Behavioral Health

FY 2019 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

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

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

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Introduction

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

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2019 Community Impact Report* offers community context most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as pilot and one-time investments under Family Services. The Executive Summary aggregates financial, demographic, and geographic information for all issue areas, and offers a discussion of poverty as a framework for HHS investments. Each issue area section begins with community context and then provides performance highlights. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report provides community context 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 the community.

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 context discussed in this report reflects the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2018 through September 30, 2019) 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.

Investment Overview

Community Context

Behavioral health encompasses both mental health and substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that behavioral health disorders "are among the top conditions that cause disability in the United States. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Preventing mental and/or substance use disorders and related problems is critical to Americans' behavioral and physical health."[1]

Prevalence of Mental Health Disorders

In 2018, an estimated 19.1% of adults aged 18 or older in the United States had any mental illness and 4.6% had serious mental illness.[a,2] There is little available local prevalence data for mental health disorders, but it is possible to estimate prevalence in Travis County by looking at national prevalence percentages extrapolated to the 2018 Travis County population.[b]

Prevalence Estimates of Mental Health Disorders, Travis County, 2018

	Travis County Population	Estimated Travis County Population with Any Mental Illness (AMI)		Estimated Travis County Population with Serious Mental Illness (SMI)		Estimated Travis County Population with Major Depressive Episode (MDE)	
		Percent[3]	*Number*	*Percent*[4]	*Number*	*Percent*[5]	*Number*
12 to 17[6]	88,078	N/A	-	N/A	-	14.4%	12,683
18 or Older[7]	978,208	19.1%	186,838	4.6%	44,998	7.2%	70,431

Notes: The National Survey on Drug Use and Health collects different mental health information for adolescents aged 12 to 17 and adults aged 18 or older. AMI and SMI percentages are only provided for adults aged 18 or older. Adults were defined as having had an MDE in the past 12 months if they had at least one period of 2 weeks or longer when they experienced a depressed mood or loss of interest or pleasure in daily activities, accompanied by problems with sleeping, eating, energy, concentration, or self-worth. Adolescents with an MDE met the same criteria as adults, but questions were designed to be more developmentally appropriate for adolescents.
Created by: Travis County HHS, Research & Planning Division, 2019
Source data: 2018 American Community Survey 1–Year Estimates, B01001 and B09001; 2018 National Survey on Drug Use and Health

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

b The Travis County Population estimates for the 12 to 17 age group do not include individuals residing in Group Quarters (GQs). GQs are places where people live or stay in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents, such as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, workers' dormitories, and facilities for people experiencing homelessness.

Selected mental health data for the state and county are available for adults age 18 and older through the Behavioral Risk Factor Surveillance System (BRFSS).[8]

Behavioral Risk Factor Surveillance System (BRFSS) Adults 18+, Travis County and Texas, 2018		
	Travis County	*Texas*
Depressive disorders, including depression, major depression, dysthymia (chronic depression), or minor depression	21.3%	16.5%
Poor mental health, including stress, depression, and problems with emotions, 14 or more days in the past 30 days	11.0%	11.7%

Created by: Travis County HHS, Research & Planning Division, 2019
Source data: Texas Behavioral Risk Factor Surveillance System, 2018

Prevalence of Substance Use and Co-Occurring Disorders

In 2018, 7.4% of Americans aged 12 or older had a substance use disorder.[9] Among those who had a substance use disorder, nearly 3 out of 4 (73.1%) had an alcohol use disorder and about 2 out of 5 (40.0%) had an illicit drug use disorder.[10]

Individuals with both a mental health issue and a substance use disorder are said to have co-occurring disorders. Nationally, in 2018, 1.5% of adolescents aged 12 to 17 had both a major depressive episode and a substance use disorder while 3.7% of adults aged 18 or older had any mental illness and a substance use disorder.[11] Applying these national rates to the Travis County population allows for an estimate of local prevalence.

Prevalence Estimates of Co-Occurring Disorders, Travis County, 2018					
	Travis County Population	Estimated Travis County Population with Any Mental Illness and a Substance Use Disorder		Estimated Travis County Population with Major Depressive Episode and a Substance Use Disorder	
		Percent[12]	*Number*	*Percent*[13]	*Number*
12 to 17[14]	88,078	N/A	-	1.5	1,321
18 or Older[15]	978,208	3.7	36,194	N/A	-

Notes: The National Survey on Drug Use and Health collects different mental health information for adolescents aged 12 to 17 and adults aged 18 or older.
Created by: Travis County HHS, Research & Planning Division, 2019
Source data: 2018 American Community Survey 1–Year Estimates, B01001 and B09001; 2018 National Survey on Drug Use and Health

Opioids

Opioid use, including prescription opioids, heroin and fentanyl, and opioid overdose deaths have received increasing attention both nationally and at the local level. Texas has one of the lowest rates of opioid-involved overdose deaths: in 2017, there were 1,458 overdose deaths involving opioids—a rate of 5.1 deaths per 100,000 persons in the state, compared to the national rate of 14.6 deaths per 100,000 persons.[16] However, the number of deaths has been on the rise. Statewide, deaths involving fentanyl tripled from 2007 to 2017 and heroin-involved deaths doubled over the same period; the highest number of deaths involved prescription opioids.[17]

Locally, there were 226 drug-related deaths in Travis County in 2018, with heroin noted in more deaths than any other drug.[18]

Suicide

While the suicide rate has been increasing nationally, the number of deaths by suicide has been relatively stable in Travis County. In 2018, there were 158 Travis County Medical Examiner cases[c] with a manner of death from suicide, accounting for 11% of all cases.[19] While men are more likely to die by suicide, the suicide rate for women is growing at a faster pace. The suicide rate for women in Travis County in 2017 (7.1 per 100,000 population) was higher than both the state and national rates (5.7 and 6.3 per 100,000 population, respectively).[20] The suicide rate for men in Travis County in 2017 was 19.5 per 100,000 population, which was lower than those of the state and nation (21.1 and 22.9 per 100,000 population, respectively).[21]

Selected suicide-related behavior data is available for Texas students through the Youth Risk Behavioral Survey (YRBS). Data from 2017 (the most recent year available) estimate that during the past 12 months:

- 17.6% of students seriously considered attempting suicide;
- 12.3% of students attempted suicide one or more times; and
- 4.5% of students had a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.[22]

c The Travis County Medical Examiner's Office is responsible for the investigation and certification of cause and manner of death of all sudden, unexpected, violent, suspicious, or unnatural deaths that occur in Travis County.

Need for Behavioral Health Services

The number of individuals who need behavioral health services is greater than those actually receiving services. Nationally, in 2018, only 41.4% of adolescents who had a past year major depressive episode (MDE) received treatment for depression, while 64.8% of adults with a past year MDE received treatment.[23] For the same timeframe, 43.3% of adults with any mental illness and 64.1% of adults with serious mental illness received mental health services.[24] Unmet substance use treatment needs are significant: while 7.8% of individuals aged 12 or older needed substance use treatment, only 1.4% received treatment.[25] While comparable data is unavailable at the local level, community conversations indicate that unmet needs are prevalent in Travis County.

Children and youth with untreated mental health and substance use disorders are more likely to be involved in the juvenile justice system, expelled from school, and miss school.[26] Individuals with untreated behavioral health disorders are eight times more likely to be incarcerated[27] and likely contribute to the increasing number of emergency room visits related to mental health and substance use issues.[28] The Meadows Mental Health Policy Institute estimates that unmet substance use disorder needs result in $350 million per year in emergency room charges.[29] Substance use disorders are also the leading contributor to children entering the Child Protective Services system.[30]

Local Service Structure and Usage

Integral Care is the local mental health authority providing community-based behavioral health services for Travis County. In Fiscal Year 2018, Integral Care provided services to 27,842 individuals.[31] While other service providers are available to Travis County residents, Integral Care is the largest provider of behavioral health services for low-income residents. Because most uninsured people are in low-income families, and those without insurance have poor access to care, it is likely that a substantial number of low-income adults and children with behavioral health disorders remain untreated.[d,32]

Individuals with behavioral health disorders are frequently treated in environments not intended to provide behavioral health services, such as emergency rooms and jails. The Travis County Sheriff's Office reports that "approximately 20% of the inmate population at the Travis County Correctional Complex requires treatment for mental illness. On any given day, approximately 7% of inmates with mental illness are experiencing severe symptoms such as psychosis, delusions or suicidal thoughts."[33] The National Alliance on Mental Illness (NAMI) notes that many individuals with mental illness do not receive the treatment they need while in jail and stay incarcerated longer than those without mental illness.[34]

d For a fuller discussion on poverty, please see the Executive Summary.

Upon release from jail, many individuals do not have access to needed treatment, which may lead to homelessness, emergency room usage, or recidivism.[35]

Local Planning Efforts

A number of efforts are underway to address children's mental health as well as substance use disorders for Travis County residents.

Austin/Travis County Alcohol, Tobacco & Other Drugs (ATOD) Needs Assessment
https://soberingcenter.org/wp-content/uploads/2019/10/Austin-Travis-County-ATOD-Needs-Assessment-Report.pdf

The ATOD Needs Assessment was released in October 2019 and had two objectives: 1) Inventory resources related to ATOD in Austin/Travis County, and 2) Summarize insights from service providers on gaps and assets in the availability and accessibility of ATOD-related resources in Austin/Travis County.

Travis County Plan for Children's Mental Health
https://kidslivingwell.org/cmhp/publications/

The Travis County Plan for Children's Mental Health is a coordinated, five-year plan to improve the wellness of children and youth in Travis County. The plan's goals include promoting wellness and supporting resilience, providing a continuum of intervention services and effective treatment to children and youth exhibiting a range of needs, responding effectively to children, youth, and families in crisis, and improving outcomes and accountability in the entire Travis County children's mental health system. The plan was released in February 2015 and efforts to update the plan will begin in early 2020.

Travis County Plan for Substance Use Disorders
http://www.integralcare.org/wp-content/uploads/2017/09/150901_sud_report_6.pdf

This report addresses the impact of substance abuse across Travis County, although many recommendations focus on addressing those at or below 200% of the federal poverty level. The plan's vision is an engaged, informed, compassionate community that prevents harmful substance use, provides ready access to a full continuum of services and supports, and embraces a culture of health, recovery, and resilience. The plan was released in September 2015. Efforts are now underway to develop and implement a planning structure that will ensure a coordinated approach to local investment across the service continuum – prevention, harm reduction, intervention, and treatment.

Goals and Services

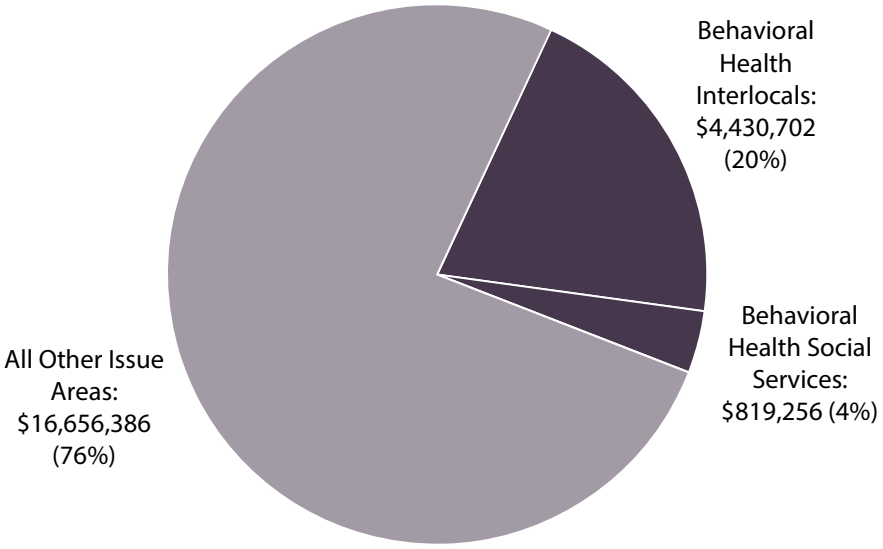
Programs and services within this issue area promote identification of behavioral health disorders[e] and early access to treatment, alleviate or heal symptoms of a behavioral health disorder, enhance resiliency by empowering individuals to manage their own treatment needs and symptoms, and collaborate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

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

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

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

Investment in Behavioral Health and Other Issue Areas, FY 2019



Funding Summary

The FY 2019 Funding Amount reflects 12–month funding (October 1, 2018 through September 30, 2019) unless otherwise noted.

Agency Name	Program Name	FY 2019 Funding Amount
Behavioral Health Social Services		***$819,256***
Any Baby Can of Austin, Inc.	No Estás Solo Program	$54,495
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$50,000
Communities In Schools of Central Texas	CIS Care Coordination for Youth and Family Assessment Center	$455,030
LifeWorks	LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling	$126,681
YWCA Greater Austin	YW Counseling and Referral Center	$133,050
Behavioral Health Interlocals		***$4,430,702***
Integral Care	Expanded Mobile Crisis Outreach Team	$764,819

Agency Name	Program Name	FY 2019 Funding Amount
Integral Care	Main Mental Health Interlocal	$1,411,054
Integral Care	Main Mental Health Interlocal: IDD Care Coordinator	$65,000
Integral Care	Main Mental Health Interlocal: ThriveCare of Travis County	$125,000
Integral Care	Parenting In Recovery/Family Drug Treatment Court	$155,600
Integral Care	Substance Abuse Managed Services Organization	$1,073,799
Integral Care	Substance Abuse Managed Services Organization: MAT	$75,000
Integral Care	System of Care Managed Services Organization	$760,430

Client Demographics

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

Gender	Num.	Pct.
Female	15,702	49%
Male	16,511	51%
Other	69	0.2%
Unknown	44	0.1%
Total	*32,326*	*100%*

Ethnicity		
Hispanic or Latino	4,700	15%
Not Hispanic or Latino	24,243	75%
Unknown	3,383	10%
Total	*32,326*	*100%*

Age	Num.	Pct.
Under 5	666	2%
5 to 11	2,843	9%
12 to 14	2,172	7%
15 to 17	2,121	7%
18 to 24	3,578	11%
25 to 39	9,306	29%
40 to 54	6,386	20%
55 to 64	3,157	10%
65 to 74	1,087	3%
75 and over	408	1%
Unknown	602	2%
Total	*32,326*	*100%*

Race	Num.	Pct.
American Indian and Alaska Native	337	1%
Asian	411	1%
Black or African American	5,914	18%
Native Hawaiian and Other Pacific Islander	38	0.1%
White	18,513	57%
Some other race	3,117	10%
Two or more races	658	2%
Unknown	3,338	10%
Total	*32,326*	*100%*

Income	Num.	Pct.
<50% of FPIG	9,752	30%
50% to 100%	6,144	19%
101% to 150%	3,066	9%
151% to 200%	1,525	5%
>200%	2,056	6%
Unknown	9,783	30%
Total	*32,326*	*100%*

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

See Appendix for specific income guideline levels.

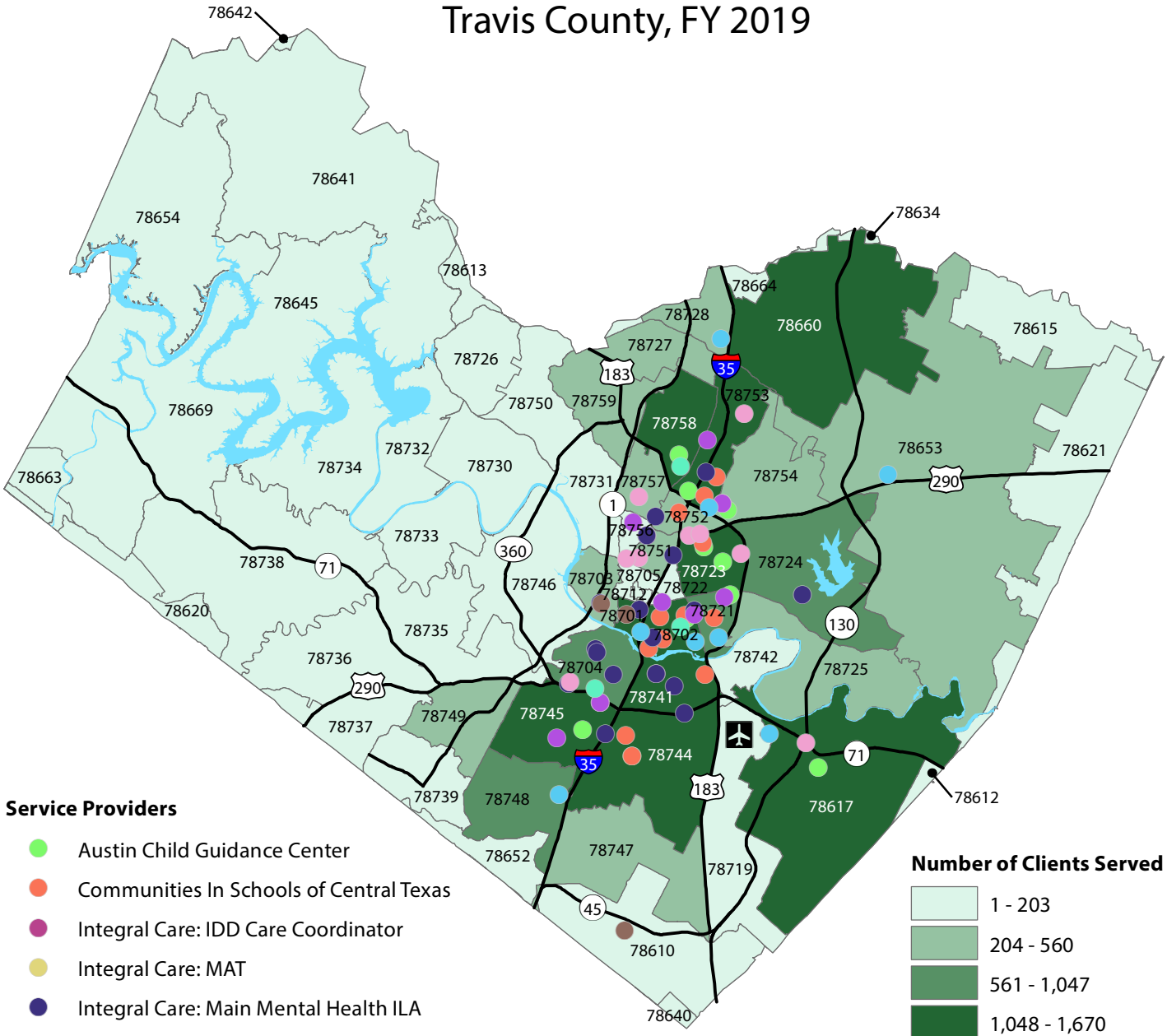
Performance Summary

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

Roll-up Performance Measures	Issue Area Performance
Outputs	
Number of individuals (clients) served	32,320
Outcomes	
Percent of individuals with improved mental health	74%
Percent of individuals who engage in recovery from substance use disorder	63%
Percent of individuals who are connected to additional needed services and resources	49%
Percent of individuals who meet or make progress on treatment goals	58%

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2019



Service Providers

- Austin Child Guidance Center
- Communities In Schools of Central Texas
- Integral Care: IDD Care Coordinator
- Integral Care: MAT
- Integral Care: Main Mental Health ILA
- Integral Care: PIR/FDTC
- Integral Care: SAMSO
- Integral Care: ThriveCare of Travis County
- LifeWorks
- YWCA Greater Austin

Number of Clients Served

- 1 - 203
- 204 - 560
- 561 - 1,047
- 1,048 - 1,670

Notes: This map shows 25,949 clients by ZIP code. 6,377 clients (20% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Service provision locations are not included for Any Baby Can of Austin or for Integral Care's EMCOT and System of Care MSO as services are home- or community-based.

Source data: Contracted service providers, FY 2019.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2019.

N

0 5 10 Miles

Any Baby Can of Austin, Inc.

No Estás Solo Program

Program Description

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

Funding

The total HHS investment in the No Estás Solo Program from October 1, 2018 through September 30, 2019 was $54,495. This investment comprised 10.3% of their total program budget. HHS also funds the Professional Early Childhood Services program, which is described in the Child and Youth Development issue area report, as well as the CARE and Early Childhood Intervention Services programs, which are described in the Supportive Services for Community Living issue area report.

Eligibility Criteria

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

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

The No Estás Solo (NES) Program had mixed performance results. Staff noted that they served more clients than projected, due to expansions in their core home visiting program and offering NES as a wrap-around service to those clients or anyone in the household (see the first output). However, fewer clients completed counseling than expected (see the second output). Staff explained that some clients drop out before completion while other clients take a long period of time to complete all available sessions.

Clients must sign off on the status of their goals, and counselors may not update them without the client present (see the first outcome). Some goals were not met, but some were simply not updated (four clients had no updated goals, which is why the denominator does not match the second output). Staff plan to increase quality review and train counselors to review goals often as a client prepares to exit the program.

The number of returned surveys is tied to the number of clients completing counseling; further, the survey is anonymous–clients can fill it out on their own and mail it back. Although the number of surveys returned was lower than expected, most clients who responded reported feeling improvements in their mental health (see the second outcome).

Finally, although staff believe that their short-term, home-based counseling model makes mental health services more accessible to first-time consumers of mental health services, this is not a requirement to enroll, and the client population will vary over time (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	240	192	126%
Number of unduplicated clients who successfully complete individual counseling sessions	88	152	58%
Outcomes			
Percentage of unduplicated clients who complete in home counseling and meet 75% of their individual treatment goals	65% (55/84)	75% (114/152)	87%
Percentage of unduplicated clients served who report feeling improvements in their mental health	94% (67/71)	80% (73/91)	118%
Percentage of unduplicated clients served who are first time mental health users	35% (84/240)	50% (95/190)	70%

Austin Child Guidance Center

Children's Outpatient Mental Health & Evaluation Services

Program Description

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

Funding

The total HHS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2018 through September 30, 2019 was $50,000. This investment comprised 2.6% of their total program budget. HHS also funds the Infant and Early Childhood Mental Health Project, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

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

ACGC: Children's Outpatient Mental Health & Evaluation Services

The Children's Outpatient Mental Health & Evaluation Services program exceeded all performance goals. Staff reported that there was an increased need for program services over the fiscal year and clients were highly satisfied with services.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,615	2,008	130%
Number of children/youth provided professional counseling services	765	538	142%
Number of participants provided specialized group services	262	151	174%
Number of hours of service delivered	33,064	16,858	196%
Outcomes			
Percentage of clients who make progress on achieving their treatment plan goal(s)	85% (446/525)	70% (132/188)	121%
Percentage of parents reporting satisfaction with the psychological assessment process	95% (149/157)	85% (128/150)	111%

Communities In Schools of Central Texas

CIS Care Coordination for Youth and Family Assessment Center

Program Description

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

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

Funding

The total HHS investment in the CIS Care Coordination for Youth and Family Assessment Center program from October 1, 2018 through September 30, 2019 was $455,030. This investment comprised 89.8% of their total program budget. HHS also funds the ASPIRE and Travis County XY–Zone Programs, which are described in the Child and Youth Development issue area report.

Communities In Schools of Central Texas

CIS Care Coordination for Youth and Family Assessment Center

Eligibility Criteria

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

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

The CIS Care Coordination program met or exceeded the targeted range of performance across all measures. Program staff noted that families who enrolled in the program but were closed to services within 60 days (for reasons such as a loss of contact with the family or the family moving to a different school district) are not reflected in the outcomes reported.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	164	159	103%
Number of unduplicated youth served using the wraparound approach	85	90	94%
Number of unduplicated youth served in the YFAC Camps	75	69	109%
Number of unduplicated siblings residing in each enrolled youth's household	216	132	164%
Outcomes			
Percentage of youth and families that meet the goals in their Plan of Care	91% (31/34)	85% (28/33)	107%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	76% (26/34)	85% (28/33)	90%
Percentage of youth who completed services and show an improved attendance rate (for those youth with an absenteeism rate of 10% or more at time of enrollment)	67% (8/12)	50% (6/12)	133%
Percentage of youth who completed services and pass all core classes at closure	62% (21/34)	61% (20/33)	102%
Percentage of youth who demonstrate a decrease in school discipline referral (for youth with one or more discipline referrals) at closure	53% (9/17)	50% (8/16)	106%
Percentage of youth ages 10 and up who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	78% (21/27)	80% (16/20)	97%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	100% (33/33)	85% (28/33)	118%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	94% (31/33)	85% (28/33)	111%

LifeWorks

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

Program Description

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

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

Funding

The total HHS investment in the LifeWorks Youth and Adult Counseling and Community-Based Peer Support and Counseling program from October 1, 2018 through September 30, 2019 was $126,681. This investment comprised 6.7% of their total program budget. HHS also funds the Workforce Development program, which is described in the Workforce Development issue area report.

Eligibility Criteria

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

LifeWorks

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

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

LifeWorks: YAC and CBPSC

This program met or exceeded the targeted range of performance across all outputs but fell slightly short of goals for one outcome measure. Staff reported that the Youth and Adult Counseling program was successful in increasing the number of clients served over the course of the year once fully staffed (see the second output). The focus on increasing appointment show rates by implementing appointment text reminders proved to be successful; therefore, the program exceeded the projected number of YAC counseling sessions provided (see the fourth output). The program was unable to attain the desired percentage of individuals making progress toward their treatment plan goals in overall coping skills or resiliency (see the first outcome). Staff explained that they are discussing the impact of their new measurement tool and the possibility of expanding the current scale to give clients more options to report their progress. Program staff also plan to discuss possible challenges to problem solve and identify training needs.

Staff explained that the number of clients served in Community-Based Peer Support, the number of sessions provided, and the number of clients with three or more peer encounters all exceeded contract year goals due to a concerted effort to engage clients who use the LifeWorks Youth Resource Center (see the third, fifth, and sixth outputs). Most of these youth have lived experience of mental health challenges and/or substance abuse, and they have responded positively to the presence of peer support specialists in the Youth Resource Center.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,187	1,175	101%
Number of unduplicated clients served in Youth and Adult Counseling	903	950	95%
Number of unduplicated clients served in Community-Based Peer Support	294	225	131%
Number of Youth and Adult Counseling Sessions	6,123	4,900	125%
Number of Community-Based Peer Support Sessions	1,396	400	349%
Number of unduplicated clients served in Community-Based Peer Support that have at least 3 encounters with a peer	138	75	184%

LifeWorks: YAC and CBPSC

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outcomes			
Percentage of Youth and Adult Counseling clients who have at least one service plan update and show improvement at case closure for either coping or resiliency or maintain the highest level across both constructs	68% (421/618)	80% (600/750)	85%
Percentage of Community-Based Peer Support clients engaged in peer support that are connected to additional services and resources (service enrollment after peer engagement)	63% (185/294)	60% (135/225)	105%

YWCA Greater Austin

YW Counseling and Referral Center

Program Description

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

Funding

The total HHS investment in the YW Counseling and Referral Center program from October 1, 2018 through September 30, 2019 was $133,050. This investment comprised 18.2% of their total program budget.

Eligibility Criteria

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

YWCA Greater Austin: YW Counseling and Referral Center

The YW Counseling and Referral Center met the targeted range of performance for all measures. Staff reported that the number of clients served in individual, couples, and family counseling was higher than anticipated due to high demand for services (see the second output).

While the percentage of clients demonstrating improvement in mental health status/functioning and clients reporting achievement of a treatment plan goal both exceeded targets, the number of clients assessed was lower than expected (see the first and second outcomes). Staff explained that this result was due to a combination of people requesting longer-term therapy and not terminating at 10 sessions, as well as the people not reaching at least five sessions to be able to assess properly (early termination). A similar result was seen for the number of clients assessed for improvement in attitude/behavior, as some people chose to not complete a mid or final evaluation (see the third outcome).

The lower number of group clients being reported on is due to a smaller number of group participants and providing fewer groups at some institutions, based on their closures and schedules; however, of those group participants who were evaluated, the program saw a higher than expected increase in knowledge and skills (see the fourth outcome). Staff attributed this result to administering the evaluations at the end of each group session at "open" groups where the participants are transitional and may not return in preceding weeks, in effect capturing what they learned immediately.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,079	1,112	97%
Number of unduplicated clients served in individual, couples, family counseling	398	356	112%
Number of unduplicated clients served in therapy and skill building groups	681	756	90%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	87% (159/182)	81% (288/356)	108%
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	96% (175/182)	90% (320/356)	107%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/behavior	93% (101/109)	86% (306/356)	108%

YWCA Greater Austin: YW Counseling and Referral Center

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of group clients reporting increased knowledge and skills	99% (541/546)	86% (651/756)	115%
Percentage of group clients reporting increased ability to engage in behavioral health services due to accessibility	97% (457/469)	90% (680/756)	108%

Integral Care

Expanded Mobile Crisis Outreach Team

Program Description

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

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

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

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

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

Funding

The total HHS investment in the Expanded Mobile Crisis Outreach Team program from October 1, 2018 through September 30, 2019 was $764,819. This investment comprised 39.3% of their total program budget. The remaining cost of the program is funded by the City of Austin. HHS also funds the Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance

Integral Care

Expanded Mobile Crisis Outreach Team

Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Eligibility Criteria

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

Integral Care: Expanded Mobile Crisis Outreach Team

EMCOT met the targeted range of performance for most measures. Staff reported that although their numbers for unduplicated clients served increased throughout the fiscal year, this year yielded a lower number of unduplicated clients served compared to previous years (see the first output). Referrals from the Travis County Jail/Correctional Complex decreased significantly from the first quarter of the year due to hiring a jail liaison for Central Booking who focused solely on jail diversions with Magistrate Judges (see the seventh output). The amount of time it takes to complete the process for each diversion (assessment, coordination of appropriate level of care, presentation to the Magistrate Judges, review of criminal charges, bond received, transportation of consumer, etc.) decreased the jail liaison's ability to receive more referrals from jail counseling staff. This liaison is a new resource to meet service needs; referral goals will be adjusted accordingly for the next year. Staff explained that there was a significant increase in first responders trained from the previous fiscal year due to mental health training requirements needed for first responders, per SB292 (see the ninth output).

Staff noted that EMCOT serves individuals that are experiencing homelessness. Due to challenges in locating this subset of clients following the initial crisis assessment, it is often difficult to link to ongoing services (see the fourth outcome). Additionally, individuals may chose to be linked to ongoing services outside of Integral Care, which EMCOT will assist with. If a large percentage of individuals prefer to be linked to external services, this impacts outcome performance for linkage, as current data only captures individuals linked to Integral Care services. Beginning next fiscal year, EMCOT will begin to capture data that includes the percentage of clients EMCOT links to external community supports.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,264	2,525	90%
Number of referrals that resulted in a dispatch to the client's location	3,182	3,200	99%
Number of unduplicated clients referred from law enforcement	1,331	1,225	109%
Number of incidents referred from law enforcement	1,507	baseline	N/A
Number of unduplicated clients referred from Emergency Medical Services (EMS)	549	600	92%
Number of incidents referred from EMS	634	baseline	N/A

Integral Care: Expanded Mobile Crisis Outreach Team

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of unduplicated clients referred from Travis County Central Booking and Travis County Correctional Complex	552	700	79%
Number of incidents referred from Travis County Central Booking or Travis County Correctional Complex	727	baseline	N/A
Number of first responders who received training from EMCOT	1,995	500	399%
Outcomes			
Percentage of incidents referred from law enforcement that resulted in diversion from arrest	100% (1,503/1,507)	99%	101%
Percentage of incidents referred from law enforcement that resulted in diversion from emergency detention	90% (1,356/1,507)	93%	97%
Percentage of incidents referred from EMS that resulted in diversion from transfer or admission to emergency department	77% (490/634)	75%	103%
Percentage of clients linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions	46% (1,048/2,264)	70% (1,768/2,525)	66%

Integral Care

Main Mental Health Interlocal

Program Description

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

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

Funding

The total HHS investment in the Main Mental Health Interlocal from October 1, 2018 through September 30, 2019 was $1,411,054. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Eligibility Criteria

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

- Populations with behavioral health needs (including substance use), intellectual and/or developmental disabilities

Integral Care

Main Mental Health Interlocal

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

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

Integral Care: Main Mental Health Interlocal

The Main Mental Health Interlocal met or exceeded all but one performance target. Staff noted that growing demand coupled with growth in the local population and need in the community led to more clients served overall as well as more clients provided with Intellectual and Development Disabilities Services (see the first and fourth outputs). Staff explained that vacancies throughout the year, including attrition experienced on intake staff teams, resulted in fewer clients served with Adult Behavioral Health Services than originally projected (see the second output). For Crisis Services, client could have received services in multiple reporting quarters, so the performance results include duplication (see the fifth output).

Staff noted that the counts of children reported in the fourth and fifth outcomes are low because they are based on a subset of clients who are on a specific medication regimen for attention-deficit/hyperactivity disorder (ADHD).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated Eligible Clients served	23,869	21,375	112%
Number of unduplicated Eligible Clients served with Adult Behavioral Health Services	11,721	14,626	80%
Number of unduplicated Eligible Clients served with Child and Family Services	3,801	4,037	94%
Number of unduplicated Eligible Clients served with Intellectual and Developmental Disabilities Services	2,909	2,548	114%
Number of unduplicated Eligible Clients served with Crisis Services	10,436	5,208	200%
Number of service hours provided	398,381	433,753	92%
Outcomes			
Percentage of discharges for which the Eligible Client received follow-up within 7 days of discharge	72% (1,750/2,442)	60%	119%
Percentage of Eligible Clients who received an assessment for substance abuse problems	57% (22,173/38,948)	22%	259%
Percentage of Eligible Clients with depression who received an evaluation of suicidal/homicidal ideation (SI/HI) and associated risks	78% (741/956)	57%	136%

Integral Care: Main Mental Health Interlocal

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of Eligible Clients who are children who had one follow-up visit with a practitioner with prescribing authority during the 30–day initiation phase	26% (84/324)	27%	96%
Percentage of Eligible Clients who are children who remained on ADHD medication for at least 120 days and who, in addition to the visit in the initiation phase, had at least 2 additional follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended	13% (40/309)	N/A	N/A
Percentage of permanency plans conducted and documented for Eligible Clients under age 22 enrolling in or currently residing in an ICF/IID or HCS residential setting initially at the time of enrollment and every 6 months after the initial review until the Eligible Client is 22 or leaves the facility	100%	95%	Met Goal

Integral Care

Main Mental Health Interlocal: IDD Care Coordinator

Program Description

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

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

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

Funding

The total HHS investment in the Main Mental Health Interlocal: IDD Care Coordinator from October 1, 2018 through September 30, 2019 was $65,000. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

Main Mental Health Interlocal: IDD Care Coordinator

Eligibility Criteria

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

Integral Care: IDD Care Coordinator

The IDD Care Coordinator began serving individuals in the third quarter of the year. This delayed start led to fewer children enrolled than originally projected (see the first output). Staff noted that three of the youth are connected to a self-esteem building activity, but sustained engagement will not be reported until the first quarter of FY 2020 (see the second output). Children and caregivers both received initial baseline assessments; however, outcome data will be not be available until the next fiscal year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children with Mental Health and Intellectual and/or Developmental Disabilities diagnosis enrolled into The Children's Partnership	6	10	60%
Number of children who sustained engagement in a self-esteem building activity of their choice	0	8	0%
Outcomes			
Percentage of children assessed who demonstrate improvement in behavioral health/strengths	N/A	70% (7/10)	N/A
Percentage of caregivers surveyed that report stress reduction	N/A	70% (7/10)	N/A

Integral Care

Main Mental Health Interlocal: ThriveCare of Travis County

Program Description

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

Referrals to the program are made through a variety of methods including community outreach, via Homelessness Outreach Street Team (HOST); community-based, via Psychiatric Emergency Services (PES) and Expanded Mobile Crisis Outreach Team (EMCOT); and Court, via Integral Care's Mental Health Bond Program (MHBP).

Funding

The total HHS investment in the Main Mental Health Interlocal: ThriveCare of Travis County program from October 1, 2018 through September 30, 2019 was $125,000. Although funding was awarded at the beginning of the fiscal year, the program launched in February 2019 due to contract negotiations. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

Main Mental Health Interlocal: ThriveCare of Travis County

Eligibility Criteria

The program serves adults age 18 or older with a substance use disorder. Priority populations within this population include:

- Women
- Adults with justice involvement, including those on parole, on probation, recently released from jail, pending Court appearance, or arrested with outstanding charge(s)
- Adults at significant risk of justice involvement due to substance use
- Adults with opioid addiction

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

Integral Care: ThriveCare of Travis County

ThriveCare exceeded goals across all performance measures. The program launched in February 2019, so results below reflect eight months of performance. Staff provided a program narrative to more fully report on this new program. Staff noted that the Recovery Navigation Services (RNS) team provided trauma informed, recovery focused care to residents, with many areas of success and a few challenges faced by the RNS team.

One significant area of success was the "MAT Bridge" process. During the year, a treatment service gap that became increasingly evident was timely access to medication assisted treatment (MAT). Clients living with opioid or alcohol use disorders that chose MAT were assessed by the RNS team, began medications, and received coordination to a long-term MAT provider. Through this coordination, clients were provided a start date for MAT services the same or next day via an assessment by the RNS medical provider.

The goal of this short-term bridge was to provide continuity of peer support and MAT while a client waits to admit to a long-term MAT provider. Clients without insurance or resources to purchase medications were supported via an arrangement between local pharmacies and the RNS team, utilizing ThriveCare funds to purchase the medications from the pharmacy. Once the client had successfully connected to a long-term MAT provider, the ThriveCare funding was discontinued and the MAT provider covered services and medications. As the number of clients needing this service rose, the need for greater coordination and access between MAT providers became apparent. Integral Care added Carma Health as a SAMSO provider in July, which increased the overall capacity for MAT services within the SAMSO network.

Similarly, the RNS team noted an increase in clients needing intensive outpatient services from the SAMSO network. In order to provide clients more options, staff initiated a collaboration with Ascension Seton Behavioral Health. The Intensive Outpatient (IOP) services offered through Ascension Seton Behavioral Health include specialized chemical dependency and dual disorder programming. Ascension Seton Behavioral Health joined the SAMSO network during the year for continued collaboration.

Staff noted that a significant challenge RNS clients faced was lack of transportation. Many of the clients served by the RNS team are living with homelessness or limited financial resources. Some identified challenges include difficulty in accessing transportation from an individual's camp or shelter to a service provider. This was especially true for services requiring daily commutes, such as MAT treatment or IOP services. The RNS team collaborated with Integral Care's homeless outreach teams, taxi companies, and Capital Metro to coordinate transportation for clients when possible. However, a need continues to exist for services within greater proximity to clients, especially for those without transportation.

Finally, the RNS team continued tracking usage of emergency medical services (EMS) or presentations to a hospital emergency department through the Integrated Care Collaboration database. Clients served showed a significant reduction of emergency department and EMS usage when compared to the year before their services started: for the 28 clients served under ThriveCare in the fourth quarter of the year, there was an 86% average reduction in presentations to EMS or an emergency department.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of screenings performed by referral sources	325	85	382%
Number of individuals successfully navigated to Hub	127	45	282%
Number of individuals enrolled in Substance Use Disorder (SUD) services	51	30	170%
Number of individuals enrolled in External SUD services	51	N/A	N/A
Number of individuals enrolled in Internal SUD services	0	N/A	N/A
Outcomes			
Percent of individuals who have established recovery support in the community	57% (29/51)	57% (17/30)	100%
Percent of individuals with reduced criminal justice system involvement	94% (17/18)	57% (17/30)	167%
Percent of individuals who maintain enrollment in SUD services in accordance with their recovery plan	75% (38/51)	57% (17/30)	131%

Integral Care

Parenting In Recovery/Family Drug Treatment Court

Program Description

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

Funding

The total HHS investment in the Parenting In Recovery/Family Drug Treatment Court program from October 1, 2018 through September 30, 2019 was $155,600. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Eligibility Criteria

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

Integral Care: Parenting In Recovery/Family Drug Treatment Court

Performance Goals and Results

The Parenting In Recovery/Family Drug Treatment Court exceeded all outcome goals and met or exceeded all but two output goals. Staff explained that fewer youth of the ages requiring CANS assessment (6-17 years old) were enrolled in the program during the year, leading to fewer assessments administered than expected (see the third output). Further, a higher than projected number of infants and younger children in the program resulted in fewer referrals to ancillary services (see the fourth output).

Staff reported that Child Therapists see youth based on their needs, and many youth required weekly or biweekly face-to-face therapeutic contacts (see the sixth output). Child Therapists are now tracking all indirect services, including all meetings in which they advocate for youth, resulting in a high number of indirect services (see the seventh output).

Not all youth enrolled in a fiscal year receive an exit ASQ (see the first outcome) or CANS (see the second outcome); exit assessments can cross over fiscal years. However, the youth that were assessed exceeded projections of improvement based on the ASQ or CANS assessments. Finally, staff noted that only parents exiting PIR receive the parent survey, and exit may carryover between fiscal years; however all of those surveyed reported progress related to their treatment plan/person centered plan of care (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth served	82	75	109%
Number of Ages and Stages Questionnaires (ASQs) administered	64	64	100%
Number of Child and Adolescent Needs and Strengths (CANS) administered	8	11	73%
Number of children/youth linked to an ancillary service	30	65	46%
Number of unduplicated unique ancillary services provided to children/youth	143	130	110%
Number of direct face-to-face therapeutic contacts provided by the Therapist	576	150	384%
Number of indirect services provided by the Therapist	231	150	154%
Outcomes			
Percentage of children/youth who demonstrate stability and/or improvement in their social and emotional development	97% (31/32)	64% (41/64)	151%

Integral Care: Parenting In Recovery/Family Drug Treatment Court

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of children/youth who demonstrate stability and/or improvement in their emotional functioning	100% (2/2)	64% (7/11)	157%
Percentage of parents who report progress on obtaining goals in their person centered care plan	100% (20/20)	65% (49/75)	153%

Integral Care

Substance Abuse Managed Services Organization

Program Description

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

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

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

Funding

The total HHS investment in Substance Abuse Managed Services Organization from October 1, 2018 through September 30, 2019 was $1,073,799. Funds support both direct services and the MSO administrative fee (12% of the expended funds). HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

Substance Abuse Managed Services Organization

Eligibility Criteria

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

There is a particular focus on individuals who are:

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

Integral Care: Substance Abuse Managed Services Organization

SAMSO met or exceeded the targeted range of performance across all outcome measures but fell short of targets on a number of output measures. Fewer adults were referred by PIR/FDTC due to funding constraints (see the fourth output). The fifth through seventh outputs show the range of services that clients received but do not have specific performance targets. No appeals of denied services were received during the fiscal year (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	314	330	95%
Number of unduplicated adults receiving substance use treatment services who are not participating in DACC or PIR/FDTC	208	227	92%
Number of unduplicated adults receiving substance use treatment services referred by DACC	68	38	105%
Number of unduplicated adults receiving substance use treatment services referred by PIR/FDTC	20	65	53%
Number of unduplicated clients provided residential treatment	205	N/A	N/A
Number of unduplicated clients provided outpatient treatment	176	N/A	N/A
Number of unduplicated clients provided support services	96	N/A	N/A
Outcomes			
Percentage of clients who successfully complete substance use treatment	61% (145/238)	50% (120/241)	122%
Percentage of clients linked to services, housing, or recovery supports upon discharge	63% (150/238)	50% (120/241)	127%
Percentage of new providers contracted within 60 days of completed application	100% (2/2)	71% (25/35)	141%
Percentage of first level provider appeals resolved within 10 days of request	N/A	75% (3/4)	N/A
Percentage of authorizations issued or denied within two days of request	81% (583/718)	90% (270/300)	90%

Integral Care

Substance Abuse Managed Services Organization: MAT

Program Description

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

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

The program strives to:

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

Funding

The total HHS investment in the Substance Abuse Managed Services Organization: MAT program from October 1, 2018 through September 30, 2019 was $75,000. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

Substance Abuse Managed Services Organization: MAT

Eligibility Criteria

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

Integral Care: MAT

The MAT program met or exceeded the targeted range of performance for all measures. Staff reported that Integral Care's Utilization Management has been in close contact with Community Medical Services/ MARS Clinics as well as Integral Care's Narcotic Treatment Program, which resulted in an increase in implementation of the referral process and a greater number of clients receiving MAT than projected (see the first output). Staff noted that due to transfers to other providers/services, some clients were not available to complete the survey; however, all those who did complete the survey self-reported abstinence or a decrease in use (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of clients receiving Medication Assisted Treatment (MAT)	33	20	165%
Number of clients who completed intervention	10	3	333%
Outcomes			
Percentage of clients who self-report abstinence or decrease in use	100% (6/6)	65% (13/20)	154%
Percentage of clients who participate in wellness services	58% (19/33)	60% (12/20)	96%

Integral Care

System of Care Managed Services Organization

Program Description

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

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

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

Funding

The total HHS investment in the System of Care Managed Services Organization from October 1, 2018 through September 30, 2019 was $760,430. Funds support both direct services and the MSO administrative fee (approximately 7% of the expended funds). HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, and Substance Abuse Managed Services Organization: MAT, which are described in this report; the Community Advancement Network, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

System of Care Managed Services Organization

Eligibility Criteria

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

Eligibility criteria are program-specific:

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

Integral Care: System of Care Managed Services Organization

The System of Care MSO met or exceeded all performance goals. Staff reported that Integral Care will continue to encourage utilization of the contracted provider network by community partner care coordination. The second through seventh outputs show the range of services provided on the network but do not have specific performance targets.

A smaller than expected number of new providers completed an application, but nearly all that did so were contracted within 60 days (see the first outcome). Staff explained that failure to complete required training and missing credentialing documents (most notably tuberculosis testing and 3 year driving records) were the most frequently documented reasons submitted applications were deemed incomplete. Finally, staff noted that Integral Care's contracted network providers worked hard this fiscal year to reduce the number of denials on their claims. This is reflected by the larger than projected number of clean claims submitted for payment (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	416	375	111%
Number of unduplicated network providers conducting assessments/evaluation	2	N/A	N/A
Number of unduplicated network providers delivering licensed therapeutic services	11	N/A	N/A
Number of unduplicated network providers delivering certified professional services	13	N/A	N/A
Number of unduplicated network providers delivering non-traditional community-based services	32	N/A	N/A
Number of unduplicated network providers delivering support services	43	N/A	N/A
Number of unduplicated network providers delivering enrichment services	3	N/A	N/A
Outcomes			
Percentage of new providers contracted within 60 days of completed application	91% (10/11)	71% (25/35)	127%
Percentage of first level provider appeals resolved within 10 days of request	75% (3/4)	75% (3/4)	100%
Percentage of initially submitted clean claims paid ≤30 days	98% (350/356)	98% (295/300)	100%

Appendix

2019 Federal Poverty Income Guidelines

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

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$6,245	$12,490	$15,613	$18,735	$24,980
2 persons	$8,455	$16,910	$21,138	$25,365	$33,820
3 persons	$10,665	$21,330	$26,663	$31,995	$42,660
4 persons	$12,875	$25,750	$32,188	$38,625	$51,500
5 persons	$15,085	$30,170	$37,713	$45,255	$60,340
6 persons	$17,295	$34,590	$43,238	$51,885	$69,180
7 persons	$19,505	$39,010	$48,763	$58,515	$78,020
8 persons	$21,715	$43,430	$54,288	$65,145	$86,860
For families/households with more than 8 persons, add $4,420 for each additional person.					

Data source: "2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 11, 2019, https://aspe.hhs.gov/poverty-guidelines.

2019 Austin Median Family Income Guidelines

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

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$19,900	$33,150	$52,850
2 persons	$22,750	$37,850	$60,400
3 persons	$25,600	$42,600	$67,950
4 persons	$28,400	$47,300	$75,500
5 persons	$30,700	$51,100	$81,550
6 persons	$34,590	$54,900	$87,600
7 persons	$39,010	$58,700	$93,650
8 persons	$43,430	$62,450	$99,700

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

Data source: "Austin-Round Rock, TX MSA FY 2019 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn.

Endnotes

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