Behavioral Health

FY 2020 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

A Department of Travis County that serves the community under the guidance of the Commissioner's Court

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

- Protect vulnerable populations
- Invest in social and economic well-being
- Promote healthy living: physical, behavioral, and environmental
- Build a shared understanding of our community

VALUES

We value helping people.

- We provide accessible, person-centered services with respect and care.
- We work to empower people through our service to them, always honoring the strengths and differences of the individuals and families of Travis County.

We value the accountability and integrity of our staff.

- We value the diversity of our staff and the experience each of us brings to HHS.
- We honor our collective service to the public, including the careful stewardship of public funds.
- We value the quality services we provide to the community in a spirit of shared responsibility.

We value cooperation and collaboration in the community at large and within HHS.

- We are interdependent and connected.
- We treat one another with respect and value effective communication and teamwork.
- We honor our partners in the community and engage with them to more efficiently and effectively serve our clients.

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Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services Department (HHS), annually invests nearly $22 million in community-based social service programs using one-time and ongoing funding structures. These Department investments align with and supplement our direct services to meet the needs of County residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2020 Community Impact Report* details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as investments through Austin ISD Interlocals. The Executive Summary aggregates financial, demographic, and geographic information for all issue areas, and offers a discussion of poverty as a framework for HHS investments. In this year's report, the Executive Summary also provides an overview of COVID–19's impact across all issue areas.

Each issue area section provides demographic, geographic, and performance highlights. Each program is classified into the issue area most closely aligned to its goals and objectives. The report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2019 through September 30, 2020) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers.

Considerations When Reading This Report

Performance results provide only a starting point for understanding the impact of these programs. These summary statistics are not necessarily an indication of the programs' overall performance, but rather a snapshot of their performance over a one-year period. Within these reports, service providers offer explanations for variance in performance, which provides context and meaning to summary results.

Performance results do not reflect programs' full value to and impact on the community. Therefore, it is important to keep the following considerations in mind when reviewing program performance.

Readers should use caution when comparing output and outcome results across programs, as participant characteristics can significantly influence a given program's performance goals and results. For example, performance results may be lower for programs with clients who face considerable challenges (e.g., serious mental illness or addiction issues) and have little social support.

Factors beyond the program's control may also impact the program's performance. For example, the relative scarcity or abundance of jobs in the local economy will impact client employment rates for a workforce development program, regardless of the quality of training and support provided. In addition, the community is facing additional economic impacts due to the COVID–19 pandemic, which has globally impacted performance across issue areas. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

Readers should also use caution when examining outcome results for programs with less than 30 clients, in which the outcome of just a few clients can greatly affect the program's total outcome result. In these instances, examining percentages may be less helpful than examining raw numbers.

Finally, this report captures a selection of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. Performance measures may not all be equal in importance or value to the community.

Investment Overview

Community Context

Issue area sections usually begin with an overview of relevant community context. Due to the COVID–19 pandemic, and its significant impact on the community across all issue areas, the *FY 2020 Community Impact Report* instead provides an overview of these impacts in the Executive Summary. For a summary of FY 2019 community context, please see https://www.traviscountytx.gov/health-human-services/research-planning/cir-2019.

Goals and Services

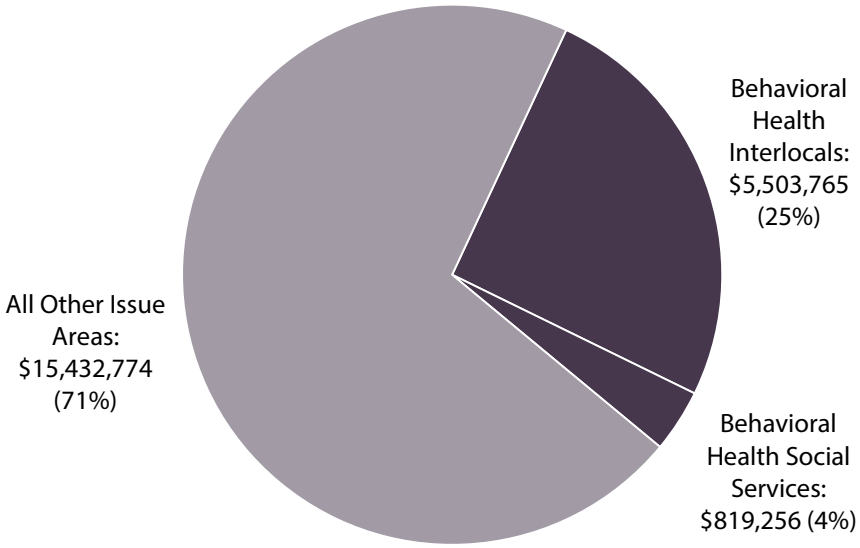
Programs and services within this issue area promote identification of behavioral health disorders[a] and early access to treatment, alleviate or heal symptoms of a behavioral health disorder, enhance resiliency by empowering individuals to manage their own treatment needs and symptoms, and collaborate and link with community resources on behalf of those seeking services. Behavioral health programs and services intervene early with effective treatment and supports that promote emotional health and well-being of children and adults utilizing a variety of treatment modalities.

Services may include: outpatient therapy services for individuals, couples, groups, and families; case management; education and training; assessments and evaluations; medication management; psychiatric hospitalization; residential treatment; Wraparound supports and services; support groups; para-professional supports; non-traditional therapies; substance use disorder treatment; Medication Assisted Treatment (MAT); and crisis services.

HHS offers both departmental and contracted behavioral health services to eligible individuals and families. Significant portions of our Behavioral Health investments go to the local mental health authority (Integral Care) to ensure that we are promoting systemic solutions to community challenges. The Department's Office of Children Services division also provides direct services that are integral to the community's behavioral health system.

a Behavioral Health encompasses both mental health and substance use disorders and includes those experiencing mental health or substance use challenges that do not have a clinical diagnosis or have yet to be diagnosed.

Investment in Behavioral Health and Other Issue Areas, FY 2020



Behavioral Health Social Services

Funding Summary

The FY 2020 Funding Amount reflects 12–month funding (October 1, 2019 through September 30, 2020) unless otherwise noted.

Agency Name	Program Name	FY 2020 Funding Amount
Any Baby Can of Austin, Inc.	No Estás Solo Program	$54,495
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$50,000
Communities In Schools of Central Texas	CIS Care Coordination for Youth and Family Assessment Center	$455,030
LifeWorks	LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling	$126,681
YWCA Greater Austin	YW Counseling and Referral Center	$133,050

Client Demographics

The table below summarizes the demographics for clients served across Behavioral Health Social Services service providers. Note that clients participating in more than one program are counted multiple times.

Gender	Num.	Pct.
Female	2,543	61%
Male	1,397	34%
Other	33	0.8%
Unknown	169	4%
Total	*4,142*	*100%*

Age	Num.	Pct.
Under 5	347	8%
5 to 11	678	16%
12 to 14	363	9%
15 to 17	359	9%
18 to 24	383	9%
25 to 39	838	20%
40 to 54	507	12%
55 to 64	84	2%

Ethnicity	Num.	Pct.
Hispanic or Latino	1,665	40%
Not Hispanic or Latino	1,789	43%
Unknown	688	17%
Total	*4,142*	*100%*

Age, cont.	Num.	Pct.
65 to 74	26	1%
75 and over	1	0.02%
Unknown	556	13%
Total	*4,142*	*100%*

Race		
American Indian and Alaska Native	16	0.4%
Asian	71	2%
Black or African American	392	9%
Native Hawaiian and Other Pacific Islander	1	0.02%
White	1,914	46%
Some other race	974	24%
Two or more races	104	3%
Unknown	670	16%
Total	*4,142*	*100%*

Income		
<50% of FPIG	683	16%
50% to 100%	447	11%
101% to 150%	342	8%
151% to 200%	309	7%
>200%	640	15%
Unknown	1,721	42%
Total	*4,142*	*100%*

Note: Percentages may not total to 100% due to rounding.

See Appendix for specific income guideline levels.

Performance Summary

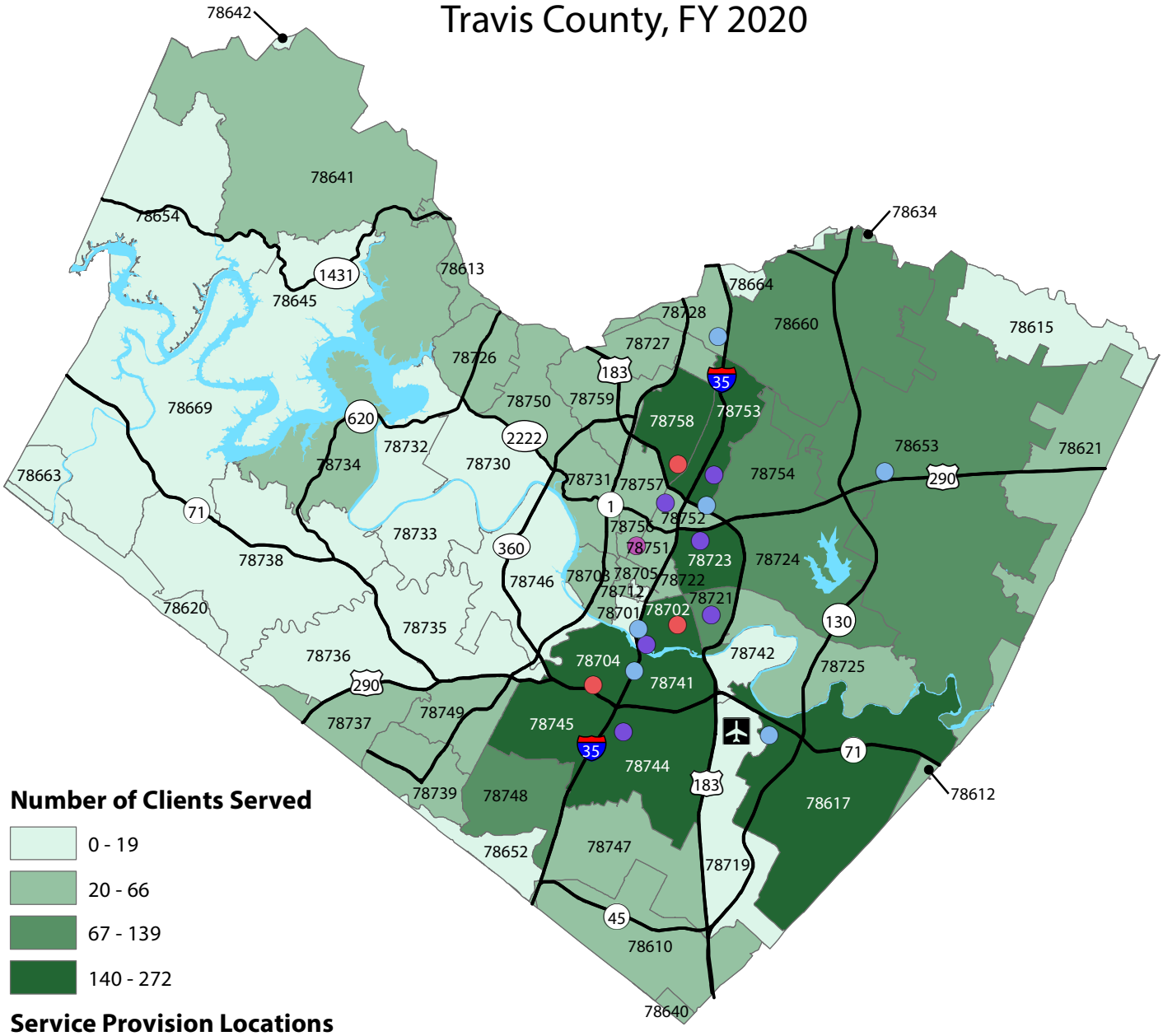
The table below aggregates performance into roll-up measures that draw from Behavioral Health Social Services programs in this issue area. These roll-up measures align with the goals for the issue area and are intended to provide a more global picture of the Department's progress towards these goals. Readers should note two considerations regarding methodology: 1) most roll-up measures do not reflect all programs in the issue area, but rather a subset of programs that apply to that measure, and 2) roll-up measures, individually and as a whole, may not reflect the entire service continuum of the issue area.

Roll-up Performance Measures	Issue Area Performance
Outputs	
Number of individuals (clients) served	4,142
Outcomes	
Percent of individuals with improved mental health	77%

Roll-up Performance Measures	Issue Area Performance
Percent of individuals who engage in recovery from substance use disorder	N/A
Percent of individuals who are connected to additional needed services and resources	61%
Percent of individuals who meet or make progress on treatment goals	78%

Behavioral Health Social Services

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2020



Number of Clients Served

- 0 - 19
- 20 - 66
- 67 - 139
- 140 - 272

Service Provision Locations

- Austin Child Guidance Center
- Communities In Schools of Central Texas
- LifeWorks
- YWCA Greater Austin

Notes: This map shows 3,386 clients by ZIP code. 756 clients (18% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless.

Service provision locations are not included for Any Baby Can's No Estás Solo program as services are provided in the home.

Source data: Contracted service providers, FY 2020. TxDOT: Roadways, U.S. Census Bureau TIGER/Line Area: Water, ArcGIS Online: Zip Code Areas, CAPCOG: Counties.
Created by: Travis County HHS, Research & Planning Division, 2020.

N

0 5 10 Miles

Any Baby Can of Austin, Inc.

No Estás Solo Program

Program Description

The No Estás Solo Program (NES) aims to address the need for accessible mental health services among low-income residents in Central Texas through home-based counseling. The goals of NES are to support clients receiving Any Baby Can case management services and to remove barriers to successful parenting and family success by providing counseling services to address mental health needs in the client's home, including counseling for mothers, fathers, children, siblings, and relatives living in the home who may be affecting the home environment. NES services aim to overcome the stigma that many of Any Baby Can's clients—most of whom have never received mental health services—have about mental health counseling.

Funding

The total HHS investment in the No Estás Solo Program from October 1, 2019 through September 30, 2020 was $54,495. This investment comprised 10.2% of their total program budget. HHS also funds the Professional Early Childhood Services program, which is described in the Child and Youth Development issue area report, as well as the CARE and Early Childhood Intervention Services programs, which are described in the Supportive Services for Community Living issue area report.

Eligibility Criteria

Clients must be enrolled in one of Any Baby Can's home visitation programs or be a family member of a client enrolled in one of Any Baby Can's home visitation programs. Clients must have incomes at or below 250% of the Federal Poverty Income Guidelines (FPIG) and reside in Travis County.

Any Baby Can of Austin, Inc.: No Estás Solo Program

The No Estás Solo (NES) Program was significantly impacted by the pandemic. Staff noted that the program saw a decrease in clients referred during the year; many referrals come from WIC clinics, schools, and medical providers, which were closed during the initial months of COVID–19 (see the first output).

COVID–19 also impacted the length of service during the year. Staff explained that clients who were already receiving mental health services experienced a lot of distress and life changes. Many families lost income, medical appointments and procedures were delayed, and others had to give birth during COVID–19 conditions, all which lead to an increase of mental health stressors that required clients to be served longer than usual. Staff also reported that at the beginning of the pandemic, clients dropped their counseling services to prioritize other life stressors that needed to be addressed. These conditions greatly decreased the number of clients who completed services during the year (see the second output).

The pandemic negatively impacted the achievement of client goals during the year (see the first outcome). Therapists continued providing services using telehealth but noticed clients struggling with increased life stressors. Although services were extended for many clients, some reached the limit for the number of counseling services available in the program without meeting all their treatment goals.

All NES clients that finished services were give the opportunity to complete a client survey. The satisfaction survey was converted into an electronic version that was texted and emailed to clients. However, staff noticed that clients were not prioritizing completing the survey, even after therapist contact. Although the completion rate was low, all clients who completed the survey reported improvements in their mental health (see the second outcome).

Finally, the majority of those served during the year were clients with prior history of receiving counseling services (see the third outcome). Staff explained that during disasters, such as this pandemic, it is a common trend for individuals with prior history of receiving mental health services to request these services again. Many start recognizing the signs of mental health issues arising in their lives. Clients with past history of trauma or mental illness are more likely to be triggered by social isolation and can be impacted more by emotional risks and behavior changes expected during a pandemic.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	153	192	81%
Number of unduplicated clients who successfully complete individual counseling sessions	40	152	26%

Any Baby Can of Austin, Inc.: No Estás Solo Program

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outcomes			
Percentage of unduplicated clients who complete in home counseling and meet 75% of their individual treatment goals	63% (25/40)	75% (114/152)	83%
Percentage of unduplicated clients served who report feeling improvements in their mental health	100% (17/17)	80% (73/91)	125%
Percentage of unduplicated clients served who are first time mental health users	40% (61/153)	50% (95/190)	80%

Austin Child Guidance Center

Children's Outpatient Mental Health & Evaluation Services

Program Description

The goal of the Children's Outpatient Mental Health & Evaluation Services program at Austin Child Guidance Center (ACGC) is to improve the mental health of children, adolescents, and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges. ACGC's collaborative approach promotes identification of behavioral disorders and links individuals in need to early access to outpatient individual, family, and group therapy services; psychological assessments; and psychiatric evaluations. The program works to alleviate symptoms and enhance resiliency for uninsured/underinsured children and families who typically cannot access traditional therapy services.

Funding

The total HHS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2019 through September 30, 2020 was $50,000. This investment comprised 2.6% of their total program budget. HHS also funds the Infant and Early Childhood Mental Health Project, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

The program targets Austin/Travis County children and adolescents ages 2-17, as well as their families, experiencing mental, emotional, and/or behavioral problems. Many of these children and adolescents are at high risk of coming into contact with the juvenile justice system, academic failure, poor employment prospects, substance abuse, and poverty into adulthood. The majority of the clients served are families of low-income and funding from Travis County is used to provide services to families at or below 250% of the Federal Poverty Income Guidelines (FPIG). To be eligible for the program, families must also reside within Travis County and children must be 2 to 17 years of age.

ACGC: Children's Outpatient Mental Health & Evaluation Services

The Children's Outpatient Mental Health & Evaluation Services program exceeded both outcome goals but fell short of projections for most output measures. Staff reported that they are continuing to work to return to pre-COVID levels of children/youth provided counseling services (see the second output). The program stopped hosting group services in April and began one group in September; grant funding in FY 21 will allow all groups and workshops to be free for clients, so staff expect attendance to increase (see the third output).

Staff noted that they switched to a new client management system early in the third quarter. While lower service hours were expected due to the pandemic, they are not confident that this new system is currently capturing all service hours (see the fourth output). Staff are working on this issue currently.

Finally, staff explained that they were unable to provide psychological assessments due to the pandemic and building closure, so the second outcome only reflects parent assessments completed during the first half of the year. Mental health professionals are still working to determine how best to conduct assessments remotely, and staff have been referring clients to other local providers who have limited in-person capability.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,916	2,008	95%
Number of children/youth provided professional counseling services	466	538	87%
Number of participants provided specialized group services	45	151	70%
Number of hours of service delivered	13,834	16,858	82%
Outcomes			
Percentage of clients who make progress on achieving their treatment plan goal(s)	73% (380/518)	70% (132/188)	104%
Percentage of parents reporting satisfaction with the psychological assessment process	94% (62/66)	85% (128/150)	110%

Communities In Schools of Central Texas

CIS Care Coordination for Youth and Family Assessment Center

Program Description

The CIS Care Coordination Program of the Youth and Family Assessment Center (YFAC) utilizes a wraparound approach to service delivery to reduce and/or alleviate risk factors experienced by identified families so that involvement in County intervention systems (e.g., juvenile justice) can be prevented. This consists of:

- Development of comprehensive family-driven plans that include improved behavioral health interventions, family functioning, and self-sufficiency
- Linkage of service dollars to clients and families aligned with needs and strengths
- Coordinated, seamless, flexible case management for youth and their families, including communication among various social services providers, school personnel, and governmental agencies
- Interventions that target improved school performance in core classes, improved attendance, and a decrease in discipline referrals
- Collection and sharing of appropriate information for case management and evaluation
- Identification of gaps or surpluses in services to increase efficiency and access to community and family supports
- Reduction of duplication of services or efforts
- Promotion of cost-effectiveness by providing early intervention to prevent school dropouts and divert youth from the juvenile justice and psychiatric residential systems

Funding

The total HHS investment in the CIS Care Coordination for Youth and Family Assessment Center program from October 1, 2019 through September 30, 2020 was $455,030. This investment comprised 86.8% of their total program budget. HHS also funds the ASPIRE and Travis County XY–Zone Programs, which are described in the Child and Youth Development issue area report.

Communities In Schools of Central Texas

CIS Care Coordination for Youth and Family Assessment Center

Eligibility Criteria

The program serves families with children and youth between the ages of 3-16 who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, parental support and education) based on at-risk factors and/or behaviors. At the time of referral, the child/youth must attend one of twelve identified Austin ISD schools and reside within the City of Austin and Travis County. Families must also have a household income below 200% of the Federal Poverty Income Guidelines (FPIG).

Communities In Schools of Central Texas: CIS Care Coordination for YFAC

Performance Goals and Results

The CIS Care Coordination program met or exceeded all but one performance goal. The program managed significant challenges during the year. School campuses closed in March 2020 due to COVID–19, only halfway through the fiscal year. YFAC Care Coordination and Camp programs both rely on campus-level referrals for enrollments. Staff explained that the YFAC Care Coordination team worked diligently to coordinate with campus staff for continued access to families for referrals and enrollments. Care Coordination referral and enrollment require ongoing access to and relationships with families. Campus staff or Care Coordinators were unable to reach families as easily without daily campus interaction. As a result, Care Coordination enrollments fell short of anticipated targets (see the second output).

YFAC staff worked within CIS to strategize an alternate service model to their traditional summer camp. The program served more than 80 children with access to high-quality daily summer camp activities for a three-week period (see the third output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	161	159	101%
Number of unduplicated youth served using the wraparound approach	76	90	84%
Number of unduplicated youth served in the YFAC Camps	83	69	120%
Number of unduplicated siblings residing in each enrolled youth's household	196	132	148%
Outcomes			
Percentage of youth and families that meet the goals in their Plan of Care	90% (28/31)	85% (28/33)	106%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	90% (28/31)	85% (28/33)	106%
Percentage of youth who completed services and show an improved attendance rate (for those youth with an absenteeism rate of 10% or more at time of enrollment)	67% (8/12)	50% (6/12)	133%
Percentage of youth who completed services and pass all core classes at closure	74% (23/31)	61% (20/33)	122%
Percentage of youth who demonstrate a decrease in school discipline referral (for youth with one or more discipline referrals) at closure	60% (6/10)	50% (8/16)	120%

Communities In Schools of Central Texas: CIS Care Coordination for YFAC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth ages 10 and up who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	95% (19/20)	80% (16/20)	119%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	96% (25/26)	85% (28/33)	113%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	88% (23/26)	85% (28/33)	104%

LifeWorks

LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling

Program Description

The LifeWorks Youth and Adult Counseling (YAC) program is a strengths-based, solution-focused counseling program that helps individuals, families, and couples overcome crises, heal from trauma, identify and provide early access to treatment for behavioral health disorders, restore and increase family stability, enhance protective factors, and strengthen coping skills. The goal is for youth, families, and individuals to resolve issues before they require costly and long-term intervention.

The goals of the Community-Based Peer Support and Counseling (CBPSC) program are to remove or reduce barriers to transition-age youth healing from trauma and recovering from mental health or substance use challenges, reduce the stigma of these challenges, instill hope, connect youth to community resources, and encourage self-sufficiency in order for youth to reach their full potential. Peer Support Specialists work to build trust, engage youth in services, and connect them to the program's counseling services as needed.

Funding

The total HHS investment in the LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling program from October 1, 2019 through September 30, 2020 was $126,681. This investment comprised 4.7% of their total program budget. HHS also funds the Workforce Development program, which is described in the Workforce Development issue area report.

Eligibility Criteria

The YAC target population is transition-age youth, 24 years old and younger, and their families. The program serves youth who are experiencing poverty and who are at high risk for family conflict, juvenile delinquency, truancy, and runaway episodes and behaviors. Although youth and families are the target population, there is no age limit to receive services for YAC. To be eligible for services, clients must be residents of Travis County and have incomes at or below 250% of the Federal Poverty Income Guidelines (FPIG).

LifeWorks

LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling

The CBPSC target population is youth ages 16-24 who struggle with a history of mental health issues, trauma, abuse, or substance use. The program serves youth who are disconnected from their families, homeless, identify as LGBTQI+, and/or have a history of foster care or juvenile justice involvement. To be eligible for services, clients must be residents of Travis County, have incomes at or below 250% of FPIG, be between the ages of 16 to 24, and report a history of trauma, abuse, mental health disorder, and/or substance abuse.

LifeWorks: YAC and CBPSC

The YAC and CBPSC program met or exceeded goals across most performance measures. Staff explained that although referrals began to increase slightly towards the end of the year, both programs continued to experience a reduction in referrals due to COVID–19. This led to fewer unduplicated clients served than projected (see the first output).

The pandemic also led to fewer referrals and enrollments into the YAC program in particular (see the second output). However, the program exceeded the targeted goal for number of sessions (see the fourth output). Due to COVID–19 and related stressors, clients requested to remain in services longer. With the ability to engage in service virtually, clients also attended sessions more consistently.

Staff explained that the program exceeded goals for the number of CBPSC sessions because of high carry-in in the first quarter of the year, and higher than expected performance in second quarter (see the fifth output). These trends also held for client encounters with a peer (see the sixth output).

Finally, staff reported that clients requested to remain in services longer due to COVID–19 and related stressors, resulting in fewer exits from YAC (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,022	1,175	87%
Number of unduplicated clients served in Youth and Adult Counseling	813	950	86%
Number of unduplicated clients served in Community-Based Peer Support	228	225	101%
Number of Youth and Adult Counseling Sessions	6,206	4,900	127%
Number of Community-Based Peer Support Sessions	767	400	192%
Number of unduplicated clients served in Community-Based Peer Support that have at least 3 encounters with a peer	87	75	116%
Outcomes			
Percentage of Youth and Adult Counseling clients who have at least one service plan update and show improvement at case closure for either coping or resiliency or maintain the highest level across both constructs	71% (371/519)	75% (563/750)	95%

LifeWorks: YAC and CBPSC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of Community-Based Peer Support clients engaged in peer support that are connected to additional services and resources (service enrollment after peer engagement)	61% (140/228)	60% (135/225)	102%

YWCA Greater Austin

YW Counseling and Referral Center

Program Description

The YW Counseling and Referral Center (YWCRC) provides trauma-informed, culturally and linguistically appropriate therapeutic support for the community, including individuals, children, couples, families, and groups, to improve their mental health status and functioning. YWCRC therapists assist clients with issues such as trauma, anxiety, violence, post-traumatic stress disorder (PTSD), grief and loss, depression, attachment, family dynamics, immigration, intimate relationships, and pre/post-natal mental health in effort to promote the mental health of Greater Austin residents. YWCA Greater Austin's goal is to promote the emotional health and well-being of Travis County residents through early identification and treatment of mental health issues, while providing a safe space to enhance personal power, achieve personal goals, and explore ways to begin healing, manage symptoms, and live healthy, self-fulfilling lives.

Funding

The total HHS investment in the YW Counseling and Referral Center program from October 1, 2019 through September 30, 2020 was $133,050. This investment comprised 20.0% of their total program budget.

Eligibility Criteria

The YWCRC's target population is people living within Travis County, and includes special populations such as monolingual Spanish-speaking clients, women veterans, people in recovery from addictions, incarcerated individuals, children, and immigrants from all over the world. To be eligible for the program, clients must be residents of Travis County and have incomes at or below 250% of the Federal Poverty Income Guidelines (FPIG).

YWCA Greater Austin: YW Counseling and Referral Center

The YW Counseling and Referral Center exceeded all outcome goals but fell short of targets for two output measures. Staff reported that the total number of clients served was lower than expected as a result of the interruption to services due to COVID–19 and quarantining primarily in the second quarter of the year (see the first output). Staff saw an increase in individuals, couples, and families seeking services, as well as a surge of interns (as other placements were closed due to COVID) to be able to serve this demand; therefore, the number of clients served in individual, couples, and family counseling was higher than expected (see the second output). On the contrary, many of the group services provided at community locations were shut down due to COVID; therefore, clients served in these groups was lower than anticipated (see the third output).

The number of people reflected in the first two outcome measures is based on those who achieved at least 5 sessions in individual, couple, or family services. This number was impacted by COVID, particularly in the second quarter of the year. As staff settled into the transition, they were able to assess more people; similarly, as people settled into the transition, they too began to complete at least 5 sessions rather than terminate early or abruptly. A majority reported improvement in mental health as well as achievement of a treatment plan goal. The third outcome was similarly interrupted by the COVID transition, with fewer clients reported on than projected.

Finally, the low number of group evaluations collected was due to a small number of group services provided (see the fourth and fifth outcomes). Although staff pivoted to offer group services virtually, collecting feedback was harder. Rather than handing out and collecting evaluations in person, staff had to provide the evaluation link to participants and hope they completed it.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	890	1,112	80%
Number of unduplicated clients served in individual, couples, family counseling	504	356	142%
Number of unduplicated clients served in therapy and skill building groups	386	756	51%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	88% (172/195)	81% (288/356)	109%

YWCA Greater Austin: YW Counseling and Referral Center

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	93% (181/195)	90% (320/356)	103%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/ behavior	89% (39/44)	86% (306/356)	103%
Percentage of group clients reporting increased knowledge and skills	91% (133/146)	86% (651/756)	106%
Percentage of group clients reporting increased ability to engage in behavioral health services due to accessibility	94% (131/140)	90% (680/756)	104%

Behavioral Health Interlocals

Interlocals Overview

Interlocal agreements are contractual agreements between two or more governmental entities. Integral Care qualifies as a quasi-governmental entity due to its designation as the Local Mental Health and Intellectual and Developmental Disability Authority for Travis County. Texas Health and Human Services Commission requires each authority to plan, develop policy, coordinate and allocate and develop resources for mental health services in the local service area. These authorities also utilize local matching funds to secure and amplify state and federal funding. Travis County HHS has multiple interlocal agreements with Integral Care. These investments support the necessary infrastructure to maintain critical mental health and substance use services for vulnerable residents with limited access to resources.

Funding Summary

The FY 2020 Funding Amount reflects 12–month funding (October 1, 2019 through September 30, 2020) unless otherwise noted.

Agency Name	Program Name	FY 2020 Funding Amount
Integral Care	Child Therapist for Parenting In Recovery/Family Drug Treatment Court	$155,600
Integral Care	Expanded Mobile Crisis Outreach Team	$764,819
Integral Care	Families With Voices/Familias Con Voces Collaborative	$1,000,000
Integral Care	Main Mental Health Interlocal	$1,411,054
Integral Care	Main Mental Health Interlocal: IDD Care Coordinator	$65,000
Integral Care	Main Mental Health Interlocal: ThriveCare of Travis County	$125,000
Integral Care	Substance Abuse Managed Services Organization	$1,073,799
Integral Care	Substance Abuse Managed Services Organization: MAT	$75,000
Integral Care	System of Care Managed Services Organization	$833,493

Client Demographics

The table below summarizes the demographics for clients served across Behavioral Health Interlocals service providers. Note that clients participating in more than one program are counted multiple times. The lower number of clients reflected in the income level category is due to the Families With Voices/Familias Con Voces Collaborative reporting income by household rather than by client. Client demographic data was unavailable for the System of Care Managed Services Organization.

Gender	Num.	Pct.
Female	20,933	45%
Male	23,582	50%
Other	35	0.1%
Unknown	2,419	5%
Total	*46,969*	*100%*

Ethnicity		
Hispanic or Latino	10,744	23%
Not Hispanic or Latino	31,215	66%
Unknown	5,010	11%
Total	*46,969*	*100%*

Race		
American Indian and Alaska Native	474	1%
Asian	670	1%
Black or African American	10,073	21%
Native Hawaiian and Other Pacific Islander	41	0.1%
White	29,036	62%
Some other race	1,077	2%
Two or more races	1,155	2%
Unknown	4,443	9%
Total	*46,969*	*100%*

Age	Num.	Pct.
Under 5	196	0.4%
5 to 11	2,860	6%
12 to 14	2,441	5%
15 to 17	2,819	6%
18 to 24	4,425	9%
25 to 39	13,961	30%
40 to 54	10,642	23%
55 to 64	6,698	14%
65 to 74	2,215	5%
75 and over	672	1%
Unknown	40	0.1%
Total	*46,969*	*100%*

Income		
<50% of FPIG	18,138	39%
50% to 100%	12,611	27%
101% to 150%	4,547	10%
151% to 200%	1,633	3%
>200%	1,864	4%
Unknown	8,034	17%
Total	*46,827*	*100%*

Note: Percentages may not total to 100% due to rounding.

See Appendix for specific income guideline levels.

Performance Summary

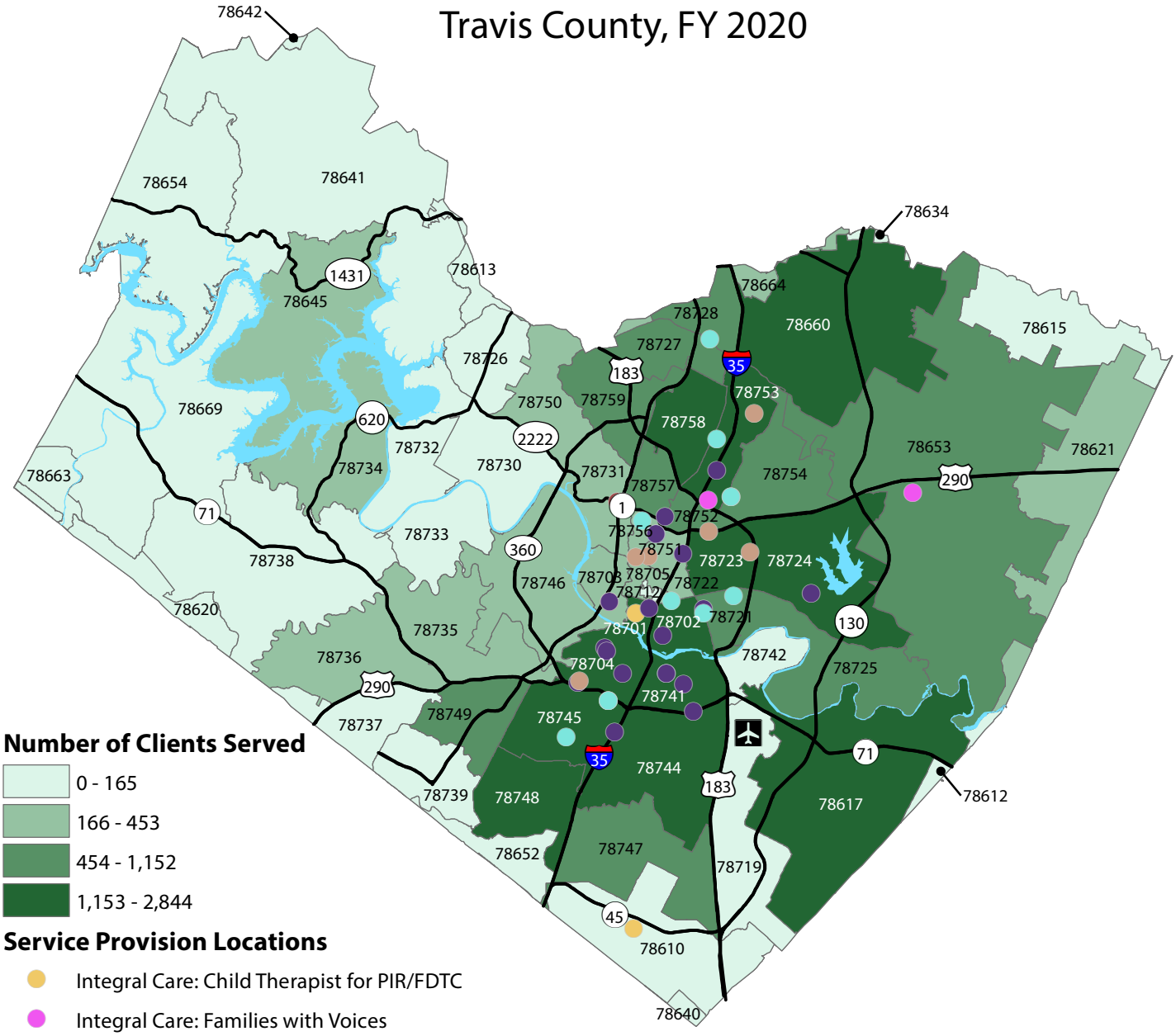
The table below aggregates performance into roll-up measures that draw from Behavioral Health Interlocals in this issue area. These roll-up measures align with the goals for the issue area and are intended to provide a more global picture of the Department's progress towards these goals. Readers should note two considerations regarding methodology: 1) most roll-up measures do not reflect all programs in the issue area, but rather a subset of programs that apply to that measure, and 2) roll-up measures, individually and as a whole, may not reflect the entire service continuum of the issue area.

Roll-up Performance Measures	Issue Area Performance
Outputs	
Number of individuals (clients) served*	47,408
Outcomes	
Percent of individuals with improved mental health	69%
Percent of individuals who engage in recovery from substance use disorder	64%
Percent of individuals who are connected to additional needed services and resources	48%
Percent of individuals who meet or make progress on treatment goals	58%

*Note: Individuals served in multiple Integral Care contracts are duplicated in the count above.

Behavioral Health Interlocals

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2020



Number of Clients Served

- 0 - 165
- 166 - 453
- 454 - 1,152
- 1,153 - 2,844

Service Provision Locations

- Integral Care: Child Therapist for PIR/FDTC
- Integral Care: Families with Voices
- Integral Care: IDD Care Coordinator
- Integral Care: MAT
- Integral Care: Main Mental Health ILA
- Integral Care: SAMSO
- Integral Care: ThriveCare of Travis County

Source data: Contracted service providers, FY 2020. TxDOT: Roadways, U.S. Census Bureau TIGER/Line Area: Water, ArcGIS Online: Zip Code Areas, CAPCOG: Counties.
Created by: Travis County HHS, Research & Planning Division, 2021.

Notes: This map shows 43,474 clients by ZIP code. 3,495 clients (7% of the total) were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes are unavailable for System of Care MSO.

Service provision locations are not included for EMCOT and System of Care MSO as these services are home- and community-based.

N

0 5 10 Miles

Integral Care

Child Therapist for Parenting In Recovery/Family Drug Treatment Court

Program Description

This program provides family-centered, strength-based, culturally competent, evidence-based mental health therapeutic services and supports to children and youth 0-17 years of age whose parents are enrolled in the Parenting In Recovery/Family Drug Treatment Court (PIR/FDTC). Services are provided by two Integral Care Child Therapists who work with the child and family toward goals that increase the emotional, developmental, and social-emotional well-being of the child and enhance the parent/child relationship while the parents/family is enrolled in PIR/FDTC.

Funding

The total HHS investment in the Child Therapist for Parenting In Recovery/Family Drug Treatment Court program from October 1, 2019 through September 30, 2020 was $155,600.

Eligibility Criteria

This program serves children and youth ages 0 through 17 and their parent(s) who are enrolled in the Parenting In Recovery/Family Drug Treatment Court. The child/youth and parent(s) must reside in Travis County at the time of lawsuit filed by Child Protective Services to be eligible for services.

Integral Care: Child Therapist for PIR/FDTC

Performance Goals and Results

The Child Therapist for Parenting In Recovery/Family Drug Treatment Court met or exceeded most performance goals. Staff noted that the program served more clients than anticipated, which led to more therapeutic contacts provided (see the first and sixth outputs). The Program Manager developed a new way to track referrals for FY 21 to more accurately capture referrals made by therapists (see the fourth and fifth outputs). Staff also explained that therapists were not putting in notes for all of their indirect service hours, which has now been corrected (see the seventh output).

ASQs are conducted every six months, and all clients administered ASQs this fiscal year achieved stability or improvement (see the first outcome). More CANS were completed than anticipated and all reflected client improvement in functioning (see the second outcome). Parent surveys were not being done or tracked accurately for the majority of FY 20; therefore, the Program Manager created a tool to track surveys and therapists have now completed initial parent surveys with all enrolled families (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth served	90	75	120%
Number of Ages and Stages Questionnaires (ASQs) administered	65	64	102%
Number of Child and Adolescent Needs and Strengths (CANS) administered	12	11	109%
Number of children/youth linked to an ancillary service	37	65	57%
Number of unduplicated unique ancillary services provided to children/youth	62	130	48%
Number of direct face-to-face therapeutic contacts provided by the Therapist	206	150	137%
Number of indirect service hours provided by the Therapist	359	150	240%
Outcomes			
Percentage of children with a pre and post ASQ assessment who demonstrate stability and/or improvement in their social and emotional development	100% (31/31)	66% (23/35)	152%

Integral Care: Child Therapist for PIR/FDTC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of children/youth with a pre and post CANS assessment who demonstrate stability and/or improvement in their emotional functioning	100% (9/9)	60% (3/5)	167%
Percentage of parents who report progress on obtaining goals in their person centered care plan	100% (4/4)	60% (18/30)	167%

Integral Care

Expanded Mobile Crisis Outreach Team

Program Description

The Expanded Mobile Crisis Outreach Team (EMCOT) works with Travis County's first responders to divert jail bookings and emergency department admissions, and provides short-term community-based interventions to stabilize a person in a psychiatric crisis and links these individuals to Integral Care services or other appropriate care. The team also follows up with individuals to offer treatment and access to services through Integral Care.

EMCOT offers an appropriate first response team for mental health crises. The EMCOT team consists of licensed mental health professionals and medical providers who operate with a high level of autonomy in a community-based setting, review current medications, prescribe medications, and exercise clinical judgment.

Disposition options for law enforcement and Emergency Medical Services are costly to the system, traumatizing for the individual, unnecessarily restrictive, and can include emergency detention, arrest, and/or transport to the nearest emergency department. Additionally, these dispositions can interrupt or conflict with an individual's existing mental health treatment plan and break the continuity of care. Arrest dispositions are especially disruptive to an individual's ongoing treatment because Medicaid coverage is suspended until the individual is released.

The goal of EMCOT is to address these issues in three ways:

1. Release the officer or paramedic from the scene within fifteen minutes of EMCOT arrival, on average;
2. Perform evidenced-based crisis assessments including risk to harm self/others; and
3. Link the individual to the most appropriate level of care and/or ensure continuity of care.

Funding

The total HHS investment in the Expanded Mobile Crisis Outreach Team program from October 1, 2019 through September 30, 2020 was $764,819. This investment comprised 39.0% of their total program budget. The remaining cost of the program is funded by the City of Austin.

Integral Care

Expanded Mobile Crisis Outreach Team

Eligibility Criteria

The program serves individuals, both adults and children, experiencing a mental health crisis in Travis County referred by first responders and Travis County jail personnel.

Integral Care: Expanded Mobile Crisis Outreach Team

EMCOT met or exceeded most performance goals. Program staff noted that an increase in referrals received from law enforcement and EMS in the fiscal year led to a higher than projected number of clients served (see the first output). This increase in referrals was attributed to first responders receiving training related to EMCOT services during the year as well as EMCOT's ability to provide telephonic and telehealth assessments during the COVID–19 pandemic (see the third through sixth outputs). Increased referrals may also be attributed to an increased need for crisis response due to the impacts of COVID–19 on the community.

Staff explained that a significant decrease in referrals received from Travis County Central Booking or Travis County Correctional Complex was directly related to EMCOT's inability to provide crisis screening and assessment at jail facilities due to COVID–19 (see the seventh and eighth outputs). EMCOT and jail leadership have developed a process to receive referrals for justice involved individuals in FY 21.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,346	2,000	117%
Number of referrals that resulted in a dispatch to the client's location	2,880	2,700	107%
Number of unduplicated clients referred from law enforcement	1,552	1,225	127%
Number of referrals from law enforcement	1,744	1,300	134%
Number of unduplicated clients referred from Emergency Medical Services (EMS)	681	600	114%
Number of referrals from EMS	795	650	122%
Number of unduplicated clients referred from Travis County Central Booking and Travis County Correctional Complex	287	700	41%
Number of referrals from Travis County Central Booking or Travis County Correctional Complex	325	750	43%
Number of first responders who received training from EMCOT	550	500	110%
Outcomes			
Percentage of 911 referrals that resulted in diversion from arrest	99% (971/980)	99%	100%
Percentage of 911 referrals that resulted in diversion from emergency detention	86% (839/980)	93%	92%

Integral Care: Expanded Mobile Crisis Outreach Team

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of 911 referrals that resulted in diversion from transfer or admission to emergency department	81% (514/637)	75%	108%
Percentage of clients linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions	44% (1,033/2,346)	45% (900/2,000)	98%

Integral Care

Families With Voices/Familias Con Voces Collaborative

Program Description

The goals of the Families With Voices/Familias Con Voces Collaborative include:

- Using the Self-Sufficiency Matrix, assess each eligible family and family member in the following key service need areas to determine level of need, self-sufficiency, stability, and functioning: access to basic supports (food and transportation), behavioral health, child and youth development, housing continuum and workforce development;
- Using a holistic Wraparound Family Team approach, assist families to achieve progress in identified benchmarks as they move through the continuum on the Self-Sufficiency Matrix; and
- Demonstrate improvements and progress to creating lasting and positive change for children in these families.

Services provided include:

- Care Coordination and Case Management: A Family Wraparound Team (FWT) is developed around every family served. The FWT consists of the following team members: the family, formal and informal supports identified by the family, Family Wraparound Team Care Coordinator (FWTCC), a housing specialist, a behavioral health specialist, a workforce development specialist, and any external providers who provide non-traditional services such as mentoring, respite care, and recreational therapy. The FWTCC also serves as the transportation specialist and facilitates access to food assistance needs if identified.
- Workforce Development Services: The Goodwill Career Case Manager works closely with clients to achieve their vocational goals. Services include job readiness training, job development/placement, job retention support, and occupational skills training leading to an industry-recognized credential. The Goodwill Career Case Manager also works closely with the FWTCC to address childcare needs for families engaging in job readiness trainings, occupational training, job interviews, and employment opportunities.
- Housing Continuum: Integral Care's Adult Behavioral Health Supportive Housing Specialists provide multiple services, including assessment of housing needs, landlord outreach, provision of emergency housing supports, and homelessness prevention and rapid re-housing. All clients receiving housing continuum services receive ongoing case management.
- Food Services: The FWTCC assesses food security and nutritional needs for families, provides resources to families about available food pantries, coordinates access to SNAP benefits, and provides gift cards for food assistance to supplement the family's food budget. Families also receive basic information on nutrition at intake and receive referrals to community resources on nutrition classes when needed.
- Child and Youth Development Services: Children ages 0-3 are screened using the Ages and Stages Questionnaire (ASQ) or ASQ-SE as appropriate. All children age four or over who are identified as having behavioral health issues by the parent are screened using the Child and Adolescent Needs and

Families With Voices/Familias Con Voces Collaborative

Strengths (CANS) assessment. The program provides evidence-based care for children with emotional and cognitive diagnoses and works with their families to provide guidance and understanding. Services include: psychiatric evaluations, individual therapy, individual/group counseling, cognitive-behavioral therapy, family therapy, parenting sessions, and medication management. The FWTCC facilitates linkages to social and emotional learning opportunities by exploring children's extracurricular interests.

- Behavioral Health Services: Children and families have access to all programs, services, and supports currently available in Integral Care's Child and Family Services program. Service options available include: intensive outpatient services (including individual and family counseling/therapy), psychiatric evaluations and medication management, skills training, case management, care coordination using the System of Care Wraparound practice model, Youth Empowerment Program, Integrated Primary Care and Behavioral Health School-Based Clinic Services, and the Travis County Children's Partnership. The Behavioral Health Specialist is the primary therapist assigned to children and family members and works to address all of the behavioral health service needs of the family.

Funding

The total HHS investment in the Families With Voices/Familias Con Voces Collaborative from October 1, 2019 through September 30, 2020 was $1,000,000. This investment comprised 100% of their total program budget.

Eligibility Criteria

The program serves low-income families showing systemic struggles meeting the basic necessities of everyday life. To be eligible for this program, families must:

- Have dependent children between the ages of 0-22;
- Reside in the 78653 ZIP code or be identified by the Manor Independent School District as homeless;
- Fall within the income level requirements: at or below 60% of Median Family Income (MFI) at intake (80% of families) or up to 80% of MFI at intake (20% of families); and
- Demonstrate need in one or more of the five core areas of housing continuum, workforce development, child and youth development, behavioral health, and access to basic supports (food and transportation).

Integral Care: Families With Voices/Familias Con Voces Collaborative

The program met or exceeded nearly all performance goals. Staff noted that the program was able to serve more families than planned due to families completing their goals early in the year, thus allowing enrollment of new families (see the first, third, and fourth outputs). Integral Care Child and Family Services has been serving the Manor area for several years. As a result, many of the families referred to the program had children that were engaged in Integral Care services at some point over the past 5 years (see the second output).

Staff explained that many families experienced housing instability over the last six months due to the pandemic, and therefore utilized slightly higher than expected housing stability plans (see the sixth output). Further, many families experienced employment losses over the last six months so staff saw an increase in engagement in employment services. This resulted in more employment plans being developed (see the seventh output).

Existing families continued to participate in counseling services for their children; as a result the program had slightly more than expected CANS assessments completed (see the eighth output). However, staff explained that they saw a lower demand for counseling services for children from newly enrolled families. Enrollment of new families was also negatively impacted by the pandemic. Of the new children that did enroll in counseling services, a great majority of them engaged in sessions, resulting in a higher than expected engagement rate (see the first outcome).

Staff reported a slight increase in adult involvement in counseling services (see the ninth output). They also noted a higher than expected demand for counseling services for adults in the program. However, while the demand increased, staff struggled to engage adults into three sessions within three months (see the second outcome). Staff explained that many adults re-engage during their participation in the program but this is not captured in this metric.

Access to a family's preferred child care has been a challenge, particularly during the pandemic (see the fourth outcome). This metric is also affected by families with children 0-10 for which staff do not have exit data. Staff reported higher participation in Goodwill services than expected, and most participants in employment and career services with Goodwill have been successful in achieving one goal (see the sixth outcome). Finally, staff were pleased to report their success in helping families obtain and maintain housing stability despite the challenges of the pandemic (see the eighth outcome), as well as increasing income resources for families (see the ninth outcome).

Integral Care: Families With Voices/Familias Con Voces Collaborative

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated families served	46	30	153%
Number of unduplicated existing families served	23	10	230%
Number of unduplicated new families served	28	20	140%
Number of unduplicated individual clients served	188	120	157%
Number of Self-Sufficiency Matrix assessments conducted	101	100	101%
Number of Housing Stability Plans developed	45	35	129%
Number of employment plans and employment plan updates developed	26	20	130%
Number of Child and Adolescent Needs and Strengths (CANS) assessments conducted	20	15	133%
Number of Adult Needs and Strengths Assessments (ANSAs) conducted	12	10	120%
Outcomes			
Percentage of child family members who complete 3 or more behavioral health sessions within 3 months following the initial assessment	86% (6/7)	60% (9/15)	143%
Percentage of adult family members who complete 3 or more behavioral health sessions within 3 months following the initial assessment	40% (6/15)	60% (6/10)	67%
Percentage of families who have obtained or maintained a Safe or Self Sufficient score on transportation at program exit	52% (11/21)	50% (10/20)	105%
Percentage of families with children age 0-10 who report a Safe or Self Sufficient level of childcare at program exit	50% (7/14)	60% (9/15)	83%
Percentage of children enrolled in Manor ISD with an attendance rate of 93% or higher in the reporting quarter (duplicated count of children)	59% (112/190)	60% (30/50)	98%
Percentage of Goodwill participants who accomplished at least one educational / vocational goal on their Goodwill Career and Education Plan at exit	93% (14/15)	67% (6/9)	140%

Integral Care: Families With Voices/Familias Con Voces Collaborative

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of families who obtained or maintained a Safe or Self Sufficient score on the housing domain of the Matrix assessment at the 180 day participation mark	62% (24/39)	50% (10/20)	123%
Percentage of families who obtained or maintained a Safe or Self Sufficient score on the housing domain of the Matrix assessment at program exit	62% (13/21)	65% (13/20)	95%
Percentage of families who maintain or increase their income resources (earned and unearned income as well as debt reduction)	64% (28/44)	50% (10/20)	127%

Integral Care

Main Mental Health Interlocal

Program Description

The Main Mental Health Interlocal investment funds services and supports throughout Integral Care as the Local Mental Health Authority and meets local match requirements for federal and state funding. Integral Care provides four service types: Adult Behavioral Health (Mental Health and Substance Use Disorders) Services, Child and Family Services, Intellectual and Developmental Disabilities Services, and Crisis Services. Integral Care's strategic goals include:

1. Operational excellence is achieved through strong and responsive systems, staffing, and infrastructure that support current and potential initiatives.
2. Improved health outcomes are achieved through implementation of high quality services and continuous innovation.
3. Integral Care leads the community to ensure knowledge of and engagement around the issues of behavioral health and intellectual and developmental disabilities.

Funding

The total HHS investment in the Main Mental Health Interlocal from October 1, 2019 through September 30, 2020 was $1,411,054.

Eligibility Criteria

Integral Care serves any Travis County resident, regardless of age, who has developmental disability and/or behavioral health needs. This includes:

- Populations with behavioral health needs (including substance use), intellectual and/or developmental disabilities
- Target populations as defined by state, local, federal and private funders
- Single diagnosis substance abuse disorder, as defined by a funder contracting for services
- HIV services, as defined by funders contracting for services
- Children with multiple needs who are part of the multi-agency Children's Integrated Funding Initiative
- Other populations that meet community needs as determined by Integral Care's Board of Trustees

Integral Care

Main Mental Health Interlocal

For each target population, there are program-specific eligibility and funder requirements for clients in regards to age, income, residency, and assessed need. For this investment, clients must reside in Travis County, have income less than 200% of the Federal Poverty Income Guidelines (FPIG), and must complete a financial assessment. Integral Care accepts multiple forms of payment, including Medicaid, Medicare, and private insurance, which pays for services if Integral Care is a provider on the insurance plan. Integral Care also has payment plans and offers a sliding fee scale, including no-cost services for eligible clients who have no means of payment.

Integral Care: Main Mental Health Interlocal

The Main Mental Health Interlocal met a majority of their performance targets. Staff noted that client counts are unduplicated within each reporting quarter but are duplicated across quarters in the first five output measures. FY 2021 goals and methodology have been revised to reflect a true year-to-date unduplicated count for these measures. Service hours were lower than projected (see the sixth output). Staff explained that client encounters shifted in the second quarter of the year from in-person appointments to telehealth appointments in response to the pandemic. As a result, service hours decreased due to shortened appointment times. Pre-COVID, 98% of appointments were face to face encounters, but this percentage decreased to 15% by the end of the fourth quarter.

The percentage of clients receiving a follow-up after discharge was lower than projected (see the first outcome). Staff noted that follow-ups only meet the measure's reporting requirements if they are conducted in person. Due to a change in service delivery, in response to CDC guidance for COVID–19, face-to-face follow-ups decreased.

The percentage of clients receiving an assessment for substance abuse problems was also lower than expected (see the second outcome). Staff explained that Integral Care has integrated its tracking of client substance usage using the CAGE-AID/CRAFFT assessment, which prompts the need for a psychiatric evaluation. From this evaluation, clients are provided information and referrals for substance usage services. This measure was revised for FY 2021 to better reflect their change in tracking and assessment.

The program exceeded goals for the percentage of children and youth demonstrating fewer problematic symptoms as well as those with an acceptable or improved family and living situation (see the fourth and fifth outcomes). Staff attributed these results to youth adjusting to and returning to a new sense of normalcy, especially once school resumed and children adapted to a "new way of life" during the pandemic. Despite the pandemic, children reported that their family's living situation was either acceptable or improving. For both outcomes, clients with multiple assessments are reported multiple times.

Finally, the small number of individuals with IDD receiving coordination services who are reflected in the sixth outcome was low, because the measure was based only on new enrollments who completed two assessments within the reporting year. Enrollments were low the last half of the year because the face-to-face intake process determining eligibility was paused from March to July due to the pandemic.

Integral Care: Main Mental Health Interlocal

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	43,914	21,375	205%
Number of unduplicated clients served with Adult Behavioral Health Services	25,291	14,626	173%
Number of unduplicated clients served with Child and Family Services	7,223	4,037	179%
Number of unduplicated clients served with Intellectual and Developmental Disabilities Services	6,082	2,727	223%
Number of unduplicated clients served with Crisis Services	10,193	8,294	123%
Number of service hours provided	146,293	433,753	34%
Outcomes			
Percentage of discharges for which the client received follow-up within 7 days of discharge	56% (475/847)	70% (998/1,426)	80%
Percentage of clients who received an assessment for substance abuse problems	46% (9,211/19,914)	57% (14,034/24,722)	81%
Percentage of clients (age 12+) with depression who received an evaluation of suicidal/homicidal ideation and associated risks	80% (268/333)	76% (448/592)	106%
Percentage of children/youth enrolled in a FLOC who demonstrate fewer problematic symptoms in one of the identified CANS domains/modules	64% (2,150/3,351)	40% (520/1,300)	160%
Percentage of children and youth authorized in a FLOC with acceptable or improved family and living situations	73% (2,285/3,131)	68% (884/1,300)	107%
Percentage of individuals with IDD who receive service coordination services and have improved quality of life	53% (9/17)	baseline	N/A

Integral Care

Main Mental Health Interlocal: IDD Care Coordinator

Program Description

The IDD Care Coordinator dedicates a staff position to The Children's Partnership (TCP) and exclusively serves children and youth with co-occurring Intellectual and/or Developmental Disabilities (IDD) and a mental health (MH) diagnosis. TCP serves children/youth with complex mental health challenges and their families, with the goal to improve their functioning so they can remain in their home and community. The IDD Care Coordinator receives training to serve this population and has a caseload of ten children/youth and their families.

The IDD Care Coordinator position works to ensure that children and youth with IDD and MH diagnoses:

- Are enrolled into TCP and receive all the benefits of the program, including access to the wraparound process; coordination; individualized, strength-based supports and services; and systems navigation and advocacy;
- Are served more effectively by dedicated staff with the training and skills to meet their complicated needs; and
- Receive supports and services that decrease their involvement with the juvenile justice system and child protective services; increase their school attendance; and support their ability to remain home and in the community.

Funding

The total HHS investment in the Main Mental Health Interlocal: IDD Care Coordinator from October 1, 2019 through September 30, 2020 was $65,000.

Eligibility Criteria

To be eligible for services, a child/youth must be between five and seventeen years of age; be multi-system involved or at risk of multi-system involvement; and have co-occurring intellectual and/or developmental disorders and mental health diagnoses.

Integral Care: IDD Care Coordinator

The IDD Care Coordinator met or exceeded all but one performance goal. A lower than projected percentage of children demonstrated improvement in behavioral health/strengths (see the first outcome). Staff explained that youth and families reported increased stress due to the COVID–19 pandemic, which may be a contributing factor to this result. Effects of this stress were also seen in the second outcome during the last half of the year. The Care Coordinator is providing resources, positive reinforcement, and monitoring to support success.

Sustained engagement in a self-esteem building activity reports a duplicated count of clients, while the goal represents an unduplicated count (see the second output). The Care Coordinator is completing a discovery process for self-esteem building activities with all the youth and families to support new engagement in FY 21.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children with Mental Health and Intellectual and/or Developmental Disabilities diagnosis enrolled into The Children's Partnership	10	10	100%
Number of children who sustained engagement in a self-esteem building activity of their choice	22	8	275%
Outcomes			
Percentage of children assessed who demonstrate improvement in behavioral health/strengths	54% (7/13)	70% (7/10)	77%
Percentage of caregivers surveyed that report stress reduction	69% (9/13)	70% (7/10)	99%

Integral Care

Main Mental Health Interlocal: ThriveCare of Travis County

Program Description

ThriveCare of Travis County increases access to substance use treatment for individuals who are involved or at risk of involvement with the criminal justice system. The program promotes increased screenings and navigation for high-risk populations through proactive community outreach, community-based services and site-based clinic locations with extended and weekend hours, and existing court and criminal justice system programming to identify individuals in need of substance use disorder services. The program offers access to person-centered substance use treatment, including Medication Assisted Treatment (MAT) for opioid addiction, internal programs at Integral Care, and external providers through the Substance Abuse Managed Service Organization (SAMSO) network.

Program referrals are made through community outreach, via Homelessness Outreach Street Team; community-based, via Psychiatric Emergency Services and Expanded Mobile Crisis Outreach Team; and the Court system, via Integral Care's Mental Health Bond Program. If screening identifies a need for services and the individual identifies readiness to take next steps, the referral source navigates the individual to the Recovery Navigation Services (RNS) for further treatment and supportive services.

Funding

The total HHS investment in the Main Mental Health Interlocal: ThriveCare of Travis County program from October 1, 2019 through September 30, 2020 was $125,000.

Eligibility Criteria

The program serves adults with a substance use disorder. Priority populations include: women; adults with justice involvement, including those on parole, on probation, recently released from jail, pending Court appearance, or arrested with outstanding charge(s); adults at significant risk of justice involvement due to substance use; and adults with opioid addiction.

To be eligible for services, individuals must be age 18 or older, be Travis County residents, have incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG), and display signs and symptoms of substance use disorders.

Integral Care: ThriveCare of Travis County

ThriveCare exceeded all performance goals. Staff successfully transitioned the Recovery Navigation Services program into Integral Care's walk-in crisis care clinic, Psychiatric Emergency Services (PES). At the PES location, Integral Care adapted to provide in-person services as well as telehealth and telephonic services. Individuals now have access to services seven days a week with evening hours. PES also offers access to psychiatrists, advanced psychiatric nurse practitioners, registered nurses, licensed counselors, and case managers as needed. Staff noted that moving forward into FY 21, an area of focus will be on improving connection with programs that serve individuals with criminal justice involvement (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of individuals who received a screening from a referral source and were referred to the RNS team	241	85	284%
Number of individuals successfully engaged by the RNS team	151	45	336%
Number of individuals enrolled in Substance Use Disorder (SUD) services	50	30	167%
Number of individuals enrolled in External SUD services	50	N/A	N/A
Number of individuals enrolled in Internal SUD services	0	N/A	N/A
Outcomes			
Percent of individuals who have established recovery support in the community	60% (30/50)	57% (17/30)	106%
Percent of individuals (who had criminal involvement history at entry) with reduced criminal justice system involvement	86% (18/21)	57% (17/30)	151%
Percent of individuals who maintain enrollment in SUD services in accordance with their recovery plan	82% (41/50)	57% (17/30)	145%

Integral Care

Substance Abuse Managed Services Organization

Program Description

The Substance Abuse Managed Services Organization (MSO) develops and manages behavioral health support and provider network services. Other MSO functions include: Credentialing, Resource Development and Allocation, Quality Management, Utilization Management, Claims Management and Adjudication, and Ombudsman. The MSO strives to:

- Expand provider network to increase access to high quality services across the service treatment continuum;
- Provide individualized services to populations that have significant barriers and challenges accessing services (such as criminal justice and/or child welfare involved, those experiencing homelessness and/or mental illness);
- Connect individuals to the appropriate level of treatment, with a goal of diversion from more expensive services when not clinically indicated; and
- Incorporate best practices, including recovery-oriented supports.

Services delivered under this MSO by network providers: 1) substance use disorder treatment services, including assessment, detox, residential, intensive outpatient, psychotherapy, and education/prevention, and 2) supportive non-treatment services such as transitional housing and peer recovery coaching. This investment also supports two community-based specialty drug courts: the Downtown Austin Community Court (DACC) and the Parenting In Recovery/Family Drug Treatment Court (PIR/FDTC).

Funding

The total HHS investment in Substance Abuse Managed Services Organization from October 1, 2019 through September 30, 2020 was $1,073,799. Funds support both direct services and the MSO administrative fee (12% of the expended funds).

Eligibility Criteria

To be eligible for services, individuals must: 1) be at or below 200% of the Federal Poverty Income Guidelines (FPIG), 2) be a resident of, or homeless in, Travis County, 3) require some level of substance use disorder treatment that is not available under their insurance coverage, and 4) be 10 years of age or older.

Integral Care

Substance Abuse Managed Services Organization

There is a particular focus on individuals who are:

- Experiencing homelessness
- Experiencing mental health challenge as a co-occurring diagnosis
- Involved in the criminal justice system
- Women who are pregnant or parenting
- At-risk for contracting HIV or who are already HIV-infected
- Parents involved with Child Protective Services

Integral Care: Substance Abuse Managed Services Organization

SAMSO had mixed performance results. Staff reported that Austin Recovery eliminated their detox and residential services at the start of the pandemic. This freed up more resources for other network providers, many of whom don't provide these higher cost services, which led to more clients served who were not participating in DACC or PIR/FDTC (see the second output). Integral Care also had the opportunity to move some System of Care dollars to SAMSO to serve additional clients, which contributed to the increased number of clients served. Referrals from DACC and PIR/FDTC can vary annually, and both were lower than projected (see the third and fourth outputs).

Due to the COVID–19 pandemic and conversion to a new Electronic Health Record, Integral Care had to limit clients receiving inpatient services. Although a slightly lower than projected number of clients discharged from treatment, over one-half of these clients successfully completed treatment and were linked to services, housing, or recovery supports (see the first and second outcomes).

SAMSO received double the expected applications, and staff were unable to complete the contracting process for new providers within 60 days (see the third outcome). No appeals of denied services were received during the fiscal year (see the fourth outcome).

Finally, Integral Care recently cross-trained additional staff on MSO authorizations and have re-assigned SAMSO provider authorization requests to help improve processing times. The program originally had two staff handling all of the SAMSO requests and now SAMSO requests are distributed across four weekday Utilization Management staff. The program received nearly 15 times the expected authorizations, and thus were unable to meet a two-day turnaround with their original staffing allocation.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	267	270	99%
Number of unduplicated adults receiving substance use treatment services who are not participating in DACC or PIR/FDTC	222	185	120%
Number of unduplicated adults receiving substance use treatment services referred by DACC	32	65	49%
Number of unduplicated adults receiving substance use treatment services referred by PIR/FDTC	13	20	65%
Number of unduplicated clients provided residential treatment	160	N/A	N/A

Integral Care: Substance Abuse Managed Services Organization

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of unduplicated clients provided outpatient treatment	101	N/A	N/A
Number of unduplicated clients provided support services	131	N/A	N/A
Outcomes			
Percentage of clients who successfully complete substance use disorder treatment	57% (101/177)	50% (98/197)	115%
Percentage of clients linked to services, housing, or recovery supports upon discharge from substance use disorder treatment	53% (94/177)	50% (98/197)	107%
Percentage of new providers contracted within 60 days of completed application	50% (3/6)	67% (2/3)	75%
Percentage of first level provider appeals resolved within 10 days of receipt	N/A	75% (3/4)	N/A
Percentage of authorizations issued or denied within two days of request	36% (1,570/4,341)	90% (270/300)	40%

Integral Care

Substance Abuse Managed Services Organization: MAT

Program Description

The Medication Assisted Treatment (MAT) pilot program focuses on treating the increased prevalence of opioid addiction in Travis County. This program allows for medical consultation, access to medication for treatment of opioid addiction, and participation in recovery supports and treatment, and focuses on high-risk individuals who do not have qualifying insurance to cover MAT.

Integral Care and CommUnityCare collaboratively provide opioid addiction treatment intervention. Integral Care directs individuals to CommUnityCare for screening and enrollment. Individuals with opioid addiction are prescribed MAT, when clinically indicated, and linked to treatment and recovery supports.

The program strives to:

- Increase access to MAT: Agonists (e.g., Methadone and buprenorphine); Antagonists (e.g., Naltrexone and Naloxone); Other (e.g., Gabapentin);
- Increase the number of individuals who can access MAT treatment for their opioid addiction that do not have insurance and/or financial resources;
- Improve opioid addiction outcomes for individuals; and
- Increase sustained recovery for individuals with opioid addiction.

Funding

The total HHS investment in the Substance Abuse Managed Services Organization: MAT program from October 1, 2019 through September 30, 2020 was $75,000.

Eligibility Criteria

The Substance Abuse Managed Services Organization contract currently serves high-risk participants who do not have an alternative funding source for substance use disorder treatment. This program focuses on high-risk individuals, without adequate insurance coverage or resources, who would benefit from the comprehensive approach of MAT and treatment and recovery supports.

Integral Care: MAT

The MAT program met or exceeded all performance goals. Staff reported that Integral Care's Utilization Management has been in close contact with Community Medical Services/MARS Clinics and the Integral Cares Narcotic Treatment Program, resulting in an increase in implementation of the referral process. MAT is also a very low-cost intervention that allows Integral Care to serve many more clients using limited resources compared to their more costly services (see the first and second outputs). Finally, staff explained that surveys are conducted at any time prior to client discharge, and clients are only surveyed once before discharge (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of clients receiving Medication Assisted Treatment (MAT)	104	20	520%
Number of clients who completed intervention	50	3	1667%
Outcomes			
Percentage of clients surveyed who self-report abstinence or decrease in use	80% (20/25)	65% (13/20)	123%
Percentage of clients receiving MAT who participate in wellness services	58% (60/104)	60% (12/20)	96%

Integral Care

System of Care Managed Services Organization

Program Description

The System of Care Managed Services Organization (MSO) develops and manages behavioral health support and provider network services. Other MSO functions include: Credentialing, Resource Development and Allocation, Quality Management, Utilization Management, Claims Management and Adjudication, and Ombudsman. The MSO strives to:

- Promote wellness and support resilience for all Travis County children and youth;
- Provide a continuum of intervention services and effective treatment for children and youth exhibiting a range of needs from emerging symptoms to complex mental health needs; and
- Respond effectively to children, youth, and families in crisis.

Services facilitated under this MSO by contracted or community-based providers include: Assessments/ Evaluations, Licensed Therapeutic Services, Certified Professional Services, Non-Traditional Community-Based Services, Support Services, Enrichment Services, Basic Needs, and any other service or support, not defined above, that meets the needs identified in client's Plan of Care or an emergency or crisis situation that is approved by the Department.

Funding

The total HHS investment in the System of Care Managed Services Organization from October 1, 2019 through September 30, 2020 was $833,493. Funds support both direct services and the MSO administrative fee (approximately 7% of the expended funds).

Eligibility Criteria

Individuals served by this program must: 1) be Travis County residents, 2) have incomes no greater than 200% of the Federal Poverty Income Guidelines (FPIG), and 3) meet eligibility criteria for one of the identified programs noted below.

Eligibility criteria are program-specific:

- Children First: Families referred by and who have involvement with Child Protective Services (CPS).

Integral Care

System of Care Managed Services Organization

- The Children's Partnership: Children and youth and their families referred through Community Partners for Children who: are ages 5-17; have a mental health diagnosis indicating severe emotional disturbance; are at risk of removal; and have and/or require multi-system involvement. When indicated, services can be extended to siblings in the household.
- Community Partners for Children (CPC): Children and youth and their families who participate in the CPC staffing and who: are ages 0-22; require multiple system involvement; and have physical challenges, mental health challenges, and/or developmental disabilities that significantly impact their ability to function in the home, school, and/or community.
- CPS Reintegration Project: Children and youth and their families who are in the custody of CPS and: have a mental health diagnosis and significant behavioral challenges; are residing in therapeutic placement; are ages 5-17; and have an approved caretaker who resides in Travis County.
- End Children Without Placement (CWOP): Children and youth in the custody of CPS or at-risk of coming into the custody of CPS due to mental health needs and complex behaviors and who are either in CWOP status or at significant risk of coming into CWOP status.
- Healthy Families: First-time parents, who can be enrolled from the second trimester of pregnancy through the first three months after birth.
- Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC): Parents enrolled in the PIR/FDTC and their children: children and youth of the PIR/FDTC-enrolled parent residing in Travis or contiguous counties with approved caregiver; and children and youth of the PIR/FDTC-enrolled parent whether they are named in the CPS lawsuit.
- The Youth and Family Assessment Center (YFAC): Children and youth enrolled in one of the YFAC programs who are ages 3-22, and: for Communities in Schools Care Coordination and School-Readiness Camp, attend one of twelve schools at the time of referral; for Supportive Services, request services through the social work staff at one of the Travis County Community Centers; and child/youth and adult family members of the enrolled child/youth who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, parental support and education) due to impaired family functioning, which contributes to the child's/youth's at-risk status.

Integral Care: System of Care Managed Services Organization

The System of Care MSO exceeded all performance goals. The second through the seventh outputs show the range of services provided on the network but do not have specific performance targets.

A smaller than projected number of new providers completed an application, but all that did so were contracted within 60 days (see the first outcome). Staff explained that failure to complete required training and missing credentialing documents were the most frequently documented reasons submitted applications were deemed incomplete.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	439	375	117%
Number of unduplicated network providers conducting assessments/evaluation	0	N/A	N/A
Number of unduplicated network providers delivering licensed therapeutic services	14	N/A	N/A
Number of unduplicated network providers delivering certified professional services	13	N/A	N/A
Number of unduplicated network providers delivering non-traditional community-based services	23	N/A	N/A
Number of unduplicated network providers delivering support services	35	N/A	N/A
Number of unduplicated network providers delivering enrichment services	1	N/A	N/A
Outcomes			
Percentage of new providers contracted within 60 days of completed application	100% (5/5)	71% (25/35)	140%
Percentage of first level provider appeals resolved within 10 days of request	100% (2/2)	75% (3/4)	133%
Percentage of initially submitted clean claims paid ≤30 days	99% (379/381)	98% (295/300)	101%

Appendix

2020 Federal Poverty Income Guidelines

Most HHS contracts require programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline (FPIG) level. Some programs have chosen to follow a more stringent threshold. The following table presents the federal poverty thresholds by household size and income.

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$6,380	$12,760	$15,950	$19,140	$25,520
2 persons	$8,620	$17,240	$21,550	$25,860	$34,480
3 persons	$10,860	$21,720	$27,150	$32,580	$43,440
4 persons	$13,100	$26,200	$32,750	$39,300	$52,400
5 persons	$15,340	$30,680	$38,350	$46,020	$61,360
6 persons	$17,580	$35,160	$43,950	$52,740	$70,320
7 persons	$19,820	$39,640	$49,550	$59,460	$79,280
8 persons	$22,060	$44,120	$55,150	$66,180	$88,240
For families/households with more than 8 persons, add $4,480 for each additional person.					

Data source: "2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 17, 2020, https://aspe.hhs.gov/poverty-guidelines.

2020 Austin Median Family Income Guidelines

Some programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$20,550	$34,200	$54,700
2 persons	$23,450	$39,050	$62,500
3 persons	$26,400	$43,950	$70,300
4 persons	$29,300	$48,800	$78,100
5 persons	$31,650	$52,750	$84,350
6 persons	$35,160	$56,650	$90,600
7 persons	$39,640	$60,550	$96,850
8 persons	$44,120	$64,450	$103,100

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60%) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit.

Data source: "Austin-Round Rock, TX MSA FY 2020 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn.