

OBJECTIVE OUTCOME DEFINITIONS REPORT

84th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 10/27/2014
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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

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 01-01 OC 01

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

BL 2016 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 2016 Data Limitations

None

BL 2016 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 2016 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 2016 Purpose

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

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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

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference:** Agy 537 083-R-S70-1 01-02 OC 01

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

BL 2016 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 2016 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 2016 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 2016 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 2016 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).

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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

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 537 083-R-S70-1 01-02 OC 02**
Key Measure: Y **New Measure: N** **Percent Measure: N**

BL 2016 Definition

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

BL 2016 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 2016 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 2016 Methodology

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

BL 2016 Purpose

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

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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

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 01-02 OC 03

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

BL 2016 Definition

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

BL 2016 Data Limitations

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

BL 2016 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 2016 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 2016 Purpose

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

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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

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 01-02 OC 04

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

BL 2016 Definition

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

BL 2016 Data Limitations

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

BL 2016 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 2016 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 2016 Purpose

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

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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
Outcome No. 1 Prevalence of Tobacco Use among Middle & HS Youth Target Areas

Calculation Method: N **Target Attainment: L** **Priority: L** **Cross Reference: Agy 537 083-R-S70-1 02-02 OC 15**
Key Measure: Y **New Measure: N** **Percent Measure: Y**

BL 2016 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 9 community grantees that serves.

BL 2016 Data Limitations

The number of grantees and target areas change over time based on competitive procurements and amount of funding available.

BL 2016 Data Source

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

BL 2016 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 2016 Purpose

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

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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
Outcome No. 2 Statewide Prevalence of Tobacco Use among Middle and High School Youth

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 083-R-S70-1 02-02 OC 16
Key Measure: N New Measure: N Percent Measure: N

BL 2016 Definition

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

BL 2016 Data Limitations

None

BL 2016 Data Source

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

BL 2016 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 2016 Purpose

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

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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
Outcome No. 3 Prevalence of Smoking among Adult Texans

Calculation Method: N Target Attainment: L Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 17
Key Measure: Y New Measure: N Percent Measure: N

BL 2016 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 2016 Data Limitations

None

BL 2016 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 2016 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 2016 Purpose

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

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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

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 01-04 OC 01

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

BL 2016 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 2016 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 2016 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 2016 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 2016 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.

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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

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 537 083-R-S70-1 02-01 OC 01**

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

BL 2016 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 and nutritional risk criteria.

BL 2016 Data Limitations

Most recent data available is used at reporting deadlines.

BL 2016 Data Source

Participation is reported in the output measure "Number of WIC Participants Provided Supplemental Food per Month". 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 2016 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. This calculation is based on a federal fiscal year.

BL 2016 Purpose

Measures the percentage of eligible WIC population served.

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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)

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 083-R-S70-1 02-01 OC 02

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

BL 2016 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 2016 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 2016 Data Source

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

BL 2016 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 2016 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.

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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

Calculation Method: N **Target Attainment: L** **Priority: L** **Cross Reference: Agy 537 083-R-S70-1 02-01 OC 03**
Key Measure: Y **New Measure: N** **Percent Measure: Y**

BL 2016 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 2016 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 2016 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 2016 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 2016 Purpose

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

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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)

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 083-R-S70-1 02-01 OC 04
Key Measure: Y New Measure: N Percent Measure: N

BL 2016 Definition

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

BL 2016 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 2016 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 2016 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 2016 Purpose

Indicates the adolescent pregnancy rate in the state.

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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 DSHS-Operated or Purchased Inpatient Bed Re-admission Rate

Calculation Method: N Target Attainment: L Priority: L Cross Reference: Agy 537 083-R-S70-1 02-02 OC 01

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

BL 2016 Definition

This measure is the percent of all persons discharged from any DSHS-operated or purchased inpatient bed to the community during the fiscal year who are readmitted to any DSHS-operated or purchased inpatient bed 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 2016 Data Limitations

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

BL 2016 Data Source

DSHS-operated or purchased inpatient facility personnel enter information about the individual into the department's data warehouse upon admission to and discharge from a DSHS-operated or purchased inpatient bed. DSHS-operated or purchased inpatient beds include state hospitals, traditional community hospitals and purchased local inpatient beds.

BL 2016 Methodology

The numerator is the number of persons admitted to DSHS-operated or purchased inpatient beds that have had a previous discharge from a DSHS-operated or purchased inpatient bed during the same state fiscal year. The denominator is the number of persons discharged from DSHS-operated or purchased inpatient beds 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 2016 Purpose

When an individual returns to the community from an inpatient stay, the hospital and community mental health providers must effectively work together to address an individual's needs.

This measure is an indicator that a particular hospital or provider may have a problem related to the discharge process or engagement in treatment. It ensures that the department tracks trends and provides technical assistance once it is determined whether the cause is related to the discharge process, available community services or consumer engagement.

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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 Improved

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 03

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

BL 2016 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 Needs and Strengths Assessment.

BL 2016 Data Limitations

Collection of data is dependent upon completion of the Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2016 Data Source

Level of functioning is measured by the Life Functioning Domain of the Adult Needs and Strengths Assessment 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 Uniform Assessment at admission to community services, every 180 days and at planned discharges. Greater functional impairment scores reflect greater problems functioning in the community. The results of this assessment are entered into the department's data warehouse by staff at the local authority.

BL 2016 Methodology

For this calculation, the first Uniform Assessment upon admission and the latest Uniform Assessment which must have been completed at least 180 days after the initial Uniform Assessment are utilized. A decrease of 1 or more points in the second Life Functioning Domain score indicates improvement. The numerator is the number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery with a decrease of 1 or more points in the second Life Functioning Domain score.

The denominator is the total number of adult consumers over the fiscal year with a minimum of two Uniform Assessments for Texas Resilience and Recovery. The formula is numerator/denominator *100.

BL 2016 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.

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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 Children Improved

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 05

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

BL 2016 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 and Adolescent Needs and Strengths assessment during the fiscal year.

BL 2016 Data Limitations

Collection of data is dependent upon completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2016 Data Source

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Level of functioning is measured by the Child and Adolescent Needs and Strengths assessment, which measures an individual's functioning in various community settings over the past thirty days. For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized.

BL 2016 Methodology

The Reliable Change Index will be used to measure change in Child & Adolescent Needs & Strengths assessment (asst) scores. During the 1st yr of Tx Resilience & Recovery roll out, adequate data points will be collected to est the Reliable Chg Index for Child & Adolescent Needs & Strengths asst domain items. Comparing initial & subsequent Child & Adolescent Needs & Strengths asst scores will yield a Reliable Chg Index score that will or will not show statistically significant imprv on specific domain items.

Calculation: Num=Total number of children/youth authorized into levels of care 1,2,3,4 or Young Child(YC) who show reliable imprv on at least one Child & Adolescent Needs & Strengths asst domain as compared to the Reliable Chg Index identified for that domain whose last two Uniform Assessments are at least 90 days apart. Den= Total number of children/youth authorized into LOC 1,2,3,4,or YC whose last two Uniform Assessments are at least 90 days apart. The formula is num/den.

BL 2016 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 five levels of care a mental health consumer may be assigned: 1: Medication Maintenance, 2: Targeted Srvs (counseling or skills development training), 3: Complex Srvs (counseling and skills development training), 4: Intensive Family Srvs (Wraparound Srvs), or YC. Each level of care has a flexible array of services that the consumer may receive. There may be children whose authorized level of care does not match the level of care recommended by the Child and Adolescent Needs and Strengths assessment; however, these exceptions are usually due to clinical judgment, resource issues, continuity of care per Utilization Mgmt guidelines and/or consumer refusal. Children receiving community mental health services achieve optimal benefit from those services appropriately addressing their identified needs.

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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 Percent MH Children with a History of Arrest Who Avoid Rearrest

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 537 083-R-S70-1 02-02 OC 06

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

BL 2016 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 2016 Data Limitations

Collection of data is dependent upon the completion of the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery as prescribed.

BL 2016 Data Source

The evaluation instrument for this measure is the Child and Adolescent Needs and Strengths assessment which is part of the Child and Adolescent Uniform Assessment completed for all children at admission, every 90 days thereafter, and at termination of services. Staff at the local authorities enter this assessment data into the department's data warehouse. During the first year of Texas Resilience and Recovery roll out, adequate data points will be collected to establish the Reliable Change Index for Child and Adolescent Needs and Strengths assessment domain items. Comparing initial and subsequent Child and Adolescent Needs and Strengths assessment scores will yield a Reliable Change Index score that will or will not show statistically significant improvement on specific domain items. Children who received services for one quarter or more are included in this measure.

BL 2016 Methodology

For this calculation, the first Child and Adolescent Needs and Strengths assessment on the Child and Adolescent Uniform Assessment for Texas Resilience and Recovery and any subsequent administrations of the Child and Adolescent Needs and Strengths assessment during the fiscal year are utilized.

Calculation

Numerator = The number of children and youth recommended and authorized into levels of care 1,2,3, 4 or Young Child, whose latest number of arrests is 0 and whose previous number of arrests is 0.

Denominator = All children and youths recommended and authorized into levels of care 1,2,3, 4 or Young Child who have at least two "number of arrests" ratings.

The formula is (numerator/denominator) * 100.

BL 2016 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.

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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 % Receiving Crisis Services Who Avoid Psychiatric Hospitalization

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 08

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

BL 2016 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 2016 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 2016 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 2016 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 2016 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.

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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 % Receiving Crisis Services Followed by Jail Booking

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 537 083-R-S70-1 02-02 OC 09**

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

BL 2016 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 2016 Data Limitations

This measure is dependent upon timely compliance to Texas Senate Bill 839, passed during the 80th Legislative Session, which requires DSHS and the Texas Department of Public Safety's 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 2016 Data Source

Crisis service data are from encounter records in the DSHS Mental Retardation and Behavioral Health Outpatient Warehouse 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 2016 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 2016 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.

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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 Percent of Adults Completing Treatment Programs Who Report Abstinence

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 11

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

BL 2016 Definition

The percent 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 discharge.

BL 2016 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 (service) 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 (episode).

BL 2016 Data Source

Provider staff complete an end-service or discharge assessment in the Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client ID number directly into CMBHS.

BL 2016 Methodology

Total number of adults, age 18 or above, who complete a treatment service for substance abuse and report no past month substance use on the end-service or discharge assessment, divided by the total number of adults who complete a treatment service.

BL 2016 Purpose

Abstinence is an objective of ongoing recovery for addiction.

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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 % Youth Successfully Completing a Substance Abuse Prevention Programs

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 12

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

BL 2016 Definition

This measures the percentage of youth enrolled that successfully completed a substance abuse prevention program. Successful completion among youth will evidence reduced identified risk(s) and/or increased protective factors that minimize their probabilities of getting involved in the use of alcohol, tobacco and other drugs.

BL 2016 Data Limitations

Youth prevention programs and related activities are voluntary. The success rate may be limited by the number of youth that attended the required number of prevention education sessions and maintained or improved scores on the pre/posttests. 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 youth participation in voluntary testing).

BL 2016 Data Source

Providers will report the Curriculum Outcome Reports in the Clinical Management for Behavioral Health Services system. The reports include: the number of youth enrolled, the number of youth who are pre- and post-tested, the number of youth who complete the program, and the number of youth who complete the programs successfully.

BL 2016 Methodology

The numerator is the number of youth who completed the prevention education program successfully. The denominator is the number of youth that completed the program. Program completion requires that the participant complete the required number of prevention education sessions. Successful completion is evidenced by those participants that completed the required number of prevention education sessions and maintain or increase score on the pre/posttests. The formula is numerator/denominator.

BL 2016 Purpose

To measure program effectiveness in reducing substance abuse risk factors and increasing protective factors.

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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 Percent of Youth Completing Treatment Programs Who Report Abstinence

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 13

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

BL 2016 Definition

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report no past month substance use at the time of discharge.

BL 2016 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 (service) 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 (episode).

BL 2016 Data Source

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS.

BL 2016 Methodology

Total number of youth, age 17 and below, who complete a treatment service for substance abuse and report no past month substance use on the end-service or discharge assessment, divided by the total number of youth who complete a treatment service.

BL 2016 Purpose

Abstinence is an objective of ongoing recovery for addiction.

OBJECTIVE OUTCOME DEFINITIONS REPORT

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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 Youth Completing Treatment who are Attending School

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 083-R-S70-1 02-02 OC 14

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

BL 2016 Definition

The percent of youth, age 17 or below, who complete a treatment service for substance abuse and report improvement in school attendance at discharge.

BL 2016 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 (service) 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 (episode).

BL 2016 Data Source

Provider staff complete an end-service or discharge assessment in The Clinical Management for Behavioral Health Services system (CMBHS) between each level of care and at discharge. Data is entered by client identification number directly into CMBHS.

BL 2016 Methodology

Total number of youth, age 17 and below, who complete a treatment service for substance abuse and report being in school on the end-service or discharge assessment, divided by the total number of youth who complete a treatment service.

BL 2016 Purpose

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

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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 537 083-R-S70-1 03-01 OC 01

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

BL 2016 Definition

Percent of cases of tuberculosis treated at the Texas Center for Infectious Disease (TCID) as inpatients in which the patients are treated to cure.

BL 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

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

OBJECTIVE OUTCOME DEFINITIONS REPORT

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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	Patient Satisfaction with State Mental Health Facility Treatment

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 537 083-R-S70-1 03-01 OC 03**

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

BL 2016 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 2016 Data Limitations

The Mental Health Statistical Improvement Project Inpatient Consumer Survey 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 2016 Data Source

All adults and adolescents (13 years of age and older) are offered the Mental Health Statistical Improvement Project 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 a stand-alone section of the MyAvatar application. The surveys are extracted and submitted as part of the National Research Institute submission where the results are tabulated.

BL 2016 Methodology

The measure is calculated by averaging the items scored for all adolescent and adult patients combined who completed the Mental Health Statistical Improvement Project Inpatient Consumer Survey during the current fiscal year.

BL 2016 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.

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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 537 083-R-S70-1 04-01 OC 01

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

BL 2016 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 2016 Data Limitations

None

BL 2016 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 2016 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 2016 Purpose

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

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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 537 083-R-S70-1 04-01 OC 02

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

BL 2016 Definition

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

BL 2016 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 2016 Data Source

Application records and the Regulatory Automation System (RAS).

BL 2016 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 2016 Purpose

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

OBJECTIVE OUTCOME DEFINITIONS REPORT

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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 537 083-R-S70-1 04-01 OC 03

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

BL 2016 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 2016 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 2016 Data Source

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

BL 2016 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 2016 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.

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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 537 083-R-S70-1 04-01 OC 04

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

BL 2016 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 2016 Data Limitations

The number of compliance surveys is provided through manual computation.

BL 2016 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 2016 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 2016 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
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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
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: Agy 537 083-R-S70-1 01-01-01 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: Y**

BL 2016 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 2016 Data Limitations

None

BL 2016 Data Source

Annual DSHS HPP Contractor Reports

BL 2016 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 2016 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
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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	
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 537 083-R-S70-1 01-01-01 EX 02

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

BL 2016 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 2016 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 2016 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 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 01-01-01 OP 01

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

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

BL 2016 Methodology

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

BL 2016 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
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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
Strategy No.	1		Public Health Preparedness and Coordinated Services
Measure Type	OP		
Measure No.	2		# of Border/Binational Public Health Svcs Provided to Border Residents

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-01-01 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure captures the number of essential border and binational public health services provided to border residents to improve communication, coordination, and collaboration. 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 2016 Data Limitations

None.

BL 2016 Data Source

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

BL 2016 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, Eagle Pass, Laredo and Harlingen).

BL 2016 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
 84th 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.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Health Data and Analysis
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 537 083-R-S70-1 01-01-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

This measure may be inaccurate if the Texas.Gov vendor does not transmit a request to the Texas Electronic Registrar (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 2016 Data Source

All requests are tracked in the automated 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 2016 Methodology

Using the 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 2016 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
 84th 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.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Health Data and Analysis
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 537 083-R-S70-1 01-01-02 EF 02

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

BL 2016 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 2016 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 2016 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 2016 Methodology

The number of working days to complete a data request is defined as the number of working days between when a request is received (or clarified if needed) until when the data or information is delivered. The average number of working days is calculated as the total number of working days to respond to requests, divided by the total number of requests completed.

BL 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Data and Analysis	
Measure Type	OP		
Measure No.	1	Number of Requests for Records Services Completed	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-01-02 OP 01

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

BL 2016 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 2016 Data Limitations

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

BL 2016 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 2016 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 2016 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
84th 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.	1	Improve Health Status through Preparedness and Information	
Strategy No.	2	Health Data and Analysis	
Measure Type	OP		
Measure No.	2	Number of Abstracted Cases for Epidemiologic Study	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-01-02 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 Methodology

An abstracted case is information on a person'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 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Health Data and Analysis
Measure Type	OP	
Measure No.	3	Average Successful Requests - Pages per Day

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-01-02 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 Data Source

Web Server Log Files.

BL 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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 537 083-R-S70-1 01-02-01 EF 01

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

BL 2016 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 2016 Data Limitations

Vaccine amounts are based on population estimates. CDC will utilize a computer program Vaccine Ordering Forecasting Allocation (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 2016 Data Source

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

BL 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 01-02-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None

BL 2016 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 2016 Methodology

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

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-02-01 EX 02

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

On a quarterly basis, the ImmTrac application database will be queried to document the number of sites authorized to access the registry.

BL 2016 Methodology

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 2016 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
84th 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.	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 537 083-R-S70-1 01-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 Methodology

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

BL 2016 Purpose

Measures the total number of doses administered to children.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-02-01 OP 02
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 Methodology

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

BL 2016 Purpose

Measures the total number of doses administered to adults.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-02-01 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-02-02 EF 01

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

BL 2016 Definition

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

BL 2016 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 2016 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 2016 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 2016 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
 84th 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.	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:
Key Measure: Y **New Measure: Y** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

None.

BL 2016 Data Source

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

BL 2016 Methodology

The number of HIV infected persons with qualifying income enrolled in the Texas HIV Medication Program who have received medication or insurance assistance. 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) or who have received support from the program for a health insurance plan that provides prescription coverage.

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-02-02 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 Methodology

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

BL 2016 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
 84th 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.	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 537 083-R-S70-1 01-02-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

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

BL 2016 Data Source

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

BL 2016 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 2016 Purpose

Measures the number of disease reports.

Strategy-Related Measures Definitions
84th 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.	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	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-02-03 OP 02

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measure the number of surveillance activities and field investigations conducted.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-03-01 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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.	3	Abstinence Education	
Measure Type	OP		
Measure No.	1	Number of Persons Served in Abstinence Education Programs	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-03-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 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 2016 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 2016 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 2016 Purpose

Measures the number of persons receiving services.

Strategy-Related Measures Definitions
 84th 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		Kidney Health Care
Measure Type	EF		
Measure No.	1		Average Cost Per Chronic Disease Service - Kidney Health Care

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 01-03-03 EF 01

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

BL 2016 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 2016 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 2016 Data Source

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

BL 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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	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 537 083-R-S70-1 01-03-03 OP 01

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

BL 2016 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 2016 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 2016 Data Source

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

BL 2016 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 2016 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
 84th 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.	5	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 537 083-R-S70-1 01-03-04 EF 01

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

BL 2016 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 2016 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 2016 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. Expenditure data is obtained from the DSHS accounting system.

BL 2016 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 2016 Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Strategy-Related Measures Definitions
 84th 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.	5	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 537 083-R-S70-1 01-03-04 EF 02

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

BL 2016 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 2016 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 definition, the number of clients used for this measure may be duplicated in subsequent quarters. 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 2016 Data Source

The average monthly cost per client receiving health care benefits is obtained from the program's automated data system.

BL 2016 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 2016 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
 84th 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.	5	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 537 083-R-S70-1 01-03-04 EX 01

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

BL 2016 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 2016 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 2016 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's automated system.

BL 2016 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 2016 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
84th 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.	5		Children with Special Health Care Needs
Measure Type	OP		
Measure No.	1		# of CSHCN Clients Receiving Case Management

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-03-04 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 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 2016 Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost-effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Strategy-Related Measures Definitions
 84th 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.	5	Children with Special Health Care Needs
Measure Type	OP	
Measure No.	2	Avg Mon Caseload CSHCN Clients Receiving Health Care Benefits

Calculation Method: N	Target Attainment: H	Priority: H	Cross Reference: Agy 537 083-R-S70-1 01-03-04 OP 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 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 defined in rule, include medical services, enabling services, (excluding transportation), and family support services.

BL 2016 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 definition, the number of clients used for this measure may be duplicated in subsequent quarters. 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 2016 Data Source

The average monthly caseload of clients receiving health care benefits is obtained from the program's automated data system.

BL 2016 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 2016 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
84th 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.	6	Epilepsy 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 537 083-R-S70-1 01-03-05 EX 01

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

BL 2016 Definition

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

BL 2016 Data Limitations

None.

BL 2016 Data Source

Information is obtained from the Epilepsy Contractor Quarterly Reports.

BL 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	7	Hemophilia Services	
Measure Type	EX		
Measure No.	1	Number of Hemophilia Assistance Program Clients	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 01-03-05 EX 02

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

BL 2016 Definition

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

BL 2016 Data Limitations

None.

BL 2016 Data Source

HAP history files.

BL 2016 Methodology

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

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-04-01 EF 01

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

BL 2016 Definition

The average cost per test performed by the DSHS laboratory.

BL 2016 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 2016 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 2016 Methodology

Total laboratory expenditures divided by the total tests performed.

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 01-04-01 OP 01

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

BL 2016 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 2016 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 2016 Data Source

Summary reports from the laboratory information management systems.

BL 2016 Methodology

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

BL 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 02-01-01 EF 01

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

BL 2016 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.

BL 2016 Data Limitations

The most recent data available is used at reporting deadline.

BL 2016 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 automated system using the effective contract rebate rates as specified in the respective contracts. system.

BL 2016 Methodology

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 2016 Purpose

Measures the average food costs per person receiving services.

Strategy-Related Measures Definitions
84th 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.	1		Provide Primary Care and Nutrition Services
Strategy No.	1		Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	EX		
Measure No.	1		WIC Breastfeeding Initiation Rate

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

BL 2016 Definition

This measure represents the percent of infants whose mothers were participants in the program during pregnancy and initiated breastfeeding at or before the time of the infant's certification of eligibility.

BL 2016 Data Limitations

If a WIC mother does not certify her infant prior to seven months of age, the data is not available.

BL 2016 Data Source

This performance measure is derived from the WIC Automated Benefits Delivery System that records:

- the number of infants, who were born to WIC mothers,
- whether or not the infant is currently being breastfed, and
- if the infant is not currently breastfed, the date breastfeeding ended.

These fields are required fields in the clinics.

BL 2016 Methodology

The percent is calculated by dividing the most recently completed month's unduplicated number of infants, whose mothers were participants in the program during pregnancy, breastfed at or before the time of their certification of eligibility by the total unduplicated number of infants whose mothers were participants in the program during pregnancy.

BL 2016 Purpose

This measure is intended to show the effectiveness of the program's efforts to encourage pregnant women to initiate breastfeeding. It is not intended to measure duration of breastfeeding.

Strategy-Related Measures Definitions
84th 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.	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: Agy 537 083-R-S70-1 02-01-01 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 3 months 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 2016 Data Limitations

Estimates may be used at reporting deadlines.

BL 2016 Data Source

The WIC 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.

BL 2016 Methodology

The WIN system is queried at the central WIC office to derive this total for the reporting period. This calculation is based on a federal fiscal year.

BL 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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.	1		Provide Primary Care and Nutrition Services
Strategy No.	1		Provide WIC Services: Benefits, Nutrition Education & Counseling
Measure Type	OP		
Measure No.	2		Number of WIC Participants Provided Nutritious Supplemental Food

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-01-01 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This output measures actual state-wide monthly participation determined by the number of WIC clients provided with supplemental foods 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 plus the number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the reporting period.

BL 2016 Data Limitations

Most recent data available is used at reporting deadlines.

BL 2016 Data Source

Participation counts are collected through the WIC automated system.

BL 2016 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 2016 Purpose

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

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 02-01-02 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 Data Source

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

BL 2016 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 2016 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
 84th 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.	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: Agy 537 083-R-S70-1 02-01-02 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 Methodology

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

BL 2016 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
84th 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.	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 537 083-R-S70-1 02-01-02 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 Methodology

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

BL 2016 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
 84th 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.	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 537 083-R-S70-1 02-01-03 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2016 Data Source

Client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditures data are from the Health and Human Services Contract Administration and Tracking System.

BL 2016 Methodology

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

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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: M** Cross Reference: Agy 537 083-R-S70-1 02-01-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure reports the number of persons receiving family planning services from contracting and/or enrolled entities funded through the DSHS Family Planning Program.

BL 2016 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2016 Data Source

Client data is from the Texas Medicaid Health Partnership Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe.

BL 2016 Methodology

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

BL 2016 Purpose

This measure reports the number of persons receiving family planning services from contracting and/or enrolled entities funded through the DSHS Family Planning Program.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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 537 083-R-S70-1 02-01-04 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

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

BL 2016 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2016 Data Source

The sources for this measure are the contractor monthly and annual reports. Fee-for-service client data are from the TMHP Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe. Expenditure data is from the Health and Human Services Contract Administration and Tracking System.

BL 2016 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 services into the available contract funding for the fiscal year.

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 02-01-04 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 Definition

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

BL 2016 Data Limitations

Complete data may not be available for the reporting period at the time the report is due.

BL 2016 Data Source

The sources for this measure are the contractor monthly and annual reports. Fee-for-service client data are from the Texas Medicaid Health Partnership Vision 21 Data Warehouse Ad Hoc Query Platform (AHQP) Claims Universe.

BL 2016 Methodology

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

BL 2016 Purpose

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

Strategy-Related Measures Definitions
 84th 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 537 083-R-S70-1 02-02-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

It measures the DSHS appropriation authority cost per consumer per level of care as defined by the companion output measure.

BL 2016 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 2016 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 2016 Methodology

The number of months in the reporting period is 3 for each quarter.

The numerator is the total DSHS appropriation authority funds utilized to fund adult Mental Health 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 2016 Purpose

This measure captures DSHS appropriation authority cost per person for adult community mental health services provided through the Texas Resilience and Recovery levels of care 1M-4.

Strategy-Related Measures Definitions
 84th 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	EX	
Measure No.	1	Number of Adults Receiving Community Mental Health Services Per Year

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

BL 2016 Definition

This measure provides an unduplicated workload count of priority population eligible adults who receive mental health community services through one of the five levels of care 1M-4 in Texas Resilience & Recovery 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 2016 Data Limitations

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

BL 2016 Data Source

Every adult mental health consumer receives a Uniform Assessment for Texas Resilience and Recovery upon admission to the local authority and two to four times per year thereafter. The assessment includes the Adult Needs and Strengths Assessment level of care and the authorized level of care. Local authority staff enters this information into the Clinical Management of Behavioral Health Services system. Consumers are only counted once for this measure.

BL 2016 Methodology

The total unduplicated number of adults that receive a level of care under Texas Resilience and Recovery 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 2016 Purpose

This measure provides the actual number of adults who receive community services through Texas Resilience and Recovery levels of care 1M-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
 84th 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	OP		
Measure No.	1		Average Monthly Number of Adults Receiving Community MH Services

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 full level of care service package as part of Texas Resilience and Recovery. 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 2016 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 2016 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 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 Uniform Assessment. These exceptions are usually due to clinical judgment, resource limitations, continuity of care per Utilization Management guidelines and/or consumer choice. The total unduplicated number of persons assigned to receive these Mental Health 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 2016 Methodology

To obtain the number of adults served with DSHS appropriation authority funds, the percentage of total expenditures that were funded through the department's appropriation authority in the previous fiscal year is calculated. This percentage is applied to the average monthly number served for the specified quarter 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 adults receiving community Mental Health services through Texas Resilience and Recovery levels of care 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 Mental Health community service/Total expenditures for any adult Mental Health community service *100. The denominator is the number of months in the period. The formula is numerator/denominator.

Strategy-Related Measures Definitions

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BL 2016 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
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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	OP	
Measure No.	2	Average Monthly Number Persons Receiving Community MH Crisis Services

Calculation Method: N **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 02-02-01 OP 02

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

BL 2016 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 2016 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 2016 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 2016 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 2016 Purpose

Strategy-Related Measures Definitions

84th Regular Session, Agency Submission, Version 1
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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
 84th 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.	2		Mental Health Services for Children
Measure Type	EF		
Measure No.	1		Average Monthly Cost Per Child Receiving Community MH Services

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-02 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 Texas Resilience and Recovery (levels of care 1,2,3,4, or YC). It measures the DSHS appropriation authority cost per consumer per level of care as defined by the companion output measure.

BL 2016 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.

BL 2016 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 2016 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.

Calculation

Numerator = The total DSHS appropriation authority funds utilized to fund community MH children's community services as reported in the data warehouse/ the number of months in the reporting period.

Denominator = the total 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 2016 Purpose

This measure captures DSHS appropriation authority cost per child receiving mental health services in the community provided through the Texas Resilience and Recovery levels of care 1,2,3,4, or YC.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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.	1	Number of Children Receiving Community MH Services Per Year	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-02 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure provides an unduplicated workload count of priority population eligible children and adolescents receiving mental health community services through Texas Resiliency and Recovery levels of care 1,2,3,4, or Young Child. Community services available to children include, but are not limited to, assessment and/or service coordination, counseling, medication services, day treatment services, and family support services. Year-to-date performance is stated as the average of the months in the reporting period.

BL 2016 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 2016 Data Source

There are five levels of care a mental health consumer may be assigned. Each level of care has a flexible array of services 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 Child and Adolescent Needs and Strengths assessment, however these exceptions are usually due to clinical judgment, resource limitations, continuity of care per UM guidelines and/or consumer choice. As persons enter community programs, registration information and assignment to a specific level of care 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 2016 Methodology

The total unduplicated number of children and adolescents that receive a mental health community level of care 1,2,3,4, or Young Child (through Texas Resilience and Recovery) 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 2016 Purpose

This measure provides the actual number of children and adolescents who receive services through Texas Resilience and Recovery (levels of care 1,2, 3,4, or YC) 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
 84th Regular Session, Agency Submission, Version 1
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Agency Code:	537	Agency:	State Health Services, Department of
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

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 Texas Resiliency and Recovery (levels of care 1,2,3,4, or Young Child) on a monthly basis. The mental health services in the levels of care 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, and family support services. Quarterly performance is stated as the average of the months in the reporting period.

BL 2016 Data Limitations

The accuracy of the department's data is dependent upon accurate and timely information being entered into the 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 2016 Data Source

When a child is assigned to a specific level of care, 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 number of children assigned to receive any Mental Health community service each month is calculated. To obtain an unduplicated number 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 number of children served in each month of the quarter is averaged.

BL 2016 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. This percentage is applied to the average monthly numbers served for the specified quarter 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 children receiving community Mental Health services through Texas Resilience and Recovery levels of care 1,2,3,4, or Young Child each month of the reporting period * state funded percentage. The state funded percent is expenditures financed through the DSHS appropriation authority for children's community Mental Health 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.

BL 2016 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
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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.

BL 2016 Data Source

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

BL 2016 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 2016 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital, and 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
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Agency Code:	537	Agency:	State Health Services, Department of
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 537 083-R-S70-1 02-02-03 EF 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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.

BL 2016 Data Source

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

BL 2016 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 2016 Purpose

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and 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
 84th 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.	3	Community Mental Health Crisis Services
Measure Type	OP	
Measure No.	1	# Persons Receiving Crisis Residential Services Per Year Funded by GR

Calculation Method: C	Target Attainment: H	Priority: H	Cross Reference: Agy 537 083-R-S70-1 02-02-03 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 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.

BL 2016 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 2016 Data Source

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

BL 2016 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 General Revenue, is summed for the fiscal year.

BL 2016 Purpose

Providing mental health crisis residential services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and 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
 84th Regular Session, Agency Submission, Version 1
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Agency Code: **537** Agency: **State Health Services, Department of**

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 Funded by GR

Calculation Method: C	Target Attainment: H	Priority: H	Cross Reference: Agy 537 083-R-S70-1 02-02-03 OP 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 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.

BL 2016 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 2016 Data Source

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

BL 2016 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 General Revenue, is summed for the fiscal year.

BL 2016 Purpose

Providing mental health crisis outpatient services as alternatives to service in more restrictive and less appropriate settings (e.g., Emergency Room, psychiatric hospital and 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.

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

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-04 EF 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 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)).

BL 2016 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
 84th 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.	4 NorthSTAR Behavioral Health Waiver
Measure Type	OP
Measure No.	1 Number of Persons Served by NorthSTAR Per Year

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 02-02-04 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 Methodology

The total unduplicated number of persons that receive a behavioral health service through NorthSTAR program during the fiscal year is counted.

BL 2016 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
 84th Regular Session, Agency Submission, Version 1
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Agency Code: **537** Agency: **State Health Services, Department of**

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

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 02-02-05 EF 01

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

BL 2016 Definition

This measures the average cost per adult, age 18 or above, receiving authorized substance abuse prevention services.

BL 2016 Data Limitations

The average cost of services is affected by the nature of the prevention activity and the intensity of the prevention services. This measure only reflects DSHS funded cost. Program measures are aggregate reports and are not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count of numbers served.

BL 2016 Data Source

Contractually-required prevention activities/services (Key Performance Measures) are submitted by the providers via the Performance Measures reports, which are entered directly into the Clinical Management for Behavioral Health Services. Expenditures for services are maintained in the Uniform Statewide Accounting System.

BL 2016 Methodology

The numerator is the sum of prevention service expenditures reported by providers. The denominator is the number served. The formula is numerator/denominator. The number served is the total number of adults, age 18 or above, receiving prevention services, as reported by providers in Performance Measures 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 2016 Purpose

Intended to measure average cost per adult participant. This data is also useful in determining efficiency and cost effectiveness of programs over time.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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	EF		
Measure No.	2	Average Mo Cost Per Youth for Substance Abuse Prevention Services	

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 02-02-05 EF 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the average cost per youth, aged 17 or below, receiving authorized substance abuse prevention services.

BL 2016 Data Limitations

The average cost of services is affected by the nature of the prevention activity and intensity of the prevention services. This measure only reflects DSHS funded cost. Program measures are aggregate reports and are not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count of numbers served.

BL 2016 Data Source

Contractually-required prevention activities/services (Key Performance Measures) are submitted by the providers via the Performance Measures reports, which are entered directly into the DSHS Clinical Management for Behavioral Health Services (CMBHS). Expenditures for services are maintained in the Uniform Statewide Accounting System.

BL 2016 Methodology

The numerator is sum of prevention service expenditures reported by providers. The denominator is the number served. The formula is numerator/denominator. The number served is the total number of youth, age 17 or below, receiving prevention services, as reported by providers in the CMBHS Measures Reports. This includes all key performance measures related to information dissemination, education, alternative activities, problem identification and referral, community-based processes, and environmental strategies.

BL 2016 Purpose

Intended to measure average cost per youth participant. This data is also useful in determining efficiency and cost effectiveness of the programs over time.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 02-02-05 EF 03

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

BL 2016 Definition

This measures the average cost per adult, age 18 or above, receiving intervention services for substance abuse.

BL 2016 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 2016 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 Clinical Management for Behavioral Health Services system. Expenditures for direct services from providers, along with DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2016 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.

BL 2016 Purpose

Useful in determining efficiency over time.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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	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 537 083-R-S70-1 02-02-05 EF 04
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the average cost per youth, age 17 or below, receiving intervention services for substance abuse.

BL 2016 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 2016 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 Clinical Management for Behavioral Health Services system. Expenditures for direct services from providers, along with DSHS non-service expenditures are maintained in the Uniform Statewide Accounting System.

BL 2016 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.

BL 2016 Purpose

Useful in determining efficiency over time.

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 02-02-05 EF 05

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

BL 2016 Definition

This measures the average cost per adult, age 18 or above, who is discharged from a treatment service for substance abuse.

BL 2016 Data Limitations

Cost of treatment may cross fiscal years. Discharge from treatment in this measure refers only to the ending of a level of care (service) at a single service provider for the DSHS substance abuse program. Data does not necessarily reflect discharge from a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2016 Data Source

Discharge and end-services information and client billings are submitted by providers via the DSHS Clinical Management for Behavioral Health Services system. Direct client expenditures, along with DSHS substance abuse program non-service expenditures, are maintained in the Uniform Statewide Accounting System.

BL 2016 Methodology

The sum of substance abuse treatment claims associated with adult clients, age 18 or above, who are discharged from a level of service during the reporting period divided by the number of adult clients who are discharged from a level of service during the reporting period.

BL 2016 Purpose

Useful in evaluating program efficiency over time.

Strategy-Related Measures Definitions
 84th 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.	5	Substance Abuse Prevention, Intervention and Treatment	
Measure Type	EF		
Measure No.	6	Average Mo Cost Per Youth Served in Treatment Programs for SA	

Calculation Method: N **Target Attainment: L** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 02-02-05 EF 06

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

BL 2016 Definition

This measures the average cost per youth, age 17 or below, who is discharged from a treatment service for substance abuse.

BL 2016 Data Limitations

Cost of completion may cross fiscal years. Discharge from treatment in this measure refers only to the ending of a level of care (service) at a single service provider for the DSHS substance abuse program. Data does not necessarily reflect discharge from a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2016 Data Source

Discharge and end-service information and client billings are submitted by providers via the DSHS Clinical Management for Behavioral Health Services system.

BL 2016 Methodology

The sum of substance abuse treatment claims associated with youth clients, age 17 or below, who are discharged from a level of service during the reporting period divided by the number of youth clients who are discharged from a level of service during the reporting period.

BL 2016 Purpose

Useful in evaluating program efficiency over time.

Strategy-Related Measures Definitions
 84th 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.	5	Substance Abuse Prevention, Intervention and Treatment
Measure Type	EX	
Measure No.	1	% of Adults Completing Treatment Programs for Substance Abuse

Calculation Method: N	Target Attainment: H	Priority: H	Cross Reference: Agy 537 083-R-S70-1 02-02-05 EX 01
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 Definition

This measures the percent of adults, age 18 or above, completing treatment service monthly for substance abuse as reported by providers.

BL 2016 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 (service) at a single service provider. Data do not necessarily reflect completion of a continuum of care, which usually includes multiple programs and levels of service (episode).

BL 2016 Data Source

Discharge and completion information reported by providers via the DSHS Clinical Management and Behavioral Health Services system.

BL 2016 Methodology

The total adults, age 18 or above, who completed a treatment service for substance abuse during the reporting period divided by the total number of adult clients discharged or ending the service during the reporting period. Excluded from the calculation are adults who did not successfully complete a treatment service.

BL 2016 Purpose

Intended to identify adults who completed treatment.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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.	2	% of Youth Completing Treatment Programs for SA	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-05 EX 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the percent of youth, age 17 or below, completing treatment service quarterly for substance abuse as reported by providers.

BL 2016 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 (service) 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 (episode).

BL 2016 Data Source

Discharge and completion information reported by providers via the DSHS Clinical Management and Behavioral Health Services system.

BL 2016 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 did not successfully complete treatment services.

BL 2016 Purpose

Intended to identify youth who completed treatment.

Strategy-Related Measures Definitions
84th 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.	5	Substance Abuse Prevention, Intervention and Treatment	
Measure Type	EX		
Measure No.	3	# of Co-Occuring Psychiatric SA Disorder Clients Served	

Calculation Method: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 02-02-05 EX 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

The indicator measures the number of clients admitted and served in a co-occurring psychiatric substance abuse disorder program.

BL 2016 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 2016 Data Source

Admissions and billing information reported by providers via the DSHS Clinical Management for Behavioral Health Services system. Expenditure data is maintained in the Uniform Statewide Accounting System.

BL 2016 Methodology

Clients in Co-Occurring Psychiatric and Substance Abuse Disorder 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.

BL 2016 Purpose

This information is used in the strategic planning and budget allocation processes.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 02-02-05 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the average monthly number of adults, ages 18 or above, served through the required prevention activities for DSHS-funded direct and in-direct substance abuse prevention program service types as reported by providers.

BL 2016 Data Limitations

Program measures are aggregate reports and not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count. DSHS requires prevention providers to provide comprehensive prevention services which may result in participants receiving one or more prevention services. Comprehensive services are designed to include multiple prevention activities within the required Center for Substance Abuse Prevention strategies to ensure the programs meet the needs of the participants and reinforce the skills learned in the prevention program. Due to the nature of the prevention activities within each of the strategies, there is no way to capture an unduplicated count of the services provided.

BL 2016 Data Source

Contractually-required prevention activities/services (Key Performance Measures) and age categories are submitted by the providers via the Performance Measure reports, which are entered directly into the DSHS Clinical Management for Behavioral Health Services system. The Key Performance Measures required activities are directly aligned under one of the six Centers for Substance Abuse Prevention Strategies which include: information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes, and environmental/social policy.

BL 2016 Methodology

For each quarter, the total number of adults served with DSHS prevention funds in each month of the quarter is averaged. The total numbers served include adults served within each of the required key performance measures for all prevention service types.

The numerator is the sum of the monthly number of adults receiving substance abuse 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 2016 Purpose

To determine the number of adults receiving substance abuse prevention services and to monitor DSHS-funded prevention providers' program performance.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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	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 537 083-R-S70-1 02-02-05 OP 02
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 Definition

This measures the total average monthly number of youth, age 17 and below, served through DSHS-funded direct and in-direct substance abuse prevention program service types as reported by providers.

BL 2016 Data Limitations

Program measures are aggregate reports and not based on individual level services for each strategy. For individuals who receive more than one service, there will be duplication in the total count. DSHS requires prevention providers to provide comprehensive prevention services which may result in participants receiving one or more prevention services. Comprehensive services are designed to include multiple prevention activities within the required Center for Substance Abuse Prevention strategies to ensure the programs meet the needs of the participants and reinforce the skills learned in the prevention program. Due to the nature of the prevention activities within each of the strategies, there is no way to capture an unduplicated count of the services provided.

BL 2016 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 Clinical Management for Behavioral Health Services system. The Key Performance Measures are directly aligned under one of the six Centers for Substance Abuse Prevention Strategies which include: information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes, and environmental/social policy.

BL 2016 Methodology

For each quarter, the total number of youth served with DSHS prevention funds in each month of the quarter is averaged. The total numbers served include youth served within each of the required key performance measures for all prevention service types.

The numerator is the sum of the monthly number of youth receiving substance abuse 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 2016 Purpose

To determine the number of youth receiving substance abuse prevention services and to monitor DSHS-funded prevention providers' program performance.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code: 537	Agency: State Health Services, Department of
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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	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 537 083-R-S70-1 02-02-05 OP 03
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the number of adults, age 18 or above, served in intervention services for substance abuse as reported by providers.

BL 2016 Data Limitations

For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2016 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 Clinical Management for Behavioral Health Services System(CMBHS).

BL 2016 Methodology

For each quarter of the fiscal year, the number of adults served with DSHS substance abuse intervention services in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of adults receiving substance abuse 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 2016 Purpose

Useful in determining relative proportion of adults receiving intervention services for substance abuse.

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 02-02-05 OP 04
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the number of youth, age 17 or below, served in intervention services for substance abuse as reported by providers.

BL 2016 Data Limitations

For individuals who receive more than one service, there is a chance of duplication in the total count.

BL 2016 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 Clinical Management for Behavioral Health Services System (CMBHS) .

BL 2016 Methodology

For each quarter of the fiscal year, the number of youths served with DSHS substance abuse intervention services in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of youth receiving substance abuse 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 2016 Purpose

Useful in determining relative proportion of youth receiving intervention services.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 02-02-05 OP 05
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 Definition

This measures the number of adults, ages 18 or above, served in treatment programs for substance abuse as reported by providers.

BL 2016 Data Limitations

This shows only clients treated in DSHS funded programs.

BL 2016 Data Source

Billing information is reported by providers via the DSHS Clinical Management for Behavioral Health Services System (CMBHS).

BL 2016 Methodology

For each quarter of the fiscal year, the number of adults in DSHS substance abuse treatment programs in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of adults receiving substance abuse 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 2016 Purpose

This information is used in the strategic planning and budget allocation processes.

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 02-02-05 OP 06
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measures the number of youth served quarterly, ages 17 or below, in treatment programs for substance abuse as reported by providers.

BL 2016 Data Limitations

This shows only clients treated in DSHS substance abuse funded programs.

BL 2016 Data Source

Billing information is reported by providers via the Clinical Management for Behavioral Health Services system.

BL 2016 Methodology

For each quarter of the fiscal year, the number of youths served in DSHS Substance Abuse treatment programs in each month of the quarter is averaged. The numerator is the sum of the monthly unduplicated number of youth in Substance Abuse 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 2016 Purpose

This information is used in the strategic planning and budget allocation processes.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 02-03-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

The Regulatory Automation System (RAS) database of designated trauma facilities and trauma designation files is the data source.

BL 2016 Methodology

The number is determined by adding the number of designated trauma facilities at each level and then summing those.

BL 2016 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
 84th 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.	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 537 083-R-S70-1 02-03-01 EX 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None

BL 2016 Data Source

The Office of EMS and Trauma Systems Coordination program’s database of stroke facilities designation files is the data source.

BL 2016 Methodology

The number is determined by adding the number of designated stroke facilities at each level and then summing those.

BL 2016 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
 84th 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.	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 537 083-R-S70-1 02-03-01 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

The Office of EMS and Trauma Systems Coordination database of contractors and files.

BL 2016 Methodology

The number is determined by counting the providers who are funded. Data is obtained from contract files.

BL 2016 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
 84th 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.	3	Build Community Capacity
Strategy No.	2	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 537 083-R-S70-1 02-03-03 EX 01

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

BL 2016 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 2016 Data Limitations

The Texas Department of State Health Services depends on UTMB to provide the documentation of voucher billing.

BL 2016 Data Source

Data are submitted to DSHS as documentation of voucher billing from UTMB.

BL 2016 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 2016 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
 84th 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.	3	Build Community Capacity
Strategy No.	2	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 537 083-R-S70-1 02-03-03 EX 02

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

BL 2016 Definition

This measure reflects the average cost per indigent patient receiving services from the University of Texas Medical Branch (UTMB).

BL 2016 Data Limitations

DSHS depends on UTMB to provide the documentation of voucher billing.

BL 2016 Data Source

Data are submitted to the Texas Department of State Health Services as documentation of voucher billing from UTMB.

BL 2016 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 2016 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
 84th 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.	3	Build Community Capacity
Strategy No.	3	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 537 083-R-S70-1 02-03-04 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

CIHCP relies on data received from participating eligible counties.

BL 2016 Data Source

Data are derived from reports (CIHCP Form 105) submitted by CIHCP participating eligible counties.

BL 2016 Methodology

This measure is the number of unduplicated counties, which CIHCP reimbursed for services paid during the fiscal year. Data is cumulative.

BL 2016 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
 84th 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.	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 537 083-R-S70-1 03-01-01 EF 01

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

BL 2016 Definition

The average duration of inpatient treatment for all patients discharged during a reporting period.

BL 2016 Data Limitations

None

BL 2016 Data Source

Hospital Medical Record.

BL 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 03-01-01 EF 02

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

BL 2016 Definition

Calculated monthly, this measure reflects the total operating cost per day of inpatient care provided.

BL 2016 Data Limitations

None.

BL 2016 Data Source

Monthly accounting reports, medical records system, and billing system.

BL 2016 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 2016 Purpose

Measures the average cost per patient day at the Texas Center for Infectious Disease.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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.	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 537 083-R-S70-1 03-01-01 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 Definition

The total number of days of care charged for occupied inpatient beds.

BL 2016 Data Limitations

Patients may have left the Texas Center for Infectious Disease (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 2016 Data Source

Total daily census is aggregated in the Hospital Information System at midnight.

BL 2016 Methodology

The measure is computed by summing the data for the reporting, period, daily, weekly, monthly, quarterly, and year-to-date.

BL 2016 Purpose

TCID is budgeted to operate two inpatient patient care units. The standard of treatment for Tuberculosis is outpatient directly observed therapy. While admission to Texas Center for Infectious Disease 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
 84th 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.	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 537 083-R-S70-1 03-01-01 OP 02

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

BL 2016 Definition

Number of admissions for the reporting period.

BL 2016 Data Limitations

Data collection is dependent upon completion of admission documentation when a patient is admitted to Texas Center for Infectious Disease (TCID) for inpatient treatment.

BL 2016 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 2016 Methodology

Whole number cumulated for the reporting period.

BL 2016 Purpose

Measures activity and utilization of more expensive Tuberculosis inpatient treatment.

Strategy-Related Measures Definitions
 84th 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.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	2	Rio Grande State Center Outpatient Clinic	
Measure Type	EF		
Measure No.	1	Avg Cost/Outpatient Visit, Rio Grande State Center Outpatient Clinic	

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 03-01-02 EF 01

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

BL 2016 Definition

Calculated monthly, this measure reflects the total direct operating cost per patient visit.

BL 2016 Data Limitations

None.

BL 2016 Data Source

Monthly accounting reports and medical records.

BL 2016 Methodology

It is calculated by dividing the total expenses for outpatient services by the total number of outpatient visits.

BL 2016 Purpose

Measures the average cost per outpatient visit at the South Texas Health Care system.

Strategy-Related Measures Definitions
84th 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.	3	Hospital Facilities Management and Services	
Objective No.	1	Provide State Owned Hospital Services and Facility Operations	
Strategy No.	2	Rio Grande State Center Outpatient Clinic	
Measure Type	OP		
Measure No.	1	Number of Outpatient Visits, Rio Grande State Center Outpatient Clinic	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 03-01-02 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

Daily log.

BL 2016 Methodology

Total number of outpatient visits.

BL 2016 Purpose

Measures the number of outpatient visits to the South Texas Health Care system.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 03-01-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure captures information regarding what it costs DSHS, on average, per occupied state mental health facility bed.

BL 2016 Data Limitations

Data must be current and accurate in the department's accounting system as of the date reports are produced.

BL 2016 Data Source

The expenditures for facility operations are entered into the department's accounting system for each mental health facility.

BL 2016 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 2016 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
 84th 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.	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: N **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 03-01-03 EX 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure provides an unduplicated count of all adults and children receiving services through the state mental health facilities during one fiscal year.

BL 2016 Data Limitations

None.

BL 2016 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 2016 Methodology

This measure is an unduplicated count of individuals with one day or longer in residence at a state mental health facility during the state fiscal year.

BL 2016 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
84th 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.	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 537 083-R-S70-1 03-01-03 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

Data is accurate to the extent that it is correctly entered into the data warehouse system.

BL 2016 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 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 03-01-03 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

This measure captures the number of admissions to all State Mental Hospitals.

BL 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 03-02-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 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 2016 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 2016 Purpose

This measure captures DSHS appropriation authority cost of Community Hospital inpatient services.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 03-02-01 EX 01
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 Definition

This measure provides an unduplicated workload count of eligible adults and children who receive Community Hospital Inpatient services during one fiscal year. Community Hospital services are provided in inpatient psychiatric facilities (identified under the community hospital strategy). This does not include any facility not licensed as a hospital. (i.e. Kerrville, Crisis Stabilization Unit).

BL 2016 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 2016 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 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 03-02-01 OP 02
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

Community Hospital services are provided in inpatient psychiatric facilities (identified under the community hospital strategy). This does not include any facility not licensed as a hospital (i.e. Kerrville, Crisis Stabilization Unit). 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 performance is stated as the average of the days in the reporting period.

BL 2016 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 2016 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 2016 Methodology

This is an average daily count by quarter of the total number of persons who occupy a Mental Health Community Hospital bed on any given day (as financed through DSHS appropriation authority for Inpatient Community Hospital Service). The numerator is the total number of bed days utilized in Mental Health Community Hospitals for the reporting period. The denominator is the number of days in the reporting period. The formula is numerator/denominator.

BL 2016 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
 84th 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.	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 537 083-R-S70-1 04-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food, drug and meat safety.

BL 2016 Data Limitations

None.

BL 2016 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) and the Public Health Information System (PHIS). The surveillance activities are compiled by designated program staff in Environmental Consumer Safety Section and verified by program managers as accurate.

BL 2016 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 2016 Purpose

Measures the average cost per surveillance activity for food, drug and meat safety.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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 537 083-R-S70-1 04-01-01 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

The total number of surveillance activities 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 2016 Data Limitations

None.

BL 2016 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 2016 Methodology

The data are totaled quarterly and are 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 Public Health Information System (PHIS), 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 2016 Purpose

Measures the number of surveillance activities conducted.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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 537 083-R-S70-1 04-01-01 OP 02

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

BL 2016 Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions initiated 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of enforcement actions initiated.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-01 OP 03
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

The data are calculated manually and by automated databases. The programs (seafood safety, milk & dairy, food, drug, 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. Granting data are collected by the Meat Safety Assurance Unit. Accreditation data are collected by the retail foods and manufactured foods programs. Source documentation identifies the manual and automated databases.

BL 2016 Methodology

The nmbr of licenses, permits, registrations, certs & accreditations issued is totaled qtrly & is cumulative for the FY. The total(ttl) nmbr of new & renewal licenses, permits, registrations, certs & accreditations are issued by the food & drug regulatory licensing groups to: food, milk, drug & device establishments, studios, mfrs, wholesalers, brokers, edu. pgms & individuals, & the ttl nmbr of grants issued by the MSA. 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 2 Regulatory Licensing Pgms collect data on licenses, permits & registrations then works with manufactured foods, milk & dairy, retail, seafood safety, & Policy, Standards & Quality Assurance pgms for verification of the data. Accreditation data for food managers & food workers is collected by the foods Regulatory Licensing Pgm. The Reg Licensing Pgms submit this data to the Div Office.

BL 2016 Purpose

Measures the number of licenses, permits, registrations, certifications and accreditations issued.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-02 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the average cost per surveillance activity for environmental health.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-02 OP 01

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of surveillance activities conducted.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-02 OP 02
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 Definition

The number of enforcement actions is defined as the total number of enforcement related activities initiated. Enforcement actions initiated 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of enforcement actions initiated.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-02 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of licenses issued.

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 04-01-03 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the average cost per surveillance activity for radiation control.

Strategy-Related Measures Definitions
84th 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.	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 537 083-R-S70-1 04-01-03 OP 01

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of surveillance activities conducted.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-03 OP 02
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of enforcement actions initiated.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-03 OP 03
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 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 2016 Data Limitations

None.

BL 2016 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 2016 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 2016 Purpose

Measures the number of licenses/registrations issues.

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-04 OP 01
Key Measure: Y	New Measure: N	Percentage Measure: N	

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

The data is obtained manually and from automated databases.

BL 2016 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 2016 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
 84th 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.	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 537 083-R-S70-1 04-01-04 OP 02

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

BL 2016 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 2016 Data Limitations

None.

BL 2016 Data Source

The data are extracted from an automated regulatory system which has an enforcement module for tracking complaint investigations

BL 2016 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year

BL 2016 Purpose

Investigating complaints against health care professionals is an element of regulation and public health protection.

Strategy-Related Measures Definitions
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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 537 083-R-S70-1 04-01-05 OP 01
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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, narcotic treatment programs, 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 2016 Data Limitations

None.

BL 2016 Data Source

The data are computed manually & fr computerized db infor fr survey & investing docs. submitted by staff, the acute hlth fac, the free standing emrgy medical care fac, chemical dependency trtmt fac, massage therapy schs, massage estabs, orthotic/prosthetic fac, medical radiologic technologist trng schs, midwifery trng progs, & offender edu progs. The prof licensing & cert unit (PLCU), health fac compliance prog (HFCP), & 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 HFCP also collects data on the acute hlth fac, free standing emrgy medical care fac, & chemical dependency trtmt fac self-investigs & on the follow-up of these invests. PLCU collects data for massage therapy schs, massage estabs, orthotic/prosthetic fac, medical radiologic technologist trng schs, midwifery trng progs, & offender edu progs. Doc identifies the automated db stored in PLCU, HFCP & EMP.

BL 2016 Methodology

The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2016 Purpose

A complaint investigation is based on allegations of potential violations of state & fed. Regs. 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 Rad technologist training schools, midwifery training pgms & offender edu. pgms, 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 emrg medical care facility's massage therapy school's, massage establishment's, orthotic/prosthetic facility's medical Rad technologist training school's, midwifery training pgm's, and offender edu. pgm's, chemical dependency treatment facility's, narcotic treatment program's finding(s) relating to the validity of the allegation(s).

Strategy-Related Measures Definitions
 84th 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.	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 537 083-R-S70-1 04-01-05 OP 02
Key Measure: N	New Measure: N	Percentage Measure: N	

BL 2016 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, narcotic treatment programs, emergency medical services providers, and massage establishments. Health-related educational program entities include massage therapist, medical radiologic technologist, midwife, and emergency management courses.

BL 2016 Data Limitations

None

BL 2016 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 2016 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 2016 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
 84th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

Agency Code:	537	Agency:	State Health Services, Department of
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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.	3	Number of Licenses Issued for Health Care Entities	

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 083-R-S70-1 04-01-05 OP 03
Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2016 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, narcotic treatment programs, massage therapy schools, massage establishments, offender education programs, midwife training programs, medical radiologic training schools, and emergency medical services providers.

BL 2016 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 2016 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 2016 Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

BL 2016 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
84th 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.	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

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 07-01-01 EF 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 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 2016 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 2016 Data Source

Civilly Committed Sex Offender database, DSHS financial system. Data is non-cumulative.

BL 2016 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 2016 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
 84th 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.	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

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 07-01-01 EX 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

The number of sex offenders who were civilly committed during the reporting period.

BL 2016 Data Limitations

None

BL 2016 Data Source

Civilly Committed Sex Offender database

BL 2016 Methodology

Program will run a report on Corrections Software Solutions that identifies the number of sex offenders that were civilly committed during the reporting period.

BL 2016 Purpose

To determine the number of new civil commitment cases for the reporting period.

Strategy-Related Measures Definitions
 84th 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.	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

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 083-R-S70-1 07-01-01 OP 01
Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2016 Definition

The number of current sex offenders who have been civilly committed, receiving treatment and supervision, which have not been in prison for the entire reporting period.

BL 2016 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 2016 Data Source

Civilly Committed Sex Offender database

BL 2016 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 2016 Purpose

To determine the number of current sex offenders who have been civilly committed and are receiving treatment and supervision.