



## Travis County Commissioners Court Agenda Request

**Meeting Date:** March 11, 2014

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

**Elected/Appointed Official/Dept. Head:** Cyd Grimes

**Commissioners Court Sponsor:** Judge Biscoe

**Agenda Language:** Approve Modification No. 11 to Contract No. 4400000375, Austin Travis County Integral Care, for Mental Health Services.

- **Purchasing Recommendation and Comments:** Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.
- 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. 11 will renew the contract an additional term from January 1, 2014 through September 30, 2014. The not to exceed amount for this contract is \$1, 058,291.

This renewal was previously approved on the December 30, 2013 Court Agenda, Item No. 5 to prevent contract expiration. It was not ready for presentation due to ATCIC and HHS & VS working with the County Attorney's office on finalizing the Statement of Work and funding. The agreement is now finalized and is being presented to the Court for signature.

ID# 10427

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

Modification No. 10 renewed 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 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.

ID# 10427

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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.

➤ **Contract Expenditures:** Within the last 12 months \$1,058,291 has been spent against this contract/requirement.

➤ **Contract-Related Information:**

Award Amount: \$1,011,054

Contract Type: Interlocal Agreement

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

➤ **Contract Modification Information:**

Modification Amount: \$1,058,291

Modification Type: Interlocal Agreement

Modification Period: January 1, 2014 – September 30, 2014

➤ **Solicitation-Related Information:** Not Applicable

Solicitations Sent:

Responses Received:

HUB Information:

% HUB Subcontractor:

➤ **Special Contract Considerations:** Not Applicable

Award has been protested; interested parties have been notified.

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

Comments:

➤ **Funding Information:**

SAP Shopping Cart #: FR# 300000947

Funding Account(s):

Comments:

ID# 10427

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

**MODIFICATION OF CONTRACT NUMBER: 440000375 – Mental Health Services**

**ISSUED BY:**  
**Travis County Purchasing Office**  
**P.O. Box 1748**  
**Austin, Texas 78767**

**PURCHASING AGENT ASST: Shannon Pleasant**  
**TEL. NO: (512) 854-1181**  
**FAX NO: (512) 854-9185**

**DATE PREPARED:**  
**January 14, 2014**

**ISSUED TO:**  
**Austin Travis County Integral Care**  
**1430 Collier St.**  
**Austin, TX 78704**

**MODIFICATION NO.:**  
**11**

**EXECUTED DATE OF ORIGINAL CONTRACT:**  
**January 1, 2007**

**ORIGINAL CONTRACT TERM DATES: January 1, 2007 – December 31, 2007      CURRENT CONTRACT TERM DATES: January 1, 2014-September 30, 2014**

**FOR TRAVIS COUNTY INTERNAL USE ONLY:**

Original Contract Amount \$ 1,011,054      Current Modified Amount \$1,058,291

**DESCRIPTION OF CHANGES:** 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 nine month period from January 1, 2014 through September 30, 2014.
2. Contract funds for this renewal period shall not exceed \$1,058,291.

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:** Austin Travis County Integral Care

- DBA
- CORPORATION
- OTHER

BY: [Signature]  
 SIGNATURE

BY: DAVID EVANS  
 PRINT NAME

DATE:  
2.17.14

TITLE: CEO  
 ITS DULY AUTHORIZED AGENT

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

DATE:

TRAVIS COUNTY, TEXAS  
 BY: \_\_\_\_\_  
 SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE

DATE:

**RENEWAL, AMENDMENT AND RATIFICATION OF  
INTERLOCAL COOPERATION AGREEMENT BETWEEN  
TRAVIS COUNTY AND  
AUSTIN-TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER  
DOING BUSINESS AS AUSTIN TRAVIS COUNTY INTEGRAL CARE FOR  
GENERAL BEHAVIORAL HEALTH, MENTAL RETARDATION SERVICES  
(2014 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 Local Mental Health and Intellectual and Developmental Disabilities 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 behavioral health (mental health and substance abuse) and intellectual/developmental disabilities 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, 2013 ("2013 Agreement Term").

WHEREAS, County and Center now desire to renew the Interlocal for an additional nine-month term beginning January 1, 2014, and continuing through September 30, 2014, 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 **2014 Renewal Term.** Pursuant to Section 2.2 of the Interlocal, the Parties hereby agree to renew the Interlocal for an additional nine-month term beginning January 1, 2014, and continuing through September 30, 2014 ("2014 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 2014 Renewal Term:

4.2.1 - 14	Attachment A-14	2014 Renewal Term Work Statement and Performance Measures
4.2.3 - 14	Attachment C-14	2014 Renewal Term Program Budget
4.2.4 - 14	Attachment D-14	2014 Performance Reports/Forms
4.2.4 - 14	Attachment E-14	Insurance Requirements
4.2.4 - 14	Attachment F-14	Ethics Affidavit

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 2014 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 to amend Section 13.1, "Maximum Funds," to show that the Maximum Amount of funds to be provided by County for the 2014 Renewal Term shall be an amount not to exceed the following:

**\$1,058,291.00** ("Agreement Maximum Funds")

The Parties also agree to amend all other references to the Maximum Funds as to the 2014 Renewal Term to reflect the amount set forth in this Section 3.1

3.2 **Fiscal Year Limitation.** The Parties agree to delete Section 13.1.2, "Fiscal Year Limitation," and all provisions amending that section (including all references therein to fiscal year limitations), and substitute the following:

13.1.2 **Fiscal Year Limitation.** Center expressly acknowledges and agrees that the sum stated in Section 13.1, as amended, is the maximum amount to be paid by County to Center during the referenced Agreement Term period unless Section 13.1 is changed pursuant to Section 3.0, and that the total costs of this Agreement shall not exceed the amount included in the County budget and designated for this purpose for this Agreement for the Agreement Term unless or until an increase in the County budget for this Agreement is approved by Commissioners Court. Contractor expressly acknowledges and agrees that County funding obligations can **ONLY** be incurred for the portion of any Contract Term corresponding to a time period included in the approved budget for any one Fiscal Year. Contractor understands and agrees that funds for any Fiscal Year following the Fiscal Year of the Initial Term of the Agreement are contingent upon approval of such funding for the Agreement by the Commissioners Court in the budget process related to that Fiscal Year.

3.3 **Other Maximum Amount Provisions.** All applicable provisions of the Agreement, as amended, shall also be amended to reflect the amount shown in Section 3.1 of this Renewal as to the 2014 Renewal Term.

3.4 **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 \$117,587.88 each month from January 2014, through August 2014, with a final invoice for September 2014, in the amount of \$117,587.96.

### 4.0 OTHER PROVISIONS.

4.1 **Insurance.** The Parties agree that the requirements for insurance for the 2014 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 2014 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 2014 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 2014 Renewal Term.

4.6 **Forfeiture of Agreement.** For the 2014 Renewal Term, the provisions of the Interlocal relating to Forfeiture of Contract and the Key Contracting Person list will reference the 2014 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 2014 Renewal.

4.7 **Conflict of Interest Questionnaire.** For the 2014 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, 2014, 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 2014 Renewal Term.

**WORK STATEMENT AND PERFORMANCE MEASURES**  
**ATTACHMENT A-14**

**January 1, 2014 – September 30, 2014**

**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)** Melody Moscal, Quality Management Director  
**Office:** (512) 440-4049 **Fax:** (512) 440-4081

**II. MISSION AND VISION OF AGENCY**

**Vision:** Healthy Living for Everyone.

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

**III. PROGRAMS:**

**A. Early Childhood Intervention**

**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 with a developmental 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. 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.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>602</b>
<b>OUTCOMES</b>			
OC#1a	Children who have reliable improvement in one or more domains when assessed	(numerator)	

OC#1b	Number of children assessed	(denominator)	
OC#1c	Percentage of children who have reliable improvement in one or more domains when assessed	(outcome rate)	<b>15%</b>
OC#10a	Number of customers who complete the Consumer Survey for IPP services and report satisfaction with the program	(numerator)	
OC#10b	Number of customers who complete the Consumer Survey of IPP services	(denominator)	
OC#10c	Percentage of customers satisfied, as measured by the Consumer Survey for IPP services	(outcome rate)	<b>90%</b>

**B. Developmental Disabilities Service Coordination**

<b>1. SERVICE CATEGORY/TYPE:</b> Developmental Disabilities	<b>PROGRAM TITLE:</b> Intellectual and Developmental Disabilities Service Coordination
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**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-centered 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 an individual 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 a medical diagnosis of intellectual disability, as defined by the Texas Health and Safety Code §591.003, individuals with autism spectrum disorder as defined in the current edition of the Diagnostic and Statistical Manual; individuals with a related condition who are eligible for Intermediate Care Facility (ICF) programs; HCS (Home and Community Based Services) program or TxHmL (Texas Home Living) program; or nursing home 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.

Performance Measure Identifier	Performance Measure Title		Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>240</b>
<b>OUTCOMES</b>			
OC#1a	Number of individuals/families who receive linkage to service and supports identified in the person-directed plan	(numerator)	
OC#1b	Number of individuals/families with a person-directed plan	(denominator)	
OC#1c	Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan	(outcome rate)	<b>98%</b>

OC#2a	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey and report satisfaction with the program	(numerator)	
OC#2b	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey	(denominator)	
OC#2c	Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey	(outcome rate)	<b>90%</b>

**C. Psychiatric and Counseling Services**

**1. SERVICE CATEGORY/TYPE:**  
 Adult Behavioral Health Services

**PROGRAM TITLE:**  
 Psychiatric and  
 Counseling Services - Adult  
 Behavioral Health

**2. SCOPE OF PROGRAM SERVICES:**

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

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

- Three quarters of all those affected by mental illness for a lifetime experience onset of symptoms by age 24.
- Adults who begin drinking alcohol before age 21 are more likely to have alcohol dependence or abuse than those who had their first drink after age 21.
- More than 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes.
- On average there is six years from the onset of symptoms to treatment for behavioral health conditions.
- Childhood trauma/difficulties potentially explain 32.4 % of psychiatric disorders in adulthood and are a significant risk factor for substance use.

(<http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Mental-Illness?narrowToAdd=For-Professionals>)

**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 and related disorders, bi-polar disorder or major depression disorder with or without psychotic features (GAF below 50 at Intake). 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.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>2,250</b>
OP#2	Number of client hours of service		<b>26,250</b>
<b>OUTCOMES</b>			
OC#1a	Number of clients stable and in the community	(numerator)	
OC#1b	Number of clients assessed	(denominator)	
OC#1c	Percentage of clients stable and in the community	(outcome rate)	<b>97%</b>
OC#2a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#2b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#2c	Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>

**D. Psychiatric Emergency Services (PES)**

**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 referred by self, family, law enforcement, Brackenridge Hospital and other local hospitals, and individuals seeking in-patient admission to Austin State Hospital and private psychiatric hospitals utilize PES.

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

- Three quarters of all those affected by mental illness for a lifetime experience onset of symptoms by age 24.

- Adults who begin drinking alcohol before age 21 are more likely to have alcohol dependence or abuse than those who had their first drink after age 21.
- More than 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes.
- On average there is six years from the onset of symptoms to treatment for behavioral health conditions.
- Childhood trauma/difficulties potentially explain 32.4 % of psychiatric disorders in adulthood and are a significant risk factor for substance use.

<http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Mental-Illness?narrowToAdd=For-Professionals>

**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:**

Anyone experiencing a psychiatric emergency can receive triage and assessment through PES.

- **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.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated adults served		<b>2,250</b>
OP#2	Number of unduplicated children served		<b>225</b>
<b>OUTCOMES</b>			
OC#1a	Number of clients who complete suicide within 48 hours after receiving service	(numerator)	
OC#1b	Number of youth and adults assessed	(denominator)	
OC#1c	Percentage of clients who complete suicide within 48 hours after receiving service	(outcome rate)	<b>1%</b>
OC#2a	Number of clients who complete suicide within 30 days after receiving service	(numerator)	
OC#2b	Number of youth and adults assessed	(denominator)	
OC#2c	Percentage of clients who complete suicide within 30 days after receiving service	(outcome rate)	<b>1%</b>
OC#3a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#3b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#3c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>

**E. The Inn**

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

**2. SCOPE OF PROGRAM SERVICES:**

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

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

- Three quarters of all those affected by mental illness for a lifetime experience onset of symptoms by age 24.
- Adults who begin drinking alcohol before age 21 are more likely to have alcohol dependence or abuse than those who had their first drink after age 21.
- More than 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes.
- On average there is six years from the onset of symptoms to treatment for behavioral health conditions.
- Childhood trauma/difficulties potentially explain 32.4 % of psychiatric disorders in adulthood and are a significant risk factor for substance use.

(<http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Mental-Illness?narrowToAdd=For-Professionals>)

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

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

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

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

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

- **Target population to be served:**

Travis County residents experiencing a psychiatric crisis.

• **Service eligibility requirements:**

Eligible consumers are persons at high risk of psychiatric decompensation who meet crisis residential services criteria. Eligible persons also includes individuals outside the target population who meet criteria.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>225</b>
OP#2	Number of bed days provided		<b>2,250</b>
<b>OUTCOMES</b>			
OC#1a	Number of adult clients who complete suicide within 48 Hours after receiving service	(numerator)	
OC#1b	Number of clients assessed	(denominator)	
OC#1c	Percentage of adult clients who complete suicide within 48 hours after receiving service	(outcome rate)	<b>1%</b>
OC#2a	Number of adult clients who complete suicide within 30 days after receiving service	(numerator)	
OC#2b	Number of clients assessed	(denominator)	
OC#2c	Percentage of adult clients who complete suicide within 30 days after receiving service	(outcome rate)	<b>1%</b>
OC#3a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#3b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#3c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>

**F. Mobile Crisis Outreach Team (MCOT)**

**1. SERVICE CATEGORY/TYPE**                      **Program Title:** Mobile Crisis Outreach  
 Psychiatric Crisis Services                      Team (MCOT)

**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.**

- Three quarters of all those affected by mental illness for a lifetime experience onset of symptoms by age 24.
- Adults who begin drinking alcohol before age 21 are more likely to have alcohol dependence or abuse than those who had their first drink after age 21.
- More than 34,000 suicides occurred in the U.S. in 2007; 100 suicides per day; one suicide every 15 minutes.
- On average there is six years from the onset of symptoms to treatment for behavioral health conditions.
- Childhood trauma/difficulties potentially explain 32.4 % of psychiatric disorders in adulthood and are a significant risk factor for substance use.

(<http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Mental-Illness?narrowToAdd=For-Professionals>)

**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. These services are designed to reach individuals at their place of residence, school and/or other community-based safe locations. MCOT screens and assesses for imminent risk and need for in-patient hospitalization.
  - 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.
- **Target population to be served:**
  - Eligible consumers are residents of Travis County who are experiencing psychiatric crisis.
- **Service eligibility requirements:**
  - Eligible consumers are residents of Travis County who are experiencing psychiatric crisis.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated adults served		<b>282</b>
OP#2	Number of unduplicated children served		<b>34</b>
OP#3	Number of Hotline calls referred to MCOT		<b>225</b>
<b>OUTCOMES</b>			
OC#1a	Number of clients in psychiatric emergency seen within 1 hour of Psychiatric Emergency Services referral	(numerator)	
OC#1b	Number of clients in psychiatric emergency referred to Psychiatric Emergency Services	(denominator)	
OC#1c	Percentage of clients in psychiatric emergency seen within 1 hour of Psychiatric Emergency Services referral	(outcome rate)	<b>95%</b>

OC#3a	Number of youth and adults stable in the community setting within 48 hours of MCOT services	(numerator)	
OC#3b	Number of youth and adults receiving MCOT services	(denominator)	
OC#3c	Percentage of youth and adults stable in the community setting within 48 hours of MCOT services	(outcome rate)	<b>75%</b>
OC#4a	Number of clients who complete suicide within 30 days after receiving services	(numerator)	
OC#4b	Number of youth and adults served within the last 30 days	(denominator)	
OC#4c	Percentage of clients who complete suicide within 30 days after receiving services	(outcome rate)	<b>1%</b>
OC#6a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#6b	Number of clients who complete the Client Satisfaction Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#6c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>

**G. Child and Family Services**

**1. SERVICE CATEGORY/TYPE:** Children's Behavioral 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:**

- Young people with major depressive episodes are twice as likely to take first drink or use drugs for the first time as those who do not experience a depressive episode.
- Suicide is the third leading cause of death among young people.
- One half of all those who are affected by mental illness for a lifetime experienced onset of symptoms by age 14.
- On average there is six years from the onset of symptoms to treatment for behavioral health conditions.
- Childhood trauma/difficulties potentially explain 32.4 % of psychiatric disorders in adulthood and are a significant risk factor for substance use.

<http://store.samhsa.gov/facet/Issues-Conditions-Disorders/term/Mental-Illness?narrowToAdd=For-Professionals>

The Systems of Care model of service delivery and the wraparound approach to service planning and coordination are each 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 children, youth and their families:**

*Mental Health 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 school-based intervention, and crisis management.

- **Target population to be served:**

Intensive outpatient services are provided to children and youth between the ages of 3 and 17 who have a diagnosis of mental illness and who exhibit severe emotional or social disabilities that may be 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, who reside in Travis County and who: (1) have a serious functional impairment; or (2) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or (3) are enrolled in a school system's special education program because of serious emotional disturbance. Referral systems include, parents, schools, juvenile system, truancy courts, substance use treatment facilities, and child protective services.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>642</b>
<b>OUTCOMES</b>			
OC#1a	Children and youth who have reliable improvement in one or more domains when assessed		
OC#1b	Number of children assessed		
OC#2a	Number of children with moderate to high functioning impairment who have clinically acceptable or improving problem severity		
OC#2b	Number of children assessed for problem severity		
OC#3a	Number of parents/children who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families and report satisfaction with the program	(numerator)	
OC#3b	Number of parents/children who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(denominator)	
OC#3c	Percentage of parents/children satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families	(outcome rate)	<b>90%</b>

**H. COPSD PROGRAM**

**1. SERVICE CATEGORY/TYPE:** Co-Occurring Use Disorders  
**PROGRAM TITLE:** Co-Occurring Psychiatric Substance Disorder Program (COPSD)

**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 with linkage to the 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. Counselors utilize Motivational Interviewing best practices to engage Consumers in their recovery process. Services presently include substance use education,

individual counseling, skills building, including relapse prevention and refusal skills, Good Chemistry Groups, referral for HIV/AIDS and/or Tuberculosis testing, linkage to other treatment resources including 12-Step Recovery groups and structured discharge planning. Services are provided in a culturally competent manner. Individuals receive services as determined by the recommendation of level of care.

*Target population to be served:*

Adults with co-occurring substance use and mental health disorders who are Travis County residents.

• **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.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>158</b>
<b>OUTCOMES</b>			
OC#1a	Number of clients with no arrests between admission and discharge	(numerator)	
OC#1b	Number of clients discharged	(denominator)	
OC#1c	Percentage of clients with no arrests between admission and discharge	(outcome rate)	<b>65%</b>
OC#2a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#2b	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#2c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>

**I. Permanent Supportive Housing - Safe Haven**

**1. SERVICE CATEGORY/TYPE:**

Homeless

**PROGRAM TITLE:**

Permanent Supportive  
 Housing - Safe Haven Mental  
 Health Co-Occurring  
 Diagnoses

**2. SCOPE OF PROGRAM SERVICES:**

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

Provide permanent supportive housing for homeless persons with mental illness and co-occurring substance use disorders. Permanent Supportive Housing is an evidenced best practice proven to provide stability and recovery for individuals experiences long term homelessness.

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

Provide homeless persons who have severe mental illness and co-occurring substance use disorders with intensive supportive service and permanent housing options.

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

- Program services to be provided to clients**

Intensive housing-based case management services will be provided to 27 individuals using Housing First—Permanent Supportive Housing as a best practice model to assist homeless individuals in achieving stability and recovery.

- 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.

Performance Measure Identifier	Performance Measure Title	Calculation	Total Program 9 Mo. Goal
<b>OUTPUTS</b>			
OP#1	Number of unduplicated clients served		<b>21</b>
<b>OUTCOMES</b>			
OC#1a	Number of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	(numerator)	
OC#1b	Number of clients discharged	(denominator)	
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)	<b>90%</b>
OC#2a	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	(numerator)	
OC#2b	Number of clients who complete the Client Satisfaction Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(denominator)	
OC#2c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	(outcome rate)	<b>90%</b>



**2014 Budget ATCIC Main Interlocal  
 PROGRAM BUDGET DETAIL  
 ATTACHMENT C - 14**

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)
<b>PERSONNEL</b>				
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
<b>A. TOTAL PERSONNEL</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>OPERATING EXPENSES</b>				
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>B. TOTAL OPERATING EXPENSES</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>DIRECT ASSISTANCE</b>				
Drugs/Medicine				0.00
Food/Beverage				0.00
Other:				0.00
ATCIC Services		1,058,291.00		1,058,291.00
				0.00
				0.00
				0.00
<b>C. TOTAL DIRECT ASSISTANCE</b>	\$0.00	\$1,058,291.00	\$0.00	\$1,058,291.00
<b>EQUIPMENT/CAPITAL OUTLAY</b>				
(Specify)				0.00
				0.00
				0.00
<b>D. TOTAL EQUIPMENT/CAPITAL OUTLAY</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL (A + B + C + D)</b>		\$1,058,291.00	\$0.00	\$1,058,291.00

Note: Grand Total does not include program income

**Travis County Health and Human Services & Veterans Service (TCHHS/V/S)**

**Program Performance - Quarter 1 Report, 2014**

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Data Report is Due to TCHHS/V/S: 4/15/2014

Section I - Performance Data Information: Please enter data on 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 contract, please email them to: [Contract-Specialist@travis.tx.us](mailto:Contract-Specialist@travis.tx.us).

Agency Name: \_\_\_\_\_ Agency Contact Name & Phone No.: \_\_\_\_\_ Original Submission Date: \_\_\_\_\_  
 TCHHS/V/S Program Lead & Phone No.: \_\_\_\_\_ TCHHS/V/S Contract Specialist & Phone No.: \_\_\_\_\_ Date Revised Report was Submitted (if applicable): \_\_\_\_\_  
 Contract Term: January 1, 2014 - September 30, 2014

Section II - Performance Data: In this report, sections about the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/V/S and expenses from TCHHS/V/S. Please also include the total results approved in this section (achievement target) should, for example, if Output #1, measures the total number of clients served in Outcome Domain #1, it is also measured by total number of clients served. Then they (rev. 8/10) (or numbers) include the date.

Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT		YTD PERFORMANCE SUMMARY			
		Q1 Jan. - Mar.	Total Program Q1 Actual Performance	Total Program 9 Mo. Goal (from contract)	Total Program Q1 Goal (or 33% of 9 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance (required in Contract Section)
<b>OUTPUTS</b>							
OP91			0		0		SDV/01
OP92			0		0		SDV/01
OP93			0		0		SDV/01
OP94			0		0		SDV/01
OP95			0		0		SDV/01
OP96			0		0		SDV/01
OP97			0		0		SDV/01
<b>OUTCOMES</b>							
OC31a	(numerator)		0		0		SDV/01
OC31b	(denominator)		0		0		SDV/01
OC31c	(outcome rate)	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01
OC32a	(numerator)		0		0		SDV/01
OC32b	(denominator)		0		0		SDV/01
OC32c	(outcome rate)	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01
OC33a	(numerator)		0		0		SDV/01
OC33b	(denominator)		0		0		SDV/01
OC33c	(outcome rate)	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01
OC34a	(numerator)		0		0		SDV/01
OC34b	(denominator)		0		0		SDV/01
OC34c	(outcome rate)	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01
OC35a	(numerator)		0		0		SDV/01
OC35b	(denominator)		0		0		SDV/01
OC35c	(outcome rate)	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01	SDV/01

Section III - Comments: When completing this section, please:  
 • At a minimum, use the PRS that would be understood by all users.  
 • Briefly explain any missing or incomplete data from Section II.  
 • Provide any information that would be helpful in understanding the data trends or changes in performance of the program, be occurring, and  
 • Document any unusual problems with the data and plans for addressing them.  
 When budget items are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please make that comment available in your contract or public records.

**COMMENTS**

Quarter 1 Comments

**Travis County Health and Human Services & Veterans Service (TCHHS/VS)**  
**Program Performance - Quarter 2 Report, 2014**

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Data Reported On in TCHHS/VS: 7/15/2014

Additional Information: Report prepared by: [Name] on: [Date]. The data in this report is based on the information provided in the information system. It does not represent an audit of the information. The information is provided for informational purposes only. It is not intended to be used for legal or financial purposes. The information is provided for informational purposes only. It is not intended to be used for legal or financial purposes.

Agency Name: TCHHS/VS Program Name: TCHHS/VS Contract No.: 00000 Original Submission Date: [Date]  
 TCHHS/VS Program Lead & Phone No.: [Name] Contract Term: [Term] Date Revised Report was Submitted (if applicable): [Date]

Additional Information: In this report, the program's actual performance results for the quarter covered by this report. If the performance results are not available for a particular measure, the results are marked as "N/A". The information is provided for informational purposes only. It is not intended to be used for legal or financial purposes.

Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY			
		Q1 Inc. / Dec.	Q2 Apr. / Jun.	Q3 Q3-Q2 Actual Performance	Total Program Q3 Inc. / Dec. (from contract)	Total Program Q3 Inc. / Dec. (from contract)	% of Q3 Goal Achieved	Explanatory Notes / Variance Required in Comments Section?
<b>OUTPUTS</b>								
OP01	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP02	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP03	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP04	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP05	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP06	[Measure Title]	0	0	0	0	0	0%	[Notes]
OP07	[Measure Title]	0	0	0	0	0	0%	[Notes]
<b>OUTCOMES</b>								
OC01a	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC01b	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC01c	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC02a	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC02b	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC02c	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC03a	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC03b	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC03c	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC04a	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC04b	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC04c	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC05a	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC05b	[Measure Title]	0	0	0	0	0	0%	[Notes]
OC05c	[Measure Title]	0	0	0	0	0	0%	[Notes]

**COMMENTS**  
 Updates to Quarter 1 Comments  
 Quarter 2 Comments



**Travis County Health and Human Services & Veterans Service (TCHHS/VS)**  
**Client Demographics - Year-to-Date Report, 2014**

**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.

Agency Name: **00000** Program Name: **00000** Contract Term: **January 1, 2014 - September 30, 2014**  
 Agency Contact Name & Phone No.: **0** TCHHS/VS Program Lead & Phone No.: **00000** TCHHS/VS Contract Specialist & Phone No.: **0**

**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 client's self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1	Q2	Q3	Total YTD
	Jan. - Mar.	Apr. - Jun.	Jul. - Sep.	
<b>GENDER</b>				
Female				0
Male				0
Unknown				0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ETHNICITY</b>				
Hispanic or Latino				0
Not Hispanic or Latino				0
Unknown				0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>RACE</b>				
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>AGE</b>				
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
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>INCOME STATUS</b>				
<50% of FPIG				0
50 to 100%				0
101% to 150%				0
151% to 200%				0
>200%				0
Unknown				0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**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 **NO TEST**).
- 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, 2014**

**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.

Agency Name: **00000** Program Name: **00000** Contract Term: **January 1, 2014 - September 30, 2014**  
 Agency Contact Name & Phone No.: **TCHHS/VS Program Lead & Phone No. 00000** TCHHS/VS Contract Specialist & Phone No.: **00000**

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

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

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

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

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

**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:

- 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 **999** test);
- 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**

[Empty text box for 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:

client should be counted only once within each entire contract year. For 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 both meaningful and simple, so adding or changing measures during the contract year 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

**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.

**Form #9: Travis County Health and Human Services & Veterans Service Department  
 2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Child and Family Services

Date Report was Generated: *(insert date)*

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in Child and Family Services may also be counted in another program if served by one of the other programs	
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of children with moderate to high functioning impairment who have clinically acceptable or improving functioning	The data reviewed include Assessment Date, Client name, and program of service - with the following conditions:  (1) Assessment Scores are based on LAST assessment within DSHS's fiscal year (September-August) AND (2) A client cannot be counted more than once in the calendar year.	DSHS Reporting System MBOW	Only clients receiving full RDM services are counted in this measure	
Outcome #1b (denominator)	Number of children assessed for functioning				
Outcome Rate #1c	Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving functioning				
Outcome #2a (numerator)	Number of children with moderate to high functioning impairment who have clinically acceptable or improving problem severity	The data reviewed include Assessment Date, Client name, and program of service - with the following conditions:  (1) Assessment Scores are based on LAST assessment within DSHS's fiscal year (September-August) AND (2) A client cannot be counted more than once in the calendar year.	DSHS Reporting System MBOW	Only clients receiving full RDM services are counted in this measure	
Outcome #2b (denominator)	Number of children assessed for problem severity				
Outcome Rate #2c	Percentage of children with moderate to high functioning impairment who have clinically acceptable or improving problem severity				
Outcome #3a (numerator)	Number of children or parents who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client or parent receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand to either parent or/and child to complete. Duplication may occur.	
Outcome #3b (denominator)	Number of children or parents who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families				
Outcome Rate #3c	Percentage of children and/or parents satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey for Children and Families				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department  
 2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Co-Occurring Psychiatric and Substance Use Disorders (COPSD) Program

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, arrest date (if applicable) client name, and program of service-with the following conditions:  (1) A service date and arrest date (if applicable) must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in COPSD may also be counted in another program if served by one of the other programs	
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of clients with no arrests between admission and discharge	The data reviewed include Assignment open and close date, arrest date (if applicable), client name, and program of service - with the following conditions:  (1) Arrests are compared for EACH assignment opened (may have several in a calendar year) AND (2) A client cannot be counted more than once in the calendar year. If the client was arrested in one assignment, and not the other, they are counted as having an arrest between admit and	DSHS Reporting System MBOW	MBOW only provides arrest data for exact or probable "matches" between Integral Care clients and jail data.	
Outcome #1b (denominator)	Number of clients discharged				
Outcome Rate #1c	Percentage of clients with no arrests between admission and discharge				
Outcome #2a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome #2b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey				
Outcome Rate #2c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department  
 2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Developmental Disabilities Service Coordination

Date Report was Generated: *(insert date)*

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in DDSC may also be counted in another program if served by one of the other programs	
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of individuals/families who receive linkage to services and supports identified in the person-directed plan	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service for community linkage must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi		
Outcome #1b (denominator)	Number of individuals/families with a person-directed plan				
Outcome Rate #1c	Percentage of individuals/families who receive linkage to services and supports identified in the person-directed plan				
Outcome #2a (numerator)	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome #2b (denominator)	Number of customers who complete the Developmental Disabilities (DD) Services Satisfaction Survey				
Outcome Rate #2c	Percentage of customers satisfied, as measured by the Developmental Disabilities (DD) Services Satisfaction Survey				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions:  (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department**  
**2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Infant-Parent Program - Early Childhood Intervention (ECI)

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in IPP may also be counted in another program if served by one of the other programs	
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of clients showing improvement in their social emotional level				
Outcome #1b (denominator)	Number of clients assessed				
Outcome Rate #1c	Percent of infants and toddlers making positive progress in their social emotional level				
Outcome #2a (numerator)	Number of clients showing improvement in their knowledge and skill level				
Outcome #2b (denominator)	Number of clients assessed				
Outcome Rate #2c	Percent of infants and toddlers making positive progress in their knowledge and skill level				
Outcome #3a (numerator)	Number of clients showing improvement in their actions to meet needs				
Outcome #3b (denominator)	Number of clients assessed				
Outcome Rate #3c	Percent of infants and toddlers making positive progress in actions to meet needs				
Outcome #4a (numerator)	Number of customers who complete the Infant Parent Program Consumer Survey and report satisfaction with the program				
Outcome #4b (denominator)	Number of customers who complete the Infant Parent Program Consumer Survey				
Outcome Rate #4c	Percentage of customers satisfied, as measured by the Infant Parent Program Consumer Survey	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into Surveymonkey.com	Survey tools are mailed once annually to the families.	
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories	(1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.			
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department  
 2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Mobile Crisis Outreach Team (MCOT)

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated adults served	The data reviewed include service date, client name, and program of service-with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Clients counted in MCOT may also be counted in another program if served by one of the other programs. Clients may also be counted in Adult and Children, if the client turned 18 during the year and was served again as an adult.	
Output #2	Number of unduplicated children served	(1) A service date must fall in time period of Interest AND			
Output #3	Number of Hotline calls referred to MCOT	(2) A client cannot be counted more than once in the calendar year (with the exception of Output#3)			
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of clients in psychiatric emergency seen within 1 hour of Psychiatric Emergency Services referral				
Outcome #1b (denominator)	Number of clients in psychiatric emergency referred to Psychiatric Emergency Services				
Outcome Rate #1c	Percentage of clients in psychiatric emergency seen within 1 hour of Psychiatric Emergency Services referral				
Outcome #2a (numerator)	Number of clients referred to MCOT by Austin Police Department, Travis County Sheriff's Office, and other local law enforcement agencies and seen face-to-face by MCOT within 24 hours of referral				
Outcome #2b (denominator)	Number of clients referred to MCOT by Austin Police Department, Travis County Sheriff's Office, and other local law enforcement agencies				
Outcome Rate #2c	Percentage of clients referred to MCOT by Austin Police Department, Travis County Sheriff's Office, and other local law enforcement agencies and seen face-to-face by MCOT within 24 hours of referral				
Outcome #3a (numerator)	Number of youth and adults stable in the community setting within 48 hours of MCOT services	The data reviewed include service date, crisis or hospital date (if applicable), client name, and program of service - with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Crisis and Hospital Data are limited to Crisis Services provided by Integral Care, and Hospital Psychiatric Bed Days managed by Integral Care	
Outcome #3b (denominator)	Number of youth and adults receiving MCOT services	(1) Crisis/Hospital Dates are compared for EACH service date (may have several in a calendar year) AND			
Outcome Rate #3c	Percentage of youth and adults stable in the community setting within 48 hours of MCOT services	(2) A client cannot be counted more than once in the calendar year. If the client experienced a crisis within 48 hours of any service date, they			
Outcome #4a (numerator)	Number of suicides among clients served within the last 30 days	The data reviewed include service date, suicide date (if applicable), client name, and program of service - with the following conditions:	Integral Care Incident Report System TAS Management		
Outcome #4b (denominator)	Number of youth and adults served within the last 30 days	(1) Suicide Dates are compared for EACH service date (may have several services in a calendar year)			
Outcome Rate #4c	Youth and adult suicide rates among clients served within the last 30 days				
Outcome #5a (numerator)	Number of clients hospitalized within 30 days of initial MCOT services	The data reviewed include service date, hospital date (if applicable), client name, and program of service - with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Hospital Data is limited to Hospital Psychiatric Bed Days managed by Integral Care	
Outcome #5b (denominator)	Number of clients receiving MCOT services	(1) Hospital Dates are compared for EACH service date (may have several in a calendar year) AND			
Outcome Rate #5c	Percentage of clients hospitalized within 30 days of initial MCOT services	(2) A client cannot be counted more than once in the calendar year. If the client experienced a hospitalization within 30 days of any service date with MCOT, they are counted as hospitalized			
Outcome #6a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome #6b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program				
Outcome Rate #6c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				(1) A service date must fall in time period of Interest AND
Zip Code	Number of unduplicated clients by their zip code at start of program				(2) A client cannot be counted more than once in the calendar year.

**Form #9: Travis County Health and Human Services & Veterans Service Department**  
**2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Psychiatric and Counseling Services

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of Interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in PCS may also be counted in another program if served by one of the other programs.	
Output #2	Number of client hours of service	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of Interest AND (2) All client hours are added together.			
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of clients stable and in the community within 30 days of service	The data reviewed include service date, crisis or hospital date (if applicable), client name, and program of service - with the following conditions: (1) Crisis/Hospital Dates are compared for EACH service date (may have several in a calendar year) AND (2) A client cannot be counted more than once in the calendar year. If the client experienced a crisis within 30 days of any service date, they are counted as NOT stable.	Integral Care Electronic Health Record System, Anasazi	Crisis and Hospital Data are limited to Crisis Services provided by Integral Care, and Hospital Psychiatric Bed Days managed by Integral Care.	
Outcome #1b (denominator)	Number of clients assessed				
Outcome Rate #1c	Percentage of clients stable and in the community within 30 days of service				
Outcome #2a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program				
Outcome #2b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome Rate #2c	Percentage of customers satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of Interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department**  
**2014 Performance Measure Definition Tool**  
 Austin Travis County Integral Care - Main Mental Health Interlocal  
 Psychiatric Emergency Services (PES)

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure	
<b>OUTPUT MEASURES:</b>						
Output #1	Number of unduplicated adults served	The data reviewed include service date, client name, and program of service-with the following conditions:	Integral Care Electronic Health Record System, Anasazi	Clients counted in PES may also be counted in another program if served by one of the other programs. Clients may also be counted in Adult and Children, if the client turned 18 during the year and was served again as an adult.		
Output #2	Number of unduplicated children served	(1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year				
<b>OUTCOME MEASURES:</b>						
Outcome #1a (numerator)	Number of suicides among clients served within the last 48 hours	The data reviewed include service date, suicide date (if applicable), client name, and program of service - with the following conditions: (1) Suicide Dates are compared for EACH service date (may have several services in a calendar year)	Integral Care Incident Report System TAS Management			
Outcome #1b (denominator)	Number of youth and adults served within the last 48 hours					
Outcome Rate #1c	Youth and adult suicide rates among clients served within the last 48 hours					
Outcome #2a (numerator)	Number of suicides among clients served within the last 30 days	The data reviewed include service date, suicide date (if applicable), client name, and program of service - with the following conditions: (1) Suicide Dates are compared for EACH service date (may have several services in a calendar year)	Integral Care Incident Report System TAS Management			
Outcome #2b (denominator)	Number of youth and adults served within the last 30 days					
Outcome Rate #2c	Youth and adult suicide rates among clients served within the last 30 days					
Outcome #3a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into Surveymonkey.com	Survey tools are provided on demand. Duplication may occur.		
Outcome #3b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey					
Outcome Rate #3c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey					
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>						
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.		
Age	Number of unduplicated clients by their age at start of program and grouped into age categories					
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories					
Zip Code	Number of unduplicated clients by their zip code at start of program					

**Form #9: Travis County Health and Human Services & Veterans Service Department**  
**2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 Safe Haven

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure?
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year	Integral Care Electronic Health Record System, Anasazi	Clients counted in Safe Haven may also be counted in another program if served by one of the other programs.	
Output #2	Number of bed days provided	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) All client hours are added together			
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge	The data reviewed include discharge date, client name, and program of service-with the following conditions: (1) A discharge date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year AND (3) Client must be referred to mainstream services AT discharge	Integral Care Electronic Health Record System, Anasazi		
Outcome #1b (denominator)	Number of clients discharged				
Outcome Rate #1c	Percentage of clients successfully linked to mainstream (regular Adult Mental Health and/or Dual Diagnoses) services by their time of discharge				
Outcome #2a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program				
Outcome #2b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome Rate #2c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**Form #9: Travis County Health and Human Services & Veterans Service Department  
 2014 Performance Measure Definition Tool**

Austin Travis County Integral Care - Main Mental Health Interlocal  
 The Inn

Date Report was Generated: [insert date]

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
<b>OUTPUT MEASURES:</b>					
Output #1	Number of unduplicated clients served	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Clients counted in The Inn may also be counted in another program if served by one of the other programs.	
Output #2	Number of bed days provided	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) All client bed days are added together			
<b>OUTCOME MEASURES:</b>					
Outcome #1a (numerator)	Number of suicides among clients served within the last 48 hours	The data reviewed include service date, suicide date (if applicable), client name, and program of service - with the following conditions: (1) Suicide Dates are compared for EACH service date (may have several services in a calendar year)	Integral Care Incident Report System TAS Management		
Outcome #1b (denominator)	Number of adults served within the last 48 hours				
Outcome Rate #1c	Adult suicide rate among clients served within the last 48 hours				
Outcome #2a (numerator)	Number of suicides among clients served within the last 30 days	The data reviewed include service date, suicide date (if applicable), client name, and program of service - with the following conditions: (1) Suicide Dates are compared for EACH service date (may have several services in a calendar year)	Integral Care Incident Report System TAS Management		
Outcome #2b (denominator)	Number of adults served within the last 30 days				
Outcome Rate #2c	Adult suicide rate among clients served within the last 30 days				
Outcome #3a (numerator)	Number of clients who complete the Mental Health Statistic Improvement Program (MHSIP) Consumer Survey and report satisfaction with the program	The data reviewed includes a satisfaction survey completed by any client receiving services from providers during any part of treatment.	Paper survey completed and entered into SurveyMonkey.com	Survey tools are provided on demand. Duplication may occur.	
Outcome #3b (denominator)	Number of clients who complete the Mental Health Statistic Improvement Program				
Outcome Rate #3c	Percentage of clients satisfied, as measured by the Mental Health Statistic Improvement				
<b>DEMOGRAPHIC AND ZIP CODE REPORT</b>					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	The data reviewed include service date, client name, and program of service-with the following conditions: (1) A service date must fall in time period of interest AND (2) A client cannot be counted more than once in the calendar year.	Integral Care Electronic Health Record System, Anasazi	Client demographics are unduplicated across programs.	
Age	Number of unduplicated clients by their age at start of program and grouped into age categories				
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories				
Zip Code	Number of unduplicated clients by their zip code at start of program				

**INSURANCE REQUIREMENTS**  
**ATTACHMENT E-14**

Contractor shall have, and shall require all subcontractors providing services under this Contract to have, Standard Insurance meeting the General Requirements as set forth below and sufficient to cover the needs of Contractor and/or Subcontractor pursuant to applicable generally accepted business standards. Depending on services provided by Contractor and/or Subcontractor(s), Supplemental Insurance Requirements or alternate insurance options shall be imposed as follows:

**I. General Requirements Applicable to All Contractors' Insurance.**

The following requirements apply to the Contractor and to Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

A. The minimum types and limits of insurance indicated below shall be maintained throughout the duration of the Contract.

B. Prior to commencing work under this Contract, the required insurance shall be in force as evidenced by a Certificate of Insurance issued by the writing agent or carrier. A copy of the Certificate of Insurance shall be forwarded to County immediately upon execution of this Contract. For purposes of this contract, the "verification of insurance" issued by the Texas Council Risk Management Fund is acceptable in lieu of the "certificate of insurance.

C. Certificates of Insurance shall include the endorsements outlined below and shall be submitted to the Travis County Purchasing Agent within ten (10) working days of execution of the contract by both parties or the effective date of the Contract, whichever comes first. The Certificate(s) shall show the Travis County contract number and all endorsements by number.

D. Insurance required under this Contract which names Travis County as Additional Insured shall be considered primary for all claims.

E. Insurance limits shown below may be written as Combined Single Limits or structured using primary and excess or umbrella coverage that follows the form of the primary policy.

F. County shall be entitled, upon its request and without expense, to receive certified copies of policies and endorsements.

G. County reserves the right to review insurance requirements during any term of the Contract and to require that Contractor make reasonable adjustments when the scope of services has been expanded.

H. Contractor shall not allow any insurance to be cancelled or lapse during any term of this Contract. Contractor shall not permit the minimum limits of coverage to erode or otherwise be reduced. Contractor shall be responsible for all premiums, deductibles and self-insured retention. All deductibles and self-insured retention shall be shown on the Certificates of Insurance.

I. Insurance coverage specified in this Contract is not intended and will not be interpreted to limit the responsibility or liability of the Contractor or subcontractor(s).

## II. Specific Requirements

The following requirements (II.A - II.E, inclusive) apply to the Contractor and Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

### A. Workers' Compensation and Employers' Liability Insurance

1. Coverage shall be consistent with statutory benefits outlined in the Texas Workers' Compensation Act.

2. Policies under this Section shall apply to State of Texas and include the following endorsements in favor of Travis County and City of Austin:

- a. Waiver of Subrogation (Form 420304)
- b. Thirty (30) day Notice of Cancellation (Form 420601)

### B. Commercial General Liability Insurance

1. Minimum limit:

\$500,000\* per occurrence for coverage A and B with a  
\$1,000,000 policy aggregate

2. The Policy shall contain or be endorsed as follows:

b. Independent Contractor Coverage

3. The Policy shall also include the following endorsements in favor of Travis County

4. a. Waiver of Subrogation (Form CG 2404)

b. Thirty (30) day Notice of Cancellation (Form CG 0205)

c. Travis County named as additional insured (Form CG 2010)

**\* Supplement Insurance Requirement** If child care, or housing arrangements for clients is provided, the required limits shall be:

\$ 1,000,000 per occurrence with a

\$ 2,000,000 policy aggregate

C. Business Automobile Liability Insurance†

1. If any form of transportation for clients is provided, coverage for all owned, non-owned, and hired vehicles shall be maintained with a combined single limit of \$300,000\* per occurrence
2. Policy shall also include the following endorsements in favor of Travis County
  - a. Waiver of Subrogation (Form TE 2046A)
  - b. Thirty (30) day Notice of Cancellation (Form TE 0202A)
  - c. Travis County named as additional insured (Form TE 9901B)

† **Alternative Insurance Requirement**

If NO transportation services of any type is provided, and use of a motor vehicle is strictly limited to travel to and from work or work sites, evidence of Personal Auto Policy coverage with limits of \$ 100,000/\$300,000/\$50,000

may be provided in lieu of Business Automobile Liability Insurance

D. Professional Liability/E & O Insurance

1. Coverage shall be provided with a minimum limit of \$1,000,000 per claim /\$3,000,000 aggregate to cover injury in the care of Contractor or Subcontractor and to cover negligent acts, sexual harassment, errors, or omissions arising out of Professional Services under this Contract. Sexual misconduct with a limit of \$100,000 per claim /\$300,000 is acceptable.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date this Contract is signed and/or effective, whichever comes first. Coverage shall include a three (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain the retroactive date of coverage.
3. Subcontractor(s) who are not covered under Contractor's professional liability insurance shall provide Contractor with current certificates of insurance annually on the renewal date of their insurance policy.

E. Blanket Crime Policy Insurance

1. If an advance against Contract Funds is requested or received in an amount greater than \$5,000, a Blanket Crime Policy shall be required with limits of the Contract Funds allocated in the Contract or the amount of scheduled advances.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date services begin under this Contract or the effective date of this Contract, whichever comes first. Coverage shall include a three- (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain both the retroactive date of coverage and the extended reporting period date.

**ETHICS AFFIDAVIT**  
**ATTACHMENT F-14**

STATE OF TEXAS  
COUNTY OF TRAVIS

ETHICS AFFIDAVIT

Date: February 17, 2014  
Name of Affiant: David Evans  
Title of Affiant: CEO  
Business Name of Proponent: North Travis County Integral Care  
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.

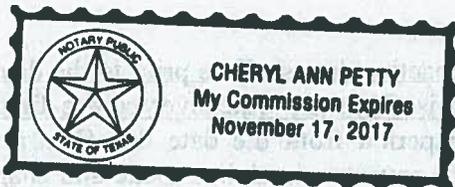
[Signature]  
Signature of Affiant

1430 Collier, Austin, Texas 78704  
Address

SUBSCRIBED AND SWORN TO before me by David Evans on 2-17, 2014.

Cheryl Ann Petty  
Notary Public, State of Texas

Typed or printed name of notary  
My commission expires: 11-17-2017



**EXHIBIT 1**  
**LIST OF KEY CONTRACTING PERSONS**  
**December 5, 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 .....	David Salazar*	
Commissioner, Precinct 1 .....	Ron Davis	
Commissioner, Precinct 1 (Spouse) .....	Annie Davis	Seton Hospital
Executive Assistant .....	Deone Wilhite	
Executive Assistant .....	Felicitas Chavez	
Executive Assistant .....	Sue Spears	
Commissioner, Precinct 2 .....	Bruce Todd*	
Commissioner, Precinct 2 (Spouse) .....	Elizabeth Christian	Consultant
Executive Assistant .....	Sara Krause*	
Executive Assistant .....	Joe Hon	
Executive Assistant .....	Peter Einhorn	
Commissioner, Precinct 3 .....	Gerald Daugherty*	
Commissioner, Precinct 3 (Spouse) .....	Charyl 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	
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 IV .....	CW Bruner, CTP	

OFFICE  
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Purchasing Agent Assistant IV ..... Lee Perry  
 Purchasing Agent Assistant IV ..... Jason Walker  
 Purchasing Agent Assistant IV ..... Richard Villareal  
 Purchasing Agent Assistant IV ..... Patrick Strittmatter  
 Purchasing Agent Assistant IV ..... Lori Clyde, CPPO, CPPB  
 Purchasing Agent Assistant IV ..... Scott Wilson, CPPB  
 Purchasing Agent Assistant IV ..... Jorge Talavera, CPPO, CPPB  
 Purchasing Agent Assistant IV ..... Loren Breland, CPPB  
 Purchasing Agent Assistant IV ..... John E. Pena, CTPM  
 Purchasing Agent Assistant IV ..... Rosalinda Garcia  
 Purchasing Agent Assistant IV ..... Angel Gomez  
 Purchasing Agent Assistant IV ..... Jesse Herrera, CTP, CTPM, CTCM  
 Purchasing Agent Assistant III ..... Shannon Pleasant, CTPM  
 Purchasing Agent Assistant III ..... David Walch  
 Purchasing Agent Assistant III ..... Michael Long, CPPB  
 Purchasing Agent Assistant III ..... Sydney Ceder  
 Purchasing Agent Assistant III ..... Ruena Victorino\*  
 Purchasing Agent Assistant III ..... Rachel Fishback\*  
 Purchasing Agent Assistant II ..... Vacant  
 Purchasing Agent Assistant II ..... L. Wade Laursen  
 Purchasing Agent Assistant II ..... Sam Francis  
 HUB Coordinator ..... Sylvia Lopez  
 HUB Specialist ..... Betty Chapa  
 HUB Specialist ..... Jerome Guerrero  
 Purchasing Business Analyst ..... Scott Worthington  
 Purchasing Business Analyst ..... Vacant

**FORMER EMPLOYEES**

<u>Position Held</u>	<u>Name of Individual</u> <u>Holding Office/Position</u>	<u>Date of Expiration</u>
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
Commissioner, Precinct 2.....	Sarah Eckhardt.....	05/31/14
Purchasing Agent Assistant III.....	Nancy Barchus, CPPB.....	06/28/14
Purchasing Business Analyst.....	Jennifer Francis.....	11/29/14

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

RECEIVED  
 TRAVIS COUNTY  
 2014 FEB 19 AM 9:49  
 PURCHASING  
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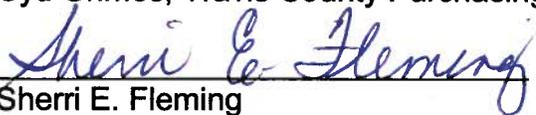
**TRAVIS COUNTY HEALTH and HUMAN SERVICES  
and VETERANS SERVICE  
502 E. Highland Mall Blvd.  
P. O. Box 1748  
Austin, Texas 78767**

RECEIVED  
TRAVIS COUNTY  
PURCHASING  
OFFICE  
2013 DEC -6 PM 4:05

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

**DATE:** December 4, 2013

**TO:** Cyd Grimes, Travis County Purchasing Agent, CPM, CPPO

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

**SUBJECT:** ATCIC Main renewal (4400000375)

**Proposed Motion:**

Consider and take appropriate action on the renewal of the interlocal agreement, known as the ATCIC Main, with Austin Travis County Integral Care (ATCIC) for general mental health and intellectual and developmental disabilities services that has been drafted and is currently being reviewed by the vendor but will not be returned in time to be posted on the final 2013 Commissioners Court agenda. If approved, consider authorizing the Travis County Judge to sign the renewal document included as backup if no substantive changes are made by the vendor.

**Summary and Staff Recommendation:**

Under this Interlocal, ATCIC is required to serve as the lead in assessment, planning, and evaluation functions relative to mental health, intellectual/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 Intellectual/Developmental Disability Authority in Travis County. ATCIC also is

responsible for the provision of certain mental health and intellectual/developmental disability services, either as a direct provider or through subcontracts with other providers, for the priority populations defined by the Texas Department of State Health Services. The priority populations include adult diagnoses of schizophrenia, bi-polar disorder or clinically severe depression and children with severe and persistent mental illness, including those with current or previous involvement in the criminal justice system.

The 2014 contract has been drafted and sent to the ATCIC General Counsel for review.

TCHHSVS staff recommends approving this renewal.

**Budgetary and Fiscal Impact:**

The contract is being renewed for nine-months in order to bring it in sync with Travis County's fiscal year. The nine-month contract amount is \$1,058,291. The contract funds are under Funds Reservation #300000947.

**Issues and Opportunities:**

The services provided by this contract need to be continued while the renewal is being reviewed.

**Background:**

TCHHSVS is working to get this renewal back from the vendor as soon as possible.

Cc: Nicki Riley, Travis County Auditor  
Kapp Schwebke, Financial Analyst, Travis County Auditor's Office  
Mary Etta Gerhardt, Assistant County Attorney, Travis County Attorney's Office  
Leslie Browder, County Executive, Planning and Budget Office  
Aerin Toussaint, Analyst, Planning and Budget Office  
Shannon Pleasant, Purchasing Agent Assistant, Travis County Purchasing Office  
Kathleen Haas, Finance Manager, TCHHSVS  
Caula McMarion, Accountant, TCHHSVS