BEHAVIORAL HEALTH

2013 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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Behavioral Health
2013 Community Impact Report

Travis County Health and Human Services & Veterans Service
Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

We value cooperation and collaboration in the community at large and within TCHHS/VS.

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

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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over $15 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. The *2013 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas plus a summary of Planning and Evaluation investments. The Investment Overview summarizes information from across all nine issue areas. Each issue area section begins with community conditions information and then provides performance highlights about the programs included within that issue area. Each program is classified into the issue area most closely aligned to its central goals and objectives.

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

Performance highlights contribute to local knowledge about the Department's contracted community-based programs. This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing. Most data included in the *2013 Community Impact Report* cover calendar year 2013, because the majority of the social service contracts included in the report follow a calendar year schedule. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

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

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

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

Factors beyond the program's control may also impact the program's performance. For example, the relative scarcity or abundance of jobs in the local economy will impact client employment rates for a workforce development program, regardless of the quality of training and support provided. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

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

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

Community Conditions

Behavioral Health Goals and Services

Programs within this issue area provide prevention, intervention, and treatment to adults and children who have been impacted by issues of mental illness, substance abuse, and developmental disabilities. Some examples of services included in this issue area are mental health, psychiatric, marriage and family counseling; addiction treatment; and substance abuse services.

Highlights of Community Conditions

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

Behavioral Risk Factor Surveillance System (BRFSS) data from 2012 show that 21% of Travis County adults indicated that they had 5 or more days of poor mental health in the previous 30 days.[2] Other than this data point, there is little available local prevalence data for mental health disorders, but it is possible to estimate the need for these services in Travis County by looking at national prevalence numbers extrapolated to the 2012 Travis County population.

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

Prevalence Rates and Estimated Local Need					
	Travis County Population (2012)[3]	*U.S. Rate of Diagnosable Mental Disorders*	*Estimated Travis County Number with Diagnosable Mental Disorder*	*U.S. Rate of Severe Impairment/ Serious Illness*	*Estimated Travis County Number with Severe Impairment/ Serious Illness*
Children (Under 18)	260,108	20%[4]	52,022	5%[5]	13,005
Adults (Age 18-64)	835,476	19%[6]	158,740	4%[7]	33,419

Notes: Regarding U.S. children's rate of diagnosable mental disorders, this figure reflects mental or addictive disorders which are associated with at least minor functional impairment. Regarding the U.S. adult rate of severe impairment/serious illness, this figure excludes developmental or substance use disorders; serious mental illness includes schizophrenia, major depression and bipolar disorder. Estimated Travis County numbers with disorders or impairment/illness were calculated by applying the national rates to the 2012 Travis County populations.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: 2012 ACS 1-Year Estimates, SAMHSA, 2012, and the Children's Hospital Association of Texas, 2006

Need for Services

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

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

Estimated Unmet Need				
	Travis County Population (2012)[9]	*Estimated Travis County Number with Diagnosable Mental Disorder*	*Travis County Number Uninsured (2012)[10]*	*Number of People Served by Austin Travis County Integral Care (FY 2012)[11]*
Children (Under 18)	260,108	52,022	25,457	3,300
Adults (Age 18-64)	835,476	158,740	183,326	14,188

Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: 2012 ACS 1–Year Estimates, 2012 ATCIC Annual Report, Kim McPherson of St. David's Foundation, 2013

Gaps in Mental Health Services

Persons with behavioral health illnesses are frequently treated in inappropriate environments, such as emergency departments and jails, which is both clinically ineffective and costly for localities. Medicaid 1115 Waiver funds, a $300 million increase in state funding for mental health services allocated in the 83rd legislative session, and expansion in health insurance through the Affordable Care Act will help ease some of the strain on the system. The following are some significant gaps in mental health services:

- More outpatient services are needed in the community. Specifically, community leaders, service providers and other public stakeholders have indicated that intensive case management services targeting high need individuals[c] need to be secured to complement the permanent supportive housing investment approved in the November 2013 City of Austin bond election.[12,13,14] To ameliorate some of this unmet need in outpatient care, ATCIC will open a new clinic in Dove Springs in the fall of 2014, which will offer co-located primary and behavioral health care. Nearly 60% of Travis County patients with a mental health diagnosis also experience a co-occurring medical condition.[15]
- Crisis stabilization services are inadequate in the community. These services are intended to provide persons in mental health crisis an alternative to local emergency rooms, which do not have the facility design nor the staffing to deliver crisis stabilization care.[16,17] In the spring of 2014, Seton Healthcare Family will open the community's first psychiatric emergency department, a 17-bed unit at the University Medical Center Brackenridge. Adults experiencing psychiatric crises will be assessed and stabilized in the facility. Those requiring acute care will be transferred to a higher level of care.

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

- The Travis County community has struggled with an inadequate supply of public inpatient psychiatric beds for many years.[18] Austin State Hospital is the public psychiatric hospital for Public Health Region 7 and has only 299 inpatient beds for the 30 counties making up South Central Texas. As of 2010, only 63 of them were earmarked for Travis County residents.[19] Travis County experienced a 33% increase in inpatient psychiatric hospitalizations from 2008 to 2010.[20] Lack of sufficient publicly funded inpatient beds directly results in increased jail utilization and cost, use of emergency departments, transportation costs borne by law enforcement agencies,[21] and decreased quality of care.[22]

Gaps in Substance Abuse Services

The 2012 Austin/Travis County Community Health Assessment (CHA) describes substance abuse in Travis County as "highly visible," particularly alcohol abuse.[23] According to 2012 Behavioral Risk Factor Surveillance System (BRFSS) data, 20% of Travis County respondents age 18 and over reported binge drinking behavior (five or more drinks for men and four or more drinks for women on one occasion) compared to 16% of respondents at the state level.[24] Austin has also seen a substantial increase in prescription drug-related overdoses in recent years.[25,26]

Substance abuse services in Travis County were identified in the CHA as being inadequate for the population. There are no dedicated detoxification services in Travis County, and local residential substance abuse treatment facilities operate with substantial waiting lists, which "generally extend two months and beyond."[27] Lack of services for substance abuse disorders is correlated with increased costs for incarceration and medical care.[28] Statewide, arrests for drug possession have increased 32% in the last decade.[29] In 2011, the more than 16,000 inmates entering a Texas Department of Justice facility on a drug possession offense cost Texas taxpayers more than $700,000 daily.[30] Drug-related visits to already over-burdened emergency departments are continually increasing.[31]

Emerging Issues

The Affordable Care Act

The Affordable Care Act (ACA), passed in March of 2010, is widely considered to effect true parity between behavioral health treatment and physical health care. Under the bill, expansions were made to coverage under Medicaid home and community-based services for individuals with mental illness. The bill expanded the range of preventative services that are now required for coverage to include depression screening and regular behavioral assessments for children. Youth up to age 26 may now remain covered under their parent's insurance. (Many major mental illnesses such as schizophrenia, bipolar disorder and major depressive disorder emerge in the late teens and early 20s.) The bill also has prohibited lifetime annual

limits and pre-existing condition denials, which have penalized individuals and families struggling to receive treatment for mental illness.

As the ACA approaches full implementation (nearly everyone is required to carry health insurance as of March 31, 2014), many persons with behavioral health disorders will gain coverage. However, given that a disproportionate number of persons with mental health and substance abuse disorders live in poverty, subsidies are only available to households with incomes over 100% of the federal poverty income guidelines, and Medicaid has not been expanded per the ACA in Texas, it is likely that large numbers of Travis County residents with behavioral health issues will not gain insurance through the Act.

Texas' 1115 Medicaid Waiver

The 1115 Medicaid Waiver operating in Regional Health Partnership (RHP) 7 as of December 2011 runs on a five year cycle. RHP 7 (the six county area including Travis, Lee, Williamson, Fayette, Caldwell and Bastrop) is currently in year three with 31 projects underway. While projects will have a regional impact, benefits to Travis County residents will be substantial. These projects are designed to manage and treat chronic disease, increase access to appropriate health care—including behavioral health care—and build infrastructure. Read more about the projects at http://texasregion7rhp.net/.

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

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

Further Resources

Rising numbers of people affected by behavioral health issues impact a number of other issue areas addressed in other sections of this report: Public Health (lack of access to care), Workforce Development (unemployment and underemployment), Housing Continuum (lack of affordable housing, frequent moves, homelessness and habitation of substandard housing), and Basic Needs (hunger and poverty).

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

Austin Travis County Integral Care

www.integralcare.org

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

Hogg Foundation for Mental Health

www.hogg.utexas.edu

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

National Alliance on Mental Illness Texas

www.namitexas.org

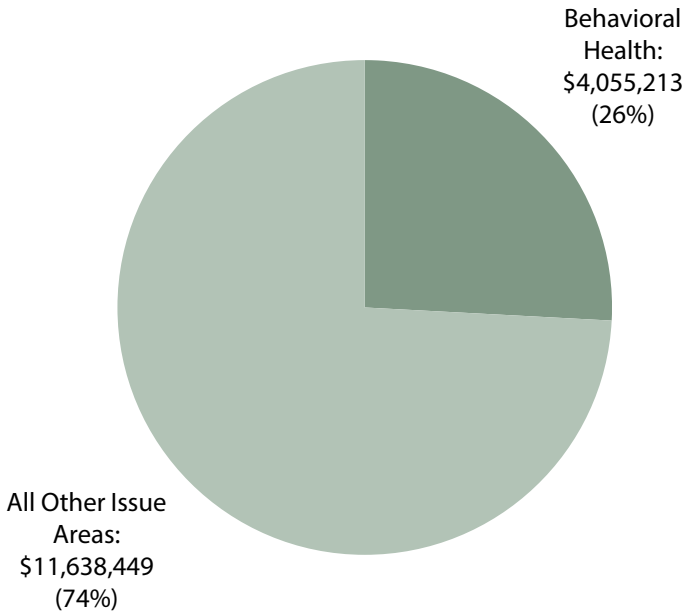
National Alliance on Mental Health Texas is an member-driven advocacy group made up of professionals and mental health consumers and their family members. The organization provides support and education to the public and to those who have mental illness in order to promote improved treatment and recovery.

Investment Overview

Our Investment

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

Investment in Behavioral Health and Other Issue Areas, 2013



Funding Summary

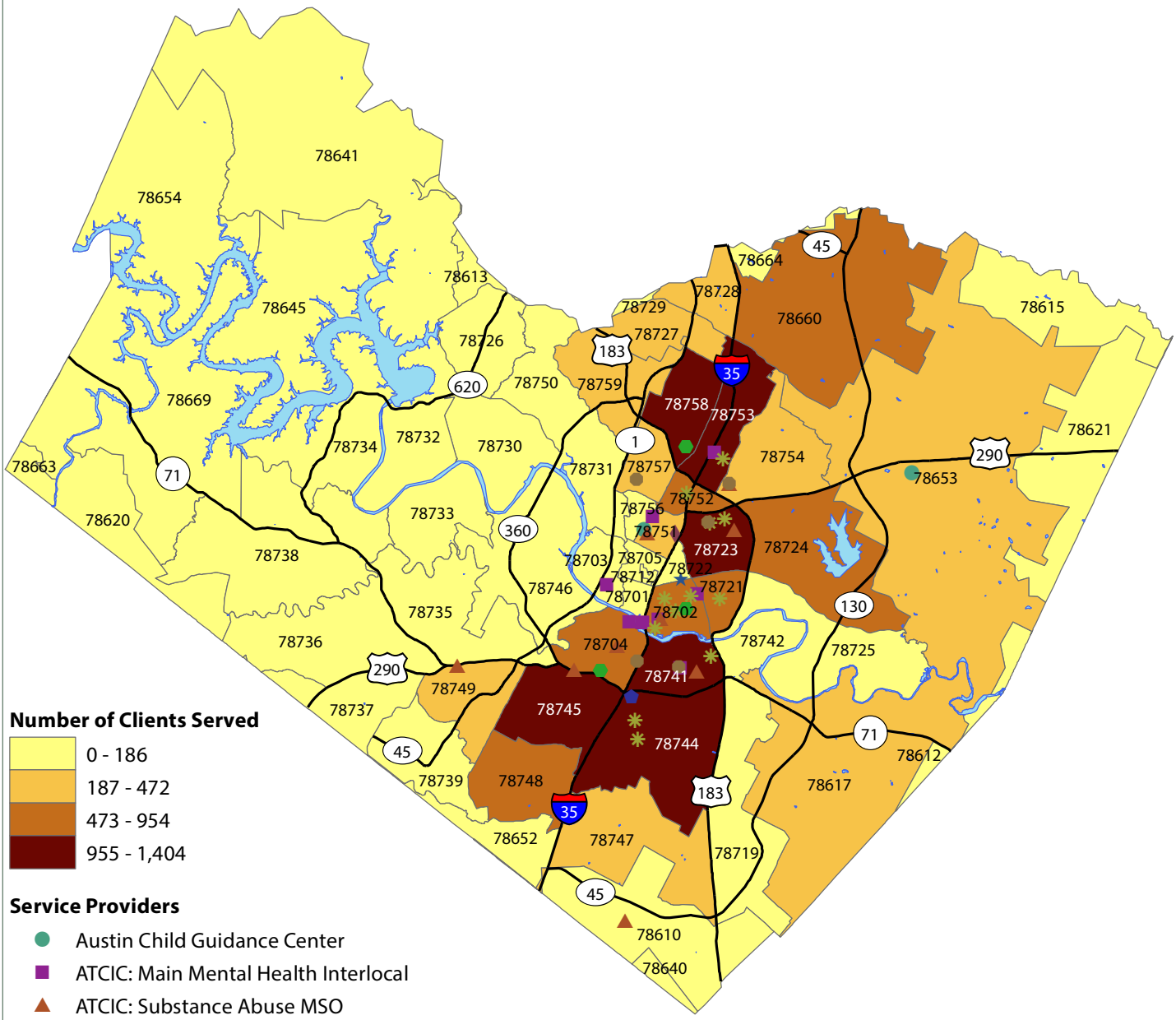
The 2013 Funding Amount reflects calendar year funding (January 1 through December 31, 2013) unless otherwise noted.

Agency Name	Program Name	2013 Funding Amount
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$101,343
Austin Child Guidance Center	Latino Children's Mental Health Project	$104,200
Austin Travis County Integral Care	Main Mental Health Interlocal	$1,411,054
Austin Travis County Integral Care	Substance Abuse Managed Services Organization	$1,134,929*
Austin Travis County Integral Care	System of Care Managed Services Organization	$650,000**
Capital Area Counseling	Low Cost, No Session Limit, Outpatient Counseling	$17,174
Communities In Schools of Central Texas	Care Coordination Program for Youth and Family Assessment Center	$394,949
LifeWorks	Counseling	$94,585
Out Youth	Youth Development	$12,880
Worker's Assistance Program, Inc.	Youth Advocacy – Creating Lasting Family Connections	$43,503
Young Women's Christian Association (YWCA) of Greater Austin	YW Counseling & Referral Center	$90,596

* Fiscal year funding (October 1, 2012 through September 30, 2013)
** Fiscal year funding (October 1, 2012 through September 30, 2013); includes $75,000 of required match funds for federal grant

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, 2013



Number of Clients Served

- 0 - 186
- 187 - 472
- 473 - 954
- 955 - 1,404

Service Providers

- Austin Child Guidance Center
- ATCIC: Main Mental Health Interlocal
- ATCIC: Substance Abuse MSO
- Capital Area Counseling
- Communities In Schools of Central Texas
- LifeWorks
- Out Youth
- Worker's Assistance Program
- YWCA of Greater Austin

Service provision locations are not included for ATCIC's System of Care Managed Services Organization program, given its role of an MSO.

Notes: This map shows 18,840 clients by ZIP code. 3,758 (17% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless.

Source data: Contracted service providers, 2013-2014.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS Research & Planning Division, 2014.

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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 Austin Child Guidance Center (ACGC) is to improve the mental health of children, adolescents, and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges.

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

Funding

The total TCHHS/VS investment in the Children's Outpatient Mental Health & Evaluation Services program for 2013 was $101,343. This investment comprised 5.9% of the total program budget. TCHHS/VS also funds the Latino Children's Mental Health Project, which is described later in this 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 whom are at high risk of coming into contact with the juvenile justice system, academic failure, poor employment prospects, substance abuse, and poverty into adulthood. The majority of the families served are low-income or working poor families and funding from Travis County is specifically used to provide services to families at or below 200% of the Federal Poverty Income Guidelines (FPIG).

ACGC: Children's Outpatient Mental Health & Evaluation Services

ACGC exceeded goals on both outcome measures, but fell short of targeted performance on two output measures. Program staff explained that they spent the latter part of the year focusing on Trauma Informed Care and taking more difficult case loads that required longer treatment periods. This led to fewer clients served (see the first output) and fewer clients provided professional counseling and specialized group services (see the second output). However, the number of hours of services delivered (see the fourth output) exceeded expectations, indicating that quality time and service was being provided.

The program was able to assess more clients for progress on treatment goals (see the first outcome) due to new funding that began in January 2013. Staff noted some issues with group attendance; ACGC intends to pre-screen participants to increase the consistency in attendance for groups (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	2,744	3,800	72%
Number of clients provided professional counseling and specialized group services	1,513	2,200	69%
Number of client assessments/evaluation contacts	2,496	2,600	96%
Number of hours of services delivered	31,037	27,500	113%
Outcomes			
Percentage of clients making progress on treatment plan goal(s)	87% (1,360/1,572)	85% (595/700)	102%
Percentage of clients receiving specialized group services and showing positive increases/changes (i.e. increased knowledge and/or improvement in skills or changes in stress/behavior)	92% (251/272)	85% (425/500)	109%

Austin Child Guidance Center

Latino Children's Mental Health Project

Program Description

The Latino Children's Mental Health Project provides mental health services to Spanish-speaking Hispanic children and families experiencing disruptions in their lives, including childhood depression/anxiety, domestic and sexual abuse, truancy, parent-child relational problems, ADHD disruptive behavior disorders, and trauma. All services are available on a sliding fee scale rate for uninsured/underinsured families, and no child is denied care for inability to pay for services. Services are provided in Spanish and include individual, family, and group therapy; parenting classes; psychological assessments; and psychiatric services.

Funding

The total TCHHS/VS investment in the Latino Children's Mental Health Project for 2013 was $104,200. This investment comprised 67.7% of the total program budget. TCHHS/VS also funds the Children's Outpatient Mental Health & Evaluation Services program, which is described earlier in this report.

Eligibility Criteria

This program is targeted to Spanish-speaking Austin/Travis County children and adolescents ages 0-17 years, as well as their families, experiencing mental, emotional and/or behavioral problems, many of whom are at high risk of coming into contact with the juvenile justice system, academic failure, poor employment prospects, substance abuse, and poverty into adulthood. The majority of the families served are low-income or working poor families and funding from Travis County is specifically used to provide services to families at or below 200% of the Federal Poverty Income Guidelines (FPIG).

ACGC: Latino Children's Mental Health Project

The Latino Children's Mental Health Project exceeded goals on all but one performance measure. The program fell short of targets for the number of clients served (see the first output). Program staff explain that due to the severity and length of case loads, fewer clients were able to enroll in the program; further, one therapist uses a long term therapy method. Almost all clients receiving services were provided professional counseling (see the second output). Staff noted that therapists spent more time on individual case work. However, the use of ongoing Spanish speaking groups will continue and is expected to increase the number of groups and attendance (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	317	410	77%
Number of clients provided professional counseling and specialized group services	301	182	165%
Number of hours of services delivered	2,195	2,184	101%
Outcomes			
Percentage of clients making progress on treatment plan goal(s)	98% (185/189)	85% (155/182)	115%
Percentage of clients receiving specialized group services and showing positive increases/changes (i.e. increased knowledge and/or improvement in skills or changes in stress/behavior)	100% (5/5)	85% (34/40)	118%

Austin Travis County Integral Care

Main Mental Health Interlocal

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal program for 2013 was $1,411,054. TCHHS/VS also funds the Substance Abuse Managed Services Organization and System of Care Managed Services Organization programs, which are both described later in this report.

Eligibility Criteria

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

Austin Travis County Integral Care

Main Mental Health Interlocal: Child and Family Services

Program Description

The Child and Family Services program provides intensive outpatient services, including: individual and family counseling and skills trainings, psychiatric evaluations and medication maintenance (as needed), care coordination/intensive case management using the wraparound approach, information and referral services, home-based intervention and school-based intervention.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

Services are available to children ages 3 through 17 with a diagnosis of mental illness who exhibit serious emotional, behavioral or mental disorders and who: 1) have a serious functional impairment; or 2) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or 3) are enrolled in a school system's special education program because of serious emotional disturbance.

ATCIC: Child and Family Services

The Child and Family Services program met or exceeded the targeted range of performance for all measures with available data. Program staff noted that their assessment tool changed for the 2014 fiscal year, which will impact the first and second outcome measures. Some programs have a high survey response rate and other programs have a low response rate within ATCIC services. Increased response rates are expected through the improvement of various collection methods, including using electronic devices to collect surveys at ATCIC service centers. Although data was unavailable for the MHSIP Consumer Survey for Children and Families (see the third outcome), staff reported that overall satisfaction across all ATCIC programs was at 95% for the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,744	1,093	160%
Outcomes			
Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving functioning	39% (434/1,125)	38%	102%
Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving problem severity	41% (456/1,125)	42%	97%
Percentage of parents/children satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	N/A	90%	N/A

Austin Travis County Integral Care

Main Mental Health Interlocal: COPSD Program

Program Description

The COPSD (Co-Occurring Psychiatric and Substance Use Disorders) Program works to reduce the rate of substance use in the community by development of a continuum of care for Travis County residents, which includes prevention, assessment, treatment, case management and outcome evaluation. The COPSD Program serves adults seeking chemical dependency and mental health services who have a diagnosis of substance use disorders and mental illnesses. Consumers accessing services are assessed prior to admission in order to determine the appropriate level of care and other psychosocial needs. Generally the treatment episode is between four to six months based on the consumer's needs. The length of time in services depends on individual consumer needs and review of progress by the treatment team. Services presently include 12–Step Recovery groups, addiction education, individual counseling, cognitive behavioral education, relapse prevention, Good Chemistry Groups, referral for HIV/AIDS and/or Tuberculosis testing and treatment, and structured discharge planning. Services are provided in a gender and culturally specific manner.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

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

ATCIC: COPSD Program

The COPSD Program exceeded goals for both outcome measures but fell short of performance targets on the output measure. Staff members reported that they have seen an increase in the level of need of persons referred, resulting in more intensive care and longer lengths of stay in the program (see the first output). The higher acuity of persons served by the COPSD Program requires more intensive service management be provided to each individual client. The resulting increase in average length of stay in the program also impacted service capacity. Outcome measures show all the services provided over the course of the contract year, including multiple services per person.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	77	280	28%
Outcomes			
Percentage of clients with no arrests between admission and discharge	77% (109/141)	65%	119%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	100% (17/17)	90%	111%

Austin Travis County Integral Care

Main Mental Health Interlocal: Developmental Disabilities Service Coordination

Program Description

The Developmental Disabilities Service Coordination program provides assistance to individuals and their families caring for persons with developmental disabilities in accessing medical, social, educational, and other appropriate services and supports that help a consumer achieve quality of life and community participation acceptable to the individual/family as described in the person directed plan. Service coordination functions include:

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Austin Travis County Integral Care

Main Mental Health Interlocal: Developmental Disabilities Service Coordination

Eligibility Criteria

The target population includes: persons with mental retardation; individuals with pervasive developmental disorder; individuals with a related condition who are eligible for Intermediate Care Facilities/Mental Retardation (ICF/MR), Home and Community-based Services (HCS), or Texas Home Living (TxHmL) programs at the Texas Department of Aging and Disabilities Services; nursing facility residents eligible for specialized services; and children who are eligible for Early Childhood Intervention services.

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

ATCIC: Developmental Disabilities Service Coordination

The Developmental Disabilities Service Coordination program exceeded goals for its output measure and met the range of performance expectations for the outcome measure with available data. Outcome measures show all the services provided over the course of the contract year, including multiple services per person. Some programs have a high survey response rate and other programs have a low response rate within ATCIC services. Increased response rates are expected through the improvement of various collection methods, including using electronic devices to collect surveys at ATCIC service centers. Although data was unavailable for the DD Services Satisfaction Survey (see the second outcome), staff reported that overall satisfaction across all ATCIC programs was at 95% for the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	358	320	112%
Outcomes			
Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan	93% (1,082/1,165)	98%	95%
Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey	N/A	90%	N/A

Austin Travis County Integral Care

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

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

The target population for this program is any family who has a child, age birth to three, who is at risk for delay due to medical or environmental factors, or whose development is atypical. All children under the age of three who meet Early Childhood Intervention (ECI) guidelines are eligible for service.

ATCIC: Infant-Parent Program – Early Childhood Intervention

The Infant-Parent Program - ECI met or exceeded goals for all measures with available data. Staff members explained that Communication is evaluated through Receptive and Expressive Language developmental assessment (see the eighth outcome), and during the 2014 fiscal year, the Communication category will be measured in and replaced by the Receptive language and Expressive language categories (see the second and third outcomes). Similarly, the Physical/Motor category (see the ninth outcome) will be measured in and replaced by Gross and Fine Motor Skills developmental assessment (see the fourth and fifth outcomes).

Some programs have a high survey response rate and other programs have a low response rate within ATCIC services. Increased response rates are expected through the improvement of various collection methods, including using electronic devices to collect surveys at ATCIC service centers. Although data was unavailable for the Consumer Survey for IPP services (see the tenth outcome), staff reported that overall satisfaction across all ATCIC programs was at 95% for the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	829	802	103%
Outcomes			
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Cognition	98% (56/57)	95%	103%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Receptive language	100% (57/57)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Expressive language	98% (56/57)	95%	103%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Gross motor skills	98% (56/57)	95%	103%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Fine motor skills	100% (57/57)	95%	105%

ATCIC: Infant-Parent Program – Early Childhood Intervention

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Self-help skills	96% (55/57)	95%	102%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Social/Emotional	93% (53/57)	95%	98%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Communication	N/A	95%	N/A
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Physical/Motor	N/A	95%	N/A
Percentage of customers satisfied, as measured by the Consumer Survey for IPP services	N/A	90%	N/A

Austin Travis County Integral Care

Main Mental Health Interlocal: The Inn

Program Description

The Inn is a short-term, 16–bed crisis residential program that offers a structured, supervised environment for adult consumers with severe and persistent mental illness in moderate to severe psychiatric crisis. The Inn is designed to stabilize the immediate psychiatric crisis and link consumers with continuity of care resources post discharge. Consumers in other Austin Travis County Integral Care day programs utilize this service when their living situation is negatively impacting their ability to participate. Supportive counseling, group socialization, skills training, medication maintenance, and coordination of care with primary treatment units are provided.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

Eligible consumers are persons who meet the Texas Department of State Health Services priority population, including adults with diagnoses of schizophrenia, bipolar disorder or clinically severe depression and/or high risk for psychiatric decompensation. Eligible persons also include individuals outside the target population who meet crisis residential services criteria.

ATCIC: The Inn

The Inn met or exceeded performance targets for all measures. The program reported no consumer deaths due to suicide within the last 48 hours or the last 30 days of service in The Inn (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	657	400	164%
Number of bed days provided	5,514	4,000	138%
Outcomes			
Adult suicide rate among clients served within the last 48 hours	0% (0/657)	Less than 1%	Met Goal
Adult suicide rate among clients served within the last 30 days	0% (0/657)	Less than 1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	96% (47/49)	90%	107%

Austin Travis County Integral Care

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

The Mobile Crisis Outreach Team (MCOT) serves residents of Travis County who are experiencing psychiatric crisis and 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. MCOT screens and assesses for imminent risk and need for in-patient hospitalization. These services are designed to reach individuals at their place of residence, school and/or other community-based safe locations.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis. The Texas Department of State Health Services priority population is the target population to be served, including adults, children, and adolescents with diagnoses of schizophrenia, bipolar disorder or clinically severe depression, not excluding those with current or previous involvement with the criminal justice system. Eligible persons also include individuals outside the target population who meet MCOT services criteria.

ATCIC: Mobile Crisis Outreach Team

The Mobile Crisis Outreach Team (MCOT) met or exceeded all performance goals. Staff explained that the rate of youth and adults stable in the community setting within 48 hours of MCOT services was high due to the program providing services that assist in the successful stabilization youth and adults (see the third outcome). Staff attributed the lower rate of clients hospitalized within 30 days of initial MCOT services to providing services that successfully reduce hospitalization and readmission rates (see the fifth outcome).

Some programs have a high survey response rate and other programs have a low response rate within ATCIC services. Increased response rates are expected through the improvement of various collection methods, including using electronic devices to collect surveys at ATCIC service centers. Although data was unavailable for the MHSIP Consumer Survey (see the sixth outcome), staff reported that overall satisfaction across all ATCIC programs was at 95% for the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	1,027	500	205%
Number of unduplicated children served	131	60	218%
Number of Hotline calls referred to MCOT	553	400	138%
Outcomes			
Percentage of clients in psychiatric emergency seen within one hour of Psychiatric Emergency Services referral	100% (26/26)	95%	105%
Percentage of clients referred to MCOT by Austin Police Department, Travis County Sheriff's Office, and other local law enforcement agencies and seen face-to-face by MCOT within 24 hours of referral	100% (37/37)	95%	105%
Percentage of youth and adults stable in the community setting within 48 hours of MCOT services	98% (1,138/1,158)	75%	131%
Youth and adult suicide rates among clients served within the last 30 days	0.1% (1/1,158)	Less than 1%	Met Goal
Percentage of clients hospitalized within 30 days of initial MCOT services	5% (57/1,158)	Less than 15%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	N/A	90%	N/A

Austin Travis County Integral Care

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 Austin Travis County Integral Care consumers, including those who are dually diagnosed with a substance use disorder and mental illness and/or mental retardation. Nurses provide medication monitoring to include medication education as well as providing ongoing assessments and evaluations as they work closely with the consumer's physician. Licensed therapists provide both individual and group counseling.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

The Texas Department of State Health Services target population is the population served, including adults with diagnoses of schizophrenia, bipolar disorder or clinically severe depression, not excluding those with current or previous involvement with the criminal justice system. Consumers must be residents of the Austin/Travis County area, be able to engage in outpatient services, and must provide written consent for evaluation and care unless involuntarily committed by the Court. Services are provided on a sliding fee scale. No one is refused service because of inability to pay.

ATCIC: Psychiatric and Counseling Services

Performance Goals and Results

The Psychiatric and Counseling Services program surpassed performance expectations for all measures. Staff members explained that outcome measures show all the services provided over the course of the contract year, including multiple services per person. The outcome numbers will, at times, differ from the output service numbers since the outcome services reflect assessments and other variables of services provided.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	7,030	4,500	156%
Number of client hours of service	61,098	37,500	163%
Outcomes			
Percentage of clients stable and in the community	100% (15,771/15,815)	97%	103%
Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	95% (446/469)	90%	106%

Austin Travis County Integral Care

Main Mental Health Interlocal: Psychiatric Emergency Services

Program Description

Psychiatric Emergency Services (PES) provides 24–hour crisis walk-in services, psychiatric screening and assessment, brief crisis intervention services, 24–hour information and referral to appropriate community services, on-site psychiatric and nursing services including evaluation and medication prescription, and transportation assistance to alternative sites or programs on a limited basis. Adults and children in psychiatric crisis, persons apprehended by law enforcement, persons referred by Brackenridge Hospital and other local hospitals, and individuals seeking in-patient admission to Austin State Hospital and private psychiatric hospitals utilize PES.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

The Texas Department of State Health Services (DSHS) priority population is the target population to be served, including adults diagnoses of schizophrenia, bipolar disorder or clinically severe depression and children with severe and persistent mental illness, not excluding those with current or previous involvement with the criminal justice system. Anyone in psychiatric emergency can receive triage and assessment through PES, regardless of meeting DSHS priority population criteria. PES serves all persons who request assessment and/or demonstrate need of psychiatric emergency services. No one is refused services due to inability to pay.

ATCIC: Psychiatric Emergency Services

The Psychiatric Emergency Services program exceeded both output goals but fell short of expected performance on one outcome measure. Fewer clients were satisfied than staff originally projected (see the third outcome). Staff explained that due to the low response rate of 14 respondents for the fiscal year, each satisfaction survey was weighed heavily in this percentage. For the respondents that expressed dissatisfaction, staff members followed up with those respondents who provided contact information.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	6,079	4,000	152%
Number of unduplicated children served	637	400	159%
Outcomes			
Youth and adult suicide rates among clients served within the last 48 hours	0% (0/6,716)	Less than 1%	Met Goal
Youth and adult suicide rates among clients served within the last 30 days	0.01% (1/6,716)	Less than 1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	71% (10/14)	90%	79%

Austin Travis County Integral Care

Main Mental Health Interlocal: Safe Haven

Program Description

Safe Haven provides low demand shelter for homeless persons with mental illness and co-occurring substance use disorders. It is a 16–bed program which provides a 24–hour staff supervised safe environment with showers, toilets, beds and linens, three nutritious meals per day, nurse assessment, and linkage to needed medical services. When an individual expresses willingness to accept linkage to additional community supports, linkage is provided to those services.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, COPSD Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven, for 2013 was $1,411,054.

Eligibility Criteria

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

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

ATCIC: Safe Haven

All performance measures for Safe Haven fell in the targeted range of expectations for the year. Staff members reported that the program has maintained a high capacity, leading to a greater number of bed days provided (see the second output). The program has seen a growing need in the community for Safe Haven beds due to limited community resources to link consumers to at discharge. Staff noted that the program will continue to provide linkage to available post-discharge resources.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	43	45	96%
Number of bed days provided	6,805	5,625	121%
Outcomes			
Percentage of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	100% (39/39)	90%	111%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	100% (1/1)	90%	111%

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

Program Description

The Substance Abuse Managed Services Organization (MSO) works to coordinate and standardize substance abuse treatment services for the community. Austin Travis County Integral Care (ATCIC) provides specific services as the MSO in order to prevent duplication of administrative services and promote a continuum of care for clients.

Substance abuse treatment services provided are specific to the target population served. For each population, services provided may include the following:

- Outreach: Identification of potential eligible clients and encouragement to accept services.
- Intake/Assessment/Referral: Completion of a comprehensive, clinical substance abuse assessment and, if indicated, mental health assessments at entry point into the system.
- Intervention Counseling Services: Individual counseling with the high-risk youth population and/or their family members.
- Detoxification: Chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in a client's body, manage withdrawal symptoms, and encourage the client to seek ongoing treatment for chemical dependency. Both residential and outpatient detoxification services are available.
- Detox Evaluation Management Services: Group and residential support and case management, including (a) linking clients with needed services; (b) helping clients develop skills to use basic community resources and services; and (c) monitoring and coordinating the services received by clients.
- Residential Treatment: Clients reside at a facility for a specified period of time while undergoing chemical dependency treatment. Structured activities; chemical dependency, individual, and additional counseling; chemical dependency education; life skills training; and structured social and/or recreational activities are provided. For the high-risk women's and the Parenting In Recovery women's populations, "Specialized Female Services" are provided; programming includes components for increasing the mother's parenting knowledge, skills, and resources, as well as treatment planning and treatment-related services specifically for their dependent children.
- Transitional Housing Services: Housing and case management provided for a period not to exceed three months, with the purpose of moving the client towards greater self-sufficiency during concurrent engagement in aftercare services.
- Day Treatment Services: Intensive outpatient treatment services provided for approximately 5 hours per day, for a total of at least 20 hours of services provided per week.

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

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

Activities related to the MSO function include the following:

- Credentialing: Ensure that the network is comprised of providers and organizations that are qualified to provide services in compliance with National Committee for Quality Assurance (NCQA) standards.
- "Gate" Functions (Single Point of Entry): Determine whether an individual meets the eligibility criteria and ensure that eligible clients are given appropriate and adequate choices (as available) of providers.
- Utilization Management: Ensure that all eligible clients are given equal access to services, at the least restrictive and most appropriate level of care to maintain optimum functioning. This process matches the eligible client's need to appropriate site of service and supports and assists in the development of a focused, goal-oriented plan of care.
- Quality Management: Compile data and report output and outcome results compared to annual objectives on a variety of indicators. This function also includes monitoring and profiling of sentinel risk factors.
- Management Information Systems: Maintain an information system that contains information necessary to ensure the appropriate management of the network.
- Financial Management: Ensure that claims are paid in a timely manner and at the appropriate rates.
- Administration/Contract Management: Development, negotiation, and execution of service contracts. All contracts are reviewed to ensure a balance of choice, access and quality at a reasonable cost.
- Network Development and Management: Ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of the City of Austin and Travis County.

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

Funding

The total TCHHS/VS investment in the Substance Abuse Managed Services Organization program from October 1, 2012 through September 30, 2013 was $611,799. The program received an additional $523,130 in funding from TCHHS/VS during the contract year. The program also receives grant funding from Parenting in Recovery ($202,541). Funds support both direct services and the MSO administrative fee (12% for general funds and 5% for grant funds). TCHHS/VS also funds the Main Mental Health Interlocal and System of Care Managed Services Organization programs, which are also described in this report.

Eligibility Criteria

Individuals served by this program must: 1) have a household income of less than 200% of the Federal Poverty Income Guidelines (FPIG), 2) not be covered by other applicable insurance or other third-party payer for full coverage of needed services and not be eligible for other third-party payer programs, 3) be a resident of the City of Austin and/or Travis County, 4) meet criteria as a member of one of the designated target populations for this program, and 5) have an initial clinical assessment that concludes that the individual needs and is clinically appropriate for services, using the Addiction Severity Index (ASI) instrument.

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

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

ATCIC: Substance Abuse Managed Services Organization

The Substance Abuse MSO program fell slightly short of targets on two of three output measures, met or exceeded goals across all adult outcome measures, and had mixed performance on youth outcome measures. Across all programs, staff reported that during the 2014 fiscal year, satisfaction survey data will be gathered though a method that should increase responses, measurement, and collection (see the fifth adult outcome and fourth youth outcome).

For adult outcomes, staff reported that the high percentage of adults reporting abstinence from substance abuse could be attributed to the involvement of the criminal justice system after discharge, access to Recovery 12–step meetings post-discharge, and other environment factors (see the sixth outcome). Staff noted that some clients served experienced a continuation of employment; further, clients are referred to Goodwill for certification and training (see the seventh outcome). Finally, the reduction in criminal behavior could be attributed to the involvement of the criminal justice system after discharge (see the ninth outcome).

For youth outcomes, staff explained that fewer youth achieved treatment plan goals due to transportation issues and not meeting conditions of probation (see the first outcome). Staff attributed the small number of treatment episodes where youth had a reduction in criminal behavior to a lack of environmental support (see the eight outcome).

Please note that outcome measures reflect a duplicated count of clients, as clients may have more than one treatment episode and outcomes for each episode are counted. Outcomes also include clients who were admitted to services in the previous fiscal year but received a follow up service during the current fiscal year; these clients are not represented in demographic data as only admissions for the current fiscal year are counted. Finally, not all outcome measures pertain to all Levels of Care, and if the data is blank or unknown, it is not included in the performance 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)	407	481	87%
Number of unduplicated youth receiving substance abuse treatment services (Youth services)	11		

ATCIC: Substance Abuse Managed Services Organization

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	54	65	83%
City + County Substance Abuse Managed Services Organization expenditures	$1,079,115	$1,087,549	99%
Adult Outcomes			
Percentage of treatment episodes where client treatment plan goals were met	68% (368/541)	65%	105%
Percentage of treatment episodes where adult was referred to subsequent treatment	93% (54/58)	100%	93%
Percentage of treatment episodes where adult was discharged to stable housing	85% (456/535)	80%	107%
Percentage of treatment episodes where adult was employed, in school, or in training at discharge	58% (144/247)	55%	106%
Percentage of adults satisfied with services	100% (91/91)	95%	105%
Percentage of treatment episodes where adults reported having maintained abstinence from substance abuse when contacted 60 days after treatment	81% (214/264)	70%	116%
Percentage of treatment episodes where adult served was employed, in school, or in training at 60–day follow-up	74% (78/105)	60%	124%
Percentage of treatment episodes where adult served was living in stable housing at 60–day follow-up	89% (238/266)	85%	105%
Percentage of treatment episodes where adult served had a reduction in criminal behavior at 60–day follow-up	100% (32/32)	90%	111%
Percentage of adults receiving substance abuse services that are in a homeless or marginally homeless situation at intake	81% (544/672)	N/A	N/A
Youth Outcomes			
Percentage of treatment episodes where youth served achieved substance abuse treatment plan goals	56% (9/16)	66%	85%
Percentage of treatment episodes where youth served was discharged to stable housing	100% (16/16)	80%	125%
Percentage of treatment episodes where youth served was employed, in school, or in training at discharge	100% (16/16)	55%	182%

ATCIC: Substance Abuse Managed Services Organization

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth satisfied with services	0%	95%	0%
Percentage of treatment episodes where youth served reported having maintained abstinence from substance abuse at 60–day follow-up	0%	70%	0%
Percentage of treatment episodes where youth served was employed, in school, or in training at 60–day follow-up	75% (9/12)	60%	125%
Percentage of treatment episodes where youth served reported living in stable housing at 60–day follow-up	100% (12/12)	85%	118%
Percentage of treatment episodes where youth served had a reduction in criminal behavior at 60–day follow-up	75% (3/4)	90%	83%

Austin Travis County Integral Care

System of Care Managed Services Organization

Program Description

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

MSO functions include:

- Network Development and Management: Develop and manage a provider network to support the Wraparound process, consisting of a combination of traditional, formal, and non-traditional service providers; develop, negotiate, and execute service contracts, including review and monitoring to ensure quality of services and compliance with contract requirements; manage the credentialing process to ensure the network is comprised of qualified providers and organizations.
- Gate Functions: Verify whether an individual meets the eligibility criteria and ensure that eligible clients gain access to diverse, appropriate, family choice providers.
- Utilization Management: Monitor the funds that purchase the services and supports approved by the Child and Family Teams; conduct prospective and retrospective review of authorized services and supports; analyze service expenditure trends and identify and assess fiscal and programmatic issues.
- Quality Management: Compile data and report output and outcome results on a variety of indicators, including participant satisfaction, access to services, and service and cost information.
- Management Information System: Collect, manage, and report information necessary to ensure effective management of project resources and perform program evaluation functions.
- Fiscal Management: Ensure that payment requests do not exceed funds allocated for the project during the contract term; set and/or negotiate payment rates with providers; ensure that payment requests are correctly submitted by the monthly due date.
- Claims Adjudication and Payment: Review all claims for accuracy and completeness; ensure that claims are paid in a timely manner and at the appropriate rates.
- Administrative Processes: Provide efficient and appropriate access to services and supports; facilitate the training of brokers on the MSO administrative procedures/processes.

System of Care services offered include the following:

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

Austin Travis County Integral Care

System of Care Managed Services Organization

- Assessments/Evaluation: Psychological assessment; psychiatric assessment; specialized therapy assessment; functional/behavior assessment; and other assessments that may assist in evaluation of functional, behavioral, mental health, or other needs.
- Treatment Services (Counseling/Therapy): Individual, group, or family counseling/therapy; play therapy; crisis counseling; specialized therapy; medication management; nursing services; substance abuse intervention/counseling; substance abuse treatment; and psychosocial skills training/behavior management.
- Flexible Community Support Services: Respite care; child care/supervision; transportation; parent coach; employment support services; mentoring; therapeutic/behavioral aide; case conference (Wraparound team meeting); and shelter care.
- Enrichment Services: Recreational/social activities; gap time enrichment activities; camp; after school program; enrichment skill development; and case management.
- Basic Needs: Essential services in order to meet basic needs for survival, such as emergency food, clothing, housing modifications, utilities, housing assistance, and medical purchases.
- Any other eligible service or support that meets the needs established: 1) in the Plan of Care or an emergency or crisis situation, 2) by the collaborative team during discharge planning, 3) by the authorizing staff meeting held by the Healthy Families and Children F.I.R.S.T. programs, or 4) by the Drug Court Team and/or the Child Therapist assigned to The Children's Continuum.

Funding

The total TCHHS/VS investment in the System of Care Managed Services Organization program from October 1, 2012 through September 30, 2013 was $575,000 for general fund expenditures. The program received $75,000 as required matching funds for the Parenting in Recovery grant. TCHHS/VS funded 51% of the actual service expenditures during the fiscal year. This program also received grant funding from Parenting in Recovery ($155,306), the Milburn Trust ($36,723), and The Children's Continuum ($36,918). A portion of these funds cover the administrative costs associated with managing the funding as the MSO. TCHHS/VS also funds the Main Mental Health Interlocal and Substance Abuse Managed Services Organization programs, which are both described earlier in this report.

Eligibility Criteria

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

one of the designated target populations of the participating programs.

Target populations are specific to the program:

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

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

- For clients funded by the Parenting In Recovery (PIR) federal grant, the target population is parents involved in the child welfare system due to substance dependency. Parents must be residents of Travis County, be referred to PIR by Child Protective Services (CPS), and found to be substance dependent. A secondary target population is the children and youth identified as participants of PIR. Children and youth must reside with the parent, relative caregiver, or fictive kin and reside in Travis County or a contiguous county.
- For clients funded by the Milburn Trust, families must be residents of Travis County, enrolled in either the Children F.I.R.S.T. program or the Healthy Families program, and be receiving prevention and/or intervention services to address issues of child abuse and/or neglect. Services can be expended on any household family member of an enrolled family.
- For clients funded by the The Children's Continuum federal grant, the target population is children whose parents are enrolled in the Travis County Family Drug Treatment Court (FDTC). Parents must be enrolled in FDTC, children must be ages 0-5, and the family must be referred to services by the Child Therapist and/or Drug Court Team Members. A secondary target population is the parents enrolled in FDTC. Parents must be enrolled in FDTC and require parenting support, education, guidance, and training.

ATCIC: System of Care Managed Services Organization

The System of Care MSO did not have established performance goals for 2013. The provider network served 443 unduplicated clients (see the first output). Please note that clients may have received multiple types of support; therefore, clients are unduplicated within the second, third, and fourth output measures but not across these output measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients who received services through the provider network established by the MSO	443	N/A	N/A
Number of unduplicated clients who received basic needs support (e.g. housing, utilities, food, clothing, and child care)	147	N/A	N/A
Number of unduplicated clients who received flexible community supports (e.g. enrichment activities, documents to access other services, unique non-traditional mental health services such as parent coaching, mentoring, behavioral aid, respite, crisis support, and education/vocational support)	408	N/A	N/A
Number of unduplicated clients who received behavioral health services (e.g. psychiatric and other indicated assessments, individual and family therapy)	210	N/A	N/A

Capital Area Counseling

Low Cost, No Session Limit, Outpatient Counseling

Program Description

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

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

Funding

The total TCHHS/VS investment in the Low Cost, No Session Limit, Outpatient Counseling program for 2013 was $17,174. This investment comprised 5.3% of the total program budget.

Eligibility Criteria

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

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

Capital Area Counseling met or exceeded goals for all performance measures. The program was able to serve a larger than expected number of clients (see the first output) and also completed more counseling sessions than projected (see the second output). Staff members noted that they continue to have a high number of clients seeking counseling services. In 2013, they were able to recruit and retain a higher number of post-graduate therapists, allowing the program to schedule new clients all year long (as opposed to the traditional drop in therapists during semester breaks).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,072	800	134%
Number of counseling sessions completed	18,265	14,000	130%
Outcomes			
Percentage of clients satisfied with services	95% (693/728)	90% (720/800)	106%
Percentage of clients reporting progress on personal goals	91% (661/728)	85% (680/800)	107%
Percentage of clients with improvement in Global Assessment of Functioning (GAF) score	81% (624/767)	85% (680/800)	96%

Communities In Schools of Central Texas

Care Coordination Program for Youth and Family Assessment Center

Program Description

The Care Coordination Program for Youth and Family Assessment Center (YFAC) utilizes a wraparound approach to service delivery to reduce and/or alleviate risk factors experienced by identified families so that involvement in County intervention systems (e.g., juvenile justice) can be prevented. A Child and Family Team is created by the parent/primary caregiver and the Care Coordinator and typically includes a school representative, service providers, family members, a neighbor or friend, and others. This team meets regularly to develop and implement a Plan Of Care, which defines the family's needs, strengths, goals, and planned interventions. The Child and Family Team can use a network of service providers managed by a Managed Service Organization (MSO), including therapists, mentors, parent coaches, case managers, and others to assist the family. Services delivered through YFAC include, but are not limited to: education/training; assessments/evaluation; treatment services (counseling/therapy); flexible community support services; and enrichment services.

Funding

The total TCHHS/VS investment in the Care Coordination Program for Youth and Family Assessment Center program for 2013 was $394,949. This investment comprised 100.0% of the total program budget. TCHHS/VS also funds the Dropout Prevention program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

For youth supported by TCHHS/VS funds, youth must live in households with incomes of less than 200% of the Federal Poverty Income Guidelines (FPIG), be residents of Travis County, and meet the criteria as a member of one of the target populations described below.

Communities In Schools of Central Texas

Care Coordination Program for Youth and Family Assessment Center

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

Communities In Schools of Central Texas: Care Coordination for YFAC

Communities In Schools of Central Texas met or exceeded goals for all but one performance measure. Staff members noted that some families experienced truancy issues, which hindered an improved attendance rate (see the eighth outcome). No youth graduating the program had a previous history of juvenile justice involvement (see the eleventh outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	160	150	107%
Number of unduplicated youth served using the wraparound approach	86	90	96%
Number of unduplicated youth served in the School Readiness Camps	74	60	123%
Average number of families maintained on Care Coordinators' assigned caseloads	10	10	105%
Number of unduplicated siblings residing in each enrolled youth's household	88	N/A	N/A
Program Outcomes			
Percentage of youth enrolled who receive an initial assessment	100% (32/32)	100%	100%
Percentage of youth graduating the program who receive a closing assessment	100% (38/38)	90%	111%
Customer Satisfaction Outcomes			
Percentage of surveys (caregiver, youth, and school) completed and returned	88% (100/114)	70%	125%
Percentage of families reporting a high level of satisfaction with the program	97% (33/34)	85%	114%
Percentage of youth reporting a high level of satisfaction with the program	100% (32/32)	85%	118%
Child/Family Outcomes			
Percentage of youth and families meeting the goals of their Plan of Care	88%	80%	110%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	82% (31/38)	85%	96%

Communities In Schools of Central Texas: Care Coordination for YFAC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth enrolled in the program post 60 days who show an improved attendance rate (for those youth with an absenteeism rate of 10% or above)	25% (3/12)	50%	50%
Percentage of youth enrolled in the program post 60 days who demonstrate passing grades in 3 out of the 4 core subjects at closure	82% (31/38)	50%	163%
Percentage of youth enrolled in the program post 60 days who demonstrate a decrease in school discipline referral	50% (9/18)	50%	100%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement	N/A	40%	N/A
Percentage of youth with no prior history of juvenile justice involvement who were deterred from engaging in delinquent behavior resulting in juvenile justice involvement	79% (19/24)	80%	99%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	72% (23/32)	75%	96%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	97% (33/34)	85%	114%
Percentage of parents surveyed who indicate a reduction in stress	94% (32/34)	85%	111%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	97% (33/34)	85%	114%
Percentage of youth surveyed who indicate improvement in behavioral self-management	94% (30/32)	85%	110%

LifeWorks

Counseling

Program Description

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

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

Funding

The total TCHHS/VS investment in the Counseling program for 2013 was $94,585. This investment comprised 5.2% of the total program budget. TCHHS/VS also funds three additional programs at LifeWorks: the Housing program, which is described in the Housing Continuum issue area report; the Youth Development program, which is described in the Child and Youth Development issue area report; and the ABE–ESL program, which is described in the Education issue area report.

Eligibility Criteria

Clients served by Youth and Adult Counseling are youth (ages 0-17) and their families who are experiencing problems with family conflict, truancy, delinquency, or runaway behavior; individual adults who experience transitional challenges (divorce, death of a loved one, aging, new child, etc.); and/or adults with mental health related issues (depression, anxiety, etc.). Entrance into the program happens through self-referrals, agency referrals, schools, juvenile court, and the general public.

LifeWorks

Counseling

Clients served by Resolution Counseling are adults ages 18 and older who have been identified as domestic violence offenders by: 1) an arrest, 2) issuance of a protective order for domestic violence, 3) referral by another community partner, such as the Domestic Relations Office, or 4) by having voluntarily acknowledged use of control and/or abuse against their partner. Clients in the program are self-referred or are referred from agencies within the criminal justice system and other social services. The program serves men and women, although men comprise a majority of the program's participants.

LifeWorks: Counseling

The Counseling program exceeded goals for both outcome measures but fell short of expectations for the number of clients served in Resolution Counseling (see the second output). Staff explained that the State Accreditation Program denied a requested waiver by the Travis County Batterer Intervention Executive Committee to allow pre-trial clients the right to not incriminate themselves during programming until the client would be standing trial. All Batterer Intervention and Prevention Programs (BIPP) programs require the client to incriminate him or herself and take full accountability for his/her actions. Since the waiver was denied, no pretrial clients can be referred into the program; therefore, all BIPP programs including Resolution Counseling (RC) have seen a steady decline in referrals to the program. RC has been an active member of the BIPP Advisory Board and has taken measures to reduce staffing and the number of groups accordingly.

Staff reported that the Youth and Adult Counseling program exceeded its target number of clients served for the year (see the first output) due to: 1) a high number of carry-in clients who were admitted to the program prior to the start of the contract year and who were still receiving services in the first quarter of the year and 2) a higher number of clients being served in the summer of 2013 because of increased outreach and intensive summer programming, including individual counseling with youth clients.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth and Adult Counseling (YAC)	1,231	1,100	112%
Number of unduplicated clients served in Resolution Counseling (RC)	619	950	65%
Outcomes			
Percentage of unduplicated YAC clients reporting improvement of overall coping skills/overall sense of well-being at case closure (as self-reported by the client; any movement in scale towards the direction of their goal)	83% (791/951)	80% (660/825)	104%
Percentage of unduplicated RC clients who successfully complete program (meet program requirements with no additional acts of violence while in the program)	61% (304/501)	60% (342/570)	101%

Out Youth

Youth Development

Program Description

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

Funding

The total TCHHS/VS investment in the Youth Development program for 2013 was $12,880. This investment comprised 4.3% of the total program budget.

Eligibility Criteria

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

Out Youth: Youth Development

Out Youth met or exceeded goals for all but one performance measure. The program served fewer unduplicated clients than originally projected (see the first output). Staff attributed this result to the high number of returning youth participating in services. Staff also noted that large numbers of youth sought counseling services (see the third output). Youth continued to receive individual therapy, leading to fewer counseling clients assessed in the second outcome measure.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	201	250	80%
Number of clients participating in peer support groups	121	120	101%
Number of clients accessing counseling services	58	45	129%
Number of clients referred to counseling or other social services by Support team	30	28	107%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	88% (60/68)	80% (56/70)	110%
Percentage of counseling clients assessed after achievement of goals, termination or dropout who show higher Global Assessment of Functioning (GAF) or Children's Global Assessment Scale (C-Gas) ratings than at intake	79% (22/28)	80% (36/45)	98%

Worker's Assistance Program, Inc.

Youth Advocacy – Creating Lasting Family Connections

Program Description

The goal of the Youth Advocacy – Creating Lasting Family Connections (CLFC) program is to prevent or interrupt the use of alcohol, tobacco, and other drugs by youth in Travis County who are showing early warning signs of substance use and/or exhibiting other at-risk problem behaviors in order to halt the progression and escalation of use and related problems. This is achieved through the provision of a family-strengthening program designed to enhance protective factors and reduce risk factors. The program provides substance abuse intervention counseling, education and social skills training, case management, problem identification and referral, and advocacy.

Funding

The total TCHHS/VS investment in the Youth Advocacy – Creating Lasting Family Connections program for 2013 was $43,503. This investment comprised 18.4% of the total program budget.

Eligibility Criteria

The program serves youth 12-18 years old who live in the Travis County community, who are showing early signs of substance use and display at risk behaviors such as failing grades, truancy, family conflict, school disciplinary problems, gang involvement, and/or who may be experimenting with gateway drugs, and who do not meet the criteria for substance abuse or dependence. Youth who are 18 years old will be served if they are still enrolled in school. Historically, participants are from public middle schools and high schools with high concentrations of students, and live in ZIP codes characterized by low-income housing, lower income levels per capita, high numbers of single parent households, and an above average concentration of Hispanic families.

Worker's Assistance Program, Inc.: Youth Advocacy – CLFC

Worker's Assistance Program exceeded goals on both outcome measures but fell slightly short of targets for both output measures. Staff attributed the lower number of clients served (see the first output) and lower number of clients receiving structured education or training (see the second output) to low enrollment during the summer months and low parent participation in the program. Parent participation is something staff continue to work on to ensure successful program outcomes. Staff are currently working with middle school and high school counselors to ensure that the program receives more referrals, while the prevention specialist works with parents and stresses the importance of participating in the program and the positive impact it can make on youth.

Staff explained that they have youth drop out of the program for various reasons like going into treatment, transportation issues, or refusal to participate in program. Due to these dropouts, the number of youth completing a pre and a post test was lower than projected (see the first outcome). However, a high number of youth graduates increased their social competence and/or refusal skills. Finally, although parental participation was low, which lead to fewer completed parental retrospective surveys, most families surveyed reported improved family functioning and/or bonding (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	176	201	88%
Number of unduplicated clients receiving structured education or training	176	201	88%
Outcomes			
Percentage of youth who increase their social competence and/or refusal skills	75% (49/65)	70% (71/101)	107%
Percentage of families who completed the parental retrospective survey and reported improved family functioning and/or bonding	93% (53/57)	70% (70/100)	133%

Young Women's Christian Association (YWCA) of Greater Austin

YW Counseling & Referral Center

Program Description

The YW Counseling & Referral Center strives to improve the mental health of women and their families in the Austin/Travis County area. The agency works to meet this goal though direct service in several ways: 1) by providing short-term (10 sessions), sliding scale counseling services for women and their families in individual, couples and family treatment modalities; 2) by offering group services on psycho-educational topics at local sites; 3) by providing therapeutic groups on site, as needed; 4) by providing services in Spanish for monolingual Spanish speaking women; and 5) by engaging in collaborations to perform services consistent with YWCA goals and services that promote improved well being.

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

Funding

The total TCHHS/VS investment in the YW Counseling & Referral Center program for 2013 was $90,596. This investment comprised 28.9% of the total program budget.

Eligibility Criteria

This program serves women and their families living in Austin and Travis County. Their professional, licensed social workers and counselors provide individual, couples, and family counseling for women with concerns about depression, anxiety, relationship issues, Post Traumatic Stress, and a host of other problems. Group services are provided to inpatient residents of Austin Recovery, while teacher support groups are held monthly at selected child care centers located in high-risk poverty ZIP codes.

YWCA of Greater Austin: YW Counseling & Referral Center

Performance Goals and Results

All YWCA of Greater Austin performance measures met or exceeded goals in 2013. Program staff reported that they continue to successfully increase client retention, which they believe helped clients demonstrate improvement in mental health status/functioning (see the first outcome). The second and third outcomes reflect client responses to surveys as they exit services at their fourth or tenth counseling session. Finally, staff noted that the population served at a new group site, the Don T. Hutto Detention Center, struggled with responding in writing to the Group Evaluation Forms, primarily because of language, literacy and cultural factors. This led to fewer response for the fourth outcome. Staff is working to find a solution to this issue for 2014.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	977	1,018	96%
Number of unduplicated clients served – individual, couples, family counseling	254	250	102%
Number of unduplicated clients served – therapy and skill building groups	723	768	94%
Outcomes			
Percentage of clients demonstrating improvement in mental health status/functioning	86% (104/121)	75% (100/133)	114%
Percentage of clients reporting achievement of a treatment plan goal	95% (107/113)	90% (84/93)	105%
Percentage of clients reporting improvement in attitude/behaviors	90% (102/113)	86% (80/93)	105%
Percentage of clients reporting increased knowledge/ skills	97% (167/173)	86% (344/400)	112%

Appendix

2013 Federal Poverty Income Guidelines

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

Household Size	Income Limits for Threshold Levels				
	50%	100%	125%	150%	200%
1	$5,745	$11,490	$14,363	$17,235	$22,980
2	$7,755	$15,510	$19,388	$23,265	$31,020
3	$9,765	$19,530	$24,413	$29,295	$39,060
4	$11,775	$23,550	$29,438	$35,325	$47,100
5	$13,785	$27,570	$34,463	$41,355	$55,140
6	$15,795	$31,590	$39,488	$47,385	$63,180
7	$17,805	$35,610	$44,513	$53,415	$71,220
8	$19,815	$39,630	$49,538	$59,445	$79,260
For families/households with more than 8 persons, add $4,020 for each additional person.					

Data source: "2013 Poverty Guidelines," U.S. Department of Health & Human Services, *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183, http://aspe.hhs.gov/poverty/13poverty.cfm.

2013 Austin Median Family Income Guidelines

The Blackland Community Development Corporation and Foundation for the Homeless contracts require participants in their programs to have a household income at or below 50% of the Austin Median Family Income (MFI) level. Other programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock Metropolitan Statistical Area.

Household Size	Income Limits for Threshold Levels		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1	$15,400	$25,650	$41,000
2	$17,600	$29,300	$46,850
3	$19,800	$32,950	$52,700
4	$21,950	$36,600	$58,550
5	$23,750	$39,550	$63,250
6	$25,500	$42,500	$67,950
7	$27,250	$45,400	$72,650
8	$29,000	$48,350	$77,300

Data source: "Austin–Round Rock–San Marcos, TX MSA FY 2013 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org.

Endnotes

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