BEHAVIORAL HEALTH

FY 2015 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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Behavioral Health

FY 2015 Community Impact Report

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

County Executive
Sherri E. Fleming

Project Leads
Courtney Bissonnet Lucas
Lori Axler Miranda

Lead Writers
Jenny Horton
Tara Carmean

Research & Planning Division
Lawrence Lyman, Division Director
Korey Darling, Planning Manager
Lori Axler Miranda
Courtney Bissonnet Lucas
Tara Carmean
Rachel Coff
Jenny Horton
Brook Son

Questions or Comments?

For questions or for more information, please contact the Research & Planning Division at HHS_R&P@traviscountytx.gov.

TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

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

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

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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests nearly $17.5 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. The *FY 2015 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas: Behavioral Health, Child and Youth Development, Food and Transportation, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development. 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 within that issue area. Each program is classified into the issue area most closely aligned to its goals and objectives.

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

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

Notes on Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2014 through September 30, 2015) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

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

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

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

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

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

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

Community Conditions

Behavioral Health Goals and Services

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

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

Highlights of Community Conditions

An examination of the scope and prevalence of behavioral health[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]

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

Need for Services

Behavioral Risk Factor Surveillance System (BRFSS) data from 2014 show that about 16% of Travis County adults indicated that they had 5 or more days of poor mental health in the previous 30 days.[2] Other than this data point, there is little available local prevalence data for behavioral health disorders, but it is possible to estimate the need for these services in Travis County by looking at national prevalence numbers extrapolated to the 2014 Travis County population.

Prevalence of Behavioral Health Disorders/Illnesses, Travis County, 2014

	Travis County Population[3]	*Estimated Travis County Population with a Diagnosable Mental or Addictive Disorder/ Any Mental Illness*		*Estimated Travis County Population with a Diagnosable Mental or Addictive Disorder with Severe Functional Impairment/ Serious Mental Illness*	
		Percent	*Number*	*Percent*	*Number*
Children Under 18	265,209	20%[4]	53,042	5%[5]	13,261
Adults 18-64	788,787	19%[6]	149,870	4%[7]	31,551

Notes: The Substance Abuse and Mental Health Services Administration (SAMHSA) measures behavioral health illness in children as diagnosable mental or addictive disorders associated with at least minor functional impairment and severe functional impairment. SAMHSA measures adult mental illness as any mental illness and includes any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria, excluding developmental and substance use disorders. Serious adult mental illness includes schizophrenia, major depression, and bipolar disorder.
Created by: Travis County HHS/VS, Research & Planning Division, 2015
Source data: 2014 American Community Survey 1–Year Estimates, Table B01001; SAMHSA, 2014; and the Children's Hospital Association of Texas, 2006

To approximate the need for behavioral health services, these prevalence estimates can be applied to the number of uninsured and considered against the number served by the local mental health authority.[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 publicly-funded inpatient beds.

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

- In 2014, the estimated number of Travis County children under 18 with a diagnosable mental or addictive disorder was 53,042. This represents 20% of the total child population of the county.[9] Approximately 11% of all Travis County children under 18 (or 27,770 children) were uninsured[10] but only 2,359 clients were served by ATCIC Child & Family Behavioral Health services during Fiscal Year 2014.[11]
- In 2014, the estimated number of Travis County adults age 18-64 with any mental illness was 149,870. This represents 19% of the total age 18-64 population of the county.[12] Approximately 21% of all Travis County adults age 18-64 (or 160,791 adults) were uninsured,[13] but only 12,865 were served by ATCIC Adult Behavioral Health services during Fiscal Year 2014.[14]

The Travis County Plan for Substance Use Disorders describes substance use rates in Central Texas as consistently higher than other parts of Texas and the nation.[15] More than one-fifth (22%) of Travis County respondents age 18 and over reported binge or heavy drinking behavior (five or more drinks for men and four or more drinks for women on a single occasion or women drinking more than one or men drinking more than two drinks per day on average) compared to 16% of respondents at the state level.[16] In addition, Austin has also seen a substantial increase in prescription drug-related overdoses in recent years,[17,18] yet prescription drug deaths could be higher than reported as the actual number is considered to be vastly undercounted.[19] In addition, the Travis County Plan for Substance Use Disorders found that the current infrastructure and investments are insufficient to address substance use disorders.[20] A lack of services for substance abuse disorders is correlated with increased costs for incarceration and medical care.[21]

Recent Expansions in Capacity and Services

The 84th legislative session expanded funding for mental health and substance use disorders by $150.7 million. The new funding is in addition to the $300 million increase in state funding for mental health services allocated during the 83rd legislative session.[22]

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

The ACA requires nearly everyone to carry health insurance as of March 31, 2014, increasing the number of persons with behavioral health disorders who have coverage. As of June 30, 2015, 943,218 (31%) of the potential marketplace population in Texas was enrolled.[23] While we do not have local data on the number of Travis County residents who enrolled, there are a number of community agencies mobilized to enroll as many eligible persons in ACA marketplace plans as possible. However, given that a disproportionate number of persons with mental health and substance abuse disorders live in poverty, subsidies are only available to households with incomes between 100% and 400% of the federal poverty income guidelines, and Medicaid has not been expanded per the ACA in Texas, it is likely that large numbers of Travis County residents with behavioral health issues will not gain insurance through the Act.[24]

New capacities have also been made possible by the Medicaid 1115 Waiver, operating in Regional Health Partnership (RHP) 7 (the six county area including Travis, Lee, Hays, Fayette, Caldwell, and Bastrop). 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. Behavioral health projects include:

- Expanded Mobile Crisis Outreach Team (EMCOT): behavioral health crisis intervention services through direct referrals from medical first responders, law enforcement, and the county jail. EMCOT staff provide psychiatric evaluation, follow up, and referral services to divert individuals from unnecessary ER and criminal justice system usage. Outcomes show that 79% of assessments from EMS referrals have avoided use of the ER and 89% of assessments completed from APD referrals avoided arrest or emergency detention.[25]
- Austin Assertive Community Treatment for Permanent Supportive Housing: Assertive Community Treatment (ACT) services, including intensive case management, rehabilitative services, and psychiatric treatment, to formerly chronically homeless individuals with complex health needs. ACT services have shown a reduction in service utilization and significant cost savings.[26]
- Campus-Based Behavioral Health Services: therapy and mental health services for students at campus counseling centers, provided by licensed psychologists. Campus-Based Behavioral Health Services have been expanded to school districts in Austin, Del Valle, Pflugerville, and Manor.[27]

The waiver is currently in year five of five. In September 2015, the Texas Health and Human Services Commission (HHSC) submitted a request to extend/renew the waiver and is currently waiting to find out if the request will be approved.[28] If the waiver is not renewed beyond 5 years, programs may need to scale back significantly.

Gaps in Behavioral Health Services

Persons with behavioral health illnesses are frequently treated in environments not intended to provide behavioral health services, such as emergency departments and jails. While the Travis County community has gained new behavioral health services and infrastructure in the last five years, gaps still exist, including:

- More substance abuse services are needed. The current infrastructure and investments are insufficient to address substance use disorders in Travis County.[29]
- A continuum of behavioral health services are needed for all children and youth, including approximately 43,000 children in Travis County who have or are at risk of having a mental health disorder.[30] In addition to awareness and prevention, the community is working to address complex referral systems, coordination of services, and service capacity for child and youth behavioral health services.[31]
- Numerous stakeholder groups are working on the need for behavioral health services tailored for justice-involved populations. Jail statistics show that in October 2006 just over 350 Travis County inmates were dealing with mental health issues, but by October 2015 the number had grown to over 550.[32]
  - Travis County is in need of increased funding for assisted outpatient mental health treatment to keep mentally ill persons stable as they move through court processes and away from utilization of high-cost environments.[33]
  - There is a community need for increased funding for permanent supportive housing units for persons with behavioral health needs who are criminal justice-involved. The Behavioral Health Advisory Committee states that grant funding for needed behavioral health services and mental health court programs has been restricted by a lack of housing stock that is suitable for this population.[34]
  - There is a need for more residential substance abuse treatment beds for persons with behavioral health needs who are criminal justice-involved.[35] Local residential substance abuse treatment facilities operate with substantial waiting lists, requiring eligible individuals to wait in jail until a bed becomes available because they are unable to maintain stability in the community without treatment.[36]
- Expanding capacity within the community-based behavioral health crisis continuum is needed to ensure psychiatric crisis treatment is provided in the most appropriate, cost-effective settings. A short term emergency psychiatric center is currently under construction in southeast Austin and will have 16 beds. It is expected to open in the fall of 2016.[37]
- Increased funding for multiple levels of care, including prevention and early intervention, is needed for a full continuum of behavioral health services in the community.[38]
- Coordination of care and fine-tuning of services is needed. According to community behavioral health stakeholders, the community is working toward the goal of providing the right service for the client in the right setting at the right time.[39] Therefore, providers must determine the most efficient use of existing services, with an attention to quality, exiting services and aftercare, and appropriate cultural, linguistic, and geographic considerations for providing care to those who need it. Equity in access to services is a critical part of this needed coordination.[40]

Emerging Issues

Community planning groups are actively working to address various needs.

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.

Travis County Plan for Children's Mental Health

This five-year plan was released after a yearlong community planning process to improve the wellness of children and youth in Travis County. The goals include promoting wellness and support, providing a continuum of intervention services and effective treatment for children and youth with a range of needs, responding effectively in crisis situations, and improving outcomes and accountability within the Travis County Children's mental health system. Active efforts to implement the plan are underway.

Austin/Travis County Substance Use Disorders Task Force

A convened group including ATCIC, Central Health, City of Austin Health and Human Services Department, and Travis County Health and Human Services & Veterans Service, as well as Travis County Criminal Justice Planning and Downtown Austin Community Court. The group issued a 2014/2015 Action Plan with recommendations for local public sector investments in substance abuse services. The group continued working on a long term plan for substance abuse services in Travis County and in September 2015, the Travis County Plan for Substance Use Disorders was released.

Further Resources

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

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

Austin Travis County Integral Care

www.integralcare.org

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

Hogg Foundation for Mental Health

www.hogg.utexas.edu

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

National Alliance on Mental Illness Texas

www.namitexas.org

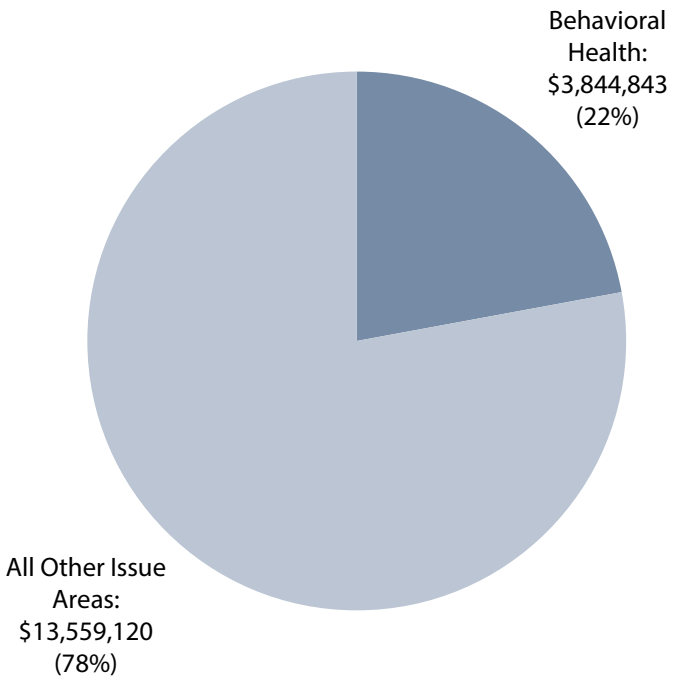
National Alliance on Mental Health Texas is a member-driven advocacy group made up of professionals and mental health consumers and their family members. The organization provides support and education to the public and to those who have mental illness in order to promote improved treatment and recovery.

Investment Overview

Our Investment

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

Investment in Behavioral Health and Other Issue Areas, FY 2015



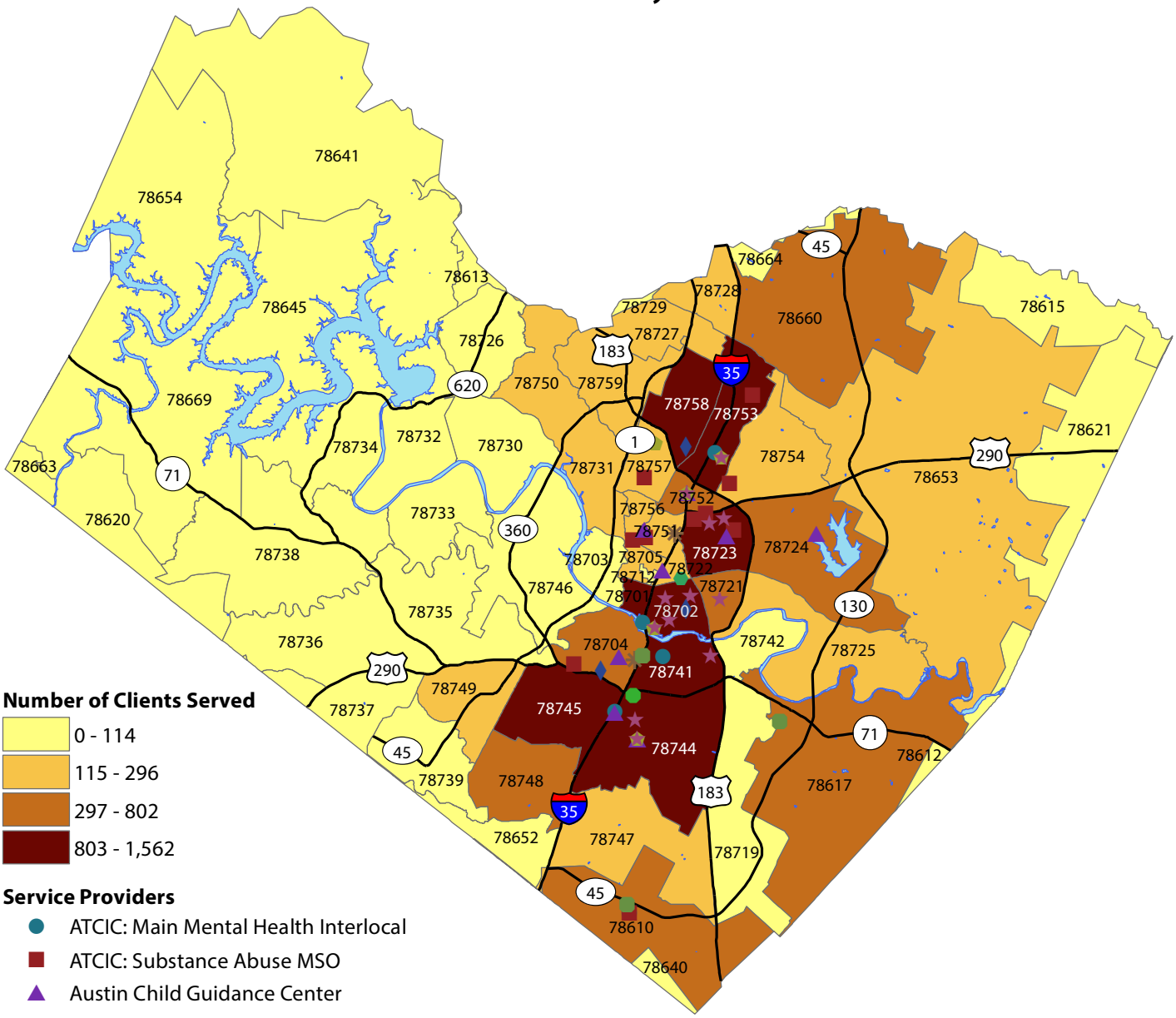
Funding Summary

The FY 2015 Funding Amount reflects 12–month funding (October 1, 2014 through September 30, 2015) unless otherwise noted.

Agency Name	Program Name	FY 2015 Funding Amount
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$101,343
Austin Independent School District	Family Resource Center	$100,000
Austin Travis County Integral Care	Main Mental Health Interlocal	$1,453,014
Austin Travis County Integral Care	Substance Abuse Managed Services Organization	$881,799
Austin Travis County Integral Care	System of Care Managed Services Organization	$675,000
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
Workers Assistance Program	Youth Advocacy, Creating Lasting Family Connections	$43,503
YWCA Greater Austin	YW Counseling & Referral Center	$90,596

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2015



Number of Clients Served

- 0 - 114
- 115 - 296
- 297 - 802
- 803 - 1,562

Service Providers

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

Service provision locations are not included for ATCIC's System of Care MSO due to the nature of the services provided.

Notes: This map shows 18,593 clients by ZIP code. 3,166 (15% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes are not included for Austin ISD's Family Resource Center.

Source data: Contracted service providers, 2015.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS, Research & Planning Division, 2015.

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Austin Child Guidance Center

Children's Outpatient Mental Health & Evaluation Services

Program Description

The goal of the Children's Outpatient Mental Health & Evaluation Services program at the Austin Child Guidance Center (ACGC) is to improve the mental health of children, adolescents, and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges.

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

Funding

The total TCHHS/VS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2014 through September 30, 2015 was $101,343. This investment comprised 5.0% of the total program budget. TCHHS/VS also funds Austin Child Guidance Center's Infant and Early Childhood Mental Health Project, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

The program is targeted to Austin/Travis County children and adolescents ages 0-17 years, as well as their families, experiencing mental, emotional and/or behavioral problems. Many of these children and adolescents are at high risk of coming into contact with the juvenile justice system, academic failure, poor employment prospects, substance abuse, and poverty into adulthood. The majority of the families served are low-income or working poor families, 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

Performance Goals and Results

This program had mixed performance results for the year. Staff reported that ACGC saw an increase in average length of treatment in the past year, from 128.5 days to 153.1 days. Service hours and total services provided were slightly higher than the previous year, but with clients staying in service longer (about a month longer on average), total unduplicated clients served for the agency was lower than projected (see the first and second outputs). In essence, ACGC served fewer clients longer. Staff believe that longer average treatment length may be related to the full-scale incorporation of trauma-focused cognitive behavioral therapy across the agency. Group service numbers were also affected by the end of ACGC's work in the Juvenile Justice system, which typically included a number of therapeutic groups (see the third output). Staff chose to only include psychological assessments, psychiatric evaluations, and medication management in the number of client assessments/evaluations completed (see the fourth output); previously, staff were reporting additional Service Types but believe the more narrow definition better reflects the assessments and evaluations they have completed. Performance projections for FY 2016 were updated to reflect this change. Finally, ACGC's increase in the provision of training and technical assistance around trauma and trauma-informed care led to higher numbers of recipients receiving consultations/trainings, presentations, and seminars (see the sixth output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth and family members served	2,935	3,700	79%
Number of children/youth provided professional counseling services	1,172	1,562	75%
Number of participants provided specialized group services	512	773	66%
Number of client assessments/evaluations completed	708	2,500	28%
Number of hours of services delivered	26,104	26,125	100%
Number of recipients receiving consultations/ trainings/presentations/seminars	2,335	1,800	130%
Outcomes			
Percentage of clients making progress on treatment plan goal(s)	92% (757/823)	85% (1,048/1,233)	108%
Percentage of clients receiving specialized group services who show positive increases/changes	89% (75/84)	85% (170/200)	105%

Austin Independent School District

Family Resource Center

Program Description

Family Resource Centers (FRCs) work to stabilize families in crisis through case-managed services, helping them to grow towards a level of stability. Growth areas include housing, employment, nutrition services, financial stability, adult education, and access to healthcare. These walk-in centers are located at Burnet, Dobie, Martin, Mendez, and Webb Middle Schools. Each FRC has a bilingual licensed social worker, a director, and an administrative assistant. Families at each FRC campus are surveyed at the beginning of each year for needs by filling out a survey included in the Austin ISD registration packet at the school. Proactive calls are made to families indicating areas of need, and appointments are set with the social worker. Short-term and long-term support for families is provided, including case management, one-time, and referral services.

Funding

The total TCHHS/VS investment in the Family Resource Center program from November 1, 2014 through September 30, 2015 was $100,000. This investment comprised 20.0% of the total program budget. TCHHS/VS also funds three additional programs with Austin ISD: the Adult Education and English Language Learners Program, which is described in the Workforce Development issue area report; the Austin/Travis County Mentoring Advisory Council, which is described in the Planning and Evaluation issue area report; and the Travis County Collaborative Afterschool Program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

There are no eligibility requirements for service. However, the Family Resource Centers target families with children in Austin ISD schools and will also serve any adult who walks into the center.

Austin ISD: Family Resource Center

The Family Resource Center program had mixed performance results in 2015. Staff noted that the lower than projected number of clients served (see the first output) may have been influenced by the end of school year shutdown and its impact on staff time/availability. Staff also reported challenges tracking and reporting on the number of Medicaid/CHIP/SNAP applications submitted (see the third output), particularly in the first quarter. Further, staff indicated that persons seeking help with Medicaid/CHIP/SNAP do so typically before they enter case management, so few in case management identified this as a need.

The first and second outcome measures are based on those families in case management who had both a pre and post measure and results reflect only those families in case management who were In Crisis or At Risk in this area during intake assessment; these outcomes report the proportion who were Stable or Self Sufficient at the end of the year. Looking at all families in case management (not just those who were In Crisis or At Risk at intake) with pre and post measures, 84% were Stable or Self Sufficient regarding their knowledge of access to resources, compared to only 51% of those In Crisis or At Risk (see the first outcome). The second outcome measure refers to both utilities and housing, each of which is measured separately in the Family Developmental Matrix. Looking at all families in case management with pre and post measures (not just those who were In Crisis or At Risk at intake), 83% were Stable or Self Sufficient regarding utilities and 89% were Stable or Self Sufficient regarding housing, compared to 37% of those In Crisis or At Risk (see the second outcome).

Maintenance of benefits (i.e. Medicaid) requires coordination and support which are defined as different services than state benefits application assistance, and thus these counts are not included in the third outcome measure. At the end of the year, 75% of all families in case management with pre and post measures indicated they were Stable or Self Sufficient with regard to healthcare access.

Far fewer surveys of participants in adult academy classes were collected than expected, because classes/groups are typically offered through partnerships with other organizations; however, nearly all participants who completed a survey reported an increase in learning about a particular class subject (see the fourth outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served (responsive and case-managed clients)	891	1,000	89%

Austin ISD: Family Resource Center

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of families enrolled in social service case management	254	250	102%
Number of Medicaid/CHIP/SNAP applications submitted	75	150	50%
Number of unduplicated adults participating in FRC adult academy programs	810	500	162%
Outcomes			
Percentage of unduplicated families receiving case management from FRC social worker who show increase in knowledge of how to access family support resources based on pre/post measures using the Family Developmental Matrix	51% (86/168)	75% (188/250)	68%
Percentage of families case managed by social worker who demonstrate an increase in the level of stability pertinent to rent/utility assistance and/or housing stability based on pre/post measures using the Family Developmental Matrix	37% (63/171)	25% (63/250)	146%
Percentage of applicants for Medicaid/CHIP/SNAP benefits who demonstrate increased access to healthcare, either through client self-reporting or through pre/post measures using the Family Developmental Matrix	67% (50/75)	50% (75/150)	133%
Percentage of participants in adult academy classes who report an increase in learning about particular class subject, based on survey results	100% (203/204)	75% (375/500)	133%

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, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court. Information on each program is provided in the following pages. Please note that client demographic and ZIP code information represents the total unduplicated clients served in all programs under this contract.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal from October 1, 2014 through September 30, 2015 was $1,453,014. TCHHS/VS also funds the Substance Abuse Managed Services Organization and System of Care Managed Services Organization programs, which are also described in this report.

Eligibility Criteria

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

Austin Travis County Integral Care

Main Mental Health Interlocal: Child and Family Services

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court, from October 1, 2014 through September 30, 2015 was $1,453,014.

Eligibility Criteria

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

ATCIC: Child and Family Services

The Child and Family Services exceeded goals for all but one performance measure. Staff noted that there was an increased number of intakes due to school-based services. The large number of intakes increased the number of clients served (see the first output) but did not impact the hours of service (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,642	1,093	150%
Number of client hours of service	22,951	26,154	88%
Outcomes			
Percentage of children/youth enrolled in a Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period	99% (2,362/2,391)	95% (1,038/1,093)	104%
Percentage of all children/youth in a LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC	99% (2,953/2,991)	98% (1,071/1,093)	101%
Percentage of children/youth served in a LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS)	50% (606/1,205)	25% (274/1,093)	201%

Austin Travis County Integral Care

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

The Mobile Crisis Outreach Team (MCOT) serves children, youth, and adults in Travis County who are experiencing psychiatric crisis in order to reduce the youth/adult suicide rate, hospital bed days, and contact with the juvenile/criminal justice system. MCOT provides a combination of crisis services, including psychiatric assessments and medications, crisis intervention services, and brief follow-up and service linkage to adults, children and adolescents in non-clinical, community settings. These services are designed to reach individuals at their place of residence, school, and/or other community-based safe locations. MCOT screens and assesses for imminent risk and need for in-patient hospitalization.

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court, from October 1, 2014 through September 30, 2015 was $1,453,014.

Eligibility Criteria

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

ATCIC: Mobile Crisis Outreach Team

Performance Goals and Results

The Mobile Crisis Outreach Team (MCOT) met or exceeded all performance goals. Staff noted that the high service provision is due to the new 24–hour response to urgent/emergent Hotline calls. Any crisis call where the consumer is not open to ongoing services is referred out to MCOT for response within the 24–hour mark. This led to greater numbers of clients served (see the first and second outputs) and a larger number of Hotline calls referred to MCOT (see the third output) than originally projected. Staff also reported that the rate of children/youth and adults stable in the community setting within 48 hours of MCOT services (see the second and third outcomes) is higher because MCOT provides services that assist in the successful stabilization youth and adults. Faster urgent/emergent Hotline calls referred out to MCOT allows for greater outcomes in stability.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	1,009	500	202%
Number of unduplicated children served	330	60	550%
Number of Hotline calls referred to MCOT	858	400	215%
Outcomes			
Percentage of clients in psychiatric emergency seen within Texas Administrative Code (TAC) Rule urgent and emergent time frames (urgent is 8 hours and emergent is 1 hour)	100% (210/210)	95% (380/400)	105%
Percentage of children/youth stable in the community setting within 48 hours of MCOT services (duplicated)	94% (386/412)	75% (45/60)	125%
Percentage of adults stable in the community setting within 48 hours of MCOT services (duplicated)	96% (1,091/1,140)	75% (376/500)	127%
Percentage of youth/children who completed suicide among clients served within the last 30 days	0% (0/330)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within the last 30 days	0.3% (3/1,009)	<1%	Met Goal

Austin Travis County Integral Care

Main Mental Health Interlocal: Psychiatric and Counseling Services

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court, from October 1, 2014 through September 30, 2015 was $1,453,014.

Eligibility Criteria

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

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

ATCIC: Psychiatric and Counseling Services

The Psychiatric and Counseling Services program exceeded goals for all performance measures. Staff noted that ATCIC added additional prescribers and services through its 1115 Waiver programs to help meet growing demand, due to growth in local population and need in the community. This led to larger numbers of clients served (see the first output) and client hours of service provided (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	6,667	4,500	148%
Number of client hours of service	43,967	37,500	117%
Outcomes			
Percentage of clients stable and in the community who received supported housing services	99.7% (605/607)	*	*
Percentage of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey	96% (623/652)	90% (4,050/4,500)	106%
Percentage of clients stable and in the community who do not experience frequent re-admissions to inpatient hospitals (3 or more times within 180 days)	99.5% (14,303/14,370)	*	*

*Note: Total Program Performance Goals and Total Program Performance Goal Achieved are not reflected above because they did not accurately represent the outcomes of the program. This has been corrected for FY 2016.

Austin Travis County Integral Care

Main Mental Health Interlocal: Psychiatric Emergency Services

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court, from October 1, 2014 through September 30, 2015 was $1,453,014.

Eligibility Criteria

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

ATCIC: Psychiatric Emergency Services

Psychiatric Emergency Services (PES) met all but one performance goal. Staff reported that as the population in Austin and Travis County continues to grow, the number of community members needing services grows as well. PES has increased staff and psychiatrist hours to accommodate the growing need in the community, leading to more adults and children served (see the first and second outputs).

The number of adults jailed within 48 hours of receiving services (see the fifth outcome) is calculated using Texas Law Enforcement Telecommunications System bookings (arrests) with a client match in the CARE system used by PES. Although the 12% rate exceeded the Travis County goal, this rate is less than the Department of State Health Services target of no greater than 19.3%.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	7,932	4,000	198%
Number of unduplicated children served	1,182	400	296%
Outcomes			
Percentage of children/youth who completed suicide among clients served within 48 hours of receiving services	0% (0/1,205)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within 48 hours of receiving services	0.1% (4/7,843)	<1%	Met Goal
Percentage of unduplicated children/youth hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	2% (10/489)	<3%	Met Goal
Percentage of unduplicated adults hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	2% (184/9,150)	<3%	Met Goal
Percentage of unduplicated adults jailed within 48 hours of receiving services	12% (1,169/9,680)	<3%	Did Not Meet Goal

Austin Travis County Integral Care

Main Mental Health Interlocal: Travis County Family Drug Treatment Court

Program Description

Austin Travis County Integral Care contributes the services of a child and family therapist to the Travis County Family Drug Treatment Court (TCFDTC). The child therapist provides a diverse array of services to the parents, caregivers, and children/youth who are participating in the TCFDTC. The goals of the position are to: improve parent/child relationships, enhance the capacity of parents/caregivers to safely care for their children, have children/youth receive timely assessments that connect them with quality services to successfully meet their identified needs, and improve the mental wellness of the child/youth, parent, and/or caregivers.

The child therapist provides assessment, diagnosis, therapy, service coordination, and information and referral for services to children and adolescents ages 0-17 and their parents and/or caretakers. The focus of service will be families who are participants in the TCFDTC. An individualized treatment plan for the enrolled child may include assessments, advocacy, intensive care coordination, parent training, family support, crisis intervention, therapy, and skills training. Services are provided in the environment of the consumer's home or other community setting where the child/parent resides. The therapist must coordinate with multiple child serving systems, the Drug Court Team and the Court. The therapist will connect the family to community resources as part of the discharge and closure plan.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, Psychiatric Emergency Services, and Travis County Family Drug Treatment Court, from October 1, 2014 through September 30, 2015 was $1,453,014.

Eligibility Criteria

Parents, caregivers, and children and adolescents (ages 0-17) who are participants in the TCFDTC and are residents of Travis County are eligible for services.

ATCIC: Travis County Family Drug Treatment Court

Performance goals were not established for the TCFDTC program in FY 2015. The performance data from FY 2015 will be used as baseline data for FY 2016. Outcome measures will also be incorporated into FY 2016 reporting.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth served	75	N/A	N/A
Number of unduplicated adults (family members of children/youth) served	69	N/A	N/A

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

Program Description

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

Substance abuse treatment services provided include the following:

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

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, including chemical dependency, individual, and additional counseling, chemical dependency education, and life skills training, are provided.

Maintenance services (recovery supports) offered include:

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

Activities related to the MSO function include the following:

- Network Development and Management: Ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes provider training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of the City of Austin and Travis County.
- Credentialing: Ensure that the network is comprised of providers and organizations that are qualified to provide services in compliance with National Committee for Quality Assurance (NCQA) standards.
- Administration/Contract Management: Development, negotiation, and execution of service provider contracts. All contracts are reviewed to ensure a balance of choice, access, and quality at a reasonable cost.
- "Gate" Functions (Single Point of Entry): Determine whether an individual meets the eligibility criteria and ensure that eligible clients are given appropriate and adequate choices (as available) of providers. Management of referrals is timely, geared to the acuity of the eligible client's needs, and geographically appropriate.
- Utilization Management: Ensure that all eligible clients are given equal access to services, at the least restrictive and most appropriate level of care to maintain optimum functioning. This process matches the eligible client's need to appropriate site of service and supports and assists in the development of a focused, goal-oriented plan of care.
- Quality Management: Compile and report service outputs and outcomes on a variety of indicators. This function also monitors sentinel events and works with providers using a continuous quality improvement approach to ensure quality services are provided to eligible clients.

- Management Information Systems: Maintain a management information system that contains information necessary to ensure the appropriate management of the network.
- Financial Management: Ensure that claims are paid in a timely manner and at the appropriate rates.

Funding

The total TCHHS/VS investment in the Substance Abuse Managed Services Organization program from October 1, 2014 through September 30, 2015 was $861,799. Additionally the contract includes $51,264 in grant funds from the Parenting in Recovery federal grant, $170,000 in Travis County funds for the Parenting in Recovery – Family Drug Treatment Court, and $395,000 from the City of Austin for the Downtown Community Court. Funds support both direct services and the MSO administrative fee (12% for general funds and 5% for grant funds). TCHHS/VS also funds the 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, 2) be a resident of the City of Austin and/or Travis County, 3) meet criteria as a member of one of the designated target populations; and 4) have an initial clinical assessment that concludes that the individual needs and is clinically appropriate for services.

Target populations include:

- Adults (age 18 years and older) who are categorized either literally or marginally homeless;[c]

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

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

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

ATCIC: Substance Abuse Managed Services Organization

ATCIC began collecting data on MSO output measures in FY 2015, and this baseline data will be used to establish goals for FY 2016. Eight new providers were added to the provider network (see the fourth MSO output).

In terms of adult services, the program exceeded all outcome goals but fell short of targets on the number of homeless/at-risk adults receiving substance abuse treatment services (see the first adult output). This result is due to a number of factors, including serving individuals for longer periods of time, serving individuals more than once in a fiscal year, and increased cost in some services, such as detox.

More consumers responded to 60–day follow-up and reported abstinence from substance abuse than projected (see the third outcome). Staff are unclear if this is a trend and will monitor this measure in FY 2017. No funding was allocated to youth services during 2015.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
MSO Outputs			
Number of SAMSO provider applications received	6	N/A	N/A
Number of treatment SAMSO providers credentialed	5	N/A	N/A
Number of maintenance SAMSO providers credentialed	3	N/A	N/A
Number of new providers contracted	8	N/A	N/A
Number of treatment SAMSO providers contracted	5	N/A	N/A
Number of maintenance SAMSO providers contracted	3	N/A	N/A
Number of treatment and maintenance service requests denied due to medical necessity by ATCIC	0	N/A	N/A
Number of service denials appeals that are upheld by Appeals Committee	0	N/A	N/A
Number of service denials appeals that are overturned by Appeals Committee	0	N/A	N/A
Adult Outputs			
Number of unduplicated adults receiving substance abuse treatment services (Homeless/At-risk)	210	471	45%
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	69	65	106%

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 Family Drug Treatment Court (FTDC)	75	N/A	N/A
City + County SAMSO Expenditures	$1,426,021	$1,087,549	131%
Adult Outcomes			
Percentage of treatment episodes where the adult served achieved substance abuse treatment plan goals (program completion)	69% (261/376)	68% (346/507)	102%
Percentage of adults satisfied with services	100% (32/32)	94% (85/90)	106%
Percentage of treatment episodes where the adult served reported abstinence from substance abuse at 60–day follow-up	90% (141/157)	70% (70/100)	128%
Percentage of treatment episodes where adult served was employed, in school, or in training at 60–day follow-up	69% (124/180)	60% (60/100)	115%

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

Austin Travis County Integral Care

System of Care Managed Services Organization

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

System of Care services offered include the following:

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

Funding

The total TCHHS/VS investment in the System of Care Managed Services Organization program from October 1, 2014 through September 30, 2015 was $675,000. TCHHS/VS also funds the Main Mental Health Interlocal and Substance Abuse Managed Services Organization programs, which are also described in this report.

Austin Travis County Integral Care

System of Care Managed Services Organization

Eligibility Criteria

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

Target populations are specific to the program:

- The Children's Partnership (TCP): Children and youth referred through Community Partners for Children between the ages of 5-17 with a mental health diagnosis indicating a severe emotional disturbance, are at risk of removal, and who have and/or require multiple system involvement.
- Community Partners for Children (CPC): Children and youth between the ages of 0-22; require multiple system involvement; and have physical challenges, mental health challenges, and/or developmental disabilities that significantly impact their ability to function in the home, school, and/or community; and families who are enrolled in CPC Bridge services.
- The Youth and Family Assessment Center (YFAC): Children and youth between the ages of 3-22; who attend one of the following schools at referral: Allison, Andrews, Harris, Oak Springs, Ortega, Rodriguez, or Zavala Elementary, or Dobie, Kealing, Martin, Mendez, or Webb Middle Schools (for CIS Care Coordination or Camp); request services through the Social Work staff at one of the Travis County Community Centers (for Family Support Services); and youth and adult family members of the enrolled youth/child who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, parental support and education) due to impaired family functioning, which contributes to the youth's at-risk status.
- The Travis County Family Drug Treatment Court (TCFDTC): Children of the TCFDTC enrolled parent residing in Travis or contiguous counties with an approved caregiver and children of the TCFDTC enrolled parent whether they are named in the Child Protective Services lawsuit.
- CPS Reintegration Project: Children/youth between the ages of 5-17 who are in the custody of Child Protective Services; have a mental health diagnosis and significant behavioral challenges; are residing in therapeutic placement; and have an approved caretaker who resides in Travis County.
- Children FIRST: Families who have involvement with Child Protective Services.
- Healthy Families: First-time parents.

ATCIC: System of Care Managed Services Organization

The System of Care MSO program did not have established output performance goals in FY 2015. The provider network served 376 unduplicated clients (see the first output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	376	N/A	N/A
Number of System of Care provider applications received	53	N/A	N/A
Number of licensed or certified System of Care providers credentialed	13	N/A	N/A
Number of non-licensed System of Care providers credentialed	24	N/A	N/A
Number of new providers contracted	34	N/A	N/A
Number of licensed or certified System of Care providers contracted	12	N/A	N/A
Number of non-licensed System of Care providers contracted	24	N/A	N/A
Number of service denials appeals that are upheld by Appeals Committee	1	N/A	N/A
Number of service denials appeals that are overturned by Appeals Committee	1	N/A	N/A
Outcomes			
Percent of System of Care clean claims paid within 30 days	99.7% (298/299)	90%	111%

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; fees range from $10-$55 per session and group rates are $5 per session. The program also serves clients of other nonprofit agencies at a low cost to that agency. 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. Individual, couple, and family sessions are typically 50 minutes in length. Group therapy is also available for a variety of different issues, with sessions usually lasting 90 minutes.

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

Funding

The total TCHHS/VS investment in the Low Cost, No Session Limit, Outpatient Counseling program from October 1, 2014 through September 30, 2015 was $17,174. This investment comprised 4.7% 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 this service offered in the private community (including insurance co-payments) and/or are not eligible for long-term counseling in the public sector. Capital Area Counseling serves individuals, couples, children, and families, and also offers a variety of group therapy options throughout the year.

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

This program met or exceeded all performance targets. Staff members explained that they continued to see an increase in the number of clients seeking lower fee counseling sessions, particularly with the population explosion in Austin (see the first output). The program also has a solid number of interns applying for volunteer positions, which means clients are able to be served more quickly and over a longer period of time. In addition, the program continues to offer more group therapy sessions, which is reflected in an increase of the total number of counseling sessions completed (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,147	900	127%
Number of completed counseling sessions	19,380	15,500	125%
Outcomes			
Percentage of clients who completed an evaluation and indicated they were satisfied with services	96% (791/825)	90% (810/900)	107%
Percentage of clients who completed an evaluation and reported progress on personal goals	91% (750/825)	85% (765/900)	107%
Percentage of clients assessed by the therapist with improvement in Global Assessment of Functioning (GAF) score	80% (700/878)	85% (765/900)	94%

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. Wraparound is a strengths-based model of social service delivery that offers the entire family support to meet their goals. 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 the YFAC include, but are not limited to: education/training; assessments/evaluation; treatment services (counseling/therapy); flexible community support services; and enrichment services.

Funding

The total TCHHS/VS investment in the Care Coordination Program for Youth and Family Assessment Center program from October 1, 2014 through September 30, 2015 was $394,949. This investment comprised 91.5% of the total program budget. TCHHS/VS also funds the ASPIRE and Dropout Prevention programs, which are described in the Child and Youth Development issue area report.

Eligibility Criteria

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

Communities In Schools of Central Texas

Care Coordination Program for Youth and Family Assessment Center

The primary target population is youth between the ages of 3-16 who demonstrate a need for social service intervention (e.g., behavioral health services, self-sufficiency supports, enrichment services, parental support and education) based on at-risk behaviors. The youth served must reside in the neighborhoods of the following schools: Allison, Andrews, Harris, Oak Springs, Ortega, Rodriguez, or Zavala Elementary Schools, or Dobie, Kealing, Martin, Mendez, or Webb Middle Schools; and be identified by CIS to participate in School Readiness Camps through YFAC at the identified target schools.

A secondary target population is youth family members of the primary target population who demonstrate a need for social service intervention due to impaired family functioning, which contributes to the youth's at-risk status.

Communities In Schools of Central Texas: Care Coordination for YFAC

Performance Goals and Results

The Care Coordination for YFAC program met or exceeded goals for all but one performance measure. They were able to serve a larger than projected number of youth in the School Readiness Camps (see the third output) but had vacancies in care coordination, which led to fewer youth enrolling and thus being served using the wraparound approach (see the second output). Further, several families have been served for longer periods of time in the program, which impacts capacity.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	162	159	102%
Number of unduplicated youth served using the wraparound approach	80	90	89%
Number of unduplicated youth served in the School Readiness Camps	81	69	117%
Average number of families maintained on Care Coordinator's assigned caseload	10	10	Met Goal
Number of unduplicated siblings residing in each enrolled youth's household	175	N/A	N/A
Outcomes			
Percentage of families reporting a high level of satisfaction with the program	100% (31/31)	85% (28/33)	118%
Percentage of youth reporting a high level of satisfaction with the program	97% (30/31)	84% (27/32)	115%
Percentage of youth and families meeting the goals of their Plan of Care	90% (28/31)	80% (28/35)	113%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	94% (30/32)	86% (30/35)	109%
Percentage of youth who completed services that show an improved attendance rate (for those youth with an absenteeism rate of 10% or more)	80% (8/10)	50% (8/16)	160%
Percentage of youth who completed services that demonstrate passing grades in 3 out of 4 core subjects at closure	87% (27/31)	51% (18/35)	169%
Percentage of youth who completed services that demonstrate a decrease in school discipline referrals	50% (9/18)	51% (18/35)	97%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement	100% (2/2)	40% (2/5)	250%

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 with no prior history of juvenile justice involvement who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	93% (14/15)	80% (20/25)	117%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	76% (22/29)	75% (21/28)	101%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	100% (31/31)	85% (28/33)	118%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	97% (29/30)	85% (28/33)	114%
Percentage of youth surveyed who indicate improvement in behavioral self-management	97% (30/31)	84% (27/32)	115%

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 individuals in demonstrating accountability for their decisions and actions; increasing individuals' skills that lead to relationships free from physical, verbal and psychological abuse; improving individuals' communication skills and skills for dealing with conflict; helping individuals demonstrate the use of healthy coping behaviors and use of alternatives to violence, and strengthening and promoting relationships based on equality and respect.

Funding

The total TCHHS/VS investment in the Counseling program from October 1, 2014 through September 30, 2015 was $94,585. This investment comprised 5.1% of the total program budget. TCHHS/VS also funds three additional programs at LifeWorks: the Youth Development program, which is described in the Child and Youth Development issue area report; the Housing program, which is described in the Housing Continuum issue area report; and the ABE – ESL program, which is described in the Workforce Development issue area report.

Eligibility Criteria

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

LifeWorks

Counseling

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

LifeWorks: Counseling

The Counseling program met or exceeded the targeted range of performance across all measures. The number of clients served through Youth and Adult Counseling (see the first output) was higher than projected due to the number of clients continuing in the program from the prior year. Staff reported that they have focused on client accountability and attendance during Resolution Counseling meetings, which has had a positive influence on successful completions (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth and Adult Counseling (YAC)	1,134	1,000	113%
Number of unduplicated clients served in Resolution Counseling (RC)	444	420	106%
Outcomes			
Percentage of YAC clients exiting the program that report improvement of overall coping skills/overall sense of well-being (as self-reported by the client; any movement in scale towards the direction of their goal)	72% (634/876)	80% (600/750)	90%
Percentage of unduplicated RC clients who successfully complete the program (meet the program requirements with no additional acts of violence while in the program)	61% (140/230)	54% (136/252)	113%

Out Youth

Youth Development

Program Description

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

Funding

The total TCHHS/VS investment in the Youth Development program from October 1, 2014 through September 30, 2015 was $12,880. This investment comprised 4.8% of the total program budget.

Eligibility Criteria

Out Youth serves youth and young adults ages 12-23 in Travis County and the surrounding areas. These are youth that identify, or are struggling with identifying, as part of the lesbian/gay/bisexual, transgender, and queer/questioning community and their allies.

Out Youth: Youth Development

Out Youth met or exceeded the targeted range of performance for all but one measure, falling short of goals on the number of unduplicated clients served (see the first output). The number of new youth is typically lower at the start of the new school year and during final exams and other academic activities. An increase in clinical staff allowed a larger presence in the drop-in center and provided counseling services to more youth (see the third and fourth outputs).

Staff reported that because LGBTQ+ youth are part of a minority in their everyday lives, coming to Out Youth gives them a natural feeling of belonging and social support (see the first outcome). Further, staff explained that the demonstrated efficacy of their clinical services model, which has placed a primary emphasis on evaluating each client to determine how staff can best assist them in developing positive social relationships not only within the Out Youth drop-in center and related programs, but also how to develop those relationships at home, school, and out in the community, led to clients rating themselves with higher levels of social support (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	220	275	80%
Number of clients participating in peer support groups	117	120	98%
Number of clients accessing counseling services	84	55	153%
Number of clients referred to counseling or other social services by support team	41	28	146%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	93% (94/101)	75% (56/75)	125%
Percentage of counseling clients assessed after termination or drop out that rated themselves with higher levels of social support	84% (16/19)	76% (34/45)	111%

Workers 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 evidenced-based substance abuse prevention education, prevention screening, prevention counseling, prevention services plan development, referrals, and follow up.

Funding

The total TCHHS/VS investment in the Youth Advocacy, Creating Lasting Family Connections program from October 1, 2014 through September 30, 2015 was $43,503. This investment comprised 14.8% of the total program budget.

Eligibility Criteria

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

Workers Assistance Program, Inc.: Youth Advocacy, CLFC

The Youth Advocacy, CLFC program exceed all output goals but fell short of targets for one outcome measure. Staff explained that the lower than expected percentage of youth completing the program (see the first outcome) had several contributing factors, including conflicts in scheduling, transportation issues, ineligible participants, family relocation, and parental disengagement, among other factors. Staff attributed the high numbers of youth and adults served (see the first and second outputs) to increased community outreach and aggressive recruitment.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	90	67	134%
Number of unduplicated adults served	76	60	127%
Number of youth that complete the program	60	54	111%
Number of adults who report increased family bonding skills	55	48	115%
Outcomes			
Percentage of youth that complete the program	67% (60/90)	81% (54/67)	83%
Percentage of adults who report increased family bonding skills	72% (55/76)	80% (48/60)	90%

YWCA Greater Austin

YW Counseling & Referral Center

Program Description

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

Funding

The total TCHHS/VS investment in the YW Counseling & Referral Center program from October 1, 2014 through September 30, 2015 was $90,596. This investment comprised 30.4% of the total program budget.

Eligibility Criteria

The YWCA's general target population is low-income adult women and their families, who have few resources accessible to them. The YWCA also seeks to ameliorate problems by providing counseling and/or group services for special populations, such as monolingual Spanish-speaking women and their families, women veterans, women in recovery from addictions, incarcerated women, transgender individuals, and immigrant women from all over the world.

YWCRC offers subsidized services on a sliding scale from $5-$30 to clients who: 1) are residents of Travis County; 2) are 18 years and older; and 3) have incomes of 200% or below the Federal Poverty Income Guidelines (FPIG). YWCRC also offers counseling for others at non-subsidized rates that start at $35 per session. Clients must provide evidence of identity, residency, and income at intake.

YWCA Greater Austin: YW Counseling & Referral Center

The YW Counseling & Referral Center met the targeted range of performance for all measures. Staff reported that soliciting group client feedback on a more consistent basis continued to be a standard procedure for their group counselors; further, the number of clients served at the Don T. Hutto Detention Center substantially increased and more groups were held. Staff survey each group session individually for content (each session is different) and capture anonymous, individualized information on progress and client satisfaction These factors resulted in a larger number of clients surveyed on their knowledge and skills (see the fourth outcome) than projected.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,060	1,018	104%
Number of unduplicated clients served – individual, couples, family	273	250	109%
Number of unduplicated clients served – therapy and skill building groups	787	768	102%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	73% (80/109)	81% (100/123)	90%
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	92% (80/87)	90% (84/93)	102%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/ behaviors	80% (70/87)	86% (80/93)	94%
Percentage of group clients reporting increased knowledge/skills	96% (912/953)	86% (344/400)	111%

Appendix

2015 Federal Poverty Income Guidelines

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

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$5,885	$11,770	$14,713	$17,655	$23,540
2 persons	$7,965	$15,930	$19,913	$23,895	$31,860
3 persons	$10,045	$20,090	$25,113	$30,135	$40,180
4 persons	$12,125	$24,250	$30,313	$36,375	$48,500
5 persons	$14,205	$28,410	$35,513	$42,615	$56,820
6 persons	$16,285	$32,570	$40,713	$48,855	$65,140
7 persons	$18,365	$36,730	$45,913	$55,095	$73,460
8 persons	$20,445	$40,890	$51,113	$61,335	$81,780
For families/households with more than 8 persons, add $4,160 for each additional person.					

Data source: "2015 Poverty Guidelines," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 22, 2015, http://aspe.hhs.gov/poverty/15poverty.cfm.

2015 Austin Median Family Income Guidelines

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

Household Size	Income Limits by Household Size		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1 person	$16,150	$26,900	$43,050
2 persons	$18,450	$30,750	$49,200
3 persons	$20,750	$34,600	$55,350
4 persons	$24,250	$38,400	$61,450
5 persons	$28,410	$41,500	$66,400
6 persons	$32,570	$44,550	$71,300
7 persons	$36,730	$47,650	$76,200
8 persons	$40,890	$50,700	$81,150

Data source: "Austin-Round Rock-San Marcos, TX MSA FY2015 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_tx.pdf.

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