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# At-Risk Measures

Unless otherwise noted below, At-Risk measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. For each outcome target Grantee does not meet, HHSC shall recoup a percentage of Grantee’s general revenue funding for the current two quarters. Grantees meeting all At-Risk targets may be eligible for redistribution of recouped general revenue funds.

## Adult Improvement

* + 1. Target: At least 20.0% of adults authorized in a Full Level of Care (FLOC) shall show improvement in at least one of the following ANSA domains/modules: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Adjustment to Trauma, Substance Use.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with scores on the last Uniform Assessment (UA) meeting or exceeding the Reliable Change Index (RCI) in the direction of improvement in at least one of the identified ANSA domains/modules.
		4. Denominator: The number adults authorized in a FLOC whose first and last UAs, including ANSA domains/modules, are at least 90 days apart.
		5. Improvement is calculated cumulatively over the fiscal year but assessed at six–month intervals.
		6. Exclusion(s)/Exception(s): N/A
		7. Data Source: CMBHS and MBOW.

## Child Improvement

* + 1. Target: At least 25.0% of all children authorized in a FLOC shall show improvement in at least one of the following CANS domains/modules: Child Risk Behaviors, Behavioral and Emotional Needs, Life Domain Functioning, Child Strengths, Adjustment to Trauma, Substance Use.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with scores on the last UA meeting or exceeding the RCI in the direction of improvement in at least one of the identified CANS domains/modules.
		4. Denominator: The number of children authorized in a FLOC whose first and last UAs, including CANS domains/modules, are at least 75 days apart.
		5. Improvement is calculated cumulatively over the fiscal year but assessed at six–month intervals.
		6. Exclusion(s)/Exception(s): N/A
		7. Data Source: CMBHS and MBOW.

## School Performance

* + 1. Target: At least 60.0% of children authorized in a FLOC shall have acceptable or improved school performance.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement for the CANS School module OR who have CANS item scores of 0 or 1 for all School module items at both first and last UAs. If the child does not experience any difficulties in school (or has completed school) and therefore does not trigger the school module via a score >0 on the CANS School item, then the default mean score for the module is 0.
		4. Denominator: The number of children authorized in a FLOC with first and last UAs at least 75 days apart.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Community Tenure

* + 1. Target: At least 96.8% of adults and children authorized in a FLOC shall avoid hospitalization in an HHSC Inpatient Bed throughout the measurement period.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who avoid hospitalization in an HHSC Inpatient Bed after authorization into a FLOC.
		4. Denominator: The number of persons authorized in a FLOC during the measurement period.
		5. Exclusion(s)/Exception(s):
			1. Crisis Stabilization Units (CSUs) – including Hill Country, Extended Observation Units (EOUs), Crisis Respite, Crisis Residential, and Rusk and Vernon forensic locations.
			2. Children in LOC–Y (YES Waiver).
		6. Data Source: CARE, CMBHS, and MBOW.

## Effective Crisis Response

* + 1. Target: At least 75.1% of crisis episodes during the measurement period shall not be followed by admission to an HHSC Inpatient Bed within 30 days of the first day of the crisis episode.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of crisis episodes not followed by admission into an HHSC Inpatient Bed within 30 days of the first day of the crisis episode.
		4. Denominator: The number of crisis episodes in the measurement period.
		5. Exclusion(s)/Exception(s):
			1. Crisis Stabilization Units (CSUs) – including Hill Country, Extended Observation Units (EOUs), Crisis Respite, Crisis Residential, and Rusk and Vernon forensic locations.
			2. Children in LOC–Y (YES Waiver).
		6. Data Source: CARE, CMBHS, and MBOW.

## Hospital 7–Day Follow–up (Encounter-Based)

* + 1. Target: At least 62.3% of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall receive an in-person, synchronous audiovisual, or synchronous audio-only follow-up within seven days of discharge.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with in-person, synchronous audiovisual, or synchronous audio-only service encounters within 0-7 days of discharge.
		4. Denominator: The number of individuals discharged and reassigned to the local mental or behavioral health authority.
		5. Exclusion(s)/Exception(s):
			1. The following discharge situations are excluded:
				1. Arrest to Jail;
				2. Court Release;
				3. Children’s Protective Services;
				4. Involuntary Unauthorized Departure;
				5. Jail;
				6. Medical Inpatient;
				7. Out of State;
				8. Private Provider;
				9. Private Psychiatric Hospital;
				10. Private Residential Treatment Center;
				11. Single Diagnosis Substance Abuse;
				12. State-Funded Community Hospital;
				13. State Hospital;
				14. State School;
				15. Substance Abuse Treatment Center (Inpatient);
				16. Veterans Administration Inpatient;
				17. Veterans Administration Outpatient; and
				18. Voluntary Unauthorized Departure.
			2. If a client is discharged to the local authority and readmitted in less than 7 days, then follow–up will be expected upon discharge.
			3. Hotline calls are excluded from the numerator.
		6. Data Source: CARE, CMBHS and MBOW.

## Crisis 7–Day Follow–up

* + 1. Target: The percentage of crisis episodes for adults and children in LOC–A 0 with a follow–up service contact 1–7 days after the date of the last crisis service in the crisis episode.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with a follow–up service contact 1–7 days after the last crisis service in the crisis episode. Acceptable follow–up contacts include non–crisis encounters and crisis follow–up (H0036) encounters. Contacts may be in person, synchronous audiovisual, or synchronous audio-only.
		4. Denominator: The number of crisis episodes for individuals in LOC–A = 0.
		5. Exclusion(s)/Exception(s):
			1. In the event that a crisis episode involves multiple service encounters, follow-up is only required for the last service encounter in the episode. If there are fewer than 7 days between crisis encounters, then they are considered part of the same episode.
			2. Hotline calls are excluded from the denominator.
			3. Follow–up contacts cannot occur on the same date as the crisis service.
		6. Data Source: CARE, CMBHS, and MBOW.

# Adult Services

Unless otherwise noted below, measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. For each measure Grantee does not meet, HHSC may employ remedies/sanctions available under Article VII of Contract Attachment C, LMHA Special Conditions.

## Adult Monthly Service Provision

* + 1. Target: An average of at least 65.6% of adults authorized in a FLOC shall receive at least one in-person, synchronous audiovisual, or synchronous audio-only encounter each month.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number receiving at least one in-person, synchronous audiovisual, or synchronous audio-only encounter in that month. Encounters may be for any service and for any length of time.
		4. Denominator: Total number of adults authorized in a FLOC for the full month.
		5. On a semi–annual basis, the percentage for each of the six months within that time period is averaged to calculate whether the measure is met.
		6. Exclusion(s)/Exception(s):
			1. Individuals authorized in LOC–1M;
			2. Individuals both recommended and authorized for LOC–1S;
			3. Hotline calls and encounters with GJ modifiers;
			4. Partially authorized months and their associated hours; and
			5. Client months with a change in LOC–A.
		7. Data Source: CMBHS and MBOW.

## Adult Service Target

* + 1. Target: The average monthly number of adults authorized in a Full Level of Care (FLOC). The statewide performance level for the adult service target is 100%.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of Client Months in which a client was authorized in a FLOC.
		4. Denominator: The target assigned to the Grantee times six months.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## ACT Authorization Target

* + 1. Target: An average of at least 54.0% of all adults recommended for LOC 4 shall be authorized into LOC–3 or LOC–4.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of Client Months in which adults recommended for LOC–4 are authorized into LOC–3 or LOC–4.
		4. Denominator: The number of Client Months in which adults are recommended for LOC–4.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Depression Response at Six Months

* + 1. Target: An average of 10.4% of adults authorized in a FLOC with a diagnosis of major depression and an initial QIDS score greater than or equal to 11 shall have a follow–up QIDS score at six months that is reduced by 50% or greater from the initial QIDS score and/or is less than or equal to 7.
		2. Calculation: (Numerator/Denominator) \* 100.
		3. Numerator: The number of adults with a follow-up QIDS administered 150 – 210 days after the initial QIDS who have a follow-up score <= 7 or a follow-up score reduced by 50% or more compared to the initial QIDS.
		4. Denominator: The number of adults in a FLOC with a diagnosis of major depression and an initial QIDS administered 150-210 days prior to the measurement period with a score >=11 and a second QIDS administered 150-210 after the initial QIDS.
		5. Exclusion(s)/Exception(s): Individuals who are deceased, individuals who are permanent residents of a nursing facility, and individuals with a diagnosis (in any position) of bipolar or personality disorder.
		6. Data Source: CMBHS and MBOW.

## Employment Functioning

* + 1. Target: At least 39.8% of adults authorized in a FLOC shall have acceptable or improved employment.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement for the ANSA Employment item OR who have ANSA Employment item scores of 0, 1 at both first and last UAs.
		4. Denominator: The number of adults authorized in a FLOC with first and last UAs occurring at least 90 days apart, with ANSA Employment item scores at both UAs.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Educational and Volunteering Strengths

* + 1. Target: At least 26.5% of adults authorized in a FLOC shall have acceptable or improved employment–preparatory skills as evidenced by either the Educational or Volunteering Strengths item on the ANSA.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement for either the ANSA Educational or the Volunteering Strengths item, OR who have ANSA item scores of 0,1 for either the Educational or the Volunteering Strengths item at both first and last UAs.
		4. Denominator: The number of adults authorized in a FLOC with first and last UAs occurring at least 90 days apart.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Residential Stability

* + 1. Target: At least 84.0% of adults authorized in a FLOC shall have acceptable or improved residential stability.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement for ANSA Residential Stability item, OR who have ANSA item scores of 0,1 at both first and last Active UAs within the fiscal year.
		4. Denominator: The number of adults authorized in a FLOC with first and last UAs occurring at least 90 days apart.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## TANF Transfer to Title XX Services

* + 1. Target: Grantee shall meet the minimum annual service target levels for TANF Transfer to Title XX and Base Title XX services as outlined in the table below. Services are defined as those provided within the contract guidelines as outlined in Section 1.B. of the Performance Contract Notebook. Targets were developed using the dollar amount allocated for each center divided by the estimated cost per person ($14,369) for intensive services.
		2. Calculation: Unique count of clients served with TANF Transfer to Title XX and Base Title XX funds.
		3. Exclusion(s)/Exception(s): N/A
		4. Data Source: Form L—Total unduplicated count of persons served annually across both funding streams.

|  |  |
| --- | --- |
| **Center** | **Fiscal Year Target** |
| 010 – BETTY HARDWICK | 3 |
| 020 – PANHANDLE | 6 |
| 030 – ATCMHMR | 10 |
| 040 – CENTRAL COUNTIES | 5 |
| 050 – CHCS | 20 |
| 060 – CLR | 2 |
| 070 – CENTRAL PLAINS | 2 |
| 086 – NTBHA | 194 |
| 090 – EL PASO | 14 |
| 100 – GULF COAST | 7 |
| 110 – GULF BEND | 3 |
| 130 – TROPICAL  | 12 |
| 140 – SPINDLETOP | 7 |
| 150 – LUBBOCK | 6 |
| 160 – CONCHO | 2 |
| 170 – PERMIAN BASIN | 6 |
| 180 – NUECES | 4 |
| 190 – ANDREWS | 5 |
| 200 – TARRANT  | 23 |
| 220 – HOT | 4 |
| 230 – HELEN FARABEE | 8 |
| 240 – HEALTHCORE | 7 |
| 250 – BRAZOS | 4 |
| 260 – BURKE | 6 |
| 280 – HARRIS | 37 |
| 290 – TEXOMA | 3 |
| 350 – PECAN VALLEY | 5 |
| 380 – TRI–COUNTY | 6 |
| 400 – DENTON | 5 |
| 410 – LIFEPATH | 52 |
| 430 – TEXANA | 7 |
| 440 – ACCESS | 3 |
| 450 – WEST TX | 6 |
| 460 – BLUEBONNET | 10 |
| 470 – HILL COUNTRY | 8 |
| 475 – COASTAL PLAINS | 6 |
| 480 – LAKES | 7 |
| 485 – BORDER  | 5 |
| 490 – CAMINO | 4 |

**The following measures will be benchmarked during fiscal years 2024-25. No sanctions will be assessed for these measures during the benchmarking period.**

## Retention of High Need Adults

* + 1. Target: The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and LOC-R 4 who have:
			1. an in-person, synchronous audiovisual, or synchronous audio-only service contact 90 – 180 days following the admit assessment; and
			2. a second Assessment Type A (admit) or C (continuing) 90 – 210 days after the admit assessment.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of adults who have an in-person, synchronous audiovisual, or synchronous audio-only service contact 90–180 days following the admit assessment and a second assessment Type A (admit) or C (continuing) 90–210 days after the admit assessment.
		4. Denominator: The number of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and LOC–R 4.
		5. Exclusion(s)/Exception(s): The service contact 90 – 180 days following the admit assessment does not include hotline calls.
		6. Data Source: CMBHS and MBOW.

## High Need Adults Functioning

* + 1. Target: The percentage of adults authorized in a FLOC with LOC–R 4 who have acceptable or improved functioning in the Life Domain Functioning OR the Strengths domain of the ANSA.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement in the Life Domain Functioning or the Strengths domain of the ANSA, OR who have scores of 0 or 1 for all items in the Life Domain Functioning or the Strengths domain on the last UA.
		4. Denominator: The number of adults authorized in a FLOC with LOC–R 4 whose first and last UAs are at least 90 days apart.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Retention of Justice–Involved Adults

* + 1. Target: The percentage of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) and ANSA scores that trigger the Criminal Behavior module who have:
			1. an in-person, synchronous audiovisual, or synchronous audio-only service contact 90–180 days following the admit assessment; and
			2. a second assessment Type A (admit) or C (continuing) 90–210 days after the admit assessment.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who have an in-person, synchronous audiovisual, or synchronous audio-only service contact 90–180 days following the admit assessment and a second assessment Type A (admit) or C (continuing) 90–210 days after the admit assessment.
		4. Denominator: The number of adults authorized in a FLOC in the prior measurement period with Assessment Type A (admit) who have ANSA scores triggering the Criminal Behavior module on the admit assessment.
		5. Exclusion(s)/Exception(s): Hotline calls are excluded from the numerator.
		6. Data Source: CMBHS and MBOW.

## Criminal Justice Outcomes

* + 1. Target: The percentage of adults authorized in a FLOC with ANSA scores that trigger the Criminal Behavior module who have acceptable or improved functioning in the Criminal Behavior module.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with last UAs that:
			1. show improvement (meet or exceed the RCI benchmark in the direction of improvement) on the total score for the following ANSA Criminal Behavior module items: Seriousness, Arrests, Planning, Community Safety, and Legal Compliance; OR
			2. have acceptable scores on these items, defined as a score of 0 for all items except Arrest, which can have a score of 0 or 1; OR
			3. have ANSA scores of 0 or 1 on the criminal behavior item.
		4. Denominator: The number of adults authorized in a FLOC with first and last UAs at least 90 days apart and ANSA scores that trigger the Criminal Behavior module on the first UA.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

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# Child Services

Unless otherwise noted below, measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. For each measure Grantee does not meet, HHSC may employ remedies/sanctions available under Article VII of Contract Attachment C, LMHA Special Conditions.

## Child Service Target

* + 1. Target: The average monthly number of children authorized in a Full Level of Care (FLOC). The statewide performance level for the child service target is 100%.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The total number of Client Months in which a client was authorized in a FLOC or LOC–Y (YES Waiver).
		4. Denominator: The target assigned to the Grantee times six months.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Child Monthly Service Provision

* + 1. Target: An average of at least 65.0% of children authorized in a FLOC or LOC–Y (YES Waiver) shall receive at least one in-person, synchronous audiovisual, or synchronous audio-only encounter each month.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number receiving at least one in-person or synchronous audiovisual encounter in that month. Encounters may be for any service and for any length of time.
		4. Denominator: The number of children authorized in a FLOC or LOC–Y for the full month.
		5. Exclusion(s)/Exception(s):
			1. Encounters with GJ modifiers and hotline calls;
			2. Partially authorized months and their associated hours;
			3. Client months with a change in LOC–A; and
			4. Children on extended review.
		6. Data Source: CMBHS and MBOW.

## Juvenile Justice Avoidance

* + 1. Target: At least 95.0% of children authorized in a FLOC shall have no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number whose latest number of arrests is 0 and whose previous number of arrests is 0, OR whose latest number of arrests rating is less than their previous number of arrests rating.
		4. Denominator: The number of children recommended and authorized for a FLOC with first and last assessments that include number of arrest ratings and are at least 75 days apart.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

## Family Partner Response

* + 1. Target: At least 65.2% of children authorized in a FLOC receiving any Family Partner Support Services who have acceptable or improved functioning in one or more of the following CANS Caregivers Needs domain items: Family Stress, Involvement with Care, and Knowledge.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number whose score in any one of the identified CANS items meets or exceeds the RCI in the direction of improvement OR who score 0,1 on any one of these three items on the last active UA.
		4. Denominator: The number of children authorized in a FLOC with a first and last UA at least 75 days apart and at least one family partner service encounter. Receipt of a Family Support Service is defined by any of the procedures codes for this service: [Engagement (H0025HATS), Family Partner (H0038HA) and Parent Support Group (H0025HAHQ).
		5. Exclusion(s)/Exception(s): If Grantee provides no Family Partner Services during the measurement period (denominator = 0), the target is not met.
		6. Data Source: CMBHS and MBOW.

## Family and Living Situation

* + 1. Target: At least 67.5% of children authorized in a FLOC shall have acceptable or improved family and living situations.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who meet or exceed the RCI benchmark in the direction of improvement for the CANS Family and Living Situation items OR who have CANS Family and Living Situation item scores of 0,1 at both first and last UAs.
		4. Denominator: The number of children authorized in a FLOC with first and last UAs at least 75 days apart.
		5. Exclusion(s)/Exception(s): If the child does not have a family unit, the family item will be marked as not applicable. This item should only be evaluated for children with a score on both items.
		6. Data Source: CMBHS and MBOW.

## TANF Transfer to Title XX Services

* + 1. Target: Grantee shall meet the minimum annual service target levels for TANF Transfer to Title XX and Base Title XX services as outlined in the table below. Services are defined as those provided within the contract guidelines as outlined in Section 1.C. of the Performance Contract Notebook. Targets were developed using the dollar amount allocated for each center divided by the estimated cost per person ($4,670) for intensive services.
		2. Calculation: Unique count of clients served with TANF Transfer to Title XX and Base Title XX funds.
		3. Exclusion(s)/Exception(s): N/A
		4. Data Source: Form L—Total unduplicated count of persons served annually across both funding streams.

|  |  |
| --- | --- |
| **Center** | **Fiscal Year Target** |
| 010 – BETTY HARDWICK | 19 |
| 020 – PANHANDLE | 42 |
| 030 – ATCIC | 99 |
| 040 – CENTRAL COUNTIES | 39 |
| 050 – CHCS | 70 |
| 060 – CLR | 16 |
| 070 – CENTRAL PLAINS | 15 |
| 086 – NTBHA | 199 |
| 090 – EL PASO | 37 |
| 100 – GULF COAST | 35 |
| 110 – GULF BEND | 17 |
| 130 – TROPICAL  | 123 |
| 140 – SPINDLETOP | 48 |
| 150 – STARCARE | 25 |
| 160 – CONCHO | 12 |
| 170 – PERMIAN BASIN | 36 |
| 180 – NUECES | 34 |
| 190 – ANDREWS | 39 |
| 200 – TARRANT  | 108 |
| 220 – HOT | 25 |
| 230 – HELEN FARABEE | 37 |
| 240 – HEALTHCORE | 53 |
| 250 – BRAZOS | 14 |
| 260 – BURKE | 27 |
| 280 – HARRIS | 258 |
| 290 – TEXOMA | 11 |
| 350 – PECAN VALLEY | 22 |
| 380 – TRI–COUNTY | 37 |
| 400 – DENTON | 27 |
| 410 – LIFEPATH | 54 |
| 430 – TEXANA | 44 |
| 440 – ACCESS | 16 |
| 450 – WEST TX | 41 |
| 460 – BLUEBONNET | 34 |
| 470 – HILL COUNTRY | 35 |
| 475 – COASTAL PLAINS | 45 |
| 480 – LAKES | 9 |
| 485 – BORDER  | 41 |
| 490 – CAMINO | 23 |

**The following measures will be benchmarked during fiscal years 2024-25. There will be no sanctions assessed for these outcomes during the benchmarking period.**

## Retention of Justice–Involved Children

* + 1. Target: The percentage of children authorized in a FLOC in the previous measurement period with Assessment Type A (admit) and CANS scores that trigger the Juvenile Justice module who have:
			1. an in-person, synchronous audiovisual, or synchronous audio-only service contact 75–180 days following the admit assessment; and
			2. a second Assessment Type A (admit) or C (continuing) 75–210 days after the admit assessment.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number who have an in-person, synchronous audiovisual, or synchronous audio-only service contact 75–180 days following the admit assessment and a second Assessment Type A (admit) or C (continuing) 75–210 days after the admit assessment.
		4. Denominator: The number of children authorized into a FLOC in the previous measurement period with Assessment Type A (admit) and CANS scores that trigger the Juvenile Justice module.
		5. Exclusion(s)/Exception(s):
			1. Hotline calls are excluded from the numerator.
		6. Data Source: CMBHS and MBOW.

## Juvenile Justice Outcomes

* + 1. Target: The percentage of children authorized in a FLOC with CANS scores that trigger the Juvenile Justice module who have acceptable or improved functioning in the Juvenile Justice module.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number with last UAs that show improvement (meet or exceed the RCI benchmark in the direction of improvement) on the total score for the following Juvenile Justice module items: Seriousness, Arrests, Planning, Community Safety, and Legal Compliance; OR have acceptable scores on these items, defined as a score of 0 for all items except Arrest, which can have a score of 0 or 1.
		4. Denominator: The number of children authorized in a FLOC with first and last UAs at least 75 days apart who have CANS scores triggering the Juvenile Justice module on the first UA.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: CMBHS and MBOW.

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# Crisis Services

Unless otherwise noted below, measures shall be assessed 37 calendar days following the close of Quarter 2 (measuring Quarters 1 and 2) and Quarter 4 (Measuring Quarters 3 and 4). Quarters start September 1st of each year and end August 31st of each year. For each measure Grantee does not meet, HHSC may employ remedies/sanctions available under Article VII of Contract Attachment C, LMHA Special Conditions.

## Hospitalization Rate

* + 1. Target: The equity–adjusted rate of HHSC Inpatient Bed Days in the population of the local service area shall be less than or equal to 1.9%.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of HHSC Inpatient Bed Days for the population in the local service area multiplied by the LMHA/LBHA’s equity factor.
		4. Denominator: Total population of the local service area.
		5. Exclusion(s)/Exception(s):
			1. Crisis Stabilization Units (CSUs) – including Hill Country, Extended Observation Units (EOUs), Crisis Respite, Crisis Residential, and Rusk and Vernon forensic locations.
			2. Children in LOC–Y (YES Waiver).
		6. Data Source: CMBHS and MBOW.
		7. Example:

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

## Access to Crisis Response Services

* + 1. Target: At least 61.9% of crisis hotline calls shall result in in-person, synchronous audiovisual, or synchronous audio-only encounters.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of in-person, synchronous audiovisual, or synchronous audio-only services occurring on the same day or within one day of a hotline call.
		4. Denominator: The total number of hotline calls in the measurement period.
		5. Exclusion(s)/Exception(s):
			1. Hotline calls that are false alarms, zero time crisis calls, and no shows (unseen).
			2. Hotline calls with no CARE identification numbers.
		6. Data Source: CMBHS and MBOW.

## Adult Jail Diversion

* + 1. Target: The equity–adjusted percentage of valid Texas Law Enforcement Telecommunications System (TLETS) bookings across the adult population with a match in CARE shall be less than or equal to 10.46%.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of valid TLETS bookings in the local service area with a CARE match multiplied by the LMHA/LBHA’s equity factor. The match criterion is 5 of the 6 elements must match. Elements include: first name; last name; date of birth; race; gender; and social security number. If the unmatched element is the social security number at least 7 of the 9 digits in the social security number must match. Additionally, matched consumers must have an associated Continuity of CARE Match.
		4. Denominator: The number of valid TLETS bookings in the local service area. A valid booking is one that includes all 6 of the elements.
		5. Exclusion(s)/Exception(s): N/A
		6. Data Source: Texas Law Enforcement Telecommunications System (TLETS), CARE, CMBHS, and MBOW.
		7. Example:

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

**The following measures will be benchmarked during fiscal years 2024-25. No sanctions will be assessed for these measures during the benchmarking period.**

## Hospital 30–Day Readmission

* + 1. Target: No more than 10.2% of adults and children who are discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB shall be readmitted within 30 days of discharge.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number readmitted to HHSC Inpatient Bed within 30 days after discharge.
		4. Denominator: The number of individuals discharged from a state hospital, an HHSC Contracted Bed, a CMHH, or a PPB and reassigned to the LMHA/LBHA.
		5. Exclusion(s)/Exception(s): The following situations are excluded:
			1. Arrest to Jail;
			2. Court Release;
			3. Children’s Protective Services;
			4. Involuntary Unauthorized Departure;
			5. Jail;
			6. Medical Inpatient;
			7. Out of State;
			8. Private Provider;
			9. Private Psychiatric Hospital;
			10. Private Residential Treatment Center;
			11. Single Diagnosis Substance Abuse;
			12. State Funded Community Hospital;
			13. State Hospital;
			14. State School;
			15. Substance Abuse Treatment Center (Inpatient);
			16. Veterans Administration Inpatient;
			17. Veterans Administration Outpatient; and
			18. Voluntary Unauthorized Departure.
		6. Data Source: CARE, CMBHS, and MBOW.

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# Other Measures

## Long Term Services and Supports

* + 1. Target: Grantee shall act upon at least 70.0% of referrals within 15 calendar days of receipt from the Long–term Services and Supports (LTSS) Screen of CARE.
		2. Acceptable server types: All (A–R)
		3. Acceptable contact types: T (telephone), F (face–to–face), or D (documentation).
		4. Calculation: (Numerator/Denominator) \* 100
		5. Numerator: Number of LTSS referrals followed by an encounter with the H0023 procedure code (grid code 100) for adults and the H0023HA procedure code (grid code 200) for children within 15 days of receipt.
		6. Denominator: Total LTSS referrals.
		7. Exclusion(s)/Exception(s): N/A
		8. Data Source: CARE and MBOW.

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# YES Waiver

## Inquiry List Submission

* + 1. Explanation: At least 80% of preferred Inquiry List Templates shall be submitted on time.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The total number of months in which the preferred Inquiry List Template was submitted by the 5th business day of the month.
		4. Denominator: The total number of months in a reporting period.
		5. Exclusion(s)/Exceptions: When the 5th business day of the month is a state or federal holiday, Inquiry List Templates shall be submitted on the following business day.
		6. This measure is assessed annually.
		7. Data Source: Inquiry Lists submitted to the Contract management unit and YES Waiver email boxes.

## Inquiry List – Clinical Eligibility Assessment

* + 1. Explanation: At least 90% of individuals who meet demographic eligibility criteria shall receive a clinical eligibility assessment for YES Waiver within 7 business days of meeting demographic eligibility criteria.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of individuals who received a clinical eligibility assessment for YES Waiver within 7 business days of meeting demographic eligibility criteria.
		4. Denominator: The total number of individuals who met demographic eligibility criteria within the reporting period.
		5. Exclusion(s)/Exceptions:
			1. Individuals who have been removed from the Inquiry list in accordance with 26 TAC Chapter 307, Subchapter A, §307.13. Also, individuals who have failed to respond to a call back from the LMHA/LBHA to setup a clinical eligibility assessment, and/or individuals who request an assessment outside of the 7 business day window.
			2. When HHSC has issued a written guidance that the state has reached the CMS approved maximum capacity.
		6. This measure is assessed annually.
		7. Data Source: YES Waiver Inquiry List

## Inquiry List – Return Calls

* + 1. Explanation: 100% of individuals who inquire about YES Waiver services shall receive a return call within the required timeframe.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of individuals who received a return call within 24 hours or one business day of calling the inquiry line as outlined in the YES Policy Manual.
		4. Denominator: The total number of individuals who called the inquiry line and inquired about YES Waiver services within the reporting period.
		5. Exclusion(s)/Exception(s): Calls received on weekends or state or federal holidays shall be returned on the next business day.
		6. This measure is assessed annually.
		7. Data Source: Inquiry List Template

## Critical Incident Reporting

* + 1. Explanation: At least 90% of critical incidents shall be submitted on time.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of critical incident reports submitted to HHSC within 72 hours or 3 business days of learning of the incident as outlined in the YES Policy Manual.
		4. Denominator: The total number of critical incidents submitted to HHSC.
		5. Exclusion(s)/Exception(s): N/A
		6. This measure is assessed annually.
		7. Data Source: Critical Incident forms submitted by Grantee.

## Wraparound Provider Organization Caseload Ratios

* + 1. Explanation: At least 90% of YES Waiver Wraparound facilitator staff shall meet the Wraparound facilitator–to–client ratio of 1 facilitator to 10 clients.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The number of YES Waiver Wraparound caseloads that are compliant and do not exceed the 1:10 facilitator–to client–ratio.
		4. Denominator: The total number of staff providing Wraparound to individuals in the YES Waiver.
		5. Exclusion(s)/Exception(s): Providers that have obtained written approval from HHSC to exceed the caseload ratios.
		6. This measure is assessed annually.
		7. Data Source: CMBHS Average Caseload Report.

## Transition Plan Development and Submission

* + 1. Explanation: At least 90% of individuals aging out, transitioning to a different LOC, or graduating shall have a Transition plan that was developed and submitted within required timeframes outlined in the YES Policy Manual.
		2. Calculation: (Numerator/Denominator) \* 100
		3. Numerator: The total number of individuals who aged out, transitioned to a different LOC, or graduated from the Waiver and had a transition plan that was developed and submitted within required timeframes outlined in the YES Policy Manual.
		4. Denominator: The total number of individuals who aged out, transitioned to a different LOC, or graduated from the Waiver during the reporting period.
		5. Exclusion(s)/Exception(s): Individuals who disengage from program services unexpectedly.
		6. This measure is assessed annually.
		7. Data Source: CMBHS Terminations report – Transition plans attached to Clinical Eligibility (CE) terminations or Individual Plans of Care (IPC) documents within CMBHS.

## Wraparound Staff Training and Credentialing

* + 1. Explanation: At least 90% of Wraparound staff and subcontractor files shall be compliant with employment checks and training requirements.
		2. Calculation: (Numerator/Denominator)
		3. Numerator: The number of staff and subcontractor files, including Wraparound facilitator, Wraparound supervisors, and Wraparound team leads, shall have verifiable documentation which substantiates that all criminal history, state and federal registry checks, and training requirements outlined in the YES Policy Manual were completed prior to services being delivered to clients in the YES Waiver.
		4. Denominator: The total number of staff and subcontractor files reviewed during site or desk reviews.
		5. Exclusion(s)/Exception(s): N/A
		6. This measure will be assessed annually.
		7. Data Source: Employee and subcontractor files reviewed during desk or site reviews.

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# Uniform Assessment Instructions

## Adult Uniform Assessment (UA)

The HHSC approved UA for adults include the instruments outlined below. These instruments are required to be completed once an individual has been screened and determined in need of assessment from the Grantee. The initial assessment is the clinical process of obtaining and evaluating historical, social, functional, psychiatric, developmental or other information from the individual seeking services in order to determine specific treatment and support needs. The person administering the instruments must be at a minimum a Qualified Mental Health Professional – Community Services (QMHP–CS); additionally, the person administering the ANSA must have documented current certification in the use of the ANSA. However, the Diagnosis–specific Clinical Rating Scales may be administered by a Licensed Vocational Nurse (LVN). Staff must have documented training in the use of these instruments.

* + 1. Adult Needs Strengths Assessment (ANSA);
		2. Diagnosis–specific Clinical Rating Scales; and
		3. Community Data.

Assessment Timeframes: The UA shall be administered according the following schedule:

| **SECTION** | **FREQUENCY** |
| --- | --- |
| Adult Needs Strengths Assessment (ANSA)  | * upon admission
* every 180 days for LOC–1S through LOC–4
* every 365 days for LOC–1M
* upon any other change in condition
* upon discharge
* following any crisis event
* following any hospitalization
 |
| Diagnosis–Specific Rating Scales: | * upon admission
* every 180 days (unless no pharmacological appointment required within 180 days)
* upon discharge
* These scales are not required for individuals who are not part of the Target Population.
 |
| Community Data | * every time Section 1 is completed
 |
| Authorizations | * LOC–1M: Annually
* LOC–1S through LOC–4: every 180 days
* LOC–5: every 90 days
* LOC–0: every 7 days
 |

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

## Child and Adolescent Uniform Assessment

The HHSC approved UA for children include the instruments outlined below. These instruments are required to be completed once an individual has been screened and determined in need of assessment from the Grantee. The initial assessment is the clinical process of obtaining and evaluating historical, social, functional, psychiatric, developmental or other information from the individual seeking services in order to determine specific treatment and support needs. The person administering these instruments must be at a minimum a Qualified Mental Health Professional – Community Services (QMHP–CS); additionally, the person administering the CANS must have documented current certification in the CANS. Staff must have documented training in the use of these instruments.

* + 1. Child and Adolescent Needs Strengths (CANS) Assessment; and
		2. Community Data.

Assessment Timeframes: The UA shall be administered according the following schedule:

| **SECTION** | **FREQUENCY** |
| --- | --- |
| Child and Adolescent Needs and Strengths (CANS) Assessment | * upon admission
* every 90 days (unless child is approved for 180–Day Extended Review authorization)
* upon discharge
* following any crisis event
* following any hospitalization
* 180–Day Extended Review Authorization: for LOC–1 once a child has been assessed and authorized three consecutive times to LOC–1 when LOC–R and LOC–A = LOC–1, a reassessment can be done every 180 days thereafter when:
* both the LOC–R and LOC–A equal LOC–1 and;
* the preceding LOC–R and LOC–A equal LOC–1 and;
* the Extended Review box has been checked and approved.
* LOC–D = LOC–1 must be reassessed every 90 days.
 |
| Community Data | * every time Section 1 is completed
 |
| Authorizations | * every 90 days (except as noted below)
* For LOC–1 may be done every 180 days when 180–Day Extended Review Authorization has been approved. (See above Section 1: Child and Adolescent Needs and Strengths (CANS) Assessment)
* LOC–D = LOC–1 cannot be authorized into a 180–Day Extended Review authorization. CANS must be reassessed every 90 days for LOC–D = LOC–1.
 |
| Residential Treatment Center Placement (excluding Waco Center for Youth) | * if a child is placed in an HHSC funded residential treatment center (RTC) bed outside of the LMHA/LBHA service area, ongoing diagnostic assessments may be provided by phone, utilizing data collected from the child, child’s LAR, and child’s RTC therapist.
 |

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

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# Glossary of Terms

* + 1. ANSA: Adult Needs and Strengths Assessment
		2. Assessment Service: Includes psychiatric diagnostic interview examination, pre–admission QMHP–CS assessment, and psychological or neuropsychological testing.
		3. CANS: Child and Adolescent Needs and Strengths assessment
		4. CARE: Client Assignment and Registration System
		5. Client Month: Refers to a count of clients and months for the measured reporting period. For example, a client with activity in 3 months of a measured period counts as 3, those with activity only in 1 month counts as 1. If a client is authorized and being served in the community for any day of the month, the client and month count. *See also definitions for Partially Authorized Month and Full Client Month.*
		6. Clinical and Support Services: Services that provide support and foster recovery, including all approved TRR services delivered face to face or via televideo as listed in the LOCs in the Utilization Management Guidelines. The service categories include the following: Pre–Admission Assessment, Psychiatric Diagnostic Interview, Routine Case Management, Psychosocial Rehabilitation Services, Engagement Activity, Consumer Peer Support, Pharmacological Management, Med Training and Supports, Individual/Family Counseling, Group Counseling, Supported Employment, Skills Training and Development, and Supportive Housing Services and Supports.
		7. CMBHS: Clinical Management for Behavioral Health Services
		8. CMHH: A Community Mental Health Hospital (CMHH) funded through a CMHH contract with HHSC.
		9. Continuity of Care Match: Consumers who have any of these activities within the last 3 fiscal years:
			1. An open authorization to a FLOC, level of care 5, 8 or YES;
			2. An MH service encounter other than those services with procedure codes H0030 (crisis hotline), H0002 (screening) or GJ modifiers (false alarm);
			3. A hospital discharge; or
			4. A new generation medication assignment.
		10. Crisis Client Month: A client who has any time reported as crisis in a calendar month.
		11. Crisis Episode: A crisis episode begins when a crisis service is provided to an individual where there are no other crisis services provided to that individual within the previous seven days.
		12. Crisis Service: A crisis service includes both inpatient and outpatient service procedure codes that either contain an ET modifier (i.e., psychosocial rehabilitative services in response to a crisis = H2017ET), or are uniquely defined as a crisis service (i.e., crisis residential = H0018).
		13. Family Partner support services include the following: Engagement (H0025HATS), Family Partner (H0038HA), and Parent Support Group (H0025HAHQ) procedure codes, or other services identified by SERVER\_TYPE\_CD = K.
		14. Full Client Month: A calendar month in which a client receives services within the same LOC from the first through the last day of the same month. *See also definitions for Client Month and Partially Authorized Month.*
		15. Full Level of Care (FLOC): Refers to Texas Resilience and Recovery (TRR) levels of care that are intended for ongoing service delivery, specifically adult levels of care A1M, A1S, A2, A3, A4, and ATAY and children and youth levels of care C1, C2, C3, C4, Young Child (YC), and CTAY.
		16. Improvement: Significant change over time, with a Reliable Change Index (RCI) score exceeding the benchmark value of ±1.645.
		17. Level of Care (LOC): Refers to Texas Resilience and Recovery (TRR) levels of care for any service.
		18. LOC–A: The authorized level of care.
		19. LOC–D (deviation): The purpose of the LOC–D is to allow the clinician the option to request a deviation from the LOC–R (recommended) as calculated by the CANS/ANSA Uniform Assessment. The parameters for the use of the LOC–D are as follows:
			1. The LOC–D shall be completed by the clinician, but is only necessary if the LOC–D is different from the LOC–R.
			2. The clinician justifies the LOC–D and the UM (utilization management) staff shall take this into consideration when determining the LOC–A (authorized).
			3. The clinician may not cite resource limitations for the LOC–D.
		20. LOC–R: The recommended level of care.
		21. LOC–Y: Youth Empowerment Services (YES) Waiver clients.
		22. MBOW: Mental and Behavioral health Outpatient Warehouse
		23. Mental Health (MH) Hourly Service: Includes all mental health services reported via encounter data that are counted towards contract performance measures. It includes only services where the reporting unit is measured in hours (daily or residential services are excluded.) In addition, the following hourly services are excluded:
			1. Telephone contacts; and
			2. Services with a ‘GJ’ procedure code modifier.
		24. Partially Authorized Months: Refers to months when a client was not authorized and being served in the community for the entire calendar month. Specifically, months where a client:
			1. Is admitted to service after the first day of the month;
			2. Is discharged from services;
			3. Changes authorized Level of Care; or
			4. Has an HHSC Inpatient Bed Day.

*See also definitions for Client Month and Full Client Month.*

* + 1. PPB: A bed in a private psychiatric hospital funded through a PPB contract with HHSC.
		2. RCI: Reliable Change Index. This value is calculated to determine significant change over time using the formula: RCI=((X\_2–X\_1 ))/SEdiff, where SEdiff = SD\*√(1–r\_xx ). X1 = data value at time 1, X2 = data value at time 2, SD = Standard Deviation of the data observations (generated using first administrations of the test), and rxx = inter–rater reliability (this is a correlation representing consistency in use of the tool across multiple users of the tool). The inter–rater reliability (r\_xx) for the Texas versions of the CANS and ANSA is a statistic number that is calculated every year and can be found on MBOW with more information about how to calculate and use the RCI.
		3. Screening Service: Includes screening, hotline, crisis follow–up and relapse prevention, benefit eligibility determination, and continuity of services.
		4. HHSC Contracted Bed: A bed at the Montgomery County Mental Health Treatment Facility or the University of Texas health Science Center at Tyler funded through a contract with HHSC.
		5. HHSC Inpatient Bed: Refers to accommodation at a state hospital; accommodation funded by HHSC at a CMHH, the Montgomery County Mental Health Treatment Facility, or the University of Texas Health Science Center at Tyler; a Private Psychiatric Bed (PPB) funded by HHSC; or local hospitalizations paid for with HHSC funding and reported as encounters using procedure codes T2048 and T2048HA. It excludes Crisis Stabilization Units (CSUs) – including Hill Country, Extended Observation Units (EOUs), Crisis Respite, Crisis Residential, and Rusk and Vernon forensic locations.
		6. HHSC Inpatient Bed Day: Refers to a day in an HHSC Inpatient Bed. Generally the count includes each day in the facility that crossed midnight except for same day admissions and discharges which count as one day.
		7. TLETS: Texas Law Enforcement Telecommunications System:
		8. Under Served: Refers to clients who are authorized to a less intensive Level of Care than the Level of Care recommended by the HHSC approved uniform assessment calculator.
		9. Uniform Assessment (UA): The assessment described in Section VII. The Adult UA includes the Adult Needs and Strengths Assessment (ANSA), Diagnosis–specific Clinical Rating Scales, and Community Data. The UA for children includes the Child and Adolescent Needs Strengths Assessment (CANS) and Community Data.
		10. Valid TLETS Booking: Refers to a request issued by the DPS TLETS system to perform a match of consumers in the mental health data system that has been logged in CARE. As duplicate matches are issued at times, only the first match is retained each date of request per jail facility name, County and set of match elements (first name, last name, date of birth gender, SSN, race).