



Travis County Commissioners Court Agenda Request

Meeting Date: February 7, 2012

Prepared By/Phone Number: Shannon Pleasant CTPM / 854-1181;
Marvin Brice CPPB / 854-9765

Elected/Appointed Official/Dept. Head: Cyd Grimes C.P.M, CPPO

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Ratify and Approve Modification No. 9 to Interlocal No. IL070171RE, Mental Health Services with Austin Travis County Integral Care

- Ø **Purchasing Recommendation and Comments:** Purchasing did not supervise or participate in contract negotiations.
- Ø Through this Interlocal agreement, Austin Travis County Mental Health Mental Retardation Center, d/b/a Austin Travis County Integral Care (ATCIC) serves as the lead in assessment, planning, and evaluation functions relative to mental health, mental retardation, and substance abuse services. ATCIC is also responsible for the provision of certain mental health and mental retardation services, either as direct provider, or through subcontracts with other providers.

Modification No. 9 will:

Ratify the contract, due to a delay of the 2012 renewal. The delay renewing the Contract was due to extended negotiations between ATCIC and Travis County Health & Human Services and Veterans Services department.

Renew the contract for an additional twelve-month period, from January 1, 2012 through December 31, 2012. Contract funds are not to exceed \$1,436,054 for this renewal period.

Modification No. 8 added \$25,000 to the agreement to help fund the Executive Coordinator Position for the Mental Health Task Force, formerly known as the Mayor's Mental Health Task Force Monitoring Committee.

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

Modification No. 7 reflected the change of the agency's name to Austin Travis County Mental Health Mental Retardation Center, d/b/a Austin Travis County Integral Care.

Modification No. 6 renewed the agreement for an additional twelve-month period, from January 1, 2011 through December 31, 2011. Contract funds are not to exceed \$1,436,054 for this renewal period.

Modification No. 5 increased the agreement amount from \$1,411,054 to \$1,436,054, an increase of \$25,000, to help fund the Mayor's Mental Health Task Force Monitoring Committee. The work statement and budget for 2010 were attached.

Modification No. 4 renewed the agreement for an additional twelve-month period, from January 1, 2010 through December 31, 2010. Contract funds were not to exceed \$1,411,054.

Modification No. 3 renewed the agreement for an additional twelve-month period, from January 1, 2009 through December 31, 2009. Contract funds were not to exceed \$1,411,054.

Modification No. 2 renewed the agreement for an additional twelve-month period, from January 1, 2008 through December 31, 2008. Contract funds were not to exceed \$1,411,054.

Modification No. 1 added \$400,000 to fund the Mobile Crisis Outreach Team during the FY'07 budget, and increased the contract amount from \$1,011,054 to \$1,411,054.

Ø **Contract Expenditures:** Within the last 12 months \$1,436,054 has been spent against this contract/requirement.

Ø **Contract-Related Information:**

Award Amount: \$45,999

Contract Type: Interlocal Agreement

Contract Period: June 1, 2006 through December 31, 2006

Ø **Contract Modification Information:**

Modification Amount: \$1,436,054

Modification Type: Bilateral

Modification Period: January 1, 2012 through December 31, 2012

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

Ø **Solicitation-Related Information: NA**

Solicitations Sent:

Responses Received:

HUB Information:

% HUB Subcontractor:

Ø **Special Contract Considerations:**

Award has been protested.

Award is not to the lowest bidder.

Comments: Modification being routed for signature. The draft is attached for Court review. The originals will be forwarded upon receipt.

Ø **Funding Information:**

Purchase Requisition in H.T.E.: 548588

Funding Account(s): 00158916116294

Comments:

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

PI 625102

TRAVIS COUNTY

11/04/12
11:52:36

Number : 0000548588
 Type : PURCHASE REQUISITION
 Status : AUDITOR APPROVAL
 Reason : CONTRACT RENEWAL FY2012
 By : CAULA MCMARION 44119
 Date : 12/14/11
 Vendor : 7316 AUSTIN TRAVIS COUNTY MHR
 Contract nbr :
 Ship to : NS HUMAN SERVICES ADMIN SVCS
 Deliver by date : 12/14/11
 Buyer :
 Fiscal year code : C C=Current year, P=Previous year, F=Future year

Type	Options	Press	Enter	Extended description	Start Date	End Date
5=Display	8=Item					
Opt	Line#	Quantity	DOM	Description		
-	2	1058291.00	EA	MENTAL HEALTH SERVICES	1/1/2012	9/30/2012

Total: 1083291.00
F9=Print

F3=Exit F7=Alternate view
 F10=Approval info F12=Cancel F20=Comments



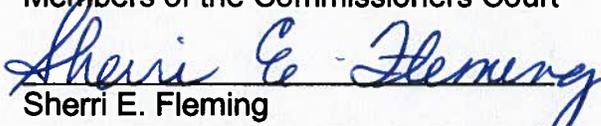
RECEIVED
JAN 12 2012
TRAVIS COUNTY
PURCHASING OFFICE

**TRAVIS COUNTY HEALTH and HUMAN SERVICES
and VETERANS SERVICE
502 E. Highland Mall Blvd.
P. O. Box 1748
Austin, Texas 78767**

**Sherri E. Fleming
County Executive
for TCHHSVS
(512) 854-4100
Fax (512) 279-1608**

DATE: January 12, 2011

TO: Members of the Commissioners Court

FROM: 
Sherri E. Fleming
County Executive for Travis County Health and Human Services
and Veterans Service

SUBJECT: Austin Travis County Integral Care interlocal agreement

Proposed Motion:

Consider and take appropriate action to approve the renewal and ratification of the interlocal agreement with Austin Travis County Integral Care for general mental health and developmental disability services for calendar year 2012.

Summary and Staff Recommendations:

Under this Interlocal (sometimes referred to as the Main or Grand interlocal), Austin Travis County Integral Care (ATCIC) is required to serve as the lead in assessment, planning, and evaluation functions relative to mental health, developmental disabilities, and substance abuse services in support of the Community Action Network process. (Substance abuse services are primarily funded through a separate interlocal contract between the City of Austin, ATCIC and the County referred to as the SAMSO contract.) ATCIC uses funding from the County, and the City of Austin under a separate agreement, to fulfill its obligations as the designated Mental Health and Developmental Disability Authority in Travis County. ATCIC also is responsible for the provision of certain mental health and developmental disability services, either as a direct provider or through subcontracts with other providers, for the priority populations defined by the Texas Department of State Health Services. The priority populations include adult

diagnoses of schizophrenia, bi-polar disorder or clinically severe depression and children with severe and persistent mental illness, including those with current or previous involvement in the criminal justice system.

The delay in getting this renewal on the court's agenda was due to negotiations with ATCIC on contract language as well as a funding issue regarding whether or not \$25,000 had been approved for the Mental Health Task Force.

TCHHSVS staff completed negotiations on the work statement and performance report format with ATCIC by mid-November. The County Attorney's Office produced a draft of the renewal by late November. ATCIC requested changes to the draft on December 8. These changes were incorporated into the final draft which was sent to ATCIC and the County Auditor for final review. The contract was sent to Purchasing on December 15 but it was too late to get it on the December 27 agenda.

The funding issue arose in early December and contributed to the delay in getting the final draft completed. For the past two years, the contract has included \$25,000 for the Mental Health Task Force. TCHHSVS did not request this money during the FY'12 budget process as it understood the task force would complete its work prior to the beginning of the new contract year. As it turns out, a third year of funding is required for the task force so TCHHSVS is taking \$25,000 from its Basic Needs budget. It took a few days to get these details worked out.

TCHHSVS staff recommends approving this renewal and ratification.

Budgetary and Fiscal Impact:

The 2012 interlocal agreement is for \$1,436,054 and includes \$25,000 for the Mental Health Task Force. This agreement follows the calendar year.

Issues and Opportunities:

The 2012 agreement includes the following programs:

Infant-Parent Program: Early childhood intervention program for children ages 0-3 with disabilities and/or developmental delays and their families.

Developmental Disabilities Service Coordination: Program providing assistance in accessing medical, social, educational, and other appropriate services and supports for individuals and families caring for persons with developmental disabilities.

Child and Family Services: Services include intensive outpatient services for youth ages 3-17 that have a diagnosis of mental illness and exhibit severe emotional or social disabilities. These services include group counseling, individual counseling, family counseling, psychiatric consultation (as needed), care coordination using the wraparound approach, information and referral services, home-based intervention and school-based intervention.

Psychiatric and Counseling Services: Psychiatric medication services for adults—includes ongoing psychiatric evaluation, medication maintenance, and medication education.

Psychiatric Emergency Services: Psychiatric screening, evaluation, crisis outreach, and short-term crisis intervention for adults—includes 24-hour emergency screening, evaluation, and crisis intervention services.

The Inn: A 16-bed crisis respite program for persons experiencing moderate to severe psychiatric crisis. This is a temporary residential program that offers a structured, supervised environment.

Safe Haven: Shelter for homeless persons with mental illness and substance abuse disorders. Provides shelter, showers, bedding, meals, nurse assessment, and linkage to medical services.

Co-occurring Psychiatric and Substance Abuse Disorders (COPSD): Program provides prevention, assessment, treatment, case management and outcome evaluation services to adults who have a diagnosis of substance use and mental illness.

Mobile Crisis Outreach Team (MCOT): MCOT will work in conjunction with ATCIC's Psychiatric Emergency Services and the Crisis Intervention Teams of the Austin Police Department and Travis County Sheriff's Office to provide assessments, interventions, brief follow-up and service linkage to both adults and children. MCOT will be available to respond swiftly to clients at the site of the crisis in non-clinical, community settings.

Mental Health Task Force (MHTF): Travis County helps fund the Executive Coordinator position which is the primary liaison between the task force and the various committees charged with implementing and monitoring strategies to positively impact five criteria identified as being needed for a mentally healthy community: 1) the number of people incarcerated by the Texas Dept. of Criminal Justice who have severe mental illness; 2) the number of people readmitted to psychiatric hospitals within 30 days of a previous discharge; 3) the number of people reporting during the intake interview for mental health services that they are in need of housing assistance; 4) the number of people with mental health issues who show up at area emergency rooms for substance dependence treatment; and 5) the number of disciplinary removals in the Austin Independent School District.

Background:

The Commissioners Court has renewed this interlocal each calendar year since 1997. It was a three-way agreement that also included the City of Austin. However, the city decided to contract separately with ATCIC for various services beginning on 6/1/06.

Cc: Andrea Colunga, Director, Office of Children's Services, TCHHSVS
Susan A. Spataro, CPA, CMA, Travis County Auditor
Jose Palacios, Chief Assistant County Auditor
Mike Crawford, Senior Financial Analyst, Travis County Auditor

Mary Etta Gerhardt, Assistant County Attorney
Leroy Nellis, Acting County Executive, Planning and Budget Office
Diana Ramirez, Analyst, Planning and Budget Office
Cyd Grimes, C.P.M., Travis County Purchasing Agent

MODIFICATION OF CONTRACT NUMBER: IL070171RE -Mental Health Services PAGE 1 OF 44 PAGES

ISSUED BY: PURCHASING OFFICE 700 Lavaca, Suite 800 AUSTIN, TX 78701	PURCHASING AGENT ASST: Shannon Pleasant TEL. NO: (512) 854-1181 FAX NO: (512) 854.9185	DATE PREPARED: January 9, 2012
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ISSUED TO: Austin Travis County Mental Health Mental Retardation Center, dba Austin Travis County Integral Care 1430 Collier Street Austin, Texas 78704	MODIFICATION NO.: 9	EXECUTED DATE OF ORIGINAL CONTRACT: January 1, 2007
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ORIGINAL CONTRACT TERM DATES: January 1, 2007 – December 31, 2007 CURRENT CONTRACT TERM DATES: January 1, 2012-December 31, 2012

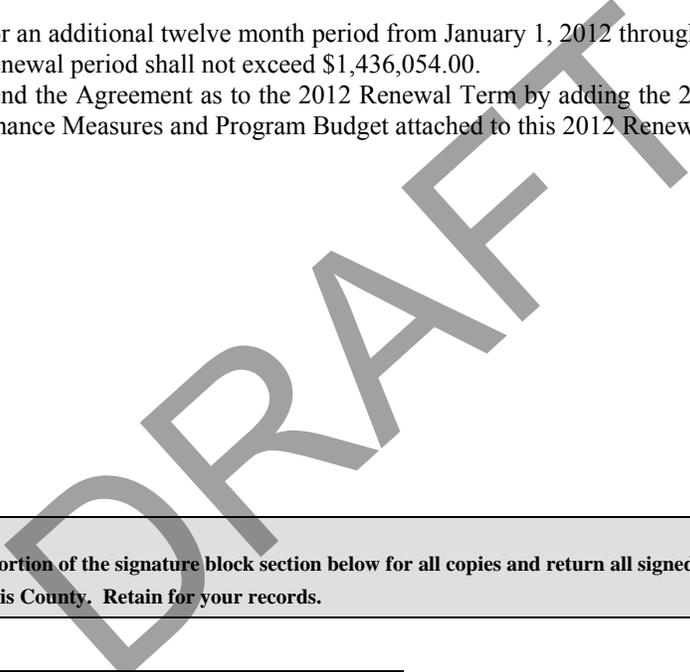
FOR TRAVIS COUNTY INTERNAL USE ONLY:

Original Contract Amount: \$1,011,054.00 Current Modified Amount: \$1,436,054.00

DESCRIPTION OF CHANGES: Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

The above referenced contract is hereby modified to reflect the following changes, as well as those more completely set forth in the attachment:

1. Renewal of agreement for an additional twelve month period from January 1, 2012 through December 31, 2012.
2. Contract funds for this renewal period shall not exceed \$1,436,054.00.
3. The Parties agree to amend the Agreement as to the 2012 Renewal Term by adding the 2012 Renewal Term Amended Work Statement, Performance Measures and Program Budget attached to this 2012 Renewal as Exhibit 1.



Note to Vendor/City:
 Complete and execute (sign) your portion of the signature block section below for all copies and return all signed copies to Travis County.
 DO NOT execute and return to Travis County. Retain for your records.

LEGAL BUSINESS NAME: _____	<input type="checkbox"/> DBA <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
BY: _____ SIGNATURE	
BY: _____ PRINT NAME	DATE: _____
TITLE: _____ ITS DULY AUTHORIZED AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ CYD V. GRIMES, C.P.M., TRAVIS COUNTY PURCHASING AGENT	

TRAVIS COUNTY, TEXAS	DATE: _____
BY: _____ SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	

**RENEWAL, AMENDMENT AND RATIFICATION OF
INTERLOCAL COOPERATION AGREEMENT BETWEEN
TRAVIS COUNTY AND
AUSTIN-TRAVIS COUNTY MENTAL HEALTH MENTAL RETARDATION CENTER
DOING BUSINESS AS AUSTIN TRAVIS COUNTY INTEGRAL CARE FOR
GENERAL MENTAL HEALTH, MENTAL RETARDATION SERVICES
(2012 Renewal Term)**

This Renewal, Amendment and Ratification ("Renewal") of the Interlocal Cooperation Agreement, the initial term of which was effective January 1, 2007, and terminated December 31, 2007 ("Interlocal"), is entered into by the following parties: Travis County, a political subdivision of the State of Texas ("County"), and Austin-Travis County Mental Health and Mental Retardation Center, d.b.a. Austin Travis County Integral Care ("Center"), the Mental Health and Mental Retardation Authority designated by the State of Texas for Travis County and the incorporated municipalities therein pursuant to Texas Health and Safety Code, Chapters 531 and 534, and other applicable statutes.

RECITALS

WHEREAS, County and Center (collectively referred to herein as the "Parties,") entered into the Interlocal to provide mental health, mental retardation, and substance abuse services for indigents and other qualified recipients, with the Initial Term beginning January 1, 2007, and ending December 31, 2007 ("Initial Term").

WHEREAS, the Interlocal provides for renewal and changes to the agreement when set forth in writing and signed by both Parties.

WHEREAS, pursuant to the terms of the Interlocal, the Parties have agreed to extend the agreement through December 31, 2011 ("2011 Agreement Term").

WHEREAS, County and Center now desire to renew the Interlocal for an additional one-year term, to amend the Interlocal to reflect mutually agreed upon changes in the terms and to ratify and approve the provision of services under the terms of this Renewal from January 1, 2012, through the date of execution of this Renewal by both Parties.

NOW, THEREFORE, in consideration of the mutual benefits received by these changes, and other good and adequate consideration as specified herein, the parties agree to amend the Interlocal as follows:

1.0 AGREEMENT TERM

1.1 **2012 Renewal Term.** Pursuant to Section 2.2 of the Interlocal, the Parties hereby agree to renew the Interlocal for an additional one-year term beginning January 1, 2012, and continuing through December 31, 2012 ("2012 Renewal Term"), unless sooner terminated pursuant to the terms of the Interlocal, as amended and to ratify and approve the provision of services under the terms of this Renewal from January 1, 2012, through the date of execution of this Renewal by both Parties.

2.0 ENTIRE AGREEMENT

2.1 **Attachments.** The Parties agree to amend Section 4.2, "Attachments," by adding the following to be applicable to the Interlocal performance during the 2012 Renewal Term:

4.2.1 - 12	Attachment A-12	2012 Renewal Term Work Statement and Performance Measures (Including the Work Statement - Mayor's Mental Health Task Force Monitoring Committee)
4.2.3 - 12	Attachment C-12	2012 Renewal Term Program Budget
4.2.4 - 12	Attachment D-12	2012 Performance Reports/Forms

All other attachments not amended under this Section 2.0 shall remain in full force and effect. The attachments referred to in this Section 2.0 are included in this 2012 Renewal as Exhibit 1, and are hereby made a part of the Interlocal, as amended, and constitute promised performances by Center in accordance with the terms of the

Interlocal, as amended.

3.0 AGREEMENT FUNDS

3.1 **Maximum Funds.** The Parties agree that the Maximum Amount of funds to be provided by County for the 2012 Renewal Term shall be an amount not to exceed the following:

\$1,436,054.00 ("Agreement Maximum Funds")

3.2 **Fiscal Year Limitation.** The Parties agree that the amounts under Sections 13.1.2(a) shall be as follows:

(i)	(a) January 1, 2012 – September 30, 2012 (Salary Funds – See Section 3.3.1)	\$ 25,000.00
	(b) Agreement Maximum funds less Salary Funds	\$1,411,054.00
	(c) January 1, 2012 – September 30, 2012 (75% of (i)(b) total)	\$ 1,058,291.00
	(d) Total January 1, 2012 – September 30, 2012	<u>\$ 1,083,291.00</u>
(ii)	October 1, 2012 - December 31, 2012 (25% of (i)(b) total)	\$ 352,763.00

All other provisions of Section 13.1.2(a) shall remain in full force and effect.

3.3 **Other Limitations.** The Parties understand and agree that, of the funds set forth in this Section 3.0, the following will apply:

3.3.1 \$25,000 set aside for salaries is from Fiscal Year 2012 funds.

3.3.2 Invoices for salaries will be submitted by Center according to the terms of the Agreement in the amount of \$2,083.33 each month from January, 2012, through November, 2012, with a final invoice for December, 2012, in the amount of \$2,083.37.

3.3.3 Invoices for services will be submitted by Center according to the terms of the Agreement in the amount of \$117,587.83 each month from January, 2012, through November, 2012, with a final invoice for December, 2012, in the amount of \$117,587.93.

4.0 OTHER PROVISIONS.

4.1 **Insurance.** The Parties agree that the requirements for insurance for the 2012 Renewal Term will continue as set forth in the Interlocal. Center agrees to provide current documentation of such insurance as required under Section 5.7 of the Interlocal.

4.2 **Limitations.** Unless otherwise specifically stated herein, the performance required under this Renewal is performable only during the 2012 Renewal Term, and performance requirements and payment shall not carry over from one agreement term to another.

4.3 **Update.** Within fifteen (15) days of execution of this Renewal, Center agrees to provide Department, with a copy to the Purchasing Agent, current updates of all policies, materials and other information required under the Interlocal, including, but not limited to, the following:

- 4.3.1 Completed 2012 Ethics Affidavit
- 4.3.2 Proof of Insurance
- 4.3.3 Update of any policies and procedures
- 4.3.4 Updated W-9 Taxpayer Identification Form
- 4.3.5 Updated IRS 990 Form
- 4.3.6 Change of Identity Information (Name, Address, Etc.), where applicable

4.4 **Debarment, Suspension and Other Responsibility Matters.** By signing this Renewal, Center certifies that, to the best of its knowledge and belief, it and its principles continue to meet compliance requirements under 15 CFR Part 26, "Government-wide Debarment and Suspension" requirements as set forth in the Interlocal.

4.5 **Certification and Warranty.** By signing this Renewal, Center certifies and warrants that all certifications and warranties under the Interlocal continue to be in full force and effect. Center also acknowledges and agrees that it has read all terms and provisions of the Interlocal and understands and agrees that, to the extent not specifically changed by this Renewal, those terms and conditions remain in full force and effect for the 2012 Renewal Term.

4.6 **Forfeiture of Agreement.** For the 2012 Renewal Term, the provisions of the Interlocal relating to Forfeiture of Contract and the Key Contracting Person list will reference the 2012 Ethics Affidavit and Key Contracting Persons list set forth in Exhibit 2 of this Renewal, to be completed by Center as a part of this 2012 Renewal.

4.7 **Conflict of Interest Questionnaire.** For the 2012 Renewal Term, the provisions of the Interlocal, as amended, relating to the Conflict of Interest Questionnaire, remain in full force and effect.

5.0 INCORPORATION

5.1 County and Center hereby incorporate the Interlocal, as amended, into this Renewal. Except for the changes made in this Renewal, County and Center hereby ratify all the terms and conditions of the Interlocal as amended. The Interlocal, as amended, with the changes made in this Renewal constitutes the entire agreement between the Parties with respect to the subject matter as described in the Interlocal, as amended, and supersedes any prior undertaking or written or oral agreements or representations between the Parties.

6.0 EFFECTIVE DATE

6.1 This Renewal is effective January 1, 2012, when it is approved and signed by both Parties. The Interlocal, as amended, shall remain in effect until further modified or terminated in writing by the Parties, or until the end of the 2012 Renewal Term.

EXHIBIT 1

**2012 RENEWAL TERM WORK STATEMENT AND
PERFORMANCE MEASURES**

WORK STATEMENT AND PERFORMANCE MEASURES

Mayor's Mental Health Task Force Monitoring Committee

Background: The Mayor's Mental Health Task Force was created in 2004 and was the culmination of several years of community concern over the challenges facing Austin and Travis County residents with severe mental illnesses. More than eighty individuals representing over forty organizations worked together for months to develop a report that documented strengths and gaps in mental health services in the community and made recommendations for future action.

Thirty-nine criteria for a mentally healthy community were identified in that report, covering such areas as infrastructure, marketing, policies and plans, programs, training and education. The first report was published in January 2005, and it recommended the formation of a monitoring committee to "take a lead role in monitoring and facilitating the implementation of task force recommendations and coordinating the assistance of existing groups and organizations in that effort."

The Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) is a broad-based collaborative that has been designated as a Board of Trustee subcommittee of Austin Travis County Integral Care. The monitoring committee has a diverse membership with a wide variety of expertise across the following areas:

- Schools and Youth
- Criminal Justice
- Housing/Access
- Community Awareness and Faith Based Activities.

Supporting agencies and partners include Austin Travis County Integral Care, the Bazelon Center for Mental Health Law, the City of Austin, the Hogg Foundation for Mental Health, St. David's Community Healthcare Foundation and Travis County Health and Human Services and Veterans Service.

The MMHTFMC meets the last Friday of each month.

Deliverables: During 2012, the MMHTFMC will continue to focus its attention on implementing and monitoring strategies to positively impact five of the 39 criteria identified by the Mayor's Mental Health Task Force as needed for a mentally healthy community. These five criteria are 1) the number of people incarcerated by the Texas Department of Criminal Justice who have severe mental illness, 2) the number people readmitted to psychiatric hospitals within 30 days of a previous discharge, 3) the number of people reporting during the intake interview for mental health services that they are in need of housing assistance, and 4) the number of people with mental health issues who show up at area emergency rooms for substance dependence treatment 5) the number of disciplinary removals in the Austin Independent School District.

Five separate steering committees will oversee the development and implementation of strategies to impact each of the five criteria. The executive coordinator will be the primary liaison between these committees and the Mayor's Mental Health Task Force. The executive coordinator will make regular presentations on the progress of these committees to the task force. Copies of the minutes from the task force meetings will be provided to Travis County. An annual report will be provided by January 30th of each year.

Payment: Travis County's contribution will be used to help pay the executive coordinator's salary.

JANUARY 1, 2012 - DECEMBER 31, 2012

I. CONTRACTOR

Agency Name: Austin Travis County Integral Care

Address: 1430 Collier Street, Austin, Texas 78704; P.O. Box 3548, Austin, Texas 78764-3548

Phone: (512) 447-4141; **Fax:** (512) 440-4081

Contact Person: (Programmatic) Charles Harrison, COO/CFO
Office: (512) 440-4001 Fax: (512) 440-4081

Contact Person: (Financial) Della Thompson, Budget & Analysis Director
Office: (512) 440-4006 Fax: (512) 440-4081

Contact Person: (Program Evaluation) Lorraine Aguirre, Program Evaluator
Office: (512) 440-4049 Fax: (512) 440-4081

II. MISSION AND VISION OF AGENCY

Vision: A caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

Mission: To improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

(See ATCIC FY 2011-2013 Strategic Plan)

III. PROGRAMS:

A. Early Childhood Intervention

Contact Persons: Laurie E. Ruddy, Program Manager

Phone Number: (512) 472-3142

1. SERVICE CATEGORY/TYPE: TITLE: Developmental Delays or Disabilities	PROGRAM Infant-Parent Program – Early Childhood Intervention (ECI)
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2. SCOPE OF PROGRAM SERVICES:

a) Critical condition(s) that will be addressed by the provision of proposed services:

Inadequate supports and resources for consumers and families caring for persons with developmental delays or disabilities.

Insufficient health care options for persons with delays or disabilities.

b) Desired community impact(s) that will result as a consequence of program services:

Increased supports and resources (especially specialized assistance) available for consumers and families caring for persons with developmental delays or disabilities.

Access to de-centralized services (i.e., working with schools, or other community settings).

Access to formal services and informal supports in natural environments (i.e., schools, home, etc.) which are strength-based.

Access to services that are culturally competent.

Customer input (“parents as partners”) on: service satisfaction, service delivery, and system change via community forums or similar strategies.

Access to services that are cost-effective and evidence-based.

c) Specific strategies that will be used in the delivery of services.

•Program services to be provided to clients:

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

•**Target population to be served:**

The target population is any family residing within the Infant Parent Program designated Service Area 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

•**Service eligibility requirements:**

All children under the age of three who meet Early Childhood Intervention (ECI) guidelines are eligible for service. Beginning January 1, 2005, cost to families will vary depending on ability to pay. Under ECI policies, all families who have children with disabilities are served through a designated provider. Infant Parent Program-ECI is part of an ECI central referral network to assure that each family has services that are accessible.

•**Hours of program operation:**

Consumers served are from Travis County. The program is located at 1717 West 10th Street, Austin, Texas. Consumers are served in natural environments, such as the child's home, in community child care facilities, or other locations of the family's choice. Business hours are from 8:00 AM to 5:00 PM, Monday through Friday. Service hours are individualized to meet the needs of the family.

•**Description of staffing:**

Each staff member is required, per year, to maintain the required hours of continuing education and/or in-service training according to their licenses or certification requirements

•**Quantity of services that will be provided to clients:**

Services are delivered in accordance with the Individualized Family Service Plan (IFSP) and vary based on the child and family's outcomes and needs.

B. Developmental Disabilities Service Coordination

Contact Person: Elaine Whitlock, Associate Director

Phone Number: (512) 483-5861

- | | | |
|----|--|---|
| 1. | Service Category/Type
Developmental Disabilities | Service Title:
Developmental Disabilities Service
Coordination |
|----|--|---|

2. **Scope of Services:**

a) Critical condition(s) that will be addressed by the provision of proposed services:

Inadequate available supports and resources for individuals and their families caring for persons with developmental disabilities

b) Desired community impacts(s) that will result as a consequence of services:

- Reduction in request for institutional care and psychiatric hospitalization due to behavioral issues
- Increase in the number of individuals who remain in the community with appropriate supports
- Strengthening of the individual and families' natural and community support systems.

c) Specific strategies that will be used in the delivery of services:

The plan of services and supports for an individual or family (if the individual is a minor) is based upon a person-directed planning process that describes: the individual's desired outcomes; and the services and supports, including service coordination, services duration and frequency.

Services and supports to be provided to individuals:

Assistance in accessing medical, social, educational, and other appropriate services and supports that will 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 are:

Assessment—identifying the consumer's needs and the services and supports that address those needs as they relate to the nature of the consumer's presenting problem and disability;

Service planning and coordination—identifying, arranging and advocating, collaborating with other agencies, and linking to the delivery of outcome-focused services and supports that address the consumer's needs and desires;

Monitoring—ensuring that the consumer receives needed services, evaluating the effectiveness and adequacy of services and determining if identified outcomes are meeting the individual's needs and desires; and Crisis prevention and management—linking and assisting the consumer to secure services and supports that will prevent or manage a crisis.

▪ **Target population to be served:**

Individuals identified as the priority population by the Texas Department of Aging and Disabilities Services, which consists of : persons with mental retardation, as defined by the Texas Health and Safety Code §591.003, individuals with pervasive developmental disorder; individuals with a related condition who are eligible for ICF/MR programs; HCS (Home and Community Based Services) program or TxHmL (Texas Home Living program); or nursing facility residents eligible for specialized services pursuant to Section 1919(e)(7) of the Social Security Act; and children who are eligible for Early Childhood Intervention Services.

- **Service Eligibility Requirements**
Individuals in the target population, who are residents of Travis County, meet diagnostic eligibility criteria through and assessment and give written voluntary consent for services. Services are provided on a sliding fee scale and no one is refused services based upon an inability to pay.
- **Hours of operation:**
Service hours are Monday through Friday, 8:00am—5:00pm and by appointment.
- **Geographical area from which the clients will come and site(s) where services will be provided:**
The services are provided in a variety of community based settings, including but not limited to, the consumer or family home, schools, other social services programs and offices, and other locations. Developmental Disabilities program staff is located at 5225 North Lamar, Austin, Texas 78751.
- **Description of Staffing:**
The Developmental Disabilities service coordination unit includes the Associate Director, two supervisors, and administrative support professional and approximately 14 service coordinators. All service coordinators have at least a bachelor's degree in a human services field and have received training concerning case management activities.
- **Indicate the quantity of services that will be provided to clients:**
Duration, intensity and frequency of services is based upon assessment and described in the person directed or family directed plan.

C. Psychiatric and Counseling Services

Contact Person: Rosa Hernandez, Program Manager

Phone Number: (512) 804-3600

1.	SERVICE PROGRAM
CATEGORY/TYPE:	
TITLE:	
Adult Mental Health Services	Behavioral Health

2. SCOPE OF PROGRAM SERVICES:

Psychiatric and Counseling Services serves adults who are in need of ongoing psychiatric services.

a) Critical condition(s) that will be addressed by the provision of proposed services:

According to the Community Action Network's report, Prescription for Wellness (2001), it is estimated that 21% of Travis County residents have a mental illness. Human and economic

costs, ranging from diminished functioning to premature death, can occur with mental disorders, making the accessibility of appropriate treatment “essential for the viability of the community” (CAN, 2001). While not solely a psychiatric issue, 80 to 90 percent of people who die by suicide are suffering from a diagnosable mental illness (<http://www.cdc.gov/omh/AMH/factsheets/mental.htm>). In Travis County, the suicide rate in 2004 was 11.4 per 100,000 residents (<http://www.mmhtfmc.org/>).

b) Desired community impact(s) that will result as a consequence of program services:

Reduction in adult suicide rate.
Reduction in contact with criminal justice system/arrests.
Reduction in need for crisis intervention services.
Reduction in need for crisis respite services.
Reduction in need for in-patient services.
Increased percentage of individuals with mental illness who remain stable and in the community through mental health support services.
Increased percentage of individuals who are not arrested or re-arrested.

c) Specific strategies that will be used in the delivery of services:

•Describe program services to be provided to clients:

Psychiatrists at Psychiatric and Counseling Services provide evaluation, medication maintenance, and medication education to ATCIC 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.

The service provider and the consumer collaboratively develop these services.

•Target population to be served:

Texas Department of State Health Services Target Population; adults with diagnoses of schizophrenia, bi-polar disorder or clinically severe depression. Target population does not exclude those with current or previous involvement with the criminal justice system.

•Service eligibility requirements:

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.

•**Hours of program services:**

Hours of service are Monday- Friday, 8:00 AM - 5:00 PM.

•**Geographical area from which the clients will come and site(s) where services will be provided:**

Consumers served are from Austin/Travis County. Site address is 1631 D East 2nd Street, Austin, Texas, 78702

• **Description of services:**

Psychiatric and counseling services are staffed by both licensed and non-licensed mental health professionals, licensed nurses, and psychiatrists. All staff is trained in working with persons with severe mental illnesses and co-occurring substance use disorders. An adequate number of staff is maintained to meet the needs of the children and family served as determined by the individualized service plans. Staff provides support services to assess the mental health needs of those individuals who are not in crisis. (Crisis Services for adults are provided through Psychiatric Emergency Services.) The psychiatrists and nurses monitor the effectiveness of the medication and provide information about the benefits, risks, and potential side effects. Service Coordinators provide support for this service by addressing the importance of compliance with the prescribed medication regimen in individual monitoring sessions and providing individual service plan agreements that insure consumer feedback and participation with the treatment interventions provided. Psychiatric Rehabilitation Therapists provide the community support services in the home or other locations that provide an in-vivo experience to assist in shaping successful behaviors towards consumer identified goals. Licensing and continuing education requirements vary according to the individual, specific to the stipulations of his or her profession.

• **Quantity of services that will be provided to clients:**

Consumers are provided with the frequency and quantity of services necessary to maintain community life. At a minimum, consumers are seen every 90 days for medication monitoring by their attending psychiatrists.

Consumers receive a minimum of 20 minutes of service every 90 days of medication monitoring from their attending psychiatrists. Each consumer receives a full psychiatric evaluation when entering as a first time consumer. Each consumer receives an initial treatment plan appointment, usually of thirty-minute duration, and quarterly treatment plan evaluations and reviews, for thirty minutes. Other appointments are available with nurses for medication consultations on an as needed basis. As well, consumers can make appointments with the service coordinator for assistance with other needs. Appointments with nurses can be made within a two-week period, while service coordinator appointments can be made within one working week. The clinic provides unscheduled service requests as “walk ins” where a consumer is seen when there is a “no show” appointment or cancellation.

D. Psychiatric Emergency Services (PES)

Contact Person: Sherry Blyth, Associate Director

Phone Number: (512) 703-1331

1.	SERVICE PROGRAM
CATEGORY/TYPE	
TITLE:	
Psychiatric Crisis Services Emergency	Psychiatric Services (PES)

2. SCOPE OF PROGRAM SERVICES:

Psychiatric Emergency Services (PES) provides professional psychiatric screening, evaluation, and short-term crisis intervention for individuals, their families, and/or their significant others.

Adults and children in psychiatric crisis, persons 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.

a) Critical condition(s) that will be addressed by the provision of proposed services.

According to the Community Action Network’s report, Prescription for Wellness (2001), it is estimated that 21% of Travis County residents have a mental illness. Human and economic costs, ranging from diminished functioning to premature death, can

occur with mental disorders, making the accessibility of appropriate treatment “essential for the viability of the community” (CAN, 2001). While not solely a psychiatric issue, 80 to 90 percent of people who die by suicide are suffering from a diagnosable mental illness (<http://www.cdc.gov/omh/AMH/factsheets/mental.htm>). In Travis County, the suicide rate in 2004 was 11.4 per 100,000 residents (<http://www.mmhtfmc.org/>).

b) Desired community impact(s) that will result as a consequence of program services:

Reduction in adult suicide rate.
Reduction in contact with criminal justice system/arrests.
Reduction in hospital bed days.

c) Specific strategies (plan of action) that will be used in the delivery of services.

•Program services to be provided to clients:

- 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.
- Transportation assistance to alternative sites or programs on a limited basis.

•Target population to be served:

Texas Department of State Health Services Priority Population is the target population to be served including adults diagnoses of schizophrenia, bi-polar 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 their meeting DSHS priority population criteria.

•Service eligibility requirements:

All persons who request assessment and/or demonstrate need of psychiatric emergency services. No one is refused services due to inability to pay. All services comply with required State licensure and/or other standards.

•Hours of program services:

Hours of service are 24-hours a day, 365 days a year.

•Geographical area from which the clients will come and site(s) where services will be provided:

Consumers served are from Austin/Travis County. Site address is Nadine L. Jay Center, 56 East Avenue, Austin, Texas 78701.

•Description of staffing:

PES is staffed 24 hours a day, 7 days a week with licensed staff that is specifically trained in assisting consumers in crisis. Psychiatric services are available on site and through an on call system. Staffing patterns are available upon request.

Licensing and continuing education requirements vary according to the individual, specific to the stipulations of his or her profession.

• Quantity of services that will be provided to clients:

Services are provided as needed on an emergency basis.

E. The Inn

Contact Person: Sherry Blyth, Associate Director

Phone Number: (512) 703-1331

1.	SERVICE PROGRAM
CATEGORY/TYPE:	
TITLE:	
Psychiatric Crisis Services	The Inn

2. SCOPE OF PROGRAM SERVICES:

The Inn is a 16-bed crisis residential program that provides a structured environment for persons in crisis or experiencing acute psychiatric distress. The Inn is designed to stabilize the immediate psychiatric crisis and link consumer with continuity of care resources post discharge.

a) Critical condition(s) that will be addressed by the provision of proposed services.

According to the Community Action Network's report, Prescription for Wellness (2001), it is estimated that 21% of Travis County residents have a mental illness. Human and economic costs, ranging from diminished functioning to premature death, can occur with mental disorders, making the accessibility of appropriate treatment "essential for the viability of the community" (CAN, 2001). While not solely a psychiatric issue, 80 to 90 percent of people who die by suicide are suffering from a diagnosable mental illness (<http://www.cdc.gov/omh/AMH/factsheets/mental.htm>). In Travis County, the suicide rate in 2004 was 11.4 per 100,000 residents, (<http://www.mmhtfmc.org/>).

b) Desired community impact(s) that will result as a consequence of program services:

Reduction in adult suicide rate.
Reduction in contact with criminal justice system/arrests
Reduction in hospital bed days.

c) Specific strategies that will be used in the delivery of services:

•Program services to be provided to clients:

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 ATCIC 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.

•Target population to be served:

Texas Department of State Health Services Priority Population is the target population to be served including adults with diagnoses of schizophrenia, bi-polar disorder or clinically severe depression, not excluding those with current or previous involvement with the criminal justice system. Eligible persons also includes individuals outside the target population who meet crisis residential services criteria.

•Service eligibility requirements:

Eligible consumers are persons who meet the Texas Department of State Health Services Priority Population including adults with diagnoses of schizophrenia, bi-polar disorder or clinically severe depression and/ or high risk for psychiatric decompensation. Eligible persons also includes

individuals outside the target population who meet crisis residential services criteria.

•Hours of program services:

24-hours a day, 365 days a year.

•Geographical area from which the clients will come and site(s) where services will be provided:

Consumers served are Austin/Travis County residents. Services are provided at the Nadine L. Jay Center, 56 East Avenue, Austin, Texas 78701.

•Description of staffing:

Staff working at the Inn are have specialized training in mental illness and substance use disorders. Clinical, nursing and psychiatric services are provided through staff at Psychiatric Emergency Services. Staffing patterns are available upon request. The Inn is staffed with licensed nurses 24/7.

•Quantity of services that will be provided to clients:

Consumers receive an average of 2-10 consecutive days of services.

F. Mobile Crisis Outreach Team (MCOT)

**Contact Person: Sherry Blyth, Associate Director Program Title: Mobile
Phone Number: 703-1331 Crisis Outreach Team (MCOT)**

**1. SERVICE CATEGORY/TYPE
Psychiatric Crisis Services**

2. SCOPE OF PROGRAM SERVICES:

The Mobile Crisis Outreach Team (MCOT) serves residents of Travis County who are experiencing psychiatric crisis. MCOT is designed to respond swiftly and go out to the individual in the community. As part of ATCIC's continuum of comprehensive psychiatric crisis services, the team works in close conjunction with ATCIC's Psychiatric Emergency Services (PES) and the Crisis Intervention Teams (CIT) of Austin Police Department (APD) and Travis County Sheriff's Department (TCSO).

a) Critical condition(s) that will be addressed by the provision of proposed services.

According to the Community Action Network's report, Prescription for Wellness (2001), it is estimated that 21% of Travis County residents have a mental illness. Human and economic costs, ranging from diminished functioning to premature death, can occur with mental disorders, making the accessibility of appropriate treatment "essential for the viability of the community" (CAN, 2001). While not solely a psychiatric issue, 80 to 90 percent of people who die by suicide are suffering from a diagnosable mental illness (<http://www.cdc.gov/omh/AMH/factsheets/mental.htm>). In Travis County, the suicide rate in 2004 was 11.4 per 100,000 residents, (<http://www.mmhtfmc.org/>).

b) Desired community impact(s) that will result as a consequence of program services:

Reduction in adult suicide rate.
Reduction in contact with criminal justice system/arrests
Reduction in hospital bed days

c) Specific strategies that will be used in the delivery of services:

•Program services to be provided to clients:

MCOT 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.

•Target population to be served:

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis. Texas Department of State Health Services Priority Population is the target population to be served including adults, children, and adolescents with diagnoses of schizophrenia, bi-polar 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.

•Service eligibility requirements:

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

•Hours of program services:

24-hours a day, 365 days a year.

•Geographical area from which the clients will come and site(s) where services will be provided:

Consumers are served in the community setting in Travis County. The program offices are at the Nadine L. Jay Center, 56 East Avenue, Austin, Texas 78701.

•Description of staffing:

MCOT is staffed by licensed clinicians on all shifts. MCOT also has a licensed prescriber who provides psychiatric evaluations and medications. MCOT staff have specialized training in mental illness and substance use disorders. Clinical and psychiatric services are provided in the community and in close conjunction with Psychiatric Emergency Services, The Inn, and Next Step Crisis Respite. Staffing patterns are available upon request.

•Quantity of services that will be provided to clients:

Consumers receive an average of 1-4 visits within a 30 day period.

G. Child and Family Services

Contact Person: Arturo Hernandez, Director

Phone Number: (512) 440-4068

- | | |
|--|---|
| <p>1. CATEGORY/TYPE:
TITLE:
Children's Mental Health Services
Services</p> | <p>SERVICE PROGRAM

Child and Family</p> |
| <p>2. SCOPE OF PROGRAM SERVICES:</p> | |

a) Critical Condition(s) that will be addressed by the provision of proposed services:

According to the U. S. Department of Health and Human Services, 1 in 5 children in the United States has a mental, emotional or behavioral problem. In addition, two-thirds of these children do not receive the help they need (USDHHS). Data from the Texas Council on Offenders With medical and Mental illnesses (TCOOMMI) Biennial Report indicate that 25% of all youth in the juvenile justice system have a mental illness. In addition, there is a correlation of children's mental health problems related to child maltreatment, family dynamics, divorce, domestic violence and other family/environmental stresses.

According to the National Institute of Mental Health, suicide was the 3rd leading cause of death among young people 15 to 24 years of age (rate of 10.4 per 100,000, or .01%) in the United States. The suicide rate among children ages 10-14 was 1.5 per 100,000, with four times more males committing suicide than females. The suicide rate among adolescents aged 15-19 was 8.2 per 100,000, with five times more males committing suicide than females. (<http://www.nimh.nih.gov/research/suifact.cfm>).

The Systems of Care model of service delivery and the wraparound approach to service planning and coordination is identified as a best practice in the provision of services to children with a severe emotional disturbance. In support of Travis County's efforts in continuing to develop a Systems of Care model, children and their families will be provided access to this service delivery model as appropriate. The utilization of the Systems of Care model will help ensure that children and families receive services based on family strengths, and that they will have access to a variety of both formal and informal supports.

b) Desired community impact(s) that will result as a consequence of program services:

- Reduction of abusive family dynamics in children and families.
- Improved school behavior.
- Decrease in re-arrest rates for youth with mental impairments who have been arrested in the past.
- Improved social and emotional functioning of children and families.
- Reduction of youth suicide rate.
- Decrease in co-occurring substance use.
- Access to care coordination services using the wraparound approach.
- Access to de-centralized services (i.e., working with schools, or other community settings).

- Access to formal services and informal supports in natural environments (i.e., schools, home, etc.) which are strength-based.
- Access to services that are culturally competent
- Customer input (“parents as partners”) on: service satisfaction, service delivery, and system change via community forums or similar strategies.
- Access to services that are cost-effective and evidence-based.
- Maintenance and expansion of collaborations among child-serving agencies.

c) Specific strategies that will be used in the delivery of services:

• Program services to be provided to clients:

1. Intensive Outpatient Services.

These services include: 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.

• Target population to be served:

Intensive outpatient services are provided to children between the ages of 3 and 18 who have a diagnosis of mental illness who exhibit severe emotional or social disabilities that are life-threatening or require prolonged intervention.

• Service eligibility requirements:

Outpatient 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.

• Hours of program services:

Outpatient services are available between 8 AM and 6:30 PM, Monday through Thursday and between 8 AM and 5PM on Friday, with flexibility in evening scheduling as needed and 24 hour availability, as needed, in case of emergency. However, home-based services are provided at times and dates convenient to the family receiving services.

Psychiatric emergency services are available 24 hours a day, 365 days a year through the Psychiatric Emergency Services program.

•Geographical area from which the clients will come and site(s) where services will be provided:

The services are provided to Austin/Travis County residents. Services are provided at various locations including: ATCIC's Child and Family Services Building at 105 W. Riverside Drive, Austin, Texas 78704, North Lamar Professional Building (NLPB) at 5225 North Lamar, Austin, Texas, individual families' homes, schools, Department of Family & Protective Services offices, Juvenile Court offices, and other locations as needed within the community.

•Description of staffing:

Child and Family Services staff includes board certified child and adolescent psychiatrists and licensed therapists, qualified mental health professionals, intensive case managers and a parent partner. We have bilingual staff for our Spanish speaking families. Staffing patterns are available upon request.

•Indicate the quantity of services that will be provided to clients

Intensive outpatient services are based on the individual needs of the child.

H. COPSD PROGRAM

Contact Person: Abraham Minjarez, Associate Director
Phone Number: (512) 445-7783

1.	SERVICE PROGRAM
CATEGORY/TITLE:	
TITLE:	
Co-Occurring Use Disorders	COPSD Program

2. SCOPE OF PROGRAM SERVICES:

a) Critical Condition(s) that will be addressed by the provision of proposed services.

Substance use substantially impacts our Community as evidenced by the direct relationship between substance use and the following areas:

- unstable family relationships
- criminal activity
- arrests for non-violent crimes
- incarceration
- homelessness

- decreased worker productivity

There is a known and observed relationship between the transmission of diseases such as HIV/AIDS, Tuberculosis and Hepatitis and behaviors associated with substance use.

b) Desired community impact(s) that will result as a consequence of program services:

Reduction in the rate of substance use in the community by development of a continuum of care for Travis County residents, which includes prevention, assessment, treatment, case management and outcome evaluation.

c) Specific strategies that will be used in the delivery of services:

- **Program services to be provided to clients:**

Services provided at COPSD are for adults (age 18 and older) seeking chemical dependency and mental health services who have a diagnosis of substance use disorders and mental illnesses. Consumers accessing services will be assessed prior to admission in order to determine 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 COPSD program expects to serve 280 unduplicated consumers this year. 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. Individuals receive services as determined by the recommendation of level of care. The COPSD Program functions out of the Oak Springs facility which is licensed by the Texas Department of State Health Services (TDSHS). It should be noted that current funding, regulatory, or managed care demands might influence the structure and type of services available at this site in the future.

- **Target population to be served:**

A common high risk factor is that many consumers served have no sober social support or families. Consumers are referred to support groups, introduced to support groups within the community, provided skills training and psychosocial education about how to successfully manage both or all of their illnesses at one time.

- **Service eligibility requirements:**

Consumers must be 18 years or 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.

- **Hours of program services:**

Program hours are currently 8am –5pm, Monday through Friday and 24/7 on-call.

- **Geographical area from which the clients will come and site(s) where services will be provided:**

Services are primarily provided in the community. Target areas for consumers to be served are Austin-Travis County and surrounding counties in Central Texas. Consumers from anywhere in Texas are eligible for services if an appropriate referral to ATCIC has been made.

- **Description of Staffing:**

All staff members with direct care consumer contact have formal training (college courses or accredited workshops) in substance use disorders and co-occurring mental illnesses. COPSD Specialists carry a caseload as defined by DSHS and are LCDC's or QMHP's).

- **Quantity of services that will be provided to clients:**

COPSD consumers receive a minimum of 4 hours of services per week. The focus of all treatment is on abstinence &/or harm reduction until abstinent from alcohol and other drugs, and teaching individuals adaptive strategies for managing interpersonal situations, negative affective states and leisure time. These skills are taught through interactive discussions, modeling of skills and homework.

I. Safe Haven

Contact Person: David Gomez, Program Manager

Phone Number: (512) 804-3550 or 478-5644

1.

CATEGORY/TYPE:

TITLE:

Homeless

Mental Health

Co-Occurring Diagnoses

**SERVICE
PROGRAM**

Safe Haven

2. SCOPE OF PROGRAM SERVICES:

a) Critical condition(s) that will be addressed by the provision of proposed services.

Provide shelter for homeless persons with mental illness and co-occurring substance use disorders. Traditional shelter environments are usually difficult for these individuals to access and to remain in services.

b) Desired community impact(s) that will result as a consequence of program services:

Increase in the number of homeless persons with severe mental illness and co-occurring substance use disorders who receive shelter.

c) Specific strategies that will be used in the delivery of services:

•Program services to be provided to clients

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.

• Target population to be served:

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.

•Service eligibility requirements:

Consumers must be 18 years of age, homeless and have behavioral health disorders.

• Hours of program services:

The Safe Haven is a program that provides 24-hour shelter, 7 days per week.

•Geographical area from which the clients will come and site(s) where services will be provided:

The ACCESS Outreach Team, which can be contacted at 478-5644, provides outreach services and screening for persons

identified as potential Safe Haven Program participants. Outreach is performed in Austin/Travis County, mainly in traditional day and night shelters and greenbelt areas. The Safe Haven program is located at 5307 Riverside Street, Austin, Texas, 78741 (On Faro St.).

•Description of staffing:

All staff members with direct care consumer contact have had formal training (college courses or accredited workshops) in substance use disorders and mental illness services. They are familiar with the needs of homeless individuals and are trained in the philosophy of “low demand shelter.” Staffing patterns are available upon request.

•Quantity of services that will be provided to clients:

Services are provided 24 hours per day for up to 16 persons per day.

DRAFT

PERFORMANCE MEASURES

JANUARY 1, 2012 – DECEMBER 31, 2012

1. Infant-Parent Program

a. Outcome measure(s):

1. **OUTCOME:** Ninety-five percent (95%) of children with developmental delays or developmental disabilities make measurable progress in their development.

MEASURE: Day-C, Hawaii Early Learning Profile (H.E.L.P.) Strands or other assessments in deficit areas used at baseline, and at one (1) year of service.

2. **OUTCOME:** Maintain customer satisfaction of 90% or better as measured by the modified (excludes questions not applicable to age group served) MHSIP Consumer Survey for Children and Families.

MEASURE: MHSIP Consumer Survey for Children and Families, provided to families of consumers served, with a target return rate of 20%.

b. Output measure:

OUTPUT: Provide services to 802 unduplicated consumers.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi Software.

c. Customer satisfaction measured:

Consumer Satisfaction is measured on a bi-annual basis, using an instrument designed by the Mental Health Statistic Improvement Program (MHSIP). Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared Center wide via the Center Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a bi-annual basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected in the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

2. Developmental Disabilities Service Coordination

a. Outcome measure(s):

1. **OUTCOME:** 98% of individuals/families receive linkage to services and supports identified in plan.

MEASURE: Documentation of identified services received in Management Information System (MIS) Anasazi Software.

2. **OUTCOME:** Maintain a customer satisfaction rate of 90% or better as measured by ATCIC-DD Services Satisfaction Survey.

MEASURE: ATCIC – DD Services Satisfaction Survey, conducted in an interview setting by an individual contracted by, but external to, the Center.

b. Output measure(s):

1. **OUTPUT:** Provide services to 320 unduplicated consumers.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi Software.

c. Customer satisfaction measured:

Customer satisfaction for consumers identified as having a developmental disability is measured by use of an instrument designed by ATCIC's Development Disabilities Division and ATCIC's Quality Management (QM) function. The instrument is tailored to the needs of persons with mental retardation/developmental disabilities. Consumer satisfaction is measured on a monthly basis with this instrument. Results of consumer satisfaction are generated on a quarterly basis through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team on a bi-annual basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

3. Psychiatric and Counseling Services

a. Outcome measure(s):

1. **OUTCOME:** Maintain 97% or more Psychiatric and Counseling Services ATCIC priority population consumers stable and in the community.

MEASURE: Rate of Consumers receiving Psychiatric and Counseling Services who had no Psychiatric hospitalization during the reporting period.

2. **OUTCOME:** Maintain a consumer satisfaction rate of 90% or better as measured by the MHSIP Consumer Survey.

MEASURE: MHSIP Consumer Survey

b. Output measure(s):

1. **OUTPUT:** 4,500 unduplicated consumers will be served at Psychiatric and Counseling Services.

MEASURE: Management Information system (MIS) Anasazi Software

2. **OUTPUT:** 37,500 consumer hours of service.

MEASURE: Number of Unduplicated Clients Served by program per Management Information system (MIS) Anasazi Software.

c. Customer satisfaction measures:

Consumer Satisfaction is measured on a bi-annual basis, using an instrument designed by the Mental Health Statistic Improvement Program (MHSIP). Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a bi-annual basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

4. Psychiatric Emergency Services (PES)

a. Outcome measure(s):

1. **OUTCOME:** Maintain youth and adult suicide rates of less than 1% within 48 hours of last service at PES.

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

2. **OUTCOME:** Maintain youth and adult suicide rates of less than 1% within 30 days of last service at PES.

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

3. **OUTCOME:** Maintain customer satisfaction of 90% or better as measured by the Client Satisfaction Questionnaire 8 (CSQ-8).

MEASURE: CSQ-8.

b. Output measure(s):

1. **OUTPUT:** 4,000 unduplicated adults and 400 unduplicated children will be served by PES.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi.

c. Customer satisfaction measures.

Consumer Satisfaction is measured on a monthly basis, using the Client Satisfaction Questionnaire-8. Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a monthly basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

5. The Inn

a. Outcome measure(s):

1. **OUTCOME:** Maintain adult suicide rates of less than 1% occurring within 48 hours of last service at The Inn.

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

- 2. OUTCOME:** Maintain adult suicide rates of less than 1% occurring within 30 days of last service at The Inn

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

- 3. OUTCOME:** Maintain customer satisfaction of 90% or better as measured by Client Satisfaction Questionnaire 8 (CSQ-8).

MEASURE: CSQ-8

b. Output measure(s):

- 1. OUTPUT:** 4,000 Bed days will be provided by The Inn.

MEASURE: Management Information System (MIS) Anasazi Software.

- 2. OUTPUT:** Provide services to 400 unduplicated consumers at The Inn.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi Software.

c. Customer satisfaction measures.

Consumer Satisfaction is measured on a monthly basis, using the Client Satisfaction Questionnaire-8. Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a monthly basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated through ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

6. Children's Mental Health Services

a. Outcome measure(s):

- 1. OUTCOME:** 35% of all children with moderate to high functioning impairment will have clinically acceptable or improving functioning.

MEASURE: Child and Adolescent Texas Recommended Assessment Guidelines (CA-TRAG) – baseline at entry to program, second assessment at 90 days of services, and 90 days thereafter.

2. OUTCOME: Parent and child satisfaction.

- Parent Satisfaction Target: 90% of parents responding to survey will be satisfied with services.
- Child Satisfaction Target: 90% of children responding to survey will be satisfied with services.

MEASURE: MHSIP Consumer Survey for Children and Families.

3. **OUTCOME:** A Network of traditional and non-traditional providers will be maintained (within funding parameters) to support the wraparound approach.

MEASURE: Number of Network providers per Management Information System (MIS) Anasazi Software.

b. Output measure(s):

1. **OUTPUT:** Services will be provided to 1,093 unduplicated consumers for individual counseling, family counseling, group counseling, care coordination and psychiatric services (ages 3-17 years).

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi Software.

c. Customer satisfaction measures:

Consumer Satisfaction is measured on a bi-annual basis, using an instrument designed by the Mental Health Statistic Improvement Program (MHSIP). Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a bi-annual basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated through ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

7. Co-Occurring Psychiatric and Substance Use Disorders (COPSD)

Outcome measure(s):

1. **OUTCOME:** Sixty-five percent (65%) of 280 unduplicated consumers will show no arrests between admission and discharge.

MEASURE: Match between Consumers Served by program per

Management Information System (MIS) Anasazi Software and DSHS
EDTS Jail Match Report.

- 2. OUTCOME:** Maintain a consumer satisfaction rate of 90% or better.

MEASURE: MHSIP Consumer Satisfaction Survey

b. Output measure(s):

- 1. OUTPUT:** COPSD will serve 280 unduplicated consumers.

MEASURE: Number of Unduplicated Clients Served by program per
Management Information System (MIS) Anasazi Software.

c. Consumer satisfaction measures:

Consumer Satisfaction is measured on a bi-annual basis, using an instrument designed by the Mental Health Statistic Improvement Program (MHSIP). Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a bi-annual basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

8. Safe Haven

a. Outcome measure(s):

- 1. OUTCOME:** Ninety percent (90%) of consumers will be successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge from Safe Haven.

MEASURE: Safe Haven Discharge Report.

- 2. OUTCOME:** Maintain a consumer satisfaction rate of 90% or better.

MEASURE: Client Satisfaction Questionnaire 8 (CSQ-8)

b. Output measure(s):

- 1. OUTPUT:** 45 unduplicated consumers will be served by the Safe Haven Program.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi Software.

- 2. OUTPUT:** 5,625 bed days will be provided by the Safe Haven Program.

MEASURE: Management Information System (MIS) Anasazi Software.

c. Consumer satisfaction measures:

Consumer Satisfaction is measured on a monthly basis, using the Client Satisfaction Questionnaire-8. Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a monthly basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated through ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

9. Mobile Crisis Outreach Team (MCOT)

a. Outcome measure(s):

- 1. OUTCOME:** 75% youth and adult consumers stable and in the community within 48 hours of MCOT service

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

- 2. OUTCOME:** Maintain youth and adult suicide rates of less than 1% within 30 days of last service at PES.

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

- 3. OUTCOME:** Maintain consumer satisfaction of 90% or better as measured by the Client Satisfaction Questionnaire 8 (CSQ-8).

MEASURE: CSQ-8.

- 4. OUTCOME:** 95% of consumers referred to MCOT by APD, TCSO, and other local law enforcement agencies seen face-to-face by MCOT within 24 hours of referral

MEASURE: Management Information System (MIS) Anasazi or other available database and/or reports maintained by ATCIC.

- 5. OUTCOME:** 15% or less of consumers are hospitalized within 30 days of initial MCOT services.

MEASURE: Management Information System (MIS) Anasazi or other available database and/or reports maintained by ATCIC.

- 6. OUTCOME:** 95% consumers identified as Emergent seen within 1 hour of PES dispatch.

MEASURE: Management Information System (MIS) Anasazi or other available database and/or reports maintained by ATCIC.

b. Output measure(s):

- 2. OUTPUT:** 500 unduplicated adults and 60 unduplicated children will be served by MCOT. 150 unduplicated adults and 10 unduplicated children served by MCOT will be individuals not currently open to ATCIC services.

MEASURE: Number of Unduplicated Clients Served by program per Management Information System (MIS) Anasazi.

- 3. OUTPUT:** 400 Hotline calls will be referred to MCOT.

MEASURE: Management Information System (MIS) Anasazi or other available database maintained by ATCIC.

c. Customer satisfaction measures.

Consumer Satisfaction is measured on a monthly basis, using the Client Satisfaction Questionnaire-8. Results of consumer satisfaction are generated through ATCIC's Quality Management (QM) function and shared throughout ATCIC via its Intranet. Results are reviewed by the Quality Leadership Team (QLT) on a monthly basis, which allows implementation of continuous quality improvement regarding consumer satisfaction. Any identified problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

Demographic data are collected on the Anasazi Client Data system. Quarterly reports describing demographic information are generated by ATCIC's QM function. Reports summarize the gender, ethnicity, zip codes, income and age of consumers served.

Performance Measures Reporting Requirements:

- a) Quarterly Interlocal and Quarterly Interlocal Demographic Reports
 - (1) Due by the 15th of the month following the end of the previous quarter
(1/15, 4/15, 7/15, 10/15)
- b) Annual Report
 - (1) Submitted upon completion
- c) Consumer Satisfaction – measured by the Client Satisfaction Questionnaire-8
 - (1) Results of consumer satisfaction reported quarterly for each program identified in the work statement

Reports will be submitted to County Contract Manager: Laura Peveto TCHHS/VS –
Office of Children Services P.O. Box 1748 Austin, Texas 78767

DRAFT

**2012 Budget ATCIC Main Interlocal
 PROGRAM BUDGET DETAIL**

Agency: Austin Travis County Integral Care

	Requested CITY OF AUSTIN Amount	Requested TRAVIS COUNTY Amount	Balance - Amounts Funded by All OTHER Sources	TOTAL Budget (ALL funding sources)
PERSONNEL				
Salaries (insert total from attached worksheet)		\$25,000.00	\$0.00	\$25,000.00
FICA: rate x salaries				0.00
Retirement				0.00
Insurance: cost/month X FTE's				0.00
Worker's Compensation: rate x salaries				0.00
Unemployment: rate x salaries				0.00
Other Benefits (specify)				0.00
				0.00
				0.00
A. TOTAL PERSONNEL	\$0.00	\$25,000.00	\$0.00	\$25,000.00
OPERATING EXPENSES				
Equipment Rental				0.00
Occupancy Expenses (including rent, utilities, building maintenance, etc.)				0.00
Postage				0.00
Telephone				0.00
Staff Travel				0.00
Printing/Duplication				0.00
Office Supplies and Related Costs (in support of agency operations)				0.00
Audit/Accounting				0.00
Consultants/Contractual (complete Subcontracted Expenses form)				0.00
Subscriptions/Memberships				0.00
Conferences/Seminars				0.00
Insurance/Bonding				0.00
Other (specify)				0.00
				0.00
				0.00
B. TOTAL OPERATING EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00
DIRECT ASSISTANCE				
Drugs/Medicine				0.00
Food/Beverage				0.00
Other:				0.00
ATCIC Services		1,411,054.00		1,411,054.00
				0.00
				0.00
				0.00
C. TOTAL DIRECT ASSISTANCE	\$0.00	\$1,411,054.00	\$0.00	\$1,411,054.00
EQUIPMENT/CAPITAL OUTLAY				
(Specify)				0.00
				0.00
				0.00
D. TOTAL EQUIPMENT/CAPITAL OUTLAY	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL (A + B + C + D)		\$1,436,054.00	\$0.00	\$1,436,054.00

Note: Grand Total does not include program income

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Main Mental Health Interlocal: 2012 Performance Report

Time Period Covered by Report: 1/1/2012 - 12/31/2012

Date Report is Due to TCHHS/VS: 1, Q1: 4/16/2012 Q2: 7/16/2012 Q3: 10/15/2012 Q4: 1/15/2013

Section I: Performance Report Information. Please only update the blue shaded cells. The red triangles located in the upper right hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us

Legal Agency Name: <u>Austin Travis County Mental Health</u> Mental Retardation (d.b.a. Austin Travis County Integral Care)	Contract Program Name: <u>Infant-Parent Program - Early Childhood Intervention (ECI)</u>	Agency Contact Name & Phone No.: 	Original Submission Date:
TCHHS/VS Program Lead & Phone No.: <u>Laura Peveto, 854-7874</u>	TCHHS/VS Contract Specialist & Phone No.: <u>John Bradshaw, 854-4277</u>	Contract Term: <u>January 1, 2012 - December 31, 2012</u>	Date Revised Report was Submitted (if applicable):

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets.** Include performance results achieved through funding provided by TCHHS/VS **and** by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA

Performance Measure Identifier	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY <small>(Please do not modify information included in this section. If this information is modified, the report will need to be re-submitted.)</small>			
		Q1	Q2	Q3	Q4	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2012 Goal Achieved	Explanation about Variance Required in Comments Section?
		Jan. - Mar.	Apr. - Jun.	Jul. - Sep.	Oct. - Dec.				
OUTPUTS									
OP#1	Number of unduplicated clients served					0	802	0%	Explanation Required
OUTCOMES									
OC#1a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Cognition	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Cognition	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#2a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Receptive language	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Receptive language	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#3a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Expressive language	(numerator)				0		#DIV/0!	#DIV/0!
OC#3b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#3c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Expressive language	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#4a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Gross motor skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#4b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#4c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Gross motor skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#5a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Fine motor skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#5b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#5c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Fine motor skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#6a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Self-help skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#6b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#6c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Self-help skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#7a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Social/Emotional	(numerator)				0		#DIV/0!	#DIV/0!
OC#7b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!

OC#	Measure Description	Category	Q1	Q2	Q3	Q4	Annual	Target	Q1	Q2	Q3	Q4	Annual
OC#7c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Social/Emotional	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OC#8a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Communication	(numerator)						0					#DIV/0!
OC#8b	Number of children assessed	(denominator)						0					#DIV/0!
OC#8c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Communication	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OC#9a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Physical/Motor	(numerator)						0					#DIV/0!
OC#9b	Number of children assessed	(denominator)						0					#DIV/0!
OC#9c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Physical/Motor	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
OC#10a	Number of customers who complete the modified Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families (excludes questions not applicable to age group served) and report satisfaction with the program	(numerator)						0					#DIV/0!
OC#10b	Number of customers who complete the modified Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families (excludes questions not applicable to age group served)	(denominator)						0					#DIV/0!
OC#10c	Percentage of customers satisfied, as measured by the modified Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families (excludes questions not applicable to age group served)	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons.
- Briefly explain any missing or incomplete data from Section II.
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...").
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring.
- Document any known problems with the data and plans for addressing them, and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	
Quarter 2 Comments	
Quarter 3 Comments	
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, 2012

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@cc.travis.tx.us.

Legal Agency Name: Austin Travis County Mental Health Mental Retardation (d.b.a. Austin Travis County Integral Care) Contract Program Name: Main Mental Health Interlocal TCHHS/VS Program Lead & Phone No.: Laura Peveto, 854-7874
 Agency Contact Name & Phone No.: [Redacted] Contract Term: January 1, 2012 - December 31, 2012 TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, 854-4277

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
<i>Please note that the total count for "Ethnicity" should equal the total count for "Race."</i>					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
<i>Population of one race:</i>					
American Indian or Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian or Other Pacific Islander					0
White					0
Some other race					0
<i>Population of two races:</i>					
American Indian or Alaska Native and White					0
Asian and White					0
Black or African American and White					0
Black or African American and American Indian or Alaska Native					0
All other two race combinations					0
<i>Other and Unknown:</i>					
Other					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	4/15/2012
Quarter 2 Report	7/16/2012
Quarter 3 Report	10/15/2012
Quarter 4 Report	1/15/2013

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons.
- Briefly explain any missing or incomplete data from Section II.
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (will be denoted by "text").
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring.
- Document any known problems with the data and plans for addressing them, and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

**Travis County Health and Human Services & Veterans Service (TCHHS/VS)
 Client Zip Code at Entry into Program - Year-to-Date Report, 2012**

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Legal Agency Name: Austin Travis County Mental Health Mental Retardation (d.b.a. Austin Travis County Integral Care) Contract Program Name: Main Mental Health Interlocal Contract Term: January 1, 2012 - December 31, 2012
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Laura Peveto, 854-7874 TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, 854-4277

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.

All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Jan.-Mar.	Q2 Apr.-Jun.	Q3 Jul.-Sep.	Q4 Oct.-Dec.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Jan.-Mar.	Q2 Apr.-Jun.	Q3 Jul.-Sep.	Q4 Oct.-Dec.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Homeless, Unknown Zip Codes and Zip Codes Outside Travis County
 Note: Please do not list other zip codes in this form.

Homeless	Zip Codes Outside Travis Co.	Unknown Zip Codes	TOTAL
			0
			0
			0
			0
			0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	4/16/2012
Quarter 2 Report	7/16/2012
Quarter 3 Report	10/15/2012
Quarter 4 Report	1/15/2013

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (will be denoted by [red triangle] text);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

ATTACHMENT 1
ETHICS AFFIDAVIT

STATE OF TEXAS
COUNTY OF TRAVIS

ETHICS AFFIDAVIT

Date: _____
Name of Affiant: _____
Title of Affiant: _____
Business Name of Proponent: _____
County of Proponent: _____

Affiant on oath swears that the following statements are true:

1. Affiant is authorized by Proponent to make this affidavit for Proponent.
2. Affiant is fully aware of the facts stated in this affidavit.
3. Affiant can read the English language.
4. Proponent has received the list of key contracting persons associated with this solicitation which is attached to this affidavit as Exhibit "1".
5. Affiant has personally read Exhibit "1" to this Affidavit.
6. Affiant has no knowledge of any key contracting person on Exhibit "1" with whom Proponent is doing business or has done business during the 365 day period immediately before the date of this affidavit whose name is not disclosed in the solicitation.

Signature of Affiant

Address

SUBSCRIBED AND SWORN TO before me by _____ on _____, 20__.

Notary Public, State of _____

Typed or printed name of notary

My commission expires: _____

ATTACHMENT 2
LIST OF KEY CONTRACTING PERSONS
NOVEMBER 4, 2011

CURRENT

Position Held	Name of Individual Holding Office/Position	Name of Business Individual is Associated
County Judge	Samuel T. Biscoe	
County Judge (Spouse)	Donalyn Thompson-Biscoe	
Executive Assistant	Cheryl Brown	
Executive Assistant	Melissa Velasquez	
Executive Assistant	Josie Z. Zavala	
Executive Assistant	Cheryl Aker	
Commissioner, Precinct 1	Ron Davis	
Commissioner, Precinct 1 (Spouse)	Annie Davis	Seton Hospital
Executive Assistant	Deone Wilhite	
Executive Assistant	Felicitas Chavez	
Commissioner, Precinct 2	Sarah Eckhardt	
Commissioner, Precinct 2 (Spouse)	Kurt Sauer	Daffer McDaniel, LLP
Executive Assistant	Loretta Farb	
Executive Assistant	Joe Hon	
Executive Assistant	Peter Einhorn	
Commissioner, Precinct 3	Karen Huber	
Commissioner, Precinct 3 (Spouse)	Leonard Huber	Retired
Executive Assistant	Garry Brown	
Executive Assistant	Lori Duarte	
Executive Assistant	Jacob Cottingham*	
Commissioner, Precinct 4	Margaret Gomez	
Executive Assistant	Edith Moreida	
Executive Assistant	Norma Guerra	
County Treasurer	Dolores Ortega-Carter	
County Auditor	Susan Spataro, CPA	
County Executive, Administrative	Vacant	
County Executive, Planning & Budget	Vacant	
County Executive, Emergency Services	Danny Hobby	
County Executive, Health/Human Services	Sherri E. Fleming	
County Executive, TNR	Steven M. Manilla, P.E.*	
County Executive, Justice & Public Safety	Roger Jefferies	
Director, Facilities Management	Roger El Khoury, M.S., P.E.	
Chief Information Officer	Joe Harlow	
Director, Records Mgmt & Communications	Steven Broberg	
Travis County Attorney	David Escamilla	
First Assistant County Attorney	Steve Capelle	
Executive Assistant, County Attorney	James Collins	
Director, Land Use Division	Tom Nuckols	
Attorney, Land Use Division	Julie Joe	
Attorney, Land Use Division	Christopher Gilmore	
Director, Transactions Division	John Hille	
Attorney, Transactions Division	Tamara Armstrong	
Attorney, Transactions Division	Daniel Bradford	
Attorney, Transactions Division	Mary Etta Gerhardt	
Attorney, Transactions Division	Barbara Wilson	
Attorney, Transactions Division	Jim Connolly	
Attorney, Transactions Division	Tenley Aldredge	
Director, Health Services Division	Beth Devery	
Attorney, Health Services Division	Prema Gregerson	
Purchasing Agent	Cyd Grimes, C.P.M.	
Assistant Purchasing Agent	Marvin Brice, CPPB	

Assistant Purchasing AgentBonnie Floyd, CPPO, CPPB, CTPM
 Purchasing Agent Assistant IVDiana Gonzalez
 Purchasing Agent Assistant IVLee Perry
 Purchasing Agent Assistant IVJason Walker
 Purchasing Agent Assistant IVRichard Villareal
 Purchasing Agent Assistant IVPatrick Strittmantter*
 Purchasing Agent Assistant IVLori Clyde, CPPO, CPPB
 Purchasing Agent Assistant IVScott Wilson, CPPB
 Purchasing Agent Assistant IVJorge Talavera, CPPO, CPPB
 Purchasing Agent Assistant IVGeorge R. Monnat, C.P.M., A.P.P.
 Purchasing Agent Assistant IVJohn E. Pena, CTPM
 Purchasing Agent Assistant IIIShannon Pleasant, CTPM*
 Purchasing Agent Assistant IIIDavid Walch
 Purchasing Agent Assistant IIIMichael Long, CPPB
 Purchasing Agent Assistant IIIElizabeth Corey, C.P.M.
 Purchasing Agent Assistant IIIRosalinda Garcia
 Purchasing Agent Assistant IIILoren Breland, CPPB
 Purchasing Agent Assistant II.....C.W. Bruner, CTP
 Purchasing Agent Assistant IIINancy Barchus, CPPB
 HUB Coordinator.....Sylvia Lopez
 HUB SpecialistBetty Chapa
 HUB SpecialistJerome Guerrero
 Purchasing Business AnalystScott Worthington
 Purchasing Business AnalystJennifer Francis

FORMER EMPLOYEES

<u>Position Held</u>	<u>Name of Individual Holding Office/Position</u>	<u>Date of Expiration</u>
County Executive, TNR.....	Joseph Gieselman	01/31/12
Purchasing Agent Assistant IV	Oralia Jones, CPPB	07/31/12
County Executive, Planning & Budget.....	Rodney Rhoades	08/19/12

* - Identifies employees who have been in that position less than a year.