Behavioral Health

FY 2017 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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BEHAVIORAL HEALTH

FY 2017 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 over $19.5 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local 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 2017 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and 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 a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community conditions information and then provides performance highlights about the programs within that issue area. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report highlights community conditions for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on community conditions.

This 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

Community conditions discussed in this report reflect the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2016 through September 30, 2017) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

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. 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.

Community Conditions

Behavioral Health Goals and Services

Programs and services within this issue area provide prevention, intervention, and treatment to adults and children who have been impacted by behavioral health problems, including substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. Behavioral health also describes the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support. Behavioral health programs and services promote a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The goal is recovery from mental disorders and substance use disorders.

Evidenced-based/promising practices interventions and strategies are provided by trained individuals in social science fields (e.g. social work, psychology, sociology) and psychiatry. Professionals hold specific licenses and/or training certificates and follow a specific mode of intervention and/or supports. Services may include: individual/family/group counseling; case management; education and training; assessments and evaluations; medication management; inpatient/residential treatment; outpatient services; wraparound services and supports; support groups; para-professional supports; and non-traditional therapies.

Highlights of Community Conditions

Examining the scope and prevalence of behavioral health[d] issues impacting the Travis County community is critical to understanding barriers that many residents face in achieving health and stability. The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that mental health and substance use disorders are among the conditions most likely to cause disability, resulting in significant costs to families, employers, and publicly funded health systems.[1] By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[2]

d This term includes both mental health and substance use disorders.

Prevalence of Mental Health Disorders

In 2016, about 1 in 5 adults (18.3%) in the United States aged 18 or older had any mental illness (AMI) and 4.2% had serious mental illness (SMI).[3,e] In Texas, about 3.3% of all adults per year in 2014–2015 had SMI within the year prior to being surveyed.[4] Behavioral Risk Factor Surveillance System (BRFSS) data from 2016 show that approximately 20% of Travis County adults indicated that they had 5 or more days of poor mental health in the previous 30 days, and 12% had 14 or more days of poor mental health.[5] Other than these data points, there is little available local prevalence data for mental health disorders, but it is possible to estimate prevalence in Travis County by looking at national prevalence percentages extrapolated to the 2016 Travis County population.

Prevalence Estimates of Mental Health Disorders, Travis County, 2016

	Travis County Population	*Estimated Travis County Population with Any Mental Illness*		*Estimated Travis County Population with Serious Mental Illness*		*Estimated Travis County Population with Major Depressive Episode in Past Year*	
		Percent[6]	*Number*	*Percent*[7]	*Number*	*Percent*[8]	*Number*
12 to 17[9]	82,615	N/A		N/A		12.8%	10,575
18 or Older[10]	929,486	18.3%	170,096	4.2%	39,038	6.7%	62,275

Notes: The National Survey on Drug Use and Health collects different mental health information for adults and adolescents. AMI and SMI percentages are only provided for adults aged 18 or older. Adults were defined as having a major depressive episode (MDE) if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. Adolescents with an MDE met the same criteria as adults, but questions were designed to be more developmentally appropriate for youth.
Created by: Travis County HHS, Research & Planning Division, 2017
Source data: 2016 American Community Survey 1–Year Estimates, Tables B01001 and B09001; 2016 National Survey on Drug Use and Health

Nationally, in 2016, 12.8% of youth ages 12 to 17 had a major depressive episode (MDE) in the past year.[11] In Texas, about 11.5% of adolescents per year in 2014–2015 had at least one MDE within the year prior to being surveyed, and the percentage increased from 2010–2011 to 2014–2015.[12]

e The National Survey on Drug Use and Health defines an adult with Any Mental Illness (AMI) as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria, excluding developmental disorders and substance use disorders. Adults with AMI were defined as having Serious Mental Illness (SMI) if they had any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

Prevalence of Substance Use Disorders

In 2016, about 1 in 10 Americans aged 12 or older reported using an illicit drug in the past 30 days, while about 1 in 4 were binge alcohol users (i.e., drinking five or more drinks on the same occasion on at least 1 day in the past 30 days).[13] Also, among people aged 12 or older that had a substance use disorder (7.5% of all people aged 12 or older), nearly 3 out of 4 had an alcohol use disorder and about 1 out of 3 had an illicit drug use disorder.[14] In Texas, the percentage of people using illicit drugs ranged from 10.10% (used marijuana within the year prior) to 0.11% (used Heroin in the year prior),[15] while 6.0% were dependent on or abused alcohol.[16]

The Travis County Plan for Substance Use Disorders describes substance use rates in Central Texas as consistently higher than other parts of Texas and the nation.[17] Locally, approximately 9.6% of adults age 18 or older and approximately 5.2% of youth ages 12-17 years have abused alcohol or illicit drugs in the last year.[18] Close to one-fourth (24%) of Travis County respondents age 18 and over reported excessive drinking[f] compared to 17% of respondents at the state level; the County's rate was the highest in the state.[19] Travis County's drug overdose mortality rate of 12 per 100,000 population also exceeded the state rate of 9 per 100,000.[20]

Prevalence of Co-Occurring Mental Health and Substance Use Disorders

People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.[21] Nationally, in 2016, 43.3% of adults aged 18 or older with a past year substance use disorder (SUD) had any mental illness (AMI), while 18.5% of adults with AMI met the criteria for an SUD in the past year.[22] Among all adults in the United States, 3.4% had both mental illness and SUDs in the past year.[23] For adolescents aged 12 to 17, 10.8% with a past year major depressive episode (MDE) had a past year SUD, while only 3.2% of adolescents without a past year MDE had an SUD in the past year.[24] People in the criminal justice system, people experiencing homelessness, people with multiple health issues, and veterans and the military community often experience co-occurring disorders.[25]

f Excessive drinking includes both binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, and heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

Need for Behavioral Health Services

The number of individuals who need behavioral health services is greater than those actually receiving services. In Texas, only 38.4% of all adults with AMI per year from 2011 to 2015 received mental health treatment or counseling within the year prior to being surveyed.[26] For the same time period, only 33.4% of adolescents aged 12-17 with MDE received treatment for their depression within the year prior to being surveyed.[27]

Children and youth with untreated mental health and substance use disorders are more likely to be involved in the juvenile justice system, expelled from school, and miss school.[28] Untreated behavioral health issues also lead to greater numbers of incarcerations, inappropriate emergency room use, and increased spending in other sectors of healthcare and state budgets.[29]

Local Service Structure and Usage

Integral Care is the local mental health authority providing community-based behavioral health services for Travis County. In Fiscal Year 2016, Integral Care provided services to 24,581 individuals.[30] Adult Behavioral Health and Substance Use services accounted for over one-half of all services provided.[31] While other service providers are available to Travis County residents, low-income residents rely largely on Integral Care for behavioral health services. Because a disproportionate number of people with mental health and substance use issues live in poverty,[32] most uninsured people are in low-income families,[33] and those without insurance do not have regular access to care, it is likely that a substantial number of low-income adults and children with behavioral health disorders remain untreated.

Individuals with behavioral health disorders are frequently treated in environments not intended to provide behavioral health services, such as emergency rooms and jails. Jail statistics show that the number of people being treated for mental health issues has risen from 250 per month to 650 in less than ten years, resulting in more beds set aside for mental health services at the Travis County Jail than the state hospital.[34] Further, the Travis County Sheriff's Office has estimated that on any given day, 60% of the 1,200 Travis County Jail residents meet the criteria for substance abuse or dependence.[35] The Travis County Sheriff's office also explained that inmates with mental health issues may stay in a county jail for six months to a year while they wait to be transferred to a treatment facility.[36] Upon release, many of these individuals do not have access to needed treatment, which may lead to homelessness, emergency room usage, or recidivism.[37]

Many individuals with behavioral health disorders interact with local law enforcement. In 2016, the Austin Police Department (APD) responded to close to 12,000 calls related to mental illness and conducted

more than 5,500 emergency detentions.[38] This was an increase from about 10,000 calls and around 5,200 detentions in 2015.[39] To respond to this growing need, the Judge Guy Herman Center for Mental Health Crisis Care opened on August 8, 2017.[40] The Herman Center is operated by Integral Care and supports first responders like Austin Police Department and the Travis County Sheriff's Office, as well as healthcare providers such as Seton Psychiatric Emergency Department.[41] People admitted receive short-term crisis care that includes stabilization, assessment, and treatment.[42]

Local Planning Efforts

Two community-wide plans have been developed to address children's mental health as well as substance use disorders for Travis County residents.

Travis County Plan for Children's Mental Health

http://www.integralcare.org/wp-content/uploads/2017/09/150219_childrensmentalhealthplan_final2.pdf

The Travis County Children's Mental Health Plan is a coordinated, five-year plan to improve the wellness of children and youth in Travis County. The plan's goals include promoting wellness and supporting resilience, providing a continuum of intervention services and effective treatment to children and youth exhibiting a range of needs, responding effectively to children, youth, and families in crisis, and improving outcomes and accountability in the entire Travis County children's mental health system. The plan was released in February 2015 and efforts to implement the plan continue.

Travis County Plan for Substance Use Disorders

http://www.integralcare.org/wp-content/uploads/2017/09/150901_sud_report_6.pdf

Integral Care led a community-wide effort to create a community vision and short- and long-term plans to address substance use. This report addresses the impact of substance abuse across Travis County, although many recommendations focus on addressing those at or below 200% of the federal poverty level. The plan's vision is an engaged, informed, compassionate community that prevents harmful substance use, provides ready access to a full continuum of services and supports, and embraces a culture of health, recovery, and resilience. The plan was released in September 2015 and efforts to implement the plan continue.

Legislative Issues

Federal and state legislation impact Travis County residents and their access to behavioral health services.

Affordable Care Act

The Affordable Care Act (ACA), passed in March of 2010, expanded mental health and substance use disorder coverage. Most individual and small employer health insurance plans, including plans sold on the Health Insurance Marketplace, must cover mental health and substance use disorder services as well as rehabilitative and habilitative services.[43] Further, most health plans must now cover preventive services at no cost, including depression screening and behavioral assessments for children,[44] and beginning in 2014, most plans cannot deny coverage or charge more due to pre-existing health conditions.[45] The ACA allows young adults to remain on their parents' health plans until age 26. Many mental health disorders emerge in adolescence and young adulthood, so health insurance coverage for mental health and substance use treatment is key in this stage of life.

In 2016, 13% of Travis County residents were uninsured. The number of Travis County residents with insurance has grown considerably in recent years – by 18% since 2012.[46] However, the President and members of Congress continue their efforts to repeal and replace ACA. The impact of these efforts remains unclear, although it is likely that the insurance rate would decline.

State Legislation

The Texas Legislature passed two House Bills related to mental health in 2017. House Bill 10 strengthened existing federal protections on mental health and substance use care. The bill enforces parity for all state-regulated health plans in Texas, requiring services for mental health or substance use to be provided at the same level as other medical services. However, parity laws do not require insurance companies to cover mental health or substance use services.[47] House Bill 13 creates a matching grant program to support community health programs for individuals experiencing mental illness.[48]

Further Resources

Rising numbers of people affected by behavioral health issues impact a number of issue areas addressed in other sections of this report: Public Health (lack of access to care), Workforce Development (unemployment and underemployment), Housing Continuum (lack of affordable housing, frequent moves, homelessness, and habitation of substandard housing), and Access to Basic Supports (hunger and poverty). Below are some selected resources that provide more information about behavioral health:

Hogg Foundation for Mental Health

www.hogg.utexas.edu

The Hogg Foundation supports research and learning, practice and implementation, and policy initiatives towards transforming how communities promote mental health in everyday life.

Integral Care

www.integralcare.org

Integral Care is Travis County's local mental health authority, providing community-based behavioral health and intellectual and developmental disability services to Travis County residents.

The Meadows Foundation

https://www.mfi.org/

The Meadows Foundation funds in the areas of arts and culture, civic/public affairs, education, health, and human services. Mental health is one of three high-priority initiatives.

National Alliance on Mental Illness Austin

www.namiaustin.org

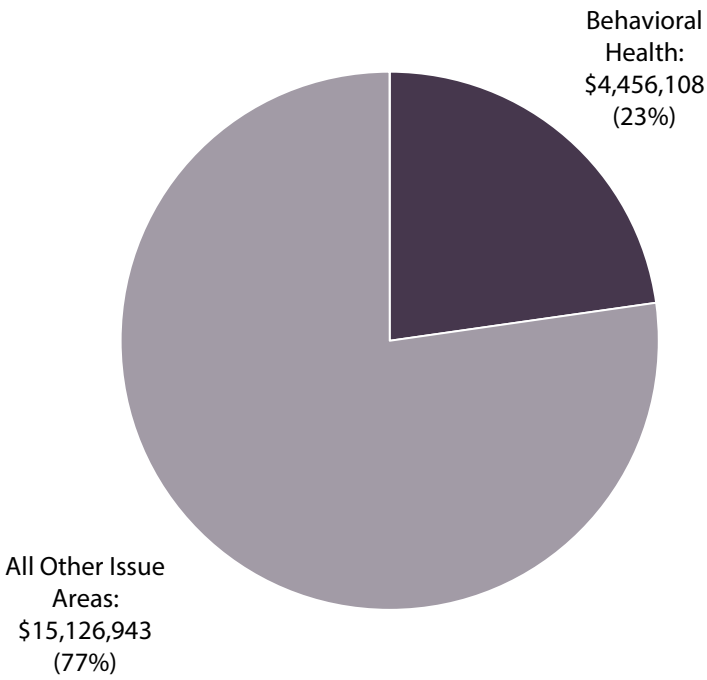
The Austin affiliate of the National Alliance on Mental Illness provides education, support, and advocacy to individuals and families affected by mental illness.

Investment Overview

Our Investment

HHS offers both departmental and contracted behavioral health services which provide counseling, referral, and evaluation 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.

Investment in Behavioral Health and Other Issue Areas, FY 2017



Funding Summary

The FY 2017 Funding Amount reflects 12–month funding (October 1, 2016 through September 30, 2017) unless otherwise noted.

Agency Name	Program Name	FY 2017 Funding Amount
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$101,343
Austin Independent School District	School-Based Family Resource Centers	$100,000
Capital Area Counseling	Low Cost, No Session Limit, Outpatient Counseling	$17,174
Communities In Schools of Central Texas	CIS Care Coordination – Youth & Family Assessment Center	$394,949
Integral Care	Main Mental Health Interlocal	$1,411,054
Integral Care	Parenting In Recovery/Family Drug Treatment Court	$155,600
Integral Care	Substance Abuse Managed Services Organization	$1,353,799
Integral Care	System of Care Managed Services Organization	$680,625
LifeWorks	Counseling	$94,585
Out Youth	Youth Development	$12,880
Workers Assistance Program, Inc.	Youth Advocacy, Creating Lasting Family Connections	$43,503
YWCA Greater Austin	YW Counseling & Referral Center	$90,596

Behavioral Health Client Demographics

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

Gender	Num.	Pct.
Female	12,918	54%
Male	10,537	44%
Transgender	150	1%
Other or Not Specified	63	0.3%
Unknown	419	2%
Total	*24,087*	*100%*

Ethnicity		
Hispanic or Latino	6,822	28%
Not Hispanic or Latino	15,260	63%
Unknown	2,005	8%
Total	*24,087*	*100%*

Race		
American Indian and Alaska Native	120	0.5%
Asian	297	1%
Black or African American	3,753	16%
Native Hawaiian and Other Pacific Islander	27	0.1%
White	12,387	51%
Some other race	5,290	22%
Two or more races	195	1%
Unknown	2,018	8%
Total	*24,087*	*100%*

Age	Num.	Pct.
Under 5	646	3%
5 to 11	1,938	8%
12 to 14	1,420	6%
15 to 17	1,451	6%
18 to 24	2,028	8%
25 to 39	7,763	32%
40 to 54	5,367	22%
55 to 64	1,864	8%
65 to 74	414	2%
75 and over	82	0.3%
Unknown	1,114	5%
Total	*24,087*	*100%*

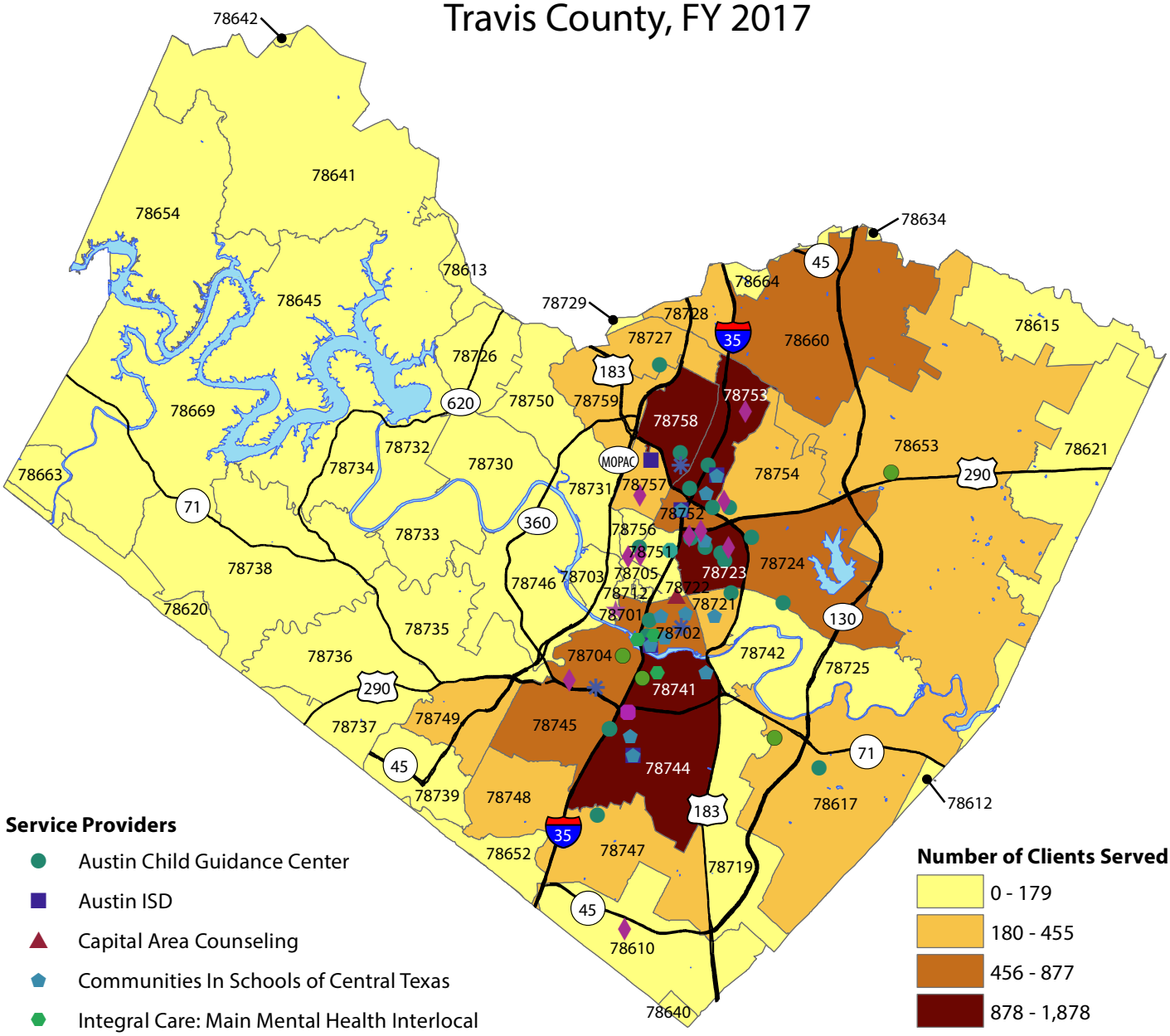
Income		
<50% of FPIG	6,568	27%
50% to 100%	4,974	21%
101% to 150%	2,022	8%
151% to 200%	1,072	4%
>200%	1,223	5%
Unknown	8,228	34%
Total	*24,087*	*100%*

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

See Appendix for specific income guideline levels.

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2017



Service Providers

- Austin Child Guidance Center
- Austin ISD
- Capital Area Counseling
- Communities In Schools of Central Texas
- Integral Care: Main Mental Health Interlocal
- Integral Care: PIR/FDTC
- Integral Care: SAMSO
- LifeWorks
- Out Youth
- Workers Assistance Program
- YWCA

Service provision locations are not included for Integral Care's System of Care MSO as services are community-based.

Number of Clients Served

- 0 - 179
- 180 - 455
- 456 - 877
- 878 - 1,878

Notes: This map shows 17,548 clients by ZIP code. 6,439 clients (27% 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. Client ZIP codes are not included for Integral Care's PIR/FDTC program, as client addresses are protected information.

Source data: Contracted service providers, FY 2017.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2018.

N
0 2.5 5 Miles

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 the 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. Services are client-centered, strengths-based, and utilize evidence-based treatment models. The array of services provided includes: intake and referral; psychological assessments and psychiatric evaluations; individual, family, and group therapy; parent support and training; consultation and collaboration with the community; and training of future professionals.

Funding

The total HHS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2016 through September 30, 2017 was $101,343. This investment comprised 4.4% of the 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 is targeted to Austin/Travis County children and adolescents ages 0-17 years, 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 families served are low-income or working poor families. Funding from Travis County is specifically used to provide services to families at or below 200% of the Federal Poverty Income Guidelines (FPIG). To be eligible for the program, families must also reside within Travis County and children must be age 17 or under.

ACGC: Children's Outpatient Mental Health & Evaluation Services

ACGC exceeded both outcome goals but fell short of targets for two output measures. Staff explained that during the year, four therapists took extended maternity/paternity leave, and ACGC saw turnover in three other clinical positions. This impacted the number of children/youth provided professional counseling services as well as the number of hours of service delivered (see the second and fifth outputs).

Staff reported that although the number of participants provided specialized group services was below the goal, the number was higher than last fiscal year due to increased attendance at off-site groups (see the third output). Staff reported that they are putting particular emphasis on increasing group numbers over time. Finally, staff attributed a higher than projected number of recipients receiving consultations, trainings, presentations, and seminars to the growing demand for trainings and presentations from ACGC, especially in trauma-informed care.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth and family members served	3,179	3,250	98%
Number of children/youth provided professional counseling services	1,402	1,562	90%
Number of participants provided specialized group services	315	500	63%
Number of client assessments/evaluations completed	714	700	102%
Number of hours of service delivered	18,982	22,525	84%
Number of recipients receiving consultations/ trainings/presentations/seminars	3,613	1,800	201%
Outcomes			
Percentage of clients making progress on achieving their treatment plan goals	92% (731/795)	85% (1,048/1,233)	108%
Percentage of clients receiving specialized group services who show positive increases / changes	88% (102/116)	85% (170/200)	103%

Austin Independent School District

School-Based Family Resource Centers

Program Description

School-Based Family Resource Centers (FRCs) represent a collaborative effort to improve student outcomes through partnership development and coordination, and relationship development between schools, community residents, businesses and organizations, and City, County, and School District officials. Travis County funding helps support FRCs at five Austin ISD middle schools. FRCs work to stabilize families through engagement efforts, responsive and case-managed services, and community development efforts, and help families achieve/maintain stability. Services supplement those provided through entities such as Community Centers and Neighborhood Centers. FRCs provide the added value of encouraging strong family-school relationships to improve student success.

Funding

The total HHS investment in the School-Based Family Resource Centers program from October 1, 2016 through September 30, 2017 was $100,000. This investment comprised 20.0% of the total program budget. HHS also funds the Austin/Travis County Mentoring Advisory Council program, which is described in the Planning and Evaluation issue area report.

Eligibility Criteria

School-Based FRCs are located on campuses with high rates of students eligible for free/reduced price lunch, reflecting high concentrations of lower income families. All FRCs are located within neighborhood schools in Austin's 'crescent of poverty.' The target audience is school families within a vertical team of schools (elementary, middle, high schools) in a neighborhood feeder pattern serving Austin's highest need communities. Though families of enrolled students are targeted, participation in FRC services is voluntary and there are no eligibility requirements.

Austin ISD: School-Based Family Resource Centers

Austin ISD met or exceeded goals for all output measures but fell slightly short of targets for one outcome measure. Staff explained that the majority of outputs reflect higher than anticipated performance due primarily to the acquisition of additional resources at some of the FRCs via a federal Full Service Community Schools grant after initial performance targets were set. Staff noted that some of the increased performance may also be due to program improvements and efficiencies. Further, some output goals reflect quarterly performance goals, not annual performance goals, and will be corrected for FY 2018 (see the third, fifth, seventh, and tenth outputs).

The percentage of families who were stable or safe/self-sufficient in terms of utilities was lower than anticipated (see the third outcome). Staff believed that this result may reflect policy issues impacting eligibility and access to utility assistance for families in need, especially those with immigration status issues. The percentage of families who were stable or safe/self-sufficient in terms of health care access was higher than projected, and staff explained that this may reflect recent policy changes resulting in increased access to health insurance as well as improved community organizing to support health care access (see the fourth outcome). Finally, staff reported that attendance in FRC adult academy programs exceeded goals and could be a reflection of success in efforts to develop relationships and peer support among adults at the campus community level (see the fifth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
School Year Annual Count of families served with "FSCS Family Intake/Update" TP recorded in school year date range.	2,830	3,000	94%
School Year Annual Count of individuals served with "FSCS Family Intake/Update" TP recorded in school year date range.	9,307	10,175	91%
Number of unduplicated active families with at least one Encounter Touchpoint recorded in quarterly date range	1,727	300	576%
Number of unduplicated active families with at least one Encounter Touchpoint recorded for ANNUAL FY report period	1,627	1,200	136%
Number of encounters for quarter	6,238	1,200	520%
Number of encounters for ANNUAL FY	6,200	3,800	163%
Number of responsive or case-managed encounters for the quarter	5,736	750	765%

Austin ISD: Family Resource Centers

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of responsive or case-managed encounters for the ANNUAL FY	5,724	3,000	191%
Number of families enrolled in social service case management for ANNUAL FY	343	315	109%
Number of unduplicated adults participating in FRC adult academy programs, including classes/groups per reporting quarter	512	111	461%
Number of unduplicated adults participating in FRC adult academy programs, including classes/groups for ANNUAL FY	501	450	111%
Outcomes			
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for KNOWLEDGE OF ACCESS TO RESOURCES	76% (212/280)	83% (146/175)	91%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HOUSING	82% (229/280)	89% (153/172)	92%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for UTILITIES	67% (188/280)	83% (140/169)	81%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HEALTH CARE ACCESS	84% (234/280)	75% (129/172)	111%
Percentage of adults who attend at least half of the offered sessions for classes/groups/workshops that they participate in	80% (403/506)	65% (293/450)	122%

Capital Area Counseling

Low Cost, No Session Limit, Outpatient Counseling

Program Description

Capital Area Counseling's primary goal is twofold: to positively and significantly impact the mental health and well-being of the greater Austin community by providing affordable, accessible, high-quality counseling services to all central Texans who desire them and to provide an unparalleled training environment for pre- and post-graduate therapists from the primary licensed counseling professions.

The primary service available is once-per-week outpatient counseling/psychotherapy, with the length of treatment determined by the clinical needs of the client. The program does not limit the number of sessions a person can receive in any given year, so people can work with their therapists for as long as they need. Individual, couple, and family sessions are typically 50 minutes in length. Group therapy is also available for a variety of different issues and sessions usually last 90 minutes. Finally, the program serves clients of other nonprofit agencies—mostly homeless shelters, supportive housing programs, and programs for people with disabilities—usually for $10/session paid by the respective agency.

Funding

The total HHS investment in the Low Cost, No Session Limit, Outpatient Counseling program from October 1, 2016 through September 30, 2017 was $17,174. This investment comprised 4.3% of the total program budget.

Eligibility Criteria

The program targets people in the community who would like to utilize the beneficial effects of counseling/psychotherapy but cannot afford to pay the fees for this service offered in the private community (including insurance co–payments) and/or are not eligible for long-term counseling in the public sector. The majority of clients are living at or below 200% of the Federal Poverty Income Guidelines (FPIG). The program serves individuals (adults, adolescents and children), couples, and families. To be eligible for the program, clients must be residents of the five county area (Travis, Williamson, Hays, Bastrop, or Caldwell counties) and schedule an appointment of their own initiation.

Capital Area Counseling: Low Cost, No Session Limit, Outpatient Counseling

Capital Area Counseling met or exceeded all performance targets. Staff reported that therapist retention has been high, allowing for more therapists with full and steady caseloads and resulted in more sessions completed overall this year (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	865	900	96%
Number of completed counseling sessions	19,416	15,500	125%
Outcomes			
Percentage of clients who completed an evaluation and indicated they were satisfied with services	96% (793/827)	90% (810/900)	107%
Percentage of clients who completed an evaluation and reported progress on personal goals	95% (784/827)	85% (765/900)	112%
Percentage of clients assessed by the therapist with improvement in Global Assessment of Functioning (GAF) score	71% (669/944)	75% (675/900)	94%

Communities In Schools of Central Texas

CIS Care Coordination – 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;
- Linkage of service dollars to clients and families aligned with needs and strengths;
- Coordinated, seamless, flexible case management for youth and their families;
- Collection and sharing of appropriate information for case management and evaluation;
- Increased communication among social service providers and governmental agencies;
- Identification of gaps or surpluses in services;
- Reduction of duplication of services or efforts; and
- 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 – Youth and Family Assessment Center program from October 1, 2016 through September 30, 2017 was $394,949. This investment comprised 87.9% of the 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 – Youth and Family Assessment Center

Eligibility Criteria

This 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, and 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 – YFAC

The CIS Care Coordination program exceeded all outcome goals but fell slightly under projected performance in one output measure. Staff explained that the lower than projected number of youth served using the wraparound approach resulted from a higher than anticipated enrollment in YFAC camp (see the second output). Camp participants are not served using the wraparound model.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	167	159	105%
Number of unduplicated youth served using the wraparound approach	78	90	87%
Number of unduplicated youth served in the School Readiness Camps	86	69	125%
Number of unduplicated siblings residing in each enrolled youth's household	175	132	133%
Outcomes			
Percentage of families reporting a high level of satisfaction with the program	100% (27/27)	85% (28/33)	118%
Percentage of youth reporting a high level of satisfaction with the program	100% (28/28)	84% (27/32)	119%
Percentage of youth and families meeting 80 % of the goals listed on their Plan of Care	90% (27/30)	80% (28/35)	113%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	87% (26/30)	86% (30/35)	101%
Percentage of youth who completed services that show an improved attendance rate (for those youth with an absenteeism rate of 10% or more)	60% (6/10)	50% (8/16)	120%
Percentage of youth who completed services that demonstrate passing grades in 3 or more core subjects at closure	80% (24/30)	60% (21/35)	133%
Percentage of youth who demonstrate a decrease in school discipline referral at closure (for youth with one or more discipline referrals)	53% (8/15)	50% (9/18)	107%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement at closure	100% (1/1)	40% (2/5)	250%

Communities In Schools of Central Texas: CIS Care Coordination – 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 at time of intake with no prior history of juvenile justice involvement who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	82% (14/17)	80% (20/25)	103%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	77% (20/26)	75% (21/28)	103%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	96% (26/27)	85% (28/33)	113%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	93% (25/27)	85% (28/33)	109%
Percentage of youth surveyed who indicate improvement in behavioral self-management	100% (28/28)	84% (27/32)	119%

Integral Care

Main Mental Health Interlocal

Program Description

The Main Mental Health Interlocal with Integral Care provides mental health services through a number of programs: Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services. Information on each program is provided in the following pages.

Funding

The total HHS investment in the Main Mental Health Interlocal from October 1, 2016 through September 30, 2017 was $1,411,054. HHS also funds the Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

Eligibility criteria vary by program. Please see the individual program pages for eligibility criteria information.

Integral Care

Main Mental Health Interlocal: Child and Family Services

Program Description

The Child and Family Services program provides Mental Health Intensive Outpatient Services, including: individual, group, and family counseling for children/youth and their family, skills training, psychiatric evaluations and medication maintenance (as needed), care coordination/intensive case management using the wraparound approach, information and referral services, home-based intervention, school-based intervention, and crisis management.

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2016 through September 30, 2017 was $1,411,054.

Eligibility Criteria

Eligible clients must be residents of Travis County. Outpatient services are available (at three program locations) to children ages 3 through 17 with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental disorders and who: 1) have a serious functional impairment; or 2) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or 3) are enrolled in a school system's special education program because of serious emotional disturbance. Referral systems include parents, schools, juvenile system, truancy courts, substance use treatment facilities, and child protective services.

Integral Care: Child and Family Services

The Child and Family Services program exceeded all outcome measures but fell slightly short of targets for one output measure. Staff explained that school-based services in additional schools, with more therapists operating out of schools, contributed to higher service numbers (see the first output). However, staff turnover contributed to the lower amount of client hours of service delivered (see the second output).

Staff noted that the increase in school-based services allowed for successful connection of children and youth to services, thereby avoiding psychiatric hospitalization (see the second outcome). Finally, staff reported that the increase in access to school-based services allowed for improvement in domains on the CANS (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,732	1,522	114%
Number of client hours of service	20,788	23,513	88%
Outcomes			
Percentage of children/youth enrolled in any Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period	99% (3,160/3,200)	95% (1,505/1,584)	104%
Percentage of all children/youth in any LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC	100% (4,427/4,427)	98% (1,553/1,584)	102%
Percentage of children/youth served in any LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS)	61% (1,385/2,260)	45% (610/1,356)	136%

Integral Care

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

The Mobile Crisis Outreach Team (MCOT) serves children, youth, and adults in Travis County who are experiencing psychiatric crisis. The goals of the program include reductions in: the youth/adult suicide rate, contact with the juvenile/criminal justice system (detention/arrests), and hospital bed days.

MCOT provides a combination of crisis services, including psychiatric assessments and medications, crisis intervention services, and brief follow-up and service linkage to adults, children and adolescents in non-clinical, community settings. These services are designed to reach individuals at their place of residence, school, and/or other community-based safe locations. MCOT screens and assesses for imminent risk and need for inpatient hospitalization.

Children's crisis services are flexible, multi-faceted, immediately accessible, and are provided to children and adolescents at high risk for hospitalization or out-of-home placement. The services link children and families with evidenced-based treatments designed to be family-focused, intensive, and time-limited.

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2016 through September 30, 2017 was $1,411,054.

Eligibility Criteria

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis.

Integral Care: Mobile Crisis Outreach Team

The Mobile Crisis Outreach Team (MCOT) met or exceeded all performance goals. Staff explained that the high service provision seen in the number of adults served and the number of Hotline calls referred to MCOT was due to a new policy enacted in 2014 to respond to urgent and emergent calls within 24 hours (see the first and third outputs). Any crisis call where the consumer is not open to ongoing services is referred out to MCOT for response within the 24–hour mark. This also contributed to the success in exceeding goals for clients seen within TAC Rule time frames (see the first outcome).

Staff reported that the number of children served exceeded expectations due to the community outreach efforts by MCOT to provide services to children in crisis in the community (see the second output). Staff attributed the high rates of stabilization in the community within 48 hours to MCOT crisis follow-up and relapse prevention services within the first 24–48 hours of the initial MCOT referral (see the second and third outcomes). Finally, staff believe that the low suicide rates may be indicative of the increase in MCOT referrals received from the Hotline as well as the high rates of stabilization in community within 48 hours of MCOT services (see the fourth and fifth outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	1,178	782	151%
Number of unduplicated children served	413	270	153%
Number of Hotline calls referred to MCOT	1,674	618	271%
Outcomes			
Percentage of clients in psychiatric emergency seen within Texas Administrative Code (TAC) Rule urgent and emergent time frames (urgent is 8 hours and emergent is 1 hour)	99% (368/370)	95% (177/186)	105%
Percentage of children/youth stable in the community setting within 48 hours of MCOT services	100% (451/451)	95% (266/280)	105%
Percentage of adults stable in the community setting within 48 hours of MCOT services	100% (1,366/1,366)	95% (966/1,016)	105%
Percentage of children/youth who completed suicide among clients served within the last 30 days	0% (0/413)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within the last 30 days	0% (0/1,178)	<1%	Met Goal

Integral Care

Main Mental Health Interlocal: Psychiatric and Counseling Services

Program Description

The Psychiatric and Counseling Services program serves adults who are in need of ongoing psychiatric services. Psychiatrists provide evaluation, medication maintenance, and medication education to consumers, including those who are dually diagnosed with a substance use disorder and mental illness and/or mental retardation. Nurses provide medication monitoring, including medication education, and provide ongoing assessments and evaluations as they work closely with the consumer's physician. Licensed therapists provide both individual and group counseling. The service provider and the consumer collaboratively develop the recovery plan with identified services to address those needs.

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2016 through September 30, 2017 was $1,411,054.

Eligibility Criteria

Consumers must be residents of the Austin/Travis County area, be able to engage in outpatient services, and must provide written consent for evaluation and care unless involuntarily committed by the Court. Services are provided on a sliding fee scale. No individual in need of acute services is refused services because of inability to pay.

The target population for services, based on the Texas Department of State Health Services Target Population, includes adults with diagnoses of schizophrenia and related disorders, bipolar disorder or major depression disorder with or without psychotic features. The target population does not exclude those with current or previous involvement with the criminal justice system.

Integral Care: Psychiatric and Counseling Services

The Psychiatric and Counseling Services (PCS) program met or exceeded goals across all performance measures. Staff reported that Integral Care has added additional prescribers and services through its 1115 Waiver programs to help meet the increased demand from growth in the local population and need in the community. This led to higher than projected clients served and hours of service delivered (see the first and second outputs).

Integral Care believes that supportive housing is a core behavioral health intervention. All staff are trained to work with clients to identify housing needs and meet the needs accordingly. Permanent supportive housing is a core intervention and is provided to those in need across all service programs (see the first outcome). Staff noted that there has been an expansion of supportive services; PCS services engage people who are homeless and identify clients who are high utilizers of intensive services to stabilize clients and decrease frequent re-admissions (see the third outcome). Finally, staff explained that the primary focus of PCS services is to ensure psychiatric stabilization and to provide case management support in meeting basic needs. Consequently, relatively few adults were jailed after receiving PCS services (see the fourth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	7,028	5,894	119%
Number of client hours of service	44,014	39,353	112%
Outcomes			
Percentage of clients stable and in the community who received supported housing services	100% (870/871)	75% (203/270)	133%
Percentage of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey	98% (719/734)	90% (568/631)	109%
Percentage of clients stable and in the community who do not experience frequent re-admissions to inpatient hospitals (3 or more times within 180 days)	100% (15,538/15,544)	75% (9,718/12,958)	133%
Percentage of individuals jailed within 48 hours of receiving services	5% (685/14,464)	<10%	Met Goal

Integral Care

Main Mental Health Interlocal: Psychiatric Emergency Services

Program Description

Psychiatric Emergency Services (PES) provides professional psychiatric screening, evaluation, and short-term crisis intervention for individuals, their families, and/or their significant others. Adults and children in psychiatric crisis, persons referred by self, family, law enforcement, Brackenridge Hospital and other local hospitals, and individuals seeking in-patient admission to Austin State Hospital and private psychiatric hospitals utilize PES. The goals of the program include reduction in adult suicide rate, reduction in contact with criminal justice system and arrests, and reduction in hospital bed days.

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2016 through September 30, 2017 was $1,411,054.

Eligibility Criteria

Eligible clients must be residents of Travis County. All persons who request assessment and/or demonstrate need of psychiatric emergency services are eligible for the program. Anyone experiencing a psychiatric emergency can receive triage and assessment through PES. No one is refused services due to inability to pay.

Integral Care: Psychiatric Emergency Services

Psychiatric Emergency Services met or exceeded goals across all outcome measures but fell short of expected performance for one output measure. Staff explained that PES operations changed to exclude overnight services, resulting in a decrease in the number of adults and children served (see the first and second outputs).

Face-to-face intensive services from PES allowed for hospital avoidance within 48 hours of receiving services (see the third outcome). Staff reported that there has been a higher level of acuity in clients presenting to PES for services, including the need for substance use detoxification services that need to take place in a hospital setting (see the fourth outcome). Finally, staff attributed the shift to "Just in Time" prescribing and continued walk-in options at PES to an increased ability to provide face-to-face services on the same day or within one day of a crisis call (see the fifth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	4,324	5,644	77%
Number of unduplicated children served	331	362	91%
Outcomes			
Percentage of children/youth who completed suicide among clients served within 48 hours of receiving services	0% (0/331)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within 48 hours of receiving services	0% (0/4,324)	<1%	Met Goal
Percentage of children/youth hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	2% (8/470)	<3%	Met Goal
Percentage of adults hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	3% (234/7,401)	<3%	Met Goal
Percentage of crisis (emergent or urgent) hotline calls followed by a face to face service on same day or within one day of the crisis call	78% (250/320)	52% (92/176)	149%

Integral Care

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 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 Parenting In Recovery/Family Drug Treatment Court program from October 1, 2016 through September 30, 2017 was $155,600. HHS also funds the Main Mental Health Interlocal, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

This program serves children who are between the ages of 0-17 and whose parent/parents are enrolled in the Parenting In Recovery/Family Drug Treatment Court.

Integral Care: Parenting In Recovery/Family Drug Treatment Court

The Parenting In Recovery/Family Drug Treatment Court exceeded all outcome goals but fell short of targets on two output measures. Staff noted that the lower number of screenings administered is a result of having a large number of carryover children/youth (see the second output). These children/youth already had their first screening in the prior contract year and only required one screening this contract year; however, the goal was based on children receiving two screenings per year. There was also an influx of children/youth enrolling the program in the fourth quarter of the year, and thus did not have a chance to receive a second screening.

The third output measure now includes only the unique types of therapeutic services provided by the contracted child therapists to the children and their families. Child therapists are limited to providing only the type of services specific to their licensure, and services are driven by child/youth and parent need. This measure previously included these service types as well as service types provided by external providers, and the goal was based on the inclusion of these services.

Finally, more children/youth enrolled in the program than anticipated (see the first output). This also led to more children receiving therapeutic services, although over-performance on this measure can also be attributed to having a performance goal based on unduplicated children/youth but performance results that reflect a duplicated count (see the fourth output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth enrolled	100	60	167%
Number of screenings administered	61	75	81%
Number of therapeutic services provided by the therapists to enrolled children/youth	23	45	51%
Number of children/youth who receive direct therapeutic services from the therapists	164	40	410%
Outcomes			
Percentage of children that demonstrate stability and/or improvement in their social and emotional development	95% (19/20)	80% (24/30)	119%
Percentage of children/youth that demonstrate stability and/or improvement in their emotional functioning	78% (7/9)	70% (7/10)	111%

Integral Care: Parenting In Recovery/Family Drug Treatment Court

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of children/youth that successfully met 70% of the goals in their person centered care plan	90% (36/40)	70% (28/40)	129%

Integral Care

Substance Abuse Managed Services Organization

Program Description

The Substance Abuse Managed Services Organization (MSO) works to coordinate and standardize substance abuse treatment services for the community. Integral Care provides specific services as the MSO in order to prevent duplication of administrative services and promote a continuum of care for clients. This approach also facilitates the coordination of City- and County-funded services with state-funded services in order to maximize leveraging of all available funds.

Substance abuse treatment services provided include the following:

- Intake/Assessment/Referral: A comprehensive, clinical substance abuse assessment is conducted at entry point into the system, and mental health assessments are also completed as indicated by the individual client history and presenting problems.
- Observation Services: A per diem service which provides continuous assessment, medical evaluation, and treatment of withdrawal for persons who are intoxicated by alcohol and/or other substances, who are suffering from mild to moderate withdrawal, coupled with situational crisis, or who are unable to abstain with an absence of past withdrawal complications.
- Detoxification: Chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in a client's body, manage withdrawal symptoms, and encourage the client to seek ongoing treatment for chemical dependency.
- Detox Evaluation Management Services: Group and residential support and case management, including (a) linking clients with needed services; (b) helping clients develop skills to use basic community resources and services; and (c) monitoring and coordinating the services received by clients.
- Residential Treatment: Clients reside at a facility for a specified period of time while undergoing chemical dependency treatment. Structured activities, including chemical dependency, individual, and additional counseling, chemical dependency education, life skills training, and structured social and/or recreational activities, are provided. "Specialized Female Services" are also provided for women and their dependent children. Children live with their mother in the treatment facility and the treatment programming includes components for increasing the mother's parenting knowledge, skills, and resources, as well as treatment planning and treatment-related services specifically for the children.
- Day Treatment Services: Intensive outpatient treatment services provided for approximately 5 hours per day, for a total of at least 20 hours of services provided per week.

Substance Abuse Managed Services Organization

- Outpatient and Continuing Care/Aftercare Services: Individual and/or group counseling services and the continuation of transitioning the client into other community-based support systems. Structured activities, including chemical dependency, individual, and additional counseling, chemical dependency education, and life skills training, are provided.
- Medication-Assisted Treatment (MAT): Use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
- Psychosocial Services: Motivational interviewing, motivational enhancement therapy, cognitive behavior therapy, structured family therapy, contingency management, community reinforcement therapy, or 12–step facilitation, provided as part of a person-centered treatment plan.

Maintenance services (recovery supports) offered include:

- Peer Recovery Supports: A set of non-clinical, peer-based activities that engage, educate, and support an individual successfully to make life changes necessary to recover from disabling mental illness and/or substance use disorder conditions. The activities that comprise this service are education, coaching, and linkage to other non-paid community supports.
- Case Management and Support Services: The case manager guides an individual through the recovery system, helping him or her access the services they need when they need them. Case management for eligible clients involves following the client throughout the service continuum and providing the case management activities at the earliest point possible in the client's treatment process. Support services include transitional housing services (sober living homes), mental health services, flexible community support services, and basic needs.

Activities related to the MSO function include the following:

- Network Development and Management: Ongoing assessment of the needs of the eligible client, accessibility of services, and quality of services provided. This function also includes provider training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of the City of Austin and Travis County.
- Credentialing: Ensure that the network is comprised of providers and organizations that are qualified to provide services in compliance with National Committee for Quality Assurance (NCQA) or Joint Commission standards.
- Administration/Contract Management: Development, negotiation, and execution of service provider contracts. All contracts are reviewed to ensure a balance of choice, access, and quality at a reasonable cost.
- Negotiating Service Rates: Negotiate service rates and recommend an increase in these rates.

Substance Abuse Managed Services Organization

- "Gate" Functions (Single Point of Entry): Determine whether an individual meets the eligibility criteria and ensure that eligible clients are given appropriate and adequate choices (as available) of providers. Management of referrals is timely, geared to the acuity of the eligible client's needs, and geographically appropriate.
- Utilization Management: Ensure that all eligible clients are given equal access to services, at the least restrictive and most appropriate level of care to maintain optimum functioning. This process matches the eligible client's need to appropriate site of service and supports and assists in the development of a focused, goal-oriented plan of care.
- Quality Management: Compile and report service outputs and outcomes on a variety of indicators. This function also monitors sentinel events and works with providers using a continuous quality improvement approach to ensure quality services are provided to eligible clients.
- Management Information Systems: Maintain a management information system that contains information necessary to ensure the appropriate management of the network.
- Financial Management: Ensure that claims are paid in a timely manner and at the appropriate rates.

Funding

The total HHS investment in the Substance Abuse Managed Services Organization program from October 1, 2016 through September 30, 2017 was $1,353,799. Funds support both direct services and the MSO administrative fee (12% of the expended funds). $280,000 of this investment is dedicated to the Parenting in Recovery/Family Drug Treatment Court; outcomes for this investment are maintained internally by HHS. HHS also funds the Main Mental Health Interlocal, Parenting in Recovery/Family Drug Treatment Court, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

Individuals served by this program must: 1) have a household income of less than 200% of the Federal Poverty Income Guidelines (FPIG), 2) be a resident of the City of Austin and/or Travis County, 3) meet criteria as a member of one of the designated target populations; and 4) have an initial clinical assessment that concludes that the individual needs and is clinically appropriate for services.

Integral Care

Substance Abuse Managed Services Organization

Target populations include:

- Adults (age 18 years and older) who are categorized either literally or marginally homeless[d]
- Adults (age 18 years and older) considered high-risk, substance abusing, and/or those diagnosed with substance disorder, and who: are at-risk for contracting HIV or are already HIV-infected; are pregnant; have dependent children for whom they are a primary caretaker; are attempting to regain custody of their children; have a history of abuse or neglect of their children; have a criminal history; have contributing/complicating health and/or mental health problems/diagnoses; have a history of physical, sexual, or emotional abuse; lack health-promoting social support systems; are dependent on public assistance; are unemployed or have an unstable and/or limited employment history/experience; and/or reside in a disorganized, drug-infested and high crime neighborhood/environment
- Individuals (age 17 and older) referred by Downtown Austin Community Court (DACC)
- Individuals (age 17 and older) referred by Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC)
- Youth (age 10 to 17) considered high-risk, substance abusing, and/or those diagnosed with substance abuse disorder

d Literally homeless persons include individuals who have a primary nighttime residence that is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Marginally homeless persons include individuals: who lack a fixed, regular and adequate nighttime residence; whose primary nighttime residence is an institution that provides a temporary residency for individuals intended to be institutionalized; or who are at imminent risk of becoming homeless. Marginally homeless does not include persons who live in substandard housing.

Integral Care: Substance Abuse Managed Services Organization

In terms of MSO performance, the Substance Abuse Managed Services Organization (SAMSO) had no service denials or appeals regarding service provision (see the seventh through ninth outputs). The MSO was also able to add six new providers to the network (see the fourth output).

In terms of adult performance, staff reported that there was an increase in the amount of services provided to clients (specifically, goods and services and transitional housing), which led to a higher than projected number of adults served (see the first and second outputs). For services provided (such as diagnostic evaluation, goods and services, and psychotherapy), there is no outcome data generated due to the nature of the services. In FY 2017, there were 200 unduplicated adults who received services that do not generate outcome data.

Integral Care is working with providers to create increased methods of surveying, including use of their new survey software, Qualtrics (see the second outcome). Adding additional contact information to the Eligibility Forms should also allow for increased surveying of clients. Contacting clients for post discharge surveys is dependent upon clients providing accessible contact information, such as a valid email address and phone number.

Follow-up forms are collected 60 days after discharge date. Staff noted that many clients served in the fourth quarter of the year were still in services. After clients discharge and the 60–day follow-up forms are completed, more data will be available. Unsuccessful follow-ups occur when clients do not have valid contact information, do not return Provider follow-up calls, or a family member is not able to be reached. Finally, the lower than projected percentage of adults reporting abstinence at 60–day follow-up may be the result of harm reduction practices instead of abstinence (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
MSO Outputs			
Number of SAMSO provider applications received	12	5	240%
Number of treatment SAMSO providers credentialed	4	3	133%
Number of maintenance SAMSO providers credentialed	2	2	100%
Number of new providers contracted	6	5	120%
Number of treatment SAMSO providers contracted	4	3	133%
Number of maintenance SAMSO providers contracted	2	2	100%

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 treatment and maintenance service requests denied due to medical necessity by Integral Care	0	0	N/A
Number of service denials appeals that are upheld by Appeals Committee	0	1	Met Goal
Number of service denials appeals that are overturned by Appeals Committee	0	1	Met Goal
Adult Outputs			
Number of unduplicated adults receiving substance abuse treatment services (Homeless/At-risk)	227	183	124%
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	77	37	208%
Number of unduplicated adults receiving substance abuse treatment services referred by Family Drug Treatment Court (FTDC)	87	65	134%
Adult Outcomes			
Percentage of treatment episodes where the adult served achieved substance abuse treatment plan goals	57% (71/125)	68% (190/280)	84%
Percentage of adults satisfied with services	100% (27/27)	93% (42/45)	107%
Percentage of treatment episodes where the adult served reported abstinence from substance abuse at 60–day follow-up	46% (21/46)	80% (90/112)	57%
Percentage of treatment episodes where the adult served was employed, in school, or in training at 60–day follow-up	71% (34/48)	70% (78/112)	102%

Integral Care

System of Care Managed Services Organization

Program Description

The System of Care Managed Services Organization (MSO) works to ensure coordination and standardization of community services. Integral Care serves as the MSO in order to prevent duplication of administrative services and to promote a continuum of care for children, youth, and families through the wraparound approach.

MSO functions include:

- Network Development and Management: Ongoing assessment of the needs of the client, accessibility of services, and quality of services provided; provider training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of Department; and review and monitoring of provider contracts to ensure quality of services and compliance with provider contract requirements.
- Provider Network Development: Ensure the availability of quality culturally and linguistically diverse providers, maintain an array of traditional (licensed) and non-traditional (non-licensed) providers, and recruit an adequate number of providers who meet the network profiling needs.
- Credentialing: Ensure that the network is comprised of providers and organizations that are qualified to provide services in compliance with National Committee for Quality Assurance (NCQA) standards.
- Gate Functions: Verify whether an individual meets the eligibility criteria and ensure that eligible clients gain access to diverse, appropriate, family choice providers.
- Utilization Management: Monitor the funds that purchase the services and supports approved by the Child and Family Teams.
- Quality Management: Compile and report service outputs and outcomes on a variety of indicators, monitor sentinel events, and work with providers using a continuous quality improvement approach to ensure quality services are provided to eligible children, youth, and families.
- Management Information System: Collect, manage, and report information necessary to ensure effective management of project resources, including service authorization and funds management, and client and provider profiling information necessary to demonstrate that the project outcomes/goals are being met.
- Fiscal Management: Ensure that payment requests do not exceed funds allocated for the project during the contract term; set and/or negotiate payment rates with providers; ensure that payment requests to the Department are correctly submitted by the monthly due date.
- Claims Adjudication and Payment: Review and verify that claims are valid, and ensure that claims are paid in a timely manner and at the appropriate rates.

System of Care Managed Services Organization

- Administrative Processes: Facilitate the training of coordinators on the MSO administrative procedures/processes. All administrative processes developed and implemented by Integral Care are consistent with the wraparound service delivery model.
- Administration/Contract Management: Develop, negotiate and execute service provider contracts. All contracts are reviewed to ensure a balance of choice, access and quality at a reasonable cost.

System of Care services offered include the following:

- Education/Training: Parent/caretaker supports; parent coaching, including therapeutic and certified parent coaching; and parent partner.
- Life Skills Training: healthy lifestyle; educational/vocational; employment support; financial management; and tutoring.
- Assessments/Evaluation: Psychological, neuropsychological, psycho-educational, and psychiatric assessment; specialized therapy assessment, including but not limited to speech/audiology, occupational therapy, physical therapy or other movement therapies; functional/behavior assessment; and other assessments that may assist in evaluation of the functional, behavioral, mental health, or other needs.
- Treatment Services: Individual, group, or family counseling/therapy; crisis counseling; specialized therapy (art, music, dance/movement, recreational, aquatic, animal assisted); medication management; dietary/nutrition services; substance use intervention (substance abuse counseling); substance use treatment; therapeutic/behavioral aide; behavior support/therapy; and dental, medical, occupational, physical, and speech therapies.
- Flexible Community Support Services: Respite care; mentoring; crisis support; case management; and case conference (Wraparound Team Meeting).
- Enrichment Services: Recreational/social activities; gap time enrichment activities; camp; after school program; and enrichment skill development.
- Basic Needs: Emergency food; clothing; housing modifications; utilities; housing assistance; medical purchases; child care/supervision; transportation; and household items.
- Other: Any other eligible service or support that meets the needs established in the Plan of Care, or an emergency or crisis situation that is approved by the Department.

Integral Care

System of Care Managed Services Organization

Funding

The total HHS investment in the System of Care Managed Services Organization program from October 1, 2016 through September 30, 2017 was $680,625. Funds support both direct services and the MSO administrative fee (approximately 7% of the expended funds). $165,625 of this investment is dedicated to the Parenting in Recovery/Family Drug Treatment Court; outcomes for this investment are maintained internally by HHS. Additionally, the contract includes $25,584 in grant funds from the Milburn Trust. HHS also funds the Main Mental Health Interlocal, Parenting In Recovery/Family Drug Treatment Court, and Substance Abuse Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

Individuals served by this program must: 1) have a household income of 200% or less of the Federal Poverty Income Guidelines (FPIG), 2) be a resident of Travis County, and 3) meet criteria as a member of one of the designated target populations of the target programs.

Target populations are specific to the program:

- The Children's Partnership (TCP): Children and youth referred through Community Partners for Children between the ages of 5-17 with a mental health diagnosis indicating a severe emotional disturbance, are at risk of removal, and who have and/or require multi-system involvement.
- Community Partners for Children (CPC): Children and youth between the ages of 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; and families who are enrolled in CPC Bridge services.
- The Youth and Family Assessment Center (YFAC): Children and youth between the ages of 3-22; who attend one of twelve schools at referral (for CIS Care Coordination and School-Readiness Camp); who request services through the social work staff at one of the Travis County Community Centers (for Support Services); and youth and adult family members of the enrolled youth/child who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, or parental support and education) due to impaired family functioning, which contributes to the youth's at-risk status.

Integral Care

System of Care Managed Services Organization

- Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC): Children of the PIR/FDTC–enrolled parent residing in Travis or contiguous counties with an approved caregiver, and children of the PIR/FDTC–enrolled parent whether they are named in the Child Protective Services lawsuit.
- CPS Reintegration Project: Children/youth between the ages of 5-17 who are in the custody of Child Protective Services; have a mental health diagnosis and significant behavioral challenges; are residing in therapeutic placement; and have an approved caretaker who resides in Travis County.
- Children FIRST: Families who have involvement with Child Protective Services.
- Healthy Families: First-time parents.

Integral Care: System of Care Managed Services Organization

The System of Care MSO met or exceed goals for all but two measures. Although the MSO credentialed and contracted with a higher than projected number of non-licensed providers (see the fourth and seventh outputs), there were fewer licensed or certified applicants, leading to fewer licensed or certified providers credentialed and contracted (see the third and sixth outputs). There was an active push to bring in non-licensed providers from the community, particularly from individuals who coordinate services for families. For the eighth and ninth output measures, the program goal is to be at or below three service denial appeals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	440	375	117%
Number of System of Care provider applications received	52	50	104%
Number of licensed or certified System of Care providers credentialed	8	10	80%
Number of non-licensed System of Care providers credentialed	36	20	180%
Number of new providers contracted	41	30	137%
Number of licensed or certified System of Care providers contracted	8	10	80%
Number of non-licensed System of Care providers contracted	35	20	175%
Number of service denials appeals that are upheld by Appeals Committee	0	3	Met Goal
Number of service denials appeals that are overturned by Appeals Committee	2	3	Met Goal
Outcomes			
Percent of System of Care clean claims paid within 30 days	99% (322/325)	98% (295/300)	101%

LifeWorks

Counseling

Program Description

The LifeWorks Counseling program is comprised of two distinct services. Youth and Adult Counseling (YAC) services promote healthy development for individuals, youth and their families through: strengthening family relationships; reunifying youth with their families; increasing a family's/individual's ability to solve problems; increasing a family's/individual's ability to utilize internal and external resources; increasing access to community services, and increasing a family's/individual's coping skills.

Resolution Counseling (RC) services promote safe, non-violent, healthy relationships through: supporting individuals in demonstrating accountability for their decisions and actions; increasing individuals' skills that lead to relationships free from physical, verbal and psychological abuse; improving individuals' communication skills and skills for dealing with conflict; helping individuals demonstrate the use of healthy coping behaviors and use of alternatives to violence; and strengthening and promoting relationships based on equality and respect.

Funding

The total HHS investment in the Counseling program from October 1, 2016 through September 30, 2017 was $94,585. This investment comprised 4.3% of the total program budget. HHS also funds the Workforce Development program, which is described in the Workforce Development issue area report.

Eligibility Criteria

The target population for Youth and Adult Counseling is individuals, youth, and families who are in need of counseling. Clients served are youth (ages 0-17) and their families who are experiencing problems with family conflict, truancy, delinquency, or runaway behavior; individual adults who are experiencing transitional challenges (divorce, death of a loved one, aging, new child, etc.); and/or adults with mental health related issues (depression, anxiety, etc.). Entrance into the program happens through self-referrals, agency referrals, schools, juvenile court, and the general public. To be eligible for YAC, a client must be a Travis County resident. Cost of services provided is determined by a sliding fee scale, based on client income and family size. The lowest fee is $25 and the highest fee is $125.

LifeWorks

Counseling

Clients served by Resolution Counseling are adults ages 18 and older (or 17 if tried as an adult) who have been identified as domestic violence offenders by: 1) an arrest, 2) issuance of a protective order for domestic violence, 3) referral by another community partner, such as the Domestic Relations Office, or 4) by having voluntarily acknowledged use of control and/or abuse against their partner. A small number of participants participate in a voluntary group to manage their emotions and increase their interpersonal relationship skills. Clients in the program are self-referred or are referred from agencies within the criminal justice system and other social services. The program serves men and women, although men account for the majority of program participants. To be eligible for the program, clients must be residents of Travis County. RC offers clients a sliding scale that ranges from $25 to $80 per session. Clients are required to show proof of income which determines their weekly session fee. While services are not provided free of charge, some clients may have their fee reduced due to particularly dire circumstances such as a significant disability or illness that prevents them from being able to work, chronic homelessness, and living with/is the sole means of support for a minor child.

LifeWorks: Counseling

The Counseling program met or exceeded the targeted range of performance across all measures. Staff explained that as one of only two providers in Travis County, the total number of clients served in Resolution Counseling was high due to an increase in enrollments and need for services (see the second output). Resolution Counseling worked closely with the Travis County Batterer Intervention and Prevention Program (BIPP) Committee to ensure that people needing services were referred to the program as soon as possible. Staff also increased the number of available groups from 24 to 26 and trained 30 case workers for the Texas Child Protective Services Alternative Response Division, creating an increase of clients referred from the Travis County area.

The program's ability to provide more group sessions also allowed greater flexibility in accommodating clients' schedules to more easily meet their needs. Staff believe that this contributed to higher rates of attendance and successful program completion (see the second outcome). Staff also explained that the program has increased its ability to more readily offer "transitions" when clients are in need. Transitions are available to clients who are temporarily unable to meet attendance requirements when there is an identified and approved need; transitions are three to eight weeks in length, as agreed upon between the client and counselor. Clients are still active in the program, but are not accruing attendance or absences during this period. Finally, the program has been working more closely with probation staff, and staff believe this has also contributed to higher rates of success in the program.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth & Adult Counseling	908	1,000	91%
Number of unduplicated clients served in Resolution Counseling	819	520	158%
Outcomes			
Percentage of Youth & Adult Counseling clients exiting the program that report improvement of overall coping skills/overall sense of well-being (as self-reported by the client; any movement in scale towards the direction of their goal)	75% (551/739)	80% (600/750)	93%
Percentage of unduplicated Resolution Counseling clients who successfully complete the program (meet the program requirements with no additional acts of violence while in the program)	65% (381/590)	55% (146/265)	117%

Out Youth

Youth Development

Program Description

Out Youth's programs provide safe spaces for youth of all sexual orientations and gender identities while promoting healthy youth development, positive mental health, and supportive relationships. Programs also serve to help youth build life skills, leadership skills, and civic engagement. Crisis intervention and counseling are available to youth through formal and informal counseling with licensed counselors and supervised interns. The number of counseling sessions is open-ended; goals are set together between youth and their counselor. Out Youth provides peer support groups on site and within several high school campuses. These weekly groups are a combination of talk therapy and psycho-education and last for 60 minutes. Psycho-educational groups are also conducted on an as needed basis when topics arise. Because isolation and lack of support are linked to mental and behavioral health problems for sexual and gender diverse minority youth, Out Youth maintains a drop-in center and peer support groups for young people. At the drop-in center, youth develop supportive friendships, receive a deeper level of support though support groups led by trained facilitators, and talk with adult volunteers who act as mentors.

Funding

The total HHS investment in the Youth Development program from October 1, 2016 through September 30, 2017 was $12,880. This investment comprised 4.7% of the total program budget.

Eligibility Criteria

Out Youth serves youth and young adults of all sexual orientations and gender identities ages 12-23 in Travis County and the surrounding areas. All youth who fit this description are eligible for the program.

OUT YOUTH: YOUTH DEVELOPMENT

The Youth Development program exceeded all performance goals. Staff explained that they were able to serve more clients than projected due to hiring additional full-time staff members who conducted outreach directly in schools (see the first output). The program was also able to serve a greater number of clients in counseling services by hiring additional Clinical Associates (see the third output).

Staff attributed the large percentage of clients reporting higher levels of social support and sense of belonging to these additional staff, as well as bringing on additional volunteers, which helped facilitate youth psychosocial development (see the first outcome). Further, staff reported that they migrated their survey from paper to online, thereby increasing the number of opportunities to request that clients complete the survey.

Finally, staff explained that clients stayed in counseling services longer than anticipated. This was largely due to the increase in acuity among their clients, necessitating longer-term support. However, for those clients exiting services, most rated themselves with higher levels of support (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	354	300	118%
Number of clients participating in peer support groups	160	150	107%
Number of clients accessing counseling services	139	100	139%
Number of clients referred to counseling or other social services by support team	107	100	107%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	96% (107/111)	80% (80/100)	120%
Percentage of counseling clients assessed after termination or drop out that rated themselves with higher levels of support	89% (24/27)	80% (40/50)	111%

Workers Assistance Program, Inc.

Youth Advocacy, Creating Lasting Family Connections

Program Description

Youth Advocacy, Creating Lasting Family Connections (CLFC) program goals are to: deliver an evidence-based curriculum that aims to prevent the use of alcohol, tobacco, and other drugs (ATOD) by increasing protective factors, decreasing risk factors, and fostering resiliency in at-risk youth and families in Travis County; respond to school district needs for ATOD prevention activities; address ATOD prevention efforts for target ages; involve the entire Travis County community in ATOD prevention efforts; build an array of effective ATOD prevention services through evaluation feedback; and expand community resources to supplement prevention efforts.

The program provides a 16–week curriculum to youth and parents/caregivers. The modules are structured so that youth and parents/caregivers attend separate, corresponding sessions. Each family is assigned a prevention specialist who conducts the screening and counseling and carries out the prevention service plan. In addition, if a family requires additional services or resources that cannot be given through CLFC, the prevention specialist works with partner agencies to obtain those services.

Funding

The total HHS investment in the Youth Advocacy, Creating Lasting Family Connections program from October 1, 2016 through September 30, 2017 was $43,503. This investment comprised 14.2% of the total program budget.

Eligibility Criteria

The target population for this program is youth 11–17 years old who show early signs of substance abuse and display at risk behaviors such as failing grades, truancy, family conflict, school disciplinary problems, gang involvement, and/or who may be experimenting with gateway drugs and do not meet the criteria for substance abuse or dependence. Individuals 18–21 years old are also served if they are still enrolled in the public school system. To be eligible for the program, clients must be Travis County residents and meet age and at-risk behavior requirements.

Workers Assistance Program, Inc.: CLFC

The Youth Advocacy, Creating Lasting Family Connections program exceeded all output goals but fell slightly short of targets for one outcome measure. Staff reported that the number of youth and adults served exceeded expected performance goals due to increased community outreach and aggressive recruitment (see the first and second outputs). Staff attributed the higher than projected performance results of the remaining output measures to increased case management and family engagement.

The percentage of youth completing the program was lower than expected. Staff noted that this result was due to lower family engagement during summer and vacation periods (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	88	67	131%
Number of unduplicated adults served	89	60	148%
Number of youth that complete the program	62	54	115%
Number of adults who report increased family bonding skills	78	48	163%
Number of youth reporting substance usage	68	54	126%
Outcomes			
Percentage of youth that complete the program	70% (62/88)	81% (54/67)	87%
Percentage of adults who report increased family bonding skills	88% (78/89)	80% (48/60)	110%
Percentage of youth reporting substance usage	77% (68/88)	81% (54/67)	96%

YWCA Greater Austin

YW Counseling & Referral Center

Program Description

The Young Women's Christian Association (YWCA) of Greater Austin strives to deter the growth of problem conditions at the individual level through the YW Counseling & Referral Center (YWCRC) for adults and families. YWCRC counselors assist women and their families with issues such as anxiety, violence, PTSD, grief and loss, depression, attachment, family dynamics, immigration, intimate relationships, and pre/post-natal mental health to promote the mental health of Greater Austin residents of all cultures, and all vulnerable populations. The program provides short-term (10–session) counseling services for women, couples, and families, as well as group services that are offered on site at YWCA and offsite at various locations.

Funding

The total HHS investment in the YW Counseling & Referral Center program from October 1, 2016 through September 30, 2017 was $90,596. This investment comprised 30.0% of the total program budget.

Eligibility Criteria

The target population is Travis County women and their families. The YWCA also provides counseling and/or group services for special populations, such as monolingual Spanish-speaking women and their families, women veterans, women in recovery from addictions, incarcerated women, immigrant women and transgendered individuals from all over the world, and other service providers working with immigrants. To be eligible for the program, clients must be residents of Travis County, have incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG), be 18 years of age or older, and be deemed with a level of care that is appropriate for short-term counseling services and a Relational Theoretical Approach to client issues. For these individuals, YWCRC offers a sliding fee starting at $10 per session and graduating to $35. YWCRC also offers a sliding scale for individuals who fall outside of these eligibility criteria; this scale starts at $35 per session and graduates to $100.

YWCA Greater Austin: YW Counseling & Referral Center

The YW Counseling & Referral Center exceeded all output goals and all but one outcome goal. The percentage of counseling clients reporting improvement in attitude/behaviors was slightly under projections (see the third outcome). Staff explained that this result could be attributed to the complexity of the presenting problem/issues of the individual and their ability to improve through counseling.

Staff explained that they provided services to a larger number of clients than anticipated due to an increase in requests for therapy, program efforts to increase accessibility, and an increase in the number of interns and therapists available to provide services (see the first and second outputs). Due to demand, a larger than expected number of clients were served through group services and reported an increase in knowledge (see the fourth outcome). Staff noted that they evaluate clients after each group session, allowing a higher number of responses to be captured.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,197	1,018	118%
Number of unduplicated clients served in individual, couples, family counseling	354	250	142%
Number of unduplicated clients served in therapy and skill building groups	843	768	110%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	87% (169/194)	81% (100/123)	107%
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	92% (190/206)	90% (84/93)	102%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/behaviors	71% (125/176)	86% (80/93)	83%
Percentage of group clients reporting increased knowledge/skills	98% (1,000/1,023)	86% (684/795)	114%

Appendix

2017 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	$6,030	$12,060	$15,075	$18,090	$24,120
2 persons	$8,120	$16,240	$20,300	$24,360	$32,480
3 persons	$10,210	$20,420	$25,525	$30,630	$40,840
4 persons	$12,300	$24,600	$30,750	$36,900	$49,200
5 persons	$14,390	$28,780	$35,975	$43,170	$57,560
6 persons	$16,480	$32,960	$41,200	$49,440	$65,920
7 persons	$18,570	$37,140	$46,425	$55,710	$74,280
8 persons	$20,660	$41,320	$51,650	$61,980	$82,640
For families/households with more than 8 persons, add $4,180 for each additional person.					

Data source: "2017 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 26, 2017, https://aspe.hhs.gov/poverty-guidelines.

2017 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	$17,100	$28,500	$45,600
2 persons	$19,550	$32,600	$52,100
3 persons	$22,000	$36,650	$58,600
4 persons	$24,600	$40,700	$65,100
5 persons	$28,780	$44,000	$70,350
6 persons	$32,960	$47,250	$75,550
7 persons	$37,140	$50,500	$80,750
8 persons	$41,320	$53,750	$85,950

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50^{ths} (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 2017 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn.

Endnotes

1 "Prevention of Substance Abuse and Mental Illness," SAMHSA, last modified September 20, 2017, http://www.samhsa.gov/prevention.
2 Ibid.
3 "Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health" Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm
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