Health and Human Services Commission

Department of State Health Services

State Hospitals Section

Mission, Vision, Goals and 2012 Management Plan

Statewide Performance Indicators

2nd Quarter FY 2012

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THE MISSION OF TEXAS STATE GOVERNMENT

Texas state government must be limited, efficient and completely accountable. It will foster opportunity and economic prosperity, focus on critical priorities and support the creation of strong family environments for our children. The stewards of the public trust will be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

HEALTH AND HUMAN SERVICES PRIORITY GOAL

To provide public assistance through an efficient and effective system that promotes the health, responsibility, and self-sufficiency of individuals and families.

HEALTH AND HUMAN SERVICES

OVERVIEW

The enactment of House Bill 2292 (H.B. 2292), 78th Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

This legislation required the consolidation of administrative and service delivery structures and policy changes to address higher demands for services with limited funds. It also required new mechanisms, such as outsourcing, to achieve greater efficiency and effectiveness of the system as a whole.

In addition, H.B. 2292 provided the authority to ensure effective implementation of these changes by expanding the leadership role of HHSC and the Executive Commissioner for Health and Human Services. House Bill 2292 abolished 10 of 12 existing HHS agencies and transferred their powers and duties into four new agencies and to the Health and Human Services Commission.

Thus, the consolidated HHS system is composed of the following five entities:

- Health and Human Services Commission (HHSC),
- Department of Aging and Disability Services (DADS),
- Department of Assistive and Rehabilitative Services (DARS),
- Department of Family and Protective Services (DFPS), and
- Department of State Health Services (DSHS).

HEALTH AND HUMAN SERVICES COMMISSION

MISSION

The mission of the Texas Health and Human Services Commission is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

HHS SYSTEM STRATEGIC GOALS

The following system strategic goals represent a unifying element for the system as a whole.

Preserve, enhance and maintain independence:

Enable the aging, people with disabilities, including those with intellectual disability and other developmental conditions, to live as independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings.

Promote and protect good health:

Protect public health and promote the overall physical and mental health of Texans through the provision of education, early intervention, substance abuse treatment, health insurance and appropriate health services for eligible populations.

Achieve economic self-sufficiency:

Enable low-income individuals and clients of family violence, refugee and vocational rehabilitation programs to achieve self-sufficiency for themselves and their families by providing income assistance and/or related support services necessary on a temporary basis.

Ensure safety and dignity:

Ensure safety and protection from abuse, neglect or exploitation of children and adults through comprehensive regulatory and enforcement systems that include certification, training and assistance to health and child care providers and personnel.

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

A healthy Texas.

MISSION

To improve health and well-being in Texas.

GOALS

Goal 1: Preparedness and Prevention Services
DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

Goal 2: Community Health Services
DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

Goal 3: Hospital Services
DSHS will promote the recovery and abilities of persons with infectious disease and mental illness who require specialized treatment.

Goal 4: Consumer Protection Services
DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

DSHS
MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

MISSION

The mission of the MHSA Division is to improve health and well-being in Texas by providing leadership and services that promote hope, build resilience, and foster recovery.

GOALS

- Promote resilience-based and culturally competent substance abuse prevention and mental health promotion across the life span.
- Implement a statewide behavioral health recovery model
- Maximize service delivery through accountable and sustainable partnerships
- Ensure quality, cost-effective service delivery
- Utilize data to improve service delivery outcomes

- Create and maintain effective internal and external communications
- Implement effective administration strategies to empower staff to achieve the division's mission

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

Customers Are Asked	Accreditation and Certification Are Maintained	Priority Focus Areas Are Reviewed	Qualified and Diverse Workforces Are Maintained
- Patients - Families - Guardians - LMHA's and LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Schools for Intellectual disability	- Medicare - Joint Commission - Medicaid - ICF/MR - CAP - Agency Clinical & Administrative Performance Indicator Compliance	- Assessment and Care/Services - Communication - Credentialed Practitioners - Equipment Use - Infection Control - Information Management - Medication Management - Organization Structure - Orientation and Training - Rights and Ethics - Physical Environment - Quality Improvements Expertise & Activity - Patient Safety - Staffing	**Assess Competence** *Skills/Job Professional & Cultural **Assess Performance** *Grant clinical Privileges *Set expectations for education & training & ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is - recognized - treated - rewarded in a manner that reflects a commitment to valuing workforce diversity.

STATE HOSPITALS SECTION

FY2012 MANAGEMENT PLAN

The State Hospitals Section FY 2012 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.

All performance objectives and measures in **BOLD PRINT AND CAPS** are "Statewide Performance Indicators", and have specific operational definitions approved by the Director of State Hospitals Section. These operational definitions are found in the Statewide Performance Indicator data book. Reports on these "Statewide Performance Indicators" are prepared by the Hospital Management Data Services of the State Hospitals Section.

LEGISLATIVE BUDGET BOARD
PERFORMANCE MEASURES
Directly Relating to State Hospitals

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved. **M-3A**
Reported Annually to the LBB.*

Percent of cases of tuberculosis treated at TCID as inpatients, in which the patients are treated to cure. **M-3B**
Reported Annually to the LBB.

Output Measures:

Average daily census of state mental health hospitals. **O-1E**
Reported Quarterly to the LBB.*

Average monthly number of state mental health hospital consumers receiving atypical antipsychotic new generation medications. **M-4A**
Reported Quarterly to the LBB.

Number of admissions to state hospitals. **M-5A**
Reported Quarterly to the LBB.

Number of Inpatient days at TCID. **M-1D**
Reported Quarterly to the LBB.

Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID each month. **M-5C**

Reported Quarterly to the LBB.

Number of outpatient visits at STHCS a component of RGSC.
Reported Quarterly to the LBB.

Efficiency Measures:

Average daily hospital cost per occupied state mental health hospital bed. **M-1B**
Reported Quarterly to the LBB.*

Average monthly cost of new generation atypical antipsychotic medications per mental health hospital customer receiving new generation medication services. **M-4B**
Reported Quarterly to the LBB.*

Average cost per inpatient day, TCID.
Reported Quarterly to the LBB.

Average cost of outpatient visits for STHCS, a component of RGSC. **M-1E**
Reported Quarterly to the LBB.

Average length of stay, TCID. **M-5C**
Reported Quarterly to the LBB.

Explanatory Measures:

Number of patients served by state mental health hospitals per year.
Reported Annually to the LBB.

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

Goals, Objectives, Measures	2012 Indicator	Responsibility
GOAL 1: PROVIDE LEADERSHIP - The leadership of the State Hospitals 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 Superintendent, the Governing Body 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; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and maximizing reimbursement potential.		
O - 1A	**MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS.**	**State Hospitals**
O - 1B	**MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, IMD CERTIFICATION AND ICF/MR CERTIFICATION (WHERE APPROPRIATE) DURING FY12.**	**State Hospitals**
O - 1C	**REPORT FY12 COLLECTIONS COMPARISON TO FY11 FOR MEDICARE, TEXAS HEALTH STEPS, IMD, AND PRIVATE SOURCE FUNDS METHODS OF FINANCE.**	**State Hospitals**
O - 1D	Update the Funding Methodology which identifies the relationship between the State Psychiatric Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2012.	State Hospitals Section
O - 1E	**OPERATE AN AVERAGE DAILY CENSUS (ADC) THAT HAS BEEN ALLOCATED AND PROJECTED FOR THE HOSPITAL INPATIENT SERVICES.**	**Psychiatric Hospitals**
O - 1F	Revise and approve the State Hospitals Governing Body Bylaws Template by August 1, 2012.	State Hospitals Section
O - 1G	Review and evaluate current Dangerousness Review Board operations and identify opportunities for improvement and recommend strategies for same to the Director of State Hospital Section by January 1, 2012.	Forensic Services Committee
O - 1H	Identify needs and opportunities for coordinating shared training of inpatient staff and community based staff on forensic issues, and make recommendations for same to the Director of State Hospital Section by January 1, 2012.	Forensic Services Committee
O - 1I	**Pilot the assessment of organizational cultural competency and report summary of findings and action plan to Governing Body at the second meeting of FY12.**	**State Hospitals**
O - 1J	Author at least one article for publication in agency newsletters aimed at changing the community held perception of the forensic patient as a mentally ill alleged criminal.	Forensic Services Committee
M - 1A	**CALCULATE AVERAGE COST PER PATIENT SERVED.**	**State Hospitals**
M - 1B	**CALCULATE COST PER OCCUPIED BED.**	**State Hospitals**
M - 1C	**CALCULATE AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES.**	**State Hospitals**
M - 1D	**CALCULATE NUMBER OF INPATIENT DAYS.**	**TCID**

Goals, Objectives, Measures	2012 Indicator	Responsibility
M - 1E	**Calculate average cost of outpatient visits.**	**TCID and RGSC**
M - 1F	**Calculate contract cost.**	**TCID**
GOAL 2: RECOGNIZE AND RESPECT THE RIGHTS OF EACH PATIENT BY CONDUCTING BUSINESS IN AN ETHICAL MANNER - Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychological and spiritual values. The ethics, rights and responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in the ethical manner. The State Hospitals will assure that each patient is respected and recognized in the provision of treatment and care 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.		
O - 2A	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF CONFIRMED ALLEGATIONS OF ABUSE AND NEGLECT.**	**State Hospitals**
O - 2B	**Report the findings of all external regulatory visits (Medicare and Joint Commission complaint visits/contacts; Dept. of Justice for RGSC; Fire Marshall and etc.)**	**State Hospitals**
O - 2C	**ANALYZE PATIENT COMPLAINTS AND GRIEVANCES.**	**State Hospitals**
O - 2D	**Ensure that case information is entered monthly into the Client Abuse/Neglect/Exploitation Database.**	**State Hospitals**
GOAL 3: PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT - The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's aftercare providers, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.		
O - 3A	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RESTRAINT AND SECLUSION RATE WITH A GOAL OF ZERO. Report progress on implementation of the Six Core Strategies and Philosophy of restraint and seclusion reduction quarterly to the COC and semiannually to the Governing Body.**	**State Hospitals**
O - 3B	**UTILIZE THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.**	**Psychiatric Hospitals**
O - 3C	Make recommendations to the ECGB related to treatment team planning based on results of appointed workgroup.	COC
O - 3D	Develop a CRS trauma assessment form in conjunction with MRAC.	COC

Goals, Objectives, Measures	2012 Indicator	Responsibility
O - 3E	Present system summary of STARS grant progress made during the grant cycle with any recommendations to the ECGB by January 31, 2012.	COC
O - 3F	Develop guidelines for use of safety plan that are integrated into the treatment planning and discharge processes.	COC
O - 3G	Ensure establishment of (suicide prevention officer led) facility based phone conferencing/roundtable review of current literature and facility practices related to suicide prevention efforts within the facilities.	COC
M - 3A	**MEASURE GLOBAL ASSESSMENT OF FUNCTIONS (GAF) IMPROVEMENT IN PATIENT TREATMENT OUTCOMES SHOWING THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED AND THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED.**	**Psychiatric Hospitals**
M - 3B	**Report the number of patients treated to cure.**	**TCID**
M - 3C	**Analyze Hansen's Program data to identify vulnerabilities and opportunities for improvement.**	**TCID**
M - 3D	Develop policy & procedure for research at TCID.	**TCID**
GOAL 4: IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES - An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.		
O - 4A	**Evaluate medication management systems and report annually.**	**State Hospitals**
O - 4B	**IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS.**	**State Hospitals**
O - 4C	**Report on the implementation of the MediMAR system, including any recommendations for system improvement.**	**Psychiatric Hospitals**
O - 4D	**Report and analyze P&T findings of Adverse Drug Reactions.**	**Psychiatric Hospitals**
O - 4E	**Report compliance with Core Measure of polypharmacy number and documentation of rationale at discharge.**	**Psychiatric Hospitals**
M - 4A	**ANALYZE AND REPORT THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTIC MEDICATION.**	**Psychiatric Hospitals**
M - 4B	**ANALYZE AND REPORT THE COST OF ANTIPSYCHOTIC MEDICATIONS. Hospitals will report cost by hospital units and prescribing practioners to the Governing Body.**	**Psychiatric Hospitals**
M - 4C	**ANALYZE AND REPORT THE COST OF TB MEDICATIONS.**	**TCID**

Goals, Objectives, Measures	2012 Indicator	Responsibility
GOAL 5: ASSURE CONTINUUM OF CARE - All State Hospitals will collaborate and work cooperatively with designated local mental health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.		
O - 5A	**REPORT ON DISCHARGE OR TRANSFER OF DUALLY DIAGNOSED PATIENTS WITH MENTAL ILLNESS AND INTELLECTUAL DISABILITIES WITHIN 30 DAYS WHEN THESE "PATIENTS ARE DETERMINED TO BE DISCHARGE READY."**	**Psychiatric Hospitals**
O - 5B	**Maintain a current Utilization Management Agreement with Local Mental Health Authorities (when applicable).**	**Psychiatric Hospitals**
O - 5C	**REPORT QUARTERLY PATIENTS HAVING BEEN IN THE STATE PSYCHIATRIC HOSPITAL OVER 365 DAYS. IDENTIFIED BY FOUR CATEGORIES: 1) NEED CONTINUED HOSPITALIZATION, (CIVIL/FORENSIC); 2) ACCEPTED FOR PLACEMENT; 3) BARRIER TO PLACEMENT, AND 4)CRIMINAL COURT INVOLVEMENT. THE HOSPITAL AND THE LMHA WILL UPDATE A NEW CONTINUITY OF CARE PLAN FOR ANY PATIENT WHO IS ON THE LIST IN CATEGORY 3. THIS PLAN SHOULD BE DEVELOPED WITHIN 30 DAYS AFTER BEING IDENTIFIED.**	**Psychiatric Hospitals**
O - 5D	The Forensic Services Committee will develop a proposal for a Pilot Forensic Mental Health Conditional Release Program. The pilot program design will be submitted for consideration and approval by the Director of the State Hospitals Section no later than January 15, 2012, and must be implementable within existing statutory and fiscal constraints.	Forensic Services Committee
M - 5A	**CALCULATE AND REPORT NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM.**	**State Hospitals**
M - 5B	**CALCULATE PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY; 7 DAYS OR LESS; 8 TO 30 DAYS, 31 TO 90 DAYS; GREATER THAN 90 DAYS.**	**Psychiatric Hospitals**
M - 5C	**REPORT NUMBER OF ADMISSION; AVERAGE LENGTH OF STAY; NUMBER OF OUTPATIENT ADMISSIONS; NUMBER OF DISCHARGES BY CATEGORIES (TUBERCULOSIS, MULTI-DRUG RELATED TUBERCULOSIS [MDRTB], EXTENSIVELY DRUG RESISTANT TUBERCULOSIS [XDRTB]).**	**TCID**

Goals, Objectives, Measures	2012 Indicator	Responsibility
M - 5D	**CALCULATE THE AVERAGE LENGTH OF STAY IN THE HOSPITAL FOR PATIENTS: ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND ALL DISCHARGES.**	**Psychiatric Hospitals**
GOAL 6: IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM - The State Hospitals address the safety of all patients and all staff. Safety priorities should be integrated into all relevant hospital processes, functions and services. The program should improve safety by reducing the risk of system and process failures.		
O - 6A	Maintain prioritized budget lists to address needed environmental and physical plant improvements and capital equipment needs for which no centralized designated funds have been allocated.	State Hospitals
O - 6B	**MAINTAIN WORKERS COMP CLAIMS EXPENSE PER FTE AT OR BELOW THE STATE HOSPITAL SYSTEM AVERAGE CLAIMS COST PER FTE FOR THE PRIOR FISCAL YEAR.**	**State Hospitals**
O - 6C	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WITH A GOAL OF ZERO.**	**State Hospitals**
O - 6D	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF PATIENT INJURIES RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WITH A GOAL OF ZERO.**	**State Hospitals**
O - 6E	**ANALYZE THE NUMBER OF EMPLOYEE INJURIES RESULTED BY PATIENT AGGRESSION.**	**State Hospitals**
O - 6F	**CONTINUE TO DEMONSTRATE EFFORTS TO REDUCE THE RATE OF UNAUTHORIZED DEPARTURES WITH A GOAL OF ZERO.**	**State Hospitals**
O- 6G	**ANALYZE AND EVALUATE THE EFFECTIVENESS OF THE FALL REDUCTION PROGRAM AND DEMONSTRATE EFFORTS TO REDUCE THE RATE OF FALLS WITH A GOAL OF ZERO.**	**State Hospitals**
O - 6H	**Analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually.**	**State Hospitals**
M - 6A	**CALCULATE, TREND AND REVIEW RATE OF PATIENT INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 0-17; AGE 18-64; AGE 65-OLDER.**	**State Hospitals**
M - 6B	**CALCULATE, TREND AND REVIEW RATE OF ON THE JOB EMPLOYEE INJURIES FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES: AGE 18-39; AGE 40-64; AGE 65-OLDER.**	**State Hospitals**

Goals, Objectives, Measures	2012 Indicator	Responsibility
GOAL 7: OBTAIN, MANAGE AND USE INFORMATION - Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals 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, safety, governance, management and support processes.		
O - 7A	Review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY12.	CPIC
O - 7B	**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% of the average monthly discharges. Data is trended and performance improvement initiatives are taken as appropriate.**	**State Hospitals**
O - 7C	Analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency.	State Hospitals
O - 7D	Develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc., in conjunction with IT Operations and DSHS Legal Services.	State Hospitals Section
O - 7E	**Evaluate and report annually to the Governing Body on the use of video-conferencing.**	**State Hospitals**
O - 7F	**Report implementation of electronic medical record.**	**TCID**
O - 7G	**Report on performance improvement activity related to ORYX core measures that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.**	**State Hospital**
O - 7H	**MAINTAIN 95% COMPLIANCE FOR DATA INTEGRITY REVIEW MEASURES.**	**State Hospitals**
GOAL 8: ASSURE A COMPETENT WORKFORCE - The State Hospitals Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer- employee arrangements or contractual arrangement; 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.		
O - 8A	**ACHIEVE 95% OF ALL STAFF CURRENT WITH CORE, SPECIALTY AND OVERALL TRAINING REQUIREMENTS.**	**State Hospitals**
O - 8B	**ACHIEVE TARGET OF 95% OF ALL STAFF HAVING A CURRENT EVALUATION.**	**State Hospitals**

Goals, Objectives, Measures	2012 Indicator	Responsibility
M - 8A	**COLLECT, ANALYZE AND REPORT STAFF TURNOVER RATES FOR CRITICAL SHORTAGE STAFF.**	**State Hospitals**
M - 8B	**COLLECT, ANALYZE AND REPORT STAFF VACANCY RATES FOR CRITICAL SHORTAGE STAFF. (Report Physicians, Psychiatrists, Pharmacist, Registered Nurses, Licensed Vocational Nurses and Psychiatric Nursing Assistants).**	**State Hospitals**
M - 8C	**REPORT NUMBER OF STAFF MEMBERS CURRENTLY UTILIZING EDUCATION LEAVE AND THE AREA OF STUDY (i.e. nursing, psychology, etc.)**	**State Hospitals**
GOAL 9: IMPROVE ORGANIZATIONAL PERFORMANCE - Performance improvement focuses on outcomes of care, treatment and services. This goal focuses on designing an effective and continuous program to systematically measure performance through data collection, assess current performance and improve performance, patient safety and business process outcomes.		
O - 9A	**REPORT SATISFACTION SURVEY FROM CHILD PATIENTS AND THEIR PATIENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE. SATISFACTION WITH TREATMENT AND SAFE MILIEU PROVIDED IN STATE PSYCHIATRIC HOSPITALS WILL BE DEMONSTRATED BY ACHIEVING THE AVERAGE SCORE ON THE PATIENT SATISFACTION SURVEYS (PSAT) OF "4" ON THE PARENT SATISFACTION SURVEY AND AN AVERAGE SCORE OF "1.7" ON THE CHILDREN SATISFACTION SURVEY.**	**Psychiatric Hospitals**
O - 9B	**REPORT ADULT AND ADOLESCENT PATIENT SATISFACTION WITH THEIR CARE AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF "3.60" ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).**	**Psychiatric Hospitals**
O - 9C	Monitor, evaluate, and report compliance with the Joint Commission National Patient Safety Goals and other quality of care standards, through the Clinical Performance Improvement Committee (CPIC) defined process. The aggregate information will be collected through and evaluated by the CPIC and reported.	State Hospitals
O - 9D	**Conduct a minimum of one patient tracer for each treatment team during FY12. Data collected utilizing tracer methodology will follow the care that individual patients receive, as well as evaluate patient care systems and processes. Information will be aggregated at the hospital level and a summary report will be provided to the Governing Body at the second meeting of FY12.**	**State Hospitals**
O - 9E	**CONDUCT REGULARLY SCHEDULED ASSESSMENTS OF FACILITY SUPPORT SYSTEMS THROUGH THE FSPI PROCESS.**	**State Hospitals**
O - 9F	Review the Assessments of Facility Support Systems instruments and make recommendations.	CPIC
O - 9G	**Monitor and analyze patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit, including the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.**	**State Hospitals**

Goals, Objectives, Measures	2012 Indicator	Responsibility
O - 9H	**Develop standard definitions for 1:1 and related special precautions by November 30, 2011.**	**COC**
O - 9I	**Begin Baseline studies of usage of precautions across the system for later recommendations**	**State Hospitals**
GOAL 10: INFECTION CONTROL - The State Hospitals provide the leadership and resources necessary to prevent and control health-care associated infections. This goal focuses on reducing the risk of health-care acquired infection through appropriate risk reduction strategies, including staff education, monitoring hand hygiene compliance, immunization, surveillance activities, and preventing the spread of multiple drug resistant organisms (MDRO).		
O - 10A	**Establish a hospital specific infection control plan based upon the hospital's risk assessment and report on its implementation. Present evaluation of the plan annually.**	**State Hospitals**
M - 10A	**COLLECT, COMPARE, AND REPORT DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES.**	**State Hospitals**
M - 10B	**Report percentage of employees compliance with influenza immunization with a goal of 90% of employees immunized for influenza. Report percentage of employees who have declined immunization. (Compliance includes employees immunized both at the hospital and through outside providers).**	**State Hospitals**
M - 10C	**Report rate of pneumococcal and influenza immunization for patients identified as high risk.**	**State Hospitals**

GOAL 1: Provide Leadership

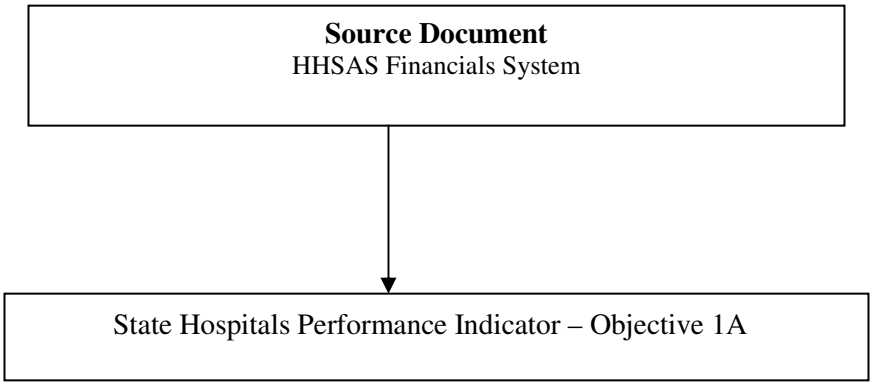
Performance Objective 1A:

Monitor outside medical costs for civil and forensic patients.

Performance Objective Operational Definition: The state hospitals outside medical costs will be monitored.

Performance Objective Data Display and Chart Description:
Table shows the quarterly cost for outside medical cost for individual state hospitals and system-wide.

Data Flow:



Objective 1A - Outside Medical Cost
All State Hospitals

Outside Medical Cost

	FY2011					FY2012				
Facility	**Q1**	**Q2**	**Q3**	**Q4**	**FY**	**Q1**	**Q2**	**Q3**	**Q4**	**FY**
ASH	$447,577	$596,770	$839,287	$811,108	$2,694,742	$431,106	$655,933			$1,087,039
BSSH	$88,523	$146,174	$103,671	$110,716	$449,084	$81,475	$74,419			$155,894
EPPC	$1,528	$103,615	$143,302	$106,495	$354,940	$41,779	$76,877			$118,656
KSH	$155,768	$168,035	$151,550	$181,424	$656,777	$83,827	$344,782			$428,609
NTSH	$259,477	$556,429	$597,275	$587,324	$2,000,505	$323,539	$503,052			$826,591
RGSC	$140,625	$92,383	$104,689	$102,788	$440,485	$54,434	$87,672			$142,106
RSH	$628,573	$438,292	$1,069,310	$411,241	$2,547,416	$294,137	$495,444			$789,581
SASH	$44,406	$255,707	$323,475	$425,705	$1,049,293	$151,810	$164,925			$316,735
TSH	$144,899	$53,477	$107,143	$199,657	$505,176	$31,516	$119,465			$150,981
WCFY	$24,318	$18,138	$39,305	$16,984	$98,745	$10,032	$18,749			$28,781
All SH	**$1,935,694**	**$2,429,020**	**$3,479,007**	**$2,953,442**	**$10,797,163**	**$1,503,655**	**$2,541,318**			**$4,044,973**

Chart: Hospital Management Data Services

Source: Outside Medical ExpenseDatabase

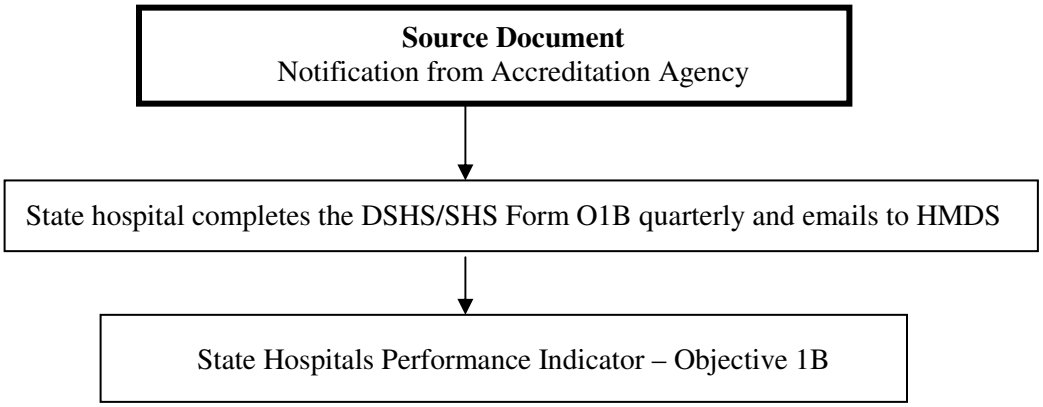
Performance Objective 1B:

Maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2012.

Performance Objective Operational Definition: The state hospital's current status in JC accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review. The CEO of each facility will inform the Director of State Hospitals in writing of any change in accreditation or certification status.

Performance Objective Data Display and Chart Description:
Table shows the date, grid score and year accredited by JC; Medicare last date certified and the number of certified beds; number of Medicare complaint visits; date of CMS On-Site Survey; date of TVFC Audit for WCFY; date of the last IMD Review; and ICF-MR last date certified and number of certified beds for individual state hospitals.

Data Flow:



Objective 1B - Maintain Accreditation and Certifications
(As of February 29, 2012)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
JC Accreditation											
Date of accreditation:	Nov-09	May-09	Nov-09	Sep-09	Feb-10	Jun-11	Feb-10	May-10	Apr-10	Aug-09	Jun-10
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY12	0	0	0	0	0	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	41	48	100	55	166	100	94	72	N/A
No. of Complaint Visits for Q2	0	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	0	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey	Apr-09	Jun-09	Jan-09	Feb-07	Sep-07	May-08		Jul-11	Mar-08	Aug-11	
Date of last IMD Review:	May-10	Aug-11	Aug-11	Dec-08	Sep-10	N/A	Oct-09	Oct-11	Aug-10	N/A	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	44	N/A	N/A
Date of TVFC Audit:**											Sep-11
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Dec-11	N/A	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	N/A

*Geriatric-certified/Medicare beds (these beds are included in the total certified medicare bed numbers)
**Texas Vaccines For Children Audit applies to WCFY only.

Source: Facility Survey
Table: Hospital Management Data Services
JCAHO Grid Score: Mental Health Services Department

Performance Objective 1C:

Report FY12 collections comparison to FY11 for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds methods of finance.

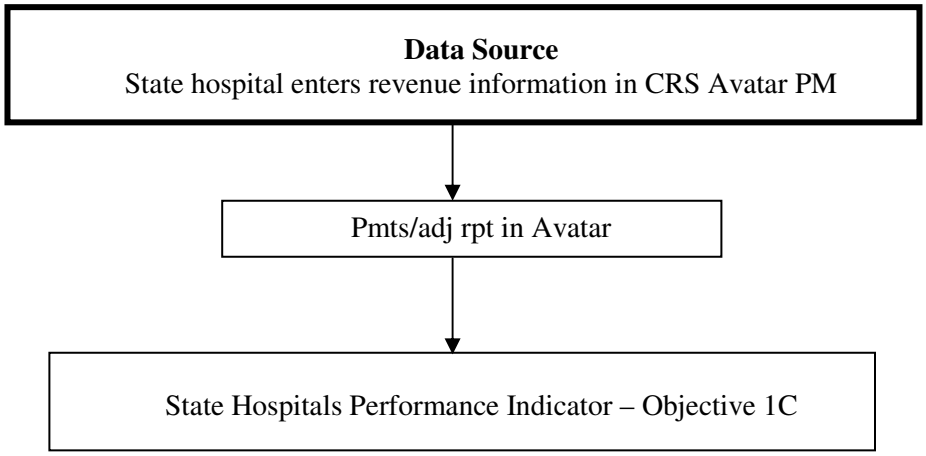
Performance Objective Operational Definition: The state hospital collections for Medicaid, Medicare, Private Source, and Others – Stimulus Payments per month. Collections are reported from the hospitals' internal billing system and reported utilizing the HHSC DADS/DSHS CRS Avatar PM.

Performance Objective Formula: No formula.

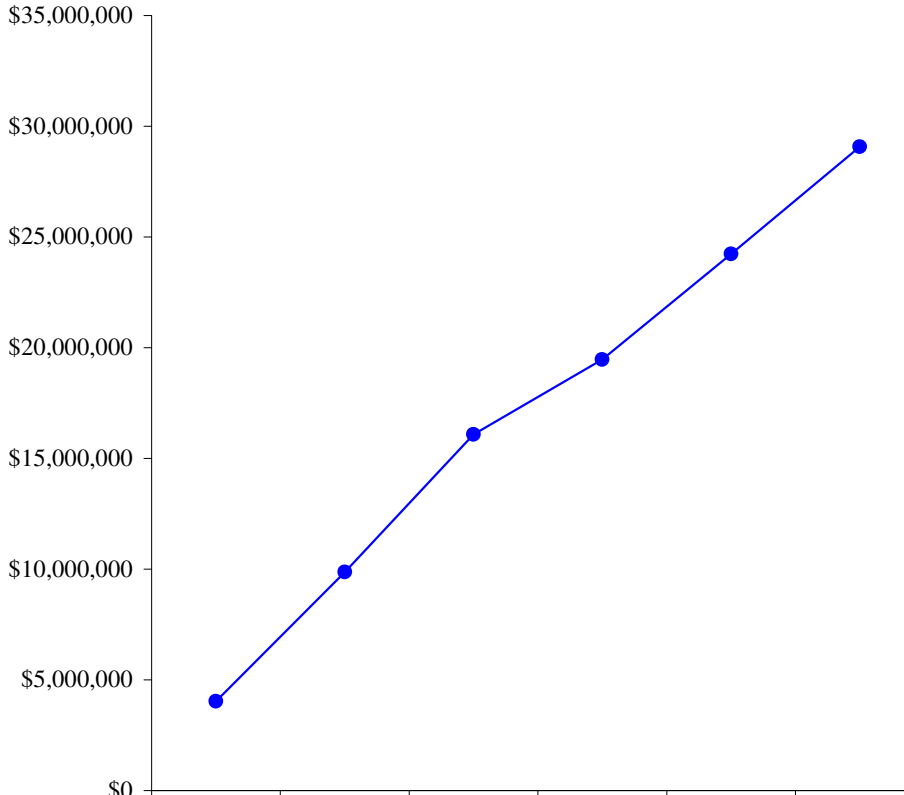
Performance Objective Data Display and Chart Description:

- Chart with monthly data points of revenue collection from each source for individual state hospital and system-wide.

Data Flow:



Objective 1C - FY2012 Revenue Targets
All MH Facilities

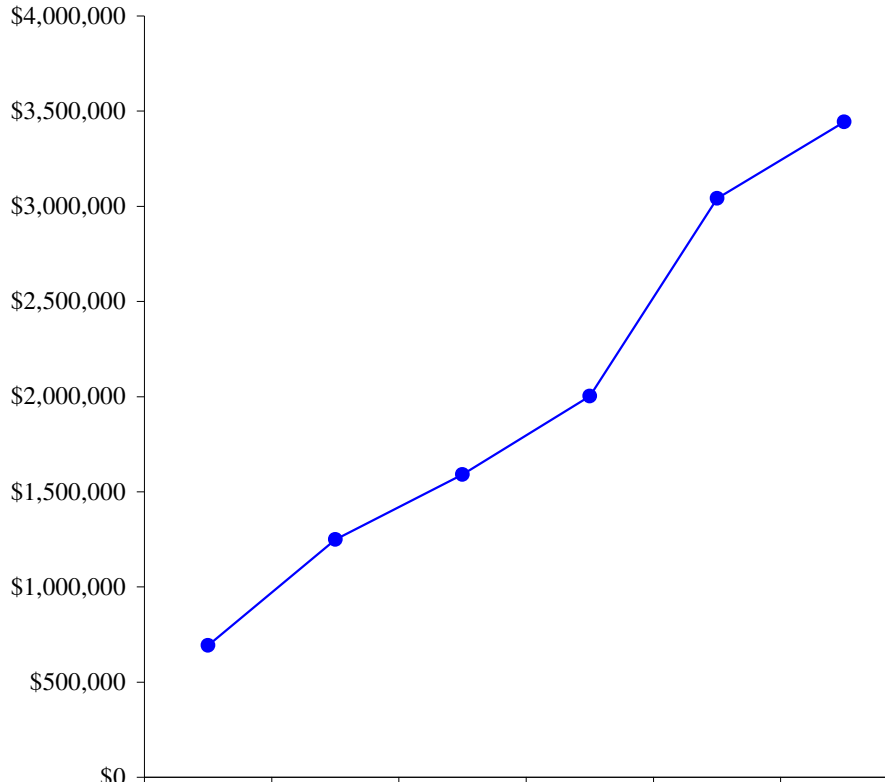


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$4,026,114	$5,842,170	$6,217,083	$3,385,454	$4,762,953	$4,843,232						
Medicaid	$1,396,928	$1,509,949	$1,044,872	$1,277,436	$1,819,196	$1,967,601						
Medicare	$2,059,124	$1,509,723	$2,127,529	$1,745,504	$2,331,608	$2,298,654						
Private Source	$509,794	$2,710,843	$2,962,752	$332,442	$611,817	$576,496						
Others - Stimulus Payments	$60,267	$111,655	$81,930	$30,071	$332	$482						
FYTD Total	$4,026,114	$9,868,284	$16,085,366	$19,470,820	$24,233,773	$29,077,005						
FY10 Collections	$30,243	$24,939	$3,832	$898,516	$520,169	$2,918						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Austin State Hospital

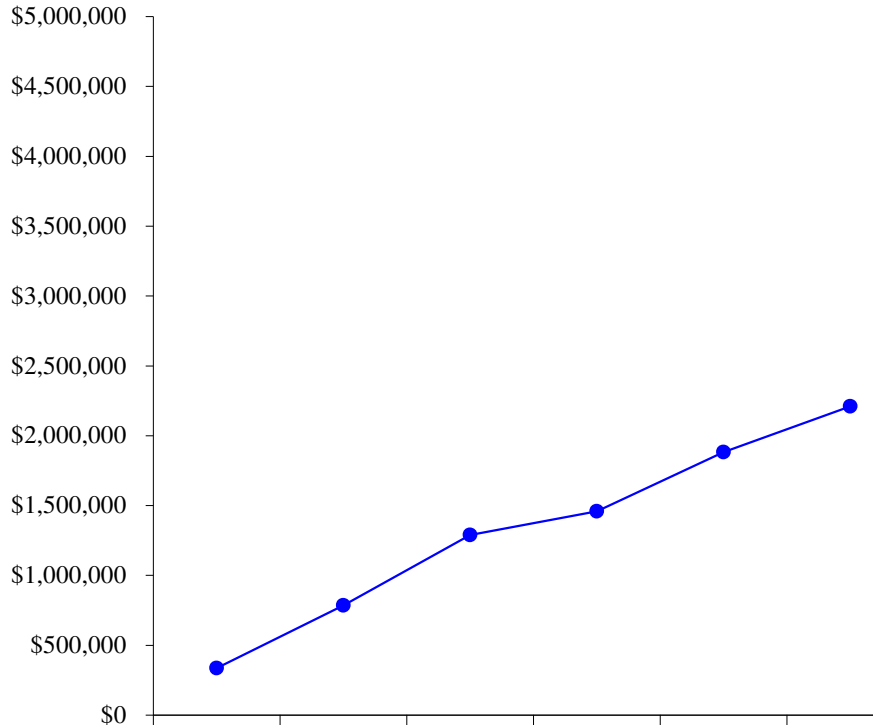


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$692,643	$556,808	$340,396	$413,058	$1,039,015	$401,742						
Medicaid	$224,649	$153,466	$96,815	$114,933	$251,835	$234,585						
Medicare	$323,188	$348,415	$125,271	$225,851	$667,463	$91,136						
Private Source	$138,630	$53,748	$118,311	$72,274	$119,717	$76,021						
Others - Stimulus Payments	$6,177	$1,179	$0	$0	$0	$0						
FYTD Total	$692,643	$1,249,451	$1,589,848	$2,002,906	$3,041,920	$3,443,662						
FY10 Collections	$7,433	$22,933	$3,317	$435,274	$151,753	$2,392						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Big Spring State Hospital

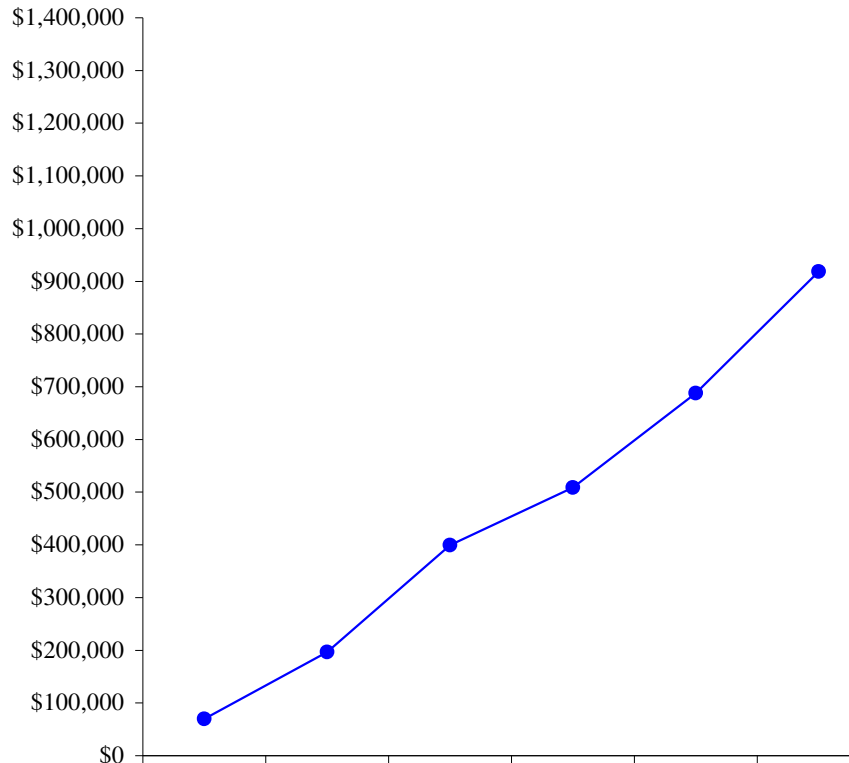


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$337,811	$447,760	$503,613	$168,838	$423,769	$327,332						
Medicaid	$558	$12,849	$30,664	$35,220	$15,899	$24,818						
Medicare	$320,935	$233,574	$296,829	$69,253	$276,289	$219,000						
Private Source	$16,317	$201,337	$176,120	$64,365	$131,581	$83,514						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$337,811	$785,571	$1,289,184	$1,458,022	$1,881,791	$2,209,123						
FY10 Collections	$20	$3	$84	$20,270	$9,465	$36						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
El Paso Psychiatric Center

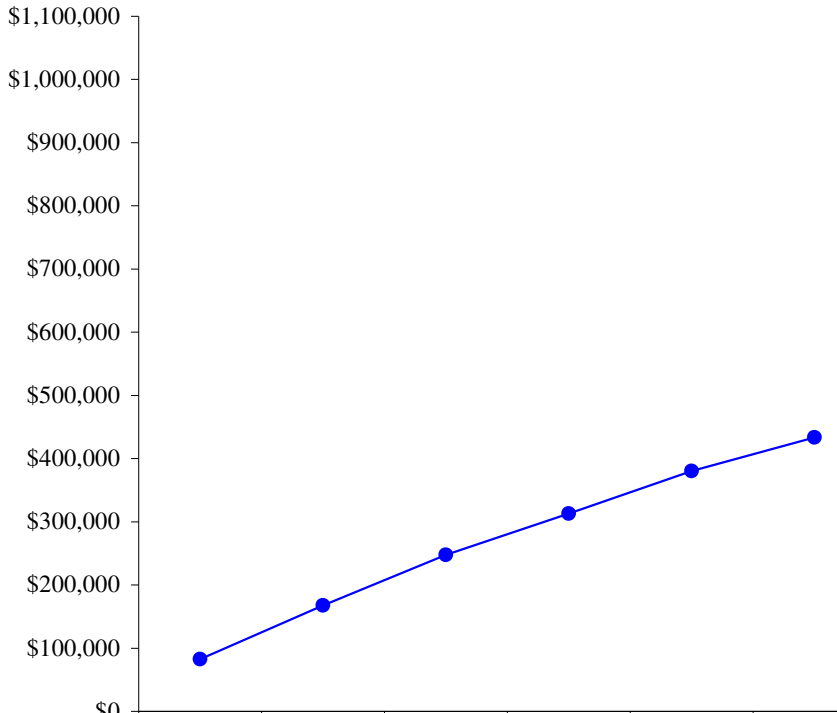


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$70,004	$126,497	$203,113	$109,358	$179,151	$230,728						
Medicaid	$25,113	$12,253	$8,465	$10,143	$31,453	$11,739						
Medicare	$39,106	$44,745	$90,944	$92,343	$107,160	$171,889						
Private Source	$5,785	$69,500	$103,704	$6,872	$40,539	$47,100						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$70,004	$196,502	$399,615	$508,972	$688,124	$918,852						
FY10 Collections	$25	$25	$0	$5,594	$6,338	$25						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Kerrville State Hospital

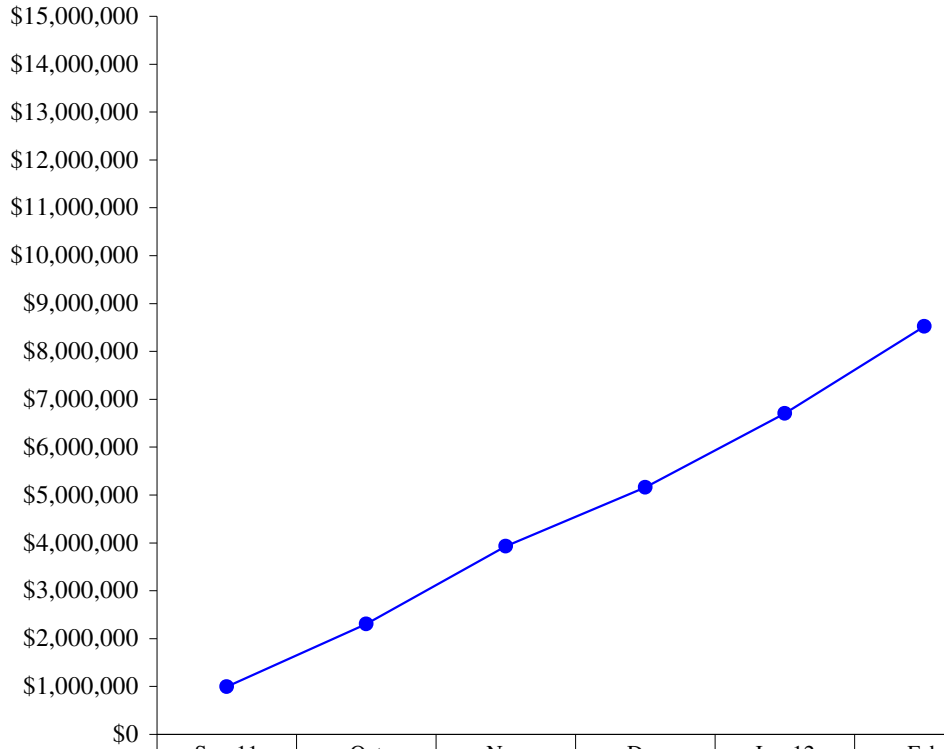


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$82,384	$85,405	$79,868	$65,104	$67,771	$53,036						
Medicaid	$0	$0	$193	$44	$0	$0						
Medicare	$63,993	$64,132	$60,306	$51,820	$55,919	$41,133						
Private Source	$18,390	$21,273	$19,369	$13,241	$11,852	$11,903						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$82,384	$167,789	$247,657	$312,761	$380,532	$433,568						
FY10 Collections	$24,950	$0	$0	$0	$0	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
North Texas State Hospital

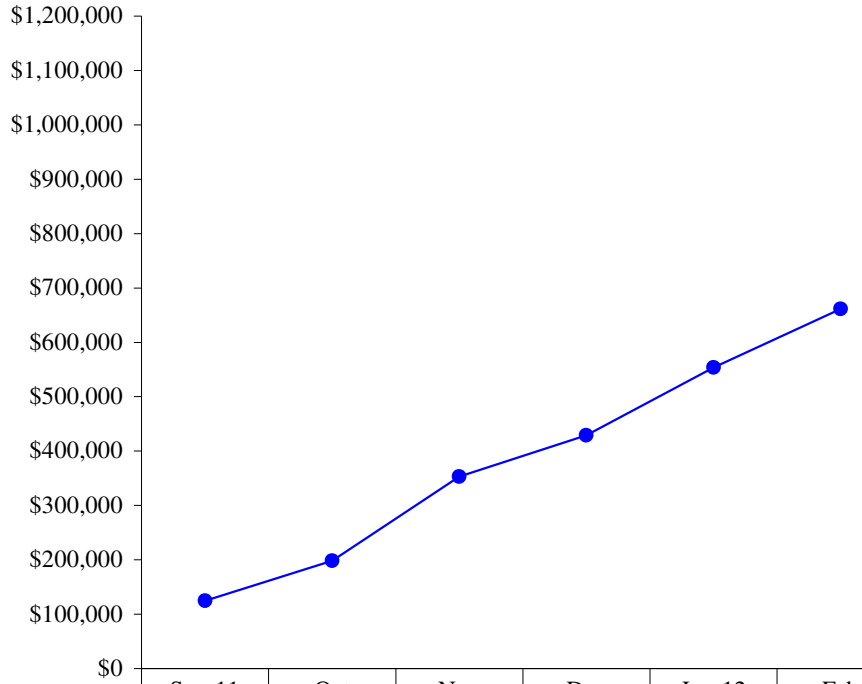


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$995,413	$1,312,396	$1,621,598	$1,229,976	$1,544,076	$1,819,002						
Medicaid	$464,425	$903,721	$728,810	$763,296	$987,772	$1,210,267						
Medicare	$380,016	$114,499	$565,109	$340,064	$447,421	$529,345						
Private Source	$108,545	$186,228	$246,222	$96,545	$108,883	$79,390						
	$42,427	$107,948	$81,457	$30,071	$0	$0						
FYTD Total	$995,413	$2,307,809	$3,929,407	$5,159,383	$6,703,460	$8,522,462						
FY10 Collections	$1,947	$1,937	$374	$119,171	$38,777	$440						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Rio Grande State Center

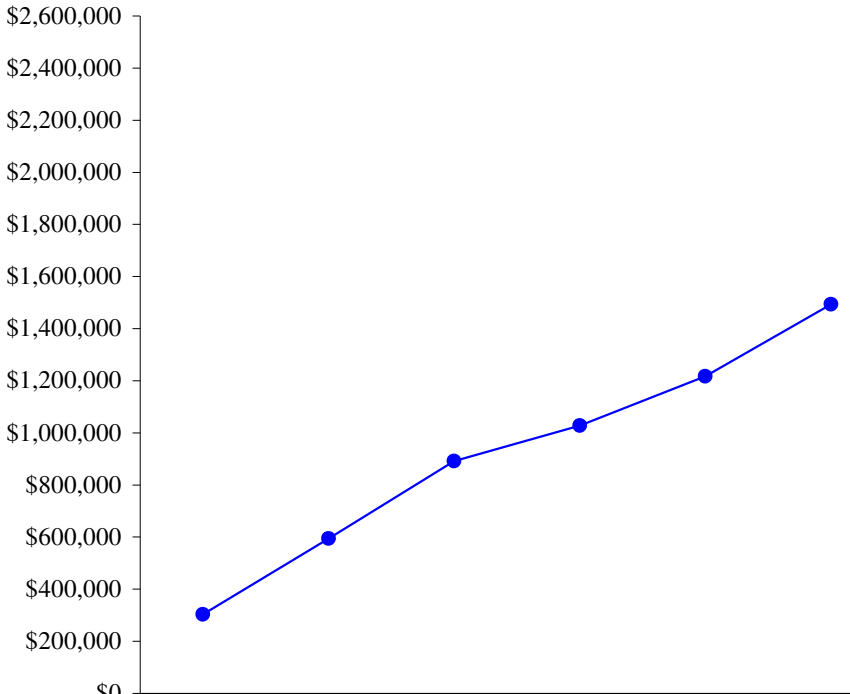


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$124,487	$74,138	$154,565	$75,986	$124,501	$107,731						
Medicaid	$27,385	$28,907	$12,650	$11,141	$8,902	$35,106						
Medicare	$87,862	$43,244	$141,382	$64,539	$115,238	$72,086						
Private Source	$2,837	$57	$60	$307	$29	$57						
Others - Stimulus Payments	$6,403	$1,929	$473	$0	$332	$482						
FYTD Total	$124,487	$198,625	$353,190	$429,177	$553,677	$661,408						
FY10 Collections	$1	$25	$0	$384	$219	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Rusk State Hospital

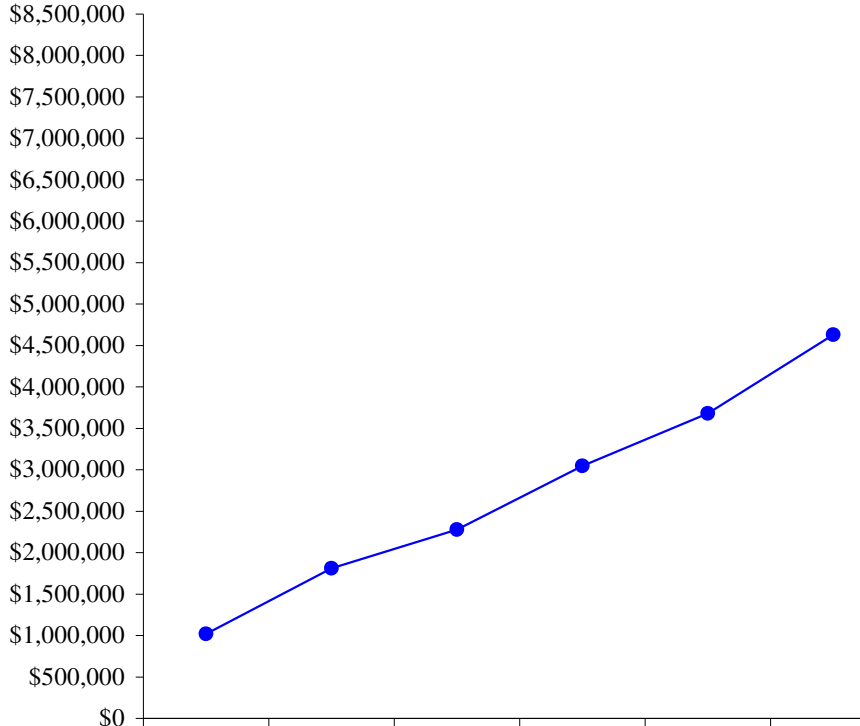


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$303,900	$290,622	$297,067	$136,503	$189,171	$276,249						
Medicaid	$31,484	$15,674	$8,306	$10,999	$34,287	$21,282						
Medicare	$256,042	$257,767	$273,798	$116,307	$120,383	$233,360						
Private Source	$16,373	$17,181	$14,963	$9,196	$34,501	$21,607						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$303,900	$594,521	$891,588	$1,028,092	$1,217,263	$1,493,511						
FY10 Collections	-$100	$0	$0	$48,666	$8,363	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
San Antonio State Hospital

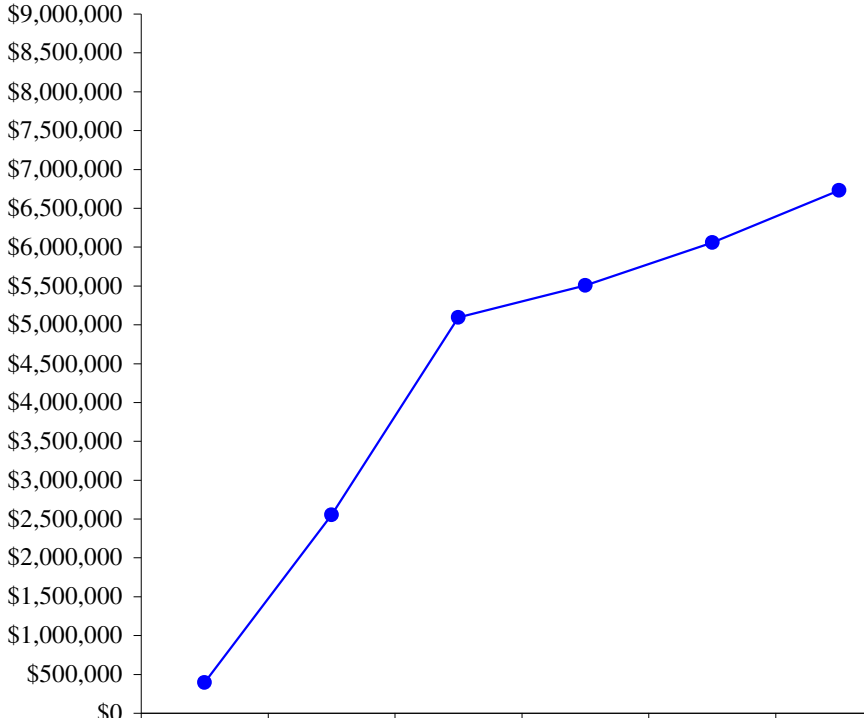


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$1,019,413	$790,329	$468,649	$769,610	$633,327	$948,736						
Medicaid	$438,334	$308,274	$77,138	$241,808	$355,343	$291,640						
Medicare	$436,710	$357,199	$313,424	$494,507	$179,893	$513,883						
Private Source	$144,030	$124,323	$78,088	$33,296	$98,091	$143,213						
Others - Stimulus Payments	$339	$533	$0	$0	$0	$0						
FYTD Total	$1,019,413	$1,809,741	$2,278,390	$3,048,000	$3,681,327	$4,630,063						
FY10 Collections	$0	$0	$31	$208,348	$296,854	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Terrell State Hospital

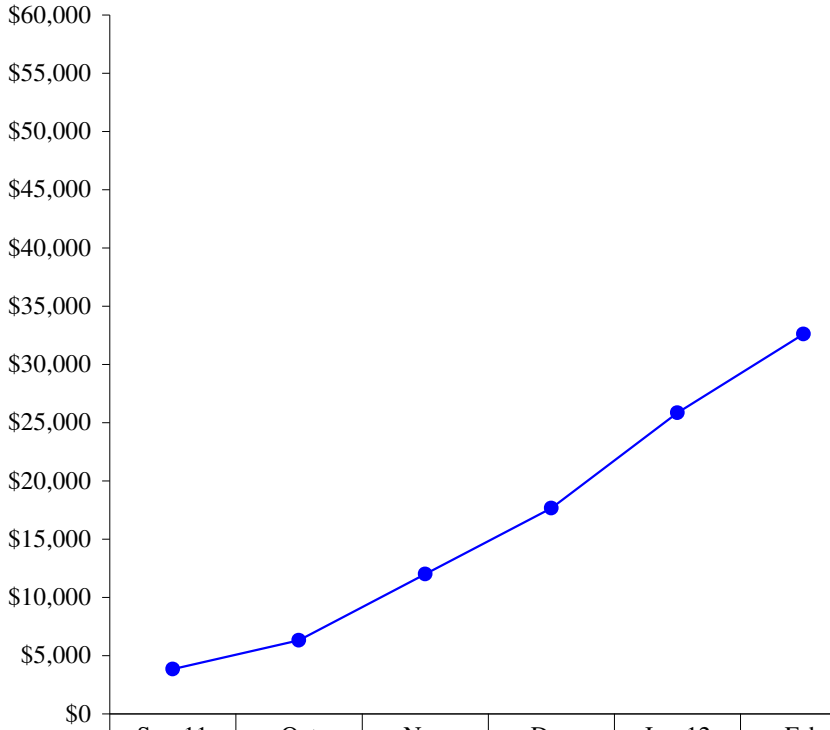


	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$396,213	$2,155,734	$2,542,527	$411,382	$553,962	$671,917						
Medicaid	$184,980	$74,805	$81,832	$89,853	$133,705	$136,508						
Medicare	$151,271	$46,147	$260,467	$290,820	$361,843	$426,820						
Private Source	$55,040	$2,034,716	$2,200,229	$30,708	$58,414	$108,589						
Others - Stimulus Payments	$4,922	$66	$0	$0	$0	$0						
FYTD Total	$396,213	$2,551,947	$5,094,474	$5,505,855	$6,059,817	$6,731,734						
FY10 Collections	-$4,033	$16	$25	$60,609	$8,198	$25						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Objective 1C - FY2012 Revenue Targets
Waco Center For Youth



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	$3,847	$2,481	$5,685	$5,639	$8,210	$6,760						
Medicaid	$0	$0	$0	$0	$0	$1,656						
Medicare	$0	$0	$0	$0	$0	$0						
Private Source	$3,847	$2,481	$5,685	$5,639	$8,210	$5,104						
Others - Stimulus Payments	$0	$0	$0	$0	$0	$0						
FYTD Total	$3,847	$6,328	$12,013	$17,652	$25,863	$32,622						
FY10 Collections	$0	$0	$0	$200	$200	$0						

Chart: Hospital Management Data Services

Source: Reimbursement Green Report

Performance Objective 1E:

Operate an average daily census that has been allocated and projected for the hospital inpatient services.

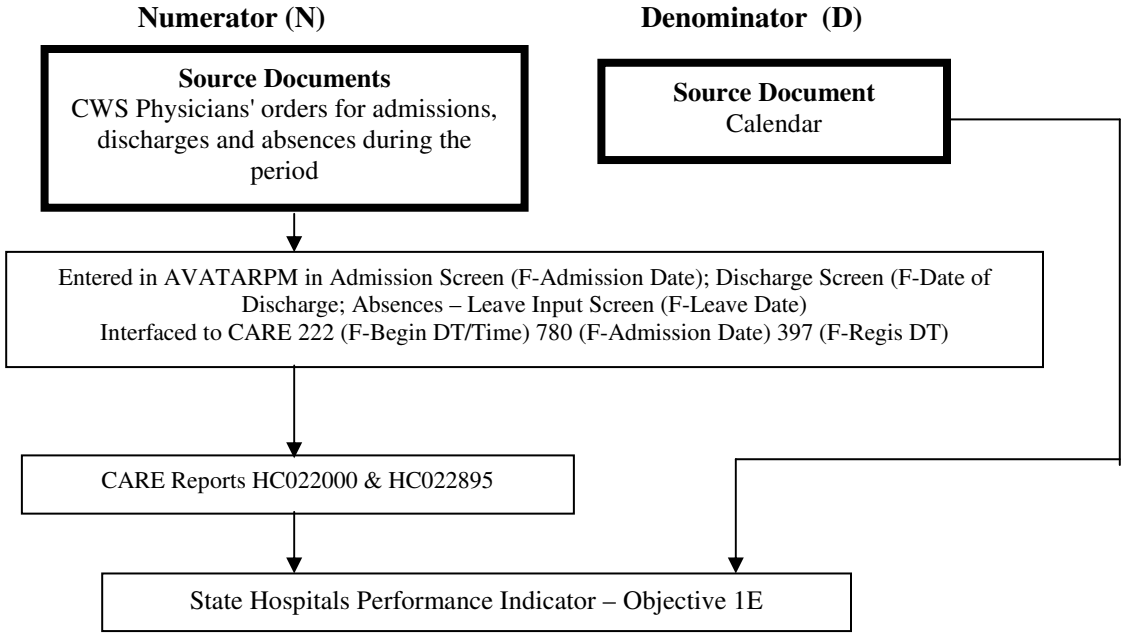
Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY08. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3rd Party Average Census includes exempt bed days with exemption codes 05,09,10,11,12,13,15.

Performance Objective Formula:

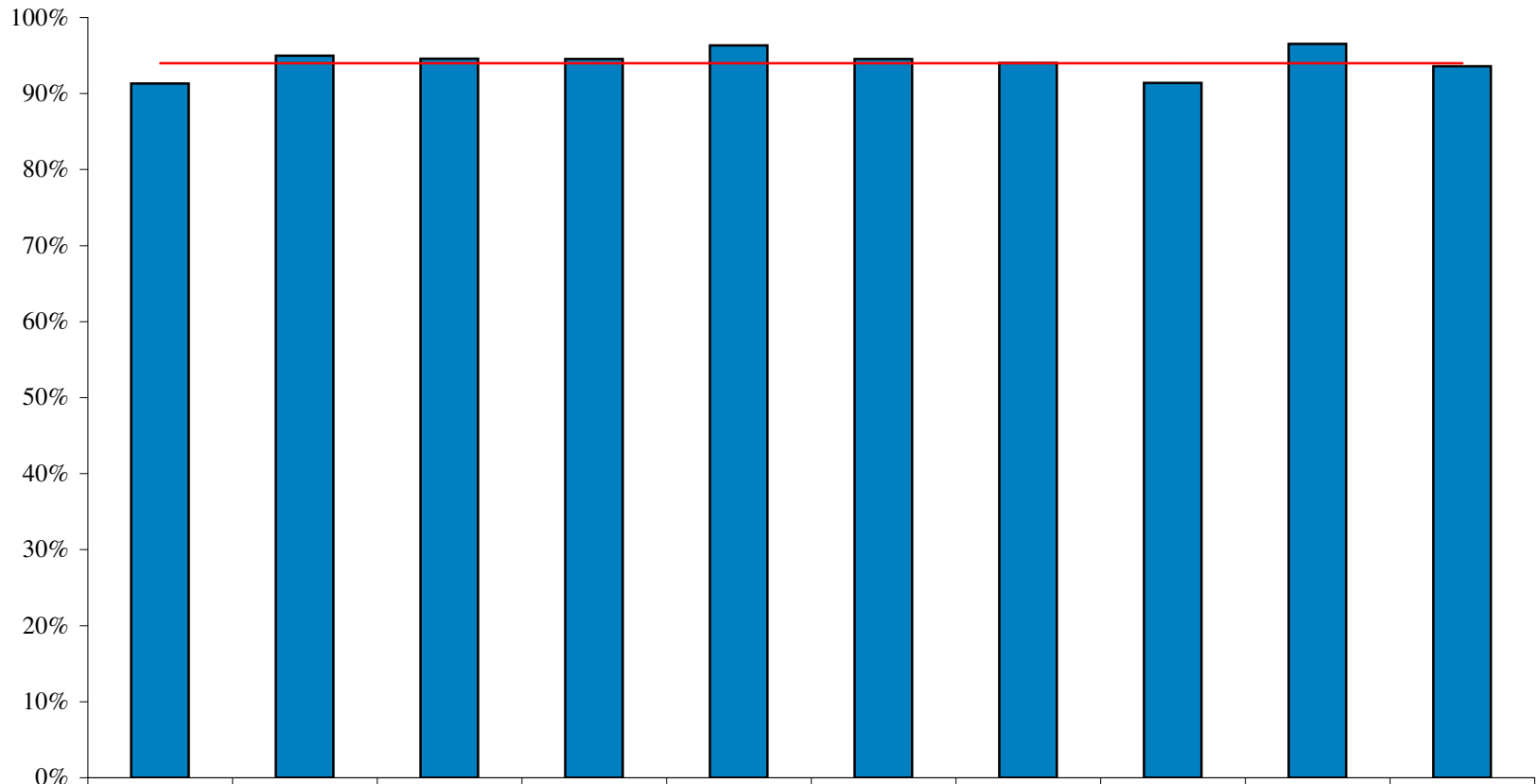
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

Performance Objective Data Display and Chart Description:
Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

Data Flow:



Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals - As of February 29, 2012

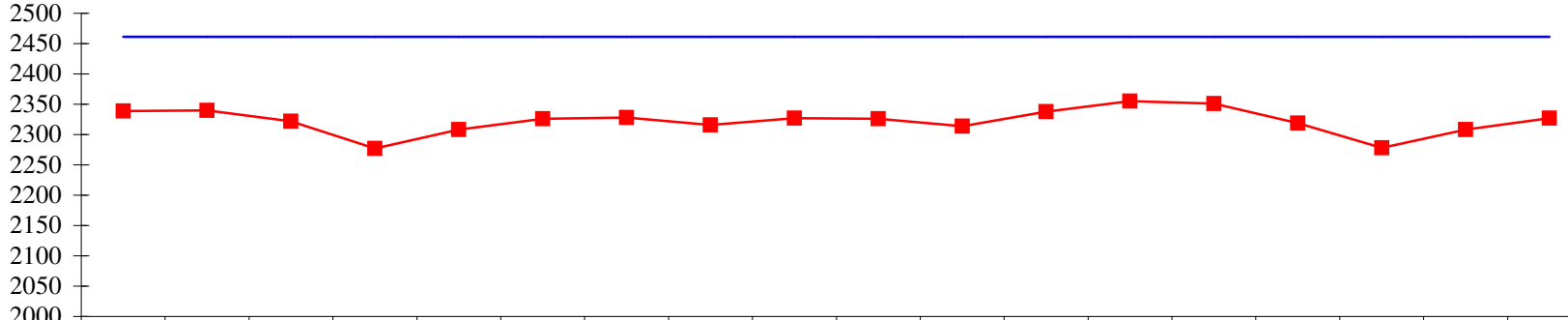


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Occupancy	91%	95%	95%	95%	96%	95%	94%	91%	97%	94%
ADC	273	190	70	191	578	52	315	276	305	73
Funded Census	299	200	74	202	600	55	335	302	316	78
All State Hospitals	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

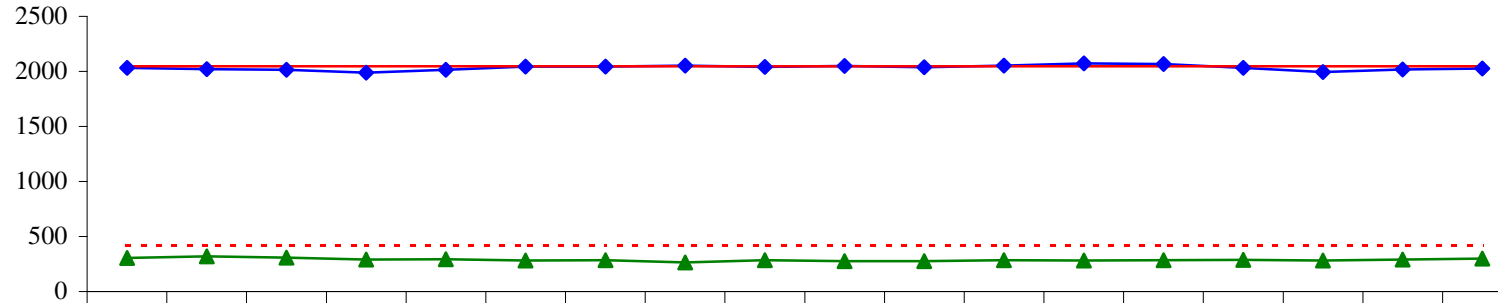
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
All State MH Hospitals



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	2339	2340	2322	2277	2308	2326	2328	2316	2327	2326	2314	2338	2355	2351	2319	2278	2308	2327
Funded Census	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461	2461

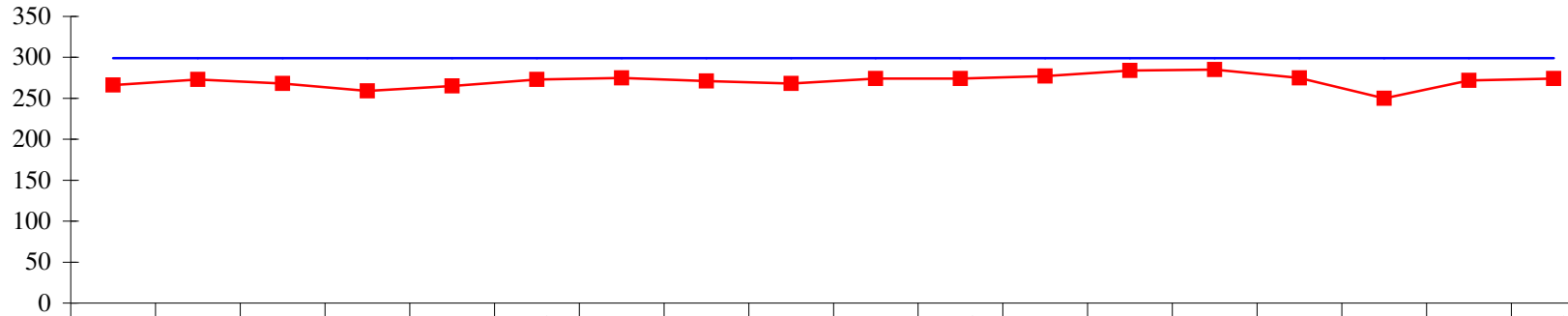


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	2032	2020	2015	1987	2015	2044	2043	2051	2041	2050	2038	2054	2072	2067	2031	1996	2018	2027
Funded Gen. Rev. ADC	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046	2046
Actual Third Party ADC	307	320	307	290	293	282	285	265	286	277	276	284	283	284	288	282	290	300
Funded Third Party ADC	415	415	415	415	415	415	415	415	415	415	415	415	415	415	415	415	415	415

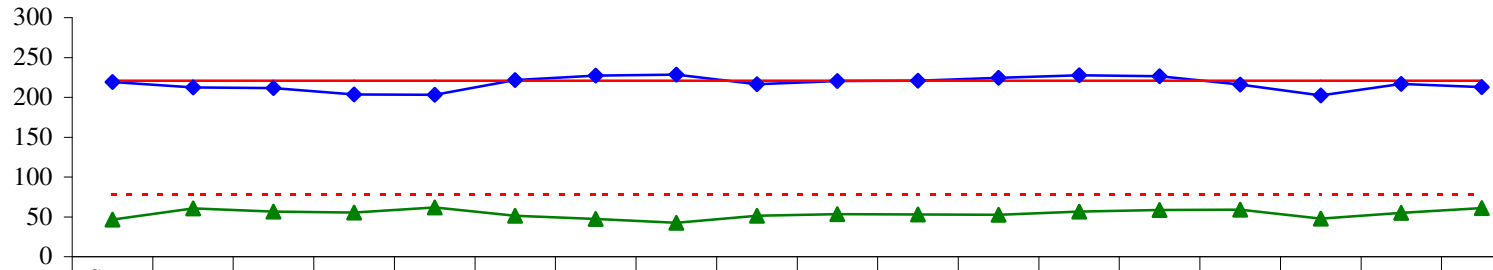
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Austin State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	266	273	268	259	265	273	275	271	268	274	274	277	284	285	275	250	272	274
Funded Census	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299	299

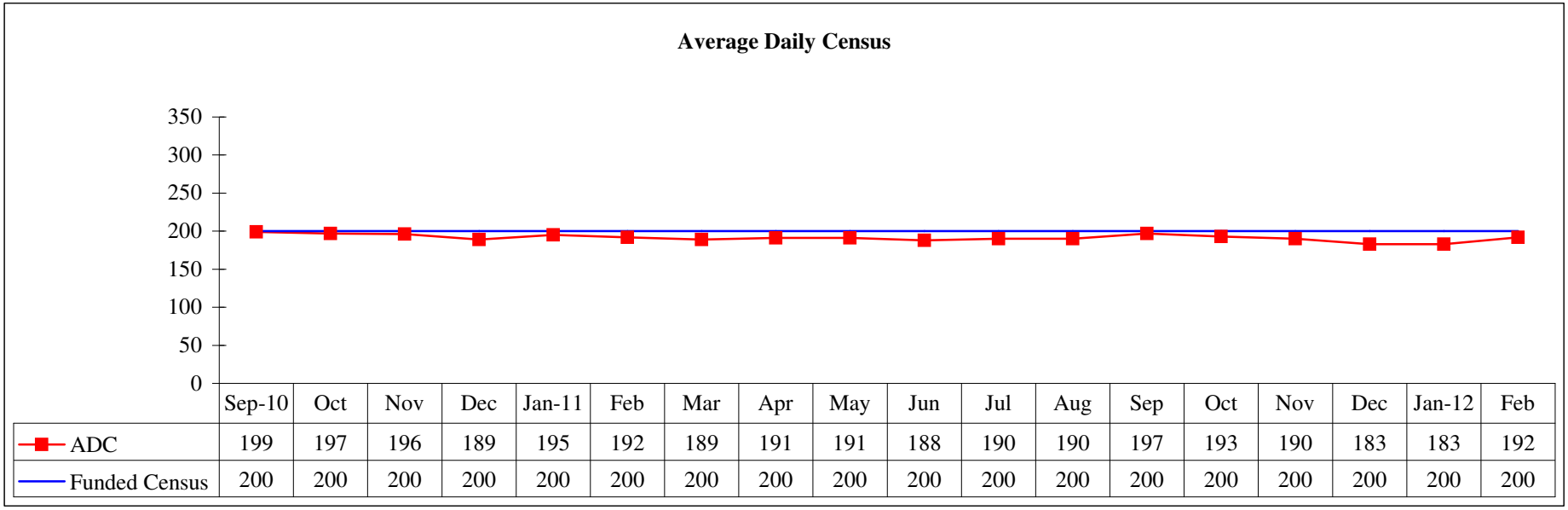


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	219	212	212	204	203	222	227	228	217	221	221	225	228	227	216	202	217	213
Funded Gen. Rev. ADC	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221	221
Actual Third Party ADC	47	61	57	55	62	51	48	43	51	54	53	52	56	58	59	48	55	61
Funded Third Party ADC	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78

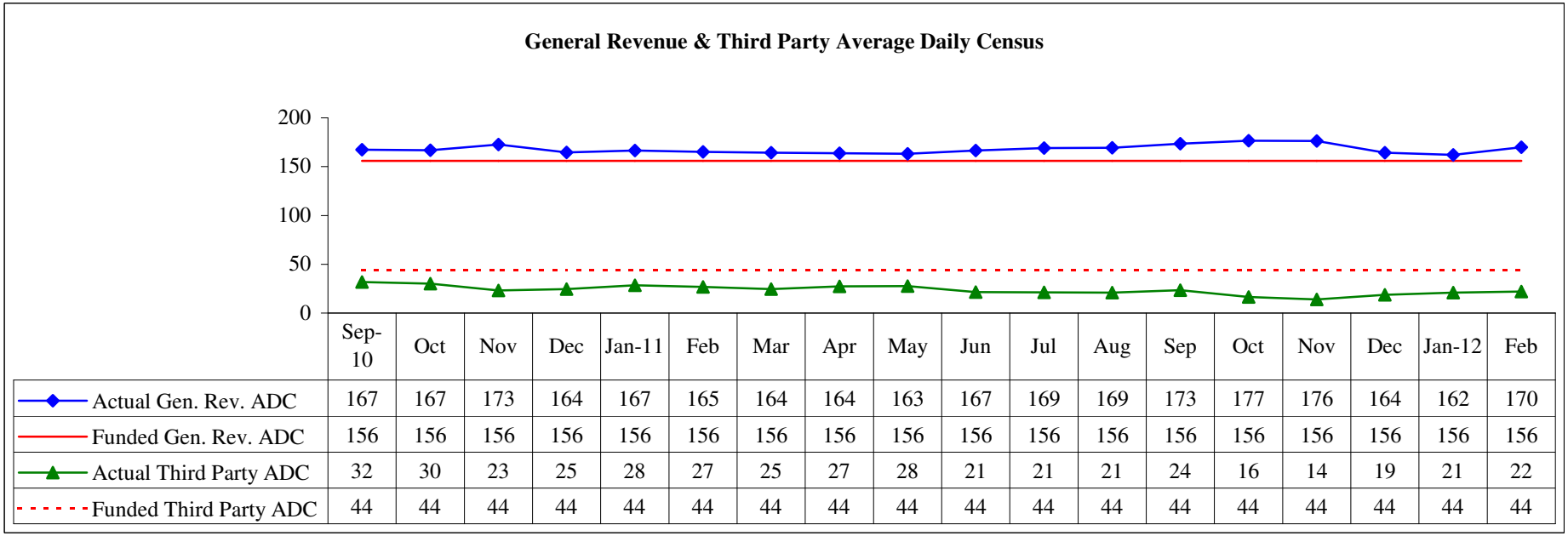
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	199	197	196	189	195	192	189	191	191	188	190	190	197	193	190	183	183	192
Funded Census	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200

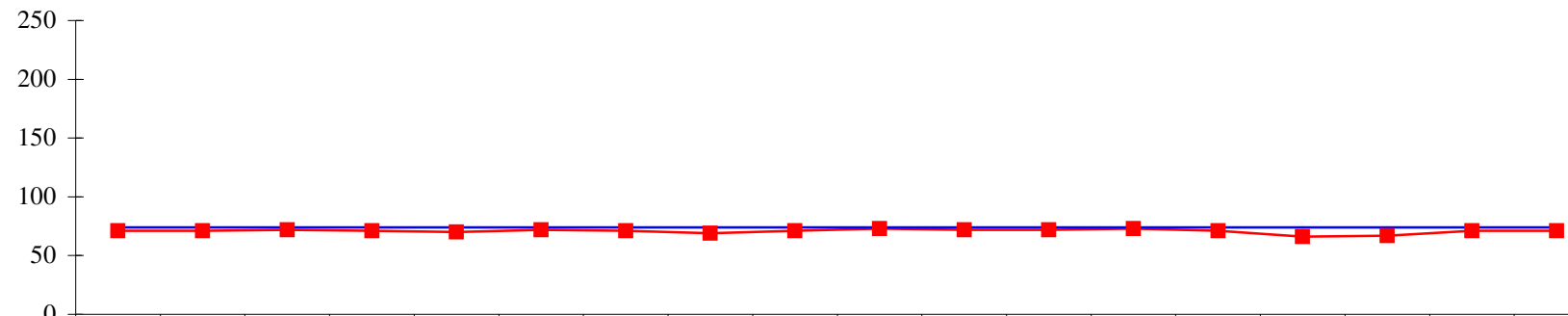


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	167	167	173	164	167	165	164	164	163	167	169	169	173	177	176	164	162	170
Funded Gen. Rev. ADC	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156	156
Actual Third Party ADC	32	30	23	25	28	27	25	27	28	21	21	21	24	16	14	19	21	22
Funded Third Party ADC	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44

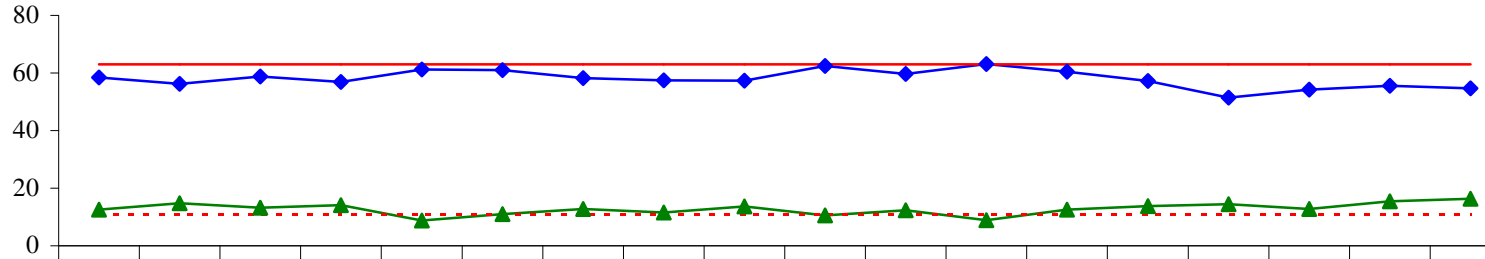
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
El Paso Psychiatric Center



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	71	71	72	71	70	72	71	69	71	73	72	72	73	71	66	67	71	71
Funded Census	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74

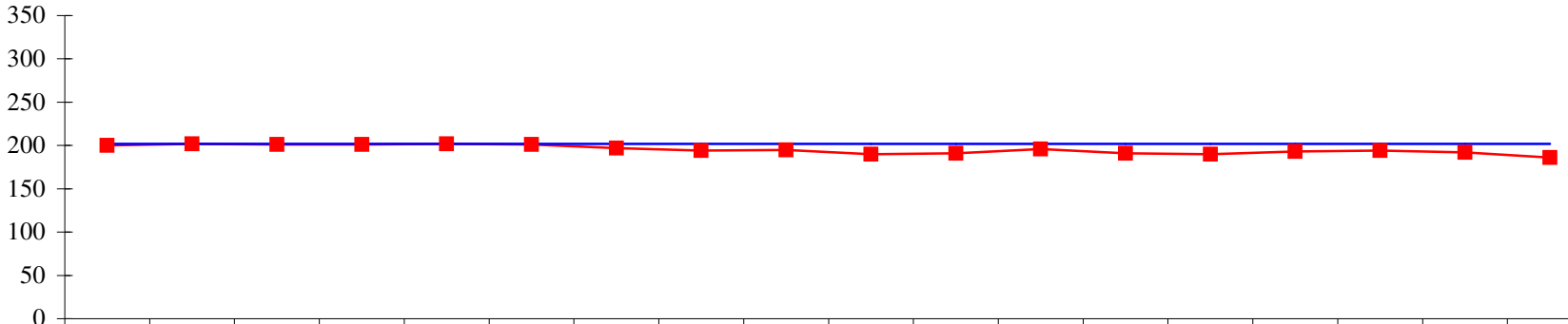


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	58	56	59	57	61	61	58	57	57	62	60	63	60	57	52	54	56	55
Funded Gen. Rev. ADC	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63	63
Actual Third Party ADC	13	15	13	14	9	11	13	12	14	11	12	9	13	14	15	13	15	16
Funded Third Party ADC	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

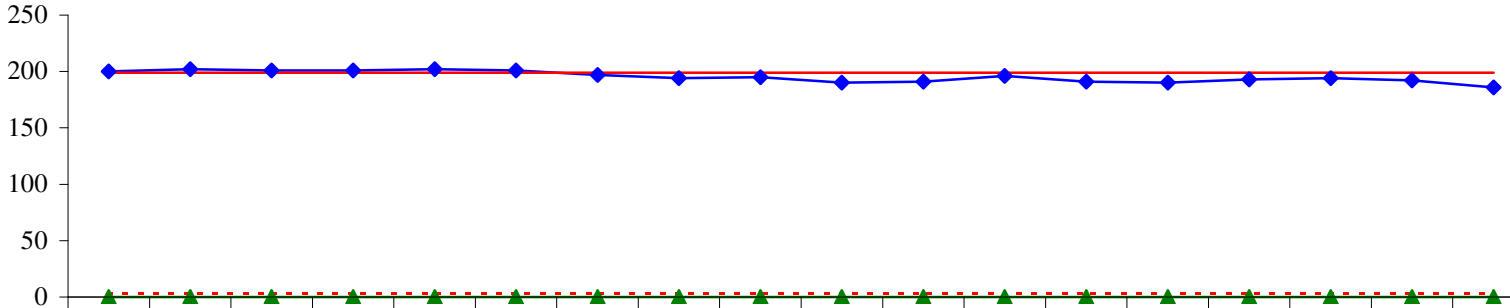
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Kerrville State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	200	202	201	201	202	201	197	194	195	190	191	196	191	190	193	194	192	186
Funded Census	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202	202

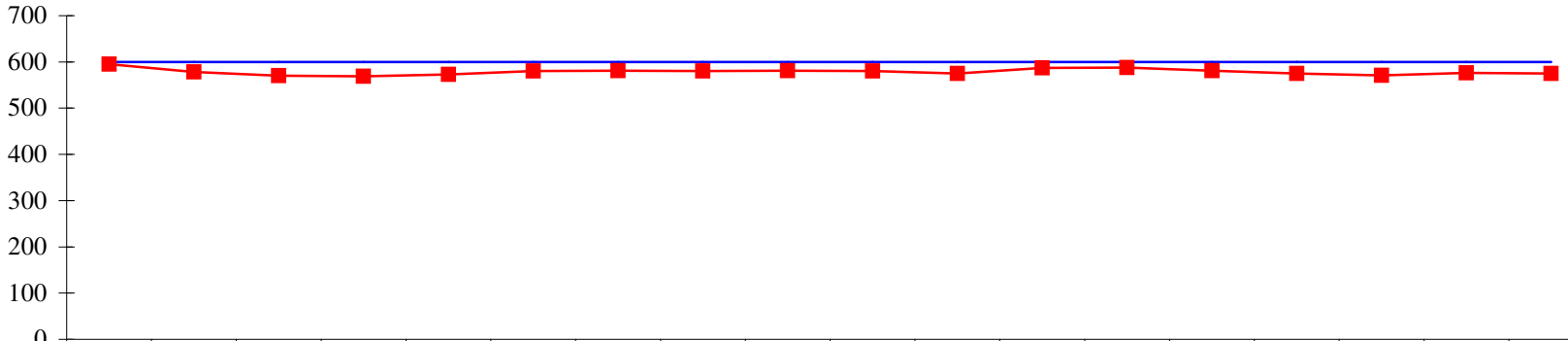


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	200	202	201	201	202	201	197	194	195	190	191	196	191	190	193	194	192	186
Funded Gen. Rev. ADC	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199	199
Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

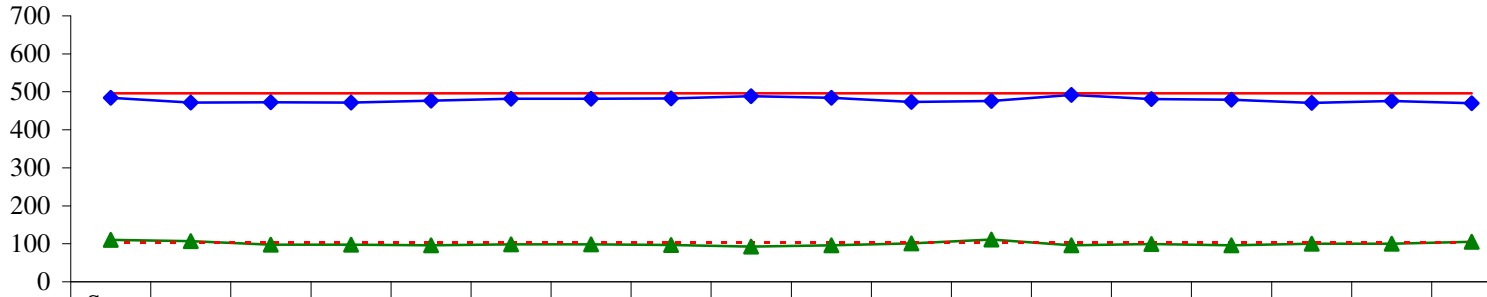
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
North Texas State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	595	578	570	569	573	580	581	580	581	580	575	587	588	581	575	571	576	575
Funded Census	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600

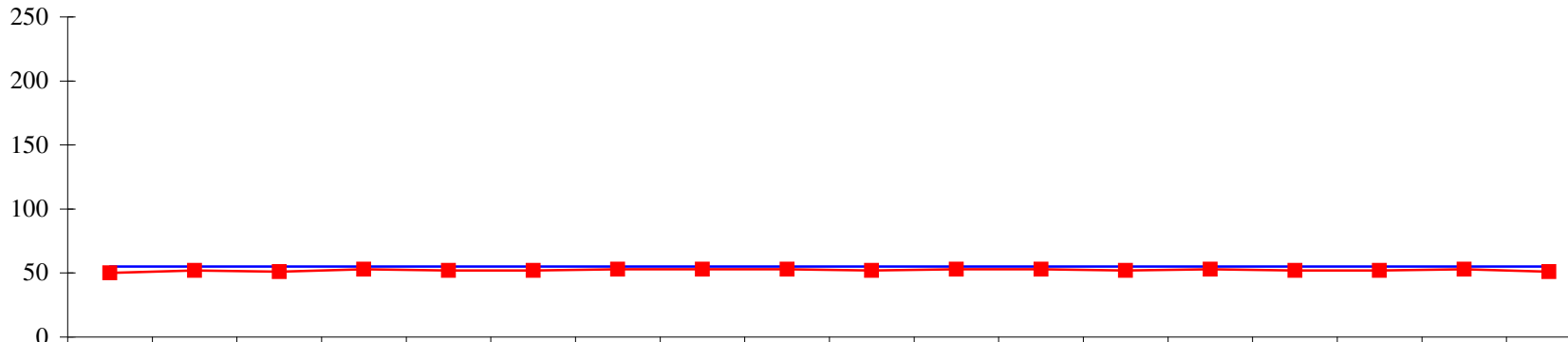


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	485	471	473	472	477	482	482	483	489	484	474	476	492	481	479	471	476	470
Funded Gen. Rev. ADC	496	496	496	496	496	496	496	496	496	496	496	496	496	496	496	496	496	496
Actual Third Party ADC	110	107	98	97	96	98	99	97	92	96	101	111	96	100	96	100	100	105
Funded Third Party ADC	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104

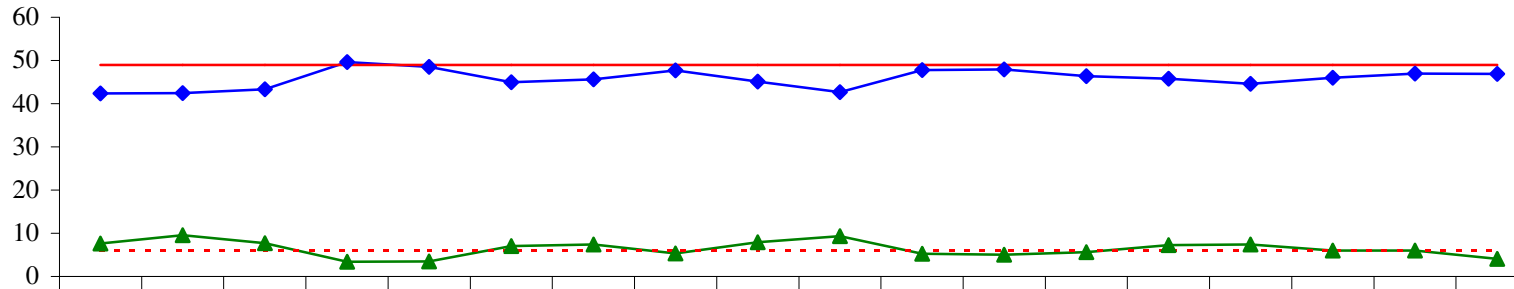
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center–MH



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	50	52	51	53	52	52	53	53	53	52	53	53	52	53	52	52	53	51
Funded Census	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55

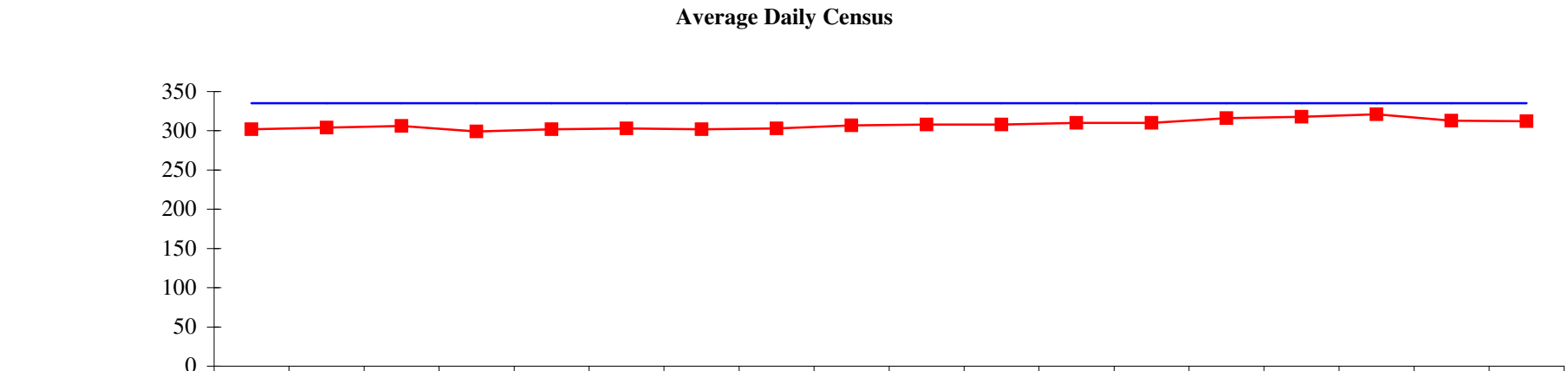


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	42	42	43	50	49	45	46	48	45	43	48	48	46	46	45	46	47	47
Funded Gen. Rev. ADC	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49
Actual Third Party ADC	8	10	8	3	3	7	7	5	8	9	5	5	6	7	7	6	6	4
Funded Third Party ADC	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6

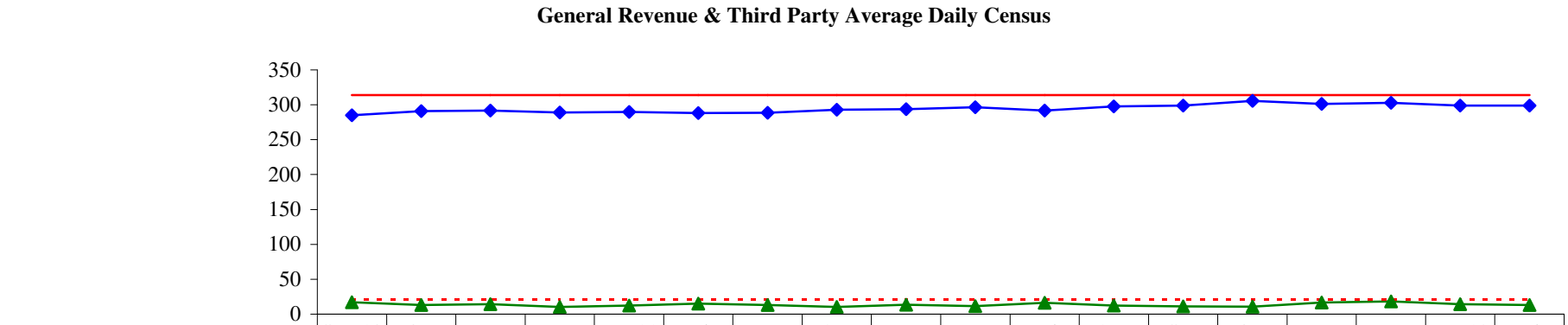
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Rusk State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	302	304	306	299	302	303	302	303	307	308	308	310	310	316	318	321	313	312
Funded Census	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335

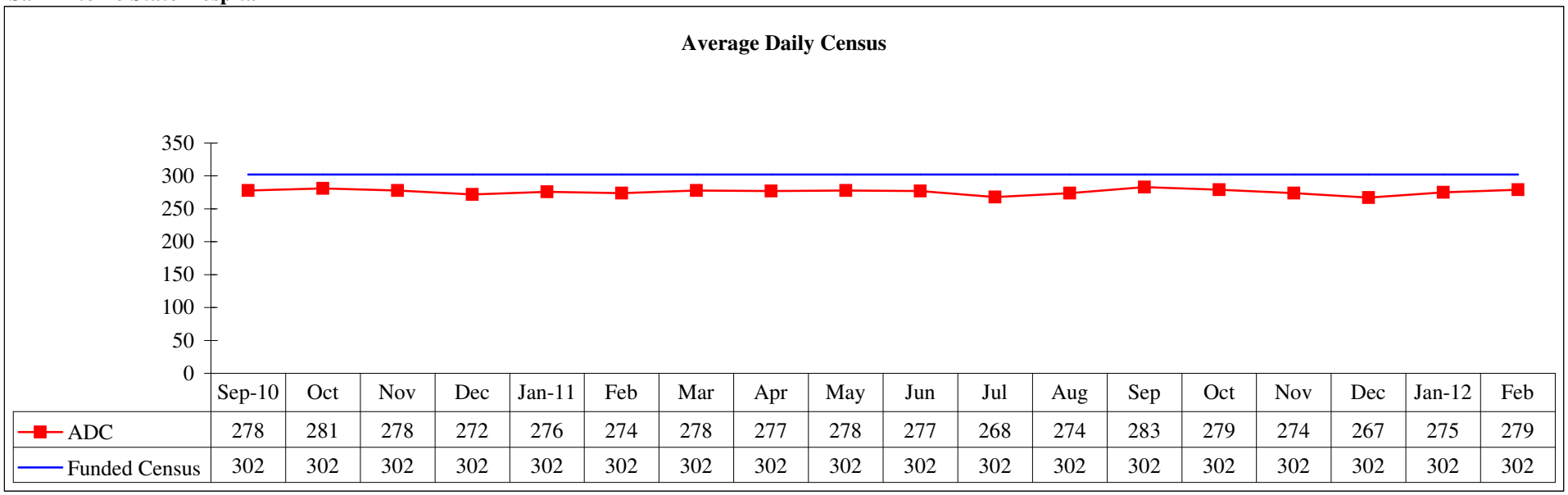


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	285	291	292	289	290	288	289	293	294	296	292	298	299	305	301	303	299	299
Funded Gen. Rev. ADC	314	314	314	314	314	314	314	314	314	314	314	314	314	314	314	314	314	314
Actual Third Party ADC	17	13	14	10	12	15	13	10	13	12	16	12	11	11	17	18	14	13
Funded Third Party ADC	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21

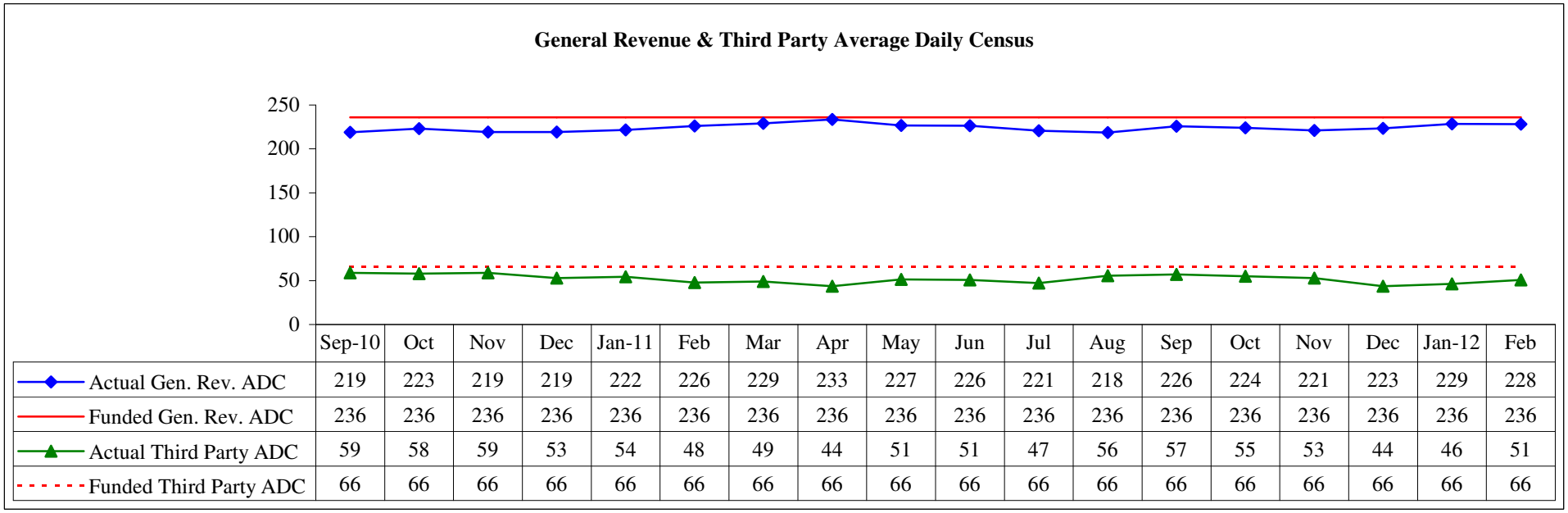
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	278	281	278	272	276	274	278	277	278	277	268	274	283	279	274	267	275	279
Funded Census	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302	302

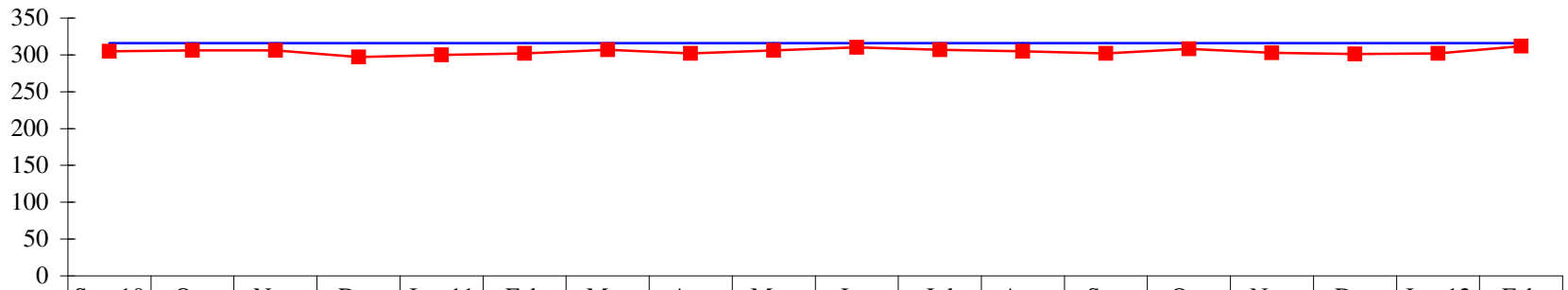


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	219	223	219	219	222	226	229	233	227	226	221	218	226	224	221	223	229	228
Funded Gen. Rev. ADC	236	236	236	236	236	236	236	236	236	236	236	236	236	236	236	236	236	236
Actual Third Party ADC	59	58	59	53	54	48	49	44	51	51	47	56	57	55	53	44	46	51
Funded Third Party ADC	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66

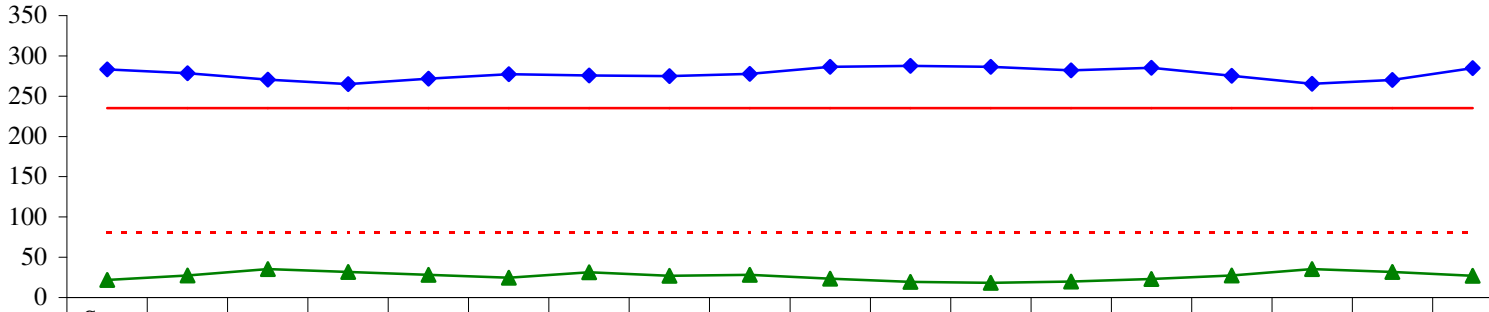
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Terrell State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	305	306	306	297	300	302	307	302	306	310	307	305	302	308	303	301	302	312
Funded Census	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316

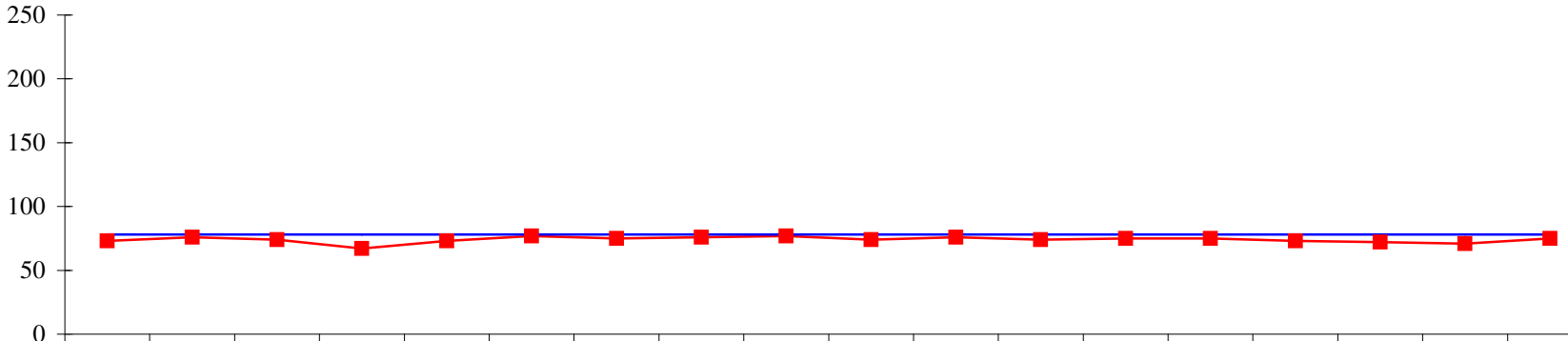


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	283	279	271	265	272	277	276	275	278	287	288	287	282	285	275	265	270	285
Funded Gen. Rev. ADC	235	235	235	235	235	235	235	235	235	235	235	235	235	235	235	235	235	235
Actual Third Party ADC	22	27	35	32	28	25	31	27	28	23	19	18	20	23	28	36	32	27
Funded Third Party ADC	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81	81

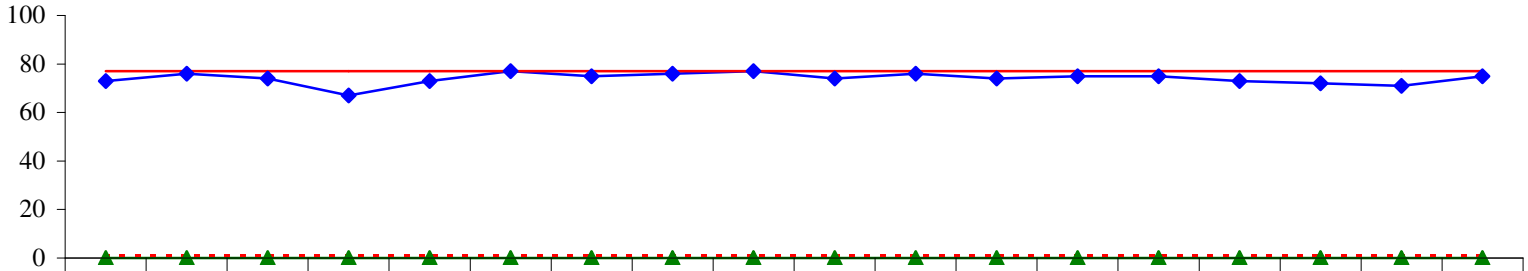
Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Objective 1E & Measure 1C - Average Daily Census
Waco Center For Youth



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ADC	73	76	74	67	73	77	75	76	77	74	76	74	75	75	73	72	71	75
Funded Census	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Actual Gen. Rev. ADC	73	76	74	67	73	77	75	76	77	74	76	74	75	75	73	72	71	75
Funded Gen. Rev. ADC	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77
Actual Third Party ADC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Funded Third Party ADC	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Chart: Hospital Management Data Services

Source: Care Reports HC022000 and HC022895

Performance Measure 1A:

Calculate average cost per patient served.

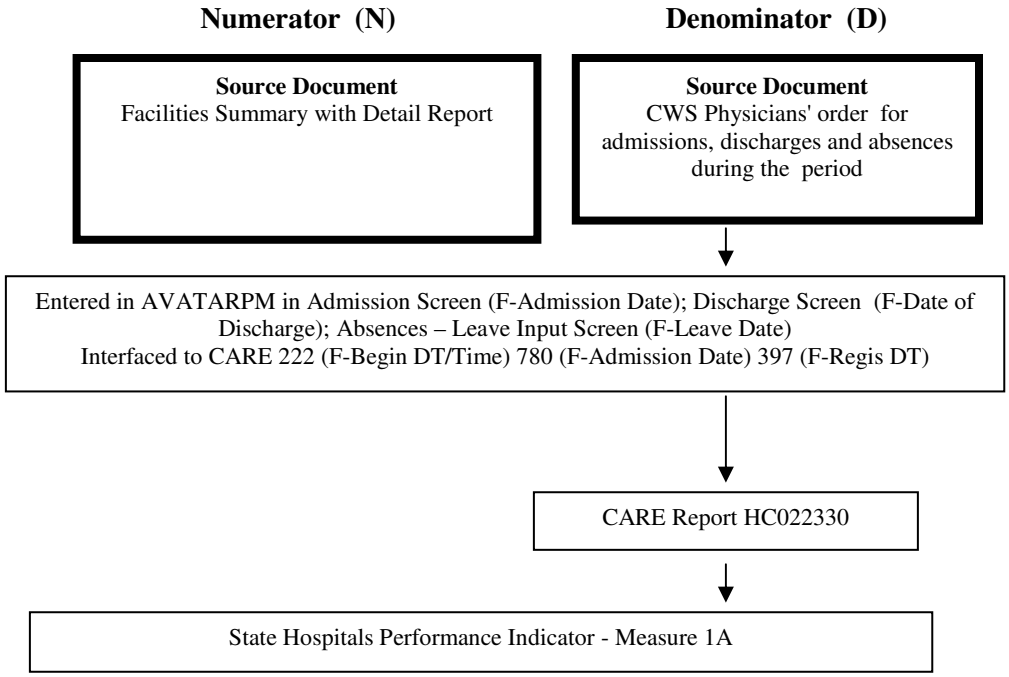
Performance Measure Operational Definition: State hospital cost per person served represents the average cost of care for an individual per FY quarter.

Performance Measure Formula: Quarterly Average Cost Per Patient = LBB Cost [total state hospital 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 day's 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 state hospitals and system-wide.
- Chart with accumulated quarterly data points of average cost per persons served for individual state hospitals and system-wide.

Data Flow:



Measure 1A - Average Cost Per Patient Served
All State Hospitals

	FY10				FY11				FY12			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Avg. Patient Days	22	24	23	24	23	22	23	22	24	24		
LBB Cost/Bed Day	$426	$463	$459	$451	$425	$492	$477	$473	$448	$487		
Average Cost	$9,270	$11,004	$10,342	$10,666	$9,589	$11,008	$10,964	$10,534	$10,783	$11,735		
Big Spring State Hospital												
Avg. Patient Days	40	41	42	42	47	44	43	42	48	47		
LBB Cost/Bed Day	$380	$408	$404	$392	$369	$406	$393	$418	$376	$417		
Average Cost	$15,233	$16,842	$16,983	$16,636	$17,187	$17,688	$17,023	$17,681	$17,843	$19,496		
El Paso Psychiatric Center												
Avg. Patient Days	23	26	25	29	30	32	24	23	21	22		
LBB Cost/Bed Day	$460	$561	$482	$500	$448	$527	$506	$514	$485	$528		
Average Cost	$10,397	$14,865	$12,018	$14,615	$13,308	$16,768	$12,265	$11,618	$10,273	$11,576		
Kerrville State Hospital												
Avg. Patient Days	84	86	86	86	87	83	81	83	78	81		
LBB Cost/Bed Day	$353	$356	$348	$345	$337	$354	$351	$373	$355	$392		
Average Cost	$29,700	$30,736	$29,873	$29,715	$29,267	$29,411	$28,344	$31,070	$27,796	$31,748		
North Texas State Hospital												
Avg. Patient Days	49	47	47	48	47	47	47	45	46	47		
LBB Cost/Bed Day	$359	$396	$380	$378	$364	$399	$384	$395	$372	$399		
Average Cost	$17,692	$18,778	$17,927	$18,004	$17,236	$18,598	$17,934	$17,910	$17,285	$18,582		
Rusk State Hospital												
Avg. Patient Days	54	50	53	50	52	54	55	52	54	57		
LBB Cost/Bed Day	$365	$397	$384	$386	$363	$381	$387	$372	$342	$372		
Average Cost	$19,823	$20,023	$20,228	$19,146	$19,000	$20,720	$21,429	$19,202	$18,478	$21,345		
San Antonio State Hospital												
Avg. Patient Days	36	35	33	36	36	35	37	37	36	36		
LBB Cost/Bed Day	$395	$501	$449	$458	$373	$458	$441	$456	$392	$472		
Average Cost	$14,315	$17,406	$14,980	$16,598	$13,556	$16,053	$16,266	$16,680	$14,230	$17,008		

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State Hospitals

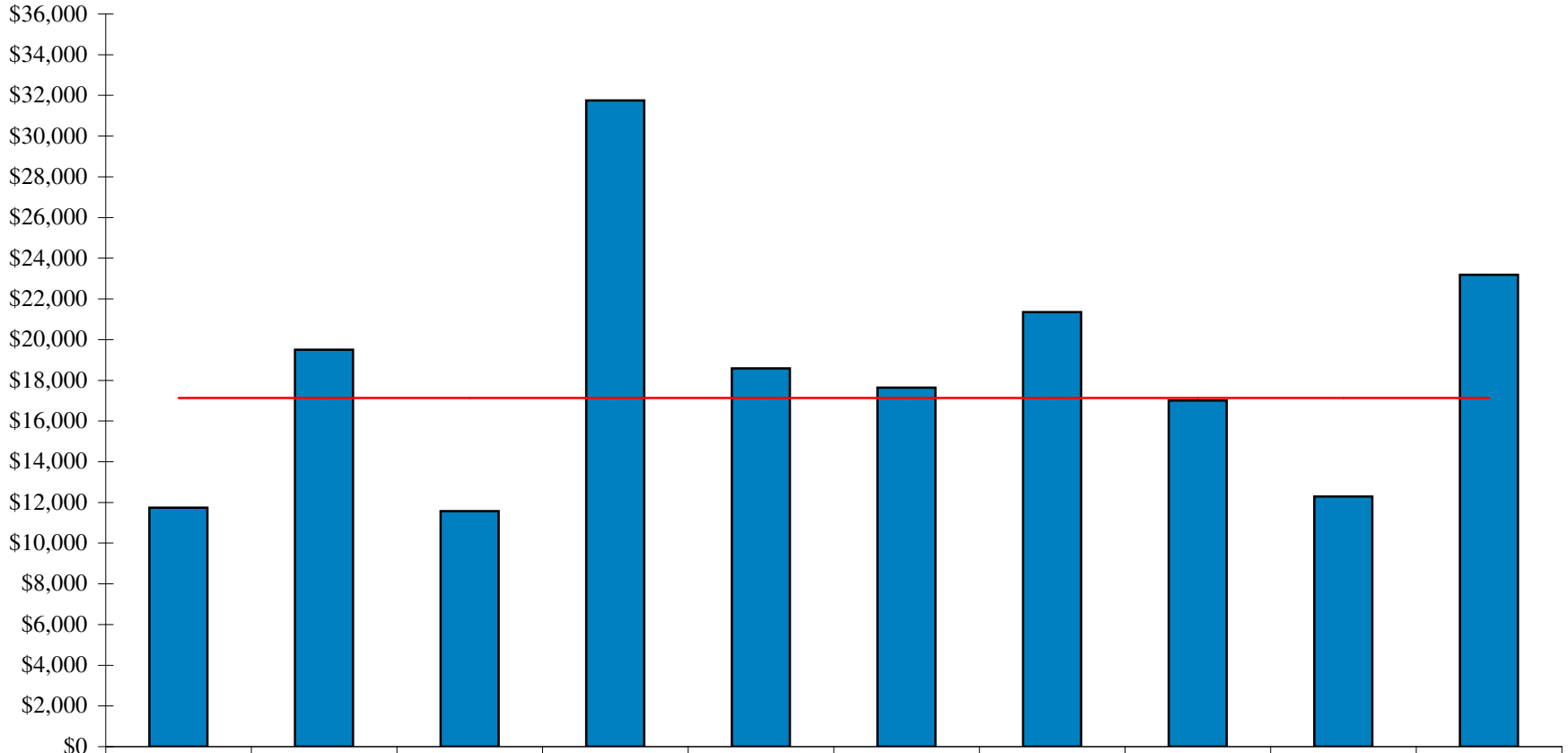
	FY10				FY11				FY12			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Avg. Patient Days	30	29	28	28	27	29	32	31	30	31		
LBB Cost/Bed Day	$354	$397	$388	$374	$367	$405	$390	$401	$375	$402		
Average Cost	$10,622	$11,317	$10,802	$10,300	$10,009	$11,654	$12,558	$12,372	$11,126	$12,295		
Waco Center for Youth												
Avg. Patient Days	64	58	56	60	60	57	60	56	57	58		
LBB Cost/Bed Day	$372	$401	$423	$371	$324	$424	$392	$399	$349	$397		
Average Cost	$23,790	$23,222	$23,753	$22,427	$19,479	$24,316	$23,649	$22,382	$19,988	$23,184		
Rio Grande State Center (MH)												
Avg. Patient Days	15	17	17	13	15	17	17	16	15	16		
LBB Cost/Bed Day	$445	$477	$471	$521	$496	$503	$480	$494	$1,018	$1,087		
Average Cost	$6,676	$8,050	$8,106	$6,867	$7,432	$8,504	$7,950	$7,657	$14,970	$17,643		
All MH Hospitals												
Avg. Patient Days	38	38	38	39	39	39	39	38	39	39		
LBB Cost/Bed Day	$378	$421	$405	$401	$375	$419	$407	$415	$396	$435		
Average Cost	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136		
Texas Center for Infectious Disease												
Avg. Patient Days	89	129	193	152	105	184	144	193	189	173		
LBB Cost/Bed Day	$874	$799	$622	$637	$750	$720	$511	$1,114	$713	$685		
Average Cost	$77,755	$103,008	$119,885	$96,774	$78,974	$132,731	$73,519	$214,985	$134,693	$118,491		

LBB Cost - total facility expense minus benefits and depreciation

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State MH Hospitals

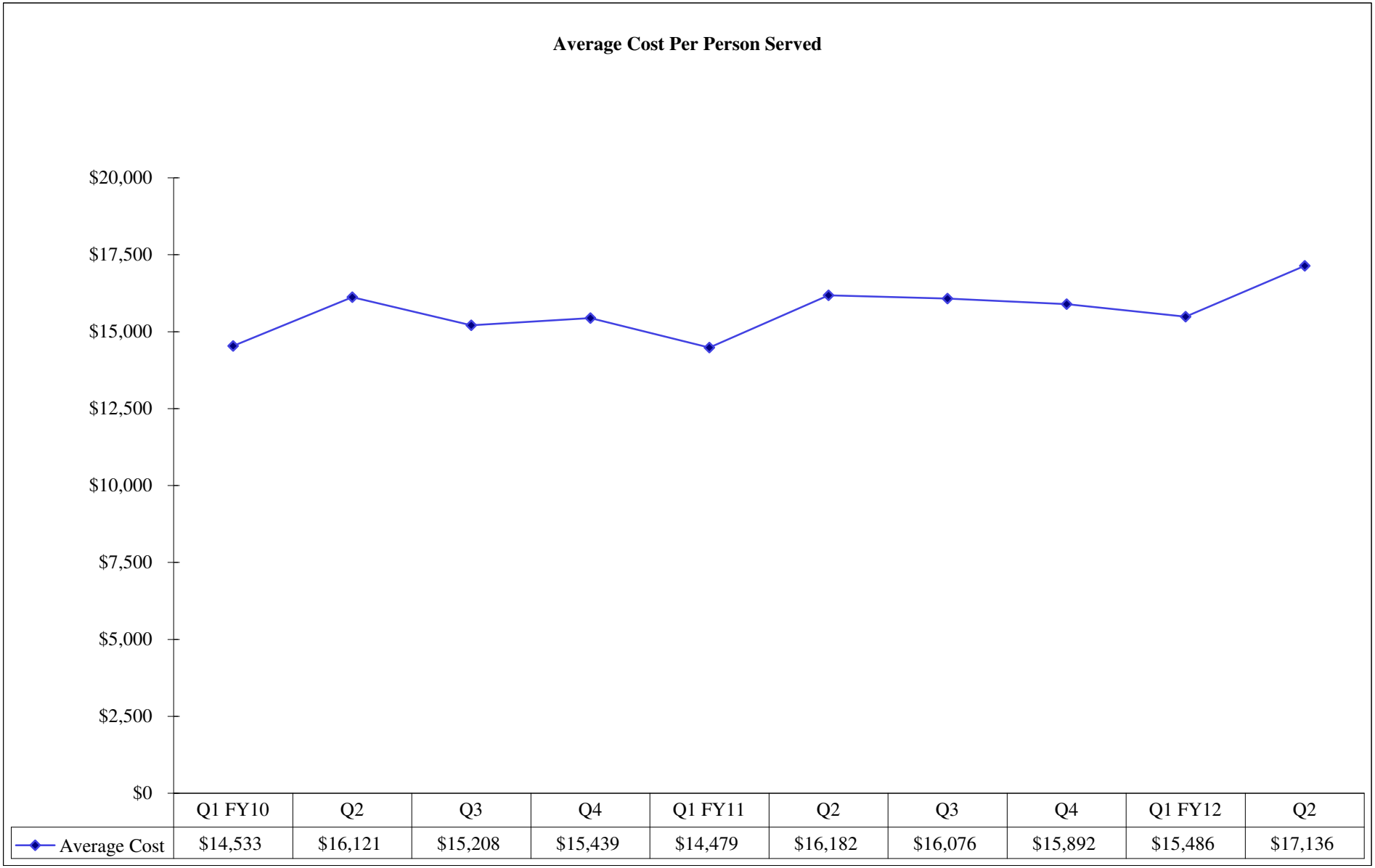


	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Average Cost	$11,735	$19,496	$11,576	$31,748	$18,582	$17,643	$21,345	$17,008	$12,295	$23,184
All SMH	$17,136	$17,136	$17,136	$17,136	$17,136	$17,136	$17,136	$17,136	$17,136	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
All State MH Hospitals

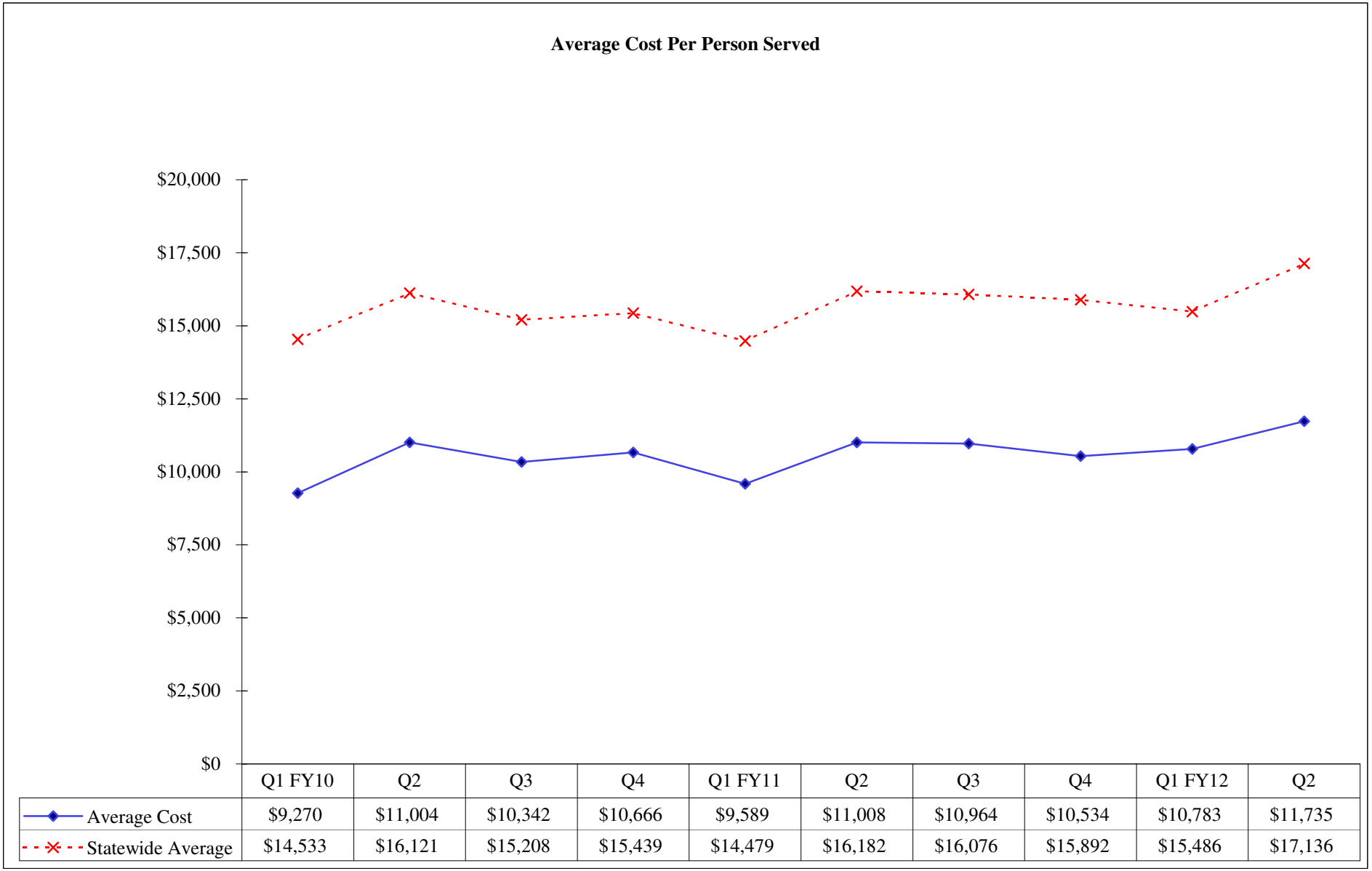


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

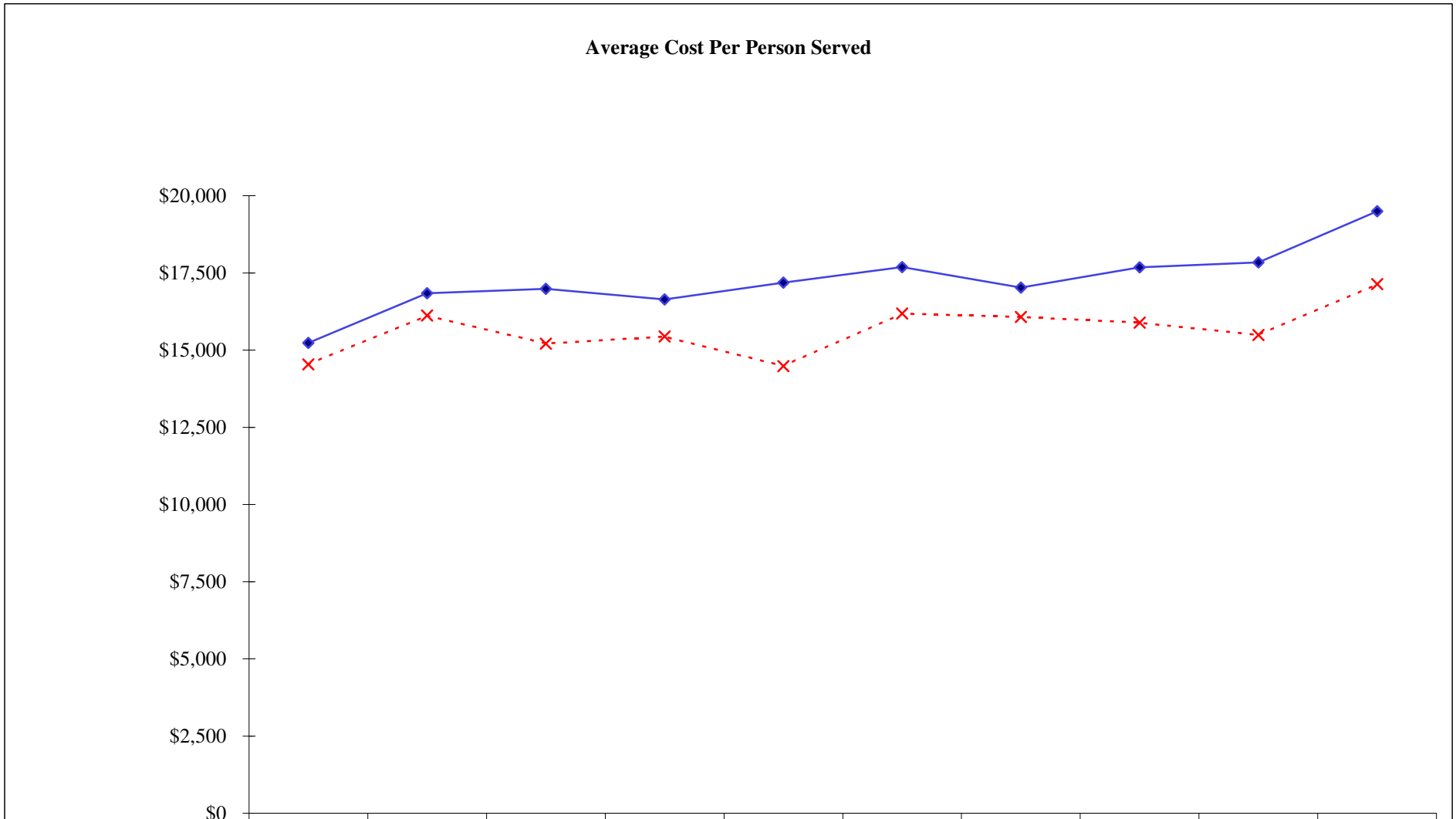


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$9,270	$11,004	$10,342	$10,666	$9,589	$11,008	$10,964	$10,534	$10,783	$11,735
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

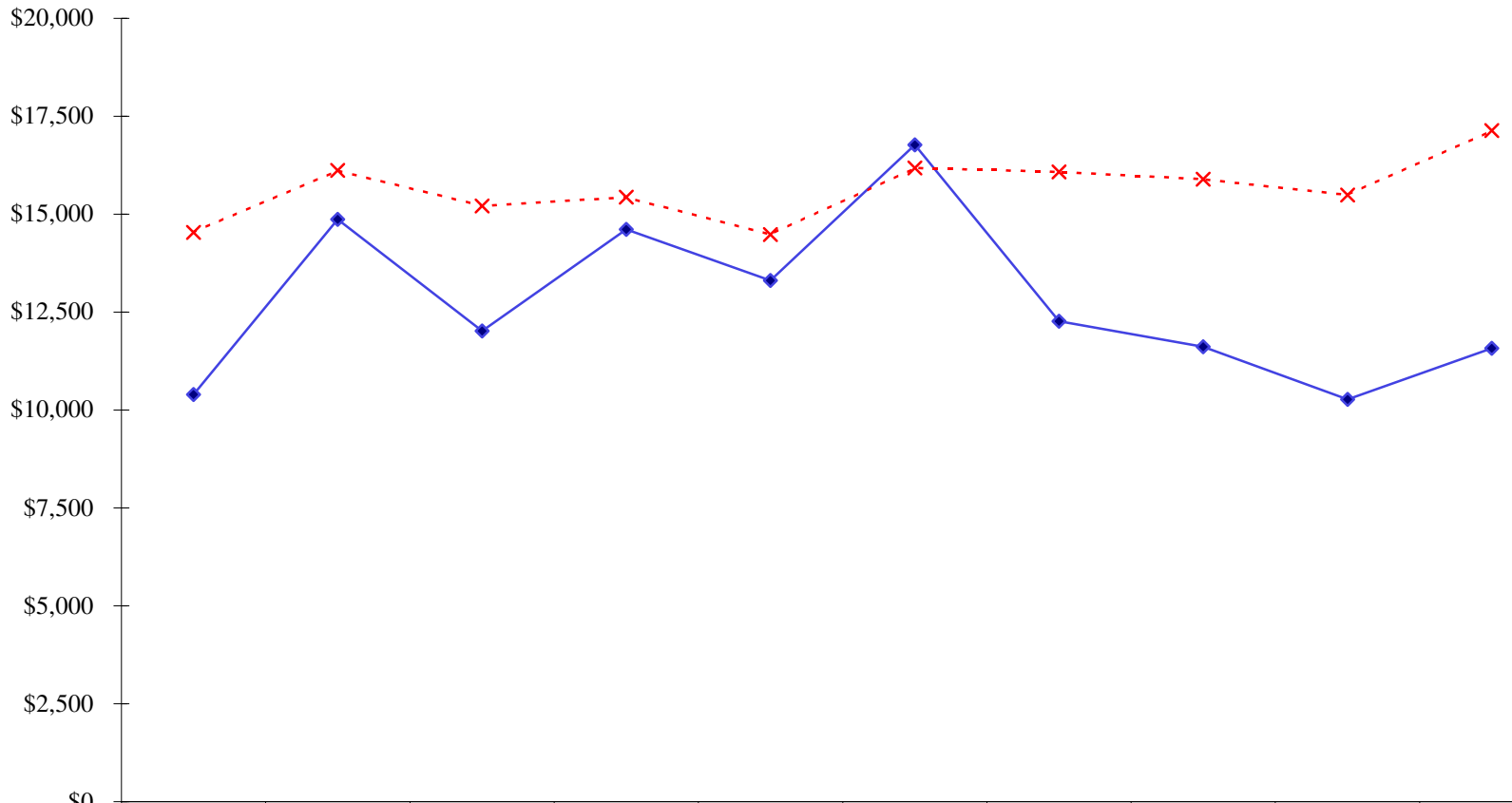


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$15,233	$16,842	$16,983	$16,636	$17,187	$17,688	$17,023	$17,681	$17,843	$19,496
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

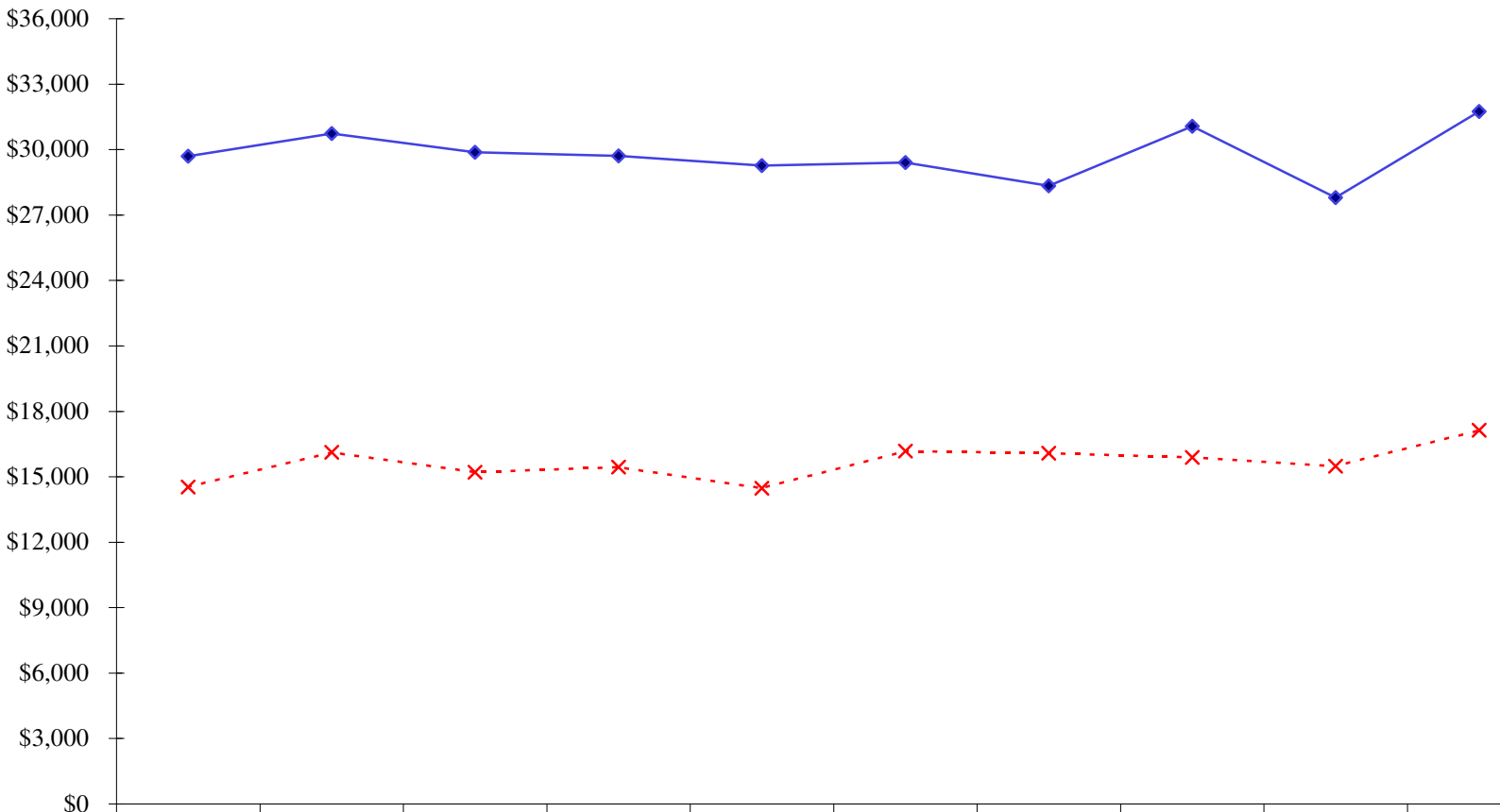


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$10,397	$14,865	$12,018	$14,615	$13,308	$16,768	$12,265	$11,618	$10,273	$11,576
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

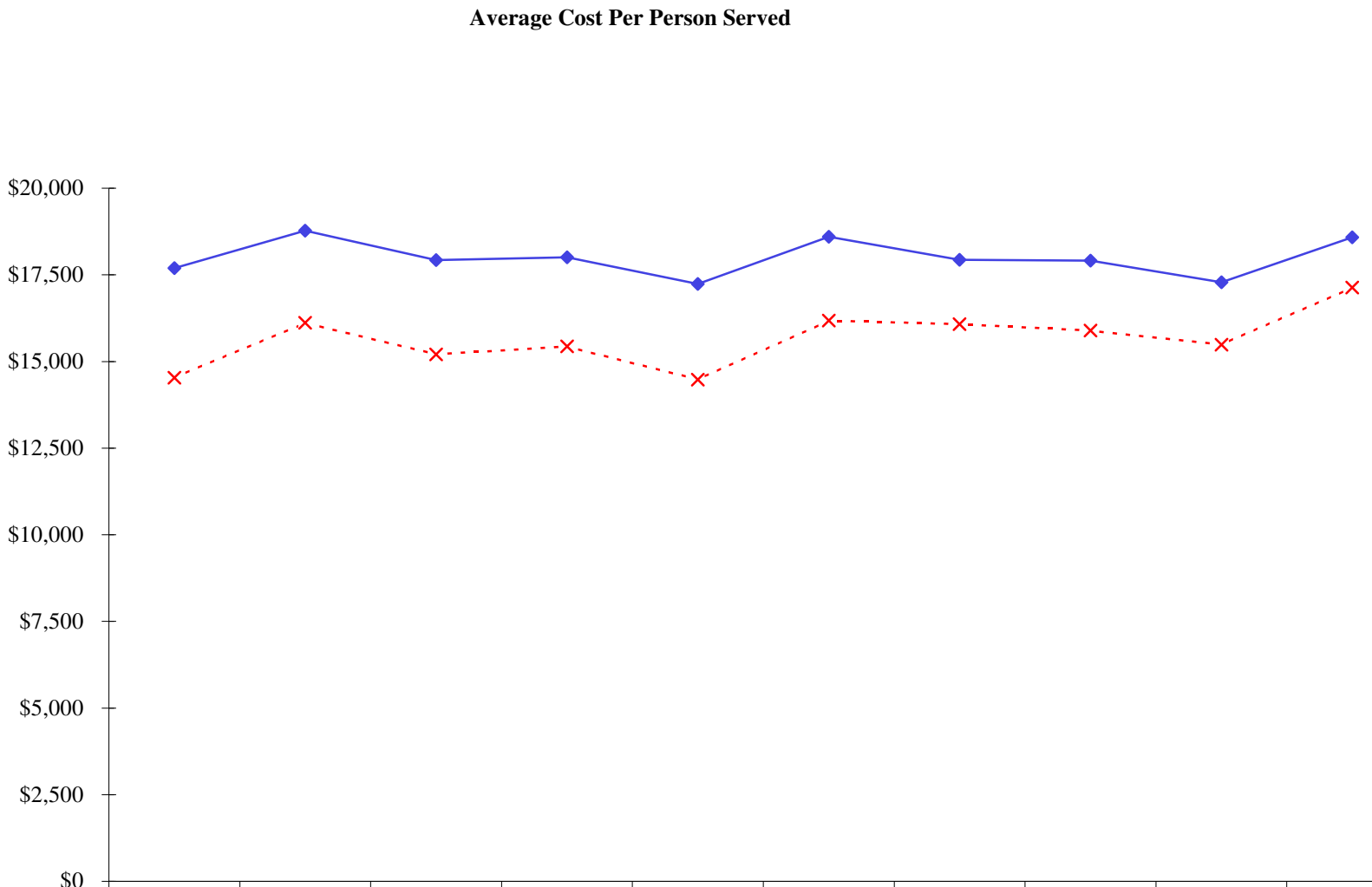


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$29,700	$30,736	$29,873	$29,715	$29,267	$29,411	$28,344	$31,070	$27,796	$31,748
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

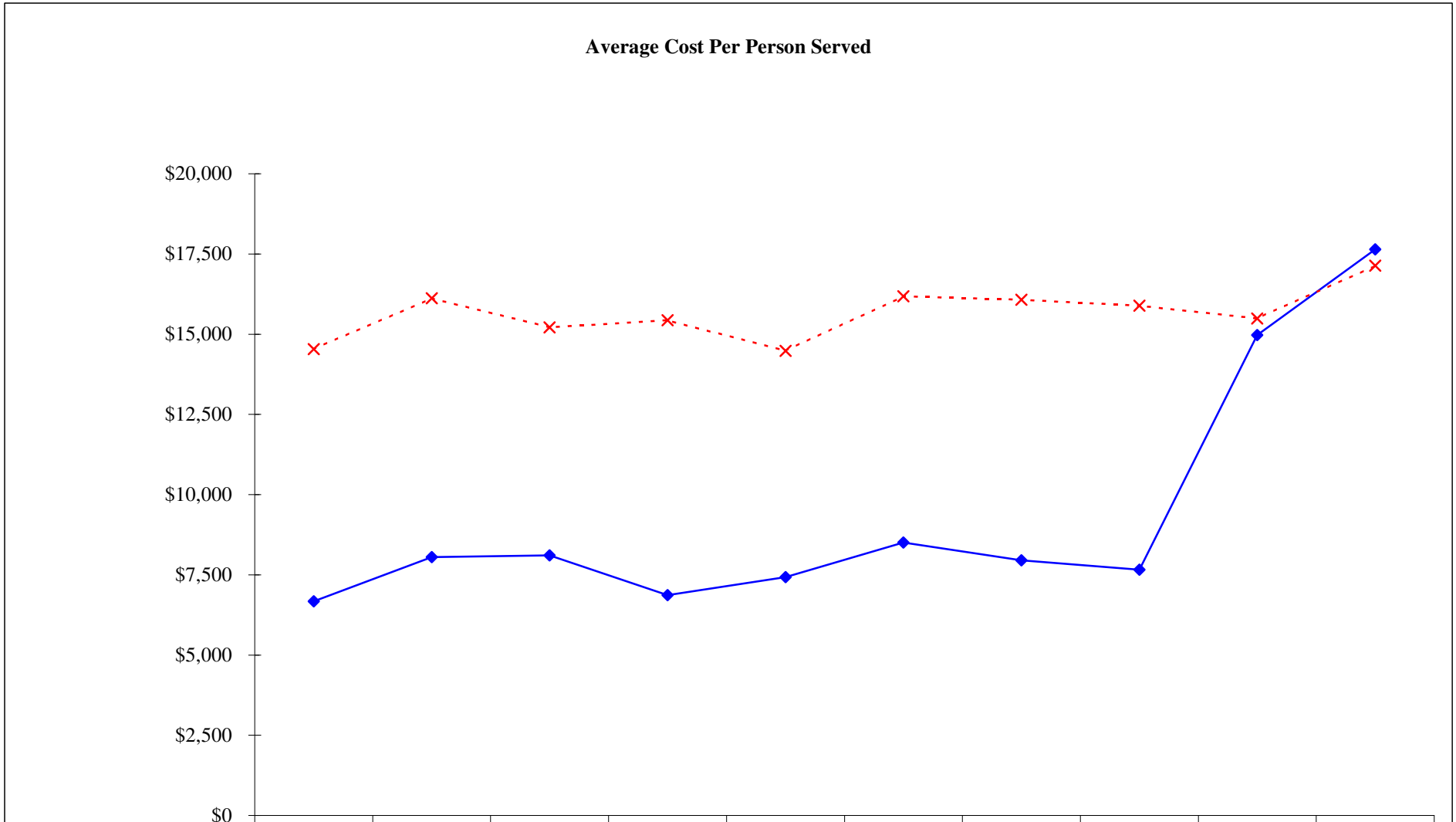


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$17,692	$18,778	$17,927	$18,004	$17,236	$18,598	$17,934	$17,910	$17,285	$18,582
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$6,676	$8,050	$8,106	$6,867	$7,432	$8,504	$7,950	$7,657	$14,970	$17,643
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

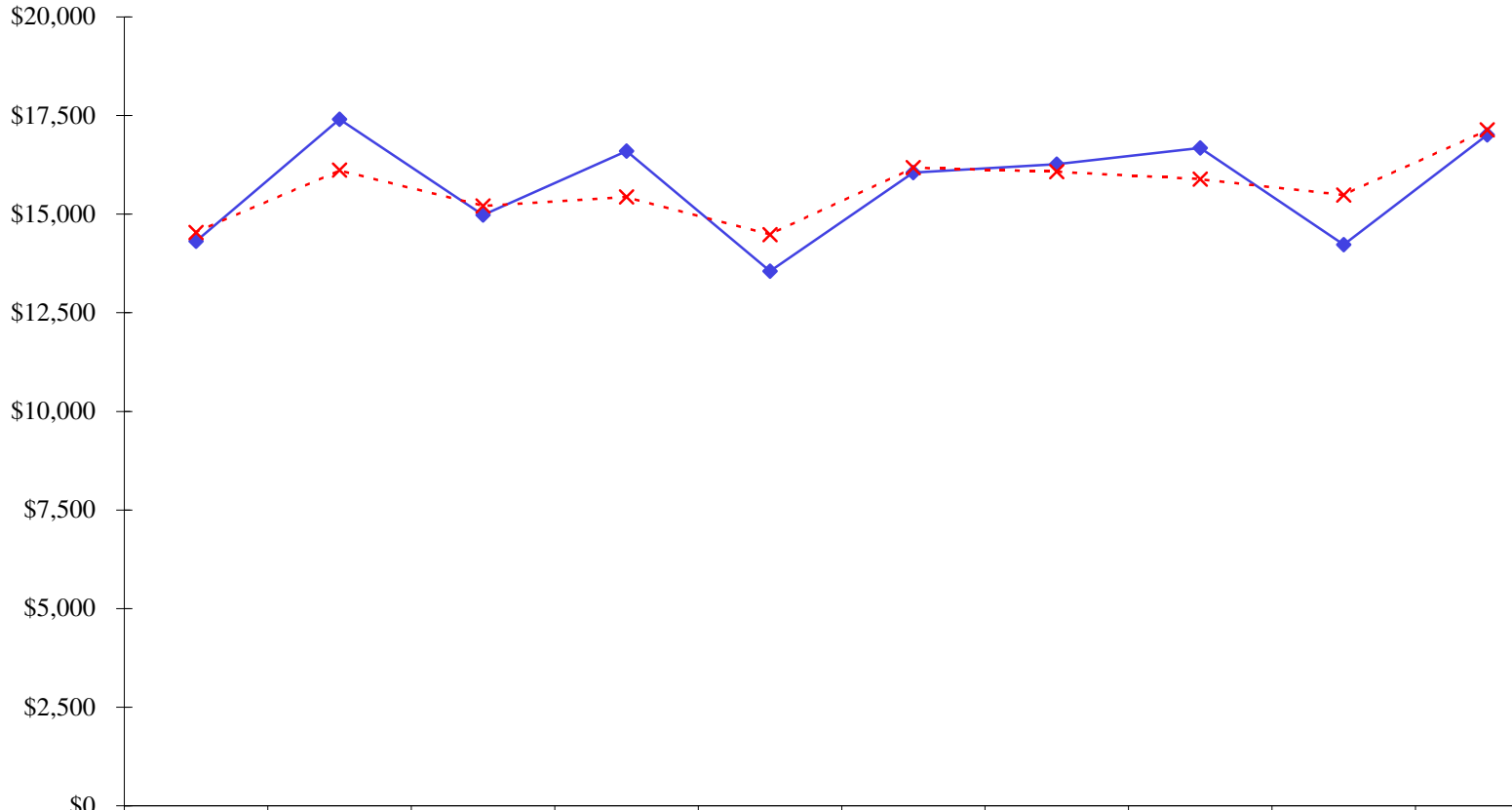
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital

	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$19,823	$20,023	$20,228	$19,146	$19,000	$20,720	$21,429	$19,202	$18,478	$21,345
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

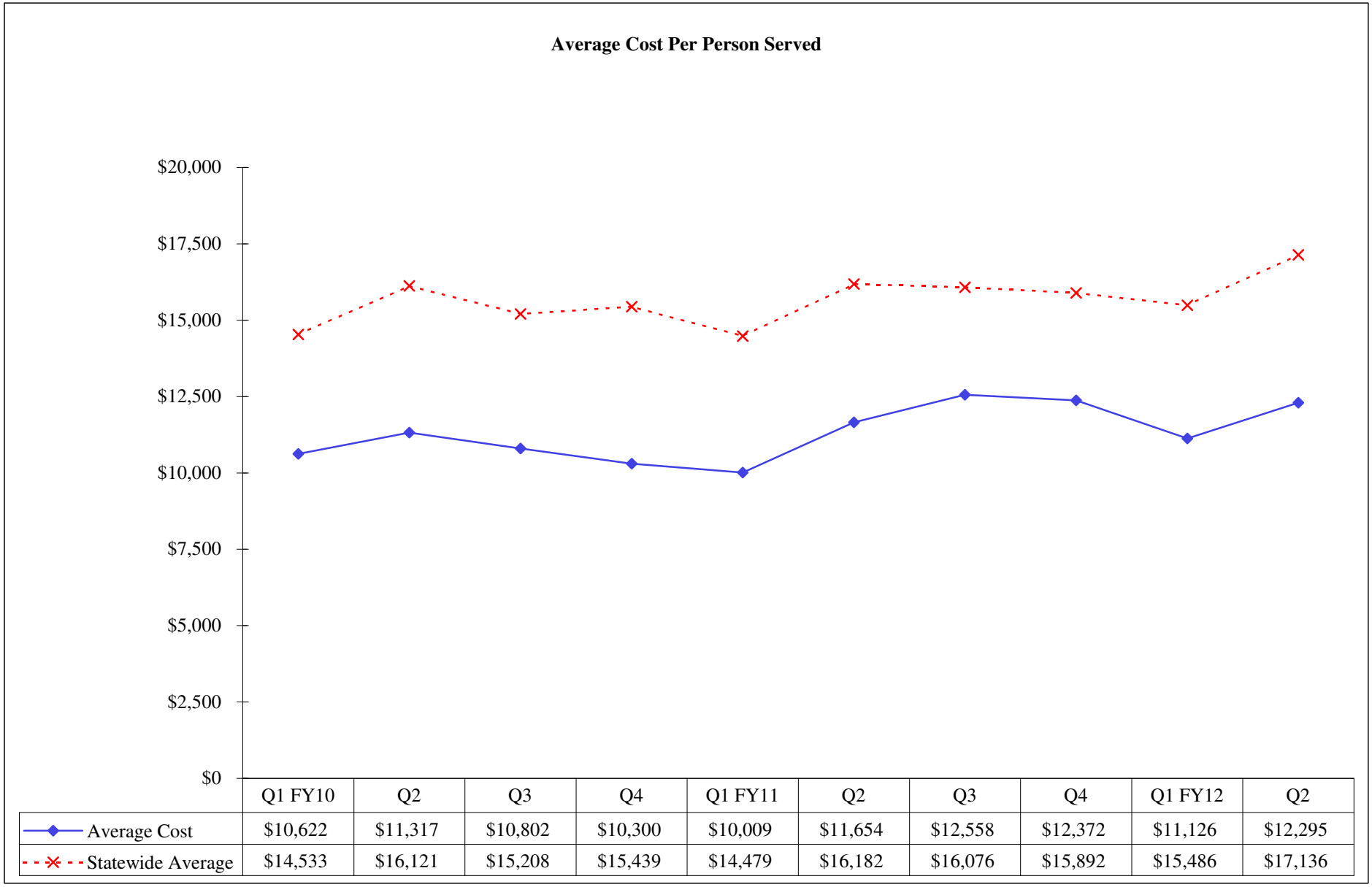


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$14,315	$17,406	$14,980	$16,598	$13,556	$16,053	$16,266	$16,680	$14,230	$17,008
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

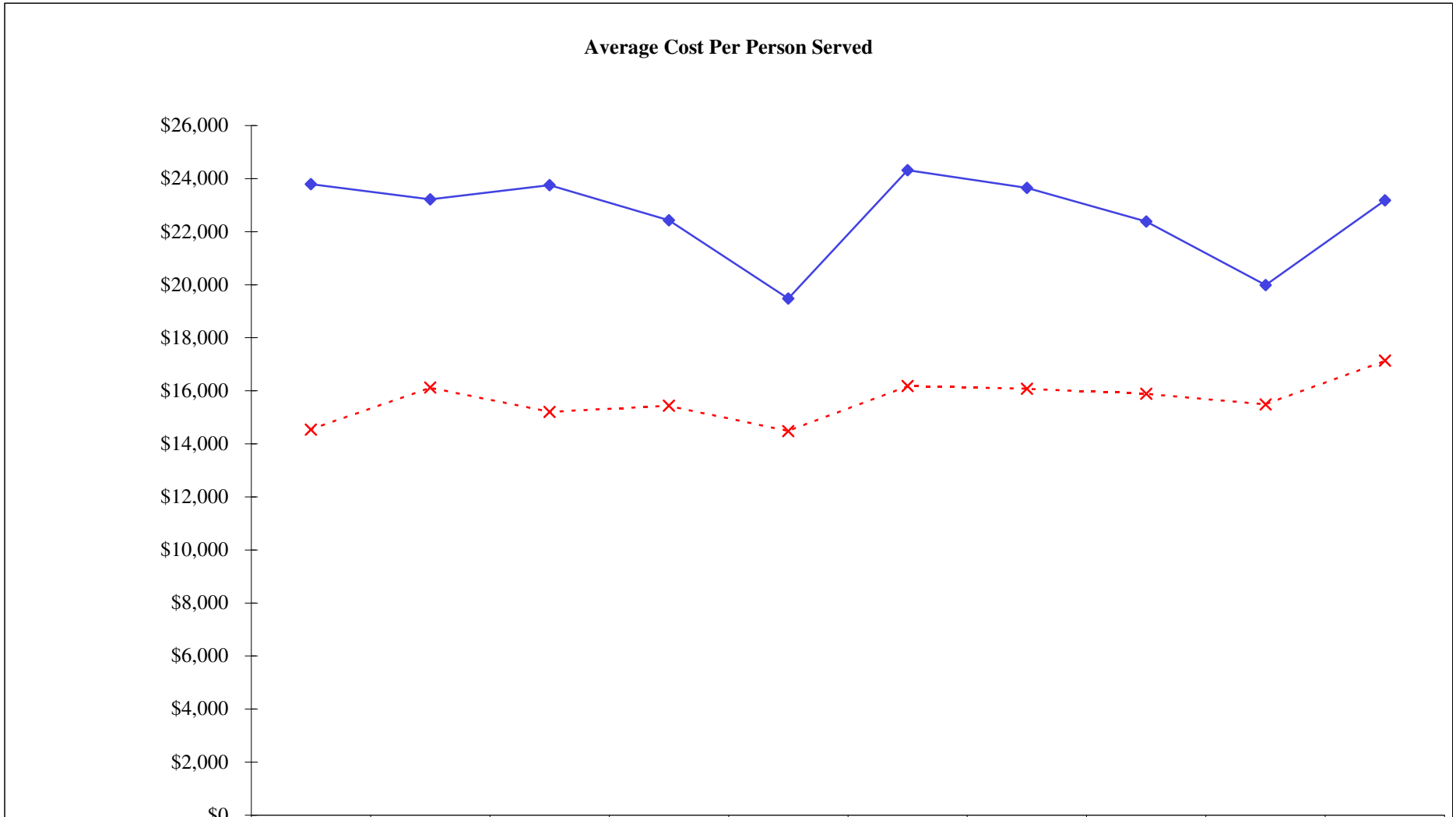


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$10,622	$11,317	$10,802	$10,300	$10,009	$11,654	$12,558	$12,372	$11,126	$12,295
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

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

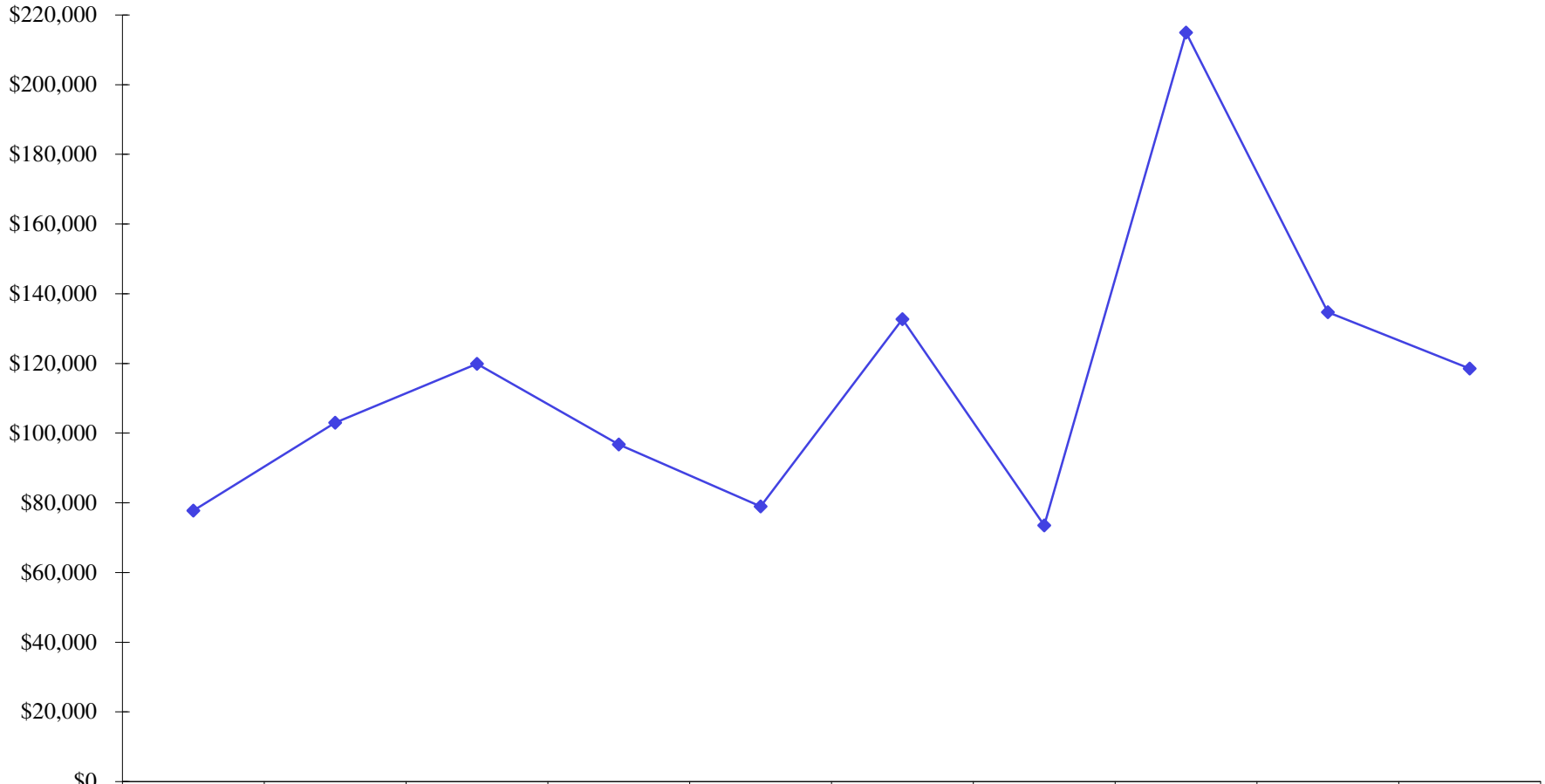


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$23,790	$23,222	$23,753	$22,427	$19,479	$24,316	$23,649	$22,382	$19,988	$23,184
Statewide Average	$14,533	$16,121	$15,208	$15,439	$14,479	$16,182	$16,076	$15,892	$15,486	$17,136

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Measure 1A - Average Cost Per Patient Served
Texas Center for Infectious Disease



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average Cost	$77,755	$103,008	$119,885	$96,774	$78,974	$132,731	$73,519	$214,985	$134,693	$118,491

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
DSHS Budgeting Forecasting Dept.

Table: Hospital Management Data Services

Performance Measure 1B:

Calculate cost per occupied bed.

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

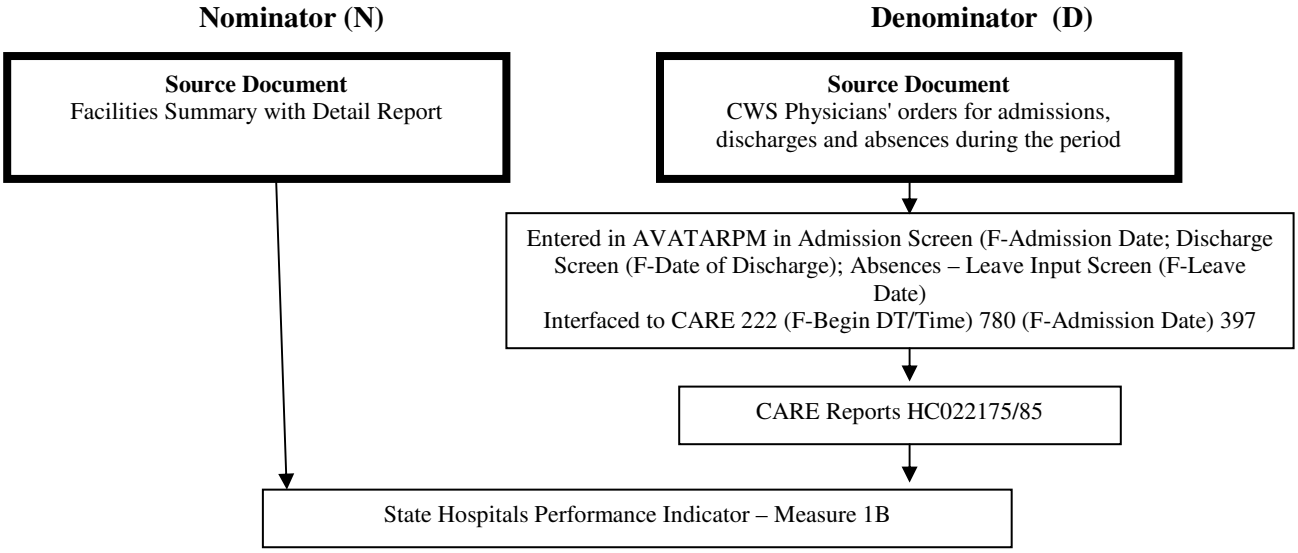
Performance Measure Formula: The state hospital's average cost per occupied bed day per FY quarter is calculated. Appropriated Fund Cost (for LBB) = Total State Hospital Expense – (Benefits + Depreciation) / Total Bed Days]

Performance Measure Data Display and Chart Description:

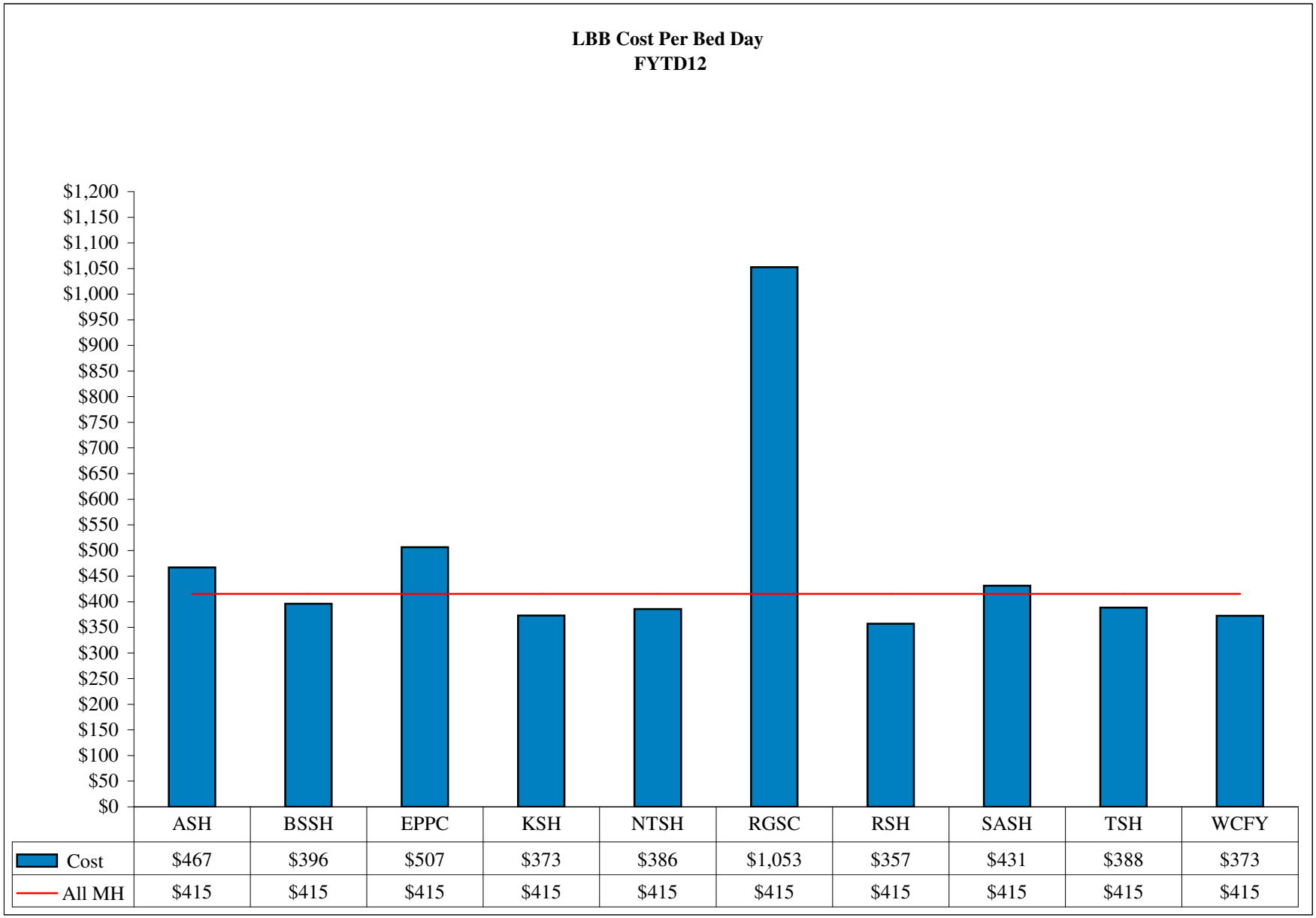
♦Table shows LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

♦ Chart with quarterly data points of LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

Data Flow:



Measure 1B - Cost Per Bed Day
All State MH Hospitals - FYTD12 **(As of February 29, 2012)**



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Cost	$467	$396	$507	$373	$386	$1,053	$357	$431	$388	$373
All MH	$415	$415	$415	$415	$415	$415	$415	$415	$415	$415

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
All State Hospitals

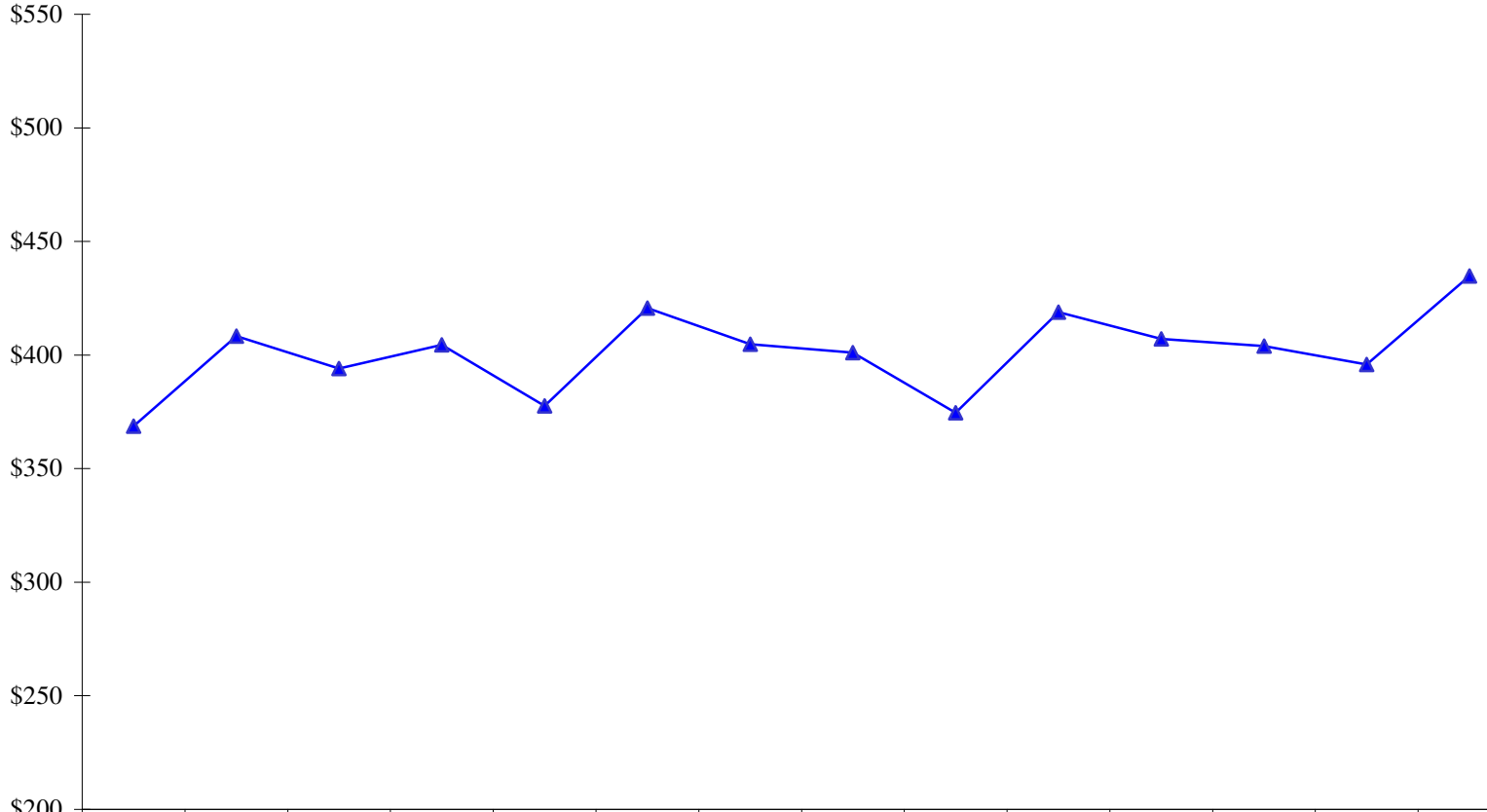
	FY09				FY10				FY11				FY12			
	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY	Q1	Q2	Q3	FY
Austin State Hospital																
LBB Cost Per Bed Day	$394	$438	$441	$426	$426	$463	$459	$450	$425	$492	$477	$467	$448	$487		
Big Spring State Hospital																
LBB Cost Per Bed Day	$373	$417	$415	$414	$380	$408	$404	$396	$369	$406	$393	$396	$376	$417		
El Paso Psychiatric Center																
LBB Cost Per Bed Day	$451	$568	$511	$539	$460	$561	$482	$501	$448	$527	$506	$499	$485	$528		
Kerrville State Hospital																
LBB Cost Per Bed Day	$342	$366	$361	$370	$353	$356	$348	$350	$337	$354	$351	$354	$355	$392		
North Texas State Hospital																
LBB Cost Per Bed Day	$361	$391	$380	$389	$359	$396	$380	$378	$364	$399	$384	$385	$372	$399		
Rusk State Hospital																
LBB Cost Per Bed Day	$338	$363	$357	$373	$365	$397	$384	$383	$363	$381	$387	$376	$342	$372		
San Antonio State Hospital																
LBB Cost Per Bed Day	$393	$453	$420	$441	$395	$501	$449	$451	$373	$458	$441	$432	$392	$472		
Terrell State Hospital																
LBB Cost Per Bed Day	$373	$407	$378	$397	$354	$397	$388	$378	$367	$405	$390	$391	$375	$402		
Waco Center for Youth*																
LBB Cost Per Bed Day	$305	$391	$342	$363	$372	$401	$423	$392	$324	$424	$392	$384	$349	$397		
Rio Grande State Center (MH)																
LBB Cost Per Bed Day	$427	$445	$456	$477	$445	$477	$471	$479	$496	$503	$480	$493	$1,018	$1,087		
All State MH Hospitals																
LBB Cost Per Bed Day	$369	$408	$394	$404	$378	$421	$405	$401	$375	$419	$407	$404	$396	$435		
Texas Center for Infectious Disease																
LBB Cost Per Bed Day	$527	$868	$635	$712	$874	$799	$622	$725	$750	$720	$511	$646	$713	$685		

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

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
All State MH Hospitals

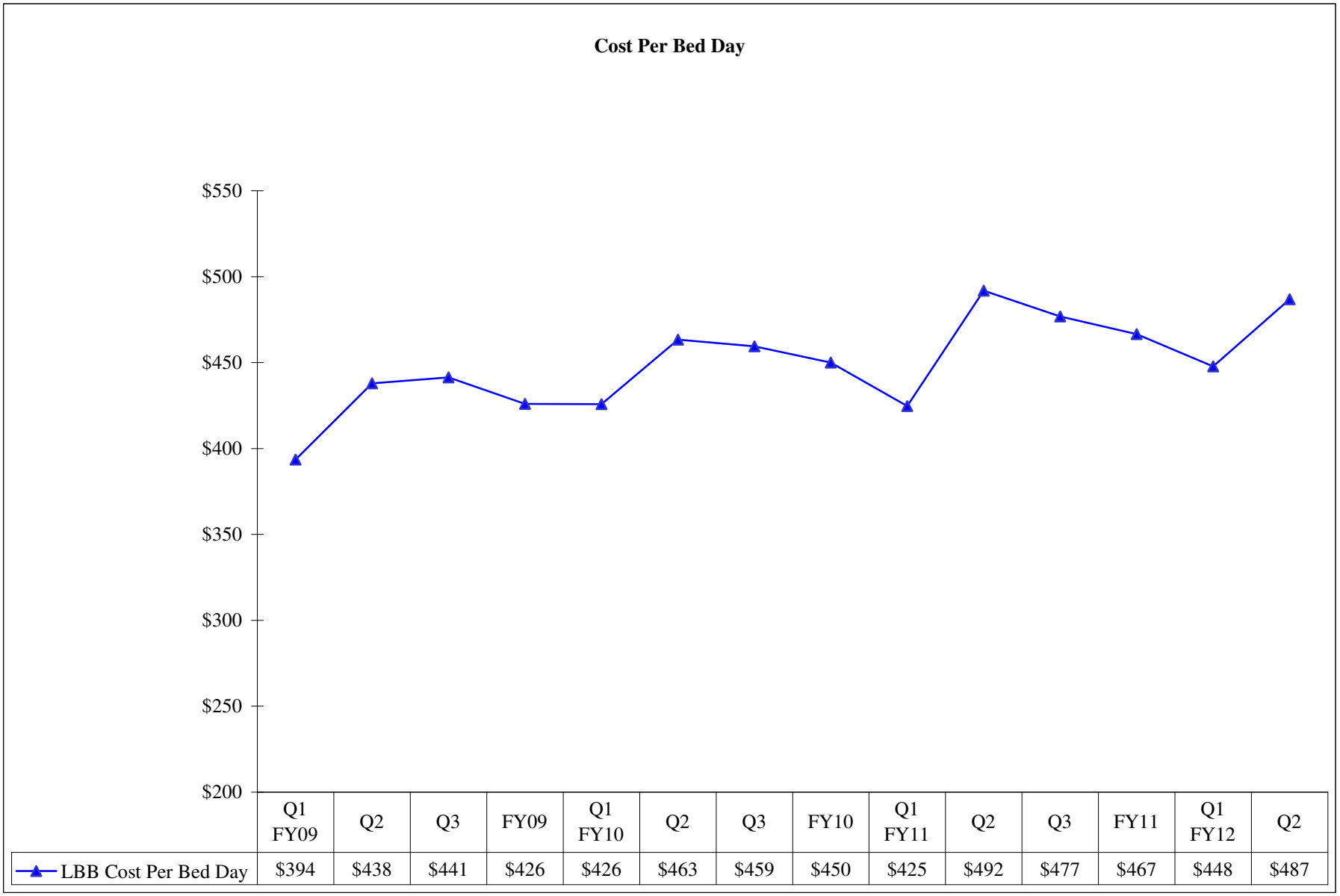


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$369	$408	$394	$404	$378	$421	$405	$401	$375	$419	$407	$404	$396	$435

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
Austin State Hospital

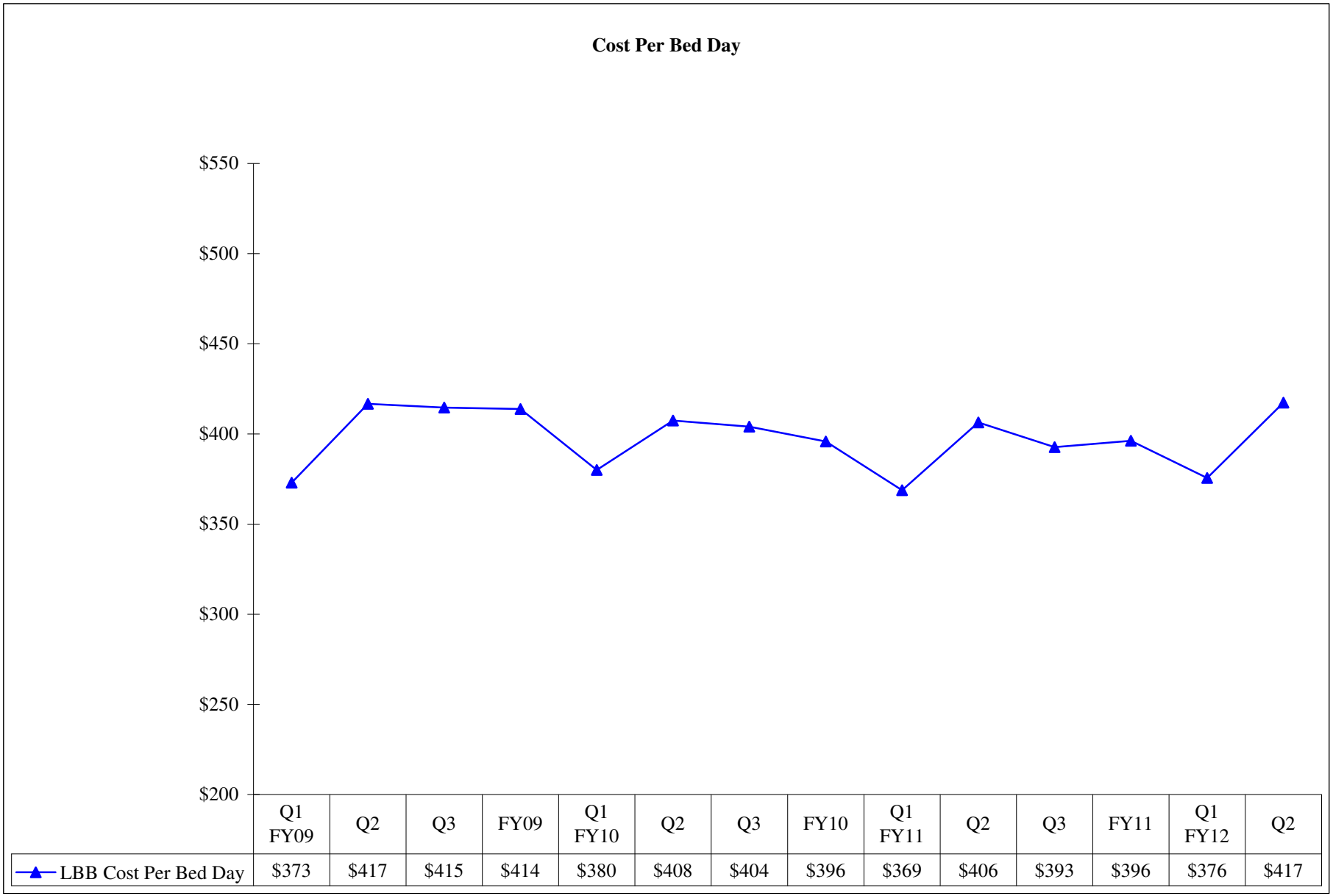


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$394	$438	$441	$426	$426	$463	$459	$450	$425	$492	$477	$467	$448	$487

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

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

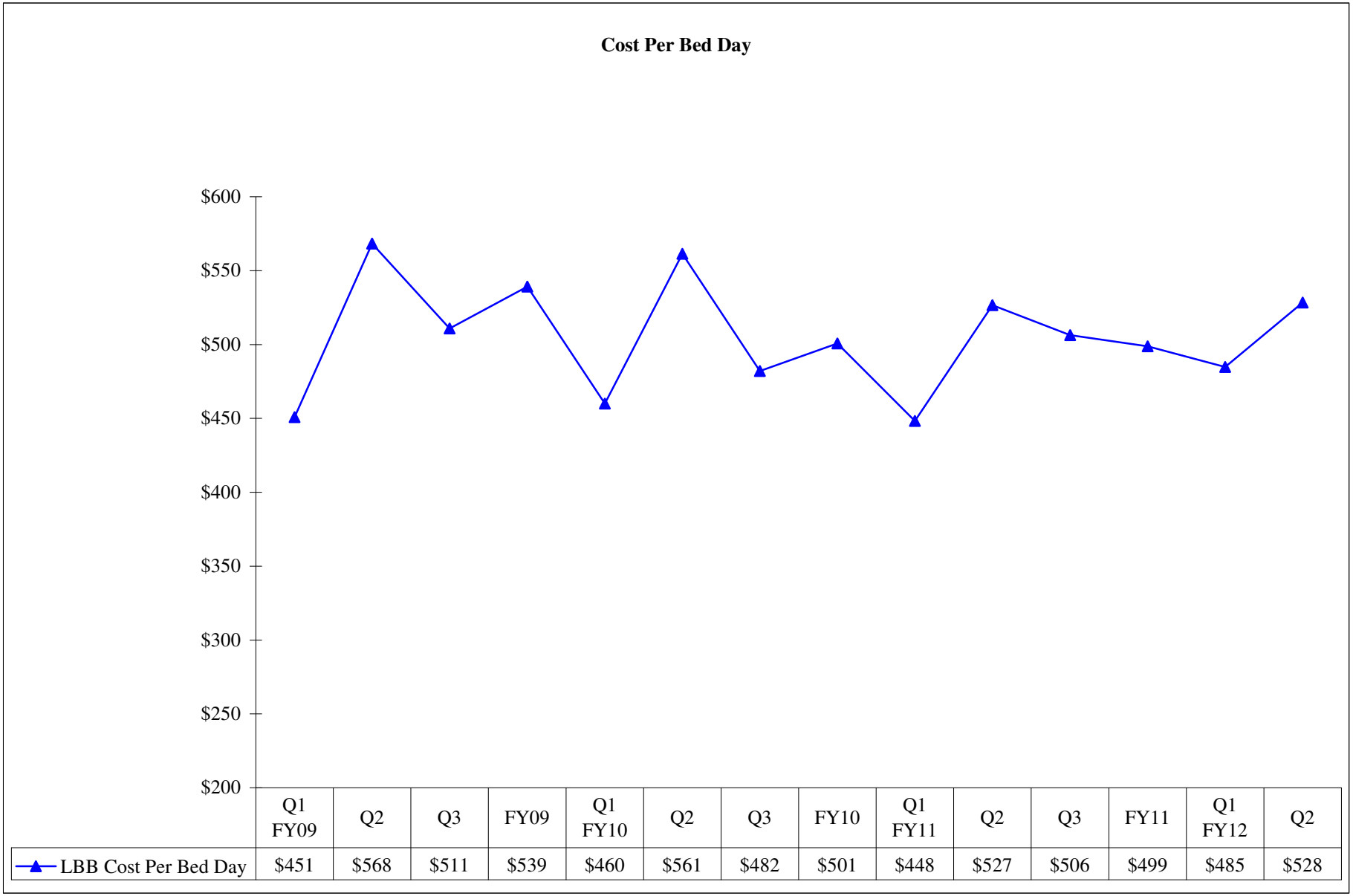


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$373	$417	$415	$414	$380	$408	$404	$396	$369	$406	$393	$396	$376	$417

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

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

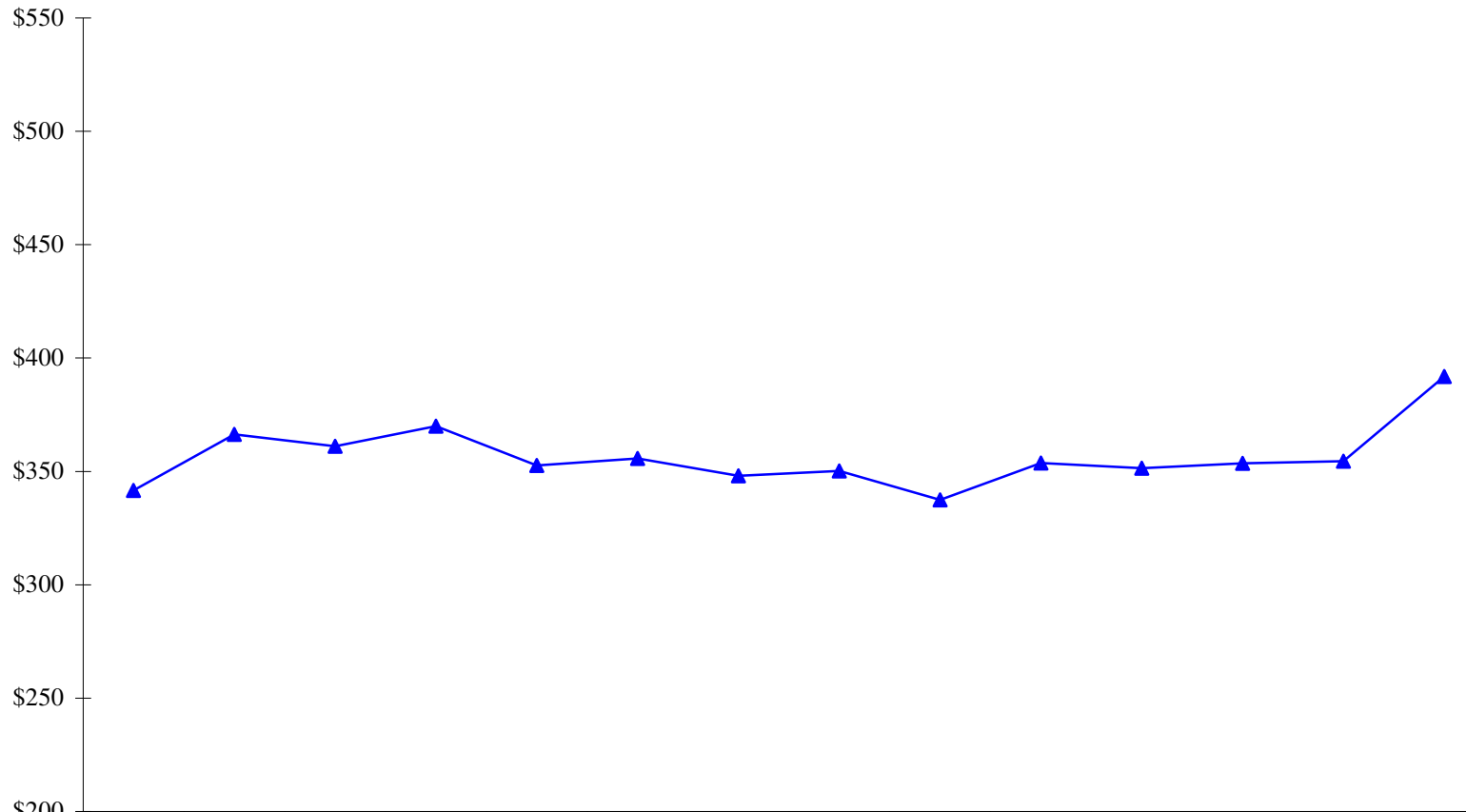


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$451	$568	$511	$539	$460	$561	$482	$501	$448	$527	$506	$499	$485	$528

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Kerrville State Hospital

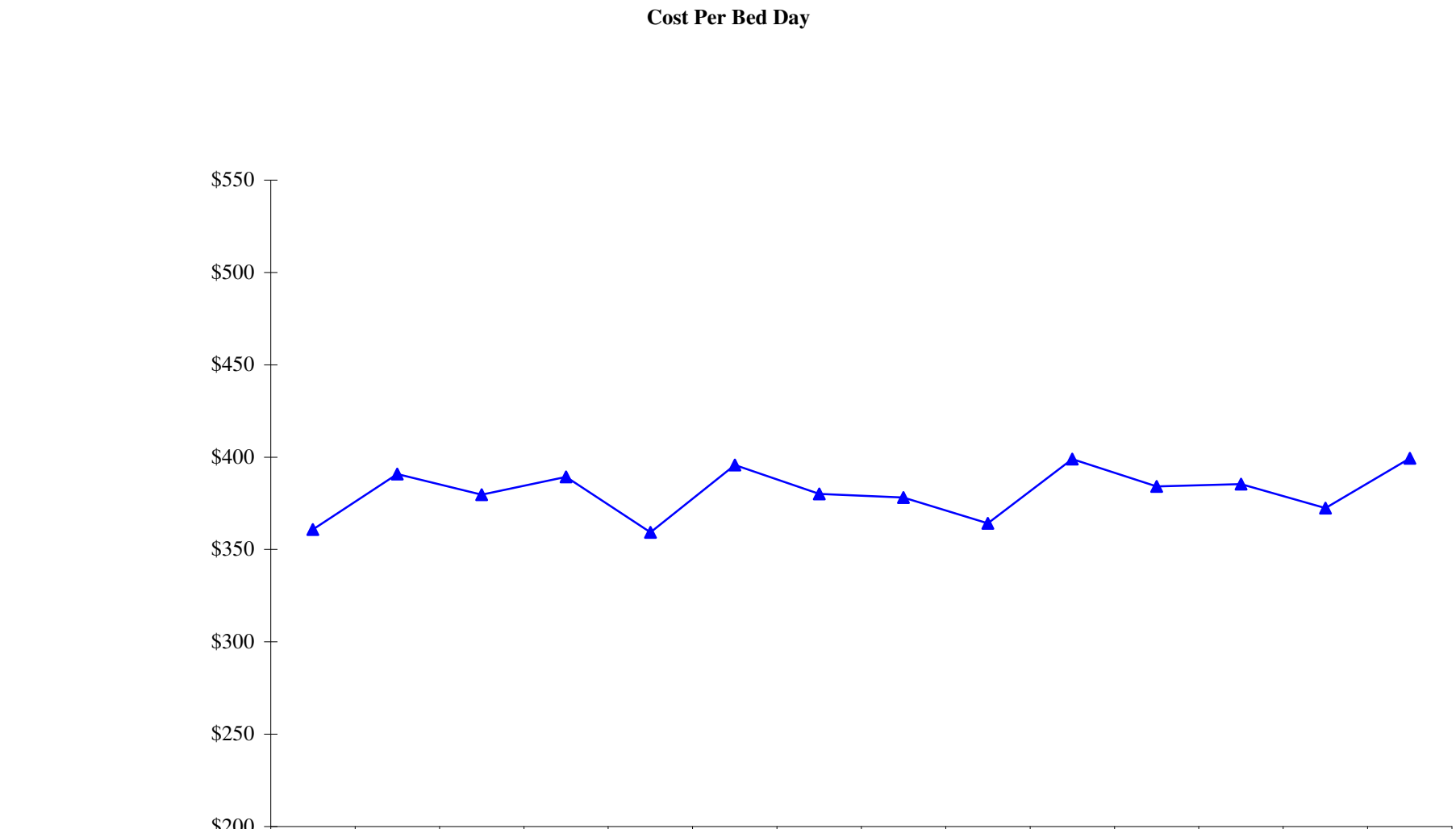


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$342	$366	$361	$370	$353	$356	$348	$350	$337	$354	$351	$354	$355	$392

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

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

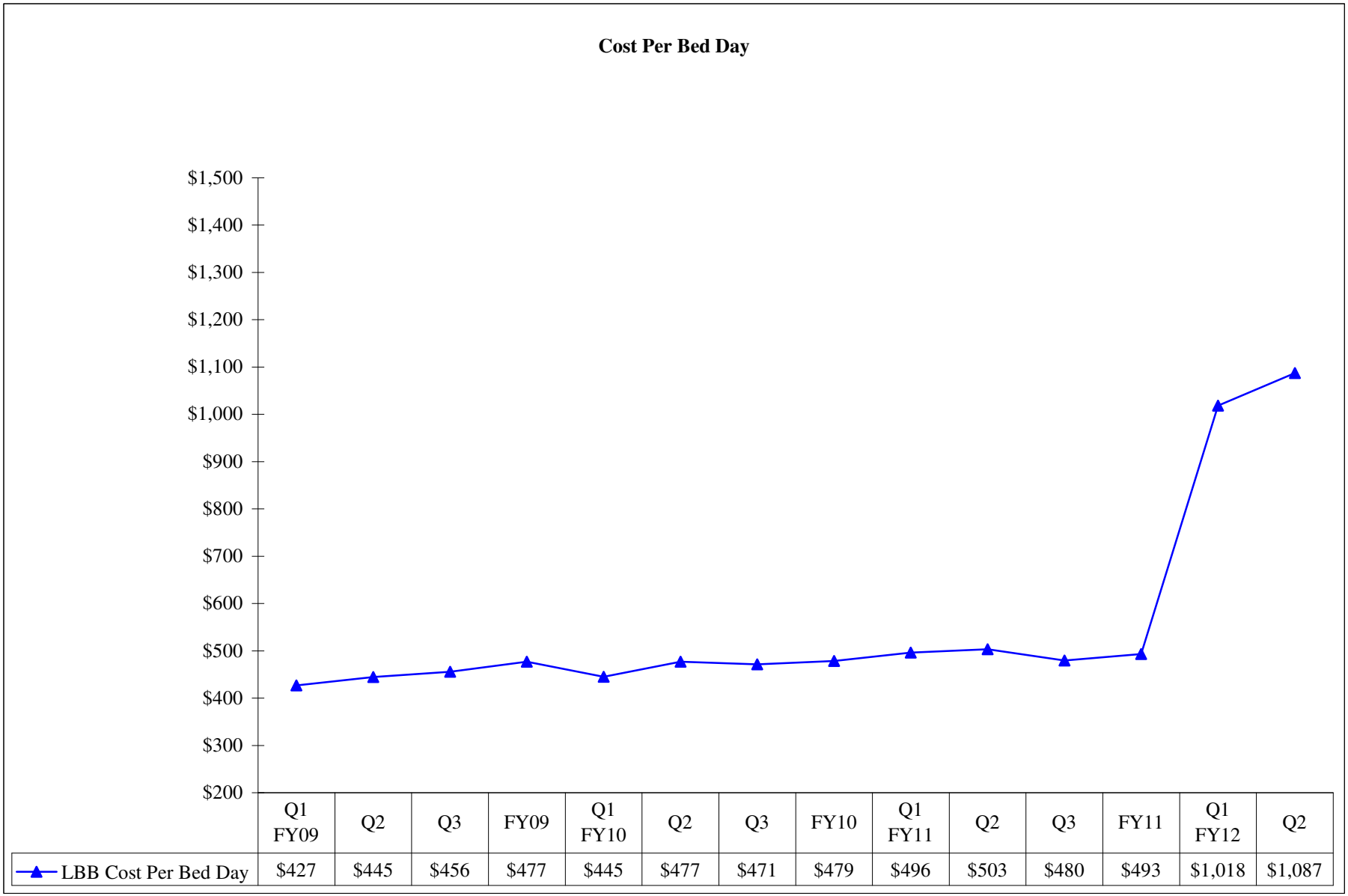


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$361	$391	$380	$389	$359	$396	$380	$378	$364	$399	$384	$385	$372	$399

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

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

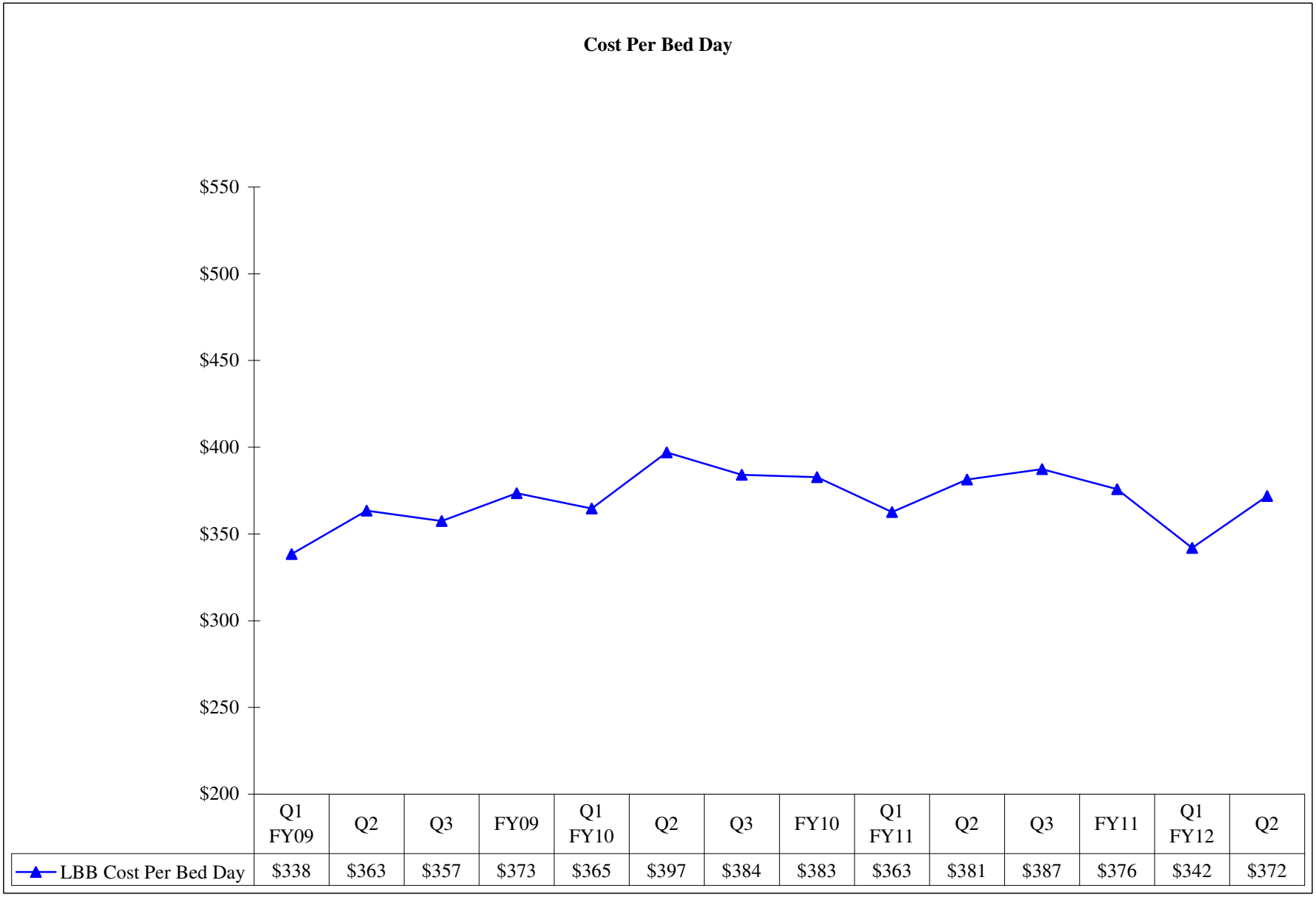


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$427	$445	$456	$477	$445	$477	$471	$479	$496	$503	$480	$493	$1,018	$1,087

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Rusk State Hospital

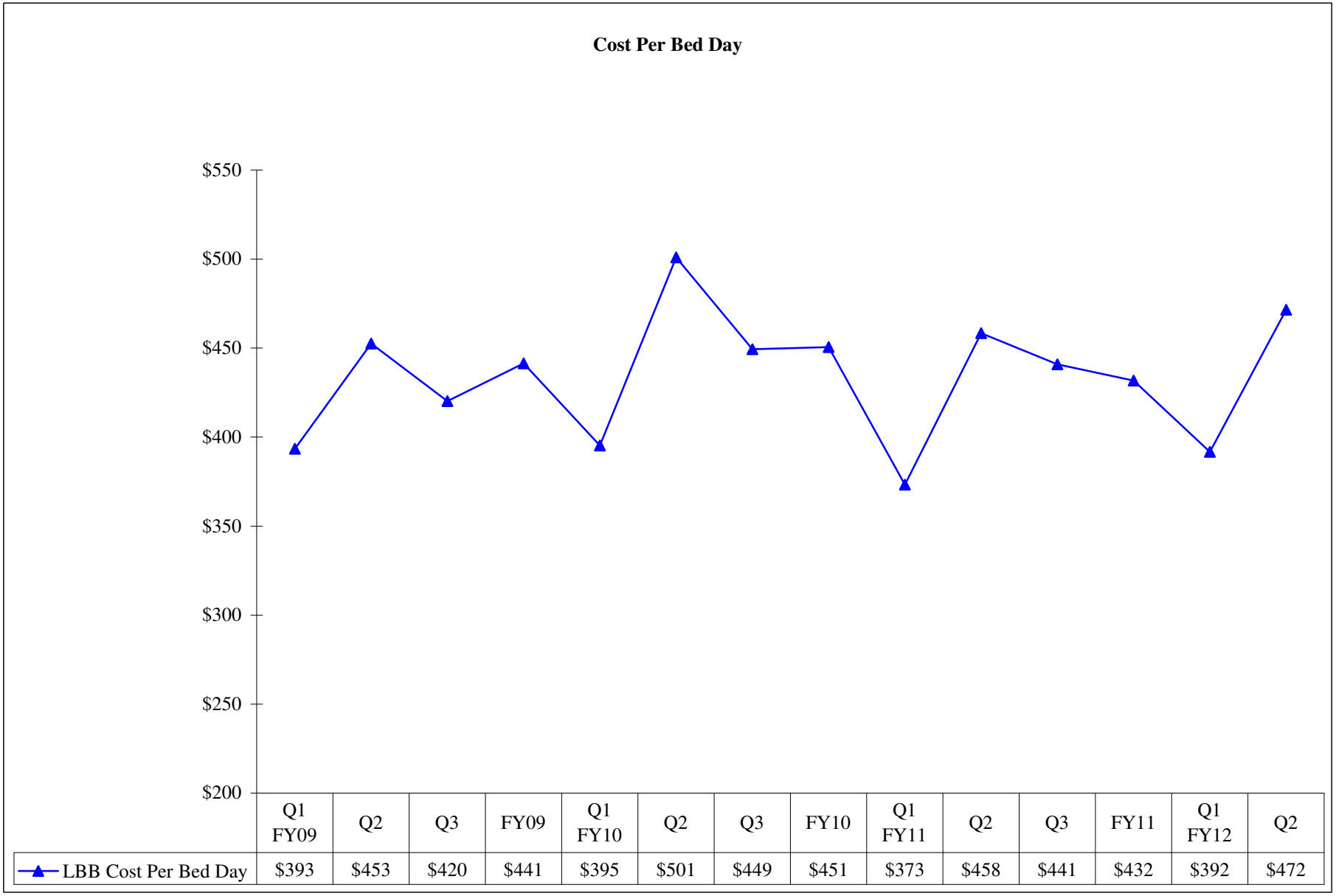


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$338	$363	$357	$373	$365	$397	$384	$383	$363	$381	$387	$376	$342	$372

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

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

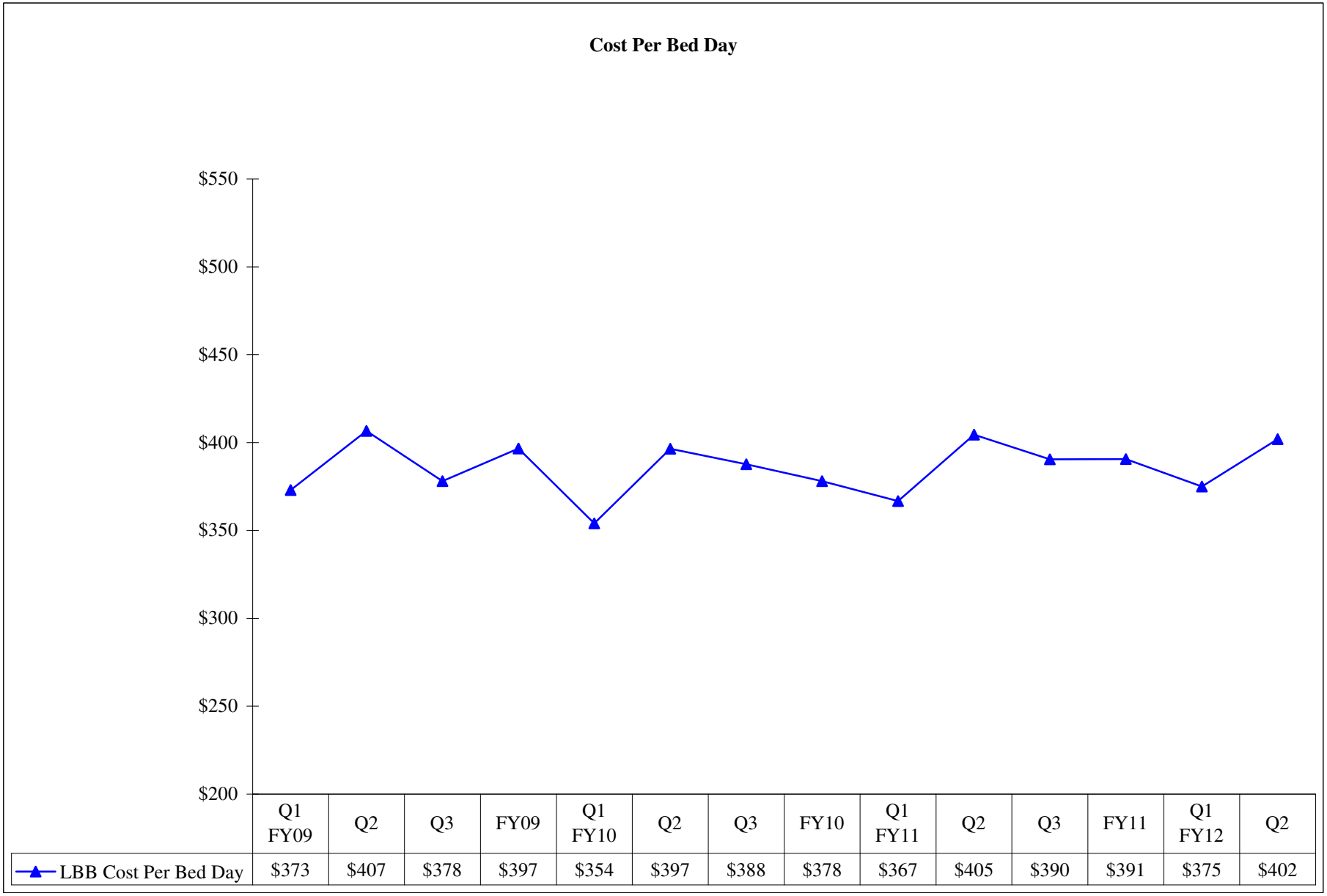


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$393	$453	$420	$441	$395	$501	$449	$451	$373	$458	$441	$432	$392	$472

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Measure 1B - Cost Per Bed Day
Terrell State Hospital

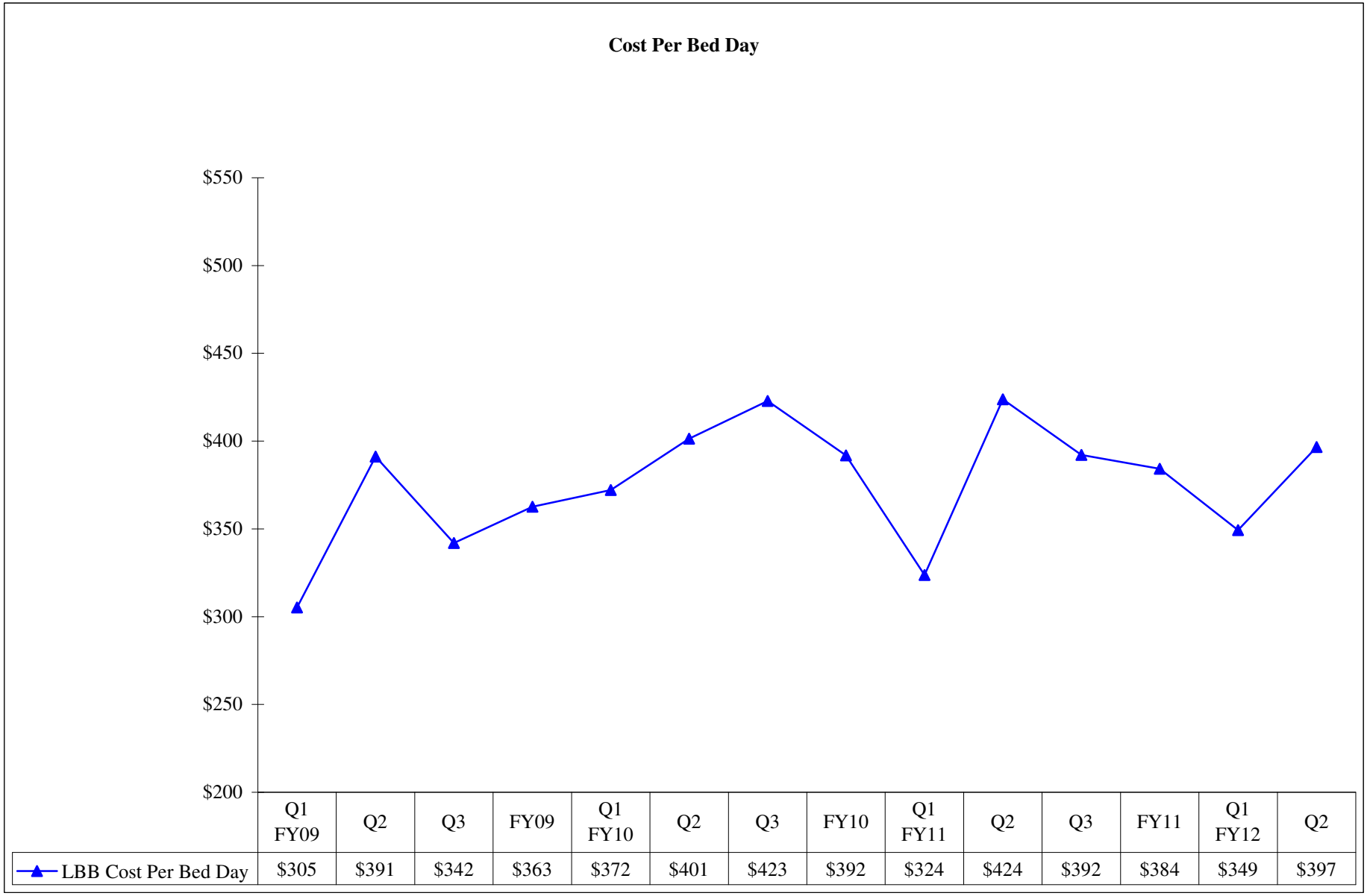


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$373	$407	$378	$397	$354	$397	$388	$378	$367	$405	$390	$391	$375	$402

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

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

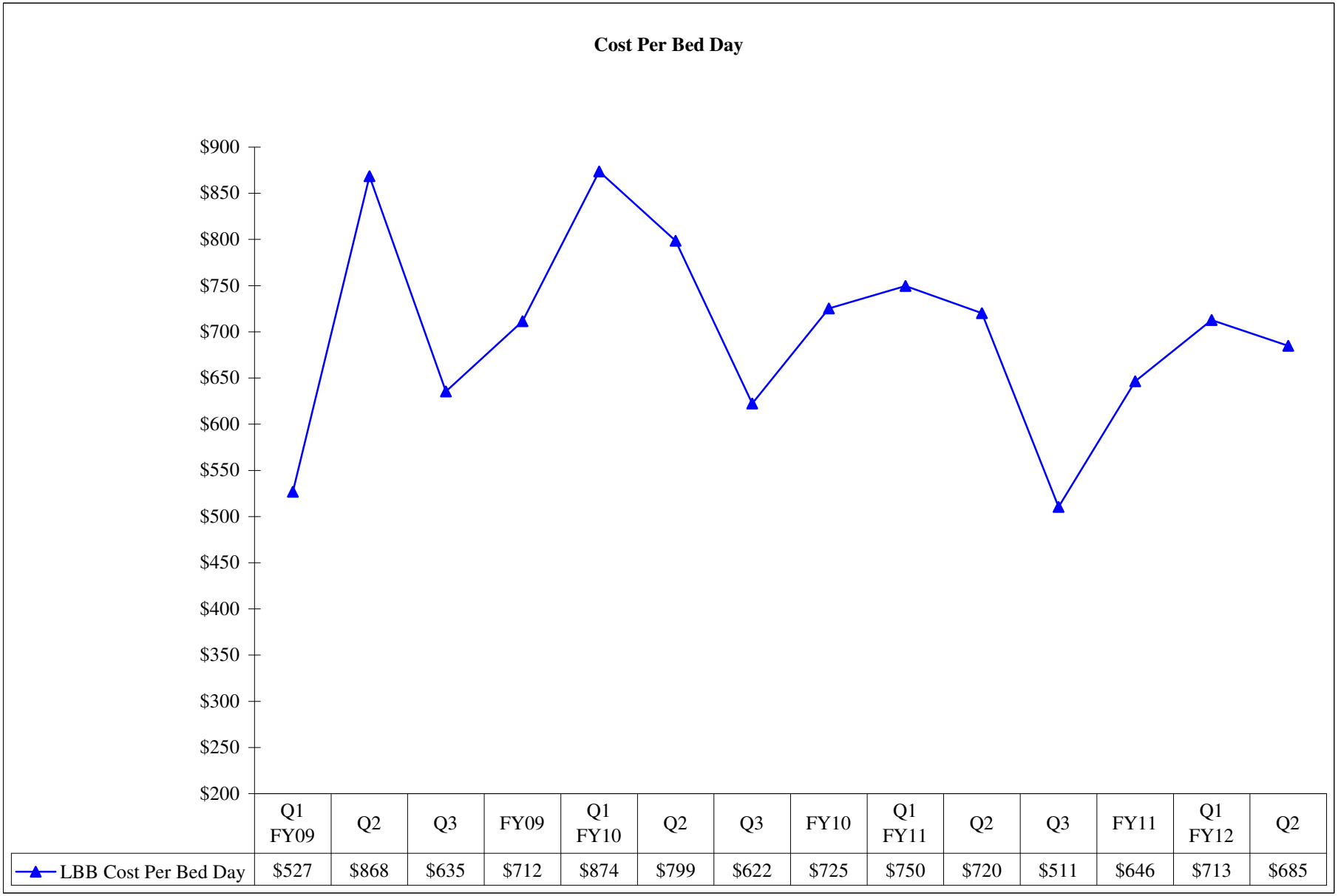


	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$305	$391	$342	$363	$372	$401	$423	$392	$324	$424	$392	$384	$349	$397

Chart: Hospital Management Data Services

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Texas Center for Infectious Disease



	Q1 FY09	Q2	Q3	FY09	Q1 FY10	Q2	Q3	FY10	Q1 FY11	Q2	Q3	FY11	Q1 FY12	Q2
LBB Cost Per Bed Day	$527	$868	$635	$712	$874	$799	$622	$725	$750	$720	$511	$646	$713	$685

Source: Financial Statistical Report - Fiscal Services;
DSHS Budgeting Forecasting Dept.

Chart: Hospital Management Data Services

Performance Measure 1C:

Calculate average daily census of campus-based services.

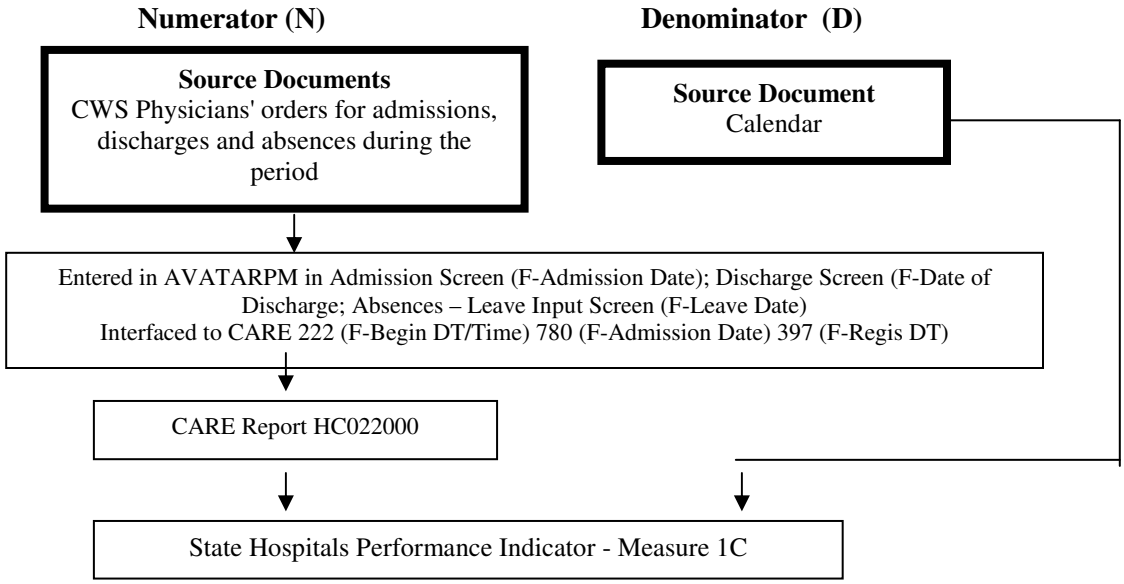
Performance Measure Operational Definition: The state hospital's average daily census will be reported quarterly. Average daily census is computed by dividing the total number of bed days used during the month by the number of calendar days in the month.

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 state hospitals and system-wide.

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

Calculate number of inpatient days.

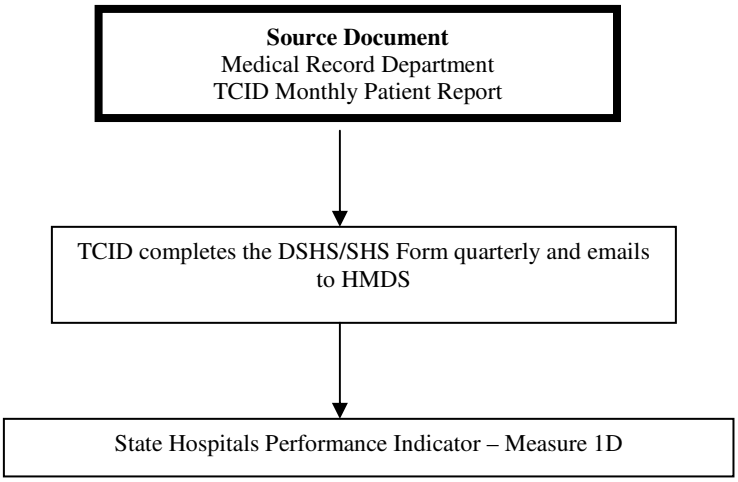
Performance Measure Operational Definition:. TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

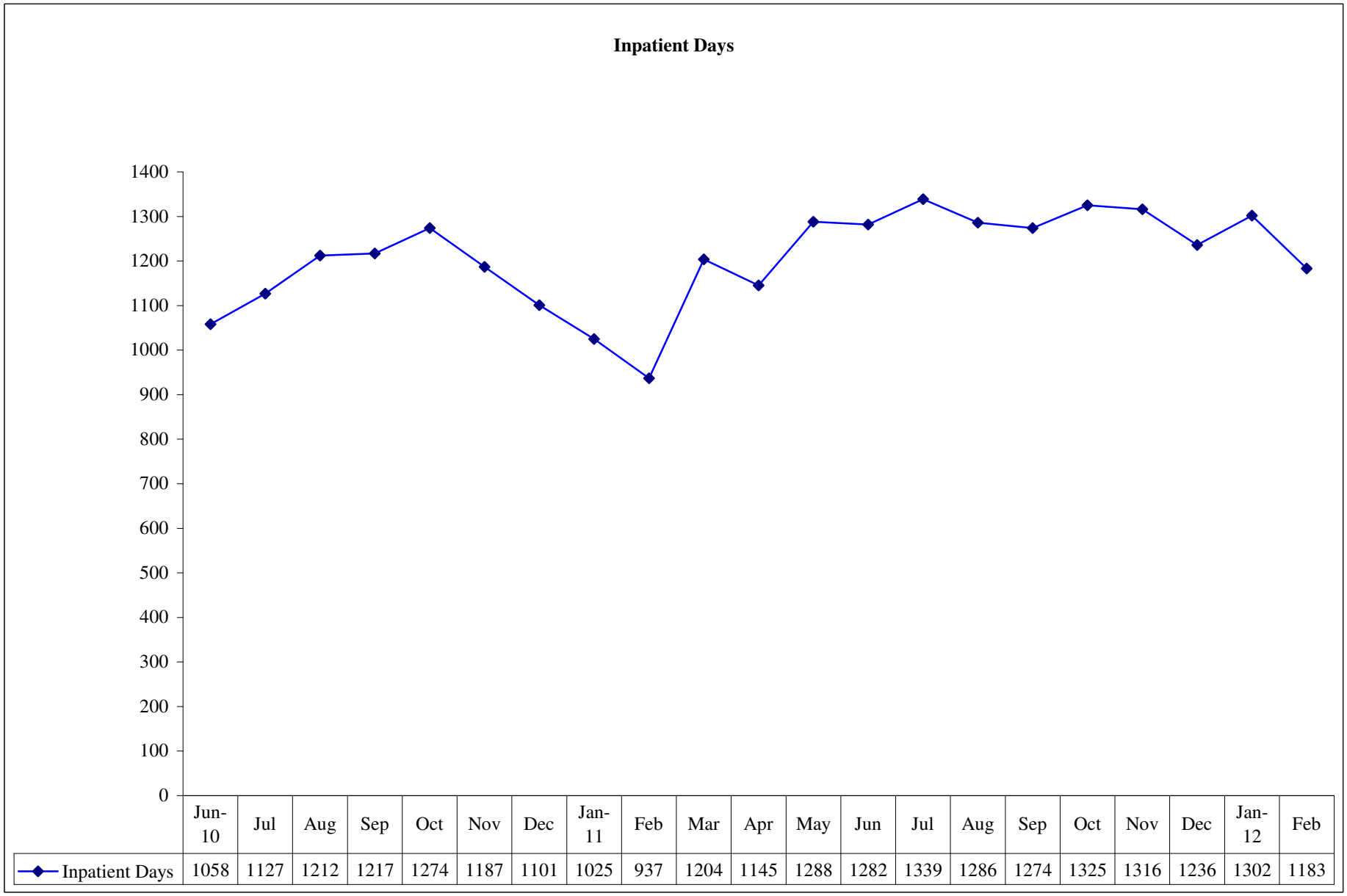
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID



	Jun-10	Jul	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Inpatient Days	1058	1127	1212	1217	1274	1187	1101	1025	937	1204	1145	1288	1282	1339	1286	1274	1325	1316	1236	1302	1183

Chart: Hospital Management Data Services

Source: TCID Form

GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business In An Ethical Manner

Performance Objective 2A:

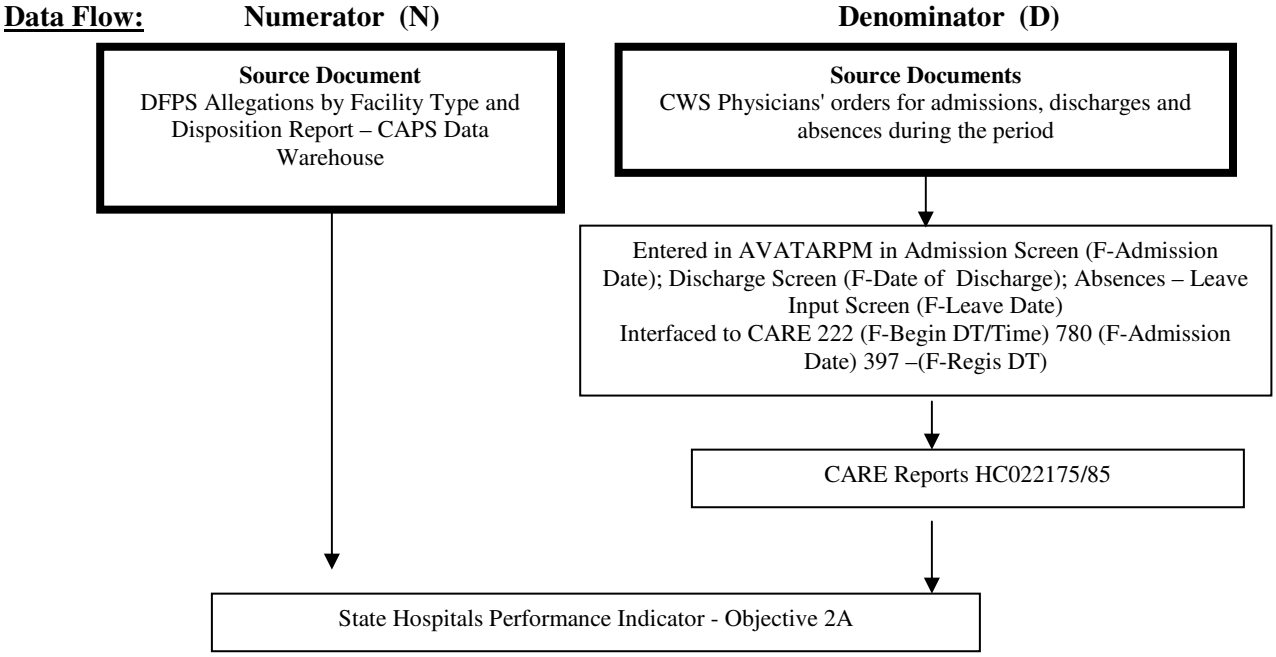
Continue to demonstrate efforts to reduce the rate of confirmed allegations of abuse or neglect.

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases per 1,000 bed days per quarter. Class I Abuse - if the allegation involves physical abuse which caused or may have caused serious physical injury or sexual abuse. Class II Abuse – if the allegation involves physical abuse which caused or may have caused non-serious physical injury or exploitation. Class III Abuse – if the allegation involves verbal or emotional abuse. Neglect – if the allegation involves neglect.

Performance Objective Formula: R = (N/D) x 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
D = number of bed days per FY1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:
Table shows number of completed investigations and number of confirmed cases by Texas Department of Family and Protective Services (DFPS) for individual state hospitals.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State MH Hospitals - As of February 29, 2012

Facility	FY10					FY11					FY12				
	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total	Q1	Q2	Q3	Q4	FY Total
All State Hospitals															
Completed Investigations	629	613	524	581	2347	538	533	486	611	2168	681	833			1514
Total Confirmed	61	72	49	97	279	48	71	40	38	197	41	60			101
Total Confirmed Rate/1000 Bed Days	0.29	0.34	0.23	0.45	0.33	0.23	0.34	0.19	0.18	0.23	0.19	0.29			0.24

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

Table: Hospital Management Data Services

Performance Objective 2C:

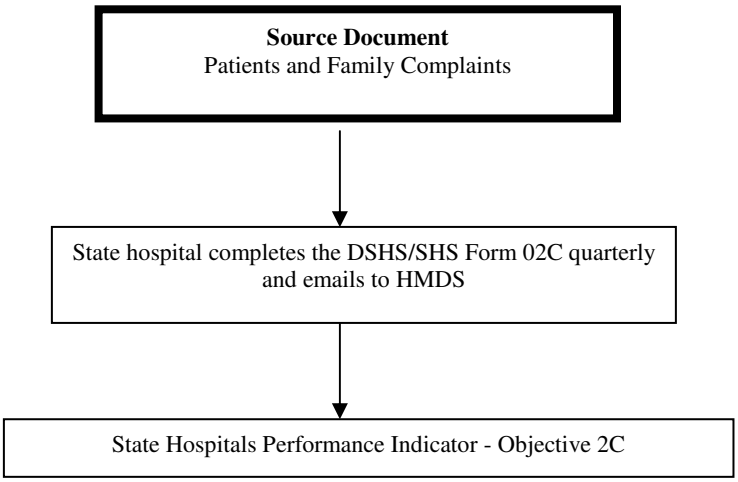
Analyze patient complaints and grievances.

Performance Objective Operational Definition:. Total number of complaints and grievances from state hospitals per quarter regarding property, respect, discharge, medication, treatment team and/or plan and an "other" category will be tracked and analyzed. A grievance is an issue, concerning a patient's treatment, including discharge planning, not satisfactorily resolved by a member of the treatment team, the Patient Rights Office, or other administrative staff.

Performance Objective Data Display and Chart Description:

- Table shows quarterly numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.
- Table shows FYTD numbers of complaints and grievances and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



Objective 2C - Patient Complaints & Patient Grievances

All State Hospitals - Q2 FY12

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	3	8	1	4	22	5	41	8	14	0	1	**107**
Per 1,000 Bed Days	**0.12**	**0.47**	**0.16**	**0.23**	**0.42**	**1.05**	**1.43**	**0.32**	**0.51**	**0.00**	**0.15**	**0.50**
Respect	6	3	2	5	13	1	5	3	27	1	2	**68**
Per 1,000 Bed Days	**0.25**	**0.18**	**0.32**	**0.29**	**0.25**	**0.21**	**0.17**	**0.12**	**0.97**	**0.27**	**0.30**	**0.32**
Discharge	8	5	2	0	19	0	1	5	4	0	2	**46**
Per 1,000 Bed Days	**0.33**	**0.30**	**0.32**	**0.00**	**0.36**	**0.00**	**0.03**	**0.20**	**0.14**	**0.00**	**0.30**	**0.22**
Medication	2	5	2	0	22	0	2	6	17	0	0	**56**
Per 1,000 Bed Days	**0.08**	**0.30**	**0.32**	**0.00**	**0.42**	**0.00**	**0.07**	**0.24**	**0.61**	**0.00**	**0.00**	**0.26**
Treatment Team/Plann	0	18	1	15	10	0	11	9	4	1	0	**69**
Per 1,000 Bed Days	**0.00**	**1.06**	**0.16**	**0.87**	**0.19**	**0.00**	**0.38**	**0.36**	**0.14**	**0.27**	**0.00**	**0.32**
HIPAA	0	0	0	0	1	0	1	2	0	0	0	**4**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.02**	**0.00**	**0.03**	**0.08**	**0.00**	**0.00**	**0.00**	**0.02**
Others	28	17	8	13	127	0	104	20	31	0	21	**369**
Per 1,000 Bed Days	**1.16**	**1.01**	**1.26**	**0.75**	**2.43**	**0.00**	**3.62**	**0.80**	**1.12**	**0.00**	**3.18**	**1.73**
Total	**47**	**56**	**16**	**37**	**214**	**6**	**165**	**53**	**97**	**2**	**26**	**719**
Per 1,000 Bed Days	**1.95**	**3.31**	**2.53**	**2.13**	**4.10**	**1.27**	**5.75**	**2.13**	**3.50**	**0.54**	**3.94**	**3.37**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - Q2 FY12

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	4	0	2	0	0	0	0	0	0	**6**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.63**	**0.00**	**0.04**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.03**
Respect	0	0	3	0	4	0	45	0	0	0	0	**52**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.47**	**0.00**	**0.08**	**0.00**	**1.57**	**0.00**	**0.00**	**0.00**	**0.00**	**0.24**
Discharge	0	0	2	0	3	0	47	0	0	0	0	**52**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.32**	**0.00**	**0.06**	**0.00**	**1.64**	**0.00**	**0.00**	**0.00**	**0.00**	**0.24**
Medication	1	0	4	0	2	0	42	0	1	0	0	**50**
Per 1,000 Bed Days	**0.04**	**0.00**	**0.63**	**0.00**	**0.04**	**0.00**	**1.46**	**0.00**	**0.04**	**0.00**	**0.00**	**0.23**
Treatment Team/Plann	0	1	5	0	6	0	36	0	0	0	0	**48**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.79**	**0.00**	**0.11**	**0.00**	**1.25**	**0.00**	**0.00**	**0.00**	**0.00**	**0.23**
HIPAA	0	0	0	0	0	0	9	0	0	0	0	**9**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.31**	**0.00**	**0.00**	**0.00**	**0.00**	**0.04**
Others	0	0	6	0	4	0	8	0	0	0	0	**18**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.95**	**0.00**	**0.08**	**0.00**	**0.28**	**0.00**	**0.00**	**0.00**	**0.00**	**0.08**
Total	**1**	**1**	**24**	**0**	**21**	**0**	**187**	**0**	**1**	**0**	**0**	**235**
Per 1,000 Bed Days	**0.04**	**0.06**	**3.79**	**0.00**	**0.40**	**0.00**	**6.52**	**0.00**	**0.04**	**0.00**	**0.00**	**1.10**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of February 29, 2012

FY12

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	3	32	3	5	38	6	66	14	18	0	3	**188**
Per 1,000 Bed Days	**0.06**	**0.93**	**0.24**	**0.14**	**0.36**	**0.63**	**1.15**	**0.28**	**0.32**	**0.00**	**0.22**	**0.44**
Respect	6	9	2	11	20	4	9	4	61	2	8	**136**
Per 1,000 Bed Days	**0.12**	**0.26**	**0.16**	**0.32**	**0.19**	**0.42**	**0.16**	**0.08**	**1.10**	**0.26**	**0.60**	**0.32**
Discharge	8	7	3	2	37	5	3	12	7	0	4	**88**
Per 1,000 Bed Days	**0.16**	**0.20**	**0.24**	**0.06**	**0.35**	**0.53**	**0.05**	**0.24**	**0.13**	**0.00**	**0.30**	**0.20**
Medication	2	13	2	0	67	2	4	14	23	0	0	**127**
Per 1,000 Bed Days	**0.04**	**0.38**	**0.16**	**0.00**	**0.64**	**0.21**	**0.07**	**0.28**	**0.41**	**0.00**	**0.00**	**0.30**
Treatment Team/Planning	0	44	1	33	28	0	48	24	8	2	0	**188**
Per 1,000 Bed Days	**0.00**	**1.28**	**0.08**	**0.95**	**0.27**	**0.00**	**0.84**	**0.48**	**0.14**	**0.26**	**0.00**	**0.44**
HIPAA	0	0	0	0	2	0	3	2	0	0	0	**7**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.02**	**0.00**	**0.05**	**0.04**	**0.00**	**0.00**	**0.00**	**0.02**
Others	28	23	10	23	273	2	217	47	49	0	48	**720**
Per 1,000 Bed Days	**0.56**	**0.67**	**0.79**	**0.66**	**2.60**	**0.21**	**3.78**	**0.94**	**0.88**	**0.00**	**3.59**	**1.67**
Total	**47**	**128**	**21**	**74**	**465**	**19**	**350**	**117**	**166**	**4**	**63**	**1454**
Per 1,000 Bed Days	**0.95**	**3.71**	**1.66**	**2.13**	**4.42**	**2.00**	**6.10**	**2.33**	**2.99**	**0.52**	**4.72**	**3.38**

Table: Hospital Management Data Services

Source: Facility Survey

Objective 2C - Patient Complaints & Patient Grievances
All State Hospitals - As of February 29, 2012

FY12

Grievances	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Property	0	0	4	0	2	0	0	0	0	0	0	**6**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.32**	**0.00**	**0.02**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.01**
Respect	0	0	5	0	4	0	71	0	0	0	0	**80**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.39**	**0.00**	**0.04**	**0.00**	**1.24**	**0.00**	**0.00**	**0.00**	**0.00**	**0.19**
Discharge	0	0	2	0	3	0	96	0	0	0	0	**101**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.16**	**0.00**	**0.03**	**0.00**	**1.67**	**0.00**	**0.00**	**0.00**	**0.00**	**0.23**
Medication	1	1	5	0	2	0	79	0	1	0	0	**89**
Per 1,000 Bed Days	**0.02**	**0.03**	**0.39**	**0.00**	**0.02**	**0.00**	**1.38**	**0.00**	**0.02**	**0.00**	**0.00**	**0.21**
Treatment Team/Planning	0	2	9	0	6	0	69	0	0	0	0	**86**
Per 1,000 Bed Days	**0.00**	**0.06**	**0.71**	**0.00**	**0.06**	**0.00**	**1.20**	**0.00**	**0.00**	**0.00**	**0.00**	**0.20**
HIPAA	0	0	1	0	0	0	15	0	0	0	0	**16**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.08**	**0.00**	**0.00**	**0.00**	**0.26**	**0.00**	**0.00**	**0.00**	**0.00**	**0.04**
Others	0	0	9	0	4	0	11	0	0	0	0	**24**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.71**	**0.00**	**0.04**	**0.00**	**0.19**	**0.00**	**0.00**	**0.00**	**0.00**	**0.06**
Total	**1**	**3**	**35**	**0**	**21**	**0**	**341**	**0**	**1**	**0**	**0**	**402**
Per 1,000 Bed Days	**0.02**	**0.09**	**2.76**	**0.00**	**0.20**	**0.00**	**5.95**	**0.00**	**0.02**	**0.00**	**0.00**	**0.93**

Table: Hospital Management Data Services

Source: Facility Survey

GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3A:

Continue to demonstrate efforts to reduce the restraint and seclusion rate with a goal of zero.

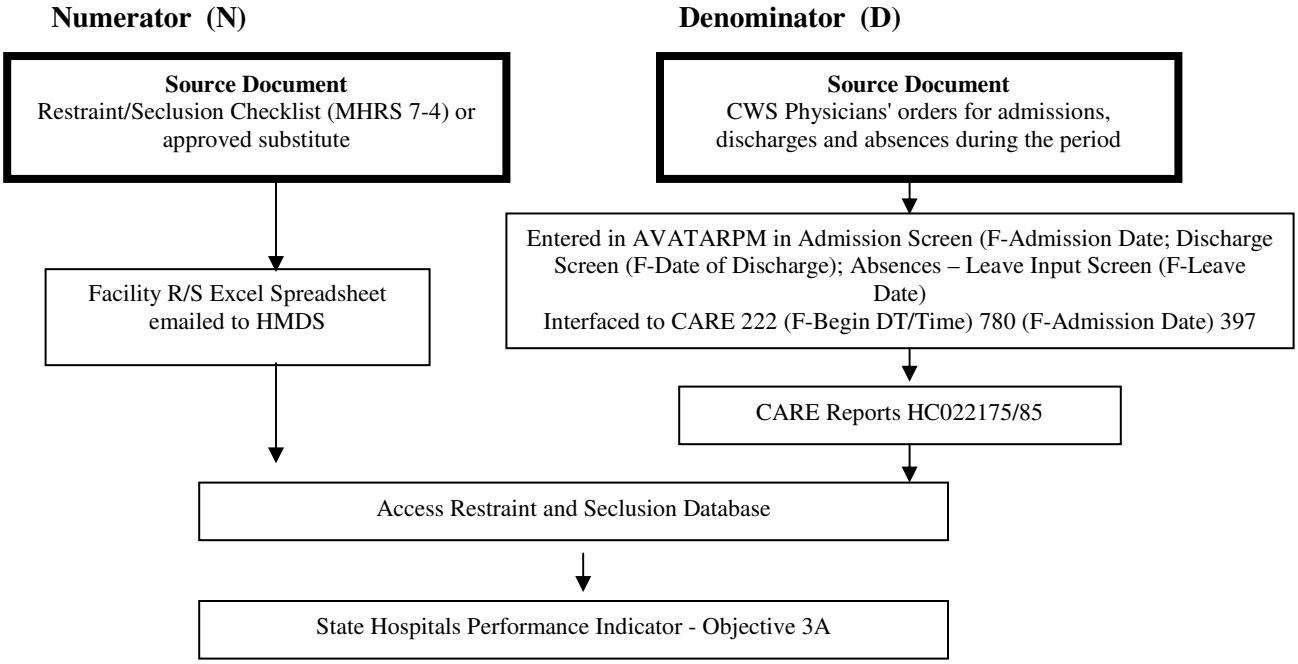
Performance Objective Operational Definition: The number of restraint and seclusion incidents as documented on the MHRS 7-4 (or approved substitute) per 1,000 bed days.

Performance Objective Formula: R = (N/D) x 1,000
R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter
N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion
D = number of bed days per FY quarter 1,000 = bed day rate multiplier

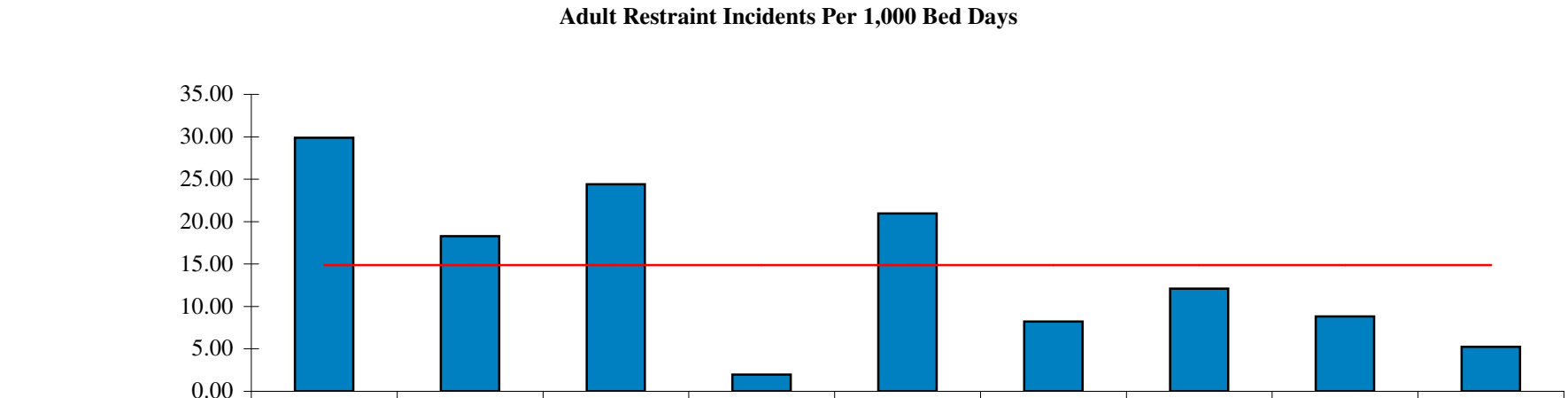
Performance Objective Data Display and Chart Description:

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

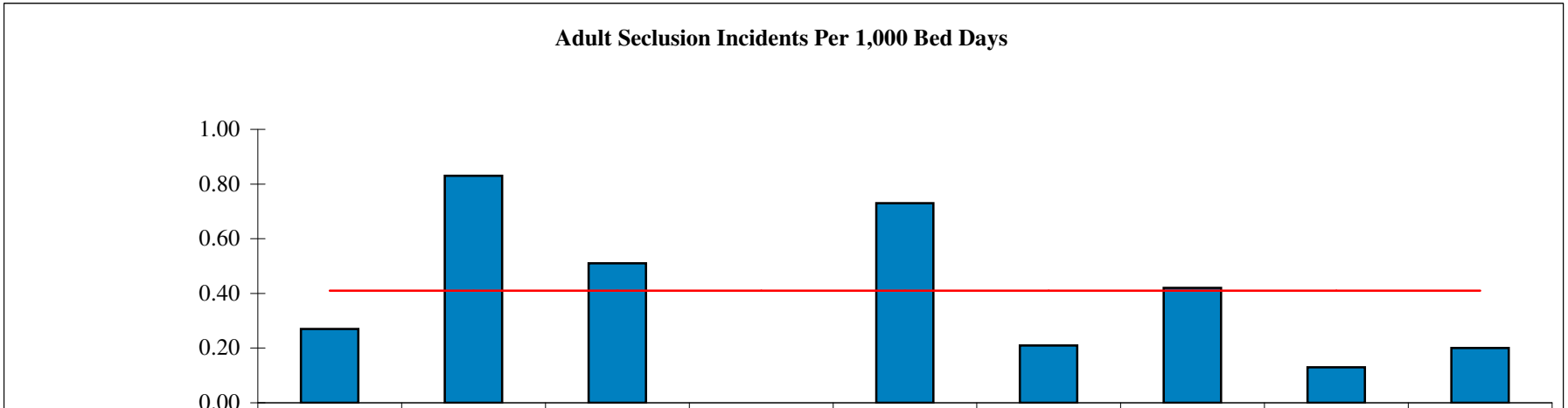
Data Flow:



Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY12	29.90	18.27	24.40	1.96	20.97	8.23	12.09	8.83	5.24
All State Hospitals	14.88	14.88	14.88	14.88	14.88	14.88	14.88	14.88	14.88

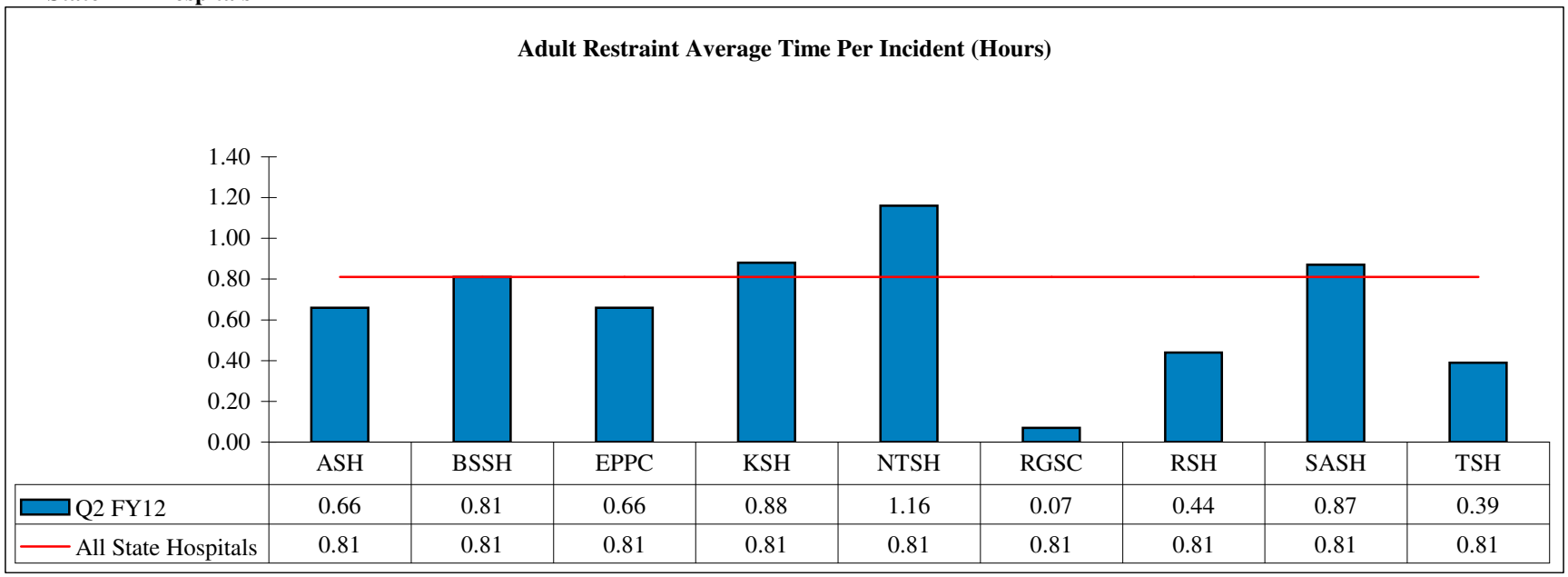


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2FY12	0.27	0.83	0.51	0.00	0.73	0.21	0.42	0.13	0.20
All State Hospitals	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41	0.41

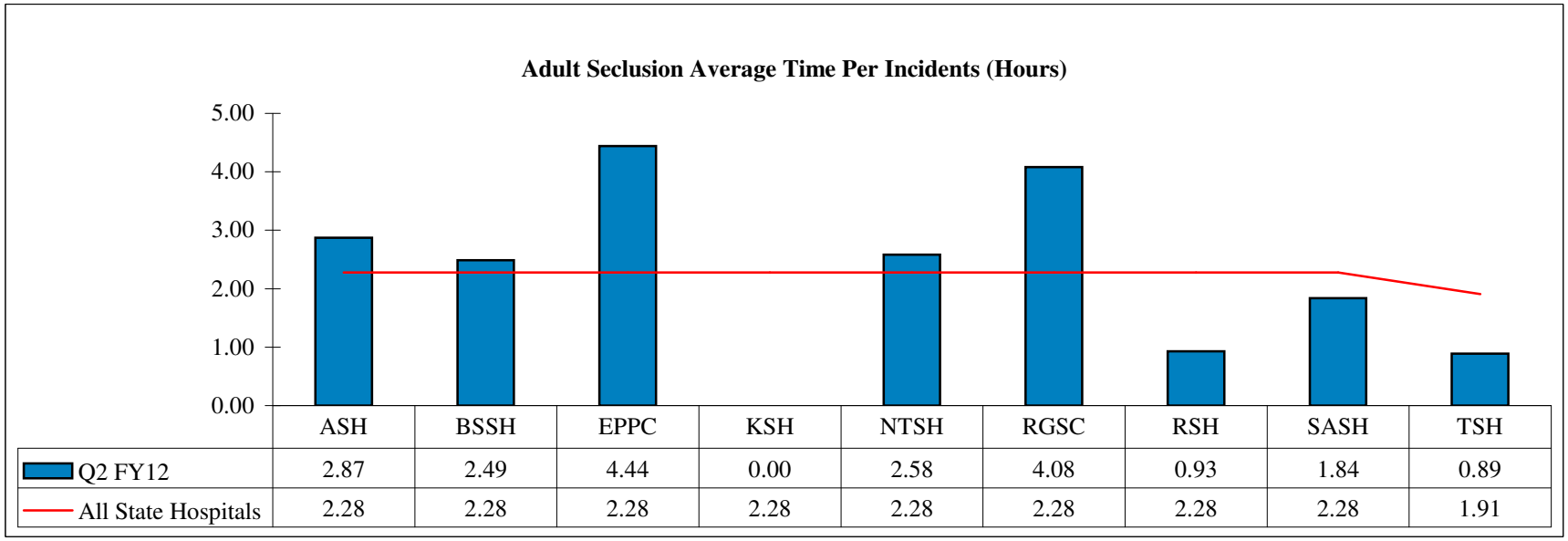
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY12	0.66	0.81	0.66	0.88	1.16	0.07	0.44	0.87	0.39
All State Hospitals	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81	0.81

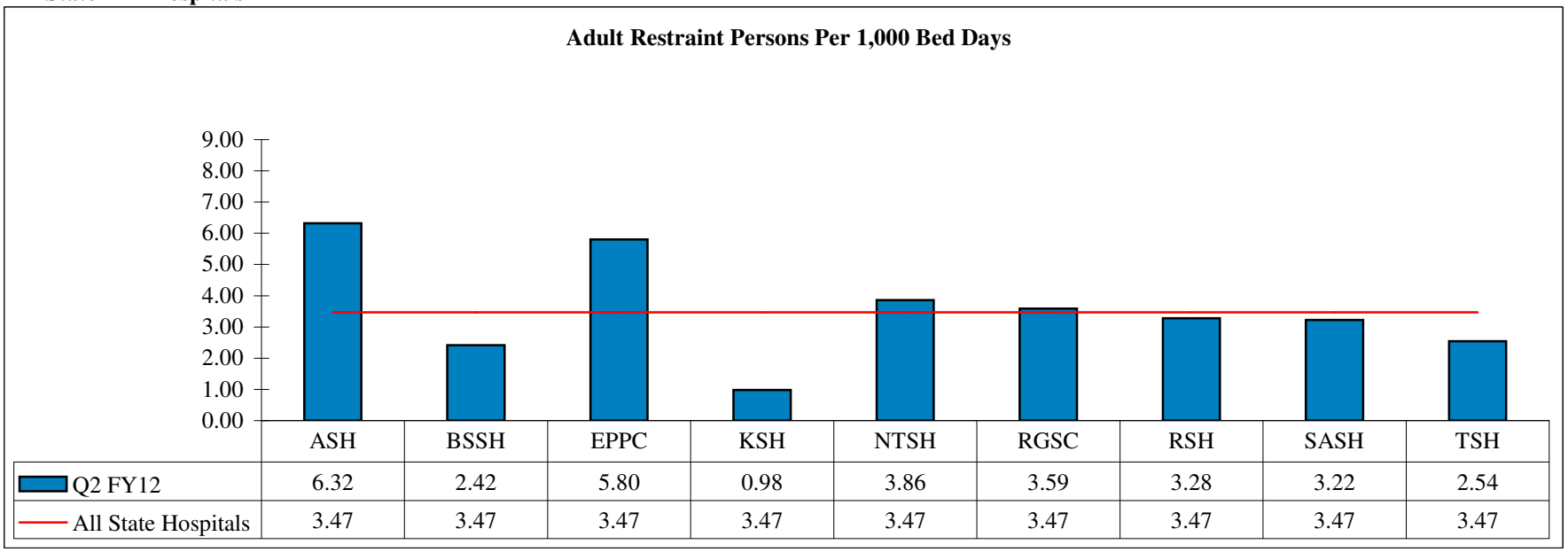


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY12	2.87	2.49	4.44	0.00	2.58	4.08	0.93	1.84	0.89
All State Hospitals	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	1.91

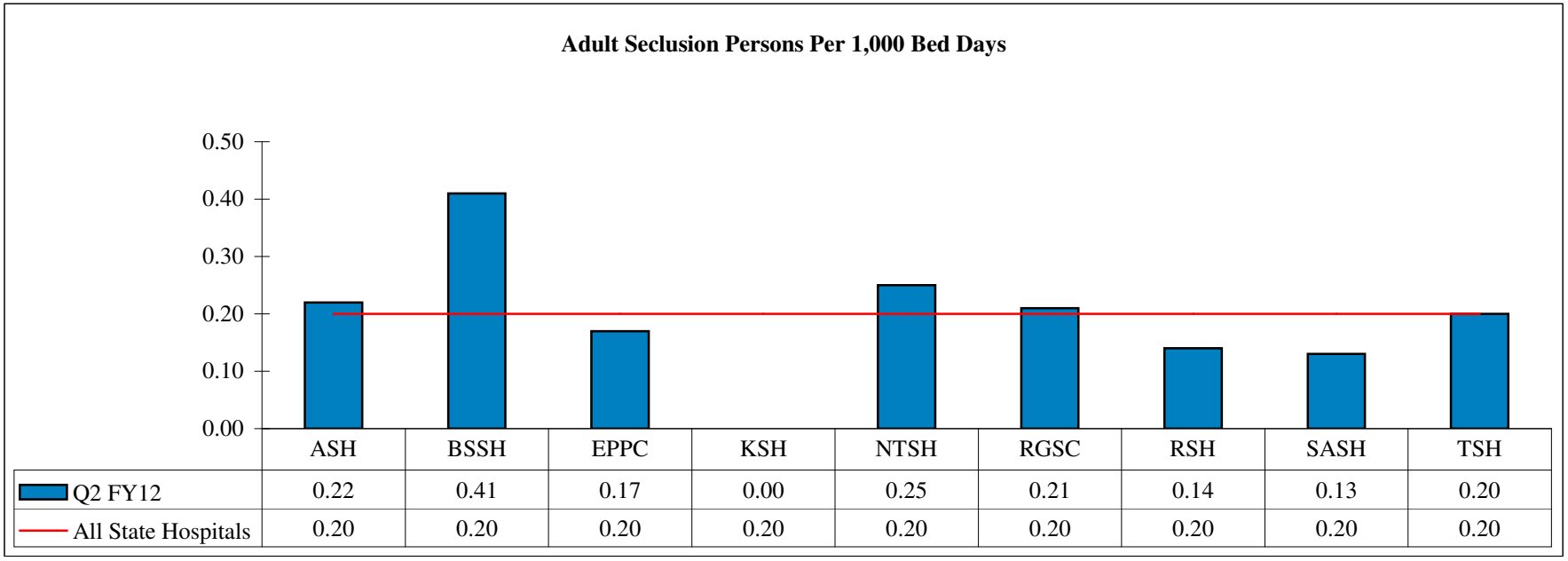
Source: Local Data/Unduplicated Client Days by Unit-Hospital/Center (HC022175/85)
Source: Facility Survey

Chart: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY12	6.32	2.42	5.80	0.98	3.86	3.59	3.28	3.22	2.54
All State Hospitals	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47	3.47



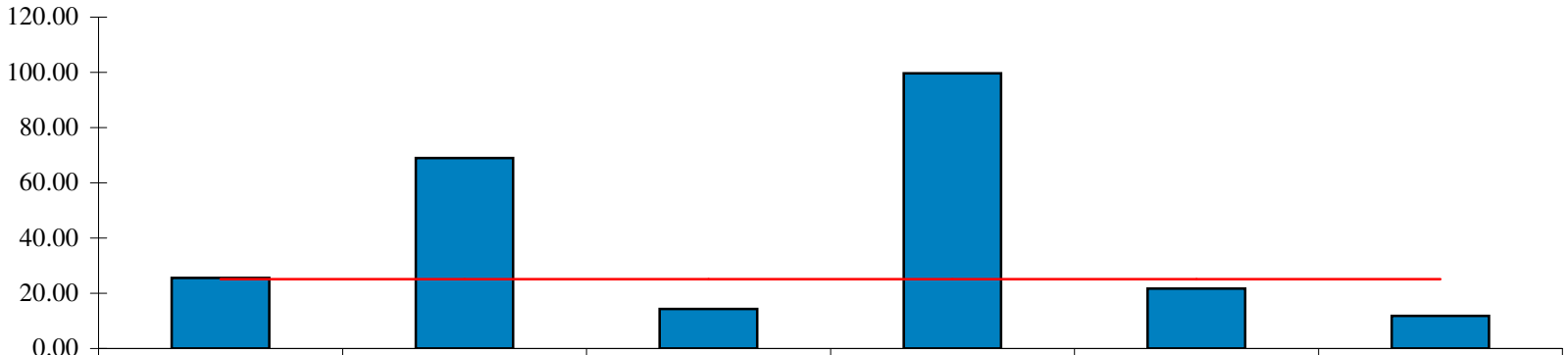
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH
Q2 FY12	0.22	0.41	0.17	0.00	0.25	0.21	0.14	0.13	0.20
All State Hospitals	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20

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

Chart: Hospital Management Data Services

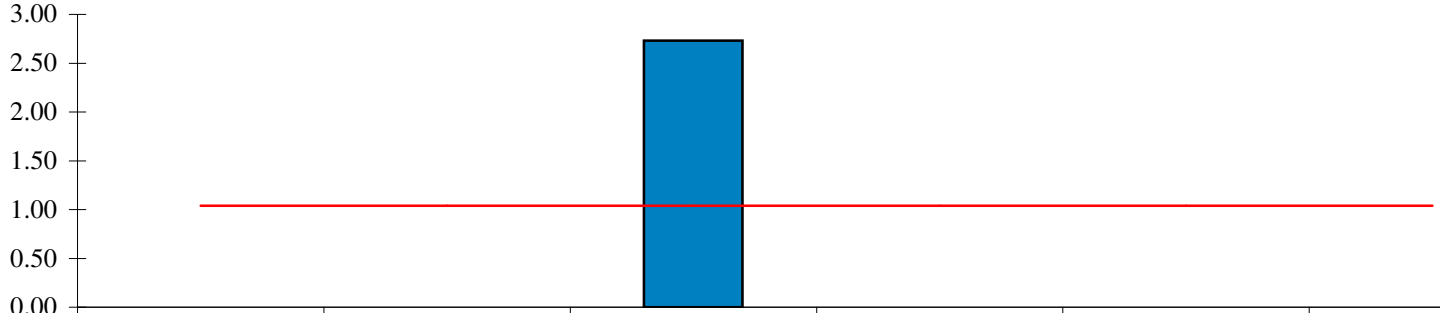
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Incidents Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	25.57	68.97	14.34	99.69	21.65	11.81
All State Hospitals	25.13	25.13	25.13	25.13	25.13	25.13

Child & Adolescent Seclusion Incidents Per 1,000 Bed Days



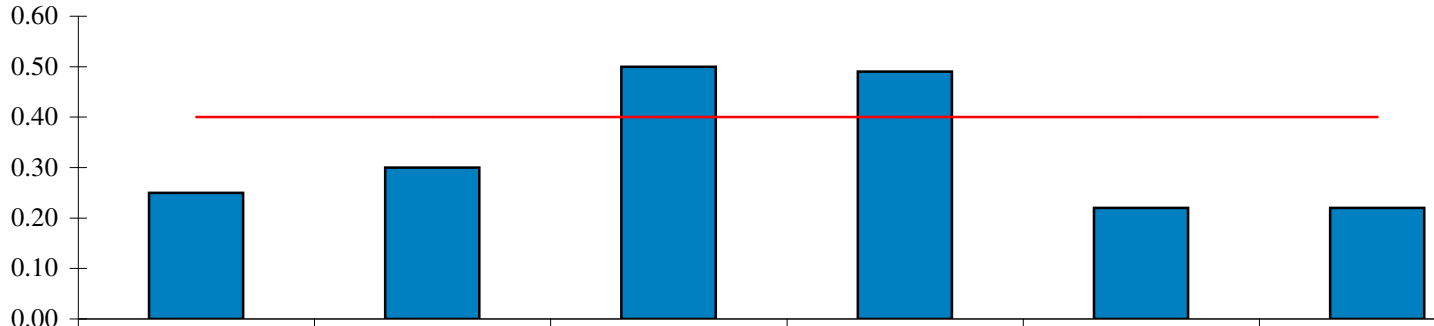
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	0.00	0.00	2.73	0.00	0.00	0.00
All State Hospitals	1.04	1.04	1.04	1.04	1.04	1.04

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

Chart: Hospital Management Data Services

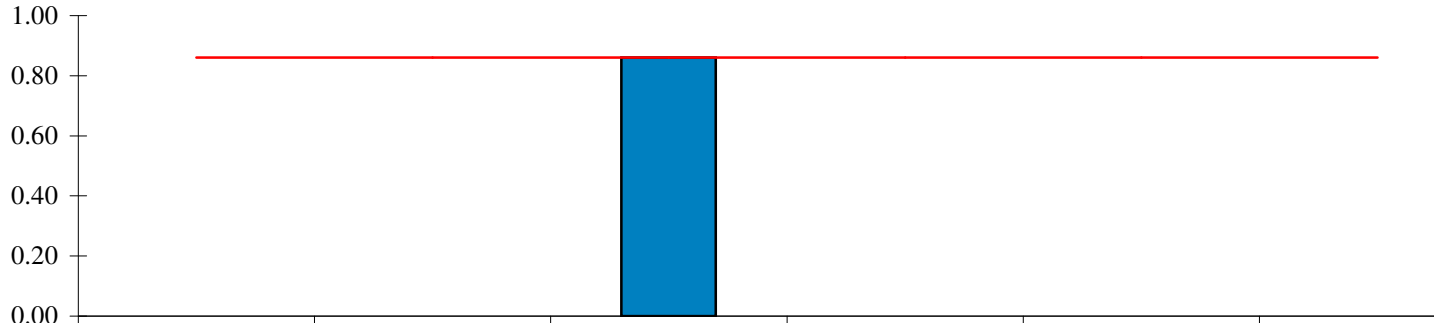
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Average Time Per Incident (Hours)



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	0.25	0.30	0.50	0.49	0.22	0.22
All State Hospitals	0.40	0.40	0.40	0.40	0.40	0.40

Child & Adolescent Seclusion Average Time Per Incident (Hours)



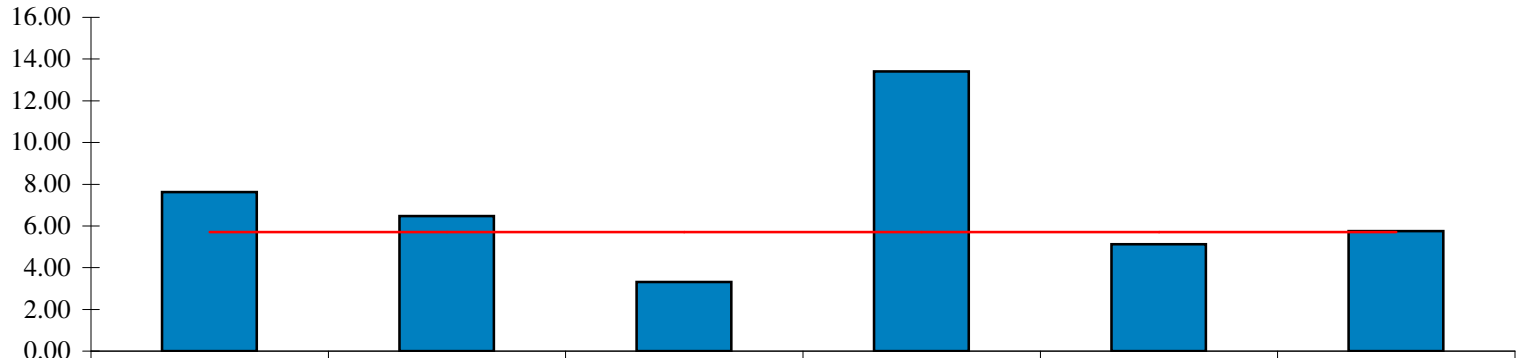
	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	0.00	0.00	0.86	0.00	0.00	0.00
All State Hospitals	0.86	0.86	0.86	0.86	0.86	0.86

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

Chart: Hospital Management Data Services

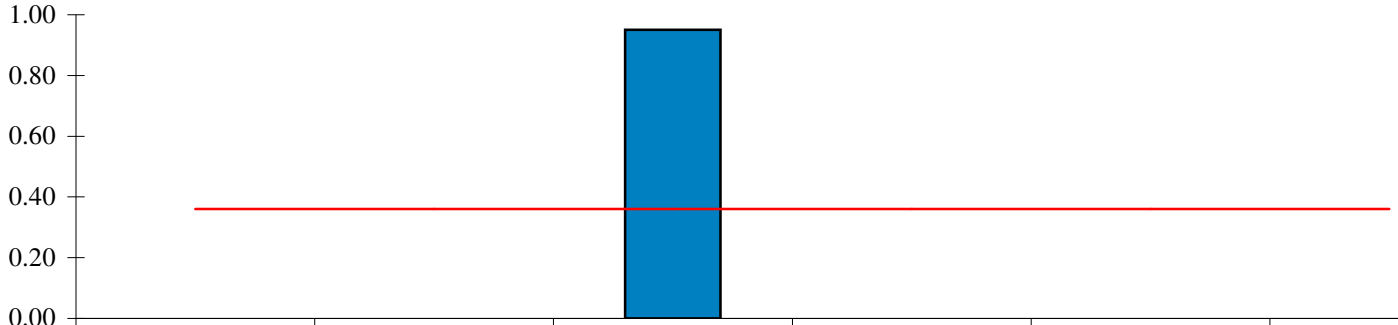
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Child & Adolescent Restraint Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	7.62	6.47	3.32	13.41	5.12	5.75
All State Hospitals	5.70	5.70	5.70	5.70	5.70	5.70

Child & Adolescent Seclusion Persons Per 1,000 Bed Days



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Q2 FY12	0.00	0.00	0.95	0.00	0.00	0.00
All State Hospitals	0.36	0.36	0.36	0.36	0.36	0.36

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

Chart: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY12

	Fiscal Year 2012											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,245	1,838			2,245	1,838			2,245	1,838		
Bed Days in Quarter-All Other Units	23,316	22,306			23,316	22,306			23,316	22,306		
Restraint Involving Children	3	0			2	0			0.3	0.0		
Restraint Involving Adolescents	43	47			13	14			13.6	11.6		
Restraint Involving Adults	663	667			141	141			475.6	439.9		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	10	6			2	5			25.2	17.2		
Big Spring State Hospital												
Bed Days in Quarter	17,575	16,909			17,575	16,909			17,575	16,909		
Restraint Involving Adults	270	309			60	41			176.0	250.2		
Seclusion Involving Adults	4	14			2	7			13.2	34.9		
El Paso Psychiatric Center												
Child/Adolescent Bed Days	568	464			568	464			568	464		
Bed Days in Quarter-All Other Units	5,790	5,861			5,790	5,861			5,790	5,861		
Restraint Involving Children	0	0			0	0			0.0	0.0		
Restraint Involving Adolescents	26	32			3	3			4.7	9.5		
Restraint Involving Adults	152	143			34	34			33.6	94.6		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	1	0			1	0			0.3	0.0		
Seclusion Involving Adults	1	3			1	1			2.5	13.3		
Kerrville State Hospital												
Bed Days in Quarter	17,405	17,339			17,405	17,339			17,405	17,339		
Restraint Involving Adults	37	34			16	17			3.22	29.8		
Seclusion Involving Adults	0	0			0	0			0.0	0.0		

Table: Hospital Management Data Services

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

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY12

	Fiscal Year 2012											
	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	8,867	8,438			8,867	8,438			8,867	8,438		
Bed Days in Quarter-All Other Units	44,041	43,779			44,041	43,779			44,041	43,779		
Restraint Involving Children	2	5			1	1			0.1	0.7		
Restraint Involving Adolescents	247	116			40	27			163.8	59.9		
Restraint Involving Adults	611	918			153	169			497.0	1069.1		
Seclusion Involving Children	2	3			2	2			1.1	2.9		
Seclusion Involving Adolescents	10	20			3	6			11.5	17.0		
Seclusion Involving Adults	19	32			8	11			39.2	82.6		
Rio Grande State Center												
Bed Days in Quarter	4,761	4,741			4,761	4,741			4,761	4,741		
Restraint Involving Adults	32	39			23	17			6.0	2.9		
Seclusion Involving Adults	2	1			2	1			4.6	4.1		
Rusk State Hospital												
Bed Days in Quarter	28,646	28,701			28,646	28,701			28,646	28,701		
Restraint Involving Adults	220	347			71	94			123.4	153.2		
Seclusion Involving Adults	7	12			7	4			9.8	11.2		
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,517	2,237			2,517	2,237			2,517	2,237		
Bed Days in Quarter-All Other Units	22,835	22,646			22,835	22,646			22,835	22,646		
Restraint Involving Adolescents	474	223			47	30			202.1	108.7		
Restraint Involving Adults	250	200			73	73			199.9	173.8		
Seclusion Involving Adolescents	1	0			1	0			0.2	0.0		
Seclusion Involving Adults	4	3			4	3			1.3	5.5		

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

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals - FY12

	Fiscal Year 2012											
	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	2,421	2,540			2,421	2,540			2,421	2,540		
Bed Days in Quarter-All Other Units	25,291	25,174			25,291	25,174			25,291	25,174		
Restraint Involving Children	6	0			3	0			0.2	0.0		
Restraint Involving Adolescents	45	55			22	13			18.5	12.4		
Restraint Involving Adults	125	132			57	64			51.7	51.9		
Seclusion Involving Children	0	0			0	0			0.0	0.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
Seclusion Involving Adults	5	5			4	5			3.4	4.5		
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,749	6,604			6,749	6,604			6,749	6,604		
Restraint Involving Adolescents	83	78			35	38			19.4	17.0		
Seclusion Involving Adolescents	0	0			0	0			0.0	0.0		
All State MH Hospitals												
Child/Adolescent Bed Days	23,367	22,121	0	0	23,367	22,121	0	0	23,367	22,121	0	0
Bed Days in Quarter-All Other Units	189,660	187,456	0	0	189,660	187,456	0	0	189,660	187,456	0	0
Restraint Involving Children	11	5			6	1			0.5	0.7		
Restraint Involving Adolescents	918	551			160	125			422.1	219		
Restraint Involving Adults	2,360	2,789			628	650			1,566.5	2,265		
Seclusion Involving Children	2	3	0	0	2	2	0	0	1.1	2.9	0.0	0.0
Seclusion Involving Adolescents	12	20	0	0	5	6	0	0	11.9	17.0	0.0	0.0
Seclusion Involving Adults	52	76	0	0	30	37	0	0	99.2	173.3	0.0	0.0

Table: Hospital Management Data Services

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

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2012

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	1	0			1	0		
< 5 Restraint Involving Adolescents	13	9			8	8		
< 5 Restraint Involving Adults	361	365			134	129		
Big Spring State Hospital								
< 5 Restraint Involving Adults	109	125			41	35		
El Paso Psychiatric Center								
< 5 Restraint Involving Children	0	0			0	0		
< 5 Restraint Involving Adolescents	16	17			3	2		
< 5 Restraint Involving Adults	114	94			32	32		
Kerrville State Hospital								
< 5 Restraint Involving Adults	31	21			15	15		
North Texas State Hospital								
< 5 Restraint Involving Children	2	1			1	1		
< 5 Restraint Involving Adolescents	47	41			21	14		
< 5 Restraint Involving Adults	274	444			123	142		
Rio Grande State Center								
< 5 Restraint Involving Adults	11	28			11	16		
Rusk State Hospital								
< 5 Restraint Involving Adults	107	213			57	89		
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	244	106			43	25		
< 5 Restraint Involving Adults	111	95			53	55		
Terrell State Hospital								
< 5 Restraint Involving Children	6	0			3	0		
< 5 Restraint Involving Adolescents	16	21			12	9		
< 5 Restraint Involving Adults	77	74			46	55		
Waco Center For Youth								
< 5 Restraint Involving Adolescents	36	30			22	23		
All State MH Hospitals								
< 5 Restraint Involving Children	9	1			5	1		
< 5 Restraint Involving Adolescents	372	224			109	81		
< 5 Restraint Involving Adults	1,195	1,459			512	568		

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

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2012

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Austin State Hospital					
Personal Restraint	283	456			739
Mechanical Restraint	426	258			684
Seclusion	10	6			16
Big Spring State Hospital					
Personal Restraint	113	194			307
Mechanical Restraint	157	115			272
Seclusion	4	14			18
El Paso Psychiatric Center					
Personal Restraint	145	121			266
Mechanical Restraint	33	54			87
Seclusion	2	3			5
Kerrville State Hospital					
Personal Restraint	28	30			58
Mechanical Restraint	9	4			13
Seclusion	0	0			0
North Texas State Hospital					
Personal Restraint	541	638			1,179
Mechanical Restraint	319	401			720
Seclusion	31	55			86
Rio Grande State Center					
Personal Restraint	23	39			62
Mechanical Restraint	9	0			9
Seclusion	2	1			3
Rusk State Hospital					
Personal Restraint	90	235			325
Mechanical Restraint	130	112			242
Seclusion	7	12			19
San Antonio State Hospital					
Personal Restraint	327	271			598
Mechanical Restraint	397	152			549
Seclusion	5	3			8

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

Table: Hospital Management Data Services

Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Fiscal Year 2012

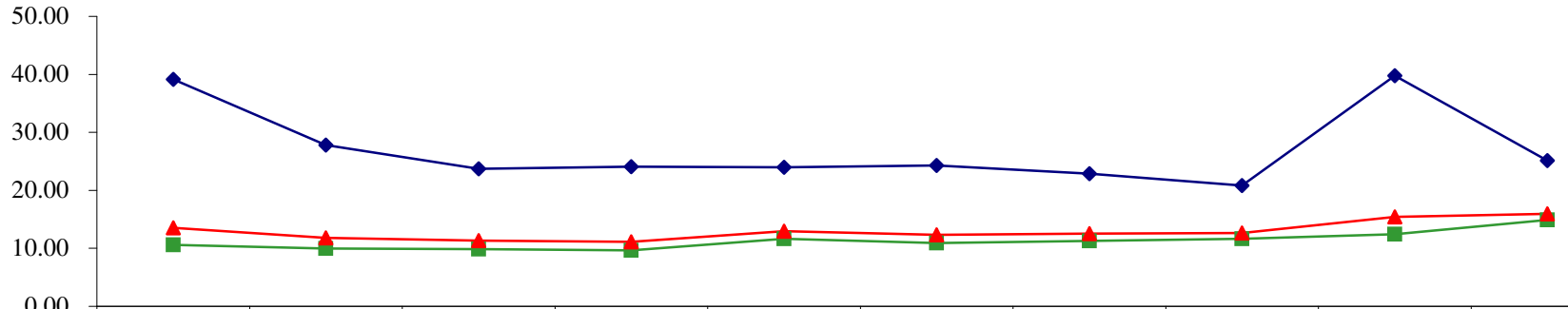
	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Terrell State Hospital					
Personal Restraint	135	145			280
Mechanical Restraint	41	42			83
Seclusion	5	5			10
Waco Center For Youth					
Personal Restraint	69	65			134
Mechanical Restraint	14	13			27
Seclusion	0	0			0
All State MH Hospitals					
Personal Restraint	1,754	2,194			3,948
Mechanical Restraint	1,535	1,151			2,686
Seclusion	66	99			165

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

Table: Hospital Management Data Services

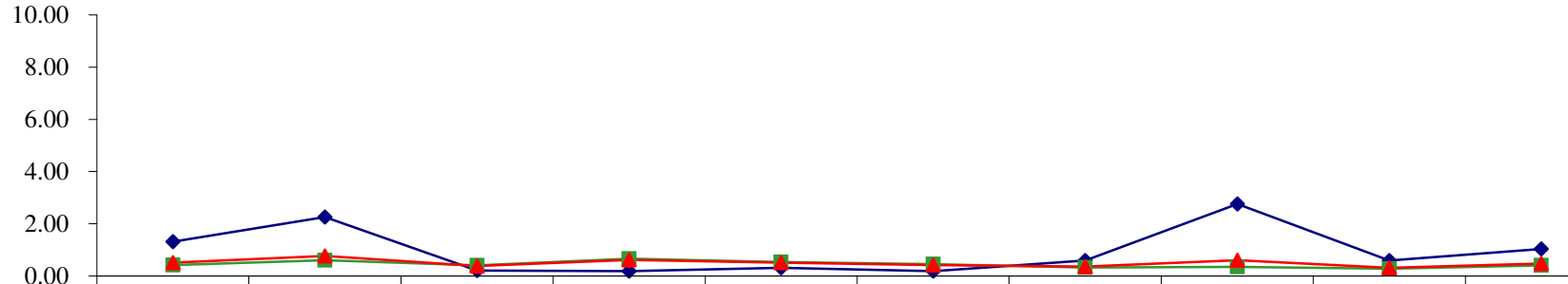
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Restraint Incidents Per 1,000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	39.11	27.81	23.70	24.07	23.99	24.30	22.89	20.81	39.76	25.13
Adults	10.60	9.99	9.86	9.67	11.66	10.93	11.28	11.64	12.44	14.88
Total	13.55	11.80	11.35	11.14	12.94	12.32	12.56	12.62	15.44	15.96

Seclusion Incidents Per 1,000 Bed Days



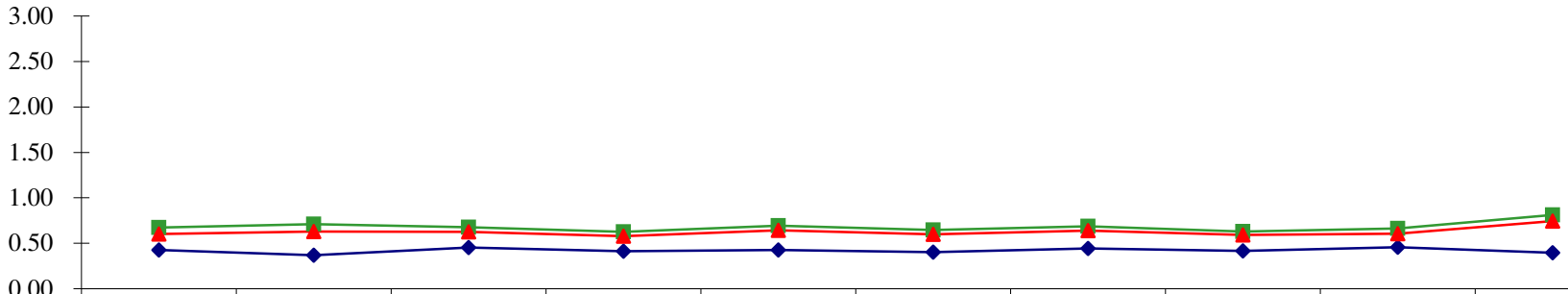
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	1.32	2.26	0.21	0.18	0.32	0.19	0.59	2.75	0.60	1.04
Adults	0.41	0.61	0.41	0.67	0.53	0.45	0.33	0.35	0.27	0.41
Total	0.51	0.77	0.38	0.62	0.51	0.42	0.36	0.60	0.31	0.47

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

Table: Hospital Management Data Services

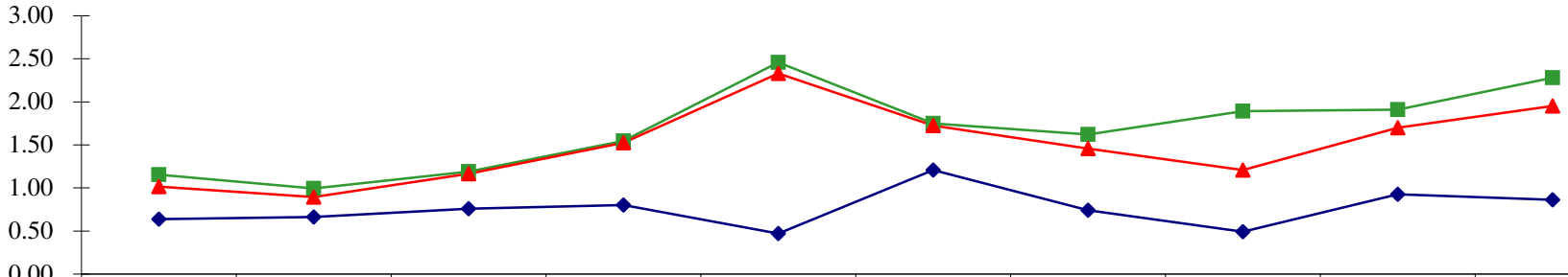
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Average Number of Hours Per Incident in Restraints



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.43	0.37	0.45	0.41	0.43	0.40	0.44	0.42	0.45	0.40
Adults	0.67	0.71	0.68	0.63	0.69	0.65	0.69	0.63	0.66	0.81
Total	0.60	0.63	0.63	0.58	0.64	0.60	0.64	0.59	0.60	0.74

Average Number of Hours Per Incident in Seclusion



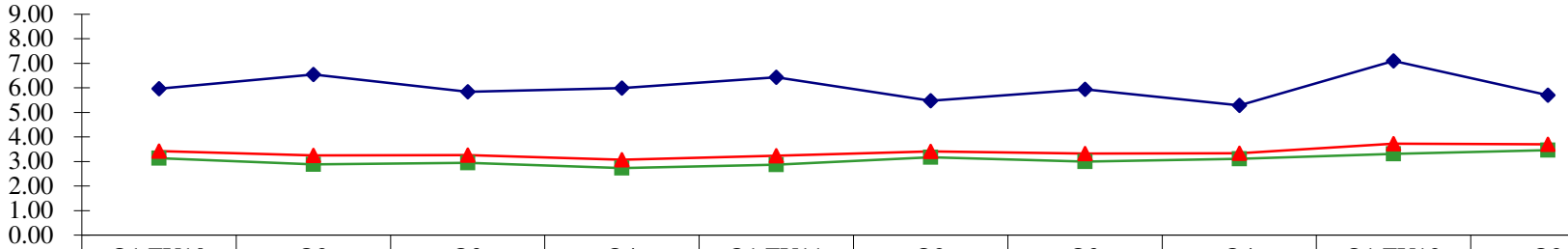
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.64	0.66	0.76	0.80	0.47	1.21	0.74	0.49	0.93	0.86
Adults	1.16	0.99	1.19	1.55	2.46	1.75	1.62	1.89	1.91	2.28
Total	1.02	0.90	1.17	1.52	2.33	1.72	1.46	1.21	1.70	1.95

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

Table: Hospital Management Data Services

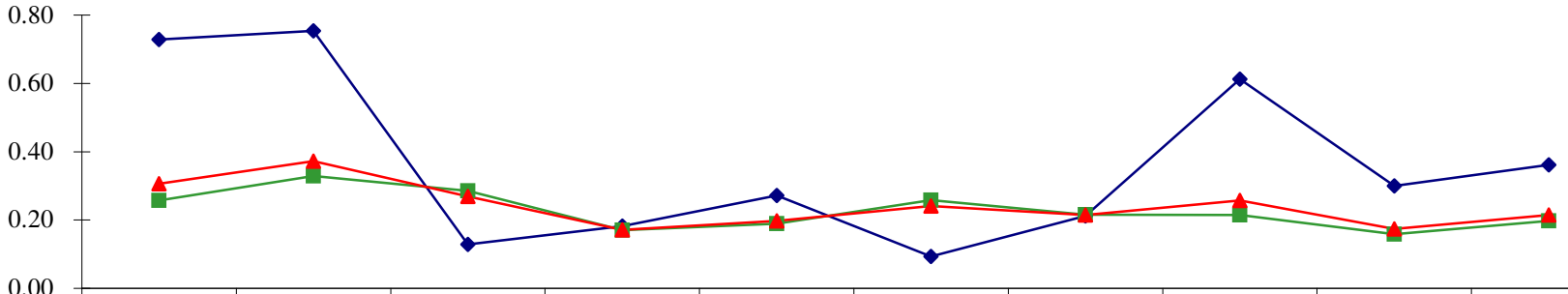
Objective 3A - Maintain Restraint and Seclusion Data
All State MH Hospitals

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	5.97	6.55	5.84	6.00	6.43	5.48	5.94	5.29	7.10	5.70
Adults	3.14	2.88	2.94	2.74	2.87	3.18	3.00	3.10	3.31	3.47
Total	3.43	3.25	3.25	3.07	3.24	3.42	3.33	3.34	3.73	3.70

Number of Persons in Seclusion/1000 Bed Days



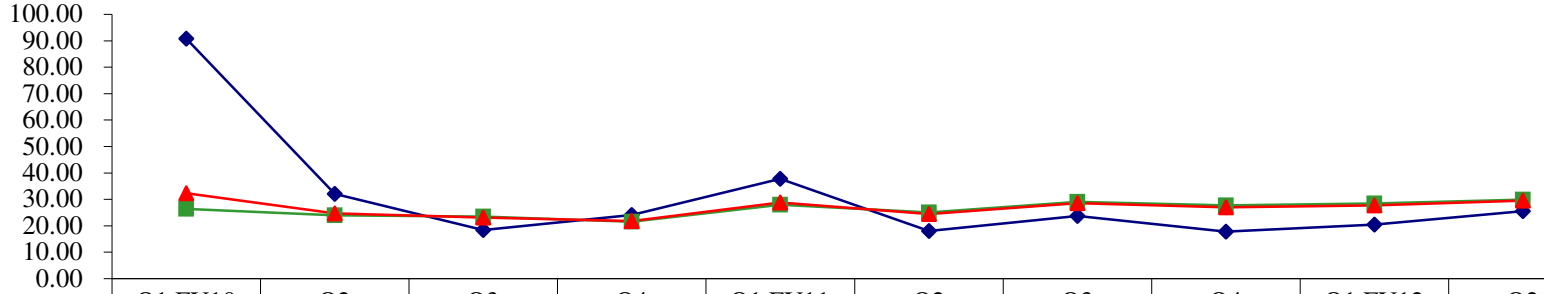
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.73	0.75	0.13	0.18	0.27	0.09	0.21	0.61	0.30	0.36
Adults	0.26	0.33	0.29	0.17	0.19	0.26	0.22	0.21	0.16	0.20
Total	0.31	0.37	0.27	0.17	0.20	0.24	0.22	0.26	0.17	0.21

Table: Hospital Management Data Services

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

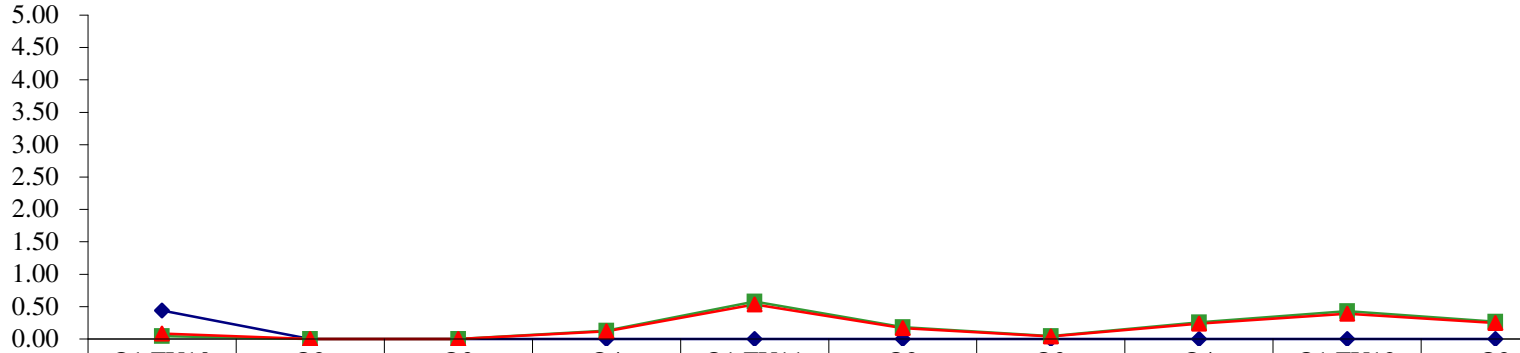
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	90.75	32.14	18.40	24.04	37.83	18.02	23.73	17.80	20.49	25.57
Adults	26.36	24.03	23.51	21.60	28.02	25.05	29.01	27.77	28.44	29.90
Total	32.37	24.75	23.07	21.77	28.81	24.46	28.51	27.00	27.74	29.57

Seclusion Incidents Per 1,000 Bed Days



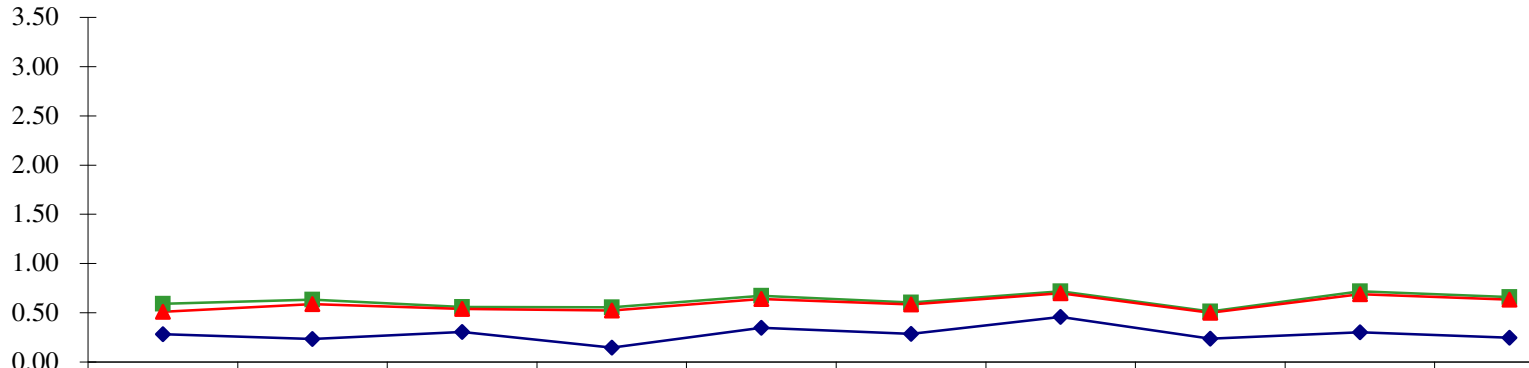
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.05	0.00	0.00	0.13	0.58	0.18	0.04	0.26	0.43	0.27
Total	0.08	0.00	0.00	0.12	0.53	0.17	0.04	0.24	0.39	0.25

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

Table: Hospital Management Data Services

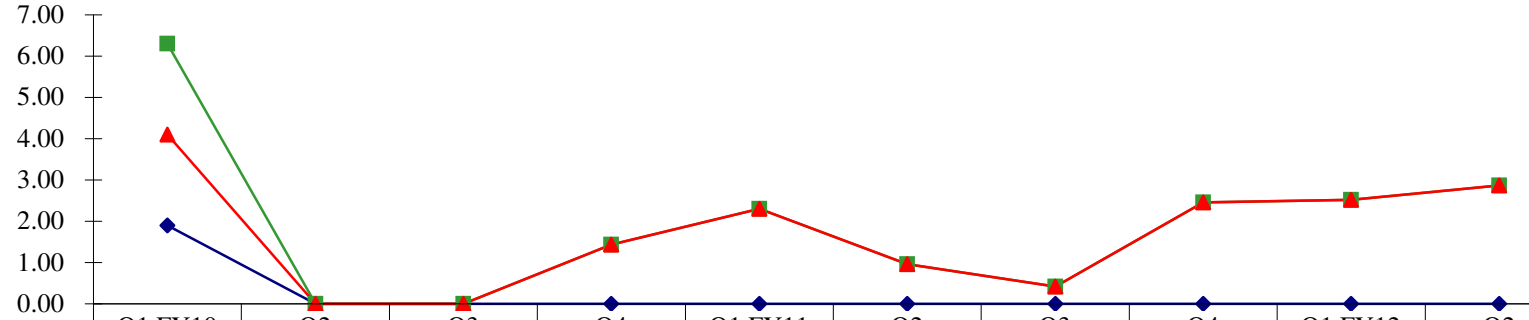
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.28	0.24	0.31	0.15	0.35	0.28	0.46	0.24	0.30	0.25
Adults	0.59	0.63	0.56	0.55	0.67	0.60	0.72	0.51	0.72	0.66
Total	0.51	0.59	0.54	0.52	0.64	0.58	0.70	0.50	0.69	0.63

Average Number of Hours Per Incident in Seclusion



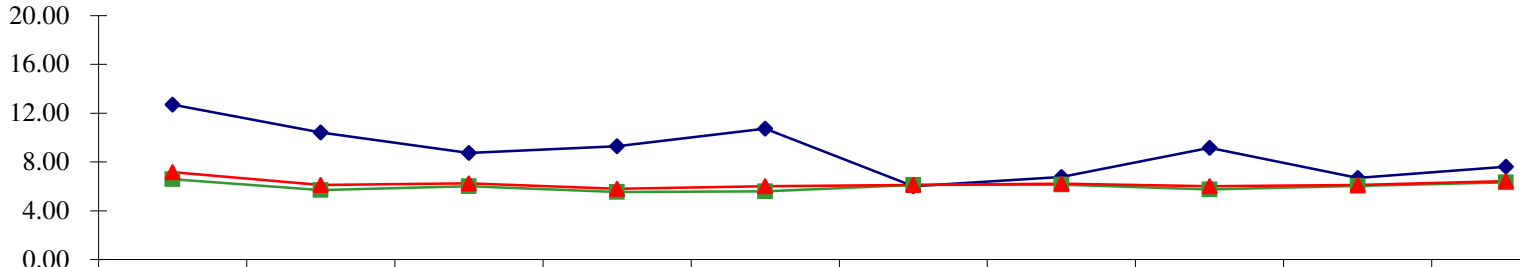
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	1.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	6.30	0.00	0.00	1.43	2.30	0.96	0.42	2.46	2.52	2.87
Total	4.10	0.00	0.00	1.43	2.30	0.96	0.42	2.46	2.52	2.87

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

Table: Hospital Management Data Services

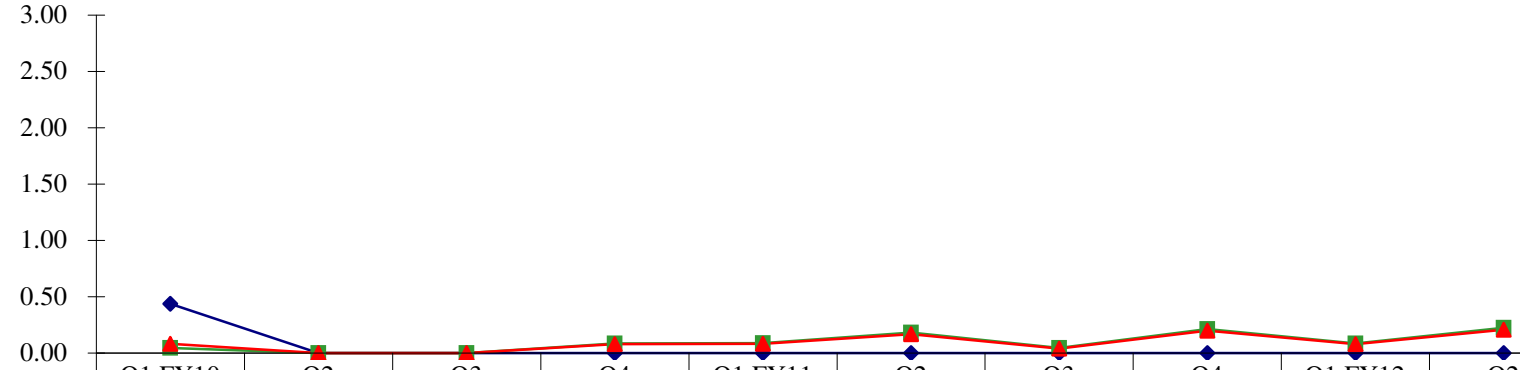
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	12.71	10.41	8.74	9.29	10.74	6.01	6.78	9.16	6.68	7.62
Adults	6.59	5.69	6.01	5.54	5.60	6.13	6.15	5.74	6.05	6.32
Total	7.16	6.11	6.24	5.81	6.01	6.12	6.21	6.01	6.10	6.42

Number of Persons in Seclusion/1000 Bed Days

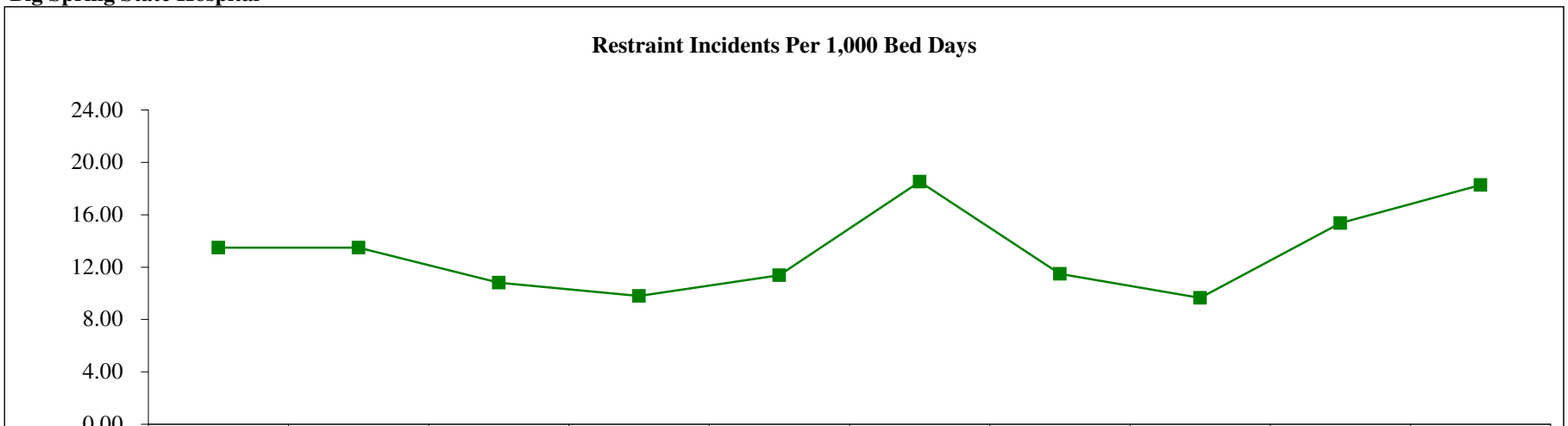


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.05	0.00	0.00	0.08	0.09	0.18	0.04	0.21	0.09	0.22
Total	0.08	0.00	0.00	0.08	0.08	0.17	0.04	0.20	0.08	0.21

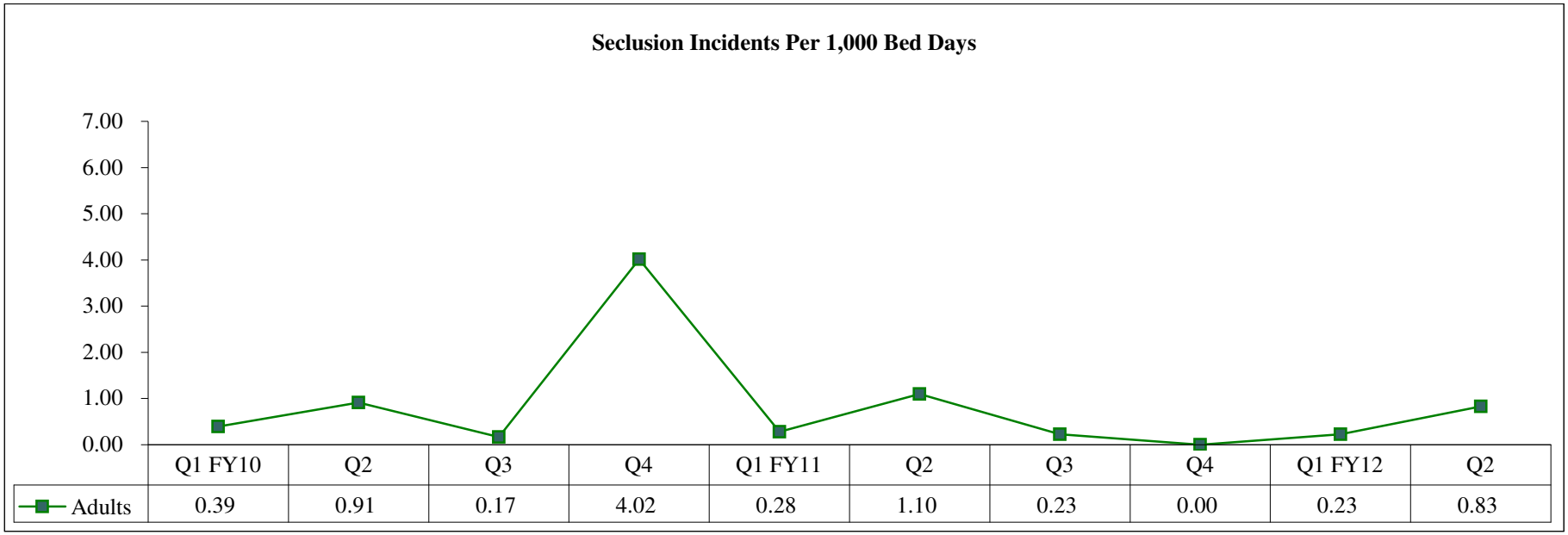
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	13.49	13.49	10.82	9.80	11.37	18.52	11.48	9.64	15.36	18.27

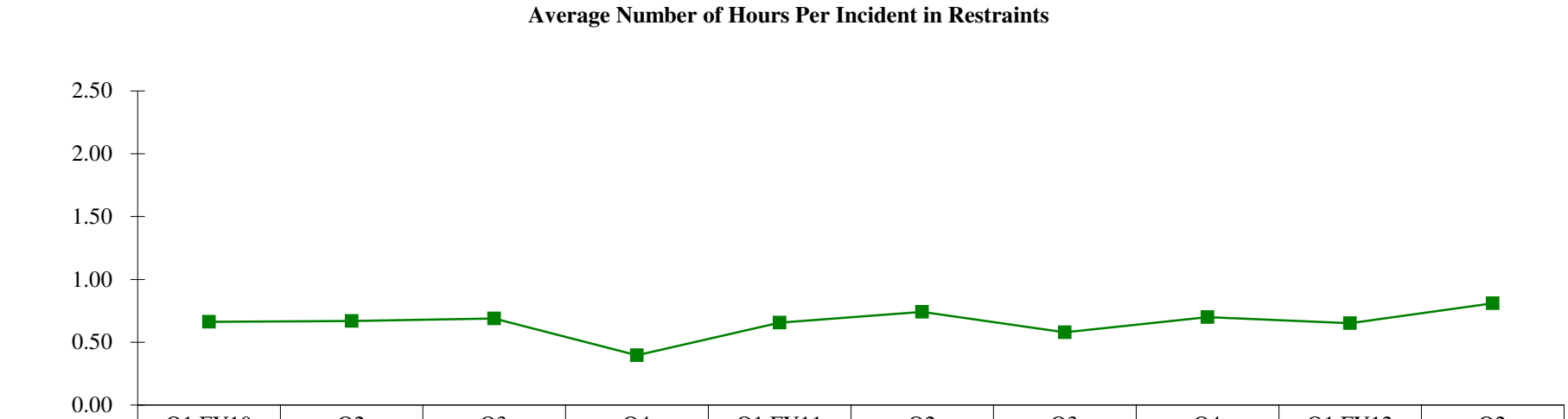


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.39	0.91	0.17	4.02	0.28	1.10	0.23	0.00	0.23	0.83

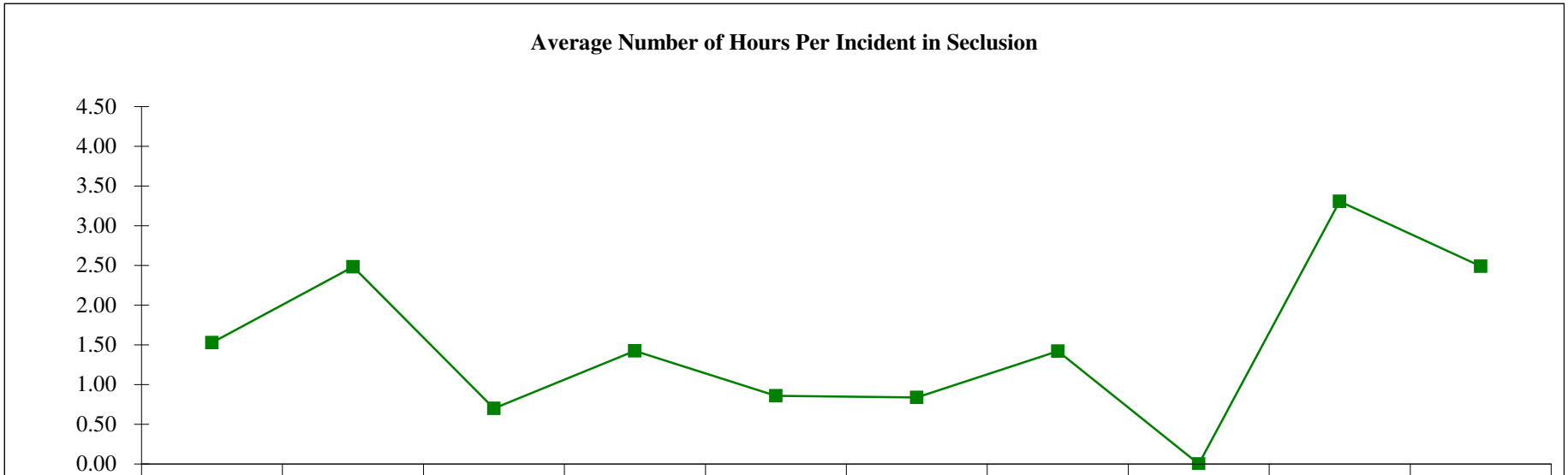
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.66	0.67	0.69	0.40	0.66	0.74	0.58	0.70	0.65	0.81

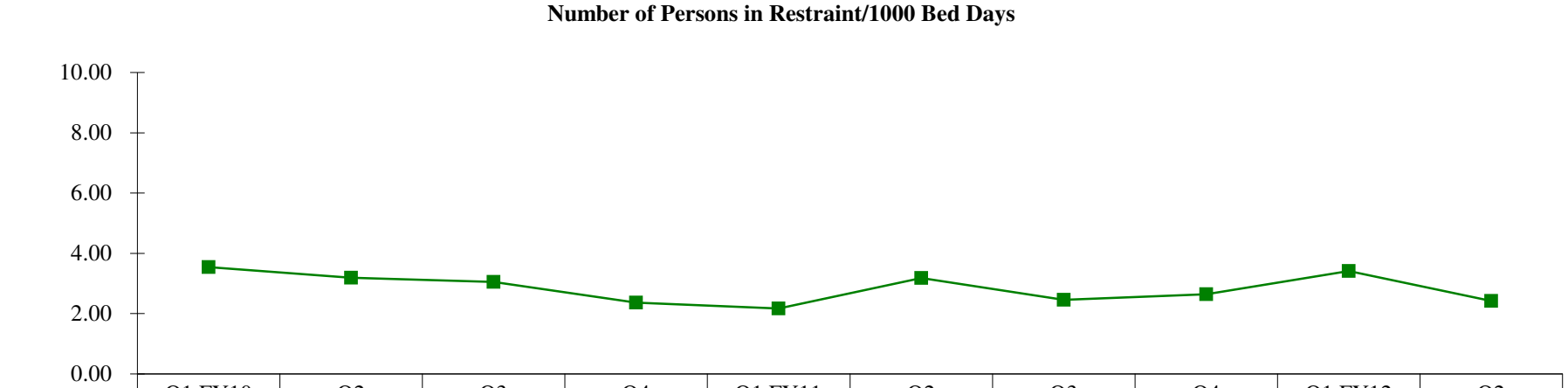


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	1.53	2.48	0.70	1.42	0.86	0.84	1.42	0.00	3.31	2.49

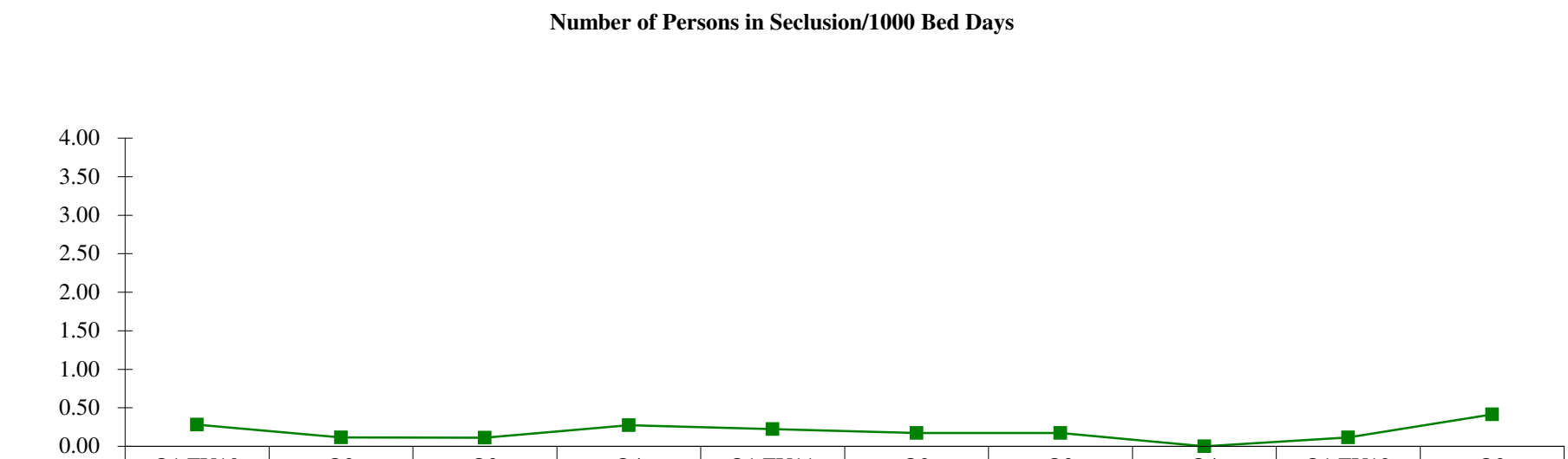
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	3.54	3.19	3.05	2.37	2.17	3.18	2.46	2.64	3.41	2.42



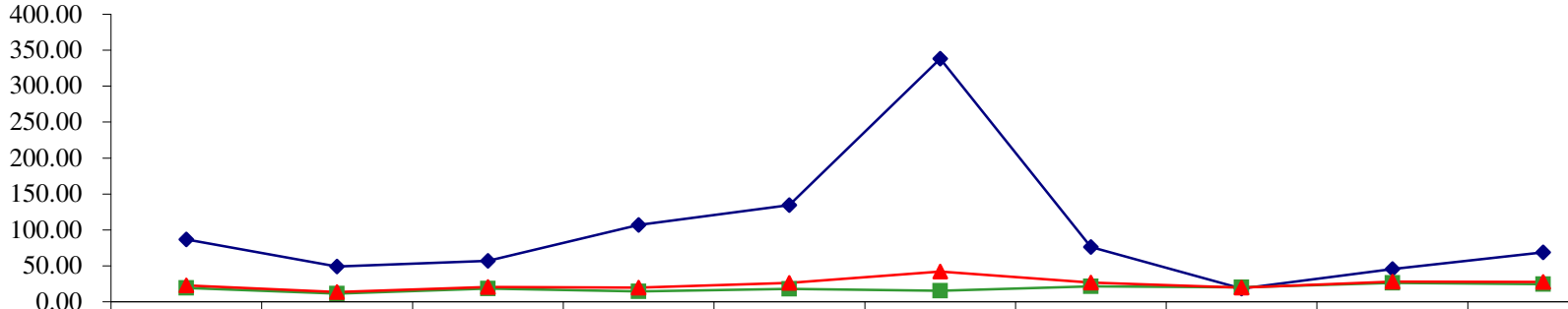
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.28	0.11	0.11	0.28	0.22	0.17	0.17	0.00	0.11	0.41

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

Table: Hospital Management Data Services

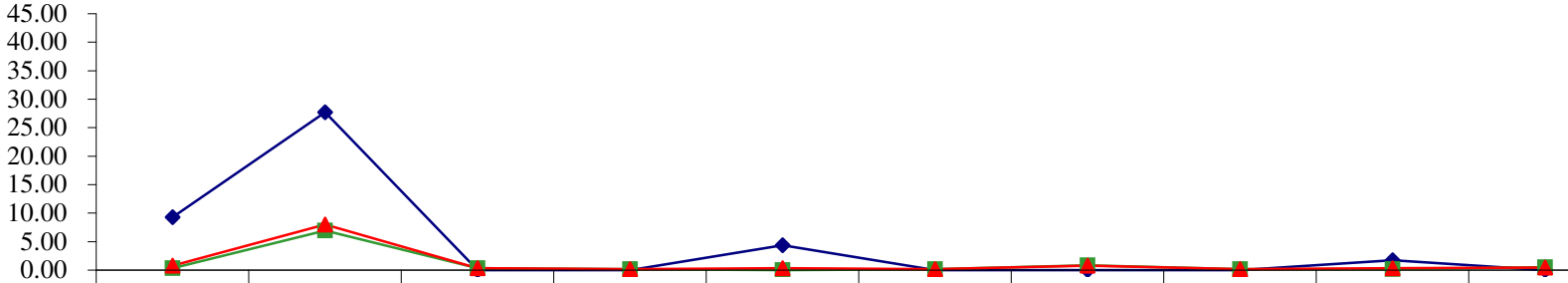
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Restraint Incidents Per 1,000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	86.69	49.23	56.85	106.97	134.49	338.35	76.40	18.21	45.77	68.97
Adults	19.19	11.48	18.20	14.26	17.81	15.17	21.66	19.94	26.25	24.40
Total	22.70	13.44	20.53	19.93	26.12	42.04	26.66	19.78	28.00	27.67

Seclusion Incidents Per 1,000 Bed Days



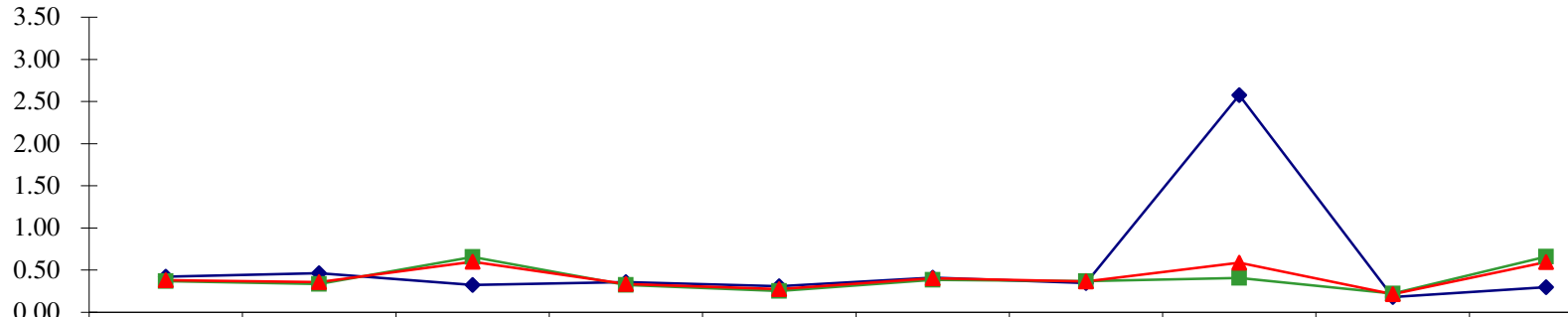
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	9.29	27.69	0.00	0.00	4.34	0.00	0.00	0.00	1.76	0.00
Adults	0.34	6.92	0.33	0.16	0.00	0.17	0.85	0.16	0.17	0.51
Total	0.81	8.00	0.31	0.15	0.31	0.16	0.77	0.15	0.31	0.47

Table: Hospital Management Data Services

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

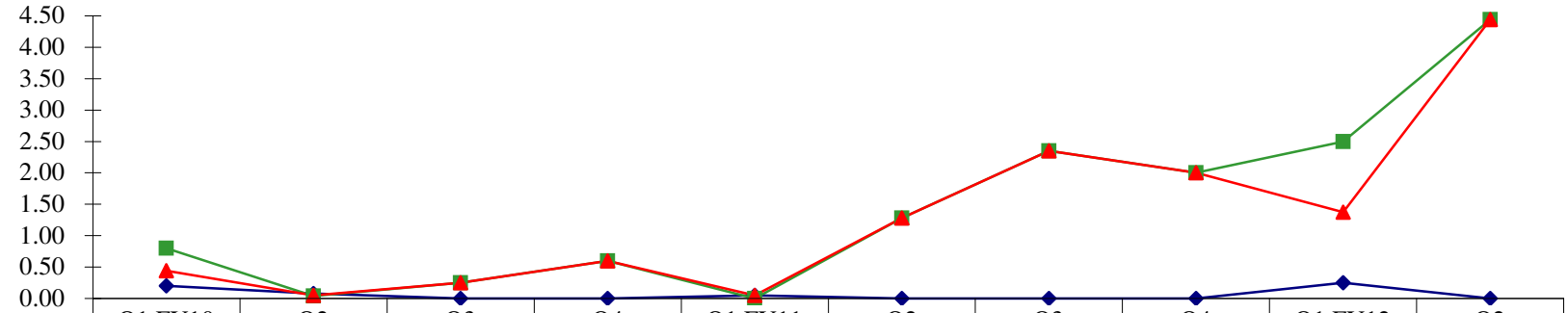
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Average Number of Hours Per Incident in Restraints



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.42	0.46	0.32	0.36	0.31	0.41	0.35	2.58	0.18	0.30
Adults	0.37	0.34	0.66	0.32	0.25	0.39	0.37	0.41	0.22	0.66
Total	0.38	0.36	0.60	0.33	0.27	0.40	0.36	0.59	0.22	0.59

Average Number of Hours Per Incident in Seclusion



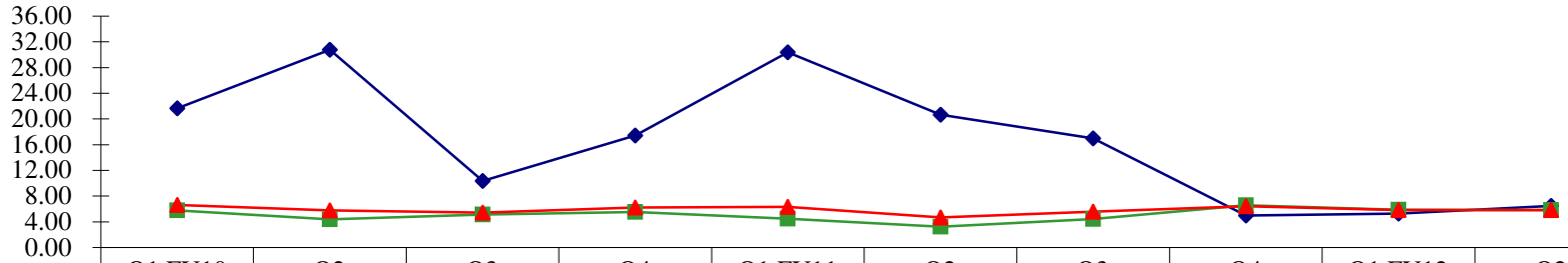
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.20	0.08	0.00	0.00	0.05	0.00	0.00	0.00	0.25	0.00
Adults	0.80	0.04	0.25	0.60	0.00	1.28	2.35	2.00	2.50	4.44
Total	0.44	0.05	0.25	0.60	0.05	1.28	2.35	2.00	1.38	4.44

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

Table: Hospital Management Data Services

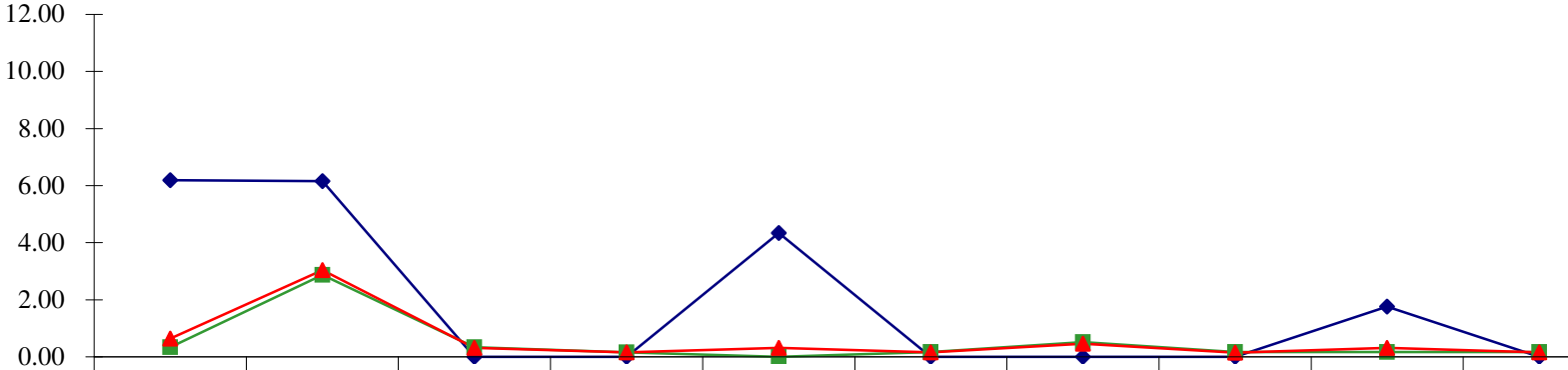
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	21.67	30.77	10.34	17.41	30.37	20.68	16.98	4.97	5.28	6.47
Adults	5.77	4.39	5.13	5.51	4.49	3.24	4.43	6.59	5.87	5.80
Total	6.60	5.76	5.44	6.24	6.34	4.69	5.58	6.44	5.82	5.85

Number of Persons in Seclusion/1000 Bed Days

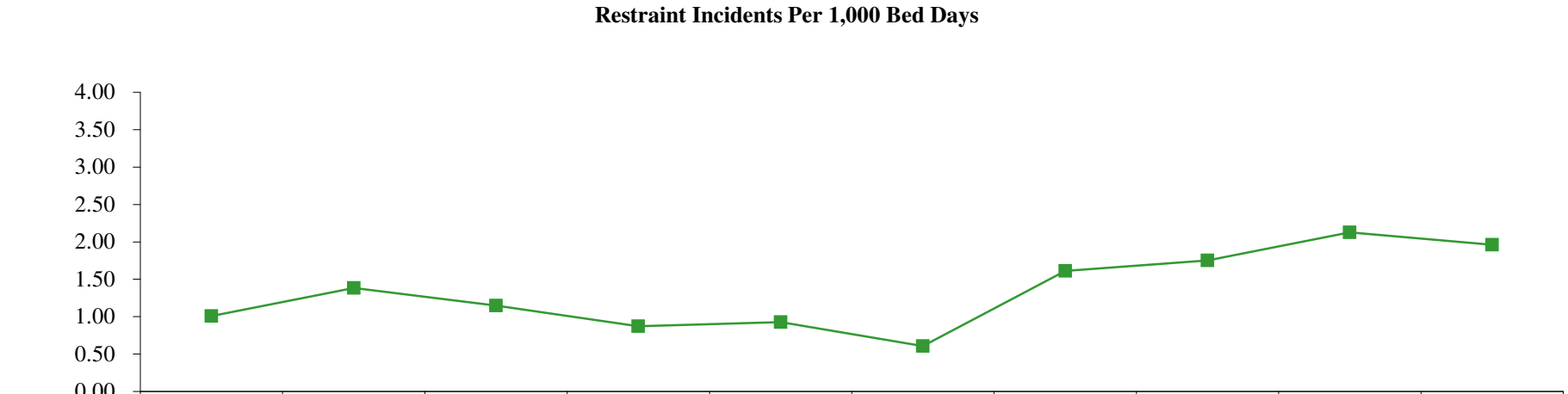


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	6.19	6.15	0.00	0.00	4.34	0.00	0.00	0.00	1.76	0.00
Adults	0.34	2.87	0.33	0.16	0.00	0.17	0.51	0.16	0.17	0.17
Total	0.64	3.04	0.31	0.15	0.31	0.16	0.46	0.15	0.31	0.16

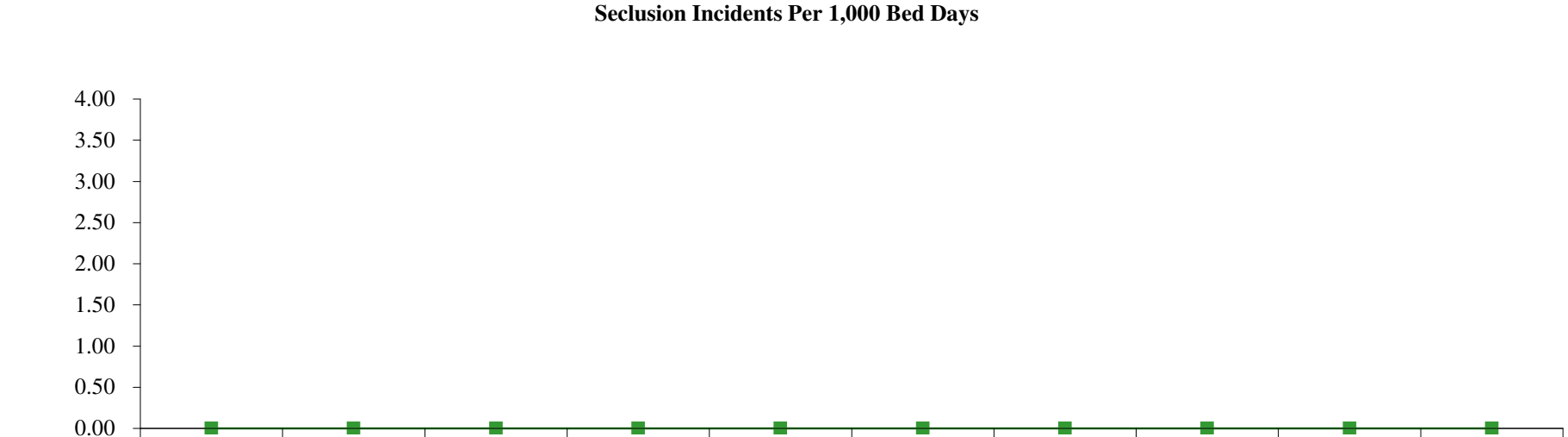
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	1.01	1.38	1.15	0.87	0.93	0.61	1.61	1.75	2.13	1.96

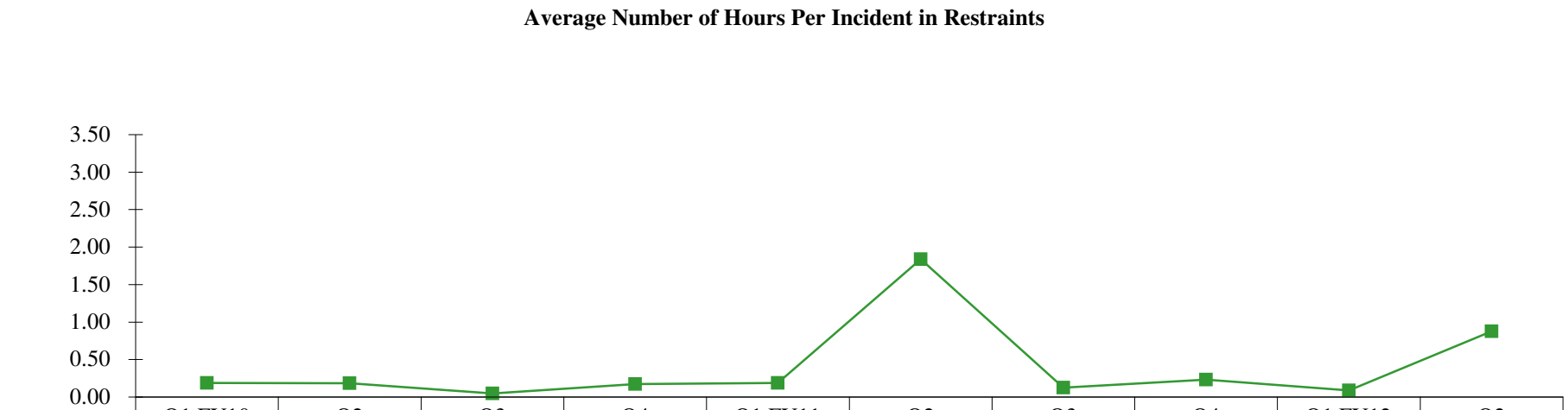


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

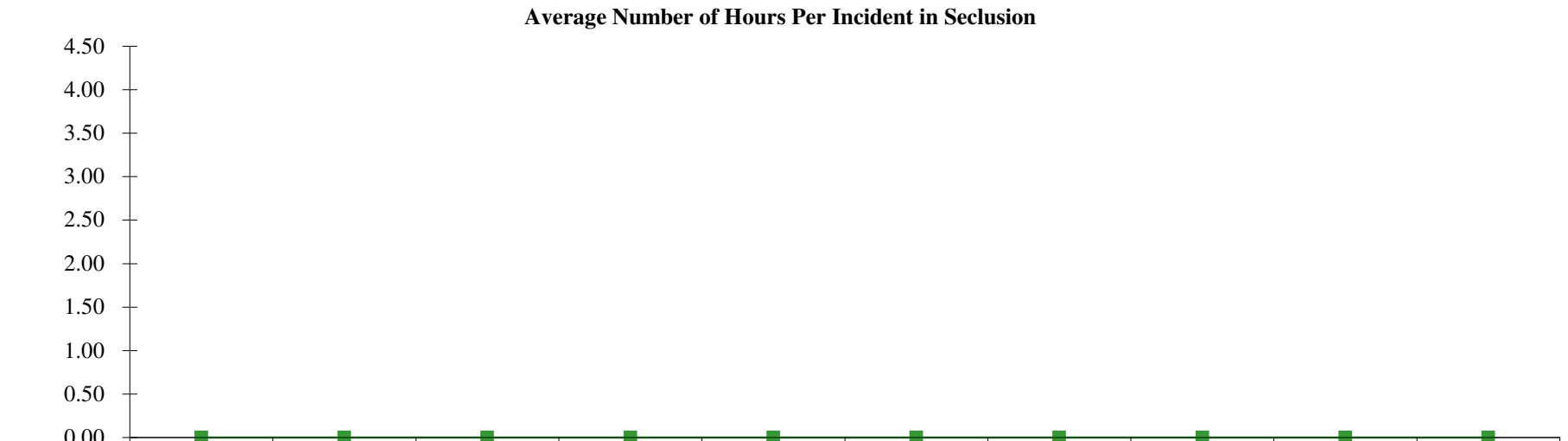
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.19	0.18	0.05	0.18	0.19	1.84	0.13	0.23	0.09	0.88



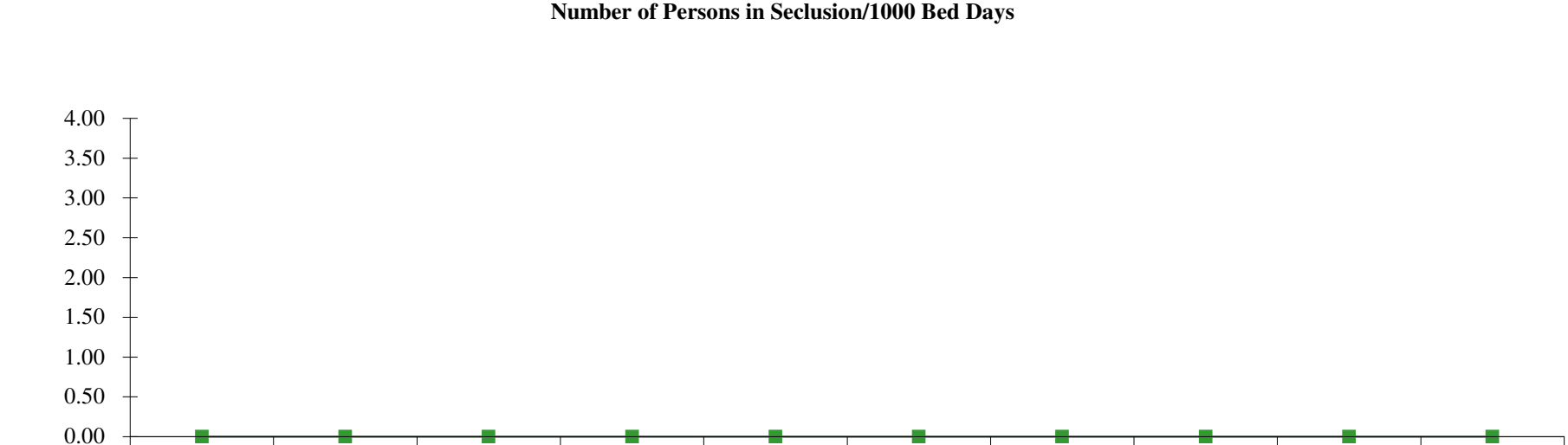
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Table: Hospital Management Data Services

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

	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.39	0.55	0.38	0.60	0.27	0.28	0.89	0.68	0.92	0.98

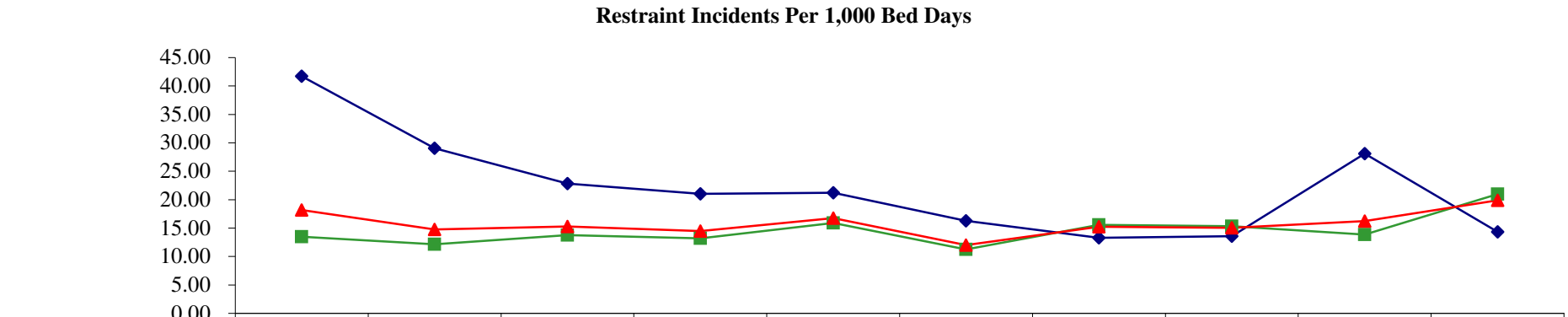


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

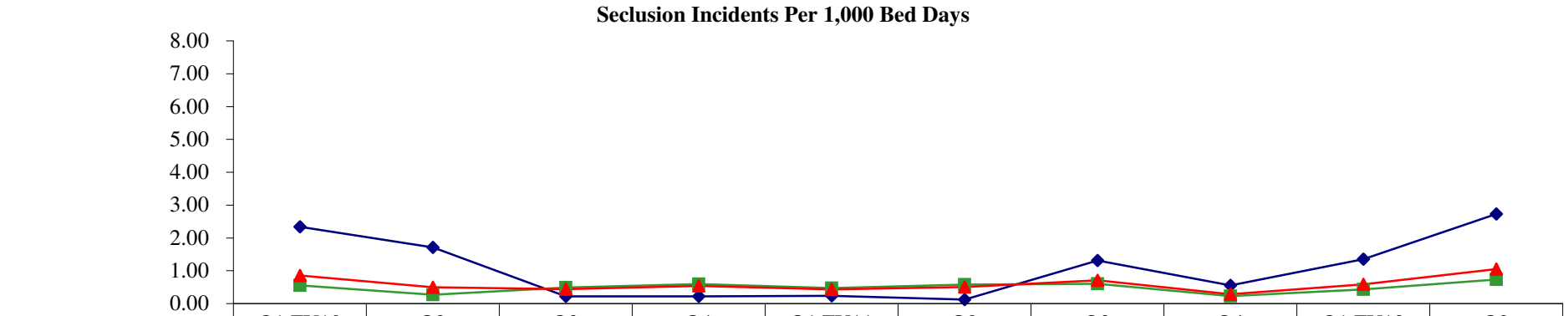
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	41.71	29.03	22.85	21.03	21.21	16.26	13.27	13.57	28.08	14.34
Adults	13.50	12.13	13.78	13.20	15.92	11.23	15.59	15.34	13.87	20.97
Total	18.20	14.76	15.27	14.49	16.77	12.03	15.23	15.04	16.25	19.90



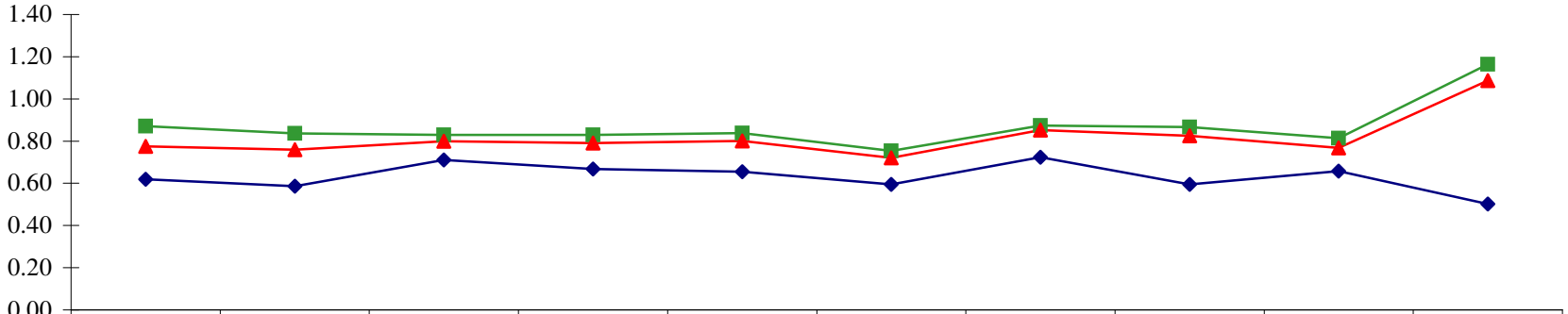
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	2.34	1.71	0.22	0.22	0.24	0.12	1.32	0.56	1.35	2.73
Adults	0.56	0.27	0.49	0.59	0.47	0.58	0.60	0.23	0.43	0.73
Total	0.85	0.50	0.44	0.53	0.44	0.50	0.71	0.28	0.59	1.05

Table: Hospital Management Data Services

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

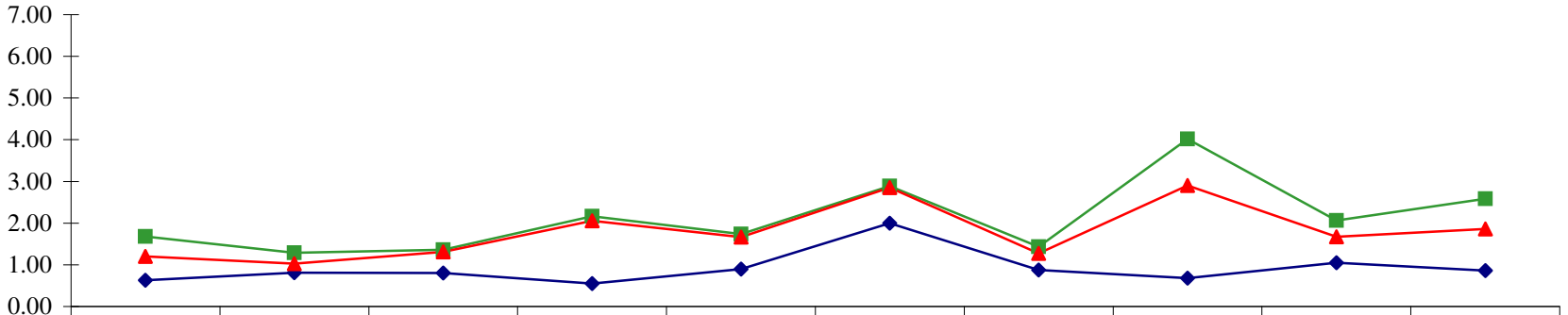
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.62	0.59	0.71	0.67	0.65	0.60	0.72	0.59	0.66	0.50
Adults	0.87	0.84	0.83	0.83	0.84	0.75	0.87	0.87	0.81	1.16
Total	0.78	0.76	0.80	0.79	0.80	0.72	0.85	0.83	0.77	1.09

Average Number of Hours Per Incident in Seclusion



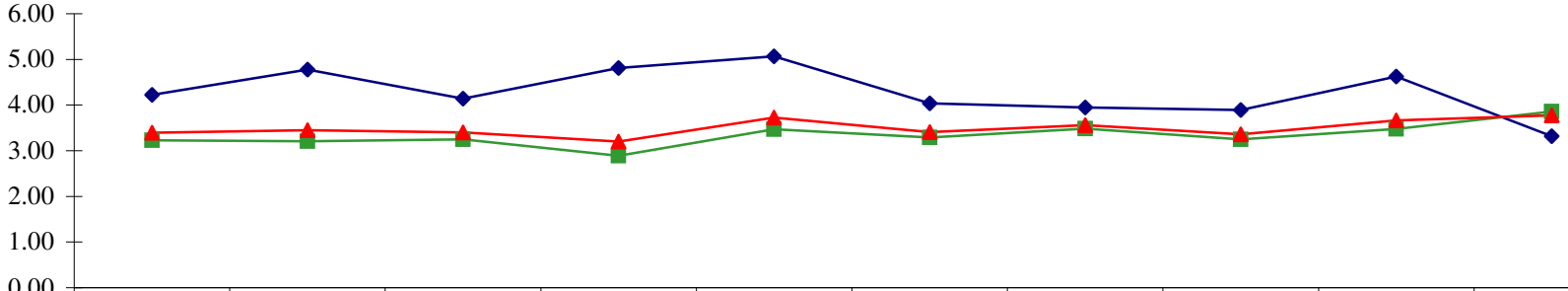
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.63	0.81	0.80	0.55	0.90	2.00	0.87	0.68	1.05	0.86
Adults	1.68	1.29	1.36	2.17	1.74	2.89	1.44	4.02	2.06	2.58
Total	1.20	1.03	1.31	2.06	1.67	2.85	1.27	2.90	1.67	1.86

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

Table: Hospital Management Data Services

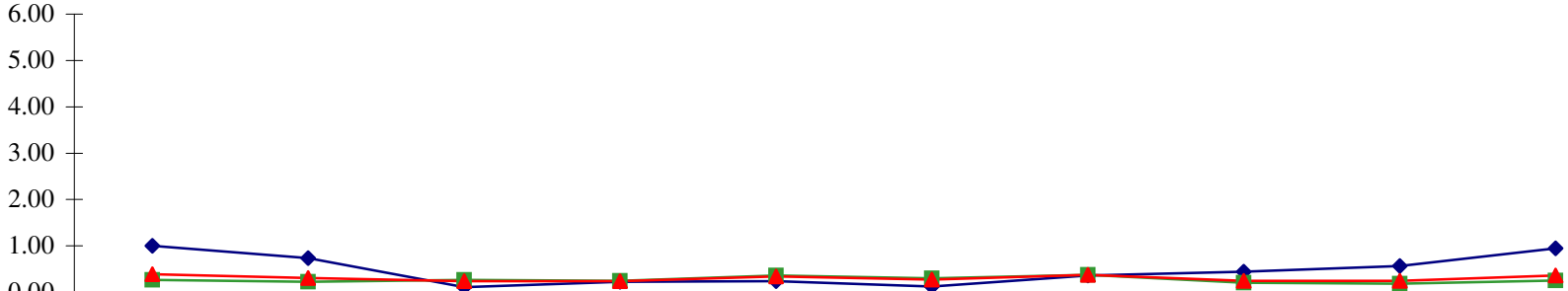
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	4.23	4.78	4.14	4.81	5.07	4.03	3.95	3.89	4.62	3.32
Adults	3.23	3.21	3.25	2.89	3.47	3.29	3.49	3.25	3.47	3.86
Total	3.39	3.45	3.40	3.20	3.73	3.41	3.56	3.36	3.67	3.77

Number of Persons in Seclusion/1000 Bed Days

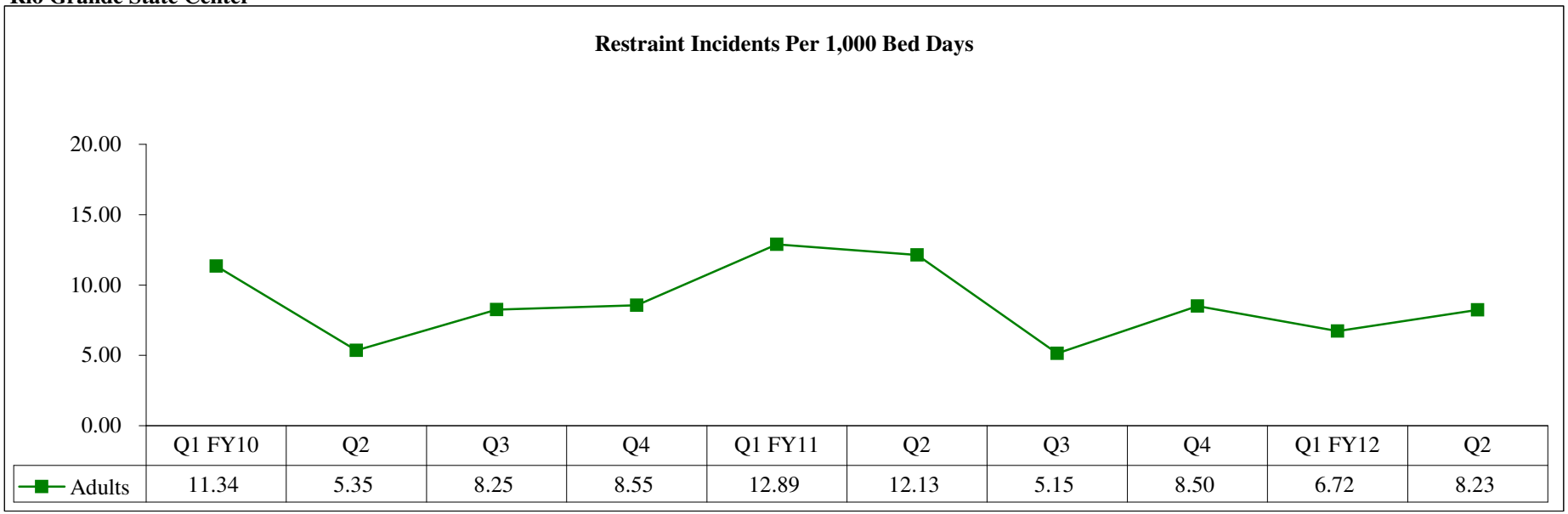


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	1.00	0.73	0.11	0.22	0.24	0.12	0.36	0.44	0.56	0.95
Adults	0.27	0.23	0.27	0.24	0.36	0.30	0.38	0.20	0.18	0.25
Total	0.39	0.31	0.24	0.24	0.34	0.27	0.37	0.24	0.25	0.36

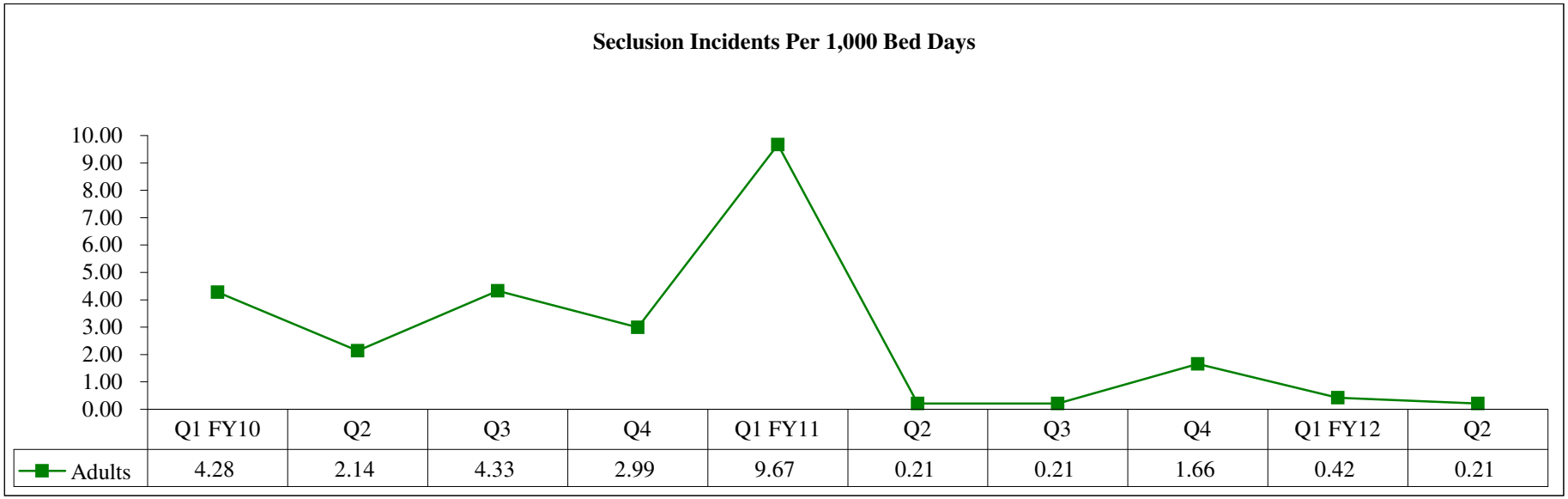
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	11.34	5.35	8.25	8.55	12.89	12.13	5.15	8.50	6.72	8.23

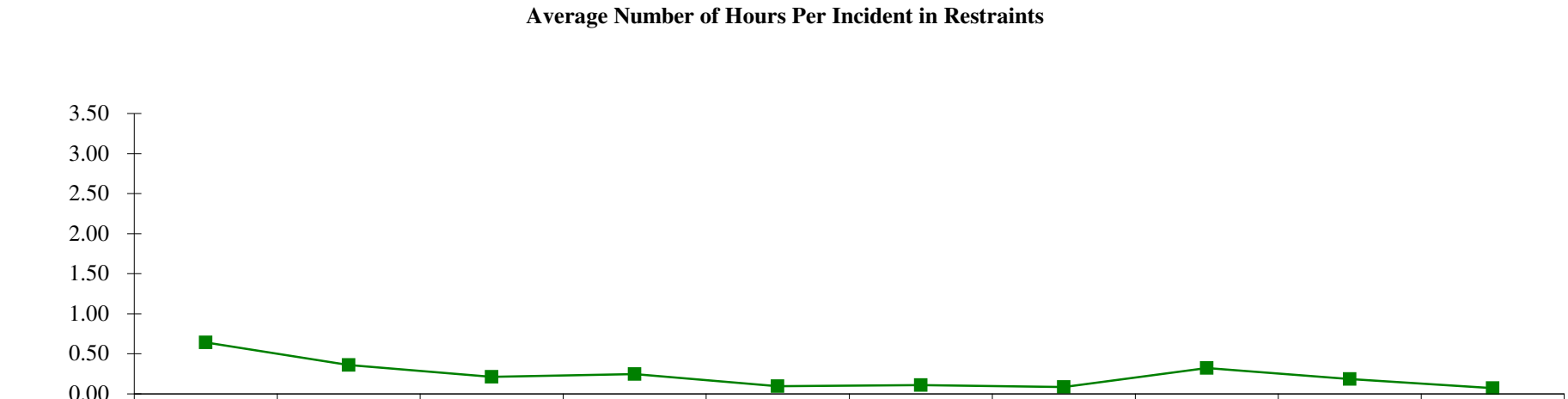


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	4.28	2.14	4.33	2.99	9.67	0.21	0.21	1.66	0.42	0.21

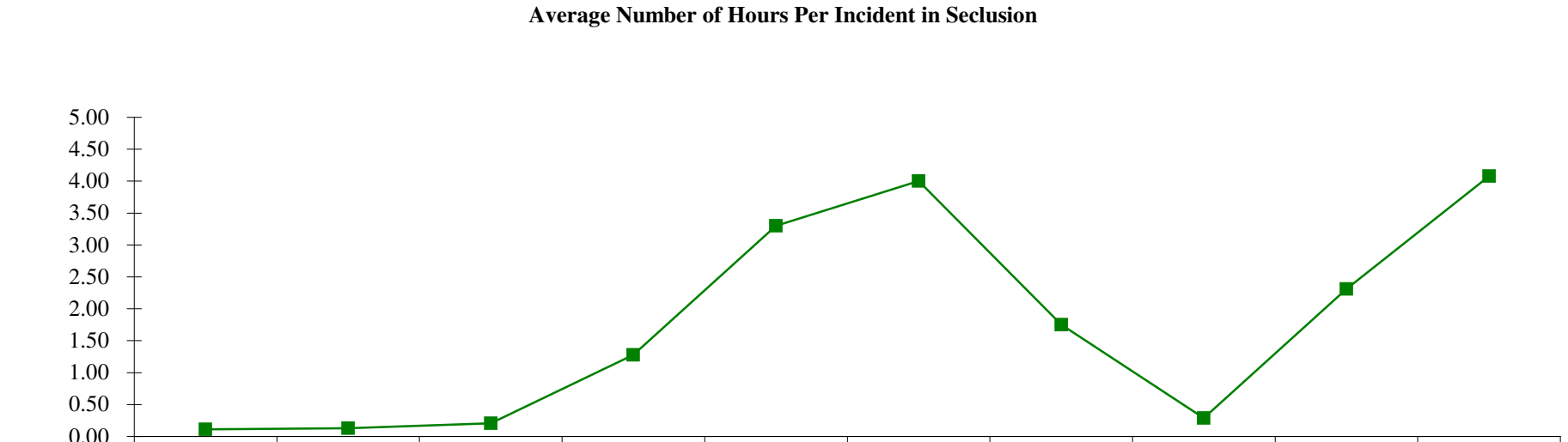
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.64	0.36	0.21	0.25	0.10	0.11	0.09	0.32	0.19	0.07



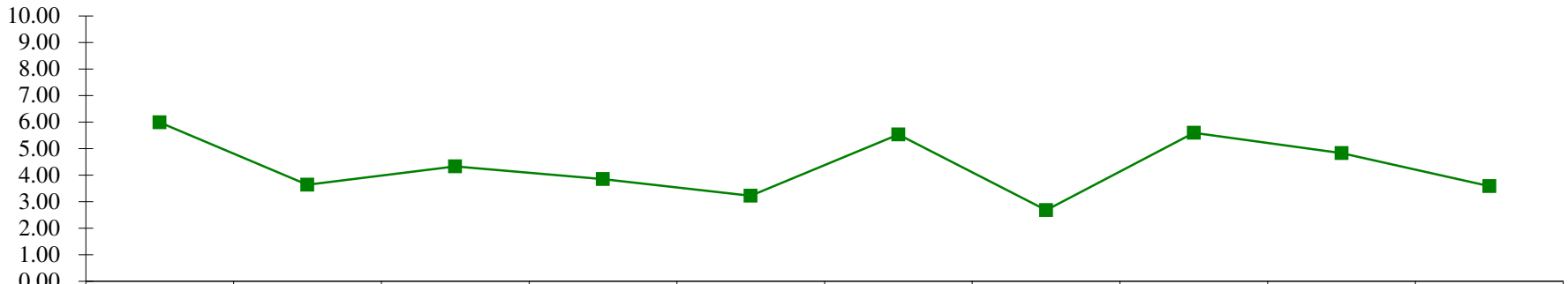
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.11	0.13	0.20	1.28	3.30	4.00	1.75	0.29	2.31	4.08

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

Table: Hospital Management Data Services

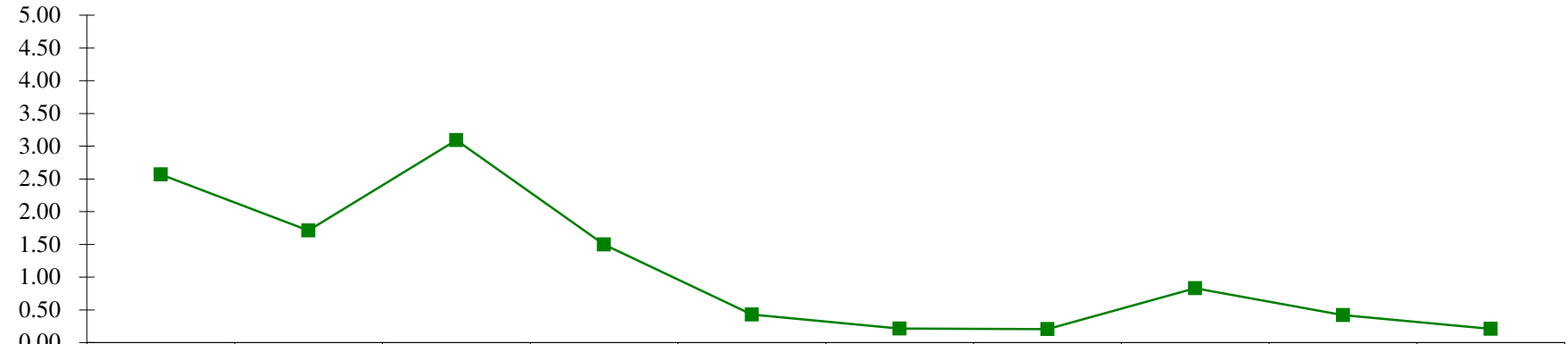
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	5.99	3.64	4.33	3.85	3.22	5.53	2.68	5.60	4.83	3.59

Number of Persons in Seclusion/1000 Bed Days

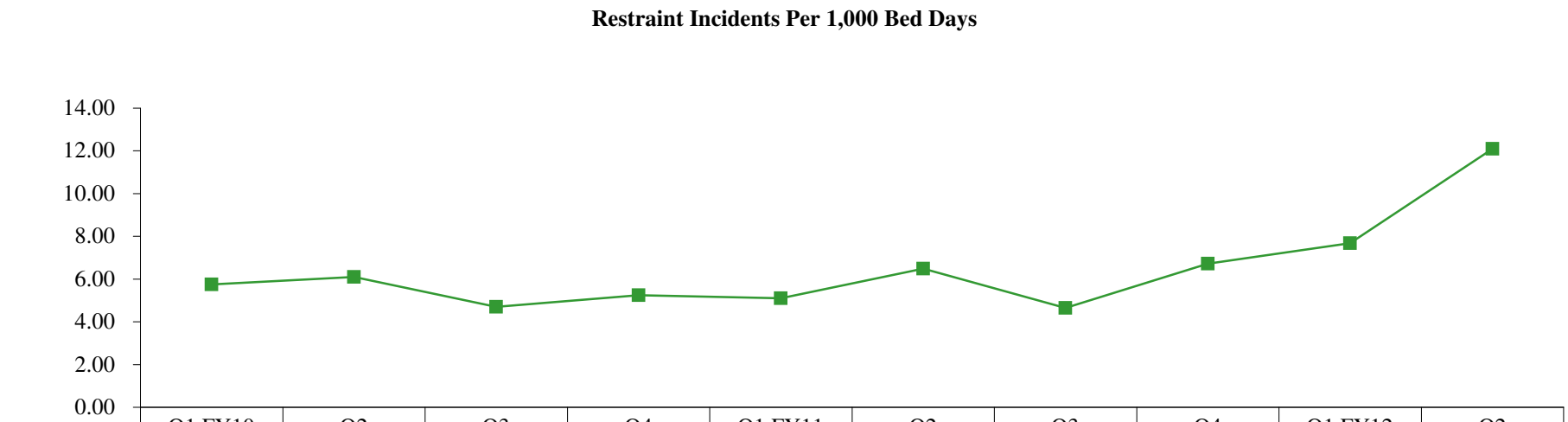


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	2.57	1.71	3.09	1.50	0.43	0.21	0.21	0.83	0.42	0.21

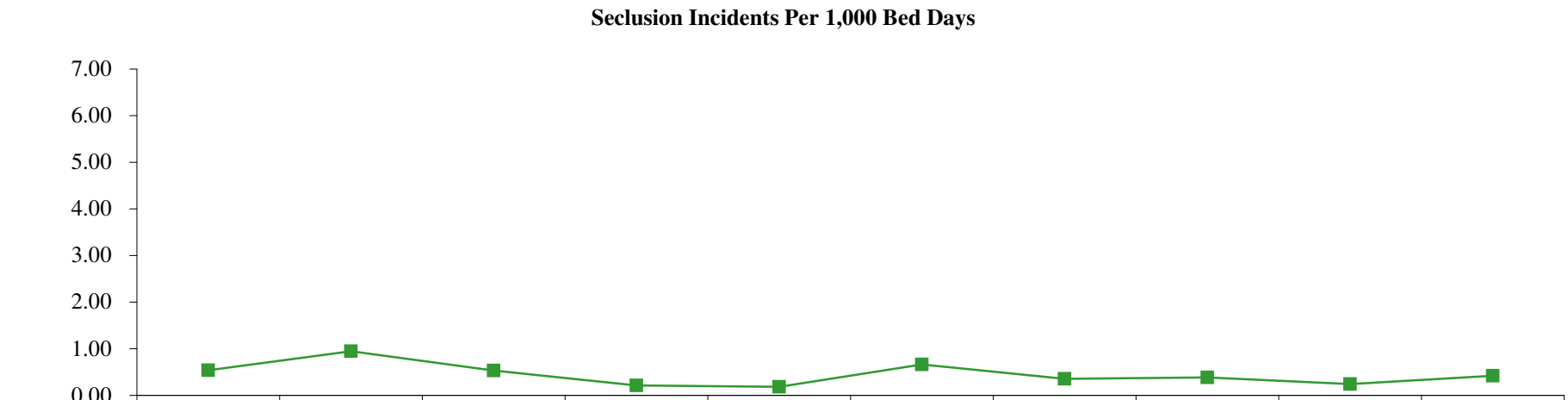
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	5.75	6.10	4.70	5.25	5.10	6.49	4.64	6.73	7.68	12.09

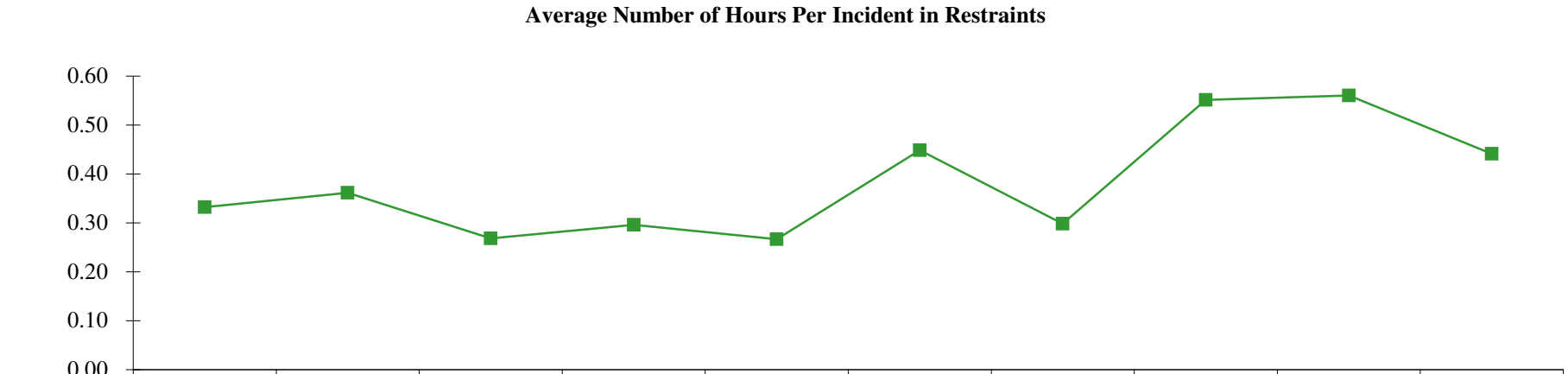


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.54	0.94	0.53	0.22	0.18	0.66	0.36	0.39	0.24	0.42

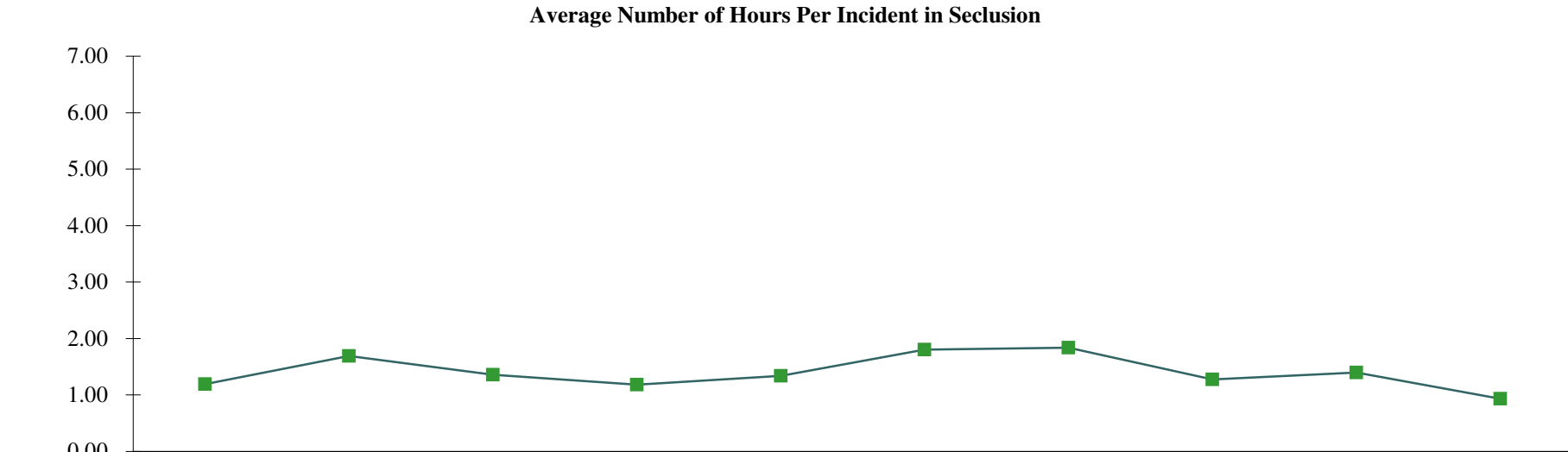
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.33	0.36	0.27	0.30	0.27	0.45	0.30	0.55	0.56	0.44

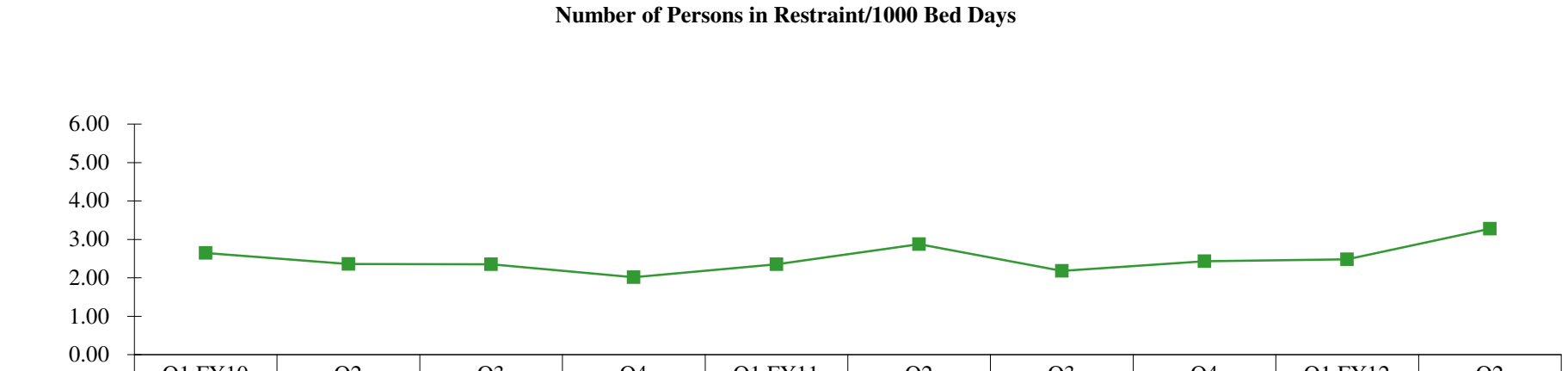


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	1.19	1.69	1.36	1.18	1.34	1.80	1.84	1.27	1.40	0.93

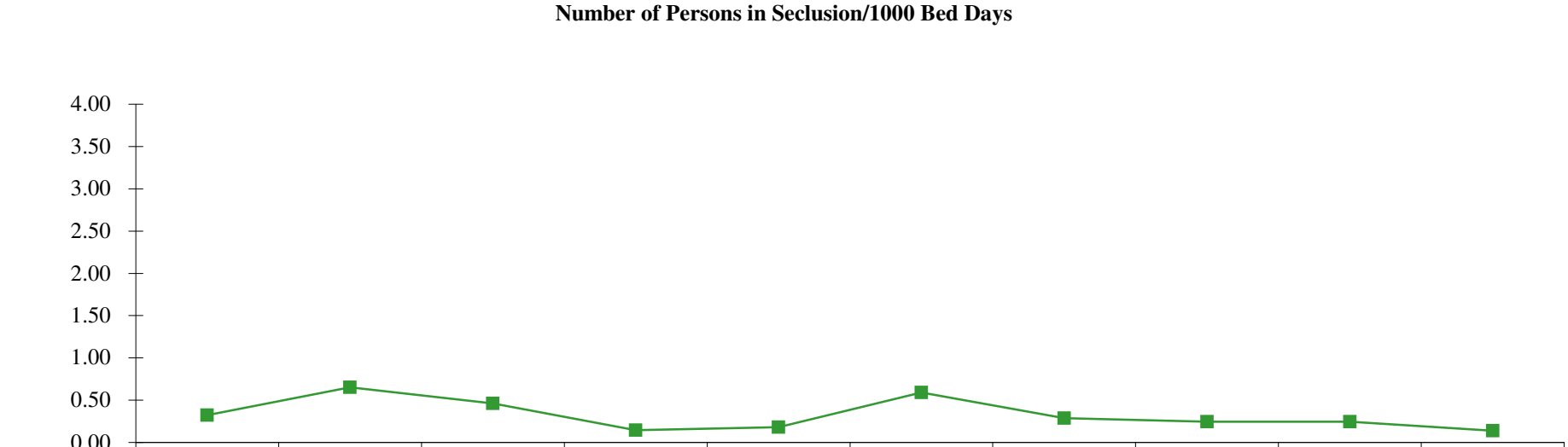
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85); Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	2.64	2.36	2.35	2.01	2.35	2.88	2.18	2.43	2.48	3.28

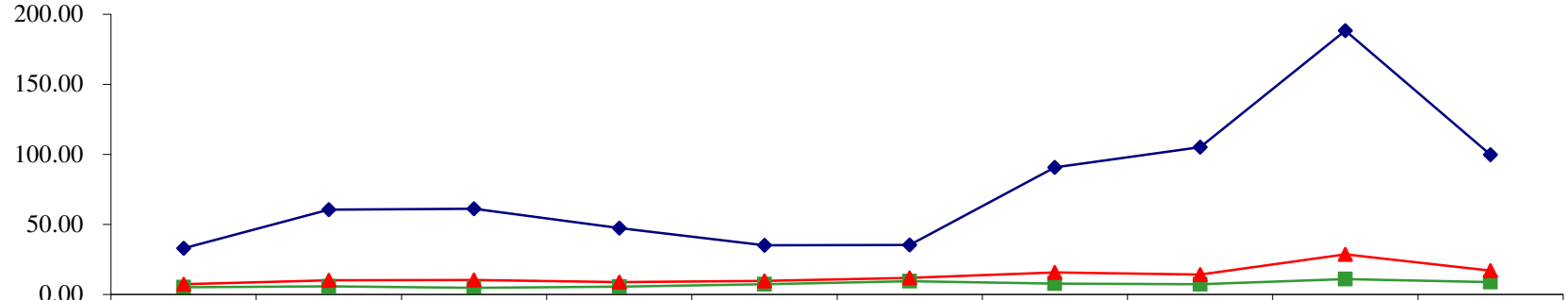


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Adults	0.32	0.65	0.46	0.14	0.18	0.59	0.29	0.25	0.24	0.14

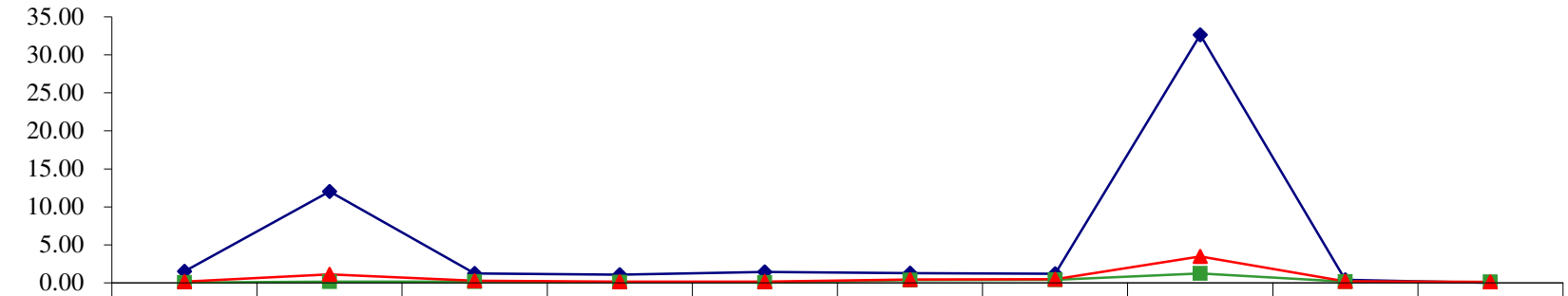
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	32.89	60.61	61.12	47.41	35.09	35.45	90.69	105.23	188.32	99.69
Adults	5.07	5.75	4.82	5.68	7.39	9.45	7.79	7.33	10.95	8.83
Total	7.26	10.09	10.24	8.76	9.69	11.89	15.80	14.26	28.56	17.00

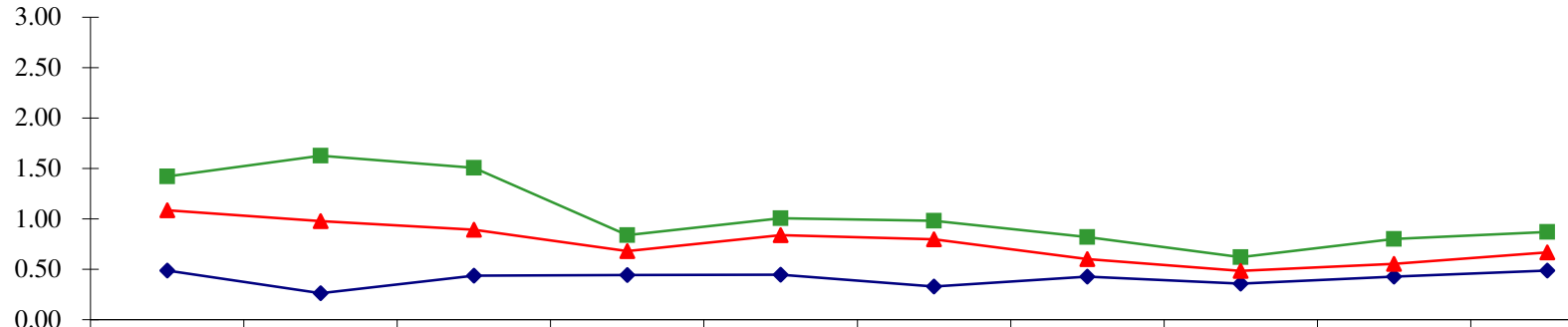


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	1.52	12.02	1.22	1.08	1.42	1.30	1.21	32.64	0.40	0.00
Adults	0.04	0.18	0.17	0.09	0.04	0.36	0.39	1.24	0.18	0.13
Total	0.16	1.12	0.27	0.16	0.16	0.45	0.47	3.47	0.20	0.12

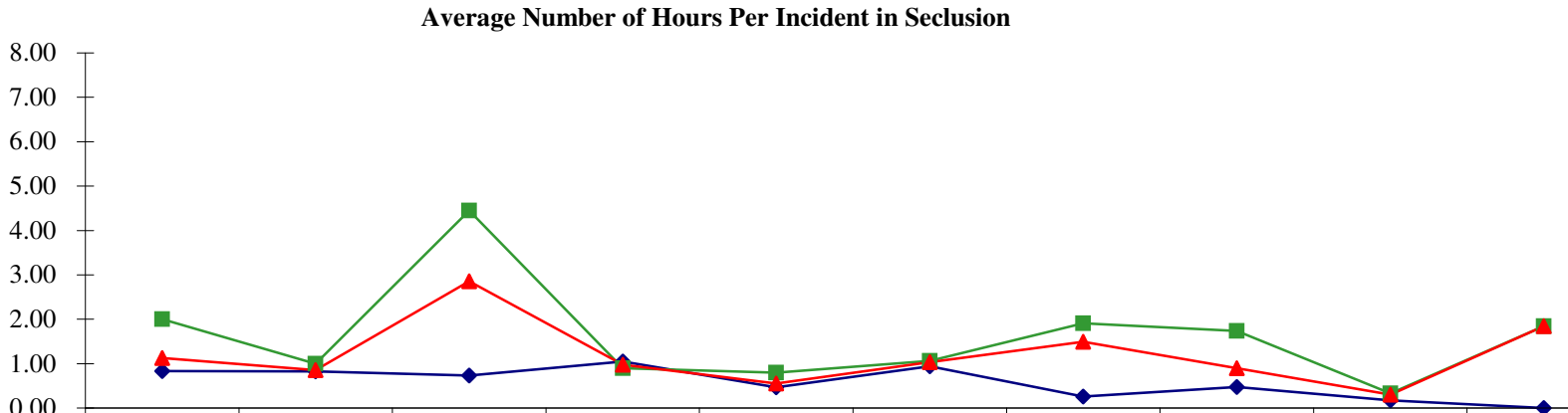
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.49	0.26	0.44	0.44	0.45	0.33	0.43	0.36	0.43	0.49
Adults	1.42	1.63	1.51	0.84	1.01	0.98	0.82	0.62	0.80	0.87
Total	1.09	0.98	0.89	0.68	0.84	0.80	0.60	0.48	0.56	0.67



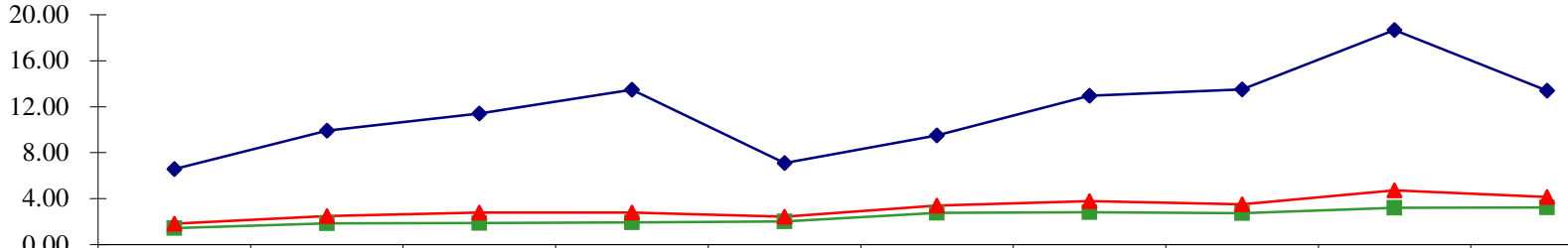
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.83	0.83	0.73	1.05	0.47	0.94	0.26	0.47	0.17	0.00
Adults	2.00	1.00	4.45	0.90	0.80	1.07	1.91	1.74	0.33	1.84
Total	1.13	0.85	2.86	0.98	0.55	1.03	1.50	0.90	0.30	1.84

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

Table: Hospital Management Data Services

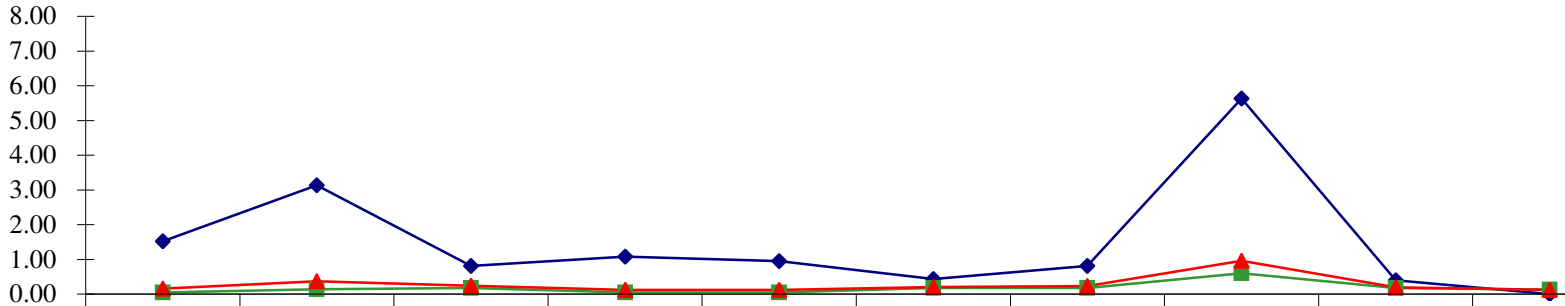
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	6.58	9.93	11.41	13.47	7.11	9.51	12.96	13.51	18.67	13.41
Adults	1.43	1.84	1.87	1.93	2.02	2.78	2.81	2.74	3.20	3.22
Total	1.84	2.48	2.78	2.79	2.44	3.41	3.79	3.50	4.73	4.14

Number of Persons in Seclusion/1000 Bed Days



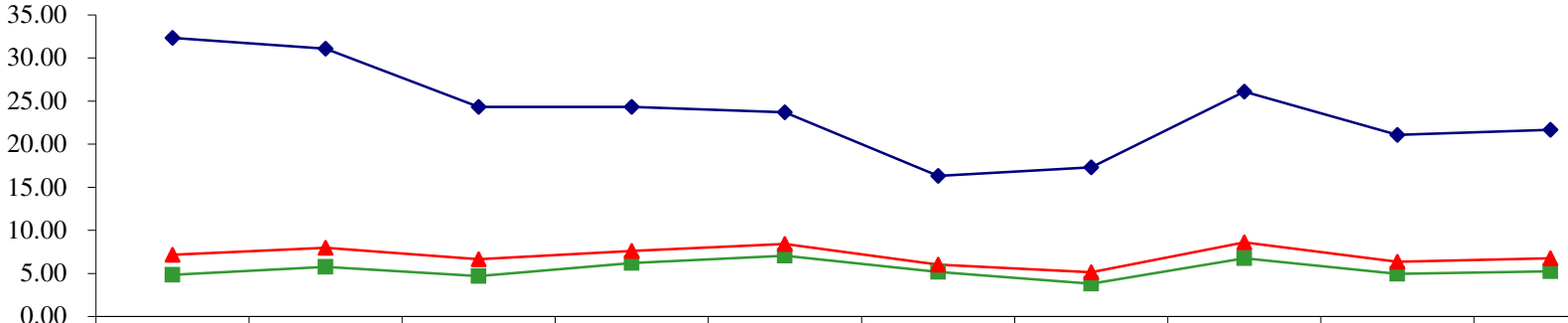
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	1.52	3.13	0.81	1.08	0.95	0.43	0.81	5.63	0.40	0.00
Adults	0.04	0.13	0.17	0.04	0.04	0.18	0.17	0.60	0.18	0.13
Total	0.16	0.37	0.24	0.12	0.12	0.20	0.23	0.96	0.20	0.12

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

Table: Hospital Management Data Services

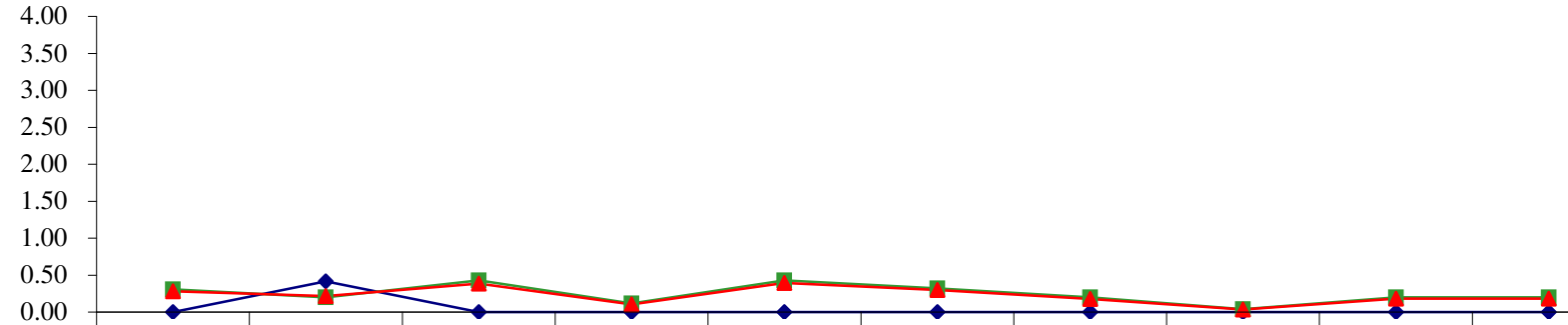
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Restraint Incidents Per 1,000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	32.33	31.07	24.33	24.32	23.69	16.33	17.31	26.11	21.07	21.65
Adults	4.84	5.76	4.70	6.20	7.04	5.17	3.79	6.76	4.94	5.24
Total	7.15	7.97	6.65	7.62	8.41	6.01	5.13	8.59	6.35	6.75

Seclusion Incidents Per 1,000 Bed Days



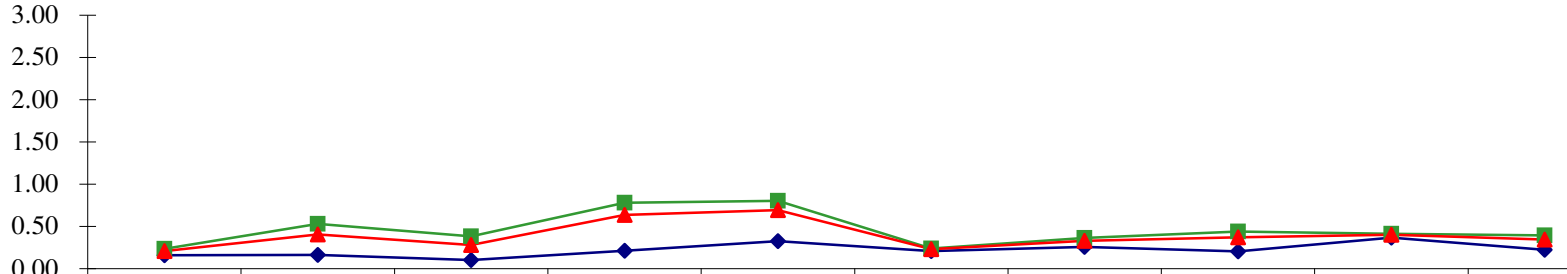
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.00	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.31	0.20	0.43	0.11	0.43	0.32	0.20	0.04	0.20	0.20
Total	0.28	0.22	0.38	0.11	0.40	0.30	0.18	0.04	0.18	0.18

Table: Hospital Management Data Services

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

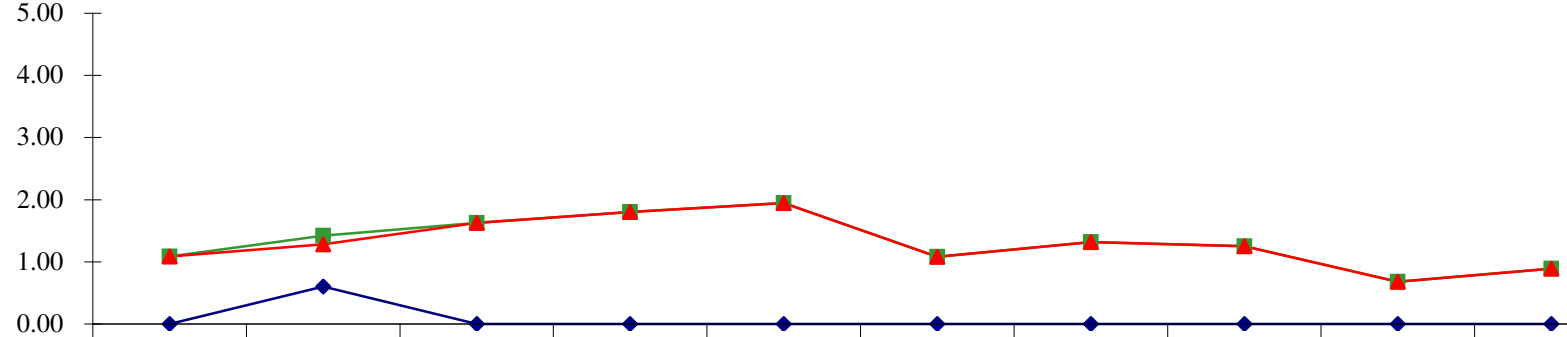
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.16	0.16	0.10	0.21	0.32	0.21	0.26	0.20	0.37	0.22
Adults	0.24	0.53	0.38	0.78	0.80	0.24	0.36	0.44	0.41	0.39
Total	0.21	0.41	0.28	0.64	0.69	0.23	0.33	0.37	0.40	0.34

Average Number of Hours Per Incident in Seclusion



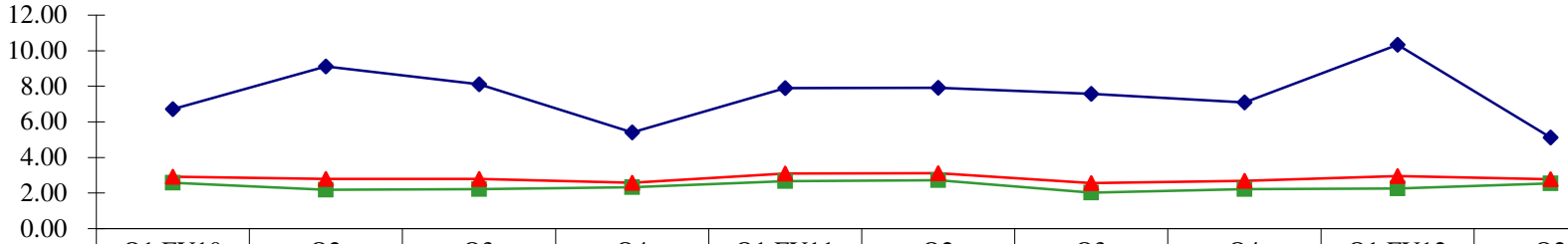
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.00	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	1.09	1.42	1.63	1.80	1.95	1.08	1.32	1.25	0.68	0.89
Total	1.09	1.28	1.63	1.80	1.95	1.08	1.32	1.25	0.68	0.89

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

Table: Hospital Management Data Services

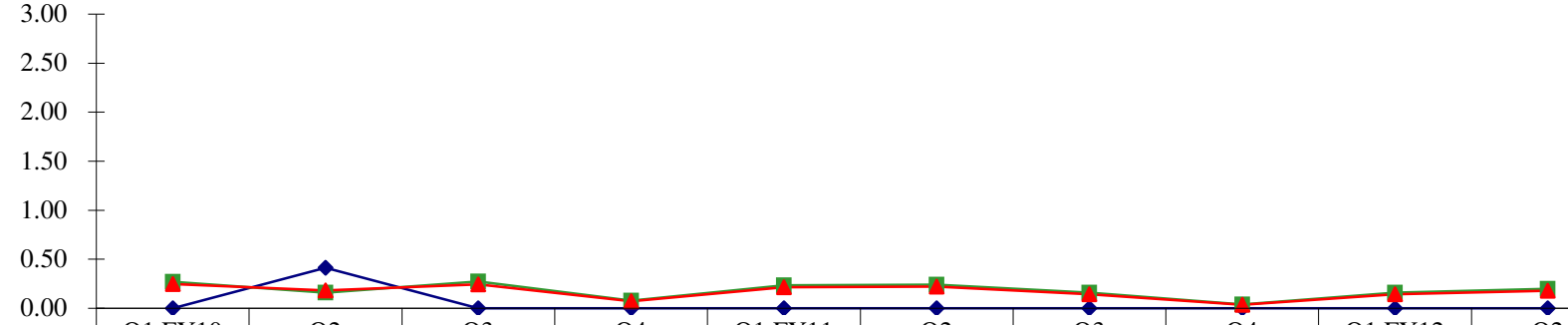
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Number of Persons in Restraint/1000 Bed Days



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	6.72	9.11	8.11	5.41	7.90	7.92	7.57	7.09	10.33	5.12
Adults	2.57	2.18	2.21	2.33	2.66	2.73	2.02	2.23	2.25	2.54
Total	2.92	2.79	2.80	2.57	3.09	3.11	2.56	2.69	2.96	2.78

Number of Persons in Seclusion/1000 Bed Days

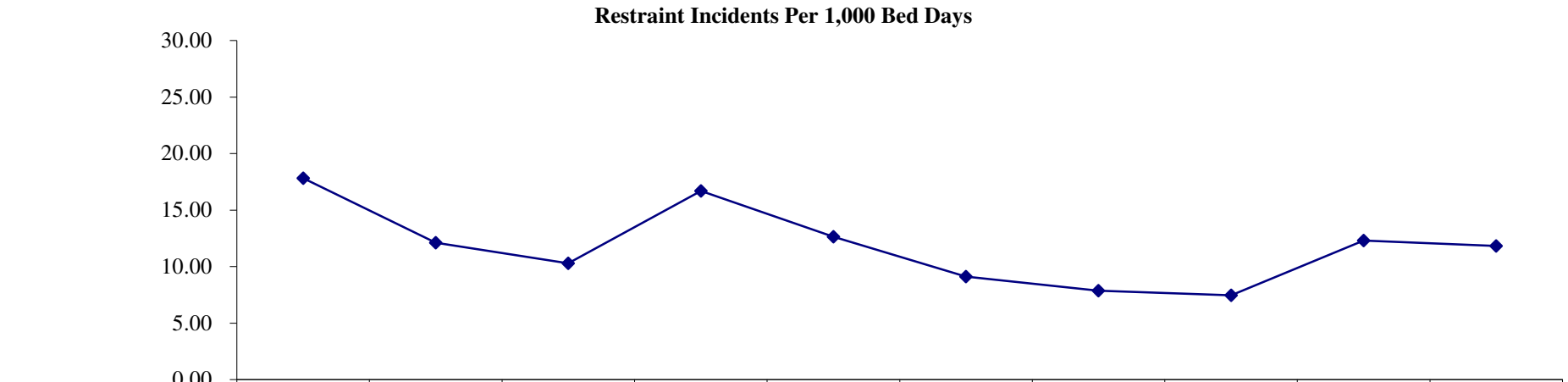


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.00	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adults	0.27	0.16	0.27	0.08	0.23	0.24	0.16	0.04	0.16	0.20
Total	0.25	0.18	0.24	0.07	0.22	0.22	0.14	0.04	0.14	0.18

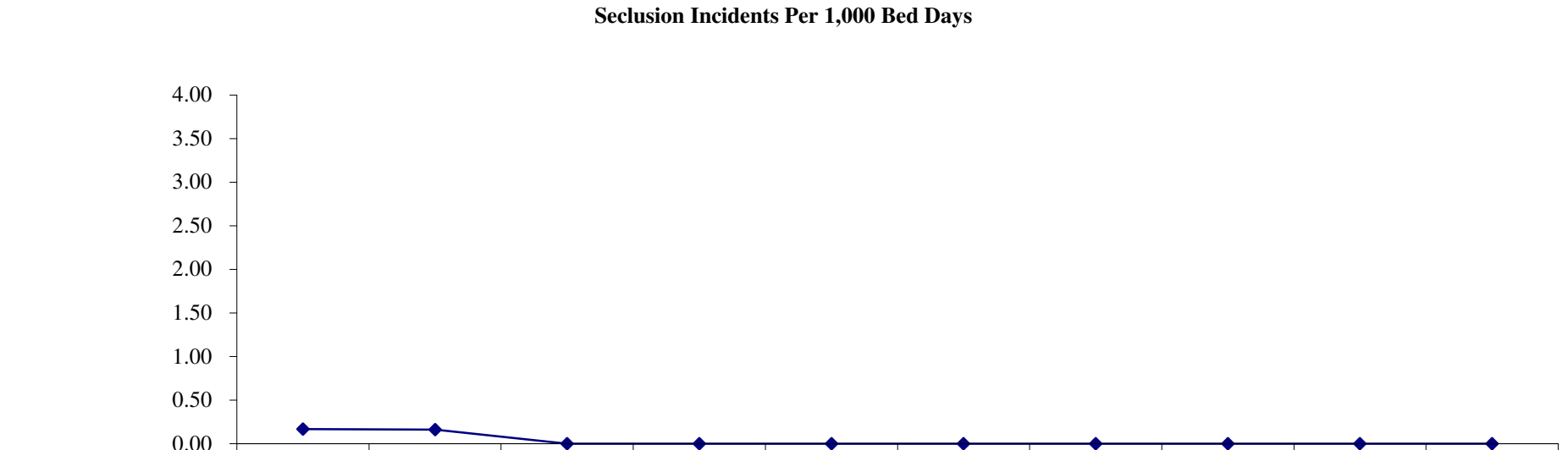
Table: Hospital Management Data Services

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

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	17.81	12.12	10.28	16.69	12.65	9.10	7.86	7.45	12.30	11.81

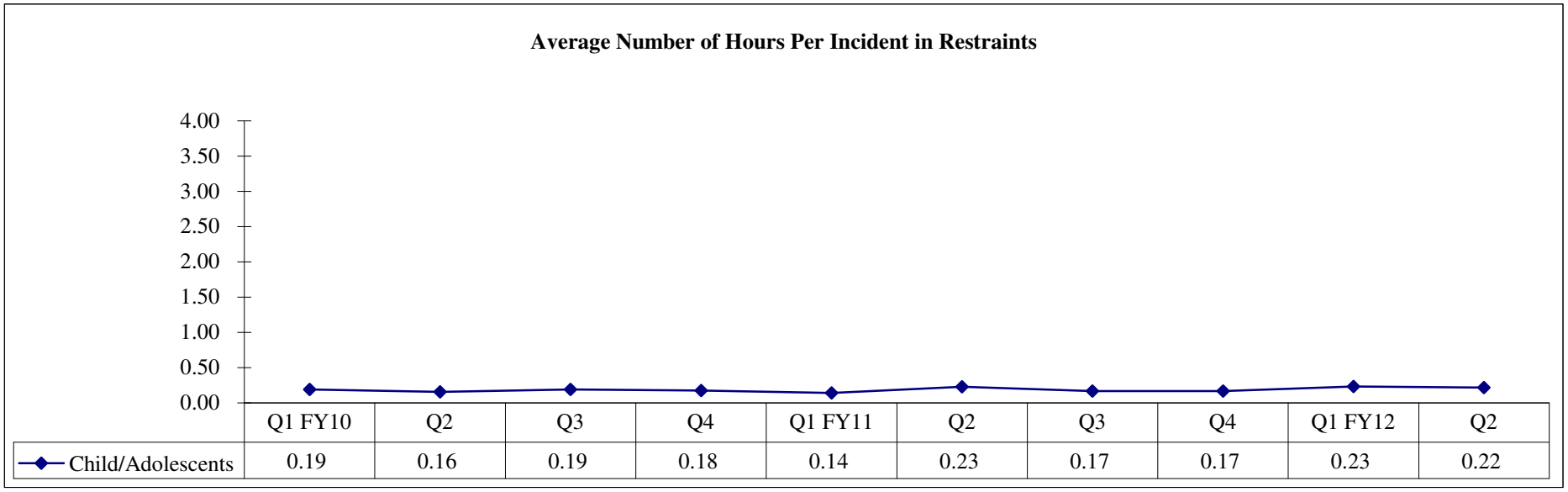


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.17	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

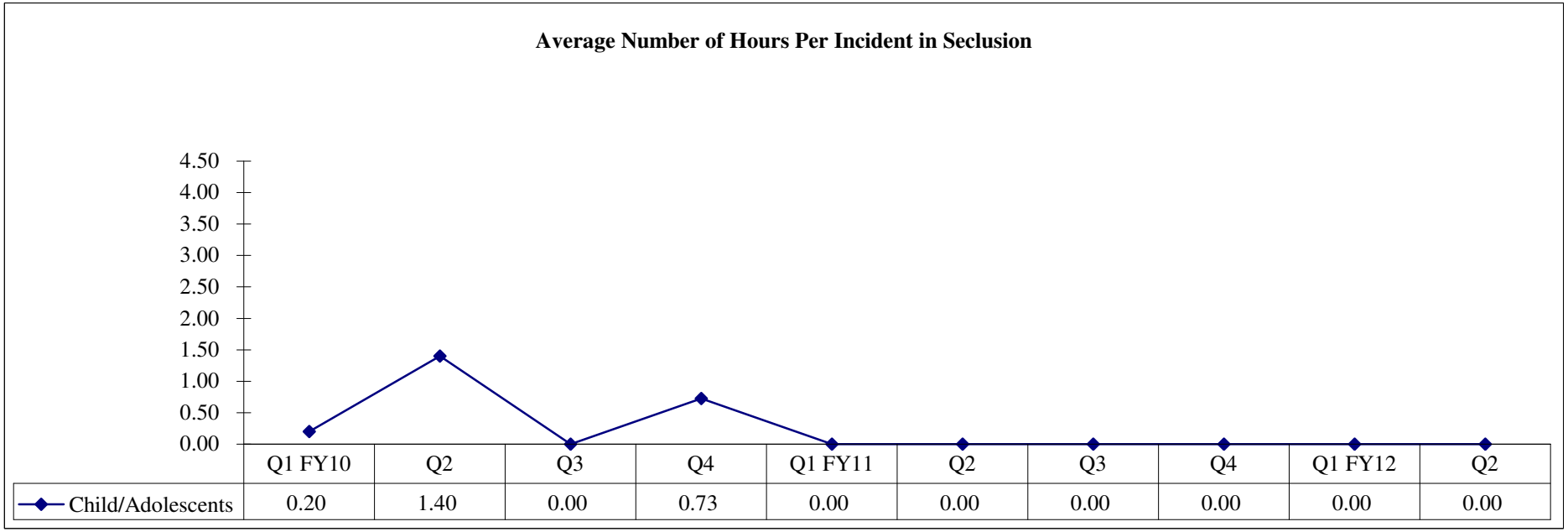
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.19	0.16	0.19	0.18	0.14	0.23	0.17	0.17	0.23	0.22

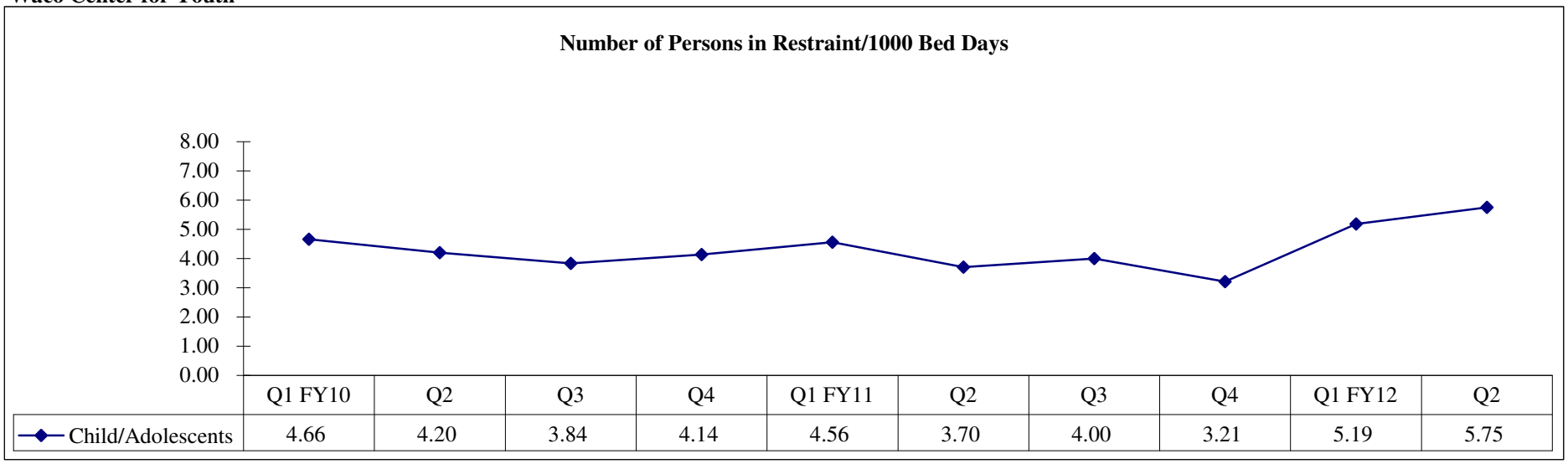


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.20	1.40	0.00	0.73	0.00	0.00	0.00	0.00	0.00	0.00

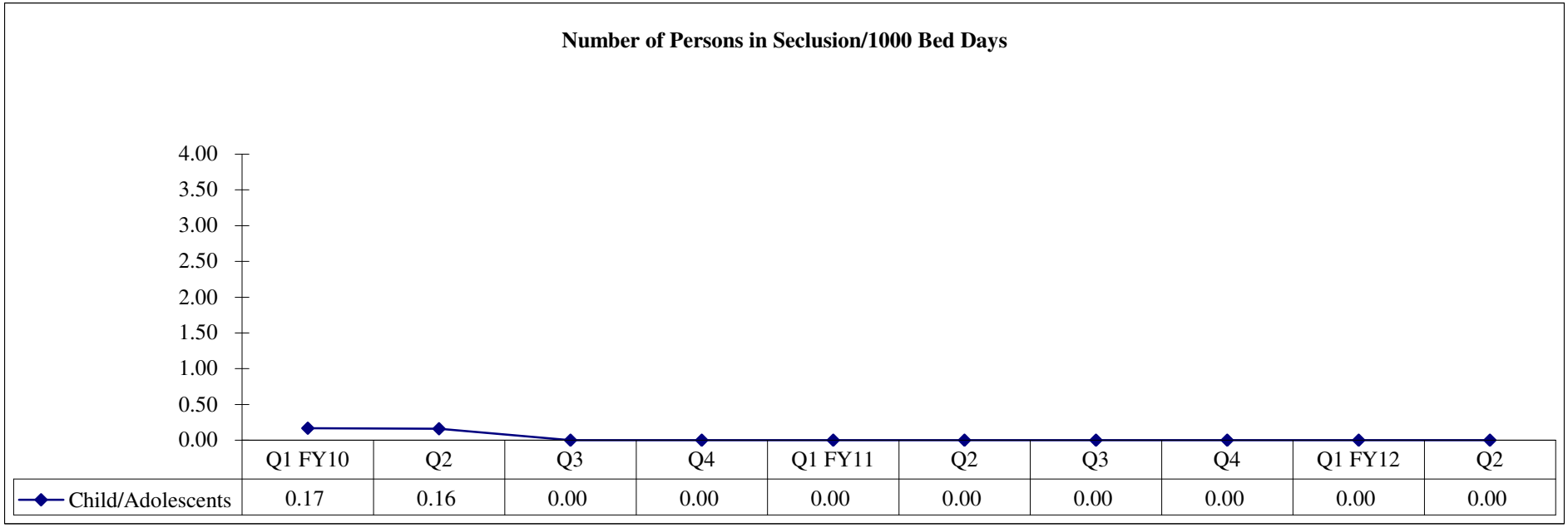
Source:Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

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



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	4.66	4.20	3.84	4.14	4.56	3.70	4.00	3.21	5.19	5.75



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Child/Adolescents	0.17	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table: Hospital Management Data Services

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

Performance Objective 3B:

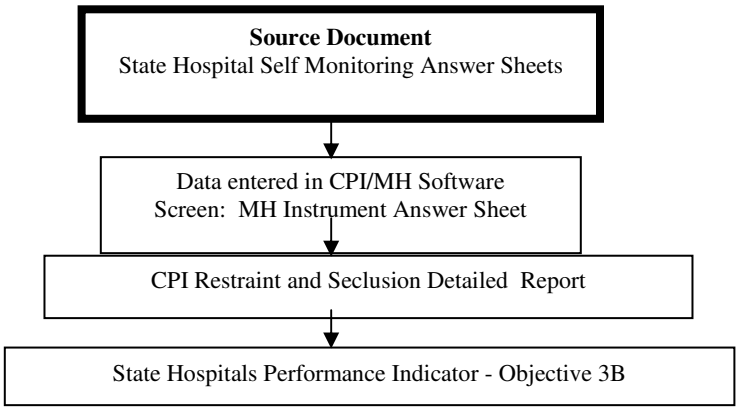
Utilize the Behavioral Restraint and Seclusion Monitoring Instrument to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

Performance Objective Operational Definition: Monthly mean or average score from the CPI Restraint and Seclusion Monitoring instrument.

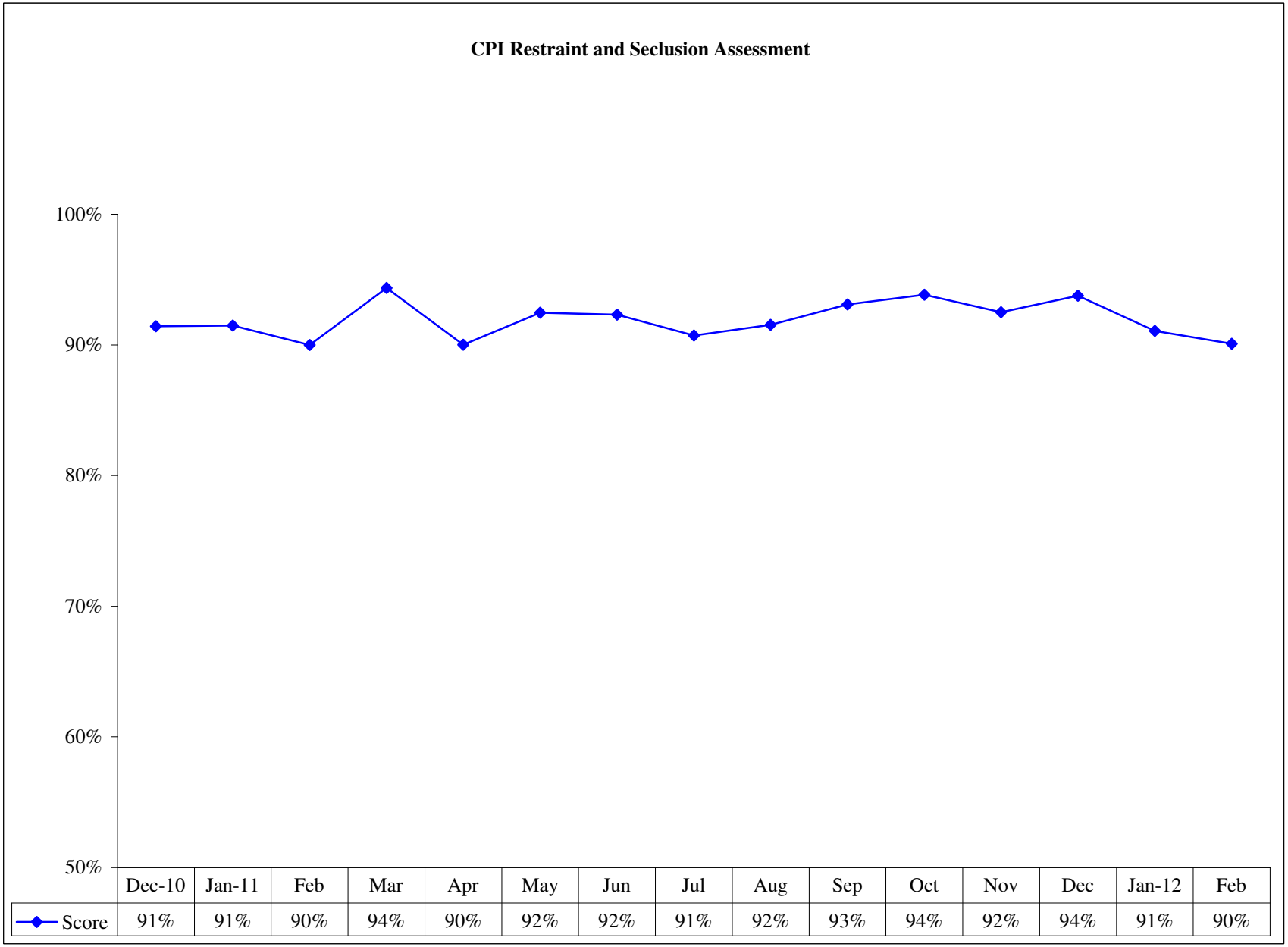
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument [(yes + no with)/(yes + no with + no) x 100].

Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

Data Flow:



Objective 3B - Behavorial Restraint and Seclusion Assessment
All State MH Hospitals

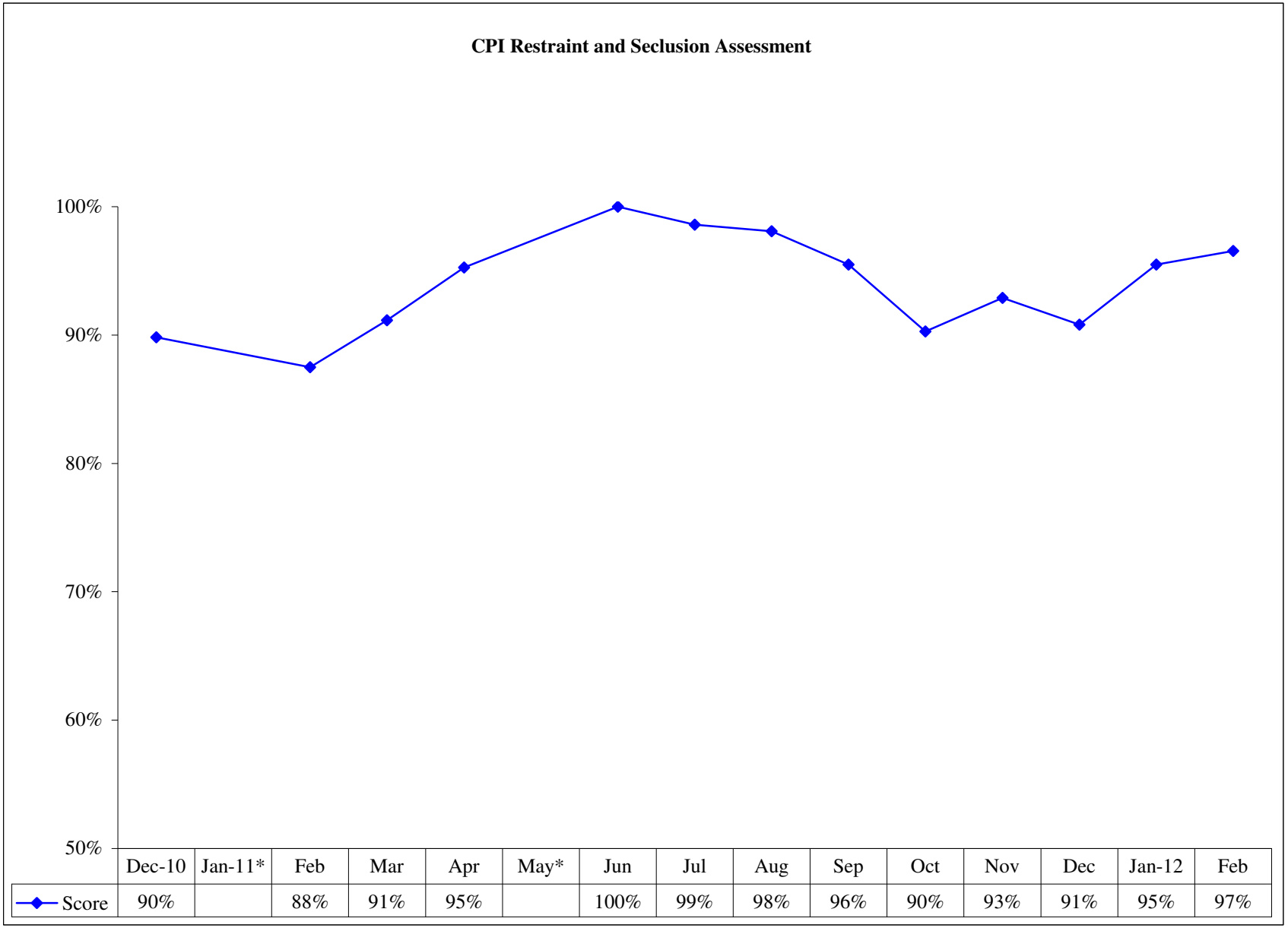


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	91%	91%	90%	94%	90%	92%	92%	91%	92%	93%	94%	92%	94%	91%	90%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Austin State Hospital



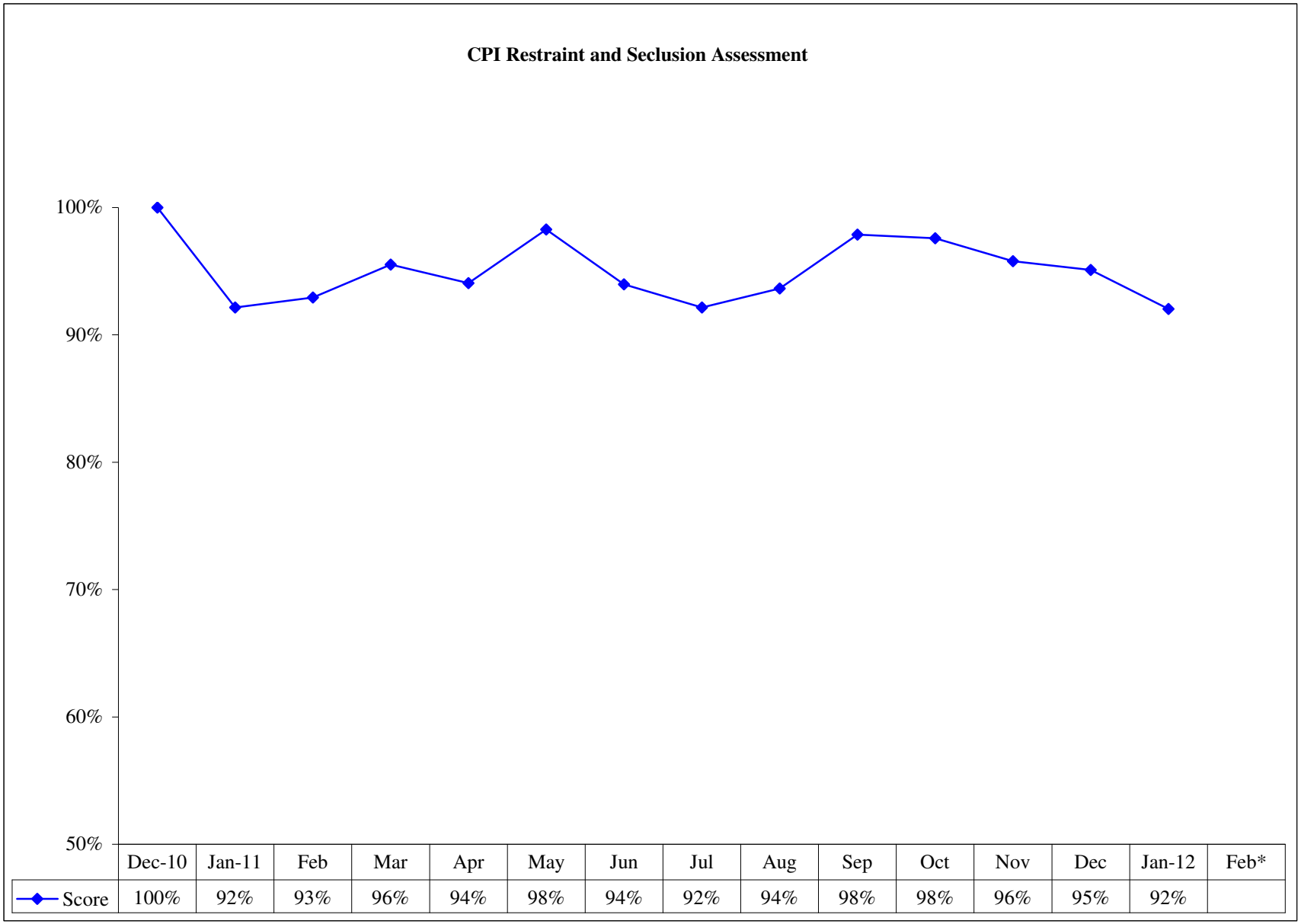
	Dec-10	Jan-11*	Feb	Mar	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	90%		88%	91%	95%		100%	99%	98%	96%	90%	93%	91%	95%	97%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Big Spring State Hospital



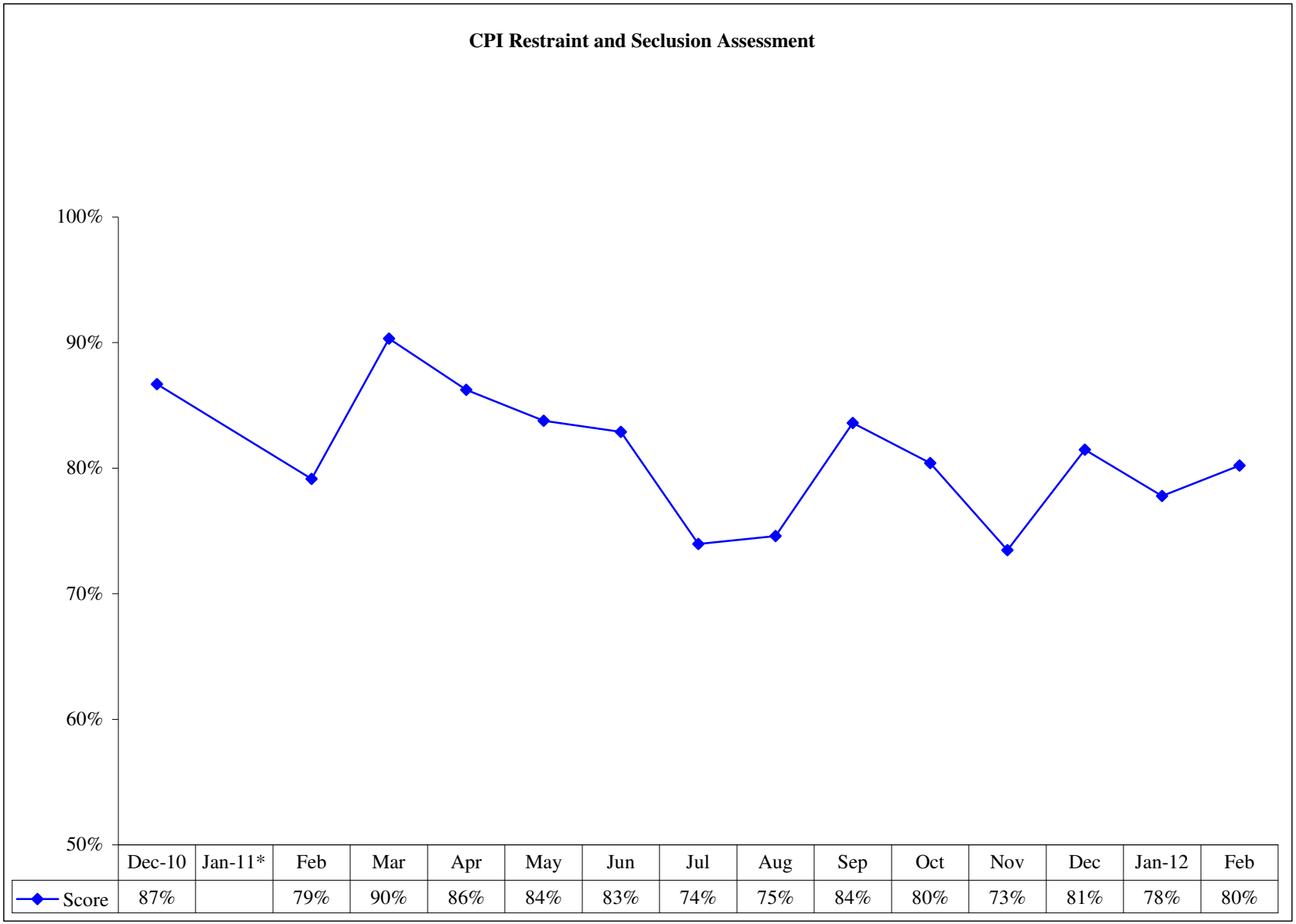
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb*
Score	100%	92%	93%	96%	94%	98%	94%	92%	94%	98%	98%	96%	95%	92%	

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
El Paso Psychiatric Center



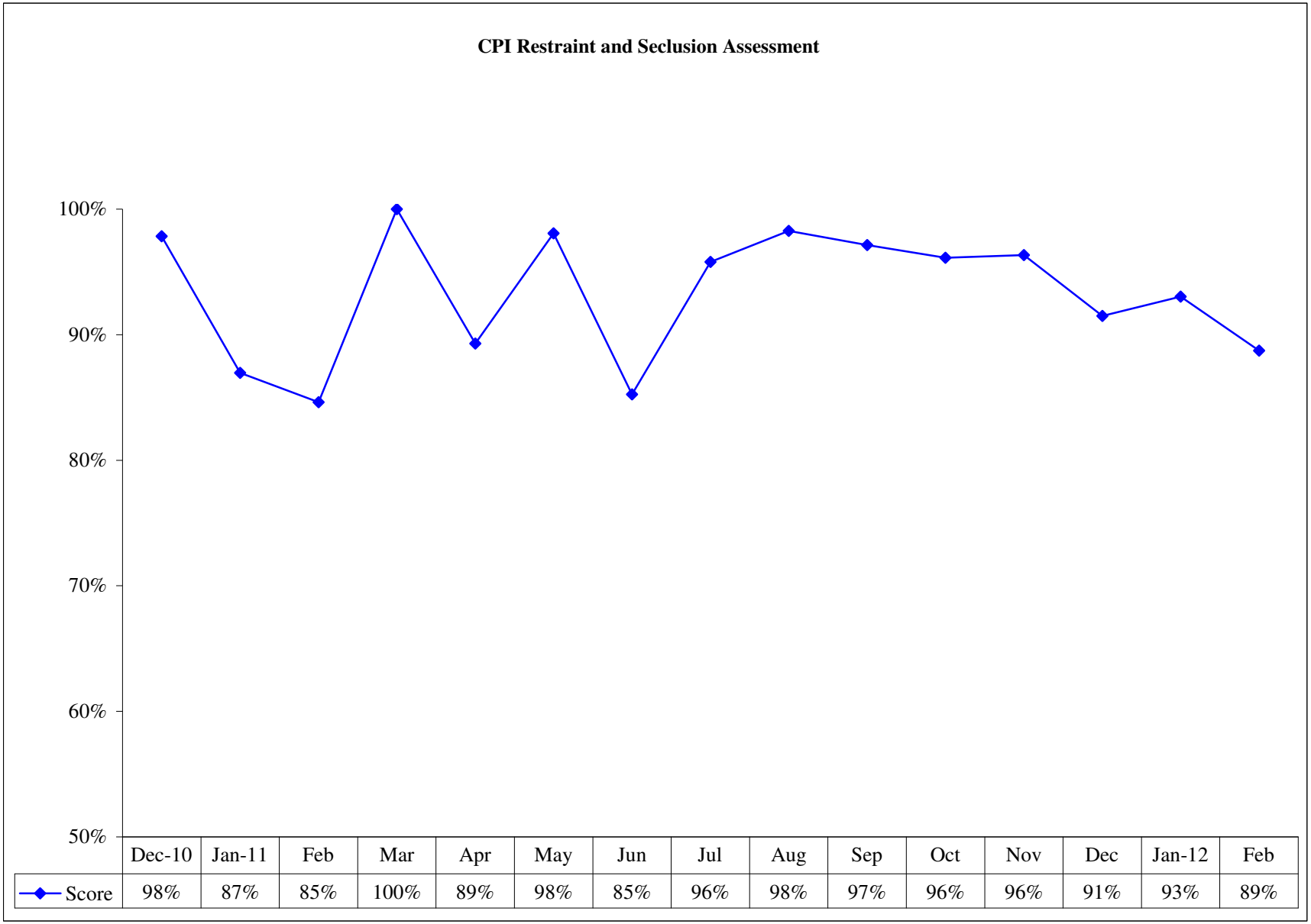
	Dec-10	Jan-11*	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	87%		79%	90%	86%	84%	83%	74%	75%	84%	80%	73%	81%	78%	80%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Kerrville State Hospital

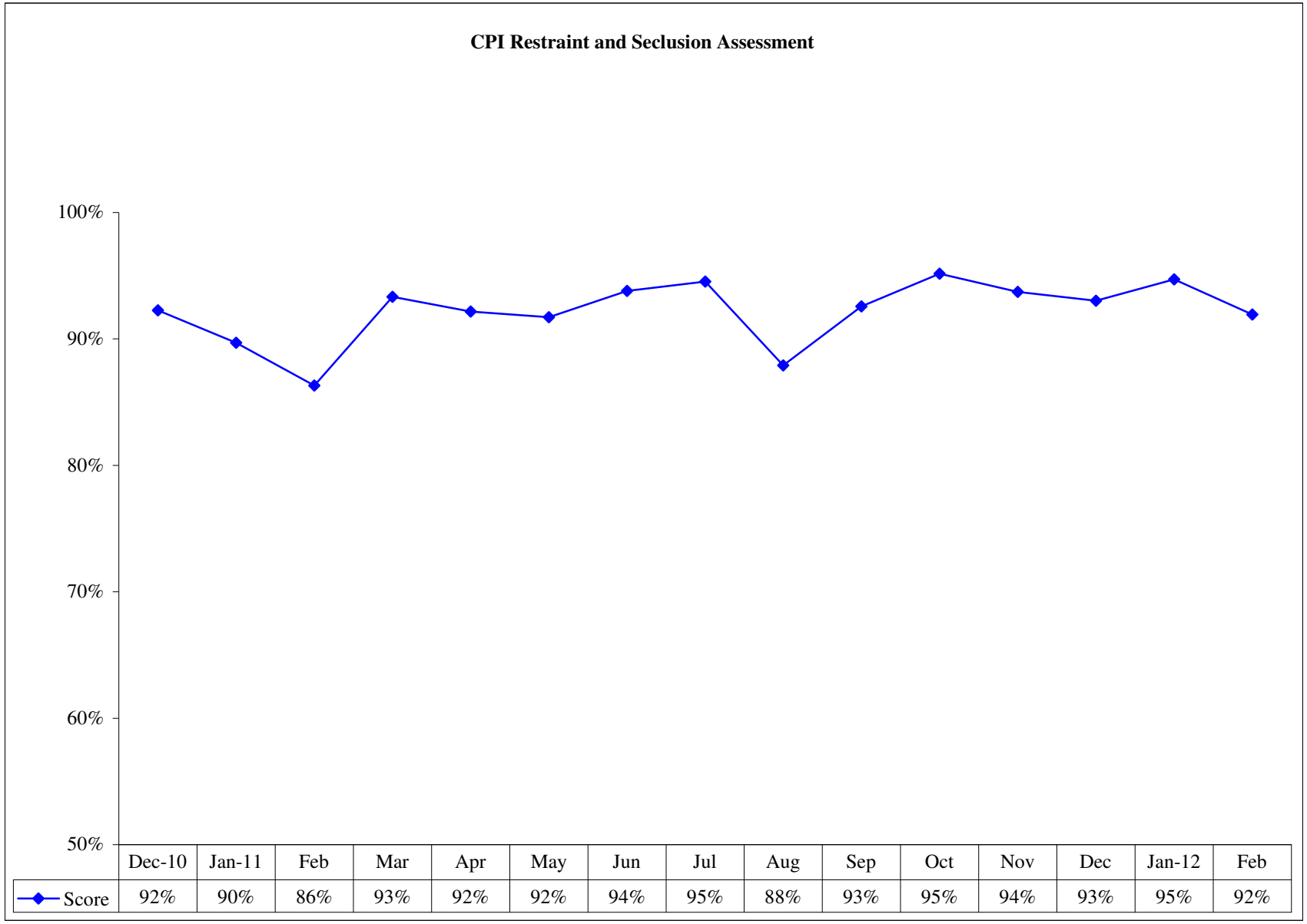


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	98%	87%	85%	100%	89%	98%	85%	96%	98%	97%	96%	96%	91%	93%	89%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
North Texas State Hospital

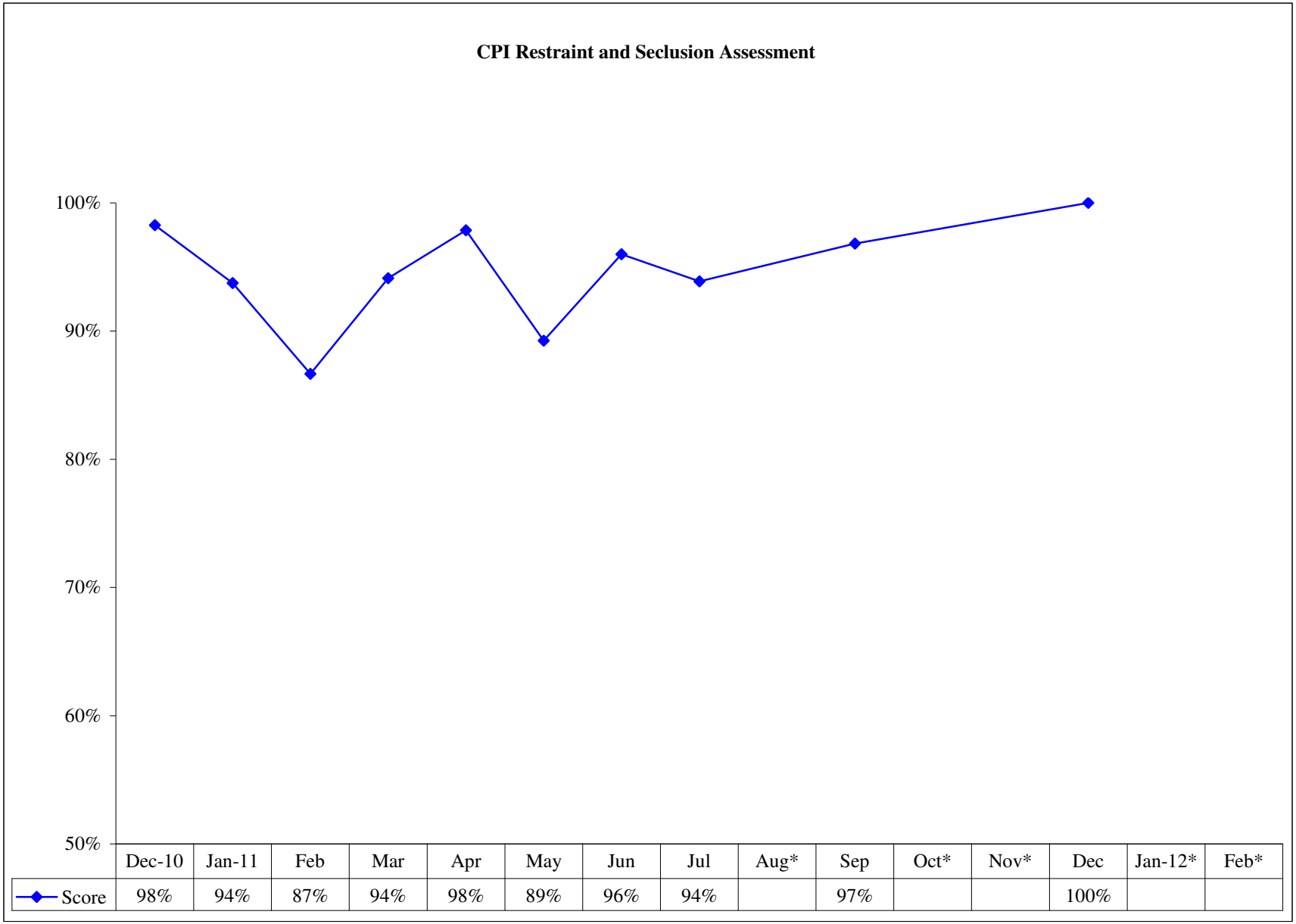


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	92%	90%	86%	93%	92%	92%	94%	95%	88%	93%	95%	94%	93%	95%	92%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Rio Grande State Center



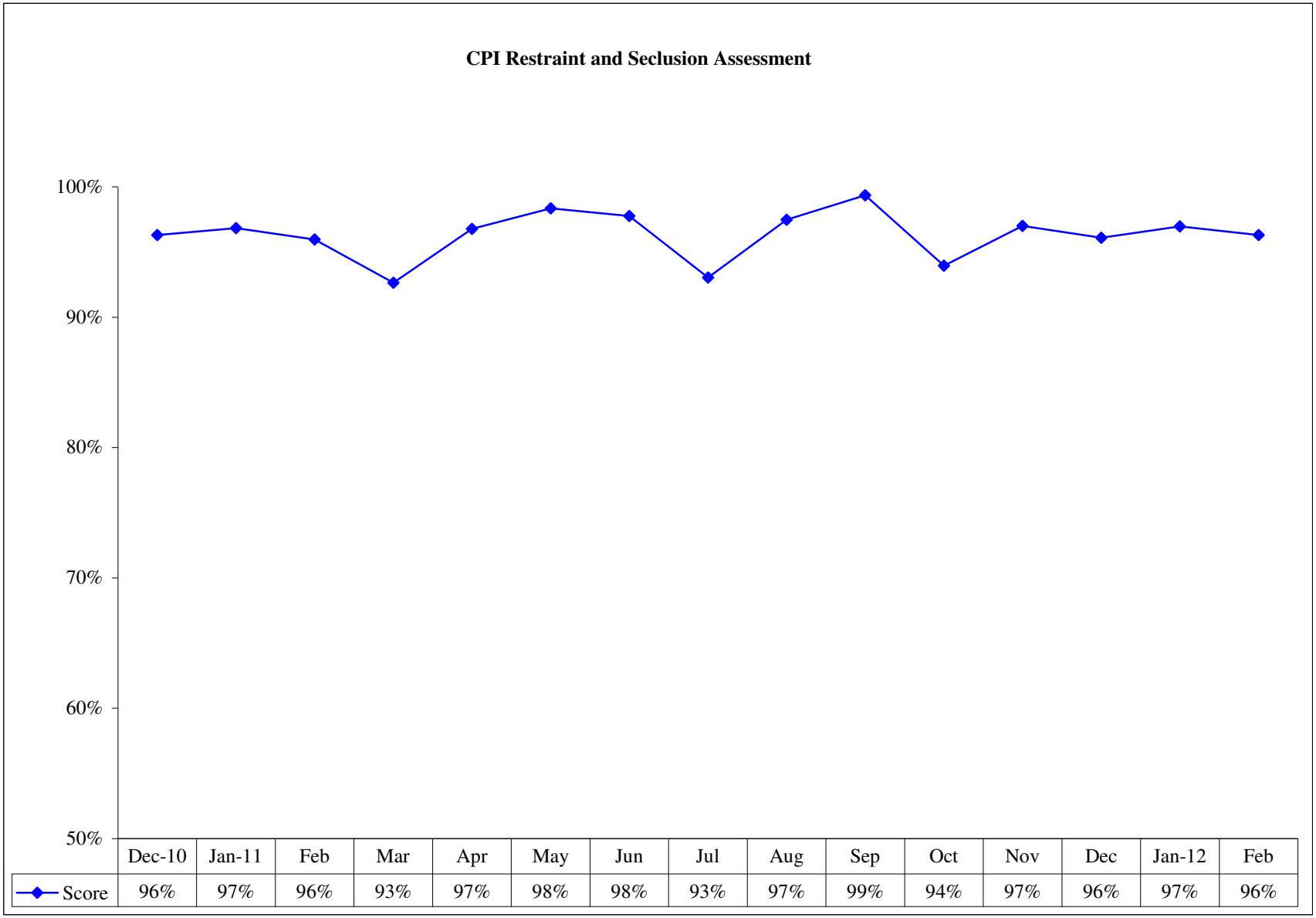
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug*	Sep	Oct*	Nov*	Dec	Jan-12*	Feb*
Score	98%	94%	87%	94%	98%	89%	96%	94%		97%			100%		

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Rusk State Hospital

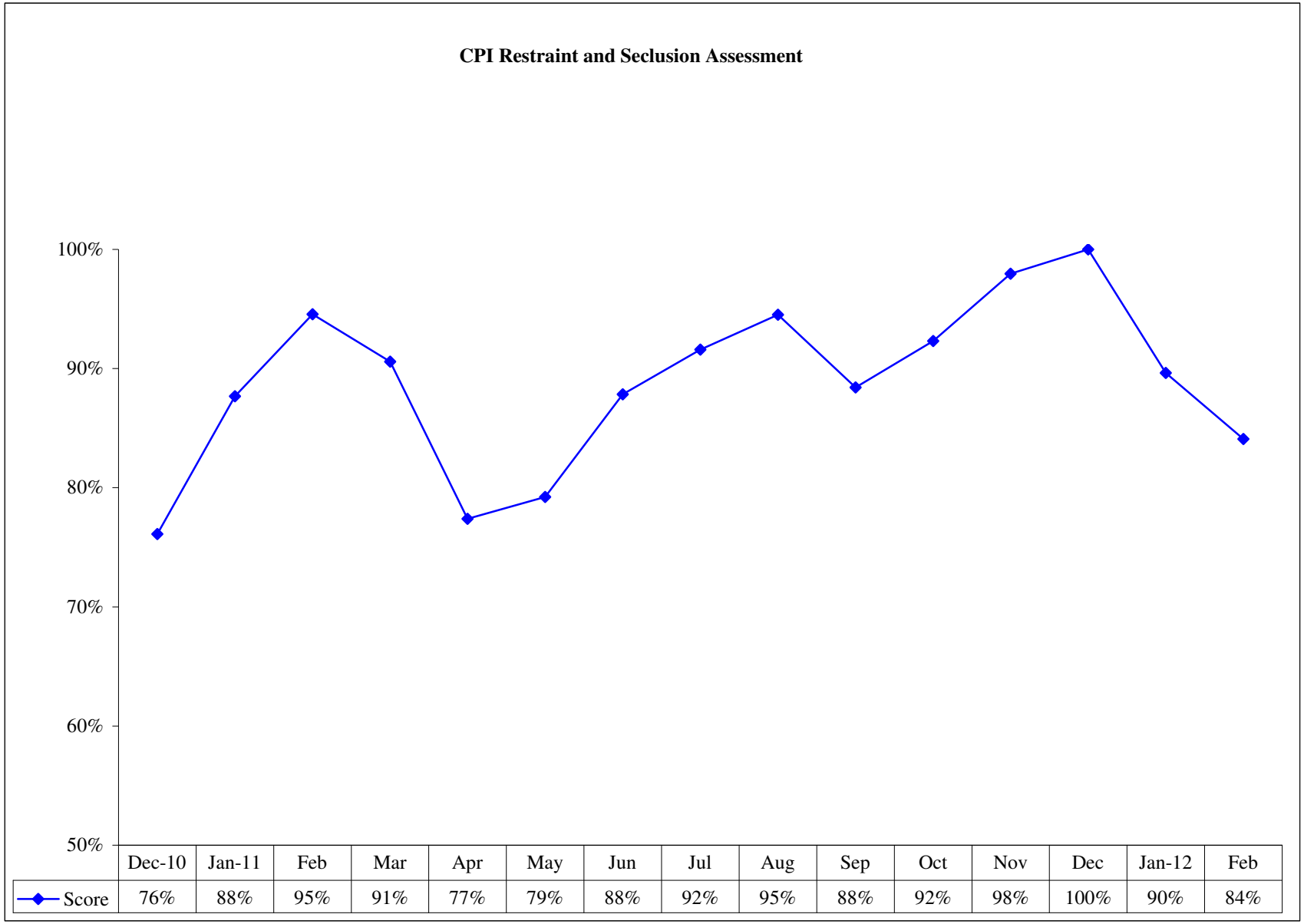


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	96%	97%	96%	93%	97%	98%	98%	93%	97%	99%	94%	97%	96%	97%	96%

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
San Antonio State Hospital



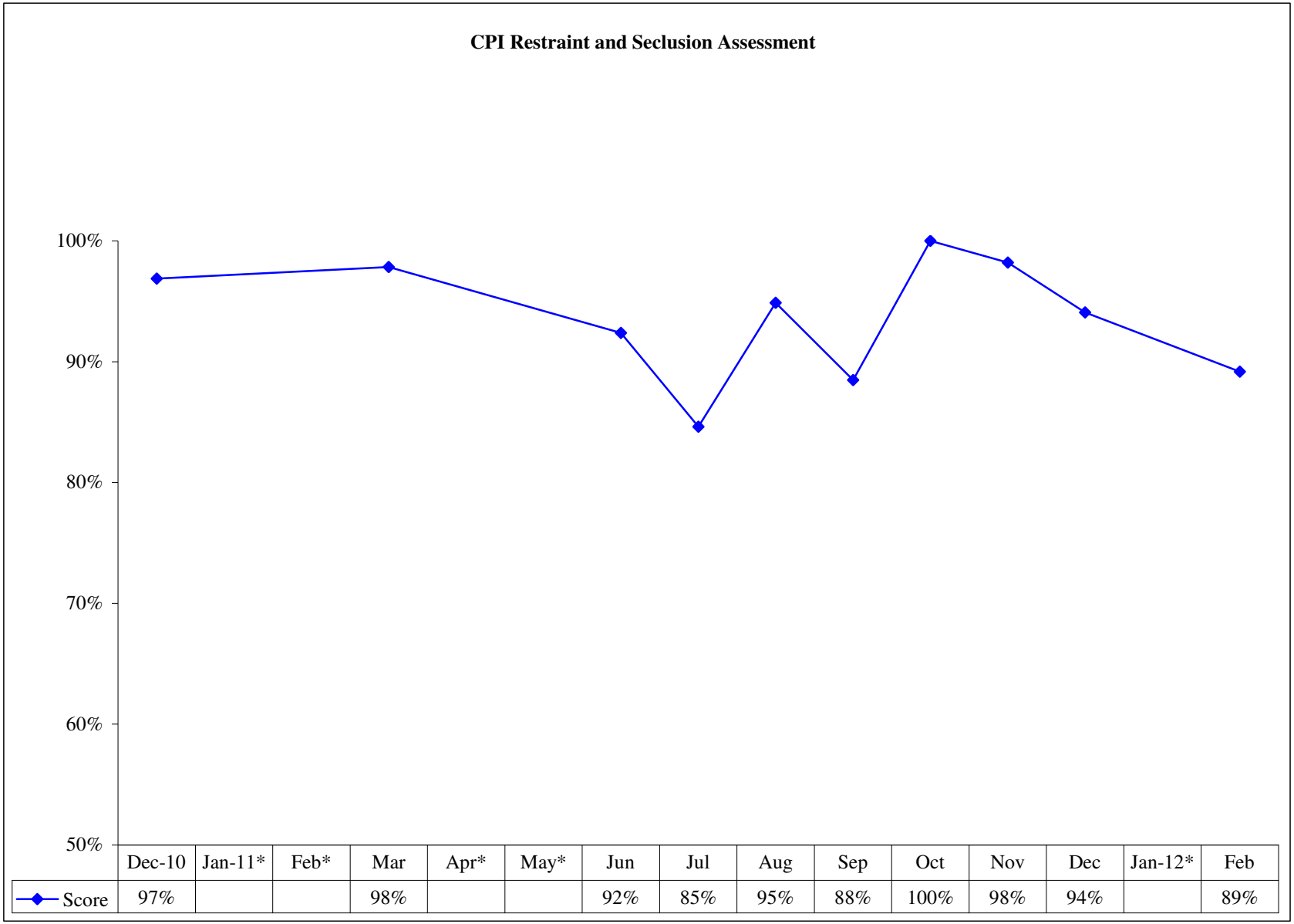
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	76%	88%	95%	91%	77%	79%	88%	92%	95%	88%	92%	98%	100%	90%	84%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Terrell State Hospital



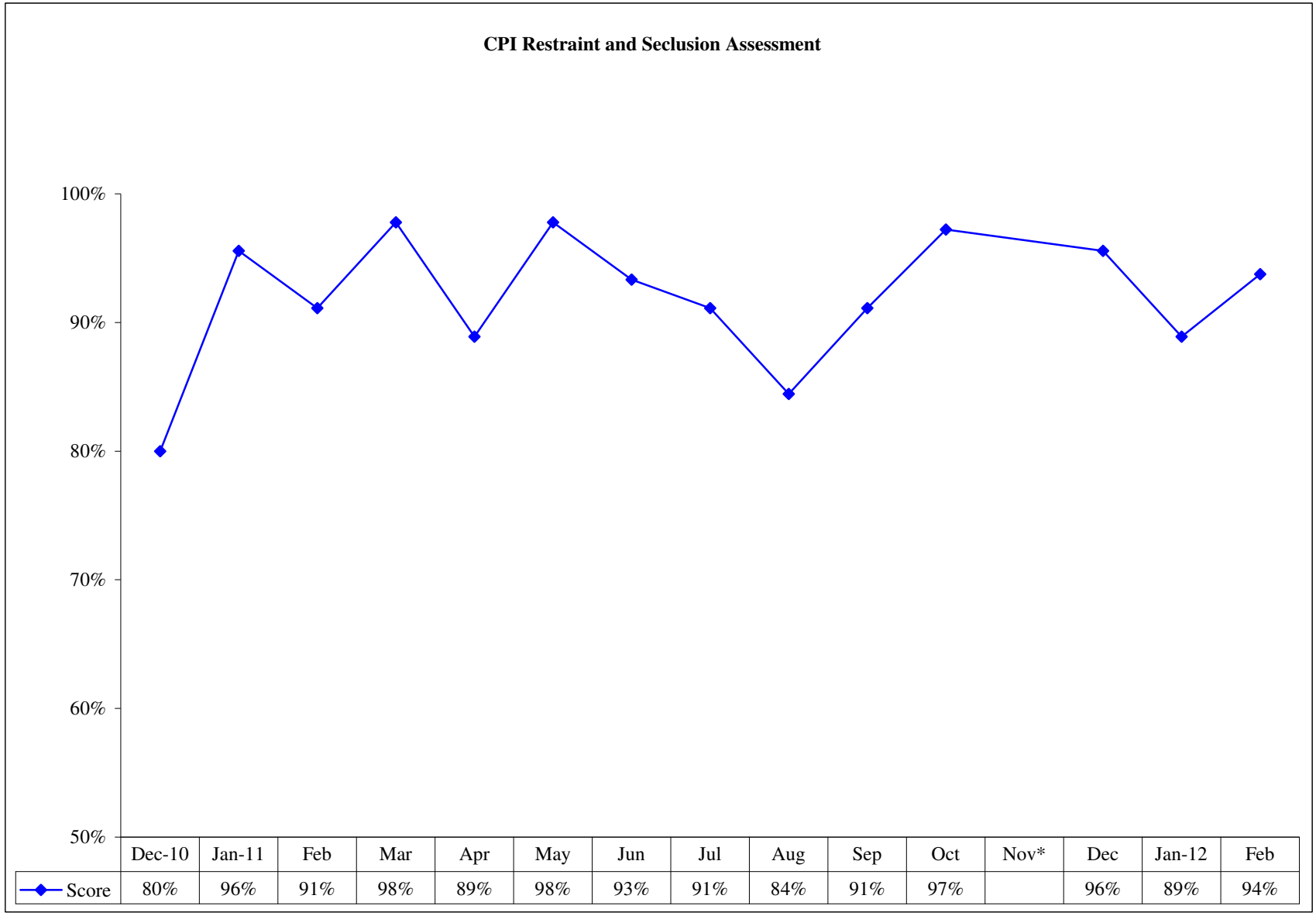
	Dec-10	Jan-11*	Feb*	Mar	Apr*	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12*	Feb
Score	97%			98%			92%	85%	95%	88%	100%	98%	94%		89%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Objective 3B - Behavorial Restraint and Seclusion Assessment
Waco Center for Youth



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov*	Dec	Jan-12	Feb
Score	80%	96%	91%	98%	89%	98%	93%	91%	84%	91%	97%		96%	89%	94%

*No scores reported to HMDS.

Chart: Hospital Management Data Services

Source: QSO/MDS

Performance Measure 3A:

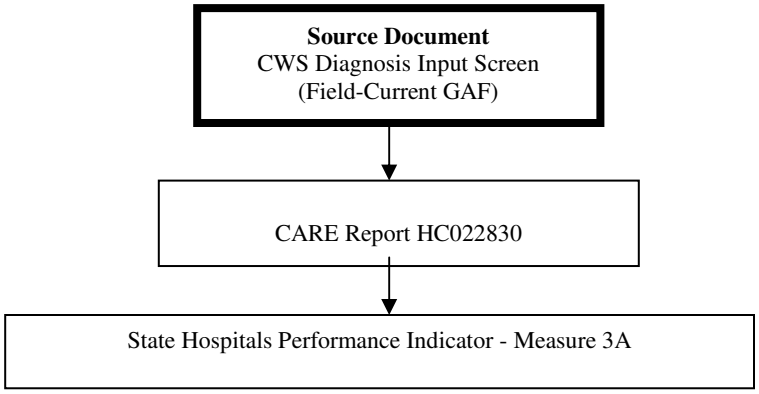
GAF: Improvement in patient treatment outcomes in state mental health hospital will be measured by showing:
1. **The percent of patients receiving inpatient services whose GAF score increased.**
2. **The percent of patients receiving inpatient services whose GAF score stabilized.**

Performance Measure Operational Definition: Total of persons with Global Assessment of Functioning Scale (GAF) score increased and stabilized. The GAF is a clinician-related scale that indicates a client's general level of functioning during a specific time period. A single score incorporates psychological, social and occupational functioning. Do not include impairment in functioning due to physical (or environmental) limitations. Possible scores can range from 1 (hypothetically the most severe mental illness and lowest level of functioning) to 100 (hypothetically the highest level of functioning, with no symptoms). GAF data is collected during the patient's diagnostic examination at admission and again during the discharge evaluation.

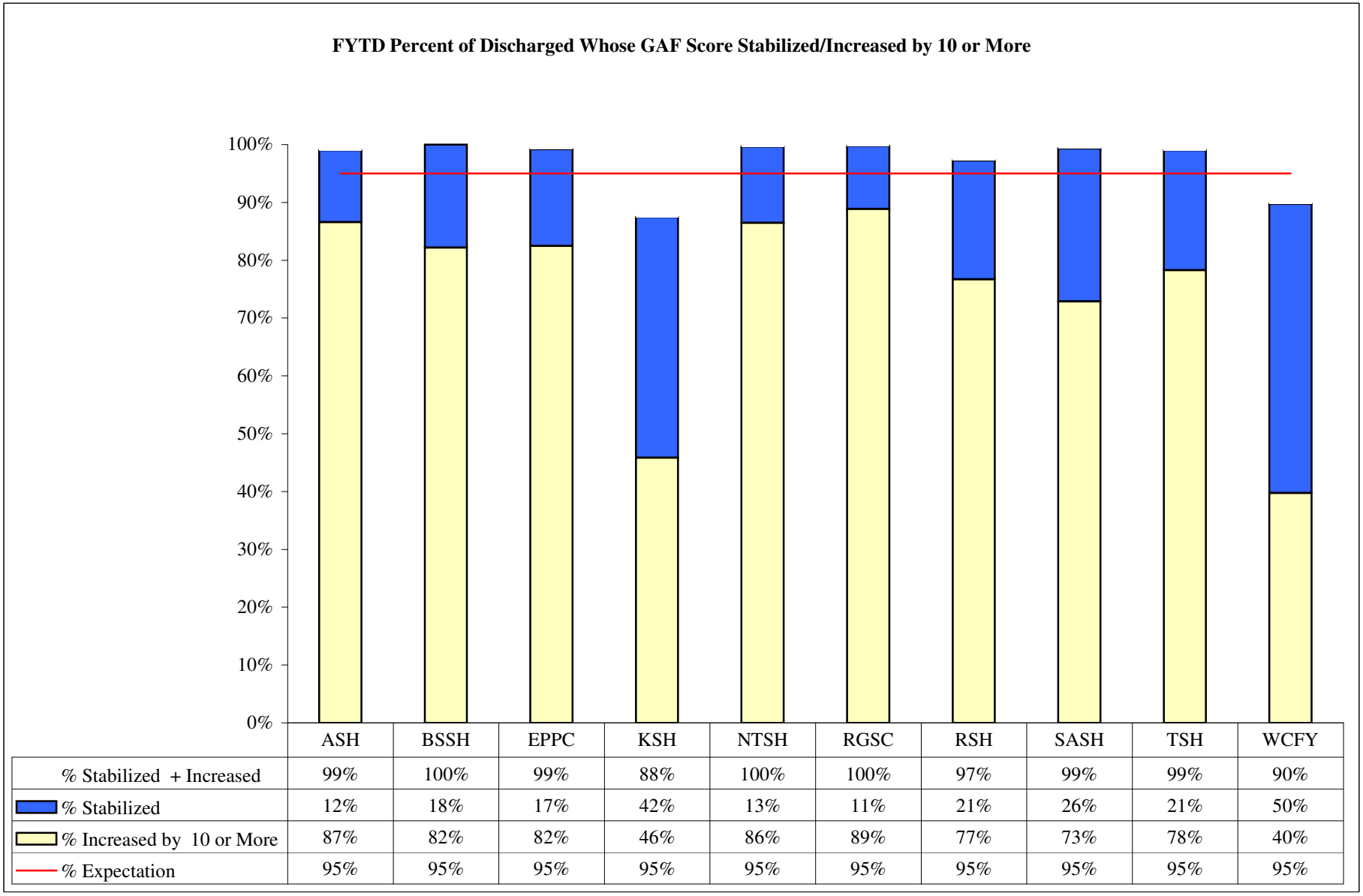
Performance Measure Formula: R = (N/D)
R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.
D = number of discharges per month. (Persons who were discharged from the state hospital monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

Performance Measure Data Display and Chart Description:
- Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- Chart with FYTD percent of persons discharged with specific GAF scores.
- Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 or more points.

Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals - As of February 29, 2012



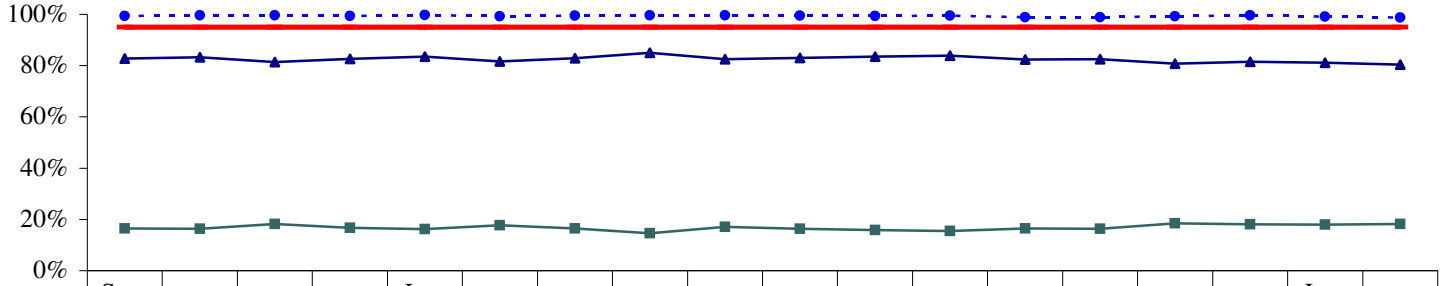
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% Stabilized + Increased	99%	100%	99%	88%	100%	100%	97%	99%	99%	90%
% Stabilized	12%	18%	17%	42%	13%	11%	21%	26%	21%	50%
% Increased by 10 or More	87%	82%	82%	46%	86%	89%	77%	73%	78%	40%
% Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State MH Hospitals

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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	83%	83%	81%	83%	84%	82%	83%	85%	83%	83%	84%	84%	82%	83%	81%	82%	81%	80%
% Stabilized	17%	16%	18%	17%	16%	18%	17%	15%	17%	16%	16%	16%	16%	16%	18%	18%	18%	18%
% Stabilized + Increased	99%	100%	100%	99%	100%	99%	99%	100%	100%	99%	99%	99%	99%	99%	99%	100%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

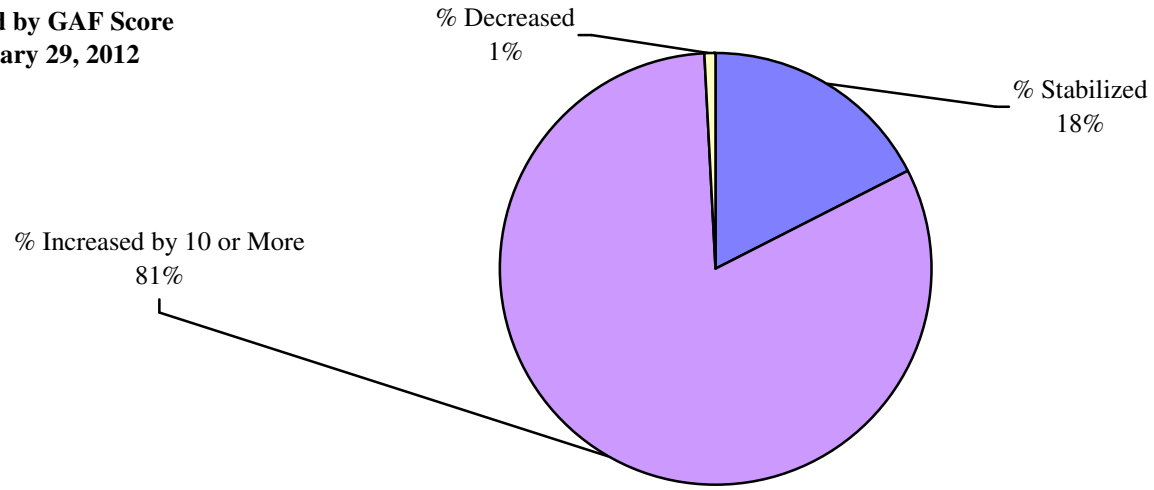


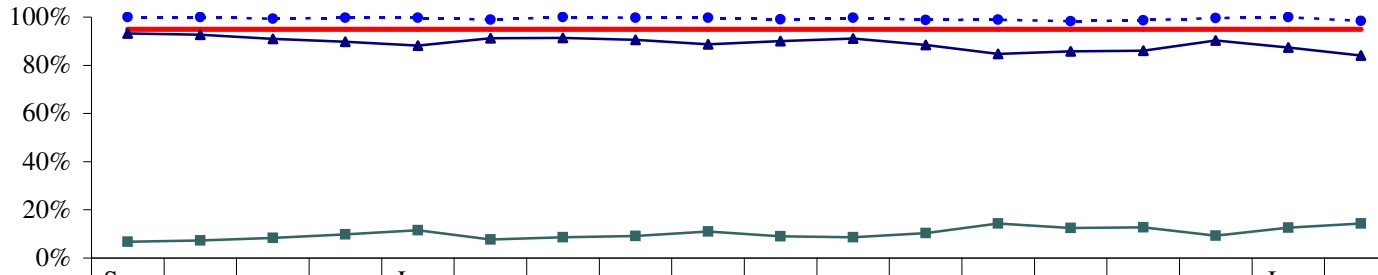
Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

Austin State Hospital

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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	93%	93%	91%	90%	88%	91%	91%	91%	89%	90%	91%	89%	85%	86%	86%	90%	87%	84%
% Stabilized	7%	7%	8%	10%	11%	8%	9%	9%	11%	9%	9%	10%	14%	13%	13%	9%	13%	14%
% Stabilized + Increased	100%	100%	99%	100%	100%	99%	100%	100%	100%	99%	100%	99%	99%	98%	99%	100%	100%	98%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

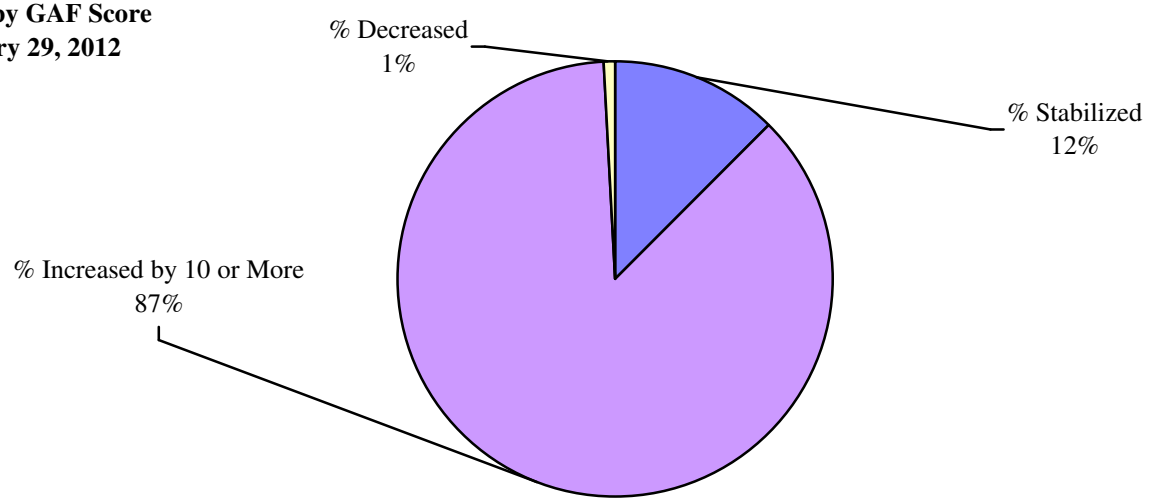


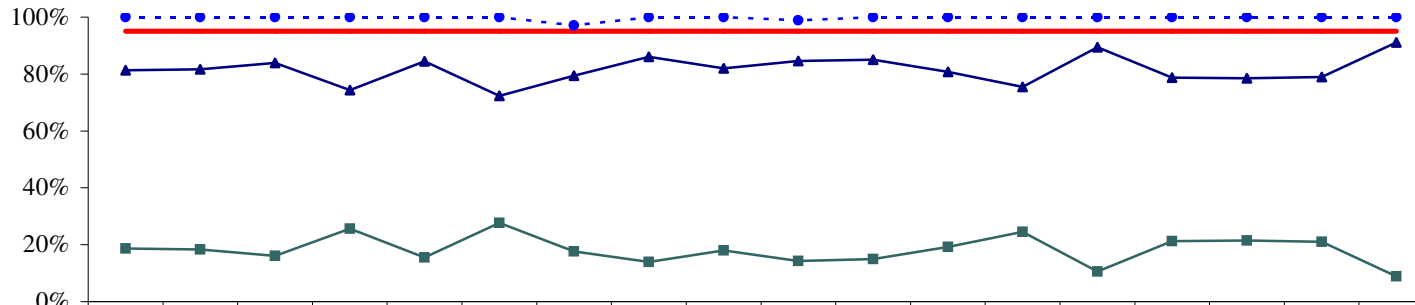
Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	81%	82%	84%	74%	84%	72%	79%	86%	82%	85%	85%	81%	75%	89%	79%	79%	79%	91%
% Stabilized	19%	18%	16%	26%	16%	28%	18%	14%	18%	14%	15%	19%	25%	11%	21%	21%	21%	9%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	97%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

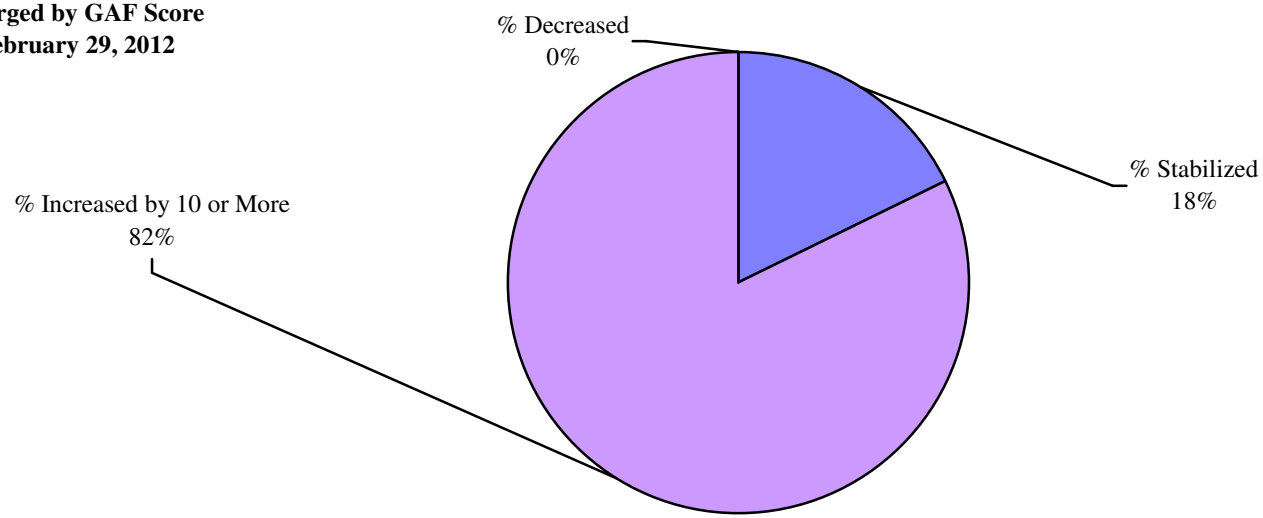
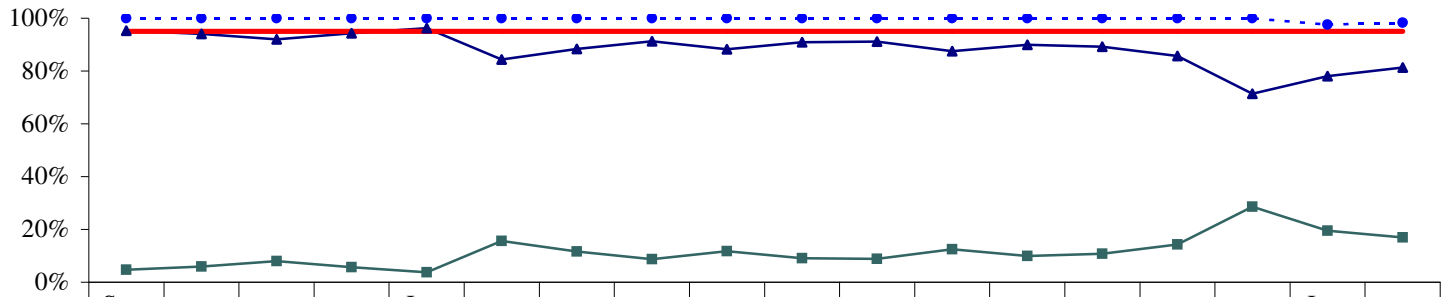


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	95%	94%	92%	94%	96%	84%	88%	91%	88%	91%	91%	88%	90%	89%	86%	71%	78%	81%
% Stabilized	5%	6%	8%	6%	4%	16%	12%	9%	12%	9%	9%	13%	10%	11%	14%	29%	20%	17%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	98%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

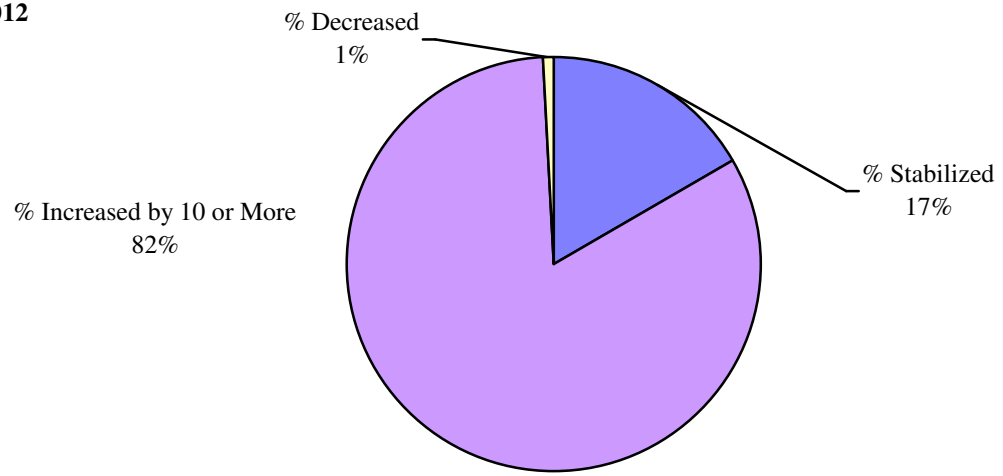
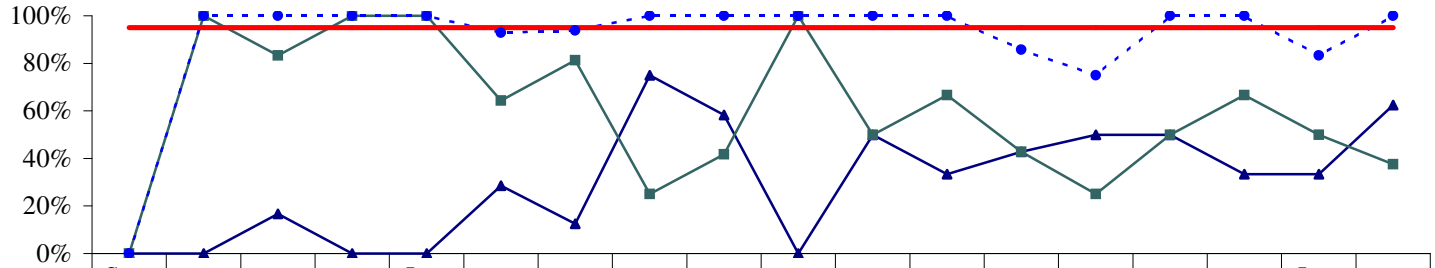


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	0%	0%	17%	0%	0%	29%	13%	75%	58%	0%	50%	33%	43%	50%	50%	33%	33%	63%
% Stabilized	0%	100%	83%	100%	100%	64%	81%	25%	42%	100%	50%	67%	43%	25%	50%	67%	50%	38%
% Stabilized + Increased	0%	100%	100%	100%	100%	93%	94%	100%	100%	100%	100%	100%	86%	75%	100%	100%	83%	100%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

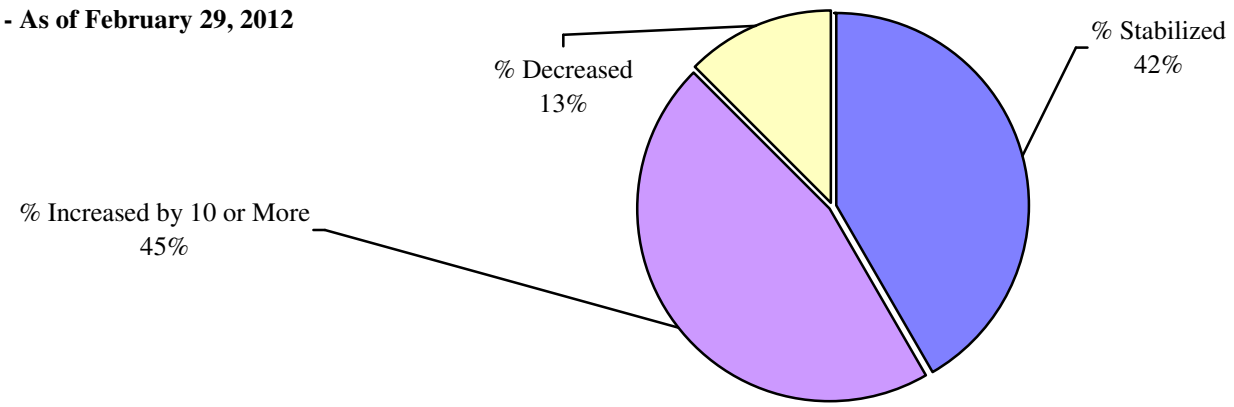
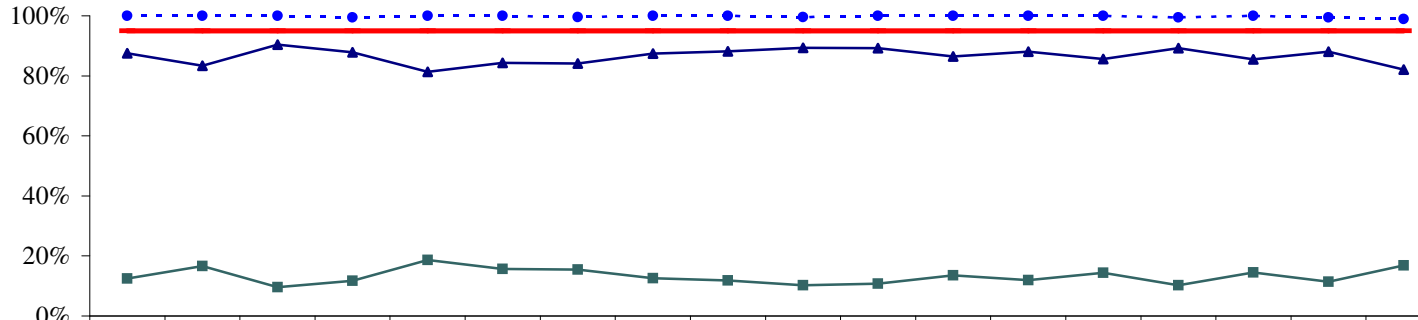


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	88%	83%	90%	88%	81%	84%	84%	87%	88%	89%	89%	86%	88%	86%	89%	85%	88%	82%
% Stabilized	13%	17%	10%	12%	19%	16%	15%	13%	12%	10%	11%	14%	12%	14%	10%	15%	11%	17%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

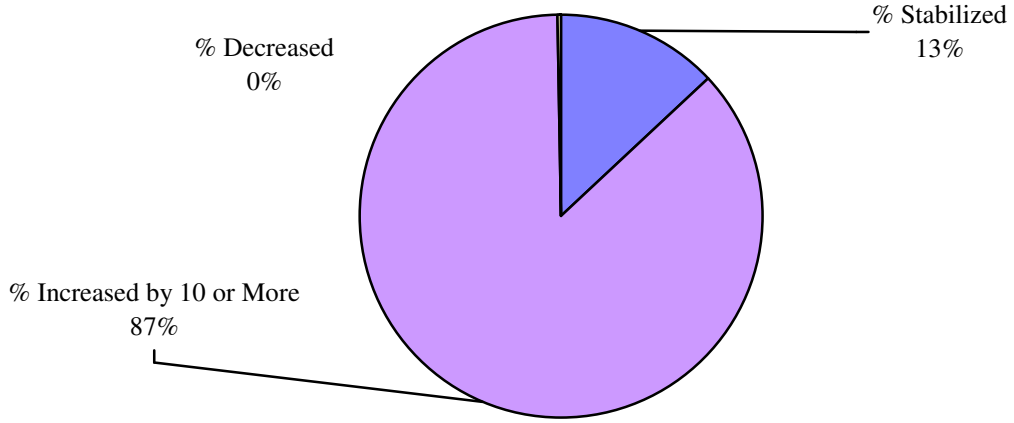
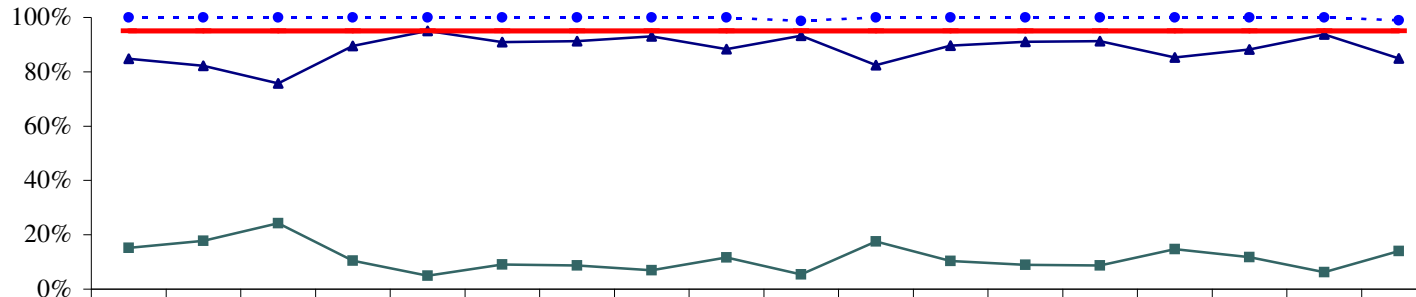


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	85%	82%	76%	90%	95%	91%	91%	93%	88%	93%	82%	90%	91%	91%	85%	88%	94%	85%
% Stabilized	15%	18%	24%	10%	5%	9%	9%	7%	12%	5%	18%	10%	9%	9%	15%	12%	6%	14%
% Stabilized + Increased	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

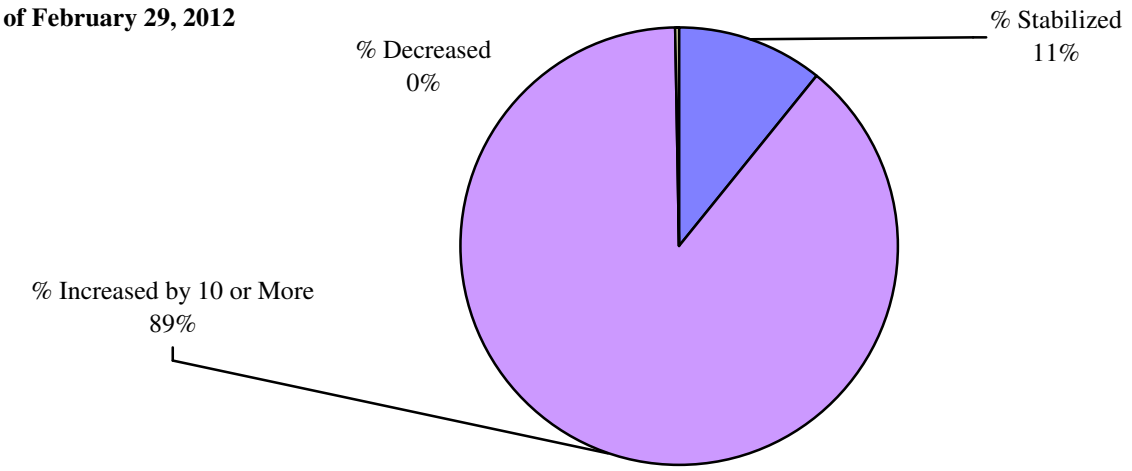


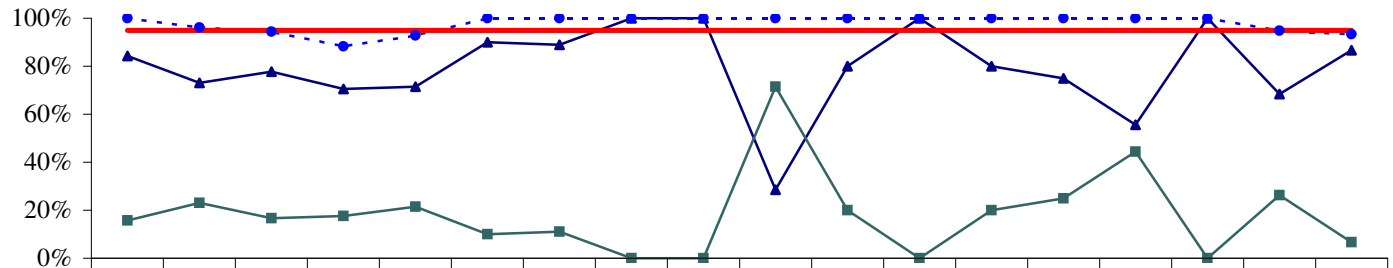
Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	84%	73%	78%	71%	71%	90%	89%	100%	100%	29%	80%	100%	80%	75%	56%	100%	68%	87%
% Stabilized	16%	23%	17%	18%	21%	10%	11%	0%	0%	71%	20%	0%	20%	25%	44%	0%	26%	7%
% Stabilized + Increased	100%	96%	94%	88%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	93%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

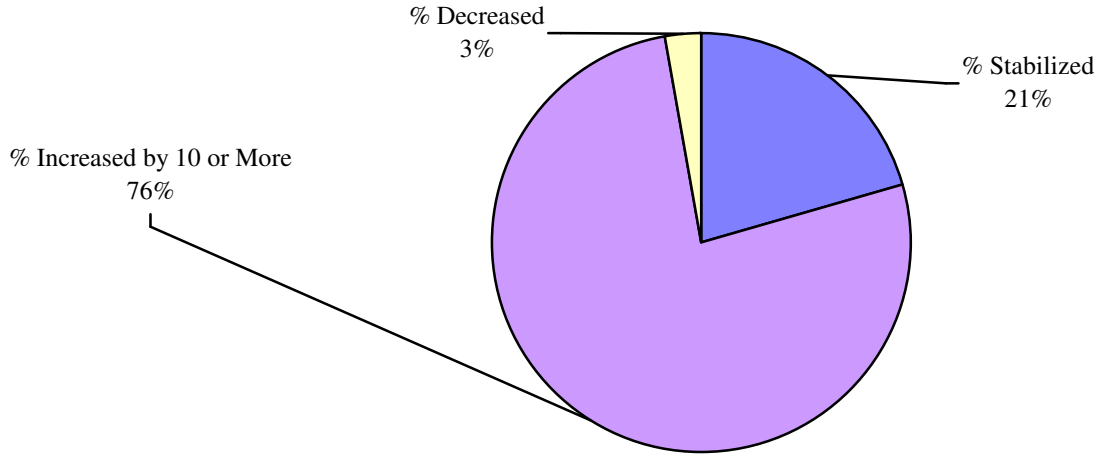
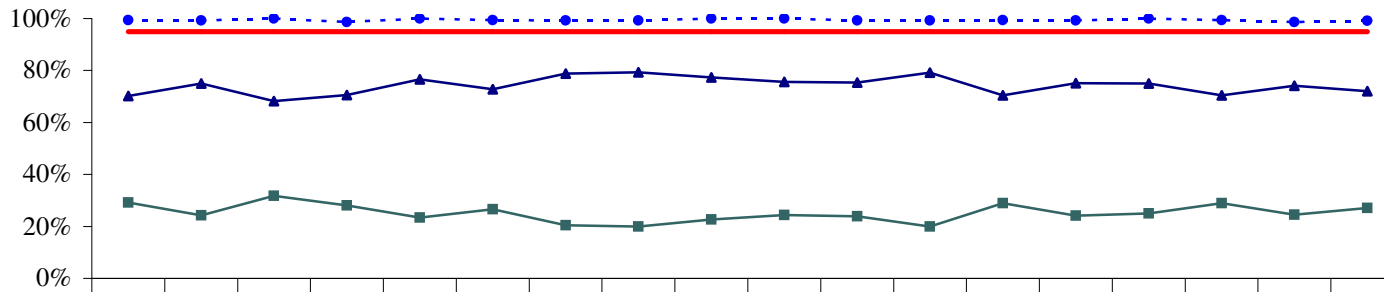


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

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

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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	70%	75%	68%	71%	77%	73%	79%	79%	77%	76%	75%	79%	70%	75%	75%	70%	74%	72%
% Stabilized	29%	24%	32%	28%	23%	27%	20%	20%	23%	24%	24%	20%	29%	24%	25%	29%	25%	27%
% Stabilized + Increased	99%	99%	100%	99%	100%	99%	99%	99%	100%	100%	99%	99%	99%	99%	100%	99%	99%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

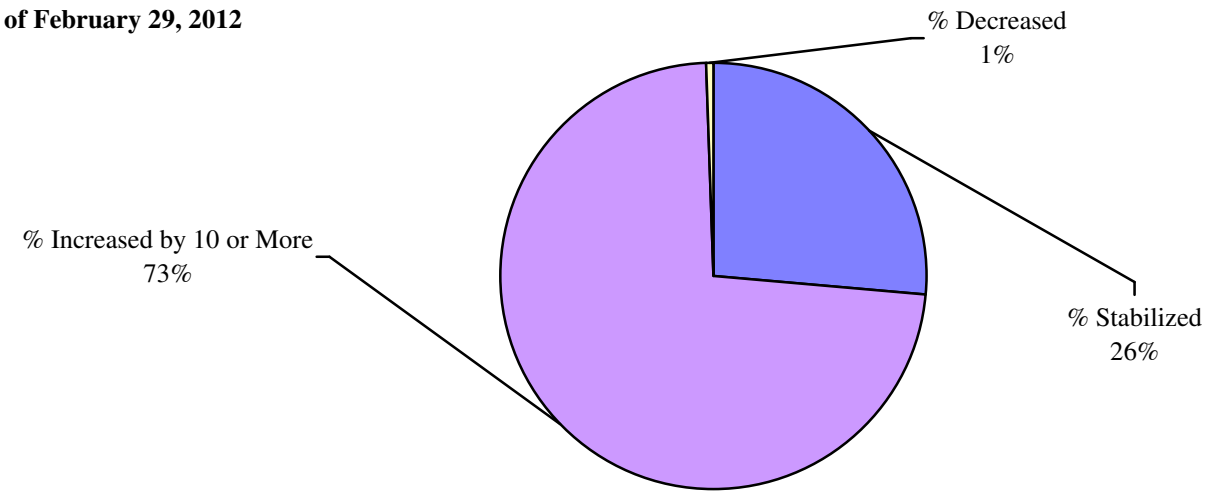
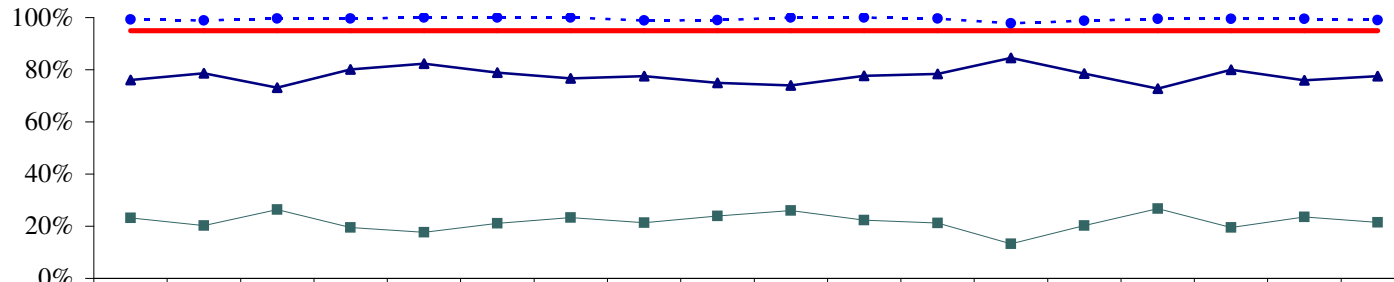


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	76%	79%	73%	80%	82%	79%	77%	78%	75%	74%	78%	78%	85%	79%	73%	80%	76%	78%
% Stabilized	23%	20%	26%	19%	18%	21%	23%	21%	24%	26%	22%	21%	13%	20%	27%	20%	24%	21%
% Stabilized + Increased	99%	99%	100%	100%	100%	100%	100%	99%	99%	100%	100%	100%	98%	99%	100%	100%	100%	99%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

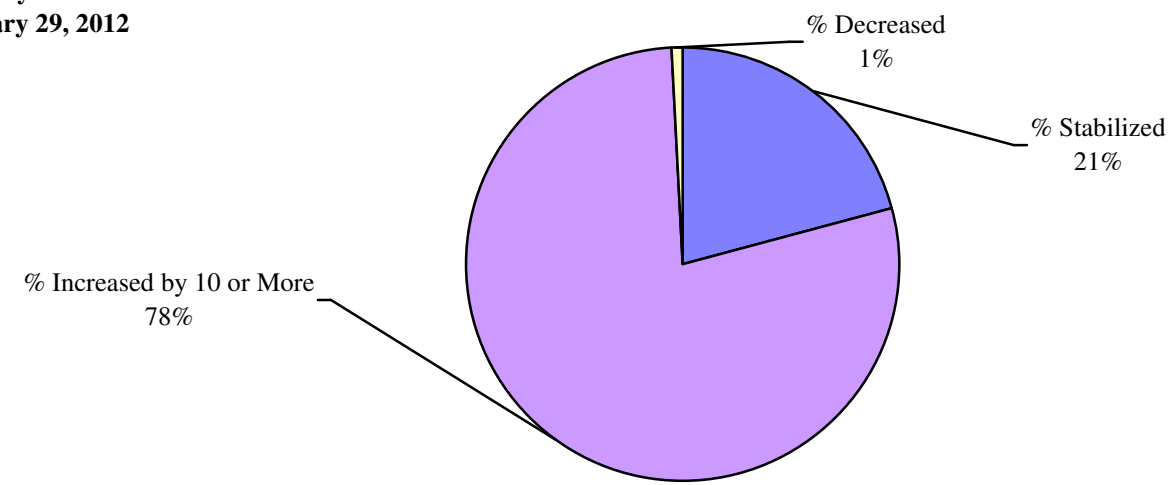
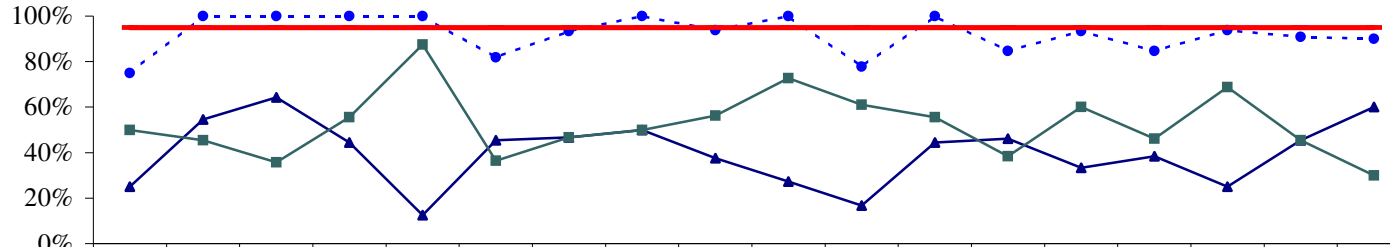


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

Measure 3A - 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-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Increased by 10 or More	25%	55%	64%	44%	13%	45%	47%	50%	38%	27%	17%	44%	46%	33%	38%	25%	45%	60%
% Stabilized	50%	45%	36%	56%	88%	36%	47%	50%	56%	73%	61%	56%	38%	60%	46%	69%	45%	30%
% Stabilized + Increased	75%	100%	100%	100%	100%	82%	93%	100%	94%	100%	78%	100%	85%	93%	85%	94%	91%	90%
% Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of February 29, 2012

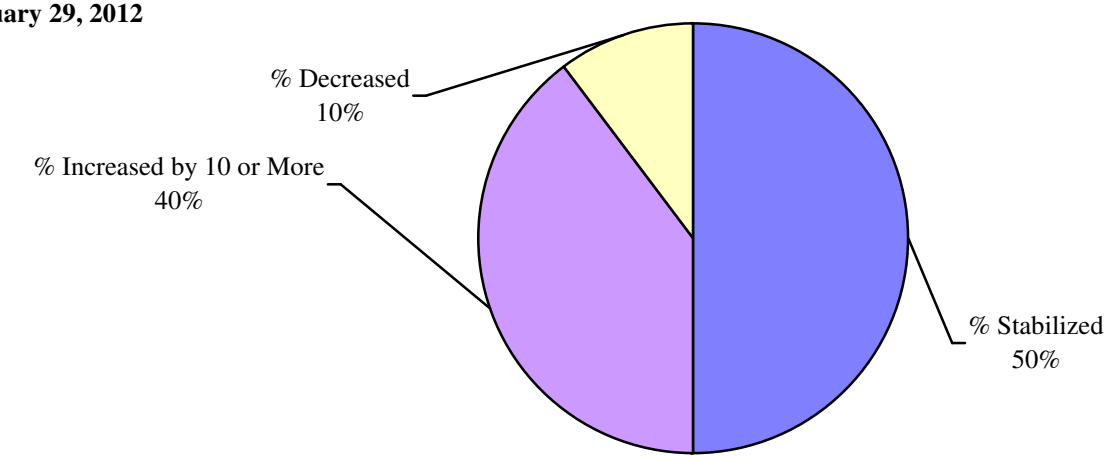


Chart: Hospital Management Data Services

Source: Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More (HC022830)

GOAL 4: Implement an Effective and Safe Medication Management System That Improves the Quality of Care, Treatment, and Services.

Performance Objective 4B:

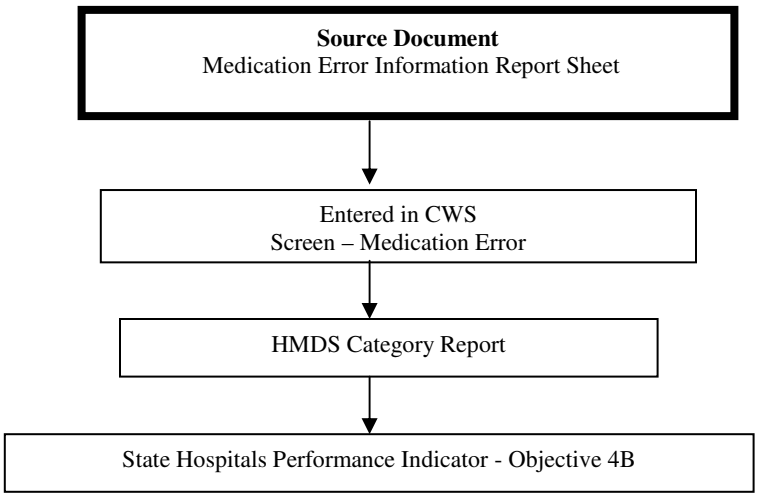
Identify, collect, aggregate, and analyze medication errors.

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

Performance Objective Data Display and Chart Description:

- Chart with the number of medication errors causing no patient harm; causing patient harm; and causing patient death for individual state hospitals and system-wide
- Chart with the number of medication errors YTD, in each category for individual state hospitals and system-wide.
- Chart with monthly data points, for the total number of variances for individual state hospitals and system-wide.
- Chart shows number of medication errors and rate (per 1000 bed days) for individual state hospitals and system-wide.

Data Flow:



Objective 4B - Medication Variance Data
All State Hospitals

	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
AUSTIN STATE HOSPITAL														
Medication Errors	10	16	14	13	32	29	21	37	34	29	21	37	32	44
Bed Days in Month	8027	8222	7625	8536	8129	8305	8219	8486	8595	8505	8823	8233	7762	8444
Med Errors/1000 Bed Days	1.25	1.95	1.84	1.52	3.94	3.49	2.56	4.36	3.96	3.41	2.38	4.49	4.12	5.21
BIG SPRING STATE HOSPITAL														
Medication Errors	8	6	14	5	4	8	8	9	13	13	8	5	11	8
Bed Days in Month	5862	6045	5376	5864	5736	5911	5637	5899	5889	5908	5980	5687	5666	5684
Falls/1000 Bed Days	1.36	0.99	2.60	0.85	0.70	1.35	1.42	1.53	2.21	2.20	1.34	0.88	1.94	1.41
EL PASO PSYCHIATRIC CENTER														
Medication Errors	1	4	5	0	9	5	6	1	7	6	8	0	0	1
Bed Days in Month	2194	2184	2020	2195	2058	2199	2200	2228	2244	2182	2187	1989	2069	2208
Med Errors/1000 Bed Days	0.46	1.83	2.48	0.00	4.37	2.27	2.73	0.45	3.12	2.75	3.66	0.00	0.00	0.45
KERRVILLE STATE HOSPITAL														
Medication Errors	50	51	53	40	33	28	38	50	33	31	42	23	28	35
Bed Days in Month	6224	6271	5635	6107	5831	6049	5685	5928	6068	5720	5887	5798	6001	5946
Med Errors/1000 Bed Days	8.03	8.13	9.41	6.55	5.66	4.63	6.68	8.43	5.44	5.42	7.13	3.97	4.67	5.89
NORTH TEXAS STATE HOSPITAL														
Medication Errors	44	25	44	17	21	23	40	28	58	43	20	13	16	36
Bed Days in Month	17606	17774	16241	18011	17382	18001	17384	17787	18160	17637	18018	17253	17687	17857
Med Errors/1000 Bed Days	2.50	1.41	2.71	0.94	1.21	1.28	2.30	1.57	3.19	2.44	1.11	0.75	0.90	2.02
RIO GRANDE STATE CENTER														
Medication Errors	16	11	17	10	20	11	6	23	18	19	22	11	2	4
Bed Days in Month	1628	1604	1466	1634	1587	1635	1564	1629	1630	1568	1641	1552	1617	1642
Med Errors/1000 Bed Days	9.83	6.86	11.60	6.12	12.60	6.73	3.84	14.12	11.04	12.12	13.41	7.09	1.24	2.44
RUSK STATE HOSPITAL														
Medication Errors	13	5	3	7	5	7	4	7	2	7	11	7	1	5
Bed Days in Month	9255	9367	8480	9375	9091	9525	9248	9532	9620	9304	9800	9542	9953	9694
Med Errors/1000 Bed Days	1.40	0.53	0.35	0.75	0.55	0.73	0.43	0.73	0.21	0.75	1.12	0.73	0.10	0.52
SAN ANTONIO STATE HOSPITAL														
Medication Errors	2	6	4	5	7	4	2	0	7	9	5	3	2	3
Bed Days in Month	8432	8560	7659	8615	8322	8626	8314	8292	8502	8490	8652	8210	8266	8528
Med Errors/1000 Bed Days	0.24	0.70	0.52	0.58	0.84	0.46	0.24	0.00	0.82	1.06	0.58	0.37	0.24	0.35
TERRELL STATE HOSPITAL														
Medication Errors	0	0	0	1	0	0	0	1	1	13	12	5	30	1
Bed Days in Month	9222	9289	8456	9521	9058	9492	9300	9511	9468	9070	9559	9083	9324	9354
Med Errors/1000 Bed Days	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.11	0.11	1.43	1.26	0.55	3.22	0.11

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

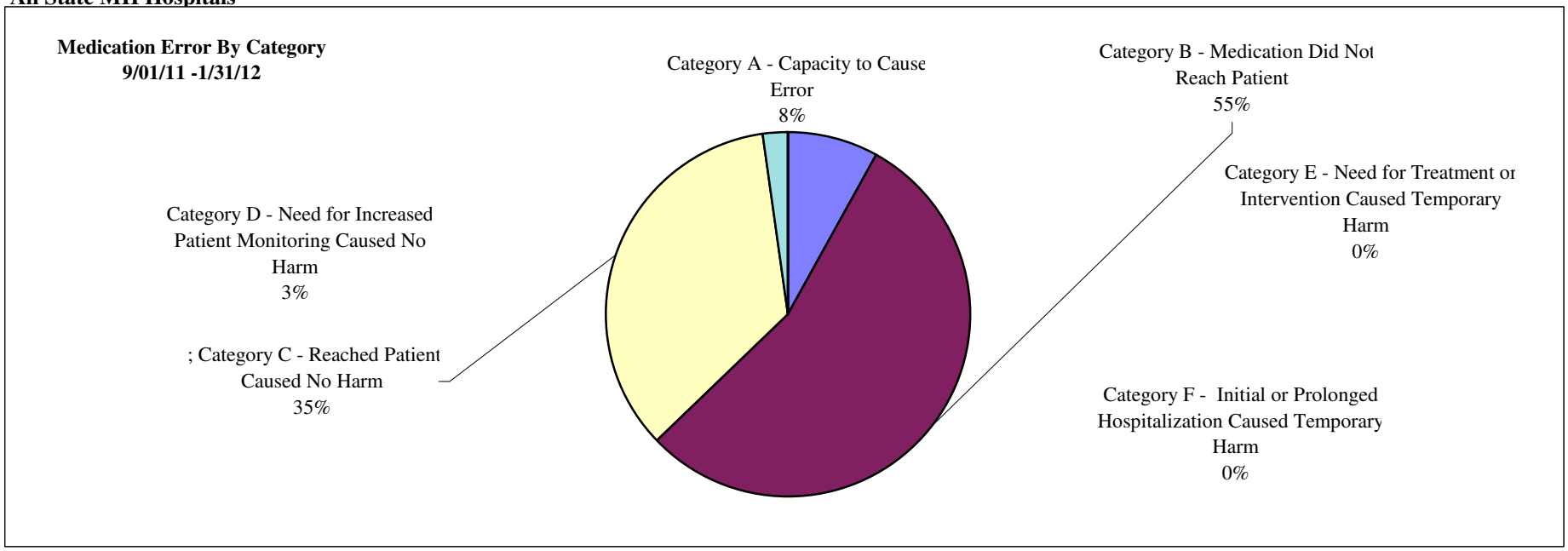
Objective 4B - Medication Variance Data
All State Hospitals

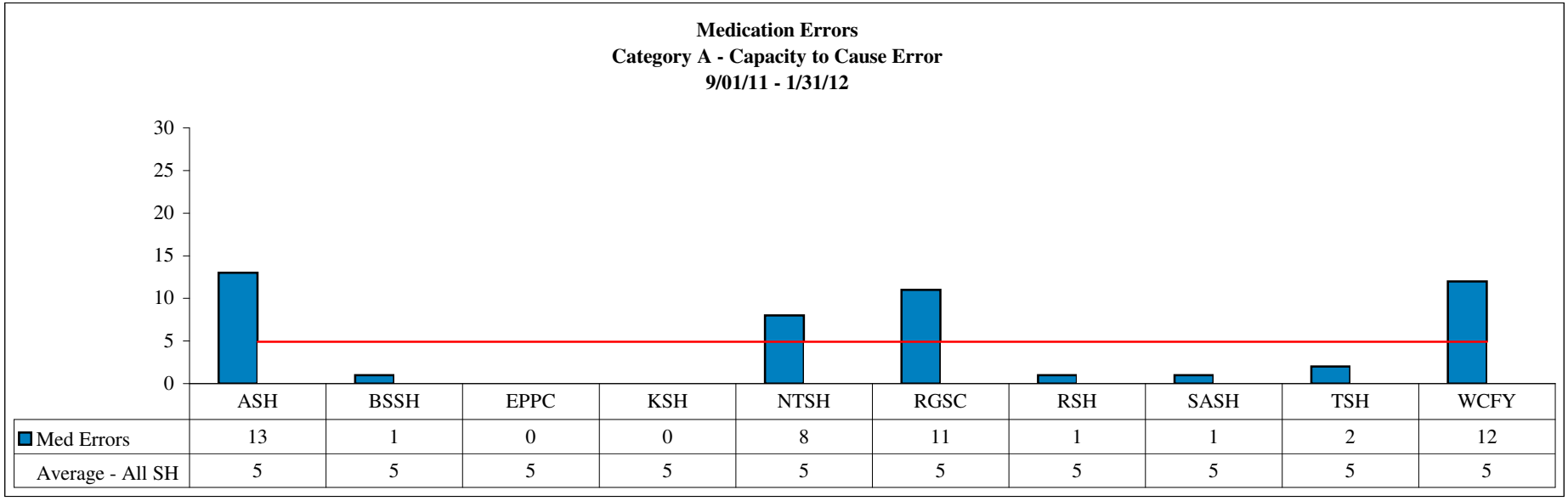
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
WACO CENTER FOR YOUTH														
Medication Errors	2	0	3	4	3	3	1	2	8	3	0	5	5	0
Bed Days in Month	2068	2256	2158	2317	2286	2394	2218	2342	2289	2242	2332	2175	2240	2202
Med Errors/1000 Bed Days	0.97	0.00	1.39	1.73	1.31	1.25	0.45	0.85	3.49	1.34	0.00	2.30	2.23	0.00
TEXAS CENTER FOR INFECTIOUS DISEASE														
Medication Errors	1	2	0	3	0	2	2	2	1	1	1	4	2	5
Bed Days in Month	1101	1025	937	1204	1145	1288	1282	1339	1286	1274	1325	1316	1236	1302
Med Errors/1000 Bed Days	0.91	1.95	0.00	2.49	0.00	1.55	1.56	1.49	0.78	0.78	0.75	3.04	1.62	3.84
ALL STATE HOSPITALS														
Medication Errors	147	126	157	105	134	120	128	160	182	174	150	113	129	142
Bed Days in Month	71619	72597	66053	73379	70625	73425	71051	72973	73751	71900	74204	70838	71821	72861
Med Errors/1000 Bed Days	2.05	1.74	2.38	1.43	1.90	1.63	1.80	2.19	2.47	2.42	2.02	1.60	1.80	1.95

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
All State MH Hospitals





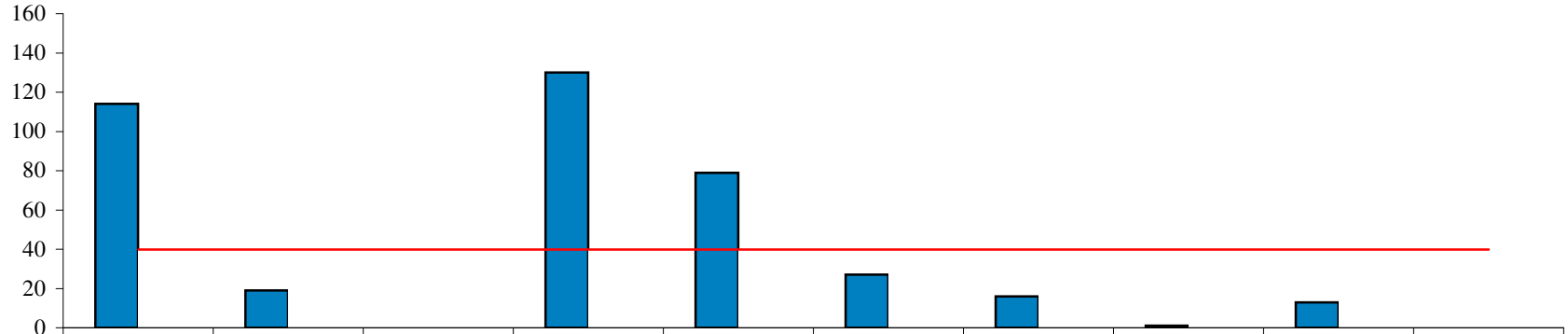
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	13	1	0	0	8	11	1	1	2	12
Average - All SH	5	5	5	5	5	5	5	5	5	5

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

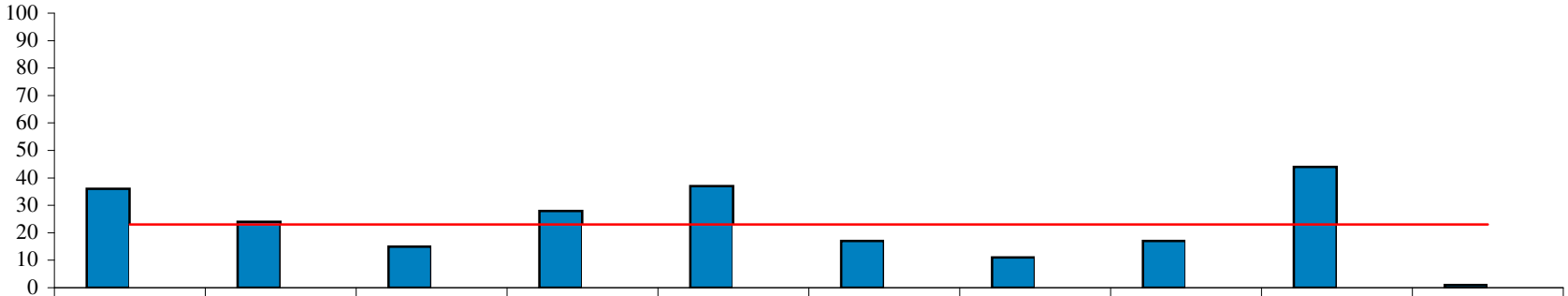
Objective 4B - Medication Variance Data
All State MH Hospitals

Medication Errors
Category B - Medication Did Not Reach Patient
9/01/11 - 1/31/12



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	114	19	0	130	79	27	16	1	13	0
Average - All SH	40	40	40	40	40	40	40	40	40	40

Medication Errors
Category C - Reach Patient, Caused No Harm
9/01/11 - 1/31/12



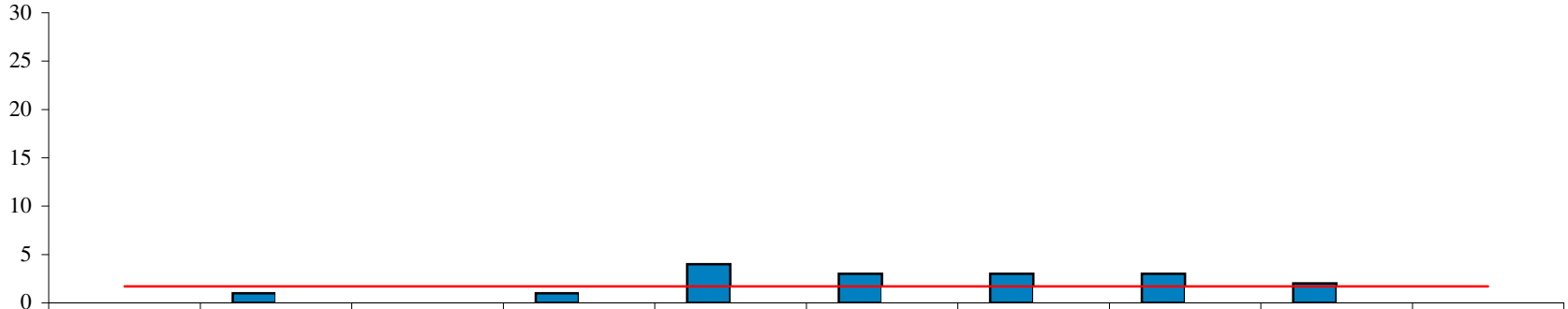
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	36	24	15	28	37	17	11	17	44	1
Average - All SH	23	23	23	23	23	23	23	23	23	23

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

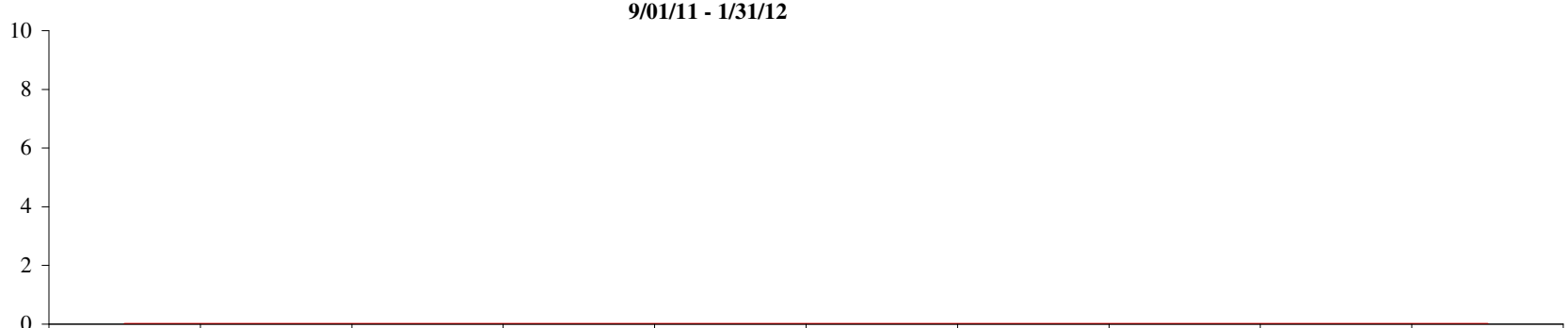
Objective 4B - Medication Variance Data
All State MH Hospitals

Medication Errors
Category D - Need for Increased Patient Monitoring: Caused No Harm
9/01/11 - 1/31/12



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	0	1	0	1	4	3	3	3	2	0
Average - All SH	2	2	2	2	2	2	2	2	2	2

Medication Errors
Category E - Need for Treatment or Intervention: Caused Temporary Harm
Category F - Initial or Prolonged Hospitalization: Caused Temporary Harm
9/01/11 - 1/31/12

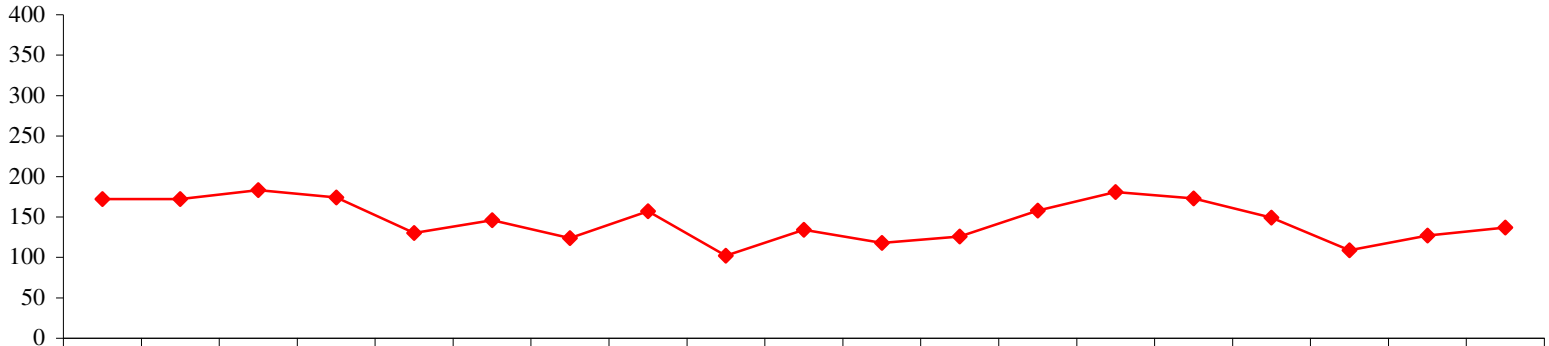


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	0	0	0	0	0	0	0	0	0	0
Average - All SH	0	0	0	0	0	0	0	0	0	0

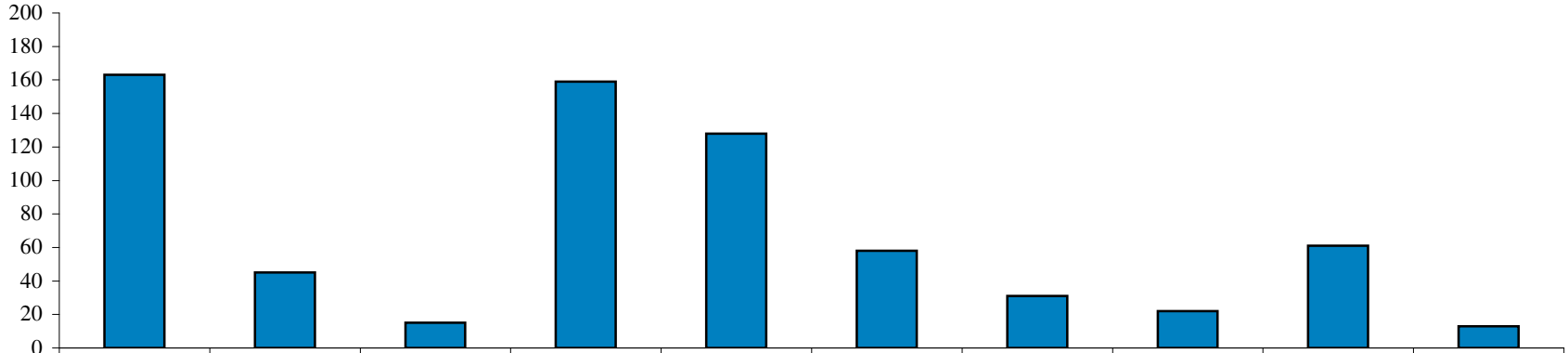
Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
All State MH Hospitals



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	172	172	183	174	130	146	124	157	102	134	118	126	158	181	173	149	109	127	137
Patient Unharmed	171	171	183	174	129	146	124	157	102	134	118	126	158	180	173	149	109	127	137
Caused Patient Harm	1	1	0	0	1	0	0	0	0	0	0	0	0	1	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

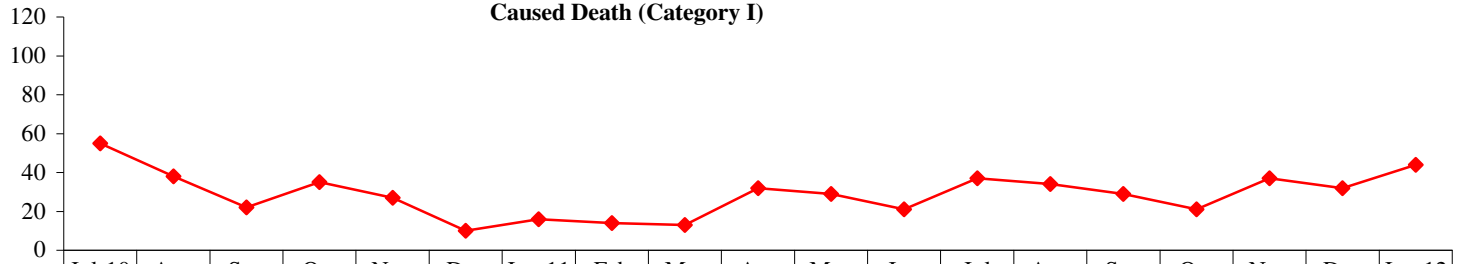


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
Med Errors	163	45	15	159	128	58	31	22	61	13

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Austin State Hospital



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	55	38	22	35	27	10	16	14	13	32	29	21	37	34	29	21	37	32	44
Patient Unharmed	54	38	22	35	27	10	16	14	13	32	29	21	37	34	29	21	37	32	44
Caused Patient Harm	1	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

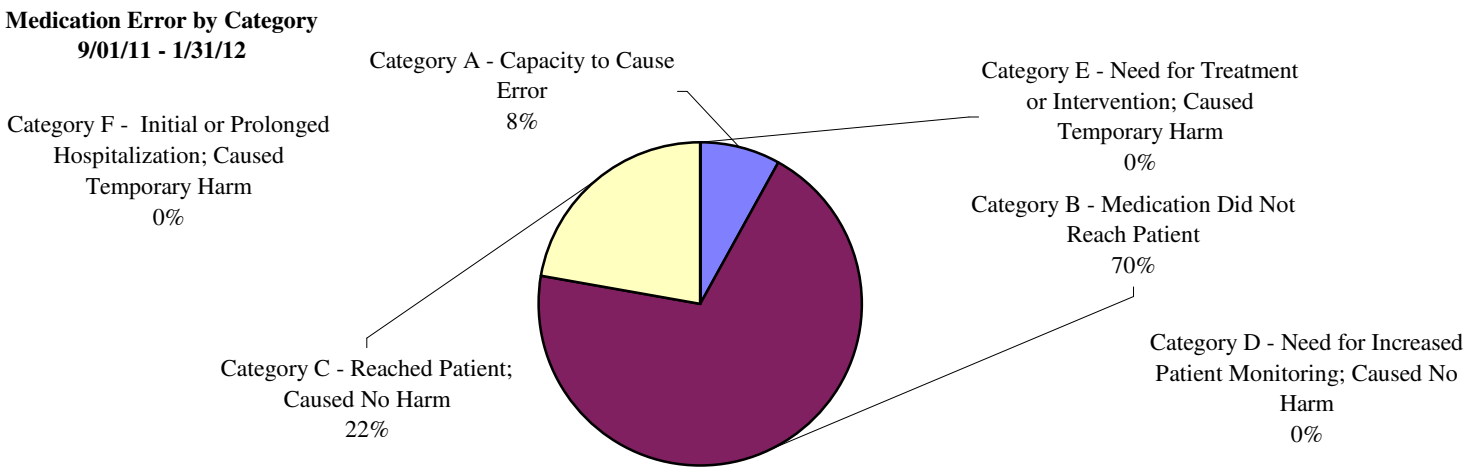
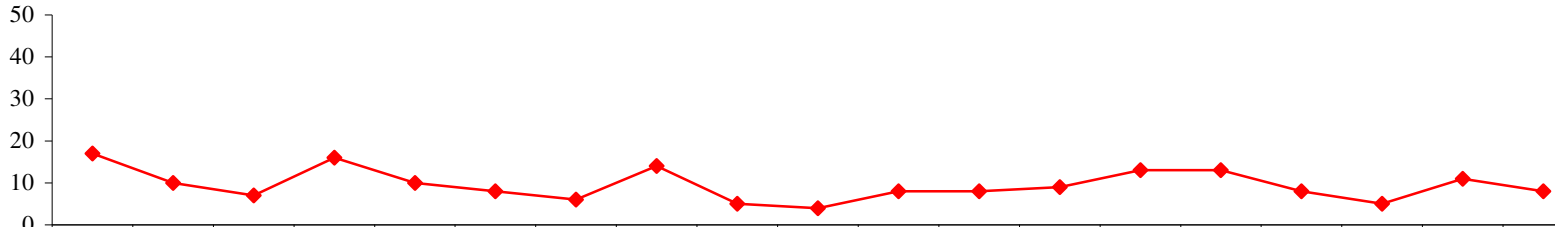


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - 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)



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	17	10	7	16	10	8	6	14	5	4	8	8	9	13	13	8	5	11	8
Patient Unharmed	17	10	7	16	10	8	6	14	5	4	8	8	9	13	13	8	5	11	8
Caused Patient Harm	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

Medication Errors by Category
9/01/11 - 1/31/12

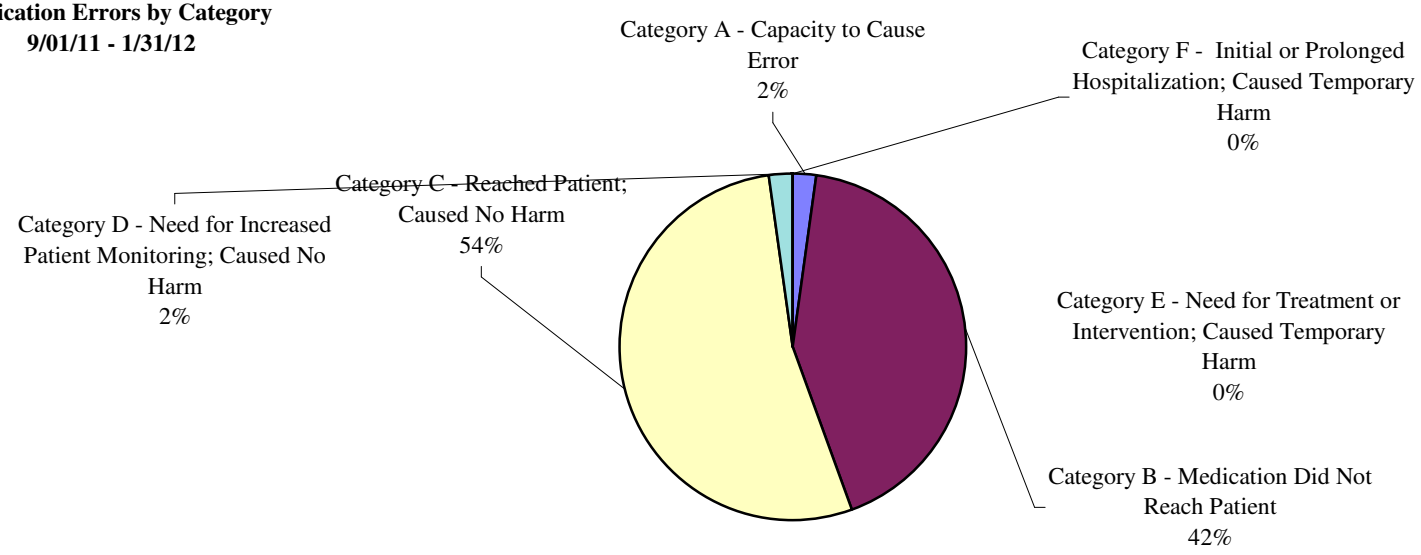
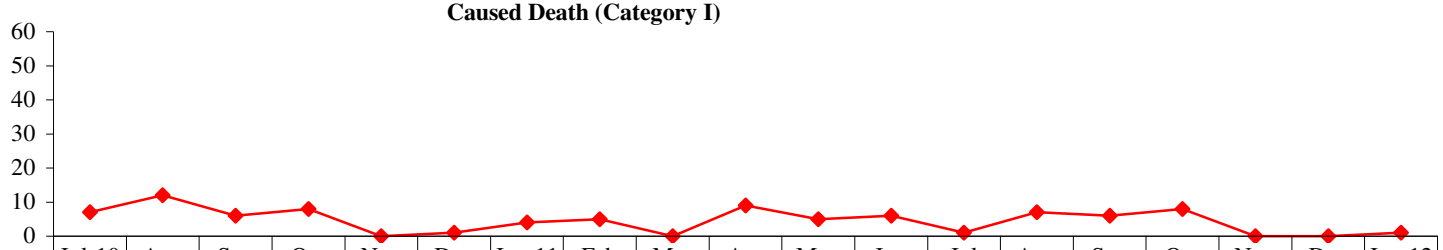


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - 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)



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	7	12	6	8	0	1	4	5	0	9	5	6	1	7	6	8	0	0	1
Patient Unharmed	7	12	6	8	0	1	4	5	0	9	5	6	1	7	6	8	0	0	1
Caused Patient Harm	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

Medication Error by Category
9/01/11 - 1/31/12

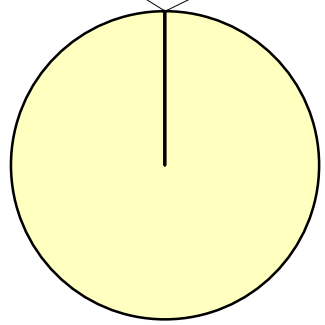
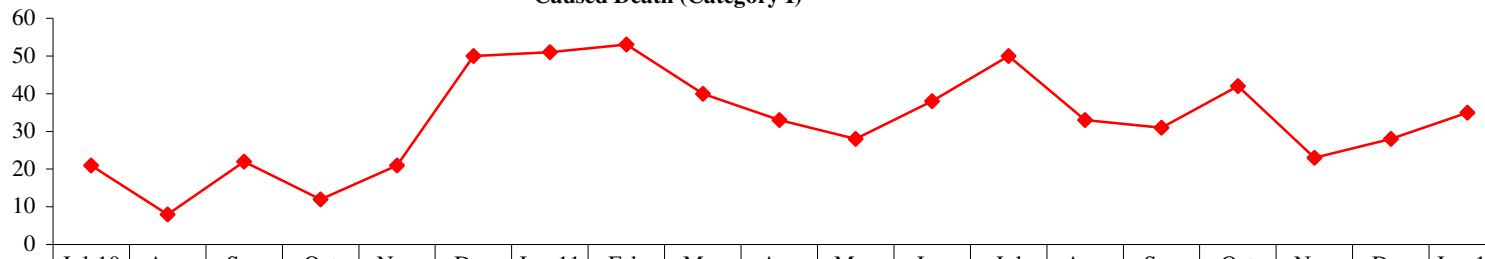


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Kerrville State Hospital



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	21	8	22	12	21	50	51	53	40	33	28	38	50	33	31	42	23	28	35
Patient Unharmed	21	8	22	12	21	50	51	53	40	33	28	38	50	33	31	42	23	28	35
Caused Patient Harm	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

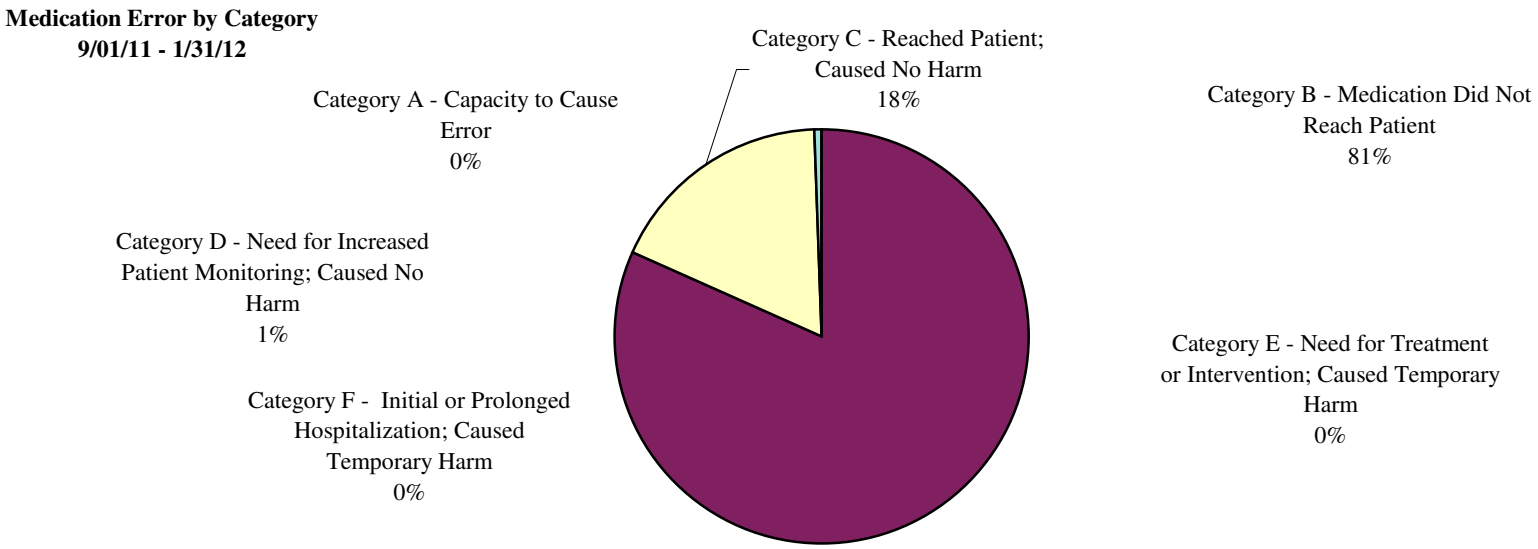
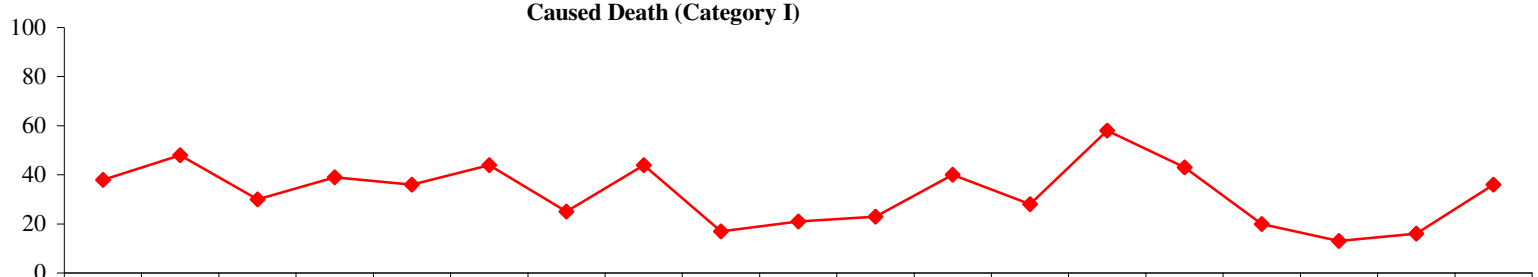


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
North Texas State Hospital



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	38	48	30	39	36	44	25	44	17	21	23	40	28	58	43	20	13	16	36
Patient Unharmed	38	48	30	39	36	44	25	44	17	21	23	40	28	58	43	20	13	16	36
Caused Patient Harm	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

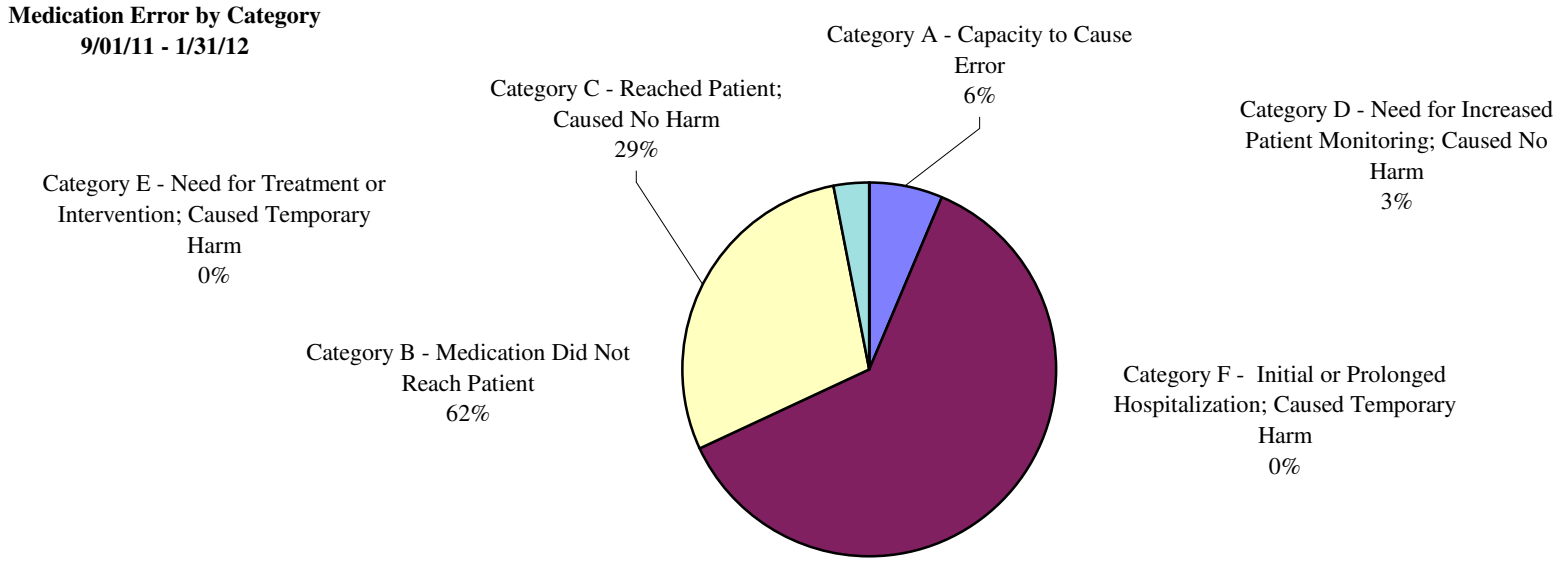
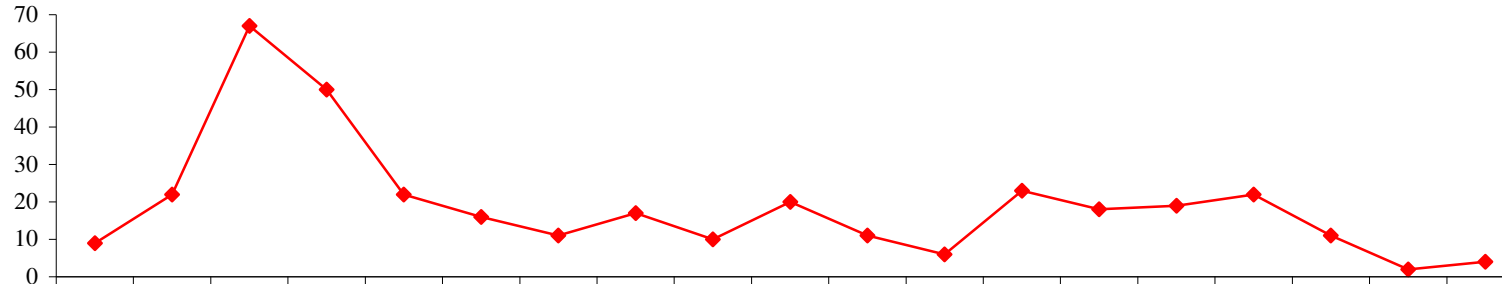


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Rio Grande State Center



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	9	22	67	50	22	16	11	17	10	20	11	6	23	18	19	22	11	2	4
Patient Unharmed	9	22	67	50	22	16	11	17	10	20	11	6	23	18	19	22	11	2	4
Caused Patient Harm	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

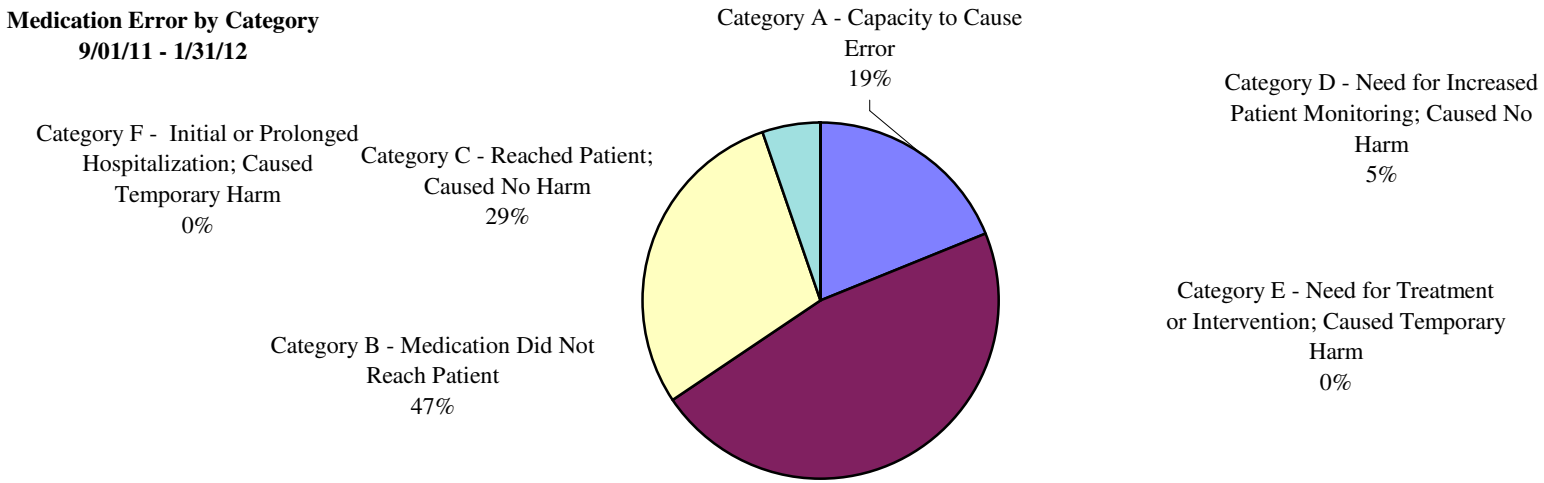
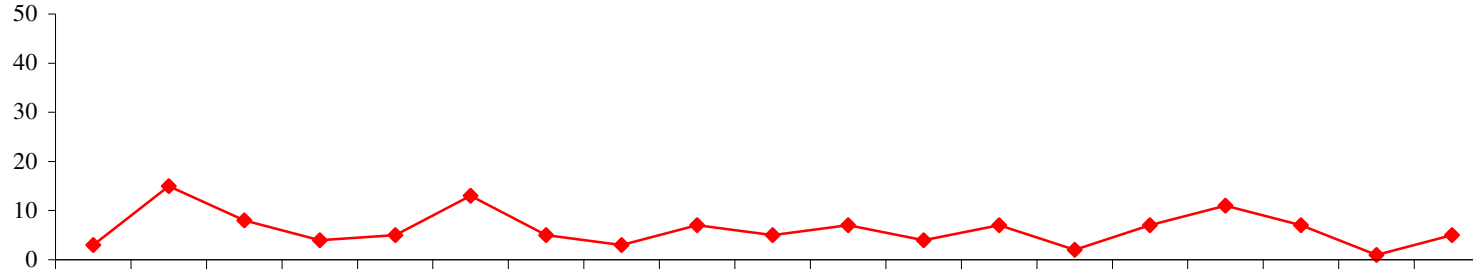


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - 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)



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	3	15	8	4	5	13	5	3	7	5	7	4	7	2	7	11	7	1	5
Patient Unharmed	3	15	8	4	5	13	5	3	7	5	7	4	7	2	7	11	7	1	5
Caused Patient Harm	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

Medication Error by Category
9/01/11 - 1/31/12

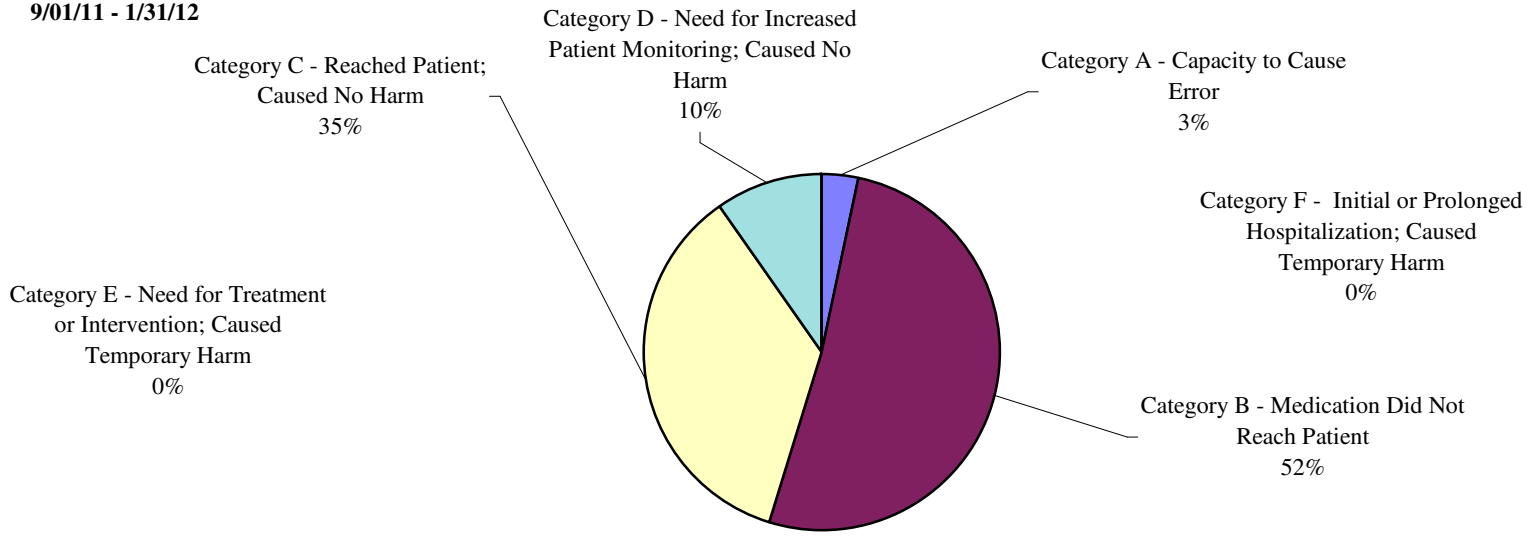
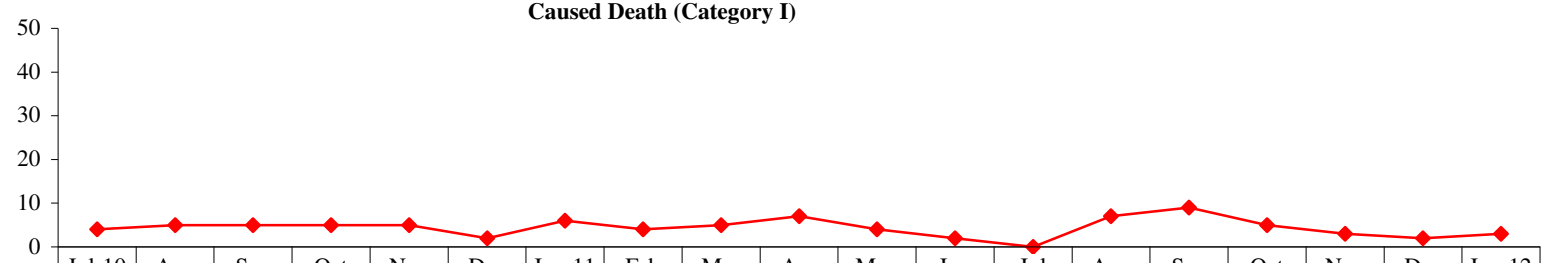


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
San Antonio State Hospital



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	4	5	5	5	5	2	6	4	5	7	4	2	0	7	9	5	3	2	3
Patient Unharmed	4	5	5	5	4	2	6	4	5	7	4	2	0	6	9	5	3	2	3
Caused Patient Harm	0	0	0	0	1	0	0	0	0	0	0	0	0	1	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

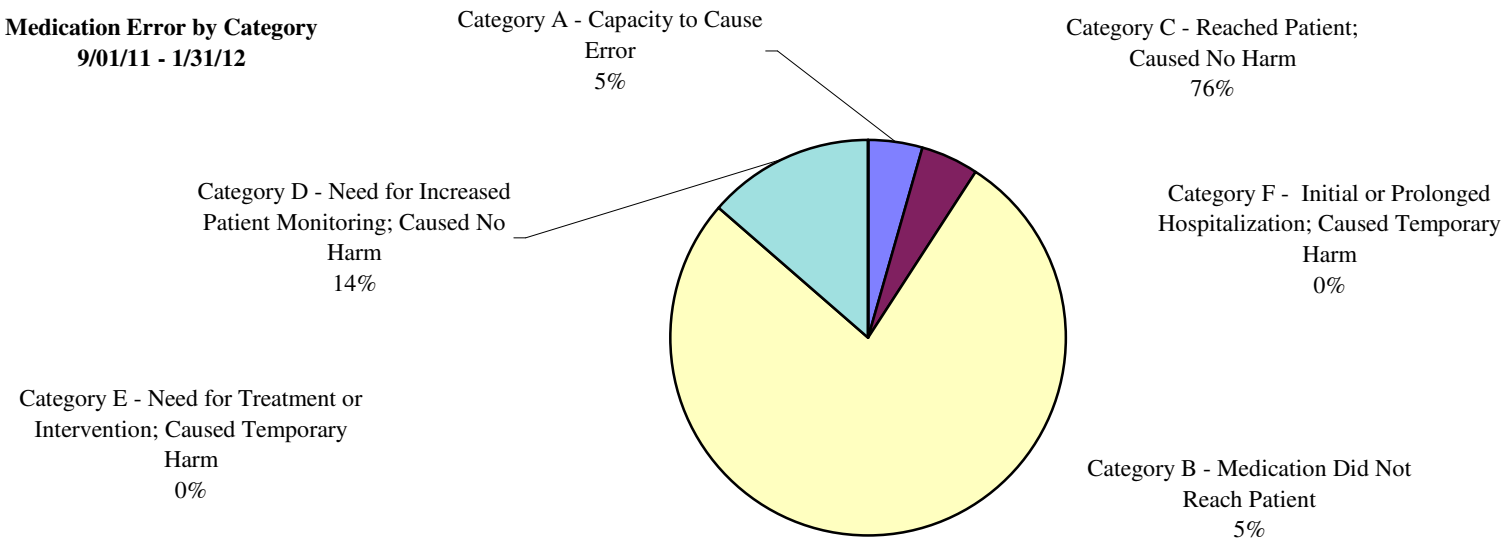
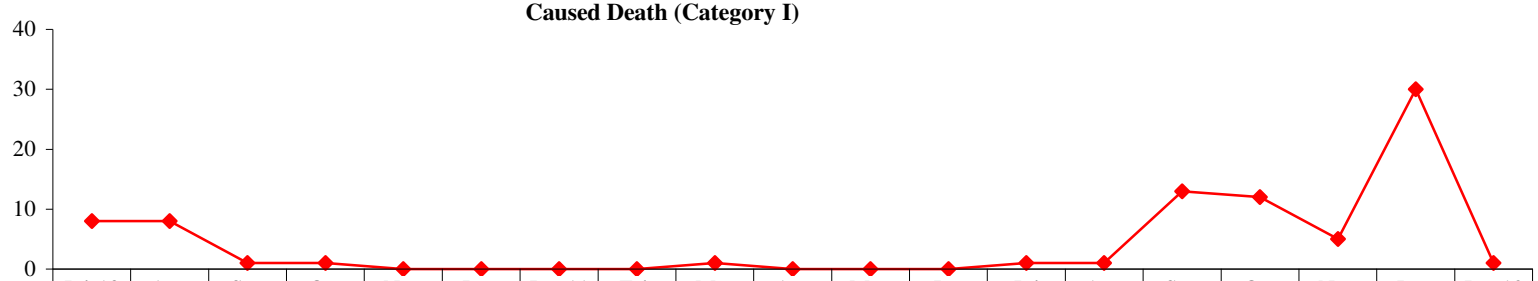


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Terrell State Hospital



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	8	8	1	1	0	0	0	0	1	0	0	0	1	1	13	12	5	30	1
Patient Unharmed	8	8	1	1	0	0	0	0	1	0	0	0	1	1	13	12	5	30	1
Caused Patient Harm	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

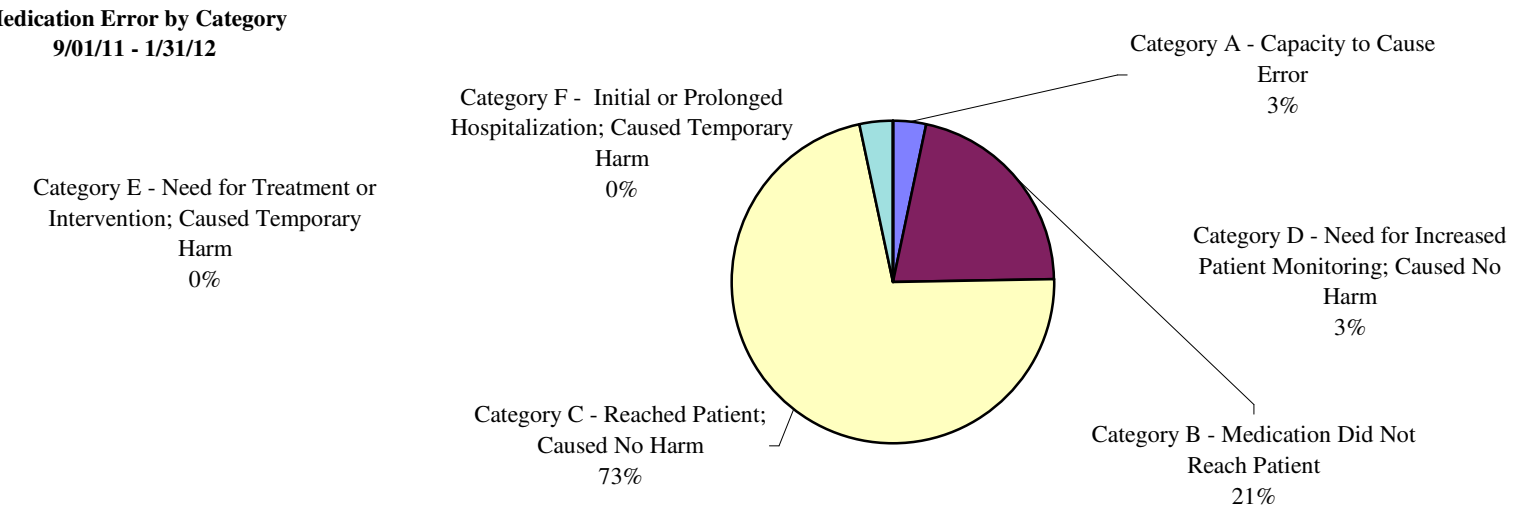
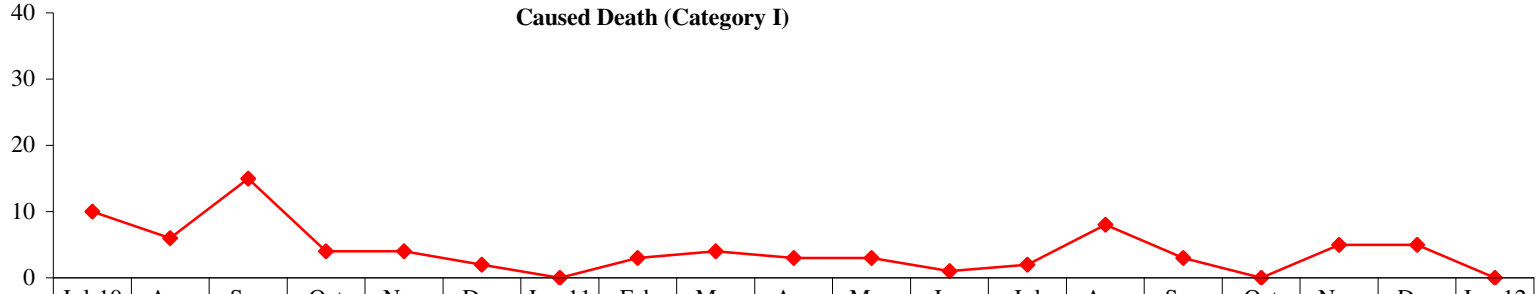


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Objective 4B - Medication Variance Data
Waco Center for Youth



	Jul-10	Aug	Sep	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12
Total	10	6	15	4	4	2	0	3	4	3	3	1	2	8	3	0	5	5	0
Patient Unharmed	10	5	15	4	4	2	0	3	4	3	3	1	2	8	3	0	5	5	0
Caused Patient Harm	0	1	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

Medication Error by Category
9/01/11 - 1/31/12

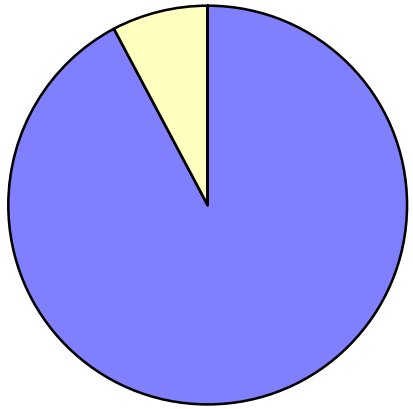


Table: Hospital Management Services Data

Source: (HC022175/85); HMDS CWS Report - Monthly Med Errors

Performance Measure 4A:

Analyze and report the number of patients receiving new generation atypical antipsychotic medication.

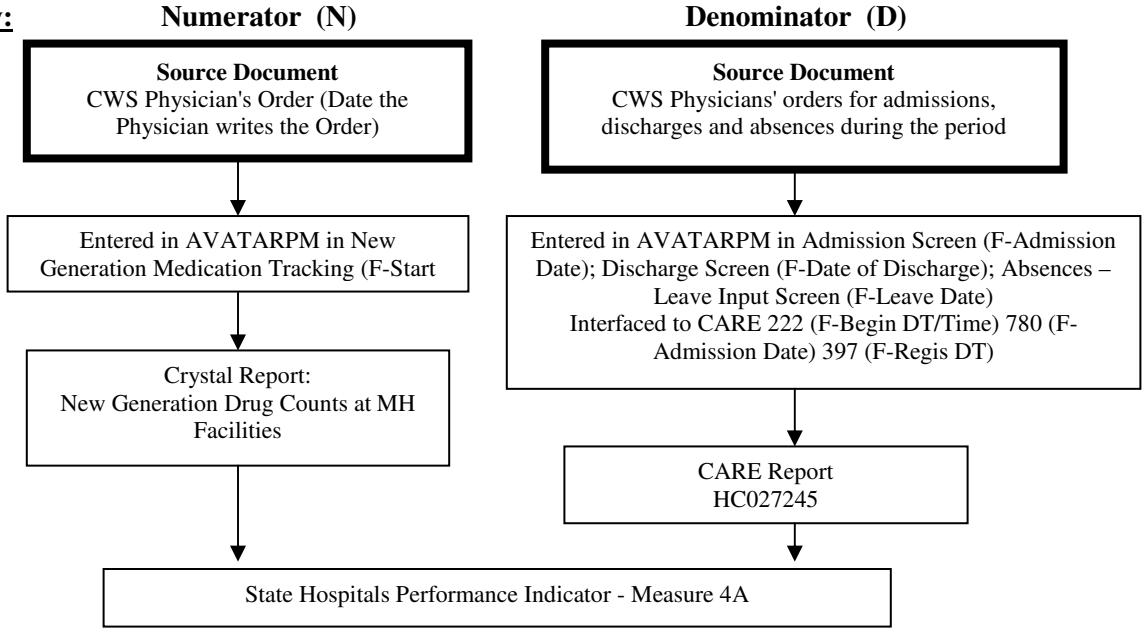
Performance Measure Operational Definition: The hospital count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone, invega sustenna and aripiprazole).

Performance Measure Formula: R = (N/D)
R = rate of persons served receiving new generation medications per FY month
N = patients receiving new generation medications
D = unduplicated person's receiving mental health services

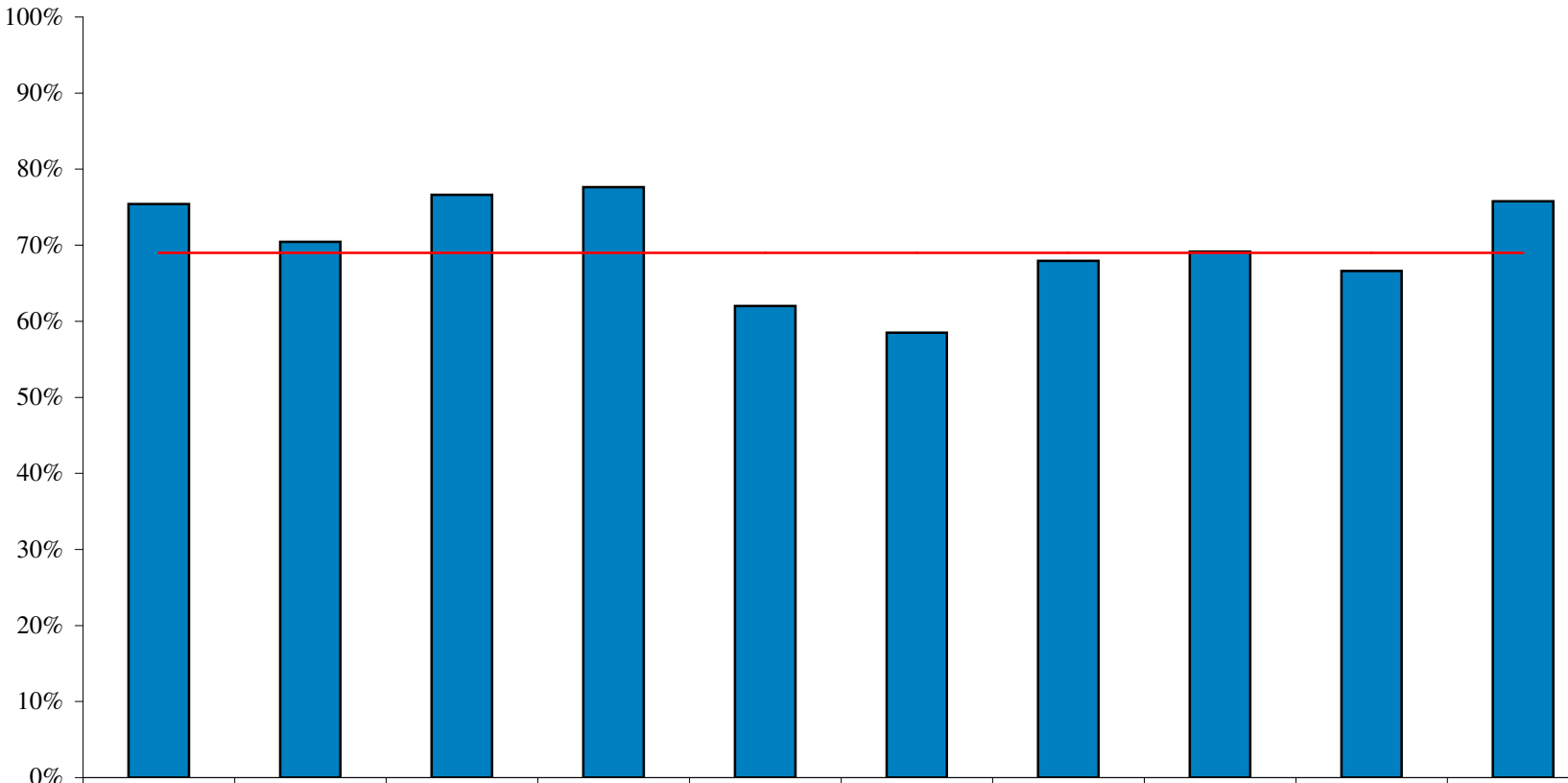
Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals



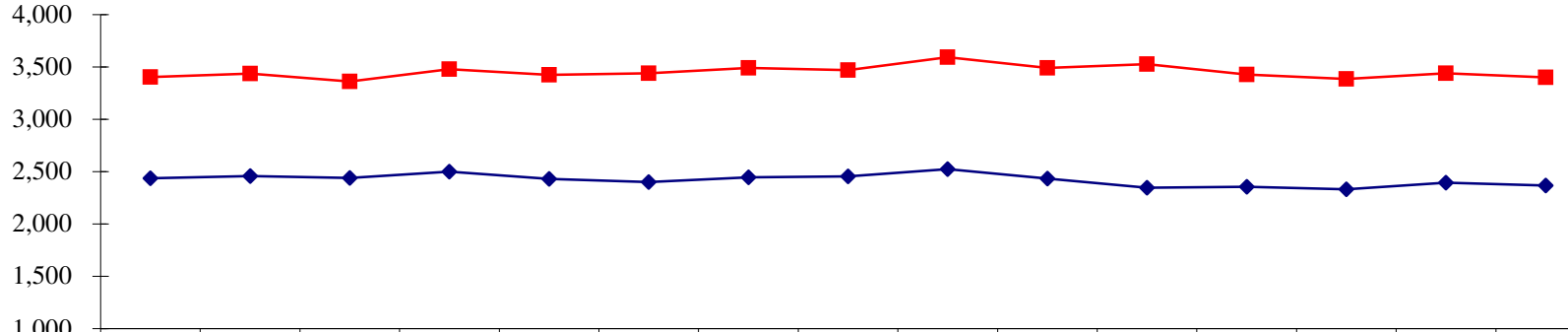
	ASH	BSSH	EPPC	KSH	NTSH	RGSC(MH)	RSH	SASH	TSH	WCFY
Percentage	75%	70%	77%	78%	62%	59%	68%	69%	67%	76%
All State Hospitals	69%	69%	69%	69%	69%	69%	69%	69%	69%	69%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

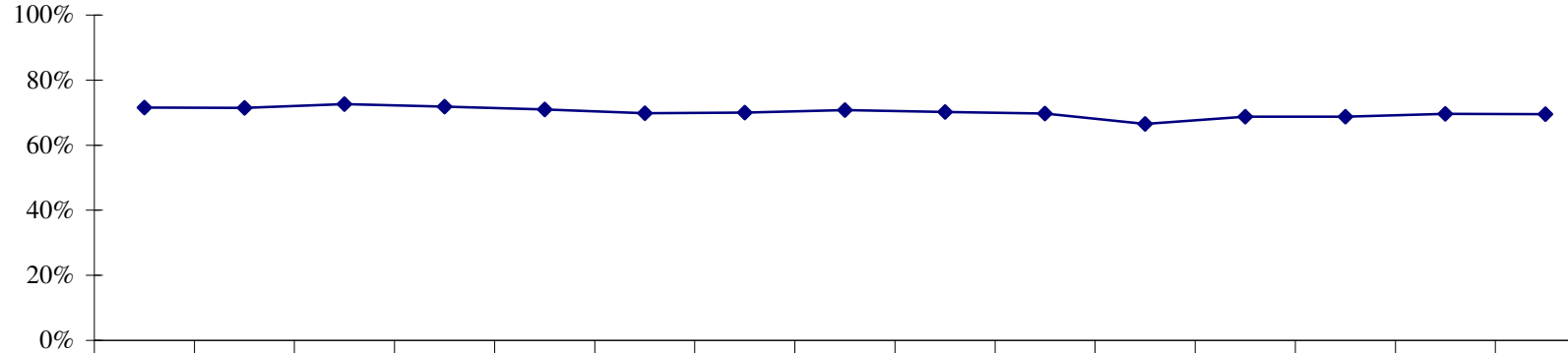
Measure 4A - Patients Receiving New Generation Medication (NGM)
All State MH Hospitals

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	2437	2457	2441	2499	2430	2401	2446	2455	2525	2434	2346	2355	2330	2394	2366
# Patients Served	3405	3438	3362	3478	3425	3439	3491	3469	3594	3492	3528	3427	3387	3440	3401

Percentage of Patients Receiving New Generation Medication (NGM)

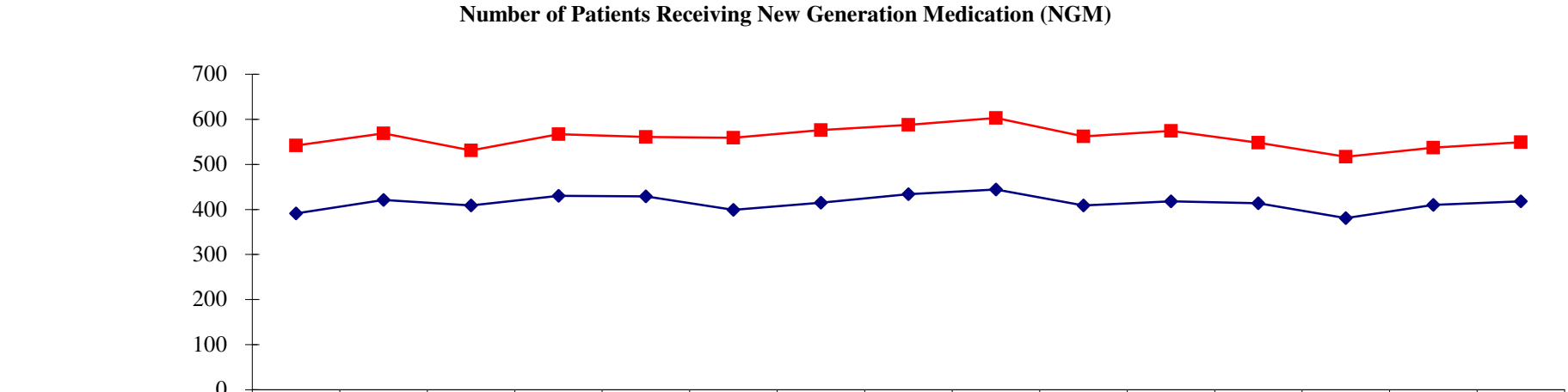


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	72%	71%	73%	72%	71%	70%	70%	71%	70%	70%	66%	69%	69%	70%	70%

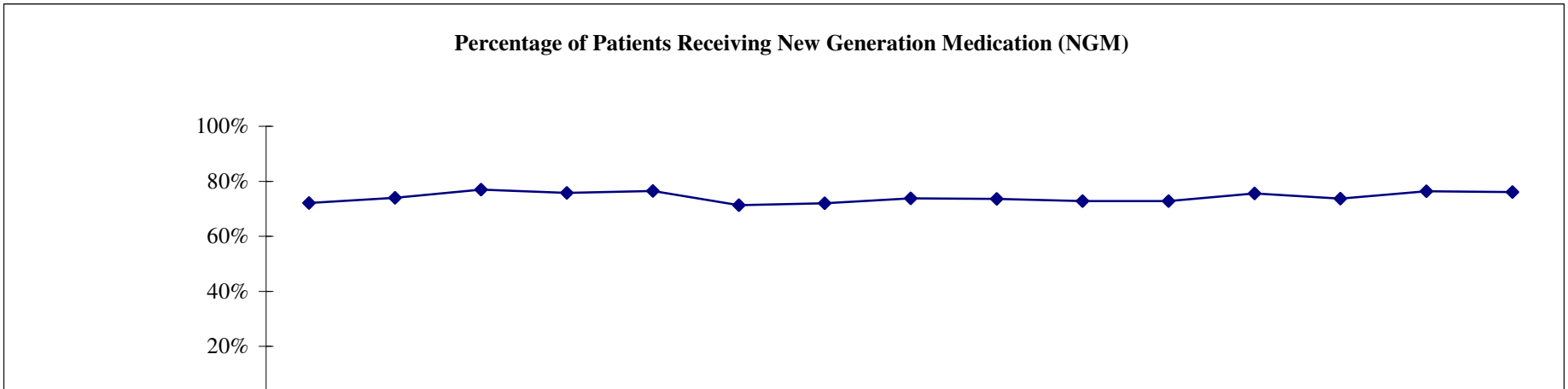
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	391	421	409	430	429	399	415	434	444	409	418	414	381	410	418
# Patients Served	542	569	531	567	561	559	576	588	603	562	574	548	517	537	549



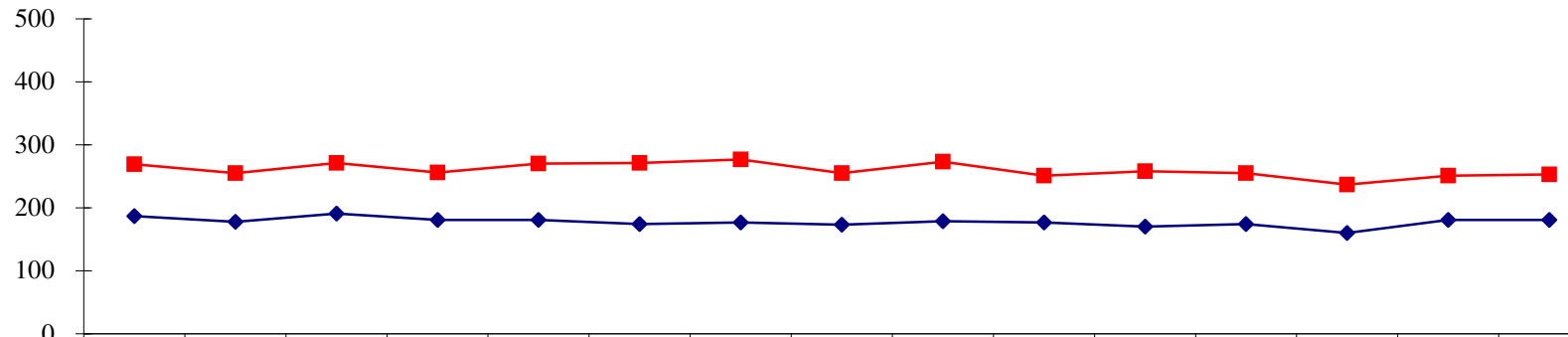
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	72%	74%	77%	76%	76%	71%	72%	74%	74%	73%	73%	76%	74%	76%	76%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

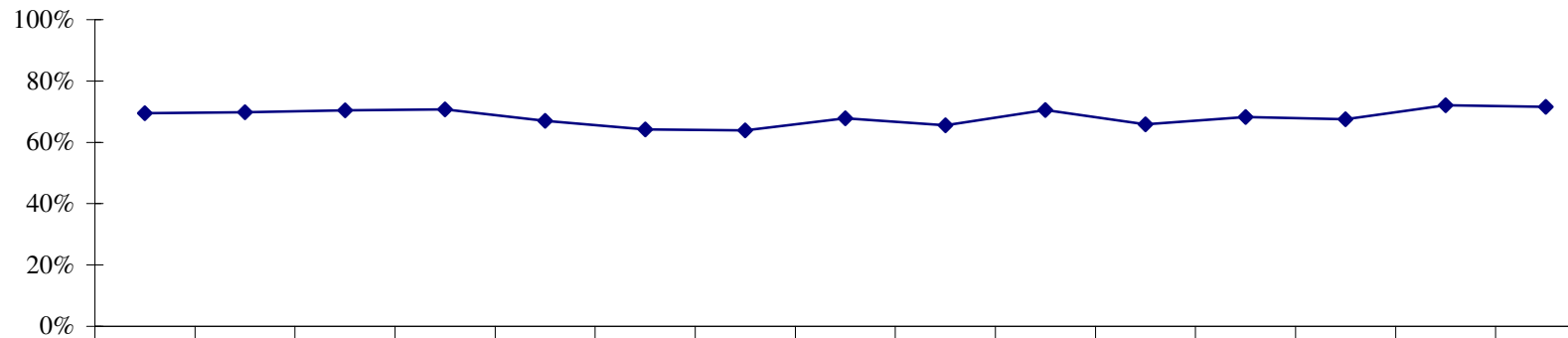
Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	187	178	191	181	181	174	177	173	179	177	170	174	160	181	181
# Patients Served	269	255	271	256	270	271	277	255	273	251	258	255	237	251	253

Percentage of Patients Receiving New Generation Medication (NGM)



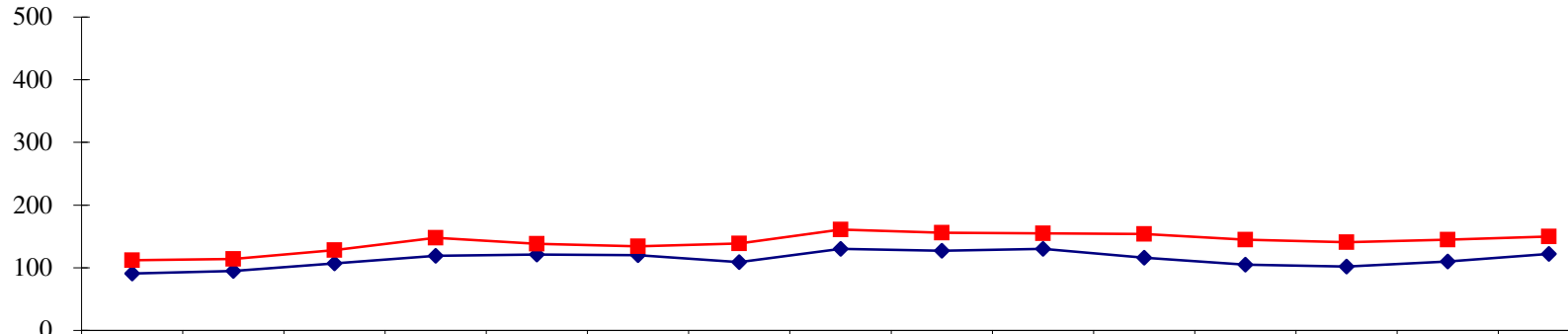
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	70%	70%	70%	71%	67%	64%	64%	68%	66%	71%	66%	68%	68%	72%	72%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

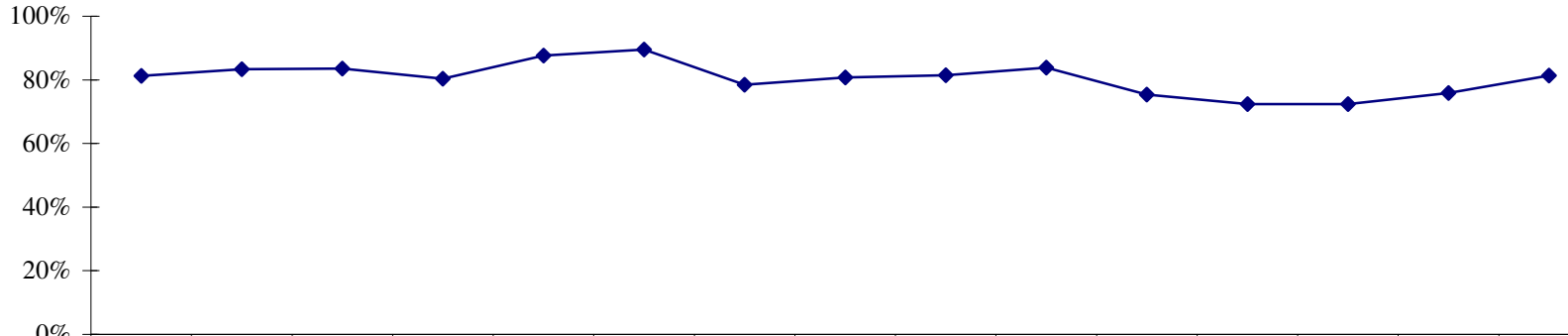
Measure 4A - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	91	95	107	119	121	120	109	130	127	130	116	105	102	110	122
# Patients Served	112	114	128	148	138	134	139	161	156	155	154	145	141	145	150

Percentage of Patients Receiving New Generation Medication (NGM)



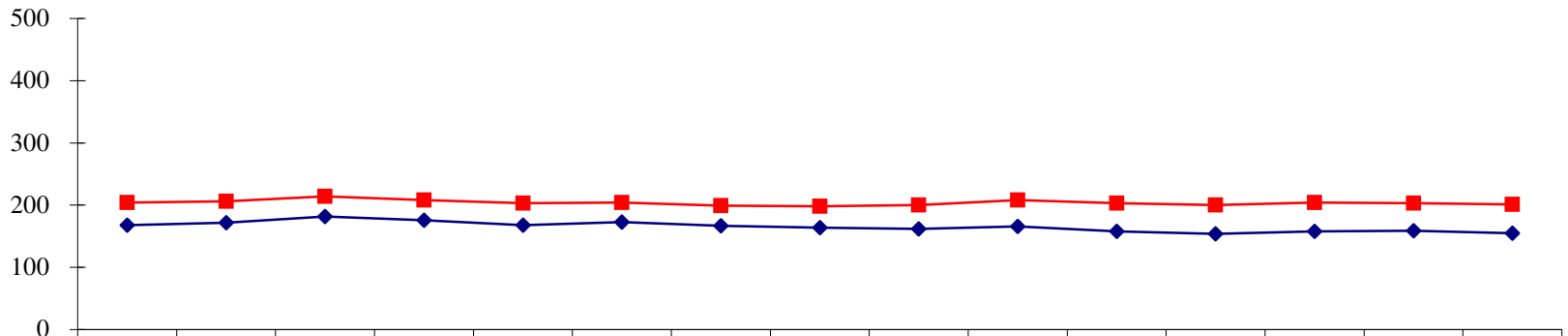
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	81%	83%	84%	80%	88%	90%	78%	81%	81%	84%	75%	72%	72%	76%	81%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

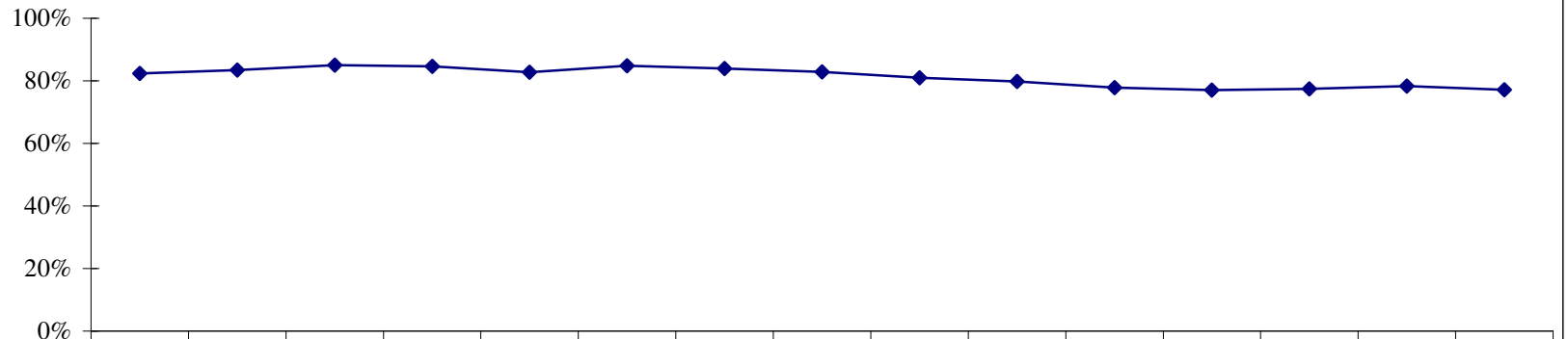
Measure 4A - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	168	172	182	176	168	173	167	164	162	166	158	154	158	159	155
# Patients Served	204	206	214	208	203	204	199	198	200	208	203	200	204	203	201

Percentage of Patients Receiving New Generation Medication (NGM)



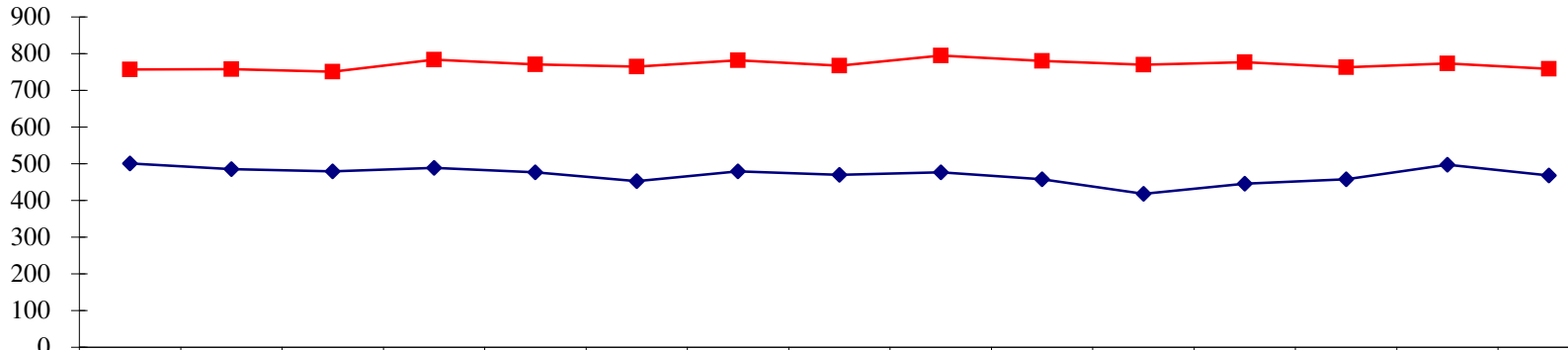
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	82%	83%	85%	85%	83%	85%	84%	83%	81%	80%	78%	77%	77%	78%	77%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

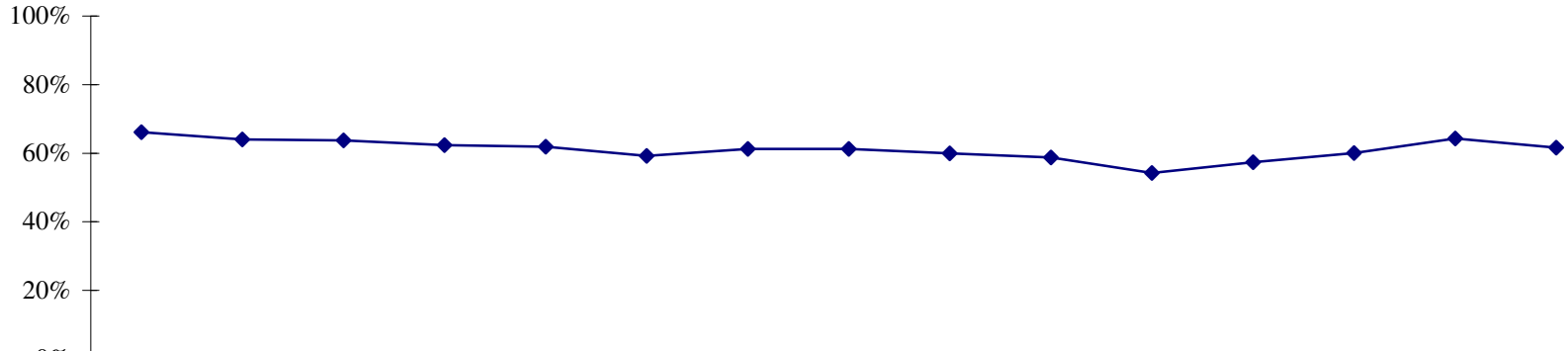
Measure 4A - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	501	485	479	489	477	453	479	470	477	458	418	446	458	497	468
# Patients Served	757	758	751	784	771	765	782	767	795	780	770	777	763	773	759

Percentage of Patients Receiving New Generation Medication (NGM)



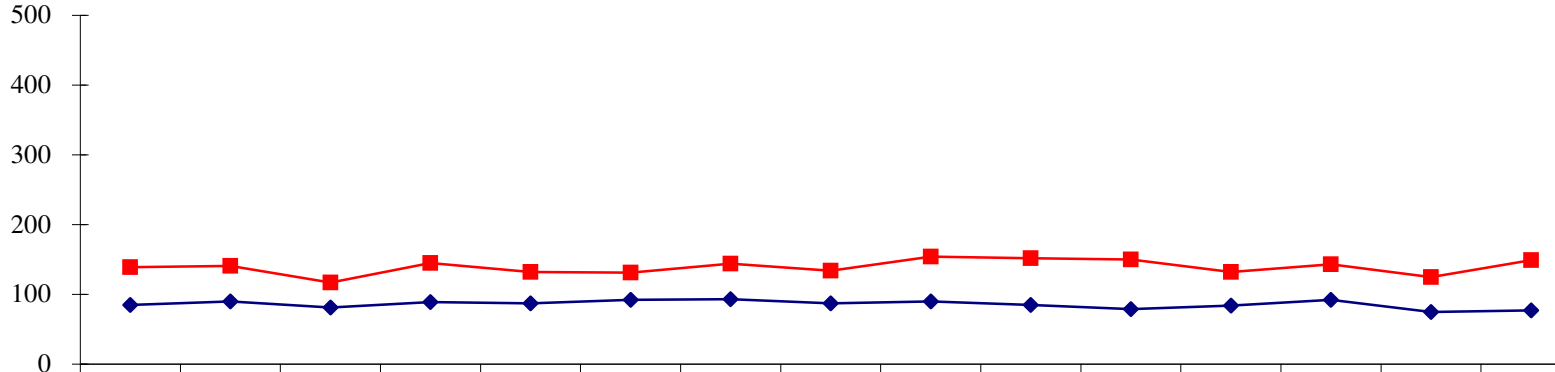
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	66%	64%	64%	62%	62%	59%	61%	61%	60%	59%	54%	57%	60%	64%	62%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

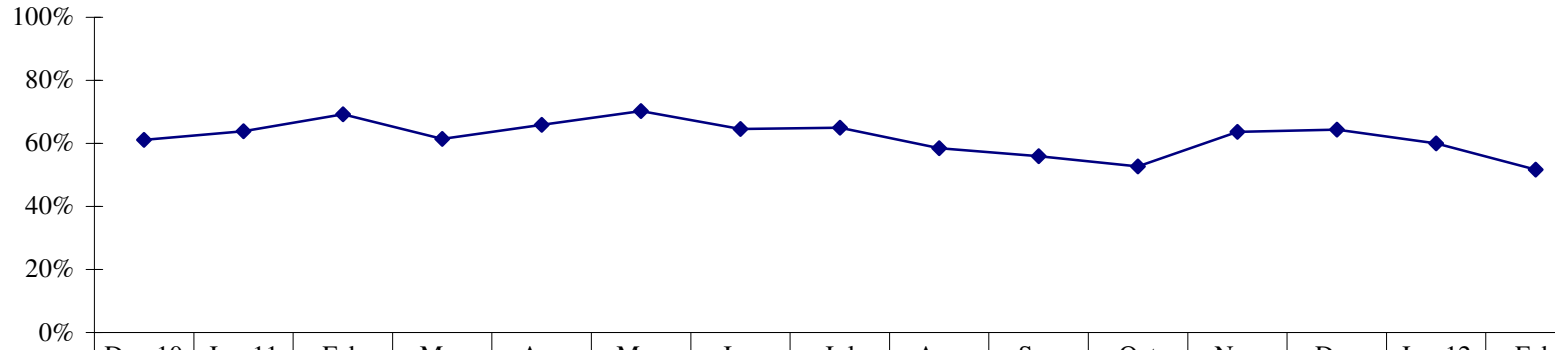
Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	85	90	81	89	87	92	93	87	90	85	79	84	92	75	77
# Patients Served	139	141	117	145	132	131	144	134	154	152	150	132	143	125	149

Percentage of Patients Receiving New Generation Medication (NGM)

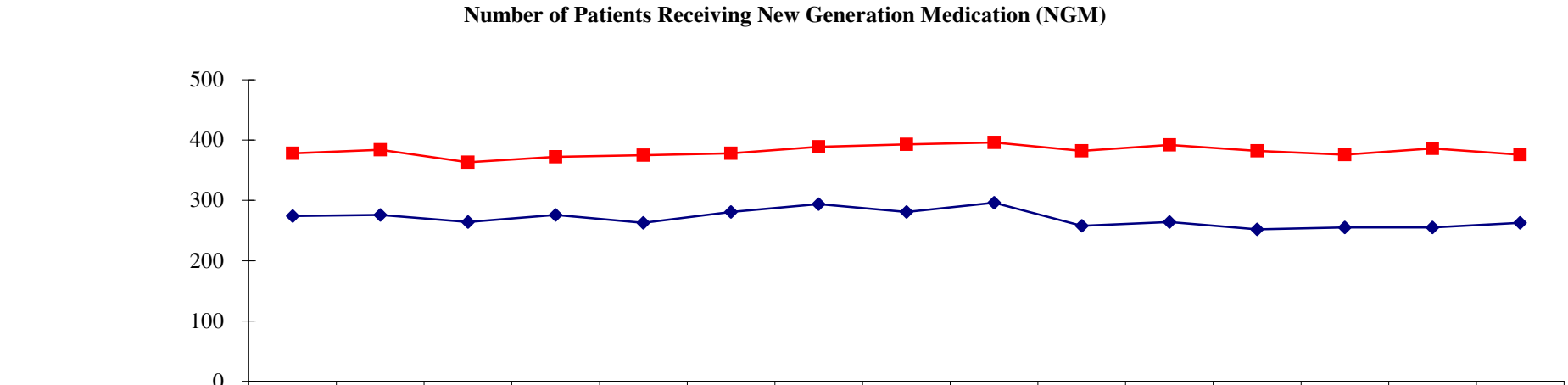


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	61%	64%	69%	61%	66%	70%	65%	65%	58%	56%	53%	64%	64%	60%	52%

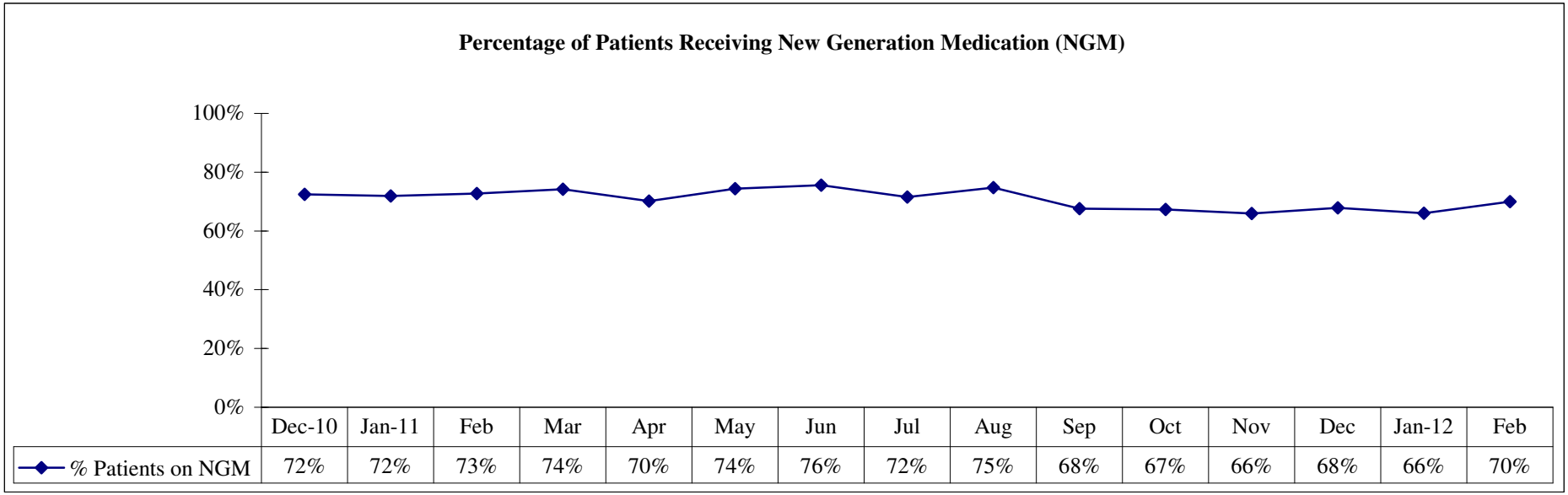
Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	274	276	264	276	263	281	294	281	296	258	264	252	255	255	263
# Patients Served	378	384	363	372	375	378	389	393	396	382	392	382	376	386	376



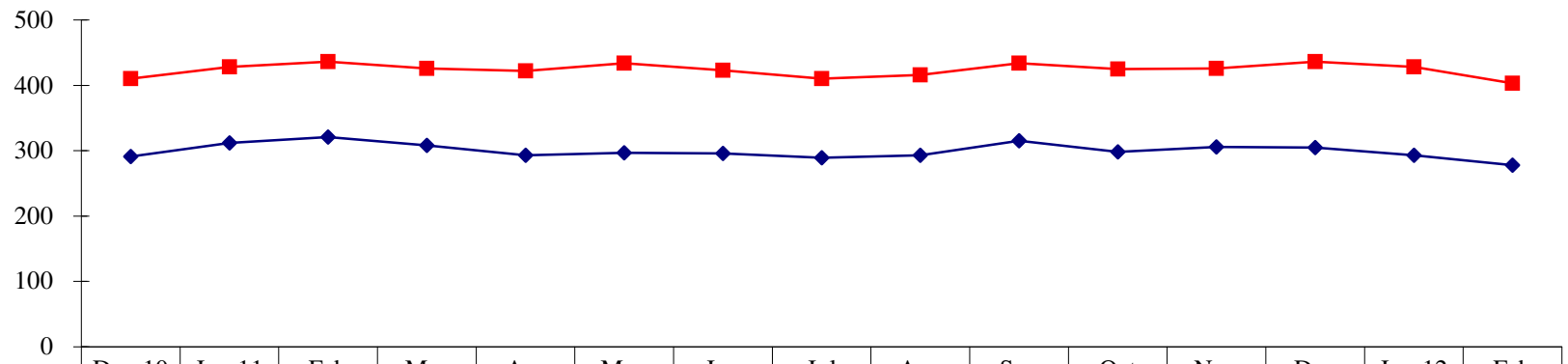
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	72%	72%	73%	74%	70%	74%	76%	72%	75%	68%	67%	66%	68%	66%	70%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

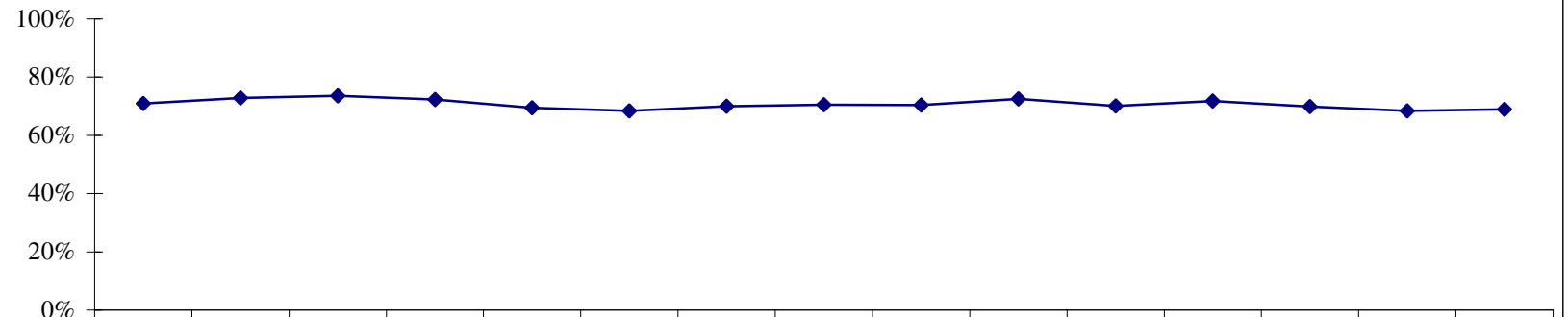
Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	291	312	321	308	293	297	296	289	293	315	298	306	305	293	278
# Patients Served	410	428	436	426	422	434	423	410	416	434	425	426	436	428	403

Percentage of Patients Receiving New Generation Medication (NGM)



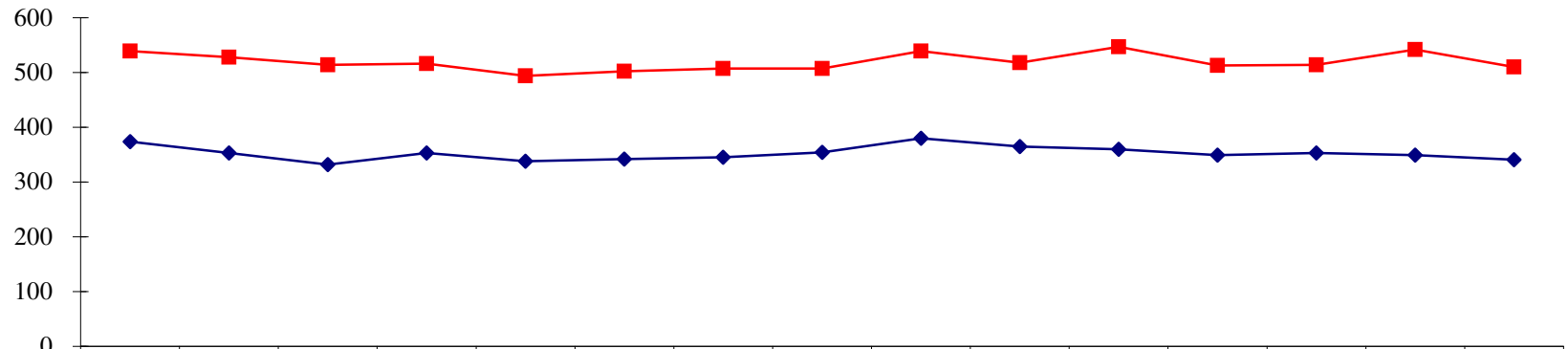
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	71%	73%	74%	72%	69%	68%	70%	70%	70%	73%	70%	72%	70%	68%	69%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

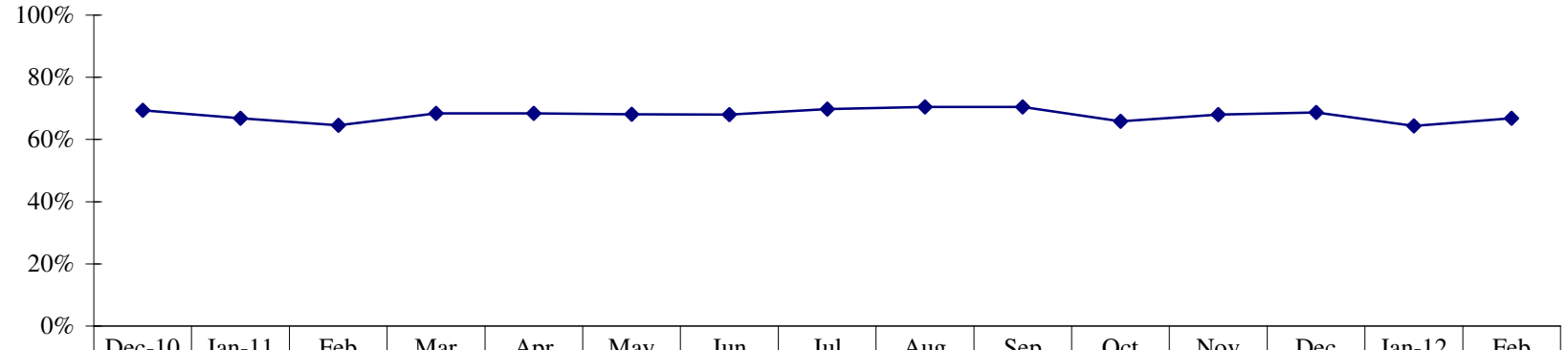
Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	374	353	332	353	338	342	345	354	380	365	360	349	353	349	341
# Patients Served	539	528	514	516	494	502	507	507	539	518	547	513	514	542	510

Percentage of Patients Receiving New Generation Medication (NGM)



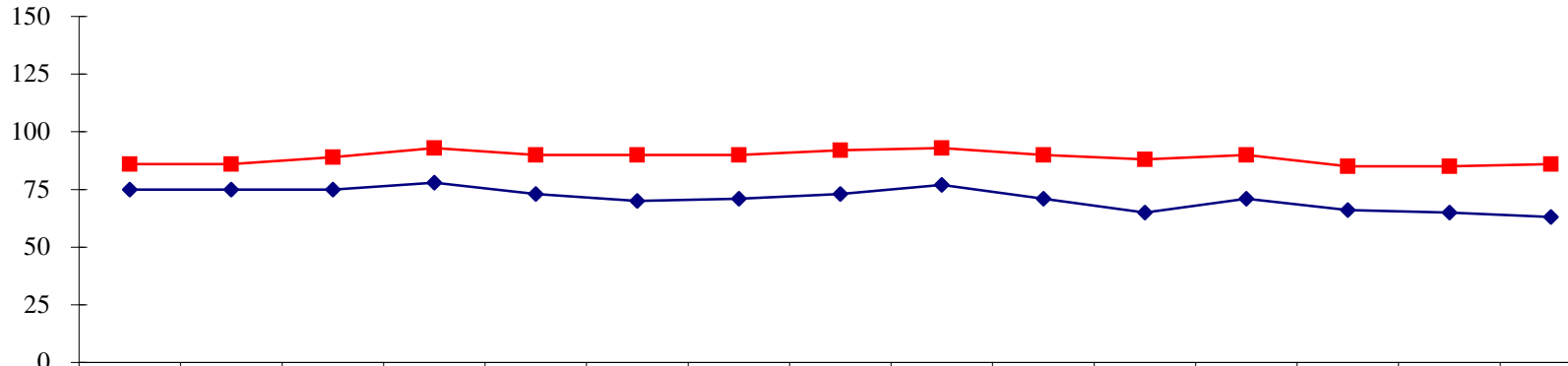
	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	69%	67%	65%	68%	68%	68%	68%	70%	71%	70%	66%	68%	69%	64%	67%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

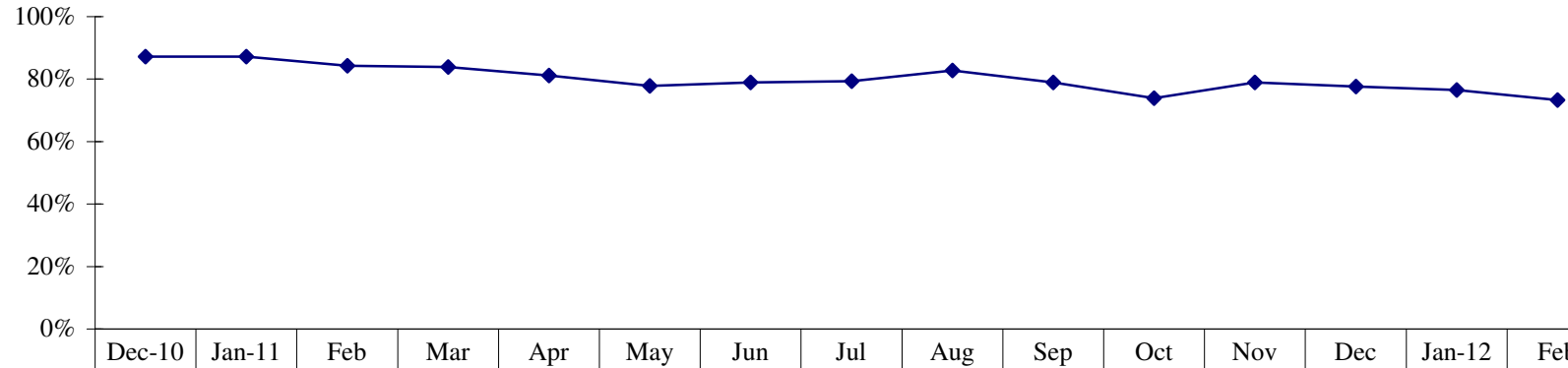
Measure 4A - Patients Receiving New Generation Medication (NGM)
Waco Center for Youth

Number of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Patients on NGM	75	75	75	78	73	70	71	73	77	71	65	71	66	65	63
# Patients Served	86	86	89	93	90	90	90	92	93	90	88	90	85	85	86

Percentage of Patients Receiving New Generation Medication (NGM)



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Patients on NGM	87%	87%	84%	84%	81%	78%	79%	79%	83%	79%	74%	79%	78%	76%	73%

Source: HMDS # of Pts on NGM Report;
Counts of Persons Receiving MH Services (HC027245)

Chart: Hospital Management Data Services

Performance Measure 4B:

Analyze and report the costs of antipsychotic medications.

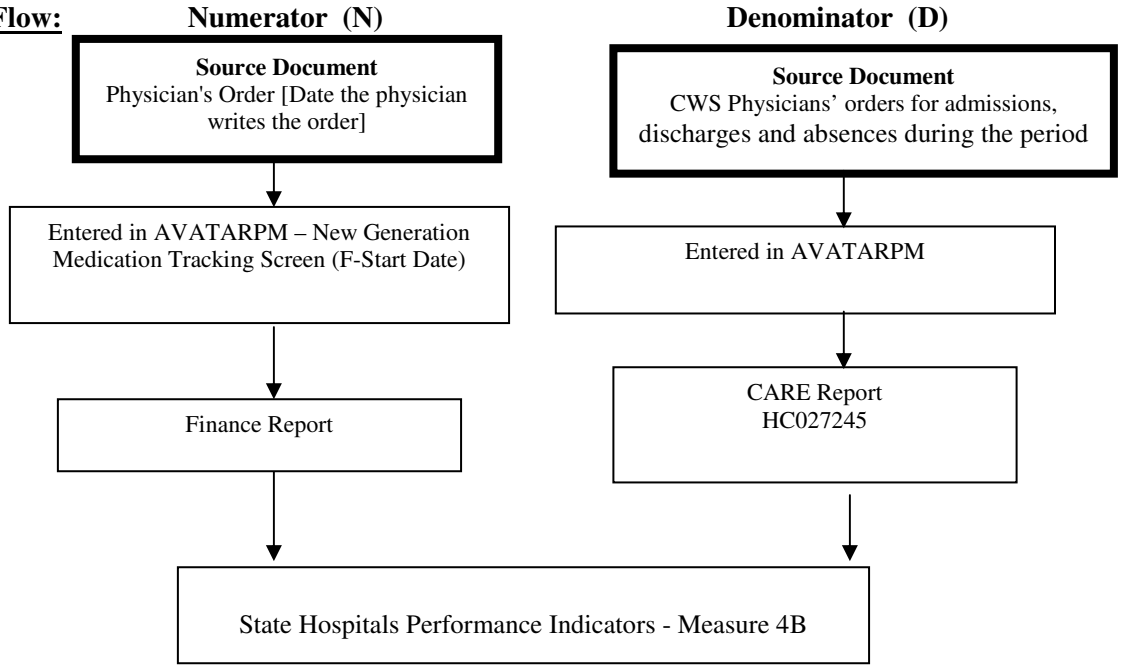
Performance Measure Operational Definition: The state hospitals average monthly cost for medications per patient.

Performance Measure Formula:. **N** (Dollar Amount)
D (Unduplicated Persons Served)

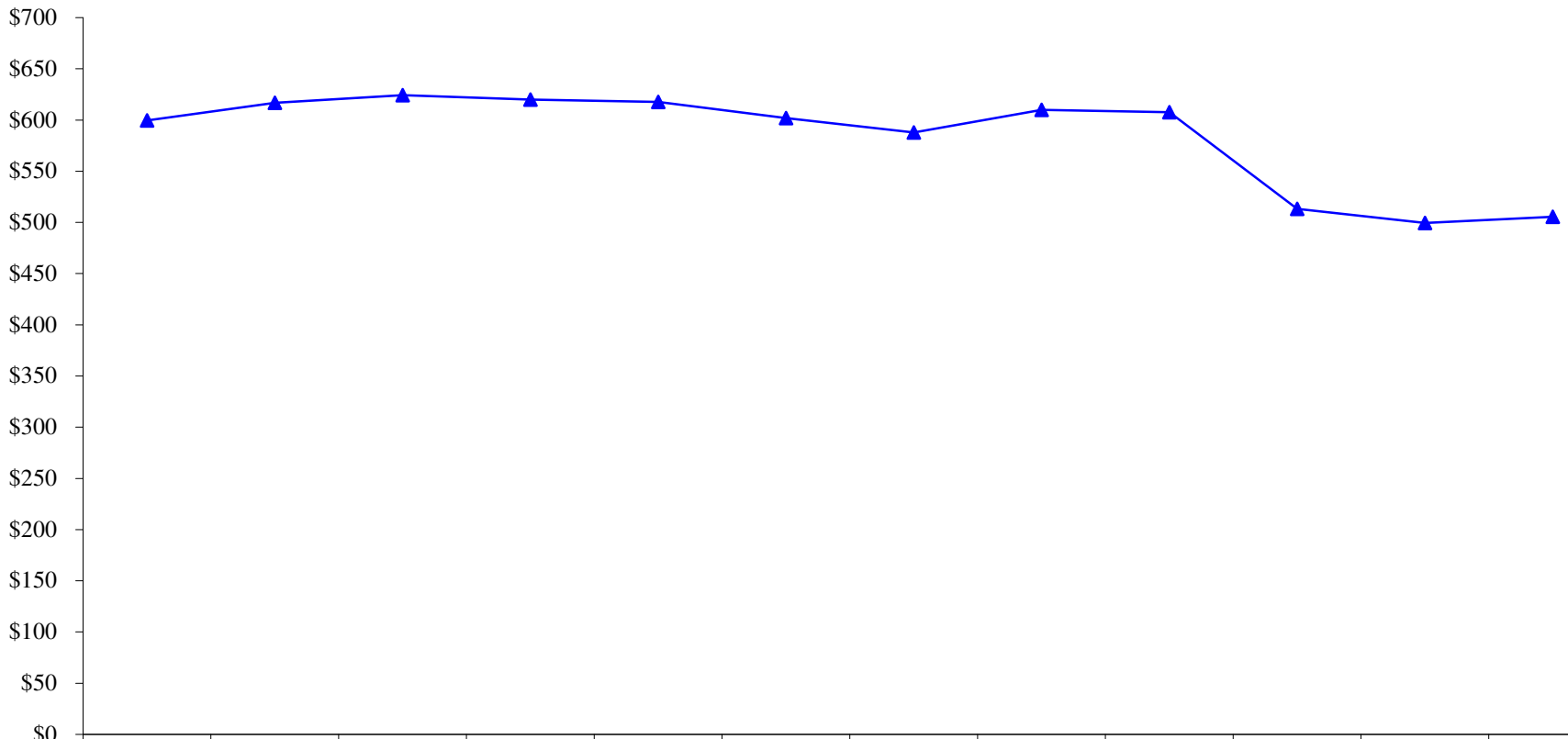
N = total dollar amount spent on new generation medications per hospital per month.
D = total number of unduplicated persons served per hospital per month.

Performance Measure Data Display and Chart Description:
Chart with monthly data points of average cost of new generation medication per patient for individual state hospitals and system-wide.

Data Flow:



Measure 4B - Cost of Antipsychotic Medications
All State MH Hospitals



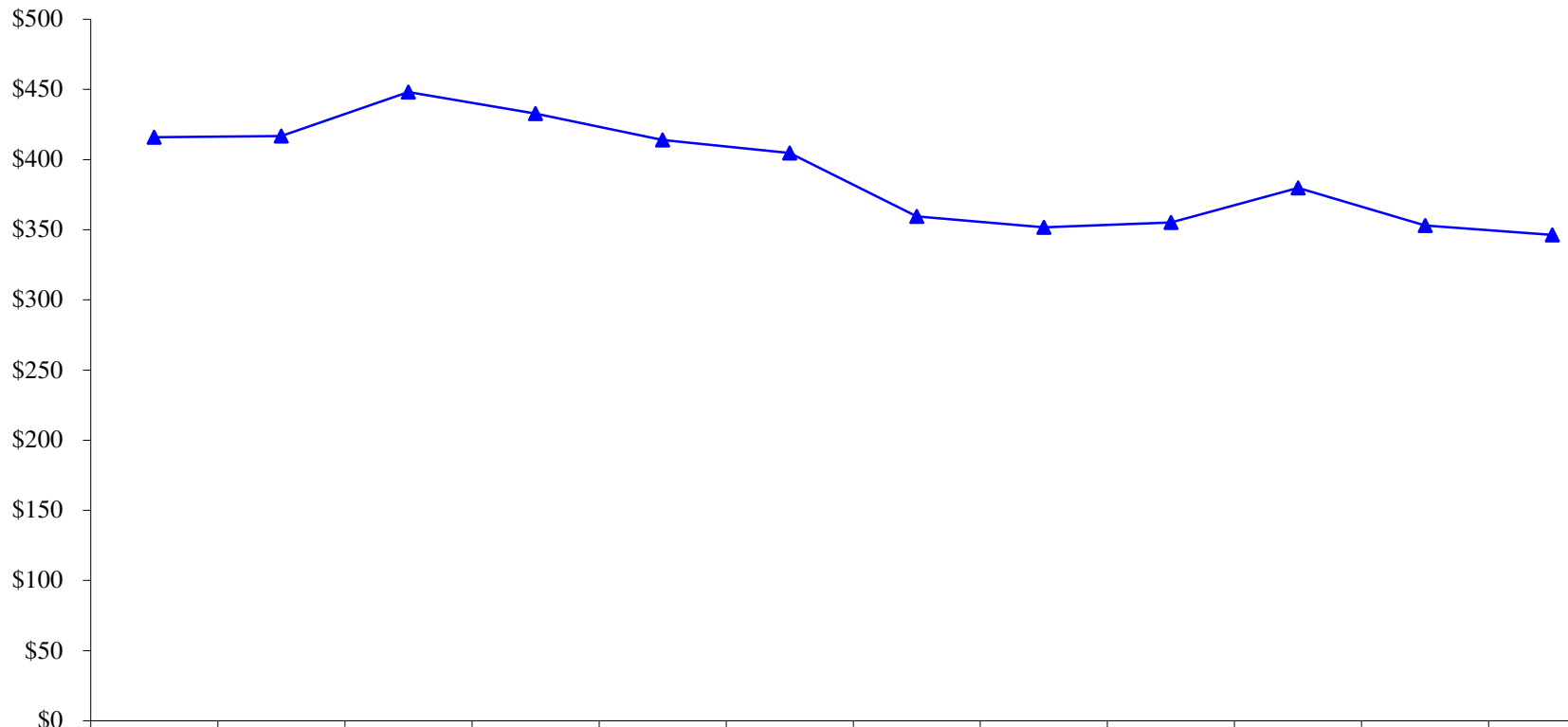
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$1,498,651	$1,498,651	$1,498,651	$1,516,448	$1,516,448	$1,516,448	$1,430,952	$1,430,952	$1,430,952	$1,195,749	$1,195,749	$1,195,749
# of Pts on NGM	2,499	2,430	2,401	2,446	2,455	2,520	2,434	2,346	2,355	2,330	2,394	2,366
Average Cost	$600	$617	$624	$620	$618	$602	$588	$610	$608	$513	$499	$505

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Austin State Hospital



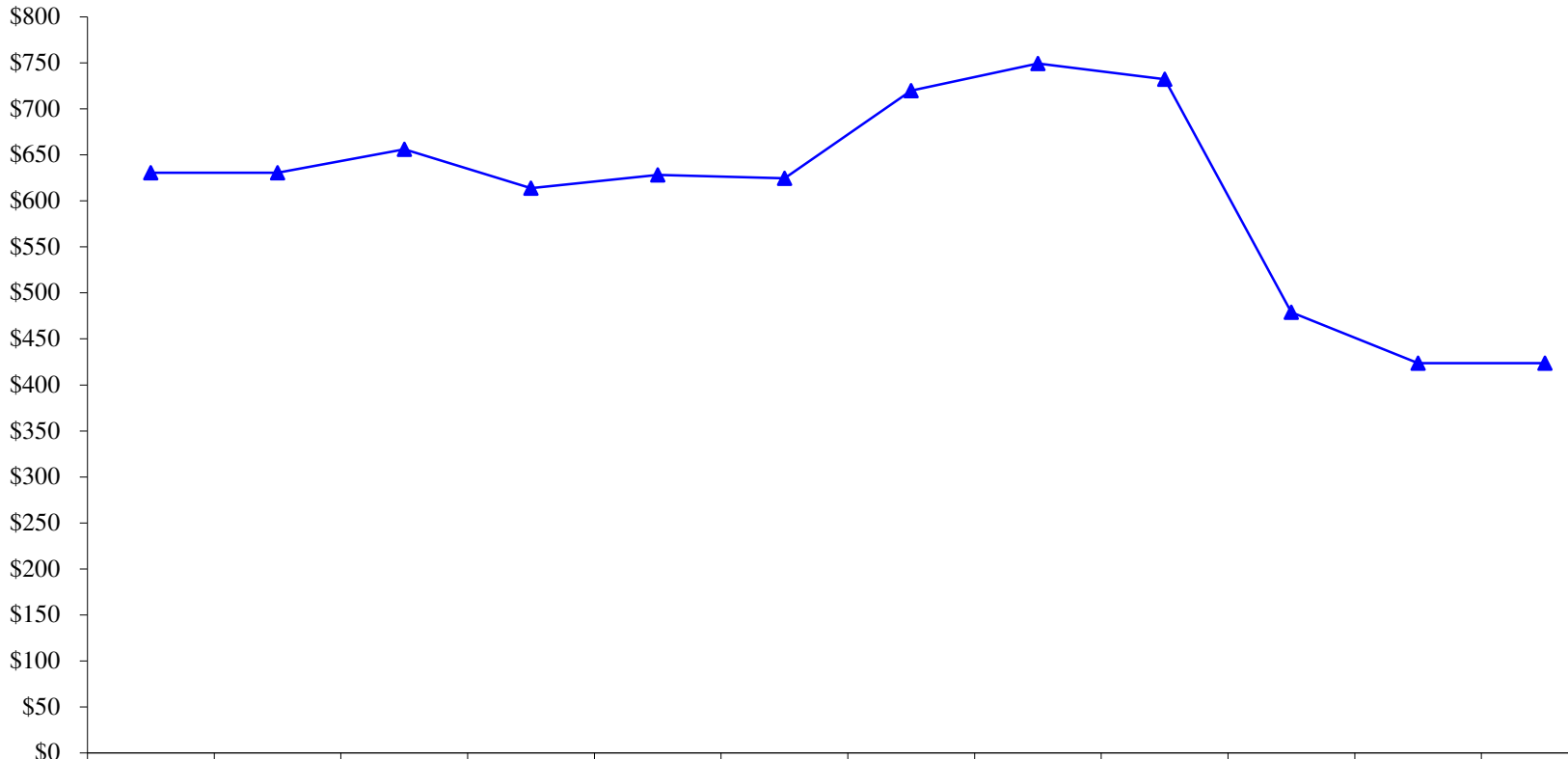
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$178,812	$178,812	$178,812	$179,644	$179,644	$179,644	$147,008	$147,008	$147,008	$144,717	$144,717	$144,717
# of Pts on NGM	430	429	399	415	434	444	409	418	414	381	410	418
Average Cost per Patient	$416	$417	$448	$433	$414	$405	$359	$352	$355	$380	$353	$346

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Big Spring State Hospital



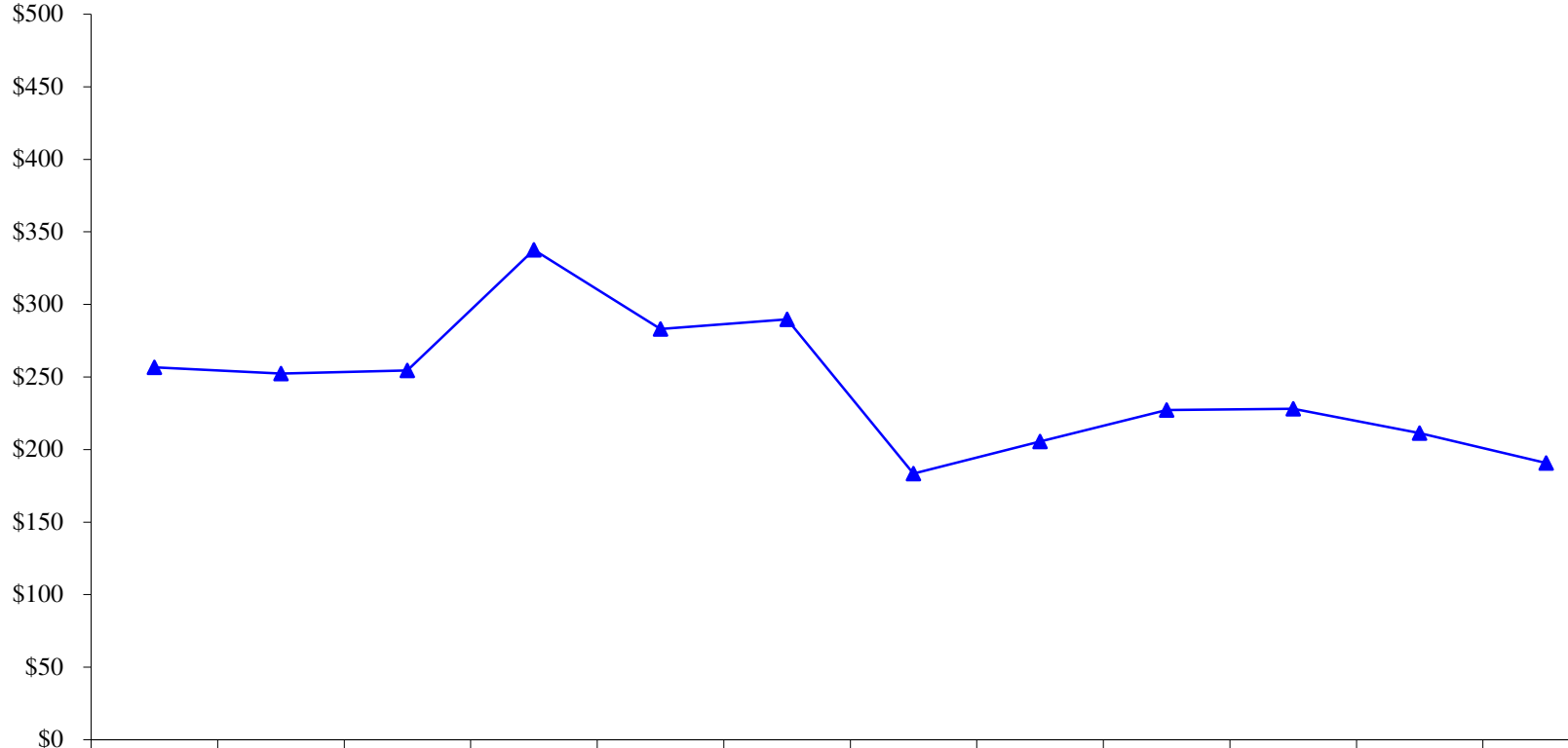
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$114,134	$114,134	$114,134	$108,669	$108,669	$108,669	$127,394	$127,394	$127,394	$76,657	$76,657	$76,657
# of Pts on NGM	181	181	174	177	173	174	177	170	174	160	181	181
Average Cost per Patient	$631	$631	$656	$614	$628	$625	$720	$749	$732	$479	$424	$424

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
El Paso Psychiatric Center



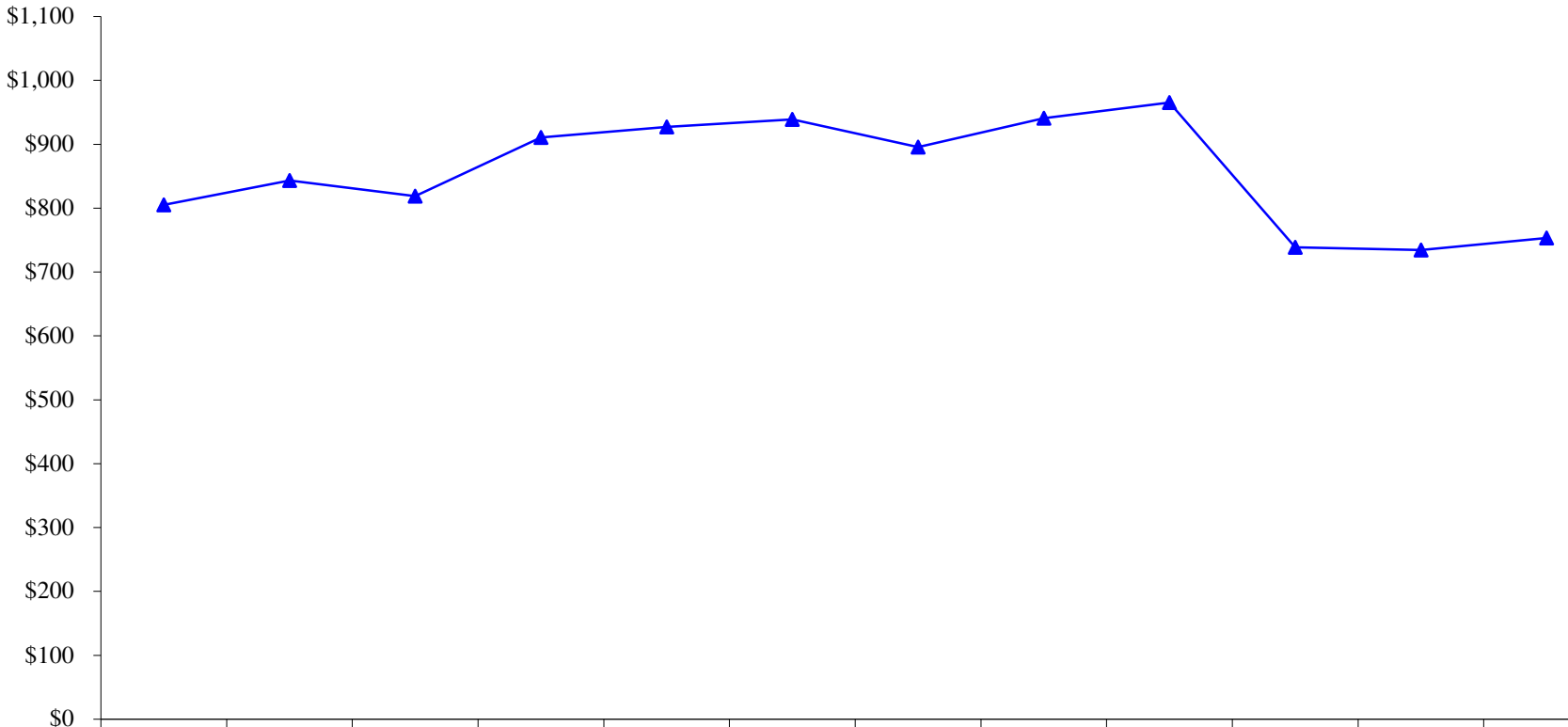
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$30,540	$30,540	$30,540	$36,809	$36,809	$36,809	$23,853	$23,853	$23,853	$23,256	$23,256	$23,256
# of Pts on NGM	119	121	120	109	130	127	130	116	105	102	110	122
Average Cost per Patient	$257	$252	$255	$338	$283	$290	$183	$206	$227	$228	$211	$191

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital



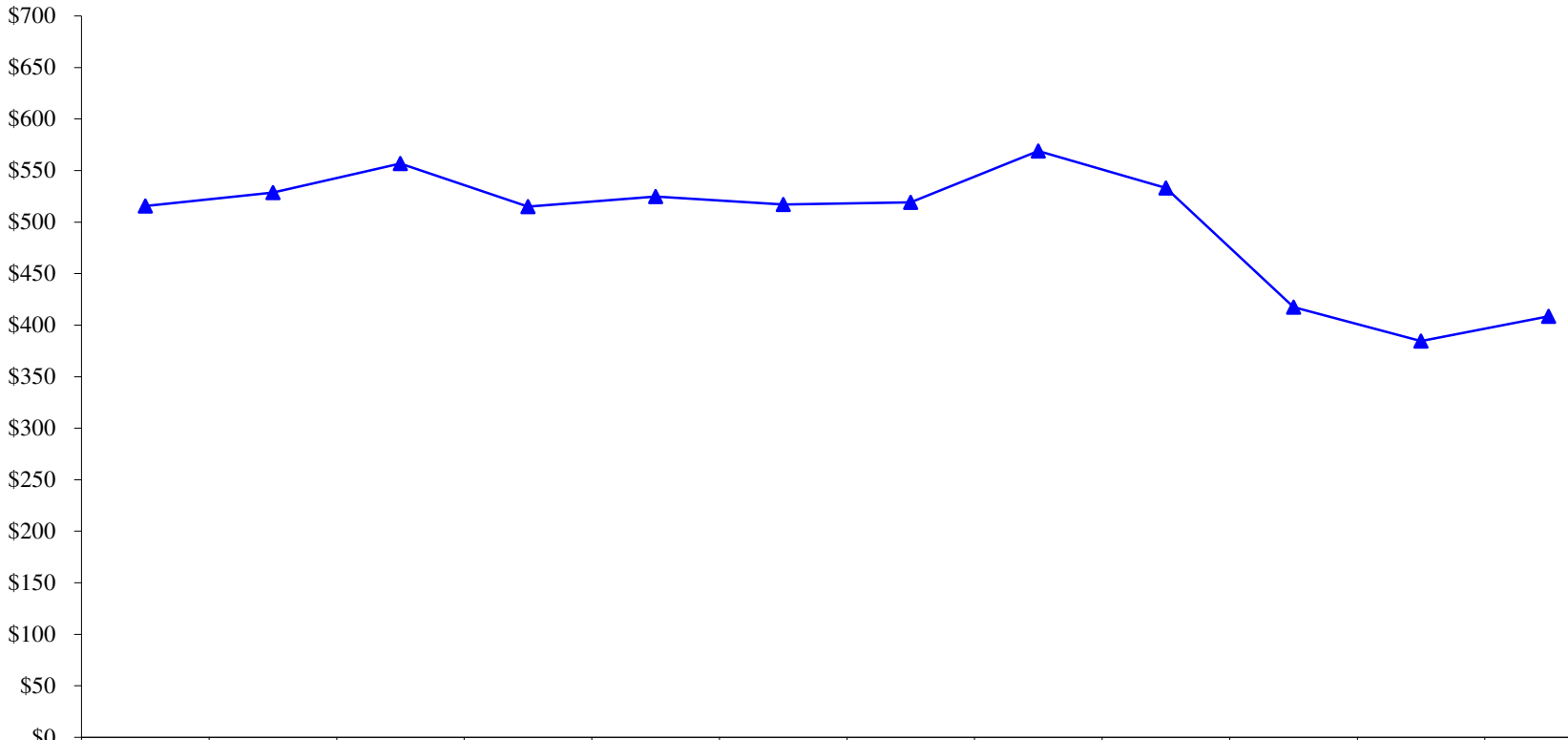
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$141,673	$141,673	$141,673	$152,070	$152,070	$152,070	$148,645	$148,645	$148,645	$116,739	$116,739	$116,739
# of Pts on NGM	176	168	173	167	164	162	166	158	154	158	159	155
Average Cost per Patient	$805	$843	$819	$911	$927	$939	$895	$941	$965	$739	$734	$753

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
North Texas State Hospital



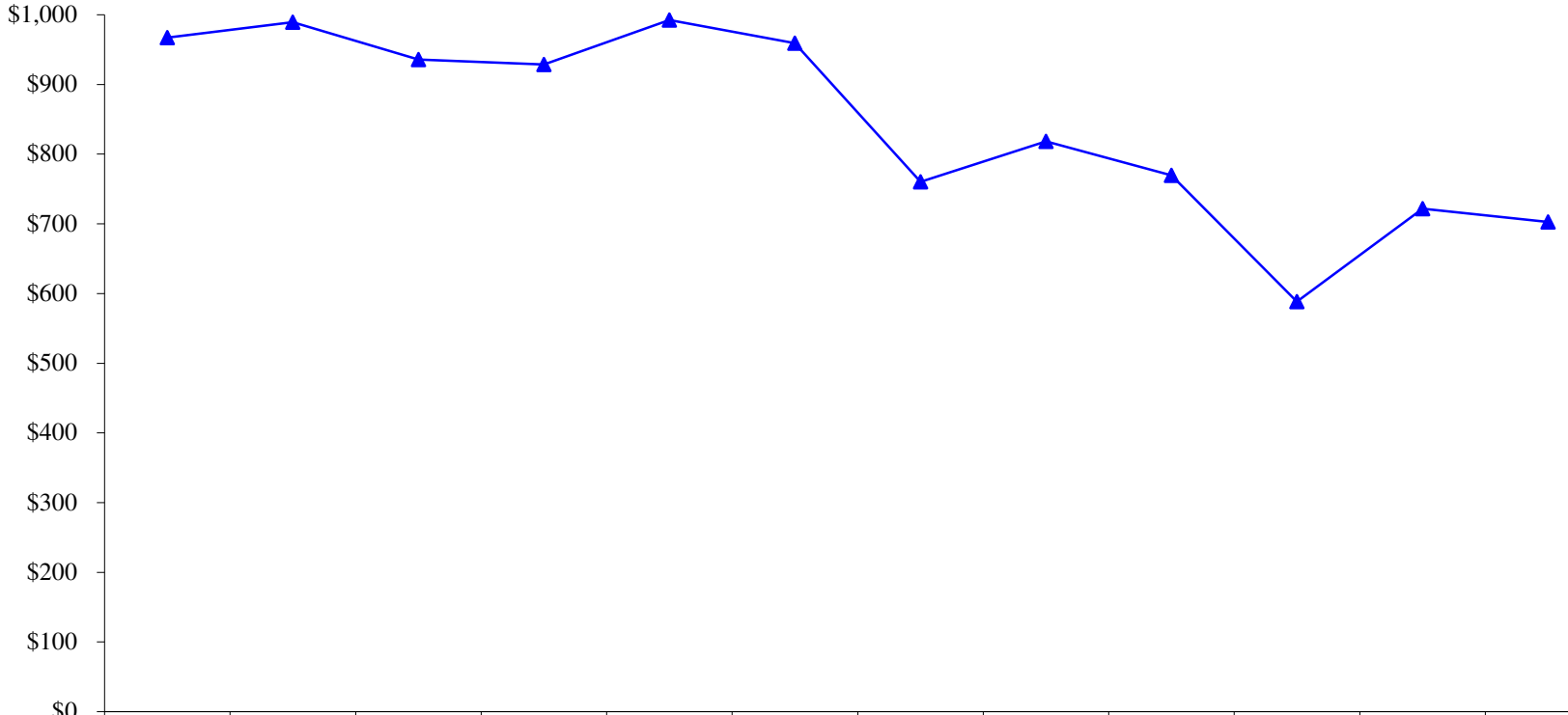
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$252,193	$252,193	$252,193	$246,664	$246,664	$246,664	$237,766	$237,766	$237,766	$191,139	$191,139	$191,139
# of Pts on NGM	489	477	453	479	470	477	458	418	446	458	497	468
Average Cost per Patient	$516	$529	$557	$515	$525	$517	$519	$569	$533	$417	$385	$408

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)



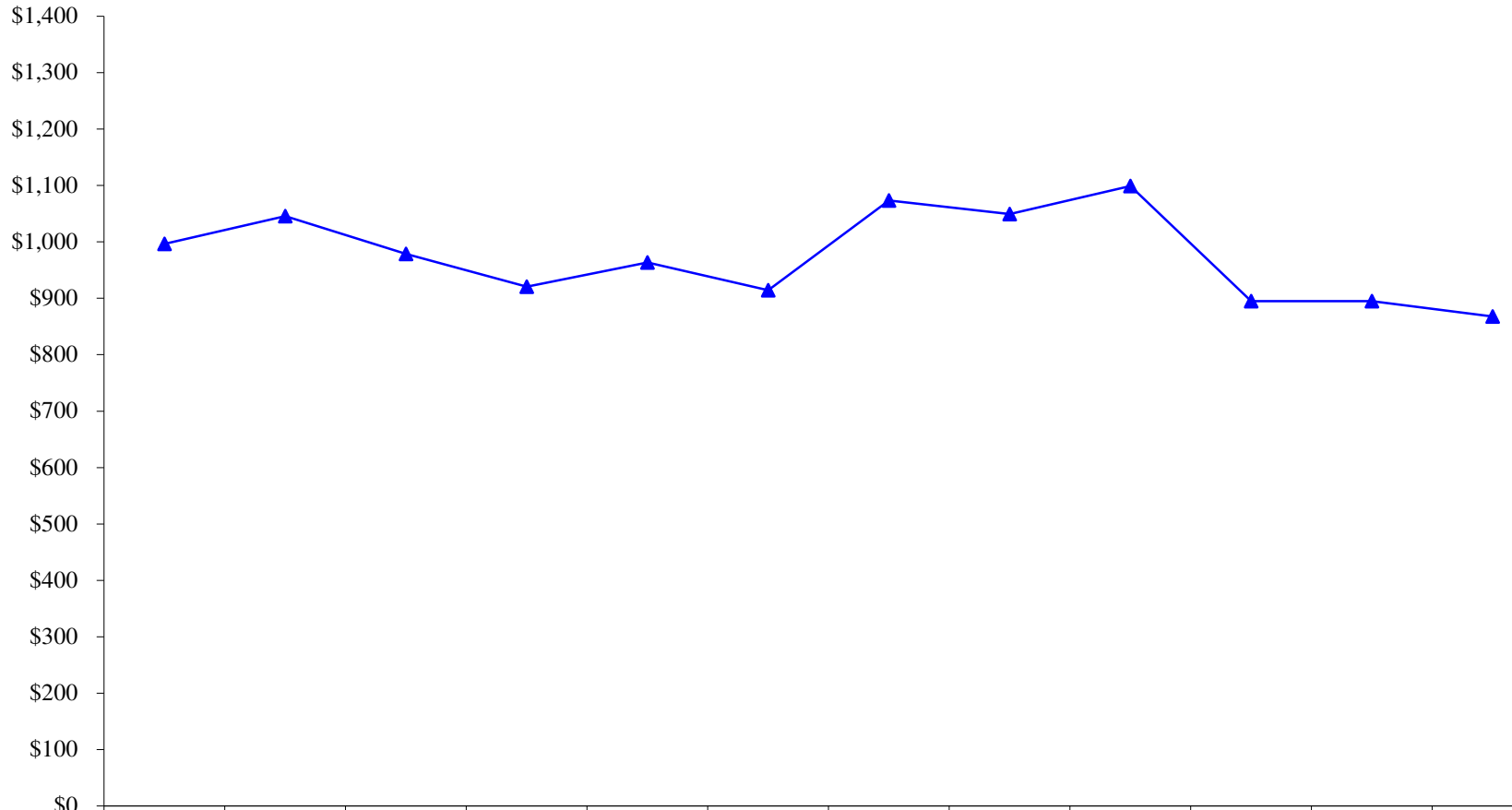
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$86,081	$86,081	$86,081	$86,348	$86,348	$86,348	$64,639	$64,639	$64,639	$54,117	$54,117	$54,117
# of Pts on NGM	89	87	92	93	87	90	85	79	84	92	75	77
Average Cost per Patient	$967	$989	$936	$928	$993	$959	$760	$818	$770	$588	$722	$703

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital



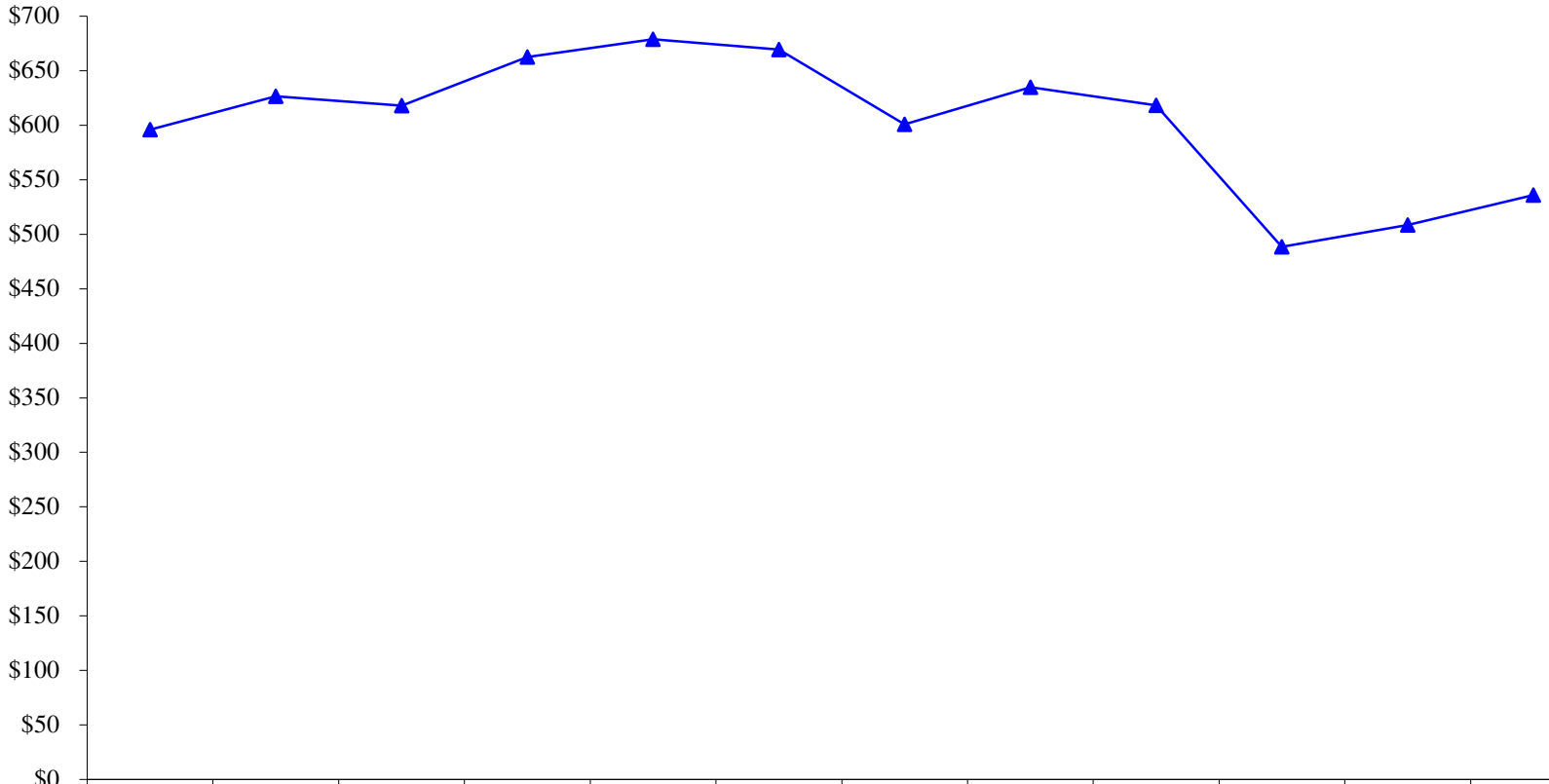
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$275,011	$275,011	$275,011	$270,685	$270,685	$270,685	$276,983	$276,983	$276,983	$228,167	$228,167	$228,167
# of Pts on NGM	276	263	281	294	281	296	258	264	252	255	255	263
Average Cost per Patient	$996	$1,046	$979	$921	$963	$914	$1,074	$1,049	$1,099	$895	$895	$868

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
San Antonio State Hospital



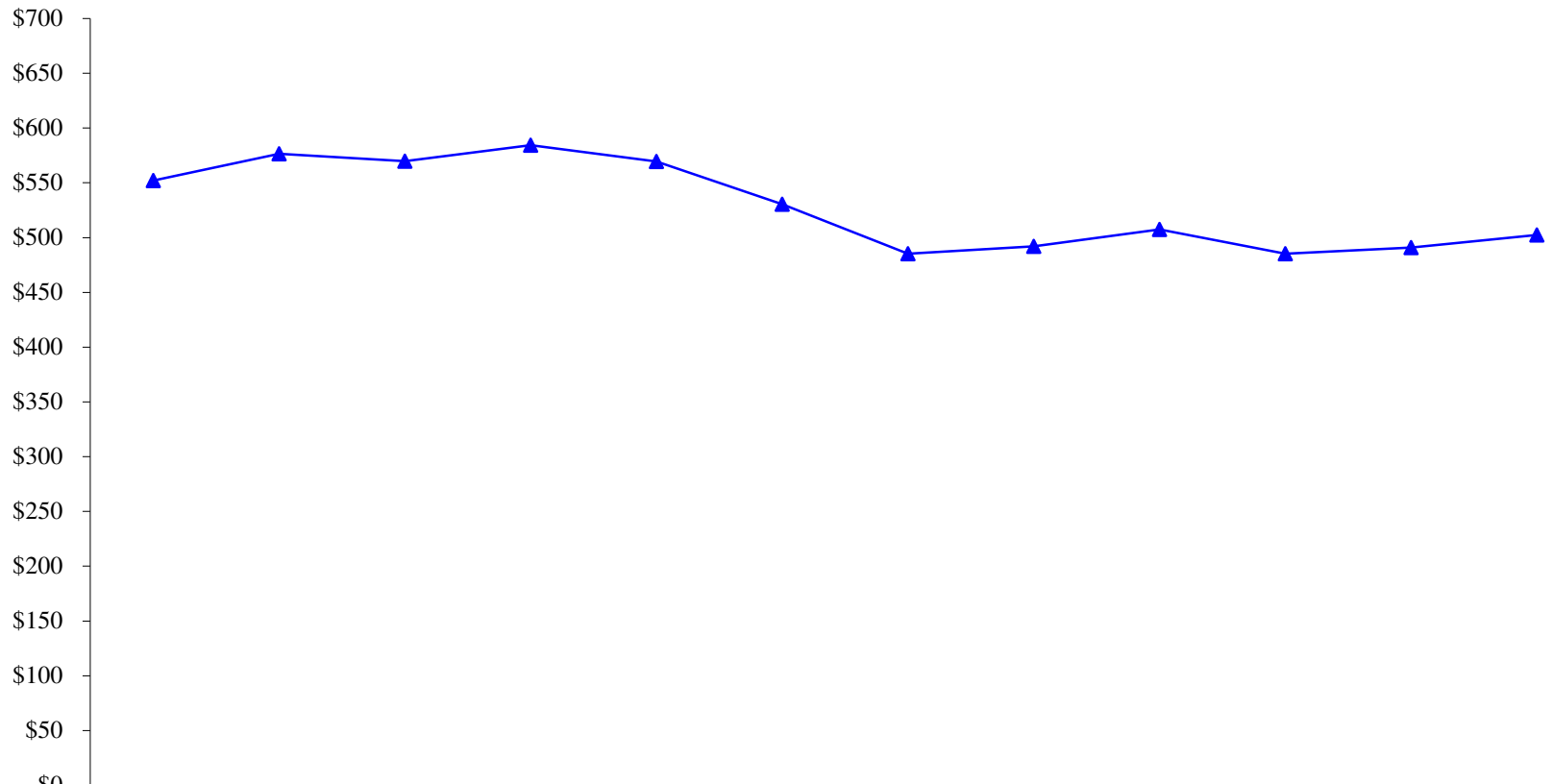
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$183,538	$183,538	$183,538	$196,157	$196,157	$196,157	$189,214	$189,214	$189,214	$149,015	$149,015	$149,015
# of Pts on NGM	308	293	297	296	289	293	315	298	306	305	293	278
Average Cost per Patient	$596	$626	$618	$663	$679	$669	$601	$635	$618	$489	$509	$536

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital



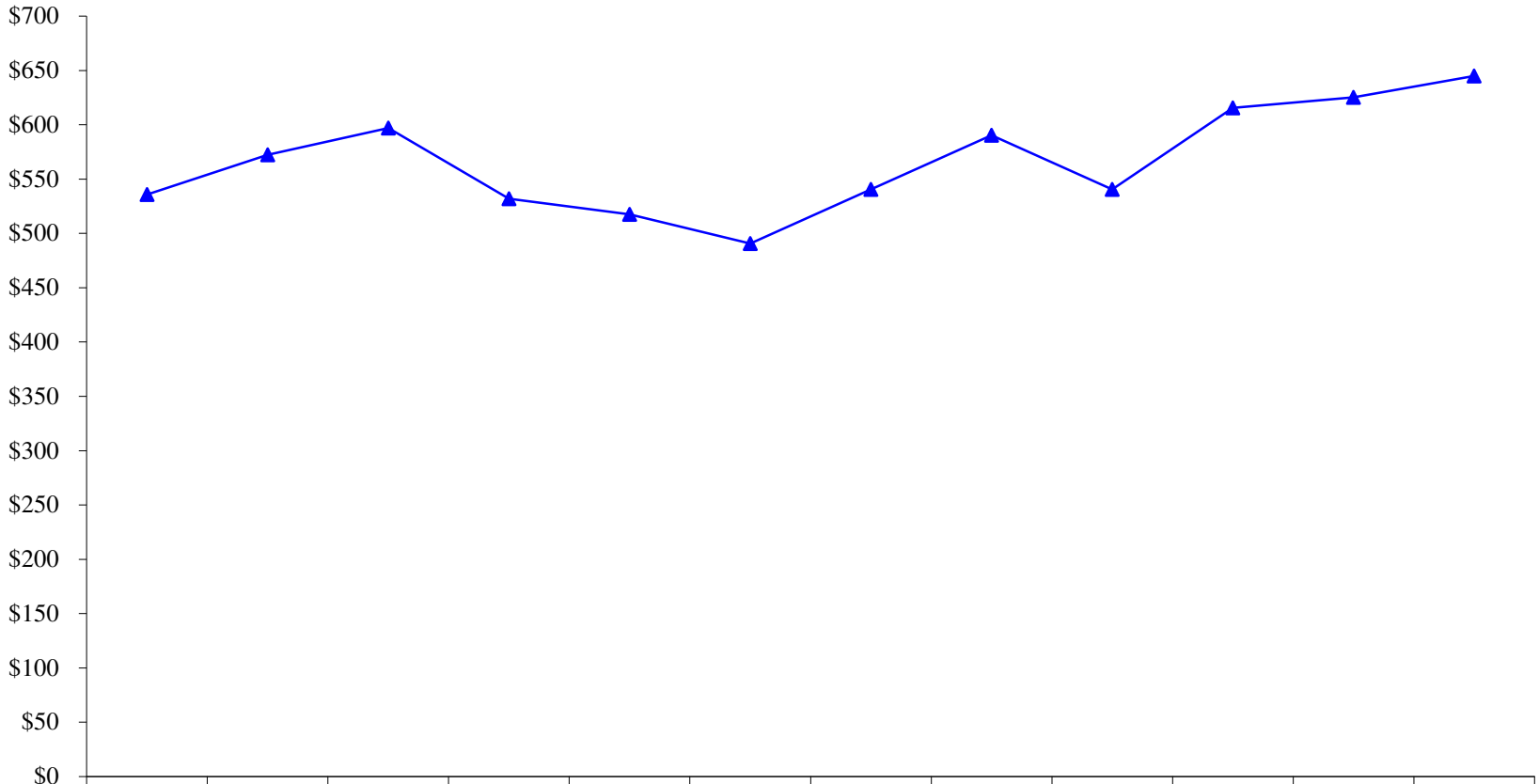
	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$194,877	$194,877	$194,877	$201,627	$201,627	$201,627	$177,078	$177,078	$177,078	$171,308	$171,308	$171,308
# of Pts on NGM	353	338	342	345	354	380	365	360	349	353	349	341
Average Cost per Patient	$552	$577	$570	$584	$570	$531	$485	$492	$507	$485	$491	$502

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Measure 4B - Cost of Antipsychotic Medications
Waco Center for Youth



	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Cost*	$41,792	$41,792	$41,792	$37,774	$37,774	$37,774	$38,371	$38,371	$38,371	$40,634	$40,634	$40,634
# of Pts on NGM	78	73	70	71	73	77	71	65	71	66	65	63
Average Cost per Patient	$536	$572	$597	$532	$517	$491	$540	$590	$540	$616	$625	$645

* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: HMDS CWS Report - Number of Patients on New Generation Medications;
Budget, Forecasting Reporting Unit Report - NGM Quarterly Report

Performance Measure 4C:

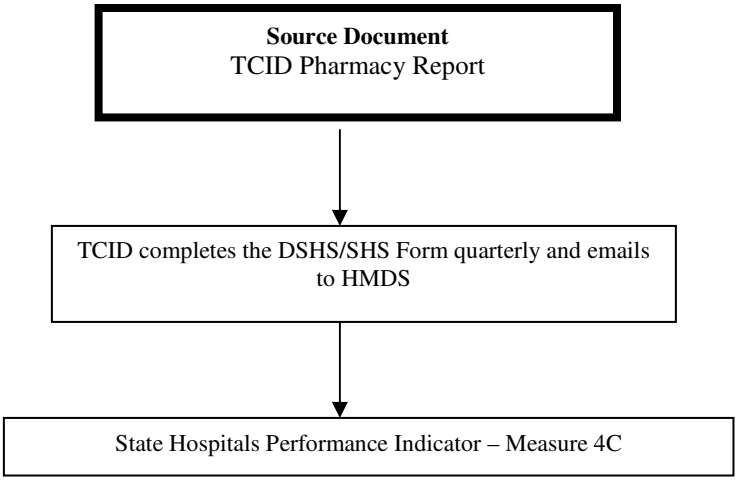
Analyze and report the cost of TB medications.

Performance Measure Operational Definition: TCID cost of TB medications will be monitored.

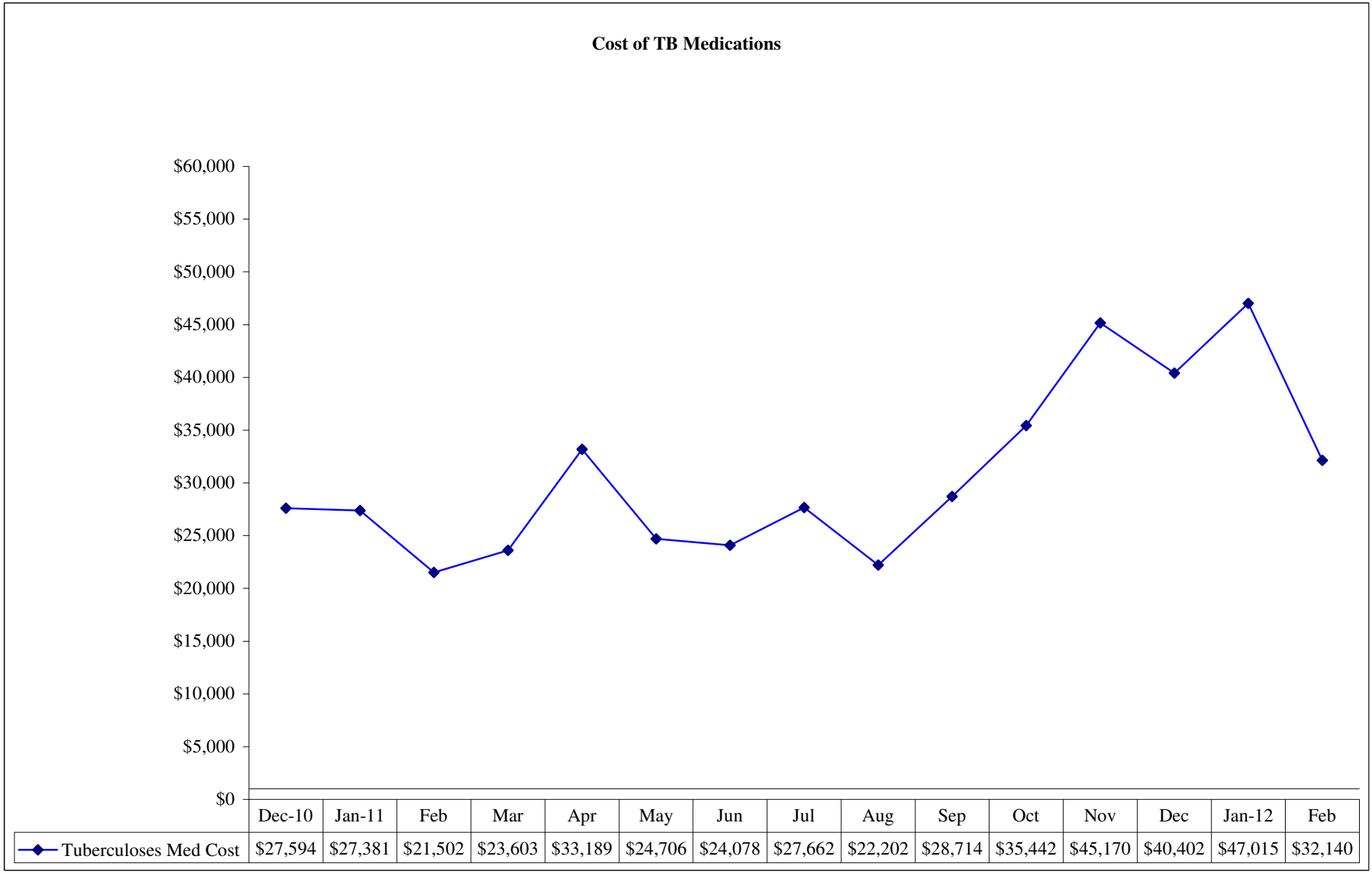
Performance Measure Formula:. No formula – continuous variable.

Performance Measure Data Display and Chart Description:
Table shows monthly cost of TB medications.

Data Flow:



Measure 4C - Cost of TB Medications
TCID



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Tuberculoses Med Cost	$27,594	$27,381	$21,502	$23,603	$33,189	$24,706	$24,078	$27,662	$22,202	$28,714	$35,442	$45,170	$40,402	$47,015	$32,140

Chart: Hospital Management Data Services

Source: TCID Form

GOAL 5: Assure Continuum of Care

Performance Objective 5A:

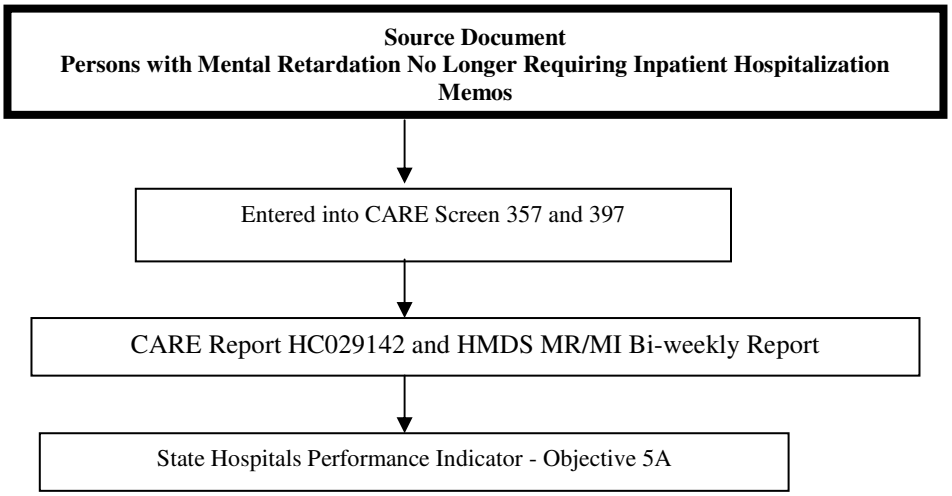
Report on discharge or transfer of dually diagnosed patients with mental illness and developmental disabilities within 30 days when these "Patients Are Determined to be Discharge Ready".

Performance Objective Operational Definition: All civilly committed dually diagnosed patients with mental illness and developmental disabilities in state mental health hospitals that have been discharged or transferred from the hospital must be placed within 30 days of being on the "Patients Determined to No Longer Be In Need of Inpatient Hospitalization list. This will be monitored on CARE screens 397 and 357. Performance is reviewed every 2 weeks according to the HC029142 Report and the bi-weekly HMDS MR/MI Report.

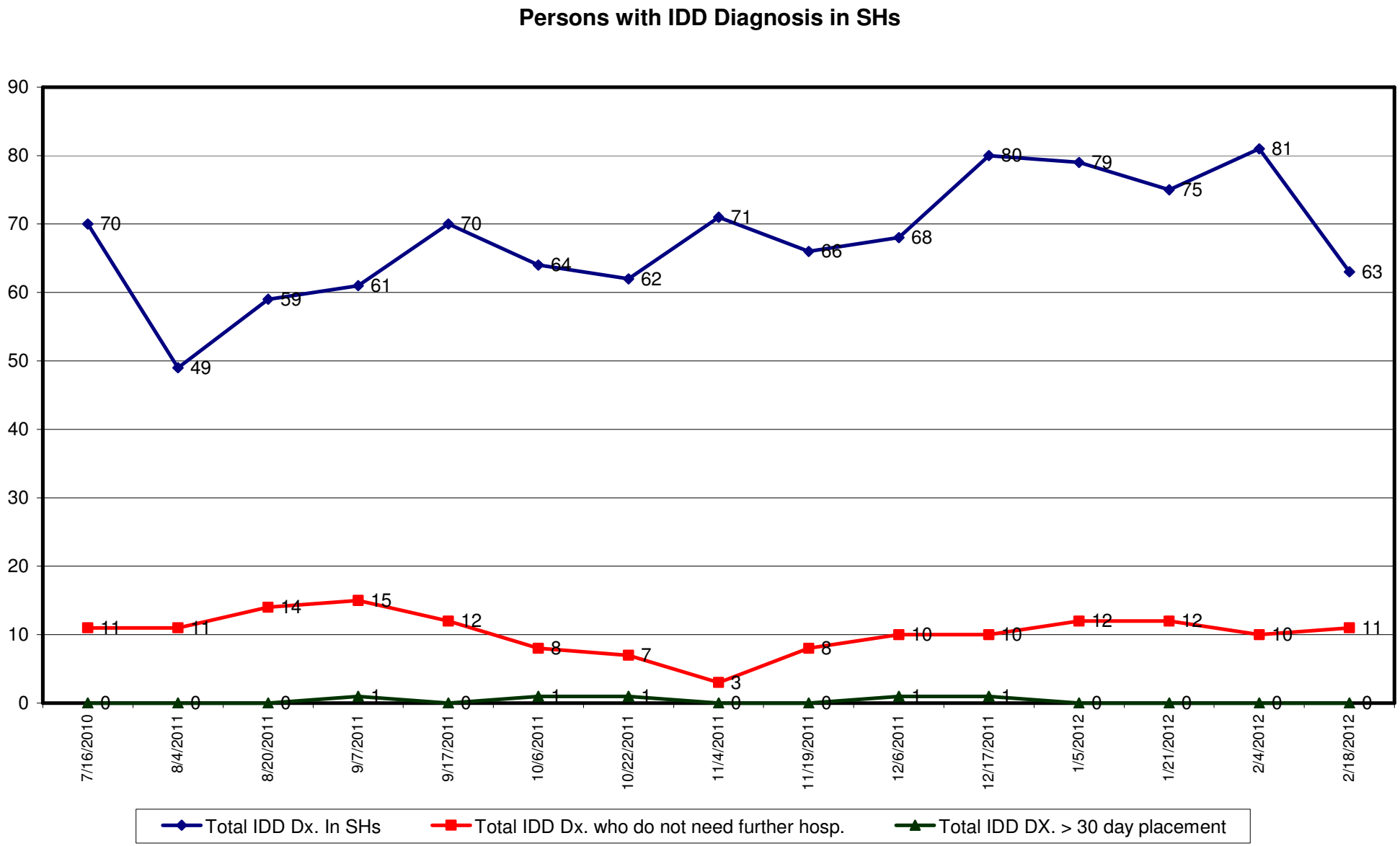
Performance Objective Formula:
R = Rate of dually diagnosed patients admitted every two weeks to the state hospitals.
N = Number of admitted dually diagnosed patients who have been placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.
D = Number of admitted dually diagnosed patients who are eligible to be placed in the community within 30 days of being determined by the treatment team to no longer require inpatient hospitalization.

Performance Objective Data Display and Chart Description:
Chart with persons with MR Diagnosis in state mental health hospitals.

Data Flow:



Performance Objective - 5A
All State MH Hospitals



Performance Objective 5C:

Report quarterly patients having been in the State Psychiatric Hospital over 365 days. identified by four categories:

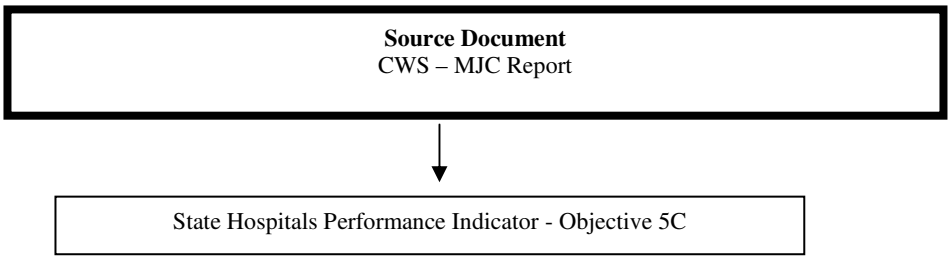
1. **Need continued hospitalization (Civil/Forensic);**
2. **Accepted for placement;**
3. **Barrier to placement, and**
4. **Criminal court involvement.**

The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified.

Performance Objective Operational Definition: The number of patients having been in the State Psychiatric Hospital over 365 days will be monitored.

Performance Objective Data Display and Chart Description:
Chart with number of patients having been in the State Psychiatric Hospital over 365 days.

Data Flow:



Objective 5C - Patients Having Been in the State Psychiatric Hospital Over 365 Days
All State Hospitals - FY2012

	Q1	Q2	Q3	Q4
Austin State Hospital	45	46		
Big Spring State Hospital	97	105		
El Paso Psychiatric Center	6	6		
Kerrville State Hospital	160	155		
North Texas State Hospital	86	89		
Rio Grande State Center	0	1		
Rusk State Hospital	153	158		
San Antonio State Hospital	93	89		
Terrell State Hospital	32	31		
Waco Center for Youth	0	0		
All State Hospitals	**672**	**680**		

Table: Hospital Management Data Services

Source: CWS/MJC Report

Performance Measure 5A:

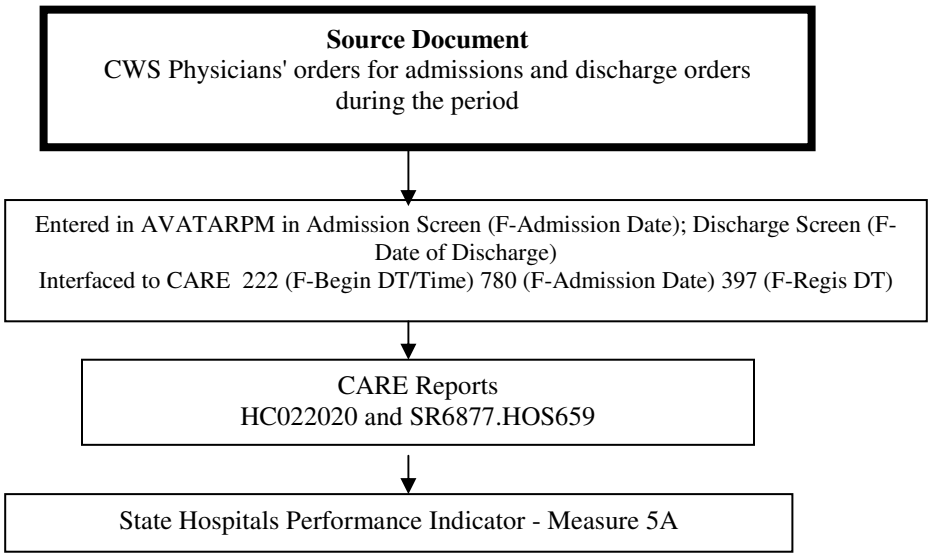
Calculate and report number and type of all admissions, discharges, and the percentage of patients new to the system.

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

Performance Measure Data Display and Chart Description:

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

Data Flow:



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	1293	1258	1136	1163	1281	1086	1197	1173	1179	1237	1251	1314	1266	1226	1156	1139	1233	1123
Voluntary	127	108	110	99	124	121	133	140	134	139	178	183	171	166	168	136	162	160
Involuntary	1166	1150	1026	1064	1157	965	1064	1033	1045	1098	1073	1131	1095	1060	988	1003	1071	963
OPC	325	323	267	290	308	276	274	255	282	282	280	321	313	311	274	312	333	269
Emergency	572	558	490	485	576	455	516	517	532	552	543	559	529	530	459	473	485	454
Temporary	125	133	110	129	104	93	109	105	100	113	99	118	111	99	90	85	90	80
Extended	1	2	5	7	5	6	8	7	1	6	1	4	3	4	4	2	4	6
Forensic	121	121	131	131	146	119	138	126	114	121	132	112	122	102	137	121	142	141
Order for MR S	22	13	23	22	18	16	19	23	16	24	18	17	17	14	24	10	17	13
Discharges	1287	1254	1167	1252	1148	1079	1236	1165	1176	1273	1183	1317	1250	1249	1197	1165	1166	1131
% New to System	45%	49%	49%	48%	49%	46%	48%	48%	51%	51%	50%	51%	50%	52%	48%	49%	48%	49%

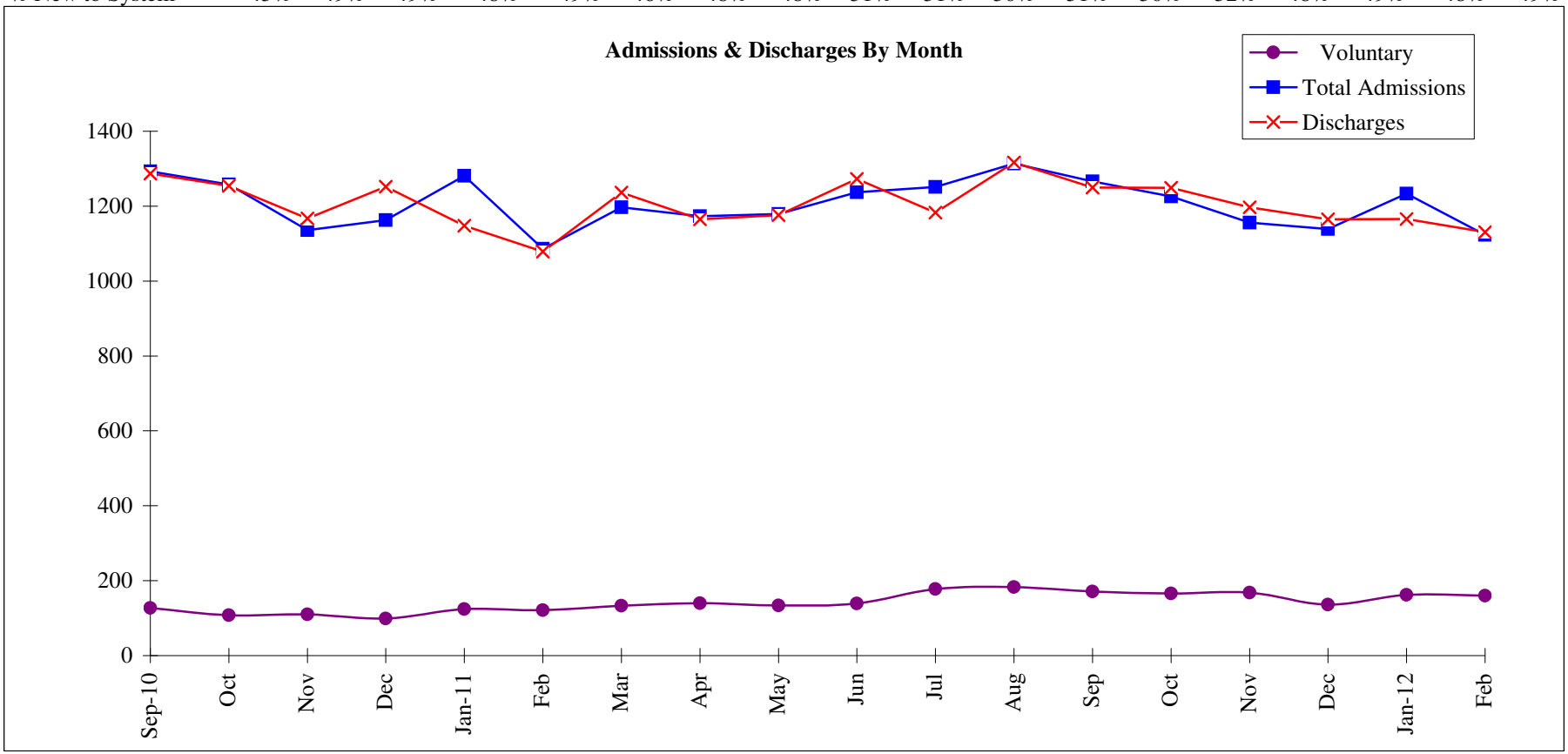
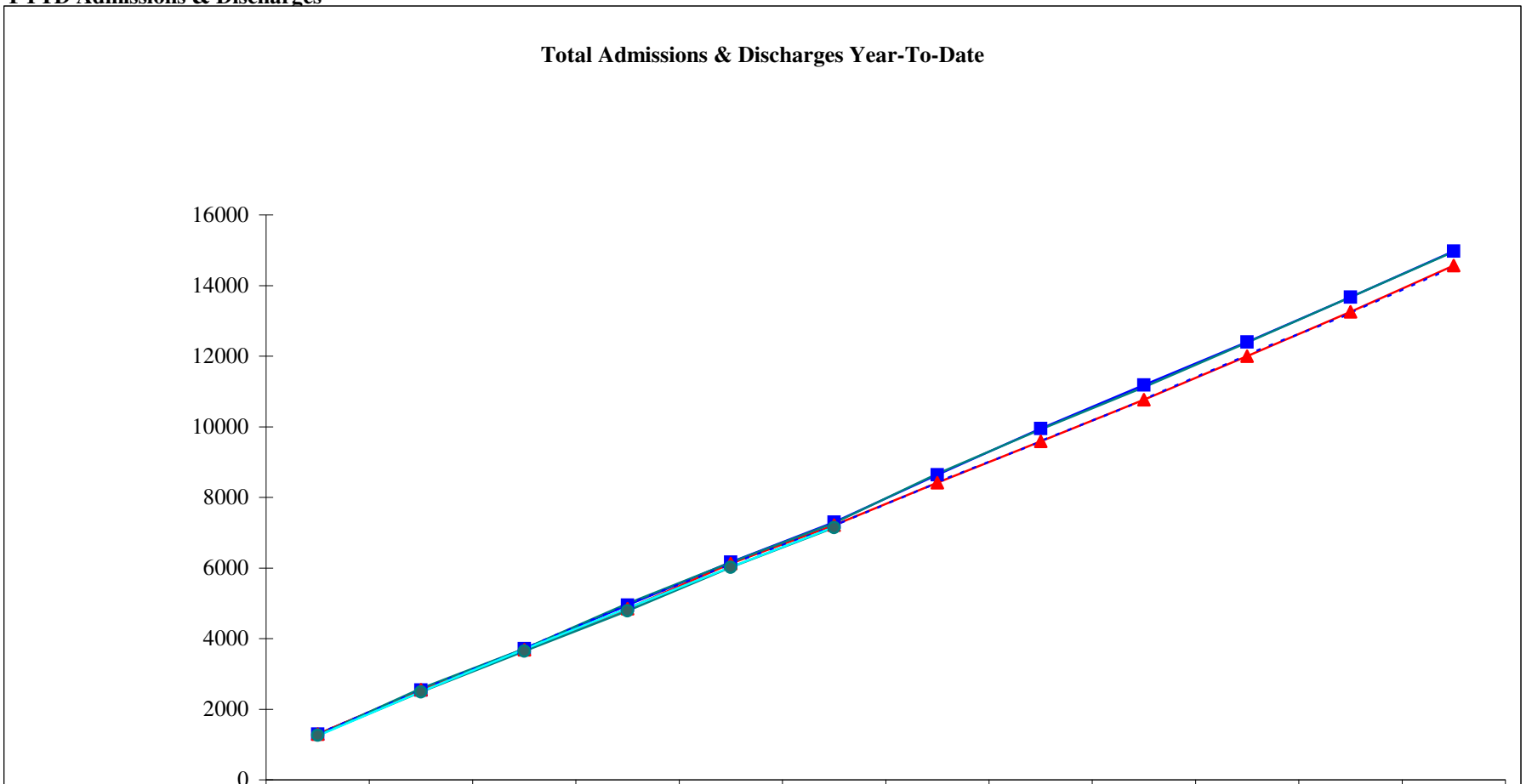


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
FYTD Admissions & Discharges

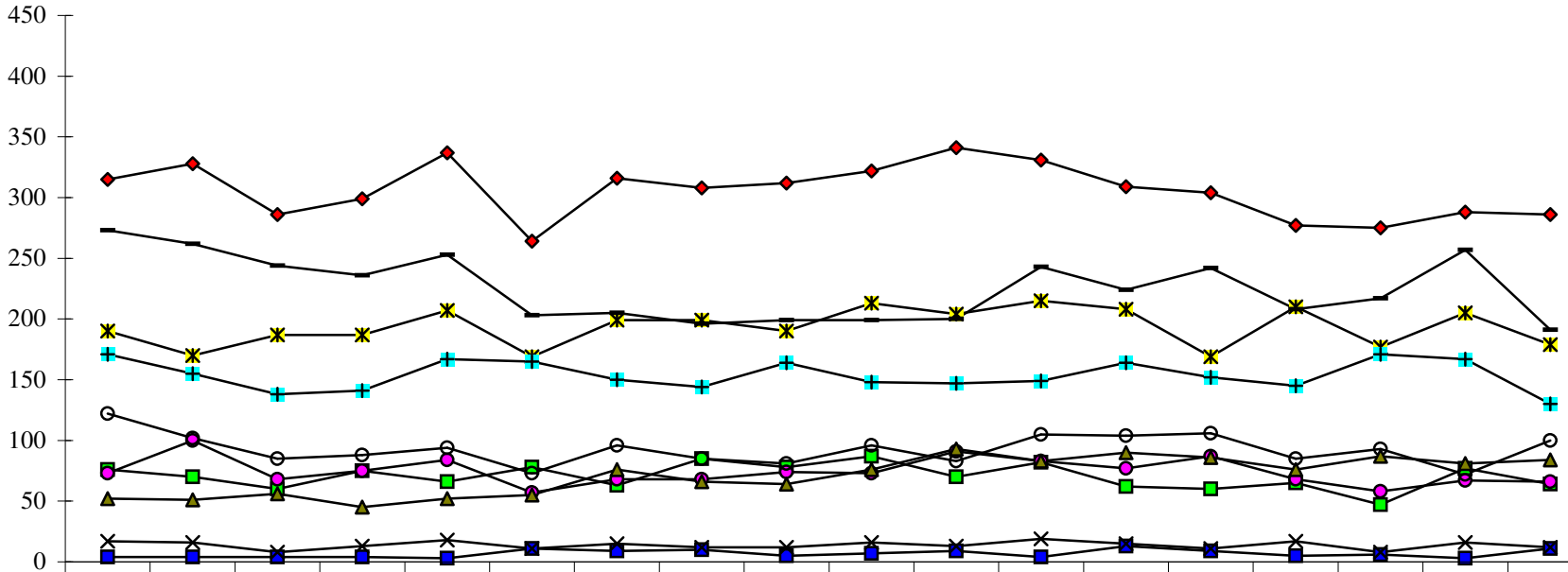


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	1296	2543	3714	4951	6164	7300	8640	9952	11184	12403	13671	14975
FY11 Admissions	1293	2551	3687	4850	6131	7217	8414	9587	10766	12003	13254	14568
FY12 Admissions	1266	2492	3648	4787	6020	7143						
FY10 Discharges	1266	2588	3715	4992	6158	7277	8672	9925	11125	12387	13670	14963
FY11 Discharges	1287	2541	3708	4960	6108	7187	8423	9588	10764	12037	13220	14537
FY12 Discharges	1250	2499	3696	4861	6027	7158						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Total Admissions by Month

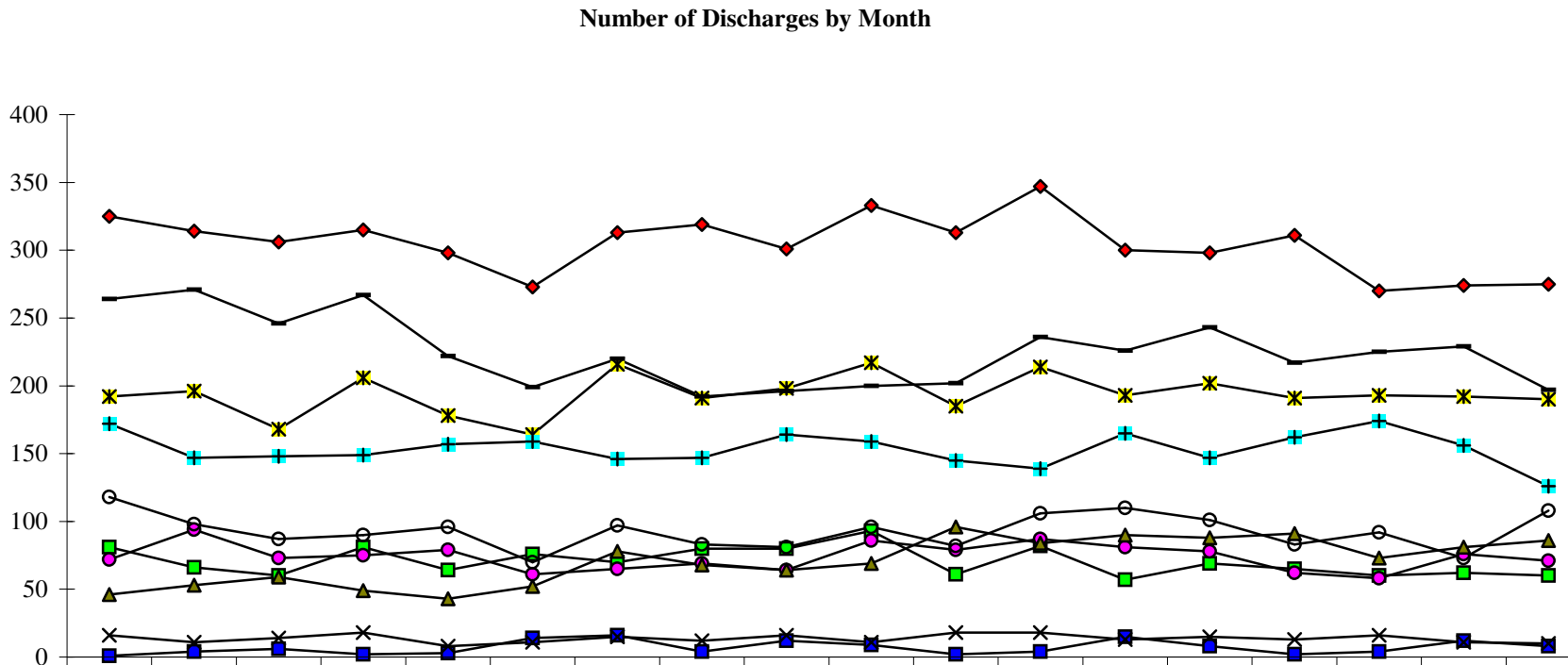


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ASH	315	328	286	299	337	264	316	308	312	322	341	331	309	304	277	275	288	286
BSSH	76	70	60	75	66	78	63	85	78	87	70	82	62	60	65	47	77	64
KSH	4	4	4	4	3	11	9	10	5	7	9	4	13	9	5	6	3	11
NTSH	190	170	187	187	207	169	199	199	190	213	204	215	208	169	210	177	205	179
RSH	73	100	68	75	84	57	68	68	74	73	91	83	77	87	68	58	67	66
SASH	171	155	138	141	167	165	150	144	164	148	147	149	164	152	145	171	167	130
TSH	273	262	244	236	253	203	205	196	199	199	200	243	224	242	208	217	257	191
WCFY	17	16	8	13	18	11	15	12	12	16	13	19	15	11	17	8	16	12
RGSC	122	102	85	88	94	73	96	85	81	96	83	105	104	106	85	93	72	100
EPPC	52	51	56	45	52	55	76	66	64	76	93	83	90	86	76	87	81	84

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals
Total Discharges by Month



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ASH	325	314	306	315	298	273	313	319	301	333	313	347	300	298	311	270	274	275
BSSH	81	66	60	81	64	76	70	80	80	93	61	82	57	69	65	60	62	60
KSH	1	4	6	2	3	14	16	4	12	9	2	4	15	8	2	4	12	8
NTSH	192	196	168	206	178	164	216	191	198	217	185	214	193	202	191	193	192	190
RSH	72	94	73	75	79	61	65	69	64	86	79	87	81	78	62	58	76	71
SASH	172	147	148	149	157	159	146	147	164	159	145	139	165	147	162	174	156	126
TSH	264	271	246	267	222	199	220	192	196	200	202	236	226	243	217	225	229	197
WCFY	16	11	14	18	8	11	15	12	16	11	18	18	13	15	13	16	11	10
RGSC	118	98	87	90	96	70	97	83	81	96	82	106	110	101	83	92	73	108
EPPC	46	53	59	49	43	52	78	68	64	69	96	84	90	88	91	73	81	86

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Austin State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	315	328	286	299	337	264	316	308	312	322	341	331	309	304	277	275	288	286
Voluntary	50	44	40	41	48	48	48	65	48	54	69	78	66	73	68	55	66	70
Involuntary	265	284	246	258	289	216	268	243	264	268	272	253	243	231	209	220	222	216
OPC	17	20	13	13	12	6	19	14	7	11	9	25	23	15	9	14	16	9
Emergency	218	232	208	222	238	189	221	200	219	227	234	202	189	183	177	176	175	172
Temporary	21	11	11	13	15	11	12	15	19	23	12	12	13	14	7	9	15	10
Extended	0	0	0	2	0	3	1	0	0	0	1	0	1	0	0	1	0	2
Forensic	8	20	14	8	24	7	15	13	19	7	15	14	17	19	16	20	16	22
Order for MR Svc	1	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1
Discharges	325	314	306	315	298	273	313	319	301	333	313	347	300	298	311	270	274	275
% New to System	44%	45%	48%	46%	48%	45%	45%	45%	48%	51%	48%	48%	49%	47%	47%	49%	47%	55%

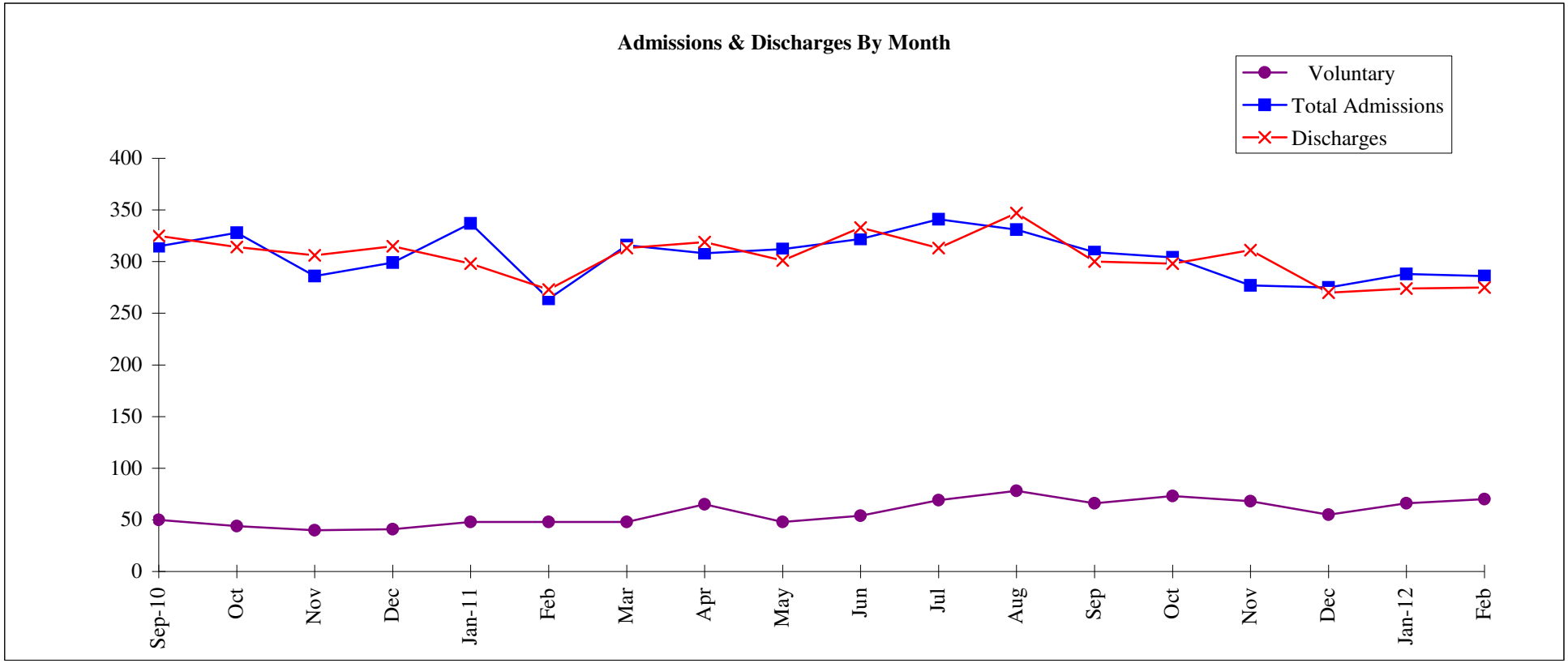
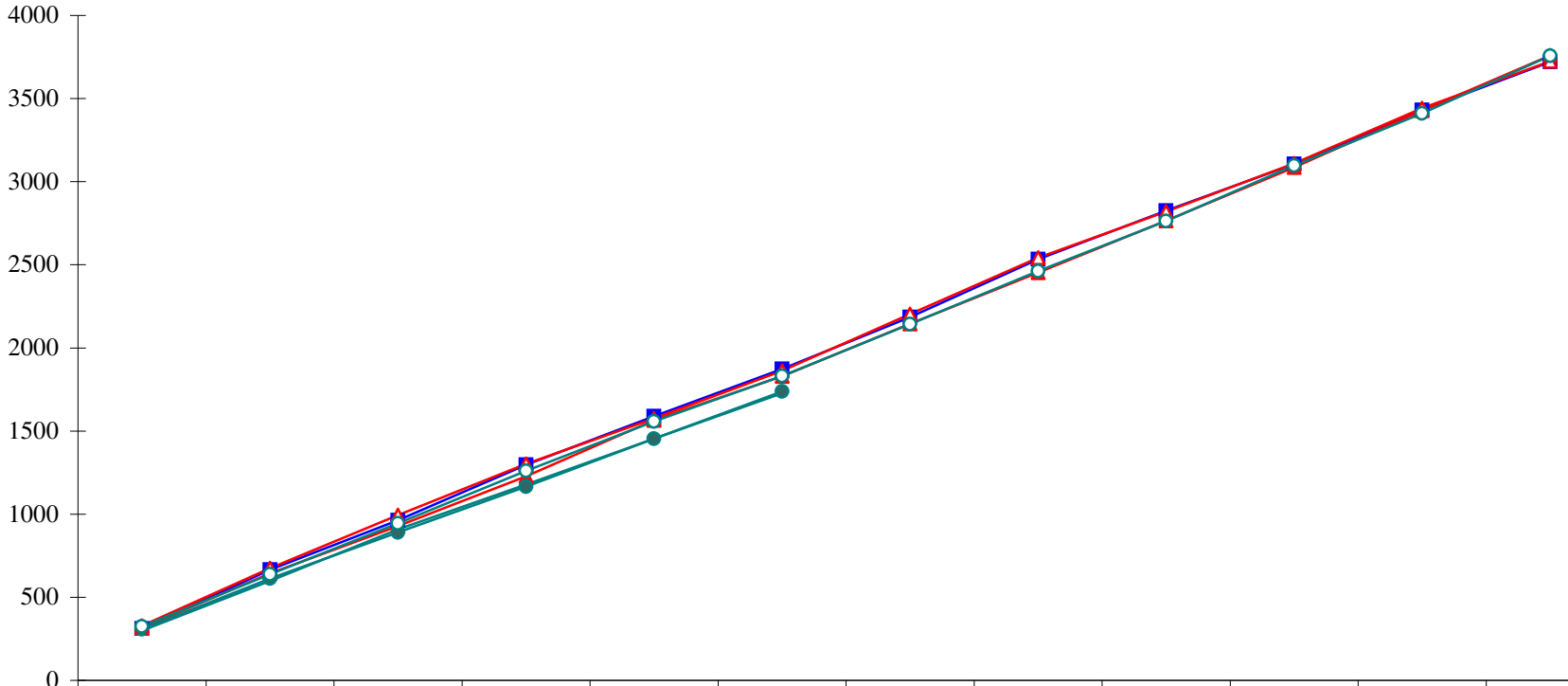


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Austin State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	312	666	963	1296	1589	1873	2185	2533	2825	3106	3431	3721
FY11 Admissions	315	643	929	1228	1565	1829	2145	2453	2765	3087	3428	3759
FY12 Admissions	309	613	890	1165	1453	1739						
FY10 Discharges	329	674	994	1303	1576	1863	2204	2542	2819	3110	3441	3725
FY11 Discharges	325	639	945	1260	1558	1831	2144	2463	2764	3097	3410	3757
FY12 Discharges	300	598	909	1179	1453	1728						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	76	70	60	75	66	78	63	85	78	87	70	82	62	60	65	47	77	64
Voluntary	1	4	4	5	3	7	3	7	5	3	6	9	2	4	6	4	9	4
Involuntary	75	66	56	70	63	71	60	78	73	84	64	73	60	56	59	43	68	60
OPC	11	5	5	7	6	12	12	6	12	10	7	8	7	6	3	1	5	4
Emergency	49	55	37	48	46	40	38	60	52	62	44	61	46	45	41	34	43	42
Temporary	1	1	2	1	2	3	2	2	3	1	1	1	1	1	3	2	2	0
Extended	0	0	2	0	0	0	1	3	0	1	0	0	0	0	0	0	2	0
Forensic	13	3	5	13	9	16	6	7	6	10	12	3	6	4	9	4	14	14
Order for MR	1	2	5	1	0	0	1	0	0	0	0	0	0	0	3	2	2	0
Discharges	81	66	60	81	64	76	70	80	80	93	61	82	57	69	65	60	62	60
% New to System	34%	50%	28%	36%	36%	38%	40%	41%	47%	53%	53%	54%	47%	45%	40%	43%	43%	39%

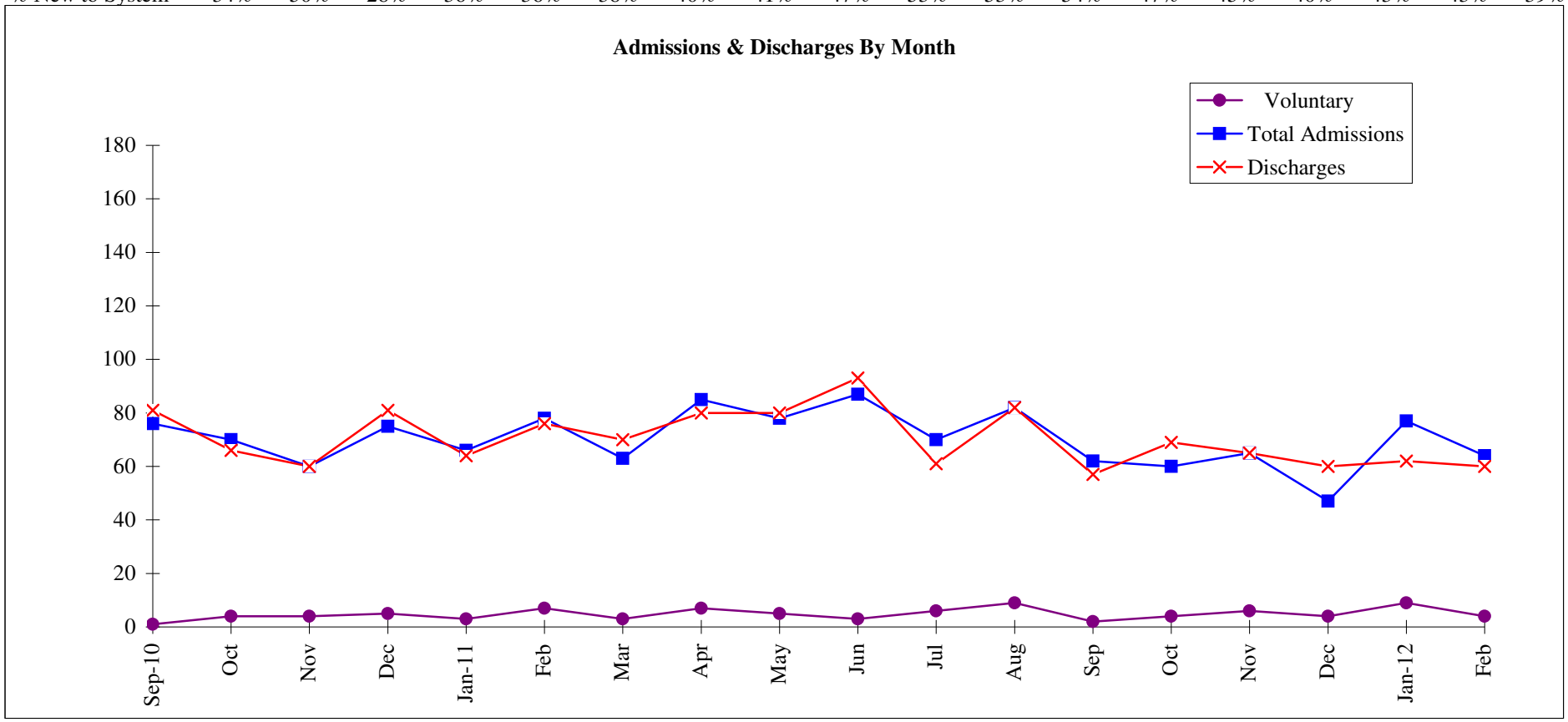
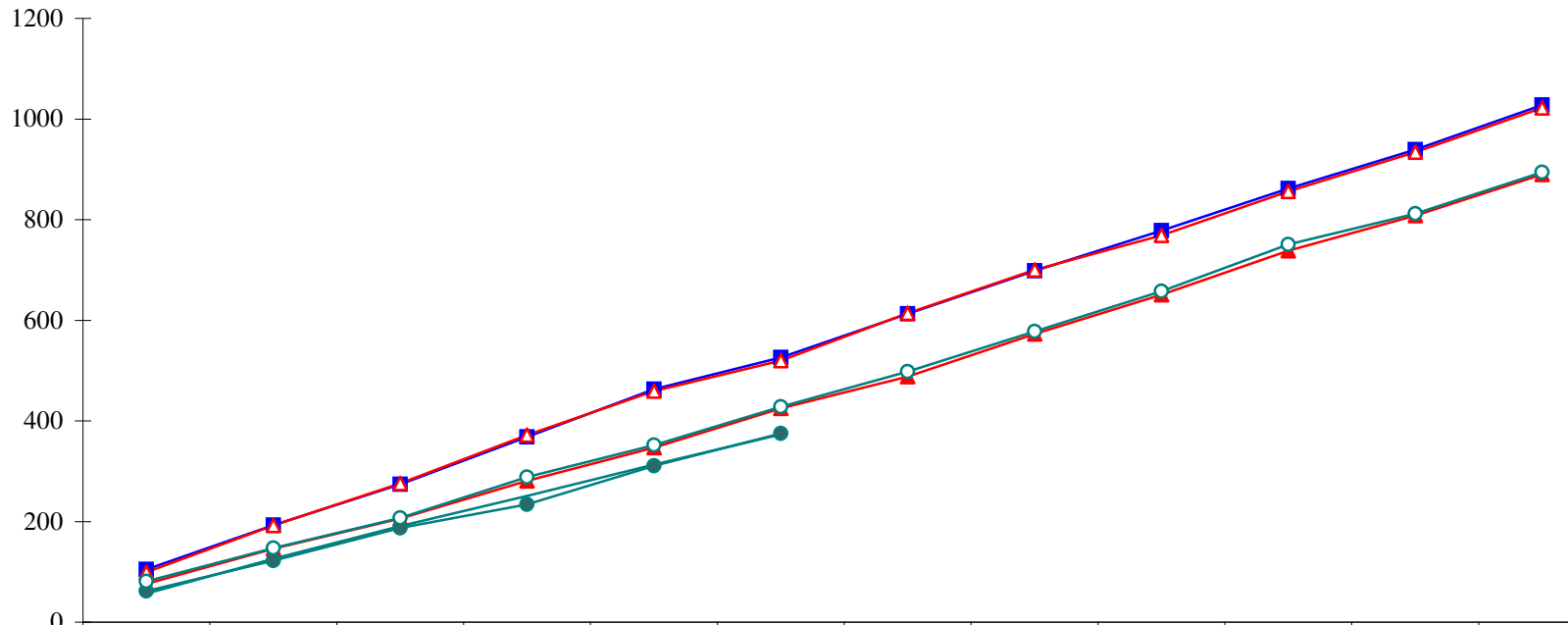


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	105	193	274	368	463	526	613	698	778	862	939	1028
FY11 Admissions	76	146	206	281	347	425	488	573	651	738	808	890
FY12 Admissions	62	122	187	234	311	375						
FY10 Discharges	99	192	276	372	459	520	614	700	769	856	934	1022
FY11 Discharges	81	147	207	288	352	428	498	578	658	751	812	894
FY12 Discharges	57	126	191	251	313	373						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	52	51	56	45	52	55	76	66	64	76	93	83	90	86	76	87	81	84
Voluntary	25	22	30	19	14	24	33	27	30	34	45	46	49	40	36	43	34	41
Involuntary	27	29	26	26	38	31	43	39	34	42	48	37	41	46	40	44	47	43
OPC	4	4	3	5	3	9	5	9	10	13	21	17	21	29	21	8	22	14
Emergency	20	18	14	13	29	18	31	21	20	27	17	14	16	13	14	29	21	24
Temporary	3	5	5	4	4	2	6	4	1	1	6	2	1	2	2	2	1	0
Extended	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Forensic	0	2	4	4	2	2	1	5	3	0	4	4	3	2	3	5	3	5
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	46	53	59	49	43	52	78	68	64	69	96	84	90	88	91	73	81	86
% New to System	44%	49%	55%	53%	40%	43%	43%	55%	52%	53%	55%	61%	51%	49%	51%	48%	42%	60%

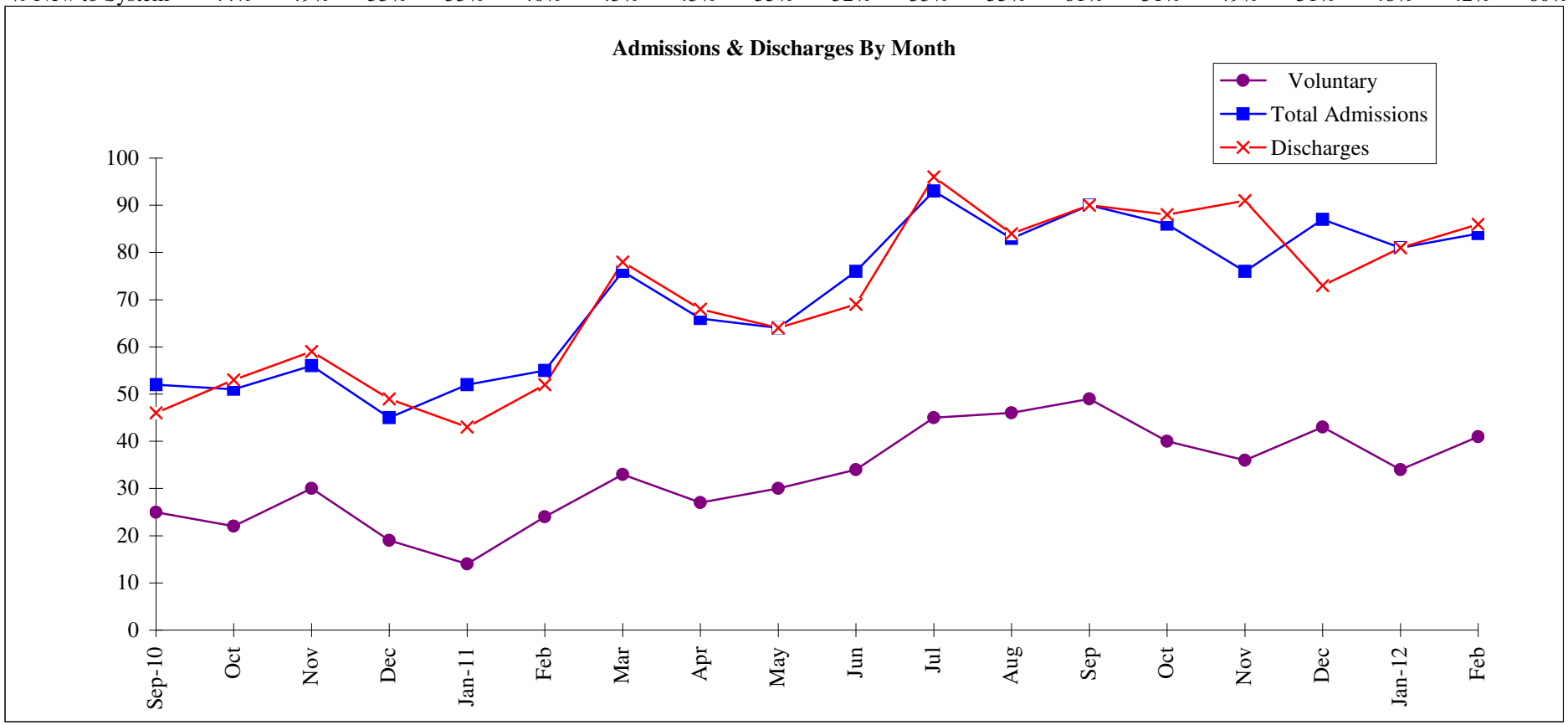
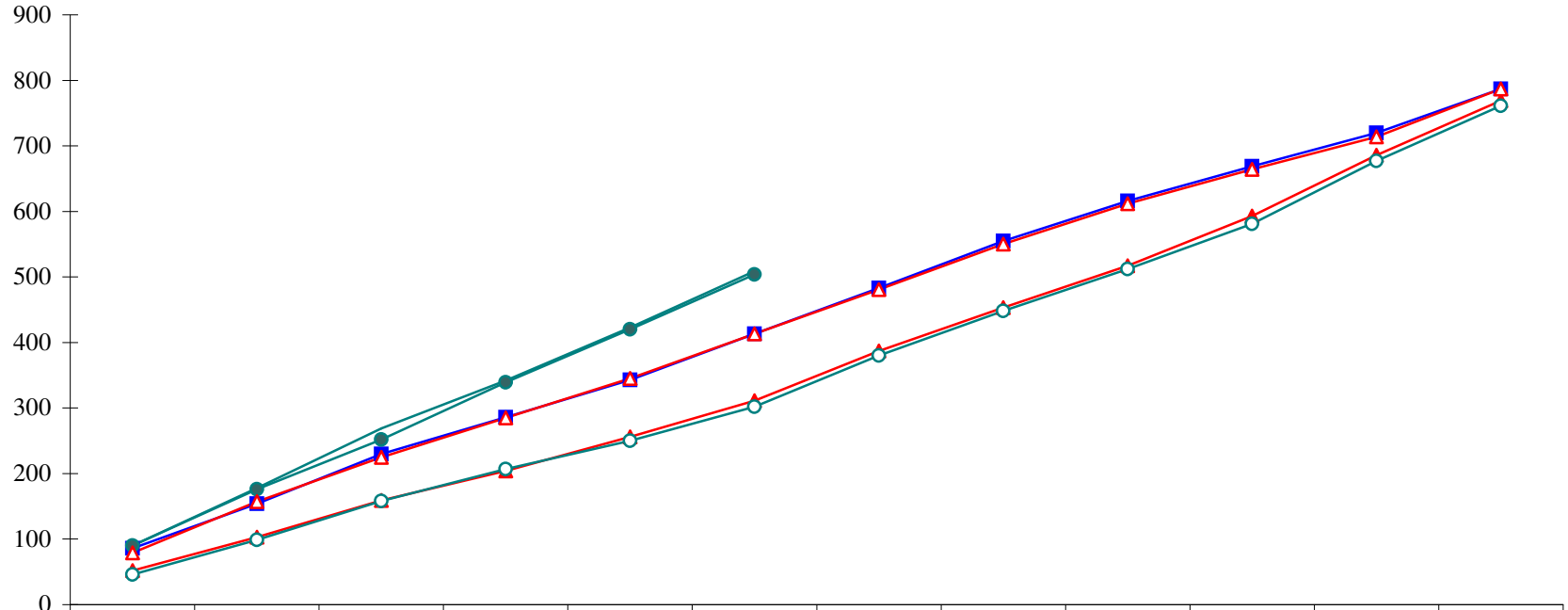


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	86	154	230	286	343	413	483	555	616	669	720	787
FY11 Admissions	52	103	159	204	256	311	387	453	517	593	686	769
FY12 Admissions	90	176	252	339	420	504						
FY10 Discharges	79	157	225	285	345	413	481	550	612	664	714	787
FY11 Discharges	46	99	158	207	250	302	380	448	512	581	677	761
FY12 Discharges	90	178	269	342	423	509						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	4	4	4	4	3	11	9	10	5	7	9	4	13	9	5	6	3	11
Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Involuntary	4	4	4	4	3	11	9	10	5	7	9	4	13	9	5	6	3	11
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
Forensic	4	4	4	4	3	11	9	10	5	7	9	4	13	9	5	6	3	11
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	1	4	6	2	3	14	16	4	12	9	2	4	15	8	2	4	12	8
% New to System	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

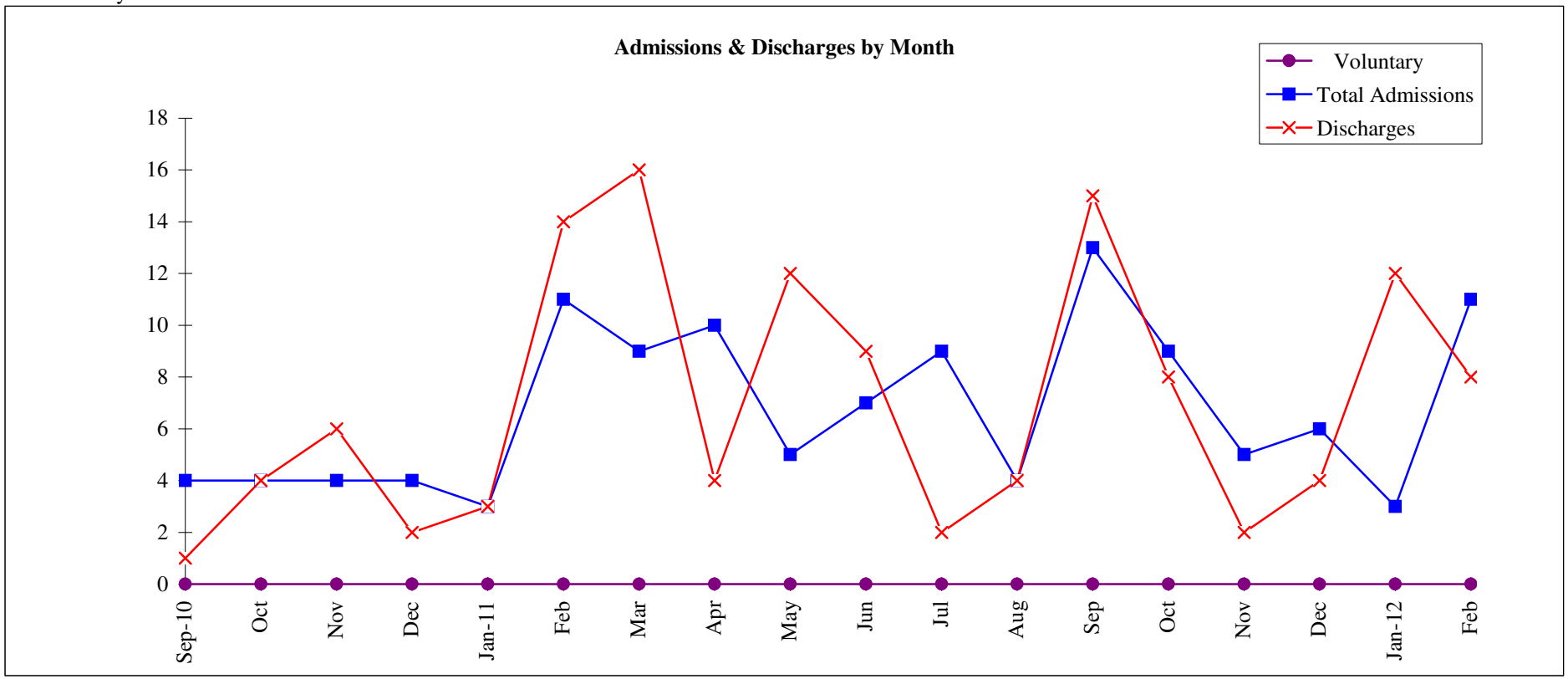
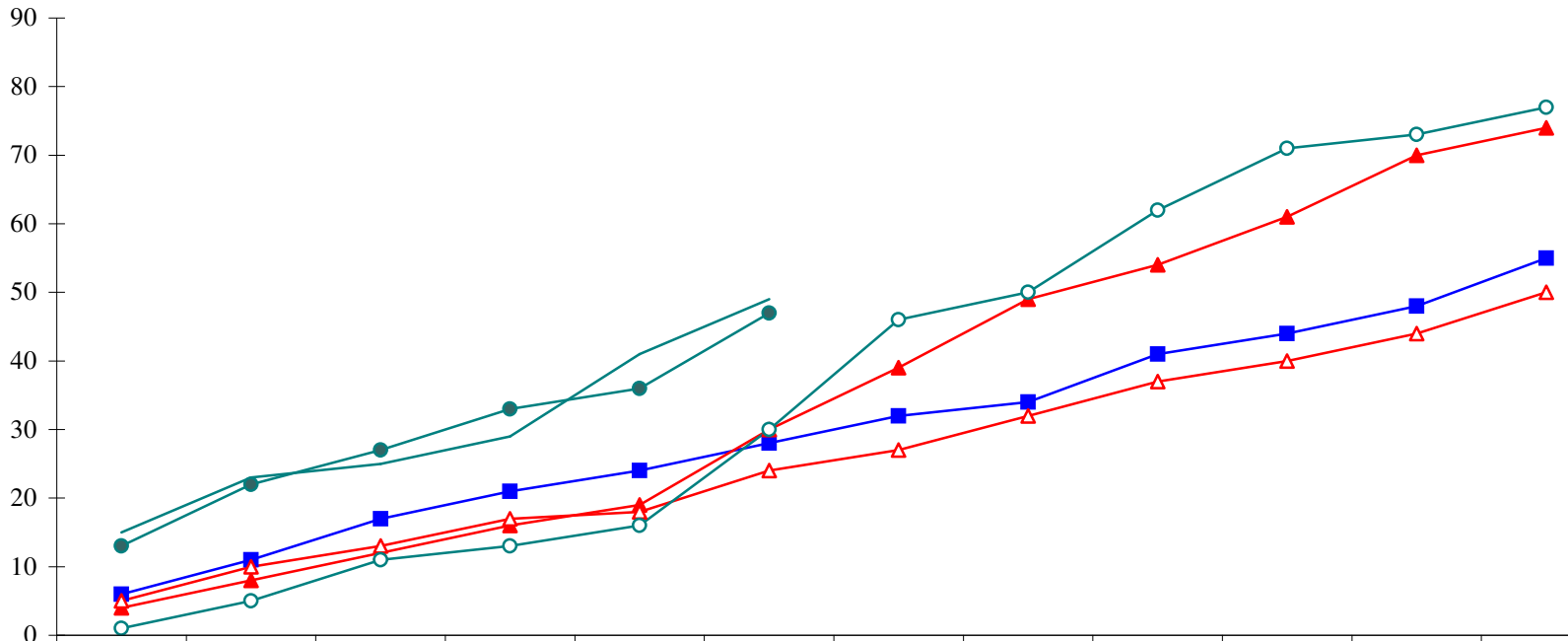


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	6	11	17	21	24	28	32	34	41	44	48	55
FY11 Admissions	4	8	12	16	19	30	39	49	54	61	70	74
FY12 Admissions	13	22	27	33	36	47						
FY10 Discharges	5	10	13	17	18	24	27	32	37	40	44	50
FY11 Discharges	1	5	11	13	16	30	46	50	62	71	73	77
FY12 Discharges	15	23	25	29	41	49						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	190	170	187	187	207	169	199	199	190	213	204	215	208	169	210	177	205	179
Voluntary	3	4	2	5	9	5	5	4	7	3	11	3	3	1	2	1	7	5
Involuntary	187	166	185	182	198	164	194	195	183	210	193	212	205	168	208	176	198	174
OPC	13	11	15	16	29	26	28	24	20	24	17	28	24	22	30	24	27	27
Emergency	49	43	47	37	55	40	50	53	49	49	45	53	55	57	45	43	47	33
Temporary	48	60	55	51	44	39	47	53	50	56	56	63	61	42	49	48	48	49
Extended	0	0	0	0	2	0	2	1	0	1	0	1	0	2	0	0	1	2
Forensic	63	45	51	63	51	45	55	46	51	62	61	52	51	34	68	53	62	56
Order for MR	14	7	17	15	17	14	12	18	13	18	14	15	14	11	16	8	13	7
Discharges	192	196	168	206	178	164	216	191	198	217	185	214	193	202	191	193	192	190
% New to System	48%	55%	61%	48%	60%	49%	56%	51%	58%	50%	54%	55%	50%	60%	47%	51%	50%	49%

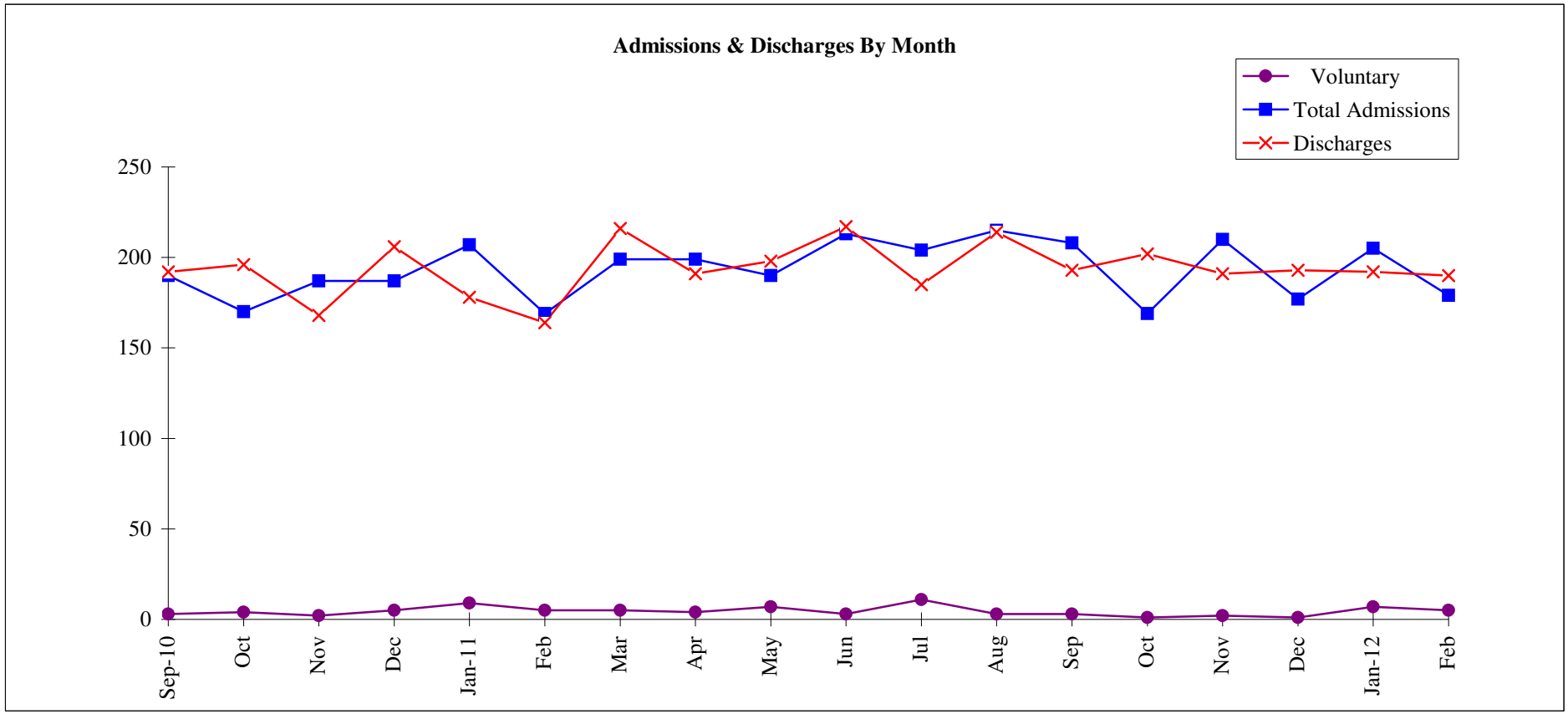
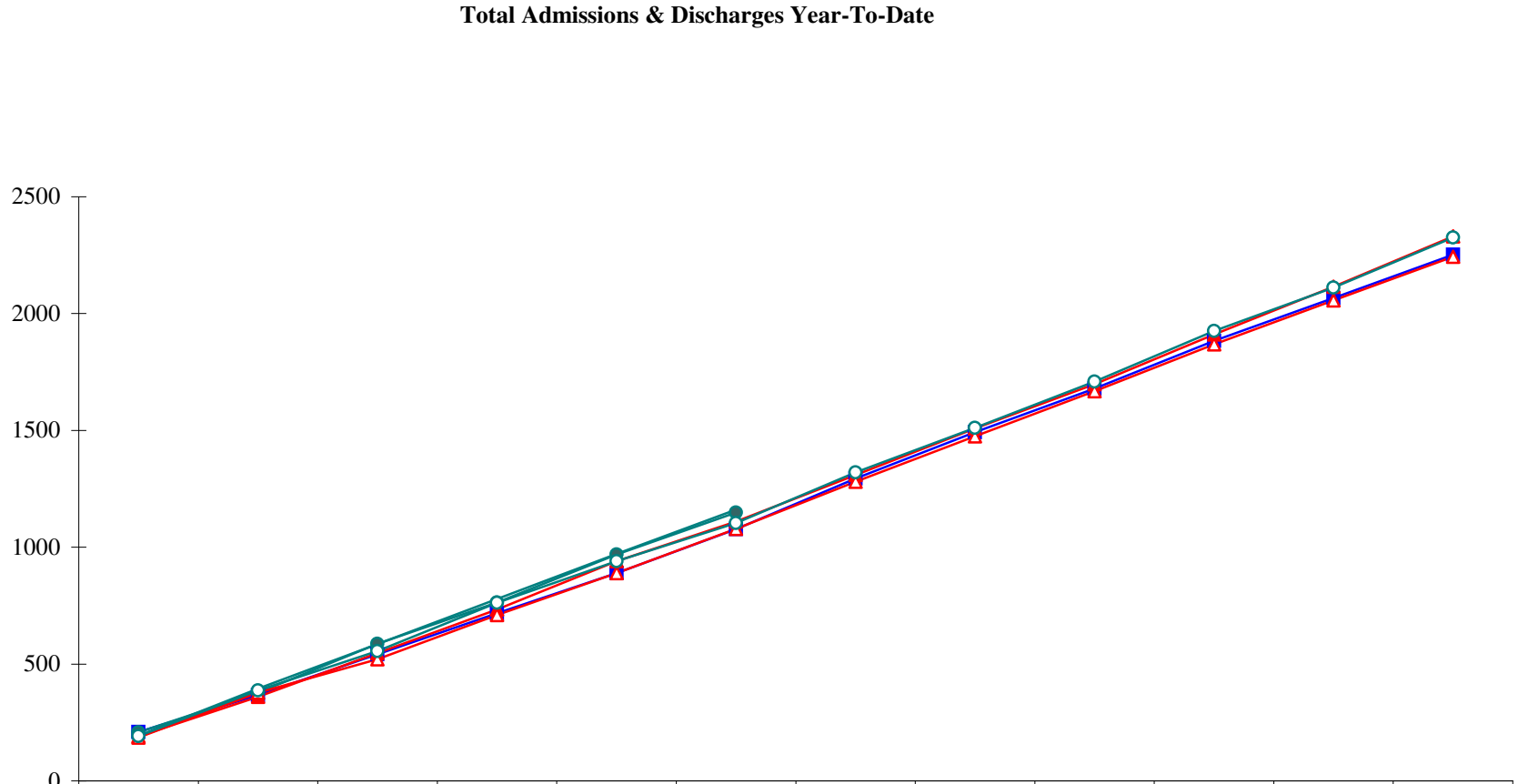


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	209	368	542	718	889	1077	1294	1492	1679	1884	2066	2252
FY11 Admissions	190	360	547	734	941	1110	1309	1508	1698	1911	2115	2330
FY12 Admissions	208	377	587	764	969	1148						
FY10 Discharges	185	377	521	710	890	1079	1281	1475	1668	1869	2056	2244
FY11 Discharges	192	388	556	762	940	1104	1320	1511	1709	1926	2111	2325
FY12 Discharges	193	395	586	779	971	1161						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rio Grande State Center
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	122	102	85	88	94	73	96	85	81	96	83	105	104	106	85	93	72	100
Voluntary	5	4	2	1	5	4	3	1	2	3	0	0	6	6	3	2	2	1
Involuntary	117	98	83	87	89	69	93	84	79	93	83	105	98	100	82	91	70	99
OPC	1	1	1	1	1	0	0	0	0	0	1	0	2	1	0	1	0	2
Emergency	114	94	80	84	87	69	93	84	79	93	82	105	94	99	79	87	69	96
Temporary	2	1	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	1
Extended	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Forensic	0	2	2	1	1	0	0	0	0	0	0	0	0	0	3	2	1	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	118	98	87	90	96	70	97	83	81	96	82	106	110	101	83	92	73	108
% New to System	48%	49%	49%	58%	57%	49%	53%	51%	53%	60%	58%	55%	56%	60%	54%	59%	60%	52%

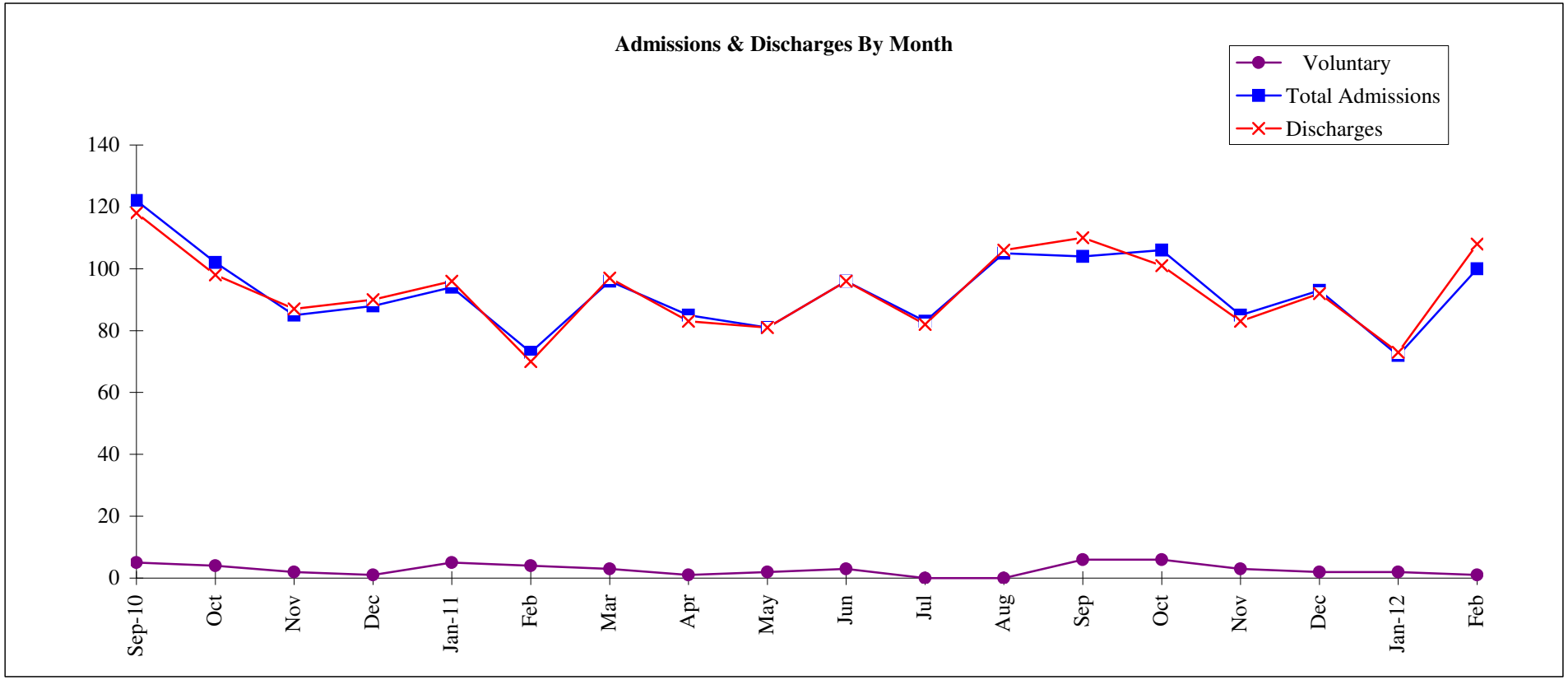
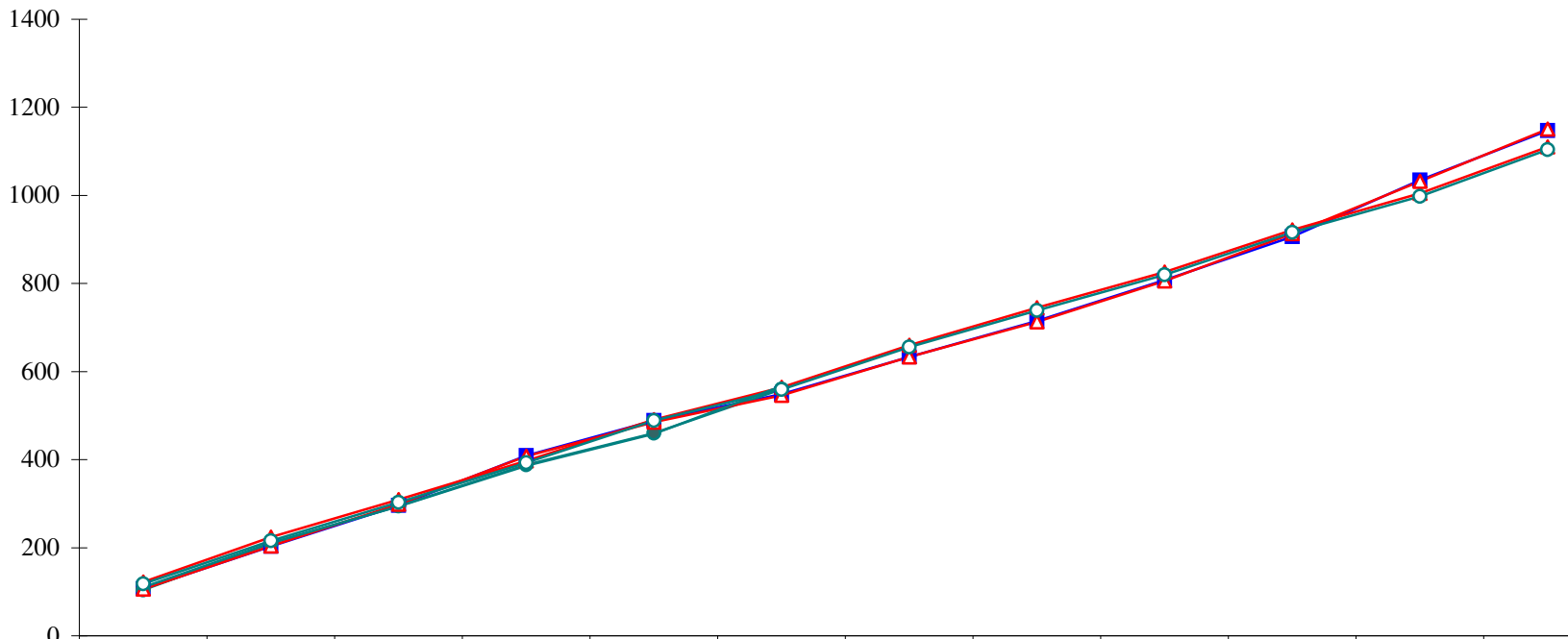


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rio Grande State Center
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	107	203	296	409	489	549	633	715	808	906	1035	1147
FY11 Admissions	122	224	309	397	491	564	660	745	826	922	1005	1110
FY12 Admissions	104	210	295	388	460	560						
FY10 Discharges	106	204	299	408	485	546	633	713	806	913	1032	1151
FY11 Discharges	118	216	303	393	489	559	656	739	820	916	998	1104
FY12 Discharges	110	211	294	386	459	567						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rusk State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	73	100	68	75	84	57	68	68	74	73	91	83	77	87	68	58	67	66
Voluntary	0	0	1	0	1	0	0	0	0	1	3	4	2	1	0	0	1	1
Involuntary	73	100	67	75	83	57	68	68	74	72	88	79	75	86	68	58	66	65
OPC	25	32	17	27	25	19	24	22	26	15	24	12	14	21	15	18	18	26
Emergency	29	40	24	21	24	18	13	21	31	33	46	44	40	41	28	28	28	17
Temporary	7	6	5	6	6	8	7	4	6	11	4	7	6	9	10	5	4	8
Extended	0	0	1	0	1	0	0	0	0	1	0	1	1	2	0	1	0	1
Forensic	12	22	20	21	27	12	24	21	11	12	14	15	14	13	15	6	16	13
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	72	94	73	75	79	61	65	69	64	86	79	87	81	78	62	58	76	71
% New to System	47%	49%	41%	45%	31%	47%	47%	50%	59%	42%	56%	46%	56%	53%	47%	53%	54%	36%

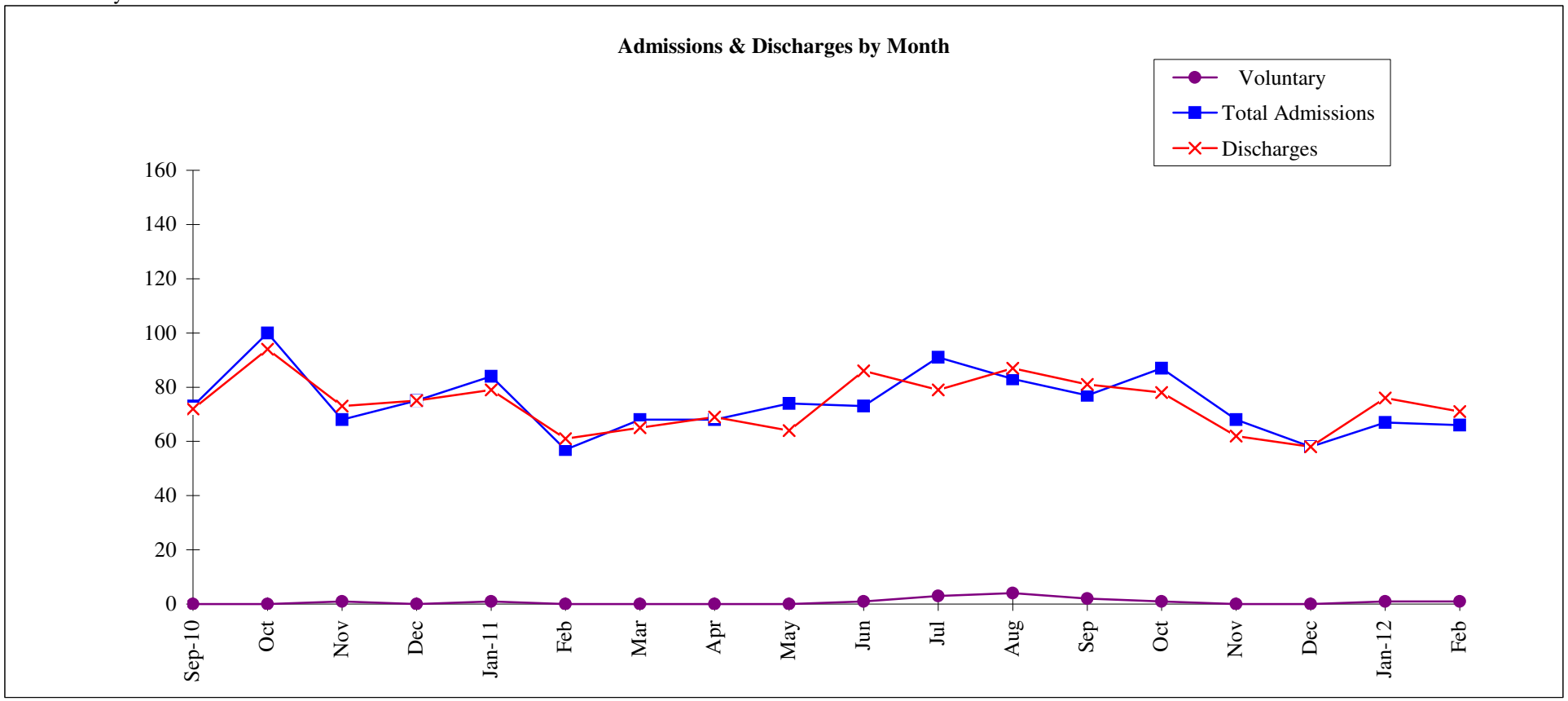
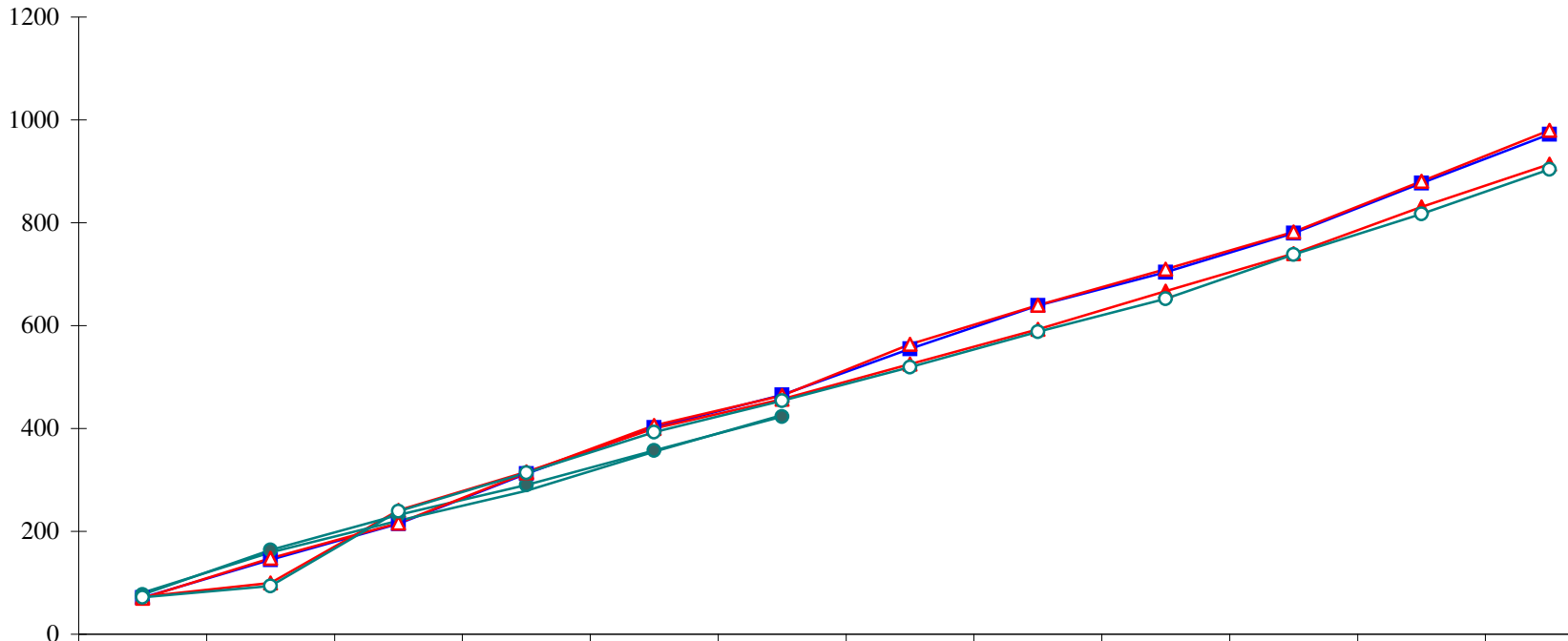


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rusk State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	71	145	215	312	402	465	555	639	704	780	877	972
FY11 Admissions	73	100	241	316	400	457	525	593	667	740	831	914
FY12 Admissions	77	164	232	290	357	423						
FY10 Discharges	70	148	216	314	406	464	564	640	710	782	881	980
FY11 Discharges	72	94	239	314	393	454	519	588	652	738	817	904
FY12 Discharges	81	159	221	279	355	426						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	171	155	138	141	167	165	150	144	164	148	147	149	164	152	145	171	167	130
Voluntary	11	10	9	8	15	14	15	14	18	12	19	12	11	18	15	16	12	12
Involuntary	160	145	129	133	152	151	135	130	146	136	128	137	153	134	130	155	155	118
OPC	45	51	36	50	42	46	42	35	49	47	38	45	45	33	33	63	41	35
Emergency	82	66	69	54	83	72	65	69	76	56	67	68	78	76	69	71	90	63
Temporary	15	19	12	16	15	14	9	13	12	16	12	16	19	17	15	10	10	8
Extended	0	1	0	2	1	2	2	0	0	0	0	1	0	0	3	0	1	1
Forensic	12	5	11	5	10	15	11	9	6	11	8	5	8	5	5	11	11	6
Order for MR	6	3	1	6	1	2	6	4	3	6	3	2	3	3	5	0	2	5
Discharges	172	147	148	149	157	159	146	147	164	159	145	139	165	147	162	174	156	126
% New to System	47%	52%	49%	55%	53%	47%	51%	56%	49%	49%	40%	48%	51%	58%	44%	49%	50%	51%

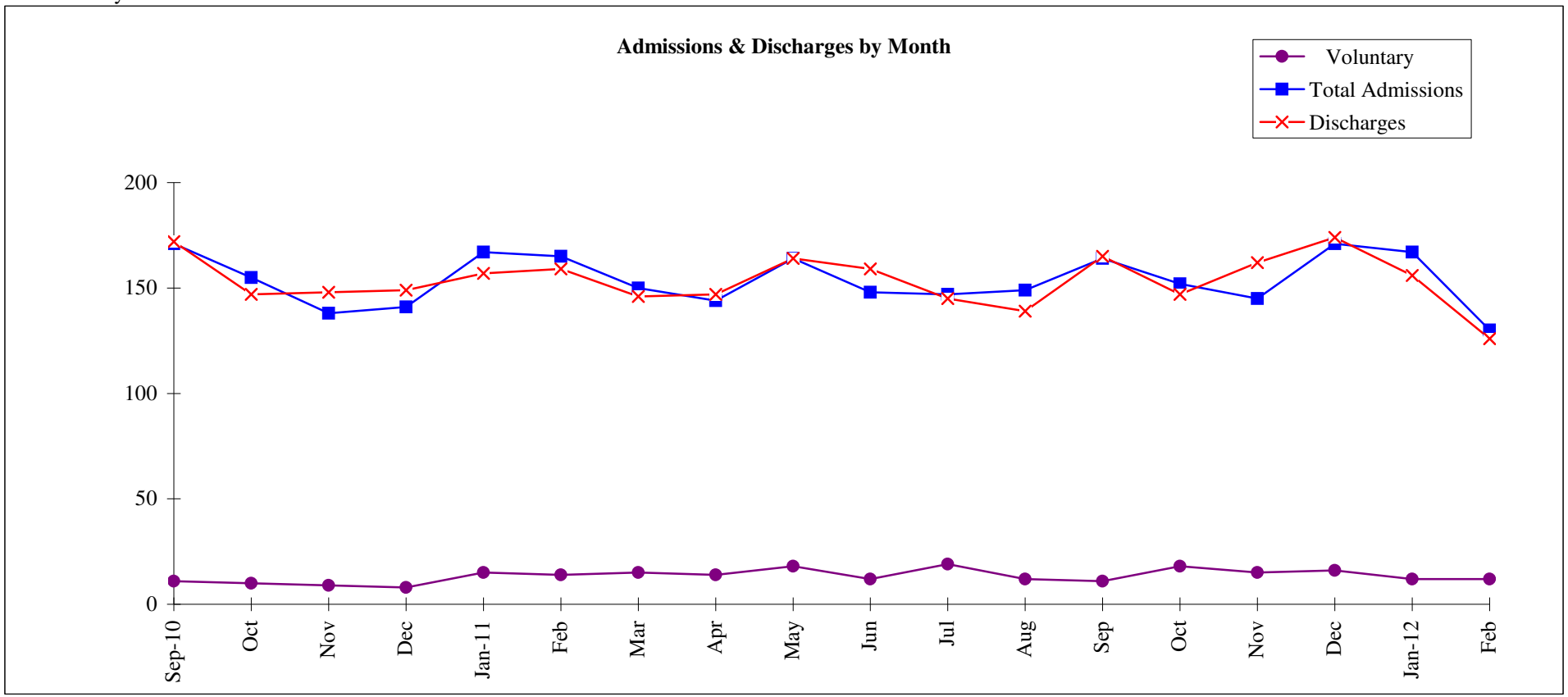
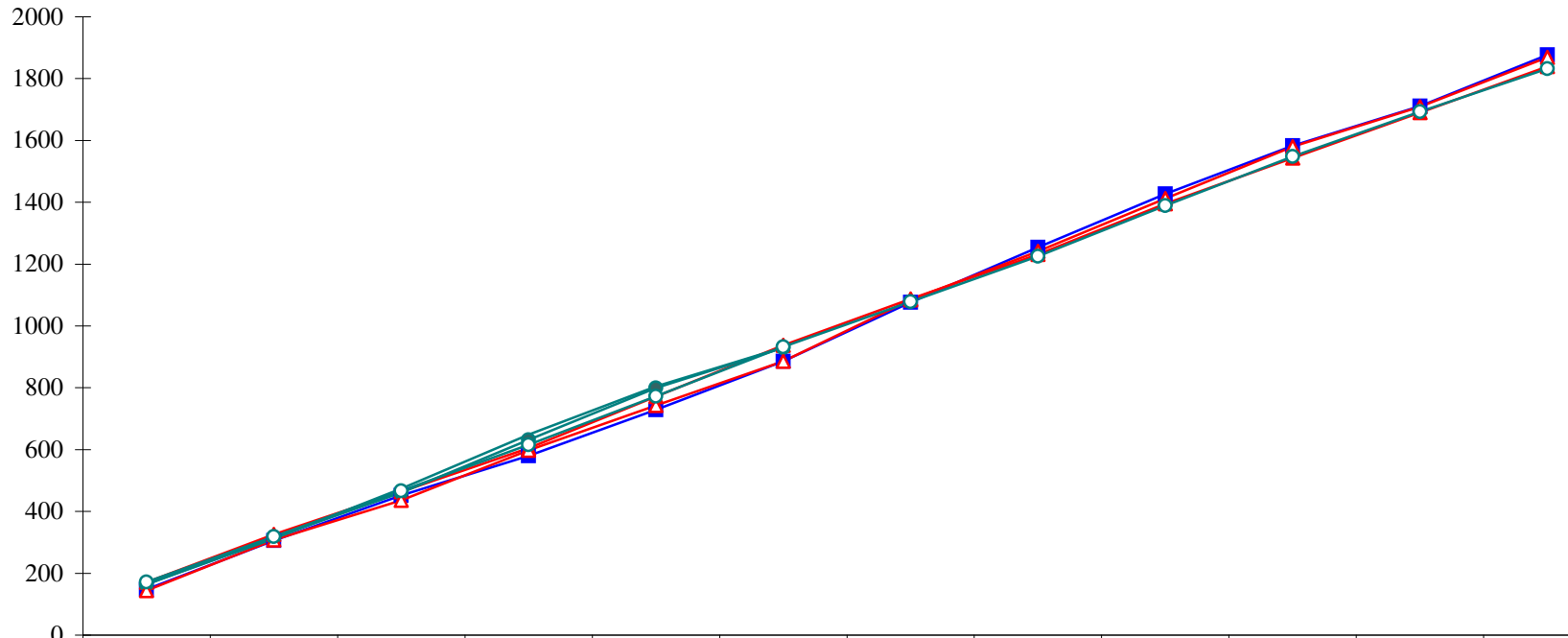


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	148	306	452	580	729	886	1076	1254	1427	1583	1711	1877
FY11 Admissions	171	326	464	605	772	937	1087	1231	1395	1543	1690	1839
FY12 Admissions	164	316	461	632	799	929						
FY10 Discharges	144	308	436	598	743	886	1084	1241	1412	1580	1709	1869
FY11 Discharges	172	319	467	616	773	932	1078	1225	1389	1548	1693	1832
FY12 Discharges	165	312	474	648	804	930						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Terrell State Hospital
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	273	262	244	236	253	203	205	196	199	199	200	243	224	242	208	217	257	191
Voluntary	15	4	14	7	11	8	11	10	12	13	12	12	17	12	21	7	15	14
Involuntary	258	258	230	229	242	195	194	186	187	186	188	231	207	230	187	210	242	177
OPC	209	199	177	171	190	158	144	145	158	162	163	186	177	184	163	183	204	152
Emergency	11	10	11	6	14	9	5	9	6	5	8	12	11	16	6	5	12	7
Temporary	28	30	20	37	18	16	26	14	9	5	8	17	9	14	4	8	10	4
Extended	1	1	2	3	1	1	2	3	1	2	0	1	0	0	1	0	0	0
Forensic	9	18	20	12	19	11	17	15	13	12	9	15	10	16	13	14	16	14
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	264	271	246	267	222	199	220	192	196	200	202	236	226	243	217	225	229	197
% New to System	45%	48%	46%	45%	43%	49%	45%	43%	47%	50%	49%	53%	54%	48%	48%	47%	46%	45%

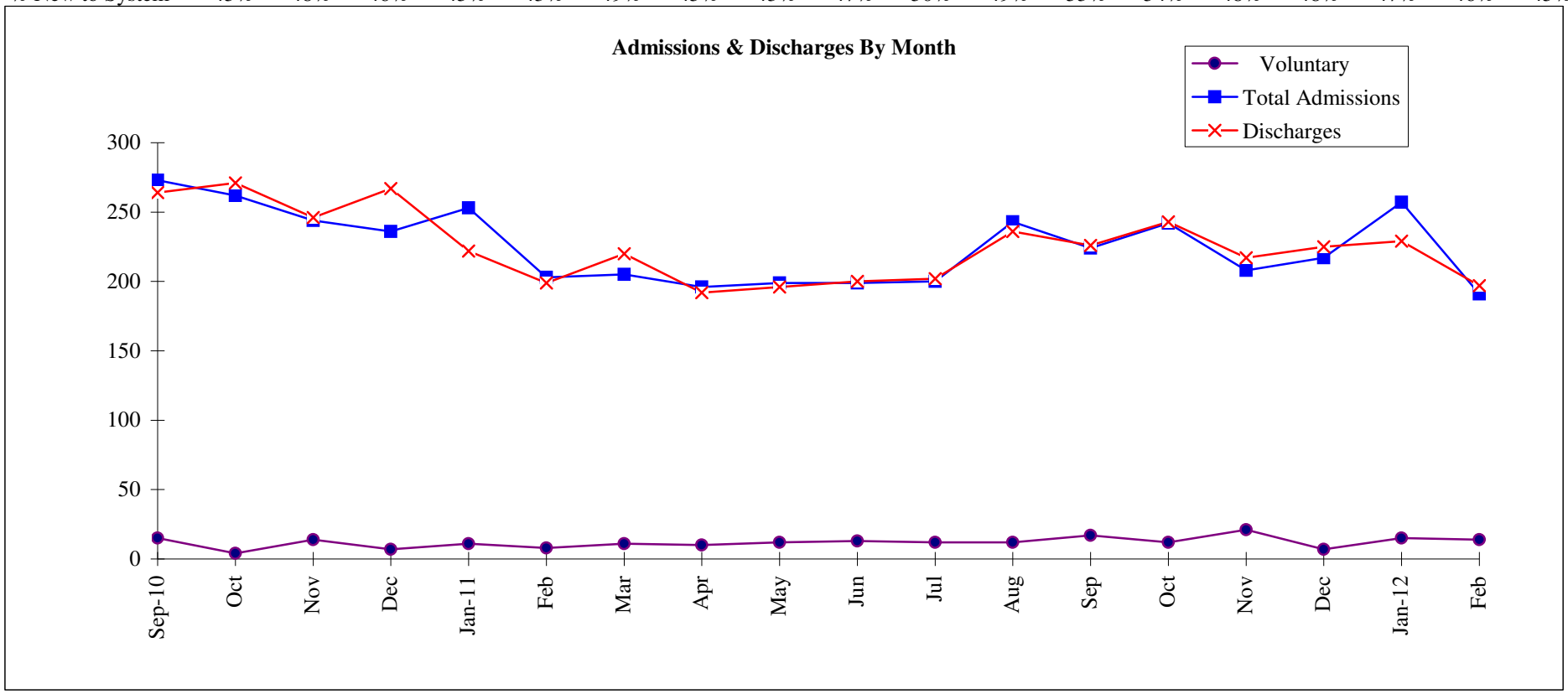
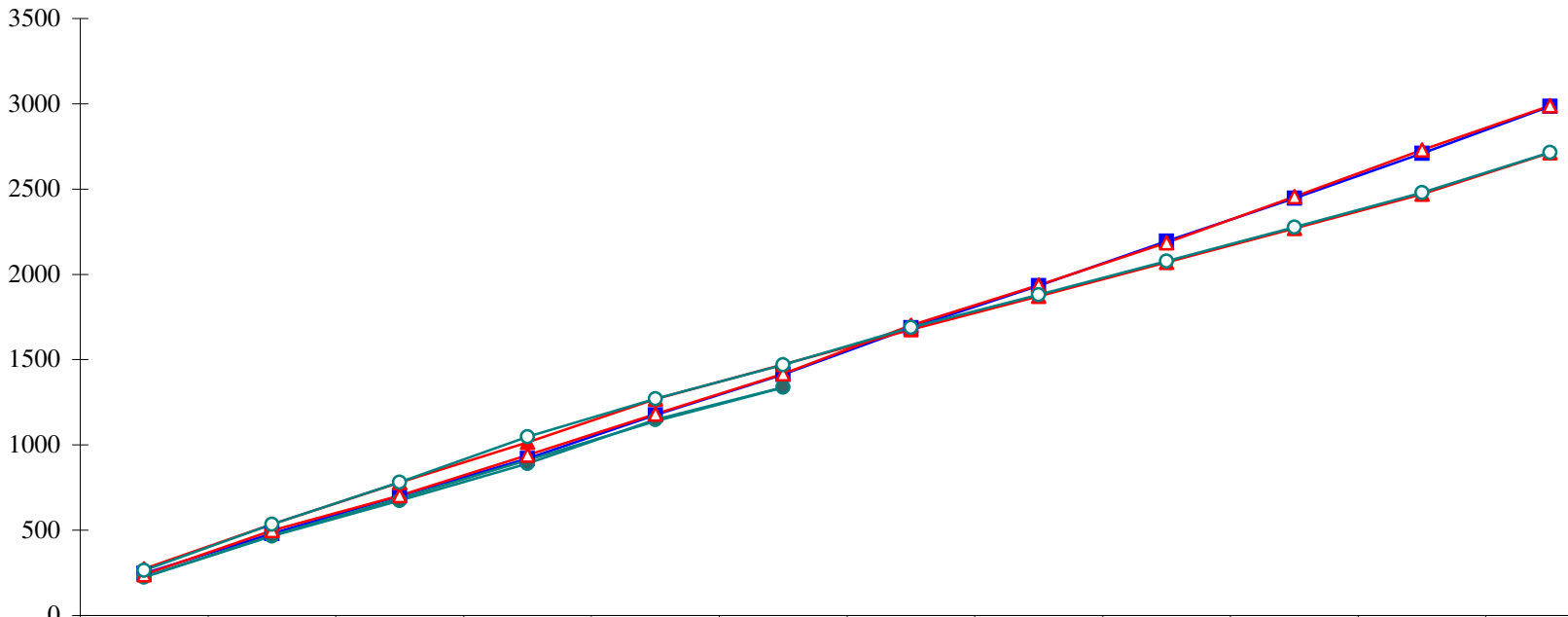


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Terrell State Hospital
FYTD Admissions & Discharges



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	246	481	701	921	1176	1414	1687	1934	2194	2446	2710	2986
FY11 Admissions	273	535	779	1015	1268	1471	1676	1872	2071	2270	2470	2713
FY12 Admissions	224	466	674	891	1148	1339						
FY10 Discharges	239	498	703	940	1182	1416	1702	1938	2185	2456	2730	2988
FY11 Discharges	264	535	781	1048	1270	1469	1689	1881	2077	2277	2479	2715
FY12 Discharges	226	469	686	911	1140	1337						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
Admissions by Month

	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Admissions	17	16	8	13	18	11	15	12	12	16	13	19	15	11	17	8	16	12
Voluntary	17	16	8	13	18	11	15	12	12	16	13	19	15	11	17	8	16	12
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Forensic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	16	11	14	18	8	11	15	12	16	11	18	18	13	15	13	16	11	10
% New to System	59%	44%	50%	54%	61%	36%	60%	58%	50%	63%	46%	32%	53%	82%	53%	50%	44%	58%

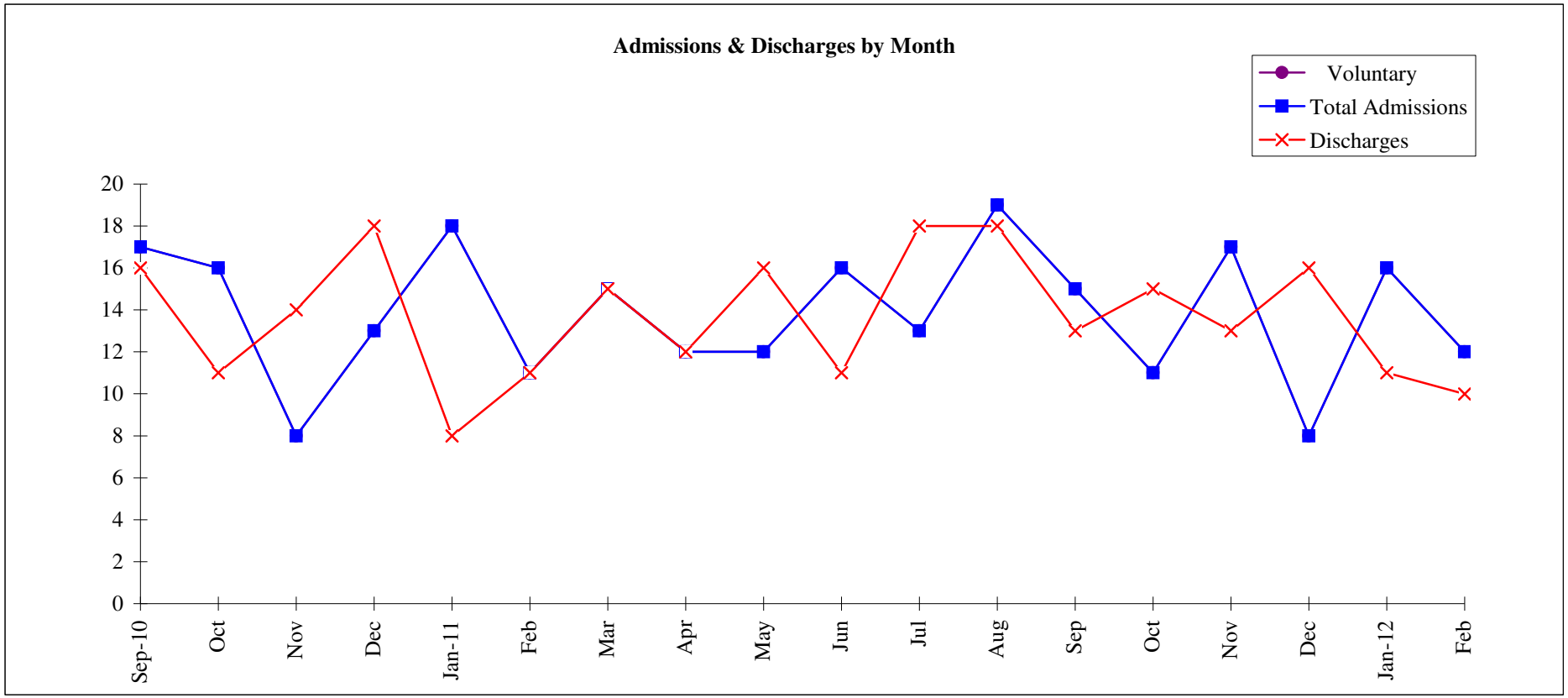
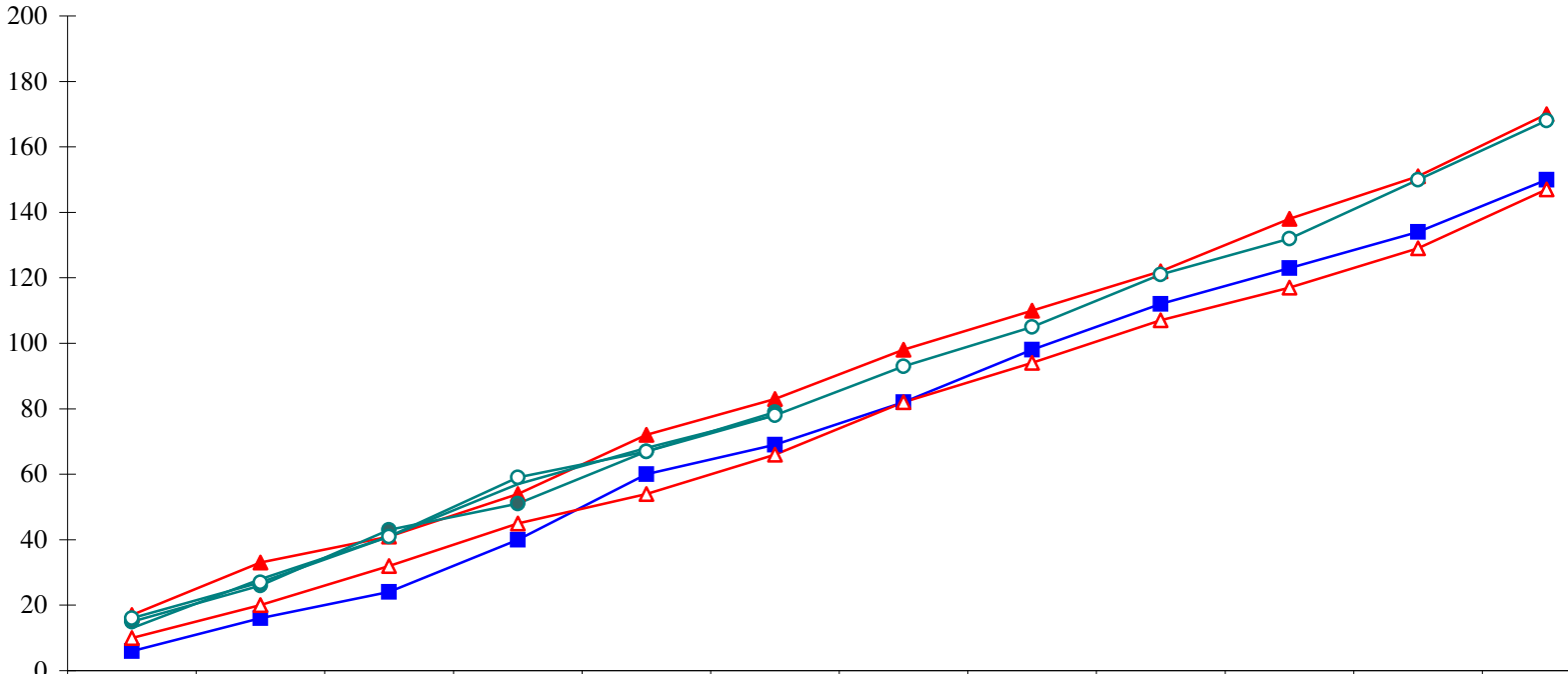


Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges

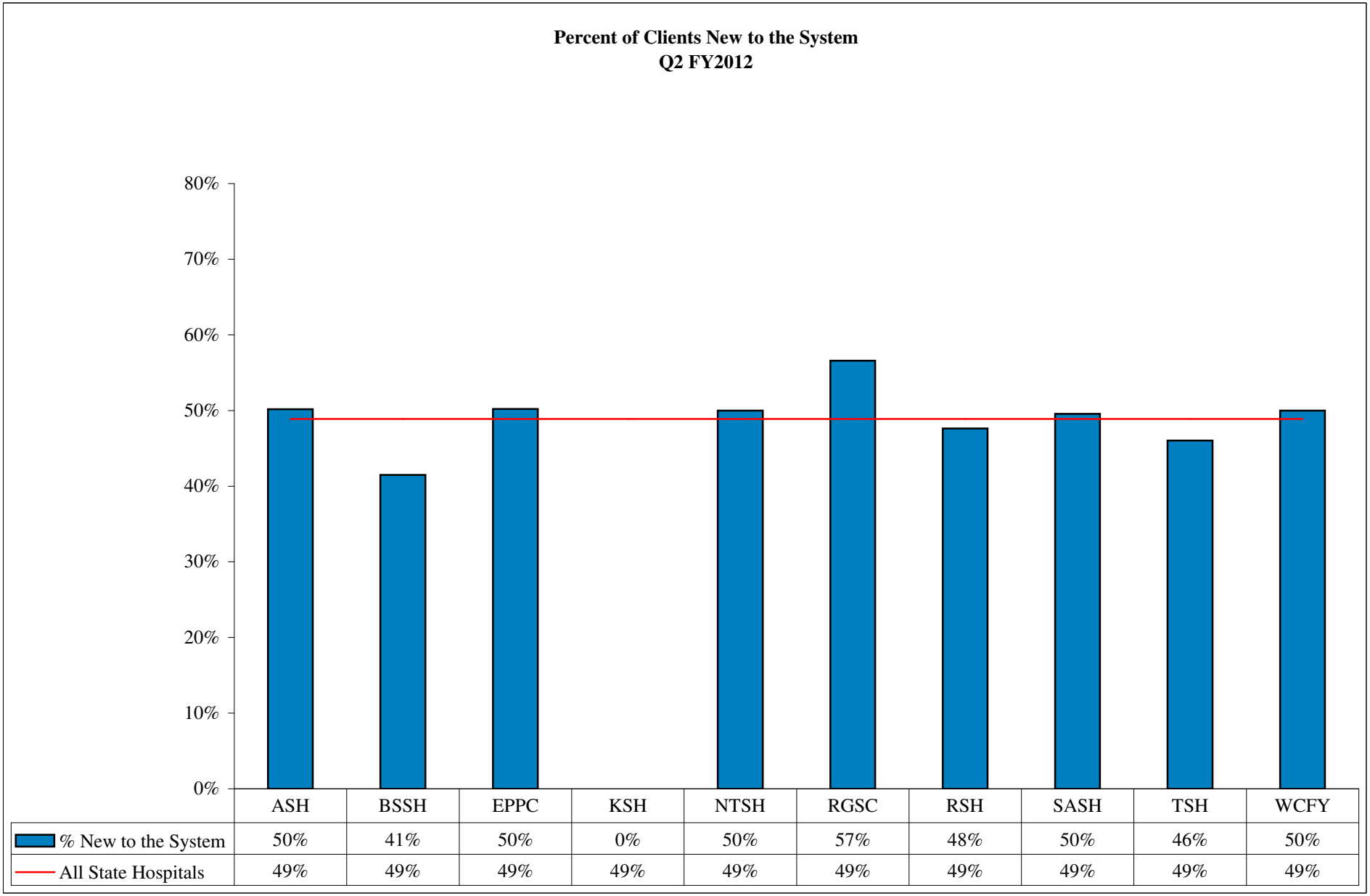


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
FY10 Admissions	6	16	24	40	60	69	82	98	112	123	134	150
FY11 Admissions	17	33	41	54	72	83	98	110	122	138	151	170
FY12 Admissions	15	26	43	51	67	79						
FY10 Discharges	10	20	32	45	54	66	82	94	107	117	129	147
FY11 Discharges	16	27	41	59	67	78	93	105	121	132	150	168
FY12 Discharges	13	28	41	57	68	78						

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State MH Hospitals



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY
% New to the System	50%	41%	50%	0%	50%	57%	48%	50%	46%	50%
All State Hospitals	49%	49%	49%	49%	49%	49%	49%	49%	49%	49%

Chart: Hospital Management Data Services

Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Performance Measure 5B:

Calculate percent of forensic/non forensic discharges returned to the community; 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Operational Definition: Percent of forensic/non forensic discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days. CARE Report SR4206 discharge data does not include patients transferred (discharged to another state hospital) to other state hospitals or DMA's (against medical advice).

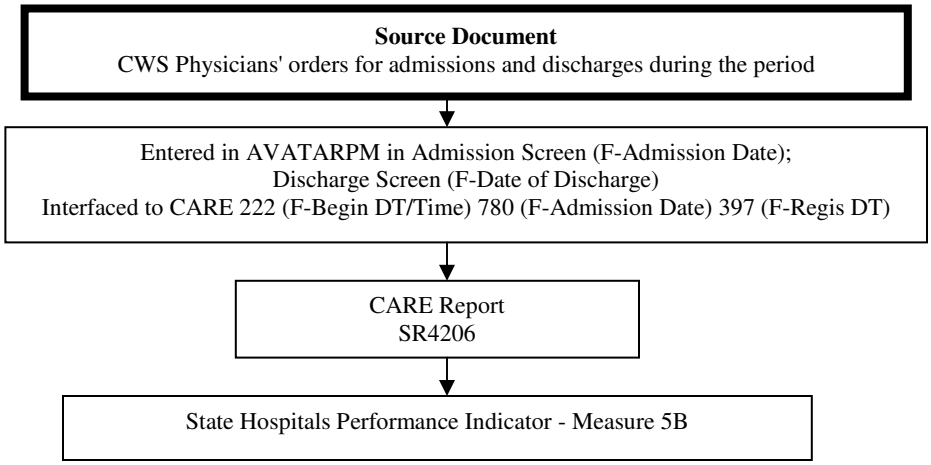
Performance Measure Formula:

Rate = (N/D) x 100
N = # persons discharged during time frame
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).

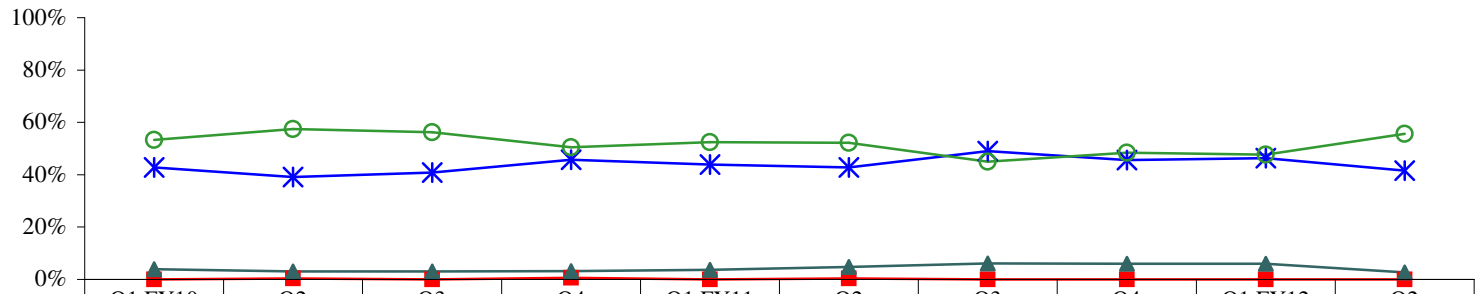
Performance Measure Data Display and Chart Description:

- Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- Table shows total discharges for the quarter for individual state hospitals and system-wide.

Data Flow:

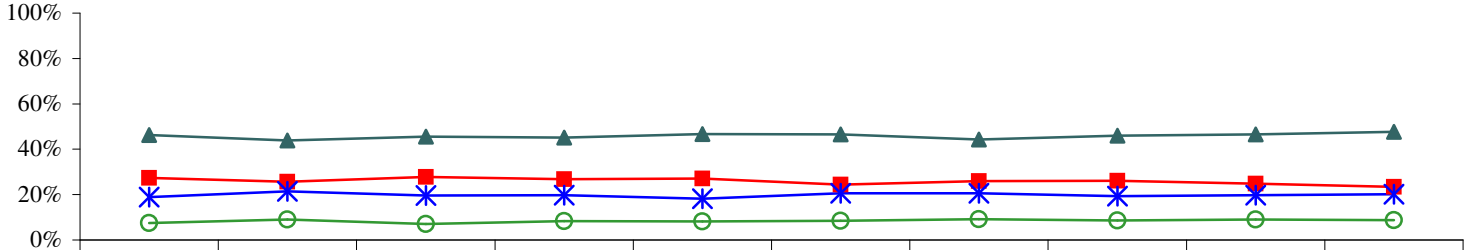


Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	306	289	299	317	269	276	285	260	257	255
% Discharged < 7 Days	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	4%	3%	3%	3%	4%	5%	6%	6%	6%	3%
% Discharged Within 31-90 Days	43%	39%	41%	46%	44%	43%	49%	46%	46%	42%
% Discharged > Than 90 Days	53%	57%	56%	50%	52%	52%	45%	48%	48%	56%

Measure 5B - Percent of Discharges Returned to the Community
All State MH Hospitals - Non Forensic



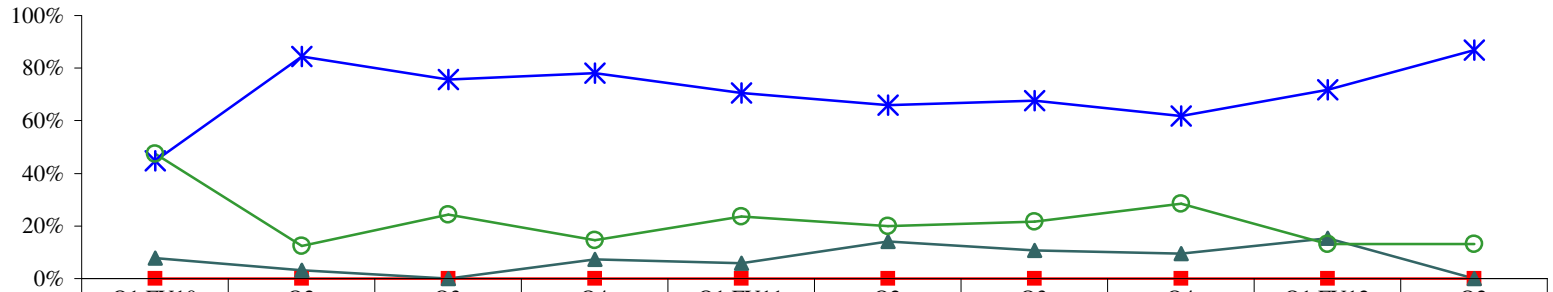
	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	3277	3167	3420	3412	3326	3055	3166	3378	3284	3086
% Discharged < 7 Days	27%	26%	28%	27%	27%	24%	26%	26%	25%	23%
% Discharged Within 8-30 Days	46%	44%	46%	45%	47%	47%	44%	46%	46%	48%
% Discharged Within 31-90 Days	19%	21%	20%	20%	18%	21%	21%	19%	20%	20%
% Discharged > Than 90 Days	7%	9%	7%	8%	8%	8%	9%	9%	9%	9%

Total Discharges do not include transfers or DMAs

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

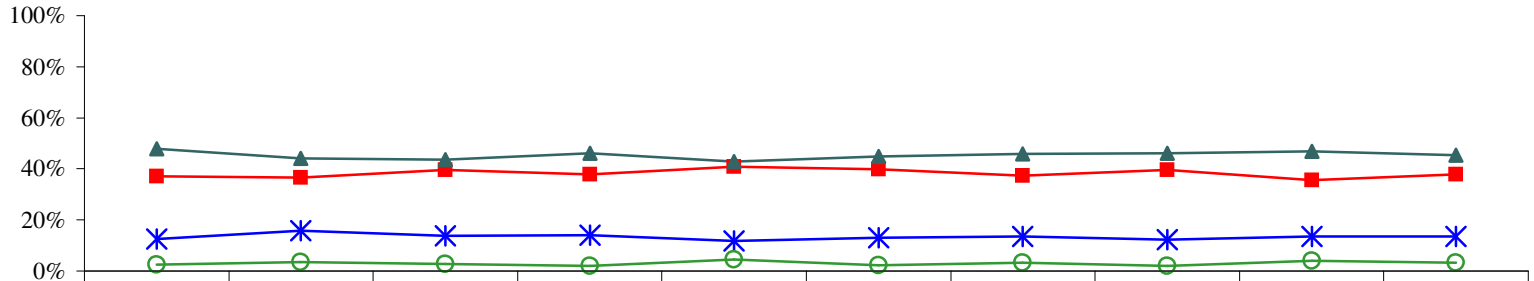
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	38	32	41	41	34	35	37	42	46	38
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	8%	3%	0%	7%	6%	14%	11%	10%	15%	0%
% Discharged Within 31-90 Days	45%	84%	76%	78%	71%	66%	68%	62%	72%	87%
% Discharged > Than 90 Days	47%	13%	24%	15%	24%	20%	22%	29%	13%	13%

Measure 5B - Percent of Discharges Returned to the Community
Austin State Hospital - Non Forensic

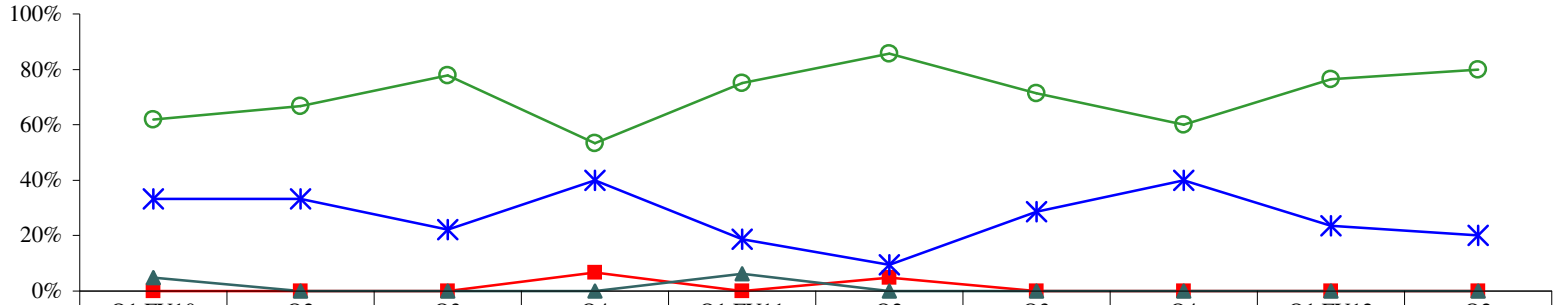


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	926	812	885	851	883	822	867	912	818	763
% Discharged < 7 Days	37%	37%	40%	38%	41%	40%	37%	40%	36%	38%
% Discharged Within 8-30 Days	48%	44%	44%	46%	43%	45%	46%	46%	47%	45%
% Discharged Within 31-90 Days	13%	16%	14%	14%	12%	13%	14%	12%	14%	14%
% Discharged > Than 90 Days	2%	3%	3%	2%	4%	2%	3%	2%	4%	3%

Chart: Hospital Management Data Services

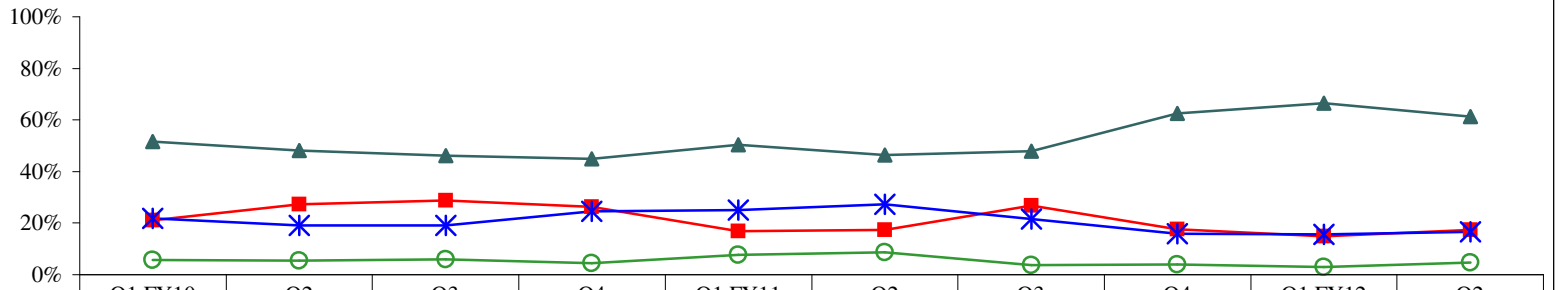
Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	21	15	18	15	16	21	14	10	17	20
% Discharged < 7 Days	0%	0%	0%	7%	0%	5%	0%	0%	0%	0%
% Discharged Within 8-30 Days	5%	0%	0%	0%	6%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	33%	33%	22%	40%	19%	10%	29%	40%	24%	20%
% Discharged > Than 90 Days	62%	67%	78%	53%	75%	86%	71%	60%	76%	80%

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic

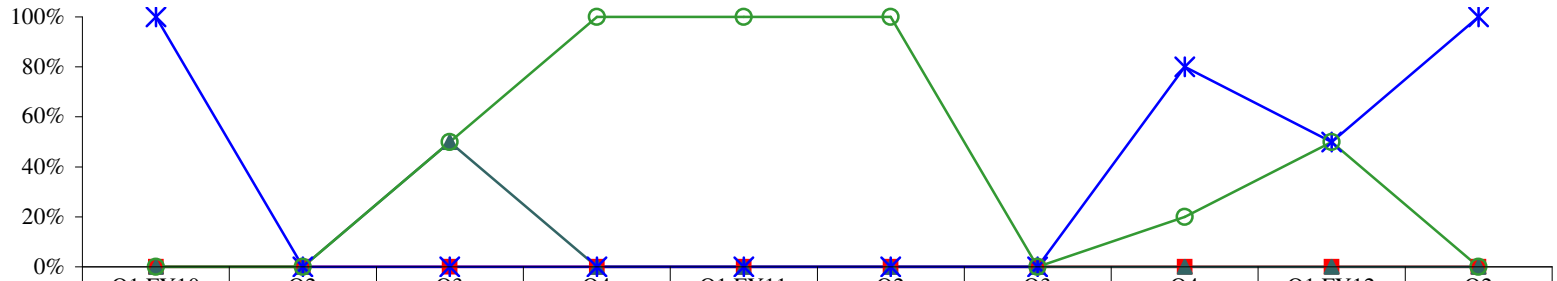


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	248	224	219	229	183	183	209	221	167	150
% Discharged < 7 Days	21%	27%	29%	26%	17%	17%	27%	18%	15%	17%
% Discharged Within 8-30 Days	52%	48%	46%	45%	50%	46%	48%	62%	66%	61%
% Discharged Within 31-90 Days	22%	19%	19%	24%	25%	27%	22%	16%	16%	17%
% Discharged > Than 90 Days	6%	5%	6%	4%	8%	9%	4%	4%	3%	5%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

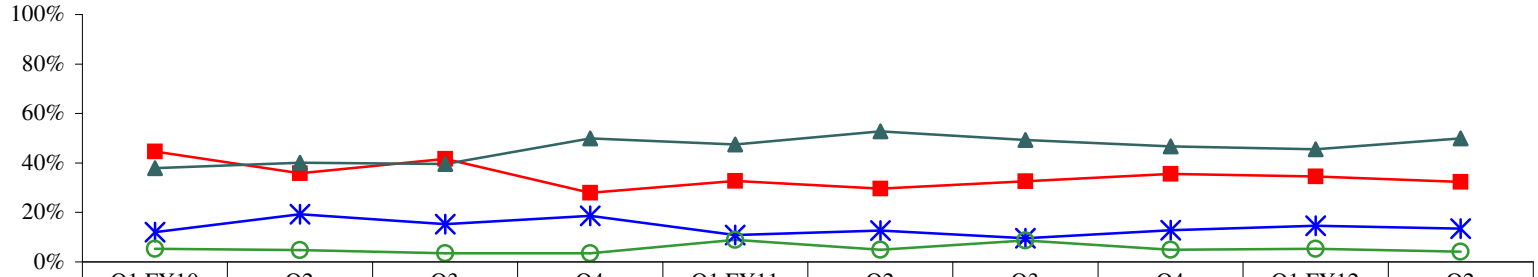
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	1	0	2	3	1	1	0	5	2	1
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	100%	0%	0%	0%	0%	0%	0%	80%	50%	100%
% Discharged > Than 90 Days	0%	0%	50%	100%	100%	100%	0%	20%	50%	0%

Measure 5B - Percent of Discharges Returned to the Community
El Paso Psychiatric Center - Non Forensic

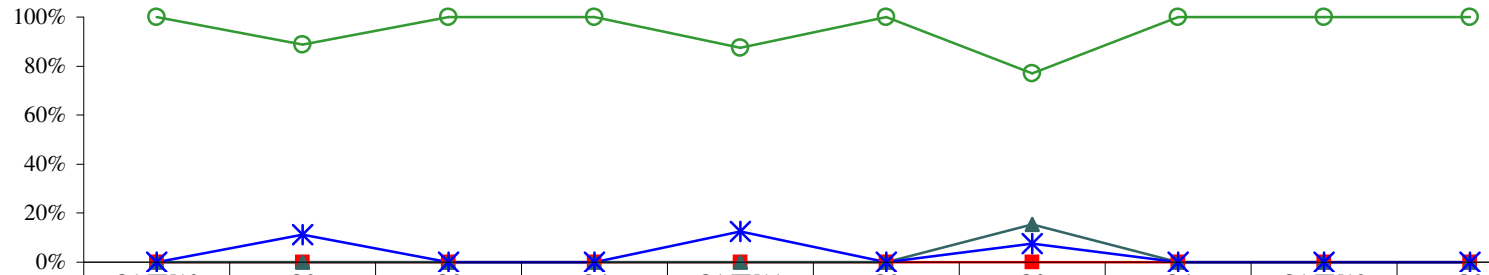


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	224	187	197	172	156	142	209	242	266	238
% Discharged < 7 Days	45%	36%	42%	28%	33%	30%	33%	36%	35%	32%
% Discharged Within 8-30 Days	38%	40%	40%	50%	47%	53%	49%	47%	45%	50%
% Discharged Within 31-90 Days	12%	19%	15%	19%	11%	13%	10%	13%	15%	13%
% Discharged > Than 90 Days	5%	5%	4%	3%	9%	5%	9%	5%	5%	4%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

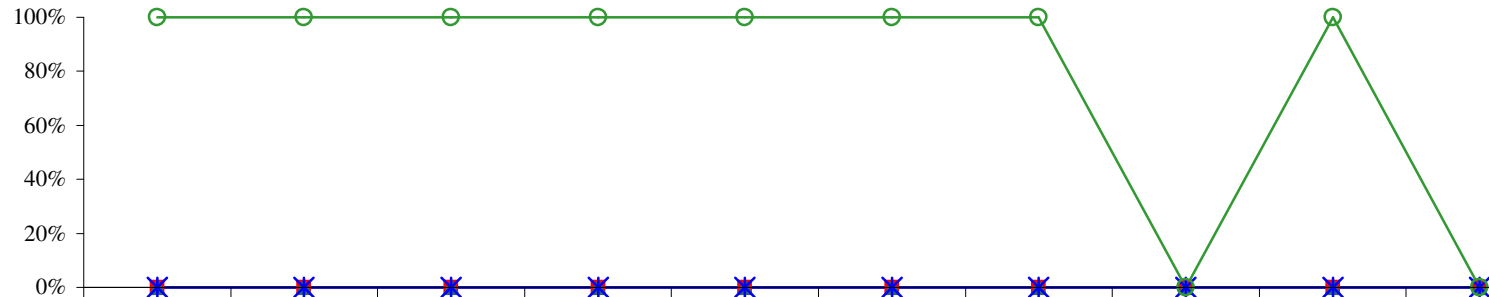
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	7	9	8	11	8	6	13	13	10	16
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	15%	0%	0%	0%
% Discharged Within 31-90 Days	0%	11%	0%	0%	13%	0%	8%	0%	0%	0%
% Discharged > Than 90 Days	100%	89%	100%	100%	88%	100%	77%	100%	100%	100%

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic

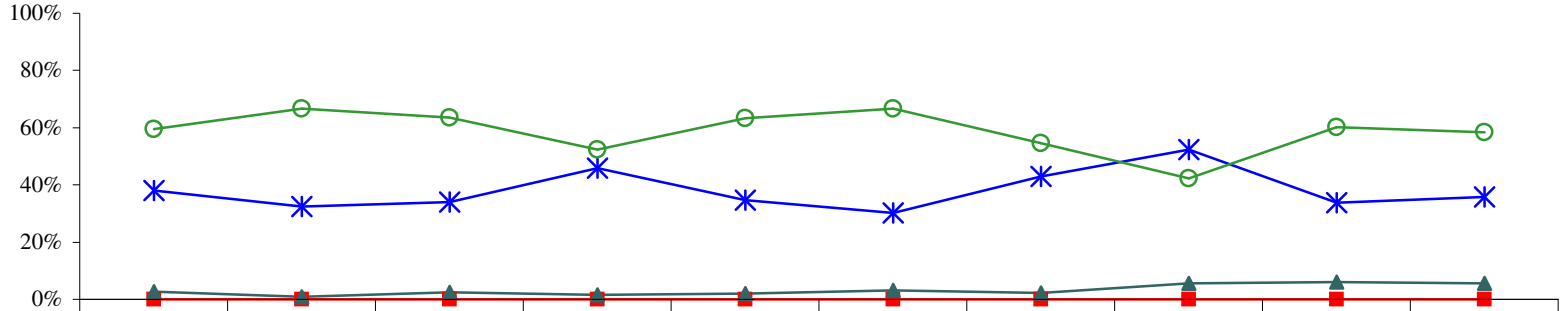


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	3	1	1	2	2	2	6	0	4	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	100%	100%	100%	100%	100%	100%	100%	0%	100%	0%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

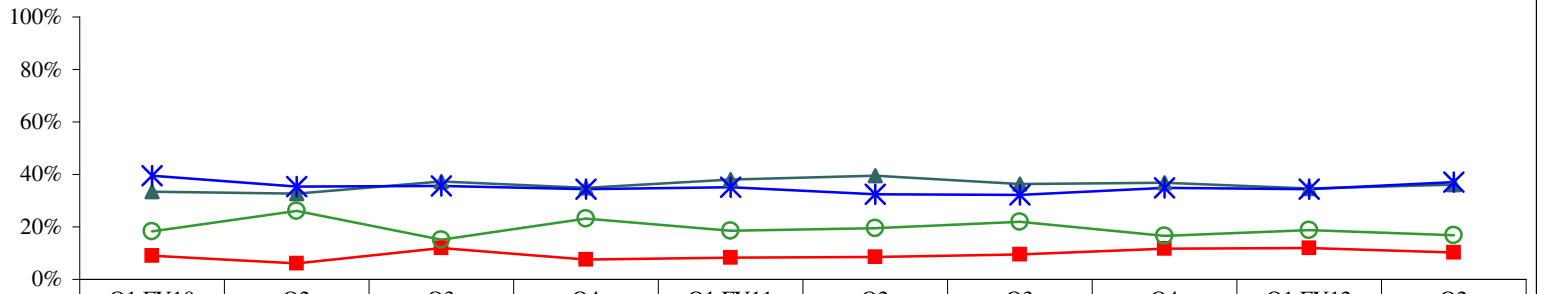
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	116	111	118	124	101	99	128	109	98	106
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	3%	1%	3%	2%	2%	3%	2%	6%	6%	6%
% Discharged Within 31-90 Days	38%	32%	34%	46%	35%	30%	43%	52%	34%	36%
% Discharged > Than 90 Days	59%	67%	64%	52%	63%	67%	55%	42%	60%	58%

Measure 5B - Percent of Discharges Returned to the Community
North Texas State Hospital - Non Forensic

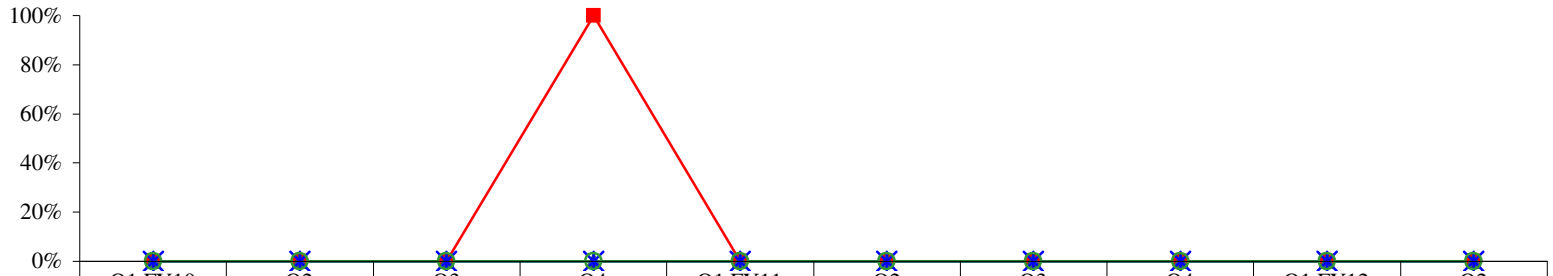


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	335	396	416	405	406	393	422	449	429	414
% Discharged < 7 Days	9%	6%	12%	8%	8%	9%	9%	12%	12%	10%
% Discharged Within 8-30 Days	33%	33%	37%	35%	38%	39%	36%	37%	35%	36%
% Discharged Within 31-90 Days	39%	35%	36%	34%	35%	32%	32%	35%	35%	37%
% Discharged > Than 90 Days	18%	26%	15%	23%	18%	20%	22%	16%	19%	17%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

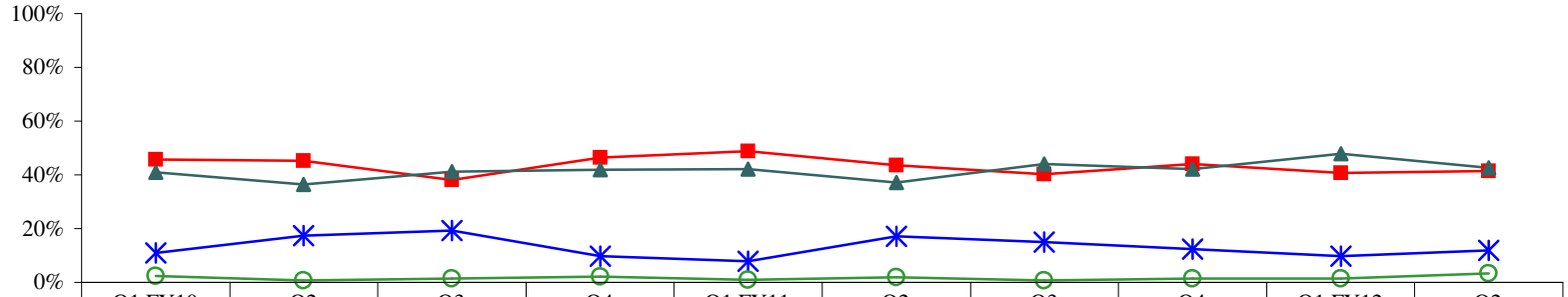
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	0	0	0	1	0	0	0	0	0	0
% Discharged < 7 Days	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community
Rio Grande State Center - Non Forensic

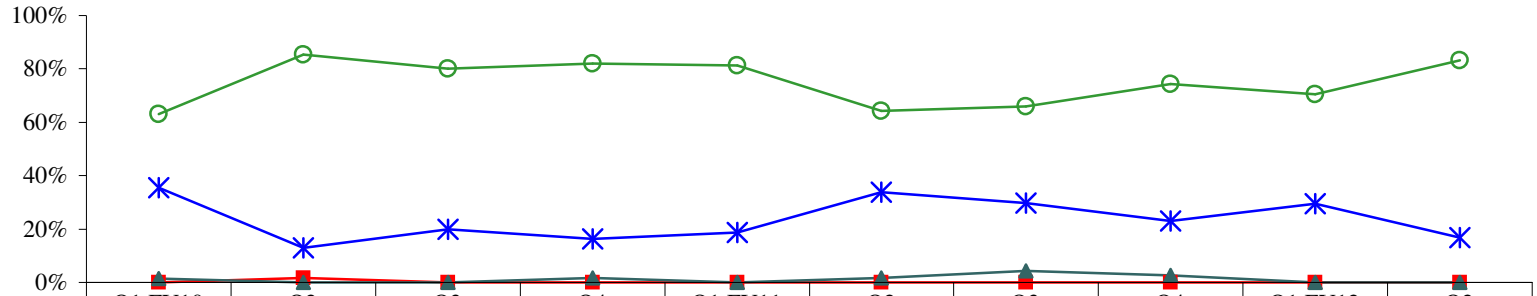


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	298	247	260	341	303	255	261	284	294	272
% Discharged < 7 Days	46%	45%	38%	46%	49%	44%	40%	44%	41%	42%
% Discharged Within 8-30 Days	41%	36%	41%	42%	42%	37%	44%	42%	48%	43%
% Discharged Within 31-90 Days	11%	17%	19%	10%	8%	17%	15%	12%	10%	12%
% Discharged > Than 90 Days	2%	1%	2%	2%	1%	2%	1%	1%	1%	3%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

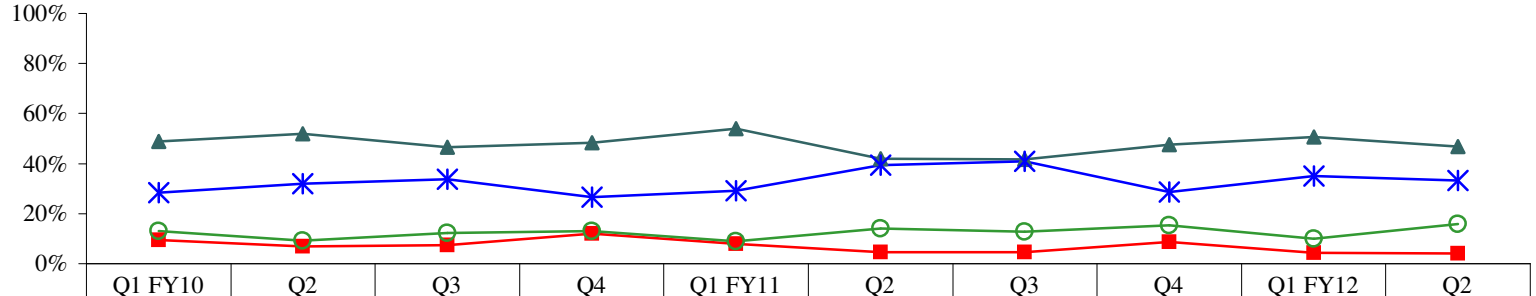
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	76	62	55	61	48	56	47	39	34	30
% Discharged < 7 Days	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	1%	0%	0%	2%	0%	2%	4%	3%	0%	0%
% Discharged Within 31-90 Days	36%	13%	20%	16%	19%	34%	30%	23%	29%	17%
% Discharged > Than 90 Days	63%	85%	80%	82%	81%	64%	66%	74%	71%	83%

Measure 5B - Percent of Discharges Returned to the Community
Rusk State Hospital - Non Forensic

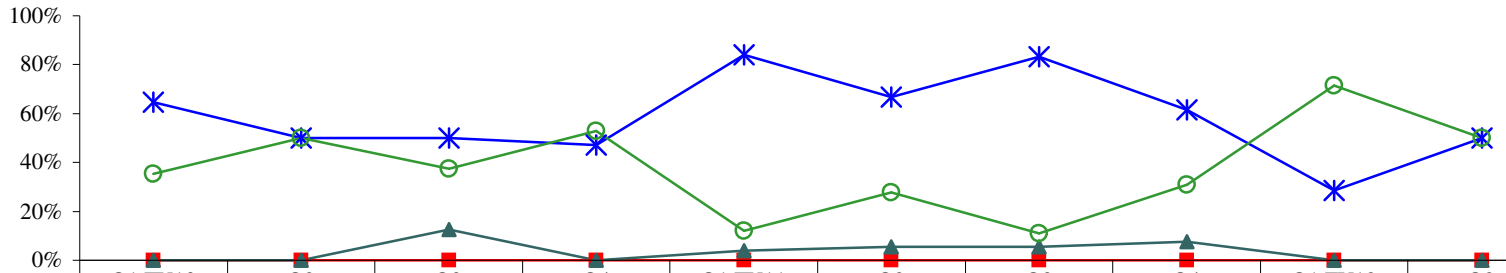


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	137	185	189	207	189	155	149	210	182	171
% Discharged < 7 Days	9%	7%	7%	12%	8%	5%	5%	9%	4%	4%
% Discharged Within 8-30 Days	49%	52%	47%	48%	54%	42%	42%	48%	51%	47%
% Discharged Within 31-90 Days	28%	32%	34%	27%	29%	39%	41%	29%	35%	33%
% Discharged > Than 90 Days	13%	9%	12%	13%	9%	14%	13%	15%	10%	16%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

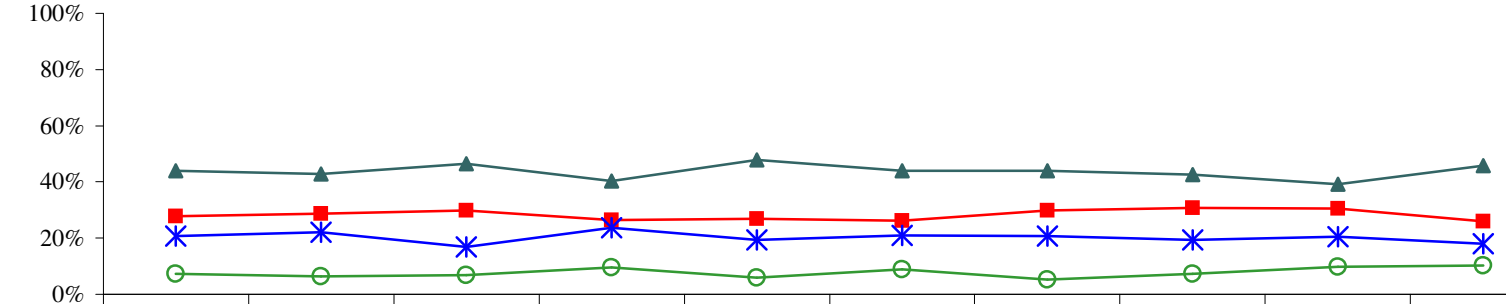
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	17	16	16	17	25	18	18	13	14	16
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	13%	0%	4%	6%	6%	8%	0%	0%
% Discharged Within 31-90 Days	65%	50%	50%	47%	84%	67%	83%	62%	29%	50%
% Discharged > Than 90 Days	35%	50%	38%	53%	12%	28%	11%	31%	71%	50%

Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic

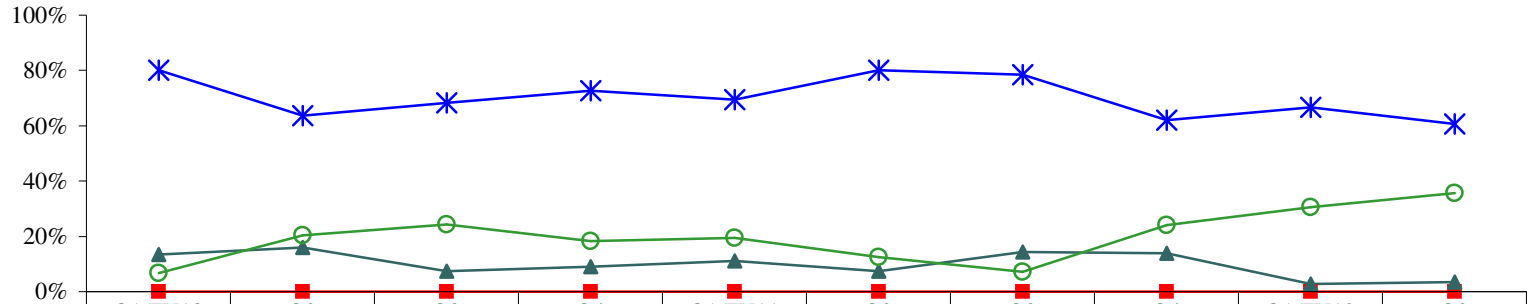


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	413	422	502	428	433	435	432	418	447	435
% Discharged < 7 Days	28%	29%	30%	26%	27%	26%	30%	31%	30%	26%
% Discharged Within 8-30 Days	44%	43%	46%	40%	48%	44%	44%	43%	39%	46%
% Discharged Within 31-90 Days	21%	22%	17%	24%	19%	21%	21%	19%	21%	18%
% Discharged > Than 90 Days	7%	6%	7%	10%	6%	9%	5%	7%	10%	10%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

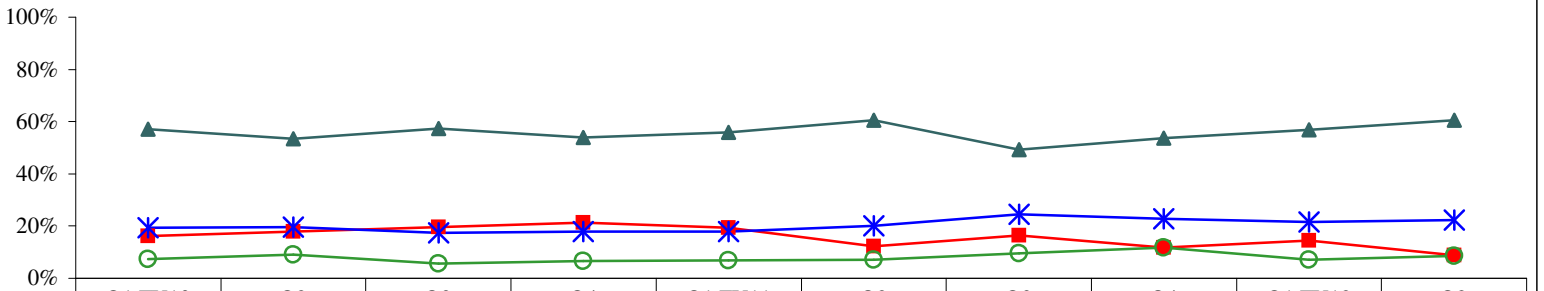
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	30	44	41	44	36	40	28	29	36	28
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	13%	16%	7%	9%	11%	8%	14%	14%	3%	4%
% Discharged Within 31-90 Days	80%	64%	68%	73%	69%	80%	79%	62%	67%	61%
% Discharged > Than 90 Days	7%	20%	24%	18%	19%	13%	7%	24%	31%	36%

Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

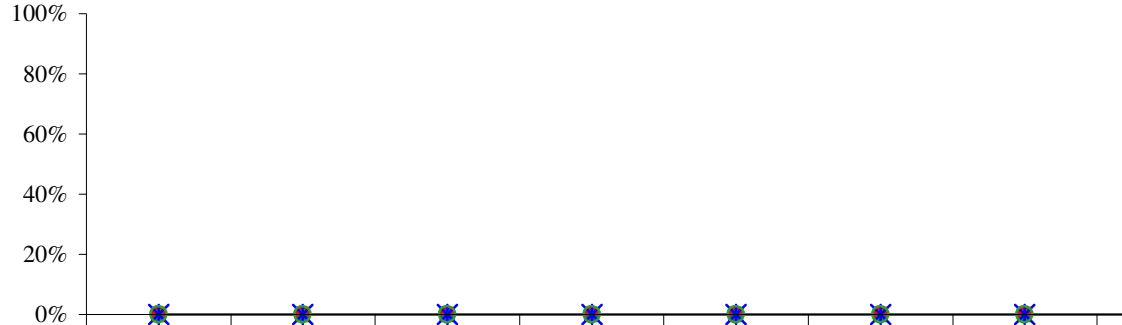


	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	663	660	716	742	736	640	569	598	641	608
% Discharged < 7 Days	16%	18%	20%	21%	19%	12%	17%	12%	15%	9%
% Discharged Within 8-30 Days	57%	53%	57%	54%	56%	60%	49%	54%	57%	61%
% Discharged Within 31-90 Days	19%	20%	17%	18%	18%	20%	24%	23%	22%	22%
% Discharged > Than 90 Days	7%	9%	6%	7%	7%	7%	10%	12%	7%	9%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

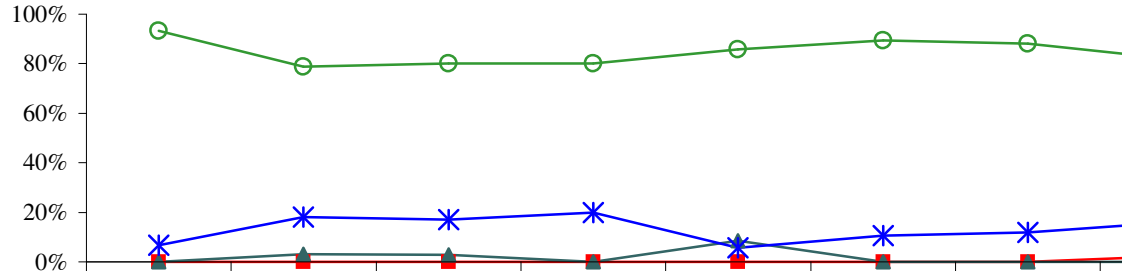
Chart: Hospital Management Data Services

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	0	0	0	0	0	0	0	0	0	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community
Waco Center for Youth - Non Forensic



	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Total Discharged	30	33	35	35	35	28	42	44	36	35
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	2%	3%	3%
% Discharged Within 8-30 Days	0%	3%	3%	0%	9%	0%	0%	0%	0%	9%
% Discharged Within 31-90 Days	7%	18%	17%	20%	6%	11%	12%	16%	14%	14%
% Discharged > Than 90 Days	93%	79%	80%	80%	86%	89%	88%	82%	83%	74%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Chart: Hospital Management Data Services

Performance Measure 5C:

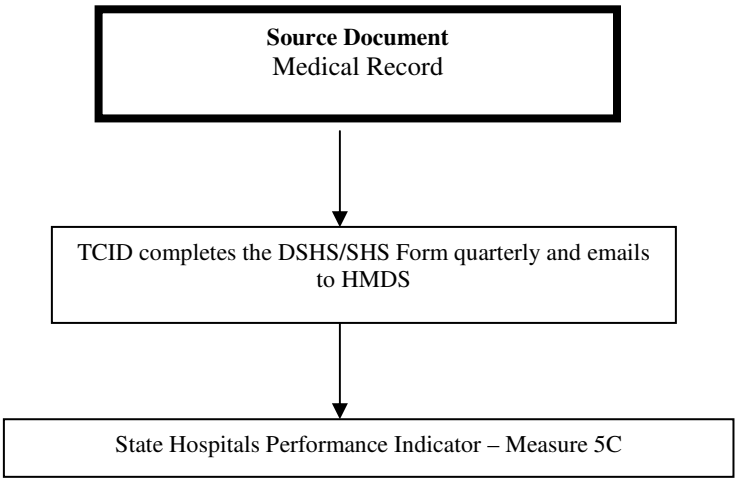
Report number of admissions; average length of stay; number of outpatient admissions; number of inpatient admissions by categories (tuberculoses, multi-drug resistant tuberculoses [MDRTB], and extensively drug related tuberculosis [XDRTB]).

Performance Measure Operational Definition: Data reported by TCID.

Performance Measure Formula:. No formula – continuous variable.

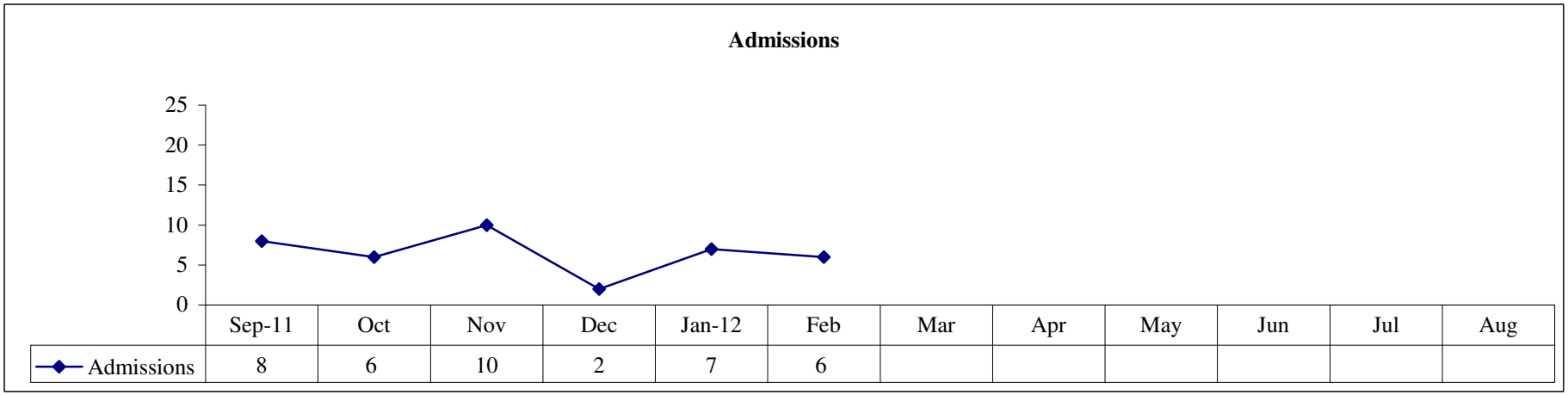
Performance Measure Data Display and Chart Description:
Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



Measure 5C - Admissions and Average Length of Stay
TCID - FY12

	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug	FY
Admissions	8	6	10	2	7	6							39
Average Length of Stay	155	182	231	159	159	202							181
Number of Patients Admitted for Inpatient Care & Treatment	8	6	10	2	7	6							39
Tuberculoses	4	3	9	2	7	6							31
Multi-drug related tuberculoses	3	3	1	1	0	1							9
Extensively drug related tuberculosis	1	0	0	1	2	1							5
Number of Outpatient Admissions (Encounters)	8	12	14	2	2	1							39



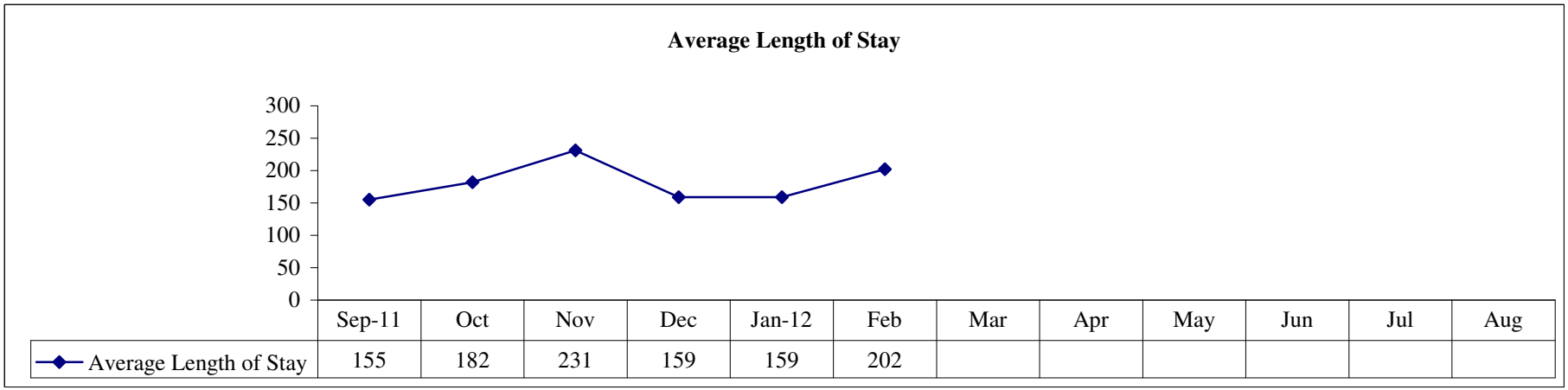


Table: Hospital Management Data Services

Source: TCID Form

Performance Measure 5D:

Calculate the average length of stay in the hospital for patients: Admitted and discharged within 12 months, and all discharges.

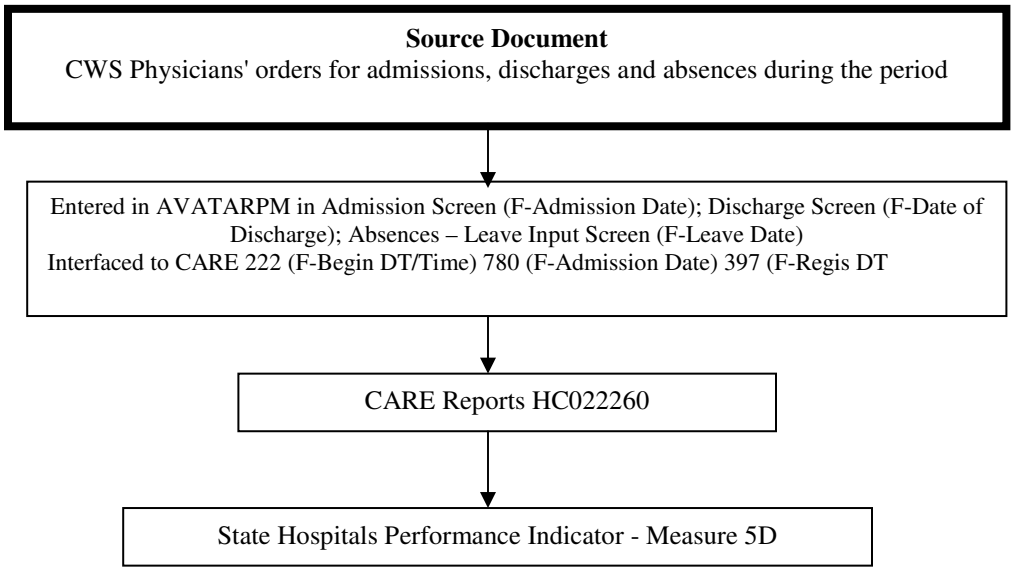
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how may people were both admitted and discharged during the prior twelve months.

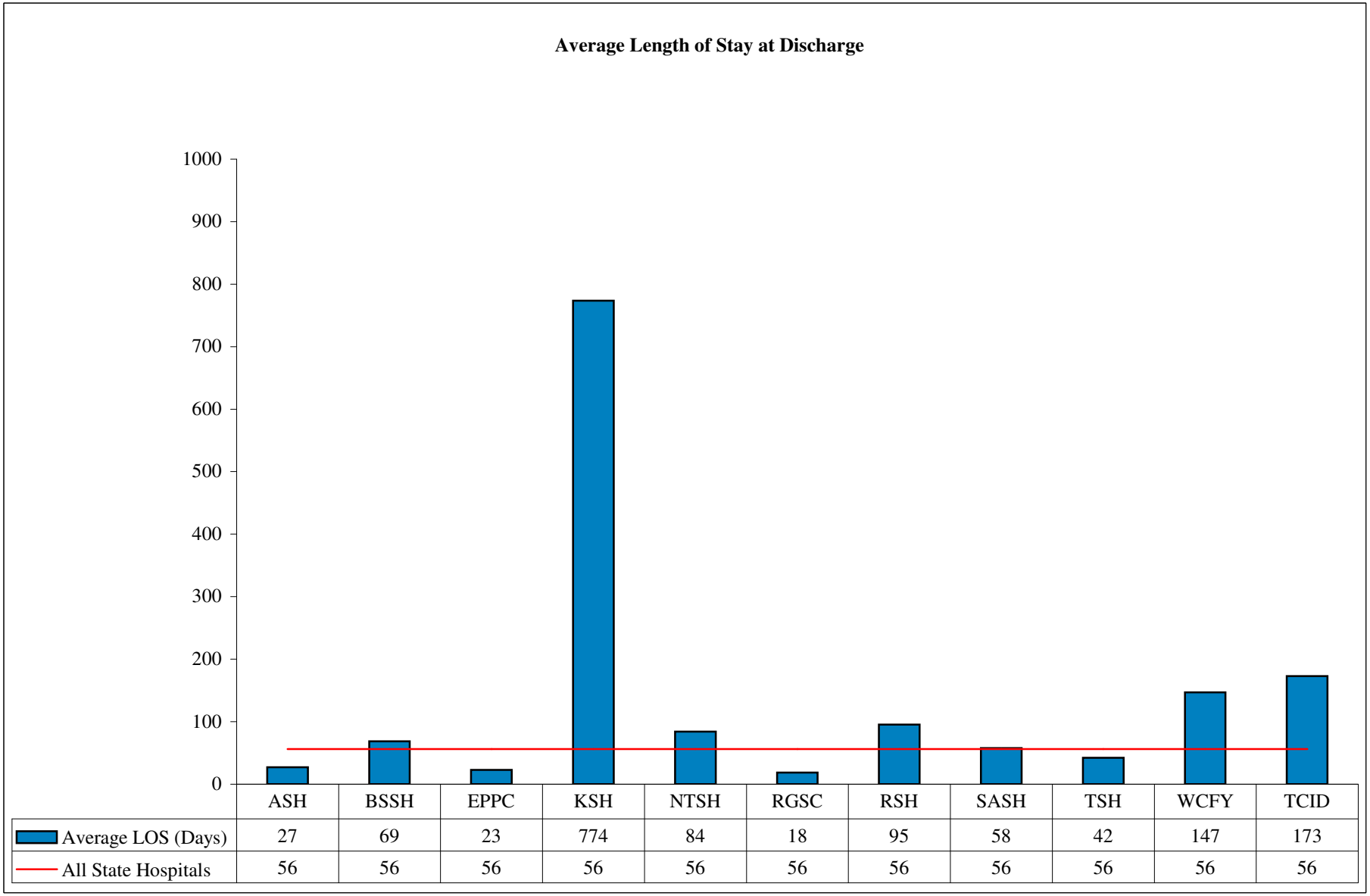
Performance Measure Data Display and Chart Description:

- Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.

Data Flow:



Measure 5D - Average Length of Stay at Discharge
All State Hospitals



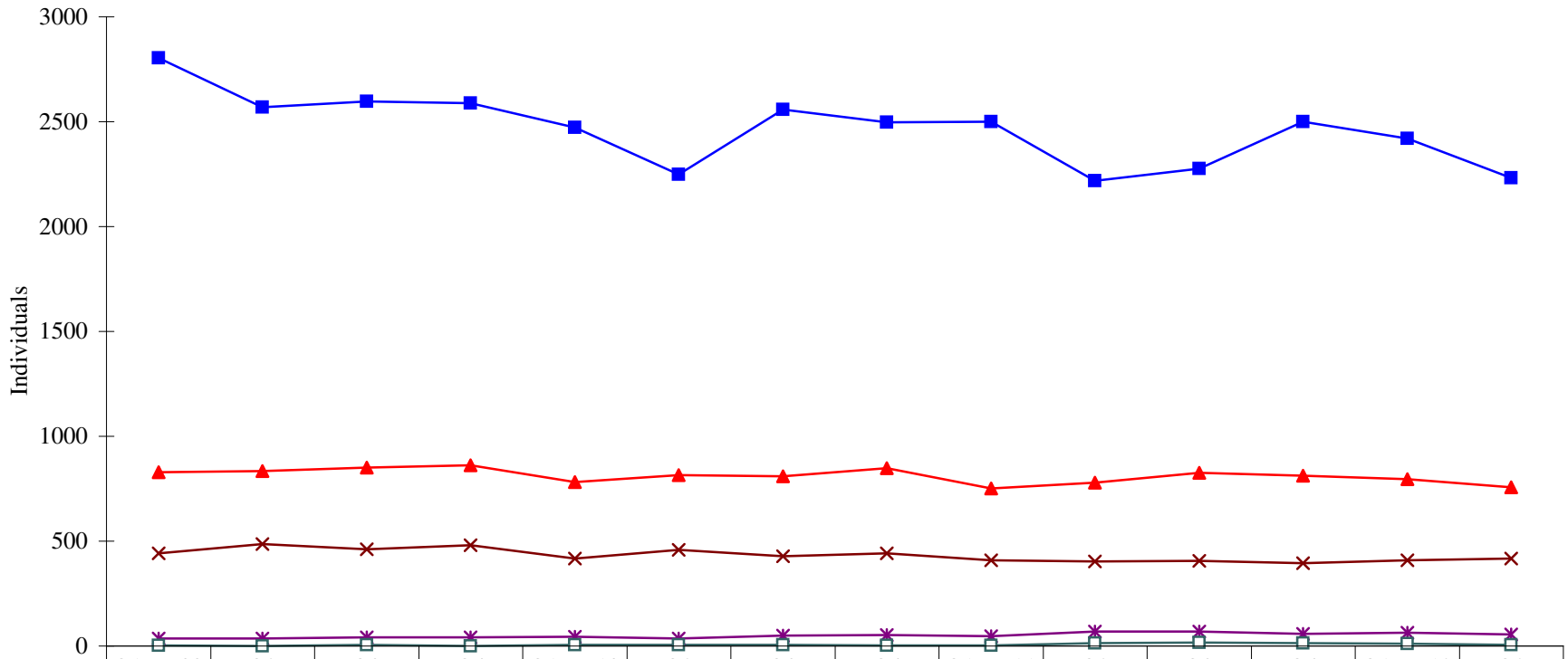
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
Average LOS (Days)	27	69	23	774	84	18	95	58	42	147	173
All State Hospitals	56	56	56	56	56	56	56	56	56	56	56

TCID - not included in All State Hospitals Average

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

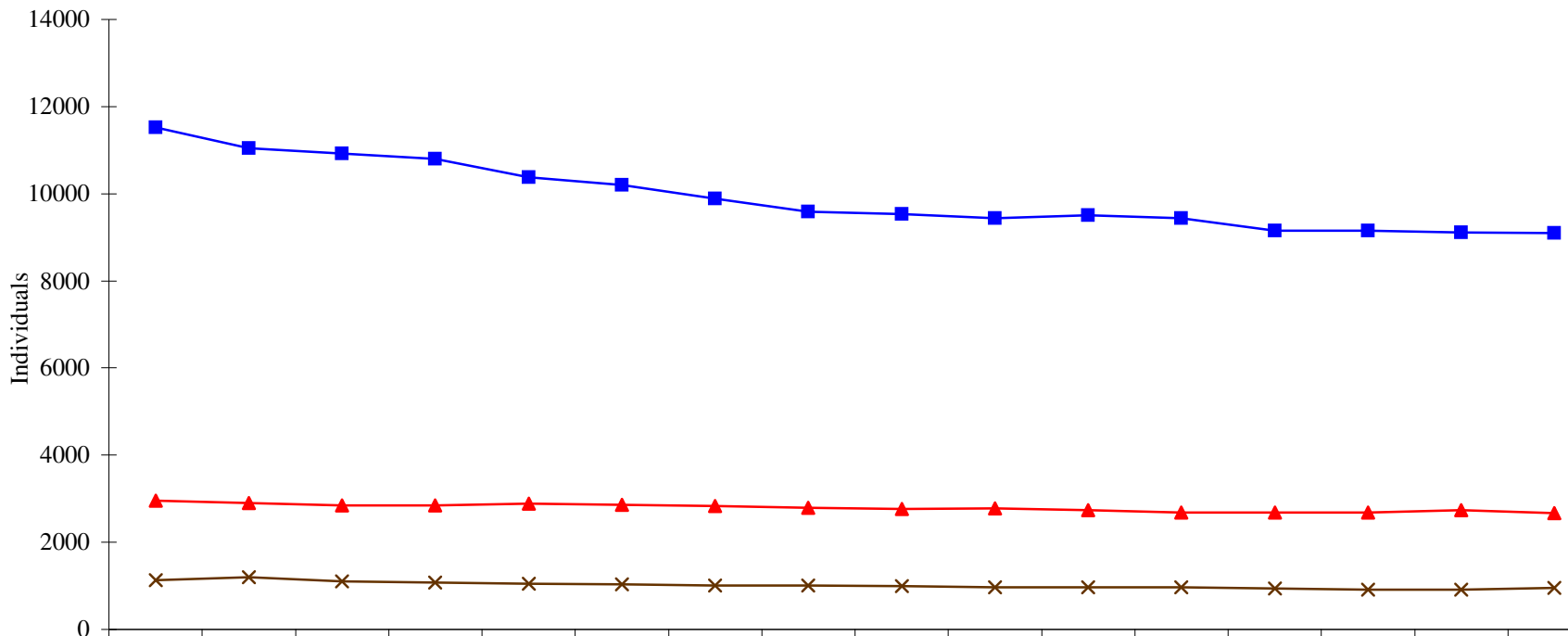


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	45	45	48	47	52	54	50	50	48	65	64	57	58	56
30 Days or Less	2805	2569	2596	2588	2472	2249	2559	2496	2500	2218	2275	2501	2419	2233
31 - 90 Days	829	834	851	863	783	816	809	849	752	779	825	811	795	756
91 - 365 Days	443	485	461	482	418	459	427	441	410	404	407	396	410	416
1 - 5 Years	35	35	42	41	43	37	49	52	48	69	68	57	63	56
Over 5 Years	3	1	6	1	5	6	6	4	2	13	17	13	11	6

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
All State MH Hospitals

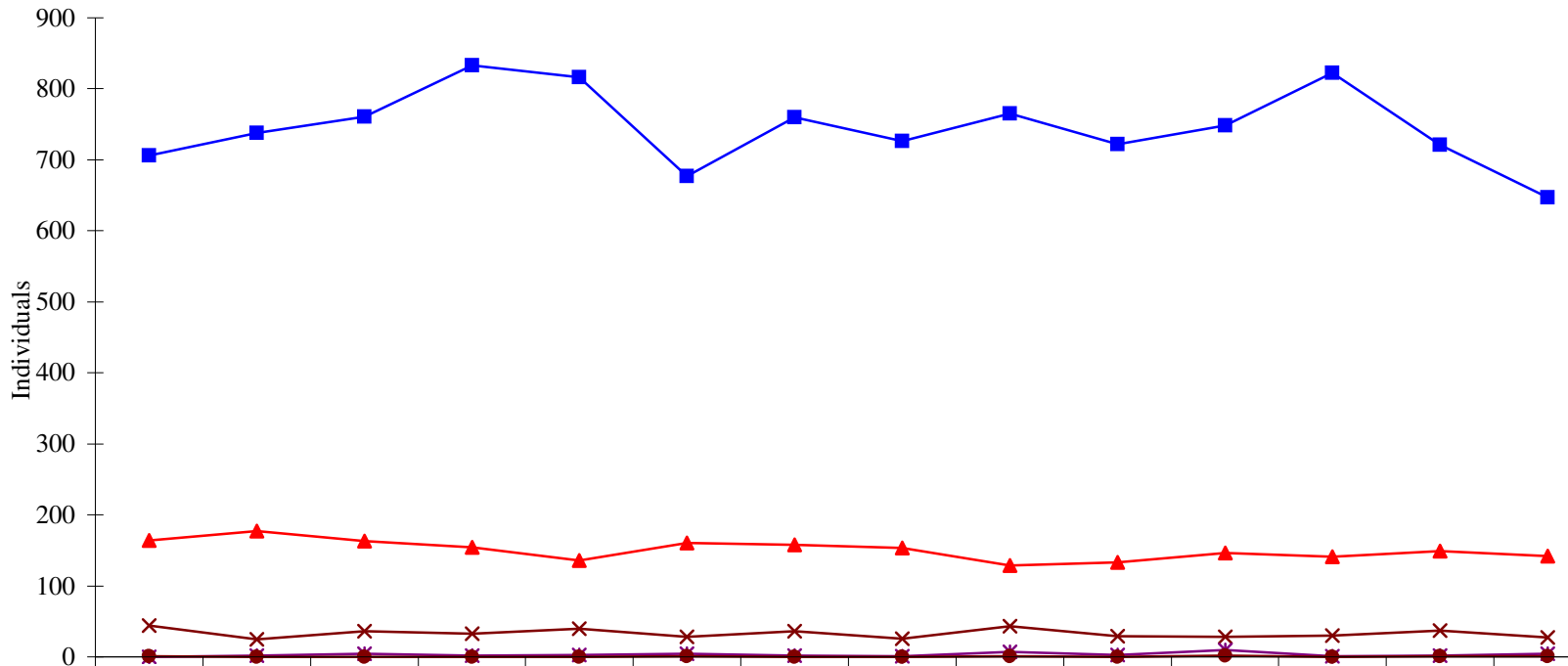


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	28	29	28	28	29	29	29	29	29	29	29	29	30	30	30	31
30 Days or Less	11516	11040	10922	10805	10380	10205	9882	9583	9530	9438	9506	9440	9158	9150	9108	9096
31-90 Days	2949	2898	2847	2844	2891	2859	2835	2791	2762	2781	2742	2681	2680	2682	2732	2669
91-365 Days	1131	1202	1101	1076	1047	1035	1006	1011	999	973	962	968	942	918	906	947

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

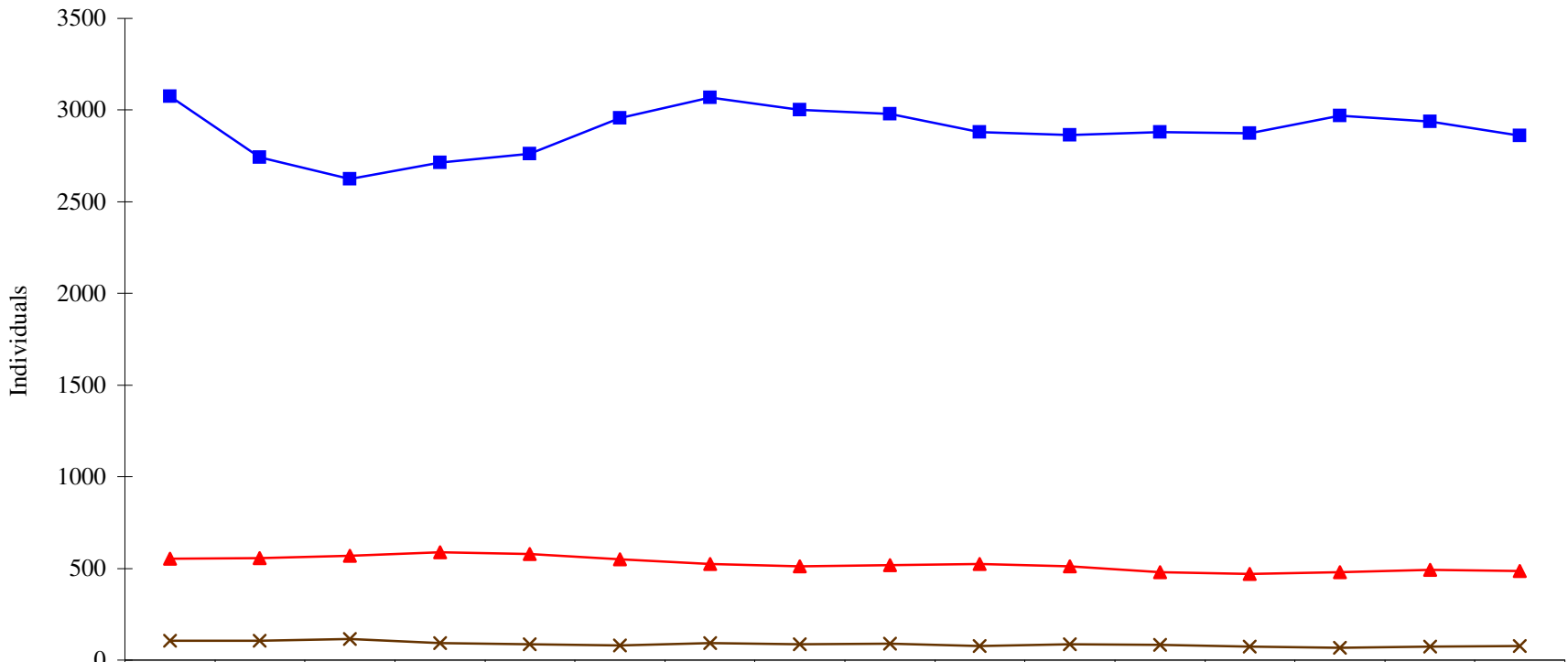


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	32	23	25	22	24	31	23	21	28	23	39	21	29	27
30 Days or Less	706	738	761	833	816	677	760	726	765	722	748	822	721	647
31 - 90 Days	164	177	163	154	136	160	158	153	129	133	146	141	149	142
91 - 365 Days	44	25	36	33	40	28	36	26	43	29	28	30	37	27
1 - 5 Years	0	2	4	2	3	4	2	1	7	3	10	1	2	4
Over 5 Years	1	0	0	0	0	1	0	0	1	0	2	0	1	1

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

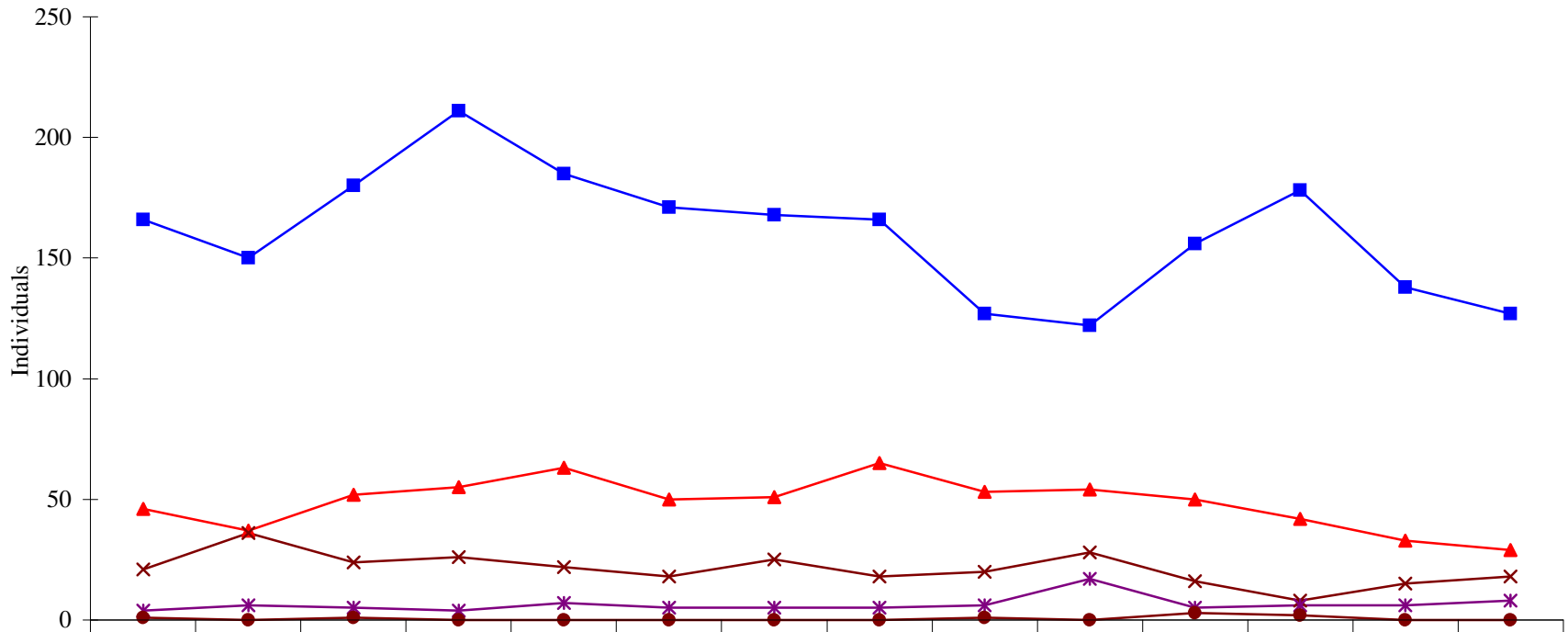


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	19	20	21	21	21	19	19	19	19	19	19	19	18	18	18	19
30 Days or Less	3075	2742	2625	2713	2762	2956	3069	3002	2980	2879	2865	2879	2873	2969	2937	2862
31-90 Days	552	557	568	587	577	550	523	510	518	524	510	479	469	481	492	486
91-365 Days	106	105	115	94	86	81	93	87	89	76	86	83	74	68	75	78

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital

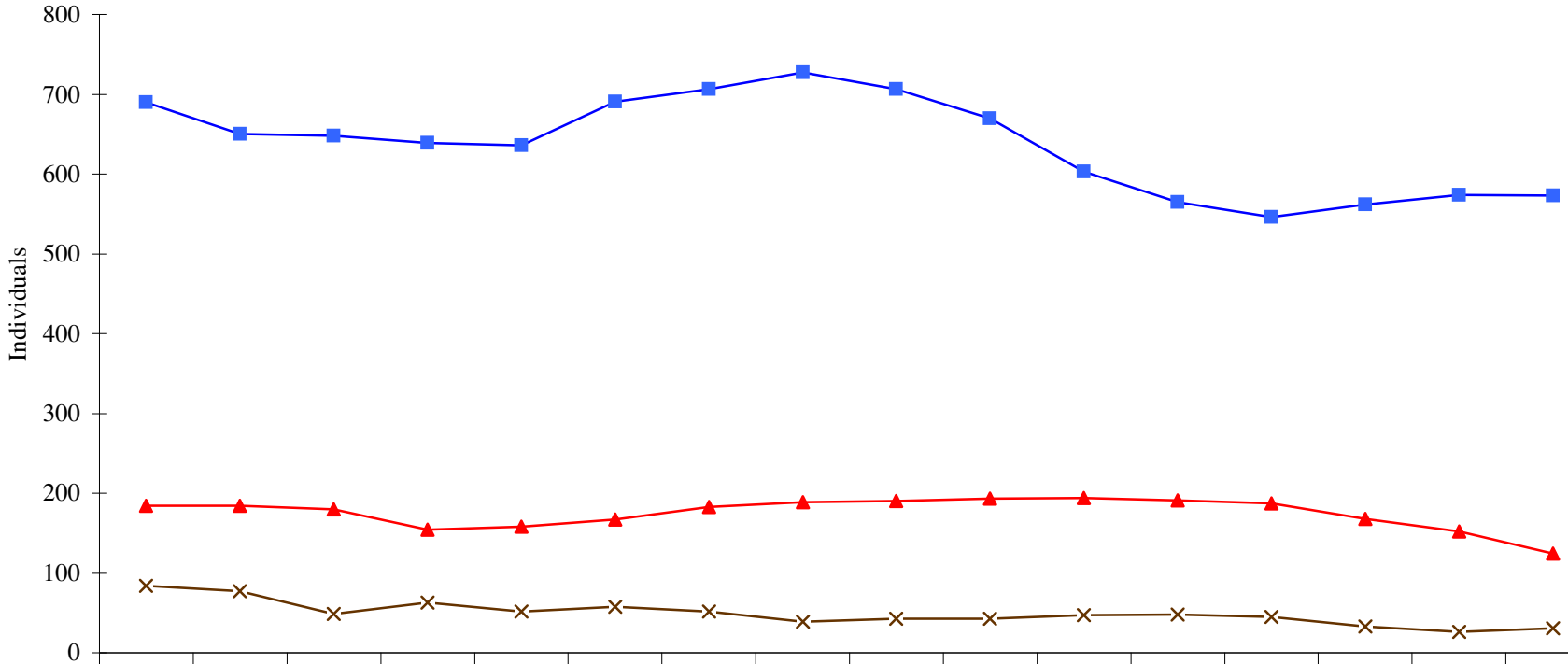


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	51	62	54	45	56	46	54	49	71	105	84	75	55	69
30 Days or Less	166	150	180	211	185	171	168	166	127	122	156	178	138	127
31 - 90 Days	46	37	52	55	63	50	51	65	53	54	50	42	33	29
91 - 365 Days	21	36	24	26	22	18	25	18	20	28	16	8	15	18
1 - 5 Years	4	6	5	4	7	5	5	5	6	17	5	6	6	8
Over 5 Years	1	0	1	0	0	0	0	0	1	0	3	2	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital

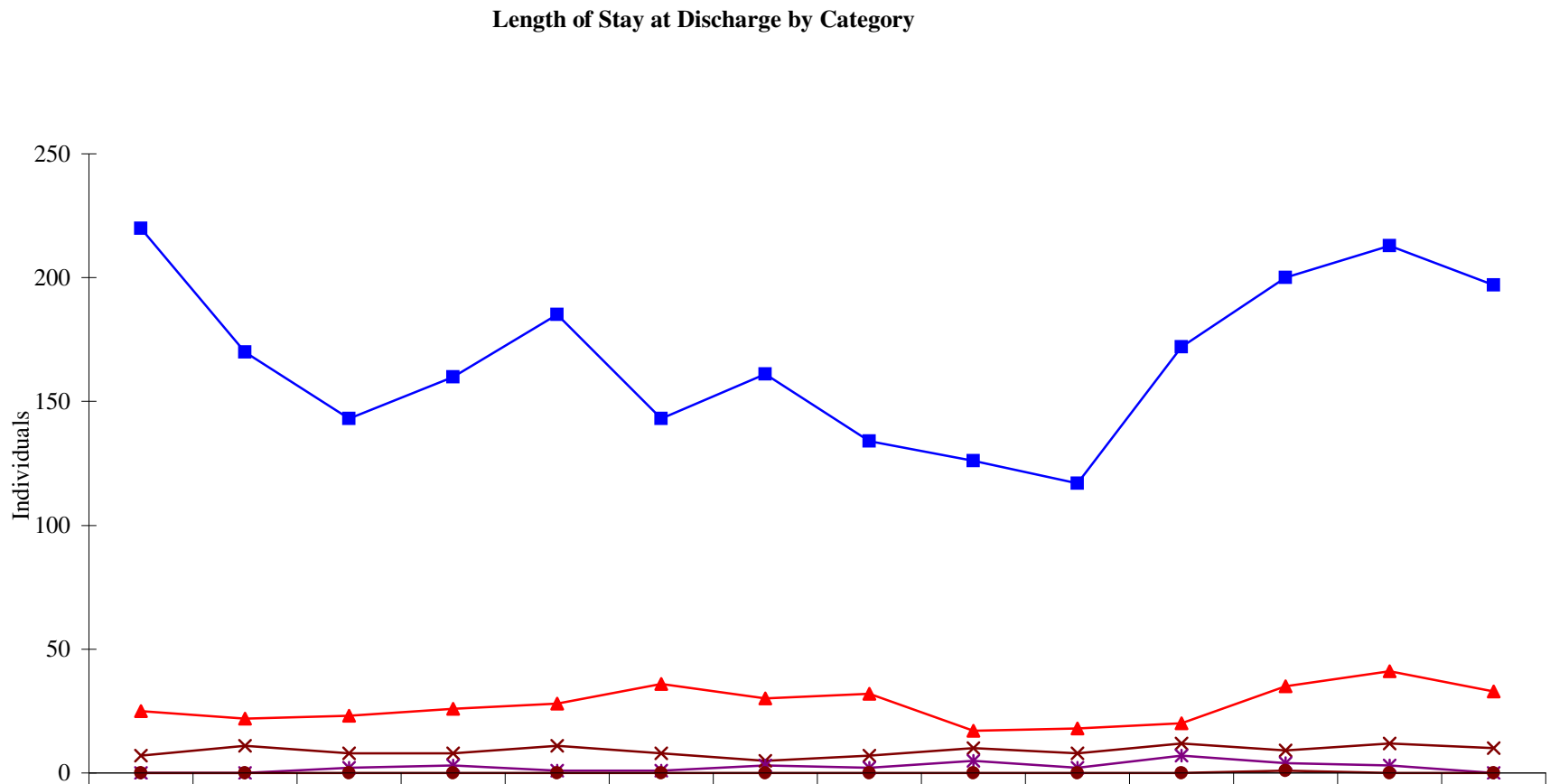


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	31	31	27	29	27	27	27	24	25	25	28	29	29	27	26	25
30 Days or Less	690	650	648	639	636	691	706	727	706	670	603	565	546	562	574	573
31-90 Days	184	184	180	154	158	167	183	189	190	193	194	191	187	168	152	124
91-365 Days	84	77	49	63	52	58	52	39	43	43	47	48	45	33	26	31

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

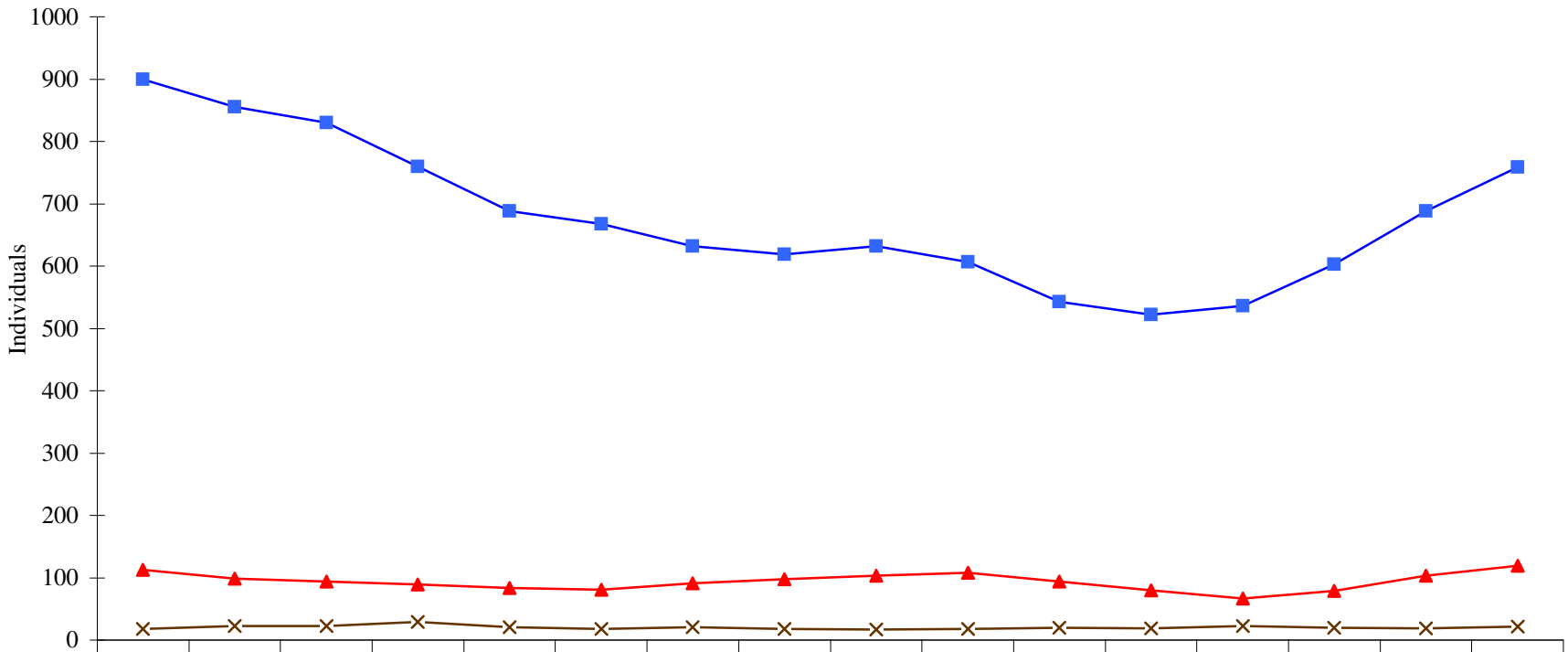


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	17	22	27	37	24	27	30	29	46	41	42	38	27	23
30 Days or Less	220	170	143	160	185	143	161	134	126	117	172	200	213	197
31 - 90 Days	25	22	23	26	28	36	30	32	17	18	20	35	41	33
91 - 365 Days	7	11	8	8	11	8	5	7	10	8	12	9	12	10
1 - 5 Years	0	0	2	3	1	1	3	2	5	2	7	4	3	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	1	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

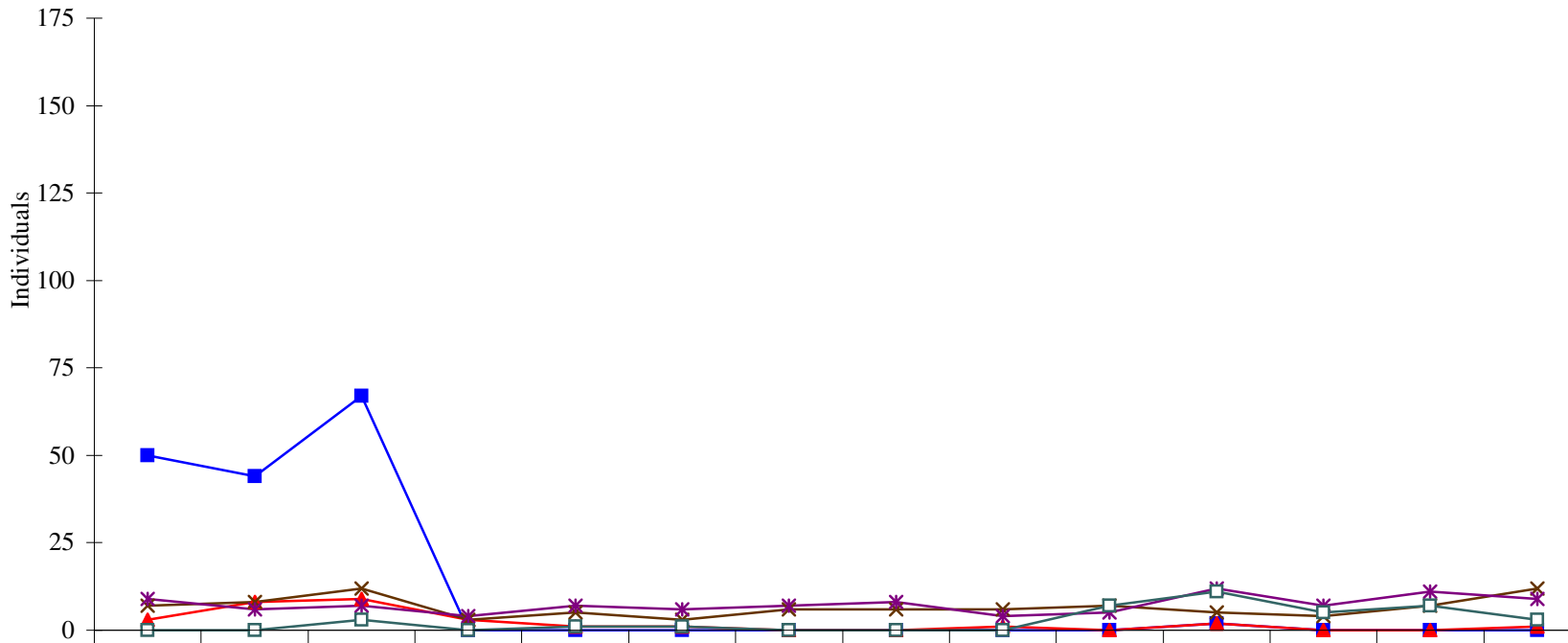


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	15	16	16	18	17	17	18	18	18	19	20	20	21	19	19	19
30 Days or Less	900	855	830	760	688	668	632	619	632	607	543	522	536	603	688	759
31-90 Days	113	99	94	89	84	81	91	98	103	108	94	80	67	79	103	119
91-365 Days	18	23	23	29	21	18	21	18	17	18	20	19	23	20	19	22

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital

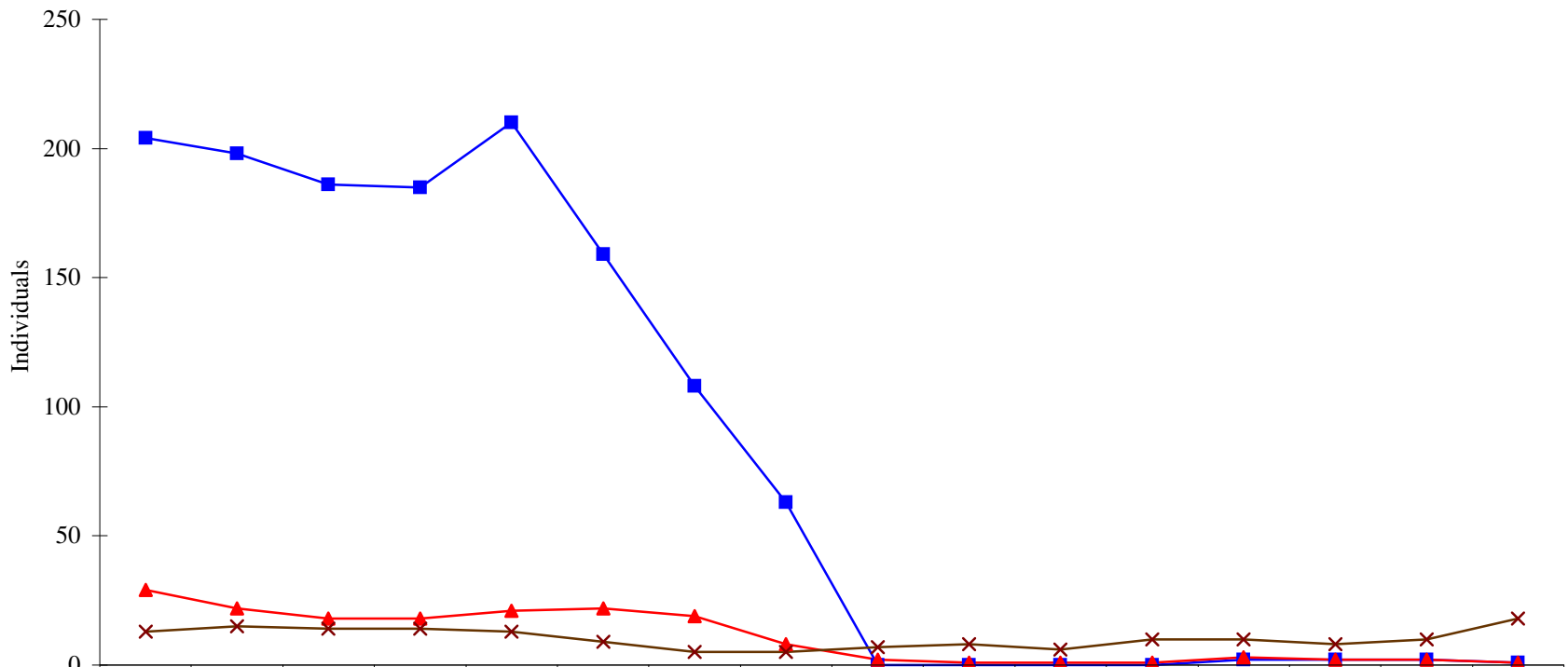


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	164	108	182	541	724	1004	584	696	539	1332	1235	1119	1258	774
30 Days or Less	50	44	67	0	0	0	0	0	0	0	2	0	0	0
31 - 90 Days	3	8	9	3	1	1	0	0	1	0	2	0	0	1
91 - 365 Days	7	8	12	3	5	3	6	6	6	7	5	4	7	12
1 - 5 Years	9	6	7	4	7	6	7	8	4	5	12	7	11	9
Over 5 Years	0	0	3	0	1	1	0	0	0	7	11	5	7	3

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital

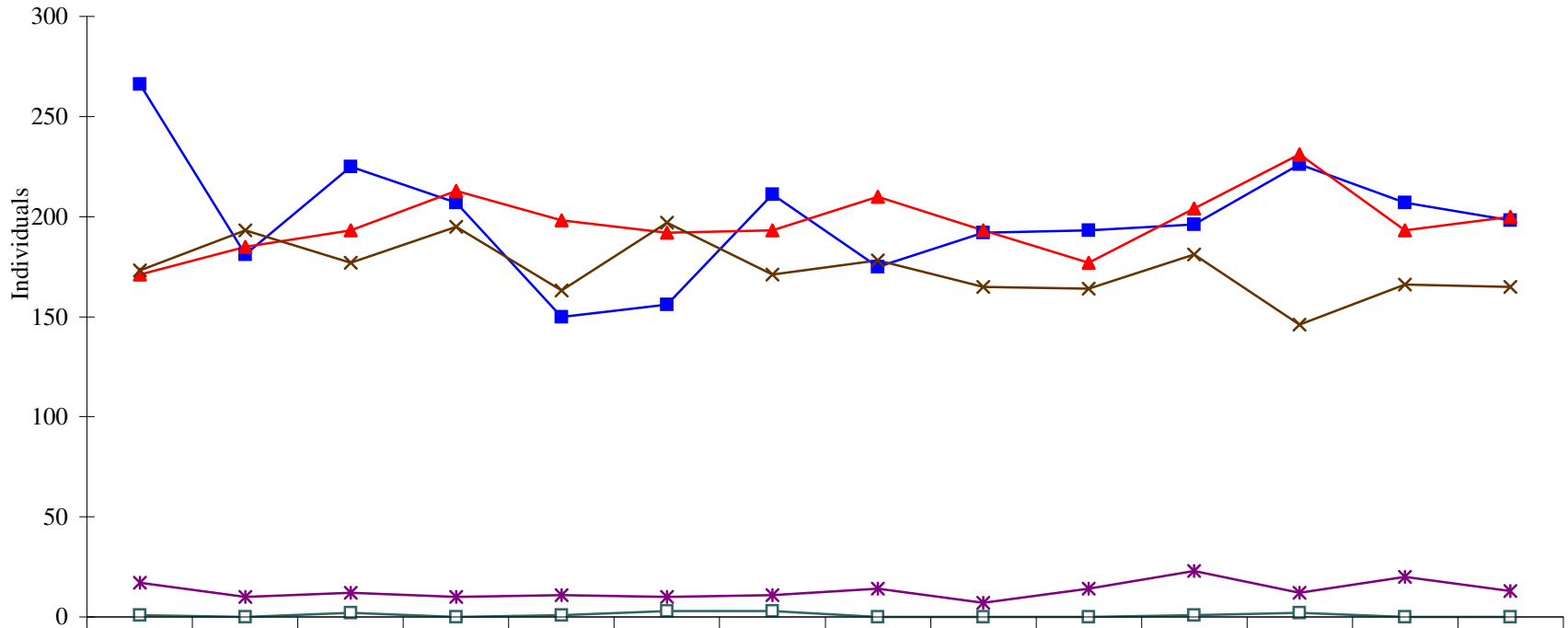


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	22	23	21	22	19	21	20	24	176	197	180	160	115	111	109	154
30 Days or Less	204	198	186	185	210	159	108	63	0	0	0	0	2	2	2	1
31-90 Days	29	22	18	18	21	22	19	8	2	1	1	1	3	2	2	1
91-365 Days	13	15	14	14	13	9	5	5	7	8	6	10	10	8	10	18

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

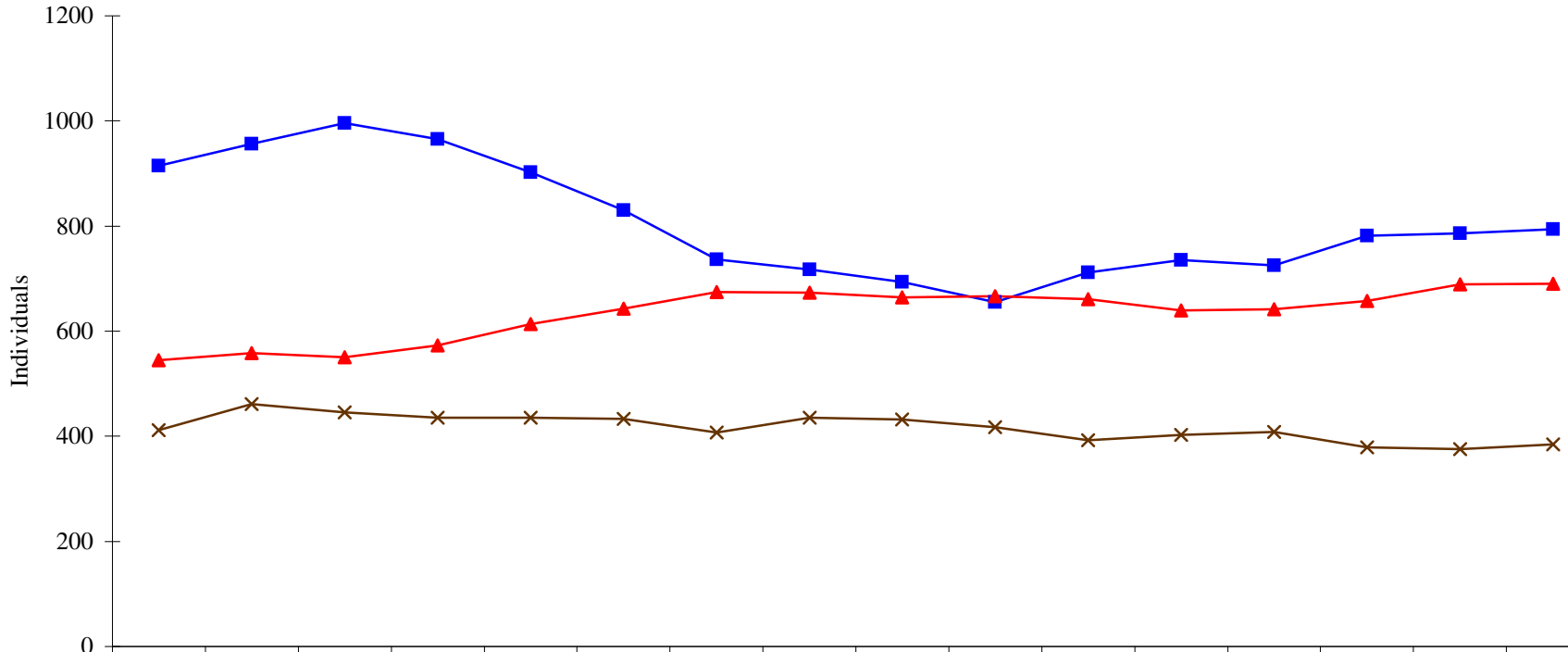


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	85	84	87	84	93	104	100	90	84	87	96	83	89	84
30 Days or Less	266	181	225	207	150	156	211	175	192	193	196	226	207	198
31 - 90 Days	171	185	193	213	198	192	193	210	193	177	204	231	193	200
91 - 365 Days	173	193	177	195	163	197	171	178	165	164	181	146	166	165
1 - 5 Years	17	10	12	10	11	10	11	14	7	14	23	12	20	13
Over 5 Years	1	0	2	0	1	3	3	0	0	0	1	2	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

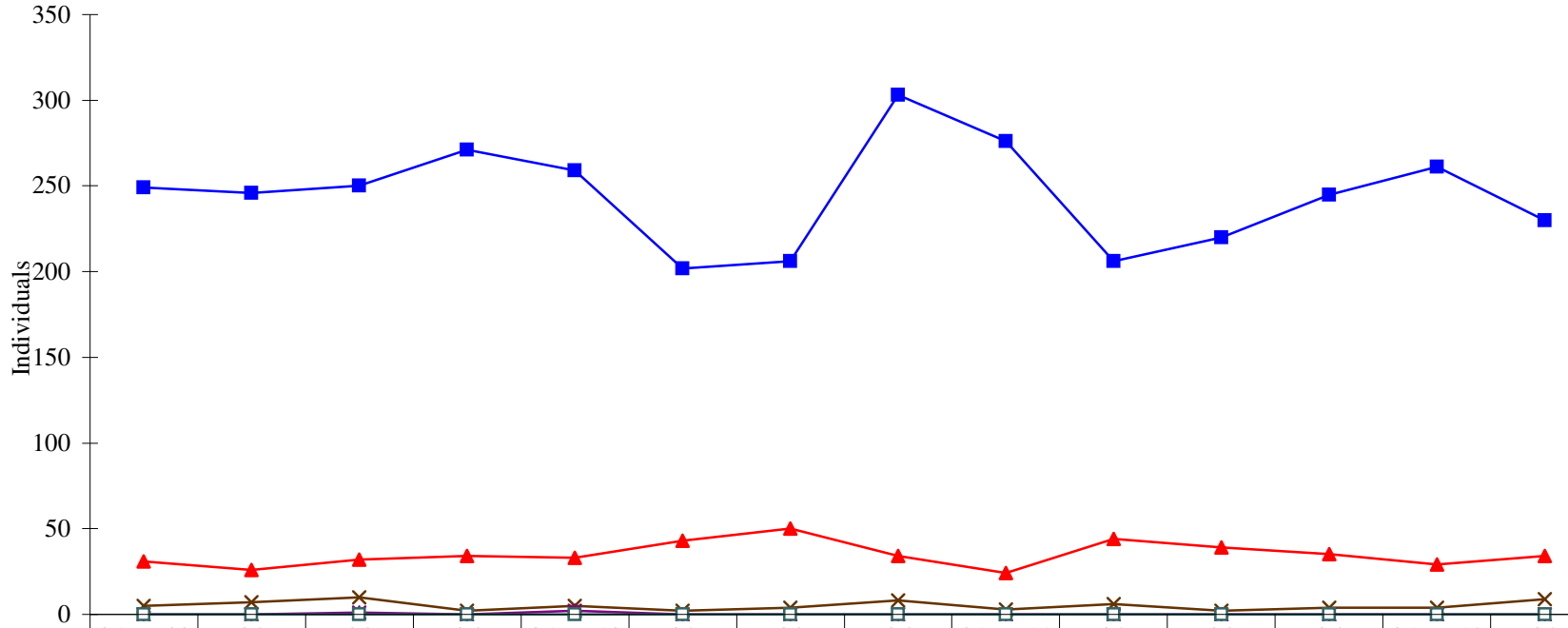


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	53	54	52	52	55	56	56	59	60	61	57	59	59	56	55	55
30 Days or Less	915	956	996	965	902	830	736	717	694	655	712	735	725	782	786	794
31-90 Days	545	558	550	573	614	643	675	673	664	666	661	639	642	658	689	690
91-365 Days	412	461	445	435	435	433	407	435	432	417	392	403	408	379	376	385

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

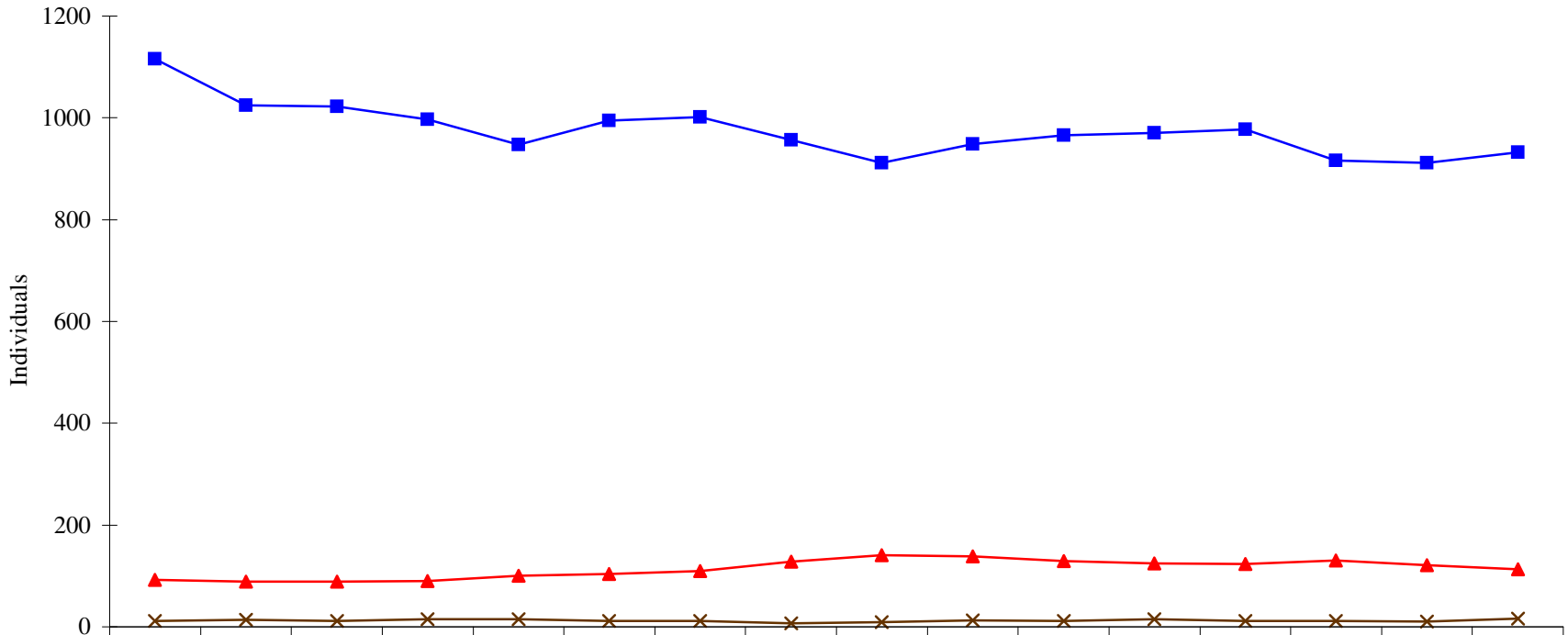


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	15	16	19	15	19	18	19	16	14	19	17	17	15	18
30 Days or Less	249	246	250	271	259	202	206	303	276	206	220	245	261	230
31 - 90 Days	31	26	32	34	33	43	50	34	24	44	39	35	29	34
91 - 365 Days	5	7	10	2	5	2	4	8	3	6	2	4	4	9
1 - 5 Years	0	0	1	0	2	0	0	0	0	0	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

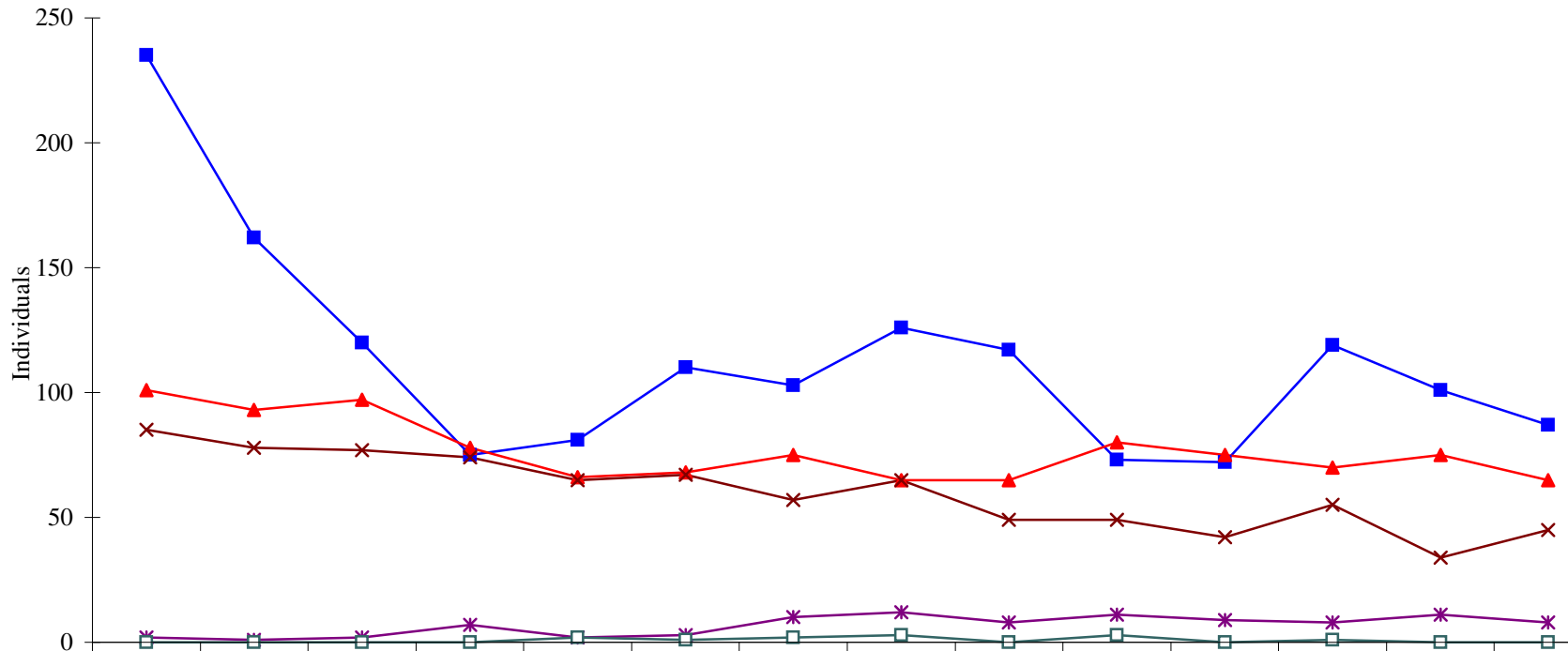


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	12	13	12	13	13	13	14	14	15	16	15	15	15	16	15	16
30 Days or Less	1116	1025	1022	997	947	995	1002	956	911	948	966	970	977	916	911	932
31-90 Days	92	89	89	90	100	104	110	128	141	139	129	125	124	130	121	113
91-365 Days	12	14	12	15	15	12	12	7	9	13	12	15	11	11	10	16

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

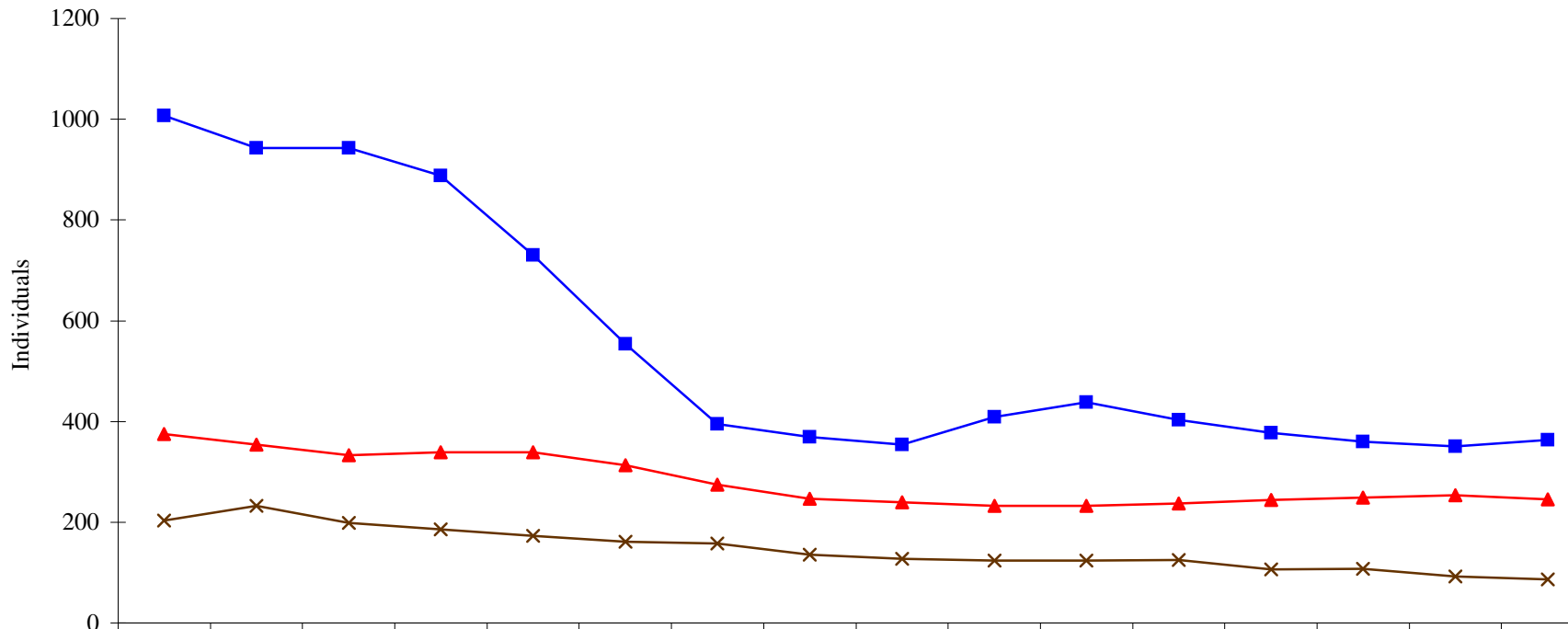


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	56	65	70	94	139	92	103	117	88	147	90	97	88	95
30 Days or Less	235	162	120	75	81	110	103	126	117	73	72	119	101	87
31 - 90 Days	101	93	97	78	66	68	75	65	65	80	75	70	75	65
91 - 365 Days	85	78	77	74	65	67	57	65	49	49	42	55	34	45
1 - 5 Years	2	1	2	7	2	3	10	12	8	11	9	8	11	8
Over 5 Years	0	0	0	0	2	1	2	3	0	3	0	1	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

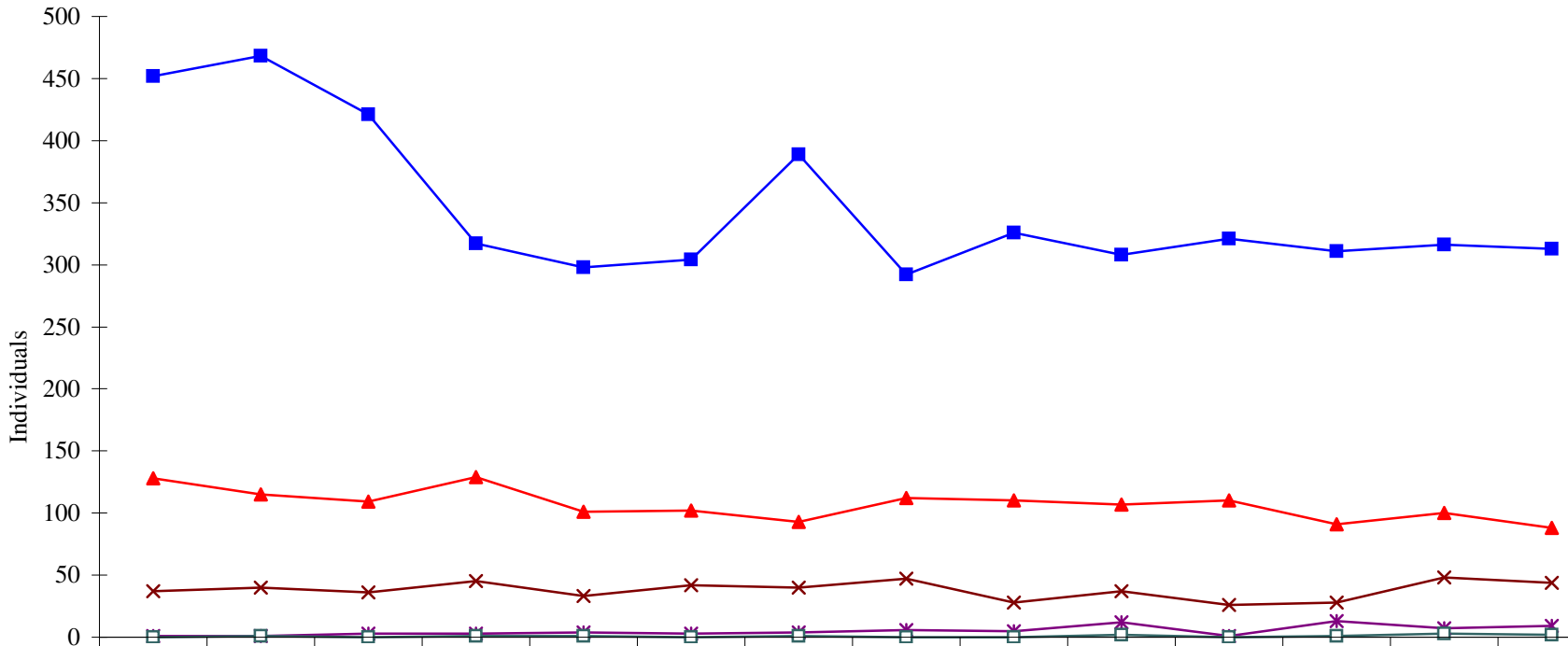


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	38	40	38	39	41	45	52	49	49	45	45	46	45	46	45	43
30 Days or Less	1007	943	943	888	730	554	395	369	354	409	438	403	377	360	351	363
31-90 Days	375	354	333	339	339	313	275	247	240	232	233	237	244	249	254	245
91-365 Days	203	233	199	186	173	161	158	136	127	124	124	125	106	108	92	86

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

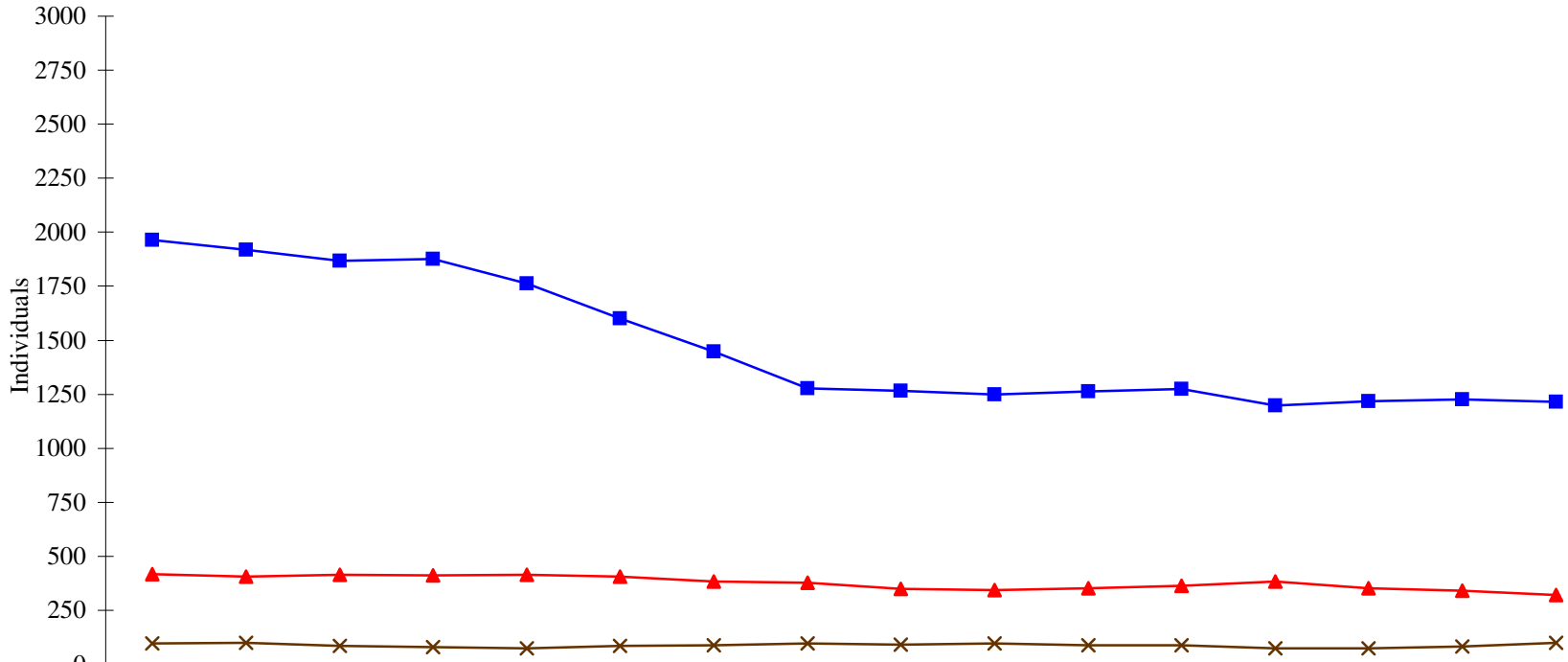


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	31	35	32	47	50	41	39	46	40	66	31	58	61	58
30 Days or Less	452	468	421	317	298	304	389	292	326	308	321	311	316	313
31 - 90 Days	128	115	109	129	101	102	93	112	110	107	110	91	100	88
91 - 365 Days	37	40	36	45	33	42	40	47	28	37	26	28	48	44
1 - 5 Years	1	1	3	3	4	3	4	6	5	12	1	13	7	9
Over 5 Years	0	1	0	1	1	0	1	0	0	2	0	1	3	2

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

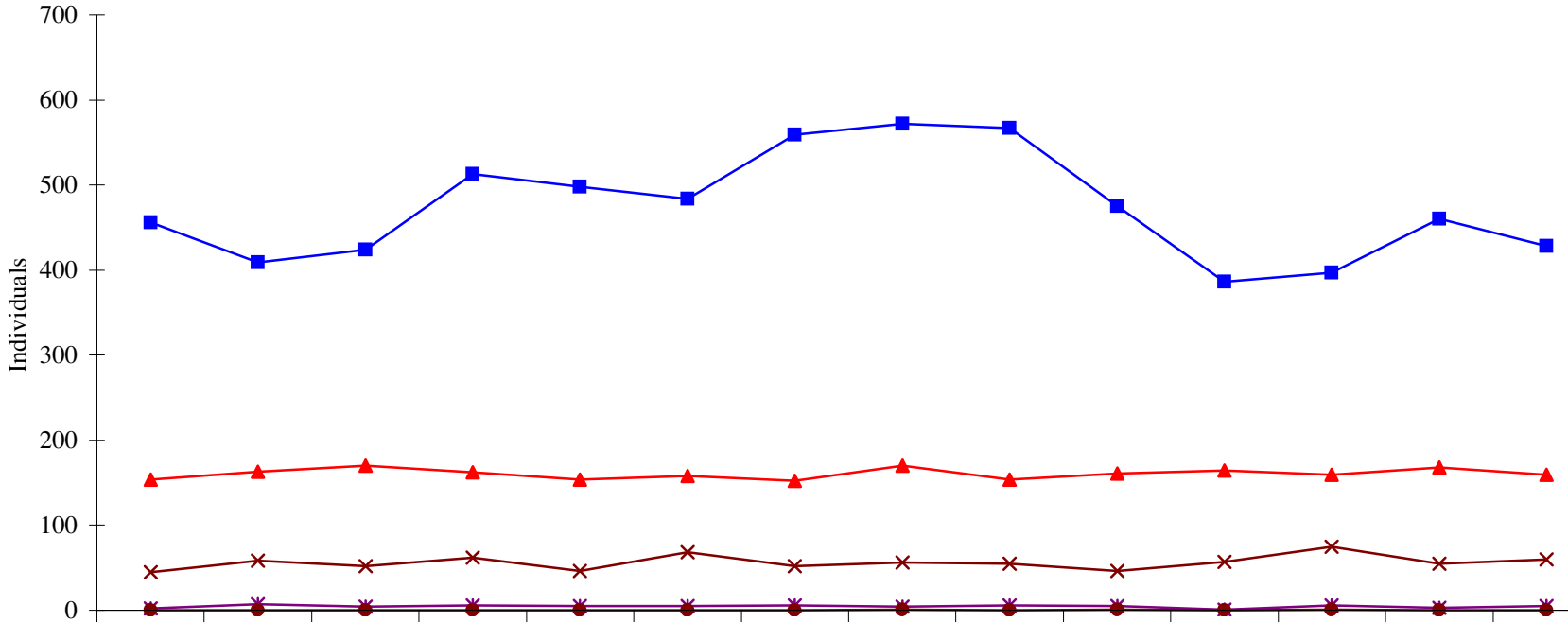


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	22	22	22	22	22	24	25	27	26	27	26	26	26	26	27	27
30 Days or Less	1965	1920	1868	1876	1763	1601	1448	1277	1267	1249	1263	1274	1198	1217	1226	1215
31-90 Days	416	406	413	411	415	406	383	378	350	343	353	363	382	353	342	320
91-365 Days	96	99	84	79	75	86	87	97	91	97	88	88	73	74	83	99

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital

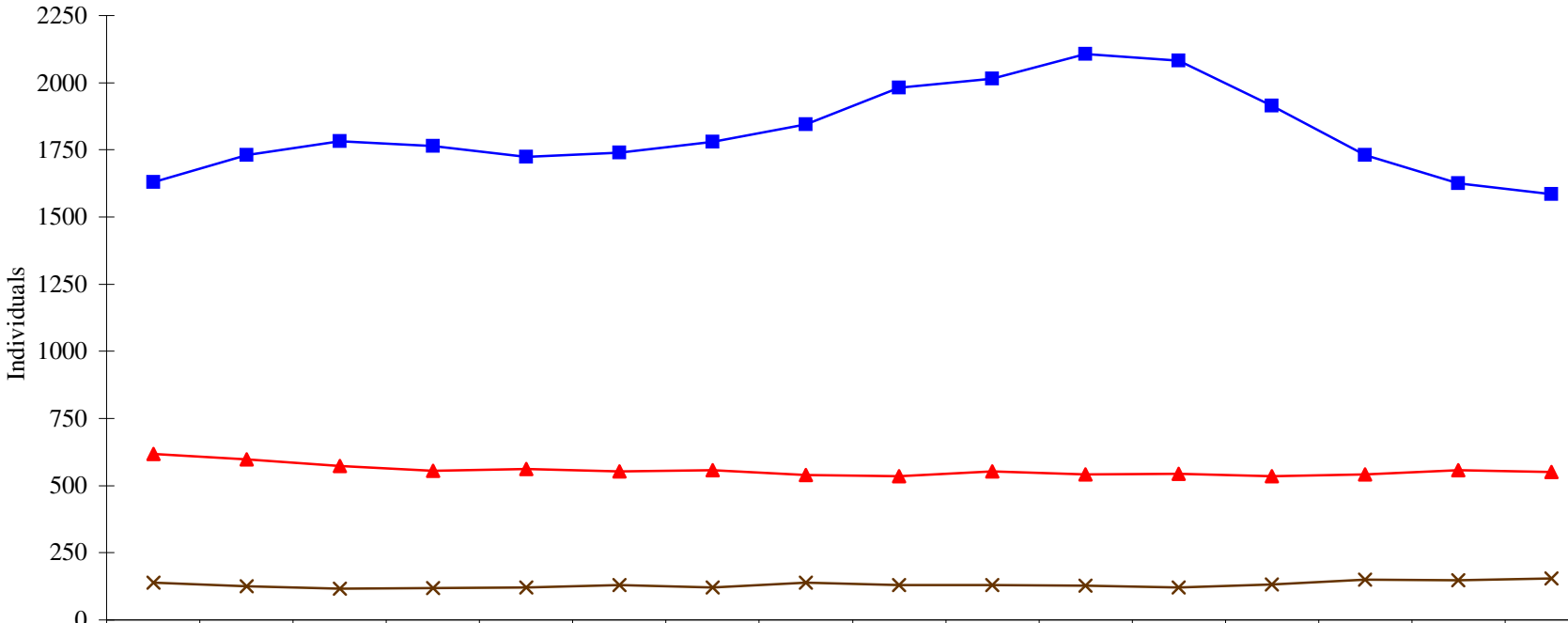


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	34	44	40	36	36	39	35	38	36	42	39	53	37	42
30 Days or Less	456	409	424	513	498	484	559	572	567	475	386	397	460	428
31 - 90 Days	154	163	170	162	154	158	152	170	154	161	164	159	168	159
91 - 365 Days	45	58	52	62	46	68	52	56	55	46	57	75	55	60
1 - 5 Years	2	7	4	6	5	5	6	4	6	5	1	6	3	5
Over 5 Years	0	0	0	0	0	0	0	1	0	1	0	1	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital

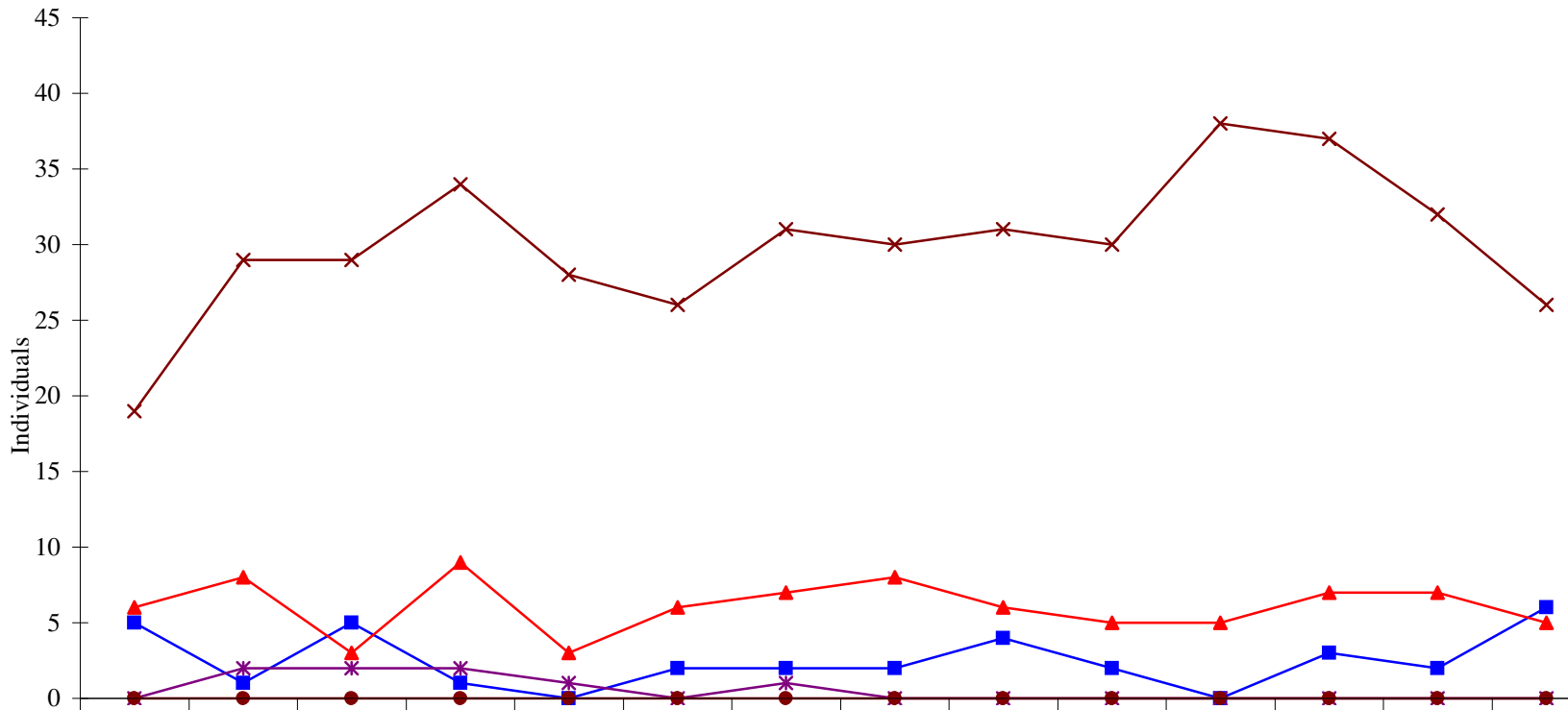


	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	31	30	29	29	29	29	28	28	27	27	26	26	28	30	31	31
30 Days or Less	1630	1731	1781	1764	1723	1739	1780	1845	1981	2015	2106	2082	1915	1730	1626	1586
31-90 Days	617	598	574	555	561	553	558	539	534	552	542	545	534	542	557	550
91-365 Days	139	126	117	118	122	130	121	138	130	129	128	122	131	151	147	154

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth

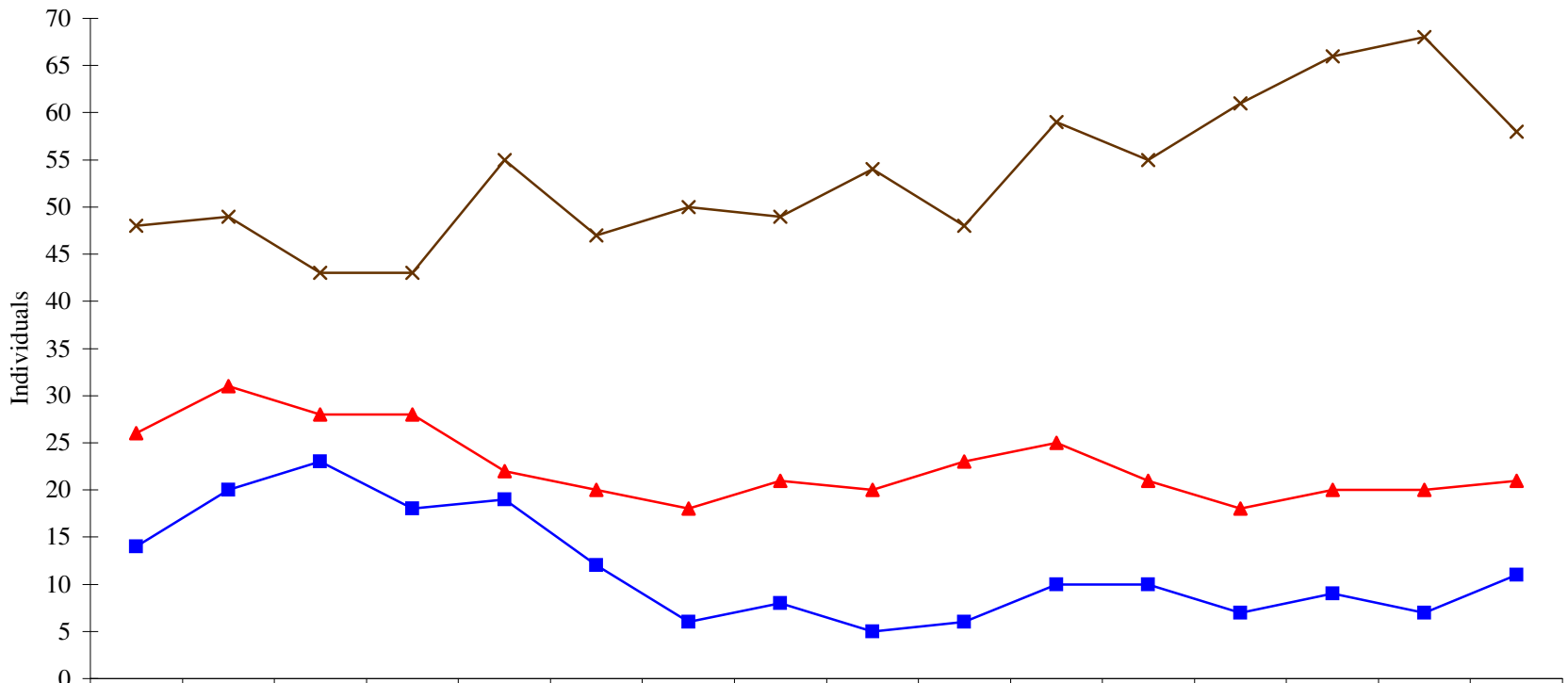


	Q1 FY09	Q2	Q3	Q4	Q1 FY10	Q2	Q3	Q4	Q1 FY11	Q2	Q3	Q4	Q1 FY12	Q2
Average LOS	140	174	199	190	192	167	174	166	155	162	188	161	153	147
30 Days or Less	5	1	5	1	0	2	2	2	4	2	0	3	2	6
31 - 90 Days	6	8	3	9	3	6	7	8	6	5	5	7	7	5
91 - 365 Days	19	29	29	34	28	26	31	30	31	30	38	37	32	26
1 - 5 Years	0	2	2	2	1	0	1	0	0	0	0	0	0	0
Over 5 Years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth



	6/07-5/08	9/07-8/08	12/07-11/08	3/08-2/09	6/08-5/09	9/08-8/09	12/08-11/09	3/09-2/10	6/09-5/10	9/09-8/10	12/09-11/10	3/10-2/11	6/10-5/11	9/10-8/11	12/10-11/11	3/11-2/12
Average LOS	114	106	95	101	125	120	138	128	138	132	132	124	142	138	137	128
30 Days or Less	14	20	23	18	19	12	6	8	5	6	10	10	7	9	7	11
31-90 Days	26	31	28	28	22	20	18	21	20	23	25	21	18	20	20	21
91-365 Days	48	49	43	43	55	47	50	49	54	48	59	55	61	66	68	58

Chart: Hospital Management Data Services

Source:
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

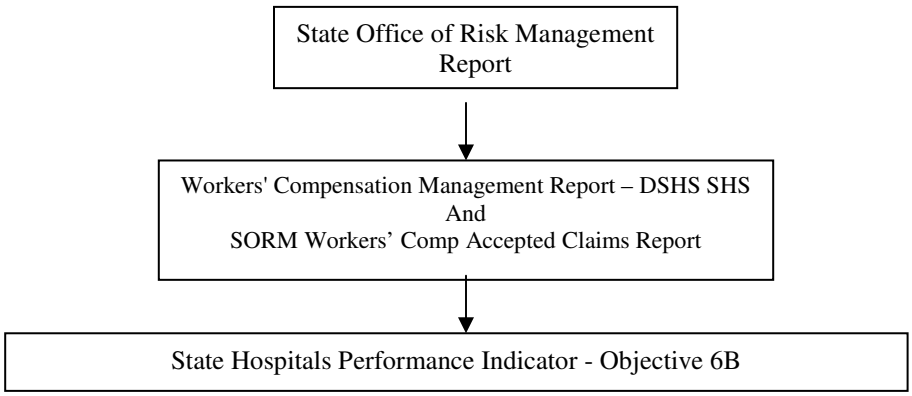
Maintain workers' compensation claim expenses per FTE at or below the State Hospital System average claims cost per FTE for the prior fiscal year.

Performance Objective Operational Definition: Total workers compensation claim expenses per FTE filed for FY 2011 will not exceed the state hospital system average claims cost per FTE for FY2010. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

Performance Objective Data Display and Chart Description:

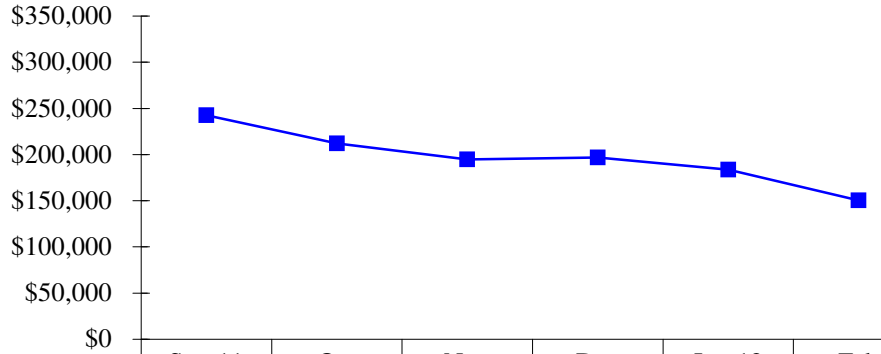
- Chart with monthly data points of claim expenses for individual state hospitals and system-wide.
- Chart with monthly data points of cost per FTE for individual state hospitals and system-wide.

Data Flow:



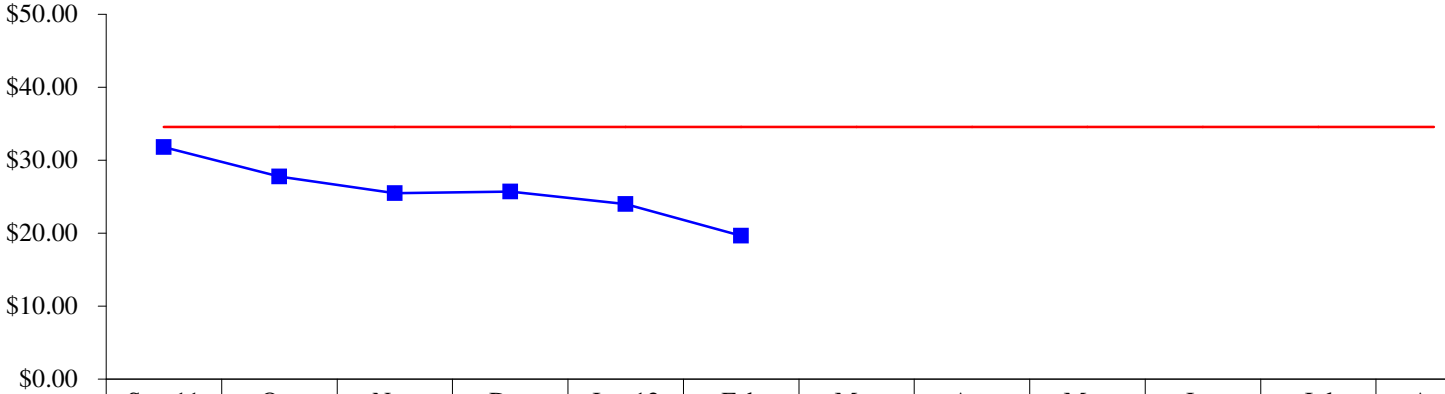
Objective 6B - Workers Compensation
All State Hospitals

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$242,723	$211,981	$194,880	$196,840	$183,793	$150,434						
FYTD Expend.	$242,723	$454,704	$649,584	$846,424	$1,030,217	$1,180,651						

Average Monthly Cost Per FTE



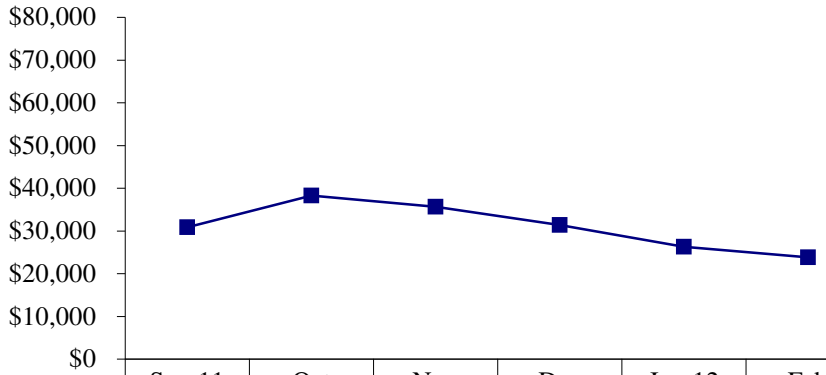
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Monthly Cost Per FTE	$31.78	$27.77	$25.49	$25.71	$24.00	$19.66						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

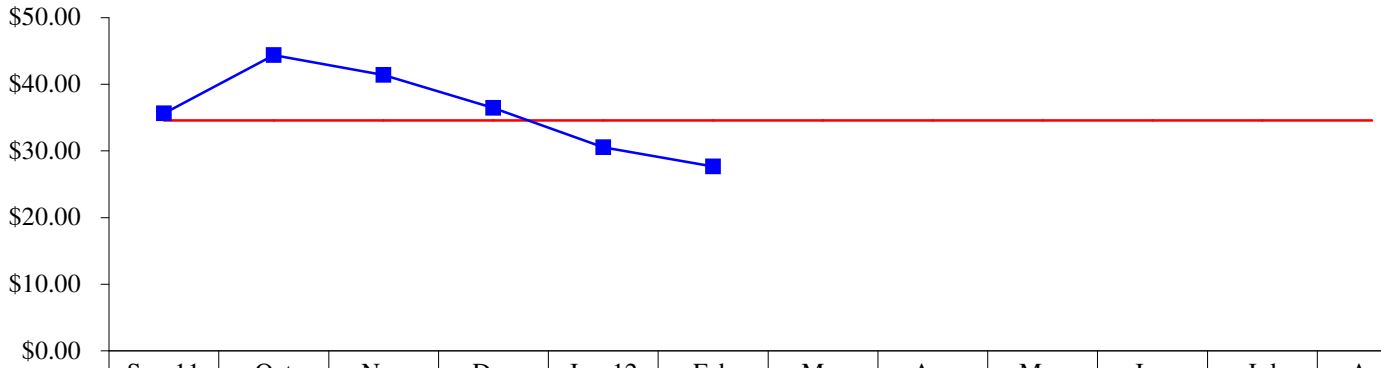
Objective 6B - Workers Compensation
Austin State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$30,883	$38,257	$35,689	$31,392	$26,265	$23,807						
FYTD Expend.	$30,883	$69,140	$104,829	$136,221	$162,486	$186,292						

Average Monthly Cost Per FTE



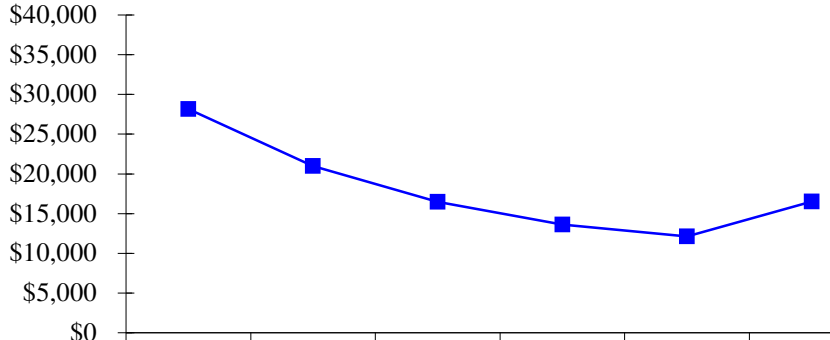
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$35.66	$44.38	$41.40	$36.46	$30.54	$27.68						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

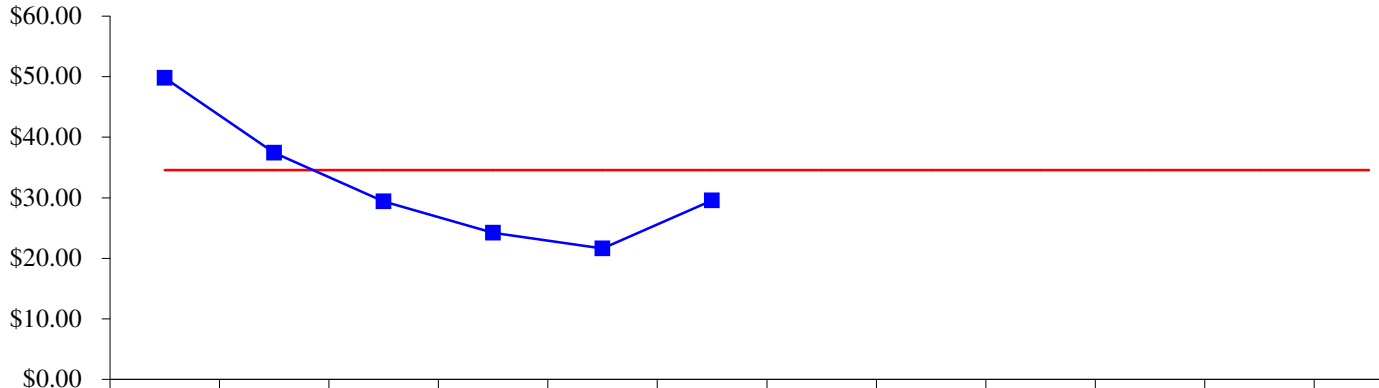
Objective 6B - Workers Compensation
Big Spring State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$28,173	$20,997	$16,472	$13,607	$12,138	$16,531						
FYTD Expend.	$28,173	$49,170	$65,642	$79,249	$91,386	$107,917						

Average Monthly Cost Per FTE



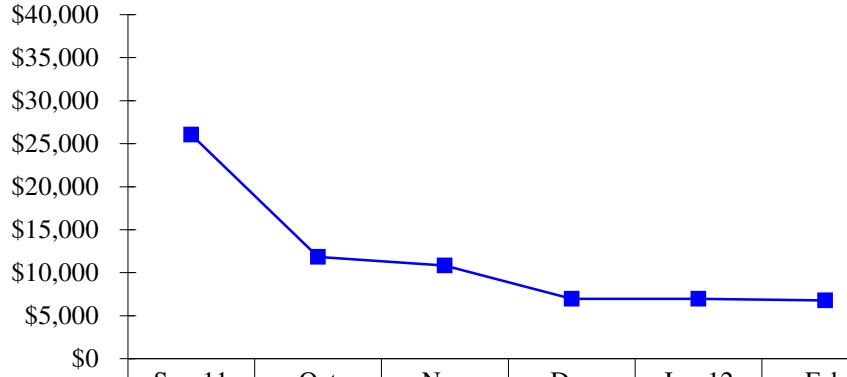
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$49.78	$37.43	$29.41	$24.21	$21.64	$29.57						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

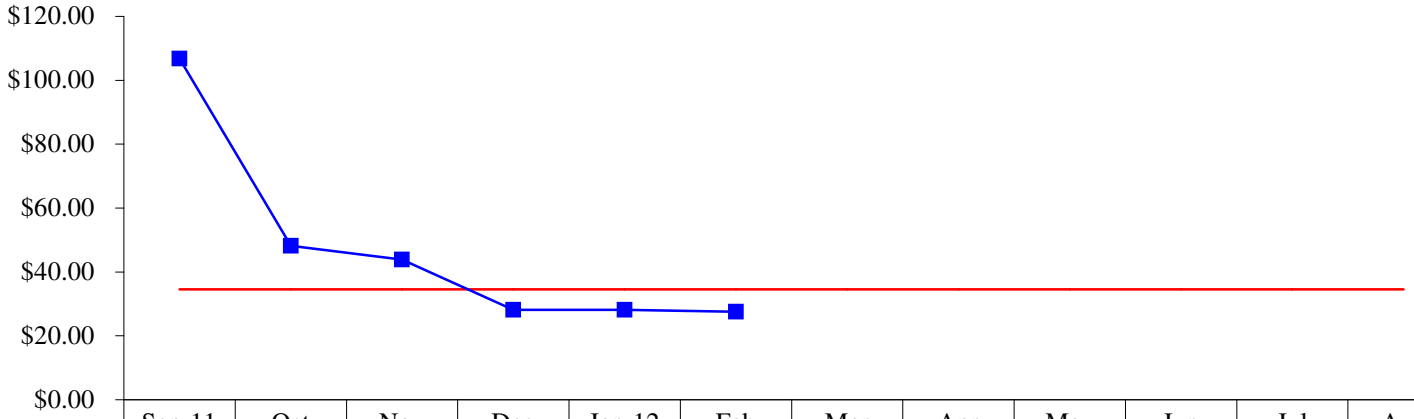
Objective 6B - Workers Compensation
El Paso Psychiatric Center

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$26,062	$11,843	$10,834	$6,958	$6,945	$6,768						
FYTD Expend.	$26,062	$37,905	$48,739	$55,697	$62,642	$69,410						

Average Monthly Cost Per FTE



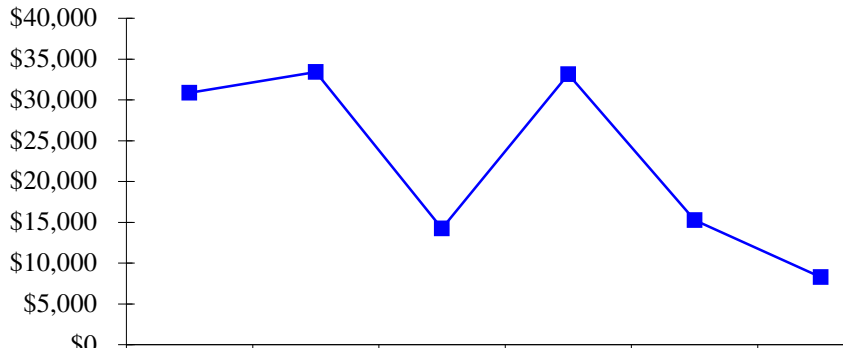
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$106.81	$48.14	$43.86	$28.17	$28.12	$27.51						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

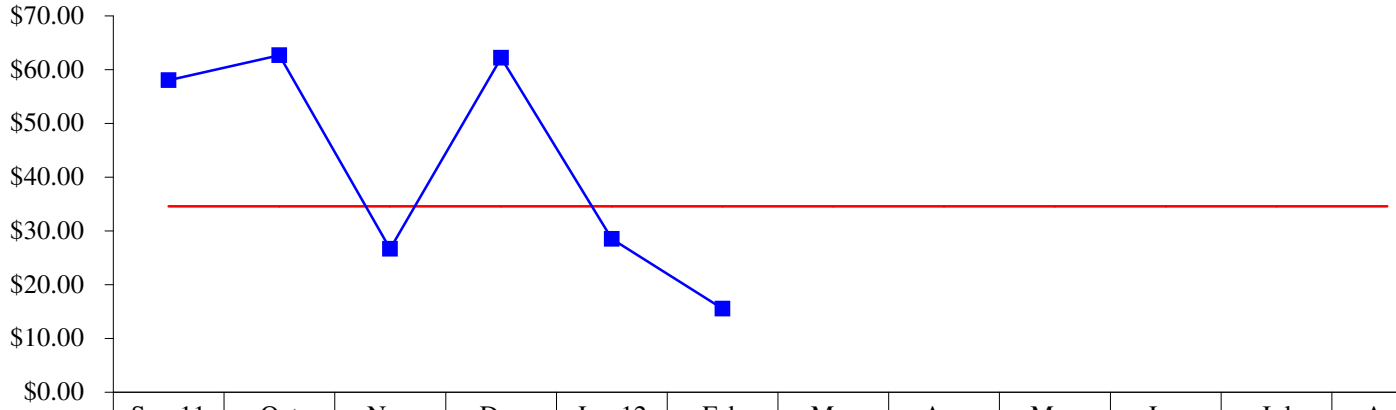
Objective 6B - Workers Compensation
Kerrville State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$30,864	$33,417	$14,226	$33,145	$15,236	$8,291						
FYTD Expend.	$30,864	$64,281	$78,507	$111,652	$126,888	$135,178						

Average Monthly Cost Per FTE



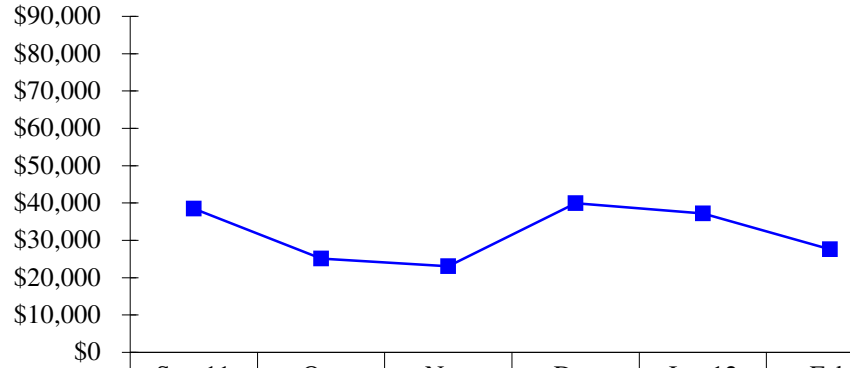
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$58.01	$62.70	$26.69	$62.19	$28.53	$15.53						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

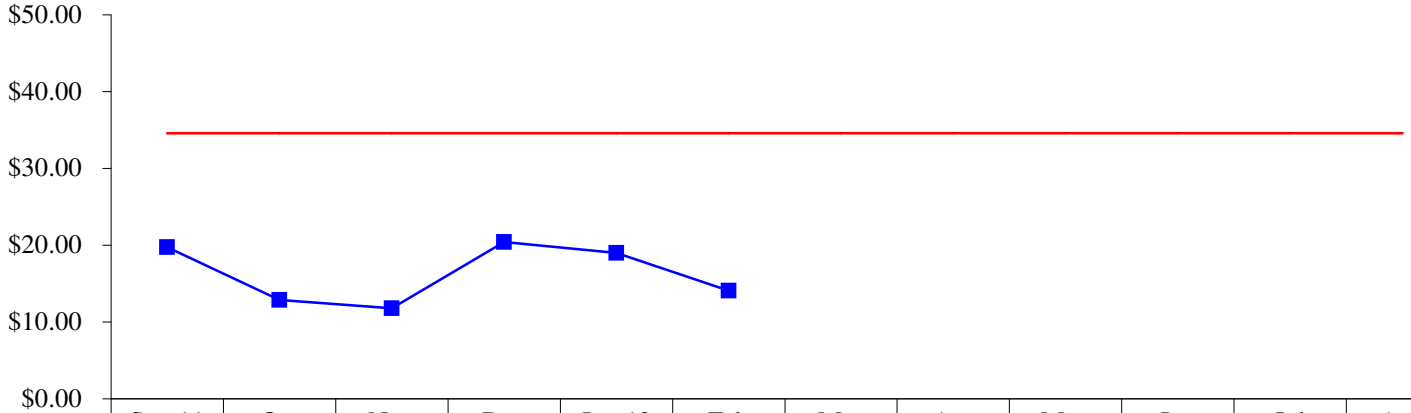
Objective 6B - Workers Compensation
North Texas State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$38,523	$25,124	$23,015	$39,945	$37,172	$27,615						
FYTD Expend.	$38,523	$63,647	$86,661	$126,606	$163,778	$191,393						

Average Monthly Cost Per FTE



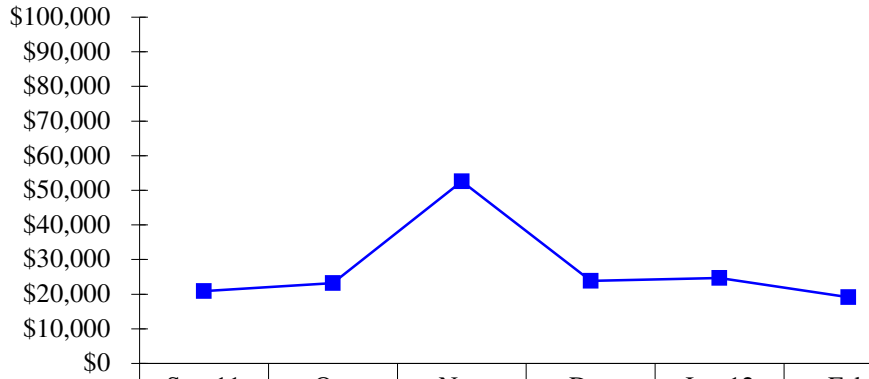
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$19.76	$12.88	$11.78	$20.41	$18.98	$14.10						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

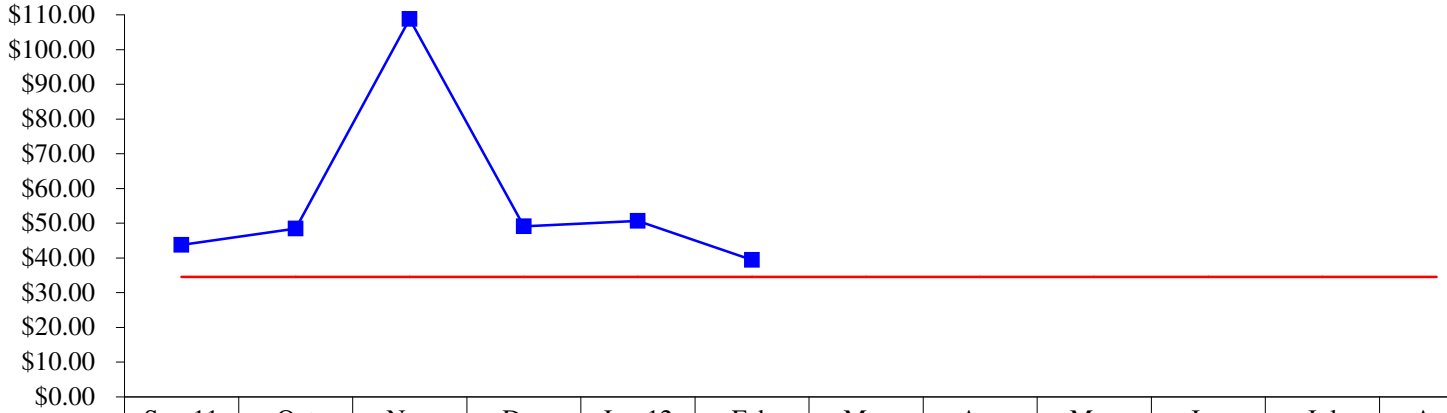
Objective 6B - Workers Compensation
Rio Grande State Center

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$20,922	$23,217	$52,561	$23,866	$24,631	$19,149						
FYTD Expend.	$20,922	$44,139	$96,699	$120,565	$145,196	$164,345						

Average Monthly Cost Per FTE



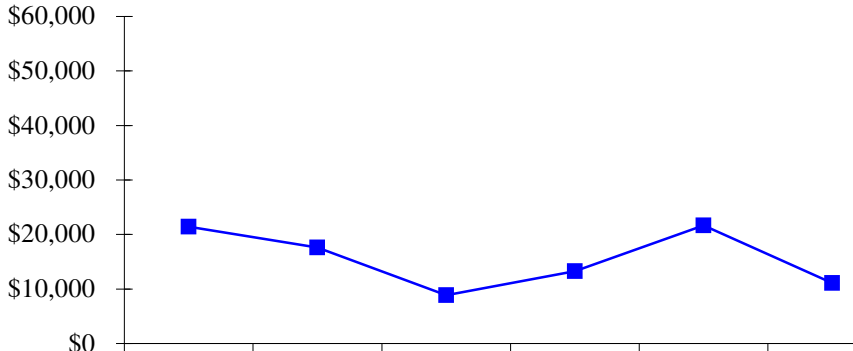
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$43.77	$48.47	$108.82	$49.11	$50.68	$39.40						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

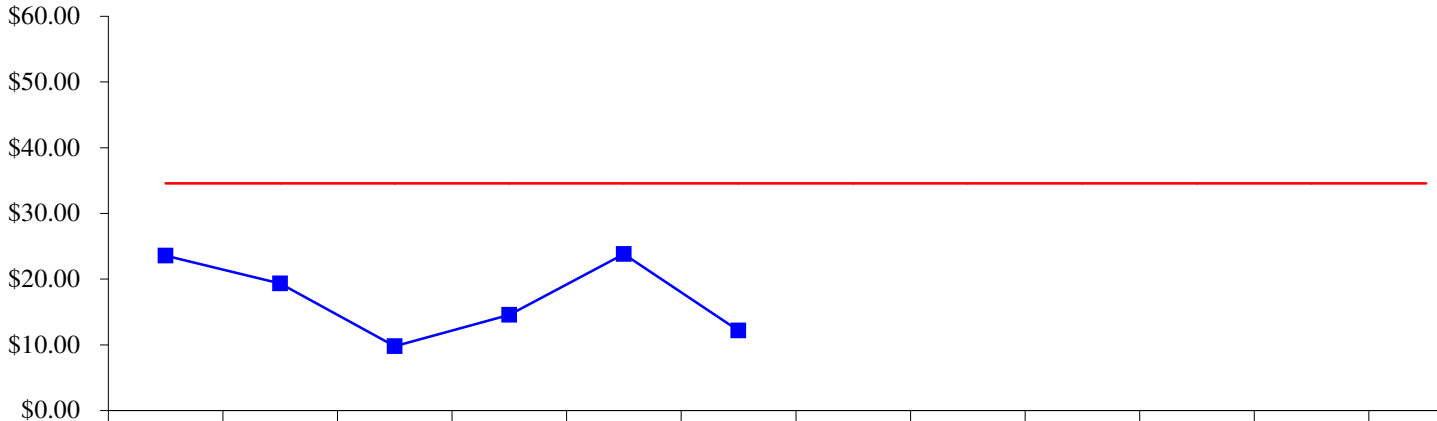
Objective 6B - Workers Compensation
Rusk State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$21,438	$17,596	$8,894	$13,279	$21,689	$11,072						
FYTD Expend.	$21,438	$39,035	$47,929	$61,208	$82,897	$93,969						

Average Monthly Cost Per FTE



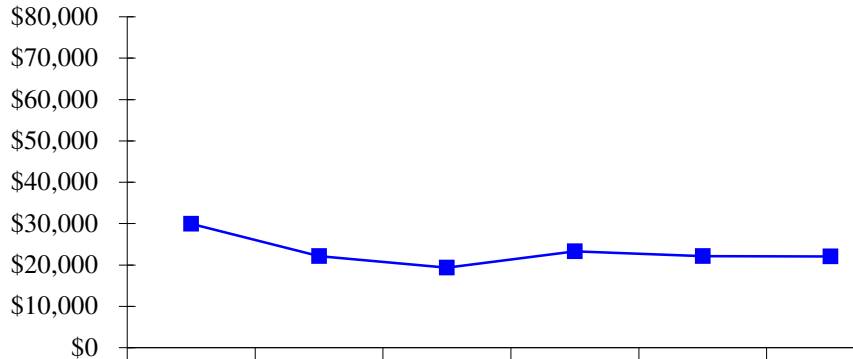
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$23.56	$19.36	$9.77	$14.58	$23.81	$12.15						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

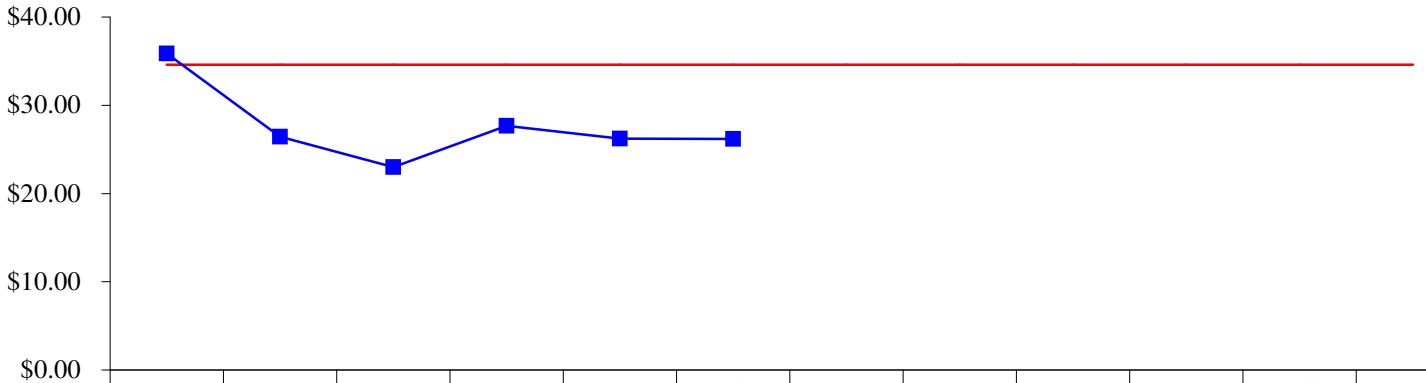
Objective 6B - Workers Compensation
San Antonio State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$29,937	$22,150	$19,321	$23,299	$22,093	$22,017						
FYTD Expend.	$29,937	$52,088	$71,409	$94,707	$116,801	$138,817						

Average Monthly Cost Per FTE



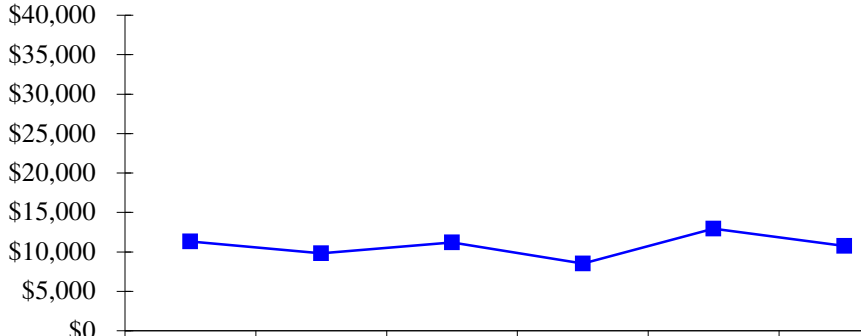
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$35.85	$26.43	$22.97	$27.67	$26.21	$26.18						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

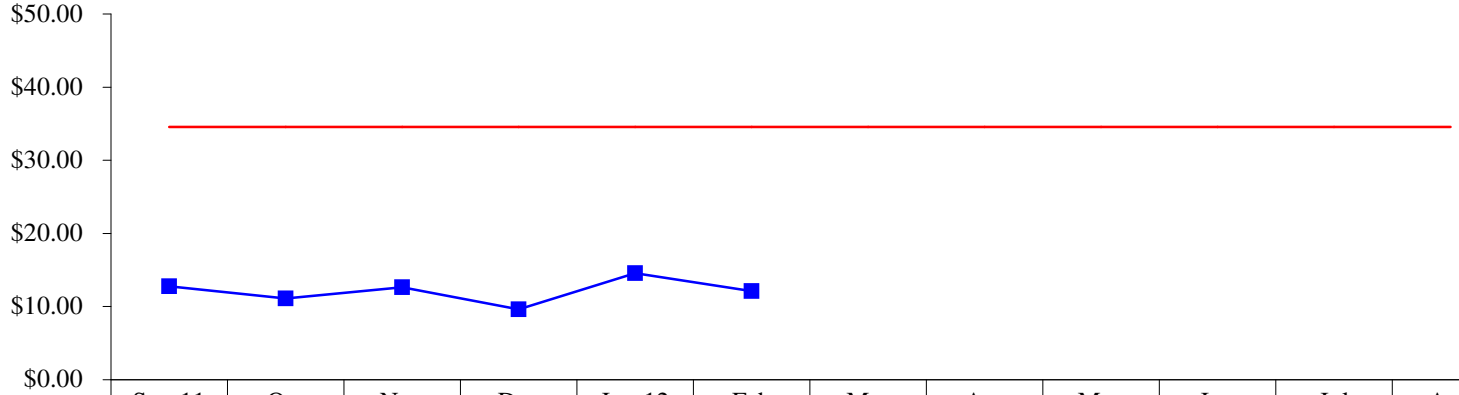
Objective 6B - Workers Compensation
Terrell State Hospital

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$11,309	$9,816	$11,206	$8,533	$12,925	$10,752						
FYTD Expend.	$11,309	$21,125	$32,331	$40,865	$53,790	$64,542						

Average Monthly Cost Per FTE



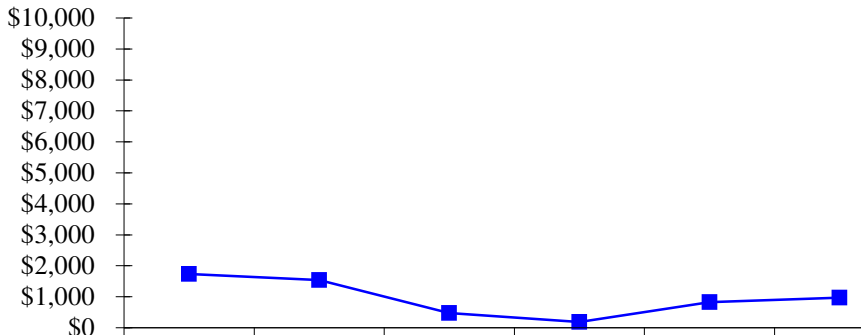
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$12.78	$11.12	$12.66	$9.63	$14.59	$12.14						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

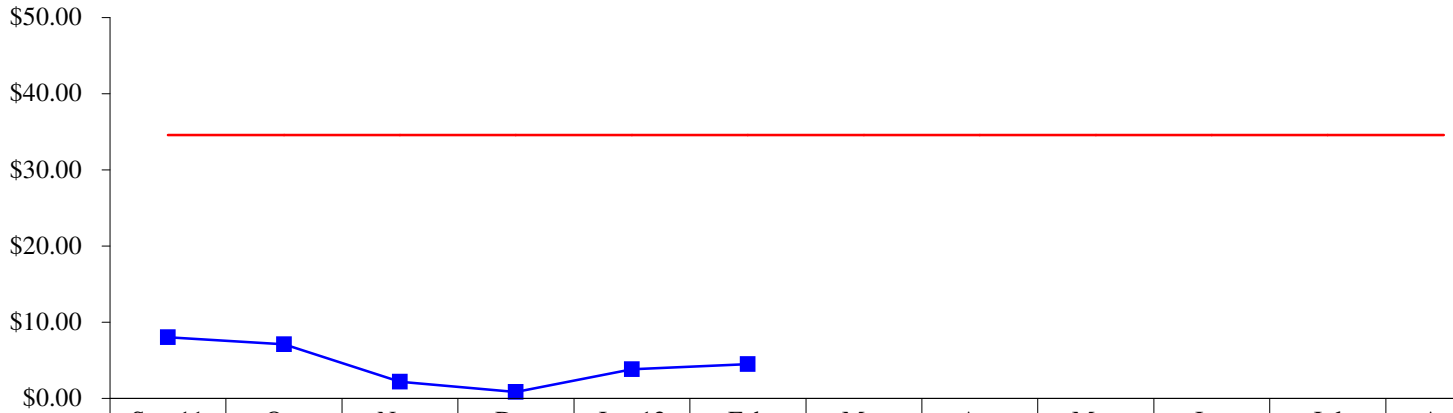
Objective 6B - Workers Compensation
Waco Center for Youth

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$1,739	$1,540	$478	$181	$831	$976						
FYTD Expend.	$1,739	$3,278	$3,757	$3,938	$4,769	$5,745						

Average Monthly Cost Per FTE



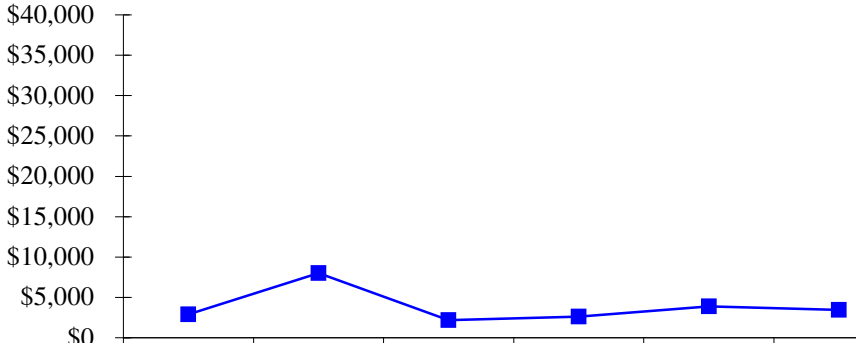
	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$8.01	$7.10	$2.20	$0.83	$3.81	$4.48						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

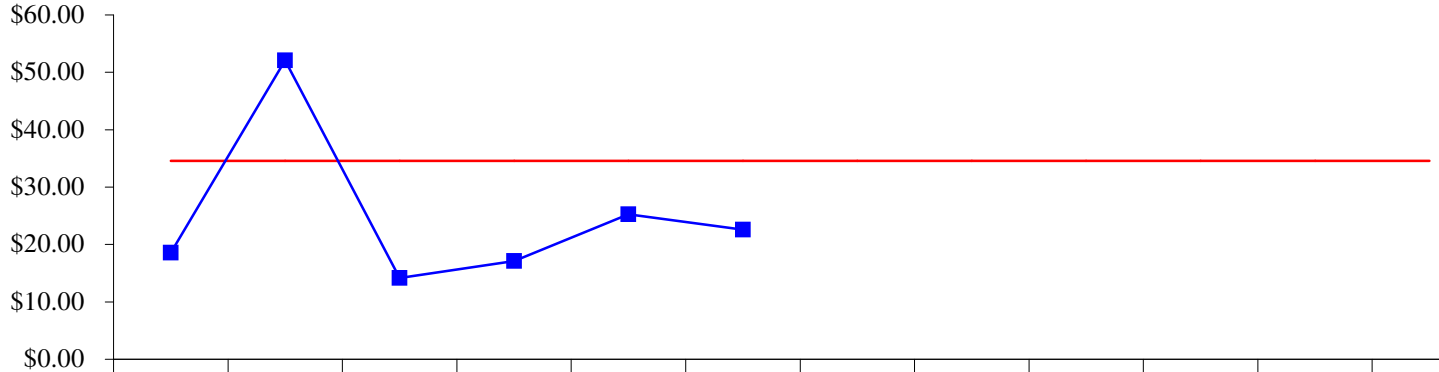
Objective 6B - Workers Compensation
Texas Center for Infectious Disease

Worker's Compensation Monthly Expenditures



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Monthly Expend.	$2,875	$8,023	$2,183	$2,636	$3,868	$3,457						
FYTD Expend.	$2,875	$10,897	$13,081	$15,717	$19,585	$23,042						

Average Monthly Cost Per FTE



	Sep-11	Oct	Nov	Dec	Jan-12	Feb	Mar	Apr	May	Jun	Jul	Aug
Avg Monthly Cost Per FTE Target	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58	$34.58
Avg Month Cost Per FTE	$18.55	$52.10	$14.18	$17.12	$25.28	$22.60						

Table: Hospital Management Data Services

Source: SORM Quarterly Report-Workers' Compensation Accepted Claims

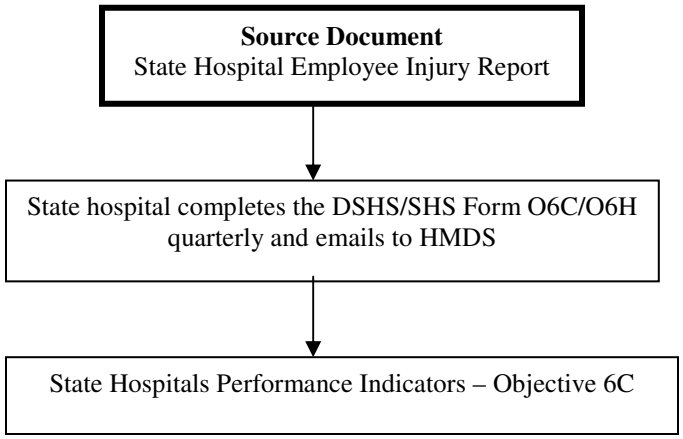
Performance Objective 6C:

Continue to demonstrate efforts to reduce employee injuries resulting in a workers' compensation claim with a goal of zero.

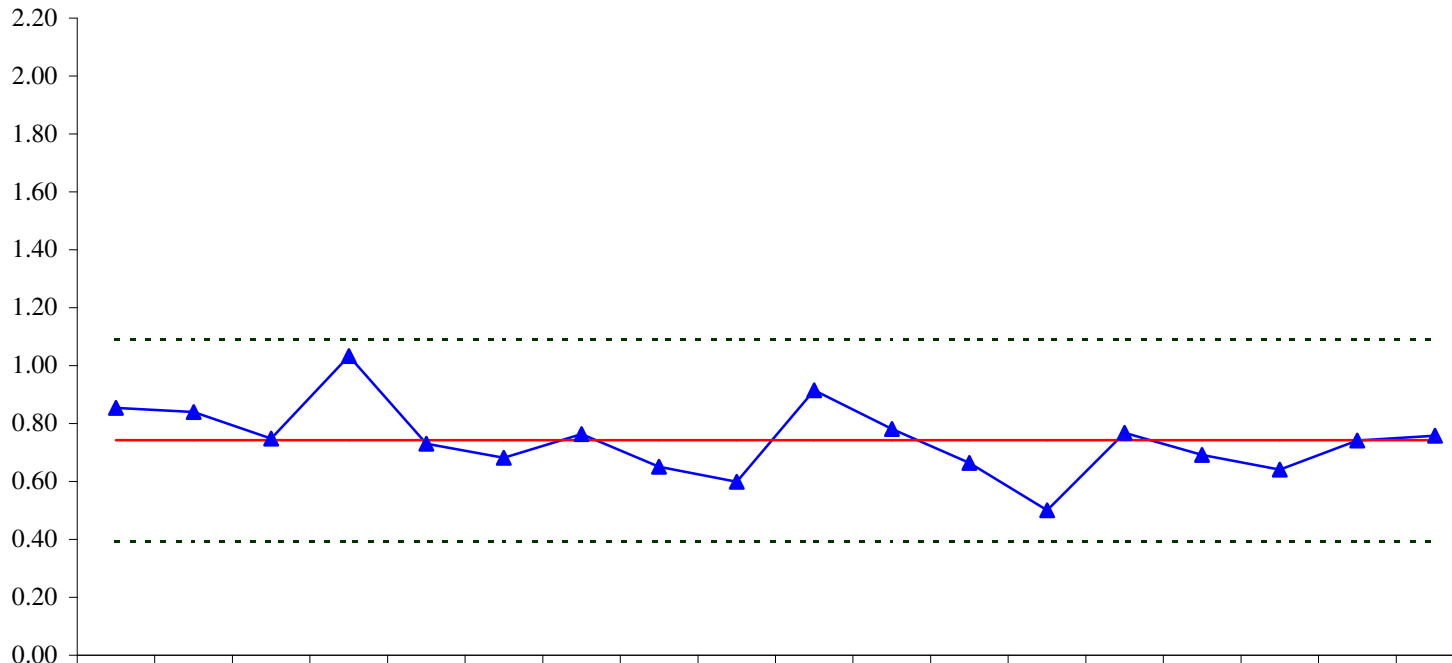
Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:



Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals

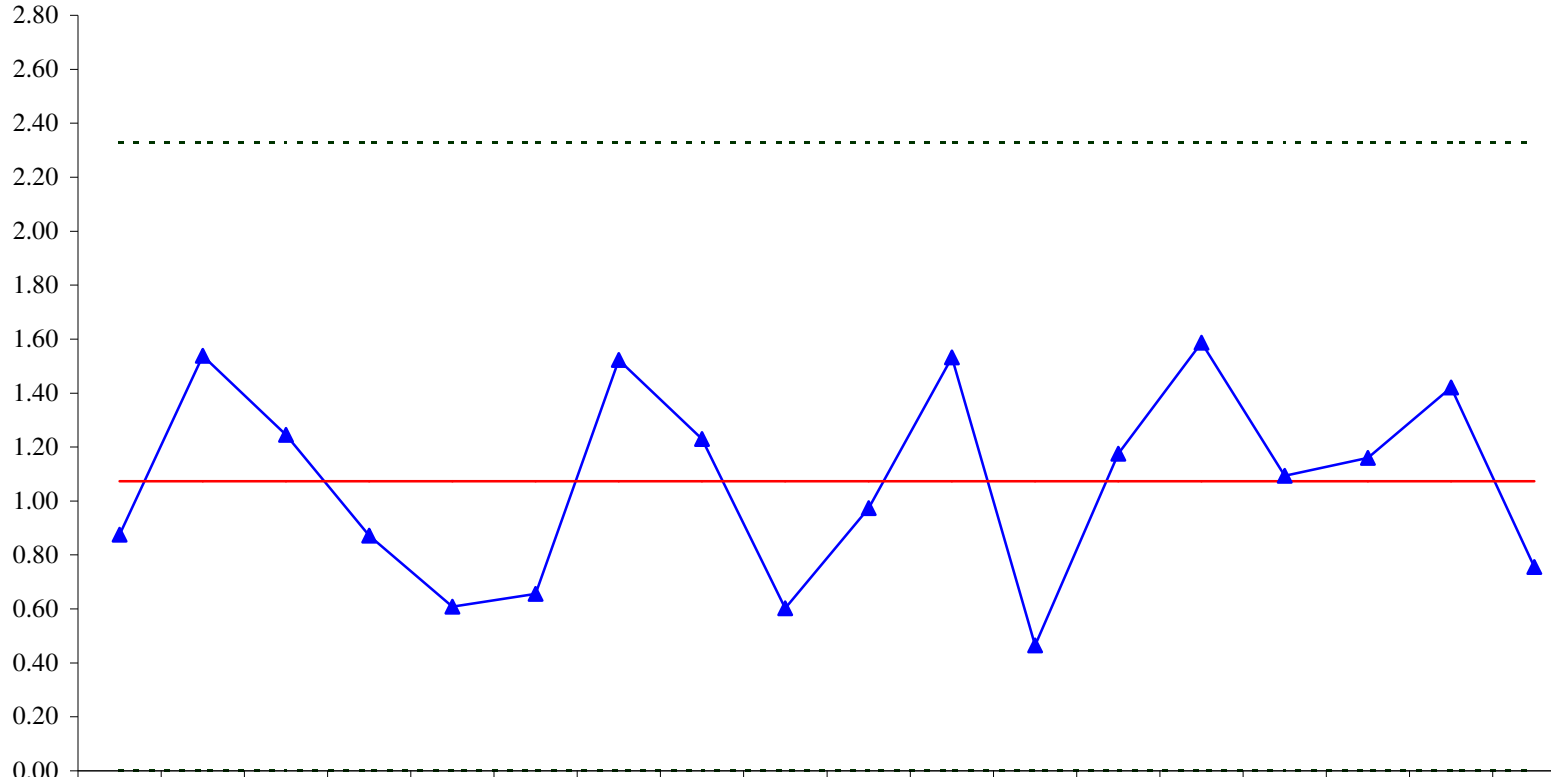


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	205	174	165	219	183	190	184	152	168	195	153	173	168	177	202	186	169	158
Injuries Resulting in a WCC	61	62	53	74	53	45	56	46	44	65	57	49	36	57	49	46	54	52
Emp. Inj.(WCC)/1000 Bed Days	0.85	0.84	0.75	1.03	0.73	0.68	0.76	0.65	0.60	0.91	0.78	0.66	0.50	0.77	0.69	0.64	0.74	0.76
UCL	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09	1.09
Avg	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
LCL	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39	0.39

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

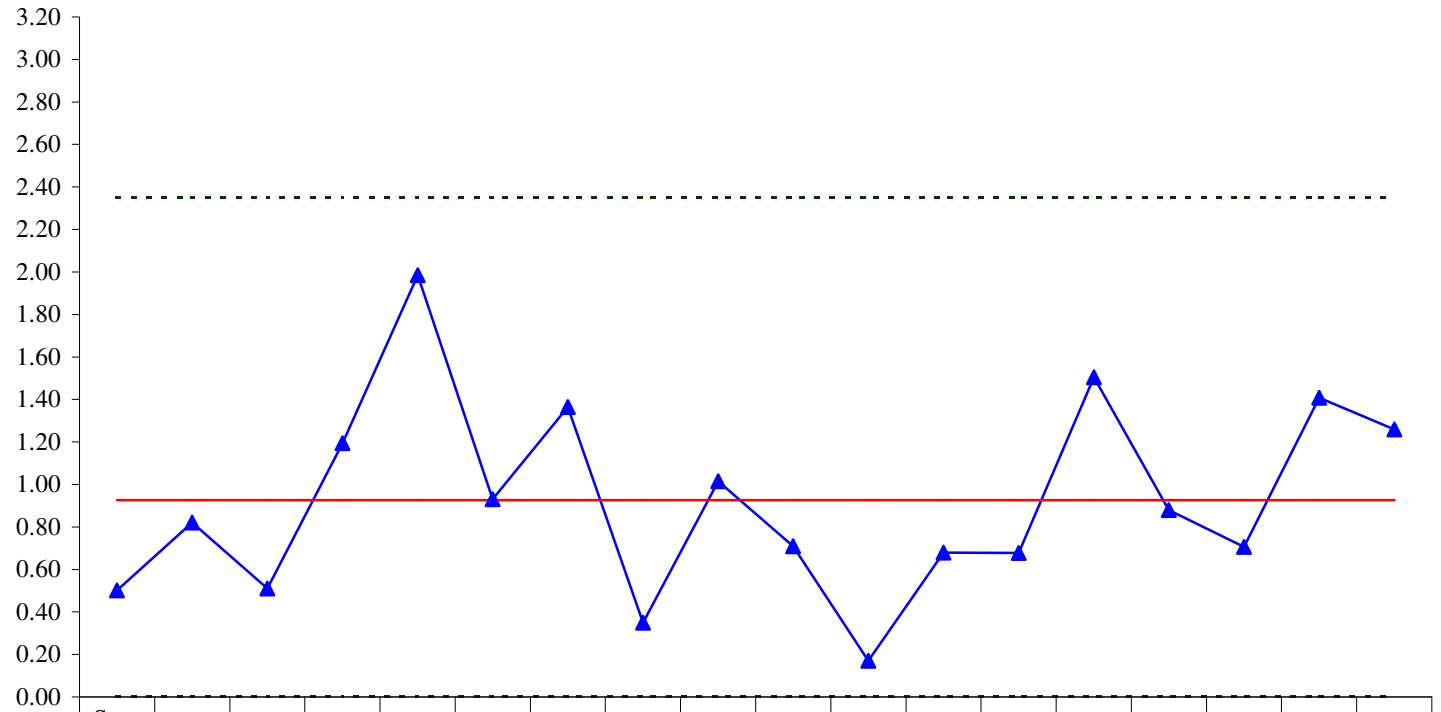


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	7	13	10	8	5	5	14	10	9	8	14	4	11	16	21	10	17	7
Injuries Resulting in a WCC	7	13	10	7	5	5	13	10	5	8	13	4	10	14	9	9	12	6
Emp. Inj.(WCC)/1000 Bed Days	0.88	1.54	1.25	0.87	0.61	0.66	1.52	1.23	0.60	0.97	1.53	0.47	1.18	1.59	1.09	1.16	1.42	0.76
UCL	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33	2.33
Avg	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07	1.07
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Big Spring State Hospital

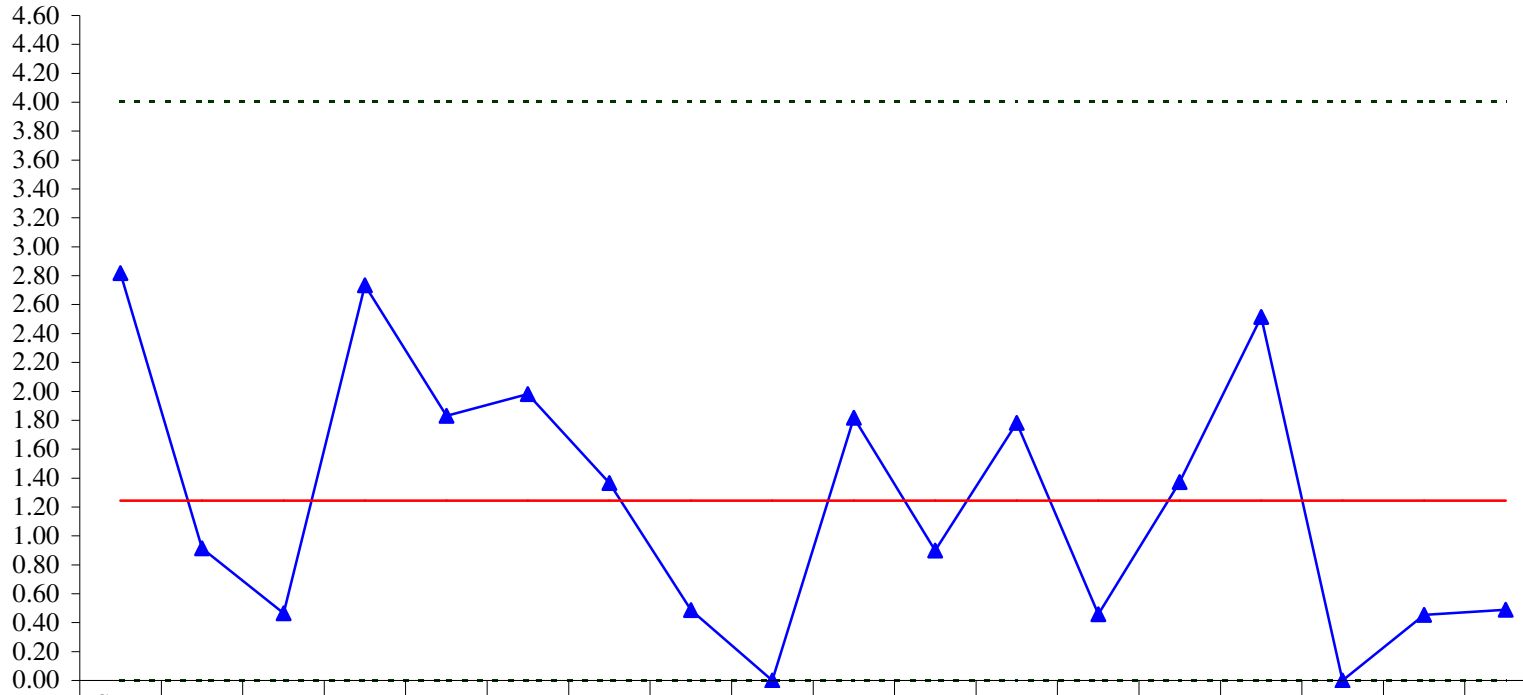


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	17	19	24	25	37	23	20	14	26	31	9	20	16	23	27	31	29	24
Injuries Resulting in a WCC	3	5	3	7	12	5	8	2	6	4	1	4	4	9	5	4	8	7
Emp. Inj.(WCC)/1000 Bed Days	0.50	0.82	0.51	1.19	1.99	0.93	1.36	0.35	1.02	0.71	0.17	0.68	0.68	1.51	0.88	0.71	1.41	1.26
UCL	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35	2.35
Avg	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

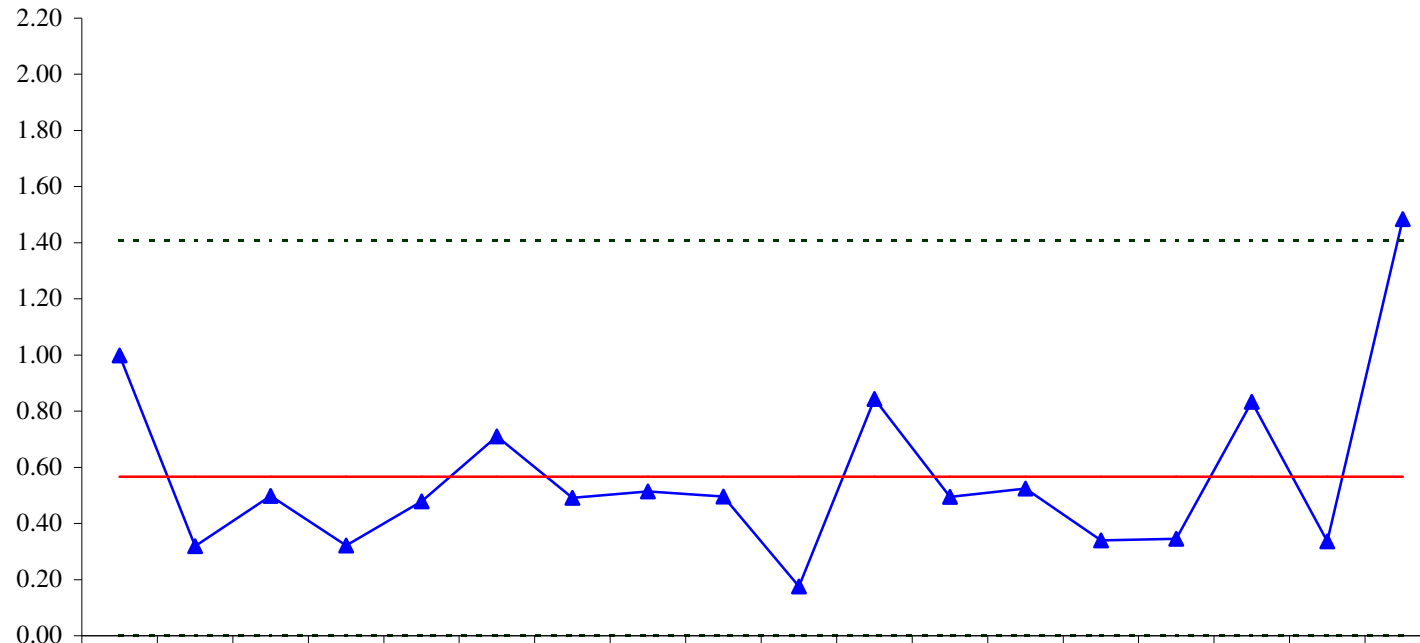


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	10	4	3	18	11	11	7	6	5	10	3	8	10	8	17	10	6	4
Injuries Resulting in a WCC	6	2	1	6	4	4	3	1	0	4	2	4	1	3	5	0	1	1
Emp. Inj.(WCC)/1000 Bed Days	2.82	0.91	0.46	2.73	1.83	1.98	1.37	0.49	0.00	1.82	0.90	1.78	0.46	1.37	2.51	0.00	0.45	0.49
UCL	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01	4.01
Avg	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24	1.24
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Kerrville State Hospital

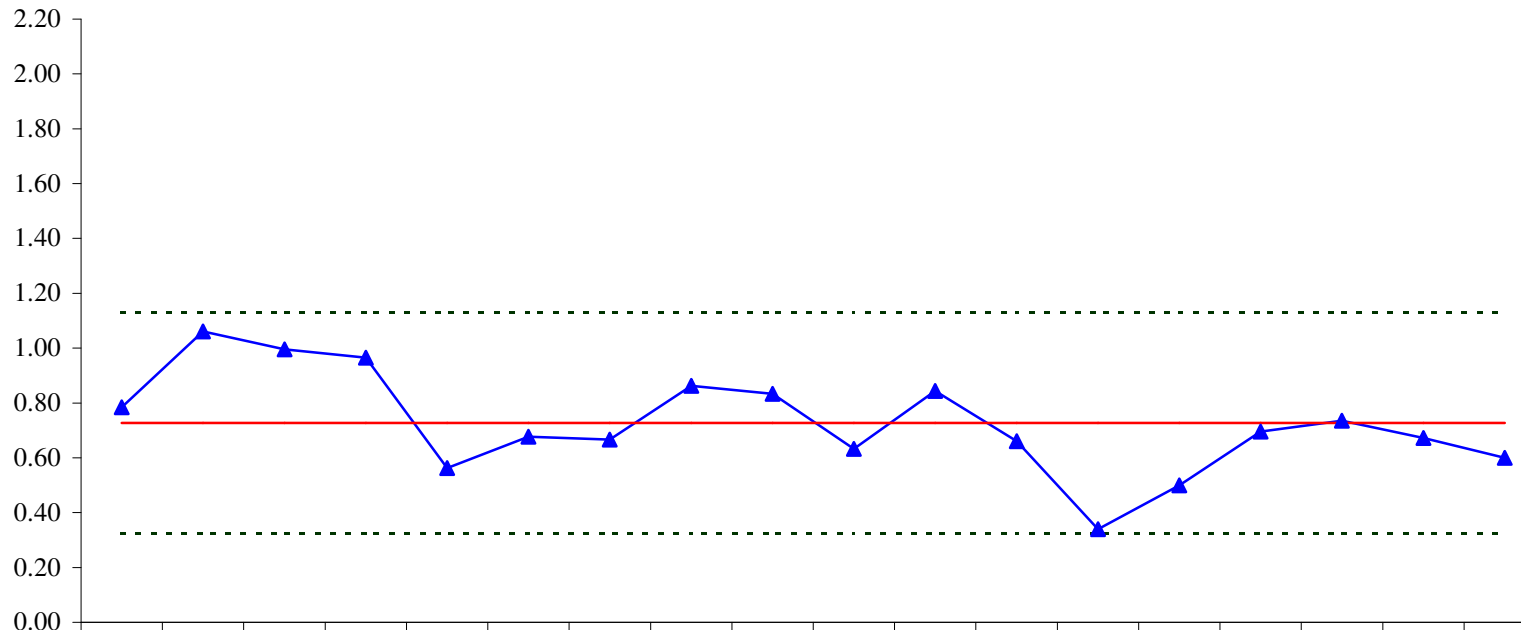


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	14	9	10	9	8	9	12	14	17	7	10	12	17	7	10	16	9	12
Injuries Resulting in a WCC	6	2	3	2	3	4	3	3	3	1	5	3	3	2	2	5	2	8
Emp. Inj.(WCC)/1000 Bed Days	1.00	0.32	0.50	0.32	0.48	0.71	0.49	0.51	0.50	0.18	0.84	0.49	0.52	0.34	0.34	0.83	0.34	1.48
UCL	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41	1.41
Avg	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	0.57	0.57	0.57
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

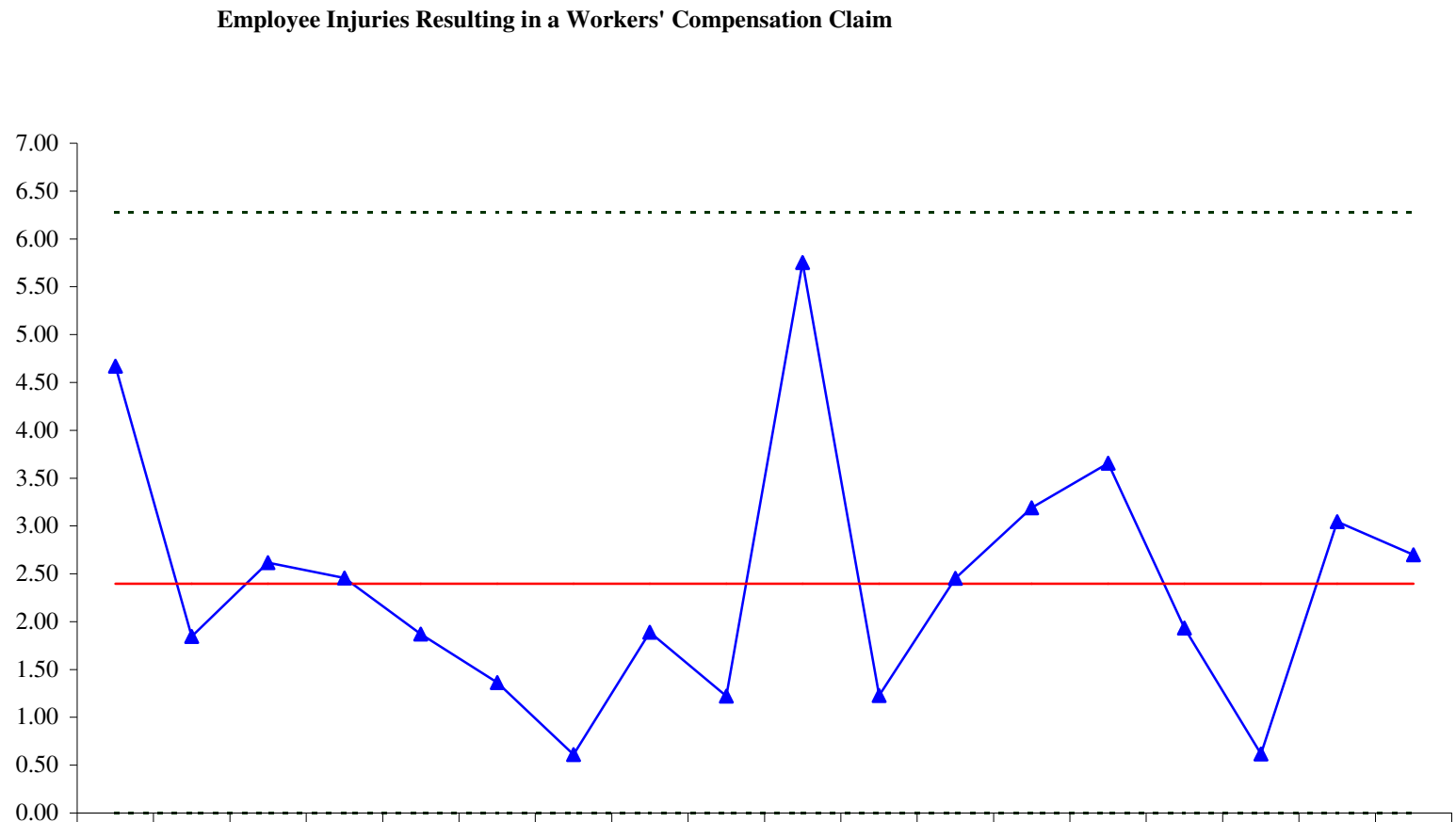


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	49	36	35	38	35	36	46	42	35	37	47	28	32	24	31	33	28	25
Injuries Resulting in a WCC	14	19	17	17	10	11	12	15	15	11	15	12	6	9	12	13	12	10
Emp. Inj.(WCC)/1000 Bed Days	0.78	1.06	1.00	0.97	0.56	0.68	0.67	0.86	0.83	0.63	0.84	0.66	0.34	0.50	0.70	0.74	0.67	0.60
UCL	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
LCL	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rio Grande State Center

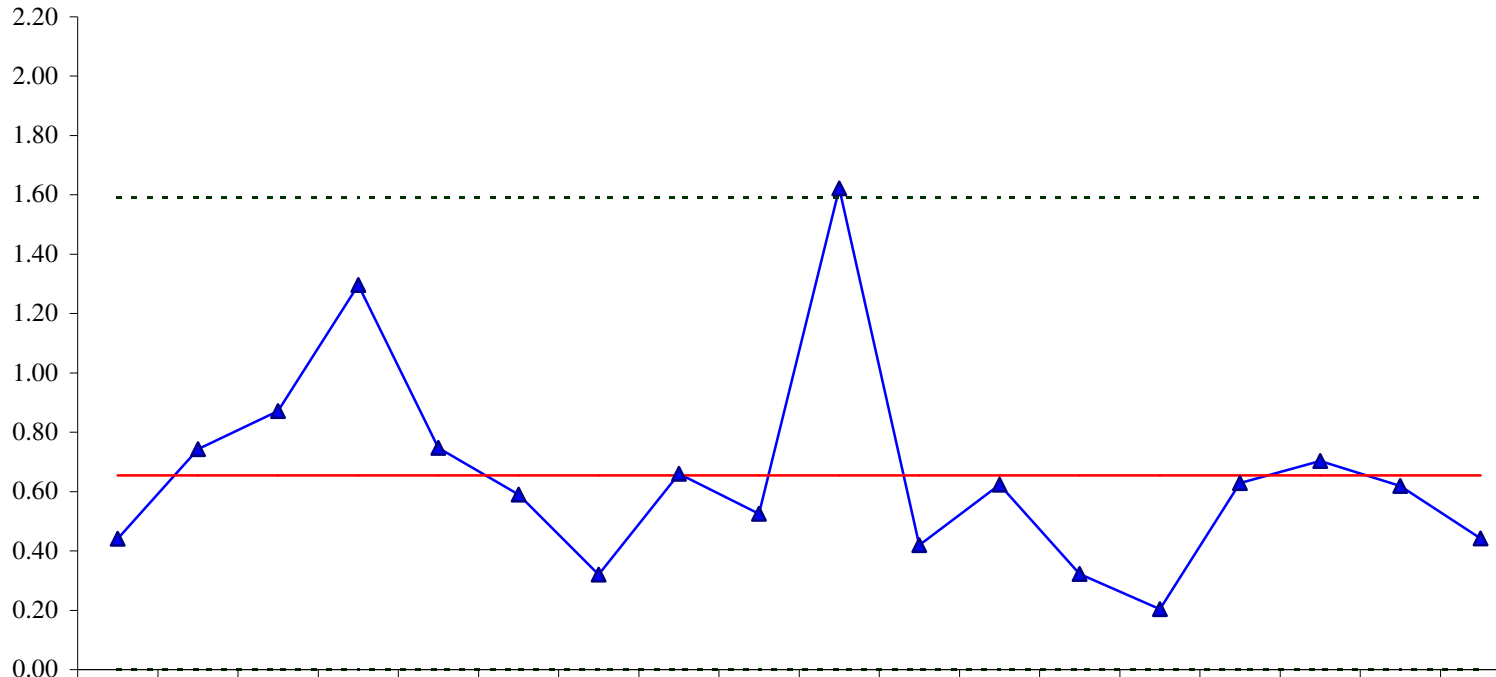


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	27	19	27	33	20	17	24	16	26	25	13	22	21	24	20	21	14	21
Injuries Resulting in a WCC	7	3	4	4	3	2	1	3	2	9	2	4	5	6	3	1	5	4
Emp. Inj.(WCC)/1000 Bed Days	4.67	1.84	2.62	2.46	1.87	1.36	0.61	1.89	1.22	5.75	1.23	2.45	3.19	3.66	1.93	0.62	3.05	2.70
UCL	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28	6.28
Avg	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40	2.40
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rusk State Hospital

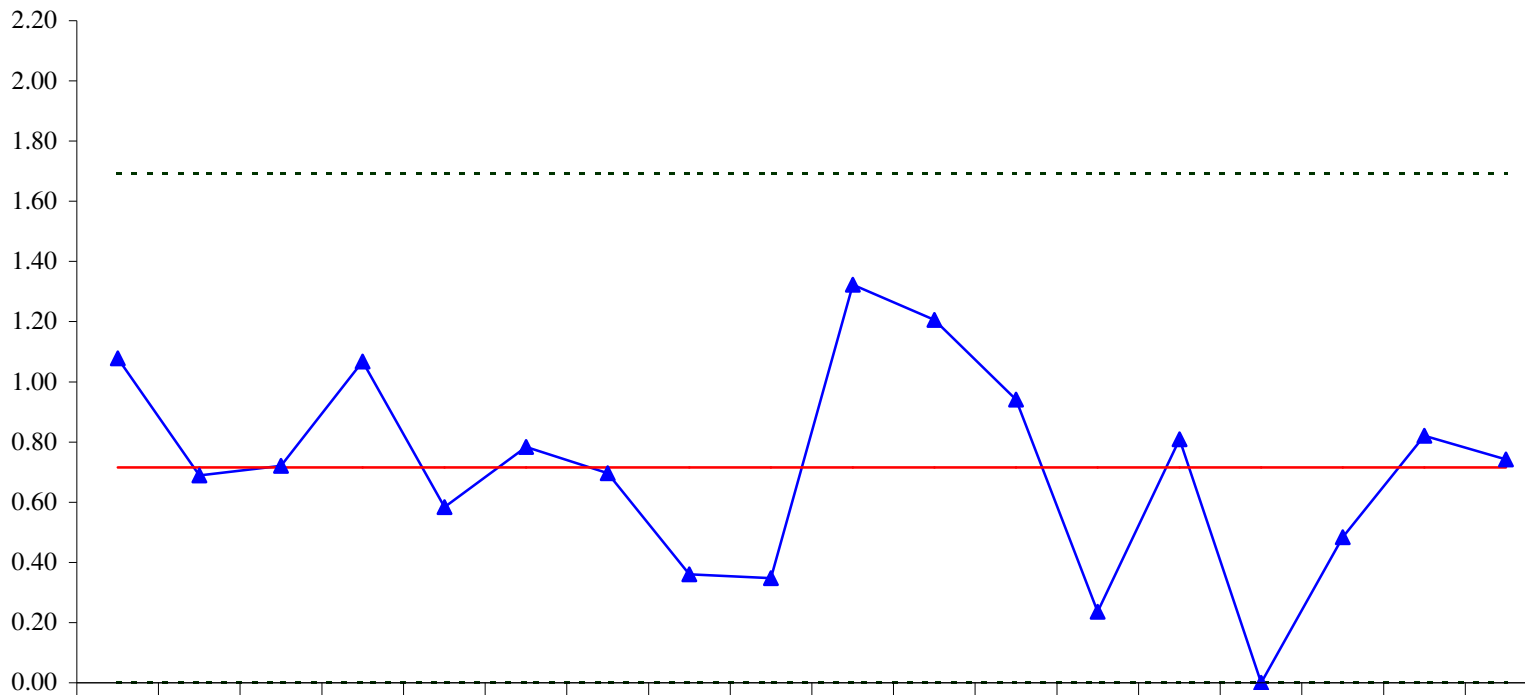


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	22	23	23	33	17	25	18	21	19	36	18	36	21	24	22	25	27	30
Injuries Resulting in a WCC	4	7	8	12	7	5	3	6	5	15	4	6	3	2	6	7	6	4
Emp. Inj.(WCC)/1000 Bed Days	0.44	0.74	0.87	1.30	0.75	0.59	0.32	0.66	0.52	1.62	0.42	0.62	0.32	0.20	0.63	0.70	0.62	0.44
UCL	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
Avg	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65	0.65
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
San Antonio State Hospital

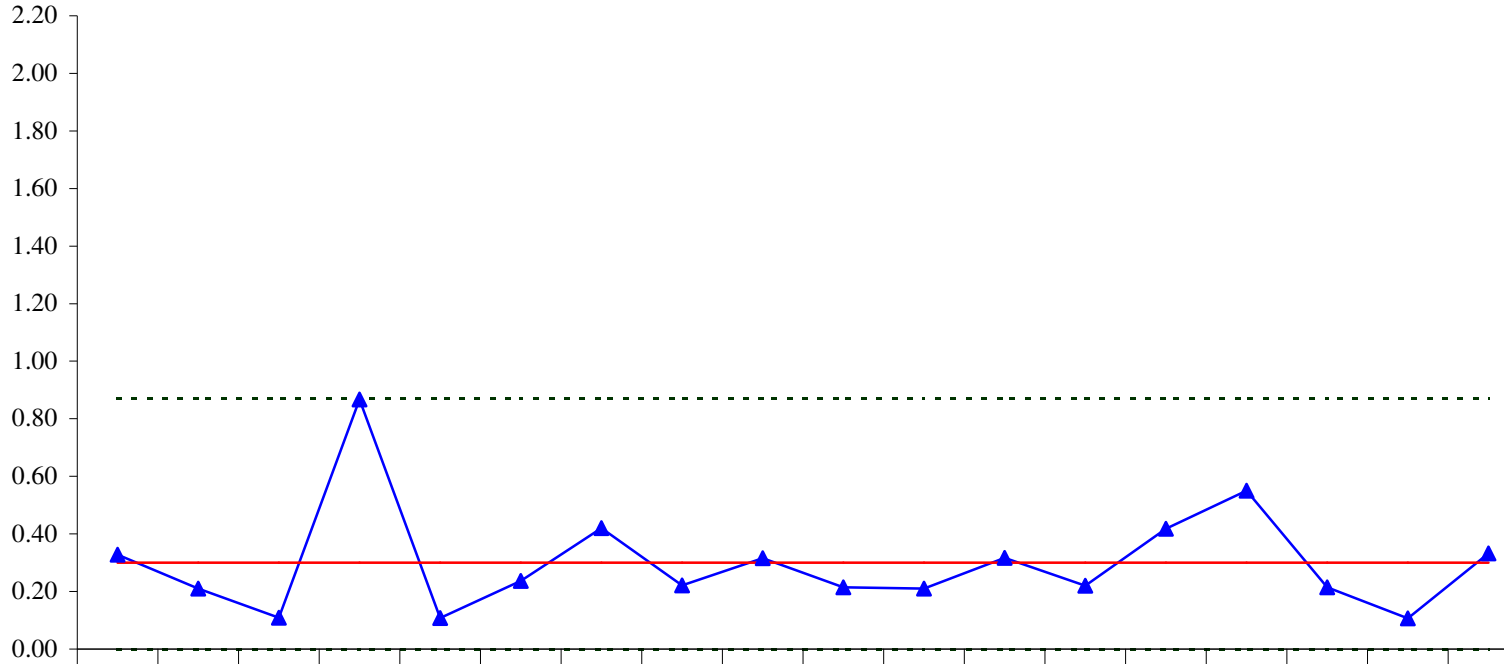


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	27	25	10	20	22	21	11	3	9	19	14	10	13	17	15	12	11	15
Injuries Resulting in a WCC	9	6	6	9	5	6	6	3	3	11	10	8	2	7	0	4	7	6
Emp. Inj.(WCC)/1000 Bed Days	1.08	0.69	0.72	1.07	0.58	0.78	0.70	0.36	0.35	1.32	1.21	0.94	0.24	0.81	0.00	0.48	0.82	0.74
UCL	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69	1.69
Avg	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Terrell State Hospital

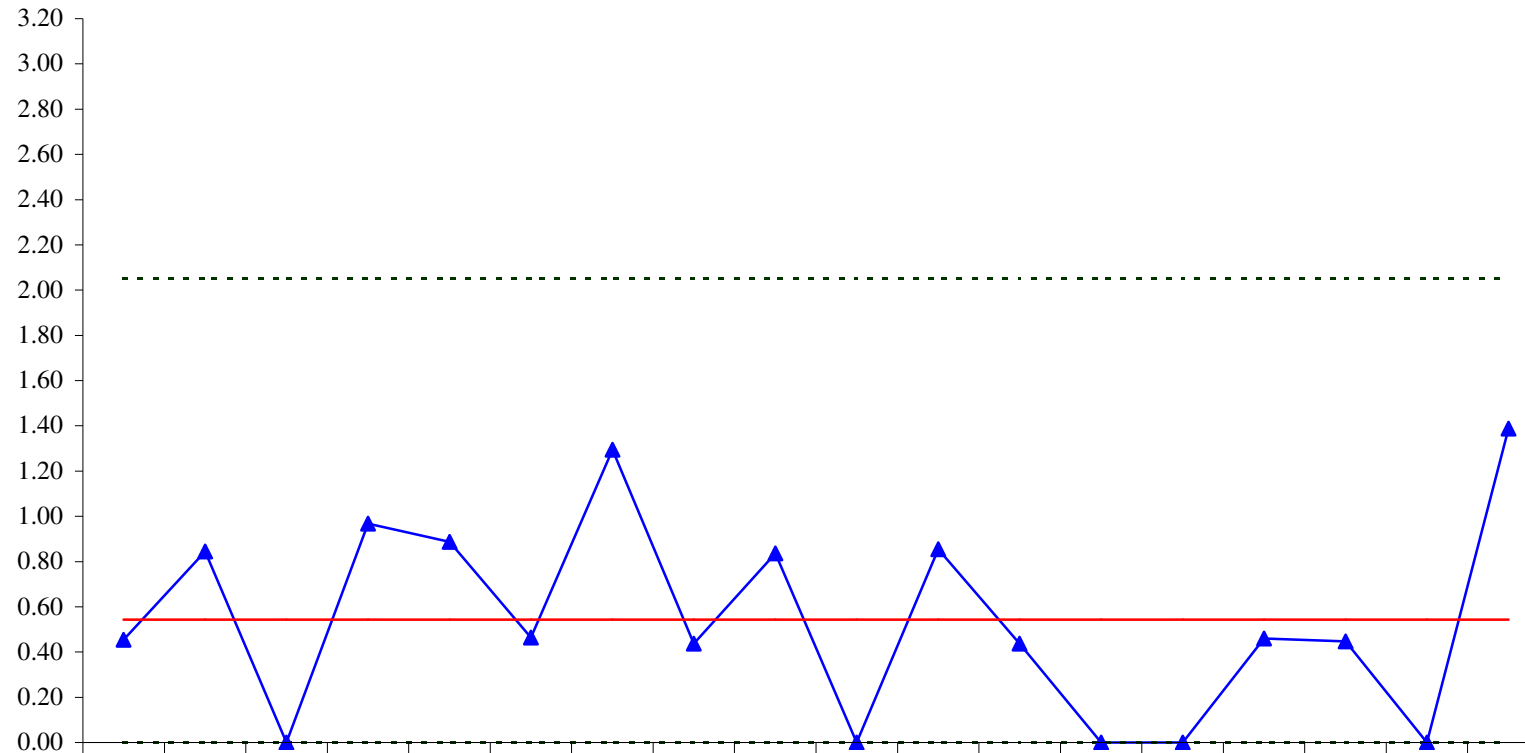


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	29	21	19	30	23	39	27	20	18	19	22	29	22	27	34	22	28	15
Injuries Resulting in a WCC	3	2	1	8	1	2	4	2	3	2	2	3	2	4	5	2	1	3
Emp. Inj.(WCC)/1000 Bed Days	0.33	0.21	0.11	0.87	0.11	0.24	0.42	0.22	0.32	0.22	0.21	0.32	0.22	0.42	0.55	0.21	0.11	0.33
UCL	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87	0.87
Avg	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

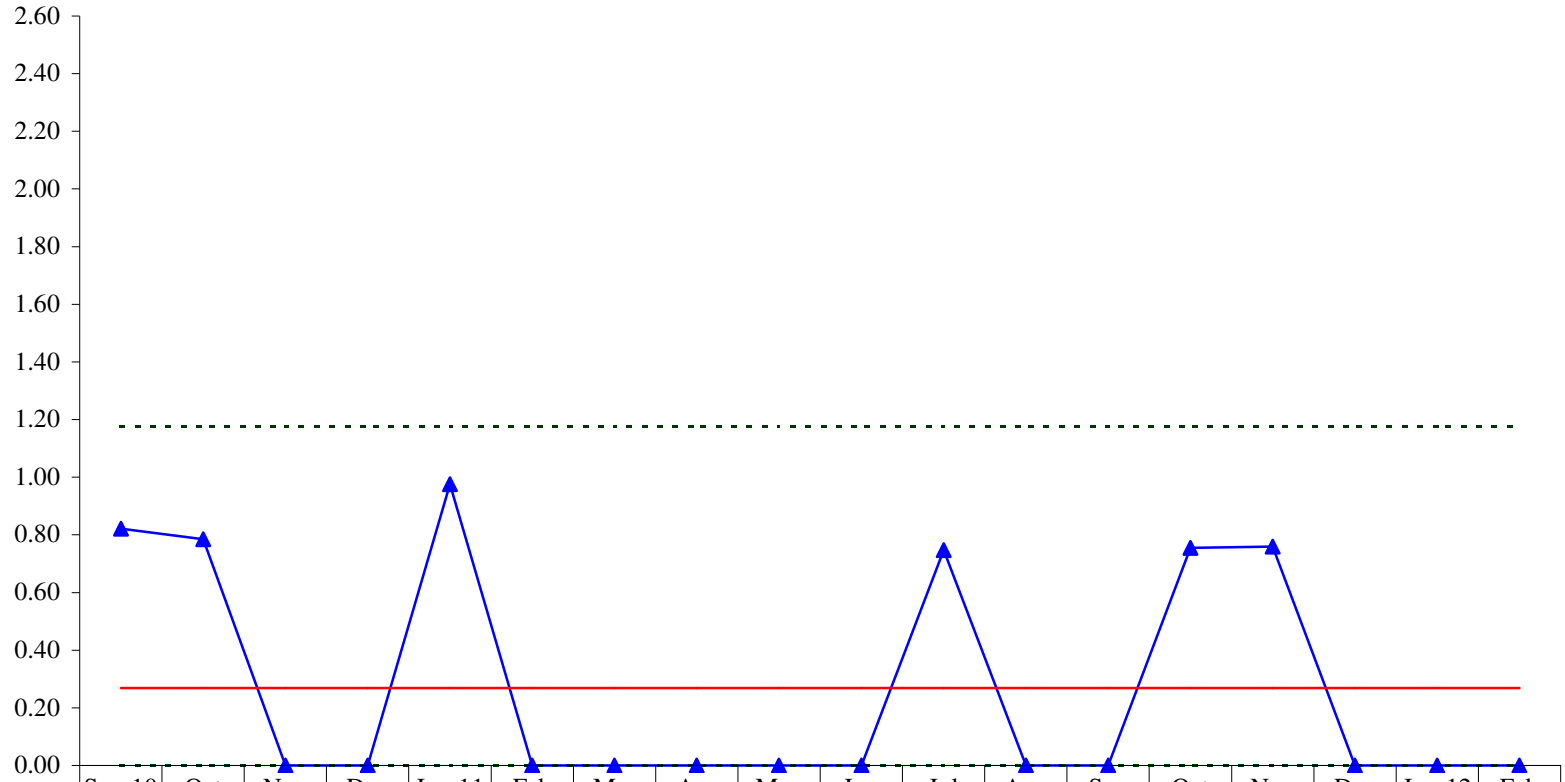


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	1	3	4	3	3	3	4	3	3	2	2	4	4	6	2	4	0	5
Injuries Resulting in a WCC	1	2	0	2	2	1	3	1	2	0	2	1	0	0	1	1	0	3
Emp. Inj.(WCC)/1000 Bed Days	0.45	0.84	0.00	0.97	0.89	0.46	1.29	0.44	0.84	0.00	0.85	0.44	0.00	0.00	0.46	0.45	0.00	1.39
UCL	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05	2.05
Avg	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Texas Center for Infectious Disease



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	2	2	0	2	2	1	1	3	1	1	1	0	1	1	3	2	0	0
Injuries Resulting in a WCC	1	1	0	0	1	0	0	0	0	0	1	0	0	1	1	0	0	0
Emp. Inj.(WCC)/1000 Bed Days	0.82	0.78	0.00	0.00	0.98	0.00	0.00	0.00	0.00	0.00	0.75	0.00	0.00	0.75	0.76	0.00	0.00	0.00
UCL	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17
Avg	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6D:

Continue to demonstrate efforts to reduce the rate of patient injuries related to behavioral seclusion and restraint with a goal of zero.

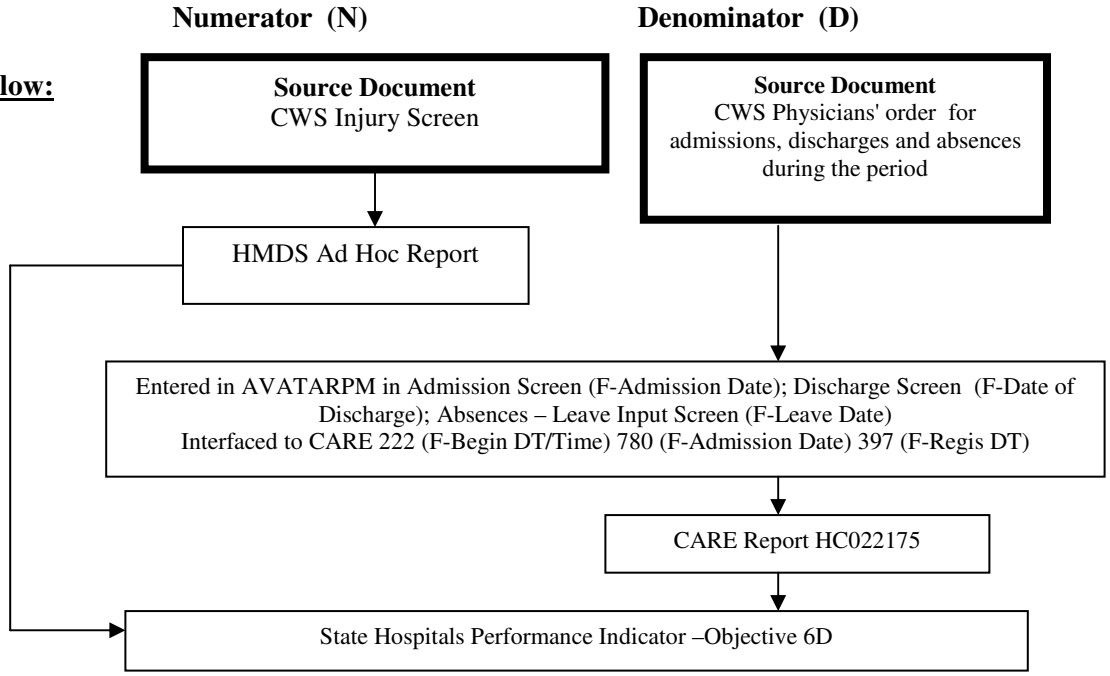
Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

Performance Objective Formula: R=(N/D) x 1000
R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter
N = number of patients injured during restraint or seclusion per quarter
D = number of bed days per quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Table shows quarterly number of injuries by restraint or seclusion by treatment for individual state hospitals and system-wide.
- Bar chart with total FYTD client injuries resulted from restraint and seclusion per 1,000 bed days.

Data Flow:



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State MH Hospitals - FY2012

	Q1							Q2							Q3							Q4						
Hospital	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**
All State MH Hospitals																												
Restraint	2	53	51	4	0	0	**110**	0	52	58	2	0	0	**112**														
Seclusion	0	1	0	0	0	0	**1**	0	1	1	0	0	0	**2**														
Total	2	54	51	4	0	0	**111**	0	53	59	2	0	0	**114**														
Per 1000 Beddays							**0.5**							**0.5**														

Chart: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Performance Objective 6E:

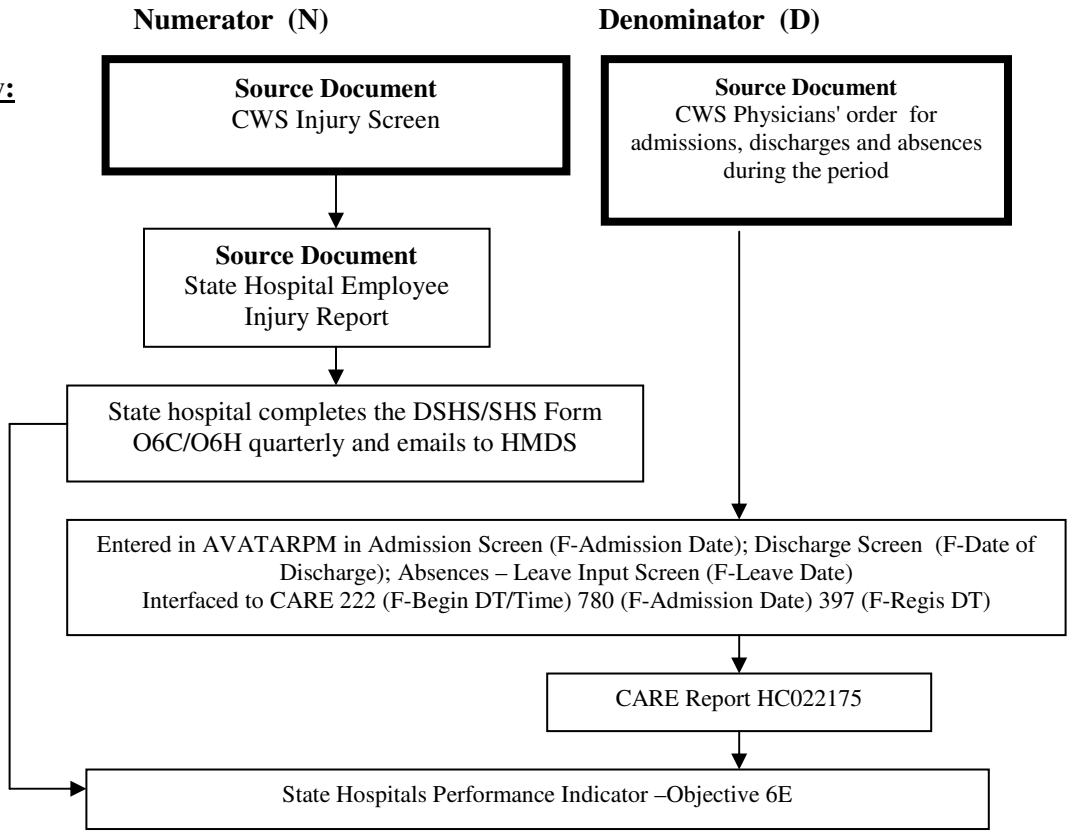
Analyze the number of employee injuries resulted by patient aggression.

Performance Objective Operational Definition:. The mental health hospital rate of employees injured resulted by patient aggression per 1,000 bed days.

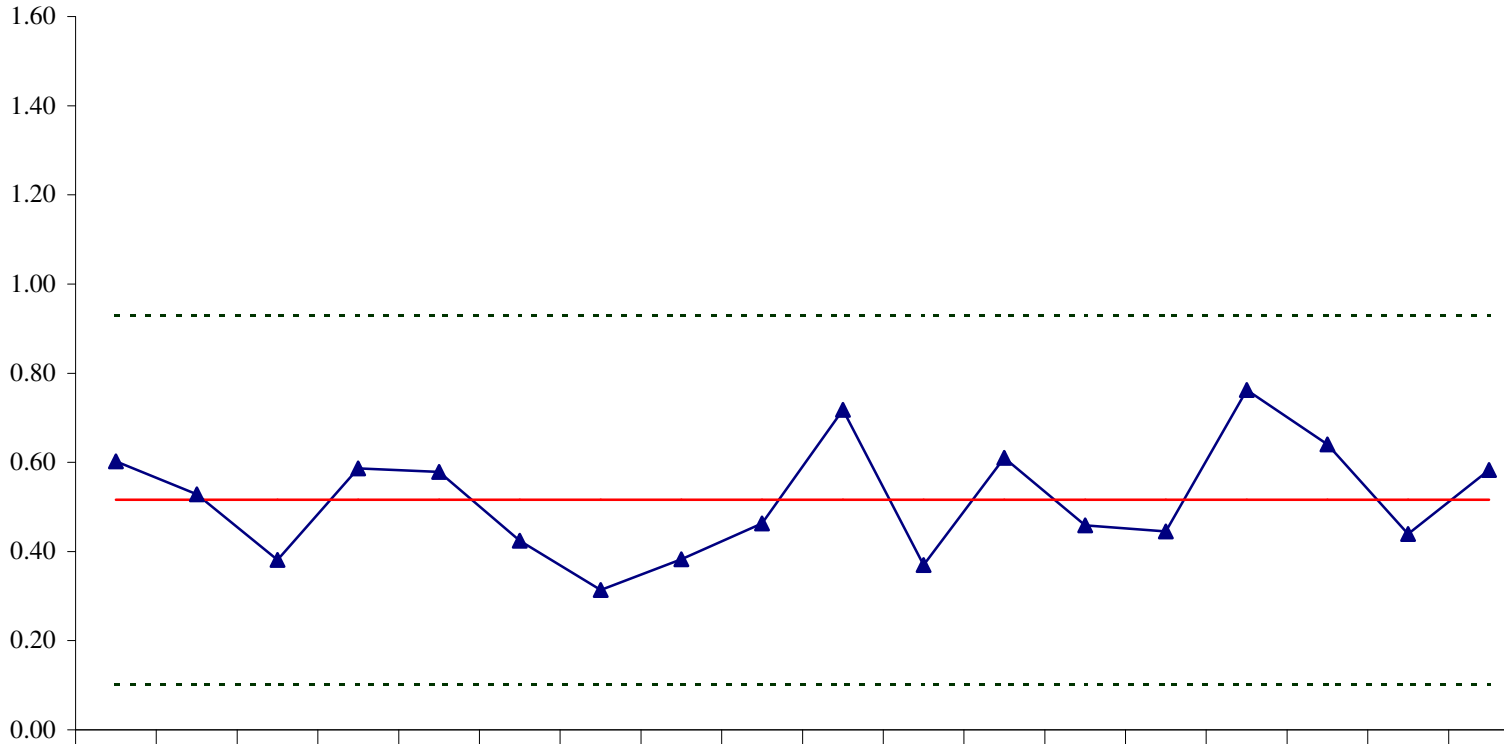
Performance Objective Formula: R = (N/D) x 1,000
R = rate of employees injured by patient aggression per 1000 bed days per month
N = number of employees injured by patient aggression per month
D = number of bed days per month 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:
Chart with monthly data points showing total employee injuries, injuries associated with patient aggression and rate per 1,000 bed days.

Data Flow:



Objective 6E - Employees Injured During Restraint or Seclusion
All State Hospitals

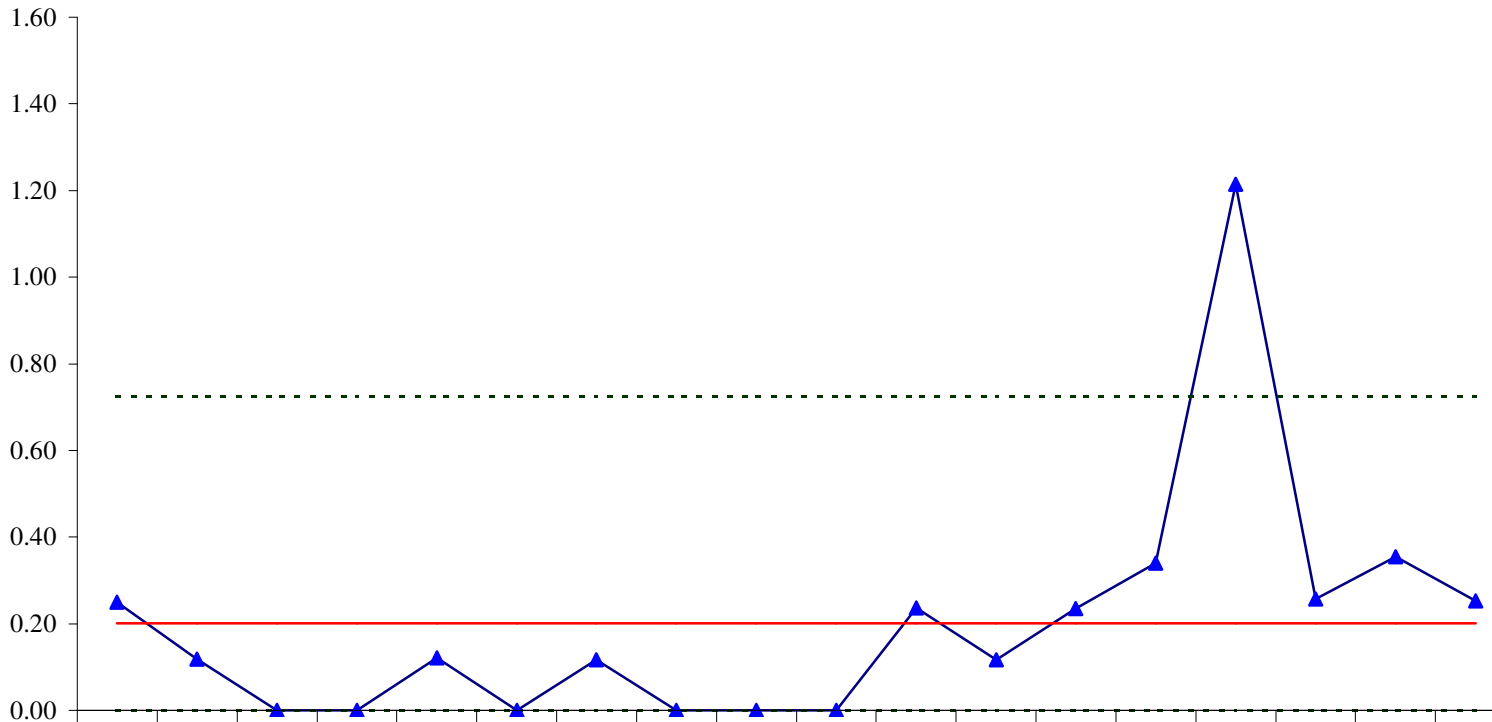


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	205	174	165	219	183	190	184	152	168	195	153	173	168	177	202	186	169	158
Injuries Associated with R/S	43	39	27	42	42	28	23	27	34	51	27	45	33	33	54	46	32	40
Emp. Inj.(RS)/1000 Bed Days	0.60	0.53	0.38	0.59	0.58	0.42	0.31	0.38	0.46	0.72	0.37	0.61	0.46	0.44	0.76	0.64	0.44	0.58
UCL	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93	0.93
Avg	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52	0.52
LCL	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Austin State Hospital

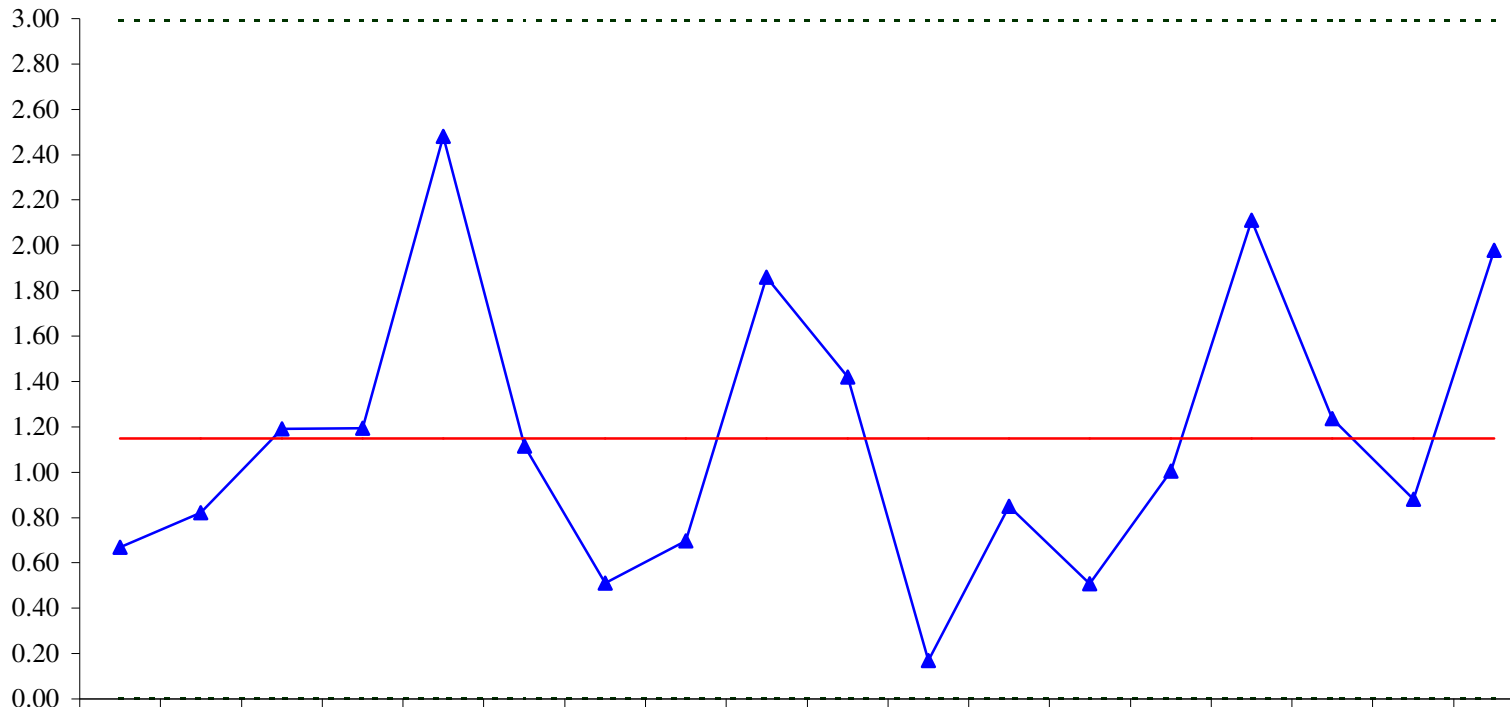


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	7	13	10	8	5	5	14	10	9	8	14	4	11	16	21	10	17	7
Injuries Associated with R/S	2	1	0	0	1	0	1	0	0	0	2	1	2	3	10	2	3	2
Emp. Inj.(RS)/1000 Bed Days	0.25	0.12	0.00	0.00	0.12	0.00	0.12	0.00	0.00	0.00	0.24	0.12	0.24	0.34	1.21	0.26	0.36	0.25
UCL	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72
Avg	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Big Spring State Hospital

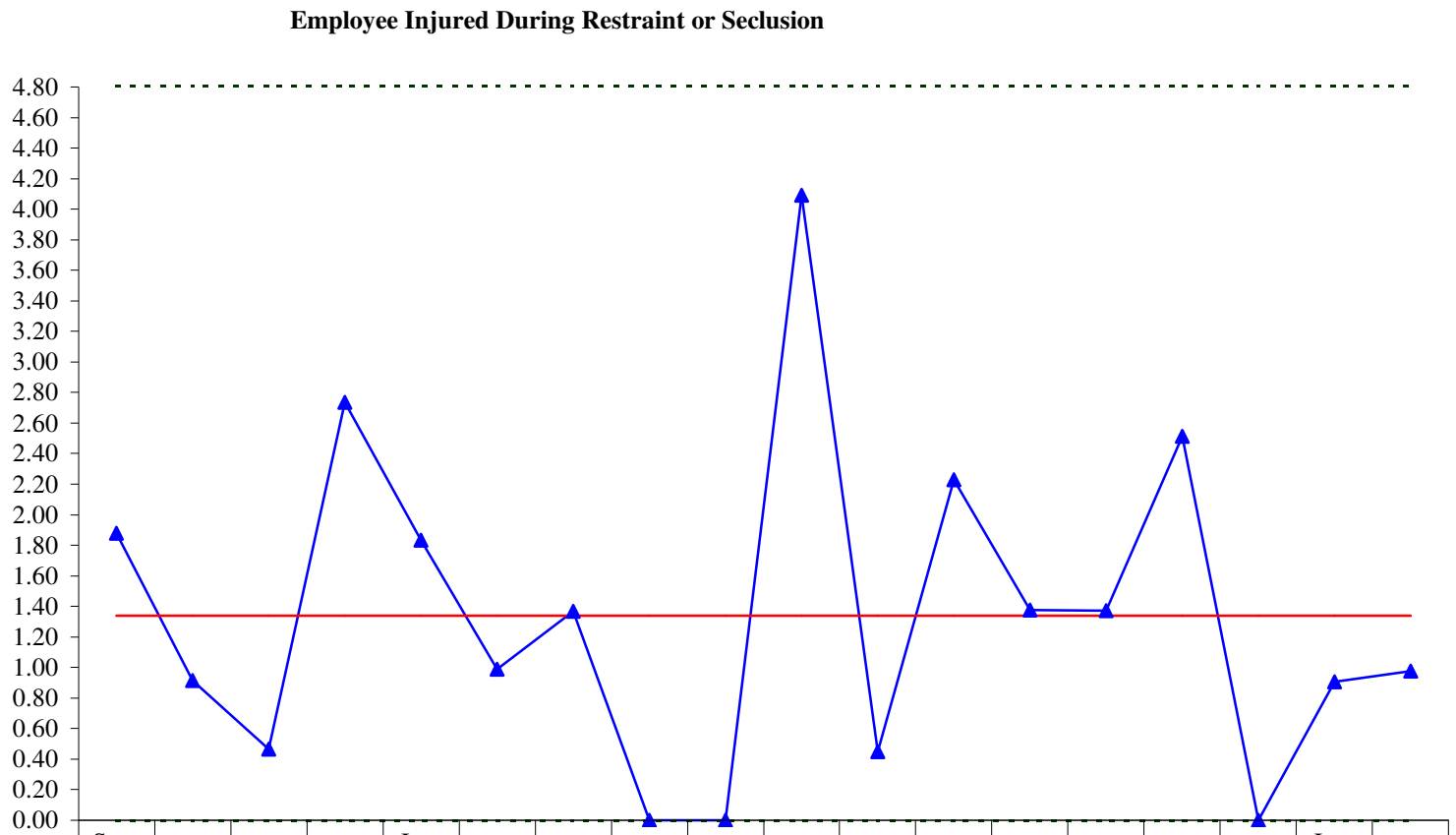


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	17	19	24	25	37	23	20	14	26	31	9	20	16	23	27	31	29	24
Injuries Associated with R/S	4	5	7	7	15	6	3	4	11	8	1	5	3	6	12	7	5	11
Emp. Inj.(RS)/1000 Bed Days	0.67	0.82	1.19	1.19	2.48	1.12	0.51	0.70	1.86	1.42	0.17	0.85	0.51	1.00	2.11	1.24	0.88	1.98
UCL	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99	2.99
Avg	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15	1.15
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
El Paso Psychiatric Center

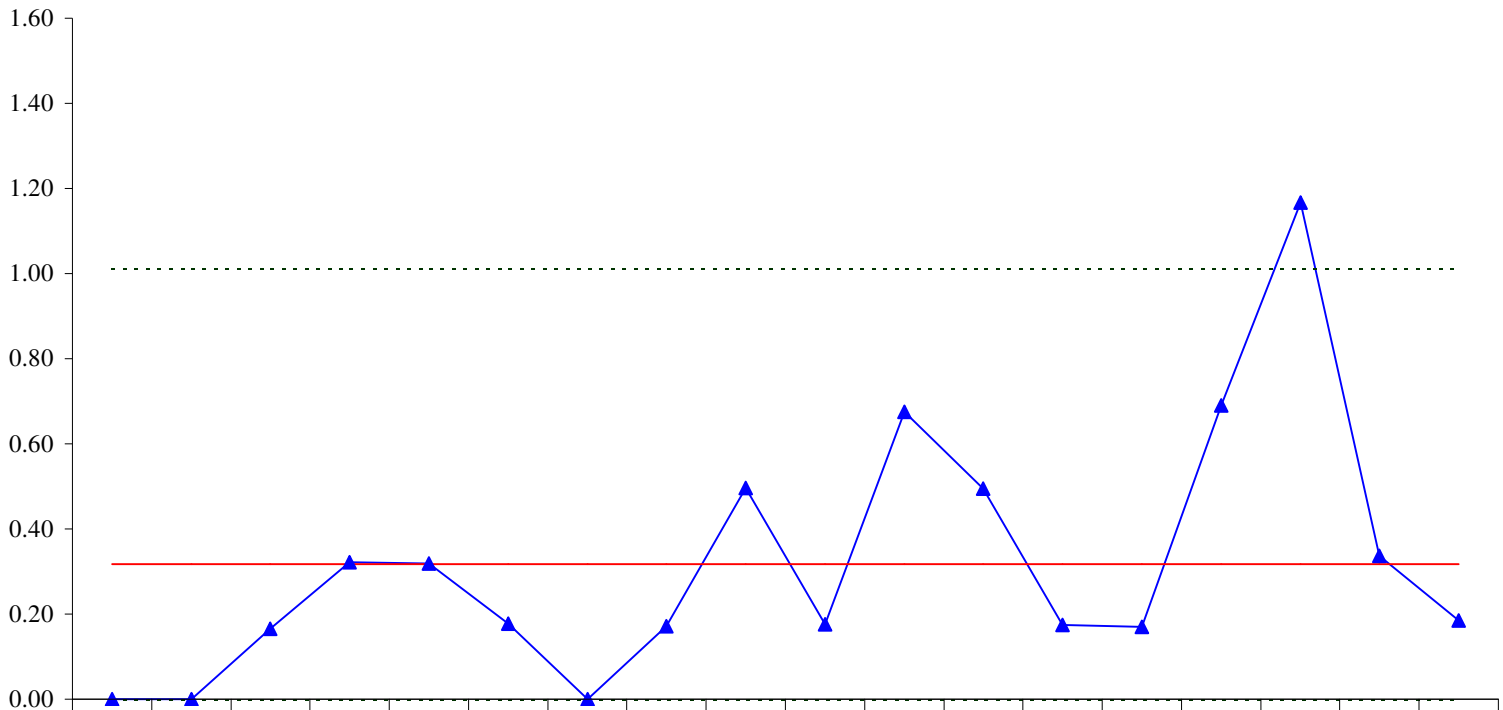


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	10	4	3	18	11	11	7	6	5	10	3	8	10	8	17	10	6	4
Injuries Associated with R/S	4	2	1	6	4	2	3	0	0	9	1	5	3	3	5	0	2	2
Emp. Inj.(RS)/1000 Bed Days	1.88	0.91	0.46	2.73	1.83	0.99	1.37	0.00	0.00	4.09	0.45	2.23	1.37	1.37	2.51	0.00	0.91	0.98
UCL	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81	4.81
Avg	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34	1.34
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Kerrville State Hospital

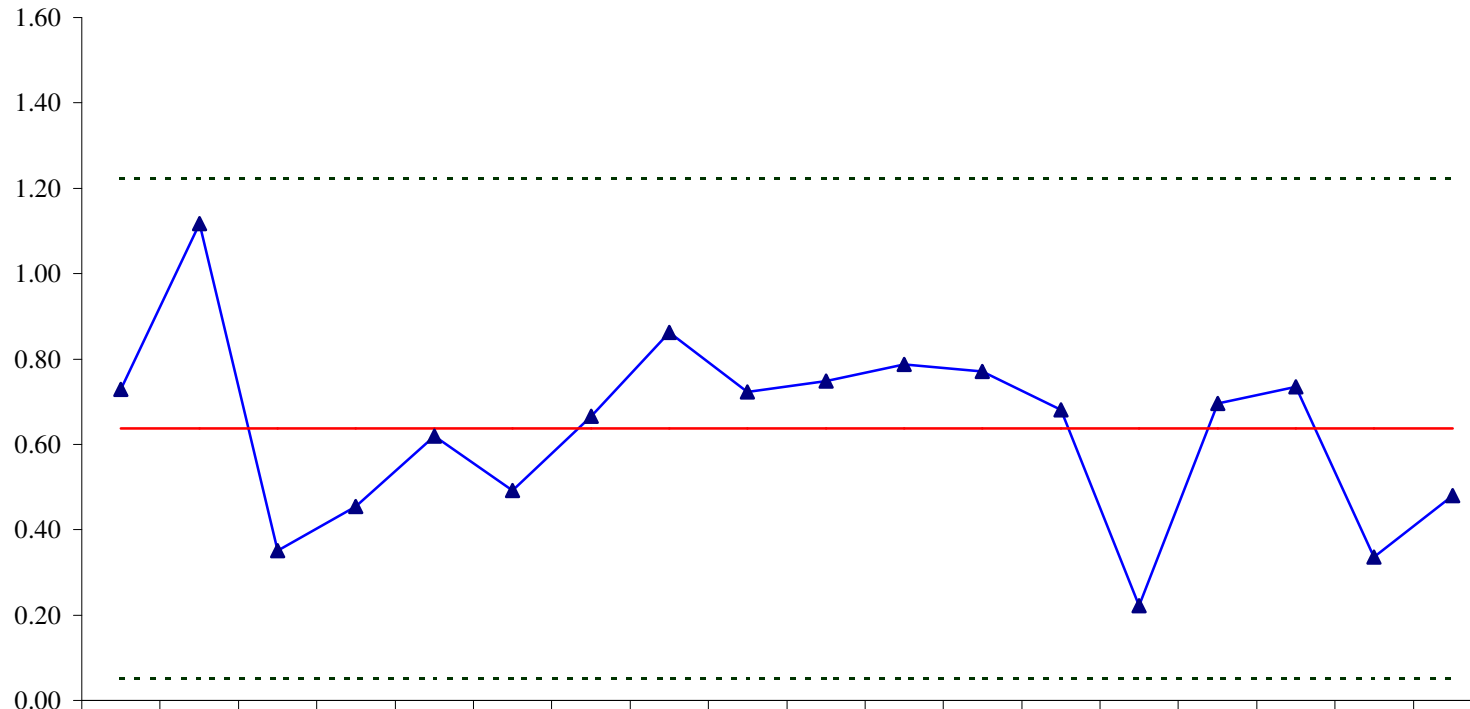


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	14	9	10	9	8	9	12	14	17	7	10	12	17	7	10	16	9	12
Injuries Associated with R/S	0	0	1	2	2	1	0	1	3	1	4	3	1	1	4	7	2	1
Emp. Inj.(RS)/1000 Bed Days	0.00	0.00	0.17	0.32	0.32	0.18	0.00	0.17	0.50	0.18	0.67	0.49	0.17	0.17	0.69	1.17	0.34	0.19
UCL	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
Avg	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32	0.32
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
North Texas State Hospital

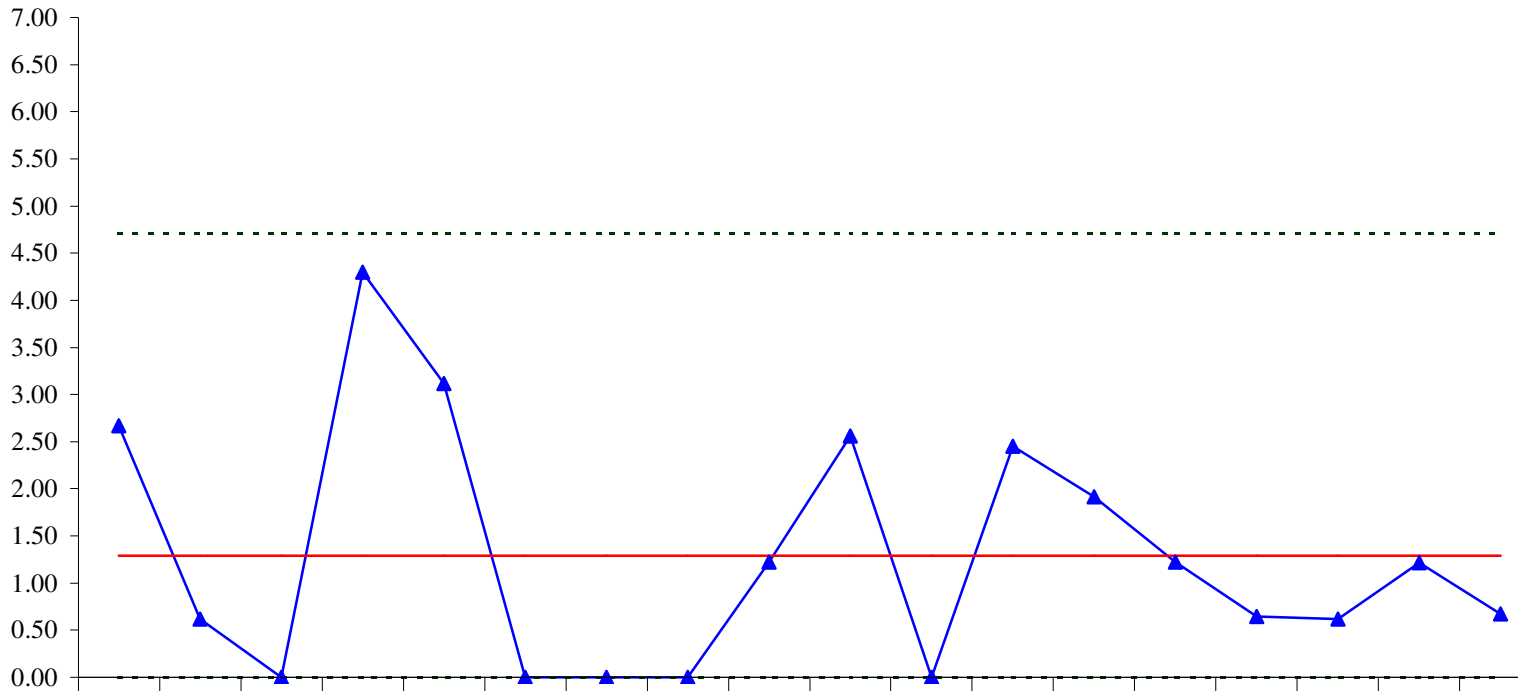


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	49	36	35	38	35	36	46	42	35	37	47	28	32	24	31	33	28	25
Injuries Associated with R/S	13	20	6	8	11	8	12	15	13	13	14	14	12	4	12	13	6	8
Emp. Inj.(RS)/1000 Bed Days	0.73	1.12	0.35	0.45	0.62	0.49	0.67	0.86	0.72	0.75	0.79	0.77	0.68	0.22	0.70	0.74	0.34	0.48
UCL	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22	1.22
Avg	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64	0.64
LCL	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.05

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Rio Grande State Center

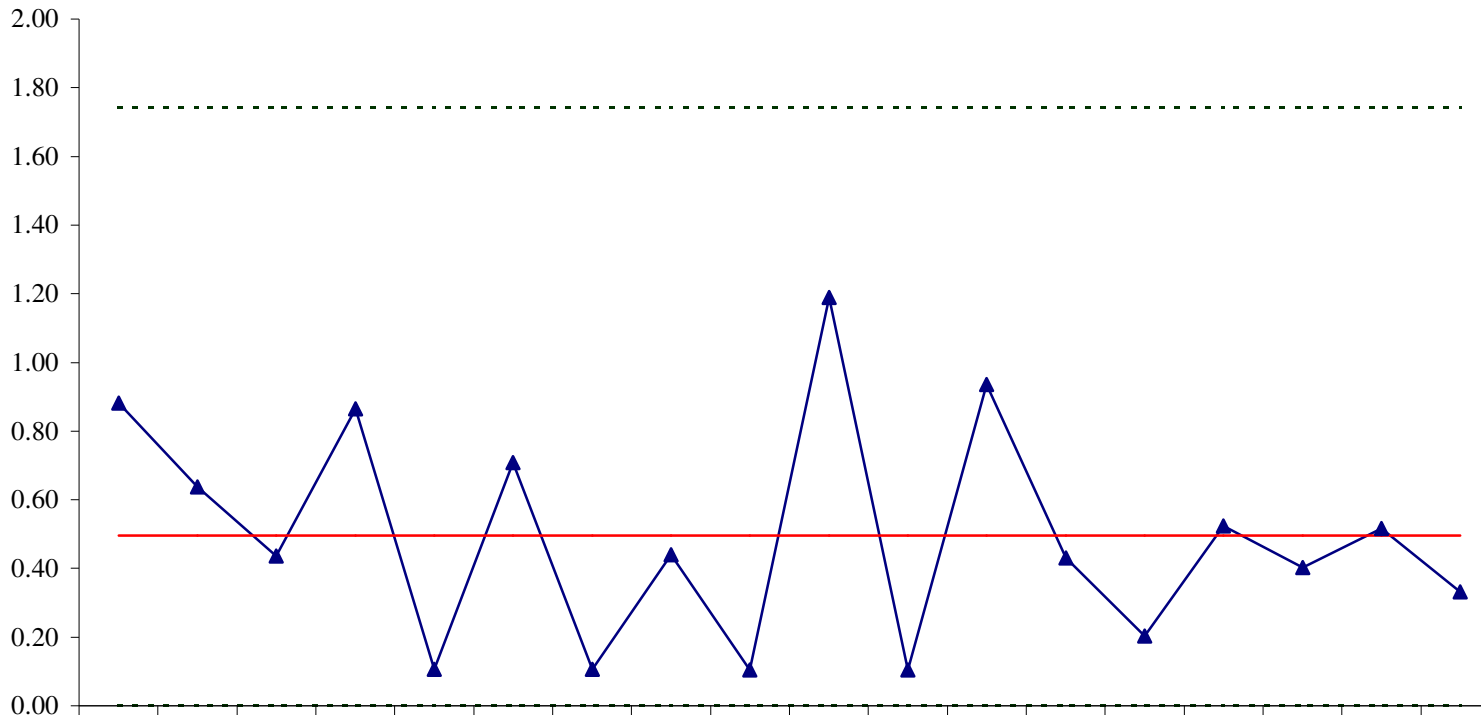


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	27	19	27	33	20	17	24	16	26	25	13	22	21	24	20	21	14	21
Injuries Associated with R/S	4	1	0	7	5	0	0	0	2	4	0	4	3	2	1	1	2	1
Emp. Inj.(RS)/1000 Bed Days	2.67	0.61	0.00	4.30	3.12	0.00	0.00	0.00	1.22	2.56	0.00	2.45	1.91	1.22	0.64	0.62	1.22	0.67
UCL	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70	4.70
Avg	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29	1.29
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Rusk State Hospital

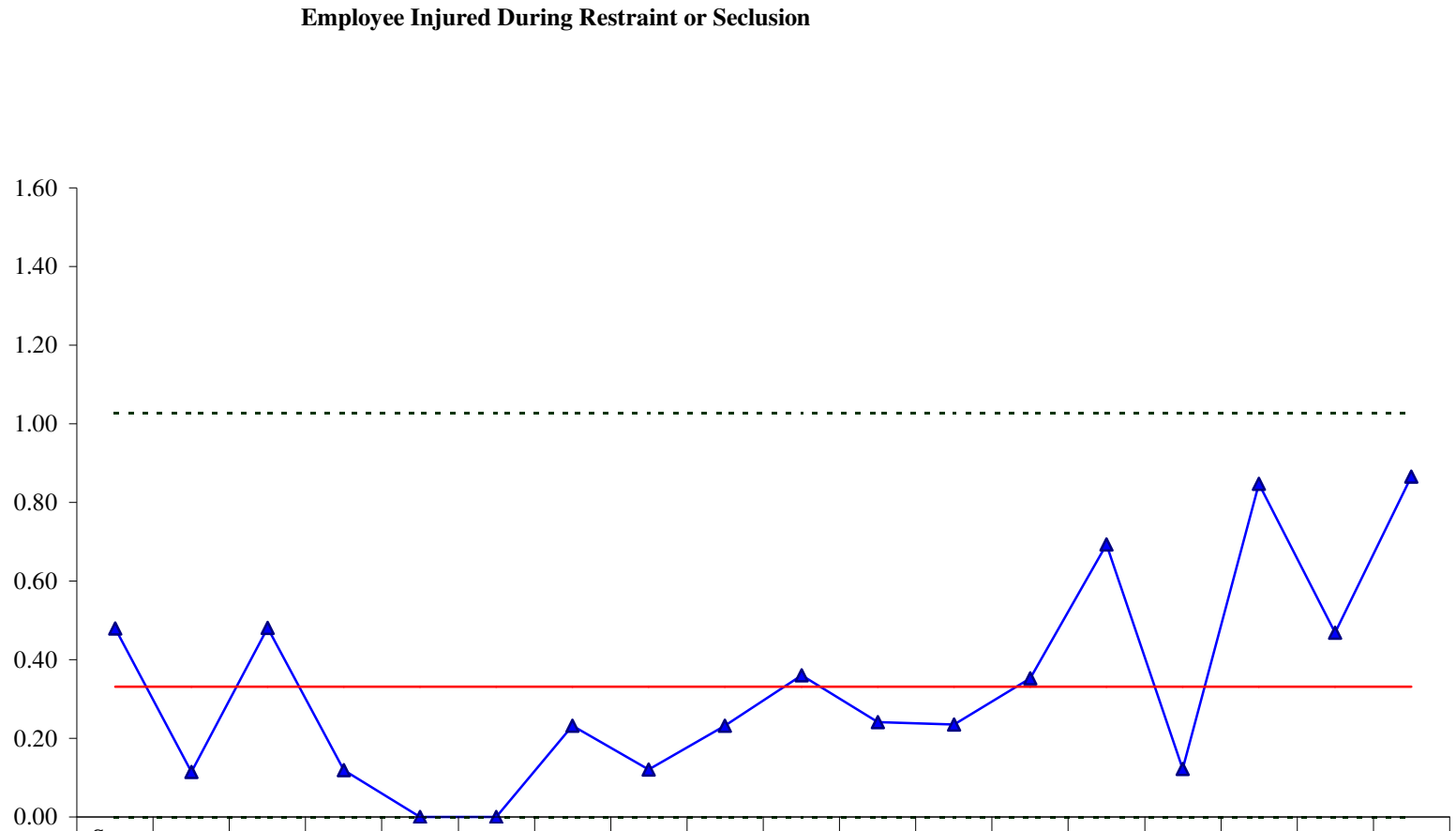


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	22	23	23	33	17	25	18	21	19	36	18	36	21	24	22	25	27	30
Injuries Associated with R/S	8	6	4	8	1	6	1	4	1	11	1	9	4	2	5	4	5	3
Emp. Inj.(RS)/1000 Bed Days	0.88	0.64	0.44	0.86	0.11	0.71	0.11	0.44	0.10	1.19	0.10	0.94	0.43	0.20	0.52	0.40	0.52	0.33
UCL	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74	1.74
Avg	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
San Antonio State Hospital

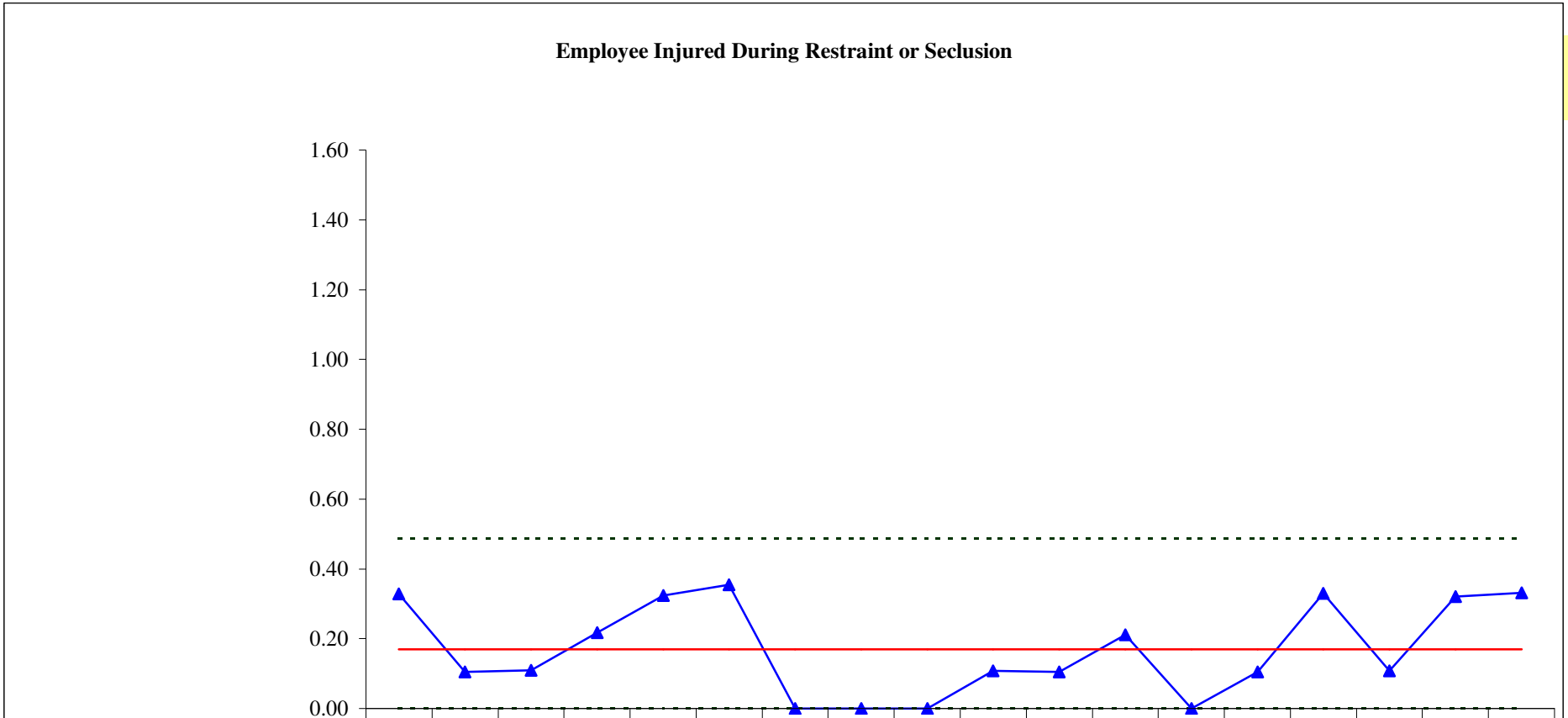


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	27	25	10	20	22	21	11	3	9	19	14	10	13	17	15	12	11	15
Injuries Associated with R/S	4	1	4	1	0	0	2	1	2	3	2	2	3	6	1	7	4	7
Emp. Inj.(RS)/1000 Bed Days	0.48	0.11	0.48	0.12	0.00	0.00	0.23	0.12	0.23	0.36	0.24	0.24	0.35	0.69	0.12	0.85	0.47	0.87
UCL	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03
Avg	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33	0.33
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Terrell State Hospital

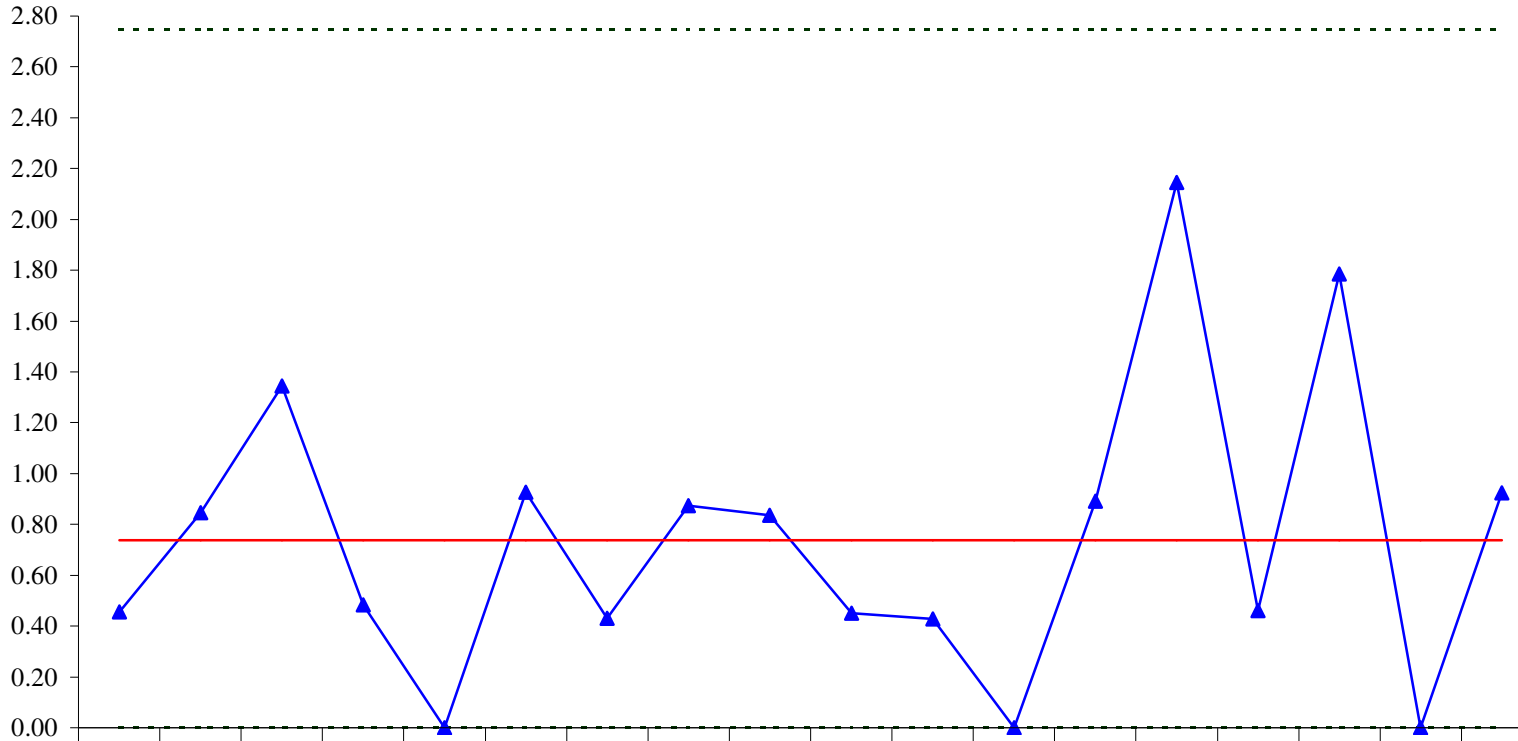


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	29	21	19	30	23	39	27	20	18	19	22	29	22	27	34	22	28	15
Injuries Associated with R/S	3	1	1	2	3	3	0	0	0	1	1	2	0	1	3	1	3	3
Emp. Inj.(RS)/1000 Bed Days	0.33	0.11	0.11	0.22	0.32	0.35	0.00	0.00	0.00	0.11	0.11	0.21	0.00	0.10	0.33	0.11	0.32	0.33
UCL	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49	0.49
Avg	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth

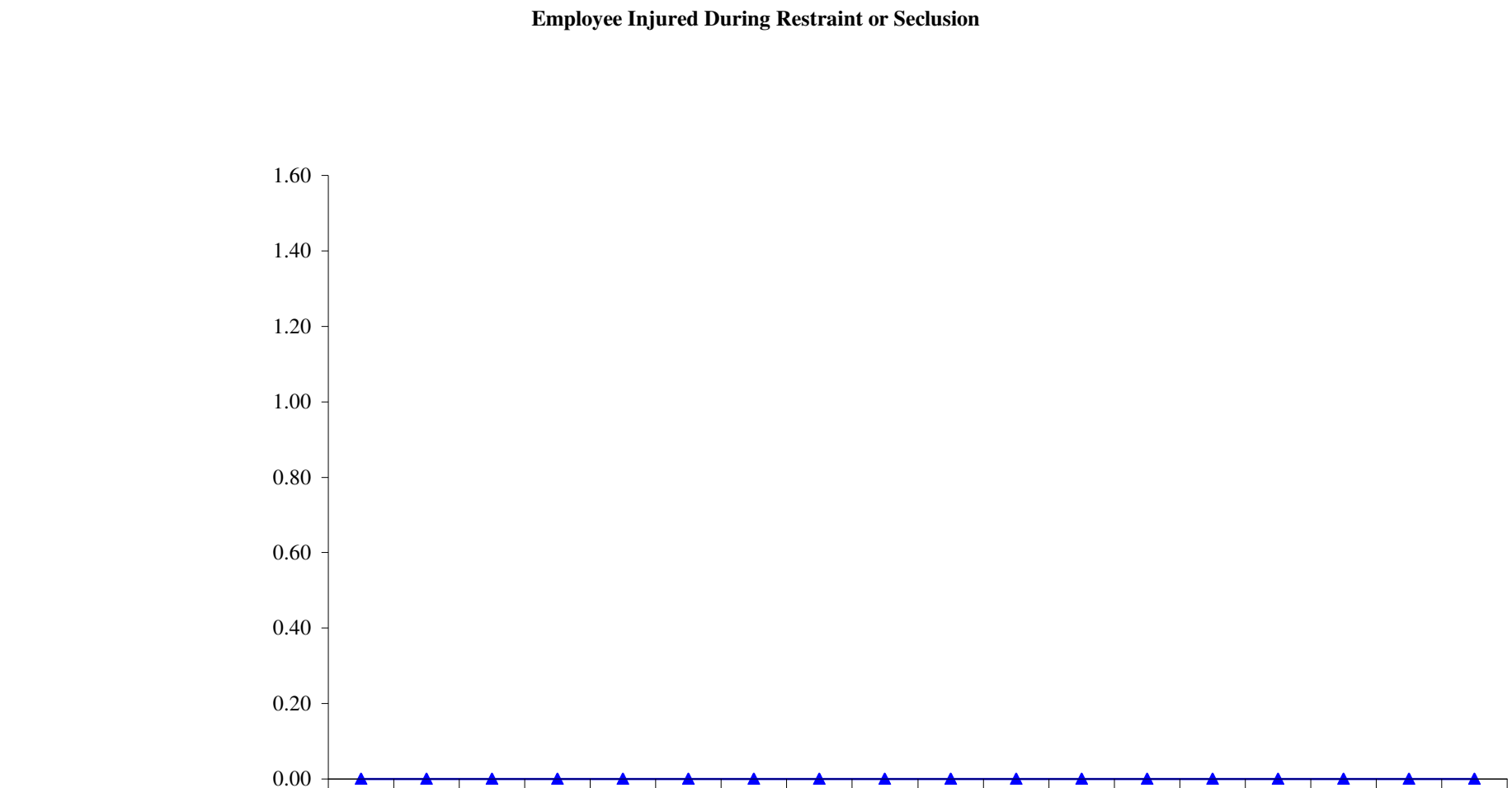


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	1	3	4	3	3	3	4	3	3	2	2	4	4	6	2	4	0	5
Injuries Associated with R/S	1	2	3	1	0	2	1	2	2	1	1	0	2	5	1	4	0	2
Emp. Inj.(RS)/1000 Bed Days	0.45	0.84	1.34	0.48	0.00	0.93	0.43	0.87	0.84	0.45	0.43	0.00	0.89	2.14	0.46	1.79	0.00	0.93
UCL	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75
Avg	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Objective 6E - Employees Injured During Restraint or Seclusion
Texas Center for Infectious Disease



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Total Employee Injuries	2	2	0	2	2	1	1	3	1	1	1	0	1	1	3	2	0	0
Injuries Associated with R/S	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emp. Inj.(RS)/1000 Bed Days	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	0.00	0.00	0.00

Chart: Hospital Management Data Services

Source: Facility Report and CARE Report HC022175

Performance Objective 6F:

Continue to demonstrate efforts to reduce the rate of Unauthorized Departures with a goal of zero.

Performance Objective Operational Definition: The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1,000 bed days per month. An unauthorized departure means any person who is a patient at a state hospital who is off campus without authorization or is missing and cannot be located. A person who is voluntarily admitted to a state hospital and departs is not considered an unauthorized departure.

Performance Objective Formula: R = (N/D) x 1,000

R = rate of elopement assignments per 1,000 bed days per month

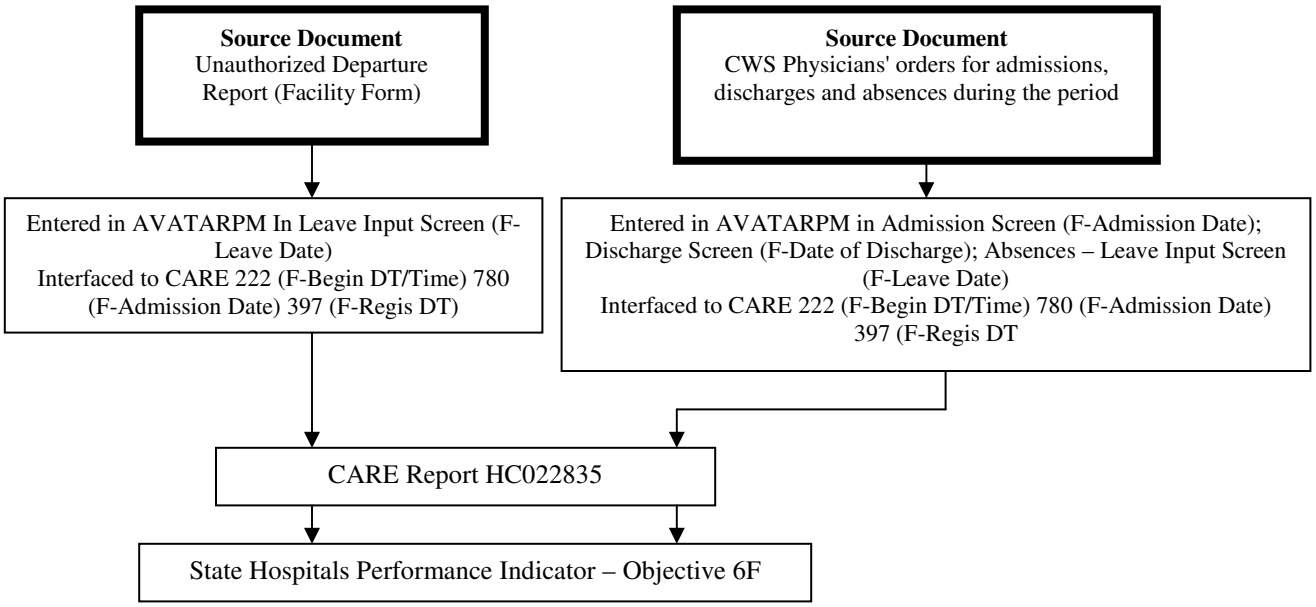
N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

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

Performance Objective Data Display and Chart Description:

- Table shows UD incidents, UD persons and bed days in a month for individual state hospitals and system-wide.
- Control chart with monthly data points of UDs per 1,000 bed days for individual state hospitals and system-wide.

Data Flow: **Numerator (N)** **Denominator (D)**



Objective 6F - Rate for Elopements

All State Hospitals - Previous 12 Months

ALL MH HOSPITALS	Mar-11	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ALL MH HOSPITALS												
Unauthorized Departures Incidents	37	41	47	44	35	26	35	33	28	29	28	26
Unauthorized Departures Persons	31	33	39	29	28	25	30	26	24	26	26	24
Bed Days in Month	72189	69482	72163	69797	71710	72506	70645	72888	69536	70608	71578	67449
Incidents/1000 Bed Days	0.51	0.59	0.65	0.63	0.49	0.36	0.50	0.45	0.40	0.41	0.39	0.39

Table: Hospital Management Services Data

Source: (HC022835) Unauthorized Departures - Campus

Performance Objective 6G:

Analyze and evaluate the effectiveness of the fall reduction program and demonstrate efforts to reduce the rate of falls with a goal of zero.

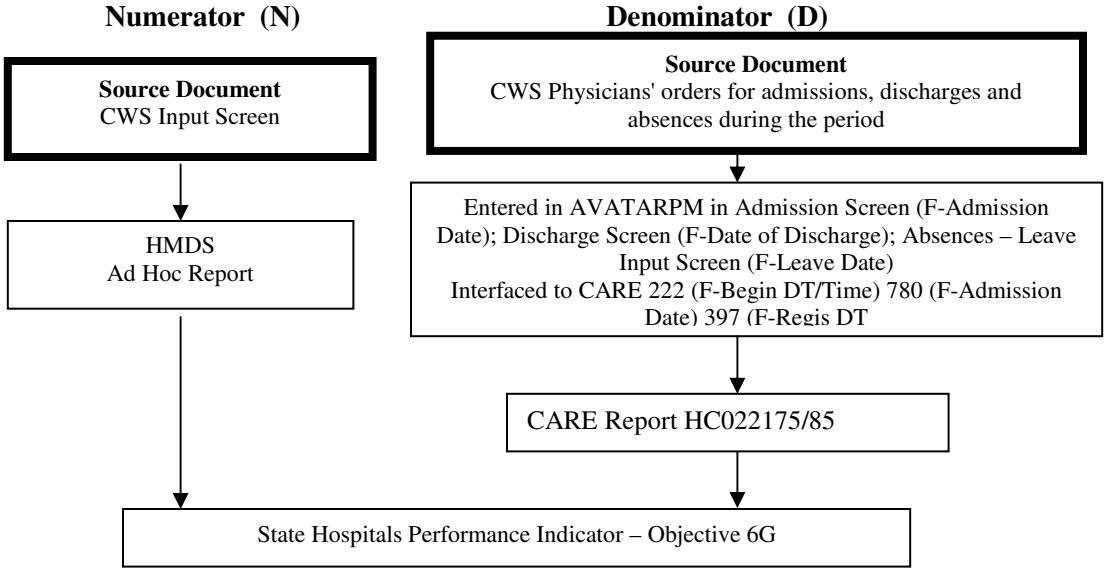
Performance Objective Operational Definition: The state hospital rate of patient falls reported on the Client Injury Assessment per FY quarter. Number of fall injuries for all falls reported on the client injury report.

Performance Objective Formula:. **R = (N/D) x 1000**
R = rate of fall injuries per 1000 bed days per FY quarter
N = number of fall injuries D = number of bed days per FY quarter
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- Chart shows number of fall injuries and rate (per 1000 bed days) for individual state hospitals and system-wide.
- Chart shows percent of injuries to number of falls for individual state hospitals and system-wide.

Data Flow:



Objective 6G - Rate of Falls
All State Hospitals

	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
ALL STATE HOSPITALS															
All Falls	168	172	151	186	170	214	180	212	214	196	190	163	146	162	135
Bed Days in Month	71619	72597	66053	73379	70625	73425	71051	72973	73751	71900	74204	70838	71821	72861	68616
Falls/1000 Bed Days	2.35	2.37	2.29	2.53	2.41	2.91	2.53	2.91	2.90	2.73	2.56	2.30	2.03	2.22	1.97

Table: Hospital Management Services Data

Source: (HC022175/85); HMDS Ad Hoc Injury Report

Performance Measure 6A:

Calculate, trend and review rate of patient injuries quality improvement opportunities. Injuries will be reported by age categories: Ages 0-17; 18-64; and 65-older.

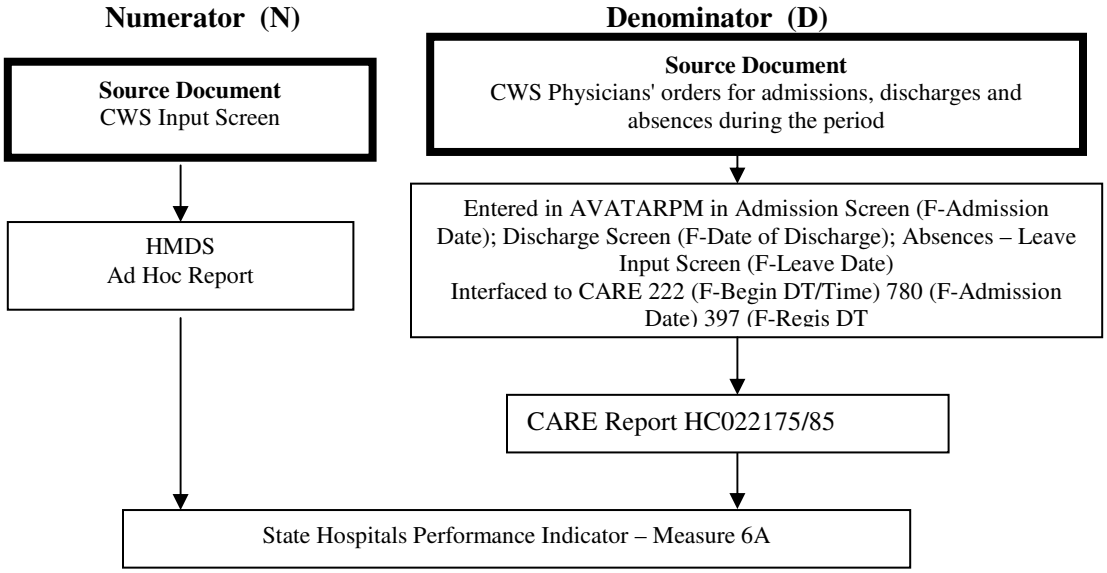
Performance Measure Operational Definition: The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter. Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

Performance Measure Formula: R = (N/D) x 1000
R = rate of injuries per 1000 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 treatment for individual state hospitals and system-wide.
- Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1,000 bed days for individual state hospitals and system-wide. (Category 3 – Medical Treatment; Category 4 – Hospitalization; and Category 5 – Fatal)
- Table showing number of injuries by age category per quarter.

Data Flow:



Measure 6A - Patient Injuries

All Mental Health Hospitals - FY12

	Q1							Q2							Q3							Q4						
Hospital	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	Hospital-zation	Fatal	* **Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	* **Total**
ALL MH																												
Accident	3	467	356	35	2	0	**863**	1	471	331	30	0	0	**833**														
Another Client	0	517	302	28	1	0	**848**	2	525	315	28	1	0	**871**														
Alleged Abuse/Neglect														**0**														
Employee/Accident	0	12	13	0	0	0	**25**	0	13	9	0	0	0	**22**														
Medical Condition	0	23	22	5	0	0	**50**	0	49	19	10	0	0	**78**														
Self Inflicted	4	206	259	21	0	0	**490**	1	200	249	26	0	0	**476**														
Undetermined	30	262	125	18	0	0	**435**	22	269	119	10	4	0	**424**														
Visitor	0	2	2	0	0	0	**4**	0	0	0	0	0	0	**0**														
Total	**37**	**1489**	**1079**	**107**	**3**	**0**	**2715**	**26**	**1527**	**1042**	**104**	**5**	**0**	**2704**														
Rate/1000 Bed Days	0.17	6.99	5.07	0.50	0.01	0.00	**0.52**	0.12	7.16	4.89	0.49	0.02	0.00	**0.51**														

N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5 (Med Tx, Hospitalization & Fatal)

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Measure 6A - Patient Injuries
All Mental Health Hospitals - FY12

	Q1							Q2							Q3							Q4						
Hospitals	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	**Total**
ALL MH																												
Age 0-17	3	275	315	19	0	0	**612**	7	188	271	23	0	0	**489**														
Age 18-64	33	1108	720	86	2	0	**1949**	18	1208	702	77	5	0	**2010**														
Age 65-olde	1	106	44	2	1	0	**154**	1	131	69	4	0	0	**205**														
Total	**37**	**1489**	**1079**	**107**	**3**	**0**	**2715**	**26**	**1527**	**1042**	**104**	**5**	**0**	**2704**														

N/A = Not Available

Table: Hospital Management Data Services

Source: Unduplicated Client Days (HC022175); and CWS

Performance Measure 6B:

Calculate, trend and review rate of on the job employee injuries for quality improvement opportunities. Injuries will be reported by age categories:
Ages: 18 – 39; 40 – 64 and 65 – older.

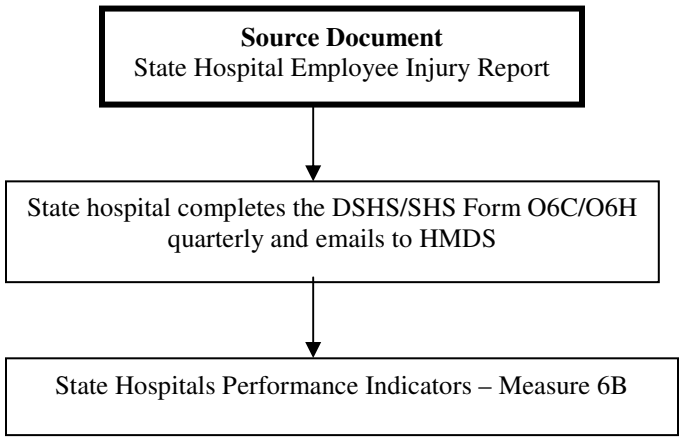
Performance Measure Operational Definition:. The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

Performance Measure Formula: Employee injuries per 1,000 bed days.

Performance Measure Data Display and Chart Description:

- Table shows quarterly employee injuries by age categories and rate per 1,000 bed days by the individual state hospitals and system-wide.
- Table shows FY employee injuries by age categories and rate per 1,000 bed days by the individual state hospitals and system-wide.
- Table shows quarterly employee injuries associated with patient aggression/no restraint by the individual state hospitals and system-wide.

Data Flow:



Measure 6B - Employee Injuries
All State Hospitals - Q2 FY12

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	16	46	13	18	36	25	48	15	30	0	6	**253**
Per 1,000 Bed Days	**0.66**	**2.72**	**2.06**	**1.04**	**0.69**	**5.27**	**1.67**	**0.60**	**1.08**	**0.00**	**0.91**	**1.19**
Age 40-64	18	38	6	19	49	29	31	21	34	1	3	**249**
Per 1,000 Bed Days	**0.75**	**2.25**	**0.95**	**1.10**	**0.94**	**6.12**	**1.08**	**0.84**	**1.23**	**0.27**	**0.45**	**1.17**
Age 65 - Older	0	0	1	0	1	2	3	2	1	1	0	**11**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.16**	**0.00**	**0.02**	**0.42**	**0.10**	**0.08**	**0.04**	**0.27**	**0.00**	**0.05**
Unknown	0	0	0	0	0	0	0	0	0	0	0	**0**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total	**34**	**84**	**20**	**37**	**86**	**56**	**82**	**38**	**65**	**2**	**9**	**513**
Per 1,000 Bed Days	**1.41**	**4.97**	**3.16**	**2.13**	**1.65**	**11.81**	**2.86**	**1.53**	**2.35**	**0.54**	**1.36**	**2.41**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 6B - Employee Injuries
All State Hospitals - FY12 - As of February 29, 2012

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Age 18-39	41	72	35	31	79	52	90	40	67	0	9	**516**
Per 1,000 Bed Days	**0.82**	**2.09**	**2.76**	**0.89**	**0.75**	**5.47**	**1.57**	**0.80**	**1.21**	**0.00**	**0.67**	**1.20**
Age 40-64	41	78	19	39	83	67	56	40	78	6	11	**518**
Per 1,000 Bed Days	**0.82**	**2.26**	**1.50**	**1.12**	**0.79**	**7.05**	**0.98**	**0.80**	**1.41**	**0.79**	**0.82**	**1.20**
Age 65 - Older	0	0	1	1	11	2	3	3	3	1	1	**26**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.08**	**0.03**	**0.10**	**0.21**	**0.05**	**0.06**	**0.05**	**0.13**	**0.07**	**0.06**
Unknown	0	0	0	0	0	0	0	0	0	0	0	**0**
Per 1,000 Bed Days	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total	82	150	55	71	173	121	149	83	148	7	21	1060
Per 1,000 Bed Days	**1.65**	**4.35**	**4.34**	**2.04**	**1.65**	**12.73**	**2.60**	**1.65**	**2.67**	**0.92**	**1.57**	**2.46**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 6B - Employee Injuries
All State Hospitals - FY12

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY	System Total
Q1 Total Injuries	**48**	**66**	**35**	**34**	**87**	**65**	**67**	**45**	**83**	**5**	**12**	**547**
# Injuries Associated with Patient Aggression/No Restraint	31	25	15	7	31	42	32	17	53	0	0	**253**
	0.65	**0.38**	**0.43**	**0.21**	**0.36**	**0.65**	**0.48**	**0.38**	**0.64**	**0.00**	**0.00**	**0.46**
Q2 Total Injuries	**34**	**84**	**20**	**37**	**86**	**56**	**82**	**38**	**65**	**2**	**9**	**513**
# Injuries Associated with Patient Aggression/No Restraint	9	46	12	7	22	33	44	6	50	0	2	**231**
	0.26	**0.55**	**0.60**	**0.19**	**0.26**	**0.59**	**0.54**	**0.16**	**0.77**	**0.00**	**0.22**	**0.45**
Q3 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
Q4 Total Injuries												
# Injuries Associated with Patient Aggression/No Restraint												
FY Total Injuries	**82**	**150**	**55**	**71**	**173**	**121**	**149**	**83**	**148**	**7**	**21**	**1060**
# Injuries Associated with Patient Aggression/No Restraint	40	71	27	14	53	75	76	23	103	0	2	484
	0.49	**0.47**	**0.49**	**0.20**	**0.31**	**0.62**	**0.51**	**0.28**	**0.70**	**0.00**	**0.10**	**0.46**

Table: Hospital Management Data Services

Source: Facility Survey

GOAL 7: Obtain, Manage and Use Information

Performance Objective 7H:

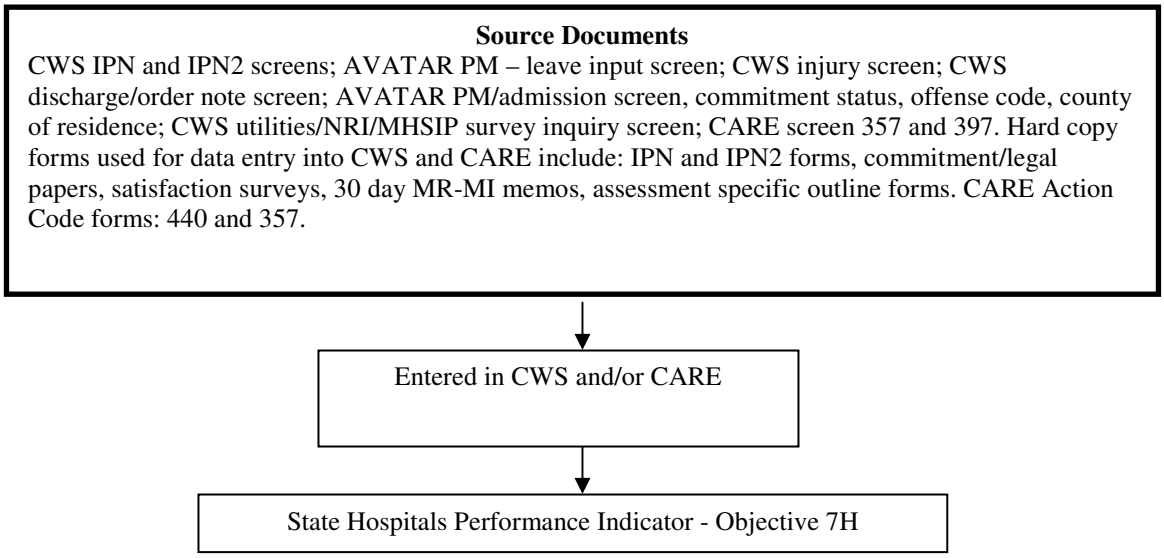
Maintain 95% compliance for Data Integrity Review (DIR) measures.

Performance Objective Operational Definition: State hospital reported Data Integrity Review (DIR) measures are reviewed for accuracy, completeness and timeliness as found in the CRS and CARE systems.

Performance Objective Formula: Percentage for compliance is calculated by:
N = # of cases per sample measure that are accurate, or complete, or timely based upon the measure being reviewed.
D = total # of cases per sample measure being reviewed.

Performance Objective Data Display and Chart Description:
Chart with Data Integrity Review compliance scores per state hospital DIR.

Data Flow:



Objective 7H - Data Integrity Review Measures
All State Hospitals - As of February 29, 2012

Measure	KSH 12/10	ASH 2/11	RGSC 3/11	TSH 5/11	WCY 6/11	SASH 7/11	EPPC 8/11	BSH 9/11	TCID 10/11	NTSH 12/11	RSH 2/12
RESTR	100	100	100	100	100	100	100	100	NA	NA	100
SECL	NA	100	100	100	100	NA	100	100	NA	NA	100
LEAVE	100	100	NA	100	100	100	NA	100	NA	100	100
ELOPE	NA	100	NA	100	100	100	NA	100	100	100	100
INJURY	100	100	100	100	100	100	100	100	100	100	100
MR/MI Memo	NA	NA	0	100	NA	100	0	100	NA	NA	NA
MR/MI CARE	NA	NA	100	100	NA	100	100	100	NA	NA	NA
MR/MI Comb	NA	NA	50	100	NA	100	0	100	NA	NA	NA
NRI-S/A	NA	100	100	100	NA	100	100	100	NA	100	98
NRI-S/C	NA	100	NA	100	100	100		100	NA	100	NA
COMMIT	100	100	100	100	100	100	100	100	NA	100	100
OFFENSE	100	100	100	100	NA	100	100	100	NA	100	100
CTY RES	83	97	100	97	100	100	100	100	NA	100	99
%	97.17	99.70	85.00	99.77	100	100.00	80.00	100.00	100.00	100.00	99.67
CWS Finalization											
AIMS	100	95	95	100	100	99	98	100	NA	94	100
NURSING	100	92	95	97	100	97	98	100	100	98	100
MEDICAL HX	100	95	96	96	93	99	97	99	100	92	100
PHYS EXAM	100	95	96	97	100	99	97	99	100	93	100
DIAGNOSIS	100	96	95	97	100	97	100	98	NA	99	100
MENTAL S.E	100	97	95	97	87	99	100	99	NA	97	100
PSY EVAL	100	95	95	97	100	98	100	98	100	94	99
SOCIAL HX	75	99	99	94	93	97	100	99	100	99	100
SUICIDE ASSESSMENT-Admit											
Numerator	31	2735	729	1957	116	1130	506	672	102	1447	581
Denominator	32	2880	765	2018	120	1152	512	680	102	1512	584
%	97	95	95	97	97	98	99	99	97	96	99
CWS Forms Finalized											
TX PLAN*	100	97	100	100	100	100	100	100	NA	100	100
TX PLAN REV	100	100	56	100	100	100	100	100	NA	100	100
CONSENT 9-7	100	100	100	100	100	100	100	100	NA	100	100
RIGHTS 9-1	100	100	100	97	100	100	100	100	NA	100	100
External Validation											
R/S VALIDATION	YES	YES	YES	YES	YES	YES	YES	YES	NA	YES	YES

Key: A=Accuracy Rate, C=Completion Rate,

GOAL 8: Assure A Competent Workforce

Performance Objective 8A:

Achieve 95% of all staff will be current with CORE, specialty and overall training requirements.

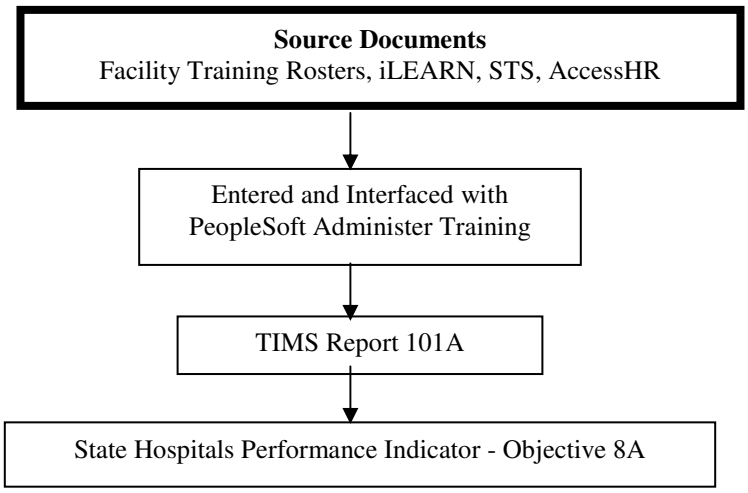
Performance Objective Operational Definition: The state hospital percentage of employees with active training statuses who have completed, within specified time frames, all courses related to their position type and competency groups training program assignments. Monthly data (based on data entered up until the time the report is run, 6:30 a.m. on the first day of the following month) 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 state hospital.

Performance Objective Data Display and Chart Description:

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

Data Flow:



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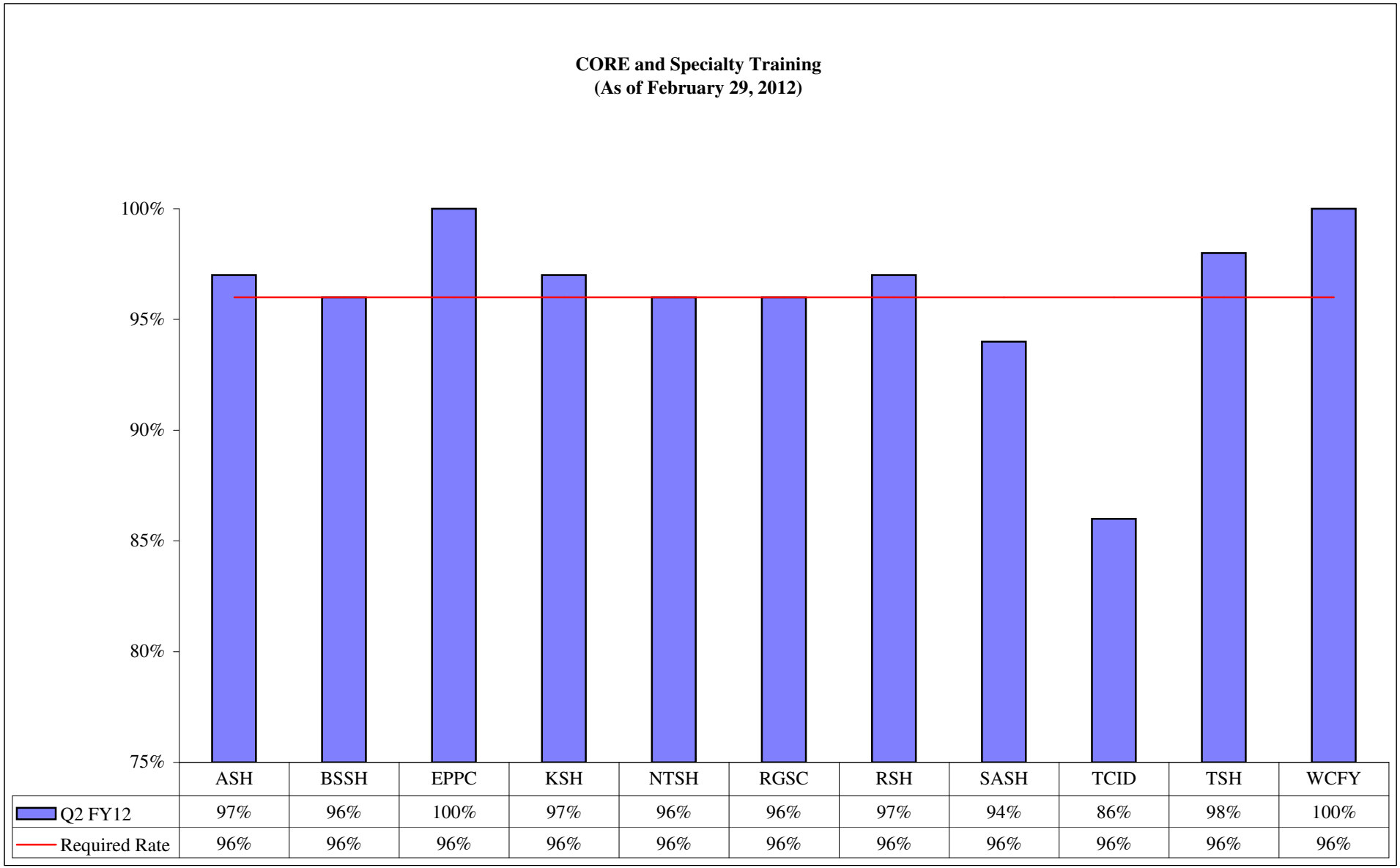
Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

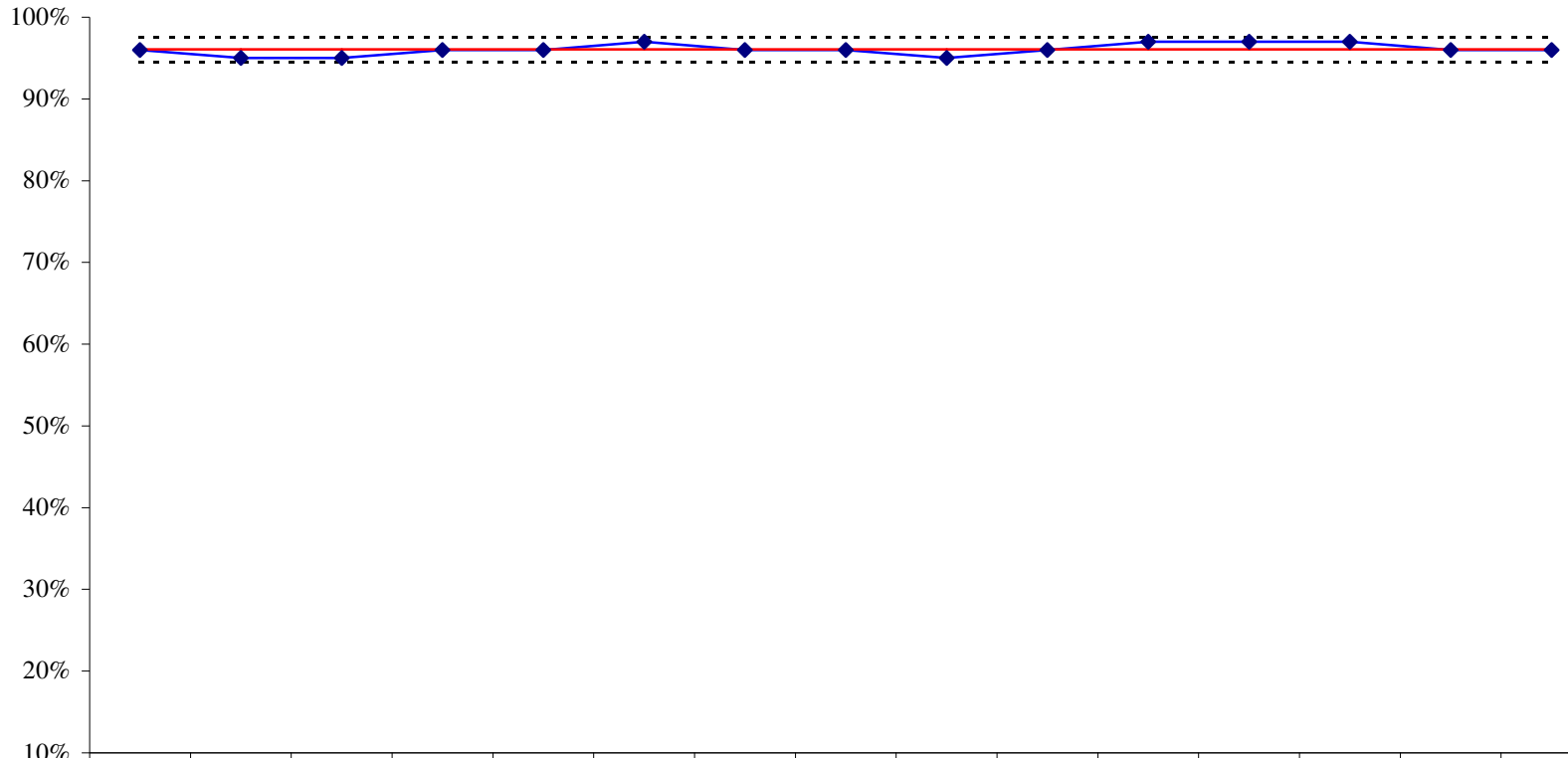


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
Q2 FY12	97%	96%	100%	97%	96%	96%	97%	94%	86%	98%	100%
Required Rate	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
All State Hospitals

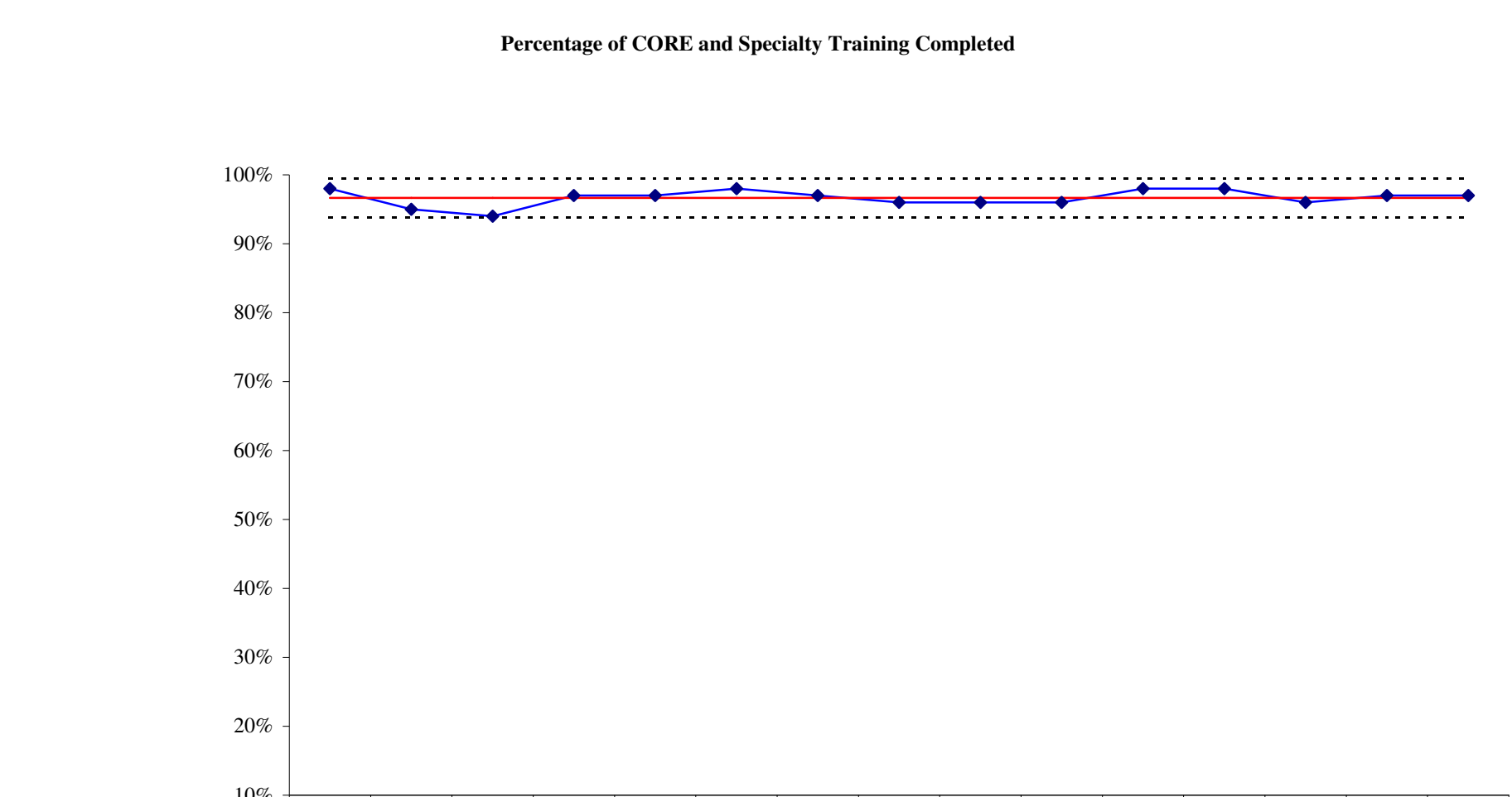


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	96%	95%	95%	96%	96%	97%	96%	96%	95%	96%	97%	97%	97%	96%	96%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Austin State Hospital

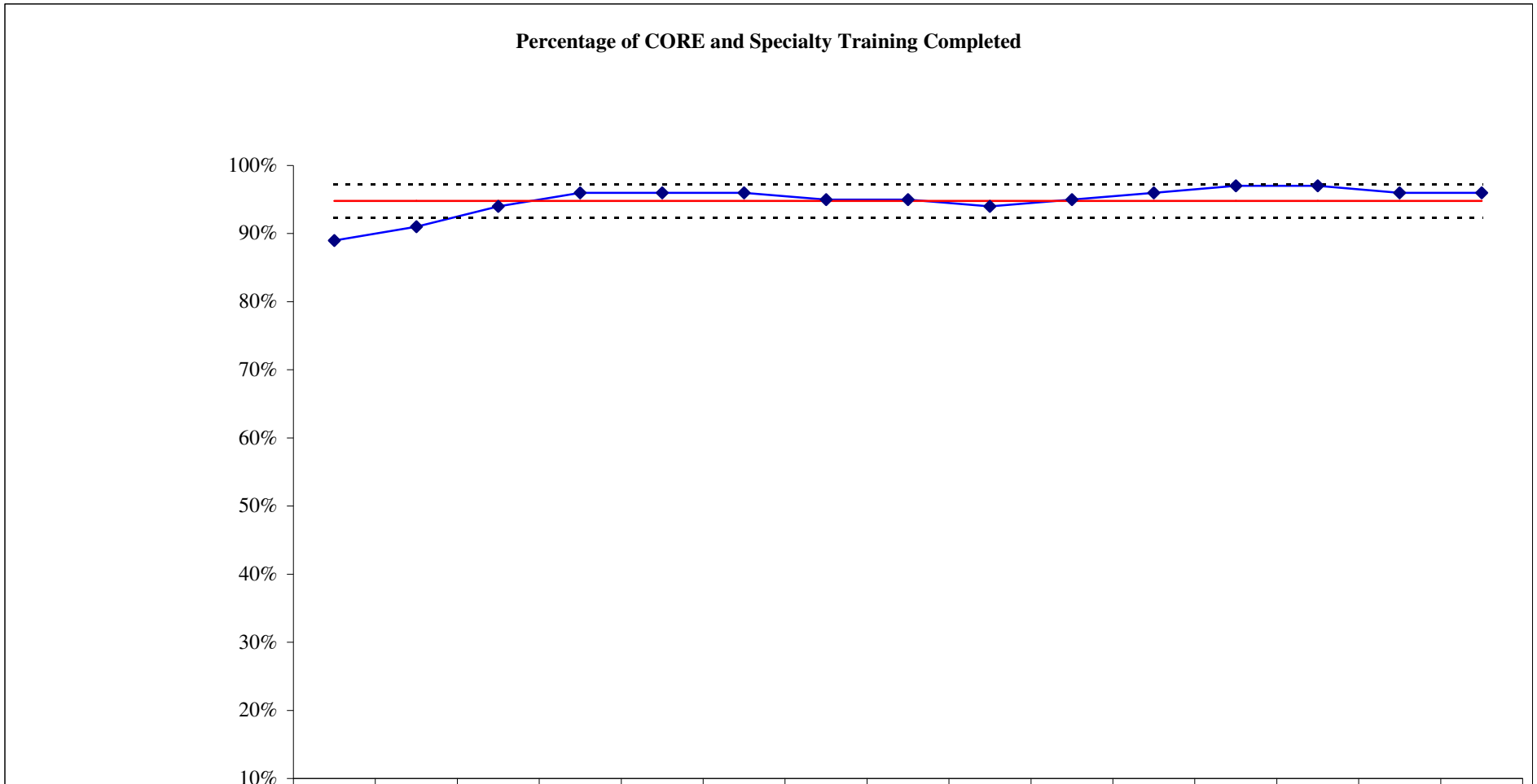


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	98%	95%	94%	97%	97%	98%	97%	96%	96%	96%	98%	98%	96%	97%	97%
UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Big Spring State Hospital

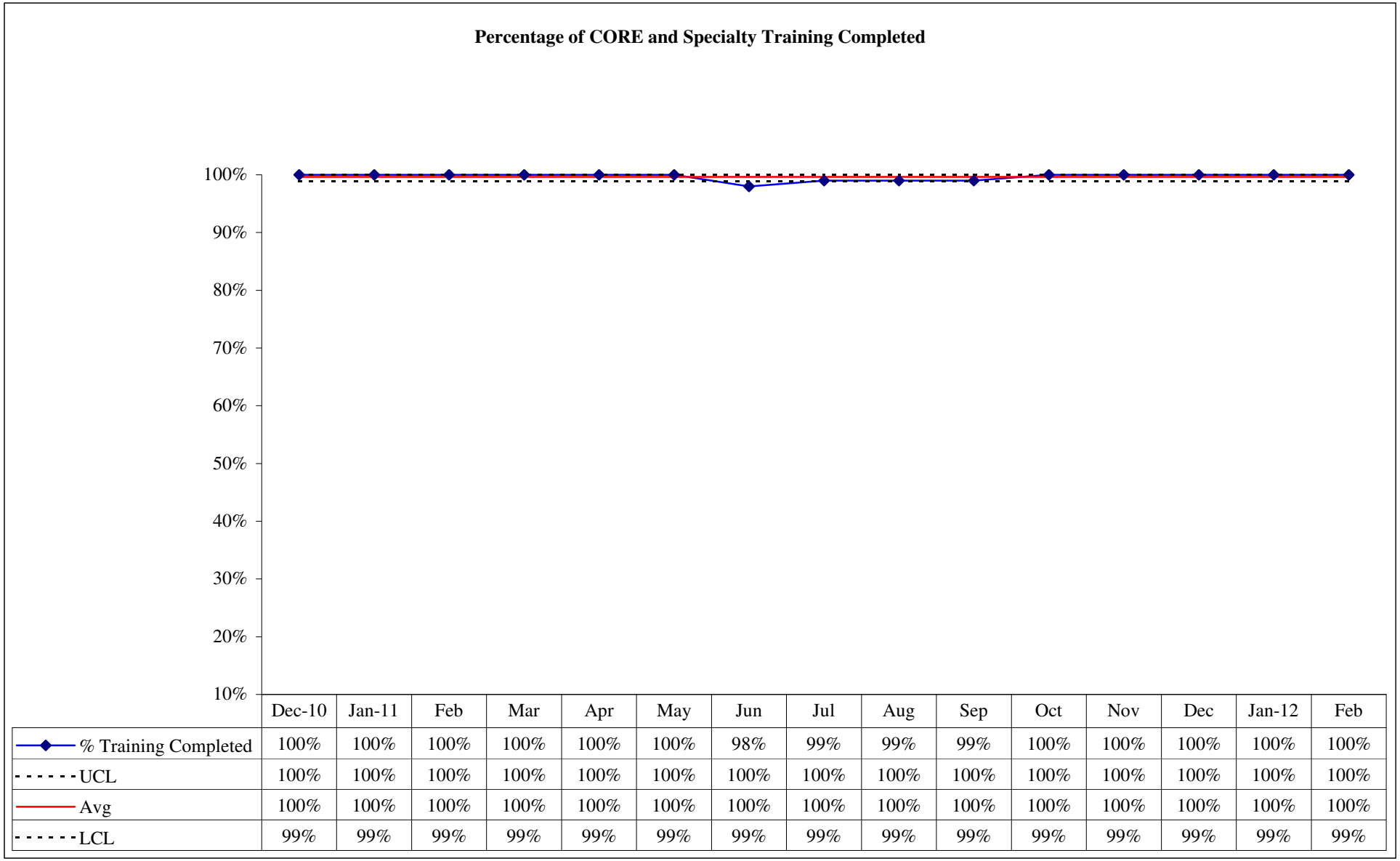


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	89%	91%	94%	96%	96%	96%	95%	95%	94%	95%	96%	97%	97%	96%	96%
UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Avg	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
El Paso Psychiatric Center

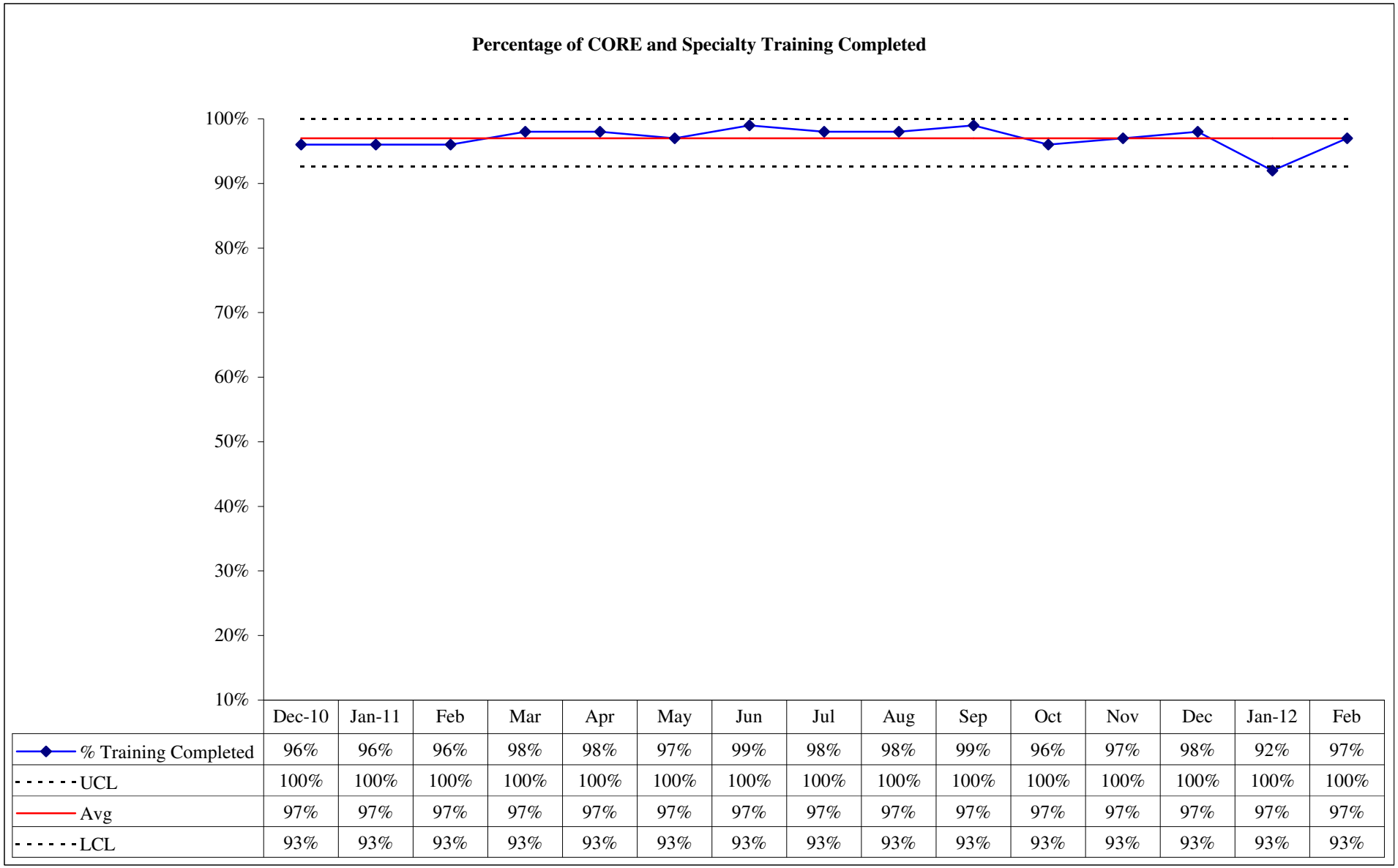


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	100%	100%	100%	100%	100%	100%	98%	99%	99%	99%	100%	100%	100%	100%	100%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
LCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Kerrville State Hospital

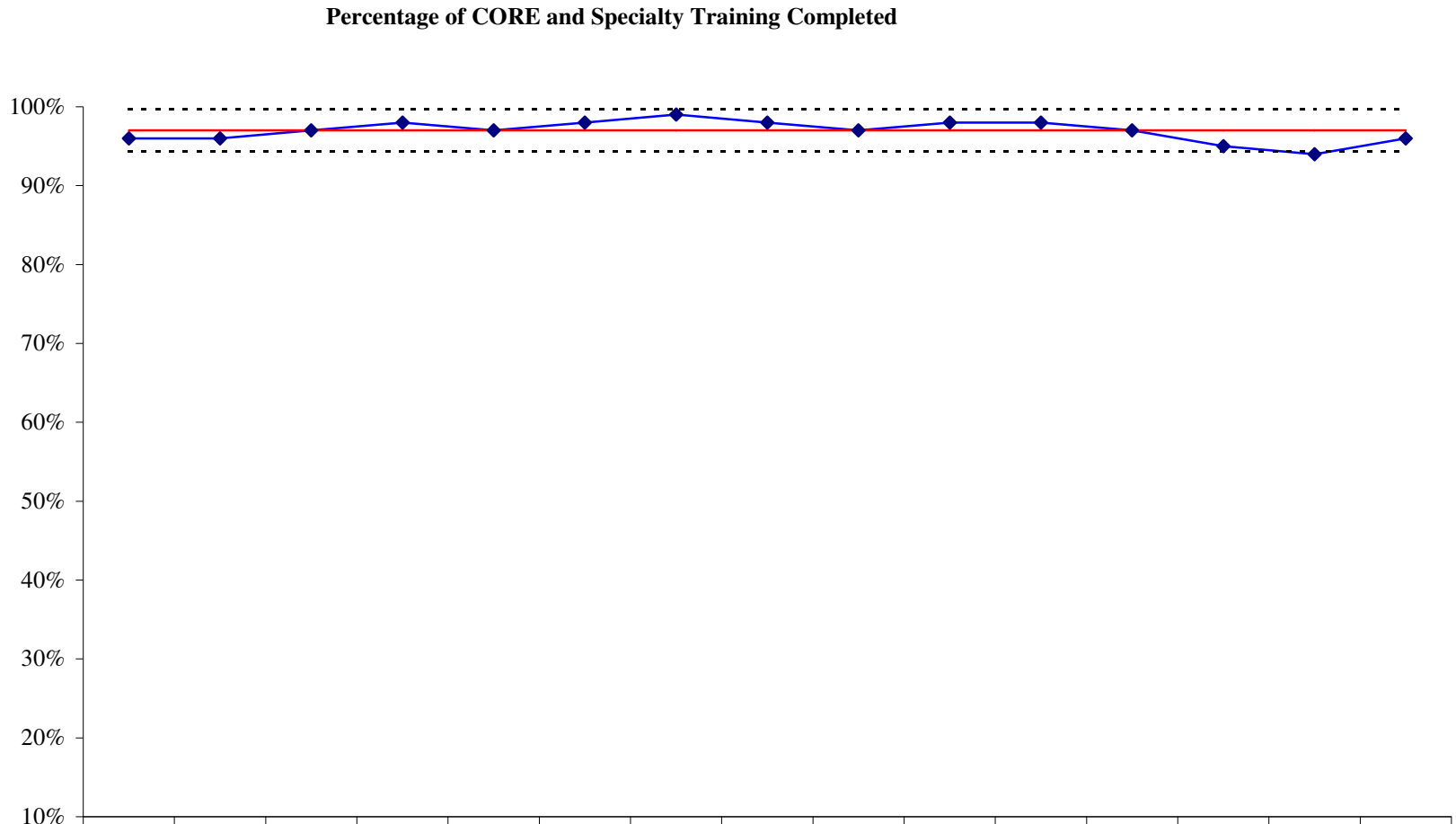


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	96%	96%	96%	98%	98%	97%	99%	98%	98%	99%	96%	97%	98%	92%	97%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
North Texas State Hospital

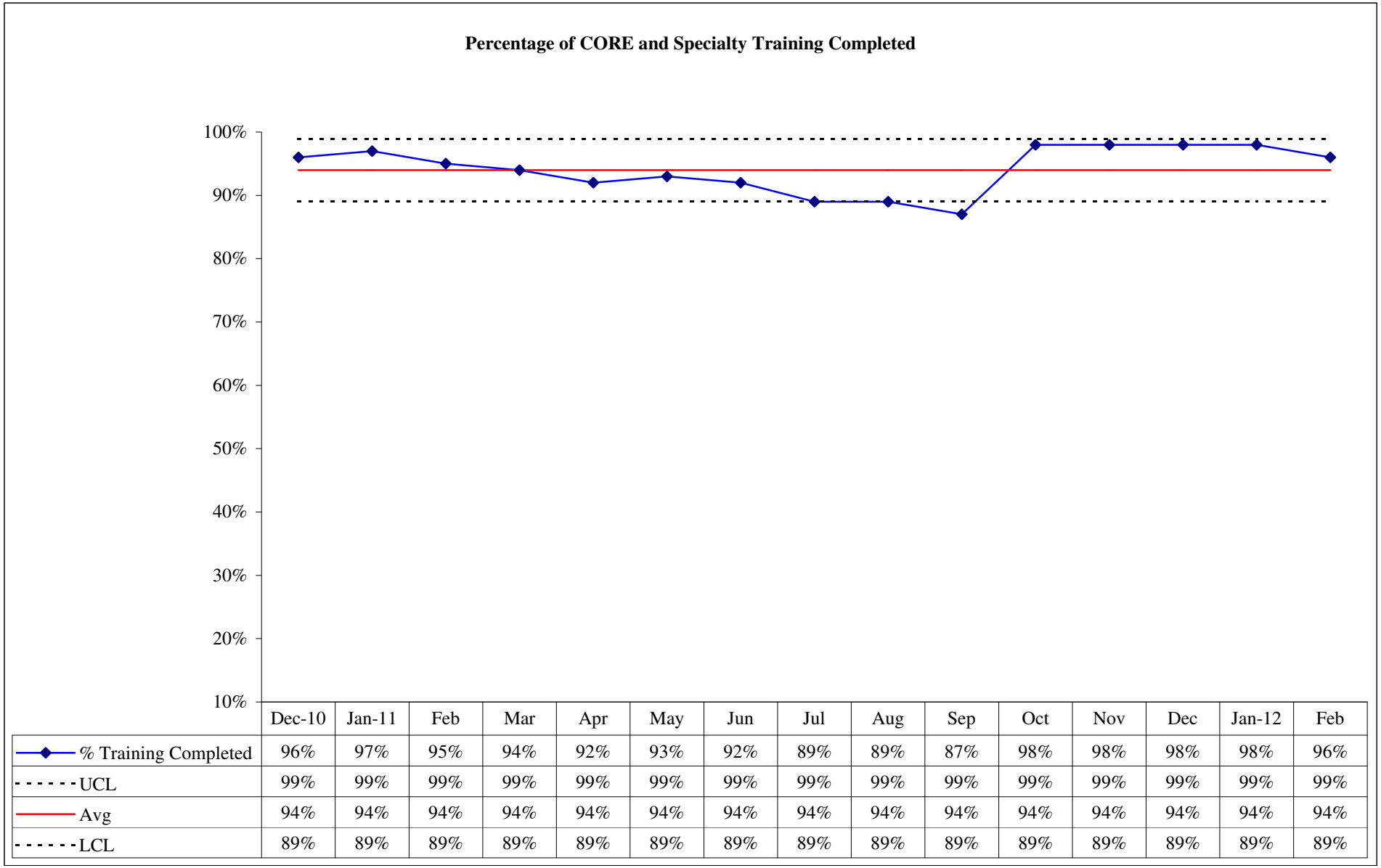


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	96%	96%	97%	98%	97%	98%	99%	98%	97%	98%	98%	97%	95%	94%	96%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Rio Grande State Center

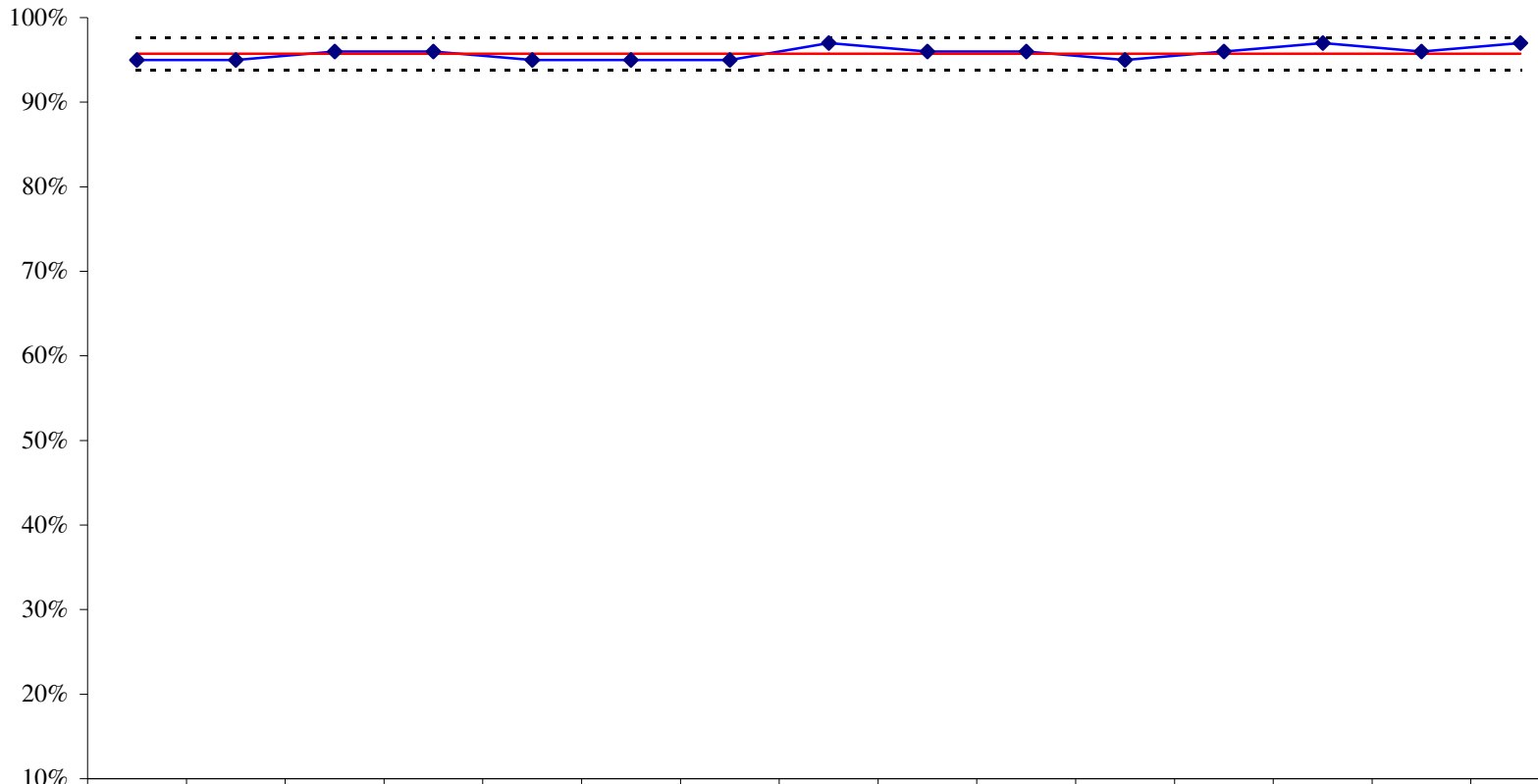


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	96%	97%	95%	94%	92%	93%	92%	89%	89%	87%	98%	98%	98%	98%	96%
UCL	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Rusk State Hospital

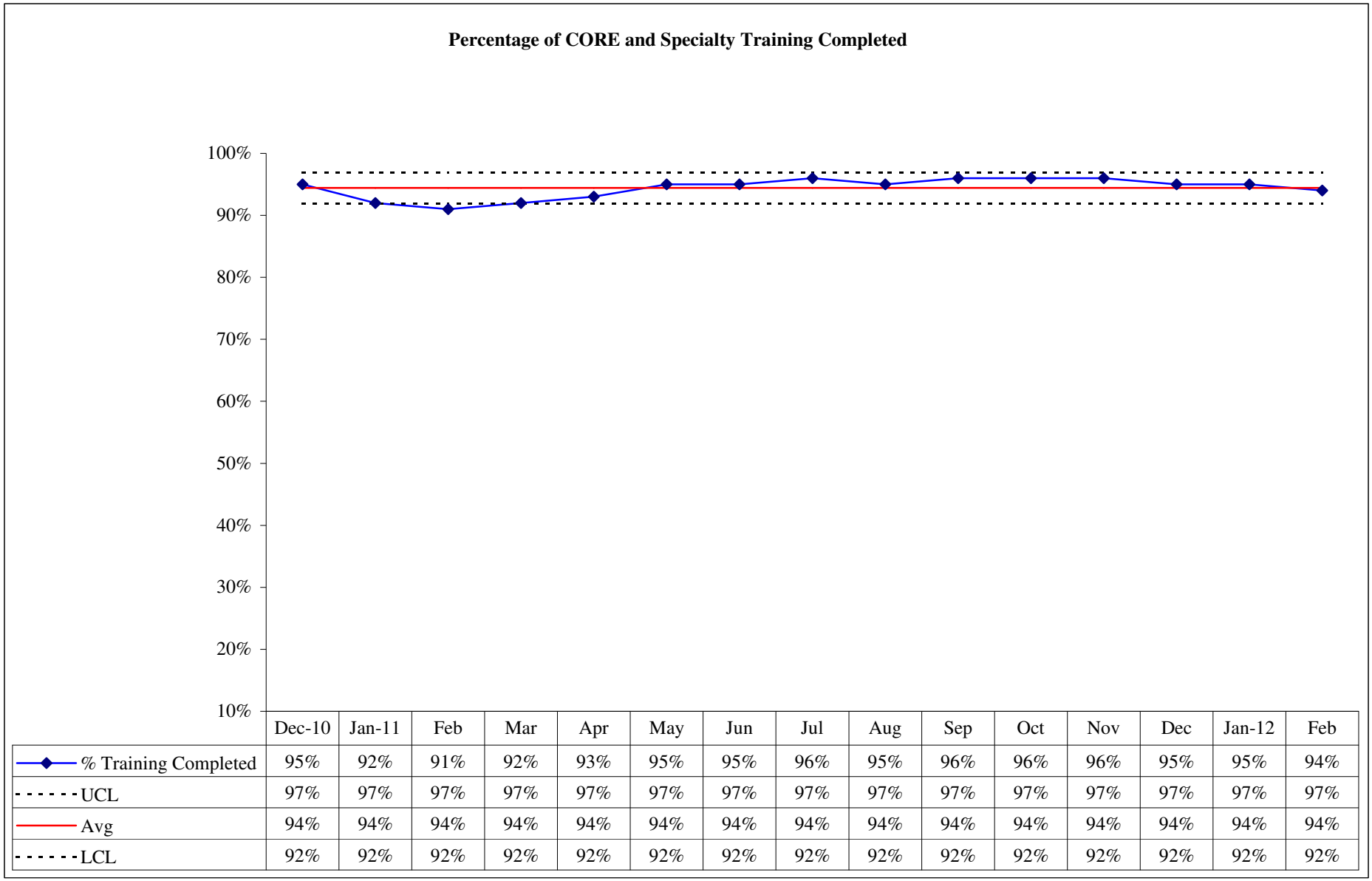


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	95%	95%	96%	96%	95%	95%	95%	97%	96%	96%	95%	96%	97%	96%	97%
UCL	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
San Antonio State Hospital

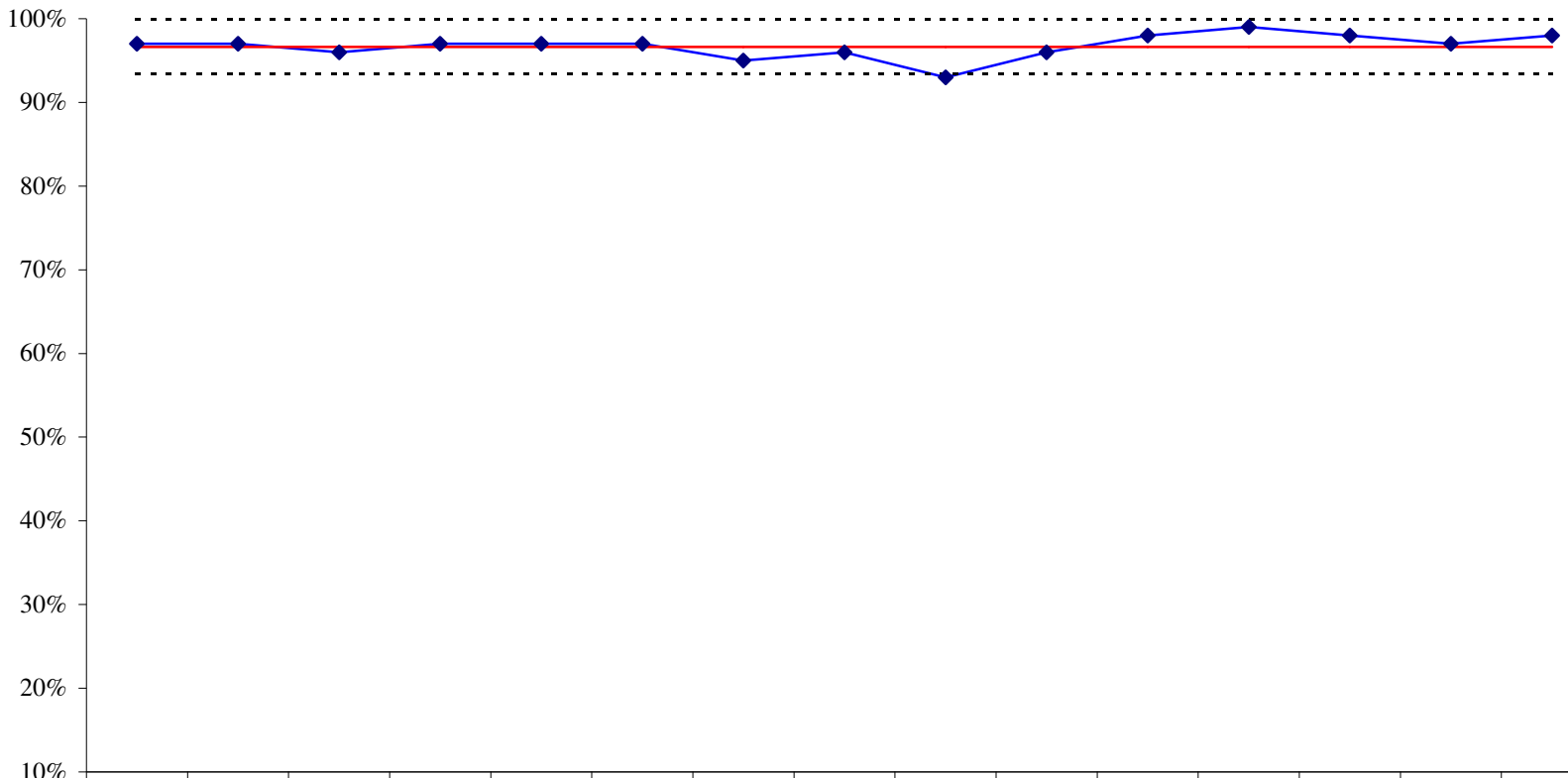


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	95%	92%	91%	92%	93%	95%	95%	96%	95%	96%	96%	96%	95%	95%	94%
UCL	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Avg	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
LCL	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Terrell State Hospital

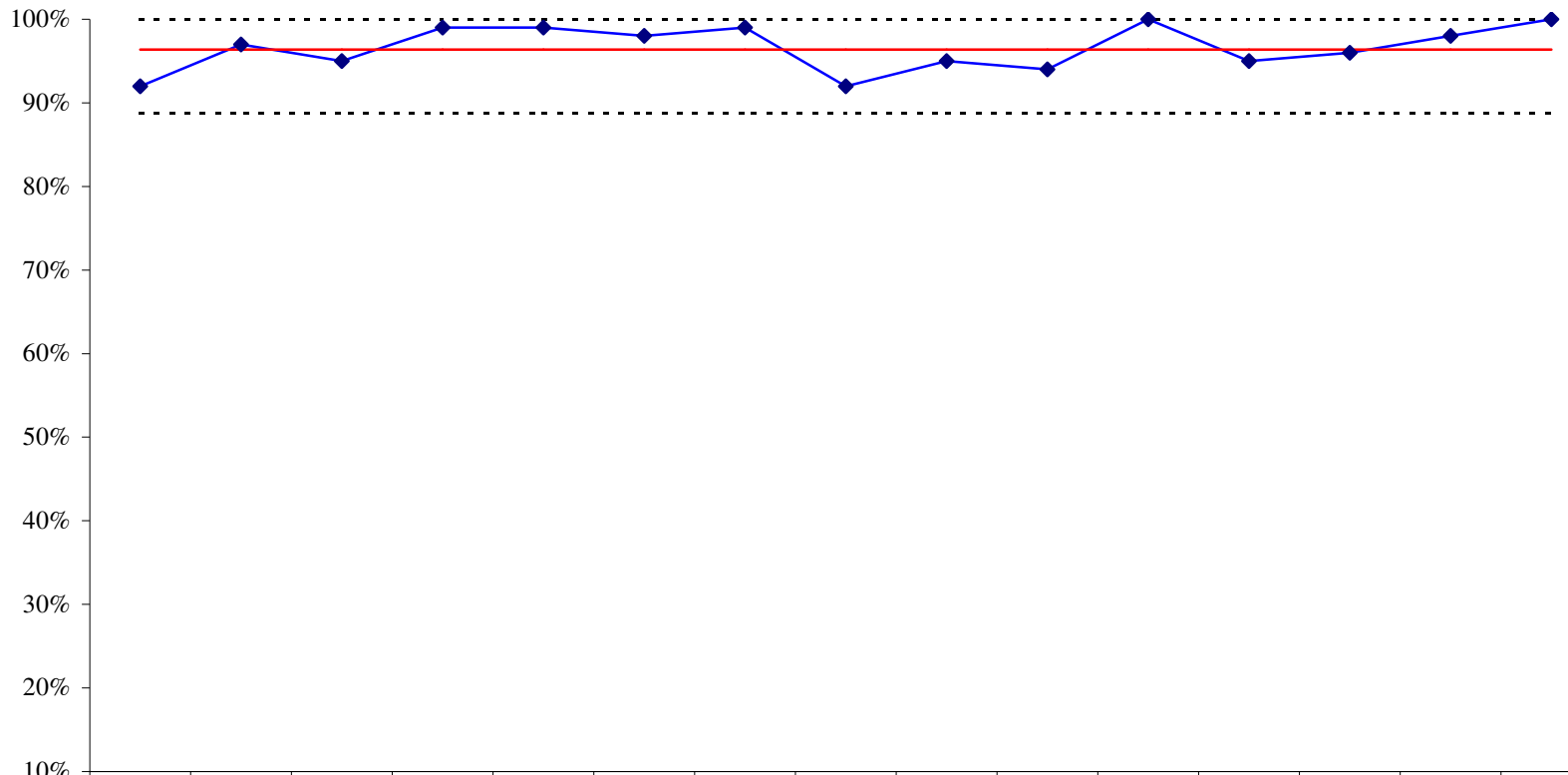


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	97%	97%	96%	97%	97%	97%	95%	96%	93%	96%	98%	99%	98%	97%	98%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
LCL	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Waco Center for Youth

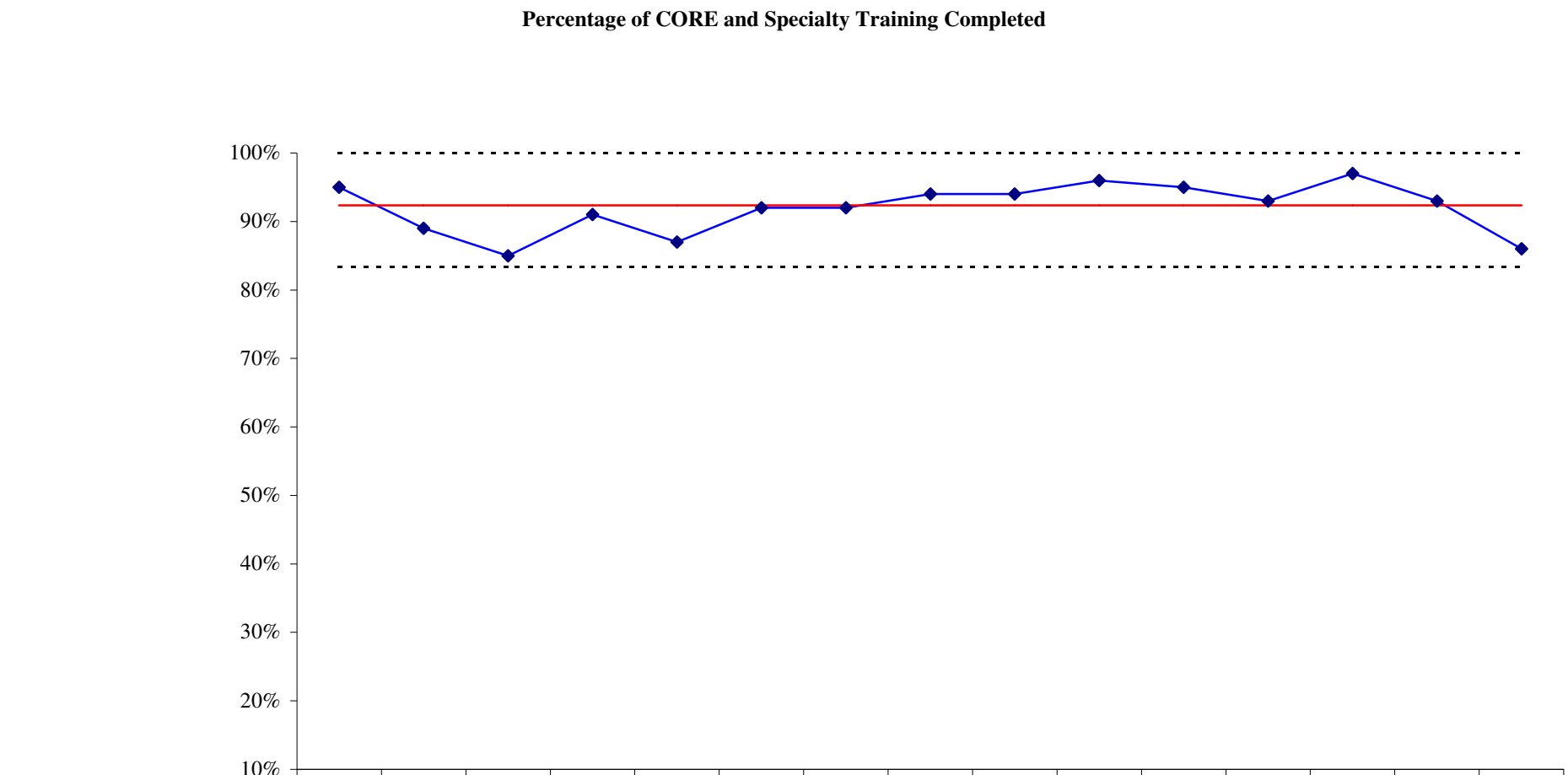


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	92%	97%	95%	99%	99%	98%	99%	92%	95%	94%	100%	95%	96%	98%	100%
UCL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Avg	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
LCL	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Objective 8A - Staff Current With CORE and Specialty Training
Texas Center for Infectious Disease



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
% Training Completed	95%	89%	85%	91%	87%	92%	92%	94%	94%	96%	95%	93%	97%	93%	86%
UCL	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%
LCL	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%

Chart: Hospital Management Data Services

Source: TIMS101A, Competency Training and Development

Performance Objective 8B:

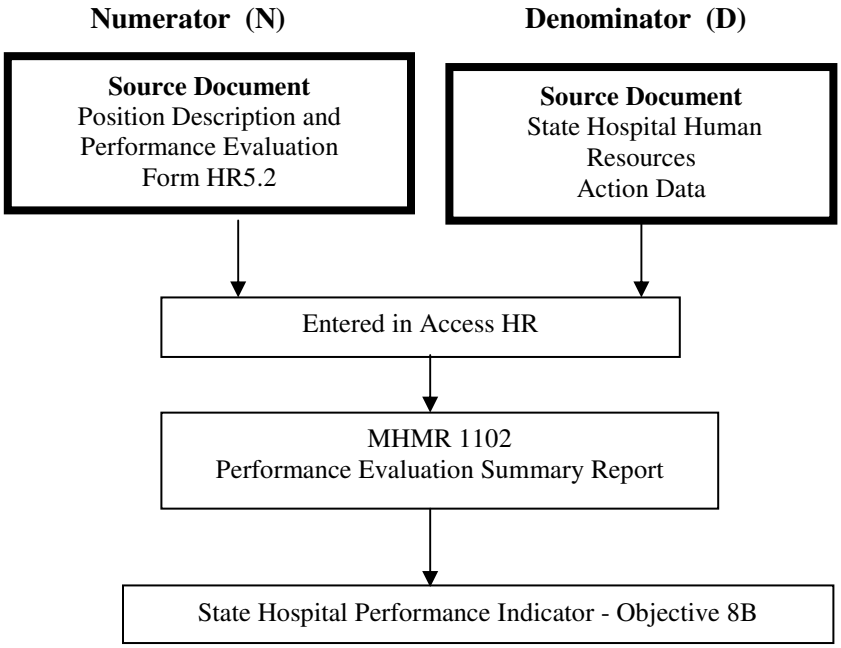
Achieve target of 95% of all staff having a current evaluation.

Performance Objective Operational Definition: The state hospital rate of up-to-date annual performance evaluations documented on the HR5.2 per month.

Performance Objective Formula:
Rate = rate of staff up-to-date with annual performance evaluations
N = number of employees with current evaluations on the last day of the month
D = number of active employees (people, not FTEs) on the last day of the month

Performance Objective Data Display and Chart Description:
Bar chart with all state hospital scores for the last month of the quarter.

Data Flow:



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Objective 8B - Staff Have Current Performance Evaluations
All State Hospitals

	FY10				FY11				FY12			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital	1%	0%	100%	100%	100%	97%	100%	100%	100%	100%		
Big Spring State Hospital	94%	96%	99%	98%	99%	98%	98%	100%	98%	98%		
El Paso Psychiatric Center	96%	95%	95%	90%	95%	80%	91%	97%	98%	95%		
Kerrville State Hospital	92%	94%	93%	93%	92%	91%	91%	95%	93%	90%		
North Texas State Hospital	94%	91%	93%	84%	81%	81%	80%		96%	97%		
Rio Grande State Center	90%	85%	87%	91%	82%	80%	82%	76%	92%	96%		
Rusk State Hospital	100%	95%	95%	90%	96%	95%	100%	95%	100%	90%		
San Antonio State Hospital		94%	95%	94%	87%	74%	81%	89%	89%	86%		
Terrell State Hospital	60%	74%	75%	69%	85%	93%	91%	93%	89%	89%		
Waco Center for Youth		95%	96%	96%	96%	96%	97%	96%	97%	95%		
TCID		89%	91%	92%	91%		51%	43%	55%	73%		
All State Hospitals			93%	91%	91%	88%	87%	88%	92%	92%		

Table: Hospital Management Data Services

Source: Facility Report

Performance Measure 8A:

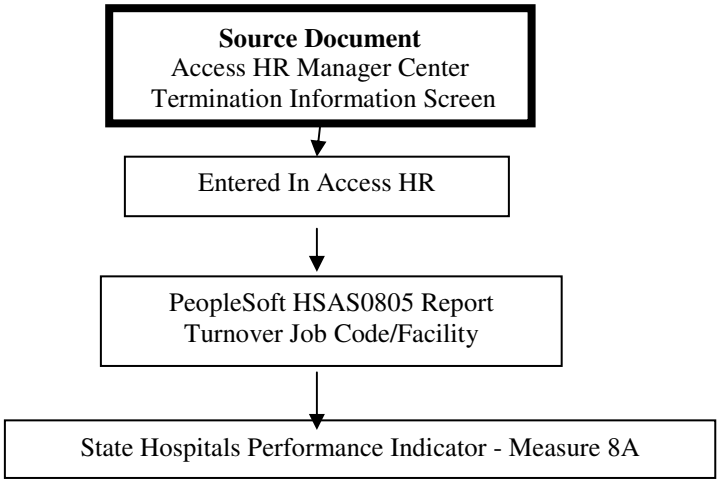
Collect, analyze and report staff turnover rates for critical shortage staff.

Performance Measure Operational Definition: The state hospital turnover rate for critical shortage staff will be available. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

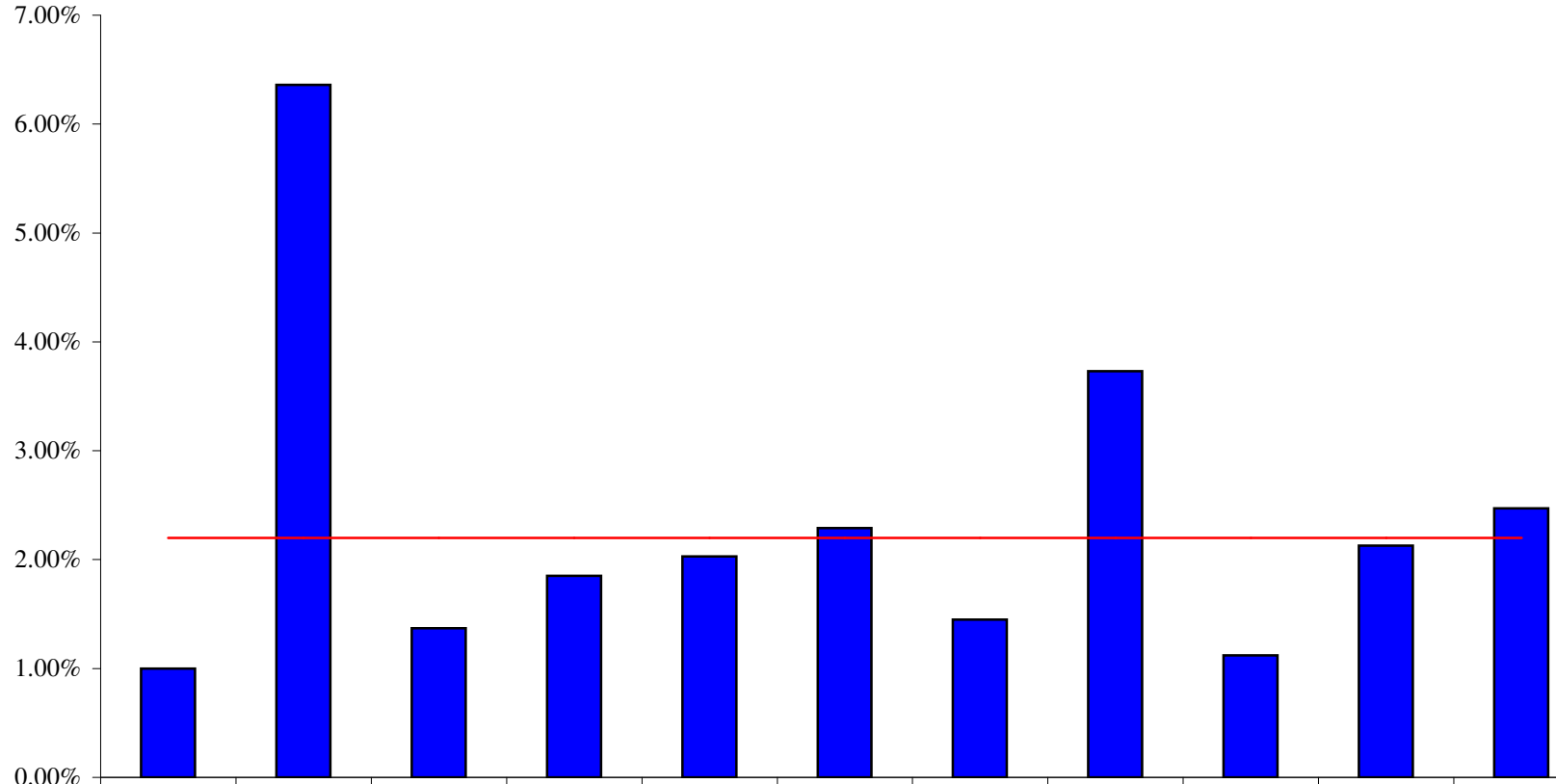
Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100.

Performance Measure Data Display and Chart Description:
Chart with monthly data points of turnover rate for individual state hospitals and system-wide.

Data Flow:



Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of February 29, 2012

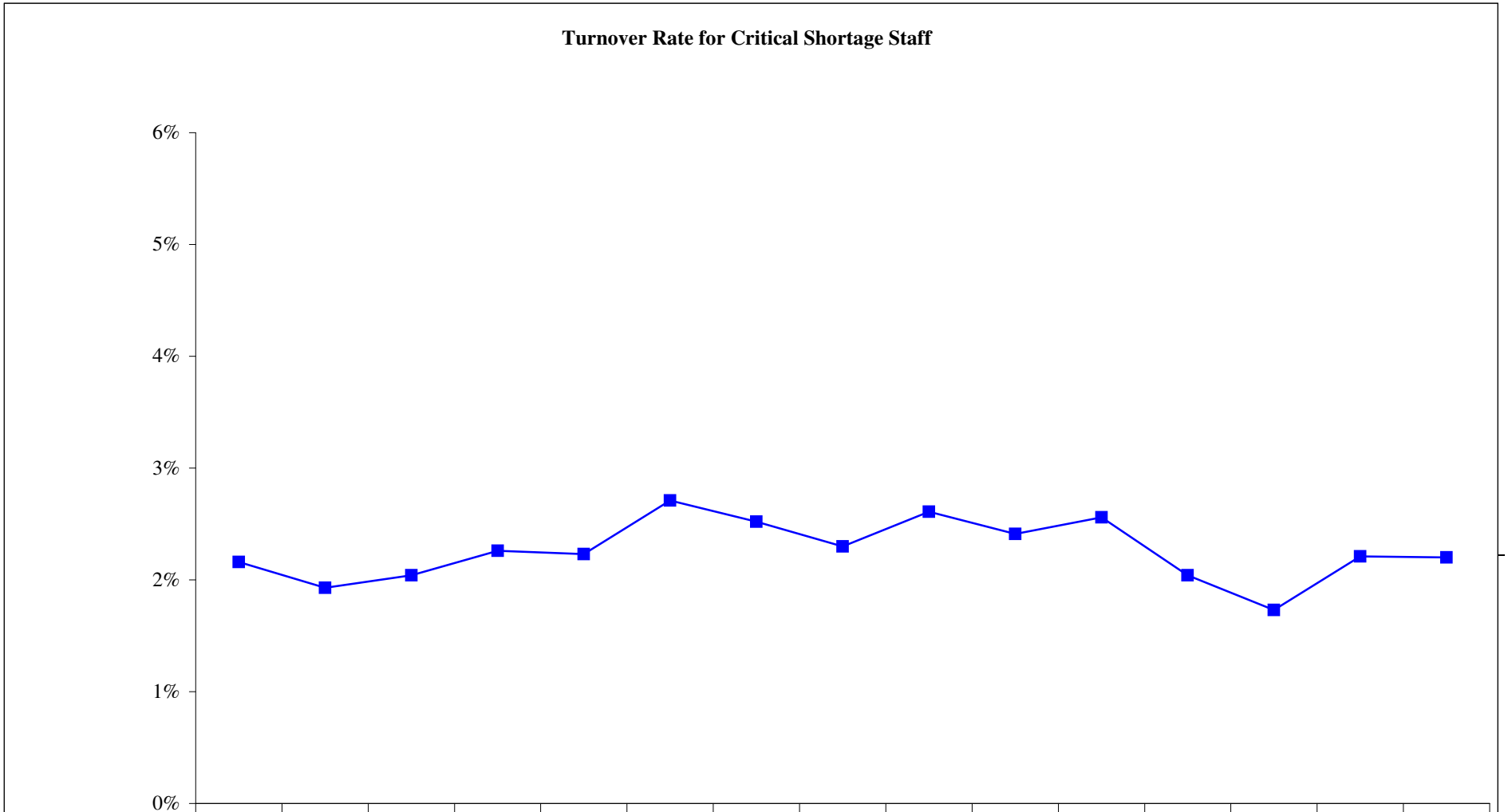


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
Turnover Rate	1.00%	6.36%	1.37%	1.85%	2.03%	2.29%	1.45%	3.73%	1.12%	2.13%	2.47%
All State Hospitals	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%	2.20%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals

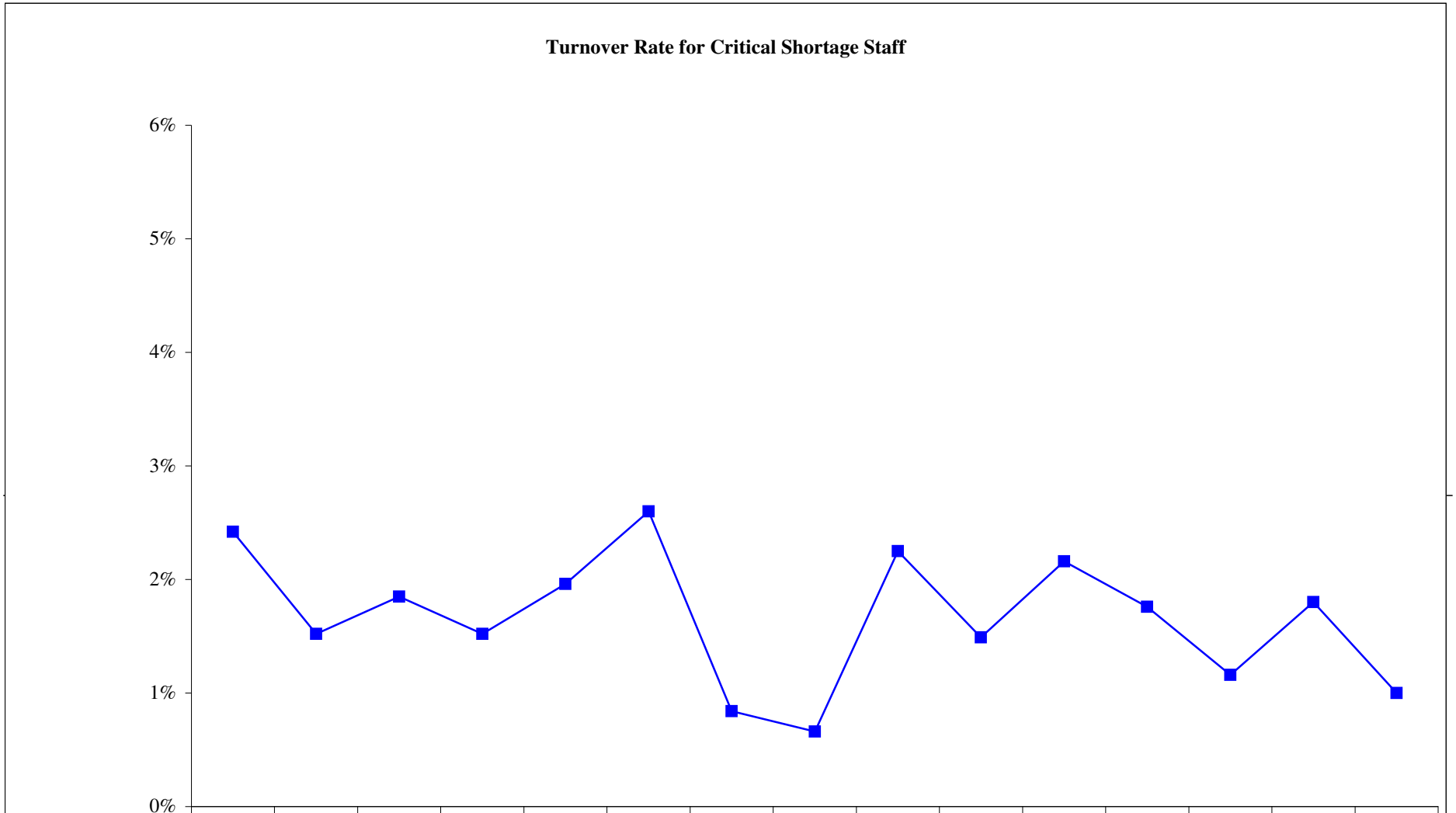


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	5002	5020	4999	5000	4981	5000	4945	4976	4959	4974	4969	4987	4999	4981	4979
Total Losses	108	97	102	113	111	136	124	114	130	120	127	102	87	110	110
Turnover Rate	2.16%	1.93%	2.04%	2.26%	2.23%	2.71%	2.52%	2.30%	2.61%	2.41%	2.56%	2.04%	1.73%	2.21%	2.20%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital

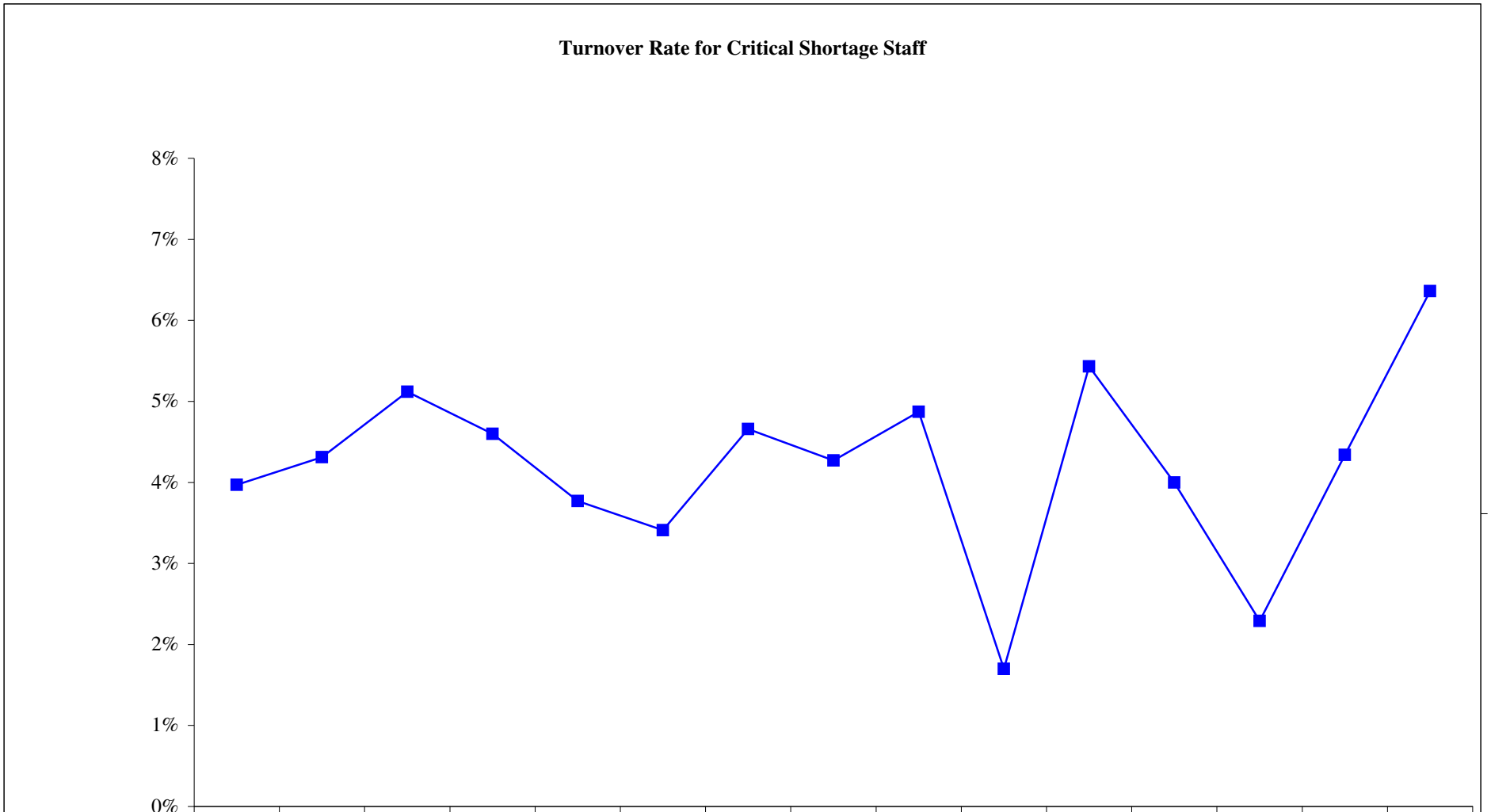


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	582	591	594	593	593	593	597	604	604	603	602	602	601	600	600
Total Losses	14	9	11	9	12	15	5	4	14	9	13	11	7	11	6
Turnover Rate	2.42%	1.52%	1.85%	1.52%	1.96%	2.60%	0.84%	0.66%	2.25%	1.49%	2.16%	1.76%	1.16%	1.80%	1.00%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital

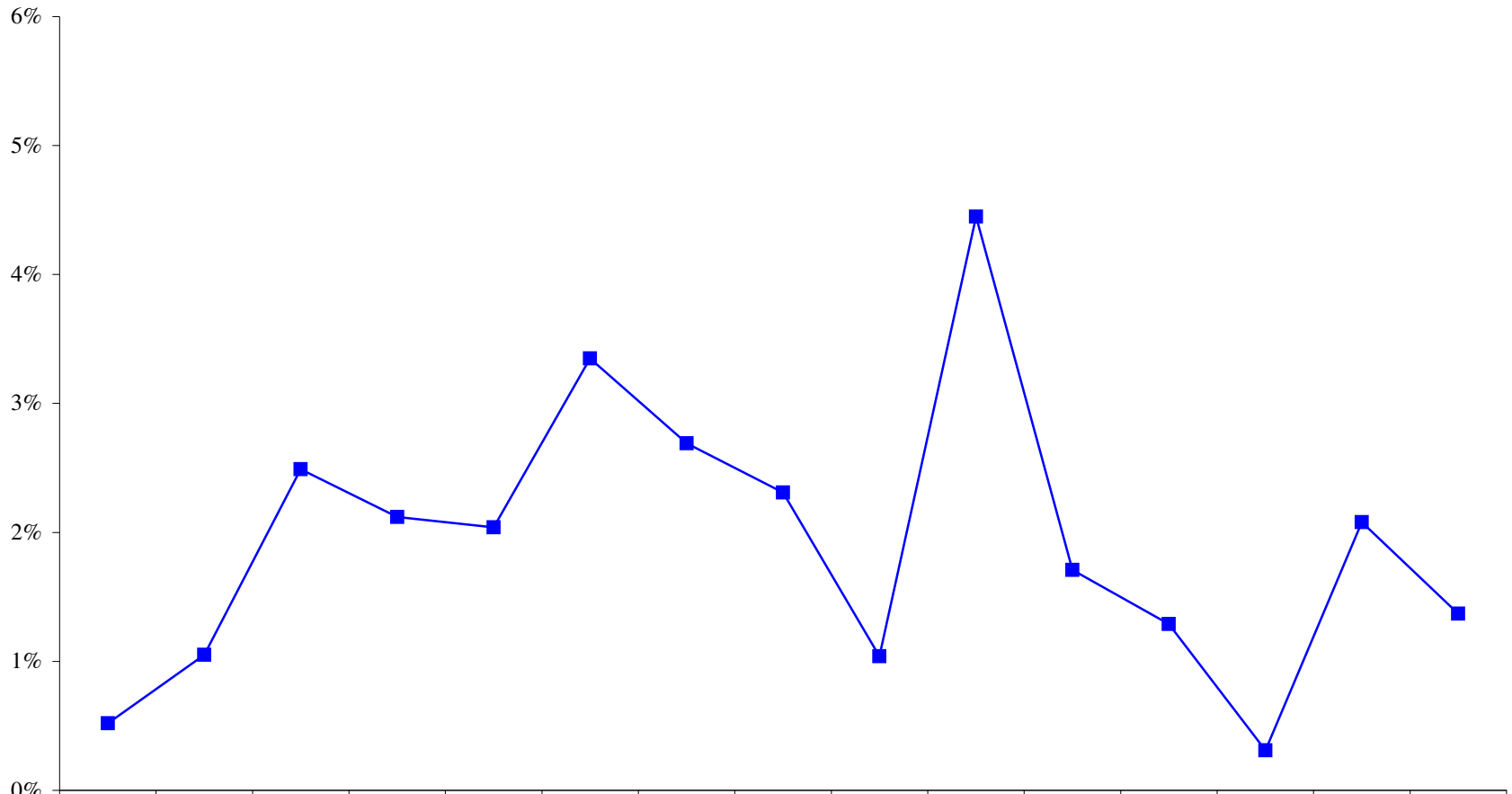


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	378	371	352	348	345	352	343	351	349	353	350	350	349	346	346
Total Losses	15	16	18	16	13	12	16	15	17	6	19	14	8	15	22
Turnover Rate	3.97%	4.31%	5.12%	4.60%	3.77%	3.41%	4.66%	4.27%	4.87%	1.70%	5.43%	4.00%	2.29%	4.34%	6.36%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center

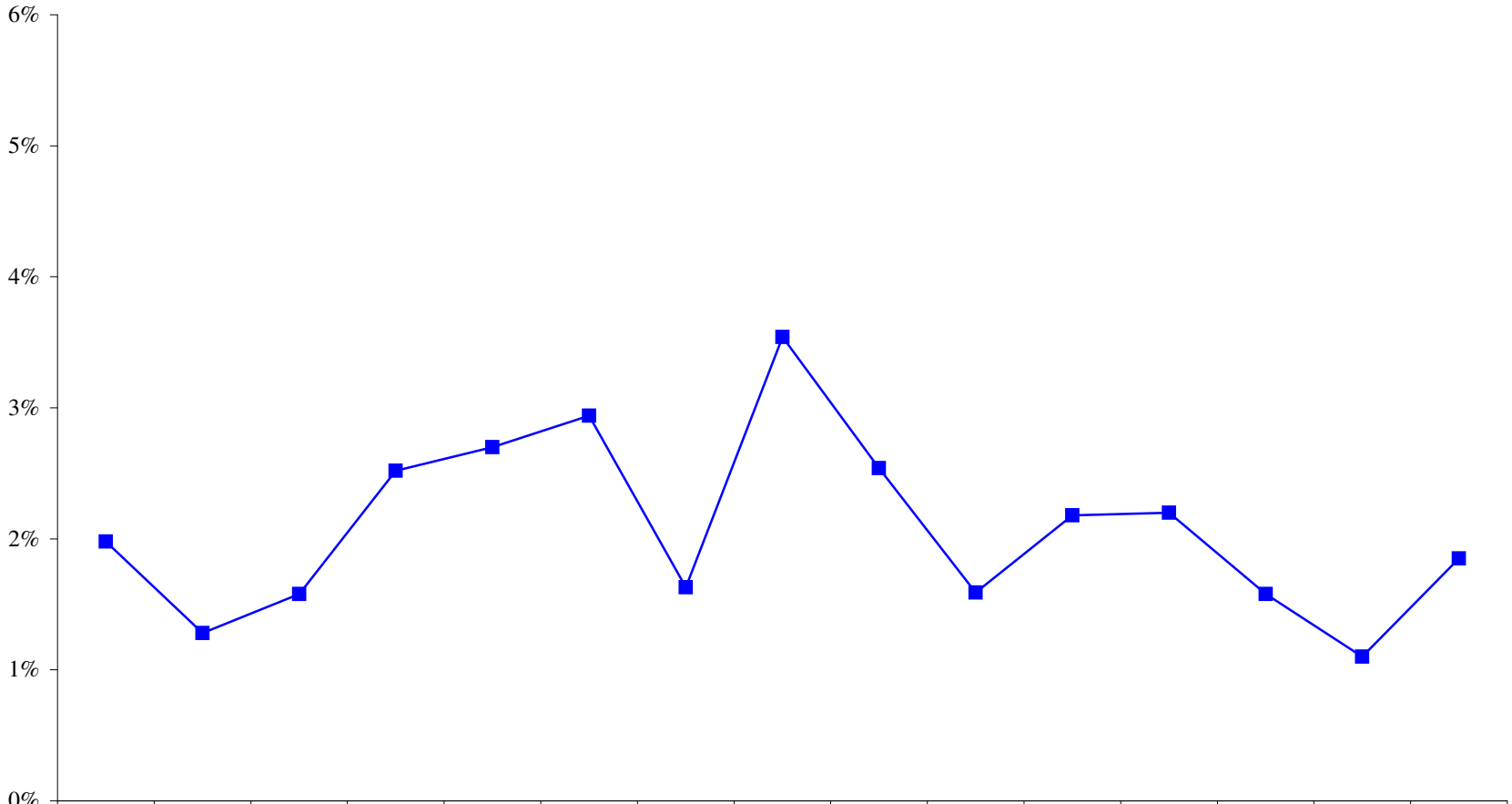


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	193	191	193	189	187	181	187	194	193	190	192	192	192	193	190
Total Losses	1	2	5	4	4	6	5	4	2	8	3	2	1	4	3
Turnover Rate	0.52%	1.05%	2.49%	2.12%	2.04%	3.35%	2.69%	2.31%	1.04%	4.45%	1.71%	1.29%	0.31%	2.08%	1.37%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital

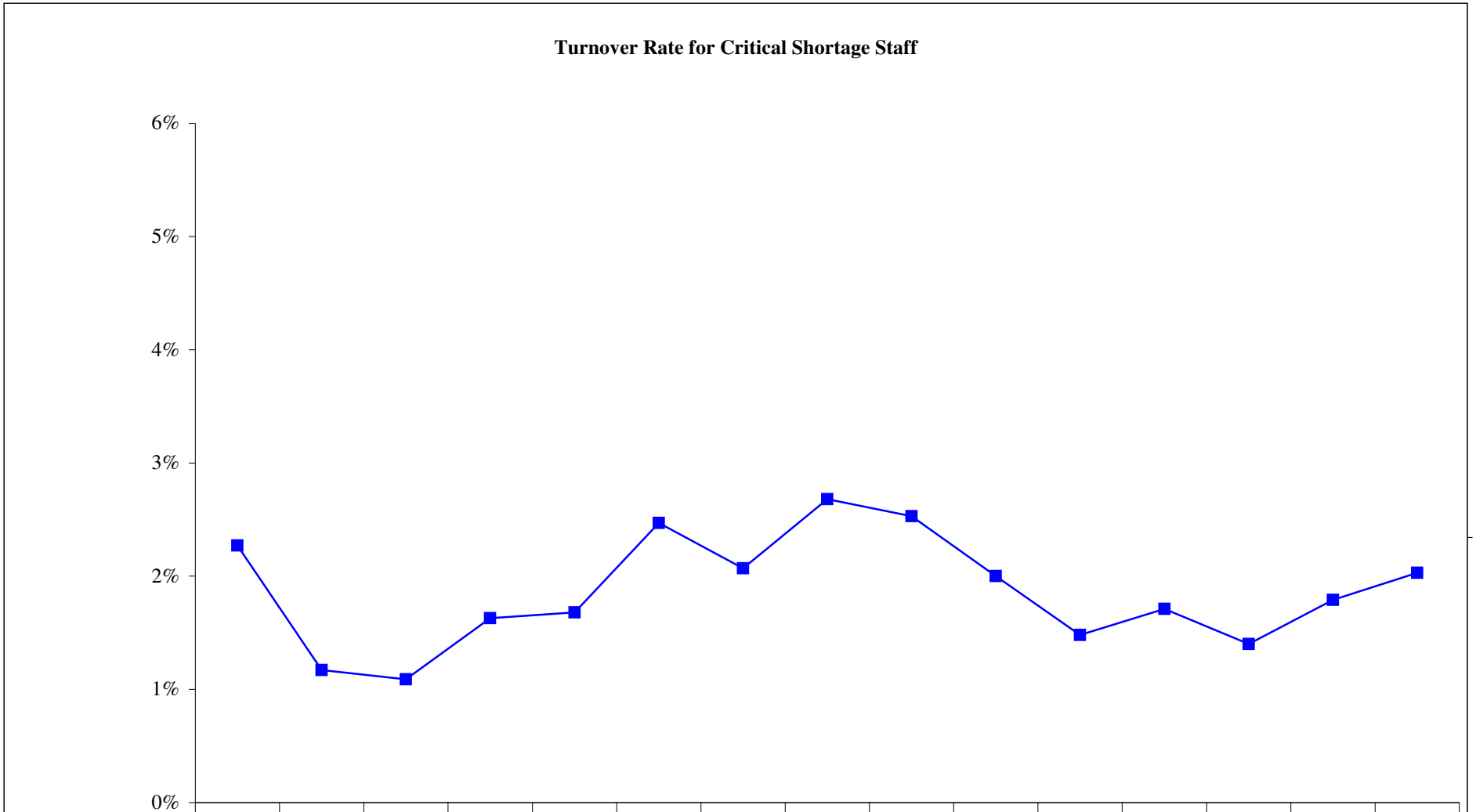


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	303	313	317	317	311	307	306	311	314	315	321	319	317	319	324
Total Losses	6	4	5	8	8	9	5	11	8	5	7	7	5	4	6
Turnover Rate	1.98%	1.28%	1.58%	2.52%	2.70%	2.94%	1.63%	3.54%	2.54%	1.59%	2.18%	2.20%	1.58%	1.10%	1.85%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital

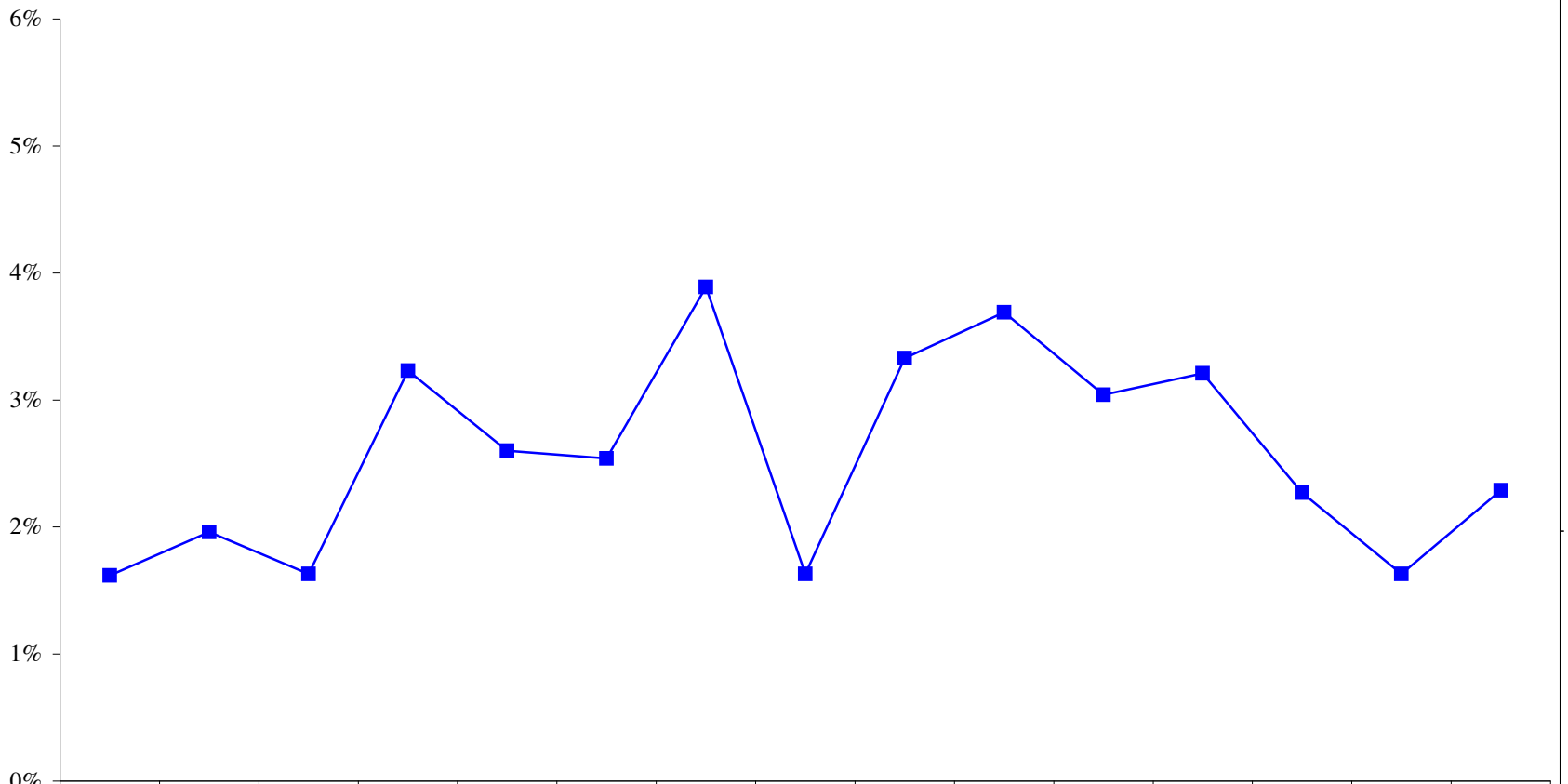


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	1279	1285	1283	1286	1281	1295	1265	1268	1267	1277	1284	1286.55	1285	1284	1283.04
Total Losses	29	15	14	21	22	32	26	34	32	26	19	22	18	23	26
Turnover Rate	2.27%	1.17%	1.09%	1.63%	1.68%	2.47%	2.07%	2.68%	2.53%	2.00%	1.48%	1.71%	1.40%	1.79%	2.03%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center

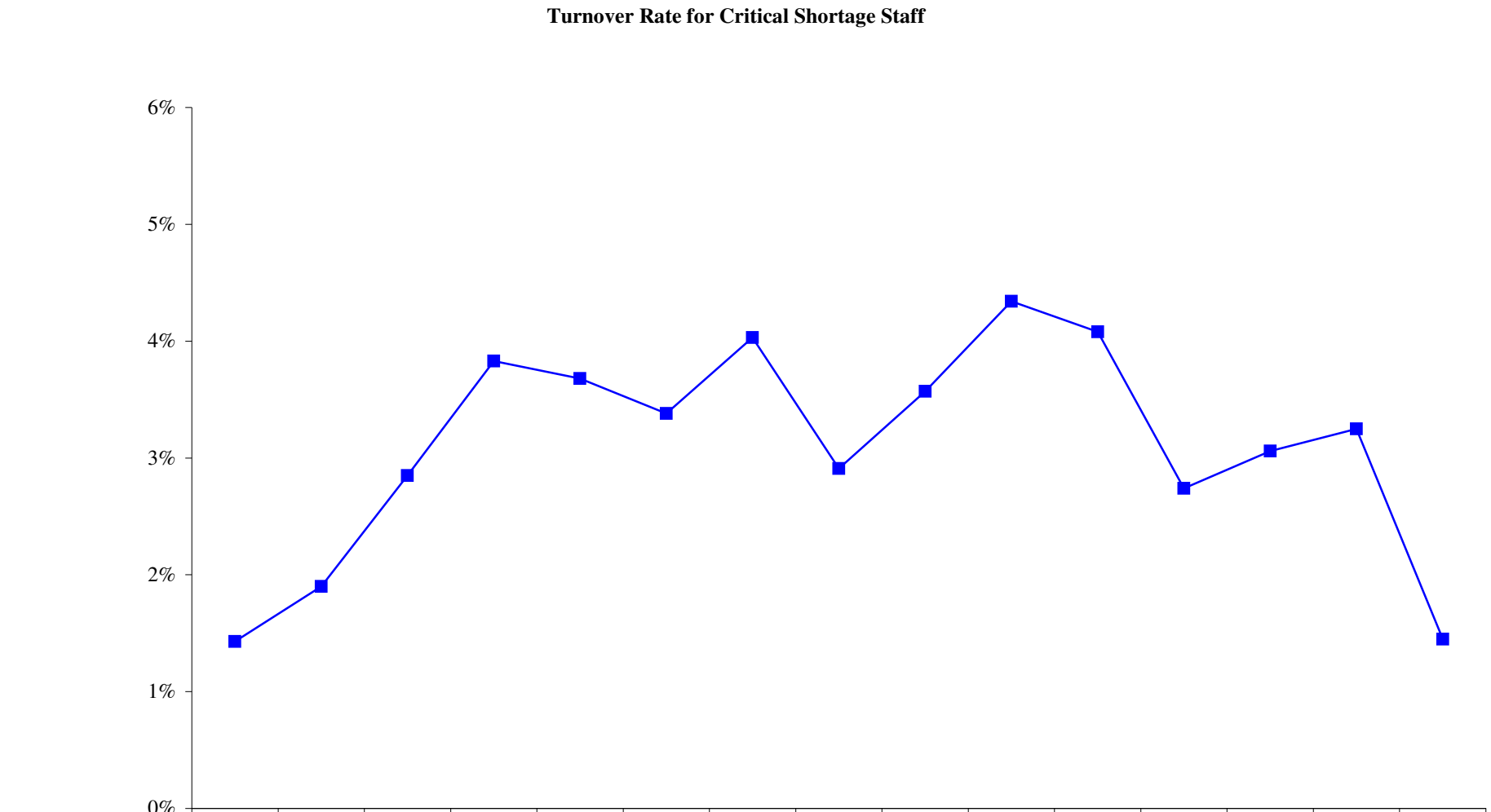


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	309	306	307	310	308	315	309	307	300	298	296	311	309	307	306
Total Losses	5	6	5	10	8	8	12	5	10	11	9	10	7	5	7
Turnover Rate	1.62%	1.96%	1.63%	3.23%	2.60%	2.54%	3.89%	1.63%	3.33%	3.69%	3.04%	3.21%	2.27%	1.63%	2.29%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital

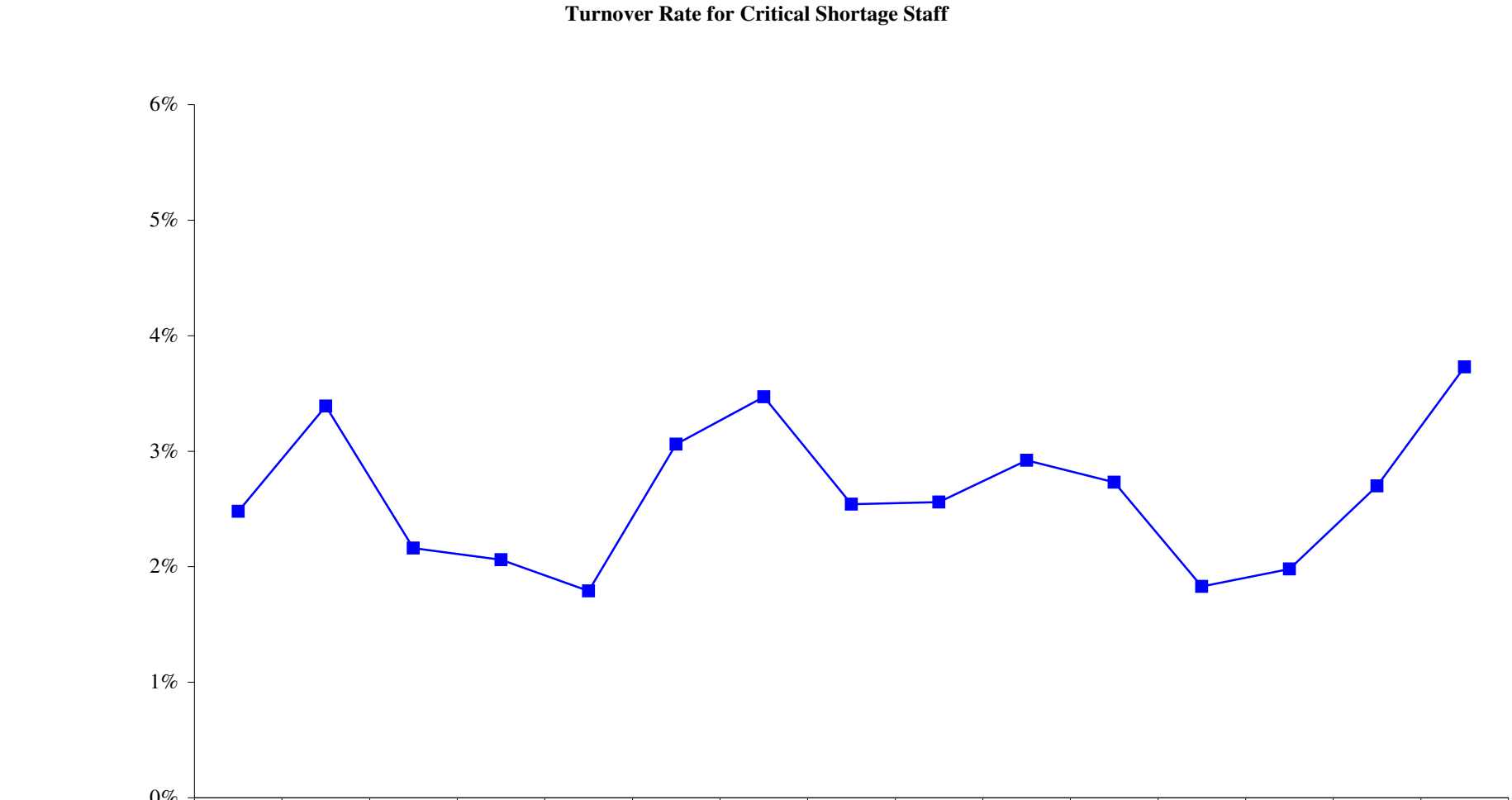


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	630	633	631	626	624	620	620	619	617	622	613	620	621	615	621
Total Losses	9	12	18	24	23	21	25	18	22	27	25	17	19	20	9
Turnover Rate	1.43%	1.90%	2.85%	3.83%	3.68%	3.38%	4.03%	2.91%	3.57%	4.34%	4.08%	2.74%	3.06%	3.25%	1.45%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital

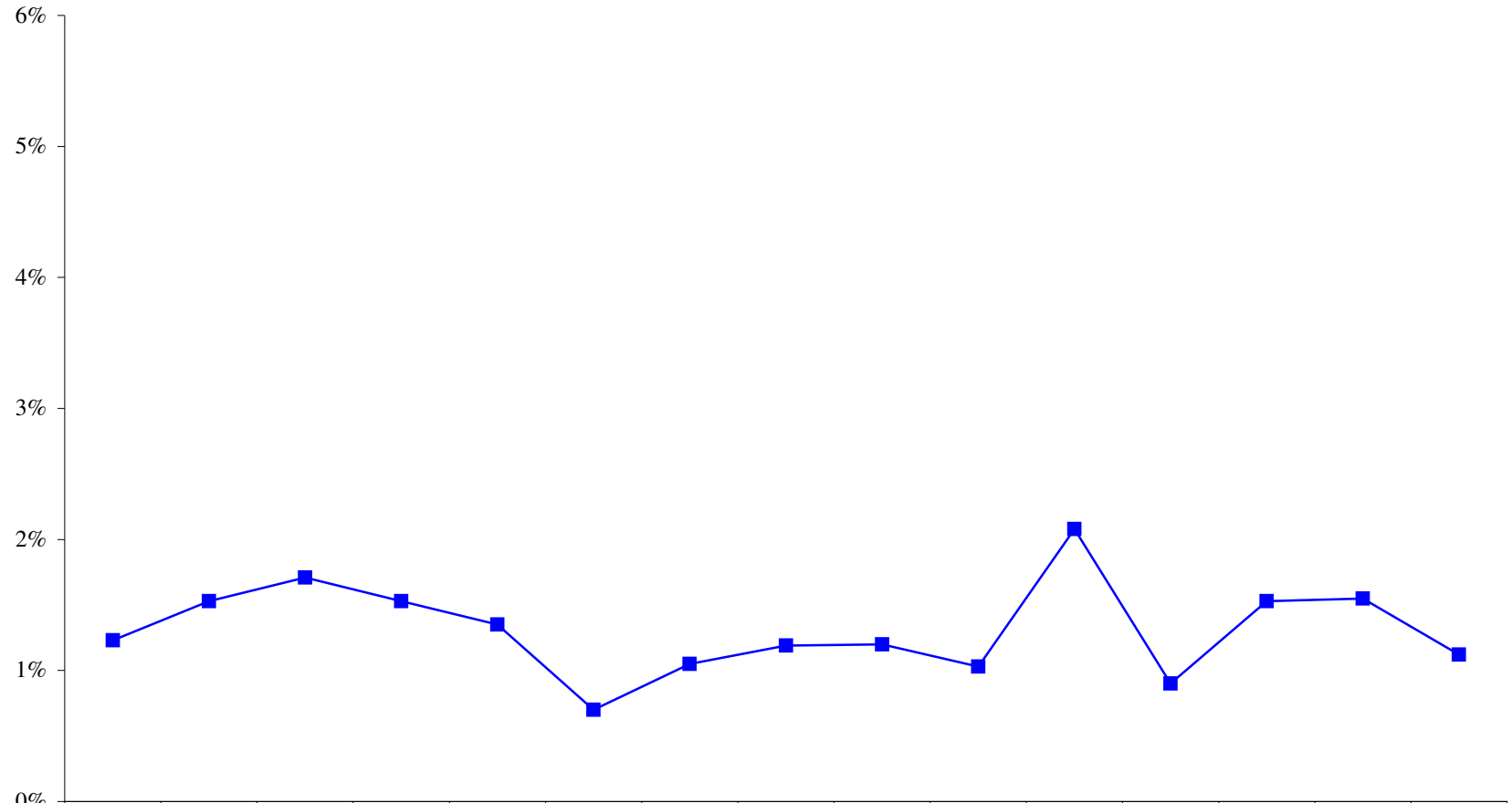


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	564	560	556	558	559	556	547	550	547	547	549	547	556	556	547
Total Losses	14	19	12	12	10	17	19	14	14	16	15	10	11	15	20
Turnover Rate	2.48%	3.39%	2.16%	2.06%	1.79%	3.06%	3.47%	2.54%	2.56%	2.92%	2.73%	1.83%	1.98%	2.70%	3.73%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital

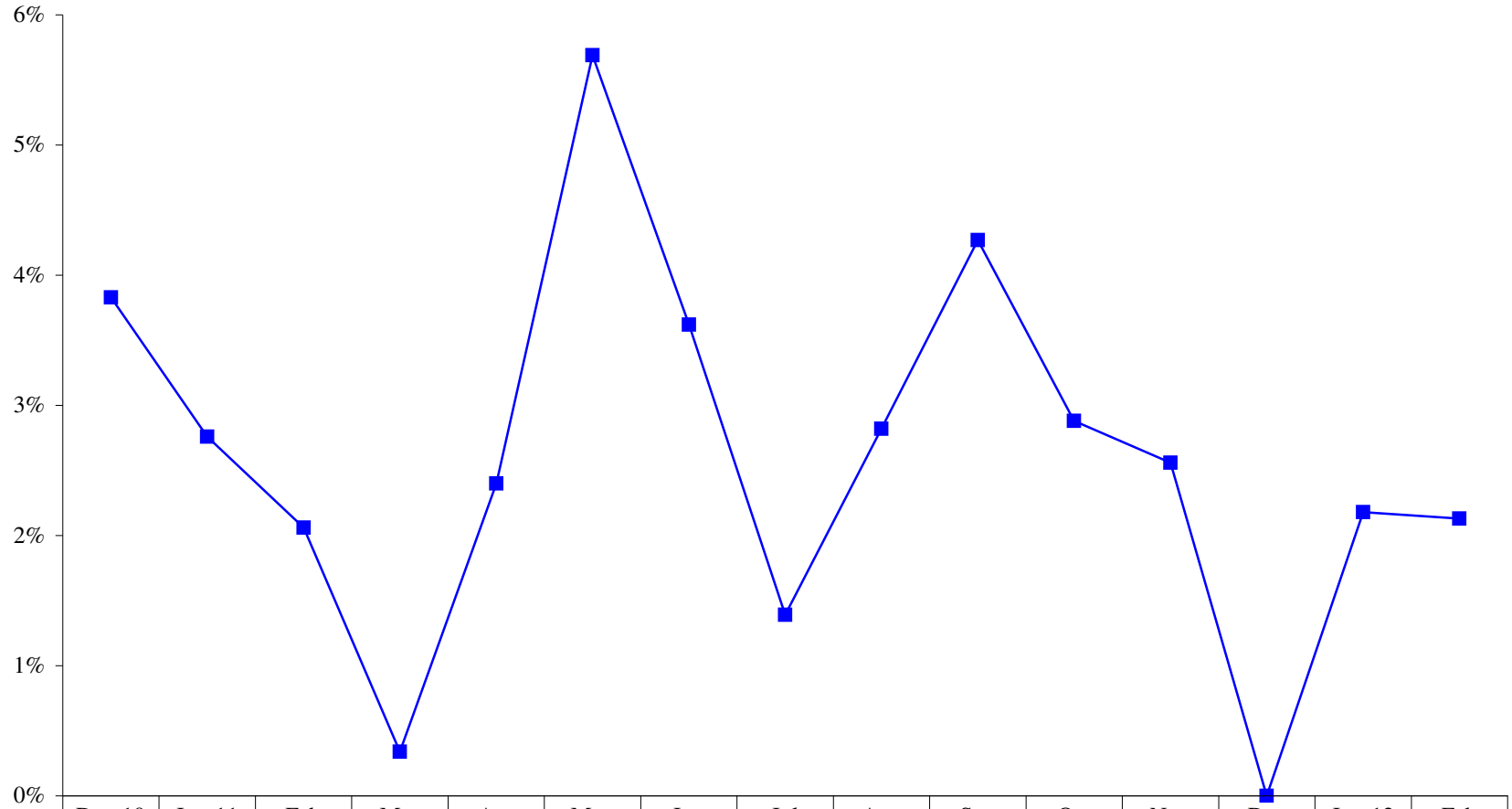


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	585	588	585	589	591	600	592	587	583	582	578	577	586	582	581
Total Losses	7	9	10	9	8	4	6	7	7	6	12	5	9	9	7
Turnover Rate	1.23%	1.53%	1.71%	1.53%	1.35%	0.70%	1.05%	1.19%	1.20%	1.03%	2.08%	0.90%	1.53%	1.55%	1.12%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Waco Center for Youth

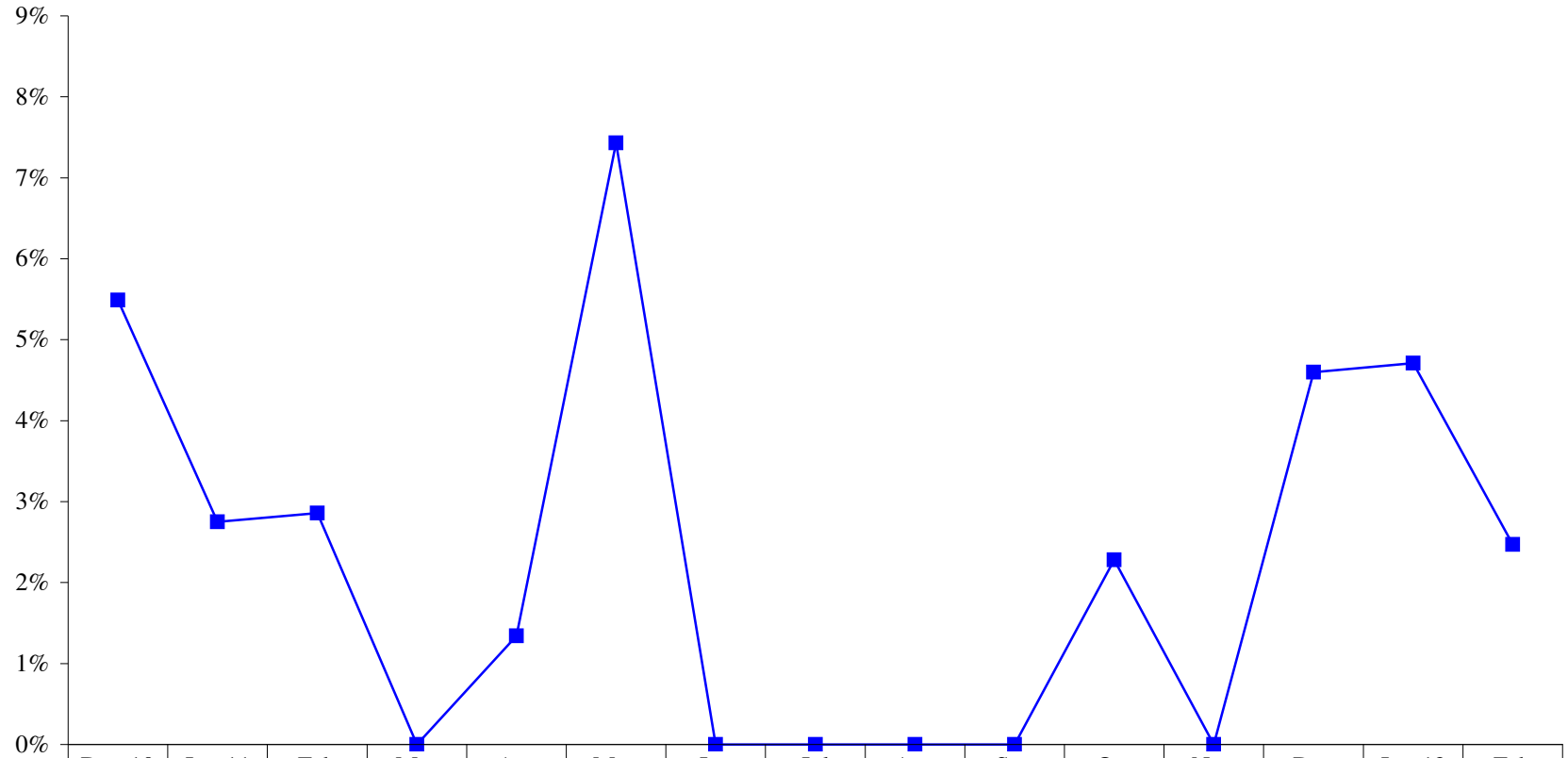


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	143	145	145	148	146	141	138	144	142	141	139	137	140	138	141
Total Losses	6	4	3	1	4	8	5	2	4	6	4	4	0	3	3
Turnover Rate	3.83%	2.76%	2.06%	0.34%	2.40%	5.69%	3.62%	1.39%	2.82%	4.27%	2.88%	2.56%	0.00%	2.18%	2.13%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Measure 8A - Turnover Rate for Critical Shortage Staff
Texas Center for Infectious Disease



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Avg Strength	36	36	35	38	37	40	41	43	44	45	44	46	44	42	41
Total Losses	2	1	1	0	1	3	0	0	0	0	1	0	2	2	1
Turnover Rate	5.49%	2.75%	2.86%	0.00%	1.34%	7.43%	0.00%	0.00%	0.00%	0.00%	2.28%	0.00%	4.60%	4.71%	2.47%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0805

Performance Measure 8B:

Collect, analyze and report staff vacancy rates for critical shortage staff.

Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

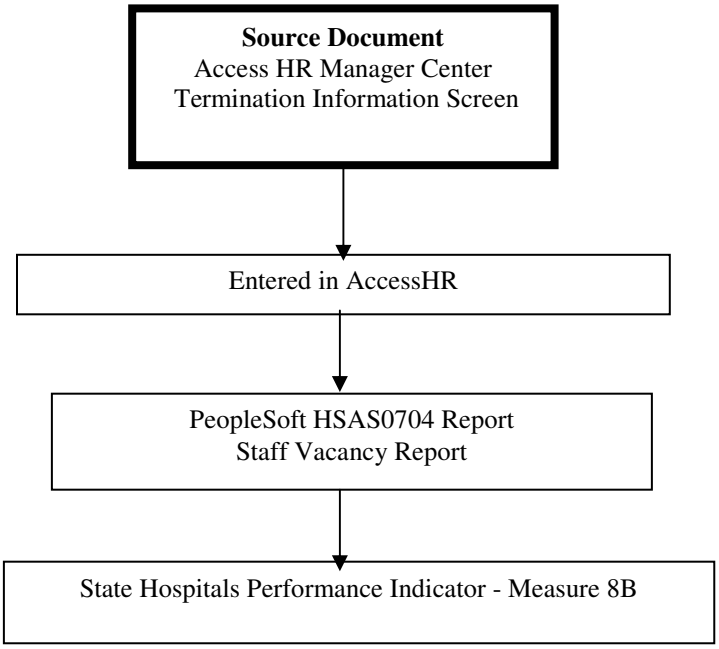
Performance Measure Formula:

Performance Measure Data Display and Chart Description:

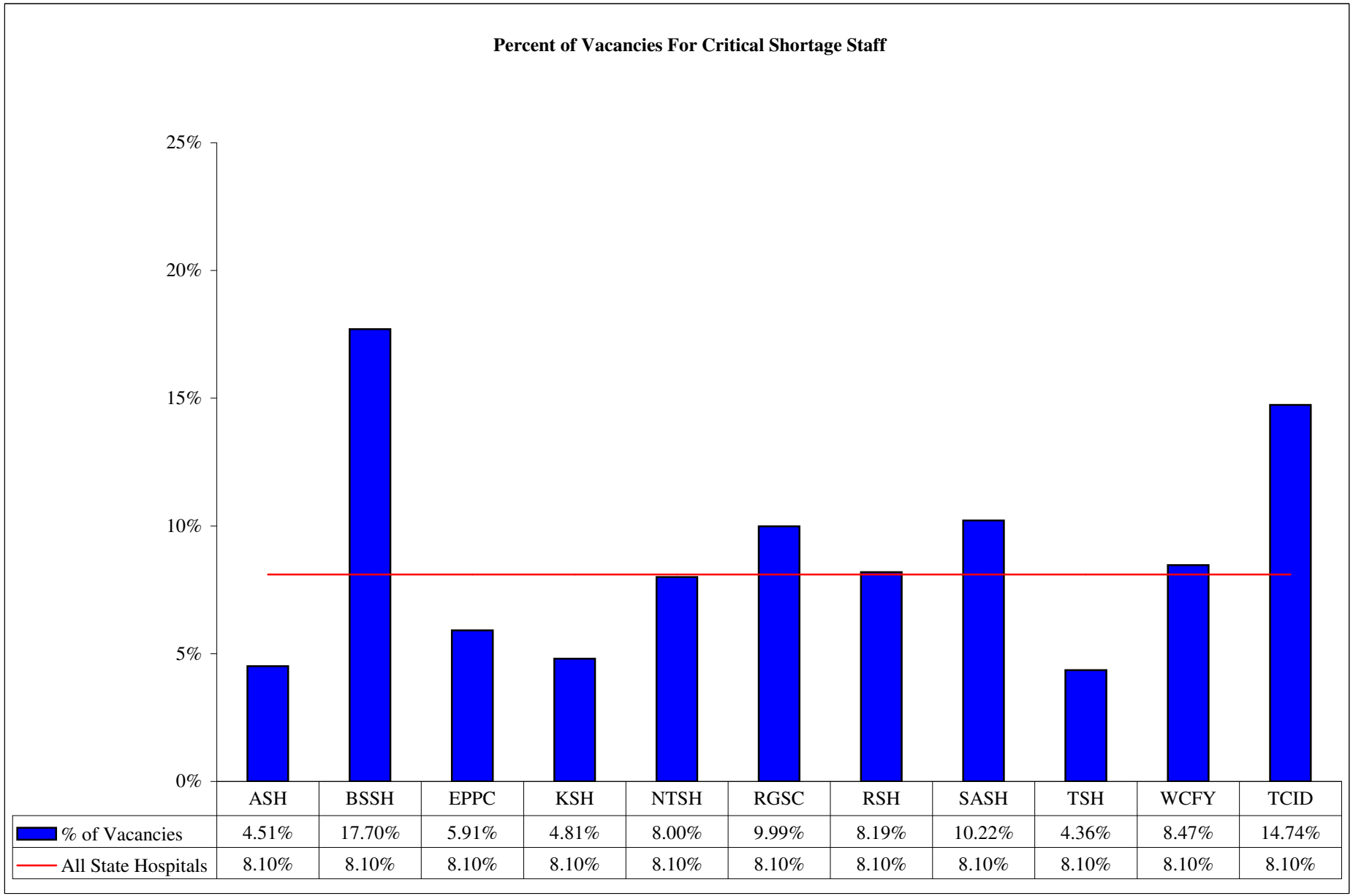
- Chart with monthly data points of vacancies rate (physicians, RNs, LVNs, Pharmacist, and PNAs) for individual state hospitals and system-wide.
- Chart with FYTD percent of vacancies for critical shortage staff for individual state hospitals and system-wide.
- Chart with monthly data points of percent of vacancies for critical shortage staff for individual state hospitals and system-wide.

Data Flow:

Data Flow:



Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of February 29, 2012

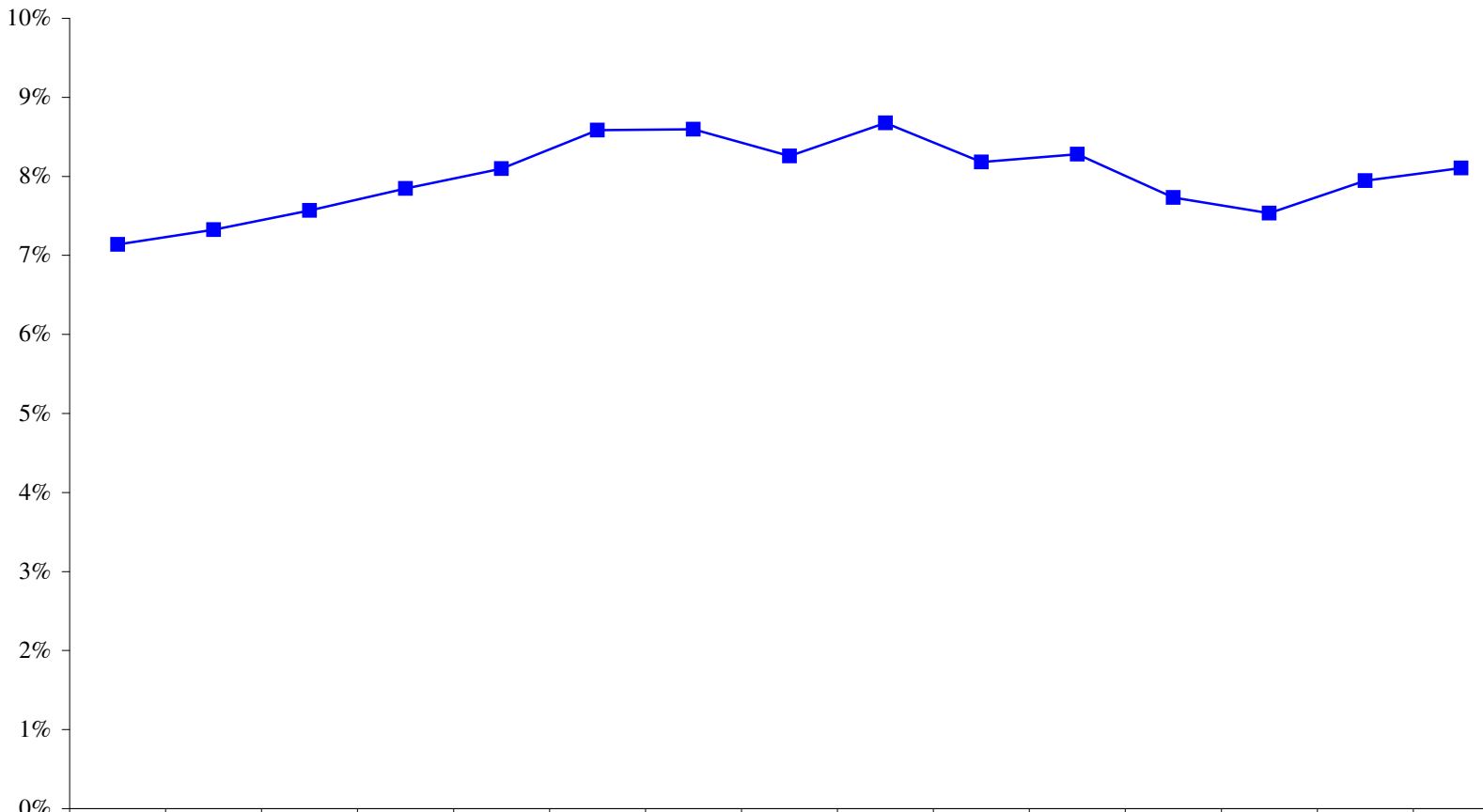


	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	TCID
% of Vacancies	4.51%	17.70%	5.91%	4.81%	8.00%	9.99%	8.19%	10.22%	4.36%	8.47%	14.74%
All State Hospitals	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%	8.10%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

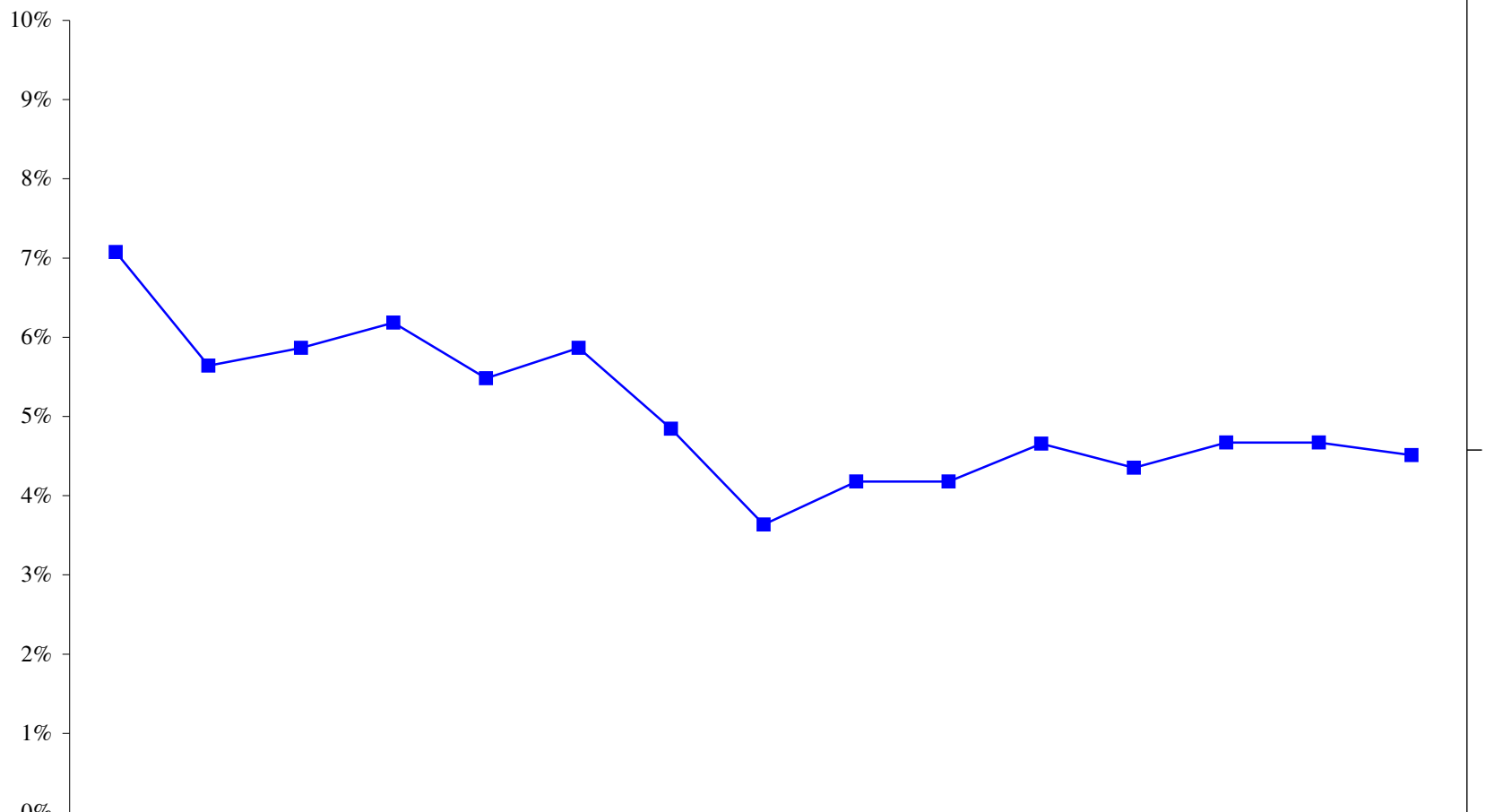


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# of Vacancies	384	394	408	423	436	466	463	445	467	440	445	416	405	428	436
# Active Staff	5386	5386	5386	5386	5385	5435	5385	5386	5387	5380	5380	5380	5382	5382	5381
Vacancies %	7.14%	7.32%	7.57%	7.84%	8.10%	8.58%	8.60%	8.26%	8.67%	8.18%	8.28%	7.73%	7.53%	7.94%	8.10%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital

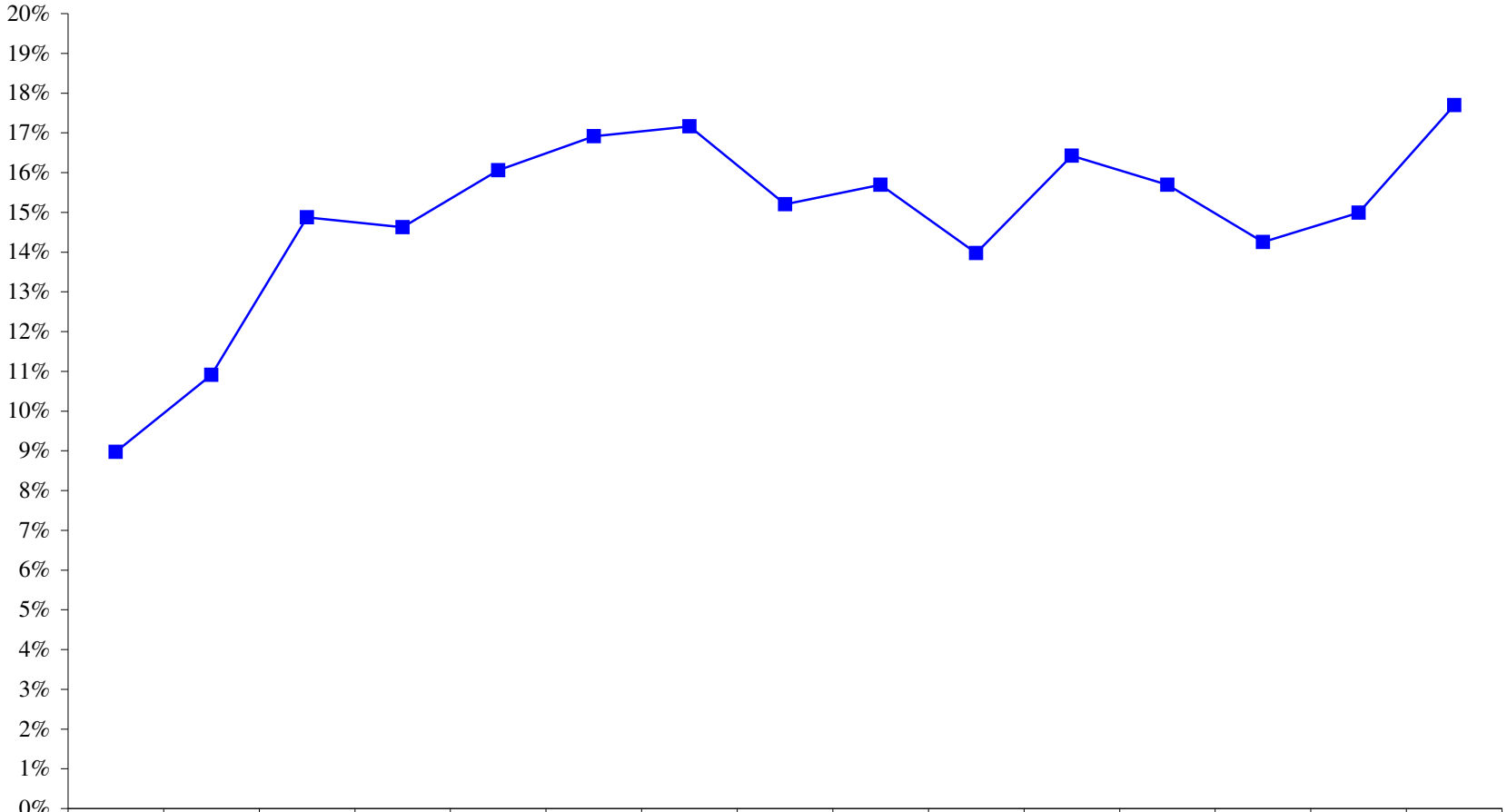


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	44	35	37	39	34	37	30	23	26	26	29	27	29	29	28
# Active Staff	628	628	628	628	628	628	628	628	628	628	628	628	628	628	628
Vacancies %	7.07%	5.64%	5.86%	6.18%	5.48%	5.86%	4.85%	3.64%	4.18%	4.18%	4.65%	4.35%	4.67%	4.67%	4.51%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital

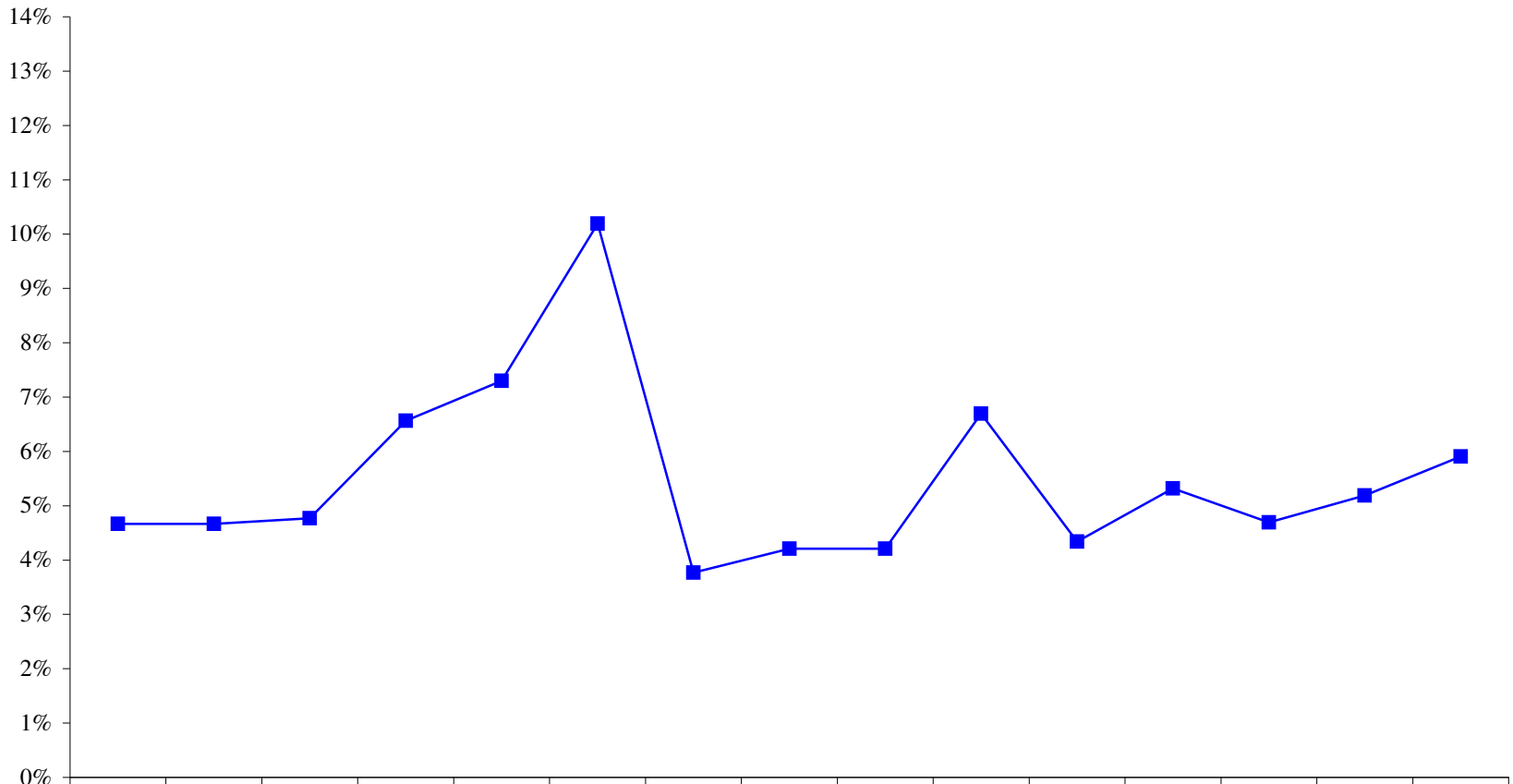


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	37	45	61	60	66	71	70	62	64	57	67	64	58	61	72
# Active Staff	407	408	407	407	408	417	408	408	408	408	408	408	407	407	407
Vacancies %	8.97%	10.91%	14.87%	14.62%	16.06%	16.91%	17.16%	15.20%	15.69%	13.98%	16.43%	15.69%	14.26%	14.99%	17.70%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center

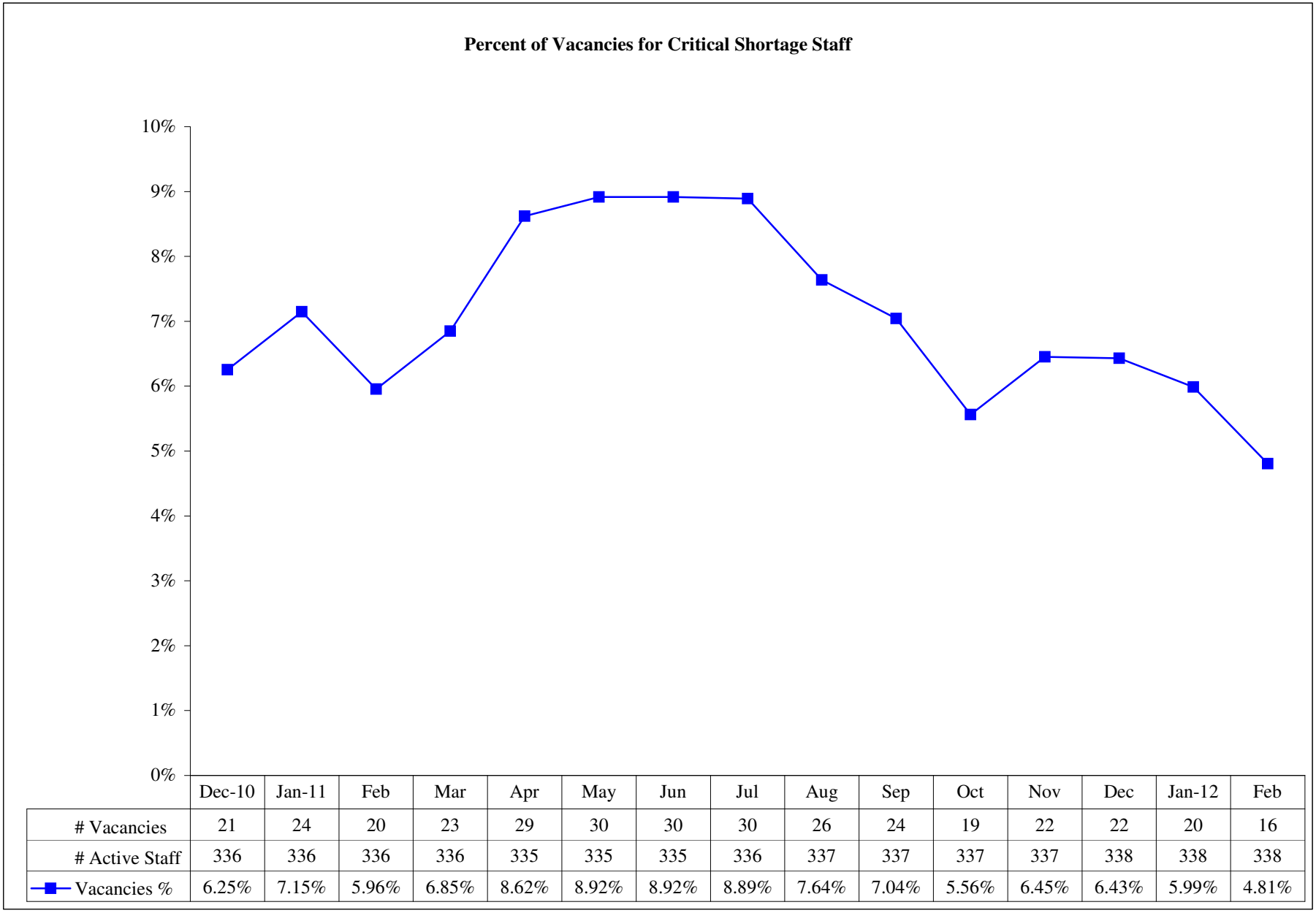


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	9	9	10	13	15	20	8	8	8	13	9	11	9	10	12
# Active Staff	201	201	201	201	201	201	201	201	201	201	201	201	202	202	202
Vacancies %	4.67%	4.67%	4.77%	6.56%	7.30%	10.19%	3.77%	4.21%	4.21%	6.69%	4.34%	5.32%	4.69%	5.19%	5.91%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital

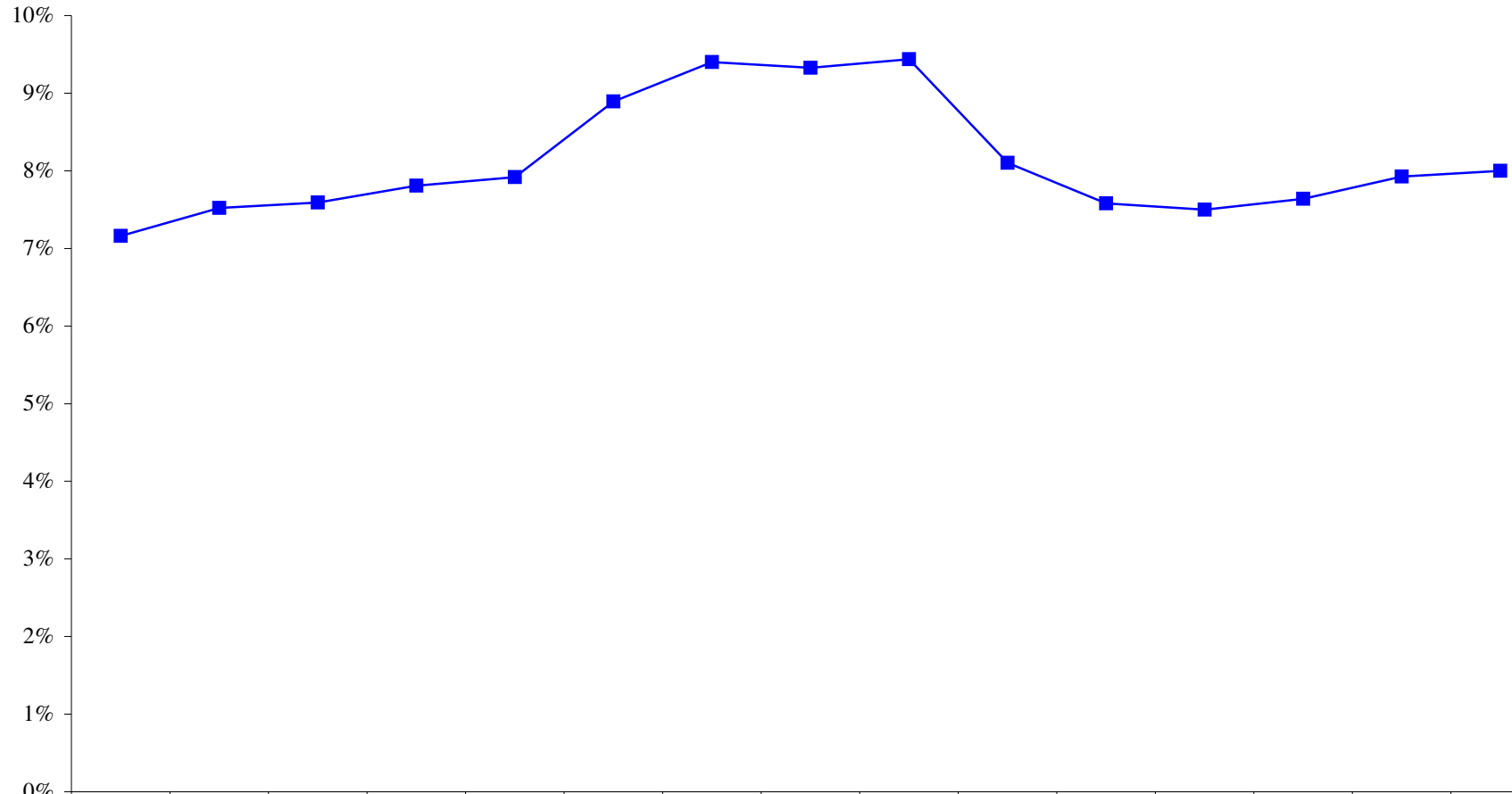


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	21	24	20	23	29	30	30	30	26	24	19	22	22	20	16
# Active Staff	336	336	336	336	335	335	335	336	337	337	337	337	338	338	338
Vacancies %	6.25%	7.15%	5.96%	6.85%	8.62%	8.92%	8.92%	8.89%	7.64%	7.04%	5.56%	6.45%	6.43%	5.99%	4.81%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital

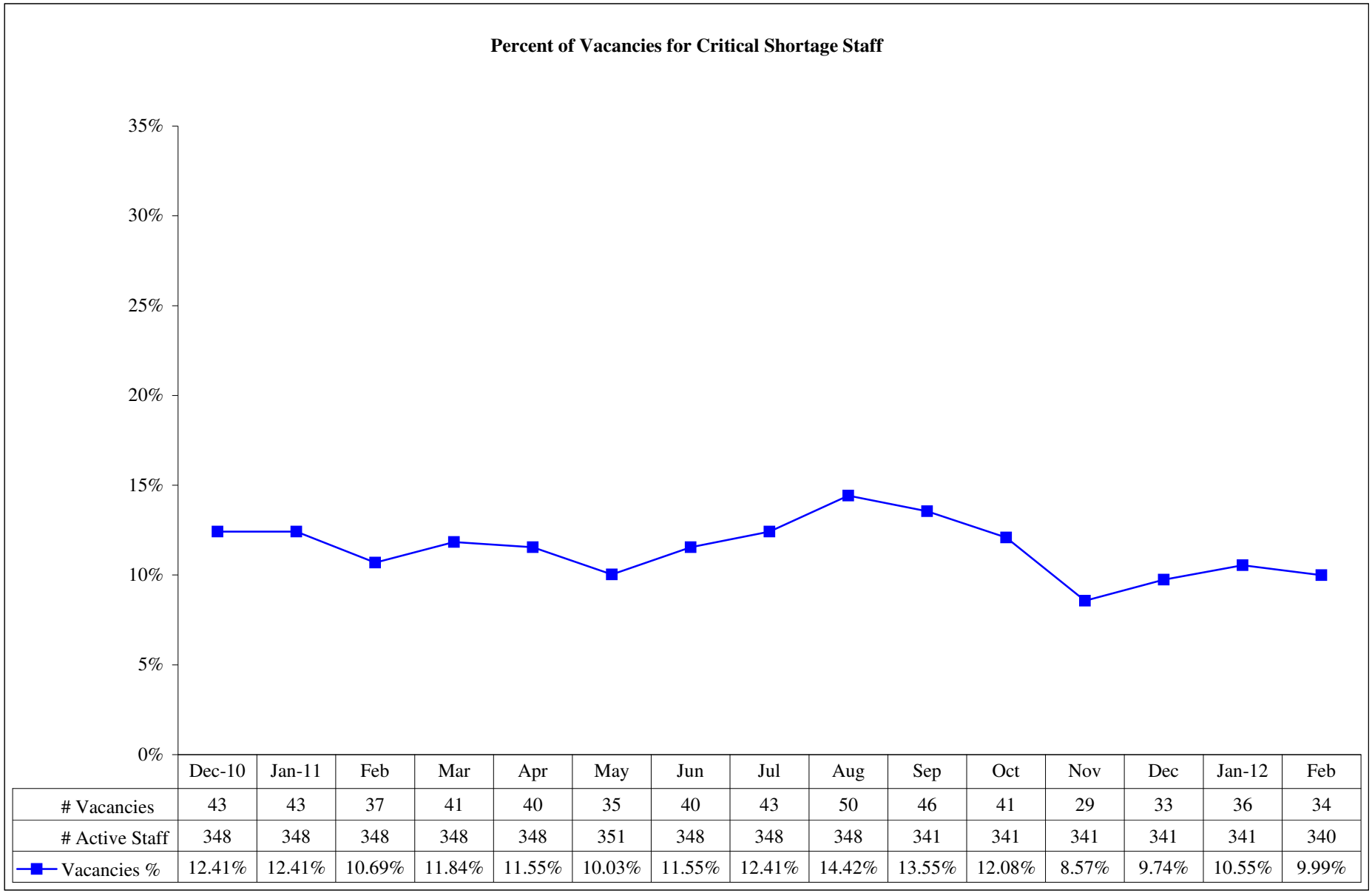


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	99	104	105	108	110	126	130	129	131	112	105	104	106	110	111
# Active Staff	1384	1384	1384	1384	1384	1412	1384	1384	1384	1384	1384	1384	1385	1385	1385
Vacancies %	7.16%	7.52%	7.59%	7.81%	7.92%	8.89%	9.40%	9.33%	9.44%	8.10%	7.58%	7.50%	7.64%	7.93%	8.00%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center

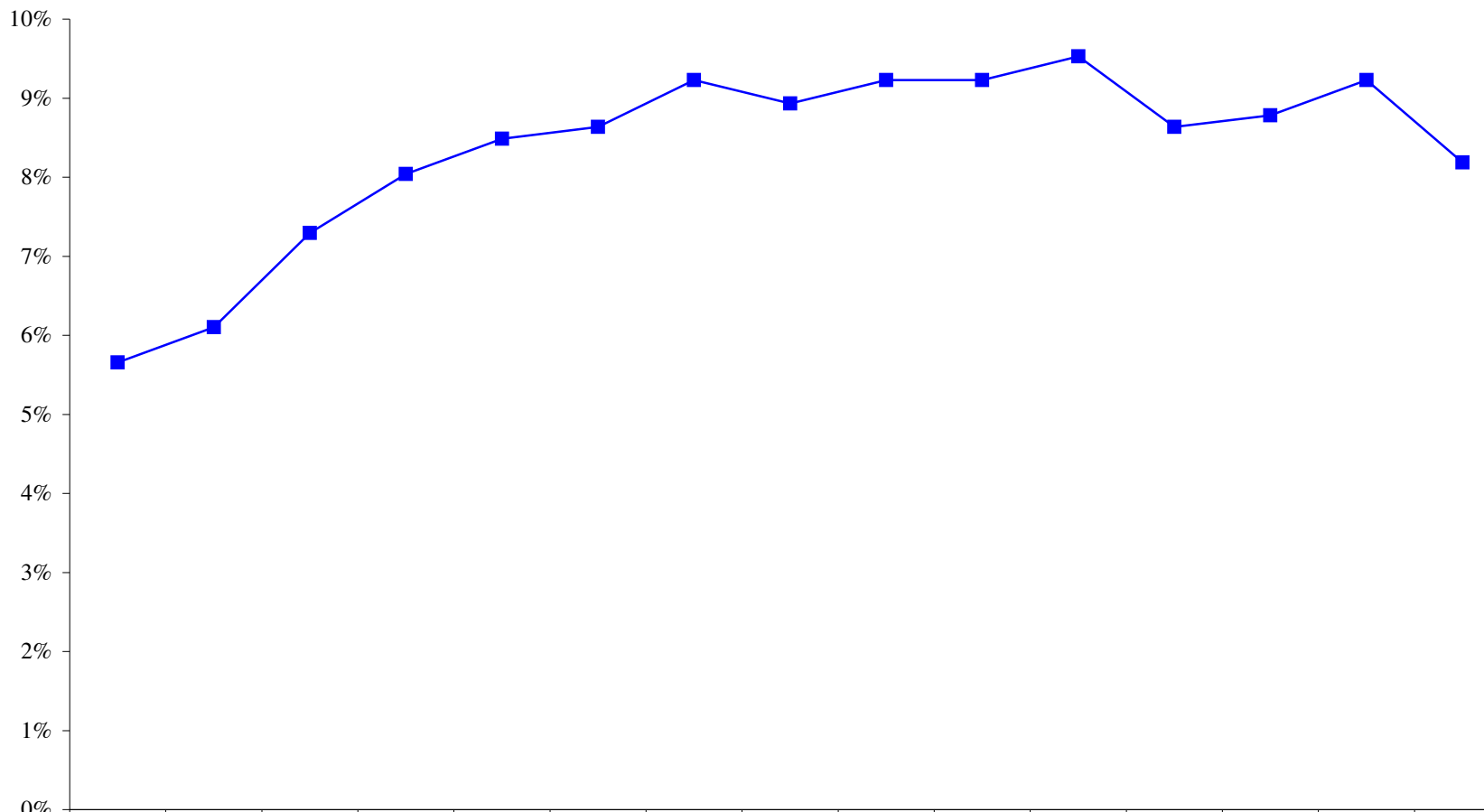


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	43	43	37	41	40	35	40	43	50	46	41	29	33	36	34
# Active Staff	348	348	348	348	348	351	348	348	348	341	341	341	341	341	340
Vacancies %	12.41%	12.41%	10.69%	11.84%	11.55%	10.03%	11.55%	12.41%	14.42%	13.55%	12.08%	8.57%	9.74%	10.55%	9.99%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital

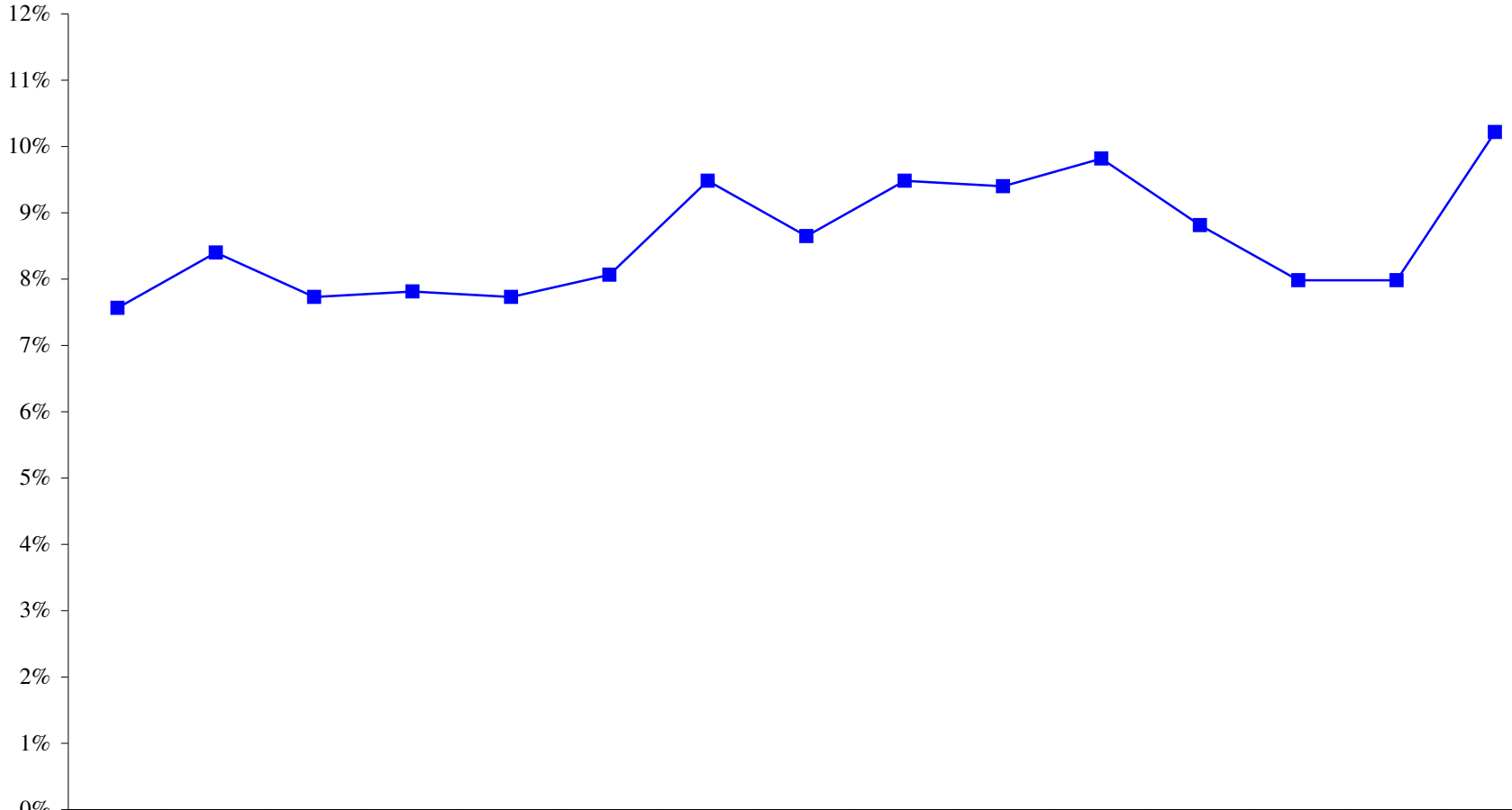


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	38	41	49	54	57	58	62	60	62	62	64	58	59	62	55
# Active Staff	672	672	672	672	672	672	672	672	672	672	672	672	672	672	672
Vacancies %	5.66%	6.10%	7.29%	8.04%	8.49%	8.63%	9.23%	8.93%	9.23%	9.23%	9.53%	8.63%	8.78%	9.23%	8.19%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital

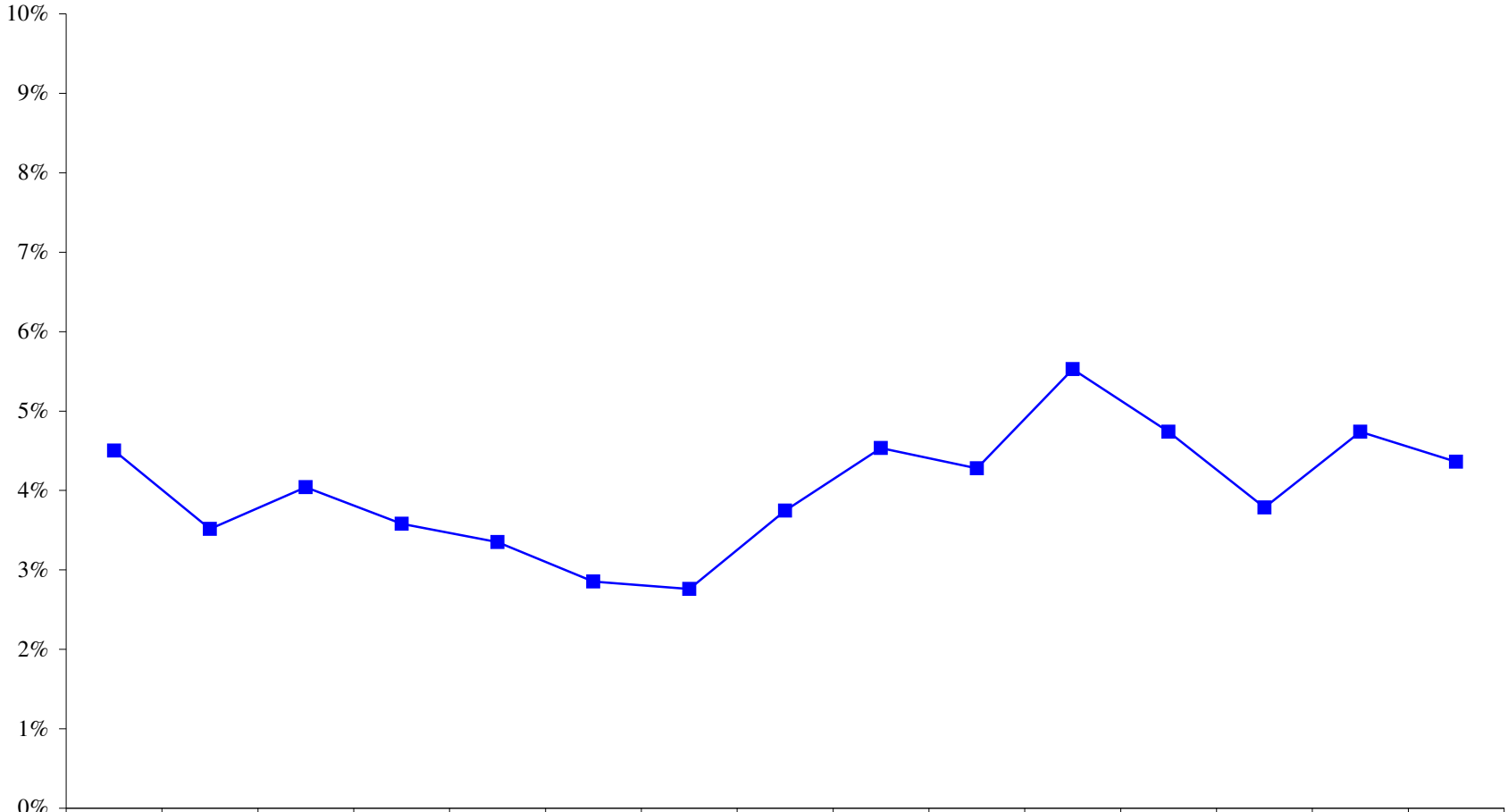


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	45	50	46	47	46	48	57	52	57	56	59	53	48	48	61
# Active Staff	600	600	600	600	600	600	600	600	600	600	600	600	600	600	600
Vacancies %	7.56%	8.40%	7.73%	7.81%	7.73%	8.06%	9.48%	8.65%	9.48%	9.40%	9.82%	8.81%	7.98%	7.98%	10.22%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital

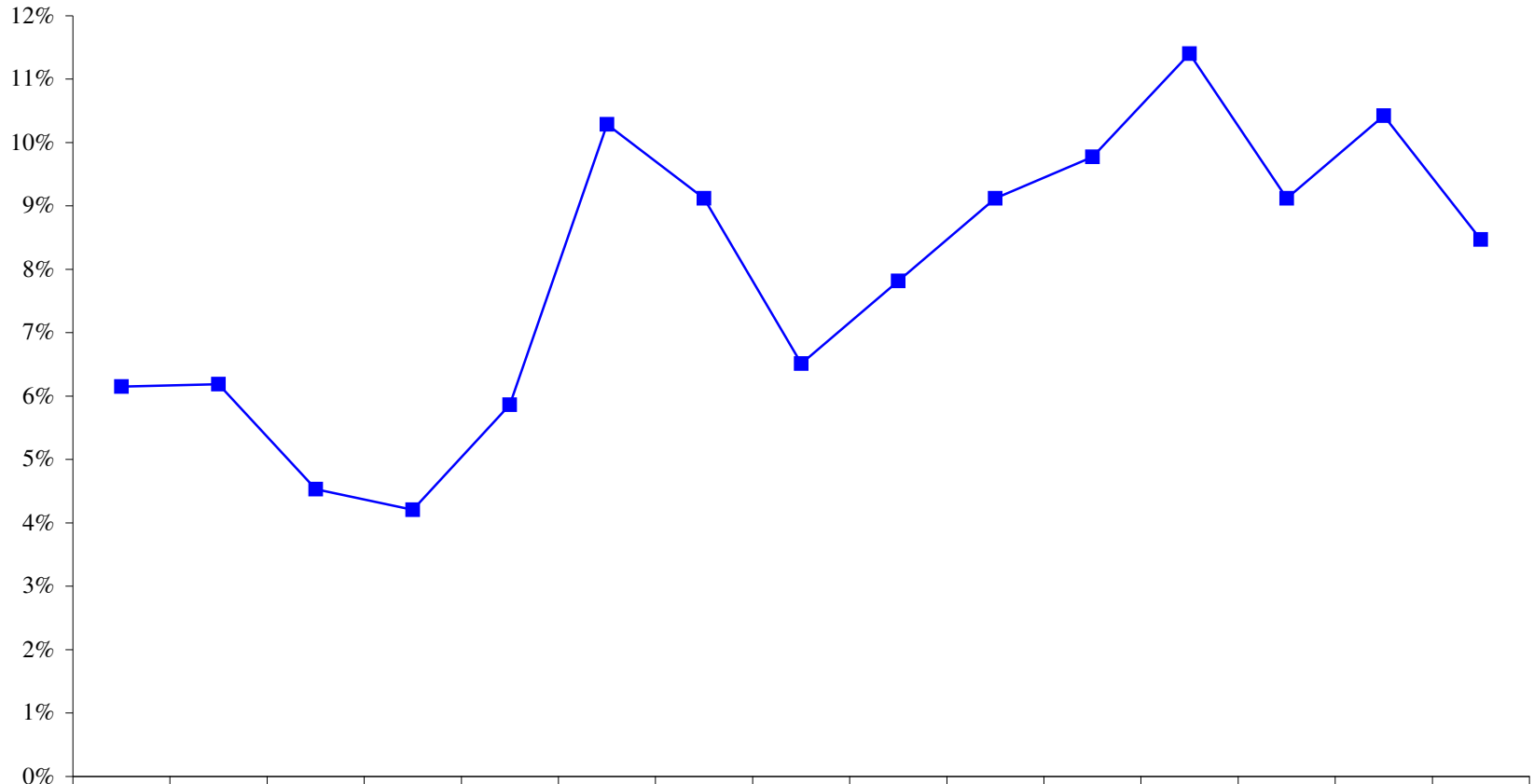


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	27	21	25	22	20	18	17	23	28	26	34	29	23	29	27
# Active Staff	609	609	609	609	609	617	609	609	609	608	608	608	608	608	608
Vacancies %	4.50%	3.52%	4.04%	3.58%	3.35%	2.85%	2.76%	3.75%	4.53%	4.28%	5.53%	4.74%	3.78%	4.74%	4.36%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth

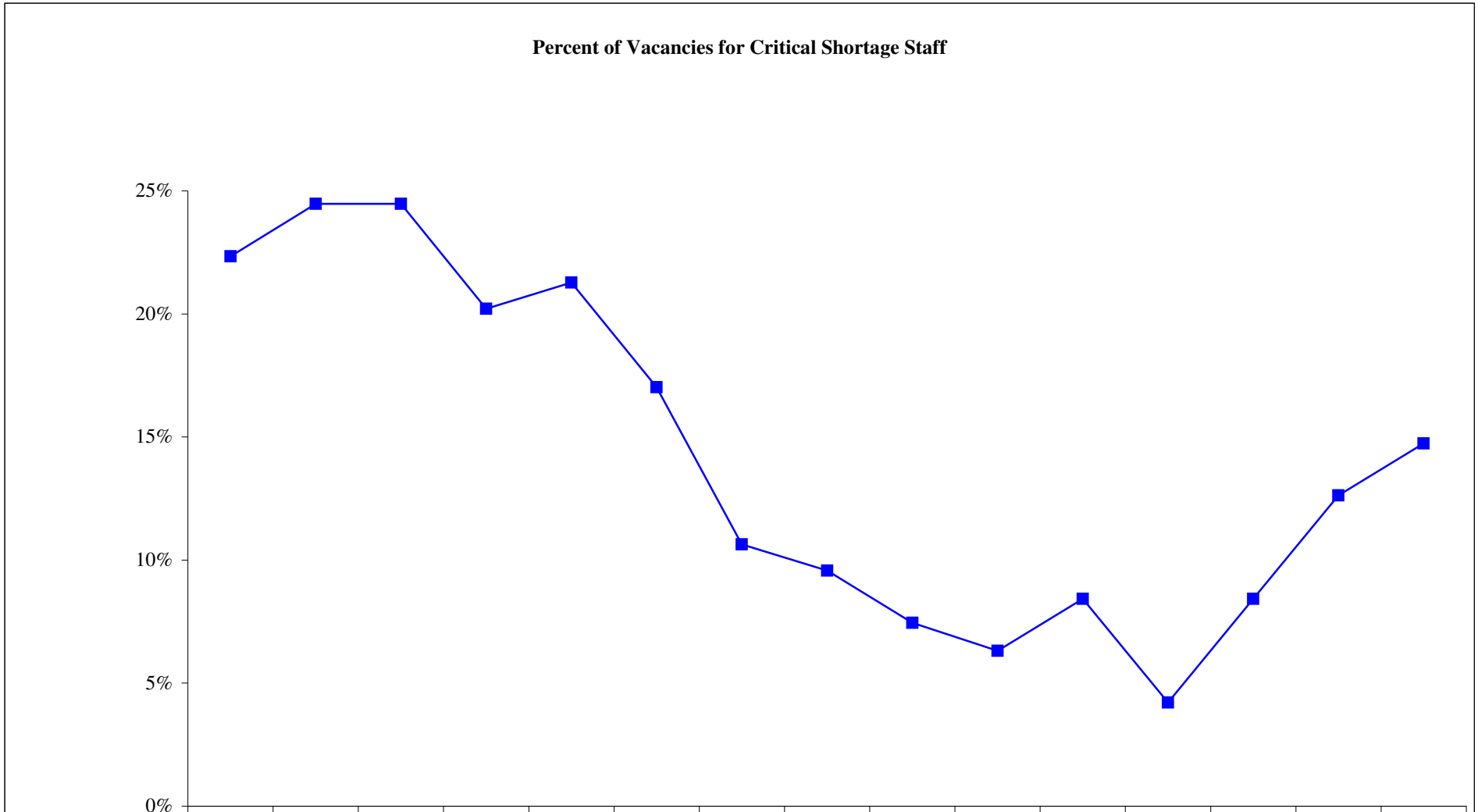


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	10	10	7	7	9	16	14	10	12	14	15	17.5	14	16	13
# Active Staff	155	154	155	155	154	156	154	154	154	154	154	154	154	154	154
Vacancies %	6.15%	6.19%	4.53%	4.21%	5.86%	10.29%	9.12%	6.51%	7.82%	9.12%	9.77%	11.40%	9.12%	10.42%	8.47%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease

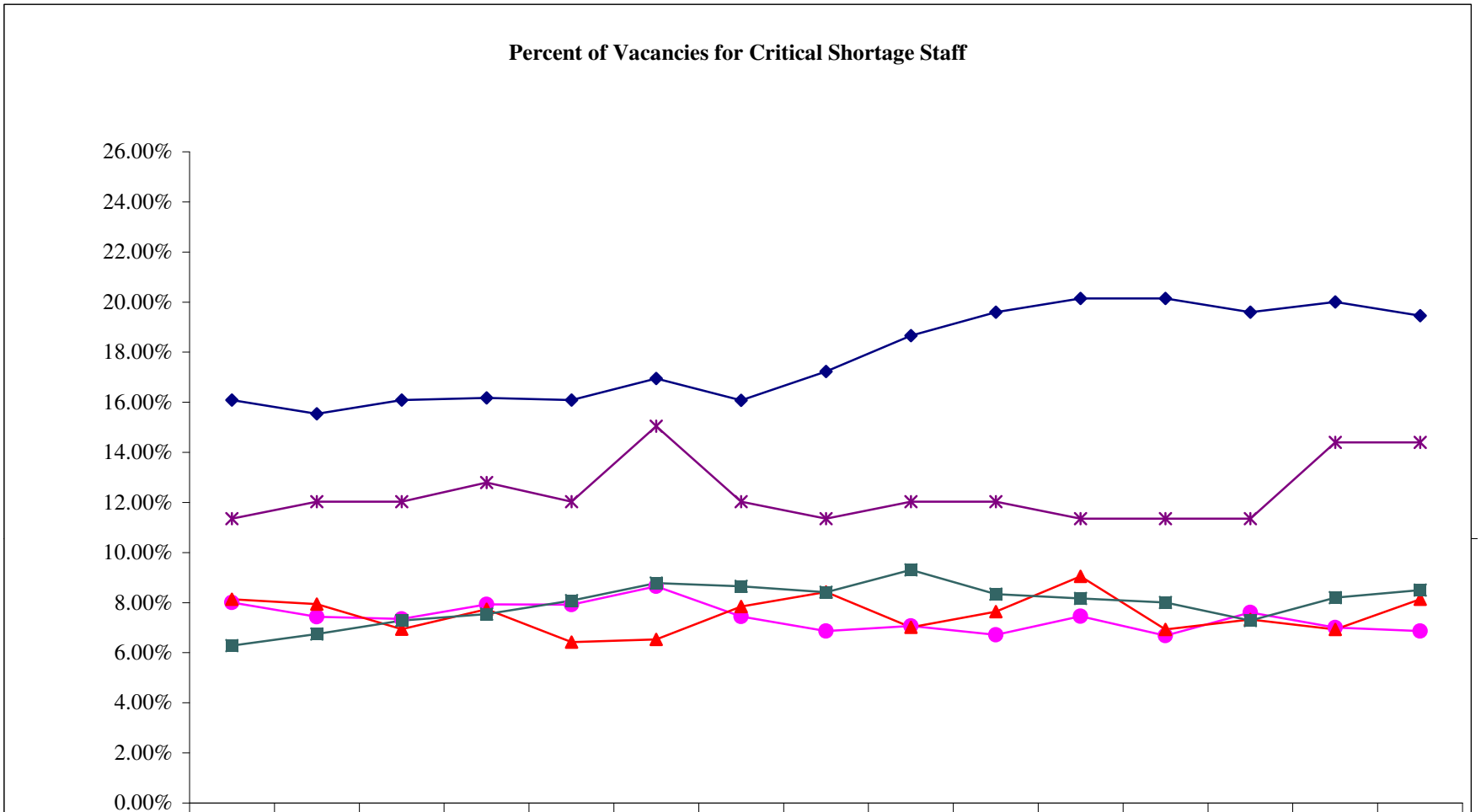


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
# Vacancies	11	12	12	10	10	8	5	5	4	3	4	2	4	6	7
# Active Staff	47	47	47	47	47	47	47	47	47	48	48	48	48	48	48
Vacancies %	22.34%	24.47%	24.47%	20.21%	21.28%	17.02%	10.64%	9.57%	7.45%	6.32%	8.42%	4.21%	8.42%	12.63%	14.74%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals

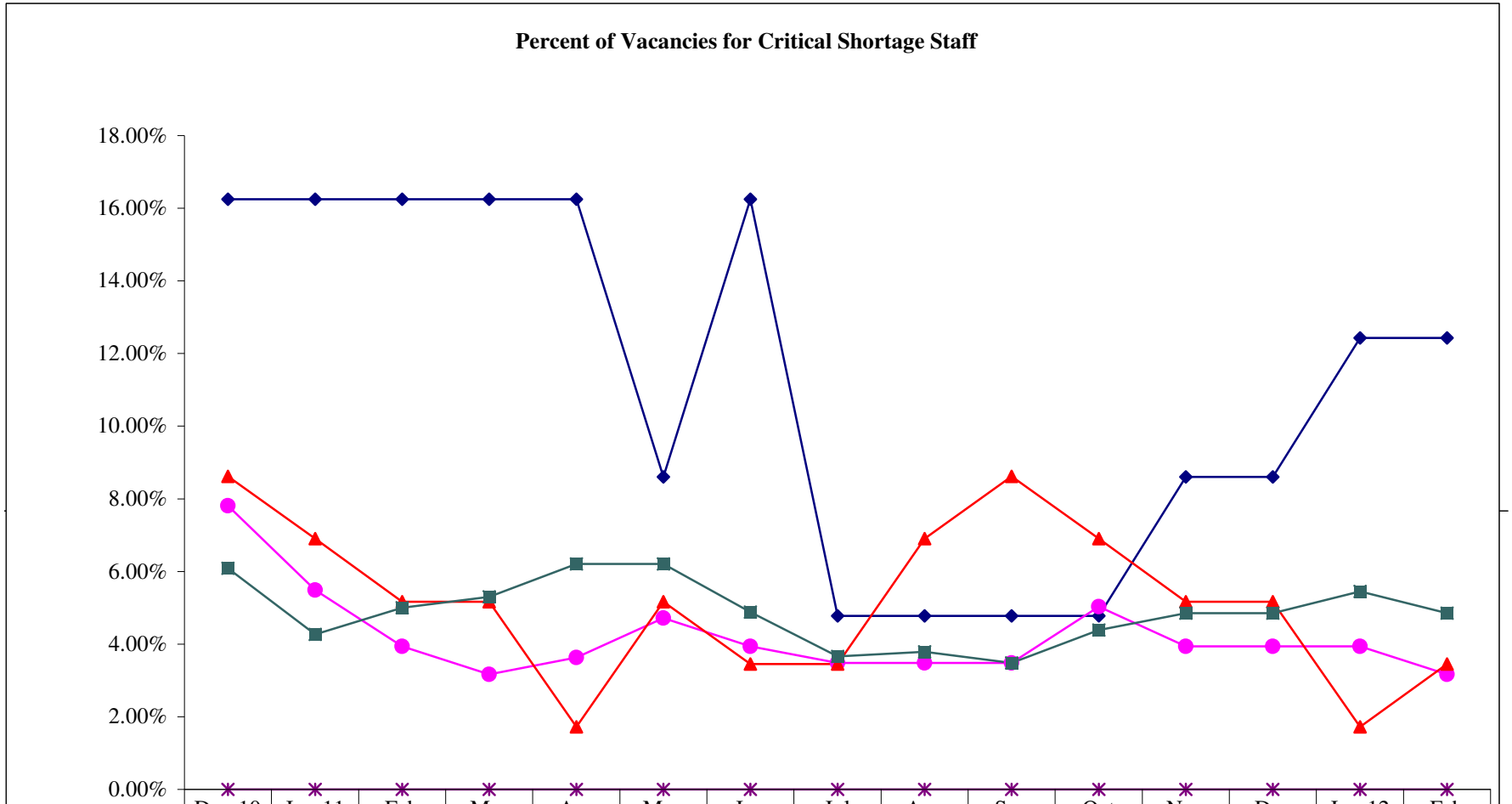


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	16.09%	15.54%	16.09%	16.18%	16.09%	16.95%	16.08%	17.23%	18.66%	19.60%	20.15%	20.15%	19.60%	20.01%	19.46%
RNs	8.01%	7.44%	7.35%	7.93%	7.92%	8.65%	7.45%	6.87%	7.07%	6.72%	7.46%	6.68%	7.61%	7.01%	6.87%
LVNs	8.14%	7.94%	6.94%	7.74%	6.43%	6.53%	7.84%	8.43%	7.02%	7.64%	9.05%	6.93%	7.33%	6.93%	8.14%
PNAs	6.29%	6.75%	7.29%	7.54%	8.08%	8.78%	8.65%	8.42%	9.31%	8.34%	8.17%	8.01%	7.29%	8.20%	8.50%
Pharmacists	11.35%	12.03%	12.03%	12.80%	12.03%	15.04%	12.03%	11.35%	12.03%	12.03%	11.35%	11.35%	11.35%	14.40%	14.40%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital

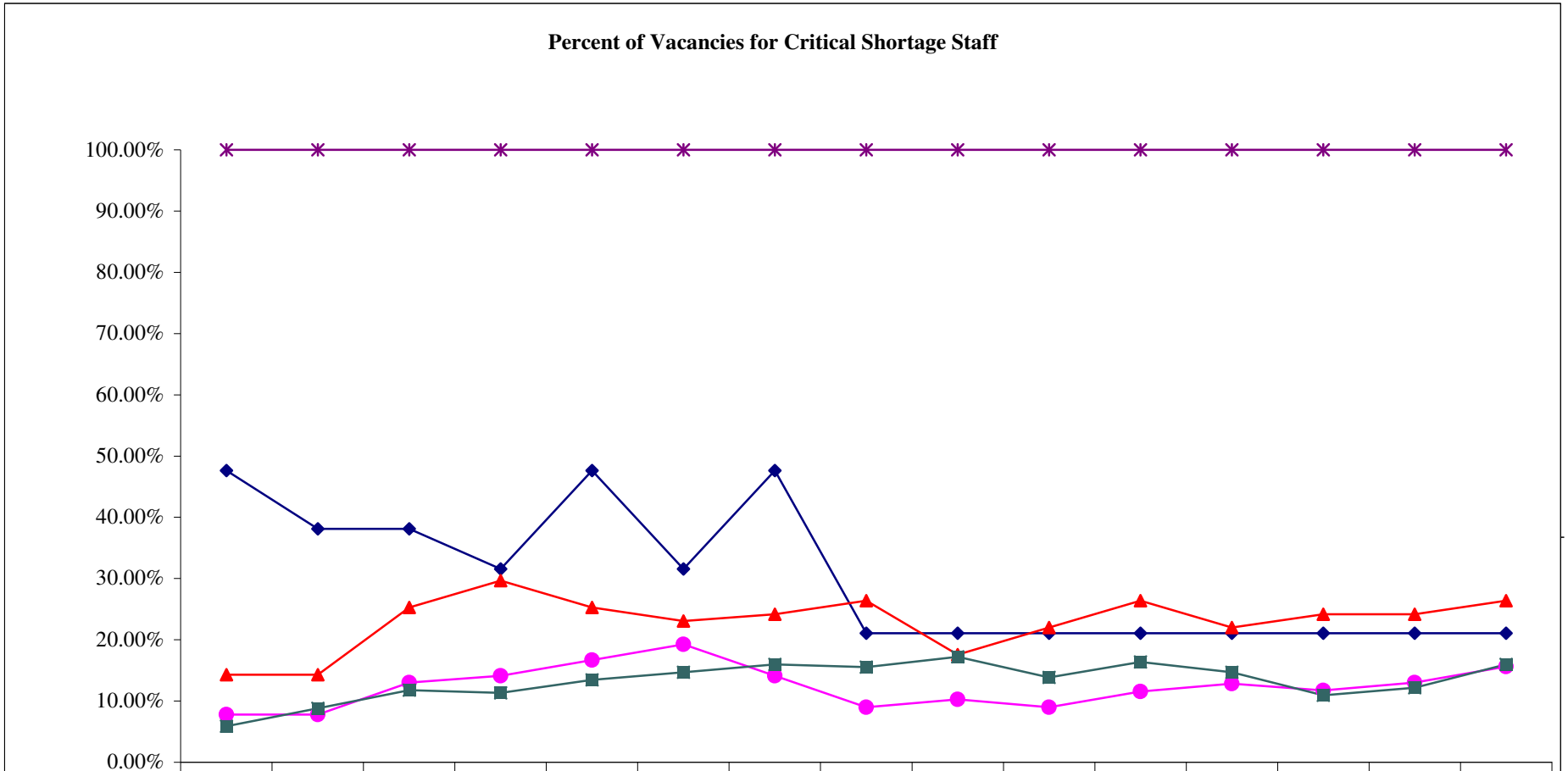


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	16.25%	16.25%	16.25%	16.25%	16.25%	8.60%	16.25%	4.78%	4.78%	4.78%	4.78%	8.60%	8.60%	12.43%	12.43%
RNs	7.81%	5.49%	3.94%	3.17%	3.63%	4.72%	3.94%	3.48%	3.48%	3.48%	5.03%	3.94%	3.94%	3.94%	3.17%
LVNs	8.62%	6.90%	5.17%	5.17%	1.72%	5.17%	3.45%	3.45%	6.90%	8.62%	6.90%	5.17%	5.17%	1.72%	3.45%
PNAs	6.09%	4.27%	5.00%	5.30%	6.21%	6.21%	4.88%	3.66%	3.79%	3.48%	4.39%	4.85%	4.85%	5.45%	4.85%
Pharmacist	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%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital

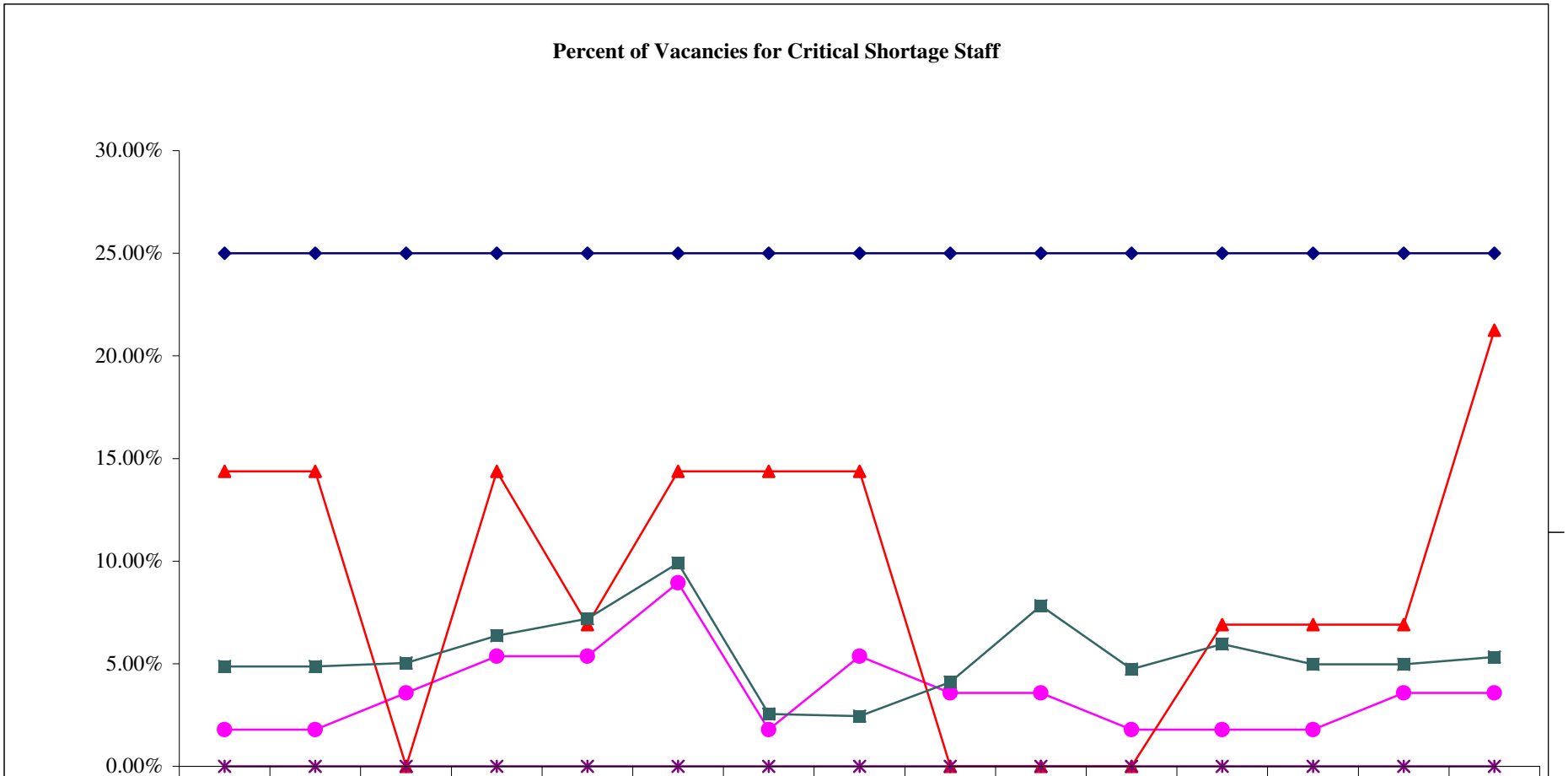


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	47.62%	38.10%	38.10%	31.58%	47.62%	31.58%	47.62%	21.05%	21.05%	21.05%	21.05%	21.05%	21.05%	21.05%	21.05%
RNs	7.81%	7.81%	13.01%	14.13%	16.70%	19.27%	14.13%	8.99%	10.28%	8.99%	11.56%	12.85%	11.71%	13.01%	15.61%
LVNs	14.29%	14.29%	25.27%	29.67%	25.27%	23.08%	24.18%	26.37%	17.58%	21.98%	26.37%	21.98%	24.18%	24.18%	26.37%
PNAs	5.88%	8.82%	11.8%	11.34%	13.45%	14.7%	15.97%	15.55%	17.2%	13.87%	16.39%	14.71%	10.92%	12.18%	15.97%
Pharmacist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center

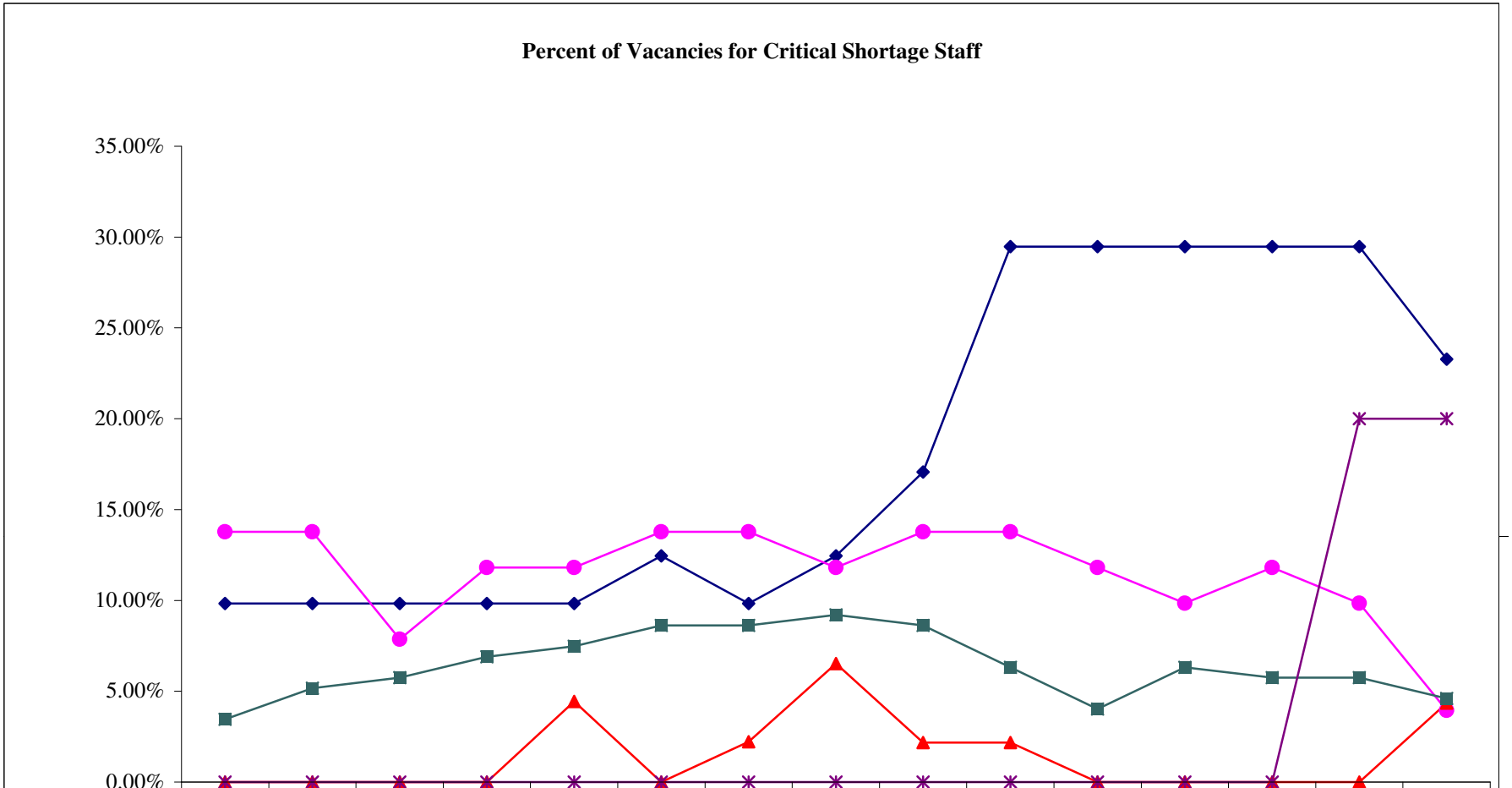


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%	25.00%
RNs	1.79%	1.79%	3.58%	5.37%	5.37%	8.95%	1.79%	5.37%	3.58%	3.58%	1.79%	1.79%	1.79%	3.58%	3.58%
LVNs	14.37%	14.37%	0.00%	14.37%	6.90%	14.37%	14.37%	14.37%	0.00%	0.00%	0.00%	6.90%	6.90%	6.90%	21.26%
PNAs	4.87%	4.87%	5.04%	6.36%	7.19%	9.91%	2.55%	2.45%	4.11%	7.82%	4.74%	5.96%	4.97%	4.97%	5.33%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital

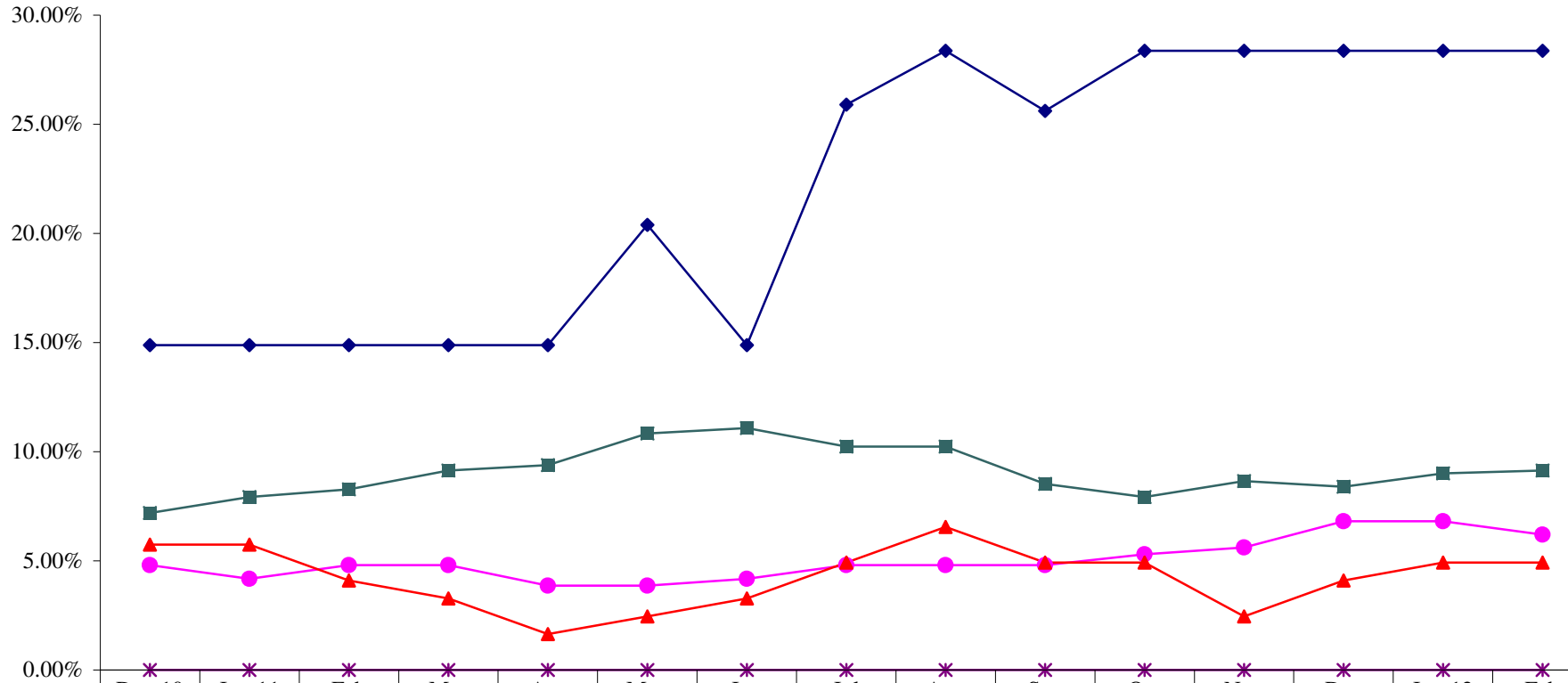


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	9.83%	9.83%	9.83%	9.83%	9.83%	12.45%	9.83%	12.45%	17.07%	29.48%	29.48%	29.48%	29.48%	29.48%	23.28%
RNs	13.78%	13.78%	7.87%	11.81%	11.81%	13.78%	13.78%	11.81%	13.78%	13.78%	11.81%	9.84%	11.81%	9.84%	3.94%
LVNs	0.00%	0.00%	0.00%	0.00%	4.44%	0.00%	2.22%	6.52%	2.17%	2.17%	0.00%	0.00%	0.00%	0.00%	4.35%
PNAs	3.45%	5.17%	5.75%	6.90%	7.47%	8.62%	8.62%	9.20%	8.62%	6.32%	4.02%	6.32%	5.75%	5.75%	4.60%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	20.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital

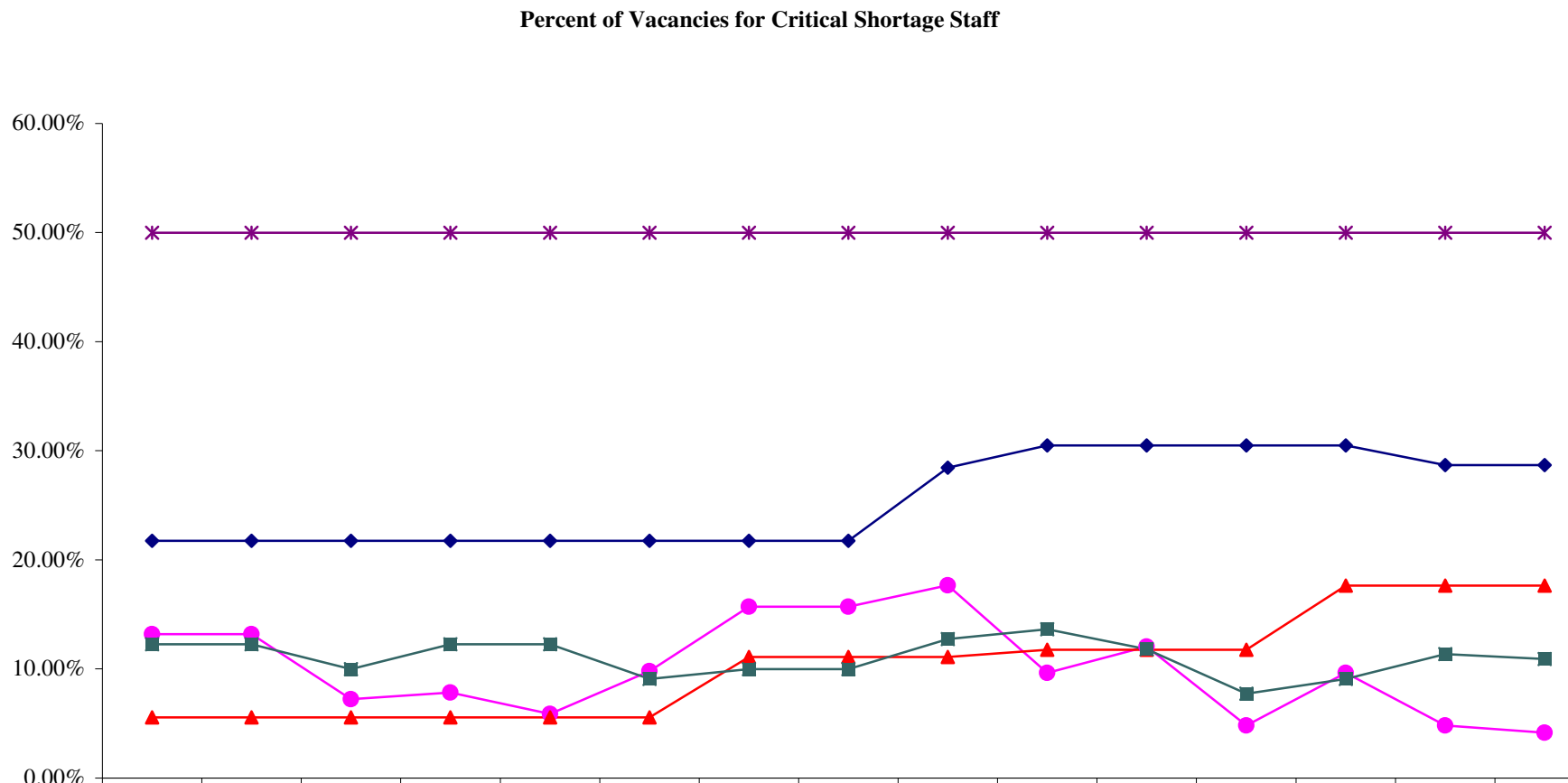


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	14.88%	14.88%	14.88%	14.88%	14.88%	20.39%	14.88%	25.90%	28.37%	25.62%	28.37%	28.37%	28.37%	28.37%	28.37%
RNs	4.80%	4.18%	4.80%	4.80%	3.87%	3.87%	4.18%	4.80%	4.80%	4.80%	5.30%	5.61%	6.82%	6.82%	6.20%
LVNs	5.74%	5.74%	4.10%	3.28%	1.64%	2.46%	3.28%	4.92%	6.56%	4.92%	4.92%	2.46%	4.10%	4.92%	4.92%
PNAs	7.19%	7.92%	8.28%	9.14%	9.38%	10.84%	11.08%	10.23%	10.23%	8.53%	7.92%	8.65%	8.40%	9.01%	9.14%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center

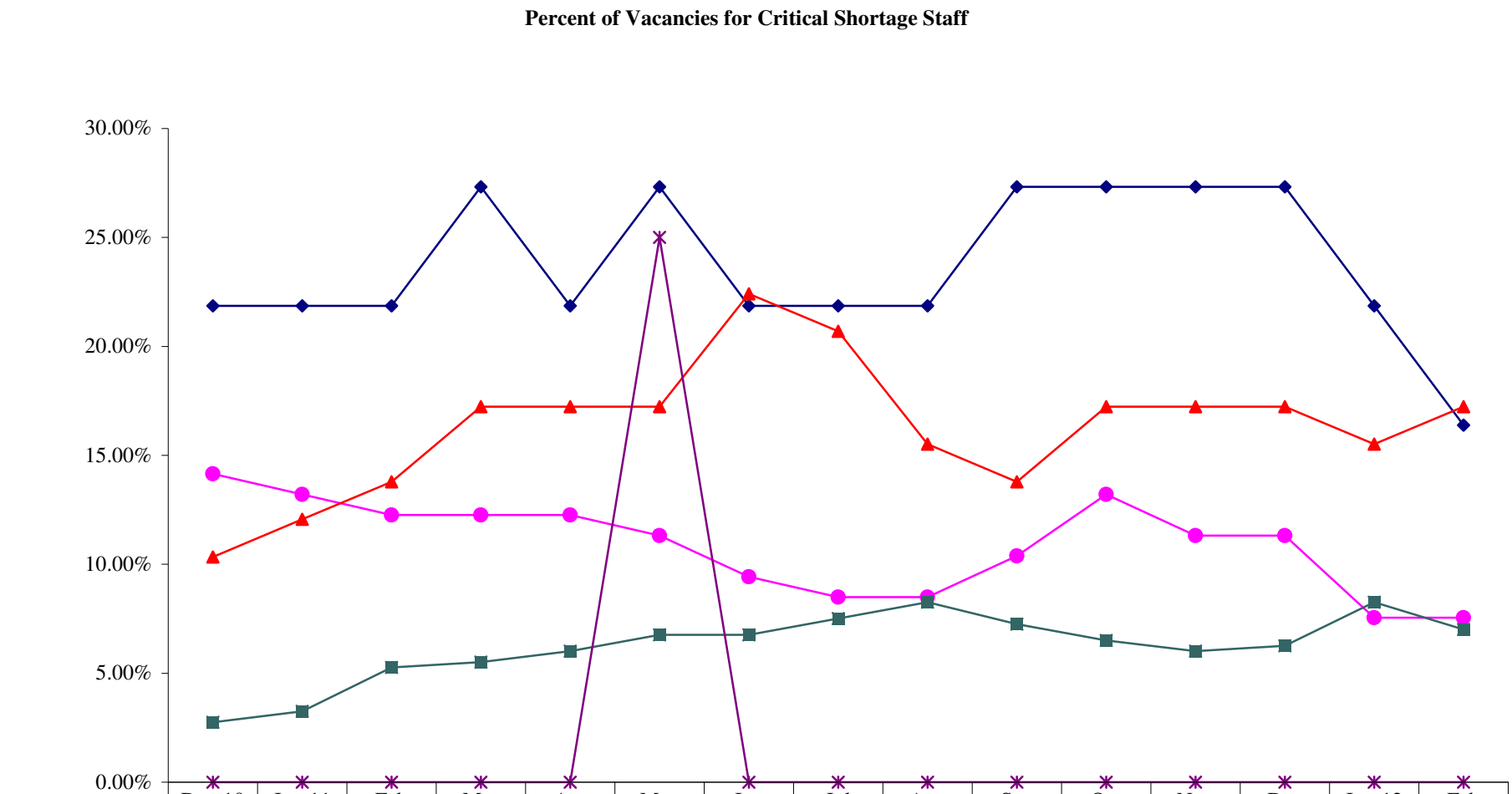


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	21.75%	21.75%	21.75%	21.75%	21.75%	21.75%	21.75%	21.75%	28.45%	30.49%	30.49%	30.49%	30.49%	28.69%	28.69%
RNs	13.20%	13.20%	7.23%	7.85%	5.89%	9.81%	15.70%	15.70%	17.66%	9.65%	12.06%	4.83%	9.65%	4.83%	4.17%
LVNs	5.56%	5.56%	5.56%	5.56%	5.56%	5.56%	11.11%	11.11%	11.11%	11.76%	11.76%	11.76%	17.65%	17.65%	17.65%
PNAs	12.27%	12.27%	10.00%	12.27%	12.27%	9.09%	10.00%	10.00%	12.73%	13.64%	11.82%	7.73%	9.09%	11.36%	10.91%
Pharmacist	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital

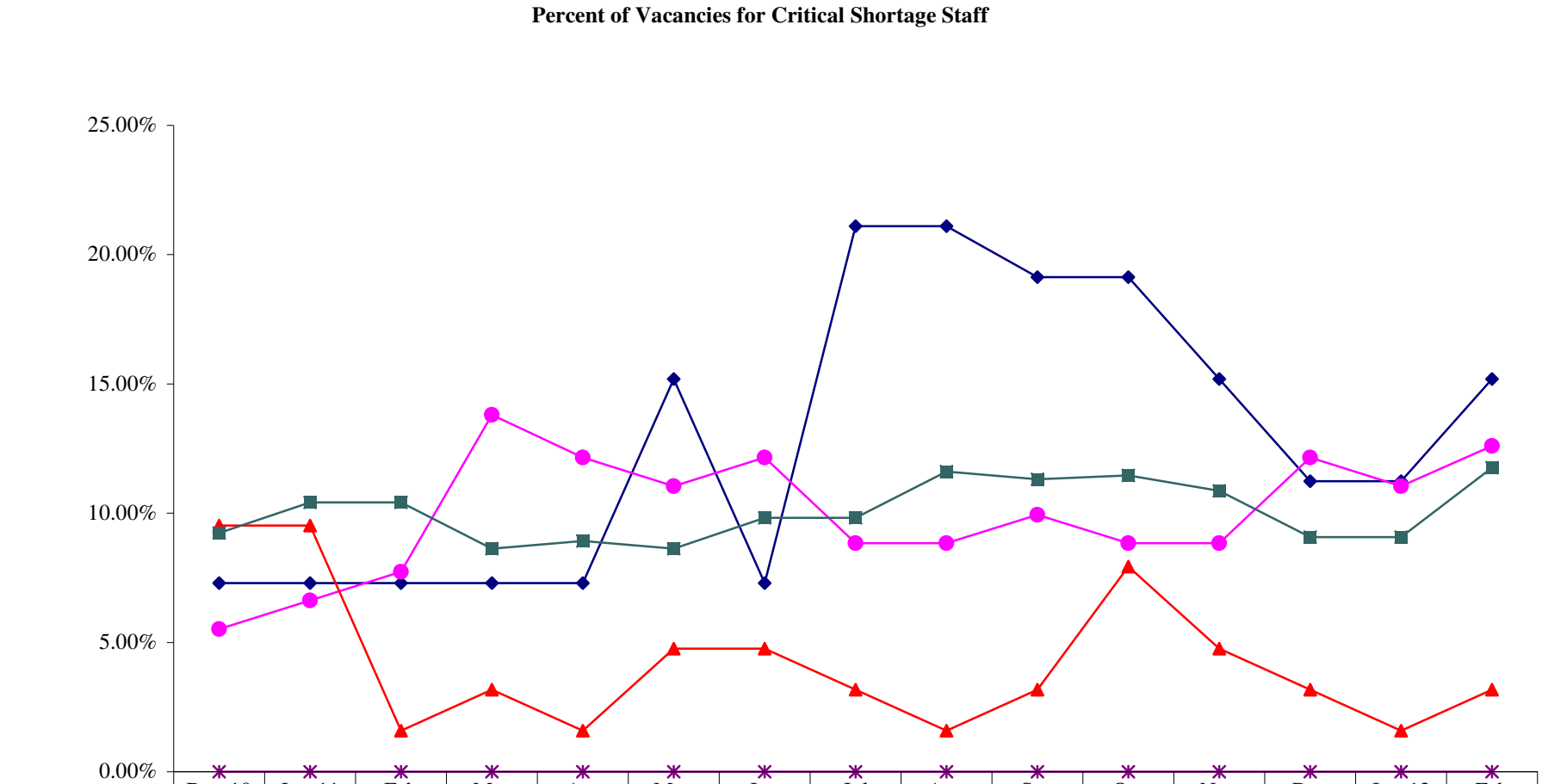


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	21.86%	21.86%	21.86%	27.32%	21.86%	27.32%	21.86%	21.86%	21.86%	27.32%	27.32%	27.32%	27.32%	21.86%	16.39%
RNs	14.15%	13.21%	12.26%	12.26%	12.26%	11.32%	9.43%	8.49%	8.49%	10.38%	13.21%	11.32%	11.32%	7.55%	7.55%
LVNs	10.34%	12.07%	13.79%	17.24%	17.24%	17.24%	22.41%	20.69%	15.52%	13.79%	17.24%	17.24%	17.24%	15.52%	17.24%
PNAs	2.75%	3.25%	5.26%	5.51%	6.01%	6.76%	6.76%	7.51%	8.26%	7.26%	6.51%	6.01%	6.26%	8.26%	7.01%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital

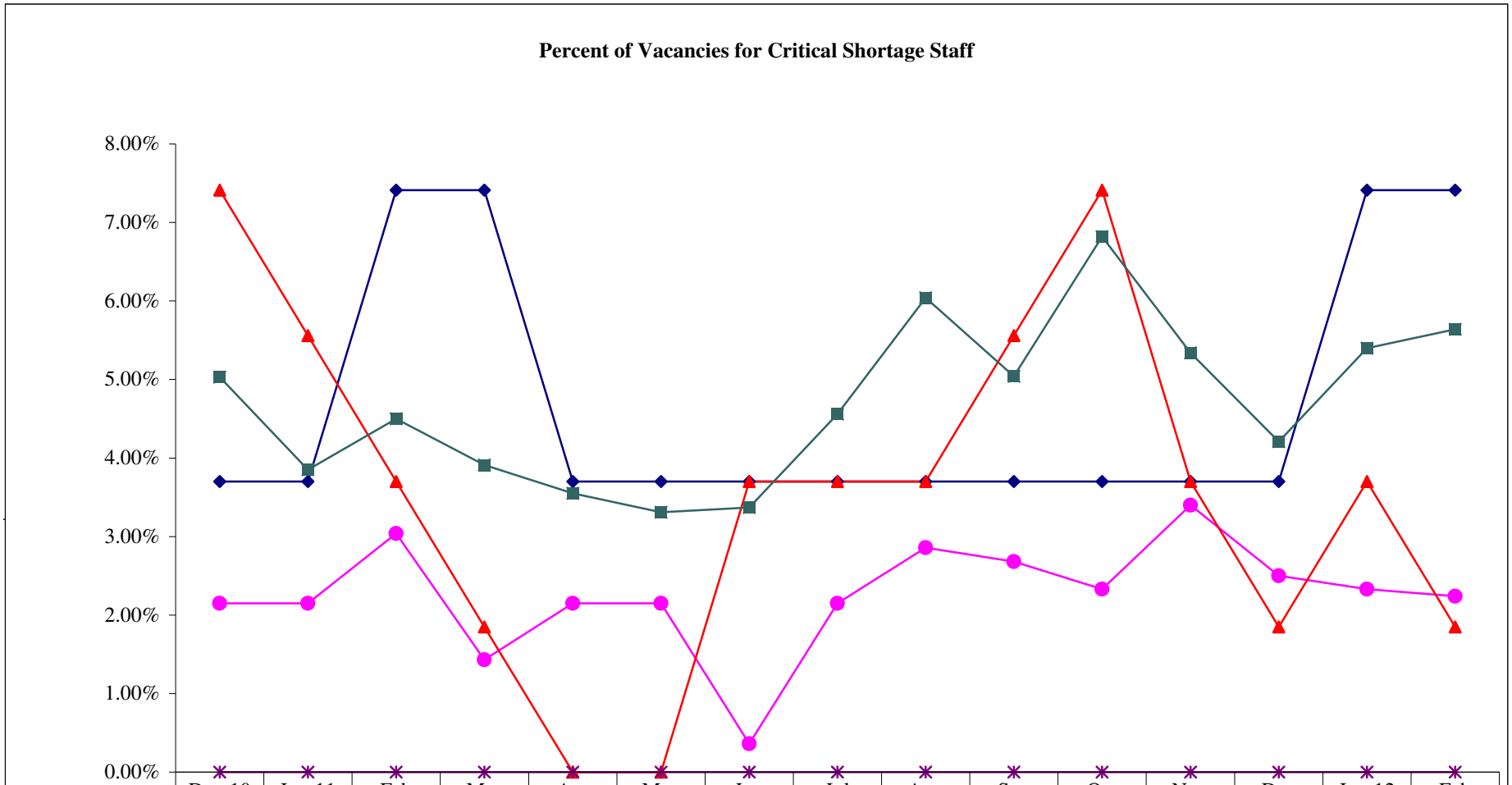


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	7.30%	7.30%	7.30%	7.30%	7.30%	15.19%	7.30%	21.10%	21.10%	19.13%	19.13%	15.19%	11.24%	11.24%	15.19%
RNs	5.52%	6.63%	7.73%	13.81%	12.15%	11.05%	12.15%	8.84%	8.84%	9.94%	8.84%	8.84%	12.15%	11.05%	12.60%
LVNs	9.52%	9.52%	1.59%	3.17%	1.59%	4.76%	4.76%	3.17%	1.59%	3.17%	7.94%	4.76%	3.17%	1.59%	3.17%
PNAs	9.23%	10.42%	10.42%	8.63%	8.93%	8.63%	9.82%	9.82%	11.61%	11.31%	11.46%	10.86%	9.08%	9.08%	11.76%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital

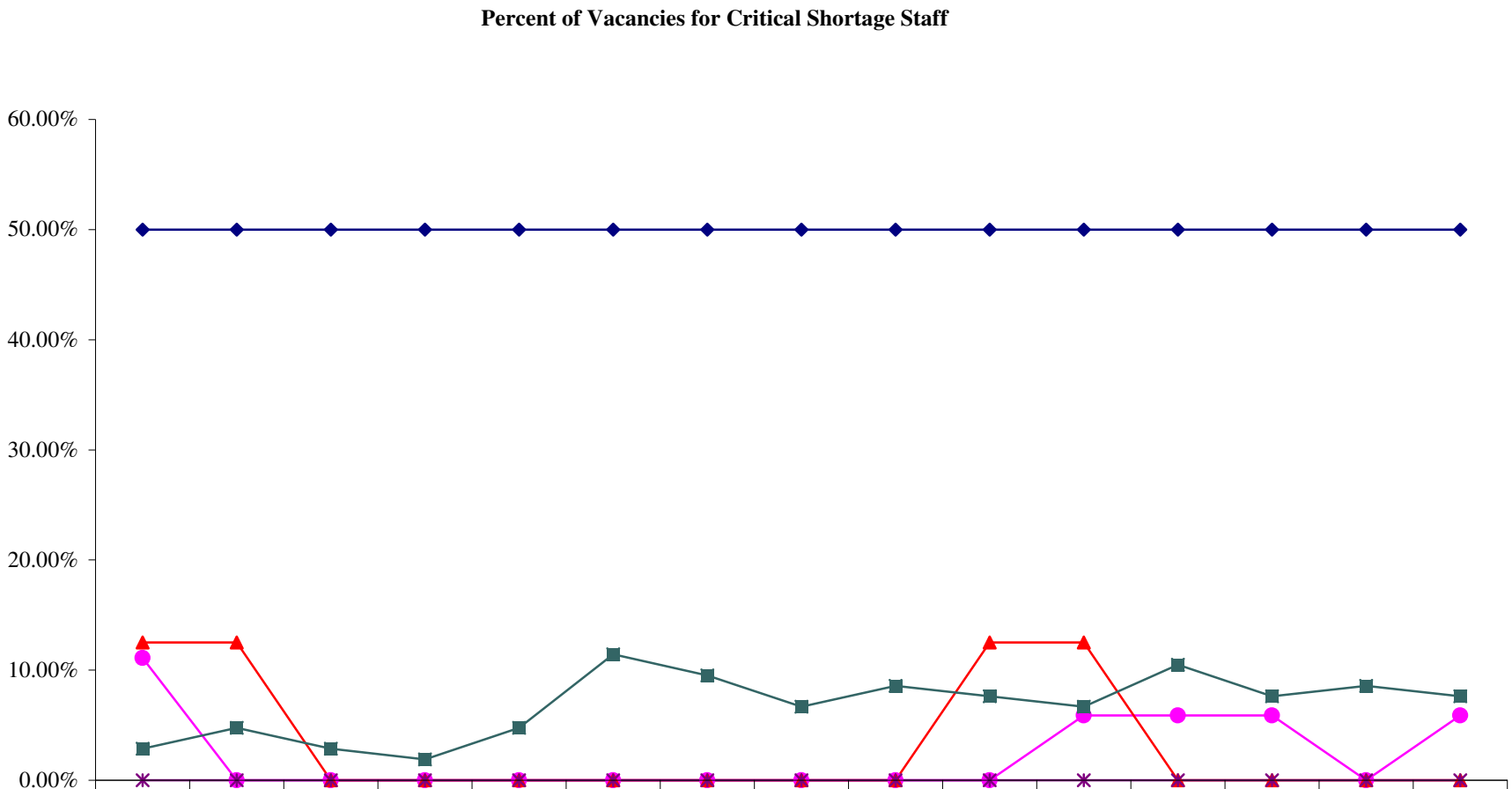


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	3.70%	3.70%	7.41%	7.41%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	3.70%	7.41%	7.41%
RNs	2.15%	2.15%	3.04%	1.43%	2.15%	2.15%	0.36%	2.15%	2.86%	2.68%	2.33%	3.40%	2.50%	2.33%	2.24%
LVNs	7.41%	5.56%	3.70%	1.85%	0.00%	0.00%	3.70%	3.70%	3.70%	5.56%	7.41%	3.70%	1.85%	3.70%	1.85%
PNAs	5.03%	3.85%	4.50%	3.91%	3.55%	3.31%	3.37%	4.56%	6.04%	5.04%	6.82%	5.34%	4.21%	5.40%	5.64%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth

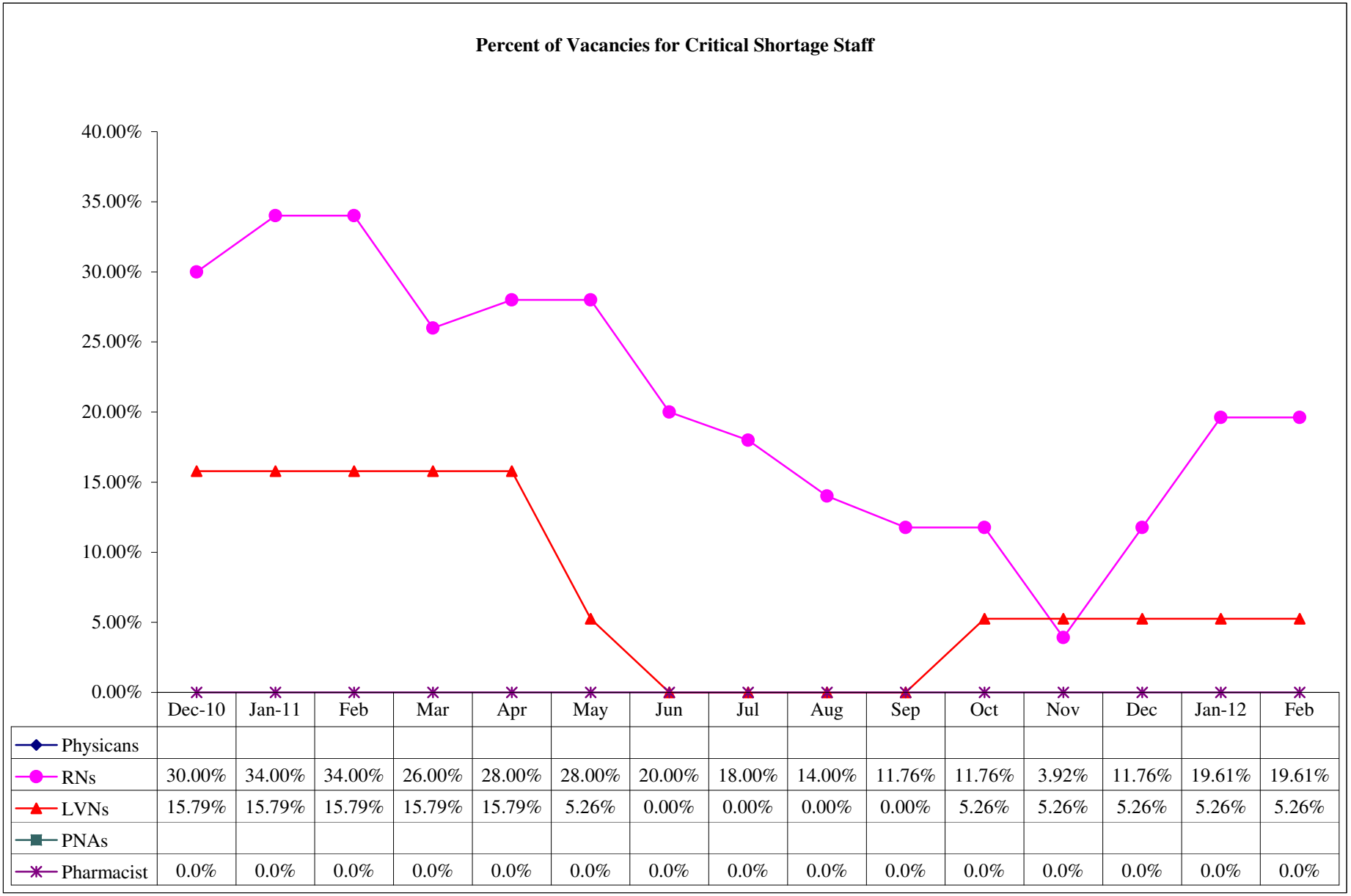


	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
RNs	11.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.88%	5.88%	5.88%	0.00%	5.88%
LVNs	12.50%	12.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.50%	12.50%	0.00%	0.00%	0.00%	0.00%
PNAs	2.86%	4.76%	2.86%	1.90%	4.76%	11.43%	9.52%	6.67%	8.57%	7.62%	6.67%	10.48%	7.62%	8.57%	7.62%
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



	Dec-10	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Physicans															
RNs	30.00%	34.00%	34.00%	26.00%	28.00%	28.00%	20.00%	18.00%	14.00%	11.76%	11.76%	3.92%	11.76%	19.61%	19.61%
LVNs	15.79%	15.79%	15.79%	15.79%	15.79%	5.26%	0.00%	0.00%	0.00%	0.00%	5.26%	5.26%	5.26%	5.26%	5.26%
PNAs															
Pharmacist	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Chart: Hospital Management Data Services

Source: PeopleSoft HSAS0704

Performance Measure 8C:

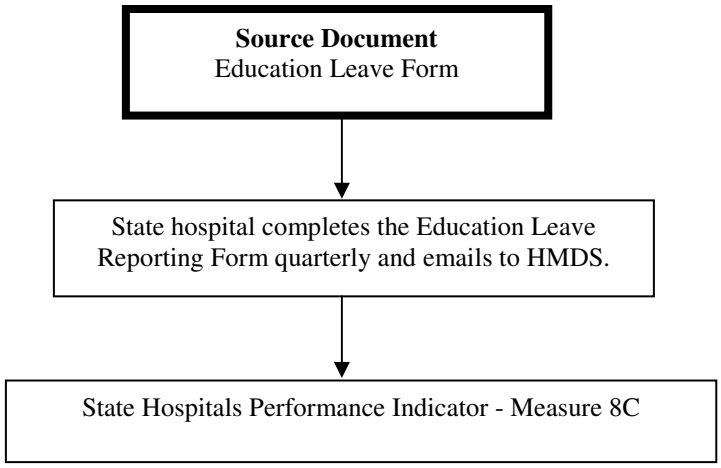
Report number of staff members currently utilizing education leave and the area of study.

Performance Measure Operational Definition: The statewide number of staff members currently utilizing education leave will be maintained.

Performance Measure Formula: No formula, continuous variable.

Performance Measure Data Display and Chart Description:
Table shows number of staff members currently utilizing education leave and the area of study for individual state hospitals and system-wide.

Data Flow:



Measure 8C - Staff Members Utilizing Education Leave
All State Hospitals - FY2012

	Q1	Q2	Q3	Q4
Austin State Hospital	8	7		
Big Spring State Hospital	10	11		
El Paso Psychiatric Center	0	0		
Kerrville State Hospital	4	1		
North Texas State Hospital	31	40		
Rio Grande State Center	0	0		
Rusk State Hospital	27	28		
San Antonio State Hospital	4	0		
Terrell State Hospital	17	14		
Waco Center for Youth	0	0		
TCID	2	2		
All State Hospitals	**103**	**103**		

	Q1	Q2	Q3	Q4
Associate Degree				
Coding	1	1		
Criminal Justice	1	1		
Dietician/Nutrition				
Engineering	1			
IT	1	1		
Management		1		
Nursing	74	73		
Nurse Practitioner	5	5		
O. Therapy				
Pharmacist	1	1		
Pharmacy Tech	1	1		
Phlebotomy	1	1		
Post-Doctoral Neuropsychology	1	1		
Psychology	5	4		
Public Health				
Rehabilitation	2			
Social Work	8	9		
Sociology				
Therapeutic Recreation		2		
Other	1	2		
All State Hospitals	**103**	**103**		

Table: Hospital Management Data Services

Source: Facility Form

GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Report satisfaction surveys from child patients and their parent(s) or the legally authorized representative. Satisfaction with treatment and safe milieu provided in state psychiatric hospitals will be demonstrated by achieving the average score on the Patient Satisfaction Surveys (PSAT).

1. **An average score of "4" on the Parent Satisfaction Survey**
2. **An average score of "1.7" on the Children Satisfaction Survey**

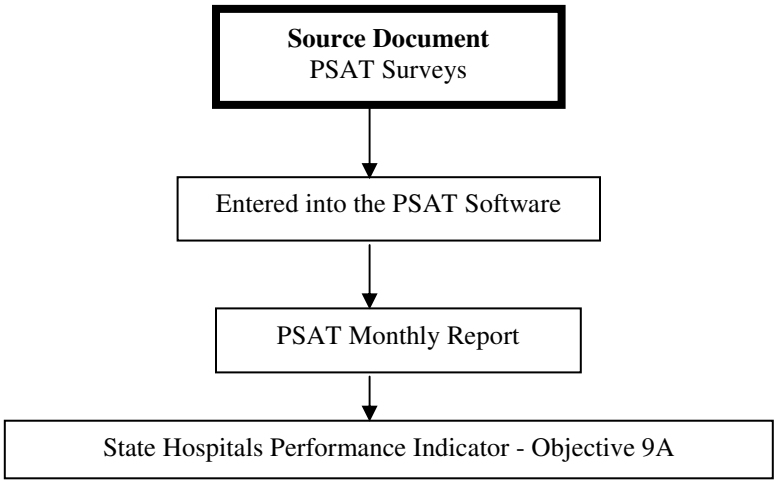
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar chart showing scores for individual state hospitals.
- Line chart with monthly data points of children scores and parent scores for individual state hospitals and system-wide.

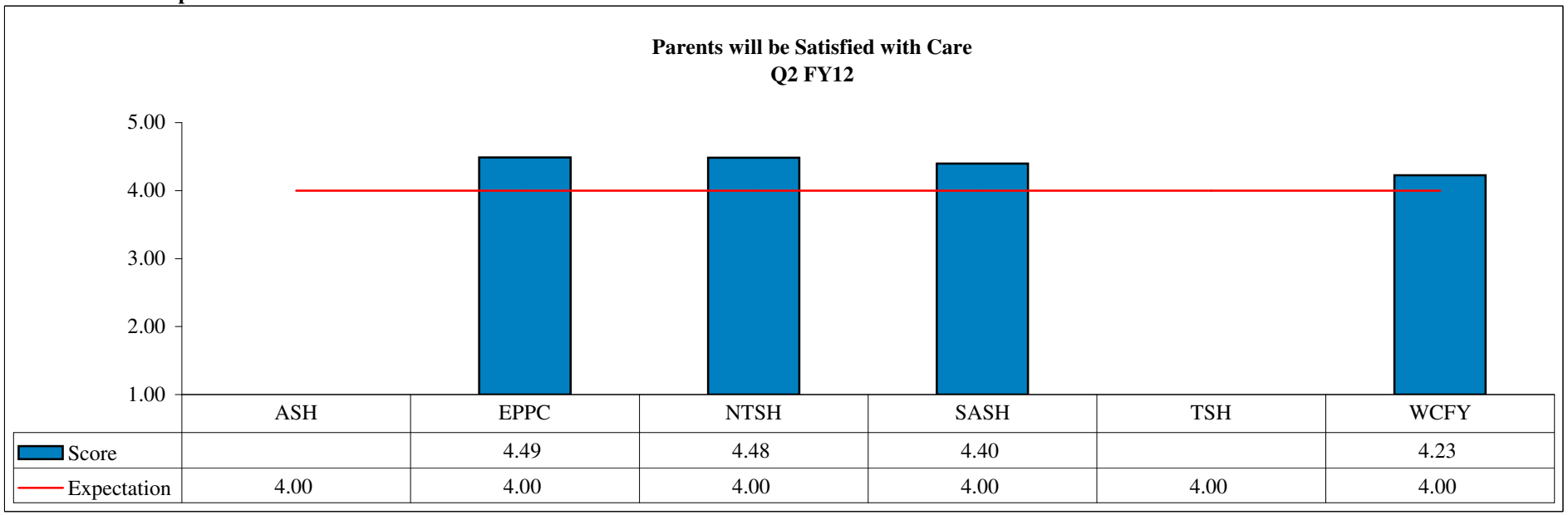
Data Flow:



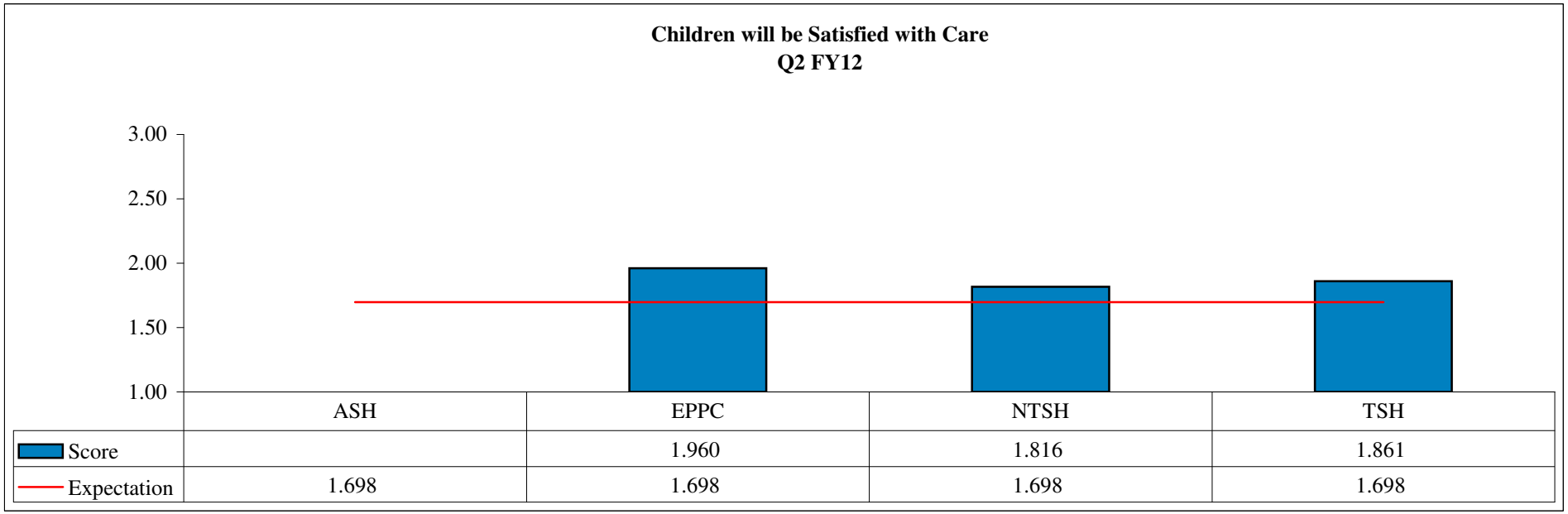
Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

All State MH Hospitals



	ASH	EPPC	NTSH	SASH	TSH	WCFY
Score		4.49	4.48	4.40		4.23
Expectation	4.00	4.00	4.00	4.00	4.00	4.00

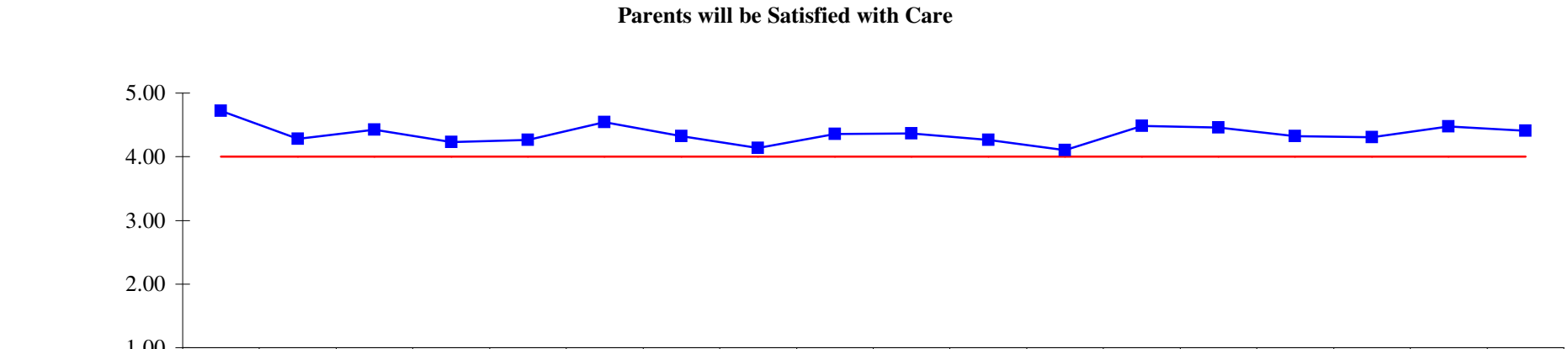


	ASH	EPPC	NTSH	TSH
Score		1.960	1.816	1.861
Expectation	1.698	1.698	1.698	1.698

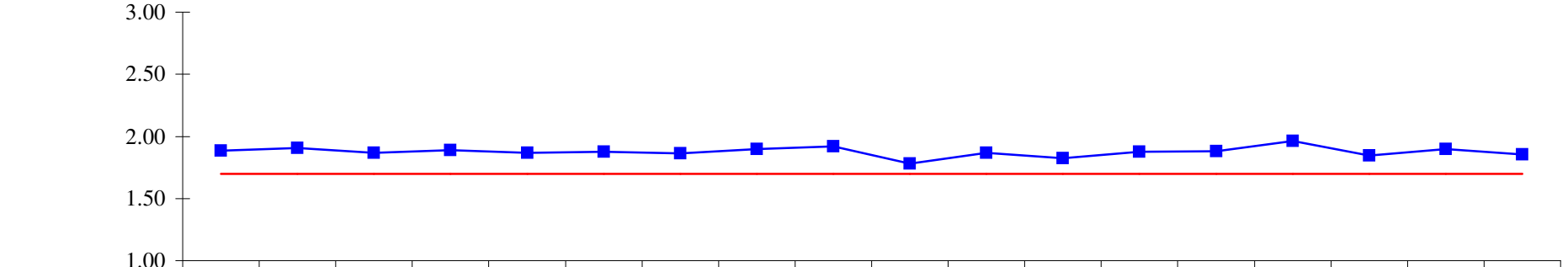
Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
All State MH Hospitals



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Surveys	29	33	34	41	17	33	30	19	20	17	21	36	19	27	18	25	19	17
Score	4.72	4.28	4.43	4.23	4.26	4.55	4.33	4.14	4.36	4.36	4.27	4.10	4.48	4.46	4.32	4.31	4.48	4.41
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

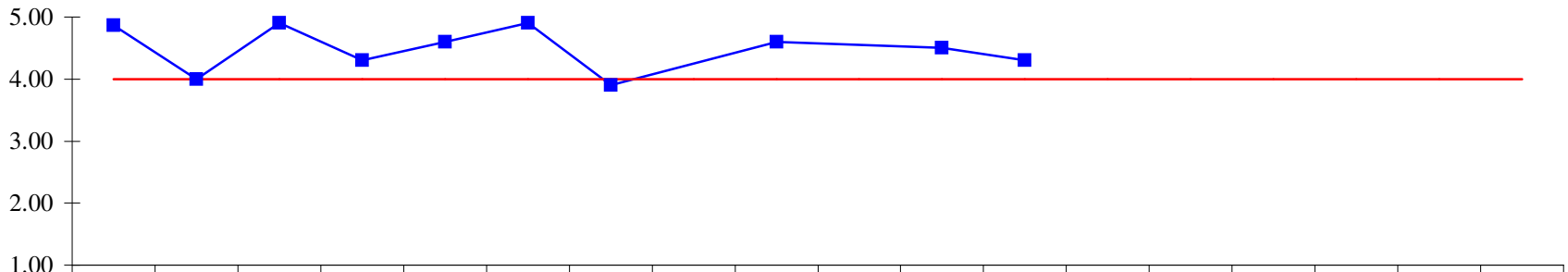


	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Surveys	5	8	14	21	10	17	20	9	7	8	13	17	3	5	4	17	14	10
Score	1.88	1.91	1.87	1.89	1.87	1.88	1.87	1.90	1.92	1.78	1.87	1.82	1.88	1.88	1.97	1.85	1.90	1.85
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

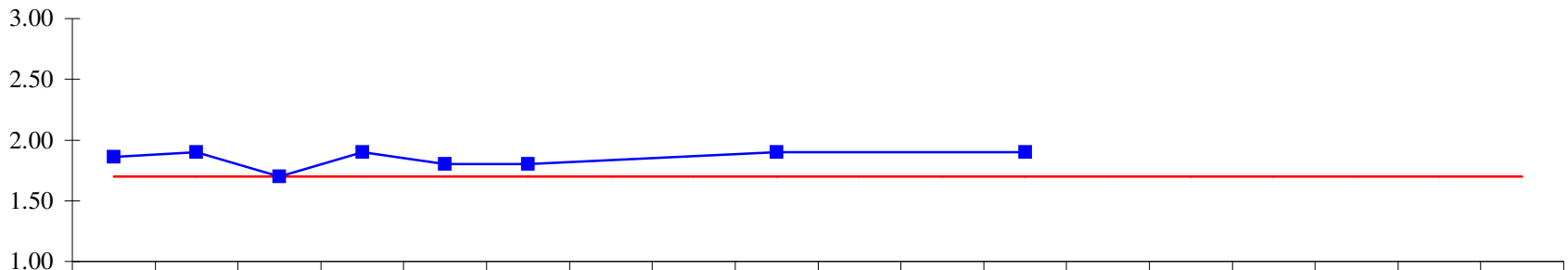
Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Austin State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr*	May	Jun*	Jul	Aug	Sep*	Oct*	Nov*	Dec*	Jan-12*	Feb*
Surveys	5	2	2	11	3	10	6		4		2	6						
Score	4.87	4.00	4.90	4.30	4.60	4.90	3.90		4.60		4.50	4.30						
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



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar*	Apr*	May	Jun*	Jul*	Aug	Sep*	Oct*	Nov*	Dec*	Jan-12*	Feb*
Surveys	3	3	5	3	1	3			1			3						
Score	1.860	1.900	1.700	1.900	1.800	1.800			1.900			1.900						
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

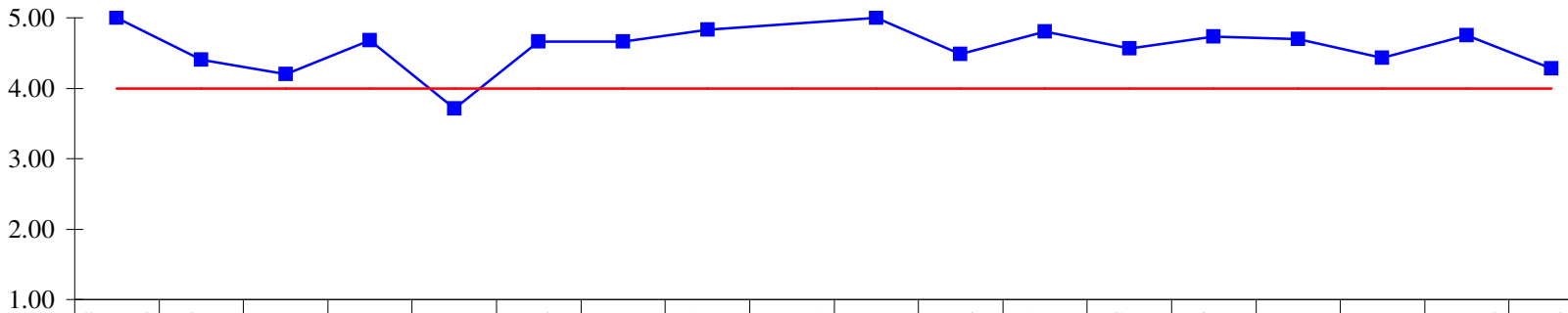
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

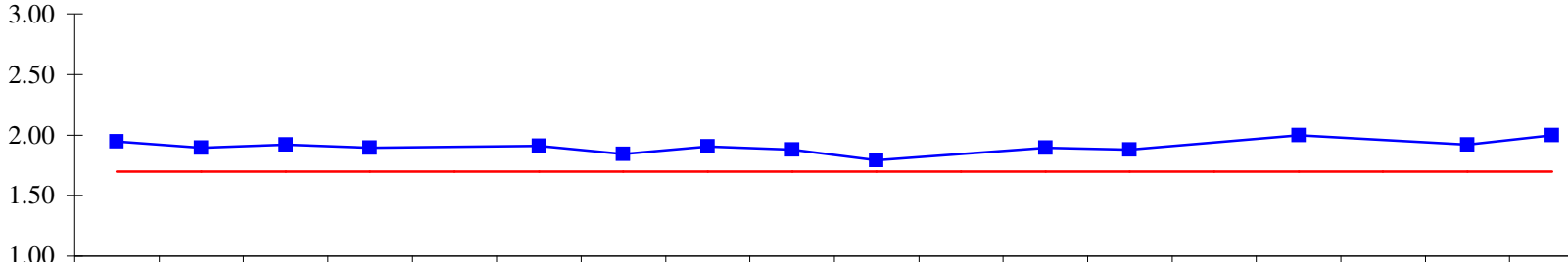
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
El Paso Psychiatric Center

Parents will be Satisfied with Care



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Surveys	2	12	9	6	2	6	3	3		2	4	3	7	9	3	7	5	7
Score	5.00	4.40	4.20	4.68	3.71	4.66	4.67	4.83		5.00	4.48	4.81	4.57	4.74	4.70	4.43	4.75	4.28
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



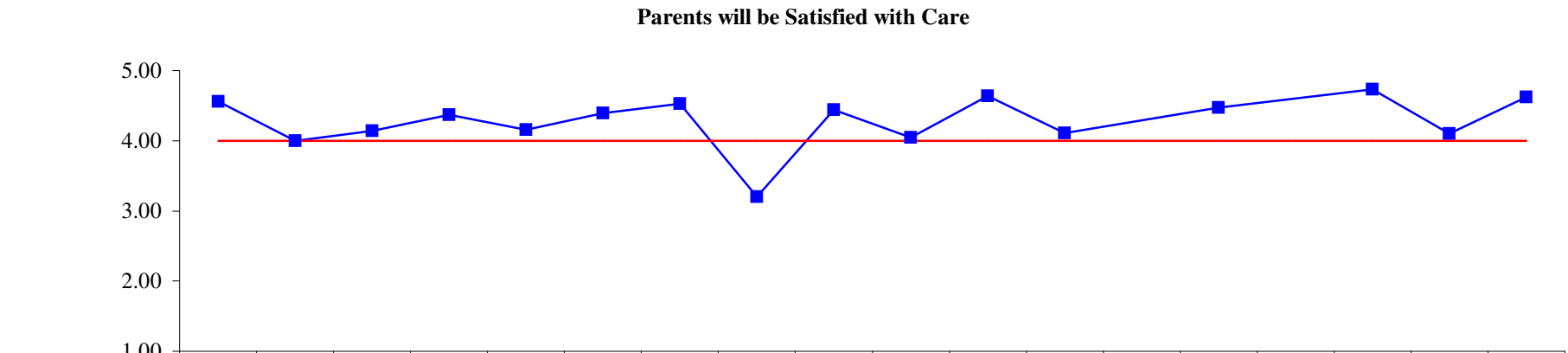
	Sep-10	Oct	Nov	Dec	Jan-11*	Feb	Mar	Apr	May	Jun	Jul*	Aug	Sep	Oct*	Nov	Dec*	Jan-12	Feb
Surveys	1	3	2	2		4	7	5	3	1		1	3		1		2	1
Score	1.947	1.894	1.921	1.894		1.907	1.842	1.905	1.877	1.789		1.894	1.877		2.000		1.920	2.000
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

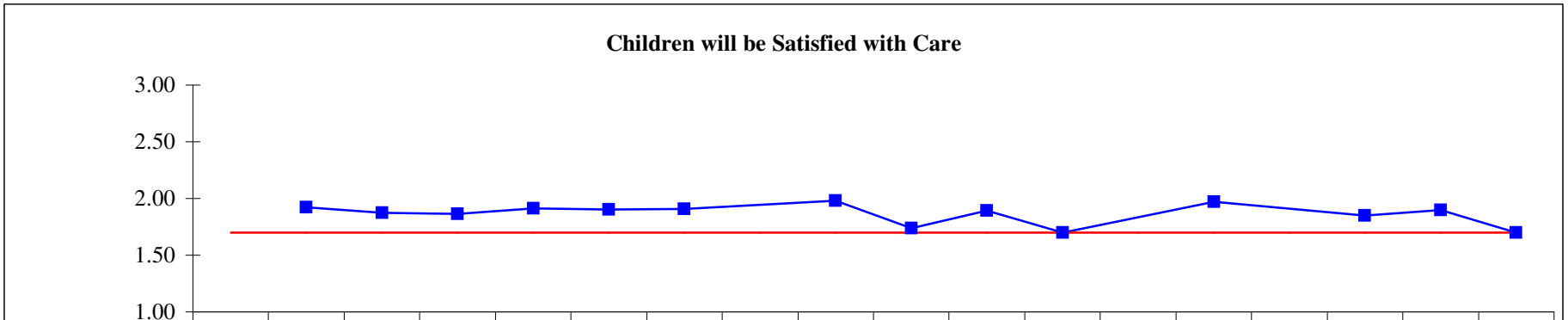
Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
North Texas State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep*	Oct	Nov*	Dec	Jan-12	Feb
Surveys	5	4	11	10	5	4	2	3	2	4	4	6		6		7	4	2
Score	4.56	4.00	4.14	4.37	4.16	4.39	4.53	3.20	4.44	4.05	4.64	4.11		4.47		4.73	4.10	4.62
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



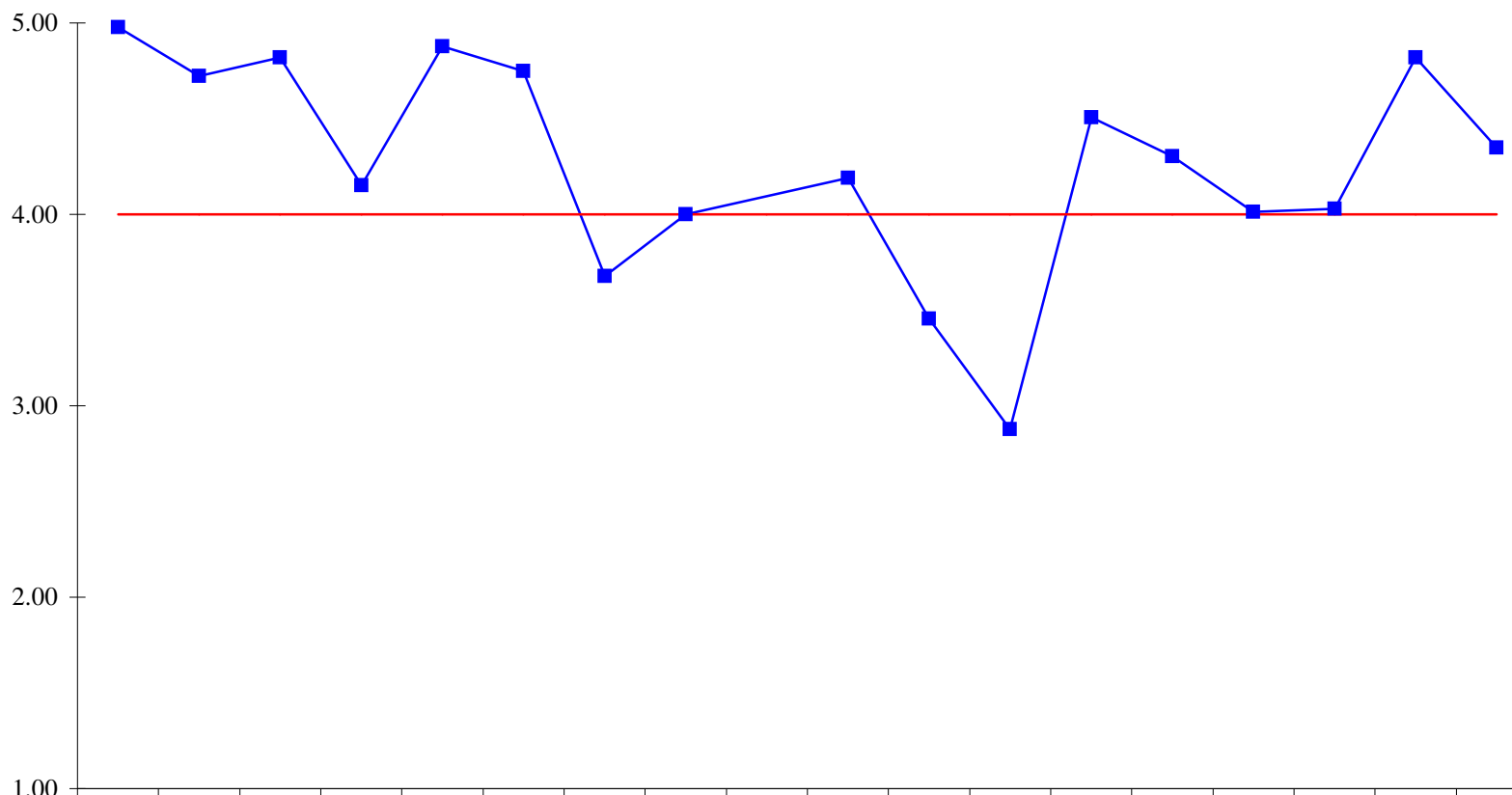
	Sep-10*	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr*	May	Jun	Jul	Aug	Sep*	Oct	Nov*	Dec	Jan-12	Feb
Surveys		2	5	13	6	7	6		3	2	7	8		2		14	9	4
Score		1.921	1.873	1.866	1.912	1.902	1.910		1.982	1.736	1.894	1.698		1.973		1.849	1.900	1.698
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
San Antonio State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May*	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Surveys	3	5	1	3	1	3	3	2		3	1	1	3	2	5	1	2	2
Score	4.98	4.72	4.82	4.15	4.88	4.75	3.68	4.00		4.19	3.45	2.88	4.51	4.30	4.01	4.03	4.82	4.35
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

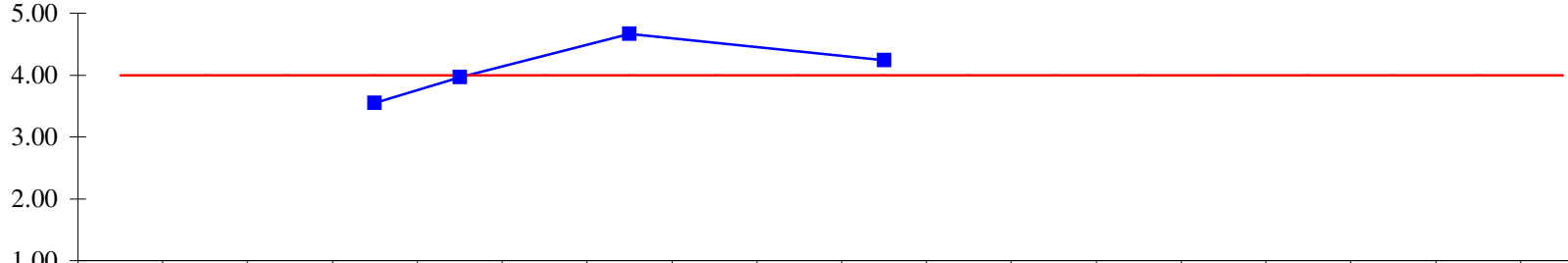
*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

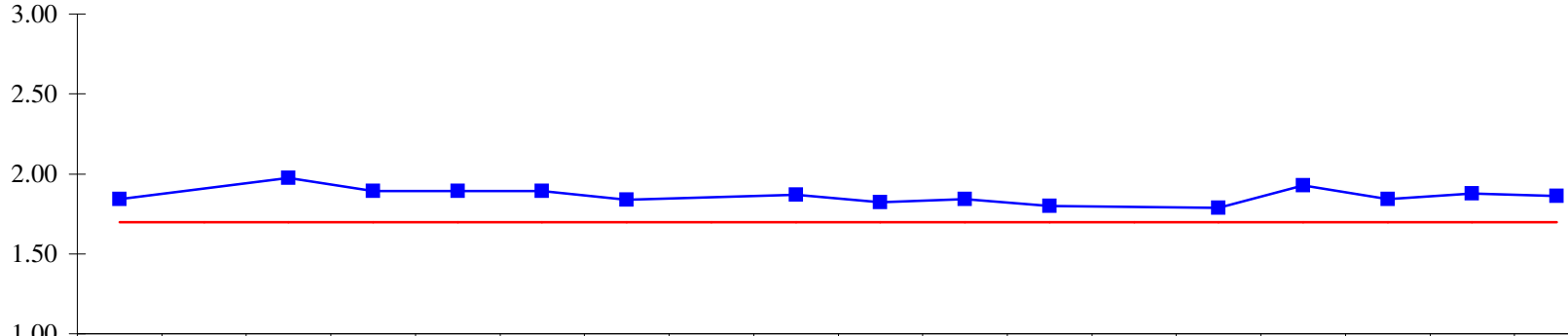
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Terrell State Hospital

Parents will be Satisfied with Care



	Sep-10*	Oct*	Nov*	Dec	Jan-11	Feb*	Mar	Apr*	May*	Jun	Jul*	Aug*	Sep*	Oct*	Nov*	Dec*	Jan-12*	Feb*
Surveys				1	1		3			1								
Score				3.55	3.97		4.67			4.24								
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



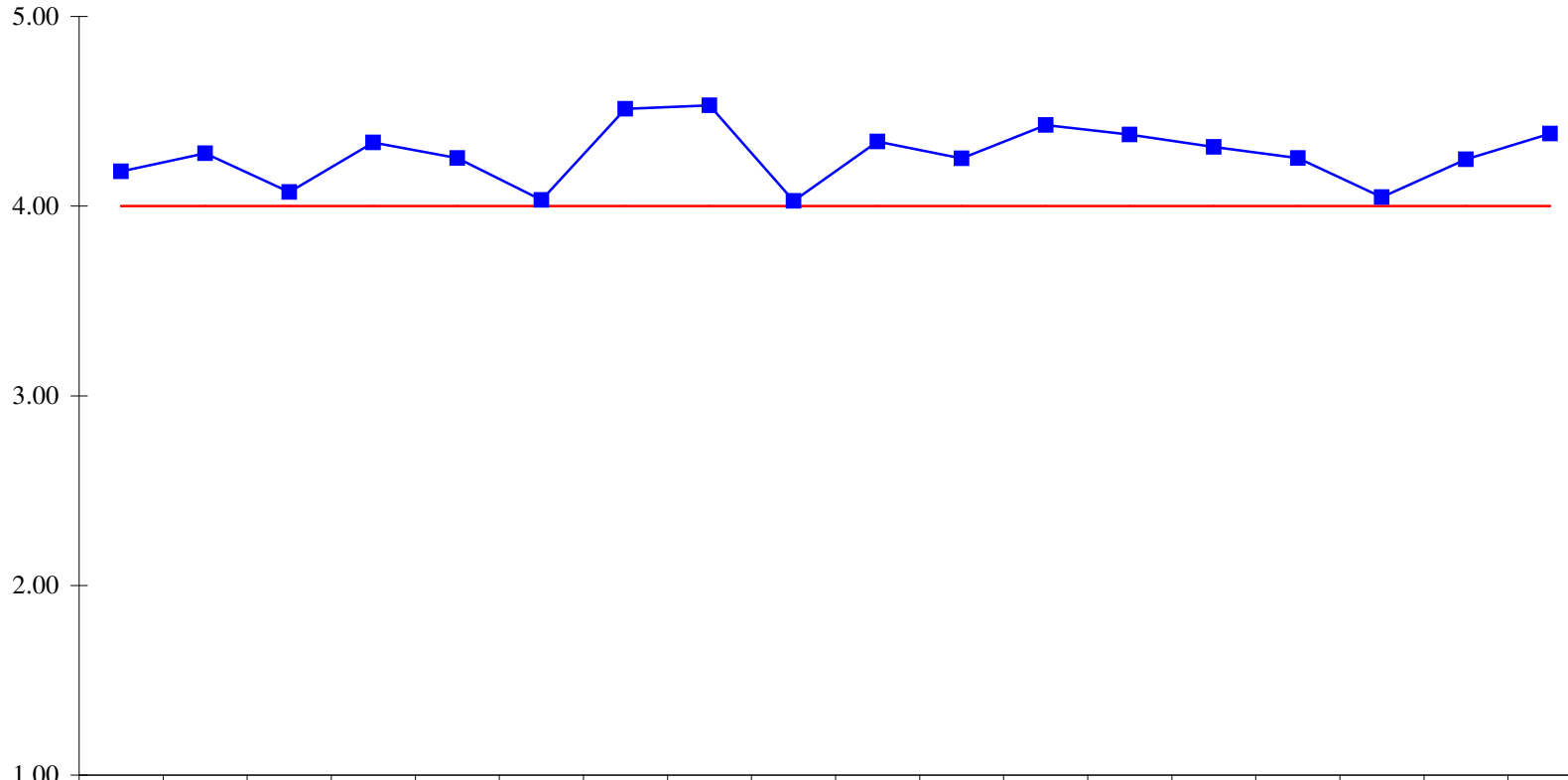
	Sep-10	Oct*	Nov	Dec	Jan-11	Feb	Mar	Apr*	May	Jun	Jul	Aug	Sep*	Oct	Nov	Dec	Jan-12	Feb
Surveys	1		2	3	3	3	7		11	5	6	5		3	3	3	3	5
Score	1.84		1.97	1.89	1.89	1.89	1.84		1.87	1.82	1.84	1.80		1.79	1.93	1.84	1.88	1.86
Expectation	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698	1.698

*No surveys submitted

Chart: Hospital Management Data Services

Source: PSAT

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Waco Center for Youth



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Surveys	14	10	11	10	5	10	13	11	14	7	10	20	9	10	10	10	8	6
Score	4.18	4.28	4.07	4.34	4.25	4.03	4.51	4.53	4.03	4.34	4.25	4.43	4.38	4.31	4.25	4.05	4.25	4.38
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

Chart: Hospital Management Data Services

Source: PSAT

Performance Objective 9B:

Report adults and adolescents patients' satisfaction with their care as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (MHSIP).

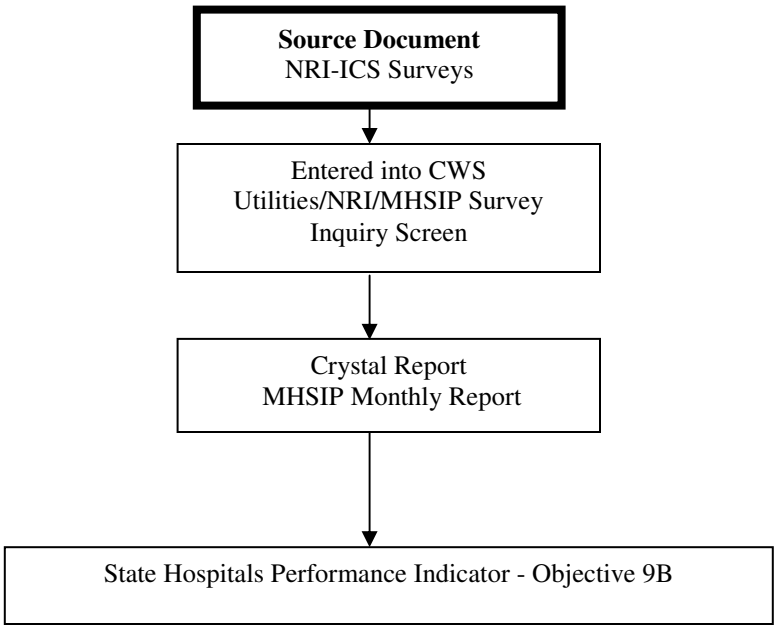
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: NRI-ICS gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- Bar chart showing scores for individual state hospitals.
- Bar chart showing percentages of discharges surveyed for individual state hospitals.
- Control chart with monthly data points of scores for individual state hospitals and system-wide.
- Chart shows number of surveys, number of discharges and the percentage of discharges surveyed for individual state hospitals.

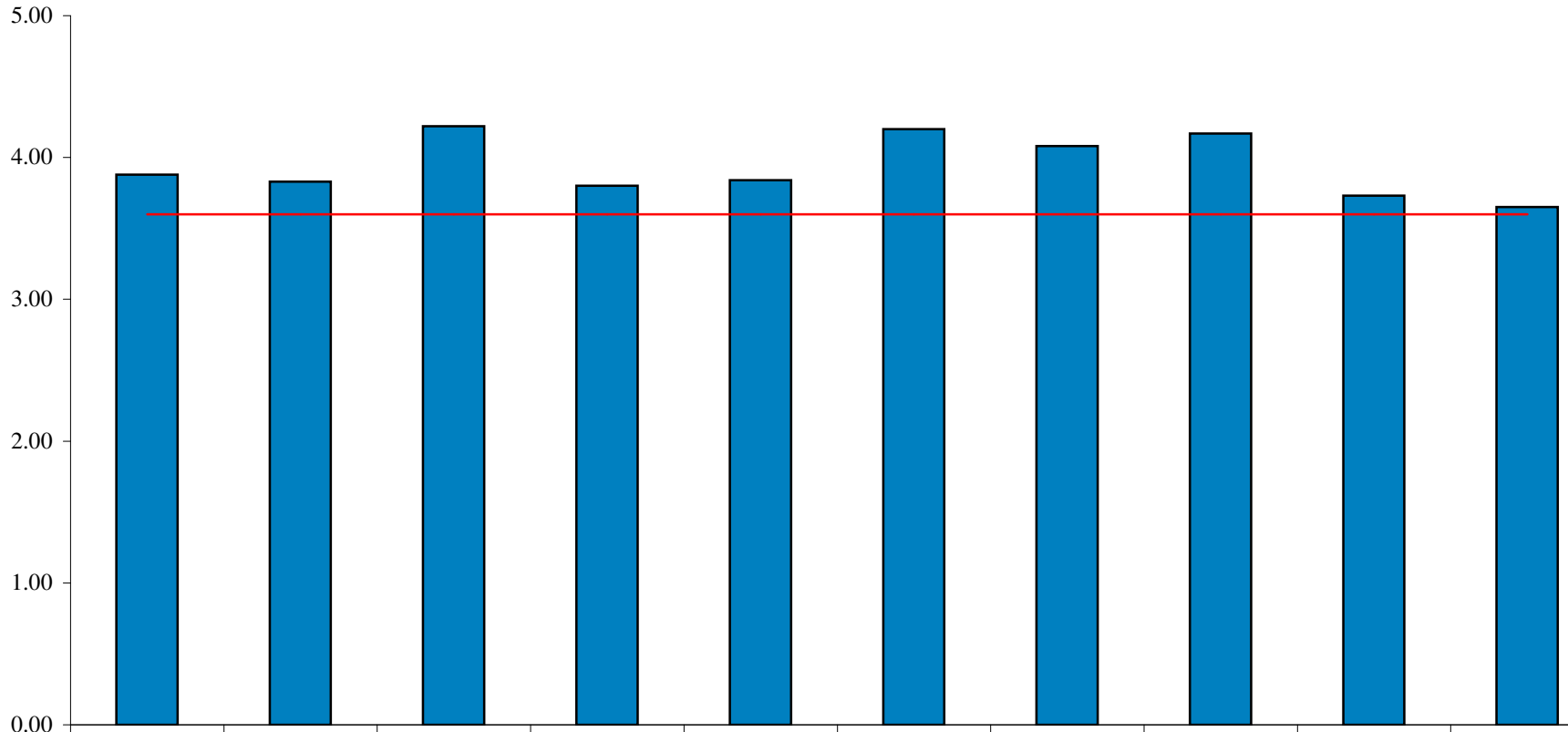
Data Flow:



Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals



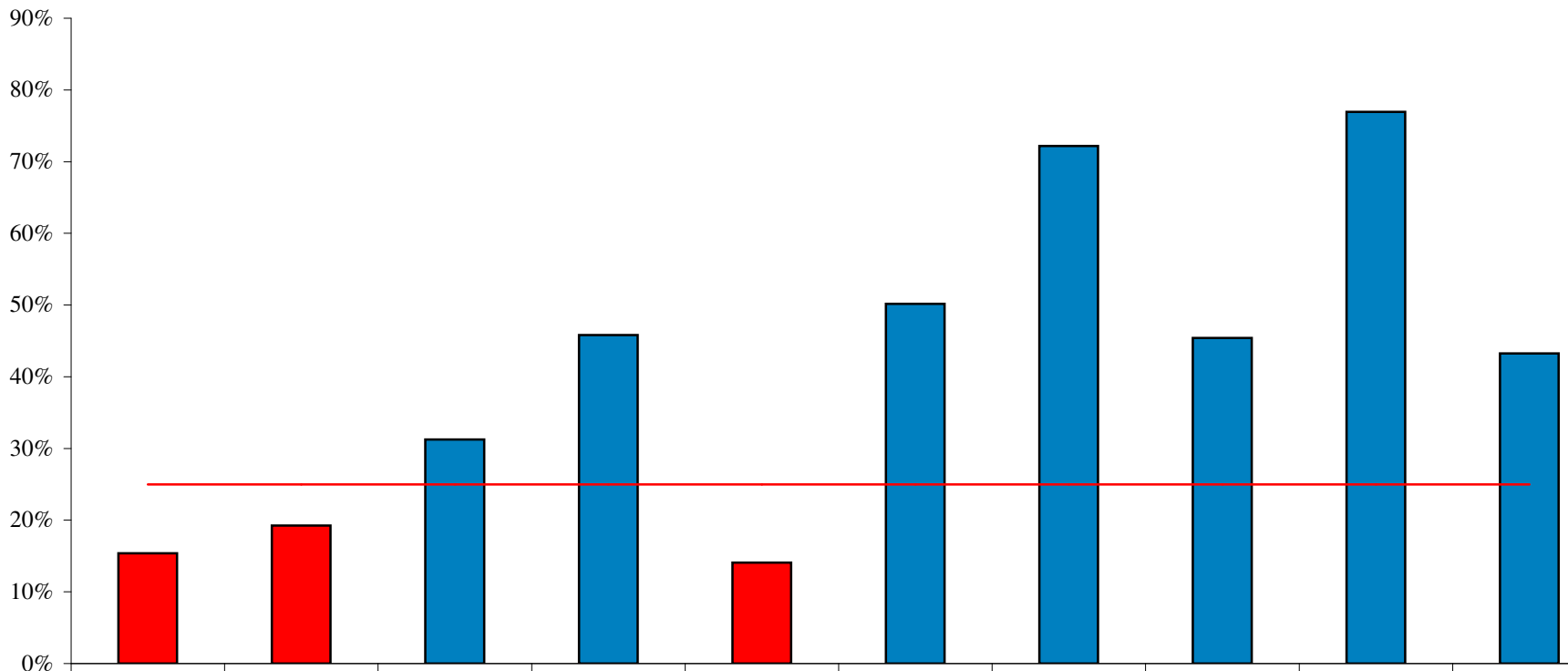
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Score	3.88	3.83	4.22	3.80	3.84	4.20	4.08	4.17	3.73	3.65
Expectation	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60	3.60

*WCFY - Adolescent Surveys Only

Chart: Hospital Management Data Services

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State MH Hospitals



	ASH	BSSH	EPPC	KSH**	NTSH	RGSC	RSH	SASH	TSH	WCFY*
Discharges	819	182	240	24	575	273	205	456	651	37
Surveys	126	35	75	11	81	137	148	207	501	16
% Surveyed	15%	19%	31%	46%	14%	50%	72%	45%	77%	43%
Expectation	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

*WCFY - Adolescent Surveys Only
**KSH - Provide surveys on request & offer them to annual reviews.

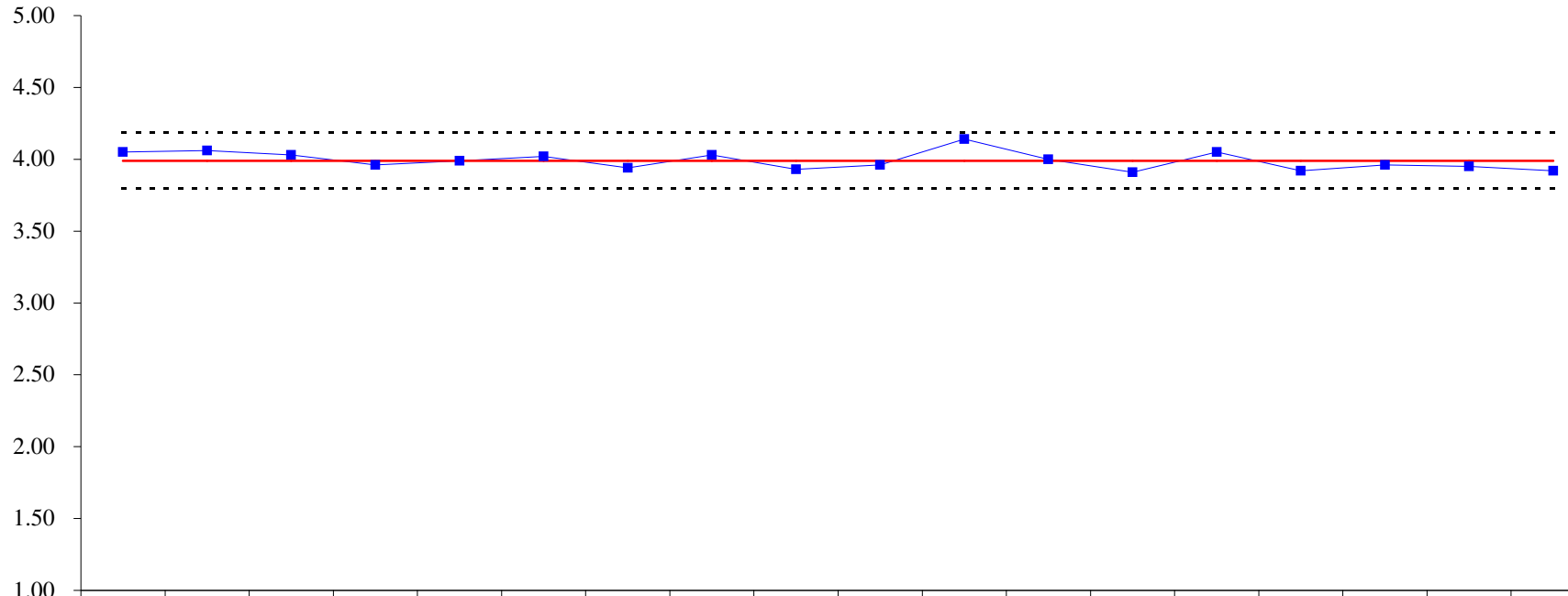
Chart: Hospital Management Data Services

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

All State MH Hospitals



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.05	4.06	4.03	3.96	3.99	4.02	3.94	4.03	3.93	3.96	4.14	4.00	3.91	4.05	3.92	3.96	3.95	3.92
Surveys	421	460	367	421	391	388	428	428	413	512	474	506	524	510	411	450	474	413
Discharges	1287	1254	1167	1252	1148	1079	1236	1165	1176	1273	1183	1317	1250	1249	1197	1165	1166	1131
% Sampled	33%	37%	31%	34%	34%	36%	35%	37%	35%	40%	40%	38%	42%	41%	34%	39%	41%	37%
UCL	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18	4.18
Avg	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
LCL	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80

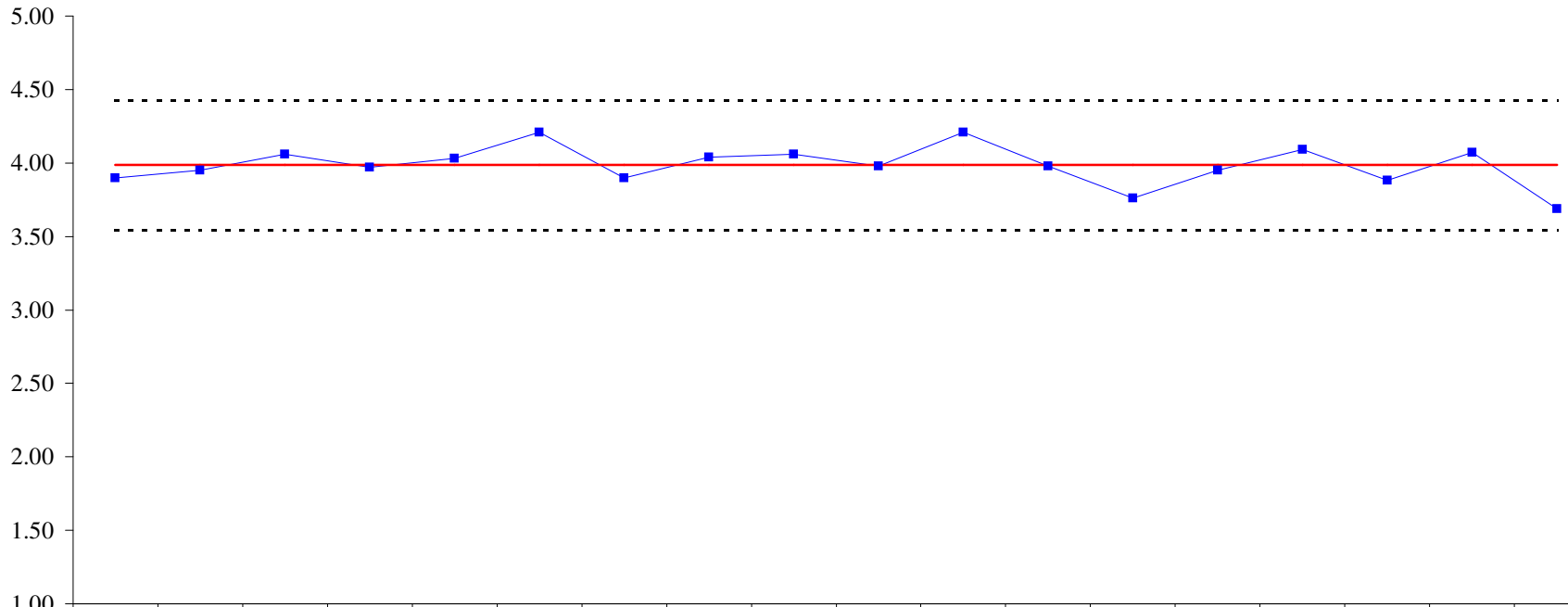
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Austin State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	3.90	3.95	4.06	3.97	4.03	4.21	3.90	4.04	4.06	3.98	4.21	3.98	3.76	3.95	4.09	3.88	4.07	3.69
Surveys	70	82	58	81	65	42	56	76	52	57	58	61	63	52	7	50	66	10
Discharges	325	314	306	315	298	273	313	319	301	333	313	347	300	298	311	270	274	275
% Sampled	22%	26%	19%	26%	22%	15%	18%	24%	17%	17%	19%	18%	21%	17%	2%	19%	24%	4%
UCL	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43	4.43
Avg	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
LCL	3.54	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

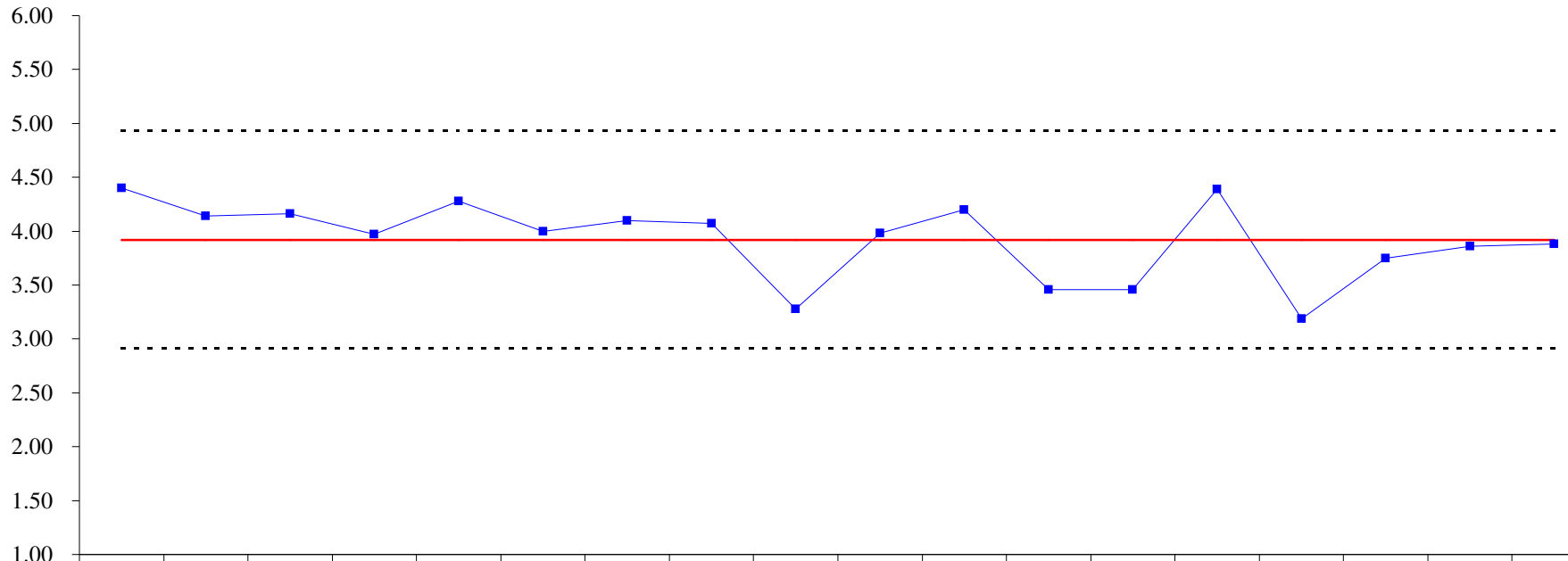
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Big Spring State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.40	4.14	4.16	3.97	4.28	4.00	4.10	4.07	3.28	3.98	4.20	3.46	3.46	4.39	3.19	3.75	3.86	3.88
Surveys	10	14	10	13	12	15	11	13	13	14	6	16	15	11	8	10	13	12
Discharges	81	66	60	81	64	76	70	80	80	93	61	82	57	69	65	60	62	60
% Sampled	12%	21%	17%	16%	19%	20%	16%	16%	16%	15%	10%	20%	26%	16%	12%	17%	21%	20%
UCL	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93	4.93
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	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91	2.91

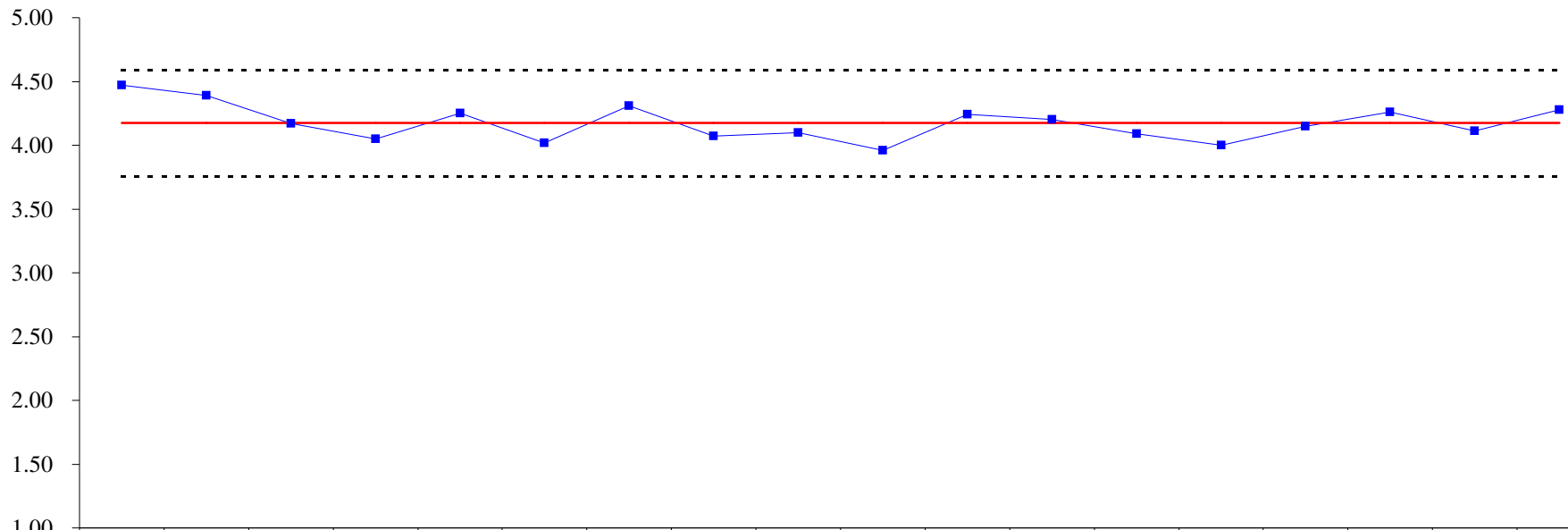
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

El Paso Psychiatric Center



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.47	4.39	4.17	4.05	4.25	4.02	4.31	4.07	4.10	3.96	4.24	4.20	4.09	4.00	4.15	4.26	4.11	4.28
Surveys	12	17	17	15	11	33	19	17	22	26	38	28	23	33	18	27	20	28
Discharges	46	53	59	49	43	52	78	68	64	69	96	84	90	88	91	73	81	86
% Sampled	26%	32%	29%	31%	26%	63%	24%	25%	34%	55%	40%	33%	55%	38%	20%	55%	25%	33%
UCL	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59	4.59
Avg	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17	4.17
LCL	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76	3.76

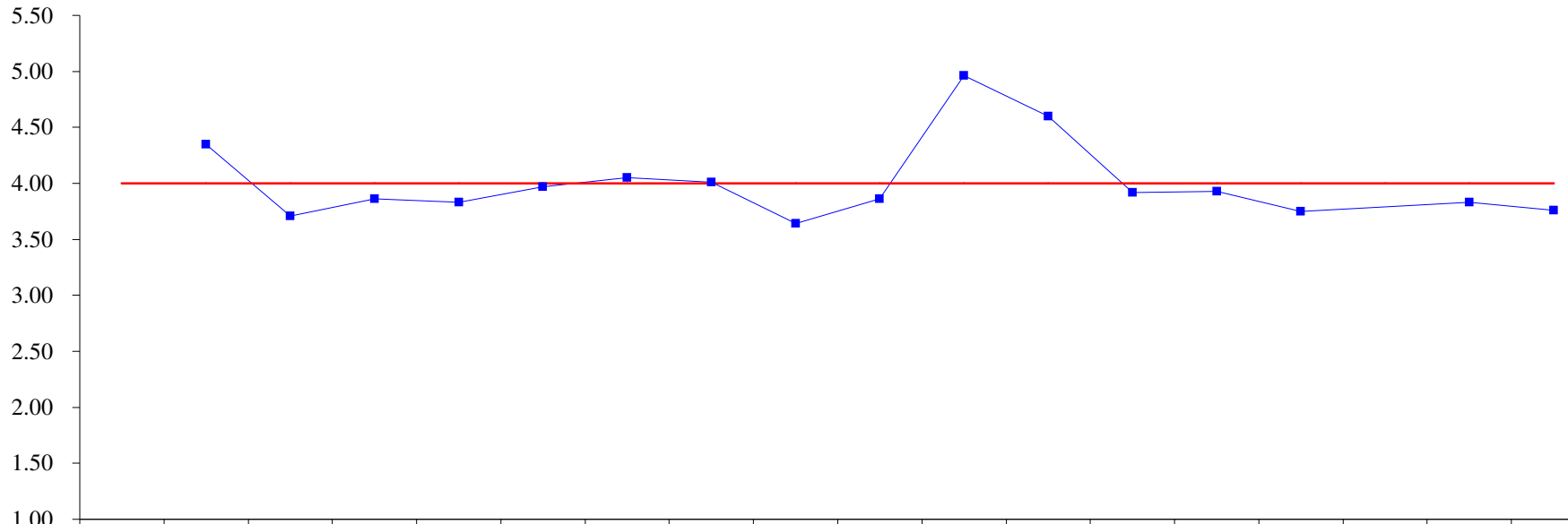
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Kerrville State Hospital



	Sep-10*	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score		4.35	3.71	3.86	3.83	3.97	4.05	4.01	3.64	3.86	4.96	4.60	3.92	3.93	3.75		3.83	3.76
Surveys		3	4	1	2	10	8	3	4	6	1	3	6	1	1	0	5	6
Discharges	1	4	6	2	3	14	16	4	12	9	2	4	15	8	2	4	12	8
% Sampled	0%	75%	67%	50%	67%	71%	50%	75%	33%	67%	50%	75%	40%	13%	50%	0%	42%	75%
UCL	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	0.00	0.00	0.00
Avg	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
LCL	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	0.00	0.00	0.00

KSH provides surveys on request and offer them to annual reviews.

*No Survey Done

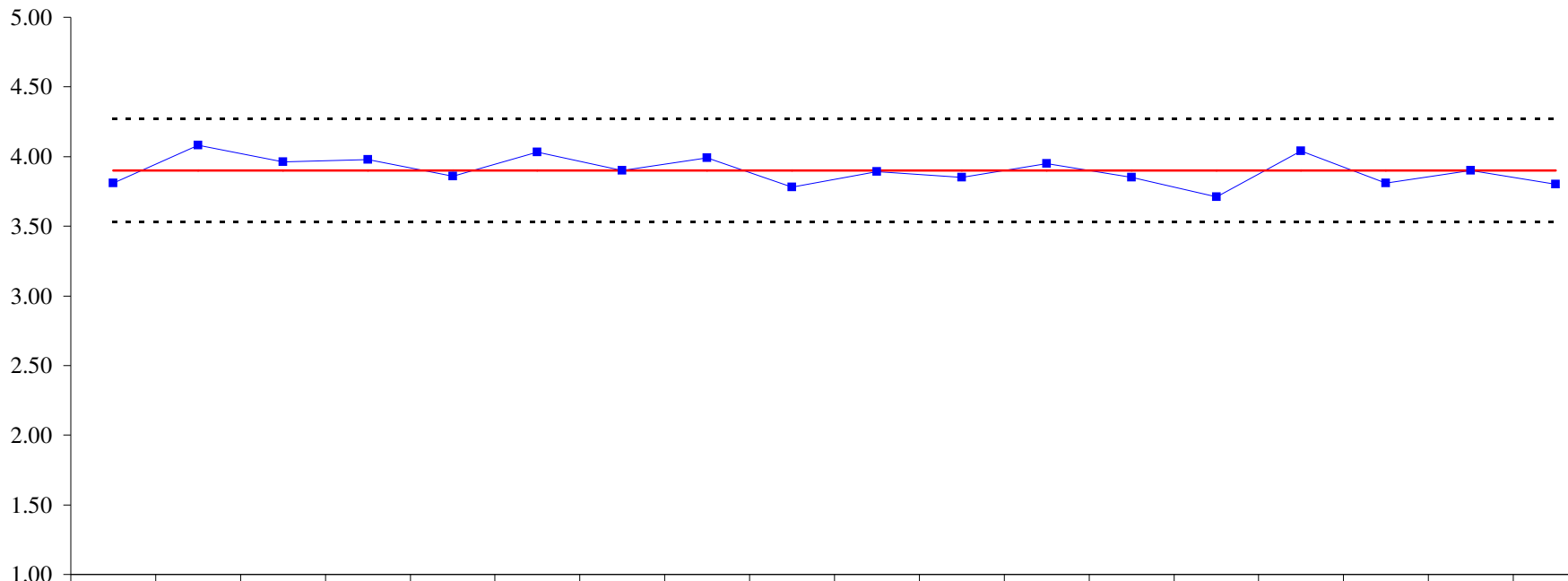
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

North Texas State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	3.81	4.08	3.96	3.98	3.86	4.03	3.90	3.99	3.78	3.89	3.85	3.95	3.85	3.71	4.04	3.81	3.90	3.80
Surveys	44	39	43	36	42	34	55	56	33	38	35	44	41	48	18	27	29	25
Discharges	192	196	168	206	178	164	216	191	198	217	185	214	193	202	191	193	192	190
% Sampled	23%	20%	26%	17%	24%	21%	25%	29%	17%	18%	19%	21%	21%	24%	9%	14%	15%	13%
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	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90	3.90
LCL	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53	3.53

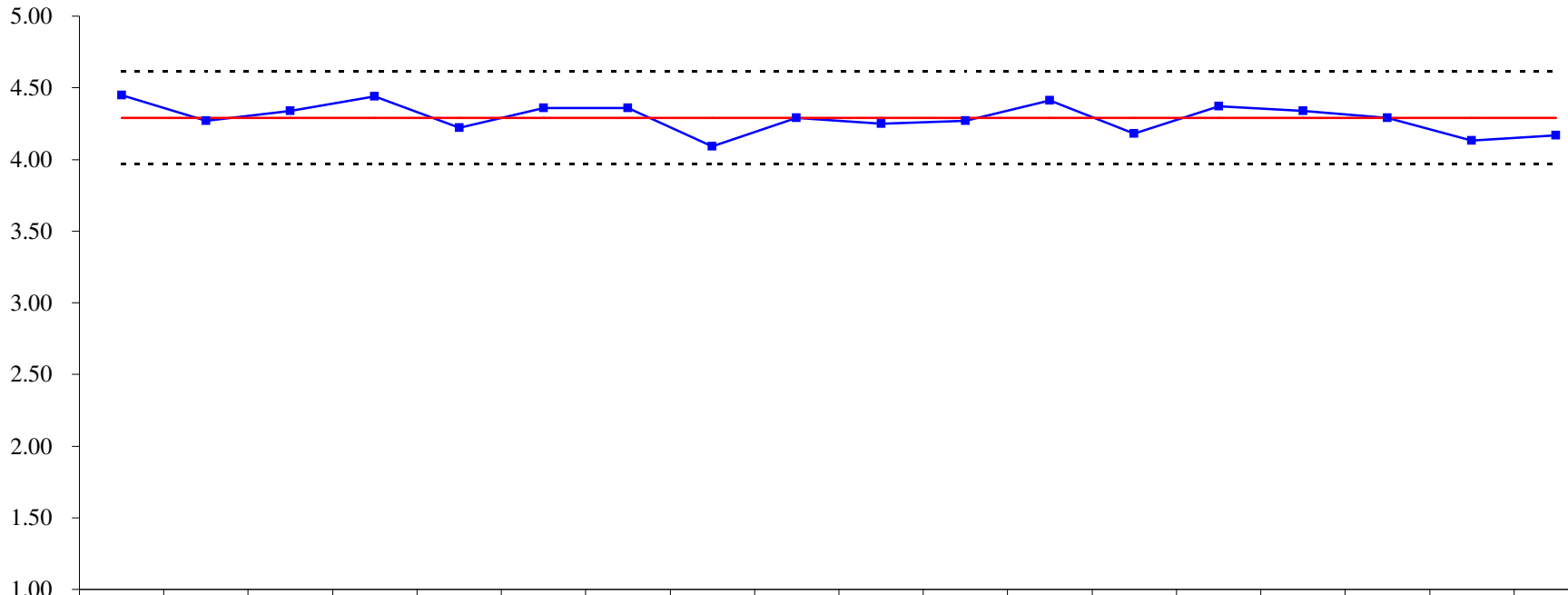
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rio Grande State Center



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.45	4.27	4.34	4.44	4.22	4.36	4.36	4.09	4.29	4.25	4.27	4.41	4.18	4.37	4.34	4.29	4.13	4.17
Surveys	55	68	39	30	47	30	48	34	28	55	29	37	60	50	41	36	43	58
Discharges	118	98	87	90	96	70	97	83	81	96	82	106	110	101	83	92	73	108
% Sampled	47%	69%	45%	33%	49%	43%	49%	41%	35%	57%	35%	35%	55%	50%	49%	39%	59%	54%
UCL	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62	4.62
Avg	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29	4.29
LCL	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97	3.97

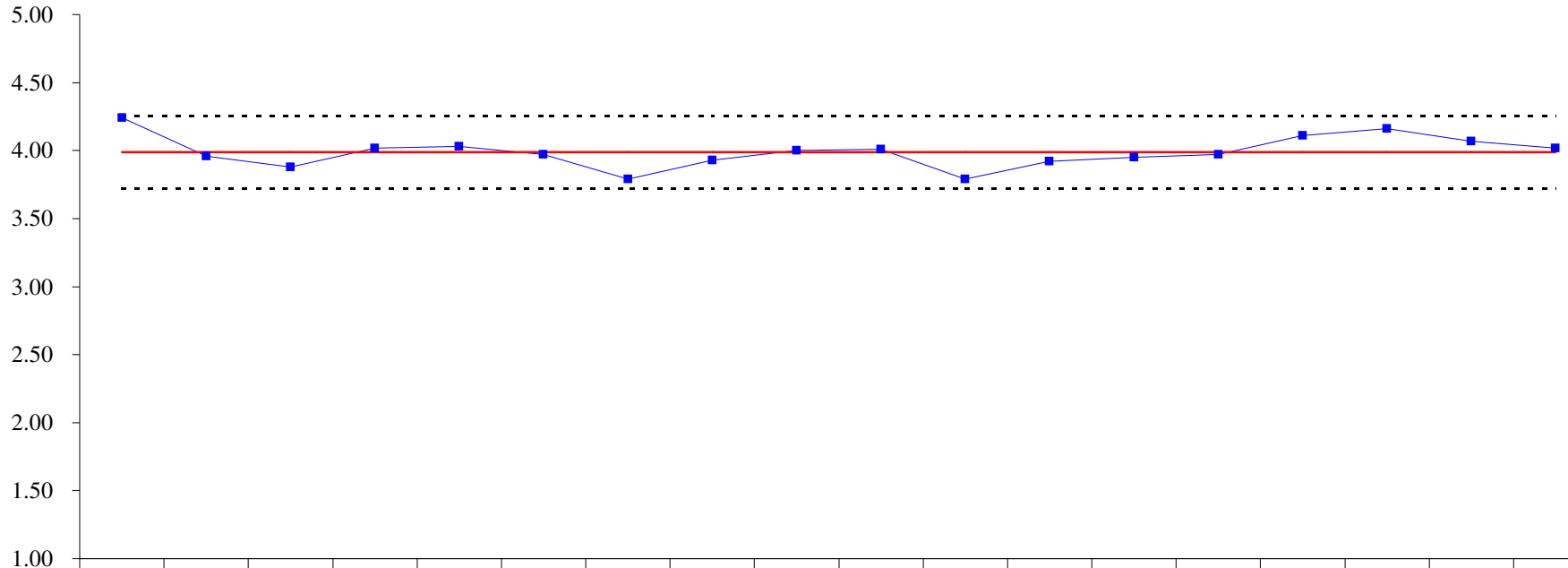
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Rusk State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.24	3.96	3.88	4.02	4.03	3.97	3.79	3.93	4.00	4.01	3.79	3.92	3.95	3.97	4.11	4.16	4.07	4.02
Surveys	17	21	19	10	21	14	6	5	35	48	57	51	42	62	42	41	59	48
Discharges	72	94	73	75	79	61	65	69	64	86	79	87	81	78	62	58	76	71
% Sampled	24%	22%	26%	13%	27%	23%	9%	7%	55%	56%	72%	59%	52%	79%	68%	71%	78%	68%
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	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99	3.99
LCL	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72	3.72

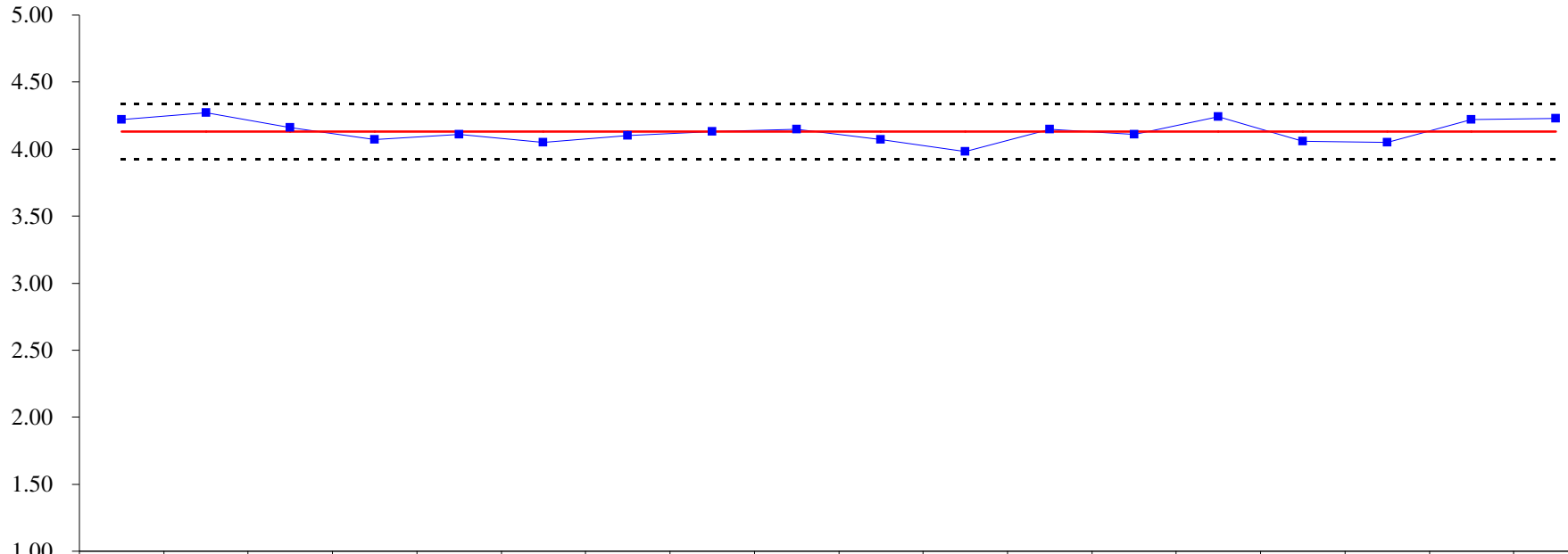
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

San Antonio State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.22	4.27	4.16	4.07	4.11	4.05	4.10	4.13	4.15	4.07	3.98	4.15	4.11	4.24	4.06	4.05	4.22	4.23
Surveys	75	67	56	73	59	80	60	88	77	80	76	65	76	62	76	82	69	56
Discharges	172	147	148	149	157	159	146	147	164	159	145	139	165	147	162	174	156	126
% Sampled	44%	46%	38%	49%	38%	50%	41%	60%	47%	50%	52%	47%	46%	42%	47%	47%	44%	44%
UCL	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34	4.34
Avg	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13	4.13
LCL	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

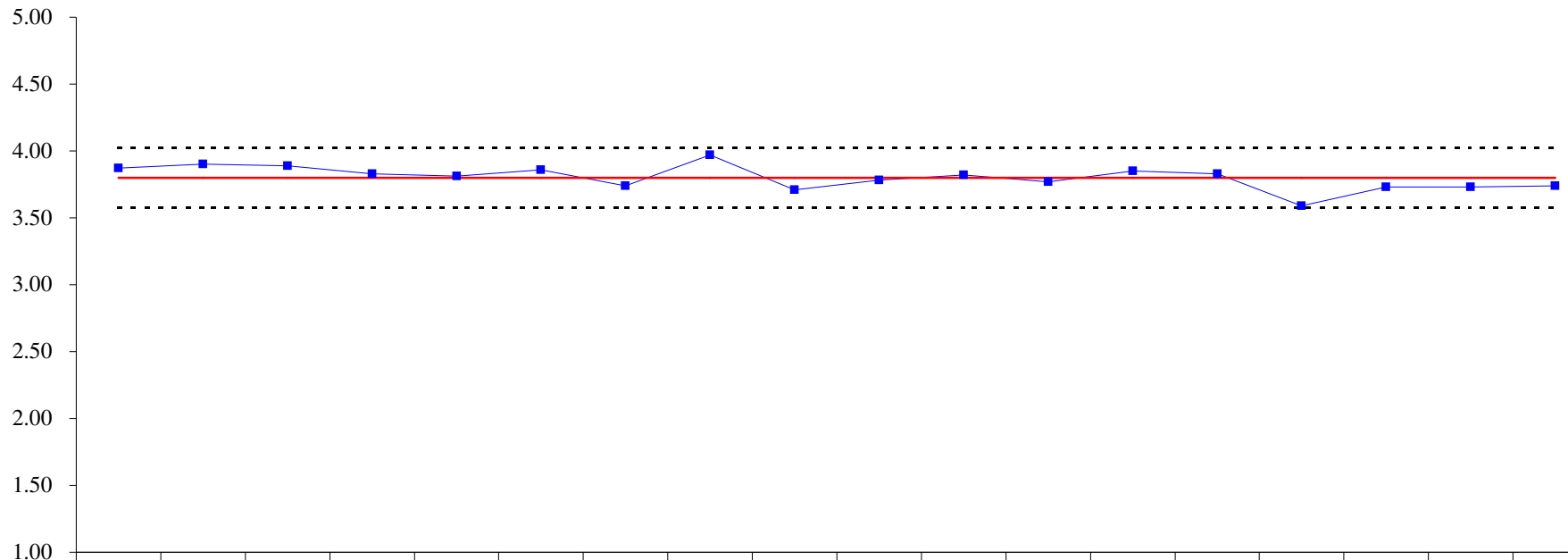
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Terrell State Hospital



	Sep-10	Oct	Nov	Dec	Jan-11	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	3.87	3.90	3.89	3.83	3.81	3.86	3.74	3.97	3.71	3.78	3.82	3.77	3.85	3.83	3.59	3.73	3.73	3.74
Surveys	137	147	121	160	129	130	156	132	134	181	167	195	193	187	198	173	168	160
Discharges	264	271	246	267	222	199	220	192	196	200	202	236	226	243	217	225	229	197
% Sampled	52%	54%	49%	60%	58%	65%	71%	69%	68%	91%	83%	83%	85%	77%	91%	77%	73%	81%
UCL	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02	4.02
Avg	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80	3.80
LCL	3.58	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

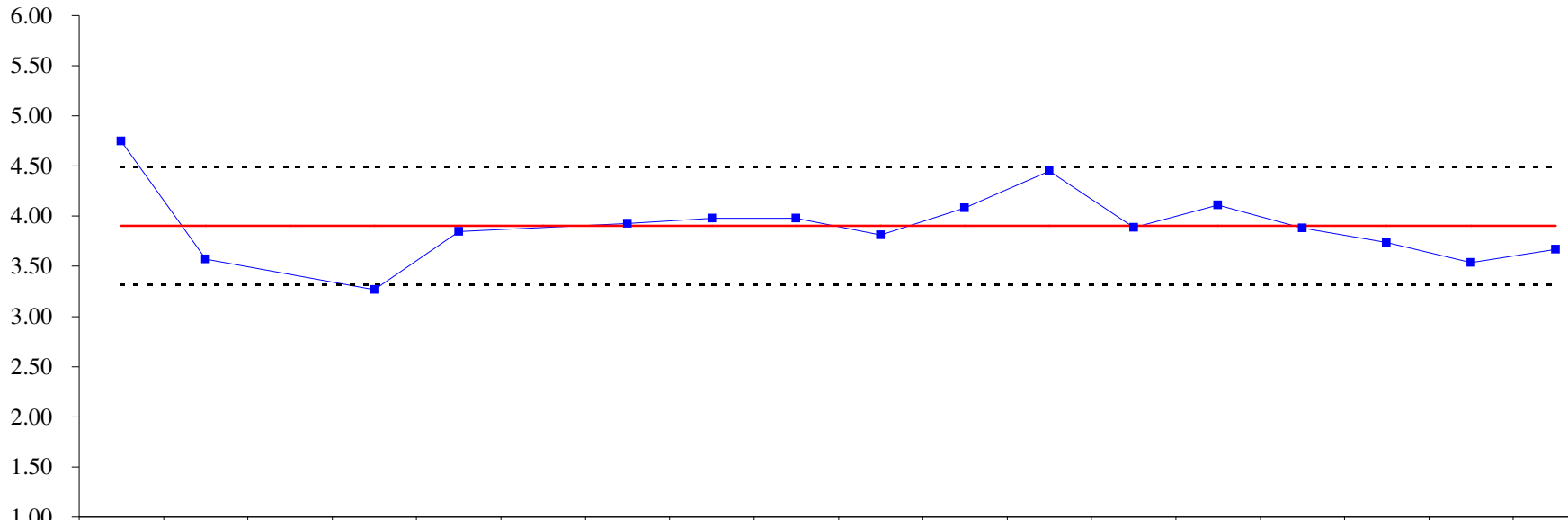
Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Objective 9B - Patient Satisfaction

Adults and Adolescents will be Satisfied with Care

Waco Center for Youth



	Sep-10	Oct	Nov*	Dec	Jan-11	Feb*	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-12	Feb
Score	4.75	3.57		3.27	3.85		3.93	3.98	3.98	3.81	4.08	4.45	3.89	4.11	3.88	3.74	3.54	3.67
Surveys	1	2	0	2	3	0	9	4	15	7	7	6	5	4	2	4	2	10
Discharges	16	11	14	18	8	11	15	12	16	11	18	18	13	15	13	16	11	10
% Sampled	6%	18%	0%	11%	38%	0%	60%	33%	94%	64%	39%	33%	38%	27%	15%	25%	18%	100%
UCL	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49	4.49
Avg	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
LCL	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32	3.32

*No Survey Done

Source: HC022020;
Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
and MHSIP ICS Summary

Chart: Hospital Management Data Services

Performance Objective 9E:

Conduct regularly scheduled assessments of Facility Support Systems through the FSPI process.

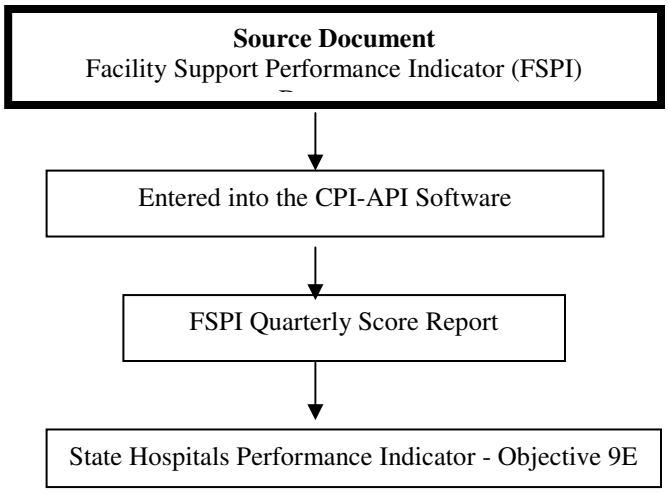
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: [(# of yes + # of no with justification) / (# of NA – Contract Facility)] x 100.

Performance Objective Data Display and Chart Description:

- Table shows the assessment score for individual state hospitals and system-wide
- Chart shows the assessment score for individual state hospitals.

Data Flow:



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Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2012

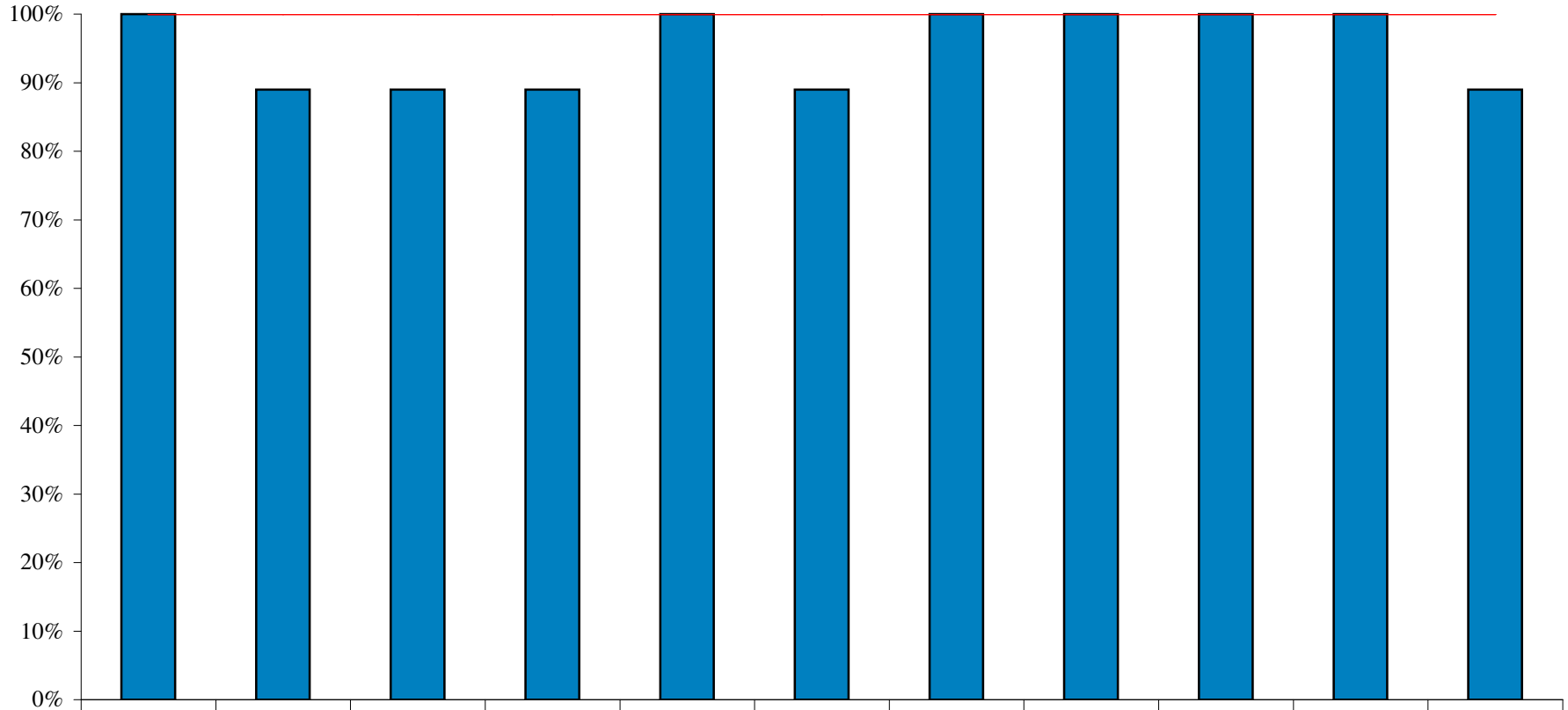
	Q1		Q2		Q3
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Procurement Card Controls	Plant Maintenance
Compliance Target	100%	100%	100%	100%	100%
State Hospital Totals	**93%**	**97%**	**95%**	**82%**	
Austin State Hospital	89%	100%	100%	70%	
Big Spring State Hospital	81%	78%	89%	70%	
El Paso Psychiatric Center	100%	100%	89%	80%	
Kerrville State Hospital	90%	100%	89%	70%	
North Texas State Hospital	95%	100%	100%	100%	
Rio Grande State Center	81%	86%	89%	100%	
Rusk State Hospital	100%	100%	100%	100%	
San Antonio State Hospital	95%	100%	100%	100%	
Terrell State Hospital	95%	100%	100%	60%	
Texas Center for Infectious Disease	CF	100%	100%	100%	
Waco Center For Youth	100%	100%	89%	50%	

*CF = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2012
Competency Training and Development



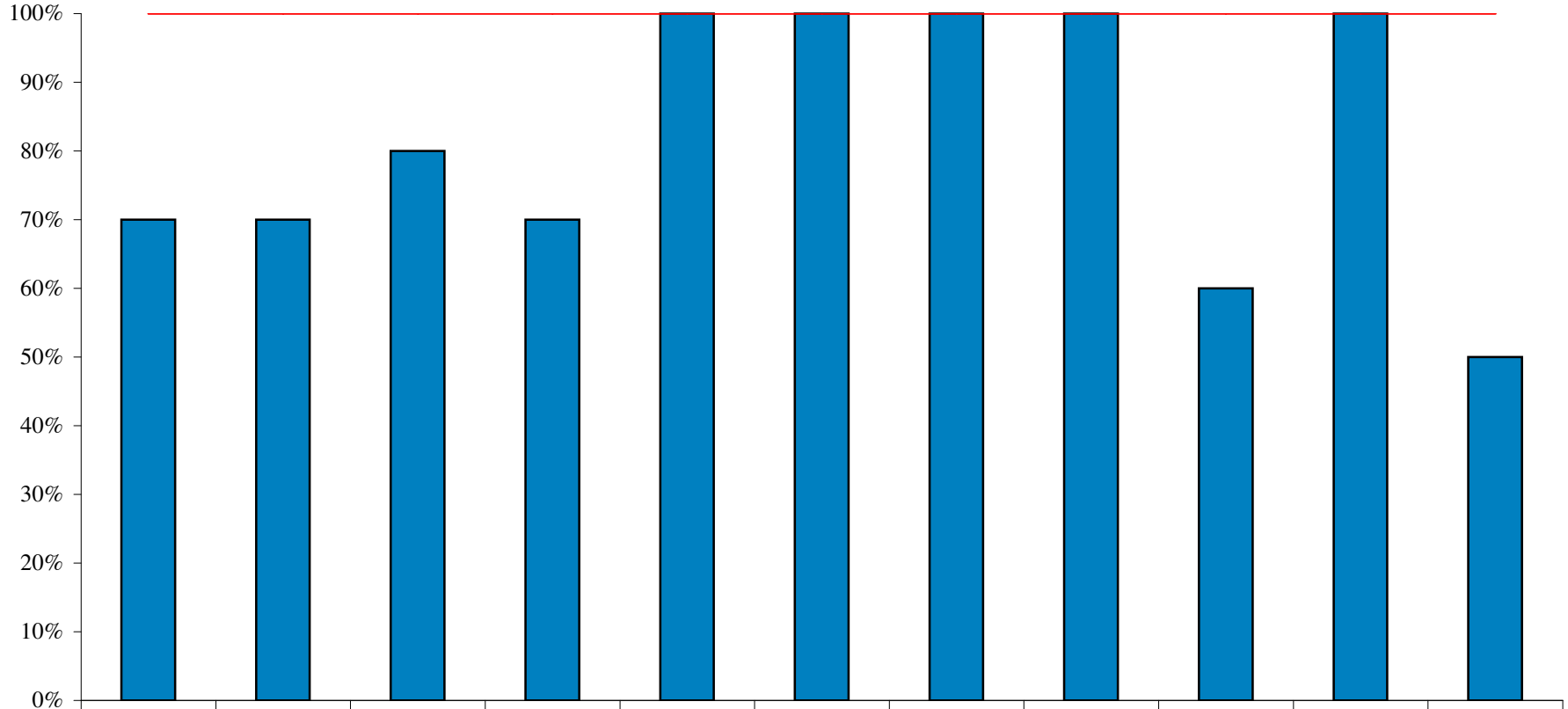
	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
FY12	100%	89%	89%	89%	100%	89%	100%	100%	100%	100%	89%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

EPPC and TCID = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9E - Facility Support Performance Indicators
All State Hospitals - FY2012
Procurement Card Controls



	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	WCFY
FY12	70%	70%	80%	70%	100%	100%	100%	100%	60%	100%	50%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

TCID = Contract Facility

Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

GOAL 10: Infection Control

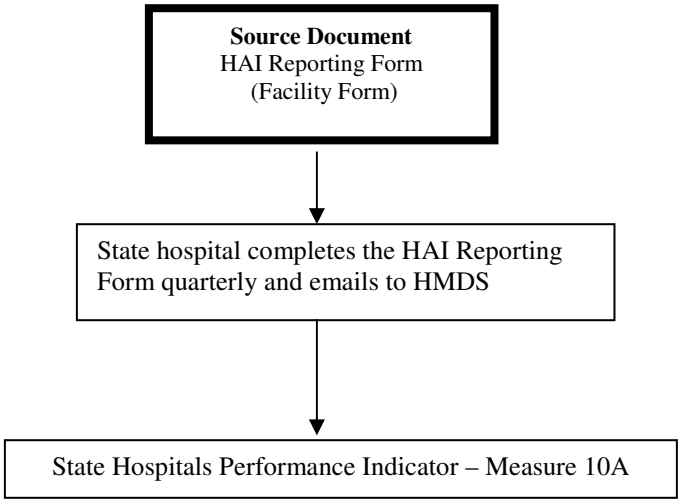
Performance Measure 10A:

Collect, compare, and report data on healthcare associated infections according to Centers for Disease Control (CDC) categories.

Performance Measure Operational Definition: The state hospital rate of healthcare associated infection rates will be collected quarterly.

Performance Measure Data Display and Chart Description:
Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

Data Flow:



Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	2	1	0	3	**6**
Surgical Site Infection	0	0	0	0	0	0	**0**
Pneumonia	1	0	1	0	0	0	**2**
Blood Stream Infection	0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	0	0	4	0	2	2	**8**
Gastrointestinal System Infection	0	0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneum	1	0	1	0	0	0	**2**
Reproductive Tract Infection	0	0	0	2	0	5	**7**
Skin and Soft Tissue Infection	2	0	5	2	4	0	**13**
Systemic Infection	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	**0**
Total	4	0	13	5	6	10	38
Rate Per 1,000 Beddays	**2.2**	**0.0**	**1.6**	**2.3**	**2.2**	**1.5**	**1.7**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	5	3		8	5	0	3	1	0	**25**
Surgical Site Infection	0	0	0		0	0	0	0	0	0	**0**
Pneumonia	1	1	0		2	6	1	0	1	0	**12**
Blood Stream Infection	0	0	0		0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0		0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0		0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0		0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	0	40	3		2	4	20	7	4	0	**80**
Gastrointestinal System Infection	1	4	0		0	6	0	0	0	2	**13**
Lower Respiratory Infection, other than Pneum	2	2	0		4	3	3	1	0	0	**15**
Upper Respiratory Infection	0	0	0		0	0	0	0	0	0	**0**
Reproductive Tract Infection	0	15	0		0	0	0	8	0	0	**23**
Skin and Soft Tissue Infection	2	24	1		5	0	4	9	0	1	**46**
Other	0	0	0		0	0	0	0	0	0	**0**
Systemic Infection	0	0	0		0	0	0	0	0	0	**0**
Total	6	91	7		21	24	28	28	6	3	214
Rate Per 1,000 Beddays	**0.3**	**5.8**	**1.2**		**0.5**	**5.2**	**1.0**	**1.4**	**0.2**	**0.8**	**1.2**

Table: Hospital Management Data Services

Source: Facility Survey

Measure 10A - Healthcare Associated Infection Rate
All State Hospitals - Q2

Age 65+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	TCID	System Total
Urinary Tract Infection	0	2	0		2	0	0	2	0	0	**6**
Surgical Site Infection	0	0	0		0	0	0	0	0	0	**0**
Pneumonia	1	0	0		0	0	0	0	0	0	**1**
Blood Stream Infection	0	0	0		0	0	0	0	0	0	**0**
Bone and Joint Infections	0	0	0		0	0	0	0	0	0	**0**
Central Nervous System Infection	0	0	0		0	0	0	0	0	0	**0**
Cardiovascular System Infection	0	0	0		0	0	0	0	0	0	**0**
Ear, Eyes, Nose, Throat Infection	0	4	0		1	0	0	4	0	0	**9**
Gastrointestinal System Infection	0	0	0		0	0	0	0	0	0	**0**
Lower Respiratory Infection, other than Pneum	0	0	0		1	0	0	2	0	0	**3**
Reproductive Tract Infection	0	0	0		0	0	0	1	0	0	**1**
Skin and Soft Tissue Infection	0	3	0		1	0	0	2	0	0	**6**
Systemic Infection	0	0	0		0	0	0	0	0	0	**0**
Other	0	0	0		0	0	0	0	0	0	**0**
Total	1	9	0		5	0	0	11	0	0	26
Rate Per 1,000 Beddays	**0.5**	**7.5**	**0.0**		**2.2**	**0.0**	**0.0**	**3.6**	**0.0**	**0.0**	**2.0**

Table: Hospital Management Data Services

Source: Facility Survey

Appendix A

Texas Center for Infectious Disease (TCID) Data Sheet

FY11

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	41	34	40	42	**39**
O 2A	Number of Abuse/Neglect Allegations	0	0	0	0	**0**
O 3A	Number of Patients Restrained	0	0	0	0	**0**
O 4B	Number of Medication Errors	5	4	5	5	**19**
O 4B	Number of Medication Errors that Reached the Patient	5	3	3	4	**15**
M 5A	Number of New Patients to System	15	21	24	16	**76**
O 6D	Number of Patient Injuries during Restraint	0	0	0	0	**0**
M 6A	Number of Patient Injuries	0	4	6	4	**14**
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	7	11	3	4	**25**
M 10A	Facility Healthcare Associated Infection	4	1	6	2	**13**

FY12

		Q1	Q2	Q3	Q4	FY
M 1C	Average Daily Census	43	41			**42**
O 2A	Number of Abuse/Neglect Allegations	0	0			**0**
O 3A	Number of Patients Restrained	0	0			**0**
O 4B	Number of Medication Errors	6	9			**15**
O 4B	Number of Medication Errors that Reached the Patient	3	9			**12**
M 5A	Number of New Patients to System	23	14			**37**
O 6D	Number of Patient Injuries during Restraint	0	0			**0**
M 6A	Number of Patient Injuries	2	3			**5**
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	9	11			**20**
M 10A	Facility Healthcare Associated Infection	0	6			**6**

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?
One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How may causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

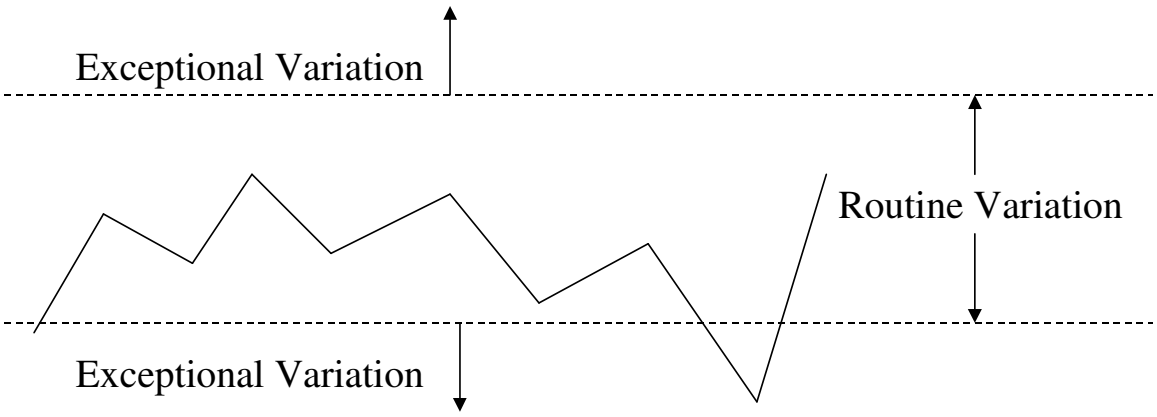
A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

> *While every process displays variation, some processes display predictable variation, while others display unpredictable variation.*
>
> *Don Wheeler, Building Continual Improvement.*

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

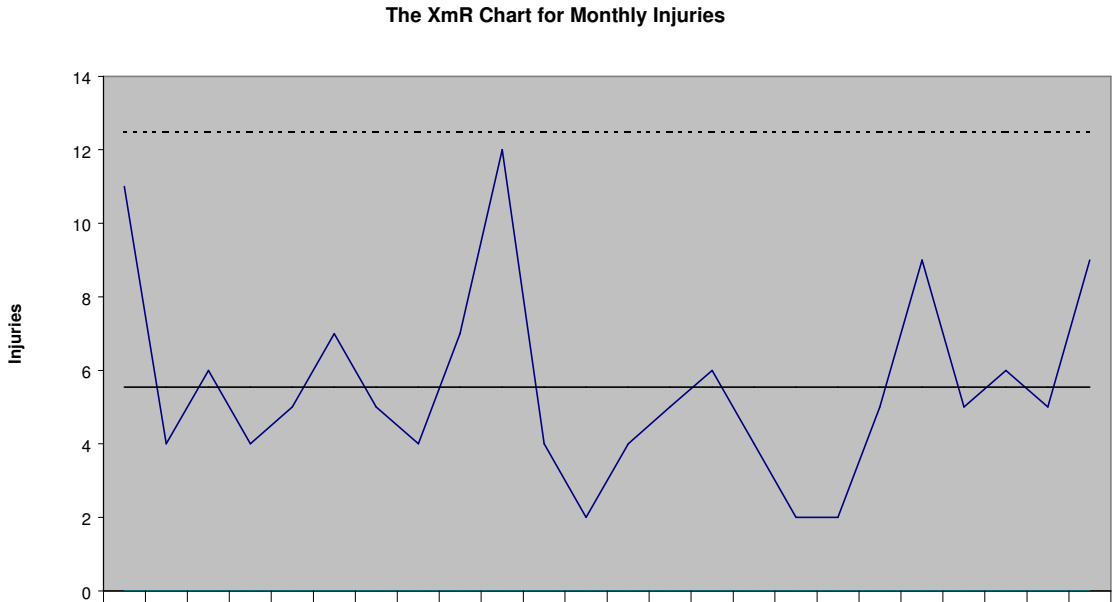
Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

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

- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?
The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Injuries	11	4	6	4	5	7	5	4	7	12	4	2	4	5	6	4	2	2	5	9	5	6	5	9
Average	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54	5.54
UCL	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
LCL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values.
In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	LCL	LCL
1	11		12.48	-1.40	0
2	4	7	12.48	-1.40	0
3	6	2	12.48	-1.40	0
4	4	2	12.48	-1.40	0
5	5	1	12.48	-1.40	0
6	7	2	12.48	-1.40	0
7	5	2	12.48	-1.40	0
8	4	1	12.48	-1.40	0
9	7	3	12.48	-1.40	0
10	12	5	12.48	-1.40	0
11	4	8	12.48	-1.40	0
12	2	2	12.48	-1.40	0
13	4	2	12.48	-1.40	0
14	5	1	12.48	-1.40	0
15	6	1	12.48	-1.40	0
16	4	2	12.48	-1.40	0
17	2	2	12.48	-1.40	0
18	2	0	12.48	-1.40	0
19	5	3	12.48	-1.40	0
20	9	4	12.48	-1.40	0
21	5	4	12.48	-1.40	0
22	6	1	12.48	-1.40	0
23	5	1	12.48	-1.40	0
24	9	4	12.48	-1.40	0
Average	**5.54**	**2.61**			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are *called Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits
A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits
Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line
Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?
The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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