

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 1 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 1	Improve Health Status through Preparedness and Information
Outcome No. 1	Percent of Staff Reached During Public Health Disaster Response Drills

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference:**  
**Key Measure: Y**      **New Measure: Y**      **Percent Measure: Y**

BL 2014 Definition

The percent of pre-identified staff members assigned to key positions in the State Medical Operations Center (SMOC) and Public Health and Medical Deployable Teams, required to organize or mount a response, that are alerted and acknowledge their ability to activate within one hour for a No Notice Event at least twice annually.

BL 2014 Data Limitations

None

BL 2014 Data Source

Documentation on Public Health and Medical Deployable Teams and staff alerting documentation which indicates the names and total number of staff members involved.

BL 2014 Methodology

Calculate the percentage of staff acknowledging their ability to activate within one hour of notification. The percent is the number of staff that respond "yes" divided by the number of staff contacted.

BL 2014 Purpose

Measure responsiveness of pre-identified staff members during disaster response drills.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 2 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 2	Infectious Disease Control, Prevention and Treatment
Outcome No. 1	Vaccination Coverage Levels among Children Aged 19 to 35 Months

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 01-02 OC 01**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

This measure uses data collected from the National Immunization Survey (NIS) to estimate the percentage of 19 to 35 month old children who are vaccinated with the routine childhood vaccines (four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccines, one dose of measles-mumps-rubella vaccine, three doses of Haemophilus influenzae type b, three doses of hepatitis B vaccine, one dose of varicella vaccine and four doses of Pneumococcal vaccine).

BL 2014 Data Limitations

Data are based on a telephone survey that is statistically weighted to adjust for nonresponse and households without telephones. NIS relies on provider-verified vaccination histories and incomplete records could result in underestimates of coverage. The estimate also assumes that coverage among children whose providers do respond is similar to that among children whose providers do not respond. The Texas coverage level estimates should be interpreted carefully due to the wide confidence interval range applied to the reported estimated vaccination coverage level (percentage).

BL 2014 Data Source

The NIS is coordinated by the CDC National Immunization Program (NIP) and data is collected by a company under contract with NIP. The NIS contractor calls randomly generated telephone numbers to find households that contain children 19 to 35 months of age and then interviews the child's parent or guardian. The NIS uses the 19-35 month age group based on sampling methodology and data analysis needs. Vaccination dates are verified by the child's medical provider.

BL 2014 Methodology

The percentage of 19 to 35 month old children who are vaccinated is estimated based on the data collected in the NIS. The NIS is conducted on a quarterly basis utilizing a random digit dial survey and results are reported annually to look at trends at the state level.

BL 2014 Purpose

Data are based on a telephone survey that is statistically weighted to adjust for nonresponse and households without telephones. NIS relies on provider-verified vaccination histories and incomplete records could result in underestimates of coverage. The estimate also assumes that coverage among children whose providers do respond is similar to that among children whose providers do not respond. The Texas coverage level estimates should be interpreted carefully due to the wide confidence interval range applied to the reported estimated vaccination coverage level (percentage).

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 3 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 2	Infectious Disease Control, Prevention and Treatment
Outcome No. 2	Incidence Rate of TB Among Texas Residents

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**Calculation Method:** N      **Target Attainment:** L      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 01-02 OC 02  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

This measure indicates the degree to which tuberculosis (TB) is occurring in the Texas population.

BL 2014 Data Limitations

Procedures for passive and sentinel surveillance activities between other disease registries, mortality and laboratory data are conducted infrequently. Procedures for active surveillance in hospitals, clinics, and pharmacies have not been established. This could result in the delay of the number of cases reported in the year the initial diagnosis was made.

BL 2014 Data Source

TB is a reportable disease in Texas. The number of TB cases is available through the case register maintained by DSHS. The population estimates are obtained from the Texas State Data.

BL 2014 Methodology

The number of TB cases in the fiscal year is divided by the mid-year population estimate of Texas times 100,000.

BL 2014 Purpose

This measure reflects how successful TB elimination efforts are in Texas.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 4 of 34

---

Agency Code: **537**      Agency: **State Health Services, Department of**  
Goal No.                    1            Preparedness and Prevention Services  
Objective No.            2            Infectious Disease Control, Prevention and Treatment  
Outcome No.            3            % of 1995 Epizootic Zone that is Free From Domestic Dog-Coyote Rabies

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**Calculation Method: N            Target Attainment: H            Priority: H            Cross Reference: Agy 537 082-R-S70-1 01-02 OC 03**  
**Key Measure: N            New Measure: N            Percent Measure: N**

BL 2014 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2014 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2014 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2014 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula:  $C = (1 - A/B) \times 100$ . "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2014 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 5 of 34

---

Agency Code: **537**      Agency: **State Health Services, Department of**  
Goal No.                    1            Preparedness and Prevention Services  
Objective No.            2            Infectious Disease Control, Prevention and Treatment  
Outcome No.            4            % of 1996 Epizootic Zone that is Free From Texas Fox Rabies

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**Calculation Method: N**            **Target Attainment: H**            **Priority: H**            **Cross Reference: Agy 537 082-R-S70-1 01-02 OC 04**  
**Key Measure: N**            **New Measure: N**            **Percent Measure: N**

BL 2014 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2014 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2014 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2014 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula:  $C = (1 - A/B) \times 100$ . "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2014 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 6 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 4	Laboratory Operations
Outcome No. 1	% High Volume Tests Completed within Established Turnaround Times

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 01-04 OC 01**

**Key Measure: N**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

The outcome measure is completion of 95% of the high volume tests within established turnaround times. High volume tests are defined as tests conducted on more than 10,000 specimens per year. The turnaround time includes the pre-analytical, analytical, and post-analytical procedural steps that are taken from the time a sample arrives at the laboratory until the test result is validated and released for reporting.

BL 2014 Data Limitations

There is no widely accepted standard for sample turnaround time because of the diversity of test protocols from laboratory to laboratory. However, the Laboratory Services Section has established reasonable turnaround times for its testing procedures. These turnaround times are based on procedure complexity and the time required to complete the procedure using good laboratory practices. The performance measure will include the high volume procedures done in each of the three testing areas: Biochemistry and Genetics, Environmental Sciences, and Microbiological Sciences.

BL 2014 Data Source

The Laboratory Services Section information management systems include specimen tracking features which log the date and time a sample is received and the date and time the analysis is completed. These dates will be used to determine turnaround time.

BL 2014 Methodology

In most cases, these data are captured by the Laboratory Services Section information management systems and the calculations of turnaround times are completed during preparation of management reports. In the cases where computer data are not available, staff will manually determine the turnaround time. The turnaround time for each test will be calculated by subtracting the received date from the report date and will be compared with the established target turnaround time for the test procedure. The performance measure will be the percentage of test results that are completed within the target turnaround times.

BL 2014 Purpose

This performance measure demonstrates the efficiency and reliability of laboratory operations in prompt completion of testing procedures and is an important measure of customer service. Test results are used to determine client health status or to indicate environmental quality. Prompt completion of testing procedures allows the Laboratory Services Section customers to reach conclusions about client health status or environmental quality in a timely manner.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 7 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 1	Provide Primary Care and Nutrition Services
Outcome No. 1	Percentage of Eligible WIC Population Served

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-01 OC 01**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

This measure represents the percent of potentially eligible clients that are provided services during the most recent month for which data are available. To be certified and participate in the WIC program, infants, children, and pregnant, postpartum, and breast-feeding women shall reside within the jurisdiction of the state, meet certain income criteria, and meet nutritional risk criteria.

BL 2014 Data Limitations

Estimates may be used at reporting deadlines. This calculation is based on a federal fiscal year.

BL 2014 Data Source

Participation is reported in the output measure "Number of WIC Participants Provided Food Supplements per Month". For number of WIC participants, see the measure "Number of WIC Participants Provided Food Supplements". Potential eligibles come from the Texas WIC Program County Potential Eligible Estimates Report, which is produced by the Texas Department of State Health Services. Potential eligibles are an estimate of the number of pregnant, postpartum or breast-feeding women, as well as children up to the age of 5 whose family incomes are at or below 185% of the Federal Poverty Level.

BL 2014 Methodology

The percentage is calculated by dividing the most recent month's number of WIC participants by the estimated number of persons eligible for WIC services at the time the report is due.

BL 2014 Purpose

Measures the percentage of eligible WIC population served.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 8 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 1	Provide Primary Care and Nutrition Services
Outcome No. 2	# of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)

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**Calculation Method:** N      **Target Attainment:** L      **Priority:** L      **Cross Reference:** Agy 537 082-R-S70-1 02-01 OC 02  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

This measure reports the infant mortality rate (per thousand live births) of Texas resident infants (under 1 year of age) in a given calendar year.

BL 2014 Data Limitations

Information to calculate the infant mortality rate is collected from birth and death certificates by DSHS' Vital Statistics department. The data has a two-year time lag (i.e., the number is calculated by using data from a calendar year two years prior).

BL 2014 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services (DSHS).

BL 2014 Methodology

The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

BL 2014 Purpose

This measure reports the infant mortality rate (per thousand live births) of Texas resident infants (under 1 year of age) in a given calendar year.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 9 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 1	Provide Primary Care and Nutrition Services
Outcome No. 3	Percentage of Low Birth Weight Births

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<b>Calculation Method:</b> N	<b>Target Attainment:</b> L	<b>Priority:</b> L	<b>Cross Reference:</b> Agy 537 082-R-S70-1 02-01 OC 03
<b>Key Measure:</b> Y	<b>New Measure:</b> N	<b>Percent Measure:</b> Y	

BL 2014 Definition

This measure reports the number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz.

BL 2014 Data Limitations

The data has a two-year time lag (i.e., the percentage is calculated by using data from a calendar year two years prior).

BL 2014 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services. Information to calculate the percentage is collected from birth certificates by DSHS' department of Vital Statistics.

BL 2014 Methodology

The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 100.

BL 2014 Purpose

Measures the number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 10 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 1	Provide Primary Care and Nutrition Services
Outcome No. 4	# Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)

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**Calculation Method:** N      **Target Attainment:** L      **Priority:** L      **Cross Reference:** Agy 537 082-R-S70-1 02-01 OC 04  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

Number of pregnant females age 13-19 per thousand (adolescent pregnancy rate).

BL 2014 Data Limitations

The data has a two-year time lag (i.e., the number is calculated by using data from a calendar year two years prior).

BL 2014 Data Source

Information to calculate the number of pregnancies is collected and compiled from birth certificates, fetal death certificates, and reports of induced terminations of pregnancies by DSHS' department of Vital Statistics. The population data originates from the State Data Center, Department of Rural Sociology, Texas A&M University and are provided by DSHS' Office of Health Information and Analysis.

BL 2014 Methodology

The number of pregnancies (fetal deaths + induced terminations of pregnancy + live births) to Texas female residents aged 13-19 in a given calendar year divided by the total female population aged 13-19 during the same period. This figure is then multiplied by 1000 to give the number of pregnancies per 1000 women aged 13 to 19.

BL 2014 Purpose

Indicates the adolescent pregnancy rate in the state.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 11 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 1	State MH Hospital and Center Re-admission Rate

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**Calculation Method:** N      **Target Attainment:** L      **Priority:** L      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 01  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

This measure is the percent of all persons discharged from state mental health facilities to the community during the fiscal year who are readmitted to any mental health facility in the same fiscal year. A person may be counted more than once during a fiscal year if the person has multiple admissions during the year.

BL 2014 Data Limitations

This measure does not capture information regarding readmissions for persons discharged during any previous fiscal year.

BL 2014 Data Source

State mental health facility personnel enter information about the individual into the department's data warehouse upon admission to and discharge from a state mental health facility.

BL 2014 Methodology

The numerator is the number of persons admitted to state mental health facilities from the community that have had a previous discharge from a state mental health facility during the same state fiscal year. The denominator is the number of persons discharged from state mental health facilities during the state fiscal year. Readmission does not include persons that are transferred from one facility to another without an intervening stay in the community. The formula is the numerator/denominator \* 100.

BL 2014 Purpose

When an individual returns to the community from a state mental health facility, the individual's community support system that existed prior to the inpatient admission must often be reestablished. Local authorities endeavor to minimize any disruption in the person's life that occurs as a result of transitioning back into the community. Readmission rates are an indicator of the effectiveness of the community reintegration process. High rates are indicative of discharge before the customer is ready for reintegration into the community and/or insufficient local services to facilitate reintegration.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 12 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 2	% Community MH Adults Admitted to a Level of Care (Service Package)

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**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 02  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

Persons who receive assessment services may or may not be eligible for mental health community services. This measure provides information about the percentage of adults who seek mental health community services and following assessment are found to qualify for services.

BL 2014 Data Limitations

Collection of data is dependent upon the completion of the Uniform Assessment for Resiliency & Disease Management as prescribed.

BL 2014 Data Source

The consumer Data Warehouse stores all assessment and service information for a consumer. Local authority staff submit data monthly to the consumer Data Warehouse. Persons are assigned a level of care (service package) of 1,2,3 or 4 after being assessed and found to be eligible for services. This measure is computed quarterly and year-to-date.

BL 2014 Methodology

The numerator is the number of priority-population adults who were admitted to a level of care (service package) of 1, 2, 3 or 4 following assessment.  
The denominator is the number of priority-population adults who were assessed and found eligible for services. The formula is numerator/denominator \* 100.

BL 2014 Purpose

Prior to receiving mental health community services (except crisis services), persons are assessed to determine their current level of functioning and which service package appropriately addresses their needs. This information is collected on the Uniform Assessment for Resiliency & Disease Management.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 13 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 3	% Community MH Adults Stabilized or Improved

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 03**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

One goal of community mental health services is to maintain or improve the consumer's level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for adults receiving community mental health services through an authorized level of care as determined by the Adult Texas Recommended Assessment Guidelines (Adult-TRAG).

BL 2014 Data Limitations

Collection of data is dependent upon completion of the Uniform Assessment for Resiliency & Disease Management as prescribed.

BL 2014 Data Source

Level of functioning is measured by Dimension 4 of the Adult Texas Recommended Assessment Guidelines (Adult-TRAG), which measures an individual's lack of ability to function in various community settings over the past three months. This scale is used for persons with severe and persistent mental illnesses. Clinical staff are expected to administer the Adult-TRAG at admission to community services, every 90 days and at planned discharges. Greater functional impairment scores reflect greater problems functioning in the community. The results of this assessment are located on the Uniform Assessment for Resiliency & Disease Management and are entered into the department's data warehouse by staff at the local authority.

BL 2014 Methodology

For this calculation, the first Uniform Assessment for Resiliency & Disease Management (UA) upon admission and the latest UA which must have been completed at least 90 days after the initial UA are utilized. Dimension 4 of the Adult-TRAG is a five-point scale. A decrease of 1 or more points is labeled improvement.

The numerator is the number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Resiliency & Disease Management with a decrease of 1 or more points in the second Uniform Assessment score.

The denominator is the total number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Resiliency & Disease Management. The formula is numerator/denominator \*100.

BL 2014 Purpose

Improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are four levels of care a mental health consumer may be assigned, level of care 1, 2, 3, or 4. Each level of care has a designated service package that the mental health consumer may receive. Persons receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 14 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 4	% Community MH Children Admitted to a Level of Care (Service Package)

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 04**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

Persons who receive assessment services may or may not be eligible for mental health community services. This measure provides information about the percentage of children who seek mental health community services and following assessment are found to qualify for services.

BL 2014 Data Limitations

Collection of data is dependent upon the completion of the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management as prescribed.

BL 2014 Data Source

The consumer Data Warehouse stores all assessment and service information for a consumer. Local authority staff submit data monthly to the consumer Data Warehouse. Persons are assigned a level of care (service package) of 1,2,3 or 4 after being assessed and found to be eligible for services. This measure is computed quarterly and year-to-date.

BL 2014 Methodology

The numerator is the number of priority-population children who were admitted to a level of care (service package) of 1, 2, 3 or 4 following assessment.  
The denominator is the number of priority-population children who were assessed and found eligible for services. The formula is numerator/denominator \* 100.

BL 2014 Purpose

Prior to receiving mental health community services (except crisis services), persons are assessed to determine their current level of functioning and which service package appropriately addresses their needs. This information is collected on the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 15 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 5	% Community MH Children Stabilized or Improved

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**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 05

**Key Measure:** Y      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

One goal of community mental health services is to maintain or improve the consumer's level of functioning in the community. The desired outcome of community mental health services is to improve level of functioning to the highest level of independence possible. This measure provides information about this outcome for children as measured by the Child & Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) during the fiscal year.

BL 2014 Data Limitations

Collection of data is dependent upon completion of the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management as prescribed.

BL 2014 Data Source

Level of functioning is measured by the Ohio Youth Functioning Scale (OYFS), which measures an individual's functioning in various community settings over the past three months. This scale is used for children with severe emotional disturbance. Parents/guardians or clinical staff are expected to administer the OYFS at admission to community services, every 90 days and at termination of services. The results of this assessment are located on the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management and are entered into the department's data warehouse by staff at the local authority.

For this calculation, the first CA-R&DM upon admission and the latest CA-R&DM, completed at least 90 days after the initial CA-R&DM, are utilized. Higher scores indicate worse functioning and lower scores indicate better functioning. DSHS reversed the endpoints relative to the original instrument.

BL 2014 Methodology

The SED will be used to measure change in scores. Based on preliminary data the SED for the OYFS is estimated to be 9 points. Stabilized functioning is defined as the second score being within (+) or (-) 8 points of the first score. Improved functioning is defined as a decrease in the total score of at least 9 points.

The numerator is the number of children receiving mh services with a minimum of two OYFS assessments in the fiscal year whose update assessment score stabilized or improved.

The denominator is the total number of consumers with a minimum of two OYFS assessments in the fiscal year. The formula is the numerator/ denominator \* 100.

BL 2014 Purpose

Stabilized or improved functioning in the community is an important indication that treatment is effective in reducing the functional deterioration associated with mental illness. There are four levels of care a mental health consumer may be assigned, level of care 1, 2, 3, or 4. Each level of care has a designated service package that the consumer may receive. There may be children whose authorized level of care does not match the CA-TRAG, however these exceptions are usually due to clinical judgement, resource issues, continuity of care per UM guidelines and/or consumer choice. Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 16 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 6	Percent MH Children with a History of Arrest Who Avoid Rearrest

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 06  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

This measure is an indication of the effectiveness of treatment strategies with children and adolescents who have a history of arrest involvement with the juvenile justice system.

BL 2014 Data Limitations

Collection of data is dependent upon the completion of the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management as prescribed.

BL 2014 Data Source

The evaluation instrument for this measure is the Child & Adolescent Texas Recommended Authorization Guidelines (CA-TRAG) which is part of the Child & Adolescent Evaluation Assessment for Benefit Design completed for all children at admission, every 90 days and at termination of services. Staff at the local authorities enter this assessment data into the department's data warehouse. The CA-TRAG has ten dimensions for assessment and number eight is juvenile justice involvement. The ratings are from lowest to highest juvenile justice involvement with 1 (no involvement with the juvenile justice system in the past 90 days and not currently on probation or parole) to 5 (rearrested within the past 90 days). Children whose initial CA-BD has been rated 3 or 4 on this dimension are included in this calculation. Recidivism is defined as a "5" rating on any quarterly CA-TRAG following the initial intake CA-TRAG. Children who received services for one quarter or more are included in this measure.

BL 2014 Methodology

For this calculation, the first CA-TRAG on the Child & Adolescent Evaluation Assessment for Resiliency & Disease Management upon admission with a rating of "3" or "4", and any subsequent CA-TRAG during the fiscal year which does not have a rating of "5" (i.e., rearrested) on this dimension are utilized.

The numerator is the number of children with juvenile justice involvement receiving mental health services whose initial assessment indicates a rating of "3" or "4" on the juvenile justice dimension of CA-R&DM, but whose update assessment does not indicate a rating of "5" on the juvenile justice dimension of the CA-R&DM.

The denominator is the number of children with juvenile justice involvement receiving mental health services whose initial assessment indicates a rating of "3" or "4" on the juvenile justice dimension of CA-R&DM.

The formula is (numerator/denominator) \* 100.

BL 2014 Purpose

Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs. Juvenile justice involvement is often related to severe emotional disturbance. This measure will provide information on the department's efforts to provide treatment to children involved with the juvenile justice system in order to prevent further involvement with the juvenile justice system.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 17 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 7	% Medicaid Receiving Crisis Services Followed by ER Visit

---

**Calculation Method:** N      **Target Attainment:** L      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 07  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

This measure reports the percent of persons (regardless of age) with a crisis episode who have an emergency room (ER) service within 30 days of the first day of each crisis episode. A crisis episode is defined as all crisis services received from Community Mental Health Centers including NorthSTAR with no break longer than 7 days. A crisis service occurring after another crisis service by 8+ days is considered a separate crisis episode. The crisis services include both residential and outpatient.

BL 2014 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available. The accuracy of the Health and Human Services Commission's Medicaid database is dependent upon accurate and timely submission of claims and encounters to the State. Only ER services for Sep-Dec of each Fiscal Year can be used to compute this measure in time for Quarter 4 reporting due to the inherent time lag in Medicaid claims processing.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse(MBOW)and NorthSTAR data warehouse.  
Medicaid claims and encounters are submitted by Health Management Organizations (HMOs)and providers participating with the State Medicaid program and are processed by the Texas Medicaid and Healthcare Partnership(TMHP).

BL 2014 Methodology

The numerator is the number of persons with Medicaid with a crisis episode who had an ER visit within 30 days of the first day of each crisis episode.  
The denominator is the number of persons with one or more crisis episodes.  
The formula is numerator/denominator \* 100.

BL 2014 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should reduce their need to access ER services.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 18 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 8	% Receiving Crisis Services Who Avoid Psychiatric Hospitalization

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 08**  
**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

This measure reports the percent of persons (regardless of age) with one or more crisis episodes, none of which were followed by a psychiatric hospitalization at a State or Community psychiatric hospital within 30 days of the first day of each crisis episode. A crisis episode is defined as all crisis services received from Community Mental Health Centers including NorthSTAR with no break longer than 7 days. A crisis service occurring after another crisis service by 8+ days is considered a separate crisis episode. The crisis services include both residential and outpatient.

BL 2014 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse. The State and Community hospitalization information is entered into the DSHS Client Assignment and Registration System (CARE).

BL 2014 Methodology

The numerator is the number of persons with one or more crisis episodes, none of which were followed by a State or Community psychiatric hospitalization within 30 days of the first day of each crisis episode. The denominator is the number of persons with one or more crisis episodes. The formula is numerator/denominator \* 100.

BL 2014 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should reduce their need to access State or Community psychiatric hospitals.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 19 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 9	% Receiving Crisis Services Followed by Jail Booking

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 09**

**Key Measure: N**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

This measure reports the percent of persons (regardless of age) receiving a residential or outpatient crisis service from Community Mental Health Centers including NorthSTAR who had a jail booking within 7 days of a crisis service. The same crisis service lasting more than one day is considered a separate crisis service.

BL 2014 Data Limitations

This measure is dependent upon timely compliance to Texas Senate Bill 839, passed during the 80th Legislative Session, that requires DSHS and the Texas Department of Public Safety's (DPS) Bureau of Identification and Records to establish a contemporaneous identification system that cross-references persons booked into jails with persons in the DSHS Client Assignment and Registration (CARE) System. Thus, DSHS is not able to propose a target for this measure until compliance with Texas Senate Bill 839 is achieved.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse. Jail booking information is from local and county jails statewide and will be cross-referenced with the DSHS CARE system.

BL 2014 Methodology

The numerator is the number of persons with a crisis service that have a jail booking within 7 days of a crisis service.  
The denominator is the number of persons with one or more crisis services.  
The formula is numerator/denominator \* 100.

BL 2014 Purpose

Providing less restrictive and more appropriate mental health crisis services in the community is an important function of Crisis Redesign. Appropriate interventions for persons in mental health crisis should prevent persons from being placed in jail settings.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 20 of 34

---

Agency Code: 537      Agency: **State Health Services, Department of**  
Goal No.                2            Community Health Services  
Objective No.         2            Provide Behavioral Health Services  
Outcome No.          10          Percent of Adults Engaged in Substance Abuse Treatment for 90 Days

---

**Calculation Method:** N            **Target Attainment:** H            **Priority:** M            **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 10  
**Key Measure:** N            **New Measure:** N            **Percent Measure:** Y

BL 2014 Definition

This measures the percent of discharged adult clients, age 18 or above, who were engaged in a course of substance abuse treatment for at least 90 days.

BL 2014 Data Limitations

This measure will be limited to adult clients in substance abuse treatment and does not take into consideration intervening variables, such as motivational stage, severity of the addiction, client satisfaction with services, array of services offered by the provider, medical status of the client, etc.

BL 2014 Data Source

Discharge information reported by providers via the Behavioral Integrated Provider System (BHIPS). Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Total number of unduplicated adults who were retained in substance abuse treatment for at least 90 days at one or more levels of service by the total number of unduplicated clients who were admitted to substance abuse treatment services during a period of time.

BL 2014 Purpose

Clients who are retained in substance abuse treatment for a period of time considered sufficient will demonstrate positive treatment outcomes.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 21 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 11	Percent of Adults Completing Treatment Programs Who Report Abstinence

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 11**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

The percent of adults, age 18 or above, who complete a treatment program for substance abuse and report no past month substance use when contacted 60 days after discharge.

BL 2014 Data Limitations

This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Provider staff contact adult clients 60 days after discharge to request client self-report on abstinence during past 30 days. Provider records information in Adult Follow-up Report. Data is entered by client ID number directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Total number of adults, age 18 or above, who complete a treatment program for substance abuse and report no past month substance use at the time of follow-up divided by the total number of adults who complete a treatment program and are contacted at follow-up.

BL 2014 Purpose

Abstinence is an objective of ongoing recovery for addiction.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 22 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 12	% Youth Enrolled in Substance Abuse Prevention Programs

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**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 12  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

This measures the percent of youth in substance abuse prevention curricula who reduced identified risk and/or increased protective characteristics that minimize their probabilities of getting involved in the use of alcohol, tobacco and other drugs.

BL 2014 Data Limitations

The success rate will be limited by the number of program participants that were tested. Although a high rate of participation in testing is expected, circumstances beyond the providers' control may affect this rate (e.g., school regulations disallowing testing, low participation in voluntary testing). DSHS will also monitor and measure the number of clients who complete programs.

BL 2014 Data Source

Using the Prevention Outcome Report in the Behavioral Integrated Provider System (BHIPS), providers will report the number of youth who are enrolled, the number of youth who are pre- and post-tested, and the number of youth who complete the program successfully. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The number of participants who scored in the desired direction and/or maintained scores at established score levels divided by the total number of participants who completed program activities and were post-tested.

BL 2014 Purpose

This is a measure of program effectiveness in reducing substance abuse risk factors and increasing protective factors.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 23 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 13	Percent of Youth Completing Treatment Programs Who Report Abstinence

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 13  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

The percent of youth, age 17 or below, who complete a treatment program for substance abuse and report no past month substance use when contacted 60 days after discharge.

BL 2014 Data Limitations

This only reflects clients from DSHS funded programs. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Provider staff contact youth clients 60 days after discharge to request client self-report on abstinence during past 30 days. Provider records information in Youth Follow-up Report. Data is entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Total number of youth, age 17 or below, who complete a treatment program for substance abuse and report no past month use of alcohol or drugs at the time of follow-up divided by the total number of youth who complete a treatment program for substance abuse and are contacted at follow-up.

BL 2014 Purpose

Abstinence is an objective of ongoing recovery for addiction.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 24 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 14	Percent of Youth Completing Treatment w/ Reduction in Absenteeism

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 14  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

The percent of youth, age 17 or below, who complete a treatment program for substance abuse and report improvement in school attendance when contacted 60 days after discharge.

BL 2014 Data Limitations

This only reflects clients from DSHS funded programs. Does not consider youth, age 16 or 17, who have dropped out of school. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Provider staff contact clients 60 days after discharge to request self-report on school attendance. Provider records information in Youth Follow-up Report by client ID number directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The number of youth clients, age 17 or below, who completed a treatment program for substance abuse and whose total number of days suspended and absent during the 6 week period prior to follow-up was less than the total number of days suspended and absent during the 6-week period prior to admission, divided by the number of youth completing a treatment program for substance abuse and contacted at follow-up.

BL 2014 Purpose

Reduction in absenteeism is highly correlated to recovery from substance abuse.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 25 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 15	Prevalence of Tobacco Use among Middle & HS Youth Target Areas

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: L**      **Cross Reference: Agy 537 082-R-S70-1 02-02 OC 15**

**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

This is a measure of the prevalence of tobacco use among middle and high school (6th - 12th grade) students in the targeted area of Texas. The targeted area consists of the population served by 6 community grantees that serves 17 zip codes within the city of Austin as well as Bexar, Fort Bend, Smith, Rusk, Gregg, Midland, Ector, Lubbock, Crosby, Dickens, Gaines, Hale, Hockley, Lynn and Terry Counties.

BL 2014 Data Limitations

None

BL 2014 Data Source

The measurement is based on the Texas Youth Tobacco Survey, which is a school based survey relating to tobacco use behaviors.

BL 2014 Methodology

Percentage of current tobacco use among middle and high school (6th - 12th grade) youth in the targeted areas equals the number of target area middle and high school (6th – 12th grade). Texas Youth Tobacco Survey respondents who reported having used cigarettes, cigars, pipe or smokeless tobacco on one of the thirty days preceding the survey divided by the total number of valid middle and high school survey respondents in the target area and multiplied by 100. Data are weighted to the student population composition in the target area.

BL 2014 Purpose

Measures the prevalence of tobacco use among middle and high school (6th-12th grade) students in the targeted areas of Texas.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 26 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 16	Statewide Prevalence of Tobacco Use among Middle and High School Youth

---

**Calculation Method:** N      **Target Attainment:** L      **Priority:** L      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 16  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

This is a measure of the prevalence of tobacco use among middle and high school (6th-12th grade) students in Texas.

BL 2014 Data Limitations

None

BL 2014 Data Source

Texas Youth Tobacco Survey, a school-based survey relating to tobacco use behaviors.

BL 2014 Methodology

Statewide percentage of current tobacco use among middle and high school (6th -12th grade) youth equals the number of statewide middle and high school (6th-12th grade) Texas Youth Tobacco Survey respondents who reported having used cigarettes, cigars, pipes or smokeless tobacco on one of the thirty days preceding the survey divided by the total number of valid middle and high school survey respondents in Texas and multiplied by 100. Data are weighted to the statewide student population composition.

BL 2014 Purpose

Measures the statewide prevalence of tobacco use among middle and high school (6th-12th grade) youth.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 27 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 2	Provide Behavioral Health Services
Outcome No. 17	Prevalence of Smoking among Adult Texans

---

**Calculation Method:** N      **Target Attainment:** L      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 02-02 OC 17  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

This is a measure of the prevalence of smoking among adult Texans, based on the Behavioral Risk Factor Survey, which is a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis.

BL 2014 Data Limitations

None

BL 2014 Data Source

Behavioral Risk Factor Surveillance Survey, a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis and Texas population data received from the State Data Center, University of Texas at San Antonio.

BL 2014 Methodology

This is a measure of the prevalence of smoking among adult Texans based on the number of adults who smoke divided by population of adult Texans times 100, statistically adjusted. "Adults who smoke" is defined as someone who has smoked 100 cigarettes and now smokes every day or some days.

BL 2014 Purpose

This is a measure of the prevalence of smoking among adult Texans.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 28 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 3	Hospital Facilities Management and Services
Objective No. 1	Provide State Owned Hospital Services and Facility Operations
Outcome No. 1	% Cases of TB Treated at TCID as Inpatients - Patients Treated to Cure

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 03-01 OC 01

**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

Percent of cases of tuberculosis treated at TCID as inpatients in which the patients are treated to cure.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Discharge summary prepared to document physician authorization to discharge patient from hospitalization at TCID is logged and data is compiled for the reporting period. "Treatment to cure" is defined as the organism being completely eradicated in those patients who must be more expensively hospitalized to complete their treatment.

BL 2014 Methodology

Ratio of total TCID discharged patients who have completed treatment to cure to total number of patients admitted to TCID for the reporting period.

BL 2014 Purpose

Measures the controllable outcome expected by HSC13.031 for TCID services

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 29 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 3	Hospital Facilities Management and Services
Objective No. 1	Provide State Owned Hospital Services and Facility Operations
Outcome No. 2	% of State Mental Health Facility Patients Stabilized or Improved

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 03-01 OC 02**  
**Key Measure: Y**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

Mental health campus services are utilized when an individual's behavior and/or functioning level necessitates a structured environment. These services are intended to stabilize or improve the consumer's level of functioning so that the individual may return to his/her community. Campus services are provided at state mental health facilities and state centers. Campus services are provided to children and adults.

BL 2014 Data Limitations

None

BL 2014 Data Source

The instrument used to assess level of functioning in state mental health facilities is the Global Assessment of Functioning (GAF) Scale. Clinical staff completes the assessment during admission evaluation and at the time of discharge. The Global Assessment of Functioning scale measures the individual's functioning in global terms with respect only to psychological, social and occupational functioning on a 90 point scale.

BL 2014 Methodology

The calculation of this measure counts the number of persons discharged from state hospitals during the current fiscal year who have 2 functioning level scores during the inpatient episode. A significant decrease in functioning level is defined as a decrease of 10 or more points on the Global Assessment of Functioning (GAF) scale. The numerator is the number of patients discharged who were evaluated for level of functioning and whose functioning score did not decrease by 10 or more points on the Global Assessment of Functioning (GAF) scale. The denominator is the number of discharged patients with two usable level of functioning scores. The formula is the numerator/denominator \* 100.

BL 2014 Purpose

Stabilized or improved functioning indicates that treatment in general is effective in stopping the deterioration due to the mental illness, increasing the consumer's ability to deal with the symptoms. The higher the percent improved or stabilized, the more effective the treatment provided by the facilities

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 30 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 3	Hospital Facilities Management and Services
Objective No. 1	Provide State Owned Hospital Services and Facility Operations
Outcome No. 3	Patient Satisfaction with State Mental Health Facility Treatment

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 03-01 OC 03

**Key Measure:** N      **New Measure:** N      **Percent Measure:** N

BL 2014 Definition

A primary goal for inpatient treatment is to assure that quality psychiatric services are provided that meet or exceed the needs and expectations of consumers and their families. This measure is obtained from the consumers (and family members as appropriate) and provides consumer self-report information as an indication of satisfaction

BL 2014 Data Limitations

The MHSIP is a voluntary survey. The collection of data from survey questionnaires is dependent upon the consumers' completion and submission of the survey. Since not all consumers will complete the survey, this measurement of satisfaction is not able to fully reveal consumer satisfaction.

BL 2014 Data Source

All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project (MHSIP) Inpatient Consumer Survey at discharge, but participation is strictly voluntary. The survey instrument asks for agreement/disagreement ratings along a five-point scale for 28 statements. The survey results are entered into the stand-alone, non-proprietary database by staff of the facilities then e-mailed to State Mental Health Facility staff. Staff analyzes the data and prepares monthly reports.

BL 2014 Methodology

The measure is calculated by averaging the items scored for all adolescent and adult patients combined who completed the MHSIP during the current fiscal year.

BL 2014 Purpose

A positive degree of satisfaction is one indicator reflecting success in addressing consumer needs and preferences. This includes achieving desired outcomes and is associated with compliance with treatment.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 31 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 4	Consumer Protection Services
Objective No. 1	Provide Licensing and Regulatory Compliance
Outcome No. 1	Percentage of Inspected Entities in Compliance with Statutes/Rules

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 04-01 OC 01**

**Key Measure: N**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

Percentage of entities in compliance with statutes and/or rules is a measure identified during surveillance and enforcement activities. An inspected entity is a fixed or mobile site (usually a place of business) that the Department is directed to inspect by statute or rule. Includes routine and compliance inspections and investigations, and may be randomly selected or complaint initiated. An inspected entity is determined to be in compliance when serious conditions, as defined by programmatic area, are not identified upon inspection.

BL 2014 Data Limitations

None

BL 2014 Data Source

The total number of entities inspected and the number of entities who have received a sanction is obtained from Regulatory Automation System (RAS) and includes food (meat) and drug safety, environmental health and radiation control.

BL 2014 Methodology

The number of inspected entities in compliance and the total number of inspected entities are reported by each strategy. Each strategy's number in compliance is added together and divided by the total number of inspected entities for each strategy to arrive at this percentage.

BL 2014 Purpose

Measures the percentage of entities in compliance with statutes and/or rules identified during surveillance and enforcement activities.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 32 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 4	Consumer Protection Services
Objective No. 1	Provide Licensing and Regulatory Compliance
Outcome No. 2	Percentage of Licenses Issued within Regulatory Timeframe

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 04-01 OC 02  
**Key Measure:** Y      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

Percentage of individuals credentialed and entities licensed within regulatory timeframes (mandated by statute and listed in specific program rules).

BL 2014 Data Limitations

The Regulatory Automation System (RAS) reports the total consecutive number days from the fiscal remittance date to the date an application is approved. However, the report does not take into account periods of time when time frames are suspended per regulations when an applicant fails to submit a complete application and/or payment.

BL 2014 Data Source

Application records and the Regulatory Automation System (RAS).

BL 2014 Methodology

This efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

BL 2014 Purpose

Measures the efficiency of licensing activities to ensure compliance with regulatory timeframes.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 33 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 4	Consumer Protection Services
Objective No. 1	Provide Licensing and Regulatory Compliance
Outcome No. 3	Percent of Licensed/Certified Professionals with No Recent Violations

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      **Cross Reference: Agy 537 082-R-S70-1 04-01 OC 03**

**Key Measure: N**      **New Measure: N**      **Percent Measure: Y**

BL 2014 Definition

Percent of the total licensed, certified, registered, permitted or documented professionals at the end of the reporting period who have not incurred a violation within the current and preceding two years (three years total).

BL 2014 Data Limitations

The numbers of violations are dependent on the number of complaints filed and the nature of those violations investigated. The agency has no control over either of these two factors. The agency also has no control over the number of individuals who meet the requirements for professional credentialing and/or professionals who choose to renew their licenses.

BL 2014 Data Source

The total number of professionals and the number of professionals who received a sanction is obtained from Regulatory Automation System (RAS).

BL 2014 Methodology

The percentage is calculated by dividing the total number of individuals currently licensed, registered, permitted, certified, or documented who have not incurred a violation within the current and preceding two years by the total number of individuals currently licensed, registered, permitted, certified, or documented by the agency.

BL 2014 Purpose

Licensing, certifying, registering, permitting, and documenting individuals helps ensure that practitioners meet legal standards for professional education and practice, which is a primary program goal. This measure is an indication of the percentage of individuals who have not committed violations of the laws, and/or rules governing the profession. This measure is important because it indicates how effectively the agency's activities deter violations of professional standards established by statute and rule.

**OBJECTIVE OUTCOME DEFINITIONS REPORT**  
83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Date: 8/9/2012  
Time: 11:46:03AM  
Page: 34 of 34

---

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 4	Consumer Protection Services
Objective No. 1	Provide Licensing and Regulatory Compliance
Outcome No. 4	% of Licensed/Certified AHCF Meeting St/Fed Regulations at Survey

---

**Calculation Method:** N      **Target Attainment:** H      **Priority:** H      **Cross Reference:** Agy 537 082-R-S70-1 04-01 OC 04  
**Key Measure:** N      **New Measure:** N      **Percent Measure:** Y

BL 2014 Definition

With the outcome measure of percentage of licensed/certified acute health care facilities (AHCF), including free standing emergency medical care facilities, meeting state/federal regulation at survey, the comparison will be made on a yearly basis between the number of acute care facility and free standing emergency medical care facilities surveys conducted and the number of those surveys which found the facilities to be in compliance with state/federal regulations.

BL 2014 Data Limitations

The number of compliance surveys is provided through manual computation.

BL 2014 Data Source

The number of compliance surveys is provided through manual computation. The facilities found to be out of compliance are maintained in a database file in an automated computer system(s) of the health facility compliance program.

BL 2014 Methodology

The percentage is calculated by dividing the number of acute care facilities found out of compliance with state and federal regulations during surveys by the total number of compliance surveys conducted. This number is subtracted from 1 and then multiplied by 100%.

BL 2014 Purpose

The goal is to demonstrate an increase in the compliance rate being an indicator of improved health care delivery to the citizens of Texas by DSHS regulated health care facilities.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	1	Public Health Preparedness and Coordinated Services	
Measure Type	EX		
Measure No.	1	Percent of Tx Hospitals Participating in Hospital Preparedness Program	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference:

**Key Measure: N**      **New Measure: Y**      **Percentage Measure: Y**

BL 2014 Definition

A Texas Hospital Preparedness Program (HPP) participant is defined as a hospital, entity or agency that has signed a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with a DSHS HPP Contractor in order to obtain preparedness equipment, supplies or funding. If a pre-existing HPP participant does not sign an MOU/MOA with the DSHS HPP contractor, they may retain the equipment and supplies purchased for preparedness as long as the hospital, entity or agency fulfills an active role in the local or regional emergency management system or response plan.

BL 2014 Data Limitations

None

BL 2014 Data Source

Annual DSHS HPP Contractor Reports

BL 2014 Methodology

The percentage of participating hospitals is calculated by dividing the number of HPP participating hospitals by the total number of licensed hospitals in Texas. This number fluctuates as new hospitals open, as older hospitals close, and as hospitals choose if they will participate in the HPP. Participation is not required.

BL 2014 Purpose

To measure the proportion of licensed Texas hospitals participating in the Hospital Preparedness Program (HPP) to enhance healthcare facility preparedness activities. Active participation assures a higher standard of preparedness and response capacities to better protect their communities against natural disasters, major industrial accidents, and terrorist attacks.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	1	Public Health Preparedness and Coordinated Services	
Measure Type	EX		
Measure No.	2	# of Local Pub HLTH Svcs Providers Connected to Health Alert Network	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-01 EX 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The measure defines the availability and use of telecommunications infrastructure for rapid public health emergency response. A local public health service provider is defined as an entity involved in the monitoring of local public health events and/or the provision of local public health services (i. e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers).

BL 2014 Data Limitations

The Texas Department of State Health Services is working in conjunction with local public health departments to gather data to report the total number of local public health service providers in Texas.

BL 2014 Data Source

Annual reports on the number of local public health service providers (i.e.: city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network. This data is compiled in the Prevention and Preparedness Division in Austin.

BL 2014 Methodology

The total number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Health Alert Network.

BL 2014 Purpose

This is a measure of the preparedness of Texas health officials to detect and rapidly respond to bioterrorism events. The Health Alert Network provides technology to rapidly notify public health and emergency management officials if such an event occurs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	1	Public Health Preparedness and Coordinated Services	
Measure Type	OP		
Measure No.	1	Number of LHD Contractors Carrying Out Essential Public Health Plans	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-01 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the number of Local Health Department contractors carrying out plans to provide the ten essential public health services within communities. Strategies utilized in these plans demonstrate cost-effective methods for providing the essential public health services at the local level.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Data on contracts awarded to Local Health Departments will be collected by DSHS.

BL 2014 Methodology

DSHS will manually count the number of contracts awarded to Local Health Departments on an annual basis.

BL 2014 Purpose

The purpose of this measure is to capture the number of contracts awarded to Local Health Departments for implementing plans for providing the ten essential public health services. These plans will help the Local Health Departments develop and demonstrate cost-effective prevention and intervention strategies for improving public health outcomes, and address disparities in health in minority populations. DSHS intends to renew these contracts on an annual basis.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	1		Improve Health Status through Preparedness and Information
Strategy No.	1		Public Health Preparedness and Coordinated Services
Measure Type	OP		
Measure No.	2		# of Essential Public Health Services Provided to Border Residents

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-01 OP 03

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the number of essential border health services to improve communication, coordination, and collaboration between Texas and Mexico. Strategies utilized include direct support of Binational Health Councils, managing the Texas Outreach Office (TORO) of the U.S. Mexico Border Health Commission, inter- and intra-agency border health coordination, and a data/information border health clearinghouse.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Binational Health Council meeting reports, workgroup meeting reports, and project summaries and reports.

BL 2014 Methodology

The number of essential border health coordination services will be manually counted and documented by monthly outcome reports provided by border offices (Austin, El Paso, Uvalde, Laredo and Harlingen).

BL 2014 Purpose

The main purpose is to demonstrate progress to meet Texas Health and Safety Code Chapter 12, §12.071 stipulating that the department shall establish and maintain an office to coordinate health issues between this state and Mexico.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Registries, Information, and Vital Records	
Measure Type	EF		
Measure No.	1	Average Number of Days to Certify or Verify Vital Statistics Records	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-02 EF 01

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average number of days to complete fee-related customer requests for copies of vital records from the day the requests are received until the day of completion.

BL 2014 Data Limitations

This measure may be inaccurate if the Texas.Gov vendor does not transmit a request to the TER system, and DSHS IT scheduled processes are unable to match the remittance from the Comptroller with the record identified in the Remit Error Log report.

BL 2014 Data Source

All requests are tracked in the automated Texas Electronic Registrar (TER) system. A Microsoft Access monthly query from the Quality Fee database is used to extract the data on resolved orders. The Quality Fee database is unstable and not officially supported by Agency IT.

BL 2014 Methodology

Using the Texas Electronic Registrar (TER) databases, the number of days between when requests are received and when they are closed is average for requests closed during the quarter. For some requests, such as those for walk-in customers, the database close date does not reflect when the order was complete due to the system not closing the request until the money has been processed by the agency's fiscal department. In those areas affected by that problem, the average number of days requests are open is estimated.

BL 2014 Purpose

Identify the average time taken to fulfill fee-related requests during the reporting period. This information provides a measure of the Vital Statistics Unit's ability to meet customer needs using available resources.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Registries, Information, and Vital Records	
Measure Type	EF		
Measure No.	2	Avg # Working Days Required by Staff to Complete Customized Requests	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-02 EF 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure tracks the average time required by staff of Center for Health Statistics (CHS) to complete a customized data request, from receipt of the data request to completion and dissemination back to the customer.

BL 2014 Data Limitations

Dependent upon consistent use of tracking system by CHS employees in recording data requests. As standard reports and information become part of the website, more complex data requests will be handled by staff. This could increase the time required to complete requests.

BL 2014 Data Source

A record is kept for each request for data and information received. This includes requests for reports that may require special computer runs, standard reports, and technical assistance.

BL 2014 Methodology

Number of working days to respond to requests, divided by the total number of requests completed.

BL 2014 Purpose

This measure monitors productivity and responsiveness to customer requests requiring customization to attain the data.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Registries, Information, and Vital Records	
Measure Type	OP		
Measure No.	1	Number of Requests for Records Services Completed	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-02 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Vital Records receives fee-related requests for certified copies of birth, death and fetal death records. Services include marriage, divorce, birth and death verifications, and issuance of certified copies. In addition, Vital Records also files amendments to birth and death records and new records based on adoption and paternities.

BL 2014 Data Limitations

This measure may be inaccurate if the MS Access Quality Fee database records that the query are based on are lost or damaged.

BL 2014 Data Source

All requests are tracked in the automated Texas Electronic Registrar (TER) system. A Microsoft Access monthly query from the Quality Fee database is used to extract the data on resolved orders. The Quality Fee database is unstable and not officially supported by Agency IT.

BL 2014 Methodology

Using the Texas Electronic Registrar (TER) database, the number of record services is found by counting record-related actions saved in TER for that quarter by Vital Statistics Unit processors for their customers. Record-related actions include activities such as issuing a birth certificate or filing an adoption.

BL 2014 Purpose

Identify the volume of fee-related services completed during the reporting month. This information reflects the demand for services and helps to identify the resources needed to meet that demand.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Registries, Information, and Vital Records	
Measure Type	OP		
Measure No.	2	Number of Abstracted Cases for Epidemiologic Study	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-02 OP 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Surveillance systems have been established to determine the scope and magnitude of selected public health problems. The abstracted cases from these systems are analyzed for trends and are included in epidemiologic studies and investigations, leading to possible strategies for prevention and control. The number includes abstracted cases from routine surveillance activities, institutional case reporting, and case abstracts obtained as a result of special collection efforts for injuries, birth defects, cancer, childhood and adult lead levels, occupational conditions, such as asbestosis and silicosis, and occupational pesticide exposures.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Birth Defects Registry System for birth defects; Registry Plus database for cancer; Child and Adult Blood Lead Epidemiology Surveillance (CABLES) for childhood and adult blood lead; Asbestosis-Silicosis Access database system for occupational conditions; (asbestosis and silicosis); SPIDER database for acute occupational pesticide exposures.

BL 2014 Methodology

An abstracted case is information on a persons's disease or condition that is collected from a medical record. The number includes abstracted cases from routine surveillance activities, institutional case reporting, and case abstracts obtained as a result of special collection efforts for injuries, birth defects, cancer, childhood and adult lead levels, occupational conditions, such as asbestosis and silicosis and occupational pesticide exposures.

BL 2014 Purpose

Measures the number of abstracted cases that undergo epidemiologic analysis or study.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Registries, Information, and Vital Records	
Measure Type	OP		
Measure No.	3	Average Successful Requests - Pages per Day	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-01-02 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure tracks the daily average of times that Center for Health Statistics (CHS) web pages on the DSHS Internet website are accessed for data or health-related information.

BL 2014 Data Limitations

We can count the number of pages retrieved from the server, but we do not know how, or if, CHS customers use the information being made available. Some variation can be expected because of seasonal effects and availability of new data.

BL 2014 Data Source

Web Server Log Files.

BL 2014 Methodology

The statistic used will be "Average successful requests for pages from the CHS website per day". The total number of successful requests for pages, extracted from the web server logs, will be divided by the number of days in the quarter. This measures access to complete web pages and excludes graphics and other auxiliary files.

BL 2014 Purpose

This measure monitors the use of Center for Health Statistics (CHS) web-based products by customers.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	EF		
Measure No.	1		Average Cost Per Dose of Vaccine Purchased with State Funds

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reflects the dollar amount expended to purchase childhood vaccines, state purchased adult vaccines, and emergency biologicals. Vaccines are defined as: vaccines, toxoids, and biologicals.

BL 2014 Data Limitations

Vaccine amounts are based on population estimates. CDC will utilize a computer program (VOFA) to determine Texas' share of vaccine purchases. CDC instructs Texas on what vaccine is needed to replenish the federal inventory at its distribution contractor facility. Texas will purchase the vaccine (or vaccines) as instructed by CDC with general revenue funds. Dollar amounts are based on CDC invoices to Texas and will be used for the vaccines that CDC assigns to Texas to purchase.

BL 2014 Data Source

Data is derived from records of purchases with State funds of vaccines, toxoids, and biologicals.

BL 2014 Methodology

The total dollar value of vaccines purchased with state funds is divided by the total number of doses purchased with state funds to give the average cost per dose. The year-to-date average cost is calculated by the total expenditures of state vaccines purchased and divided by the year-to-date total number of state doses purchased.

BL 2014 Purpose

To gauge the cost to purchase one dose of vaccine. Rates above or below the average indicate that vaccine prices are fluctuating or that the state has purchased higher or lower priced products during that quarter.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	EX		
Measure No.	1		Dollar Value (in Millions) of Vaccine Provided by the Federal Govt

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 EX 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The Centers for Disease Control and Prevention (CDC) provides two sources of direct assistance funding for the purchase of childhood and adult vaccines/toxoids/biologicals --The Childhood Immunization Grant (317 Grant) and the Vaccines for Children (VFC) Program.

BL 2014 Data Limitations

None

BL 2014 Data Source

These direct assistance awards are in the form of actual vaccine products in lieu of cash awards. At the beginning of each calendar year the Centers for Disease Control and Prevention (CDC) estimates the amount of 317 and VFC vaccine awards that the Texas Department of State Health Services will receive during that grant period. CDC sends the Immunization Branch a monthly report of the number of doses shipped to Texas providers, and the dollar value of those doses.

BL 2014 Methodology

The annual performance measure data is based on reports from CDC on the number and dollar amount of vaccines shipped.

BL 2014 Purpose

Dollar value (in millions) of vaccine provided by the federal government.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	EX		
Measure No.	2		# of Sites Authorized to Access State Immunization Registry System

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 EX 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure will count the number of providers (public and private) insurance companies, schools, and day care centers authorized to access the statewide immunization registry.

BL 2014 Data Limitations

The Program Specialist will be responsible for providing instruction and education to providers. The Program Specialist will be responsible for processing the provider registration applications and training provider staff. Limited funding for education and training, and limited or reduced staffing will impact the rate of provider participation and the processing of provider applications.

BL 2014 Data Source

Following processing of the ImmTrac provider registration application, the ImmTrac Program Specialist will enter the provider site name, contact person, address and phone number in customer support database. The customer support database can produce quarterly reports documenting the number of sites authorized to access the registry.

BL 2014 Methodology

For the purposes of this definition, sites are defined as the facility or office authorized to access the registry and not the individual workstation. This will be a frequency or simple count of the number of registered sites authorized to access to the immunization registry that have accessed the registry (logged in) during the previous two years.

BL 2014 Purpose

An increase in the number of sites participating in the registry is important for the growth of the number of children's records contained in the database and immunization histories stored in the registry.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	OP		
Measure No.	1		# Vaccine Doses Administered - Children

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Doses administered means the number of antigens administered. "Antigen" refers to each component of childhood vaccines/toxoids/biologicals administered including new vaccines and combination vaccines.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Data are submitted in either automated or written format (C-33 form) from providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, Women, Infants and Children (WIC) offices, community and rural health centers, and private providers. The data are reported monthly by each provider, and maintained in an automated database designed to track and generate reports on doses administered.

BL 2014 Methodology

A report is produced based on aggregated data. Data is cumulative.

BL 2014 Purpose

Measures the total number of doses administered to children.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	OP		
Measure No.	2		# Vaccine Doses Administered - Adults

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Doses administered means the number of antigens administered. "Antigen" refers to each component of adult vaccines/toxoids/biologicals administered including new vaccines and combination vaccines.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Data are submitted in either automated or written format (C-33 form) from providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, Women, Infants and Children (WIC) offices, community and rural health centers, and private providers. The data are reported monthly by each provider, and maintained in an automated database designed to track and generate reports on doses administered.

BL 2014 Methodology

A report is produced based on aggregated data. Data is cumulative.

BL 2014 Purpose

Measures the total number of doses administered to adults.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	2		Infectious Disease Control, Prevention and Treatment
Strategy No.	1		Immunize Children and Adults in Texas
Measure Type	OP		
Measure No.	3		Number of Vaccine Doses Purchased with State Funds

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 01-02-01 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of vaccine doses purchased with state funds. The term "vaccine" is defined as: vaccines/toxoids/biologicals.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The source of the data used for this measure is provided from accounting ledgers maintained in an automated system in the Immunization Branch. The data may also be retrieved from the department's automated purchasing system. Each time an order for vaccines is placed, the automated systems will be updated. Each quarterly measure report will be based on all doses of vaccines purchased with state funds during that period.

BL 2014 Methodology

All vaccines will be counted by doses indicated by the manufacturer with the exception of immune globulin products. For this report, 2ml will be counted as one dose. The branch will cross-check the automated accounting system with the department's purchasing system to verify accuracy of the purchased made.

BL 2014 Purpose

Measures the number of vaccine doses purchased with state funds. The term "vaccine" is defined as: vaccines/toxoids/biologicals.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	2	HIV/STD Prevention	
Measure Type	EF		
Measure No.	1	Proportion of HIV Positive Persons who Receive their Test Results	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 01-02-02 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The proportion of clients testing HIV positive through DSHS HIV prevention programs who receive their HIV test results.

BL 2014 Data Limitations

This does not reflect all HIV testing in the state, only the testing that is completed by DSHS contractors funded for HIV prevention counseling and testing services and expanded HIV testing projects.

BL 2014 Data Source

Program data systems maintained by the HIV/STD program. This system contains data on HIV testing done by DSHS contractors funded for HIV Counseling and Testing Services and/or Expanded HIV Testing. Data is collected on the number of persons testing positive and how many of those received their test results.

BL 2014 Methodology

The number of clients who received their HIV+ test result will be divided by the number of clients who had an HIV+ test result.

BL 2014 Purpose

To assess the performance of HIV prevention counseling and testing contractors on a key measure: the delivery of HIV+ test results. This measure is recognized as a key measure by the Centers for Disease Control and Prevention.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	2	HIV/STD Prevention	
Measure Type	OP		
Measure No.	1	Number of Persons Served by the HIV Medication Program	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-02 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of income eligible HIV infected persons enrolled in the Texas HIV Medication Program who have received medication.

BL 2014 Data Limitations

None.

BL 2014 Data Source

This information is retrieved from the HIV medication Program databases maintained by the HIV/STD Medication Program staff.

BL 2014 Methodology

The number of HIV infected persons with qualifying income enrolled in the Texas HIV Medication Program who have received medication. This is the number of unduplicated individuals that have presented a prescription and received the medication within the designated time period (per quarter and fiscal year).

BL 2014 Purpose

The number of HIV infected persons enrolled in the Texas HIV Medication Program who have received medication.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	2	HIV/STD Prevention	
Measure Type	OP		
Measure No.	2	# of Clients with HIV/AIDS Receiving Medical and Supportive Services	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-02 OP 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The unduplicated number of clients receiving medical and supportive services from HIV service providers supported through Ryan White Program funds or DSHS State Services funds. Services include outpatient medical care, case management, dental care, substance abuse treatment, mental health services, drug reimbursement, home health, insurance assistance, hospice care, client advocacy, respite and child care, food bank, home delivered meals, nutritional supplements, housing related services, transportation, legal services, and other supportive services allowed by the Health Resources & Services Administration.

BL 2014 Data Limitations

These data reflect care delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) and DSHS State HIV Services funds. The measure does not reflect all medical and supportive services delivered to HIV infected persons in Texas, but only those delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) or State HIV Services funds. However, the data do not solely reflect those services contracted by DSHS. The reported clients may be served with a mixture of state, federal and local funds, and the assignment of funds is arbitrary at a client level, regardless of funding source supporting the service. Therefore, our client count reflects all eligible clients receiving at least one eligible service from a provider receiving Ryan White or State HIV services funds.

BL 2014 Data Source

HIV service providers throughout the state report on medical and supportive services provided to eligible clients using the Uniform Reporting System (URS).

BL 2014 Methodology

The unduplicated number of clients receiving medical and psychosocial services is reported in the URS.

BL 2014 Purpose

To monitor the number of persons receiving medical and psychosocial services through funded providers and to measure progress on program objectives.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance	
Measure Type	OP		
Measure No.	1	Number of Communicable Disease Investigations Conducted	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-03 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of communicable disease reports managed during the fiscal year.

BL 2014 Data Limitations

Data are limited to information entered into one of the infectious disease reporting systems.

BL 2014 Data Source

The DSHS captures data in the National Electronic Disease Surveillance System (NEDSS), and the Tuberculosis (TB) Reporting System.

BL 2014 Methodology

This measure is calculated quarterly by summing the number of reports entered into NEDSS. For the purpose of identifying which NEDSS records to count in this performance measure, a NEDSS record is defined as one instance per patient of an investigation, a lab report, or a morbidity report. A TB record is defined as a case, contact, or suspected report; a laboratory report; a test result; or a report of a candidate for latent TB infection.

BL 2014 Purpose

Measures the number of disease reports.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	2	Infectious Disease Control, Prevention and Treatment	
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance	
Measure Type	OP		
Measure No.	2	Number Zoonotic Disease Surveillance Activities Conducted	

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-02-03 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Epidemiologic surveillance activities and field investigations that include surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations. These activities and investigations are designed to discover the cause, extent, and impact of the conditions.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Zoonosis Control Branch Workplan/Monthly Report is the report generated from the accumulation of all Zoonosis Control Regional offices including Central Office.

BL 2014 Methodology

The number includes the sum of the number of surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations.

BL 2014 Purpose

Measure the number of surveillance activities and field investigations conducted.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care	
Strategy No.	1	Health Promotion & Chronic Disease Prevention	
Measure Type	OP		
Measure No.	1	Number of Diabetes-related Prevention Activities	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of outreach and education activities provided on diabetes and the number of persons receiving diabetes services.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Summary report derived from monthly activity reports from grant-funded projects generated through Program Management and Tracking System database, and staff tracking forms.

BL 2014 Methodology

The number of activities and services consists of the sum of: 1) outreach and educational presentations to persons with or at risk for diabetes and health care professionals, 2) one-on-one education, 3) support groups, 4) responses to requests for information and consultation, and 5) persons receiving education services.

BL 2014 Purpose

Measures the number of diabetes related prevention activities provided by providers.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care	
Strategy No.	2	Abstinence Education	
Measure Type	OP		
Measure No.	1	Number of Persons Served in Abstinence Education Programs	

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-02 OP 01

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Number of Persons receiving services delivered by the Abstinence Education Program.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

BL 2014 Data Source

Summary report derived from bi-annual activity reports. Numbers served will be totaled from the data reports from the Abstinence Education program.

BL 2014 Methodology

The total number of persons served will be the unduplicated count of individuals receiving services from contractors, parents in state-wide services, teachers and community members in coalitions and trainings, and students in youth clubs or leadership camps during the reporting period.

BL 2014 Purpose

Measures the number of persons receiving services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
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Goal No.	1	Preparedness and Prevention Services	
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care	
Strategy No.	3	Kidney Health Care	
Measure Type	EF		
Measure No.	1	Average Cost Per Chronic Disease Service - Kidney Health Care	

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**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 01-03-03 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure includes Kidney Health Care (KHC) allowable chronic disease services, including medical, drug and transportation services and payment of Medicare Part D premiums. This measure is the average amount paid per KHC client per fiscal year.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available.

BL 2014 Data Source

Data are derived from the KHC claims processing and budget reporting systems.

BL 2014 Methodology

The average cost per chronic disease service will be determined per client served per fiscal year by dividing the total client services expenditures by the total number of unduplicated clients.

BL 2014 Purpose

To measure the average amount paid per KHC client per fiscal year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	3		Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	3		Kidney Health Care
Measure Type	OP		
Measure No.	1		Number of Kidney Health Clients Provided Services

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-03 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The measure is the total number of unduplicated clients for whom Kidney Health Care (KHC) made payment or reimbursed for chronic disease services received during the fiscal year. This includes medical, drugs and transportation services and payment of Medicare Part D premiums.

BL 2014 Data Limitations

Complete data may not be available at the time the report is due; therefore, projections may be included based on the data available.

BL 2014 Data Source

Data are derived from KHC claims processing and budget reporting systems.

BL 2014 Methodology

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for chronic disease services received during the fiscal year. Data are non-cumulative, and the reported values will be updated on a quarterly basis.

BL 2014 Purpose

The measure is the total number of unduplicated clients for whom KHC made payment or reimbursed for services received during the fiscal year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	3		Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	4		Children with Special Health Care Needs
Measure Type	EF		
Measure No.	1		Average Annual Cost Per CSHCN Client Receiving Case Management

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-04 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the average annual cost per unduplicated client with special health care needs who receives case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children (or adults with Cystic Fibrosis) with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2014 Data Source

The number of clients receiving case management services is derived from the monthly regional reports provided to the Texas Department of State Health Services (DSHS) by CSHCN Services Program regional program directors and quarterly reports provided by agencies or entities contracted to provide case management. The amount spent on case management is derived from the monthly Medicaid and Other Reporting Requirement Legislative Rider report, which includes expenditures from the DSHS accounting system.

BL 2014 Methodology

The average cost per unduplicated client receiving case management is calculated by dividing the total expended for case management by the total number of clients who received case management services. Estimates may be used for quarters in which claims data is incomplete.

BL 2014 Purpose

This measure reports the average cost per CSHCN Services Program client who receives assistance to: gain access to necessary medical, social, educational and other services to reduce morbidity and mortality in clients; encourage cost-effective health and health related care; make referrals to appropriate providers and community resources; and discourage over utilization and duplication of services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	1	Preparedness and Prevention Services
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	4	Children with Special Health Care Needs
Measure Type	EF	
Measure No.	2	Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-04 EF 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the average paid for eligible Children with Special Health Care Needs (CSHCN) Services Program clients receiving health care benefits. For purposes of this measure, health care benefits as defined in rule include medical services, enabling services (excluding transportation), and family support services.

BL 2014 Data Limitations

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. Due to the format of the data source report, the number of clients used for this measure may be duplicated. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2014 Data Source

The average monthly cost per client receiving health care benefits is obtained from the monthly Medicaid and Other Reporting Requirement Legislative Rider report, which includes client data from the CSHCN Services Program database. Other reports/automated systems may replace the current report/system. The data from these new reports/systems may be combined with current report/system and/or replace the data from the current report/system. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The average monthly cost per CSHCN Services Program client is calculated by dividing the amount paid for receiving health care benefits by the number of CSHCN Services Program clients who received health care benefits and averaging across the reporting period. Estimates may be included based on the data available.

BL 2014 Purpose

This measure is used to monitor trends in the cost of care for the clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	3		Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	4		Children with Special Health Care Needs
Measure Type	EX		
Measure No.	1		# of Clients Removed from Waiting List & Provided Health Care Benefits

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-04 EX 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated workload count of clients (adults and children) removed from the Children with Special Health Care Needs (CSHCN) Services Program waiting list and made eligible to receive health care benefits in accordance with CSHCN Services Program Rules §38.16 AND who had health care benefits claims for a paid dollar amount for dates of service during the fiscal year being reported. For purposes of this measure, health care benefits as defined in rule include medical services, enabling services (excluding transportation), and family supports services.

BL 2014 Data Limitations

The paid claims data is reported based on date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2014 Data Source

The unduplicated workload count of clients (adults and children) removed from the waiting list who receive health care benefits services is obtained from the program automated system. Other report/automated systems may replace the current report/system. The data from these new reports/systems may be combined with current report/system and/or replace the data from the current report/system. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The measure is calculated by identifying the unduplicated workload count of clients (adults and children) who have been removed from the waiting list, based on the definition above, and by summing the number of those who have paid claims for health care benefits.

BL 2014 Purpose

This measure is used to monitor the number of unduplicated workload count of clients (adults and children) removed from the waiting list who receive health care benefits reimbursed by the CSHCN Services Program.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	3		Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	4		Children with Special Health Care Needs
Measure Type	OP		
Measure No.	1		# of CSHCN Clients Receiving Case Management

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-04 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the unduplicated number of clients with special health care needs who receive case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children (or adults with Cystic Fibrosis) with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2014 Data Source

The number of clients receiving case management services is derived from the quarterly regional reports provided to the Texas Department of State Health Services (DSHS) central office and quarterly reports provided by agencies or entities contracted to provide case management.

BL 2014 Methodology

The number of clients with a case manager reported by the regional offices plus the number of clients served by contractors is summed to obtain the number of clients with special health care needs receiving case management services.

BL 2014 Purpose

This measure reports the number of clients with special health care needs who receives assistance to; gain access to necessary medical, social, educational and other services to reduce morbidity and mortality in clients; encourage cost-effective health and health related care; make referrals to appropriate providers and community resources; and discourage over utilization and duplication of services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	4	Children with Special Health Care Needs
Measure Type	OP	
Measure No.	2	Avg Mon Caseload CSHCN Clients Receiving Health Care Benefits

<b>Calculation Method: N</b>	<b>Target Attainment: H</b>	<b>Priority: H</b>	Cross Reference: Agy 537 082-R-S70-1 01-03-04 OP 02
<b>Key Measure: Y</b>	<b>New Measure: N</b>	<b>Percentage Measure: N</b>	

BL 2014 Definition

This measure reports the average monthly caseload of clients in the Children with Special Health Care Needs (CSHCN) Services Program who receive health care benefits paid by the program. For purposes of this measure, health care benefits, as defines in rule, include medical services, enabling services, (excluding transportation), and family support services.

BL 2014 Data Limitations

The number of clients with paid claims is reported based on the date of service. Providers have 95 days to file claims from the date of service and 180 days to submit appeals. Therefore, payment data for a given period may change through time. This measure may be affected by factors such as the number of individuals enrolled in the program, the clients' needs, and the availability of other healthcare resources. Due to the format of the data source report, the number of clients used for this measure may be duplicated. Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2014 Data Source

The average monthly caseload of clients receiving health care benefits is obtained from the monthly Medicaid and Other Reporting Requirement Legislative Rider report, which includes client data from the CSHCN Services Program database. Other reports/automated systems may replace the current report/system. The data from these new reports/systems may be combined with current report/system and/or replace the data from the current report/system. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

This measure is calculated by summing the number of clients with paid claims for health care benefits in a month and averaging such across the reporting period. Estimates may be used for quarters in which claims data is incomplete.

BL 2014 Purpose

This measure is used to monitor trends in the cost of care for clients receiving health care benefits reimbursed by the CSHCN Services Program and reflects the program's ability to meet some of the needs of clients.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	3		Health Promotion, Chronic Disease Prevention, and Specialty Care
Strategy No.	5		Epilepsy Hemophilia Services
Measure Type	EX		
Measure No.	1		Number of Epilepsy Program Clients Provided Services

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-05 EX 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Number of epilepsy program clients provided outreach activities, case management, and (direct) medical services by DSHS funded contractors.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Information is obtained from the Epilepsy Contractor Quarterly Reports.

BL 2014 Methodology

The number of persons receiving epilepsy services through funded programs is derived from a quarterly tabulation based on information obtained from the Epilepsy Contractor Quarterly Reports.

BL 2014 Purpose

Measures the number of epilepsy program clients provided services which include outreach activities, case management, and (direct) medical services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1	Preparedness and Prevention Services	
Objective No.	3	Health Promotion, Chronic Disease Prevention, and Specialty Care	
Strategy No.	5	Epilepsy Hemophilia Services	
Measure Type	EX		
Measure No.	2	Number of Hemophilia Assistance Program Clients	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-03-05 EX 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Number of Hemophilia Assistance Program (HAP) clients that receive financial assistance for blood factor products through DSHS approved providers.

BL 2014 Data Limitations

None.

BL 2014 Data Source

HAP history files.

BL 2014 Methodology

The measure is the total number of unduplicated clients for whom the HAP made payment for services received during the fiscal year.

BL 2014 Purpose

Measures the number of HAP clients that receive financial assistance for blood factor products through DSHS approved providers.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
-------------------------	---

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Goal No.	1	Preparedness and Prevention Services
Objective No.	4	Laboratory Operations
Strategy No.	1	Laboratory Services
Measure Type	EF	
Measure No.	1	Average Cost Per Laboratory Test Performed

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 01-04-01 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average cost per test performed by the DSHS laboratory.

BL 2014 Data Limitations

The cost per test performed will be an average cost, with some tests costing less than \$5.00 per test to perform, while others cost in excess of \$100.00 to perform. A one-time capital equipment purchase may increase the average cost during the reporting period.

BL 2014 Data Source

The data for this measure is obtained from two sources: 1)annual budget expenditures for Laboratories as reported by Financial Services and 2)the total tests performed.

BL 2014 Methodology

Total laboratory expenditures divided by the total tests performed.

BL 2014 Purpose

To provide an indicator of the cost for producing laboratory test results.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	1		Preparedness and Prevention Services
Objective No.	4		Laboratory Operations
Strategy No.	1		Laboratory Services
Measure Type	OP		
Measure No.	1		Number of Laboratory Tests Performed

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 01-04-01 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of laboratory tests performed represents the number of specimens submitted to the laboratory multiplied by the number of tests performed on each specimen. The number of tests is defined by the actual tests requested by the individual or organization submitting the specimen.

BL 2014 Data Limitations

This measure will report only the total volume of tests performed by the laboratory and will not account for differences in the amount of work needed for various tests.

BL 2014 Data Source

Summary reports from the laboratory information management systems.

BL 2014 Methodology

Count of number of individual tests performed on specimens submitted to the laboratory.

BL 2014 Purpose

To provide an indicator of the volume of testing performed by the Laboratory Services Section of DSHS.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	1		Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	EF		
Measure No.	1		Average Food Costs Per Person Receiving Services

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-01 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average food cost per person is the average cost of supplemental allowable foods purchased as part of the services to eligible WIC program participants. A low average food cost per participant enables the WIC Program to serve a greater percent of the potentially eligible population. Please refer to the see "Number of WIC participants provided food supplements" for the definition of participation.

BL 2014 Data Limitations

Estimates may be used at reporting deadline.

BL 2014 Data Source

Actual food costs are obtained from the DSHS automated accounting records, which aggregate payments made to vendors with food funds. Rebates are calculated within the WIC Information network (WIN) automated system using the effective contract rebate rates as specified in the respective contracts. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

BL 2014 Methodology

Food costs are reported by issue/benefit month. Rebates, which are netted against total food costs, are calculated using rebates received for items purchased with food funds for that issue/benefit month. To calculate the post-rebate average cost per participant, the total food cost for the reporting period less the total rebate dollars received during the reporting period is divided by the total number of participants served during the reporting period. This calculation is based on a federal fiscal year.

BL 2014 Purpose

Measures the average food costs per person receiving services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	1		Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	EX		
Measure No.	1		Incidence (Percent) of Low Birth Weight Babies Born to WIC Mothers

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-01 EX 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: Y**

BL 2014 Definition

This explanatory measure reflects the percentage of low birth weight babies born to women, infants and children (WIC) mothers. A low birth weight (LBW) infant is defined as an infant who weighs less than 5 1/2 lbs. (or 2500 grams) at birth.

BL 2014 Data Limitations

The limitation of this data will come from the completeness and accuracy of the Natality and WIC files. Some linkage variables (name, date of birth, etc.) may not be entered correctly, and therefore those records may not be linked, resulting in a lower number of linked birth-WIC records. Birth and WIC data will not be finalized at time of reporting, so small differences may occur from the final numbers. Data will be linked quarterly using the previous quarter's Natality data.

BL 2014 Data Source

Natality data and WIC data files.

BL 2014 Methodology

The Natality and WIC files are first linked using identifying data. Afterward, the birth weight data from the Natality data will be used to determine the percentage of LBW deliveries to WIC mothers.

BL 2014 Purpose

Measures the incidence (percent) of low birth weight babies born to WIC program mothers.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	1	Provide Primary Care and Nutrition Services
Strategy No.	1	Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	OP	
Measure No.	1	Number of WIC Families Provided Nutrition Education & Counseling

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference:  
**Key Measure: N**      **New Measure: Y**      **Percentage Measure: N**

BL 2014 Definition

The total number of times WIC families receive either group nutrition education or individual nutrition counseling during the reporting period. WIC participants are typically seen at the WIC clinic every month and are offered group education or individual counseling during each of these visits. This is a duplicative count because participants may receive 4 or more educational contacts per year.

BL 2014 Data Limitations

Estimates may be used at reporting deadlines.

BL 2014 Data Source

The WIC Information Network (WIN) automated data system is the data source. Local WIC agencies document nutrition education and counseling contacts on the system at the clinic level and transmit this data to the central WIC office at DSHS. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

BL 2014 Methodology

The WIN system is queried at the central WIC office to derive this total for the reporting period. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system. This calculation is based on a federal fiscal year.

BL 2014 Purpose

Measures the total number of times WIC participants receive either group nutrition education or individual nutrition counseling during the reporting period.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	1		Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	OP		
Measure No.	3		Number of WIC Participants Provided Nutritious Food Supplements

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-01 OP 03

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with food supplements for a particular month. The United States Department of Agriculture (USDA) and DSHS define WIC client participation as: the sum of the number of persons who have received supplemental foods or food instruments plus the number of totally breastfed infants (i.e., receiving no supplemental foods or food instruments) whose mothers were WIC participants and received food benefits during the reporting period.

BL 2014 Data Limitations

Preliminary participation counts and/or estimates for monthly participation may be used at reporting deadline.

BL 2014 Data Source

Participation counts are collected through the WIC Information Network (WIN) automated system. In the future, another automated system may replace the current WIN automated system. The data from that new system may be combined with the current WIN automated system and/or replace the data from the current WIN automated system.

BL 2014 Methodology

The most recent available monthly participation count at the time the report is due will be reported for both the quarterly and year-to-date performance. This calculation is based on a federal fiscal year.

BL 2014 Purpose

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with food supplements for a particular month.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	2		Women and Children's Health Services
Measure Type	OP		
Measure No.	1		Number of Newborns Receiving Hearing Screens (All Funding Sources)

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-02 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the number of newborns receiving a newborn hearing screen (NBHS), as mandated under Section 1, Subtitle B, Title 2, Health and Safety Code, Chapter 47, at a fully certified NBHS birthing facility.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

BL 2014 Data Source

The data source is the DSHS Newborn Hearing Screening System (NBHSS) provided by the contractor.

BL 2014 Methodology

Newborns receiving a newborn hearing screen from a birthing facility certified by DSHS will be counted. Birthing facilities electronically data enter newborn hearing screen information using the NBHSS.

BL 2014 Purpose

To report the number of newborns receiving a newborn hearing screen, as mandated under Section 1, Subtitle B, Title 2, Health and Safety Code, Chapter 47, at a fully certified NBHS birthing facility.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	1	Provide Primary Care and Nutrition Services	
Strategy No.	2	Women and Children's Health Services	
Measure Type	OP		
Measure No.	2	Number of Infants <1 and Children Age 1-21 Years Provided Services	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference:  
**Key Measure: Y**      **New Measure: Y**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as prenatal, dysplasia, genetics, newborn hearing and metabolic screenings, vision and hearing screening, spinal screening through contracting agencies, and the DSHS Oral Health Program funded with Title V and/or related general revenue.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2014 Data Source

System report for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Reported data is calculated by adding the number of clients reported for the contracting agencies and the DSHS Oral Health Program.

BL 2014 Purpose

This measure reports the unduplicated number of infants <1 and children (ages 1 through 21) receiving dental and child health services, such as prenatal, dysplasia, genetics, newborn hearing and metabolic screenings, vision and hearing screening, and spinal screening through contracting agencies and the DSHS Oral Health Program funded with Title V and/or related general revenue.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	2		Women and Children's Health Services
Measure Type	OP		
Measure No.	3		Number of Women Over 21 Provided Title V Services

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-02 OP 03  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the unduplicated number of women over 21 receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2014 Data Source

System reports for the contracting agencies. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Reported data is calculated by adding the number of clients from reports for the contracting agencies.

BL 2014 Purpose

This measure reports the unduplicated number of women aged 21 and over receiving prenatal, dysplasia, and genetics, and laboratory services through contracting agencies funded with Title V and/or related general revenue.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	3		Family Planning Services
Measure Type	EF		
Measure No.	1		Average Annual Cost Per Family Planning Client

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-03 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the average cost of providing family planning services to eligible clients with DSHS family planning funds.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data. Estimates are updated in subsequent reporting periods.

BL 2014 Data Source

Data sources are Compass 21 data and billing system. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The average annual cost is total funds expended for family planning claims divided by the unduplicated number of clients receiving family planning services from contracting and/or enrolled entities.

BL 2014 Purpose

This measure reports the average cost of providing family planning services for eligible clients with DSHS family planning funds.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	3		Family Planning Services
Measure Type	OP		
Measure No.	1		Number of Adults & Adolescents Receiving Family Planning Services

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-03 OP 01

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the number of persons receiving a family planning services by any contracting and/or enrolled entity funded through the DSHS Family Planning Program.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the available data. Estimates are updated in subsequent reporting periods.

BL 2014 Data Source

Compass 21 data and billing system. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The total number of persons receiving a family planning services will be the unduplicated count of individuals whose claims were paid for with DSHS Family Planning funds.

BL 2014 Purpose

This measure reports the number of persons receiving a family planning service by any contracting and/or enrolled entity funded through the DSHS Family Planning Program.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	4		Community Primary Care Services
Measure Type	EF		
Measure No.	1		Average Cost Per Primary Health Care Eligible Patient

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-01-04 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the average cost per Primary Health Care (PHC) eligible patient provided access to primary care services. The cost includes service and administrative dollars spent by PHC contractors.

BL 2014 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2014 Data Source

The source of this measure is the contractor monthly and annual reports.

BL 2014 Methodology

Average cost per Primary Health Care eligible patient provided access to primary care services per year is calculated by dividing the unduplicated number of patients who are screened and found eligible for PHC services into the available contract funding for the fiscal year.

BL 2014 Purpose

Measures average cost per Primary Health Care eligible patients provided access to primary care services per year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	1		Provide Primary Care and Nutrition Services
Strategy No.	4		Community Primary Care Services
Measure Type	OP		
Measure No.	1		# of Primary Hlth Care Eligible Patients Provided Primary Care Svcs

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-01-04 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure is the unduplicated number of Primary Health Care (PHC) clients provided primary care services.

BL 2014 Data Limitations

Complete data may not available for the reporting period at the time the report is due; therefore, projections may be included based on the data available. Estimates are updated in the subsequent reporting periods.

BL 2014 Data Source

The source of this measure is the contractor monthly and annual reports.

BL 2014 Methodology

This is the unduplicated number of Primary Health Care clients receiving services as reported by (PHC) contractors.

BL 2014 Purpose

Measures the number of Primary Health Care Program clients provided primary health care services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	1	Mental Health Services for Adults
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Adult: Community Mental Health Services

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs the state each month, on average, to provide community mental health services to each adult consumer who is assigned to any of the Resiliency & Disease Management service packages (levels of care 1-4). It measures the DSHS appropriation authority cost per consumer per service package as defined by the companion output measure.

BL 2014 Data Limitations

The accuracy of the department's client database is dependent upon accurate and timely information being entered into the data warehouse by the local mental health authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, community centers report preliminary expenditure information which is used for reporting in ABEST. Final expenditure information may be entered into CARE up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures will be updated in ABEST when the information is available.)

BL 2014 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the data warehouse. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the DSHS appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2014 Methodology

DSHS appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports and Medicaid Service Coordination and Rehabilitation funds that the local authorities receive based on the submission of claims. The number of months in the reporting period are 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total DSHS appropriation authority funds utilized to fund adult MH community services as reported in the data warehouse / the number of months in the reporting period.

The denominator is the average monthly number of adults receiving mental health community services that are served with DSHS appropriation authority funds. The formula is numerator/denominator.

BL 2014 Purpose

This measure captures DSHS appropriation authority cost per person for adult community mental health services provided through the Resiliency & Disease Management service packages (levels of care 1-4).

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	1	Mental Health Services for Adults	
Measure Type	EF		
Measure No.	2	Average Monthly Cost Per Person: Front Door Crisis Services	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EF 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the actual average cost per person (regardless of age) provided community mental health crisis services when that person does not currently receive mental health services from the local authority (a consumer who is assigned to the Resiliency & Disease Management level of care “0”). Individuals who receive front-door community mental health crisis services may or may not be priority population.

BL 2014 Data Limitations

The accuracy of the department's client database is dependent upon accurate and timely information being entered into the data warehouse system by the local mental health authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. (At the end of the fiscal year, local authorities report preliminary expenditure information which is used for reporting in ABEST. Final expenditure information may be entered into the data warehouse up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures will be updated in ABEST when the information is available.)

BL 2014 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the DSHS appropriation authority as well as local funds, grant funds and earned revenues. Persons who present for community mental health services are assessed and may be determined in need of crisis services. The results of this assessment (level of care “0”) are located on the Uniform Assessment for Resiliency & Disease Management and are entered into the department's data warehouse by staff at the local authority.

BL 2014 Methodology

DSHS appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Other funding sources for the local authorities are grant funds, local funds and earned revenues. The number of months in the reporting period are 3 for each quarter and either 3, 6, 9, or 12 for year to date.

The numerator is the total funds utilized to fund front-door crisis services as reported in the data warehouse system/the number of months in the reporting period.

The denominator is the average monthly number of persons (regardless of age) receiving front-door crisis services as determined by an adult or children and adolescent Uniform Assessment. The formula is numerator/denominator.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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**BL 2014 Purpose**

: Providing mental health crisis services in the community is an important function of the local authorities. Appropriate interventions for persons in mental health crisis offer an alternative to more costly sources of intervention, such as county jails. Persons who receive front-door community mental health crisis services are assisted in locating viable resources in their respective communities to access those services appropriately addressing their identified needs. Persons may choose to access other community mental health services after their crisis has abated, choose other community options for treatment, or refuse further services. This measure will provide information on the average monthly cost per person accessing front-door community mental health crisis services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	1	Mental Health Services for Adults
Measure Type	EF	
Measure No.	3	Average Monthly Cost Per Person: New Gen Meds

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EF 03  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs the state each month, on average, to provide New Generation Medications services to each adult and child mental health consumer who is assigned to this service. It measures the DSHS appropriation authority cost per consumer as defined by the companion output measure.

BL 2014 Data Limitations

Due to the 30-45 day lag in reporting the expenditure and number of consumers served data in the data warehouse, each current quarter reported in ABEST will be equal to the prior quarter's actual updated value, and then updated the following quarter to reflect the actual average cost per consumer for that quarter.

BL 2014 Data Source

This measure is derived from expenditures and number of consumers served. The number of consumers, both children and adults, that receive a New Generation Medication (NGM) where the funding source was DSHS state funds allocated for NGM is reported monthly from the data warehouse. Expenditures (includes both children and adults) for NGM where the funding source was DSHS state funds allocated for NGM are reported quarterly from the data warehouse. Due to timing requirements at the local level to gather the information and input it into the data warehouse, monthly and quarterly NGM data in the data warehouse is considered final 30-45 days after the month or quarter ends.

BL 2014 Methodology

The quarterly expenditures are divided by the number of months in the reporting period to get the average monthly expenditures for the reporting period. The number of consumers served for each month in the reporting period is averaged to get the average monthly number of consumers served for the reporting period. The average monthly expenditures are divided by the average monthly number of consumers served to get the average monthly cost of NGM per consumer.

BL 2014 Purpose

This measure captures DSHS appropriation authority cost per person for New Generation Medications provided to mental health community consumers regardless of age.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	1	Mental Health Services for Adults	
Measure Type	EX		
Measure No.	1	Number of Adults Receiving Community Mental Health Services Per Year	

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**Calculation Method: C**      **Target Attainment: H**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EX 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority population eligible adults who receive mental health community services through one of the four service packages (levels of care 1-4) in Resiliency & Disease Management during one fiscal year. Mental health community services include a wide range of activities that are provided in the communities where the consumers live. The specific services include, but are not limited to, assessment and/or service coordination, psychiatric rehabilitation services (assertive community treatment, supported housing, supported employment), counseling services and medication services.

BL 2014 Data Limitations

Data collection will depend on the completion of the Uniform Assessment as prescribed.

BL 2014 Data Source

Every adult mental health consumer receives a Uniform Assessment for Resiliency & Disease Management upon admission to the local authority and two to four times per year thereafter. The assessment includes the Adult-TRAG level of care and the authorized level of care. Local authority staff enters this information into the CARE database system. Consumers are only counted once for this measure.

BL 2014 Methodology

The total unduplicated number of priority population adults that receive a service package under Resiliency & Disease Management for mental health community services during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

BL 2014 Purpose

This measure provides the actual number of adults who receive community services through Resiliency & Disease Management service packages (levels of care 1-4) during one fiscal year. It is a number used to compare system activity over a period of two or more fiscal years.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	1		Mental Health Services for Adults
Measure Type	EX		
Measure No.	2		Number of Persons Receiving Front Door MH Crisis Services Per Year

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**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EX 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority and non-priority population eligible persons (regardless of age) not receiving ongoing community mental health services who receive front-door crisis services during one fiscal year (a consumer who is assigned to the Resiliency & Disease Management level of care “0”). Community mental health services include a wide range of activities that are provided in the communities where the consumers live. Crisis services are one of those required activities.

BL 2014 Data Limitations

The accuracy of the department's client database is dependent upon accurate and timely information being entered into the data warehouse by the local mental health authorities.

BL 2014 Data Source

Through an individual's initial Uniform Assessment for R&DM, the need for crisis services (emergent or urgent mental health community services) is determined. That individual will immediately receive crisis intervention and/or monitoring (observation) of the person until the crisis is resolved or the consumer is placed in a clinically appropriate environment, receiving a LOC"0". This information is entered into the data warehouse by local mental health authority staff. Production reports of consumers served are issued quarterly based on the information in the data warehouse. The total number of persons assigned to receive this service each quarter represents the unduplicated Number of Persons Receiving Front Door MH Crisis Services year-to date.

BL 2014 Methodology

A mental health diagnosis is not required for crisis services. Therefore, the people who receive front-door crisis services may or may not be members of the priority population for mental health community services. Persons who are currently receiving community mental health services through Resiliency & Disease Management may receive services through a variety of service packages (levels of care 1-4). These service packages all offer crisis intervention as needed. These persons are not included in this measure.

The total unduplicated number of persons (regardless of age) during the fiscal year that receive a crisis service (level of care “0”), who are not receiving other community mental health services at the time of crisis, regardless of how the services for the individuals were funded is tallied for each local authority and system-wide

BL 2014 Purpose

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Providing mental health crisis services in the community is an important function of the local authorities. Persons who receive front-door community mental health crisis services are assisted in locating viable resources in their respective communities to access those services appropriately addressing their identified needs. Persons may choose to access community mental health services after their crisis has abated, choose other options for treatment, or refuse further services. This measure provides an unduplicated count of the number of individuals receiving no other community mental health service who utilize front-door crisis services in the community over a fiscal year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	1		Mental Health Services for Adults
Measure Type	EX		
Measure No.	3		Number of Persons Receiving Community MH New Gen Meds Per Year

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 EX 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority population eligible adults and children who receive mental health New Generation Medication services during one fiscal year.

BL 2014 Data Limitations

The accuracy of the department's data warehouse is dependent upon accurate and timely information being entered by the local mental health authorities. For purposes of measurement, an open assignment to a service is calculated as receiving the service.

BL 2014 Data Source

As persons enter the community programs, registration information is entered into the department's data warehouse by staff of the local mental health authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse. Production reports of consumers served are issued quarterly based on the information in the data warehouse.

BL 2014 Methodology

The total unduplicated number of adults and children that receive a mental health New Generation Medication service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

BL 2014 Purpose

This measure provides the actual number of adults and children who receive New Generation Medication services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	1		Mental Health Services for Adults
Measure Type	OP		
Measure No.	1		Average Monthly Number of Adults Receiving Community MH Services

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated count of priority population eligible adults whose services are funded with DSHS appropriation authority funds and who receive mental health community services through a service package (levels of care 1-4) as part of Resiliency & Disease Management. These services may be provided on a monthly or quarterly basis depending upon the service. The service packages include a wide range of activities that are provided in the communities where the consumers live. The specific services include, but are not limited to, assessment and/or service coordination, psychiatric rehabilitation services (assertive community treatment, supported housing, supported employment), counseling services and medication services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

BL 2014 Data Limitations

The accuracy of the department's client database is dependent upon accurate and timely information being entered into the data warehouse by the local mental health authorities.

BL 2014 Data Source

There are four levels of care a mental health consumer may be assigned. Each LOC has a designated service package that the MH consumer may receive. Persons receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs. There may be persons whose authorized level of care does not match the recommended level of care as determined by the Adult-TRAG. These exceptions are usually due to clinical judgement, resource limitations, continuity of care per UM guidelines and/or consumer choice.

The total unduplicated number of persons assigned to receive these MH community services each month is calculated. For each quarter of the fiscal year, the unduplicated number of persons served in each month of the quarter is averaged. The production report lists total number of adults assigned to a particular service each month regardless of funding source.

BL 2014 Methodology

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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To obtain the # of adults served with DSHS appropriation authority funds, the percentage of total expenditures that were funded through the department's appropriation authority is calculated. (See Method of Calculation for the companion efficiency measure for details of calculating DSHS authority funding.) This (%) is applied to the average monthly numbers served for the specified quarter and for YTD to yield the average monthly number served for the specified quarter with DSHS appropriation authority funds.

The numerator is the sum of the number of persons receiving any adult MH community service, as determined by a service package or LOC 1-4, each month of the reporting period \* state funded percentage. The state funded percentage is the expenditures financed through the DSHS appropriation authority for any adult MH community service / Total expenditures for any adult MH community service \* 100.

The denominator is the number of months in the period. The formula is numerator / denominator.

**BL 2014 Purpose**

Monthly number of persons served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	1	Mental Health Services for Adults	
Measure Type	OP		
Measure No.	2	Average Monthly Number Persons Receiving Community MH Crisis Services	

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**Calculation Method: N**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority and non-priority population eligible persons (regardless of age) not receiving ongoing community mental health services who receive crisis services on a monthly basis (level of care “0”). Community mental health services include a wide range of activities that are provided in the communities where the consumers live. Crisis services are one of those required activities. Quarterly and year to date performance is stated as the average of the months in the reporting period.

BL 2014 Data Limitations

The accuracy of the department's client database is dependent upon accurate and timely information being entered into the data warehouse by the local mental health authorities.

BL 2014 Data Source

When an individual is determined through an initial Uniform Assessment for Resiliency & Disease Management to be in need of crisis services (emergent or urgent mental health community services), as designated by a level of care “0”, that individual will immediately receive crisis intervention and/or monitoring (observation) of the person until the crisis is resolved or the consumer is placed in a clinically appropriate environment. This information is entered into the data warehouse by staff of the local mental health authority. Production reports of consumers served are issued quarterly based on the information in the data warehouse. The production report lists total number of persons assigned to a particular service each month regardless of how the services for the individuals were funded.

BL 2014 Methodology

A mental health diagnosis is not required for crisis services. Therefore, the people who receive crisis services may or may not be members of the priority population for mental health community services. Persons who are currently receiving community mental health services through Resiliency & Disease Management may receive services through a variety of service packages (1-4). These service packages all offer crisis intervention as needed. These persons are not included in this measure. Persons may access front-door community mental health crisis services more than once over a quarter or fiscal year. These persons will be included in the count each time they receive a level of care “0” through a Uniform Assessment. The total number of persons (regardless of age) assigned a level of care “0” each month is calculated. A persons may be counted more than once each period. For each quarter of the fiscal year, the number of persons served in each month of the quarter is averaged.

BL 2014 Purpose

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Providing mental health crisis services in the community is an important function of the local authorities. Persons who receive front-door community mental health crisis services are assisted in locating viable resources in their respective communities to access those services appropriately addressing their identified needs. Persons may choose to access community mental health services after their crisis has abated, choose other options for treatment, or refuse further services. This measure provides a count of the average monthly number of individuals receiving front-door crisis services in the community reflecting system-wide activity over time and allows the agency to associate this activity with related costs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	1	Mental Health Services for Adults	
Measure Type	OP		
Measure No.	3	Average Monthly Number Persons Receiving Community MH New Gen Meds	

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-01 OP 03  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with DSHS appropriation authority funds and who receive new generation medications on a monthly basis. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

BL 2014 Data Limitations

Data must be current and accurate in the department's data warehouse as of the date reports are produced. Accurate data is available about 45 days after the end of the quarter due to reporting requirements at the local authorities. Therefore, the values reported in ABEST will be updated regularly and when the appropriation year closes.

BL 2014 Data Source

As persons enter the community programs, registration information is entered into the department's data warehouse by staff of the local mental health authority. For the new generation medications, the data warehouse tracks the type of medication and its start/end dates, the funding source for the medications and reasons for discontinuing the medications. To be counted as served in any month, the individual's clinical record must contain documentation of a prescription (including refill orders) for a new generation medication for each month of the period.

BL 2014 Methodology

The total number of persons that receive a new generation medication where the source of funding was DSHS authority funds each month is calculated by the department's financial division utilizing the data warehouse. For each quarter of the fiscal year, the number of persons served with DSHS authority funds in each month of the quarter is averaged. For the second, third and fourth quarters, year-to-date calculations are also obtained. The numerator is the sum of the monthly unduplicated number of persons receiving new generation medications with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

This measure reflects the system-wide level of activity occurring over time and allows the agency to associate use of the new drugs with related costs and outcomes. New generation medications provide consumers the opportunity to receive the newer, more effective medications for the treatment of mental illnesses including, but not limited to schizophrenia, bipolar disorders, and major depression. Among the most important developments in recent years is the availability of a "new generation" of medications for mental illnesses. For many people these medications are producing very positive outcomes.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	2	Mental Health Services for Children
Measure Type	EF	
Measure No.	1	Average Monthly Cost Per Child Receiving Community MH Services

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-02 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs the state each month, on average, to provide community services to children and adolescents who are assigned to any of the Resiliency & Disease Management service packages (levels of care 1-4). It measures the DSHS appropriation authority cost per consumer per service package as defined by the companion output measure.

BL 2014 Data Limitations

The accuracy of the department's data warehouse system is dependent upon accurate and timely information being entered into the database by the local mental health authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. At the end of the fiscal year, community centers report preliminary expenditure information which is used for reporting in ABEST. Final expenditure information may be entered into the data warehouse up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures will be updated in ABEST when the information is available.

BL 2014 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the data warehouse system. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the DSHS appropriation authority as well as other local funds, grant funds, and earned revenues.

BL 2014 Methodology

DSHS appropriation authority funds include all general revenue and federal funds allocated through the performance contract. Also included are administrative claiming funds that the local authority receives following the submission of quarterly cost reports and Medicaid Rehabilitation funds that the local authorities receive based on the submission of claims. The number of months in the reporting period are 3 for each quarter and either 3, 6, 9, or 12 for year to date. The numerator is the total DSHS appropriation authority funds utilized to fund community MH children's services as reported in the data warehouse/ the number of months in the reporting period. The denominator is the average monthly number of children receiving mental health services in the community that are served with DSHS appropriation authority funds. The formula is numerator/denominator.

BL 2014 Purpose

This measure captures DSHS appropriation authority cost per child receiving mental health services in the community provided through the Resiliency & Disease Management service packages (levels of care 1-4).

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	2	Mental Health Services for Children	
Measure Type	EX		
Measure No.	1	Number of Children Receiving Community MH Services Per Year	

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**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-02 EX 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority population eligible children and adolescents receiving mental health community services through Resiliency & Disease Management (service packages or levels of care 1-4). Community services available to children include, but are not limited to, assessment and/or service coordination, counseling, medication services, day treatment services, family support services, and therapeutic foster care services, and other residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

BL 2014 Data Limitations

The accuracy of the department's data is dependent upon accurate and timely information being entered into data warehouse system by the local mental health authorities.

BL 2014 Data Source

There are four levels of care a mental health consumer may be assigned. Each level of care has a designated service package that the mental health consumer may receive. Persons achieve optimal benefit from those services appropriately addressing their identified needs. There may be children whose authorized level of care does not match the recommended level of care as determined by the CA-TRAG, however these exceptions are usually due to clinical judgement, resource limitations, continuity of care per UM guidelines and/or consumer choice. As persons enter community programs, registration information and assignment to a specific service package is entered into the department's data warehouse by local mental health authority staff. Production reports of consumers served are issued quarterly based on the information in the data warehouse system. If a child receives more than one community service during the year, the child is counted only once.

BL 2014 Methodology

The total unduplicated number of children and adolescents that receive a mental health community service package 1-4 (through Resiliency & Disease Management) during the fiscal year is tallied for each local authority and system-wide. The production report lists total number of different children served each month and unduplicated number served year-to-date.

BL 2014 Purpose

This measure provides the actual number of children and adolescents who receive services through Resiliency & Disease Management (service packages or levels of care 1-4) and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	2	Mental Health Services for Children
Measure Type	EX	
Measure No.	2	Children Served at End of Year

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**Calculation Method: C**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-02 EX 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the number of children who received one or more services under the Resiliency & Disease Management (RDM) service packages or are in a level of care 1.1-4 during the last month of the fiscal year being reported (i.e., August).

BL 2014 Data Limitations

Because it takes 37 days for data to be finalized within DSHS Mental Retardation and Behavioral Outpatient Warehouse (MBOW), the number of clients ultimately served may not be complete at the time of reporting.

BL 2014 Data Source

The number of clients receiving one or more RDM services during the last month of the fiscal year is obtained from DSHS MBOW.

BL 2014 Methodology

This is a simple unduplicated count of persons who received RDM services during the last month of the fiscal year being reported.

BL 2014 Purpose

Due to the high demand for these services, as indicated by the number of persons waiting for RDM services, it is critical for the department to monitor how many persons are receiving service in the month of August/at the end of the year in order to determine the service level that will be carried into the next fiscal year and/or biennium.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	2	Mental Health Services for Children
Measure Type	OP	
Measure No.	1	Average Monthly Number of Children Receiving Community MH Services

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-02 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated count of priority population eligible children (under age 18) whose services are funded with DSHS appropriation authority funds and who receive mental health community services through Resiliency & Disease Management (service packages or levels of care 1-4). on a monthly basis. The mental health services in the service packages may be provided on a monthly or quarterly basis depending upon the service. Community services available to children include, but are not limited to, assessment and/or service coordination, counseling, medication services, day treatment services, family support services, therapeutic foster care services, and other residential services. Quarterly and year-to-date performance is stated as the average of the months in the reporting period.

BL 2014 Data Limitations

The accuracy of the department's data is dependent upon accurate and timely information being entered into the CARE data warehouse system by the local mental health authorities. The Data Verification Criteria Manual provides general guidance regarding timelines for closure of assignments to specific services.

BL 2014 Data Source

When a child is assigned to a specific service package, this information is entered into the data warehouse. Production reports of children served regardless of funding are issued quarterly based on the information in the data warehouse. The total unduplicated # of children assigned to receive any MH community service each month is calculated. To obtain an unduplicated # of children, each child is counted only once each period regardless of the number of different community services to which assigned. For each quarter of the fiscal year, the unduplicated # of children served in each month of the quarter is averaged.

BL 2014 Methodology

To obtain the number of children served with DSHS appropriation authority funds, the percentage of total expenditures that were funded through the department's appropriation authority is calculated.(See Method of Calculation for the companion efficiency measure for details of calculating DSHS authority funding.) This (%) is applied to the average monthly # served for the specified quarter and for year to date to yield the average monthly number served for the specified quarter with DSHS appropriation authority funds.

The numerator is the sum of the # of children receiving community MH services through R&DM (service packages or levels of care 1-4) each month of the reporting period \* state funded percentage. The state funded (%) is expenditures financed through the DSHS appropriation authority for children's community MH services / Total expenditures for children's community MH services \*100.

The denominator is the number of months in the period.The formula is numerator/denominator.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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BL 2014 Purpose

Monthly number of children served reflects the system-wide level of activity occurring over time and allows the agency to associate this activity with related costs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	3	Community Mental Health Crisis Services
Measure Type	EF	
Measure No.	1	Avg GR Spent Per Person for Crisis Residential Services

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-03 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the average amount of General Revenue (GR) spent per person for a crisis residential service (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) and including competitive funding for crisis residential options from Community Mental Health Centers including NorthSTAR during the fiscal year.

BL 2014 Data Limitations

The accuracy of the Department’s client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available. Computation of this measure is also dependent upon accurate and timely submission of Report III to DSHS by Community Mental Health Centers and Value Options.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse.

BL 2014 Methodology

The numerator is the total GR expenditures for crisis residential services as in Report III submitted to DSHS by Community Mental Health Centers and Value Options. The denominator is the unduplicated year-to-date number of persons who receive a crisis residential service funded by GR. The formula is numerator/denominator.

BL 2014 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., ER, psychiatric hospital, jail) is an important function of Crisis Redesign. This measure provides the average amount of GR spent per person served in residential crisis services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	3		Community Mental Health Crisis Services
Measure Type	EF		
Measure No.	2		Avg GR Spent Per Person for Crisis Outpatient Services

**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-03 EF 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the average amount of General Revenue (GR) spent per person for a crisis outpatient service (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) from Community Mental Health Centers including NorthSTAR during the fiscal year.

BL 2014 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available. Computation of this measure is also dependent upon accurate and timely submission of Report III to DSHS by Community Mental Health Centers and Value Options.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse.

BL 2014 Methodology

The numerator is the total GR expenditures for crisis outpatient services as in Report III submitted to DSHS by Community Mental Health Centers and Value Options. The denominator is the unduplicated year-to-date number of persons who receive a crisis outpatient service funded by GR. The formula is numerator/denominator.

BL 2014 Purpose

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., ER, psychiatric hospital, jail) is an important function of Crisis Redesign. This measure provides the average amount of GR spent per person served in outpatient crisis services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	3		Community Mental Health Crisis Services
Measure Type	OP		
Measure No.	1		# Persons Receiving Crisis Residential Services Per Year

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-03 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis residential service (i.e., respite, crisis residential, crisis stabilization unit, extended observation, or inpatient psychiatric room and board) from Community Mental Health Centers including NorthSTAR during the fiscal year, and whose services are funded by General Revenue (GR).

BL 2014 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available. Computation of this measure is also dependent upon accurate and timely submission of the Crisis Redesign Budget Category Survey to DSHS by Community Mental Health Centers and Value Options.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse.

BL 2014 Methodology

The unduplicated number of persons who receive a residential crisis service from Community Mental Health Centers including NorthSTAR, where the source of funding was GR, is summed for the fiscal year.

BL 2014 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., ER, psychiatric hospital, jail) is an important function of Crisis Redesign. This measure provides an unduplicated count of the number of individuals served in residential crisis services as less restrictive and more appropriate alternatives per year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	3		Community Mental Health Crisis Services
Measure Type	OP		
Measure No.	2		# Persons Receiving Crisis Outpatient Services Per Year

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-03 OP 02

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the unduplicated year-to-date number of persons (regardless of age) who receive a crisis outpatient service (i.e., mobile crisis outreach team, walk-in crisis, or crisis follow-up) from Community Mental Health Centers including NorthSTAR during the fiscal year, and whose services are funded by General Revenue (GR).

BL 2014 Data Limitations

The accuracy of the Department's client databases is dependent upon accurate and timely information being entered into the data warehouses by Community Mental Health Centers and ValueOptions (NorthSTAR). For NorthSTAR, while the majority of paid records are available within 30 days of service, some information lags up to 90 days. Values in ABEST will be updated the quarter following the initial entry to ensure the most accurate data are available. Computation of this measure is also dependent upon accurate and timely submission of Crisis Redesign Budget Category Survey to DSHS by Community Mental Health Centers and Value Options.

BL 2014 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW) and NorthSTAR data warehouse.

BL 2014 Methodology

The unduplicated number of persons who receive an outpatient crisis service from Community Mental Health Centers including NorthSTAR, where the source of funding was GR, is summed for the fiscal year.

BL 2014 Purpose

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., ER, psychiatric hospital, jail) is an important function of Crisis Redesign. This measure provides an unduplicated count of the number of individuals served in outpatient crisis services as less restrictive and more appropriate alternatives per year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	4	NorthSTAR Behavioral Health Waiver	
Measure Type	EF		
Measure No.	1	Average Monthly Cost Per Person Served by NorthSTAR	

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-04 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average monthly cost for behavioral health (mental health and substance abuse) services per person served in the Dallas area under the NorthSTAR managed care program.

BL 2014 Data Limitations

The persons served count used in the calculation is extracted from the claims data submitted by the managed care organization, and therefore is a reflection of the quality of data submitted by them. Lags in claims submission by service providers could make the most recent reporting periods understated in numbers of persons served, and thus make the cost per person look larger than the final calculations. In addition, the payments are adjusted for seven months after the initial payment to reflect Medicaid eligibility retroactive adjustments, and will modify the performance reported in previous periods.

BL 2014 Data Source

The funding excludes the state hospital bed day allocation. The number of persons served is extracted from the NorthSTAR data warehouse as unduplicated count of claimants for each month.

BL 2014 Methodology

The calculation is ((Sum of Premiums paid for each month in the reporting period)/(Sum of unduplicated count of claimants for each month in the reporting period))/(number of months in the reporting period).

BL 2014 Purpose

This measure captures the average cost per person for behavioral health services in the NorthSTAR program regardless of age, and allows a mechanism for the managed care program to be compared to traditional methods of service delivery.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	4		NorthSTAR Behavioral Health Waiver
Measure Type	OP		
Measure No.	1		Number of Persons Served by NorthSTAR Per Year

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**Calculation Method: C**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-04 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of persons receiving mental health or substance abuse community services through the NorthSTAR Behavioral Health Services Waiver regardless of age.

BL 2014 Data Limitations

While the majority of paid records are available within 30 days of service, some information lags up to 120 days. For reporting purposes, the lag for posting of paid bills is estimated and added to the most recent four months of information. The lag factors by month will updated at least quarterly until they are stable. Once the lag factors are stable (within 18 to 24 months), they will be updated annually. Values in ABEST will be updated the quarter following the initial entry to insure the most accurate data are available.

BL 2014 Data Source

Data are from encounter records in the NorthSTAR data warehouse. These data are collected on a paid basis. That is, for each service received by an individual, the provider submits a claim to the Behavioral Health Organization that authorized the service. The collection of data is based on payment of these claims. Claims information includes the client identifying information needed to count number of persons served.

BL 2014 Methodology

The total unduplicated number of persons that receive a behavioral health service through NorthSTAR program during the fiscal year is counted.

BL 2014 Purpose

This measure provides the actual number persons who receive services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	537	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	1		Average Mo Cost Per Adult for Substance Abuse Prevention Services

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**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per adult, age 18 or above, receiving authorized prevention services.

BL 2014 Data Limitations

Average cost of services is affected by quality and intensity of service. This measure only reflects DSHS funded cost. Program measures are aggregate reports and not based on individual level. For individuals who receive more than one service, there is a chance of duplication in the total count of numbers served.

BL 2014 Data Source

Contractually-required prevention activities/services (key performance measures) are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Expenditures for direct services from providers, along with the DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct service expenditures and the DSHS non-service expenditures for the prevention programs reporting services by age category and serving adults, age 18 or above, divided by the total number of adults served. The DSHS non-service expenditures are pro-rated based on the percent of total direct service expenditures attributed to youth and adults. Number served is the total number of adults, age 18 or above, receiving prevention services, as reported by providers in Performance Activity Reports. This includes all key performance measures related to information dissemination, education, alternatives activities, problem identification and referral, community-based processes, and environmental strategies.

BL 2014 Purpose

Intended to measure average cost to serve one client. Useful in determining efficiency over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	2		Average Mo Cost Per Youth for Substance Abuse Prevention Services

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per youth, aged 17 or below, receiving authorized prevention services for substance abuse.

BL 2014 Data Limitations

Average cost of services is affected by quality and intensity of service. This measure only reflects DSHS funded cost. Program measures are aggregate reports and not based on individual level. For individuals who receive more than one service, there is a chance of duplication in the total count of numbers served..

BL 2014 Data Source

Contractually-required prevention activities/services (key performance measures) are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Expenditures for direct services from providers, along with DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct service expenditures and DSHS non-service expenditures for the prevention programs for substance abuse reporting services by age category and serving youth, age 17 or below, divided by the total number of youth served. The DSHS non-service expenditures are pro-rated based on the percent of total direct service expenditures attributed to youth and adults. Number served is the total number of youth, age 17 or below, receiving prevention services, as reported by providers in Performance Activity Reports. This includes all key performance measures related to information dissemination, education, alternatives activities, problem identification and referral, community-based processes, and environmental strategies.

BL 2014 Purpose

Useful in determining efficiency over time

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	3		Average Mo Cost Per Adult for Substance Abuse Intervention Services

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 03

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per adult, age 18 or above, receiving intervention services for substance abuse.

BL 2014 Data Limitations

Average cost of services is affected by quality and intensity of service. This measure only reflects DSHS -funded cost. Program measures are aggregate reports and not based on individual level. For individuals who receive more than one service, there is a chance of duplication in the total count of numbers served.

BL 2014 Data Source

Contractually-required intervention activities/services (key performance measures) are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Expenditures for direct services from providers, along with DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct service expenditures and DSHS non-service expenditures for the intervention programs reporting services by age category and serving adults, age 18 or above, divided by the total number of adults served. The DSHS non-service expenditures are pro-rated based on the percent of total direct service expenditures attributed to youth and adults. Number served is the total number of adults, age 18 or above, receiving intervention services, as reported by providers in Performance Activity Reports. This includes all key performance measures related to information dissemination, education, alternatives activities, problem identification and referral, community-based processes, and environmental strategies.

BL 2014 Purpose

Useful in determining efficiency over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	4		Average Mo Cost Per Youth for Substance Abuse Intervention Services

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 04

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per youth, age 17 or below, receiving intervention services for substance abuse.

BL 2014 Data Limitations

Average cost of services is affected by quality and intensity of service. This measure only reflects DSHS -funded cost. Program measures are aggregate reports and not based on individual level. For individuals who receive more than one service, there is a chance of duplication in the total count of numbers served.

BL 2014 Data Source

Contractually-required intervention activities/services (key performance measures) and age categories are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Expenditures for direct services from providers, along with DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct service expenditures and DSHS non-service expenditures for the intervention programs reporting services by age category and serving youth, age 17 or below, divided by the total number of youth served. The DSHS non-service expenditures are pro-rated based on the percent of total direct service expenditures attributed to youth and adults. Number served is the total number of youth, age 17 or below, receiving intervention services, as reported by providers in Performance Activity Reports. This includes all key performance measures related to information dissemination, education, alternatives activities, problem identification and referral, community-based processes, and environmental strategies.

BL 2014 Purpose

Useful in determining efficiency over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	5		Average Mo Cost Per Adult Served in Treatment Programs for SA

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 05

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per adult, age 18 or above, who completes a prescribed treatment program for substance abuse.

BL 2014 Data Limitations

Cost of completion may cross fiscal years. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider for the DSHS substance abuse program. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Discharge and completion information and client billings are submitted by providers via the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Direct client expenditures, along with DSHS substance abuse program non-service expenditures, are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct client and non-service expenditures associated with adult clients, age 18 or above, who have completed a level of service during the reporting period divided by the number of adult clients who completed a level of service during the reporting period. (Calculation for non-service expenditures for completers: Of the total adult service expenditures, the percent expended for adult completers is multiplied times the total portion of non-service expenditures attributed to adults. Total non-service expenditures for adults are based on the portion of direct service expenditures for adults.) Excluded from the calculation are clients who: have been reassessed as inappropriate for the treatment service level or program; have left due to loss of DSHS substance abuse program funding; or have died.

BL 2014 Purpose

Useful in evaluating program efficiency over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EF		
Measure No.	6		Average Mo Cost Per Youth Served in Treatment Programs for SA

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**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EF 06

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per youth, age 17 or below, who completes a prescribed treatment program for substance abuse.

BL 2014 Data Limitations

Cost of completion may cross fiscal years. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider for the DSHS substance abuse program. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Discharge and completion information and client billings are submitted by providers via the Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Direct client expenditures, along with DSHS substance abuse program non-service expenditures, are maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

The sum of direct client and non-service expenditures associated with youth clients, age 17 or below, who have completed a level of service during the reporting period divided by the number of youth clients who completed a level of service during the reporting period. (Calculation for non-service expenditures for completers. Of the total youth service expenditures, the percent expended for youth completers is multiplied times the total portion of non-service expenditures attributed to youth. Total non-service expenditures for youth are based on the portion of direct service expenditures for youth.) Excluded from the calculation are clients who: have been reassessed as inappropriate for the treatment service level or program; have left due to loss of DSHS substance abuse program funding; or have died.

BL 2014 Purpose

Useful in evaluating program efficiency over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
Goal No.	2 Community Health Services
Objective No.	2 Provide Behavioral Health Services
Strategy No.	5 Substance Abuse Prevention, Intervention and Treatment
Measure Type	EX
Measure No.	1 % of Adults Completing Treatment Programs for Substance Abuse

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EX 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the percent of adults, age 18 or above, completing treatment programs monthly for substance abuse as reported by providers.

BL 2014 Data Limitations

This only reflects clients in DSHS substance abuse funded programs. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Discharge and completion information reported by providers via the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The total adults, age 18 or above, who completed a treatment program for substance abuse during the reporting period divided by the total number of adult clients discharged during the reporting period. Excluded from the calculation are adults who have been re-assessed as inappropriate for the treatment service level or program; have left due to loss of DSHS funding; or have died.

BL 2014 Purpose

Intended to identify adults who completed treatment.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	EX		
Measure No.	2		% of Youth Completing Treatment Programs for SA

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**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EX 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the percent of youth, age 17 or below, completing treatment programs quarterly for substance abuse as reported by providers.

BL 2014 Data Limitations

This only reflects clients in DSHS substance abuse funded programs. Completion of treatment in this measure refers only to the completion of a level of care at a single service provider. Data does not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service.

BL 2014 Data Source

Discharge and completion information reported by providers via the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

The total youth, age 17 or below, who completed a treatment program for substance abuse during the reporting period divided by the total number of youth clients discharged during the reporting period. Excluded from the calculation are youth who: have been re-assessed as inappropriate for the treatment service level or program; have left due to loss of DSHS funding; or have died.

BL 2014 Purpose

Intended to identify youth who completed treatment.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	2	Community Health Services
Objective No.	2	Provide Behavioral Health Services
Strategy No.	5	Substance Abuse Prevention, Intervention and Treatment
Measure Type	EX	
Measure No.	3	# of Co-Occuring Psychiatric SA Disorder Clients Served

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 EX 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The indicator measures the number of clients admitted and served in a co-occurring psychiatric substance abuse disorder program.

BL 2014 Data Limitations

Data as it is currently collected do not present a challenge to measure the indicator. Each client has a unique identification number.

BL 2014 Data Source

Admissions and billing information reported by providers via the DSHS’s Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Expenditure data is maintained in the Uniform Statewide Accounting System.

BL 2014 Methodology

Clients in COPSD services are identifiable by provider of services, billing categories, and program identification number. A count of the number of unduplicated clients served in a co-occurring psychiatric substance abuse disorder program will be calculated using SAS, a statistical software program.

BL 2014 Purpose

This information is used in the strategic planning and budget allocation processes.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	1		Avg Mo Number of Adults Served in Substance Abuse Prevention Programs

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average monthly number of adults, ages 18 or above, served in prevention programs for substance abuse as reported by providers.

BL 2014 Data Limitations

Program measures are aggregate reports and not based on individual level. For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2014 Data Source

Contractually-required prevention activities/services (key performance measures) and age categories are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Key measures include information dissemination, prevention education, alternatives, problem identification and referral, community-based processes, and environmental/social policy.

BL 2014 Methodology

The numerator is the sum of the monthly unduplicated number of adults receiving SA prevention services with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

Useful in determining relative proportion of adults receiving prevention services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	2		Avg Mo Number of Youth Served in Substance Abuse Prevention Programs

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 02

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average monthly number of youth, age 17 and below, served in prevention programs for substance abuse as reported by providers.

BL 2014 Data Limitations

For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2014 Data Source

Contractually-required prevention activities/services (key performance measures) and age categories are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Key performance measures include information dissemination, prevention education, alternatives, problem identification and referral, community-based processes, and environmental/social policy.

BL 2014 Methodology

For each quarter of the fiscal year, the number of youth served with DSHS SA Prevention funds in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of youth receiving SA prevention services with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

Useful in determining relative proportion of youth receiving prevention services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	3		Avg Mo Number of Adults Served in SA Intervention Programs

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 03

**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the number of adults, age 18 or above, served in intervention services for substance abuse as reported by providers.

BL 2014 Data Limitations

For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2014 Data Source

Contractually-required intervention activities/services (key performance measures) and age categories are submitted by the providers in the monthly Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Key performance measures include information dissemination, prevention education, alternatives, problem identification and referral, community-based processes, and environmental/social policy.

BL 2014 Methodology

For each quarter of the fiscal year, the number of adults served with DSHS SA intervention services in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of adults receiving SA intervention services with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

Useful in determining relative proportion of adults receiving intervention services for substance abuse.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	4		Avg Mo Number of Youth Served in SA Intervention Programs

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 04  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the number of youth, age 17 or below, served in intervention services for substance abuse as reported by providers.

BL 2014 Data Limitations

For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2014 Data Source

Contractually-required intervention activities/services (key performance measures) and age categories are submitted by the providers via the Performance Activity Measure reports, which are entered directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation. Key measures include information dissemination, prevention education, alternatives, problem identification and referral, community-based processes, and environmental/social policy.

BL 2014 Methodology

For each quarter of the fiscal year, the number of youths served with DSHS SA intervention services in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of youth receiving SA intervention services with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

Useful in determining relative proportion of youth receiving intervention services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	5		Avg Mo Number of Adults Served in Treatment Programs for SA

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 05  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the number of adults, ages 18 or above, served in treatment programs for substance abuse as reported by providers.

BL 2014 Data Limitations

This shows only clients treated in DSHS funded programs.

BL 2014 Data Source

Billing information is reported by providers via the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

For each quarter of the fiscal year, the number of adults in DSHS SA treatment programs in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of adults receiving SA treatment services with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

This information is used in the strategic planning and budget allocation processes.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	6		Avg Mo Number of Youth Served in Treatment Programs for SA

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 06  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the number of youth served quarterly, ages 17 or below, in treatment programs for substance abuse as reported by providers.

BL 2014 Data Limitations

This shows only clients treated in DSHS substance abuse funded programs.

BL 2014 Data Source

Billing information is reported by providers via the Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

For each quarter of the fiscal year, the number of youths served in DSHS SA treatment programs in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of youth in SA treatment programs with DSHS appropriation authority funds during each month of the period. The denominator is the number of months in the period. The formula is numerator/denominator.

BL 2014 Purpose

This information is used in the strategic planning and budget allocation processes.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	5		Substance Abuse Prevention, Intervention and Treatment
Measure Type	OP		
Measure No.	7		% of SA Programs Meeting Contract Performance Targets

---

**Calculation Method: C**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-02-05 OP 07  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Percent of all DSHS funded substance abuse programs that reached or exceeded their contractually required performance targets.

BL 2014 Data Limitations

As the Commission raises standards for performance targets to make them more challenging, fewer numbers of programs may meet or exceed these targets.

BL 2014 Data Source

Performance measure information entered by the providers directly into the DSHS Behavioral Integrated Provider System. Other automated systems may replace the current systems. The data from these new systems may be combined with current systems and/or replace the data from the current systems. Specific data source used will be noted in supporting documentation.

BL 2014 Methodology

Total DSHS funded programs that reached or exceeded the majority of their contractually required performance targets divided by the total number of DSHS -funded programs. A single target is considered reached if performance is within 10% of the target.

BL 2014 Purpose

Information is used in contracting process.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	6		Develop a Statewide Program to Reduce the Use of Tobacco Products
Measure Type	EF		
Measure No.	1		Average Cost Per Capita for Populations Served in Target Areas

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-06 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the average cost per capita in the targeted area for comprehensive tobacco prevention and control. Population served is defined as the number of people reached with comprehensive tobacco prevention and control exposure in the targeted community grant project area.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Expenditures for appropriated tobacco program funds in HHSAS and population data for the targeted area.

BL 2014 Methodology

The average cost per capita for populations served equals the total expenditures of the targeted area divided by the total population served in the target areas.

BL 2014 Purpose

The Texas Department of State Health Services (DSHS) received funding from Article XII Tobacco Settlement Receipts for reduction of use of tobacco products. This efficiency measure captures the impact of DSHS' implementation of a statewide comprehensive prevention community grant program in Texas. The targeted area consists of the population served by 6 community grantees that serves 17 zip codes within the city of Austin as well as Bexar, Fort Bend, Smith, Rusk, Gregg, Midland, Ector, Lubbock, Crosby, Dickens, Gaines, Hale, Hockley, Lynn and Terry Counties.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	2		Provide Behavioral Health Services
Strategy No.	6		Develop a Statewide Program to Reduce the Use of Tobacco Products
Measure Type	OP		
Measure No.	1		Number of People Served in Targeted Area

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-06 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measures the number of people served in the targeted area for comprehensive tobacco prevention and control. People served are defined as the number of people reached with comprehensive tobacco prevention and control exposure in the targeted community grant project area.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Texas State Population Census data in the targeted area.

BL 2014 Methodology

The total population in the targeted area.

BL 2014 Purpose

The Texas Department of State Health Services (DSHS) received funding from Article XII Tobacco Settlement Receipts for reduction of use of tobacco products. This output measure captures the impact of DSHS' implementation of a statewide comprehensive prevention community grant program in Texas. The target project areas consists of 17 zip codes within the city of Austin and Bexar, Fort Bend, Smith, Rusk, Gregg, Midland, Ector, Lubbock, Crosby, Dickens, Gaines, Hale, Hockley, Lynn and Terry Counties.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2	Community Health Services	
Objective No.	2	Provide Behavioral Health Services	
Strategy No.	6	Develop a Statewide Program to Reduce the Use of Tobacco Products	
Measure Type	OP		
Measure No.	2	# Of TX Communities Implementing Comprehensive Tobacco Prevention Pgms	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-02-06 OP 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This is a measure of the number of Texas communities implementing a comprehensive tobacco prevention program.

BL 2014 Data Limitations

Texas communities that implement comprehensive tobacco prevention and control programs using other methods of finance, such as a local foundation or hospital district funding are not required to submit data to DSHS.

BL 2014 Data Source

DSHS Tobacco Prevention and Control Program contracts will be the data source for the number of community grantees funded for implementation of comprehensive tobacco prevention and control programs in local communities. Communities using other methods of finance will be identified by regional DSHS tobacco program staff who work in local communities.

BL 2014 Methodology

This is a measure of the no. of communities who implement comprehensive tobacco prevention & control programs. A comprehensive tobacco prevention & control program is a multi-faceted effort to reach all segments of the community. The goal of comprehensive tobacco control programs is to reduce disease, disability, & death related to tobacco use by:

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people & adults.
- Eliminating nonsmokers' exposure to secondhand smoke.
- Identifying the disparities related to tobacco use & its effects among different population groups & reducing tobacco use among populations with the highest burden of tobacco related disparities.

Comprehensive programs, as defined by the Centers for Disease Control, include 5 basic components including 1) State & community interventions, 2) health communications interventions, 3) cessation interventions, 4) surveillance & evaluation and 5) administration & management

BL 2014 Purpose

This is a measure of the number of Texas communities implementing comprehensive tobacco prevention and control programs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	1		EMS and Trauma Care Systems
Measure Type	EX		
Measure No.	1		Number of Trauma Facilities

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-03-01 EX 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure is defined as the number of hospitals designated as trauma facilities. Each trauma facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The Regulatory Automation System (RAS) database of designated trauma facilities and trauma designation files is the data source.

BL 2014 Methodology

The number is determined by adding the number of designated trauma facilities at each level and then summing those.

BL 2014 Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate trauma facilities. This measure provides a way to track those resources.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	1		EMS and Trauma Care Systems
Measure Type	EX		
Measure No.	2		Number of Stroke Facilities

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-03-01 EX 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure is defined as the number of hospitals designated as stroke facilities. Each stroke facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2014 Data Limitations

None

BL 2014 Data Source

The Office of EMS and Trauma Systems Coordination program's database of stroke facilities designation files is the data source.

BL 2014 Methodology

The number is determined by adding the number of designated stroke facilities at each level and then summing those.

BL 2014 Purpose

This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate stroke facilities. This measure provides a way to track those resources.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	1		EMS and Trauma Care Systems
Measure Type	OP		
Measure No.	1		Number of Providers Funded: EMS/Trauma

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 02-03-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure tracks emergency health care providers who are provided funding through one or more of the EMS/trauma systems development funding programs.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The Office of EMS and Trauma Systems Coordination database of contractors and files.

BL 2014 Methodology

The number is determined by counting the providers who are funded. Data is obtained from contract files.

BL 2014 Purpose

This measure is an indicator of how well the department handles the distribution of funds intended for emergency healthcare system's development.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	3		Indigent Health Care Reimbursement (UTMB)
Measure Type	EX		
Measure No.	1		Average Monthly # of Indigents Receiving Health Care Services

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 02-03-03 EX 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reflects the average monthly number of indigent patients receiving health care services through the University of Texas Medical Branch (UTMB), which pays for services with funds from the State-Owned Multi-Categorical Teaching Hospital Account.

BL 2014 Data Limitations

The Texas Department of State Health Services depends on UTMB to provide the documentation of voucher billing.

BL 2014 Data Source

Data are submitted to DSHS as documentation of voucher billing from UTMB.

BL 2014 Methodology

Sum the number of indigent patients per month and divide by the number of months summed. NOTE: House Bill 1799 (76th Legislature), 1999, established the State-Owned Multi-Categorical Teaching Hospital Account and requires the deposit into this account of unclaimed lottery prize monies. When the appropriations limit has been reached, no further reimbursements are made to UTMB. When computing the measure for fiscal years that have exceeded the limit before the end of the year, include only those months that have sufficient funds to pay for all of the patients. Exclude any months from the calculation process that involve partially paid or non-paid months.

BL 2014 Purpose

Measures the average monthly number of indigent patients receiving health care services through UTMB. These services are funded through the State-Owned Multi-Categorical Teaching Hospital Account.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	3		Indigent Health Care Reimbursement (UTMB)
Measure Type	EX		
Measure No.	2		Average Monthly Cost Per Indigent Receiving Health Care Services

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 02-03-03 EX 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reflects the average cost per indigent patient receiving services from the University of Texas Medical Branch (UTMB).

BL 2014 Data Limitations

DSHS depends on UTMB to provide the documentation of voucher billing.

BL 2014 Data Source

Data are submitted to the Texas Department of State Health Services as documentation of voucher billing from UTMB.

BL 2014 Methodology

The average monthly cost equals the sum of dollars spent by UTMB from the State-Owned Multi-Categorical Teaching Hospital Account for indigent health care services divided by the sum of indigent patients receiving health care services.

BL 2014 Purpose

Measures the average cost per indigent patient receiving services from UTMB. These services are funded through the State-Owned Multi-Categorical Teaching Hospital Account.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	2		Community Health Services
Objective No.	3		Build Community Capacity
Strategy No.	4		County Indigent Health Care Services
Measure Type	OP		
Measure No.	1		Counties Receiving State Assistance Funds from CIHCP

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 02-03-04 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure reports the actual number of participating eligible counties spending over eight percent (8%) of the county's general revenue tax levy and receiving reimbursement from the County Indigent Health Care Program (CIHCP) state assistance fund.

BL 2014 Data Limitations

CIHCP relies on data received from participating eligible counties.

BL 2014 Data Source

Data are derived from reports (CIHCP Form 105) submitted by CIHCP participating eligible counties.

BL 2014 Methodology

This measure is the number of unduplicated counties, which CIHCP reimbursed for services paid during the fiscal year. Data is cumulative.

BL 2014 Purpose

This measure reports the actual number of unduplicated eligible counties spending over eight percent (8%) of the county's general revenue tax levy and receiving reimbursement from the CIHCP state assistance fund.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	1	Texas Center for Infectious Disease (TCID)	
Measure Type	EF		
Measure No.	1	Average Length of Stay, Texas Center for Infectious Disease	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-01 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average duration of inpatient treatment for all patients discharged during a reporting period.

BL 2014 Data Limitations

None

BL 2014 Data Source

Hospital Medical Record.

BL 2014 Methodology

The numerator is equal to the sum of the lengths of stay for each patient discharged during the reporting period. Denominator is equal to the number of discharges during the reporting period. The formula is numerator/denominator.

BL 2014 Purpose

Although length of stay is a function of antibiotic effectiveness to cure TB, length of stay is a common measure of disease management of chronic disease with other inpatient facilities.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	1	Texas Center for Infectious Disease (TCID)	
Measure Type	EF		
Measure No.	2	Average Cost Per Inpatient Day, Texas Center for Infectious Disease	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-01 EF 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Calculated monthly, this measure reflects the total operating cost per day of inpatient care provided.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Monthly accounting reports, medical records system, and billing system.

BL 2014 Methodology

It is calculated by dividing the total expenses for inpatient services for a given period by the total number of patient days for the same period.

BL 2014 Purpose

Measures the average cost per patient day at the Texas Center for Infectious Disease.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	1	Texas Center for Infectious Disease (TCID)	
Measure Type	OP		
Measure No.	1	Number of Inpatient Days, Texas Center for Infectious Disease	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The total number of days of care charged for occupied inpatient beds.

BL 2014 Data Limitations

Patients may have left TCID grounds without medical advice or with an authorized pass, will not have returned at midnight, and when the patient returns, the daily census must be updated. So, adjusted daily census reports are common and monthly reporting can be delayed.

BL 2014 Data Source

Total daily census is aggregated in the Hospital Information System at midnight.

BL 2014 Methodology

The measure is computed by summing the data for the reporting, period, daily, weekly, monthly, quarterly, and year-to-date.

BL 2014 Purpose

TCID is budgeted to operate two inpatient patient care units. The standard of treatment for TB is outpatient directly observed therapy (DOT). While admission to TCID is based on clinical conditions of patients requiring hospitalization, monitoring of total patient days regularly is a public health indicator both of acuity of patient conditions and complications in communities.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	1	Texas Center for Infectious Disease (TCID)	
Measure Type	OP		
Measure No.	2	Number of Admissions: Total Number Patients Admitted to TCID	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-01 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Number of admissions for the reporting period.

BL 2014 Data Limitations

Data collection is dependent upon completion of admission documentation when a patient is admitted to TCID for inpatient treatment.

BL 2014 Data Source

Admission summary for each patient admitted to TCID is logged into patient accounting systems and data is compiled monthly, quarterly and annually.

BL 2014 Methodology

Whole number cumulated for the reporting period.

BL 2014 Purpose

Measures activity and utilization of more expensive TB inpatient treatment.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	2	South Texas Health Care System	
Measure Type	EF		
Measure No.	1	Average Cost Per Outpatient Visit, South Texas Health Care System	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-02 EF 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Calculated monthly, this measure reflects the total direct operating cost per patient visit.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Monthly accounting reports and medical records.

BL 2014 Methodology

It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

BL 2014 Purpose

Measures the average cost per outpatient visit at the South Texas Health Care system.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	3	Hospital Facilities Management and Services
Objective No.	1	Provide State Owned Hospital Services and Facility Operations
Strategy No.	2	South Texas Health Care System
Measure Type	OP	
Measure No.	1	Number of Outpatient Visits, South Texas Health Care System

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-02 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

An outpatient clinic visit is one in which a scheduled or unscheduled individual who is not an inpatient of the hospital is registered to receive non-emergency services. Each registration at the outpatient clinic is considered one outpatient visit. Services can include: 1) those provided by a member of the active medical staff or by a consultant who is paid from hospital funds, or 2) those which do not require a physician but which involve diagnosis and treatment, necessitating use of the administrative services of the outpatient clinic.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Daily log.

BL 2014 Methodology

Total number of outpatient visits.

BL 2014 Purpose

Measures the number of outpatient visits to the South Texas Health Care system.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	3	Mental Health State Hospitals	
Measure Type	EF		
Measure No.	1	Average Daily Cost Per Occupied State Mental Health Facility Bed	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs DSHS, on average, per occupied state mental health facility bed.

BL 2014 Data Limitations

Data must be current and accurate in the department's accounting system as of the date reports are produced.

BL 2014 Data Source

The expenditures for facility operations are entered into the department's accounting system for each mental health facility.

BL 2014 Methodology

This is the average daily DSHS cost, averaged by quarter and year-to-date, for an occupied bed in the state mental health facility program. Costs include both facility administrative and residential operations. Excluded costs include depreciation and employee benefits paid by the Employee Retirement System. The numerator is the total expenditures (less exclusion as above) paid by DSHS for state mental health facilities in the reporting period / Number of days in the reporting period. The denominator is the average daily census of state mental health facilities for the reporting period. The formula is numerator / denominator.

BL 2014 Purpose

This measure allows the department to estimate the funding necessary to provide the number of state mental health facilities beds needed by its consumers.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	537	Agency:	<b>State Health Services, Department of</b>
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Goal No.	3	Hospital Facilities Management and Services
Objective No.	1	Provide State Owned Hospital Services and Facility Operations
Strategy No.	3	Mental Health State Hospitals
Measure Type	EF	
Measure No.	2	Avg Mo Cost Per Patient Day For SMHF Consumer Receiving New Gen Meds

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 EF 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs the state each month, on average, to provide the new generation of medications per patient day to state mental health facility consumers. Among the most important developments in recent years is the availability of a "new generation" of medications for the major mental illnesses including, but not limited to schizophrenia, bipolar disorders and major depression. These drugs are more expensive than many medications currently in widespread use, but for many people are producing very positive outcomes.

BL 2014 Data Limitations

Data must be current and accurate in the department's accounting system as of the date reports are produced. If the values reported in ABEST are determined to be inaccurate as a result of the Data Integrity Review process, the values will be updated when the errors are identified.

BL 2014 Data Source

Each time a physician at a state mental health facility prescribes a new generation medication, the consumer and the name of the medications are recorded in the electronic medical record by staff at state mental health facilities using pharmacy records. When the physician orders a discontinuation of one of these medications for a consumer, that information is also entered into the medical record.

BL 2014 Methodology

The numerator is the total state mental health facility expenditures for new generation medications for the reporting period divided by the number of days a patient is on a medication in the reporting period. The denominator is the average monthly number of mental health facility consumers receiving new generation medications. The formula is numerator/denominator.

BL 2014 Purpose

This measure allows the agency to track the cost of the new medications. These new medications should be used as first line treatment in the majority of cases in which the individual has a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder. This measure allows the department to estimate the funding necessary to provide the new generation medications to its customers within the identified population.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	3	Mental Health State Hospitals	
Measure Type	EX		
Measure No.	1	Number of Consumers Served by State Mental Health Facilities Per Year	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 EX 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides a simple unduplicated count of all adults and children receiving services through the state mental health facilities during one fiscal year.

BL 2014 Data Limitations

None.

BL 2014 Data Source

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the department's electronic medical record.

Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these reports.

BL 2014 Methodology

This measure is a simple unduplicated count of individuals with one day or longer in residence at a state mental health facility during the state fiscal year.

BL 2014 Purpose

This measure provides the actual number of persons admitted to all state mental health facilities each year plus the number of persons in residence in all state mental health facilities at the beginning of the year.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	537	Agency:	<b>State Health Services, Department of</b>
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Goal No.	3	Hospital Facilities Management and Services
Objective No.	1	Provide State Owned Hospital Services and Facility Operations
Strategy No.	3	Mental Health State Hospitals
Measure Type	OP	
Measure No.	1	Average Daily Census of State Mental Health Facilities

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The state mental health facilities provide services to persons with severe mental illnesses for both acute episodes and longer-term care. The census of the facilities includes persons who have been admitted and not discharged. This measure provides information about the number of persons in state mental health facilities each day on average.

BL 2014 Data Limitations

Data is accurate to the extent that it is correctly entered into the data warehouse system.

BL 2014 Data Source

As persons are admitted to and discharged from state mental health facilities, this movement activity is entered into the department's electronic medical record.

Production reports of consumer movement are issued monthly based on the information in the electronic medical record. Quarterly information is calculated based on these monthly reports.

BL 2014 Methodology

This is an average daily census by quarter where census is defined as the total number of persons occupying a campus bed on any given day. Total bed days are obtained by multiplying the number of persons residing on campus during the reporting period by the number of days each person is on campus. The numerator is the total number of bed days for state mental health facilities for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

BL 2014 Purpose

The census of state mental health facilities provides information about the utilization of these facilities. In order to ensure maximum occupancy and ensure availability of beds to meet needs, managers require information about current utilization and utilization trends over time.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	3	Mental Health State Hospitals	
Measure Type	OP		
Measure No.	2	Average Monthly Number of SMHF Consumers Receiving New Generation Meds	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 OP 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average monthly number of unduplicated patients receiving new generation medications for the reporting period.

BL 2014 Data Limitations

The department has a Data Integrity Review process for state mental health facilities (SMHFs). This process includes on-site reviews of all SMHF measures matching CARE data data warehouse information to clinical records. Failure by a facility to demonstrate accurate data results in mandatory plans of correction.

BL 2014 Data Source

All orders are done through the Order Entry Component of the Electronic Medical Record and stored in the CRS system.

BL 2014 Methodology

The unduplicated number of patients receiving NGMs for each month during the quarter are counted; the three monthly counts are then averaged and it is the average number that is reported.

BL 2014 Purpose

For many people these medications are producing very positive outcomes. The state and the department invest a significant level of funding to purchase these medications for those persons who may benefit from them.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	3	Mental Health State Hospitals	
Measure Type	OP		
Measure No.	3	Number of Admissions to State Mental Health Facilities	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-01-03 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures the number of admissions to all State Mental Hospitals.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The electronic medical record. Whenever a person is admitted to a State Mental Hospital (by a physician's order) a new episode is created in the electronic medical record.

BL 2014 Methodology

The total number of new episodes created for all State Mental Hospitals each month is calculated then summed by quarter and year-to-date. An "episode of treatment" begins at the date/time when a doctor's order is signed admitting a patient to a hospital and ends at the date/time a doctor's order is signed discharging that patient from that hospital.

BL 2014 Purpose

Admissions are one of the basic measures of service provided to the community and workload to the hospitals. Admissions represent the beginning of a new episode of treatment and there are specific tasks and costs associated with each new admission independent of the average bed day cost for an episode.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	2	Provide Privately Owned Hospital Services	
Strategy No.	1	Mental Health Community Hospitals	
Measure Type	EF		
Measure No.	1	Average Daily Cost Per Occupied MH Community Hospital Bed	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 03-02-01 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure captures information regarding what it costs the state each day, on average, to provide inpatient services in the Community Hospitals to each mental health consumers assigned to this service regardless of age. It measures the DSHS appropriation authority cost per consumer as defined by the companion output measure.

BL 2014 Data Limitations

The accuracy of the department's data warehouse is dependent upon accurate and timely information being entered into the database by the local mental health authorities. If the local authority does not provide accurate data for the quarter, this measure will not be accurate. At the end of the fiscal year, community centers report preliminary expenditure information that is used for reporting in ABEST. Final expenditure information may be entered into the data warehouse up to 4 months following the end of the fiscal year. Therefore, end of year values for efficiency measures will be updated in ABEST when the info is available.

BL 2014 Data Source

At the end of each quarter, staff of the local authorities input expenditure information into the data warehouse. The local authority indicates the fund sources used to finance the expenditures. The method of finance includes funds that are part of the DSHS appropriation authority as well as other local funds, grant funds, and earned revenues. For this strategy, only those dollars appropriated for Community Hospitals that are used for inpatient services at the hospitals are included in the cost calculation.

BL 2014 Methodology

The numerator is the total DSHS appropriation authority funds for Community Hospitals utilized to fund Community Hospital inpatient services as reported in the data warehouse / the number of days in the reporting period. The denominator is the average daily number of persons receiving Community Hospital inpatient services. The formula is numerator/denominator.

BL 2014 Purpose

This measure captures DSHS appropriation authority cost of Community Hospital inpatient services.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3		Hospital Facilities Management and Services
Objective No.	2		Provide Privately Owned Hospital Services
Strategy No.	1		Mental Health Community Hospitals
Measure Type	EX		
Measure No.	1		Number of MH Consumers Served in MH Community Hospitals Per Year

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 03-02-01 EX 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure provides an unduplicated workload count of priority population eligible adults and children who receive Community Hospital Inpatient services during one fiscal year.

BL 2014 Data Limitations

The accuracy of the department's data warehouse is dependent upon accurate and timely information being entered by the local mental health authorities. For purposes of measurement, an open assignment to a service is calculated as receiving the service. The expectation is for assignments to be ended when persons are discharged from the Community Hospital.

BL 2014 Data Source

As persons enter the community programs, registration information is entered into the department's data warehouse by staff of the local mental health authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse. Production reports of consumers served are issued quarterly based on the information in the data warehouse.

BL 2014 Methodology

The total unduplicated number of adults and children that receive Community Hospital Inpatient service during the fiscal year regardless of how the services for the individuals were funded is tallied for each local authority and system-wide.

BL 2014 Purpose

This measure provides the actual number of adults and children who receive Community Hospital Inpatient services and provides information about the total system activity during one fiscal year. It is a frequently requested number used to compare system activity over a period of two or more fiscal years.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	2	Provide Privately Owned Hospital Services	
Strategy No.	1	Mental Health Community Hospitals	
Measure Type	OP		
Measure No.	1	Number of Admissions to MH Community Hospitals	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-02-01 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Community Hospital services are provided in three psychiatric hospitals. This measure captures the actual number of admissions to community hospitals on a quarterly and year-to-date basis. The number of admissions when viewed with the state mental health facilities companion measure demonstrates the system-wide level of activity for these services.

BL 2014 Data Limitations

The accuracy of the department's data warehouse system is dependent upon accurate and timely information being entered into the database by the local mental health authorities.

BL 2014 Data Source

As persons enter the community programs, registration information is entered into the department's data warehouse system by staff of the local mental health authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse system. Production reports of consumers served are issued quarterly based on the information in the data warehouse system. A person may be admitted and discharged more than once during a quarter.

BL 2014 Methodology

This measure is a simple count of admissions to mental health community hospitals for each month in the fiscal quarter and year-to-date.

BL 2014 Purpose

Community Hospital services are provided to adults and children in acute crisis situations where inpatient care is necessary. The service is usually of short duration and is used as an alternative to hospitalization in a state mental health facility.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	3	Hospital Facilities Management and Services	
Objective No.	2	Provide Privately Owned Hospital Services	
Strategy No.	1	Mental Health Community Hospitals	
Measure Type	OP		
Measure No.	2	Average Daily Number of Occupied MH Community Hospital Beds	

---

**Calculation Method: N**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 03-02-01 OP 02  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

Community Hospital services are provided in three psychiatric hospitals. This measure captures the unduplicated count of priority population eligible adults and children whose services are funded with DSHS appropriation authority funds and who occupy a Community Hospital bed on a daily basis. Quarterly and year-to-date performance is stated as the average of the days in the reporting period.

BL 2014 Data Limitations

The accuracy of the department's data warehouse is dependent upon accurate and timely information being entered into the database by the local mental health authorities. For purposes of measurement, an open assignment to a service is calculated as receiving the service. The expectation is for assignments to be ended when persons are discharged from the Community Hospital.

BL 2014 Data Source

As persons enter the community programs, registration information is entered into the department's data warehouse by staff of the local mental health authority. When an individual is assigned to a specific program, this information is also entered into the data warehouse. Production reports of consumers served are issued quarterly based on the information in the data warehouse. The total number of bed days utilized by adults and children in Community Hospitals each quarter is calculated. The production report lists total bed days each quarter regardless of how the services for the individuals were funded

BL 2014 Methodology

This is an average daily count by quarter of the total number of persons who occupy a MH Community Hospital bed on any given day (as financed through the DSHS appropriation authority for Inpatient Community Hospital Service). The numerator is the total number of bed days utilized in MH Community Hospitals for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

BL 2014 Purpose

Community Hospital services are provided to adults and children in acute crisis situations where inpatient care is necessary. The service is usually of short duration and is used as an alternative to hospitalization in a state mental health facility.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	1	Food (Meat) and Drug Safety	
Measure Type	EF		
Measure No.	1	Average Cost Per Surveillance Activity - Food/Meat and Drug Safety	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-01 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food and drug safety.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The expenditures from the manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety programs is obtained from the Health and Human Services Administrative System (HHSAS) by the DSHS budget office. The number of surveillance activities is obtained from the Regulatory Automation System (RAS). The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2014 Methodology

The year-to-date cost is calculated for each program area: manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety. The expenditures are obtained from Health and Human Services Administrative System (HHSAS) by the DSHS budget office. These costs are divided by the program area's year-to-date number of surveillance activities conducted. The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2014 Purpose

Measures the average cost per surveillance activity for food (meat) and drug safety.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	1		Food (Meat) and Drug Safety
Measure Type	OP		
Measure No.	1		# of Surveillance Activities Conducted - Food/Meat and Drug Safety

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-01 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The total number of surveillance activities inspections and investigations performed by staff that are documented by appropriate reports. Includes: routine, special, complaint, compliance, and enforcement inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The programs collect routine, special, complaint, compliance, and enforcement inspection and investigation data, as well as sample data and recall effectiveness data. The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2014 Methodology

The data is totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number of inspections and investigations where we have a documented report. The inspections and investigations include routine, special, complaint, compliance, and enforcement inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs. Each group manager is responsible for pulling this number from Regulatory Automation System (RAS) or from other information (such as the seafood water quality surveys or the scheduling of drugs on paper copies) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2014 Purpose

Measures the number of surveillance activities conducted.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	1		Food (Meat) and Drug Safety
Measure Type	OP		
Measure No.	2		# of Enforcement Actions Initiated - Food/Meat and Drug Safety

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-01 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include notices of violation that propose revocation, suspension and denial of licenses; administrative penalties and orders; enforcement conferences; referrals to the Attorney General and District Attorney; repeated violation letters; detention, destruction, and recall of foods, drugs, devices or cosmetics; incident evaluations; collection letters; and inspection warrants obtained and all other actions at law. Seafood Safety also collects data on closing and opening of bays. Professional Licensing & Certification Unit collects and confirms disciplinary action data for bottled water vendors and certified food managers for incorporation into this measure.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). It is collected by the seafood safety, manufactured foods, retail foods, milk & dairy, drugs & medical devices, meat safety programs, and the professional licensing & certification unit.

BL 2014 Methodology

The data are totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number enforcement actions. Included are notices of violation that propose revocation, suspension and denial of licenses, administrative penalties and orders; enforcement conferences, referrals to the Attorney General (AG) and District Attorney (DA) and repeated violation letters from Enforcement staff; and detention, destruction, and recall of foods, drugs, devices or cosmetics, incident evaluations, collection letters, and inspection warrants from Inspections and Policy, Standards and Quality Assurance (PSQA) staff.

BL 2014 Purpose

Measures the number of enforcement actions initiated.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	1	Food (Meat) and Drug Safety	
Measure Type	OP		
Measure No.	3	# of Licenses/Registrations Issued - Food/Meat and Drug Safety	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 04-01-01 OP 03

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The total number of new and renewal licenses, permits, registrations, certifications and accreditations issued to food, milk, meat, drug, and device establishments, studios, manufacturers, wholesalers, brokers, educational programs, and individuals.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data are calculated manually and by automated databases. The programs (seafood safety, milk & dairy, food/food safety, and meat safety) collect data on licenses, permits, and registrations. Licensing and certification data are collected by the manufactured foods, milk & dairy, retail, and seafood safety programs, and the professional licensing & certification unit. Accreditation data are collected by the retail foods and manufactured foods programs. Source documentation identifies the manual and automated databases.

BL 2014 Methodology

The nmbr of licenses, permits, registrations, certifications & accreditations issued is totaled qtrly & is cumulative for the fiscal year. The ttl number of new & renewal licenses, permits, registrations, certifications & accreditations are issued by the food & drug regulatory licensing groups to: food, milk, meat, drug & device establishments, studios, mfrs, wholesalers, brokers, edu. progms & individuals. The data is calculated manually if the Regulatory Automation System (RAS) cannot count them (e.g., facilities with a grant of custom exemption in meat) & by the RAS databases. The two regulatory licensing progms collect data on licenses, permits & registrations then works with manufactured foods, milk & dairy, retail, seafood safety, & Policy, Standards & Quality Assurance progms for verification of the data. Accreditation data for food managers & food workers is collected by the foods regulatory licensing progms. The Regulatory Licensing Progms submit this data to the Div. Office.

BL 2014 Purpose

Measures the number of licenses, permits, registrations, certifications and accreditations issued.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	2	Environmental Health	
Measure Type	EF		
Measure No.	1	Average Cost Per Surveillance Activity - Environmental Health	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-02 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspections and investigation programs (except "Tier Two" reports) relative to environmental health.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The cost numbers are calculated from dollars expended by the toxic substances control, general sanitation, and product safety programs for surveillance activities. The number of surveillance activities is obtained from monthly activity reports. The numbers are verified by program managers and certified as accurate. Data are derived from electronic databases and monthly activity reports for each program.

BL 2014 Methodology

The year to date cost is calculated for toxic substances control, general sanitation, and product safety programs for surveillance activities. These costs are divided by the program area's year to date number of surveillance activities conducted. The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2014 Purpose

Measures the average cost per surveillance activity for environmental health.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	2		Environmental Health
Measure Type	OP		
Measure No.	1		Number of Surveillance Activities Conducted - Environmental Health

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-02 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The total number of surveillance activities, inspections and investigations performed by staff that are documented by appropriate reports. Includes routine, special complaint compliance and enforcement inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, or any other facility or location.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The programs collect routine, special, complaint, compliance, and enforcement inspection and investigation data, as well as sample data and recall effectiveness data. The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2014 Methodology

The data is totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number of inspections and investigations that are documented by inspection reports. Included are routine, special, complaint, compliance, and enforcement inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, or any other facility or location. Each group manager (2 environmental groups) is responsible for pulling this number from Regulatory Automation System (RAS) or from other information (such as the sampling results from contracted laboratories for asbestos) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2014 Purpose

Measures the number of surveillance activities conducted.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	2	Environmental Health	
Measure Type	OP		
Measure No.	2	Number of Enforcement Actions Initiated - Environmental Health	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-02 OP 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of enforcement actions is defined as the total number of enforcement related activities initiated. Enforcement actions include notices of violation that propose revocation, suspensions and denials of licenses, administrative penalties and orders, enforcement conferences, referral to the Attorney General and District Attorney, repeated violation letters, incident evaluations, collection letters and inspection warrants obtained and all other actions at law.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The data is collected by the general sanitation, product safety and toxic substances control programs, and the professional licensing & certification unit.

BL 2014 Methodology

The data is totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number enforcement actions. Included are notices of violation that propose revocation, suspension and denial of licenses, administrative penalties and orders, enforcement conferences, referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff; and repeated violation letters, incident evaluations, collection letters, and inspection warrants obtained from Inspections staff.

BL 2014 Purpose

Measures the number of enforcement actions initiated.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
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Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	2	Environmental Health	
Measure Type	OP		
Measure No.	3	Number of Licenses Issued - Environmental Health	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 04-01-02 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure includes the number of actions proposed on licenses, permits, registrations, certifications, and accreditations issued. For purposes of this output measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied. The types of "licenses" are: youth camp, bedding, volatile chemical, hazardous products, asbestos, mold, lead, and code enforcement officer and sanitarian registration programs.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The general sanitation program and product safety and toxic substances control, and code enforcement officer and sanitarian registration programs collect data for this measure.

BL 2014 Methodology

The number of licenses issued is totaled quarterly and is cumulative for the fiscal year. The total number of new and renewal licenses, permits, registrations, certifications and accreditations issued by the environmental regulatory licensing groups to youth camps, bedding manufacturers and refurbishers, volatile chemical manufacturers and distributors, hazardous products manufacturers and distributors, asbestos, mold and lead abatement companies and related licensees, and code enforcement officers and sanitarians. The data is calculated manually if the Regulatory Automation System (RAS) cannot count them. The two environmental regulatory licensing programs collect data on licenses, permits, and registrations and work with the two environmental Policy, Standards and Quality Assurance (PSQA) programs for verification. The Regulatory Licensing Prog. and the professional licensing & certification unit submit this data to the Div. office.

BL 2014 Purpose

Measures the number of licenses issued.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	3	Radiation Control	
Measure Type	EF		
Measure No.	1	Average Cost Per Surveillance Activity - Radiation Control	

---

**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-03 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to radiation control.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The expenditures from the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs are obtained from the Health and Human Services Administrative System (HHSAS) by the DSHS budget office. The number of surveillance activities is obtained from the Regulatory Automation System (RAS). The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2014 Methodology

The year-to-date cost is calculated for the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs. The expenditures are obtained from HHSAS by the DSHS budget office. The surveillance activities are obtained from the Regulatory Automation System (RAS). The quotients are then averaged by the weighted-average method to arrive at the average cost.

BL 2014 Purpose

Measures the average cost per surveillance activity for radiation control.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	3		Radiation Control
Measure Type	OP		
Measure No.	1		Number of Surveillance Activities Conducted - Radiation Control

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-03 OP 01

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of surveillance activities, inspections and investigations performed by staff, that are documented by an appropriate investigation report. Includes routine, special, complaint, compliance, and enforcement inspections, and any other type of investigation.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The programs collect routine, special complaint compliance, enforcement inspections and investigation data, as well as sample data and recall effectiveness data. The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2014 Methodology

The data are totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number of inspections and investigations where we have a documented report. Included are routine, special, complaint, compliance, and enforcement inspections, collection of samples, and any other type of investigation. The group manager is responsible for pulling this number from Regulatory Automation System (RAS) or from other information (such as sampling results) for the specific program area. The numbers are sent to the Policy, Standards, Quality Assurance Manager who combines the numbers for the strategy. The numbers are compiled for every quarter, and the total is added to the previous quarter reported in the fiscal year.

BL 2014 Purpose

Measures the number of surveillance activities conducted.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code: <b>537</b>	Agency: <b>State Health Services, Department of</b>
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Goal No.	4	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	2	Number of Enforcement Actions Initiated - Radiation Control

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-03 OP 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, enforcement conference, proposal of administrative penalties, administrative hearings, forwarding a case to the Attorney General or other appropriate authority for civil or criminal penalties or seeking an injunction for appropriate reason, and any other actions in courts of law.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The data is collected by the radioactive materials, x-ray, and mammography programs for this measure.

BL 2014 Methodology

The data are totaled quarterly and is cumulative for the fiscal year. For this measure, we count the total number enforcement actions. Included are include preliminary reports of administrative penalties, revocation, suspension and denial of licenses, orders, enforcement conferences, and referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff; and detentions, incident evaluations and warnings (notices of violations) from Policy, Standards, Quality Assurance (PSQA) and Inspection staff.

BL 2014 Purpose

Measures the number of enforcement actions initiated.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	3		Radiation Control
Measure Type	OP		
Measure No.	3		Number of Licenses/Registrations Issued - Radiation Control

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 04-01-03 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This is the measure of the total number of actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, laser hair removal professional certifications, laser hair removal facility licenses, and mammography certifications and mammography accreditations (includes new permits, amendments, renewals, and terminations).

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained from the Regulatory Automation System (RAS). The radioactive materials, x-ray, and mammography programs collect the data for this measure.

BL 2014 Methodology

The number of licenses and registrations issued is totaled quarterly and is cumulative for the fiscal year. The total number of new, renewal, amendment, and termination actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, laser hair removal professional certifications, laser hair removal facility licenses, and mammography certifications and accreditations. The data is calculated by the Regulatory Automation System (RAS). The radiation regulatory licensing program collects the data on the licenses, registrations, certifications, accreditations and acknowledgements and submits this data to the Division office.

BL 2014 Purpose

Measures the number of licenses/registrations issues.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	4		Health Care Professionals
Measure Type	OP		
Measure No.	1		# Health Care Professionals & LCDCs Licensed, Permit, Cert, Registrd

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-04 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data is obtained manually and from automated databases.

BL 2014 Methodology

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2014 Purpose

This output measure reflects the cumulative total (both initial and renewals) of individuals licensed, permitted, certified, registered, documented, or placed on a registry.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4		Consumer Protection Services
Objective No.	1		Provide Licensing and Regulatory Compliance
Strategy No.	4		Health Care Professionals
Measure Type	OP		
Measure No.	2		Number of Professional Complaint Investigations Conducted

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: L**      Cross Reference: Agy 537 082-R-S70-1 04-01-04 OP 02

**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of health care professional complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data are extracted from an automated regulatory system which has an enforcement module for tracking complaint investigations

BL 2014 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year

BL 2014 Purpose

Investigating complaints against health care professionals is an element of regulation and public health protection.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
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Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	5	Health Care Facilities	
Measure Type	OP		
Measure No.	1	Number of Health Care Facility Complaint Investigations Conducted	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-05 OP 01  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of complaint investigations conducted is defined as the total number of investigations under state and federal regulations performed by staff and the total number of self-investigated complaints by acute health facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, massage therapy schools, massage establishments, orthotic/prosthetic facilities, medical radiologic technologist training schools, midwifery training programs, and offender education programs which are documented by an appropriate investigative report. The professional licensing and certification unit's and emergency management program's investigations are initiated upon notification of possible violations of state laws or rules.

BL 2014 Data Limitations

None.

BL 2014 Data Source

The data are computed manually & fr computerized db infor fr survey & investing docs. submitted by staff, the acute hlth facl, the free standing emrgy medical care facl, chemical dependency trtmt facl, massage therapy schs, massage estabs, orthotic/prosthetic facl, medical radiologic technologist trng schs, midwifery trng progs, & offender edu progs. The prof licensing & cert unit (PLCU), health facl compliance prog (HFCEP), & the emrgy mgmt prg (EMP) activities are tracked by using a computerized trackg sys for complaints. They also collect complaint data on the entities regulated. The HFCEP also collects data on the acute hlth facl, free standing emrgy medical care facl, & chemical dependency trtmt facl self-investigs & on the follow-up of these invests. PLCU collects data for massage therapy schs, massage estabs, orthotic/prosthetic facl, medical radiologic technologist trng schs, midwifery trng progs, & offender edu progs. Doc identifies the automated db stored in PLCU, HFCEP & EMP.

BL 2014 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2014 Purpose

A complaint investigation is based on allegations of potential violations of state & fed. regulations. The investigative rpt, completed by the surveyor or the acute health facility, free standing emergency medical care facilities, chemical dependency treatment facilities, massage therapy schools, massage establishments, orthotic/prosthetic facilities, medical radiologic technologist training schools, midwifery training progs & offender edu. progs, who performs the investigation, shows the allegation(s) considered; the investigative process; the area(s) found to be deficient in meeting any relevant regulations; & the surveyor's or acute health facility's, free standing emergency medical care facility's massage therapy school's, massage establishment's, orthotic/prosthetic facility's medical radiologic technologist training school's, midwifery training progs's, and offender edu. progs's, chemical dependency treatment facility's finding(s) relating to the validity of the allegation(s).

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	5	Health Care Facilities	
Measure Type	OP		
Measure No.	2	Number of Health Care Delivery Entity Surveys Conducted	

---

**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 04-01-05 OP 02  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

This measure is defined as the number of surveys pertaining to the quality of health care delivery and health-related educational programs under state and federal regulations conducted by staff, excluding complaint investigations. Health care delivery entities include: orthotic and prosthetic facilities, acute care facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, emergency medical services providers, and massage establishments.

Health-related educational program entities include massage therapist, medical radiologic technologist, midwife, and emergency management courses.

BL 2014 Data Limitations

None.

BL 2014 Data Source

Each survey is documented in a report provided by the surveyor(s) at the completion of the survey process. These reports are kept in files either in the central or regional offices depending on the surveyors' headquarters and some data is entered into databases. Documentation identifies the databases and data stored in each regional office.

BL 2014 Methodology

This measure is the total number of surveys pertaining to the quality of health care delivery and health-related educational programs conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

BL 2014 Purpose

This measure is the total number of surveys pertaining to the quality of health care delivery and health-related educational programs under state and federal regulations conducted by staff, excluding complaint investigations.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

---

Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	4	Consumer Protection Services	
Objective No.	1	Provide Licensing and Regulatory Compliance	
Strategy No.	5	Health Care Facilities	
Measure Type	OP		
Measure No.	3	Number of Licenses Issued for Health Care Entities	

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**Calculation Method: C**      **Target Attainment: H**      **Priority: M**      Cross Reference: Agy 537 082-R-S70-1 04-01-05 OP 03  
**Key Measure: N**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds. Entities include: general, special, and private mental hospitals; crisis stabilization units; ambulatory surgical and birthing centers; special care, end stage, abortion, and orthotic/prosthetic facilities, free standing emergency medical care facilities, chemical dependency treatment facilities, massage therapy schools, massage establishments, offender education programs, midwife training programs, medical radiologic training schools, and emergency medical services providers.

BL 2014 Data Limitations

This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed entities at any given time (i.e., a count of licensed entities) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

BL 2014 Data Source

After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the entity. All license data is entered into the regulatory databases.

BL 2014 Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

BL 2014 Purpose

These counts can be used for analyzing trends in the health care industry and in forecasting future trends, growths, and/or declines in the health care industry as well as showing the significant workload of the programs.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	7		Office of Violent Sex Offender Management
Objective No.	1		Office of Violent Sex Offender Management
Strategy No.	1		Office of Violent Sex Offender Management
Measure Type	EF		
Measure No.	1		Average Cost Per Sex Offender for Treatment and Supervision

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 07-01-01 EF 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The average cost per civilly committed sex offender for treatment and supervision per reporting period, annualized, for all current, civilly committed sex offenders.

BL 2014 Data Limitations

The database provides point-in-time data only; it does not provide the actual amount of time during a reporting period that a civilly committed sex offender received service. Data does not discern that a sex offender was served for only part of a reporting period, rather than the entire reporting period.

BL 2014 Data Source

Civilly Committed Sex Offender database, DSHS financial system. Data is non-cumulative.

BL 2014 Methodology

The average cost per civilly committed sex offender is calculated by taking the expenditures from the DSHS financial system related to the civilly committed sex offenders program for the reporting period and annualizing them, and then dividing them by the number of current, civilly committed sex offenders (excluding those who were in prison for the entire reporting period) as of the last date of the reporting period.

BL 2014 Purpose

Provide the average annual cost of treatment and supervision provided per current, civilly committed sex offender not residing in prison, per reporting period.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	7		Office of Violent Sex Offender Management
Objective No.	1		Office of Violent Sex Offender Management
Strategy No.	1		Office of Violent Sex Offender Management
Measure Type	EX		
Measure No.	1		Number of New Civil Commitments

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**Calculation Method: C**      **Target Attainment: H**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 07-01-01 EX 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of sex offenders who were civilly committed during the reporting period.

BL 2014 Data Limitations

None

BL 2014 Data Source

Civilly Committed Sex Offender database

BL 2014 Methodology

Program will run a report on CSS that identifies the number of sex offenders that were civilly committed during the reporting period.

BL 2014 Purpose

To determine the number of new civil commitment cases for the reporting period.

**STRATEGY-RELATED MEASURES DEFINITIONS REPORT**

83rd Regular Session, Agency Submission, Version 1  
Automated Budget and Evaluation System of Texas (ABEST)

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Agency Code:	<b>537</b>	Agency:	<b>State Health Services, Department of</b>
Goal No.	7		Office of Violent Sex Offender Management
Objective No.	1		Office of Violent Sex Offender Management
Strategy No.	1		Office of Violent Sex Offender Management
Measure Type	OP		
Measure No.	1		Number of Sex Offenders Provided Treatment and Supervision

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**Calculation Method: N**      **Target Attainment: L**      **Priority: H**      Cross Reference: Agy 537 082-R-S70-1 07-01-01 OP 01  
**Key Measure: Y**      **New Measure: N**      **Percentage Measure: N**

BL 2014 Definition

The number of current sex offenders who have been civilly committed, receiving treatment and supervision, who have not been in prison for the entire reporting period.

BL 2014 Data Limitations

Available data is point-in-time data. Databases provide placement at the time of the query; they do not capture changes in civilly committed sex offender placement status across time(i.e., the databases do not track the movement of a civilly committed sex offender among community placements and locked facilities).

BL 2014 Data Source

Civilly Committed Sex Offender database

BL 2014 Methodology

A report will be run to capture the total number of civilly committed sex offenders as of the last day of the reporting period. From the number of all current, civilly committed sex offenders, those who resided in prison for the entire reporting period will be subtracted. This number will be the number of sex offenders provided treatment and supervision. Data is non-cumulative.

BL 2014 Purpose

To determine the number of current sex offenders who have been civilly committed and are receiving treatment and supervision.