BEHAVIORAL HEALTH

2014 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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Behavioral Health
2014 Community Impact Report

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

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 TCHHS/VS.
- 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 TCHHS/VS.

- 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 Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests nearly $16 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 TCHHS/VS investments in health and human services. The *2014 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: Behavioral Health, Child and Youth Development, Food and Transportation, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development.[a] The Investment Overview summarizes information from across all nine issue areas. Each issue area section begins with community conditions information and then provides performance highlights about the programs included within that issue area. Each program is classified into the issue area most closely aligned to its central 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.

a TCHHS/VS issue areas were updated in February 2014 to more accurately reflect the Department's investment portfolio and priorities.

Performance highlights contribute to local knowledge about the Department's contracted community-based programs. 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 calendar year schedule. Note that calendar year contracts are transitioning to a fiscal year for 2015; to assist with this transition, these contracts followed a 9–month (January–September) calendar during 2014. The remainder followed a fiscal year calendar (October 1, 2013 through September 30, 2014) 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

An examination of the scope and prevalence of behavioral health[b] issues affecting the Travis County community is critical to understanding barriers that many residents face in achieving health and self-sufficiency. About half of all Americans will experience a major psychiatric or substance abuse disorder at some point in their lives, but because of stigma, low levels of state spending, and insurance coverage gaps, only a small proportion receive treatment.[1]

b This term includes both mental health and substance abuse disorders.

Need for Services

Behavioral Risk Factor Surveillance System (BRFSS) data from 2011-13 show that 20% of Travis County adults indicated that they had 5 or more days of poor mental health in the previous 30 days.[2] Other than this data point, there is little available local prevalence data for behavioral health disorders, but it is possible to estimate the need for these services in Travis County by looking at national prevalence numbers extrapolated to the 2013 Travis County population.

Prevalence of Behavioral Health Disorders/Illnesses, Travis County, 2013

	Travis County Population[3]	*Estimated Travis County Population with a Diagnosable Mental or Addictive Disorder/Any Mental Illness*		*Estimated Travis County Population with a Diagnosable Mental or Addictive Disorder with Severe Functional Impairment/ Serious Mental Illness*	
		Percent	*Number*	*Percent*	*Number*
Children Under 18	261,404	20%[4]	52,281	5%[5]	13,070
Adults 18-64	768,442	19%[6]	146,004	4%[7]	30,738

Notes: The Substance Abuse and Mental Health Services Administration (SAMHSA) measures behavioral health illness in children as diagnosable mental or addictive disorders associated with at least minor functional impairment and severe functional impairment. SAMHSA measures adult mental illness as any mental illness and includes any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria, excluding developmental and substance use disorders. Serious adult mental illness includes schizophrenia, major depression, and bipolar disorder.
Created by: Travis County HHS/VS Research and Planning Division, 2014
Source data: 2013 American Community Survey 1–Year Estimates, Table B01001; SAMHSA, 2014; and the Children's Hospital Association of Texas, 2006

To approximate the need for behavioral health services, these prevalence estimates can be applied to the number of uninsured and considered against the number served by the local mental health authority.[c] Austin Travis County Integral Care (ATCIC) is the local mental health authority providing community-based behavioral health services for Travis County. While other service providers serve Travis County residents, ATCIC serves the bulk of low-income residents receiving behavioral health services. Because a disproportionate number of persons with mental health and substance abuse issues live in poverty,[8] and persons without insurance do not have regular access to care, the estimates below suggest that large numbers of adults and children with diagnosable behavioral health disorders are untreated. Lack of sufficient services for individuals with behavioral health issues results in increases in homelessness, incarceration costs, inappropriate emergency room use, and demand for limited publicly-funded inpatient beds.

c This methodology is credited to Kim McPherson at St. David's Foundation.

- In 2013, the estimated number of Travis County children under 18 with a diagnosable mental or addictive disorder was 52,281. This represents 20% of the total child population of the county.[9] Nine percent of all Travis County children under 18 (or 23,256 children) were uninsured[10] but only 3,079 were served by ATCIC.[11]
- In 2013, the estimated number of Travis County adults age 18-64 with any mental illness was 146,004. This represents 19% of the total age 18-64 population of the county.[12] Twenty-three percent of all Travis County adults age 18-64 (or 177,521 adults) were uninsured[13] but only 13,342 were served by ATCIC.[14]

The 2012 Austin/Travis County Community Health Assessment (CHA) describes substance abuse in Travis County as "highly visible," particularly alcohol abuse.[15] More than one-fifth (22%) of Travis County respondents age 18 and over reported binge or heavy drinking behavior (five or more drinks for men and four or more drinks for women on a single occasion or women drinking more than one or men drinking more than two drinks per day on average) compared to 16% of respondents at the state level.[16] Austin has also seen a substantial increase in prescription drug-related overdoses in recent years.[17,18] It is estimated that 9% of Travis County adults have an alcohol or drug problem and are in need of treatment.[19] Substance abuse services in Travis County were identified as being inadequate for the population in both the CHA and a new report from the Substance Use Disorders Task Force. Lack of services for substance abuse disorders is correlated with increased costs for incarceration and medical care.[20]

Recent Expansions in Capacity and Services

Several recent expansions in local behavioral health capacity and services were made possible by a $300 million increase in state funding for mental health services allocated in the 83rd legislative session, the Medicaid 1115 Waiver, community foundation grants, and expansion in health care coverage through the Affordable Care Act (ACA). Among these are:

- The first dedicated psychiatric emergency department, located at University Medical Center Brackenridge, opened in the spring of 2014.
- A new clinic—the Southeast Health and Wellness Center—offering co-located primary and behavioral health care via a collaboration between CommUnity Care, Austin Travis County Integral Care (ATCIC), and the Community Care Collaborative (CCC), opened in October 2014. (Nearly 60% of Travis County patients with a mental health diagnosis also experience a co-occurring medical condition.[21])
- Psychiatric care via telemedicine, expansion of Mobile Crisis Outreach Team, and many other behavioral health interventions funded with Medicaid 1115 Waiver funds are operating through ATCIC. A complete list of ATCIC Medicaid 1115 Waiver projects are listed here: http://www.integralcare.org/sites/default/files/pictures/dsrip_project_summaries_including_3-year_projects.pdf.

- A new ATCIC 16–bed crisis mental health center in Southeast Austin, providing assessment, stabilization, and referral services to persons in mental health crisis (both voluntary and involuntarily placed patients) outside of costly environments such as the ER or a psychiatric hospital, will open in late 2015 or early 2016. This facility is funded by St. David's Foundation.

Many of these new capacities have been made possible by the Medicaid 1115 Waiver, operating in Regional Health Partnership (RHP) 7 (the six county area including Travis, Lee, Williamson, Fayette, Caldwell and Bastrop). The waiver is currently in year four of five with several projects underway. While projects will have a regional impact, benefits to Travis County residents will be substantial. These projects are designed to manage and treat chronic disease, increase access to appropriate health care—including behavioral health care—and build infrastructure.

The Affordable Care Act (ACA), passed in March of 2010, is widely considered to effect true parity between behavioral health treatment and physical health care. Under the bill, expansions were made to coverage under Medicaid home and community-based services for individuals with mental illness. The bill expanded the range of preventative services that are now required for coverage to include depression screening and regular behavioral assessments for children. Youth up to age 26 may now remain covered under their parent's insurance. (Many major mental illnesses such as schizophrenia, bipolar disorder, and major depressive disorder emerge in the late teens and early twenties.) The bill has also prohibited lifetime annual limits and pre-existing condition denials, which have penalized individuals and families struggling to receive treatment for mental illness.

As the ACA approaches full implementation (nearly everyone was required to carry health insurance as of March 31, 2014), many persons with behavioral health disorders will gain coverage. At least 730,000 Texans enrolled in ACA marketplace insurance plans in the first enrollment period of the ACA. While we do not have local data on the number of Travis County residents who enrolled, there are a number of community agencies mobilized to enroll as many eligible persons in ACA marketplace plans as possible. However, given that a disproportionate number of persons with mental health and substance abuse disorders live in poverty, subsidies are only available to households with incomes between 100% and 400% of the federal poverty income guidelines, and Medicaid has not been expanded per the ACA in Texas, it is likely that large numbers of Travis County residents with behavioral health issues will not gain insurance through the Act.[22]

Gaps in Behavioral Health Services

Persons with behavioral health illnesses are frequently treated in inappropriate environments, such as emergency departments and jails, which is both clinically ineffective and costly for localities. While the Travis County community has gained substantial new behavioral health services and infrastructure in the last five years, gaps still exist:

- Community leaders, service providers and other public stakeholders have indicated that intensive case management services targeting high need individuals[d] need to be secured to complement the permanent supportive housing investment approved in the November 2013 City of Austin bond election.[23,24]
- Numerous stakeholder groups recognize the need for behavioral health services tailored for justice-involved populations. Bookings for individuals with mental illness continue to rise.[25]
  - Travis County is in need of increased funding for assisted outpatient mental health treatment to keep mentally ill persons stable as they move through court processes and away from utilization of high-cost environments.[26]
  - There is a community need for increased funding for permanent supportive housing units for persons with behavioral health needs who are criminal justice-involved. The Behavioral Health Advisory Committee states that grant funding for needed behavioral health services and mental health court programs has been restricted by a lack of housing stock that is suitable for this population.[27]
  - There is a need for more residential substance abuse treatment beds for persons with behavioral health needs who are criminal justice-involved.[28] Local residential substance abuse treatment facilities operate with substantial waiting lists, requiring eligible individuals to wait in jail until a bed becomes available because they are unable to maintain stability in the community without treatment.[29]
- Increased funding for inpatient psychiatric beds for indigent persons is needed. Lack of sufficient publicly-funded inpatient beds directly results in increased jail utilization and cost, use of emergency departments, transportation costs borne by law enforcement agencies,[30] and decreased quality of care.[31] Although there are three new psychiatric hospitals in the area, and Central Health has allocated $8 million in taxpayer funds to pay for psychiatric care beds, more funding is needed for vulnerable Travis County residents requiring inpatient care.[32]
- There are no dedicated detoxification services in Travis County. A sobering center with detoxification services could serve as an alternative to arrest and incarceration for those charged with public intoxication, saving substantial public funds and funneling persons into treatment and needed services.[33]

d The target population is the high cost, frequent user of emergency departments, inpatient facilities, and the criminal justice system.

- Substance abuse services for women with children are lacking in the community.[34] Specifically needed are:
  - Outpatient services for women that include therapeutic services and child care for affected children,
  - Residential treatment slots for women and their children, and
  - Substance abuse treatment that addresses key facets of addiction specific to women—relationships and the impact of trauma.[35]
- The number of psychiatrists is insufficient to meet demand in Travis County.[36]
- Coordination of care and fine-tuning of services is needed. According to community behavioral health stakeholders, the community is working toward the goal of providing the right service for the client in the right setting at the right time.[37] Therefore, providers must determine the most efficient use of existing services, with an attention to quality, exiting services and aftercare, and appropriate cultural, linguistic, and geographic considerations for providing care to those who need it. Equity in access to services is a critical part of this needed coordination.[38]

Emerging Issues

Austin/Travis County Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)

This community planning effort examines the health of the Austin/Travis County community broadly, looking at the social determinants of health. These are the social and economic conditions that affect health and include an array of indicators such as transportation, housing, and unemployment. Mental illness and substance abuse disorders were identified as priorities through the planning effort, and implementation of programming to effect change in this area began in July of 2013. Stakeholder and community engagement activities are ongoing.

Austin/Travis County Substance Use Disorders Task Force

This newly convened group includes ATCIC, Central Health, City of Austin Health and Human Services Department, and Travis County Health and Human Services & Veterans Service, as well as Travis County Criminal Justice Planning and Downtown Austin Community Court. The group has issued a 2014/15 Action Plan with recommendations for local public sector investments in substance abuse services and is continuing work on a long term plan for substance abuse services in Travis County.

Further Resources

Rising numbers of people affected by behavioral health issues impact a number of other 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 Food and Transportation (hunger and poverty).

Below are some selected resources that provide more information about behavioral health:

Austin Travis County Integral Care

www.integralcare.org

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

Hogg Foundation for Mental Health

www.hogg.utexas.edu

The Hogg Foundation promotes mental health throughout the state through research, advocacy, and philanthropy.

National Alliance on Mental Illness Texas

www.namitexas.org

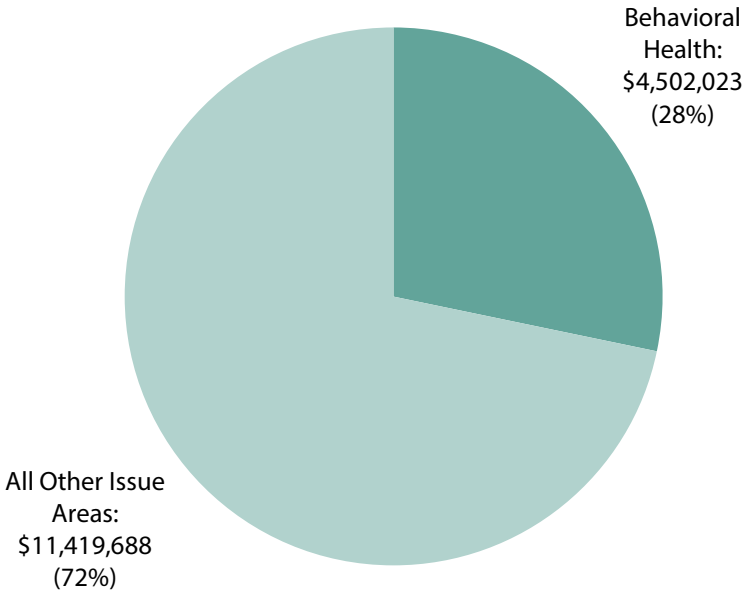
National Alliance on Mental Health Texas is a member-driven advocacy group made up of professionals and mental health consumers and their family members. The organization provides support and education to the public and to those who have mental illness in order to promote improved treatment and recovery.

Investment Overview

Our Investment

TCHHS/VS 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 (Austin Travis County 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, 2014



Funding Summary

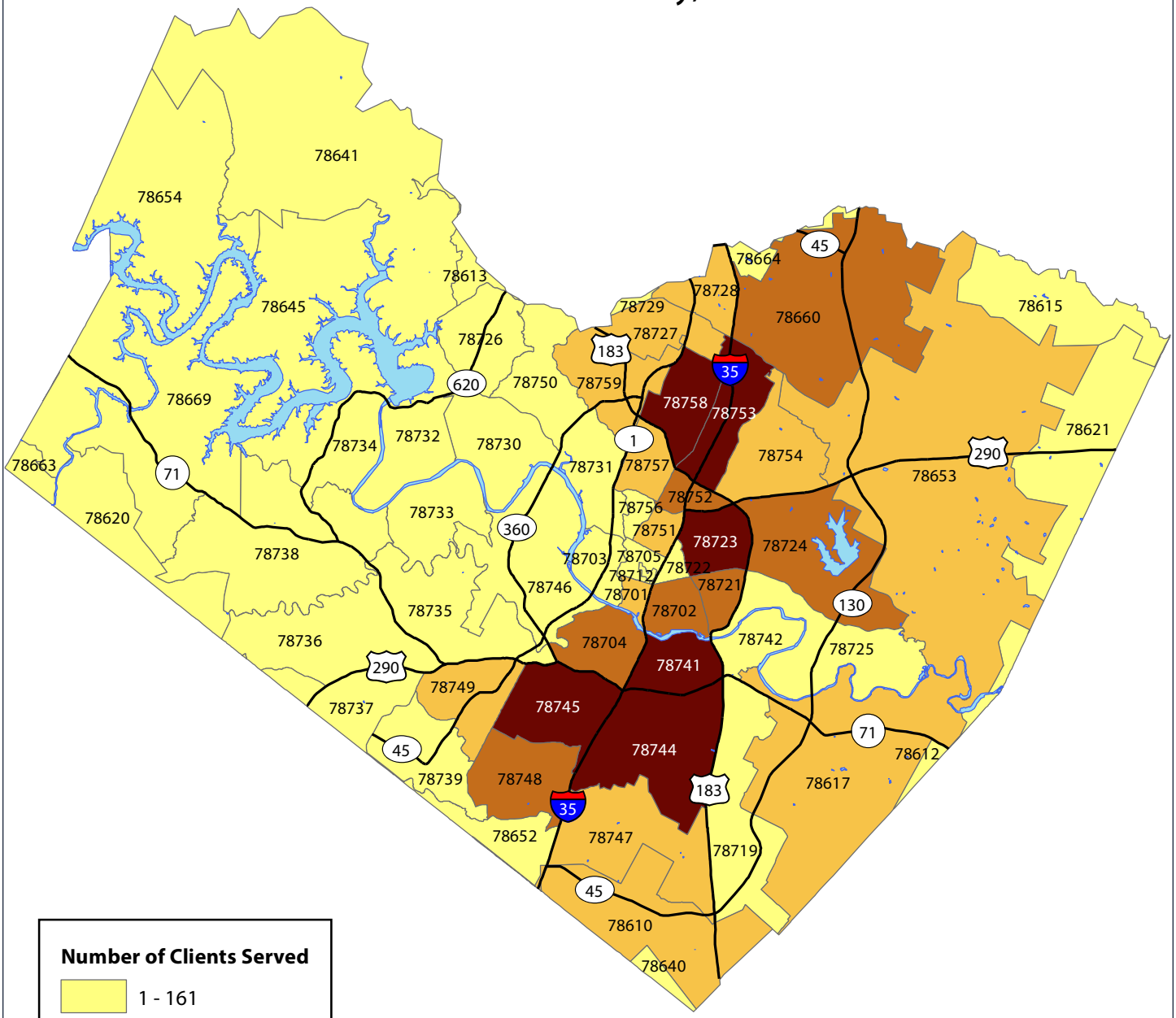
The 2014 Funding Amount reflects 9–month funding (January 1 through September 30, 2014) unless otherwise noted.

Agency Name	Program Name	2014 Funding Amount
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$76,007
Austin Travis County Integral Care	Expanded Mobile Crisis Outreach Team	$1,000,000*
Austin Travis County Integral Care	Main Mental Health Interlocal	$1,058,291
Austin Travis County Integral Care	Substance Abuse Managed Services Organization	$978,679**
Austin Travis County Integral Care	System of Care Managed Services Organization	$898,780**
Capital Area Counseling	Low Cost, No Session Limit, Outpatient Counseling	$12,881
Communities In Schools of Central Texas	Care Coordination Program for Youth and Family Assessment Center	$296,212
LifeWorks	Counseling	$70,939
Out Youth	Youth Development	$9,660
Workers Assistance Program	Youth Advocacy, Creating Lasting Family Connections	$32,627
YWCA Greater Austin	YW Counseling & Referral Center	$67,947

*Funding from September 1, 2013 through August 31, 2014
**Fiscal year funding (October 1, 2013 through September 30, 2014)

Behavioral Health

Clients Served by ZIP Code
Travis County, 2014



Number of Clients Served

- 1 - 161
- 162 - 443
- 444 - 836
- 837 - 1,305

N

0 2.5 5 Miles

Notes: This map shows 17,023 clients by ZIP code. 3,388 (17% 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.

Source data: Contracted service providers, 2014.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS Research & Planning Division, 2014.

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.

The program uses clinically-indicated assessment, diagnostic, and mental health treatment specializing in services to children and adolescents with mental, emotional, and behavioral problems. ACGC engages the family system and any other relevant system, including collaborations, to help improve and maintain positive mental, emotional, and behavioral changes addressing the needs of the client/family and to build on their strengths. As a local safety net agency, ACGC provides a high standard of treatment services to all families, practicing inclusiveness, and without regard to the ability to pay for services. Finally, ACGC has been a training site for future mental health professionals since its inception and continues to train students, interns, and residents in the fields of counseling, social work, psychology, and psychiatry.

Funding

The total TCHHS/VS investment in the Children's Outpatient Mental Health & Evaluation Services program from January 1 through September 30, 2014 was $76,007. This investment comprised 5.3% of the total program budget.

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 whom 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, and funding from Travis County is specifically used to provide services to families at or below 200% of the Federal Poverty Income Guidelines (FPIG).

ACGC: Children's Outpatient Mental Health & Evaluation Services

Austin Child Guidance Center exceeded both outcome goals but fell slightly short of targets on two output measures. Program staff explained that the number of children/youth and family members served (see the first output) is lower than expected due to high staff turnover, which did not allow for many new client cases to be opened. In previous years, the second output measure included parents and children, whereas in 2014 the number only reflects the children that used professional counseling services. The number of recipients consultations/trainings/presentations/seminars was higher than projected (see the sixth output) since many new volunteers received training at the beginning of the school year. Finally, staff noted that ACGC is working to create a process that will capture progress on on-going, off-site groups, which are currently not included in the second outcome measure.

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	2,012	2,294	88%
Number of children/youth provided professional counseling services	929	1,071	87%
Number of participants provided specialized group services	595	580	103%
Number of client assessments/evaluations completed	1,866	1,872	100%
Number of hours of services delivered	19,992	20,625	97%
Number of recipients receiving consultations/ trainings/presentations/seminars	1,872	1,390	135%
Outcomes			
Percentage of clients making progress on treatment plan goal(s)	91% (679/744)	85% (609/716)	107%
Percentage of clients receiving specialized group services who show positive increases/changes	88% (127/144)	85% (264/310)	104%

Austin Travis County Integral Care

Expanded Mobile Crisis Outreach Team

Program Description

Mobile Crisis Outreach Team (MCOT) services include site-based psychiatric screening and psychiatric crisis assessment, access to a prescriber as needed, diversion to appropriate community-based care and resources, and short-term follow-up to ensure the individual's immediate crisis is stabilized and the individual is linked with ongoing care and resources. These services are "mobile" services provided on location in the community wherever the individual is presenting.

The Expanded MCOT project specifically addresses the unmet need of providing psychiatric services (evaluation, diagnosis, and treatment) for adults at the right time and in the right place. The project added MCOT capacity at key community intercept points— Austin/Travis County EMS (all commanders and captains make referrals to EMCOT via the 911 Call Center), Austin Police Department (referrals are made via the 911 Call Center for all sectors of the City of Austin), Travis County Sheriff's Office Crisis Intervention Team, and Central Booking staff—to divert inpatient psychiatric admissions, jail bookings, and emergency department admissions, provide short-term community-based interventions to stabilize individuals in psychiatric crisis, and link these individuals to ongoing supports.

Funding

The total TCHHS/VS investment in the Expanded MCOT program from September 1, 2013 through August 31, 2014 was $1,000,000. This investment comprised 24.4% of the total program budget. TCHHS/VS also funds the Main Mental Health Interlocal, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described later in this report.

Eligibility Criteria

This program targets Travis County residents who are Medicaid eligible and/or indigent individuals in psychiatric crisis who come in contact with emergency departments, law enforcement, and central booking to receive care.

Austin Travis County Integral Care: Expanded Mobile Crisis Outreach Team

The Expanded MCOT program exceeded its goals for the number of duplicated individuals referred to EMCOT. The program was also able to exceed expectations for unduplicated individuals served, serving 1,163 unduplicated individuals compared to an expected 1,143 individuals. Staff explained that EMS began to allow all commanders and captains to make referrals to EMCOT via the 911 Call Center during the fourth quarter of the year, and the volume of referrals from EMS continued to increase over the course of the year. In June, EMCOT began to be dispatched from the 911 Call Center for emergent Austin Police Department (APD) referrals in four sectors, and in August began to be dispatched in all of the city's nine sectors. On August 1st, EMCOT also became available to respond to any referrals from Central Booking staff. The program continued to get referrals from the Travis County Sheriff's Office Crisis Intervention Team unit. Finally, EMCOT began to co–locate with EMS at multiple locations, which decreased response times to the northern part of the county and the western and eastern parts of the city.

Performance data reflects clients served from October 1, 2013 through September 30, 2014.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of duplicated individuals referred to EMCOT for a face-to-face assessment	3,902	2,000	195%

Austin Travis County Integral Care

Main Mental Health Interlocal

Program Description

The Main Mental Health Interlocal with Austin Travis County Integral Care (ATCIC) provides mental health services through a number of programs: Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven. Information on each program is provided in the following pages.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal program from January 1 through September 30, 2014 was $1,058,291. TCHHS/VS also funds the Expanded Mobile Crisis Outreach Team, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are also described in this report.

Eligibility Criteria

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

Austin Travis County Integral Care

Main Mental Health Interlocal: Child and Family Services

Program Description

The Child and Family Services program provides mental health intensive outpatient services. These services include: individual and family counseling and skills trainings, 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 TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

Outpatient services are available 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.

ATCIC: Child and Family Services

The Child and Family Service program exceeded all performance goals. Program staff explained that due to change in eligibility, children in early childhood intervention (ECI) now enter the program with a greater degree of need. The program's response to meet these needs has been to provide a higher level of frequency and intensity of services for these children. Staff noted that children in this age group improve because of a combination of professional intervention (therapies and specialized skills training) and maturation. These professional interventions are effective in influencing the trajectory of the child's development (see the first and second outcomes), as they improve the chance of learning new skills at a faster rate.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,491	642	232%
Outcomes			
Percentage of children and youth who have reliable improvement in one or more domains when assessed	99% (72/73)	38%	260%
Percentage of children and youth with moderate to high functioning impairment who have clinically acceptable or improving problem severity	99% (72/73)	42%	235%
Percentage of parents/children satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	98% (132/135)	90%	109%

Austin Travis County Integral Care

Main Mental Health Interlocal: Co-Occurring Psychiatric Substance Disorder Program

Program Description

The Co-Occurring Psychiatric Substance Disorder Program (COPSD) strives to reduce the rate of substance use in the community by providing linkage to the continuum of care for Travis County residents, which includes prevention, assessment, treatment, case management, and outcome evaluation. The program serves adults seeking chemical dependency and mental health services who have a diagnosis of substance use disorders and mental illnesses. Consumers accessing services are assessed prior to admission in order to determine appropriate level of care and other psychosocial needs. Generally the treatment episode is between four to six months based on the consumer's needs. Counselors utilize Motivational Interviewing best practices to engage individuals in their recovery process. Services include substance use education, individual counseling, skills building (including relapse prevention and refusal skills), Good Chemistry Groups, referral for HIV/AIDS and/or Tuberculosis testing, linkage to other treatment resources including 12–Step Recovery groups, and structured discharge planning. Services are provided in a culturally competent manner.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

Consumers must be 18 years of age; physically and mentally able to participate in the program; willing and able to comply with treatment activities and rules; and must not be actively homicidal, suicidal or at risk for violent behavior. Consumers are charged on a sliding fee scale basis. No one is refused treatment due to an inability to pay.

ATCIC: Co-Occurring Psychiatric Substance Disorder Program

The COPSD Program exceeded both outcome goals but fell short of expectations on the output measure. Staff members explained that it was a challenge projecting a goal for unduplicated clients served (see the output) for the 9–month contract. Further, the acute conditions of persons served by the COPSD Program required more intensive services for individual clients. The resulting increase in the program's average length of stay also impacted service capacity. Though the program served 75 unduplicated individuals, the number of client hours of service totaled 1,884 hours. The program has seen an increase in the level of need of persons referred, resulting in more intensive care and longer lengths of stay in the program.

COPSD was able to exceed the target for no arrests (see the first outcome) due to the staff training and ongoing supervision in the use of motivational interviewing, recognition of criminogenic thinking, and cognitive interventions, which target improvement of trigger recognition and decision-making skills. Rapid connection to mental health services, development of recovery activities, and linkage to primary care help stabilize client life situations and instill hope for the future.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	75	158	47%
Outcomes			
Percentage of clients with no arrests between admission and discharge	77% (67/87)	65%	118%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	97% (130/134)	90%	108%

Austin Travis County Integral Care

Main Mental Health Interlocal: Infant-Parent Program - Early Childhood Intervention

Program Description

The Infant-Parent Program - Early Childhood Intervention (ECI) offers a variety of service options. These are community-based services include, but are not limited to: speech/language, occupational and physical therapies; developmental services; and service coordination. The program offers comprehensive bilingual services, including assessment and intervention in Spanish, for families whose primary language is not English. The program also provides on-site hearing testing and the services of a pediatric audiologist.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

All children under the age of three who meet Early Childhood Intervention (ECI) guidelines are eligible for service. The target population is any family residing within the Infant-Parent Program designated Service Area who has a child, age birth to three, with a developmental delay due to medical or environmental factors, or whose development is atypical.

ATCIC: Infant-Parent Program - Early Childhood Intervention

The Infant-Parent Program - Early Childhood Intervention (IPP - ECI) exceeded all performance expectations. Staff reported that due to a change in eligibility, children in ECI now enter with a greater degree of need. The program's response to meet these needs has been to provide a higher level of frequency and intensity of services for these children.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	693	602	115%
Outcomes			
Percentage of children and youth who have reliable improvement in one or more domains when assessed	99% (72/73)	95%	104%
Percentage of customers satisfied, as measured by the Consumer Survey for IPP services	98% (132/135)	90%	109%

Austin Travis County Integral Care

Main Mental Health Interlocal: The Inn

Program Description

The Inn is a short-term crisis residential program that offers a structured, supervised environment for adult consumers with severe and persistent mental illness in moderate to severe psychiatric crisis. Consumers in other ATCIC day programs utilize this service when their living situation is negatively impacting their ability to participate. Supportive counseling, psycho-educational groups, psycho-rehabilitative skills training, medication maintenance, and coordination of care with primary treatment units are provided.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

Eligible consumers are persons at high risk of psychiatric decompensation who meet crisis residential services criteria. Eligible persons also include individuals outside the target population (Travis County residents experiencing a psychiatric crisis) who meet crisis residential services criteria.

ATCIC: The Inn

The Inn met or exceeded all performance targets. Staff reported that The Inn makes an effort to accommodate the needs of community members in crisis, including often admitting clients on weekends or in the middle of the night. In addition, clients are treated on an individual basis, so while the average length of stay is seven days, there are clients who are effectively stabilized in less time and are discharged to a lower level of care. This allows for more frequent admissions of those in need, as well as efficient use of bed space.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	536	225	238%
Number of bed days provided	4,678	2,250	208%
Outcomes			
Adult suicide rate among clients served within the last 48 hours	0% (0/536)	<1%	Met Goal
Adult suicide rate among clients served within the last 30 days	0% (0/536)	<1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	90% (105/117)	90%	100%

Austin Travis County Integral Care

Main Mental Health Interlocal: Intellectual and Developmental Disabilities Service Coordination

Program Description

The Intellectual and Developmental Disabilities Service Coordination program provides assistance in accessing medical, social, educational, and other appropriate services and supports that will help an individual achieve quality of life and community participation acceptable to the individual/family as described in the person directed plan. Service coordination functions include:

- Assessment—identifying the consumer's needs and the services and supports that address those needs as they relate to the nature of the consumer's presenting problem and disability;
- Service planning and coordination—identifying, arranging and advocating, collaborating with other agencies, and linking to the delivery of outcome-focused services and supports that address the consumer's needs and desires;
- Monitoring—ensuring that the consumer receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual's needs and desires; and
- Crisis prevention and management—linking and assisting the consumer to secure services and supports that will prevent or manage a crisis.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Austin Travis County Integral Care

Main Mental Health Interlocal: Intellectual and Developmental Disabilities Service Coordination

Eligibility Criteria

The target population includes individuals identified as the priority population by the Texas Department of Aging and Disabilities Services: persons with a medical diagnosis of intellectual disability, as defined by the Texas Health and Safety Code §591.003; individuals with autism spectrum disorder as defined in the current edition of the Diagnostic and Statistical Manual; individuals with a related condition who are eligible for Intermediate Care Facility (ICF), Home and Community Based Services (HCS), or Texas Home Living (TxHmL) programs; nursing home facility residents eligible for specialized services pursuant to Section 1919(e)(7) of the Social Security Act; and children who are eligible for Early Childhood Intervention Services.

Individuals in the target population who are residents of Travis County, meet diagnostic eligibility criteria through an assessment, and give written voluntary consent for services are eligible for the program. Services are provided on a sliding fee scale and no one is refused services based upon an inability to pay.

ATCIC: Intellectual and Developmental Disabilities Service Coordination

Performance Goals and Results

The Intellectual and Developmental Disabilities Service Coordination program met or exceeded the targeted range of performance for all measures. Staff noted that the increasing population of Travis County has led to more consumers needing services, and thus more clients served (see the output). Consumers' person-directed plans can be modified several times during the year to make program changes, linking to services and supports throughout the year (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	388	240	162%
Outcomes			
Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan	92% (932/1,018)	98%	93%
Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey	94% (811/865)	90%	104%

Austin Travis County Integral Care

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

The Mobile Crisis Outreach Team (MCOT) provides a combination of crisis services, including psychiatric assessments and medications, crisis intervention services, 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 in-patient hospitalization.

Children's crisis services are flexible, multi-faceted, and 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 intensive evidenced-based treatments designed to be family-focused, intensive, and time-limited.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

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

ATCIC: Mobile Crisis Outreach Team

The Mobile Crisis Outreach Team (MCOT) met or exceeded all program goals. Staff members attributed the higher than projected service provision (see all three outputs) to the new 24–hour response to urgent/emergent Hotline calls for Fiscal Year 2014. Any crisis call where the consumer is not open to ongoing services at ATCIC is referred out to MCOT for response within 24 hours.

Staff members explained that Psychiatric Emergency Services referrals (see the first outcome) only reflect dispatches that resulted from a Hotline call. However, clients are referred to MCOT by multiple sources. Staff also reported that consumers served through the MCOT program require high levels of crisis services. The rate of youth and adults stable in the community setting within 48 hours of MCOT services (see the second outcome) is high because the program provides services that assist in the successful stabilization of youth and adults. Faster urgent/emergent Hotline calls referred out to MCOT allow for greater outcomes in stability. Finally, staff noted that people experiencing a psychiatric crisis may have reduced or impaired functioning, which can be an obstacle to reading, writing, and completing paperwork in general. Programs assess and treat clients as quickly as possible, minimizing barriers to receiving crisis treatment. Consumer Surveys are completed by clients whenever possible and when clinically appropriate (see the fourth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	978	282	347%
Number of unduplicated children served	182	34	535%
Number of Hotline calls referred to MCOT	440	225	196%
Outcomes			
Percentage of clients in psychiatric emergency seen within 1 hour of Psychiatric Emergency Services referral	100% (15/15)	95%	105%
Percentage of youth and adults stable in the community setting within 48 hours of MCOT services	98% (1,141/1,160)	75%	131%
Youth and adult suicide rates among clients served within the last 30 days	0.2% (2/1,160)	<1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	100% (1/1)	90%	111%

Austin Travis County 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 as well as providing 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 TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

The Texas Department of State Health Services Target Population is the target population for this program, which 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.

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 one is refused service because of inability to pay.

ATCIC: Psychiatric and Counseling Services

The Psychiatric and Counseling Services program exceeded goals across all performance measures. Staff members noted that Austin's population growth has brought with it increased numbers of people with significant behavioral health needs. ATCIC has added additional prescribers and services through its 1115 Waiver programs to help meet the growing demand. These factors led to more clients served (see the first output) and a higher number of client hours of service (see the second output).

People experiencing a psychiatric crisis may have reduced or impaired functioning, which can be an obstacle to reading, writing, and completing paperwork in general. Programs assess and treat clients as quickly as possible, minimizing barriers to receiving crisis treatment. Consumer Surveys are completed by clients whenever possible and when clinically appropriate (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	5,934	2,250	264%
Number of client hours of service	40,100	26,250	153%
Outcomes			
Percentage of clients stable and in the community	99% (5,870/5,934)	97%	102%
Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	92% (109/119)	90%	102%

Austin Travis County 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. Services provided include: 24–hour crisis walk-in services; psychiatric screening and assessment; brief crisis intervention services; 24–hour information and referral to appropriate community services; on-site psychiatric and nursing services, including evaluation and medication prescription; and transportation assistance to alternative sites or programs on a limited basis. 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.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

The program serves all persons who request assessment and/or demonstrate need of psychiatric emergency services. No one is refused services due to inability to pay.

ATCIC: Psychiatric Emergency Services

The Psychiatric Emergency Services (PES) program exceeded both output goals but fell short of goals for client satisfaction (see the third outcome). Staff members explained that the crisis situations that consumers are experiencing when receiving PES may lower both the response and satisfaction rates. The PES team is working on obtaining a higher response rate for satisfaction surveys during this next year.

As the population in Austin and Travis County continues to grow, the number of community members needing services grows as well. PES has increased staff and psychiatrist hours to accommodate the growing need in the community (see the first output). There are continued efforts to inform and collaborate with local schools, which has likely resulted in greater awareness of the available services PES has to offer for children (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	5,658	2,250	251%
Number of unduplicated children served	658	225	292%
Outcomes			
Youth and adult suicide rates among clients served within the last 48 hours	0% (0/6,316)	<1%	Met Goal
Youth and adult suicide rates among clients served within the last 30 days	0.03% (2/6,316)	<1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	75% (30/40)	90%	83%

Austin Travis County Integral Care

Main Mental Health Interlocal: Safe Haven

Program Description

Safe Haven provides homeless persons with severe mental illness and co-occurring substance use disorders with intensive supportive service and permanent housing options. Intensive housing-based case management services are provided to individuals using Housing First—Permanent Supportive Housing as a best practice model to assist homeless individuals achieve stability and recovery.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Co-Occurring Psychiatric Substance Disorder (COPSD) Program, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Intellectual and Developmental Disabilities Service Coordination, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2014 was $1,058,291.

Eligibility Criteria

The target population consists of adults who fit the HUD definition of "homeless[e]" and who have symptoms or diagnoses of severe mental illness. Individuals with co-occurring substance use disorders are also eligible. Consumers must be 18 years of age, homeless, and have behavioral health disorders.

e The HUD definition of homeless includes: (1) individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

ATCIC: Safe Haven

Safe Haven met or exceeded goals for all measures. Staff noted that there is a growing demand, with growth in local population and need in the community, and this has resulted in greater amounts of Safe Haven services provided (see the output). Consumers at Safe Haven have access to ongoing psychiatric follow-up after program completion, and Safe Haven continues to provide linkage to available post-discharge resources (see the first outcome).

In the third quarter of the year, an Electronic Satisfaction Survey Tablet Program was implemented to increase survey response rates and meet contractual requirements. Safe Haven and consumers of other ATCIC programs were given the opportunity to answer the Satisfaction Survey while receiving services. However, survey results for only Safe Haven consumers are not available.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	29	21	138%
Outcomes			
Percentage of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	100% (23/23)	90%	111%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	N/A	90%	N/A

Austin Travis County 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. Austin Travis County Integral Care (ATCIC) 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 are specific to the target population served. For each population, services provided may include the following:

- Outreach: Identification of potential eligible clients and encouragement to accept services.
- Intake/Assessment/Referral: Completion of a comprehensive, clinical substance abuse assessment and, if indicated, mental health assessments at entry point into the system.
- Intervention Counseling Services: Individual counseling with the high-risk youth population and/or their family members.
- 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. Residential, ambulatory, and outpatient detoxification services are available.
- 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; chemical dependency, individual, and additional counseling; chemical dependency education; life skills training; and structured social and/or recreational activities are provided. For the high-risk women's and the Parenting In Recovery women's populations, "Specialized Female Services" are provided; 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.
- Transitional Housing Services: Housing and case management provided for a period not to exceed three months, except in the event that an extension is granted, with the purpose of moving the client towards greater self-sufficiency during concurrent engagement in aftercare services.
- 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.

Austin Travis County Integral Care

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; chemical dependency, individual, and additional counseling; chemical dependency education; and life skills training are provided.
- Case Management and Support Services: Linking the client with needed services, helping the client develop skills to use basic community resources and services, and monitoring and coordinating the services received by the client.
- Recovery Supports: An array of services that promote recovery, which include but are not limited to, mental health services; psychiatric services; peer recovery support; sober living options; and wraparound supports. Wraparound supports include education/training, assessments/evaluation, treatment services (counseling/therapy), flexible community support services, enrichment services, and basic needs.

Activities related to the MSO function include the following:

- 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 (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.
- 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 data and report output and outcome results compared to annual objectives on a variety of indicators. This function also monitors and profiles sentinel risk factors.
- 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.
- 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.
- Network Development and Management: Ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes 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.

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

Funding

The total TCHHS/VS investment in the Substance Abuse Managed Services Organization contract from October 1, 2013 through September 30, 2014 was $825,548. Additionally the contract includes $153,131 in grant funds from the Parenting in Recovery federal grant and $456,521 from the City of Austin for the Downtown Community Court. Funds support both direct services and the MSO administrative fee (12% for general funds and 5% for grant funds). TCHHS/VS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, and System of Care Managed Services Organization programs, which are also described in this 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) not be covered by other applicable insurance or other third-party payer for full coverage of needed services and not be eligible for other third-party payer programs, 3) be a resident of the City of Austin and/or Travis County, 4) meet criteria as a member of one of the designated target populations; and 5) have an initial clinical assessment that concludes that the individual needs and is clinically appropriate for services.

Target populations include: homeless adults (either literally homeless or marginally homeless[f]) age 18 years and older; adults referred by Downtown Austin Community Court (DACC); high-risk, substance abusing, or chemically dependent adults; substance using/abusing youth who do not meet the eligibility criteria for other specific target populations; and adults referred by the Parenting In Recovery/Travis County Family Drug Treatment Court program (administered by Travis County Office of Children Services).

f 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 residence is an institution that provides a temporary residency for individuals intended to be institutionalized; and who are at imminent risk of becoming homeless. Marginally homeless does not include persons who live in substandard housing.

ATCIC: Substance Abuse Managed Services Organization

The Substance Abuse Managed Services Organization (SAMSO) met most performance goals for the adults they served, although they served fewer adults than originally projected (see the first output). Staff noted that programs served and provided resources to a lower than expected number of homeless clients due to a decrease in funding from FY 2013 to FY 2014, although the service goal remained unchanged. The program did not serve any youth, so no youth data is available. ATCIC is working to develop provider capacity to serve youth.

The program saw an increased number of referrals by the Community Court (see the third output); newer providers (Second Chances and A New Entry) and the expansion of service contributed towards this increase.

Staff attributed the high program completion rate (see the first adult outcome) to a quality treatment environment and program services. Further, the number of treatment episodes is high due to multiple treatment episodes occurring across the services provided. For example, clients may have had more than one treatment episode due to seeking treatment at different levels of care (e.g. residential and outpatient services).

Staff noted that the lower than projected percentage of clients discharging to stable housing (see the third adult outcome) was due to the higher number of homeless clients served. Increasing linkage to resources contributed towards clients being employed, in school, or in training at discharge (see the fourth adult outcome). The close of the detox program at Austin Recovery contributed to fewer satisfaction surveys collected. Residential services moved from the Cross Park location to the Buda Campus location, which also negatively impacted survey collection (see the fifth adult outcome). Increased abstinence rates (see the sixth adult outcome) could be attributed to the involvement of the criminal justice system after discharge, access to Recovery 12–step meetings, and other environmental factors. Some clients served experience a continuation of employment, and clients are also referred to Goodwill for certification and training, which contributed to the percentage of clients in employment at 60–day follow-up (see the seventh adult outcome). The percentage of clients with a reduction in criminal behavior at 60–day follow-up (see the ninth adult outcome) did not meet goals. Staff explained that clients who enter into pre-treatment environments and activities post-discharge are at higher risk of engaging in criminal behavior.

ATCIC: Substance Abuse Managed Services Organization

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults receiving substance abuse treatment services (Homeless/At-risk)	313	481	65%
Number of unduplicated youth receiving substance abuse treatment services (Youth services)	0		
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	98	65	151%
City + County SAMSO Expenditures	$1,258,547	$1,288,657	98%
Adult Outcomes			
Percentage of treatment episodes where client treatment plan goals were met (program completion)	76% (633/834)	65%	117%
Percentage of treatment episodes where adult was referred to subsequent treatment	94% (137/146)	100%	94%
Percentage of treatment episodes where adult was discharged to stable housing	69% (444/643)	80%	86%
Percentage of treatment episodes where adult was employed, in school, or in training at discharge	71% (97/137)	55%	129%
Percentage of adults satisfied with services	97% (31/32)	95%	102%
Percentage of treatment episodes where adults reported having maintained abstinence from substance abuse when contacted 60 days after treatment	89% (224/251)	70%	127%
Percentage of treatment episodes where adult served was employed, in school, or in training at 60–day follow-up	95% (21/22)	60%	159%
Percentage of treatment episodes where adult served was living in stable housing at 60–day follow-up	84% (221/263)	85%	99%
Percentage of treatment episodes where adult served had a reduction in criminal behavior at 60–day follow-up	77% (34/44)	90%	86%
Youth Outcomes			
Percentage of treatment episodes where youth served achieved substance abuse treatment plan goals	N/A	66%	N/A
Percentage of treatment episodes where youth served was discharged to stable housing	N/A	80%	N/A

ATCIC: Substance Abuse Managed Services Organization

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of treatment episodes where youth served was employed, in school, or in training at discharge	N/A	55%	N/A
Percentage of youth satisfied with services	N/A	95%	N/A
Percentage of treatment episodes where youth served reported having maintained abstinence from substance abuse at 60–day follow-up	N/A	70%	N/A
Percentage of treatment episodes where youth served was employed, in school, or in training at 60–day follow-up	N/A	60%	N/A
Percentage of treatment episodes where youth served reported living in stable housing at 60–day follow-up	N/A	85%	N/A
Percentage of treatment episodes where youth served had a reduction in criminal behavior at 60–day follow-up	N/A	90%	N/A

Austin Travis County 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. Austin Travis County Integral Care (ATCIC) 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: Develop and manage a provider network to support the Wraparound process, consisting of a combination of traditional, formal, and non-traditional service providers; develop, negotiate, and execute service contracts, including review and monitoring to ensure quality of services and compliance with contract requirements; manage the credentialing process to ensure the network is comprised of qualified providers and organizations.
- 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; conduct prospective and retrospective review of authorized services and supports; analyze service expenditure trends and identify and assess fiscal and programmatic issues.
- Quality Management: Compile data and report output and outcome results on a variety of indicators, including participant satisfaction, access to services, and service and cost information.
- Management Information System: Collect, manage, and report information necessary to ensure effective management of project resources and perform program evaluation functions.
- 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 are correctly submitted by the monthly due date.
- Claims Adjudication and Payment: Review all claims for accuracy and completeness; ensure that claims are paid in a timely manner and at the appropriate rates.
- Administrative Processes: Provide efficient and appropriate access to services and supports; facilitate the training of brokers on the MSO administrative procedures/processes.

System of Care services offered include the following:

- Education/Training: Parent/caretaker education; parent/caretaker training/coaching; life skills training prevention services, which may include specialized areas of focus such as violence prevention, teen pregnancy prevention, substance abuse prevention, and vocational training; and tutoring.

Austin Travis County Integral Care

System of Care Managed Services Organization

- Assessments/Evaluation: Psychological assessment; psychiatric assessment; specialized therapy assessment; functional/behavior assessment; and other assessments that may assist in evaluation of functional, behavioral, mental health, or other needs.
- Treatment Services (Counseling/Therapy): Individual, group, or family counseling/therapy; play therapy; crisis counseling; specialized therapy; medication management; nursing services; substance abuse intervention/counseling; substance abuse treatment; and psychosocial skills training/behavior management.
- Flexible Community Support Services: Respite care; child care/supervision; transportation; parent coach; employment support services; mentoring; therapeutic/behavioral aide; case conference (Wraparound team meeting); and shelter care.
- Enrichment Services: Recreational/social activities; gap time enrichment activities; camp; after school program; enrichment skill development; and case management.
- Basic Needs: Essential services in order to meet basic needs for survival, such as emergency food, clothing, housing modifications, utilities, housing assistance, and medical purchases.

Any other eligible service or support that meets the needs established: 1) in the Plan of Care or an emergency or crisis situation, 2) by the collaborative team during discharge planning, 3) by the authorizing staff meeting held by the Healthy Families and Children F.I.R.S.T. programs, or 4) by the Drug Court Team and/or the Child Therapist assigned to The Children's Continuum.

Funding

The total TCHHS/VS investment in the System of Care Managed Services Organization contract from October 1, 2013 through September 30, 2014 was $676,251 ($664,303 expended) for general fund and grant match expenditures, $188,506 ($108,432 expended) in grant funds from the Parenting in Recovery and Children's Continuum, and $34,023 ($1,870 expended) from the Milburn Bequeathment fund. Funds support both direct services and the MSO administrative fee (7% for general funds and 5% for grant funds). Of the total funds expended this fiscal year under the System of Care MSO contract: 80% were Travis County funds; 7% were county partner contributions; and 13% were grant funds. Additionally, community partners funded 24% of the cost of services for enrolled participants outside of the System of Care MSO contract. TCHHS/VS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, and Substance Abuse Managed Services Organization programs, which are also described in this report.

Austin Travis County Integral Care

System of Care Managed Services Organization

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 participating programs.

Target populations are specific to the program:

- The Children's Partnership (TCP): Children and youth between the ages of 5-17 with a mental health diagnosis who have and/or require multiple system involvement.
- Community Partners for Children (CPC): Children and youth between the ages of birth to 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 whose children meet the CPC criteria and that are seeking access to CPC Bridge services, The Children's Partnership, and/or the TRIAD program.
- The Youth and Family Assessment Center (YFAC): Children and youth between the ages of 3-22 who demonstrate a need for social service intervention based on at-risk behaviors; and attend one of the following schools at referral: Allison, Andrews, Harris, Oak Springs, Ortega, Rodriguez, or Zavala Elementary, or Dobie, Kealing, Martin, Mendez, or Webb Middle Schools and/or are enrolled in the Supportive Services program of YFAC through the Travis County Community Centers and/or are enrolled in the School-Readiness Camp. A secondary target population is youth and adult family members of the primary target population who demonstrate a need for social service intervention due to impaired family functioning, which contributes to the youth's at-risk status.

For clients supported by grant funding, the target populations are specific to each grant:

- For clients funded by the Parenting In Recovery (PIR) federal grant, the target population is parents involved in the child welfare system due to substance dependency. Parents must be residents of Travis County, be referred to PIR by Child Protective Services (CPS), and found to be substance dependent. A secondary target population is the children and youth identified as participants of PIR. Children and youth must reside with the parent, relative caregiver, or fictive kin and reside in Travis County or a contiguous county.
- For clients funded by the Milburn Trust, families must be residents of Travis County, enrolled in either the Children F.I.R.S.T. program or the Healthy Families program, and be receiving prevention and/or intervention services to address issues of child abuse and/or neglect. Services can be expended on any household family member of an enrolled family.

Austin Travis County Integral Care

System of Care Managed Services Organization

- For clients funded by the The Children's Continuum federal grant, the target population is children whose parents are enrolled in the Travis County Family Drug Treatment Court (FDTC). Parents must be enrolled in FDTC, children must be ages 0-5, and the family must be referred to services by the Child Therapist and/or Drug Court Team Members. A secondary target population is the parents enrolled in FDTC. Parents must be enrolled in FDTC and require parenting support, education, guidance, and training.

ATCIC: System of Care Managed Services Organization

The System of Care MSO did not have established performance goals for 2014. The provider network served 463 unduplicated clients (see the first output). Please note that clients may have received multiple types of support; therefore, clients are unduplicated within the second, third, and fourth output measures but not across these output measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients who received services through the provider network established by the MSO	463	N/A	N/A
Number of unduplicated clients who received basic needs support (e.g. housing, utilities, food, clothing, and child care)	165	N/A	N/A
Number of unduplicated clients who received flexible community supports (e.g. enrichment activities, documents to access other services, unique non-traditional mental health services such as parent coaching, mentoring, behavioral aid, respite, crisis support, and education/vocational support)	365	N/A	N/A
Number of unduplicated clients who received behavioral health services (e.g. psychiatric and other indicated assessments, individual and family therapy)	246	N/A	N/A

Capital Area Counseling

Low Cost, No Session Limit, Outpatient Counseling

Program Description

Capital Area Counseling provides mental health services in the form of therapeutic counseling to people in the community who may not otherwise have access to these services. Services are provided at a low cost, and the program sees clients for as long as they need to be seen, allowing for some level of stability in the counseling process. The primary service available is once-per-week outpatient counseling/psychotherapy, with the length of treatment determined by the clinical needs of the client. Sessions are 50 minutes in length. Group therapy is also available for a variety of different issues.

An additional goal of Capital Area Counseling is to provide a comprehensive training ground for therapists in the community. They ensure that the therapists they train have access to on site supervision as well as peer consultation opportunities.

Funding

The total TCHHS/VS investment in the Low Cost, No Session Limit, Outpatient Counseling program from January 1 through September 30, 2014 was $12,881. This investment comprised 4.8% of the total program budget.

Eligibility Criteria

The program serves people who would like to utilize the beneficial effects of counseling/psychotherapy but cannot afford to pay the fees for services offered in the private community and/or are not eligible for long-term counseling in the public sector. Capital Area Counseling serves individuals, couples, children, and families and offers a sliding fee scale, which falls as low as $10.00 per session.

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

Capital Area Counseling met or exceeded the targeted range of performance across all measures. They surpassed expectations for the number of clients served (see the first output) and the number of completed counseling sessions (see the second output). Program staff explained that they were able to recruit a large number of post-graduate therapists willing to continue working through the summer and had an increased number of students interested in a summer practicum placement. This allowed the program to continue scheduling new clients while keeping their waitlist at a record low for the summer.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	822	600	137%
Number of completed counseling sessions	14,858	10,500	142%
Outcomes			
Percentage of clients satisfied with services	96% (526/546)	90% (540/600)	107%
Percentage of clients reporting progress on personal goals	92% (501/546)	85% (510/600)	108%
Percentage of clients with improvement in Global Assessment Functioning (GAF) score	84% (474/563)	85% (510/600)	99%

Communities In Schools of Central Texas

Care Coordination Program for Youth and Family Assessment Center

Program Description

The Care Coordination Program for 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. A Child and Family Team is created by the parent/primary caregiver and the Care Coordinator and typically includes a school representative, service providers, family members, a neighbor or friend, and others. This team meets regularly to develop and implement a Plan Of Care, which defines the family's needs, strengths, goals, and planned interventions. The Child and Family Team can use a network of service providers managed by a Managed Service Organization (MSO), including therapists, mentors, parent coaches, case managers, and others to assist the family. Services delivered through YFAC include, but are not limited to: education/training; assessments/evaluation; treatment services (counseling/therapy); flexible community support services; and enrichment services.

Funding

The total TCHHS/VS investment in the Care Coordination Program for Youth and Family Assessment Center program from January 1 through September 30, 2014 was $296,212. This investment comprised 94.3% of the total program budget. TCHHS/VS also funds the Dropout Prevention program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

Youth must live in households with incomes less than 200% of the Federal Poverty Income Guidelines (FPIG), be residents of Travis County, and meet the criteria as a member of one of the designated target populations listed on the following page.

Communities In Schools of Central Texas

Care Coordination Program for Youth and Family Assessment Center

The primary target population is youth between the ages of 3-16 who demonstrate a need for social service intervention based on at-risk behaviors. Youth served must: a) reside in the neighborhoods of the following schools: Allison, Andrews, Harris, Oak Springs, Ortega, Rodriguez, Zavala Elementary, Dobie, Kealing, Martin, Mendez, or Webb Middle Schools, and b) be identified by Communities In Schools of Central Texas to participate in School Readiness Camps through YFAC at the identified target schools. A secondary target population is youth family members of the primary target population who demonstrate a need for social service intervention due to impaired family functioning, which contributes to the youth's at-risk status.

Communities In Schools of Central Texas: Care Coordination for YFAC

Performance Goals and Results

Communities In Schools of Central Texas (CISCT) met or exceeded all performance goals. The overall over-performance of the program was primarily attributable to the challenge of adjusting goals to a nine-month contract term. There was higher than anticipated enrollment in the School Readiness Camps (see the third output). CISCT became the actual provider of the camp this fiscal year and this enabled them to increase the enrollment rate through improved internal communication. Additionally, there was an increased number of families that continued in the program from the prior fiscal year, and the program maintained steady enrollment throughout the contract period.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	161	137	118%
Number of unduplicated youth served using the wraparound approach	80	68	118%
Number of unduplicated youth served in the School Readiness Camps	78	69	113%
Average number of families maintained on Care Coordinators' assigned caseload	10	10	99%
Number of unduplicated siblings residing in each enrolled youth's household	190	N/A	N/A
Customer Satisfaction Outcomes			
Percentage of families reporting a high level of satisfaction with the program	100% (31/31)	83% (20/24)	120%
Percentage of youth reporting a high level of satisfaction with the program	100% (32/32)	83% (19/23)	121%
Child/Family Outcomes			
Percentage of youth and families meeting the goals of their Plan of Care	91% (30/33)	79% (22/28)	116%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	94% (31/33)	85% (22/26)	111%
Percentage of youth enrolled in the program post 60 days who show an improved attendance rate (for those youth with an absenteeism rate of 10% or more)	70% (7/10)	53% (8/15)	131%
Percentage of youth enrolled in the program post 60 days who demonstrate passing grades in 3 out of 4 core subjects at closure	82% (27/33)	50% (13/26)	164%

Communities In Schools of Central Texas: Care Coordination for YFAC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth enrolled in the program post 60 days who demonstrate a decrease in school discipline referral	72% (13/18)	50% (10/20)	144%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement	N/A	40% (2/5)	N/A
Percentage of youth with no prior history of juvenile justice involvement who were deterred from engaging in delinquent behavior resulting in juvenile justice involvement	80% (20/25)	78% (14/18)	103%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	87% (26/30)	76% (16/21)	114%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	97% (30/31)	83% (20/24)	116%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	97% (30/31)	83% (20/24)	116%
Percentage of youth surveyed who indicate improvement in behavioral self-management	100% (32/32)	83% (19/23)	121%

LifeWorks

Counseling

Program Description

The LifeWorks Counseling program is comprised of two distinct services. Youth and Adult Counseling (YAC) services promote healthy development for 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 clients in demonstrating accountability for their decisions and actions; increasing client skills that lead to relationships free from physical, verbal and psychological abuse; improving clients' communication skills and skills for dealing with conflict; helping clients 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 TCHHS/VS investment in the Counseling program from January 1 through September 30, 2014 was $70,939. This investment comprised 5.3% of the total program budget. TCHHS/VS also funds three additional programs at LifeWorks: the Youth Development program, which is described in the Child and Youth Development issue area report; the Housing program, which is described in the Housing Continuum issue area report; and the ABE–ESL program, which is described in the Workforce Development issue area report.

Eligibility Criteria

Clients served through Youth and Adult Counseling are youth (ages 0-17) and their families who are experiencing problems with family conflict, truancy, delinquency, or runaway behavior; individual adults who experience 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.

LifeWorks

Counseling

Clients served by Resolution Counseling are adults ages 18 and older 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. 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.

LifeWorks: Counseling

The Counseling program at LifeWorks exceeded all but one performance goal, falling short of targets for the number of clients served in Resolution Counseling (see the second output). Program staff noted that the number of referrals from the court system for mandated clients was drastically reduced, resulting in a severe decrease in the number of clients served. In order to more effectively engage people in services, the program increased its efforts to ensure that potential clients had immediate and direct contact with a staff member at the first point of inquiry, thereby increasing the chance that the person will begin services. This enhanced responsiveness was achieved through shared "intake" functions between two of the counseling programs at LifeWorks, which allowed the program to provide fully staffed intake services from 9:00 AM–5:00 PM for the Resolution Counseling program.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth and Adult Counseling (YAC)	956	900	106%
Number of unduplicated clients served in Resolution Counseling (RC)	291	450	65%
Outcomes			
Percentage of unduplicated YAC clients reporting improvement of overall coping skills/overall sense of well-being at case closure (as self-reported by the client; any movement in scale towards the direction of their goal)	81% (600/738)	80% (562/702)	102%
Percentage of unduplicated RC clients who successfully complete program (meet program requirements with no additional acts of violence while program)	63% (139/222)	54% (146/270)	116%

Out Youth

Youth Development

Program Description

Out Youth's programs provide safe spaces for sexual minority and gender variant youth, promoting healthy youth development, positive mental health, and supportive relationships. Because isolation and lack of support are linked to mental and behavioral health problems for sexual minority youth, Out Youth maintains a drop-in center and peer support groups for young people. Providing peer support, mentoring and peer socialization are all a part of crisis prevention and promote development and mental health. 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. Additional support groups on specific topics are held as needed, along with psycho-educational groups and programs. Staff and trained volunteers also monitor youth for indications of more serious needs. In this case, youth may be referred to the Counseling Program or to other agencies providing social services. Finally, Out Youth operates support groups in nearby high schools and communities for those youth who lack transportation to the Out Youth facility.

Funding

The total TCHHS/VS investment in the Youth Development program from January 1 through September 30, 2014 was $9,660. This investment comprised 4.8% of the total program budget.

Eligibility Criteria

Crisis intervention and counseling are available to youth through formal and informal counseling with licensed counselors and supervised interns. Youth may set up an appointment or seek out a counselor during drop-in center hours. The number of counseling sessions is open-ended; goals are set together between youth and their counselor. Common crisis situations faced by youth include depression, suicidal ideation, HIV/STD questions, and other health problems; being forced to leave home; physical or sexual abuse; and drug and alcohol concerns.

Out Youth: Youth Development

Out Youth exceeded all performance goals. The program served more clients than projected (see the first output). Staff reported that outreach, counselor referrals, and more programming opportunities and youth-engaging events led to this result. The clinical team added services at the center and within Austin ISD high school campuses, and the program has a partnership with Communities in Schools. Further, the counseling team was fully staffed in the summer. These factors resulted in higher numbers of clients in peer support groups (see the second output) and in counseling services (see the third output).

The program obtained a high number of youth surveys and most youth reported higher levels of social support and provided positive feedback about Out Youth's services (see the first outcome). Finally, a high percentage of youth achieved their goals in therapy; a higher-than-expected counseling caseload and a large number of youth transferring out of services at the end of the school year also led to more clients being assessed (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	227	187	121%
Number of clients participating in peer support groups	129	90	143%
Number of clients accessing counseling services	58	33	176%
Number of clients referred to counseling or other social services by support team	28	19	147%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	86% (69/80)	75% (39/52)	115%
Percentage of counseling clients assessed after achievement of goals, termination or dropout who show higher Global Assessment of Functioning (GAF) or Children's Global Assessment Scale (CGAS) ratings than at intake	86% (51/59)	73% (24/33)	119%

Workers Assistance Program

Youth Advocacy, Creating Lasting Family Connections

Program Description

The goal of the Youth Advocacy, Creating Lasting Family Connections (CLFC) program is to prevent or interrupt the use of alcohol, tobacco, and other drugs by youth in Travis County who are showing early warning signs of substance use and/or exhibiting other at-risk problem behaviors in order to halt the progression and escalation of use and related problems. This is achieved through the provision of a family-strengthening program designed to enhance protective factors and reduce risk factors. The program provides evidenced-based substance abuse prevention education, prevention screening, prevention counseling, prevention services plan development, referrals, and follow up.

Funding

The total TCHHS/VS investment in the Youth Advocacy, Creating Lasting Family Connections program from January 1 through September 30, 2014 was $32,627. This investment comprised 11.5% of the total program budget.

Eligibility Criteria

The program serves youth 11–17 years old who live in the Travis County community, who are showing early signs of substance use and display at risk behaviors such as failing grades, truancy, family conflict, school disciplinary problems, gang involvement, and/or may be experimenting with gateway drugs, and do not meet the criteria for substance abuse or dependence. Individuals 18–21 years old are served if they are still enrolled in the public school system.

Workers Assistance Program: Youth Advocacy, CLFC

Workers Assistance Program met or exceeded the targeted range of performance for all output measures but fell short of goals on both outcomes. Staff explained that the number of youth and adults served (see the first and second outputs) exceeded performance goals due to increased community outreach and aggressive recruitment. More youth completed the program (see the third output) due to the efforts of the program's Prevention Specialists in retaining families engaged in the program in order to complete the program successfully.

For both outcome measures, the denominator values include the youth and adults who started the program in September 2014. However, numerator values only reflect the youth and adults from the program cohort that ended in August 2014, which led to lower outcome rates. Data for the September 2014 cohort will be reported in the next contract year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	102	67	152%
Number of unduplicated adults served	71	60	118%
Number of youth that complete the program	64	54	119%
Number of adults who report increased family bonding skills	47	48	98%
Outcomes			
Percentage of youth clients that complete the program	63% (64/102)	81% (54/67)	78%
Percentage of adults who report increased family bonding skills	66% (47/71)	80% (48/60)	83%

YWCA Greater Austin

YW Counseling & Referral Center

Program Description

The YW Counseling & Referral Center strives to improve the mental health of women and their families in the Austin-Travis County area, especially those who have limited means. The agency works to meet this goal by: 1) providing short-term (10 sessions), sliding scale counseling services for local women and their families in individual, couples, and family treatment modalities; 2) offering group services on psycho-educational topics at various local sites, including Austin Recovery, the Hutto Detention Center, and at the YWCA Greater Austin; 3) providing therapeutic and support groups on site, as needed; 4) providing services in Spanish for monolingual Spanish speaking women and their families; and 5) engaging in collaborations to perform services consistent with YWCA goals and services that promote improved well being, including working with child care center teachers and parents.

YWCA Greater Austin also offers continuing education training for the professional counseling community on a range of topics of current interest, such as substance abuse, ethics training, and other psychological topics, and offers broader-based presentations to the general public on significant issues related to racial and social justice challenges in the community.

Funding

The total TCHHS/VS investment in the YW Counseling & Referral Center program from January 1 through September 30, 2014 was $67,947. This investment comprised 30.8% of the total program budget.

Eligibility Criteria

The program serves women and their families living in Austin and/or Travis County. Individuals must be at least 18 years of age for individual and couples counseling; if younger, they will be part of family counseling sessions. Clients are required to bring evidence of identification, residence, and wages for documentation purposes at the first appointment. The program's masters level, licensed social workers and professional counselors provide individual, couples, and family counseling for women with concerns about depression, anxiety, relationship issues, Post Traumatic Stress, and a host of other problems in living.

YWCA Greater Austin: YW Counseling & Referral Center

YWCA Greater Austin met or exceeded the targeted range of performance across all measures. Staff noted that their family counseling marketing and outreach positively impacted the number of clients served in individual, couples, and family counseling (see the second output). One of their partner organizations for group services, Austin Recovery, requested that they consider providing trauma-informed group services for men and an additional group for women focusing on parenting. As a result, the number of clients served in therapy and skills building groups (see the third output) increased. The increased numbers of clients served in counseling and in groups led to a greater overall number of clients served (see the first output).

Soliciting group client feedback on a more consistent basis continues to be a priority for the program's group counselors, resulting in greater numbers of clients reporting increased knowledge/skills (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	921	764	121%
Number of unduplicated clients served in individual, couples, family counseling	215	188	114%
Number of unduplicated clients served in therapy and skill building groups	706	576	123%
Outcomes			
Percentage of clients demonstrating improvement in mental health status/functioning	76% (74/98)	81% (81/100)	93%
Percentage of clients reporting achievement of a treatment plan goal	96% (66/69)	90% (63/70)	106%
Percentage of clients reporting improvement in attitude/behaviors	99% (68/69)	86% (60/70)	115%
Percentage of clients reporting increased knowledge/ skills	94% (509/541)	86% (258/300)	109%

Appendix

2014 Federal Poverty Income Guidelines

Most TCHHS/VS 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	$5,835	$11,670	$14,588	$17,505	$23,340
2 persons	$7,865	$15,730	$19,663	$23,595	$31,460
3 persons	$9,895	$19,790	$24,738	$29,685	$39,580
4 persons	$11,925	$23,850	$29,813	$35,775	$47,700
5 persons	$13,955	$27,910	$34,888	$41,865	$55,820
6 persons	$15,985	$31,970	$39,963	$47,955	$63,940
7 persons	$18,015	$36,030	$45,038	$54,045	$72,060
8 persons	$20,045	$40,090	$50,113	$60,135	$80,180
For families/households with more than 8 persons, add $4,060 for each additional person.					

Data source: "2014 Poverty Guidelines," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 22, 2014, http://aspe.hhs.gov/poverty/14poverty.cfm.

2014 Austin Median Family Income Guidelines

The Blackland Community Development Corporation and Foundation for the Homeless contracts require participants in their programs to have a household income at or below 50% of the Austin Median Family Income (MFI) level. Other 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-San Marcos, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1 person	15,850	26,400	42,250
2 persons	18,100	30,200	48,250
3 persons	20,350	33,950	54,300
4 persons	23,850	37,700	60,300
5 persons	27,910	40,750	65,150
6 persons	31,970	43,750	69,950
7 persons	36,030	46,750	74,800
8 persons	40,090	49,800	79,600

Data source: "Austin-Round Rock-San Marcos, TX MSA FY 2014 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org.

Endnotes

1 Ronald Kessler, et.al., "Prevalence, Severity and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication," Archives of General Psychiatry, Vol. 62, No. 6 (2005): 617-627: http://archpsyc.jamanetwork.com/article.aspx?articleid=208671#qundefined.

2 Texas Behavioral Risk Factor Surveillance System Data, Center for Health Statistics, Austin, Texas: Texas Department of State Health Services, 2014.

3 U.S. Census Bureau, 2013 American Community Survey 1-Year Estimates, Travis County, B01001, http://factfinder2.census.gov.

4 "Children's Mental Health Services in Texas: A State of the State Report," Children's Hospital Association of Texas, May 2006, http://www.childhealthtx.org/Children's%20Mental%20Health%20in%20Texas-State%20of%20a%20State%20Report.pdf.

5 Ibid.

6 "The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings," Substance Abuse and Mental Health Services Administration, September 4, 2014, http://www.samhsa.gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014/NSDUH-SR200-RecoveryMonth-2014.htm.

7 Ibid.

8 Edgar Walters, "New Year Brings Cautious Hope for Mental Health Care," Texas Tribune, January 2, 2014, http://www.texastribune.org/2014/01/02/mental-health-care-new-year-brings-cautious-hope/.

9 "Children's Mental Health Services in Texas: A State of the State Report," Children's Hospital Association of Texas, May 2006, http://www.childhealthtx.org/Children's%20Mental%20Health%20in%20Texas-State%20of%20a%20State%20Report.pdf.

10 U.S. Census Bureau, 2013 American Community Survey 1-Year Estimates, Travis County, B27001, http://factfinder2.census.gov.

11 "Community 2013 Annual Report," Austin Travis County Integral Care, August 2014, http://www.integralcare.org/sites/default/files/140814_annual_report_small.pdf.

12 "The NSDUH Report: Substance Use and Mental Health Estimates from the 2013 National Survey on Drug Use and Health: Overview of Findings," Substance Abuse and Mental Health Services Administration, September 4, 2014, http://www.samhsa.gov/data/sites/default/files/NSDUH-SR200-RecoveryMonth-2014/NSDUH-SR200-RecoveryMonth-2014.htm.

13 U.S. Census Bureau, 2013 American Community Survey 1-Year Estimates, Travis County, B27001, http://factfinder2.census.gov.

14 "Community 2013 Annual Report," Austin Travis County Integral Care, August 2014, http://www.integralcare.org/sites/default/files/140814_annual_report_small.pdf.

15 "Austin/Travis County Community Health Assessment 2012," City of Austin Health and Human Services Department et. al, December 2012, http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf.

16 "County Health Rankings," University of Wisconsin Population Health Institute, 2014, http://www.countyhealthrankings.org/app/texas/2014/measure/factors/49/data.

17 "Overdose: A National Crisis Taking Root in Texas," Drug Policy Alliance, 2010, http://www.drugpolicy.org/sites/default/files/Texas_OD_Issue_Brief.pdf.

18 Steven Kreytak, "Prescription Drug Deaths up in Travis County in 2011," Austin American-Statesman, October 6, 2011, http://www.statesman.com/news/news/crime-law/prescription-drug-deaths-up-in-travis-county-in-20/nSWWH/.

19 "Austin/Travis County Substance Use Disorders Task Force: Key Findings, Recommendations & 2014/15 Action Plan," Austin Travis County Integral Care, May 2014, http://www.integralcare.org/sites/default/files/140616_short_term_plan.pdf.

20 "Spill Over Effect of Untreated Mental Illnesses and Substance Use Disorders on State Budgets," National Council for Community Behavioral Healthcare, 2011, http://www.namitexas.org/homecontent/Spill_Over_Effect_on_State_Budgets.pdf.

21 "Texas Region 7 Regional Health Partnership Plan," Austin Travis County Integral Care, 2012, http://texasregion7rhp.net/wp-content/uploads/2013/09/133542405.2.1-Revised-Project.pdf.

22 "Mental Health Parity and the Patient Protection and Affordable Care Act of 2010," Congressional Research Service, December 28, 2011, http://www.ncsl.org/documents/health/MHparity&mandates.pdf.

23 "Austin/Travis County Community Health Assessment 2012," City of Austin Health and Human Services Department et. al, December 2012, http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf.

24 Phone interview with Kim McPherson, Program Officer, Healthy Minds, St. David's Foundation, December 6, 2013.

25 Behavioral Health Advisory Committee Presentation to Travis County Commisioners Court, Behavioral Health Advisory Committee, April 17, 2014, http://www.traviscountytx.gov/commissioners_court/agendas/2014/04/backup/item_backup_20140415/vs20140415_ws_01.pdf.
26 Spring 2013 Planning Recommendations, Behavioral Health Advisory Committee, Spring 2013, http://www.austintexas.gov/edims/document.cfm?id=200062.
27 Ibid.
28 Ibid.
29 "Austin/Travis County Community Health Assessment 2012," City of Austin Health and Human Services Department et. al, December 2012, http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/cha_report_Dec2012.pdf.
30 Patrick George, "State Cuts to Mental Health Funding Could Burden Police and Jails," Austin American-Statesman, April 14, 2011, http://www.statesman.com/news/local/state-cuts-to-mental-health-funding-could-burden-1398255.html.
31 "Impact of Proposed Budget Cuts to State Hospitals," Health Management Associates, March 2011, http://www.gulfbend.org/images/clientid_199/statehospitalfinalreport3111.pdf.
32 Mary Ann Roser, "New Travis Mental Health Center Welcomed," Austin American-Statesman, July 16, 2014, B1, http://jsahealthmd.com/2014/07/16/st-davids-foundation-announces-8-9-million-dollar-grant-to-austin-integral-care-after-consulting-with-jsa-health-telepsychiatry-ceo-dr-avrim-fishkind/.
33 Spring 2013 Planning Recommendations, Behavioral Health Advisory Committee, Spring 2013, http://www.austintexas.gov/edims/document.cfm?id=200062.
34 "Austin/Travis County Substance Use Disorders Task Force: Key Findings, Recommendations & 2014/15 Action Plan," Austin Travis County Integral Care, May 2014, http://www.integralcare.org/sites/default/files/140616_short_term_plan.pdf.
35 Sam Woolard, Principal of Woolard and Nichols, email message to Elizabeth Vela, December 11, 2014.
36 Lindsey Taylor, "Austin Mental Health Facilities Now Operating at Full Capacity," Community Impact News, June 25, 2014, http://impactnews.com/austin-metro/central-austin/austin-mental-health-facilities-now-operating-at-full-capacity/.
37 Ibid.
38 Phone interview with Kim McPherson, Program Officer, Healthy Minds, St. David's Foundation, October 24, 2014.