



Travis County Commissioners Court Agenda Request

Meeting Date: April 23, 2013

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. 10 to Contract No. 4400000375 (HTE Contract No. IL070171RE) with Austin Travis County Integral Care for Mental Health Services.

➤ **Purchasing Recommendation and Comments**

- Travis County HHS & VS is requesting the 2013 renewal of the Interlocal Agreement with Austin Travis County Mental Health Mental Retardation Center, dba Austin Travis County Integral Care (ATCIC). ATCIC serves as the lead in assessment, planning, and evaluation functions relative to mental health, mental retardation, and substance abuse services. ATCIC is also responsible for the provision of certain mental health and mental retardation services, either as direct provider, or through subcontracts with other providers.

Modification No. 10 will renew the contract an additional term from January 1, 2013 through December 31, 2013. The not to exceed amount for this contract is \$1,411,054. This renewal was previously approved on the December 28, 2012 Court Agenda, Item No. 8 to prevent contract expiration, as they were not ready for presentation due to HHS & VS working with the County Attorney's office on finalizing the Statement of Work and funding. The agreements are now finalized and are being presented to the Court for signature.

Modification No. 9 ratified the agreement, due to a delay of the 2012 renewal. The delay renewing the Contract was due to extended negotiations between ATCIC and Travis County Health & Human Services and Veterans Services department; and renewed the agreement for an additional twelve-month period, from January 1, 2012 through December

ID# 8468

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

31, 2012. Contract funds are not to exceed \$1,436,054 for this renewal period.

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

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

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

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

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

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

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

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

ID# 8468

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

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

➤ **Contract-Related Information:**

Award Amount: \$1,011,054

Contract Type: Interlocal Agreement

Contract Period: January 1, 2007 through December 31, 2007

➤ **Contract Modification Information:**

Modification Amount: \$1,411,054

Modification Type: Bilateral

Modification Period: January 1, 2013 through December 31, 2013

➤ **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:**

Shopping Cart/Funds Reservation in SAP: 300000544

Funding Account(s):

Comments:

ID# 8468

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

12-28-12
#8



Travis County Commissioners Court Agenda Request

Meeting Date: December 28, 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: Consider and Take Appropriate Action on Request to Renew List Of Certain Health and Human Services and Veterans Services Social Service Contracts which Expire December 31, 2012.

Travis County Health and Human Services and Veteran Services Department has requested the Purchasing Office to place on the Court's Agenda the attached list of Social Services Contracts which will expire December 31, 2012. HHS & VS is currently working with the County Attorney's office on finalizing the Statement of Work and funding of these contracts; and as such they were not ready for presentation to the Court at the time of this agenda preparation. Once the contracts are finalized, and funding secured, they will be presented under another agenda posting to the Court for signature. However, in order to prevent contract expiration, the attached list (Attachment A) is being presented for Court approval at this time.

REQUESTED ACTION:

APPROVE (✓) DISAPPROVE ()

Samuel T. Biscoe
Samuel T. Biscoe, County Judge

1-17-13
Date

➤ **Contract-Related Information:** See Attachment A

ID #7800

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



**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: December 5, 2012

TO: Cyd Grimes, Travis County Purchasing Office

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

SUBJECT: Contract renewals

Proposed Motions:

Consider and take appropriate action to approve two TCHHSVS contract renewals that are currently being reviewed by the respective vendors and will not be returned in time to be posted on the final 2012 Commissioners Court agenda.

Summary and Staff Recommendations:

1) UT Ray Marshall Center
Contract Number: 4400000370
Contract Period: 1/1/13 – 12/31/13
Contract Amount: \$78,400

Contract Description:

The 2013 contract will continue the work the Ray Marshall Center started in 2006. This work offers independent evaluation of the benefits Travis County creates through its investments in workforce development. This evaluation provides valuable insight into the effectiveness and impact of these investments. County staff continues to use the findings of this evaluation to inform both new investments and make improvements in existing investments.

Contract Status:

The 2013 contract has been drafted and sent to UT for review.

2) ATCIC Main

Contract Number: 4400000375

Contract Period: 1/1/13 – 12/31/13

Contract Amount: \$1,411,054

Contract Description:

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

Contract Status:

The 2013 contract has been drafted and sent to the ATCIC General Counsel for review.

TCHHSVS staff recommends approving these renewals.

Budgetary and Fiscal Impact:

This information is included with each contract listed above.

Issues and Opportunities:

The services provided by these contracts need to be continued while the renewals are being reviewed.

Background:

TCHHSVS is working to get these renewals back from the vendors as soon as possible.

Cc: Nicki Riley, Travis County Auditor
Patti Smith, Chief Assistant County Auditor
Mary Gerhardt, 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

Attachment A

Old HTE Contract Number	SAP Contract Number	Contract Description	Contract Expiration Date	Supplier	Department Contact
IL060254RE	4400000370	Independent evaluation of TC workforce development	12/31/2012	UT Ray Marshall Center	John Bradshaw
IL070171RE	4400000375	Mental Health Services	12/31/2012	Austin Travis County Integral Care (ATCIC)	John Bradshaw



**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: December 5, 2012

TO: Cyd Grimes, Travis County Purchasing Office

FROM:

Sherri E. Fleming

Sherri E. Fleming

County Executive for Travis County Health and Human Services
and Veterans Service

SUBJECT: Contract renewals

Proposed Motions:

Consider and take appropriate action to approve two TCHHSVS contract renewals that are currently being reviewed by the respective vendors and will not be returned in time to be posted on the final 2012 Commissioners Court agenda.

Summary and Staff Recommendations:

1) UT Ray Marshall Center

Contract Number: 4400000370

Contract Period: 1/1/13 – 12/31/13

Contract Amount: \$78,400

Contract Description:

The 2013 contract will continue the work the Ray Marshall Center started in 2006. This work offers independent evaluation of the benefits Travis County creates through its investments in workforce development. This evaluation provides valuable insight into the effectiveness and impact of these investments. County staff continues to use the findings of this evaluation to inform both new investments and make improvements in existing investments.

Contract Status:

The 2013 contract has been drafted and sent to UT for review.

2) ATCIC Main

Contract Number: 4400000375

Contract Period: 1/1/13 – 12/31/13

Contract Amount: \$1,411,054

Contract Description:

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

Contract Status:

The 2013 contract has been drafted and sent to the ATCIC General Counsel for review.

TCHHSVS staff recommends approving these renewals.

Budgetary and Fiscal Impact:

This information is included with each contract listed above.

Issues and Opportunities:

The services provided by these contracts need to be continued while the renewals are being reviewed.

Background:

TCHHSVS is working to get these renewals back from the vendors as soon as possible.

Cc: Nicki Riley, Travis County Auditor
 Patti Smith, Chief Assistant County Auditor
 Mary Gerhardt, 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, Assistant Purchasing Agent, Travis County Purchasing Office

MODIFICATION OF CONTRACT NUMBER: 4400000375 (IL070171RE) – Mental Health Services Page 1 of 53

ISSUED BY: PURCHASING OFFICE 700 Lavaca, Suite 800 AUSTIN, TX 78701	PURCHASING AGENT ASST: Shannon Pleasant TEL. NO: (512) 854-1181 FAX NO: (512) 854.9185	DATE PREPARED: March 12, 2013
ISSUED TO: Austin Travis County Mental Health Mental Retardation Center, dba Austin Travis County Integral Care 1430 Collier Street Austin, Texas 78704	MODIFICATION NO. 10	EXECUTED DATE OF ORIGINAL CONTRACT: January 1, 2007
ORIGINAL CONTRACT TERM DATES: <u>January 1, 2007 – December 31, 2007</u> CURRENT CONTRACT TERM DATES: <u>January 1, 2013-December 31, 2013</u>		

FOR TRAVIS COUNTY INTERNAL USE ONLY:
Original Contract Amount: \$1,011,054 Current Modified Amount: \$1,411,054

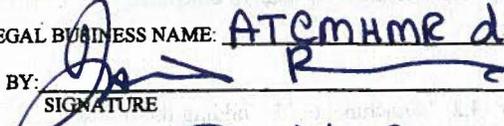
DESCRIPTION OF CHANGES: Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

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

1. Renewal of agreement for an additional twelve month period from January 1, 2013 through December 31, 2013.
2. Contract funds for this renewal period shall not exceed \$1,411,054.

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.

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

LEGAL BUSINESS NAME: <u>ATCMHMC dba ATCIC</u>	<input type="checkbox"/> DBA
BY:  SIGNATURE	<input type="checkbox"/> CORPORATION
BY: <u>DAVID EVANS</u> PRINT NAME	<input type="checkbox"/> OTHER
TITLE: <u>CEO</u> ITS DULY AUTHORIZED AGENT	DATE: <u>3/29/2013</u>

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

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

RECEIVED
TRAVIS COUNTY

Modification No. 10
Contract No. 440000375
Page 2 of 53

2013 APR -5 AM 10:27

PURCHASING
OFFICE

**RENEWAL AND AMENDMENT OF
INTERLOCAL COOPERATION AGREEMENT BETWEEN
TRAVIS COUNTY AND
AUSTIN-TRAVIS COUNTY MENTAL HEALTH MENTAL RETARDATION CENTER
DOING BUSINESS AS AUSTIN TRAVIS COUNTY INTEGRAL CARE FOR
GENERAL MENTAL HEALTH, MENTAL RETARDATION SERVICES
(2013 Renewal Term)**

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

RECITALS

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

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

WHEREAS, pursuant to the terms of the Interlocal, the Parties have agreed to extend the agreement through December 31, 2012 ("2012 Agreement Term").

WHEREAS, County and Center now desire to renew the Interlocal for an additional one-year term beginning January 1, 2013, and continuing through December 31, 2013, and to amend the Interlocal to reflect mutually agreed upon changes in the terms.

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

1.0 AGREEMENT TERM

1.1 **2013 Renewal Term.** Pursuant to Section 2.2 of the Interlocal, the Parties hereby agree to renew the Interlocal for an additional one-year term beginning January 1, 2013, and continuing through December 31, 2013 ("2013 Renewal Term"), unless sooner terminated pursuant to the terms of the Interlocal, as amended.

2.0 ENTIRE AGREEMENT

2.1 **Attachments.** The Parties agree to amend Section 4.2, "Attachments," by adding the following to be applicable to the Interlocal performance during the 2013 Renewal Term:

4.2.1 - 13	Attachment A-13	2013 Renewal Term Work Statement and Performance Measures
4.2.3 - 13	Attachment C-13	2013 Renewal Term Program Budget
4.2.4 - 13	Attachment D-13	2013 Performance Reports/Forms
4.2.5 - 13	Attachment E-13	Ethics Affidavit & Key Contracting Person List

All other attachments not amended under this Section 2.0 shall remain in full force and effect. The attachments referred to in this Section 2.0 are included in this 2013 Renewal as Exhibit 1, and are hereby made a part of the Interlocal, as amended, and constitute promised performances by Center in accordance with the terms of the

Interlocal, as amended.

3.0 AGREEMENT FUNDS

3.1 **Maximum Funds.** The Parties agree that the Maximum Amount of funds to be provided by County for the 2013 Renewal Term shall be an amount not to exceed the following:

\$1,411,054.00 ("Agreement Maximum Funds")

3.2 **Fiscal Year Limitation.**

3.2.1 **Amounts.** The Parties agree that the amounts under Sections 13.1.2(a) shall be as follows:

- | | | |
|------|--------------------------------------|----------------|
| (i) | January 1, 2013 – September 30, 2013 | \$1,058,291.00 |
| (ii) | October 1, 2013 - December 31, 2013 | \$ 352,763.00 |

3.2.2 **Limitations.** Other provisions in Section 13.1.2, "Fiscal Year Limitation," notwithstanding, it is understood and agreed that, if Center has Agreement Funds remaining from the portion of the Agreement Term in the first Fiscal Year of the Agreement Term, such funding is available to Center for payment for authorized services provided in the portion of the Agreement Term in the second Fiscal Year of the Agreement Term. Center is limited to spending no more than 75% of the total Agreement Funds provided for any Agreement Term during the time period on any calendar year beginning January 1 and ending September 30; any portion of that 75% not spent during that time period is available to Center for reimbursement of authorized Agreement services during the time period beginning October 1 and ending December 31 of that same calendar year.

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

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

Invoices for services will be submitted by Center according to the terms of the Agreement in the amount of \$117,587.83 each month from January, 2013, through November, 2013, with a final invoice for December, 2013, in the amount of \$117,587.87.

4.0 OTHER PROVISIONS.

4.1 **Insurance.** The Parties agree that the requirements for insurance for the 2013 Renewal Term will continue as set forth in the Interlocal. Center agrees to provide current documentation of such insurance as required under Section 5.7 of the Interlocal.

4.2 **Limitations.** Unless otherwise specifically stated herein, the performance required under this Renewal is performable only during the 2013 Renewal Term, and performance requirements and payment shall not carry over from one agreement term to another.

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

- 4.3.1 Completed 2013 Ethics Affidavit
- 4.3.2 Proof of Insurance
- 4.3.3 Update of any policies and procedures
- 4.3.4 Updated W-9 Taxpayer Identification Form

- 4.3.5 Updated IRS 990 Form
- 4.3.6 Change of Identity Information (Name, Address, Etc.), where applicable

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

4.5 **Certification and Warranty.** By signing this Renewal, Center certifies and warrants that all certifications and warranties under the Interlocal continue to be in full force and effect. Center also acknowledges and agrees that it has read all terms and provisions of the Interlocal and understands and agrees that, to the extent not specifically changed by this Renewal, those terms and conditions remain in full force and effect for the 2013 Renewal Term.

4.6 **Forfeiture of Agreement.** For the 2013 Renewal Term, the provisions of the Interlocal relating to Forfeiture of Contract and the Key Contracting Person list will reference the 2013 Ethics Affidavit and Key Contracting Persons list set forth in Exhibit 2 of this Renewal, to be completed by Center as a part of this 2013 Renewal.

4.7 **Conflict of Interest Questionnaire.** For the 2013 Renewal Term, the provisions of the Interlocal, as amended, relating to the Conflict of Interest Questionnaire, remain in full force and effect.

5.0 INCORPORATION

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

6.0 EFFECTIVE DATE

6.1 This Renewal is effective January 1, 2013, when it is approved and signed by both Parties. The Interlocal, as amended, shall remain in effect until further modified or terminated in writing by the Parties, or until the end of the 2013 Renewal Term.

WORK STATEMENT AND PERFORMANCE MEASURES

JANUARY 1, 2013 - DECEMBER 31, 2013

I. CONTRACTOR

Agency Name: Austin Travis County Integral Care

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

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

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

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

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

II. MISSION AND VISION OF AGENCY

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

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

(See ATCIC FY 2011-2013 Strategic Plan)

III. PROGRAMS:

A. Early Childhood Intervention

Contact Persons: Laurie E. Ruddy, Program Manager

Phone Number: (512) 472-3142

1. SERVICE CATEGORY/TYPE:
Developmental Delays or Disabilities

PROGRAM TITLE:
Infant-Parent Program –
Early Childhood Intervention
(ECI)

2. SCOPE OF PROGRAM SERVICES:

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

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

Insufficient health care options for persons with delays or disabilities.

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

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

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

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

Access to services that are culturally competent.

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

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

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

•Program services to be provided to clients:

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

•Target population to be served:

The target population is any family residing within the Infant Parent Program designated Service Area who has a child, age birth to three who is at risk for delay due to medical or environmental factors, or whose development is atypical

•Service eligibility requirements:

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

•Hours of program operation:

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

• **Description of staffing:**

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

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

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

B. Developmental Disabilities Service Coordination

Contact Person: Elaine Erwin, Associate Director
Phone Number: (512) 483-5861

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

2. Scope of Services:

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

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

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

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

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

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

- **Services and supports to be provided to individuals:**
Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve quality of life and community participation

acceptable to the individual/family as described in the person directed plan. Service coordination functions are:

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

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

Monitoring—ensuring that the consumer receives needed services, evaluating the effectiveness and adequacy of services and determining if identified outcomes are meeting the individual’s needs and desires; and

Crisis prevention and management—linking and assisting the consumer to secure services and supports that will prevent or manage a crisis.

▪ **Target population to be served:**

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

▪ **Service Eligibility Requirements**

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

▪ **Hours of operation:**

Service hours are Monday through Friday, 8:00am—5:00pm and by appointment.

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

The services are provided in a variety of community based settings, including but not limited to, the consumer or family home, schools, other social services programs and offices, and other locations. Developmental Disabilities program staff is located at 5225 North Lamar, Austin, Texas 78751.

▪ **Description of Staffing:**

The Developmental Disabilities service coordination unit includes the Associate Director, two supervisors, and administrative support professional and approximately 14 service coordinators. All service coordinators have at least a bachelor's degree in a human services field and have received training concerning case management activities.

▪ **Indicate the quantity of services that will be provided to clients:**

Duration, intensity and frequency of services is based upon assessment and described in the person directed or family directed plan.

C. Psychiatric and Counseling Services

Contact Person: Deborah DelValle, Practice Administrator

Phone Number: (512) 804-3661

1. SERVICE CATEGORY/TYPE:

Adult Behavioral Health Services

PROGRAM TITLE:

Behavioral Health Services

2. SCOPE OF PROGRAM SERVICES:

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

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

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

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

Reduction in adult suicide rate.
Reduction in contact with criminal justice system/arrests.
Reduction in need for crisis intervention services.
Reduction in need for crisis respite services.

Reduction in need for in-patient services.
Increased percentage of individuals with mental illness who remain stable and in the community through mental health support services.
Increased percentage of individuals who are not arrested or re-arrested.

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

•Describe program services to be provided to clients:

Psychiatrists at Psychiatric and Counseling Services provide evaluation, medication maintenance, and medication education to ATCIC consumers, including those who are dually diagnosed with a substance use disorder and mental illness and/or mental retardation. Nurses provide medication monitoring to include medication education as well as providing ongoing assessments and evaluations as they work closely with the consumer's physician. Licensed therapists provide both individual and group counseling.

The service provider and the consumer collaboratively develop the recovery plan with identified services to address those needs.

•Target population to be served:

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

•Service eligibility requirements:

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

•Hours of program services:

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

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

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

- **Description of services:**

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

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

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

Consumers receive a minimum of 20 minutes of service every 90 days of medication monitoring from their attending psychiatrists, advanced nurse practitioners or physician assistants. Each consumer receives a full psychiatric evaluation when entering services for the first time. Each consumer receives an initial treatment plan appointment, usually of sixty-minutes duration, and quarterly treatment plan evaluations and reviews, for thirty minutes. Other appointments are available with nurses for medication consultations on an as needed basis. As well, consumers can make appointments with the service coordinator for assistance with other needs. Appointments with nurses can be made within a two-week period, while service coordinator appointments can be made within one working week. The clinic provides unscheduled

service requests as “walk ins” where a consumer is seen when there is a “no show” appointment or cancellation.

D. Psychiatric Emergency Services (PES)

Contact Person: Sheryl Stiffler, Director of Practice Administration

Phone Number: (512) 703-1389

1. SERVICE CATEGORY/TYPE

Psychiatric Crisis Services

PROGRAM TITLE:

Psychiatric Emergency Services (PES)

2. SCOPE OF PROGRAM SERVICES:

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

Adults and children in psychiatric crisis, persons apprehended by law enforcement, persons referred by Brackenridge Hospital and other local hospitals, and individuals seeking in-patient admission to Austin State Hospital and private psychiatric hospitals utilize PES.

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

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

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

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

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

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

- 24-hour crisis walk-in services.
- Psychiatric screening and assessment
- Brief crisis intervention services
- 24-hour information and referral to appropriate community services.
- On-site psychiatric and nursing services including evaluation and medication prescription.
- Transportation assistance to alternative sites or programs on a limited basis.

•**Target population to be served:**

Texas Department of State Health Services Priority Population is the target population to be served including adults diagnoses of schizophrenia, bi-polar disorder or clinically severe depression and children with severe and persistent mental illness, not excluding those with current or previous involvement with the criminal justice system. Anyone in psychiatric emergency can receive triage and assessment through PES, regardless of their meeting DSHS priority population criteria.

•**Service eligibility requirements:**

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

•**Hours of program services:**

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

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

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

•**Description of staffing:**

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

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

•Program services to be provided to clients:

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

•Target population to be served:

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

•Service eligibility requirements:

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

•Hours of program services:

24-hours a day, 365 days a year.

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

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

•**Description of staffing:**

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

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

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

F. Mobile Crisis Outreach Team (MCOT)

Contact Person: Sheryl Stiffler, Director of Practice Administration Program
Title: Mobile Crisis Outreach Team (MCOT)

Phone Number: 703-1389

1. SERVICE CATEGORY/TYPE

Psychiatric Crisis Services

2. SCOPE OF PROGRAM SERVICES:

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

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

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

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

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

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

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

•Program services to be provided to clients:

MCOT provides a combination of crisis services including psychiatric assessments and medications, crisis intervention services, brief follow-up and service linkage to adults, children and adolescents in non-clinical, community settings. MCOT screens and assesses for imminent risk and need for in-patient hospitalization.

•Target population to be served:

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis. Texas Department of State Health Services Priority Population is the target population to be served including adults, children, and adolescents with diagnoses of schizophrenia, bi-polar disorder or clinically severe depression, not excluding those with current or previous involvement with the criminal justice system. Eligible persons also include individuals outside the target population who meet MCOT services criteria.

•Service eligibility requirements:

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis. Eligible persons also include individuals outside the target population who meet MCOT services criteria. These services are designed to reach individuals at their place of residence, school and/or other community-based safe locations. Children’s crisis services are flexible, multi-faceted, and immediately accessible services provided to children and adolescents at high risk for hospitalization or out-of-home

placement. The services link children and families with intensive evidenced-based treatments designed to be family-focused, intensive, and time-limited.

•**Hours of program services:**

24-hours a day, 365 days a year.

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

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

•**Description of staffing:**

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

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

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

G. Child and Family Services

Contact Person: Arturo Hernandez, Director of Practice Management
Phone Number: (512) 440-4068

1. SERVICE CATEGORY/TYPE: Children's Mental Health Services	PROGRAM TITLE: Child and Family Services
---	--

2. SCOPE OF PROGRAM SERVICES:

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

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

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

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

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

- Reduction of abusive family dynamics in children and families.
- Improved school behavior.
- Decrease in re-arrest rates for youth with mental impairments who have been arrested in the past.
- Improved social and emotional functioning of children and families.
- Reduction of youth suicide rate.
- Decrease in co-occurring substance use.
- Access to care coordination services using the wraparound approach.
- Access to de-centralized services (i.e., working with schools, or other community settings).
- Access to formal services and informal supports in natural environments (i.e., schools, home, etc.) which are strength-based.
- Access to services that are culturally competent.
- Customer input ("parents as partners") on: service satisfaction, service delivery, and system change via community forums or similar strategies.
- Access to services that are cost-effective and evidence-based.

- Maintenance and expansion of collaborations among child-serving agencies.

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

• Program services to be provided to clients:

1. Intensive Outpatient Services.

These services include: individual and family counseling and skills trainings, psychiatric evaluations and medication maintenance (as needed), care coordination/intensive case management using the wraparound approach, information and referral services, home-based intervention and school-based intervention.

• Target population to be served:

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

• Service eligibility requirements:

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

• Hours of program services:

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

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

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

The services are provided to Austin/Travis County residents. Services are provided at various locations including: 105 W. Riverside Drive, Suite 120,

Austin, Texas 78704, 825 E. Rundberg Lane, Austin, Texas 78753, 2515 S. Congress Avenue, Austin, Texas 78704, individual families' homes, schools, Juvenile Court offices, and other locations as needed within the community.

•**Description of staffing:**

Child and Family Services staff includes board certified child and adolescent psychiatrists, licensed therapists, qualified mental health professionals, intensive case managers and a parent partner. We have bilingual staff and contracted providers who serve as interpreters for non-English-speaking families, including Spanish, Farsi and American Sign Language (ASL). Staffing patterns are available upon request.

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

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

H. COPSD PROGRAM

Contact Person: Sheryl Stiffler, Director of Practice Administration
Phone Number: (512) 703-1389

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

2. SCOPE OF PROGRAM SERVICES:

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

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

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

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

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

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

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

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

Services provided at COPSD are for adults (age 18 and older) seeking chemical dependency and mental health services who have a diagnosis of substance use disorders and mental illnesses. Consumers accessing services will be assessed prior to admission in order to determine appropriate level of care and other psychosocial needs. Generally the treatment episode is between four to six months based on the consumer's needs. The COPSD program expects to serve 280 unduplicated consumers this year. The length of time in services depends on individual consumer needs and review of progress by the treatment team. Services presently include 12-Step Recovery groups, addiction education, individual counseling, cognitive behavioral education, relapse prevention, Good Chemistry Groups, referral for HIV/AIDS and/or Tuberculosis testing and treatment, and structured discharge planning. Services are provided in a gender and culturally specific manner. Individuals receive services as determined by the recommendation of level of care. The COPSD Program functions out of the Oak Springs facility which is licensed by the Texas Department of State Health Services (TDSHS). It should be noted that current funding, regulatory, or managed care demands might influence the structure and type of services available at this site in the future.

- **Target population to be served:**

Adults with co-occurring substance use and mental health disorders.

- **Service eligibility requirements:**

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

- **Hours of program services:**

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

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

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

- **Description of Staffing:**

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

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

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

I. Safe Haven

Contact Person: Darilynn Cardona-Beiler, Practice Administrator

Phone Number: (512) 804-3172

1. SERVICE CATEGORY/TYPE:

Homeless
Mental Health
Co-Occurring Diagnoses

PROGRAM TITLE:

Safe Haven

2. SCOPE OF PROGRAM SERVICES:

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

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

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

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

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

•Program services to be provided to clients

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

• Target population to be served:

The target population consists of adults who fit the HUD definition of "homeless" and who have symptoms or diagnoses of severe mental illness. Individuals with co-occurring substance use disorders are also eligible.

•Service eligibility requirements:

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

• Hours of program services:

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

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

The ACCESS Outreach Team, which can be contacted at 478-5644, provides outreach services and screening for persons identified as potential Safe Haven Program participants. Outreach is performed in Austin/Travis County, mainly in traditional day and night shelters and greenbelt areas. The Safe Haven program is located at 5307 Riverside Street, Austin, Texas, 78741 (On Faro St.).

•Description of staffing:

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

•Quantity of services that will be provided to clients:

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

PERFORMANCE MEASURES

JANUARY 1, 2013 – DECEMBER 31, 2013

1. Infant-Parent Program

a. Outcome measure(s):

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

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

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

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

b. Output measure:

OUTPUT: Provide services to 802 unduplicated consumers.

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

c. Customer satisfaction measured:

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

d. Demographic data that will be collected:

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

2. Developmental Disabilities Service Coordination

a. Outcome measure(s):

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

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

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

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

b. Output measure(s):

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

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

c. Customer satisfaction measured:

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

d. Demographic data that will be collected:

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

3. Psychiatric and Counseling Services

a. Outcome measure(s):

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

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

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

MEASURE: MHSIP Consumer Survey

b. Output measure(s):

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

MEASURE: Management Information system (MIS) Anasazi Software

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

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

c. Customer satisfaction measures:

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

d. Demographic data that will be collected:

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

4. Psychiatric Emergency Services (PES)

a. Outcome measure(s):

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: CSQ-8.

b. Output measure(s):

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

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

c. Customer satisfaction measures.

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

d. Demographic data that will be collected:

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

5. The Inn

a. Outcome measure(s):

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: CSQ-8

b. Output measure(s):

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

MEASURE: Management Information System (MIS) Anasazi Software.

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

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

c. Customer satisfaction measures.

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

d. Demographic data that will be collected:

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

6. Children's Mental Health Services

a. Outcome measure(s):

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

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

2. **OUTCOME:** Parent and child satisfaction.

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

MEASURE: MHSIP Consumer Survey for Children and Families.

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

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

b. Output measure(s):

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

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

c. Customer satisfaction measures:

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

d. Demographic data that will be collected:

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

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

a. Outcome measure(s):

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

MEASURE: Match between Consumers Served by program per Management Information System (MIS) Anasazi Software and DSHS EDTS Jail Match Report.

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

MEASURE: MHSIP Consumer Satisfaction Survey

b. Output measure(s):

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

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

c. Consumer satisfaction measures:

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

problems are referred by the QLT to a Quality Improvement Team (QIT), as a Quality Improvement Project (QIP), for final resolution.

d. Demographic data that will be collected:

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

8. Safe Haven

a. Outcome measure(s):

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

MEASURE: Safe Haven Discharge Report.

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

MEASURE: Client Satisfaction Questionnaire 8 (CSQ-8)

b. Output measure(s):

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

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

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

MEASURE: Management Information System (MIS) Anasazi Software.

c. Consumer satisfaction measures:

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

d. Demographic data that will be collected:

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

9. Mobile Crisis Outreach Team (MCOT)

a. Outcome measure(s):

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: ATCIC Incident Reports; ATCIC Death Reviews.

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

MEASURE: CSQ-8.

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

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

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

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

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

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

b. Output measure(s):

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

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

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

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

c. Customer satisfaction measures.

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

d. Demographic data that will be collected:

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

Performance Measures Reporting Requirements:

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

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

**2013 Budget ATCIC Main Interlocal
 PROGRAM BUDGET DETAIL**

Agency: Austin Travis County Integral Care

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

Note: Grand Total does not include program income

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

Main Mental Health Interlocal: 2013 Performance Report

Modification No. 10
Contract No. 440000375
Page 38 of 53

Time Period Covered by Report: 1/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/ Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: <u>Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care)</u>	Contract Program Name: <u>Infant-Parent Program - Early Childhood Intervention (ECI)</u>	Agency Contact Name & Phone No.: [Redacted]	Original Submission Date: [Redacted]
TCHHS/VS Program Lead & Phone No.: <u>Laura Paveto, 854-7874</u>	TCHHS/VS Contract Specialist & Phone No.: <u>John Bradshaw, 854-4277</u>	Contract Term: <u>January 1, 2013 - December 31, 2013</u>	Date Revised Report was Submitted (if applicable): [Redacted]

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated clients served					0	802	0%	Explanation Required
OUTCOMES									
OC#1a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Cognition	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Cognition	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#2a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Receptive language	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Receptive language	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#3a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Expressive language	(numerator)				0		#DIV/0!	#DIV/0!
OC#3b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#3c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Expressive language	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#4a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Gross motor skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#4b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#4c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Gross motor skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#5a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Fine motor skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#5b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#5c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Fine motor skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!
OC#6a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Self-help skills	(numerator)				0		#DIV/0!	#DIV/0!
OC#6b	Number of children assessed	(denominator)				0		#DIV/0!	#DIV/0!

OC#	Description	(outcome rate)	#DIV/0!						
OC#6c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Self-help skills	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0	#DIV/0!
OC#7a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Social/Emotional	(numerator)						0	#DIV/0!
OC#7b	Number of children assessed	(denominator)						0	#DIV/0!
OC#7c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Social/Emotional	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!
OC#8a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Communication	(numerator)						0	#DIV/0!
OC#8b	Number of children assessed	(denominator)						0	#DIV/0!
OC#8c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Communication	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!
OC#9a	Number of children with developmental delays or developmental disabilities who made measurable progress in their development in: Physical/Motor	(numerator)						0	#DIV/0!
OC#9b	Number of children assessed	(denominator)						0	#DIV/0!
OC#9c	Percentage of children with developmental delays or developmental disabilities who make measurable progress in their development in: Physical/Motor	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!
OC#10a	Number of customers who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families and report satisfaction with the program	(numerator)						0	#DIV/0!
OC#10b	Number of customers who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(denominator)						0	#DIV/0!
OC#10c	Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!

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

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

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

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

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

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013 **Date Report is Due to TCHHS/VS:** 1/Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name:	Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care)	Contract Program Name:	Developmental Disabilities Service Coordination	Agency Contact Name & Phone No.:	[Redacted]	Original Submission Date:	[Redacted]
TCHHS/VS Program Lead & Phone No.:	Laura Peveto, 854-7874	TCHHS/VS Contract Specialist & Phone No.:	John Bradshaw, 854-4277	Contract Term:	January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (If applicable):	[Redacted]

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1c also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan - Mar	Q2 Apr - Jun	Q3 Jul - Sep	Q4 Oct - Dec	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated clients served					0	320	0%	Explanation Required
OUTCOMES									
OC#1a	Number of individuals/families who receive linkage to services and supports identified in the person-directed plan (numerator)					0		#DIV/0!	#DIV/0!
OC#1b	Number of individuals/families with a person-directed plan (denominator)					0		#DIV/0!	#DIV/0!
OC#1c	Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan (outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%	#DIV/0!	#DIV/0!
OC#2a	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey and report satisfaction with the program (numerator)					0		#DIV/0!	#DIV/0!
OC#2b	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey (denominator)					0		#DIV/0!	#DIV/0!
OC#2c	Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey (outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

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

COMMENTS	
Quarter 1 Comments	[Redacted]
Quarter 2 Comments	[Redacted]
Quarter 3 Comments	[Redacted]
Quarter 4 Comments	[Redacted]

Travis County Health and Human Services & Veterans Service (TCHHS/V)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013

Date Report is Due to TCHHS/V: 1, Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care)	Contract Program Name: Psychiatric and Counseling Services	Agency Contact Name & Phone No.:	Original Submission Date:
TCHHS/V Program Lead & Phone No.: Laura Preveto, 854-7874	TCHHS/V Contract Specialist & Phone No.: John Bradshaw, 854-4277	Contract Term: January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (if applicable):

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/V and by sources other than TCHHS/V. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS*				YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated clients served					0	4,500	0%	Explanation Required
OP#2	Number of client hours of service					0	37,500	0%	Explanation Required
OUTCOMES									
OC#1a	Number of clients stable and in the community	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of clients assessed	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of clients stable and in the community	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	97%	#DIV/0!	#DIV/0!
OC#2a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

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

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Interlocal Care)	Contract Program Name: Psychiatric Emergency Services (PES)	Agency Contact Name & Phone No.:	Original Submission Date:
TCHHS/VS Program Lead & Phone No.: Laura Peveto, 854-7874	TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, 854-4277	Contract Term: January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (if applicable):

Section II: Performance Data In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan - Mar	Q2 Apr - Jun	Q3 Jul - Sep	Q4 Oct - Dec	Total Program Q1-Q4 Actual Performance	Total Program YTD Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated adults served					0	1,560	0%	Explanation Required
OP#2	Number of unduplicated children served					0	100	0%	Explanation Required
OUTCOMES									
OC#1a	Number of suicides among clients served within the last 48 hours	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of youth and adults served within the last 48 hours	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Youth and adult suicide rates among clients served within the last 48 hours	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%	#DIV/0!	#DIV/0!
OC#2a	Number of suicides among clients served within the last 30 days	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of youth and adults served within the last 30 days	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Youth and adult suicide rates among clients served within the last 30 days	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%	#DIV/0!	#DIV/0!
OC#3a	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8) and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#3b	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8)	(denominator)				0		#DIV/0!	#DIV/0!
OC#3c	Percentage of clients satisfied, as measured by the Client Satisfaction Questionnaire 8 (CSQ-8)	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

Section III: Comments When completing this section, please:

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

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

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

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

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013 **Date Report is Due to TCHHS/VS:** Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Interlocal Care) **Contract Program Name:** The Inn **Agency Contact Name & Phone No.:** [Redacted] **Original Submission Date:** [Redacted]

TCHHS/VS Program Lead & Phone No.: Laura Pevelo, 854-7874 **TCHHS/VS Contract Specialist & Phone No.:** John Bradshaw, 854-4277 **Contract Term:** January 1, 2013 - December 31, 2013 **Date Revised Report was Submitted (if applicable):** [Redacted]

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1 also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total Program Q1-Q4 Actual Performance	Total Program 13 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated clients served					0	281	0%	Explanation Required
OP#2	Number of bed days provided					0	3,253	0%	Explanation Required
OUTCOMES									
OC#1a	Number of suicides among clients served within the last 48 hours	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of adults served within the last 48 hours	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Adult suicide rate among clients served within the last 48 hours	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%	#DIV/0!	#DIV/0!
OC#2a	Number of suicides among clients served within the last 30 days	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of adults served within the last 30 days	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Adult suicide rate among clients served within the last 30 days	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1%	#DIV/0!	#DIV/0!
OC#3a	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8) and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#3b	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8)	(denominator)				0		#DIV/0!	#DIV/0!
OC#3c	Percentage of clients satisfied, as measured by the Client Satisfaction Questionnaire 8 (CSQ-8)	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

COMMENTS	
Quarter 1 Comments	[Redacted]
Quarter 2 Comments	[Redacted]
Quarter 3 Comments	[Redacted]
Quarter 4 Comments	[Redacted]

Travis County Health and Human Services & Veterans Service (TCHHS/V5)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013 **Date Report is Due to TCHHS/V5:** Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care)	Contract Program Name: Child and Family Services	Agency Contact Name & Phone No.: [Redacted]	Original Submission Date: [Redacted]
TCHHS/V5 Program Lead & Phone No.: Laura Prevoto, 854-7874	TCHHS/V5 Contract Specialist & Phone No.: John Bradshaw, 854-4277	Contract Term: January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (if applicable): [Redacted]

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/V5 and by sources other than TCHHS/V5. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #2a also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan - Mar	Q2 Apr - Jun	Q3 Jul - Sep	Q4 Oct - Dec	Total Program Q1-Q4 Actual Performance	Total Program YTD Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of unduplicated clients served					0	1,093	0%	Explanation Required
OUTCOMES									
OC#1a	Number of children with moderate to high functioning impairment who have clinically acceptable or improving functioning	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of children assessed for functioning	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving functioning	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	35%	#DIV/0!	#DIV/0!
OC#2a	Number of parents who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of parents who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of parents satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!
OC#3a	Number of children who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#3b	Number of children who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(denominator)				0		#DIV/0!	#DIV/0!
OC#3c	Percentage of children satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

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

COMMENTS	
Quarter 1 Comments	[Redacted]
Quarter 2 Comments	[Redacted]
Quarter 3 Comments	[Redacted]
Quarter 4 Comments	[Redacted]

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

Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013

Date Report is Due to TCHHS/Vs: Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Interlocal Care)	Contract Program Name: Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program	Agency Contact Name & Phone No.:	Original Submission Date:
TCHHS/Vs Program Lead & Phone No.: Laura Peveto, 854-7874	TCHHS/Vs Contract Specialist & Phone No.: John Bradshaw, 854-4277	Contract Term: January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (if applicable):

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/Vs and by sources other than TCHHS/Vs. Please also ensure that all results presented in this section match what they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1 also measures the total number of clients served, then their results (for numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS²									
OP#1	Number of unduplicated clients served					0	280	0%	Explanation Required
OUTCOMES									
OC#1a	Number of clients with no arrests between admission and discharge	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of clients discharged	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of clients with no arrests between admission and discharge	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	65%	#DIV/0!	#DIV/0!
OC#2a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

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

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

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Main Mental Health Interlocal: 2013 Performance Report

Time Period Covered by Report: 1/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: Q1: 4/15/2013 Q2: 7/15/2013 Q3: 10/15/2013 Q4: 1/15/2014

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

Legal Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care)	Contract Program Name: Safe Haven	Agency Contact Name & Phone No.:	Original Submission Date:
TCHHS/VS Program Lead & Phone No.: Laura Prevato, 854-7874	TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, 854-4277	Contract Term: January 1, 2013 - December 31, 2013	Date Revised Report was Submitted (if applicable):

Section III: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in the appropriate quarter. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM ACTUAL QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Q2 Apr. - Jun.	Q3 Jul. - Sep.	Q4 Oct. - Dec.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of 2013 Goal Achieved	Explanation about Variance Required in Comments Section 1.3
OUTPUTS									
OPW1	Number of unduplicated clients served					0	45	0%	Explanation Required
OPW2	Number of bed days provided					0	5,625	0%	Explanation Required
OUTCOMES									
OC#1a	Number of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	(numerator)				0		#DIV/0!	#DIV/0!
OC#1b	Number of clients discharged	(denominator)				0		#DIV/0!	#DIV/0!
OC#1c	Percentage of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!
OC#2a	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8) and report satisfaction with the program	(numerator)				0		#DIV/0!	#DIV/0!
OC#2b	Number of clients who complete the Client Satisfaction Questionnaire 8 (CSQ-8)	(denominator)				0		#DIV/0!	#DIV/0!
OC#2c	Percentage of clients satisfied, as measured by the Client Satisfaction Questionnaire 8 (CSQ-8)	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

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

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

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

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

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, 2013

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

Legal Agency Name: Austin Travis County MHRM (d.b.a. Austin Travis County Integral Care) Contract Program Name: Main Mental Health Interlocal TCHHS/VS Program Lead & Phone No.: Laura Peveto, 854-7874
 Agency Contact Name & Phone No. [Redacted] Contract Term: January 1, 2013 - December 31, 2013 TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, 854-4277

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

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

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

Demographic Category	Q1	Q2	Q3	Q4	Total YTD
	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	4/15/2013
Quarter 2 Report	7/15/2013
Quarter 3 Report	10/15/2013
Quarter 4 Report	1/15/2014

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

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
 Client Zip Code at Entry into Program - Year-to-Date Report, 2013

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

Local Agency Name: Austin Travis County MHMR (d.b.a. Austin Travis County Integral Care) Contract Program Name: Mam Mental Health Interlocal Contract Term: January 1, 2013 - December 31, 2013
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Laura Presto, RMA, 7874 TCHHS/VS Contract Specialist & Phone No.: John Bradshaw, RMA-4277

Section II: Zip Code Data: For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new" if the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated" if the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by source other than TCHHS/VS.
 • All zeros presented in this report include missing or unavailable information in the Performance and Demographic Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served reported in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Jan.-Mar.	Q2 Apr.-Jun.	Q3 Jul.-Sep.	Q4 Oct.-Dec.	Total YTD	Zip Code	Q1 Jan.-Mar.	Q2 Apr.-Jun.	Q3 Jul.-Sep.	Q4 Oct.-Dec.	Total YTD
78610					0	78731					0
78612					0	78732					0
78613					0	78733					0
78615					0	78734					0
78617					0	78735					0
78620					0	78736					0
78621					0	78737					0
78640					0	78738					0
78641					0	78739					0
78645					0	78741					0
78652					0	78742					0
78653					0	78744					0
78654					0	78745					0
78660					0	78746					0
78663					0	78747					0
78664					0	78748					0
78669					0	78749					0
78701					0	78750					0
78702					0	78751					0
78703					0	78752					0
78704					0	78753					0
78705					0	78754					0
78712					0	78756					0
78719					0	78757					0
78721					0	78758					0
78722					0	78759					0
78723					0						
78724					0						
78725					0						
78726					0						
78727					0						
78738					0						
78729					0						
78730					0						
						TOTAL	0	0	0	0	0

Dates Reports are Due to TCHHS/VS

Quarter 1 Report	4/15/2013
Quarter 2 Report	7/15/2013
Quarter 3 Report	10/15/2013
Quarter 4 Report	1/15/2014

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

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

Section III: Comments: When completing this section, please:
 • Audit entries and other errors that would not be understood by reviewers.
 • Briefly explain any missing or incomplete data from Section II.
 • Provide a brief explanation if the "unknown" results from Section II constitute 10% or more of the total number of clients (will be reviewed by reviewers).
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring.
 • Document any known problems with the data and plans for addressing the issues.
 • Document any actions taken related to actions identified in previous quarters' comments.

COMMENTS

Additional Instructions

The following is offered as guidance on completing and modifying the Quarterly Program Performance Report for Travis County Health and Human Services Veterans Service social service contracts:

Unduplicated clients. At the beginning of the contract year, ALL clients are counted as NEW and UNDUPLICATED. Furthermore, each individual client is to be counted only one time within each entire contract year. For most of our contracted programs with a calendar year term, this means that all individuals who were existing clients in December (counted in the previous contract year) AND who are continuing into January of the new contract year as "carryover clients" are counted again only once, in the first quarter (Q1) of the new contract term. This "carryover" number is added to the number of additional NEW clients who just started in the program during January through March, to make up the total Q1 unduplicated client count. From then on, only additional NEW clients who are just starting in the program are counted each quarter; therefore Q2, Q3, and Q4 often reflect fewer clients than Q1. Obviously, certain programs with different enrollment or demand cycles could reflect larger numbers in a different quarter, such as a school year-based program which may have the most new clients (and/or its own internal carryover from a previous program cycle) starting in August or September (Q3) instead, etc.

Proposed changes to measures always require careful review and advance approval. One of our goals is to keep performance measures and reporting as meaningful and simple, so adding or changing measures is generally discouraged. If you would like to change one or more of your performance measures, please discuss with your Contract Specialist, Performance Specialist, and/or Program Lead for possible implementation in a future contract year.

Adjusting "Year To Date" (YTD) totals to reflect averages. In the performance reporting spreadsheet formulas, by default all quarterly numbers (but not percentages) are set to automatically add cumulatively across the page into a sum for the "YTD Total Program Actual Performance." However, certain contracts may have exceptions to this, such as a measure which is intended to capture an AVERAGE number over reporting periods instead. In these cases, the agency will need to contact the Performance Specialist to overwrite the formula in the YTD column for each quarterly report.

Ethnicity and Race reporting. The U.S. Census Bureau considers race and Hispanic origin as two separate and distinct concepts. Hispanics and Latinos may be of any race. Therefore, individuals reporting their race, such as White or Black or African American, may also be Hispanic or Latino. If your demographic forms combine these two categories and report Hispanic or Latino as a race, please count the clients in the Hispanic or Latino category for ethnicity and in the Some other race category for Race.

ETHICS AFFIDAVIT

STATE OF TEXAS
COUNTY OF TRAVIS

ETHICS AFFIDAVIT

Date: March 29, 2013
Name of Affiant: David Evans
Title of Affiant: CEO
Business Name of Proponent: ATCMHMR dba. ATCIC
County of Proponent: TRAVIS

Affiant on oath swears that the following statements are true:

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

David R
Signature of Affiant

PO Box 3548, Austin, TX 78764 - 3548
Address

SUBSCRIBED AND SWORN TO before me by David Evans on Mar. 29, 2013.

Sharon Taylor

Notary Public, State of Texas

Typed or printed name of notary
My commission expires: 04/12/2015



EXHIBIT 1
LIST OF KEY CONTRACTING PERSONS
January 16, 2013

CURRENT

<u>Position Held</u>	<u>Name of Individual Holding Office/Position</u>	<u>Name of Business Individual is Associated</u>
County Judge	Samuel T. Biscoe	
County Judge (Spouse)	Donalyn Thompson-Biscoe	
Executive Assistant	Cheryl Brown	
Executive Assistant	Melissa Velasquez	
Executive Assistant	Josie Z. Zavala	
Executive Assistant	Vacant	
Commissioner, Precinct 1	Ron Davis	
Commissioner, Precinct 1 (Spouse)	Annie Davis	Seton Hospital
Executive Assistant	Deone Wilhite	
Executive Assistant	Felicitas Chavez	
Commissioner, Precinct 2	Sarah Eckhardt	
Commissioner, Precinct 2 (Spouse)	Kurt Sauer	Daffer McDaniel, LLP
Executive Assistant	Loretta Farb	
Executive Assistant	Joe Hon	
Executive Assistant	Peter Einhorn	
Commissioner, Precinct 3	Gerald Daugherty*	
Commissioner, Precinct 3 (Spouse)	Charyln Daugherty	Consultant
Executive Assistant	Bob Moore*	
Executive Assistant	Martin Zamzow*	
Executive Assistant	Barbara Smith*	
Commissioner, Precinct 4	Margaret Gomez	
Executive Assistant	Edith Moreida *	
Executive Assistant	Norma Guerra	
County Treasurer	Dolores Ortega-Carter	
County Auditor	Nicki Riley*	
County Executive, Administrative	Vacant	
County Executive, Planning & Budget	Leslie Browder*	
County Executive, Emergency Services	Danny Hobby	
County Executive, Health/Human Services	Sherri E. Fleming	
County Executive, TNR	Steven M. Manilla, P.E.	
County Executive, Justice & Public Safety	Roger Jefferies	
Director, Facilities Management	Roger El Khoury, M.S., P.E.	
Interim Chief Information Officer	Tanya Acevedo	
Interim Chief Information Officer	Rod Brown	
Interim Chief Information Officer	Walter Lagrone	
Director, Records Mgmt & Communications	Steven Broberg	
Travis County Attorney	David Escamilla	
First Assistant County Attorney	Steve Capelle	
Executive Assistant, County Attorney	James Collins	
Director, Land Use Division	Tom Nuckols	
Attorney, Land Use Division	Julie Joe	
Attorney, Land Use Division	Christopher Gilmore	
Director, Transactions Division	John Hille	
Attorney, Transactions Division	Daniel Bradford	
Attorney, Transactions Division	Elizabeth Winn	
Attorney, Transactions Division	Mary Etta Gerhardt	
Attorney, Transactions Division	Barbara Wilson	
Attorney, Transactions Division	Jim Connolly	
Attorney, Transactions Division	Tenley Aldredge	
Director, Health Services Division	Beth Devery	
Attorney, Health Services Division	Prema Gregerson	
Purchasing Agent	Cyd Grimes, C.P.M., CPPO	
Assistant Purchasing Agent	Marvin Brice, CPPB	
Assistant Purchasing Agent	Bonnie Floyd, CPPO, CPPB, CTPM	

Purchasing Agent Assistant IVCW Bruner, CTP
 Purchasing Agent Assistant IVLee Perry
 Purchasing Agent Assistant IVJason Walker
 Purchasing Agent Assistant IVRichard Villareal
 Purchasing Agent Assistant IVPatrick Strittmatter
 Purchasing Agent Assistant IVLori Clyde, CPPO, CPPB
 Purchasing Agent Assistant IVScott Wilson, CPPB
 Purchasing Agent Assistant IVJorge Talavera, CPPO, CPPB
 Purchasing Agent Assistant IVLoren Breland, CPPB
 Purchasing Agent Assistant IVJohn E. Pena, CTPM
 Purchasing Agent Assistant IVRosalinda Garcia
 Purchasing Agent Assistant IVAngel Gomez*
 Purchasing Agent Assistant IIIShannon Pleasant, CTPM
 Purchasing Agent Assistant IIIDavid Walch
 Purchasing Agent Assistant IIIMichael Long, CPPB
 Purchasing Agent Assistant IIINancy Barchus, CPPB
 Purchasing Agent Assistant IIIJesse Herrera, CTP, CTPM, CTCM*
 Purchasing Agent Assistant IIISydney Ceder*
 Purchasing Agent Assistant IIIVacant
 Purchasing Agent Assistant II.....Vacant
 Purchasing Agent Assistant II.....L. Wade Laursen*
 Purchasing Agent Assistant II.....Sam Francis*
 HUB Coordinator.....Sylvia Lopez
 HUB SpecialistBetty Chapa
 HUB SpecialistJerome Guerrero
 Purchasing Business AnalystScott Worthington
 Purchasing Business AnalystJennifer Francis

FORMER EMPLOYEES

<u>Position Held</u>	<u>Name of Individual Holding Office/Position</u>	<u>Date of Expiration</u>
Purchasing Agent Assistant III	Elizabeth Corey, C.P.M. ..	03/14/13
Attorney, Transactions Division	Tamara Armstrong	03/30/13
Executive Assistant.....	Lori Duarte.....	06/15/13
Chief Information Officer	Joe Harlow	07/31/13
County Auditor	Susan Spataro, CPA	08/31/13
Purchasing Agent Assistant IV	George R. Monnat, C.P.M., A.P.P. .	09/26/13
Executive Assistant.....	Cheryl Aker.....	10/05/13
Purchasing Agent Assistant II.....	Jayne Rybak, CTP.....	12/14/13
Commissioner, Precinct 3	Karen Huber.....	01/01/14
Executive Assistant.....	Garry Brown	01/01/14
Executive Assistant.....	Julie Wheeler.....	01/01/14
Executive Assistant.....	Jacob Cottingham.....	01/01/14

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

