BEHAVIORAL HEALTH

FY 2016 Community Impact Report

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

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Behavioral Health

FY 2016 Community Impact Report

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Research & Planning Division

County Executive
Sherri E. Fleming

Project Leads
Courtney Bissonnet Lucas
Lori Axler Miranda
Brittain Ayres

Lead Writer
Courtney Bissonnet Lucas

Research & Planning Division
Lawrence Lyman, Division Director
Korey Darling, Planning Manager
Brittain Ayres
Tara Carmean
Rachel Coff
Courtney Bissonnet Lucas
Lori Axler Miranda
Tonya Pennie
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 over $18.8 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 2016 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—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community 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, 2015 through September 30, 2016) 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

Examining the scope and prevalence of behavioral health[a] issues impacting the Travis County community is critical to understanding barriers that many residents face in achieving health and stability. The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that mental health and substance use disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems.[1] By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[2]

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

Prevalence of Mental Health Disorders

In 2014, about 1 in 5 adults in the United States aged 18 or older had any mental illness (AMI) and 4.1% had serious mental illness (SMI).[3,b] In Texas, about 3.8% of all adults per year in 2013-2014 had SMI within the year prior to being surveyed.[4] Behavioral Risk Factor Surveillance System (BRFSS) data from 2015 show that approximately 19% of Travis County adults indicated that they had 5 or more days of poor mental health in the previous 30 days, and 11% had 14 or more days of poor mental health.[5] Other than these data points, there is little available local prevalence data for mental health disorders, but it is possible to estimate prevalence in Travis County by looking at national prevalence percentages extrapolated to the 2015 Travis County population.

Prevalence Estimates of Mental Health Disorders, Travis County, 2015

	Travis County Population	*Estimated Travis County Population with Any Mental Illness*		*Estimated Travis County Population with Serious Mental Illness*		*Estimated Travis County Population with Major Depressive Episode in Past Year*	
		Percent[6]	*Number*	*Percent*[7]	*Number*	*Percent*[8]	*Number*
12 to 17[9]	84,416	N/A	N/A	N/A	N/A	11.4%	9,623
18 or Older[10]	908,616	18.1%	164,459	4.1%	37,253	6.6%	59,969

Notes: The National Survey on Drug Use and Health collects different mental health information for adults and adolescents. AMI and SMI percentages are only provided for adults aged 18 or older. Adults were defined as having a major depressive episode (MDE) if they had a period of 2 weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth. Adolescents with an MDE met the same criteria as adults, but questions were designed to be more developmentally appropriate for youth.
Created by: Travis County HHS, Research & Planning Division, 2017
Source data: 2015 American Community Survey 1–Year Estimates, Tables B01001 and B09001; 2014 National Survey on Drug Use and Health

Nationally, in 2014, 11.4% of youth ages 12 to 17 had a major depressive episode (MDE) in the past year.[11] In Texas, about 11.2% of adolescents per year in 2013-2014 had at least one MDE within the year prior to being surveyed, and the percentage increased from 2010-2011 to 2013-2014.[12] Locally, according to the 2015 Travis County Plan for Children's Mental Health, approximately 43,000 Travis County children under the age of 18 have or are at risk of having a mental health disorder.[13]

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

Prevalence of Substance Use Disorders

In 2014, about 1 in 10 Americans aged 12 or older reported using an illicit drug in the past 30 days, while 23% were binge alcohol users (i.e., drinking five or more drinks on the same occasion on at least 1 day in the past 30 days).[14] Also, among people aged 12 or older that had a substance use disorder (8.1% of all people aged 12 or older), nearly 4 out of 5 had an alcohol use disorder and about 1 out of 3 had an illicit drug use disorder.[15] In Texas, 2.2% of individuals aged 12 or older per year in 2013-2014 were dependent on or abused illicit drugs within the year prior to being surveyed, while 6.5% were dependent on or abused alcohol.[16]

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.[17] Locally, approximately 9.6% of adults age 18 or older and approximately 5.2% of youth ages 12-17 years have abused alcohol or illicit drugs in the last year.[18] More than one-fifth (23%) of Travis County respondents age 18 and over reported excessive drinking[c] compared to 17% of respondents at the state level; the County's rate was the highest in the state.[19] Travis County's drug overdose mortality rate of 13 per 100,000 population also exceeded the state rate of 9 per 100,000.[20]

Prevalence of Co-Occurring Mental Health and Substance Use Disorders

People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.[21] Nationally, in 2014, 39.1% of adults aged 18 or older with a past year substance use disorder (SUD) had any mental illness (AMI), while 18.2% of adults with AMI met the criteria for an SUD in the past year.[22] Adults who had both mental illness and SUDs in the past year corresponded to 3.3% of all adults in the United States.[23] For adolescents aged 12 to 17, 12.4% with a past year major depressive episode (MDE) had a past year SUD, while only 4.0% of adolescents without a past year MDE had an SUD in the past year.[24] People in the criminal justice system, people experiencing homelessness, people with multiple health issues, and veterans and the military community often experience co-occurring disorders.[25]

c Excessive drinking includes both binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, and heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

Need for Behavioral Health Services

The number of individuals who need behavioral health services is greater than those actually receiving services. In Texas, only 38.3% of all adults with AMI per year from 2010 to 2014 received mental health treatment or counseling within the year prior to being surveyed.[26] For the same time period, only 35.3% of adolescents aged 12-17 with MDE received treatment for their depression within the year prior to being surveyed.[27] For individuals aged 12 or older with SUDs, the percentages are much smaller: 8.6% received treatment for their illicit drug use and 6.4% received treatment for their alcohol use.[28]

Children and youth with untreated mental health and substance use disorders are more likely to be involved in the juvenile justice system, expelled from school, and miss school.[29] Untreated behavioral health issues also lead to greater numbers of incarcerations, inappropriate emergency room use, and increased spending in other sectors of healthcare and state budgets.[30]

Local Service Structure and Usage

Austin Travis County Integral Care (ATCIC) is the local mental health authority providing community-based behavioral health services for Travis County. In Fiscal Year 2015, ATCIC provided services to 23,960 individuals.[31] Of the 527,520 services provided, Adult Behavioral Health accounted for 281,823 services and Substance Use accounted for 61,657 services.[32] 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 people with mental health and substance use issues live in poverty,[33] and those without insurance do not have regular access to care, it is likely that a substantial number of adults and children with behavioral health disorders remain untreated.

Individuals with behavioral health disorders are frequently treated in environments not intended to provide behavioral health services, such as emergency rooms and jails. Jail statistics show that the number of people being treated for mental health issues has risen from 250 per month to 650 in less than ten years, resulting in more beds set aside for mental health services at the Travis County Jail than the state hospital.[34] Upon release, many of these individuals do not have access to needed treatment, which may lead to homelessness, emergency room usage, or recidivism.[35]

Many individuals with behavioral health disorders interact with local law enforcement. A lack of access to emergency psychiatric services means that first responders are often dispatched to assist with mental health issues. From January 1 through February 29, 2016, the Austin Police were dispatched to 1,698 mental health calls.[36] To address this issue, a 16–bed facility for crisis care will open in the spring of 2017 and is estimated to serve 1,460 patients in its first year.[37] Substance use also effects local law enforcement.

The Travis County Sheriff's Office estimates that on any given day, 60% of the 1,200 Travis County Jail residents meet the criteria for substance abuse or dependence, and 35% of all 2012 arrests by the Austin Police Department were for crimes related to alcohol and/or drug use.[38]

Local Planning Efforts

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

Travis County Plan for Children's Mental Health

https://www.integralcare.org/sites/default/files/150219_childrensmentalhealthplan_final2.pdf

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

Travis County Plan for Substance Use Disorders

https://www.integralcare.org/sites/default/files/150901_sud_report_6.pdf

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

Legislative Issues

Federal and state legislation impact Travis County residents and their access to behavioral health services.

Affordable Care Act

The Affordable Care Act (ACA), passed in March of 2010, expanded mental health and substance use

disorder coverage. Most individual and small employer health insurance plans, including all plans offered through the Health Insurance Marketplace, must cover mental health and substance use disorder services as well as rehabilitative and habilitative services that can help support people with behavioral health challenges.[39] Further, most health plans must now cover preventive services at no cost, including depression screening and behavioral assessments for children, and as of 2014, most plans cannot deny coverage or charge more due to pre-existing health conditions, including mental illness.[40] The ACA allows young adults to remain on their parents' health plans until age 26. Many mental health disorders emerge in adolescence and young adulthood, so health insurance coverage for mental health and substance use treatment is key in this stage of life.[41]

As of March 31, 2016, 35% (1,092,650 individuals) of the potential marketplace population in Texas was enrolled.[42] Although local data on the number of Travis County residents who enrolled is unavailable, there are a number of community agencies mobilized to enroll as many eligible persons in ACA marketplace plans as possible. In 2015, 14% of Travis County residents were uninsured. The number of Travis County residents with insurance has grown considerably in recent years – by 18% since 2011.[43] However, the impact of the upcoming change in Federal administration on the ACA—and subsequent impact to local residents and the uninsured rate—remains to be seen, as efforts to repeal the law are being considered.

Medicaid 1115 Waiver

Texas has been granted a 15–month extension of the 1115 Waiver, ensuring maintenance of current funding through December 2017. The waiver allows the state to expand Medicaid managed care while preserving hospital funding, provides incentive payments for health care improvements, and directs more funding to hospitals that serve large numbers of uninsured patients.[44] Texas Health and Human Services is requesting an additional 21–month extension, through September 30, 2019, which would allow the 86th Legislature to respond to any federal changes and sufficient time for Texas to develop a new 1115 Waiver proposal.[45] Travis County is part of the Regional Healthcare Partnership (RHP) 7, comprised of public and private hospitals and participating providers. Behavioral health projects account for 36 of the 76 Delivery System Reform Incentive Payment (DSRIP) projects in place, which benefit residents of Travis County and the other five Central Texas counties in RHP 7 who need behavioral health services.[46] Without a waiver remodel, the DSRIP projects budget for the state will be cut by 25% in 2018 and more in future years.[47]

State Legislation

Senate Bill 1462 passed in the last Texas Legislative session, with intent to expand the availability of naloxone, a medication that reverses the effects of opioid use and is administered to individuals in immediate or near-immediate danger of overdosing.[48] Opioids—primarily prescription pain relievers

and heroin—are the main driver of drug overdose deaths; in 2014, Texas had a rate of 9.7 drug overdose deaths per 100,000 population.[49] However, prescription drug deaths could be higher than reported, as the actual number is considered to be vastly undercounted.[50] The law went into effect in September 2015 but the drug wasn't available without a prescription until June 2016.[51] House Bill 225, which would have established a "Good Samaritan" law so that someone calling 911 to report an overdose would not be prosecuted for possessing a small amount of drugs, was vetoed by Governor Greg Abbott.[52]

Further Resources

Rising numbers of people affected by behavioral health issues impact a number of 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 Access to Basic Supports (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 intellectual and developmental disability services to Travis County residents.

Hogg Foundation for Mental Health

www.hogg.utexas.edu

The Hogg Foundation's mission is to advance mental wellness for the people of Texas as a strategic grantmaker and catalyst for change.

The Meadows Foundation

https://www.mfi.org/

The Meadows Foundation funds in the areas of arts and culture, civic/public affairs, education, health, and human services. Mental health is one of three high-priority initiatives.

National Alliance on Mental Illness Austin

www.namiaustin.org

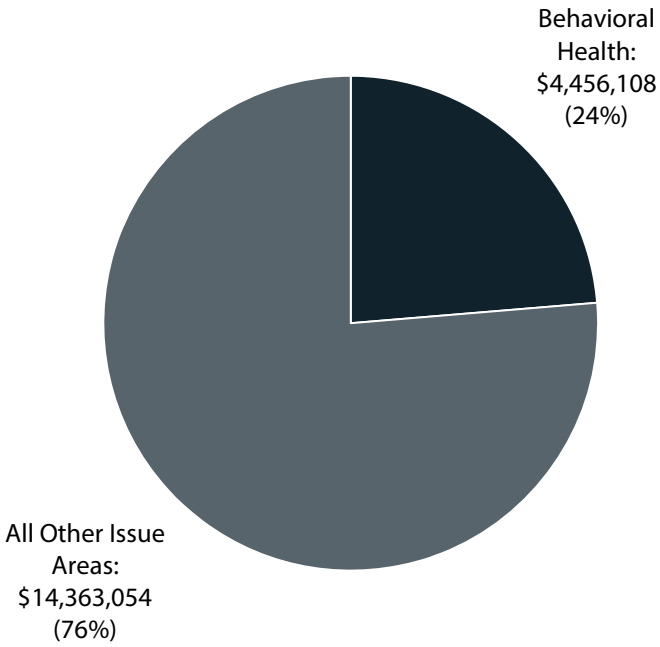
The Austin affiliate of the National Alliance on Mental Illness provides support, education, and advocacy to individuals and families affected by mental illness.

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 2016



Funding Summary

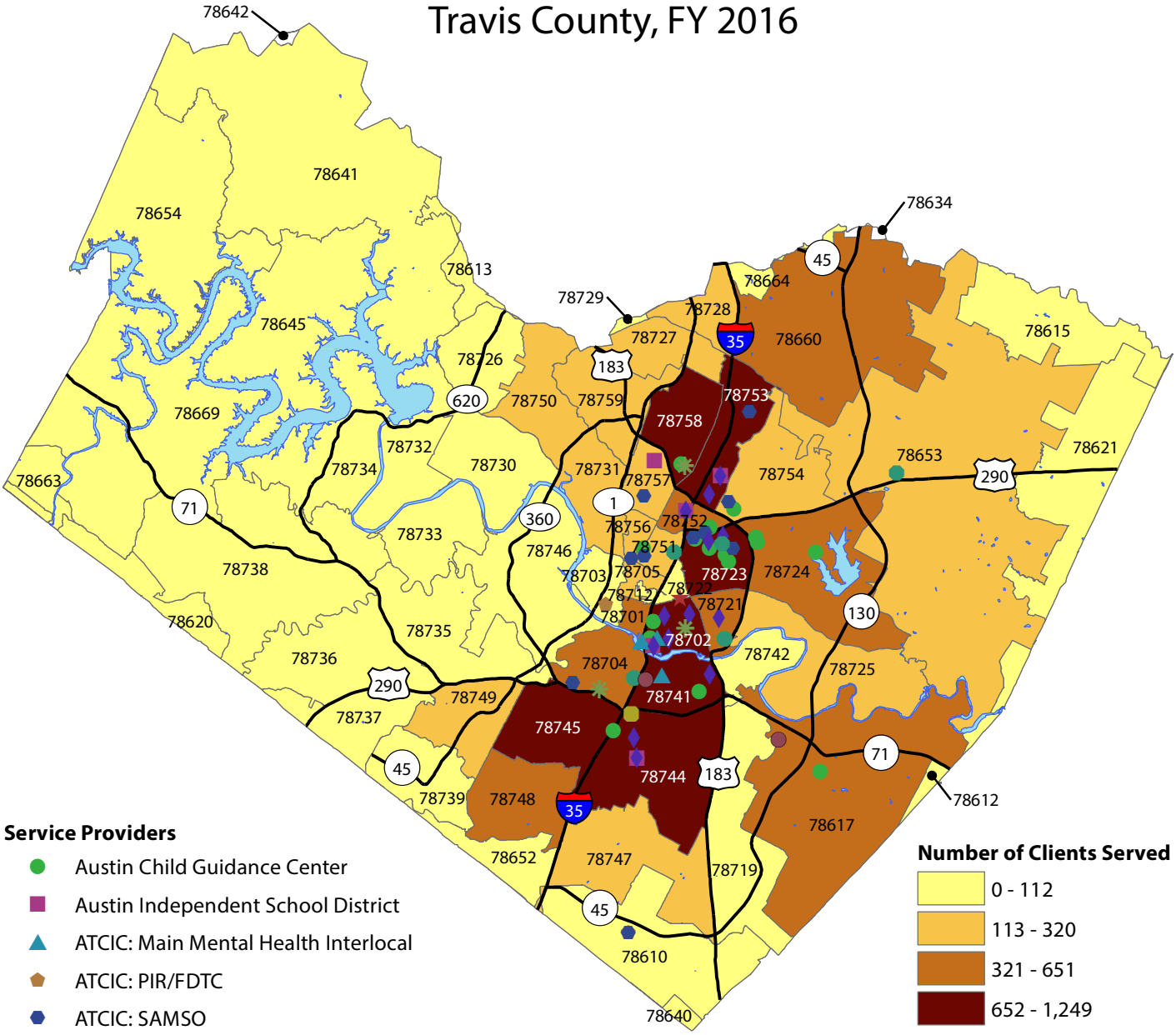
The FY 2016 Funding Amount reflects 12–month funding (October 1, 2015 through September 30, 2016) unless otherwise noted.

Agency Name	Program Name	FY 2016 Funding Amount
Austin Child Guidance Center	Children's Outpatient Mental Health & Evaluation Services	$101,343
Austin Independent School District	School-Based Family Resource Centers	$100,000*
Austin Travis County Integral Care	Main Mental Health Interlocal	$1,411,054
Austin Travis County Integral Care	Parenting In Recovery/Family Drug Treatment Court	$155,600
Austin Travis County Integral Care	Substance Abuse Managed Services Organization	$1,353,799
Austin Travis County Integral Care	System of Care Managed Services Organization	$680,625
Capital Area Counseling	Low Cost, No Session Limit, Outpatient Counseling	$17,174
Communities In Schools of Central Texas	CIS Care Coordination – Youth & Family Assessment Center	$394,949
LifeWorks	Counseling	$94,585
Out Youth	Youth Development	$12,880
Workers Assistance Program, Inc.	Youth Advocacy, Creating Lasting Family Connections	$43,503
YWCA Greater Austin	YW Counseling & Referral Center	$90,596

* Funding from November 1, 2015 through September 30, 2016

Behavioral Health

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2016



Service Providers

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

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

Number of Clients Served

- 0 - 112
- 113 - 320
- 321 - 651
- 652 - 1,249

Notes: This map shows 15,138 clients by ZIP code. 5,610 (27% 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 School-Based Family Resource Centers.

Source data: Contracted service providers, FY 2016.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2017.

N

0 2.5 5 Miles

Austin Child Guidance Center

Children's Outpatient Mental Health & Evaluation Services

Program Description

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

Funding

The total TCHHS/VS investment in the Children's Outpatient Mental Health & Evaluation Services program from October 1, 2015 through September 30, 2016 was $101,343. This investment comprised 4.4% of the total program budget. TCHHS/VS also funds the Infant & Early Childhood Mental Health Project, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

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

ACGC: Children's Outpatient Mental Health & Evaluation Services

Performance Goals and Results

ACGC exceeded both outcome goals but fell short of projected performance on two output measures. The number of children and youth provided professional counseling services (see the second output) is affected by length of treatment and should be looked at in conjunction with hours of service delivered (see the fifth output). As length of treatment increases, the number of children/youth decreases, but hours of service does not. The number of participants provided specialized group services (see the third output) ended the year below target and has been negatively affected by the end of ACGC's partnership with Juvenile Court, where the program typically provided several groups. The growing demand for trainings and presentations from ACGC, especially in trauma-informed care, is reflected in the high number of recipients receiving these trainings and presentations (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	3,425	3,250	105%
Number of children/youth provided professional counseling services	1,179	1,562	75%
Number of participants provided specialized group services	277	500	55%
Number of client assessments/evaluations completed	751	700	107%
Number of hours of service delivered	22,665	22,525	101%
Number of recipients receiving consultations/ trainings/presentations/seminars	2,988	1,800	166%
Outcomes			
Percentage of clients making progress on achieving their treatment plan goals	92% (839/914)	85% (1,048/1,233)	108%
Percentage of clients receiving specialized group services who show positive increases / changes	91% (58/64)	85% (170/200)	107%

Austin Independent School District

School-Based Family Resource Centers

Program Description

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

Funding

The total TCHHS/VS investment in the School-Based Family Resource Centers program from November 1, 2015 through September 30, 2016 was $100,000. This investment comprised 20.0% of the total program budget. TCHHS/VS also funds the Austin/Travis County Mentoring Advisory Council program, which is described in the Planning and Evaluation issue area report.

Eligibility Criteria

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

Austin ISD: School-Based Family Resource Centers

Austin ISD met or exceeded the targeted range of performance for all but one measure. The program was able to serve more families than expected (see the first output) because of additional resources at some sites due to receipt of a federal Full Service Community Schools grant. The grant impacted most of the other output measures as well, reflecting increased capacity available at some of the sites.

The contract year spans two school years; therefore, families and participants are duplicated in the second and sixth outputs if they participated in both school years.

Finally, adults can choose to participate in more than one class/event in the adult academy programs. Participation is unduplicated within each quarter but not across quarters, which impacts the numbers reported in the seventh output and fifth outcome. When looking at an unduplicated count for the entire contract year, 63% of adults attended at least half of all offered sessions.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated Active Families year to date	3,128	2,500	125%
Number of unduplicated Active Participants for report period (includes household members)	13,248	7,500	177%
Number of unduplicated clients (head of household) with encounters for report period	1,960	700	280%
Number of encounters for report period	3,805	3,200	119%
Number of responsive or case-managed encounters for report period	3,058	2,750	111%
Number of families enrolled in social service case management	320	225	142%
Number of unduplicated adults participating in FRC adult academy programs, including workshops/ events	716	500	143%
Outcomes			
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for KNOWLEDGE OF ACCESS TO RESOURCES	85% (228/269)	83% (146/175)	102%

Austin ISD: School-Based Family Resource Centers

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HOUSING	85% (230/270)	89% (153/172)	96%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for UTILITIES	83% (212/256)	83% (140/169)	100%
Percentage of ALL families (unduplicated) receiving case management who are Stable or Safe/Self Sufficient at the end of year, using the Family Developmental Matrix, for HEALTH CARE ACCESS	78% (210/270)	75% (129/172)	104%
Percentage of adults who attend at least half of the offered sessions for classes/groups/workshops that they participate in	55% (395/716)	70% (350/500)	79%

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, and Psychiatric Emergency Services. 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, 2015 through September 30, 2016 was $1,411,054. TCHHS/VS also funds the Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

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 for children/youth and their family, skills training, psychiatric evaluations and medication maintenance (as needed), care coordination/intensive case management using the wraparound approach, information and referral services, home-based intervention, school-based intervention, and crisis management.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes Child and Family Services, Mobile Crisis Outreach Team, Psychiatric and Counseling Services, and Psychiatric Emergency Services, from October 1, 2015 through September 30, 2016 was $1,411,054.

Eligibility Criteria

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

ATCIC: Child and Family Services

Performance Goals and Results

The Child and Family Services program met the targeted range of performance across all measures. Staff reported that the number of children assessed for no arrests or a reduction of arrests (see the first outcome) is contingent upon clients having prior arrests; therefore, fewer clients who have prior arrests results in a lower number of clients assessed for this measure. Staff also explained that an increase in school-based services has allowed for connecting children and youth to services and avoiding psychiatric hospitalization. These school-based services resulted in a decrease in the number of children/youth who enter the LOC services and are reported in the outcome measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,626	1,522	107%
Number of client hours of service	23,007	23,513	98%
Outcomes			
Percentage of children/youth enrolled in any Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period	98% (1,681/1,711)	95% (1,814/1,909)	103%
Percentage of all children/youth in any LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC	96% (1,637/1,711)	98% (2,577/2,629)	98%
Percentage of children/youth served in any LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS)	49% (506/1,032)	45% (610/1,356)	109%

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

Children's crisis services are flexible, multi-faceted, immediately accessible, and are provided to children and adolescents at high risk for hospitalization or out-of-home placement. The services link children and families with 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, and Psychiatric Emergency Services, from October 1, 2015 through September 30, 2016 was $1,411,054.

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) exceeded all but one performance goal. The program fell short of expected performance for the number of children served (see the second output). Staff explained that the provision of school-based services through ATCIC and 1115 Medicaid Waiver projects may have decreased the number of children who needed MCOT services. Outreach and training will continue to occur with Austin and Manor ISDs and other identified areas to increase the number of child referrals in FY 2017. Staff attributed the larger than projected numbers of adults served (see the first output) and the number of Hotline calls referred to MCOT (see the third output) 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.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	984	782	126%
Number of unduplicated children served	224	345	65%
Number of Hotline calls referred to MCOT	1,213	618	196%
Outcomes			
Percentage of clients in psychiatric emergency seen within Texas Administrative Code (TAC) Rule urgent and emergent time frames (urgent is 8 hours and emergent is 1 hour)	98% (184/188)	95% (177/186)	103%
Percentage of children/youth stable in the community setting within 48 hours of MCOT services	99% (239/241)	95% (348/366)	104%
Percentage of adults stable in the community setting within 48 hours of MCOT services	100% (1,121/1,122)	95% (966/1,016)	105%
Percentage of children/youth who completed suicide among clients served within the last 30 days	0% (0/224)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within the last 30 days	0% (0/984)	<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, and provide 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, and Psychiatric Emergency Services, from October 1, 2015 through September 30, 2016 was $1,411,054.

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 individual in need of acute services is refused services because of inability to pay.

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

ATCIC: Psychiatric and Counseling Services

The Psychiatric and Counseling Services (PCS) program exceeded goals across all performance measures. Staff reported that ATCIC has added additional prescribers and services through its 1115 Waiver programs to help meet the growing demand of growth in local population and need in the community. This resulted in more clients served and more hours of service provided than projected (see the first and second outputs).

Staff noted that permanent supportive housing is a core intervention and is provided to those in need across all service programs. All staff are trained to work with clients to identify housing needs and meet those needs accordingly. Further, the Healthy Community Collaborative contributes to an increase in supported housing services and the number of clients who receive supported housing services (see the first outcome).

ATCIC satisfaction surveys are transitioning to an Electronic Satisfaction Survey Tablet program, involving electronic tablets to collect satisfaction data through a series of rotating surveyed locations within ATCIC. ATCIC is in the process of redefining the survey procedure and changing survey locations. This new software will allow for a variety of methods to deliver surveys, including a text message to a cell phone, and should allow for greater access to client contacts for surveys (see the second outcome).

Finally, staff reported that there has been an expansion of supportive services. PCS services engage people who are homeless and identify clients who are high utilizers of intensive services to stabilize clients and decrease frequent re-admissions (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	7,013	5,894	119%
Number of client hours of service	44,095	39,353	112%
Outcomes			
Percentage of clients stable and in the community who received supported housing services	100% (539/539)	75% (387/516)	133%
Percentage of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey	96% (440/458)	90% (568/631)	107%
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)	99.7% (15,532/15,571)	75% (9,718/12,958)	133%

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, and Psychiatric Emergency Services, from October 1, 2015 through September 30, 2016 was $1,411,054.

Eligibility Criteria

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

ATCIC: Psychiatric Emergency Services

Psychiatric Emergency Services met all but one outcome goal but fell short of performance targets for both output measures. Staff explained that advances and improvements in the ATCIC scheduling procedure have allowed clients in ongoing care to have rapid access to psychiatric appointments, thus decreasing the need for emergency services at PES and reducing service numbers.

There were more individuals jailed within 48 hours of receiving services than expected (see the fifth outcome), although the percentage was just slightly over the goal. The Department of State Health Services—who provides the data for this measure via a Jail Match report—lowered their target during the contract year. PES met the original goal but exceeded the new goal. Staff also noted that there are limitations on the data, as individuals must be matched across two data systems, and some individuals may not be counted in the measure due to the data matching criteria used to generate this report.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	4,909	5,644	87%
Number of unduplicated children served	503	1,000	50%
Outcomes			
Percentage of children/youth who completed suicide among clients served within 48 hours of receiving services	0% (0/503)	<1%	Met Goal
Percentage of adults who completed suicide among clients served within 48 hours of receiving services	0% (0/4,909)	<1%	Met Goal
Percentage of children/youth hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	1% (3/595)	<3%	Met Goal
Percentage of adults hospitalized for inpatient psychiatric treatment within 48 hours of receiving service	2% (115/7,253)	<3%	Met Goal
Percentage of individuals jailed within 48 hours of receiving services	11% (727/6,410)	<10%	Over Goal By 1%

Austin Travis County Integral Care

Parenting In Recovery/Family Drug Treatment Court

Program Description

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

Funding

The total TCHHS/VS investment in the Parenting In Recovery/Family Drug Treatment Court program from October 1, 2015 through September 30, 2016 was $155,600. TCHHS/VS also funds the Main Mental Health Interlocal, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

ATCIC: Parenting In Recovery/Family Drug Treatment Court

The Parenting In Recovery/Family Drug Treatment Court met or exceeded most performance targets. Staff explained that there were fewer screenings administered than projected (see the second output), as this was a new data element and staff were unclear on what the goal should be. All children who enter the program during the year receive a screening; however, the number of second screenings done at discharge is harder to predict because that number varies each year. The number of therapeutic services provided (see the third output) is substantially over goal because the goal was not in line with the calculation method; this output includes duplication of children across all quarters but the FY 2016 goal reflects an unduplicated count. The goal will be updated accordingly for FY 2017.

There were fewer children than predicted that discharged from the program with an available pre and post screening. Staff reported that some families discharge abruptly and the children are "lost" to follow-up because the new caregiver will not participate in the screening. Of the children with a post-screening assessment, though, most stabilized or improved in the program (see the first and second outcomes).

The program was unable to produce information for the third outcome due to how the data was collected. Staff are working on developing a new tracking method that will allow them to report on this measure. For FY 2017, the person centered care plan will be entered into their client database, and a new tracking form will be developed to track required information.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated children/youth enrolled	68	60	113%
Number of screenings administered	57	75	76%
Number of therapeutic services provided by the therapists to enrolled children/youth	231	45	513%
Number of children/youth who receive direct therapeutic services from the therapists	38	40	95%
Outcomes			
Percentage of children that demonstrate stability and/or improvement in their social and emotional development	91% (20/22)	80% (24/30)	114%
Percentage of children/youth that demonstrate stability and/or improvement in their emotional functioning	95% (21/22)	70% (7/10)	136%

ATCIC: Parenting In Recovery/Family Drug Treatment Court

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of children/youth that successfully met 70% of the goals in their person centered care plan	N/A	70% (28/40)	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.
- Medication-Assisted Treatment (MAT): Use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.
- Psychosocial Services: Motivational interviewing, motivational enhancement therapy, cognitive behavior therapy, structured family therapy, contingency management, community reinforcement therapy, or 12–step facilitation, provided as part of a person-centered treatment plan.

Maintenance services (recovery supports) offered include:

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

Activities related to the MSO function include the following:

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

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

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

Funding

The total TCHHS/VS investment in the Substance Abuse Managed Services Organization program from October 1, 2015 through September 30, 2016 was $1,353,799. Funds support both direct services and the MSO administrative fee (12% of the expended funds). $280,000 of this investment is dedicated to the Parenting in Recovery/Family Drug Treatment Court; outcomes for this investment are maintained internally by TCHHS/VS. TCHHS/VS also funds the Main Mental Health Interlocal, Parenting in Recovery/ Family Drug Treatment Court, and System of Care Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Austin Travis County Integral Care

Substance Abuse Managed Services Organization

Target populations include:

- Adults (age 18 years and older) who are categorized either literally or marginally homeless[d]
- 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; and/or reside in a disorganized, drug-infested and high crime neighborhood/environment
- Individuals (age 17 and older) referred by Downtown Austin Community Court (DACC)
- Individuals (age 17 and older) referred by Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC)
- Youth (age 10 to 17) considered high-risk, substance abusing, and/or those diagnosed with substance disorder

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

ATCIC: Substance Abuse Managed Services Organization

In terms of MSO performance, the program had no service denials or appeals regarding service provision (see the seventh through ninth outputs). The MSO was also able to add three new providers to the network (see the fourth output) and maintain two existing providers (see the sixth output)

In terms of adult performance, staff reported that Downtown Austin Community Court (DACC) funding decreased, resulting in fewer clients than originally projected receiving substance abuse treatment services referred by Community Court (see the second output). Due to reduced funding, the goal changed to 37 clients. Staff also explained that clients provide contact information and give permission for contacts (other than the clients) to answer follow-up questions. If the person being interviewed is not able to answer a follow-up question, the question is marked as unknown and not counted as a successful contact. For services provided, such as Goods and Services and Transitional Housing, there is no outcome data generated due to the nature of the services. In FY 2016, there were 122 unduplicated individuals who received Housing Services or Goods and Services. These factors led to fewer clients reported across all outcome measures.

Satisfaction survey data (see the second outcome) was from DACC surveys. ATCIC is working with providers to create increased methods of surveying during FY 2017, including new survey software, as well as adding additional contact information to eligibility forms. Increased abstinence (see the third outcome) could be attributed to the involvement of the criminal justice system after discharge, access to recovery 12–Step meetings post discharge, and other environmental factors. Finally, staff reported that some clients served experience a continuation of employment, and clients are also referred to Goodwill for certification and training and connection with other community resources. These factors contributed to clients remaining in employment, school, or training (see the fourth outcome).

In terms of youth performance, more youth received Youth Services than originally projected (see the output). This expansion was due to inclusion of wraparound related supports and services for targeted youth.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
MSO Outputs			
Number of SAMSO provider applications received	3	5	60%
Number of treatment SAMSO providers credentialed	1	3	33%
Number of maintenance SAMSO providers credentialed	2	2	100%

ATCIC: Substance Abuse Managed Services Organization

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of new providers contracted	3	5	60%
Number of treatment SAMSO providers contracted	1	3	33%
Number of maintenance SAMSO providers contracted	2	2	100%
Number of treatment and maintenance service requests denied due to medical necessity by ATCIC	0	0	N/A
Number of service denials appeals that are upheld by Appeals Committee	0	1	N/A
Number of service denials appeals that are overturned by Appeals Committee	0	1	N/A
Adult Outputs			
Number of unduplicated adults receiving substance abuse treatment services (Homeless/At-risk)	244	225	108%
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	39	65	60%
Number of unduplicated adults receiving substance abuse treatment services referred by Family Drug Treatment Court (FTDC)	66	65	102%
Adult Outcomes			
Percentage of treatment episodes where the adult served achieved substance abuse treatment plan goals	61% (75/123)	68% (289/425)	90%
Percentage of adults satisfied with services	100% (20/20)	93% (42/45)	107%
Percentage of treatment episodes where the adult served reported abstinence from substance abuse at 60–day follow-up	94% (50/53)	80% (136/170)	118%
Percentage of treatment episodes where the adult served was employed, in school, or in training at 60–day follow-up	88% (44/50)	65% (98/150)	135%
Youth Output			
Number of unduplicated youth receiving Youth services	38	5	760%

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

Austin Travis County Integral Care

System of Care Managed Services Organization

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

System of Care services offered include the following:

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

Austin Travis County Integral Care

System of Care Managed Services Organization

Funding

The total TCHHS/VS investment in the System of Care Managed Services Organization program from October 1, 2015 through September 30, 2016 was $680,625. Funds support both direct services and the MSO administrative fee (approximately 7% of the expended funds). $165,625 of this investment is dedicated to the Parenting in Recovery/Family Drug Treatment Court; outcomes for this investment are maintained internally by TCHHS/VS. Additionally, the contract includes $30,784 in grant funds from the Milburn Trust. TCHHS/VS also funds the Main Mental Health Interlocal, Parenting In Recovery/Family Drug Treatment Court, and Substance Abuse Managed Services Organization programs, which are described in this report; the Community Advancement Network program, which is described in the Planning and Evaluation issue area report; and the Families With Voices/Familias Con Voces Collaborative, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

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

Target populations are specific to the program:

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

education) due to impaired family functioning, which contributes to the youth's at-risk status.

- Parenting in Recovery/Family Drug Treatment Court (PIR/FDTC): Children of the PIR/FDTC–enrolled parent residing in Travis or contiguous counties with an approved caregiver, and children of the PIR/FDTC–enrolled parent whether they are named in the Child Protective Services lawsuit.
- CPS Reintegration Project: Children/youth between the ages of 5-17 who are in the custody of Child Protective Services; have a mental health diagnosis and significant behavioral challenges; are residing in therapeutic placement; and have an approved caretaker who resides in Travis County.
- Children FIRST: Families who have involvement with Child Protective Services.
- Healthy Families: First-time parents.

ATCIC: System of Care Managed Services Organization

The System of Care MSO met or exceeded the targeted range of performance for all measures. For the eight and ninth output measures, the program goal is to be at or below three service denials appeals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	436	375	116%
Number of System of Care provider applications received	48	50	96%
Number of licensed or certified System of Care providers credentialed	18	10	180%
Number of non-licensed System of Care providers credentialed	27	20	135%
Number of new providers contracted	44	30	147%
Number of licensed or certified System of Care providers contracted	19	10	190%
Number of non-licensed System of Care providers contracted	27	20	135%
Number of service denials appeals that are upheld by Appeals Committee	1	3	Met Goal
Number of service denials appeals that are overturned by Appeals Committee	2	3	Met Goal
Outcomes			
Percent of System of Care clean claims paid within 30 days	98% (343/350)	98% (295/300)	100%

Capital Area Counseling

Low Cost, No Session Limit, Outpatient Counseling

Program Description

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

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

Funding

The total TCHHS/VS investment in the Low Cost, No Session Limit, Outpatient Counseling program from October 1, 2015 through September 30, 2016 was $17,174. This investment comprised 4.5% of the total program budget.

Eligibility Criteria

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

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

Performance Goals and Results

Capital Area Counseling met or exceeded all performance goals. Staff noted that they have seen an increase in the number of clients who are accessing multiple forms of therapy (for example, a client may come in for couples sessions and then decide to come in for individual work simultaneously). The program has also increased the number of group therapy options for clients, which is reflected the increase in the overall number of counseling sessions completed this year (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	886	900	98%
Number of completed counseling sessions	19,950	15,500	133%
Outcomes			
Percentage of clients who completed an evaluation and indicated they were satisfied with services	95% (785/825)	90% (810/900)	106%
Percentage of clients who completed an evaluation and reported progress on personal goals	92% (761/825)	85% (765/900)	109%
Percentage of clients assessed by the therapist with improvement in Global Assessment of Functioning (GAF) score	74% (602/810)	75% (675/900)	99%

Communities In Schools of Central Texas

CIS Care Coordination – Youth & Family Assessment Center

Program Description

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

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

Funding

The total TCHHS/VS investment in the CIS Care Coordination – Youth & Family Assessment Center program from October 1, 2015 through September 30, 2016 was $394,949. This investment comprised 87.9% of the total program budget. TCHHS/VS also funds the ASPIRE/Teen Parent Program and Travis County XY–Zone Program, which are described in the Child and Youth Development issue area report.

Communities In Schools of Central Texas

CIS Care Coordination – Youth & Family Assessment Center

Eligibility Criteria

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

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

Performance Goals and Results

The CIS Care Coordination program met or exceeded all performance targets. There were no youth served who had a prior history of juvenile justice involvement (see the eighth outcome). The program served more youth than anticipated and had a higher number of discharges, which contributed to larger numerator and denominators values than originally projected.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	163	159	103%
Number of unduplicated youth served using the wraparound approach	93	90	103%
Number of unduplicated youth served in the School Readiness Camps	67	69	97%
Number of unduplicated siblings residing in each enrolled youth's household	196	132	148%
Outcomes			
Percentage of families reporting a high level of satisfaction with the program	100% (41/41)	85% (28/33)	118%
Percentage of youth reporting a high level of satisfaction with the program	98% (39/40)	84% (27/32)	116%
Percentage of youth and families meeting 80 % of the goals listed on their Plan of Care	98% (40/41)	80% (28/35)	122%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	98% (40/41)	86% (30/35)	114%
Percentage of youth who completed services that show an improved attendance rate (for those youth with an absenteeism rate of 10% or more)	82% (9/11)	50% (8/16)	164%
Percentage of youth who completed services that demonstrate passing grades in 3 out of 4 core subjects at closure	93% (38/41)	60% (21/35)	154%
Percentage of youth who demonstrate a decrease in school discipline referral at closure (for youth with one or more discipline referrals)	67% (12/18)	50% (9/18)	133%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement at closure	N/A	40% (2/5)	N/A

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

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth with no prior history of juvenile justice involvement who did not engage in delinquent behavior resulting in juvenile justice involvement during the enrollment period	90% (19/21)	80% (20/25)	113%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	92% (34/37)	75% (21/28)	123%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	93% (38/41)	85% (28/33)	109%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	100% (41/41)	85% (28/33)	118%
Percentage of youth surveyed who indicate improvement in behavioral self-management	98% (39/40)	84% (27/32)	116%

LifeWorks

Counseling

Program Description

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

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

Funding

The total TCHHS/VS investment in the Counseling program from October 1, 2015 through September 30, 2016 was $94,585. This investment comprised 5.2% of the total program budget. TCHHS/VS also funds the Housing program, which is described in the Housing Continuum issue area report, and the Workforce Development program, which is described in the Workforce Development issue area report.

Eligibility Criteria

The target population for Youth and Adult Counseling is individuals, youth, and families who are in need of counseling. Clients served are youth (ages 0-17) and their families who are experiencing problems with family conflict, truancy, delinquency, or runaway behavior; individual adults who are experiencing transitional challenges (divorce, death of a loved one, aging, new child, etc.); and/or adults with mental health related issues (depression, anxiety, etc.). Entrance into the program happens through self-referrals, agency referrals, schools, juvenile court, and the general public. To be eligible for YAC, a client must be a Travis County resident. Cost of services provided is determined by a sliding fee scale, based on client income and family size. The lowest fee is $25 and the highest fee is $125.

LifeWorks

Counseling

Clients served by Resolution Counseling are adults ages 18 and older (or 17 if tried as an adult) 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. A small number of participants participate in a voluntary group to manage their emotions and increase their interpersonal relationship skills. 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. To be eligible for the program, clients must be residents of Travis County. RC offers clients a sliding scale that ranges from $25 to $80 per session. Clients are required to show proof of income which determines their weekly session fee. While services are not provided free of charge, some clients may have their fee reduced due to particularly dire circumstances such as a significant disability or illness that prevents them from being able to work, chronic homelessness, and living with/is the sole means of support for a minor child.

LifeWorks: Counseling

The Counseling program met or exceeded goals for all but one measure. Staff noted that changes to their intake and scheduling procedures led to a reduction in the number of clients enrolled in Youth & Adult Counseling during the third quarter of the year, while changes in staffing for the program in fourth quarter resulted in fewer counseling sessions available for new clients at one service site. Both of these factors contributed to lower than expected enrollment within this program (see the first output).

The Resolution Counseling program served more clients than expected (see the second output). Staff explained that this is due largely to the program being one of only two Batterers Intervention and Prevention Program providers in the county. Additionally, Resolution Counseling was the only program serving Spanish speaking clients for much of fiscal year 2016. Finally, staff have been more diligent in their screening process for group appropriateness. They have also been making expectations for completion very clear during orientations for new clients. Program staff reported that both of these efforts appear to have contributed to a higher number of successful completions among clients served (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in Youth & Adult Counseling	864	1,000	86%
Number of unduplicated clients served in Resolution Counseling	772	350	221%
Outcomes			
Percentage of Youth & Adult Counseling clients exiting the program that report improvement of overall coping skills/overall sense of well-being (as self-reported by the client; any movement in scale towards the direction of their goal)	78% (551/708)	80% (600/750)	97%
Percentage of unduplicated Resolution Counseling clients who successfully complete the program (meet the program requirements with no additional acts of violence while in the program)	67% (192/288)	55% (99/180)	121%

Out Youth

Youth Development

Program Description

Out Youth's programs provide safe spaces for sexual and gender diverse 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. Out Youth provides peer support groups on site and within several high school campuses. These weekly groups are a combination of talk therapy and psychoeducation and last for 60 minutes. Psychoeducational groups are also conducted on an as needed basis when topics arise. Because isolation and lack of support are linked to mental and behavioral health problems for sexual and gender diverse 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.

Funding

The total TCHHS/VS investment in the Youth Development program from October 1, 2015 through September 30, 2016 was $12,880. This investment comprised 4.4% of the total program budget.

Eligibility Criteria

Out Youth serves youth and young adults ages 12-23 in Travis County and the surrounding areas. Youth that are eligible to access services are young people that identify as part of the sexual and gender diverse communities and/or allies.

Out Youth: Youth Development

Performance Goals and Results

The Youth Development program exceeded all performance targets. Staff noted that they brought on additional interns in the Clinical Department. With the increased capacity, the program was able to offer more peer support groups. They also expanded peer support group offerings into three additional schools in the Fall of 2016. These efforts led to a higher number of clients participating in peer support groups than originally projected (see the second output). These additional interns in the Clinical Department, and thus increased capacity for counseling services, resulted in more individual counseling clients served (see the third output).

Out Youth's new Organization Management System allows their Support Team to more easily refer clients to counseling and other social services at intake, greatly impacting the number of clients referred to these services (see the fourth output). Finally, staff reported that clients stayed in counseling services longer than anticipated. This was largely due to the increase in acuity among clients, necessitating longer-term support. Although fewer clients exited counseling services, all clients reported 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	305	280	109%
Number of clients participating in peer support groups	151	125	121%
Number of clients accessing counseling services	88	60	147%
Number of clients referred to counseling or other social services by support team	169	30	563%
Outcomes			
Percentage of support clients surveyed who report higher levels of social support and sense of belonging than at intake	91% (106/116)	75% (60/79)	120%
Percentage of counseling clients assessed after termination or drop out that rated themselves with higher levels of support	100% (9/9)	76% (34/45)	132%

Workers Assistance Program, Inc.

Youth Advocacy, Creating Lasting Family Connections

Program Description

Youth Advocacy, Creating Lasting Family Connections (CLFC) program goals are to: deliver an evidence-based curriculum that aims to prevent the use of alcohol, tobacco, and other drugs (ATOD) by increasing protective factors, decreasing risk factors, and fostering resiliency in at-risk youth and families in Travis County; respond to school district needs for ATOD prevention activities; address ATOD prevention efforts for target ages; involve the entire Travis County community in ATOD prevention efforts; build an array of effective ATOD prevention services through evaluation feedback; and expand community resources to supplement prevention efforts. The program provides a 16–week curriculum to youth and parents/caregivers. The modules are structured so that youth and parents/caregivers attend separate, corresponding sessions. Each family is assigned a prevention specialist who conducts the screening and counseling and carries out the prevention service plan. In addition, if a family requires additional services or resources that cannot be given through CLFC, the prevention specialist works with partner agencies to obtain those services.

Funding

The total TCHHS/VS investment in the Youth Advocacy, Creating Lasting Family Connections program from October 1, 2015 through September 30, 2016 was $43,503. This investment comprised 14.8% of the total program budget.

Eligibility Criteria

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

Workers Assistance Program, Inc.: CLFC

All measures for the Youth Advocacy, Creating Lasting Family Connections program met or exceeded the targeted range of performance expectations. Staff reported that the number of youth and adults served (see the first and second outputs) exceeded expected performance goals due to increased community outreach and aggressive recruitment. Staff attributed increased case management and family engagement to the success seen across all outcomes.

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	66	54	122%
Number of adults who report increased family bonding skills	62	48	129%
Number of youth reporting substance usage	73	54	109%
Outcomes			
Percentage of youth that complete the program	73% (66/90)	81% (54/67)	91%
Percentage of adults who report increased family bonding skills	82% (62/76)	80% (48/60)	102%
Percentage of youth reporting substance usage	81% (73/90)	81% (54/67)	101%

YWCA Greater Austin

YW Counseling & Referral Center

Program Description

The Young Women's Christian Association (YWCA) of Greater Austin strives to deter the growth of problem conditions at the individual level through the YW Counseling & Referral Center (YWCRC) for adults and families. YWCRC counselors assist women and their families with issues such as anxiety, violence, PTSD, grief and loss, depression, attachment, family dynamics, immigration, intimate relationships, and pre/post-natal mental health to promote the mental health of Greater Austin residents of all cultures, and all vulnerable populations. The program provides short-term (10–session) counseling services for women, couples, and families, as well as group services that are offered on site at YWCA and offsite at various locations.

Funding

The total TCHHS/VS investment in the YW Counseling & Referral Center program from October 1, 2015 through September 30, 2016 was $90,596. This investment comprised 30.0% of the total program budget.

Eligibility Criteria

The target population is Travis County women and their families. The YWCA also provides 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, immigrant women and transgendered individuals from all over the world, and other service providers working with immigrants. To be eligible for the program, clients must be residents of Travis County, have incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG), be 18 years of age or older, and be deemed with a level of care that is appropriate for short-term counseling services and a Relational Theoretical Approach to client issues. For these individuals, YWCRC offers a sliding fee starting at $5 per session and graduating to $30. YWCRC also offers a sliding scale for individuals who fall outside of these eligibility criteria; this scale starts at $35.00 per session and graduates to $80.

YWCA Greater Austin: YW Counseling & Referral Center

Performance Goals and Results

The YW Counseling & Referral Center met or exceeded all but one performance goal. The program was able to serve more clients overall (see the first output) and more clients in therapy and skill building groups (see the third output) than projected due to an increase in the number of groups that were facilitated in response to community requests.

Several conditions resulted in a smaller than projected number of clients demonstrating improvement in mental health status/functioning (see the first outcome). Due to the fiscal year end, clients that were on-boarded in the final months of the fiscal year did not complete their 10 sessions and were terminated early, therefore seemingly with no improvement. Furthermore, staff reported that individuals are presenting with more severe mental health issues, which require higher intensity services. Finally, the change in assessment tool from the Global Assessment of Functioning (GAF) to the Adult Needs and Strengths Assessment (ANSA) is linked to a decreased rate. The ANSA is more detailed and has more stringent standards and criteria to assess improvement in mental health status.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,207	1,018	119%
Number of unduplicated clients served in individual, couples, family counseling	283	250	113%
Number of unduplicated clients served in therapy and skill building groups	924	768	120%
Outcomes			
Percentage of individual, couples, and/or family counseling clients demonstrating improvement in mental health status/functioning	65% (128/196)	81% (100/123)	80%
Percentage of individual, couples, and/or family counseling clients reporting achievement of a treatment plan goal	99% (130/131)	90% (84/93)	110%
Percentage of individual, couples, and/or family counseling clients reporting improvement in attitude/behaviors	85% (112/131)	86% (80/93)	99%
Percentage of group clients reporting increased knowledge/skills	99% (775/785)	86% (344/400)	115%

Appendix

2016 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	$5,940	$11,880	$14,850	$17,820	$23,760
2 persons	$8,010	$16,020	$20,025	$24,030	$32,040
3 persons	$10,080	$20,160	$25,200	$30,240	$40,320
4 persons	$12,150	$24,300	$30,375	$36,450	$48,600
5 persons	$14,220	$28,440	$35,550	$42,660	$56,880
6 persons	$16,290	$32,580	$40,725	$48,870	$65,160
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: "2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 25, 2016, https://aspe.hhs.gov/poverty-guidelines.

2016 Austin Median Family Income Guidelines

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

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$16,350	$27,250	$43,600
2 persons	$18,700	$31,150	$49,800
3 persons	$21,050	$35,050	$56,050
4 persons	$24,300	$38,900	$62,250
5 persons	$28,440	$42,050	$67,250
6 persons	$32,580	$45,150	$72,250
7 persons	$36,730	$48,250	$77,200
8 persons	$40,890	$51,350	$82,200

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

Data source: "Austin-Round Rock, TX MSA FY 2016 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn.

Endnotes

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5. Texas Behavioral Risk Factor Surveillance System Survey Data, Center for Health Statistics, Austin, Texas: Texas Department of State Health Services, 2016.
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