



## Travis County Commissioners Court Agenda Request

**Meeting Date:** June 12, 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:** Approve Modification No. 13 to Interlocal Agreement No. IL060341RE, Austin Travis County Integral Care, for substance abuse services.

➤ **Purchasing Recommendation and Comments**

➤ This agreement between Travis County, the City of Austin, and Austin Travis County Integral Care (ATCIC) is a three-party Interlocal agreement for the provision of substance abuse treatment services. The agreement is referred to as Substance Abuse Managed Services Organization (SAMSO). ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are referred to case management and other support services as part of the treatment process.

➤ This Modification No. 13 adds an additional \$324,265 in City of Austin funds to the FY'12 contract; in addition to changes to the work statement. The not to exceed contract amount is \$1,901,309. An increase of \$324,265 from the original contract amount of \$1,577,044

The City of Austin is requesting a May 1, 2012 effective date for the amendment. The delay in presenting this amendment for Court approval is due to the lengthy review process of all three entities (City of Austin, ATCIC and Travis County). The amendment is currently with the City of Austin for approval signature. It will be signed by ATCIC second and Travis County third.

➤ Modification No. 12 renewed the agreement for an additional twelve month period, from October 1, 2011 through September 30, 2012 with

ID# 6520

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](mailto:Cheryl.Aker@co.travis.tx.us) by Tuesdays at 5:00 p.m. for the next week's meeting.

the not to exceed amounts of the following: Travis County (General Funds) \$611,799, City of Austin (through HHSD) \$324,495, Travis County Grant (FY2012 Grant Funds) \$330,750, and City of Austin (through Community Court) \$310,000. The total was \$1,577,044

- Modification No. 11 added \$28,891 in unspent FY'10 PIR funds to the FY'11 SAMSO agreement.
- Modification No. 10 changed the name of the agency.
- Modification No. 9 renewed the agreement for an additional twelve-month period, from October 1, 2010 through September 30, 2011. Travis County provided \$611,799 from the General Fund, and \$330,750 from the PIR grant. The City of Austin provided \$958,990. The contract funds totaled \$1,901,539.
- Modification No. 8 renewed the agreement for a nine-month period, from January 1, 2010 through September 30, 2010, in order to change the contract term from calendar year to Travis County's fiscal year.
- Modification No. 7 increased County funding from \$817,914 to \$975,854, an increase of \$157,940.
- Modification No. 6 renewed the agreement for an additional twelve-month period, from January 1, 2009 through December 31, 2009.
- Modification No. 5 increased the County funding from \$906,114 to \$1,036,419, an increase of \$130,305.
- Modification No. 4 increased the County funds from \$611,799 to \$906,114, an increase of \$294,315.
- Modification No. 3 renewed the agreement for an additional twelve-month period, from January 1, 2008 through December 31, 2008.
- Modification No. 2 renewed the agreement for an additional twelve-month period, from January 1, 2007 through December 31, 2007.
- Modification No. 1 increased the City of Austin's funding to the 2006 by \$5,122.
- **Contract Expenditures:** Within the last twelve months \$1,856,204 has been spent against this contract/requirement.

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➤ **Contract-Related Information:**

Award Amount: \$1,901,309

Travis County: \$942,549

City of Austin: \$958,760

Contract Type: Interlocal Agreement

Contract Period: October 1, 2011 – September 30, 2012

➤ **Contract Modification Information:**

Modification Amount: \$324,265

Modification Type: Trilateral

Modification Period: October 1, 2011 – September 30, 2012

➤ **Solicitation-Related Information:** N/A

Solicitations Sent:

Responses Received:

HUB Information:

% HUB Subcontractor:

➤ **Special Contract Considerations:** N/A

Award has been protested; interested parties have been notified.

Award is not to the lowest bidder; interested parties have been notified.

Comments:

➤ **Funding Information:** N/A – The additional funding is coming from City of Austin

Purchase Requisition in H.T.E.:

Funding Account(s):

Comments:

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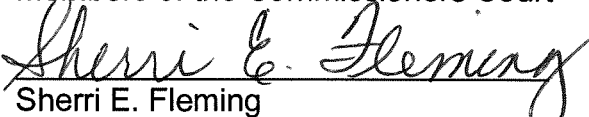


**TRAVIS COUNTY HEALTH and HUMAN SERVICES  
and VETERANS SERVICE  
502 E. Highland Mall Blvd.  
P. O. Box 1748  
Austin, Texas 78767**

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

**DATE:** May 14, 2012

**TO:** Members of the Commissioners Court

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

**SUBJECT:** SAMSO interlocal agreement amendment

**Proposed Motion:**

Consider and take appropriate action to approve an amendment to the interlocal agreement between Travis County, the City of Austin, and Austin Travis County Integral Care for substance abuse treatment services.

**Summary and Staff Recommendations:**

Travis County, the City of Austin and Austin Travis County Integral Care (ATCIC) have a three-way interlocal agreement for the provision of substance abuse treatment services. Under the agreement, ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are linked or referred to case management and other support services as part of the treatment process.

The agreement also includes funds from the Parenting in Recovery grant to pay for substance abuse treatment for families in the child welfare system as a result of parental methamphetamine or other substance abuse.

This amendment adds an additional \$324,265 in City of Austin funds to the FY'12 contract and makes some changes to the work statement that allow Travis County funds to be spent on substance abuse treatment as well as recovery supports. This will provide a continuum of services that will promote sustained recovery.

TCHHSVS staff recommends approving this amendment.

**Budgetary and Fiscal Impact:**

Travis County is providing \$611,799 from the General Fund as well as \$330,750 from the Parenting in Recovery grant. With the additional funds, the City of Austin is providing a total of \$958,760. Total contract funds come to \$1,901,309. This contract follows the fiscal year.

**Issues and Opportunities:**

The SAMSO interlocal allows the City of Austin and Travis County to contract for substance abuse treatment services with ATCIC using a Managed Services Organization (MSO) approach. This provides better coordination and standardization of substance abuse treatment services for the community. The City and County can designate the target populations to be served, eligibility criteria, services to be covered, and expected outcomes using the standards and requirements set forth in the interlocal. ATCIC provides specific services as the MSO in order to prevent duplication of administrative tasks and to promote a continuum of care for clients.

**Background:**

The interlocal for substance abuse treatment services has been in place since 1999.

Cc: Andrea Colunga Bussey, Director, Office of Children's Services, TCHHSVS  
Susan A. Spataro, CPA, CMA, Travis County Auditor  
Jose Palacios, Chief Assistant County Auditor  
Janice Cohoon, Financial Analyst, Travis County Auditor's Office  
Laura Ward, Assistant County Attorney  
Leslie Browder, Executive Manager, Planning and Budget Office  
Diana Ramirez, Analyst, Planning and Budget Office  
Cyd Grimes, C.P.M., Travis County Purchasing Agent  
Shannon Pleasant, Purchasing Agent Assistant, Travis County Purchasing Office

**MODIFICATION OF CONTRACT NUMBER: IL060341RE – Substance Abuse Services** Page 1 of 33

ISSUED BY: <b>PURCHASING OFFICE</b> 700 Lavaca, Suite 800 Austin, Texas 78701	PURCHASING AGENT ASST: <b>Shannon Pleasant</b> TEL. NO: (512) 854-1181 FAX NO: (512) 854-9185	DATE PREPARED: <b>May 29, 2012</b>
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ISSUED TO: <b>Austin Travis County Integral Care</b> P.O. Box 3548 Austin, Texas 78764-3568  City of Austin PO Box 1088 Austin, Texas 78701	MODIFICATION NO.:  <b>13</b>	EXECUTED DATE OF ORIGINAL CONTRACT: <b>January 1, 2006</b>
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ORIGINAL CONTRACT TERM DATES: **January 1, 2006 – December 31, 2006** CURRENT CONTRACT TERM DATES: **October 1, 2011 – September 30, 2012**

**FOR TRAVIS COUNTY INTERNAL USE ONLY:**

Original Contract Amount: \$ 1,507,151 Current Modified Amount \$ 1,901,309

**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. This amendment adds an additional \$324,265 in City of Austin funds to the FY'12 contract; in addition to changes to the work statement.
2. The not to exceed contract amount is \$1,901,309. An increase of \$324,265 from the original contract amount of \$1,577,044

The Contract is amended according to the terms of the attachment to this Modification, all of which are hereby made a part of the Contract and constitutes promised performance by the Contractor in accordance with all terms of the Contract, as amended.

**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.

DRAFT

LEGAL BUSINESS NAME: _____  BY: _____ SIGNATURE  BY: _____ PRINT NAME  TITLE: _____ ITS DULY AUTHORIZED AGENT	<input type="checkbox"/> DBA <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER  DATE: _____
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CITY OF AUSTIN, TEXAS  BY: _____ SIGNATURE  BY: _____ PRINT NAME  TITLE: _____ ITS DULY AUTHORIZED AGENT	<input type="checkbox"/> DBA <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER  DATE: _____
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TRAVIS COUNTY, TEXAS BY: <u>YLB</u> CYD V. GRIMES, C.P.M., CPPO TRAVIS COUNTY PURCHASING AGENT	DATE: _____
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TRAVIS COUNTY, TEXAS BY: _____ SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	DATE: _____
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**AMENDMENT TO INTERLOCAL COOPERATION AGREEMENT AMONG TRAVIS COUNTY, THE CITY OF AUSTIN AND AUSTIN-TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER, DOING BUSINESS AS AUSTIN TRAVIS COUNTY INTEGRAL CARE FOR SUBSTANCE ABUSE TREATMENT AND RELATED BEHAVIORAL HEALTHCARE AND SUPPORT SERVICES**

This Amendment ("Amendment") to Interlocal Cooperation Agreement is entered into among the following Parties: Travis County, a political subdivision of the State of Texas ("County"), the City of Austin, a municipal corporation and political subdivision of the State of Texas ("City"); and Austin Travis County Mental Health and Mental Retardation Center, d.b.a. "Austin-Travis County Integral Care" ("Center," or "ATCIC"), 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.

This Agreement is authorized by Chapter 791 of the Texas Government Code entitled "Interlocal Cooperation Act."

County, City and Center entered into an agreement to provide mental health, mental retardation and substance abuse services for indigent citizens and other eligible clients ("Agreement") the Initial Term of which began January 1, 2006, and terminated December 31, 2006.

Under the Agreement, Center agreed to provide personal and professional services for the care of indigents and other qualified recipients and public health education and information related to mental health, mental retardation and substance abuse services in accordance with the terms of the Agreement, thus providing services which further a public purpose.

The Agreement provides for renewal and amendment of the Agreement by the written agreement of the Parties.

Pursuant to the terms of the Agreement, the Agreement has been renewed for additional terms continuing through the current term which began October 1, 2011, and continues through September 30, 2012 ("2012 Renewal" or "FY '12 Renewal").

County, City and Center desire to amend the Agreement to increase maximum funding to be provided by the City and the services to be provided by ATCIC for the remainder of the current term.

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 renew and amend the Agreement as follows:

**1.0 GENERAL TERMS.**

1.1 2012 Renewal Term. The Parties acknowledge and agree that the changes made in this Amendment will apply to the remainder of the current term (October 1, 2011 through September 30, 2012 or "2012 Renewal Term" or FY '12 Renewal Term"), and shall become effective on May 1, 2012.

## **2.0 FINANCIAL PROVISIONS**

2.1 **Maximum Funds.** The Parties agree to amend Section 13.1.1(a) – 2012 Amended Renewal Term Funds as follows:

2.1.1 Change City of Austin funds from \$324,495.00 to \$648,760.00

2.1.2 Change "City of Austin (Community Court)" to "City of Austin (Downtown Austin Community Court)"

2.1.3 Change Sub-total of non-grant funding from \$1,246,294.00 to \$1,570,559.00

2.1.4 Change Total Funds From \$1,577,044.00 to \$1,901,309.00

## **3.0 EXHIBITS.**

3.1 **Exhibits.** The parties agree to delete the originals 2012 Exhibit 1, FY2012 Work Statement, and Exhibit 2, FY 2012 Budget, and substitute the Amended Exhibit 1, Amended FY 2012 Work Statement, and Amended Exhibit 2, FY '2012 Amended Budget, attached to this Amendment as Attachment A and hereby incorporated to and made a part of this Amendment.

## **4.0 INCORPORATION**

County, City and Center hereby incorporate this Amendment into the Agreement. Except for the changes made in this Amendment, County, City and Center hereby ratify all the terms and conditions of the Agreement as previously amended and stated above. The Agreement with the changes made in this Amendment both constitutes the entire agreement between the parties and supersedes any prior undertaking or written or oral agreements or representations between the Parties, with regard to substance abuse and behavioral healthcare.

## **5.0 EFFECTIVE DATE**

This Amendment shall be effective May 1, 2012, following approval by each Party's governing body, to the extent such approval is required, and signature by an authorized representative of each Party. All terms not specifically changed in this Amendment remain in full force and effect.



**TRAVIS COUNTY**

BY: \_\_\_\_\_  
Samuel T. Biscoe, Travis County Judge  
Date: \_\_\_\_\_

**CITY OF AUSTIN**

BY: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**AUSTIN TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER  
D.B.A. AUSTIN TRAVIS COUNTY INTEGRAL CARE**

BY: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**DRAFT**

## FY'12 AMENDED WORK STATEMENT

October 1, 2011 – September 30, 2012

### SUBSTANCE ABUSE MSO

#### I. BACKGROUND

##### A. History

Prior to 1999, the City of Austin and Travis County purchased substance abuse treatment services through multiple agencies with eligibility determinations made and services provided by the individual organizations pursuant to the terms of their respective contracts. The auditing of services was performed retrospectively by Austin/Travis County Health and Human Services Department (HHSD) staff.

The Interlocal Agreement for Substance Abuse MSO between the City of Austin, Travis County, and the Austin-Travis County Mental Health and Mental Retardation Center (d.b.a Austin-Travis County Integral Care (ATCIC)) originated in 1999. The City and County developed the Interlocal Agreement in order to contract for substance abuse treatment services utilizing a Managed Services Organization (MSO) approach. The purpose of this new approach is to better coordinate and standardize substance abuse treatment services for the community and to designate the target populations to be served, eligibility criteria, services to be covered, and expected outcomes according to those standards and requirements set forth in this Agreement. Under this Agreement, ATCIC provides specific services as the MSO in order to prevent duplication of administrative functions and promote a continuum of care for clients. This Agreement also facilitates the coordination of City and County funded services with state funded services in order to maximize leveraging of all available funds.

As the local authority for mental health and mental retardation services with extensive experience in this area, ATCIC serves as the MSO under this Agreement. In the model established under this Agreement, individuals are authorized and then served by organizations in the network that provide the assessment and treatment of Eligible Clients. In addition, the following MSO functions are provided: Credentialing, Gate Functions, Utilization Management, Quality Management, Management Information Systems, Financial Management, Administration/Contract Management, and Network Development and Management as set forth in this Agreement and specified by City and County.

##### B. Experience as Managed Services Organization

ATCIC is the local authority for mental health and mental retardation services for Travis County. It was established in late 1965 and began operations in 1967 pursuant to the laws of the State of Texas, regulations of the Department of State Health Services (known then as the Texas Department of Mental Health and Mental Retardation), and the articles of organization approved by its sponsoring agencies. ATCIC's local sponsoring agencies are the City of Austin, Travis County and the Travis County Healthcare District.

ATCIC's relevant experience includes the development of a full array of managed care tools under the auspices of its managed care demonstration project known as the "2377 project." In 1996, ATCIC received funding to develop a managed care system including a "gate" to ensure timely and appropriate services are provided within available capacity, a utilization management

system, credentialing and provider profiling, new contract management procedures, quality management, management information systems, and claims billing. The array of managed care tools is in place with adult and children's mental health and substance abuse services that are provided internally or through contract with external providers.

### **C. Anticipated Outcomes**

The anticipated outcomes of the model established under this Agreement over the years of development and operation are as follows:

1. Improved client outcomes
2. Improved client access to services
3. Increased cost-effectiveness/cost-containment
4. Improved service linkages/continuity of care for clients
5. More comprehensive service delivery to the client (as needed)
6. Improved customer satisfaction with services
7. Improved continuum of services for the community with gaps reduced and capacity increased as determined by the Parties to be necessary.

## **II. ELIGIBILITY**

### **A. Client Eligibility Criteria**

ATCIC is responsible for determining the eligibility of persons receiving services under this Agreement according to the following eligibility criteria ("Eligibility Criteria"):

1. Individual has a household income less than 200% of the federal poverty guidelines as updated annually by the U.S. Department of Health and Human Services) that are applicable to a household with the same number of persons as his/her household, and
2. Individual is covered by no other applicable insurance or other third-party payer for full coverage of needed services, nor is individual eligible for other third-party payer programs (including relevant state and federally funded programs inclusive of those administered by ATCIC and Contractors under this Agreement). In order to maximize the use of local funds, City and County will be the "payer of last resort" for services received by clients under this Agreement; and
3. Individual is a bona fide resident of the City of Austin and/or Travis County, which is determined by his/her stated intention to remain in the City of Austin and/or Travis County for an indefinite period; and
4. Individual meets criteria as a member of one of the designated target populations for this Agreement (as described below and/or as approved in writing by the Department); and
5. Initial clinical assessment concludes that the individual needs and is clinically appropriate for services offered under this Agreement ("Services"). The Addiction Severity Index (ASI) will be the instrument used.

### **B. ATCIC Responsibilities**

ATCIC will advise the Department of any DSHS rule changes which may necessitate changes to the Agreement. ATCIC will ensure that, upon determination of basic eligibility as described

above, all prospective Eligible Clients will be clinically assessed to determine their specific service needs prior to service authorization.

Appropriate substance abuse treatment services will, to the extent possible, be made available to all Eligible Clients whether the Eligible Client has a diagnosis of substance abuse/chemical dependency only, or a dual diagnosis of substance abuse or chemical dependency and mental illness.

### **C. CITY/COUNTY Responsibilities**

ATCIC will notify the Department of service impacts (i.e., substantive decrease in ability to serve other adults due to needs of primary care clients) related to the addition of this new population. The Department will provide ATCIC with current federal poverty guidelines to be used, as well as any changes in the guidelines that occur during the contract period.

The Department also reserves the right to specify additional means testing for determination of financial eligibility, such as setting a limit for liquid assets held by the prospective client, by providing such specification to ATCIC in writing.

### **D. Target Populations**

Priority treatment admission status will be given to eligible clients referred by City/County funded programs serving individuals that are homeless, or at risk for contracting HIV or already HIV-infected.

The specific target populations for Eligible Clients for receipt of services are:

- homeless adults (either literally homeless or marginally homeless, as defined below);
- adults referred by DACC;
- high-risk, substance abusing, or chemically dependent women;
- high-risk, substance abusing, or chemically dependent youth;
- substance using/abusing youth who do not meet the eligibility criteria for other specific target populations; and
- adults referred by the Parenting In Recovery program (administered by Travis County Office of Children Services).

These target populations are further described as follows:

#### **1. Homeless Adults**

Priority shall be given to "literally homeless" men and women. Literally homeless persons include individuals above the age of 18 years who have a primary nighttime residence that is:

- a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including emergency shelter, congregate shelter, and transitional housing); or
- b. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings including, but not limited to abandoned or empty buildings, makeshift "camps" on the streets, in greenbelts or parks, park

benches, in cars or other vehicles, at bus or train stations or airport terminals, in movie theaters, etc.).

“Marginally homeless” persons include men and women age 18 years and older:

- a. who lack a fixed, regular and adequate nighttime residence; [This includes persons “doubled-up” in unstable situations (e.g. living temporarily with other family members or friends).]
- b. whose primary nighttime residence is an institution that provides a temporary residency for individuals intended to be institutionalized, e.g., a mental health hospital; [Note: This does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.]
- c. At imminent risk of becoming homeless, for example:
  - i. A person being discharged within one week from an institution in which the person has been a resident for more than 30 consecutive days (detox centers, mental health hospitals, prisons, jails) and no subsequent residence has been identified and he/she lacks the resources and support networks necessary to obtain housing;
  - ii. A person at imminent risk of homelessness because he/she faces eviction within one week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

“Marginally homeless” does not include persons who live in substandard housing.

## **2. Adults Referred to the Downtown Austin Court**

The second priority population for Services is adults (men and women age 17 years and older) referred by DACC. DACC is a problem solving court that uses a restorative justice and rehabilitative approach to serving clients who commit offenses within its jurisdiction. The court offers case management services to clients who are referred to MSO-funded services.

## **3. High-risk, chemically dependent women (not homeless)**

The third priority population for Services is high-risk, chemically dependent women (age 18 years and older). Members of this population include women who meet one or more of the following criteria:

- a. are pregnant
- b. have dependent children
- c. are attempting to regain custody of their children
- d. have a long history of substance abuse
- e. have a criminal history
- f. are at-risk for contracting HIV or are already HIV-infected
- g. are unemployed or have an unstable and/or limited employment history/experience
- h. lack of stable living situation
- i. are dependent on public assistance
- j. have a history of physical, sexual or emotional abuse
- k. have a history of abuse or neglect of their children

- l. lack health-promoting social support systems
- m. have contributing/complicating health and/or mental health problems/diagnoses
- n. reside in a disorganized, drug-infested and high crime neighborhood/environment

**4. High Risk, Substance Abusing or Chemically Dependant Youth**

The fourth priority population for Services is high-risk, substance abusing, or chemically dependant youth (ages 13 through 17 years) a) referred into the MSO by the Youth and Family Assessment Center, The Children's Partnership, and others in the Austin/Travis County area, and b) non-adjudicated (DPU) youth involved with the juvenile court, truancy and municipal courts. The primary goal of providing substance abuse services to this population is to prevent the formal entry or re-entry into the criminal justice system.

Referrals will be accepted from all sources within the community including community based diversion programs. Priority will be given to referrals from the Youth and Family Assessment Center and The Children's Partnership.

**5. Youth not meeting eligibility criteria for substance abuse treatment**

The fifth priority population is youth who are using or abusing substances and do not meet the eligibility criteria for substance abuse treatment. These youth are referred to as a selected or indicated population<sup>1</sup>. Priority will be given to referrals from the Youth and Family Assessment Center and The Children's Partnership. Referrals to Treatment Services will be accepted from all sources within the community including community based diversion programs, upon Department approval. Referrals from the Youth and Family Assessment Center and the Children's Partnership and other referral sources will be considered eligible for intervention services through this Agreement.

**6. Adults referred by Parenting In Recovery**

A sixth priority population for Services is adult women (parents with children) referred by the Parenting In Recovery program. Parenting In Recovery is a program that provides a continuum of services for children and parents who are involved in the child welfare system because of parental substance dependency.

**7. Additional Target Populations:**

During the course of the FY'12 Renewal Term, it may be necessary and/or appropriate for additional target population(s) to be served under this Agreement. ATCIC, as the MSO, may identify additional needs, gaps or underserved populations in the community: for example, as a result of any significant state/federal funding changes for substance abuse treatment to the Austin/Travis County community. In such cases, the MSO must submit a written request to the Department with necessary supporting data/documentation regarding the need for any additional target population to be served under this Agreement during the FY'12 Renewal Term. Such request should be based on verifiable information sources and/or current community assessment/planning efforts and should be developed in conjunction with key informants or partners such as the service provider network, Community Action Network (CAN) and CAN planning bodies. City and County will evaluate such requests and provide the MSO a written response through the Department

in the form of an amendment to this Agreement agreed to pursuant to applicable terms of this Agreement. In any case, specific written authorization in the form of an Amendment agreed to pursuant to the terms of this Agreement will be required before any additional target population is approved for service delivery under this Agreement.

**8. Non-discrimination against eligible clients with Co-Occurring Psychiatric and Substance Use Disorders:**

Providers will not exclude an Eligible Client based on any of the following factors:

- a. the client's past or present mental illness;
- b. medications prescribed to the client in the past or present;
- c. the presumption of the client's inability to benefit from treatment; or
- d. the client's level of success in prior treatment episodes.

### III. SERVICE CONTINUUM

#### A. Description of Required Services for Homeless Adults

1. **Background.** Travis County is home to an estimated 4,000 homeless persons on any given day. Rates of substance abuse are high among these individuals, particularly among adult men and women who comprise approximately slightly less than half of the homeless population. Local providers estimate that approximately 1,000 homeless adults need substance abuse treatment services. Homeless alcoholics and addicts are a highly diverse population with multiple needs. For example, many of the homeless men and women in Austin, Travis County suffer from both substance abuse and mental illness problems.
2. **Referrals.**
  - a. City of Austin HHSD. Referrals for services for this population will come from a list of approved organizations contracting with the City of Austin
  - b. Travis County Health and Human Services. Referrals for services for this population may come from the Austin Resource Center for the Homeless, Caritas, ATCIC, the 24-Hour Club, the Salvation Army, DACC and many other sources such as the individuals themselves (prospective clients), family members or significant others, advocates, and other community service providers.
3. **Case Management.** In order to increase the likelihood of client success, all homeless individuals referred for Services should be linked to case management services as part of their treatment process. Eligible Clients served under this Agreement may be:
  - a. For City of Austin HHSD: currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. For Travis County Health and Human Services: currently receiving case management (from a case management provider external and/or internal to the substance abuse treatment provider network);

- c. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
- d. referred to case management providers (external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive "follow-along" case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other service needs of this target population.

4. Services. Services that will be required for the homeless target population include the following (to the fullest extent possible given service types and capacity within the local community as determined by ATCIC and agreed to by the Department):

- a. Outreach – Outreach is necessary to identify homeless persons who are potential Eligible Clients and to encourage them to accept Services. Outreach will be provided through existing programs that work with homeless individuals living in shelters, on the streets and in camps but will not be considered a reimbursable cost under this Agreement.

- b. Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients and can be conducted by any provider in the service network based on the potential Eligible Client's entry point into the system and his/her level of need for Services. Mental health assessments will also be conducted as indicated by the individual client history and presenting problems. Expenses incurred for assessments conducted at the Community Court facility by the contracted providers are eligible for reimbursement when requested by Community Court staff

- c. Detoxification – As defined by the Department State Health Services (DSHS), detoxification is chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in a client's body, manage withdrawal symptoms, and encourage the client to seek ongoing treatment for chemical dependency. These services shall be provided as necessary for each individual Eligible Client and in compliance with Facility Licensure Rules for Level I Treatment Services as defined by DSHS.

For homeless adult eligible clients, residential detoxification is preferred. Non-residential detoxification services for Eligible Clients who are homeless persons will be allowed when ATCIC verifies and documents that the Eligible Client has a safe and drug/alcohol free environment to stay in during the course of his/her treatment. As part of the Utilization Management (UM) function, ATCIC will determine (according to standardized and industry-compatible guidelines, including DSHS guidelines) the most clinically appropriate setting for these services for each individual Eligible Client.

- d. Detox Evaluation Management Services - Group and Residential Support and Case Management (As defined by DSHS, case management involves an accountable staff person providing services that include: (a) linking clients with needed services; (b) helping clients develop skills to use basic community



resources and services; and (c) monitoring and coordinating the services received by clients)

- e. Residential Treatment – This may include Level II and/or Level III residential treatment services as defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week are provided to each Eligible Client, including three hours of chemical dependency counseling (including at least one hour of individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities. For Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training.
- f. Transitional Housing Services (sober living homes) - Housing provided for an Eligible Client and their children, if appropriate, with case management for a period not to exceed 3 months, except in the event that an extension is granted, for the purpose of moving the client towards greater self sufficiency during concurrent engagement in aftercare services.
- g. Day Treatment Services -- These are intensive outpatient treatment services provided for approximately five (5) hours per day, for a total of at least twenty (20) hours of services per week provided to each Eligible Client. The Eligible Client does not reside at the treatment facility. Day treatment services for dually diagnosed Eligible Clients will be required as part of the continuum of services (per UM criteria and determination of client need) but will not be considered a reimbursable cost under this Agreement. (Note: ATCIC, as the MSO, is not eligible for reimbursement under this Agreement for direct services provided to Eligible Clients.)
- h. Outpatient and Continuing Care/Aftercare Services -- These Level III and IV services usually include individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc.) These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, Level III services, an average of ten hours of structured activities per week are provided to each client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV treatment services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.

- i. Case Management and Support Services – As defined by DSHS, case management involves services provided by an accountable staff person which include: 1) linking an Eligible Client with needed services; 2) helping an Eligible Client develop skills to use basic community resources and services; and 3) monitoring and coordinating the services received by an Eligible Client. These services provide a critical linkage between each aspect of the individual's recovery. The role of the case manager is to guide an individual through the recovery system, helping him or her access the Services they need when they need them. Case management for Eligible Clients will involve following the Eligible Client throughout the service continuum and providing the case management activities described above at each step and from the earliest point possible in the Eligible Client's treatment process.

ATCIC is responsible for ensuring that Eligible Clients are either 1) currently receiving case management (from a community case management provider external to the substance abuse treatment provider network); 2) are accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or 3) are referred to case management providers (external to the substance abuse treatment provider network) as part of their treatment process. Case management under this Agreement will be provided by existing case management providers including, but not limited to: Caritas, the Salvation Army, the Salvation Army Passages Program, LifeWorks, SafePlace, Push-Up Foundation's Supportive Housing Program, ATCIC, American Youth Works Blackland Community Development Corporation, Community Advocates for Teens and Parents, Foundation for the Homeless, DASH, and YWCA of Greater Houston but will not be considered a reimbursable cost under this Agreement.

In order for an individual to successfully recover from addiction, support services must be available at every step (as needed by the individual Eligible Client). Such services are especially important toward the end of the treatment process in order to help the individual remain abstinent from drugs and alcohol. Job training/placement, affordable housing, and child care for dependent children are three primary support services that contribute to client success. Support services will be made available through existing providers in the community but will not be considered a reimbursable cost under this Agreement. Under this Agreement, treatment service providers and/or case managers are responsible for making appropriate referrals and follow-up on these referrals for key support services as required by each Eligible Client during the treatment process.

- j. Recovery Supports. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. To achieve this goal eligible clients will have access to an array of services that promote recovery which include but are not limited to: mental health services; psychiatric services; peer recovery support; sober living options; and wraparound supports. To access these services a case manager approved by the Department must be identified and engaged with the eligible client prior to service authorization. The wraparound supports will include:

- Education/Training
    - Parent/Caretaker Education
    - Life Skills Training
    - Vocational Training
  - Assessments/Evaluation
    - Psychological Assessment
    - Psychiatric Assessment
    - Other assessments that may assist in evaluation of the functional, behavioral, mental health or other needs.
  - Treatment Services (Counseling/Therapy)
    - Individual, Group or Family Counseling/therapy
    - Crisis Counseling
    - Medication Management
  - Flexible Community Support Services
    - Child Care/supervision
    - Transportation
    - Parent Coach
    - Employment Support Services
    - Case Conference (Wraparound Team Meeting)
    - Case Management
  - Basic Needs – Essential services in order to meet basic needs for survival such as:
    - Emergency Food
    - Clothing
    - Utilities
    - Housing Assistance
    - Medical Purchases
5. Annual Maximum Benefit. Annual maximum benefit per Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from Eligible Client’s assessment and admission to treatment (entry at one service level) through Eligible Client’s discharge from the last service provided during the treatment period [in other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year]. Exceptions to this annual limit may be made by ATCIC after a complete review by ATCIC’s Utilization Management (UM) unit. Copies of UM report granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions.

## **B. Description of Required Services for Adults Referred by the Downtown Austin Community Court**

1. Referrals. Referrals into Services for this population will come from DACC. Individuals (adults) referred by DACC will need to meet the Eligibility Criteria in order to receive Services. However, DACC may require additional treatment services to be provided on-site at DACC specifically for these individual Eligible Clients (such as pre-treatment counseling and acu-detox services) and may stipulate that certain Eligibility Criteria are waived for these particular services. In such cases,

ATCIC should obtain written authorization from the Department to waive the stipulated Eligibility Criteria for these clients and/or particular services to be delivered under this Agreement. Waiver of criteria will apply only to the specific Eligible Client and/or services set forth in the written authorization.

2. Case Management. In order to increase the likelihood of client success, all adults referred by DACC for services (except for individuals provided only on-site services at the Court) should be linked to case management services as part of their treatment process. Individuals served under this Agreement may either be:
  - a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
  - c. referred to case management providers a case management provider external to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow along” case management services through the treatment process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other services needs of these large populations.

3. Services. Services that will be required for potential Eligible Clients referred by DACC are the same as those described above for the homeless adult target population (except Outreach), as many of the adults referred by DACC may also be homeless. (No outreach is required for this target population since all individuals in this population will be referred by DACC.) Therefore, the continuum of services available for adults referred by DACC will include services from Intake/Assessment/Referral through Case Management, and Support Services as described above. Also, other non-traditional supports (e.g. clothing, hygiene items, household items, bus passes, identification documents) are reimbursable costs under this Agreement. New services required by Community Court during the FY'12 Renewal Term may be added to the slate of authorized, reimbursable costs under this Agreement contingent upon specific, written approval of the Department.
4. Transitional Housing Services. Housing provided for an Eligible Client with case management for a period not to exceed 3 months, except in the event that an extension is granted, for the purpose of moving the client towards greater self sufficiency during concurrent engagement in aftercare services.
5. Annual Maximum Benefit. Annual maximum benefit per individual is determined by referral from DACC.

### C. Description of Required Services for High-Risk Women

1. **Referrals.** Referrals into Services for this population may come from the individuals themselves (prospective Eligible Clients), family members or significant others, advocates, community service providers, other substance abuse service providers, area DSHS Outreach, Screening, and Referral programs, and other referral sources such as the Department of Family and Protective Services (DFPS), jails, probation departments, and the courts.
2. **Case Management.** In order to increase the likelihood of client success, all high-risk women referred for Services should be linked to case management services as part of their treatment process. Eligible Clients served under this Agreement may be:
  - a. currently receiving case management (from a case management provider external to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
  - c. referred to case management providers (external and/or internal to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow-along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other service needs of this target population.

3. **Services.** Services that will be required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCIC and agreed to by the Department):
  - a. **Intake/Assessment/Referral** – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients and can be conducted by any provider in the service network based on the potential Eligible Client’s entry point into the system and his/her level of need for Services. Mental health assessments will also be completed as indicated by the individual client history and presenting problems. .
  - b. **Detoxification** – Per DSHS definition, detoxification is chemical dependency treatment designed to systematically reduce the amount of alcohol and other toxic chemicals in an Eligible Client’s body, manage withdrawal symptoms, and encourage the Eligible Client to seek ongoing treatment for chemical dependency. These services shall be provided as necessary for the individual Eligible Client and in compliance with Facility Licensure Rules for Level I Treatment Services as defined by DSHS.

These services shall be provided when necessary, as not all Eligible Clients will need this level of care at the time of admission. For the high-risk women’s target population, detoxification services may be either residential or ambulatory. The setting of the services will be determined based on all factors considered during the assessment process. As part of the Utilization Management (UM) function,

ATCIC will determine (according to standardized and industry-compatible guidelines) the most clinically appropriate setting for these services for each individual Eligible Client.

For detoxification for dually diagnosed Eligible Clients, ATCIC will provide for both residential and outpatient treatment (within available capacity). If outpatient treatment is appropriate ATCIC could provide this through its "ambulatory detoxification" programs. As previously indicated, ANY direct client services (any service other than those described as MSO functions) provided to an Eligible Client by ATCIC will not be a reimbursable cost under this Agreement. If residential detoxification is necessary, then ATCIC shall direct the Eligible Client to residential detoxification.

- c. Detox Evaluation Management Services - Group and Residential Support and Case Management (As defined by DSHS, case management involves an accountable staff person providing services that include: (a) linking clients with needed services; (b) helping clients develop skills to use basic community resources and services; and (c) monitoring and coordinating the services received by clients)
- d. Residential Treatment – This may include Level II and/or Level III residential treatment services as defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 2 hours of structured activities per week are provided to each Eligible Client, including three hours of dependency counseling (at least one hour of which must be individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities. For Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (at least one hour of which must be individual counseling occurring at least every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training.

Residential treatment services for the high-risk women's population will also include "Specialized Female Services," which are residential treatment services for the women and their dependent children. In Level II (specialized treatment services of up to six months, based on Eligible Client needs), the children live with their mother in the treatment facility and the treatment programming includes components for increasing the mother's parenting knowledge, skills, resources as well as treatment planning and treatment-related services specifically for the children. In a Level III program (over a course of up to 90 days), the children do not live with the women in treatment, but the programming for the women still includes a component to address the parenting needs of women in the program who have dependent children (on the outside) with whom they will be reunited later.

- e. Day Treatment Services – These are intensive outpatient treatment services provided for approximately five (5) hours per day, for a total of at least twenty (20) hours of services per week provided to each Eligible Client. The Eligible

Client does not reside at the treatment facility. Day treatment services for dually diagnosed Eligible Clients will also be required as part of the continuum of services (per UM criteria and determination of client need) but will not be considered a reimbursable cost under this Agreement. (Note: ATCIC, as the MSO, is not eligible for reimbursement under this Agreement for direct services provided to Eligible Clients.)

- f. Outpatient and Continuing Care/Aftercare Services – These Level III and Level IV services usually include individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc.). These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, for Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV Treatment Services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.

- g. Case Management and Support Services – As defined by DSHS, case management involves services provided by an accountable staff person which include: 1) linking an Eligible Client with needed services; 2) helping an Eligible Client develop skills to use basic community resources and services; and 3) monitoring and coordinating the services received by an Eligible Client. These services provide a critical linkage between each aspect of the individual Eligible Client's recovery. The role of the case manager is to guide an individual Eligible Client through the recovery system, helping him or her access the Services they need when they need them. Case management for Eligible Clients served under this Agreement will involve following the Eligible Client throughout the service continuum, providing the case management activities described above at each step and from the earliest point possible in the Eligible Client's treatment process.

ATCIC is responsible for ensuring that Eligible Clients served under this Agreement are 1) currently receiving case management (from a community case management provider external to the substance abuse treatment provider network); 2) accepted as new case management clients, (by a case management provider external to the substance abuse treatment provider network); or 3) referred to case management providers (external and/or internal to the substance abuse treatment provider network) as part of their treatment process. Case management under this Agreement will be provided by existing service providers of case management including, but not limited to, Caritas, the Salvation Army, the Salvation Army Passages Program, LifeWorks, SafePlace, Push-Up Foundation's Supportive Housing Programs, ATCIC, American Youth Works, Blackland Community Development Corporation, Community Advocates for Teens and Parents, Foundation for the Homeless, and YWCA of Greater Austin,

but will not be considered a reimbursable cost under this Agreement unless it is a purchased service under the provider network.

In order for an individual Eligible Client to successfully recover from addiction, support services must be available at every step (as needed by the individual Eligible Client). Such services are especially important toward the end of the treatment process in order to help the individual Eligible Client remain abstinent from drugs and alcohol. Job training/placement, affordable housing, and child care for dependent children are three primary support services that contribute to Eligible Client success. Support services will be made available through existing providers in the community, but will not be considered a reimbursable cost under this Agreement. Under this Agreement, treatment service providers are responsible for making appropriate referrals and follow-up on these referrals for key support services as required by each Eligible Client during the treatment process.

- h. Transitional Housing Services (sober living options). Housing provided for an Eligible Client and their children with case management for a period not to exceed 3 months, except in the event that an extension is granted, for the purpose of moving the client towards greater self-sufficiency during concurrent engagement in aftercare services.

- i. Recovery Supports. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. To ensure this goal, Eligible Clients will have access to an array of services that promote recovery which include but are not limited to: health services, psychiatric services; peer recovery support; sober living options; and wraparound supports. To access these services a case manager approved by the Department must be identified and engaged with the Eligible Client prior to service authorization. The wraparound supports will include:

- Education/Training
  - Parent/Caretaker Education
  - Life Skills Training
  - Vocational Training
- Assessments/Evaluation
  - Psychological Assessment
  - Psychiatric Assessment
  - Other assessments that may assist in evaluation of the functional, behavioral, mental health or other needs.
- Treatment Services (Counseling/Therapy)
  - Individual, Group or Family Counseling/therapy
  - Crisis Counseling
  - Medication Management
- Flexible Community Support Services
  - Child Care/supervision



- Transportation
- Parent Coach
- Employment Support Services
- Case Conference (Wraparound Team Meeting)
- Case Management
- Basic Needs – Essential services in order to meet basic needs for survival such as:
  - Emergency Food
  - Clothing
  - Utilities
  - Housing Assistance
  - Medical Purchases

4. Annual Maximum Benefit. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from an Eligible Client’s assessment and admission to treatment (entry at one service level) through that Eligible Client’s discharge from the last service provided during the treatment period [in other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year]. Exceptions to this annual limit may be made by ATCIC after a complete review by ATCIC's Utilization Management (UM) unit. Copies of UM reports granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions.

**D. Description of Required Services for High Risk Youth**

Services provided will consist of intensive counseling services and the following treatment services: Residential Day Treatment and Outpatient Services. Other services will be provided as resources are identified and developed.

1. Referrals. Referrals into services for this population may come from the Youth and Family Assessment Center, The Children’s Partnership, self-referral (prospective Eligible Clients), family members or significant others, advocates, community service providers, other substance abuse service providers, area DSHS Outreach, Screening and Referral programs, established neighborhood conference committees, diversion services and non-adjudicated (DPU) youth involved with the juvenile court, truancy and municipal courts.
2. Case Management. In order to increase the likelihood of Eligible Client success, all high-risk youth referred for services (treatment) should be linked to case management services as part of their treatment process. Individual Eligible Clients served under this Agreement may either be:
  - a. currently receiving case management (from a case management provider external and/or internal to the substance abuse treatment provider network);
  - b. accepted as new case management clients (by a case management provider external and/or internal to the substance abuse treatment provider network); or
  - c. referred to case management providers as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow-along” case

management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, educational, and other service needs of these target populations.

3. Services. Services required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCIC and agreed to by the Department):
  - a. Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients and can be conducted by any provider in the service network based on the potential Eligible Client's entry point into the system and his/her level of need for services. Mental health assessments will also be completed as indicated by the individual Eligible Client history and presenting problems. Provider may decline MSO reimbursement for this service.
  - b. Intervention Counseling Services-Intervention services (selective/indicated programming)\* include individual counseling with Eligible Clients and/or family members. The intensity of services will be based upon Eligible Client need. All Referrals will be considered eligible for Intervention services through this Agreement.
  - c. Residential Treatment – This may include Level II and/or Level III residential treatment services as defined and licensed by DHS. Residential services require Eligible Client to reside (sleep overnight) at the facility for a specified period of time which varies according to the level of chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week are provided to each Eligible Client, including three hours of chemical dependency counseling (including at least one hour of individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities. For Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training.
  - d. Day Treatment Services. These are intensive outpatient treatment services provided for approximately five (5) hours per day, for a total of at least twenty (20) hours of services per week provided to each Eligible Client. The Eligible Client does not reside at the treatment facility. Providers are expected to provide services to both single and dual diagnoses Eligible Clients. Day treatment services for dually diagnosed Eligible Clients will also be required as part of the continuum of services (per UM criteria and determination of client need) but will not be considered a reimbursable cost under this Agreement. (Note: ATCIC, as the MSO, is not eligible for reimbursement under this Agreement for direct services provided to Eligible Clients.)
  - e. Outpatient and Continuing Care/Aftercare Services. These Level III and IV services usually include individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based

support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc.). These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, Level III services provide an average of ten hours of structured activities per week for each Eligible Client including at least two hours of chemical dependency counseling (at least one hour of which must individual counseling occurring at least every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV treatment services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.

- f. Case Management and Support Services – As defined by DSHS, case management involves services provided by an accountable staff person which include: 1) linking an Eligible Client with needed services; 2) helping an Eligible Client develop skills to use basic community resources and services; and 3) monitoring and coordinating the services received by an Eligible Client. These services provide a critical linkage between each aspect of the individual Eligible Client's recovery. The role of the case manager is to guide an individual Eligible Client through the recovery system, helping him or her access the services they need when they need it. Case management for Eligible Clients served under this Agreement will involve following the Eligible Client throughout the service continuum, providing the case management activities described above at each step and from the earliest point possible in the Eligible Client's treatment process.

ATCIC is responsible for ensuring that Eligible Clients served under this Agreement are: 1) currently receiving case management (from a community case management provider external and/or internal to the substance abuse treatment provider network); 2) accepted as new case management clients, (by a case management provider external and/or internal to the substance abuse treatment provider network); or 3) referred to case management providers as part of their treatment process. Case management under this Agreement may be provided by existing service providers of case management including, but not limited to, Caritas, the Salvation Army, the Salvation Army Passages Program, LifeWorks, SafePlace, Push-Up Foundation's Supportive Housing Programs, ATCIC, American Youth Works, Blackland Community Development Corporation, Community Advocates for Teens and Parents, Foundation for the Homeless, Phoenix Academy of Austin, and YWCA of Greater Austin, but will not be considered a reimbursable cost under this Agreement.

In order for an individual to successfully recover from addiction, support services must be available at every step (as needed by the individual client). Such services are especially important toward the end of the treatment process in order to help the individual remain abstinent from drugs and alcohol. Job training/placement, affordable housing, and child care for dependent children are three primary support services that contribute to Eligible Client success. Under this Agreement, treatment service providers are responsible for making appropriate referrals and follow-up on these referrals for key support services as required by each Eligible Client during the treatment process.

b. Recovery Supports. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. To achieve this goal Eligible Clients (those persons who are not already receiving these type of services from any of the Travis County System of Care initiatives and meet the eligibility criteria to be served under this Agreement) will have access to an array of services that promote recovery which include but are not limited to: mental health services; psychiatric services; peer recovery support; sober living options; and wraparound supports. To access these services a case manager approved by the Department must be identified and engaged with the Eligible Client prior to service authorization. The wraparound supports will include:

- Education/Training
  - Parent/Caretaker Education
  - Life Skills Training
  - Tutoring
- Assessments/Evaluation
  - Psychological Assessment
  - Psychiatric Assessment
  - Specialized Therapy Assessment (includes but not limited to Speech/Audiology, Occupational Therapy, Physical Therapy, Art, Music, Dance or other movement therapies)
  - Function/Behavior Assessment
  - Other assessments that may assist in evaluation of the functional, behavioral, mental health or other needs
- Treatment Services (Counseling/Therapy)
  - Individual, Group or Family Counseling/therapy
  - Crisis Counseling
  - Specialized Therapy (includes but not limited to Speech/Audiology, OT, PT, art, music, dance or other movement therapies)
  - Medication Management
  - Psychosocial Skills Training/Behavior Management
- Flexible Community Support Services
  - Respite Care
  - Employment Support Services
  - Mentoring
  - Therapeutic/Behavioral Aide
  - Case Conference (Wraparound Team Meeting)
  - Shelter Care
  - Case Management
- Enrichment Services
  - Recreational/Social activities
  - Gap Time Enrichment Activities
  - Camp
  - After School Program
  - Enrichment Skill Development
- Basic Needs – Essential services in order to meet basic needs for survival such as:

- Emergency Food
  - Clothing
  - Medical Purchases
- g. Annual Maximum Benefit for Treatment Services. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from the Eligible Client’s assessment and admission to treatment (entry at one service level) through the Eligible Client’s discharge from the last service provided during the treatment period. In other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year. Exceptions to this annual limit are contingent upon a complete review by ATCIC's Utilization Management (UM) unit. Copies of UM report granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions. If an exception to the annual maximum benefit is denied, UM will advise referral source and client of appeals process.
- h. Annual Maximum Benefit for Intervention Services. Annual maximum benefit for a participant and/or family members is two intervention service episodes per year. One intervention service “episode” means intervention counseling services from the Eligible Client’s assessment and participation in intervention counseling, through the exit summary. Exceptions to this annual limit are contingent upon a complete review by ATCIC's Utilization Management (UM) unit. Copies of UM report granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions. If an exception to the annual maximum benefit is denied, UM will advise referral source and client of appeals process.

#### **E. Description of Required Services for Adults Referred By Parenting In Recovery**

1. Referrals. Referrals into Services for this population will come from Parenting in Recovery. Individuals (adults) referred by Parenting In Recovery will need to meet the Eligibility Criteria in order to receive Services. However, Parenting in Recovery may require additional treatment services to be provided specifically for an individual Eligible Client (such as Detoxification Evaluation Management Services) and may stipulate certain Eligibility Criteria are waived for these particular services. In such cases, ATCIC should obtain written authorization from the Department to waive the stipulated Eligibility Criteria for these clients and/or particular services to be delivered under this Agreement. Waiver of criteria will apply only to the specific Eligible Client and/or services set forth in the written authorization.
2. Case Management. In order to increase the likelihood of client success, all adults referred by the Parenting In Recovery should be linked to case management services as part of their treatment process. Individuals served under this Agreement may either be:

- a. currently receiving case management (from a case management provider external and/or internal to the substance abuse treatment provider network);
- b. accepted as new case management clients (by a case management provider external to the substance abuse treatment provider network); or
- c. referred to case management providers (by a case management provider external and/or internal to the substance abuse treatment provider network) as part of their treatment process.

The purpose for this linkage to community case management services is to ensure that, to the maximum extent possible, Eligible Clients receive “follow along” case management services throughout their recovery process, from admission to treatment through post-treatment phases of recovery, with particular attention to the significant housing, employment/training, child care, and other services needs of these target populations.

3. Services. Services that will be required for this target population include the following (to the fullest extent possible given service types and capacity within the local community, as determined by ATCIC and agreed to by the Department):

- a) Intake/Assessment/Referral – A comprehensive, clinical substance abuse assessment will be required for all potential Eligible Clients by designated treatment provider in the service network based on the potential Eligible Client’s entry point into the system and level of need for Services. Mental health assessments will also be completed as indicated by the individual client history and presenting problems. Expenses incurred for assessments conducted by the provider are not a reimbursable cost under this Agreement unless specifically authorized by the Department in writing.
- b) Residential Treatment – 90 days of Level II residential treatment service is defined and licensed by DSHS. Residential services require Eligible Clients to reside (sleep overnight) at the facility for a specified period of time while undergoing chemical dependency treatment. For Level II services, an average of 20 hours of structured activities per week is provided to each Eligible Client. Included are three hours of chemical dependency counseling (at least one hour of which must be individual counseling), fourteen hours of additional counseling, chemical dependency education, or life skills training, and three hours of structured social and/or recreational activities

Residential treatment services for the Parenting In Recovery women’s population will also include “Specialized Female Services,” which are residential treatment services for the women and their dependent children. In Level II (specialized treatment services of up to 90 days, based on Eligible Client needs), the children live with their mother in the treatment facility and the treatment programming includes components for increasing the mother’s parenting knowledge, skills, resources as well as treatment planning and treatment-related services specifically for the children.

c) Outpatient and Continuing Care/Aftercare Services. -- These Level III and IV services usually include individual and/or group counseling services and the continuation of transitioning the Eligible Client into other community-based support systems (such as Alcoholics Anonymous/Narcotics Anonymous (AA/NA) groups, sponsors in the community, etc.). These services are provided for a specified time period while the Eligible Client continues to work and/or reside in a stable living environment. Per DSHS rules, Level III services, an average of ten hours of structured activities per week are provided to each Eligible Client, including at least two hours of chemical dependency counseling (with at least one hour of individual counseling every two weeks) and eight hours of additional counseling, chemical dependency education, or life skills training. Per DSHS rules, Level IV treatment services provide an average of two hours of structured activities per week for each Eligible Client, including at least one hour of chemical dependency counseling and one hour of additional counseling, life skills training, or chemical dependency education.

d. Recovery Supports. Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. To achieve this goal Eligible Clients will have access to an array of services that promote recovery which include but are not limited to: mental health services; psychiatric services; peer recovery support; sober living options; and wraparound supports. To access these services a case manager approved by the Department must be identified and engaged with the Eligible Client prior to service authorization. The wraparound supports will include:

- Education/Training
  - Parent/Caretaker Education
  - Life Skills Training
  - Vocational Training
- Assessments/Evaluation
  - Psychological Assessment
  - Psychiatric Assessment
  - Other assessments that may assist in evaluation of the functional, behavioral, mental health or other needs
- Treatment Services (Counseling/Therapy)
  - Individual, Group or Family Counseling/therapy
  - Crisis Counseling
  - Medication Management
- Flexible Community Support Services
  - Child Care/supervision
  - Transportation
  - Parent Coach
  - Employment Support Services
  - Case Conference (Wraparound Team Meeting)
  - Case Management
- Basic Needs – Essential services in order to meet basic needs for survival such as:
  - Emergency Food

- Clothing
- Utilities
- Housing Assistance
- Medical Purchases

4. Annual Maximum Benefit. Annual maximum benefit per individual Eligible Client is two treatment episodes per year. One treatment “episode” means all services provided from an Eligible Client’s assessment and admission to treatment (entry at one service level) through that Eligible Client’s discharge from the last service provided during the treatment period [in other words, an individual Eligible Client can access the full continuum – all or part – up to two times per calendar year]. Exceptions to this annual limit may be made by ATCIC after a complete review by ATCIC’s Utilization Management (UM) unit. Copies of UM reports granting exceptions will be forwarded to the Department within thirty (30) days of granting the exception. At any time, Department may request a review of this procedure in order to lessen or cease granting such exceptions, or to change the criteria utilized in granting such exceptions.

#### IV SERVICE NETWORK

##### 1. Activities Related to MSO Function

Under this Agreement, ATCIC will be responsible for the provision of the following activities related to the MSO functions. All MSO services listed will be provided by ATCIC during the FY 12 Renewal Term of the Agreement.

*Note: It is understood that the systems listed below as items 1-8 include methodologies, data gathering and reporting, and other components, the specifics of which are not listed here. City and County reserve the right to review the specific components and operations of these systems and related data supporting the implementation of these systems, and to request changes as reasonably determined to be necessary by City and County in order to achieve the ultimate goals of this Agreement. Requests for change shall be in writing and effective at such time as agreed upon by ATCIC.*

- i. Credentialing. The credentialing process shall ensure that the network is comprised of providers and organizations that are qualified to provide Services in compliance with National Committee for Quality Assurance (NCQA) standards. Established standards will be consistently used in the appointment and reappointment of providers throughout the term of this Agreement. Examples of activities included under this function are: primary source verification for facility licensure; verification of staff licensure, education and professional liability insurance coverage; and checks on providers’ and organizations’ claims histories.
- ii. “Gate” Functions (Single Point of Entry). ATCIC is responsible for determining whether a potential Eligible Client meets the Eligibility Criteria. The goal of the gate function is to ensure that Eligible Clients are given appropriate and adequate choices (as available) of providers. Management of referrals will be timely, geared to the acuity of the Eligible Client’s needs,



and geographically appropriate, as determined by City and County. Calls will be made to the Utilization Management (UM) department of ATCIC for eligibility determination and service authorization. All pertinent data will be entered in ATCIC's MSO managed care software.

ATCIC will directly provide eligibility determination. City, County and ATCIC will agree upon the types of documentation that ATCIC must maintain to support these determinations of eligibility. City and County may periodically review and/or monitor the Eligibility Criteria, as reasonably determined by City and County.

- iii. Utilization Management (UM). ATCIC shall, through its Utilization Management (UM) activities, strive to ensure that all Eligible Clients are given equal access to Services, at the least restrictive and most appropriate level of care to maintain optimum functioning for the individual Eligible Client. The UM process matches the Eligible Client's need to appropriate site of service and supports and assists in the development of a focused, goal-oriented plan of care. Utilization data will be reviewed by ATCIC and the service provider network at least quarterly (or more often, if requested by City and/or County) to assess trends and identify areas needing improvement.
- iv. Quality Management (QM). Quality Management compiles data and reports output and outcome results compared to annual objectives on a variety of indicators (i.e., number of Eligible Clients served, consumer satisfaction, continuity of care, reduction of distress, and recidivism rates). Quality Management also monitors and profiles sentinel risk factors. Quality Management utilizes a continuous quality improvement (CQI) process to ensure that quality services are provided to Eligible Clients.
- v. Management Information Systems. The information system will contain information necessary to ensure the appropriate management of the network.
- vi. Financial Management. ATCIC will use commercially reasonable efforts to utilize its Financial Management processes to ensure that claims are paid in a timely manner and at the appropriate rates. All claims received shall be reviewed for specific information to verify that the claim is valid. Claims with inaccuracies will be returned to the provider for correction. A record of inaccurate claims will be logged. ATCIC will assist providers with rate development with all rates subject to Department approval, said approval not to be unreasonably withheld. ATCIC will submit all rate requests (e.g., for new services, new providers, and/or rate changes) to the Department in writing, with complete supporting documentation to explain the basis for the rate calculation and to justify the rate requested. These requests by ATCIC must be fully negotiated with the provider and submitted to the Department for approval in a timely manner such that Department approval might be reasonably obtained prior to the effective date of the rate requested. In any case, rates will not be considered approved or authorized without specific written approval/authorization by the Department.
- vii. Administration/Contract Management. Specific procedures have been developed by ATCIC which define the processes for development,

negotiation, and execution of service contracts. All contracts are reviewed to ensure a balance of choice, access and quality at a reasonable cost.

- viii. Network Development and Management. This MSO function includes an ongoing assessment of the needs of the consumer, accessibility of services, and quality of services provided. This function also includes training, technical assistance, and monitoring of the current service providers and identification of new service providers as necessary to meet the specific service requirements of City and County under this Agreement. ATCIC MSO is also responsible for marketing efforts for the service network to ensure all community-based service organizations in the Austin/Travis County community are adequately informed of the MSO and the substance abuse treatment network, and of the target populations to be served under this Agreement. These marketing and community education efforts are key to ensuring the full integration of this system into the community.

## 2. Network Service Providers

At least once per quarter, ATCIC shall provide to City, County and DACC a provider directory containing information on the Service Network for the FY'12 Renewal Term. One of the functions of ATCIC as the MSO, over time, will be to identify potential service providers for treatment continuum that require clients' care. ATCIC may use a Request for Proposals (RFP), Request for Application (RFA) or other appropriate process which provides adequate competition as required by law to select providers to provide expand capacity and fill gaps in services necessary for this project.

In addition, existing service providers may request to provide services for additional populations identified as eligible under this Agreement. ATCIC shall be responsible for defining minimal performance standards for existing providers to ensure the provider has the necessary administrative and programmatic infrastructure to expand their service array or service population. These criteria may include: past performance, ATCIC monitoring results, Department monitoring results, independent audit findings, and any other information deemed relevant to the provider's administrative and programmatic performance and capacity.

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\*The Institute of Medicine has defined selective and indicated programming as follows: Selective programming (e.g. mentoring programs aimed at children with school performance or behavioral problems) target those at higher-than-average risk for substance abuse. Indicated programming (e.g. parenting programs for parents with substance abuse problems) target those already using or engaging in other high-risk behaviors (such as delinquency) to prevent chronic use.

**FY'12 AMENDED BUDGET**  
**October 1, 2011- September 30, 2012**  
**SUBSTANCE ABUSE MSO**

**Budget Funding Sources and Distribution**

FUNDING SOURCES:

CITY OF AUSTIN (HHSD) .....	\$648,760.00
CITY OF AUSTIN (Downtown Austin Community Court)	\$310,000.00
TRAVIS COUNTY .....	\$611,799.00
<hr/>	
Sub-total of non-grant funding	\$1,570,559.00
TRAVIS COUNTY (FY'12 GRANT FUNDS)	\$330,750.00
<b>TOTAL FUNDS</b>	<b>\$1,901,309.00</b>

DISTRIBUTION:

**I. Homeless, High Risk Women & Youth, and Downtown Austin Community Court**

Target Population	
MSO Fee.....	12%
Maximum.....	\$188,467.00 (12% x \$1,570,559.00)
DIRECT SERVICES (through Providers).....	88%
Maximum: .....	\$1,382,092.00 (88% x \$1,570,559.00)

**(ATCIC will calculate the MSO Fee as .1363633 of the amount billed for this funding source's direct services each month during the Agreement term. ATCIC will add the MSO Fee to the direct service reimbursement amount for a total Request for Payment amount.)**

Youth Services. \$135,000 of Travis County's non-grant funding (\$611,799) will be used exclusively for youth services, as described in Section III.D of the FY'12 Renewal Term Work Statement, "Description of Required Services for High-Risk Youth."

**II. Parenting In Recovery Target Population (Travis County FY'12 Grant Funds)**

MSO Fee.....	5 %
Maximum.....	\$15,750.00 (5 % x \$315,000.00)

DIRECT SERVICES (through Providers)  
 Maximum: ..... \$315,000.00

The grant funds budgeted for the MSO Fee and Direct Services are for the period September 30, 2011 through September 29, 2012.

**(ATCIC will calculate the MSO Fee as .05 of the amount billed for this funding source's direct services each month during the Agreement term. ATCIC will add the MSO Fee to**

**the direct service reimbursement amount for a total Request for Payment amount.)**

**1. *Maximum Total Contract Funds – FY'12 Renewal Term***

A total amount of \$1,901,309.00 ("Contract Funds") is available during the FY '12 Renewal Term (October 1, 2011 – September 30, 2012), with the exception of the Parenting in Recovery Grant funds (\$330,750.00) which are available according to the terms of the Grant. All payments are contingent upon ATCIC's continuing compliance with Agreement terms, including submission of required reports and supporting documentation.

The total amount of contract funds includes \$330,750 from the Parenting in Recovery Grant. These funds will be used exclusively for the Parenting in Recovery Grant program as referenced above, and will be made available according to the terms of the Grant.

**a. *Contract Funds – Network Service Providers***

Network Providers. ATCIC will negotiate contracts with fee-for-service rates with each of the community-based Network service providers for the FY '12 Renewal Term. Costs of Services provided by those providers will be paid for by ATCIC using grant and non-grant Direct Service Contract Funds in an amount not to exceed the amount shown above in the FY '12 Budget for Contract Funds (up to \$1,901,309.00). ATCIC agrees that payments to the Network service providers will be based upon the satisfactory provision of Services in accordance with the applicable terms of this Agreement, including the Work Statement. All such contracts shall provide for monitoring and audit of submitted claims and contract compliance by County for services funded by grant funds, and by City and County for services funded by contract funds. Contracts with providers receiving Grant funds shall incorporate the grant agreement and all applicable terms of the Agreement, including this FY'12 Renewal, and ATCIC shall require providers to comply with the grant agreement, if applicable, and with terms and conditions of the Agreement, as amended by this FY'12 Renewal.

**b. *Request for Payment and Status of Funds***

Request for Payment:

Per the terms and conditions of the Agreement, ATCIC will file a complete and correct (as determined by City and County) Request for Payment and Status of Funds Report ("Request for Payment") with the Department within twenty (20) days of the end of each month in which treatment services were delivered to Eligible Clients. The Request for Payment will itemize, in detail and per Department specifications, Services provided to Eligible Clients and associated costs. The Request for Payment will distinguish clients served according to funding source such that grant-funded services and services funded by Contract Funds are separated and identified to ensure proper accounting application.

Target Population Obligations:

During the FY'12 Renewal Term, ATCIC will provide documentation with each monthly Request for Payment

showing the amount expended for Services provided as a direct service to each target population. ATCIC will cooperate with Department throughout the FY '12 Renewal Term in allocating City and County Contract Funds for designated target populations, as required by City and County.

*c. Fee-for-Service Rates*

Provider Rates: During the FY '12 Renewal Term, all service providers will be reimbursed (for Services delivered to Eligible Clients from October 1, 2011, through September 30, 2012) on a fee-for-service payment arrangement, based on approved claims for Services delivered to Eligible Clients under the Agreement. The Parenting in Recovery grant funds are for services delivered to Eligible Clients from September 30, 2011 to September 29, 2012. As of October 1, 2011, fee-for-service rates will be paid to the Network service providers for services and rates as agreed upon and approved in writing by the Department and ATCIC. Rates may need to be adjusted at times, contingent upon written approval of the Department, based on market and cost factors and as recommended by ATCIC and approved in advance by Department.

Rate Setting: With respect to rate-setting in general under the Agreement, ATCIC will assist providers with rate development with all rate requests by Department approval. ATCIC will submit all rate requests (e.g. for new Services, new providers, and/or rate changes) to the Department in writing, with complete supporting documentation to explain the basis for the rate calculation and to justify the rate requested. These requests by ATCIC must be fully negotiated with the provider and submitted to the Department for approval in a timely manner so that Department has sufficient time to review the request and determine whether or not it will be approved.

Youth Services: ATCIC shall use \$135,000 in Contract Funds provided by Travis County for substance abuse intervention and treatment services to youth. Priority will be given to referrals from the Youth and Family Assessment Center and The Children's Partnership.

*d. Service Estimates and Network Expansion*

Service Estimates: A budgeted minimum estimate of Contract Funds to be provided for direct services funding to each Target Population for the FY '12 Renewal Term is shown below. ATCIC will review claims paid, data and service levels at least quarterly and make adjustments to the actual service level budgeting, and will notify the Department in writing within 30 days of making any such adjustment. Department may, at any time, request a review of such adjustments, and ATCIC will work with Department if Department determines that the adjustments being made may warrant discussion and/or change. The unassigned direct service funds shown below may be used for purchasing additional Services from current Network providers and, contingent upon prior Department approval, for

exceptional referrals for needed Services outside the Network and/or for purchasing Services from providers not yet recruited into the Network.

**Initial Budgeted Minimum Direct Service Level Estimates for FY '12**

Target Population	Amount
Homeless/At Risk Women	\$986,492
Downtown Austin Community Court	\$272,800
Youth Treatment Services	\$118,800
Incentives for Eligible Clients Follow-up Surveys	\$4,000
Parenting In Recovery	\$315,000
<b>TOTAL</b>	<b>\$1,697,092.00</b>

NOTE: The "Proposed Service Levels" (shown in the chart above) are estimates and subject to periodic adjustments by ATCIC during the FY'12 Renewal Term, as approved by City and County, in order to maximize access to appropriate services for Eligible Clients to be served under the Agreement during FY'12.

**Network Expansion:** The need for service Network expansion will be evaluated by ATCIC on an ongoing basis in order to ensure adequate service capacity, access to Services, and availability of the continuum of Services required by City and County for Eligible Clients under the Agreement. If ATCIC determines that a service expansion is required during the FY'12 Renewal Term, ATCIC will promptly submit written recommendations to the Department and obtain Department approval in writing at least thirty (30) days prior to proposed effective date of the expansion.