

## Information Item C

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### I. Adult Services

Measured Semi Annually

#### A. Adult Service Target

1. Explanation: The statewide performance level for the adult service target is 100%.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The total number of Client Months in which a client was authorized in a FLOC.
  - b. Denominator: The target assigned to the contractor times six months.

3. Exclusion(s)/Exception(s): N/A

4. Sanctions and Remedies: Will be based on Contractor's current six month adult MH allocation.

NOTE: LMHAs may contact their assigned contract manager to notify DSHS of any potential impact on the LMHA's ability to meet contractual requirements resulting from a significant change in local funding.

5. Data Source: Clinical Management for Behavioral Health Services (CMBHS) system and Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW).

#### B. Adult Uniform Assessment (UA) Completion Rate

1. Explanation: The percentage of adults served or authorized for services during the six month period with a completed and current Uniform Assessment (UA) shall be  $\geq 95\%$ .
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ .
  - a. Numerator: Total number of adults registered in CARE with a completed UA.
  - b. Denominator: Unduplicated number of adults with a completed UA or a service encounter.

3. Exclusion(s)/Exception(s):

- a. The following are not included in the calculation of this measure:
  - i. Delivery of a [Screening Service](#) or [Assessment Service](#) encounter without a completed UA.
  - ii. 100% of service hours by Third Party Payer as noted by field #12, FIRST\_BILLED\_PAYER\_CD on all encounter records for the month.
  - iii. Individuals without a registration in CARE.

4. Sanctions and Remedies: Will be based on the contractor's current six month adult MH allocation.

5. Data Source: CMBHS system. MBOW report found in the CA Contract Performance Measures folder.

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### C. Adult Counseling Target

1. Explanation: The monthly average of all adults authorized into LOC-2 is greater than or equal to 12% of adults recommended for LOC-2.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The number of adults recommended and authorized into LOC-2 during the fiscal year.
  - b. Denominator: The number of adults recommended for LOC-2 during the fiscal year.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based on the terms included in the PCN Scope of Work or Article VII. of the Local Mental Health Authority Special Conditions.

### D. ACT Target

1. Explanation: The monthly average of all adults recommended for LOC 4 and authorized into LOC-3 or LOC-4 is greater than or equal to 54.0%.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The number of adults recommended for LOC-4 and authorized into LOC-3 or LOC-4 during the fiscal year.
  - b. Denominator: The number of adults recommended for LOC-4 during the fiscal year.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based on the terms included in the PCN Scope of Work or Article VII. of the Local Mental Health Authority Special Conditions.

### E. Resilience and Recovery Outcomes - Adult Mental Health Measures

Measured Semi Annually

#### 1. Employment

- a. Target: The percentage of adults served with an Adult Uniform Assessment Community Data Section 4. B. Paid Employment Type score of 1 (Independent/Competitive/Supported/Self Employment) shall be  $\geq 9.8\%$  per measurement period.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator—The number of adults recommended and authorized for a FLOC with an Adult Uniform Assessment Community Data Section 4. B. Paid Employment Type score of 1.
  - ii. Denominator—All adults recommended and authorized for a FLOC.
- c. Exclusion(s)/Exception(s): Intake Assessments.
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month

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interval.

- e. Data Source: CARE, CMBHS and MBOW

### 2. Adult Community Tenure

- a. Target: The percentage of adults in a FLOC that avoid hospitalization in a DSHS Operated or Contracted Inpatient Bed after authorization into a FLOC shall be  $\geq 96.4\%$  per measurement period.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator—All adults authorized in a FLOC during the measurement period who avoid hospitalization in a DSHS Operated or Contracted Inpatient Bed after authorization into a FLOC.
  - ii. Denominator—All adults authorized in a FLOC during the measurement period.
- c. Exclusion(s)/Exception(s): Crisis Stabilization Units (CSU) - including Hill Country, Extended Observation Units (EOU), Crisis Respite, Crisis Residential and Rusk and Vernon forensic locations. Measurement period is six months.
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS and MBOW.

### 3. Adult Improvement

- a. Target: 20.0% or more of all adults authorized into a FLOC shall show reliable improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Substance Use, Adjustment to Trauma. Reliable Improvement is defined as a calculated value of the Reliable Change Index (RCI) that exceeds a benchmark value of -1.645 in the negative direction (indicating fewer problematic symptoms) over the measurement period.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: Number of adults enrolled in a FLOC meeting or exceeding the RCI in one of the identified ANSA domains/modules whose first and last Uniform Assessments are at least 90 days apart.
  - ii. Denominator: All adults enrolled in a FLOC whose first and last Uniform Assessments, including ANSA domains/modules, are at least 90 days apart.
- d. Exclusion(s)/Exception(s):
- e. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2

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and B.2.3.with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.

f. Data Source: CMBHS and MBOW.

### 5. Adult Monthly Service Provision

- a. Target: The percentage of adults authorized in a FLOC receiving at least one face to face, telehealth, or telemedicine encounter of any service per month of any length of time shall be  $\geq 65.6\%$  per measurement period. FLOCs included in this measure are LOC-1S, LOC-2, LOC-3, and LOC-4. Individuals both recommended and authorized for LOC-A1S are excluded from this measure. Encounters must be delivered face-to-face or via telehealth or telemedicine.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: Total number of persons authorized in a FLOC receiving at least one face to face, telehealth, or telemedicine encounter of any service per month of any length of time.
  - ii. Denominator: Total number of persons authorized in a FLOC that month.
  - iii. On a semi-annual basis, the percentage for each of the six months within that time period will be averaged to calculate whether the measure is met.
- c. Exclusion(s)/Exception(s):
  - i. Individuals enrolled in LOC-1M;
  - ii. Individuals with both LOC-R=A1S and LOC-A=A1S;
  - iii. Non face-to-face, GJ modifiers, and telephone contact encounters; and
  - iv. Partially Authorized Months and their associated hours
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS, and MBOW.

FY16 will serve as a benchmarking year for the following Resilience and Recovery Outcomes.. There will be no sanctions assessed for these outcomes during the FY16 benchmarking year:

### 6. Employment

- a. Target: The percentage of adults authorized in a FLOC with acceptable or improved employment performance.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: # of adults authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the ANSA Employment item (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have ANSA Employment item scores of 0, 1 at

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both First and Last Active UAs within the fiscal year. First and Last Active UAs must be at least 90 days apart and must include ANSA Employment item scores at both assessments.

- ii. Denominator: # of adults authorized in a FLOC with First and Last Active UAs within the fiscal year occurring at least 90 days apart, with ANSA Employment item scores at both assessments.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

### 7. Residential Stability

- a. Target: The percentage of adults authorized in a FLOC with acceptable or improved residential stability.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of adults authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the ANSA Residential Stability item (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have ANSA Residential Stability item scores of 0,1 at both First and Last Active UAs within the fiscal year. First and Last Active UAs must be at least 90 days apart.
  - ii. Denominator: # of adults authorized in a FLOC with First and Last Active UAs within the fiscal year occurring at least 90 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

### 8. Strengths

- a. Target: The percentage of adults authorized in a FLOC with acceptable or improved strengths.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of adults authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the ANSA Strengths domain (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have ANSA item scores of 0,1 for all Strengths domain items at both First and Last Active UAs within the fiscal year. First and Last Active UAs must be at least 90 days apart.
  - ii. Denominator: # of adults authorized in a FLOC with First and Last Active UAs within the fiscal year occurring at least 90 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

### 9. Life Domain Functioning

- a. Target: The percentage of adults authorized in a FLOC with acceptable or improved life functioning.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of adults authorized in a FLOC who meet or exceed

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- the RCI benchmark in the direction of improvement for the ANSA Life Domain Functioning domain (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have ANSA item scores of 0,1 for all Life Domain Functioning domain items at both First and Last Active UAs within the fiscal year. First and Last Active UAs must be at least 90 days apart.
- ii. Denominator: # of adults authorized in a FLOC with First and Last Active UAs within the fiscal year occurring at least 90 days apart.
  - c. Exclusion(s)/Exception(s):
  - d. Sanctions and Remedies: N/A
  - e. Data Source: CMBHS and MBOW

### 10. Educational or Volunteering Strengths

- a. Target: The percentage of adults authorized in a FLOC with acceptable or improved employment-preparatory skills as evidenced by Educational or Volunteering Strengths.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: # of adults authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for either the ANSA Educational or the Volunteering Strengths item (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms), or who have ANSA item scores of 0,1 for either the Educational or the Volunteering Strengths item at both First and Last Active UAs within the fiscal year. First and Last Active UAs must be at least 90 days apart.
  - ii. Denominator: # of adults authorized in a FLOC with First and Last Active UAs within the fiscal year occurring at least 90 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

## F. Resilience and Recovery Outcomes - Crisis Measures Applicable to Adult and Children's Mental Health

### 1. Hospitalization

- a. Target: The equity-adjusted rate of adult and child inpatient DSHS Operated or Contracted psychiatric Inpatient Beds for the population of the local service area shall be  $\leq 1.9\%$  per measurement period.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: The number of DSHS Operated or Contracted Inpatient Bed Days for the population in the local service area multiplied by the LMHA's equity factor.
  - ii. Denominator: Total population of the local service area.
  - iii. Equity factor: The LMHA's per capita funding rate (excluding funding for hospital beds and Hospitality House) divided by the per capita funding rate of the LMHA with the highest per capita funding rate.
- c. Exclusion(s)/Exception(s): Crisis Stabilization Units (CSU) - including Hill Country, Extended Observation Units (EOU), Crisis Respite, Crisis Residential and Rusk and Vernon forensic locations.

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- i. Children in LOC-Y (YES Waiver).
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS and MBOW
- f. Example:

Local Service Area Population	Reported Inpatient Bed Days	Per Capita Funding	Per Capita Funding of highest ranking LMHA	Calculation	Equity-adjusted Performance
500,000	10,000	\$20.00	\$30.00	$\frac{[(10,000) * (\frac{20.00}{30.00})]}{500,000}$	.013 or 1.3%

### 2. Effective Crisis Response

- a. Target: The percentage of individuals receiving crisis services who avoid admission to a DSHS Operated or Contracted Inpatient Bed within 30 days of the start of the crisis episode shall be  $\geq 75.1\%$  per measurement period.
- b. Calculation: (Numerator/Denominator)\*100
  - i. Numerator: The number of persons with crisis episodes that avoid admission into DSHS Operated or Contracted Inpatient Beds within 30 days of the first day of the crisis episode.
  - ii. Denominator: The number of crisis episodes
- c. Exclusion(s)/Exception(s):
  - i. Crisis Stabilization Units (CSU) - including Hill Country, Extended Observation Units (EOU), Crisis Respite, Crisis Residential and Rusk and Vernon forensic locations.
  - ii. Children in a LOC-Y (YES Waiver).
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS and MBOW.

### 3. Frequent Admissions

- a. Target: The percentage of adults and children authorized in a FLOC who are admitted 3 or more times within 180 days to a DSHS Operated or

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Contracted Inpatient psychiatric Bed shall be  $\leq 0.3\%$  per measurement period.

- b. Calculation: (Numerator/Denominator)\*100
  - i. Numerator: The number of adults and children authorized in a FLOC admitted to a DSHS Operated or Contracted psychiatric Inpatient Bed 3 or more times in 180 days.
  - ii. Denominator: The total number of clients authorized to a FLOC.
- c. Exclusion(s)/Exception(s):
  - i. Crisis Stabilization Units (CSU) - including Hill Country, Extended Observation Units (EOU), Crisis Respite, Crisis Residential and Rusk and Vernon forensic locations.
  - ii. Children in a LOC-Y (YES Waiver).
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS and MBOW

### 4. Access to Crisis Response Services

- a. Target: The percentage of crisis hotline calls (with CARE ID) that result in face to face encounters within one day shall be  $\geq 52.2\%$  per measurement period.
- b. Calculation: (Numerator/Denominator)\*100
  - i. Numerator: The number of face-to-face services occurring on the same day or within one day of a hotline call.
  - ii. Denominator: The total number of hotline calls
- c. Exclusion(s)/Exception(s): Hotline calls that are false alarms and zero time crisis calls and no shows (unseen).
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: MBOW

### 5. Adult Jail Diversion

- a. Target: The equity-adjusted percentage of valid adult TLETS bookings with a match in CARE shall be  $\leq 10.46\%$  for each local service area.
- b. Calculation: (Numerator/Denominator)\*100
  - i. Numerator: The number of valid TLETS bookings in the local service area with a CARE match multiplied by the LMHA's equity factor. The match criterion is 5 of the 6 elements must match. Elements include: first name; last name; date of birth; race; gender; and social security number. If the unmatched element is the social security number at least 7 of the 9 digits in the social security number must match. Additionally, matched consumers must have an associated Continuity of Care Match.

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- ii. Denominator: The number of valid TLETS bookings in the local service area. A valid booking is one that includes all 6 of the elements.
- iii. Equity factor: The LMHA's per capita funding rate (excluding funding for hospital beds and Hospitality House) divided by the per capita funding rate of the LMHA with the highest per capita funding rate.
- c. Exclusion(s)/Exception(s): N/A
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval. Quarter 1 and Quarter 2 sanctions for the measuring periods will be waived.
- e. Data Source: Texas Law Enforcement Telecommunications System (TLETS), CARE, CMBHS, and MBOW
- f. Example:

<b>Valid TLETS Bookings</b>	<b>Valid TLETS Bookings with a CARE Match</b>	<b>Per Capita Funding</b>	<b>Per Capita Funding of highest ranking LMHA</b>	<b>Calculation</b>	<b>Equity-adjusted Performance</b>
2500	250	\$20.00	\$30.00	$\frac{[(250) * (\frac{20.00}{30.00})]}{2,500}$	.067 or 6.7%

**G. TANF Transfer to Title XX Services:**

1. Explanation: Contractor shall meet the minimum annual service target levels for TANF Transfer to Title XX and Base Title XX services as outlined in the table below. Services are defined as those provided within the contract guidelines as outlined in Section 1.B. of the Performance Contract Notebook. Targets were developed using the dollar amount allocated for each center divided into the estimated cost per person (\$16,688) for intensive services.
2. Calculation: Unique count of clients served with TANF Transfer to Title XX and Base Title XX funds.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based on the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions.
5. Data Source: Form L-Total unduplicated count of persons served annually across both funding streams.

<b>Center</b>	<b>Fiscal Year Target</b>
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010 - BETTY HARDWICK	3
020 - PANHANDLE	6
030 -- ATCMHMR	10
040 - CENTRAL COUNTIES	5
050 -- CHCS	21
060 -- CLR	2
070 - CENTRAL PLAINS	2
090 - EL PASO	15
100 - GULF COAST	8
110 - GULF BEND	3
130 - TROPICAL	12
140 - SPINDLETOP	7
150 -- LUBBOCK	6
160 -- CONCHO	2
170 - PERMIAN BASIN	6
180 -- NUECES	5
190 -- ANDREWS	5
200 - TARRANT	24
220 -- HOT	5
230 - HELEN FARABEE	8
240 - HEALTHCORE	8
250 -- BRAZOS	4
260 -- BURKE	6
280 -- HARRIS	39
290 -- TEXOMA	3
350 - PECAN VALLEY	5
380 - TRI-COUNTY	6
400 -- DENTON	5
430 -- TEXANA	8
440 - ACCESS	3
450 - WEST TX	6
460 - BLUEBONNET	10
470 - HILL COUNTRY	9
475 - COASTAL PLAINS	6
480 - LAKES	8
485 - BORDER	5
490 - CAMINO	5

## II. Child and Youth Services

Measured Semi Annually

### A. Child and Youth Service Target

1. Explanation: The statewide performance level for the child and youth service target is 100% of given targets.

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2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The total number of Client Months where a client was authorized in a FLOC or LOC-Y (Youth Empowerment Services).
  - b. Denominator: The target assigned to the contractor times six months.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based on the contractor's current six month child and youth MH services allocation.  
NOTE: LMHAs may contact their assigned contract manager to notify DSHS of any potential impact on the LMHA's ability to meet contractual requirements resulting from a significant change in local funding.
5. Data Source: CMBHS system. MBOW report found in the CA Contract Performance Measures folder.

### B. Child and Youth Uniform Assessment (UA) Completion Rate

1. Explanation: The percentage of children and youth served or authorized for services during the six month period who have a completed and current UA shall be  $\geq 95\%$ .
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: Total number of children and youth with a completed UA.
  - b. Denominator: Unduplicated number of registered children and youth with a completed UA or a service encounter.
3. Exclusion(s)/Exception(s):
  - a. The following are not included in the calculation of this measure:
    - i. Delivery of a [Screening Service](#) or [Assessment Service](#) encounter without a completed UA.
    - ii. 100% of service hours by Third Party Payer as noted by field #12, FIRST\_BILLED\_PAYER\_CD on all encounter records for the month.
    - iii. Clients referred, for case management services only, from the Foster Care program managed by Superior Health Plan.
    - iv. Individuals without a registration in CARE.
4. Sanctions and Remedies: Will be based on the contractor's current six month child and youth MH services allocation.
5. Data Source: CARE, CMBHS, and MBOW

### C. Family Partner Support Services

1. Explanation: 10% or more of children and youth authorized to receive LOC 2, 3, 4 and YC shall receive Family Partner support services each client month, as defined by Engagement (H0025HATS), Family Partner (H0038HA), and Parent Support Group (H0025HAHQ) procedure codes, or other services identified by SERVER\_TYPE\_CD = K.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The number of client months in which children and youth authorized to LOC 2, 3, 4 and YC receive Family Partner Support Services.
  - b. Denominator: All unique client months for children and youth authorized to LOC 2, 3, 4, or YC.

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3. Exclusion(s)/Exception(s): Only children and youth authorized to LOC 2, 3, 4 and YC are included in the calculation of this measure. The following are not included in the calculation of this measure:
  - a. Partially Authorized Months; and
  - b. Children and youth referred, for case management services only, from the Foster Care program managed by Superior Health Plan.
  - c. Children in LOC-Y (Yes Waiver).
4. Sanctions and Remedies: Will be based on Contractor's current six month child and youth MH services allocation.
5. Data Source: CMBHS system and MBOW. MBOW report found in the CA Contract Performance Measures folder.

### D. Resilience and Recovery Outcomes – Children's Mental Health Measures

#### 1. Juvenile Justice Avoidance

- a. Explanation: 95.0% of children/youth enrolled in a FLOC showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment within the measurement period (with assessments occurring at least 75 days apart).
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Acceptable Juvenile Justice Involvement Avoidance
    - (1) Numerator: The number of children and youth recommended and authorized for a FLOC, whose latest number of arrests is 0 and whose previous number of arrests is 0.
    - (2) Denominator: All children and youth recommended and authorized for a FLOC who have at least two number of arrests ratings.
  - ii. Improving Juvenile Justice Involvement Avoidance
    - (1) Numerator: The number of children and youth recommended and authorized for a FLOC, whose latest number of arrests rating is less than their previous number of arrests rating.
    - (2) Denominator: All children and youth recommended and authorized for a FLOC who have at least two number of arrests ratings.
- c. Exclusion(s)/Exception(s): Children in LOC-Y (Yes Waiver).
- d. Sanctions and Remedies: Will be based on Contractor's current six month child and youth MH services allocation.
- e. Data Source: This measure utilizes the Arrests Item from the community data section of the Uniform Assessment.

#### 2. Child and Youth Community Tenure

- a. Explanation: The percentage of children and youth in a FLOC avoiding psychiatric hospitalization in a DSHS Purchased Inpatient Bed after authorization into a FLOC shall be  $\geq 98.1\%$ .
- b. Calculation: The percentage of children/youth authorized in a FLOC who avoid hospitalization in a DSHS Purchased Inpatient Bed Day after authorization into a FLOC.
  - i. Numerator- The number of children and youth authorized in a FLOC

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who avoided hospitalization in a DSHS Purchased Inpatient Bed after authorization into a FLOC.

- ii. Denominator- All children and youth authorized in a FLOC during the measurement period.
- c. Exclusion(s)/Exceptions(s): Children in LOC-Y (Yes Waiver)
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CMBHS and MBOW

### 3. Child and Youth Improvement

- a. Explanation: 25.0% or more of all children/adolescents authorized into a FLOC will show reliable improvement in at least one of the following CANS domains/modules: Child Strengths, Behavioral and Emotional Needs, Life Domain Functioning, Child Risk Behaviors, Adjustment to Trauma, School Performance, Substance Use. Reliable Improvement is defined as a calculated value of the Reliable Change Index (RCI) that exceeds a benchmark value of -1.645 in the negative direction (indicating fewer problematic symptoms) over the measurement period.
- b. Calculation
  - i. Numerator: Number of children/youth enrolled in a FLOC meeting or exceeding the RCI in one of the identified CANS domains/modules whose first and last Uniform Assessments are at least 75 days apart. .
  - ii. Denominator: All children/youth enrolled in a FLOC whose first and last Uniform Assessments, including CANS domains/modules, are at least 75 days apart.
- c. Exclusion(s)/Exception(s):
- d. Children in LOC-Y (Yes Waiver).Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CMBHS and MBOW

### 4. Child and Youth Monthly Service Provision

- a. Target: The percentage of children and youth authorized in a FLOC or LOC-Y (Yes Waiver) receiving at least one face to face, telehealth or telemedicine encounter of any service per month of any length of shall be  $\geq 65\%$  the target for the measurement period. LOCs included in this measure are LOC-1, LOC-2, LOC-3, LOC-4, LOC-YC and LOC-Y. An encounter must be delivered face-to-face or via telehealth or telemedicine.
- b. Calculation: The average monthly percentage of children and youth receiving at least one face to face, telehealth or telemedicine encounter of any service per month of any length of time.

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- i. Numerator – Total number of children and youth authorized in a FLOC or LOC-Y (Yes Waiver) receiving at least one face to face, telehealth or telemedicine encounter of any service per month of any length of time.
- ii. Denominator – Total number of children and youth authorized in a FLOC or LOC-Y that month.
- iii. On a six month basis, the six months will be averaged to calculate whether the measure is.
- c. Exclusion(s)/Exception(s):
  - i. Children and youth on extended review;
  - ii. Non face-to-face, GJ modifiers, and telephone contact encounters; and
  - iii. Partially Authorized Months and their associated hours.
- d. Sanctions and Remedies: Rider 78, Mental Health Outcomes and Accountability, requires 10% withhold of funds in strategies B.2.1, B.2.2 and B.2.3 with payment contingent upon achievement of outcome performance. Performance assessed and payments made on a six-month interval.
- e. Data Source: CARE, CMBHS and MBOW.

FY16 will serve as a benchmarking year for the following Resilience and Recovery Outcomes.. There will be no sanctions assessed for these outcomes during the FY16 benchmarking year:

### 5. School

- a. Target: The percentage of children and youth authorized in a FLOC with acceptable or improved school performance.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - i. Numerator: # of children and youth authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the CANS School module (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have CANS item scores of 0,1 for all School module items at both first and last UAs. If the child or youth does not experience any difficulties in school (or has completed school) and therefore does not trigger the school module via a score  $>0$  on the CANS School item, then the default mean score for the module is 0. First and last UAs must be at least 75 days apart.
  - ii. Denominator: # of children and youth authorized in a FLOC with first and last UAs at least 75 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW  
Assessment of CANS Acceptable/Improved School Functioning for Children in a full LOC

### 6. Family and Living Situation

- a. Target: The percentage of children and youth authorized in a FLOC with

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acceptable or improved family and living situations.

- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of children and youth authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the ANSACANS Family and Living Situation items (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have CANS Family and Living Situation item scores of 0,1 at both first and last UAs. First and last UAs must be at least 90 days apart.
  - ii. Denominator: # of children and youth authorized in a FLOC with first and last UAs at least 75 days apart.
- c. Exclusion(s)/Exception(s): If the child/youth does not have a family unit, the family item will be marked as not applicable. This item should only be evaluated for children and youth with a score on both items.
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

### 7. Strengths

- a. Target: The percentage of children and youth authorized in a FLOC with acceptable or improved strengths.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of children and youth authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the CANS Strengths domain (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have CANS item scores of 0,1 for all Strengths domain items at both first and last UAs. First and last UAs must be at least 90 days apart.
  - ii. Denominator: # of children and youth authorized in a FLOC with first and last UAs at least 75 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

### 8. Life Domain Functioning

- a. Target: The percentage of children and youth authorized in a FLOC with acceptable or improved life functioning.
- b. Calculation:  $(\text{Numerator}/\text{Denominator}) \times 100$ 
  - i. Numerator: # of children and youth adults authorized in a FLOC who meet or exceed the RCI benchmark in the direction of improvement for the ANSACANS Life Domain Functioning domain (i.e.,  $\leq -1.645$ , indicating fewer problematic symptoms) or who have ANSACANS item scores of 0,1 for all Life Domain Functioning domain items at both first and last UAs. First and last UAs must be at least 90 days apart.
  - ii. Denominator: # of children and youth authorized in a FLOC with first and last UAs at least 75 days apart.
- c. Exclusion(s)/Exception(s):
- d. Sanctions and Remedies: N/A
- e. Data Source: CMBHS and MBOW

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### G. TANF Transfer to Title XX Services:

1. Explanation: Contractor shall meet the minimum annual service target levels for TANF Transfer to Title XX services as outlined in the table below. Services are defined as those provided within the contract guidelines as outlined in Section 1.C. of the Performance Contract Notebook. Targets were developed using the dollar amount allocated for each center divided into the estimated cost per person (\$7,575) for intensive services.
2. Calculation: Unique count of clients served with TANF Transfer to Title XX funds.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based on the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions.
5. Data Source: Form L-Total unduplicated count of persons served annually across both funding streams.

Center	Target
010 - BETTY HARDWICK	1
020 - PANHANDLE	2
030 - ATCIC	4
040 - CENTRAL COUNTIES	2
050 - CHCS	5
060 - CLR	1
070 - CENTRAL PLAINS	1
090 - EL PASO	2
100 - GULF COAST	2
110 - GULF BEND	1
130 - TROPICAL	5
140 - SPINDLETOP	3
150 - STARCARE	2
160 - CONCHO	1
170 - PERMIAN BASIN	1
180 - NUECES	2
190 - ANDREWS	3
200 - TARRANT	6
220 - HOT	1
230 - HELEN FARABEE	3

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240 - HEALTHCORE	3
250 - BRAZOS	1
260 - BURKE	2
280 - HARRIS	19
290 - TEXOMA	1
350 - PECAN VALLEY	1
380 - TRI-COUNTY	2
400 - DENTON	1
430 - TEXANA	3
440 - ACCESS	1
450 - WEST TX	3
460 - BLUEBONNET	2
470 - HILL COUNTRY	2
475 - COASTAL PLAINS	3
480 - LAKES	1
485 - BORDER	3
490 - CAMINO	2

### III. Performance Measures Assessed Within CARE

#### A. Community Support Plan

1. Explanation: The statewide performance level for adults, children, and youth discharged from state facilities with a community support plan is 95%.
2. Calculation:  $(\text{Numerator/Denominator}) \times 100$ 
  - a. Numerator: Total state MH facility Discharged with Reassignments (DRE) or Absent for Trial Placements (ATP) with a community support plan.
  - b. Denominator: Total state MH facility DRE/ATPs.
3. Exclusion(s)/Exception(s): Destination Component and Participating Component in community support plan must be the same in order for Contractor to receive credit. Community support plan must be equal to or less than DRE/ATP date.
4. Sanctions and Remedies: Will be based the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions. This measure is assessed quarterly.
5. Data Source: CARE. The CARE report may be viewed/printed directly from CARE/WebCARE.
  - a. Select 778 on the CARE Main Menu;
  - b. Key the appropriate quarter (i.e., 1, 2, 3, or 4), appropriate fiscal year (e.g., 11 = 2011), and report type "5" (i.e., MH Out);
  - c. If you want to view the report, leave the printer code blank and submit request; and
  - d. If you want a hard copy of your report, key the printer code and submit request.

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6. Data Source: CARE. The CARE report may be viewed/printed directly

### B. Follow-Up Within Seven Days

1. Explanation: The statewide follow-up performance level for adults, children, and youth discharged from a state facility, privately operated and state funded facility (i.e., Montgomery County Mental Health Treatment Facility and University of Texas Health Science Center at Tyler), or private psychiatric hospital funded through a Private Psychiatric Bed (PPB) or Community Mental Health Hospital (CMHH) contract is 75% for face-to-face follow-up, and 95% with any follow-up disposition.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: Number of face-to-face follow-ups (i.e., F001, F002 and FR01) entered in CARE.
  - b. Numerator: Number of any follow-up disposition (i.e., F001, F002, FR01, F005, and FR03) entered in CARE.
  - c. Denominator: Number of ATPs/DREs.
3. Exclusion(s)/Exception(s):
  - a. CARE searches for adults discharged (ATP or DRE) from a state MH facility (hospital, state center), excluding the following situations at discharge:
    - i. Arrest to Jail;
    - ii. Court Release;
    - iii. Children's Protective Services;
    - iv. Involuntary Unauthorized Departure;
    - v. Jail;
    - vi. Medical Inpatient;
    - vii. Out of State;
    - viii. Private Provider;
    - ix. Private Psychiatric Hospital;
    - x. Private Residential Treatment Center;
    - xi. Single Diagnosis Substance Abuse;
    - xii. State Funded Community Hospital;
    - xiii. State Hospital;
    - xiv. State School;
    - xv. Substance Abuse Treatment Center (Inpatient);
    - xvi. Veterans Administration Inpatient;
    - xvii. Veterans Administration Outpatient; and
    - xviii. Voluntary Unauthorized Departure.
  - b. If the client returns to campus from ATP w/n 7 days and no follow-up entered, client is not counted in Denominator. If a follow-up is entered, CARE counts person in Numerator and Denominator.
  - c. If ATP followed by DRE, then CARE checks for a follow-up from the ATP.
  - d. If a client is DRE and ADM to campus in less than 7 days, follow-up will be expected on the DRE. If a follow-up was completed on both ATP and DRE, then CARE counts only the ATP follow-up.
  - e. If ATP, followed by a Return from Absence (RET) in more than 7 days, followed by DRE, then CARE expects a follow-up for both ATP and DRE

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- and counts two discharges and up to two follow-ups.
- f. Contractor may report to CARE a service type FR01 (face-to-face contact with discharged individual within 7 days; individual refuses enrollment into community services). Date of refusal must be within 7 days following end date of assignment.
  - g. Contractor may report to CARE a service type FR03 (individual refuses community services via contact with individual, family member, legal guardian, or other collateral). Good faith efforts to provide face-to-face contact must be documented. Contractor may report to CARE a service type F005 (unable to locate individual within 7 days). Good faith efforts to provide face-to-face contact must be documented. Date of refusal must be within 7 days following end date of assignment from state mental health facility (SMHF). Entry of these two service types do not fall into Numerator a. for this measure and therefore do not get credited as face-to-face follow-ups entered.
4. Sanctions and Remedies: Will be based the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions. This measure is assessed quarterly.
  5. Data Source: CARE. The CARE report may be viewed/printed directly from CARE/WebCARE.
    - a. Select 778 on the CARE Main Menu;
    - b. Key the appropriate quarter (i.e., 1, 2, 3, or 4), appropriate fiscal year (e.g., 11 = 2011), and report type "5" (i.e., MH Out);
    - c. If you want to view the report, leave the printer code blank and submit request; and
    - d. If you want a hard copy of your report, key the printer code and submit request.

### C. Long-Term Services and Support Screen

1. Explanation: Contractor shall act upon referrals within 15 calendar days of receipt from the Long-term Services and Supports (LTSS) Screen.
2. Contractor shall demonstrate successful action a referral by utilizing the H0023 procedure code (grid code 100) for adults and the H0023HA procedure code (grid code 200) for children.
3. Allowable Server Types: All (A-R)
4. Contact Type: Contractor coding T (telephone), F (face-to-face), or D (documentation) on the procedure code will be demonstrating successful action the referral.
5. Calculation The numerator will be the number of successfully acted upon referrals divided by the denominator of total referrals received multiplied by 100. The proposed calculation for passing this measure shall be 70%.
6. Data Source: MBOW

## IV. Crisis Response System Outcomes

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### A. Community Linkage

1. Explanation: No less than 23% of LOC-A = 0 shall be followed by a mental health community LOC-A = 1M and 1S through 5 and/or a contact at a DSHS-funded substance abuse treatment facility, or an Outreach, Screening, Assessment and Referral (OSAR) provider within 14 days of closure from Level of Care 0.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The number of LOC-A = 0 that is followed by a mental health community LOC-A = 1M and 1S through 5) and/or a contact at a DSHS-funded substance abuse treatment facility, or an Outreach, Screening, Assessment and Referral (OSAR) provider within 14 days of closure from Level of Care 0.
  - b. Denominator: The number of LOC-A = 0.
3. Exclusion(s)/Exception(s): In the event that a series of uninterrupted LOC-A = 0 is entered, only the final LOC – A = 0 is used in both the Numerator and the Denominator .
4. Sanctions and Remedies: Will be based the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions.
5. Data Source: CARE system and MBOW. MBOW report found in the CA Utilization Management, UM Crisis subfolder. Please note that this report only includes MH data.

### B. Crisis Follow-Up

1. Explanation: The percentage of persons with a mental health community LOC-A = 5 who receive a Crisis Follow-Up service encounter within 30 days shall not be less than 90%.
2. Calculation:  $(\text{Numerator}/\text{Denominator}) * 100$ 
  - a. Numerator: The number of persons with a mental health community LOC-A = 5, who receive an authorized service encounter or are authorized to a [FLOC](#) within 30 days.
  - b. Denominator: The number of persons with a mental health community LOC-A = 5.
3. Exclusion(s)/Exception(s): N/A
4. Sanctions and Remedies: Will be based the terms included in the PCN Scope of Work or Article VII of the Local Mental Health Authority Special Conditions.
5. Data Source: CARE system and MBOW. MBOW report found in the CA Contract Performance Measures.

## V. Uniform Assessment Instructions

### A. Adult Uniform Assessment

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1. The DSHS approved UA for adults include the instruments outlined below. These instruments are required to be completed once an individual has been screened and determined in need of assessment from the Contractor. The initial assessment is the clinical process of obtaining and evaluating historical, social, functional, psychiatric, developmental or other information from the individual seeking services in order to determine specific treatment and support needs. Clinicians administering the instruments must be Qualified Mental Health Professionals – Community Services (QMHP-CSs). However, the Diagnosis – specific Clinical Rating Scales may be administered by a Licensed Vocational Nurse (LVN). Staff must have documented training in the use of these instruments.
  - a. Adult Needs Strengths Assessment (ANSA);
  - b. Diagnosis – specific Clinical Rating Scales; and
  - c. Community Data.
  
2. Assessment Timeframes: The UA shall be administered according the following schedule:

SECTION	FREQUENCY
<b>Adult Needs Strengths Assessment (ANSA)</b>	<ul style="list-style-type: none"> <li>▪ upon admission</li> <li>▪ every 180 days for LOC-1S-LOC-4</li> <li>▪ every 365 days for LOC-1M</li> <li>▪ upon any other change in condition</li> <li>▪ upon discharge</li> <li>▪ following any crisis event</li> <li>▪ following any hospitalization</li> </ul>
<b>Diagnosis -Specific Rating Scales:</b>	<ul style="list-style-type: none"> <li>▪ upon admission</li> <li>▪ every 180 days (unless no pharmacological appointment required within 180 days)</li> <li>▪ upon discharge</li> <li>▪ These scales are not required for individuals who are not part of the Target Population.</li> </ul>
<b>Community Data</b>	<ul style="list-style-type: none"> <li>▪ every time Section 1 is completed</li> </ul>
<b>Authorizations</b>	<ul style="list-style-type: none"> <li>▪ A Full Level of Care 1M – Annually</li> <li>▪ A Full Level of Care 1S – 180 days</li> <li>▪ A Full Level of Care 2 – 180 days</li> <li>▪ A Full Level of Care 3 – 180 days</li> <li>▪ A Full Level of Care 4 - 180 days</li> <li>▪ A Full Level of Care 5 - 90 days</li> <li>▪ A Full Level of Care 0 - 7 days</li> </ul>

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Assessments in CARE/CMBHS: Data must be submitted through WebCARE/ CMBHS or through an approved batch to the CARE/CMBHS system according to the schedule and formats established by DSHS.

### **B. Child & Adolescent Uniform Assessment Instructions**

1. The DSHS approved Child and Adolescent Needs and Strengths (CANS) Assessment is a component of the Uniform Assessment for children and youth. The Protocol Matrix for the Uniform Assessment includes the items that must be completed once a child or youth has been screened and determined to need an assessment by the LMHA. The Uniform Assessment is completed per the following Protocol Matrix. The person administering the Uniform Assessment must be at a minimum a Qualified Mental Health Professional – Community Services (QMHP-CS); additionally, the person administering the CANS must have documented current certification in the use of the CANS.

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### 2. Uniform Assessment Protocol Matrix:

SECTION	FREQUENCY
<b>Child and Adolescent Needs and Strengths (CANS) Assessment</b>	<ul style="list-style-type: none"> <li>▪ upon admission</li> <li>▪ every 90 days (unless child or youth is approved for 180-Day Extended Review authorization)</li> <li>▪ upon discharge</li> <li>▪ following any crisis event</li> <li>▪ following any hospitalization</li> <li>▪ 180-Day Extended Review Authorization: for LOC-1 once a child has been assessed and authorized three consecutive times to LOC-1 when LOC-R and LOC-A = LOC-1, a reassessment can be done every 180 days thereafter when:               <ul style="list-style-type: none"> <li>➤ both the LOC-R and LOC-A equal LOC-1 and;</li> <li>➤ the preceding LOC-R and LOC-A equal LOC-1 and;</li> <li>➤ the Extended Review box has been checked and approved.</li> </ul> </li> </ul>
<b>Community Data</b>	<ul style="list-style-type: none"> <li>▪ every time Section 1 is completed</li> </ul>
<b>Authorizations</b>	<ul style="list-style-type: none"> <li>▪ every 90 days (except as noted below)</li> <li>▪ For LOC-1 may be done every 180 days when 180-Day Extended Review Authorization has been approved. (See above Section 1: Child and Adolescent Needs and Strengths (CANS) Assessment)</li> </ul>
<b>Residential Treatment Center Placement (excluding Waco Center for Youth)</b>	<ul style="list-style-type: none"> <li>▪ if a child is placed in a DSHS-funded residential treatment center (RTC) bed outside of the LMHA service area, ongoing diagnostic assessments may be provided by phone, utilizing data collected from the child, child's LAR, and child's RTC therapist</li> </ul>

Assessments in CARE/CMBHS: Data must be submitted through WebCARECMBHS online or through an approved batch to the CARE/CMBHS system according to the schedule and formats established by DSHS.

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### VII. Glossary of Terms

1. ANSA: Adult Needs and Strengths Assessment
2. Assessment Service: Includes psychiatric diagnostic interview examination, pre-admission QMHP-CS assessment, and psychological or neuropsychological testing.
3. CANS: Child and Adolescent Needs and Strengths assessment
4. CARE: Client Assignment and Registration System
5. Client Month: Refers to a count of clients and months for the measured reporting period. For example, a client with activity in 3 months of a measured period counts as 3, those with activity only in 1 month counts as 1.
6. Clinical and Support Services: Services that have been identified as those that provide support and foster recovery. The clinical and support services refers to all approved TRR services delivered face to face or via telehealth/telemedicine as listed in the LOCs in the Um Guidelines. The services categories include the following: Pre-Admission Assessment, Psychiatric Diagnostic Interview, Routine Case Management, Psychosocial Rehabilitation Services, Engagement Activity, Consumer Peer Support, Pharmacological Management, Med Training and Supports, Individual/Family Counseling, Group Counseling, Supported Employment, Skills Training and Development, and Supportive Housing Services and Supports.
7. CMBHS: Clinical Management for Behavioral Health Services
8. Crisis Client Month: A client who has any time reported as crisis in a calendar month.
9. Crisis Episode: A crisis episode begins when a crisis service is provided to an individual where there are no other crisis services provided to that individual within the previous seven days.
10. Crisis Redesign: The 81<sup>st</sup> Legislature appropriated new crisis funding to DSHS to support a statewide initiative to enhance the crisis service delivery system. This ongoing DSHS initiative is known as Crisis Redesign. The policies and expectations for the enhanced crisis system were initially based on specifications in Rider 65 of the General Appropriations Act, 81<sup>st</sup> Legislature. The Legislature has continued to allocate this funding to DSHS. Based on the positive outcomes attained during the biennium when Rider 65 specifically appropriated the new crisis funding, DSHS will continue to fund Crisis Redesign in keeping with the policies and expectations reflected in Rider 65.
11. Crisis Service: A crisis service includes both inpatient and outpatient service procedure codes that either contain an ET modifier (ex., psychosocial rehabilitative services in response to a crisis = H2017ET), or are uniquely defined as a crisis service (ex., crisis residential = H0018).
12. DSHS Purchased Inpatient Bed: Refers to accommodation at a state hospital, Montgomery County Mental Health Treatment Facility, DSHS funded community hospitals (i.e., Harris County Psychiatric Center, Sunrise Canyon, and Galveston Community Hospital) documented using CARE

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assignment codes H035, and TC07, or local hospitalizations paid for with DSHS funding and reported as encounters using procedure codes = T2048 and T2048HA, It excludes Crisis Stabilization Units (CSU) - including Hill Country, Extended Observation Units (EOU), Crisis Respite, Crisis Residential and Rusk and Vernon forensic locations.

13. DSHS Purchased Inpatient Bed Day: Refers to a day in a DSHS Purchased Inpatient Bed. Generally the count includes each day in the facility that crossed midnight except for same day admissions and discharges which count as one day.
14. Family Partner support services include the following: Engagement (H0025HATS), Family Partner (H0038HA), and Parent Support Group (H0025HAHQ) procedure codes, or other services identified by SERVER\_TYPE\_CD = K.
15. Full Client Month: A calendar month in which a client receives services within the same LOC from the first through the last day of the same month.
16. Full Level of Care (FLOC): Refers to Texas Resilience and Recovery (TRR) levels of care that are intended for ongoing service delivery, specifically adult levels of care A1M, A1S, A2, A3, and A4 and children and youth levels of care C1, C2, C3, C4, and Young Child (YC).
17. Improvement: Significant change over time, with a Reliable Change Index (RCI) score exceeding the benchmark value of  $\pm 1.645$ .
18. Level of Care (LOC): Refers to Texas Resilience and Recovery (TRR) levels of care for any service.
19. LOC-Y: Youth Empowerment Services (YES) Waiver clients.
20. MBOW: Mental retardation and Behavioral health Outpatient Warehouse
21. Measured Month: The month for which the DSHS Contract Manager performs a compliance review.
22. Mental Health (MH) Hourly Service: Includes all mental health services reported via encounter data that are counted towards contact performance measures. It includes only services where the reporting unit is measured in hours (daily or residential services are excluded.) In addition, the following hourly services are excluded:
  - Telephone contacts; and
  - Services with a 'GJ' procedure code modifier.
23. Monthly Service Provision: This measure is intended to determine the amount of clients who receive any mental health hourly service. These services must be delivered face-to-face or via telehealth or telemedicine.
24. Partially Authorized Months: Refers to months when a client was not authorized and being served in the community for the entire calendar month. Specifically, months where a client:
  - Is admitted to service after the first day of the month;
  - Is discharged from services;
  - Changes authorized Level of Care; or
  - Has a DSHS Purchased Inpatient Bed Day.
25. RCI: Reliable Change Index. This value is calculated to determine

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significant change over time using the formula:  $RCI = \frac{(X_2 - X_1)}{SE_{diff}}$ , where  $SE_{diff} =$

$SD * \sqrt{1 - r_{xx}}$ .  $X_1$  = data value at time 1,  $X_2$  = data value at time 2,  $SD$  = Standard Deviation of the data observations (generated using first administrations of the test), and  $r_{xx}$  = inter-rater reliability (this is a correlation representing consistency in use of the tool across multiple users of the tool).

26. Screening Service: Includes screening, hotline, crisis follow-up and relapse prevention, benefit eligibility determination, and continuity of services.
27. Texas Law Enforcement Telecommunications System: (TLETS)
28. Under Served: Refers to clients who are authorized to a less intensive Level of Care than the Level of Care recommended by the DSHS approved uniform assessment calculator.
29. Valid TLETS Booking: Refers to a request issued by the DPS TLETS system to perform a match of consumers in the mental health data system that has been logged in CARE. As duplicate matches are issued at times, only the first match is retained each date of request per jail facility name, County and set of match elements (first name, last name, date of birth gender, SSN, race).
30. Continuity of Care Match: Consumers who have any of these activities within the last 3 fiscal years:
  - An open authorization to a FLOC, level of care 5, 8 or YES;
  - An MH service encounter other than those services with procedure codes H0030 (crisis hot line), H0002 (screening) or GJ modifiers (false alarm);
  - A hospital discharge; or
  - A new generation medication assignment.