Behavioral Health

FY 2018 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

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

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

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Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services Department (HHS), annually invests over $19.5 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2018 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 a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community 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, 2017 through September 30, 2018) 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 and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide."[1]

Prevalence of Mental Health Disorders

In 2017, an estimated 18.9% of adults aged 18 or older in the United States had any mental illness and 4.5% 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 2017 Travis County population.

Prevalence Estimates of Mental Health Disorders, Travis County, 2017

	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]	83,561	N/A	-	N/A	-	13.3%	11,114
18 or Older[7]	955,295	18.9	180,551	4.5	42,988	7.1%	67,826

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 an MDE if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. Adolescents with an MDE met the same criteria as adults, but questions were designed to be more developmentally appropriate for adolescents. Travis County Population estimates 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.
Created by: Travis County HHS, Research & Planning Division, 2018
Source data: 2017 American Community Survey 1–Year Estimates, B01001 and B09001; 2017 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.

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).

Behavioral Risk Factor Surveillance System (BRFSS) Adults 18+, Travis County and Texas, 2017		
	Travis County	*Texas*
Depressive disorders, including depression, major depression, dysthymia (chronic depression), or minor depression	16.7%	16.7%
Poor mental health, 5 or more days in the past 30 days	25.6%	21.3%
Poor mental health, 14 or more days in the past 30 days	12.3%	11.8%

Created by: Travis County HHS, Research & Planning Division, 2018
Source data: Texas Behavioral Risk Factor Surveillance System, 2017

Prevalence of Substance Use and Co-Occurring Disorders

In 2017, 7.2% of Americans aged 12 or older had a substance use disorder in the past year.[8] Among those who had a substance use disorder, nearly 3 out of 4 (73.6%) had an alcohol use disorder and about 2 out of 5 (38.3%) had an illicit drug use disorder.[9]

Individuals with both a mental health issue and a substance use disorder are said to have co-occurring disorders. Nationally, in 2017, 1.4% of adolescents aged 12 to 17 had both a major depressive episode and a substance use disorder while 3.4% of adults aged 18 or older had any mental illness and a substance use disorder.[10] Applying these national rates to the Travis County population allows for an estimate of local prevalence.

Prevalence Estimates of Co-Occurring Disorders, Travis County, 2017					
	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[11]	*Number*	*Percent*[12]	*Number*
12 to 17[13]	83,561	N/A	-	1.4	1,170
18 or Older[14]	955,295	3.4	32,480	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. Travis County Population estimates 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.
Created by: Travis County HHS, Research & Planning Division, 2018
Source data: 2017 American Community Survey 1–Year Estimates, B01001 and B09001; 2017 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. Opioid-involved overdose deaths in Texas increased by 400% from 1999 to 2015.[15] Locally, an average of 127 Travis County residents have died each year since 2006 due to drug overdoses, with opioid overdoses accounting for 42% of deaths.[16] Among these opioid-related deaths, the majority (91%) were unintentional poisonings and only 7% were intentional (suicide).[17]

Suicide

While the suicide rate has been increasing nationally, the number of deaths by suicide has been relatively stable locally. From 2008 through 2017, there were 1,260 suicide deaths in the City of Austin; this averages to one person dying by suicide every three days.[18] In 2017, an average of 14 emergency department encounters for suicidal-related behaviors occurred per day in local area hospitals; further, one Travis County resident discharges from a hospital following a suicide attempt daily.[19]

Selected suicide-related behavior data is available for Texas students through the Youth Risk Behavioral Survey (YRBS). Data from 2017 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.[20]

Need for Behavioral Health Services

The number of individuals who need behavioral health services is greater than those actually receiving services. Nationally, in 2017, only 41.5% of adolescents who had a past year major depressive episode (MDE) received treatment for depression, while 66.8% of adults with a past year MDE received treatment.[21] For the same timeframe, 42.6% of adults with any mental illness and 66.7% of adults with serious mental illness received mental health services.[22] Unmet substance use treatment needs are significant: while 7.6% of individuals aged 12 or older needed substance use treatment, only 1.5% received treatment.[23]

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.[24] Individuals with untreated behavioral health disorders are eight times more likely to be incarcerated[25] and likely contribute to the

increasing number of emergency room visits related to mental health and substance use issues.[26] The Meadows Mental Health Policy Institute estimates that unmet substance use disorder needs result in $350 million per year in emergency room charges.[27] Substance use disorders are also the leading contributor to children entering the Child Protective Services system.[28]

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 2017, Integral Care provided services to 25,843 individuals.[29] Adult Behavioral Health and Substance Use services accounted for over one-half of all services provided.[30] While other service providers are available to Travis County residents, low-income residents rely largely on Integral Care for behavioral health services. Because most uninsured people are in low-income families, and those without insurance do not have regular access to care, it is likely that a substantial number of low-income adults and children with behavioral health disorders remain untreated.[31]

Individuals with behavioral health disorders are frequently treated in environments not intended to provide behavioral health services, such as emergency rooms and jails. Local law enforcement officers have responded to an increasing number of calls in the city and county that involved mental health issues, and about 33% of Travis County Jail residents suffer from a mental health issue.[32] Upon release from jail, many individuals do not have access to needed treatment, which may lead to homelessness, emergency room usage, or recidivism.[33]

Local Planning Efforts

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

Travis County Plan for Children's Mental Health

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

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

released in February 2015 and efforts to implement the plan continue.

Travis County Plan for Substance Use Disorders

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

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

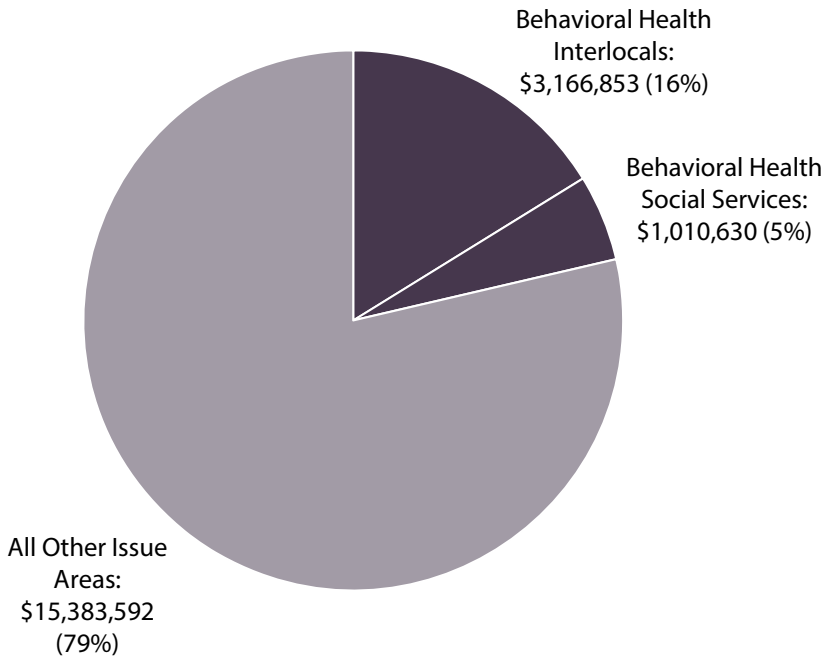
Goals and Services

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

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

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

Investment in Behavioral Health and Other Issue Areas, FY 2018



Funding Summary

The FY 2018 Funding Amount reflects 12–month funding (October 1, 2017 through September 30, 2018) unless otherwise noted.

Agency Name	Program Name	FY 2018 Funding Amount
Behavioral Health Social Services		
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$101,343
Austin Independent School District	School-based Family Resource Centers	$100,000
Capital Area Counseling	Low Cost, No Session Limit, Outpatient Counseling	$17,174
Communities In Schools of Central Texas	CIS Care Coordination – Youth & Family Assessment Center	$394,949
Integral Care	Parenting In Recovery/Family Drug Treatment Court	$155,600
LifeWorks	Counseling	$94,585
Out Youth	Youth Development	$12,880
Workers Assistance Program, Inc.	Youth Advocacy, Creating Lasting Family Connections	$43,503
YWCA Greater Austin	YW Counseling & Referral Center	$90,596
Behavioral Health Interlocals		
Integral Care	Main Mental Health Interlocal	$1,411,054
Integral Care	Substance Abuse Managed Services Organization	$1,073,799
Integral Care	System of Care Managed Services Organization	$682,000

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	17,216	48%
Male	17,826	50%
Transgender	246	1%
Other or Not Specified	113	0.3%
Unknown	145	0.4%
Total	*35,546*	*100%*

Ethnicity		
Hispanic or Latino	4,146	12%
Not Hispanic or Latino	28,127	79%
Unknown	3,273	9%
Total	*35,546*	*100%*

Race		
American Indian and Alaska Native	256	1%
Asian	397	1%
Black or African American	6,709	19%
Native Hawaiian and Other Pacific Islander	46	0.1%
White	22,074	62%
Some other race	2,699	8%
Two or more races	148	0.4%
Unknown	3,217	9%
Total	*35,546*	*100%*

Age	Num.	Pct.
Under 5	803	2%
5 to 11	3,181	9%
12 to 14	2,523	7%
15 to 17	2,704	8%
18 to 24	3,276	9%
25 to 39	9,687	27%
40 to 54	7,557	21%
55 to 64	3,897	11%
65 to 74	811	2%
75 and over	139	0.4%
Unknown	968	3%
Total	*35,546*	*100%*

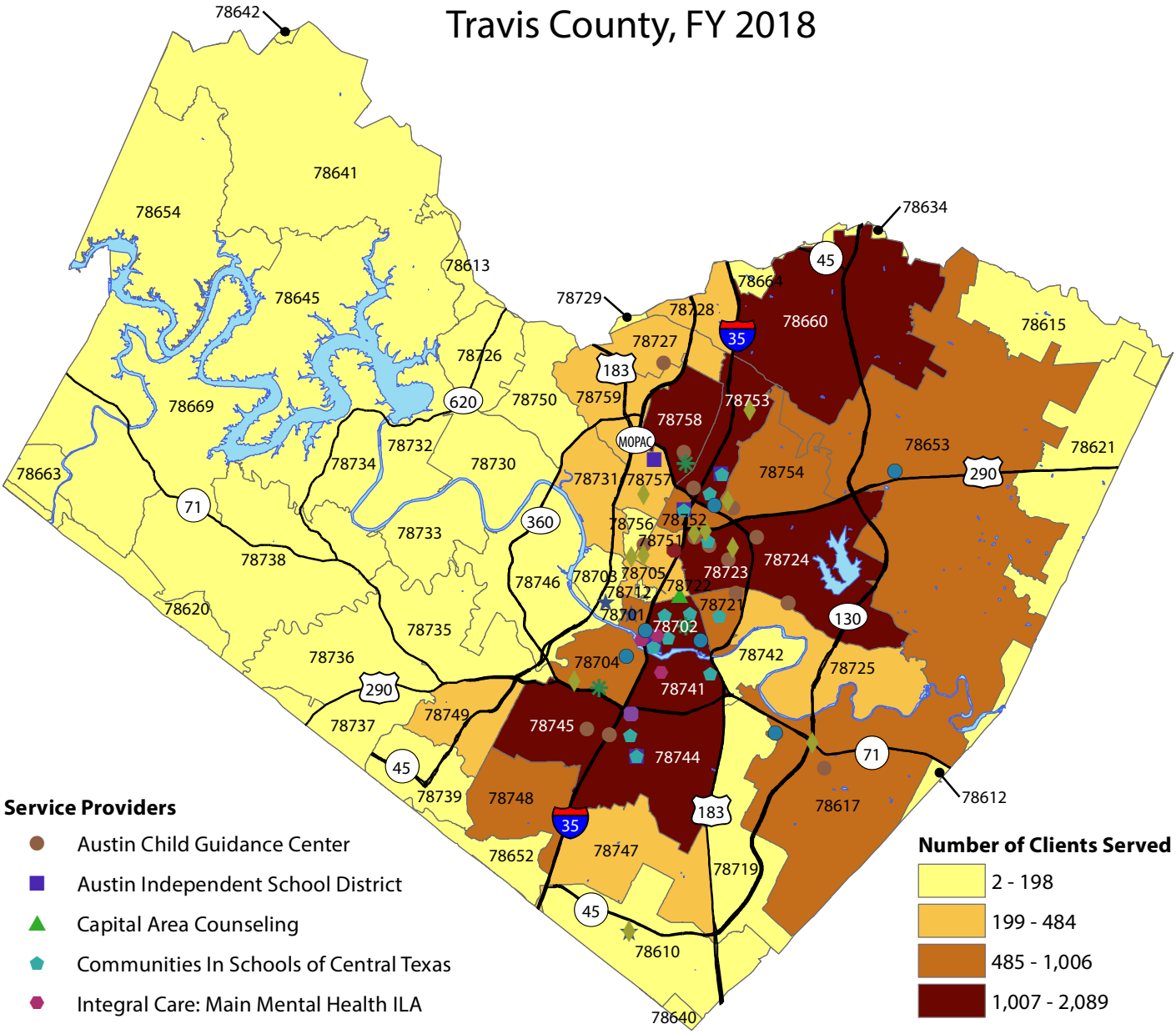
Income		
<50% of FPIG	11,024	31%
50% to 100%	8,305	23%
101% to 150%	3,963	11%
151% to 200%	1,790	5%
>200%	2,328	7%
Unknown	8,136	23%
Total	*35,546*	*100%*

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

See Appendix for specific income guideline levels.

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2018



Service Providers

- Austin Child Guidance Center
- Austin Independent School District
- Capital Area Counseling
- Communities In Schools of Central Texas
- Integral Care: Main Mental Health ILA
- Integral Care: PIR/FDTC
- Integral Care: SAMSO
- LifeWorks
- Out Youth
- Workers Assistance Program, Inc.
- YWCA Greater Austin

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

Number of Clients Served

- 2 - 198
- 199 - 484
- 485 - 1,006
- 1,007 - 2,089

Notes: This map shows 27,876 clients by ZIP code. 7,670 clients (22% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes were unavailable for Austin ISD's School-based Family Resource Centers program.

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

N
0 2.5 5 Miles

Austin Child Guidance Center

Children's Outpatient Mental Health & Evaluation Services

Program Description

The goal of the Children's Outpatient Mental Health & Evaluation Services program at the Austin Child Guidance Center (ACGC) is to improve the mental health of children, adolescents, and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges. Services are client-centered, strengths-based, and utilize evidence-based treatment models. Services provided include: intake and referral; psychological assessments and psychiatric evaluations; individual, family, and group therapy; parent support and training; consultation and collaboration with the community; and training of future professionals.

Funding

The total HHS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2017 through September 30, 2018 was $101,343. This investment comprised 4.4% of their total program budget. HHS also funds the Infant & Early Childhood Mental Health Project, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

The program is targeted to Austin/Travis County children and adolescents ages 0-17 years, as well as their families, experiencing mental, emotional, and/or behavioral problems. Many of these children and adolescents are at high risk of coming into contact with the juvenile justice system, academic failure, poor employment prospects, substance abuse, and poverty into adulthood. The majority of the families served are low-income or working poor families. Funding from Travis County is specifically used to provide services to families at or below 200% of the Federal Poverty Income Guidelines (FPIG). To be eligible for the program, families must also reside within Travis County and children must be age 17 or under.

ACGC: Children's Outpatient Mental Health & Evaluation Services

ACGC met or exceeded most performance goals. There were fewer participants provided specialized group services than projected (see the third output). Staff noted that the program offered two fewer groups than planned. There was a lower number of client assessments/evaluations completed than expected, which staff reported was due to staff turnover and maternity leave within the Psychology department (see the fourth output). Finally, staff explained that the lower number of clients evaluated for progress on achieving their treatment plan goals was due to establishing this goal prior to revising the data reporting system for this measure; however, a sizeable number of these clients made progress on their goals (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth and family members served	3,240	3,250	100%
Number of children/youth provided professional counseling services	1,505	1,562	96%
Number of participants provided specialized group services	234	300	78%
Number of client assessments/evaluations completed	524	700	75%
Number of hours of service delivered	25,342	22,525	113%
Number of recipients receiving consultations/ trainings/presentations/seminars	1,985	1,800	110%
Outcomes			
Percentage of clients making progress on achieving their treatment plan goals	93% (614/660)	85% (1,048/1,233)	109%
Percentage of clients receiving specialized group services who show positive increases / changes	85% (104/123)	85% (102/120)	99%

Austin Independent School District

School-based Family Resource Centers

Program Description

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

Funding

The total HHS investment in the School-based Family Resource Centers program from October 1, 2017 through September 30, 2018 was $100,000. This investment comprised 25.3% of their total program budget. HHS also funds the Austin ISD My Brother's Keeper Success Mentor Program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

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

Austin ISD: School-based Family Resource Centers

The School-based Family Resource Centers met or exceeded goals across all but one measure, falling just short of the target for families served with the Family Intake/Update during the school year (see the first output). However, the program exceeded goals for the number of families with at least one Encounter Touchpoint (see the third output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of families served with "FSCS Family Intake/ Update" TP recorded in school year date range	2,672	3,000	89%
Number of individuals served with "FSCS Family Intake/Update" TP recorded in school year date range	9,156	9,300	98%
Number of unduplicated active families with at least one Encounter Touchpoint	1,733	1,500	116%
Total number of encounters	6,647	6,000	111%
Total number of responsive or case-managed encounters	5,512	5,000	110%
Number of families enrolled in social service case management	301	330	91%
Number of unduplicated adults participating in FRC adult academy programs, including classes/groups	517	450	115%
Outcomes			
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for KNOWLEDGE OF ACCESS TO RESOURCES	87% (256/294)	83% (146/175)	104%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HOUSING	89% (263/295)	89% (153/172)	100%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for UTILITIES	80% (233/291)	83% (140/169)	97%

Austin ISD: School-based Family Resource Centers

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HEALTH CARE ACCESS	79% (227/288)	75% (129/172)	105%
Percentage of adults who attend at least half of the offered sessions for classes/groups/workshops that they participate in	71% (285/402)	65% (293/450)	109%

Capital Area Counseling

Low Cost, No Session Limit, Outpatient Counseling

Program Description

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

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

Funding

The total HHS investment in the Low Cost, No Session Limit, Outpatient Counseling program from October 1, 2017 through September 30, 2018 was $17,174. This investment comprised 4.3% of their total program budget.

Eligibility Criteria

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

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

Capital Area Counseling met or exceeded the targeted range of performance across all measures. Staff explained that their clientele has continued to grow each month for the last two years. The program has a waitlist of over 250 clients and employs a continuous stream of new volunteer therapists. These factors led to higher than projected numbers of clients served and counseling sessions completed (see the first and second outputs). Although staff turnover and the semester break led to fewer evaluations completed than expected, the client evaluations received indicated a high level of satisfaction with services as well as progress on personal goals (see the first and second outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,010	900	112%
Number of completed counseling sessions	22,653	15,500	146%
Outcomes			
Percentage of clients who completed an evaluation and indicated they were satisfied with services	98% (665/678)	90% (810/900)	109%
Percentage of clients who completed an evaluation and reported progress on personal goals	97% (658/678)	85% (765/900)	114%
Percentage of clients assessed by the therapist with improvement in Global Assessment of Functioning (GAF) score	74% (698/938)	75% (675/900)	99%

Communities In Schools of Central Texas

CIS Care Coordination – Youth & Family Assessment Center

Program Description

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

- Development of comprehensive family-driven plans;
- Linkage of service dollars to clients and families aligned with needs and strengths;
- Coordinated, seamless, flexible case management for youth and their families;
- Collection and sharing of appropriate information for case management and evaluation;
- Increased communication among social service providers and governmental agencies;
- Identification of gaps or surpluses in services;
- Reduction of duplication of services or efforts; and
- Promotion of cost-effectiveness by providing early intervention to prevent school dropouts and divert youth from the juvenile justice and psychiatric residential systems.

Funding

The total HHS investment in the CIS Care Coordination – Youth & Family Assessment Center program from October 1, 2017 through September 30, 2018 was $394,949. This investment comprised 79.8% 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 – Youth and Family Assessment Center

Eligibility Criteria

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

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

The CIS Care Coordination program met or exceeded goals for all but one performance measure. There were fewer youth with at least one discipline referral at time of enrollment that had a decrease in referral at closure than originally expected (see the seventh outcome). The program greatly exceeded projections for the number of youth who completed services and demonstrated passing grades in 3 or more core subjects at closure (see the sixth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	174	159	109%
Number of unduplicated youth served using the wraparound approach	88	90	98%
Number of unduplicated youth served in the School Readiness Camps	82	69	119%
Number of unduplicated siblings residing in each enrolled youth's household	209	132	158%
Outcomes			
Percentage of families reporting a high level of satisfaction with the program	100% (41/41)	85% (28/33)	118%
Percentage of youth reporting a high level of satisfaction with the program	100% (39/39)	84% (27/32)	119%
Percentage of youth and families meeting 80% of the goals listed on their Plan of Care	95% (40/42)	80% (28/35)	119%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	95% (40/42)	86% (30/35)	111%
Percentage of youth who completed services that show an improved attendance rate (for those youth with an absenteeism rate of 10% or more)	64% (7/11)	50% (8/16)	127%
Percentage of youth who completed services that demonstrate passing grades in 3 or more core subjects at closure	86% (36/42)	60% (21/35)	143%
Percentage of youth who demonstrate a decrease in school discipline referral at closure (for youth with one or more discipline referrals)	21% (3/14)	50% (9/18)	43%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement at closure	N/A	40% (2/5)	N/A

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

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth ages 10 and up at time of intake with no prior history of juvenile justice involvement who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	93% (26/28)	80% (20/25)	116%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	86% (31/36)	75% (21/28)	115%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	100% (41/41)	85% (28/33)	118%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	98% (40/41)	85% (28/33)	115%
Percentage of youth surveyed who indicate improvement in behavioral self-management	100% (39/39)	84% (27/32)	119%

Integral Care

Main Mental Health Interlocal

Program Description

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

Funding

The total HHS investment in the Main Mental Health Interlocal from October 1, 2017 through September 30, 2018 was $1,411,054. HHS also funds the Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Integral Care

Main Mental Health Interlocal: Child and Family Services

Program Description

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

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2017 through September 30, 2018 was $1,411,054.

Eligibility Criteria

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

Integral Care: Child and Family Services

The Child and Family Services program exceeded goals for all but one measure, falling short of projections for client hours of service (see the second output). Staff explained that turnover contributed to this result. Staff reported that more therapists are operating out of schools, and these school-based services impacted the number of clients served (see the first output). Staff also noted that children/youth in services have much higher needs than in previous years and require more intensive treatment to address their multiple issues and concerns.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,892	1,522	124%
Number of client hours of service	19,382	23,513	82%
Outcomes			
Percentage of children/youth enrolled in any Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period	98% (1,721/1,753)	95% (1,505/1,584)	103%
Percentage of all children/youth in any LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC	99% (1,451/1,460)	98% (1,553/1,584)	101%
Percentage of children/youth served in any LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS)	46% (859/1,853)	45% (610/1,356)	103%

Integral Care

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

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

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

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

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2017 through September 30, 2018 was $1,411,054.

Eligibility Criteria

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

Integral Care: Mobile Crisis Outreach Team

The Mobile Crisis Outreach Team (MCOT) met or exceeded the targeted range of performance across all measures. Staff attributed the program's higher than projected service provision to the 24–hour response to urgent and emergent Hotline calls (see the three output measures). Any crisis call where the consumer is not open to ongoing services is referred out to MCOT for response within the 24–hour mark. Community outreach efforts by MCOT to provide services in the community also increased the number of clients served. Finally, the low suicide rates may be indicative of the increase in MCOT referrals received from Hotline as well as the high rates of stabilization in community within 48 hours of MCOT services (see the fourth and fifth outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	1,291	782	165%
Number of unduplicated children served	654	270	242%
Number of Hotline calls referred to MCOT	1,957	816	240%
Outcomes			
Percentage of clients in psychiatric emergency seen within Texas Administrative Code (TAC) Rule urgent and emergent time frames (urgent is 8 hours and emergent is 1 hour)	98% (698/711)	95% (309/325)	103%
Percentage of children/youth stable in the community setting within 48 hours of MCOT services	92% (653/706)	95% (266/280)	97%
Percentage of adults stable in the community setting within 48 hours of MCOT services	94% (1,358/1,443)	95% (966/1,016)	99%
Percentage of children/youth who completed suicide among clients served within the last 30 days	0% (0/654)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within the last 30 days	0% (0/1,291)	<1%	Met Goal

Integral Care

Main Mental Health Interlocal: Psychiatric and Counseling Services

Program Description

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

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2017 through September 30, 2018 was $1,411,054.

Eligibility Criteria

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

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

Integral Care: Psychiatric and Counseling Services

The Psychiatric and Counseling Services (PCS) program met or exceeded all performance goals. Staff reported that Integral Care has added additional prescribers and services to help meet the growing demand of growth in local population and need in the community, which led to higher than projected numbers of clients served and hours of service (see the first and second outputs).

Staff noted that Integral Care believes that supportive housing is a core behavioral health intervention. All staff are trained to work with clients to identify housing needs and meet their needs accordingly. Permanent supportive housing is a core intervention, and as such, is provided to those in need across all service programs (see the first outcome). Program staff have implemented survey kiosks and have worked to increase client access by surveying at 15 Integral Care service locations (see the second outcome). Staff explained that there has been an expansion of supportive services. PCS services engage people who are homeless and identify clients who are high utilizers of intensive services to stabilize clients and decrease frequent re-admissions to inpatient hospitals (see the third outcome). Finally, the primary focus of PCS services is to ensure psychiatric stabilization and to provide case management support in meeting basic needs. Consequently, relatively few adults were jailed after receiving PCS services (see the fourth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	7,408	6,084	122%
Number of client hours of service	44,742	39,353	114%
Outcomes			
Percentage of clients stable and in the community who received supported housing services	100% (780/781)	95% (475/500)	105%
Percentage of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey	96% (371/387)	90% (568/631)	106%
Percentage of clients stable and in the community who do not experience frequent re-admissions to inpatient hospitals (3 or more times within 180 days)	100% (12,791/12,819)	90% (8,750/9,722)	111%
Percentage of individuals jailed within 48 hours of receiving services	5% (608/12,398)	<10%	Met Goal

Integral Care

Main Mental Health Interlocal: Psychiatric Emergency Services

Program Description

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

Funding

The total HHS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2017 through September 30, 2018 was $1,411,054.

Eligibility Criteria

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

Integral Care: Psychiatric Emergency Services

Psychiatric Emergency Services had mixed performance results. Staff explained that service numbers were higher in prior years when PES was open overnight. Since PES operations changed to exclude overnight services, PES service numbers have decreased (see the first output).

Low suicide rates may be indicative of the services provided by the Crisis Hotline call center and of high rates of stabilization in community after receiving crisis services (see the first and second outcomes).

Staff noted that face-to-face intensive services from PES allowed for hospital avoidance within 48 hours of receiving services; however, there has been a higher level of acuity in clients presenting to PES for services, including the need for substance use detoxification services that need to take place in a hospital setting (see the third and fourth outcomes).

Finally, staff reported that the shift to "Just in Time" prescribing and continued walk-in option at PES has contributed to a greater ability to provide face-to-face services on the same day or within one day of a crisis call (see the fifth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	4,156	5,644	74%
Number of unduplicated children served	498	362	138%
Outcomes			
Percentage of children/youth who completed suicide among clients served within 48 hours of receiving services	0% (0/498)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within 48 hours of receiving services	0% (0/4,156)	<1%	Met Goal
Percentage of children/youth hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	8% (38/497)	<3%	Did Not Meet Goal
Percentage of adults hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	13% (640/4,879)	<3%	Did Not Meet Goal
Percentage of crisis (emergent or urgent) hotline calls followed by a face to face service on same day or within one day of the crisis call	75% (302/402)	52% (92/176)	144%

Integral Care

Parenting In Recovery/Family Drug Treatment Court

Program Description

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

Funding

The total HHS investment in the Parenting In Recovery/Family Drug Treatment Court program from October 1, 2017 through September 30, 2018 was $155,600. HHS also funds the Main Mental Health Interlocal, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Integral Care: Parenting In Recovery/Family Drug Treatment Court

The Parenting In Recovery/Family Drug Treatment Court exceeded all performance goals. Staff reported that the program has increased in enrollment due to a new granting source (see the first output). Child therapists provided multiple distinct services (play therapy, individual psychotherapy, parent-child psychotherapy, and family therapy) in any given quarter, which led to more therapeutic services provided than originally projected (see the third output). Although the goal for children/youth who receive therapeutic services was unduplicated, the numbers reported were duplicated across the quarters, which led to the program greatly exceeding this goal (see the fourth output).

Staff explained that the program length is 15-18 months, and children/youth can discharge from services across quarters and fiscal years. Outcome data reflects only those children/youth with both intakes and discharges. The CANS is administered to youth ages 6-17, and most youth served are under the age of 5, which led to a smaller number of youth reported in the second outcome than expected. All children/youth demonstrated stability and/or improvement in their emotional functioning. Similarly, progress toward goals in the person centered care plan is determined at discharge (see the third outcome). Although fewer children/youth were included in this measure than projected, all successfully met 80% of their goals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth enrolled	90	68	132%
Number of screenings administered	69	65	106%
Number of therapeutic services provided by the therapists to enrolled children/youth	334	215	155%
Number of children/youth who receive direct therapeutic services from the therapists	215	40	538%
Outcomes			
Percentage of children that demonstrate stability and/or improvement in their social and emotional development	95% (21/22)	90% (27/30)	106%
Percentage of children/youth that demonstrate stability and/or improvement in their emotional functioning	100% (3/3)	73% (11/15)	136%
Percentage of children/youth that successfully met 80% of the goals in their person centered care plan	100% (3/3)	80% (37/46)	124%

Integral Care

Substance Abuse Managed Services Organization

Program Description

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

Substance abuse treatment services provided include the following:

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

Substance Abuse Managed Services Organization

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

Maintenance services (recovery supports) offered include:

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

Activities related to the MSO function include the following:

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

Substance Abuse Managed Services Organization

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

Funding

The total HHS investment in the Substance Abuse Managed Services Organization program from October 1, 2017 through September 30, 2018 was $1,073,799. Funds support both direct services and the MSO administrative fee (12% of the expended funds). HHS also funds the Main Mental Health Interlocal, Parenting in Recovery/Family Drug Treatment Court, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Integral Care

Substance Abuse Managed Services Organization

Target populations include:

- Adults (age 18 years and older) who are categorized either literally or marginally homeless. Literally homeless persons include individuals who have a primary nighttime residence that is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Marginally homeless persons include individuals: who lack a fixed, regular and adequate nighttime residence; whose primary nighttime residence is an institution that provides a temporary residency for individuals intended to be institutionalized; or who are at imminent risk of becoming homeless. Marginally homeless does not include persons who live in substandard housing.
- Adults (age 18 years and older) considered high-risk, substance abusing, and/or those diagnosed with substance use disorder, and who: are at-risk for contracting HIV or are already HIV-infected; are pregnant; have dependent children for whom they are a primary caretaker; are attempting to regain custody of their children; have a history of abuse or neglect of their children; have a criminal history; have contributing/complicating health and/or mental health problems/diagnoses; have a history of physical, sexual, or emotional abuse; lack health-promoting social support systems; are dependent on public assistance; are unemployed or have an unstable and/or limited employment history/experience; and/or reside in a disorganized, drug-infested and high crime neighborhood/environment
- Individuals (age 17 and older) referred by Downtown Austin Community Court (DACC)
- Individuals (age 17 and older) referred by Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC)
- Youth (age 10 to 17) considered high-risk, substance abusing, and/or those diagnosed with substance abuse disorder

Integral Care: Substance Abuse Managed Services Organization

In terms of MSO performance, the Substance Abuse Managed Services Organization (SAMSO) met or exceeded most goals. Although the program fell short of targets for treatment providers credentialed and contracted (see the second and fifth outputs), the program greatly exceeded projections for maintenance providers credentialed and contracted (see the third and sixth outputs).

In terms of adult performance, the program had mixed results. SAMSO staff noted increased episodes of longer residential stays for the homeless/at risk population due to high clinical needs. As a result of these longer stays, fewer individuals overall were able to enter into treatment services during the fiscal year. For the new fiscal year, best practices have been implemented to improve clinical screening. This is designed to help ensure that clients will be referred to short-term treatment or long-term treatment as appropriate. Quality Management staff at Integral Care developed a new Provider workbook approach to ensure the collection of Admissions, Discharge, Survey and Follow-up forms required monthly to resolve the issue of non-receipt. Staff provided training to SAMSO providers to ensure all questions and concerns were addressed to ensure success in securing required data. Quality Management staff interface with SAMSO providers on a weekly basis which has drastically reduced the amount of missing forms and provided greater accuracy in the data. Lastly, SAMSO providers have been incentivized to ensure timely submission of required forms.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
MSO Outputs			
Number of SAMSO provider applications received	14	5	280%
Number of treatment SAMSO providers credentialed	2	3	67%
Number of maintenance SAMSO providers credentialed	7	2	350%
Number of new providers contracted	8	5	160%
Number of treatment SAMSO providers contracted	2	3	67%
Number of maintenance SAMSO providers contracted	7	2	350%
Number of treatment and maintenance service requests denied due to medical necessity by Integral Care	2	0	N/A
Number of service denials appeals that are upheld by Appeals Committee	0	1	Met Goal
Number of service denials appeals that are overturned by Appeals Committee	0	1	Met Goal

Integral Care: Substance Abuse Managed Services Organization

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults receiving substance abuse treatment services (Homeless/At-risk)	197	230	86%
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	64	37	173%
Number of unduplicated adults receiving substance abuse treatment services referred by Family Drug Treatment Court (FTDC)	20	65	31%
Outcomes			
Percentage of treatment episodes where the adult served achieved substance abuse treatment plan goals	44% (72/162)	68% (95/140)	65%
Percentage of adults satisfied with services	93% (52/56)	93% (42/45)	99%
Percentage of treatment episodes where the adult served reported abstinence from substance abuse at 60–day follow-up	63% (40/63)	80% (36/45)	79%
Percentage of treatment episodes where the adult served was employed, in school, or in training at 60–day follow-up	59% (37/63)	70% (46/66)	84%

Integral Care

System of Care Managed Services Organization

Program Description

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

MSO functions include:

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

System of Care Managed Services Organization

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

System of Care services offered include the following:

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

Integral Care

System of Care Managed Services Organization

Funding

The total HHS investment in the System of Care Managed Services Organization program from October 1, 2017 through September 30, 2018 was $682,000. Funds support both direct services and the MSO administrative fee (approximately 7% of the expended funds). HHS also funds the Main Mental Health Interlocal, Parenting In Recovery/Family Drug Treatment Court, and Substance Abuse Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative program, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Target populations are specific to the program:

- The Children's Partnership (TCP): Children and youth referred through Community Partners for Children between the ages of 5-17 with a mental health diagnosis indicating a severe emotional disturbance, are at risk of removal, and who have and/or require multi-system involvement.
- Community Partners for Children (CPC): Children and youth between the ages of 0-22; require multiple system involvement; and have physical challenges, mental health challenges, and/or developmental disabilities that significantly impact their ability to function in the home, school, and/or community; and families who are enrolled in CPC Bridge services.
- The Youth and Family Assessment Center (YFAC): Children and youth between the ages of 3-22; who attend one of twelve schools at referral (for CIS Care Coordination and School-Readiness Camp); who request services through the social work staff at one of the Travis County Community Centers (for Support Services); and youth and adult family members of the enrolled youth/child who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, or parental support and education) due to impaired family functioning, which contributes to the youth's at-risk status.

Integral Care

System of Care Managed Services Organization

- Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC): Children of the PIR/FDTC–enrolled parent residing in Travis or contiguous counties with an approved caregiver, and children of the PIR/FDTC–enrolled parent whether they are named in the Child Protective Services lawsuit.
- CPS Reintegration Project: Children/youth between the ages of 5-17 who are in the custody of Child Protective Services; have a mental health diagnosis and significant behavioral challenges; are residing in therapeutic placement; and have an approved caretaker who resides in Travis County.
- Children FIRST: Families who have involvement with Child Protective Services.
- Healthy Families: First-time parents.
- End Children Without Placement (CWOP): Children/youth in the custody of Child Protective Services or at-risk of coming into the custody of Child Protective Services due to mental health needs and complex behaviors, and who are either in CWOP status or at significant risk of coming into CWOP status.

Integral Care: System of Care Managed Services Organization

The System of Care MSO met or exceeded goals for all performance measures. The program was able to credential and contract with more providers than projected.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	441	375	118%
Number of System of Care provider applications received	54	50	108%
Number of licensed or certified System of Care providers credentialed	14	10	140%
Number of non-licensed System of Care providers credentialed	24	20	120%
Number of new providers contracted	34	30	113%
Number of licensed or certified System of Care providers contracted	11	10	110%
Number of non-licensed System of Care providers contracted	23	20	115%
Number of service denials appeals that are upheld by Appeals Committee	0	3	Met Goal
Number of service denials appeals that are overturned by Appeals Committee	2	3	Met Goal
Outcomes			
Percentage of System of Care clean claims paid within 30 days	100% (402/402)	98% (295/300)	102%

LifeWorks

Counseling

Program Description

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

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

Funding

The total HHS investment in the Counseling program from October 1, 2017 through September 30, 2018 was $94,585. This investment comprised 4.2% 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 target population for Youth and Adult Counseling is individuals, youth, and families. To be eligible for YAC, a client must be a Travis County resident.

The target population for Resolution Counseling is men and women who have committed an act of abuse against their partner. To be eligible for RC, a client must be age 18 or older (or 17 if tried as an adult); identified as domestic violence offender by: 1) an arrest, 2) issuance of a protective order, or 3) referral from agencies within the criminal justice system or community partners such as the Domestic Relations Office; and have a valid address.

LifeWorks: Counseling

The Counseling program met or exceeded goals for both output measures but fell short of performance targets for one outcome. Staff explained that the Youth and Adult Counseling program experienced challenges achieving 80% of clients reporting improvement in overall coping/overall sense of well-being, although clients are reporting improvement on the goals they had set (see the first outcome). For FY 2019, the program updated procedures for completion of the initial coping/resilience tool by clients at the first session. The tool has been incorporated into the initial paperwork and includes definitions for the scale range of 1-5 to encourage more consistency in responses provided by clients. Program staff will monitor closely to determine if the tool is measuring progress expected at closing and aligns with the information that clients provide anecdotally about the progress they believe they have made.

Staff reported that there was a large number of Resolution Counseling clients who were already enrolled in services at the start of the contract year, which led to a higher number of clients served than originally projected (see the second output). The number and percentage of successful completions in the program was also higher than anticipated; staff attributed this result to the use of strategies such as holding one-to-one meetings with participants to talk about progress and program expectations, developing transition agreements prior to clients leaving the program, fee reductions for clients who experienced economic difficulties due to the loss of job or other circumstances, keeping participants better informed about their absences, and increased communication with referral sources (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth & Adult Counseling	892	900	99%
Number of unduplicated clients served in Resolution Counseling	751	675	111%
Outcomes			
Percentage of Youth & Adult Counseling clients exiting the program that report improvement of overall coping skills/overall sense of well-being (as self-reported by the client; any movement in scale towards the direction of their goal)	61% (397/653)	80% (600/750)	76%
Percentage of unduplicated Resolution Counseling clients who successfully complete the program (meet the program requirements with no additional acts of violence while in the program)	75% (409/547)	60% (206/344)	125%

Out Youth

Youth Development

Program Description

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

Funding

The total HHS investment in the Youth Development program from October 1, 2017 through September 30, 2018 was $12,880. This investment comprised 3.9% of their total program budget.

Eligibility Criteria

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

Out Youth: Youth Development

Performance Goals and Results

The Youth Development program exceeded all performance goals. Staff reported that improved marketing efforts, word-of-mouth referrals, and increased social isolation faced by LGBTQIA+ youth resulted in more clients served than projected (see the first output). Staff also noted that their clinical services department has grown significantly. The goals determined at the beginning of the contract year for clients in support groups and those in counseling services were modest compared to the program's ability to serve the growing needs in Central Texas (see the second and third outputs).

Finally, staff explained that clients stayed in counseling services longer than anticipated, largely due to the increase in acuity among clients, which necessitated longer-term support. However, an increase in the number of clinical staff available to work with clients to address both long-term and short-term issues, specifically those related to psychosocial development, resulted in a majority of clients reporting higher levels of social support (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	511	300	170%
Number of clients participating in support groups	167	150	111%
Number of clients accessing counseling services	176	100	176%
Number of clients referred to counseling or other social services by support team	105	100	105%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	88% (91/014)	80% (80/100)	109%
Percentage of counseling clients assessed after termination or drop out that rated themselves with higher levels of support	92% (24/26)	80% (40/50)	115%

Workers Assistance Program, Inc.

Youth Advocacy, Creating Lasting Family Connections

Program Description

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

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

Funding

The total HHS investment in the Youth Advocacy, Creating Lasting Family Connections program from October 1, 2017 through September 30, 2018 was $43,503. This investment comprised 14.2% of their total program budget.

Eligibility Criteria

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

Workers Assistance Program, Inc.: CLFC

The Youth Advocacy, Creating Lasting Family Connections program met or exceeded the targeted range of performance across all measures. Staff attributed the higher than expected number of youth and adults served to increased community outreach and aggressive recruitment (see the first and second outputs).

Staff reported that the number of youth that completed the program successfully and the number of adults who reported increased family bonding met or exceeded goals due to increased case management and family engagement (see the third and fourth outputs and first and second outcomes). Finally, staff noted that they believe this increase in case management and family engagement led to youth reporting reduced substance usage (see the fifth output and third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	82	67	122%
Number of unduplicated adults served	78	60	130%
Number of youth that complete the program	61	54	113%
Number of adults who report increased family bonding skills	67	48	140%
Number of youth reporting reduced substance usage	60	54	111%
Outcomes			
Percentage of youth that complete the program	74% (61/82)	81% (54/67)	92%
Percentage of adults who report increased family bonding skills	86% (67/78)	80% (48/60)	107%
Percentage of youth reporting reduced substance usage	73% (60/82)	81% (54/67)	91%

YWCA Greater Austin

YW Counseling & Referral Center

Program Description

The Young Women's Christian Association (YWCA) of Greater Austin provides trauma-informed, culturally and linguistically appropriate therapeutic support to individuals, children, couples, families, and groups to improve their mental health status and functioning. YW Counseling & Referral Center (YWCRC) counselors assist clients with issues such as anxiety, violence, PTSD, grief and loss, depression, attachment, family dynamics, immigration, intimate relationships, and pre/post-natal mental health in an effort to promote the mental health of Greater Austin residents of all cultures and all vulnerable populations. The program provides short-term (10–session) counseling services for individuals, couples, children and families, as well as group services that are offered on site at YWCA and offsite at various locations.

Funding

The total HHS investment in the YW Counseling & Referral Center program from October 1, 2017 through September 30, 2018 was $90,596. This investment comprised 30.0% of their total program budget.

Eligibility Criteria

The target population is Travis County residents. The YWCA also provides counseling and/or group services for special populations, such as monolingual Spanish-speaking clients, women veterans, people in recovery from addictions, incarcerated individuals, and immigrants from all over the world. The YWCA also provides support services to other service providers, including consultation groups.

To be eligible for the program, clients must be residents of Travis County, have incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG), and have a level of care that is appropriate for short-term counseling services and a Relational Theoretical Approach to client issues.

YWCA Greater Austin: YW Counseling & Referral Center

The YW Counseling & Referral Center met or exceeded the targeted range of performance across all measures. Staff reported that goals were exceeded across all output measures due to a larger demand for services, both individual and groups, as well as new funding that allowed the program to expand.

Staff also explained that a large number of people have stayed in therapy longer, thus giving program staff the opportunity to measure change over time for a greater number of clients (see the first three outcomes). Finally, staff noted that the percentage of group clients reporting increased knowledge/skills was higher than anticipated because staff assessed for increased knowledge and skills immediately following the end of the group session, when information is fresh and participants are still integrating the knowledge they have learned (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	1,353	1,018	133%
Number of unduplicated clients served in individual, couples, family counseling	456	250	182%
Number of unduplicated clients served in therapy and skill building groups	897	768	117%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	88% (189/215)	81% (100/123)	108%
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	93% (200/215)	90% (84/93)	103%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/behaviors	84% (139/165)	86% (80/93)	98%
Percentage of group clients reporting increased knowledge/skills	97% (783/811)	86% (684/795)	112%

Appendix

2018 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	$6,070	$12,140	$15,175	$18,210	$24,280
2 persons	$8,230	$16,460	$20,575	$24,690	$32,920
3 persons	$10,390	$20,780	$25,975	$31,170	$41,560
4 persons	$12,550	$25,100	$31,375	$37,650	$50,200
5 persons	$14,710	$29,420	$36,775	$44,130	$58,840
6 persons	$16,870	$33,740	$42,175	$50,610	$67,480
7 persons	$19,030	$38,060	$47,575	$57,090	$76,120
8 persons	$21,190	$42,380	$52,975	$63,570	$84,760
For families/households with more than 8 persons, add $4,320 for each additional person.					

Data source: "2018 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 13, 2018, https://aspe.hhs.gov/poverty-guidelines.

2018 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	$18,100	$30,100	$48,200
2 persons	$20,650	$34,400	$55,050
3 persons	$23,250	$38,700	$61,950
4 persons	$25,800	$43,000	$68,800
5 persons	$29,420	$46,450	$74,350
6 persons	$33,740	$49,900	$79,850
7 persons	$38,060	$53,350	$85,350
8 persons	$42,380	$56,800	$90,850

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

Data source: "Austin-Round Rock, TX MSA FY 2018 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn.

Endnotes

1 "Prevention of Substance Abuse and Mental Illness," SAMHSA, last modified May 29, 2018, http://www.samhsa.gov/prevention.
2 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, September 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf.
3 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, September 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf.
4 Ibid.
5 Ibid.
6 U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Travis County, B09001, http://factfinder.census.gov.
7 U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Travis County, B01001, http://factfinder.census.gov.
8 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, September 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf.
9 Ibid.
10 Ibid.
11 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, September 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf.
12 Ibid.
13 U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Travis County, B09001, http://factfinder.census.gov.
14 U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Travis County, B01001, http://factfinder.census.gov.
15 Meadows Mental Health Policy Institute, Substance Use Disorder Landscape – March 2018, March 2018, https://www.texasstateofmind.org/wp-content/uploads/2018/04/SUD-Landscape-March-2018-FINAL.pdf.
16 City of Austin, "Drug Overdoses and Opioid Use in Travis County," last modified April 17, 2018, http://www.austintexas.gov/news/drug-overdoses-and-opioid-use-travis-county.
17 Ibid.
18 City of Austin, "Deaths by Suicide and Suicide Attempts in Austin-Travis County," last modified August 9, 2018, http://www.austintexas.gov/news/deaths-suicide-and-suicide-attempts-austin-travis-county.
19 Ibid.
20 Texas Department of State Health Services, Center for Health Statistics, Texas Youth Risk Behavior Survey (YRBS), 2017, http://healthdata.dshs.texas.gov/HealthRisks/YRBS.
21 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health, September 2018, https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf.
22 Ibid.
23 Ibid.
24 "Travis County Plan for Children's Mental Health," February 2015, 13, http://www.integralcare.org/wp-content/uploads/2017/09/150219_childrensmentalhealthplan_final2.pdf.
25 Texas State of Mind, "Smart Justice," accessed November 1, 2018, https://www.texasstateofmind.org/focus/smart-justice/.

26 Amy Novotney, "Guarding mental health in the emergency room, Monitor on Psychology, 49, no. 6 (2018): 64, https://www.apa.org/monitor/2018/06/mental-health-emergency.aspx.
27 Meadows Mental Health Policy Institute, Substance Use Disorder Landscape – March 2018, March 2018, https://www.texasstateofmind.org/wp-content/uploads/2018/04/SUD-Landscape-March-2018-FINAL.pdf.
28 Ibid.
29 Integral Care, Annual Report 2017, April 2018, http://www.integralcare.org/wp-content/uploads/2018/04/IntegralCare2017AnnualReport.pdf.
30 Ibid.
31 Kaiser Family Foundation, Key Facts about the Uninsured Population, November 29, 2017, https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/.
32 Mark Wilson, "More Travis County deputies getting crucial mental health training," Austin American-Statesman, July 20, 2018, https://www.statesman.com/NEWS/20180720/More-Travis-County-deputies-getting-crucial-mental-health-training.
33 National Alliance on Mental Illness, "Jailing People With Mental Illness," accessed October 31, 2018, http://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness.