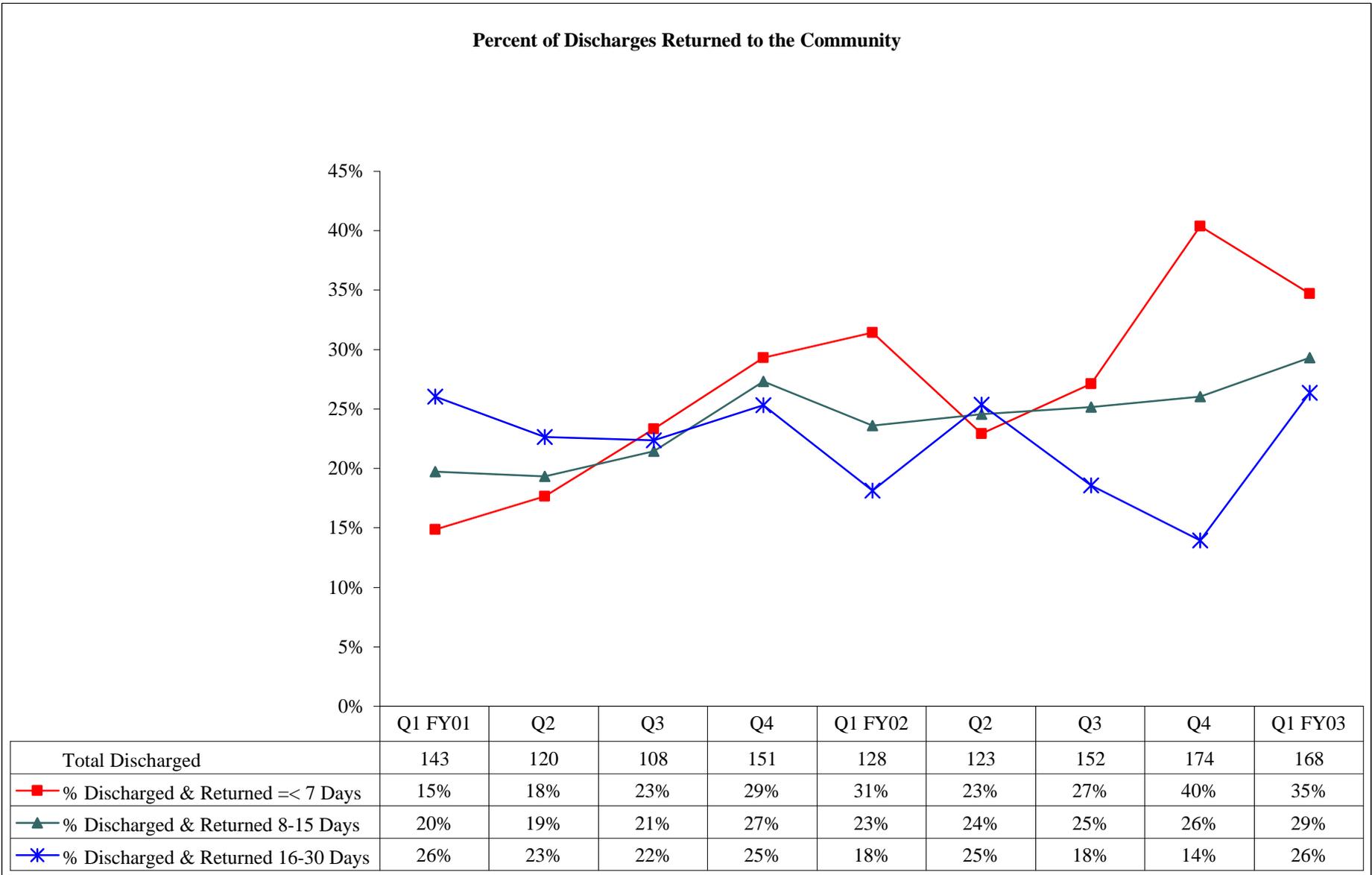
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
Big Spring State Hospital



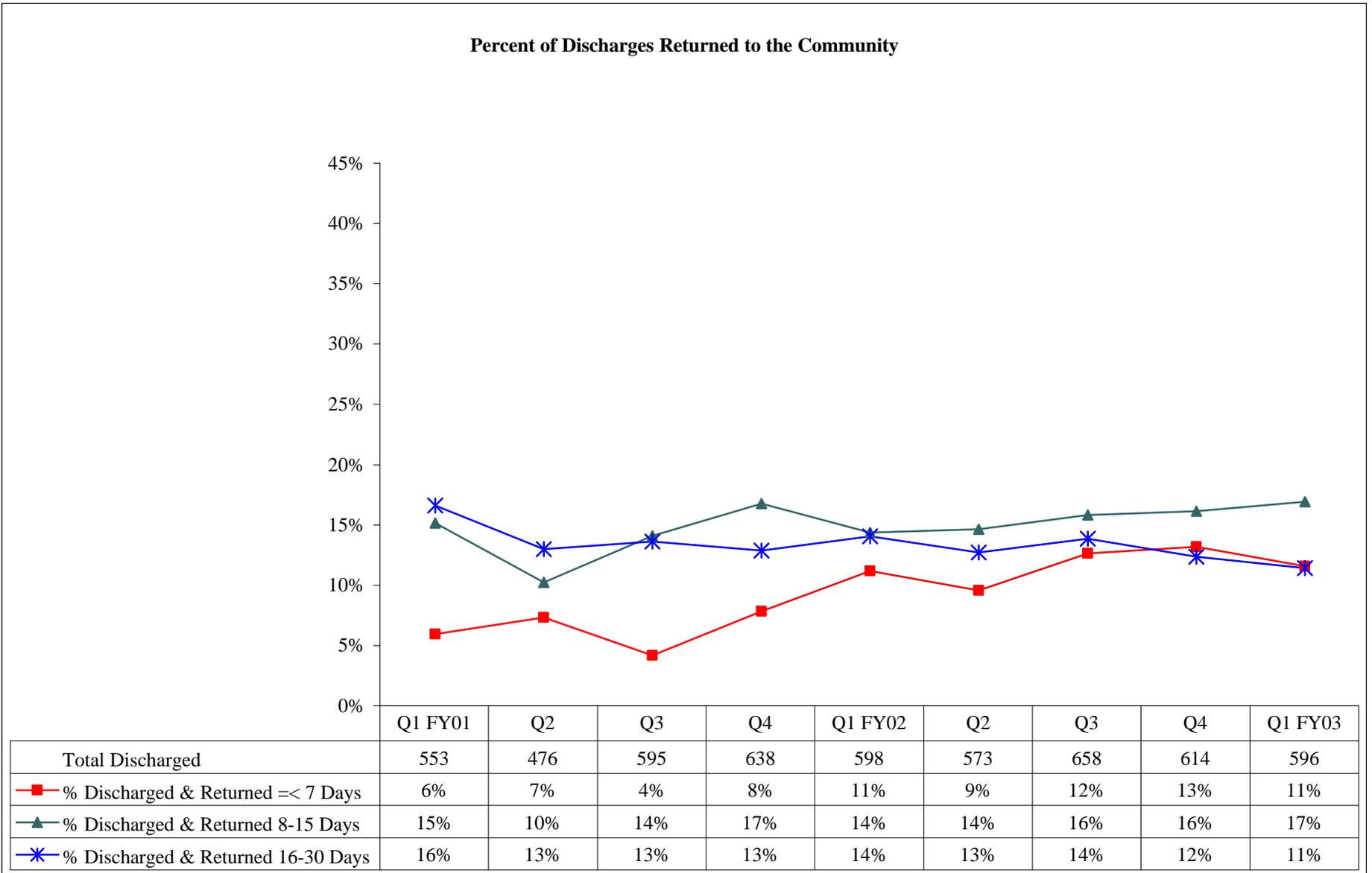
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
El Paso Psychiatric Center



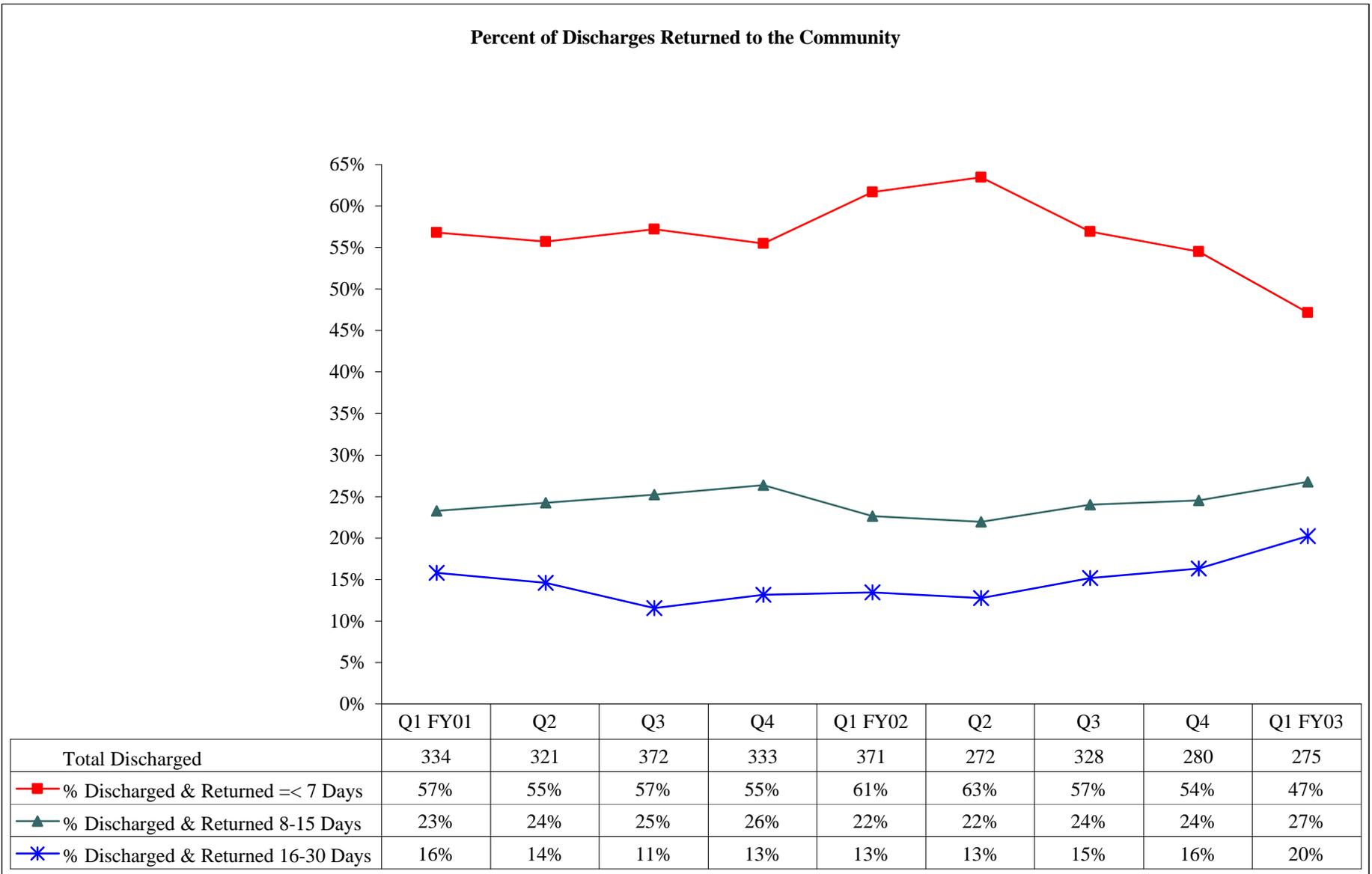
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
Kerrville State Hospital



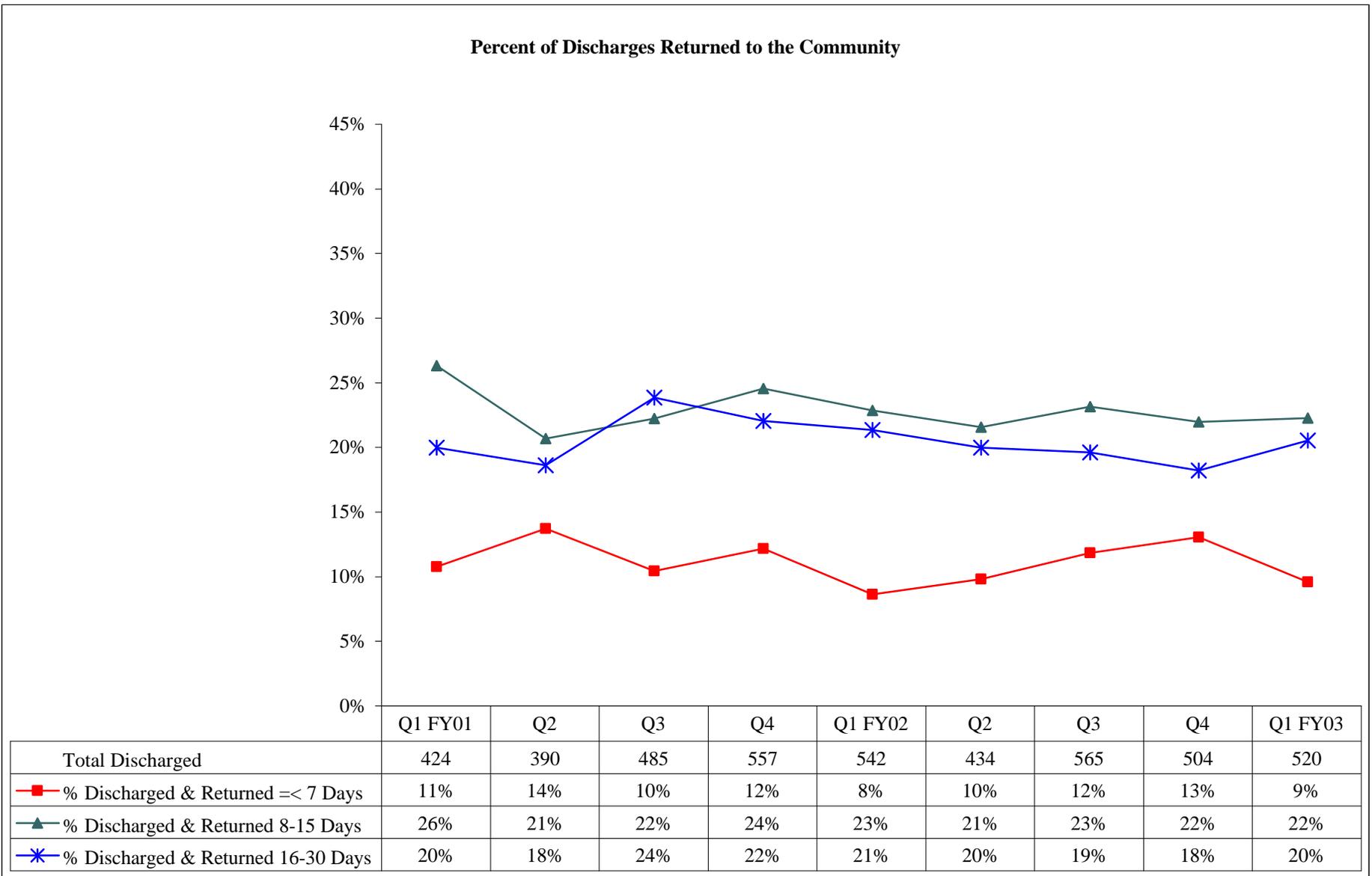
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
North Texas State Hospital



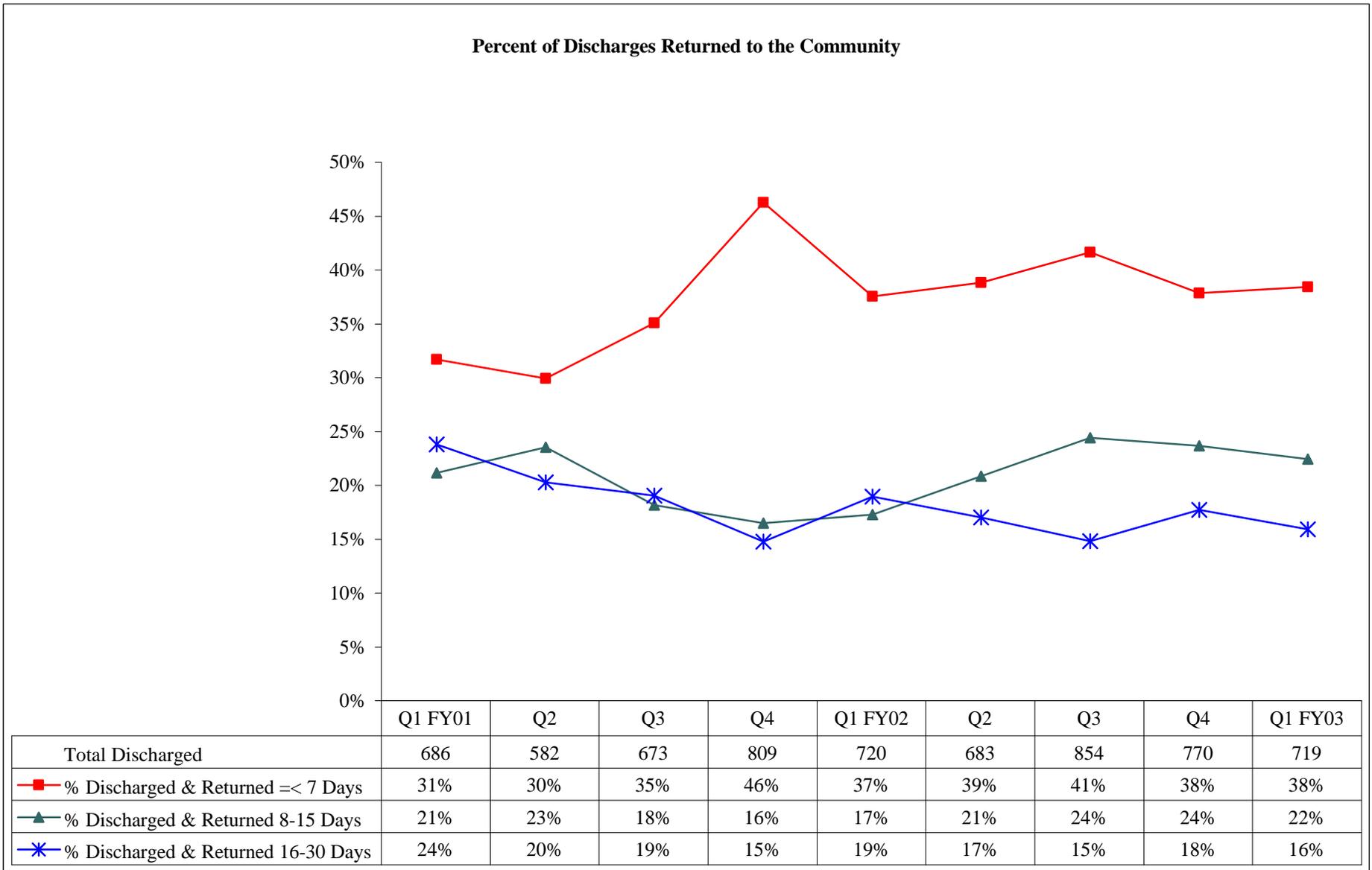
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
Rio Grande State Center



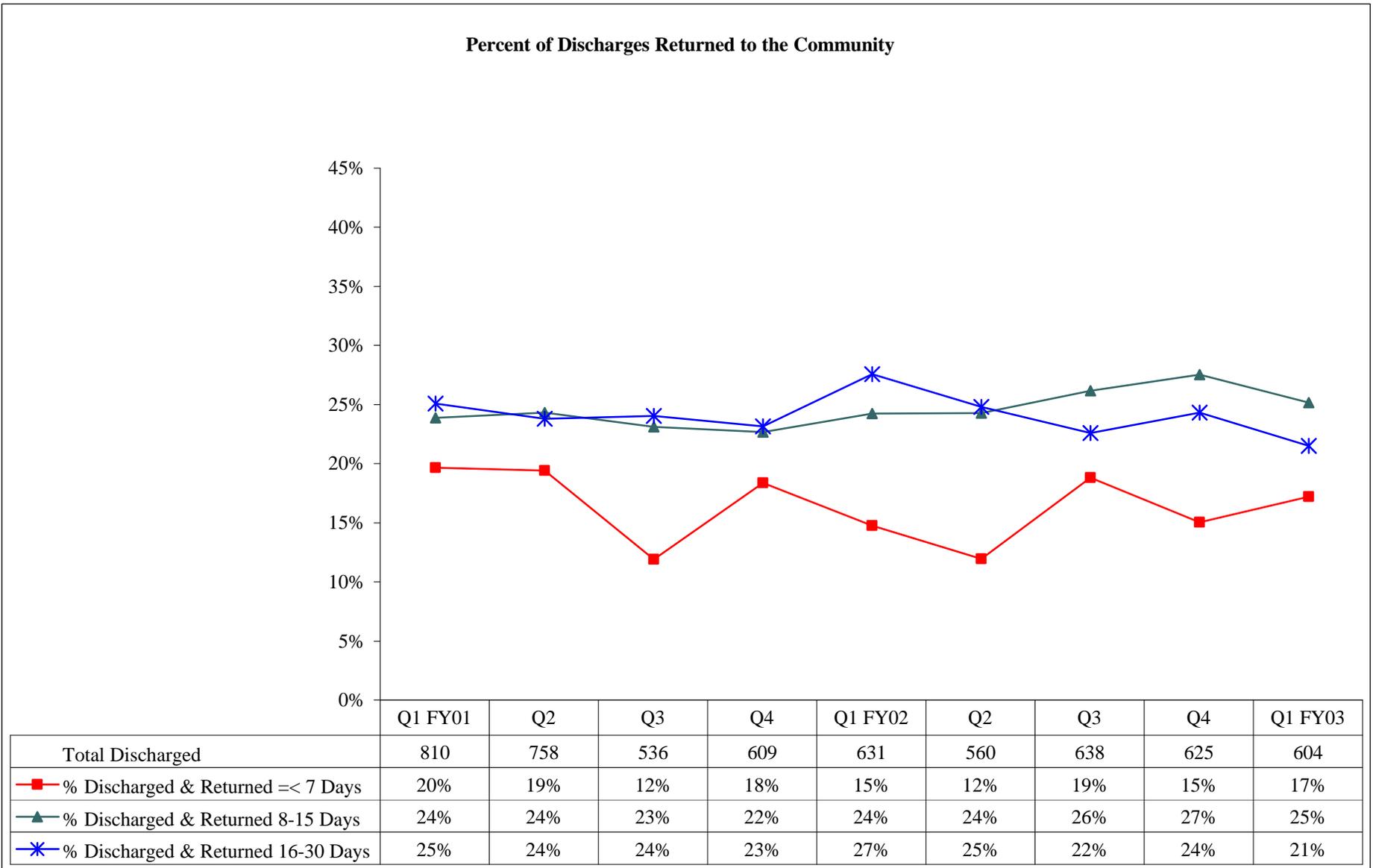
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
Rusk State Hospital



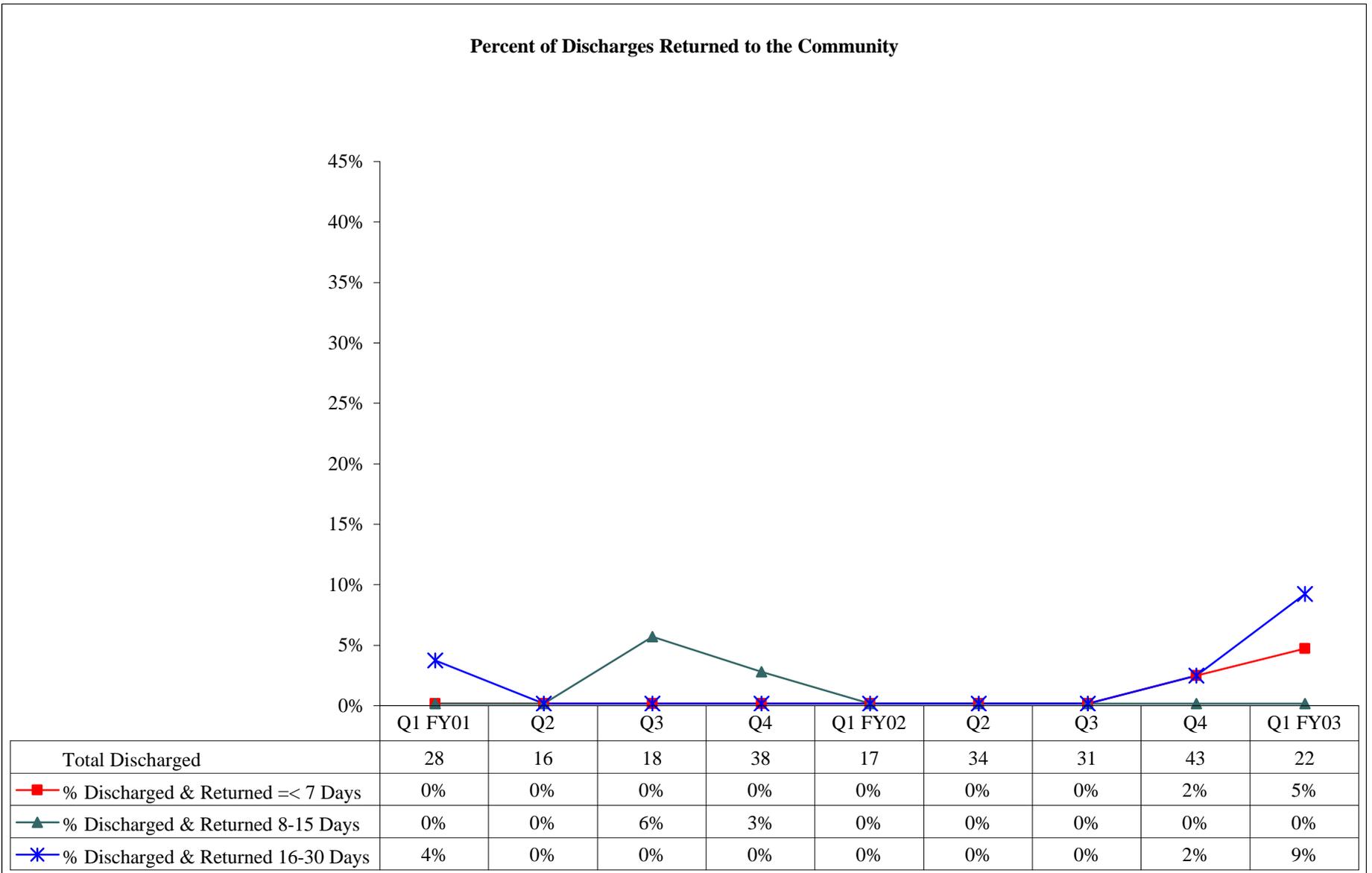
Measure 4B - Percent of Discharges Returned to the Community =< 7 Days, 8-15 Days, 16-30 Days
San Antonio State Hospital



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



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



Performance Measure 4C: Average length of stay in a state mental health facility at time of discharge will be calculated on a quarterly basis. (LBB Measure)

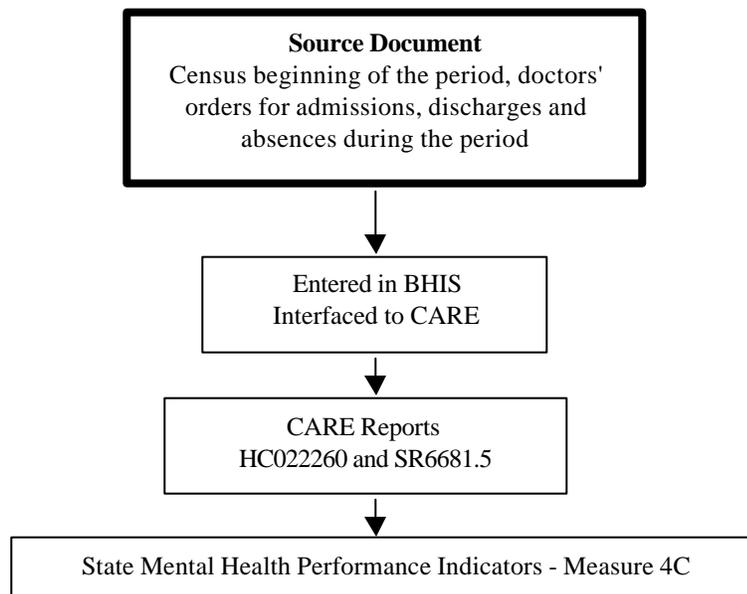
Performance Measure Operational Definition: The facility average length of stay at discharged using admissions, absence and discharge data entered into CARE by each facility.

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

Performance Measure Data Display and Chart Description:

- Control chart with quarterly data points showing average length of stay at discharge (LBB) for individual facilities and system-wide.
- Chart with quarterly data points showing average length of stay at discharge by category (30 days or less; 31-90 days; 91-365 days; 1-5 years, and over 5 years) for individual facilities and system-wide.
- Chart with quarterly data points showing average length of stay for residents by category (30 days or less; 31-90 days; 91-365 days; 1-5 years, and over 5 years) for individual facilities and system-wide.
- Chart with average length of stay for admitted and discharged during prior 12 months by category (30 days or less; 31-90 days; 91-365 days) for individual facilities and system-wide.

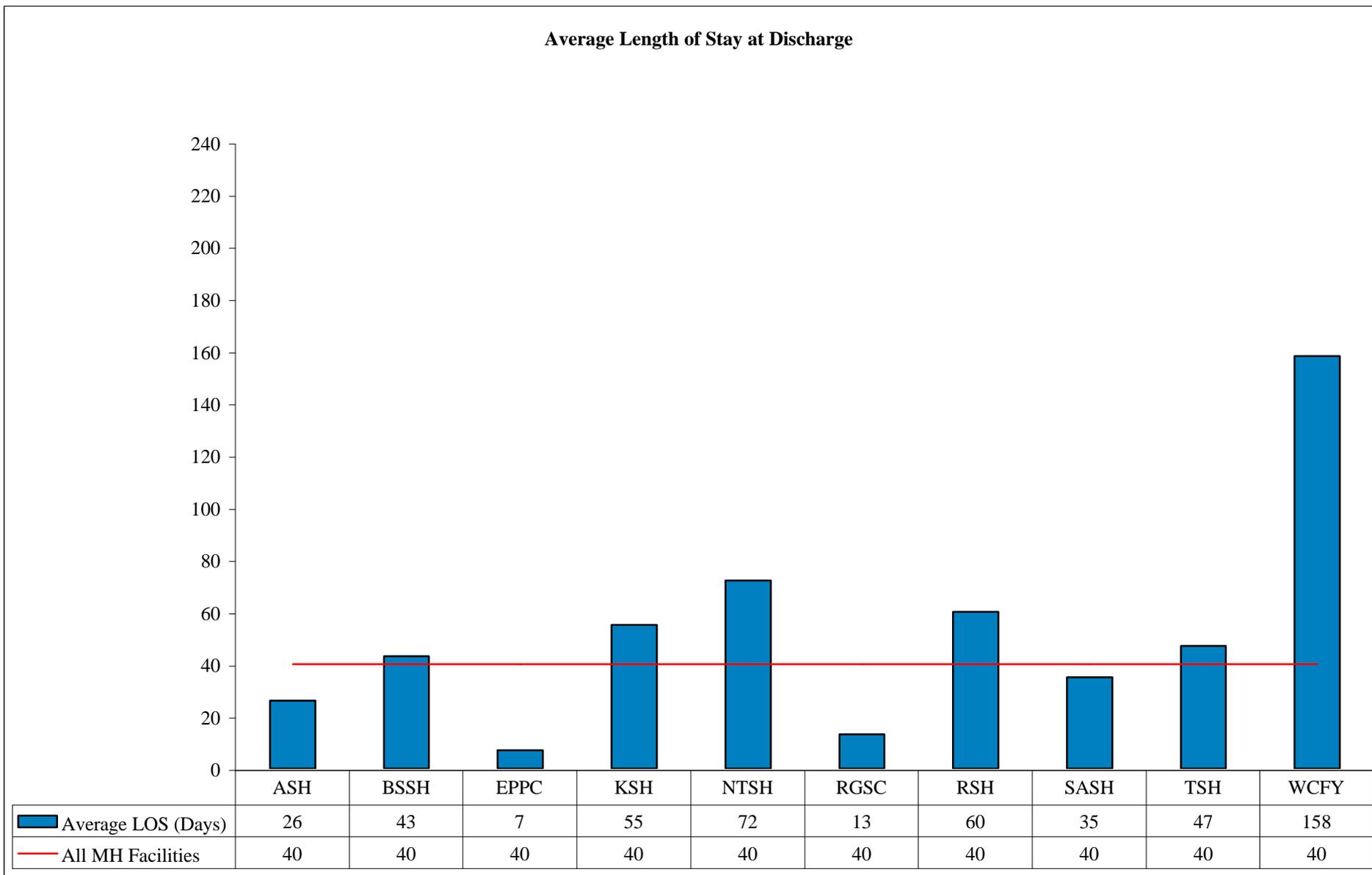
Data Flow:



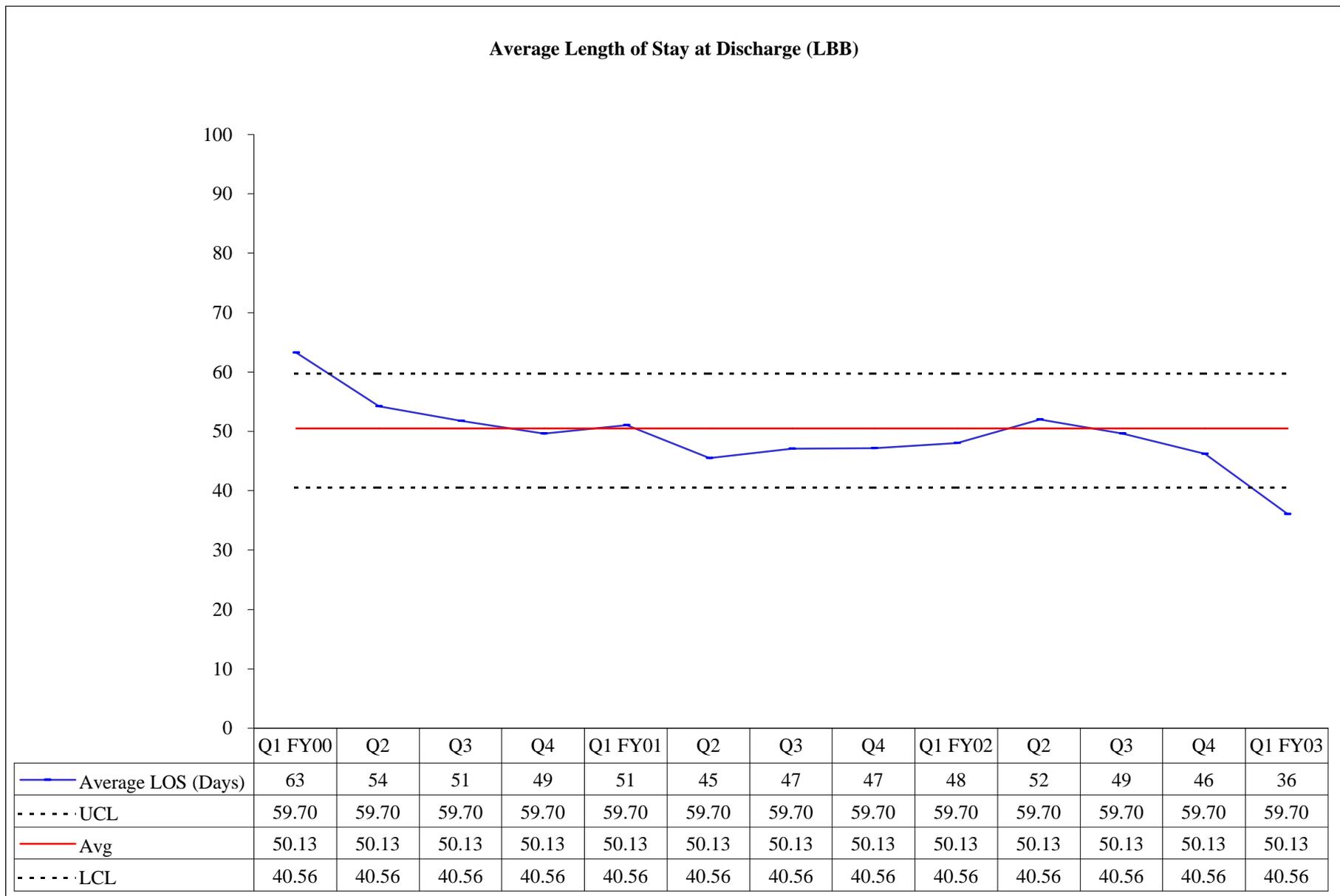
Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Review of 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data and associated events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

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

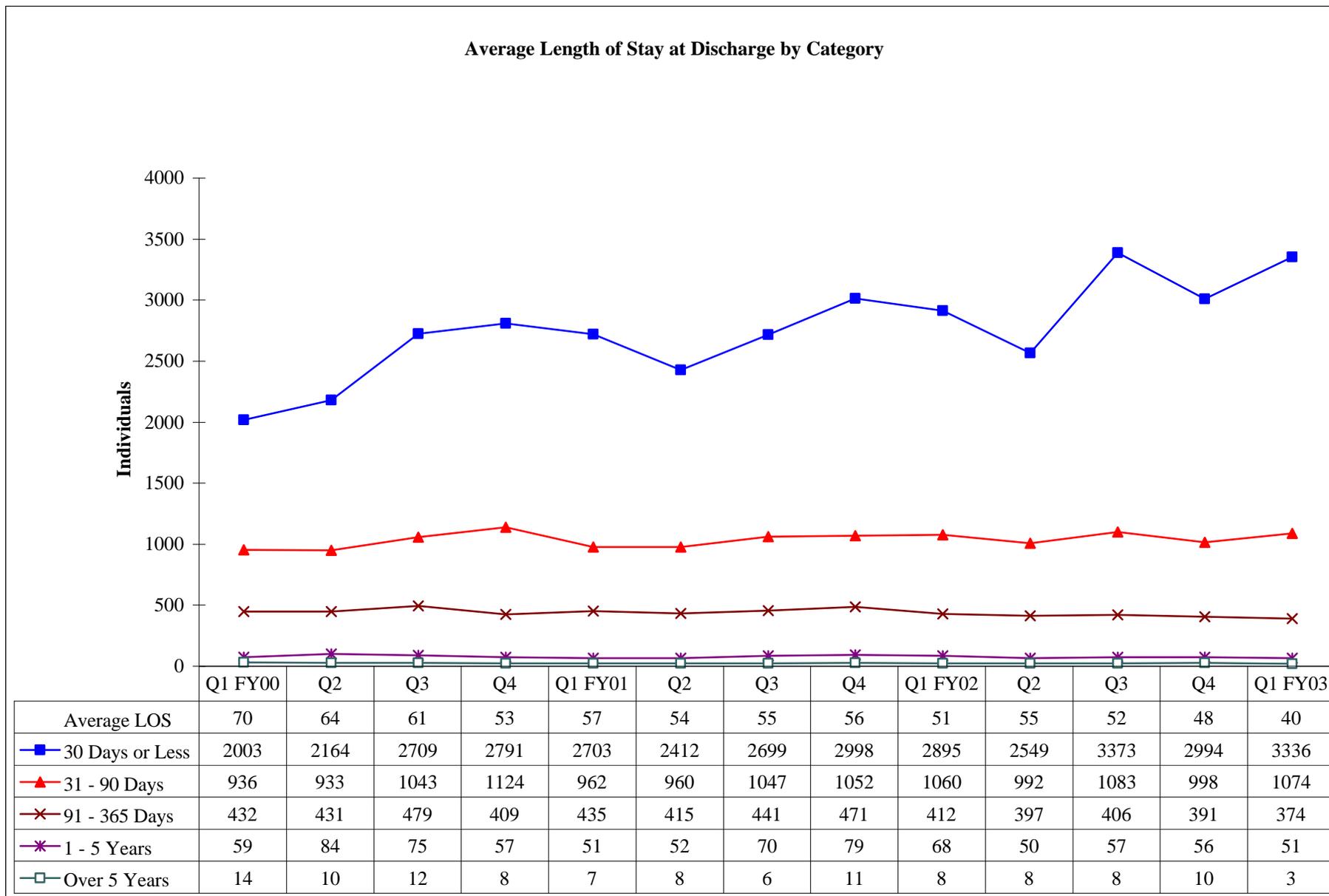


**Measure 4C - Average Length of Stay at Discharge
All MH Facilities**



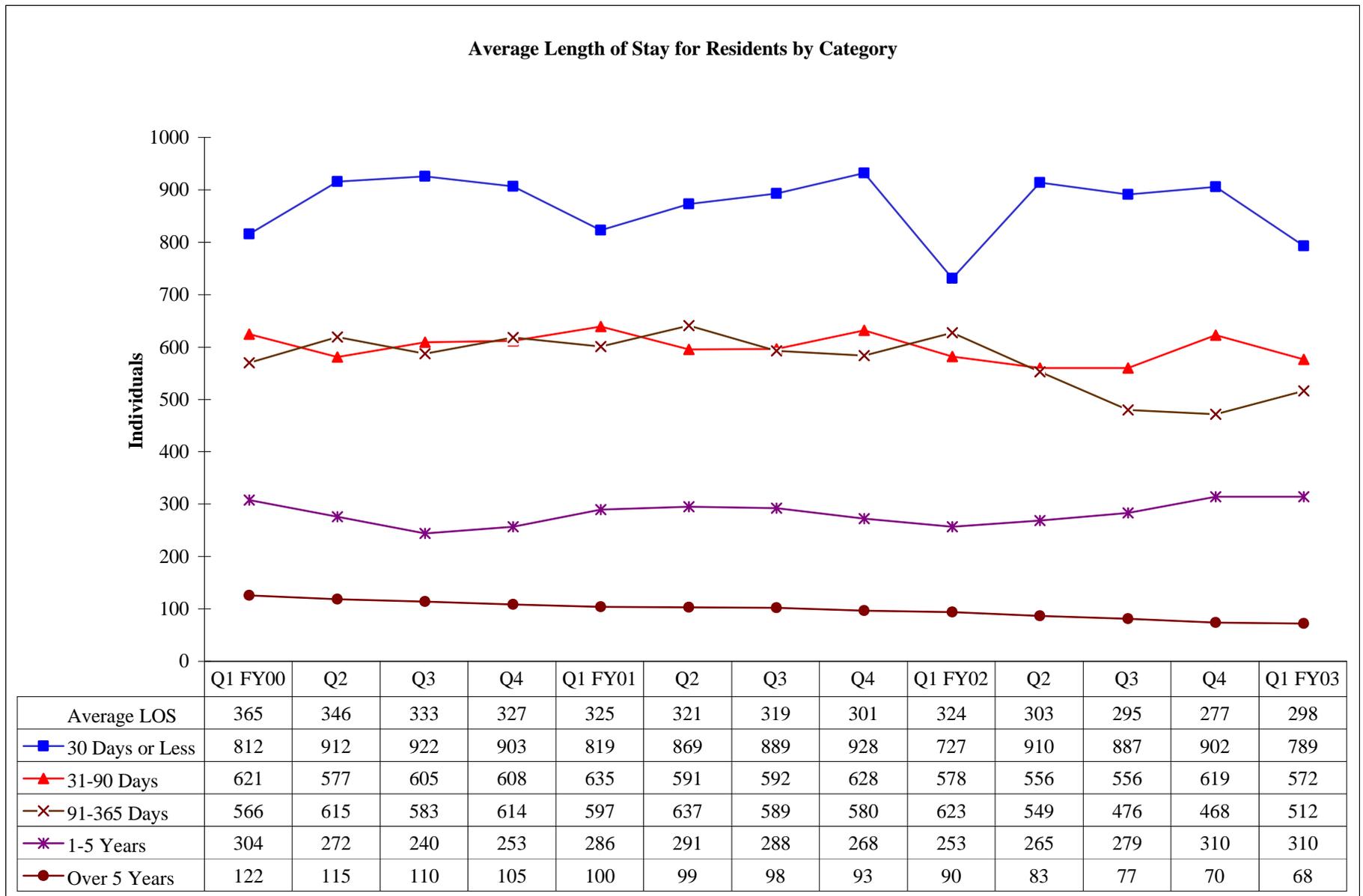
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



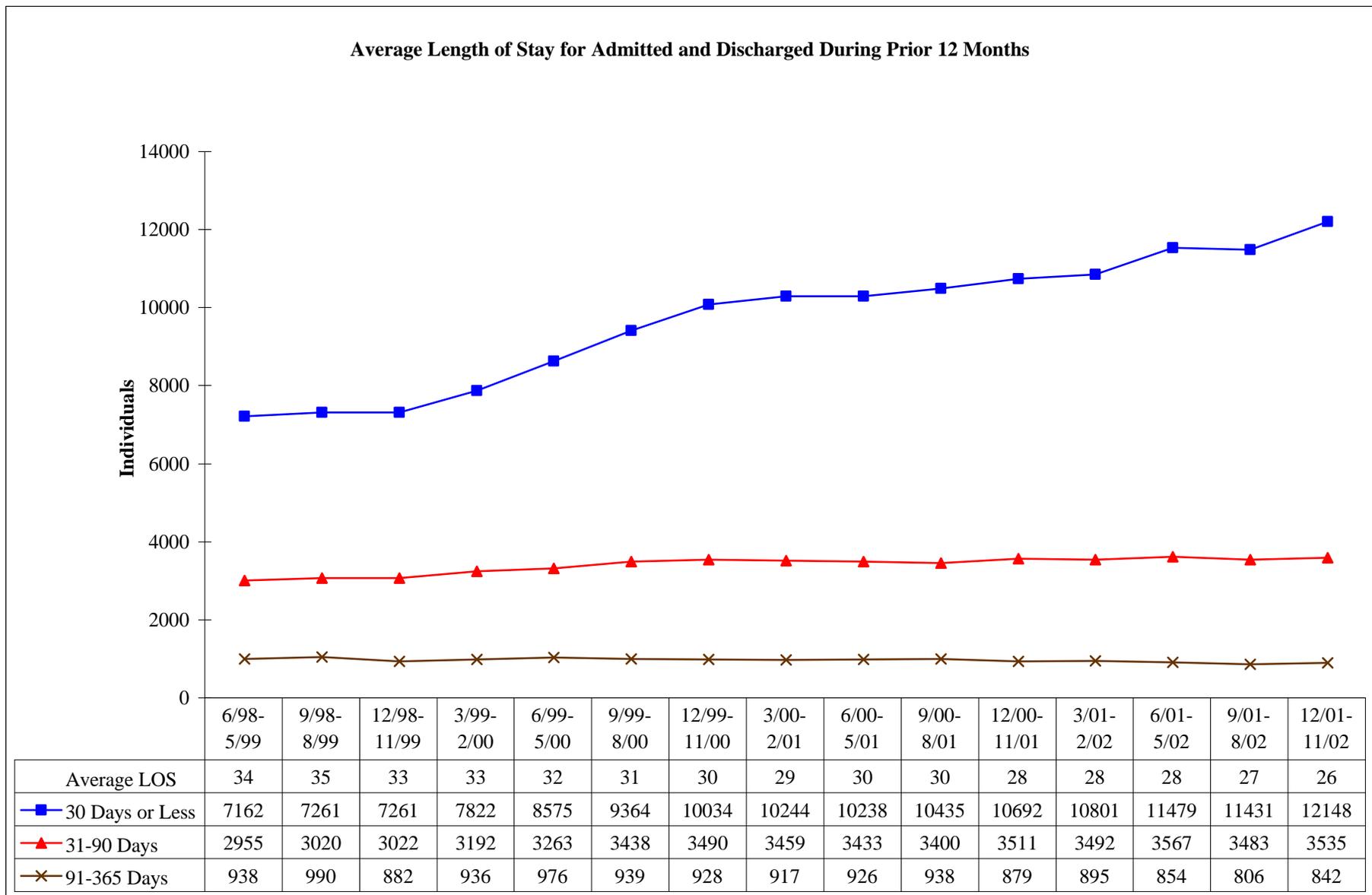
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



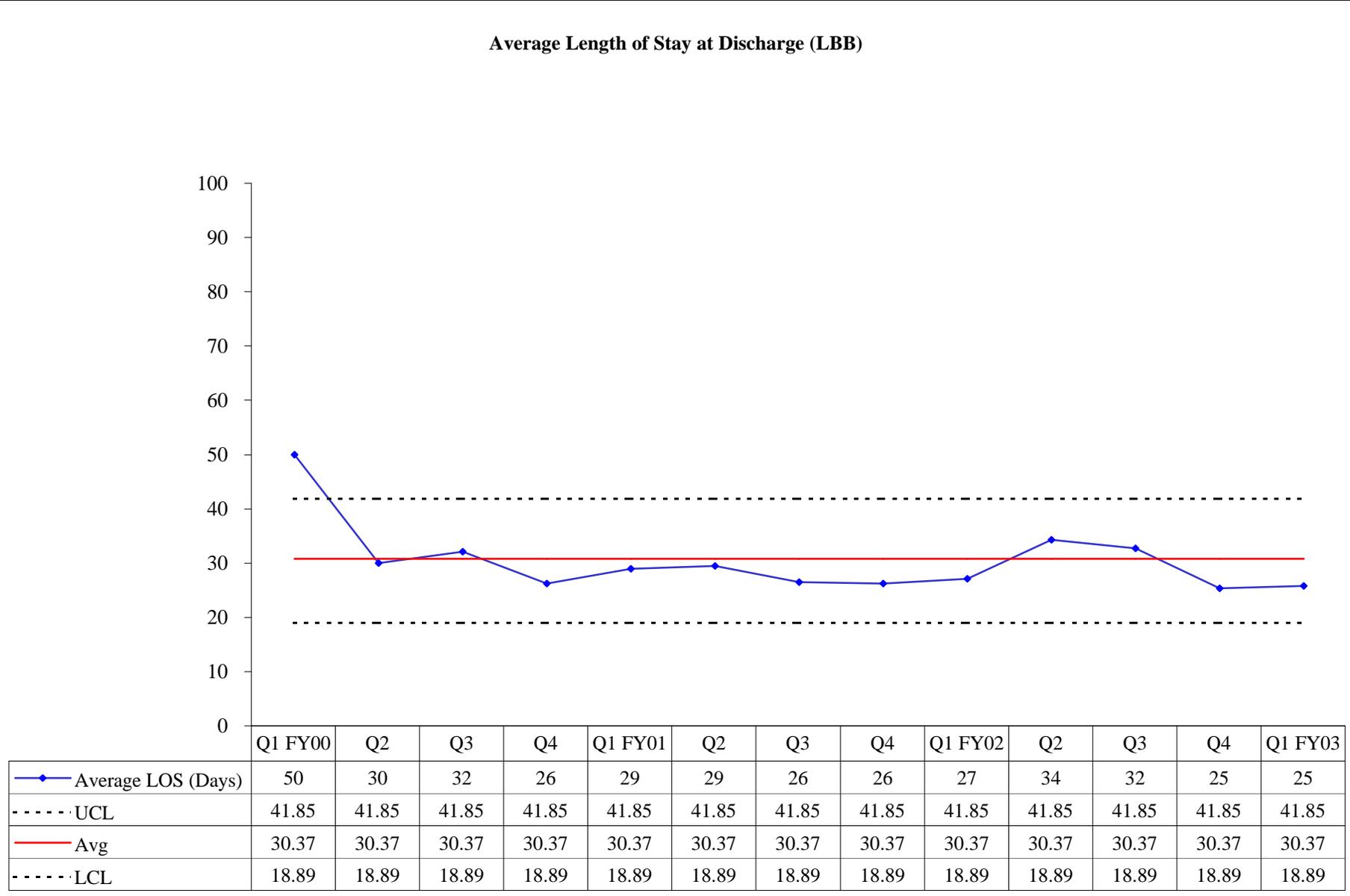
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



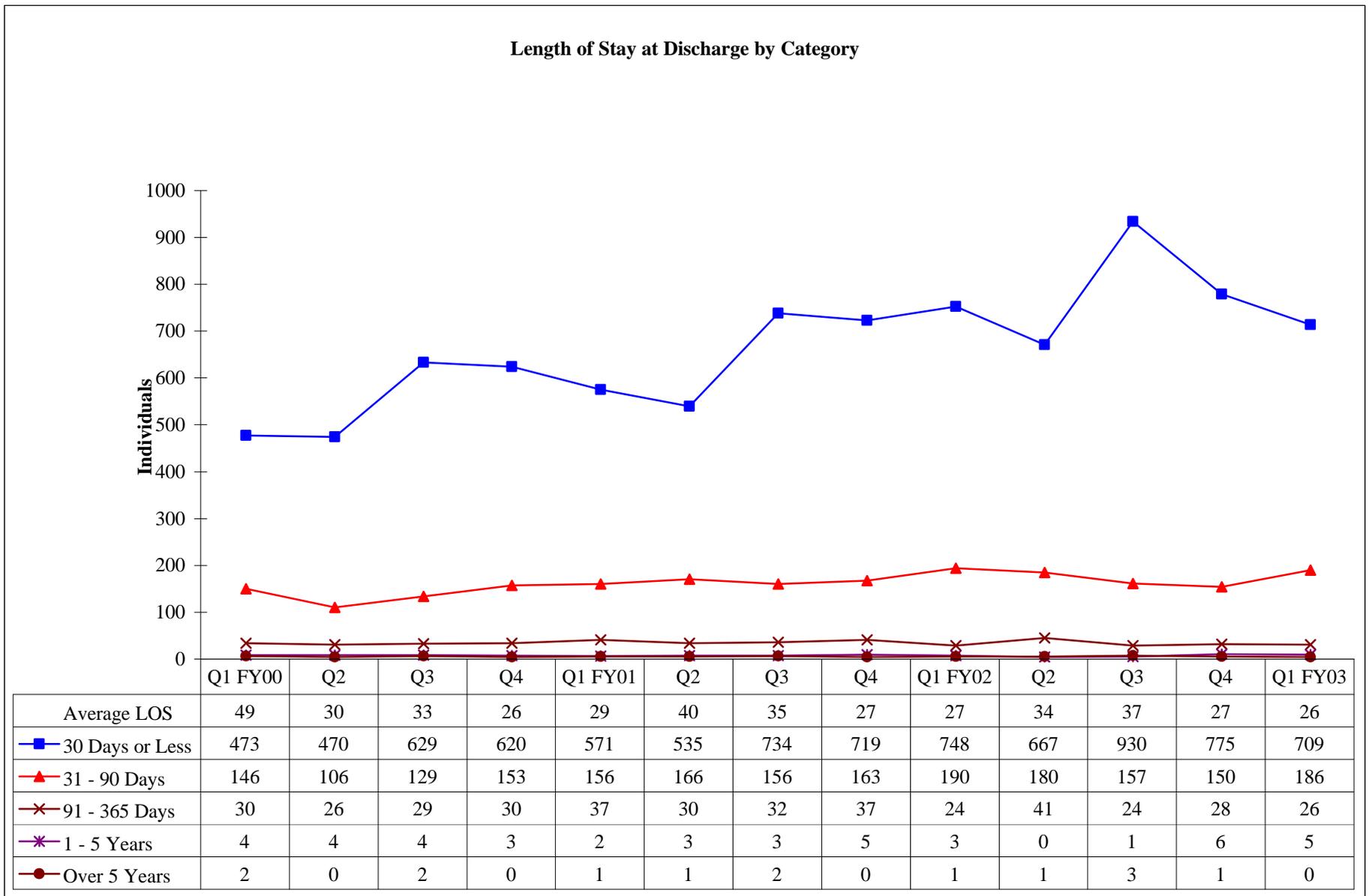
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



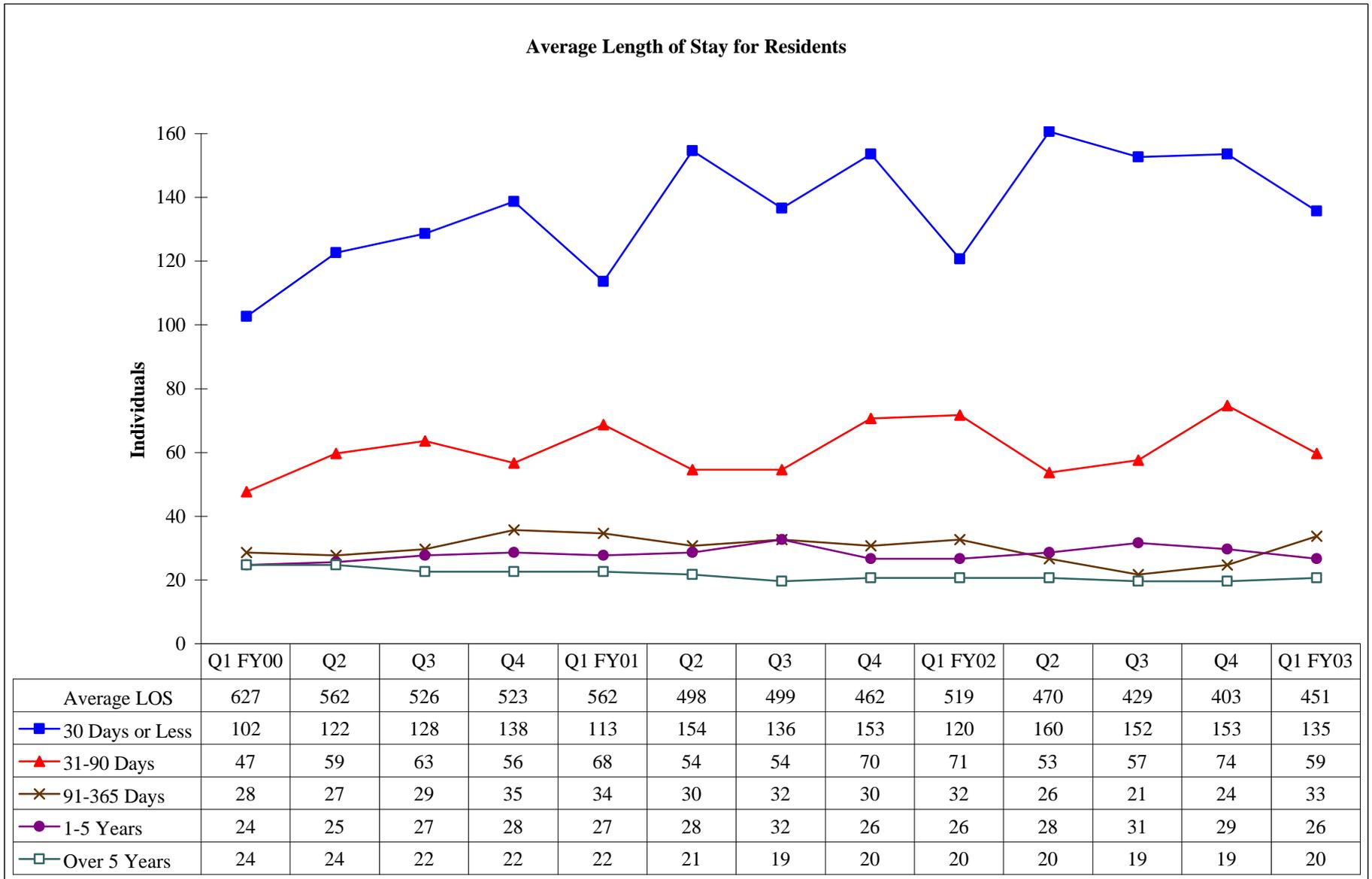
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



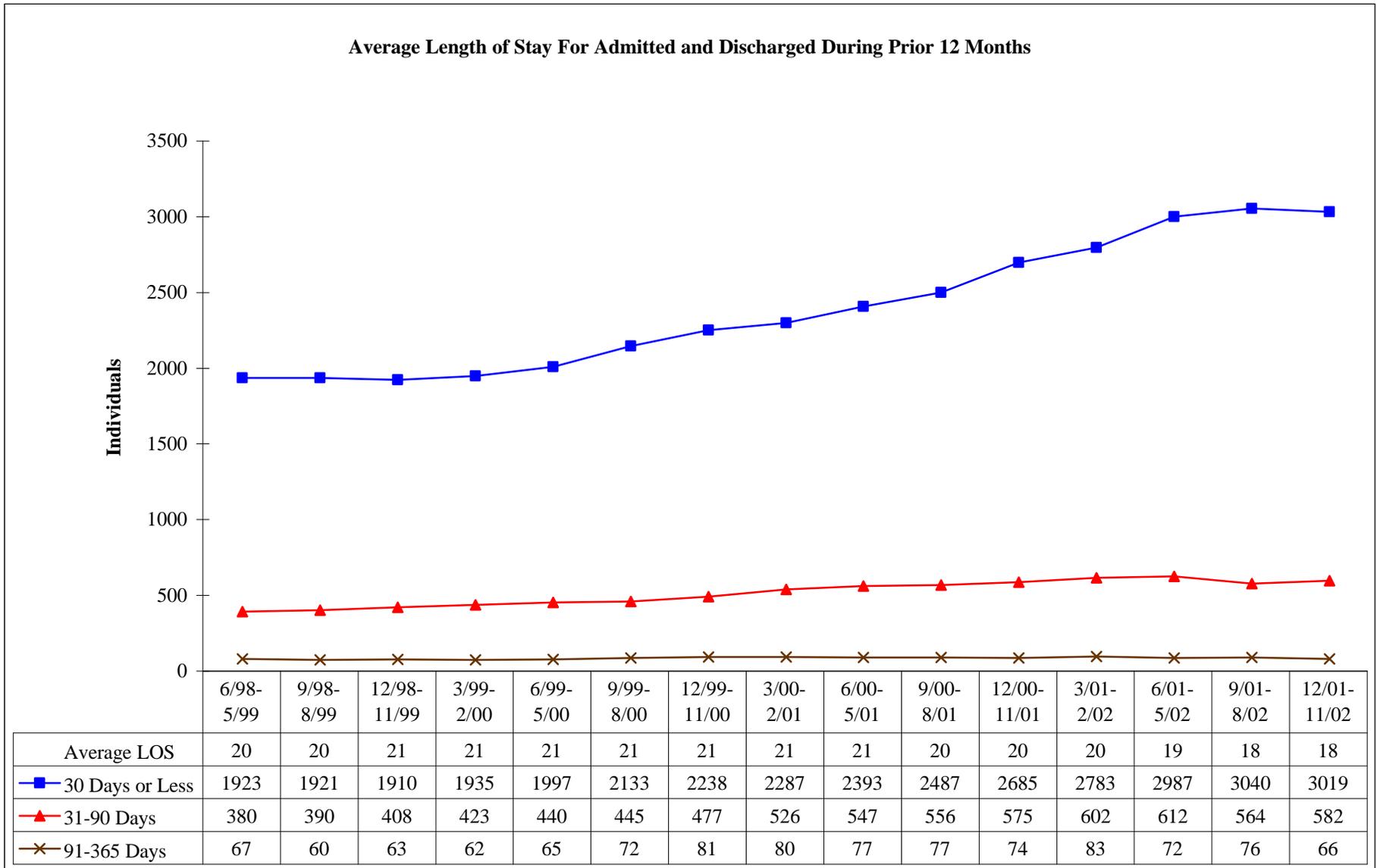
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



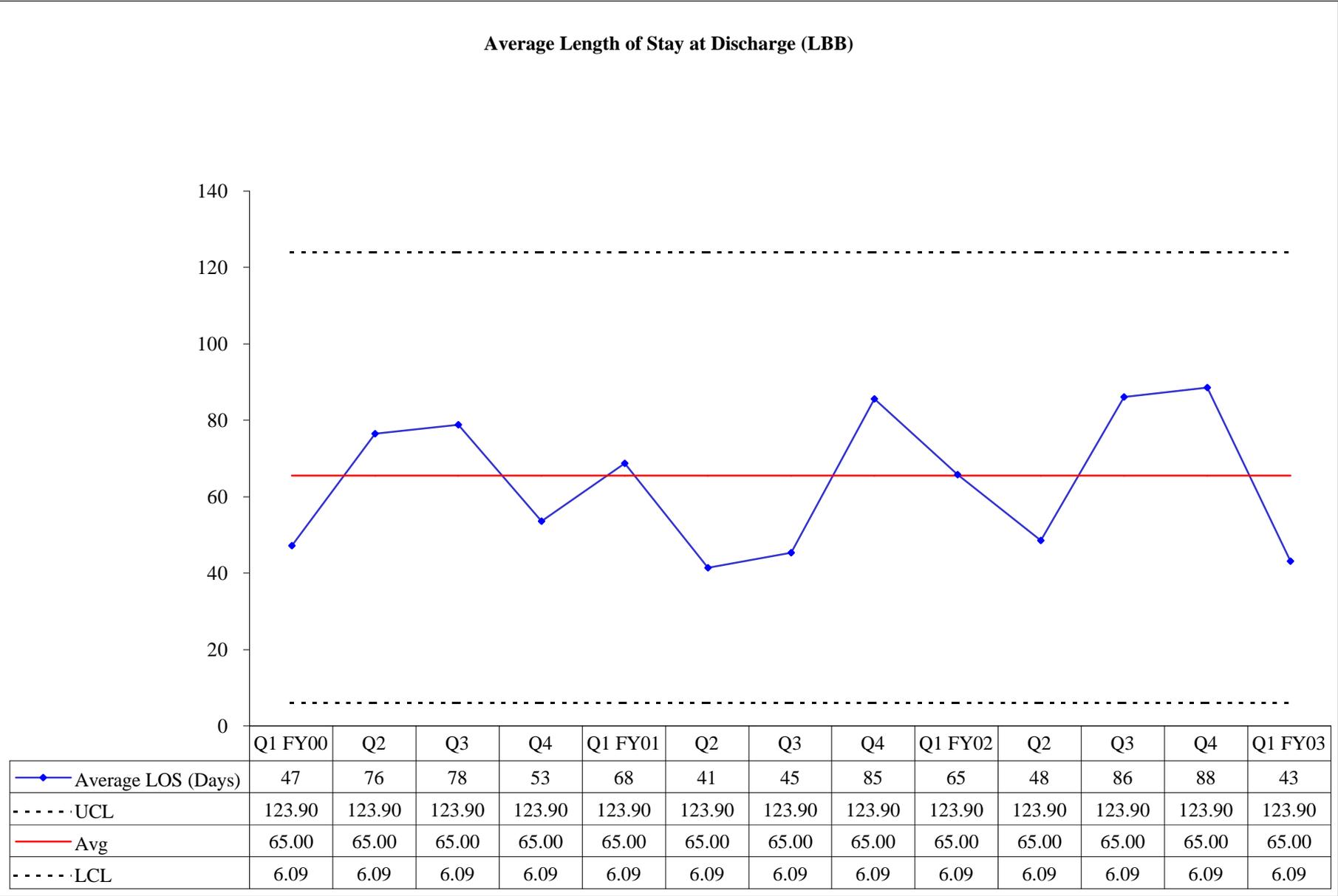
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



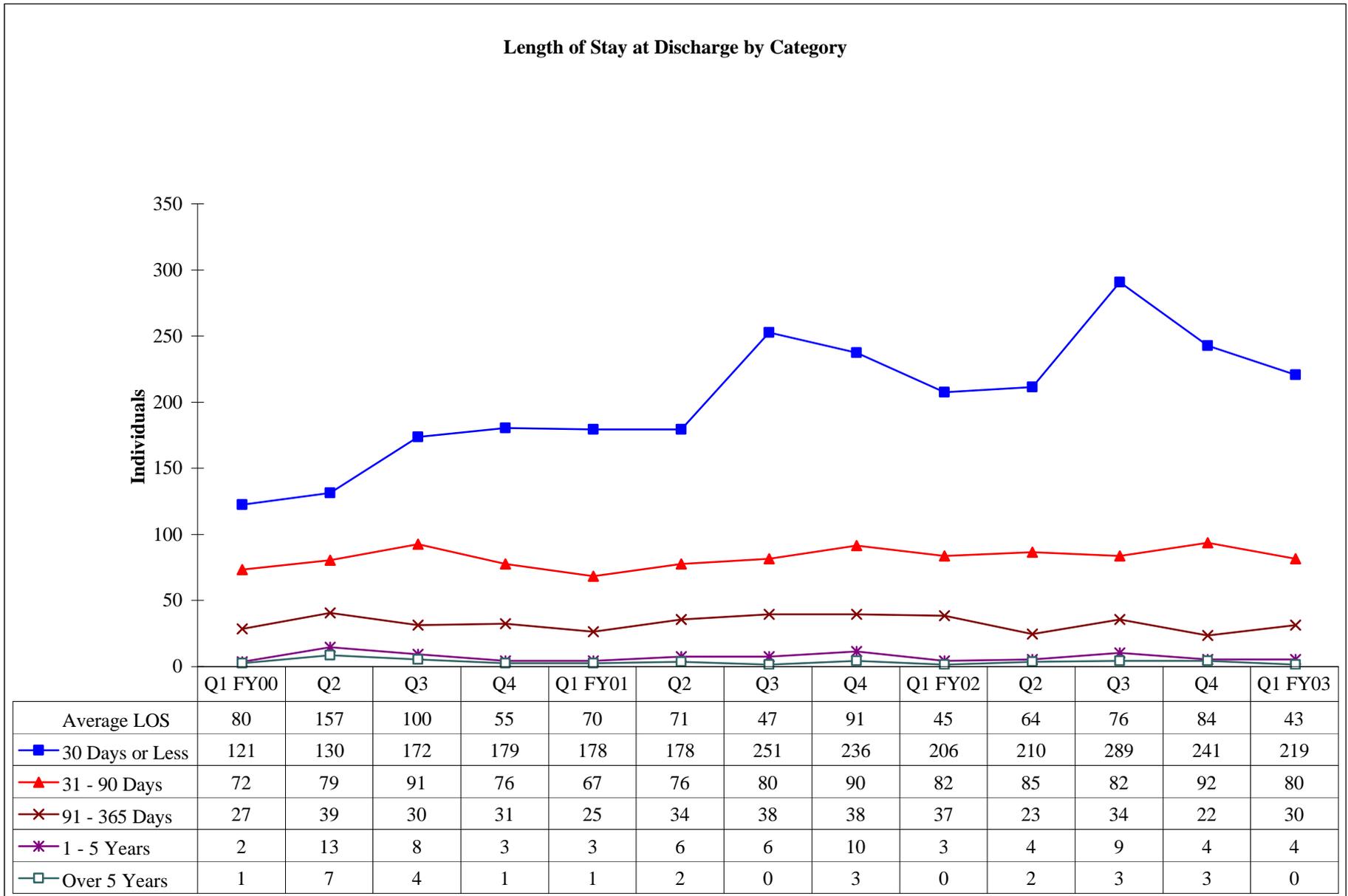
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



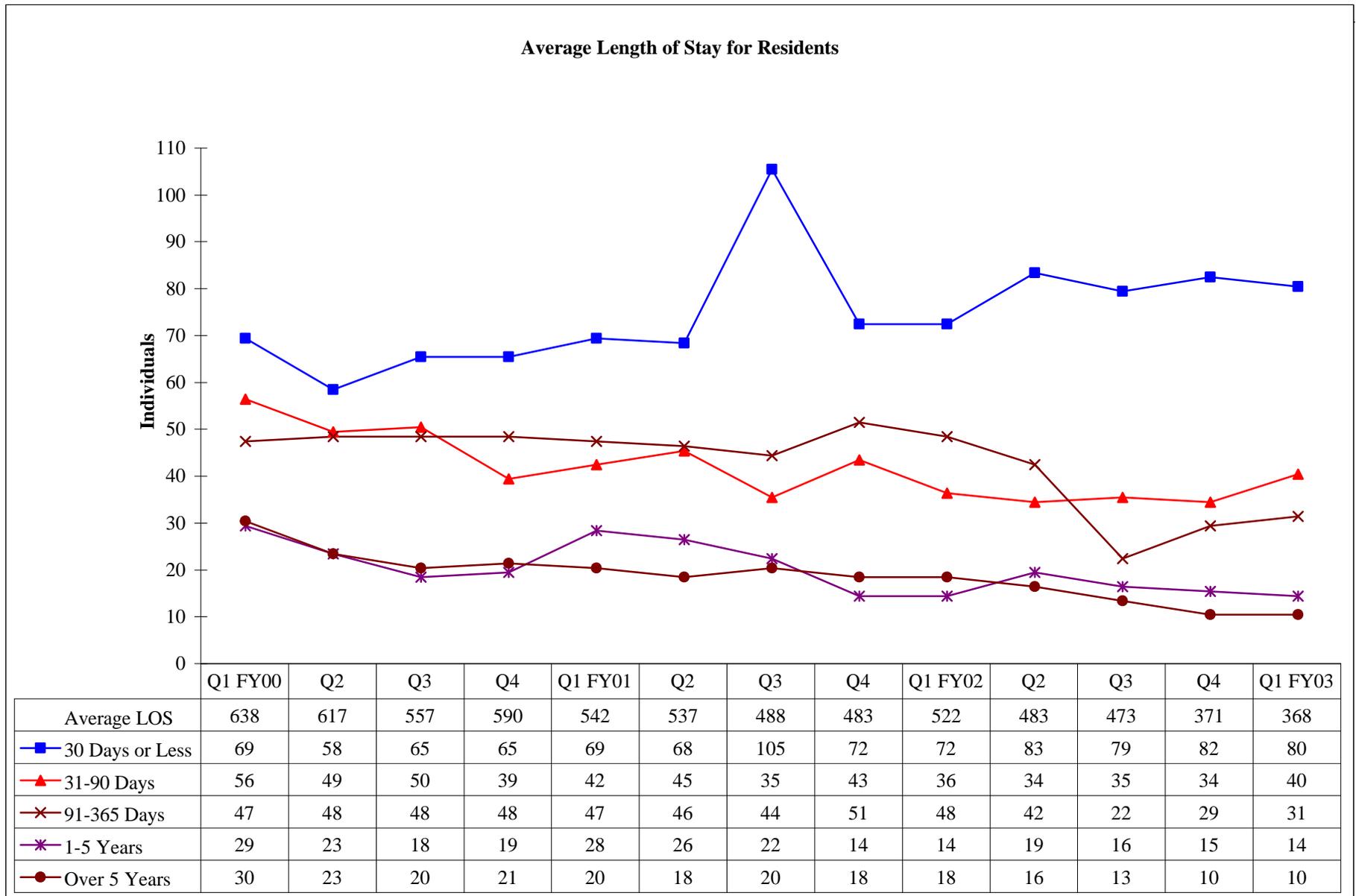
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



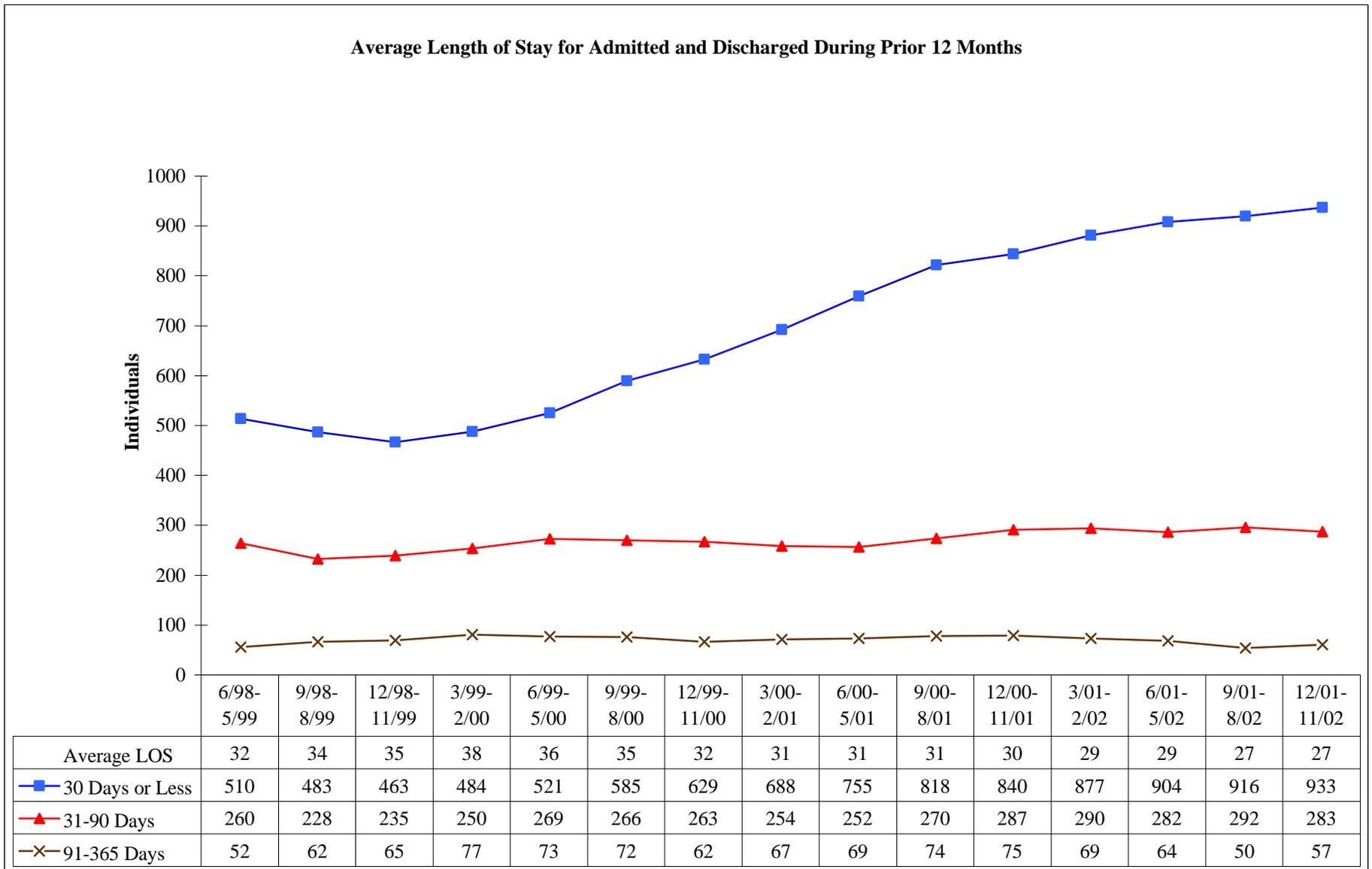
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

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



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

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

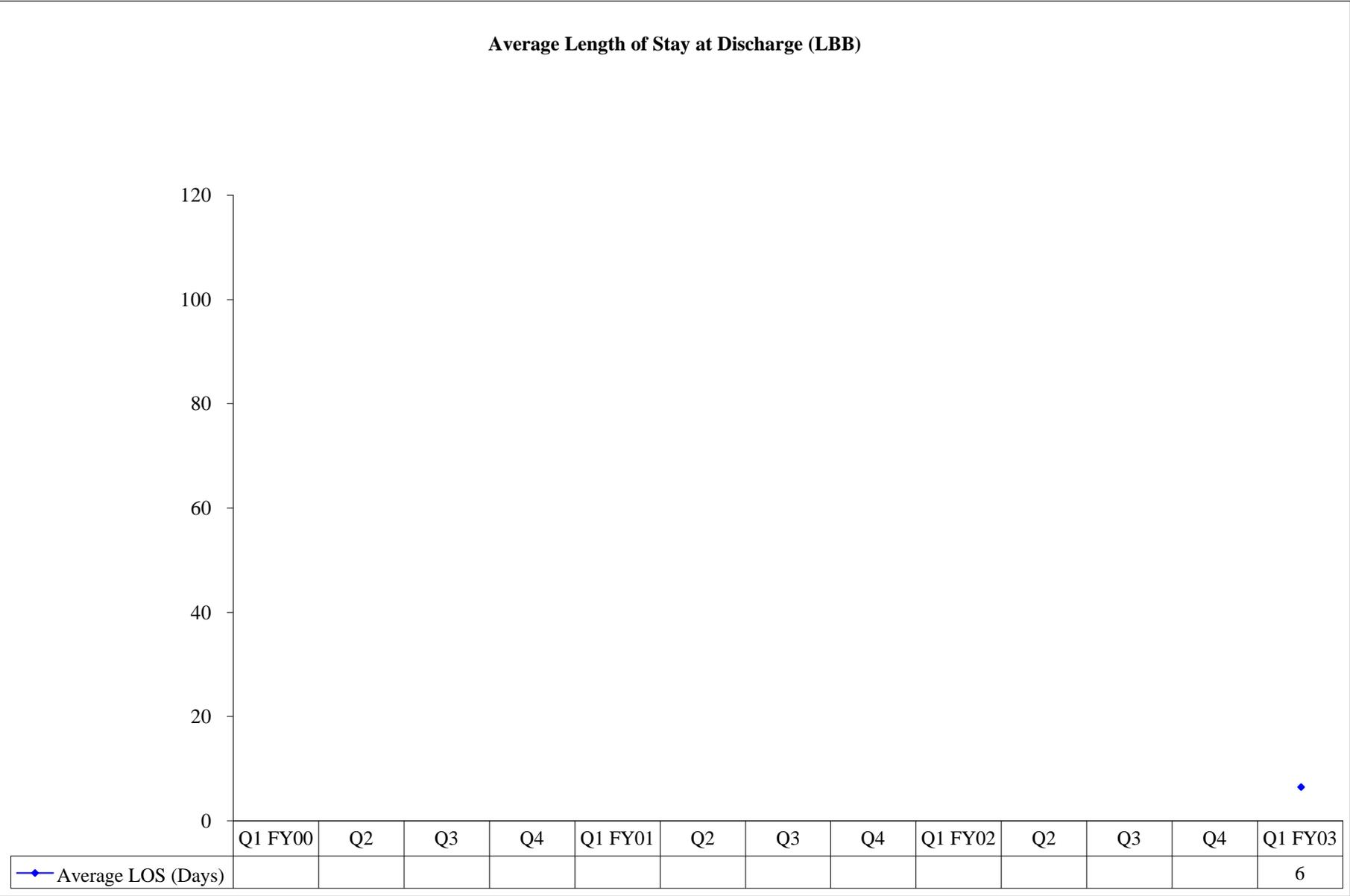
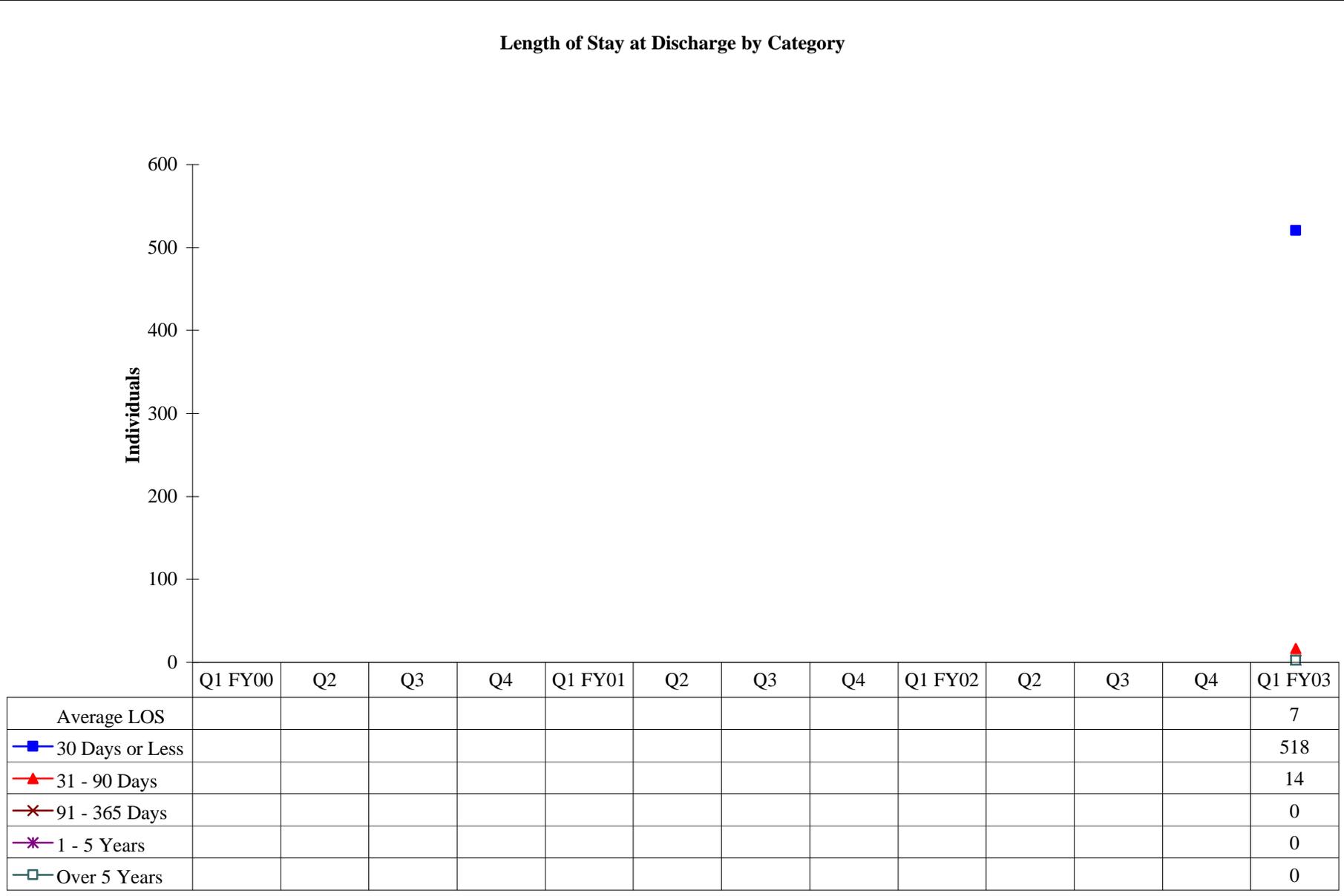


Chart: Management Data Services

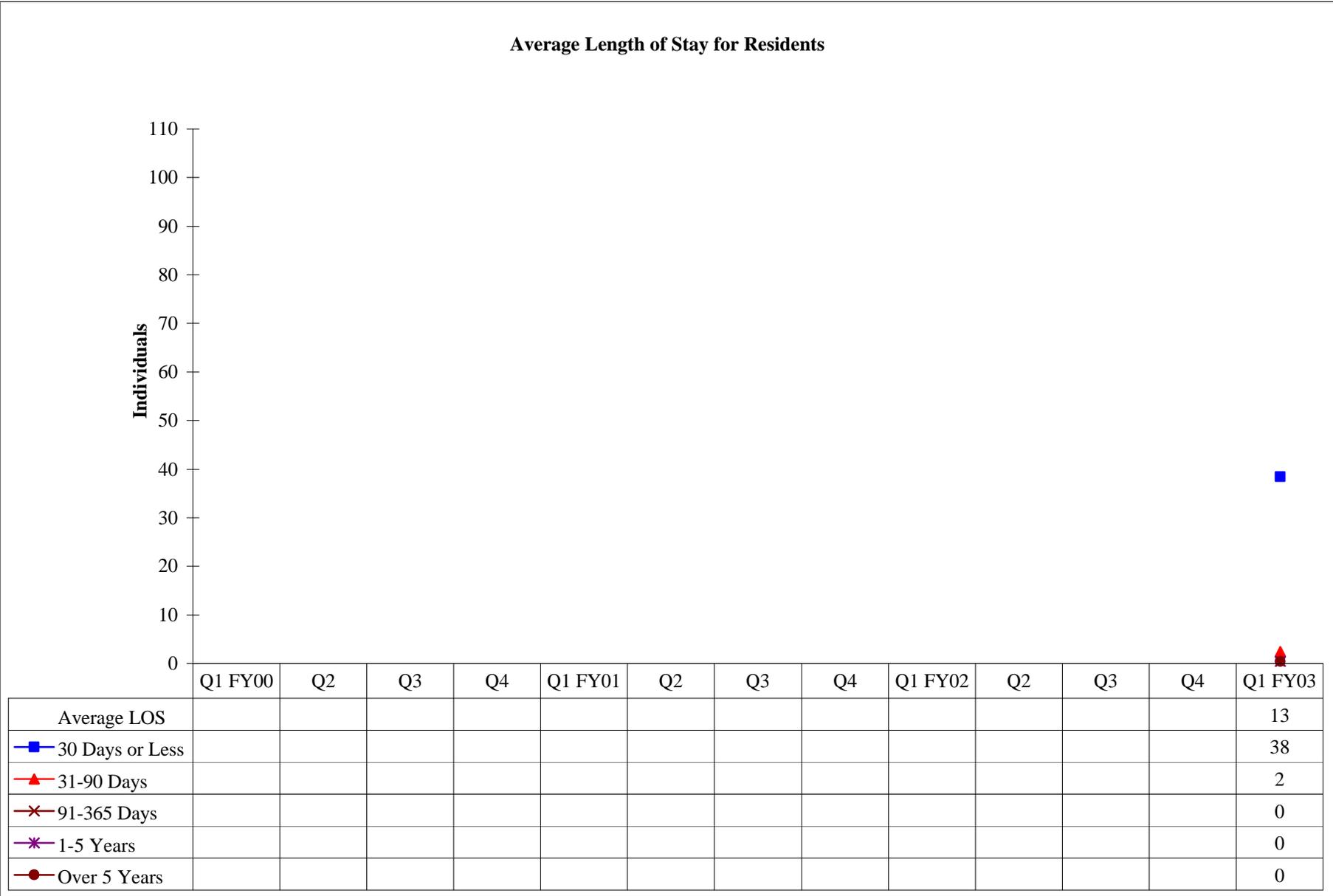
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

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



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

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

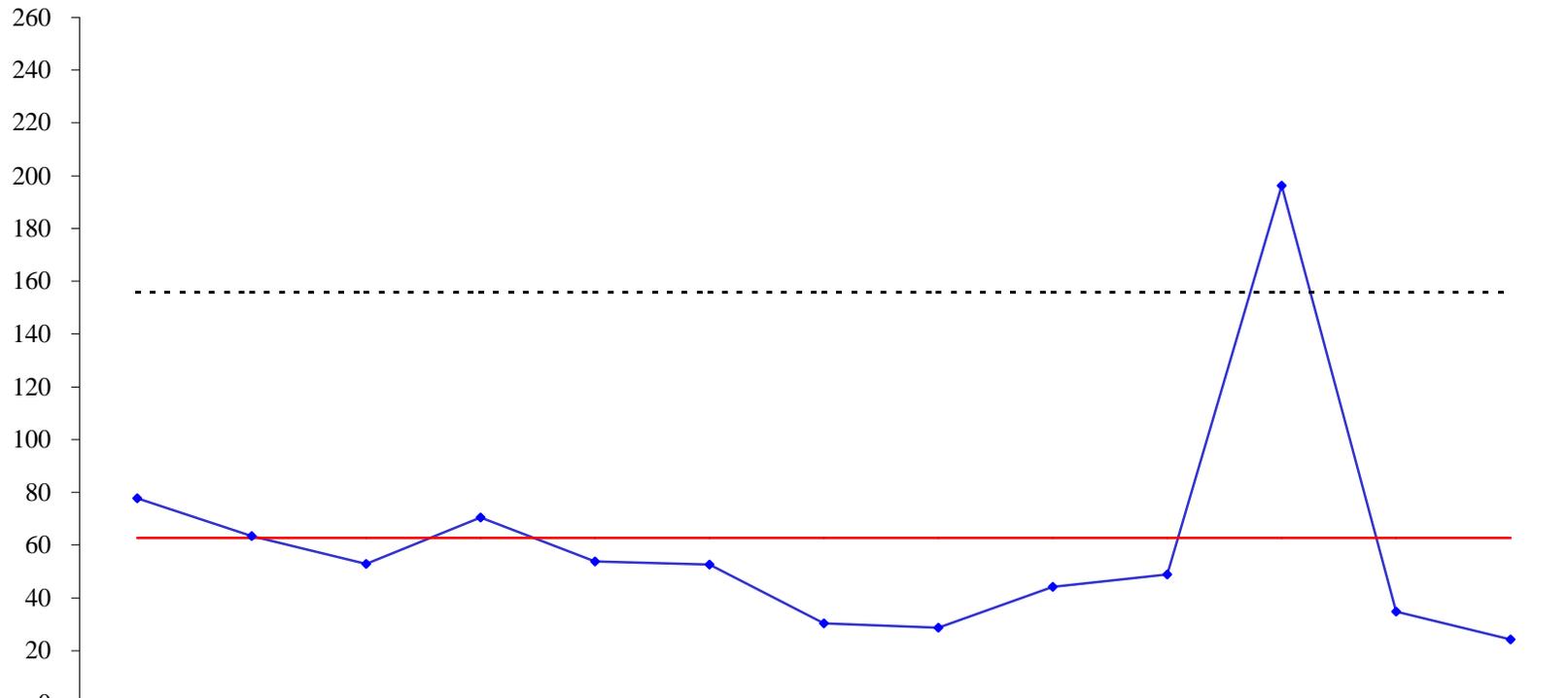
Average Length of Stay for Admitted and Discharged During Prior 12 Months

Individuals

	6/98-5/99	9/98-8/99	12/98-11/99	3/99-2/00	6/99-5/00	9/99-8/00	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02
Average LOS															7
■ 30 Days or Less															701
▲ 31-90 Days															14
✕ 91-365 Days															0

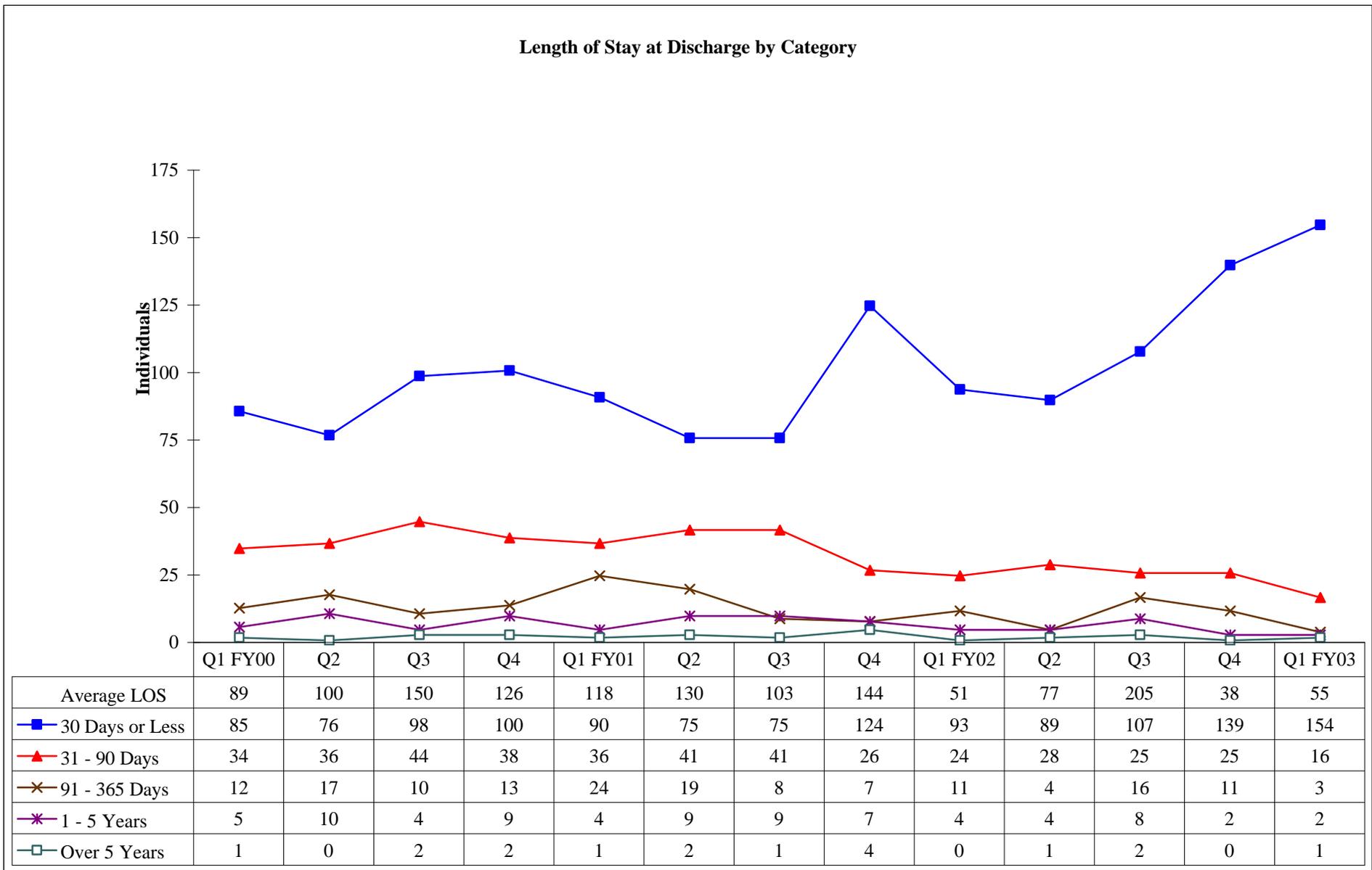
**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**

Average Length of Stay at Discharge (LBB)



	Q1 FY00	Q2	Q3	Q4	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03
—◆— Average LOS (Days)	77	62	52	69	53	52	29	28	43	48	195	34	23
----- UCL	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71	155.71
— Avg	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82	61.82
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

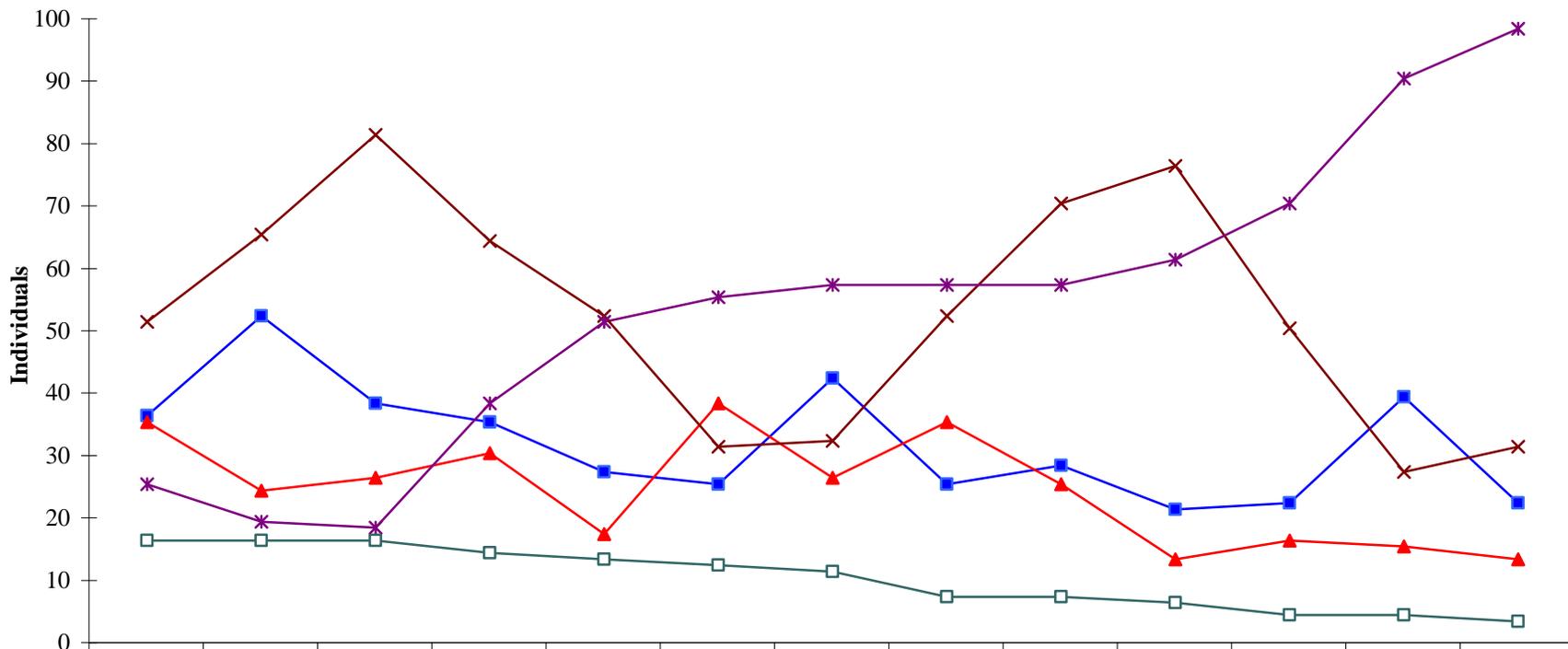
**Measure 4C - Average Length of Stay at Discharge
Kerrville State Hospital**



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

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

Average Length of Stay for Residents

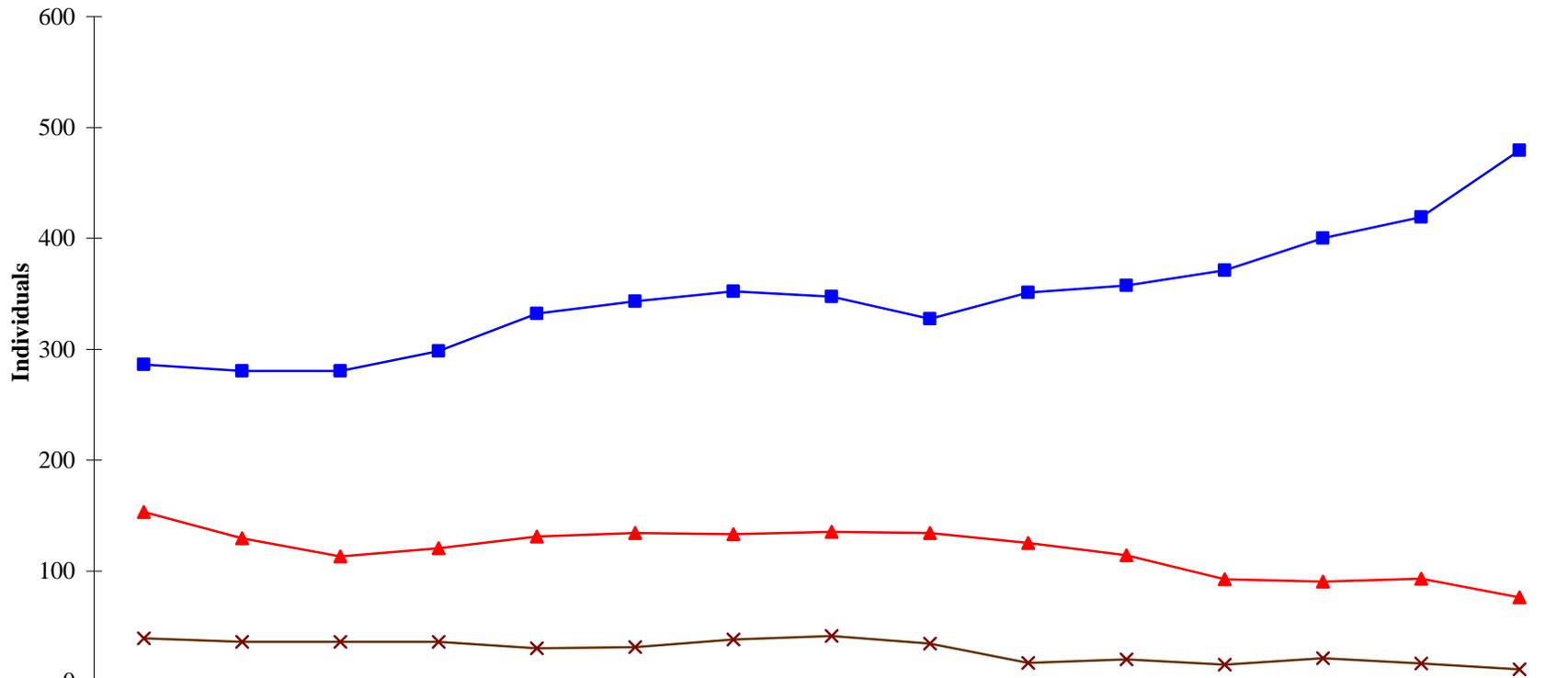


	Q1 FY00	Q2	Q3	Q4	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03
Average LOS	814	754	696	661	727	696	664	583	593	657	603	604	660
■ 30 Days or Less	36	52	38	35	27	25	42	25	28	21	22	39	22
▲ 31-90 Days	35	24	26	30	17	38	26	35	25	13	16	15	13
× 91-365 Days	51	65	81	64	52	31	32	52	70	76	50	27	31
* 1-5 Years	25	19	18	38	51	55	57	57	57	61	70	90	98
□ Over 5 Years	16	16	16	14	13	12	11	7	7	6	4	4	3

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

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

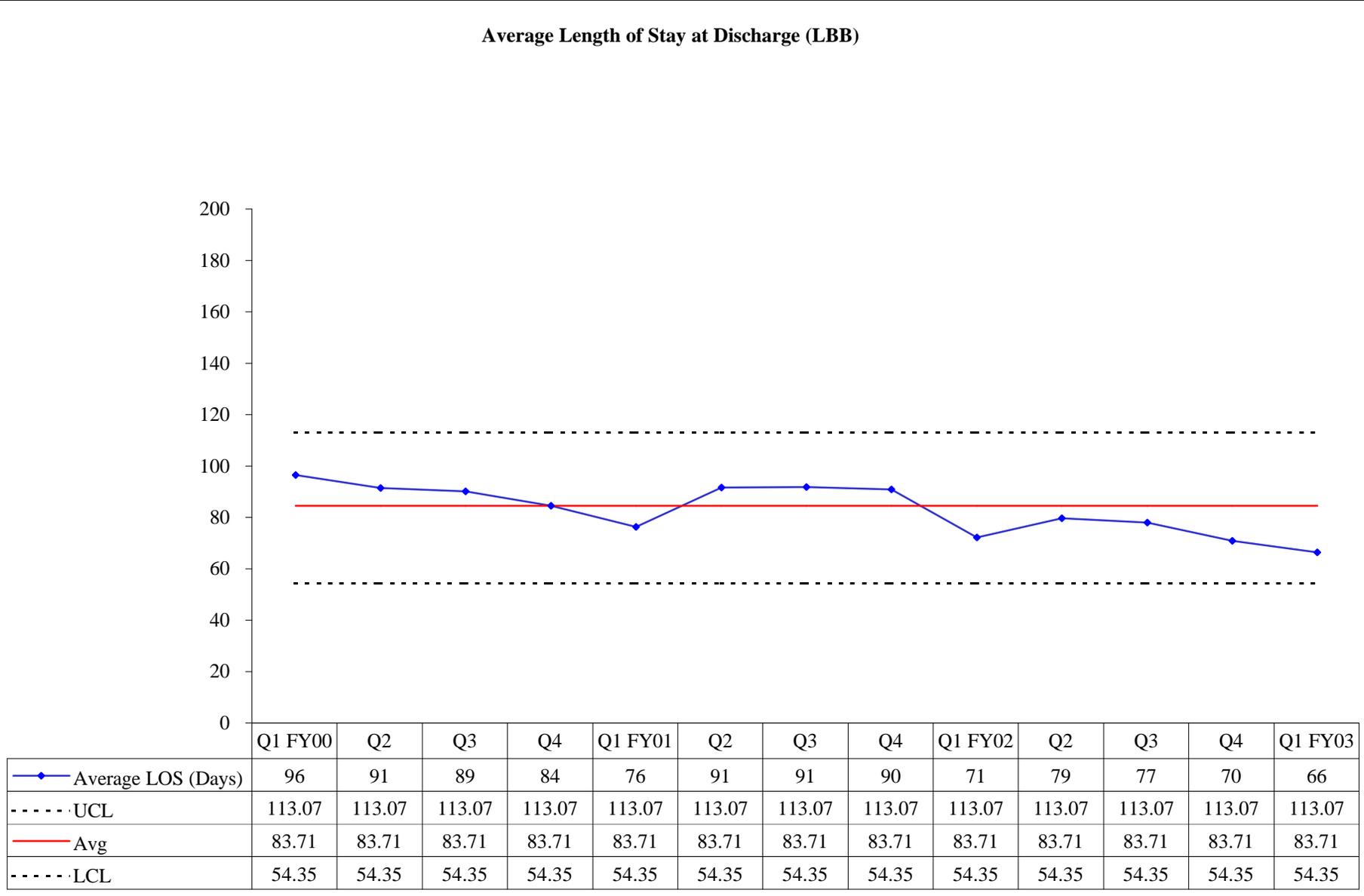
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	6/98-5/99	9/98-8/99	12/98-11/99	3/99-2/00	6/99-5/00	9/99-8/00	12/99-11/00	3/00-2/01	6/00-5/01	9/00-8/01	12/00-11/01	3/01-2/02	6/01-5/02	9/01-8/02	12/01-11/02
Average LOS	36	34	33	33	30	29	32	33	33	27	28	23	25	22	18
30 Days or Less	284	278	278	296	330	341	350	345	325	349	355	369	398	417	477
31-90 Days	151	127	111	118	129	132	131	133	132	123	112	90	88	91	74
91-365 Days	37	34	34	34	28	29	36	39	32	15	18	13	19	14	9

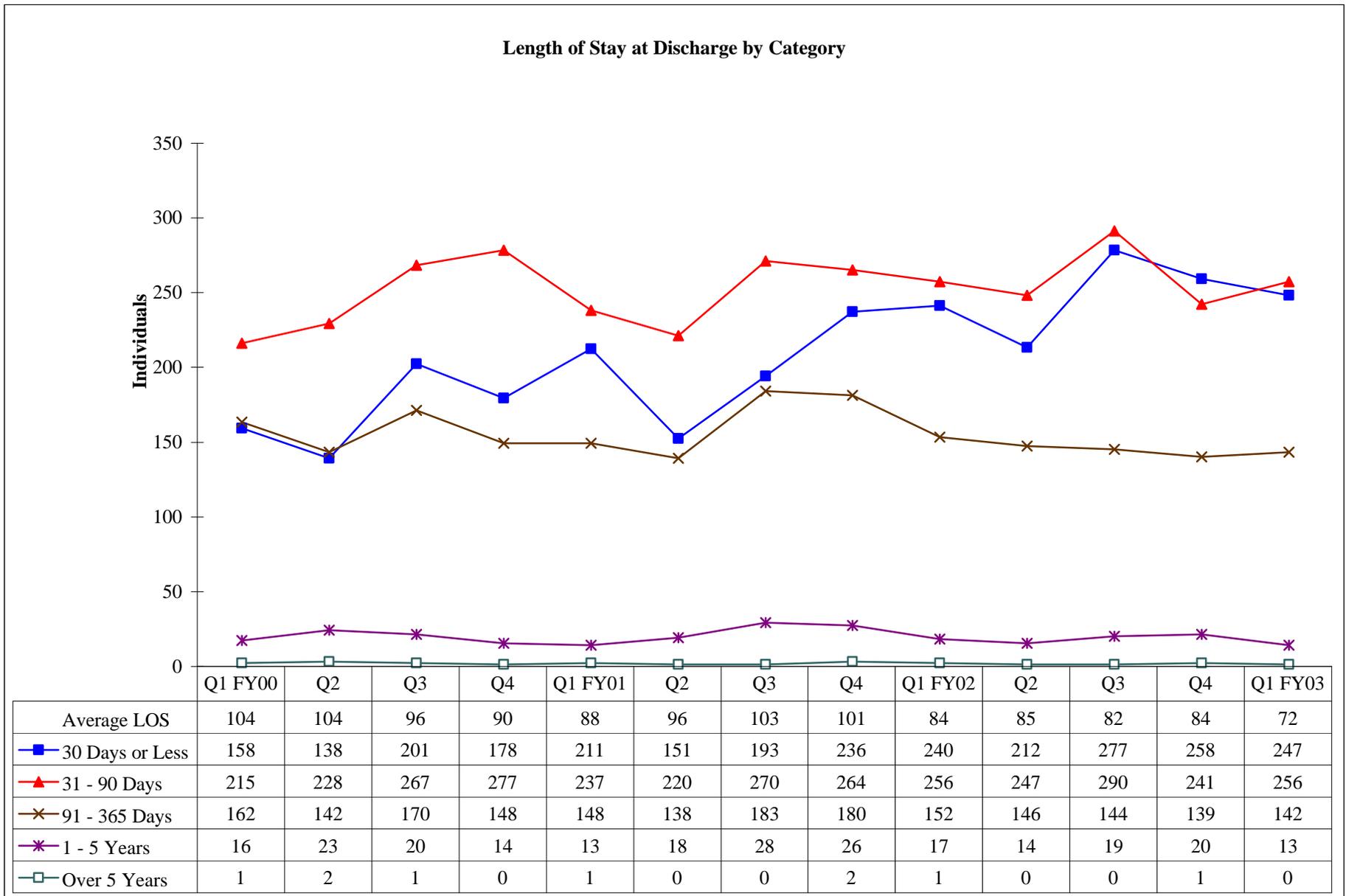
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



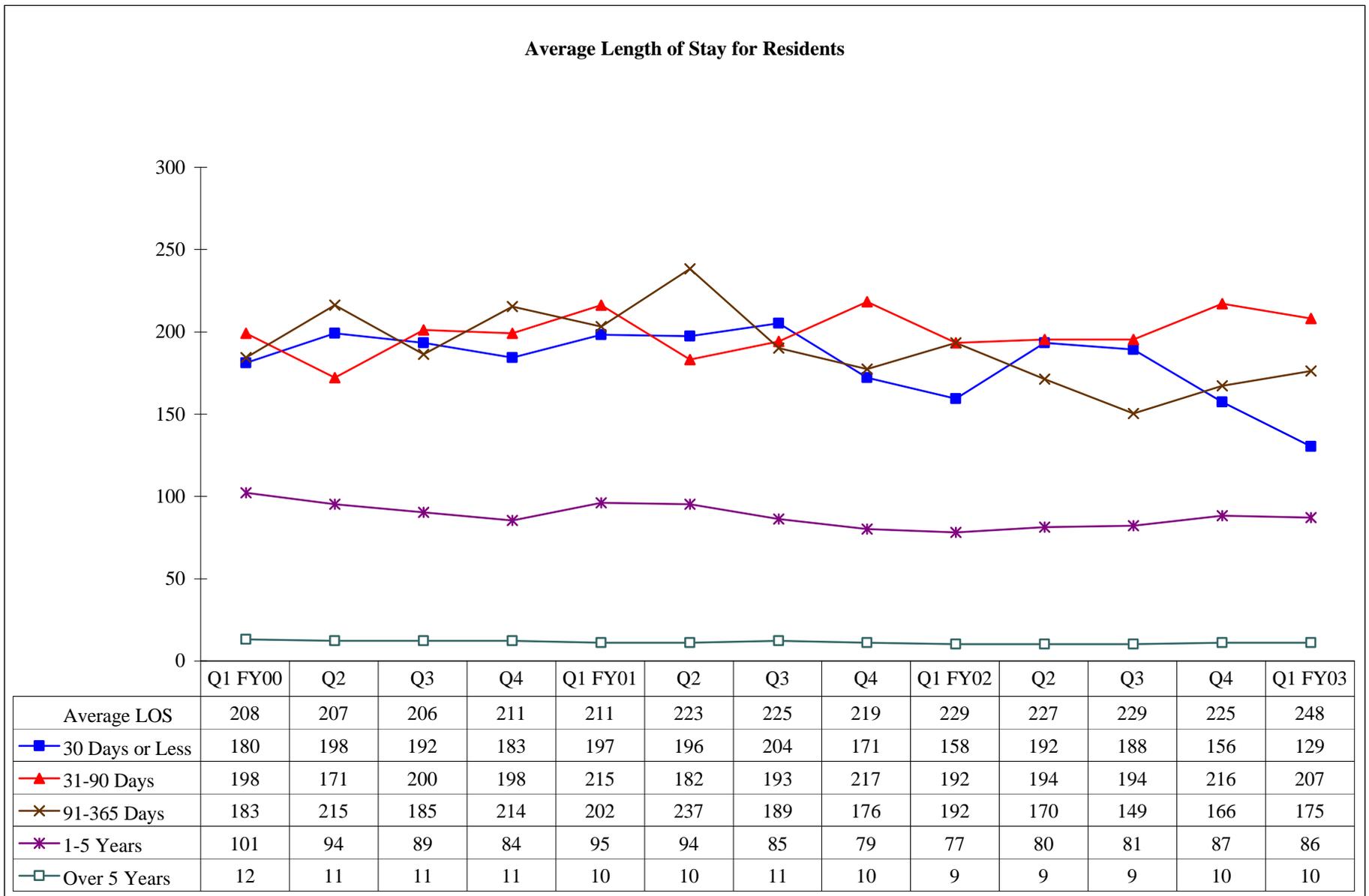
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



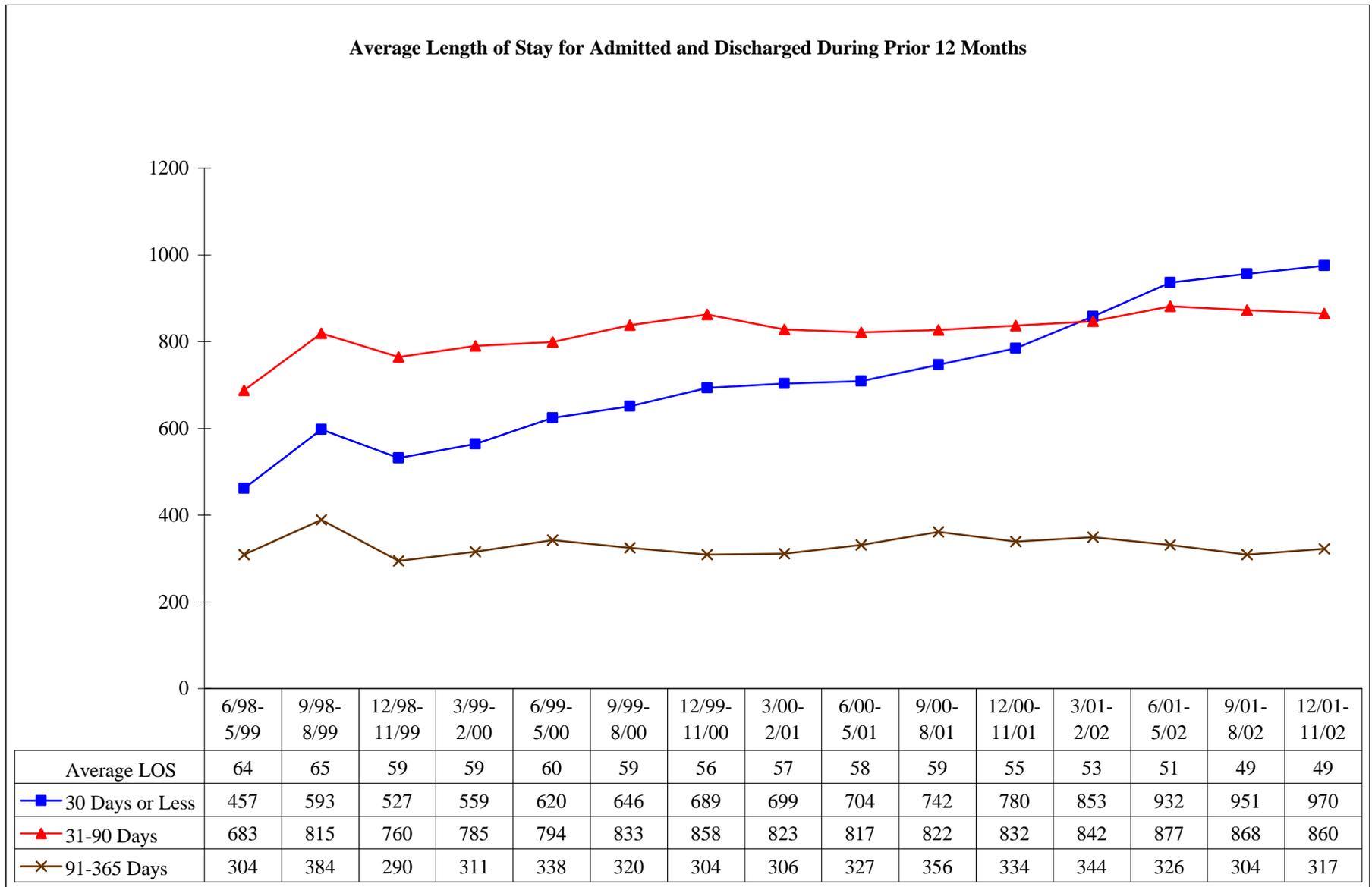
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

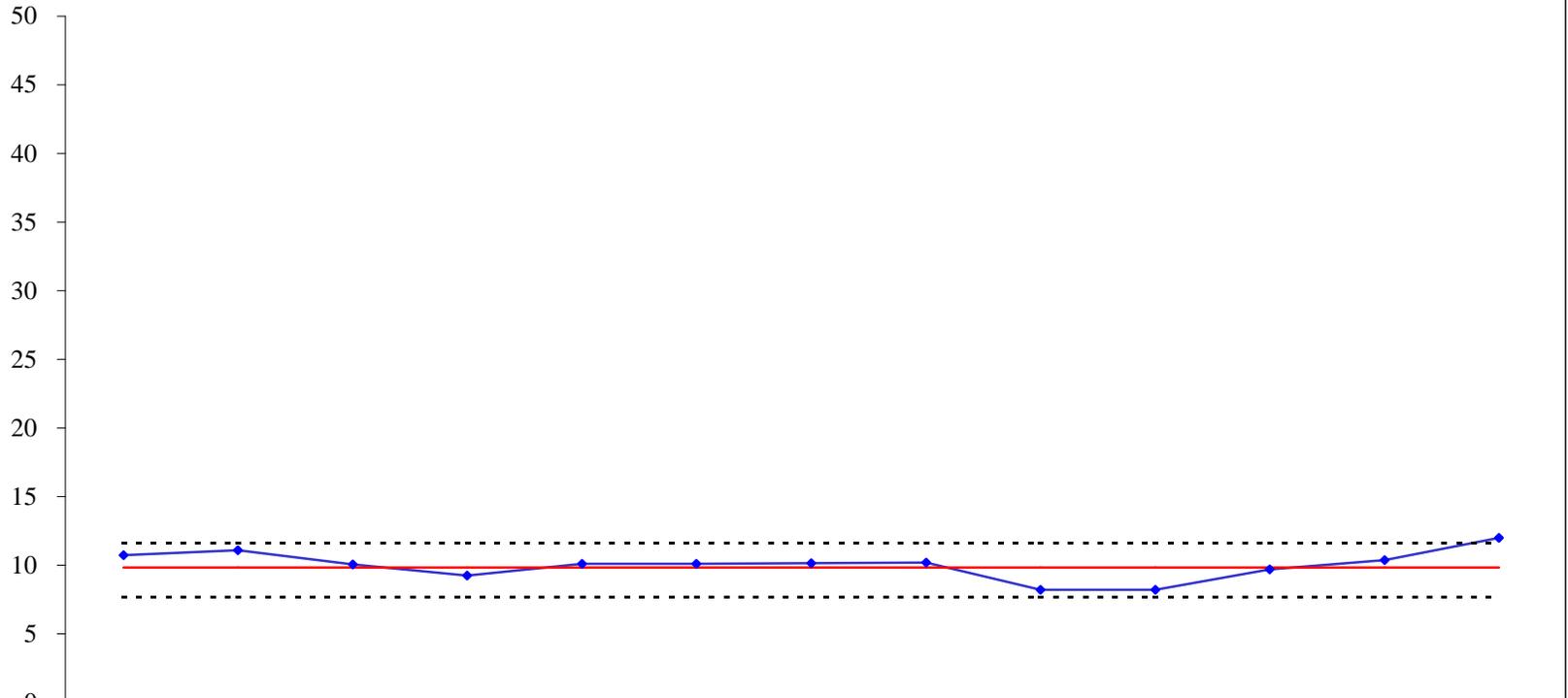
**Measure 4C - Average Length of Stay at Discharge
North Texas State Hospital**



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

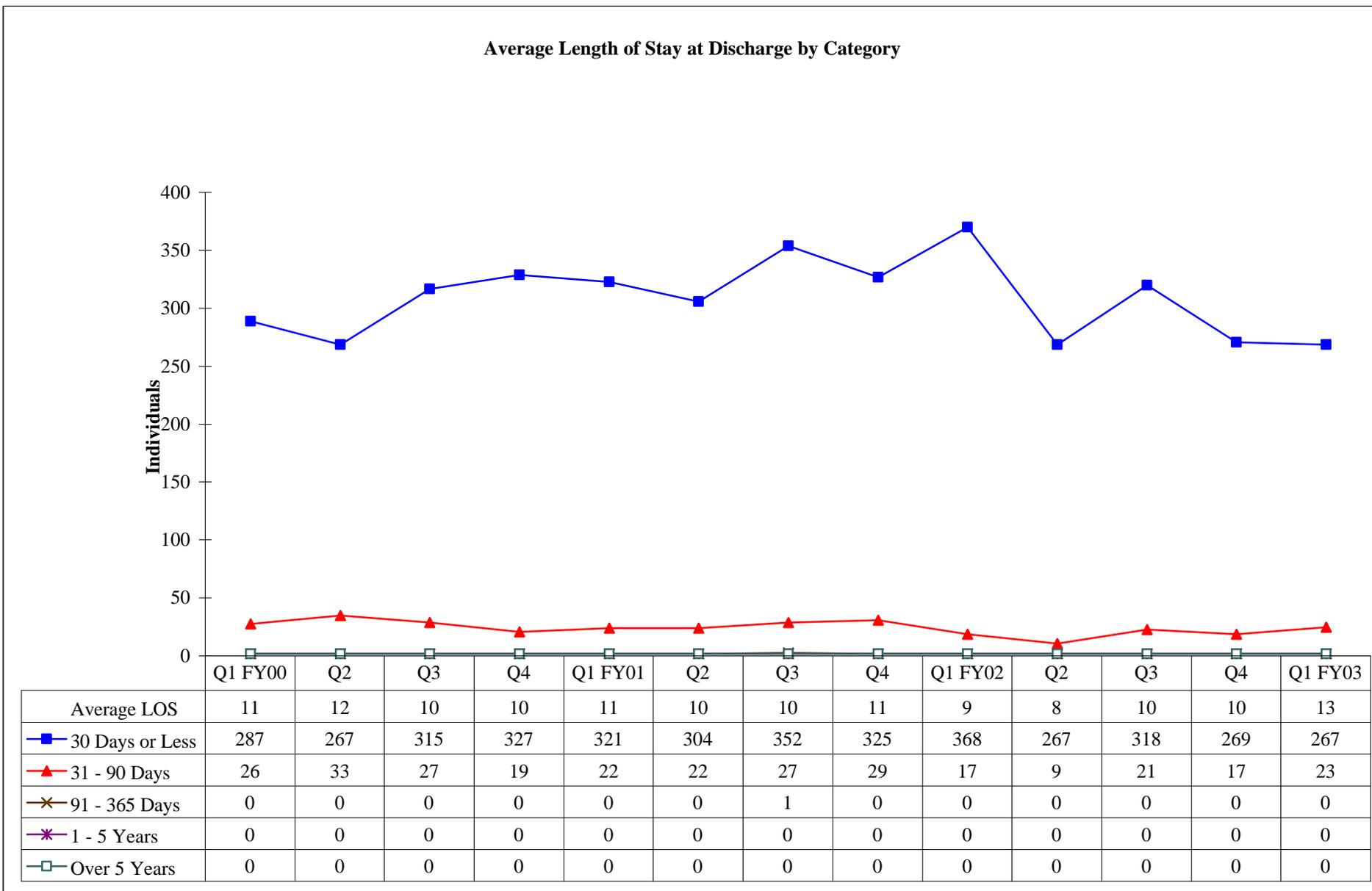
**Measure 4C - Average Length of Stay at Discharge
Rio Grande State Center**

Average Length of Stay at Discharge (LBB)



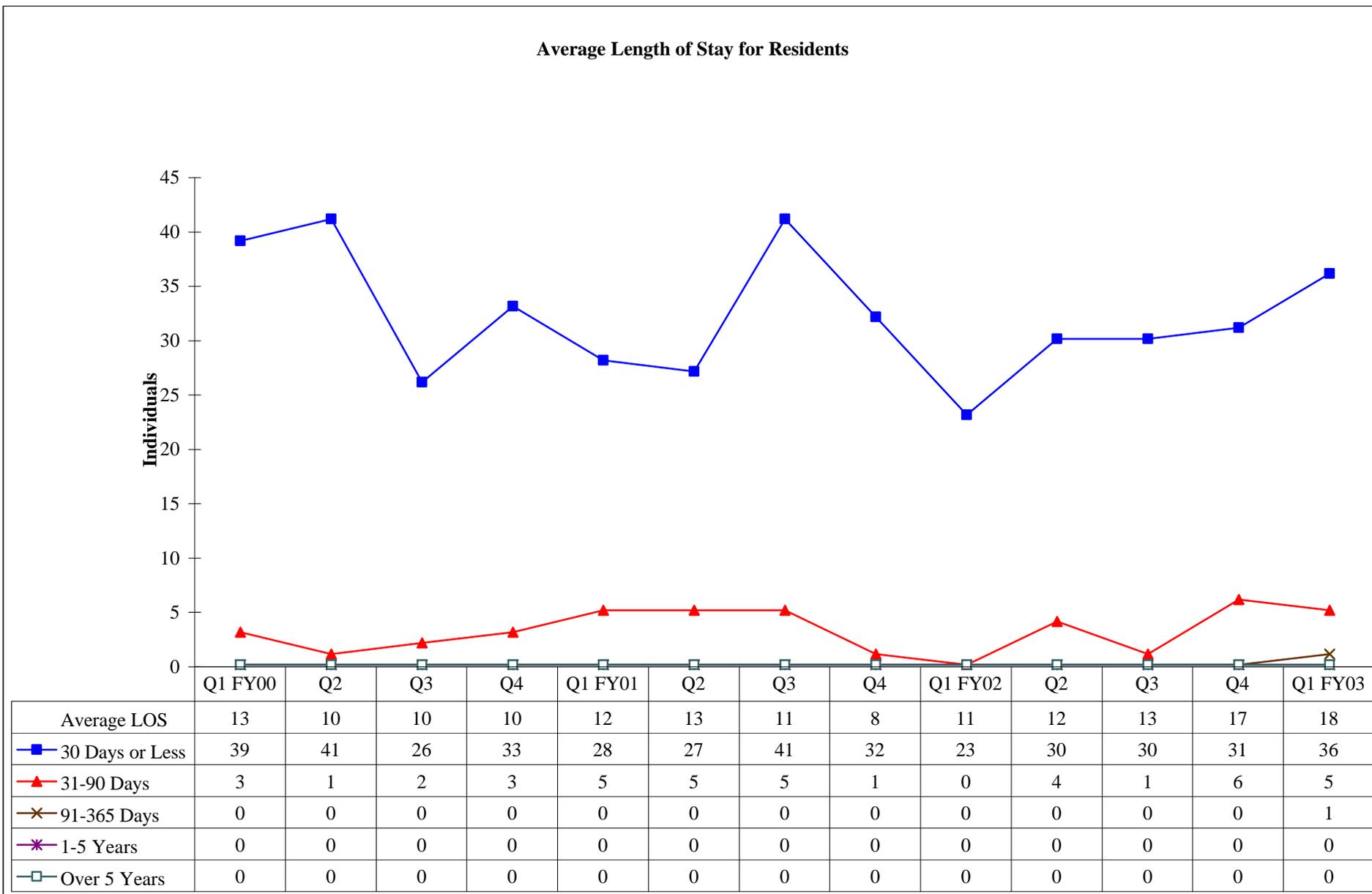
	Q1 FY00	Q2	Q3	Q4	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03
—●— Average LOS (Days)	11	11	10	9	10	10	10	10	8	8	10	10	12
- - - - - UCL	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63	11.63
— Avg	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66	9.66
- - - - - LCL	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68	7.68

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



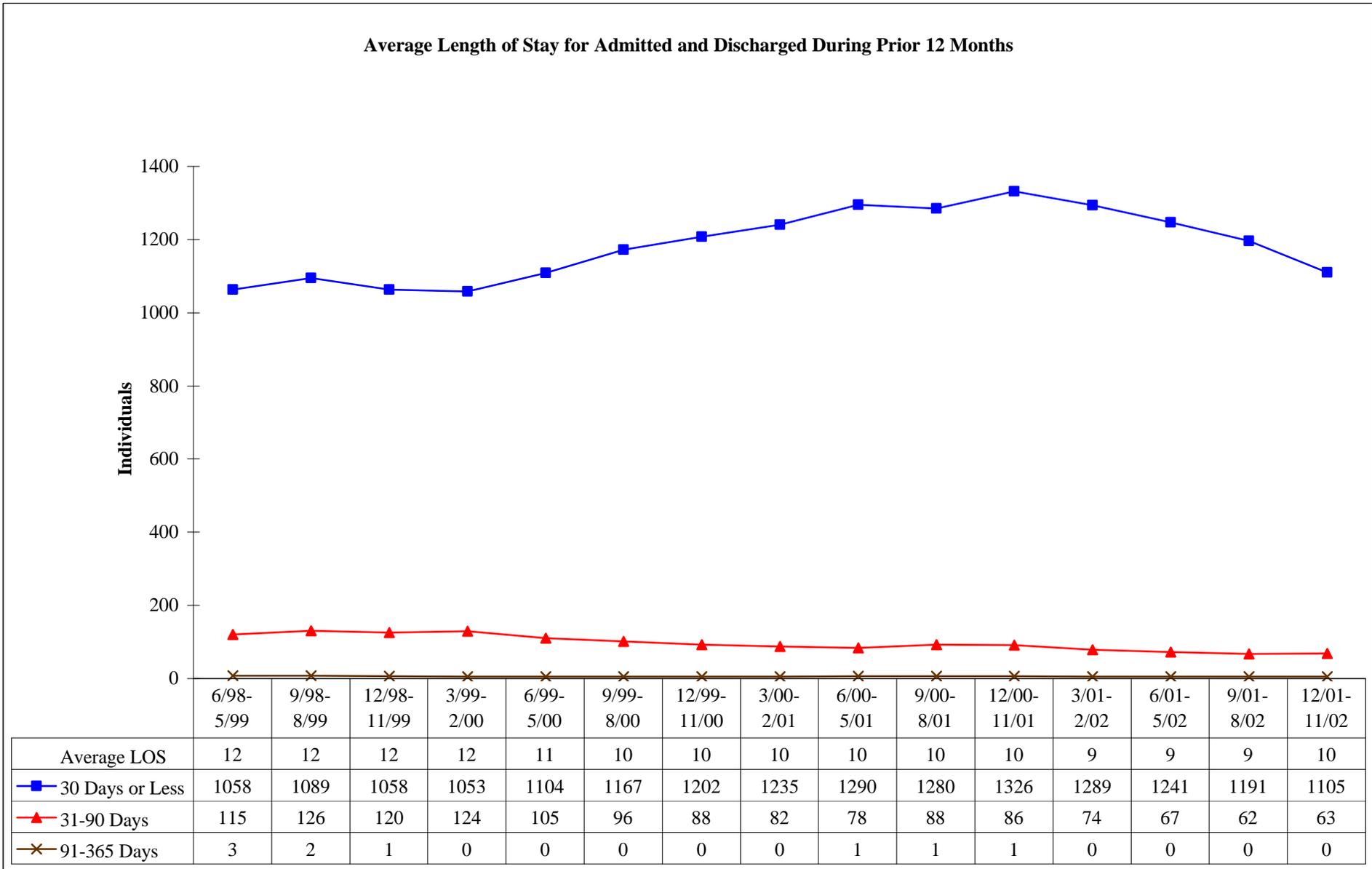
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



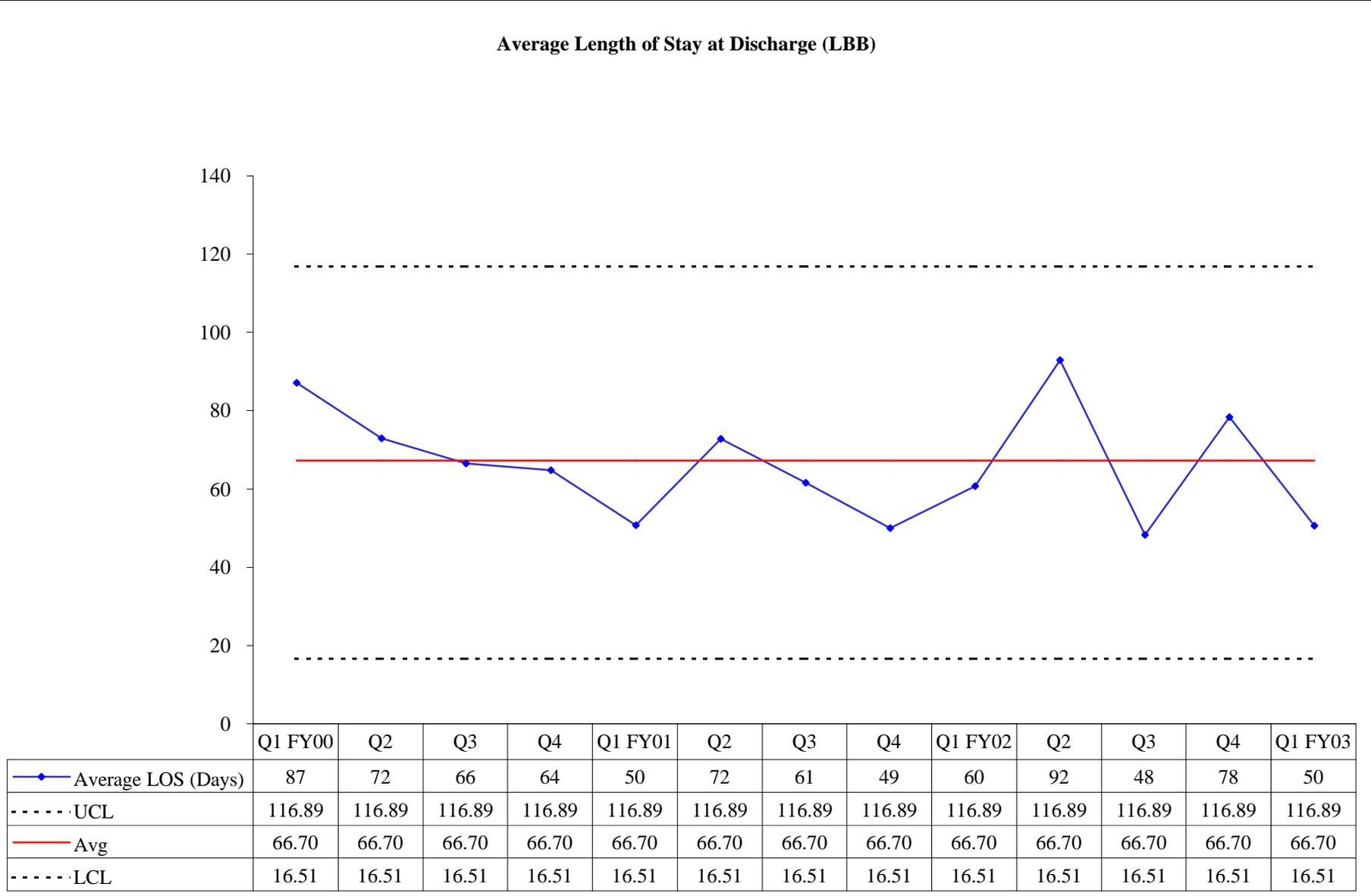
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



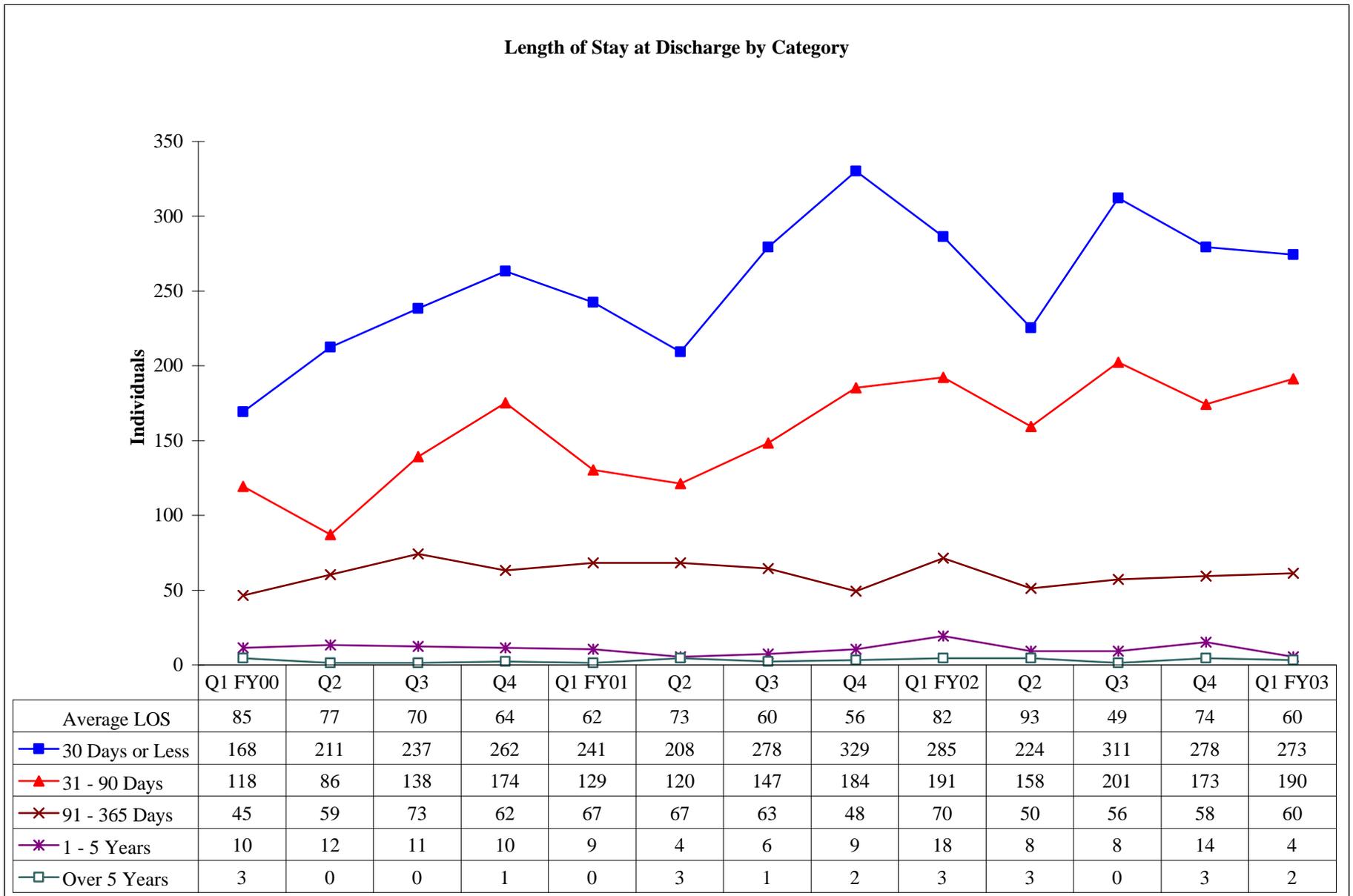
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



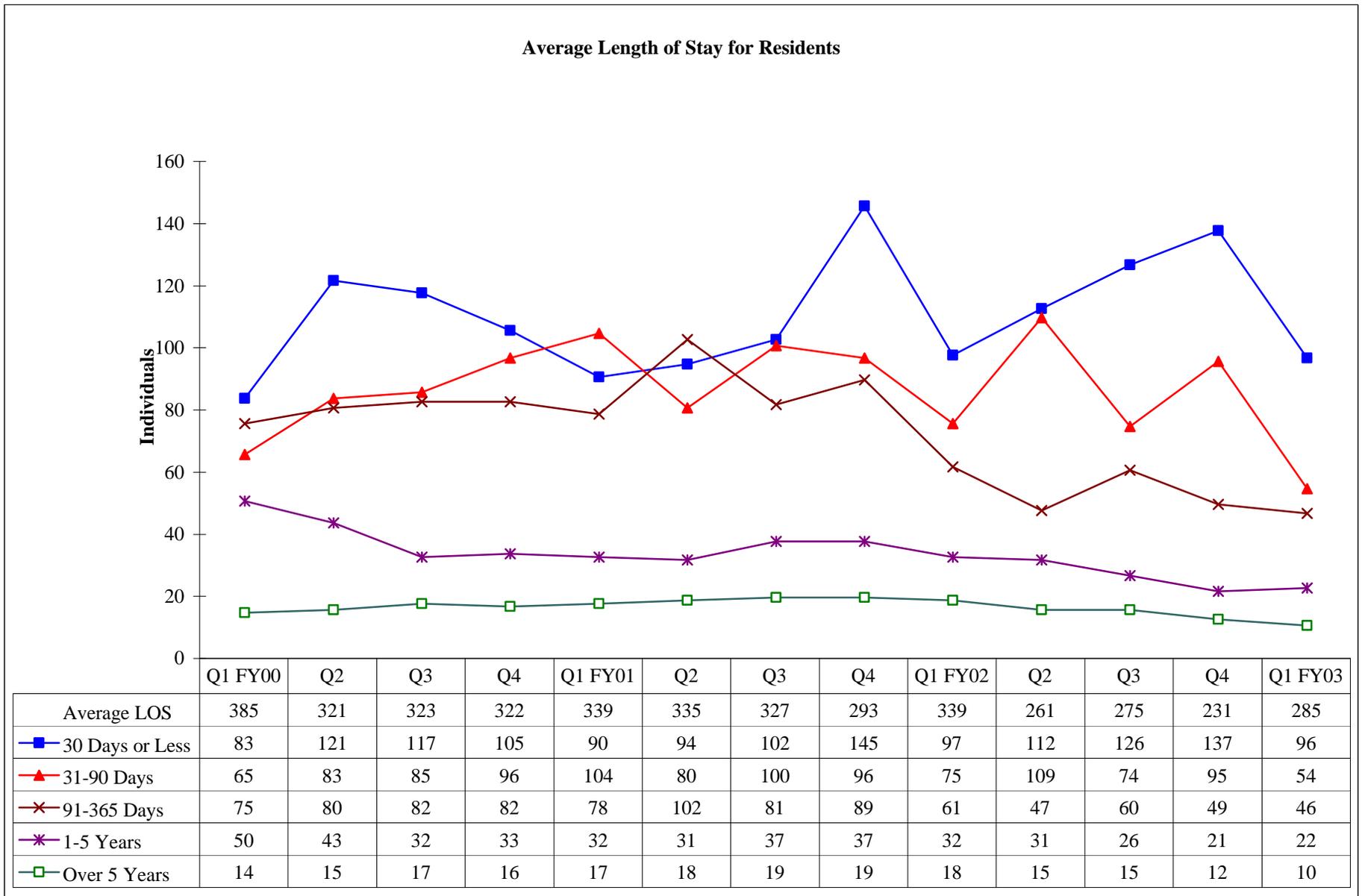
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



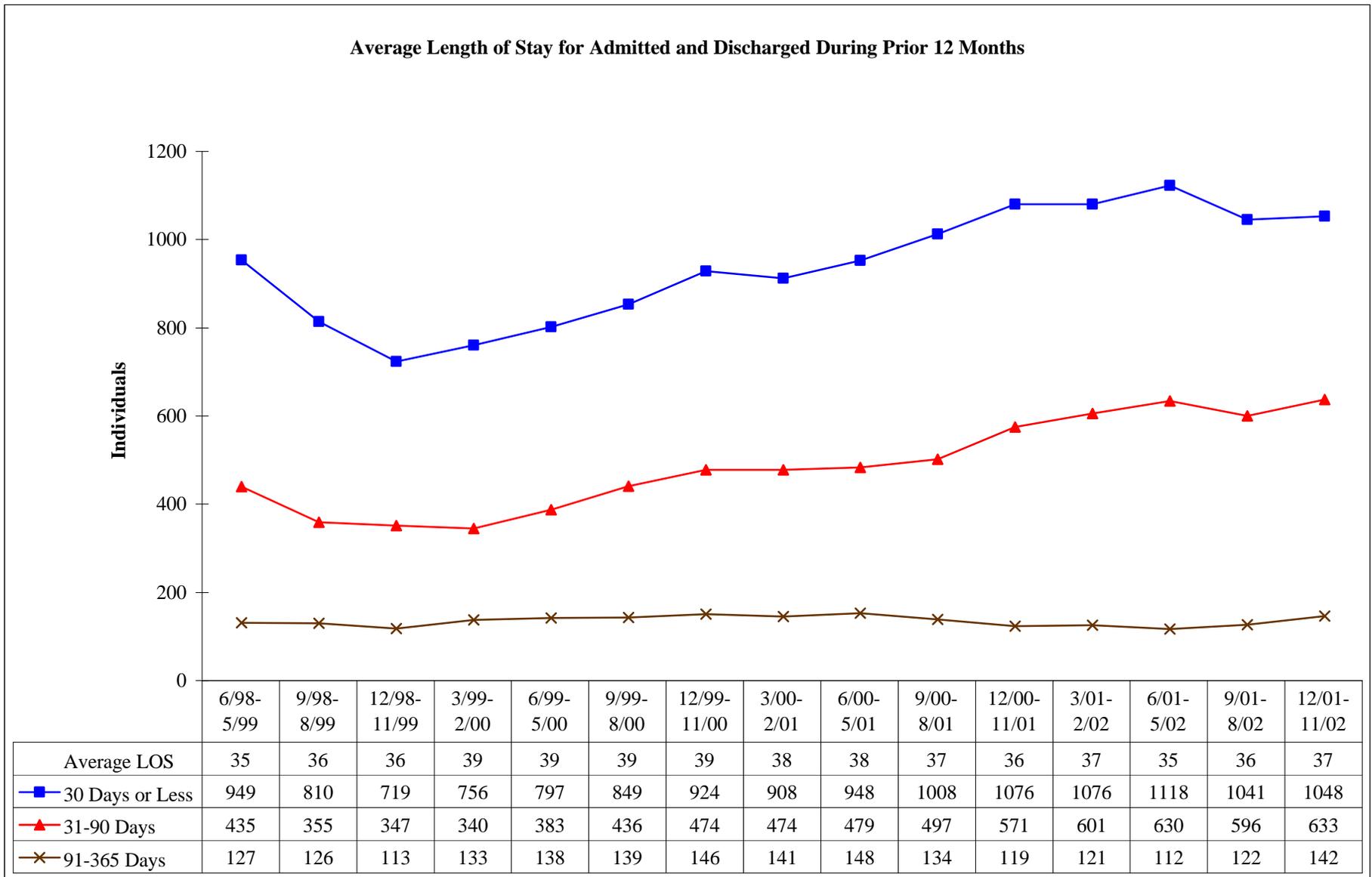
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

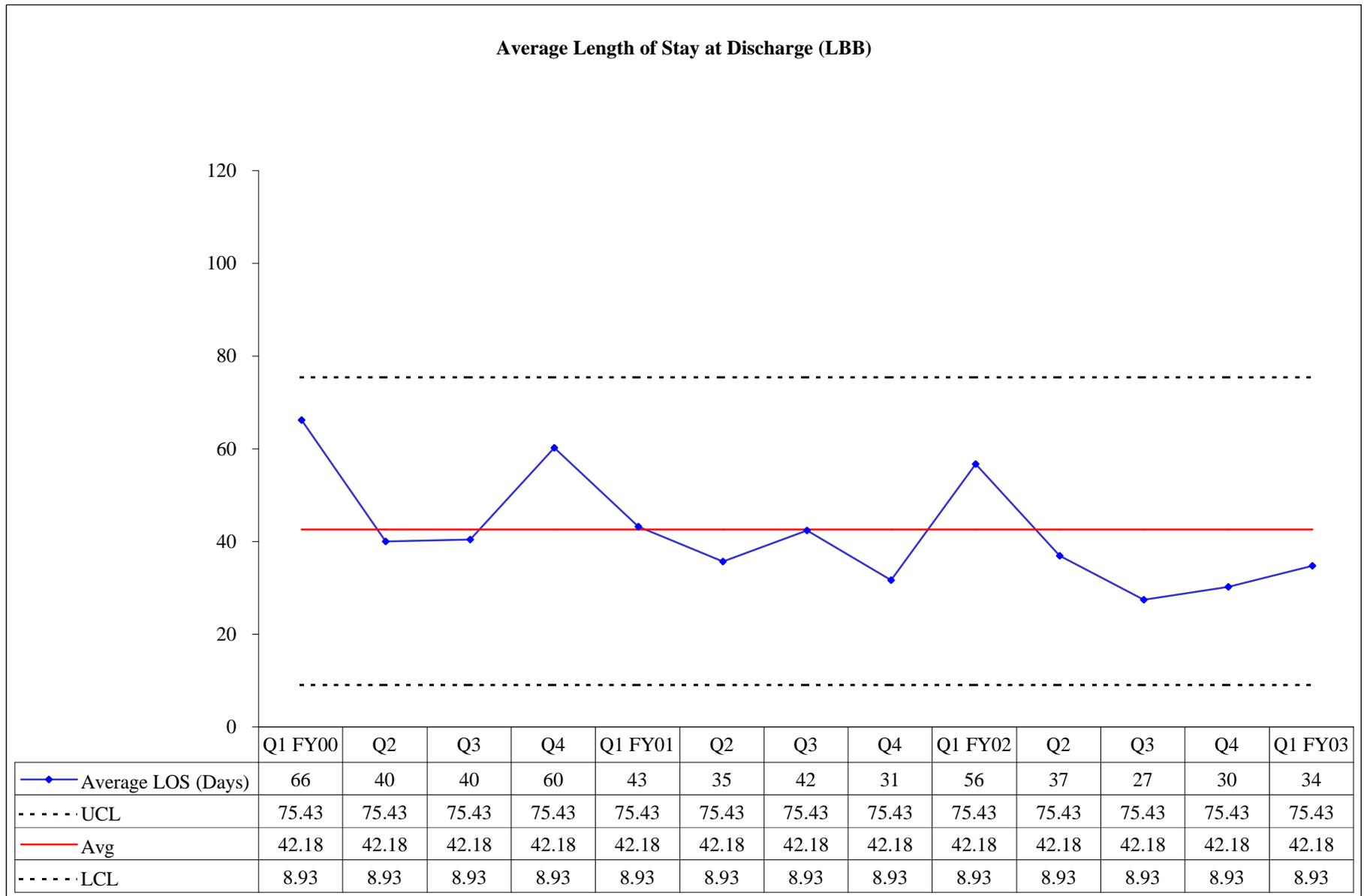


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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

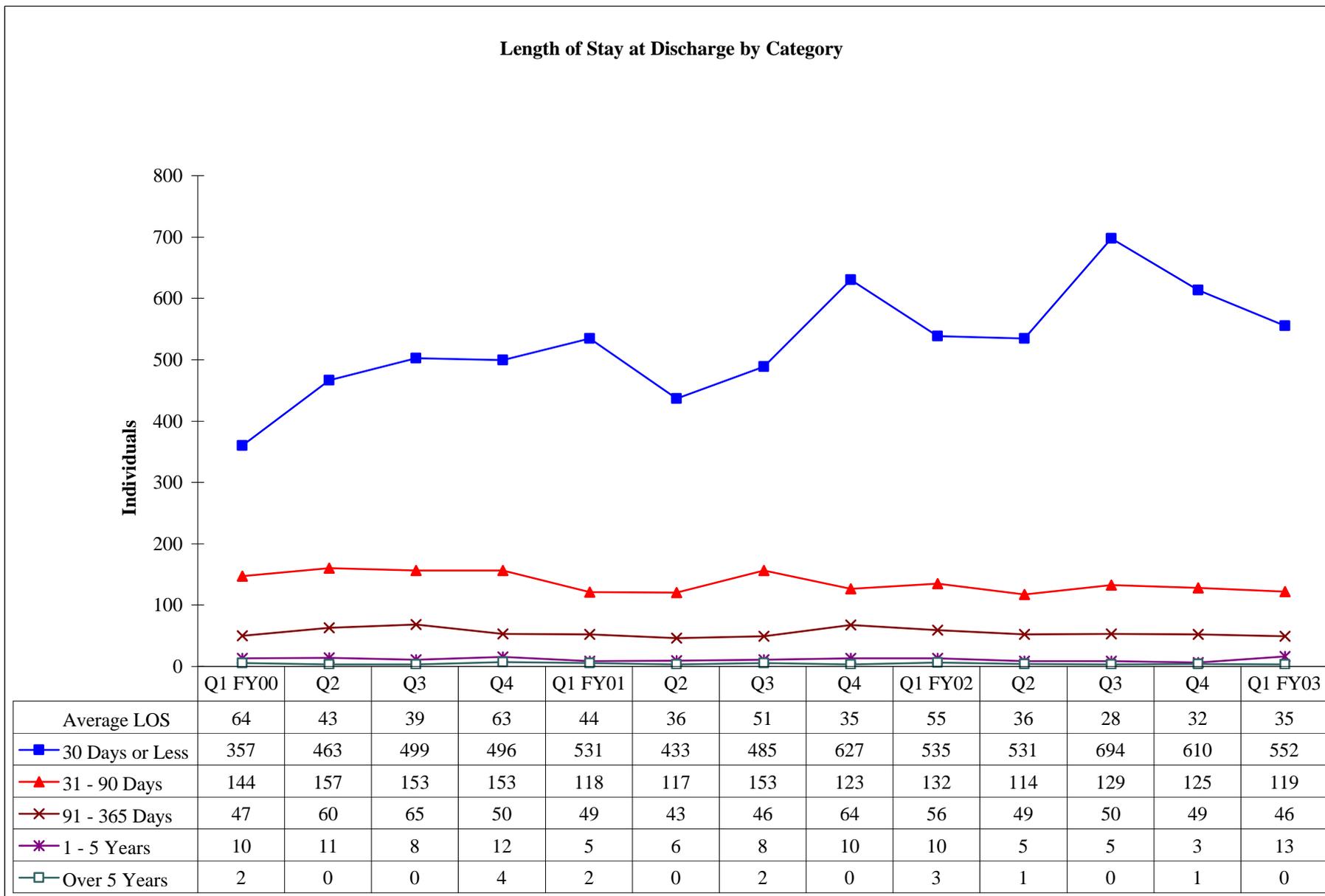


Measure 4C - Average Length of Stay at Discharge
San Antonio State Hospital



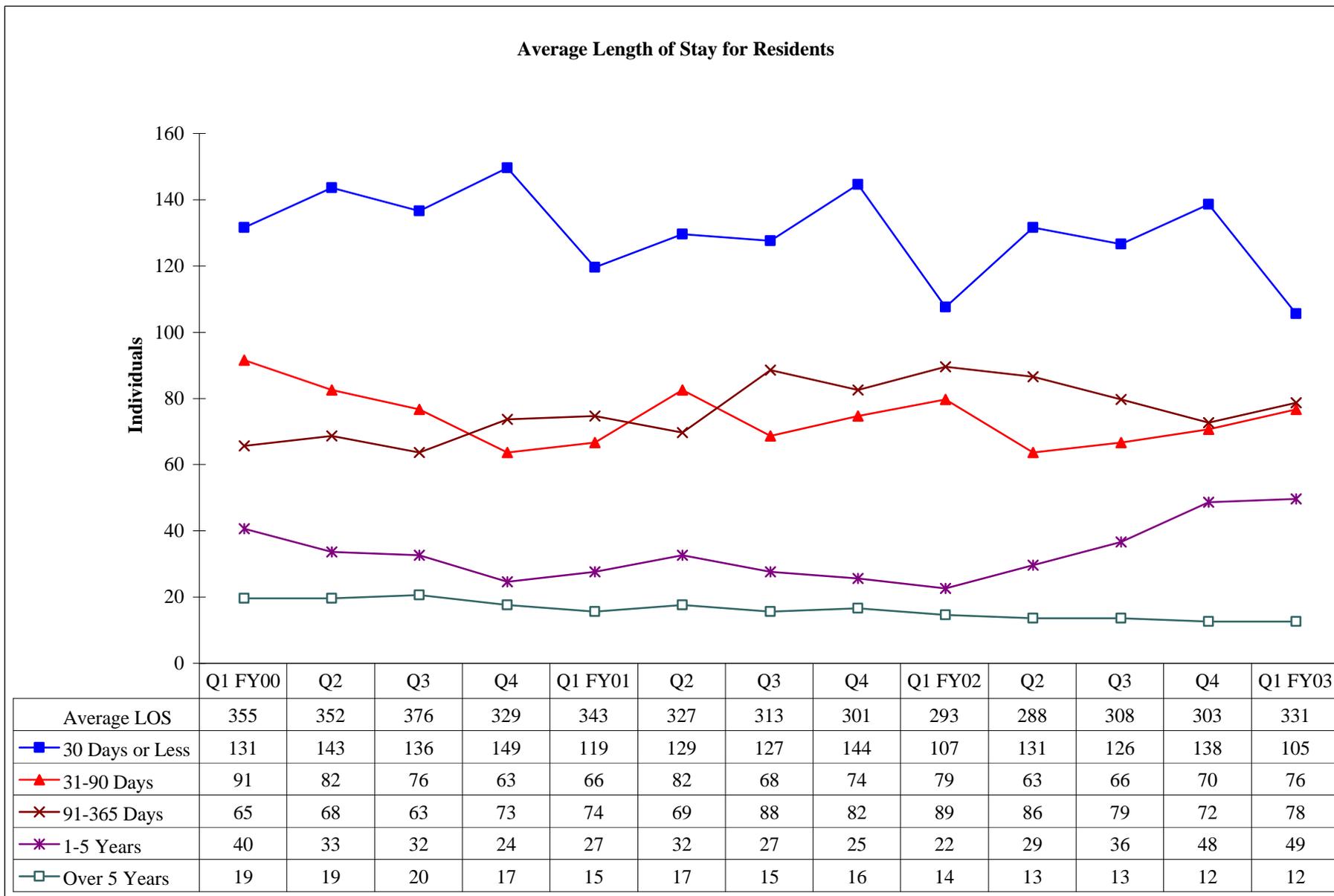
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

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



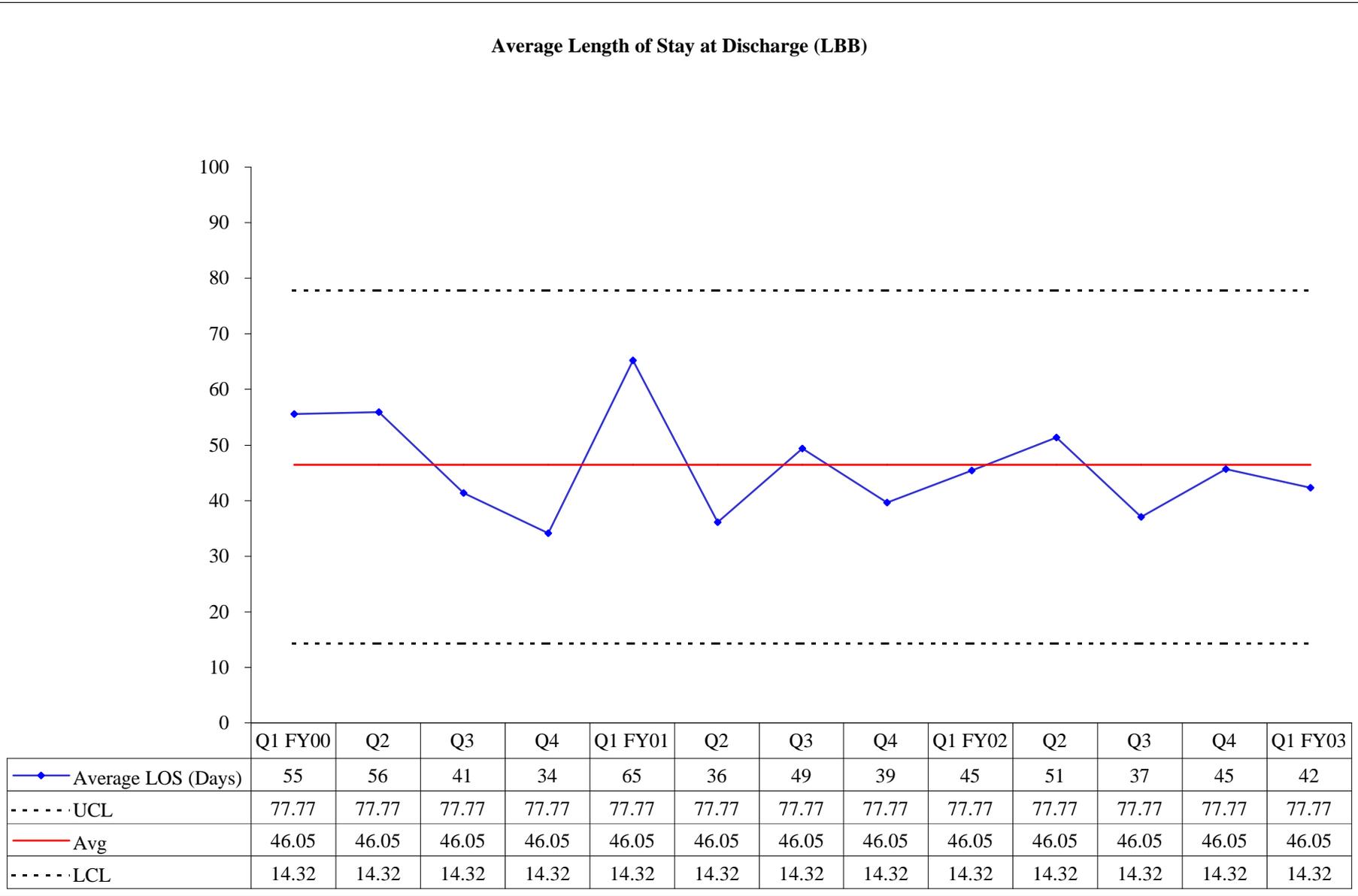
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



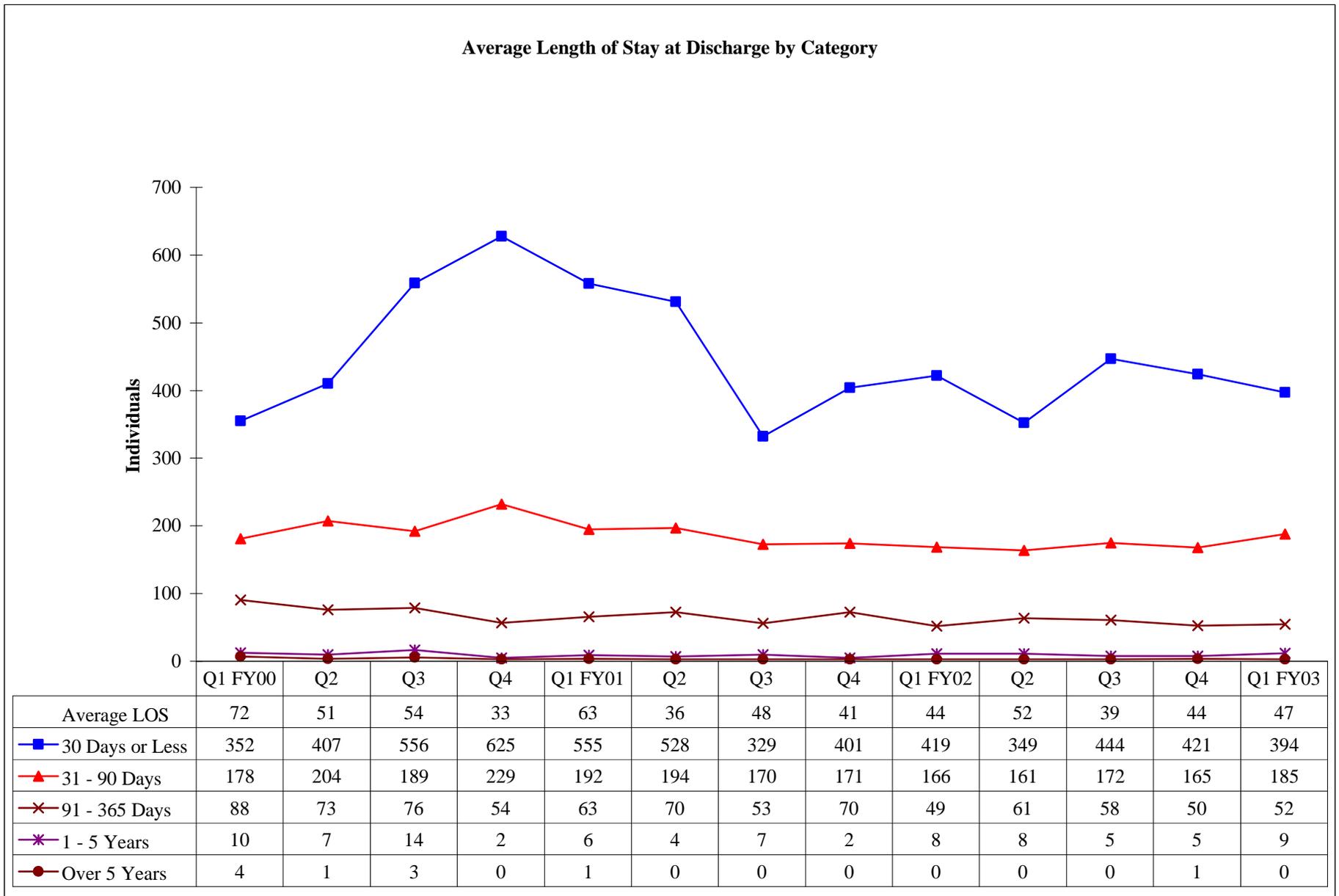
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



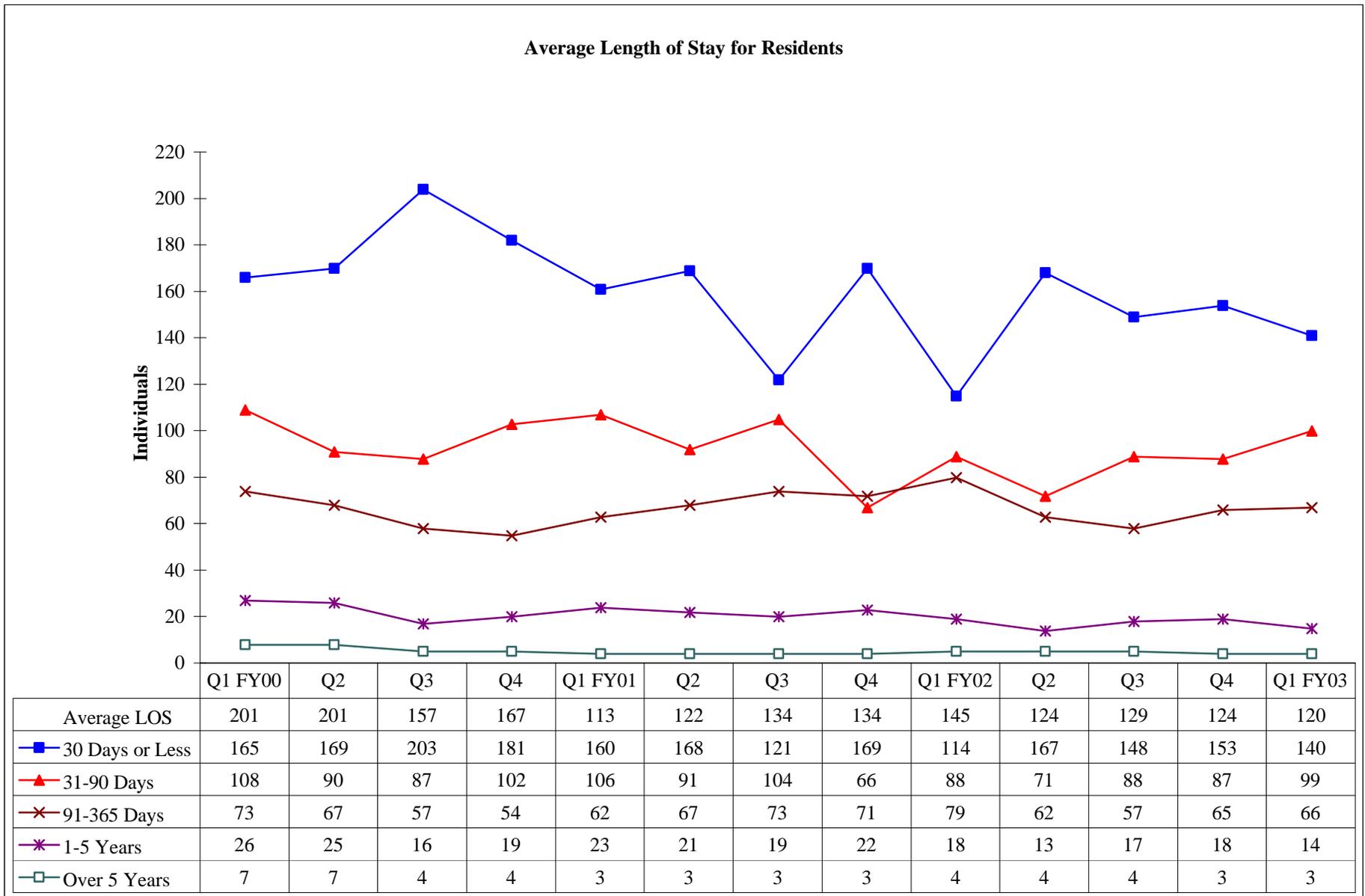
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



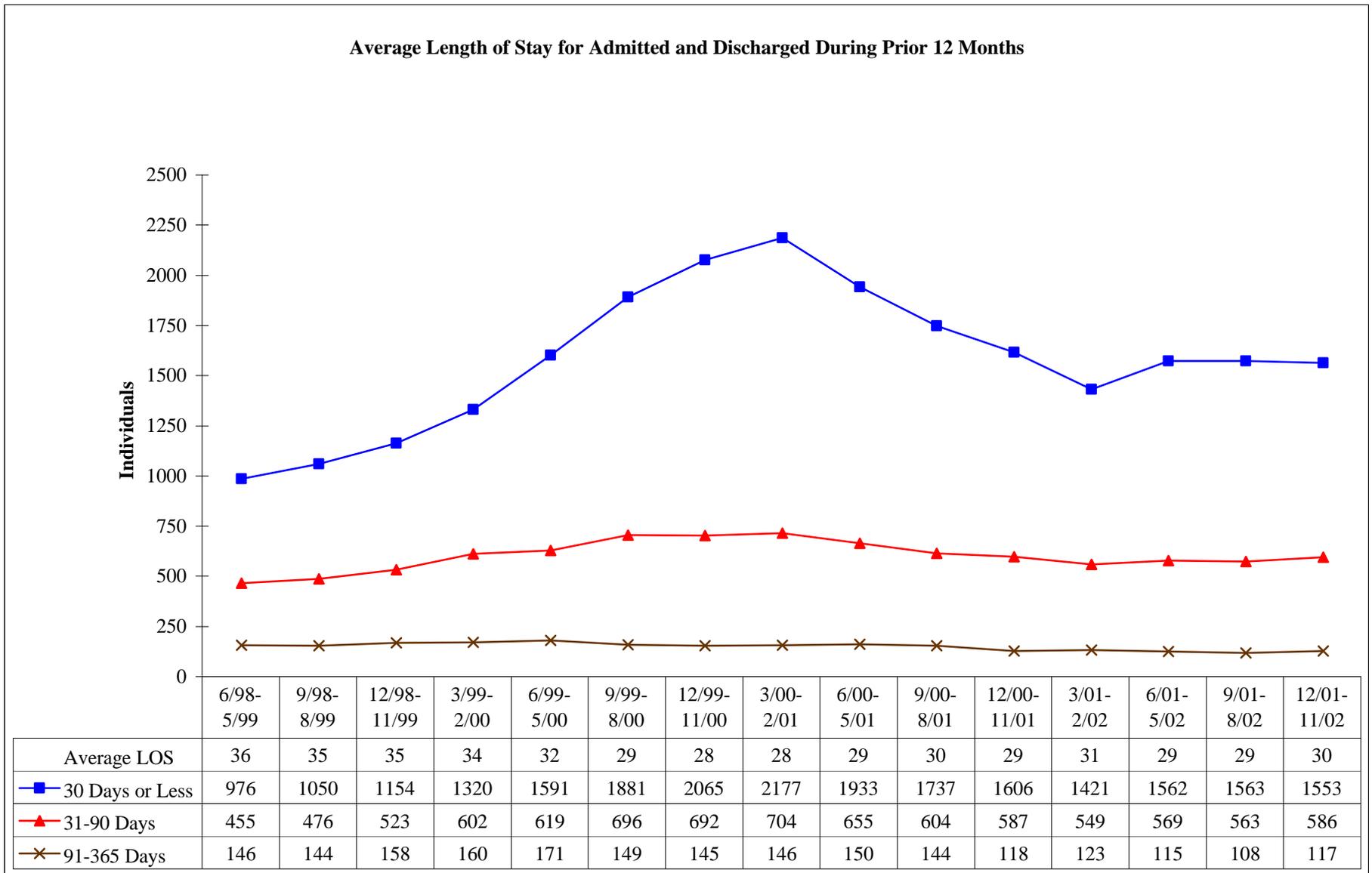
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

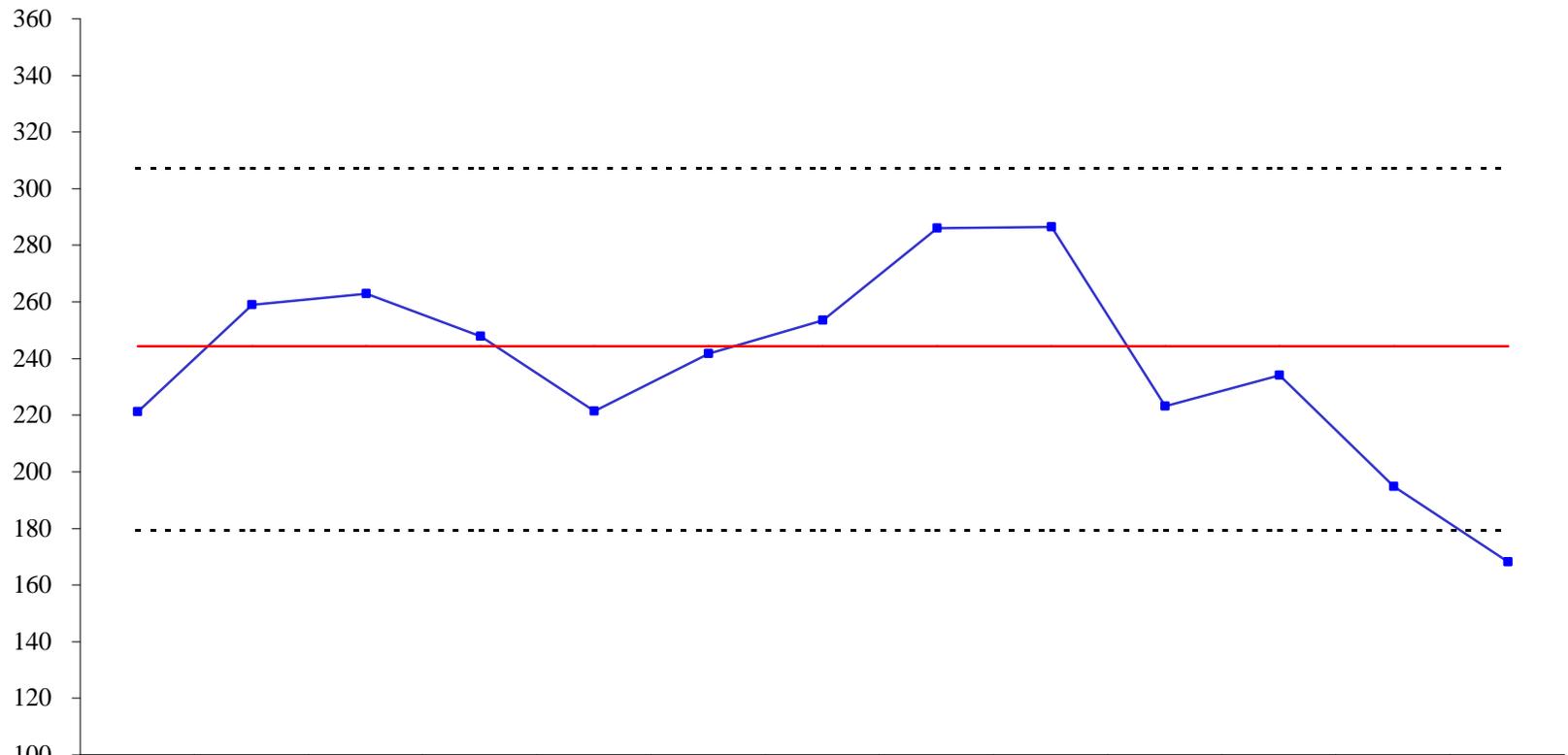
**Measure 4C - Average Length of Stay at Discharge
Terrell State Hospital**



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

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

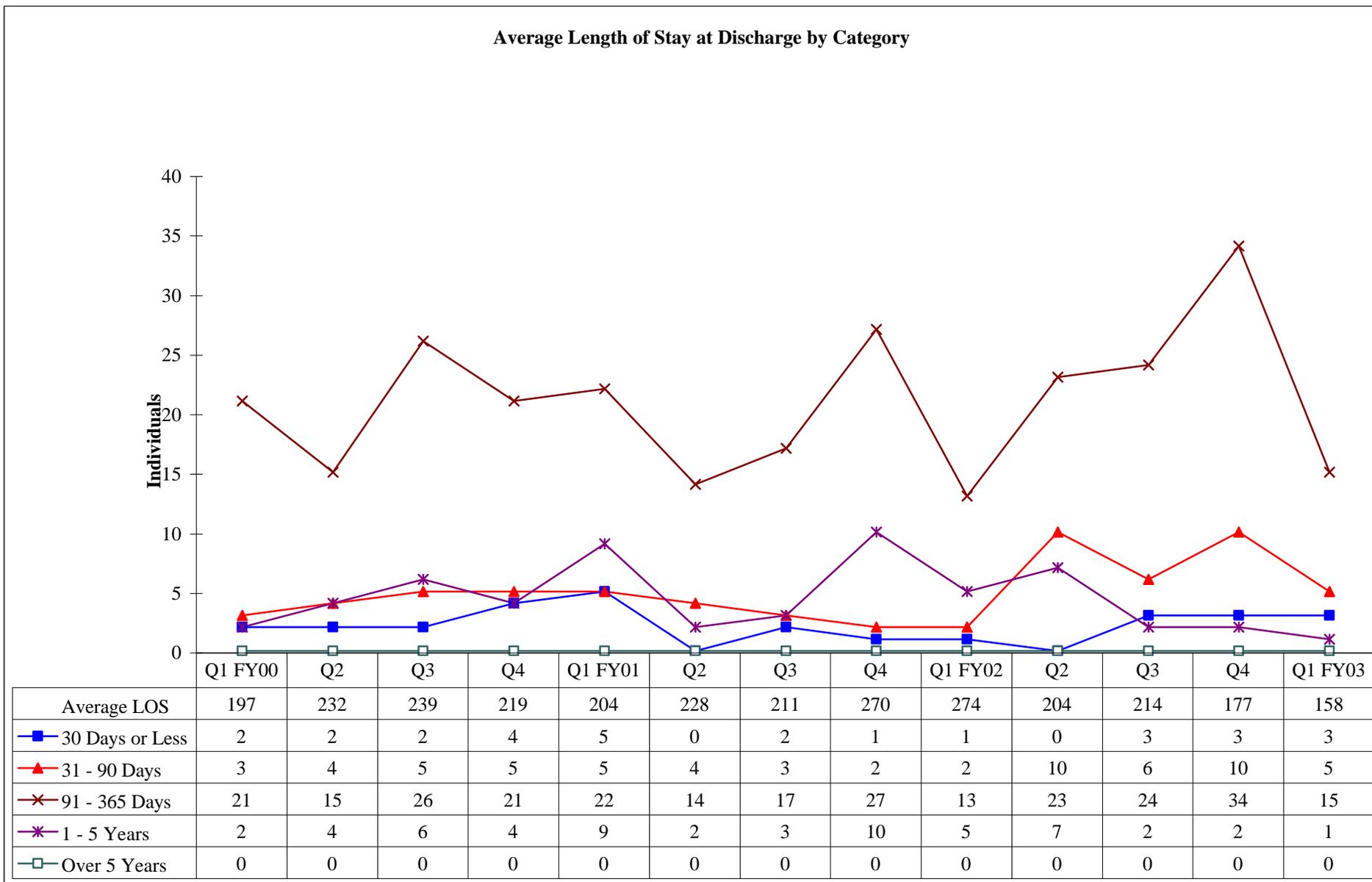
Average Length of Stay at Discharge (LBB)



	Q1 FY00	Q2	Q3	Q4	Q1 FY01	Q2	Q3	Q4	Q1 FY02	Q2	Q3	Q4	Q1 FY03
—■— Average LOS (Days)	220	258	262	247	220	241	253	285	285	222	233	194	167
- - - - - UCL	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31	307.31
— Avg	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39	243.39
- - - - - LCL	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48	179.48

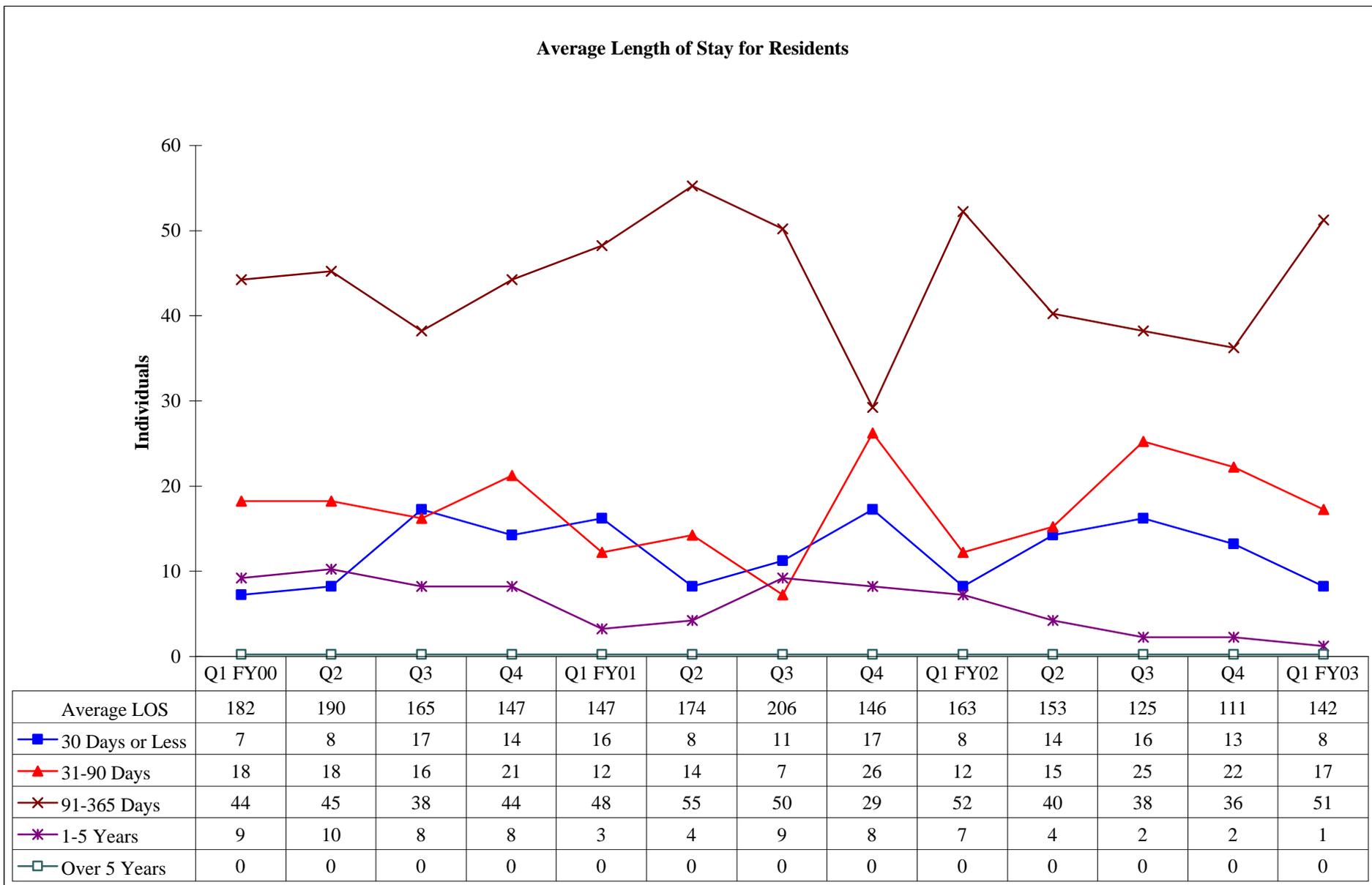
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

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



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

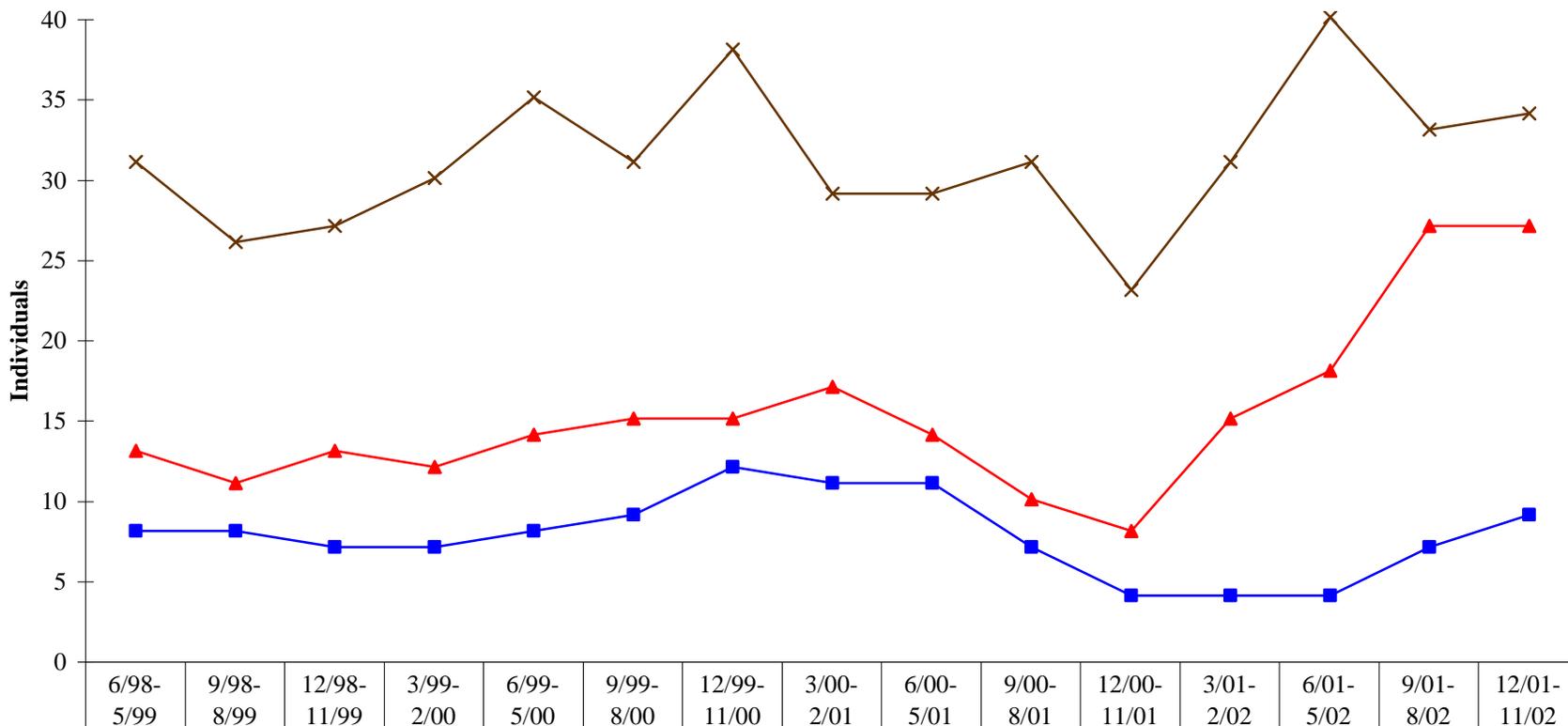
**Measure 4C - Average Length of Stay at Discharge
Waco Center for Youth**



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

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

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



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

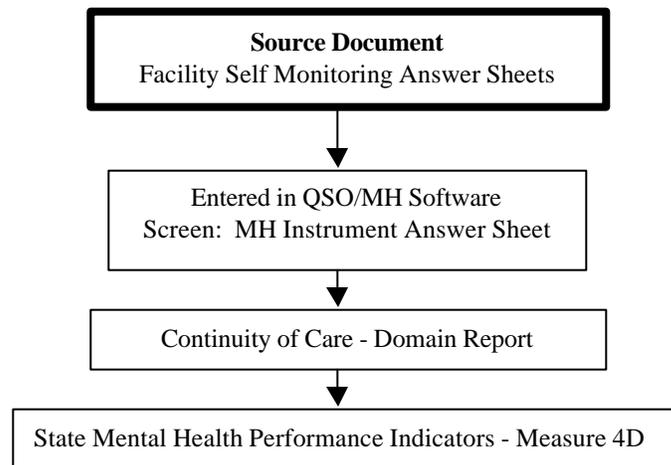
Performance Measure 4D: In order to ensure the level of coordination of quality treatment and care provided to all patients throughout the TDMHMR system, data will be analyzed from the Patient Treatment Domain of the Patient Rights and Treatment Continuity monitoring instrument.

Performance Measure Operational Definition: Score from Questions 1,4,8,9,10,11,12 of the Patient Rights and Treatment Continuity instrument.

Performance Measure Formula: According to Questions 1,4,8,9,10,11,12 of the Patient Rights and Treatment Continuity instrument $[(\text{yes} + \text{no with})/(\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Measure Data Display and Chart Description: Control chart with monthly data points of facility scores for individual facilities and system-wide average score. EVT validation score displayed as available.

Data Flow:



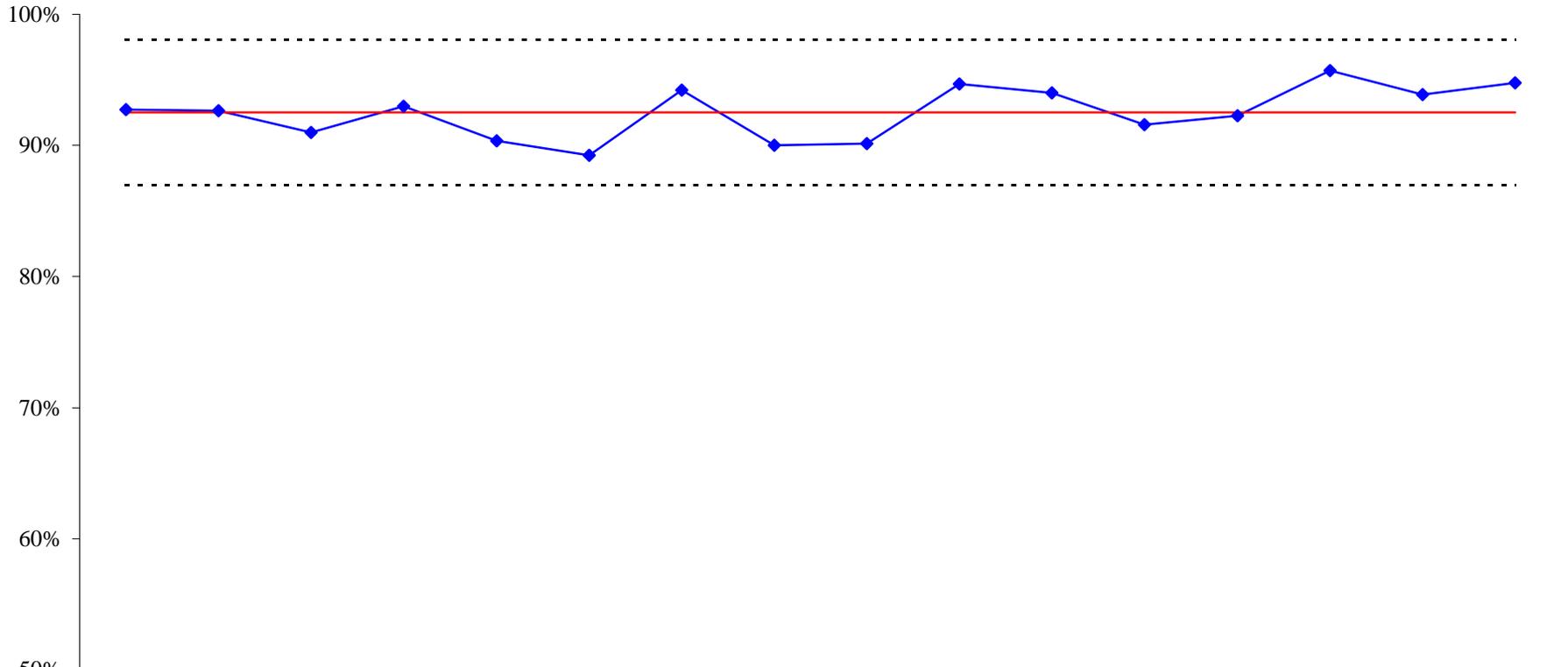
Data Integrity Review Process:

Monitoring Method	Desk Review of QSO Answer Sheets and QSO Software Data On Screen
Monitoring Instrument	DIR Tally Sheet
Description of Review Process	Verification by comparing QSO answer sheet responses and scores for the identified cases to the same data entered into the QSO/MH Software. Based upon comparison results, facility process improvements may be made.
Sample Size	Facility: 50% of QSO Monthly Sample DIR: 10-15 Selected Cases
Monitoring Frequency	Facility: Semiannually DIR: N/A in FY'03.
Performance Improvement Trigger	When there is less than 1.00 correlation or match between the data recorded on the QSO answer sheets and the corresponding data present in the QSO Software.
QSO-DIR Report	Summary of review including analysis of findings and raw data

NOTE: The QSO EVT Monitoring Process will be used to manage interrater reliability and convergence between facilities and the EVT for FY 03.

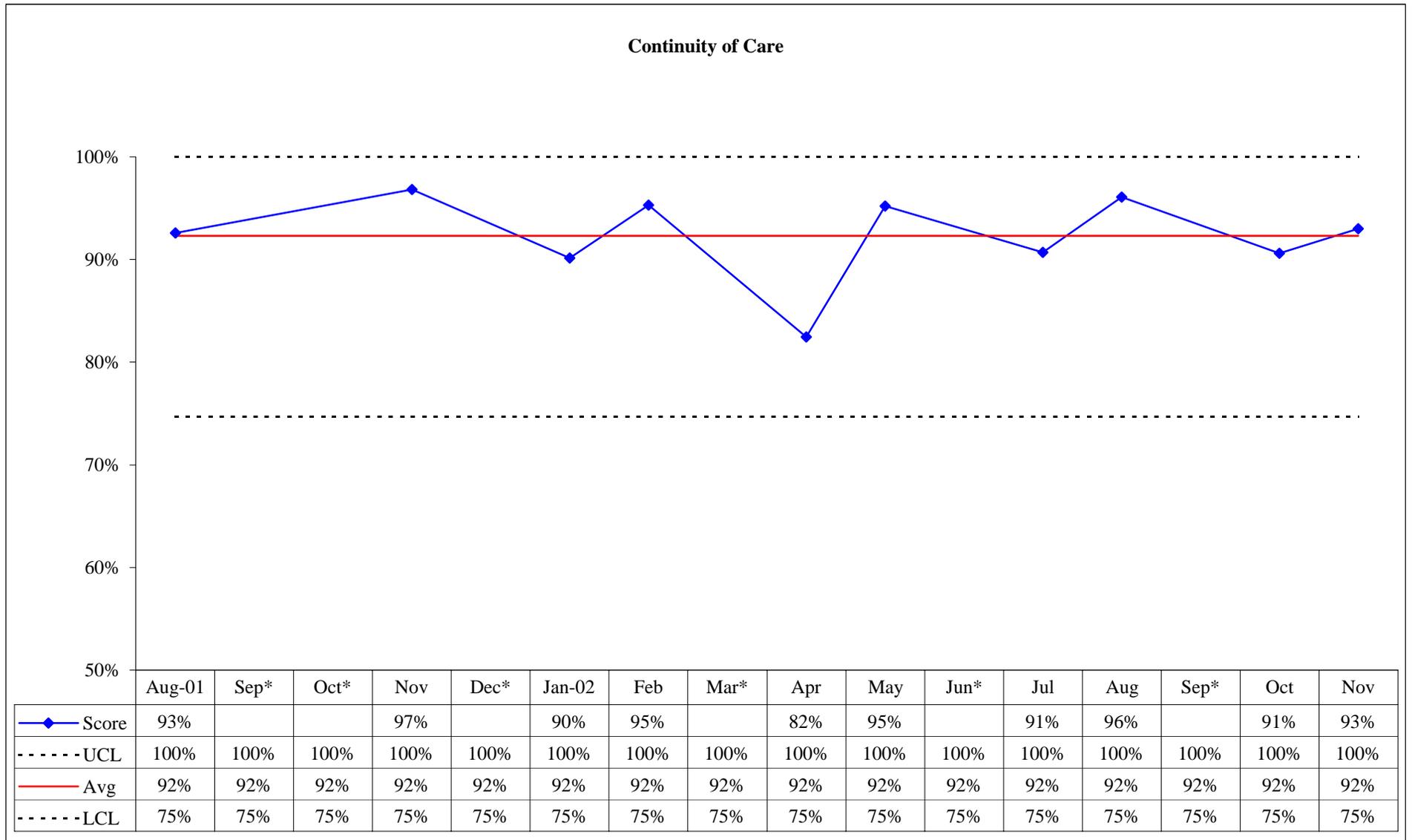
Measure 4D - Patient's Continuity of Care
All MH Facilities

Continuity of Care



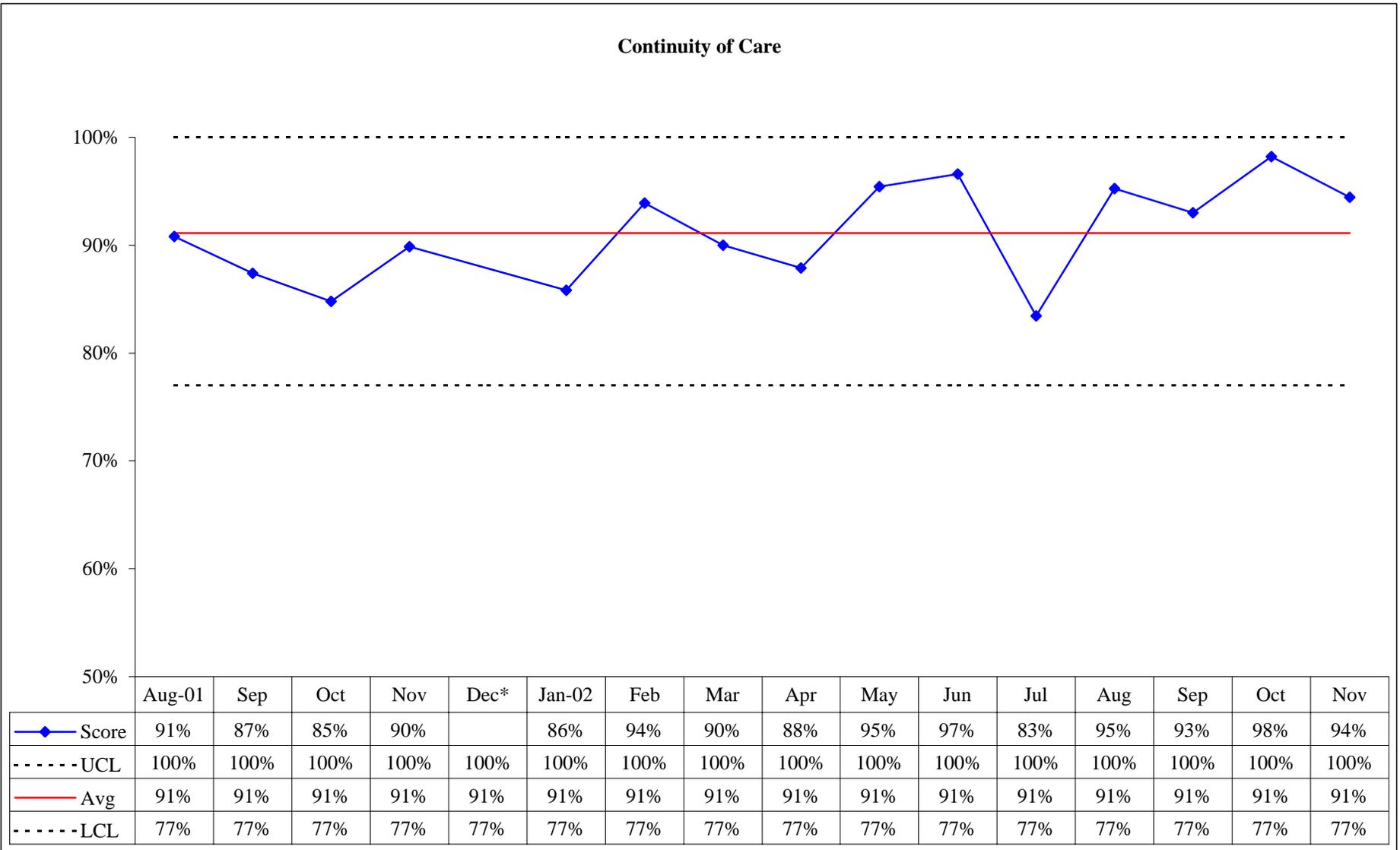
	Aug-01	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—◆— Score	93%	93%	91%	93%	90%	89%	94%	90%	90%	95%	94%	92%	92%	96%	94%	95%
- - - - - UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
— Avg	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
- - - - - LCL	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%	87%

Measure 4D - Patient's Continuity of Care
Austin State Hospital



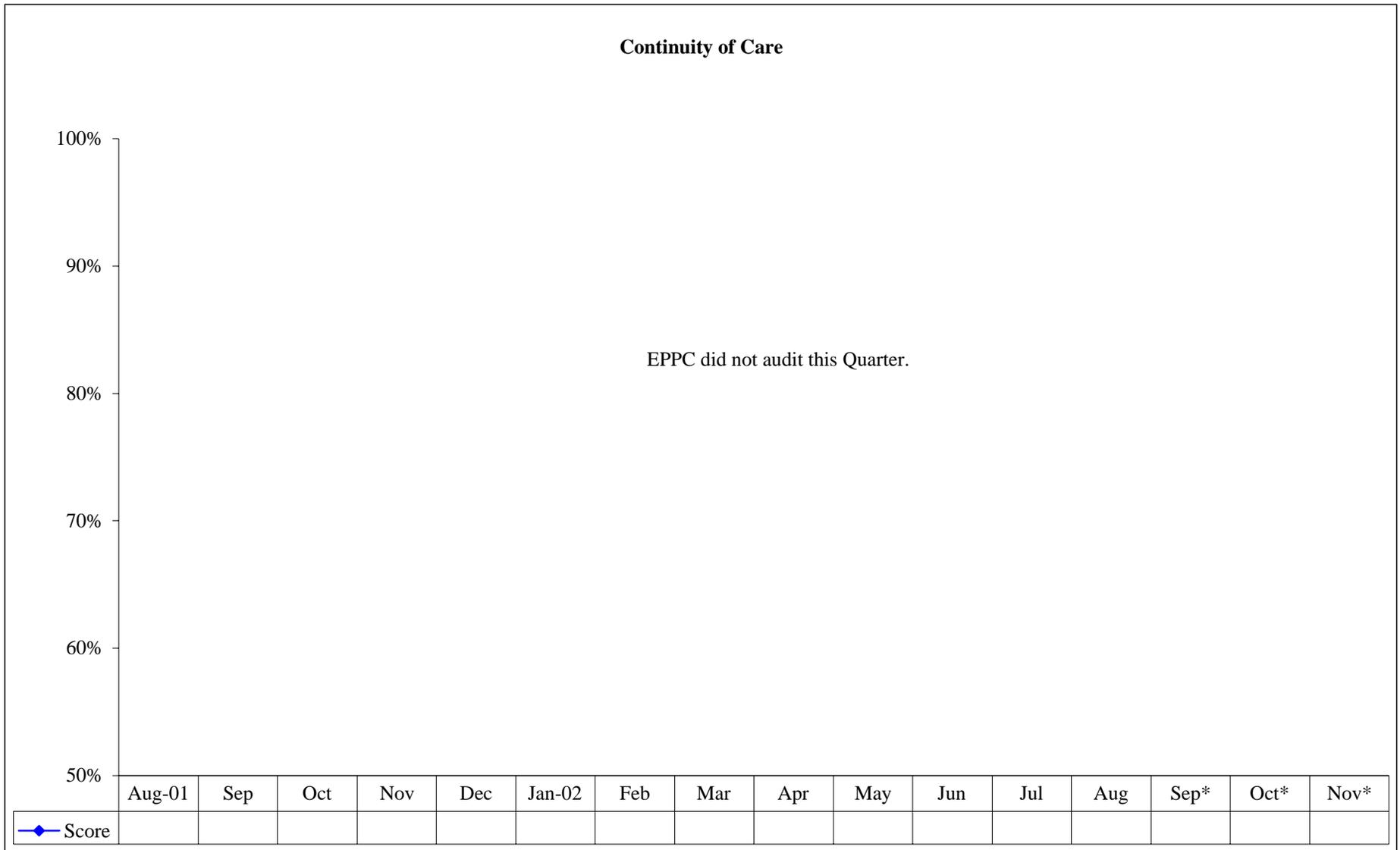
*No scores reported to MDS.

Measure 4D - Patient's Continuity of Care
Big Spring State Hospital



*No scores reported to MDS.

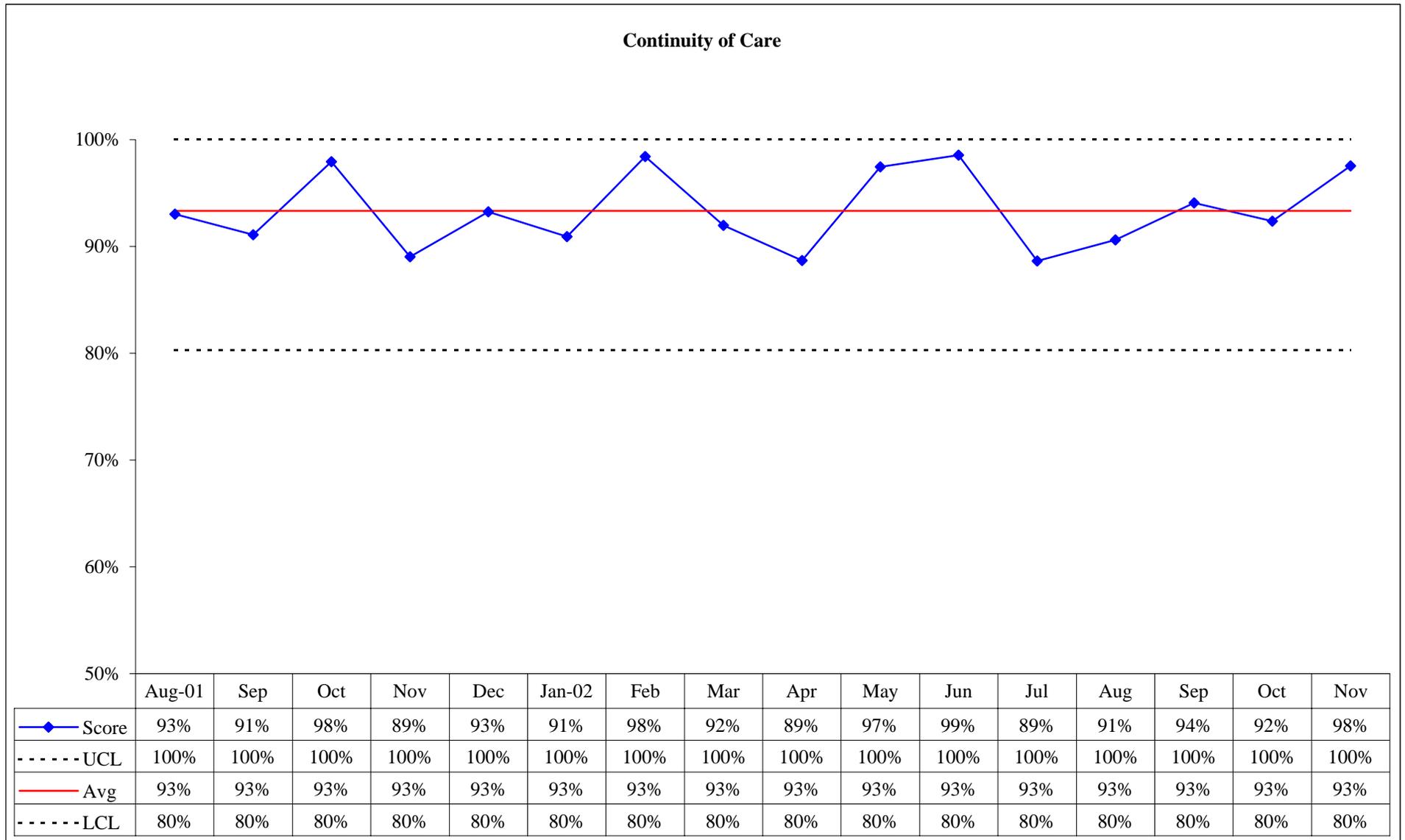
Measure 4D - Patient's Continuity of Care
El Paso Psychiatric Center



EPPC did not audit this Quarter.

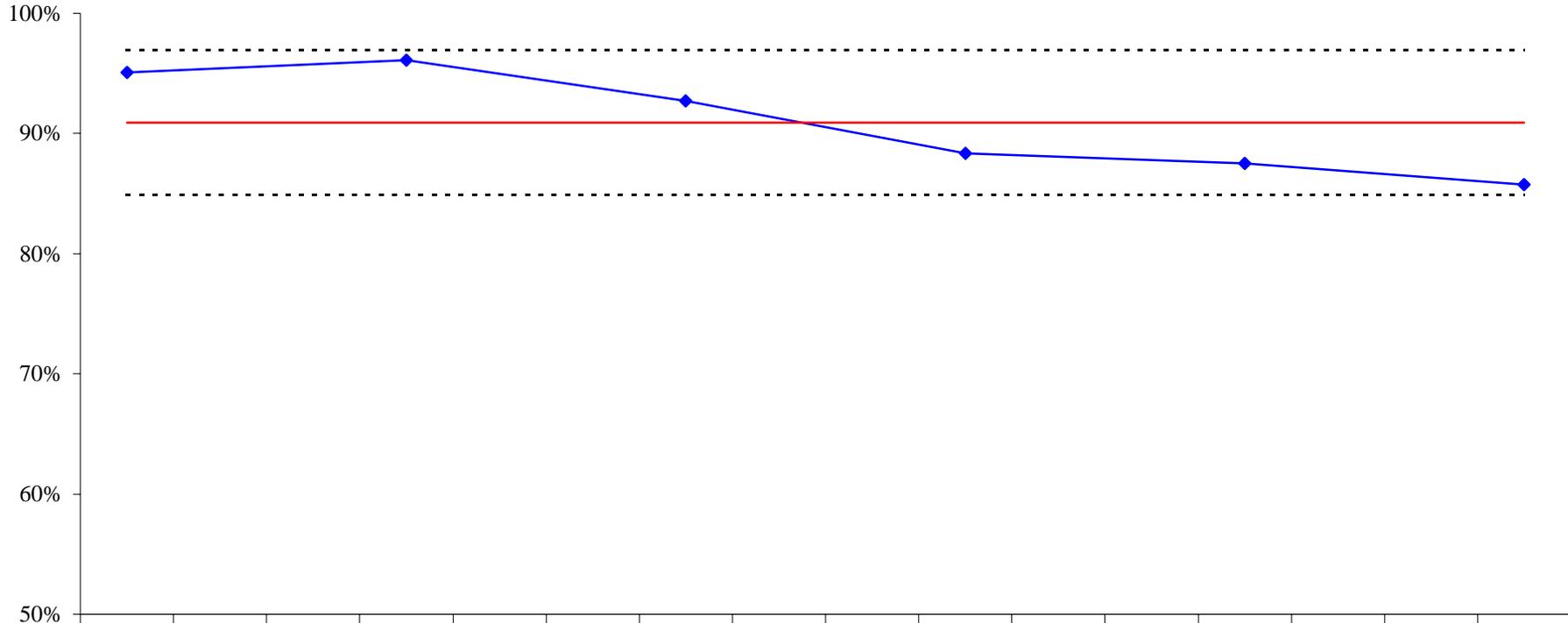
*No scores reported to MDS.

Measure 4D - Patient's Continuity of Care
Kerrville State Hospital



Measure 4D - Patient's Continuity of Care
North Texas State Hospital

Continuity of Care

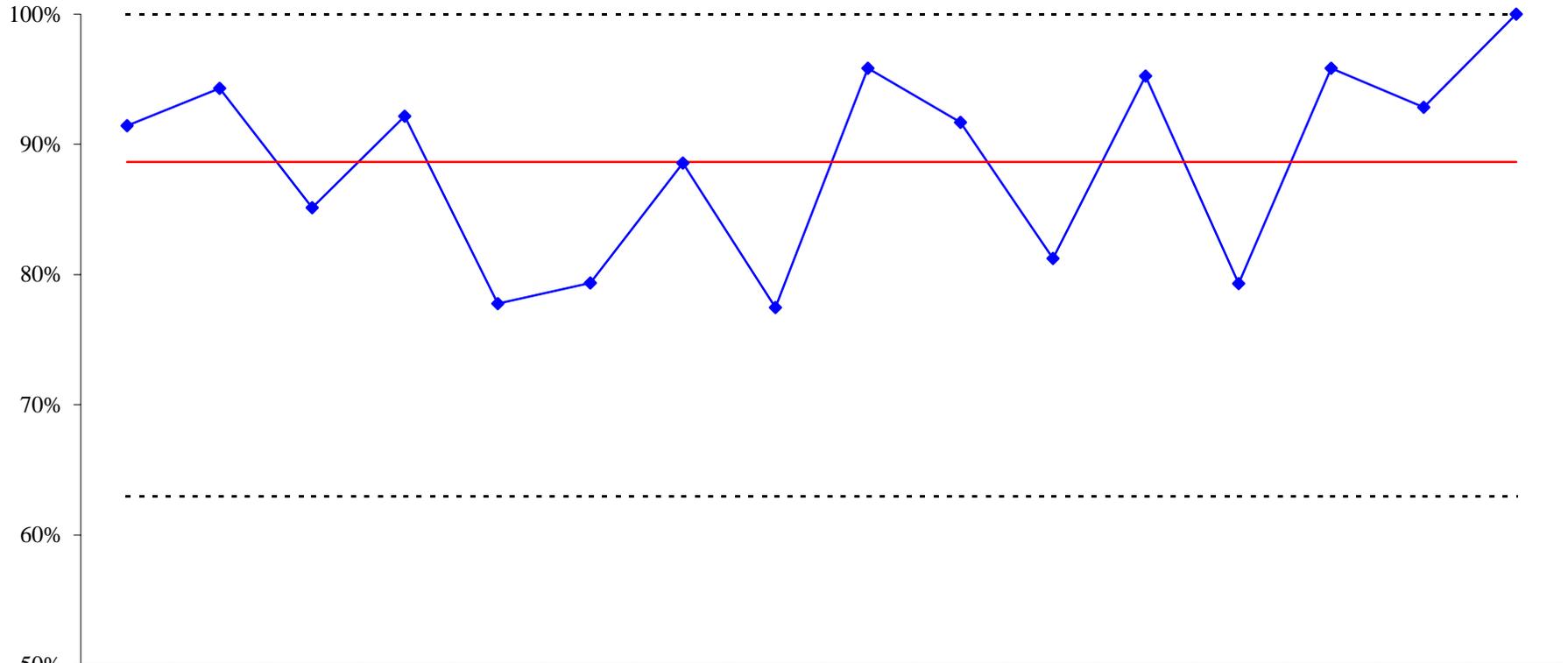


	Aug-01	Sep*	Oct*	Nov	Dec*	Jan-02	Feb	Mar*	Apr*	May	Jun*	Jul*	Aug	Sep*	Oct*	Nov
—◆— Score	95%			96%			93%			88%			88%			86%
- - - - - UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
— Avg	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
- - - - - LCL	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

*No scores reported to MDS.

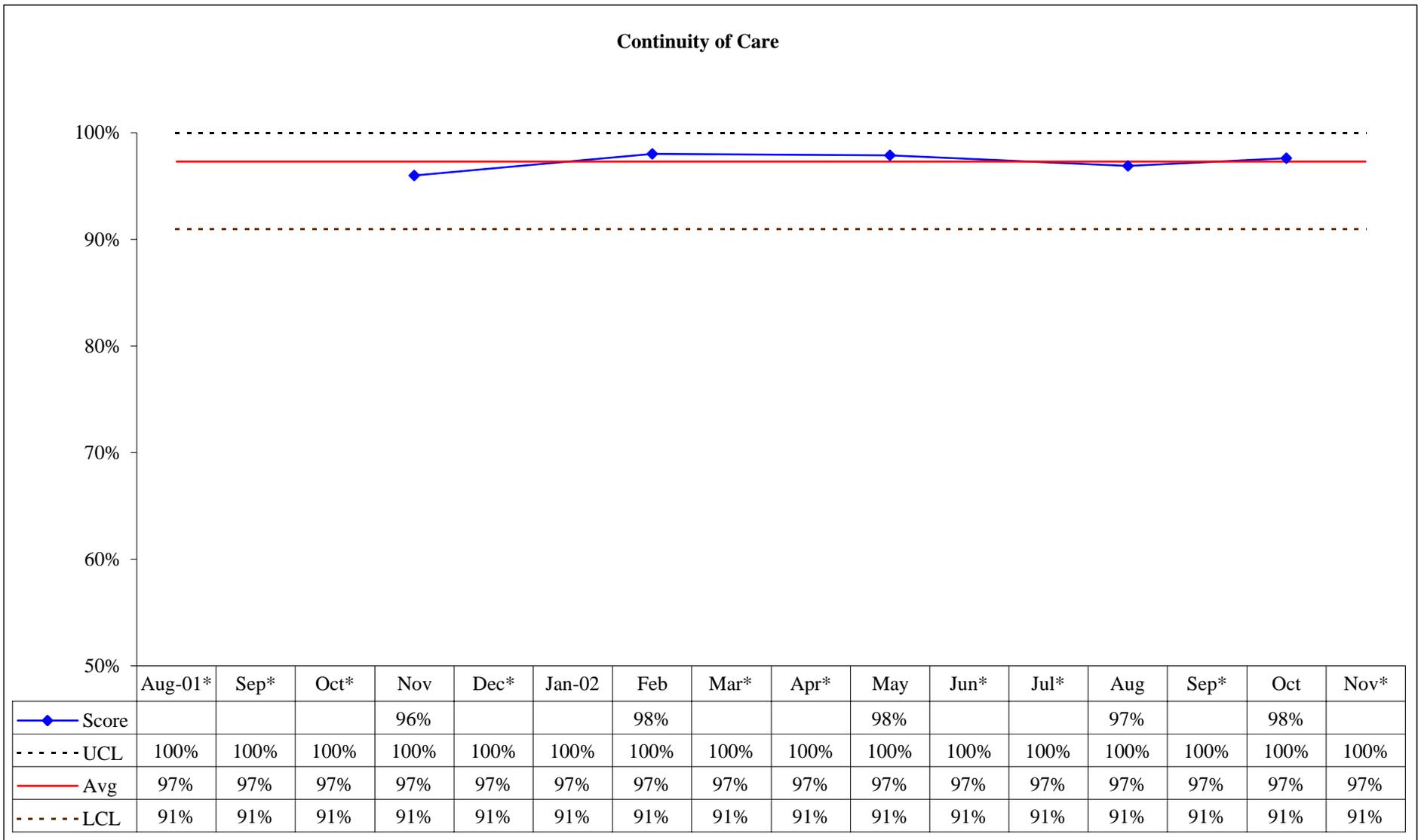
Measure 4D - Patient's Continuity of Care
Rio Grande State Center

Continuity of Care



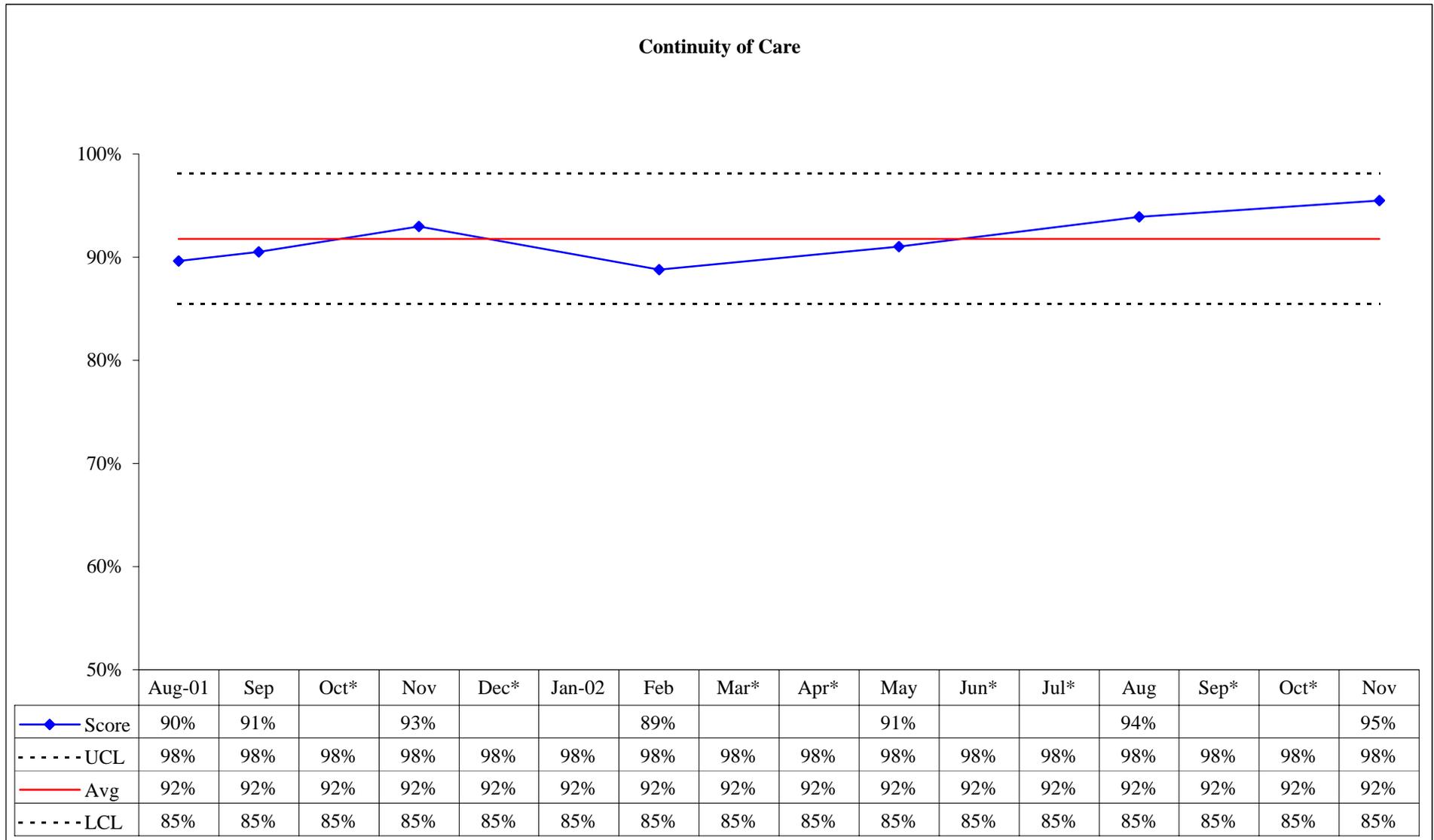
	Aug-01	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—◆— Score	91%	94%	85%	92%	78%	79%	89%	77%	96%	92%	81%	95%	79%	96%	93%	100%
- - - - - UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
— Avg	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
- - - - - LCL	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%	63%

Measure 4D - Patient's Continuity of Care
Rusk State Hospital



*No scores reported to MDS.

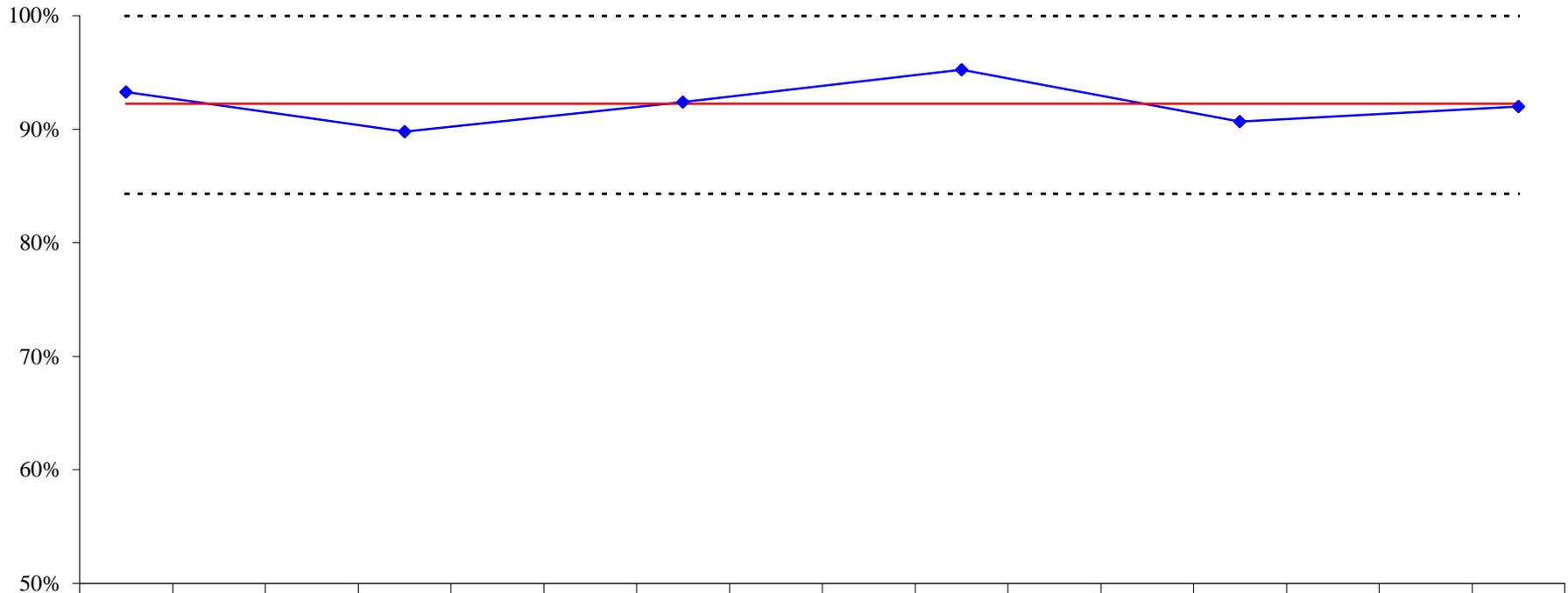
Measure 4D - Patient's Continuity of Care
San Antonio State Hospital



*No scores reported to MDS.

Measure 4D - Patient's Continuity of Care
Terrell State Hospital

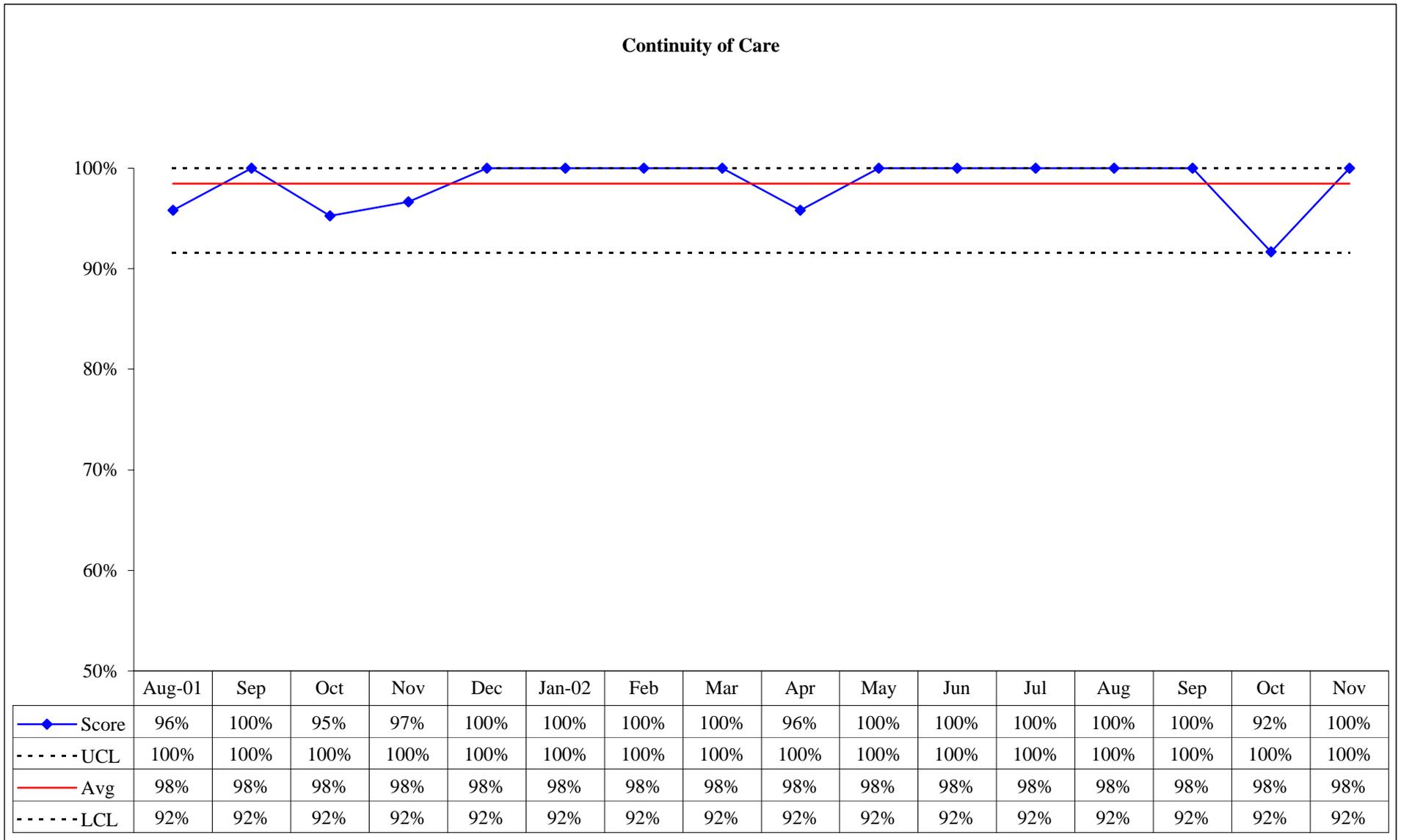
Continuity of Care



	Aug-01	Sep*	Oct*	Nov	Dec*	Jan-02	Feb	Mar*	Apr*	May	Jun*	Jul*	Aug	Sep*	Oct*	Nov
Score	93%			90%			92%			95%			91%			92%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
LCL	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%	84%

*No scores reported to MDS.

Measure 4D - Patient's Continuity of Care
Waco Center for Youth



GOAL 5: Provide a Functional and Safe Environment

Performance Objective 5D: State mental health facilities whose claims per 100 FTEs at the end of the FY 2002 exceed the average rate of workers' compensation claims per 100 FTEs for all state mental health facilities shall decrease claims per 100 FTEs in FY 2003 to the average rate for all state mental health facilities at the end of FY 2002. A minimum decrease of 10% is required if the % decrease to achieve the average rate for all state mental health facilities at the end of FY2002 is greater than 10%. Facilities whose claims per 100 FTEs at the end of FY 2002 were at or below average rate of workers' compensation claims per 100 FTEs for all state mental health facilities shall decrease claims per 100 FTEs by 5% during FY 2003. Workers' compensation cost will not exceed the targeted amounts specified for each state mental health facility for FY 2003.

Performance Objective Operational Definition: Total workers compensation claims filed for FY 2003 will not exceed the target amounts specified for each facility by System Risk Management. Claims/100 FTE will be reduced as specified.

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

R = rate of worker compensation claims per 100 full time employees (FTE's) per month

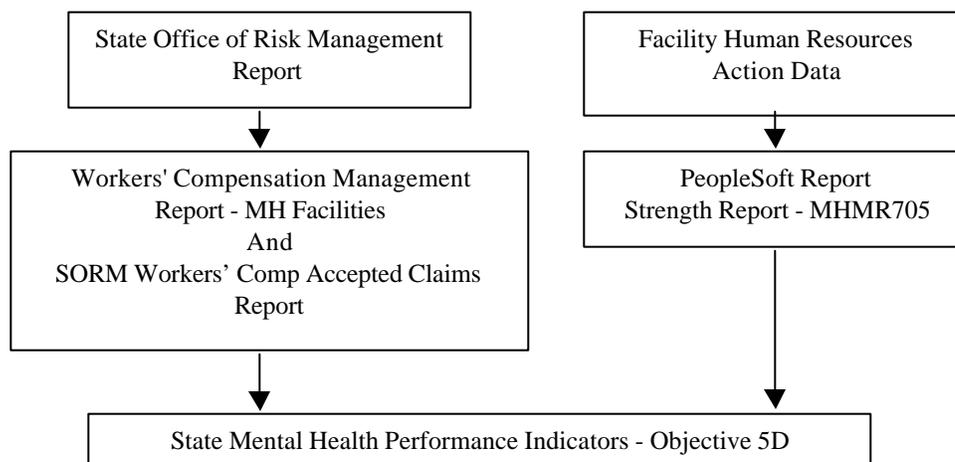
N = number of claims per month

D = number of FTEs per month

Performance Objective Data Display and Chart Description:

- Table shows quarterly numbers of worker's comp claims caused with restraint, with intervention and no restraint and with no intervention for individual facilities and system-wide.
- Charts with monthly data points of worker's compensation expenditures with limits for individual facilities and system-wide.
- Charts with monthly data points of FYTD worker's compensation expenditures with limits for individual facilities and system-wide.
- Charts with monthly data points of claims per 100 FTEs with limits for individual facilities and system-wide.
- Charts with monthly data points of FYTD claims per 100 FTEs with limits for individual facilities and system-wide.

Data Flow: **Numerator (N)** **Denominator (D)**



Data Integrity Review Process:

Not subject to DIR. This data is calculated and reported to TDMHMR by the Office of the Attorney General.

**Objective 5D - Workers Compensation
All MH Facilities**

Workers' Compensation Accepted Claims - Aggression By Client

			FY 2003			
	FY 2001	FY 2002	Q1	Q2	Q3	Q4
Austin State Hospital						
Intervention With Restraint	7	14				
Intervention With No Restraint	13	10				
No Intervention	5	5				
Big Spring State Hospital						
Intervention With Restraint	5	10				
Intervention With No Restraint	7	4				
No Intervention	4	1				
El Paso Psychiatric Center						
Intervention With Restraint						
Intervention With No Restraint						
No Intervention						
Kerrville State Hospital						
Intervention With Restraint	4	4				
Intervention With No Restraint	3	3				
No Intervention	4	3				
North Texas State Hospital						
Intervention With Restraint	23	21				
Intervention With No Restraint	10	6				
No Intervention	13	3				
Rio Grande State Center						
Intervention With Restraint	2	3				
Intervention With No Restraint	0	1				
No Intervention	3	5				
Rusk State Hospital						
Intervention With Restraint	12	7				
Intervention With No Restraint	11	2				
No Intervention	4	16				

**Objective 5D - Workers Compensation
All MH Facilities**

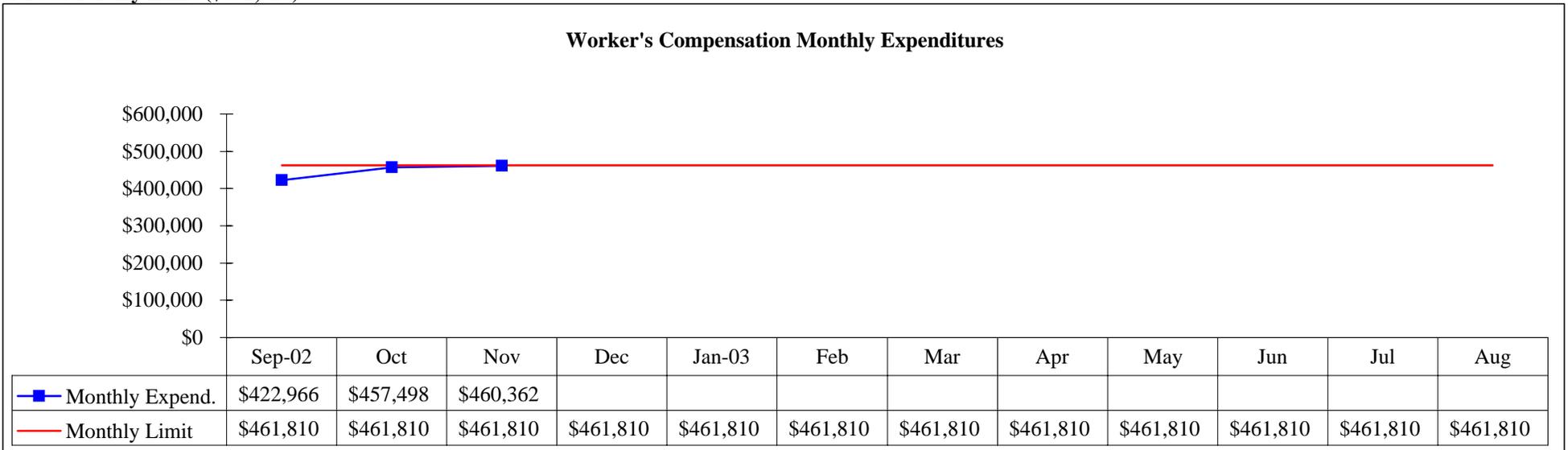
Workers' Compensation Accepted Claims - Aggression By Client

			FY 2003			
	FY 2001	FY 2002	Q1	Q2	Q3	Q4
San Antonio State Hospital						
Intervention With Restraint	14	10				
Intervention With No Restraint	12	10				
No Intervention	7	8				
Terrell State Hospital						
Intervention With Restraint	7	9				
Intervention With No Restraint	5	2				
No Intervention	7	10				
Waco Center For Youth						
Intervention With Restraint	2	1				
Intervention With No Restraint	0	0				
No Intervention	0	2				
All MH Facilities						
Intervention With Restraint	76	79				
Intervention With No Restraint	61	38				
No Intervention	47	53				

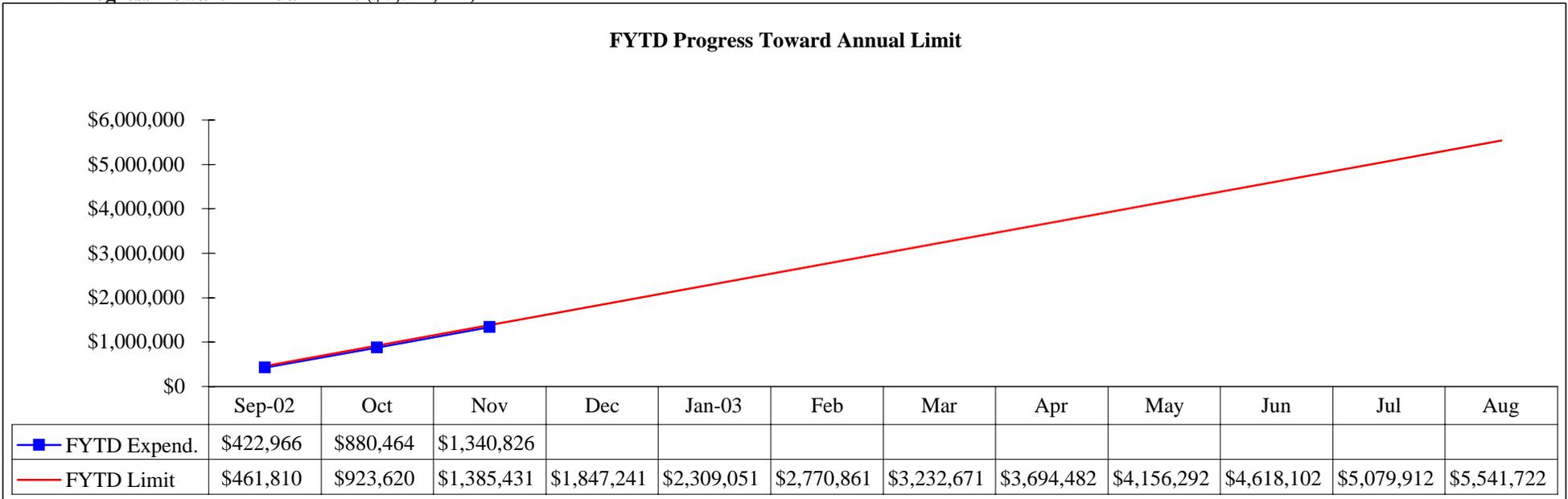
Objective 5D - Workers Compensation

All MH Facilities

FY03 Monthly Limit (\$461,810)



FYTD Progress Toward Annual Limit (\$5,541,722)



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

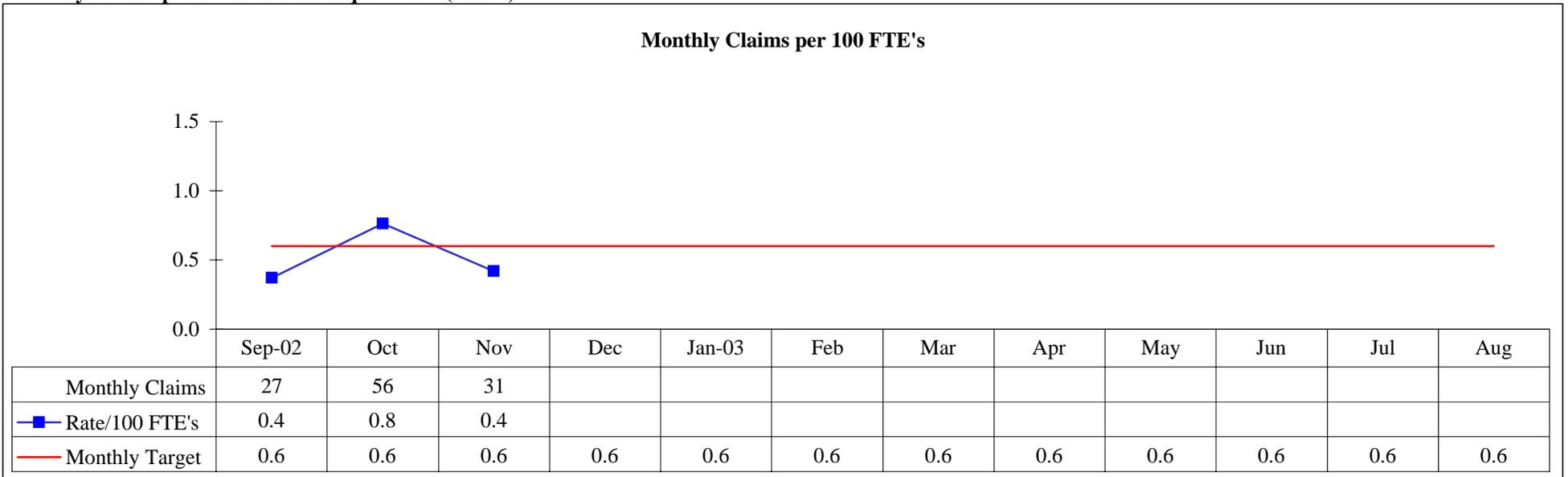
Chart: Management Data Services

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

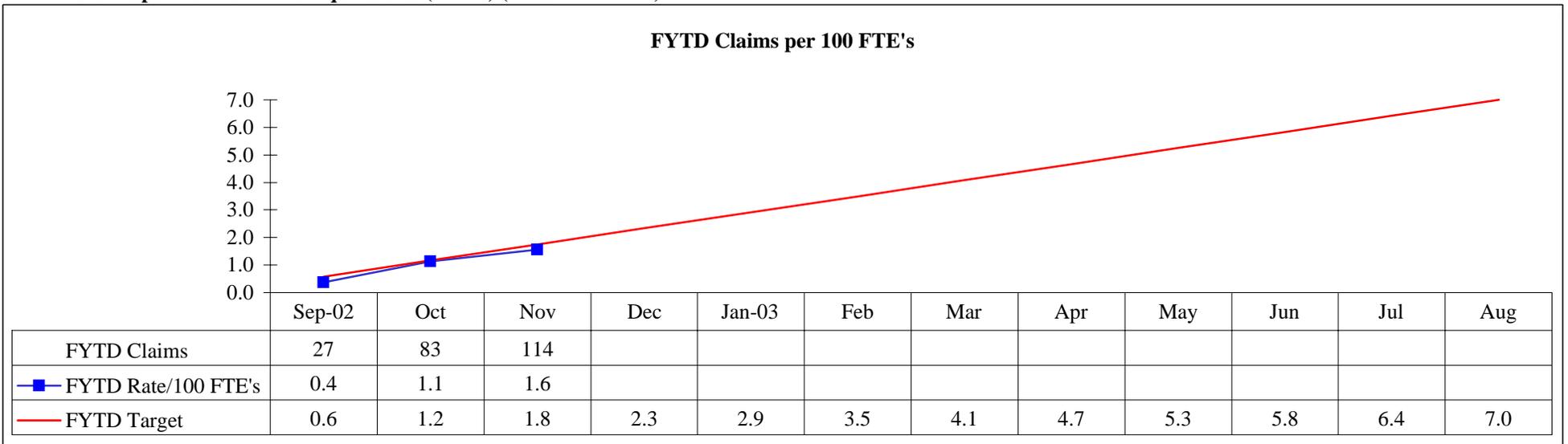
Objective 5D - Workers Compensation

All MH Facilities

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 7.0)



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

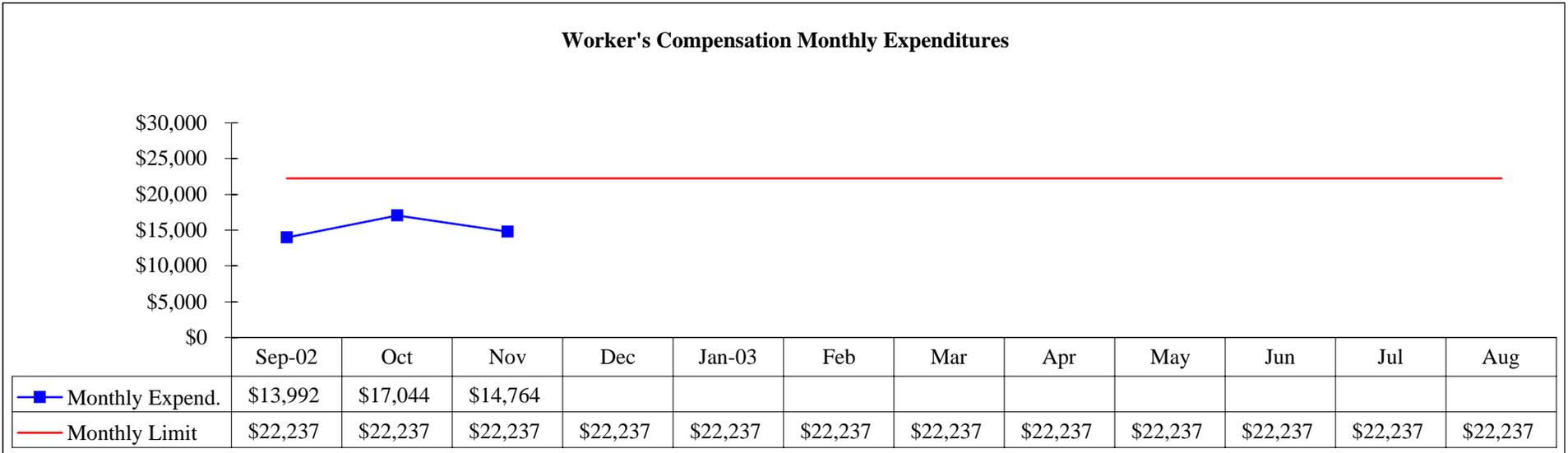
Chart: Management Data Services

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

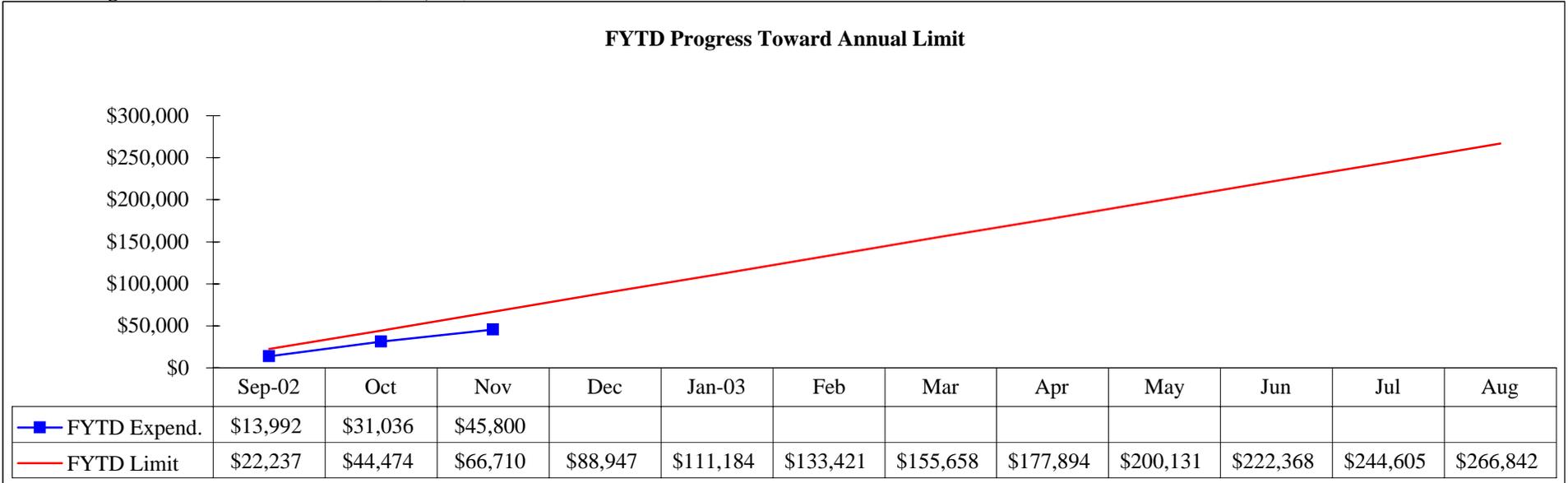
Objective 5D - Workers Compensation

Austin State Hospital

FY03 Monthly Limit (\$22,237)



FYTD Progress Toward Annual Limit (\$266,842)



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

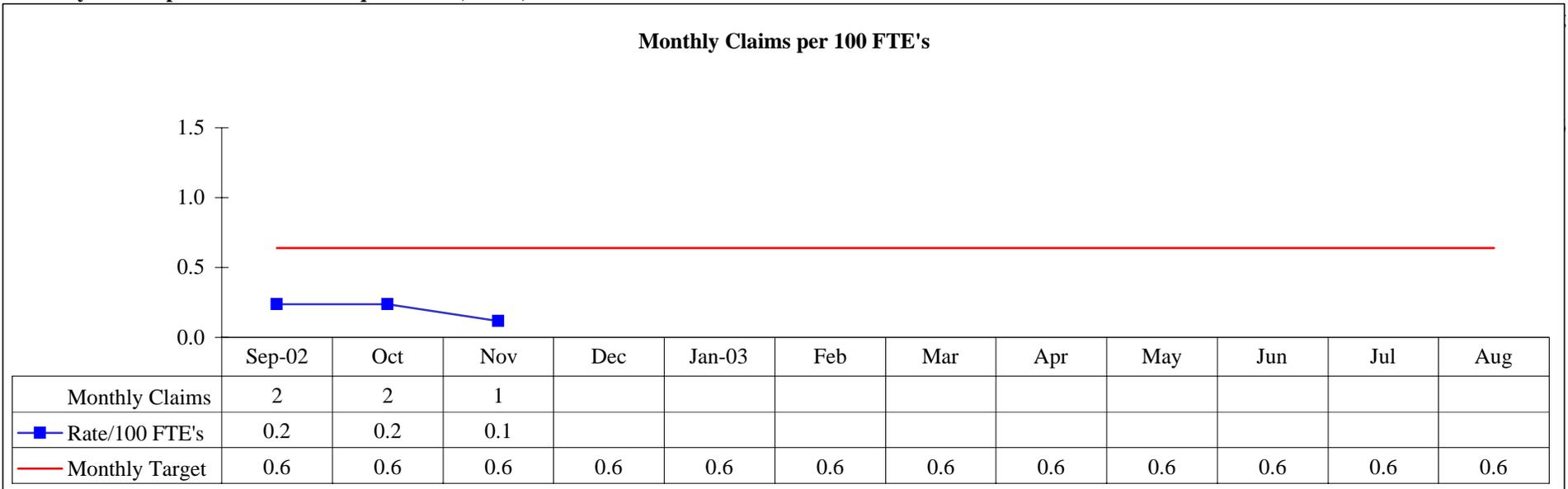
Chart: Management Data Services

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

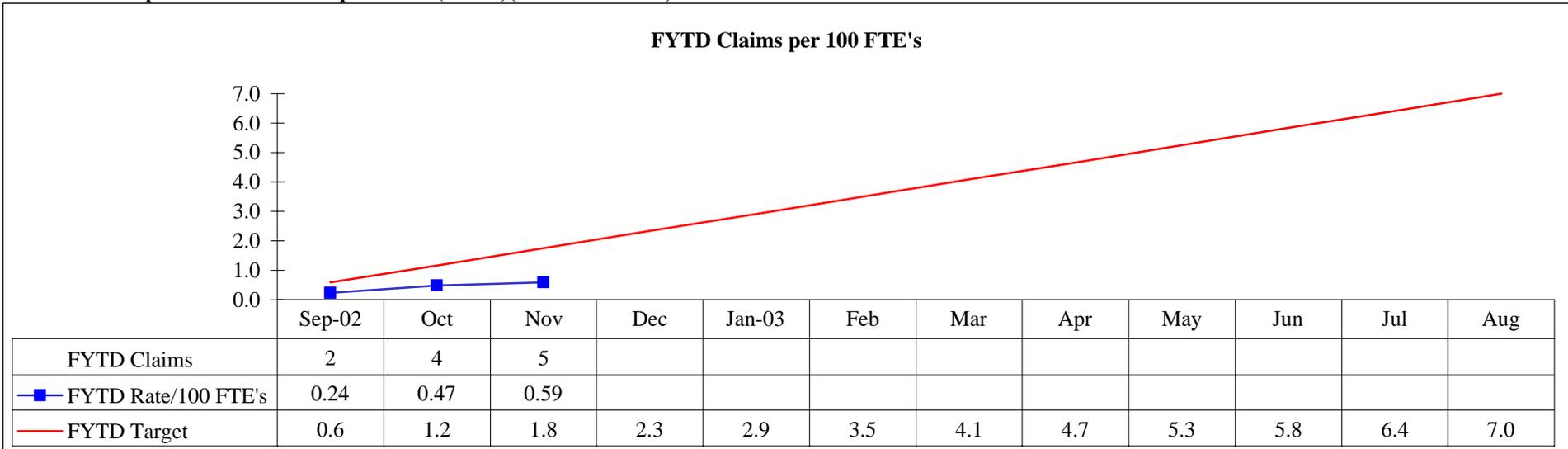
Objective 5D - Workers Compensation

Austin State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's)(FY03 Limit: 7.0)

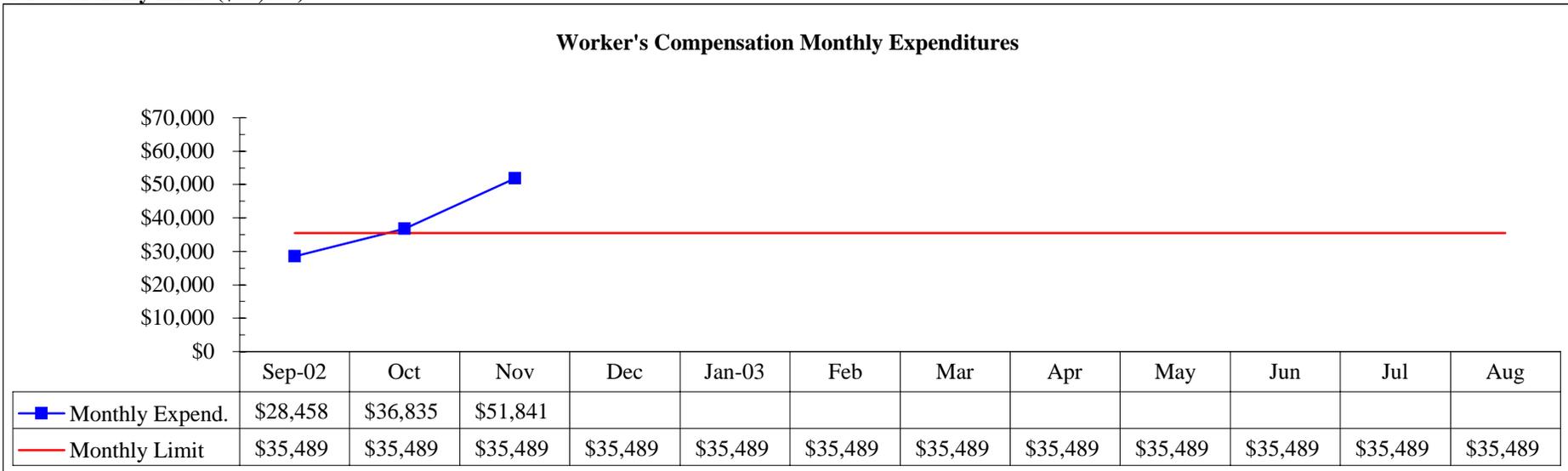


FYTD expenditure may not equal the sum of individual months due to "rounding".

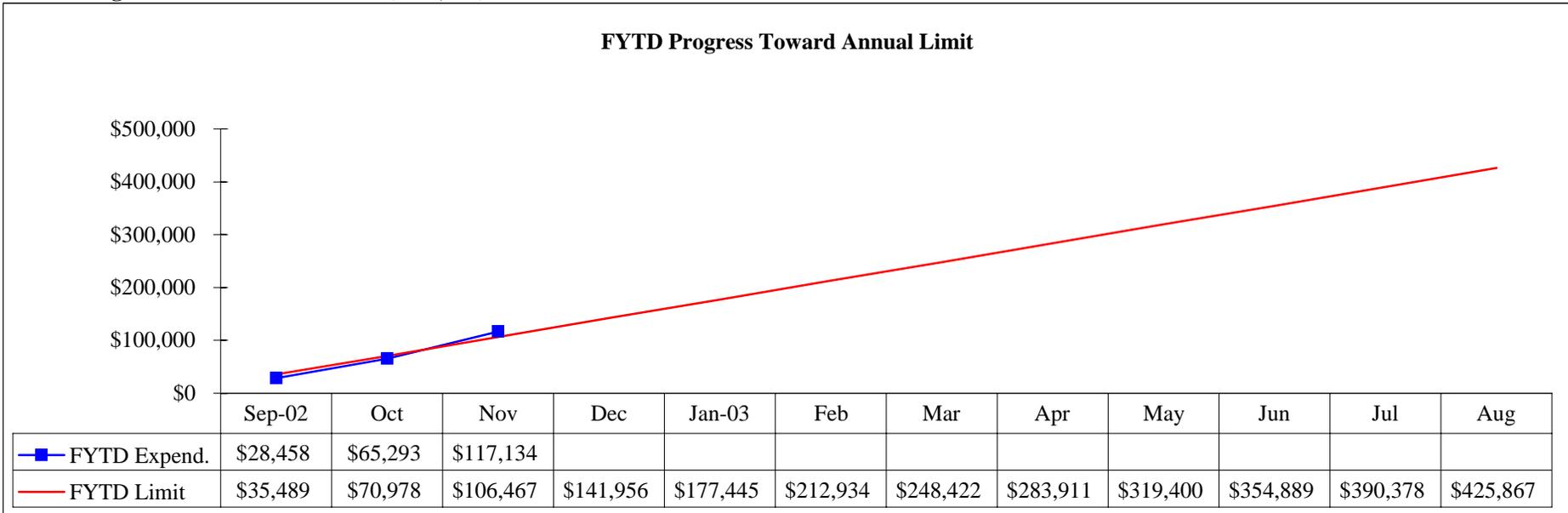
Chart: Management Data Services

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

Objective 5D - Workers Compensation
Big Spring State Hospital
FY03 Monthly Limit (\$35,489)



FYTD Progress Toward Annual Limit (\$425,867)



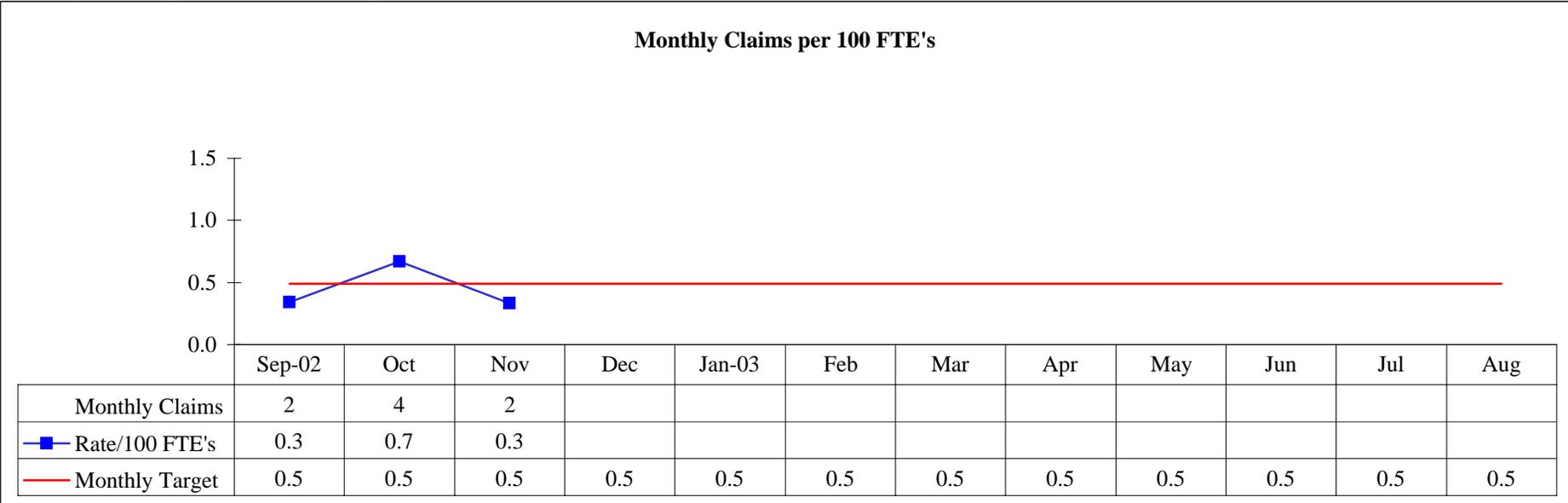
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

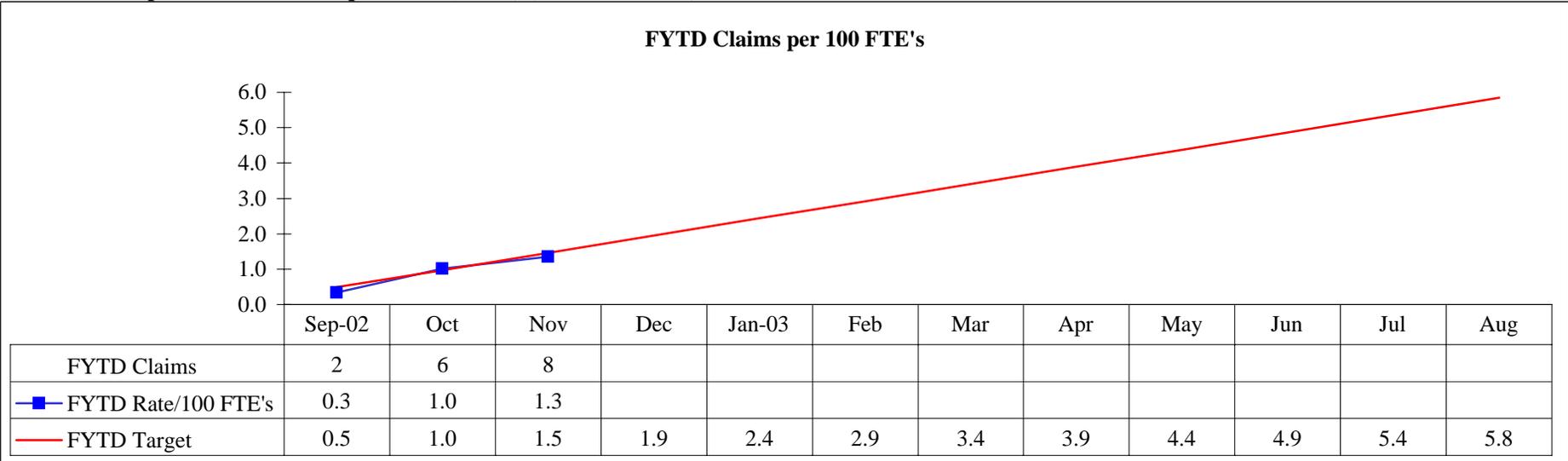
Objective 5D - Workers Compensation

Big Spring State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 5.8)

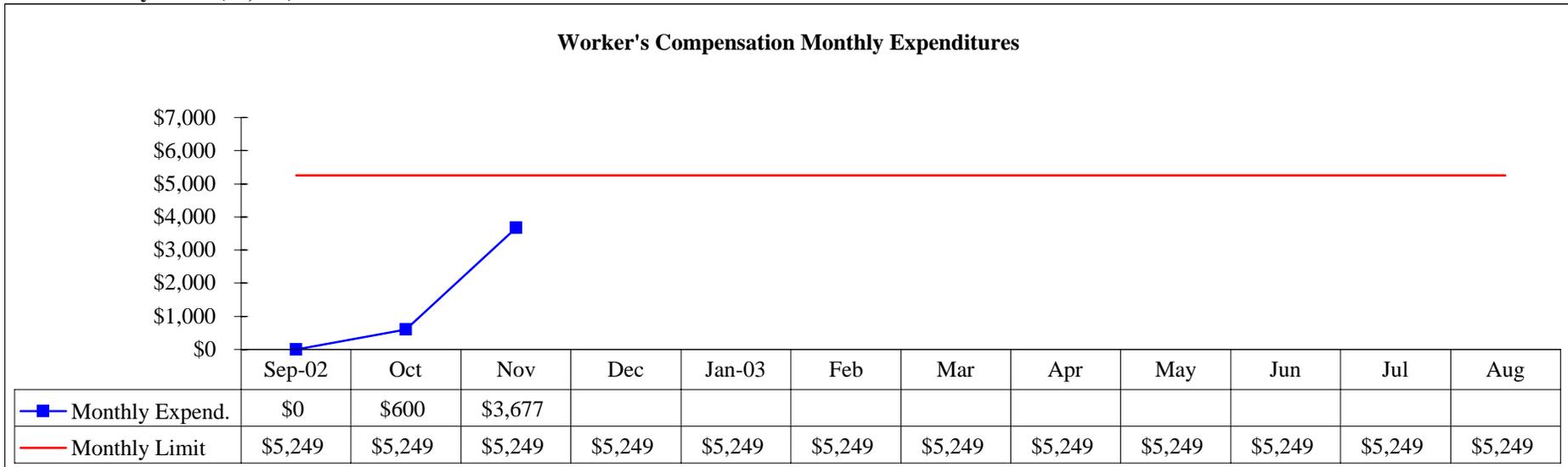


FYTD expenditure may not equal the sum of individual months due to "rounding".

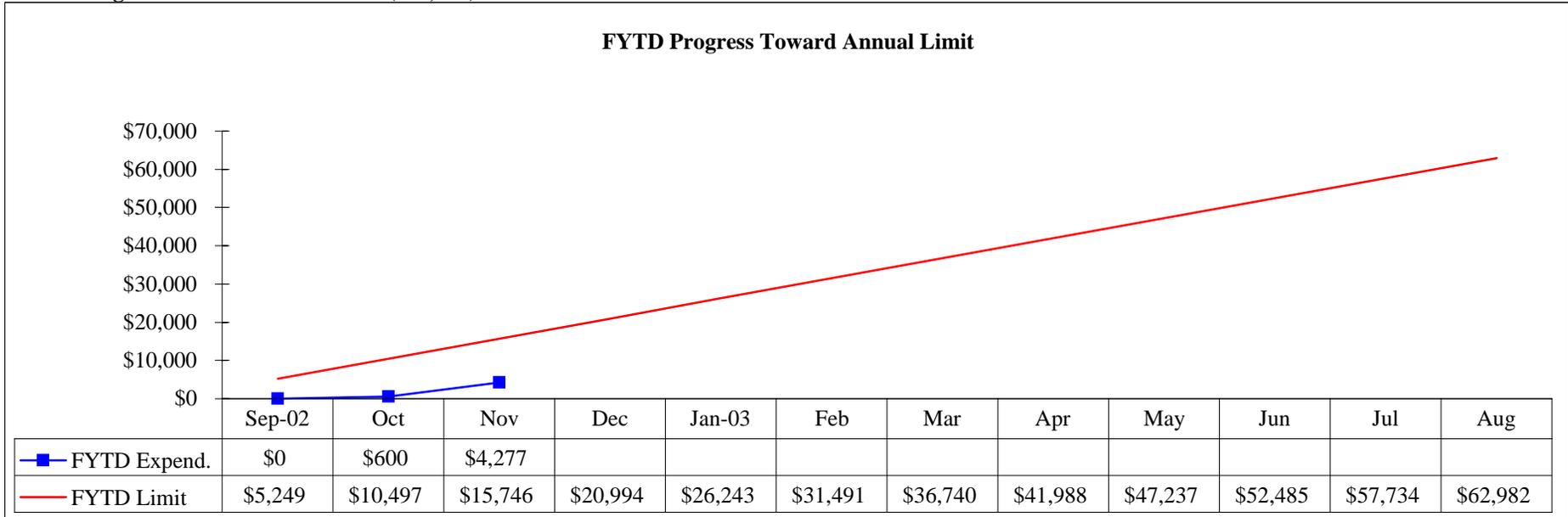
Chart: Management Data Services

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

Objective 5D - Workers Compensation
El Paso Psychiatric Center
FY03 Monthly Limit (\$5,249)



FYTD Progress Toward Annual Limit (\$62,982)



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

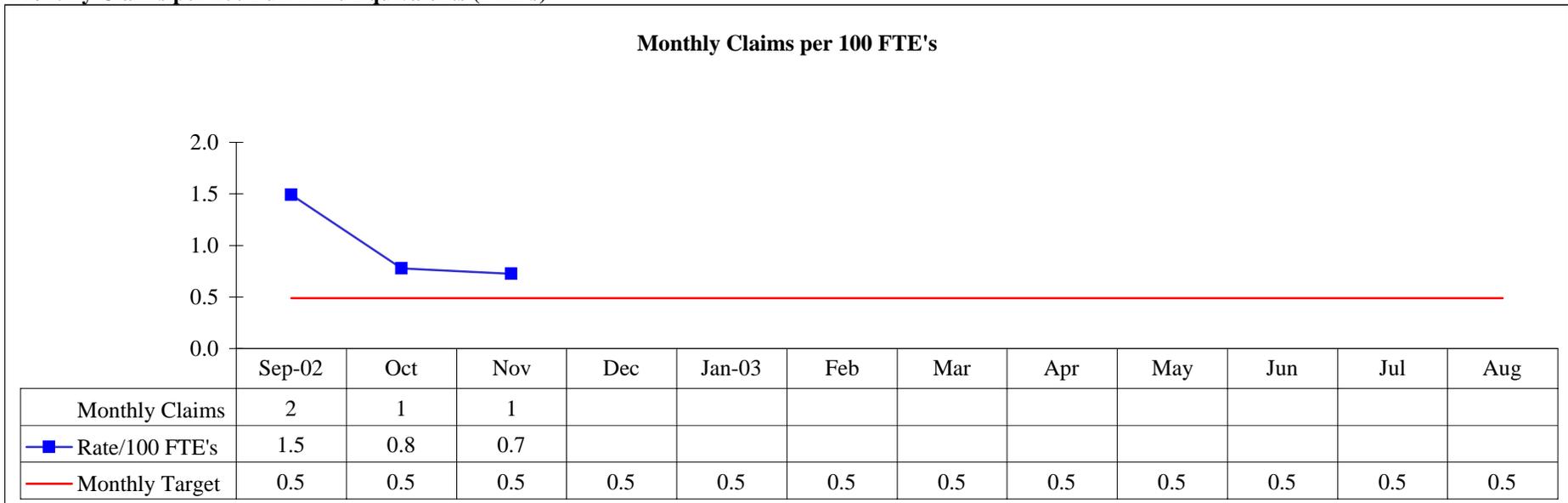
Chart: Management Data Services

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

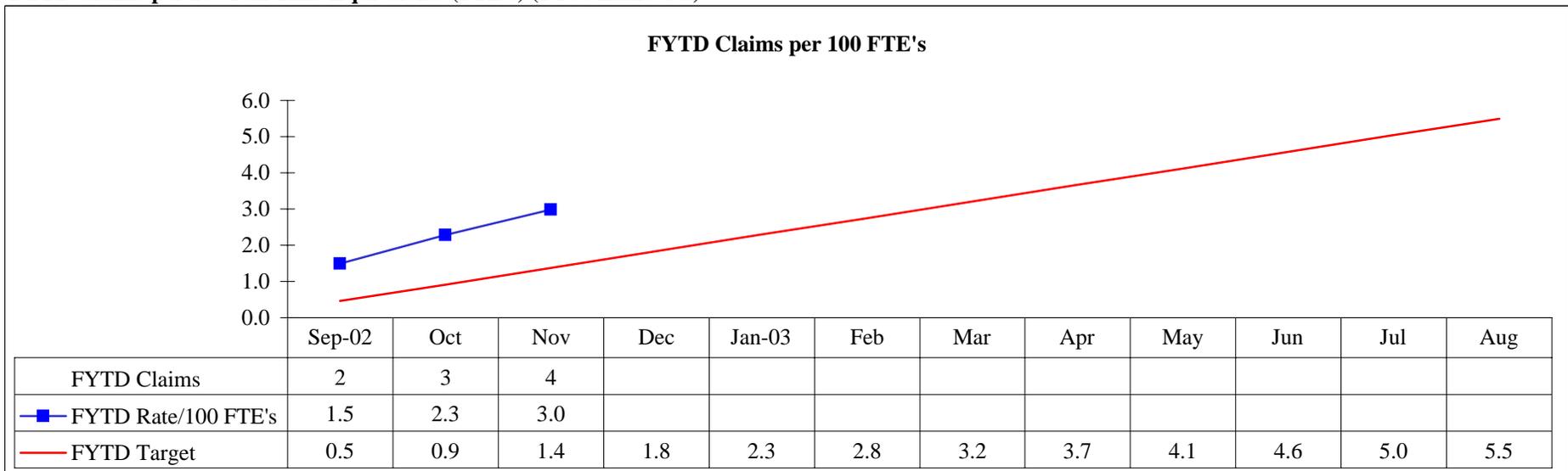
Objective 5D - Workers Compensation

El Paso Psychiatric Center

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 5.5)

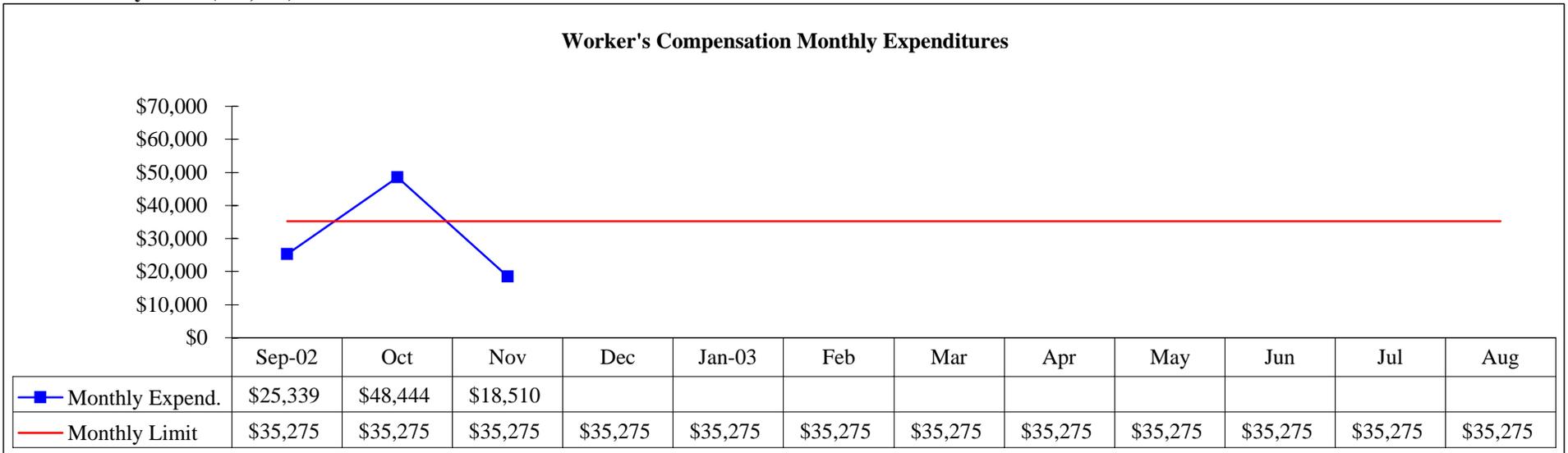


FYTD expenditure may not equal the sum of individual months due to "rounding".

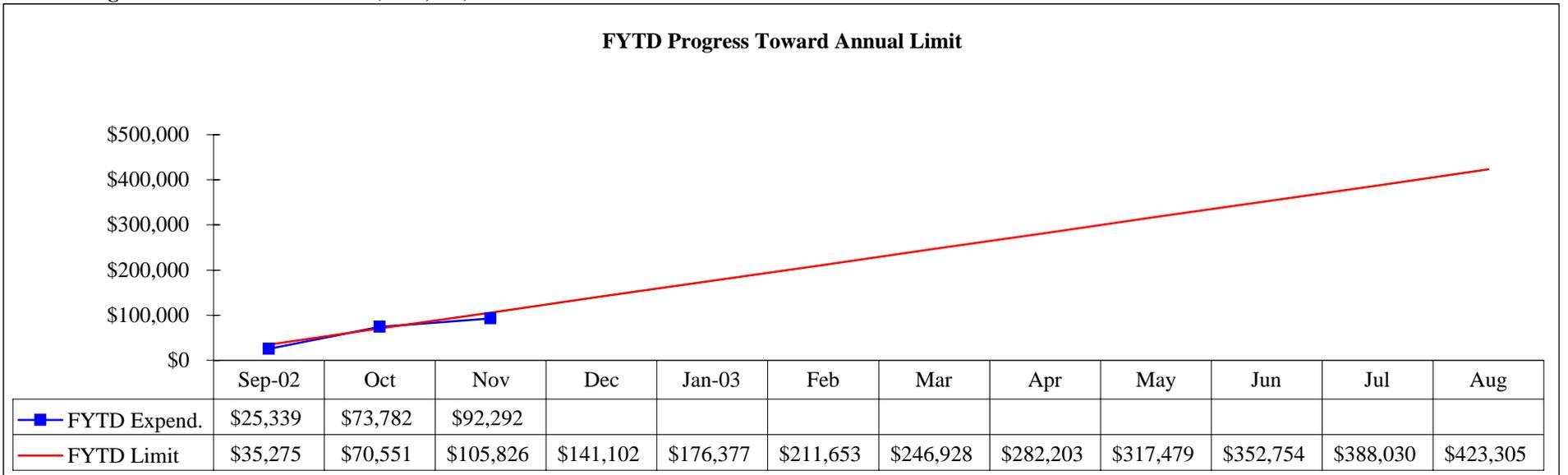
Chart: Management Data Services

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

Objective 5D - Workers Compensation
Kerrville State Hospital
FY03 Monthly Limit (\$35,275)



FYTD Progress Toward Annual Limit (\$423,305)



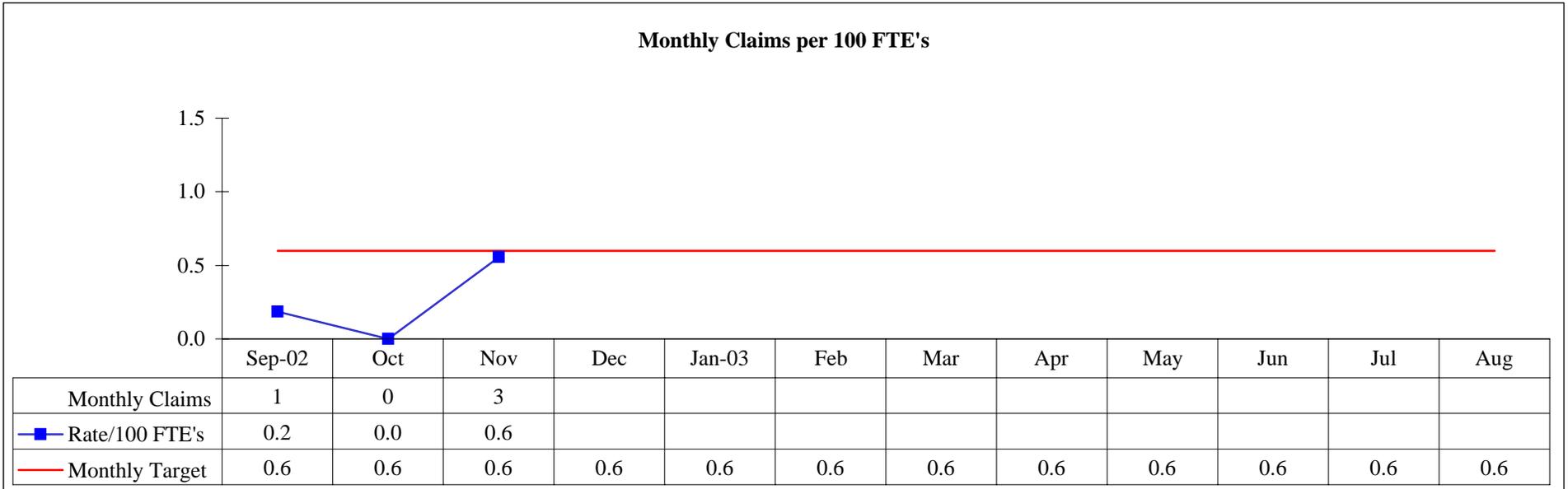
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

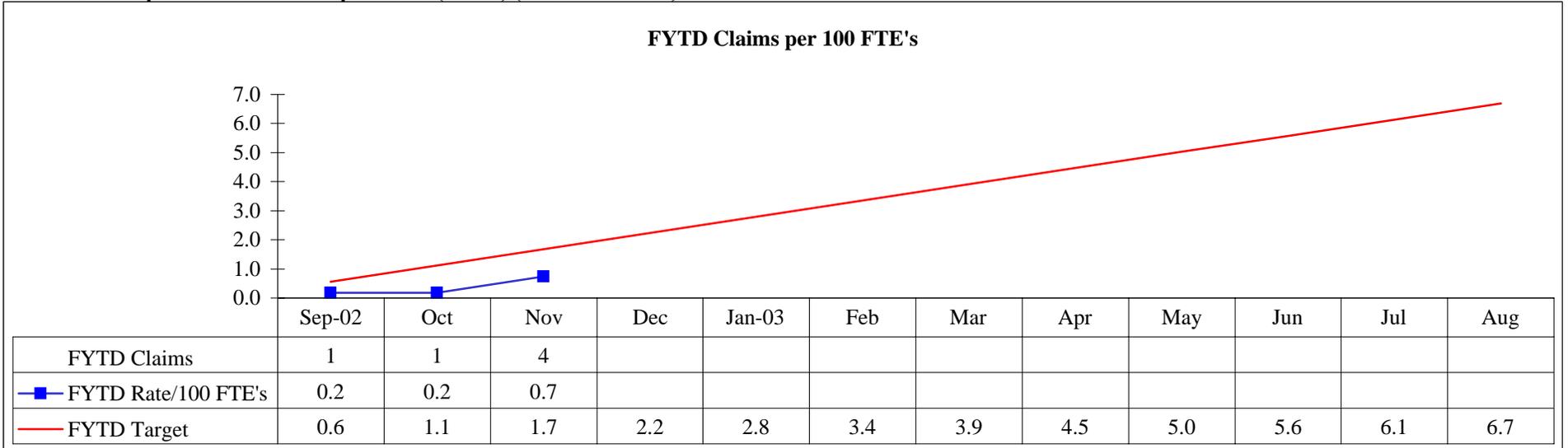
Objective 5D - Workers Compensation

Kerrville State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 6.7)

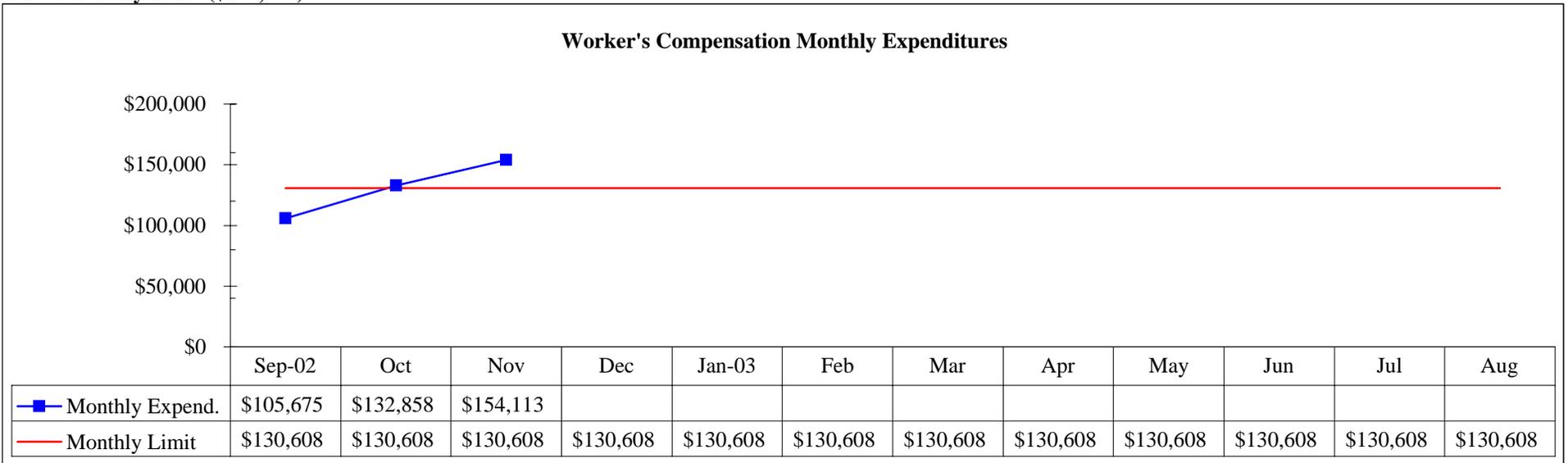


FYTD expenditure may not equal the sum of individual months due to "rounding".

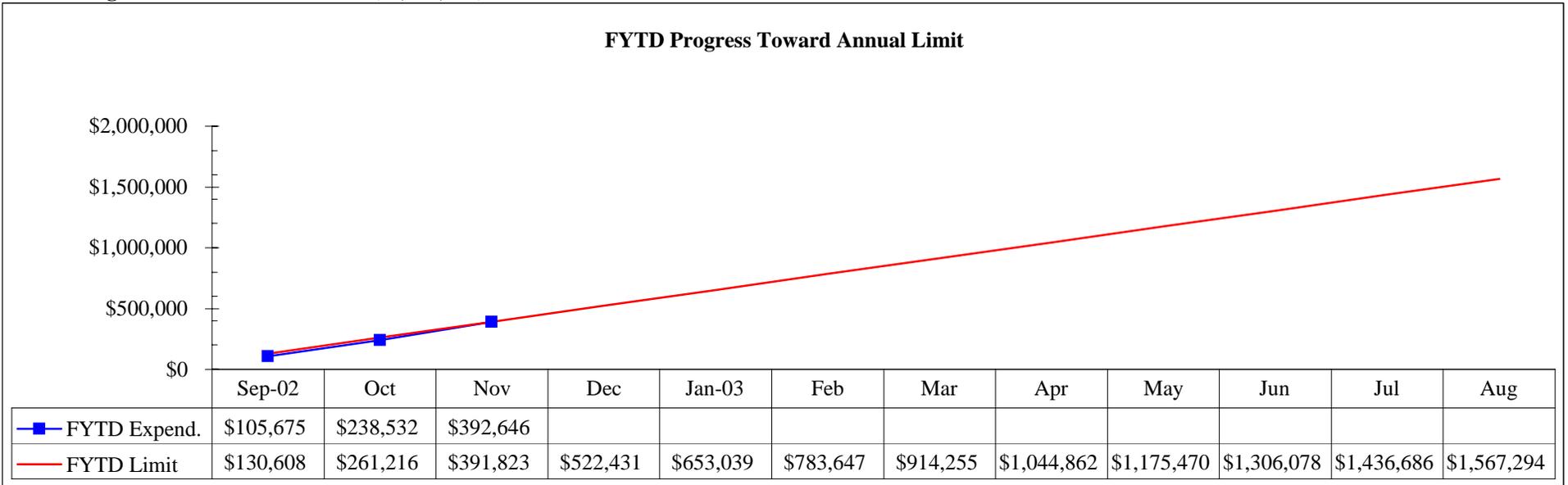
Chart: Management Data Services

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

Objective 5D - Workers Compensation
North Texas State Hospital
FY03 Monthly Limit (\$130,608)



FYTD Progress Toward Annual Limit (\$1,567,294)



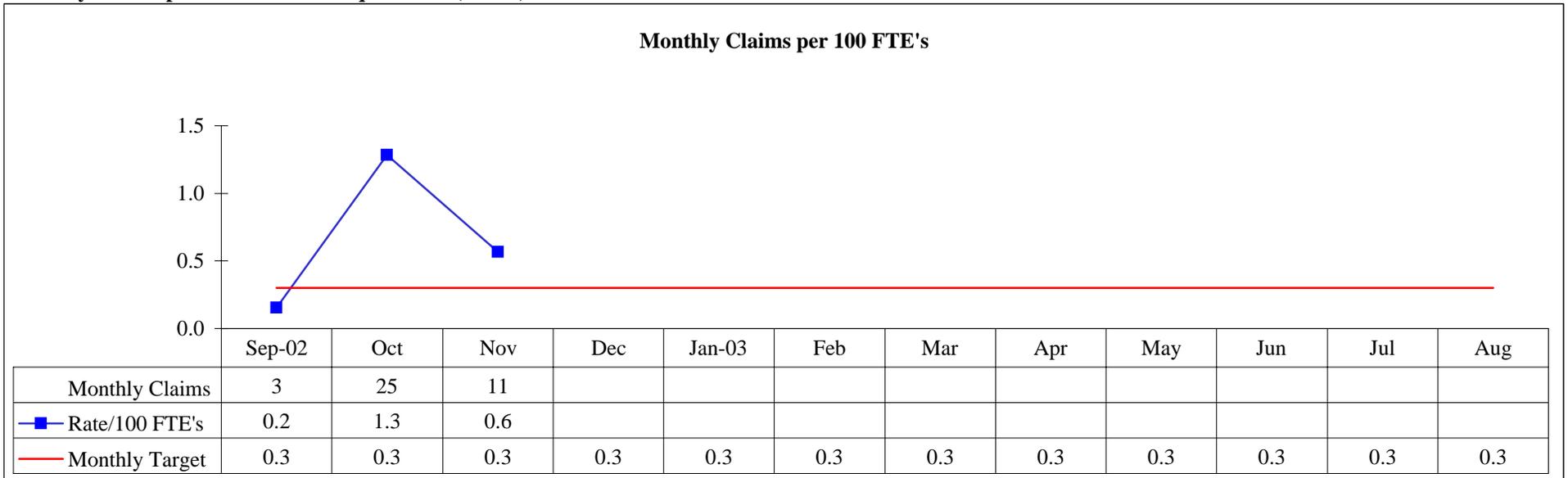
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

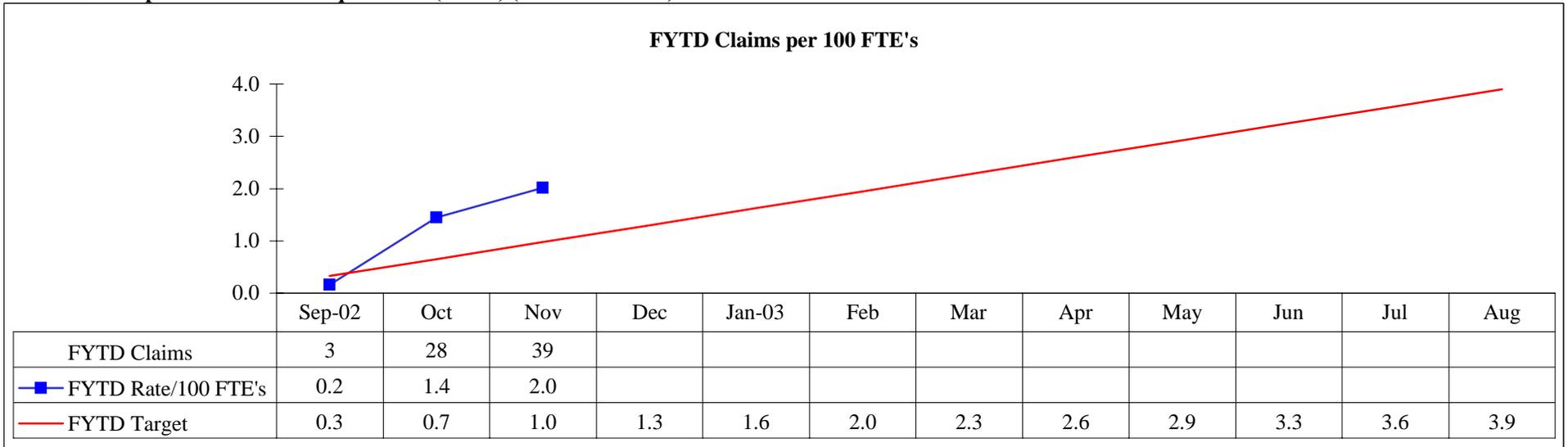
Objective 5D - Workers Compensation

North Texas State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 3.9)



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

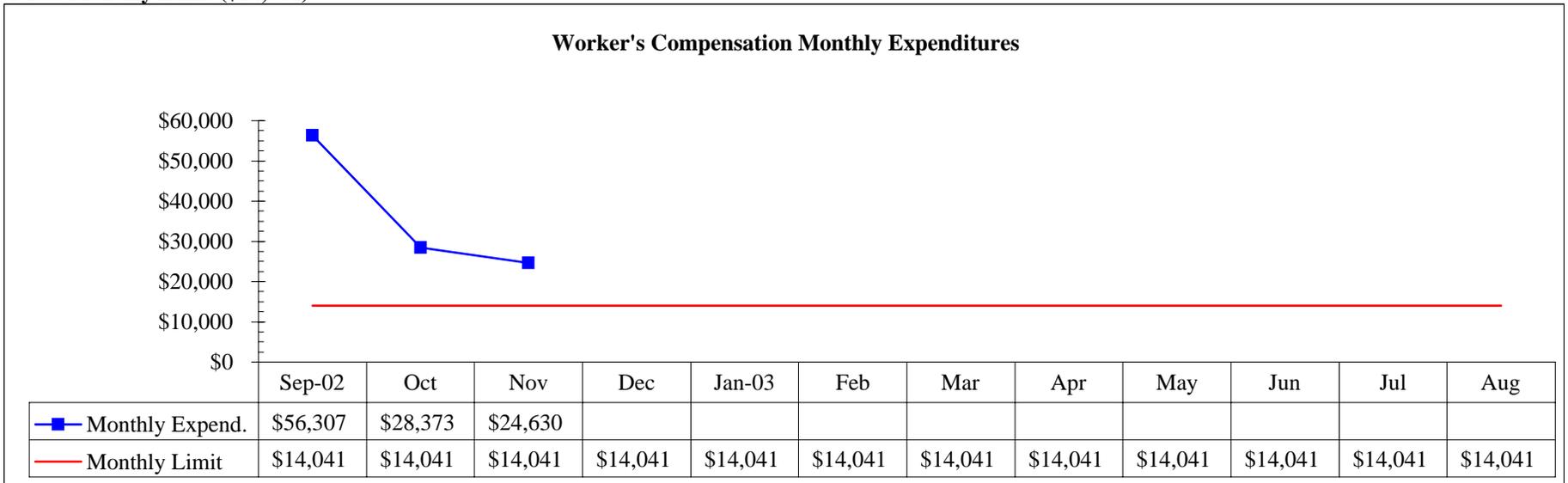
Chart: Management Data Services

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

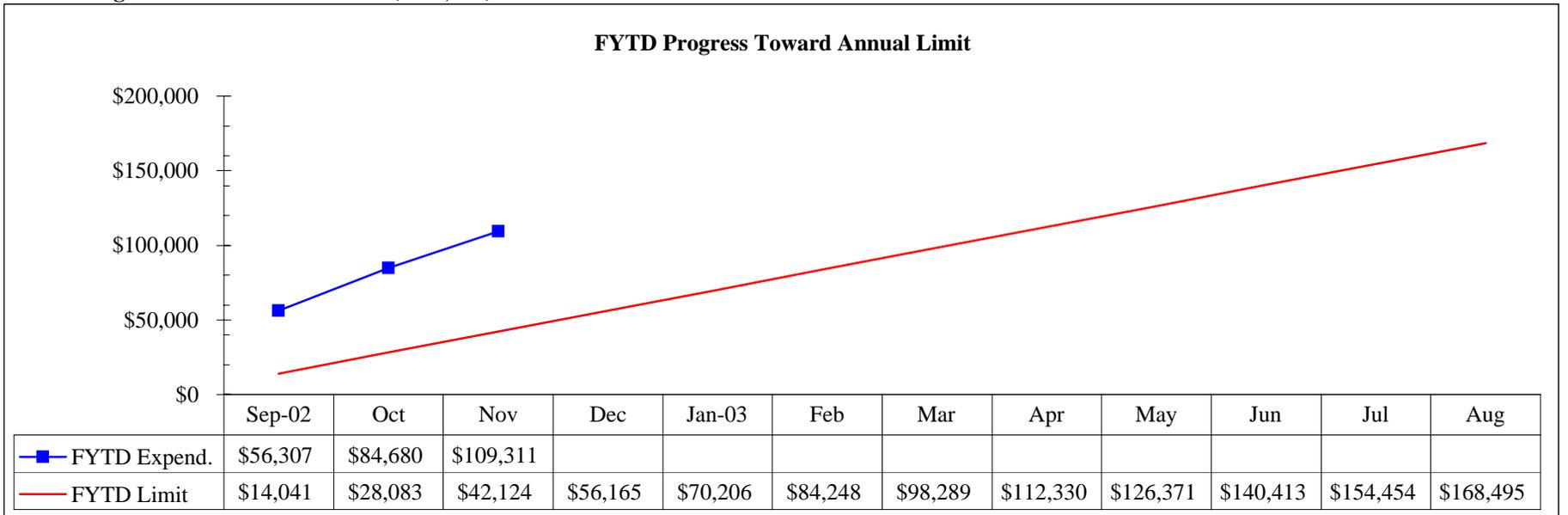
Objective 5D - Workers Compensation

Rio Grande State Center

FY03 Monthly Limit (\$14,041)



FYTD Progress Toward Annual Limit (\$168,495)



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

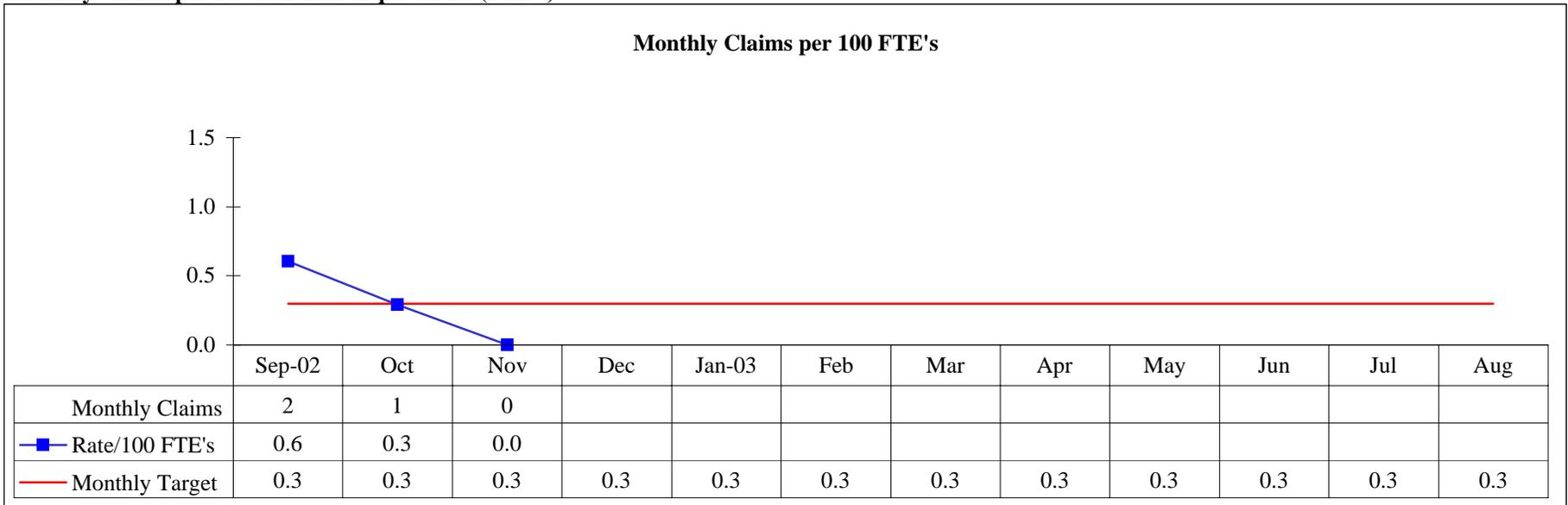
Chart: Management Data Services

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

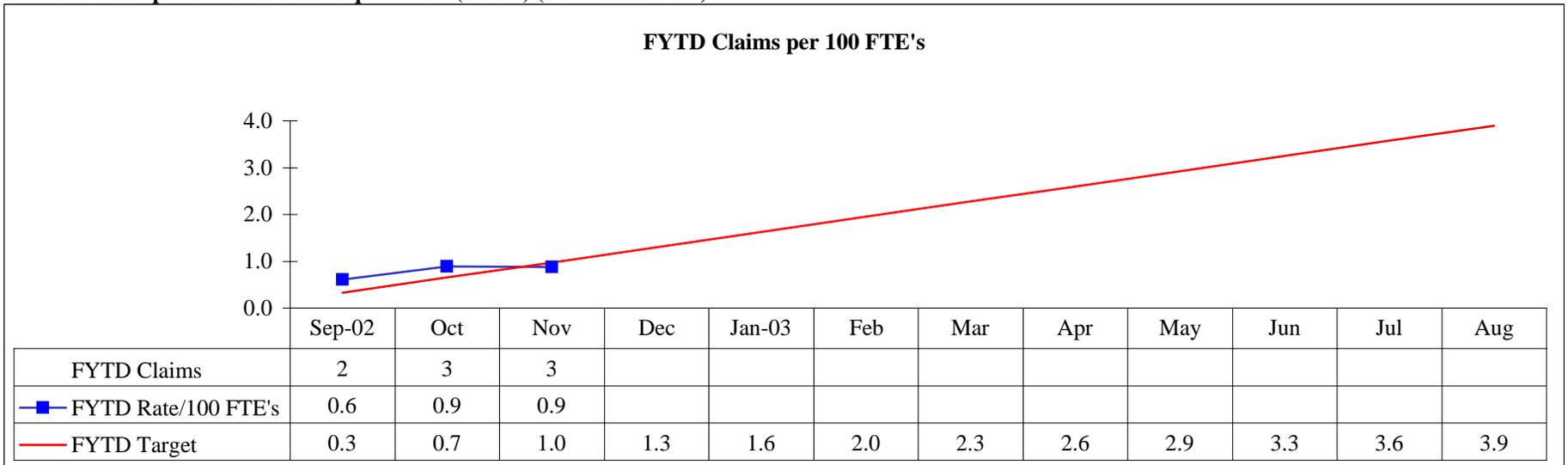
Objective 5D - Workers Compensation

Rio Grande State Center

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 3.9)



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

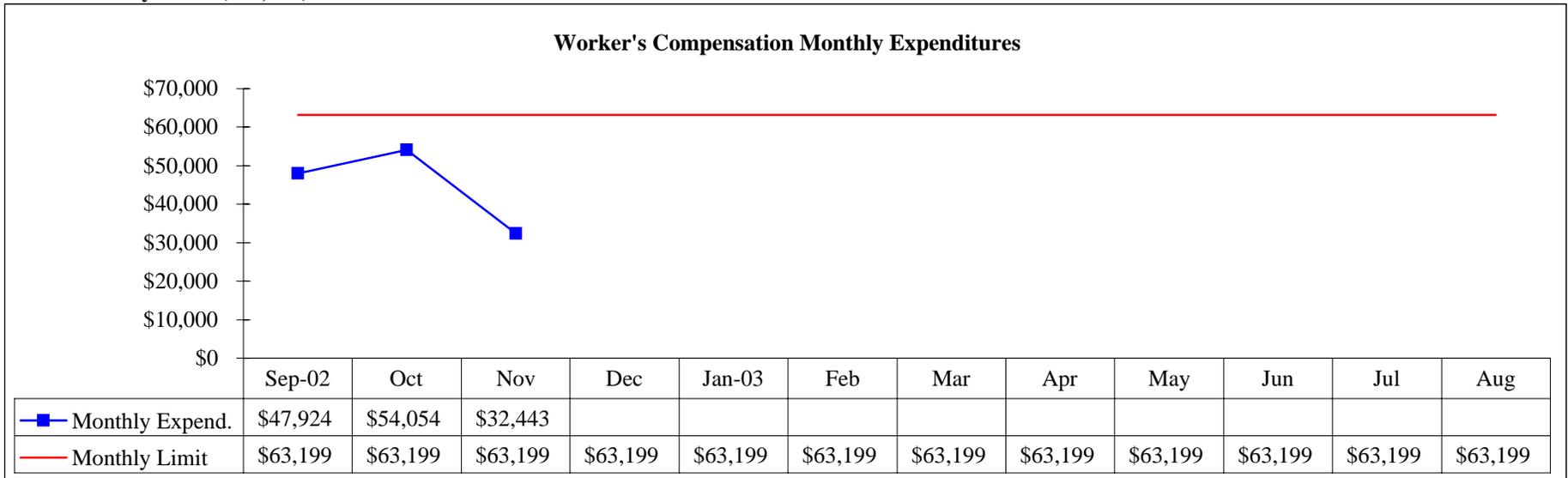
Chart: Management Data Services

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

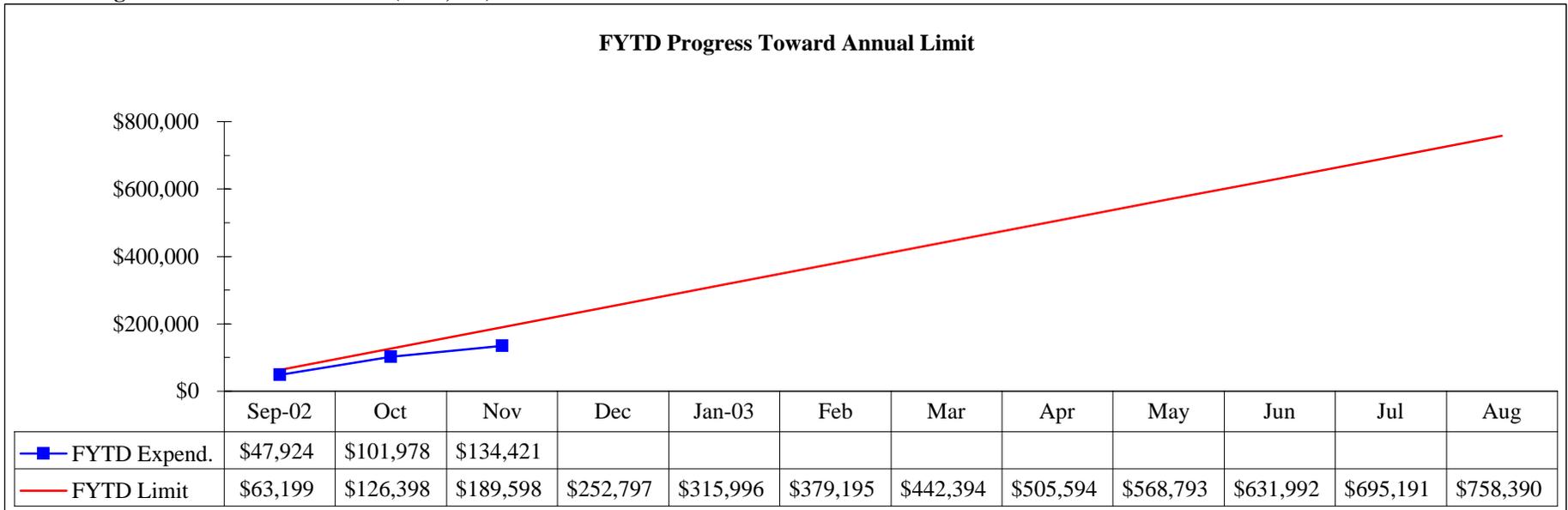
Objective 5D - Workers Compensation

Rusk State Hospital

FY03 Monthly Limit (\$63,199)



FYTD Progress Toward Annual Limit (\$758,390)



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

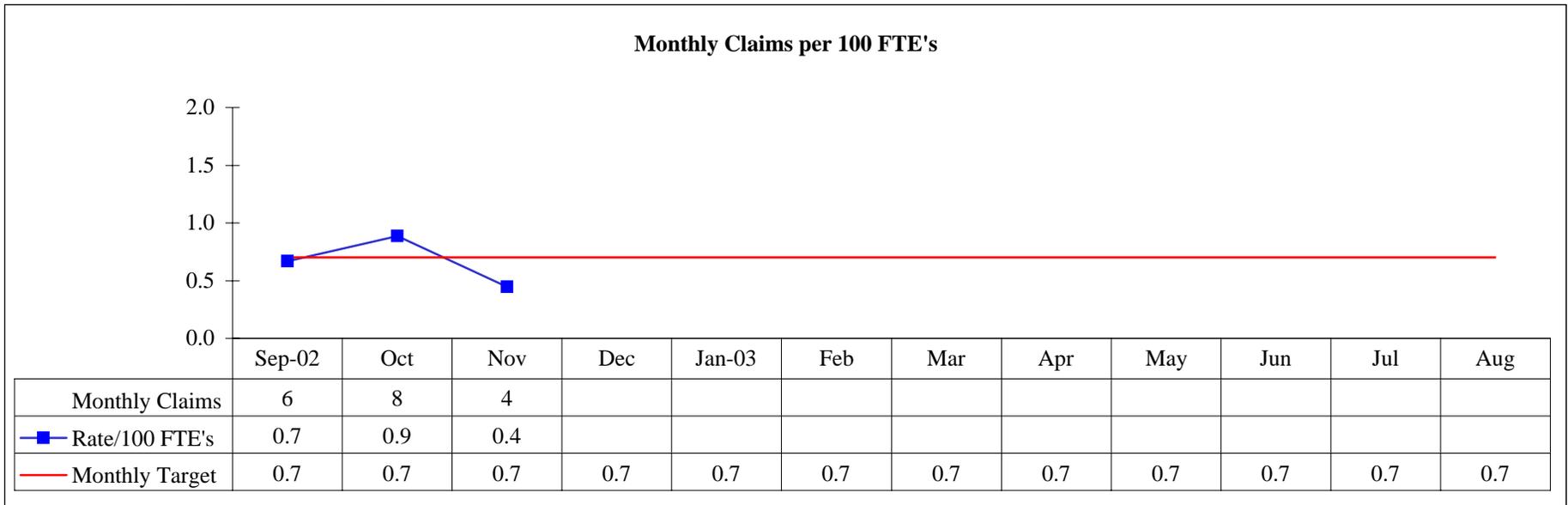
Chart: Management Data Services

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

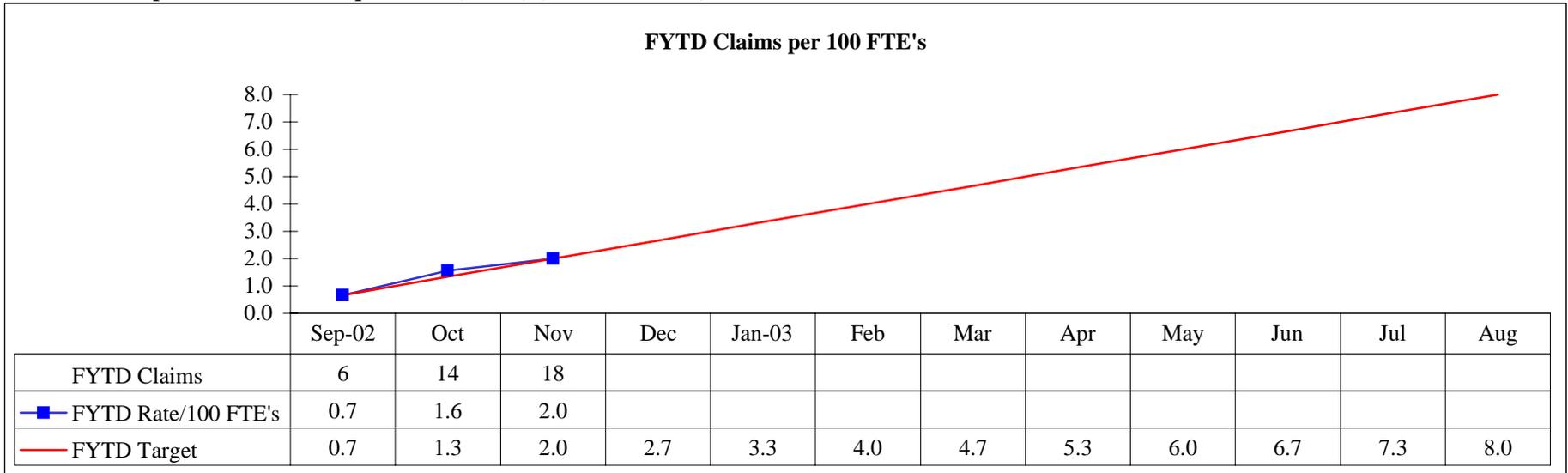
Objective 5D - Workers Compensation

Rusk State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 8.0)

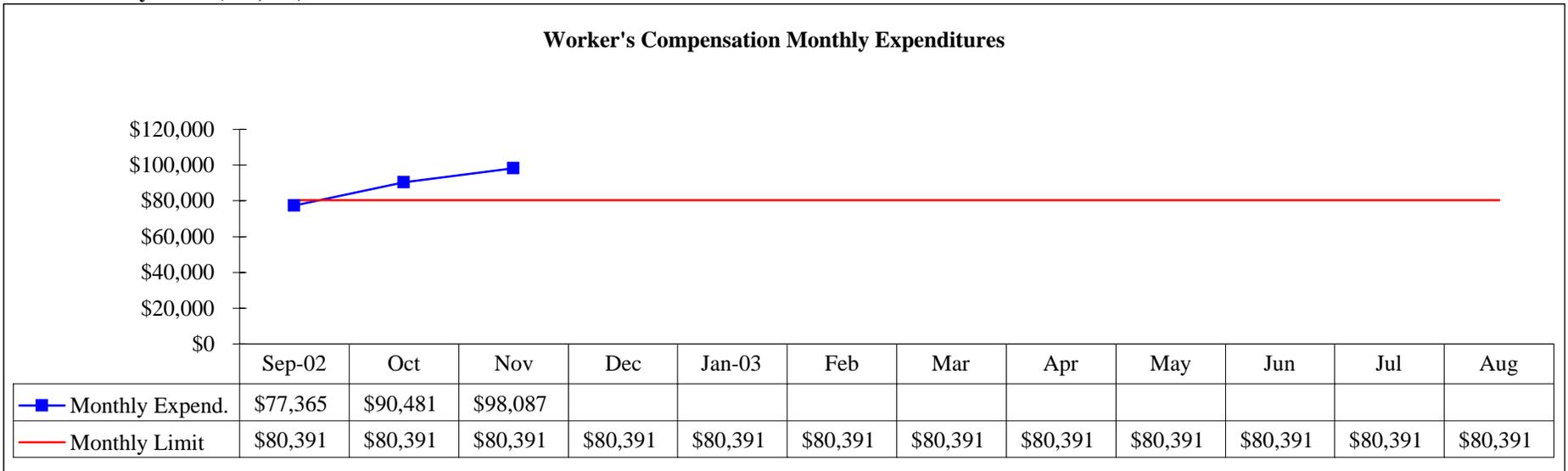


FYTD expenditure may not equal the sum of individual months due to "rounding".

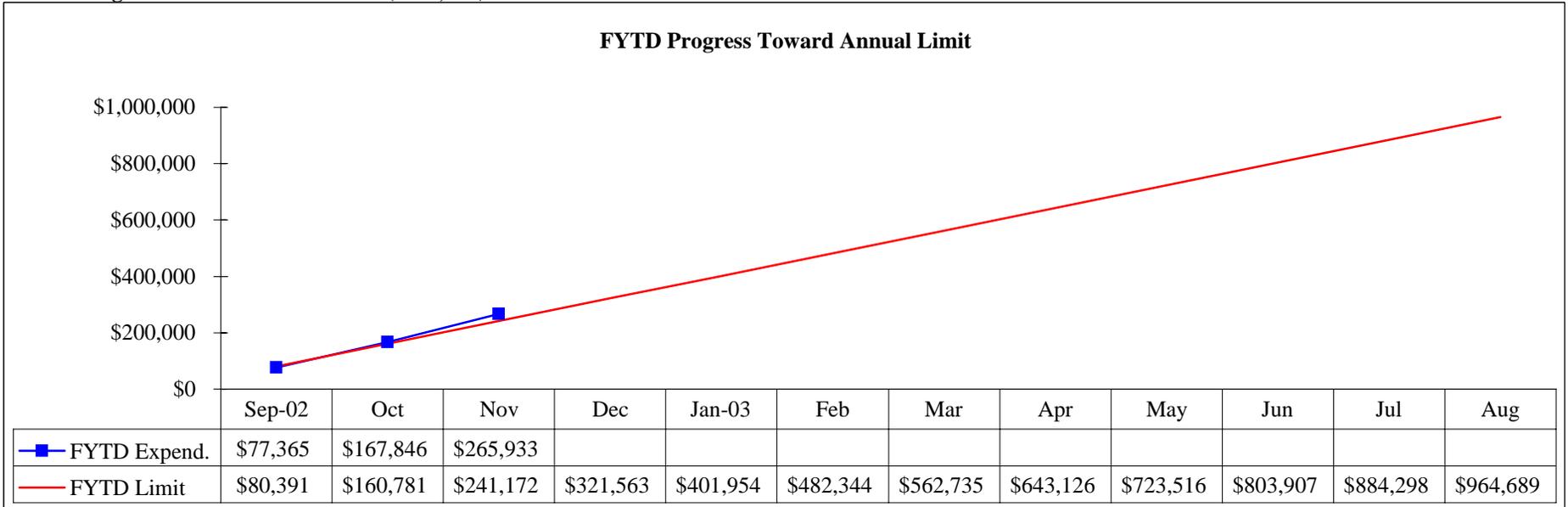
Chart: Management Data Services

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

Objective 5D - Workers Compensation
San Antonio State Hospital
FY03 Monthly Limit (\$80,391)



FYTD Progress Toward Annual Limit (\$964,689)



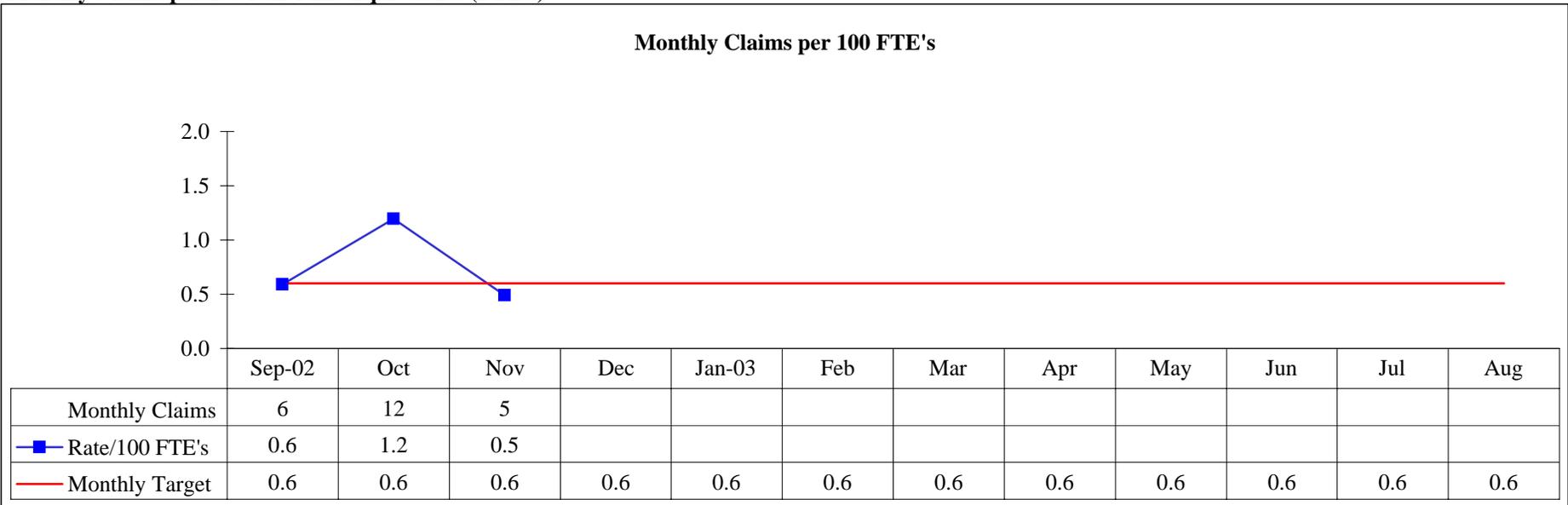
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

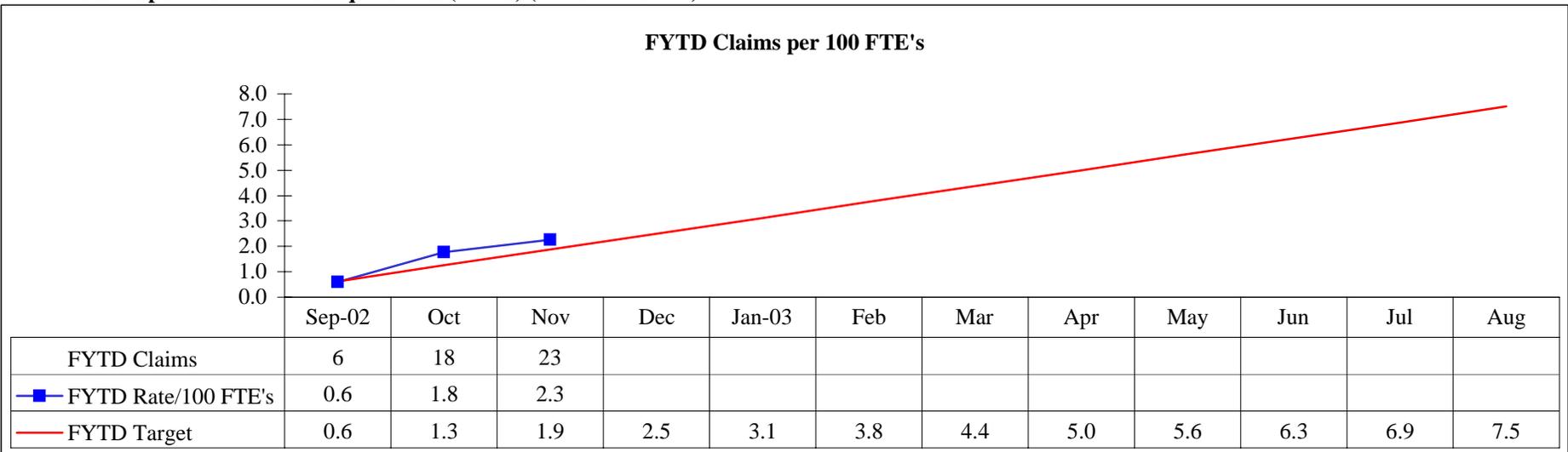
Objective 5D - Workers Compensation

San Antonio State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 7.5)

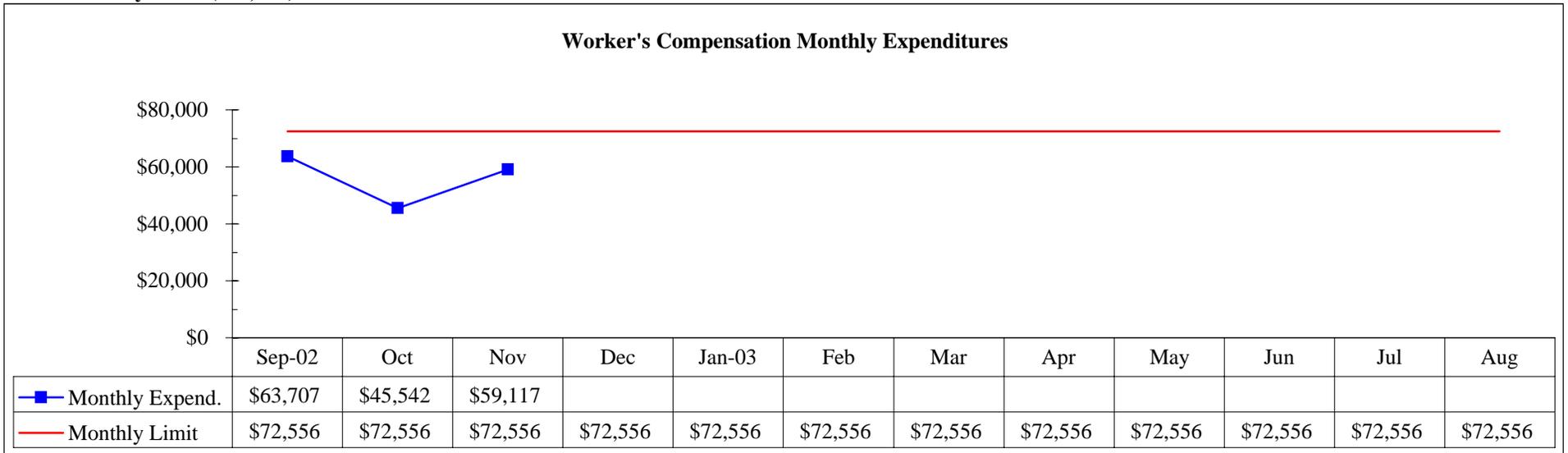


FYTD expenditure may not equal the sum of individual months due to "rounding".

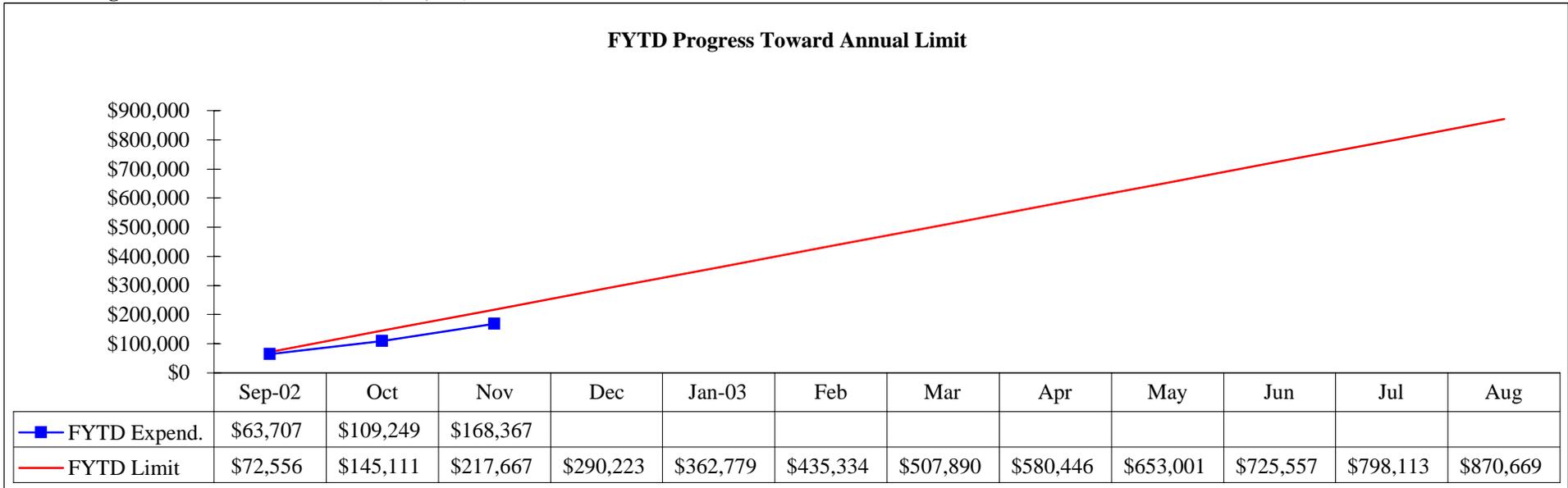
Chart: Management Data Services

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

Objective 5D - Workers Compensation
Terrell State Hospital
FY03 Monthly Limit (\$72,556)



FYTD Progress Toward Annual Limit (\$870,669)



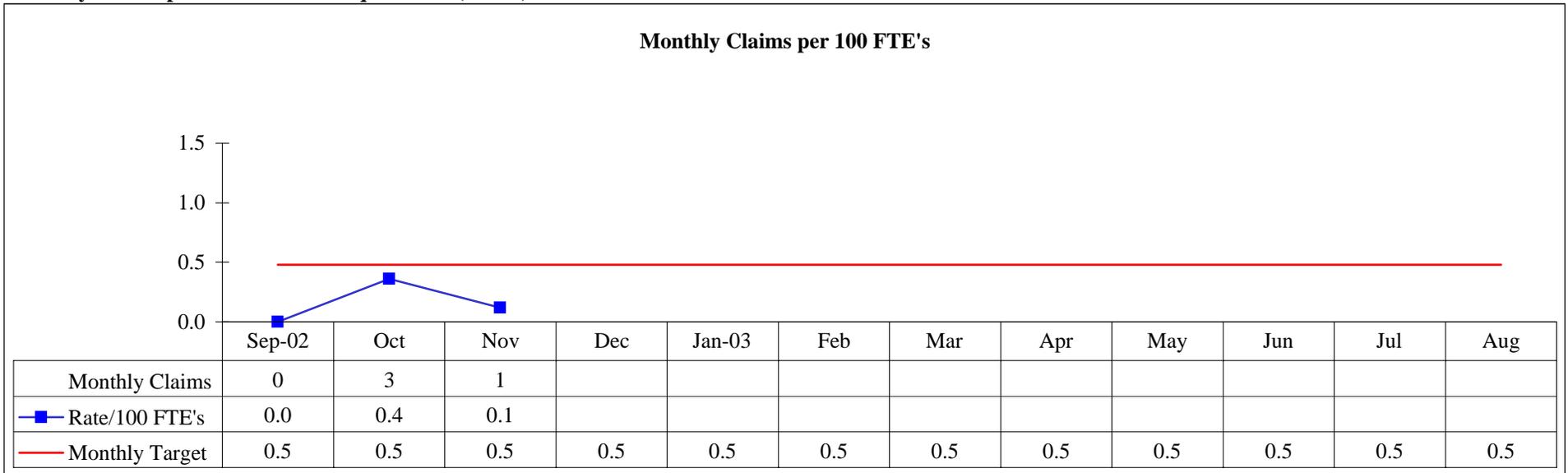
FYTD expenditure may not equal the sum of individual months due to "rounding".
 Chart: Management Data Services

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

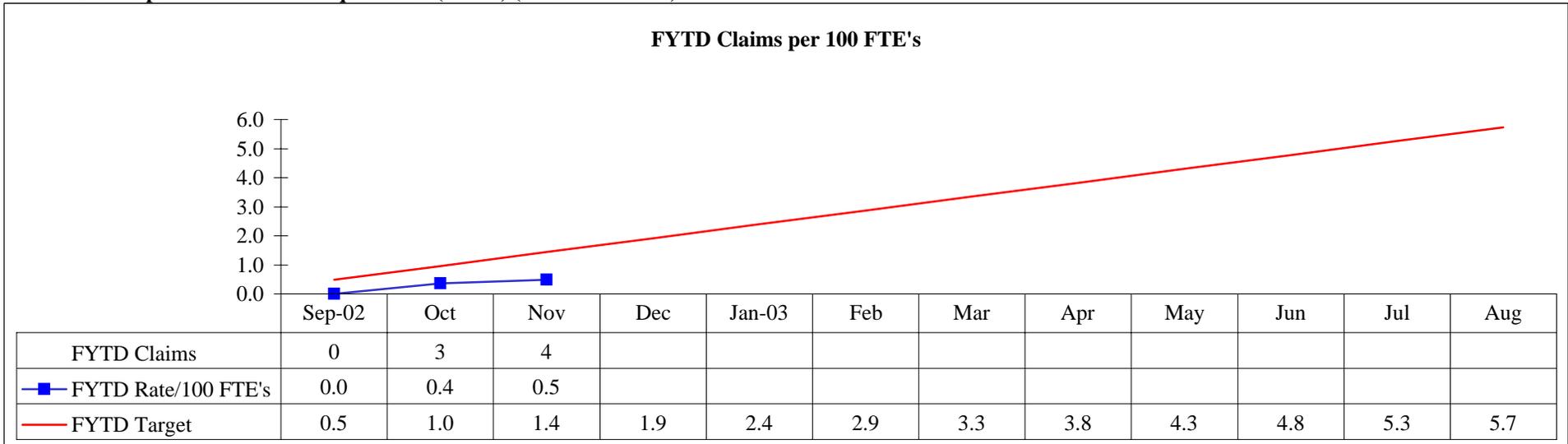
Objective 5D - Workers Compensation

Terrell State Hospital

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



FYTD Claims per 100 Full Time Equivalents (FTE's) (FY03 Limit: 5.7)



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

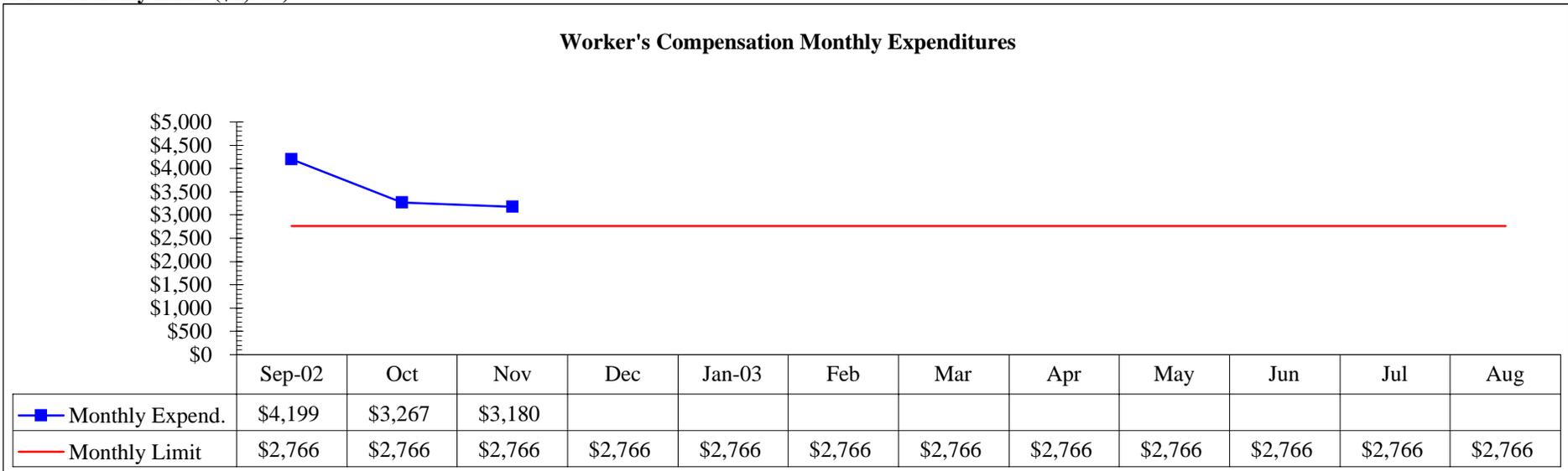
Chart: Management Data Services

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

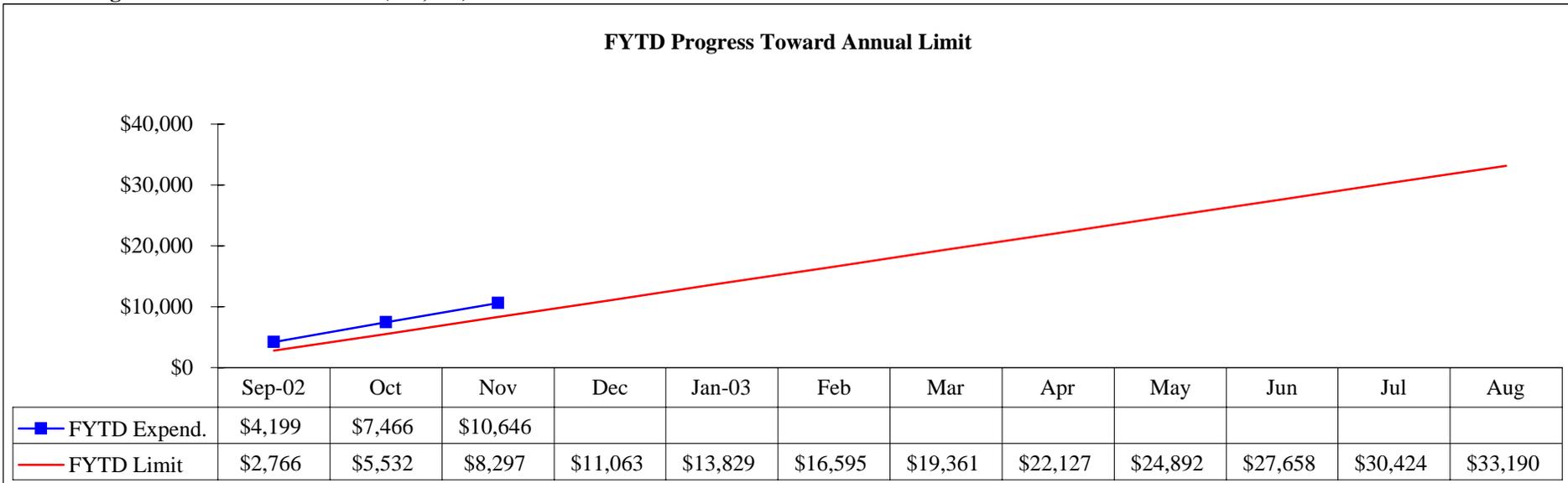
Objective 5D - Workers Compensation

Waco Center for Youth

FY03 Monthly Limit (\$2,766)



FYTD Progress Toward Annual Limit (\$33,190)



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

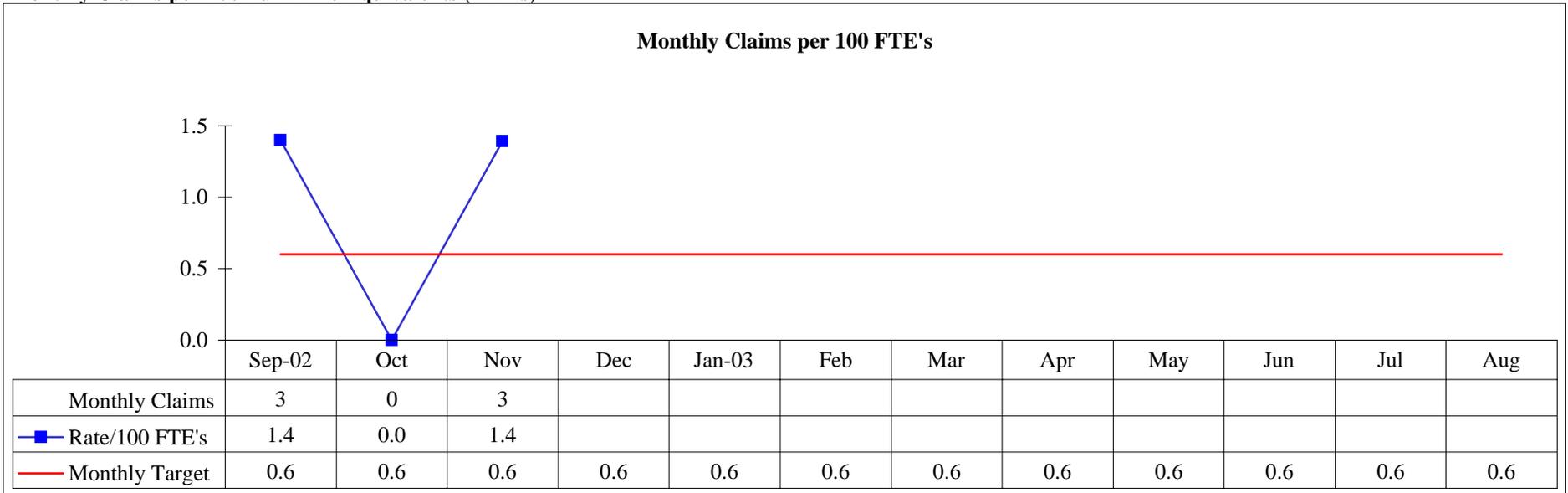
Chart: Management Data Services

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

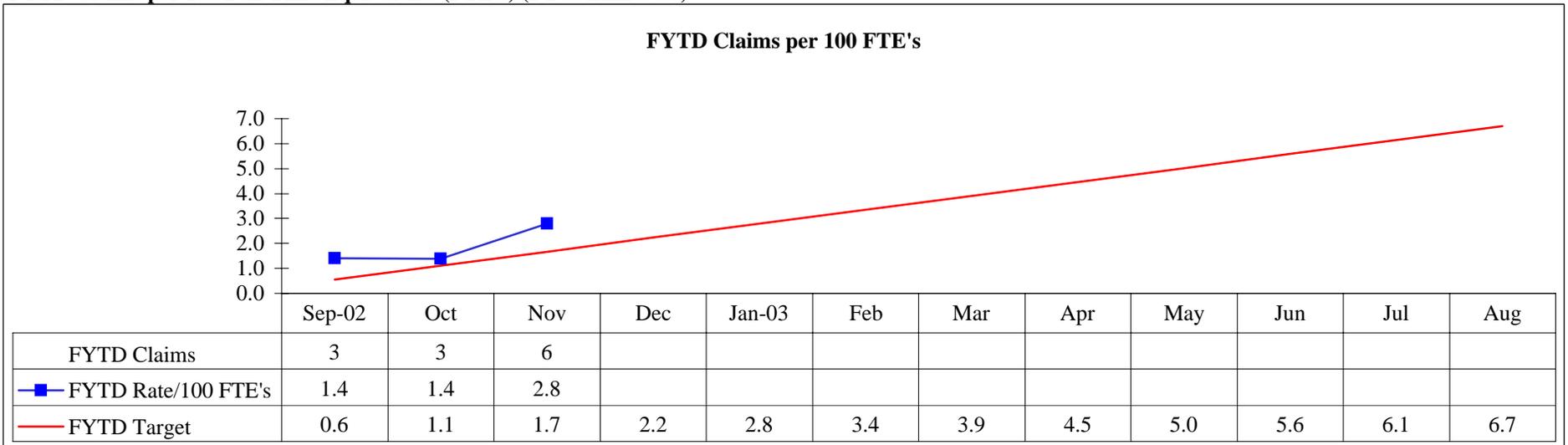
Objective 5D - Workers Compensation

Waco Center for Youth

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



FYTD Claims per 100 Full Time Equivalentents (FTE's) (FY03 Limit: 6.7)



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

Chart: Management Data Services

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

Performance Objective 5E: State mental health facilities will maintain an effective Infection Control Program as indicated by: All employees will receive Tuberculin skin tests upon hiring and annually thereafter. All patients with newly identified positive skin test reactions will receive a medical assessment. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety. Report the number of patients who have been identified with Hepatitis C.

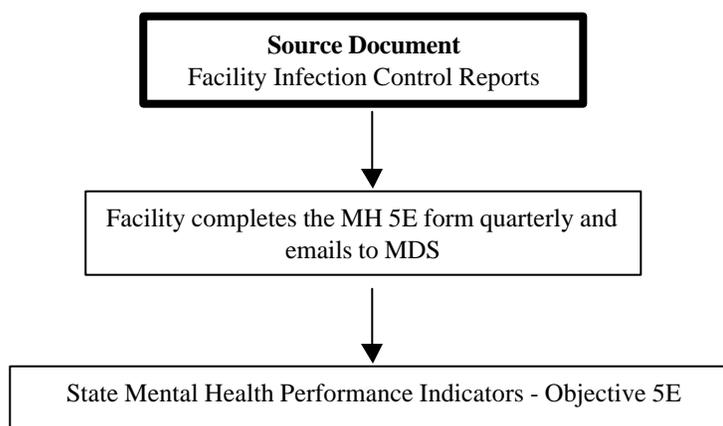
Performance Objective Operational Definition: The facility data reported on the MH Form 5E per FY quarter.

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

Performance Objective Data Display and Chart Description:

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

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review of appropriate Facility Infection Control Reports
Monitoring Instrument/Tool	MH 5E Quarterly Form and DIR Tally Sheet
Description of Review Process	Verification by comparing the facility quarterly files by infection control category to the corresponding data on the MH 5E Quarterly Form
Sample Size	Infection Control data documented within the review period.
Monitoring Frequency	Facility: Semiannually; EVT: N/A in FY'03.
Performance Improvement Trigger	When there is less than a 1.00 correlation or match between the data documented by the facility and the data found on the MH 5E Quarterly Form during the quarter reviewed.
DIR/EVT Report	Summary of review including findings and data analysis.

**Objective 5E - Infection Control
Q1 - FY03**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	All MH
1. All employees will receive tuberculin screening upon hiring and annually thereafter											
a. Number of employees screened during the quarter.	99	157	4	138	372	38	182	255	197	0	1442
b. Number of employees whose screening was positive.	0	1	0	0	3	0	0	0	0	0	4
c. Conversion Rate	0.00%	0.64%	0.00%	0.00%	0.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.28%
2. All patients with a newly identified positive skin test reaction will receive a medical assessment											
a. Number with newly positive skin test.	14	5	2	6	8	3	22	10	31	0	101
b. Number received medical assessment.	12	5	2	6	8	3	22	6	31	0	95
c. Number of patients referred for medical follow-up at discharge.	2	3	0	2	0	3	11	2	1	0	24
3. Employees in job categories that are defined as at risk of acquiring Hepatitis B will demonstrate immunity or be encouraged to take the Hepatitis B Vaccine.											
a. Number of employees "at risk".	595	565	124	706	1763	278	806	578	630	232	6277
b. Number of employees in the "at risk group" who completed Hepatitis B vaccine series.	244	340	64	459	1016	233	121	438	568	133	3616
c. Number of employees in the "at risk group" with serological evidence of immunity.	172	190	3	199	180	12	580	66	0	0	1402
d. Number of employees "at risk group" who have initiated but not completed the vaccine series.	73	33	15	44	352	22	46	31	38	9	663
e. Number of employees in the "at risk group" who have declined the vaccine.	71	2	42	4	219	11	59	43	24	90	565
Total # of employees concerning Hepatitis B immunity. (b+c+d+e)	560	565	124	706	1767	278	806	578	630	232	6246

**Objective 5E - Infection Control
Q1 - FY03**

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	All MH
4. Number of patients who have been identified with Hepatitis C.	8	14	2	11	22	1	10	59	8	0	135
5. Accidental needle sticks will be tracked and analyzed to identify improvements related to patient and staff safety.											
a. Number of accidental needle sticks to employees this quarter.											
Contaminated	0	1	0	0	2	0	0	0	0	0	3
Uncontaminated	0	0	0	0	0	0	0	0	0	0	0
b. Number of accidental needle sticks to patients this quarter.											
Contaminated	0	0	0	0	0	0	0	0	0	0	0
Uncontaminated	0	0	0	0	0	0	0	0	0	0	0

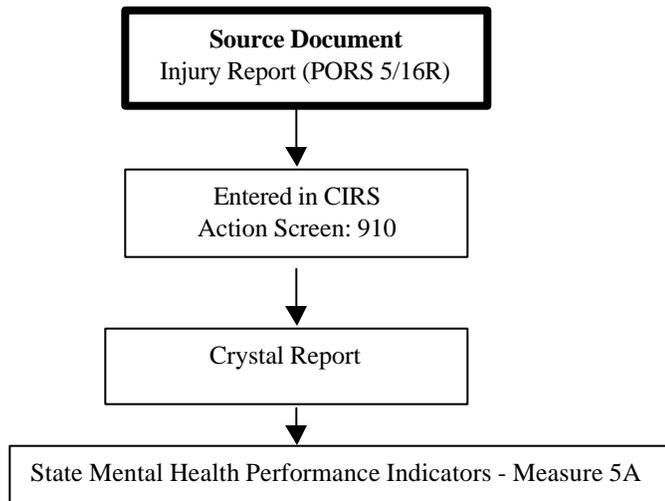
Performance Objective 5G: SMHF, as appropriate, will track, analyze, and report the relationship between patient injuries and restraint (by type) and seclusion.

Performance Measure Operational Definition: Patient injuries documented on the Client Injury/Incident Report (PORS 5/16R) per FY quarter resulted from restraint or seclusion.

Performance Measure Data Display and Chart Description:

- Table shows number of injuries by personal restraint, mechanical restraint, follow-down and seclusions by seriousness for individual facilities and system-wide.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Use 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review only associated injury events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Objective 5G - Client Injuries Resulted From Restraint and Seclusion

All MH Facilities

Facility	Totals for FY02					Q1					Q2					Q3					FY2003 - FYTD											
	Non Apparen	Non-Serious	Serious	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total			
ASH																																
Personal Restraint	10	30	2	0	42	6	5	0	0	0	11																6	5	0	0	0	11
Mechanical Restraint	3	1	0	0	4	3	0	0	0	0	3																3	0	0	0	0	3
Follow-Down	7	28	1	0	36	2	1	0	0	0	3																2	1	0	0	0	3
Seclusion	5	16	1	0	22	5	3	1	0	0	9																5	3	1	0	0	9
Total	25	75	4	0	104	16	9	1	0	0	26																16	9	1	0	0	26
BSSH																																
Personal Restraint	0	2	2	0	4	1	2	0	0	0	3																1	2	0	0	0	3
Mechanical Restraint	0	0	0	0	0	1	0	0	0	0	1																1	0	0	0	0	1
Follow-Down	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Seclusion	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Total	0	2	2	0	4	2	2	0	0	0	4																2	2	0	0	0	4
EPPC																																
Personal Restraint						0	0	0	0	0	0																0	0	0	0	0	0
Mechanical Restraint						0	0	0	0	0	0																0	0	0	0	0	0
Follow-Down						0	0	0	0	0	0																0	0	0	0	0	0
Seclusion						0	1	0	0	0	1																0	1	0	0	0	1
Total						0	1	0	0	0	1																0	1	0	0	0	1
KSH																																
Personal Restraint	2	2	0	0	4	0	1	0	0	0	1																0	1	0	0	0	1
Mechanical Restraint	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Follow-Down	0	0	0	0	0	1	0	0	0	0	1																1	0	0	0	0	1
Seclusion	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Total	2	2	0	0	4	1	1	0	0	0	2																1	1	0	0	0	2
NTSH																																
Personal Restraint	13	35	1	0	49	5	5	0	0	0	10																5	5	0	0	0	10
Mechanical Restraint	0	1	0	0	1	1	0	0	0	0	1																1	0	0	0	0	1
Follow-Down	12	35	7	0	54	4	4	3	0	0	11																4	4	3	0	0	11
Seclusion	9	30	1	0	40	6	3	1	0	0	10																6	3	1	0	0	10
Total	34	101	9	0	144	16	12	4	0	0	32																16	12	4	0	0	32
RGSC (MH)																																
Personal Restraint	1	2	0	0	3	0	1	0	0	0	1																0	1	0	0	0	1
Mechanical Restraint	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Follow-Down	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Seclusion	0	0	0	0	0	0	0	0	0	0	0																0	0	0	0	0	0
Total	1	2	0	0	3	0	1	0	0	0	1																0	1	0	0	0	1

Objective 5G - Client Injuries Resulted From Restraint and Seclusion

All MH Facilities

Facility	Totals for FY02					Q1						Q2						Q3						FY2003 - FYTD					
	Non Apparen	Non-Serious	Serious	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total	No Tx	First Aid	Med. Tx	Hospital-ization	Fatal	Total
RSH																													
Personal Restraint	5	34	2	0	41	4	5	2	0	0	11													4	5	2	0	0	11
Mechanical Restraint	0	1	0	0	1	0	0	0	0	0	0													0	0	0	0	0	0
Follow-Down	2	13	3	0	18	0	0	0	0	0	0													0	0	0	0	0	0
Seclusion	0	22	2	0	24	0	4	1	0	0	5													0	4	1	0	0	5
Total	7	70	7	0	84	4	9	3	0	0	16													4	9	3	0	0	16
SASH																													
Personal Restraint	2	16	1	0	19	1	3	1	0	0	5													1	3	1	0	0	5
Mechanical Restraint	0	1	0	0	1	0	0	0	0	0	0													0	0	0	0	0	0
Follow-Down	1	6	0	0	7	0	0	0	0	0	0													0	0	0	0	0	0
Seclusion	0	17	0	0	17	0	0	0	0	0	0													0	0	0	0	0	0
Total	3	40	1	0	44	1	3	1	0	0	5													1	3	1	0	0	5
TSH																													
Personal Restraint	5	16	2	0	23	2	3	1	0	0	6													2	3	1	0	0	6
Mechanical Restraint	1	1	0	0	2	0	0	0	0	0	0													0	0	0	0	0	0
Follow-Down	1	12	0	0	13	1	2	3	0	0	6													1	2	3	0	0	6
Seclusion	1	17	1	0	19	0	3	0	0	0	3													0	3	0	0	0	3
Total	8	46	3	0	57	3	8	4	0	0	15													3	8	4	0	0	15
WCFY																													
Personal Restraint	6	10	1	0	17	0	2	1	0	0	3													0	2	1	0	0	3
Mechanical Restraint	0	0	0	0	0	0	0	0	0	0	0													0	0	0	0	0	0
Follow-Down	0	2	0	0	2	0	0	0	0	0	0													0	0	0	0	0	0
Seclusion	0	1	1	0	2	0	0	0	0	0	0													0	0	0	0	0	0
Total	6	13	2	0	21	0	2	1	0	0	3													0	2	1	0	0	3
ALL MH																													
Personal Restraint	44	147	11	0	202	19	27	5	0	0	51													19	27	5	0	0	51
Mechanical Restraint	4	5	0	0	9	5	0	0	0	0	5													5	0	0	0	0	5
Follow-Down	23	96	11	0	130	8	7	6	0	0	21													8	7	6	0	0	21
Seclusion	15	103	6	0	124	11	14	3	0	0	28													11	14	3	0	0	28
Total	86	351	28	0	465	43	48	14	0	0	105													43	48	14	0	0	105

Performance Measure 5A: The number of patient injuries per 1,000 patient days across all state mental health facilities will not exceed the 2.00 rate as established in FY 2002.

Performance Measure Operational Definition: The facility rate of patient injuries documented on the Client Injury/Incident Report (PORS 5/16R) per FY quarter.

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

R = rate of injuries per 1,000 bed days per FY quarter

N = number of injuries

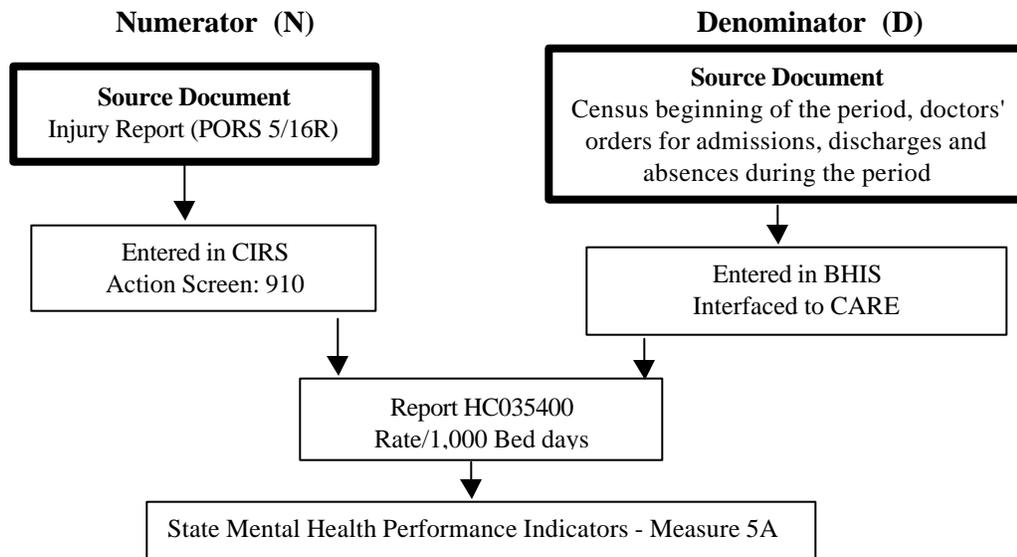
D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- Table shows number of injuries by probable cause and rate (per 1,000 bed days) of injuries by seriousness for individual facilities and system-wide.
- Control chart with quarterly data points of total injury rate per 1,000 bed days for individual facilities and system-wide.
- Chart with quarterly data points of non-serious injury rate, serious injury rate, fatal injury rate and total injury rate per 1,000 bed days for individual facilities and system-wide.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Use 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review only associated injury events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Measure 5A - Reduce Client Injuries

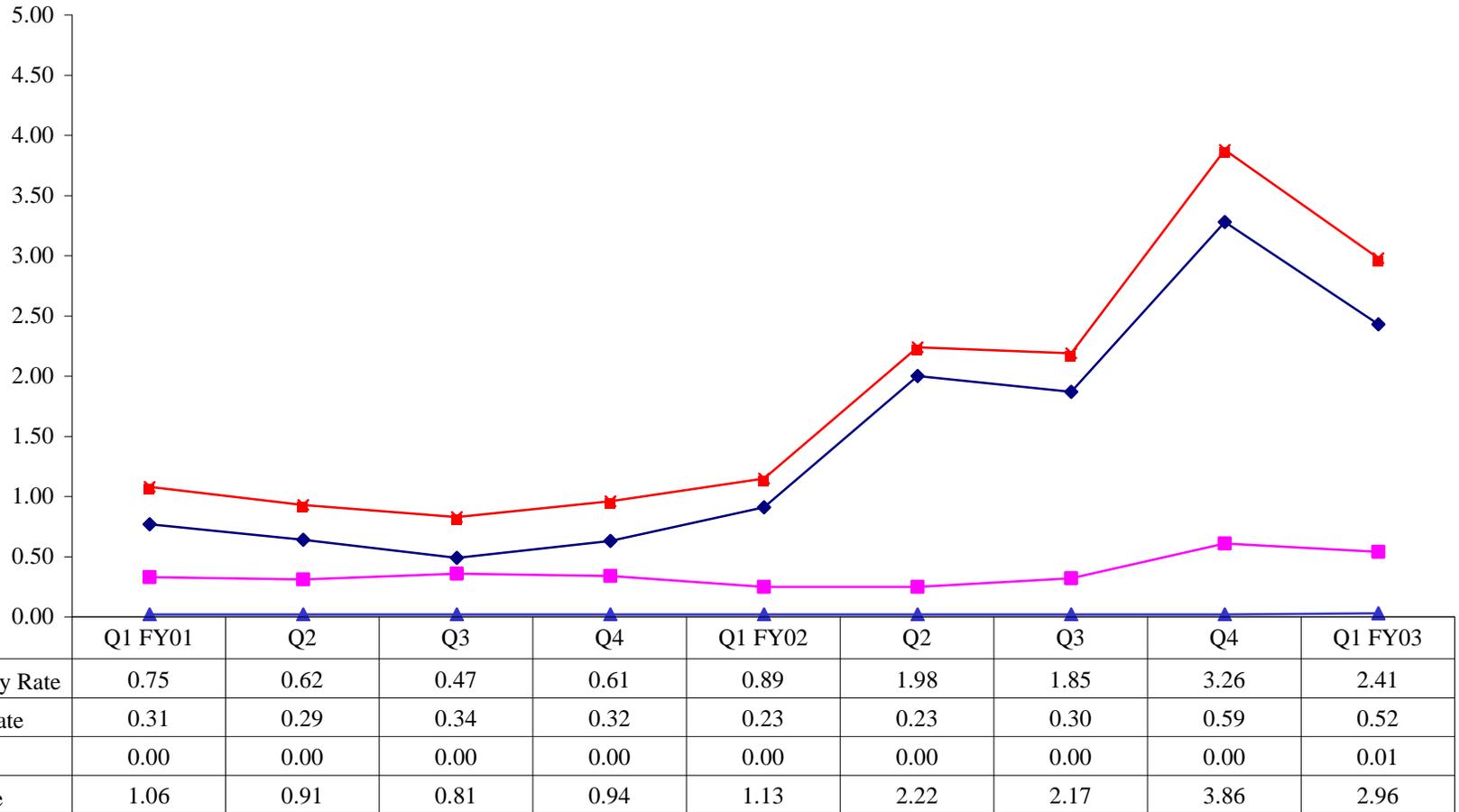
All MH Facilities

Campus Client Injuries by Seriousness and Cause (as of November 30, 2002)

Facility	Totals for FY01				Totals for FY02				Q1 FY03				Q2				Q3				FY03 - FYTD			
	Non-Serious	Serious	Fatal	Total	Non-Serious	Serious	Fatal	Total	Non-Serious	Serious	Fatal	Total	Non-Serious	Serious	Fatal	Total	Non-Serious	Serious	Fatal	Total	Non-Serious	Serious	Fatal	Total
WCFY																								
Accident	0	3	0	3	20	2	0	22	8	1	0	9												
Self Inflicted	0	0	0	0	11	3	0	14	5	1	0	6												
Employee/Accident	1	0	0	1	0	0	0	0	1	0	0	1												
Visitor	0	0	0	0	0	0	0	0	1	0	0	1												
Another Client	0	0	0	0	7	0	0	7	5	0	0	5												
Seizure	0	0	0	0	0	0	0	0	0	0	0	0												
Undetermined	0	0	0	0	2	0	0	2	1	1	0	2												
Susp Abuse/Neg	0	0	0	0	6	1	0	7	3	0	0	3												
Medical Condition	0	0	0	0	0	0	0	0	0	0	0	0												
Total	1	3	0	4	46	6	0	52	24	3	0	27												
Rate/1000 Bed Days	0.03	0.10	0.00	0.14	1.73	0.22	0.00	1.96	3.65	0.45	0.00	4.11												
ALL MH																								
Accident	223	98	0	321	662	129	0	791	228	31	1	260												
Self Inflicted	98	56	0	154	431	66	1	498	88	24	0	112												
Employee/Accident	9	5	0	14	39	5	0	44	13	3	0	16												
Visitor	0	0	0	0	2	1	0	3	1	0	0	1												
Another Client	113	63	0	176	396	47	0	443	111	30	1	142												
Seizure	12	8	0	20	26	5	0	31	1	5	2	8												
Undetermined	57	28	1	86	257	32	3	292	51	9	0	60												
Susp Abuse/Neg	22	10	0	32	43	17	0	60	8	7	0	15												
Medical Condition	2	5	0	7	10	2	0	12	0	0	0	0												
Total	536	273	1	810	1866	304	4	2174	501	109	4	614												
Rate/1000 Bed Days	0.61	0.31	0.00	0.92	2.24	0.36	0.00	2.61	2.41	0.52	0.01	2.96												

Measure 5A - Reduce Client Injuries
All MH Facilities

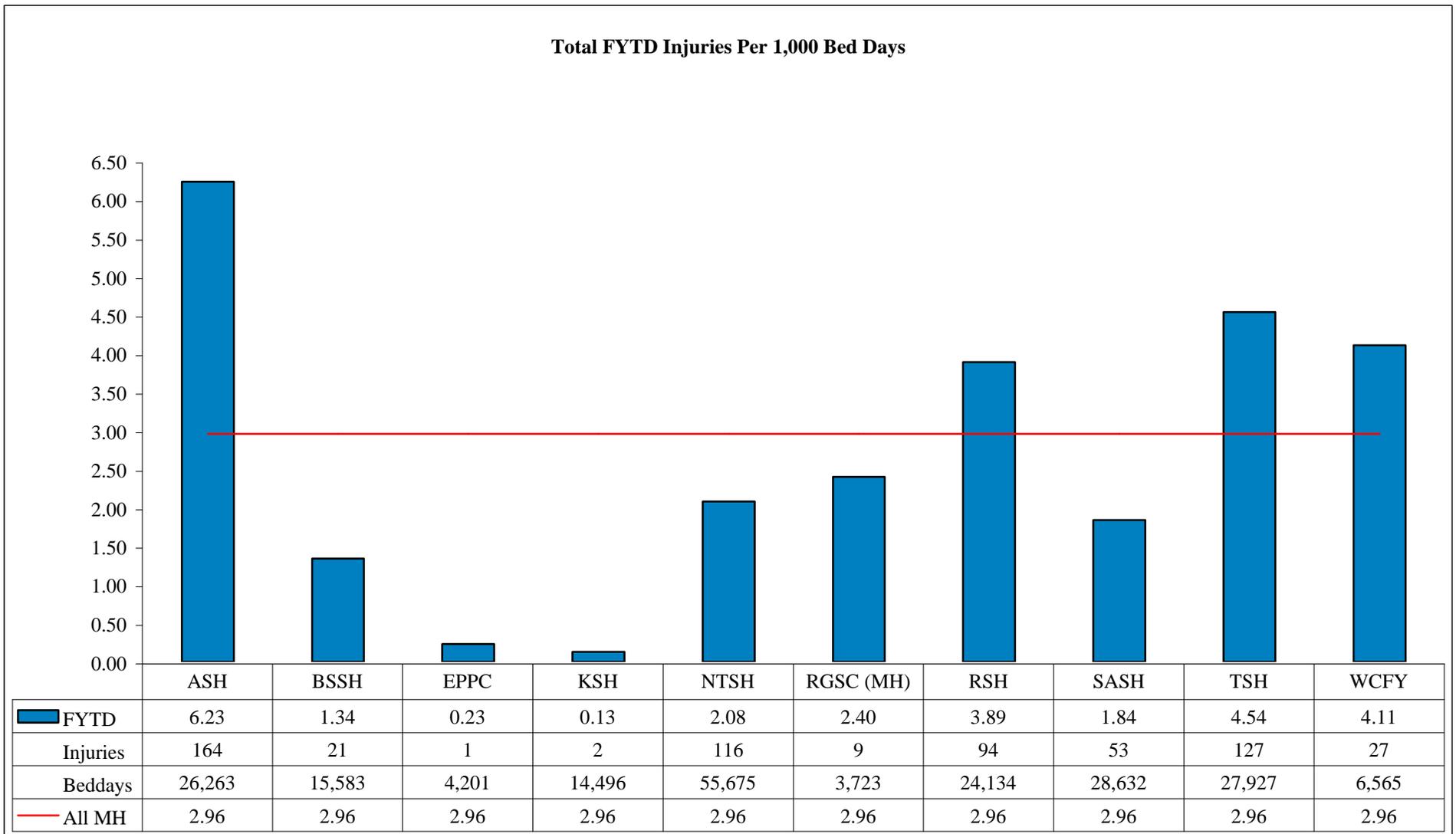
Client Injury Rates Per 1000 Bed Days
(Not to Exceed 2.00)



(Figures do not include "no apparent injury" category.)

Source: CIRS Quarterly Report for MH/MR Performance Measures (HC035400);
 Unduplicated Client Days by Accounting Unit (HC022175/85)

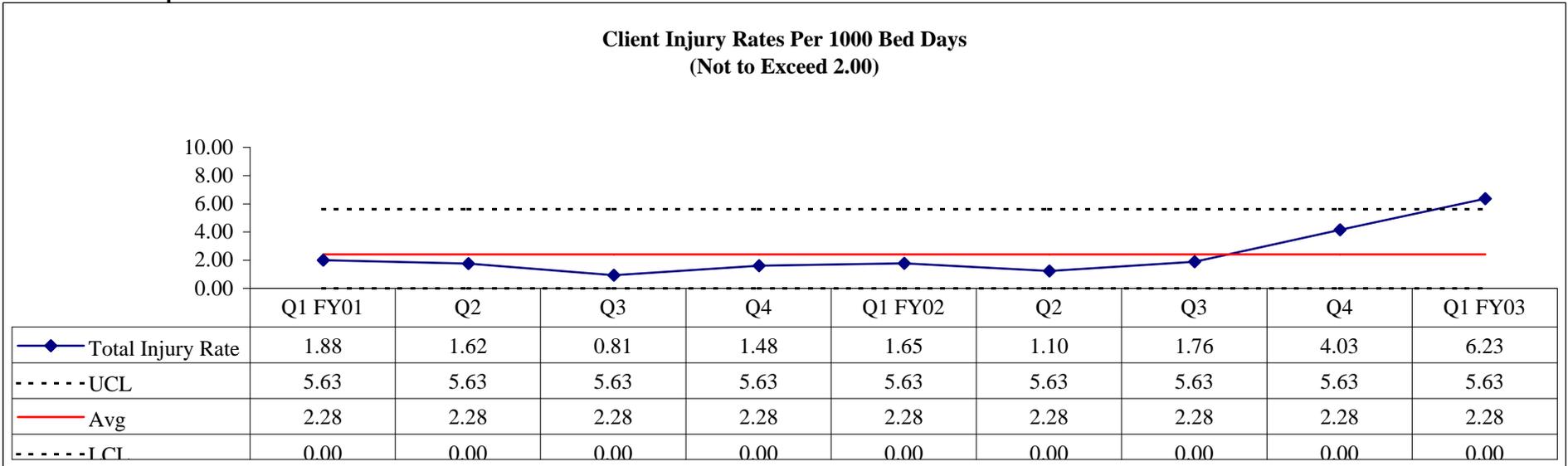
Measure 5A - Reduce Client Injuries
All MH Facilities



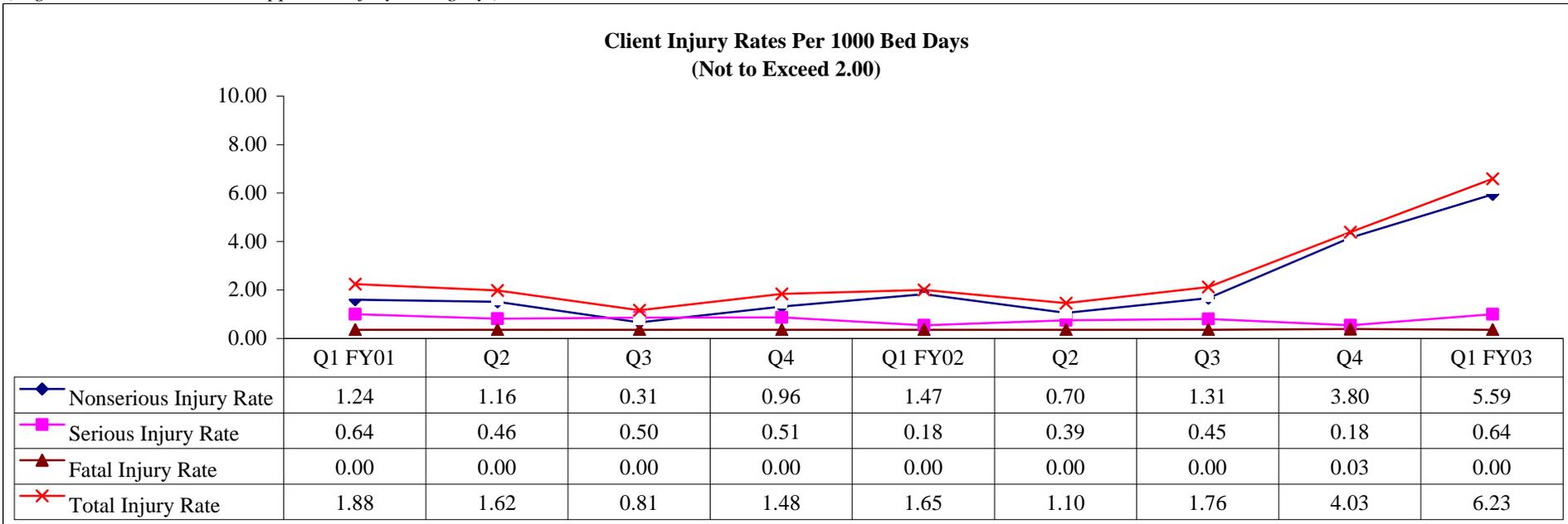
(Figures do not include "no apparent injury" category.)

Source: CIRS Quarterly Report for MH/MR Performance Measures (HC035400);
 Unduplicated Client Days by Accounting Unit (HC022175/85)

Measure 5A - Reduce Client Injuries
Austin State Hospital



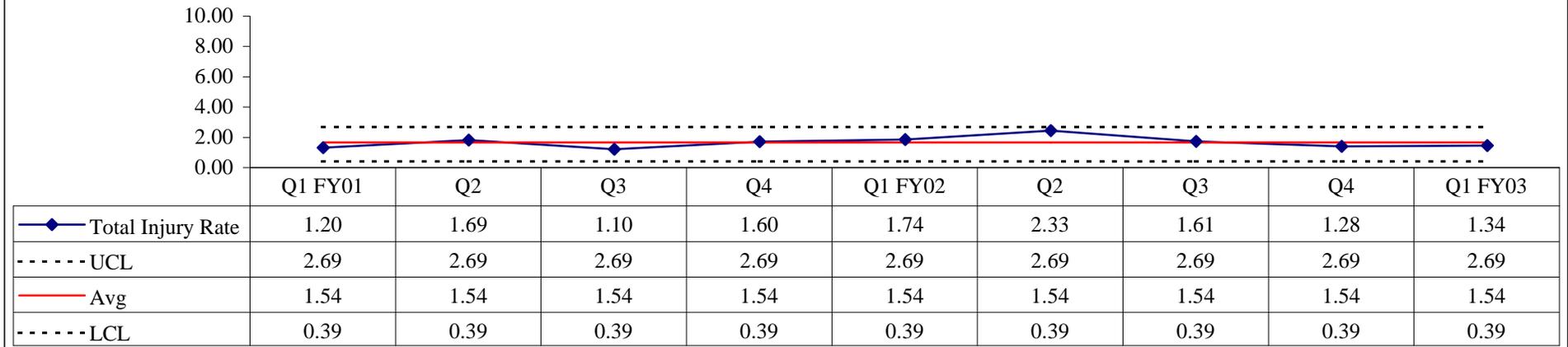
(Figures do not include "no apparent injury" category.)



(Figures do not include "no apparent injury" category.)

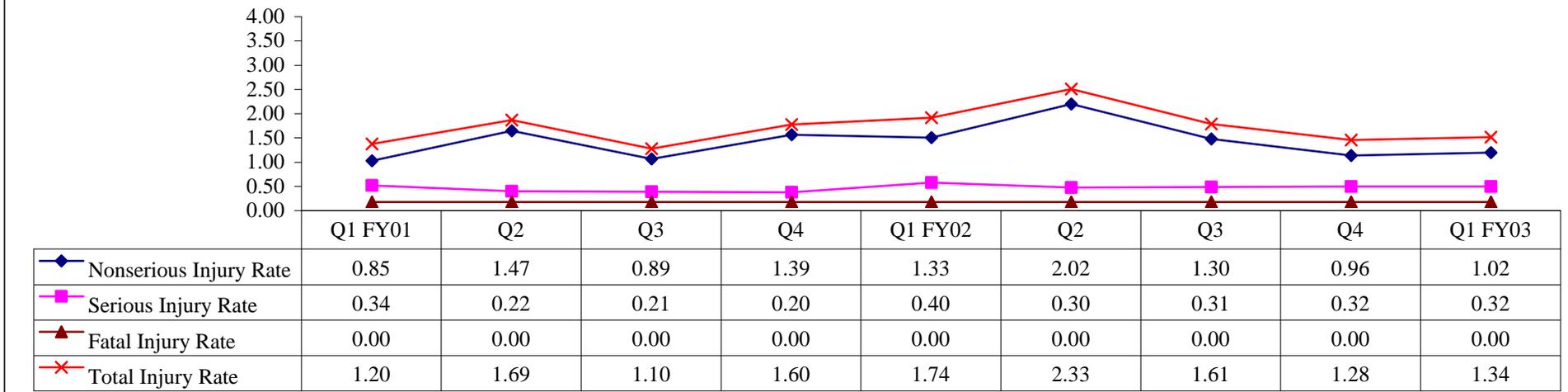
Measure 5A - Reduce Client Injuries
Big Spring State Hospital

Client Injury Rates Per 1000 Bed Days
(Not to Exceed 2.00)



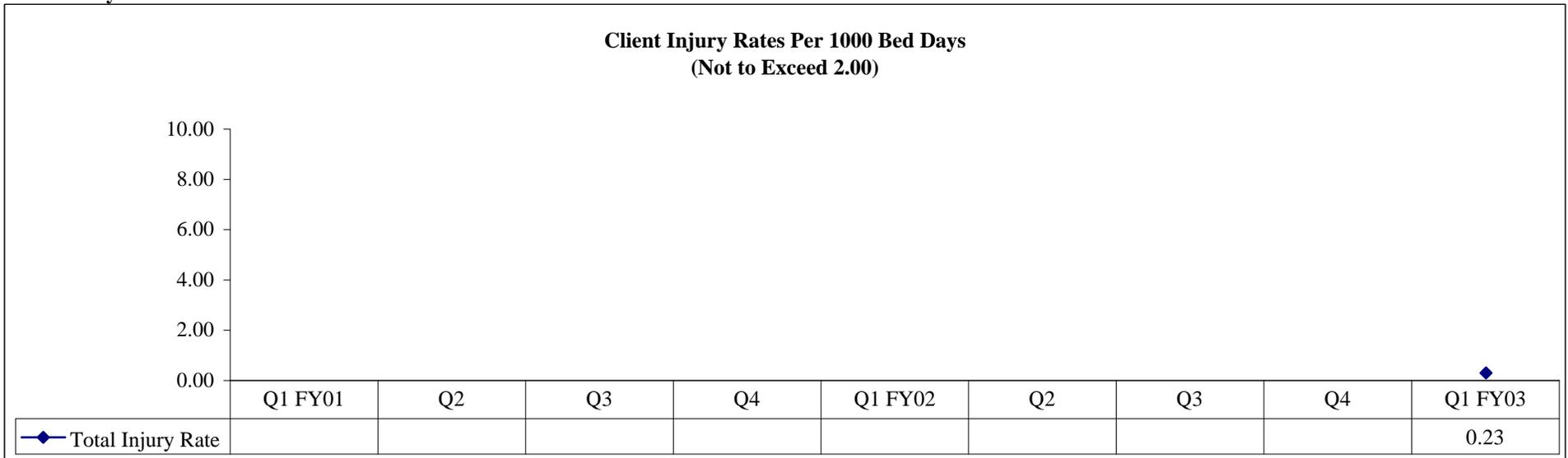
(Figures do not include "no apparent injury" category.)

Client Injury Rates Per 1000 Bed Days
(Not to Exceed 2.00)

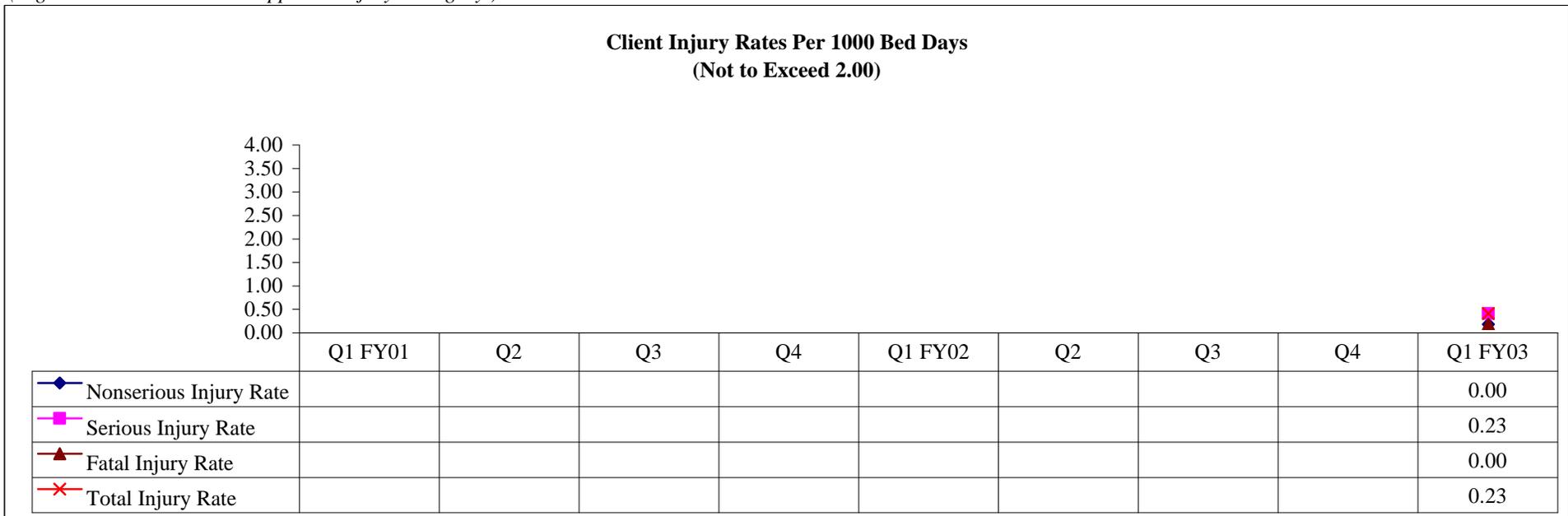


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
El Paso Psychiatric Center

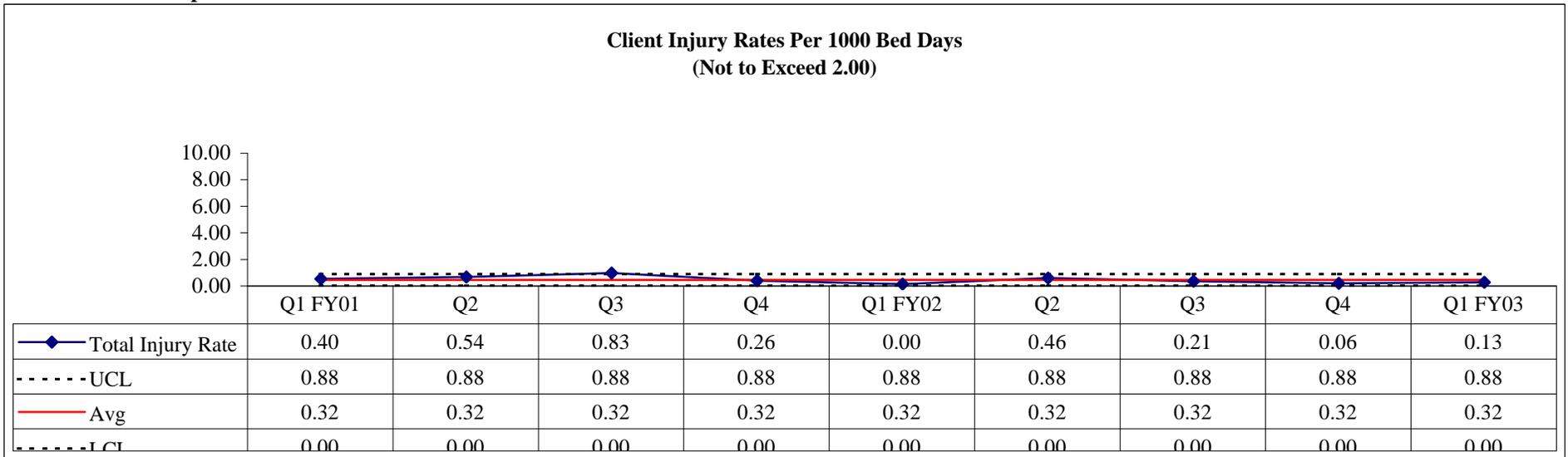


(Figures do not include "no apparent injury" category.)

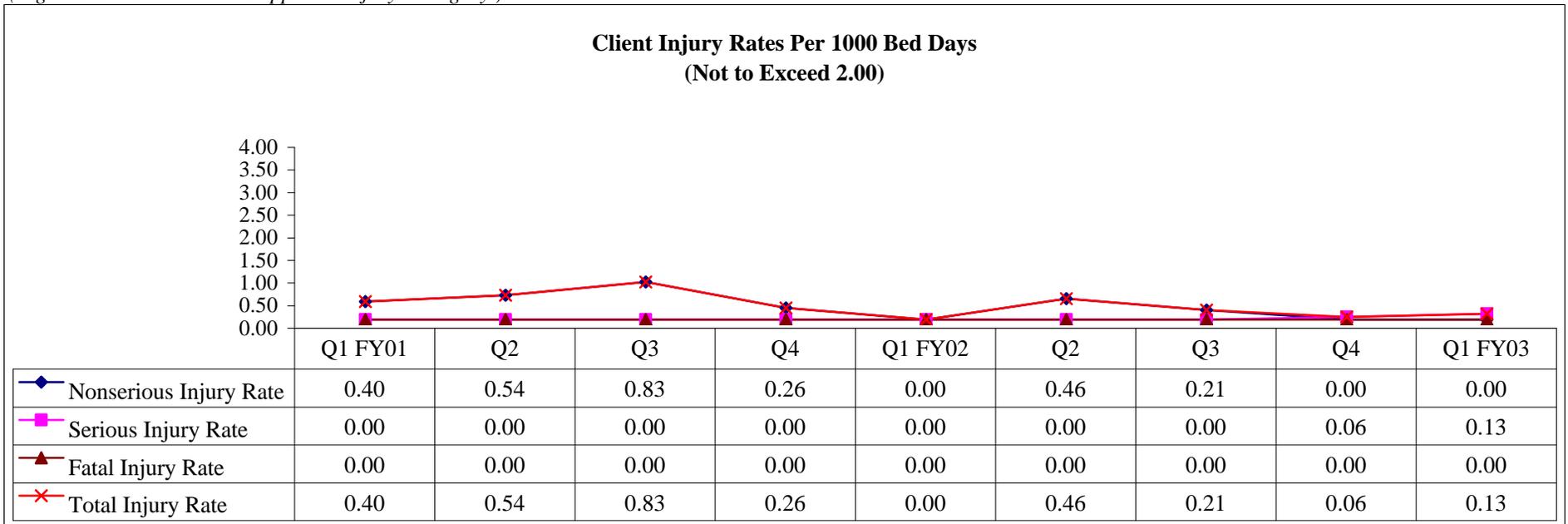


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
Kerrville State Hospital



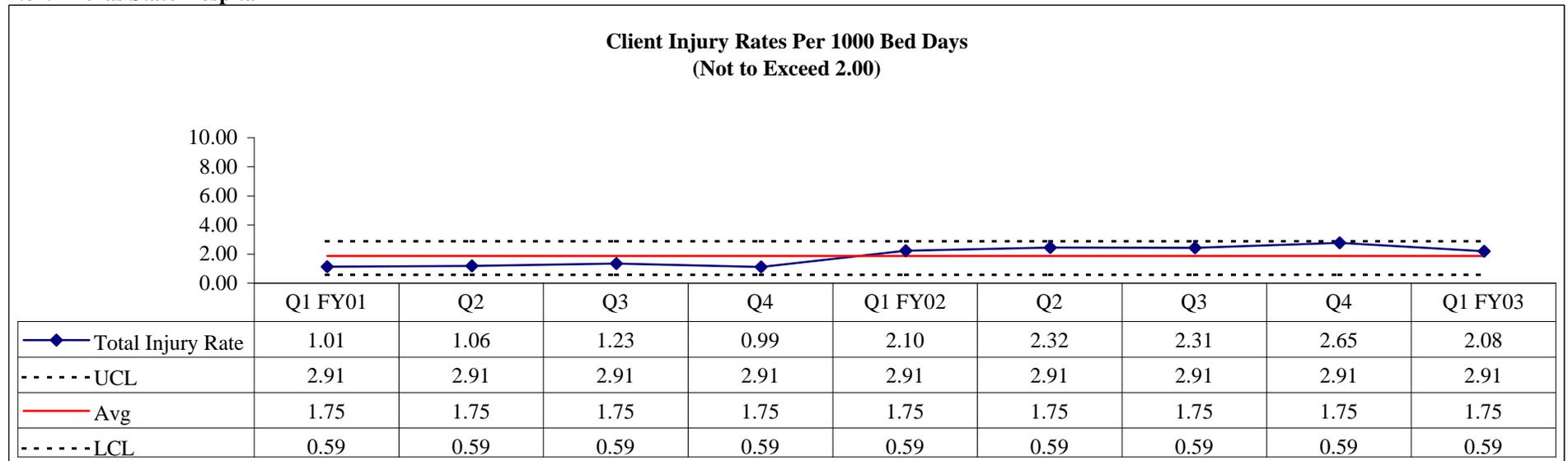
(Figures do not include "no apparent injury" category.)



(Figures do not include "no apparent injury" category.)

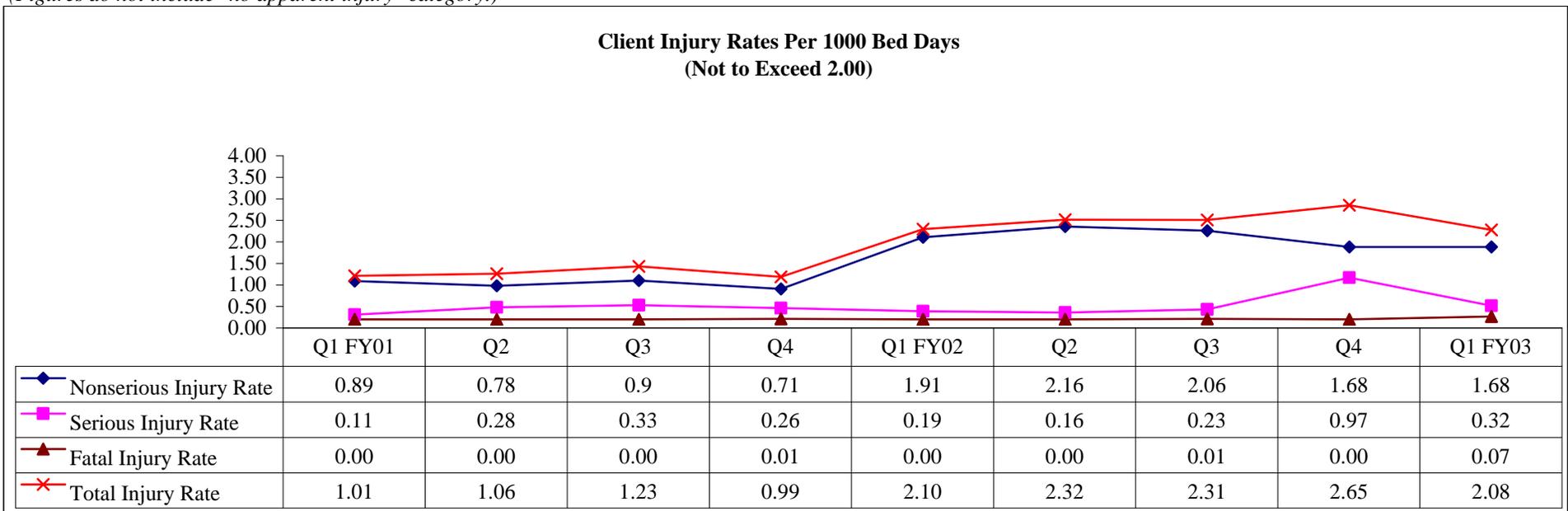
Measure 5A - Reduce Client Injuries
North Texas State Hospital

Client Injury Rates Per 1000 Bed Days
(Not to Exceed 2.00)



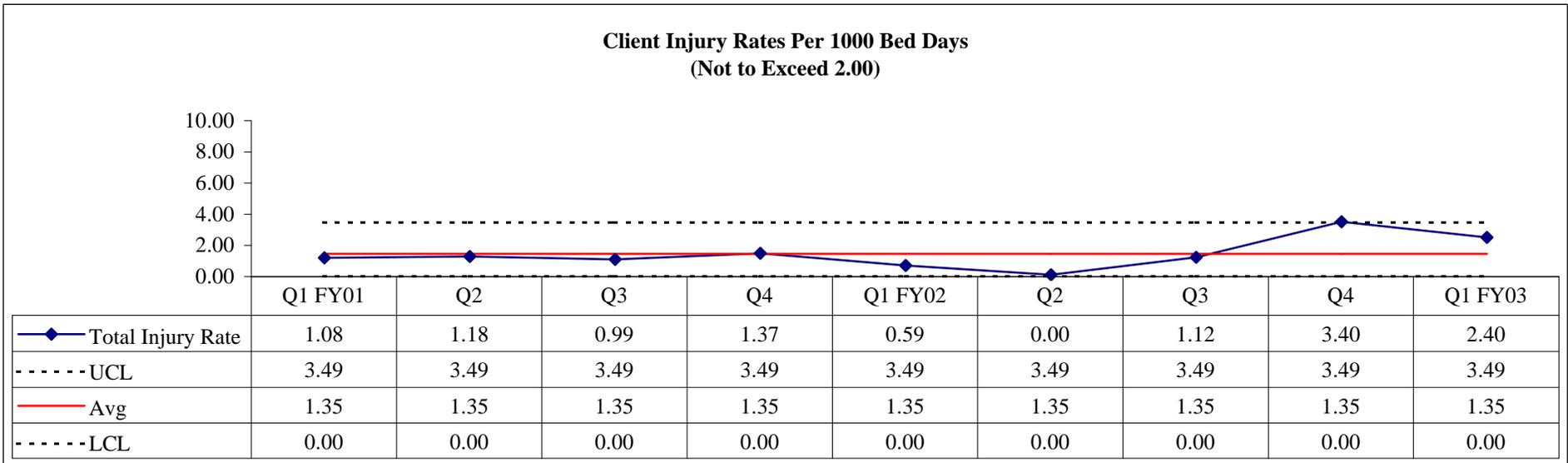
(Figures do not include "no apparent injury" category.)

Client Injury Rates Per 1000 Bed Days
(Not to Exceed 2.00)

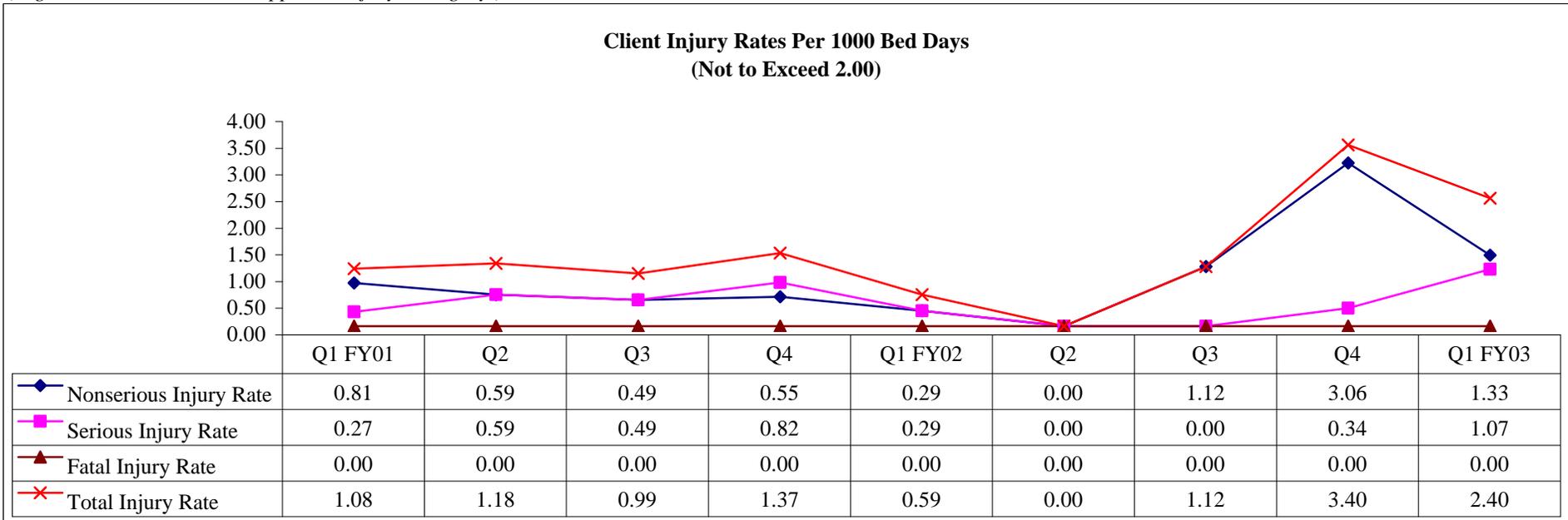


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
Rio Grande State Center

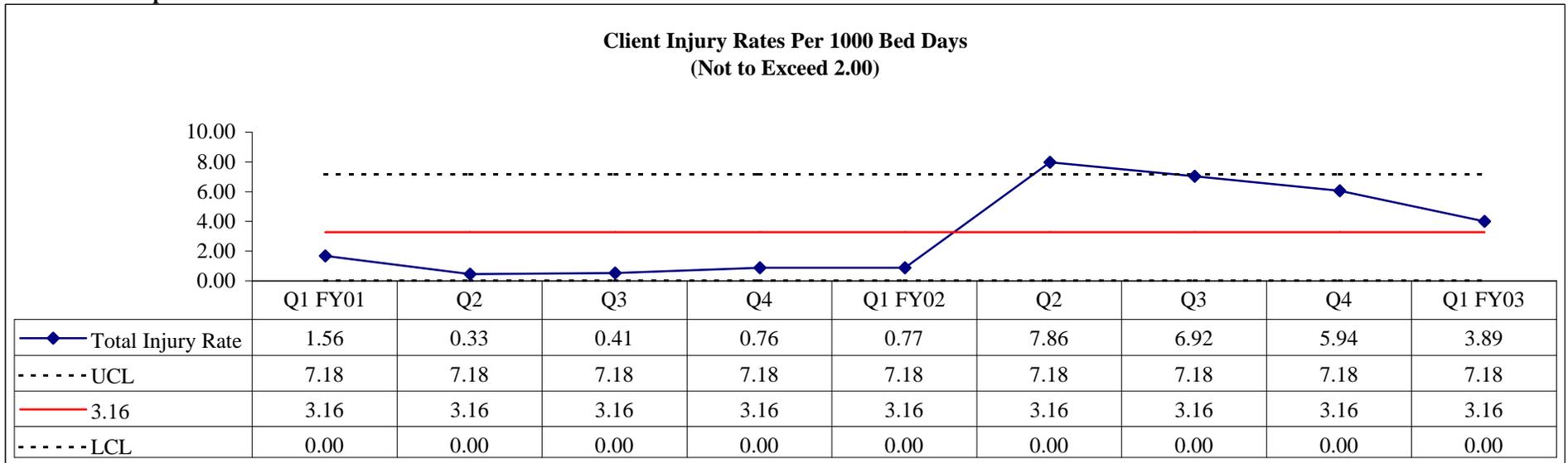


(Figures do not include "no apparent injury" category.)

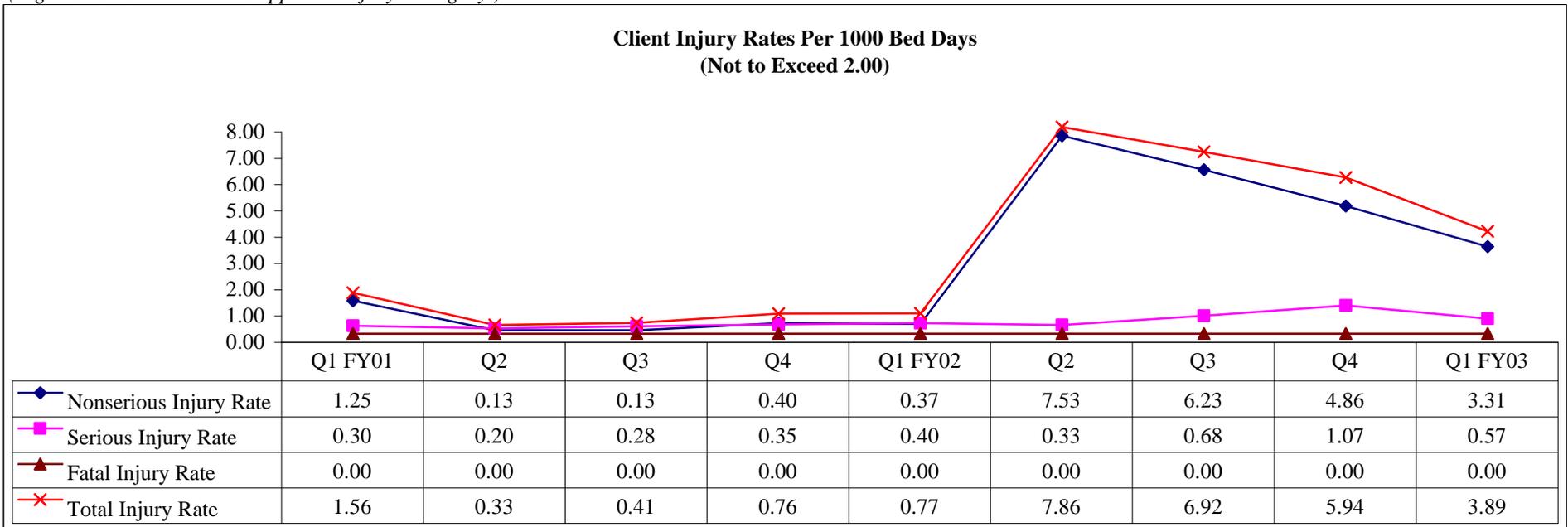


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
Rusk State Hospital

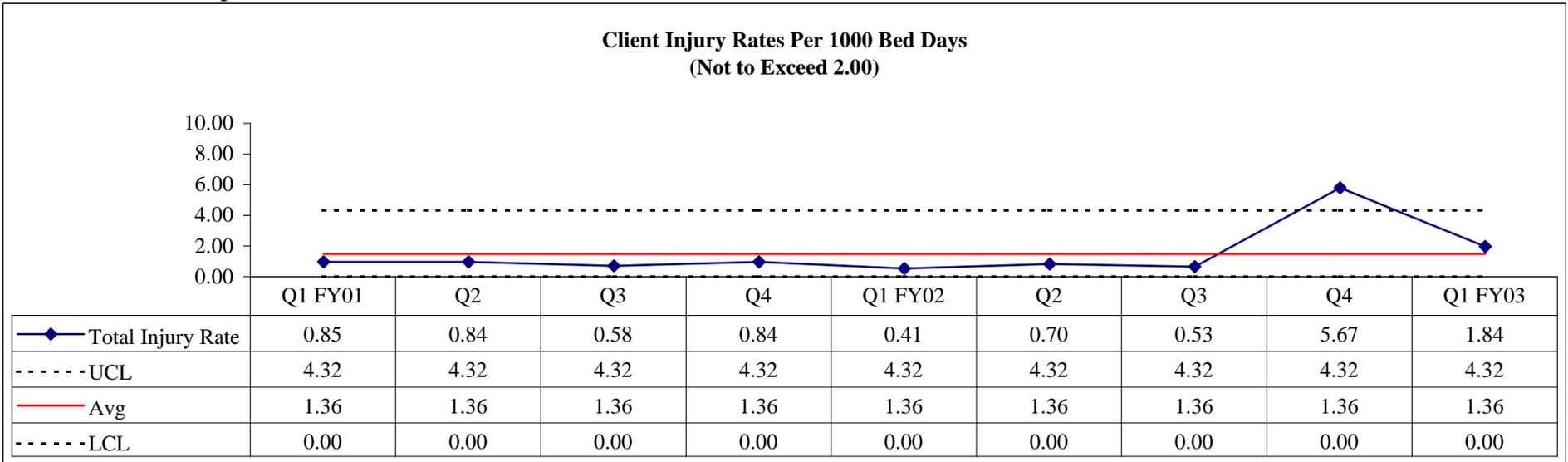


(Figures do not include "no apparent injury" category.)

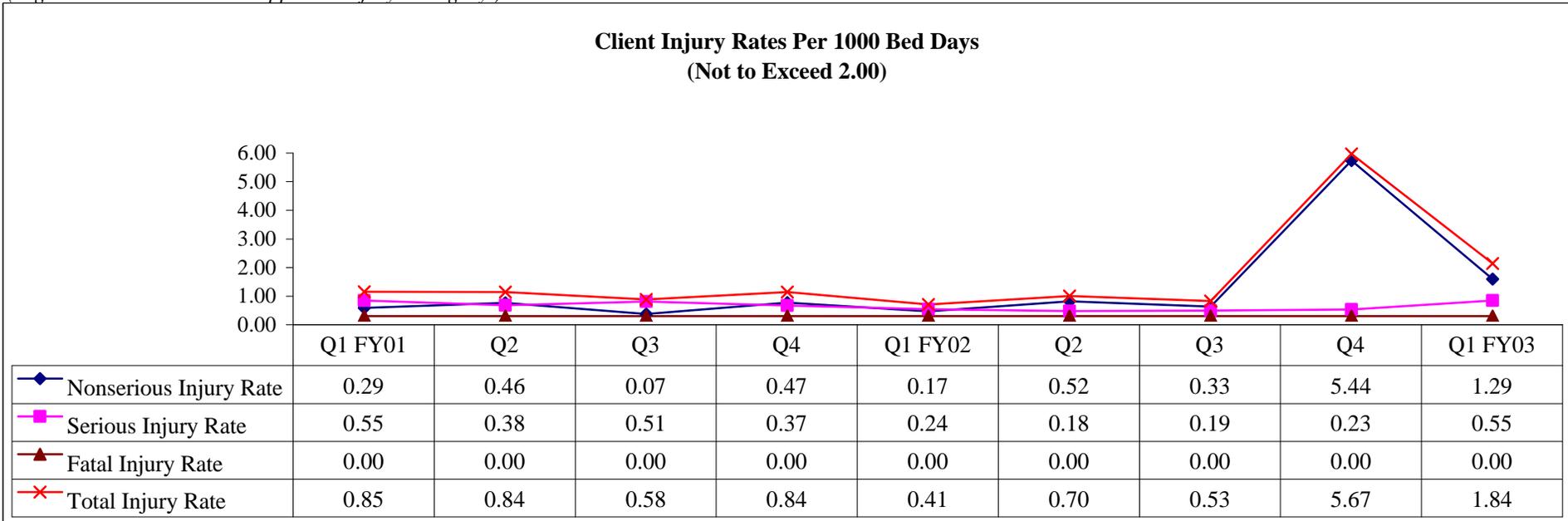


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
San Antonio State Hospital

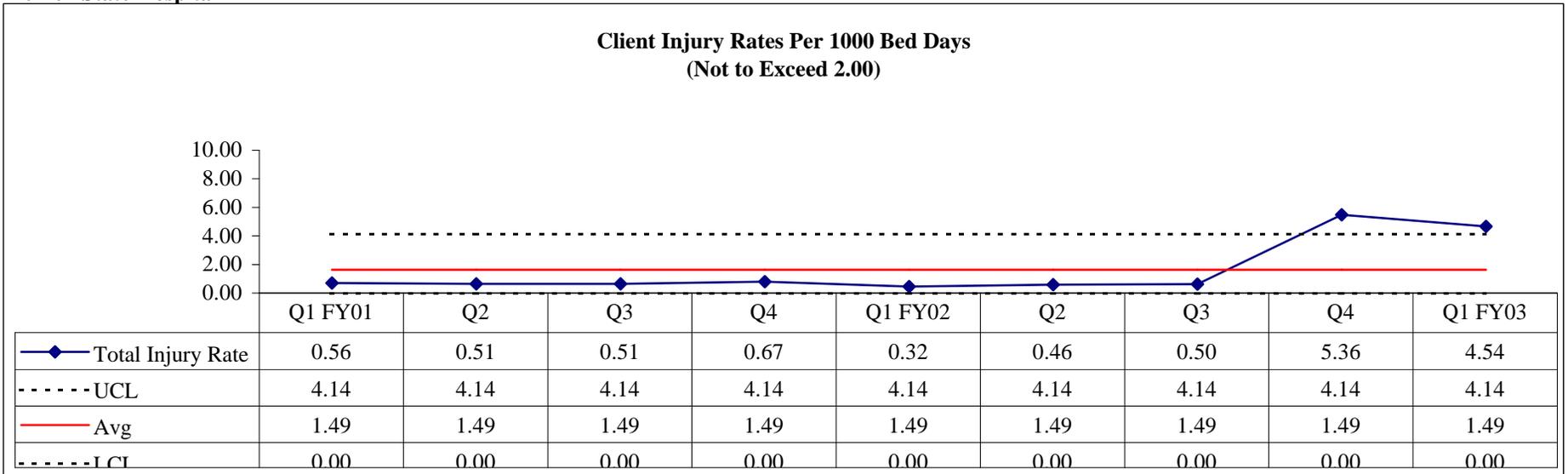


(Figures do not include "no apparent injury" category.)

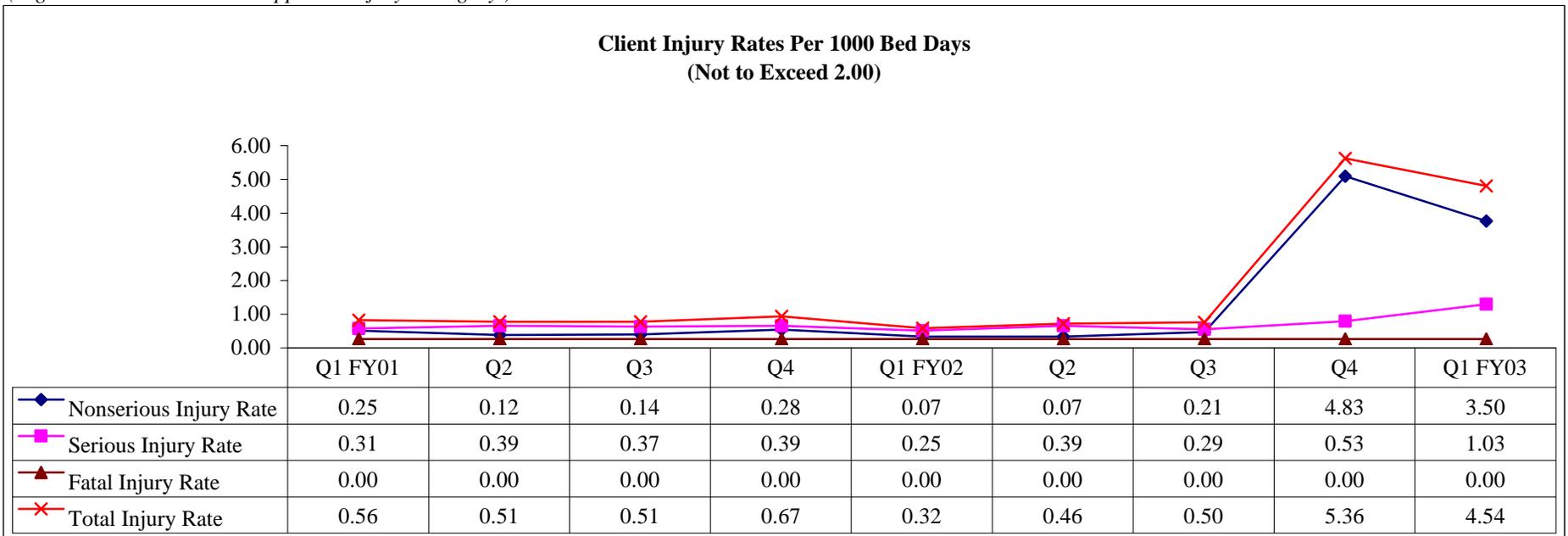


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
Terrell State Hospital

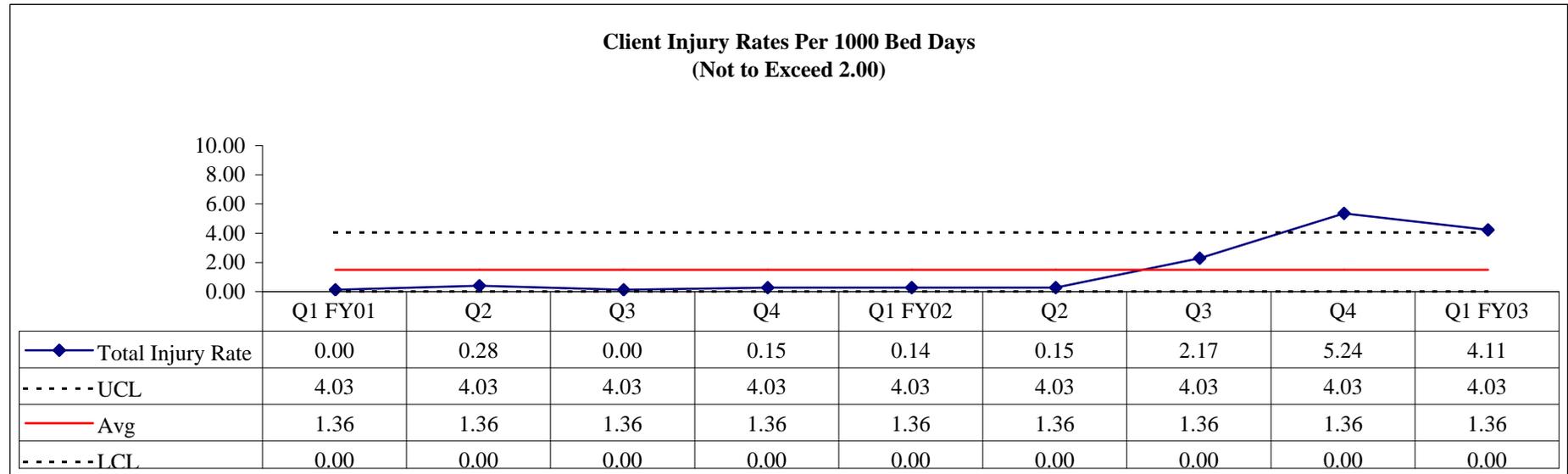


(Figures do not include "no apparent injury" category.)

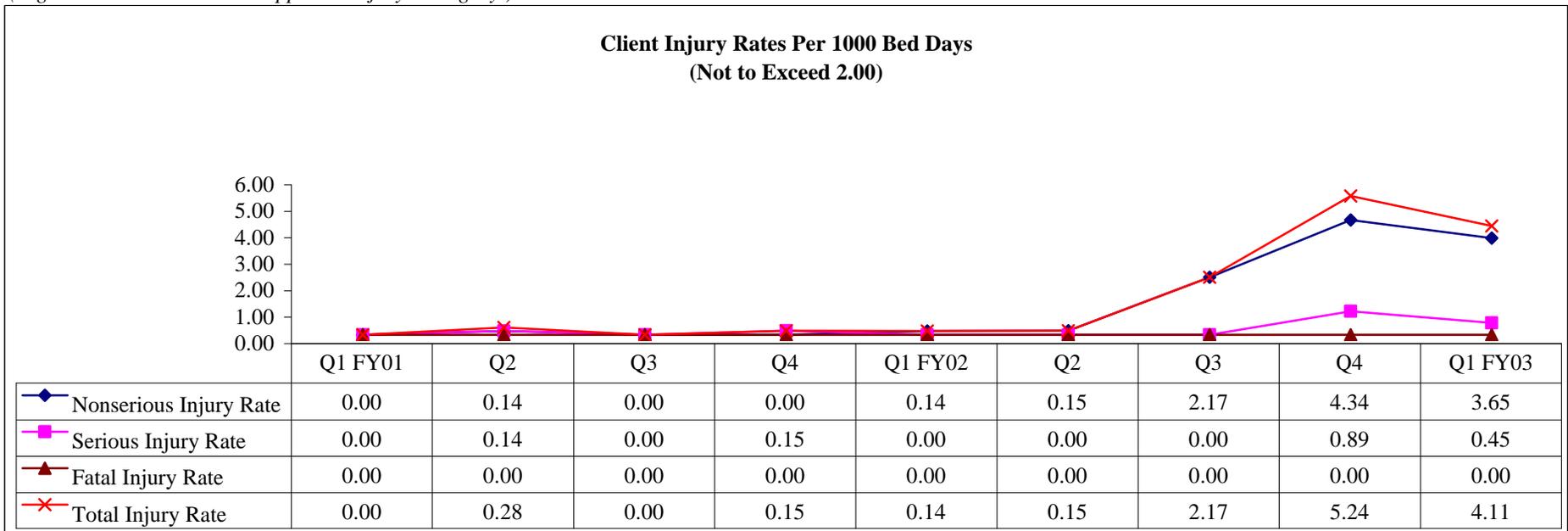


(Figures do not include "no apparent injury" category.)

Measure 5A - Reduce Client Injuries
Waco Center For Youth



(Figures do not include "no apparent injury" category.)



(Figures do not include "no apparent injury" category.)

Performance Measure 5B: The rate of unauthorized departures will not exceed .5 per 1,000 bed days across all state mental health facilities during FY 2003.

Performance Measure Operational Definition: The facility rate of elopement assignments documented on the facility elopement report form per 1,000 bed days per month.

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

R = rate of elopement assignments per 1,000 bed days per month

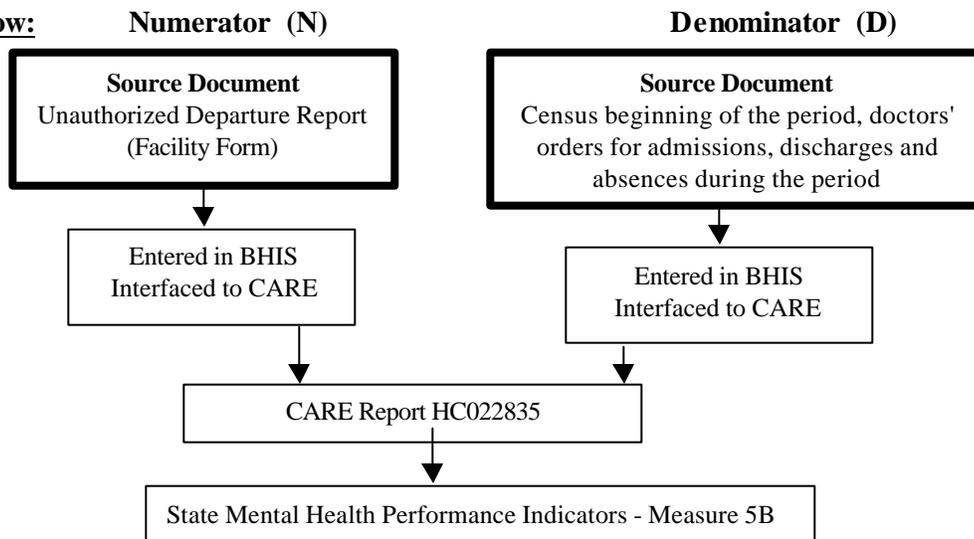
N = number of elopement assignments per month (Each elopement is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month).

D = number of bed days per month

Performance Measure Data Display and Chart Description:

- Table shows elopement incidents, elopements persons and bed days in month for individual facilities and system-wide.
- Control chart with monthly data points of elopements per 1,000 bed days for individual facilities, system-wide and NRI national public rates.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Conduct a medical record review using the most recent NRI PMS quarterly episode and/or event file data to ensure medical record data corresponds to data reported to NRI PMS. Note: Episode files include admission/discharge dates, patient demographic and diagnostic information. Event files include date or date/time when a leave, restraint/seclusion, injury or elopement started and stopped.
Monitoring Instrument/Tool	NRI PMS Episode and/or Event DIR Worksheet
Description of Review Process	Verification of the admission and discharge data fields of the NRI episode files and/or event start/stop dates as compared to the corresponding information in the medical record.
Sample Size	Use 20 randomly selected patient records for the most recently reported NRI PMS quarterly episode file data to review associated elopement events.
Monitoring Frequency	Facility: Semiannually; EVT: Annually
Performance Improvement Trigger	When any admission/discharge dates and/or events found on the most recent NRI PMS quarterly report do not correspond to the information in the medical record.
DIR/EVT Report	Summary of review including findings and data analysis.

Measure 5B - Rate for Elopements
All MH Facilities - Previous 12 Months

	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
AUSTIN STATE HOSPITAL												
Unauthorized Departures Incidents	4	0	0	3	3	7	1	3	4	1	4	3
Unauthorized Departures Persons	4	0	0	3	3	7	1	3	4	1	4	3
Bed Days in Month	8359	8984	8026	9058	9088	8515	8208	9073	9244	8901	8879	8503
Incidents/1000 Bed Days	0.48	0.00	0.00	0.33	0.33	0.82	0.12	0.33	0.43	0.11	0.45	0.35
BIG SPRING STATE HOSPITAL												
Unauthorized Departures Incidents	2	6	1	2	1	2	3	3	0	1	0	1
Unauthorized Departures Persons	2	6	1	2	1	2	3	3	0	1	0	1
Bed Days in Month	5584	5674	5048	5556	5312	5233	5024	5400	5138	5227	5368	4993
Incidents/1000 Bed Days	0.36	1.06	0.20	0.36	0.19	0.38	0.60	0.56	0.00	0.19	0.00	0.20
EL PASO PSYCHIATRIC CENTER												
Unauthorized Departures Incidents										0	0	0
Unauthorized Departures Persons										0	0	0
Bed Days in Month										1377	1375	1476
Incidents/1000 Bed Days										0.00	0.00	0.00
KERRVILLE STATE HOSPITAL												
Unauthorized Departures Incidents	0	0	0	0	0	1	0	0	0	1	1	0
Unauthorized Departures Persons	0	0	0	0	0	1	0	0	0	1	1	0
Bed Days in Month	5308	5254	4526	5020	4519	4623	4803	4982	4971	4933	4977	4587
Incidents/1000 Bed Days	0.00	0.00	0.00	0.00	0.00	0.22	0.00	0.00	0.00	0.20	0.20	0.00
NORTH TEXAS STATE HOSPITAL												
Unauthorized Departures Incidents	8	2	3	7	6	3	11	8	6	5	5	4
Unauthorized Departures Persons	7	2	3	7	6	3	8	8	6	4	4	4
Bed Days in Month	18848	18937	17276	18546	17962	18630	17573	19460	19365	18507	19125	18051
Incidents/1000 Bed Days	0.42	0.11	0.17	0.38	0.33	0.16	0.63	0.41	0.31	0.27	0.26	0.22
RIO GRANDE STATE CENTER												
Unauthorized Departures Incidents	0	0	0	1	0	0	1	0	0	0	0	0
Unauthorized Departures Persons	0	0	0	1	0	0	1	0	0	0	0	0
Bed Days in Month	863	756	840	1203	1174	1191	974	986	1207	1132	1358	1245
Incidents/1000 Bed Days	0.00	0.00	0.00	0.83	0.00	0.00	1.03	0.00	0.00	0.00	0.00	0.00

Measure 5B - Rate for Elopements
All MH Facilities - Previous 12 Months

	Dec-01	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
RUSK STATE HOSPITAL												
Unauthorized Departures Incidents	1	2	3	1	2	3	3	0	3	0	2	0
Unauthorized Departures Persons	1	2	3	1	2	2	3	0	2	0	2	0
Bed Days in Month	8871	9344	8728	10218	9582	9224	9225	9902	9653	8845	8258	7042
Incidents/1000 Bed Days	0.11	0.21	0.34	0.10	0.21	0.33	0.33	0.00	0.31	0.00	0.24	0.00
SAN ANTONIO STATE HOSPITAL												
Unauthorized Departures Incidents	9	5	6	8	8	13	3	8	6	3	6	3
Unauthorized Departures Persons	9	5	6	8	8	13	3	8	5	3	6	3
Bed Days in Month	9022	9317	8574	10192	9869	9973	9618	10190	10318	9812	9783	9059
Incidents/1000 Bed Days	1.00	0.54	0.70	0.78	0.81	1.30	0.31	0.79	0.58	0.31	0.61	0.33
TERRELL STATE HOSPITAL												
Unauthorized Departures Incidents	7	8	6	2	3	6	4	4	4	2	1	2
Unauthorized Departures Persons	7	8	6	2	3	6	4	4	4	2	1	2
Bed Days in Month	8392	8769	8385	9206	9085	9217	9248	9604	9280	9479	9258	9196
Incidents/1000 Bed Days	0.83	0.91	0.72	0.22	0.33	0.65	0.43	0.42	0.43	0.21	0.11	0.22
WACO CENTER FOR YOUTH												
Unauthorized Departures Incidents	0	0	2	1	0	1	4	2	2	0	0	0
Unauthorized Departures Persons	0	0	2	1	0	1	3	2	2	0	0	0
Bed Days in Month	2084	2375	1949	1996	2111	2334	2192	2244	2236	2149	2255	2162
Incidents/1000 Bed Days	0.00	0.00	1.03	0.50	0.00	0.43	1.82	0.89	0.89	0.00	0.00	0.00
ALL MH FACILITIES												
Unauthorized Departures Incidents	31	23	21	25	23	36	30	28	25	13	19	13
Unauthorized Departures Persons	30	23	21	25	23	35	26	28	23	12	18	13
Bed Days in Month	67331	69410	63352	70995	68702	68940	66865	71841	71412	70362	70636	66314
Incidents/1000 Bed Days	0.46	0.33	0.33	0.35	0.33	0.52	0.45	0.39	0.35	0.18	0.27	0.20

Measure 5B - Rate for Elopements
All MH Facilities - November 30, 2002

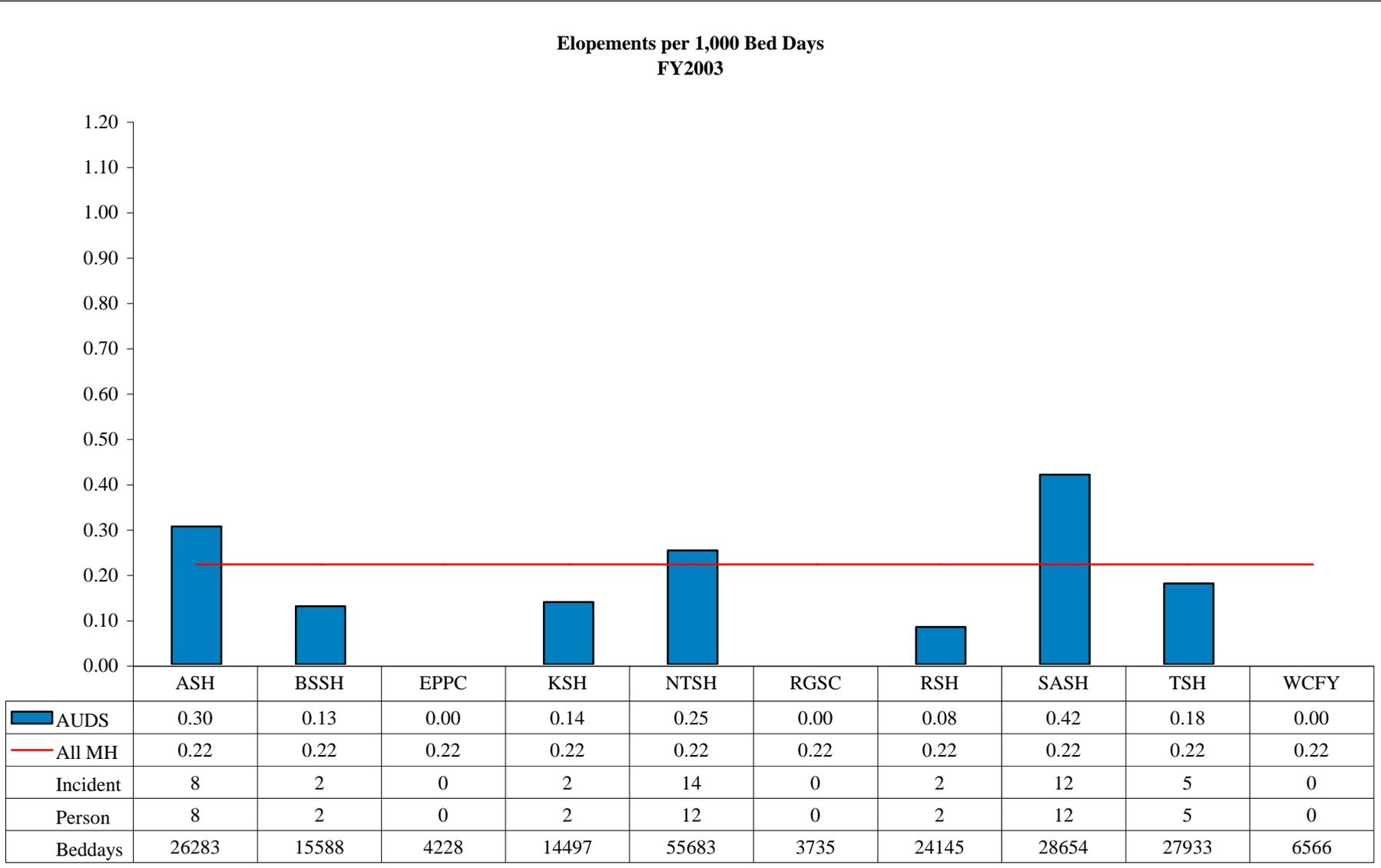
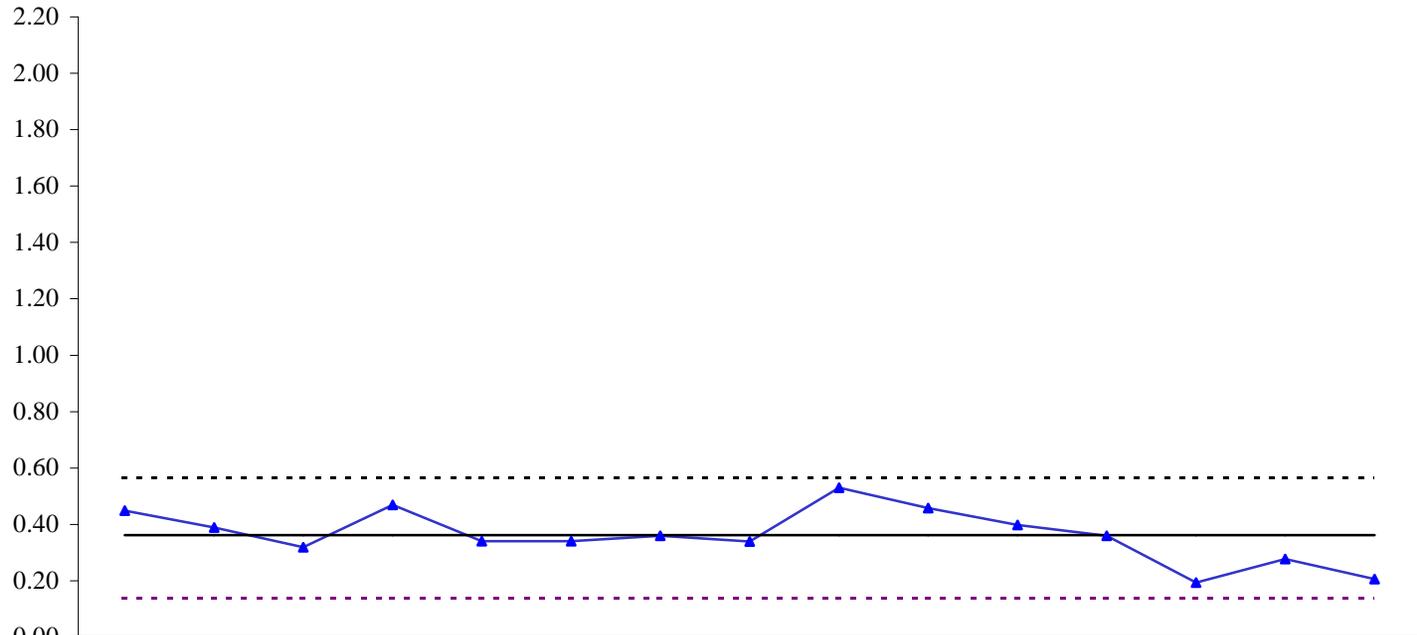


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

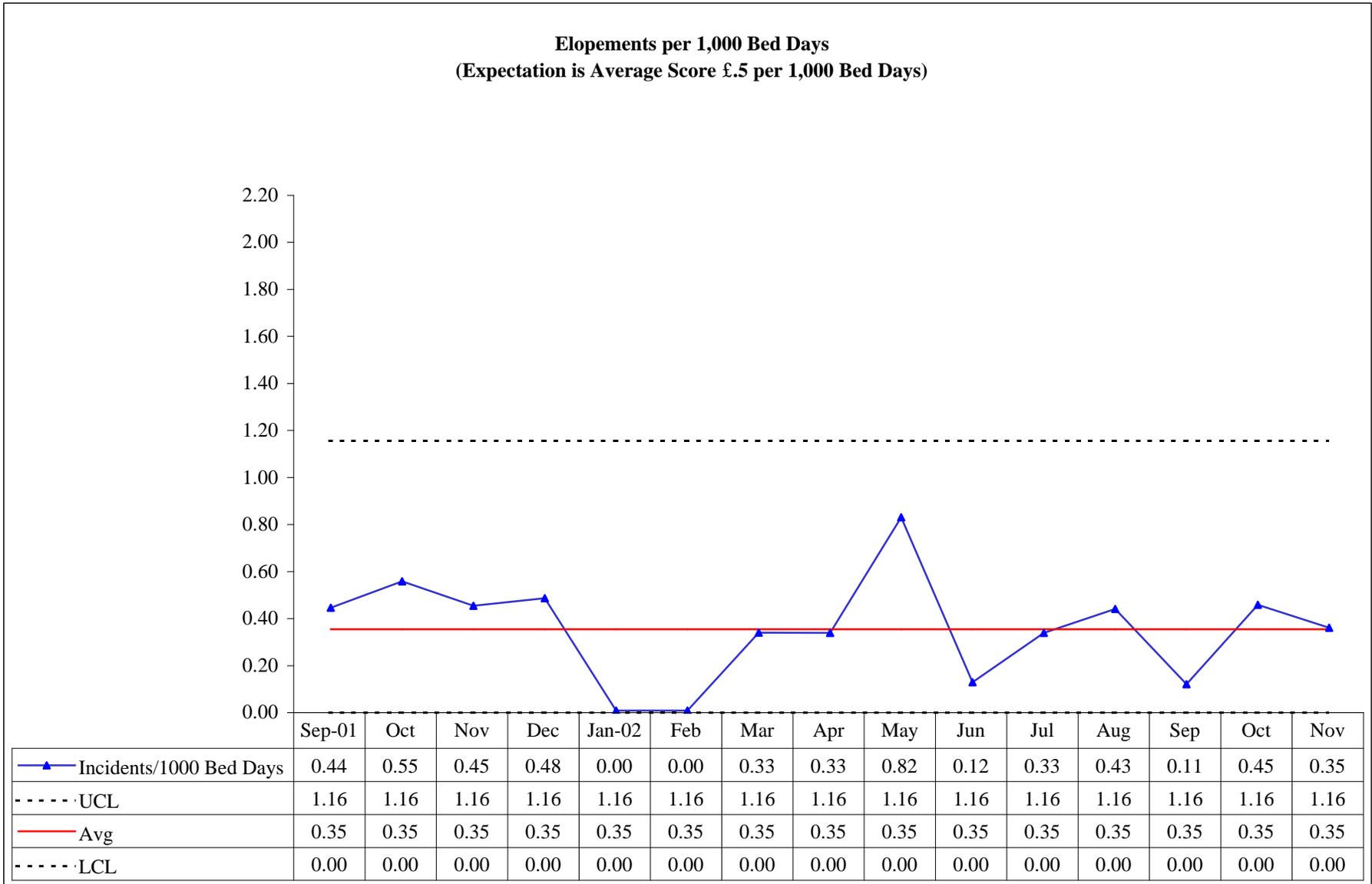
Measure 5B - Rate for Elopements
All MH Facilities

Eloperments per 1,000 Bed Days
 (Expectation is Average Score 0.5 per 1,000 Bed Days)

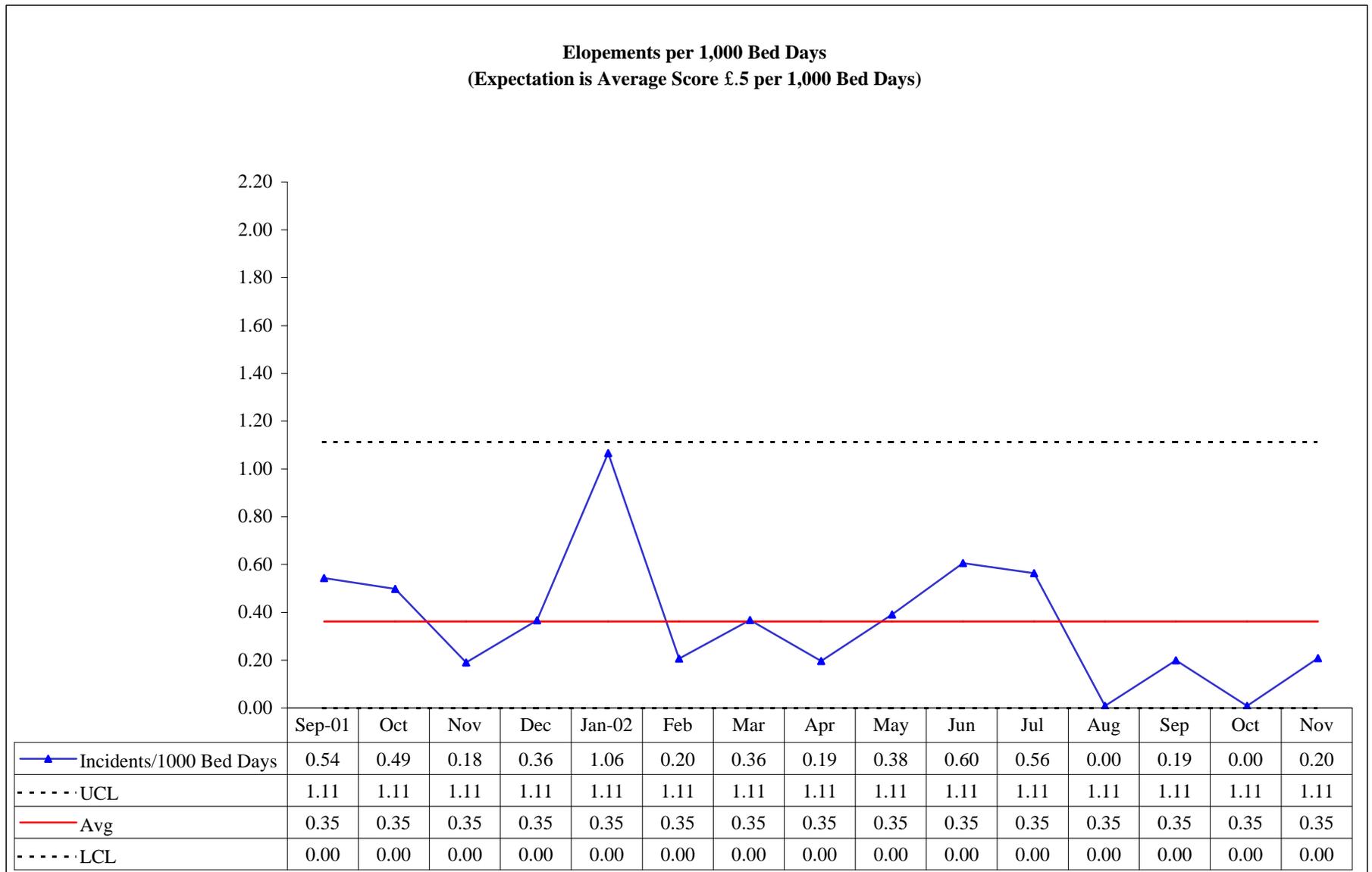


	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— Incidents/1000 Bed Days	0.44	0.38	0.31	0.46	0.33	0.33	0.35	0.33	0.52	0.45	0.39	0.35	0.18	0.27	0.20
NRI National Public Rates	0.30	0.26	0.25	0.24	0.24	0.29	0.25	0.29	0.28	0.29					
- - - - - UCL	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57	0.57
— Avg	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
- - - - - LCL	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14

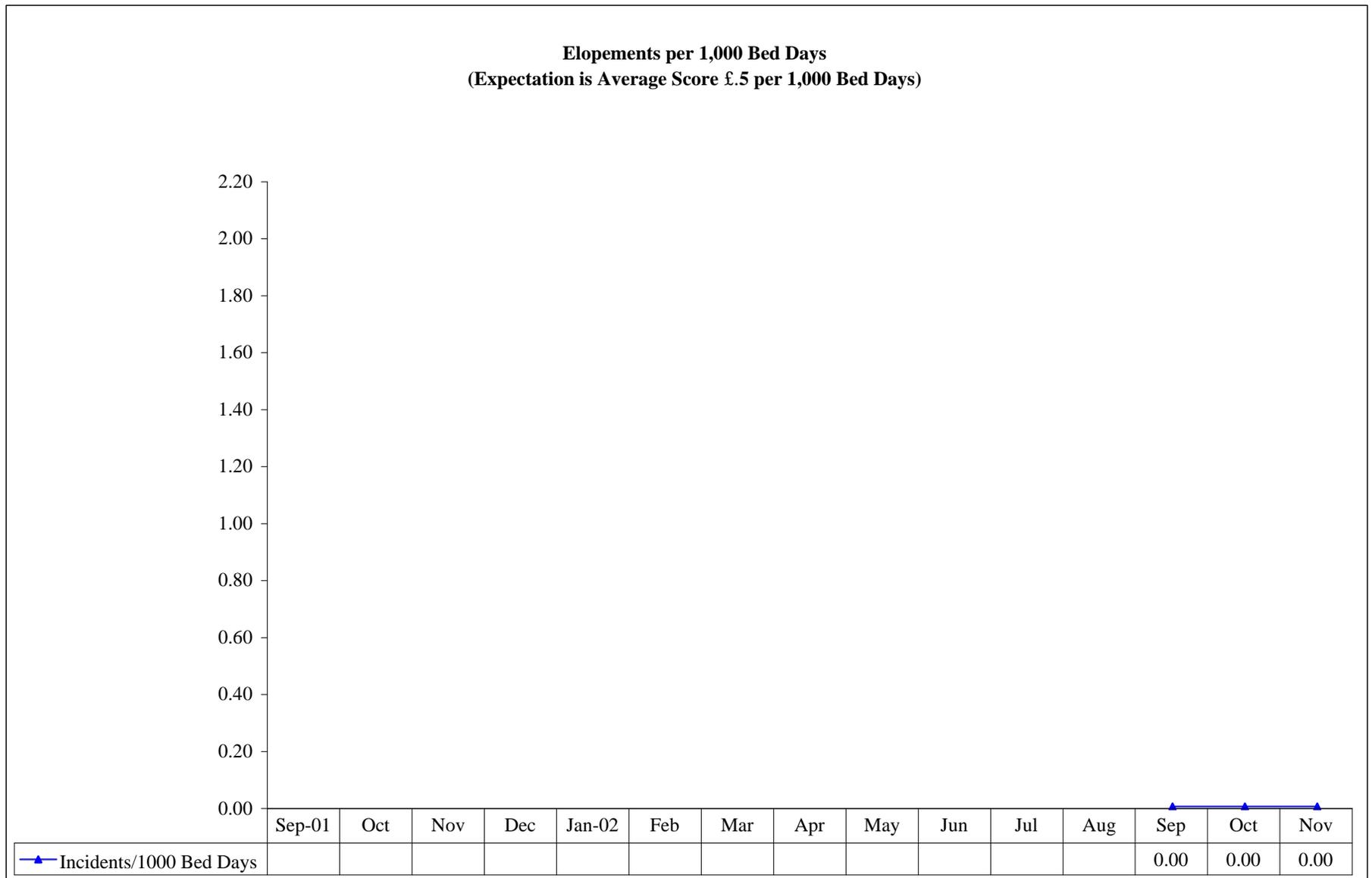
**Measure 5B - Rate for Elopements
Austin State Hospital**



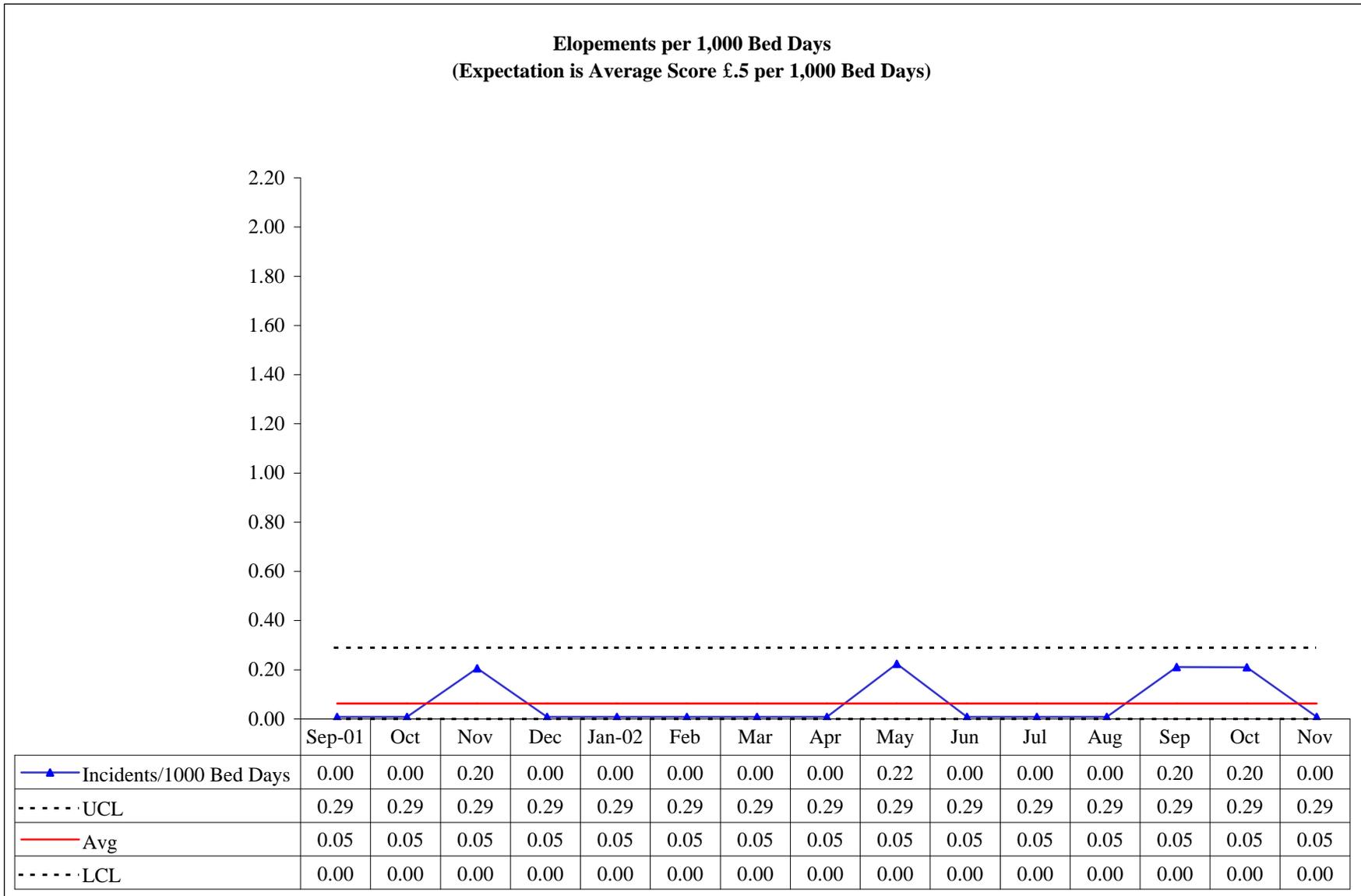
**Measure 5B - Rate for Elopements
Big Spring State Hospital**



Measure 5B - Rate for Elopements
El Paso Psychiatric Center

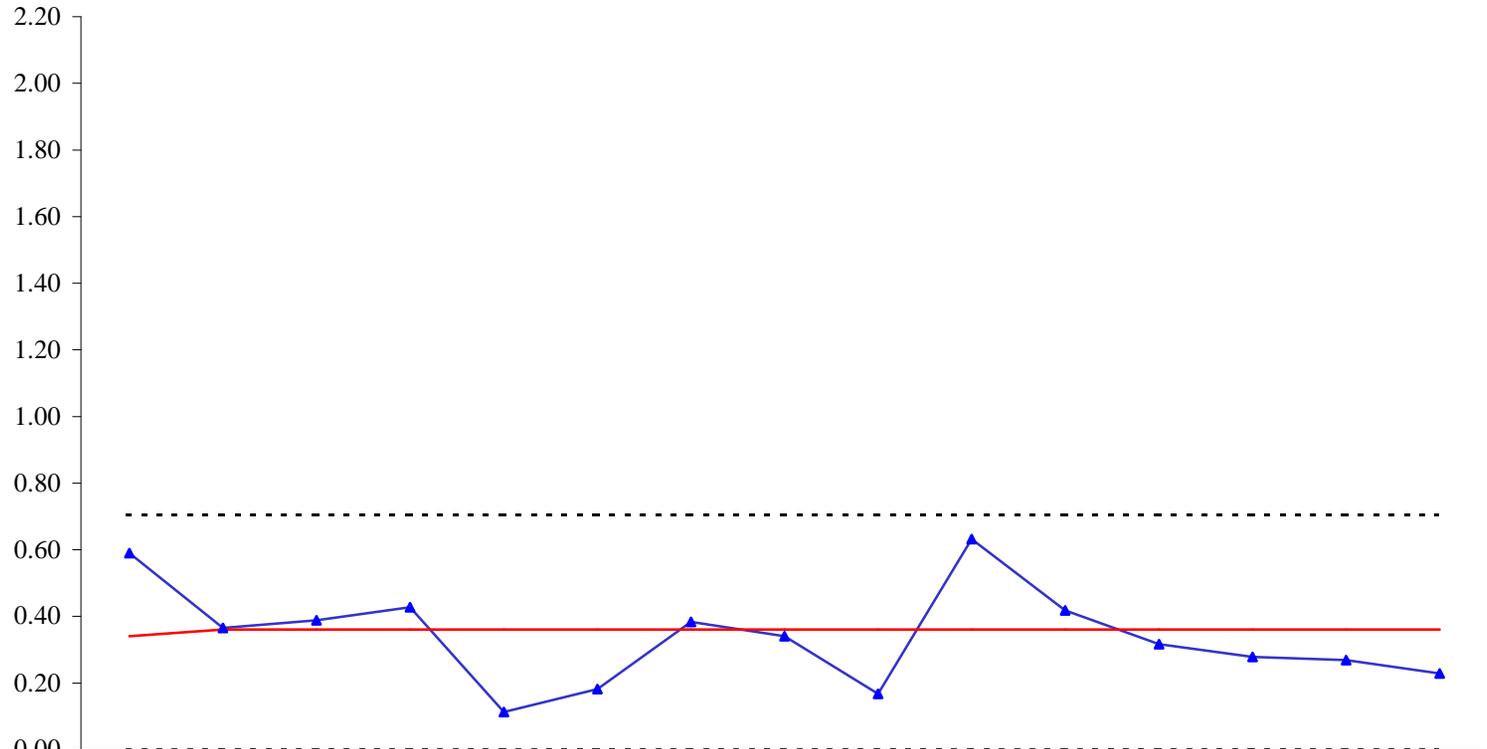


**Measure 5B - Rate for Elopements
Kerrville State Hospital**



Measure 5B - Rate for Elopements
North Texas State Hospital

Elopements per 1,000 Bed Days
 (Expectation is Average Score 0.5 per 1,000 Bed Days)



	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— Incidents/1000 Bed Days	0.58	0.36	0.38	0.42	0.11	0.17	0.38	0.33	0.16	0.62	0.41	0.31	0.27	0.26	0.22
- - - - - UCL	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
— Avg	0.33	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35
- - - - - LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Measure 5B - Rate for Elopements
Rio Grande State Center (MH only)**

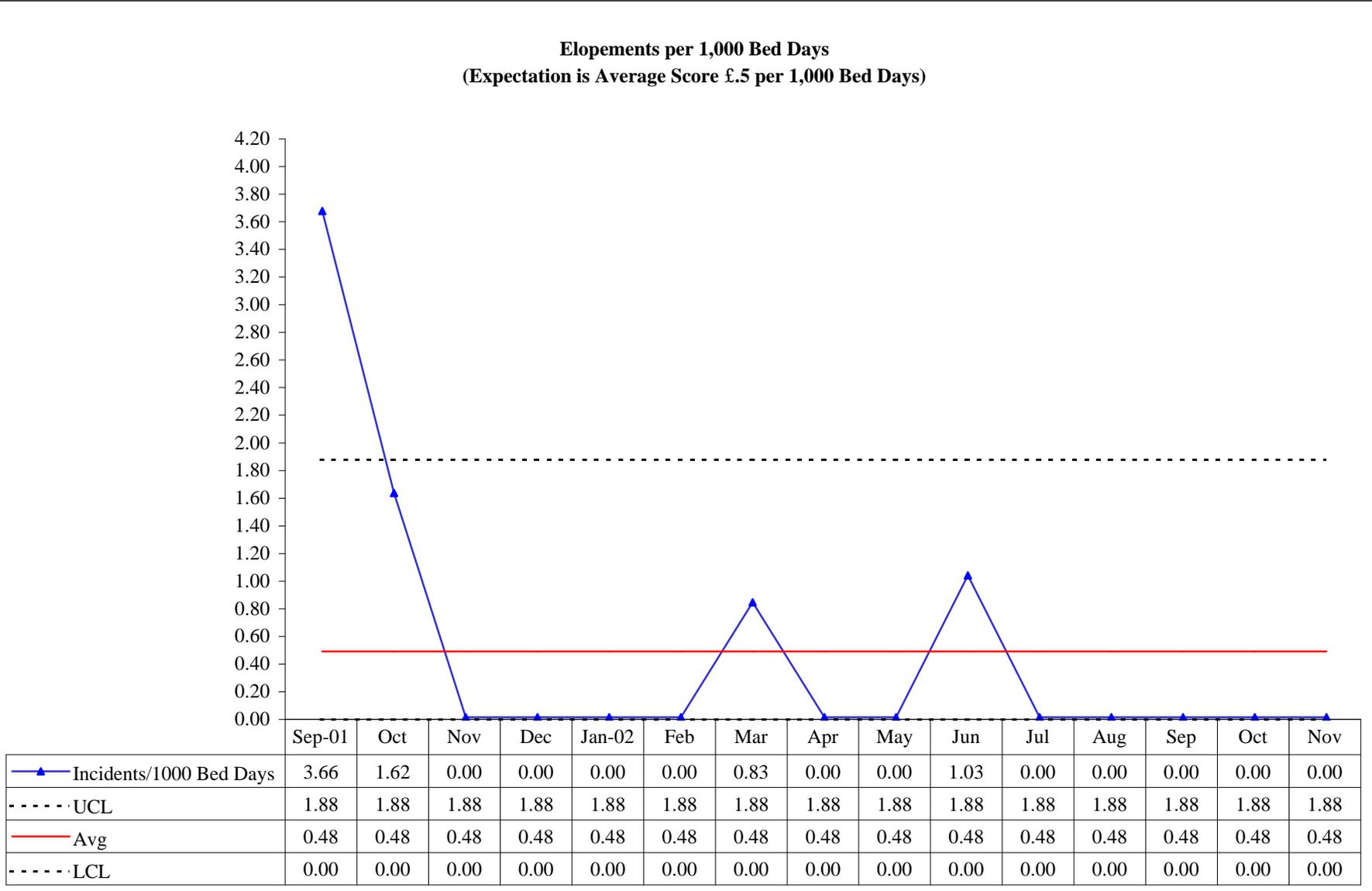
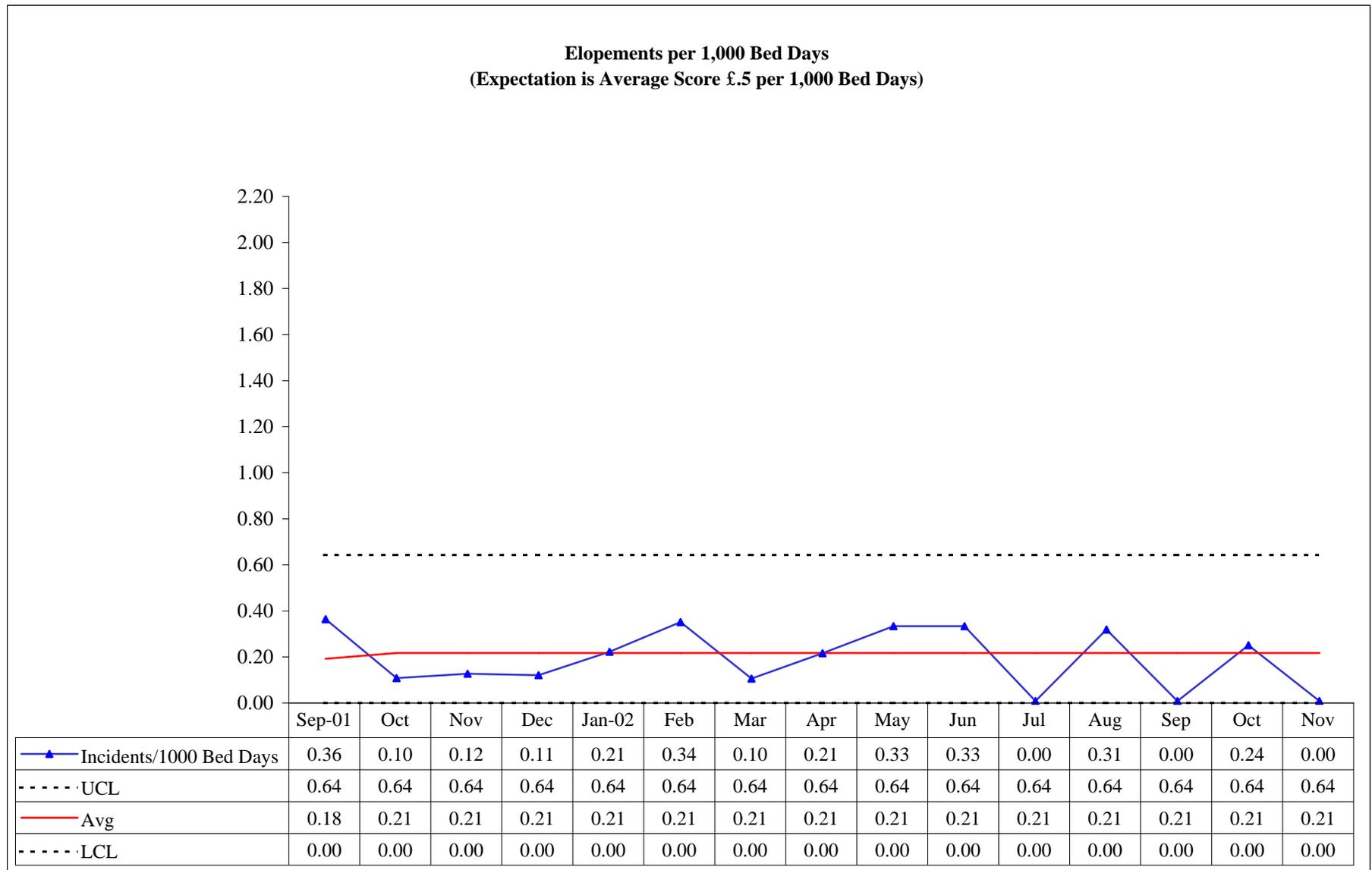


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Measure 5B - Rate for Elopements
Rusk State Hospital



Measure 5B - Rate for Elopements
San Antonio State Hospital

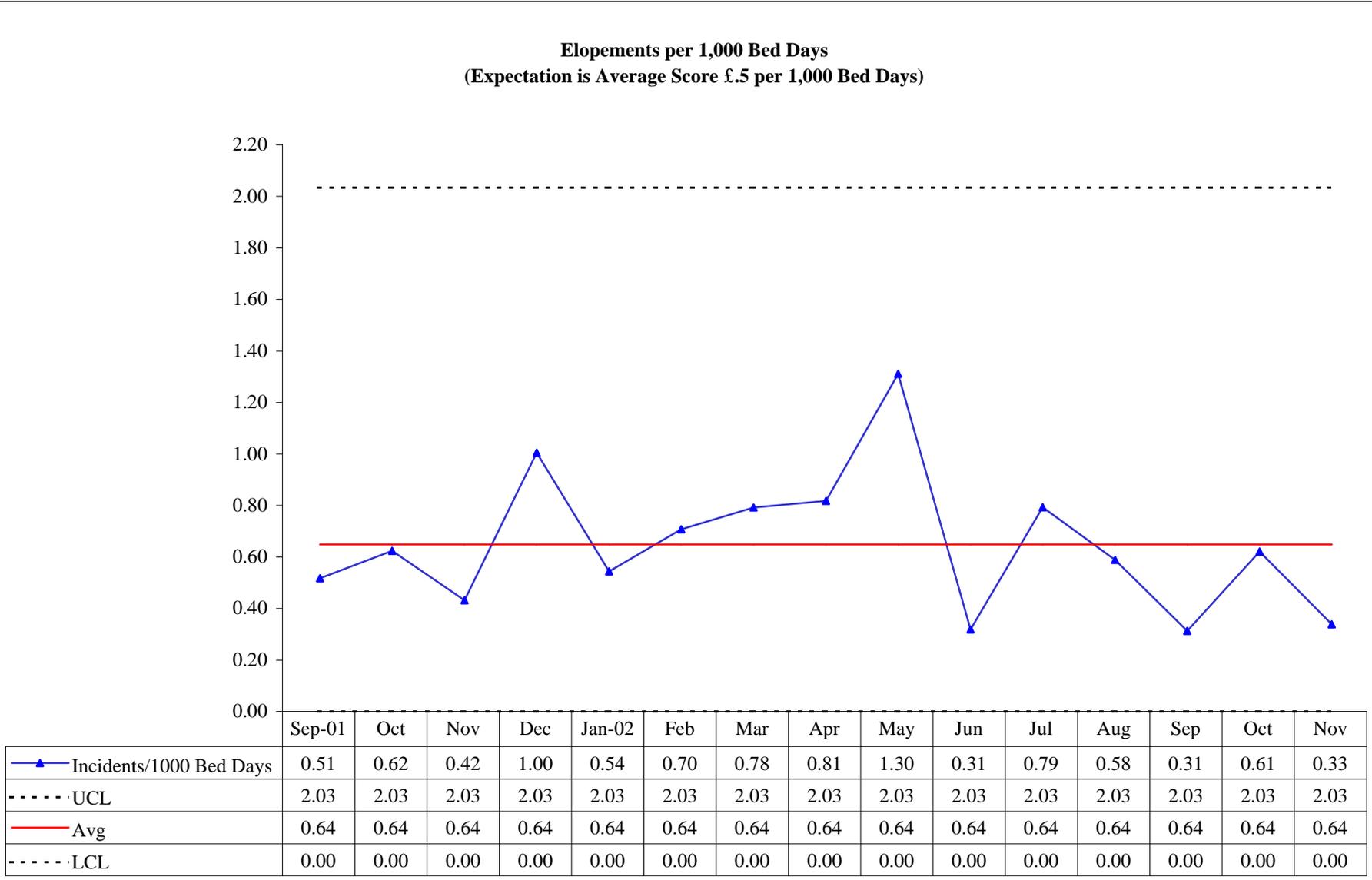
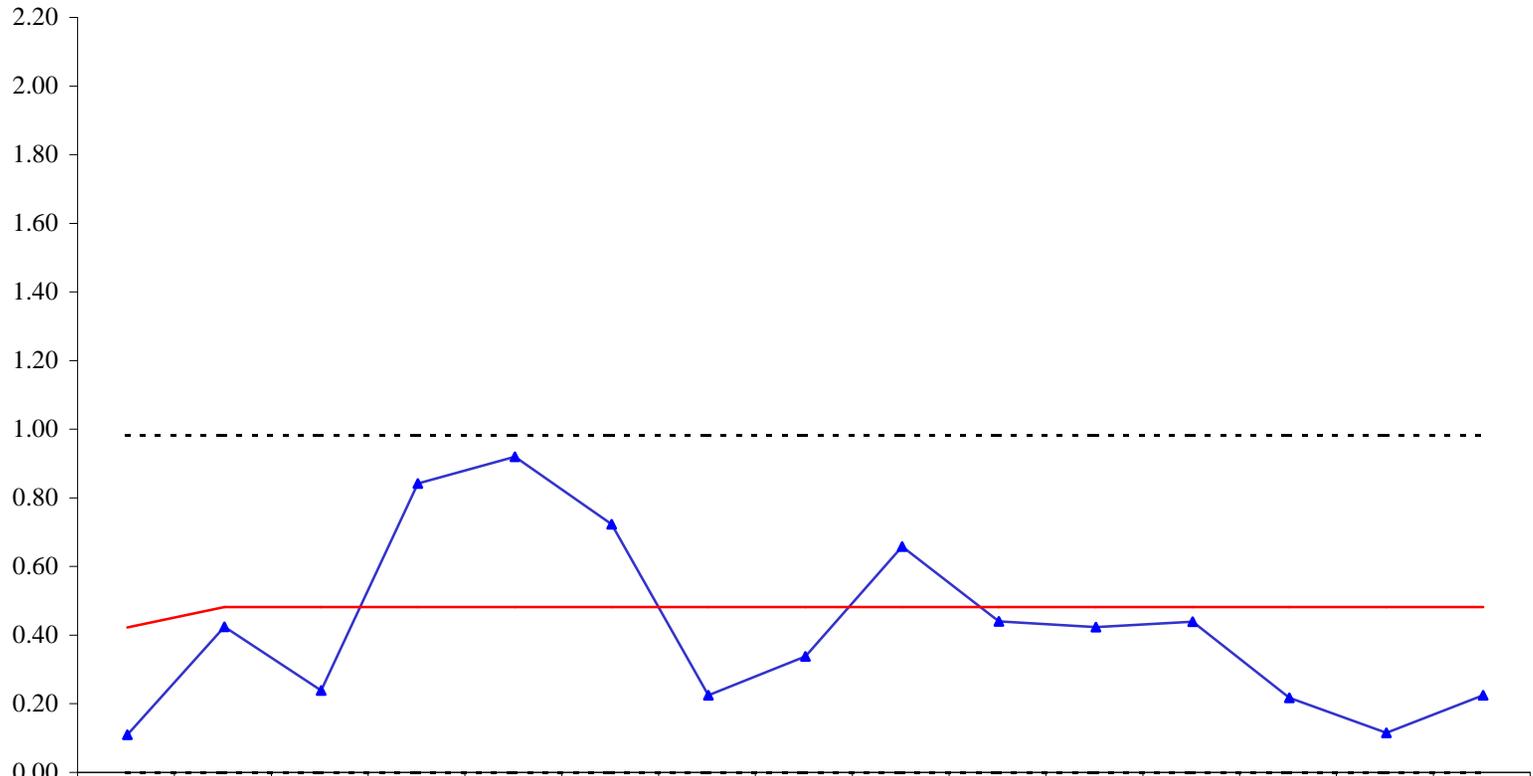


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Measure 5B - Rate for Elopements
Terrell State Hospital

Elopements per 1,000 Bed Days
(Expectation is Average Score 0.5 per 1,000 Bed Days)



**Measure 5B - Rate for Elopements
Waco Center for Youth**

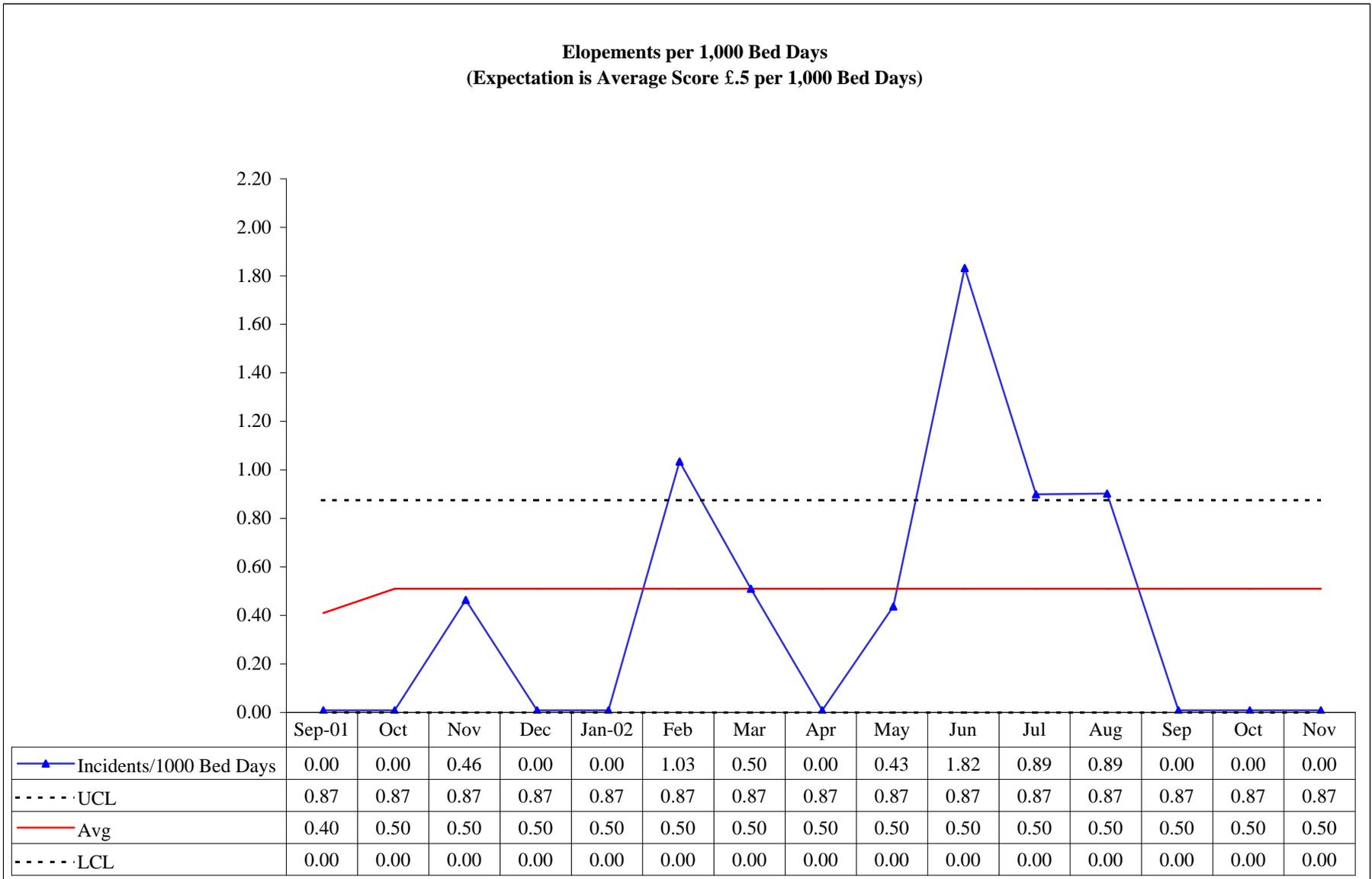


Table: Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

GOAL 7: Assure a Competent Workforce

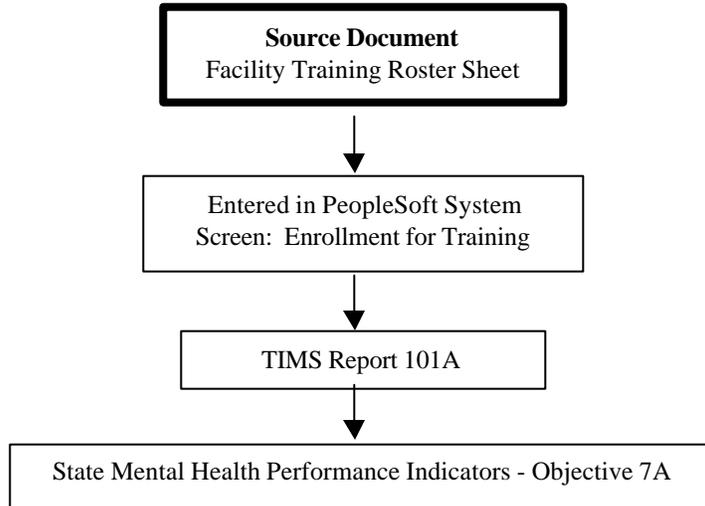
Performance Objective 7A: A total of ninety-five percent (95%) of all staff will be up-to-date with CORE training at all times.

Performance Objective Operational Definition: The facility percentage of employees with active training statuses who have completed all courses related to their position type (CORE) training program within specified time frame. Monthly data (based on data entered up until 5 p.m. on the day the report is run) will be reported in TIMS Report 101A.

Performance Objective Formula: Rate = number of employees with active training statuses who have completed their training/number of current employees at the facility.

Performance Objective Data Display and Chart Description:
Control chart with monthly data points of percentage of CORE training completed for individual facilities and system-wide.

Data Flow:

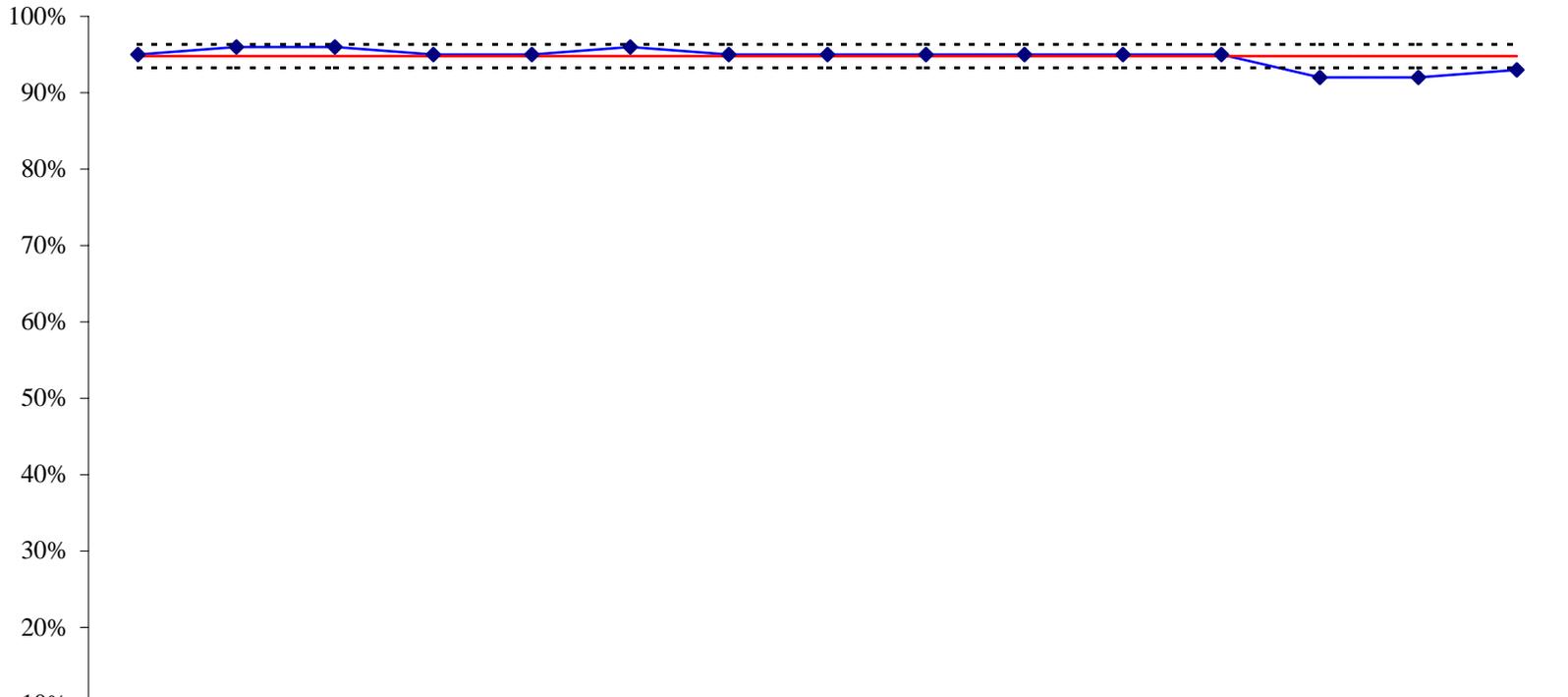


Data Integrity Review Process:

Monitoring Method	API
Monitoring Instrument	API - Question 16
Description of Review Process	Reviewing Individual Compliance Report for compliance with core requirements identified in HRS Operating Instructions 3.118 - Minimum Training Requirements AND the Training Assignment Worksheet - HR-3.
Sample Size	Random sample of 25 employees
Monitoring Frequency	Annually
Performance Improvement Trigger	Less than 95%
DIR/EVT Report	API EVT Report

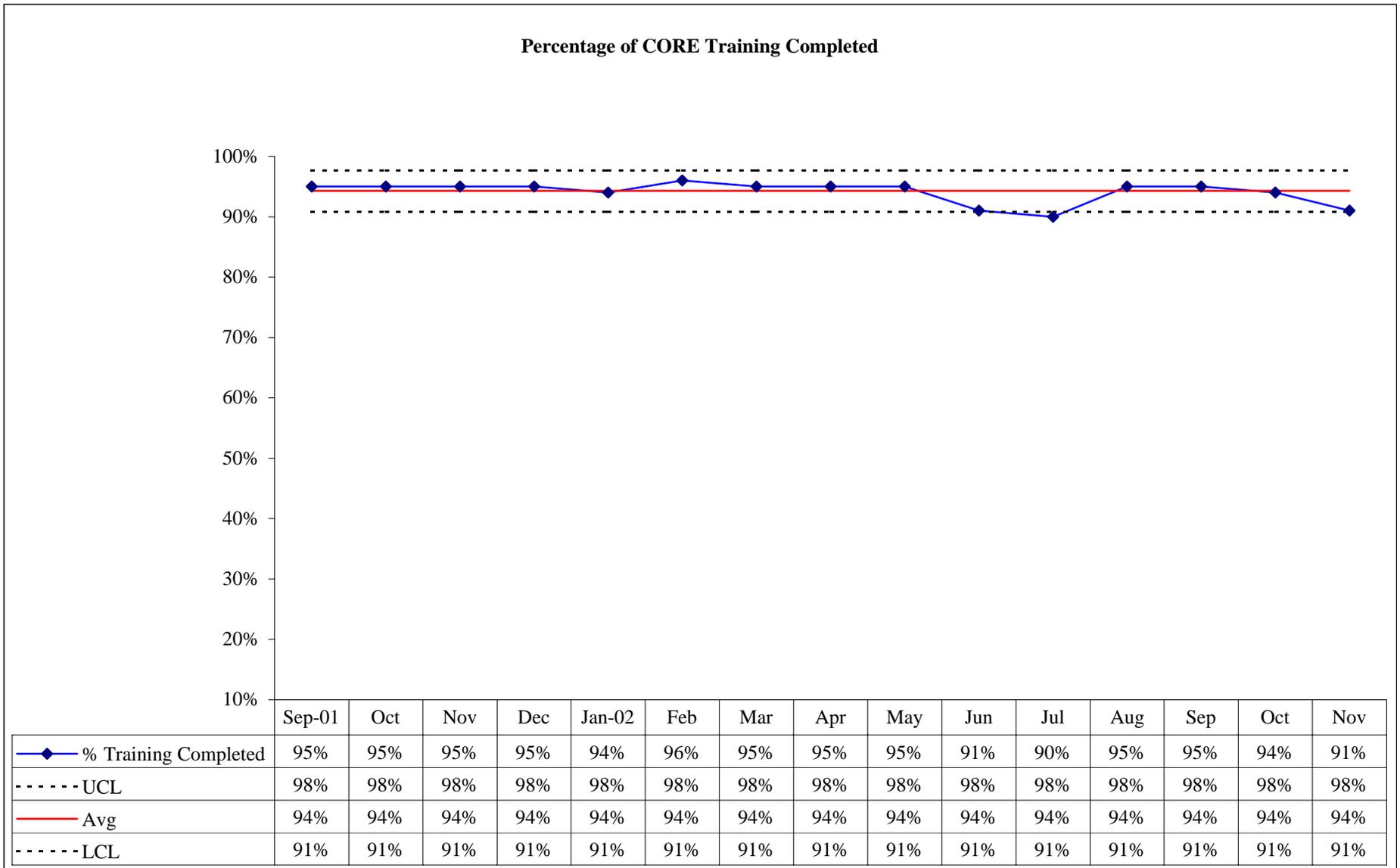
Objective 7A - Staff Up-To-Date With CORE Training
All MH Facilities

Percentage of CORE Training Completed

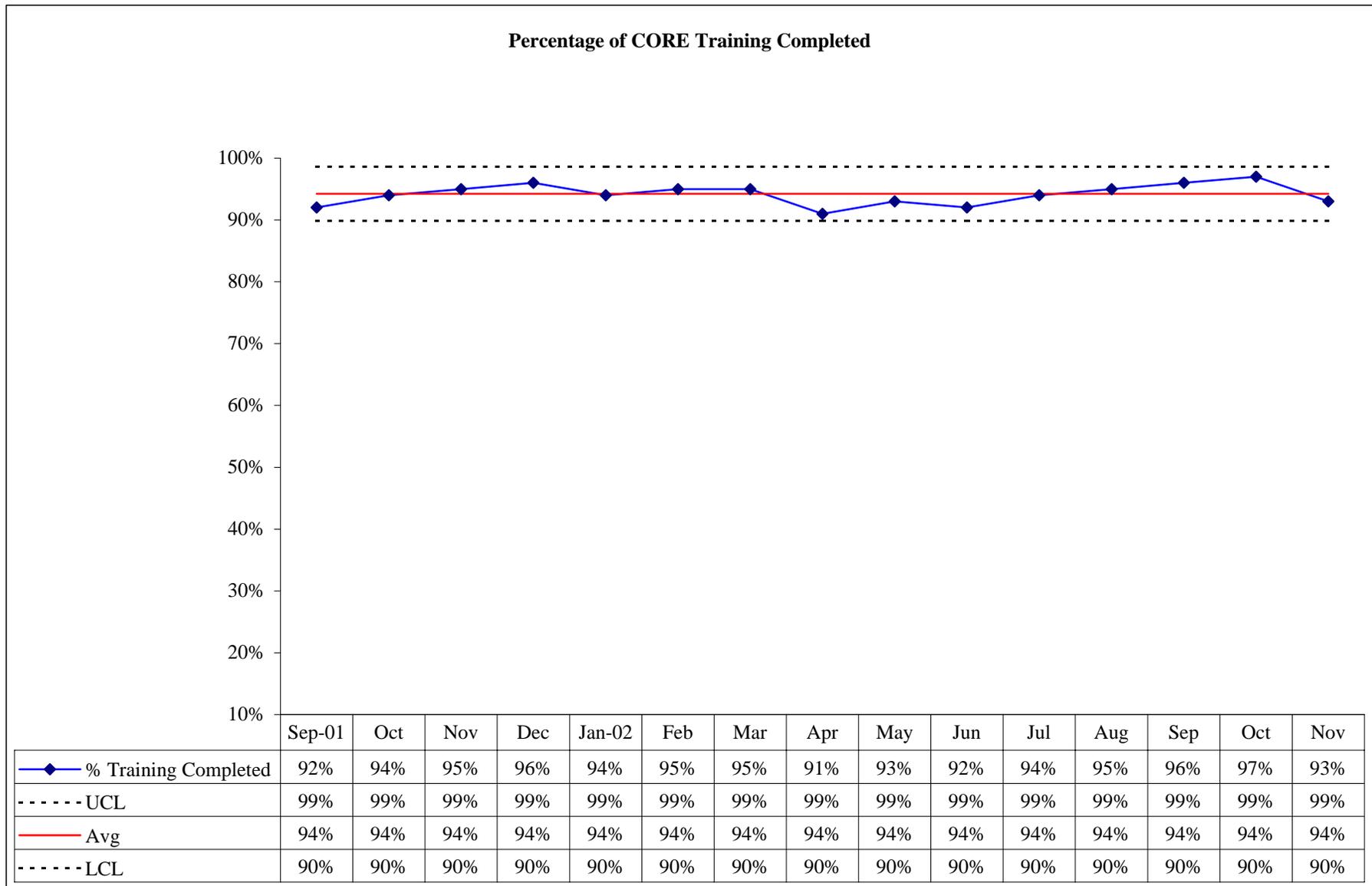


	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Training Completed	95%	96%	96%	95%	95%	96%	95%	95%	95%	95%	95%	95%	92%	92%	93%
-----UCL	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
— Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
.....LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

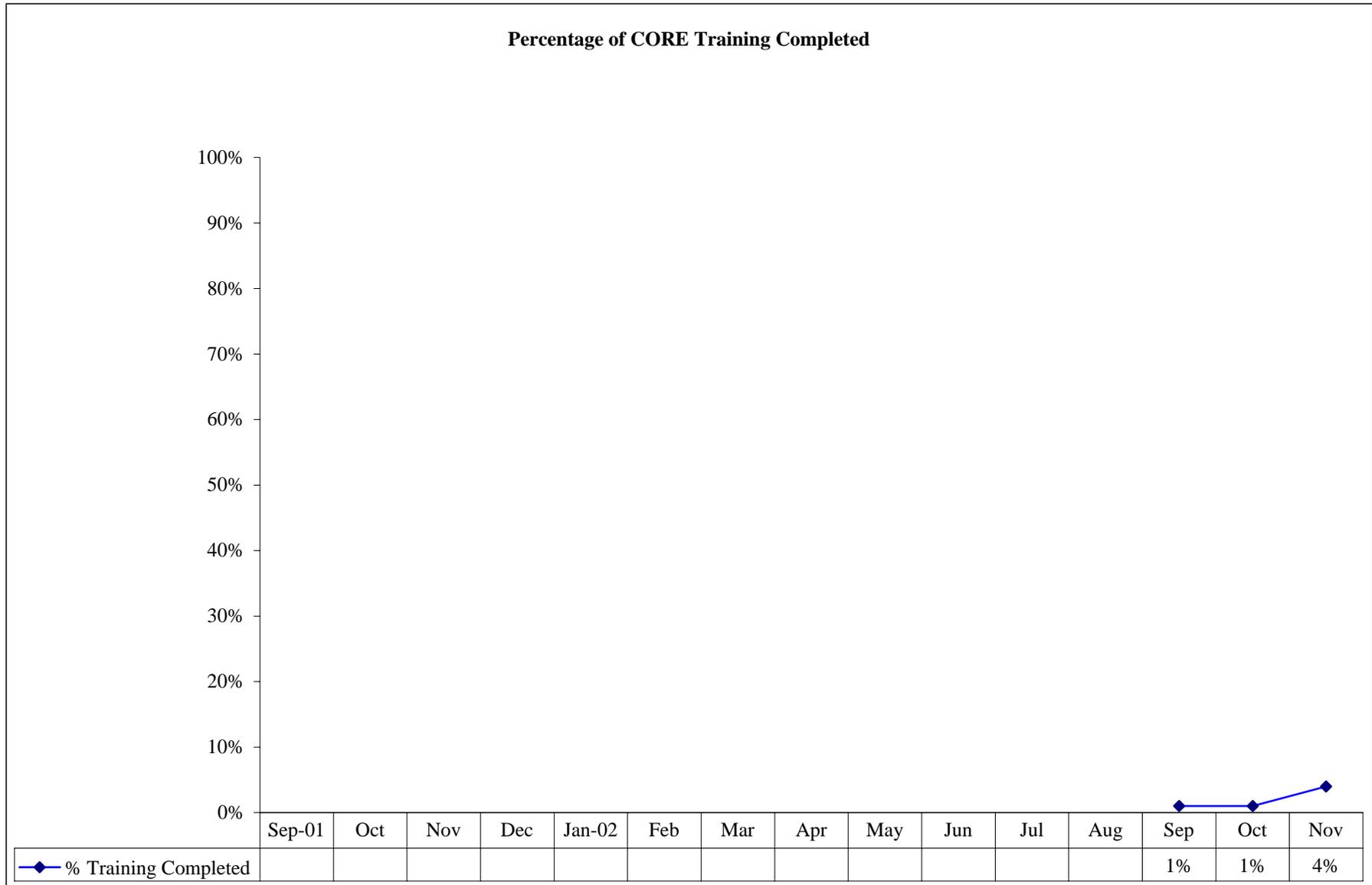
Objective 7A - Staff Up-To-Date With CORE Training
Austin State Hospital



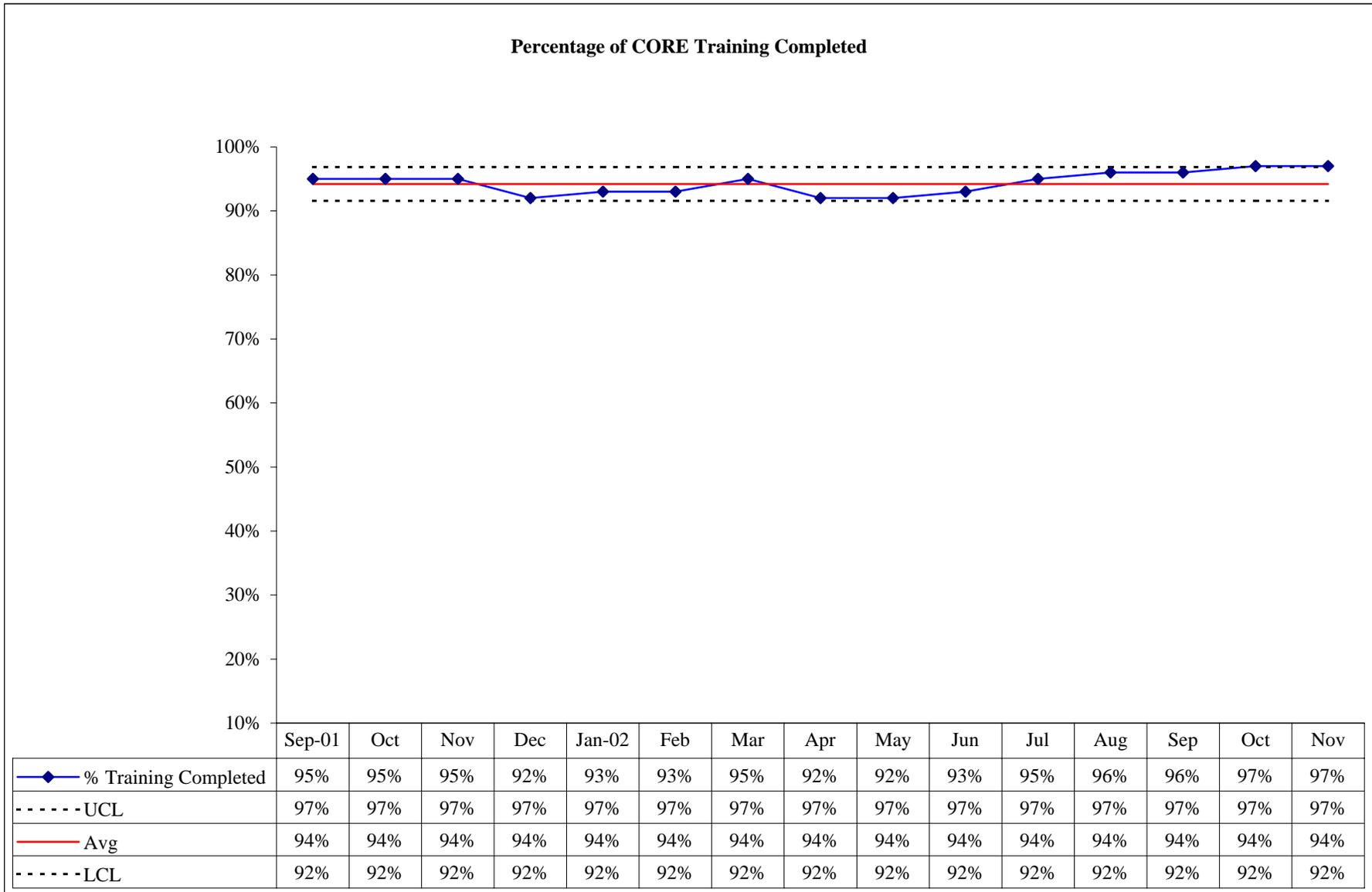
Objective 7A - Staff Up-To-Date With CORE Training
Big Spring State Hospital



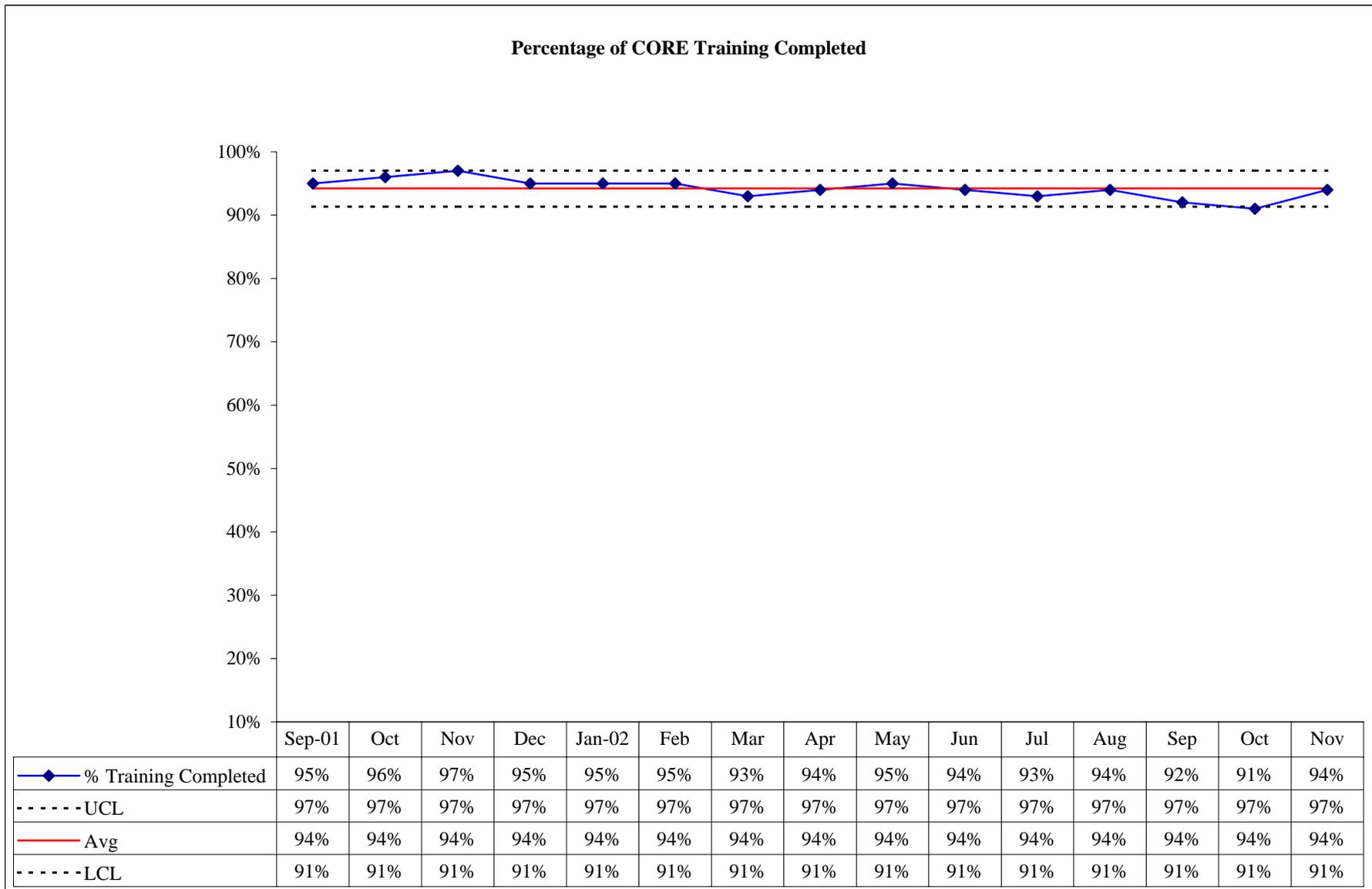
Objective 7A - Staff Up-To-Date With CORE Training
El Paso Psychiatric Center



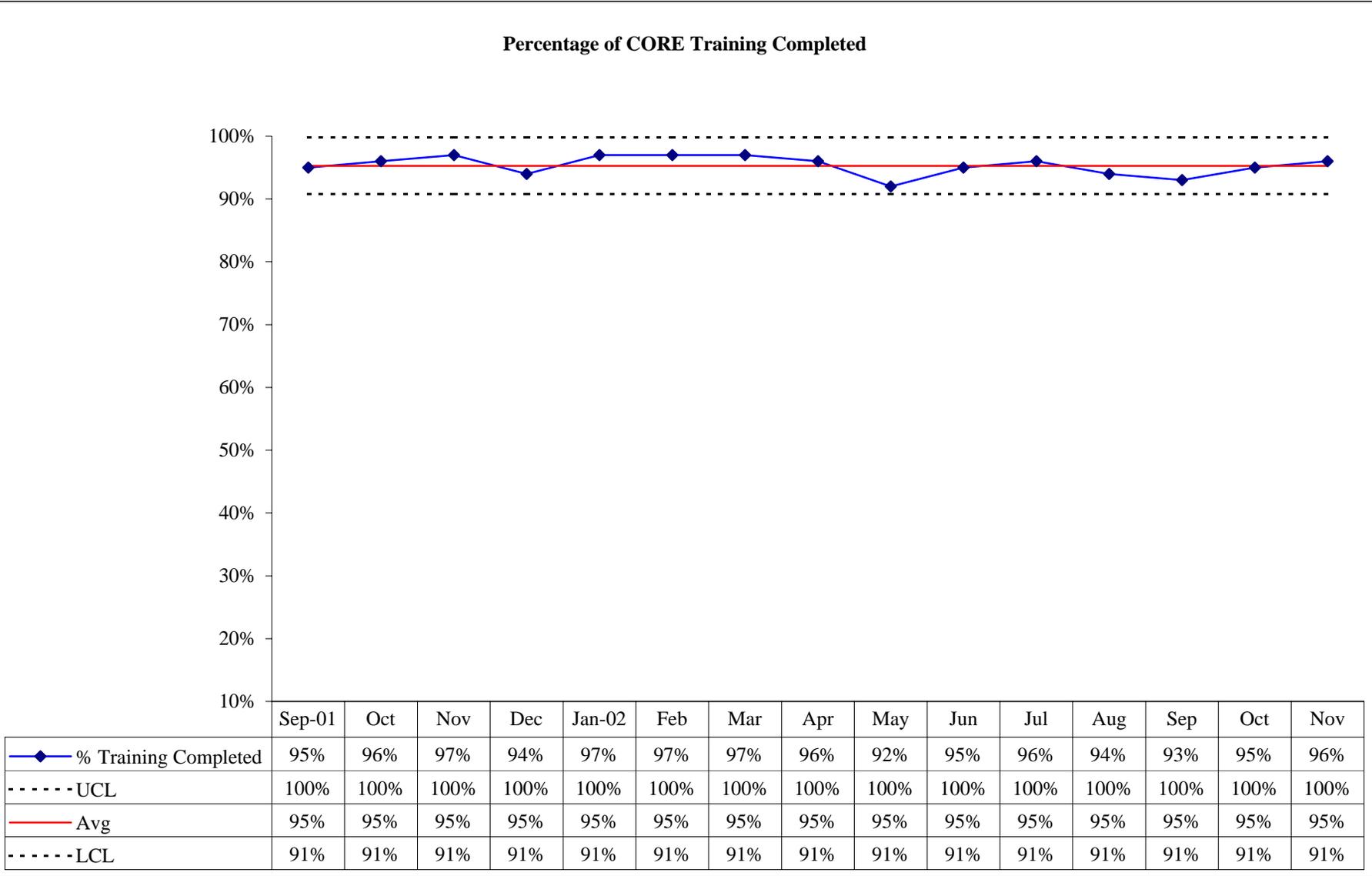
Objective 7A - Staff Up-To-Date With CORE Training
Kerrville State Hospital



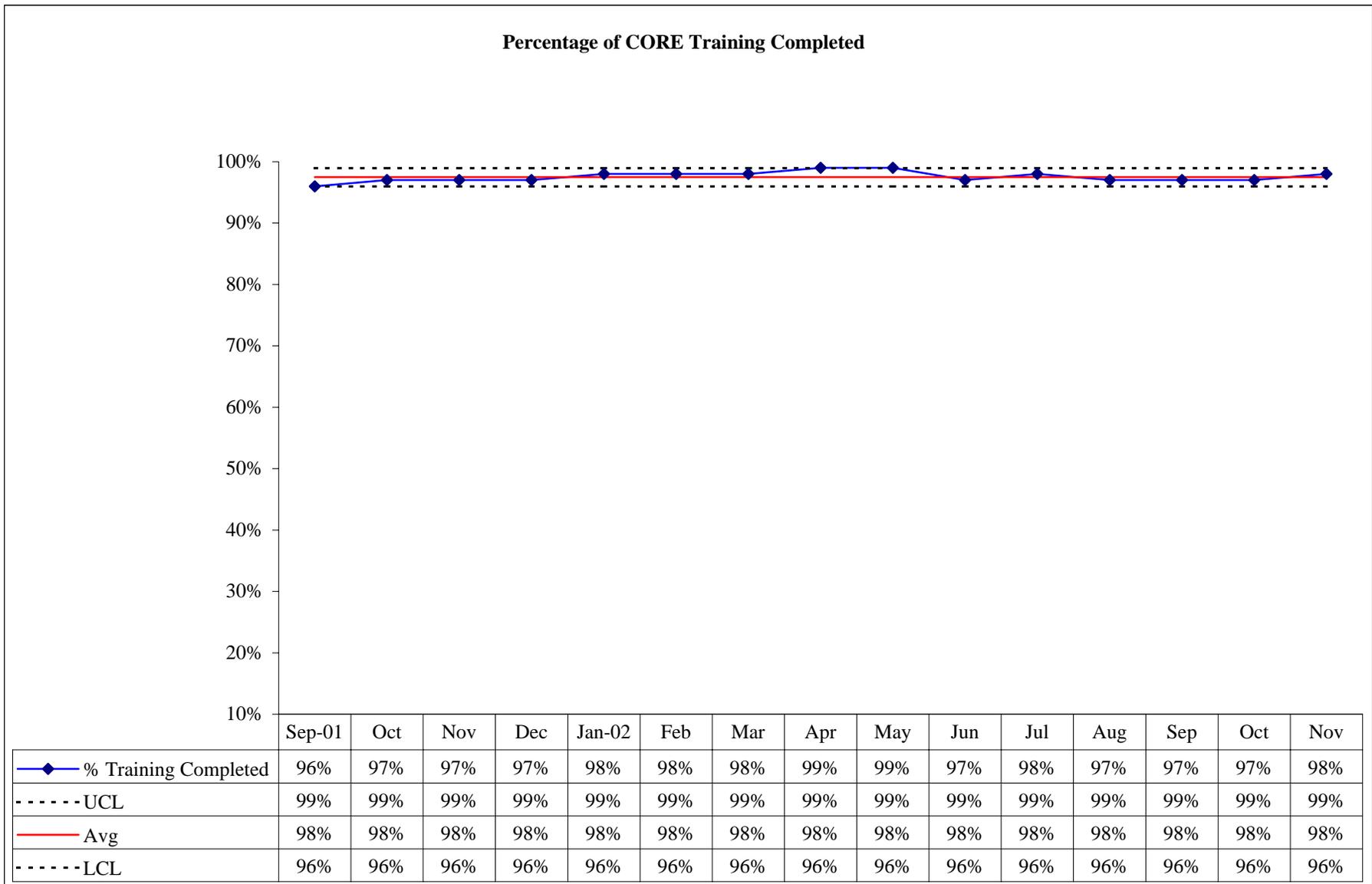
Objective 7A - Staff Up-To-Date With CORE Training
North Texas State Hospital



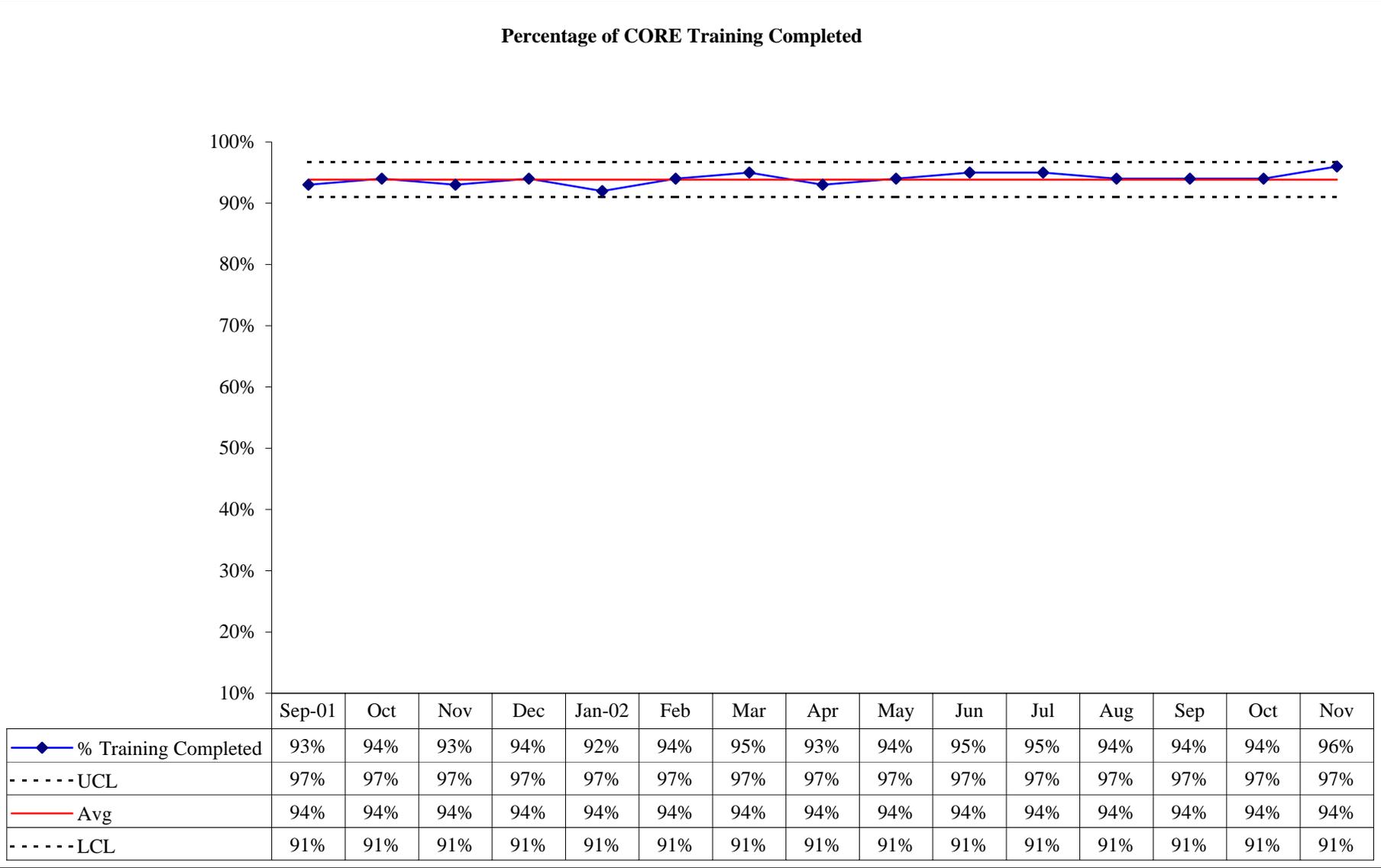
Objective 7A - Staff Up-To-Date With CORE Training
Rio Grande State Center



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

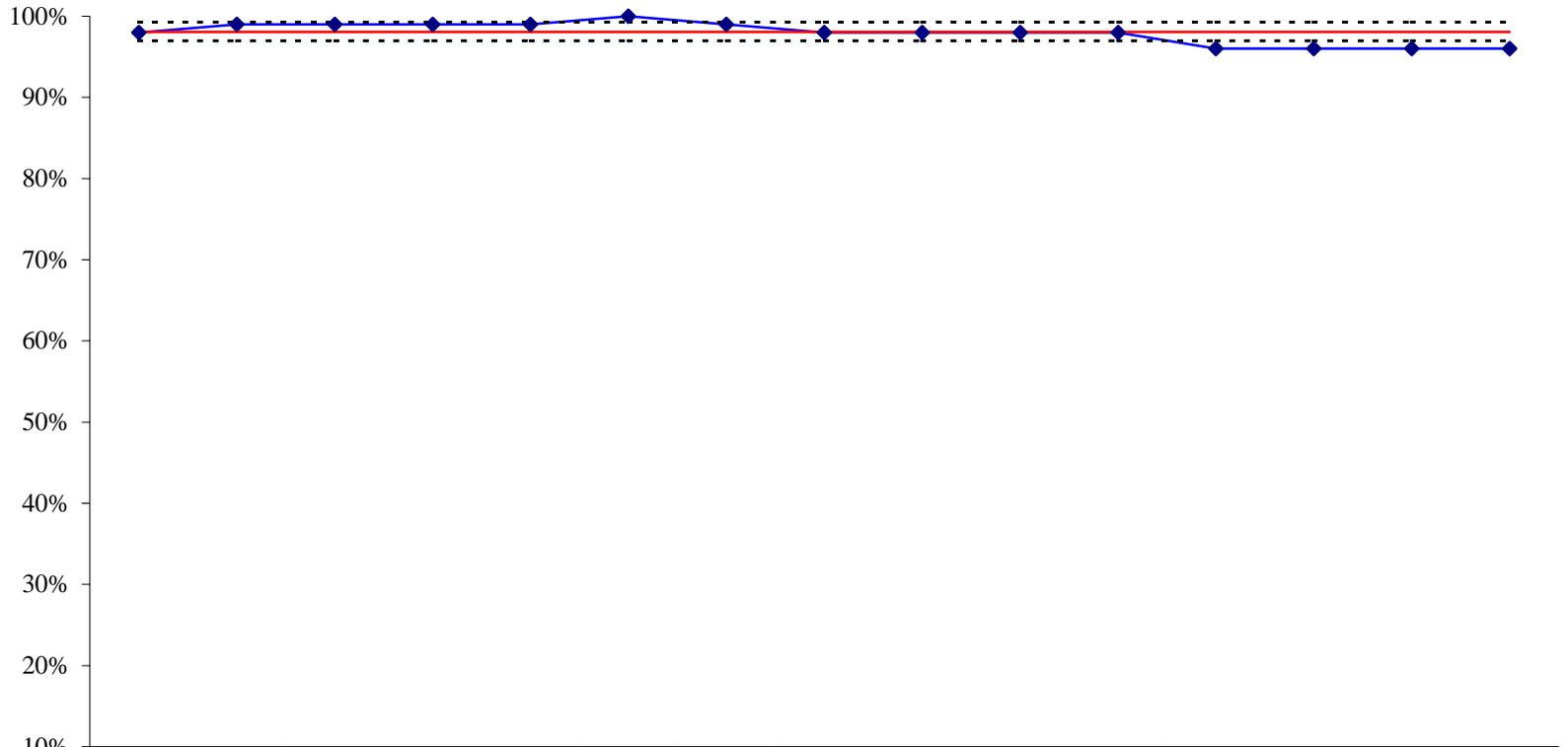


Objective 7A - Staff Up-To-Date With CORE Training
San Antonio State Hospital



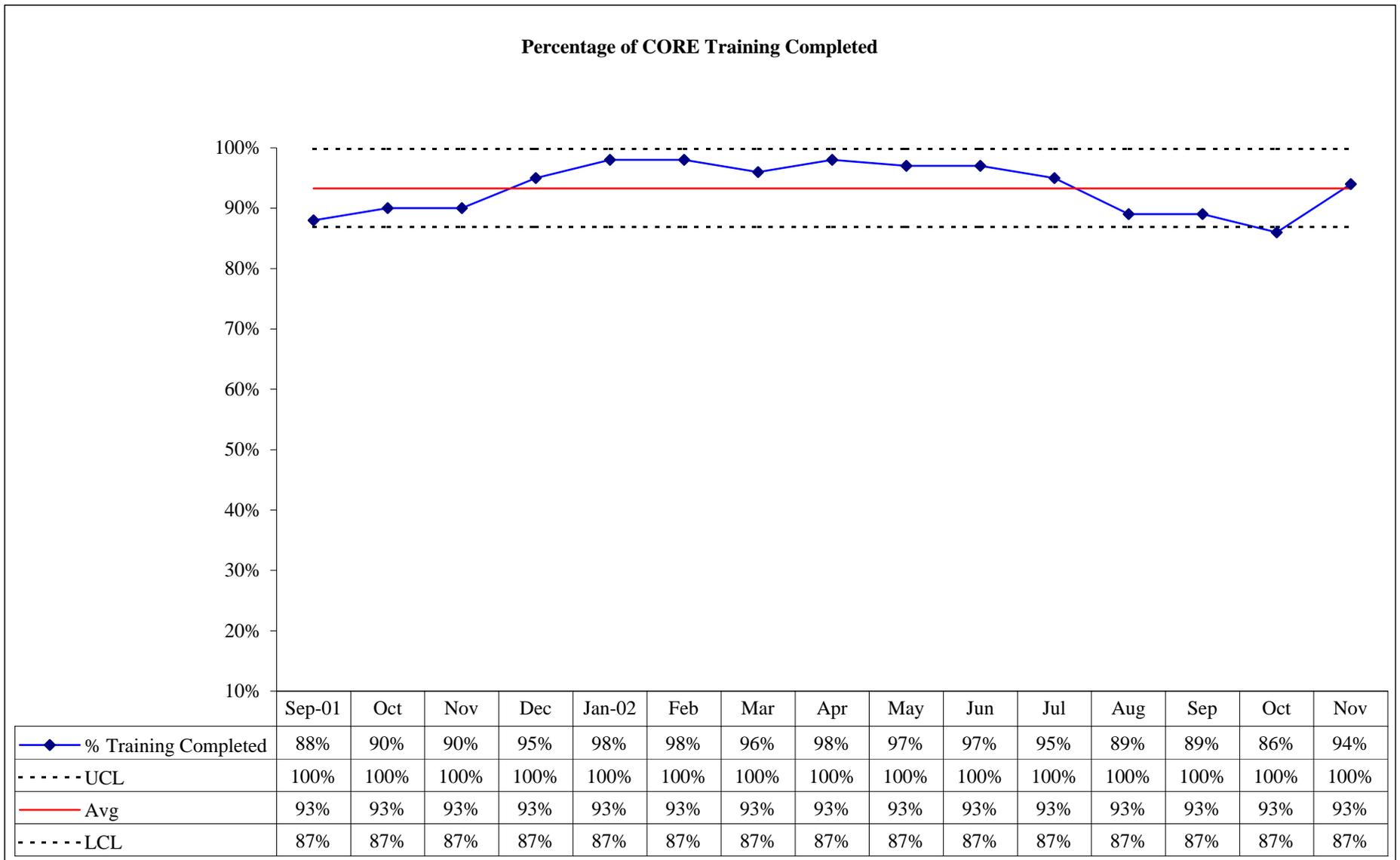
Objective 7A - Staff Up-To-Date With CORE Training
Terrell State Hospital

Percentage of CORE Training Completed



	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—◆— % Training Completed	98%	99%	99%	99%	99%	100%	99%	98%	98%	98%	98%	96%	96%	96%	96%
- - - - - UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— Avg	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
- - - - - LCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%

Objective 7A - Staff Up-To-Date With CORE Training
Waco Center for Youth



Performance Objective 7B: A total of ninety-six percent (96%) of all staff will be up-to-date with annual performance evaluations at all times.

Performance Objective Operational Definition: The facility rate of up-to-date annual performance evaluations documented on the HR5.2 per month. (Performance evaluations are due 12 months following the date of the last evaluation as entered in HRMS and are considered late when they are more than 30 days past due). PeopleSoft Report MHMR 1102 includes all employees on leave, transferred employees and retired employees using up their time.

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

R = rate of staff up-to-date with annual performance evaluations

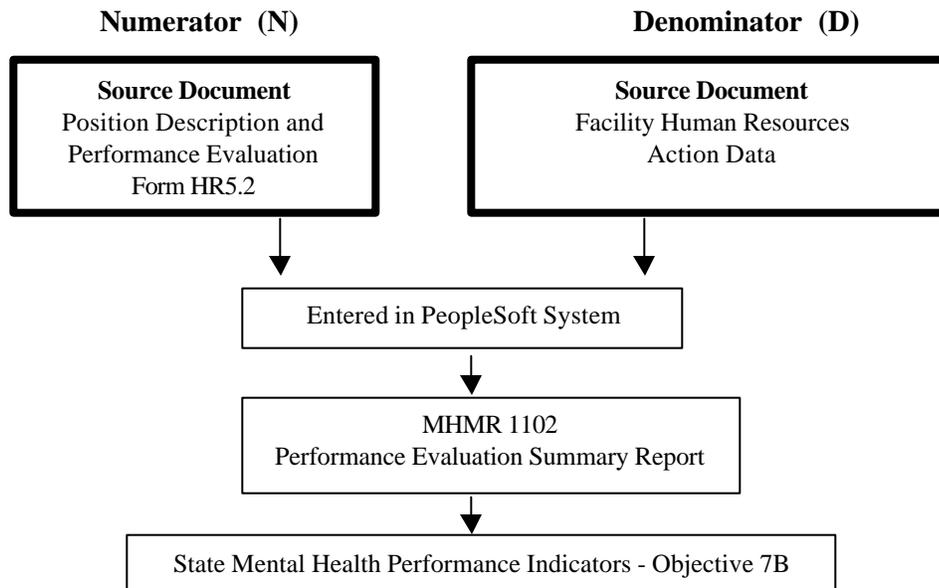
N = number of employees with current evaluations on the last day of the month

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

Performance Objective Data Display and Chart Description:

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

Data Flow:

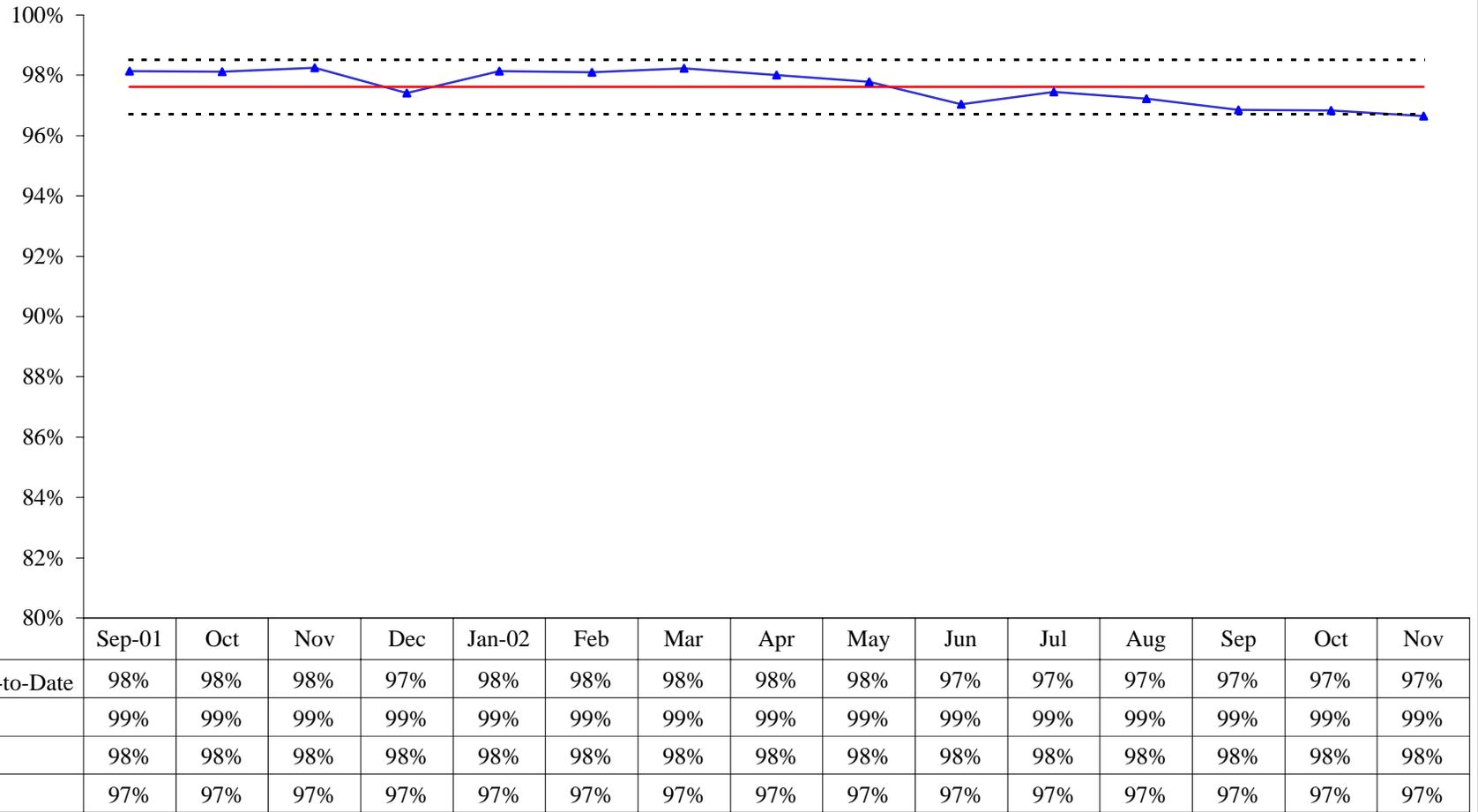


Data Integrity Review Process:

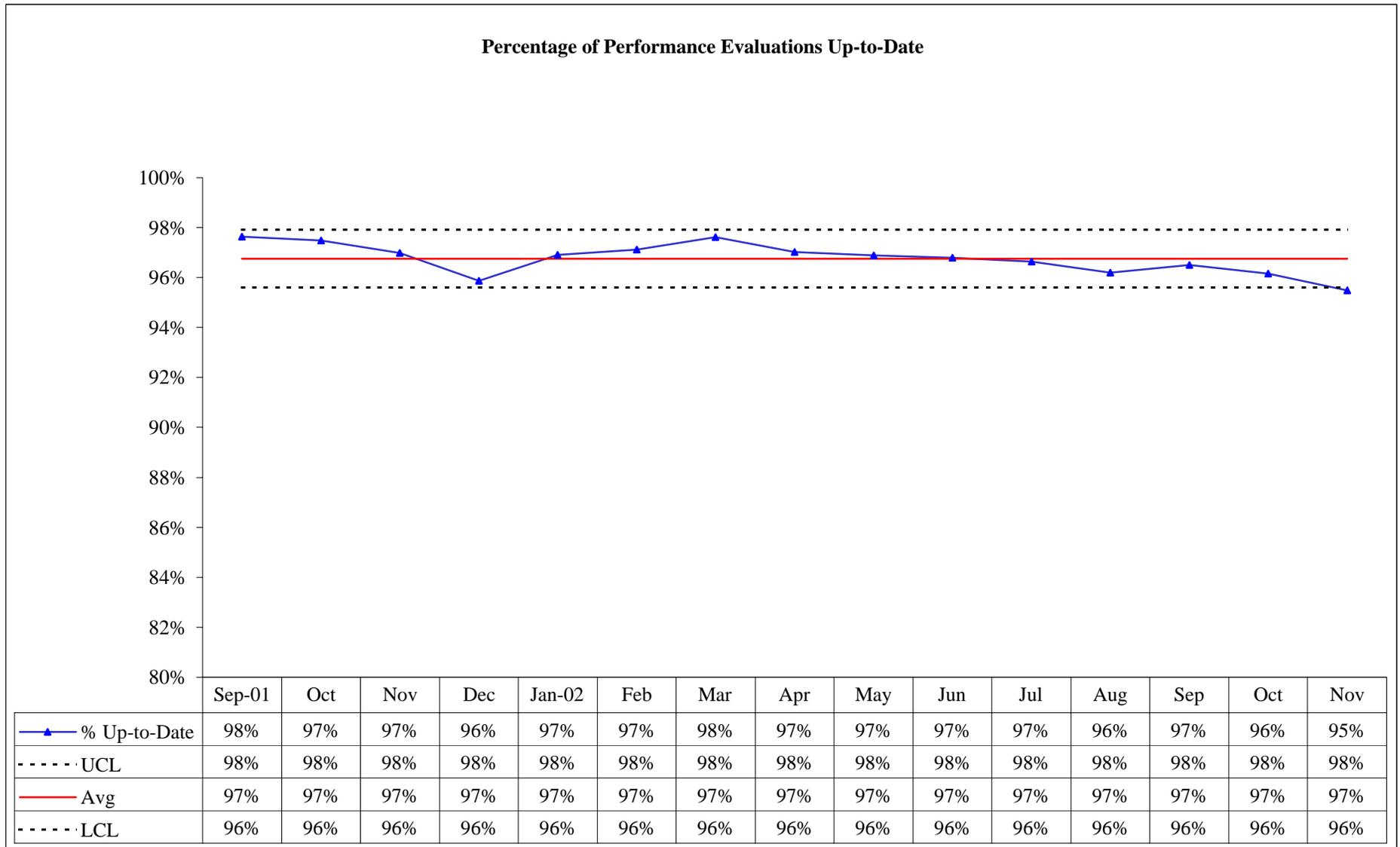
Monitoring Method	API
Monitoring Instrument	API - Question 9
Description of Review Process	Review personnel records and review to determine whether each employee has a current performance evaluation.
Sample Size	Random sample of 25 employees
Monitoring Frequency	Annually
Performance Improvement Trigger	Less than 96%
DIR/EVT Report	API EVT Report

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

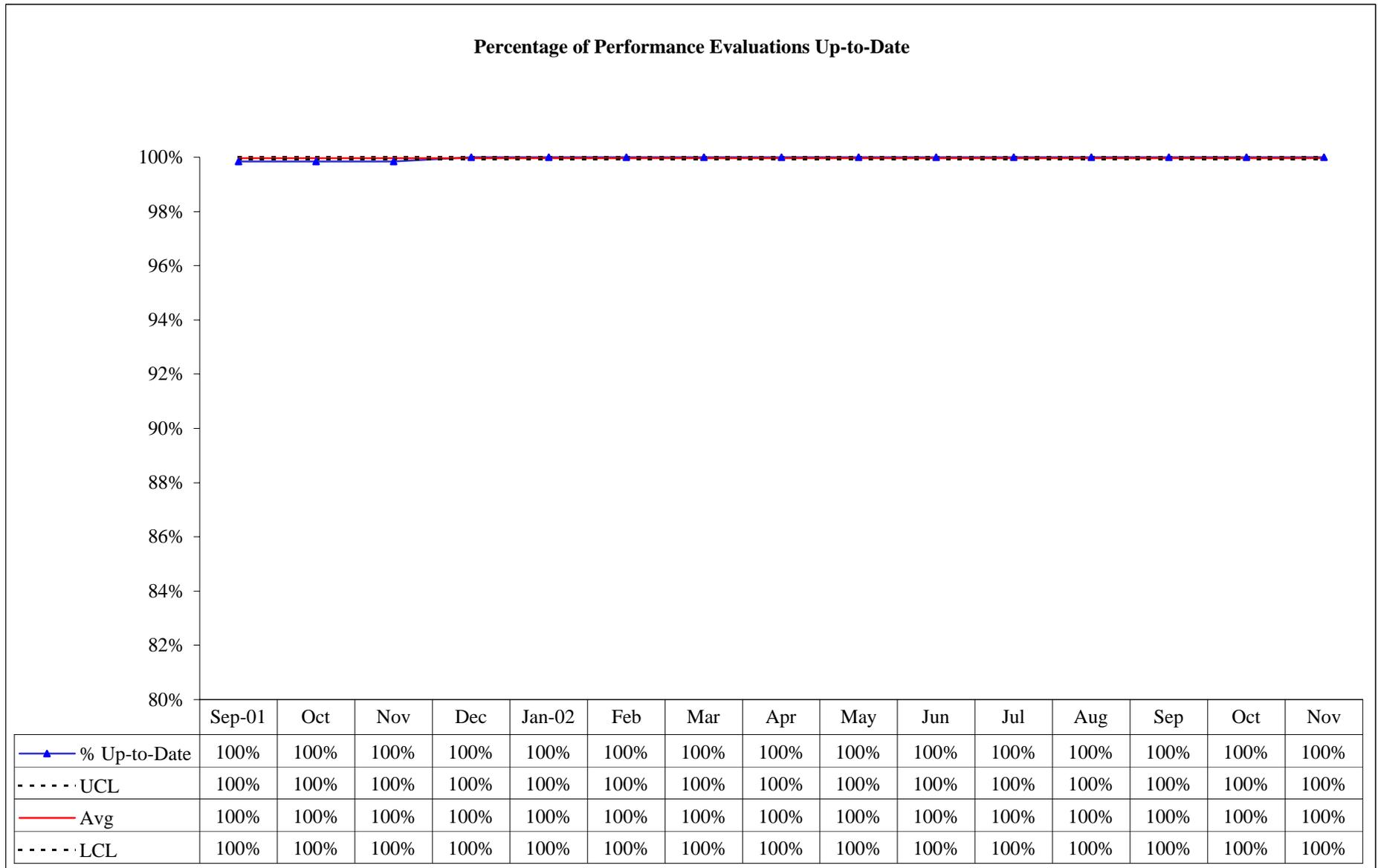
Percentage of Performance Evaluations Up-to-Date



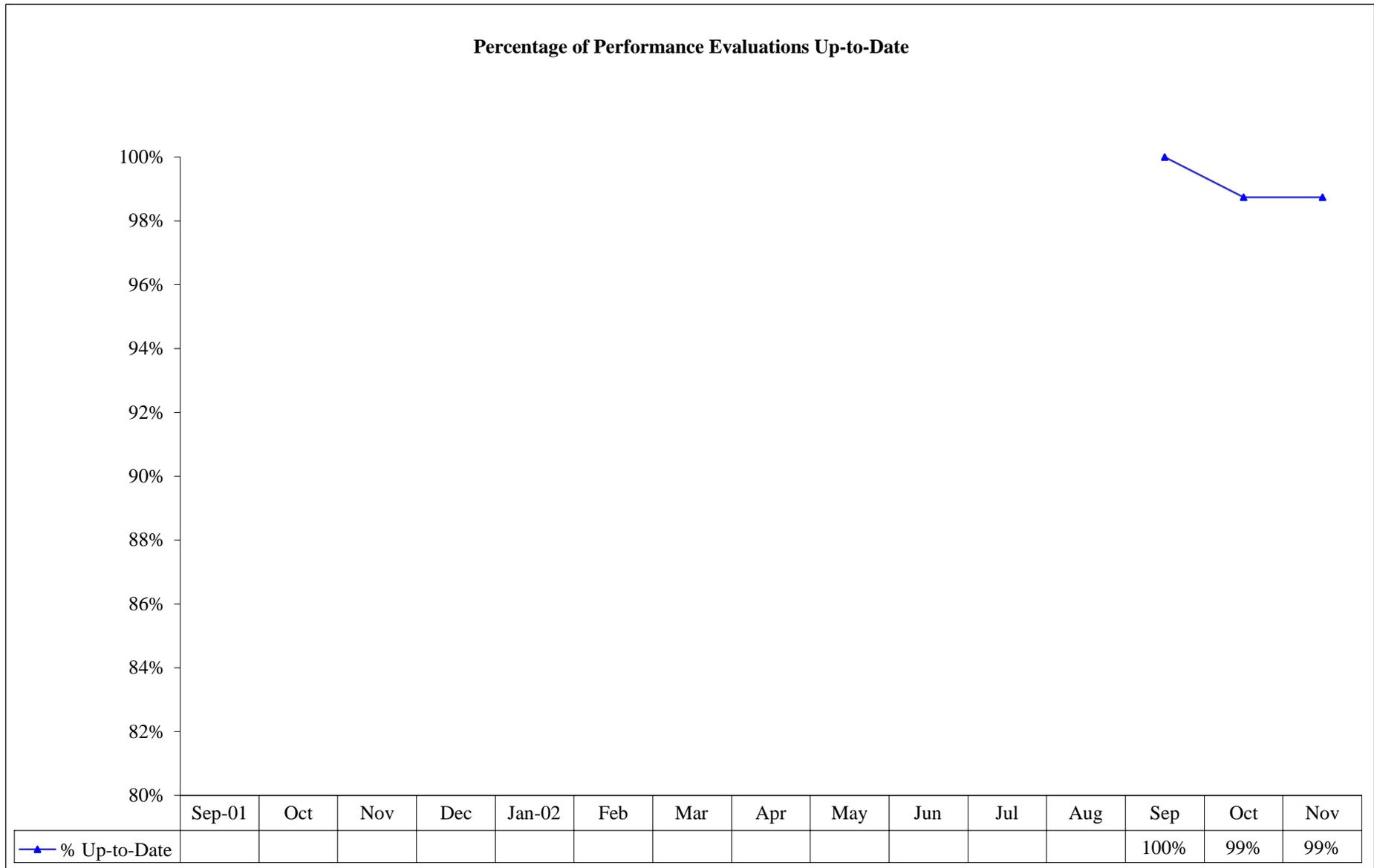
Objective 7B - Staff Have Current Performance Evaluations
Austin State Hospital



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

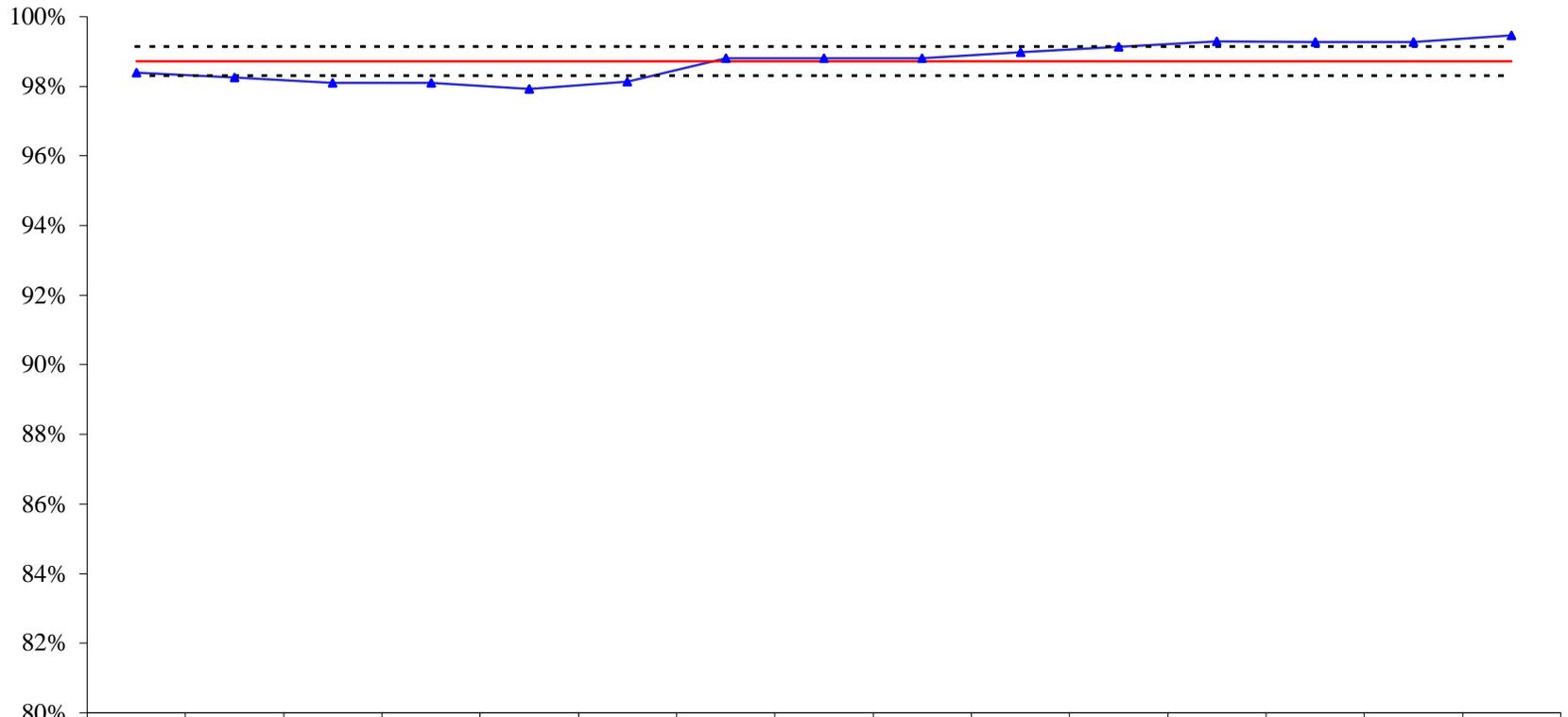


Objective 7B - Staff Have Current Performance Evaluations
El Paso Psychiatric Center

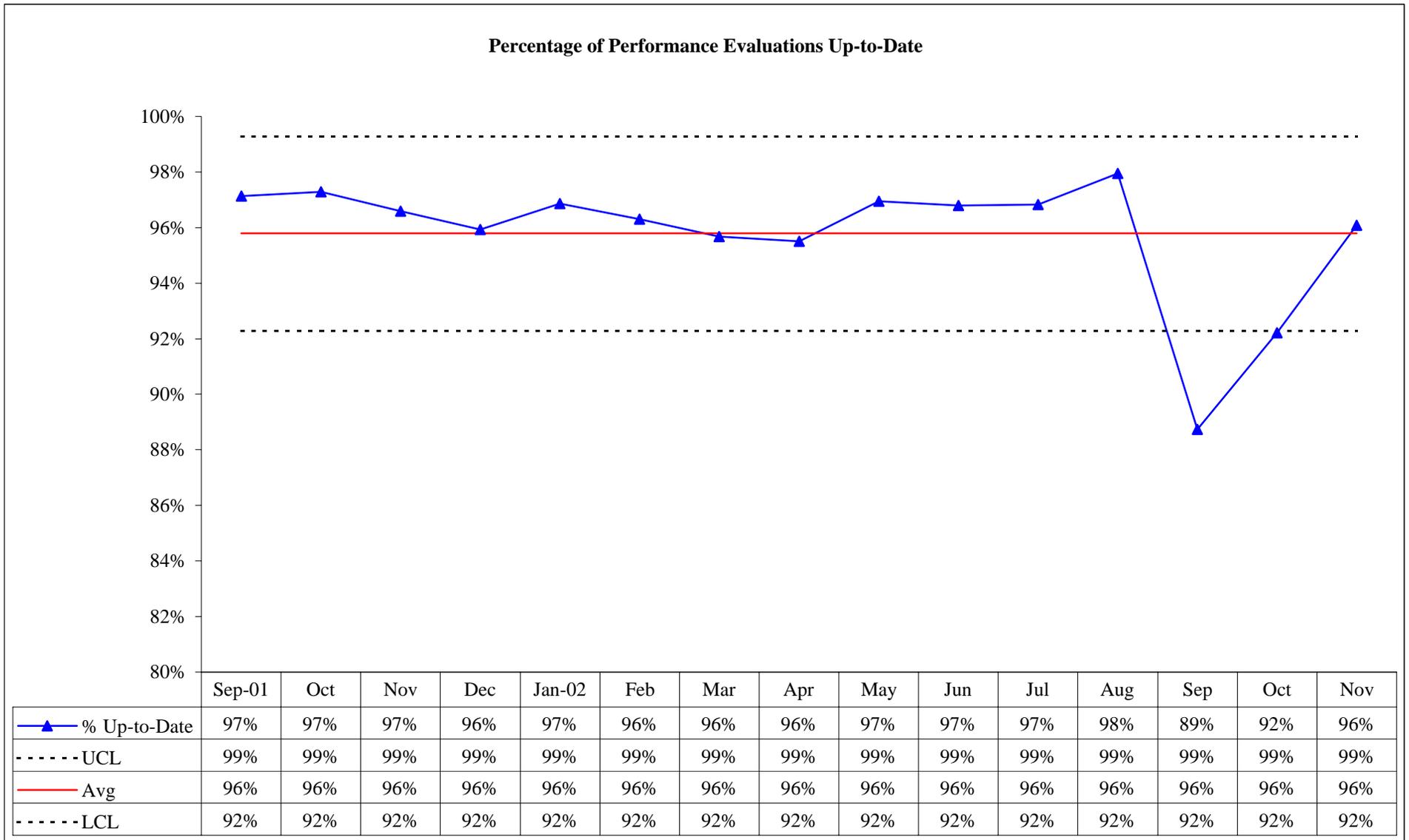


Objective 7B - Staff Have Current Performance Evaluations
Kerrville State Hospital

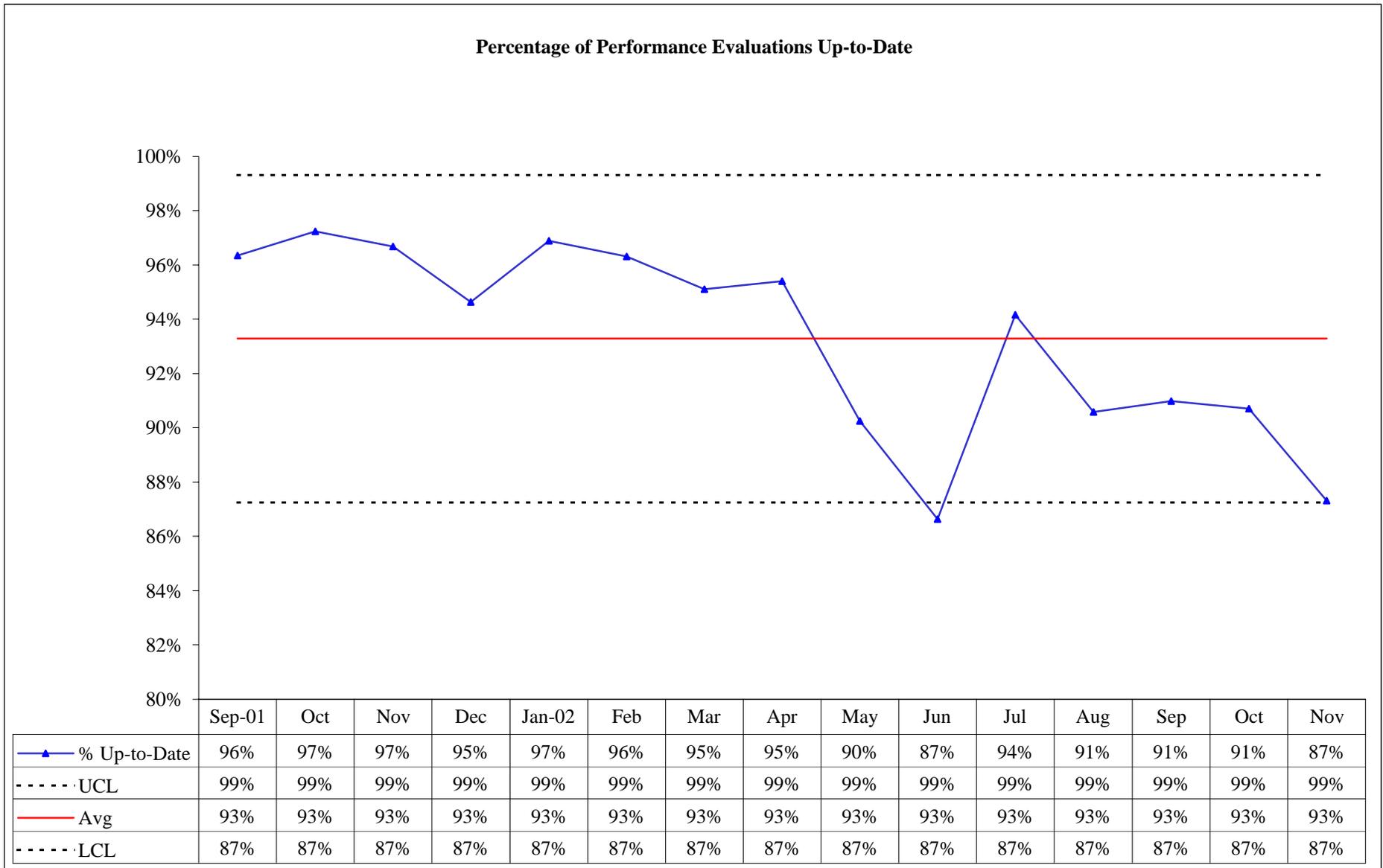
Percentage of Performance Evaluations Up-to-Date



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

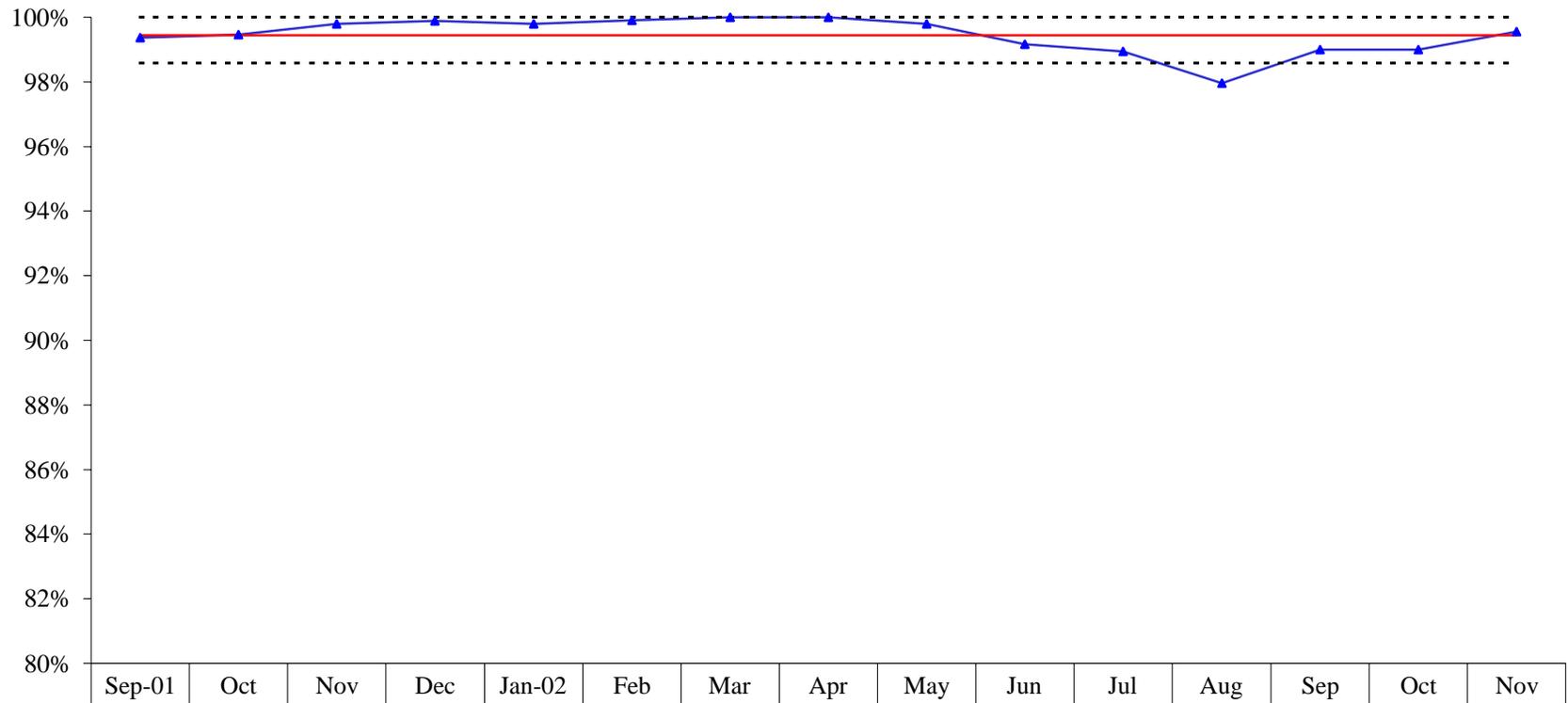


Objective 7B - Staff Have Current Performance Evaluations
Rio Grande State Center

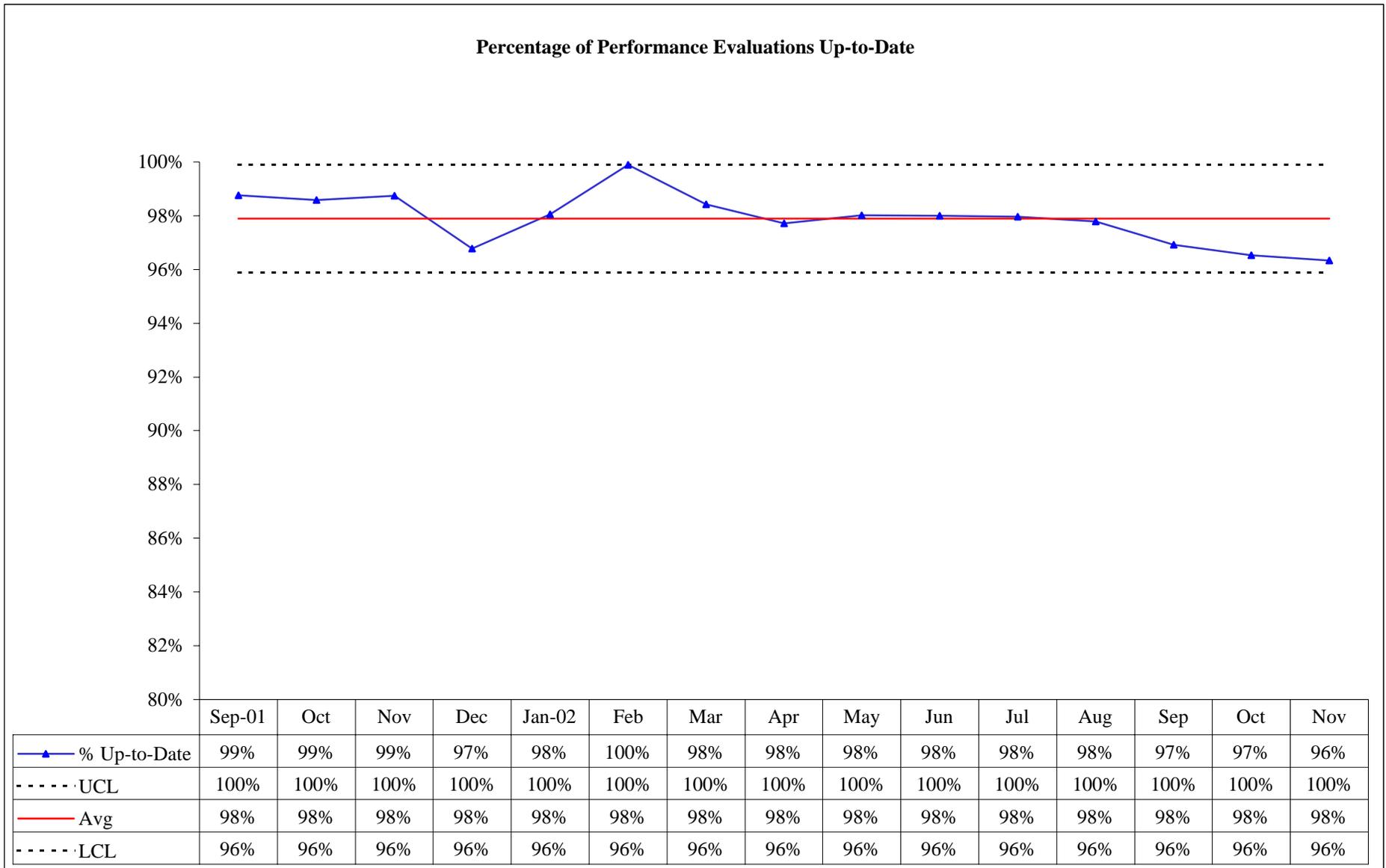


Objective 7B - Staff Have Current Performance Evaluations
Rusk State Hospital

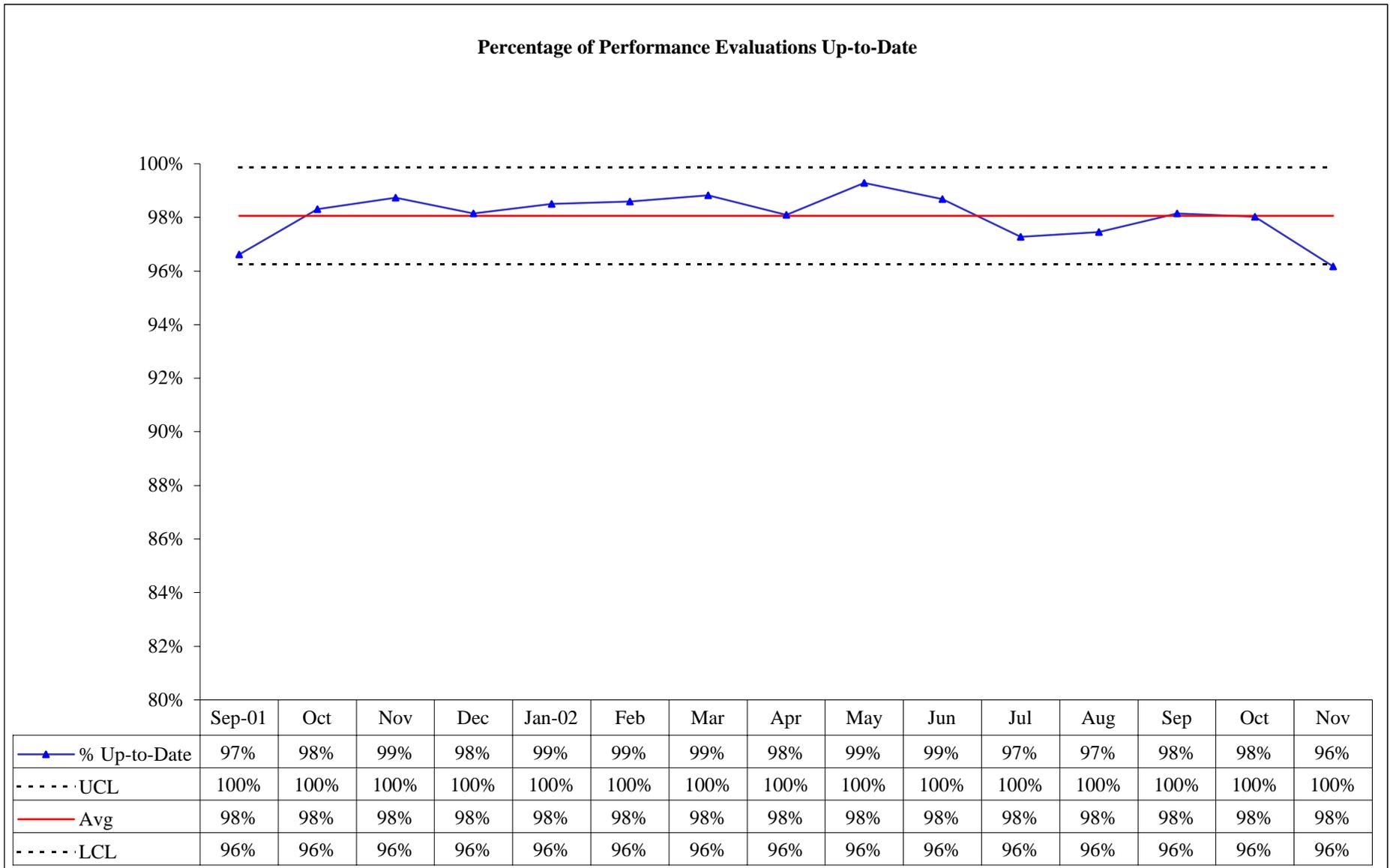
Percentage of Performance Evaluations Up-to-Date



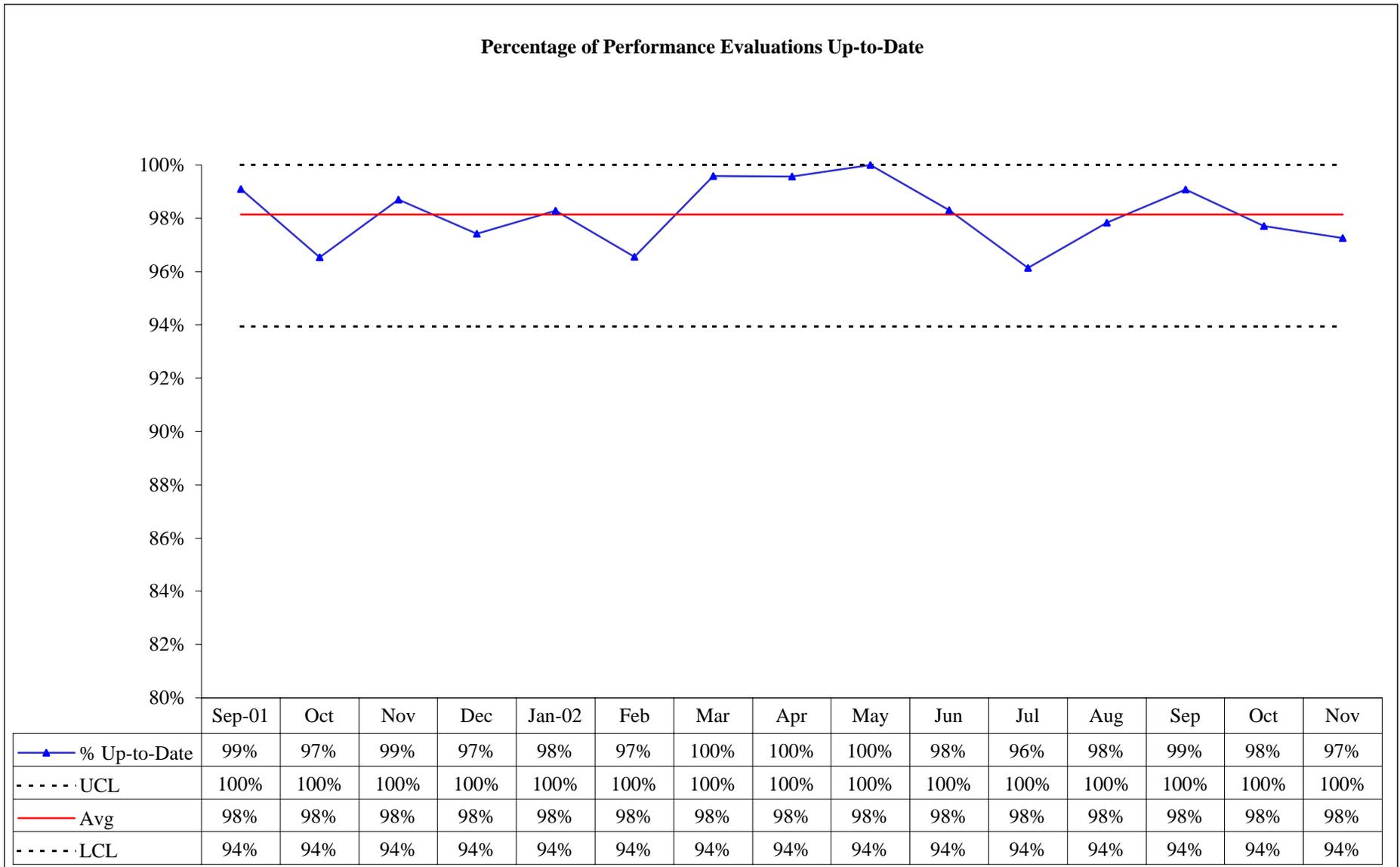
Objective 7B - Staff Have Current Performance Evaluations
San Antonio State Hospital



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



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



Performance Measure 7A: State mental health facilities will analyze and report to the Governing Body their recruitment and employment of qualified minority applicants utilizing the EEO Job Categories for Black, Hispanic, and Female.

Performance Measure Operational Definition: The facility rate of EEO Categories documented on the EEO Data Form per FY quarter. (Each applicant from outside the facility should be counted once, even if they apply for more than one job at the facility using the same application. They should be counted in the EEOC job class that best fits the applicant’s qualifications. If the person submits a completely new application, they should be counted again.)

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

R = rate of applicants per EEO job category

N = number of applicants per EEO job category

D = number of total applicants

$R = (N/D)$ (for employment)

R = rate of employees per EEO job category

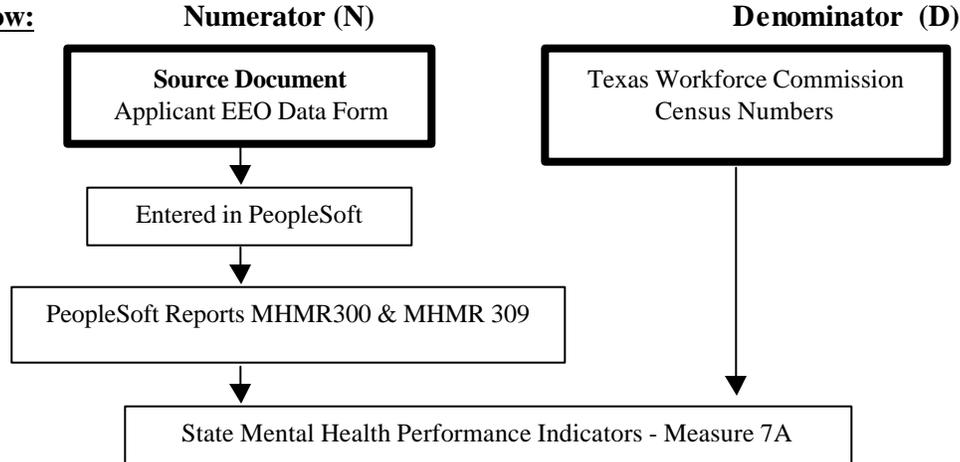
N = number of employees per EEO job category

D = number of total employees

Performance Measure Data Display and Chart Description:

Table shows data on employees, applicants, and local civilian workforce by sex, race, and EEO job class (Managerial/Professional, Technical, Administrative Support, Service Occupations, and Skilled Craft) for individual facilities.

Data Flow:



Data Integrity Review Process:

Monitoring Method	Desk Review
Monitoring Instrument	PeopleSoft Report MHMR301 and DIR Tally Sheet
Description of Review Process	Verification by comparing the quarterly applicant EEO data forms by total number and per EEO category to the same data fields on the quarterly MHMR301 Report.
Facility/EVT Sample Size	25% of application forms completed for FY quarter under review.
Monitoring Frequency	Facility: Semiannually; EVT: N/A in FY'03
Performance Improvement Trigger	When there is less than a 1.00 correlation (or match) between the quarterly number of applicants by EEO category recorded on the facility EEO applicant forms to the same data fields as found on the MHMR301 Report.
DIR/EVT Report	Summary of findings.

Measure 7A - Workforce Diversity
Austin State Hospital

Recruitment Counties: Bastrop, Caldwell, Hays, Travis, Williamson

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	2,864 3.8%	11 10.0%	9 11.4%	2,301 3.0%	11 10.0%	7 8.9%	195 0.3%	1 0.9%	1 1.3%	6,817 9.0%	12 10.9%	20 25.3%	63,449 83.9%	75 68.2%	42 53.2%	75,626	110	79
Technical	709 5.0%	2 8.3%	6 18.8%	713 5.0%	1 4.2%	0 0.0%	64 0.5%	0 0.0%	0 0.0%	1,551 10.9%	3 12.5%	7 21.9%	11,181 78.6%	18 75.0%	19 59.4%	14,218	24	32
Administratvie Support	2,054 9.7%	5 21.7%	12 28.6%	351 1.7%	0 0.0%	1 2.4%	51 0.2%	0 0.0%	0 0.0%	4,346 20.5%	6 26.1%	4 9.5%	14,381 67.9%	12 52.2%	25 59.5%	21,183	23	42
Service Occupations	5,794 15.3%	90 51.4%	177 49.2%	655 1.7%	3 1.7%	6 1.7%	123 0.3%	5 2.9%	3 0.8%	10,682 28.2%	28 16.0%	69 19.2%	20,563 54.4%	49 28.0%	105 29.2%	37,817	175	360
Skilled Craft	3,224 6.5%	6 15.0%	4 25.0%	727 1.5%	0 0.0%	0 0.0%	211 0.4%	0 0.0%	0 0.0%	13,514 27.4%	6 15.0%	6 37.5%	31,679 64.2%	28 70.0%	6 37.5%	49,355	40	16
Total Males	14,645 7.4%	114 30.6%	208 39.3%	4,747 2.4%	15 4.0%	14 2.6%	644 0.3%	6 1.6%	4 0.8%	36,910 18.6%	55 14.8%	106 20.0%	141,253 71.3%	182 48.9%	197 37.2%	198,199	372	529
Female																		
Managerial/Professional	4,289 6.2%	26 13.0%	21 14.9%	925 1.3%	20 10.0%	11 7.8%	160 0.2%	0 0.0%	0 0.0%	7,081 10.3%	12 6.0%	14 9.9%	56,397 81.9%	142 71.0%	95 67.4%	68,852	200	141
Technical	614 7.2%	9 16.1%	19 21.6%	254 3.0%	3 5.4%	3 3.4%	40 0.5%	2 3.6%	0 0.0%	1,244 14.6%	9 16.1%	18 20.5%	6,345 74.7%	33 58.9%	48 54.5%	8,497	56	88
Administratvie Support	5,028 8.4%	16 23.5%	57 30.6%	611 1.0%	0 0.0%	3 1.6%	162 0.3%	1 1.5%	1 0.5%	10,213 17.0%	12 17.6%	43 23.1%	43,963 73.3%	39 57.4%	82 44.1%	59,977	68	186
Service Occupations	5,754 16.4%	101 52.6%	139 42.1%	632 1.8%	2 1.0%	9 2.7%	170 0.5%	1 0.5%	0 0.0%	10,326 29.4%	38 19.8%	57 17.3%	18,193 51.9%	50 26.0%	125 37.9%	35,075	192	330
Skilled Craft	1,094 10.0%	0 0.0%	2 100.0%	761 7.0%	0 0.0%	0 0.0%	56 0.5%	0 0.0%	0 0.0%	3,907 35.7%	1 100.0%	0 0.0%	5,129 46.9%	0 0.0%	0 0.0%	10,947	1	2
Total Females	16,779 9.2%	152 29.4%	238 31.9%	3,183 1.7%	25 4.8%	26 3.5%	588 0.3%	4 0.8%	1 0.1%	32,771 17.9%	72 13.9%	132 17.7%	130,027 70.9%	264 51.1%	350 46.9%	183,348	517	747
Total	31,424 8.2%	266 29.9%	446 35.0%	7,930 2.1%	40 4.5%	40 3.1%	1,232 0.3%	10 1.1%	5 0.4%	69,681 18.3%	127 14.3%	238 18.7%	271,280 71.1%	446 50.2%	547 42.9%	381,547	889	1,276

**Measure 7A - Workforce Diversity
Big Spring State Hospital**

Recruitment Counties: Howard

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	13 1.0%	1 1.9%	1 8.3%	4 0.3%	8 15.4%	2 16.7%	6 0.4%	0 0.0%	0 0.0%	99 7.4%	9 17.3%	1 8.3%	1,221 90.9%	34 65.4%	8 66.7%	1,343	52	12
Technical	0 0.0%	1 7.1%	6 50.0%	0 0.0%	0 0.0%	0 0.0%	7 3.9%	0 0.0%	0 0.0%	34 18.8%	5 35.7%	5 41.7%	140 77.3%	8 57.1%	8 66.7%	181	14	19
Administrative Support	29 9.4%	0 0.0%	0 0.0%	6 1.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	60 19.4%	2 50.0%	4 33.3%	214 69.3%	2 50.0%	4 33.3%	309	4	8
Service Occupations	111 6.4%	13 12.0%	2 2.7%	0 0.0%	2 1.9%	5 6.7%	4 0.2%	4 3.7%	0 0.0%	408 23.7%	54 50.0%	39 52.0%	1,200 69.6%	35 32.4%	29 38.7%	1,723	108	75
Skilled Craft	47 2.0%	0 0.0%	0 0.0%	22 1.0%	0 0.0%	0 0.0%	20 0.9%	0 0.0%	0 0.0%	717 31.0%	5 19.2%	0 0.0%	1,509 65.2%	21 80.8%	5 100.0%	2,315	26	5
Total Males	200 3.4%	15 7.4%	9 7.6%	32 0.5%	10 4.9%	7 5.9%	37 0.6%	4 2.0%	0 0.0%	1,318 22.4%	75 36.8%	49 41.2%	4,284 73.0%	100 49.0%	54 45.4%	5,871	204	119
Female																		
Managerial/Professional	27 1.9%	3 3.0%	1 4.3%	24 1.7%	3 3.0%	1 4.3%	21 1.5%	0 0.0%	0 0.0%	116 8.0%	9 8.9%	2 8.7%	1,255 87.0%	86 85.1%	19 82.6%	1,443	101	23
Technical	10 3.7%	4 9.1%	1 7.1%	5 1.8%	0 0.0%	0 0.0%	0 0.0%	1 2.3%	0 0.0%	26 9.5%	9 20.5%	5 35.7%	232 85.0%	30 68.2%	8 57.1%	273	44	14
Administrative Support	15 1.1%	2 3.2%	1 1.4%	0 0.0%	0 0.0%	1 1.4%	5 0.4%	2 3.2%	0 0.0%	205 14.6%	9 14.5%	16 22.9%	1,176 83.9%	49 79.0%	52 74.3%	1,401	62	70
Service Occupations	140 9.8%	31 15.2%	16 18.2%	7 0.5%	1 0.5%	0 0.0%	18 1.3%	0 0.0%	0 0.0%	464 32.6%	97 47.5%	49 55.7%	796 55.9%	75 36.8%	23 26.1%	1,425	204	88
Skilled Craft	10 3.6%	0 0.0%	0 0.0%	4 1.5%	0 0.0%	0 0.0%	2 0.7%	0 0.0%	0 0.0%	43 15.6%	0 0.0%	0 0.0%	216 78.5%	1 100.0%	0 0.0%	275	1	0
Total Females	202 4.2%	40 9.7%	19 9.7%	40 0.8%	4 1.0%	2 1.0%	46 1.0%	3 0.7%	0 0.0%	854 17.7%	124 30.1%	72 36.9%	3,675 76.3%	241 58.5%	102 52.3%	4,817	412	195
Total	402 3.8%	55 8.9%	28 8.9%	72 0.7%	14 2.3%	9 2.9%	83 0.8%	7 1.1%	0 0.0%	2,172 20.3%	199 32.3%	121 38.5%	7,959 74.5%	341 55.4%	156 49.7%	10,688	616	314

Measure 7A - Workforce Diversity
El Paso Psychiatric Center

Recruitment Counties: El Paso

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	940 3.3%	0 0.0%	0 0.0%	477 1.7%	0 0.0%	0 0.0%	95 0.3%	1 4.0%	0 0.0%	12,264 42.6%	20 80.0%	0 0.0%	14,995 52.1%	4 16.0%	0 0.0%	28,771	25	0
Technical	187 4.5%	0 0.0%	0 0.0%	44 1.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2,252 54.7%	0 0.0%	0 0.0%	1,637 39.7%	1 100.0%	0 0.0%	4,120	1	0
Administrative Support	324 3.5%	0 0.0%	0 0.0%	37 0.4%	0 0.0%	0 0.0%	46 0.5%	0 0.0%	0 0.0%	6,558 70.3%	2 100.0%	0 0.0%	2,363 25.3%	0 0.0%	0 0.0%	9,328	2	0
Service Occupations	960 3.8%	1 2.9%	0 0.0%	90 0.4%	1 2.9%	0 0.0%	91 0.4%	1 2.9%	0 0.0%	19,000 74.5%	29 82.9%	27 100.0%	5,371 21.1%	3 8.6%	0 0.0%	25,512	35	27
Skilled Craft	505 1.4%	0 0.0%	0 0.0%	82 0.2%	0 0.0%	0 0.0%	65 0.2%	0 0.0%	0 0.0%	28,325 81.0%	3 100.0%	0 0.0%	5,982 17.1%	0 0.0%	0 0.0%	34,959	3	0
Total Males	2,916 2.8%	1 1.5%	0 0.0%	730 0.7%	1 1.5%	0 0.0%	297 0.3%	2 3.0%	0 0.0%	68,399 66.6%	54 81.8%	27 100.0%	30,348 29.6%	8 12.1%	0 0.0%	102,690	66	27
Female																		
Managerial/Professional	959 66.5%	0 0.0%	0 0.0%	330 22.9%	2 2.0%	0 0.0%	74 5.1%	0 0.0%	0 0.0%	12,166 843.1%	33 32.7%	0 0.0%	12,836 889.5%	7 6.9%	0 0.0%	26,365	42	0
Technical	101 37.0%	0 0.0%	0 0.0%	41 15.0%	0 0.0%	0 0.0%	0 0.0%	1 2.3%	0 0.0%	1,668 611.0%	2 4.5%	0 0.0%	992 363.4%	0 0.0%	0 0.0%	2,802	3	0
Administrative Support	800 57.1%	0 0.0%	0 0.0%	177 12.6%	0 0.0%	0 0.0%	61 4.4%	1 1.6%	0 0.0%	16,982 1212.1%	15 24.2%	0 0.0%	7,584 541.3%	2 3.2%	0 0.0%	25,604	18	0
Service Occupations	689 3.4%	0 0.0%	0 0.0%	295 1.5%	0 0.0%	0 0.0%	70 0.3%	0 0.0%	0 0.0%	15,543 76.8%	27 87.1%	0 0.0%	3,643 18.0%	4 12.9%	0 0.0%	20,240	31	0
Skilled Craft	164 1.1%	0 0.0%	0 0.0%	134 0.9%	0 0.0%	0 0.0%	18 0.1%	0 0.0%	0 0.0%	13,205 91.4%	0 0.0%	0 0.0%	924 6.4%	0 0.0%	0 0.0%	14,445	0	0
Total Females	2,713 3.0%	0 0.0%	0 0.0%	977 1.1%	2 2.1%	0 0.0%	223 0.2%	2 2.1%	0 0.0%	59,564 66.6%	77 81.9%	0 0.0%	25,979 29.0%	13 13.8%	0 0.0%	89,456	94	0
Total	5,629 2.9%	1 0.6%	0 0.0%	1,707 0.9%	3 1.9%	0 0.0%	520 0.3%	4 2.5%	0 0.0%	127,963 66.6%	131 81.9%	27 100.0%	56,327 29.3%	21 13.1%	0 0.0%	192,146	160	27

**Measure 7A - Workforce Diversity
Kerrville State Hospital**

Recruitment Counties: Bandera, Gillespie, Kendall, Kerr

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	38 0.9%	3 5.2%	0 0.0%	0 0.0%	1 1.7%	0 0.0%	32 0.7%	0 0.0%	1 4.8%	266 6.2%	7 12.1%	1 4.8%	3,936 92.1%	47 81.0%	19 90.5%	4,272	58	21
Technical	5 1.3%	2 8.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	26 6.6%	6 26.1%	2 28.6%	364 92.2%	15 65.2%	5 71.4%	395	23	7
Administrative Support	0 0.0%	0 0.0%	0 0.0%	6 0.8%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	166 21.7%	3 23.1%	0 0.0%	592 77.5%	10 76.9%	0 0.0%	764	13	1
Service Occupations	72 2.4%	12 11.2%	32 15.7%	6 0.2%	5 4.7%	6 2.9%	17 0.6%	0 0.0%	0 0.0%	708 23.3%	35 32.7%	41 20.1%	2,239 73.6%	55 51.4%	125 61.3%	3,042	107	204
Skilled Craft	38 0.7%	0 0.0%	0 0.0%	12 0.2%	0 0.0%	0 0.0%	17 0.3%	0 0.0%	0 0.0%	1,295 25.1%	3 14.3%	0 0.0%	3,807 73.7%	18 85.7%	6 100.0%	5,169	21	6
Total Males	153 1.1%	17 7.7%	32 13.4%	24 0.2%	6 2.7%	6 2.5%	66 0.5%	0 0.0%	2 0.8%	2,461 18.0%	54 24.3%	44 18.4%	10,938 80.2%	145 65.3%	155 64.9%	13,642	222	239
Female																		
Managerial/Professional	13 0.3%	0 0.0%	2 8.7%	0 0.0%	2 2.3%	0 0.0%	28 0.7%	0 0.0%	0 0.0%	203 5.0%	12 13.8%	0 0.0%	3,831 94.0%	73 83.9%	21 91.3%	4,075	87	23
Technical	21 3.7%	3 5.1%	4 14.3%	11 2.0%	1 1.7%	1 3.6%	0 0.0%	0 0.0%	0 0.0%	22 3.9%	14 23.7%	7 25.0%	509 90.4%	41 69.5%	16 57.1%	563	59	28
Administrative Support	64 1.7%	0 0.0%	0 0.0%	9 0.2%	1 1.6%	0 0.0%	21 0.6%	0 0.0%	0 0.0%	283 7.7%	4 6.3%	0 0.0%	3,285 89.7%	59 92.2%	1 100.0%	3,662	64	1
Service Occupations	114 3.1%	15 10.9%	7 5.5%	0 0.0%	8 5.8%	9 7.0%	46 1.2%	0 0.0%	2 1.6%	976 26.3%	53 38.7%	31 24.2%	2,573 69.4%	61 44.5%	79 61.7%	3,709	137	128
Skilled Craft	3 0.4%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 0.2%	0 0.0%	0 0.0%	103 12.4%	0 0.0%	0 0.0%	725 87.0%	0 0.0%	0 0.0%	833	0	0
Total Females	215 1.7%	18 5.2%	13 7.2%	20 0.2%	12 3.5%	10 5.6%	97 0.8%	0 0.0%	2 1.1%	1,587 12.4%	83 23.9%	38 21.1%	10,923 85.1%	234 67.4%	117 65.0%	12,842	347	180
Total	368 1.4%	35 6.2%	45 10.7%	44 0.2%	18 3.2%	16 3.8%	163 0.6%	0 0.0%	4 1.0%	4,048 15.3%	137 24.1%	82 19.6%	21,861 82.5%	379 66.6%	272 64.9%	26,484	569	419

**Measure 7A - Workforce Diversity
North Texas State Hospital**

Recruitment Counties: Archer, Wichita

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	237 3.7%	4 2.8%	2 11.8%	76 1.2%	5 3.5%	0 0.0%	20 0.3%	1 0.7%	0 0.0%	171 2.7%	6 4.3%	1 5.9%	5,841 92.1%	125 88.7%	14 82.4%	6,345	141	17
Technical	35 3.6%	11 15.7%	0 0.0%	19 2.0%	0 0.0%	1 6.3%	6 0.6%	3 4.3%	0 0.0%	84 8.7%	9 12.9%	2 12.5%	819 85.0%	47 67.1%	13 81.3%	963	70	16
Administrative Support	124 8.1%	1 3.7%	0 0.0%	17 1.1%	0 0.0%	0 0.0%	26 1.7%	0 0.0%	0 0.0%	84 5.5%	2 7.4%	0 0.0%	1,272 83.5%	24 88.9%	1 100.0%	1,523	27	1
Service Occupations	623 10.1%	76 15.7%	83 20.8%	17 0.3%	3 0.6%	2 0.5%	72 1.2%	3 0.6%	1 0.3%	655 10.6%	78 16.1%	79 19.8%	4,831 77.9%	324 66.9%	235 58.8%	6,198	484	400
Skilled Craft	576 6.1%	1 1.3%	1 5.6%	103 1.1%	0 0.0%	0 0.0%	56 0.6%	0 0.0%	0 0.0%	997 10.5%	2 2.5%	4 22.2%	7,750 81.7%	76 96.2%	13 72.2%	9,482	79	18
Total Males	1,595 6.5%	93 11.6%	86 19.0%	232 0.9%	8 1.0%	3 0.7%	180 0.7%	7 0.9%	1 0.2%	1,991 8.1%	97 12.1%	86 19.0%	20,513 83.7%	596 74.4%	276 61.1%	24,511	801	452
Female																		
Managerial/Professional	419 6.4%	10 4.1%	1 2.6%	31 0.5%	8 3.3%	3 7.9%	24 0.4%	1 0.4%	1 2.6%	206 3.1%	8 3.3%	0 0.0%	5,886 89.6%	218 89.0%	33 86.8%	6,566	245	38
Technical	57 4.5%	14 7.3%	2 6.5%	4 0.3%	2 1.0%	2 6.5%	30 2.4%	4 2.1%	0 0.0%	76 6.0%	16 8.4%	1 3.2%	1,109 86.9%	155 81.2%	26 83.9%	1,276	191	31
Administrative Support	247 4.2%	5 2.6%	1 2.8%	27 0.5%	0 0.0%	0 0.0%	42 0.7%	1 0.5%	2 5.6%	255 4.3%	11 5.8%	3 8.3%	5,349 90.4%	172 91.0%	30 83.3%	5,920	189	36
Service Occupations	1,000 15.8%	120 20.9%	37 22.7%	75 1.2%	3 0.5%	0 0.0%	98 1.5%	4 0.7%	4 2.5%	694 11.0%	80 14.0%	20 12.3%	4,470 70.5%	366 63.9%	102 62.6%	6,337	573	163
Skilled Craft	284 11.5%	0 0.0%	0 0.0%	137 5.5%	0 0.0%	0 0.0%	24 1.0%	0 0.0%	0 0.0%	491 19.9%	0 0.0%	0 0.0%	1,537 62.2%	0 0.0%	10 100.0%	2,473	0	10
Total Females	2,007 8.9%	149 12.4%	41 14.7%	274 1.2%	13 1.1%	5 1.8%	218 1.0%	10 0.8%	7 2.5%	1,722 7.6%	115 9.6%	24 8.6%	18,351 81.3%	911 76.0%	201 72.3%	22,572	1,198	278
Total	3,602 7.7%	242 12.1%	127 17.4%	506 1.1%	21 1.1%	8 1.1%	398 0.8%	17 0.9%	8 1.1%	3,713 7.9%	212 10.6%	110 15.1%	38,864 82.5%	1,507 75.4%	477 65.3%	47,083	1,999	730

Measure 7A - Workforce Diversity
Rio Grande State Center

Recruitment Counties: Cameron, Hidalgo, Willacy

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	177 0.8%	1 2.7%	0 0.0%	130 0.6%	2 5.4%	0 0.0%	52 0.2%	0 0.0%	0 0.0%	13,870 59.6%	23 62.2%	14 87.5%	9,027 38.8%	11 29.7%	2 12.5%	23,256	37	16
Technical	0 0.0%	0 0.0%	0 0.0%	12 0.5%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,793 74.8%	11 84.6%	1 100.0%	592 24.7%	2 15.4%	0 0.0%	2,397	13	1
Administrative Support	27 0.3%	0 0.0%	0 0.0%	6 0.1%	0 0.0%	0 0.0%	11 0.1%	0 0.0%	0 0.0%	7,443 86.8%	9 69.2%	1 100.0%	1,088 12.7%	4 30.8%	0 0.0%	8,575	13	1
Service Occupations	55 0.2%	2 2.0%	0 0.0%	8 0.0%	0 0.0%	0 0.0%	8 0.0%	0 0.0%	0 0.0%	23,934 91.3%	96 95.0%	55 96.5%	2,213 8.4%	3 3.0%	2 3.5%	26,218	101	57
Skilled Craft	21 0.1%	0 0.0%	0 0.0%	7 0.0%	0 0.0%	0 0.0%	9 0.0%	0 0.0%	0 0.0%	27,711 89.5%	5 83.3%	0 0.0%	3,197 10.3%	1 16.7%	0 0.0%	30,945	6	0
Total Males	280 0.3%	3 1.8%	0 0.0%	163 0.2%	2 1.2%	0 0.0%	80 0.1%	0 0.0%	0 0.0%	74,751 81.8%	144 84.7%	71 94.7%	16,117 17.6%	21 12.4%	4 5.3%	91,391	170	75
Female																		
Managerial/Professional	98 0.4%	1 2.5%	0 0.0%	185 0.8%	1 2.5%	1 11.1%	52 0.2%	0 0.0%	0 0.0%	15,677 65.9%	27 67.5%	3 33.3%	7,777 32.7%	11 27.5%	5 55.6%	23,789	40	9
Technical	26 1.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2,256 85.6%	22 81.5%	3 100.0%	355 13.5%	5 18.5%	0 0.0%	2,637	27	3
Administrative Support	36 0.2%	0 0.0%	0 0.0%	61 0.3%	0 0.0%	0 0.0%	17 0.1%	1 2.8%	0 0.0%	19,008 81.4%	35 97.2%	20 100.0%	4,223 18.1%	0 0.0%	0 0.0%	23,345	36	20
Service Occupations	89 0.4%	1 1.1%	0 0.0%	54 0.3%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	0 0.0%	18,182 91.1%	83 91.2%	83 96.5%	1,637 8.2%	7 7.7%	3 3.5%	19,963	91	86
Skilled Craft	0 0.0%	0 0.0%	0 0.0%	4 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	10,907 96.8%	0 0.0%	0 0.0%	357 3.2%	0 0.0%	0 0.0%	11,268	0	0
Total Females	249 0.3%	2 1.0%	0 0.0%	304 0.4%	1 0.5%	1 0.8%	70 0.1%	1 0.5%	0 0.0%	66,030 81.5%	167 86.1%	109 92.4%	14,349 17.7%	23 11.9%	8 6.8%	81,002	194	118
Total	529 0.3%	5 1.4%	0 0.0%	467 0.3%	3 0.8%	1 0.5%	150 0.1%	1 0.3%	0 0.0%	140,781 81.7%	311 85.4%	180 93.3%	30,466 17.7%	44 12.1%	12 6.2%	172,393	364	193

Measure 7A - Workforce Diversity
Rusk State Hospital

Recruitment Counties: Anderson, Cherokee, Nacogdoches, Rusk, Smith

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	744 5.1%	4 5.3%	1 16.7%	114 0.8%	4 5.3%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	296 2.0%	4 5.3%	0 0.0%	13,361 92.0%	63 84.0%	5 83.3%	14,529	75	6
Technical	193 11.1%	7 26.9%	0 0.0%	15 0.9%	1 3.8%	0 0.0%	13 0.8%	0 0.0%	0 0.0%	44 2.5%	2 7.7%	0 0.0%	1,467 84.7%	16 61.5%	1 100.0%	1,732	26	1
Administratvie Support	588 16.8%	3 30.0%	0 0.0%	20 0.6%	0 0.0%	0 0.0%	1 0.0%	0 0.0%	0 0.0%	140 4.0%	0 0.0%	0 0.0%	2,741 78.5%	7 70.0%	0 0.0%	3,490	10	0
Service Occupations	3,512 22.9%	79 47.6%	135 45.5%	99 0.6%	2 1.2%	2 0.7%	40 0.3%	0 0.0%	1 0.3%	907 5.9%	1 0.6%	11 3.7%	10,745 70.2%	84 50.6%	148 49.8%	15,303	166	297
Skilled Craft	4,383 20.4%	0 0.0%	0 0.0%	47 0.2%	0 0.0%	0 0.0%	98 0.5%	1 2.9%	0 0.0%	2,063 9.6%	0 0.0%	0 0.0%	14,879 69.3%	34 97.1%	0 0.0%	21,470	35	0
Total Males	9,420 16.7%	93 29.8%	136 44.7%	295 0.5%	7 2.2%	2 0.7%	166 0.3%	1 0.3%	1 0.3%	3,450 6.1%	7 2.2%	11 3.6%	43,193 76.4%	204 65.4%	154 50.7%	56,524	312	304
Female																		
Managerial/Professional	1,542 10.6%	16 11.5%	9 28.1%	161 1.1%	3 2.2%	0 0.0%	68 0.5%	2 1.4%	0 0.0%	306 2.1%	2 1.4%	0 0.0%	12,518 85.8%	116 83.5%	23 71.9%	14,595	139	32
Technical	356 17.4%	19 24.1%	0 0.0%	14 0.7%	0 0.0%	0 0.0%	0 0.0%	1 1.3%	0 0.0%	31 1.5%	1 1.3%	3 30.0%	1,642 80.4%	58 73.4%	7 70.0%	2,043	79	10
Administratvie Support	1,461 10.0%	15 12.0%	0 0.0%	21 0.1%	0 0.0%	0 0.0%	12 0.1%	1 0.8%	0 0.0%	369 2.5%	1 0.8%	0 0.0%	12,796 87.3%	108 86.4%	0 0.0%	14,659	125	0
Service Occupations	5,136 39.4%	147 55.7%	137 47.9%	37 0.3%	3 1.1%	0 0.0%	64 0.5%	1 0.4%	0 0.0%	586 4.5%	2 0.8%	11 3.8%	7,222 55.4%	111 42.0%	138 48.3%	13,045	264	286
Skilled Craft	395 16.3%	0 0.0%	0 0.0%	24 1.0%	0 0.0%	0 0.0%	3 0.1%	0 0.0%	0 0.0%	200 8.3%	0 0.0%	0 0.0%	1,797 74.3%	0 0.0%	0 0.0%	2,419	0	0
Total Females	8,890 19.0%	197 32.5%	146 44.5%	257 0.5%	6 1.0%	0 0.0%	147 0.3%	5 0.8%	0 0.0%	1,492 3.2%	6 1.0%	14 4.3%	35,975 76.9%	393 64.7%	168 51.2%	46,761	607	328
Total	18,310 17.7%	290 31.6%	282 44.6%	552 0.5%	13 1.4%	2 0.3%	313 0.3%	6 0.7%	1 0.2%	4,942 4.8%	13 1.4%	25 4.0%	79,168 76.7%	597 65.0%	322 50.9%	103,285	919	632

**Measure 7A - Workforce Diversity
San Antonio State Hospital**

Recruitment Counties: Bexar, Comal, Guadalupe, Wilson

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	3,369 4.5%	13 10.9%	1 5.9%	927 1.2%	3 2.5%	1 5.9%	257 0.3%	0 0.0%	0 0.0%	18,439 24.6%	44 37.0%	8 47.1%	52,061 69.4%	59 49.6%	7 41.2%	75,053	119	17
Technical	760 5.9%	7 22.6%	1 16.7%	257 2.0%	0 0.0%	0 0.0%	52 0.4%	0 0.0%	0 0.0%	4,597 35.5%	22 71.0%	4 66.7%	7,272 56.2%	2 6.5%	1 16.7%	12,938	31	6
Administrative Support	2,068 7.7%	2 11.1%	3 20.0%	319 1.2%	0 0.0%	0 0.0%	94 0.4%	1 5.6%	0 0.0%	13,237 49.3%	12 66.7%	11 73.3%	11,116 41.4%	3 16.7%	1 6.7%	26,834	18	15
Service Occupations	5,251 8.4%	46 21.2%	31 27.2%	608 1.0%	1 0.5%	1 0.9%	162 0.3%	1 0.5%	0 0.0%	35,603 57.1%	152 70.0%	68 59.6%	20,697 33.2%	17 7.8%	14 12.3%	62,321	217	114
Skilled Craft	2,686 3.4%	1 2.2%	0 0.0%	441 0.6%	0 0.0%	0 0.0%	191 0.2%	0 0.0%	0 0.0%	44,250 56.4%	37 80.4%	0 0.0%	30,925 39.4%	8 17.4%	0 0.0%	78,493	46	0
Total Males	14,134 5.5%	69 16.0%	36 23.7%	2,552 1.0%	4 0.9%	2 1.3%	756 0.3%	2 0.5%	0 0.0%	116,126 45.4%	267 61.9%	91 59.9%	122,071 47.8%	89 20.6%	23 15.1%	255,639	431	152
Female																		
Managerial/Professional	4,473 5.9%	17 11.0%	1 7.7%	1,063 1.4%	6 3.9%	0 0.0%	230 0.3%	0 0.0%	0 0.0%	20,251 26.8%	58 37.7%	2 15.4%	49,477 65.5%	73 47.4%	10 76.9%	75,494	154	13
Technical	965 9.2%	18 25.4%	4 19.0%	191 1.8%	0 0.0%	0 0.0%	8 0.1%	0 0.0%	0 0.0%	4,298 40.9%	43 60.6%	13 61.9%	5,039 48.0%	10 14.1%	4 19.0%	10,501	71	21
Administrative Support	3,942 5.2%	15 14.3%	0 0.0%	726 1.0%	0 0.0%	0 0.0%	121 0.2%	1 1.0%	0 0.0%	33,474 44.0%	71 67.6%	10 62.5%	37,814 49.7%	18 17.1%	6 37.5%	76,077	105	16
Service Occupations	5,585 10.9%	89 29.5%	29 20.7%	1,198 2.3%	4 1.3%	3 2.1%	199 0.4%	1 0.3%	0 0.0%	30,095 58.8%	179 59.3%	90 64.3%	14,107 27.6%	29 9.6%	18 12.9%	51,184	302	140
Skilled Craft	800 4.8%	0 0.0%	0 0.0%	497 3.0%	0 0.0%	0 0.0%	38 0.2%	0 0.0%	0 0.0%	11,387 68.3%	1 100.0%	0 0.0%	3,953 23.7%	0 0.0%	0 0.0%	16,675	1	0
Total Females	15,765 6.9%	139 22.0%	34 17.9%	3,675 1.6%	10 1.6%	3 1.6%	596 0.3%	2 0.3%	0 0.0%	99,505 43.3%	352 55.6%	115 60.5%	110,390 48.0%	130 20.5%	38 20.0%	229,931	633	190
Total	29,899 6.2%	208 19.5%	70 20.5%	6,227 1.3%	14 1.3%	5 1.5%	1,352 0.3%	4 0.4%	0 0.0%	215,631 44.4%	619 58.2%	206 60.2%	232,461 47.9%	219 20.6%	61 17.8%	485,570	1,064	342

**Measure 7A - Workforce Diversity
Terrell State Hospital**

Recruitment Counties: Dallas, Hunt, Kaufman, Rockwall, Van Zandt

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	16,479 5.2%	14 17.3%	13 36.1%	8,603 2.7%	10 12.3%	1 2.8%	1,021 0.3%	0 0.0%	0 0.0%	14,322 4.5%	4 4.9%	3 8.3%	277,697 87.3%	53 65.4%	19 52.8%	318,122	81	36
Technical	3,270 6.1%	3 100.0%	3 25.0%	2,220 4.2%	0 0.0%	0 0.0%	282 0.5%	0 0.0%	0 0.0%	3,369 6.3%	0 0.0%	4 33.3%	44,032 82.8%	0 0.0%	5 41.7%	53,173	3	12
Administrative Support	16,712 17.6%	0 0.0%	3 50.0%	2,166 2.3%	0 0.0%	0 0.0%	513 0.5%	0 0.0%	0 0.0%	9,833 10.4%	0 0.0%	0 0.0%	65,596 69.2%	2 100.0%	3 50.0%	94,820	2	6
Service Occupations	38,601 21.0%	81 50.0%	169 49.9%	4,074 2.2%	1 0.6%	1 0.3%	1,100 0.6%	0 0.0%	0 0.0%	35,360 19.2%	5 3.1%	20 5.9%	104,717 57.0%	75 46.3%	149 44.0%	183,852	162	339
Skilled Craft	16,098 8.1%	3 8.3%	0 0.0%	3,541 1.8%	1 2.8%	0 0.0%	1,225 0.6%	0 0.0%	0 0.0%	34,434 17.4%	1 2.8%	0 0.0%	143,163 72.1%	31 86.1%	0 0.0%	198,461	36	0
Total Males	91,160 10.7%	101 35.6%	188 47.8%	20,604 2.4%	12 4.2%	2 0.5%	4,141 0.5%	0 0.0%	0 0.0%	97,318 11.5%	10 3.5%	27 6.9%	635,205 74.9%	161 56.7%	176 44.8%	848,428	284	393
Female																		
Managerial/Professional	25,411 9.3%	24 16.4%	15 16.7%	5,513 2.0%	2 1.4%	1 1.1%	1,037 0.4%	1 0.7%	0 0.0%	13,180 4.8%	5 3.4%	4 4.4%	227,502 83.4%	114 78.1%	70 77.8%	272,643	146	90
Technical	4,988 14.8%	20 29.4%	23 38.3%	1,334 4.0%	0 0.0%	1 1.7%	192 0.6%	0 0.0%	0 0.0%	2,122 6.3%	2 2.9%	6 10.0%	25,119 74.4%	46 67.6%	30 50.0%	33,755	68	60
Administrative Support	39,416 13.7%	15 13.8%	32 23.2%	3,064 1.1%	0 0.0%	0 0.0%	1,425 0.5%	1 0.9%	0 0.0%	21,392 7.4%	2 1.8%	8 5.8%	221,961 77.3%	91 83.5%	98 71.0%	287,258	109	138
Service Occupations	35,092 23.7%	134 51.7%	240 44.0%	2,992 2.0%	0 0.0%	7 1.3%	842 0.6%	0 0.0%	1 0.2%	24,262 16.4%	16 6.2%	29 5.3%	84,987 57.4%	109 42.1%	269 49.3%	148,175	259	546
Skilled Craft	5,092 19.0%	0 0.0%	0 0.0%	1,847 6.9%	0 0.0%	0 0.0%	284 1.1%	0 0.0%	0 0.0%	4,612 17.2%	0 0.0%	0 0.0%	14,904 55.7%	0 0.0%	0 0.0%	26,739	0	0
Total Females	109,999 14.3%	193 33.2%	310 37.2%	14,750 1.9%	2 0.3%	9 1.1%	3,780 0.5%	2 0.3%	1 0.1%	65,568 8.5%	25 4.3%	47 5.6%	574,473 74.7%	360 61.9%	467 56.0%	768,570	582	834
Total	201,159 12.4%	294 33.9%	498 40.6%	35,354 2.2%	14 1.6%	11 0.9%	7,921 0.5%	2 0.2%	1 0.1%	162,886 10.1%	35 4.0%	74 6.0%	1,209,678 74.8%	521 60.2%	643 52.4%	1,616,998	866	1,227

**Measure 7A - Workforce Diversity
Waco Center for Youth**

Recruitment Counties: McLennan

EEO Category	African American			Asian			Native American			Hispanic			White			Totals		
	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.	Local Wf	Facility	Appl.
Male																		
Managerial/Professional	717 7.0%	4 21.1%	1 0.0%	99 1.0%	0 0.0%	0 0.0%	14 0.1%	0 0.0%	0 0.0%	472 4.6%	2 10.5%	0 0.0%	8,933 87.3%	13 68.4%	1 0.0%	10,235	19	2
Technical	65 5.1%	0 0.0%	1 0.0%	21 1.6%	0 0.0%	0 0.0%	7 0.5%	0 0.0%	0 0.0%	57 4.5%	0 0.0%	0 0.0%	1,129 88.3%	2 100.0%	2 0.0%	1,279	2	3
Administrative Support	354 10.4%	0 0.0%	2 0.0%	18 0.5%	0 0.0%	0 0.0%	2 0.1%	0 0.0%	0 0.0%	296 8.7%	0 0.0%	0 0.0%	2,733 80.3%	3 100.0%	0 0.0%	3,403	3	2
Service Occupations	1,739 19.8%	23 45.1%	21 50.0%	37 0.4%	0 0.0%	1 2.4%	18 0.2%	1 2.0%	0 0.0%	1,340 15.2%	9 17.6%	9 21.4%	5,656 64.3%	18 35.3%	11 26.2%	8,790	51	42
Skilled Craft	1,236 9.6%	3 25.0%	0 0.0%	47 0.4%	0 0.0%	0 0.0%	31 0.2%	0 0.0%	0 0.0%	2,566 20.0%	0 0.0%	1 0.0%	8,948 69.8%	9 75.0%	1 0.0%	12,828	12	2
Total Males	4,111 11.3%	30 34.5%	25 49.0%	222 0.6%	0 0.0%	1 2.0%	72 0.2%	1 1.1%	0 0.0%	4,731 12.9%	11 12.6%	10 19.6%	27,399 75.0%	45 51.7%	15 29.4%	36,535	87	51
Female																		
Managerial/Professional	964 9.4%	3 10.3%	2 0.0%	88 0.9%	0 0.0%	0 0.0%	64 0.6%	0 0.0%	0 0.0%	460 4.5%	2 6.9%	0 0.0%	8,704 84.7%	24 82.8%	3 0.0%	10,280	29	5
Technical	194 14.3%	3 21.4%	1 0.0%	9 0.7%	0 0.0%	0 0.0%	11 0.8%	0 0.0%	0 0.0%	84 6.2%	0 0.0%	0 0.0%	1,056 78.0%	11 78.6%	9 0.0%	1,354	14	10
Administrative Support	941 8.9%	3 15.8%	12 0.0%	34 0.3%	0 0.0%	0 0.0%	3 0.0%	0 0.0%	0 0.0%	732 6.9%	1 5.3%	2 0.0%	8,913 83.9%	15 78.9%	18 0.0%	10,623	19	32
Service Occupations	2,621 33.2%	48 68.6%	39 63.9%	45 0.6%	0 0.0%	1 1.6%	22 0.3%	0 0.0%	0 0.0%	889 11.3%	7 10.0%	4 6.6%	4,308 54.6%	15 21.4%	17 27.9%	7,885	70	61
Skilled Craft	918 19.8%	0 0.0%	0 0.0%	16 0.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1,320 28.4%	0 0.0%	0 0.0%	2,390 51.5%	0 0.0%	0 0.0%	4,644	0	0
Total Females	5,638 16.2%	57 43.2%	54 50.0%	192 0.6%	0 0.0%	1 0.9%	100 0.3%	0 0.0%	0 0.0%	3,485 10.0%	10 7.6%	6 5.6%	25,371 72.9%	65 49.2%	47 43.5%	34,786	132	108
Total	9,749 13.7%	87 39.7%	79 49.7%	414 0.6%	0 0.0%	2 1.3%	172 0.2%	1 0.5%	0 0.0%	8,216 11.5%	21 9.6%	16 10.1%	52,770 74.0%	110 50.2%	62 39.0%	71,321	219	159

Performance Measure 7B: “Staff Turnover” rates related to “new hires” and “losses” will be maintained and reported to the TDMHMR Board quarterly.

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

Performance Measure Formula:

Two formulas are used to calculate turnover for this report. The first formula for calculating turnover is [(number of losses / average strength for reporting period) x 100]. (Number of losses is not reported in full-time equivalents).

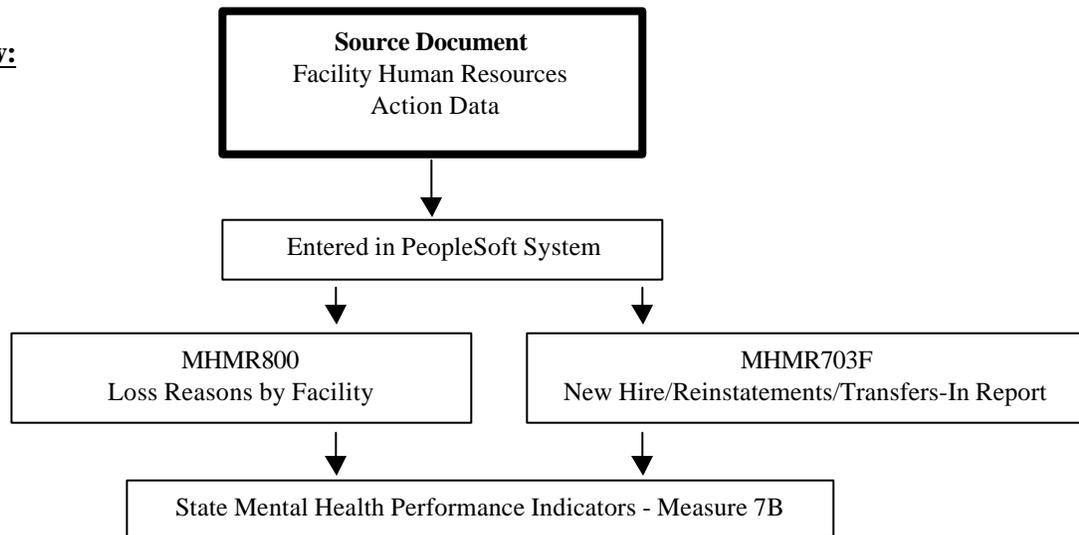
The second formula for calculating turnover is: [(number of new hires, transfers-in, and reinstatements / average strength for reporting period) x 100].

Average daily strength is calculated by adding the total number of filled positions for each day in the reporting period, and dividing by the total number of days in the reporting period.

Performance Measure Data Display and Chart Description:

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

Data Flow:

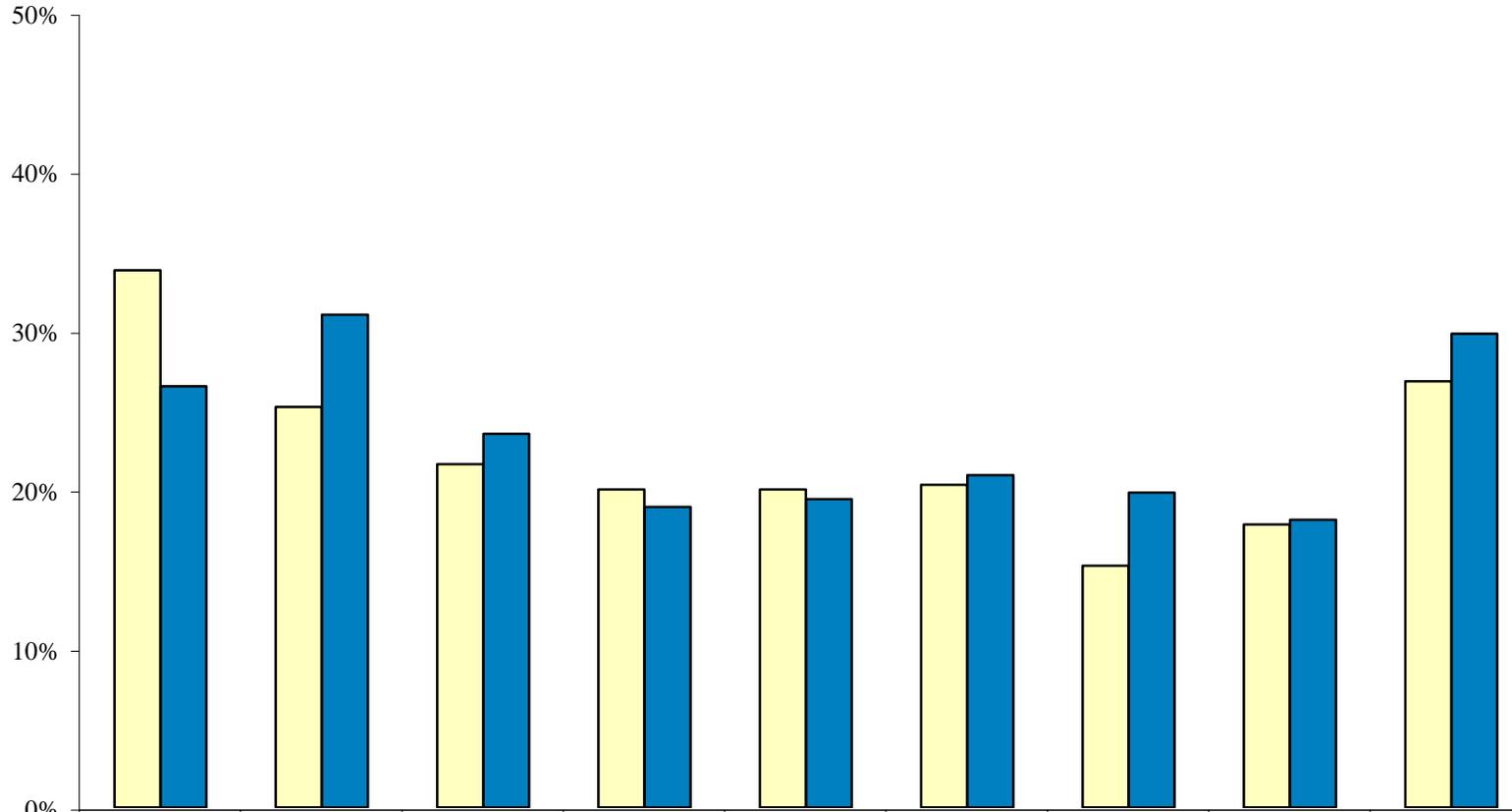


Data Integrity Review Process:

Monitoring Method	Desk Review
Monitoring Instrument	MHMR800/703F and DIR Tally Sheet
Description of Review Process	Verification by comparing the monthly facility documentation of totals for new hires and losses to the same data fields on the monthly MHMR800/703 Reports.
Facility/EVT Sample Size	The monthly number of staff turnover due to being a "new hire" or because of employee losing his/her job.
Monitoring Frequency	Facility: Semiannually; EVT: N/A in FY'03
Performance Improvement Trigger	When there is less than a 1.00 correlation (or match) between the monthly number of facility reported staff turnover related to "new hires" or "losses" to the same data fields documented on the MHMR800/703F Reports.
DIR/EVT Report	Summary of findings.

Measure 7B - Staff Turnover Rates
All MH Facilities

Annualized Turnover
(Twelve Month Rolling Average)

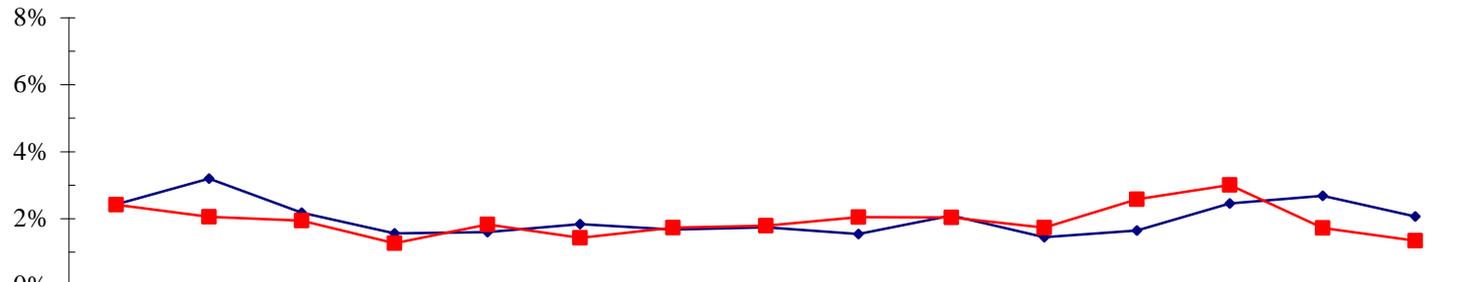


	ASH	BSSH	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Turnover (New Hires/Strength)	33.8%	25.2%	21.6%	20.0%	20.0%	20.3%	15.2%	17.8%	26.8%
Turnover (Losses/Strength)	26.5%	31.0%	23.5%	18.9%	19.4%	20.9%	19.8%	18.1%	29.8%

EPPC not included due to not having twelve month data.

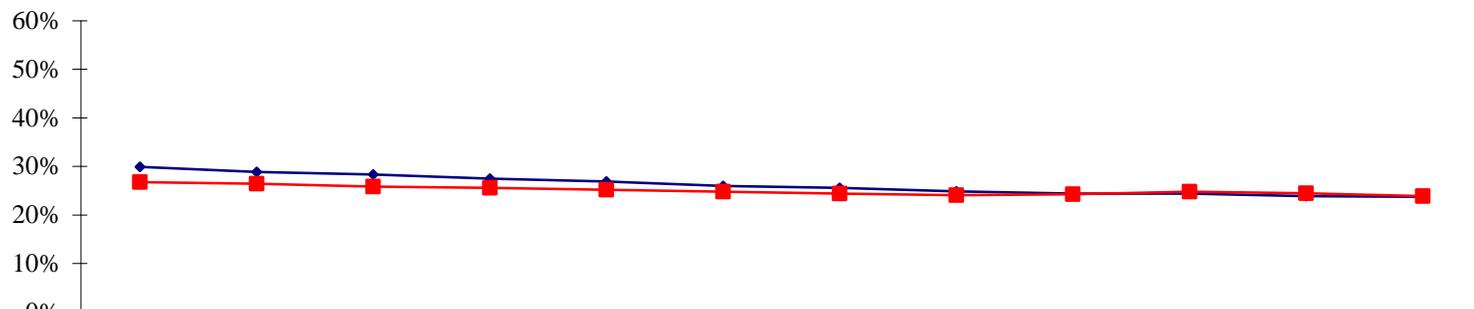
Measure 7B - Staff Turnover Rates
All MH Facilities

Monthly Turnover



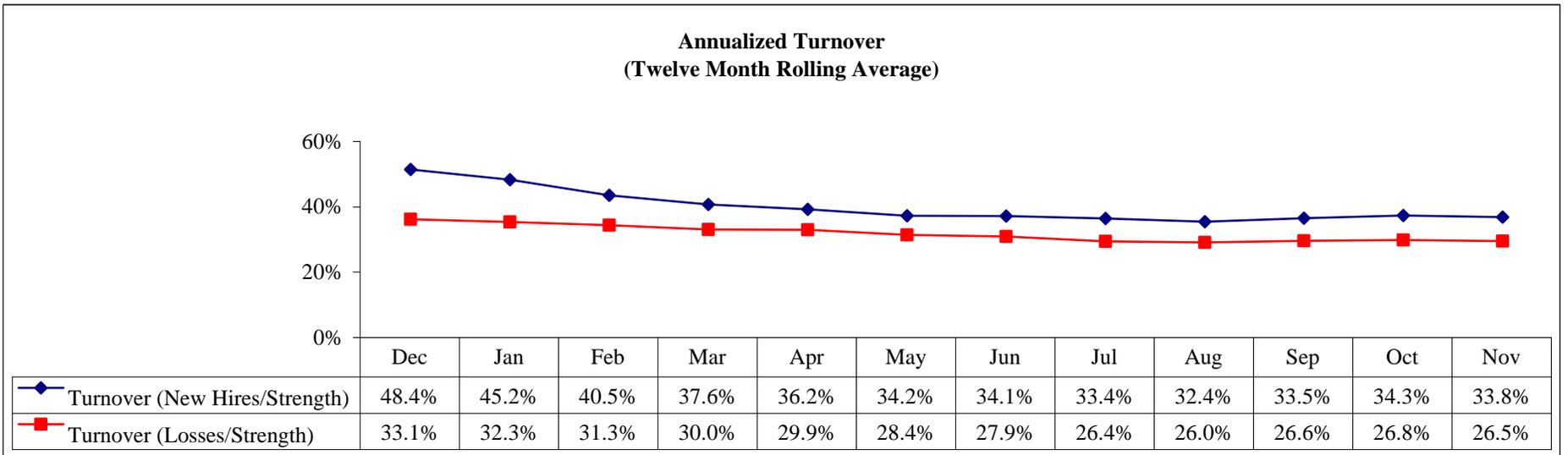
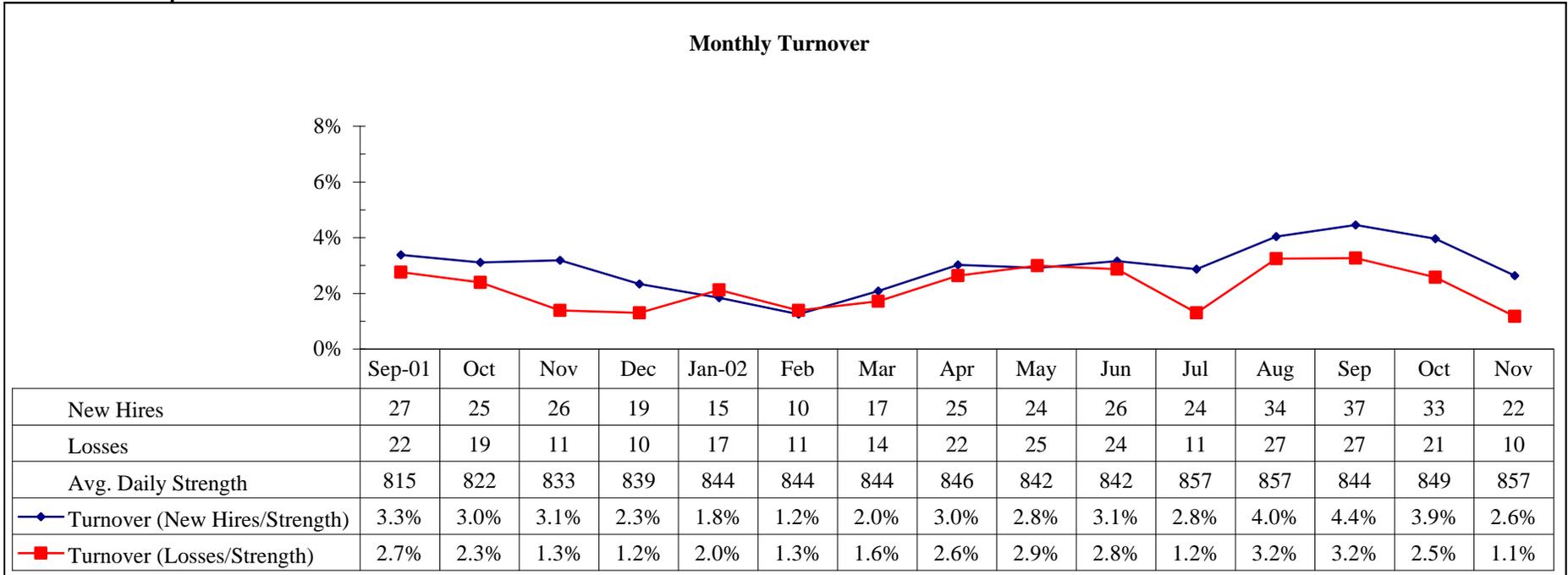
	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
New Hires	177	236	160	113	116	134	122	127	111	152	103	117	177	195	150
Losses	177	150	142	91	133	103	126	130	149	148	125	186	218	123	95
Avg. Daily Strength	7507	7542	7570	7582	7565	7584	7574	7573	7518	7513	7491	7423	7423	7444	7497
◆ Turnover (New Hires/Strength)	2.4%	3.1%	2.1%	1.5%	1.5%	1.8%	1.6%	1.7%	1.5%	2.0%	1.4%	1.6%	2.4%	2.6%	2.0%
■ Turnover (Losses/Strength)	2.4%	2.0%	1.9%	1.2%	1.8%	1.4%	1.7%	1.7%	2.0%	2.0%	1.7%	2.5%	2.9%	1.7%	1.3%

Annualized Turnover
(Twelve Month Rolling Average)

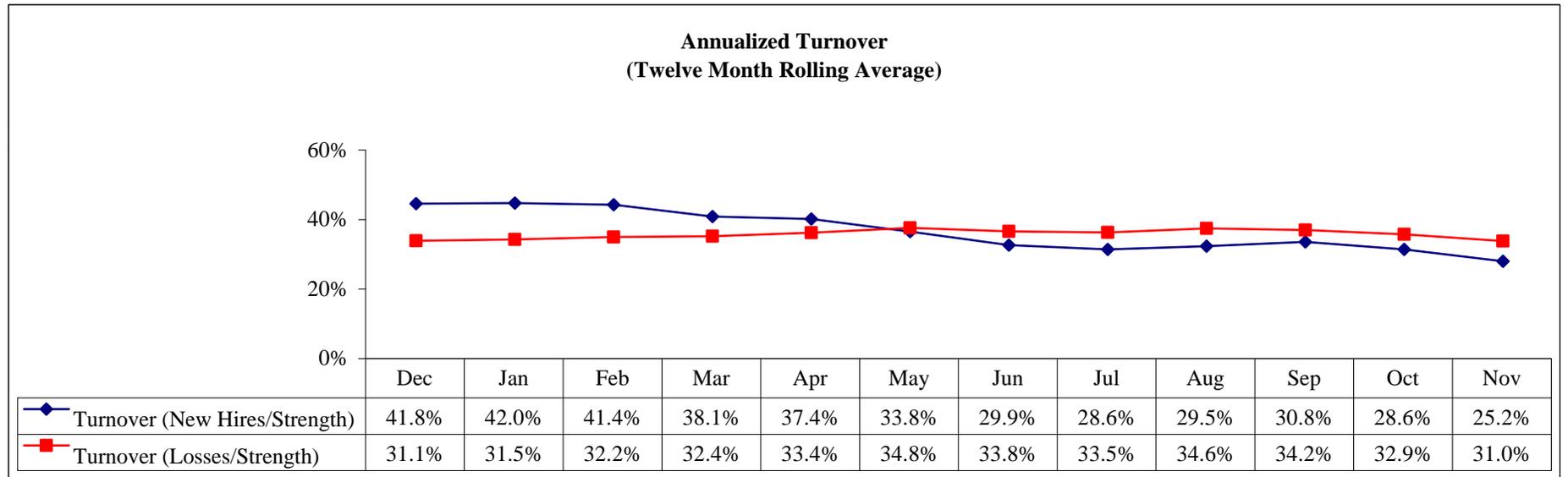
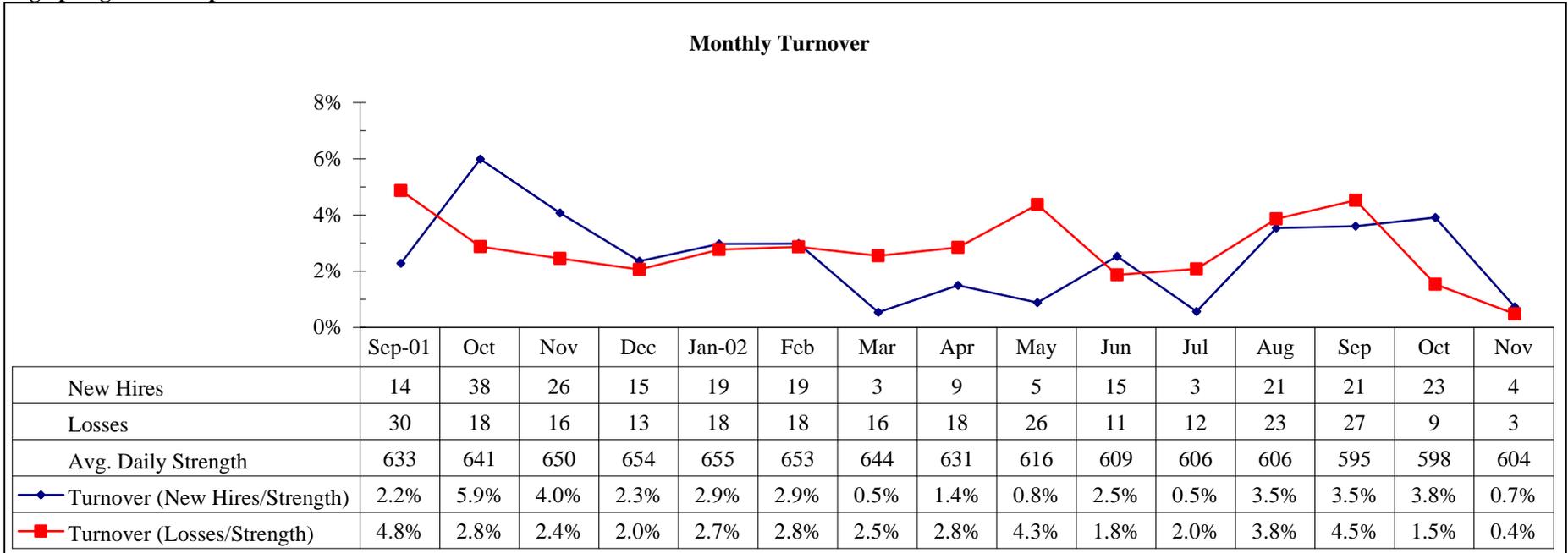


	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ Turnover (New Hires/Strength)	27.7%	26.6%	26.1%	25.3%	24.7%	23.7%	23.3%	22.6%	22.1%	22.2%	21.6%	21.5%
■ Turnover (Losses/Strength)	24.5%	24.2%	23.6%	23.4%	23.0%	22.5%	22.2%	21.8%	22.0%	22.6%	22.3%	21.7%

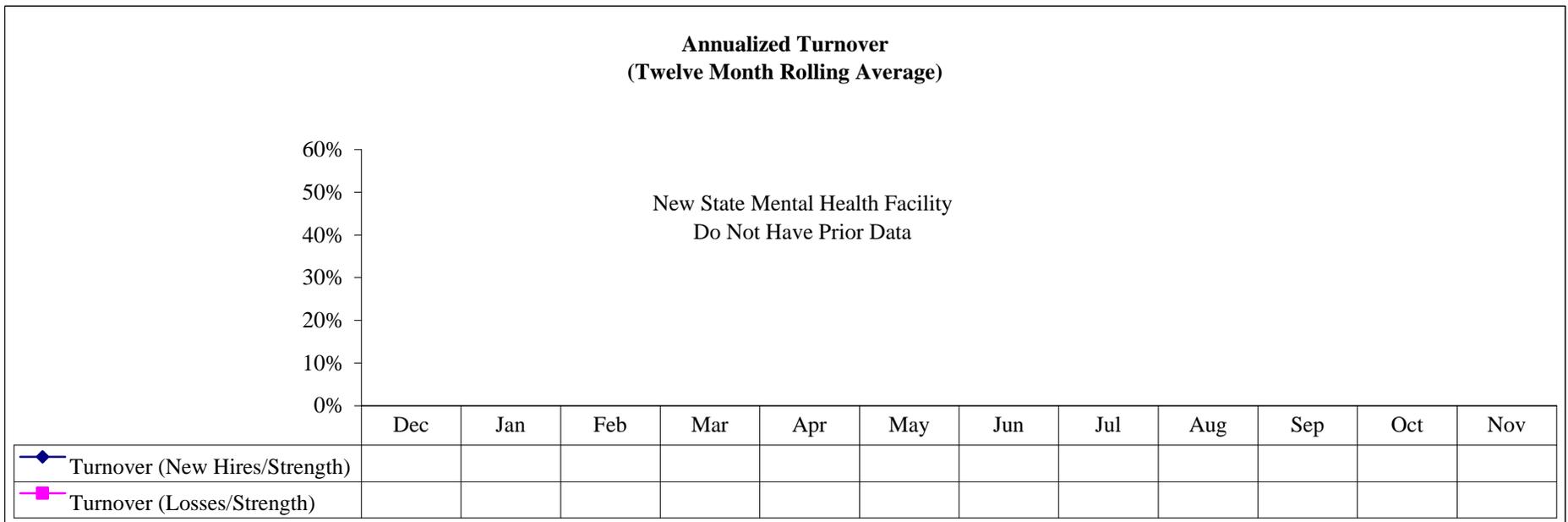
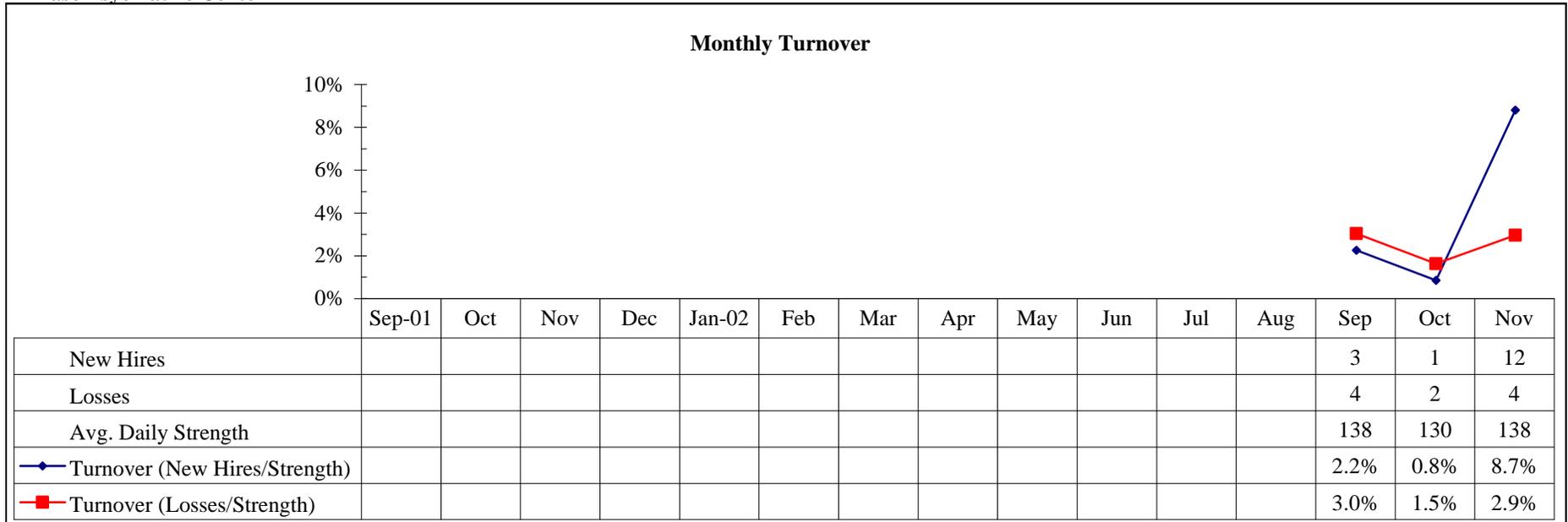
**Measure 7B - Staff Turnover Rates
Austin State Hospital**



Measure 7B - Staff Turnover Rates
Big Spring State Hospital

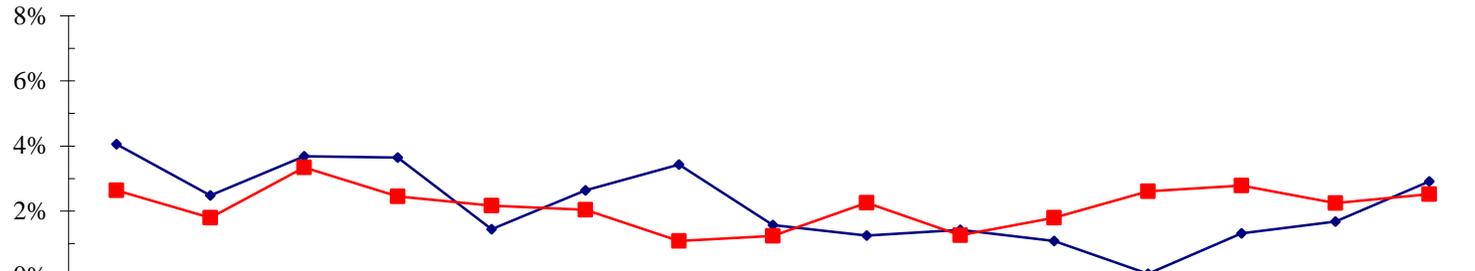


Measure 7B - Staff Turnover Rates
El Paso Psychiatric Center



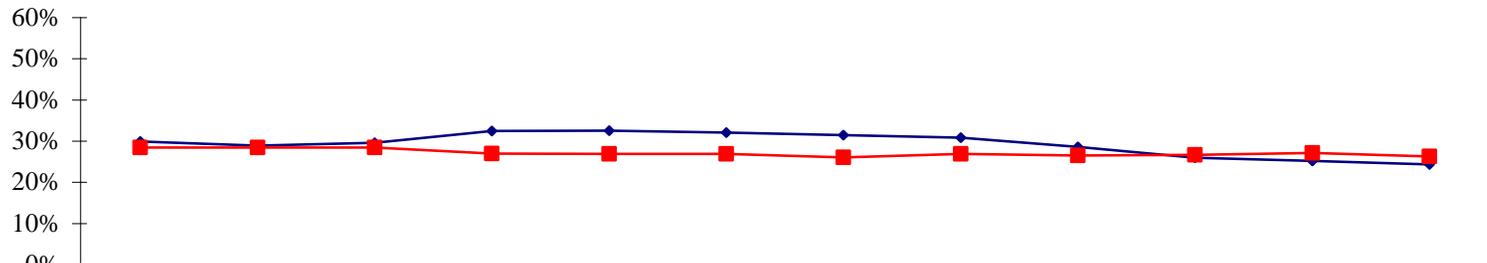
Measure 7B - Staff Turnover Rates
Kerrville State Hospital

Monthly Turnover



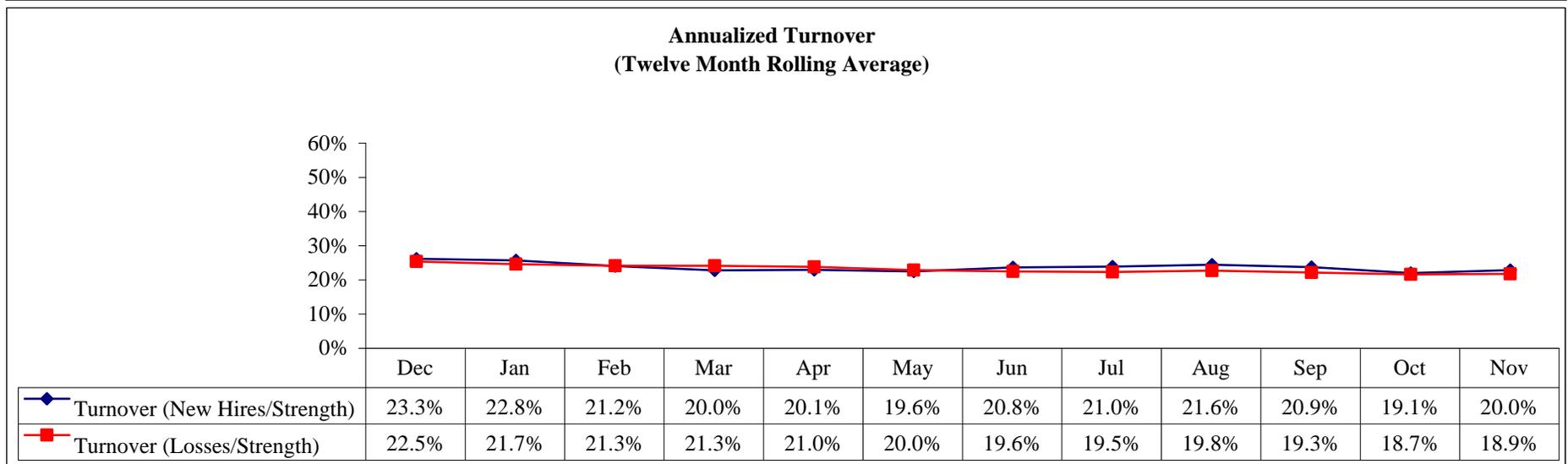
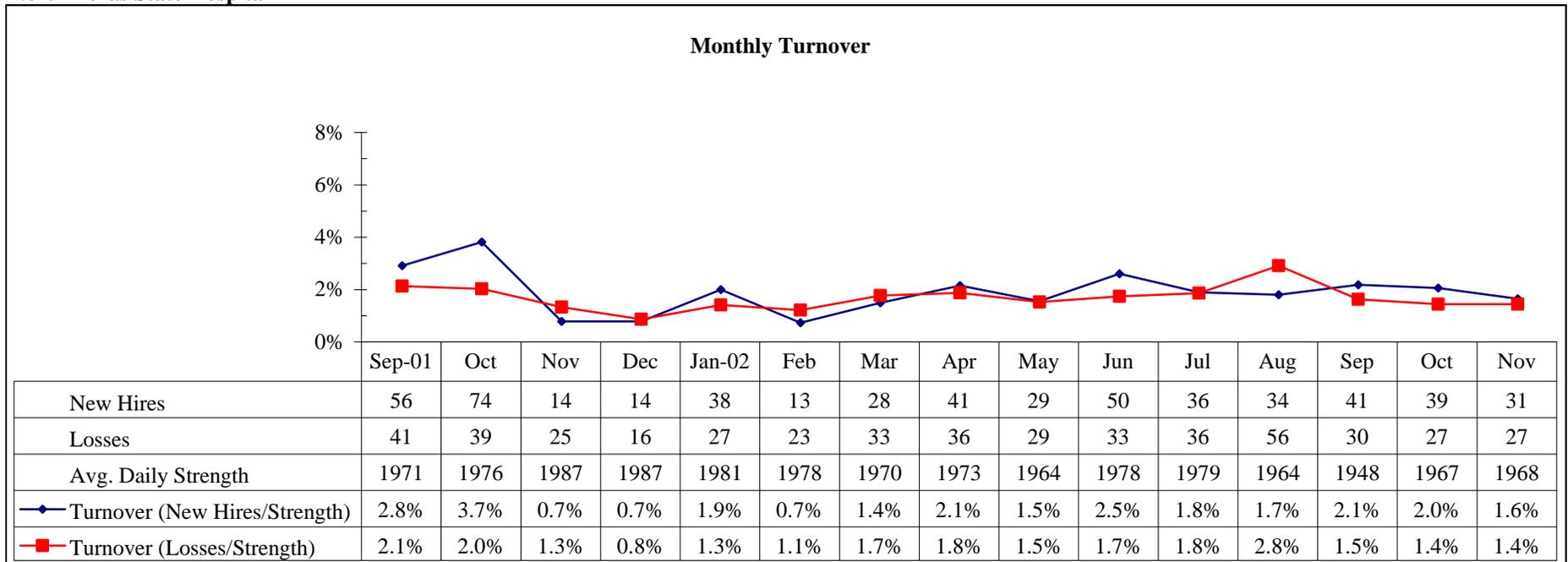
	Sep-01	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
New Hires	23	14	21	21	8	15	20	9	7	8	6	0	7	9	16
Losses	15	10	19	14	12	12	6	7	13	7	10	15	15	12	14
Avg. Daily Strength	578	581	581	587	584	585	596	600	595	593	594	579	563	562	564
Turnover (New Hires/Strength)	4.0%	2.4%	3.6%	3.6%	1.4%	2.6%	3.4%	1.5%	1.2%	1.3%	1.0%	0.0%	1.2%	1.6%	2.8%
Turnover (Losses/Strength)	2.6%	1.7%	3.3%	2.4%	2.1%	2.0%	1.0%	1.2%	2.2%	1.2%	1.7%	2.5%	2.7%	2.2%	2.4%

Annualized Turnover
(Twelve Month Rolling Average)

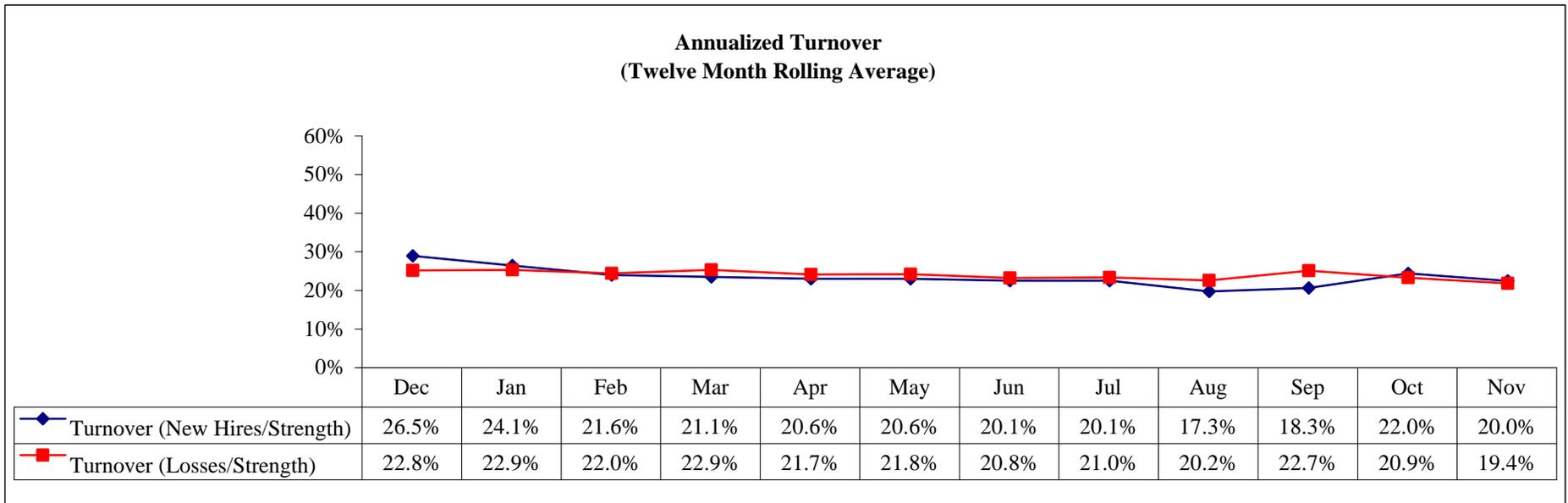
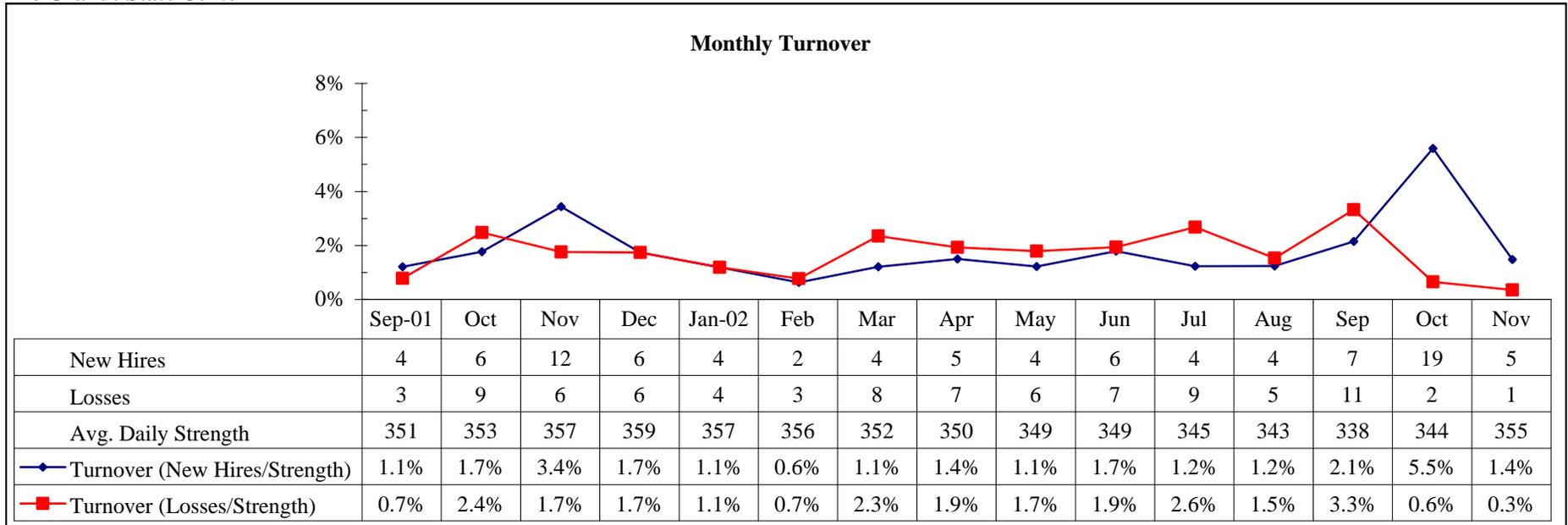


	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Turnover (New Hires/Strength)	27.1%	26.1%	26.8%	29.7%	29.7%	29.3%	28.7%	28.1%	25.9%	23.2%	22.4%	21.6%
Turnover (Losses/Strength)	25.7%	25.6%	25.7%	24.2%	24.1%	24.1%	23.3%	24.1%	23.8%	23.9%	24.3%	23.5%

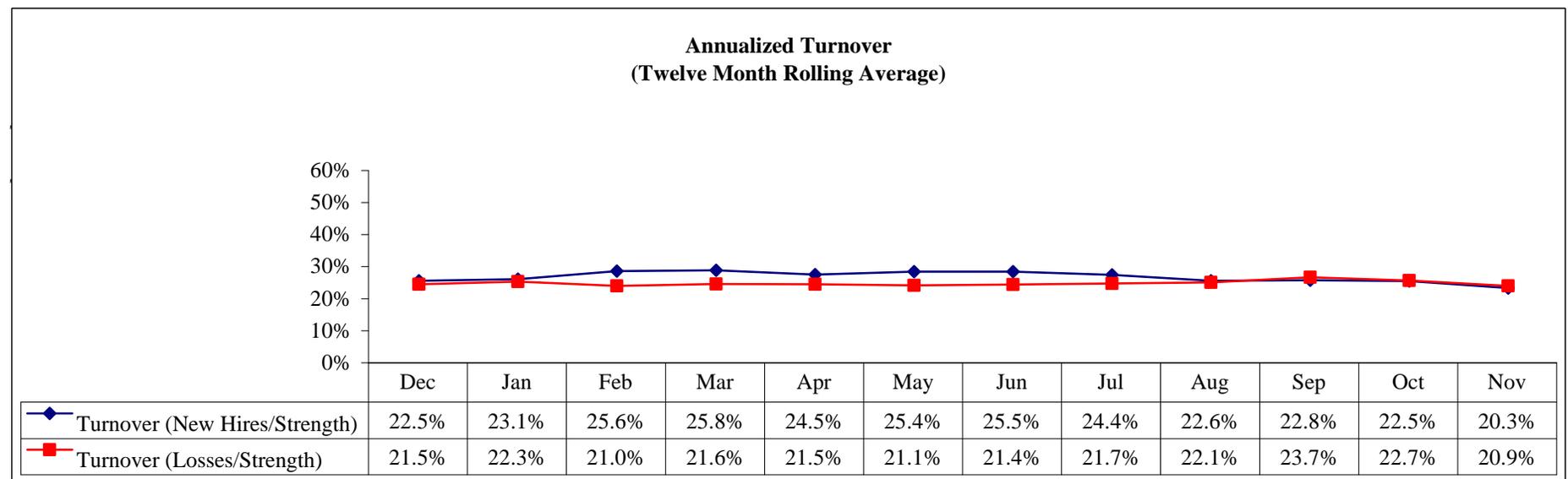
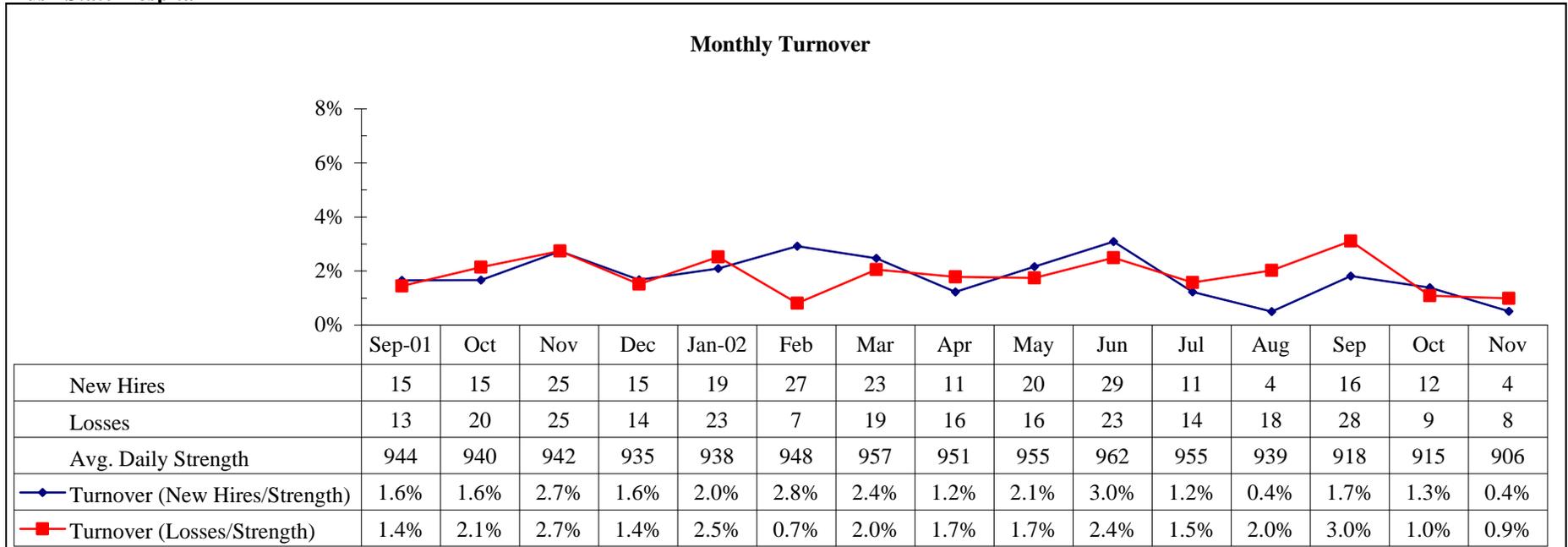
Measure 7B - Staff Turnover Rates
North Texas State Hospital



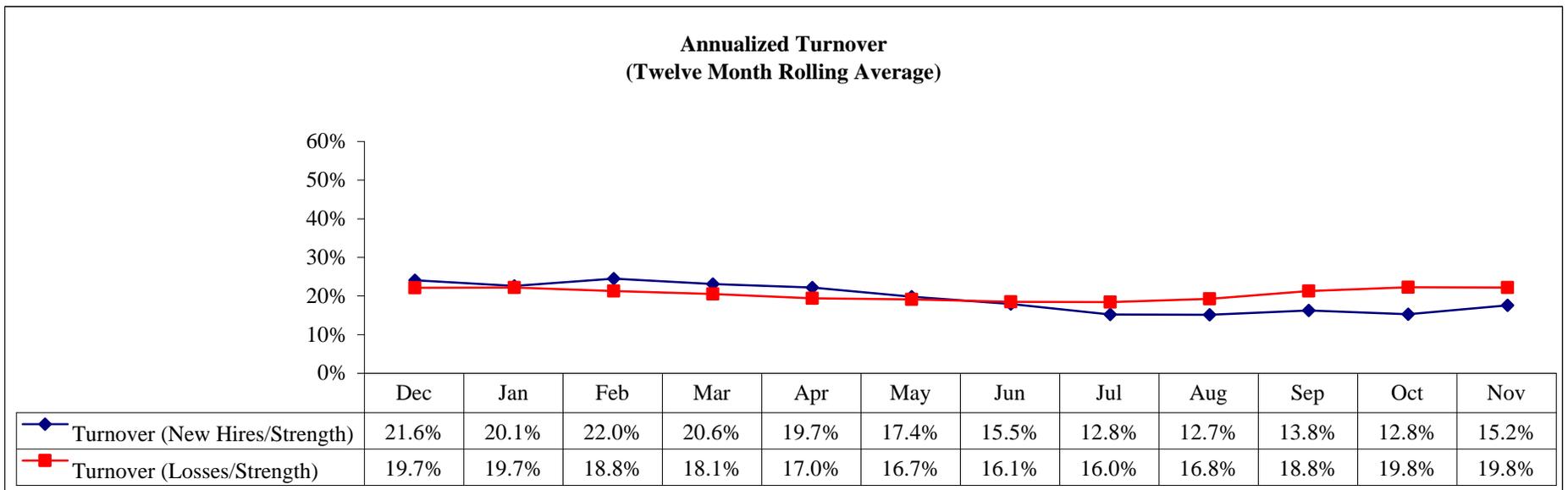
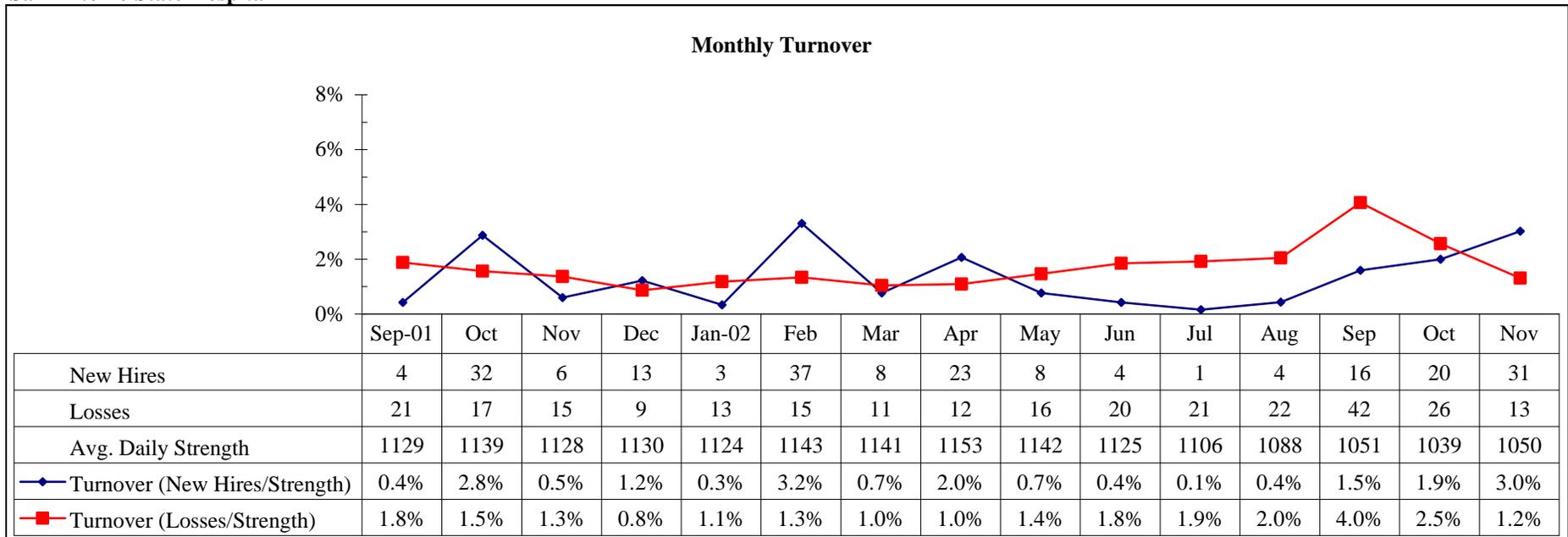
Measure 7B - Staff Turnover Rates
Rio Grande State Center



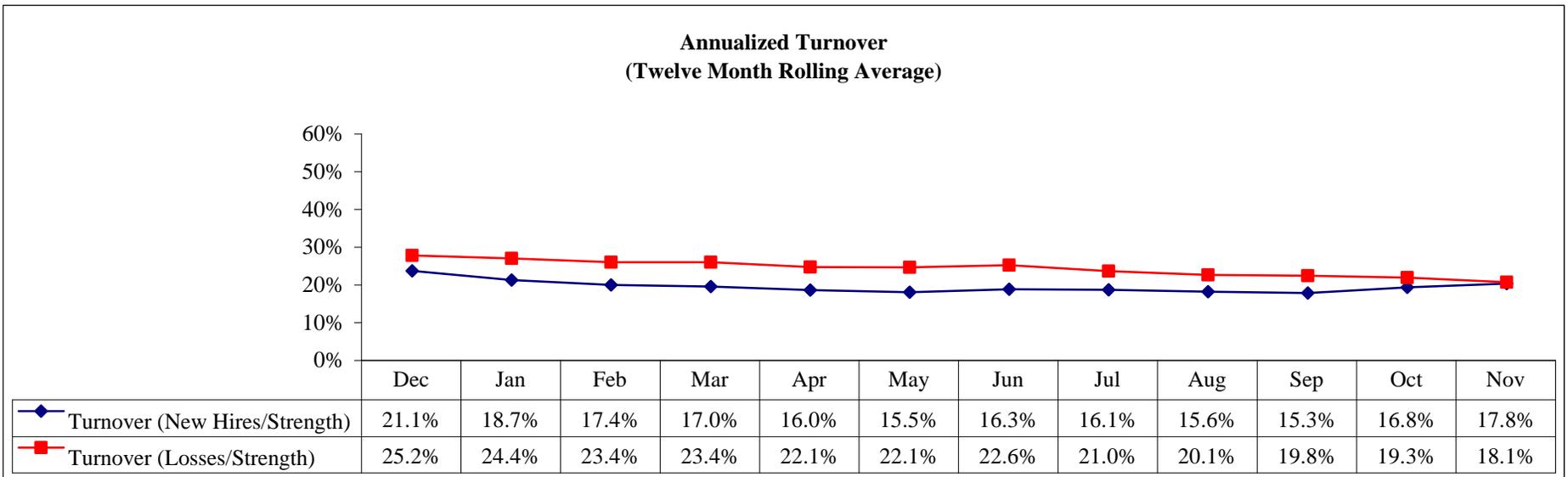
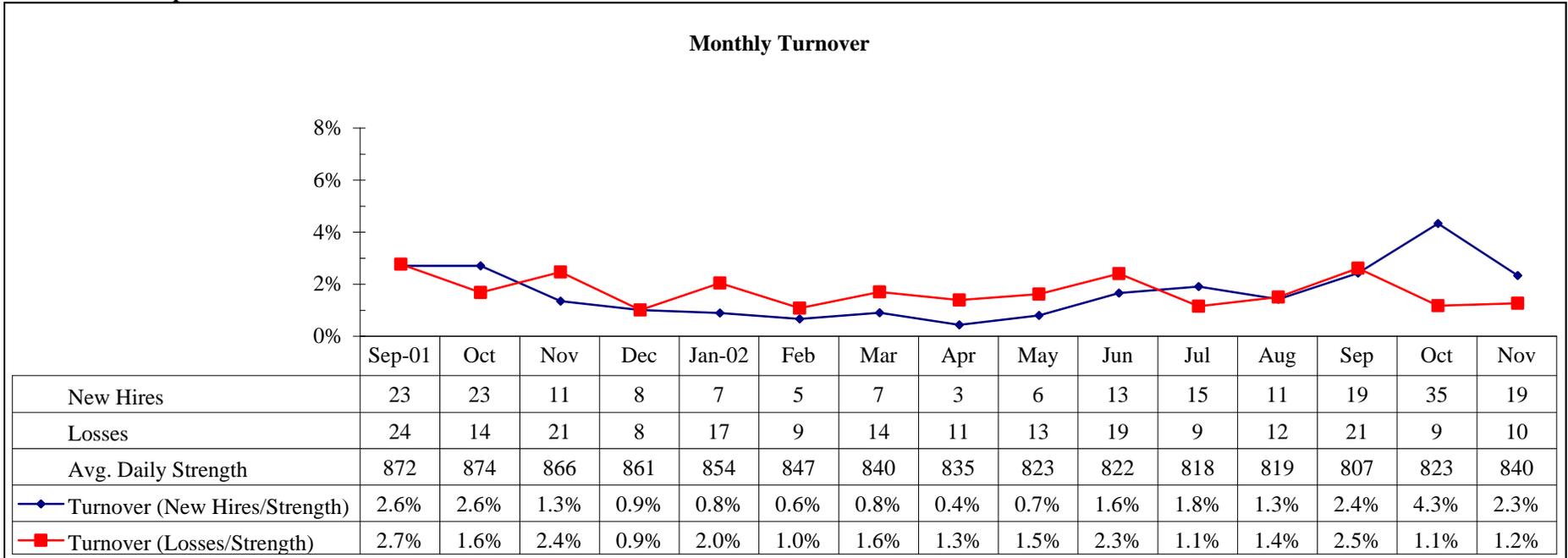
Measure 7B - Staff Turnover Rates
Rusk State Hospital



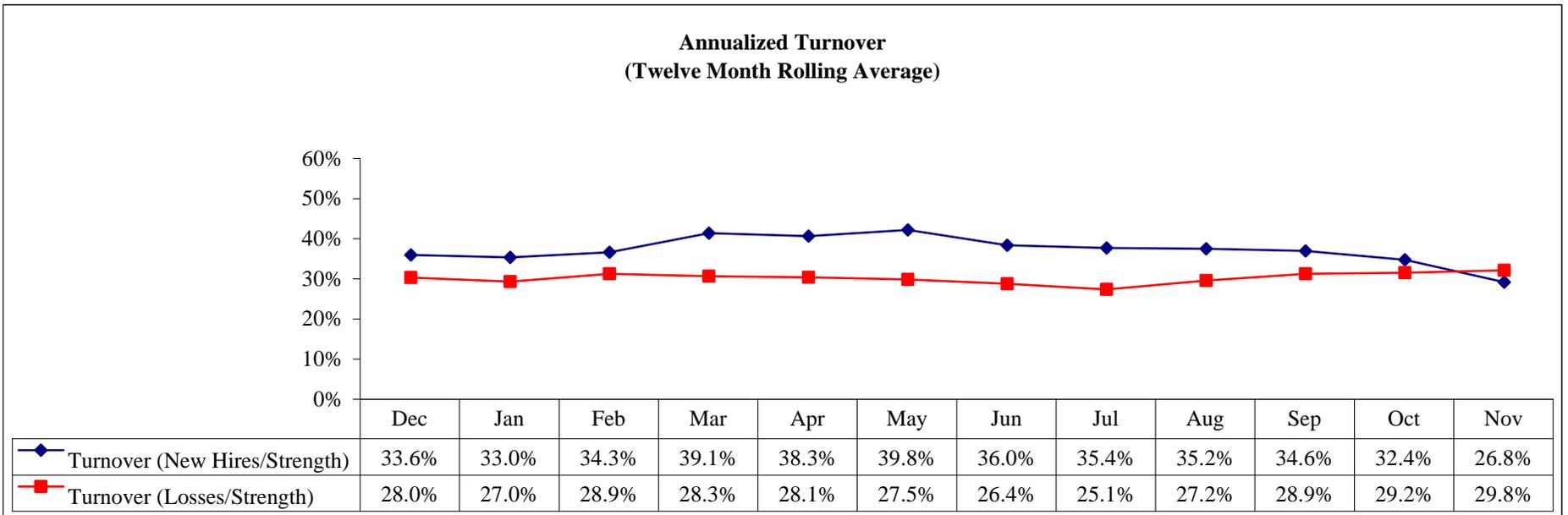
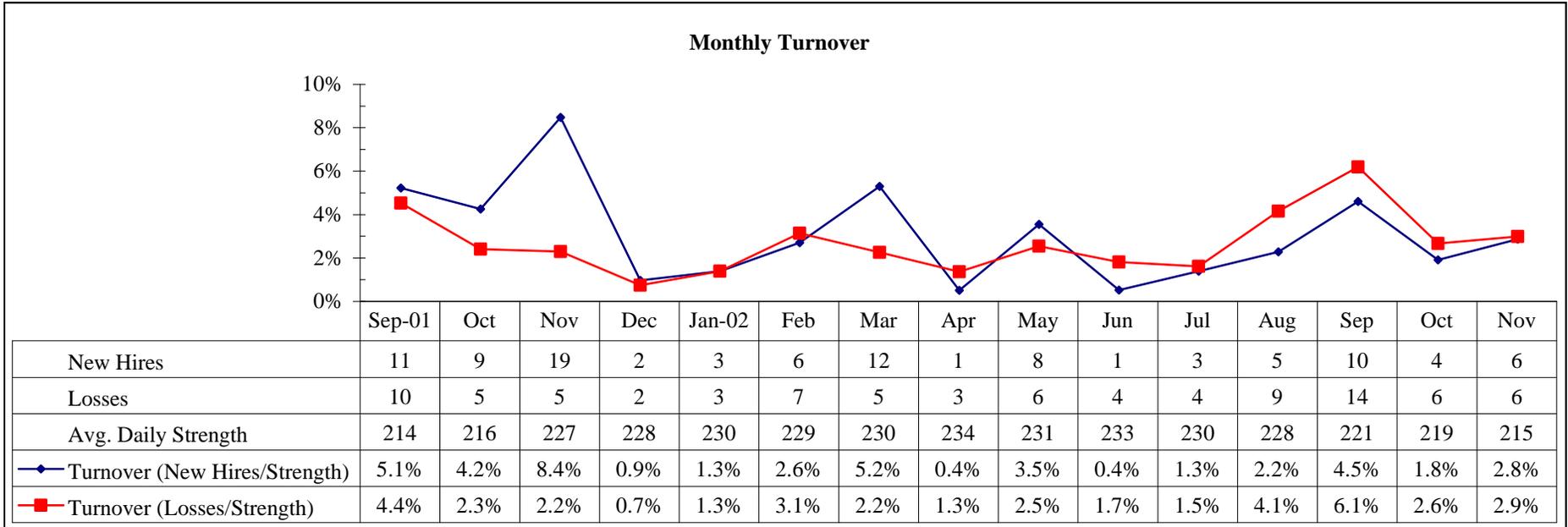
Measure 7B - Staff Turnover Rates
San Antonio State Hospital



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



Measure 7B - Staff Turnover Rates
Waco Center for Youth



GOAL 8: Improve Organizational Performance

Performance Objective 8A: Children and parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by achieving the following average response on the Patient Satisfaction Surveys (PSAT):

1. An average score of “4” on the Parent Satisfaction Survey, and
 2. An average score of “1.698” on the Children Satisfaction Survey.
- (LBB Measure)

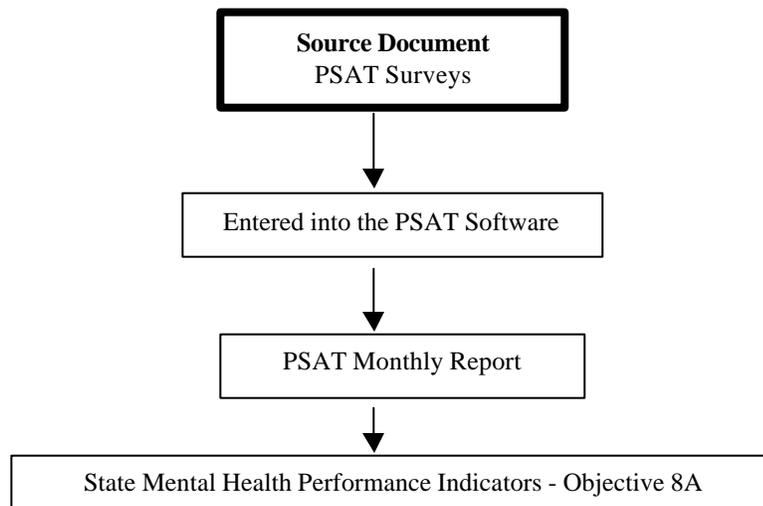
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12), and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar charts showing individual state mental health facilities scores.
- Line charts with monthly data points of children scores and parents scores for individual facilities and system-wide.

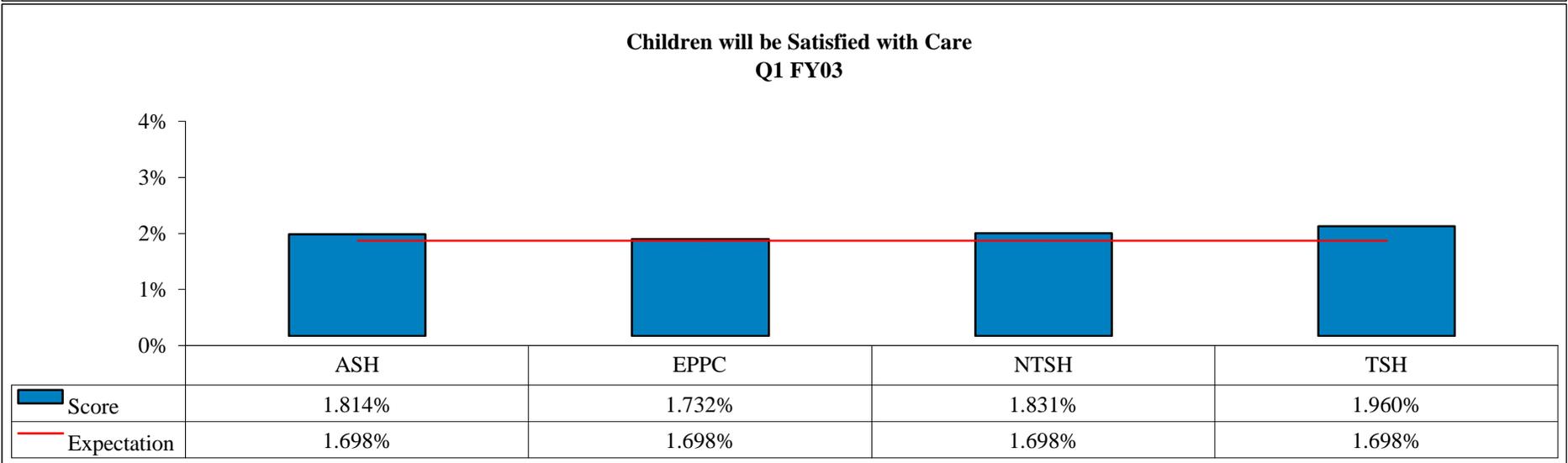
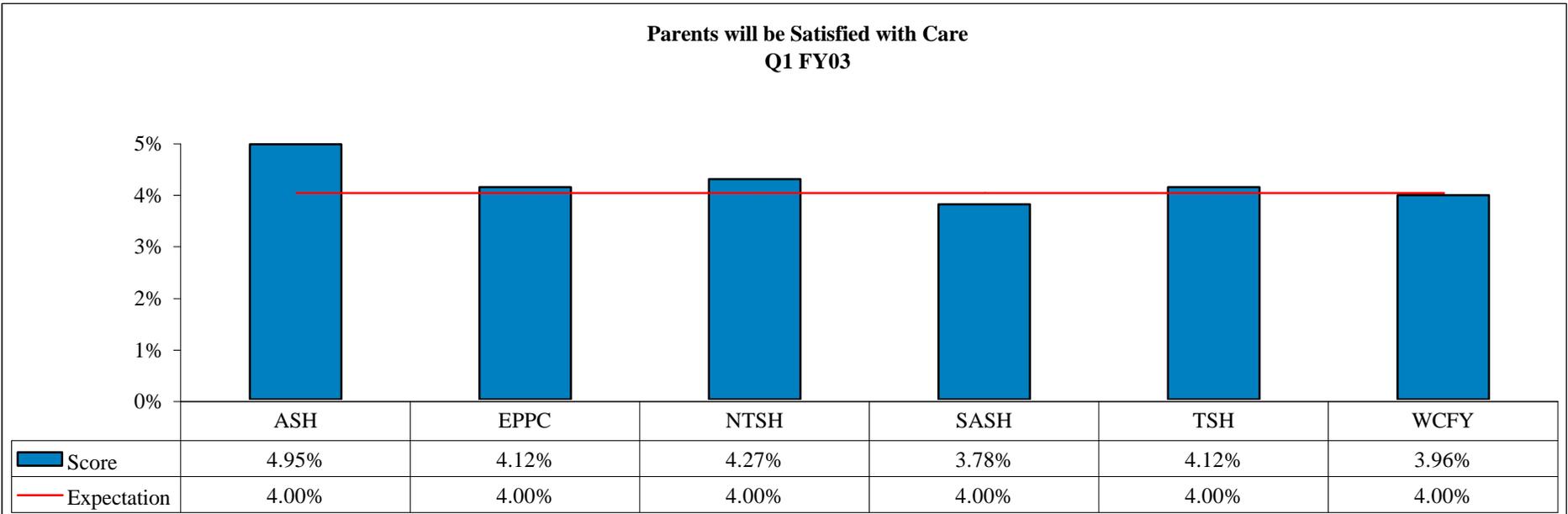
Data Flow:



Data Integrity Review Process:

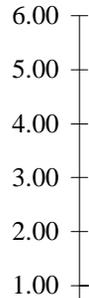
PSAT data is not subject to data integrity review.

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



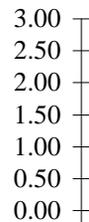
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
All MH Facilities

Parents will be Satisfied with Care



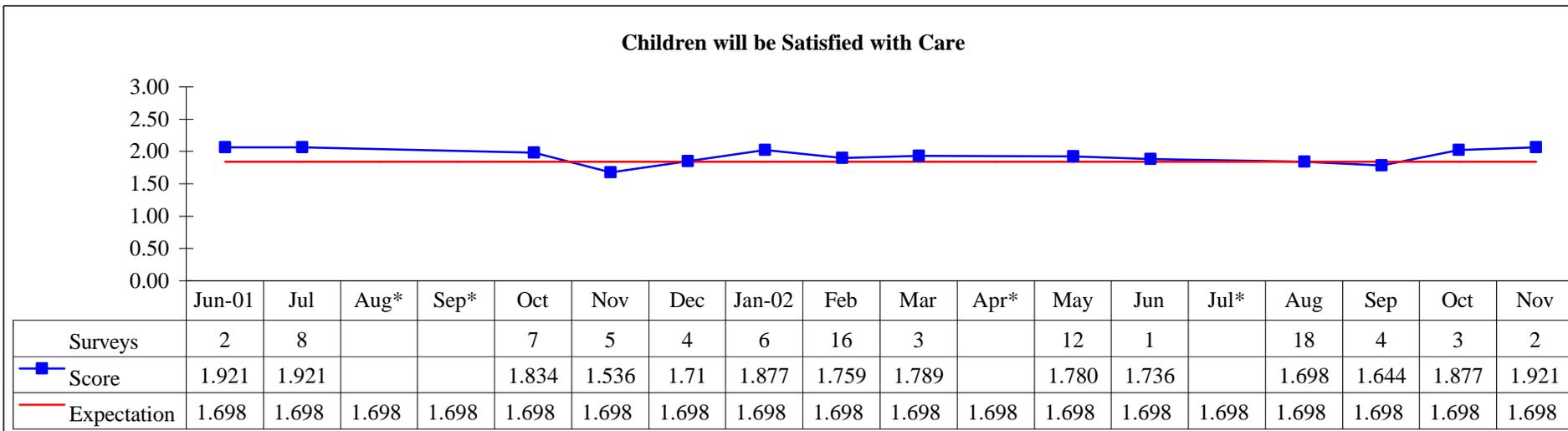
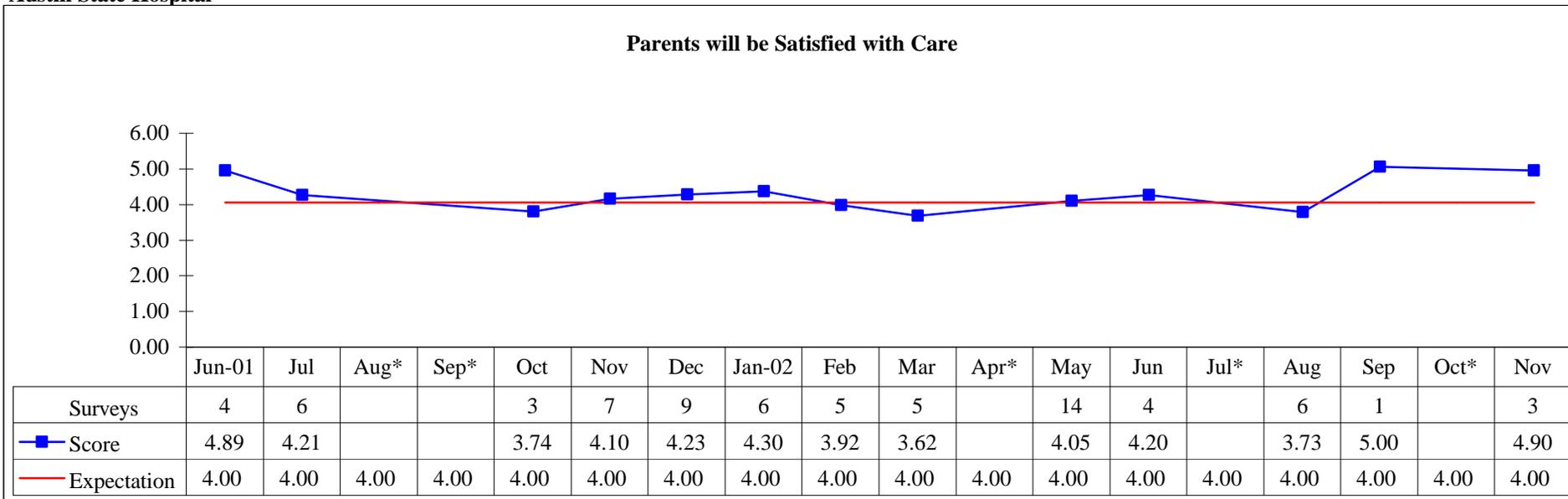
	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	44	29	30	31	22	22	27	46	27	46	21	46	33	24	35	63	46	43
Score	4.32	4.20	4.44	4.35	4.06	4.22	4.31	4.17	4.09	4.06	3.97	4.21	4.30	4.27	3.95	4.19	3.92	4.40
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

Children will be Satisfied with Care



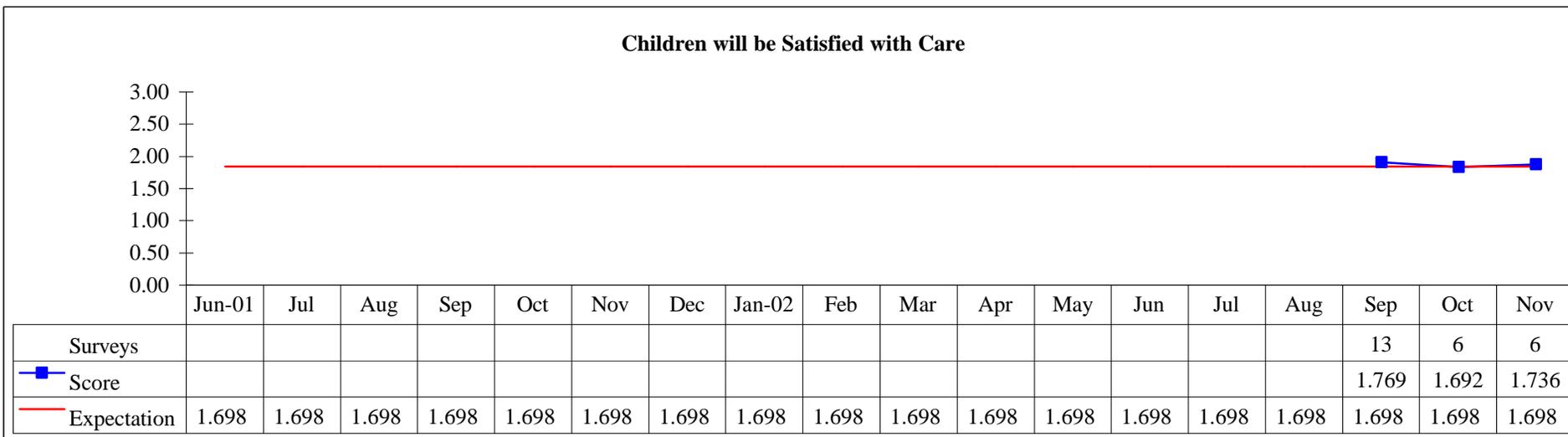
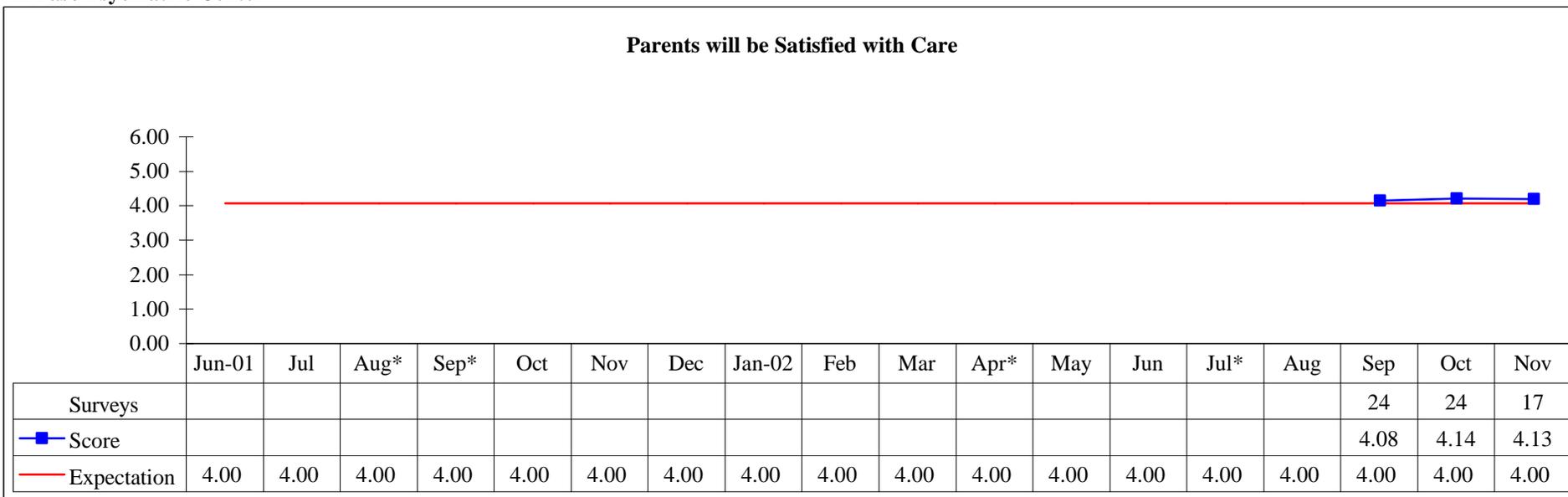
	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	20	24	21	8	22	12	11	20	20	28	11	26	8	12	37	24	23	24
Score	1.836	1.892	1.934	1.754	1.859	1.757	1.802	1.856	1.832	1.841	1.87	1.798	1.701	1.881	1.767	1.828	1.82	1.821
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

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



*No surveys submitted

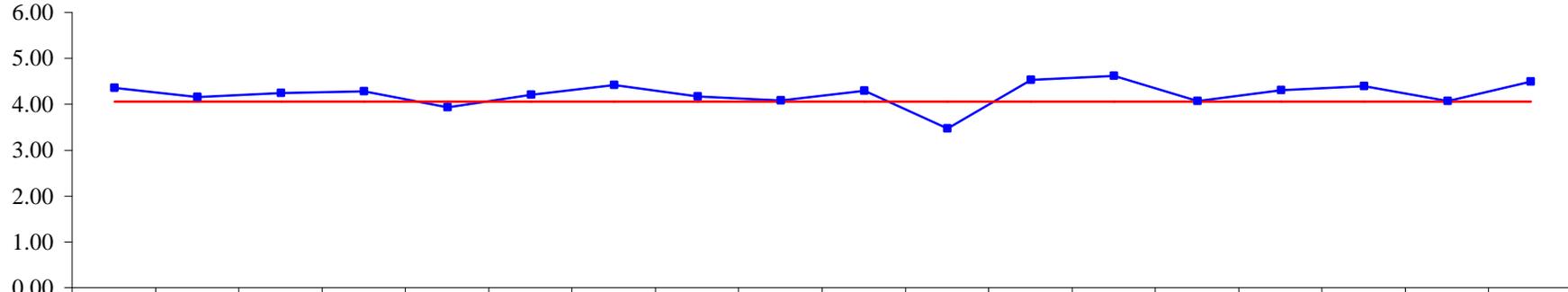
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
El Paso Psychiatric Center



*No surveys submitted

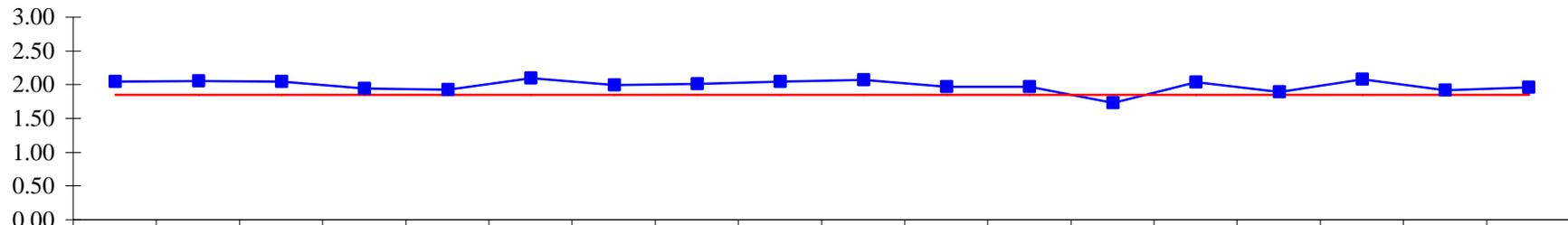
Objective 8A - Patient Satisfaction
Children and Parents will be Satisfied with Care
North Texas State Hospital

Parents will be Satisfied with Care



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	11	5	13	7	7	3	2	6	2	18	5	9	3	8	5	3	9	11
Score	4.31	4.10	4.20	4.23	3.87	4.15	4.36	4.12	4.03	4.25	3.41	4.48	4.57	4.02	4.25	4.34	4.02	4.44
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

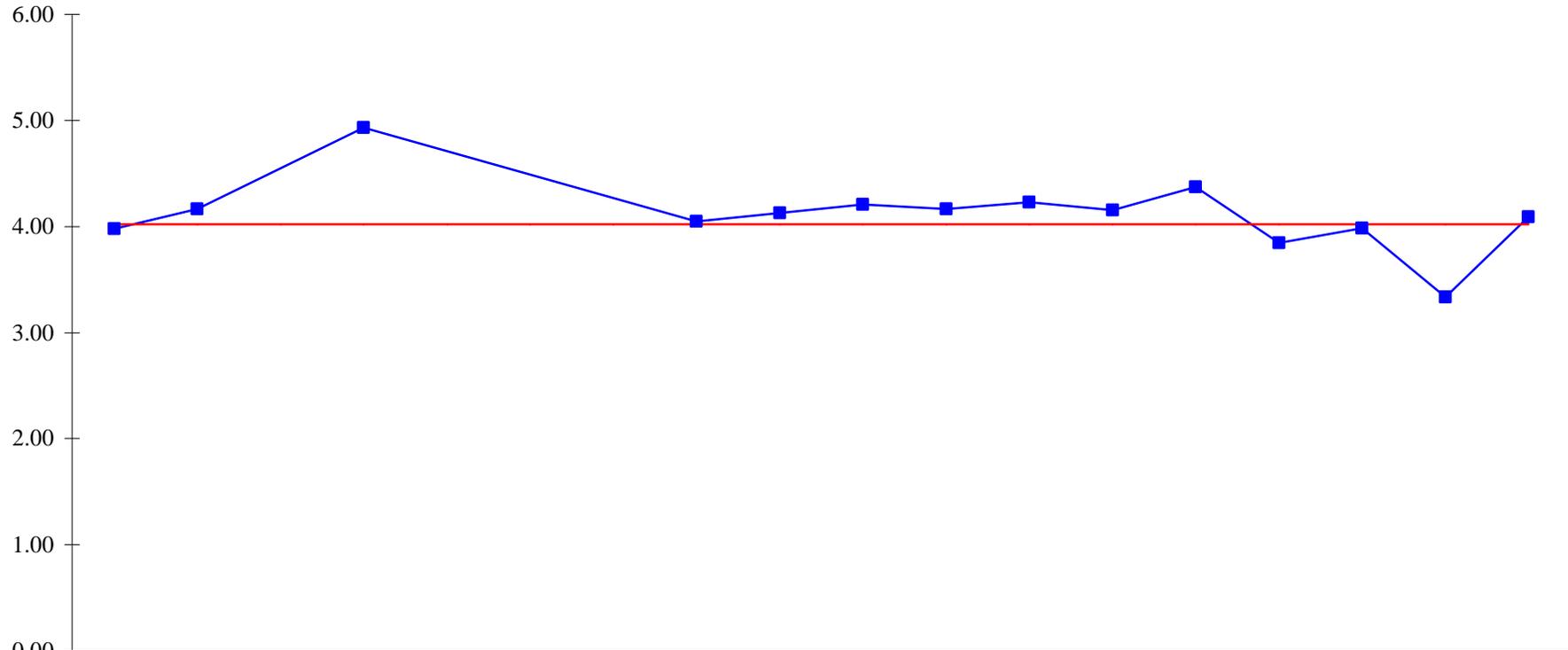
Children will be Satisfied with Care



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	13	11	17	5	13	4	3	9	3	23	9	14	6	12	6	5	12	16
Score	1.890	1.904	1.894	1.789	1.769	1.947	1.842	1.859	1.894	1.919	1.818	1.815	1.578	1.881	1.736	1.926	1.763	1.805
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

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

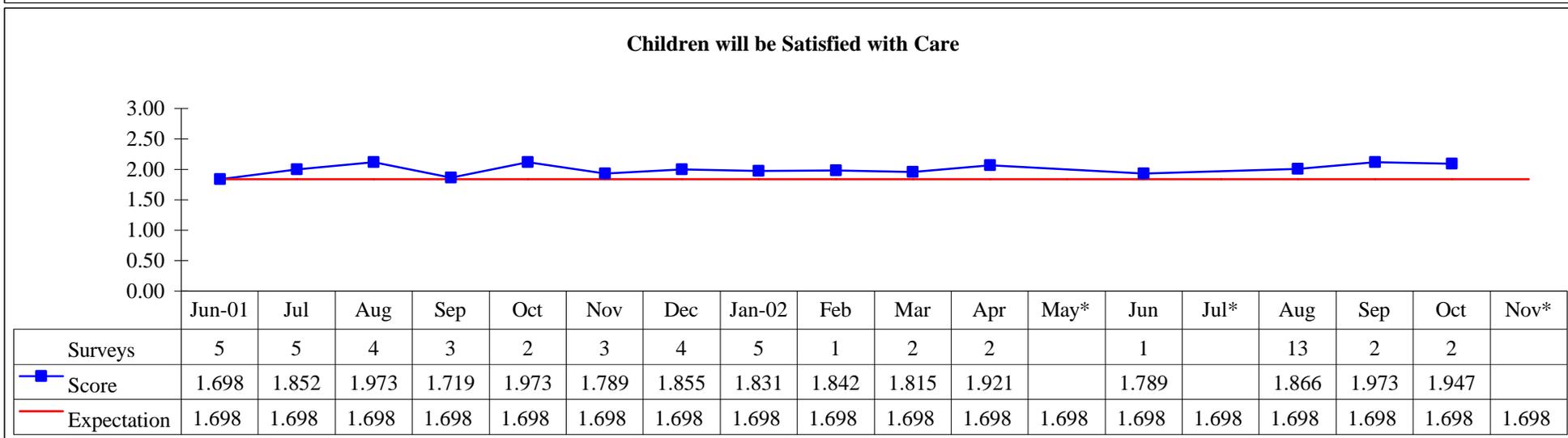
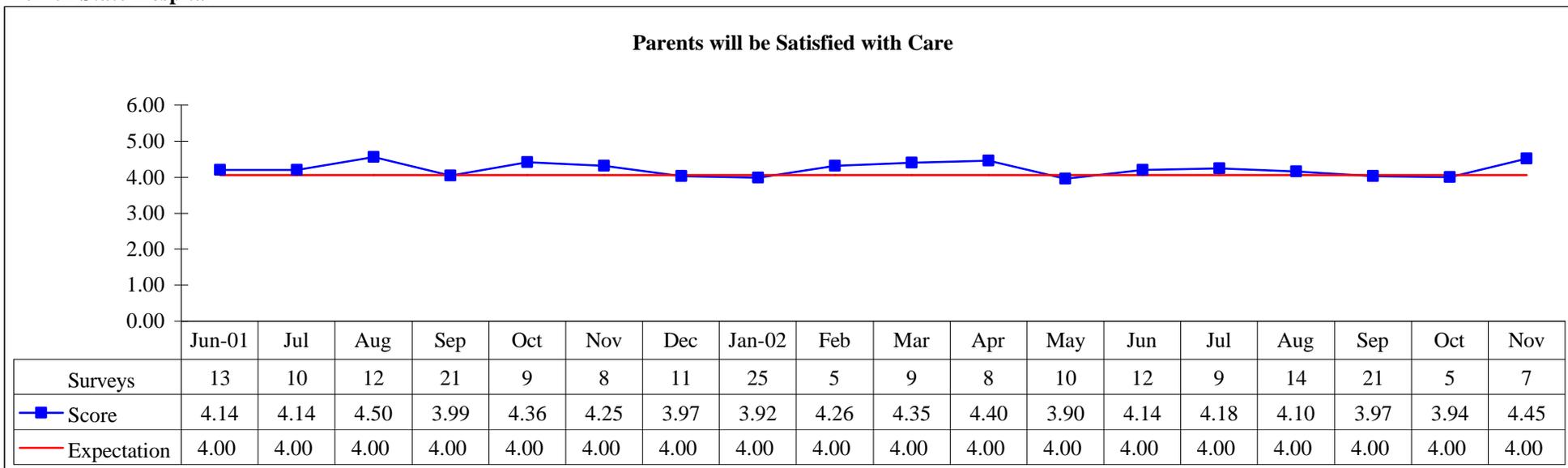
Parents will be Satisfied with Care



	Jun-01	Jul	Aug*	Sep	Oct*	Nov*	Dec*	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Surveys	4	3		1				6	10	7	4	9	8	5	5	5	6	5
Score	3.95	4.14		4.91				4.03	4.10	4.19	4.14	4.21	4.13	4.35	3.82	3.96	3.31	4.07
Expectation	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00

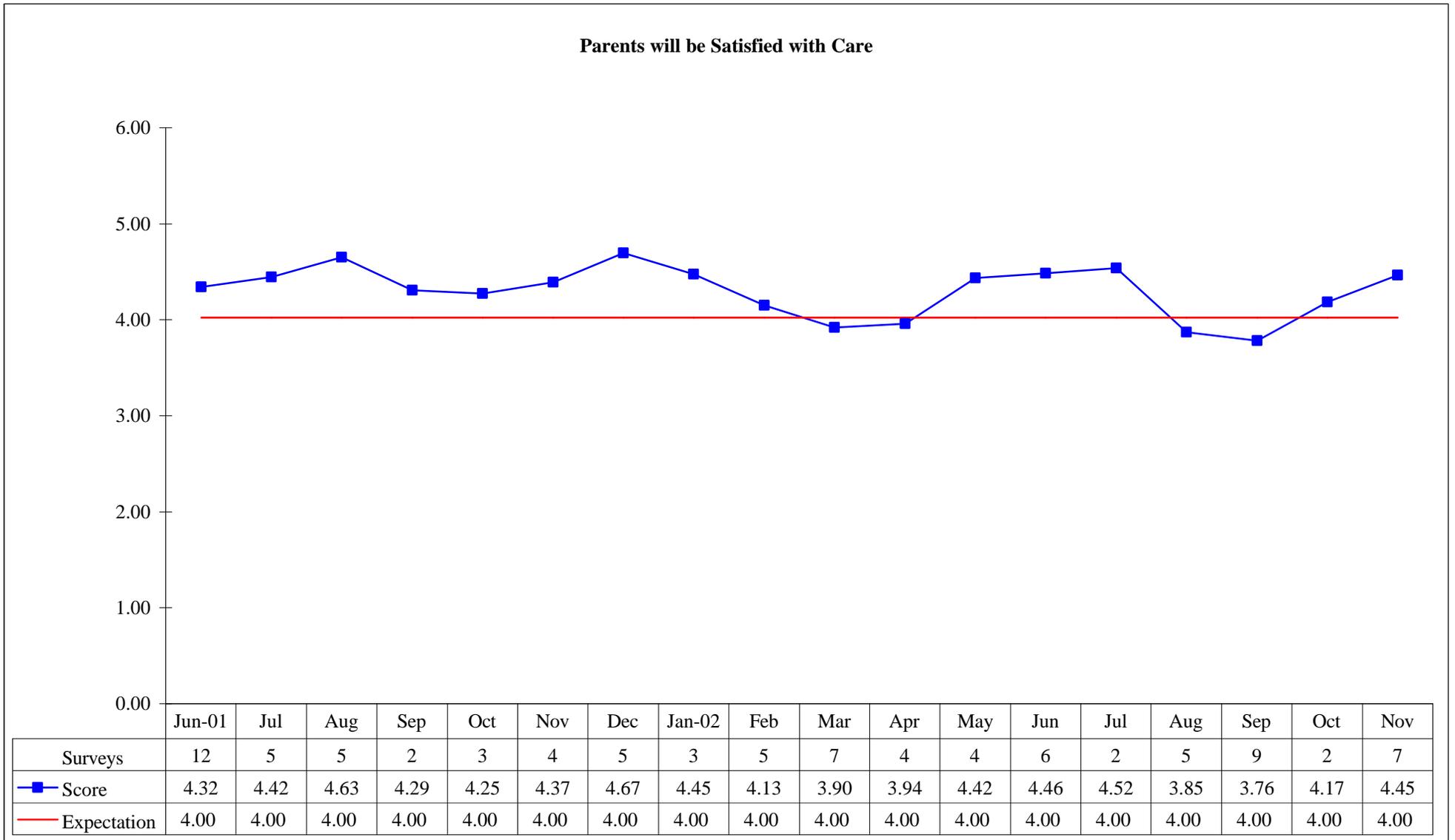
*No surveys submitted

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



*No surveys submitted

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



Performance Objective 8B: Fully implement the Mental Health Statistics Improvement Project (MHSIP)/NRI Consumer Survey during FY 2003 and establish baseline data for satisfaction of adult and adolescent patients. (LBB Measure)

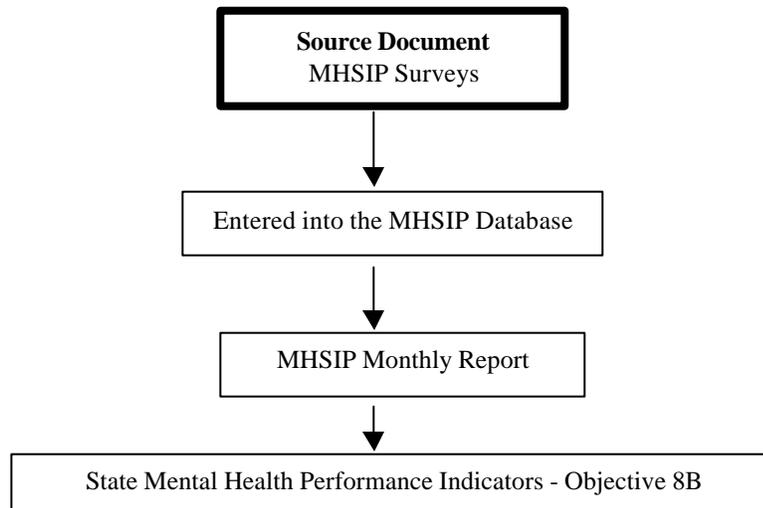
Performance Objective Operational Definition: At least 60% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: MHSIP gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar chart showing individual facilities scores.
- Bar chart showing individual facilities percentages of discharges surveyed.
- Control charts with monthly data points of scores for individual facilities and system-wide. Charts shows number of surveys, number of discharges and the percentage of discharges surveyed for individual facilities.

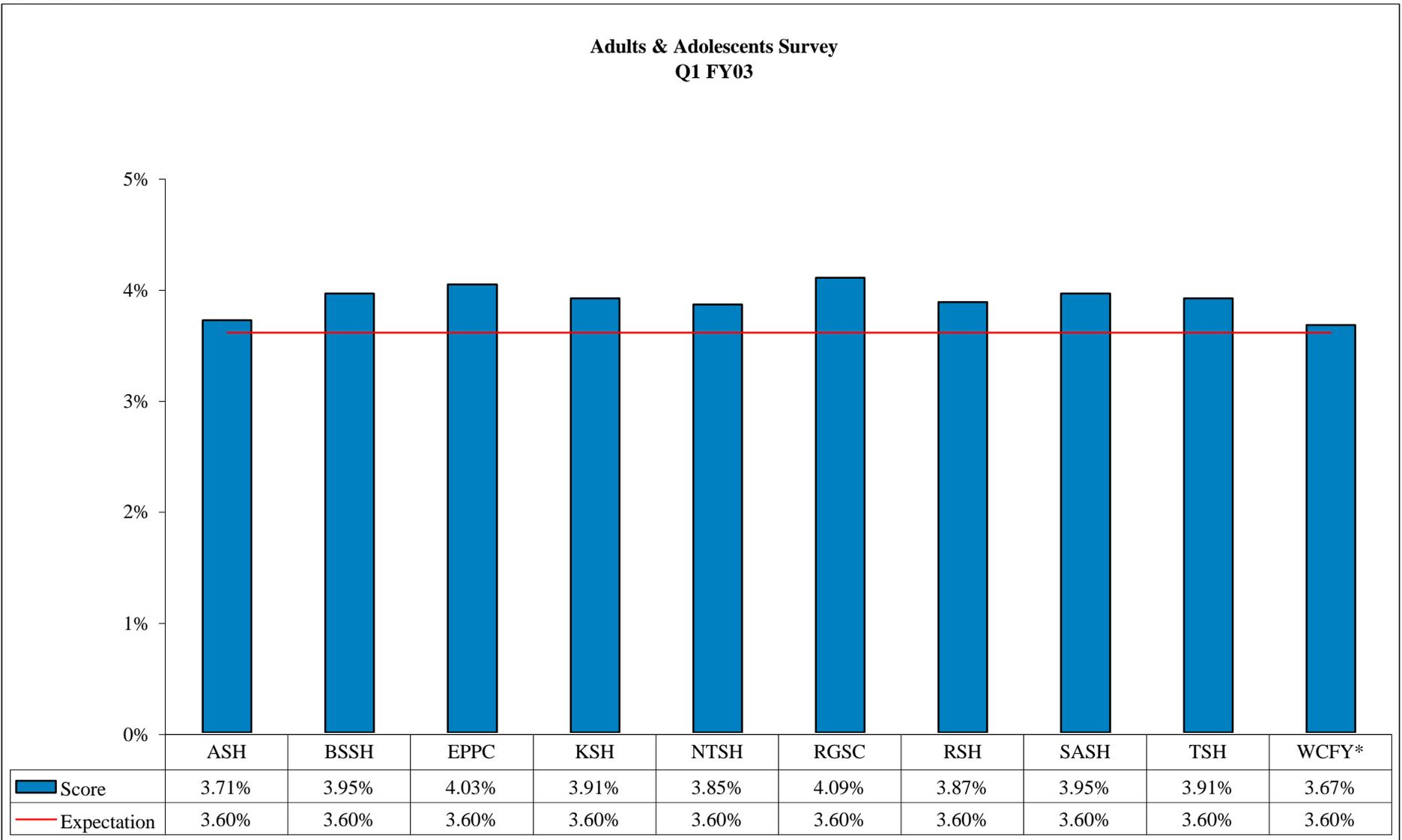
Data Flow:



Data Integrity Review Process:

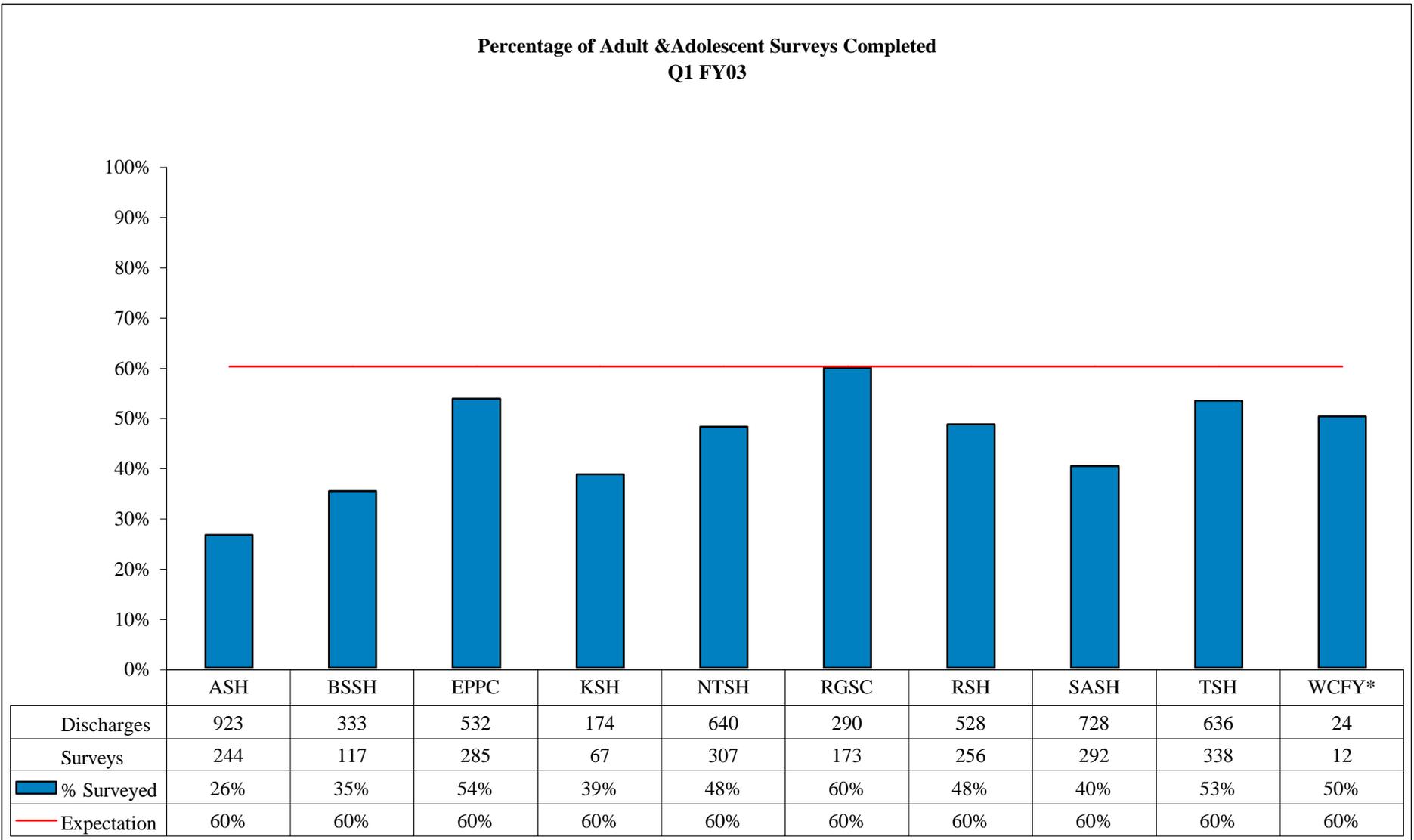
MHSIP data is not subject to data integrity review.

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



*WCFY - Adolescent Surveys Only

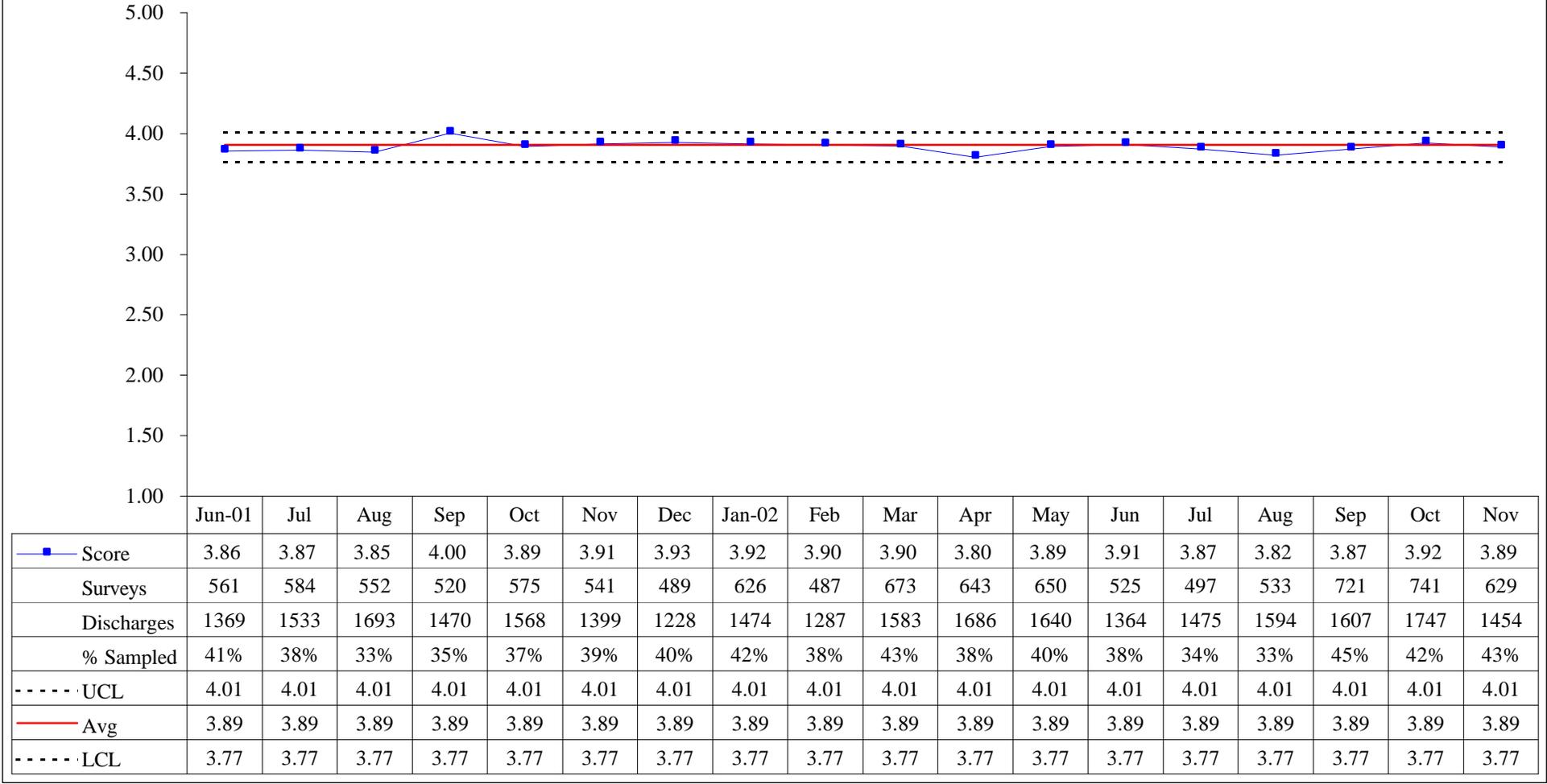
Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities



*WCFY - Adolescent Surveys Only

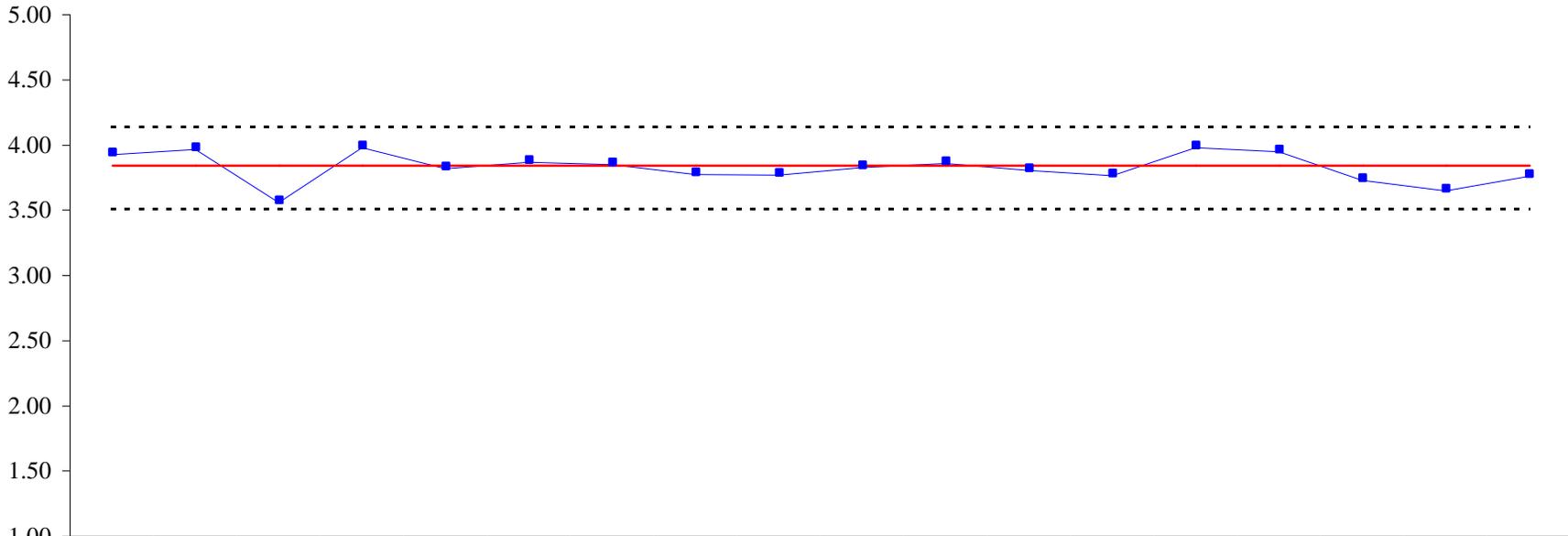
Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All MH Facilities

Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ³3.60)



Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Austin State Hospital

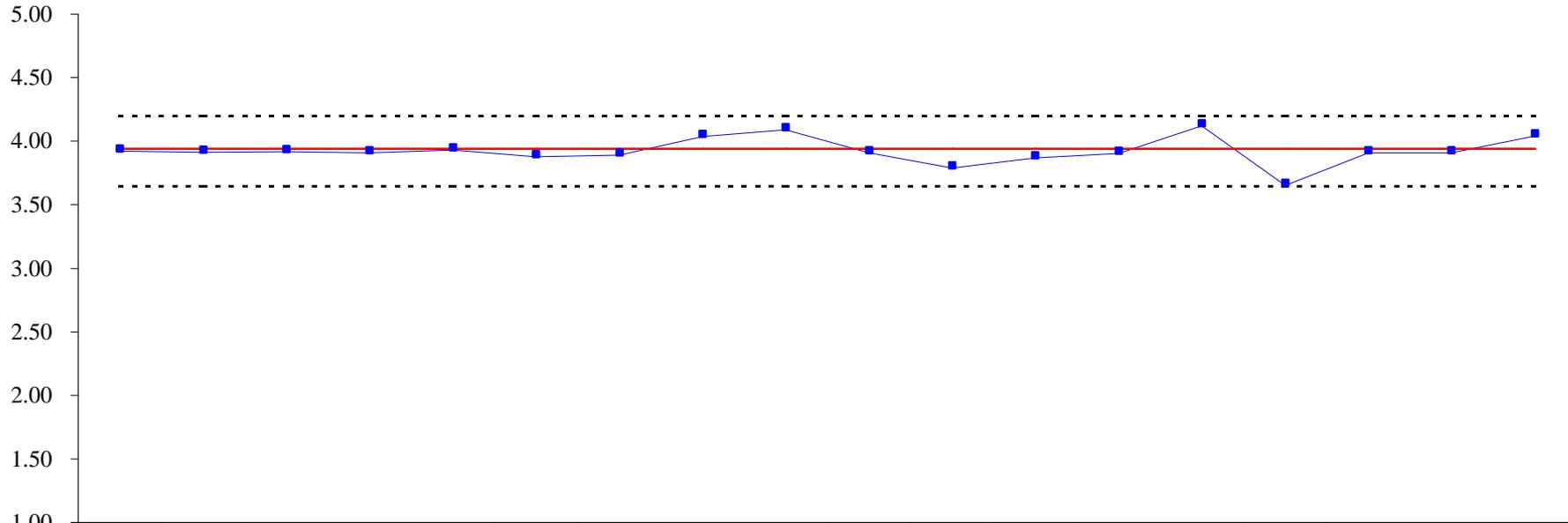
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score [≈]3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.93	3.97	3.56	3.98	3.82	3.87	3.85	3.78	3.77	3.83	3.86	3.81	3.76	3.98	3.95	3.73	3.65	3.76
Surveys	42	64	62	52	69	102	66	80	51	88	70	99	57	75	69	71	115	58
Discharges	273	316	334	311	339	316	264	321	302	354	393	367	328	309	323	293	326	304
% Sampled	15%	20%	19%	17%	20%	32%	25%	25%	17%	25%	18%	27%	17%	24%	21%	24%	35%	19%
- - - - - UCL	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14	4.14
— Avg	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82	3.82
- - - - - LCL	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Big Spring State Hospital

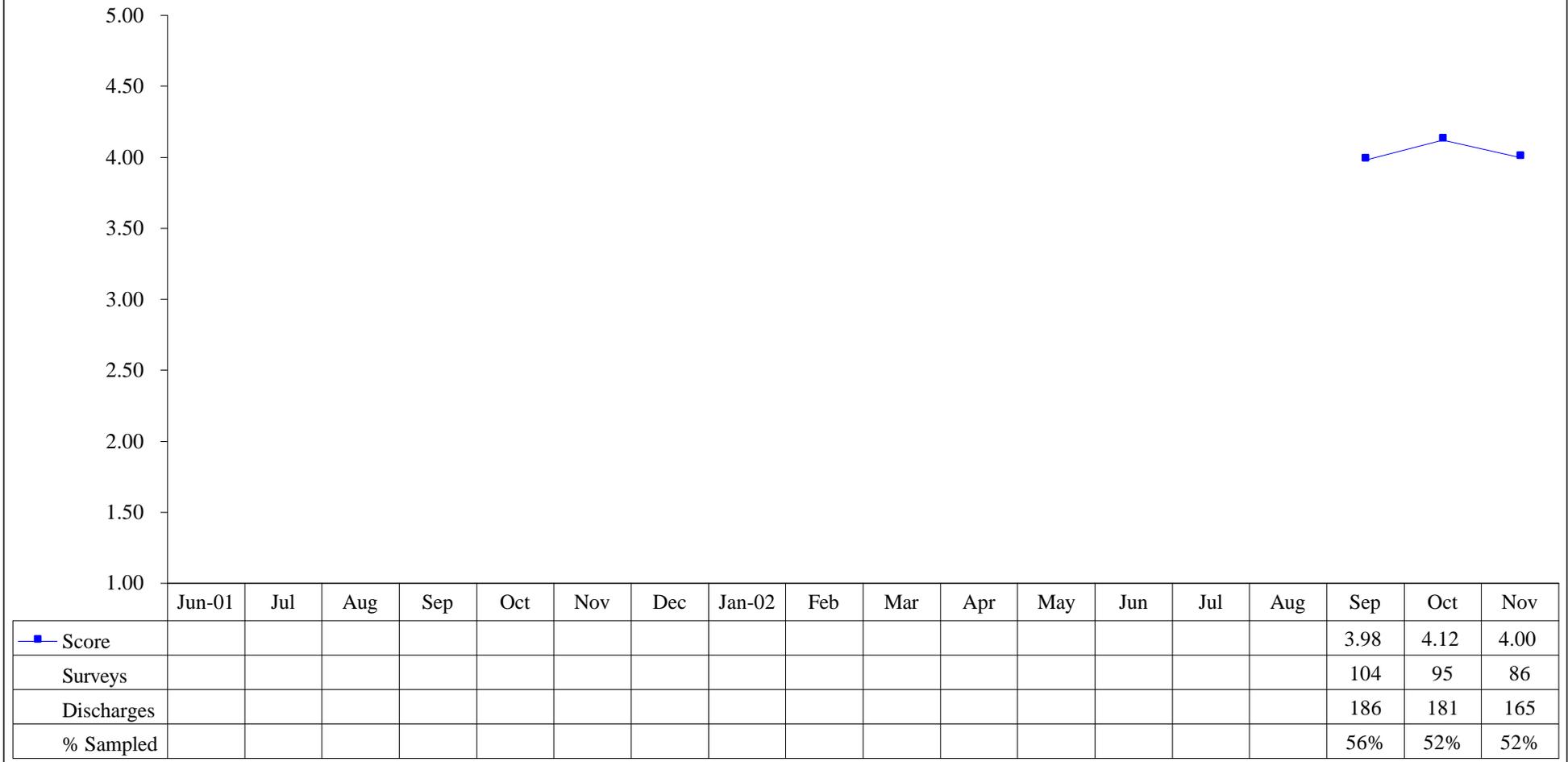
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ³3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.92	3.91	3.92	3.91	3.93	3.88	3.89	4.04	4.09	3.91	3.79	3.87	3.90	4.12	3.65	3.91	3.91	4.04
Surveys	55	44	41	27	43	29	24	65	41	53	55	50	24	21	17	43	35	39
Discharges	115	127	132	90	124	114	93	137	94	139	143	134	94	140	128	111	115	107
% Sampled	48%	35%	31%	30%	35%	25%	26%	47%	44%	38%	38%	37%	26%	15%	13%	39%	30%	36%
----- UCL	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20	4.20
— Avg	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92	3.92
----- LCL	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64	3.64

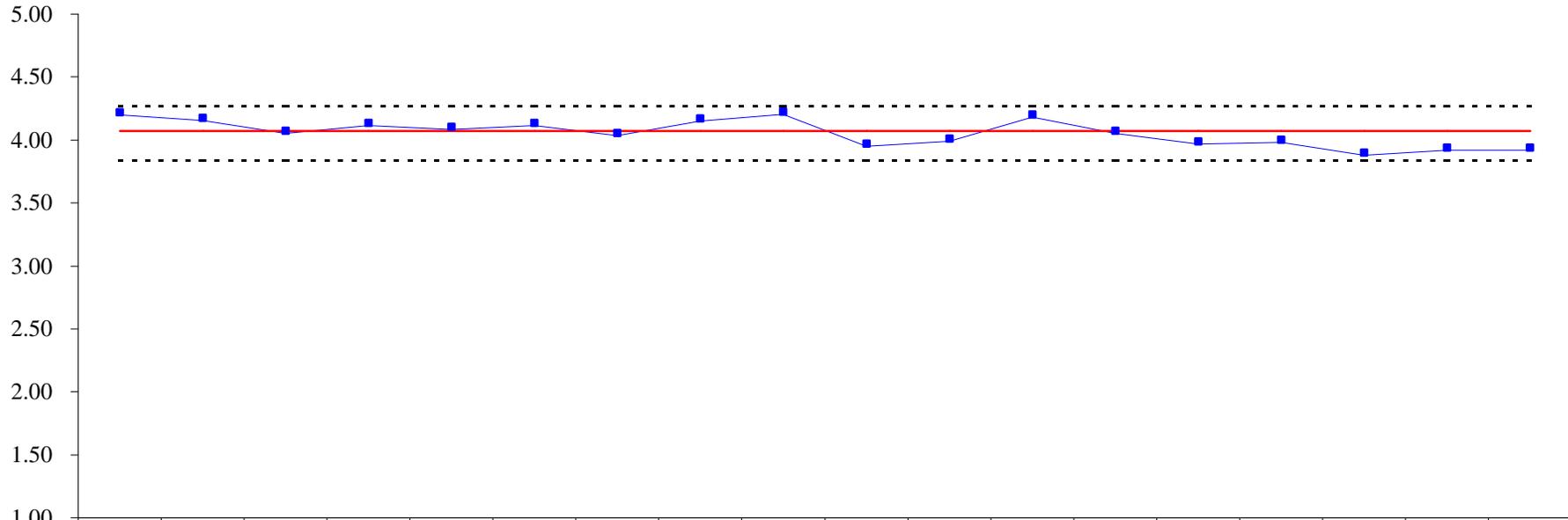
Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
El Paso Psychiatric Center

Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ³3.60)



Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Kerrville State Hospital

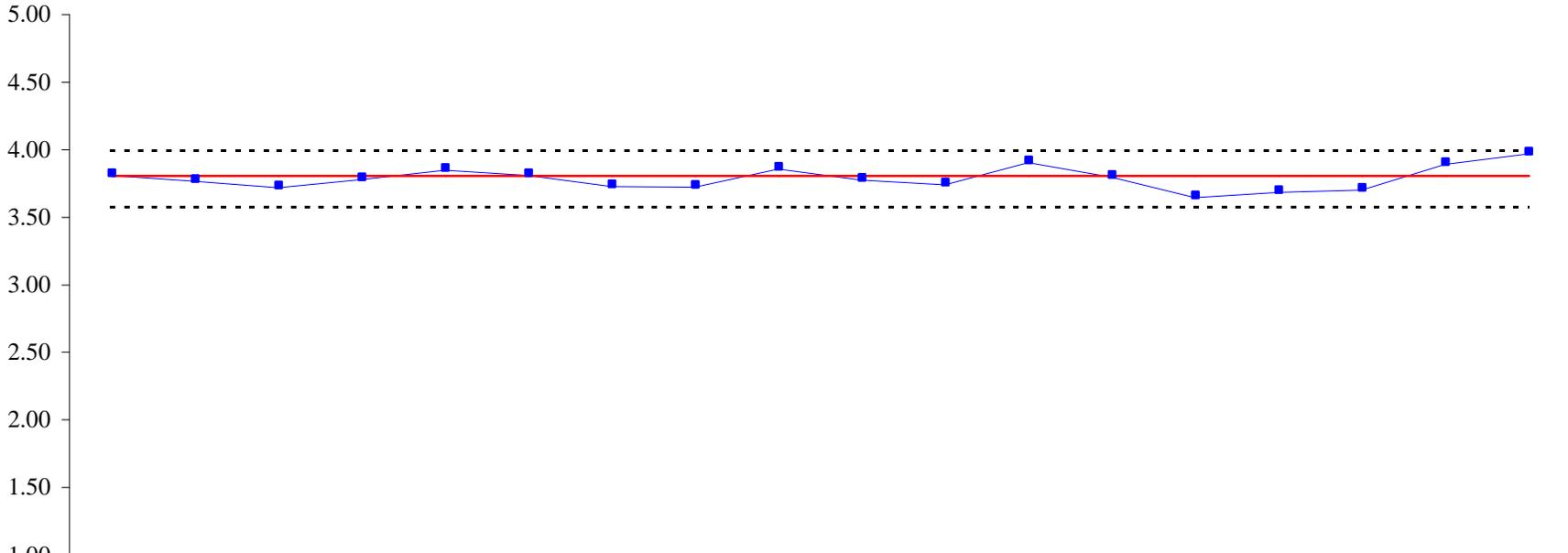
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score \approx 3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	4.20	4.15	4.05	4.12	4.08	4.11	4.03	4.15	4.20	3.95	3.99	4.18	4.05	3.97	3.98	3.88	3.92	3.92
Surveys	17	26	37	26	18	12	16	19	15	20	14	12	28	25	25	14	17	36
Discharges	52	52	64	49	34	47	38	45	43	50	62	39	52	56	68	60	60	54
% Sampled	33%	50%	58%	53%	53%	26%	42%	42%	35%	40%	23%	31%	54%	45%	37%	23%	28%	67%
- - - - - UCL	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27	4.27
— Avg	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05	4.05
- - - - - LCL	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
North Texas State Hospital

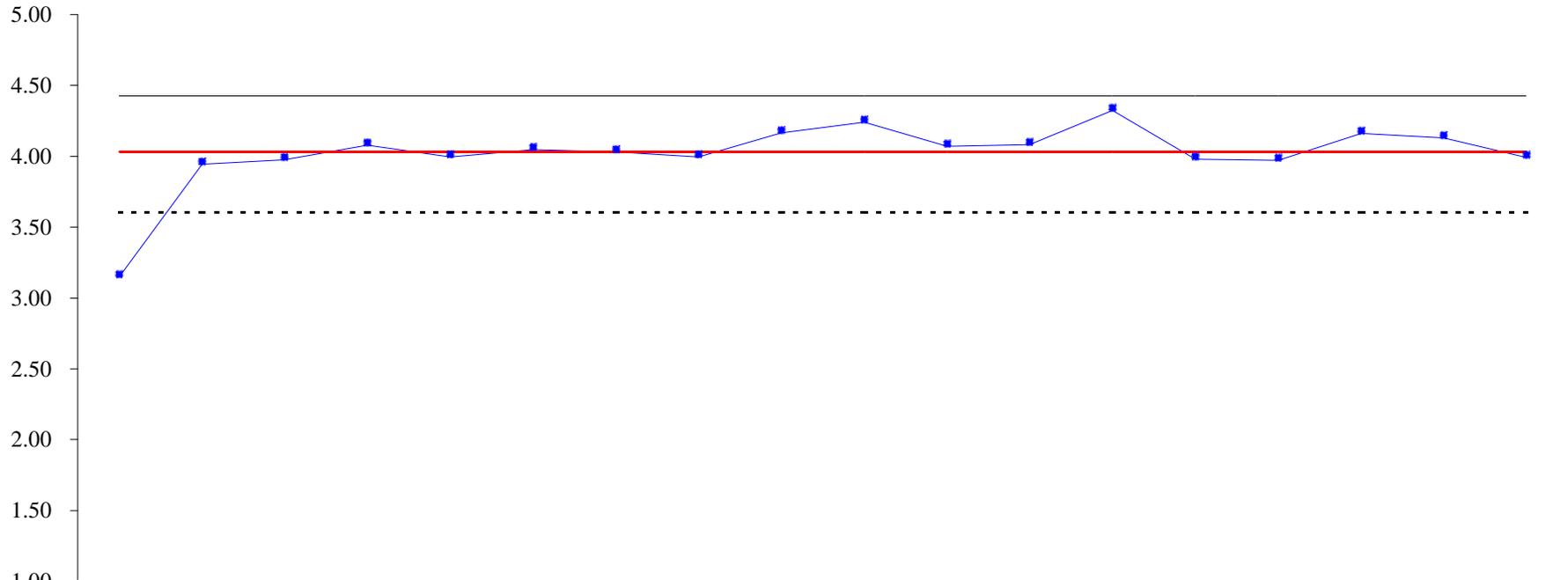
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ≈3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.81	3.77	3.72	3.78	3.85	3.81	3.73	3.72	3.86	3.78	3.74	3.90	3.79	3.65	3.69	3.70	3.89	3.97
Surveys	97	110	133	105	133	102	116	116	99	130	113	118	108	119	124	94	107	106
Discharges	207	254	243	203	262	201	189	232	198	246	241	240	198	222	232	205	242	193
% Sampled	47%	43%	55%	52%	51%	51%	61%	50%	50%	53%	47%	49%	55%	54%	53%	46%	44%	55%
- - - - - UCL	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
— Avg	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79	3.79
- - - - - LCL	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58	3.58

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rio Grande State Center

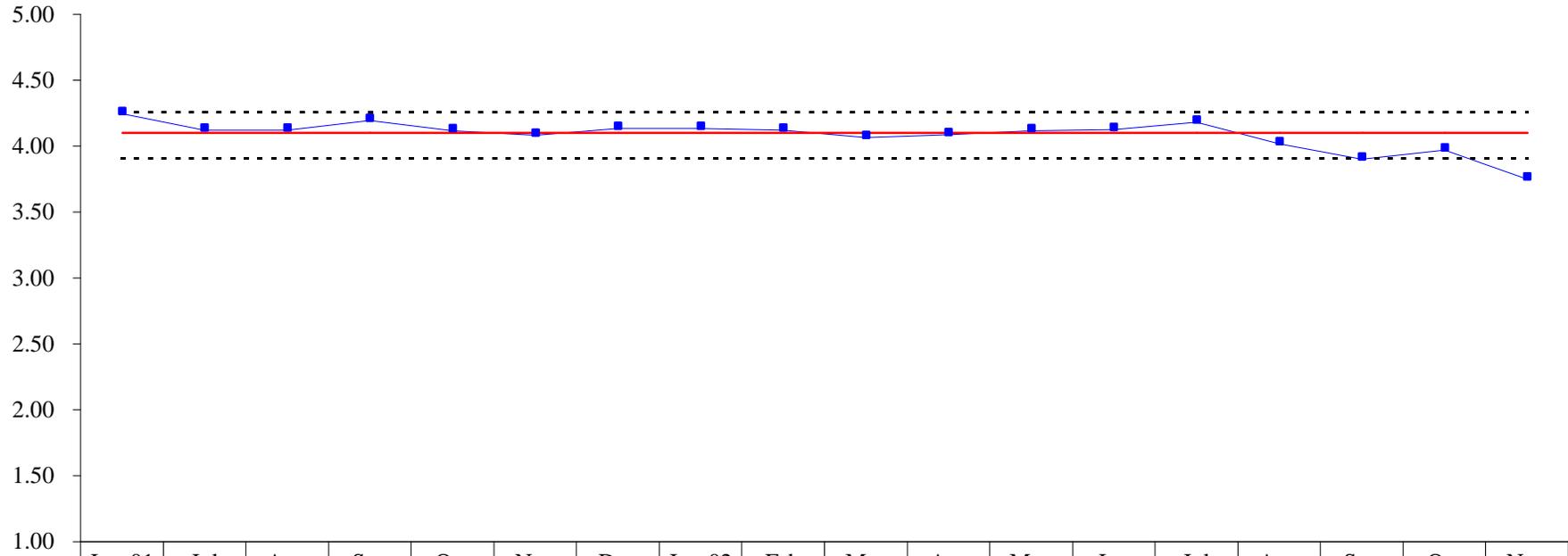
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score = 3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.15	3.94	3.98	4.08	4.00	4.05	4.03	4.00	4.17	4.24	4.07	4.08	4.32	3.98	3.97	4.16	4.13	3.99
Surveys	37	62	69	50	61	69	60	77	28	69	74	61	41	16	76	51	63	59
Discharges	118	102	134	127	129	129	91	96	89	108	114	117	87	87	112	87	103	100
— UCL	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42	4.42
— Avg	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
- - - - LCL	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rusk State Hospital

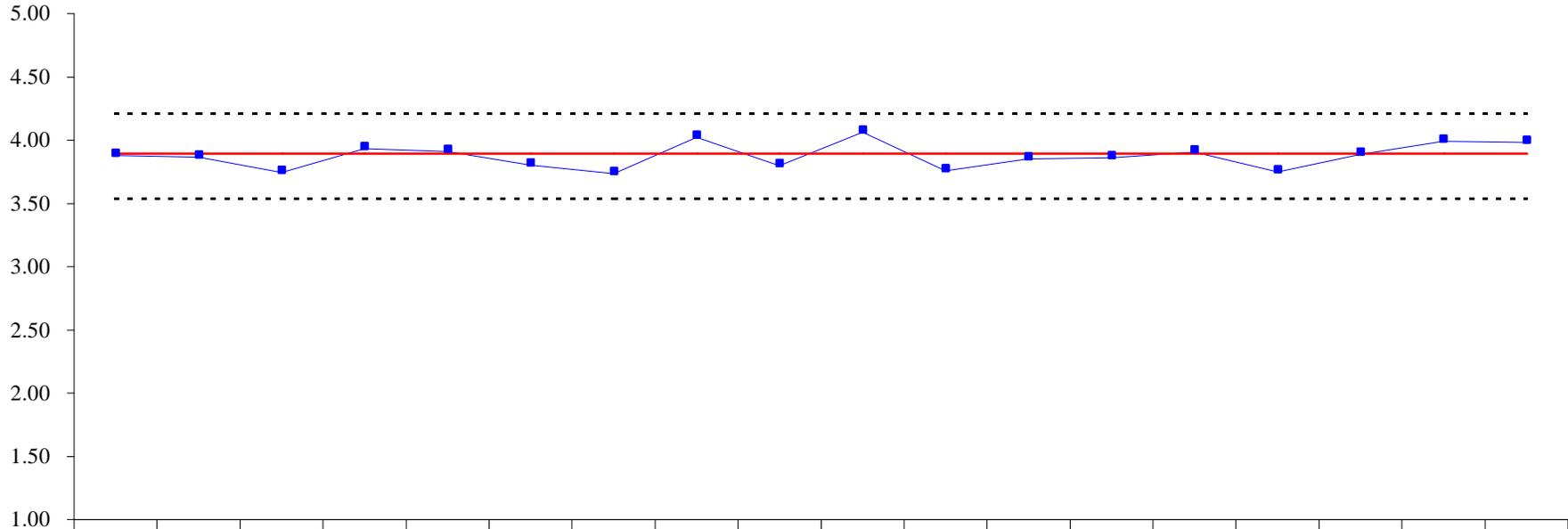
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ^s3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Score	4.25	4.12	4.12	4.20	4.12	4.08	4.13	4.14	4.12	4.06	4.09	4.12	4.13	4.18	4.02	3.90	3.97	3.75
Surveys	40	40	50	50	44	45	34	40	59	51	48	65	63	49	39	98	109	49
Discharges	168	184	220	210	201	155	136	170	135	162	209	204	158	187	178	176	198	154
% Sampled	24%	22%	23%	24%	22%	29%	25%	24%	44%	31%	23%	32%	40%	26%	22%	56%	55%	32%
UCL	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26	4.26
Avg	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08	4.08
LCL	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91	3.91

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
San Antonio State Hospital

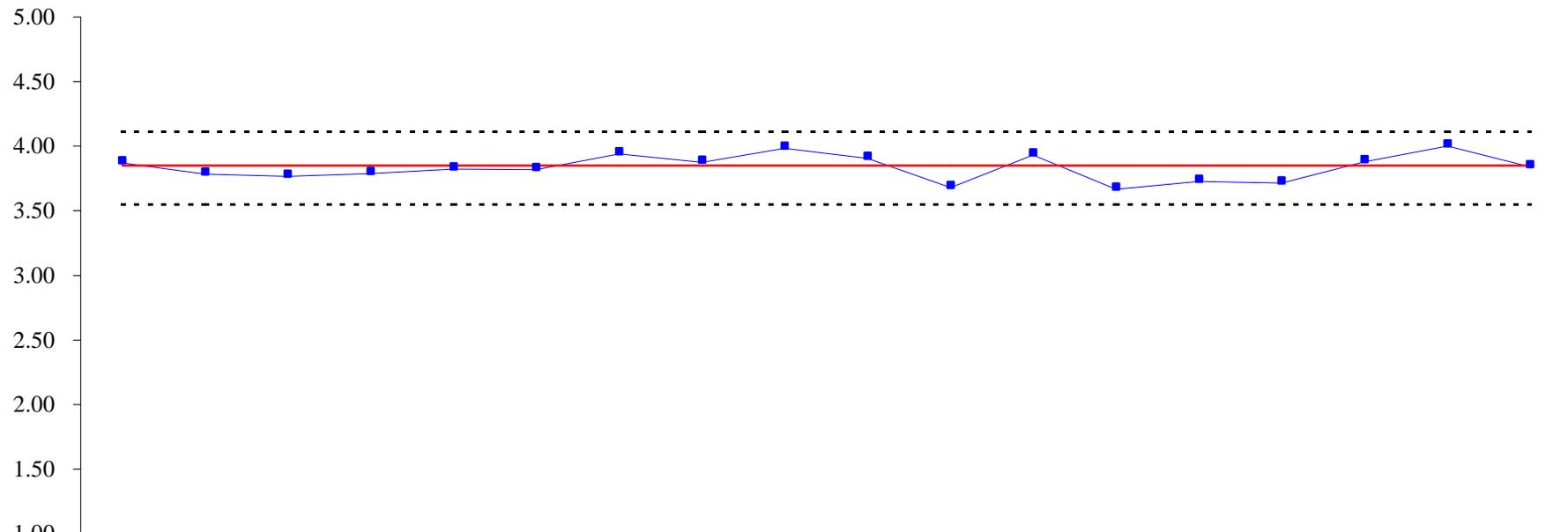
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ³3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.88	3.87	3.75	3.93	3.91	3.80	3.73	4.02	3.80	4.06	3.76	3.85	3.86	3.91	3.75	3.89	3.99	3.98
Surveys	128	95	54	87	67	73	45	74	80	92	129	115	86	70	66	110	103	79
Discharges	221	277	325	239	247	247	232	251	216	275	300	301	239	238	307	251	287	190
% Sampled	58%	34%	17%	36%	27%	30%	19%	29%	37%	33%	43%	38%	36%	29%	21%	44%	36%	42%
----- UCL	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21	4.21
— Avg	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87	3.87
----- LCL	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54	3.54

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Terrell State Hospital

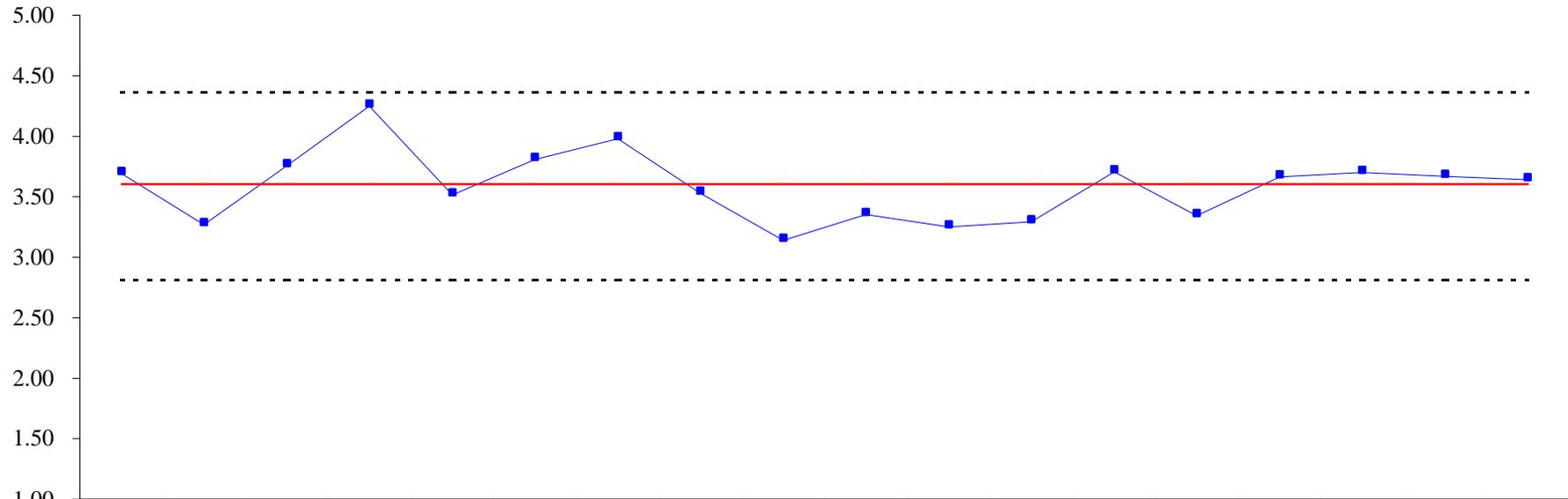
Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score ≈3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
■ Score	3.87	3.78	3.77	3.79	3.82	3.82	3.94	3.88	3.98	3.90	3.68	3.93	3.67	3.73	3.71	3.88	4.00	3.84
Surveys	135	135	96	118	137	102	117	152	104	160	136	121	107	116	103	131	95	112
Discharges	203	204	230	234	229	179	173	211	193	234	215	227	192	225	224	229	226	181
% Sampled	67%	66%	42%	50%	60%	57%	68%	72%	54%	68%	63%	53%	56%	52%	46%	57%	42%	62%
----- UCL	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11	4.11
— Avg	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83	3.83
----- LCL	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55	3.55

Objective 8B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Waco Center for Youth

Adults & Adolescents will be Satisfied with Care
(FY2003 Expectation is Average Score [≈]3.60)



	Jun-01	Jul	Aug	Sep	Oct	Nov	Dec	Jan-02	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—■— Score	3.69	3.27	3.76	4.25	3.52	3.81	3.98	3.53	3.14	3.35	3.25	3.29	3.71	3.34	3.67	3.70	3.67	3.64
Surveys	10	8	10	5	3	7	11	3	10	10	4	9	11	6	14	5	2	5
Discharges	12	17	11	7	3	11	12	11	17	15	9	11	16	11	22	9	9	6
% Sampled	83%	47%	91%	71%	100%	64%	92%	27%	59%	67%	44%	82%	69%	55%	64%	56%	22%	83%
- - - - - UCL	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36	4.36
— Avg	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59	3.59
- - - - - LCL	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81	2.81

*WCFY - Adolescent Surveys Only

Performance Objective 8D: Biennial assessments will be conducted using established criteria and improvement opportunities identified by each state mental health facility.

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

First Quarter

Vocational Services

Budget

Second Quarter

Human Resources

Third Quarter

Consumer Monies

Fixed Assets

Reimbursement

Fourth Quarter

Community Relations

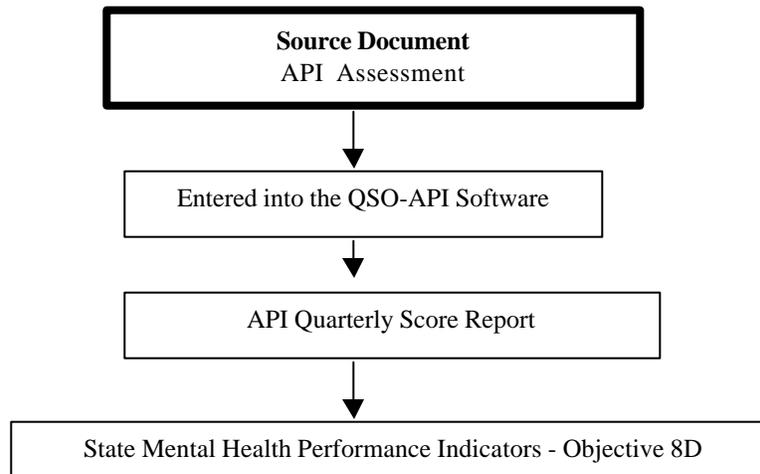
Food Service

Performance Objective Formula: Compliance scores for each instrument are computed as follows:
[(# of yes + # of no with justification) / (# of items - # of NA - Contract Facility)] x 100

Performance Objective Data Display and Chart Description:

Table shows the assessment score for individual facilities and system-wide.

Data Flow:



Data Integrity Review Process:

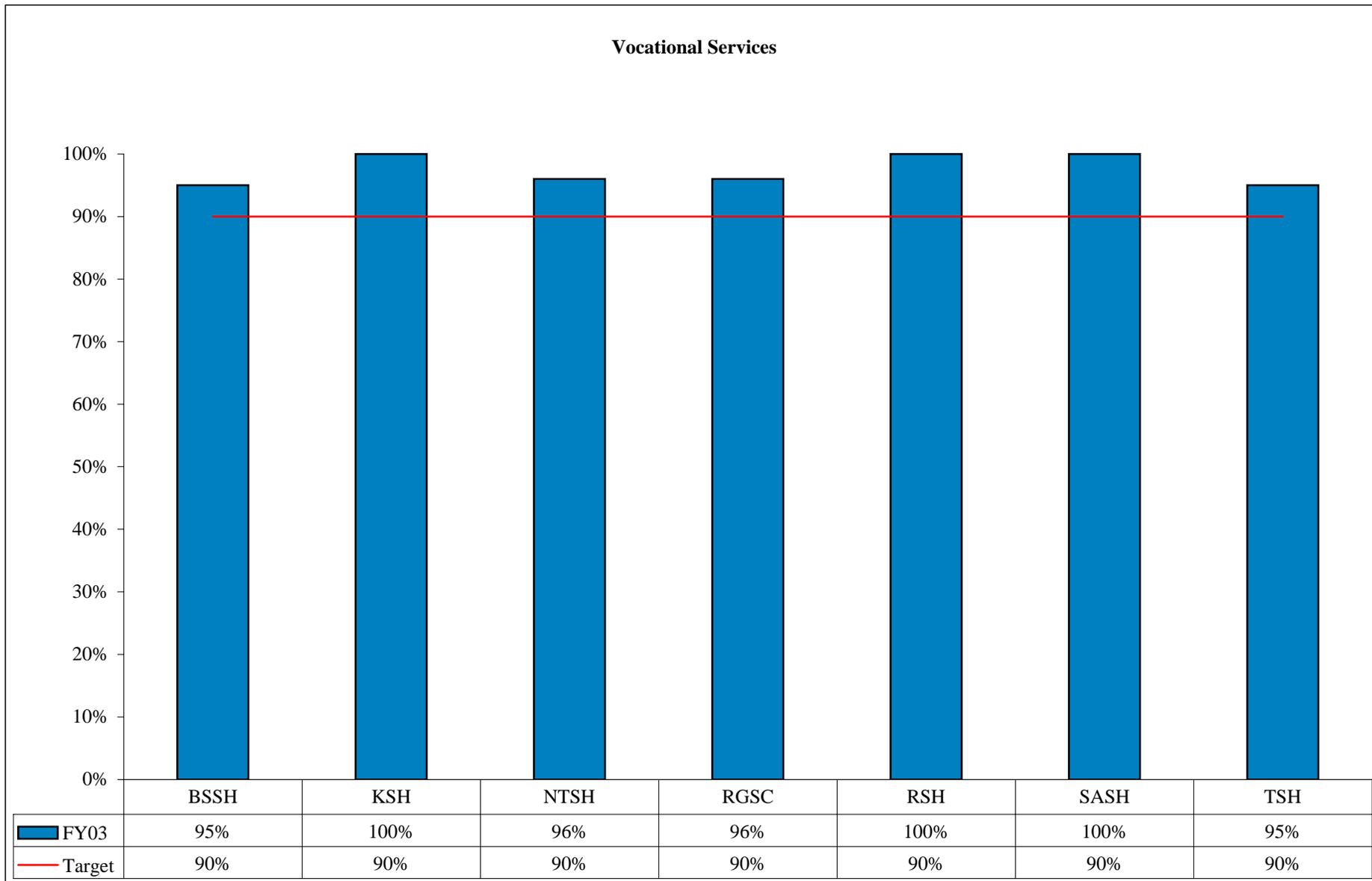
All API related GBPMs are reviewed by the API External validation process.

Objective 8D - Administrative Performance Indicators
All MH Facilities - FY2003

	Q1		Q2	Q3			Q4	
	Vocational Services	Budgeting	Human Resources	Consumer Monies	Fixed Assets	Reimbursement	Community Relations	Food Services
Compliance Target	90%	91%						
MH Totals	97%	99%						
Austin State Hospital	N/A	100%						
Big Spring State Hospital	95%	93%						
El Paso Psychiatric Center	*	*						
Kerrville State Hospital	100%	100%						
North Texas State Hospital	96%	100%						
Rio Grande State Center	96%	100%						
Rusk State Hospital	100%	100%						
San Antonio State Hospital	100%	100%						
Terrell State Hospital	95%	100%						
Waco Center For Youth	N/A	100%						

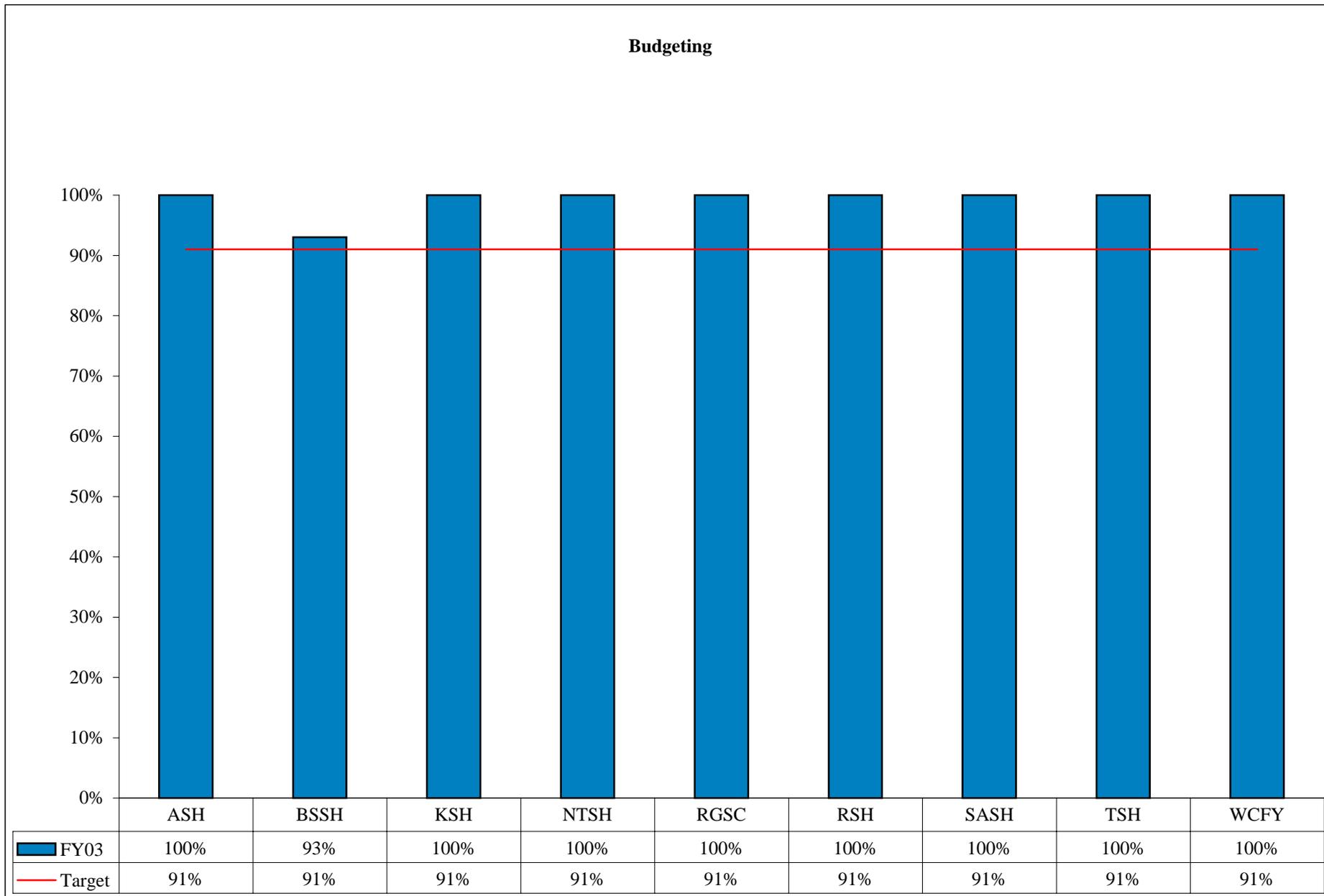
* EPPC - exempted FY 2003 (API audits the previous year)

Objective 8D - Administrative Performance Indicators
All MH Facilities
Vocational Services



ASH and WCFY do not have vocational programs.

Objective 8D - Administrative Performance Indicators
All MH Facilities
Budgeting



Performance Measure 8A: Each state mental health facilities will meet the HUB Performance Goals in an applicable expenditure category.

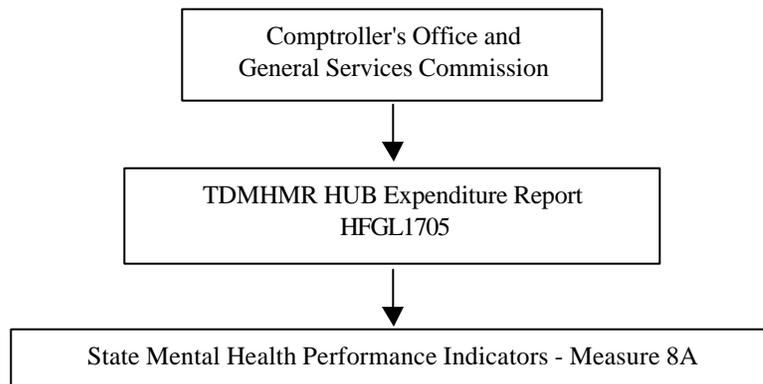
Performance Measure Operational Definition: TDMHMR as an agency must meet the following applicable statutory goals: heavy construction, 6.6%; building construction, 25.1%; special trade, 47.0%; professional services, 18.1%; other services, 33.0%; commodities, 11.5%.

Performance Measure Formula: It reflects all expenditures by object code by facility as captured by the Comptroller's Office. Vendor ID numbers from the Comptroller's expenditure tapes are matched against the certified HUB vendor listing maintained by the General Services Commission (GSC) to produce proportion paid to HUBs by object code.

Performance Measure Data Display and Chart Description:

Bar chart with FYTD data of total expenditures, total adjusted HUB amount, actual percent and goal percent for each category for individual facilities and system-wide.

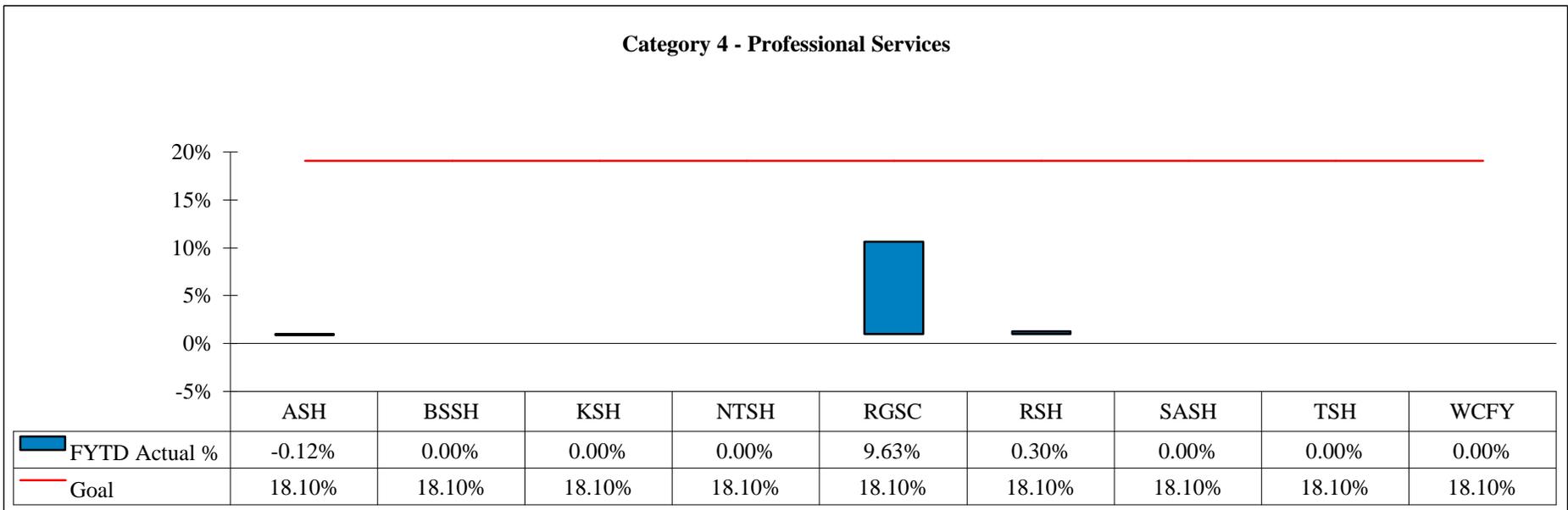
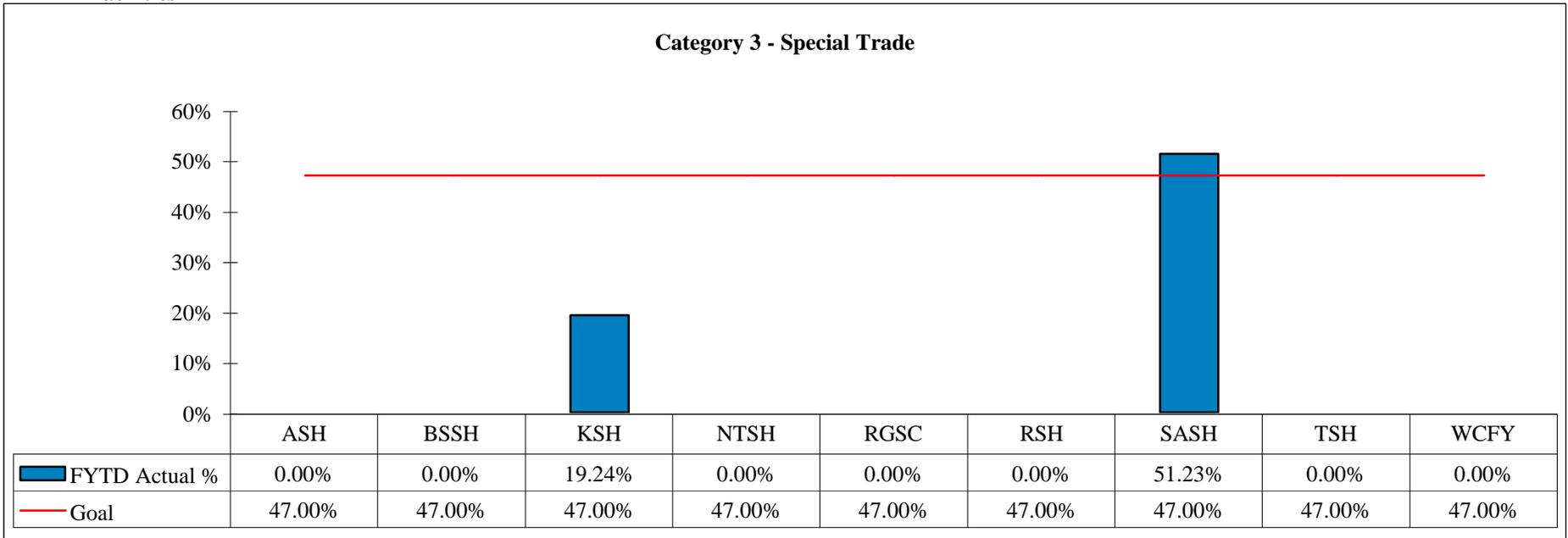
Data Flow:



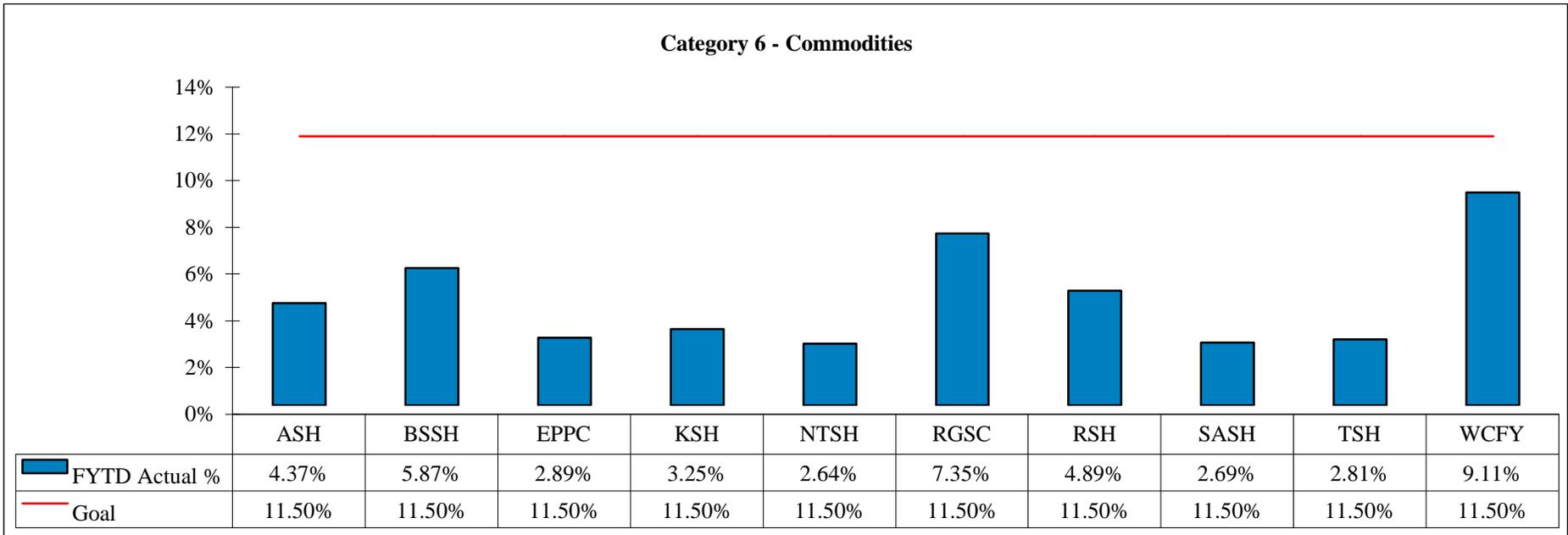
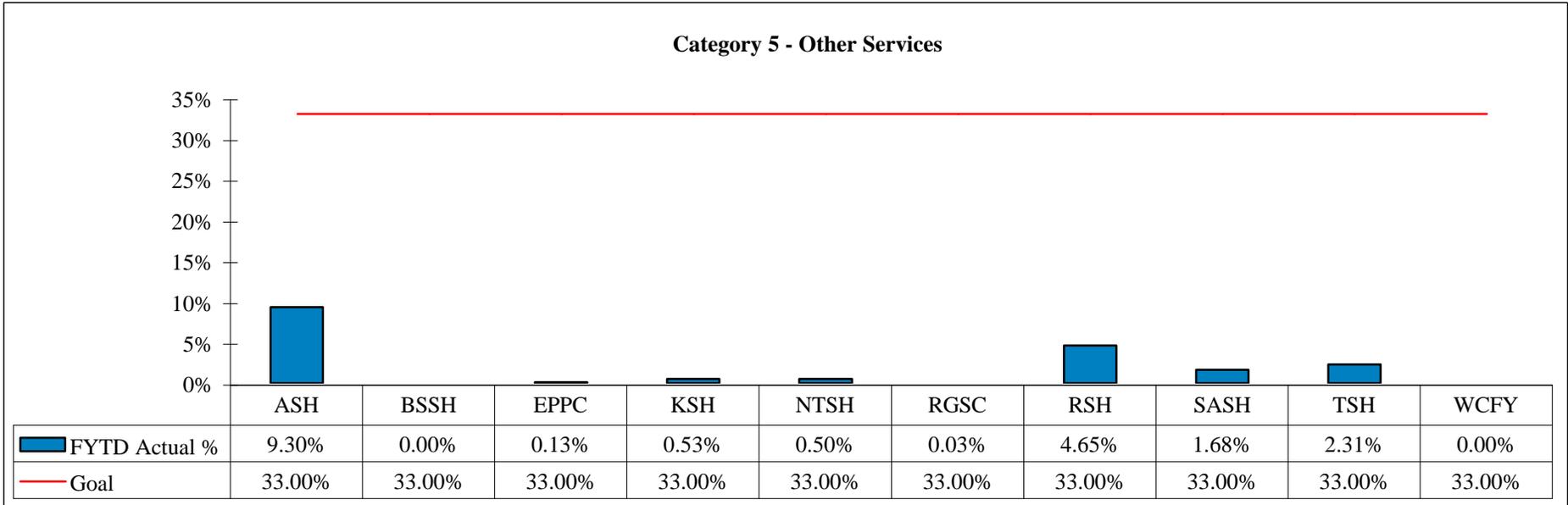
Data Integrity Review Process:

HUB performance data is not subject to data integrity review.

Measure 8A - HUB Purchasing
All MH Facilities



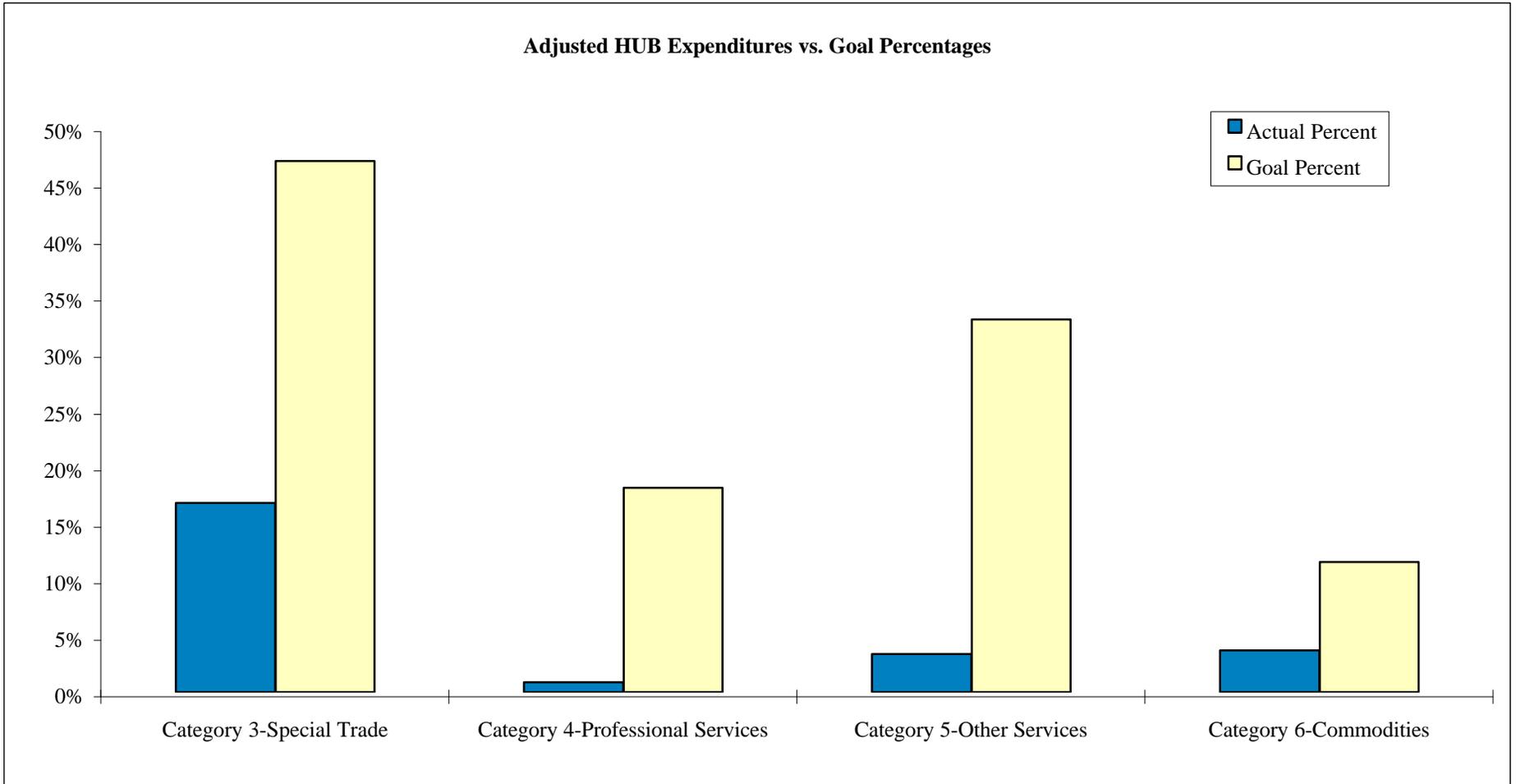
Measure 8A - HUB Purchasing
All MH Facilities



Measure 8A - HUB Purchasing
All MH Facilities

Q1 2003 FYTD Totals

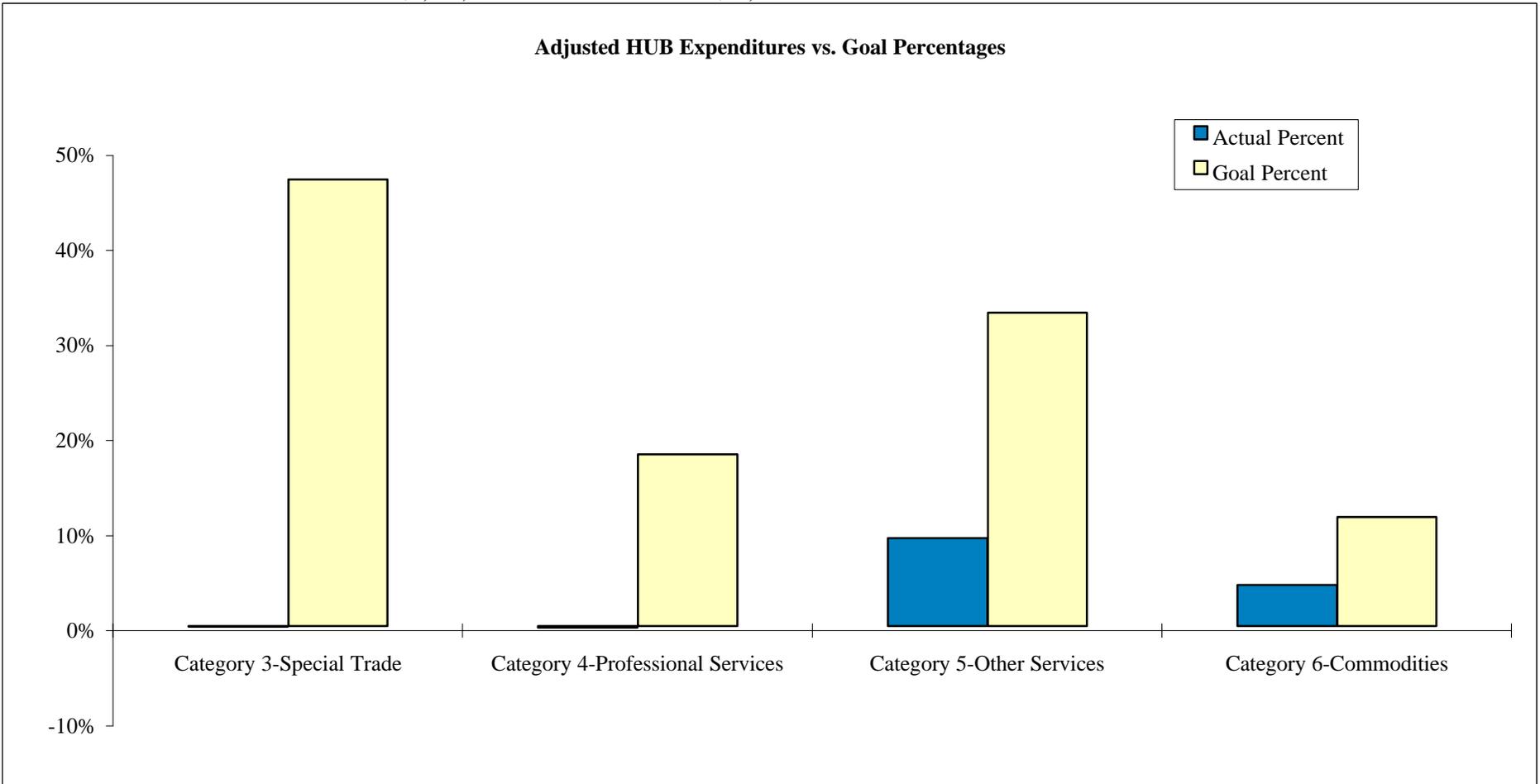
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$102,920	\$17,250	16.76%	47.00%
Category 4-Professional Services	\$1,915,929	\$17,030	0.89%	18.10%
Category 5-Other Services	\$582,857	\$19,565	3.36%	33.00%
Category 6-Commodities	\$8,015,190	\$295,490	3.69%	11.50%
Total	\$10,616,896	\$349,334	3.29%	



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

Q1 2003 FYTD Totals

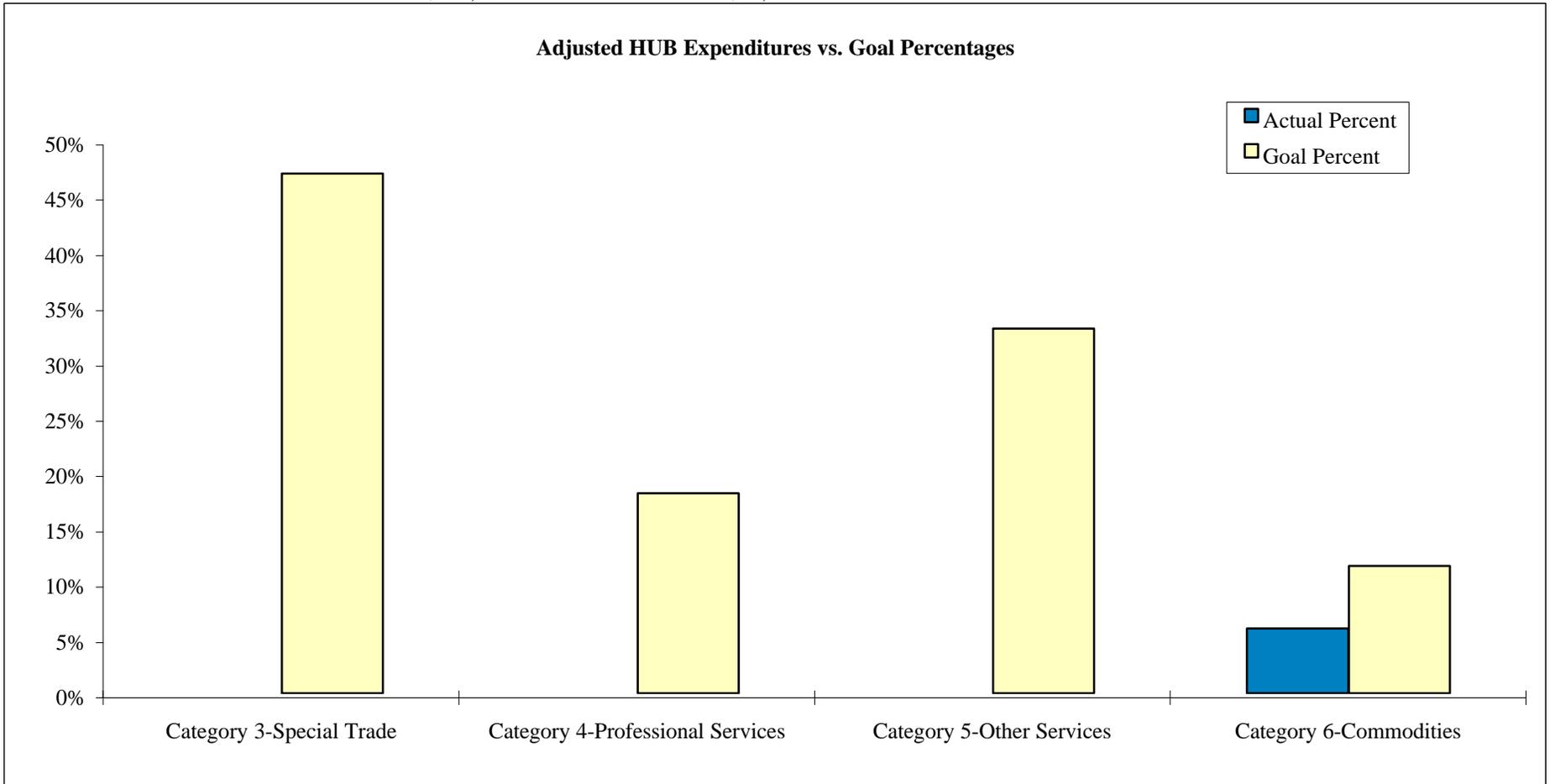
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$2,503	\$0	0.00%	47.00%
Category 4-Professional Services	\$171,243	-\$207	-0.12%	18.10%
Category 5-Other Services	\$151,240	\$14,060	9.30%	33.00%
Category 6-Commodities	\$1,093,374	\$47,767	4.37%	11.50%
Total	\$1,418,360	\$61,619	4.34%	



Measure 8A - HUB Purchasing
Big Spring State Hospital

Q1 2003 FYTD Totals

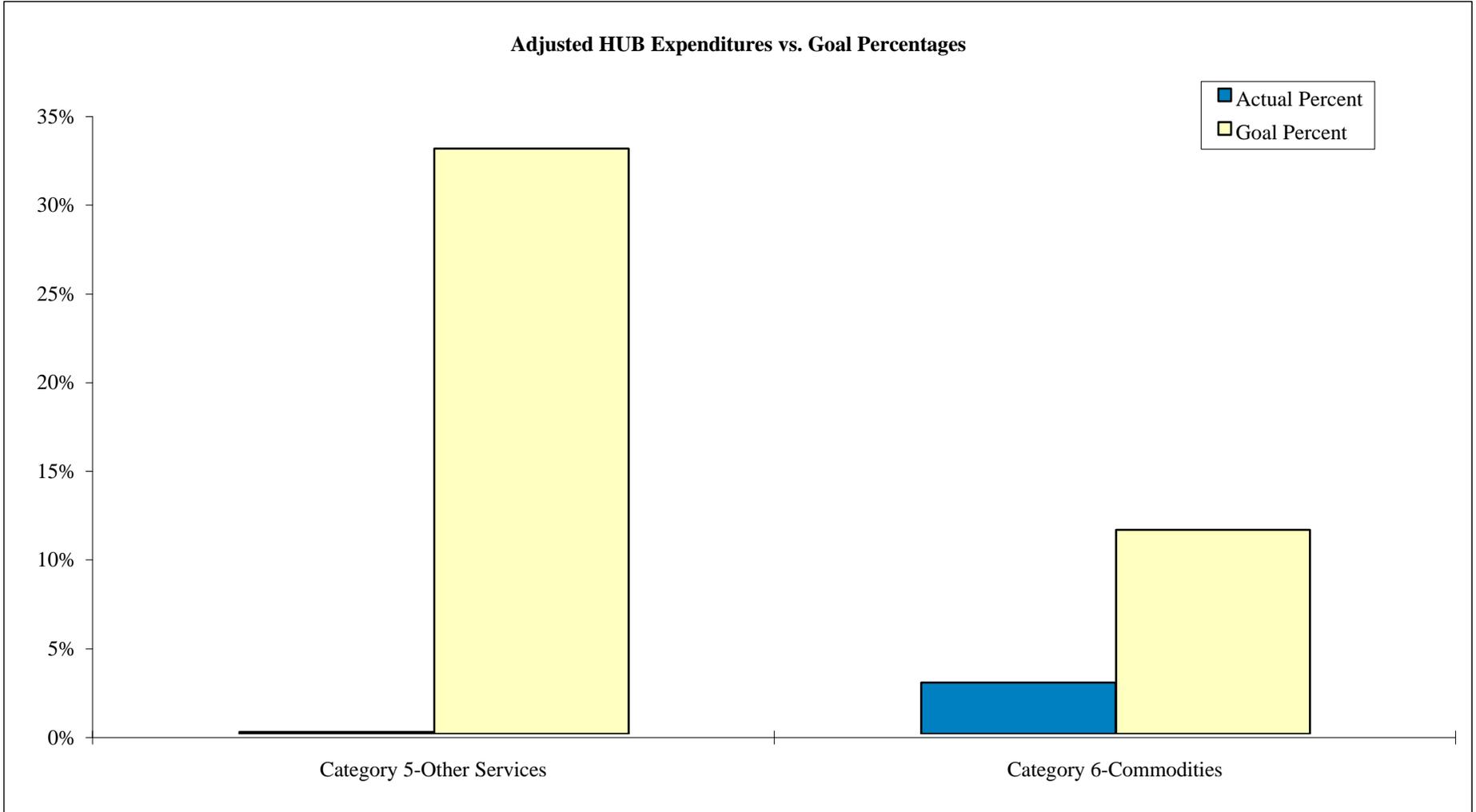
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$35,547	\$0	0.00%	47.00%
Category 4-Professional Services	\$231,497	\$0	0.00%	18.10%
Category 5-Other Services	\$36,865	\$0	0.00%	33.00%
Category 6-Commodities	\$537,441	\$31,540	5.87%	11.50%
Total	\$841,349	\$31,540	3.75%	



Measure 8A - HUB Purchasing
El Paso Psychiatric Center

Q1 2003 FYTD Totals

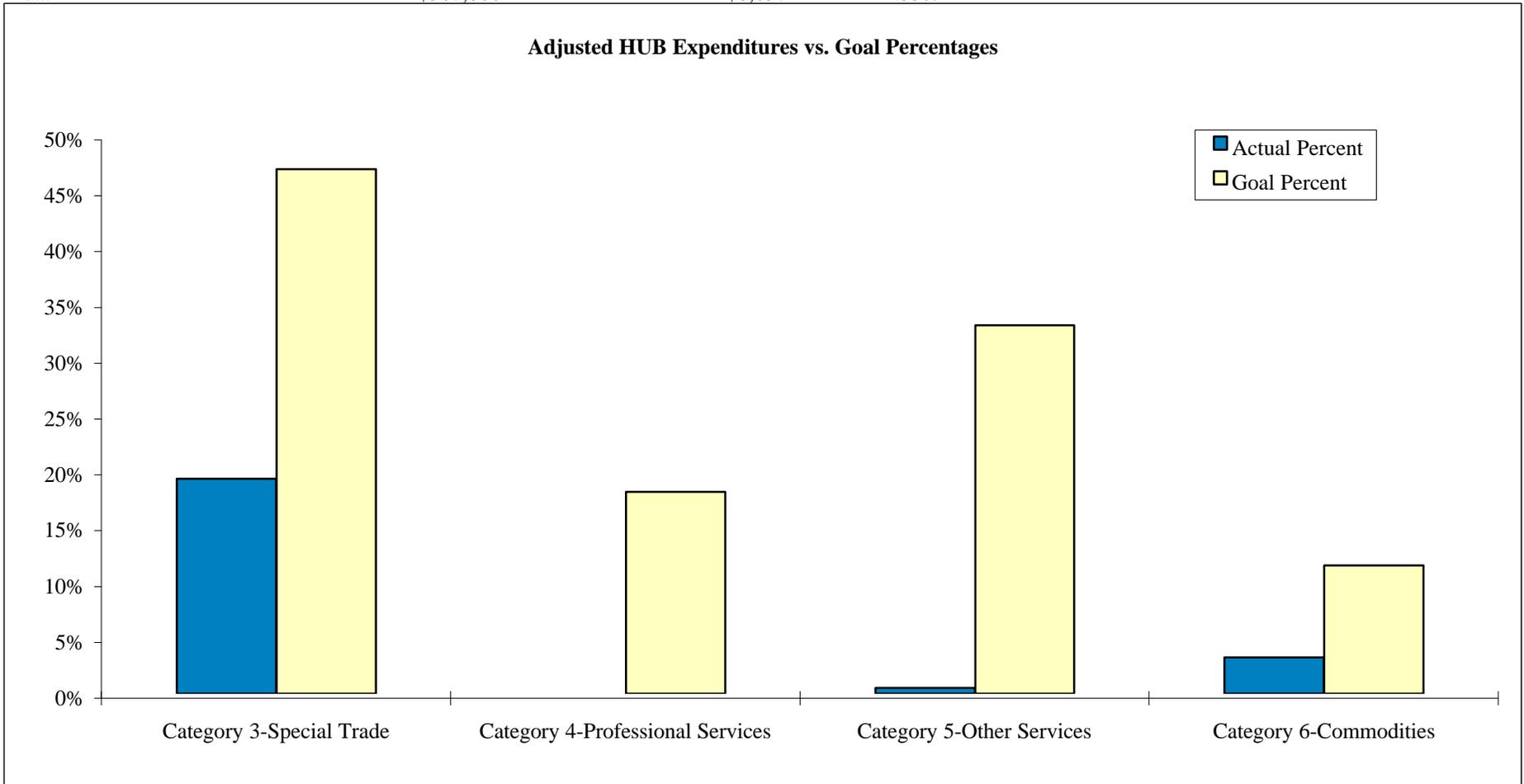
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 5-Other Services	\$6,479	\$8	0.13%	33.00%
Category 6-Commodities	\$64,457	\$1,864	2.89%	11.50%
Total	\$70,936	\$1,872	2.64%	



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

Q1 2003 FYTD Totals

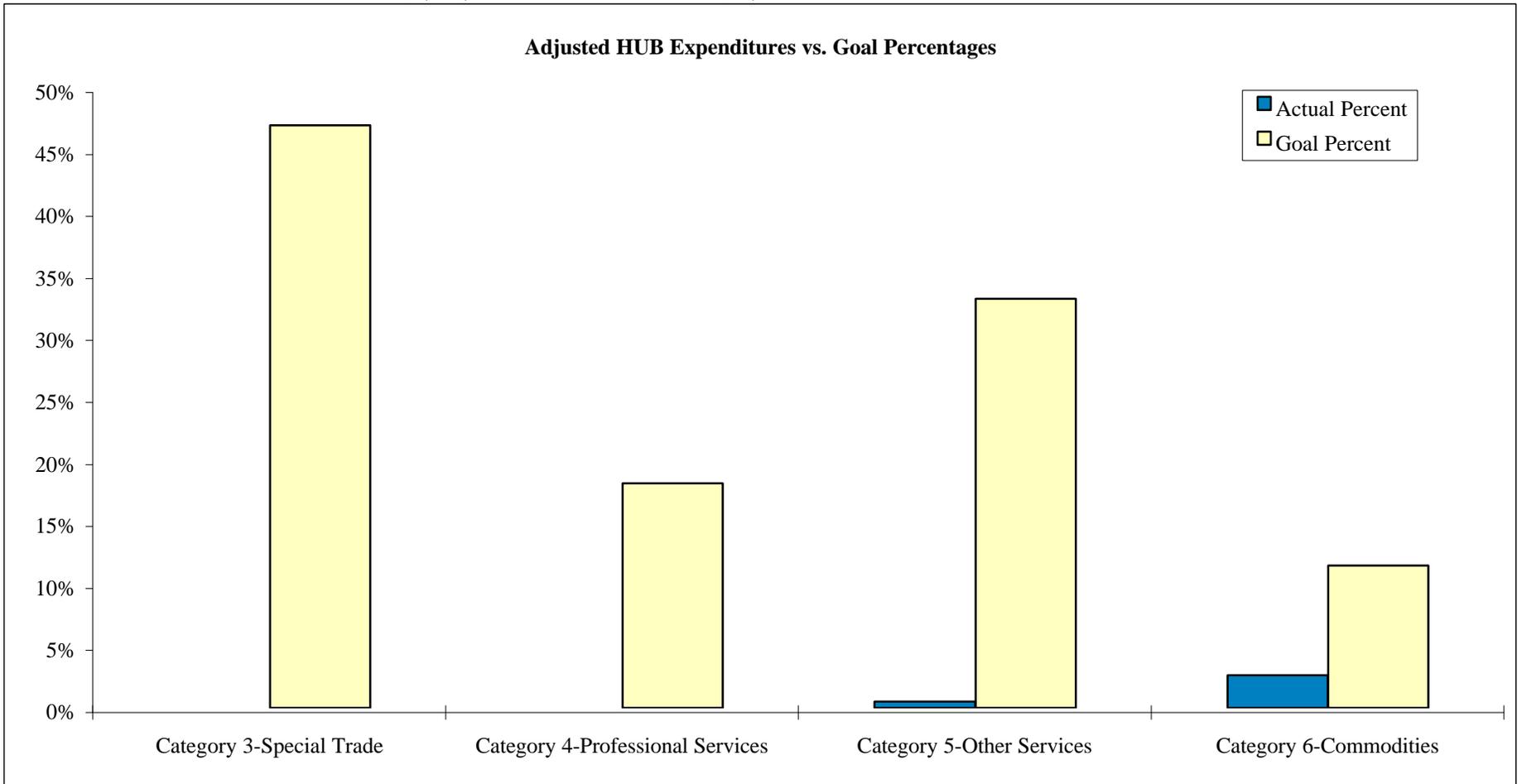
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$10,548	\$2,030	19.24%	47.00%
Category 4-Professional Services	\$130,747	\$0	0.00%	18.10%
Category 5-Other Services	\$27,136	\$144	0.53%	33.00%
Category 6-Commodities	\$199,434	\$6,483	3.25%	11.50%
Total	\$367,866	\$8,657	2.35%	



Measure 8A - HUB Purchasing
North Texas State Hospital

Q1 2003 FYTD Totals

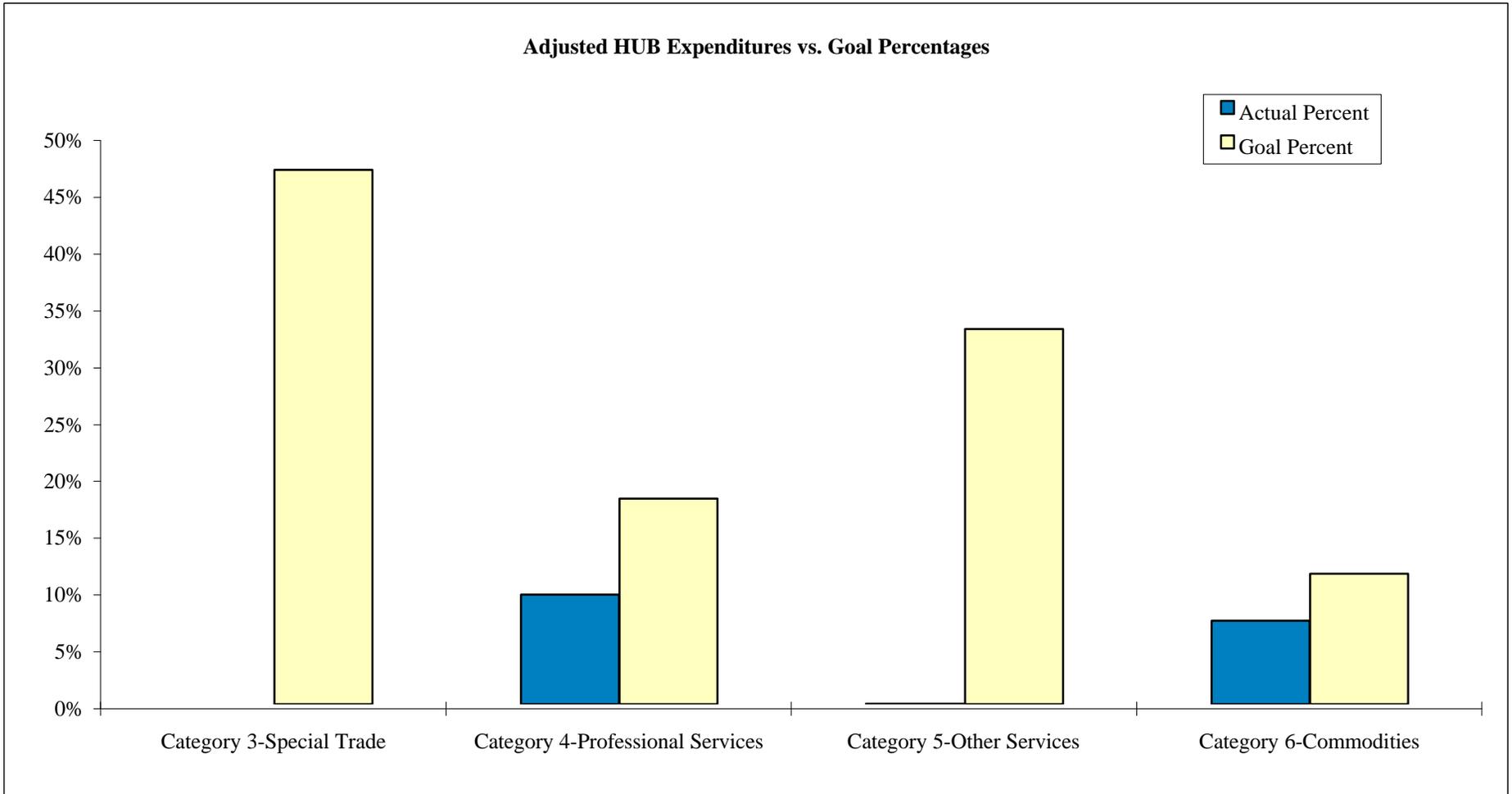
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$3,260	\$0	0.00%	47.00%
Category 4-Professional Services	\$140,302	\$0	0.00%	18.10%
Category 5-Other Services	\$89,350	\$448	0.50%	33.00%
Category 6-Commodities	\$1,902,140	\$50,290	2.64%	11.50%
Total	\$2,135,052	\$50,737	2.38%	



Measure 8A - HUB Purchasing
Rio Grande State Center

Q1 2003 FYTD Totals

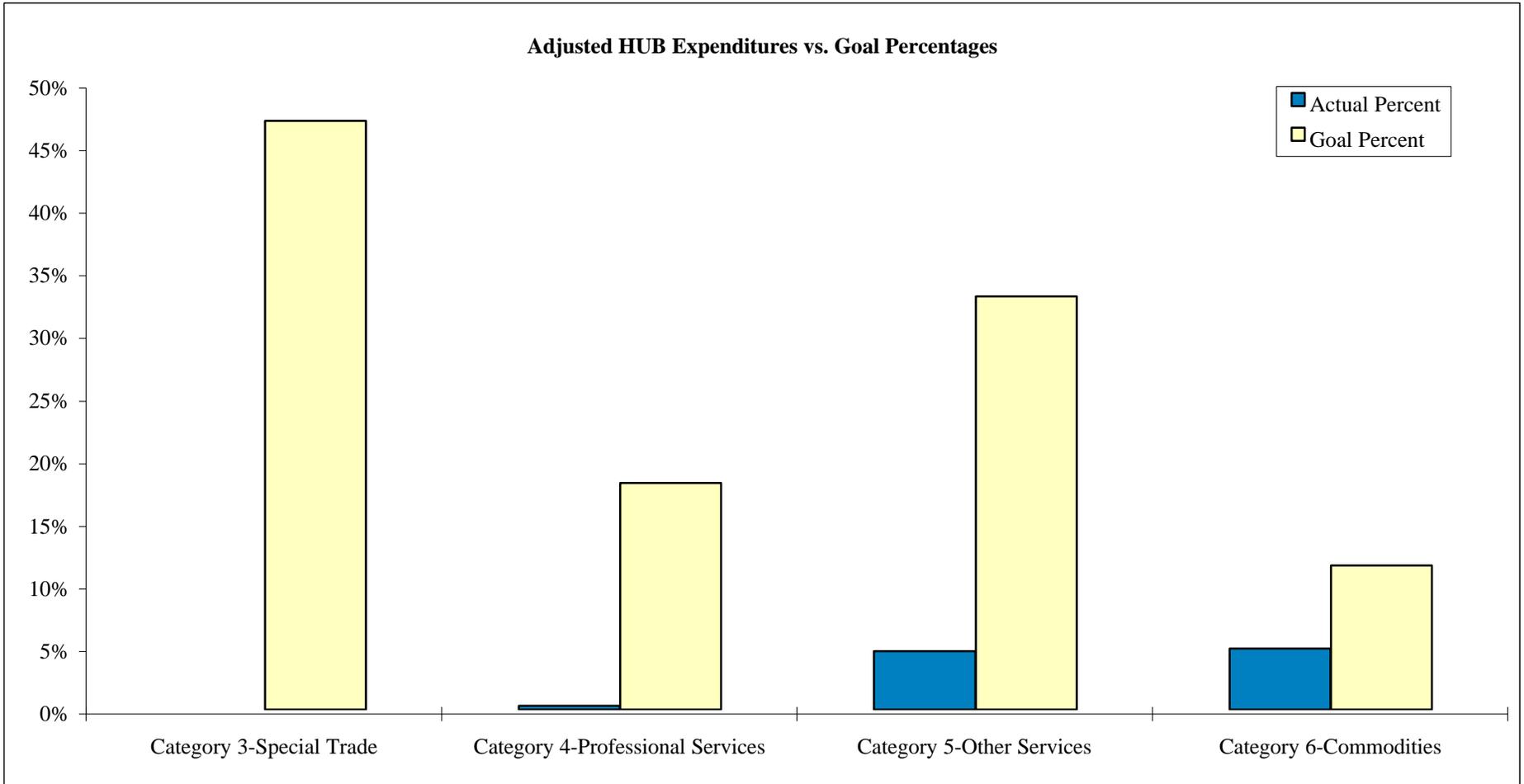
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$7,414	\$0	0.00%	47.00%
Category 4-Professional Services	\$169,467	\$16,312	9.63%	18.10%
Category 5-Other Services	\$56,996	\$20	0.03%	33.00%
Category 6-Commodities	\$261,921	\$19,263	7.35%	11.50%
Total	\$495,799	\$35,595	7.18%	



Measure 8A - HUB Purchasing
Rusk State Hospital

Q1 2003 FYTD Totals

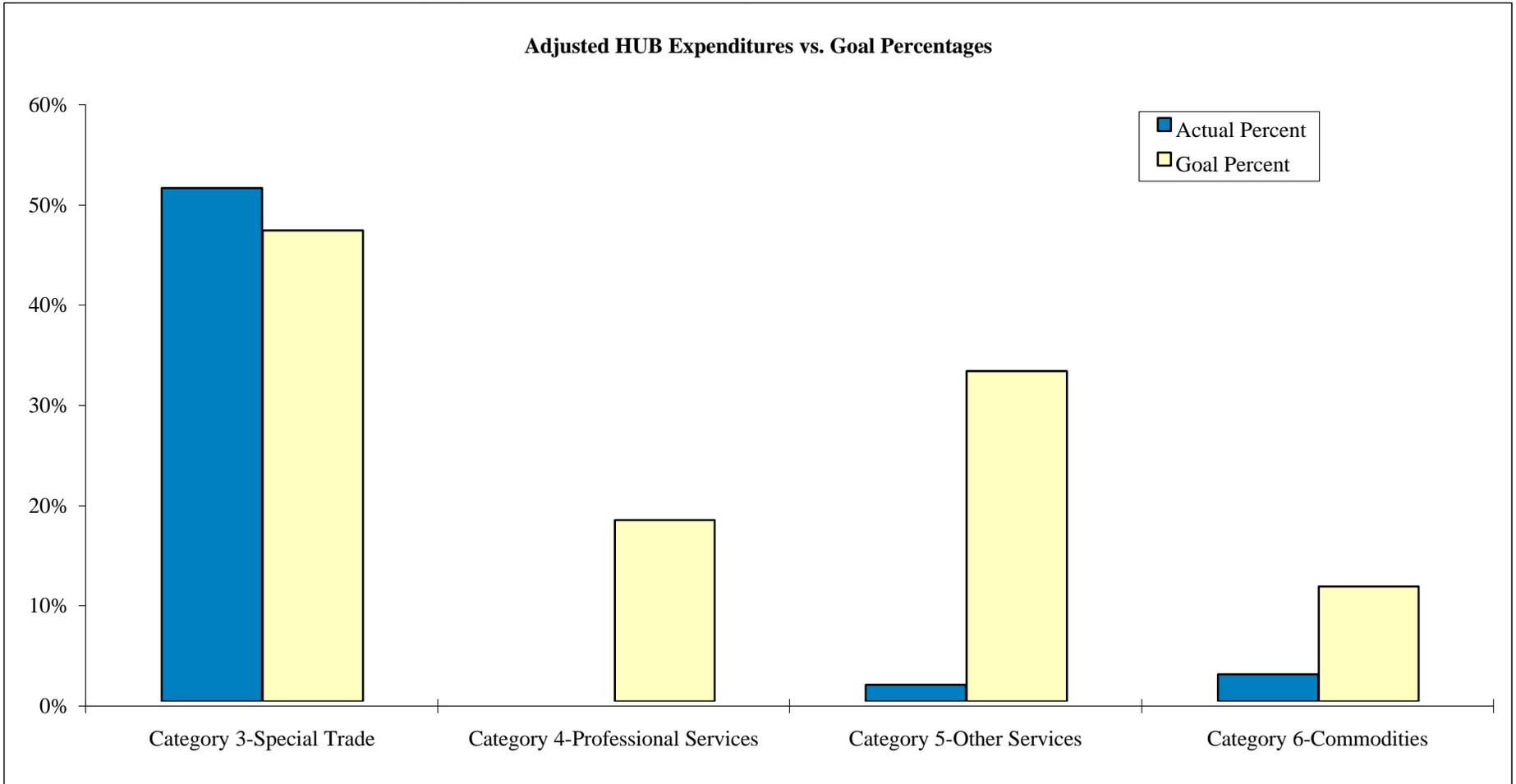
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$3,725	\$0	0.00%	47.00%
Category 4-Professional Services	\$307,694	\$925	0.30%	18.10%
Category 5-Other Services	\$37,628	\$1,751	4.65%	33.00%
Category 6-Commodities	\$954,885	\$46,681	4.89%	11.50%
Total	\$1,303,932	\$49,356	3.79%	



Measure 8A - HUB Purchasing
San Antonio State Hospital

Q1 2003 FYTD Totals

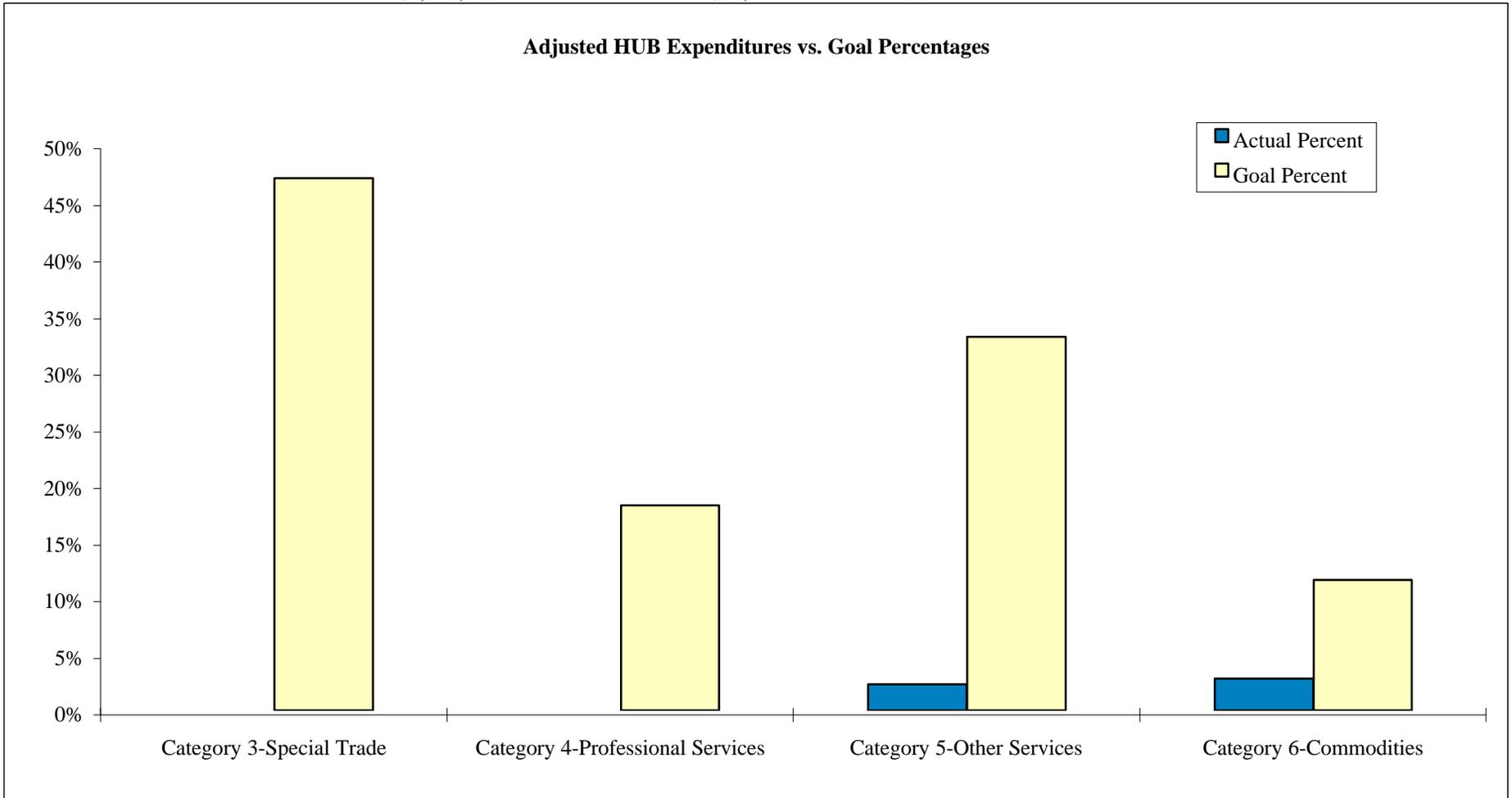
	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$29,710	\$15,220	51.23%	47.00%
Category 4-Professional Services	\$611,087	\$0	0.00%	18.10%
Category 5-Other Services	\$94,823	\$1,594	1.68%	33.00%
Category 6-Commodities	\$1,816,194	\$48,901	2.69%	11.50%
Total	\$2,551,814	\$65,714	2.58%	



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

Q1 2003 FYTD Totals

	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$6,223	\$0	0.00%	47.00%
Category 4-Professional Services	\$138,411	\$0	0.00%	18.10%
Category 5-Other Services	\$66,664	\$1,542	2.31%	33.00%
Category 6-Commodities	\$1,036,865	\$29,175	2.81%	11.50%
Total	\$1,248,163	\$30,717	2.46%	



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

Q1 2003 FYTD Totals

	Total Expenditures	Total Adjusted HUB Amount	Actual Percent	Goal Percent
Category 3-Special Trade	\$3,990	\$0	0.00%	47.00%
Category 4-Professional Services	\$15,482	\$0	0.00%	18.10%
	\$15,674	\$0	0.00%	33.00%
Category 6-Commodities	\$148,478	\$13,527	9.11%	11.50%
Total	\$183,624	\$13,527	7.37%	

