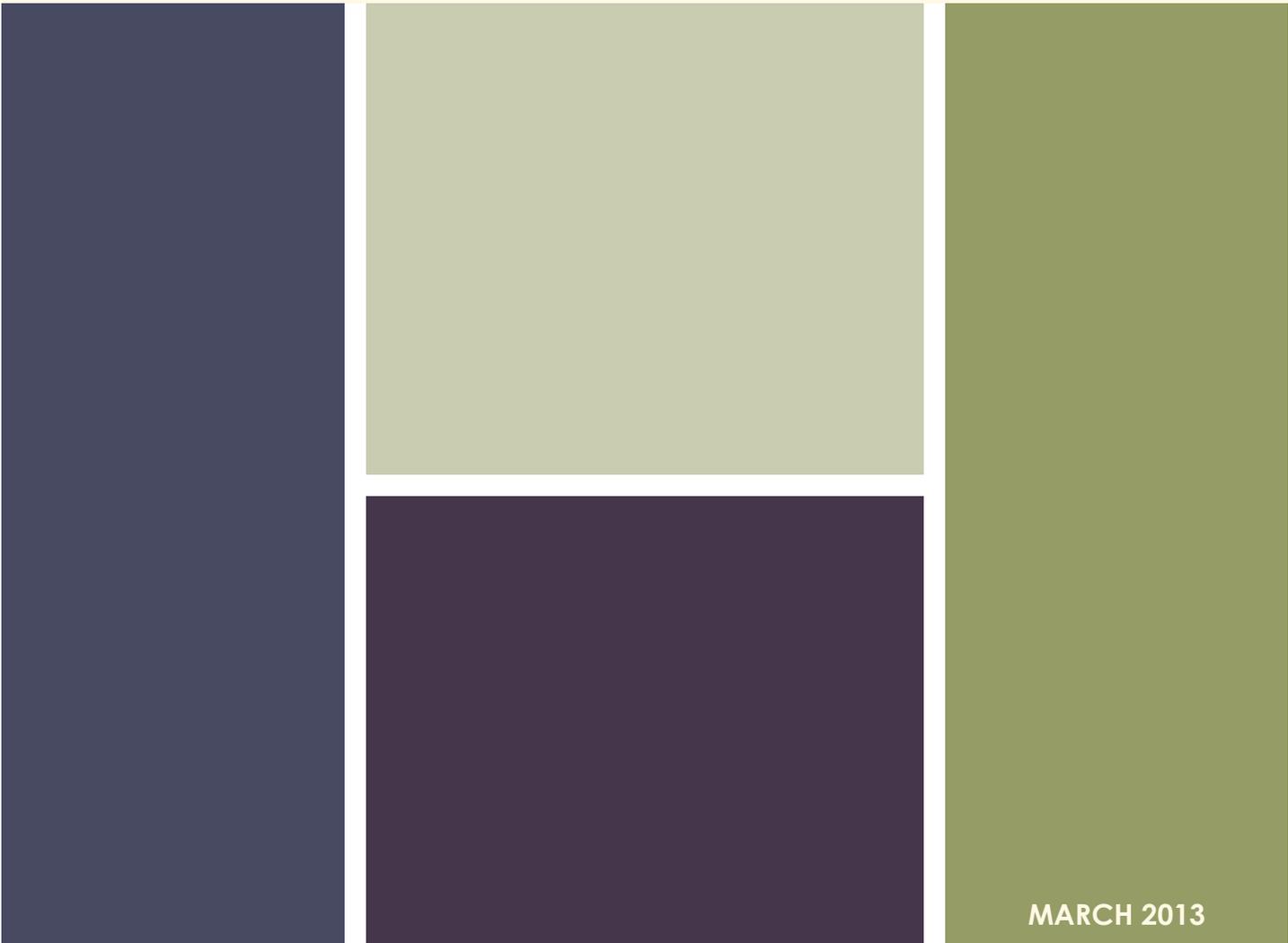




BEHAVIORAL HEALTH

2012 Community Impact Report

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



MARCH 2013

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

County Executive

Sherri E. Fleming

Project Advisor

Blanca Tapia Leahy

Project Leads

Courtney Bissonnet Lucas

Korey Darling

Lead Writer

Elizabeth Vela

Research & Planning Division

Blanca Tapia Leahy, Division Director

Lawrence Lyman, Planning Manager

DeAnna Ball

Tara Carmean

Rachel Coff

Korey Darling

Courtney Bissonnet Lucas

Brook Son

Sandra Valenzuela

Elizabeth Vela

Miranda Dupont, UT MSSW Intern

Lori Miranda, UT MSSW Intern

Questions or Comments?

For questions or for more information, please contact the Research & Planning Division at HHS_R&P@co.travis.tx.us.

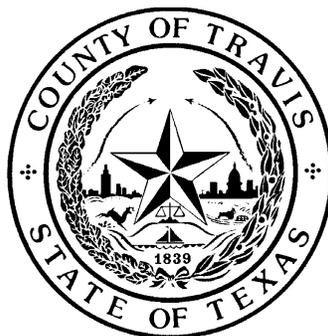


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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over \$11 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the critical 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 *2012 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased within each issue area in 2012. The report also details investment, programmatic, and performance information on the Department's social service contracts. This information provides a foundation for policy makers, program managers, and others to better understand these investments, recognize and celebrate accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Readers should also consider this report in conjunction with other local analyses and reports^a in order to obtain a more complete picture of the community. The *Travis County Snapshot from the American Community Survey 2011*, in particular, provides complementary contextual information around current demographics and local conditions.^b

Organization of Report

This report addresses nine issue areas plus a summary of Planning and Evaluation investments. (A tenth issue area, Restorative Justice and Reentry, had no investments in 2012.) Each issue area section begins with community conditions information about the issue area and then provides performance highlights about the programs included within that issue area.

Community conditions impact social service providers and the individuals they serve. Economics, demographics, as well as social structures and systems, all influence the level of need within a community

a Data products from the 2010 Census, including a *Travis County Trend Profile* and *Travis County Map Books*, are available at: http://www.co.travis.tx.us/health_human_services/research_planning/documents_CensusData.asp.

b The *Travis County Snapshot from the American Community Survey 2011* is available at: http://www.co.travis.tx.us/health_human_services/pdfs/ACS2011.pdf.

and the resources available to successfully address community needs. Community conditions help determine service delivery approaches that are most effective in addressing community needs and issues. These conditions also inform public stakeholders of progress toward community goals and can help correlate particular program contributions and value in advancing those goals.

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

Performance highlights contribute to local knowledge about some of the Department's contracted community-based programs. This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Client demographics and ZIP codes are summarized for each program. 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.

An issue area encompasses those programs with goals most aligned with the goals of that issue area. While each program is included in only one issue area, a program may promote the goals of several issue areas. For example, a workforce development program may primarily include work readiness services but also include a small educational component. The principal goals of the program promote the workforce development issue area goals, so the program is categorized in the workforce development issue area rather than the education issue area.

Report Summary

Most social service programs described in this report serve Travis County residents who are in or near poverty. Some programs assist vulnerable populations, such as those experiencing abuse and neglect, irrespective of their income. Current conditions elevate the need for social services for Travis County residents:

- The Travis County population continues to grow rapidly. According to the most recent U.S. Census Bureau population estimates available, 1,063,130 people lived in Travis County in 2011. The county's growth rate of 30% since 2000 (reflecting the addition of 242,203 residents) is faster than the state overall (Texas grew 23% between 2000 and 2011). The county population in areas outside the city of Austin has grown even more rapidly, up 66% since 2000. In 2011, more than one-quarter of county residents (26% or 279,935 people) lived in a city or village other than Austin or in an incorporated area, compared with 21% of residents (168,627 people) in 2000.¹

- The most recent poverty data were collected in 2011. These data estimate that about 18% of Travis County residents (192,436 people) lived in poverty. The 2011 rate is not statistically different from the 2010 poverty rate of 19%. These two most recent poverty rates reflect an increase in poverty in Travis County over what had been a fairly stable rate of 15% during 2006-2008 and 16% in 2009.²
- The poverty rate among children is higher than the overall poverty rate for Travis County. 2011 data indicates that 25% of Travis County children under 18 (63,680 children) lived in poverty.³
- In December 2012, there were 50,458 SNAP (Supplemental Nutrition Assistance Program) cases in Travis County with 113,664 people (about 11% of all Travis County residents) receiving benefits. The number of SNAP cases appears to be leveling off, following a steady increase between 2008 (29,448 average monthly cases) and 2011 (50,970 average monthly cases).⁴
- Close to 159,000 households in Travis County experience a housing cost burden, which is defined as spending 30% or more of household income on housing costs; approximately 77,000 of those households experience a severe housing cost burden (i.e. spending 50% or more on housing costs).⁵ Renters are more likely to be cost burdened than owners.⁶
- A point-in-time snapshot of the Austin area homeless population reported a total of 2,244 homeless individuals, 61% of whom were sheltered (either emergency, transitional, or Safe Haven), and 39% of whom were unsheltered. Almost one-third (30%) of the homeless population is comprised of individuals in households with dependent children.⁷
- National, state and local unemployment rates all follow an improving trend line, with the Austin-Round Rock MSA and Travis County consistently outperforming the state and nation. The unemployment rate for the Austin-Round Rock MSA began the year at 6.5% in January 2012, but dropped to 5.0% in December.⁸ The unemployment rate for Travis County is slightly lower than the MSA, starting at 6.4% in January 2012 and ultimately falling to 4.9% in December. These are the lowest unemployment rates for Travis County and the Austin-Round Rock MSA since November 2008 and remain lower than the state (6.0%) and national (7.6%) rates.⁹
- In 2011, an estimated 19.8% of the Travis County population (209,348 people) lacked health insurance. Travis County's proportion of uninsured residents is higher than that of the U.S. (15.1%) but lower than that of Texas (23.0%).¹⁰
- Between 2000 and 2010, the Austin-Round Rock metropolitan area had the fastest growing "pre-senior" population (age 55 to 64) in the nation, with a 110% change from 2000 to 2010. The Austin-Round Rock metropolitan area was ranked second in senior (age 65 and older) population growth over the same time period, with a 53% change.¹¹ In 2011, there were 79,573 adults aged 65 and older living in Travis County, comprising 7.5% of the population¹² by 2020, a projected 124,750 older adults will make up 10.4% of the county population.¹³

Client Demographics

Service providers collected client demographic data, when possible.^c Overall, demographic data were provided for 67% to 86% of clients, depending on the demographic category. Of clients with known demographics, 55% were female and 45% were male. In terms of race, 64% of these clients were White, 24% were Black or African American, and the remainder were of another race. In terms of ethnicity,^d 41% of clients were Hispanic or Latino. Nearly one-quarter (23%) of clients were ages 25 to 39, and 22% were between 40 and 59 years of age. Children and youth ages 17 and younger accounted for 32% of clients. Close to one-half (43%) of clients had incomes below 50% of the Federal Poverty Income Guideline (FPIG) level, and 25% of clients had incomes between 50% and 100% of FPIG. (See Appendix A for specific guideline income levels.)

Client Location by ZIP Code

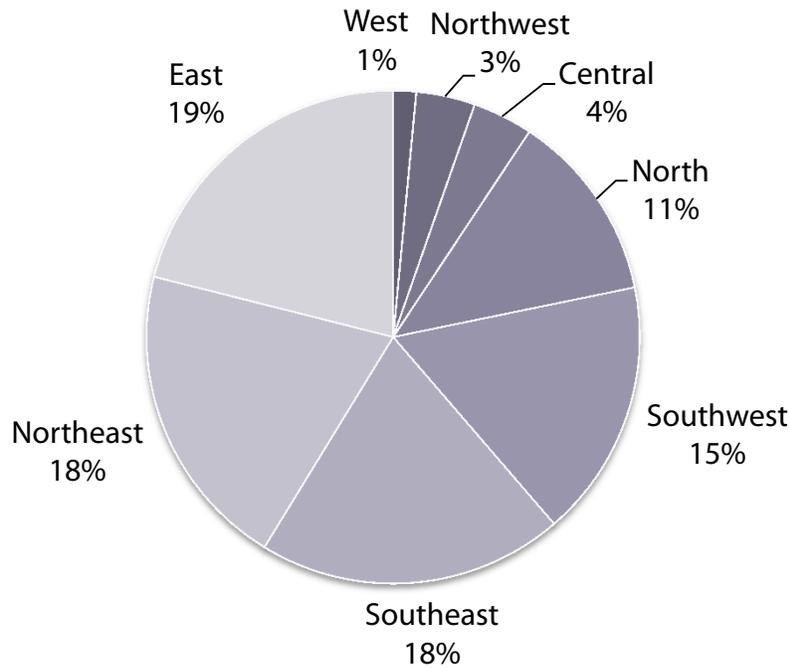
When possible, the contracted service providers also documented the ZIP code where clients resided when they entered the program.^e Service providers collected residential information for 84% of all clients, including clients with ZIP codes within Travis County (75%), clients with ZIP codes outside of Travis County (3%), and clients who were homeless at entry into the program (7%); the remainder (16%) represent clients with unknown ZIP codes. Of clients with known ZIP codes within Travis County, 19% of clients resided in the East area. The Northeast and Southeast areas also had sizeable shares of clients in residence, each with 18% of clients. (See Appendix B for ZIP code classification map.)

c Client demographic data may be unreported for reasons such as protection of client privacy and difficulty obtaining data (e.g., due to services delivered via outreach or at large-scale events). Further, two contracted service providers used different age and/or income categories that did not allow for aggregation with the larger set of demographic data. Clients enrolled in programs that do not collect income information were classified as “unknown” in the income level category.

d For the purposes of tracking reported client data, TCHHS/VS has adopted demographic categories used by the U.S. Census Bureau. The U.S. Census Bureau considers race and Hispanic origin to be two separate and distinct concepts. Hispanics and Latinos may be of any race. Therefore, clients reporting their race, such as White or Black or African American, may also be Hispanic or Latino.

e Client ZIP code data may be unreported for reasons such as protection of client privacy and difficulty obtaining data (e.g., due to services delivered via outreach or at large-scale events).

Areas of Client Residence, 2012

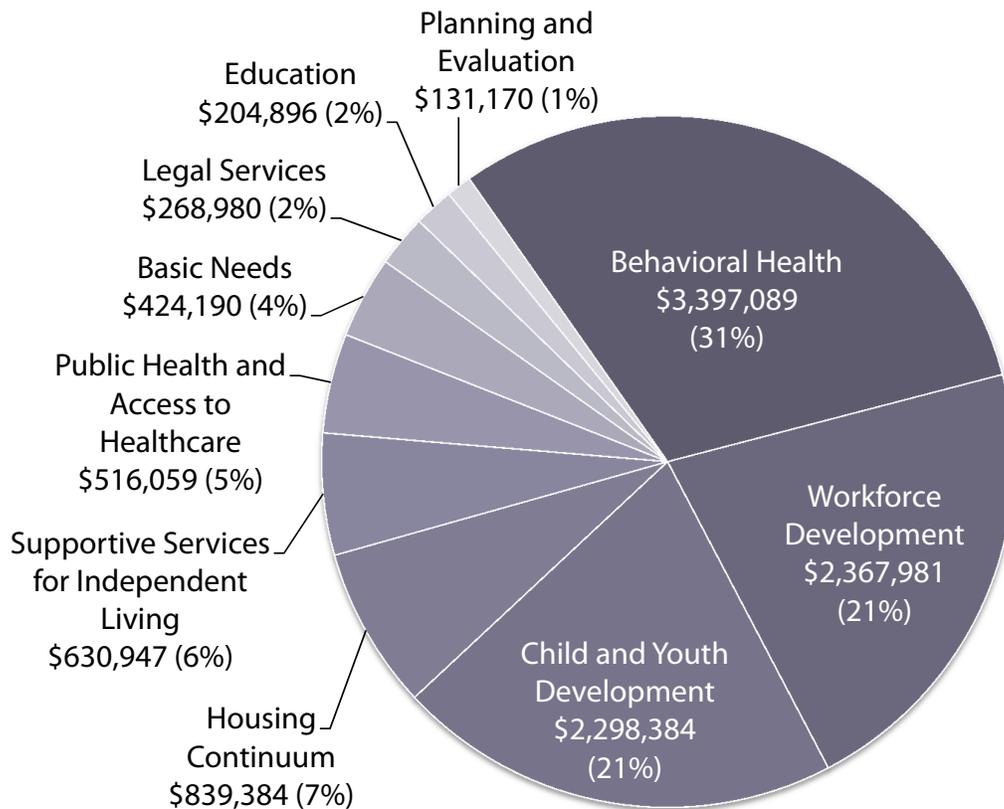


Investment by Issue Area

The following chart does not represent total TCHHS/VS investments and services. It only shows the percent of funding devoted to each issue area for the social service contracts included in this report. These contracts are a subset of the Department's broader investments of general funds in both purchased and direct services. The Department also makes grant-funded program investments.

Behavioral Health contracts accounted for the greatest share (nearly one-third) of the TCHHS/VS investment reflected in this report, followed by Workforce Development and Child and Youth Development contracts (each comprising 21% of the total investment). The Department's investments represented varying percentages of each contracted program's total budget. Investment percentages ranged from 0.6% to 100%, constituting an average of 23.5% of a program's total budget. Actual investment percentages for each social service contract are provided on each program's page.

Investment in Issue Areas for Social Service Contracts, 2012



Performance

The social service contracts included in this report have a wide range of goals, objectives, services, and performance measures. In 2012, most programs met the targeted range of performance across both output and outcome measures. Meeting the targeted range of performance means that the performance measure meets or exceeds at least 90% of the contractual performance goal.

Programs falling short of performance goals were often the result of basic operational issues, such as staffing shortages and turnover or funding cuts. Changes in client populations also impacted performance, including clients requiring additional time in a program, thus reducing new client enrollments. Also, for programs serving smaller numbers of clients, even minor changes can lead to highly volatile performance results. Economic conditions have, in many cases, increased demand but may also create challenges in achieving goals. Significant programmatic or performance measure and methodology changes that occurred in 2012 also contributed to unexpected performance variance. Please note that performance measures reflect the entire program's performance, and not the share of the program funded by TCHHS/VS.

Goals and Services

DEPARTMENT PURPOSE

Travis County Health and Human Services & Veterans Service strives to maximize quality of life for all people in Travis County by:

- Protecting vulnerable populations
- Investing in social and economic well-being
- Promoting healthy living: physical, behavioral, and environmental
- Building a shared understanding of our community

BEHAVIORAL HEALTH GOALS AND SERVICES

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

Community Conditions

Current Conditions and Trends

An examination of the scope and prevalence of behavioral health issues affecting the Travis County community is critical to understanding barriers many residents face in achieving health and self-sufficiency that are not perhaps visible or well understood. About half of all Americans will experience a major psychiatric or substance abuse disorder at some point in their lives, but because of stigma, poor access to care, and insurance coverage gaps, only a small proportion receive treatment.¹⁴

Texas ranks near the bottom of the 50 states for state mental health agency spending per capita.¹⁵ With historically low rates of state funding for behavioral health services, local service providers struggle to meet growing needs with limited resources. While there is no available prevalence rate for mental illness and other behavioral health disorders in Travis County, we know that:

- According to a 2012 national survey on mental illness prevalence based on Substance Abuse and Mental Health Services Administration (SAMHSA) data, 20% of Texans over the age of 18 suffer from a diagnosable mental disorder, with 4% suffering from a serious mental illness (schizophrenia, major depression, and bipolar disorder). Nationally, only 60% of those with serious mental illness received treatment in the previous 12 months at the time of the survey;¹⁶
- One in five children in the U.S. has a diagnosable mental or addictive disorder that is associated with at least minor functional impairment. For one in twenty, functional impairment is severe;¹⁷
- In 2011, 20% of Travis County residents of all ages were uninsured¹⁸ and therefore had limited access to health care of any kind;
- One in five (20%) Travis County adult residents reported poor mental health between 2008 and 2010;^{f,19} and
- Travis County experienced a 33% increase in inpatient psychiatric hospitalizations from 2008 to 2010.²⁰

Participants in the 2012 Austin Travis County Community Health Assessment (CHA) and the 2011-2012 Central Health Connection Leader Dialogue Series cited mental health as a critical issue facing the community. Areas of specific concern identified included the lack of a true continuum of behavioral health care, the prevalence of co-occurring disorders—especially that of substance abuse—and the lack of culturally competent services. Many local service providers report that the need for services has grown far beyond the community's capacity to provide them. Funding has not kept pace with the rising cost to provide services or the growth in population. Lack of sufficient services for individuals with behavioral health issues results in increases in homelessness, incarceration costs, inappropriate emergency room

^f This term is defined as having reported five or more days of poor mental health including experience of stress, depression and/or problems with emotion within the previous 30 days.

use, and demand for very limited state hospital beds. Law enforcement and mental health officials report that insufficient funding also extends law enforcement travel time and increases costs to transport patients who are in mental health crisis to receive services outside the county.²¹

Psychiatric Services

The Travis County public hospital system does not have the capacity to meet the psychiatric needs of the community.²² Unlike other urban counties in the state, Travis County has no psychiatric emergency room, nor does it have any kind of crisis stabilization unit connected to any of the seven major hospital emergency departments in the area.²³ “We are unique for all urban areas in Texas,” according to Dr. Jim Van Norman, Director of Medical and Clinical Services for Austin Travis County Integral Care (ATCIC), in a 2010 interview. “We are the only urban area without psych beds in a hospital.”²⁴ According to a recent needs assessment completed by Central Health, the Travis County Hospital District, Travis County also needs psychiatric beds in acute medical or surgical hospitals to accommodate treatment of patients with co-occurring medical and psychiatric issues.²⁵

Statewide, Texas has only 2,400 beds in state mental hospitals, down from 2,800 in 1996.²⁶ The Treatment Advocacy Center describes the shortage of state hospital beds in Texas as “critical” in that the state has less than 12 state beds per 100,000 in population. Their minimum standard for the number of public beds is 50 per 100,000 in population.²⁷ In 2010, there were only 63 public psychiatric beds in Travis County to serve a total county population of 1,030,806.^{28,29} Complicating the lack of available beds is the increase in beds occupied by forensic patients—defendants requiring psychiatric treatment to get well enough to stand trial—leaving even fewer beds for civil patients, or those who have not been court ordered to seek treatment. Forensic patients occupied up to 15% of state psychiatric hospital beds in 2001 and now occupy 40% of patient beds, according to Department of State Health Services data. Duration of stay for forensic patients is longer than that of civil patients. These trends are evident at the state and local levels.³⁰

The Mental Health Task Force (MHTF) studied the costs borne by the community to treat individuals who are repeatedly readmitted to public psychiatric hospitals within 30 days of discharge. A 2010 MHTF report found that:

- 248 individuals who discharged in FY 2010 were re-admitted within 30 days of discharge (11% of total discharges for area psychiatric hospitals).^{31,32}
 - » Of those, 175 were clients of ATCIC and visited the emergency room 849 times in FY 2010.³³
- 73 of the 248 were readmitted more than once within 30 days of discharge.
 - » 13 of those 73 were readmitted more than four times within 30 days, using 575 area hospital bed days at a total cost of \$368,000.³⁴

- » All of these 13 had mood disorders and 92% had co-occurring substance abuse disorders, while 69% were homeless.³⁵

The MHTF, which disbanded in 2012, put forth recommendations to expand permanent supportive housing, substance abuse treatment, and other clinical approaches to treat this population.³⁶ Key informants in the CHA also pointed to the importance of supportive housing in addressing behavioral health disorders in the Travis County community.³⁷

In addition to inadequate supply of inpatient psychiatric beds, Travis County has no mental health crisis beds. These beds serve as an alternative to emergency room beds for persons in acute crisis. Generally, patients occupy these beds for two to three days until they can be assessed and transferred to an inpatient bed for treatment.³⁸

Substance Abuse

Substance abuse and its effects on the community continue to exacerbate the already-strained behavioral health service infrastructure. Statewide, there are indications that cocaine use is on the decline, while heroin use, especially among young adult populations, is increasing, as is abuse of prescription drugs.³⁹ Data from the 2012 Texas School Survey of Substance Abuse show that among Texas secondary school students (grades 7-12):

- Alcohol and tobacco use are declining.
 - » In 2012, 58% of Texas secondary school students reported using alcohol at some point in their lives, down from 62% in 2010 and 81% in 1990.
 - » Lifetime use of tobacco decreased from 56% in 1990 to 31% in 2010 and to 28% in 2012.
- Marijuana use is holding steady, with about 26% reporting lifetime use. This rate is unchanged from 2010.
- Past-month use of methamphetamine has held stable over the last four years at 0.8%.
- 2012 rates of lifetime use of cocaine, ecstasy, and hallucinogens show downward trends in lifetime use (2012 rates are respectively 5%, 6%, and 4%).⁴⁰

In non-border areas of the state such as Travis County, methamphetamine use is up, as is the purity of the drug currently being produced.⁴¹ The 2012 CHA describes substance abuse in Travis County as “highly visible,” particularly alcohol abuse.⁴² According to 2011 Behavioral Risk Factor Surveillance System (BRFSS) data, 22% of Travis County respondents ages 18 and over reported binge drinking behavior (five or more drinks for men and four or more drinks for women on one occasion) compared to 19% of respondents at the state level.⁴³ (Note that the small sample size for BRFSS data at the county level makes county rates unreliable, and therefore any statements of comparison perhaps unreliable as well.)

Substance abuse services in Travis County were identified in the CHA as being inadequate for the population. In fact, there are no dedicated detoxification services in Travis County, and Travis County residential substance abuse treatment facilities operate with substantial waiting lists, which “generally extend two months and beyond.”⁴⁴ A recently convened behavioral health planning process identified a need for detoxification services in the Travis County community.⁴⁵ Lack of services for substance abuse disorders is correlated with increased costs for incarceration and medical care.⁴⁶ Statewide, arrests for drug possession have increased 32% in the last decade, and about 90% of drug-related arrests are for possession—not for distribution or delivery.⁴⁷ In 2011, the more than 16,000 inmates entering a Texas Department of Justice facility on a drug possession offense cost Texas taxpayers more than \$700,000 daily.⁴⁸

Needs Among Youth

Nationally, it is estimated that up to 22% of youth under 18 are in need of mental health services.⁴⁹ In Texas, a child has less of a chance of receiving needed mental health services than a child living in any other state.⁵⁰ In 2011 in Travis County, 11% of children under 18 were uninsured⁵¹ and had very limited access to any form of health care, including behavioral health care. Although not representative of Travis County as a whole, results from the Austin Independent School District Student Substance Use and Safety Surveys from 2011 show that 16% of middle and high school students report that their ability to cope with stress or negative emotions is “poor” or “very poor.”⁵²

A Spring 2011 report released by the Indicator Improvement Project states that there is a critical need for school-based mental health services in AISD schools.⁵³ In fact, a 2011 report states that 9 out of 10 students classified as having an emotional disturbance in a Texas public school were suspended or expelled on a discretionary basis (not related to conduct mandating a suspension or expulsion under Texas law). School disciplinary referrals are the greatest predictor of future juvenile justice involvement in Texas.⁵⁴ Not surprisingly, one-third of all youth referred to the Texas Youth Commission (now the Texas Juvenile Justice Department) have been diagnosed with mental illness, and 60% of those incarcerated at Commission facilities have been identified as needing mental health services.⁵⁵ Juvenile justice facilities lack sufficient capacity and services to meet the needs of youth with mental illness.

Needs Among Veterans

Texas is home to 1.6 million veterans.⁵⁶ In 2011, there were 53,130 veterans in Travis County.⁵⁷ Recent research conducted by the Walter Reed Army Institute of Research states that 10% of returning soldiers have severe functional impairment attributed to post-traumatic stress disorder or depression. “Some impairment” attributable to the same disorders was found in 23% to 31% of returning soldiers. These research findings show that 12 months after combat, the prevalence of mental health problems “does

not abate, and in many cases, increases.”⁵⁸ A Houston Chronicle analysis of state vital statistics found that suicides among Texans under the age of 35 who had served in the military increased by 40% between 2006 and 2009. In fact, suicides constituted one-quarter of deaths of Texans under 35 who had served in the military in 2009—more than twice the rate of suicide for those under 35 in the civilian population.⁵⁹

Behavioral health services are an essential component of veterans’ successful reintegration into civilian life. There is currently a historic backlog of Veteran Administration (VA) benefit claims processing, which is particularly acute in Texas, home to more veterans than any state except for California. Central Texas veterans are harder hit by the backlog than their counterparts in the rest of the state or nation, with the longest average wait time for benefit claims processing—nearly 400 days. That means that Central Texas veterans are waiting an average of 393 days to have their benefit claims processed, which enables them to receive services, including counseling, substance abuse services, and other forms of mental and behavioral health treatment.⁶⁰

Needs Among Incarcerated Populations

Persons unable to access behavioral health care often interface with the criminal justice system. Estimates show that the incidence of serious mental health issues, such schizophrenia, bipolar disorder, post-traumatic stress disorder, and major depression, are two to four times higher among incarcerated populations than in the general population.⁶¹ Travis County Sheriff’s Office reports that there are more than 400 inmates (out of about 2,500) with mental illness in the Travis County jail every day.⁶² It costs between \$104 and \$177 per day to house an inmate with mental health issues in Travis County.⁶³ In addition, the County spends an estimated \$100,000 per month on psychiatric medications for inmates with behavioral health issues.⁶⁴ Persons with mental illness are more expensive to incarcerate and tend to stay in jail or prison longer than other inmates.⁶⁵

In early January 2013, the Austin Police Department (APD) presented to the Austin Public Safety Commission on the increases police officers report seeing in criminal activity by persons with mental illness. APD representatives pointed to a “fragmented mental health system” and recent cuts to behavioral health care as some of the causal factors in the apparent increases in the Austin/Travis County community.⁶⁶

Emerging Issues

Federal Health Reform

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

Texas' 1115 Medicaid Waiver

In December 2011, Texas was approved to implement a Medicaid 1115 Waiver. These waivers give states flexibility to design and improve their Medicaid programs through service expansion, innovation, and reduced costs. In 2012, public health regions have been busy planning for implementation of the 5-year waiver. Travis County is the most populous of the six counties included in Public Health Region 7, draft plans for which include (but are not limited to) activities surrounding the expansion of access to behavioral health services to ensure timely, effective treatment that minimizes use of crisis services and promotes recovery from behavioral health disorders.

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

This community planning effort examines the health of the Austin/Travis County Community broadly, looking at the social determinants of health. These are the social and economic conditions that affect health and include an array of indicators such as transportation, housing, and unemployment. The CHA reveals that community members, institutional stakeholders, and other community leaders are concerned about the lack of resources for those suffering from mental illness and substance abuse disorders in the Austin/Travis County community. In fact, behavioral health was named a priority area in the CHIP. Specifically, CHIP planning is continuing around improving access to physical and mental/behavioral health care.

Further Resources

Rising numbers of persons affected by behavioral health issues impact a number of other issue areas, including: Public Health (lack of access to care), Workforce Development (unemployment and underemployment), Housing Continuum (lack of affordable housing, frequent moves, homelessness, and habitation of substandard housing), and Basic Needs (hunger and poverty). Behavioral health issues are often a significant obstacle to improving one's status in other areas. For example, untreated behavioral health issues can make it very difficult to maintain steady employment; this in turn directly impacts earnings, which then places housing and basic needs at risk.

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

Austin Travis County Integral Care (ATCIC)

<http://www.integralcare.org/>

ATCIC is Travis County's local mental health authority, providing community-based behavioral health and developmental disability services to the local population.

Hogg Foundation for Mental Health

<http://www.hogg.utexas.edu/>

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

Mental Health America of Texas

<http://www.mhatexas.org/>

Mental Health America of Texas is an advocacy organization, working to promote behavioral health, combat stigma surrounding these conditions and disorders, and promote a recovery-based model of treatment.

National Alliance on Mental Illness (NAMI Texas)

<http://www.namitexas.org/>

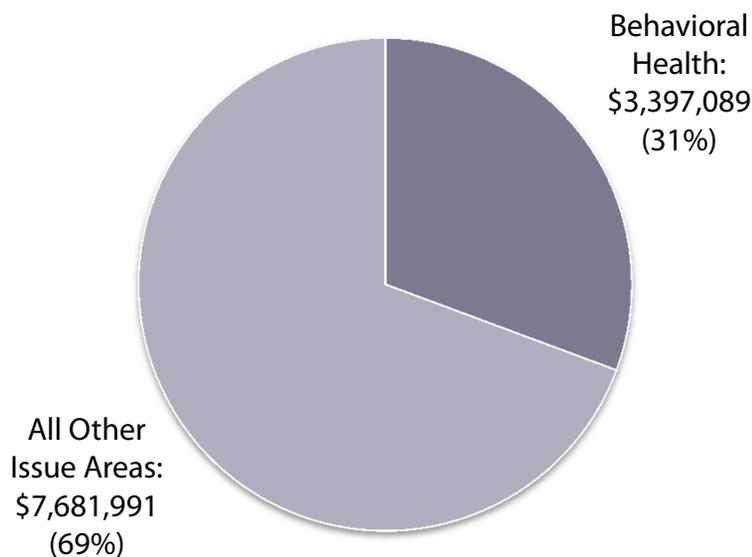
NAMI Texas is a member-driven advocacy group made up of professionals and mental health consumers and their family members. The organization provides support and education to the public and to those suffering from mental illness in order to promote improved treatment and recovery.

Performance Highlights

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, 2012



The Department's Behavioral Health investment includes the following agencies: Austin Child Guidance Center; Austin Travis County Integral Care; Capital Area Counseling; Communities In Schools of Central Texas; LifeWorks; Out Youth; Worker's Assistance Program, Inc.; and Young Women's Christian Association (YWCA) of Greater Austin.

AUSTIN CHILD GUIDANCE CENTER

Children's Outpatient Mental Health & Evaluation Services

Program Description

The goal of the Children's Outpatient Mental Health & Evaluation Services program at the Austin Child Guidance Center (ACGC) is to improve the mental health of children, adolescents, and their families through early intervention, diagnosis, and treatment to help them develop the emotional skills for meeting life's challenges. The program utilizes clinically indicated assessment, diagnostic, and mental health treatment specializing in services to children and adolescents with mental, emotional, and behavioral problems. ACGC engages the family system and any other relevant system, including collaborations, to help improve and maintain positive mental, emotional, and behavioral changes addressing the needs of the client/family and to build on their strengths. As a local safety net agency, ACGC provides a high standard of treatment services to all families, practicing inclusiveness and without regard for the ability to pay for services. Finally, ACGC has served as a training site for future mental health professionals since its inception and continues to train students, interns, and residents in the fields of counseling, social work, psychology, and psychiatry.

Funding

The total TCHHS/VS investment in the Children's Outpatient Mental Health & Evaluation Services program for 2012 was \$101,343. This investment comprised 5.8% of the total program budget.

Eligibility Criteria

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

ACGC: CHILDREN'S OUTPATIENT MENTAL HEALTH & EVALUATION SERVICES

Client Demographics

For off-site projects and clients in residential care, juvenile justice systems, and foster care, demographics are not always available. For clients with known demographics, more females (41%) than males (26%) received services. Children and youth, as well as their families, are served by this program, which resulted in a wide range of ages served. More than one-quarter (27%) of clients were Hispanic or Latino; these clients are included as Some other race in the race category. White clients comprised 14% of the client population. Nearly one-quarter (24%) of clients had incomes below 50% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Gender			Age		
	Num.	Pct.		Num.	Pct.
Female	1,958	41%	Under 5	609	13%
Male	1,257	26%	5 to 9	413	9%
Unknown	1,571	33%	10 to 14	349	7%
<i>Total</i>	<i>4,786</i>	<i>100%</i>	15 to 17	268	6%
			18 to 24	44	1%
			25 to 39	396	8%
			40 to 59	290	6%
			60 to 74	45	1%
			75 and over	2	0.04%
			Unknown	2,370	50%
			<i>Total</i>	<i>4,786</i>	<i>100%</i>

Ethnicity		
	Num.	Pct.
Hispanic or Latino	1,297	27%
Not Hispanic or Latino	1,210	25%
Unknown	2,279	48%
<i>Total</i>	<i>4,786</i>	<i>100%</i>

Race		
<i>Population of one race:</i>		
	Num.	Pct.
American Indian or Alaska Native	14	0.3%
Asian	15	0.3%
Black or African American	463	10%
White	679	14%
Some other race	1,297	27%
<i>Other and Unknown:</i>		
Other	39	1%
Unknown	2,279	48%
<i>Total</i>	<i>4,786</i>	<i>100%</i>

Income		
	Num.	Pct.
<50% of FPIG	1,130	24%
50% to 100%	319	7%
101% to 150%	131	3%
151% to 200%	83	2%
>200%	322	7%
Unknown	2,801	59%
<i>Total</i>	<i>4,786</i>	<i>100%</i>

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

ACGC: CHILDREN'S OUTPATIENT MENTAL HEALTH & EVALUATION SERVICES

Client ZIP Codes

Roughly one-third of clients had unknown ZIP codes, due to difficulty obtaining this information from off-site projects and for clients in residential care, juvenile justice systems, and foster care. For clients with known ZIP codes, the East (16%) and Southwest (12%) areas of Travis County saw the largest shares of clients. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78621	22	0.5%	78613	28	0.6%	78727	30	0.6%
78653	40	0.8%	78641	12	0.3%	78728	73	1.5%
78660	92	1.9%	78645	12	0.3%	78729	19	0.4%
78664	35	0.7%	78654	7	0.1%	78757	44	0.9%
78752	109	2.3%	78726	19	0.4%	78758	253	5.3%
78753	123	2.6%	78730	2	0.04%	78759	56	1.2%
78754	33	0.7%	78731	28	0.6%	<i>Total North</i>	475	9.9%
<i>Total Northeast</i>	454	9.5%	78732	7	0.1%			
			78734	10	0.2%			
			78750	39	0.8%			
			<i>Total Northwest</i>	164	3.4%			
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78610	18	0.4%	78652	2	0.04%	78702	159	3.3%
78612	6	0.1%	78704	278	5.8%	78721	65	1.4%
78617	31	0.6%	78735	9	0.2%	78722	27	0.6%
78640	17	0.4%	78736	32	0.7%	78723	443	9.3%
78741	114	2.4%	78737	4	0.1%	78724	74	1.5%
78742	7	0.1%	78739	21	0.4%	78725	13	0.3%
78744	220	4.6%	78745	106	2.2%	<i>Total East</i>	781	16.3%
78747	26	0.5%	78748	81	1.7%			
<i>Total Southeast</i>	439	9.2%	78749	39	0.8%			
			<i>Total Southwest</i>	572	12.0%			
West			Others			Central		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78663	1	0.02%	Outside of Travis Co.	160	3.3%	78701	2	0.04%
78703	19	0.4%	Unknown	1,614	33.7%	78705	7	0.1%
78733	6	0.1%	<i>Total Others</i>	1,774	37.1%	78712	24	0.5%
78738	4	0.1%				78751	31	0.6%
78746	11	0.2%				78756	22	0.5%
<i>Total West</i>	41	0.9%				<i>Total Central</i>	86	1.8%

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

ACGC: CHILDREN'S OUTPATIENT MENTAL HEALTH & EVALUATION SERVICES

Performance Goals and Results

Austin Child Guidance Center had mixed performance results in 2012. The program exceeded the number of clients served (see the first output), which staff attribute to the provision of workshops and trainings to parents at ACGC and in the community. ACGC group services had reduced numbers with the loss of two off-site funded projects at the end of 2011, impacting the second output. ACGC psychiatric coverage had limited availability during 2012, decreasing the number of client assessments/evaluation contacts (see the third output). In 2013, ACGC hopes to have more availability. Client outcomes surpassed performance expectations on both measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	4,786	3,700	129%
Number of clients provided professional counseling and specialized group services	1,855	2,500	74%
Number of client assessments/evaluation contacts	2,188	2,500	88%
Number of hours of services delivered	27,745	27,000	103%
Outcomes			
Percent of clients making progress on treatment plan goal(s) rating measure	95% (673/712)	85% (595/700)	111%
Percent of clients receiving specialized group services and showing positive increases/change (i.e. increased knowledge and/or improvement in skills or changes in stress/behavior)	97% (524/543)	85% (425/500)	114%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal program for 2012 was \$1,436,054. TCHHS/VS also funds the Substance Abuse Managed Services Organization and System of Care Managed Services Organization programs, which are both described later in this report.

Eligibility Criteria

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

ATCIC: MAIN MENTAL HEALTH INTERLOCAL

Client Demographics

Slightly more than one-half (54%) of clients served were male and 45% of clients were female. One-third of clients were in the 40 to 59 age range and 28% of clients were between the ages of 25 and 39. Over one-quarter (28%) of clients were Hispanic or Latino; these clients are counted as White in the race category, as ATCIC reports race and ethnicity in a single category. Further, ATCIC captures only one primary race/ethnicity, so consumers who marked “other” for their race/ethnicity are classified as Some other race in the race category. More than two-thirds (68%) of clients were White and one-quarter were Black or African American. Clients with incomes below 50% of the Federal Poverty Income Guideline level comprised 43% of the total client population. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	6,557	45%
Male	7,874	54%
Unknown	33	0.2%
<i>Total</i>	<i>14,464</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	4,105	28%
Not Hispanic or Latino	9,904	68%
Unknown	455	3%
<i>Total</i>	<i>14,464</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	74	1%
Asian	144	1%
Black or African American	3,655	25%
White	9,862	68%
Some other race	274	2%
<i>Other and Unknown:</i>		
Unknown	455	3%
<i>Total</i>	<i>14,464</i>	<i>100%</i>

Age	Num.	Pct.
Under 5	929	6%
5 to 9	589	4%
10 to 14	1,028	7%
15 to 17	837	6%
18 to 24	1,574	11%
25 to 39	4,122	28%
40 to 59	4,747	33%
60 to 74	585	4%
75 and over	53	0.4%
<i>Total</i>	<i>14,464</i>	<i>100%</i>

Income	Num.	Pct.
<50% of FPIG	6,277	43%
50% to 100%	4,254	29%
101% to 150%	1,284	9%
151% to 200%	432	3%
>200%	674	5%
Unknown	1,543	11%
<i>Total</i>	<i>14,464</i>	<i>100%</i>

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

ATCIC: MAIN MENTAL HEALTH INTERLOCAL

Client ZIP Codes

Clients served by the Main Mental Health Interlocal programs resided throughout Travis County. The largest shares of clients were located in the East (19%), Southwest (17%), and Southeast (17%) areas of the county. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78615	2	0.01%	78613	41	0.3%	78727	222	1.5%
78621	72	0.5%	78641	91	0.6%	78728	196	1.4%
78653	168	1.2%	78645	75	0.5%	78729	63	0.4%
78660	411	2.8%	78654	5	0.03%	78757	164	1.1%
78664	33	0.2%	78669	26	0.2%	78758	685	4.7%
78752	379	2.6%	78726	68	0.5%	78759	209	1.4%
78753	785	5.4%	78730	30	0.2%	<i>Total North</i>	<i>1,539</i>	<i>10.6%</i>
78754	154	1.1%	78731	68	0.5%			
<i>Total Northeast</i>	<i>2,004</i>	<i>13.9%</i>	78732	49	0.3%			
			78734	90	0.6%			
			78750	77	0.5%			
			<i>Total Northwest</i>	<i>620</i>	<i>4.3%</i>			
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78610	32	0.2%	78652	21	0.1%	78702	730	5.0%
78612	9	0.1%	78704	595	4.1%	78721	435	3.0%
78617	394	2.7%	78735	76	0.5%	78722	65	0.4%
78640	13	0.1%	78736	56	0.4%	78723	865	6.0%
78719	26	0.2%	78737	31	0.2%	78724	514	3.6%
78741	983	6.8%	78739	70	0.5%	78725	94	0.6%
78742	17	0.1%	78745	929	6.4%	<i>Total East</i>	<i>2,703</i>	<i>18.7%</i>
78744	795	5.5%	78748	455	3.1%			
78747	141	1.0%	78749	228	1.6%			
<i>Total Southeast</i>	<i>2,410</i>	<i>16.7%</i>	<i>Total Southwest</i>	<i>2,461</i>	<i>17.0%</i>			
West			Others			Central		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78620	8	0.1%	Homeless	1,523	10.5%	78701	213	1.5%
78663	2	0.01%	Outside of Travis Co.	302	2.1%	78705	63	0.4%
78703	75	0.5%	Unknown	101	0.7%	78751	198	1.4%
78733	31	0.2%	<i>Total Others</i>	<i>1,926</i>	<i>13.3%</i>	78756	111	0.8%
78738	29	0.2%				<i>Total Central</i>	<i>585</i>	<i>4.0%</i>
78746	71	0.5%						
<i>Total West</i>	<i>216</i>	<i>1.5%</i>						

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

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Child and Family Services

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

ATCIC: CHILD AND FAMILY SERVICES

The Child and Family Services program met or exceeded all performance goals. Program staff report that more clients were served (see the output) than originally projected for a number of reasons: (1) implementation of a new “Open Access” process resulting in more immediate intakes for children and family services resulting in fewer no-shows, (2) increased need for services in the community, and (3) therapists and case managers serving more clients. Additionally, ATCIC continues to maintain a zero wait list for Medicaid-eligible children, which comprises 83% of ATCIC’s consumer child and adolescent population. The program also experienced an increase in funding sources.

Baseline measures for the first two outcomes are obtained during the intake process, before trust and engagement are fully realized between the child/family and clinician. In addition, staff note that children and families are continuing to present with much more complex and intensive needs. With changes in the initial assessment process (CANS, Child and Adolescent Needs and Strengths) and person-centered care planning, staff hope that trust and rapport will be facilitated early on through this engagement process resulting in improved outcomes. Also, with the introduction of new evidence-based best practice models addressing specific needs for children with mental health disorders and their families , ATCIC hopes to see more parental involvement in their children’s treatment process, resulting in improved outcomes as well.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,854	1,093	170%
Outcomes			
Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving functioning	40% (317/786)	35%	115%
Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving problem severity	41% (323/786)	42%	98%
Percentage of parents/children satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	99% (251/254)	90%	110%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Co-Occurring Psychiatric and Substance Use Disorders Program

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

ATCIC: Co-Occurring Psychiatric and Substance Use Disorders Program

The Co-Occurring Psychiatric and Substance Use Disorders (COPSD) program fell short of goals on the output measure but exceeded expectations on both outcome measures. Staff members explain that the program has been providing services to clients with more significant mental health issues than in the past, requiring longer periods of service for clients and thus reducing the overall number of clients the program can serve. Additionally, the COPSD program experienced a staff resignation at the beginning of the fourth quarter and this loss temporarily decreased the program capacity for service delivery. The position has since been filled.

The program greatly exceeded the goal for clients with no arrests while in services (see the first outcome). Staff report that the acuity of the clients served has necessitated more frequent contact with clients. The increased service intensity is contributing to a higher number of clients displaying success with treatment and medication compliance, and continuing a trend toward fewer arrests than in the past. Clients have more home visits which affords caseworkers the ability to monitor the client’s progress and medication compliance more closely.

Clients may fill out the MHSIP Consumer Survey (see the second outcome) multiple times if they received multiple episodes of COPSD services.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	98	280	35%
Outcomes			
Percentage of clients with no arrests between admission and discharge	84% (82/98)	65%	129%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	98% (130/133)	90%	109%

Main Mental Health Interlocal: Developmental Disabilities Service Coordination

Program Description

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

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Developmental Disabilities Service Coordination

Eligibility Criteria

The target population includes: persons with mental retardation; individuals with pervasive developmental disorder; individuals with a related condition who are eligible for Texas Department of Aging and Disabilities Services; nursing facility residents eligible for specialized services; and children who are eligible for Early Childhood Intervention services.

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

ATCIC: DEVELOPMENTAL DISABILITIES SERVICE COORDINATION

Performance Goals and Results

All performance measures for the Developmental Disabilities Service Coordination program fell within the targeted range of expectations.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	347	320	108%
Outcomes			
Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan	94% (327/347)	98%	96%
Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey	92% (156/169)	90%	103%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

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

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant–Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

ATCIC: INFANT–PARENT PROGRAM – EARLY CHILDHOOD INTERVENTION

Performance Goals and Results

The Infant–Parent Program – Early Childhood Intervention program exceeded goals across all performance measures. Staff report that the program averaged 55–65 unduplicated clients each month beginning in the second quarter of the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	866	802	108%
Outcomes			
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Cognition	100% (82/82)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Receptive language	100% (16/16)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Expressive language	100% (16/16)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Gross motor skills	100% (40/40)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Fine motor skills	100% (42/42)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Self-help skills	100% (82/82)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Social/Emotional	100% (81/81)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Communication	100% (71/71)	95%	105%
Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Physical/Motor	100% (40/40)	95%	105%

ATCIC: INFANT–PARENT PROGRAM – EARLY CHILDHOOD INTERVENTION

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of customers satisfied, as measured by the Consumer Survey for IPP services	99% (83/84)	90%	110%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: The Inn

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

The Inn met or exceeded performance targets for all measures. Program staff explain that there continues to be a high demand for crisis residential beds in the community, which increased both the number of clients served (see the first output) and the number of bed days provided (see the second output). Staff are working to increase the response rate to their client satisfaction survey (see the third outcome). The program manager plans to engage staff to encourage clients to complete a survey upon discharge. Additionally, surveys from externally contracted providers will be collected on a weekly basis during a group session.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	720	400	180%
Number of bed days provided	5,567	4,000	139%
Outcomes			
Adult suicide rate among clients served within the last 48 hours	0% (0/720)	<1%	Met Goal
Adult suicide rate among clients served within the last 30 days	0% (0/720)	<1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	88% (105/119)	90%	98%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Mobile Crisis Outreach Team

Program Description

The Mobile Crisis Outreach Team (MCOT) serves residents of Travis County who are experiencing psychiatric crisis and provides a combination of crisis services including psychiatric assessments, crisis intervention services, brief follow-up and service linkage to adults, children and adolescents in non-clinical, community settings. MCOT screens and assesses for imminent risk and need for in-patient hospitalization.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant–Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis. The Texas Department of State Health Services priority population is the target population to be served, including adults, children, and adolescents with diagnoses of schizophrenia, bipolar disorder or clinically severe depression, not excluding those with current or previous involvement with the criminal justice system. Eligible persons also include individuals outside the target population who meet MCOT services criteria. These services are designed to reach individuals at their place of residence, school and/or other community–based safe locations.

ATCIC: MOBILE CRISIS OUTREACH TEAM

Performance Goals and Results

The Mobile Crisis Outreach Team (MCOT) met or exceeded all performance goals during 2012. Staff members note that denominator for each outcome measure is unduplicated across both the adult program and youth program. There were three individuals served by both programs; these individuals were served first as youth, turned 18, and were then served as adults when they accessed services again.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	798	500	160%
Number of unduplicated children served	96	60	160%
Number of Hotline calls referred to MCOT	455	400	114%
Number of unduplicated adults served by MCOT not currently open to ATCIC services	218	150	145%
Number of unduplicated youth served by MCOT not currently open to ATCIC services	10	10	100%
Outcomes			
Percentage of clients in psychiatric emergency seen within 1 hour of MCOT dispatch	100% (37/37)	95%	105%
Percentage of clients referred to MCOT by Austin Police Department, Travis County Sheriff's Office, and other local law enforcement agencies and seen face-to-face by MCOT within 24 hours of referral	93% (42/45)	95%	98%
Percentage of youth and adults stable in the community setting within 48 hours of MCOT services	96% (859/891)	75%	129%
Youth and adult suicide rates among clients served within the last 30 days	0% (0/723)	<1%	Met Goal
Percentage of clients hospitalized within 30 days of initial MCOT services	9% (84/891)	<15%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	88% (30/34)	90%	98%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Psychiatric and Counseling Services

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

ATCIC: PSYCHIATRIC AND COUNSELING SERVICES

Performance Goals and Results

The Psychiatric and Counseling Services program surpassed all performance targets. Program staff explain that the demand for services increased towards the second half of the year, and the average wait from the consumer calling to the intake appointment increased from 72 hours to 10 days. The program was able to increase its group therapy service delivery, which accounts for 37% of the services provided. ATCIC added eight new peer providers, also increasing service capacity.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	6,810	4,500	151%
Number of client hours of service	65,384	37,500	174%
Outcomes			
Percentage of clients stable and in the community	99.8% (6,794/6,810)	97%	103%
Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	95% (1,536/1,612)	90%	106%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Psychiatric Emergency Services (PES)

Program Description

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

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

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

ATCIC: PSYCHIATRIC EMERGENCY SERVICES

The Psychiatric Emergency Services program met all but one performance goal, falling slightly short of expectations on the percentage of clients satisfied with services (see the third outcome). Program staff note that the response rate has been low throughout the year. A satisfaction survey box was placed in the waiting room during the fourth quarter of the year to encourage more responses. The Quality Management team is looking into alternative methods of distributing surveys, and the program manager will start encouraging consumers to fill out on-demand surveys more regularly.

Staff members note that denominator for each outcome measure is unduplicated across both the adult program and youth program. There were individuals served by both programs; these individuals were served first as youth, turned 18, and were then served as adults when they accessed services again.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults served	6,190	4,000	155%
Number of unduplicated children served	649	400	162%
Outcomes			
Youth and adult suicide rates among clients served within the last 48 hours	0% (0/5,461)	<1%	Met Goal
Youth and adult suicide rates among clients served within the last 30 days	0.02% (1/5,461)	<1%	Met Goal
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	79% (117/148)	90%	88%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Main Mental Health Interlocal: Safe Haven

Program Description

Low demand shelter is provided at the Safe Haven. It is a 16-bed program which provides a 24-hour staff supervised safe environment with showers, toilets, beds and linens, three nutritious meals per day, nurse assessment, and linkage to needed medical services. When an individual expresses willingness to accept linkage to additional community supports, linkage is provided to those services.

Funding

The total TCHHS/VS investment in the Main Mental Health Interlocal, which includes the Child and Family Services, Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program, Developmental Disabilities Service Coordination, Infant-Parent Program – Early Childhood Intervention (ECI), The Inn, Mobile Crisis Outreach Team (MCOT), Psychiatric and Counseling Services, Psychiatric Emergency Services (PES), and Safe Haven programs for 2012 was \$1,436,054.

Eligibility Criteria

The target population consists of adults who fit the HUD definition of “homeless” and who have symptoms or diagnoses of severe mental illness. Individuals with co-occurring substance use disorders are also eligible. Consumers must be 18 years of age, homeless and have behavioral health disorders.

Safe Haven exceeded goals on all but one performance measure, falling short of the performance target for the percentage of clients satisfied (see the second outcome). Staff members note that they've had a few individuals who had difficulty adjusting to Safe Haven's rules; oral and written feedback has been used to help assist these clients in reaching their goals. The program will continue to distribute satisfaction surveys in order to gather input and provide quality services. In addition to satisfaction surveys, the program also collects consumer satisfaction data through direct client feedback. The program holds a weekly community meeting in which the residents are invited to discuss any issues, ideas or concerns they may have about the food, the environment, and the services provided. This input is used to insure continued quality improvement at Safe Haven.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	45	45	100%
Number of bed days provided	6,274	5,625	112%
Outcomes			
Percentage of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	100% (22/22)	90%	111%
Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	71% (5/7)	90%	79%

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Substance Abuse Managed Services Organization

Program Description

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

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

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

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Substance Abuse Managed Services Organization

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

Activities related to the MSO function include the following:

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

AUSTIN TRAVIS COUNTY INTEGRAL CARE

Substance Abuse Managed Services Organization

- Network Development and Management: Ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of the City of Austin and Travis County.

Funding

The total TCHHS/VS investment in the Substance Abuse Managed Services Organization (MSO) program from October 1, 2011 to September 30, 2012 was \$611,799. The program also receives grant funding from Parenting in Recovery (\$330,750). Funds support both direct services and the MSO administrative fee (12% for general funds and 5% for grant funds). TCHHS/VS also funds the Main Mental Health Interlocal and System of Care Managed Services Organization programs, which are also described in this report.

Eligibility Criteria

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

Target populations eligible for services are: homeless adults (either literally homeless or marginally homeless); adults referred by the Downtown Austin Community Court (DACC); high-risk, substance abusing, or chemically dependent women and youth; substance using/abusing youth who do not meet the eligibility criteria for other specific target populations; and adults referred by the Parenting in Recovery program (administered by TCHHS/VS Office of Children Services). During the course of the year, there may be additional client populations identified and served by these funds.

ATCIC: SUBSTANCE ABUSE MANAGED SERVICES ORGANIZATION

Client Demographics

Over three-quarters (79%) of clients served were male and 20% were female. Over one-half (59%) of clients were between 37 and 55 years of age, and another one-quarter were in the 25 to 36 age range. This program reports ethnicity and race in a single category; therefore, clients who are Hispanic or Latino (14%) are included as Some other race in the race category. More than one-half (57%) of clients were White and nearly one-quarter (24%) were Black or African American. Most (88%) clients had incomes no greater than 50% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Please note that demographic data reflect only admissions for the current fiscal year. The demographics below include adults funded under homeless/at-risk, youth funded under youth services, and adults funded by the Community Court. Seven adults were funded by both homeless/at-risk and the Community Court, thus equaling a total of 561 unduplicated clients served.

Gender	Num.	Pct.
Female	112	20%
Male	443	79%
Unknown	6	1%
<i>Total</i>	<i>561</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	80	14%
Not Hispanic or Latino	462	82%
Unknown	19	3%
<i>Total</i>	<i>561</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	4	1%
Asian	2	0.4%
Black or African American	132	24%
White	319	57%
Some other race	80	14%
<i>Other and Unknown:</i>		
Other	5	1%
Unknown	19	3%
<i>Total</i>	<i>561</i>	<i>100%</i>

Age	Num.	Pct.
13 to 17	25	4%
18 to 24	32	6%
25 to 36	139	25%
37 to 55	332	59%
56 to 74	24	4%
Unknown	9	2%
<i>Total</i>	<i>561</i>	<i>100%</i>

Income	Num.	Pct.
Up to 50% of FPIG	493	88%
51% to 100%	37	7%
101% to 150%	8	1%
151% to 200%	5	1%
Unknown	18	3%
<i>Total</i>	<i>561</i>	<i>100%</i>

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

ATCIC: SUBSTANCE ABUSE MANAGED SERVICES ORGANIZATION

Client ZIP Codes

The majority of clients (81%) served by the Substance Abuse MSO were homeless. The remainder of clients resided in Travis County (18%) or had unknown ZIP codes (2%).

ZIP Codes	Num.	Pct.
Homeless	452	80.6%
In Travis County	98	17.5%
Unknown	11	2.0%
<i>Total</i>	<i>561</i>	<i>100.0%</i>

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

ATCIC: SUBSTANCE ABUSE MANAGED SERVICES ORGANIZATION

The Substance Abuse MSO met or exceeded the targeted range of performance for all measures except for one adult outcome measure and one youth outcome measure. No youth follow-up services were performed during the fiscal year, so a number of youth outcome measures are not applicable for the year.

Please note that outcome measures reflect a duplicated count of clients, as clients may have more than one treatment episode and outcomes for each episode are counted. Outcomes also include clients who were admitted to services in the previous fiscal year but received a follow up service during the current fiscal year; these clients are not represented in demographic data as only admissions for the current fiscal year are counted. Finally, not all outcome measures pertain to all Levels of Care (e.g. Detox only, Intensive Residential, Intensive Outpatient, Supportive Outpatient) and if the data is blank or unknown, it is not included in the performance measure.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated adults receiving substance abuse treatment services (homeless/at-risk)	467	481	102%
Number of unduplicated youth receiving substance abuse treatment services (youth services)	25		
Number of unduplicated adults receiving substance abuse treatment services referred by Community Court	76	65	117%
Adult Outcomes			
Percentage of clients successfully completing program (i.e., achieving substance abuse treatment goals)	65% (311/482)	66%	98%
Percentage of clients who were referred to subsequent treatment	96% (47/49)	100%	96%
Percentage of clients discharged to a stable housing situation	96% (369/383)	80%	120%
Percentage of clients employed, in school, or in training at discharge	46% (97/212)	55%	83%
Percentage of clients satisfied with services received	100% (149/149)	95%	105%

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
Percentage of clients who report having maintained abstinence from substance abuse at 60-day follow-up	84% (185/221)	70%	120%
Percentage of clients employed, in school, or in training at 60-day follow-up	72% (81/112)	60%	121%
Percentage of clients living in a stable housing situation at 60-day follow-up	81% (164/203)	85%	95%
Percentage of clients with a reduction in criminal behavior (charges/arrests) at 60-day follow-up	100% (60/60)	90%	111%
Percentage of clients receiving substance abuse services through the MSO that were in a homeless or marginally homeless situation	89% (501/561)	N/A	N/A
Youth Outcomes			
Percentage of clients successfully completing program (i.e., achieving substance abuse treatment goals)	50% (3/6)	66%	76%
Percentage of clients employed, in school, or in training at discharge	100% (6/6)	55%	182%
Percentage of clients discharged to a stable housing situation	100% (6/6)	80%	125%
Percentage of clients satisfied with clinical services received	N/A	95%	N/A
Percentage of clients who report having maintained abstinence from substance abuse at 60-day follow-up	N/A	70%	N/A
Percentage of clients employed, in school, or in training at 60-day follow-up	N/A	60%	N/A
Percentage of clients living in a stable housing situation at 60-day follow-up	N/A	85%	N/A
Percentage of clients with a reduction in criminal behavior (charges/arrests) at 60-day follow-up	N/A	90%	N/A

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:

- **Provider Network Development and Management:** Develop and manage a provider network to support the Wraparound process, consisting of traditional, formal, and non-traditional service providers; develop, negotiate, execute, and monitor service contracts; manage the credentialing process to ensure the network is comprised of qualified providers and organizations.
- **Gate Functions:** Verify whether an individual meets the eligibility criteria and ensure that eligible clients gain access to diverse, appropriate, family choice providers.
- **Utilization Management:** Monitor the funds that purchase the services and supports approved by the Child and Family Teams; conduct prospective and retrospective review of authorized services and supports; analyze service expenditure trends and identify and assess fiscal and programmatic issues.
- **Quality Management:** Compile data and report output and outcome results on a variety of indicators.
- **Management Information System:** Collect, manage, and report information necessary to ensure effective management of project resources and perform program evaluation functions.
- **Fiscal Management:** Ensure management of funding streams per eligibility criteria; submit monthly payment requests.
- **Claims Adjudication and Payment:** Review all claims for accuracy and completeness; ensure that claims are paid in a timely manner and at the appropriate rates.
- **Administrative Processes:** Provide efficient and appropriate access to services and supports; route Provider Service Delivery Records (progress notes) to assigned care coordinators.

System of Care services offered include the following:

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

AUSTIN TRAVIS COUNTY INTEGRAL CARE

System of Care Managed Services Organization

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

Funding

The total TCHHS/VS investment in the System of Care Managed Services Organization (MSO) from October 1, 2011 to September 30, 2012 was \$594,206. This program also received grant funding from Parenting in Recovery (\$210,085), the Milburn Trust (\$40,023), and The Children's Continuum (\$44,865). TCHHS/VS also funds the Main Mental Health Interlocal and Substance Abuse Managed Services Organization programs, which are also described in this report.

Eligibility Criteria

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

AUSTIN TRAVIS COUNTY INTEGRAL CARE

System of Care Managed Services Organization

Target populations are specific to the program:

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

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

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

ATCIC: SYSTEM OF CARE MANAGED SERVICES ORGANIZATION

Client Demographics

The System of Care MSO served more males (59%) than females (41%). Over one-third (36%) of those served were children and youth between the ages of 10 and 14, and nearly one-quarter (24%) were in the 15 to 17 age range. Please note that these ages reflect a client's age at the time the demographic report was run (December 2012) and not the client's age at enrollment into the program. Hispanic or Latino children and youth comprised 41% of the client population; these clients are included as Some other race in the race category. Over one-quarter (29%) of clients were White and 20% of clients were Black or African American. Most (75%) children and youth did not have income information available. Of those with known incomes, 24% lived in households with incomes below 200% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Gender			Age		
	Num.	Pct.		Num.	Pct.
Female	176	41%	Under 5	59	14%
Male	251	59%	5 to 9	95	22%
<i>Total</i>	<i>427</i>	<i>100%</i>	10 to 14	154	36%
			15 to 17	103	24%
			18 to 24	15	4%
			25 to 39	1	0.2%
			<i>Total</i>	<i>427</i>	<i>100%</i>
Ethnicity			Income		
	Num.	Pct.		Num.	Pct.
Hispanic or Latino	174	41%	<200% of FPIG	104	24%
Not Hispanic or Latino	250	59%	>200%	1	0.2%
Unknown	3	1%	Unknown	322	75%
<i>Total</i>	<i>427</i>	<i>100%</i>	<i>Total</i>	<i>427</i>	<i>100%</i>
Race					
<i>Population of one race:</i>					
American Indian or Alaska Native	8	2%			
Asian	2	0.5%			
Black or African American	86	20%			
White	123	29%			
Some other race	174	41%			
<i>Population of two races:</i>					
All other two race combinations	23	5%			
<i>Other and Unknown:</i>					
Other	8	2%			
Unknown	3	1%			
<i>Total</i>	<i>427</i>	<i>100%</i>			

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

ATCIC: SYSTEM OF CARE MANAGED SERVICES ORGANIZATION

Client ZIP Codes

Over one-quarter (26%) of clients served resided in the Southeast area of Travis County. The East (23%) and Northeast (16%) areas also had sizeable shares of clients. Unknown ZIP codes (12%) reflect children whose addresses are protected due to open Child Protective Services cases. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78621	2	0.5%	78641	1	0.2%	78727	4	0.9%
78653	5	1.2%	78654	2	0.5%	78728	2	0.5%
78660	15	3.5%	78730	1	0.2%	78757	1	0.2%
78664	2	0.5%	78731	1	0.2%	78758	19	4.4%
78752	19	4.4%	78734	2	0.5%	<i>Total North</i>	26	6.1%
78753	21	4.9%	<i>Total Northwest</i>	7	1.6%			
78754	2	0.5%						
<i>Total Northeast</i>	66	15.5%						
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78610	1	0.2%	78652	2	0.5%	78702	41	9.6%
78612	1	0.2%	78704	14	3.3%	78721	8	1.9%
78617	9	2.1%	78735	2	0.5%	78722	4	0.9%
78719	1	0.2%	78736	3	0.7%	78723	31	7.3%
78741	25	5.9%	78737	1	0.2%	78724	14	3.3%
78744	73	17.1%	78745	14	3.3%	78725	2	0.5%
78747	1	0.2%	78748	11	2.6%	<i>Total East</i>	100	23.4%
<i>Total Southeast</i>	111	26.0%	78749	3	0.7%			
			<i>Total Southwest</i>	50	11.7%			
West			Others			Central		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78620	1	0.2%	Outside of Travis Co.	1	0.2%	78701	1	0.2%
78703	3	0.7%	Unknown	53	12.4%	78705	1	0.2%
78746	1	0.2%	<i>Total Others</i>	54	12.6%	78751	4	0.9%
<i>Total West</i>	5	1.2%				78756	2	0.5%
						<i>Total Central</i>	8	1.9%

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

ATCIC: SYSTEM OF CARE MANAGED SERVICES ORGANIZATION

The System of Care MSO did not have established performance goals for 2012. The provider network served 427 unduplicated clients (see the first output). Please note that clients may have received multiple types of support; therefore, clients are unduplicated within the second, third, and fourth output measures but not across these output measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients who received services through the provider network established by the MSO	427	N/A	N/A
Number of unduplicated clients who received basic needs support (e.g. housing, utilities, food, and clothing, child care)	136	N/A	N/A
Number of unduplicated clients who received flexible community supports (e.g. enrichment activities, documents to access other services, unique non-traditional mental health services such as parent coaching, mentoring, behavioral aid, respite, and crisis support)	390	N/A	N/A
Number of unduplicated clients who received behavioral health services (e.g. psychiatric and other indicated assessments, individual and family therapy)	238	N/A	N/A

CAPITAL AREA COUNSELING

Low Cost, No Session Limit, Outpatient Counseling

Program Description

Capital Area Counseling provides mental health services, in the form of therapeutic counseling, to people in the community who may not otherwise have access to these services. Services are provided at a low cost that almost everyone can afford, and clients are seen for as long as needed, allowing for some level of stability in the counseling process. The primary service is once-per-week outpatient counseling/psychotherapy. The length of treatment is determined by the clinical needs of the client, and sessions are 50 minutes in length. Group therapy is also available.

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

Funding

The total TCHHS/VS investment in the Low Cost, No Session Limit, Outpatient Counseling program for 2012 was \$17,174. This investment comprised 5.9% of the total program budget.

Eligibility Criteria

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

CAPITAL AREA COUNSELING: LOW COST, NO SESSION LIMIT, OUTPATIENT COUNSELING

Client Demographics

Capital Area Counseling served more female (62%) than male (37%) clients. Over one-half (61%) of clients were in the 25 to 39 age range. Hispanic or Latino client comprised 20% of the client population, and 66% of clients were White. Over one-quarter (26%) of clients had incomes between 101% and 150% of the Federal Poverty Income Guideline (FPIG) level and 25% of clients had incomes between 50% and 100% of FPIG. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	636	62%
Male	384	37%
Unknown	10	1%
<i>Total</i>	<i>1,030</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	203	20%
Not Hispanic or Latino	813	79%
Unknown	14	1%
<i>Total</i>	<i>1,030</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	6	1%
Asian	21	2%
Black or African American	56	5%
Native Hawaiian or Other Pacific Islander	2	0.2%
White	683	66%
Some other race	175	17%
<i>Other and Unknown:</i>		
Other	73	7%
Unknown	14	1%
<i>Total</i>	<i>1,030</i>	<i>100%</i>

Age	Num.	Pct.
Under 5	1	0.1%
5 to 9	5	0.5%
10 to 14	11	1%
15 to 17	14	1%
18 to 24	134	13%
25 to 39	631	61%
40 to 59	201	20%
60 to 74	20	2%
75 and over	3	0.3%
Unknown	10	1%
<i>Total</i>	<i>1,030</i>	<i>100%</i>

Income	Num.	Pct.
<50% of FPIG	233	23%
50% to 100%	253	25%
101% to 150%	269	26%
151% to 200%	132	13%
>200%	135	13%
Unknown	8	1%
<i>Total</i>	<i>1,030</i>	<i>100%</i>

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

CAPITAL AREA COUNSELING: LOW COST, NO SESSION LIMIT, OUTPATIENT COUNSELING

Client ZIP Codes

Clients in this program were located throughout Travis County, with the largest share residing in the Southwest area (22%). The East (15%) and North (14%) areas also had a substantial number of clients in residence. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78621	11	1.1%	78613	11	1.1%	78727	11	1.1%
78653	12	1.2%	78641	12	1.2%	78728	17	1.7%
78660	20	1.9%	78654	1	0.1%	78729	16	1.6%
78664	11	1.1%	78669	5	0.5%	78757	29	2.8%
78752	31	3.0%	78726	3	0.3%	78758	42	4.1%
78753	32	3.1%	78730	1	0.1%	78759	26	2.5%
78754	11	1.1%	78731	16	1.6%	<i>Total North</i>	<i>141</i>	<i>13.7%</i>
<i>Total Northeast</i>	<i>128</i>	<i>12.4%</i>	78734	2	0.2%			
			78750	6	0.6%			
			<i>Total Northwest</i>	<i>57</i>	<i>5.5%</i>			
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78610	5	0.5%	78652	2	0.2%	78702	47	4.6%
78612	1	0.1%	78704	65	6.3%	78721	18	1.7%
78617	9	0.9%	78735	1	0.1%	78722	30	2.9%
78640	9	0.9%	78736	13	1.3%	78723	40	3.9%
78741	59	5.7%	78737	3	0.3%	78724	13	1.3%
78744	43	4.2%	78739	2	0.2%	78725	3	0.3%
78747	3	0.3%	78745	87	8.4%	<i>Total East</i>	<i>151</i>	<i>14.7%</i>
<i>Total Southeast</i>	<i>129</i>	<i>12.5%</i>	78748	36	3.5%			
			78749	15	1.5%			
			<i>Total Southwest</i>	<i>224</i>	<i>21.7%</i>			
West			Others					
	Num.	Pct.		Num.	Pct.			
78620	2	0.2%	Outside of Travis Co.	55	5.3%	78701	9	0.9%
78703	19	1.8%	Unknown	9	0.9%	78705	29	2.8%
78738	3	0.3%	<i>Total Others</i>	<i>64</i>	<i>6.2%</i>	78751	49	4.8%
78746	11	1.1%				78756	14	1.4%
<i>Total West</i>	<i>35</i>	<i>3.4%</i>				<i>Total Central</i>	<i>101</i>	<i>9.8%</i>

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

CAPITAL AREA COUNSELING: LOW COST, NO SESSION LIMIT, OUTPATIENT COUNSELING

Capital Area Counseling met or exceeded the targeted range of performance for all measures. Staff members note that the program continues to maintain a higher number of post-graduate interns, which enables them to move more people off the waitlist and into the therapy room (see the first output). In addition, many of their post-graduate therapists were able to continue seeing clients over the holidays, thus increasing the number of service hours. The program also continued to see an increase in client engagement, which added to the increase in the number of sessions completed in 2012 (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,030	800	129%
Number of counseling sessions completed	17,428	9,500	183%
Outcomes			
Percentage of clients satisfied with services	92% (713/772)	90% (720/800)	103%
Percentage of clients reporting progress on personal goals	91% (702/772)	85% (680/800)	107%
Percentage of clients with improvement in Global Assessment of Functioning (GAF) score	82% (611/741)	85% (680/800)	97%

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS

Care Coordination Program for Youth and Family Assessment Center

Program Description

The Care Coordination Program for 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. A Child and Family Team is created by the parent/primary caregiver and the Care Coordinator, and typically includes a school representative, service providers, family members, a neighbor or friend, and others. This team meets regularly to develop and implement a Plan Of Care, which defines the family's needs, strengths, goals, and planned interventions. The Child and Family Team can use a network of service providers managed by a Managed Service Organization (MSO), including therapists, mentors, parent coaches, case managers, and others to assist the family. Services provided by YFAC include: education and training, assessments and evaluation; treatment services (counseling/therapy); flexible community support services; and enrichment services.

Funding

The total TCHHS/VS investment in the Care Coordination Program Youth and Family Assessment Center for 2012 was \$394,949. This investment comprised 100.0% of the total program budget. TCHHS/VS also funds the Dropout Prevention program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

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

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS

Care Coordination Program for Youth and Family Assessment Center

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

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS: CARE COORDINATION FOR YFAC

Client Demographics

Nearly two-thirds (63%) of children and youth served were male and 37% were female. Youth between the ages of 10 and 14 comprised 60% of the total population served, and 31% were children ages 5 to 9. Hispanic or Latino children and youth comprised 70% of the population served; these children and youth are included as Some other race in the race category. For children and youth with known income levels, more than one-third (35%) lived in families with incomes below 200% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Please note that demographics reflect only youth served using the wraparound approach and do not include youth served in the School Readiness Camps.

Gender	Num.	Pct.
Female	34	37%
Male	59	63%
<i>Total</i>	<i>93</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	65	70%
Not Hispanic or Latino	28	30%
<i>Total</i>	<i>93</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	2	2%
Asian	1	1%
Black or African American	15	16%
White	5	5%
Some other race	65	70%
<i>Population of two races:</i>		
All other two race combinations	5	5%
<i>Total</i>	<i>93</i>	<i>100%</i>

Age	Num.	Pct.
5 to 9	29	31%
10 to 14	56	60%
15 to 17	8	9%
<i>Total</i>	<i>93</i>	<i>100%</i>

Income	Num.	Pct.
< 200% of FPIG	33	35%
>200%	1	1%
Unknown	59	63%
<i>Total</i>	<i>93</i>	<i>100%</i>

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

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS: CARE COORDINATION FOR YFAC

Client ZIP Codes

Close to one-half (46%) of children and youth served were located in the East area of Travis County. The Southeast (30%) area also had a large number of children and youth in residence. (See Appendix B for ZIP code classification map.)

Please note that ZIP codes reflect only youth served using the wraparound approach and do not include youth served in the School Readiness Camps.

Northeast			Southwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78653	1	1.1%	78704	2	2.2%	78758	2	2.2%
78752	7	7.5%	78745	1	1.1%	<i>Total North</i>	2	2.2%
78753	8	8.6%	78748	1	1.1%			
<i>Total Northeast</i>	16	17.2%	<i>Total Southwest</i>	4	4.3%	East		
						78702	19	20.4%
Southeast						78721	7	7.5%
78741	8	8.6%				78722	2	2.2%
78744	20	21.5%				78723	13	14.0%
<i>Total Southeast</i>	28	30.1%				78724	2	2.2%
						<i>Total East</i>	43	46.2%

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

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS: CARE COORDINATION FOR YFAC

Performance Goals and Results

The Care Coordination for Youth and Family Assessment Center exceeded goals across all performance measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth served	155	140	111%
Number of unduplicated youth served using the wraparound approach	93	90	103%
Number of unduplicated youth served in the School Readiness Camps	62	60	103%
Average number of families maintained on Care Coordinators' assigned caseloads	11	10	106%
Number of unduplicated siblings residing in each enrolled youth's household	78	N/A	N/A
Program Outcomes			
Percentage of youth enrolled who receive an initial assessment using a standardized tool	100% (49/49)	100%	100%
Percentage of youth graduating the program who receive a closing assessment	100% (35/35)	90%	111%
Customer Satisfaction Outcomes			
Percentage of surveys (caregiver, youth, and school) completed and returned	86% (90/105)	70%	122%
Percentage of families reporting a high level of satisfaction with the program	100% (32/32)	85%	118%
Percentage of youth reporting a high level of satisfaction with the program	93% (28/30)	85%	110%
Child/Family Outcomes			
Percentage of youth and families meeting the goals of their Plan of Care	82%	80%	103%
Percentage of youth who have stable and/or improved scores on post-test evaluation assessment	86% (30/35)	85%	101%
Percentage of youth enrolled in the program post 60 days who show an improved attendance rate (for those youth with an absenteeism rate of 10% or above)	50% (10/20)	50%	100%

COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS: CARE COORDINATION FOR YFAC

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of youth enrolled in the program post 60 days who demonstrate passing grades in 3 out of the 4 core subjects at closure	74% (26/35)	50%	149%
Percentage of youth enrolled in the program post 60 days who demonstrate a decrease in school discipline referral	67% (18/27)	50%	133%
Percentage of youth with prior history of juvenile justice involvement who have a reduction in juvenile justice involvement	50% (2/4)	40%	125%
Percentage of youth with no prior history of juvenile justice involvement who were deterred from engaging in delinquent behavior resulting in juvenile justice involvement	84% (21/25)	80%	105%
Percentage of youth who demonstrate improvement in school behavior based upon school representatives surveyed	89% (25/28)	75%	119%
Percentage of parents surveyed who indicate an improvement in their relationship with the school	100% (32/32)	85%	118%
Percentage of parents surveyed who indicate a reduction in stress	91% (29/32)	85%	107%
Percentage of parents surveyed who indicate improvement in the parent/child relationship	90% (28/31)	85%	106%
Percentage of youth surveyed who indicate improvement in behavioral self-management	93% (28/30)	85%	110%

Counseling

Program Description

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

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

Funding

The total TCHHS/VS investment in the Counseling program for 2012 was \$94,585. This investment comprised 5.3% of the total program budget. TCHHS/VS also funds three additional programs at LifeWorks: the Housing program, which is described in the Housing Continuum issue area report; the Youth Development program, which is described in the Child and Youth Development issue area report; and the ABE and ESL program, which is described in the Education issue area report.

Eligibility Criteria

Clients served through Youth and Adult Counseling services 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.

Counseling

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

The Counseling program served more men (60%) than women (40%). Over one-third (37%) of clients were between the ages of 25 and 39. Slightly more than one-half (54%) of clients were Hispanic or Latino and 79% of clients were White. Clients with incomes below 50% of the Federal Poverty Income Guideline level comprised 40% of the client population. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	843	40%
Male	1,281	60%
<i>Total</i>	<i>2,124</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	1,156	54%
Not Hispanic or Latino	966	45%
Unknown	2	0.1%
<i>Total</i>	<i>2,124</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	10	0.5%
Asian	36	2%
Black or African American	326	15%
Native Hawaiian or Other Pacific Islander	8	0.4%
White	1,673	79%
Some other race	28	1%
<i>Population of two races:</i>		
Asian and White	1	0.05%
Black or African American and White	22	1%
<i>Other and Unknown:</i>		
Other	20	1%
<i>Total</i>	<i>2,124</i>	<i>100%</i>

Age	Num.	Pct.
Under 5	44	2%
5 to 9	125	6%
10 to 14	325	15%
15 to 17	171	8%
18 to 24	351	17%
25 to 39	782	37%
40 to 59	305	14%
60 to 74	21	1%
<i>Total</i>	<i>2,124</i>	<i>100%</i>

Income	Num.	Pct.
<50% of FPIG	846	40%
50% to 100%	497	23%
101% to 150%	326	15%
151% to 200%	197	9%
>200%	258	12%
<i>Total</i>	<i>2,124</i>	<i>100%</i>

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

LifeWorks met or exceeded the targeted range of performance expectations for all measures. Program staff members noted that Youth and Adult Counseling served more clients than anticipated (see the first output) and have worked diligently with their counselors on helping youth and families learn how to increase their coping skills (see the first outcome). Resolution Counseling saw more clients referred for their longer program (30–sessions) and the decrease in new clients entering the program impacted the number of clients successfully completing the program (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated households served in Youth and Adult Counseling (YAC)	1,159	1,100	105%
Number of unduplicated clients served in Resolution Counseling (RC)	965	950	102%
Outcomes			
Percentage of unduplicated YAC clients reporting improvement of overall coping skills/overall sense of well-being at case closure (as self-reported by the client; any movement in scale towards the direction of their goal)	86% (805/932)	80% (660/825)	108%
Percentage of unduplicated RC clients who successfully complete program (meet program requirements with no additional acts of violence while in program)	56% (388/692)	60% (342/570)	93%

OUT YOUTH

Youth Development

Program Description

The goals of Out Youth's programs are to provide safe spaces for sexual minority and gender variant youth, promoting healthy youth development, positive mental health, and supportive relationships. The Youth Development program consists of two services. Counseling Services includes crisis intervention and counseling for youth through formal and informal counseling with licensed counselors and supervised interns. Youth may set up an appointment or seek out a counselor during drop-in center hours. The number of counseling sessions is open-ended; goals are set together between youth and counselor. Support Services provides peer support, mentoring, and peer socialization through its drop-in center and peer support groups. At the drop-in center, youth develop supportive friendships, receive a deeper level of support through support groups led by trained facilitators, and talk with adult volunteers who act as mentors. Additional support groups on specific topics are held as needed, along with psycho-educational groups and programs. Finally, Out Youth operates support groups in nearby high schools and communities for those youth who lack transportation to the Out Youth facility.

Funding

The total TCHHS/VS investment in the Youth Development program for 2012 was \$12,880. This investment comprised 4.2% of the total program budget.

Eligibility Criteria

Out Youth serves youth between the ages of 12 and 19 who identify as gay, lesbian, bisexual, transgender, or who are questioning their sexual orientation. Supportive straight allies are also welcome. Out Youth aims for the youth who participate in its programs to reflect the ethnic and socioeconomic diversity of Central Texas.

OUT YOUTH: YOUTH DEVELOPMENT

Client Demographics

Over one-half (56%) of the clients served by Youth Development were female. Clients with a gender of unknown (8%) did not specify this information on the intake form. Nearly one-half (48%) of clients were 15 to 17 years of age. One-third of clients were Hispanic or Latino and 70% of clients were White. More than one-third (35%) of clients had a family income between 50% and 100% of the Federal Poverty Income Guideline level. Many youth were unaware of their family's income status, contributing to the number of clients with unknown income (22%). (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	92	56%
Male	59	36%
Unknown	14	8%
<i>Total</i>	<i>165</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	54	33%
Not Hispanic or Latino	106	64%
Unknown	5	3%
<i>Total</i>	<i>165</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
Asian	1	1%
Black or African American	23	14%
Native Hawaiian or Other Pacific Islander	1	1%
White	116	70%
<i>Population of two races:</i>		
American Indian or Alaska Native and White	1	1%
Black or African American and White	2	1%
Black or African American and American Indian or Alaska Native	1	1%
All other two race combinations	11	7%
<i>Other and Unknown:</i>		
Other	3	2%
Unknown	6	4%
<i>Total</i>	<i>165</i>	<i>100%</i>

Age	Num.	Pct.
10 to 14	32	19%
15 to 17	80	48%
18 to 24	49	30%
25 to 39	1	1%
Unknown	3	2%
<i>Total</i>	<i>165</i>	<i>100%</i>

Income	Num.	Pct.
<50% of FPIG	33	20%
50% to 100%	58	35%
101% to 150%	30	18%
151% to 200%	8	5%
Unknown	36	22%
<i>Total</i>	<i>165</i>	<i>100%</i>

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

OUT YOUTH: YOUTH DEVELOPMENT

Client ZIP Codes

The Southwest area of Travis County had the largest share of clients in residence, at 19%. The East (17%) area also saw a sizeable percentage of the client population. Program staff note that some youth were unaware of their ZIP code information and did not include a ZIP code on the intake form. Staff plan to walk through the intake form with youth so more information is completed. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78653	1	0.6%	78613	3	1.8%	78727	3	1.8%
78660	6	3.6%	78641	2	1.2%	78728	1	0.6%
78664	4	2.4%	78726	2	1.2%	78757	3	1.8%
78752	1	0.6%	78732	1	0.6%	78758	5	3.0%
78753	8	4.8%	78734	2	1.2%	78759	3	1.8%
<i>Total Northeast</i>	<i>20</i>	<i>12.1%</i>	78750	1	0.6%	<i>Total North</i>	<i>15</i>	<i>9.1%</i>
			<i>Total Northwest</i>	<i>11</i>	<i>6.7%</i>			
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78612	1	0.6%	78652	1	0.6%	78702	10	6.1%
78640	1	0.6%	78704	15	9.1%	78721	7	4.2%
78741	6	3.6%	78735	1	0.6%	78723	9	5.5%
78744	6	3.6%	78739	1	0.6%	78724	1	0.6%
<i>Total Southeast</i>	<i>14</i>	<i>8.5%</i>	78745	6	3.6%	78725	1	0.6%
			78748	3	1.8%	<i>Total East</i>	<i>28</i>	<i>17.0%</i>
			78749	4	2.4%			
West			Total Southwest			Central		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78620	2	1.2%	<i>Total Southwest</i>	<i>31</i>	<i>18.8%</i>	78701	1	0.6%
78703	2	1.2%				78751	3	1.8%
78746	3	1.8%				78756	2	1.2%
<i>Total West</i>	<i>7</i>	<i>4.2%</i>				<i>Total Central</i>	<i>6</i>	<i>3.6%</i>
Others								
	Num.	Pct.	Outside of Travis Co.	18	10.9%			
Unknown	15	9.1%						
<i>Total Others</i>	<i>33</i>	<i>20.0%</i>						

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

OUT YOUTH: YOUTH DEVELOPMENT

Out Youth exceeded performance goals for all but one measure. Program staff report that more return youth attended Out Youth’s programming, rather than new youth, leading to fewer unduplicated clients served (see the first output). The program was able to serve more clients in peer support groups (see the second output) due to an increase in clinical interns who were able to facilitate groups. Staff also noticed an increased amount of clients being referred to Out Youth by schools and other community counseling services, which led to more referrals to counseling or other social services (see the fourth output). There was a high level of youth participation and feedback in the Support clients survey process (see the first outcome). Finally, although fewer counseling clients were surveyed due to a transition in the Clinical Director position and a change in caseload, most clients who were surveyed showed improved functioning (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	165	250	66%
Number of clients participating in peer support groups	108	75	144%
Number of clients accessing counseling services	47	45	104%
Number of clients referred to counseling or other social services by Support team	44	28	157%
Outcomes			
Percentage of Support clients who report higher levels of social support and sense of belonging than at intake	88% (84/96)	80% (56/70)	109%
Percentage of counseling clients showing improved functioning (i.e., showing higher GAF or C-GAS rating than at intake; clients are assessed after achievement of goals, termination, or dropout)	96% (26/27)	80% (36/45)	120%

WORKER'S ASSISTANCE PROGRAM, INC.

Youth Advocacy—Creating Lasting Family Connections

Program Description

The goal of the Youth Advocacy—Creating Lasting Family Connections (CLFC) program is to prevent the onset and/or reduce the incidence of substance abuse among a high-risk population of youth from throughout Travis County through the provision of a family-strengthening program designed to enhance protective factors and reduce risk factors. The program provides substance abuse intervention counseling, education and social skills training, case management, problem identification and referral, and advocacy.

Funding

The total TCHHS/VS investment in the Youth Advocacy—Creating Lasting Family Connections program for 2012 was \$43,503. This investment comprised 14.9% of the total program budget.

Eligibility Criteria

Program services are for youth 13-17 years of age. Historically, participants are from public middle schools and high schools with high concentrations of students, and who show early signs of substance use, display at-risk behaviors such as failing grades, truancy, family conflict, school disciplinary problems, gang involvement and/or may be experimenting with gateway drugs, and do not meet the criteria for substance abuse or dependence.

WORKERS ASSISTANCE PROGRAM, INC.: YOUTH ADVOCACY—CLFC

Client Demographics

More than one-half (56%) of clients in this program were female. Over one-quarter (28%) of clients were youth ages 15 to 17, and another 26% were between 10 and 14 years old. Most (94%) clients were Hispanic or Latino and 98% of clients were White. Income status information is not collected on program participants.

Gender	Num.	Pct.
Female	130	56%
Male	101	44%
<i>Total</i>	<i>231</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	216	94%
Not Hispanic or Latino	15	6%
<i>Total</i>	<i>231</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
Asian	1	0.4%
Black or African American	4	2%
White	226	98%
<i>Total</i>	<i>231</i>	<i>100%</i>

Age	Num.	Pct.
10 to 14	61	26%
15 to 17	64	28%
18 to 24	1	0.4%
25 to 39	54	23%
40 to 59	49	21%
60 to 74	2	1%
<i>Total</i>	<i>231</i>	<i>100%</i>

Income	Num.	Pct.
Not Applicable	231	100%
<i>Total</i>	<i>231</i>	<i>100%</i>

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

WORKERS ASSISTANCE PROGRAM, INC.: YOUTH ADVOCACY—CLFC

Client ZIP Codes

Close to one-half (46%) of clients in the Youth Advocacy—Creating Lasting Family Connections program resided in the Southeast area of Travis County. More than one-quarter (26%) of clients were located in the Southwest area. (See Appendix B for ZIP code classification map.)

Northeast			Southwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78660	2	0.9%	78652	4	1.7%	78757	4	1.7%
78752	1	0.4%	78704	20	8.7%	78758	10	4.3%
78753	6	2.6%	78735	12	5.2%	78759	2	0.9%
<i>Total Northeast</i>	<i>9</i>	<i>3.9%</i>	78739	1	0.4%	<i>Total North</i>	<i>16</i>	<i>6.9%</i>
			78745	7	3.0%			
			78748	6	2.6%	East		
			78749	9	3.9%	78702	11	4.8%
			<i>Total Southwest</i>	<i>59</i>	<i>25.5%</i>	78721	12	5.2%
						78724	15	6.5%
						78725	2	0.9%
						<i>Total East</i>	<i>40</i>	<i>17.3%</i>
Southeast								
78617	6	2.6%						
78640	1	0.4%						
78741	42	18.2%						
78742	1	0.4%						
78744	42	18.2%						
78747	14	6.1%						
<i>Total Southeast</i>	<i>106</i>	<i>45.9%</i>						
West								
78620	1	0.4%						
<i>Total West</i>	<i>1</i>	<i>0.4%</i>						

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

WORKERS ASSISTANCE PROGRAM, INC.: YOUTH ADVOCACY—CLFC

Performance Goals and Results

Performance for the Workers Assistance Program fell within the targeted range for all but one performance measure. Program staff members explain that although the program was able to meet the number of youth enrolled in the program (see the first output), they fell short in the number who completed the program. This impacted the number of youth completing pre- and post-tests (see the first outcome). One of the main factors of this shortfall was that many of the youth enrolled dropped out of the program after they completed their court order requirements and refused to finish the program.

A similar issue was seen with families in the program, with high numbers of enrollees (also represented in the first output) but lower completion numbers (see the second outcome). Staff note that they had many families with multiple youth enrolled in the program at the same time, and some of the adults dropped out of the program after they completed the court order requirements, leading to fewer parental retrospective surveys completed.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	231	250	92%
Number of unduplicated clients receiving structured education or training	231	250	92%
Outcomes			
Percentage of youth who completed pre- and post-tests and increased their social competence and/or refusal skills	81% (44/54)	75% (75/100)	109%
Percentage of families who completed the parental retrospective survey and improved family functioning and/or family bonding	80% (47/59)	90% (90/100)	89%

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA) OF GREATER AUSTIN

YW Counseling & Referral Center

Program Description

The YW Counseling & Referral Center of the YWCA of Greater Austin strives to improve the mental health of women and their families in the Austin-Travis County area. The agency meets this goal through direct service in several ways: 1) by providing short-term (10 session), sliding scale counseling services for women and their families in individual, couples and family treatment modalities; 2) by offering group services on psycho-educational topics at local sites; 3) by providing therapeutic groups on site; 4) by providing services in Spanish for monolingual Spanish speaking women; 5) by providing a safe place for estranged parents to meet with their children through the Common Ground Program; and 6) by engaging in collaborations to perform services consistent with YWCA goals and services that promote improved well being.

Funding

The total TCHHS/VS investment in the YW Counseling & Referral Center program for 2012 was \$90,596. This investment comprised 29.5% of the total program budget.

Eligibility Criteria

The YW Counseling & Referral Center offers affordable, short-term counseling for women and their families living in Austin and Travis County. Their professional, licensed social workers and counselors provide individual, couples, and family counseling for women with concerns about depression, anxiety, relationship issues, Post Traumatic Stress, and a host of other problems in living. Group services have been provided to inpatient residents of Austin Recovery for over 15 years, while Teacher Support Groups are held at specially selected child care centers located in high-risk poverty ZIP codes.

YWCA OF GREATER AUSTIN: YW COUNSELING & REFERRAL CENTER

Client Demographics

The majority (95%) of clients served in this program were female. Close to one-half (45%) of clients were in the 25 to 39 age range and 27% of clients were between the ages of 40 and 59. Over one-third (38%) of clients were Hispanic or Latino and 77% of clients were White. Program staff note that most of their off-site skills-building groups serve clients of other organizations that contract with the YWCA specifically for group services, which include child care centers and drug recovery centers. Because these organizations do not release income information, there are a substantial number of clients with unknown incomes (62%). For clients with known incomes, 15% of clients had incomes between 50% and 100% of the Federal Poverty Income Guideline level. (See Appendix A for specific guideline income levels.)

Gender	Num.	Pct.
Female	738	95%
Male	36	5%
Unknown	5	1%
<i>Total</i>	<i>779</i>	<i>100%</i>

Ethnicity	Num.	Pct.
Hispanic or Latino	294	38%
Not Hispanic or Latino	478	61%
Unknown	7	1%
<i>Total</i>	<i>779</i>	<i>100%</i>

Race	Num.	Pct.
<i>Population of one race:</i>		
American Indian or Alaska Native	9	1%
Asian	12	2%
Black or African American	85	11%
White	600	77%
Some other race	13	2%
<i>Population of two races:</i>		
All other two race combinations	1	0.1%
<i>Other and Unknown:</i>		
Other	52	7%
Unknown	7	1%
<i>Total</i>	<i>779</i>	<i>100%</i>

Age	Num.	Pct.
Under 5	8	1%
5 to 9	1	0.1%
10 to 14	4	1%
15 to 17	15	2%
18 to 24	152	20%
25 to 39	350	45%
40 to 59	209	27%
60 to 74	25	3%
Unknown	15	2%
<i>Total</i>	<i>779</i>	<i>100%</i>

Income	Num.	Pct.
<50% of FPIG	97	12%
50% to 100%	116	15%
101% to 150%	35	4%
151% to 200%	17	2%
>200%	30	4%
Unknown	484	62%
<i>Total</i>	<i>779</i>	<i>100%</i>

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

YWCA OF GREATER AUSTIN: YW COUNSELING & REFERRAL CENTER

Client ZIP Codes

Nearly one-half (48%) of clients in the YW Counseling & Referral Center program resided in the Northeast area of Travis County. The Southwest and East areas each comprised 13% of the client population. (See Appendix B for ZIP code classification map.)

Northeast			Northwest			North		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78653	3	0.4%	78730	1	0.1%	78727	5	0.6%
78660	13	1.7%	78731	2	0.3%	78728	7	0.9%
78664	2	0.3%	78732	1	0.1%	78729	3	0.4%
78752	9	1.2%	78750	2	0.3%	78757	8	1.0%
78753	35	4.5%	<i>Total Northwest</i>	6	0.8%	78758	19	2.4%
78754	310	39.8%				78759	8	1.0%
<i>Total Northeast</i>	372	47.8%				<i>Total North</i>	50	6.4%
Southeast			Southwest			East		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78610	1	0.1%	78704	34	4.4%	78702	14	1.8%
78612	1	0.1%	78735	2	0.3%	78721	49	6.3%
78617	8	1.0%	78736	1	0.1%	78722	3	0.4%
78640	4	0.5%	78737	1	0.1%	78723	15	1.9%
78741	37	4.7%	78739	1	0.1%	78724	15	1.9%
78744	31	4.0%	78745	40	5.1%	78725	3	0.4%
78747	2	0.3%	78748	13	1.7%	<i>Total East</i>	99	12.7%
<i>Total Southeast</i>	84	10.8%	78749	7	0.9%			
			<i>Total Southwest</i>	99	12.7%			
West			Others			Central		
	Num.	Pct.		Num.	Pct.		Num.	Pct.
78746	1	0.1%	Outside of Travis Co.	2	0.3%	78701	1	0.1%
<i>Total West</i>	1	0.1%	Unknown	41	5.3%	78705	4	0.5%
			<i>Total Others</i>	43	5.5%	78751	15	1.9%
						78756	5	0.6%
						<i>Total Central</i>	25	3.2%

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

YWCA OF GREATER AUSTIN: YW COUNSELING & REFERRAL CENTER

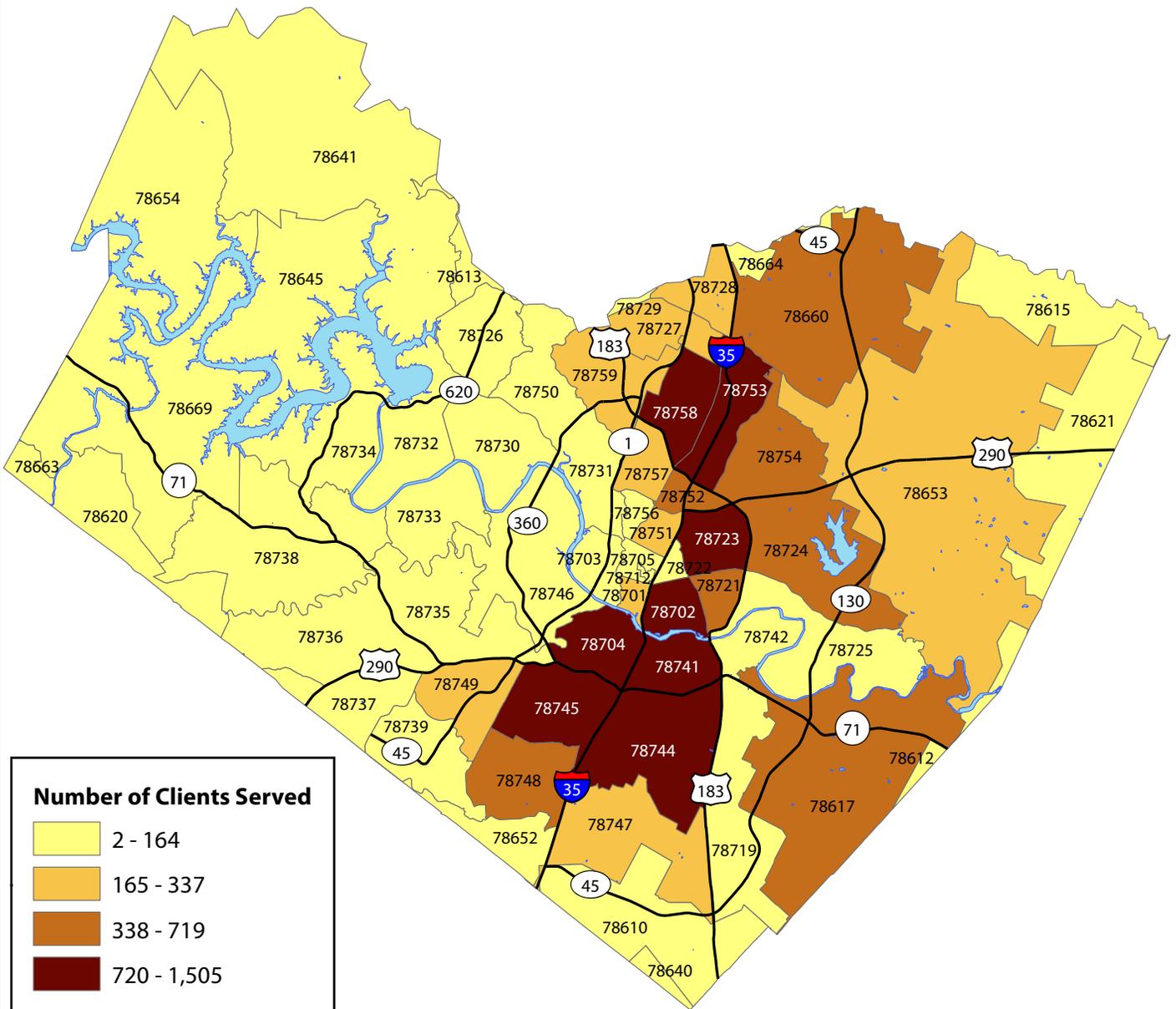
Performance Goals and Results

The YWCA of Great Austin had mixed performance results in 2012, falling short of goals on two output measures but exceeding goals on all outcome measures. Program staff members explain that group services in collaboration with their three long-standing partner agencies have seen more than a 50% reduction in group attendance due to contract changes and internal changes with their partner agencies. The YWCA Clinical Director has identified new partners for group services in the community and is in the process of negotiating memoranda of understanding in order to initiate services at the beginning of 2013. The reduction in group services directly impacted both the number of clients served in therapy and skill building groups (see the third output) and the overall number of clients served (see the first output). Despite this, the clients attending group services who responded to Group Evaluation Forms overwhelmingly reported having attained an increase in knowledge/skills (see the third outcome). Staff attribute the higher numbers of clients served in individual, couples, and family counseling (see the second output) to lowering their sliding fee scale and maintaining adequate bilingual staff. These clients also reported positive outcomes from counseling received (see the first three outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	779	1,018	77%
Number of unduplicated clients served – individual, couples, family	303	250	121%
Number of unduplicated clients served – therapy and skill building groups	476	768	62%
Outcomes			
Percentage of clients demonstrating improvement in mental health status/functioning	82% (135/164)	75% (100/133)	109%
Percentage of clients reporting achievement of a treatment plan goal	99% (125/126)	90% (84/93)	110%
Percentage of clients reporting improvement in attitude/behavior	98% (123/126)	86% (80/93)	113%
Percentage of clients reporting increased knowledge/skills	95% (239/251)	86% (344/400)	111%

Client ZIP Code Map

Behavioral Health Clients Served by ZIP Code Travis County, 2012



Notes: This map shows 20,115 clients by ZIP code. 3,984 (17% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes are not included for Austin Travis County Integral Care's Substance Abuse Managed Services Organization program.



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

Appendix A

2012 Federal Poverty Income Guidelines

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

Household Size	Income Limits for Threshold Levels					
	50%	100%	125%	150%	200%	250%
1	\$5,585	\$11,170	\$13,963	\$16,755	\$22,340	\$27,925
2	\$7,565	\$15,130	\$18,913	\$22,695	\$30,260	\$37,825
3	\$9,545	\$19,090	\$23,863	\$28,635	\$38,180	\$47,725
4	\$11,525	\$23,050	\$28,813	\$34,575	\$46,100	\$57,625
5	\$13,505	\$27,010	\$33,763	\$40,515	\$54,020	\$67,525
6	\$15,485	\$30,970	\$38,713	\$46,455	\$61,940	\$77,425
7	\$17,465	\$34,930	\$43,663	\$52,395	\$69,860	\$87,325
8	\$19,445	\$38,890	\$48,613	\$58,335	\$77,780	\$97,225

For families/households with more than 8 persons, add \$3,960 for each additional person.

Data source: "2012 HHS Poverty Guidelines," U.S. Department of Health & Human Services, *Federal Register*, Vol. 77, No. 17, January 26, 2012, pp. 4034-4035, <http://aspe.hhs.gov/poverty/12poverty.shtml>.

2012 Austin Median Family Income Guidelines

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

Household Size	Income Limits for Threshold Levels				
	30%	40%	50%	60%	120%
1	\$15,950	\$21,280	\$26,600	\$31,920	\$42,500
2	\$18,200	\$24,320	\$30,400	\$36,480	\$48,600
3	\$20,500	\$27,360	\$34,200	\$41,040	\$54,650
4	\$22,750	\$30,360	\$37,950	\$45,540	\$60,700
5	\$24,600	\$32,800	\$41,000	\$49,200	\$65,600
6	\$26,400	\$35,240	\$44,050	\$52,860	\$70,450
7	\$28,250	\$37,680	\$47,100	\$56,520	\$75,300
8	\$30,050	\$40,080	\$50,100	\$60,120	\$80,150

Data source: "Rent and Income Limits (Austin, TX)," City of Austin Neighborhood Housing and Community Development, April 17, 2012, http://www.austintexas.gov/sites/default/files/files/Housing/2012_projectIncomeandrenttool.pdf.

Appendix B

ZIP Code Classification Map

ZIP codes located within Travis County are classified into one of the following eight descriptive categories: Central, East, North, Northeast, Northwest, Southeast, Southwest, and West. These categories were designed to provide a frame of reference when locating ZIP codes on the map and are used to highlight client concentrations across geographic areas.

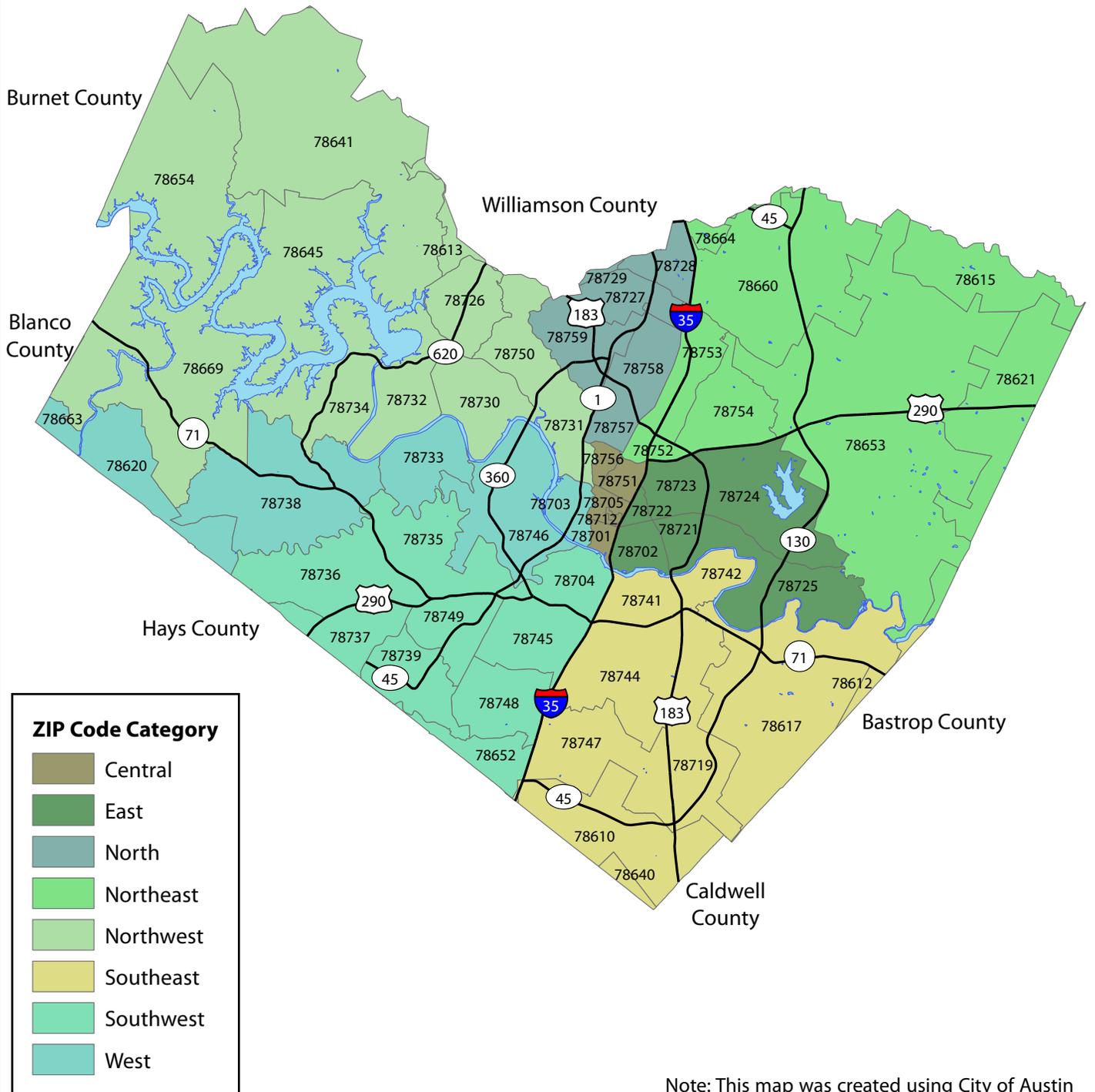
Descriptive categories are loosely based on Multiple Listing Service (MLS) categories. Occasionally, a ZIP code spans multiple MLS areas. For such ZIP codes, categorization was based on where the bulk of the ZIP code area was located. For example, if a ZIP code spanned the West, South, and Southwest areas, but the majority of the ZIP code area was located in the West area, it was classified as “West.”

A number of ZIP codes are located in Travis County and an adjoining county. These ZIP codes were classified by where the area found inside Travis County lines was mostly located. For example, a ZIP code area may be located in the West area of Travis County, but the majority of the ZIP code area outside of Travis County may be in the Southwest area. In this example, the ZIP code would be classified as “West.”

Please note that the 78616 ZIP code has a miniscule portion of its area within Travis County boundaries and thus is not included on the ZIP code classification map.

ZIP Code Categories

Travis County, 2012



Note: This map was created using City of Austin shapefiles. ZIP code categories are loosely based on Multiple Listing Service (MLS) categories.

Created by: Travis County HHS/VS Research & Planning Division, 2013.



Appendix C

Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing (November 2012 through February 2013). Terminology used in the report is based upon the terms used by the original data source. Therefore, terminology may differ within or across issue areas. For example, one data source may use the term “African American” while another may use “Black.” Finally, 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.

Most data included in the *2012 Community Impact Report* cover calendar year 2012^g and are drawn from contracts and reports provided by contracted service providers. Each contract is classified into the issue area most closely aligned to its central goals and objectives.

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 and general gauge of their performance over a one-year period. Readers are encouraged to locate the particular programs of interest in each issue area report and review the detailed programmatic and performance information. Within these reports, service providers offer explanations for variance in performance. This information, in particular, is critical to providing context and meaning to these summary results.

These performance results do not reflect the programs’ full value to and impact on the community, which would require formal program evaluations, qualitative studies, and a review of other research. Therefore, it is also important to keep the following considerations in mind when reviewing program performance.

Participant characteristics can significantly influence a program’s performance 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. Readers should therefore use caution when comparing output and outcome results across programs.

^g The report covers calendar year 2012 because the majority of the social service contracts included in the report follow a calendar year schedule.

Many additional factors beyond the program's control may also impact the program's performance. For example, if jobs become scarce, an effective workforce development program may experience lower client employment rates, regardless of the quality of training and support provided to their clients. Similarly, if jobs become abundant, a workforce development program may experience higher client employment rates, even if the program provided training that was not marketable. 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. For such small programs, 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 narrow set of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. For example, though an individual was unable to obtain employment within the time period analyzed, a program may have increased the readiness and capacity of the individual to succeed on the job once eventually employed. Additionally, performance measures may not all be equal in importance or value to the community. Also, some agencies may have negotiated performance measure goals that were more difficult to achieve than others.

Endnotes

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