



Travis County Commissioners Court Agenda Request

Meeting Date: November 25, 2014

Prepared By/Phone Number: David Walch 46663; Marvin Brice 49765

Elected/Appointed Official/Dept. Head: Cyd Grimes

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Ratify Modification No. 12 to Contract No. 4400000375, (H.T.E. IL070171RE) Austin Travis County Integral Care, for Mental Health Services.

- **Purchasing Recommendation and Comments:** This procurement action meets meet the compliance requirements as outlined by the statutes.

Travis County HHS & VS is requesting the 2015 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.

This Modification No. 12 renews the contract an additional term from October 1, 2014 through September 30, 2015. This renewal was previously approved on the September 30, 2014 Court Agenda, Item No. 17 to prevent contract expiration, as it was not ready for presentation due to HHS & VS working with the County Attorney's office on finalizing the Statement of Work. The agreement is now finalized and is being presented to the Court for signature. The not to exceed amount for this contract renewal term is \$1,453,014.00.

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

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

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.

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.

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 \$1,411,054.00 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: \$1,453,014.00

Modification Type: Bilateral

Modification Period: October 1, 2014 – September 30, 2015

➤ **Funding Information:**

SAP Shopping Cart #:

Funding Account(s): FR No. 300001506

Comments:



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

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

DATE: September 15, 2014

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: Contract renewals

Proposed Motion:

Consider and take appropriate action to approve start dates for certain TCHHSVS contract renewals that have been drafted but are still in the process of being reviewed either by the vendor, a third party (ATCIC or the City of Austin) or one of the various county departments involved in the contracting process and will not be completed in time to be posted on the 9/30/14 Commissioners Court agenda. Final approval of the contracts will be based on the submitting of final documents to the Commissioners Court upon completion and execution by other parties.

Summary and Staff Recommendations:

1) Encompass Medical Management, Inc.
Contract Number: 4400000683
Contract Period: 9/30/14 – 9/29/15
Contract Amount: \$45,000

This contract is funded through the Parenting in Recovery (PIR) grant and provides database management and program evaluation for the PIR project. TCHHSVS is

waiting for the approval of a no-cost extension request that will fund the 9/30/14 – 9/29/15 grant year. The grantor has indicated that it will be late September or early October before a decision is made. While TCHHSVS fully expects to receive approval, it will not execute this contract if the grant funds are not awarded.

2) ATCIC SAMSO

Contract Number: 4400000372
 Contract Period: 10/1/14 – 9/30/15
 Contract Amount: \$1,277,720

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

There is \$881,799 in the FY'15 TCHHSVS budget for this contract. The City of Austin is expected to contribute \$310,921 but has not yet confirmed this amount. The Parenting in Recovery (PIR) grant will contribute \$134,599 if the TCHHSVS request for a no-cost extension of the grant is approved. While TCHHSVS expects to receive approval of the no-cost extension request for the PIR funds, this money will be taken out of the contract if the extension is not approved.

3) ATCIC System of Care

Contract Number: 4400000374
 Contract Period: 10/1/14 – 9/30/15
 Contract Amount: \$707,352

TCHHSVS uses a contract with ATCIC to fund a variety of programs, known as the System of Care, for children and their families experiencing mental and behavioral challenges. ATCIC acts as the managed services organization, overseeing the services provided by a network of vendors.

The FY'15 contract has money from the following sources:
 \$675,000 in General Fund money;
 \$32,352 from the Milburn Trust.

4) ATCIC Main

Contract Number: 4400000375
 Contract Period: 10/1/14 – 9/30/15
 Contract Amount: \$1,453,014

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.

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.

5) ATCIC Child Therapist

Contract Number: 4400001018

Contract Period: 10/1/14 – 9/30/15

Contract Amount: \$78,214

Also funded through the TCC grant, this contract funds 100% of a Child Therapist position at ATCIC. The therapist works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

6) City/County, Public Health Interlocal Agreement

Contract Number: 4400001726

Contract Period: 10/1/14 – 9/30/15

Contract Amount: \$3,122,526.

Contract provides thirteen different health related programs for Austin and Travis County residents. Services include: Community Health Improvement Planning, Chronic Disease Prevention and Control, Communicable Disease Prevention, Environmental Health Services, Epidemiology and Surveillance, Health Authority, Immunizations, Injury Prevention, Office of Vital Records and more.

7) City/County, Animal Services Interlocal Agreement

Contract Number: 4400001169

Contract Period: 10/1/14 – 9/30/15

Contract Amount: \$1,115,472

Contract provides animal control services including rabies and dispatch to the unincorporated areas of Travis County. Also provides prevention services, shelter services and spay and neuter clinics.

TCHHSVS staff recommends approving these renewals.

Budgetary and Fiscal Impact:

This information is included with each contract listed above.

Issues and Opportunities:

Once drafted by the Travis County Attorney's Office, these contracts are reviewed by TCHHSVS, the vendor, the City of Austin in the case of ATCIC SAMSO, the Travis

County Auditor's Office and the Travis County Purchasing Office. The review process can take several weeks or even months depending on the complexity of the contract and response time of other parties.

The services provided by these contracts need to be continued while the drafts are reviewed. Those contracts funded solely by PIR grant money will not be executed if the no-cost extension for the grant is not approved. Those contract partially funded by PIR money will have that funding removed from the contract if the no-cost extension is not approved.

Background:

TCHHSVS is working with all parties concerned to get these contracts reviewed and executed as soon as possible.

Cc: Nicki Riley, Travis County Auditor
Janice Cohoon, Financial Analyst, Travis County Auditor's Office
Mary Etta Gerhardt, Assistant County Attorney, Travis County Attorney's Office
Leroy Nellis, Acting County Executive, Planning and Budget Office
Aerin Pfaffenberger, Analyst, Planning and Budget Office
David Walch, Purchasing Agent Assistant, Travis County Purchasing Office

**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
(2015 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 September 30, 2014.

WHEREAS, County and Center now desire to renew the Interlocal for an additional one-year term beginning October 1, 2014, and continuing through September 30, 2015, 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 **2015 Renewal Term.** Pursuant to Section 2.2 of the Interlocal, the Parties hereby agree to renew the Interlocal for an additional one year term beginning October 1, 2014, and continuing through September 30, 2015 ("2015 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 2015 Renewal Term:

- | | | |
|------------|-----------------|--|
| 4.2.1 - 15 | Attachment A-15 | 2015 Renewal Term Work Statement and Performance Measures |
| | | - Child and Family Services (CFS) |
| | | - Child Therapist for Travis County Family Drug Treatment Court (TCFDTC) |
| | | - Mobile Crisis Outreach Team (MCOT) |

4.2.3 - 15

Attachment C-15

- Adult Behavioral Health Psychiatric and
Counseling Services (PCS)
- Psychiatric Emergency Services (PS)
2015 Renewal Term Program Budget

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 2015 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 2015 Renewal Term shall be an amount not to exceed the following:

\$1,453,014.00 ("Agreement Maximum Funds")*

* This total includes \$1,411,054.00 for direct services as well as \$41,960.00 for a Child Therapist position.

The Parties also agree to amend all other references to the Maximum Funds as to the 2015 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 2015 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 \$121,084.50 each month during the 2015 Renewal Term.

4.0 OTHER PROVISIONS.

4.1 **Insurance.** The Parties agree that the requirements for insurance for the 2015 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 2015 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 2015 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 2015 Renewal Term.

4.6 **Forfeiture of Agreement.** For the 2015 Renewal Term, the provisions of the Interlocal relating to Forfeiture of Contract and the Key Contracting Person list will reference the 2015 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 2015 Renewal.

4.7 **Conflict of Interest Questionnaire.** For the 2015 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 October 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 2015 Renewal Term.

Form # 3: PROGRAM WORK STATEMENT
for FY 2015 Social Service Interlocals funded by Travis County

Date prepared: 04/08/2014

Instructions: Please answer the following questions as they pertain to *only those programs and services in which Travis County invests*. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community, so information should accurately explain and reflect the program and services. Please be sure language on Form #3 matches exactly to the language on Form #9 (e.g., agency and program name; performance measures).

Agency: Austin Travis County Integral Care (ATCIC)

Program: Main Mental Health Interlocal: Child and Family Services

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

The goals of the Child and Family Services program include:

- 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.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

Outpatient services are available (at two program locations) to children ages 3 through 17 with a diagnosis of mental illness who exhibit serious emotional, behavioral or mental disorders and who: 1) have a serious functional impairment; or 2) are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or 3) are enrolled in a school system's special education program because of serious emotional disturbance. Referral systems include parents, schools, juvenile system, truancy courts, substance use treatment facilities, and child protective services.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Please also indicate if the program is based on research or promising practices.

The Child and Family Services program provides Mental Health Intensive Outpatient Services, including: individual, group and family counseling for child/youth and their family and skills training, 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.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Integral Care has long-standing working relationships with more than 40 local organizations and committees; Child and Family Services (CFS) facilitate service coordination and collaboration strategies for many mutual clients. Some of the ways in which Integral Care coordinates services with those of other agencies is through participation in person-directed planning and subsequent referrals to other agencies. CFS creates a person-directed plan to ensure the needs of the individual; and using the Wraparound Model, a case manager can provide linkage and coordination to appropriate services.

Continuity planning with ISDs and other service agencies is implemented to ensure that individuals/families can transition to needed services and navigate social service systems. Some of the organizations that CFS coordinates its services with include partnerships with Austin, Del Valle, Manor, and Pflugerville ISDs in Travis County; integrated healthcare (physical and mental) at CommUnity Care Clinics, and Travis County Juvenile Probation Department.

5. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

ATCIC community planning activities that address young Travis County residents' health and well-being, both mental and physical, are found in ATCIC planning efforts. Included among these are The Juvenile Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Special Needs Diversion Program which is a joint venture of TCOOMMI and the Travis County Juvenile Probation Department; and The Children's Partnership, part of a national and statewide movement to enhance the children's mental healthcare system. Additionally, CFS is involved in community planning in Child and Youth Mental Health Planning Partnership, the Youth Substance Abuse Prevention Coalition, and the Ready by 21 Coalition which includes individuals from multiple child serving agencies and coalitions.

ATCIC's planning activities are reviewed and reported in the appropriate ATCIC committees, including management teams (Quality Leadership Team and Executive Management Team) and the Board of Trustees.

6. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. Please delete any unused measures prior to submitting (i.e., if you have three outputs, please delete the template boxes for Outputs 4-6).

OUTPUT # 1	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	TOTAL (Travis County + All Other) Annual Goal
Number of unduplicated clients served	98	995	1,093

OUTPUT # 2	<u>Travis County</u>	<u>All Other Funding Sources</u>	TOTAL (Travis County + All
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	Annual Goal	Annual Goal	Other) Annual Goal
Number of client hours of service	2354	23800	26,154

*Output #2 is a new measurement for FY 2015.

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

7. OUTCOME Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

Total Program Performance – OUTCOME # 1	Total Program Annual Goal	If not reported every Quarter, in which Quarter(s)?
Number of children and youth enrolled in a Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period (numerator)	1038	
Number of children assessed (denominator)	1093	
Percentage of children/youth enrolled in a Level of Care (LOC) showing no arrests (acceptable) or a reduction of arrests (improving) from time of first assessment to time of last assessment with the measurement period. (outcome rate)	95%	This is to be reported every 2 quarters, not every quarter.

Total Program Performance – OUTCOME # 2	Total Program Annual Goal	If not reported every Quarter, in which Quarter(s)?
Number of children and youth in a LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC (numerator)	1071	
Number of children receiving LOC services (denominator)	1093	
Percentage of all children/youth in a LOC avoiding psychiatric hospitalization in a state funded (Texas Department of State Health Services) purchased bed after authorization into a LOC.	98%	This is to be reported every 2 quarters, not every quarter.

Total Program Performance – OUTCOME # 3	Total Program Annual Goal	If not reported every Quarter, in which Quarter(s)?

Number of children/youth served in a LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS). (numerator)	274	
Number of children assessed (denominator)	1093	
Percentage of children/youth served in a LOC showing improvement in one or more domains on the Child and Adolescent Needs and Strengths Assessment (CANS).	> 25%	This is to be reported every 2 quarters, not every quarter.

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

8. Program Evaluation Plan

- **Performance evaluation:**

The ATCIC Quality Leadership team is responsible for performance evaluation. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. There are five main responsibilities of the Quality Leadership Team. The Quality Leadership Team meets monthly to review data, discuss issues and continuous improvement plans. Areas of review include monthly charts to review performance of surveys, progress for contractual targets and goals, utilization of resources. Actions to improve performance where continuous improvement is required are requested of the responsible members in the form of Quality Improvement Plans. The Program Quality Manager tracks the progress of these Quality Improvement Plans and a summary of open Plans is presented at the Quality Leadership Team Meeting.

- **Quality improvement:**

ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model. The Plan-Do-Study-Act cycle is a four step model reminiscent of a circle to carry out change. The PDSA like a circle is repeated over and over to implement continuous improvement. ATCIC utilizes a Quality Improvement Plan (QIP) to identify the root cause, plan and implement improvement activities, document the results, and maintain the improvements. The QIP is reviewed by Quality Management and updates are given at the monthly Utilization Management meeting. At the Quality Leadership Team meeting a status report is presented.

Form # 3: PROGRAM WORK STATEMENT
for FY 2015 Social Service Interlocals funded by Travis County

Date prepared: 04/08/2014

Instructions: Please answer the following questions as they pertain to *only those programs and services in which Travis County invests*. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community, so information should accurately explain and reflect the program and services. Please be sure language on Form #3 matches exactly to the language on Form #9 (e.g., agency and program name; performance measures).

Agency: Austin Travis County Integral Care (ATCIC)
Program: Travis County Family Drug Treatment Court (TCFDTC)

Service Category/Type:
Child and Family Services

1. Program goals and objectives:
Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

The goals of the TCFDTC include:

- 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.
- 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.
- Access to services that are cost-effective and evidence-based.
- Coordination with child-serving agencies.

ATCIC contribution to the TCFDTC under this contract will be a child and family therapist who can provide a diverse array of services to the parents, caregivers and children/youth who are participating in the TCFDTC. The goals of the position are to:

- Improved parent/child relationships
- Enhanced capacity of parents/caregivers to safely care for the children
- Children/Youth receive timely assessments that connect them with quality services to successfully meet their identified needs
- Improved mental wellness of the child/youth, parent and/or caregivers

Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

Parents, Caregivers, Children and Adolescents (0-17) who are participants in the TCFDTC Individuals must be participants or family members of participants of the TCFDTC. They must be residents of Travis County. Provision of holistic therapeutic services to families that are participants in the TCFDTC.

Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Please also indicate if the program is based on research or promising practices.

The Child Therapist provides assessment, diagnosis, therapy, service coordination, information and referral for services to children, adolescents' ages 0-17 and their parents and/or caretakers. The focus of service will be families who are participants in the Travis County Family Drug Treatment Court. An individualized treatment plan for the enrolled child may include assessments, advocacy, intensive care coordination, parent training, family support, crisis intervention, therapy and skills training. Services are provided in the environment of the consumer's home or other community setting where the child/parent resides. The therapist must coordinate with multiple child serving systems, the Drug Court Team and the Court. The therapist will connect the family to community resources as part of the discharge and closure plan.

Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Integral Care has long-standing working relationships with more than 40 local organizations and committees; Child and Family Services (CFS) facilitate service coordination and collaboration strategies for many mutual clients. Some of the ways in which Integral Care coordinates services with those of other agencies is through participation in person-directed planning and subsequent referrals to other agencies. CFS creates a person-directed plan to ensure the needs of the individual; and using the Wraparound Model, a case manager can provide linkage and coordination to appropriate services.

Continuity planning with ISDs and other service agencies is implemented to ensure that individuals/families can transition to needed services and navigate social service systems. Some of the organizations that CFS coordinates its services with include partnerships with Austin, Del Valle, Manor, and Pflugerville ISDs in Travis County; integrated healthcare (physical and mental) at CommUnity Care Clinics, and Travis County Juvenile Probation Department.

Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

ATCIC community planning activities that address young Travis County residents' health and well-being, both mental and physical, are found in ATCIC planning efforts. Included among these are The

Juvenile Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Special Needs Diversion Program which is a joint venture of TCOOMMI and the Travis County Juvenile Probation Department; and The Children's Partnership, part of a national and statewide movement to enhance the children's mental healthcare system. Additionally, CFS is involved in community planning in Child and Youth Mental Health Planning Partnership, the Youth Substance Abuse Prevention Coalition, and the Ready by 21 Coalition which includes individuals from multiple child serving agencies and coalitions.

ATCIC's planning activities are reviewed and reported in the appropriate ATCIC committees, including management teams (Quality Leadership Team and Executive Management Team) and the Board of Trustees.

OUTPUT Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. Please delete any unused measures prior to submitting (i.e., if you have three outputs, please delete the template boxes for Outputs 4-6).

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of unduplicated children/youth served			
<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
<u>Number of unduplicated adults (family members of children/youth) served</u>	_____	_____	

Output Measures will be collected for this fiscal year and reported at the end of the fiscal year, as baseline.

OUTCOME Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

Outcome Measures will be incorporated as part of the FY 16 contract.

Program Evaluation Plan

- **Performance evaluation:**

The ATCIC Quality Leadership team is responsible for performance evaluation. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. There are five main responsibilities of the Quality Leadership Team. The Quality Leadership Team meets monthly to review data, discuss issues and continuous improvement plans. Areas of review include monthly charts to review performance of surveys, progress for contractual targets and goals, utilization of resources. Actions to improve performance where continuous improvement is required are requested of the responsible members in the form of Quality Improvement Plans. The Program Quality Manager tracks the progress of these Quality Improvement Plans and a summary of open Plans is presented at the Quality Leadership Team Meeting.

- **Quality improvement:**

ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model. The Plan-Do-Study-Act cycle is a four step model reminiscent of a circle to carry out change. The PDSA like a circle is repeated over and over to implement continuous improvement.

ATCIC utilizes a Quality Improvement Plan (QIP) to identify the root cause, plan and implement improvement activities, document the results, and maintain the improvements. The QIP is reviewed by Quality Management and updates are given at the monthly Utilization Management meeting. At the Quality Leadership Team meeting a status report is presented.

Form # 3: PROGRAM WORK STATEMENT
for FY 2015 Social Service Interlocals funded by Travis County

Date prepared: 04/08/2014

Instructions: Please answer the following questions as they pertain to *only those programs and services in which Travis County invests*. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community, so information should accurately explain and reflect the program and services. Please be sure language on Form #3 matches exactly to the language on Form #9 (e.g., agency and program name; performance measures).

Agency: Austin Travis County Integral Care (ATCIC)
Program: Main Mental Health Interlocal: Mobile Crisis Outreach Team

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

The Mobile Crisis Outreach Team (MCOT) serves residents, children/youth and adults 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).

The goals of the program include:

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

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

Eligible consumers are residents of Travis County who are experiencing psychiatric crisis.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Please also indicate if the program is based on research or promising practices.

MCOT provides a combination of crisis services including psychiatric assessments and medications, crisis intervention services, and 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, immediately accessible, and are 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.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

ATCIC, the Mental Health and Intellectual & Developmental Disability Authorities in Travis County, continues its long-standing working relationships with over 40 local organizations and committees. The Mobile Crisis Outreach Team (MCOT) is a core part of Travis County's coordinated crisis services and serves adults and children. Staff collaborates with other agencies providing mental health services to Travis County residents and internal ATCIC programs such as Psychiatric Emergency Services (PES). Collaboration with local hospitals, schools, and the Crisis Intervention Teams (CIT) of APD and TCSO can occur in person, by phone, email, or fax communication. To further facilitate coordination and collaboration. MCOT is co-located with CIT of Austin Police Department and the CIT of Travis County Sheriff's Office to help foster a good working relationship and get the mental health consumers the help they need.

5. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

ATCIC community planning activities and collaborations that address Travis County residents' health and well-being, both mental and physical, are found in ATCIC planning documents. These include The Juvenile Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) Special Needs Diversion Program which is a joint venture of TCOOMMI and the Travis County Juvenile Probation Department; Crisis Services planning with Central Health, local hospitals, Sheriff's office, and the Police Department. ATCIC involvement in community planning activities are reviewed and reported in the appropriate agency committees, including management teams (QLT and EMT) and the Board of Trustees.

6. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. Please delete any unused measures prior to submitting (i.e., if you have three outputs, please delete the template boxes for Outputs 4-6).

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of unduplicated adults served	205	295	500

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of unduplicated children served	25	35	60

<u>OUTPUT # 3</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of Hotline calls referred to MCOT	164	236	400

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

7. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of emergent and urgent clients in psychiatric crisis seen within time frames established by Texas Administrative Code (TAC). (emergent – 1 hour, urgent – 8 hours) (numerator)	380	
Number of clients referred by Hotline to MCOT (denominator)	400	
Percentage of clients in psychiatric emergency seen within TAC Rule urgent and emergent time frames. (outcome rate)	>95%	

Total Program Performance – OUTCOME # 2	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of children/youth stable in the community setting within 48 hours of MCOT services (numerator)	45	
Number of children/youth receiving MCOT services (denominator)	60	
Percentage of children/youth stable in the community setting within 48 hours of MCOT services (outcome rate)	>75%	

Total Program Performance – OUTCOME # 3	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of adults stable in the community setting within 48 hours of MCOT services (numerator)	376	
Number of adults receiving MCOT services (denominator)	500	
Percentage of adults stable in the community setting within 48 hours of MCOT services (outcome rate)	>75%	

Total Program Performance – OUTCOME # 4	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of completed suicides among children/youth served within the last 30 days (numerator)	1	
Number of children/youth served within the last 30 days (denominator)	60	
Youth/children completed suicide rates among clients served within the last 30 days (outcome rate)	<1%	

Total Program Performance – OUTCOME #5	<u>Total Program Annual Goal</u>	If <u>not</u> reported <u>every</u> Quarter, in which Quarter(s)?
Number of completed suicides among adults served within the last 30 days (numerator)	5	
Number of adults served within the last 30 days (denominator)	500	
Percent of Adults who completed suicide among clients served within the last 30 days (outcome rate)	<1%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

8. Program Evaluation Plan

- Performance evaluation:

The ATCIC Quality Leadership team is responsible for performance evaluation. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. There are five main responsibilities of the Quality Leadership Team. The Quality Leadership Team meets monthly to review data, discuss issues and continuous improvement plans. Areas of review include monthly charts to review performance of surveys, progress for contractual targets and goals, utilization of resources. Actions to improve performance where continuous improvement is required are requested of the responsible members in the form of Quality Improvement Plans. The Program Quality Manager tracks the progress of these Quality Improvement Plans and a summary of open Plans is presented at the Quality Leadership Team Meeting.

- Quality improvement:

ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model. The Plan-Do-Study-Act cycle is a four step model reminiscent of a circle to carry out change. The PDSA like a circle is repeated over and over to implement continuous improvement. ATCIC utilizes a Quality Improvement Plan (QIP) to identify the root cause, plan and implement improvement activities, document the results, and maintain the improvements. The QIP is reviewed by Quality Management and updates are given at the monthly Utilization Management meeting. At the Quality Leadership Team meeting a status report is presented.

Form # 3: PROGRAM WORK STATEMENT
for FY 2015 Social Service Interlocals funded by Travis County

Date prepared: 04/08/2014

Instructions: Please answer the following questions as they pertain to *only those programs and services in which Travis County invests*. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community, so information should accurately explain and reflect the program and services. Please be sure language on Form #3 matches exactly to the language on Form #9 (e.g., agency and program name; performance measures).

Agency: Austin Travis County Integral Care (ATCIC)

Program: Main Mental Health Interlocal: Adult Behavioral Health Psychiatric and Counseling Services

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

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

The goals of the program include:

- 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.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

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.

The target population for services, based on the Texas Department of State Health Services Target Population, includes 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). The target population does not exclude those with current or previous involvement with the criminal justice system.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Please also indicate if the program is based on research or promising practices.

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, including medication education, and provide 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.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

ATCIC Adult Behavioral Health Psychiatric Counseling Services (includes two locations) include counseling and psychiatry services for adult residents of Travis County. Coordination of psychiatric and collaboration services often begins at screening as a result of referrals from others such as psychiatric hospitals, private providers, Travis County Jail, peace officers, EMS, advocates and support groups and other service providers whose services do not include physician services. Coordination and collaboration continue throughout plan of care development. Casework and case management services provide linkage and referrals to other resources to assist individuals achieve goals of their plan, such as basic needs providers, housing providers and other social service agencies. Some of the ways in which Integral Care coordinates services with those of other agencies is through participation in person centered planning and subsequent referrals to other resources.

5. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

ATCIC community planning activities that address adults living in Travis County and receiving services from PCS are found in ATCIC planning documents. Included among these planning activities are collaborations that address the health and well-being of Travis County adult residents: Central Health, CommUnityCare, Ending Community Homelessness (ECHO), Integrated Care Collaboration (ICC), Austin Travis County Mental Health Jail Diversion Committee and Reentry Roundtable. ATCIC's planning activities are reviewed and reported in the appropriate ATCIC committees, including the Board of Trustees and management teams (Quality Leadership Team and Executive Management Team).

6. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. Please delete any unused measures prior to submitting (i.e., if you have three outputs, please delete the template boxes for Outputs 4-6).

<u>OUTPUT # 1</u>	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of unduplicated clients served	405	4095	4,500

<u>OUTPUT # 2</u>	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of client hours of service	3375	34,125	37,500

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

7. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's

shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter**, in the right column indicate for which quarterly report(s) you **WILL be reporting that measure** (for example, you might report for Q2 and Q4 only).

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of clients stable and in the community receiving supported housing services (numerator)	131	
Number of clients who received supported housing services (denominator)	4500	
Percentage of clients stable and in the community who received supported housing services (outcome rate)	>3%	

Total Program Performance – OUTCOME # 2	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey (numerator)	4050	Annual Report
Number of clients who complete the CSQ8 Consumer Survey (denominator)	4500	
Percentage of clients who report satisfaction with services as measured by the CSQ8 Consumer Survey (outcome rate)	90%	
Total Program Performance – OUTCOME # 3	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of clients stable and in the community who do not experience frequent re-admissions to inpatient hospitals (3 or more times within 180 days) (numerator)	45	
Number of clients who receive LOC services (denominator)	4500	
Percentage of clients stable and in the community who do not experience frequent re-admissions to inpatient hospitals (3 or more times within 180 days) (outcome rate)	<1.1%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

8. Program Evaluation Plan:

The ATCIC Quality Leadership team is responsible for performance evaluation. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. There are five main responsibilities of the Quality Leadership Team. The Quality Leadership Team meets monthly to review data, discuss issues and continuous improvement plans. Areas of review include monthly charts to review performance of surveys, progress for contractual targets and goals, utilization of resources. Actions to improve performance where continuous improvement is required are requested of the responsible members in the form of Quality Improvement Plans. The Program Quality Manager tracks the progress of these Quality Improvement Plans and a summary of open Plans is presented at the Quality Leadership Team Meeting.

- Quality improvement:

ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model. The Plan-Do-Study-Act cycle is a four step model reminiscent of a circle to carry out change. The PDSA like a circle is repeated over and over to implement continuous improvement. ATCIC utilizes a Quality Improvement Plan (QIP) to identify the root cause, plan and implement improvement activities, document the results, and maintain the improvements. The QIP is reviewed by Quality Management and updates are given at the monthly Utilization Management meeting. At the Quality Leadership Team meeting a status report is presented.

Form # 3: PROGRAM WORK STATEMENT
for FY 2015 Social Service Interlocals funded by Travis County

Date prepared: 04/08/2014

Instructions: Please answer the following questions as they pertain to *only those programs and services in which Travis County invests*. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community, so information should accurately explain and reflect the program and services. Please be sure language on Form #3 matches exactly to the language on Form #9 (e.g., agency and program name; performance measures).

Agency: Austin Travis County Integral Care (ATCIC)
Program: Main Mental Health Interlocal: Psychiatric Emergency Services

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

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.

The goals of the program include:

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

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

All persons who request assessment and/or demonstrate need of psychiatric emergency services are eligible for the program. Anyone experiencing a psychiatric emergency can receive triage and assessment through PES. No one is refused services due to inability to pay.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Please also indicate if the program is based on research or promising practices.

Program services to be provided to clients include:

- 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.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Integral Care has long-standing working relationships with more than 40 local organizations and committees; Psychiatric Emergency Services (PES) is an emergency 24/7 walk-in clinic for those in need of immediate psychiatric services. Local hospitals, especially emergency rooms; CIT Teams of Austin Police Department and Travis County Sheriff's Department; private providers all make referrals to PES; along with individual consumers self-referring. Some of the ways in which Integral Care collaborates is providing psychiatric assessments, crisis intervention services, linkage with resources, and physician services to children/youth and adults experiencing psychiatric distress.

5. **Community planning activities:**

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

ATCIC collaborates in community planning with other agencies whenever staff can, to determine possible resolutions to barriers and challenges and who the partners should be. An example of this is Psychiatric Services Stakeholder Committee, ad hoc group convened by Central Health. This Committee was brought together to develop short and long-term strategies for crisis mental health in Austin and Travis County. The Committee built on the existing work of the community, to develop a plan to strengthen local mental health crisis services. These meetings have resulted in the community beginning to use available resources in a coordinated plan for priority services. Other community planning includes The Community Care Collaborative (CCC) and the Texas Regional Health Partnership. ATCIC was involved along with the other partners in the development of the Region 7 Plan.

6. **OUTPUT Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):**

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. Please delete any unused measures prior to submitting (i.e., if you have three outputs, please delete the template boxes for Outputs 4-6).

OUTPUT # 1	Travis County Annual Goal	All Other Funding Sources Annual Goal	TOTAL (Travis County + All Other) Annual Goal
Number of unduplicated adults served	364	3636	4,000

OUTPUT # 2	Travis County Annual Goal	All Other Funding Sources Annual Goal	TOTAL (Travis County + All Other) Annual Goal
Number of unduplicated children served	36	364	400

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

7. **OUTCOME Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):**

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of completed suicides among unduplicated children/youth served within 48 hours of receiving service (numerator)	4	
Number of unduplicated children/youth assessed (denominator)	400	
Percent of Children/youth who completed suicide among clients served within 48 hours of receiving services (outcome rate)	<1%	

Total Program Performance – OUTCOME # 2	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of completed suicides among unduplicated adults served within 48 hours of receiving service (numerator)	36	
Number of unduplicated adults assessed (denominator)	4000	
Percent of Adults who completed suicide among clients served within 48 hours of receiving services (outcome rate)	<1%	

Total Program Performance – OUTCOME # 3	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of unduplicated children/youth hospitalized for inpatient psychiatric treatment among clients served within 48 hours of receiving service (numerator)	12	
Number of unduplicated children/youth assessed (denominator)	400	
Percent of unduplicated children/youth hospitalized for inpatient psychiatric treatment within 48 hours of receiving service. (outcome rate)	<3%	

Total Program Performance – OUTCOME # 4	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of unduplicated adults hospitalized for inpatient psychiatric treatment among clients served within 48 hours of receiving service (numerator)	116	
Number of unduplicated adults assessed (denominator)	4000	
Percent of unduplicated adults hospitalized for inpatient psychiatric treatment within 48 hours of receiving service. (outcome rate)	<3%	

Total Program Performance – OUTCOME # 5	<u>Total Program Annual Goal</u>	If <u>not</u> reported <u>every</u> Quarter, in which Quarter(s)?
Number of unduplicated adults jailed within 48 hours of receiving services. (numerator)	116	
Number of unduplicated individuals assessed (denominator)	4000	
Percent of unduplicated individuals jailed within 48 hours of receiving services. (outcome rate)	< 3%%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

8. Program Evaluation Plan

- Performance evaluation:

The ATCIC Quality Leadership team is responsible for performance evaluation. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. There are five main responsibilities of the Quality Leadership Team. The Quality Leadership Team meets monthly to review data, discuss issues and continuous improvement plans. Areas of review include monthly charts to review performance of surveys, progress for contractual targets and goals, utilization of resources. Actions to improve performance where continuous improvement is required are requested of the responsible members in the form of Quality Improvement Plans. The Program Quality Manager tracks the progress of these Quality Improvement Plans and a summary of open Plans is presented at the Quality Leadership Team Meeting.

- Quality improvement:

ATCIC employs various teams and projects that focus on improving processes and outcomes in all areas of ATCIC as identified, by using the Plan-Do-Study-Act (PDSA) Performance Improvement Cycle model. The Plan-Do-Study-Act cycle is a four step model reminiscent of a circle to carry out change. The PDSA like a circle is repeated over and over to implement continuous improvement. ATCIC utilizes a Quality Improvement Plan (QIP) to identify the root cause, plan and implement improvement activities, document the results, and maintain the improvements. The QIP is reviewed by Quality Management and updates are given at the monthly Utilization Management meeting. At the Quality Leadership Team meeting a status report is presented.

Attachment C-15

**FY'15 Budget ATCIC Main Interlocal
PROGRAM BUDGET DETAIL**

Agency: Austin Travis County Integral Care

	Requested CITY OF AUSTIN Amount	Requested TRAVIS COUNTY Amount	Balance - Amounts Funded by All OTHER Sources	TOTAL Budget (ALL funding sources)
PERSONNEL				
Salaries		\$33,568.00		\$33,568.00
Benefits		8,392.00		8,392.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
A. TOTAL PERSONNEL	\$0.00	\$41,960.00	\$0.00	\$41,960.00
OPERATING EXPENSES				
Equipment Rental				0.00
Occupancy Expenses (including rent, utilities, building maintenance, etc.)				0.00
Postage				0.00
Telephone				0.00
Staff Travel				0.00
Printing/Duplication				0.00
Office Supplies and Related Costs (in support of agency operations)				0.00
Audit/Accounting				0.00
Consultants/Contractual (complete Subcontracted Expenses form)				0.00
Subscriptions/Memberships				0.00
Conferences/Seminars				0.00
Insurance/Bonding				0.00
Other (specify)				0.00
				0.00
				0.00
B. TOTAL OPERATING EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00
DIRECT ASSISTANCE				
Drugs/Medicine				0.00
Food/Beverage				0.00
Other:				0.00
ATCIC Services		1,411,054.00		1,411,054.00
				0.00
				0.00
				0.00
C. TOTAL DIRECT ASSISTANCE	\$0.00	\$1,411,054.00	\$0.00	\$1,411,054.00
EQUIPMENT/CAPITAL OUTLAY				
(Specify)				0.00
				0.00
				0.00
D. TOTAL EQUIPMENT/CAPITAL OUTLAY	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL (A + B + C + D)		\$1,453,014.00	\$0.00	\$1,453,014.00

Note: Grand Total does not include program Income

ETHICS AFFIDAVIT

STATE OF TEXAS
COUNTY OF TRAVIS

ETHICS AFFIDAVIT

Date: 10/15/14
Name of Affiant: David Evans
Title of Affiant: CEO
Business Name of Proponent: Austin Travis County Integral Care
County of Proponent: Travis

Affiant on oath swears that the following statements are true:

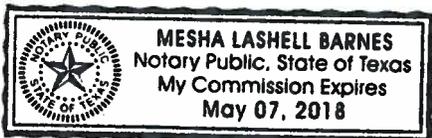
1. Affiant is authorized by Proponent to make this affidavit for Proponent.
2. Affiant is fully aware of the facts stated in this affidavit.
3. Affiant can read the English language.
4. Proponent has received the list of key contracting persons associated with this solicitation which is attached to this 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 Street, Austin TX 78704
Address

SUBSCRIBED AND SWORN TO before me by October on 15, 20 14.

Mesha Barnes

Notary Public, State of Texas



Typed or printed name of notary
My commission expires: 05/07/2018

EXHIBIT 2
LIST OF KEY CONTRACTING PERSONS
August 28, 2014

CURRENT

Position Held	Name of Individual Holding Office/Position	Name of Business Individual is Associated
County Judge	Samuel T. Biscoe	
County Judge (Spouse)	Donalyn Thompson-Biscoe	
Executive Assistant	Cheryl Brown	
Executive Assistant	Melissa Velasquez	
Executive Assistant	Josie Z. Zavala	
Executive Assistant	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)	CharylN Daugherty	Consultant
Executive Assistant	Bob Moore*	
Executive Assistant	Martin Zamzow*	
Executive Assistant	Madison A. Gessner*	
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	
Interim County Executive, Planning & Budget	Leroy Nellis*	
County Executive, Emergency Services	Danny Hobby	
County Executive, Health/Human Services	Sherrri E. Fleming	
County Executive, TNR	Steven M. Manilla, P.E.	
County Executive, Justice & Public Safety	Roger Jefferies	
Director, Facilities Management	Roger El Khoury, M.S., P.E.	
Chief Information Officer	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	Jennifer Kraber*	
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	Elaine Casas, J.D.*	

Assistant Purchasing AgentMarvin Brice, CPPB
 Assistant Purchasing Agent.....Bonnie Floyd, CPPO, CPPB
 Purchasing Agent Assistant IV.....CW Bruner, CTP, CPPB
 Purchasing Agent Assistant IV.....Lee Perry
 Purchasing Agent Assistant IV.....Jason Walker
 Purchasing Agent Assistant IV.....Richard Villareal
 Purchasing Agent Assistant IV.....Patrick Strittmatter, CPPB
 Purchasing Agent Assistant IV.....Lori Clyde, CPPO, CPPB, CTPE
 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, CPPB
 Purchasing Agent Assistant IV.....Angel Gomez
 Purchasing Agent Assistant IV.....Jesse Herrera, CPPB, CTPM, CTCM, CTP
 Purchasing Agent Assistant III.....Vacant
 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.....L. Wade Laursen
 Purchasing Agent Assistant II.....Sam Francis
 HUB Coordinator.....Sylvia Lopez
 HUB SpecialistBetty Chapa
 HUB SpecialistJerome Guerrero
 Purchasing Business Analyst.....Scott Worthington
 Purchasing Business Analyst.....Rosalinda Garcia
 Financial Manager.....Kathleen Haas
 Accountant Lead.....Lisa Glass
 Contract Compliance Specialist.....John Bradshaw
 Contract Compliance Specialist.....Latrice Johnson
 Contract Compliance Specialist.....Ladonna Brazel
 Contract Compliance Specialist.....San Juana Gonzales
 Planning Manager.....Lawrence Lyman

FORMER EMPLOYEES

<u>Position Held</u>	<u>Name of Individual Holding Office/Position</u>	<u>Date of Expiration</u>
Purchasing Agent Assistant III	Shannon Pleasant	08/22/15
Purchasing Business Analyst.....	Jennifer Francis ..	11/29/14
Executive Assistant	Barbara Smith.....	01/15/15
Attorney, Transactions Division	Jim Connolly	02/28/15
County Executive, Planning & Budget	Leslie Browder ...	03/31/15

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