Integral Care

Business Plan Update

4th Quarter Fiscal Year 2021

Relating to

Strategic Plan

FY 2021-22

Inquiries regarding information contained in this report may be sent to david.weden@integralcare.org

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Create Value: Ensure Operational Excellence, Sustainability, Value and Equity

Provide culturally competent and trauma informed care that fits the unique needs of people from different backgrounds and cultures

Ensure that client facing digital and print information is available in a format that is user friendly, accessible and translated into appropriate languages

Quarter 1 Update:

Translated four pieces of collateral/documents into Spanish, serving clients in Crisis and Adult Behavioral Health. Translated a technology survey into Chinese, Arabic, Vietnamese and Spanish, serving clients across the agency. Literacy revision of four documents serving clients in Adult Behavioral Health and Intellectual and Developmental Disabilities. Literacy revision of two surveys for clients across the agency. Peer support specialist review of two documents for new Assisted Outpatient Treatment program.

Quarter 2 Update:

Provided 14,000 co-branded Austin Public Health/Integral Care bilingual (English/Spanish) Helpline magnets, distributed at testing sites, PPE (Personal Protective Equipment) distribution sites and included in meals distributed to individuals experiencing homelessness as part of the Eating Apart Together initiative. Over 800 guests registered for Central Texas African American Family Support Conference virtual 3-day event. Collaborated to host Yes2Best Youth Summit. Over 200 people registered.

Quarter 3 Update

Translated client-facing materials into multiple languages, including a 78-page document for Intellectual and Developmental Disabilities (IDD). Completed literacy edits to client-facing documents, including a large criminal justice document for Travis County Sheriff's Office and National Alliance for Mental Illness (NAMI). Hosted first ever Spanish language community forum in collaboration with NAMI. Created and widely shared digital Mental Health Month Toolkit.

Quarter 4 Update

Translations of multiple consent forms and program materials into a variety of languages. Work by the Language Access group continues. Collaborated with NAMI Central Texas, APD, and EMS to create community resources as part of Meadows Mental Health Policy Institute recommendations. Created four Health and Human Services Commission Helpline print pieces and social media campaign in both English and Spanish, distributed across community through collaborators. Launched BIPOC mental health video series in Spanish, Arabic, Hindi, Mandarin and Urdu. Created Back to School Top 10 List (Mental Health Edition) for Parents in English and Spanish, distributed across community at various events and through multiple collaborators.

Utilize trauma informed and trauma sensitive language in practice (i.e. documentation, clinical services, trainings, staff meetings) and continue to provide access to training and support to staff inclusive of Trauma Informed Care, Cultural Competency and Equity

Quarter 1 Update

Workgroup formed that has representation cross-divisionally, to draft a new version of the Narrative assessment that is more trauma-informed, concise, and meets regulatory standards.

Quarter 2 Update

Adult Behavioral Health Management provided feedback, through the ABH-Q Workgroup, regarding Narrative Assessment towards developing a more trauma-informed and concise flow, continuing to meet regulatory and accreditation standards.

Child and Family Services Management, in partnership with CFS program specialists, outlined and provided feedback on the Narrative Assessment and CFS case management progress notes to ensure a trauma-informed and concise flow, continuing to meet regulatory and accreditation standards.

Quarter 3 Update

Joint Behavioral Health Management (Adult Behavioral Health and Child and Family Services) continues to review and provide feedback, through respective Quality Workgroups to adopt and revise clinical documentation that provides a trauma-informed, person-centered experience. Additionally, the Trauma Informed Workgroup continues to address practice issues related to the provision of trauma informed care.

Quarter 4 Update

Joint Behavioral Health Management (Adult Behavioral Health and Child and Family Services) continue to review and provide feedback through respective Quality Workshops to adopt and revise clinical documentation that provides a trauma-informed, person-centered experience.

By end of 3rd Quarter, development of Racial Equity Plan with established incremental goals for the next five years

Quarter 1 Update

Board/Staff Ad hoc Committee on Racial Equity has drafted goals, objectives and action plan. In addition, the committee has reviewed a scope of work as basis for Invitation for Bids for a consultant to assist with identifying areas of concern and identifying goals for five-year plan.

Quarter 2 Update

The Board Staff Ad hoc committee on racial equity continues to review agency baseline data. Modification of initial goals is in process based upon this initial review. Discussion has centered around an iterative process based upon the use of GARE (Government Alliance on Race and Equity) assessment tools, board staff strategy session and community input. Bids have been received in response to an Invitation for Bid for Community Input for Racial Equity Assessment.

Proposals are currently being evaluated. An initial plan will be developed for Board consideration prior to the end of the 3rd Quarter and the initial plan will be the foundation that will continue to evolve throughout the five-year period.

Quarter 3 Update

Board/Staff Ad hoc Committee brought the Integral Care Racial Equity Plan to the Board for consideration and adoption at the May 2021 Board meeting. The plan was approved and will be utilized as the guideline for work moving forward and the principles will be incorporated into the next Strategic Plan.

Quarter 4 Update

Integral Care's Racial Equity Plan was approved by the Board of Trustees on May 27, 2021.

Recruit and retain a workforce that reflects the communities that we serve

Quarter 1 Update

Baseline data collected on the race/ethnicity, gender, and language(s) spoken of System of Care Network Providers. Data comparison against the demographics of the client population pending the development of a report by Quality Management or One Data to pull the demographic information from MyAvatar.

Quarter 2 Update

Human Resources continues to seek out new ways to recruit diverse candidates. Several Human Resource staff members are involved with various committees to ensure Human Resources meets the goals in our efforts to recruit, retain, and promote racial equity. Job posting include the following language to help promote diversity:

> "I*ntegral Care strives to maintain a diverse workforce. We encourage all to apply, including those who have knowledge and/or experience working with underserved populations, including Asian and Pacific Islander, Black/African American, Hispanic/Latino, and LGBTQA communities.*
>
> *For specific positions, additional compensation may be available to those who are bilingual in both English and one of the following languages: Spanish, Chinese, Vietnamese, Korean, or Burmese."*

Targeted career opportunities are advertised to the local Asian American Behavioral Health Network, African American Behavioral Health Network, and Latino Healthcare Forum. In addition, Integral Care is now posting all positions on DiversityJobs.com. DiversityJobs.com would incorporate all our job postings and would also publish the positions to niche job sites dedicated to various diversity groups. The sites include veteranjobs.net, disabilityjobs.net, blackcareers.org, wehirewomen.com, African

American Hires, All Hispanic Jobs, Asianhires.com, AllLGBTJobs.com, overfiftyjobs, and nativejobs.

Quarter 3 Update

Human Resources (HR) has examined all trainings provided by Integral Care on diversity and will work to increase the number of these trainings. HR has worked with Learning & Development (L&D) on developing an interviewing training module, which includes racial equity, that will be offered virtually. This training will be ready by the end of FY21. HR is in the final stage of adding a diversity section within the performance evaluation. All job descriptions have been verified to have our diversity statement in them. On February 11, 2021, Integral Care contracted with DiversityJobs.com to assist in the recruitment of the underrepresented populations. DiversityJobs.com acts as a recruiter for the underrepresented populations.

Quarter 4 Update

Credentialing committee is exploring expansion of Qualified Mental Health Professional criteria to include life experience and underserved populations. Dr. Mark Janes has since taken the role of Chair of the credentialing committee overseeing this endeavor.

Update Human Resource policies and procedures to reflect current information including changes in law, practice, and process

Quarter 1 Update

Each procedure has been assigned to the appropriate Human Resource staff who has the primary responsibility of the subject for the applicable procedure(s). Draft revisions will be submitted to and reviewed by the Director of Human Resources. All procedures will be edited in the order of their review date with a goal to have all completed by August 31, 2021.

Quarter 2 Update

A list of Human Resource policies and procedures has been developed. Each procedure has been assigned to the appropriate Human Resource(HR) staff who has the primary responsibility of the subject of the HR procedure(s). HR policies will be reviewed by the Director of HR. All will be edited in the order of their review date with a goal to have all completed by August 31, 2021. Several HR Policies & Procedures have been revised and are ready for review before sending to the next stage of approval.

Quarter 3 Update

A list of HR policies and procedures (P&Ps) has been developed. Each procedure has been assigned to the appropriate HR staff who has the primary responsibility of the subject of the HR procedure(s). HR policies will be reviewed by the Director of HR. All will be edited in the order of their review date with a goal to have all completed by August 31, 2021. Several HR P&Ps have been revised and are ready for review before sending to the next stage of approval.

Quarter 4 Update

Human Resource policies and procedures have been assigned to the appropriate Human Resource staff who have the primary responsibility of the subject of the procedure. Human Resource policies will be reviewed by the Director of Human Resource. All will be edited in the order of their review date with goal to have all completed by August 31, 2021. Several Human Resource Policies & Procedures have been revised and are ready for review before sending to the next stage of approval. Unfortunately, this goal may have been a bit ambitious for this particular time. Several procedures were updated or created (Ancillary Pay Practices, Emergency Leave, Telecommuting). This goal will be included on the Fiscal Year 2022 Business Plan.

Retain, recruit, train, and diversify staff. Review Human Resource practices to ensure all address racial equity.

Quarter 1 Update

Human Resources continues to seek out new ways to recruit diverse candidates. Several Human Resource staff members are involved with various committees to ensure Human Resources meets the goals in our efforts to recruit, retain, and promote racial equity. Job posting include the following language to help promote diversity:

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Quarter 4 Update

Human Resources has examined all trainings provided by Integral Care on diversity and will work to increase the number of these trainings. Human Resources has worked with Learning and Development on developing an interviewing training module, which includes racial equity. Additionally, an unconscious bias training has been developed. Currently, Learning & Development is developing a prerequisite requirement for all racial equity training, which will include the PBS series *Race: The Power of an Illusion.* The training will be ready to launch in October 2021. There are a number of additions to be added to all job descriptions/evaluations. Human Resources will be adding a diversity section within the performance evaluation at the same time of all other additions. All job descriptions have been revised to have our diversity statement in them. On February 11, 2021, Integral Care contracted with DiversityJobs.com to assist in the recruitment of the underrepresented population. DiversityJobs.com acts as a recruiter for the underrepresented population. Human Resources is working on building relationship with colleges and organizations who have a primary representation of historically under represented individuals, i.e. Huston Tillotson Univeristy.

Promote wellness and employee satisfaction initiatives based on employee feedback.

Quarter 1 Update

The Workforce Quality and Satisfaction Committee (WQSC) continues to seek new ways to engage and educate our staff on personal-wellness strategies and developing a better understanding on healthier activities and choices. Currently, the WQSC's "Live Well" wellness program has launched a lunch and learn series. Our goal is to have two to three lunch and learn subjects a month.

Quarter 2 Update

The Workforce Quality Satisfaction Committee (WQSC) continues to seek new ways to engage and educate our staff on self-wellness and with developing a better understanding on healthier activities and choices. Currently, the WQSC's "Live Well" wellness program, has launched a lunch and learn series. Our goal is to have two to three lunch and learn subjects a month. WQSC will launch nutritional lunch and learns in March 2021.

Quarter 3 Update

The WQSC continues to seek new ways to engage and educate our staff on self-wellness and with developing a better understanding on healthier activities and choices. Currently, the WQSC's "Live Well" wellness program, has launched a lunch and learn series. Our goal is to have two to three lunch and learn subjects a month. WQSC will launch nutritional lunch and learns in March 2021.

Quarter 4 Update

The Workforce Quality Satisfaction Committee continues to seek new ways to engage and educate our staff on self-wellness and with developing a better understanding on healthier activities and choices. Currently, The Workforce Quality Satisfaction Committee's "Live Well" wellness program has launched a lunch and learn series, which includes a number of different topics i.e. meditation, nutrition, diversity.

Assess current compliance with national culturally and linguistically appropriate services (CLAS) standards. Staff and provider diversity across job level/position type increases in line with Travis County demographics and aligned with client population in terms of race/ethnicity.

Quarter 1 Update

Human Resources provides quarterly staff demographic reports, including EEOC data, to Louise Lynch as we continue to monitor our efforts in Racial Equity throughout all levels within Integral Care. A copy of one of the reports is included as Attachment 9 on this update.

Quarter 2 Update

Human Resources provides quarterly staff demographic reports, including EEOC data, to Louise Lynch as we continue to monitor our efforts in Racial Equity throughout all levels within Integral Care.

Quarter 3 Update

Third quarter report will be presented at the July 2021 Board of Trustees meeting. Human Resources provides quarterly staff demographic reports, including EEOC (Equal Employment Opportunity Commission) data. Quality Leadership Team (QLT) received a quarterly report on retention and turnover, which included Racial Equity information.

Quarter 4 Update

Human Resources provides quarterly staff demographic reports, including Equal Employment Opportunity Commission data as we continue to monitor our efforts in Racial Equity throughout all levels within Integral Care. Human Resources follow directives given through the Board Adhoc Committee on Racial Equity. Quality Leadership Team receives quarterly reports on retention and turnover, which includes Racial Equity Information.

Collaborate with University of Texas Dell Medical School to expand psychiatry residency program and recruit more diverse cohorts

Quarter 1 Update

In discussions with Health and Human Service Commission's Psychiatric Residency Stipend Program (PRSP) to negotiate adding one full-time equivalent psychiatric residency slot for Fiscal Year 2022.

Quarter 2 Update

Submitted Health and Human Services Commission budget request to increase Psychiatry Residency Support Program funding by 1 FTE for a total of 17 residency slots and to add community and hospital training sites for fiscal year 2022.

Integral Care serves as a primary clinical training site for Psychiatric Residents affiliated with The University of Texas at Austin's Dell Medical School. Funding to support the residency training at Integral Care is provided by the Texas Health and Human Services Commission through the Psychiatric Residency Stipend Program (PRSP). The purpose of the HHSC Psychiatric Residency Stipend Program (PRSP) program is to promote public psychiatry throughout Texas by training psychiatric residents and hopefully, retaining residents in the state of Texas in the public sector. The first PRSP residents were funded in 2015. Residents rotate through a variety of community and state facilities.

Quarter 3 Update

17 Psychiatry Residents from Dell Medical School will serve and train throughout Integral Care in FY22. This residency training program is supported through Health and Human Service Commission's Psychiatry Residency Stipend Program.

Quarter 4 Update

Integral Care is active with the Addiction Psychiatry fellowship and recruiting for the next year. The fellowship successfully filled the first year class. No updates regarding work with Dell Medical School residents. Dr. Nguyen is providing didactics to students and residents at Dell Medical School.

Collaborate with University of Texas Austin's Integrated Behavioral Health (IBH) Scholars Program to train and recruit future MDs, APNs, Psychologists, and Social Workers.

Quarter 1 Update

In 2017-2018, we had three IBH Scholars, all funded off Behavioral Health Workforce Education and Training (BHWET) through HRSA, all Nursing.

In 2018-2019, we had five IBH Scholars all funded off BHWET, 4 Nursing and 1 Psychiatry.

In 2019-2020, we had eleven IBH Scholars at a variety of Integral Care sites (Psychiatric Emergency Services, Assertive Community Treatment/Forensic Assertive Community Treatment, Child & Family Services, Dove Spring/Healthy Community Collaborative, Oak Springs, Alameda House, Medication Assisted Treatment, homeless services). Of those, four were funded by HRSA Opioid Workforce Expansion Program (OWEP) (3 Nursing, 1 Social Worker) on the Addiction &

Recovery track. One more was funded by HRSA GPE (Graduate Psychology Education Program), also on the Addiction & Recovery Track (Psychology extern). The other six were funded on HRSA BHWET on the Standard Track (5 Nursing, 1 PGY (post graduate year) -4 Resident).

2020-2021 (this year)- so far, we have 5 Integrated Behavioral Health Scholars working at Integral Care (4 Nursing & 1 Psychiatry; 3 funded by BHWET and 2 by OWEP). There will be quite a few more in the spring on both tracks (Social Work & Psychiatry) as we are currently working on a Health Resources and Services Administration (HRSA) grant for expanding the number of scholars.

Quarter 2 Update

Submitted Health Resources and Services Administration (HRSA) grant to expand IBHS scholars training in the unique developmental needs of transition age youth for fiscal year 2022

Quarter 3 Update

Health Resources and Services Administration announced in June that it will fund 19 to 20 University of Texas scholars per year over the next five years. Starting September 1, 2021 Integral Care will host the medical residents, nursing, social work and psychology interns across their clinical programs with a special emphasis on transition age youth.

Collaborate with University of Texas Dell Medical School on the Addiction Medicine Fellowship

Quarter 1 Update

Received 11 formal applications, eight interviews, and multiple inquiries. Five offers made cumulatively, with three acceptances but one subsequent withdrawal, leaving two fellows who have accepted. Awaiting them to sign the official offer letters. If either of them withdraw, we have two candidates as backups. The HRSA (Health Resources & Services Administration) grant has funds for up to two fellows per year in Year 1-2 and 3 fellows per year in Year 3-4-5. That would total 13 fellows, which would more than double the number of addiction psychiatrists in the Austin area (7).

Quarter 2 Update

Two Addiction Fellows chosen for the first year of implementation which will begin July 2021

Quarter 3 Update

On March 17, 2021, the first 2 Addiction Fellows were assigned to the program.

Strengthen organizational culture and training to support an inclusive and welcoming workplace

Participate in Culture Workgroup, Workplace Satisfaction Committee and Diversity Council. Produce internal all staff newsletter and peer newsletter incorporating appropriate information.

Quarter 1 Update:

Attended three Workplace Satisfaction Committee meetings and provided two updates in monthly staff newsletters.

Quarter 2 Update:

Helped the Workforce Quality Satisfaction Committee (WQSC) plan and publicize educational opportunities as well as the staff survey. Through staff newsletter and social media, shared information and resources to recognize/celebrate Black History Month. Promoting racial equity-focused activities and opportunities in staff newsletter. Live Well and Diversity and Inclusion Council organized a training on race based on the 3-part California Newsreel titled Race-The Power of Illusion.

Quarter 3 Update

Helped Learning & Development plan and execute virtual staff conference. Reported on equity issues and initiatives in staff newsletter and weekly communications.

Quarter 4 Update

Agency race equity updates released internally and externally. Live Well and Texas Council Risk Management Fund Lunch 'n Learn continues to engage staff with monthly events. Diversity and Inclusion Council met to elect new leadership.

Establish ongoing open dialogue with staff to identify topics of interest and strengthen organizational culture

Quarter 1 Update

The Child and Family Services (CFS) Program Manager Keisha Martinez, LPC-S has been facilitating a twice per month Courageous Conversation on the book "How to be an Anti-Racist". The team covered four chapters per month and finished the conversation in December. There were approximately five to ten participants for each discussion from both the CFS team and across the agency. The CFS school based team also piloted the use of "My Racial Journey", a guided 10-week curriculum aimed at helping us challenge the ways we participate – often unknowingly – in racism by developing basic knowledge and skills about race. It's a free online curriculum published by the University of Pittsburgh. The CFS team ran three groups total facilitated by program managers. This curriculum was helpful in getting team members comfortable talking about race, increased team cohesion, and gave insight in working with clients.

Quarter 2 Update

During Q2, CFS Program Manager Keisha Martinez, LPC-S began facilitating a monthly book club reading the book “Why Are All the Black Kids Sitting Together in the Cafeteria?: And Other Conversations About Race”.

Quarter 3 Update

The System of Care managers restructured meetings by inviting managers from various divisions (Child & Family Services/Adult Behavioral Health/Housing) to meet together as one management unit. This allows for managers to share ideas and feedback across the whole system.

Quarter 4 Update

The System of Care managers continue to meet across the divisions (Child and Family Services/Adult Behavioral Health/Housing) to allow for streamlining and optimizing as one management unit. The System of Care managers began an intake optimization project during this quarter that spans the System of Care and further strengthens and streamlines organizational culture. This project is guided by feedback from clients through a survey, as well as through feedback of leadership team.

Consultation with Dr. Feinstein regarding safety for community based staff.

Quarter 1 Update

Training curriculum draft completed. In process of finalizing.

Quarter 2 Update

The training of trainers has been finalized and team is in process of scheduling trainings.

Quarter 3 Update

Dr. Feinstein, Dell Med School resident and Integral Care's practice administrator, Laura Wilson Slocum finalized the training curriculum and established a Train the Trainer approach. Scheduling trainings in Quarter 4 for a duration of six hours each (8 am to 2 pm) starting 6/28/21. 20 staff in leadership identified to attend the training. At Dr. Feinstein's request, also incorporating field-based safety scenarios from our community-based staff.

Quarter 4 Update

After Dr. Feinstein’s departure from Dell Medical School, the training was completed by Naomi Perez, Lara Wilson-Slocum, Ben Johnson, and Sarah Kuykendall. A training was completed for Crisis Services and Justice Initiatives managers who will in turn train their teams. A second training will be completed for Systems of Care and Intellectual and Developmental Disabilities community-based managers who will in turn train their teams. A recorded version of the training by Laura Wilson-Slocum will be available in the beginning of Fiscal Year 2022 for community-based managers to share with their staff during the on-boarding process or as a refresher training as needed.

By end of 4th Quarter, demonstrate Integral Care's leadership role through meaningful input and implementation for system of care improvements for Transition Aged Youth.

Quarter 1 Update

Transition Aged Youth system of care meetings continue. Overarching goal is improved service retention as children transition to adult services. Currently identifying metrics that speak to retention and working with One Data to develop reports.

Several members of the Child and Family Services (CFS) leadership and management team attended the Transitioned Aged Youth (TAY) Steering Committee meeting in November. In this meeting, it was noted that the TAY team is successfully completing warm hand offs between CFS youth in high levels of care (LOC4 and YES) and Adult Behavioral Health. The TAY Team has created an automated referral form on which CFS staff have been trained to make referrals. The CFS division will continue to refer transitioned aged youth to the TAY team to continue to facilitate hand offs.

Quarter 2 Update

Metrics identified and reporting template developed in collaboration with One Data. Report data being integrated into System wide planning meetings. Meetings continue on schedule.

Transitioned aged youth (TAY) meetings continued on a monthly basis. A TAY subcommittee has been formed to focus on client engagement and retention. In the subcommittee meeting, the CFS and ABH teams are focusing on the use of technology and the success CFS has had with engaging youth through the use of technology.

Quarter 3 Update

Transition Age Youth (TAY) meetings continue on a monthly basis. Progress has been made on opening Level of Care (LOC) TAY to Adult Behavioral Health (ABH) Service Program Structure within electronic health record. LOC TAY Manager has met with Health and Human Services Commission to review the allowable services under LOC TAY in ABH. Program Specialists will complete training once allowable services are identified.

Quarter 4 Update
Quarter: June 2021-August 2021
Number of clients who aged out of CFS: 76
Number of clients who transitioned successfully from CFS to ABH: 2
Number of 18-25 year olds who completed ABH Intake: 188
Number where a peer attended or made contact just prior or after: 13

Quarter: March-May 2021:

Number of clients who aged out of CFS: 78
Number of clients who transitioned successfully from CFS to ABH: 15
Number of 18-25 year olds who completed ABH Intake? 228
Number where a peer attended or made contact just prior or after: 9

Quarter: December 2020 – February 2021.

Number of clients who aged out of CFS: 73
Number of clients who transitioned successfully from CFS to ABH: 9
Number of 18-25 year olds who completed ABH Intake? 154
Number where a peer attended or made contact just prior or after: 4

Integrating equity into clinical practices

Quarter 1 Update

The Child and Family Services (CFS) leadership team reviewed the definition of cultural formulation as it relates to the DSM-V and services provided in the CFS division. The CFS team had multiple Courageous Conversations and offered a voluntary book club to encourage self-awareness as it related to equity in clinical practices. The CFS team created a training related to disproportionate diagnoses and began training CFS staff on these diagnoses.

Quarter 2 Update

CFS leadership team continued training and conversations related to disproportionate diagnoses. By the end of the quarter, all teams within the CFS division were trained on identifying diagnoses and recognizing areas in which differential diagnosing could occur. The CFS team began a new voluntary book club to encourage self-awareness as it related to equity in clinical practices.

Quarter 3 Update

Integral Care's lateral justice team has established equity measures for justice related programs and is currently working with population health to develop a population health analysis related to these measures.

Quarter 4 Update

The System of Care continued to focus on cultural formulation by participating in committees and groups focusing on culture. Specifically, during Quarter 4, the Homelessness Leadership Council reviewed the Housing Coordinated Assessment and made changes to the assessment which focused on culture. The new assessment, the Austin Prioritization Index, was created intentionally through racial and gender equity lenses and analyzed extensively with local data, aims to reduce the disparity in prioritization scores among marginalized groups and lead to better overall outcomes for Black, Brown, and transgender people experiencing homelessness in our community.

Integrate equity lens and goals into Behavioral Health Criminal Justice Advisory Committee (BHCJAC) work

Quarter 1 Update

Equity data integrated into Intercept 1 measures reported out by Expanded Mobile Crisis Outreach Team (EMCOT). Integrating similar data into Intercept One Data for Behavioral Health Criminal Justice Advisory Committee workgroup.

Quarter 2 Update

Equity data integrated into Intercept 1 measures reported out by EMCOT. Integrating similar data into Intercept One Data for BHCJAC workgroup.

Quarter 3 Update

BHCJAC Data workgroup is formalizing dashboard to include equity data. Data workgroup anticipates sharing data August 2021 and further formalizing dashboard role at BHCJAC August 2021.

Quarter 4 Update

Equity data integrated into intercept 4. Program Manager and Practice Administrator will report on "Using Data to Implement Programmatic Changes" at Integral Care's ANEW program in September 2021 Board meeting. New Jail Based Intake Program beginning October 1 is integrating equity data into project measures.

Maximize diversion from Law Enforcement during psychiatric emergencies

Quarter 1 Update

Out of seventeen Expanded Mobile Crisis Outreach Team (EMCOT) expansion staff, seven full-time staff hired, four additional staff offers in Human Resource process. One pending Licensed Professional of the Healing Arts (LPHA) team lead position. Revisiting overnight staff position hours to attract more applicants.

Quarter 2 Update

EMCOT and CTECC (Combined Transportation, Emergency, and Communications Center) incremental goals set, being reported and monitored. Upward trend.

Quarter 3 Update

The COO, Director of Crisis Services, Administrator of Crisis Services, and EMCOT Practice Manager continue to meet weekly with the project team to work on the EMCOT expansion and maximizing Law Enforcement diversion during psychiatric emergencies. We utilize a Plan/Do/Study/Act (PDSA) model in continually monitoring the need for process improvements in real time. EMCOT continues to divert the vast majority of their clients from emergency detentions, emergency departments, and arrests, and reports these diversion rates quarterly to the City and the County.

CTECC 911 Mental Health Diversion program was highlighted in Crisis Talk https://talk.crisisnow.com/austins-911-call-center-integrates-mental-health-call-crisis-diversion/

Quarter 4 Update

Expanded Mobile Crisis Outreach Team continues to expand its scope in this area, and this quarter, expanded telehealth services to Emergency Medical Services and Austin Police Department to 24/7 on August 30. Expanded Mobile Crisis Outreach Team reports all quarterly data to both the County and the City, and will be submitting the end of the year reports for Fiscal Year 21 in Quarter 1 of Fiscal Year 2022.

Increase opportunities to include peers in service delivery decision-making roles and elevate their role in our organization

Quarter 1 Update

Initial meeting set for December 2020 to identify initial planning steps with Peer Group Manager Leads.

Quarter 2 Update

In December 2020 Peer Specialists were provided an opportunity to participate and provide feedback in a group conversation as part of the "Community Conversation on Reimagining Public Safety in Austin".

Quarter 3 Update

Behavioral Health leadership continues to review opportunities to elicit and involve Peer staff in program development and other initiatives as appropriate. Two new funding opportunities were explored during this quarter to increase the use of peer support and to incorporate a peer support management position (CMHC and Interlocal).

Quarter 4 Update

Behavioral Health leadership continues to review opportunities to elicit and involve Peer staff in program development and other initiatives as appropriate. The System of Care grant, awarded in Fiscal Year 2021 for services in Fiscal Year 2022, included a Parent Partner and a Peer Support Specialist for Child and Family Services.

Enhance provider recruitment to address identified service delivery gaps in the areas of racial, ethnic, cultural and language diversity identified in annual report.

Quarter 3 Update

Efforts to recruit providers of licensed, specialized therapies continued during the 3rd quarter Fiscal Year 2021. Contact was made with two organizations that provide Occupational Therapy/Physical Therapy, Dietary, and Speech services. One Provider of counseling and therapies completed Eye Movement Desensitization and Reprocessing training and Eye Movement Desensitization and Reprocessing was added to Agreement for Direct Care Services. Dietary services continue to be provided by internal staff as requested. Racial/Ethnic Demographic data from Targeted Case Management still not available for analysis.

Quarter 4 Update

Efforts to recruit providers of licensed, specialized therapies continued during the 4th quarter Fiscal Year 2021. Contact was made with one organization that provides Board Certified Behavior Analyst services and one organization that provides non-traditional therapies. Dietary services continue to be provided by internal staff as requested. Racial/Ethnic Demographic data from Targeted Case Management still not available for analysis.

Use data to support/drive decision making, equity, research, planning and communications

An annual review will occur that benchmarks Integral Care against healthcare standards. A targeted audit will occur for E&M Codes.

Quarter 1 Update

Pending issuance of Request for Proposal and subsequent awarding of contract for review.

Quarter 2 Update

Pending issuance of Request for Proposal. E&M (Evaluation & Management) coding structure changed as of January 1, 2021 and it was deemed more beneficial to target the new coding for review.

Quarter 3 Update

The Request for Proposal was published June 4, 2021 and will close July 2, 2021.

Quarter 4 Update

The Board of Trustees approved the Contract for Clinical Audit Services, Moss Adams, LLP in August 2021.

Review and revise provider network participation processes inclusive of Request for Application, application, credentialing and training to reduce barriers to equitable participation.

Quarter 1 Update

Project management established and appropriate assignments made to work plan.

Quarter 2 Update

Has been added to work plan. Created a Microsoft Project for tracking purposes. The contract status report has been repaired and will be sent out again. Provider Manual has been updated with only a few changes that need to be made. Becoming familiar with Cognito Forms. Establishing a "dummy" Provider for testing.

Quarter 3 Update

Review of processes continues with team members. Currently meeting frequently to review the overall process step by step to streamline and eliminate redundancies that contribute to the barriers.

Quarter 4 Update

Continue to meet every two weeks to check in on progress towards improving the application process. Working on creating a dashboard in PowerBI to show provider demographics. Introduced Provider Profile pages and created a template on Sharepoint to start creating the profiles. Updating Provider manual.

Assess demographics of clients served through network management to ensure that provider network is representative of groups served

Quarter 1 Update

The demographic report for The Children's Partnership through The Clinical Manager database used by Travis County to authorize, adjudicate and allocate expenditures is currently unavailable.

Quarter 2 Update

Application, credentialing, and contracting processes continue to be reviewed by workgroup members and a project plan has been created and updated. A Sharepoint folder has been set-up through which providers can submit Credentialing Documents.

Quarter 3 Update

Application, credentialing, and contracting processes continue to be reviewed by workgroup members and a project plan has been created and updated. A Sharepoint folder has been set-up through which providers can submit Credentialing Documents. The workgroup is meeting again June 16, 2021.

Quarter 4 Update

Complete

Implement The Council on Quality and Leadership Performance Outcome Measures (POM) instrument on identified pilot group in Interlocal Contract

Quarter 1 Update

40 individuals have received the initial five factor POM survey and Intellectual and Developmental Disabilities (IDD) is on track to have 200 individuals receive the initial and subsequent POM. A POM survey and report were created in myAvatar to support tracking the data.

Quarter 2 Update

The Transition Support Team and Enhanced Community Coordinations teams coordinated an initial training with CQL (Council on Quality & Leadership) on the Performance Outcome Measures® (POM) instrument. The training was offered to a pilot group at five LIDDAs (Local Intellectual and Developmental Disability Authorities) per an interlocal contract. 26 staff from three LIDDAs completed the initial training on 7/21-22/20. Coordination of the next level of training is underway and projected for Summer 2021. This 4-day workshop will train professionals in the use of the POM instrument in their client facing services to conduct assessments, collect and analyze data, and use this data to drive decision-making and person-centered planning to promote client outcomes.

Quarter 3 Update

Initial Quality of Life survey (abbreviated version) provided to 250 individuals in non-Medicaid group, with some of the population already receiving subsequent survey. The data will be reported in the upcoming Main Interlocal Q3 and Q4 reporting timeframes. Select staff completed a week long training 06/07 - 06/11 to utilize an evidence based quality of life assessment called Personal Outcomes Measures. The comprehensive tool was developed by the Council on Quality and Leadership. IDD Division will be identifying how to utilize the complete assessment in the next fiscal year. The tool considers a person's long term and short term goals, current and needed services to improve overall quality of life.

Quarter 4 Update

Initial Quality of Life survey administered 327 instances in Fiscal Year 2021 measuring quality of life for individuals enrolled in non-Meidcaid General Revenue program. The data will be reported in upcoming Main Interlocal Quarter 4 Report.

Use data to identify trends, strengths, barriers, and needs within the Child and Family Services (CFS) division.

Quarter 1 Update

The CFS team continued to establish quality improvement plans related to disproportionate diagnoses. CFS' associate medical director, Dr. James Grubbs, sampled a number of diagnoses and presented his findings to the Racial Equity Committee. Furthermore, the CFS leadership team has created a training for front line staff on common disproportionate diagnoses and ways to identify and confirm these diagnoses. The school-based team received this training during

first quarter. The rest of the CFS division will receive this training before the end of the calendar year.

Quarter 2 Update

During Quarter 2, the Child & Family Services (CFS) team continued to establish quality improvement plans related to disproportionate diagnoses. During the quarter, the remaining CFS teams were trained on common disproportionate diagnoses and ways to identify and confirm these diagnoses. During Quarter 2, the CFS team began an optional book club, reading "Why Are All the Black Kids Sitting Together in the Cafeteria?: And Other Conversations About Race". The goal of this book club is to encourage courageous conversations related to race and disproportionate diagnoses.

Quarter 3 Update

During Q3, the Child and Family Services (CFS) team continued to host "Feedback Forums" with staff to give staff a safe place to give feedback and be heard. During this quarter, the CFS team began a new optional bookclub reading: "Why Are All the Black Kids Sitting Together in the Cafeteria?: And Other Conversations About Race"

Quarter 4 Update

The Child and Family Services Team continued to host “Feedback Forums” with staff to give staff a safe place to give feedback and be heard. During this quarter, the Child and Family Services team began planning for the next book club, which will being in Fiscal Year 2022. The bookclub will be reading “Culture Code”.

Strengthen support, process and automation. Identify and measure meaningful outcomes where they do not already exist.

Quarter 1 Update

The 1115 Waiver Team and the OneData Team developed an automated dashboard in PowerBi to view real-time performance on all 21 DSRIP (Delivery System Reform Incentive Payment) quality measures and the Medicaid Low Income Uninsured (MLIU) population. Staff can view the data at the agency level, unit level, and individual level. The dashboard also tracks trends month over month to identify areas for improvement and predict performance. The data from the dashboard is regularly reviewed and used to inform workflows. For example, a review of the MLIU data via the DSRIP dashboard identified a need for increased documentation of financial information at our urgent care clinic Psychiatric Emergency Services(PES). PES leadership updated the screening form to include financial questions, and the real-time DSRIP dashboard reflects the resulting improvements. The DSRIP dashboard data is also reviewed monthly by medical leadership to identify areas for improvement with medical documentation related to DSRIP measures. This has been especially helpful for measures with new workflows in MyAvatar, which require prescribers to indicate if a relevant intervention was provided using continuous quality indicator (CQI) boxes in Medical Note.

Quarter 2 Update

The 1115 Waiver Team began planning for the first year of the Directed Payment Program – Behavioral Health (DPP-BHS) to launch in September 2021, as well as planning for inclusion of telehealth encounters in Demonstration Year 10.

Quarter 3 Update

1115 Waiver Q3 Business Plan Updates:

• The 1115 Waiver Team collaborated with the Applications team to require Clinical Quality Indicator boxes on progress notes in MyAvatar to increase performance on wellness and substance use DSRIP (Delivery System Reform Incentive Payments) measures.

• The 1115 Waiver Team presented updates on DSRIP and DPP-BHS to the Quality Leadership Team.

• The 1115 Waiver Team submitted feedback regarding the impact of COVID-19 on DY10 Category C measures to HHSC.

• The 1115 Waiver Team completed DY10 April reporting and all submissions were accepted with no requests for additional information.

Quarter 4 Update

• In April, the 1115 Waiver Team completed DY10 R1 reporting of Category C metrics. HHSC accepted all metrics with no request for more information.

• The 1115 Waiver Team met with leadership teams to review DSRIP performance following the return to primarily face-to-face services. Integral Care is currently above target for 17 out of 21 Category C quality metrics.

• In collaboration with the Applications Team, The 1115 Waiver Team adjusted clinical quality indicator fields to be required on all progress notes which boosted performance on all DSRIP wellness measures. An 1115 Waiver Console of MyAvatar NX is in development which will alter staff to actions required to meet DSRIP measures related to wellness and depression.

• The 1115 Waiver Team continues to improve the web-based platform to generate real-time DSRIP and Certified Community Behavioral Health Clinic (CCBHC) measure data. Through this platform, staff can view high-level measure performance and drill down to division, unit, and provider performance to track trends, target interventions, and report progress. The DSRIP team regularly attends managers' meetings to train staff on the platform's use and announce updated functions.

• The 1115 Waiver Team conducts weekly meetings with the OneData Team to review Category C metrics and the impact of potential PY4 flexibilities allowed by HHSC to mitigate the effects of COVID-19.

By end of 4th Quarter, demonstrate a reduction in racial disparity within diagnostic categories

Quarter 1 Update

Beginning September 1, 2020, new questions were added to myAvatar. The questions support an initiative Integral Care launched last year in partnership with University of Texas Dell Medical School and the St. David's Foundation to address diagnostic disparities, specifically the diagnosis of schizophrenia among African American males.

The lead researchers in this diagnostic disparities project are Drs. Deborah Cohen and Steve Strakowski with the University of Texas Dell Medical School Department of Psychiatry, and Drs. Kathleen Casey and Craig Franke of Integral Care.

Through the customization in myAvatar, we hope to reduce racial disparities among Integral Care individuals. Analysis on impact and progress will begin during the second quarter of fiscal year 2021.

Quarter 2 Update

During quarter 2, Population Health developed and released the first Integral Care Health Disparities report card for the fiscal year 2020. The report card analyzes a number of diagnoses and high risk indicators such as psychiatric hospitalizations, COVID-19, suicide, chronic medical conditions, schizophrenia and homelessness- and provides data to identify health disparities between subpopulation groups. All conditions (15 and counting) analyzed in the report card are stratified by race/ethnicity, service division, gender identity, age group, and primary language to provide both summative and in-depth data related to prevalence in the population and disproportionality between group rates. The draft report card has been presented at internal team meetings, leadership meetings, and the Board/Staff Committee on Racial Equity thus far for review and feedback. Final version anticipated April 2021.

Quarter 3 Update

Data regarding the disparity of diagnosing individuals who are black with Schizophrenia has been greatly reduced. The following table shows the overall disparity of a diagnosis of Schizophrenia for individuals who are black over the past 5 years. Information is provided for all genders, as well as the subset information for males and females.

Schizophrenia Diagnosis Disparity for Individuals who are Black

Year	All Genders	Male	Female
2016	20.18%	20.75%	19.57%
2017	15.83%	15.18%	16.32%
2018	13.89%	13.98%	13.51%
2019	12.22%	10.74%	14.60%
2020	13.63%	12.01%	16.37%
2021	10.99%	7.61%	15.32%

Dr. Kathleen Casey is working in collaboration with a team from the University of Texas Dell Medical School for ongoing monitoring and evaluation of the diagnostic disparity data.

Economic analysis of crisis residential models

Quarter 1 Update

Journal submission to Psychiatric Services has received provisional acceptance for publication. In addiction Tracy Abzug, Practice Administrator, and Dr. Todd Olmsted, University of Texas Health Economist, presented cost benefit analysis of The INN at national crisis residential conference in October 2020.

Health and Human Services Commission is also planning to add crisis residential in lieu of inpatient services as an approved in lieu of service for Medicaid beginning March 1, 2021 which will afford more opportunity to contract for provision of the service with managed care organizations.

Quarter 2 Update

American Psychological Association's (APA's) Journal of Psychiatric Services granted provisional acceptance. Revisions submitted March 12, 2021.

Analyze, vet and incorporate data in grants, community planning, internal and external communications, and sustainability planning.

Quarter 1 Update

Highlighted Integral Care program impact in two grants, newsletter to funders, newsletter to staff, two newsletters to community and across social media. Programmatic impact data included: Terrace at Oak Springs 6-month impact, Supported Employment, clients served through Crisis Counseling Program, mental health, telehealth, homeless services, Central Texas African-American Family Support Conference impact and Recovery Navigation Services. Complete the Texas Council Community Center Profile Survey 2020. The data drawn from the Community Center Profile Survey helps prepare legislative materials and convey the value of our system of care. Provided relevant, updated data to Austin Public Health to be shared with the Hispanic Quality of Life Commission on clients served and actions taken during COVID to address disparities in service provided to the Hispanic/Latinx community. Included agency data in Legislative Priorities for the upcoming 87th Texas Legislative Session to help outline the priority areas for the agency and recommendations for potential policy changes and improvements.

Quarter 2 Update

Program data was incorporated in Substance Abuse and Mental Health Services Administration and private foundation grants. Equity data was shared during Central Texas African-American Family Support Conference. Program data included in December and January Transparencies. Expanded Mobile Crisis Outreach Team diversion data due to new mental health prompt on 911 included in media alert and in news stories. Shared agency and COVID response data with Council Member Fuentes' office. Shared housing and homelessness data with State senators and representatives.

Quarter 3 Update

Program data (including telehealth services data, housing and homeless service provision, COVID service modifications) was incorporated in government funding applications. Program, community impact and demographic data reported in FY2020 annual report. Extensive housing and homelessness services data shared in external newsletter. Included data on multiple communications with State legislators representing our local service area on various legislation up for consideration in committee during Texas Legislative Session. Included Integral Care crisis response data in the new Travis County Plan for Children's Mental Health and Substance Misuse.

Quarter 4 Update

National trends and our programmatic data shared via newsletters and social media. Included data in End of Session Legislative Report. Shared data with US legislators to educate on Certified Community Behavioral Health Clinic for #SummerOf Advocay.

Implement new payment opportunities based on innovation, value and improved outcomes

Collaborate with Business Office and Programs to develop rationale and secure support for medication coverage and MAP benefit.

Quarter 1 Update

Central Health has approved support for medication coverage and MAP (Medical Access Program) benefits. We have begun the MAP Basic Pilot/MAP Basic Pharmacy Expansion Program with an initial five Providers that represent all of our outpatient clinics being approved. A Provider Information Reference Guide document has been completed for these five Providers outlining the procedure/process. Our Providers also have a list of all enrolled pharmacies that can fill their prescriptions. Prescription claims sent by Integral Care's Pharmacy are also being accepted and claims are being processed. We are being designated as the Pilot for Cross Specialty Integration. Training with Providers will continue as we ramp up these services across our system of care. The next phase of this work is to have our Pharmacy not only in network but also able to benefit from 340B pricing. That application cannot be submitted until January.

Quarter 2 Update

Progress continues on the Central Health (CH) approved MAP Basic Pilot & Pharmacy Benefit Network Expansion with a focus on Cross Specialty Integration. CH reported 40 unique individuals with MAP BASIC have filled a prescription written by an Integral Care provider resulting in 118 prescriptions filled through the end of January 2021; Of the total number of prescriptions filled, 37 prescriptions have been filled through the Integral Care pharmacy. CH approved, in February 2021, expanding the total number of enrolled prescribers from 5 to 15, which included staff in ABH and Crisis Services. Pharmacy leadership developed a Provider Information Reference Guide document outlining the procedure/process and provided the participating prescribers a list of all enrolled pharmacies that can fill their prescriptions. Prescription claims sent by Integral Care's Pharmacy continue to be accepted and processed without incident. We are being designated as the Pilot. Training with Providers will continue as we ramp up these services across our system of care. Work continues with the goal of Integral Care benefitting from 340B pricing.

Quarter 3 Update

Central Health approved, in May 2021, addition of all Integral Care Prescribers to the MAP Basic network, expanding prescription coverage access for individuals on either MAP/MAP Basic plans." Integral Care leadership continues to work with Central Health on full inclusion of the Integral Care Pharmacy to Central Health's Pharmacy Benefit Management (PBM) system.

Quarter 4 Update

Central Health approved the addition of all Integral Care Prescribers to the MAP Basic network, which expanded prescription coverage access for many.

Participate in STAR+PLUS Pilot Program Workgroup to provide assistance in developing and advice concerning the operation of the pilot program

Quarter 1 Update

Intellectual and Developmental Disability (IDD) Director has attended two Star+Plus Pilot Program Workgroup (SP3W) meetings this quarter, and two Quality Subcommittee meetings this quarter.

SP3W met in October and discussed IDD SRAC (System Redesign Advisory Committee) recommendations for Texas Government Code Chapter 534, Subchapter C, as amended by House Bill 4533, 86th Legislature, Regular Session (vote required)

Over the summer the SP3W created two subcommittees - the Assessment and Quality subcommittees. The goal of the Assessment subcommittee is to develop and identify assessment tools for those eligible to be enrolled in the STAR+PLUS Pilot Program. The Quality subcommittee's goal is to utilize best practices and evidence-based care to provide high quality services at a reasonable cost to individuals with IDD or similar functional needs to ensure they can live successfully in the community in the most integrated setting. Integral Care's IDD Director is the co-chair of the Quality subcommittee.

Quarter 2 Update

Quality Subcommittee met once this quarter in December, 2020. The subcommittee's focus is to make recommendations to IDD-SRAC (IDD-System Redesign Advisory Committee) on person-centered best practices and the criterion recommendations related to the selection of the MCO for the pilot.

Quarter 3 Update

Quality Subcommittee of the Star+Plus Pilot Program (co-chair, Ken) collaborated in March with the IDD-System Redesign Advisory Committee (IDD-SRAC) to develop recommendations for the selection criterion for MCOs interested in being selected for the pilot. Quality Subcommittee and the IDD-SRAC representatives presented 41 recommendations to HHSC (such as using a holistic, person-centered approach to care and employing trauma-informed and community integration practices). In May Quality subcommittee arranged for HHSC person-centered planning presentation for Pilot Program Workgroup, IDD-SRAC and an update from the State Medicaid Managed Care Advisory Committee's Complaints, Appeals, and Fair Hearings Subcommittee.

Quarter 4 Update

Quality Subcommittee, led by co-chair, Ken Winston, drafted a formal recommendation to Health and Human Services Commission to consider the adoption of the National Core Indicators Adult and Family surveys by the Managed Care Organization selected for the pilot.

By end of 4th Quarter, enroll at least 200 individuals in the specialty health home with Optum that includes a shared-savings agreement

Quarter 1 Update

Integral Care executed the Optum Behavioral Health Home agreement to serve 500-700 attributed individuals with complex conditions, high emergency department utilization, and high medical expenditures. This arrangement includes a per-member-per-month rate to provide core health home services and a shared savings opportunity for improved quality outcomes. Quarter 1 accomplishments include establishing the Project Team including a Practice Manager and completing the official Optum Behavioral Health Home Program Kick-off. Integral Care completed subsequent project initiation activities including training, gaining access of Optum's reporting and operational platforms, and staff hiring. The new Practice Manager Marc Olivares finalized workflows for enrollment into Optum Health Home and referrals to other Integral Services with the ABH practice leads. Staff are currently in the process of being hired for unit positions. An APN position is in the interviewing phase. Necessary clinical documents for enrollment and ongoing services have been created or established in myAvatar. The Communications team has also reviewed the client welcome letters and program materials. Integral Care is working with the reimbursement teams and Netsmart to set up the billing structure. As staff onboard and the billing structure is created, we will attempt to enroll a subset (10-20) to evaluate Integral Care and Optum processes before opening to all unit direct care staff.

Quarter 2 Update

Q2 Update: The APN will support ABH and Crisis Services. The APN will work between the Rundberg and PES clinics. The APN will expand services at each clinic while supporting Optum. The APN will provide services to Optum Health Home members assigned to Runberg clinic; and, working from PES, she will provide crisis prevention and resolution for members experiencing crisis, which will help support several shared savings measures. Currently, 50 identified individuals have enrolled in the program.

Quarter 3 Update

Staffing needs were restructured to focus on enrollment. The Integrated Behavioral Health Home (IBHH) team now consists of 2 licensed practitioners and 1 non-licensed staff. We are currently interviewing for 1 additional non-licensed staff member. At the end of the third quarter, 100 individuals were enrolled into the IBHH. Staff continue to enroll members and build individual caseloads, while providing services and updating clinical documentation, like the Health Action Plan screen. They continue to refer individuals to Adult Behavioral Health clinic services and collaborate with other units. We continue to meet regularly with Optum consultants, who informed the IBHH team of reports available through Optum's reporting suite. The new reports will allow IBHH to begin strategically targeting specific shared savings measures. In addition, a collaborative meeting with Optum consultants and other IBHHs has been scheduled. The meeting will serve as a learning opportunity by sharing experiences, strategies, and challenges.

Quarter 4 Update

Staffing needs were restructured to focus on enrollment. Integrated Behavioral Health Home

team now consists of 2 licensed practitioners and 1 non-licensed staff. We are currently interviewing for 1 additional non-licensed staff member. At the end of quarter 4, 130 people were enrolled into the Integrated Behavioral Health Home. Staff continue to enroll members and build individual caseloads, while providing services and updating clinical documentation, like the Health Action Plan screen. They continue to refer individuals to Adult Behavioral Health clinic services and collaborate with other units. We continue to meet regularly with Optum consultants, who informed the Integrated Behavioral Health Home team of reports available through Optum's reporting suite. The new reports will allow the Integral Behavioral Health Home (IBHH) team to begin strategically targeting specific shared savings measures. In addition, a collaborative meeting with Optum consultants and other IBHHs has been scheduled. The meeting will serve as a learning opportunity by sharing experiences, strategies, and challenges.

Expand value-based payment programming and explore homeless service contract with Managed Care Organizations for Respite and Permanent Supported Housing

Quarter 1 Update

Integral Care executed the Optum Behavioral Health Home agreement to serve 500-700 attributed individuals with complex conditions, high emergency department utilization, and high medical expenditures. This arrangement includes a per-member-per-month rate to provide core health home services and a shared savings opportunity for improved quality outcomes. Quarter 1 accomplishments include establishing the Project Team including a Practice Manager and completing the official Optum Behavioral Health Home Program Kick-off. Integral Care completed subsequent project initiation activities including training, gaining access of Optum's reporting and operational platforms, and staff hiring. The new Practice Manager Marc Olivares finalized workflows for enrollment into Optum Health Home and referrals to other Integral Services with the ABH practice leads. Staff are currently in the process of being hired for unit positions. An APN position is in the interviewing phase. Necessary clinical documents for enrollment and ongoing services have been created or established in myAvatar. The Communications team has also reviewed the client welcome letters and program materials. Integral Care is working with the reimbursement teams and Netsmart to set up the billing structure. As staff onboard and the financial is created, we will attempt to enroll a subset (10-20) to evaluate Integral Care and Optum processes before opening to all unit direct care staff.

Integral Care is also in discussions with the Medicaid Managed Care Organizations (MCO) regarding in-lieu of services that are being added to MCO contracts beginning March 1, 2021. The following services will be available for MCOs to contract for in lieu of hospitalization:

Coordinated Specialty Care

Crisis Respite

Crisis Stabilization Units

Extended Observation Units

Partial Hospitalization

Intensive Outpatient Program

Quarter 2 Update

The Accountable Care team completed an updated calendar year 2020 Return on Investment (ROI) analysis for Sendero Health Home as a follow-up to the 2019 ROI completed. This ROI aligns with the role of Population Health to conduct Return on Investment (ROI) analyses of Integral Care programs to identify opportunities for sustainability and improvement. The ROI determined that when the total cost reduction is scaled to the full 71 participants and 12 months of pre and post utilization, the community experiences a net savings of $317,840.84 per year after deducting the cost of program expenses for Sendero Health Home.

Health and Human Services Commission has delayed the implementation of in-lieu of services in Medicaid Managed Care until September 1, 2021 as CMS requested additional information before approving the services under consideration.

Quarter 3 Update

In Q3 staffing needs were restructured to focus on enrollment. IBHH (Integrated Behavioral Health Home) team now consists of 2 licensed practitioners and 1 non-licensed staff. We are currently interviewing for 1 additional non-licensed staff member. At the end of Q3, 100 people were enrolled into the IBHH. Staff continue to enroll members and build individual caseloads, while providing services and updating clinical documentation, like the HAP screen. They continue to refer individuals to ABH clinic services and collaborate with other units. We continue to meet regularly with Optum consultants, who informed the IBHH team of reports available through Optum's reporting suite. The new reports will allow IBHH to begin strategically targeting specific shared savings measures. In addition, a collaborative meeting with Optum consultants and other IBHHs has been scheduled. The meeting will serve as a learning opportunity by sharing experiences, strategies, and challenges.

Quarter 4 Update

At the end of quarter 4, 130 people were enrolled into the Integrated Behavioral Health Home. Staff continue to enroll members and build individual caseloads, while providing services and updating clinical documentation, like the Health Action Plan screen. They continue to refer individuals to Adult Behavioral Health clinic services and collaborate with other units. We continue to meet regularly with Optum consultants, who informed the Integrated Behavioral Health Home team of reports available through Optum's reporting suite. The new reports will allow the Integral Behavioral Health Home (IBHH) team to begin strategically targeting specific shared savings measures. In addition, a collaborative meeting with Optum consultants and other IBHHs has been scheduled. The meeting will serve as a learning opportunity by sharing experiences, strategies, and challenges.

Health and Human Services Commission is still awaiting approval from Centers for Medicare/Medicaid Services in regards to the in-lieu of services.

Leverage existing resources and secure new funding from diverse sources

Identify and develop prospective funding; steward existing foundation and individual donors

Quarter 1 Update

Raised $57,000 through Bridging the Gap 2020, exceeding goal of $50,000. Scheduled four calls to work with Integral Care Foundation Board on weekly Dial for Dollars, social and email campaigns, as well as thank you notes. Created new digital Welcome Series for new Integral Care Foundation donors to promote engagement. Launched "I Give Because" video for donors. Met with major donor, Gary Daniel.

Quarter 2 Update:

Acquired 84 new Integral Care Foundation donors. Created and implemented Welcome Series to steward new donors. Emailed donors monthly newsletter. Met with two donors and received $12,000 due to cultivating meetings.

Quarter 3 Update

Acquired 85 new foundation donors. Continued to send Welcome Series to steward new donors. Emailed donors monthly newsletter. Sent quarterly update to public funders. Launched Child and Family Services summer programs mini-campaign, raising over $3,000 to support continuation of care. Raised $13,690 during Amplify Austin campaign, exceeding $10,000 goal.

Quarter 4 Update

Stewardship to individual donors included personal thank you notes, phone calls and newsletters. Grant funders received the quarterly update. Created Bridging the Gap Task Force in preparation for the Bridging the Gap fundraiser in October Recruited new people to help raise funds.

Review and apply for new grant opportunities; review and improve payment methodologies for school based services

Quarter 1 Update

Child & Family Services (CFS) continued to meet bi-weekly with the Resource Development Team to review and apply for new grant opportunities. Unfortunately, no appropriate grant opportunities were identified during the first quarter of fiscal year 21.

The CFS team continued to meet with each school district to review and track spending and progress on grant goals. The CFS team continued to work with the business office to ensure payments and invoices for grants were timely and correct.

Quarter 2 Update

During Q2, CFS continued to meet bi-weekly with the Resource Development Team to review and apply for new grant opportunities. During this quarter, CFS applied for a SAMSHA grant entitled Youth and Family Tree, which will provide co-occurring substance use disorder

treatment for youth and their families. CFS also applied for a Dell Valle Truancy grant, which will provide wrap around skills training services to youth and their families who are truant in Dell Valle ISD. The CFS team continued to meet with each school district to review and track spending and progress on grant goals. The CFS team continued to work with the business office to ensure payments and invoices for grants are timely and correct.

Quarter 3 Update

The system of care applied for expanded CFS school based services in both the Travis County Interlocal and CMHC SAMHSA Grant. Resource Development and the Director of Systems of Care continue to meet on a bi-weekly basis to review funding opportunities.

Quarter 4 Update

Integral Care received notice of award for the System of Care grant, which will provide additional school based staff across the System of Care. Services will begin in Fiscal Year 2022. Resource Development and the Director of Systems of Care continue to meet on a bi-weekly basis to review funding opportunities. Integral Care also received notice of award for the Certified Community Behavioral Health Clinic Expansion grant at approximately $2,000,000 per year for 2 years.

By end of 4th Quarter, provide ongoing leadership of the Healthcare Opportunities Workgroup of the Texas Council and appropriate legislative efforts to help advance plan for transition of 1115 Waiver DSRIP (Delivery System Reform Incentive Payment) program

Quarter 1 Update

David Evans was reappointed as Co-Chair of the Healthcare Opportunities Workgroup (HOW) of Texas Council. The plan developed in the HOW regarding moving to a global payment based on the Certified Community Behavioral Health Clinic (CCBHC) cost reports and adding a targeted population of adults with Severe Mental Illness being eligible for STAR+PLUS benefits continue to move forward. The Texas Council and David Weden have been meeting weekly with Health and Human Services Commission (HHSC) to discuss the transition of the 1115 Waiver for community mental health centers (CMHC). Phase 1 of the approach will have draft rules published in January and will look at implementing a directed payment program that would add a supplemental per member per month payment for individuals in Medicaid managed care and CMHC services. Phase 1 would also include pay for reporting metrics based on a subset of the CCBHC measures. Guidehouse, an actuarial consultant for HHSC, is completing analysis regarding the valuation for the difference in the cost demonstrated by the CCBHC cost reports and the current Medicaid rates. HHSC will propose the directed payment methodology to Center for Medicare and Medicaid Services (CMS) for approval on a parallel track to the rule review. Implementation of Phase 1 is estimated to begin on September 1, 2021 and payments during the first year will run concurrently with the final year of payments on Delivery System Reform Incentive Payments through the 1115 Waiver.

Quarter 2 Update

Health and Human Services Commission announced the approval by CMS of a 10-year

extension of the 1115 Wavier. Included within the approval were two new financing methods for Community Mental Health Centers. Both of these methods build upon the work developed in the Healthcare Opportunities Workgroup and advocated by the Texas Council.

The first new financing method is a Directed Payment Program for Behavioral Health (DPP-BH). The financing will provide a per member per month (PMPM), beginning September 1, 2021, based on historical number of individuals served in Medicaid Managed Care as well as a percentage rate increase on the most commonly utilized behavioral health billing codes in Medicaid Managed Care. Based on actuarial analysis of the difference between the cost collected in the CCBHC cost reports and the current Medicaid reimbursements, the valuation for the program will be proposed to CMS at $165.6 Million per year. The local match for these funds will be supplied by CMHCs supplying intergovernmental transfer of funds.

The second new financing method is a Public Healthcare Provider Charity Care Pool (PHP-CCP). This program is designed for CMHCs and local healthcare districts and is initially valued at $500M per year. The valuation was determined based on the current value of the Delivery System Reform Incentive Payments for the same provider types in the current 1115 Waiver. During the first year of the program, beginning October 1, 2021, these funds may be utilized to cover charity care costs (costs of service for individuals without insurance coverage) as well as any shortfall in Medicaid rates. As of October 1, 2022, the PHP-CCP may only be utilized to cover charity care costs. The local match for the federal funds will be documented through a certified public expenditure and will not require an intergovernmental transfer of funds.

Various subject matter experts are working with the Texas Council to outline implementation of the new payment structures and the Healthcare Opportunities Workgroup will continue monitoring progress on implementation.

Quarter 3 Update

Continue to serve as Co-Chair of the Healthcare Opportunities Workgroup of the Texas Council. Through work with the Texas Council and Health and Human Services Commission (HHSC), had successfully achieved a 10-year 1115 Waiver extension that included a Directed Payment Program for Behavioral Health Services building on the Certified Community Behavioral Health Clinic (CCBHC) payment model with an annual value of $167Million and a Public Health Provider Charity Care Pool with an annual valuation of $500Million. On April 16, 2021, the Centers for Medicare and Medicaid Services (CMS) withdrew the approval of the extension and rolled back to the terms of the current 1115 Waiver. On May 14, 2021, the Texas Attorney General filed suit regarding the withdrawal of the approval, requesting an injunction to continue implementation of the extension. In addition, HHSC has filed a new 1115 Wavier extension request utilizing the same terms and conditions that were previously approved by CMS. Integral Care offered public testimony in support of the newly filed extension request and will also be providing more detailed written testimony in support of the extension request prior to the June 28 deadline. Integral Care continues to work with the Texas Council and Health and Human Services

Commission regarding implementation of the Directed Payment Program for Behavioral Health Services which, as there is budget neutrality room in the current 1115 Waiver, is expected to receive CMS approval to begin for September 1, 2021. In addition, Integral Care continues to work with Texas Council and HHSC to prepare appropriate reports and assist the state in meeting necessary milestones for implementation of the Public Health Provide Charity Care Pool in order that all special terms and conditions will be met if an injunction is received or if the new extension request is approved.

By end of 4th Quarter, advance Facility Master Plan by completion of renovation of new facilities on William Cannon and I35 and related lease closeouts

Quarter 1 Update

The William Cannon facility is in the final stages of renovation. During the fire inspection, the inspector requested a sidewalk be added to address access to a door leading to the upstairs which is where the fire alarm panel is located. Architects and facilities are currently working through the best way to resolve the issue as addition of a sidewalk would require a full site application with the City and new reviews of the project as opposed to the first floor renovation approvals that were already received.

Regarding the American Founders Building on I35, draft floor plans are complete and a contractor is currently pricing the plans so we will be informed regarding reasonableness once the Request for Proposal is released and bids are received from contractors. Work has also begun with the architect firm regarding furniture planning for the site as well as appropriate materials and color schemes. Once bids are received and the budget is finalized, arrangement will be made with Frost to begin draws on the renovation portion of the loan.

Quarter 2 Update

The William Cannon facility opened for service on March 8, 2021. Regarding the American Founders Building on I35, we are in the final stages for releasing a Request for Proposal in order to receive construction bids. During 3rd Quarter we will come to the Board with recommendations for a construction company and will probably need to acquire additional financing for renovations. The additional financing would help address infrastructure that would be more advantageous and economical to address prior to programs moving into the facility. While we will not see the initial estimated annual cost savings between current rent and debt service, the additional financing should place the debt service near the current base lease payments and would remain consistent moving forward.

Quarter 3 Update

Plans are complete for the American Founders Building on I35, and are currently in the review process with the City of Austin. Due to recent changes in the City of Austin review process, the two required reviews that must be complete prior to releasing the plans for construction bids may no longer happen simultaneously and must now occur individually. Each of the reviews is anticipated to take 4 to 6 weeks. As we continue to work through the process, we are also evaluating the leases at current locations for temporary extensions as well as possibility for long-term extensions at some sites due to the new multi-year grant funding that is becoming available.

Quarter 4 Update

William Cannon occupied and awaiting Fire Final for final Certificate of Occupancy. Scheduling inspection for end of September. Final Certificate of Occupancy inspection will be completed before end of October. American Founder's Building design being reviewed by City of Austin and will be issuing Request for Proposal after receiving comments from City. Elevator controls/service agreement Request for Proposal closes September 30.

Innovate: Embrace effective models of care to ensure Equity, Access, Value and Quality

Implement new models of care and scale most effective methods

By end of 4th Quarter, fully implement pilot to improve access to mental health care for individuals with Intellectual and Developmental Disabilities (IDD) and track data showing minimization of unnecessary psychiatric hospitalization or incarcerations

Quarter 1 Update

Pilot went live on November 2, 2020. Thirteen clients have been enrolled in the pilot as of the end of November. An additional twelve more clients are set to be enrolled by the end of December.

Quarter 2 Update

Five individuals were staffed this quarter. IDD Crisis team and Crisis division assisted in collaboration with the DA's office to facilitate the release of one individual to a community setting - a supported housing facility with recovery supports in place. The other four individuals continue to be staffed with the DA's office.

Quarter 3 Update

Pilot fully enrolled to capacity of 25 participants. The cross-systems approach has worked toward minimizing hospitalization through intensive case management supports. Through regular meetings with Adult Behavioral Health Program Managers and Rehabilitation Specialists, the pilot has been able to provide increasingly targeted services to meet clients' individual needs. Routine Clinical Case Consultations were provided to help bridge gaps in services. The Collaborative Care Case Manager's experience working with the Intellectual and Developmental Disability population was utilized in assessment processes to increase access to Behavioral Health services. Health and Human Services Commission has agreed to extend the pilot into Fiscal Year 2022 and the Fiscal Year 2022 contract for an additional $300,000 of support has been executed.

Quarter 4 Update

The pilot ended the last quarter by achieving 900% to 100% on ten out of eleven performance measures that were required in the Health and Human Services Commission pilot statement of work. In Fiscal Year 2021 the pilot served people of color 56%; clients living at 200% or less of the federal poverty guideline 85%. Health and Human Services Commission has extended funding for the pilot through Fiscal Year 2022.

Expand Integrated Dual Disorder Treatment (IDDT) practices into specialty practices

Quarter 1 Update

DDC (Dual Diagnosis Capability) assessment completed in Fiscal Year (FY) 20 and two follow-up consultative meetings with Case Western Reserve University will be held in FY21. Further consultation pending execution of contract for this service. New funding will need to be identified to continue further consultation. Current efforts will focus on progress on information provided to date to diffuse IDDT principles.

Quarter 2 Update

Current efforts remain focused on those teams where IDDT has been implemented (ACT and M3 Teams). New funding will need to be identified to continue further consultation on diffusion and expansion to other teams.

Quarter 3 Update

Current efforts remain focused on those teams where IDDT has been implemented (ACT and M3 Teams). New funding will need to be identified to continue further consultation on diffusion and expansion to other teams.

Quarter 4 Update

Current efforts remain focused on those teams where Integrated Dual Disorder Treatment has been implemented (ACT and M3 Teams). New funding will need to be identified to continue further consultation on diffusion and expansion to other teams.

Implementation of integrated primary care and behavioral health clinics

Quarter 1 Update

Created pro-forma with an identified potential external primary care provider. Next steps pending ramp up of clinic operations from changes due to COVID-19.

Quarter 2 Update

Discussions continue with Lone Star Circle of Care (LSCC) following requested information to develop pro-forma. Site visit with LSCC provided in February 2021 towards development of cross agency implementation plan.

Quarter 3 Update

Adult Behavioral Health held two site tours at 3000 Oak Springs Clinic with Lone Star Circle of Care leadership, in February and April 2021, towards the development of an Integrated Healthcare Practice. Contract development work began June 2021 with a goal to start services in late summer 2021.

Quarter 4 Update

System of Care leadership drafted the Lonestar Circle of Care and routed to legal for review. Legal has returned contract to Lonestar Circle of Care for their review and execution.

Bridge gaps between institutions and outpatient settings

Quarter 1 Update

The Child and Family Services (CFS) Director met with City of Austin Health and Human Services' management and leadership teams to establish a process of identifying and providing care coordination, in conjunction with Utilization Management, for CFS clients who are currently on the inpatient care waitlist.

Initial meetings held October 2020 and follow up scheduled with Austin Lakes to explore increase continuity of care strategies, including having a point of contact for Austin Lakes discharges and streamlined continuity of care release of information.

Proposal drafted to centralize Adult Behavioral Health hospital liaison resources under one leadership position to increase efficiency and effectiveness.

Quarter 2 Update

Applied for CCBHC expansion grant which would provide additional staff members who will assist in hospital discharge planning for both ABH and CFS. These additional staff will make up a centralized hospital discharge navigation team across the system of care.

Quarter 3 Update

Behavioral Health Systems leadership submitted feedback on three funding opportunities (SAMHSA CMHC Grant, SAMHSA CCBHC Grant, and Travis County Interlocal) to enhance clinical teams to provide community based services for continuity of care post hospital discharge and address identified gaps in service delivery system.

Quarter 4 Update

Recent Certified Community Behavioral Health Clinic Expansion and Community Mental Health Center grant awards will allow additional staff to be hired to help support individuals as they discharge from psychiatric hospitals. This, in combination with the Systems of Care Intake project, will increase timely access to Integral Care services.

Development of streamlined and coordinated continuity of care process for jail initiatives to include establishment of metrics

Quarter 1 Update

Established initial workflows and collaboration with Travis County Probate Court for Civil Outpatient Commitments, opening up the door for increased jail diversion opportunities.

Quarter 2 Update

Justice Initiative programs were administratively aligned in March 2021. Staff roles will be further aligned to ensure maximizing resources on all intercepts of the Sequential Intercept Model.

Quarter 3 Update

We have worked with the Director of Counseling and Education for Travis County Sheriff's Office, Danny Smith, to stay apprised of the visiting rules/workarounds during the pandemic. In late Quarter 3, all of Integral Care staff were allowed to return in-person to the jail. The major focus of this business plan goal, continuity of care for people leaving the jails, has been to develop protocols for Integral Care staff to complete Intakes for people in the jail. In May, a budget request for a Jail Intake team was submitted as part of the County Interlocal request for FY 22. EMCOT will pilot a process in Quarter 4. Began conversation with forensic staff at the Harris Center as to how they complete Intakes in the jail with the state limitation re: TRRs currently not allowable in jail setting.

Quarter 4 Update

Discussed at length in Lateral Justice meetings this year, as well as among the Crisis Services and Justice Initiatives managers/administrator. Among these groups, there was overwhelming consensus that a Jail-Based Intake Team would be the best way to coordinate behavioral healthcare for people leaving the jail. The Director of Crisis Services, Jail Intake, and Substance Use Disorder, along with the Crisis Services and Jail Intake Administrator created a budget for consideration for addition to the Travis County Interlocal Agreement – we received confirmation in Quarter 4 that it has been approved in the preliminary budget for the Interlocal.

Address capacity concerns and increase access in the Adult Behavioral Health System of Care in the outpatient clinics

Quarter 1 Update

Central Health has approved pilot to expand access for prescription coverage for MAP (Medical Access Program) Basic prescribed through approved Integral Care prescribers. Integral Care Pharmacy added to Central Health's Pharmacy Benefit Management network as an approved network pharmacy. Central Health is regarding this as a pilot project for cross specialty integration.

Health and Human Services Commission will publish proposed rules in January for a directed payment program designed to offset the cost of Medicaid services in excess of the reimbursement rates for the services. The program will help cover the reduction of 1115 DSRIP (Delivery System Reform Incentive Payment) Waiver funds during the final year of DSRIP and help increase Medicaid funding moving forward in order to free up General Revenue for indigent client services.

Quarter 2 Update

Since Inception of pilot, in November 2020, 40 unique MAP BASIC patients have filled an Integral Care prescription medication; 118 prescriptions have been filled through the end of January 2021; 37 prescriptions have been filled through the Integral Care pharmacy. In February 2021, Central Health approved expanding the approved number of prescribers from 5 to 15, which included staff in ABH and Crisis Services.

Quarter 3 Update

Behavioral Health Systems leadership submitted two funding opportunities (SAMHSA CMHC Grant and Travis County Interlocal) to provide community-based intake and expand service delivery across the system of care. Central Health expanded in-network access for all Integral Care providers in May 2021. Integral Care leadership continues to work with Central Health on enrollment of Integral Care Pharmacy as a part of the larger Pharmacy Benefit Management network.

Quarter 4

Behavioral Health Systems leadership began an intake optimization project to expand and streamline intake services and add more intake capacity in both Adult Behavioral Health and Child and Family Services.

Collaborate with University of Texas Dell Medical School on Transition Age Youth engagement and retention

Quarter 1 Update

Quarterly system of care meetings for transition aged youth on track. University of Texas Dell Medical School actively involved and participatory. Focus is on data that speaks to retention of young adults when they transition to adult services. Currently working with One Data to identify metrics and reporting that will show both numbers of youth and retention measures.

Quarter 2 Update

Collaborating with Dell Medical School on project evaluation of metrics speaking to improved retention of youth transitioning to adult services. This evaluation is a Substance Abuse and Mental Health Services Administration (SAMHSA)grant deliverable.

Quarter 3 Update

Integral Care's specialized programming for Transition Age Youth includes our First Episode Psychosis Program, Clinical High Risk for Psychosis, and Transition Age Youth Programs. Dell Medical School provides technical assistance, continuous quality improvement, and evaluation in support of these programs. SAMHSA recently invited Integral Care's Program Manager, Julie Guirguis, and DellMed Assistant Professor, Dr. Deborah Cohen, to present successes and challenges with Integral Care's Clinical High Risk for Psychosis program at a national technical assistance forum.

Quarter 4 Update

Quarter: June 2021-August 2021

Number of clients who aged out of CFS: 76
Number of clients who transitioned successfully from CFS to ABH: 2
Number of 18-25 year olds who completed ABH Intake: 188
Number where a peer attended or made contact just prior or after: 13

Quarter: March-May 2021:

Number of clients who aged out of CFS: **78**
Number of clients who transitioned successfully from CFS to ABH: **15**
Number of 18-25 year olds who completed ABH Intake? **228**
Number where a peer attended or made contact just prior or after: **9**

Quarter: December 2020 – February 2021.

Number of clients who aged out of CFS: **73**
Number of clients who transitioned successfully from CFS to ABH: **9**
Number of 18-25 year olds who completed ABH Intake? **154**
Number where a peer attended or made contact just prior or after: **4**

By end of 2nd Quarter, implement Expanded Mobile Crisis Outreach Team expansion and establish Combined Transportation, Emergency and Communications (CTECC) incremental targets and process improvement plan

Quarter 1 Update

Currently hiring and training staff funded through Fiscal Year 2021 funds. Tracking data weekly to identify and set appropriate second quarter incremental targets to meet metrics.

Quarter 2 Update

Second quarter task completed. Incremental targets set and progressing well. Orienting new staff. Target date to go 24/7 at CTECC Mon -Fri is 5/1/21. Continuing to advertise for overnight staff to cover weekends. Outcomes were established based on Federal Fiscal Quarters with first quarter being October 2020 through December 2020. The first quarter outcome performance is included in the table below:

Outcome	Goal	Actual	Variance
%age of eligible clients diverted from arrest	99.36%	99.61%	0.25%
%age of eligible clients diverted from emergency department	90.58%	90.66%	0.09%
%age of eligible clients diverted from transfer or admission to an emergency department	75.32%	78.33%	4.00%
%age of eligible clients linked to Integral Care routine services	44.98%	39.79%	-11.53%
%age of clients served who were provided with services in primary language, whose primary language is not English	100%	100%	0%
%age of calls diverted from Police Response at 911 Call Center	84.97%	84.23%	0.87%

Quarter 3 Update

Integral Care's EMCOT CTECC project is receiving national attention in developing a promising practice regarding mental health clinicians embedded at the 911 call center. Following is a link to the article under the Innovations section of the June 1, 2021 issue of #CrisisTalk https://talk.crisisnow.com/austins-911-call-center-integrates-mental-health-call-crisis-diversion/

Adapt and remain flexible to respond to emerging populations, emergent needs, crises and disasters

Monitor, analyze and publicize emergent issues; pivot and refocus to provide strategy, communications, fundraising support during crises and disasters

Quarter 1 Update

Continued to highlight changes to service delivery in response to COVID, specifically expansion of face-to-face clinical services. Communications included updates in community and staff newsletters and on the website. In response to COVID community impact, we hosted a Community Forum on the impact of drug and alcohol use during uncertain times as well as created a Winter Well-Being Toolkit (https://integralcare.org/en/winter2020/) that offers a variety of resources to support the community's mental health during the winter season. To fund unique client needs due to COVID, we launched a virtual Bridging the Gap 2020 that raised over $57,000, which include a direct mailing, six emails and four social media posts. We also requested $20,000 from All Together ATX For client services during COVID. In addition, we contacted Federal Representatives for 9-8-8 Virtual Advocacy Campaign to finalize the National Suicide Hotline Designation Act – creating and funding a new 9-8-8 dialing code for suicide prevention. Federal Representatives were also educated regarding Coronavirus Recovery Act, telehealth expansion for Medicare recipients, Medicaid inclusion in COVID legislation for non-profit behavioral health providers and emergency appropriations request. State Representatives were contacted regarding an emergency rate increase for long-term and intermediate care facilities in response to COVID and multiple media interviews and op-eds were completed to support community mental health.

Quarter 2 Update:

Integral Care Foundation (ICF) provided $125,623 to support programs across agency due to unexpected needs during COVID. ICF received over 400 boxes of donated items and $10,000 for clients due to WinterStorm21. Organized a last minute water donation drive to help support facilities without water. Took in 150 gallons in donations. Worked with State Representative Howard to add a rider to the Budget to include a study on adding dosing information to the Central Registry which would streamline Substance Use Disorder (SUD) services during disaster response. Quickly communicated to staff and community about closures due to winter storm through media outreach, social media, website and e3.

Quarter 3 Update

Continue to provide timely updates to staff on ever changing COVID-19 environment as it impacts Integral Care operations. Collaborated with OneVoice Central TX on recommendations to Austin City Council and Travis County Commissioner's Court on American Rescue Plan funds including a focus on behavioral health.

Quarter 4 Update

Continued to provide up-to-date information regarding the increasing numbers of COVID cases in Travis County with recommended prevention and mitigation strategies. Continued to update staff about COVID protocols and access to on-site vaccines for staff and clients. Contacted State legislators regarding Intellectual and Developmental Disability workforce shortage and need for American Rescue Plan Act funding.

Continue the use of telehealth. Use technology to remain flexible and meet the needs of the division.

Quarter 1 Update

Child and Family Services (CFS) continued to utilize technology to streamline business processes by continuing to utilize the telehealth platform, taking a lead role in the patient portal launch, including enrolling families into the portal, and planning for the roll out of kiosk tablets in the CFS clinics.

Open Access via Virtual Intake Queue pilot initiated October 2020 in CFS and Adult Behavioral Health (ABH) divisions; Digitization of front end processes workgroup formed (Patient Health Portal, Chat Bot) during First Quarter; Client Survey feedback completed regarding telehealth/med/phone modalities providing information to support service delivery decisions.

In response to client suggestions on technology survey, the Telehealth Engagement Workgroup is developing support videos that are easy to follow and contain tips learned from our clinicians over the last few months. Additionally, the Rundberg Level of Care (LOC) 3 team is taking technology to the group homes to assist in connecting individuals through telehealth. A peer support specialist supports clients as they learn to use technology.

Integral Care is also applying for a half-million dollar Connected Care grant through the Federal Communications Commission for funds to support integration of telehealth services directly within the electronic health record system. Applications will be submitted by the December 7, 2020 deadline and it is anticipated that results will be announced in late January or early February of 2021.

Quarter 2 Update

Adult Behavioral Health and Child and Family Services continued to utilize technology to streamline business including utilization of telehealth platform, participating in the patient portal launch in January 2021, and associated roll out of kiosk tablets in the ABH and CFS clinics. ABH and CFS Clinics continue to utilize and expand Virtual Intake Queue system to provide Open Access for Intakes.

Quarter 3 Update

Behavioral Health Services (Adult Behavioral Health and Child and Family Services) continue to utilize technology to streamline business including utilization of telehealth platform. The system of care is adopting a hybrid model of access allowing for both in-person and telehealth services. A new telehealth platform was added in the Community Mental Health Center funding proposal.

Quarter 4 Update

Behavioral Health Services (Adult Behavioral Health and Child and Family Services) continue to utilize technology to streamline business including utilization of telehealth platform. During Quarter 4, the agency was awarded a Certified Community Behavioral Health Center Expansion grant which will add two tele-therapy staff to the System of Care. In addition, Integral Care applied for a Community Mental Health Center(CMHC) grant which was awarded in early Fiscal Year 2022. The CMHC grant includes funding for incorporating the tele-health services as an integrated portion of the electronic health record.

By end of 2nd Quarter, demonstrate progress on reestablishing clinic based hybrid model services within safety concerns of COVID-19

Quarter 1 Update

Providing services both face to face and through telehealth and telephonic communication dependent on client choice. Groups continue to be provided through telehealth.

Child and Family Services started a phased Return to Office plan, with phase 1 beginning in October. During phase 1, all outpatient clinics reopened with key personnel returning to the clinic on a rotating basis for in person or telehealth appointments on a daily basis.

School based services followed the direction of the school district with some schools providing in person services and some schools continuing telehealth, at the request of the school. Finally, community based services returned to providing community based services, as requested by families.

Adult Behavioral Health Return to Office Plan -Phase 1 implemented at beginning of October 2020. Planning for next phases of the plan to begin in December.

Quarter 2 Update

Crisis Services: Second quarter task completed. Incremental targets set and progressing well. Orienting new staff. Target date to go 24/7 at CTECC (Combined Transportation, Emergency, and Communications Center) Mon -Fri is 5/1/21. Continuing to advertise for overnight staff to cover weekends.

Child & Family Services: The System of Care (CFS, Housing/Homeless Services, and ABH) began a hybrid in person model to service delivery beginning in October 2020. In January 2021, phase 2 of this hybrid model began with at least 50% of staff integrating back into the field and clinic. Phase 3, beginning in March 2021, will transition most staff in person at 100%, ensuring client preferences and safety are at the forefront of decision making.

Adult Behavioral Health implemented Phase 2 of the Return to Office Plan beginning January 11, 2021 increasing in-person services for both clinic and community based services. Planning for Phase 3 Full Reintegration Strategy developed February 2021 with proposed implementation in late March 2021.

Quarter 3 Update

Clinic operations are open and available for individuals. In addition, Adult Behavioral Health and Child and Family Services continue to utilize technology to streamline business including utilization of telehealth program. The system of care is adopting a hybrid model of access allowing for both in-person and telehealth services in accordance with the needs and preferences of the individuals being served. In addition, House Bill 4 was signed into law on June 15, 2021 and became effective immediately. House Bill 4 requires Health and Human Services Commission to ensure telehealth services are available to people enrolled in Medicaid and other public benefits programs, provided the services are cost-effective and clinically effective. Among services to be included in telehealth options are assessment services (including those required for various Intellectual and Developmental Disability waiver programs), case management and behavioral health services (including audio only).

Quarter 4 Update

All units and clinics have re-established clinic based services and continue to focus on providing services in person while retaining the ability to provide telehealth services when clinically indicated and/or based on client choice.

Collaborate with Dell Medical School to conduct COVID testing at clinics and research mental health outcomes and needs

Quarter 1 Update

Seventy individuals were tested with thirteen testing positive for COVID-19.

Quarter 2 Update

University of Texas Institutional Review Board approval granted March 8, 2021; awaiting full execution of contract at University of Texas Dell Medical School. Integral Care Pharmacy is collaborating with Dr. Casey in the coordination of client COVID testing. Refrigeration has been purchased by Integral Care Pharmacy for storage of testing materials/specimen. Testing procedures and workflow are in development.

Quarter 3 Update

COVID testing has been made available at all Integral Care outpatient clinics and researchers continue inviting clients to share their experiences and needs related to the pandemic. A proposal to expand the study to explore vaccine hesitancy is awaiting review with the University of Texas Institutional Review Board.

Quarter 4 Update

Workgroup assigned to develop policies and procedures, training for proof of concept COVID rapid testing in residential areas. Deliverables and cost already determined with follow-up on-going. Additionally, attempting collaboration with Austin Public Health for Polymerase Chain Reaction (PCR) testing. Business Associates Agreement is in process.

Sustain services that demonstrate improvement in health and well-being for everyone we serve

Update providers on process changes, innovative clinical practices, quality improvement initiatives, outcome measures, survey results and action plans, including recognition of providers utilizing best practices

Quarter 1 Update

Issue regarding functionality of Provider Connect are being addressed as high priority items by NetSmart and Integral Care Management Information Services in order for the product to be fully functional. Integral Care has been reaching out to providers as needs come up in response to survey results, incident reports, planning/conducting site review, etc. A Substance Abuse Managed Services Organization (SAMSO) quarterly meeting was held which included trainings and quality improvement initiatives.

Quarter 2 Update

Onboarding of prioritized providers into ProviderConnect will begin in Quarter 3. There is ongoing communication with Netsmart related to resolving ongoing ProviderConnect system issues.

Quarter 3 Update

Onboarding of prioritized providers for product launch. Working with Netsmart on transition plan to Provider Connect in NX environment.

Communicate program impact; Develop and manage government relations; Write grants and secure new individual donors

Quarter 1 Update

In the November Quarterly Funders newsletter, we shared updates on Assisted Outpatient Treatment program, Supported Employment and Terrace at Oak Springs. Submitted four funding requests including Superior Health Plan for $5,000 for Central Texas African American Family Support Conference, Together ATX grant request for $20,000 for basic needs assistance, received $10,000 grant from Religious Coalition to Assist the Homeless for wraparound supports, and funding for Crisis Counseling Program Regular Service Program to continue the COVID crisis counseling services for nine months. We highlighted program impact in staff

newsletter, three community newsletters and on social media. Programmatic impact data included Terrace at Oak Springs 6-month impact, clients served through Crisis Counseling Program and Recovery Navigation Services. Met with all City Council offices to share information on Integral Care and our relationship with the City of Austin, as well as offer support for the budget process as the city considered changes to mental health response. Met with State delegation to share agency Legislative Priorities and education on potential policy changes and improvements for the upcoming 87th Texas Legislative Session.

Quarter 2 Update

Submitted Applications to St. David's Foundation - Herman Center: $702,597 ($1,426,272 total for 2 years); SAMHSA (Substance Abuse and Mental Health Services Administration) - Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, & their Families: $545,000 up to 4 years; SAMHSA - Mental Health Awareness Training Grants (MHAT)renewal: $125,000 up to 5 years; SAMHSA - AOT (Assisted Outpatient Treatment) Renewal: $1,000,000. year 2 of 4; SAMHSA - CHR-P (Clinical High-Risk State for Psychosis) Renewal: $400,000. year 3 of 4; SAMHSA - CCBHC (Certified Community Behavioral Health Clinic) Expansion Grants, $1,999,999 million (total $3,999,999 over 2 years). Submitting applications to: HHSC (Health & Human Services Commission)- HCC (Healthy Community Collaborative) renewal up to 3 years; Del Valle Independent School District - Truancy Prevention: $400,000. 1 year; Austin Public Health - Substance Use Services collaboration with Sobering Center: $528,513 for 12 months with up to three 12-month extensions. Communicated program impact of 1115 Waiver, CCBHC and Healthy Community Collaborative to state senators and representatives.

Quarter 3 Update

Submitted applications to: Federal Communications Commission - COVID-19 Telehealth Program: $421,256 for 12 months; Substance Abuse and Mental Health Services Administration (SAMHSA) - Community Mental Health Centers (CMHC): $2,500,000 per year for 2 years; Texas Health and Human Services Commission - Coordinated Specialty Care (CSC) Supplemental COVID-19 funding: $680,100 over 18.5 months;

Impact communicated through FY2020 annual report, social media and external newsletters. Worked with Representative Howard's office to get Budget rider passed to include dosing information in Central Registry. Communicated with House and Senate members throughout the session providing education on behavioral health legislation. Communicated with local elected officials and their staff on diversion, crisis response and homelessness including District Attorney Garza, Judge Brown, Commissioner Howard, Council Member Ann Kitchen, Council Member Poole.

Quarter 4 Update

Received $7,617,350 in funding from six grantees. Grew donor base by 17 new donors who increased donations by $1,925. Completed End of Session Legislative Report and shared with various partners, Provider Network Advisory Committee and the Board. Contacted US legislators on impact of Certified Community Behavioral Health Clinic to encourage co-sponsorship of Excellence of Mental Health and Addiction Treatment Act. Worked with county staff and elected officials to respond to questions and secure new funding. Toured

Commissioner Shea and her staff and Council Member Pool's staff at Terrace at Oak Springs to help improve their perception of Integral Care housing programs.

Increase respite and camp opportunities for individuals with Intellectual and Developmental Disabilities

Quarter 1 Update

General Revenue funded Camp Respite opportunities were cancelled due to COVID19. Amber Jones, Practice Manager, will complete outreach with identified camps to support contracting to be able to provide this opportunity for individuals with Intellectual and Developmental Disabilities (IDD) in 2021. IDD Services is considering a contract rate increase for each individual camp in order to support the lowest income families to attend without a copay.

Quarter 2 Update

26 individuals and their families accessed respite services if the benefit outweighed the risk. COVID precautions used to support service.

In February, a family used respite due to the caregiver testing positive for COVID, and not able to care for individual with IDD. The individual tested positive for COVID during stay with respite provider. Respite provider was able to provide emergency respite for the individual and family while both recovered. Individual returned home to family.

IDD Services is working with the business office to assess possibility of increasing respite rate in order to increase the respite pool of providers, including summer camp providers

Quarter 3 Update

Amber Jones, Practice Manager, completed outreach to organizations in area, including, Round Rock Park and Recreation to discuss contracting with Integral Care. 24 individuals accessed respite services in Q3. IDD division continues to seek funding opportunities to increase respite resources, including continued discussions with the business office.

Quarter 4 Update

Working with CampCamp located in Hill Country to contract for respite services. Outreach to four camps to encourage contracting. 35 individuals accessed respite services. Submitted funding proposal for an internal In-Home Respite program through Travis County Health and Human Services, to support increased access for families, in addition to Integral Care contracted providers.

Psychiatric Emergency Service (PES) Recovery Navigation Integration

Quarter 1 Update

Currently finalizing training curriculum and establishing second quarter training calendar.

Quarter 2 Update

Foundational Training completed. Initiating focused clinical case consultation and accompanying system review to continue to deepen and strengthen integration. Identifying project metrics that speak to integration.

Quarter 4 Update

PES has far exceeded the anticipated number of individuals referred and screened for substance use. In Quarter 3, 500 individuals were screened. Of those, 303 individuals received a full assessment and resources or connection to Substance Use Disorder services, both internal and external. Data is still being gathered for Quarter 4. A peer specialist position is currently advertised to better help support Substance Use Disorder clients and facilitate a warm handoff to internal and external treatment providers.

By end of 4th Quarter, develop and begin implementation of plan to expand narcotic treatment program including network of providers where appropriate and develop plans/agreements for opioid drug company financial settlements

Quarter 1 Update

Met with representatives from University of Texas Dell Medical School to discuss potential services from funds local area will receive from Opioid Lawsuit. In addition, we continue to monitor potential opportunities for additional funding and have also been working with the Sobering Center and have staff involved in the Travis County Substance Use Disorder planning effort.

Quarter 2 Update

NTP Expansion:
Researched, outlined and evaluated all potential NTP expansion options (document attached). An interim solution has been identified to expand services through the use of a 'Medication Unit' which allows only for the administration/dispensing of medication. The administrative aspects of implementation has begun for establishing the Medication Unit (licensure requests, EHR updates, etc.). Longer term NTP expansion solutions will continue to be explored to address additional growth needs.

Substance Misuse Services Grant Application:
Submitted an application for the Substance Misuse Services-2021 NPS with Austin Public Health on January 26, 2021 for a total request of $528,513. The proposed Integral Care-Bridge to Recovery program, a collaboration between Integral Care and The Sobering Center, is designed to fill critical service gaps by creating a recovery-oriented, person-centered, trauma-informed continuum of care that increases access to and expands substance misuse services and treatment.

Quarter 3 Update

Received necessary quotes for needed renovations for capacity and approved moving forward. Drug Enforcement Agency inspection will occur after renovations. Met with University of Texas Health Science Center in San Antonio to discuss additional Texas Targeted Opioid Response funding for persons who are overdose survivors working in collaboration with the Community Health Paramedics. Expansion would include an additional 50 slots and referrals would come directly from Community Health Paramedics.

Quarter 4 Update

Buildout is complete. Contract negotiations with University of Texas San Antonio acting on behalf of Health and Human Services Commission are currently underway to expand capacity by 50 clients.

Incorporate innovative technologies to enhance care and create greater access for hard to reach communities

Implementation of Electronic Visit Verification

Quarter 1 Update

The Electronic Visit Verification (EVV) practice period was extended through December 31, 2020. Visits for EVV required services will not be required to be captured in the EVV system until January 1, 2021. There is a system issue with the AuthentiCare portal puling in the payee's address form Texas Medicaid and Healthcare Partnership (TMHP) instead of client's home address. This results in the identification of an incorrect address at which the client's home service is to be provided. A forum with other Texas centers to discuss common issues with the AuthentiCare System has been created.

Quarter 2 Update

All Providers currently required to use EVV were trained on use of Authenticare Mobile Application for EVV, with the exception of one provider who was trained on the use of the alternative device. The practice period ended December 31, 2020. As of January 1, 2021, service visits are being logged thru Authenticare EVV system and sent to the Aggregator at TMHP (Texas Medicaid & Healthcare Partnership) as required. During the 2nd quarter fiscal year 2021, 369 service visits for TXHML (Texas Home Living Waiver) Pas/Hab (Personal Assistance Services/Habilitation) and for in-home respite were verified through EVV and accepted by the Aggregator. No visits were rejected. There were no YES (Youth Empowerment Services) Waiver in-home respite services that required EVV provided.

Quarter 3 Update

During the 3rd quarter FY2021, 443 service visits for Texas Home Living (TxHmL) Pas/Hab (Personal Assistance Services/Habilitation) and in-home respite were verified through EVV and accepted by the Aggregator. There were 17 critical exceptions identified by Authenticare requiring visit maintenance. No visits were rejected by the Aggregator during the 3rd quarter. There were no YES (Youth Empowerment Service) Waiver in-home respite services that required EVV provided.

Quarter 4 Update

During the 4th Quarter Fiscal Year 2021 285 service visits for Texas Home Living Waiver Personal Attendant Services/Habilitation Services and in-home respite were verified through Electronic Visit Verification and accepted by the Aggregator. There were 14 critical exceptions identified by Authenticare requiring visit maintenance. No visits were rejected by the Aggregator during

the 4th Quarter. There were no Youth Empowerment Service Waiver in-home respite services that required Electronic Visit Verification provided. Management Information Systems continues to provide technical support for AuthentiCare users and program staff. Quarter 1 2022 efforts will be focused on ensuring compliance, monitoring critical exceptions, and making corrections for aggregator acceptance as compliance reviews for Cures Act Providers are set to begin in 2nd Quarter.

Implementation of Provider Connect

Quarter 1 Update

Issue regarding functionality of Provider Connect are being addressed as high priority items by NetSmart and Integral Care Management Information Services in order for the product to be fully functional. Integral Care has been reaching out to providers as needs come up in response to survey results, incident reports, planning/conducting site review, etc. A Substance Abuse Managed Services Organization (SAMSO) quarterly meeting was held which included trainings and quality improvement initiatives.

Quarter 2 Update

Onboarding of prioritized providers into ProviderConnect will begin in Quarter 3. There is ongoing communication with Netsmart related to resolving ongoing ProviderConnect system issues.

Quarter 3 Update

A meeting is scheduled for June 22, 2021 to discuss a timeline for ProviderConnect NX implementation. Onboarding of Child and Family Services, Intellectual and Developmental Disability, and YES providers into ProviderConnect is on hold currently due to some unresolved issues related to encounter data capture. One SAMSO (Substance Abuse Managed Service Organization) provider and one hospital provider have been onboarded into ProviderConnect to date. A number of paper forms will be uploaded into ProviderConnect until build and testing of electronic provider forms has been completed internally. Goal is October 1, 2021

All required EVV services in the TXHML program are currently logged thru the Authenticare EVV system and sent to the Aggregator at TMHP (Texas Medicaid & Healthcare Partnership).

During Q3, 443 service visits were entered and verified in the Authenticare EVV platform and accepted by the TMHP Aggregator. There were no aggregator rejections in Q3. There were no YES (Youth Empowerment Services) Waiver in-home respite services provided that required EVV.

Improve technology resiliency by strengthening network services for Integral Care critical sites. Meet the needs of clinics as they arise in alignment with strategic solutions.

Quarter 1 Update

• Management Information Systems (MIS) worked on researching into multiple internet backup options that provide most reliable and cost effective solutions. Research included redundant broadband and cellular services.

• MIS is working on network redundant strategy that will leverage current carrier contracts, equipment lifecycle and program requirements.

• MIS is in the process of drafting high level recommendations to management that will include equipment, services, support levels and costs for the proposed solutions and options.

• Quarter 2 efforts will be focused on completing recommendations and moving towards solution implementing, starting at Narcotic Treatment Program.

Quarter 2 Update

• MIS successfully tested and completed tertiary network redundancy option of using hotspot for NTP (Narcotic Treatment Program) operations.

• MIS is working with current vendors on proof of concept for secondary network redundancy option of secure tunneling on cellular service.

• MIS is in the process of drafting high level recommendations to management that will include equipment, services, support levels and costs for the proposed solutions and options.

• Quarter 3 efforts will be focused on completing proof of concept, recommendations and moving towards solution implementing, starting at NTP.

Quarter 3 Update

• Management Information Services (MIS) completed proof of concept, recommendations and moving towards solution implementing, starting at Narcotic Treatment Program (NTP).

• MIS evaluated multiple redundancy systems and options that included equipment, services, support levels and costs.

• MIS recommended redundancy system costs are added to upcoming FY22 budget for approval.

• Q4 efforts will focus on budget approval process and on implementation of plan when approved.

Quarter 4 Update

Network resiliency is designed based hybrid environmental (cloud-based and on premise resources, remote user access) aligned with network security best practices. Provided recommendation of software/hardware and proved technology and concept of high availability

network Submit for analysis and review (Gartner) Request approval for funding and project implementation.

By end of 2nd Quarter, implement myHealthPointe Patient Portal for streamlining medication refill requests, lab results, and patient access to assessments and clinical information

Quarter 1 Update

Access to Medical Records: looping in Director of Medical Records for next phase of patient portal to set implementation schedule for client self-access to medical records on patient portal. This will include access to approved documentation, assessments, treatment plans, and labs (as approved by Medical Director)

Virtual Registration for intake is in process, however not ready for implementation, as forms filled out in patient portal are not fully transferring to myAvatar as required. Management Information Services currently working with myAvatar to resolve.

November 1st, medication refill process in place for the following early adopters: Riverside Child and Family Services, Mood Treatment Clinic, and Oak Springs.

Quarter 2 Update

• Successfully rolled out myHealthPointe to Adult Behavioral Health and Child and Family Services clinics. These teams are currently using the myHealthPointe 1.0 solution to provide individuals access to clinical documentation, as well as request medication refills electronically.

• Netsmart is working on the development of an electronic intake-packet to digitize this process as well. Later in March, we will launch our upgrade to the myHealthPointe 2.0 solution, which has an estimated 6-week timeline from launch to adoption.

• myHealthPointe 2.0 will bring many advanced features for clients and providers, including secure and direct messaging between a client and care team, appointment requests, CCD (Continuity of Care Documents) generation, language options, and more.

Quarter 3 Update

Integral Care has been identified by Netsmart as an early adopter for myHealthPointe 2.0. The upgraded system is expected to be launched in late June or in the first part of July. Upcoming enhancement to myHealthPointe Patient Portal include: improved onboarding and sign-up process for individuals; secure messaging between individuals and clinic teams; HIPAA compliant data center; ability to send broadcast messages to all or groups of individuals; mobile application with option to receive push notifications; individual specific reminders for medication adherence and upcoming appointments; Continuity of Care Document (CCD) file generation for quick access to medical records; and CardConnect integration allowing individuals to make payments directly through the portal.

Quarter 4 Update

myHealthPointe 1.0 is available for clients in Adult Behavioral Health and Child and Family Services programs to review medical records, view upcoming appointment information, and request refills on their medications.

During Quarter 4, the project team successfully launched the myHealthPointe 2.0 module, and are working on the configuration and customization of the upgraded platform. The team also launched additional functionality to myHelathPointe 1.0, including the digitized intake packet and availability of additional key components of client's medical records. Adult Behavioral Health and Child and Family Services clinics are piloting the digital intake packet within the portal, allowing clients to complete certain assessments prior to their scheduled appointment.

Quarter 1 Fiscal Year 2022 efforts will be focused on myHealthPoint 2.0 implementation and adoption. This project is in the configuration and discovery phase, with an estimated 12 to 16 week implementation.

By end of 4th Quarter, prioritize and develop a plan that develops artificial intelligence based predictive models for diabetes risk

Quarter 1 Update

• Completed research into Harvard's T.H. Chan School of Public Health, Predicative risk model of using 6lab values to predict the risk of kidney failure over next 5 years for an individual.

• Through Technology Advisory Committee Sponsor meetings, worked towards defining scope to leverage the open source model and operationalize the model initially with PowerBi tools and with strategic goal to display model results and information to clinicians on the medical record summary page in the EHRs, myAvatar system. The display in myAvatar will enhance care by having clinician refer the identified risk patient to specialist.

• Efforts included Data Director and Chief Medical Officer meeting with agency providers and clinicians to inform, capture feedback and interest on the concept of creating the risk model.

• Data Director was able to complete draft model of the predictive risk model. Implemented ""Model 2"" that is presented in the Risk Calculator from the study as the Model 3 is based on the Albumin/Creatinine from a urine sample, whereas the number agency has is from the Comprehensive Metabolic Panel and is based on Albumin/Creatinine from a blood sample.

• The risk scores will be available through PowerBi and maintained by OneData group.

• Q2 efforts to include verifying and validating risk models with providers and clinicians. Further research if urine screens are available at the agency and use of it to create risk models. Management Information Services to research into application programming interface efforts on integrating risk models into myAvatar.

Quarter 2 Update

• MIS and OneData team shared the risk scores created by Data Director at various stake holder meetings.

• MIS demo-ed the risk scores to the EHRs Core systems group to promote awareness and adoption.

• Risk Score is Integrated/implemented into EHR today as a Crystal Report.

• Q3 efforts will be focused on project management of work required to implement risk score as a widget and other more clinically actionable means in the EHRs system.

Quarter 3 Update

Completed and submitted research and recommendation for management review. Research and recommendation included scope, goals, objectives, industry research, SWOT (Strengths, weaknesses, opportunities and threats) analysis of the different systems and solutions and draft recommendation. Current data is reported to clinicians in a report format and the report is being transitioned to an alert in the electronic health record when a clinician sing into an individual's medical record if the individual is at high risk.

Quarter 4 Update

During Quarter 4, Management Information Services released a client based widget in myAvatar to alert clinicians when an individual presents with diabetes risk. This alert is based on predictive models, lab results, and reporting, and is available to all medical staff.

Implement back-up system for dispensing medication in Narcotic Treatment Program

Quarter 1 Update

• Management Information Systems (MIS) work included implementing and testing multiple backup cellular options - mifi, hotspot, AT&T's cradlepoint.

• All these options required providing workable citrix netsmart application.

• After successful citrix application changes, MIS created procedure to support documentation for training of program staff on the alternate system option.

Procedure is published on MIS teamsite.

• MIS requested program staff testing and received approval of the procedure, along with the confirmation that "Citrix Netsmart App over Hotspot/mifi" is a working alternative solution.

• Program staff have put in request for 2 additional mifis that will support backup solution.

• MIS also worked with AT&T on implementing cradlepoint. Solution testing didn't meet program use-case of requiring secure tunnel to the datacenter and Netsmart dosing app.

• Quarter 2 efforts will be focused on implementing, testing and operationalizing Cisco Meraki solution that will act as secondary internet without staff intervention.

Quarter 2 Update

MIS worked on the designing and implementing Network redundant solution. MIS communicated and provide walk through of defined solution, support and procedure. Initiative complete.

Quarter 3 Update

Management Information Systems (MIS) worked on the designing and implementing Network redundant solution. MIS communicated and provided walk through of defined solution, support and procedure. Initiative complete.

Quarter 4 Update

Narcotic Treatment Program solution was determined to be MiFi network back-up for this specific site.

Continuous implementation of Electronic Health Records System to support Integrated Care models, programs and services

Quarter 1 Update

• Ongoing optimization efforts underway, including the upcoming implementation of NX Client and myHealthPointe 2.0.

• Major progress and robust dashboards have been created in KPI (Key Performance Indicators) by both Netsmart and the OneData department including, but not limited to, a client lookup for hotline staff to utilize during downtime, medication dashboards, and an overview of the rate of schizophrenia diagnoses among African American males.

• The Managed Services Organization department plans to release the Provider Connect product to external providers in Quarter 2 once all Netsmart support cases are resolved.

• Quarter 2 efforts will continue implementation and operational work items supporting EHRs System roadmap initiatives and projects.

Quarter 2 Update

• Ongoing optimization efforts underway, including implementation of NX Client and myHealthPointe 2.0.

• Migration to Avatar NX Client is well-underway with configuration of the UAT (User Acceptance Testing) environment in progress. On-track with project plan, for an estimated go-live of 6/1/21.

• NX is a cloud-based solution with iOS (iPhone operating system) and OS (mobile operating system) compatibility, workflow advancements, and a drastically upgraded user interface.

• Additionally, ProviderConnect (PCONN) is piloting a roll-out this quarter with Child and Family Services and Intellectual and Developmental Disability servcies external providers. Integral Care is exploring the opportunity to become an Edge Partner with Netsmart for the PCONN NX solution.

• Q3 efforts will continue implementation and operational work items supporting EHRs System roadmap initiatives and projects.

Quarter 3 Update

• Migration efforts to transition to Avatar NX is near completion. All technical configuration, system testing and end user training complete. Currently in the Go-Live prep phase and are aiming for a 6/21 adoption to stay on target with an FY21 go-live.

• Optimized NX user roles, views, and workflow items to eliminate redundant clinical tasks, and have drastically enhanced the user experience in the Electronic Health Record (EHR).

• During Q3, Application Support has developed and deployed over a dozen automation efforts to improve the crisis, hotline, call center, Zero Suicide, and prescriber workflows.

• Launched a new project to allow for credit card processing to take place directly in the EHRs and portal, CardConnect, and have received 14 terminals to distribute to various clinic locations. Clients will soon have the opportunity to make payments toward their account, including co-pays and outstanding balances, directly in the Integral Care Health Portal.

• Q4 efforts will include continuing to work on the myHealthPointe 2.0 prep work and are targeting a mid-June launch for project initiation.

• Q4 efforts will also include continuing implementation and operational work items including myHealthPointe 2.0, PCONN NX (Provider Connect NX), and RevConnect

Quarter 4 Update

Integral Care was selected by Netsmart as an Early Adopter for three innovative solutions, allowing the center to provide testing feedback, request customization to the platforms, and receive enhanced technical support. These modules include NX Client, myHealthPointe 2.0, and ProviderConnect NX. As one of the first organizations to adopt these innovative solutions, we are providing more tools and advanced functionality to our staff and clients we serve.

During Quarter 4, Management Information Services and the core project team successfully transitioned the organization from myAvatar Desktop, to NX Client. NX is a cloud based Electronic Health Record system, providing easier access for staff, greater reliability and security, and more customization further enhancing the clinical experience. Management Information Services and the Network Development Team also collaborated to launch ProviderConnect NX.

In 1st Quarter Fiscal Year 2022, we will focus on optimizing Key Performance Indicator (KPI) dashboards, completing the implementations for RevConnect, Provider Connect NX, and myHealthPointe 2.0. We will also begin the implementation for a fully integrated Telehealth solution supported by Netsmart.

Provide 360 view of client experience with the agency. Explore patient portal, call center and other technologies to identify client entry, access to services and outcomes.

Quarter 1 Update

Completed research into various industry concepts that map to agency requirements. Defined scope as to build out "Patient centric" model that supports care enhancement. "Patient 360" will provide great understanding of the Patient/Client receiving services. The model should provide complete view of patient characteristics and data across systems. Scope requirements include:

Scope: Build out "Patient centric" model to provide complete view of patient data across systems.
Requirements: Dashboards, reporting and metrics of

- Patient/client entry into the agency. How and where is the patient come into the agency? Call center? Mobile units? Referrals? From other agencies? Etc.
- Patient volumes – schedules, appointments, other categories.
- Patient demographics – age, Social status, Social determines, technology access, etc (mostly compiled in KPI Dashboards, need to integrate this in the new model).
- Patient financials around denials, payor mix.
- Patient longitudinal view in the system, mapped out against the business cycle process and care management.
- Integration of multiple systems – Genesys, Incident management, Qualtrics etc. with EHRs data.
- Patient referral outs – where is the patient referred out to?

Researched and reached out to industry leading vendors and Netsmart to learn about their systems that meet agency requirements. Completed identifying vendors solutions that closely map to agency requirements and if have applicable Texas Department of Information Resources contracts. Second quarter efforts to include reviewing research, identifying Strength Weaknesses Opportunity Threat (SWOT) of the different systems and solutions and providing recommendation to management.

Quarter 2 Update

• Completed and submitted research and recommendation for management review.

• Research and recommendation included scope, goals, objectives, industry research, SWOT (strengths, weaknesses, opportunities and threats) of the different systems and solutions, and draft recommendation. (see Attachment 10)

Build out call journey

Quarter 1 Update

Completed requirements meeting to scope the efforts on creating Substance Use Disorder model in Call Journey. Completed work with Call Journey team to receive, review and make changes on the level of effort. Complete work on management approval process on the proposed level of effort. Engaged program and call journey on the work of building the model.

Scheduled to begin developing Call Journey dashboard specific to Substance Use Disorder model. Feasibility of expanding Genesys licenses to individuals answering calls at Substance Use Disorder clinics in order to have a more complete data set. Second quarter efforts to include reviewing and completion of work items for Substance Use Disorder model after which program director will share the model and insights with executive management.

Quarter 2 Update

• Completed development of Substance Use model working with program SMEs (Subject Matter Experts), OneData and managed services.

• Deployed Substance Use model and developed data tools to develop insights from model outputs

• Q3 efforts will be to explore new models for development that will support program outcomes.

Quarter 3 Update:

• Completed development of Substance Use model working with program SMEs, OneData and managed services.

• Deployed Substance Use model and developed data tools to develop insights from model outputs

• Q4 efforts will be to explore new models for development that will support program outcomes.

Most recent Call Journey model under development: Intakes (how many individuals calling through 472 are requesting information about an intake)

Quarter 4 Update

Integral Care is currently working on a Call Journey Dashboard that will allow overview of different risk areas discussed during calls. The purpose is to be able to analyze data to make recommendations for adjustments to programs to support individuals.

Support equitable access by implementing video interpretation platform that is ADA compliant and supports multiple languages

Quarter 1 Update

Initial meeting between Language Access Workgroup and ASL interpreter to define requirements completed. Considerations include the ability connect with multiple telehealth providers (TEAMS, and future telehealth platform) as well as the ability to provide interpretation to multiple individuals in group settings. Group will also engage resource development team to identify potential funding to assist high level of care clients (deaf and hard of hearing) without access to technology or reliable internet service connection to interpreters.

Draft requirements for the product include:

System

a. Does the system support ASL function?
b. Does the system support integration with MS Teams?
c. Does the system provide flexibility in screen size for the participants? Ex: can the 2 participant meeting have the screen split between 2, rather than the traditional large participant/small self-screen?
d. Does the system provide on-demand ASL and additional interpretation services?
e. How does the system support group sessions and interpretation required by the group?
f. Any other program/process requirements?

Technical

a. Does the system support access to the system from any device?
b. Is the system accessible through browser?
c. What are the hardware requirements for the system?
d. What are the software requirements for the system?
e. Is the training provided for the system?
f. What is cost base model for the system being proposed?
g. What is support provided for the system?
h. Is the system compliant with WCAG 2.1, Americans with Disabilities Act (ADA), Section 508, AODA, EN 301549 and IS 5568 standards?
i. Can the vendor provide Voluntary Product Accessibility Template (VPAT) to indicate the system is Section 508 compliant?

Quarter 2 Update

Workgroup continues to review technology solutions to address communication needs of clients.
• Completed requirements gathering from program with specific emphasis on ADA (Americans with Disabilities Act) requirements.
• Completed research of available tools in the market and demoed one of the solutions.
• Quarter 3 efforts to include exploring other telehealth solutions that meet ADA requirements, including Microsoft Teams ADA solution.

Quarter 3 Update

• Completed requirements gathering from program with specific emphasis on ADA requirements.
• Completed research of available tools in the market and demoed one of the solution.
• Program is testing Microsoft Teams ADA solution.
• Q4 efforts to include capturing program response and close out of the project.
Updates to TEAMS platform allows ADA compliant telehealth option for Deaf and Hard of Hearing.

Quarter 4 Update

Initiative complete as of Quarter 3. Teams platform now allows individuals who are deaf and hard of hearing to pin interpreter and provider on a split screen view.

Artificial Intelligence (AI) based predictive models integrated to support clinical decision support.

Quarter 1 Update

• Completed research into various industry concepts that map to agency requirements for Suicide Ideation Model.

• Defined scope as to use EHRs system patient data, specifically progress notes, with Tech/AI to identify individuals at risk of suicide ideation and place on wellness pathway.

• Researched and reached out to industry leading vendors and Netsmart to learn about their systems that meet agency requirements.

• Completed identifying vendor's solutions that closely map to agency requirements.

• Quarter 2 efforts to include reviewing research, identifying SWOT (Strength, Weakness, Opportunities, Threats) of the different systems and solutions and providing recommendation to management.

Quarter 2 Update

• Completed and submitted research and recommendation for management review.

• Research and recommendation included scope, goals, objectives, industry research, SWOT (strengths, weaknesses, opportunities and threats) of the different systems and solutions, and draft recommendation. (See Appendix 11)

Facilitate the mapping of business strategies and capabilities to emerging technologies and services. Oversee the development and sustainment of technical solutions and services that improves service delivery. Function as a point of information technology governance that facilitates coordination and fosters collaboration, promoting interoperability and data sharing through the use of technology standards and frameworks

Quarter 1 Update

• Surveyed Technology Advisory Committee members on FY21 planning and addressed immediate Telehealth and Data/reporting requests.

• Shared surveyed Patient Technology access results with the advisory committee members.

• Presented and promoted ChatBot implementation through advisory committee process.

• Completed discussions on committee charter changes, which will include incorporating OneData group and initiatives along with IT and technology.

• For FY21, committee will focus on topical initiatives. Charter will be updated to reflect this effort.

• Quarters 2 & 3 will be used for coordination and collaboration around Suicide Care and cross divisional continuity of care. For example: Suicide Care Pathway, Zero Suicide. Focus on hospital discharges.

Quarter 2 Update

• Surveyed Technology Advisory Committee members on FY21 planning and addressed immediate Telehealth and Data/reporting requests.

• Shared surveyed Patient Technology access results with the advisory committee members.

• Presented and promoted ChatBot implementation through advisory committee process.

• Completed discussions on committee charter changes, which will include incorporating OneData group and initiatives along with IT and technology.

• For FY21, committee will focus on topical initiatives. Charter will be updated to reflect this effort.

• Initiated and working on many process improvement and integration projects. ex: Crisis Dispatch Automation and Appointment Scheduling integrations.

• Working on various ICC (Integrated Care Collaboration) related projects. ex: CPL (Clinical Pathology Laboratories) integration, TTOR (Texas Targeted Opioid Response) x Integral Care Research Application, Social and Health Information Platform (SHIP), Aunt Bertha Project and ICC & Dell Med Platform - Collective Medical demo.

Quarter 3 Update

• Surveyed Technology Advisory Committee members on FY21 planning and addressed immediate Telehealth and Data/reporting requests.

• Shared surveyed Patient Technology access results with the advisory committee members.

• Presented and promoted ChatBot implementation through advisory committee process.

• Completed discussions on committee charter changes, which will include incorporating OneData group and initiatives along with IT and technology.

• For FY21, committee will focus on topical initiatives. Charter will be updated to reflect this effort.

• Initiated and working on many process improvement and integration projects. ex: Crisis Dispatch Automation and Appointment Scheduling integrations.

• Working on various ICC (Integrated Care Collaborative) related projects. ex: CPL (Clinical Pathology Laboratories) integration, TTOR (Texas Targeted Opioid Response) Integral Care Research Application, Social and Health Information Platform (SHIP), Aunt Bertha Project and ICC & Dell Med Platform - Collective Medical demo.

Integral Care mobile application

Quarter 1 Update

Completed requirements meeting to scope the efforts on providing Mobile App for Integral Care clients, staff and consumers. Drafting and completing review of Technology requirements and

program/business requirements. Second quarter efforts will include finalizing requirements, drafting Request for Proposal (RFP) and scheduling RFP release.

Quarter 2 Update

• Completed requirements meeting with the sponsor and program staff to scope the efforts on providing Mobile App for Integral Care Clients, Staff and consumers.

• Drafted and completed review of Technology requirements.

• Drafted program/business requirements and requested program approval.

• Completed draft RFP for legal review and to initiate RFP process.

Quarter 3 Update

• Completed requirements meeting with the sponsor and program staff to scope the efforts on providing Mobile App for Integral Care Clients, Staff and consumers.

• Drafted and completed review of Technology requirements.

• Drafted program/business requirements and requested program approval.

• Completed draft RFP for legal review and to initiate RFP process.

• Q4 efforts will be focused on release of RFP and working through follow-up process.

Quarter 4 Update

Comparing if Mobile App would increase or overlap with the MyHealthPointe 2.0. A new needs gap assessment will be completed to identify new requirements upon implementation of current projects.

Mature agency technology security posture

Quarter 1 Update

• Completed procurement process for AT&T Cyber security services and AlienVault Unified Security Management (USM) Anywhere system.

• Completed onboarding efforts on USM system implementation.

• Completed configuration and implementation of various security capabilities - Virtual Security Operations Center (fully staffed 24x7x365), Asset Discovery, Vulnerability Assessment, Network Intrusion Detection (NIDS), Endpoint Detection and Response (EDR), Security information and event management (SIEM) Event Correlation, and other.

• Completed onboarding of Virtual security analyst process. MIS is meeting weekly on review, monitor and correct security alerts identified by the system.

• Quarter 2 efforts will include improving security maturity by addressing Phishing tests, planning for penetration tests, ongoing trainings, building policies and procedures etc.

Quarter 2 Update

• Addressing agency systems security and maturity through ongoing weekly meetings with the security vendor to review, monitor and correct security alerts identified by the system.

• Completed Phishing tests for the agency and support process.

• Completed support for HB 3834 required trainings for the agency.

• Q3 efforts will include planning for penetration tests, ongoing trainings, building policies and procedures etc.

Quarter 3 Update

• Addressing agency systems security and maturity through ongoing weekly meetings with the security vendor to review, monitor and correct security alerts identified by the system.

• Completed Phishing tests for the agency and support process.

• Completed support for HB 3834 required trainings for the agency.

• MIS completed review of DIR (Department of Information Resources) Shared Services Interlocal Contract - Austin Travis Integral Care DIR-SS-ILC0279 for Penetration test service.

• Q4 efforts will include planning for penetration tests, ongoing trainings, building policies and procedures etc.

Quarter 4 Update

AT&T virtual Security Operation Center operation with virtual security analyst was implemented. Created road map and review goals and policies. Currently testing user with phishing test emails. Working with Department of Information Resources to complete onboard contract for Penetration Test and review results

Improve access to agency technologies

Quarter 1 Update

• Completed preliminary efforts on AlwaysOn system implementation.

• MIS worked on piloting the solution but would require technical support from Microsoft to resolve identified issues.

• Quarter 2 efforts will focus on working with Computer Solutions for technical support and implementation.

Quarter 2 Update

• Completed preliminary efforts on AlwaysOn system implementation.

• MIS worked on piloting the solution but would require technical support from Microsoft to resolve identified issues.

• Researched into vendor proposals for migration and implementation.

• Q3 effort will be to review and finalize vendor quotes and move towards implementation.

Quarter 3 Update

• Completed preliminary efforts on AlwaysOn system implementation.

• MIS worked on piloting the solution but would require technical support from Microsoft to resolve identified issues.

• Researched into vendor proposals for migration and implementation.

• MIS recommended vendor costs are added to upcoming FY22 budget for approval.

• Q4 efforts will be focused budget approval process and on implementation plan when approved.

Quarter 4 Update

Effort will be on improving access to agency technologies. This will be achieved by implementing cloud access system – Always On and migrating off of legacy system Direct Access. Implement better management of end user devices by implementing cloud solution.

Implement Unified Communications and Collaboration Technology Platform

Quarter 1 Update

• Completed project plan for deploying Teams Phones System per site.

• Completed Microsoft process of porting numbers from current carrier to Microsoft.

• Completed deployment at 3 agency sites – OakSprings, North Lamar Professional Building (IDD) and Hopkins center.

• Established weekly progress email to Project Sponsor.

• Established weekly meetings with project Team.

• Established support services and training for the project deployment.

• Quarter 2 efforts will focus on working with Computer Solutions for technical support and implementation.

Quarter 2 Update

• Completed deployment to 10 of the agency sites – Stonegate, Robert T. Chapa Administration Building - Collier, Riverside Clinic – Central Austin, MIS HelpDesk/Apps, Communications - Annex, Annex, Alameda House, Richard E. Hopkins Behavioral Health Building, NLP, Oaksprings.

• Established weekly progress email to Project Sponsor.

• Established weekly meetings with project Team.

• Established support services and training for the project deployment.

• Q3 efforts will focus on working porting and remaining site migrations.

Quarter 3 Update

• Completed deployment across agency, multiple sites – Stonegate, Robert T. Chapa Administration Building - Collier, Riverside Clinic – Central Austin, MIS HelpDesk/Apps, Communications - Annex, Annex, Alameda House, Richard E. Hopkins Behavioral Health Building, NLP, Oaksprings

• Established weekly progress email to Project Sponsor.

• Established weekly meetings with project Team.

• Established support services and training for the project deployment.

• Q4 efforts will focus on working on remaining porting orders and conference room setup.

Quarter 4 Update

Deployment 90% complete. Implementation of Teams Phone System that integrates and unifies staff communications and collaboration environment. Implementation will be tracked per deployment site.

Address the physical, social environmental and economic factors that impact health

Development of population health methodology to guide decisions leading to improvement in health of population

Quarter 1 Update

In 1st quarter Fiscal Year 21 the Population Health Administrator conducted a population analysis of Integral Care clients involved in the criminal justice system to identify racial inequities and opportunities for early intervention. Social determinants of health and demographic trends were included in the analysis and presented to the Ad Hoc Board Staff Committee on Racial Equity related to health disparities within the criminal justice system. A report on racial disparities and initiatives taken to address disparities was also compiled and presented at workgroup and team meetings across the agency. During first quarter the Population Health Data Workgroup also developed a draft list of data elements to be included in the health determinants/Diversity Council dashboard.

Quarter 2 Update

During quarter 2, Population Health developed and released the first Integral Care Health Disparities report card for the fiscal year 2020. The report card analyzes a number of diagnoses and high risk indicators such as psychiatric hospitalizations, COVID-19, suicide, chronic medical conditions, schizophrenia and homelessness- and provides data to identify health disparities between subpopulation groups. All conditions (15 and counting) analyzed in the report card are stratified by race/ethnicity, service division, gender identity, age group, and primary language to provide both summative and in-depth data related to prevalence in the population and disproportionality between group rates. The draft report card has been presented at internal

team meetings, leadership meetings, and the Board/Staff Committee on Racial Equity thus far for review and feedback. Final version anticipated April 2021.

Quarter 3 Update

Release of the health disparities scorecard to operations and developing 3 initiatives to address priorities. (See Attachment 12)

Quarter 4 Update

During quarter 4, Population Health presented the final FY20 Integral Care Health Disparities report card to Integral Care division directors. The report card analyzes a number of diagnoses and high risk indicators such as psychiatric hospitalizations, COVID-19, suicide, chronic medical conditions, schizophrenia and homelessness- and provides data to identify health disparities between subpopulation groups.

A population analysis conducted by the Population Health Administrator was accepted for presentation at the 4th Annual Judicial Summit on Mental Health. Population Health Administrator Brittany Whittington will be co-presenting along with Practice Administrator of Crisis Services and Justice Initiatives Laura Slocum, and ANEW Program Manager Alex Villarreal. The analysis provides an in-depth look at trends, demographics, and health disparities among the ANEW FY20 client population and how Integral Care used this data to drive programmatic changes.

A Return on Investment analysis of the 911 Crisis Call Diversion program conducted by the Population Health Administrator will be featured in an upcoming publication by the National Council for Behavioral Health. The Return on Investment found that embedding EMCOT clinicians in the 911 call center likely generated an estimated total cost avoidance to the community of 12,062,435 per year.

A population analysis was conducted of the top 10 highest cost utilizers among the Optum Health Home population. Demographic trends were identified such as an 80% comorbidity rate among both chronic diseases and substance use, and a population in which 73% have a primary diagnosis of schizophrenia - rate 3x higher than the general Integral Care population. This informative data will be used to inform targeted interventions with the population in order to reduce unnecessary emergency service utilization.

By the end of the 3rd quarter, establish a clear and consistent role and policy for Integral Care in addressing homelessness, including housing as a health solution that can be used for developing resources and communications.

Quarter 1 Update

We have been establishing and maintaining a clear and consistent role as well as being engaged in work around policy with the City of Austin and homeless provider stakeholders. We hold a seat on the City/Community P3 Group (Private, Public, Partnership) alongside National Consultants and City leadership. Integral Care played an active role in the Poppe Report which analyzed the current City homeless system and made recommendations in various areas of work. We hold a seat on the COC (Continuum of Care) and have participated in a review of

ECHO and the role of the COC led by a national consultant. Actively engaged in shaping our City's response to homelessness and aligning the Housing First model as the model to strive for across the system, especially for individuals with SMI (Severe Mental Illness). Currently working on many housing/homeless initiatives with stakeholders, City staff and City officials. Most recently developed a process to increase access to integrated care for the homeless population by working towards creating a Health Care for the Homeless Health and Wellness Center based out of the 3000 Oaks Springs Clinic. Working with DAA/DACC (Downtown Austin Alliance/Downtown Austin Community Court) on creating an intensive community based team that will accept referrals directly from HOST/DACC (Homeless Outreach Street Team/Downtown Austin Community Court) to meet the need of homeless individuals in the downtown area who need ongoing community based services. This proposal was approved to move forward for funding by a resolution from City Council. In addition, in conversations with the Mayor, City Managers and City staff on motel/hotel strategy and opportunities. Drafting a LOI (Letter of Interest) related to a couple of hotel/motel locations for consideration of a mixed use affordable housing site. Work through homeless engagement strategies and prevention efforts continue with COVID protective facilities, PATH (Programs for Assistance in the Transition from Homelessness), HOST and HCC (Healthy Community Collaborative) and homeless services. We are also a collaborative partner at Camp Esperanza and assisting with meal delivery coordination work in addition to any supports or services that are needed. Chief Operating Officer and Chief Executive Officer were asked by the city manager's office to participate in interview panel for the City's Homeless Strategy Officer.

Quarter 2 Update

BOD Ad Hoc Housing Task Force meeting to be scheduled in April. Preparing by gathering data to support the conversation, outline our housing services/client needs and strategy. Working with Communications to coordinate and facilitate this work.

Quarter 3 Update

The Board Ad Hoc Housing Task Force continues to meet and is on track to bring the following to the July 2021 Board meeting: Overarching Strategy Recommendation Regarding Homeless Services (would then be incorporated into next Strategic Plan), Guidelines for Decision Making Regarding Potential Homeless Service Projects, and Vision for the Role of Integral Care in Addressing Homelessness and Housing.

Quarter 4 Update

Created Vision for Homelessness and Housing evaluation matrix for the board to utilize when considering future proposals and the project plan for the Integral Care Housing Plan to be developed in Fiscal Year 2022.

Communicate, Collaborate & Connect: Enhance public trust and collaborations to address the needs of all communities

Listen, to, learn from and value the input of staff, clients, providers and other stakeholders

Increase frequency of feedback from provider network on management functions

Quarter 2 Update

Update on a quarterly basis. Will add to ProviderConnect. Available on May 3, 2021.

Quarter 3 Update

In part of our efforts in monitoring 100% of providers in the Fiscal Year, we have been outreaching and introducing ourselves to providers and asking for feedback on management functions.

Quarter 4 Update

Completed

Create feedback loop with funders, incorporate input in order to steward relationship and build support for agency efforts

Quarter 1 Update

Worked with Bristol Group to conduct donor survey to seventy-five donors and conducted four donor phone interviews. Conducted donor meeting with Gary Daniel. Launched "I Give Because" video campaign with board members and past donors.

Quarter 2 Update

Created and updated integralcarefoundation.org/carepackages & Amazon Wishlist to provide donors with opportunity to give items to our clients for the winter months. Met with major donor to seek input and request future assistance with Integral Care Foundation transition.

Quarter 3 Update

Met with or visited with three high dollar Integral Care supporters to steward relationship. Organized meeting and tour with Humana, working with them to secure support for initiative and position if Humana is awarded a Medicaid Managed Care contract for the Travis service area.

Quarter 4 Update

Finalized Bridging the Gap campaign plan with Task Force members, Zoom meetings, website page, one-pager.

Diversify alliances and utilize the unique strengths of all collaborators

Participate in Travis County Kids Living Well Task Force and make recommendations to address gaps in services for children with Intellectual and Development Disabilities and co-occurring disorders

Quarter 1 Update

Laura Peveto (Division Director, Office of Children Services, Travis County Health and Human Services) hosted a special Kids Living Well meeting focused on developing updates to Goal 4 in the Travis County Plan for Children's Mental Health. The plan is important because it gives the community focus and direction. The task for the meeting was to focus on Goal 4: Systems Improvements and to develop proposed actions for the next five years that can help to achieve this goal. On October 29, a presentation regarding human trafficking was offered.

Quarter 2 Update

Ken Winston attended December Kid's Living Well meeting. Marlene Buchannan was nominated as co-chair. Additional topic discussed: living with COVID-19; No meetings were held in January and February.

Quarter 3 Update

Jeff Marin, Service Coordination Supervisor attended 4/29/21 meeting - YWCA presentation "Cultural Implications in Mental Health" focusing on cultural implications on mental health, social privilege and systemic inequalities; Ken Winston attended 5/27/21 meeting - Presentation by Dr. Teri Wood on "Neurosequential Modeling - a developmentally-informed, biologically-respectful approach to working with at-risk children".

Quarter 4 Update

June 18th, 2021 - Presentation for the underage children task force to address the Travis county plan for children's mental health;

July 29th, 2021 - Training on Gender Dysphoria by Michal Lopez and Dr. Lena Laxton with Austin Oaks Hospital; including goals for the Travis County Plan for Children's Mental Health and Substance Misuse 2021.

August 6th, 2021 - Presentation on underage drinking with speakers Daryle Grimes, and Angela Young.

Participate in the Intellectual and Development Disability Mental Health Criminal Justice Collaboration

Quarter 1 Update

Staffed ten clients with the District Attorney's Office. Of these ten clients, five were released from custody.

Quarter 2 Update

Five individuals were staffed with the DA's office. One individual was released to a community setting. The individual was released to a supported housing facility with recovery supports in place. The other four individuals remain in jail due to unwillingness to meet with the IDD crisis team, attorney, or other reasons.

Quarter 3 Update

Six individuals were staffed this quarter. IDD Crisis team and the Crisis division assisted in collaborating with the District Attorney's office to facilitate the release of one individual to a community setting - a supported housing facility with recovery supports in place. Consistent case management from Adult Behavioral Health Services and the IDD Crisis Teams have since assisted this individual in remaining in the community. Another individual was released on probation. The other four individuals continue to be staffed with the District Attorney's office.

Quarter 4 Update

Nine individuals were staffed this quarter, with one diversion. Others continue to be served or are pending diversion based on availability of community program(s) availability.

Strengthen relationships with current collaborators and new organizations and individuals to create stronger impact in community and reach expanded audiences.

Quarter 1 Update

New relationships with City of Austin's Economic Development Department in support of a city-wide support line for low and moderate income employees and former employees working in customer facing industries, connecting people in crisis to 24/7 Helpline. McElveen Family Denistry, Public Access TV and the The TwenTea Company to sponsor Central Texas African American Family Support Conference (CTAAFSC) and live stream the conference. Expanded the following relationships:

Austin Independent School District (AISD) through CTAAFSC. AISD sponsored the November #TogetherWeWillHEal Forum by streaming live on AISD TV and providing Spanish interpreters.

Community Action Network (CAN) and CTAAFSC Outreach Group

Strengthened relationships with Austin Public Health and Central Health, both have distributed information about 24/7 Helpline – 15,000 co-branded Integral Care/Austin Public Health Helpline magnets distributed at City of Austin COVID testing sites, Personal Protective Equipment (PPE) distribution sites and EAT initiative meals; 4,000 Helpline business cards distributed through Central Health minority business outreach. Austin Public Health promoted Helpline through their social media outlets in English, Spanish, Vietnamese and Chinese. '

Expanded relationship with Communities for Recovery and Texas Harm Reduction Alliance. Staff participated in Community Forum: The Rise of Drug and Alcohol Use during Uncertain Times.

Strengthened relationship with the Greater Austin Asian Chamber of Commerce through the Public Policy Committee with a current focus on an anti-racism initiative.

Quarter 2 Update

Continuing to maintain relationships with our current collaborators. Co-hosted 4th virtual community forum - Supporting Your Mental Health This Winter with NAMI (National Association for Mental Illness) Central Texas. Panelists included Integral Care, local mental health advocate/peer and local mental health provider. Streamed on Facebook, over 700 viewed with 23 shares. Over 140 attended virtually.

Strengthened collaboration with Austin Public Health to distribute crisis helpline information through vaccine clinics. Cobranded info for first time. Continued collaboration with the Greater Austin Asian Chamber of Commerce Policy Committee and OneVoice Central Texas Policy Committee. Collaborated in the CHA/CHIP (Community Health Assessment/Community Health Improvement Plan) annual Health Planning Summit, reviewing community gaps/needs during COVID-19 and reviewing Year 3 Action Plan strategies.

Quarter 3 Update

Co-created a 2021 Mental Health Month Toolkit with NAMI (National Alliance for Mental Illness) Central Texas, included diverse perspectives from counselors with a wide variety of mental health resources for multiple cultures. Reached over 8600 people on social media and had almost 3300 webpage visits.

Collaborated with NAMI to host first Spanish language forum for both organizations. Collaborated with the Greater Austin Asian Chamber of Commerce Policy Committee to host 2021 Virtual Day at the Capitol Meet & Greet with Texas Lawmakers. Topics included homelessness, COVID-19, Racial Equity and State and Local issues. Hosted forum for Texas Department of Transportation employees. Made a presentation to AlertMedia staff. Collaborated with Meadows Mental Health Policy Institute (MMHPI) to facilitate Competency Restoration Advisory Group. Included representatives from a variety of organizations to get a broader perspective on the issue. Expanded membership of Psychiatric Service Stakeholders Behavioral Health Continuum Advisory Group to include a person with lived experience.

Quarter 4 Update

Shared Child and Family Services flyers, Central Texas African-American Family Support Conference flyers, Mental Health First Aid and other resource materials and giveaways with Austin Independent School District, KIPP schools, D. Wood Foundation, Association of People Against Illegal Drugs, Dream Out Loud Experience (DOLE), and Blackland Neighborhood Center Pre-Juneteenth Celebration. Hosted three Together We Will Heal forums. Hosted Health and Well-Being in the LGBTQIA+ Community virtual community forums with What'sinthemirror. Increased matching gifts with GoDaddy. Distributed four Health and Human Service Commission Helpline print pieces across community through current collaborators and new organizations including Meals on Wheels, AGE of Central Texas and 27 CommUnityCare clinics.

By end of 3rd Quarter, complete legislative efforts necessary to help secure the funding needed during the 87th Legislative Session for completion of the new Austin State Hospital

Quarter 1 Update

Met with several legislative offices to build relationships and highlight Integral Care priorities, including Austin State Hospital financing.

Quarter 2 Update:

Included Austin State Hospital funding in legislative priorities and shared with legislative delegation as well as local intergovernmental affairs representatives. While not in the base bill, $124.1 million of General Revenue toward finishing construction at Austin State Hospital will be considered as part of decision item 11b under Article II, Health and Human Services of the Senate Initial Decision Document.

Quarter 3 Update:

Section 64(1) of House Bill 2 includes the provision of $124,100,000 from the economic stabilization fund to finish construction of a 240-bed replacement campus of Austin State Hospital. The bill was finalized in the House and the Senate on May 28th, sent to the Comptroller on May 29th and forwarded to the Governor on June 2. Governor Abbott has through June 20th to either sign or veto the bill. If not action is taken by the end of the 20th day after session ended, the bill will automatically become law.

Build collaborations with external stakeholders for improvement in planning and coordination of care for children and families.

Quarter 1 Update

During Quarter 1, Child and Family Services (CFS) met with various stakeholders to improve planning and coordination amongst child and family providers. In November, the CFS Director, along with Health and Human Services from the City of Austin, met with other local mental health providers including Renewing Family Strengths and the Casey Foundation to create a visual chart of available services in the Austin area. The CFS Director also met with Hope Center for Music Therapy, University of Texas Dell Medical School, Austin Child Guidance Center, various school districts, and others to educate on CFS' service array. CFS also collaborated with Child and Protective Services (CPS) and City of Austin to coordinate and schedule de-escalation training for over 40 CPS caseworkers providing services to children without placements.

Quarter 2 Update

CFS continued to meet with various stakeholders to improve planning and coordination amongst child and family providers. In January 2021, Marlene Buchanan became the co-chair of Kids Living Well, a group of dedicated and experienced professionals working together to promote the mental health of Travis County children and youth. CFS leadership also participated in the Children's Mental Health Plan Steering Committee to assist in finalizing the Travis County Children's Five Year Plan being released in 2021. Finally, the CFS division has partnered with CPS (Child Protective Services), HHSC (Health & Human Services Commission), The Thinkery, Dell

Medical School, juvenile probation, and various independent school districts throughout the quarter.

Integral Care continues to participate in BHCJAC (Behavioral Health Criminal Justice Advisory Committee) in a leadership role. BHCJAC specialty data workgroup was established in February to focus on more deliberate integration of the dashboard in BHCJAC's work and develop metrics related to equity. Travis County Justice planning is spearheading dashboard oversight and collection of data. Psych Stakeholders has been reconvened and Continuity of Care workgroup had first meeting in February. OSAR (Outreach, Screening, Assessment & Referral) continues to meet and Integral Care participating. Integral Care is a planning council member of ReEntry Roundtable, working on analysis of the current service provision landscape and best practices.

Quarter 3 Update

Continue to meet with external stakeholders throughout the system of care including: Kids Living Well, The Children's Partnership, Dell Medical School, The University of Texas, ECHO, Community Care, Lonestar Circle of Care, The City of Austin, Travis County, Housing Authority of Travis County, Housing Authority of the City of Austin, etc. During Quarter 3, there has been increased community collaboration with housing and homelessness collaborators, Child Protective Services, and Primary Care Services.

Quarter 4 Update

Continue to meet with external stakeholders throughout the system of care including: Kids Living Well, African American Youth Harvest Foundation, The Children's Partnership, Dell Medical School, The University of Texas, ECHO, Community Care, Lonestar Circle of Care, The City of Austin, Travis County, Housing Authority of Travis County, Housing Authority of the City of Austin, etc. During Quarter 4, there has been increased community collaboration with the African American Youth Harvest foundation as they are starting an African American Men's Clinic. There have also been collaborative meetings with Family Eldercare, A New Entry, Caritas, Austin Area Urban League, Lifeworks, The SAFE Alliance to form the Travis County Homeless Collaborative.

Expand knowledge of the needs of all communities, and the best practices and solutions to meet diverse needs

Support collaborative planning initiatives and produce reports, informed by stakeholders, and contribute to improvements in system development and access. Share work of planning initiative internally.

Quarter 1 Update

Began planning for the Psychiatric Services Stakeholders Committee in support of the Austin State Hospital Brain Health System Redesign with two key areas of focus:

1) Expanding competency restoration options
2) Strengthening the continuum of care that prevents people from needing hospitalization and supports those re-entering the community post hospitalization

Continued participation in the Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) efforts led by Austin Public Health. Currently working on plan to

align the CHA with local hospitals' Community Health Needs Assessments (CHNA). Integral Care staff is currently on the Core coordinating and steering committees. With the completion of the CHIP and the Year 1 Action Plan, workgroups are strategizing on ways to implement the four priority areas – Chronic Disease; Stress, Mental Health and Well—Being, Sexual Health and Access to Care.

Worked with Kids Living Well and its member organizations to survey parents about where they would turn if their child had a mental health or substance use issue, what barriers they face to receiving services, and what would make getting services easier. The information will inform the 2021-2026 Update to the Travis County Plan for Children's Mental Health.

Interviewed eighteen community stakeholders to inform planning for children's mental health. Hosted a virtual meeting with members of the Travis County Youth Substance Use Prevention Coalition and Kids Living Well to review goals and objectives for the new Travis County Plan for Children's Mental Health through the lens of substance use issues and concerns. Working with a Steering Committee to take information from the parent survey, stakeholder interview, in-person and virtual meeting to complete the 2021-2026 update to the Travis County Plan for Children's Mental Health.

Quarter 2 Update:

Launching and supporting two Advisory Groups to develop recommendations to the Psychiatric Services Stakeholders Committee. One will focus on improving the Crisis Service Continuum and the other will focus on developing Competency Restoration alternatives. These activities are helping our community prepare for the opening of the redesigned Austin State Hospital.

Quarter 3 Update

Continued to participate in Substance Use Disorder planning effort facilitated by Travis County. Released the Travis County Plan for Children's Mental Health and Substance Misuse in coordination with the local planning body Kids Living Well. Created and staffed two new Advisory Groups for the Psychiatric Services Stakeholders (PSS). The Behavioral Health Continuum Advisory Group will develop recommendations for helping people avoid psychiatric hospitalization and to remain stable in the community after hospitalization. The Competency Restoration Advisory Group brought together local and national experts to develop recommendations to improve competency restoration in Travis County.

Quarter 4 Update

The Competency Restoration Advisory Group presented recommendations to the Psychiatric Services Stakeholder Committee for improving the intersection between behavioral health and the justice system. Recommendations were used to secure funds from Travis County to expand Outpatient Competency Restoration Services. The Behavioral Health Service Continuum Advisory Group finalized their recommendations to strengthen the continuum of care, and will prepare a final report to be presented to the Psychiatric Services Stakeholder Committee in October.

Review specific reports on areas of racial equity review. Report progress on racial equity initiative on a quarterly basis to Board for accountable policy and program changes. Continue to track agency CLAS implementation in alignment with the Board Staff Committee on Racial Equity.

Quarter 1 Update

Initial report for Fiscal Year 2021 will occur in January 2021.

Quarter 2 Update

Presented at Board of Trustee meeting in January. The next presentation has been changed to April for the 2nd quarter CLAS presentation.

Quarter 3 Update

Conducting monthly and quarterly reports to Board of Trustees

Quarter 4 Update

Complete

By end of 3rd Quarter, develop consistent communications utilizing the Call Center data that produces actionable information for community planning to address suicide rates, crisis response and requests for COVID-19 related surge in counseling and navigation.

Quarter 1 Update

Completed draft timeline on Integral Care Suicide Care reporting to include requirements in Austin Public Health Memorandum of Understanding for Sharing Suicide Data, Health and Human Services Commission Suicide Care and National Suicide Prevention Lifeline (NSPL) state expansion grants, 988 preperation, and Integral Care's Zero Suicide implementation

Call Center call volumes (hotline, intake, appointments, COVID related calls) available on SharePoint at the beginning of each month. Reports include 5 years of data for comparison.

Completed Calendar Year 2019 mortality analysis for Integral Care clients with suicide listed as the cause of death.

Completed Calendar Year 2019 mortality analysis for Integral Care clients with a known cause of death. This also compares rates to local and state rates. (completed with assistance from Brittany Whittington, Population Health Administrator)

Identified GAP: delayed suicide data (most recent analysis of national data available is calendar year 2018).

Through the Suicide Care Initiative, looking into feasibility of establishing a LOSS (Local Outreach of Suicide Survivor) team that would respond with first responders to a scene with a suspected death by suicide. Implementation of this team would allow for immediate access to data related to suicide, and would allow real-time agency community planning and response.

Integral Care continues to implement activities related to Zero Suicide Care. This includes training of staff in multiple evidence based suicide care trainings that will allow our workforce to feel more comfortable and competent when delivering suicide care. A suicide care pathway is in development with the EHR that will allow individuals at high risk for suicide, to be easily identified in order to provide the best care. Additionally, efforts have focused on developing safety planning workflows that support client care and Joint Commission requirements.

Quarter 2 Update:

Under development. We have developed data products to capture COVID19 counseling and navigation (Call Journey) and reasons for calling the NSPL (done in Emite). We are continuing to develop additional advanced analytics to address suicide rates, COVID19 response and crisis response. Regarding community planning information, we are currently working to find appropriate aggregations for the existing datasets that we have so that they may be provided to public audiences.

Quarter 3 Update

Initial draft of one-page summary for public community planning pending updated reports. Finding appropriate aggregations of data sets delayed temporarily to allow onboarding of new OneData director.

Additional Call Journey models using Artificial Intelligence (AI) that produce actionable information include:

1) Substance Use board that provides a daily snapshot of how many calls to Call Center are related to substance use and

2) Intake board that provides a daily snapshot of how many calls to Call Center are related to intake activities.

Hotline has also expanded the use of wrap up codes to assist in reporting of National Suicide Prevention Lifeline (NSPL) and local hotline calls.

Quarter 4 Update

Draft report submitted for Executive Management Team review. New Certified Community Behavioral Health Clinic grant awarded will allow for an additional reporting specialist for Fiscal Year 2022 that will focus on validating data with expectation of quarterly updates.

Identify and track trends, research, best practices and data and share information internally and externally through Quality Leadership Team, newsletters, social media, forums, etc.

Quarter 1 Update

Hosted a Community Forum on the impact of drug and alcohol use during uncertain times. Panelists, including Integral Care Associate Medical Director/Addictionologist, discussed recovery supports.

Created a Winter Well-Being Toolkit (https://integralcare.org/en/winter2020/) that offers a variety of resources to support the community's mental health during the winter season. Resources based on data and best practices.

Provided research and best practices regarding Assisted Outpatient Treatment and Housing First in Transparencies. Had a joint OpEd published in Austin American-Statesman with Austin Public Health about holiday safety that supports both mental and physical health. Shared weekly policy highlights with internal staff including up to date information on various policy changes, trends, data and initiatives locally, statewide and federally.

Quarter 2 Update:

Shared weekly Policy Highlights with updates on local, state and national behavioral health policy trends internally.

Quarter 3 Update

Research, data, best practices for Intellectual and Developmental Disabilities (IDD) shared though community forum, social media and newsletters. Housing and homeless services best practices and data shared through newsletters. Integral Care IDD staff invited to present to Kids Living Well about children's IDD services. Continued sharing weekly policy highlights internally with updates on local, state and national behavioral health policy trends.

Quarter 4 Update

Tracked external legislative forums and reports to inform 87th Legislative End of Session Report. Sharing information via the #TogetherWeWillHeal forums. Shared information and data about our Helpline, 911 Call Center mental health option, Terrace at Oak Springs, and Herman Center through various media outlets. Shared information at the Mental Health & Well-Being in the LGBTQIA+ Community virtual community forum.

Share our expertise with all communities through training, publications and other methods

Formalize Integral Care efforts as Center of Excellence

Quarter 1 Update

Integral Care continues to collaborate with the University of Houston through the Taking Texas Tobacco Free project. Recent accomplishments include:

- Development of a Smoking or Vaping & COVID-19 flyer that highlights increased risk of getting sick or becoming sicker from COVID-19

- Development of a preparedness guide for local response teams and city leadership: Treating Tobacco Use During and Emergency Situation

- Current project is working with 28 Substance Use Centers to implement tobacco free policies and procedures. To date: 4,413 Professionals have been educated about treating tobacco through 109 trainings. Educational Material reach: 311,303 People

- Current project is also working with Local Mental Health Authorities to implement internal tobacco treatment specialist training.

Pending grants include Diversity & Inclusion Homelessness from Center for Disease Control through Department of State Health Services. Health and Human Services Commission Grant to support on-going efforts in supporting Local Mental Health Authority (LMHA) and Substance Use Disorder providers as they implement tobacco-free Policies and Procedures.

Integral Care continues with implementation of Zero Suicide Care activities and supports LMHAs in the region as they implement Zero Suicide within their systems of care.

Recent work and accomplishments include:

- Zero Suicide Workforce Survey completed

- Zero Suicide work integrated with Trauma Informed Care Committee (TIC)

- TIC subgroup leading work to implement and standardize an agency wide Safety Planning Procedure.

- Work to implement a Suicide Care Pathway within myAvatar that supports individuals identified as being at risk of suicide. Pilot scheduled to begin at East 2nd clinic.

-Training for Fiscal Year 21 to be finalized and will include Safety Planning, Counseling on Access to Lethal Means (CALM), Ask About Suicide (ASK), and Dialectical Behavior Therapy (DBT).

- Local Outreach of Suicide Survivor (LOSS) Team training completed early November. Currently working on charter to determine next steps in implementation.

Integral Care continues to share Certified Community Behavioral Health Clinic (CCBHC) accomplishments with industry partners such as National Council, Health and Human Services Commission and other LMHAs.

Integral Care was accepted into the National Council CCBHC Mentorship Program as a mentor! Integral Care will have the opportunity to participate in a newly established model of peer-to-peer sharing. The Mentorship Program runs from August 2020 through the end of July 2021. The National Council is deeply invested in the success of all CCBHCs and created the program to:

· Foster peer-to-peer sharing and relationships amongst CCBHCs

· Establish a mechanism for CCBHCs to exchange ideas and crowdsource solutions

· Elevate the best practices and lessons learned from established CCBHCs

Integral Care was paired with two centers in Texas who are in the early stages of CCBHC implementation. Over the next year, we aim to share knowledge and offer supportive guidance as these centers launch new programs and policies aimed at improving care. In addition to 1:1 mentoring, our staff can participate in quarterly workshops and an online community dedicated to crowdsourcing solutions. According to the National Council, Integral Care's mentorship is directly contributing to the success and sustainability of the model in Texas and beyond. Overall,

the program serves to share knowledge, provide support, and spread solidarity for the CCBHC model.

The National Council asked Integral Care to share a success story to be included in the National Council's CCBHC program advocacy materials. On November 16, Integral Care met with the National Council team to highlight general CCBHC accomplishments and showcase the Crisis Call Diversion Program. We also shared a recent report detailing cost savings and return of investment analyses.

On December 4, Integral Care met with LifePath Systems to share lessons learned on open access, intake, telemedicine and same day prescriber visits.

Integral Care is applying to NatCon for Expanded Mobile Crisis Outreach Team (EMCOT) at 911 call center and training Emergency Medical Services (EMS). Tracy Abzug co-presented at national crisis residential summit with Dr. Todd Olmsted, University of Texas Health Economist, regarding cost analysis of community benefit of The Inn services.

Quarter 2 Update

On December 4, Robert Dominguez , Jessica Pedrick and Kim Macakiage met with LifePath Systems to share lessons learned on open access, intake, telemedicine and same day prescriber visits.

Crisis staff are applying to National Council for EMCOT (Expanded Mobile Crisis Outreach Team) at 911 call center and training EMS (Emergency Medical Services). Tracy Abzug co-presented at national crisis residential summit with Dr. Todd Olmsted, University of Texas Health Economist, regarding cost analysis of community benefit of Inn services.

Zero Suicide: Integral Care continues to lead Community of Practice sessions for region LMHA's(Local Mental Health Authorities); Quarter 2 achievement: completion Safety Plan Package which assists staff in identifying risk and delivering care. Development of suicide care pathway underway. This will help staff easily identify individuals at risk of suicide.

The Taking Texas Tobacco team to date has educated 4,013 professionals about treating tobacco, conducted 116 trainings with 28 participating Substance Use agencies, and has had a reach of 355,127 people for material reach.

Quarter 3 Update

Integral Care's EMCOT CTECC (Combined Transportation, Emergency, and Communications Center) project is receiving national attention in developing a promising practice regarding mental health clinicians embedded at the 911 call center. Integral Care's proposal for Substance Use Disorder Center of Excellence was submitted to Dell Med Austin State Hospital (ASH) Redesign steering committee as part of planning for ASH Redesign.

The Texas Institute of Excellence in Mental Health completed a Zero Suicide (ZS) site visit at Integral Care. The goal was to measure progress on the implementation of Zero Suicide at the center. This included staff interviews, a review of policies and other documents, a review of staff training records, and a review of electronic medical record. Highlighted was Integral Care's increase in score over baseline. Recommendations provided have been included in the project plan that guides the ZS work through the Trauma Informed Committee.

The Taking Texas Tobacco Free has begun working on the third 3-year CPRIT funded grant that will allow work with FQHCs and Substance Use service providers in rural areas.

Quarter 4 Update

Submitted 7 proposals for Texas Judicial Commission on Mental Health and two selected for fall conference. Selected by National Council for Behavioral Health to participate as national leader in Certified Community Behavioral Health Clinic crisis planning related to roll out of 988.

• In April, the 1115 Waiver Team completed Demonstration Year 10 reporting of Category C metrics. Health and Human Services Committee (HHSC) accepted all metrics with no request for more information.

• The 1115 Waiver Team met with leadership teams to review Delivery System Reform Incentive Payment (DSRIP) performance following the return to primarily face-to-face services. Integral Care is currently above target for 17 out of 21 Category C quality metrics.

• In collaboration with the Applications Team, the 1115 Waiver Team adjusted clinical quality indicator fields to be required on all progress notes which boosted performance on all DSRIP wellness measures. An 1115 Waiver Console of MyAvatar NX is in development which will alert staff to actions required to meet DSRIP measures related to wellness and depression.

• The 1115 Waiver Team continues to improve the web-based platform to generate real-time DSRIP and Certified Community Behavioral Health Clinic (CCBHC) measure data. Through this platform, staff can view high-level measure performance and drill down to division, unit, and provider performance to track trends, target interventions, and report progress. The DSRIP team regularly attends managers' meetings to train staff on the platform's use and announce updated functions.

• The 1115 Waiver Team conducts weekly meetings with the OneData Team to review Category C metrics and the impact of potential flexibilities allowed by HHSC to mitigate the effects of COVID-19.

Expand Integral Care's ability to support mental health education for the community

Quarter 1 Update

Shared update on Assisted Outpatient Therapy, Supported Employment, Terrace at Oak Springs, Recovery Navigation Services and Crisis Counseling Program in two grants, one newsletter to funders, one newsletter to staff, two newsletters to community and social media.

During Q1, Integral Care provided Mental Health First Aid training to 360 recipients. We also provided "More Than Sad" and "CALM" (Counseling on Access to Lethal Means) training to 11 parents and teachers in Del Valle Independent School District and El Buen Samaritano. Finally, Child and Family Services (CFS) met with various stakeholders including Renewing Family Strengths, Hope Center for Music Therapy, Child and Protective Services, University of Texas Dell Medical School, Austin Child Guidance Center, various school districts, and others to educate on CFS' service array.

Quarter 2 Update

During Quarter 2, Integral Care provided Mental Health First Aid training to 278 recipients. In February, the school based teams provided over 1,000 suicide prevention bags to teachers with suicide prevention material such as "Recognizing Warning Signs" and "How to Get Help" handouts, magnet with text line information, and brochures on CFS (Child & Family Services) services. Finally, CFS met with various stakeholders including CPS (Child Protective Services), foster care providers, The Thinkery, Dell Medical School, various school districts, and others to educate on the CFS' service array.

Quarter 3 Update

During Quarter 3, Mental Health First Aid (MHFA) conducted virtual MHFA trainings with 297 individuals. Additionally, the Child and Family Services division trained 10 school personnel on suicide prevention, 25 individuals in "More than Sad" and 80 individuals in CALM (Counseling on Access to Legal Means) training.

Quarter 4 Update

Mental Health First Aid (MHFA) conducted virtual MHFA trainings with 246 individuals and Counseling on access to Lethal Means (CALM) Training with 38 individuals.

Support skill development of internal experts to share knowledge with staff and community, including educating staff on use of available tools and resources to increase agency impact. Expand resource library to support this effort.

Quarter 1 Update

Prepared nine staff for media interviews on topics including Assisted Outpatient Treatment, Suicide Prevention, Mental Health Support, 24/7 Helpline, seasonal affective disorder and homelessness.

Quarter 2 Update:

Continue to support staff with branding tools and resources through Sway resource page. Provide reminders monthly through All Things Integral (ATI) and introduce it monthly at New Employee Orientation. Work closely with staff to write talking points and prepare for media interviews.

Quarter 3 Update

Work closely with staff to write talking points and prepare for media interviews. 27 media mentions this quarter, featuring 8 employees. Continue to support staff with branding tools and resources through Sway resource page. Provide reminders monthly through All Things Integral (ATI) and introduce it monthly at New Employee Orientation.

Quarter 4 Update

Held media training for over twenty staff. Updated talking points and distributed to staff for media training. Prepared four staff for media interviews. Continued to share branded materials with staff to use with their presentation, etc.

By end of 4th Quarter, conduct at least four community forums, either in person or virtual, that demonstrate Integral Care as a leader in Behavioral Health in Travis County

Quarter 1 Update

Hosted a community forum on Substance Use Disorder and the impact of the COVID-19 pandemic. Streamed on Facebook and reached more than 600 individuals. Continue to support the #Togetherwewillheal monthly forums as part of Central Texas African American Family Support Conference.

Quarter 2 Update:

Hosted a community forum on how to support mental health during triple threat of pandemic, winter season and the holidays.

Quarter 3 Update

During the 3rd Quarter, 2 additional community forums were held, one on supporting caregivers of people living with Intellectual and Developmental Disabilities and on all-Spanish focused on mental health in the Latinx community. A forum regarding the Fiscal Year 2022 budget will be held in June, bringing the number of forums hosted to 5 as of this point in the fiscal year.

Quarter 4 Update

Hosted two virtual community forums – Fiscal Year 2022 Budget Forum (111 attended) and LGBTQIA forum (77 people attended, 619 viewed recording) Hosted three Central Texas African-American Family Support Conference #TogetherWeWillHeal forums.

Use new and existing tools to share expertise across the agency and community through events and communications.

Quarter 1 Update

Hosted a virtual Community Forum on the impact of drug and alcohol use during uncertain time. Panelists included out Assistant Medical Director/Addictinologist sharing information on substance use disorder and therapies.

Created a Winter Well-Being Toolkit (https://integralcare.org/en/winter2020/) that offers a variety of resources to support the community's mental health during the winter season, included nine unique articles with resources tied to data and best practices, two social media announcements, one community newsletter announcement and two staff communications.

Central Texas African American Family Support Conference hosted three virtual #TogetherWeWillHeal Forums. Topics included suicide in the African American community, grief, loneliness and health literacy in the African American community. Nine emails sent to promote forums, also promoted twenty times on social media.

Austin American Statesman published a joint OpEd by Integral Care and Austin Public Health about holiday safety that included innovative ideas to support mental health while protecting physical health.

Data shared in unique graphics across social media for Mental Illness Awareness Week. Data around the mental health impact of COVID-19 shared in two external newsletters. Monthly staff newsletter shared various new reports, data and presentations made by staff at conferences.

Quarter 2 Update

Hosted virtual 21st Annual CTAAFSC (Central Texas African American Family Support Conference); 871 registered; 20 workshops and panels and 2 poster presentations; 3 keynote speakers. CTAAFSC's #TogetherWeWillHeal Forum held on December 16 drew 162 views, 17 Shares, 187 post engagement and a total of 391 reached on Facebook in 24 hours. CTAAFSC's #TogetherWeWillHeal Forum held on January 20 had 31 attendees; 341 people joined on Facebook, reached 700 people in 48 hours and had 386 post engagements.

Co-hosted virtual community forum - Supporting Your Mental Health This Winter with by NAMI (National Association for Mental Illness) Central Texas. Panelists included Integral Care, local mental health advocate/peer and local mental health provider. Streamed on Facebook, over 700 viewed with 23 shares. Over 140 attended virtually.

Launched Winter Well-Being Toolkit, which included innovative ideas to boost mental health for yourself, family, friends and neighbors. Promoted across the community, including on University of Texas's Employee Assistance Program webpage.

Quarter 3 Update

Hosted a virtual community forum on Intellectual and Developmental Disabilities (IDD). 89 attended in Zoom. Resumed the #TogetherWeWillHeal Forum: 29 attended in Zoom. Hosted first-ever all-Spanish Community Forum – Hablemos de la salud mental (Let's talk about mental health), focused on mental health in the Latinx community. Co-presented with NAMI (National Alliance on Mental Illness) Central Texas, over 200 people viewed it on Zoom and Facebook. Co-created a 2021 Mental Health Month Toolkit with NAMI Central Texas, included diverse perspectives from counselors with a wide variety of mental health resources for multiple cultures. Reached over 8600 people on social media and had almost 3300 webpage visits. Participated in KLRU panel about Mental Health During a Year of Crisis. Streamed live on Facebook on 3/8 with 670 views. Aired on KLRU on 3/18. Participated in a mental health panel for Texas Department of Transportation(TxDOT). Over 200 TxDOT employees attended the webinar. Launched first fully-digital annual report. Participated in the Community Night Spotlight: Mental Health Awareness at Thinkery and had 59 views, reached 422 people, 20 people engagement. Provided magnets and informational flyers for the KIPP (Knowledge is Power Program) Community Resource Fair. Provided magnets and informational flyers for the 4th annual Burnet Spring Fair.

Quarter 4 Update

Very successful distribution of four videos and tip sheet to support teen mental health shared by approximately 23 collaborating organizations. Continue to grow followers and expand reach on all social media platforms. Hosted Health and Well-Being in the LGBTQIA+ Community virtual community forum. Created video series in multiple languages for BIPOC Mental Health Month about mental health in different cultures including Black, Latinx, Arabic, Hindi, Chinese and Pakistani. Videos in six languages. Created various materials for Back to School including a social media campaign and Top 10 Mental Health Edition for Parents. Continue to strengthen All Things Integral, sharing key information with staff about work across the agency.

Communicate our role, accountability and impact

By end of 4th Quarter, demonstrate Integral Care's leadership role through meaningful input and participation in the City-Community Reimagining Public Safety Task Force

Quarter 1 Update

Dawn Handley, Chief Operating Officer(COO), has been appointed by the City Manager as a Task Force member. This group meets 1-2 times a month in the evenings. Guiding principles and values are the current focus. Strategies and workgroups are being defined.

The COO has been appointed by the City Manager as a member of the Community-Public Safety Task Force Work Group which will inform City Council's Public Safety group on recommendations. Specific focus for Integral Care is on the 911 Call Center functions and recommendations on best practice or promising practices. This group meets for 4-5 hours every other week. Individual work groups are just now being discussed and formed regarding all areas of Austin Police Department that the group is interested in addressing. These meetings are public and streamed live on-line. Updates will be provided quarterly or as needed.

Quarter 2 Update

Task Force Members are participating and leading work groups in various areas from the 911 Call Center, traffic stops, training Pop Health and needs in specific areas of the CIty and County to Victims Groups and needs. Community meetings have been held to gather community input and ideas related to re-imagining law enforcement. Task Force members will begin presenting proposals for City Council to consider in April. We hold a seat as a Task Force member appointed by the City Manager and participate in the 911 Call Center work group. Various models are being reviewed and considered. We have provided updates and literature review to educate the group as well as presentations of our own local program EMCOT and First Responders.

Quarter 3 Update

The Re-imagining Public Safety (RPS) task force, on which Dawn Handley serves on behalf of Integral Care, brought together City staff and community members to co-create a framework for public safety to be reimagined. This task force met regularly for months and provided recommendations for policy, cultural and structural changes to improve the quality of the public safety experience for all communities. The Task Force finalized a comprehensive set of public safety reform recommendations and presented them to Austin City Council April 20, 2021. The full recommendations may be found here: **Read the Task Force recommendations report** The task force provided recommendations for Police Staffing, Public Health Reinvestments, Uprooting Punitive and Harm Culture in Intersecting Systems, Patrol and Surveillance, Business and Economic Development, and Equity Re-investment in Community. The RPS Task Force work is complete. All community forums and task force meetings have been held. Proposals have been presented to City Council. The City Manager is evaluating all proposals and will make a recommendation to Council on which proposals or elements of all the proposals will be implemented and funded.

To date, the only recommendations that have been accepted and implemented are the Austin Police Department (APD) Training and the 911 Call Center changes which were imbedded in the

larger group topics. The 911 Call Center will be de-coupled from law enforcement and will move under a new department in the city outside of APD. We will continue our work in the call center as it is currently designed. The training for new cadets has been reviewed and changed. A new cadet call is underway with the new training format.

Quarter 4 Update

Formal report with recommendations from the Reimagining Public Safety Task Force presented to City Council in April. The Task Force held dozens of meetings throughout the year to include community listening sessions. The final report included 143 recommendations for policy, cultural and structural changes to improve the quality of the public safety experience for all communities. As a result of this work, Fiscal Year 2022 City budget includes $36.5 million directly tied to advancing the Reimagining Public Safety initiative.

Use all available tools and avenues to share information internally and externally including program focus and results, success stories, service impact and service challenges. Work with Program and One Data to build information repository accessible to all staff.

Quarter 1 Update

Shared updated on Assisted Outpatient Treatment, Supported Employment, Terrace at Oak Springs return on investment, Recovery Navigation Services return on investment, Intellectual and Developmental Disabilities iPad initiative and Crisis Counseling Program impact in two grants, one newsletter to funders, three newsletters to staff, weekly updates to Integral Care Foundation Board, three newsletters to community and across multiple social media platforms.

Quarter 2 Update:

Included client success stories for year-end fundraising efforts and Amplify Austin. Promoted mental health support and EMCOT's (Expanded Mobile Crisis Outreach Team) role on 911 call center floor/new mental health to media, received multiple stories.

Quarter 3 Update

Promoted work of PATH (Programs for Assistance in the Transition from Homelessness), impact of Helpline and MHFA (Mental Health First Aid) in multiple media stories. Shared updates on new grant awards, including Austin Public Health substance misuse services and Health and Human Services Commission Coordinated Specialty Care Supplemental funding, in quarterly public funders newsletter. Promoted Child and Family Services summer programs through mini-fundraising campaign. Released first ever all digital annual report with an interactive format

Quarter 4 Update

Media stories shared in Transparencies and All Things Integral and occasionally in CEO communication to staff. Terrace at Oak Springs success story highlighted in new video. Highlighted CARE, Assisted Outpatient Treatment and Safe Landing programs in Transparencies. Published Fiscal Year 2020 Annual Report. Highlighted programs in quarterly public funder newsletter and regular fundraising newsletters.

Quarter 1 Update

Updated dashboard being sent to Network Development and Management Team.

Quarter 2 Update

Ongoing outreach to providers utilizing virtual site visits, responding to incident reports and issues with billing, completing COVID-19 report forms, and collaborating with providers on best practices. Presented at monthly Children's Partnership meeting to discuss COVID-19 protocols and best practices, as well as received feedback on identifying needs and gaps in contracted provider services. On target to meet the 3rd Quarter deadline.

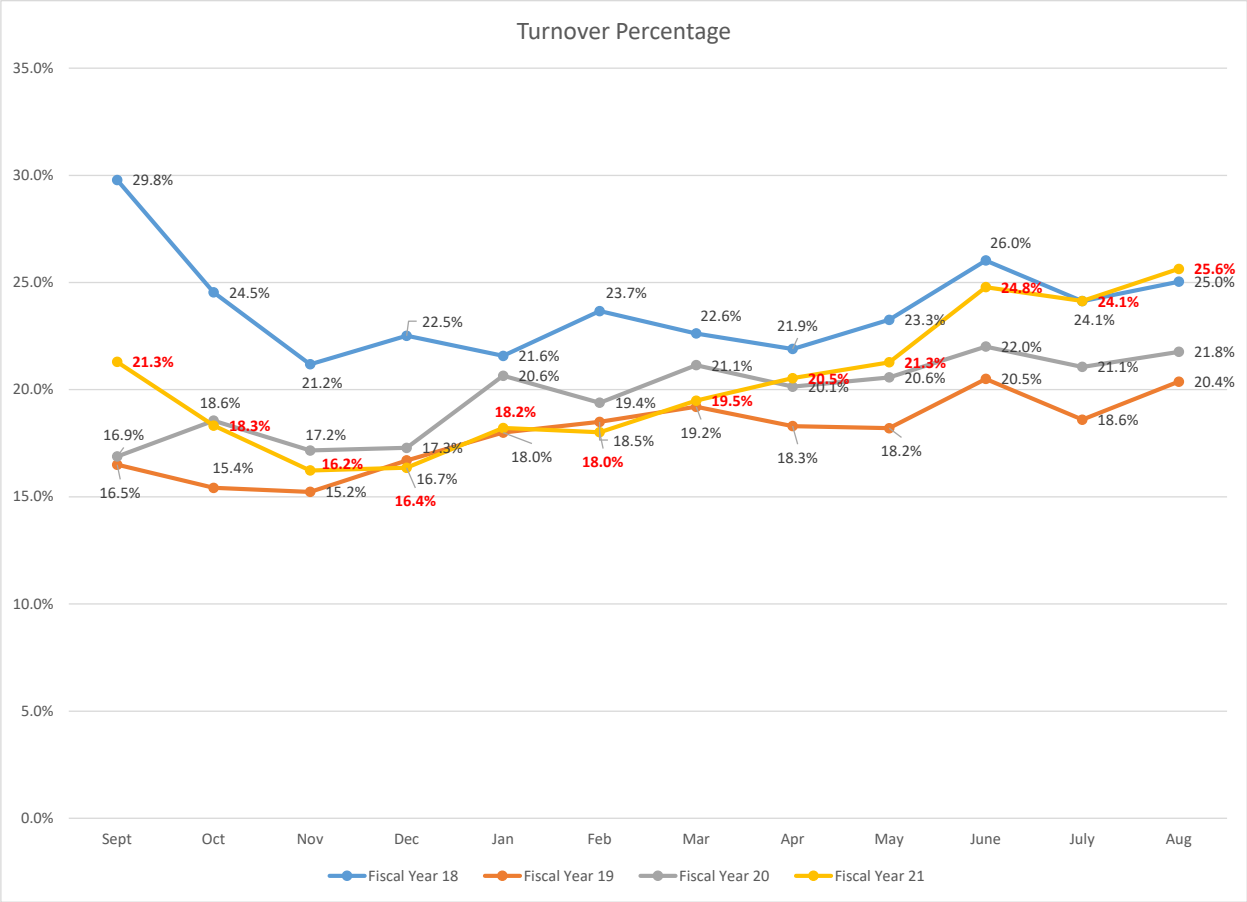
Quarter 3 Update

Ongoing outreach to providers through virtual and beginning in-person site visits, desk reviews, responding to incident reports and issues with billing, completing Covid-19 report forms, and collaborating with providers on best practices. Presented at monthly Children's Partnership meeting to network and continue to receive feedback on identifying needs and gaps in contracted provider services.

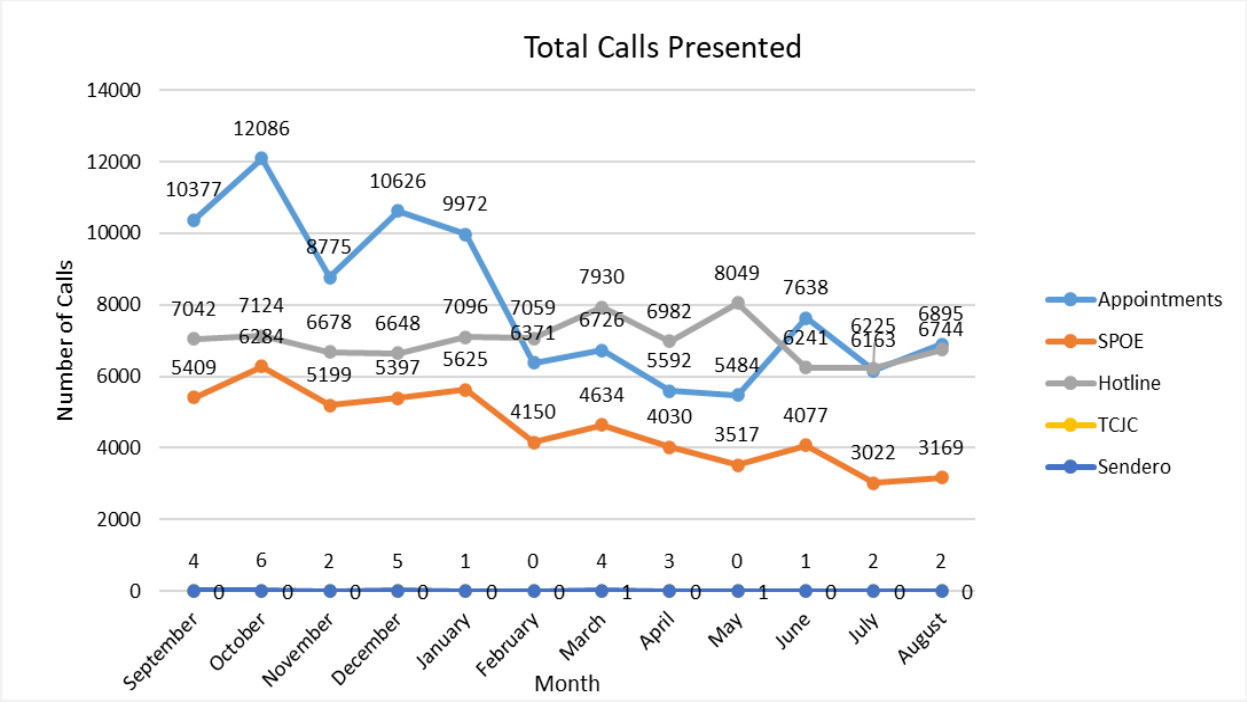
Quarter 4 Update

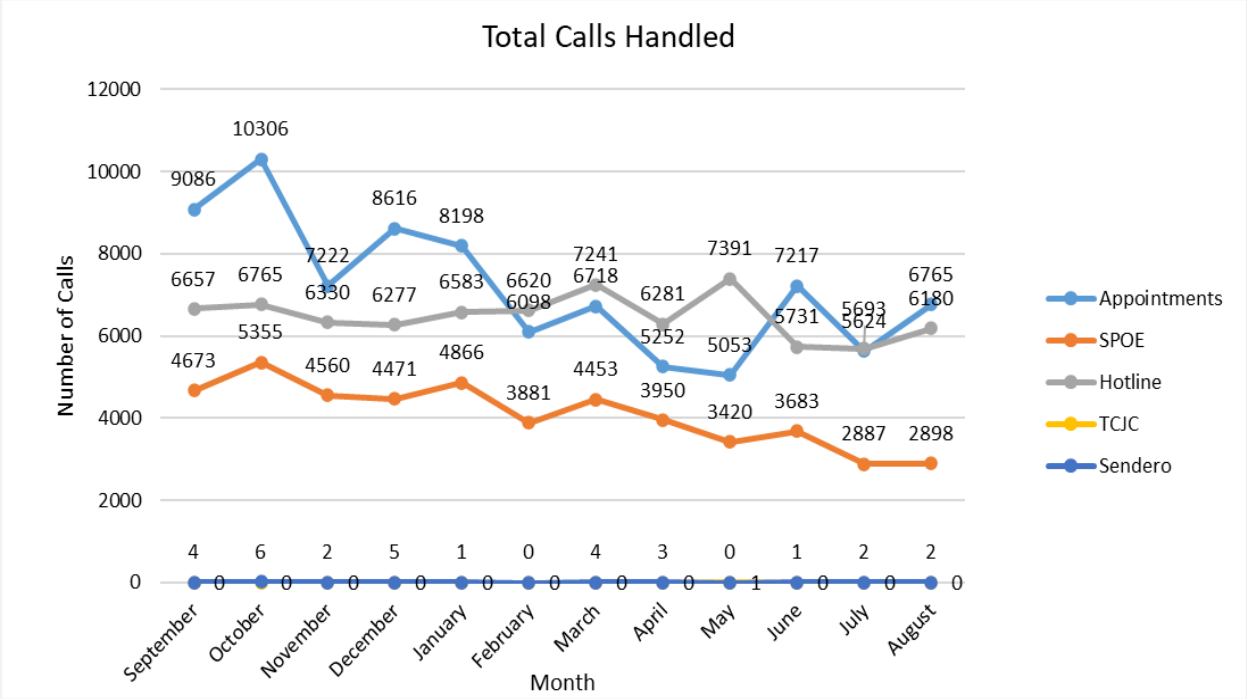
We continue to meet every two weeks to check in on progress towards improving the application process. Working on creating a dashboard in Power BI to show provide demographics. Introduced Provider Profile pages and created a template ono Sharepoint to start creating profiles. Working on updating Provider manual.

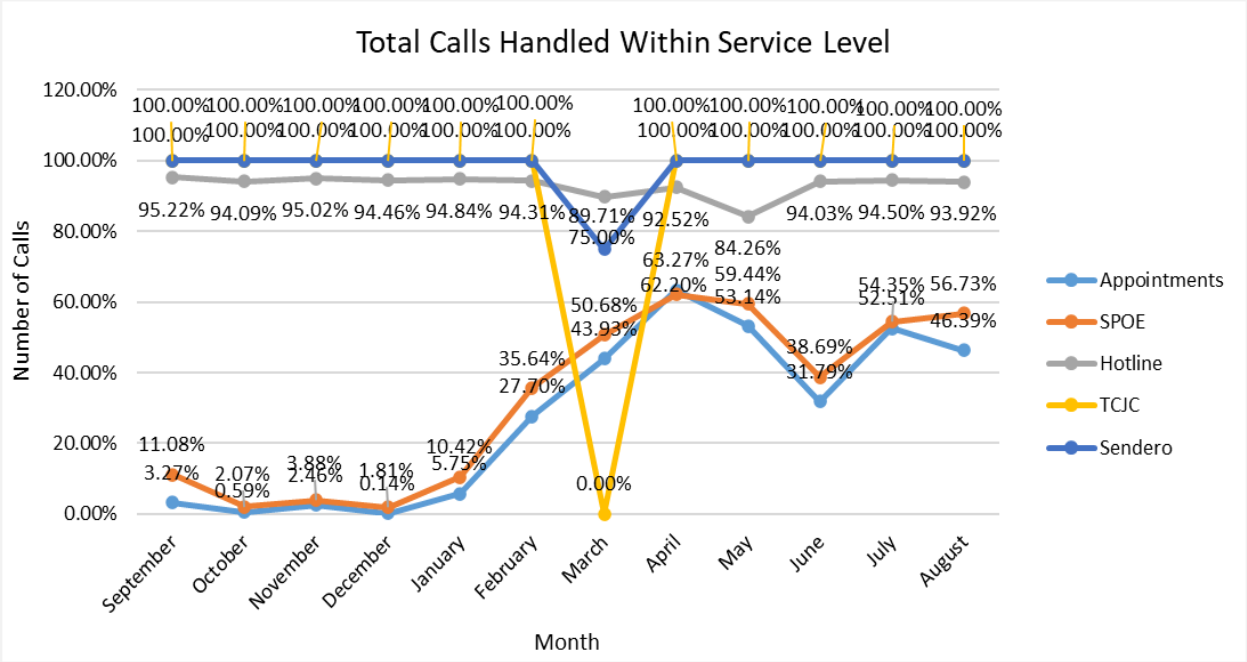
Attachment 1: Turnover Percentage

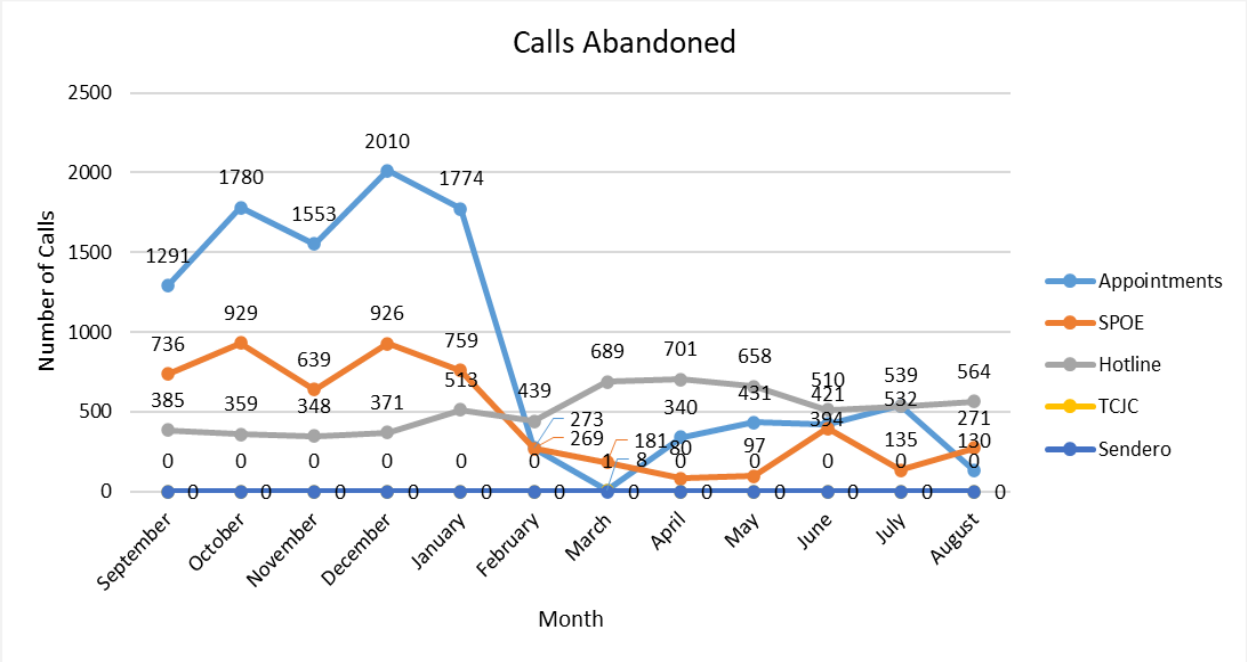


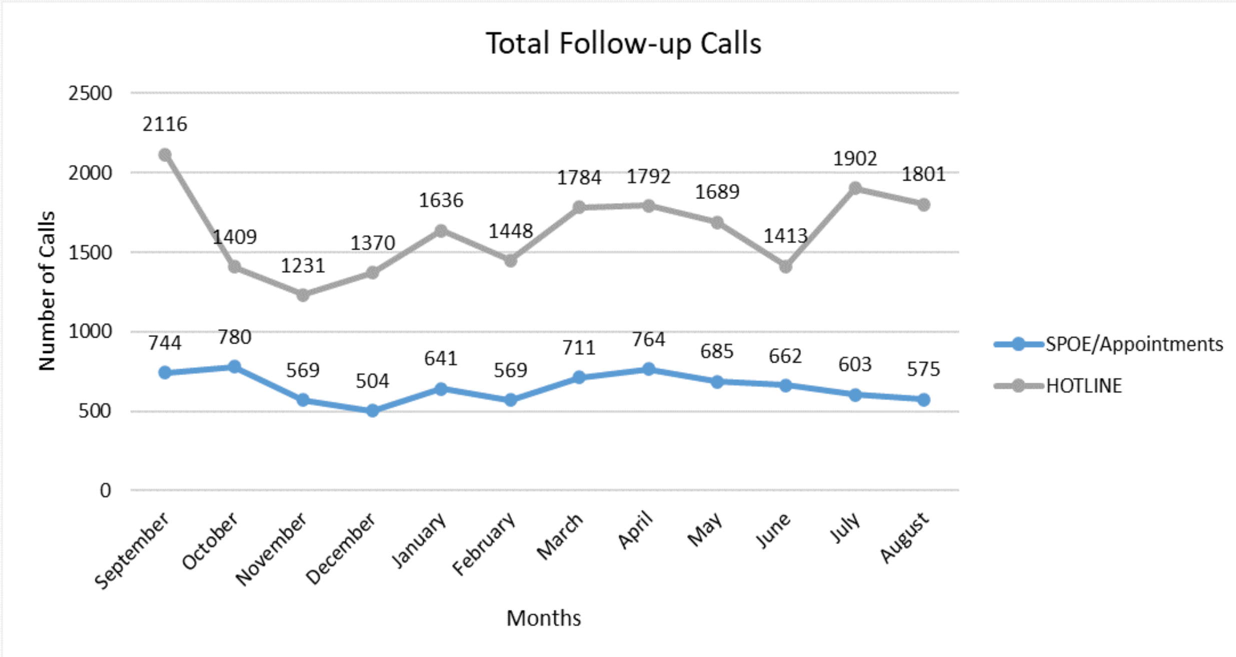
Attachment 2: Call Center Data






Total Calls Handled Within Service Level
Number of Calls
Month
Appointments
SPOE
Hotline
TCJC
Sendero
September
October
November
December
January
February
March
April
May
June
July
August


Calls Abandoned
Number of Calls
Month
Appointments
SPOE
Hotline
TCJC
Sendero
September
October
November
December
January
February
March
April
May
June
July
August


Total Follow-up Calls
Number of Calls
Months
SPOE/Appointments
HOTLINE
2500
2000
1500
1000
500
0
2116
1409
1231
1370
1636
1448
1784
1792
1689
1413
1902
1801
744
780
569
504
641
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October
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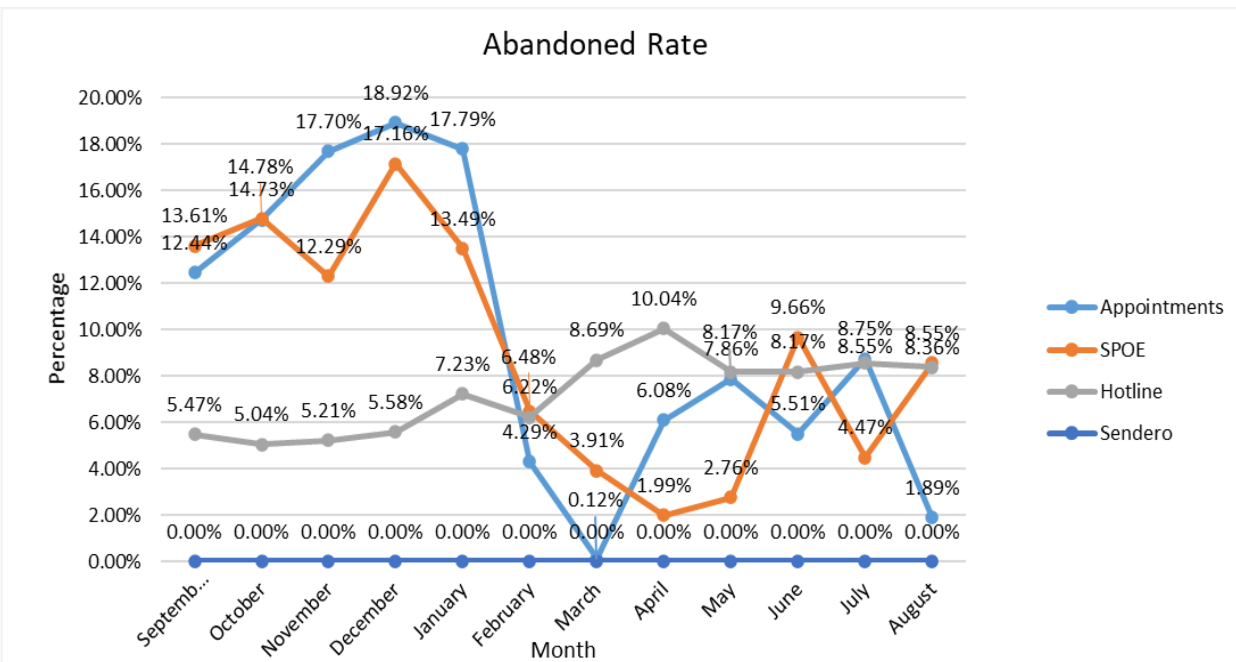
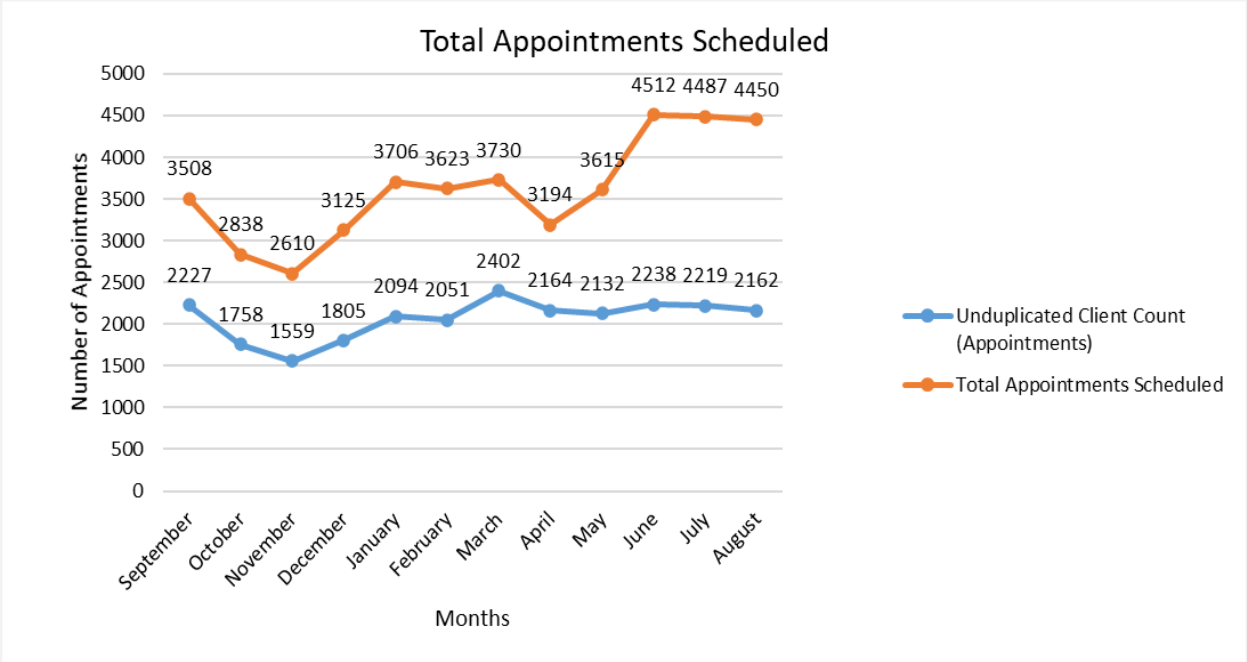
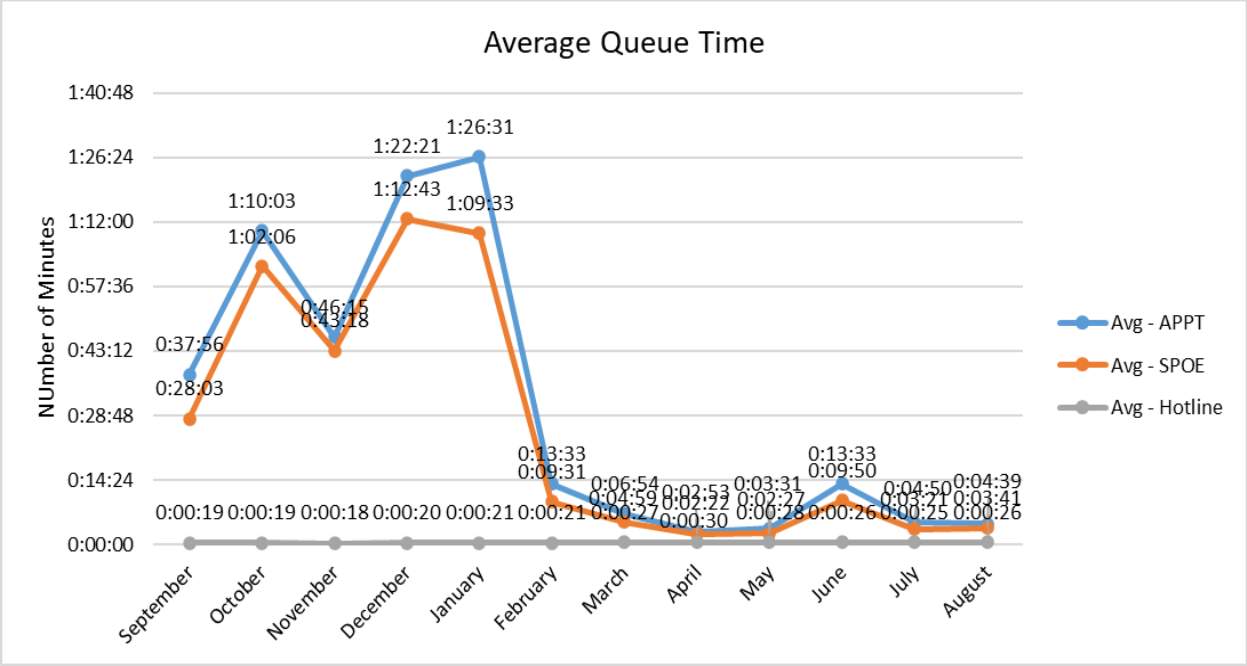
December
January
February
March
April
May
June
July
August


Abandoned Rate
Percentage
Month
Appointments
SPOE
Hotline
Sendero
20.00%
18.00%
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
18.92%
17.70%
17.16%
17.79%
14.78%
14.73%
13.61%
12.44%
12.29%
13.49%
10.04%
9.66%
8.69%
8.17%
7.86%
8.17%
8.75%
8.55%
8.55%
8.36%
7.23%
6.48%
6.22%
6.08%
5.47%
5.04%
5.21%
5.58%
5.51%
4.47%
4.29%
3.91%
2.76%
1.99%
0.12%
1.89%
0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%
Septemb...
October
November
December
January
February
March
April
May
June
July
August


Total Appointments Scheduled
Number of Appointments
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
3508
2838
2610
3125
3706
3623
3730
3194
3615
4512
4487
4450
2227
1758
1559
1805
2094
2051
2402
2164
2132
2238
2219
2162
September
October
November
December
January
February
March
April
May
June
July
August
Months
Unduplicated Client Count (Appointments)
Total Appointments Scheduled


Average Queue Time
NUmber of Minutes
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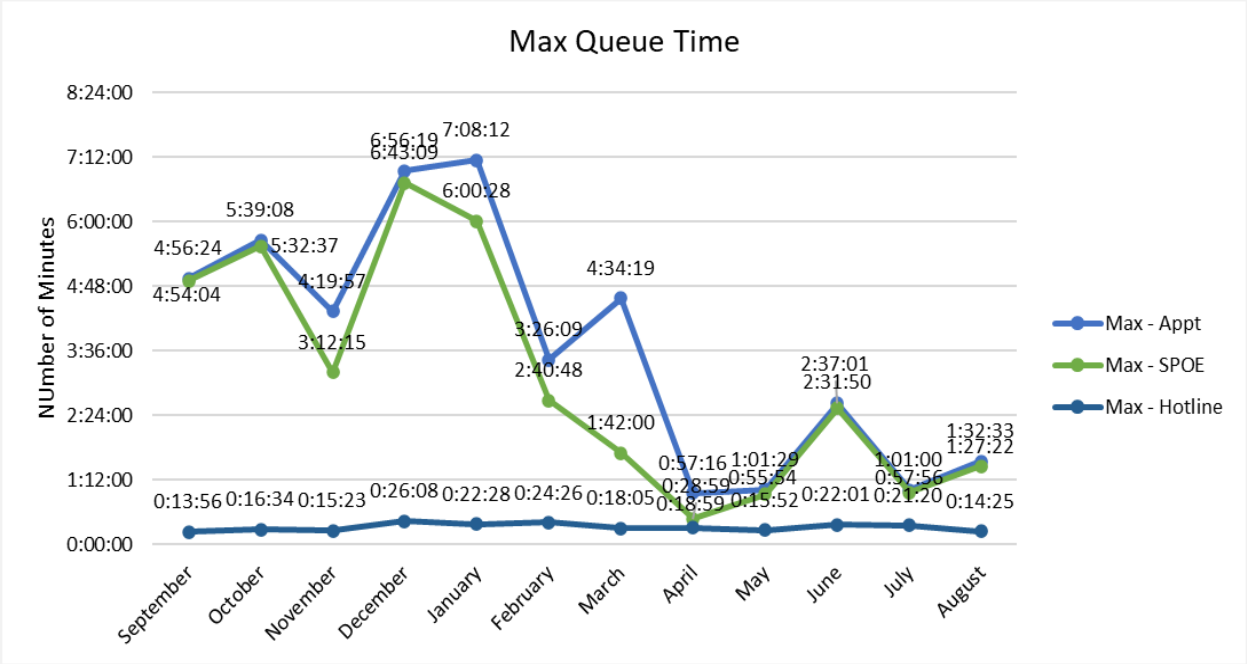
1:26:24
1:12:00
0:57:36
0:43:12
0:28:48
0:14:24
0:00:00
0:37:56
0:28:03
1:10:03
1:02:06
0:46:15
0:43:18
1:22:21
1:12:43
1:26:31
1:09:33
0:13:33
0:09:31
0:06:54
0:04:59
0:02:53
0:02:22
0:03:31
0:02:27
0:13:33
0:09:50
0:04:50
0:03:21
0:04:39
0:03:41
0:00:19
0:00:19
0:00:18
0:00:20
0:00:21
0:00:21
0:00:27
0:00:30
0:00:28
0:00:26
0:00:25
0:00:26
September
October
November
December
January
February
March
April
May
June
July
August
Avg - APPT
Avg - SPOE
Avg - Hotline


Max Queue Time
NUmber of Minutes
8:24:00
7:12:00
6:00:00
4:48:00
3:36:00
2:24:00
1:12:00
0:00:00
4:56:24
4:54:04
5:39:08
5:32:37
4:19:57
3:12:15
6:56:19
6:43:09
7:08:12
6:00:28
3:26:09
2:40:48
4:34:19
1:42:00
0:57:16
0:28:59
1:01:29
0:55:54
0:18:59
0:15:52
2:37:01
2:31:50
0:22:01
1:01:00
0:57:56
0:21:20
1:32:33
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0:16:34
0:15:23
0:26:08
0:22:28
0:24:26
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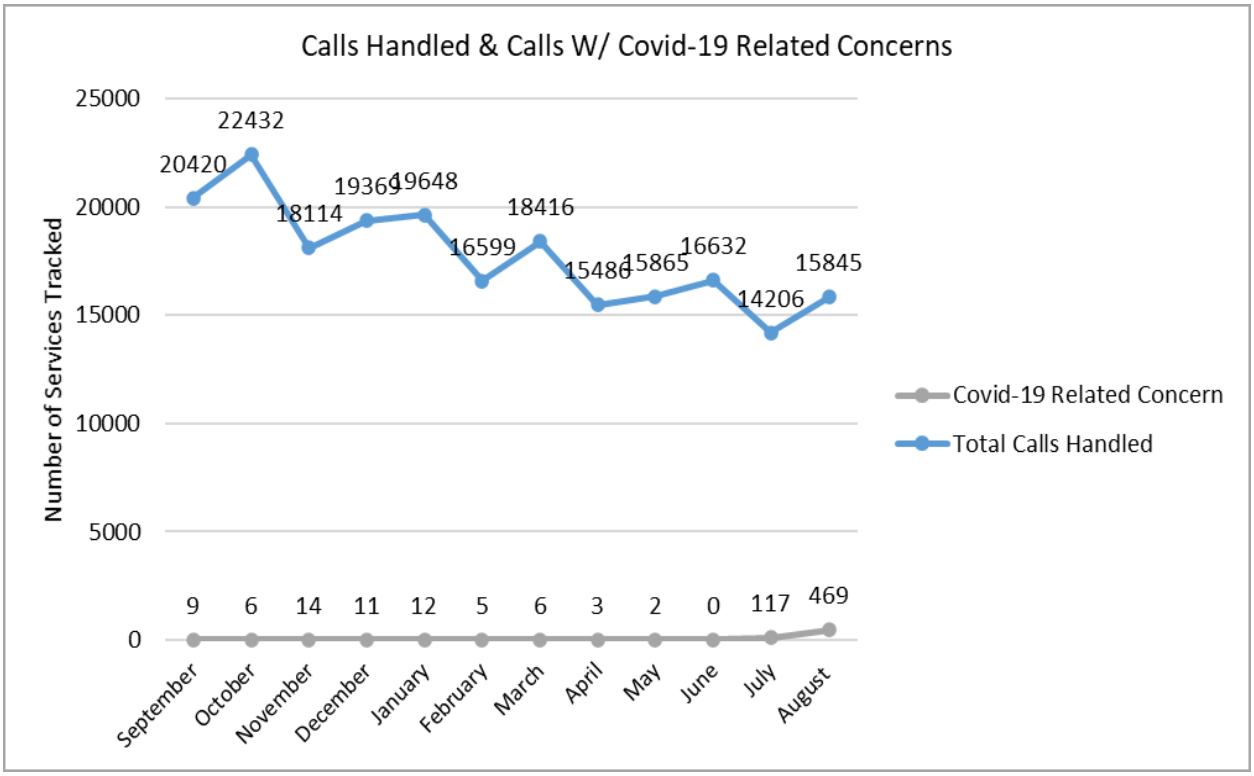
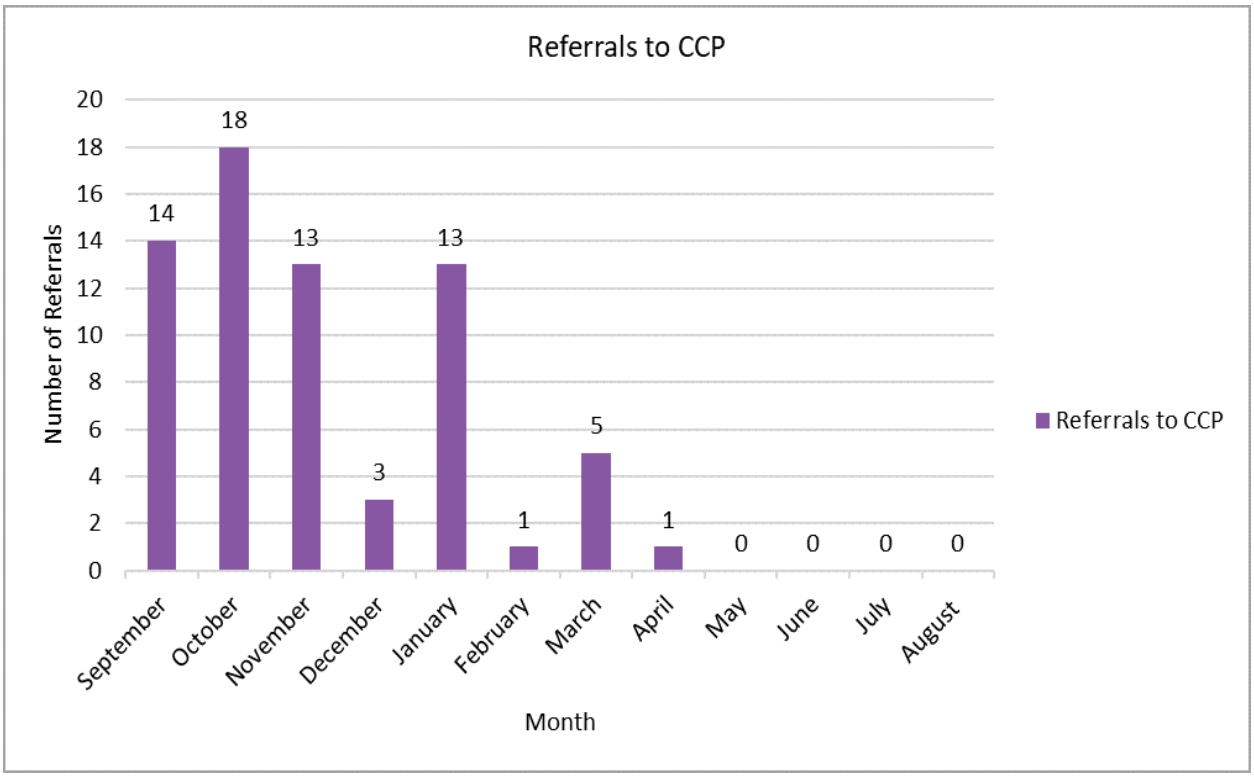
February
March
April
May
June
July
August
Max - Appt
Max - SPOE
Max - Hotline


Calls Handled & Calls W/ Covid-19 Related Concerns
Number of Services Tracked
25000
20000
15000
10000
5000
0
20420
22432
18114
19369
19648
16599
18416
15486
15865
16632
14206
15845
9
6
14
11
12
5
6
3
2
0
117
469
September
October
November
December
January
February
March
April
May
June
July
August
Covid-19 Related Concern
Total Calls Handled


Referrals to CCP
Number of Referrals
Month
Referrals to CCP
September
October
November
December
January
February
March
April
May
June
July
August
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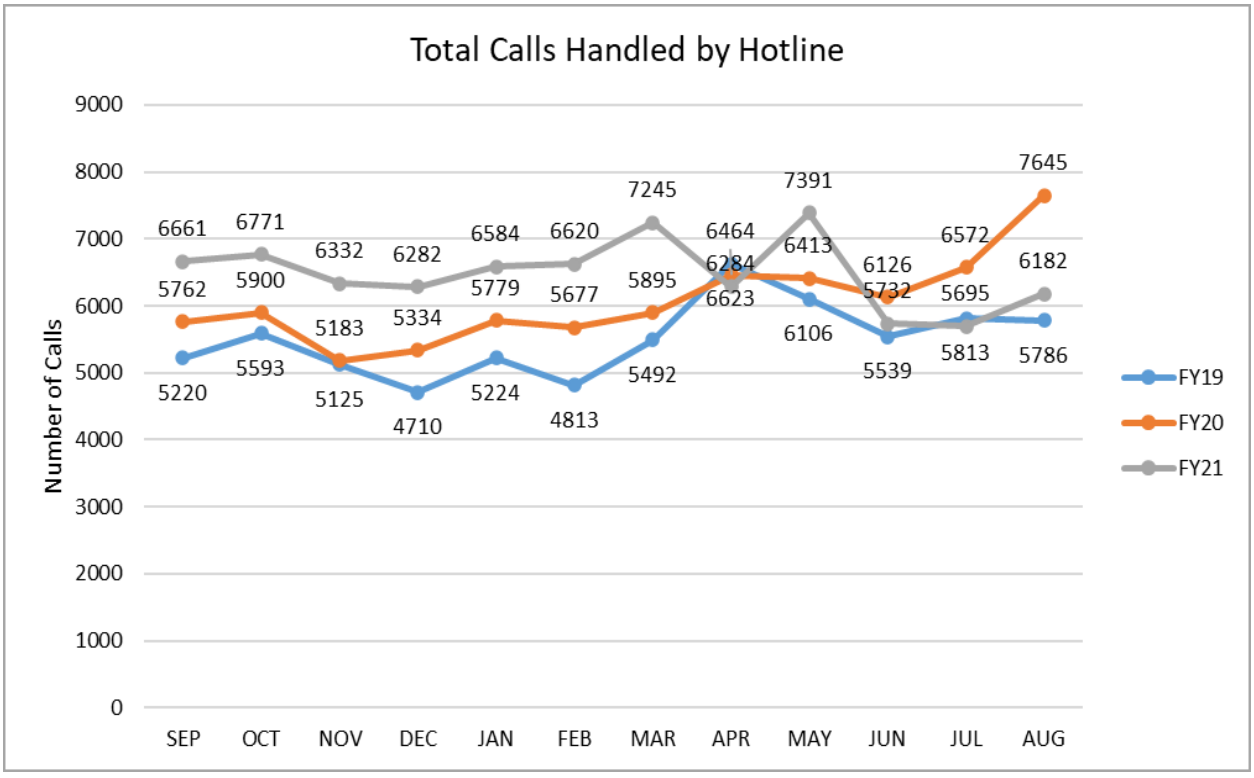
18
13
3
13
1
5
1
0
0
0
0


Total Calls Handled by Hotline
Number of Calls
FY19
FY20
FY21
SEP
OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
6661
6771
6332
6282
6584
6620
7245
6464
7391
6126
6572
6182
5762
5900
5183
5334
5779
5677
5895
6284
6413
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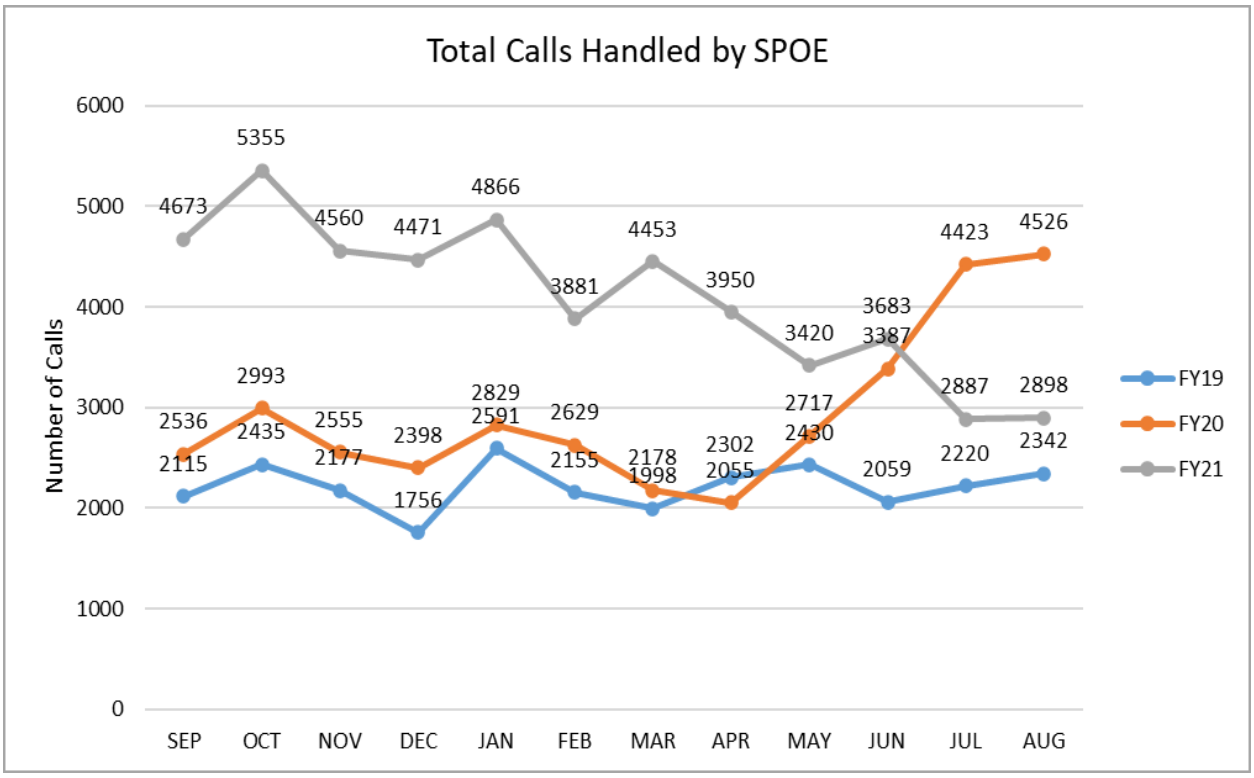
6106
5539
5813
5786


Total Calls Handled by SPOE
Number of Calls
6000
5000
4000
3000
2000
1000
0
SEP
OCT
NOV
DEC
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
4673
5355
4560
4471
4866
3881
4453
3950
3420
3683
3387
2887
2898
2536
2993
2555
2398
2829
2591
2629
2155
2178
1998
2302
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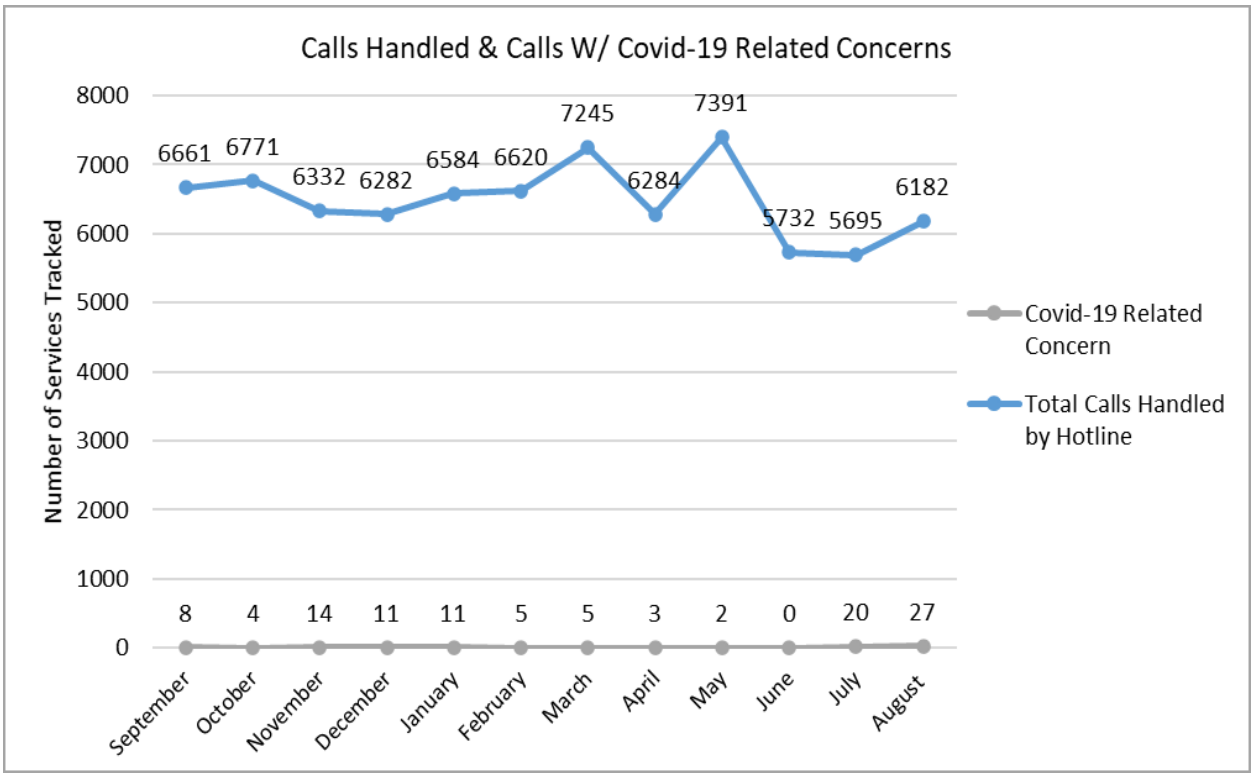
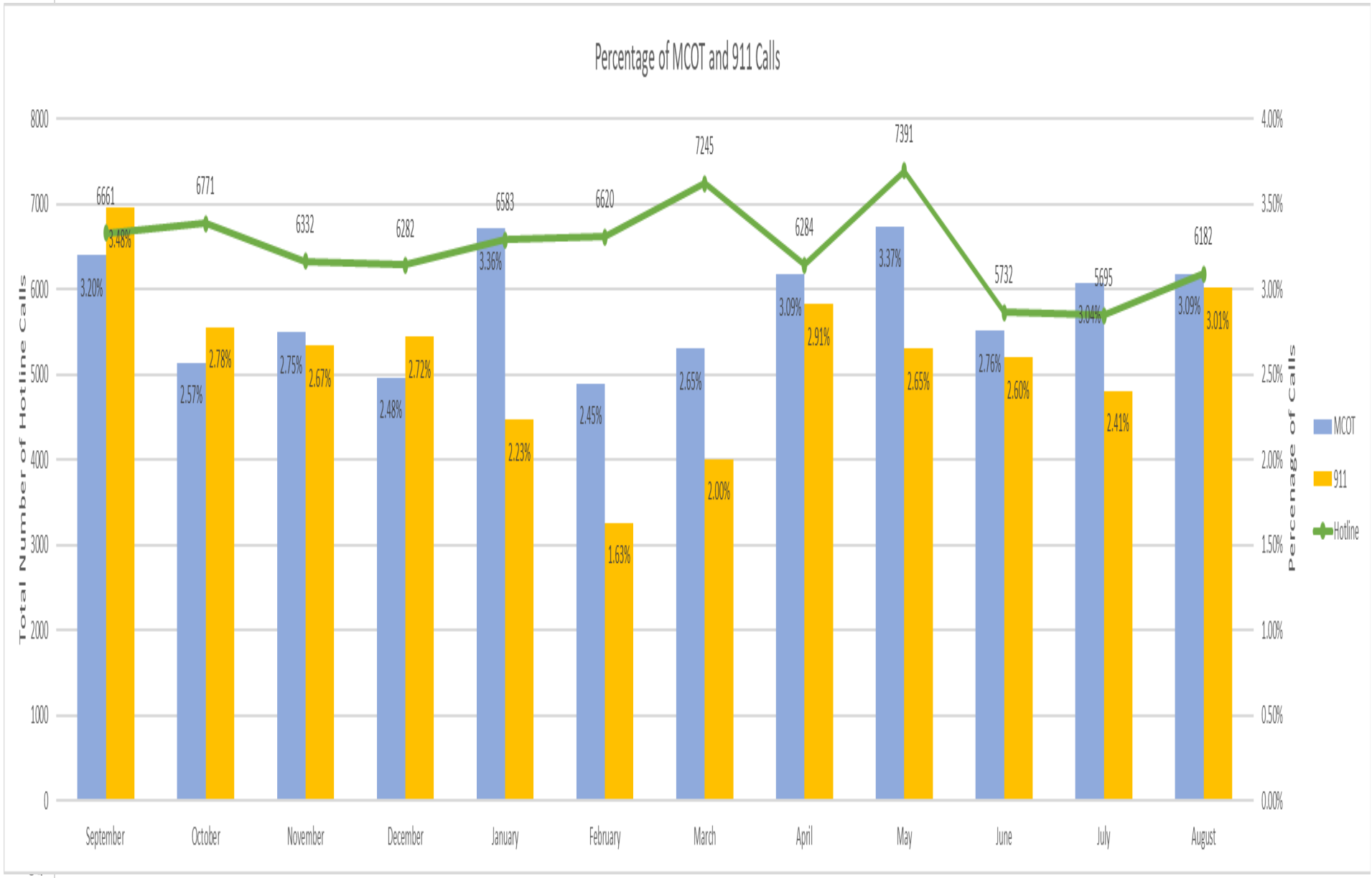
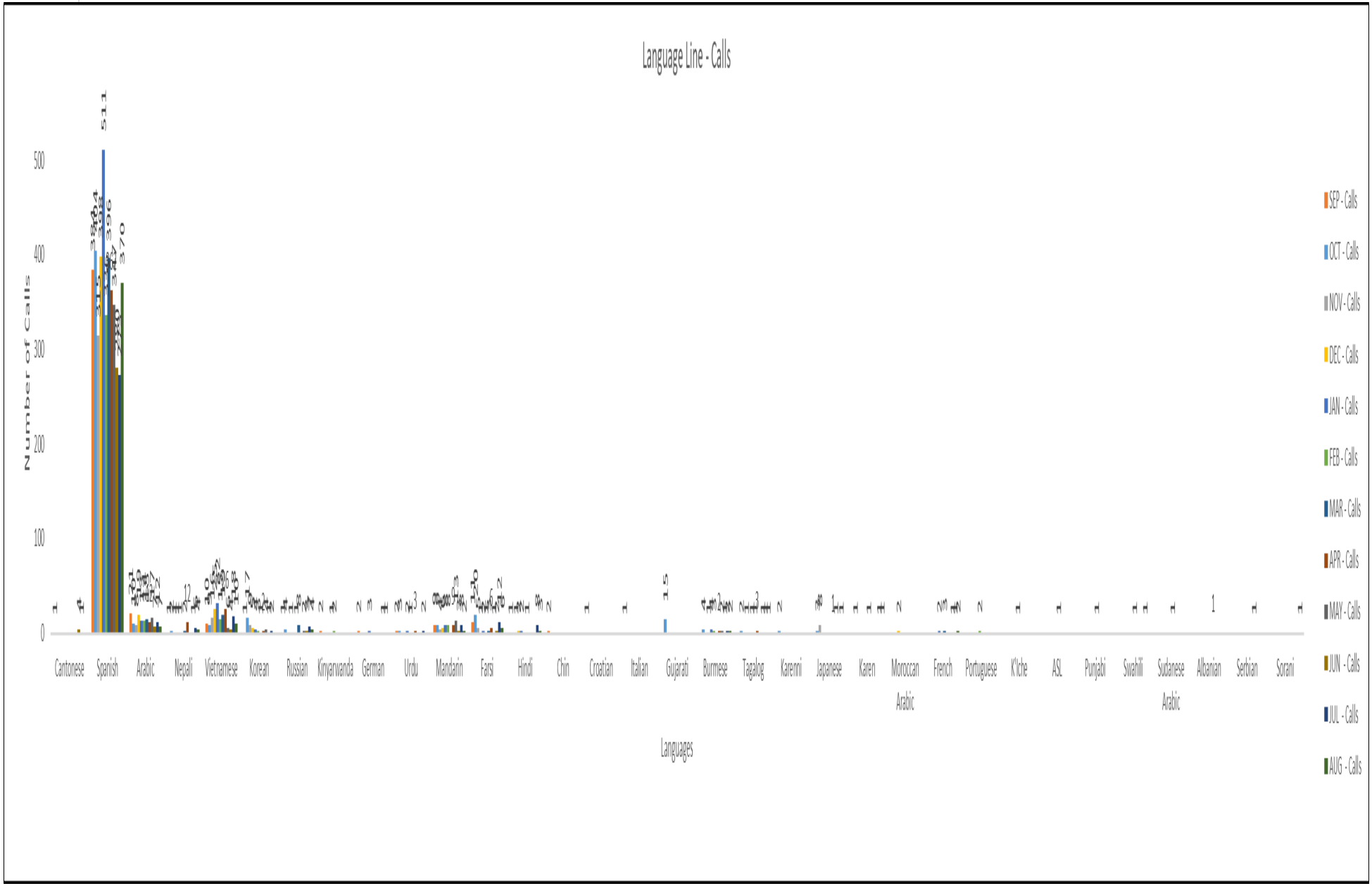
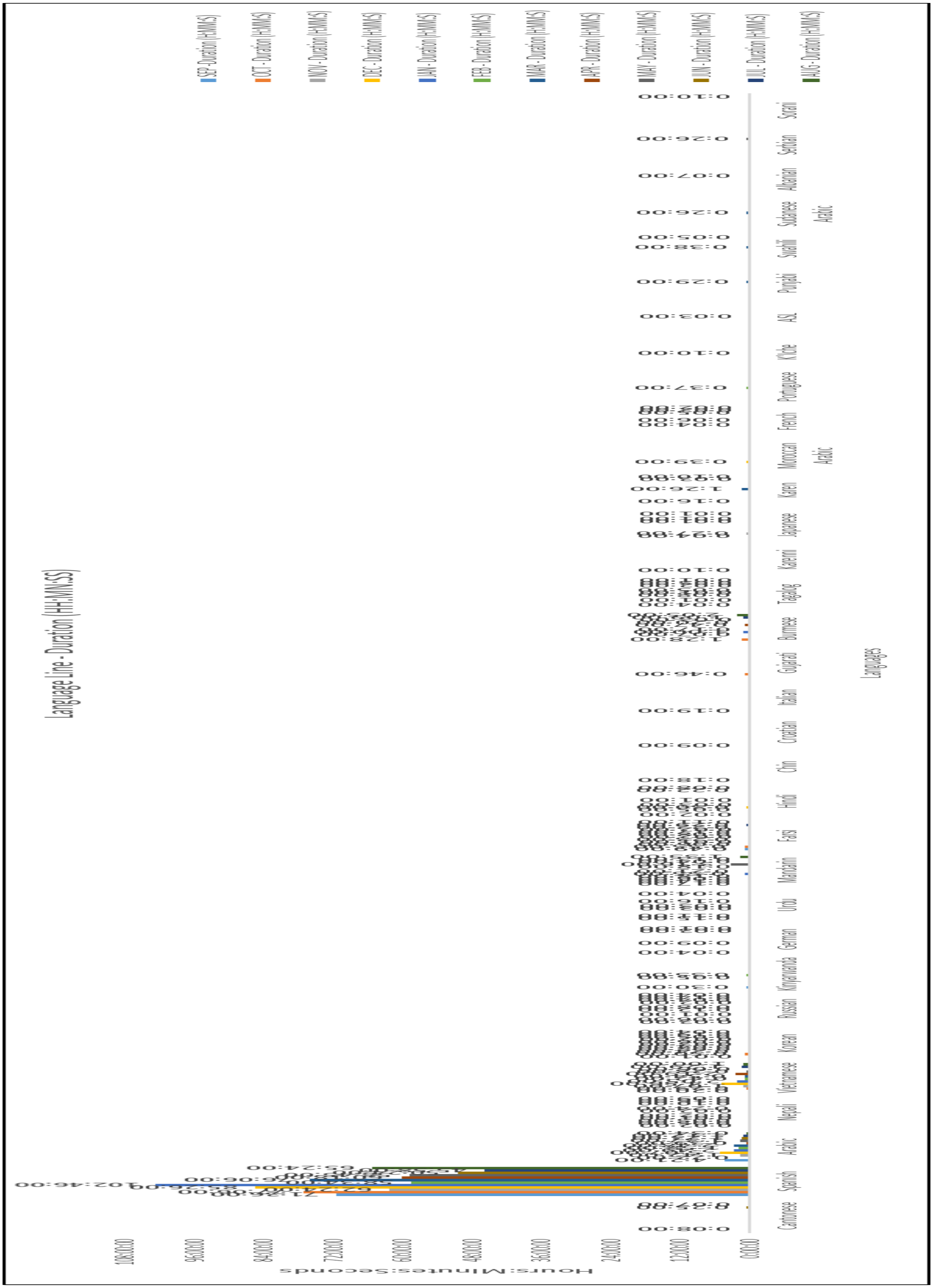
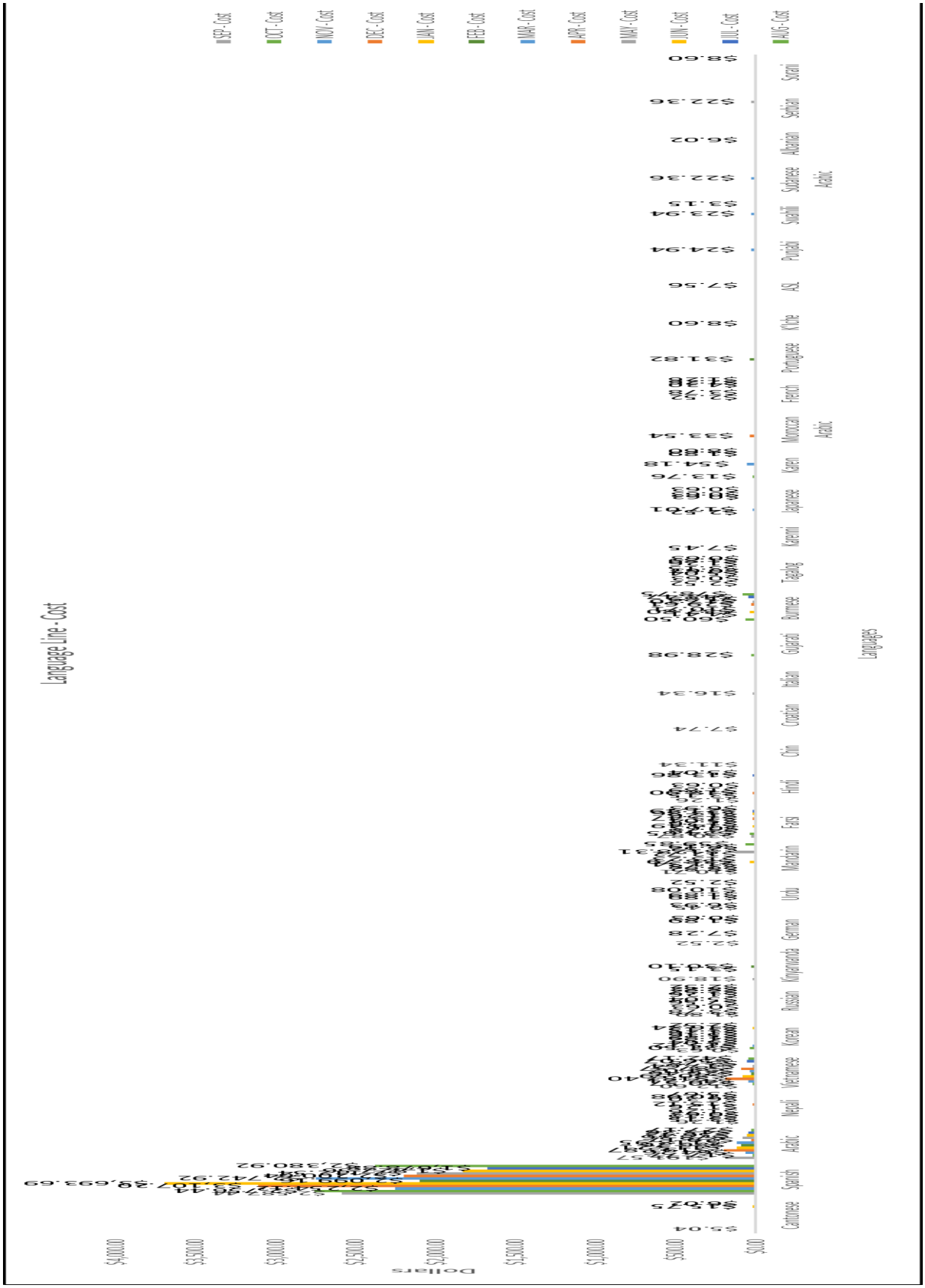
2177
1756
2059
2220
2342
FY19
FY20
FY21


Calls Handled & Calls W/ Covid-19 Related Concerns
Number of Services Tracked
8000
7000
6000
5000
4000
3000
2000
1000
0
September
October
November
December
January
February
March
April
May
June
July
August
6661
6771
6332
6282
6584
6620
7245
6284
7391
5732
5695
6182
8
4
14
11
11
5
5
3
2
0
20
27
Covid-19 Related Concern
Total Calls Handled by Hotline

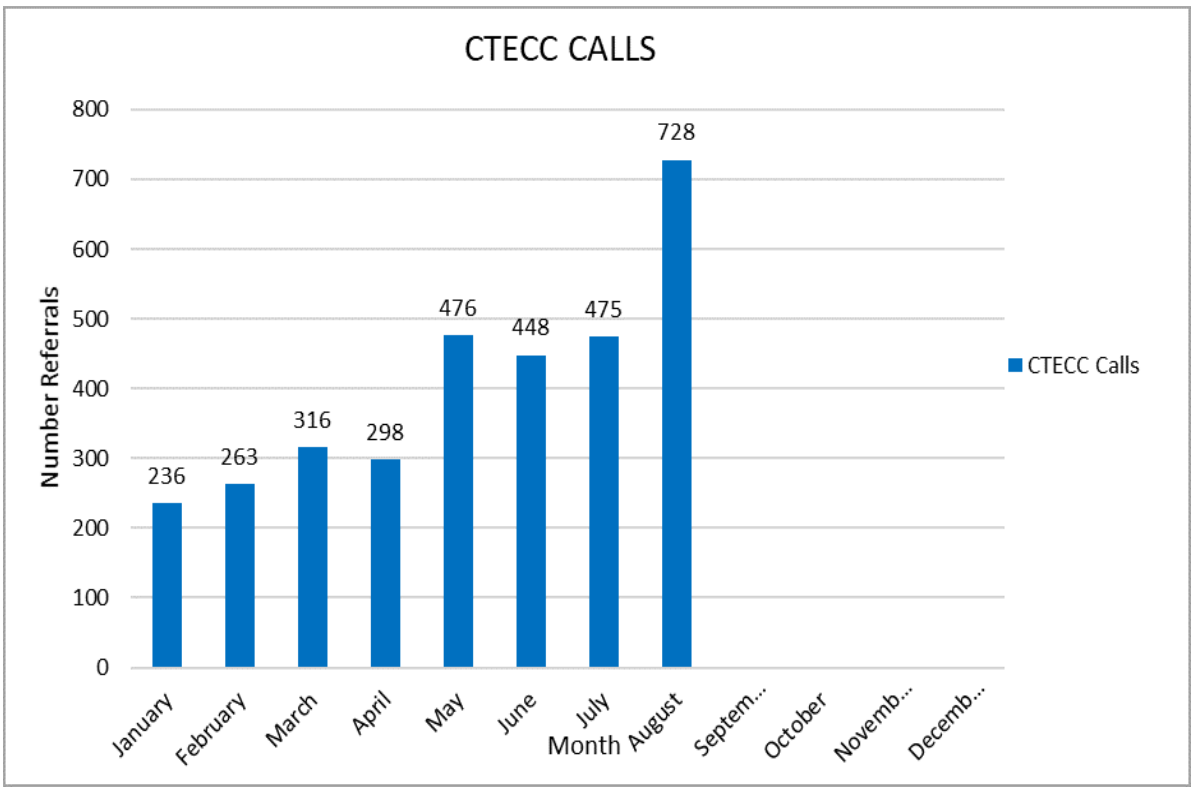

Percentage of MCOT and 911 Calls
Total Number of Hotline Calls
Percenage of Calls
MCOT
911
Hotline
8000
7000
6000
5000
4000
3000
2000
1000
0
4.00%
3.50%
3.00%
2.50%
2.00%
1.50%
1.00%
0.50%
0.00%
September
October
November
December
January
February
March
April
May
June
July
August
6661
6771
6332
6282
6583
6620
7245
6284
7391
5732
5695
6182
3.20%
3.48%
2.57%
2.78%
2.75%
2.67%
2.48%
2.72%
3.36%
2.23%
2.45%
1.63%
2.65%
2.00%
3.09%
2.91%
3.37%
2.65%
2.76%
2.60%
3.04%
2.41%
3.09%
3.01%

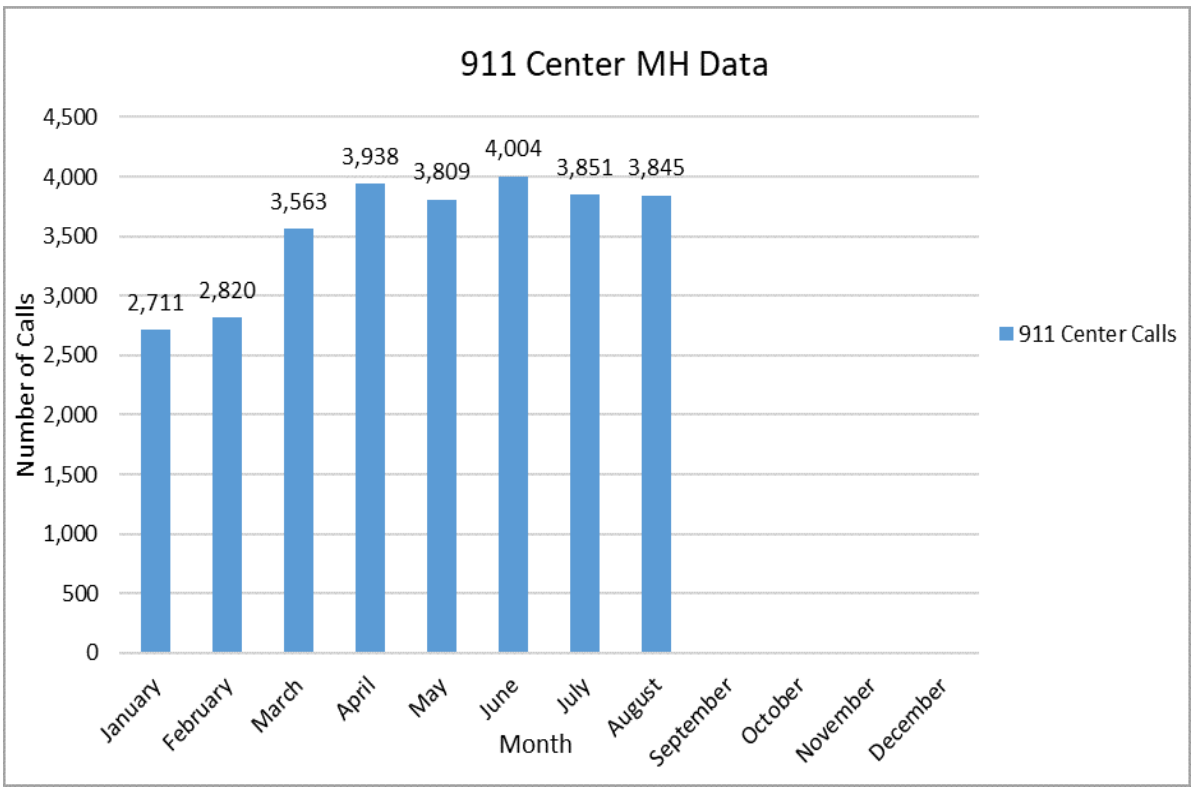

Language Line - Calls
Number of Calls
0
100
200
300
400
500
Cantonese
Spanish
Arabic
Nepali
Vietnamese
Korean
Russian
Kinyarwanda
German
Urdu
Mandarin
Farsi
Hindi
Chin
Croatian
Italian
Gujarati
Burmese
Tagalog
Karenni
Japanese
Karen
Moroccan Arabic
French
Portuguese
K'iche
ASL
Punjabi
Swahili
Sudanese Arabic
Albanian
Serbian
Sorani
Languages
SEP - Calls
OCT - Calls
NOV - Calls
DEC - Calls
JAN - Calls
FEB - Calls
MAR - Calls
APR - Calls
MAY - Calls
JUN - Calls
JUL - Calls
AUG - Calls

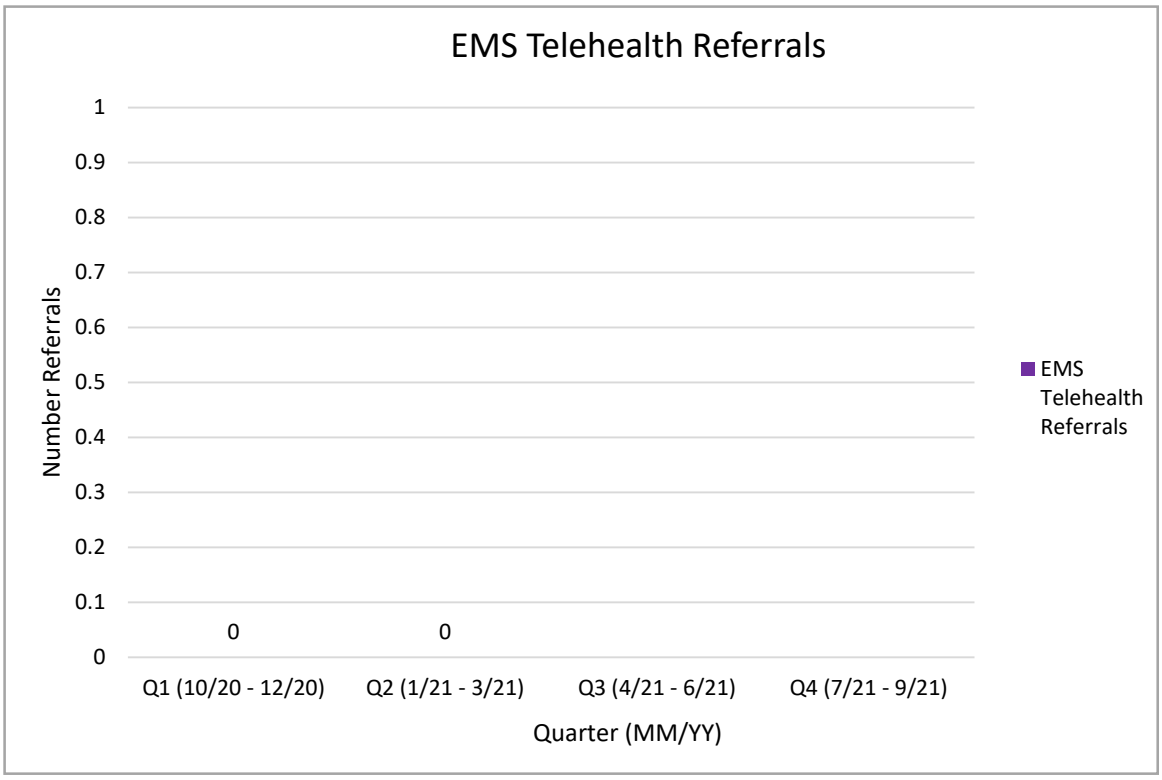

Language Line - Duration (HH:MM:SS)
Hours:Minutes:Seconds
Languages
Cantonese
Spanish
Arabic
Nepali
Vietnamese
Korean
Russian
Kinyarwanda
German
Urdu
Mandarin
Farsi
Hindi
Chin
Croatian
Italian
Gujarati
Burmese
Tagalog
Karenni
Japanese
Karen
Moroccan Arabic
French
Portuguese
K'iche
ASL
Punjabi
Swahili
Sudanese Arabic
Albanian
Serbian
Sorani

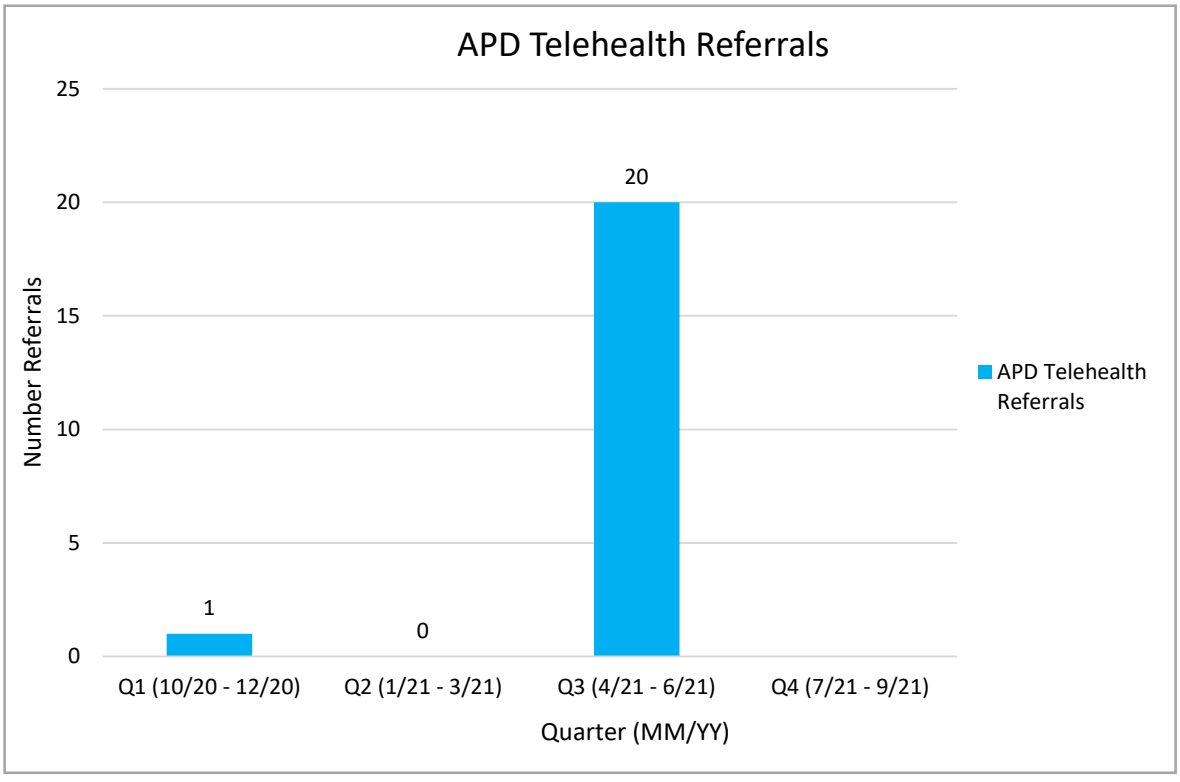

Language Line - Cost
Dollars
$4,000000
$3,500000
$3,000000
$2,500000
$2,000000
$1,500000
$1,000000
$500000
$0.00
Languages
Cantonese
Spanish
Arabic
Nepali
Vietnamese
Korean
Russian
Kinyarwanda
German
Urdu
Mandarin
Farsi
Hindi
Chin
Croatian
Italian
Gujarati
Burmese
Tagalog
Kanenni
Japanese
Karen
Moroccan
French
Portuguese
K'iche
ASL
Punjabi
Swahili
Sudanese
Albanian
Serbian
Somali
Arabic
MSP - Cost
MXT - Cost
MWI - Cost
MSC - Cost
MWI - Cost
KEB - Cost
MAM - Cost
MPR - Cost
MAV - Cost
MWI - Cost
MLI - Cost
MUG - Cost

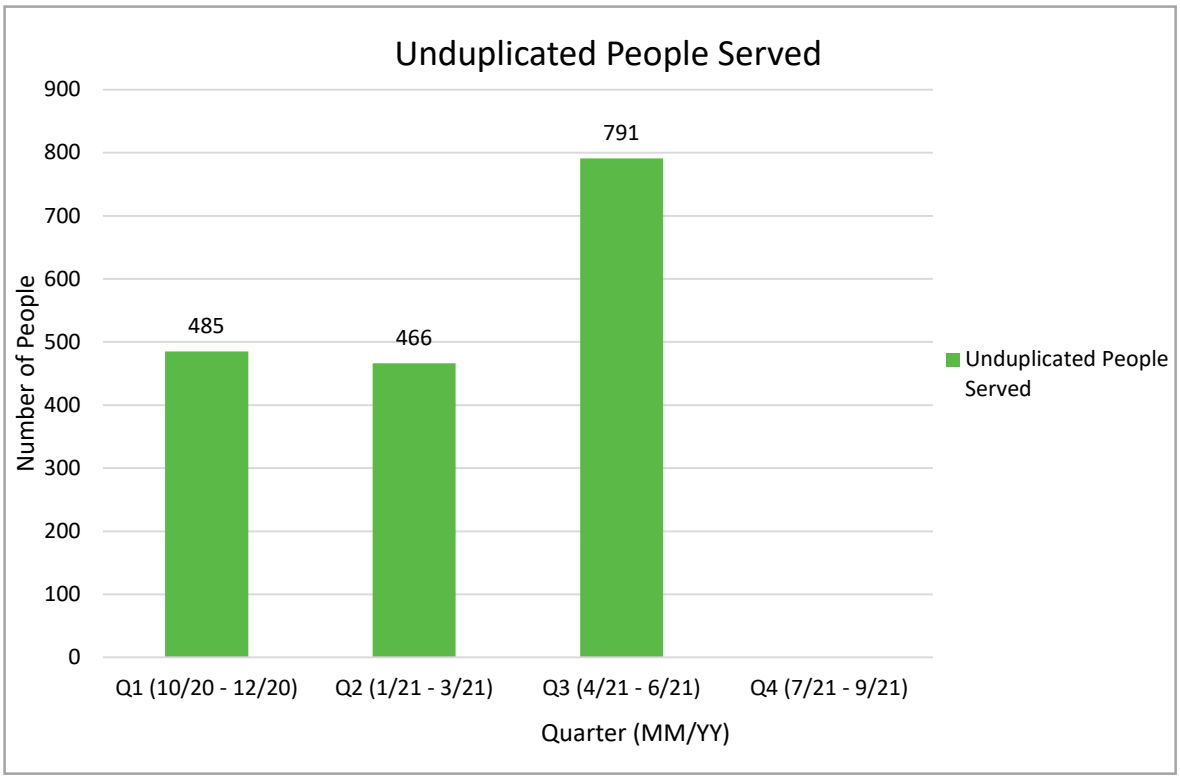
Attachment 3: EMCOT Data

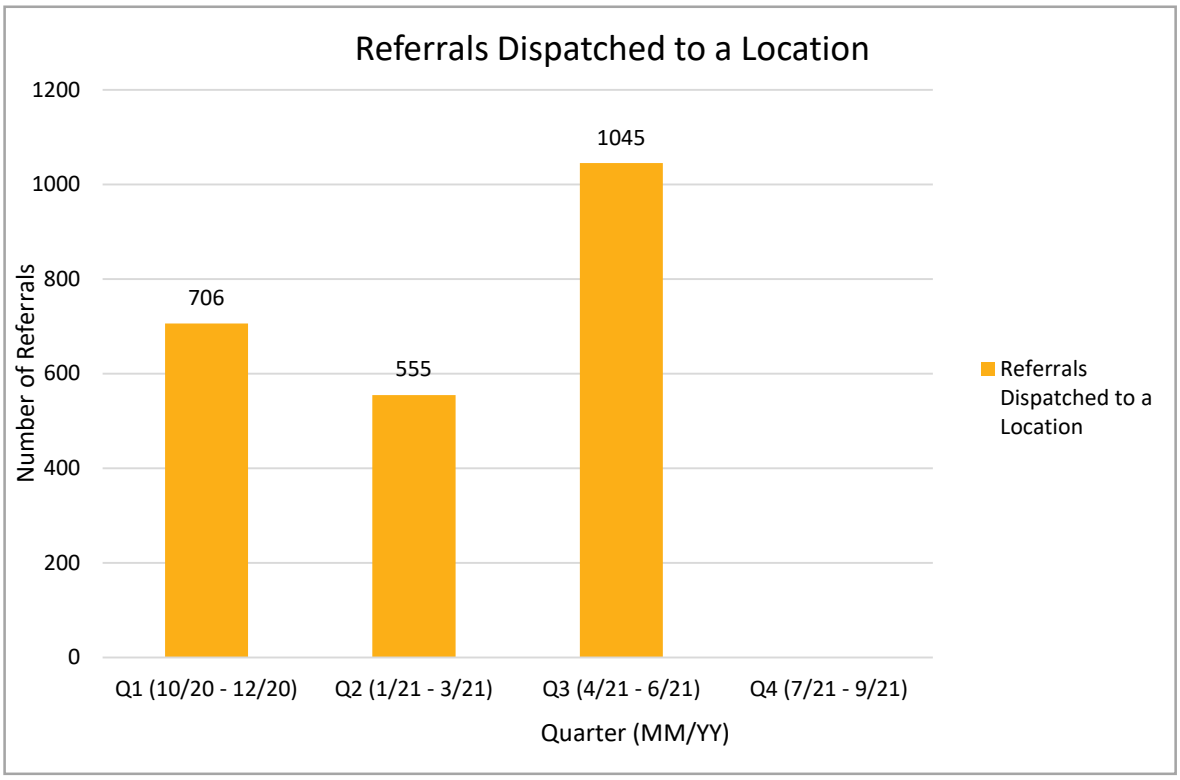


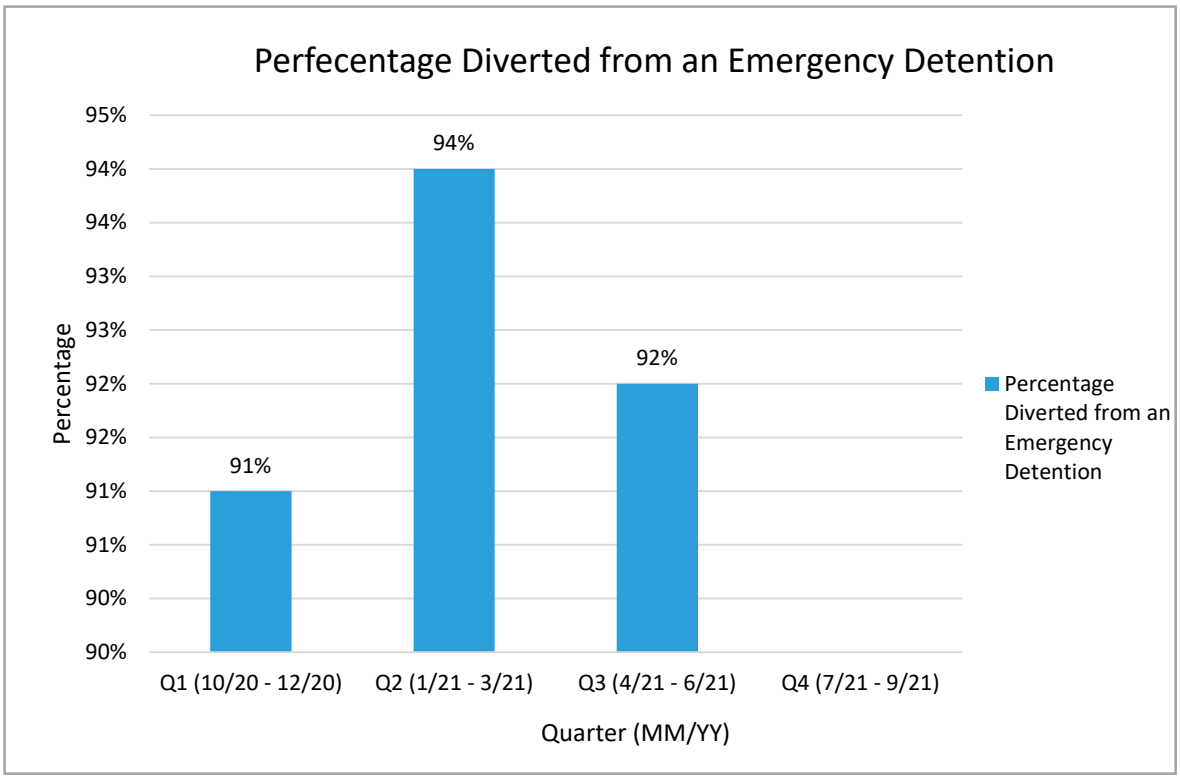


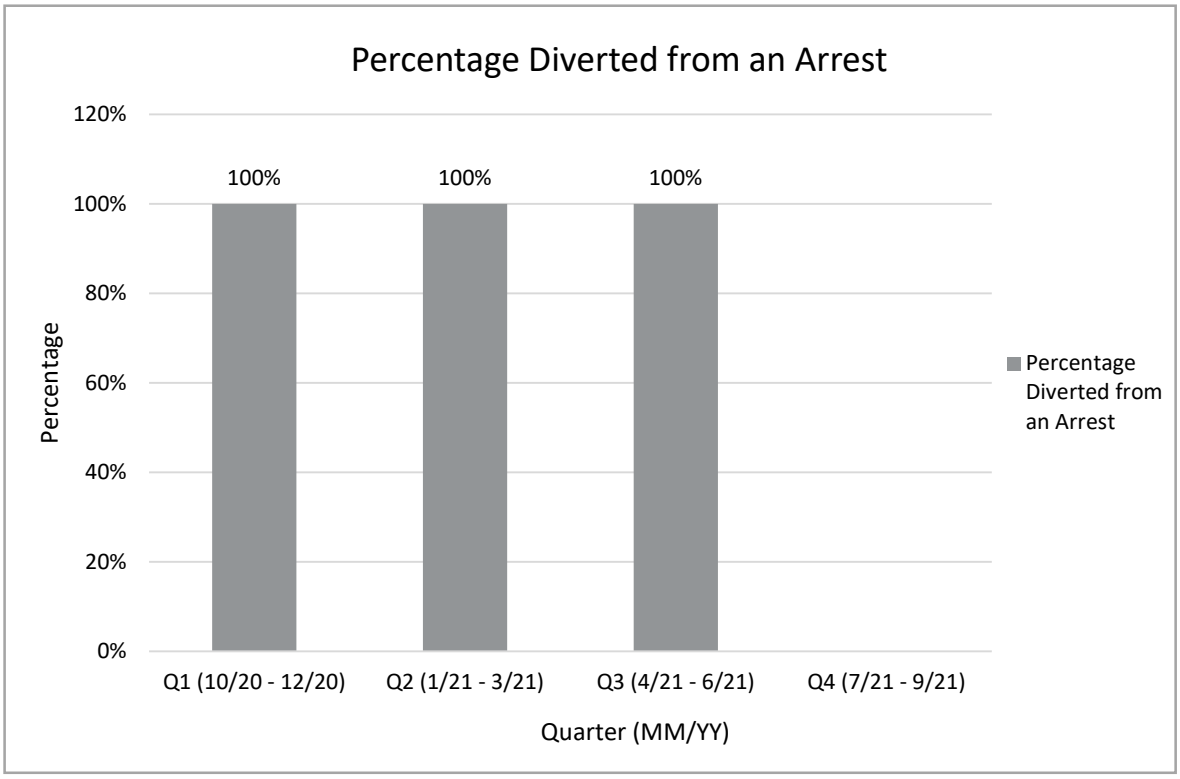

EMS Telehealth Referrals
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
Number Referrals
0
0
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
EMS Telehealth Referrals

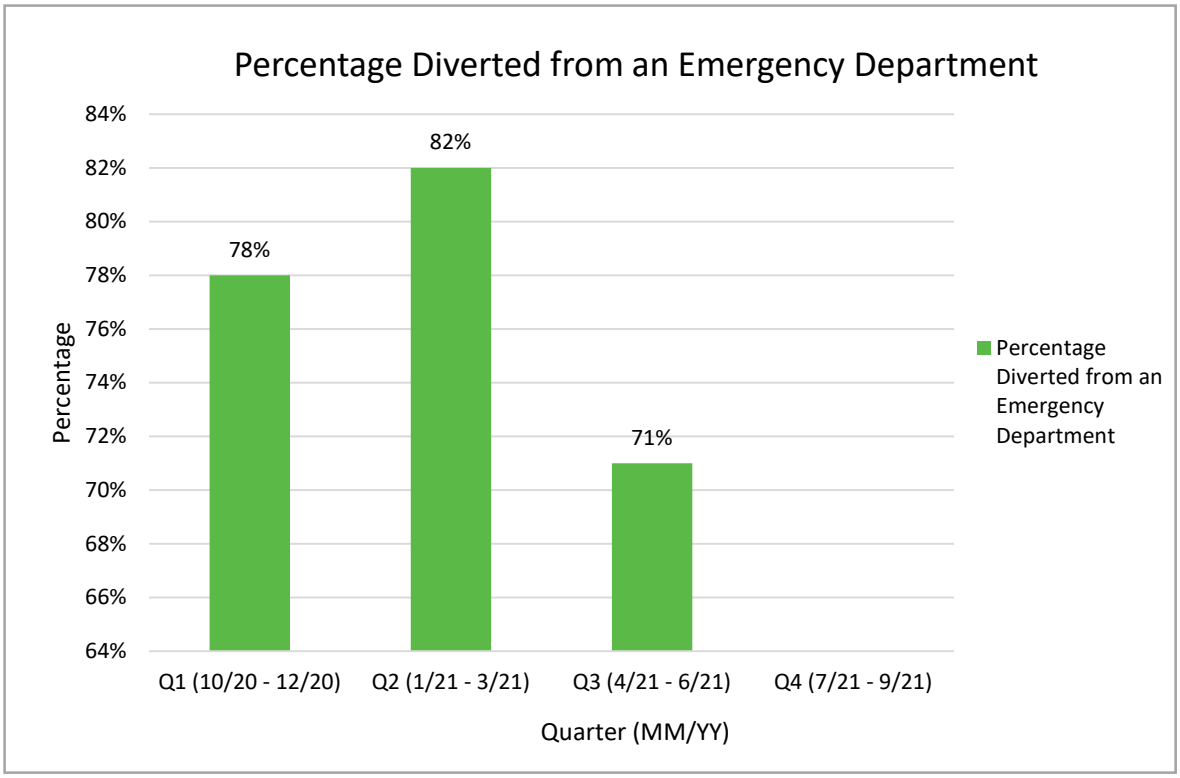

APD Telehealth Referrals
25
20
15
10
5
0
Number Referrals
1
0
20
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
APD Telehealth Referrals


Unduplicated People Served
900
800
700
600
500
400
300
200
100
0
Number of People
485
466
791
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
Unduplicated People Served

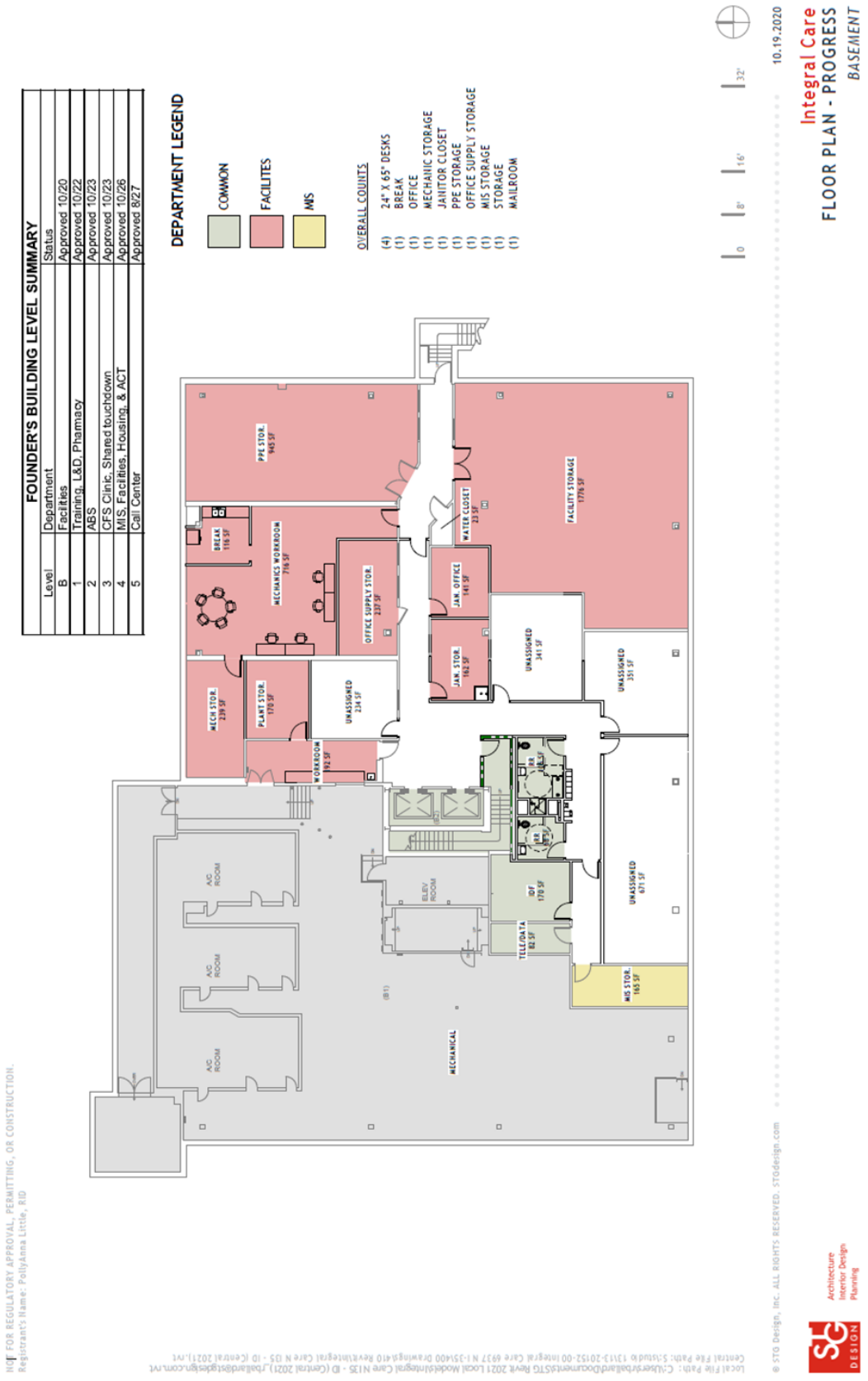

Referrals Dispatched to a Location
1200
1000
800
600
400
200
0
Number of Referrals
706
555
1045
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
Referrals Dispatched to a Location

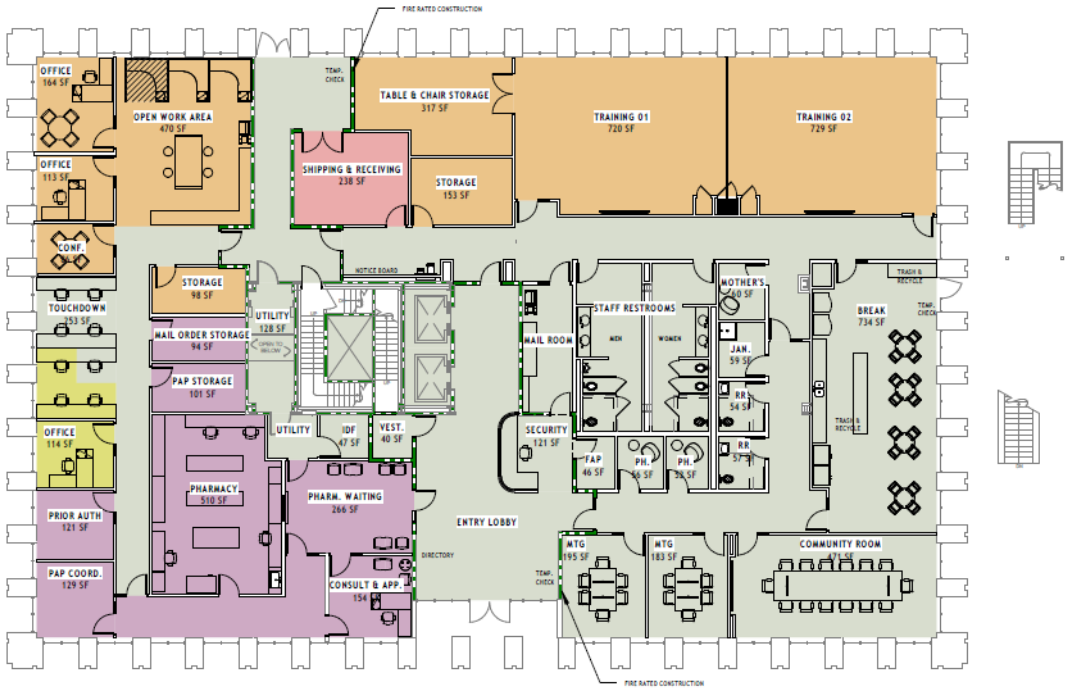

Perfecentage Diverted from an Emergency Detention
95%
94%
94%
93%
93%
92%
92%
91%
91%
90%
90%
Percentage
94%
92%
91%
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
Percentage Diverted from an Emergency Detention


Percentage Diverted from an Arrest
120%
100%
80%
60%
40%
20%
0%
Percentage
100%
100%
100%
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
Percentage Diverted from an Arrest


Percentage Diverted from an Emergency Department
84%
82%
80%
78%
76%
74%
72%
70%
68%
66%
64%
Percentage
78%
82%
71%
Q1 (10/20 - 12/20)
Q2 (1/21 - 3/21)
Q3 (4/21 - 6/21)
Q4 (7/21 - 9/21)
Quarter (MM/YY)
Percentage Diverted from an Emergency Department

Attachment 4: Floor Plans for American Founders Building (I35)





DEPARTMENT LEGEND

- COMMON
- DISPENSARY
- FACILITES
- L & D
- L & D GROWTH
- TOBACCO CESSATION & DIETITIANS

OVERALL COUNTS

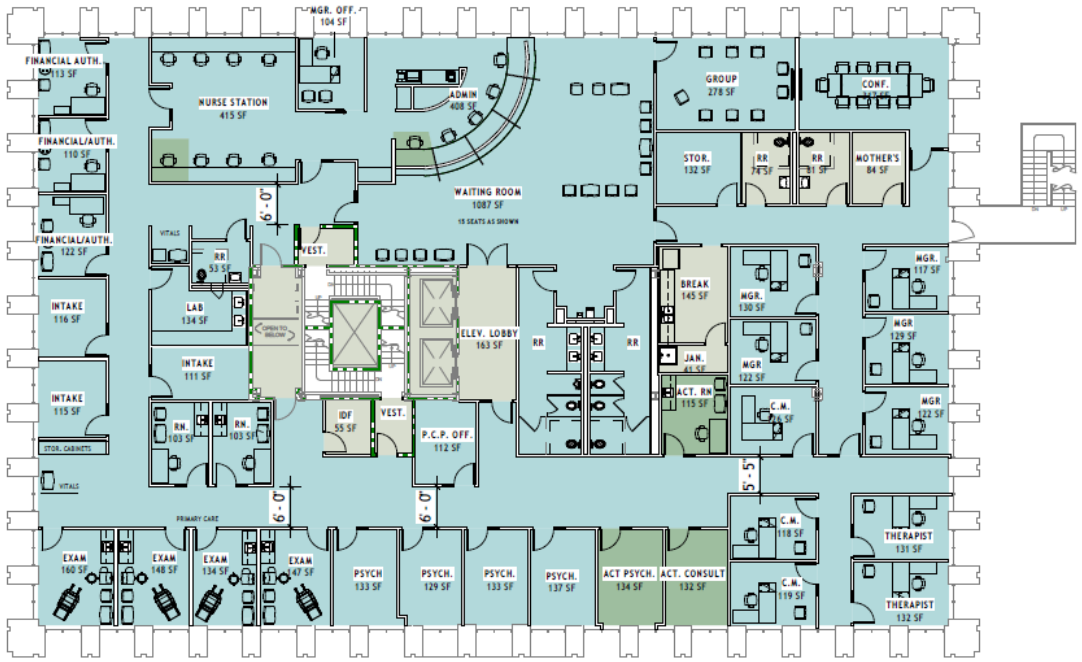
(6)	OFFICES
(3)	WORKSTATIONS
(8)	TOUCHDOWN
(6)	CONFERENCE ROOM
(1)	SHIPPING & RECEIVING
(1)	BREAK
(3)	STORAGE ROOMS
(1)	IDF ROOM
12)	MOTHER'S ROOM
(2)	UNISEX RR

0 8' 16' 32'

10.23.2020

STG DESIGN
Architecture
Interior Design
Planning

Integral Care
FLOOR PLAN
LEVEL 1



DEPARTMENT LEGEND

- ACT
- CLINIC
- COMMON

OVERALL COUNTS

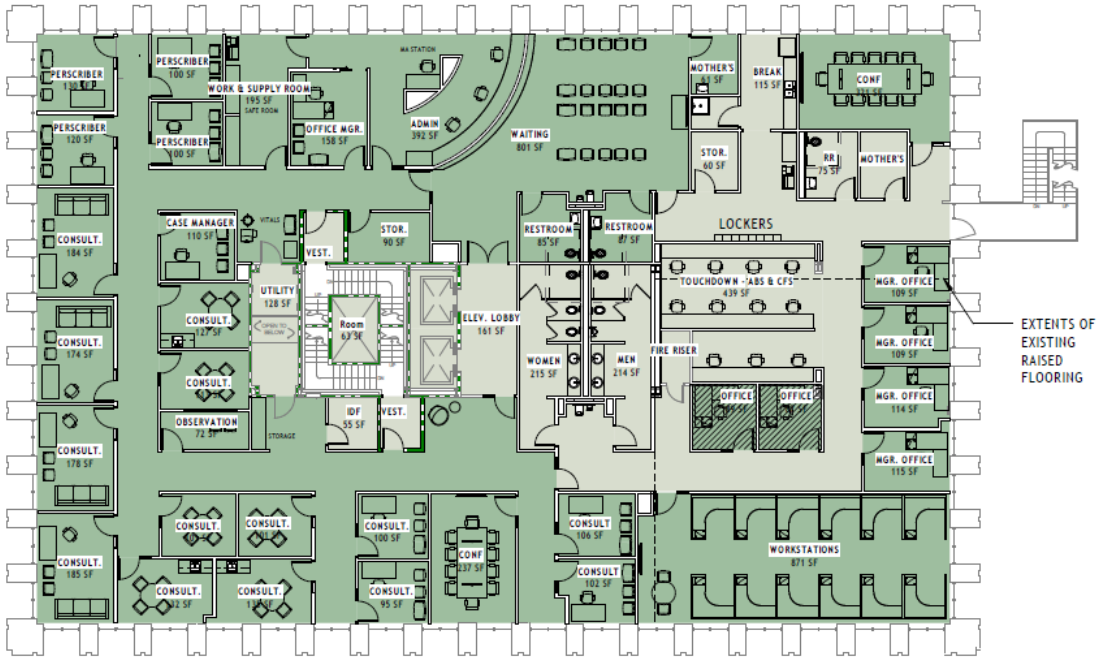
(24)	OFFICES
(4)	EXAM ROOMS
(1)	CONFERENCE ROOM
(1)	GROUP ROOM
(1)	BREAK
(3)	STORAGE ROOM
(1)	IDF ROOM
(2)	MOTHER'S ROOM
(2)	UNISEX RESTROOM

0 8' 16' 32'

10.23.2020

Architecture
Interior Design
Planning

Integral Care
FLOOR PLAN
ADULT CLINIC - LEVEL 2



DEPARTMENT LEGEND

- CFS
- CFS GROWTH
- COMMON

OVERALL COUNTS

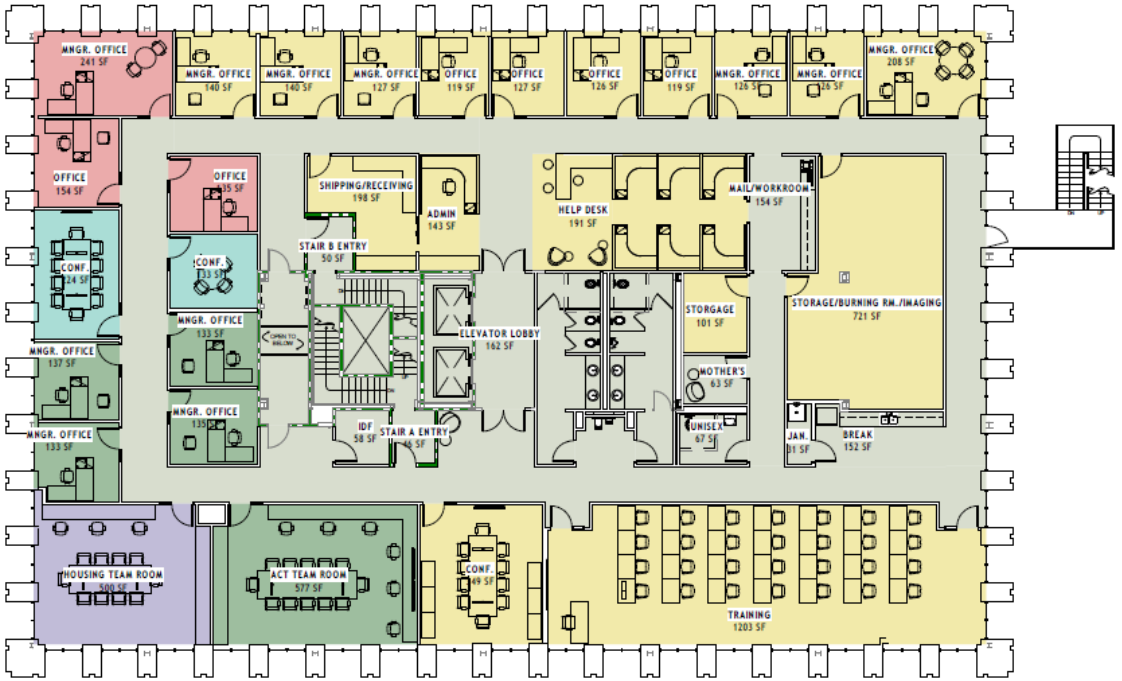
(3)	ADMIN STATIONS
(1)	MA STATION
(1)	OFFICE MANAGERR
(1)	WORK ROOM
(4)	PERSCRIBER OFFICES
(14)	CONSULT ROOMS
(1)	OBSERVATION ROOMS
(1)	CASE MGR.
(11)	SHARED TOUCHDOWN STATIONS
(12)	WORKSTATIONS
(4)	MANAGER OFFICES
(2)	CONFERENCE ROOM
(2)	SMALL GROWTH OFFICE
(1)	BREAK
(2)	STORAGE ROOM
(1)	IDF ROOM
(2)	MOTHER'S ROOM
(3)	UNISEX RR

0 8' 16' 32'

10.23.2020

Architecture
Interior Design
Planning

Integral Care
FLOOR PLAN
LEVEL 3



DEPARTMENT LEGEND

- ACT
- COMMON
- CONFERENCE
- FACILITES
- HOUSING
- MIS

OVERALL COUNTS

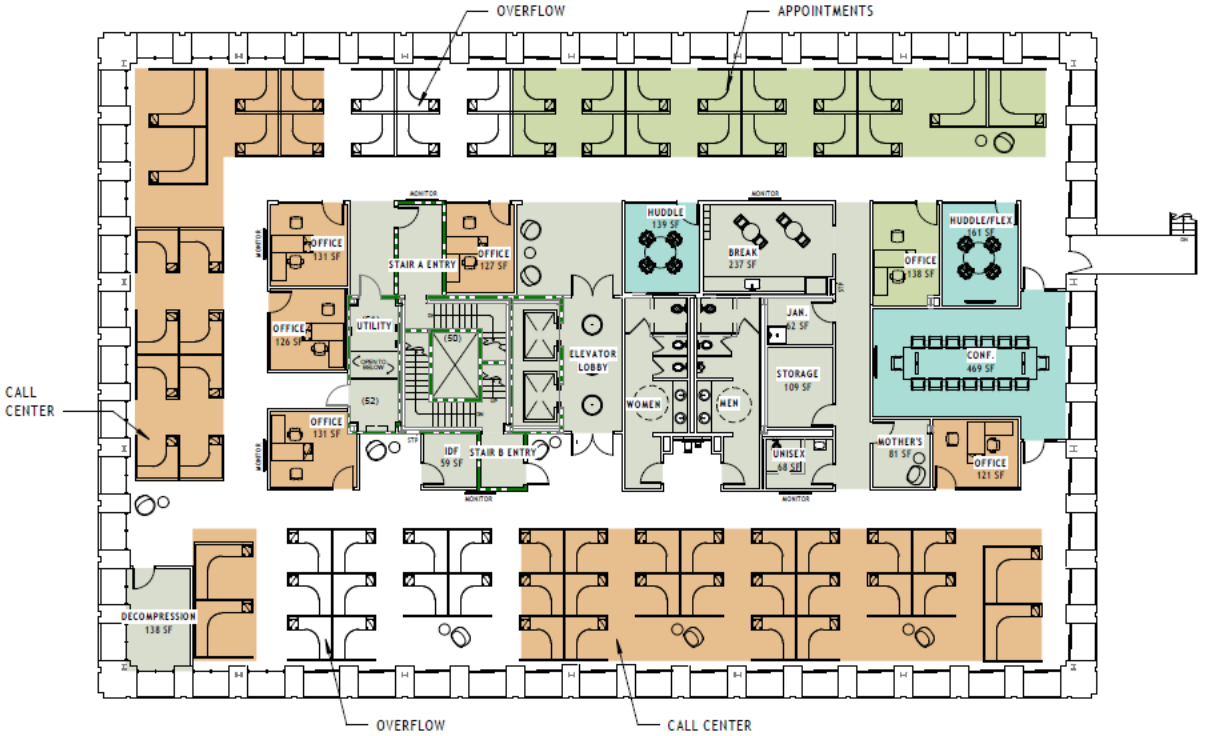
(1)	8 X 8 WORKSTATIONS
(6)	6 X 6 WORKSTATIONS
(17)	OFFICES
(3)	CONFERENCE ROOM
(1)	TRAINING
(1)	BREAK
(1)	STORAGE ROOM
(1)	MAIL/WORK WOOM
(1)	SHIPPING & RECEIVING ROOM
(1)	STOR./ BURNING/ IMAGING
(1)	IDF ROOM
(1)	MOTHER'S ROOM
(1)	UNISEX RESTROOM

0 8' 16' 32'

10.26.2020

Architecture
Interior Design
Planning

Integral Care
FLOOR PLAN
LEVEL 4



DEPARTMENT LEGEND

- APPOINTMENTS
- CALL CENTER
- COMMON
- CONFERENCE

OVERALL COUNTS

(62)	6 X 6 WORKSTATIONS
(8)	8 X 8 WORKSTATIONS
(6)	OFFICES
(2)	CONFERENCE ROOM
(1)	HUDDLE
(1)	BREAK
(1)	STORAGE ROOM
(1)	IDF ROOM
(1)	MOTHER'S ROOM
(1)	UNISEX RESTROOM
(1)	DECOMPRESSION ROOM

0 8' 16' 32'

10.15.2020

Architecture
Interior Design
Planning

Integral Care
FLOOR PLAN
CALL CENTER - LEVEL 5

Attachment 5: Budget to Actual Fee-for Service

Integral Care

Medicare and Medicaid Revenue
FY2021

August 31st, 2021 Fiscal Period: 12

Program Category	Unit	Unit Name	YTD Actual	YTD Budget	% of YTD Budget Earned	Over / (Under) Budget
Adult Homeless Outreach/Housing	255	255 - Housing Coordination	$ 1,146.08	$ 40,220.74	3%	$ (39,074.66)
	276	276 - Healthy Community Collaborative	$ 254,757.77	$ 467,898	54%	$ (213,140.02)
	295	295 - HUD - Supported Housing	$ 23,066.72	$ 32,097	72%	$ (9,030.39)
	311	311 - COA Rapid ReHousing	$ 4,475.43	$ 19,438	23%	$ (14,962.84)
	374	374 - DACC-DAA Homeless Health and Wellness	$ 9,327.34	$ -	N/A	$ 9,327.34
	486	486 - PATH ACCESS	$ 6,556.24	$ 2,525	260%	$ 4,031.49
	516	516 - Foundation Communities MOU	$ 19,087.23	$ 19,847	96%	$ (760.15)
	681	681 - COA ACT 1115	$ 69,206.32	$ 180,719	38%	$ (111,512.33)
		Adult HOH Total	**$ 387,623.13**	**$ 762,745**	**51%**	**$ (375,121.57)**
Adult Outpatient MH	**Unit**	**Unit Name**				
	124	124 - Disaster Relief	$ 8,938.00	$ -	N/A	$ 8,938.00
	251	251 - MMS CM Team 1	$ 560,281.10	$ 670,766	84%	$ (110,485.39)
	257	257 - North Service Center - Adult	$ 545,957.49	$ 750,694	73%	$ (204,736.18)
	270	270 - MH PASRR	$ 81,341.21	$ 163,630	50%	$ (82,288.60)
	271	271 - ACT Team	$ 183,043.52	$ 240,191	76%	$ (57,147.13)
	307	307 - Mood Disorder IPU	$ 7,693.23	$ 8,065	95%	$ (371.96)
	313	313 - Pay For Success	$ 183.42	$ -	N/A	$ 183.42
	314	314 - UT DMS ICRT - SAMHSA	$ 35,518.35	$ 34,049	104%	$ 1,469.23
	326	326 - Terrace at Oak Springs - Clinic	$ 114,966.29	$ 186,177	62%	$ (71,210.98)
	353	353 - HHSC RA1SE Supplemental	$ 134.65	$ -	N/A	$ 134.65
	368	368 - OPTUM Home Healthcare	$ 59,376.57	$ 580,104	10%	$ (520,727.43)
	592	592 - DSHS RA1SE	$ 20,618.65	$ 18,001	115%	$ 2,618.09
	595	595 - SAMHSA CCBHC SUD	$ 10.16	$ -	N/A	$ 10.16
	597	597 - SAMHSA CCBHC Health Navigation	$ 47.37	$ -	N/A	$ 47.37
	598	598 - SAMHSA CHR-P (RAISE)	$ 24,027.82	$ -	N/A	$ 24,027.82
	661	661 - Project 1 - Integrate Primary and Behavioral H	$ 314,627.27	$ 370,566	85%	$ (55,938.89)
	665	665 - Project 5 - Implementation of Chronic Diseas	$ -	$ 10,870	0%	$ (10,870.47)
		Adult O/P MH Total	**$ 1,956,765.10**	**$ 3,033,113**	**65%**	**$ (1,076,348.28)**
Adult SUD	**Unit**	**Unit Name**				
	202	202 - Ambulatory Detox	$ 2,798.46	$ 5,318	53%	$ (2,519.89)
	222	222 - Oak Springs Day Trtmt	$ 33,163.61	$ 27,410	121%	$ 5,753.66
	303	303 - DSHS Office Based Opioid Treatment	$ 11,683.55	$ 4,348	269%	$ 7,335.36
	308	308 - Medication Assisted Therapy	$ 1,815.09	$ 3,577	51%	$ (1,761.65)
	343	343 - SAMHSA AOT	$ 22,001.63	$ -	N/A	$ 22,001.63
	475	475 - Narcotic Treatment Program	$ 355,270.32	$ 504,892	70%	$ (149,622.13)
	538	538 - Road to Recovery Expansion	$ 4,740.79	$ -	N/A	$ 4,740.79
	556	556 - COA Teen Preg Prevent (DVHAP)	$ 1,063.52	$ -	N/A	$ 1,063.52
	565	565 - Ryan White CMS SA Outpatient	$ 21,964.16	$ 19,321	114%	$ 2,642.77
	587	587 - CARE Ryan White	$ 32,216.62	$ 39,671	81%	$ (7,454.75)
		Adult SUD Total	**$ 486,717.75**	**$ 604,538**	**81%**	**$ (117,820.69)**
CFS ECI	**Unit**	**Unit Name**				
	742	742 - Infant Parent Program	$ 20,267.93	$ -	N/A	$ 20,267.93
		CFS ECI Total	**$ 20,267.93**	**$ -**	**N/A**	**$ 20,267.93**
CFS Outpatient MH	**Unit**	**Unit Name**				
	258	258 - North Service Center - Child	$ 203,183.51	$ 327,024	62%	$ (123,840.49)
	312	312 - Meadows TAY	$ 441.77	$ 4,296	10%	$ (3,854.23)
	367	367 - UT Youth Mental Health	$ 9,847.15	$ -	N/A	$ 9,847.15
	432	432 - CMH Internal Provider	$ 580,685.21	$ 737,976	79%	$ (157,290.79)
	494	494 - CFS Intensive Case Management	$ 517,121.46	$ 783,468	66%	$ (266,346.54)
	502	502 - Tr. Co. Parenting in Recovery	$ 11,746.09	$ 19,872	59%	$ (8,125.91)
	505	505 - Holistic Family Program	$ 2,970.17	$ 6,468	46%	$ (3,497.83)
	508	508 - Yes Waiver External Provider	$ 141,342.27	$ 224,808	63%	$ (83,465.73)
	514	514 - Safe Landing	$ 63,640.06	$ 34,836	183%	$ 28,804.06
	515	515 - Lifeworks MOU	$ 8,317.83	$ -	N/A	$ 8,317.83
	671	671 - Dove Springs Clinic CFS	$ 162,645.91	$ 205,368	79%	$ (42,722.09)
		CFS O/P MH Total	**$ 1,701,941.43**	**$ 2,344,116**	**73%**	**$ (642,174.57)**

Integral Care

Medicare and Medicaid Revenue
FY2021

		August 31st, 2021 Fiscal Period: 12	Year to Date			
CFS School Based	**Unit**	**Unit Name**				
	519	519 - East Austin College Prep	$ 49,015.56	$ 20,796	236%	$ 28,219.56
	539	539 - HB13 Integrated Care in Schools Expansion	$ 115,906.74	$ 25,608	453%	$ 90,298.74
	563	563 - Del Valle VOCA	$ 7,186.76	$ -	N/A	$ 7,186.76
	652	652 - School Based BH Expansion	$ 424,490.66	$ 425,028	100%	$ (537.34)
		CFS School Based Total	**$ 596,599.72**	**$ 471,432**	**127%**	**$ 125,167.72**
Crisis Criminal Justice	**Unit**	**Unit Name**				
	422	422 - ANEW CHAMPS	$ 73,896.13	$ 128,330	58%	$ (54,433.87)
	493	493 - CFS TCOOMMI	$ 28,515.89	$ 94,896	30%	$ (66,380.11)
	691	691 - SB292 - FACT	$ 127,417.66	$ 205,008	62%	$ (77,590.07)
		Crisis CJ Total	**$ 229,829.68**	**$ 428,234**	54%	**$ (198,404.04)**
Crisis Clinic/Community	**Unit**	**Unit Name**				
	260	260 - Mobile Crisis Outreach Team	$ 39,106.95	$ 73,802	53%	$ (34,695.36)
	262	262 - Comp Psych Emgncy Svcs	$ 64,825.15	$ 111,042	58%	$ (46,217.29)
	660	660 - EMCOT - 911 and Telehealth	$ 456.19	$ -	N/A	$ 456.19
	662	662 - Project 2 - Mobile Crisis Outreach Team (MCC	$ 36,823.35	$ 45,364	81%	$ (8,540.41)
		Crisis Clinic/Community Total	**$ 141,211.64**	**$ 230,209**	**61%**	**$ (88,996.88)**
Crisis Residential	**Unit**	**Unit Name**				
	217	217 - Inn Program	$ 832.86	$ 153,297	1%	$ (152,464.15)
	283	283 - Extended Observation Unit	$ 99,143.12	$ 102,860	96%	$ (3,717.25)
	400	400 - Competency Restoration	$ 11,640.52	$ 3,460	336%	$ 8,180.67
	425	425 - Project Recovery	$ 9,741.68	$ 16,598	59%	$ (6,856.24)
	467	467 - Crisis Respite	$ 11,803.79	$ 3,670	322%	$ 8,133.55
	537	537 - Respite Expansion	$ 758.97	$ 2,969	26%	$ (2,209.95)
	663	663 - Project 3 - Hospital and Jail Alternative Proje	$ 107,163.66	$ 439,249	24%	$ (332,085.18)
		Crisis Residential Total	**$ 241,084.60**	**$ 722,103**	**33%**	**$ (481,018.56)**
IDD	**Unit**	**Unit Name**				
	544	544 - DADS Enhanced Community Coord Support	$ 20,290.60	$ 16,032	127%	$ 4,258.60
	546	546 - HCS CM	$ 1,515,261.00	$ 1,383,480.00	110%	$ 131,781.00
	552	552 - Crisis Respite	$ -	$ 10,032	0%	$ (10,032.00)
	554	554 - IDD WRAP Facilitation	$ 3,870.00	$ 3,600	108%	$ 270.00
	664	664 - Project 4 - Community Behavioral Support (CI	$ 67,747.29	$ 65,292	104%	$ 2,455.29
	706	706 - IDD PASRR	$ 302,449.48	$ 465,480	65%	$ (163,030.52)
	710	710 - Diag Evaluation Admit.	$ 3,581.80	$ 19,920	18%	$ (16,338.20)
	711	711 - DD Service Coordination	$ 709,217.07	$ 823,488	86%	$ (114,270.93)
	728	728 - Psychological Services	$ 4,924.69	$ 103,020	5%	$ (98,095.31)
	848	848 - PASRR Specialized Svcs - External	$ 1,632.30	$ 24,384	7%	$ (22,751.70)
		IDD Total	**$ 2,628,974**	**$ 2,914,728**	**90%**	$ (285,753.77)
Centerwide Total			**$8,391,015**	**$ 11,511,218**	**73%**	**$ (3,120,203)**

Attachment 6: Yearly Comparison Fee-for-Service

Integral Care

Medicare and Medicaid Revenue
FY2021

August 31st, 2021 Fiscal Period:
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Program Category	Unit	Unit Name	Sep-Aug FY20	Sep-Aug FY21	FY21 Over / (Under) FY20	% FY21 Over / (Under) FY20
Adult Homeless Outreach/Housing	255	255 - Housing Coordination	$ 9,659	$ 1,146	$ (8,513)	(88.13%)
	276	276 - Healthy Community Collaborative	$ 285,949	$ 254,758	$ (31,191)	(10.91%)
	295	295 - HUD - Supported Housing	$ 21,344	$ 23,067	$ 1,722	8.07%
	311	311 - COA Rapid ReHousing	$ 2,558	$ 4,475	$ 1,917	74.95%
	374	374 - DACC-DAA Homeless Health and Wellness	$ -	$ 9,327	$ 9,327	N/A
	486	486 - PATH ACCESS	$ 4,163	$ 6,556	$ 2,393	57.48%
	516	516 - Foundation Communities MOU	$ 22,757	$ 19,087	$ (3,670)	(16.13%)
	681	681 - COA ACT 1115	$ 130,698	$ 69,206	$ (61,492)	(47.05%)
		Adult HOH Total	**$ 477,129**	**$ 387,623**	**$ (89,506)**	**(18.76%)**
Adult Outpatient MH	Unit	Unit Name				
	124	124 - Disaster Relief	$ -	$ 8,938	$ 8,938	N/A
	251	251 - MMS CM Team 1	$ 554,410	$ 560,281	$ 5,871	1.06%
	257	257 - North Service Center - Adult	$ 629,091	$ 545,957	$ (83,133)	(13.21%)
	270	270 - MH PASRR	$ 115,076	$ 81,341	$ (33,735)	(29.32%)
	271	271 - ACT Team	$ 203,063	$ 183,044	$ (20,019)	(9.86%)
	307	307 - Mood Disorder IPU	$ 24,617	$ 7,693	$ (16,924)	(68.75%)
	313	313 - Pay For Success	$ -	$ 183	$ 183	N/A
	314	314 - UT DMS ICRT - SAMHSA	$ 14,916	$ 35,518	$ 20,603	138.13%
	326	326 - Terrace at Oak Springs - Clinic	$ 37,156	$ 114,966	$ 77,811	209.42%
	353	353 - HHSC RA1SE Supplemental	$ -	$ 135	$ 135	N/A
	368	368 - OPTUM Home Healthcare	$ -	$ 59,377	$ 59,377	N/A
	592	592 - DSHS RA1SE	$ 17,721	$ 20,619	$ 2,897	16.35%
	595	595 - SAMHSA CCBHC SUD	$ 6,052	$ 10	$ (6,042)	(99.83%)
	597	597 - SAMHSA CCBHC Health Navigation	$ 39,982	$ 47	$ (39,934)	(99.88%)
	598	598 - SAMHSA CHR-P (RAISE)	$ 26,852	$ 24,028	$ (2,825)	(10.52%)
	661	661 - Project 1 - Integrate Primary and Behavioral HCS	$ 318,946	$ 314,627	$ (4,319)	(1.35%)
	665	665 - Project 5 - Implementation of Chronic Disease Preventi	$ 2,930	$ -	$ (2,930)	(100.00%)
		Adult O/P MH Total	**$ 1,990,811.15**	**$ 1,956,765.10**	**$ (34,046.05)**	**(1.71%)**
Adult SUD	Unit	Unit Name				
	202	202 - Ambulatory Detox	$ 1,734	$ 2,798	$ 1,064	61.39%
	222	222 - Oak Springs Day Trtmt	$ 34,183	$ 33,164	$ (1,020)	(2.98%)
	303	303 - DSHS Office Based Opioid Treatment	$ 5,065	$ 11,684	$ 6,619	130.69%
	308	308 - Medication Assisted Therapy	$ 950	$ 1,815	$ 865	91.10%
	343	343 - SAMHSA AOT	$ -	$ 22,002	$ 22,002	N/A
	475	475 - Narcotic Treatment Program	$ 329,890	$ 355,270	$ 25,380	7.69%
	538	538 - Road to Recovery Expansion	$ 367	$ 4,741	$ 4,374	1191.31%
	556	556 - COA Teen Preg Prevent (DVHAP)	$ -	$ 1,064	$ 1,064	N/A
	565	565 - Ryan White CMS SA Outpatient	$ 1,040	$ 21,964	$ 20,924	2011.94%
	587	587 - CARE Ryan White	$ 42,633	$ 32,217	$ (10,416)	(24.43%)
		Adult SUD Total	**$ 415,861.32**	**$ 486,717.75**	**$ 70,856.43**	**17.04%**
CFS ECI	Unit	Unit Name				
	742	742 - Infant Parent Program	$ 193,645	$ 20,268	$ (173,377)	(89.53%)
		CFS ECI Total	**$ 193,644.69**	**$ 20,267.93**	**$ (173,376.76)**	**(89.53%)**
CFS Outpatient MH	Unit	Unit Name				
	258	258 - North Service Center - Child	$ 258,078	$ 203,184	$ (54,895)	(21.27%)
	312	312 - Meadows TAY	$ 1,740	$ 442	$ (1,298)	(74.61%)
	367	367 - UT Youth Mental Health	$ -	$ 9,847	$ 9,847	N/A
	432	432 - CMH Internal Provider	$ 696,153	$ 580,685	$ (115,468)	(16.59%)
	494	494 - CFS Intensive Case Management	$ 578,092	$ 517,121	$ (60,971)	(10.55%)
	502	502 - Tr. Co. Parenting in Recovery	$ 18,269	$ 11,746	$ (6,522)	(35.70%)
	505	505 - Holistic Family Program	$ 10,272	$ 2,970	$ (7,302)	(71.09%)
	508	508 - Yes Waiver External Provider	$ 129,269	$ 141,342	$ 12,074	9.34%
	514	514 - Safe Landing	$ 35,340	$ 63,640	$ 28,300	80.08%
	515	515 - Lifeworks MOU	$ 6,990	$ 8,318	$ 1,328	18.99%
	556	556 - COA Teen Preg Prevent (DVHAP)	$ -	$ 1,064	$ 1,064	N/A
	671	671 - Dove Springs Clinic CFS	$ 225,050	$ 162,646	$ (62,404)	(27.73%)
		CFS O/P MH Total	**$ 1,959,253.91**	**$ 1,703,004.95**	**$ (256,248.96)**	**(13.08%)**

Integral Care

Medicare and Medicaid Revenue
FY2021

August 31st, 2021 Fiscal Period:
12

Program Category	Unit	Unit Name	Sep-Aug FY20	Sep-Aug FY21	FY21 Over / (Under) FY20	% FY21 Over / (Under) FY20
CFS School Based	**Unit**	**Unit Name**				
	519	519 - East Austin College Prep	$ 19,364	$ 49,016	$ 29,652	153.13%
	539	539 - HB13 Integrated Care in Schools Expansion	$ 135,901	$ 115,907	$ (19,995)	(14.71%)
	563	563 - Del Valle VOCA	$ 8,184	$ 7,187	$ (997)	(12.18%)
	652	652 - School Based BH Expansion	$ 421,683	$ 424,491	$ 2,808	0.67%
		CFS School Based Total	**$ 585,131.67**	**$ 596,599.72**	**$ 11,468.05**	**1.96%**
Crisis Criminal Justice	**Unit**	**Unit Name**				
	422	422 - ANEW CHAMPS	$ 60,416	$ 73,896	$ 13,480	22.31%
	493	493 - CFS TCOOMMI	$ 72,291	$ 28,516	$ (43,775)	(60.55%)
	691	691 - SB292 - FACT	$ 142,373	$ 127,418	$ (14,955)	(10.50%)
		Crisis CJ Total	**$ 275,079.44**	**$ 229,829.68**	**$ (45,249.76)**	**(16.45%)**
Crisis Clinic/Community	**Unit**	**Unit Name**				
	260	260 - Mobile Crisis Outreach Team	$ 41,187	$ 39,107	$ (2,080)	(5.05%)
	262	262 - Comp Psych Emgncy Svcs	$ 84,472	$ 64,825	$ (19,647)	(23.26%)
	660	660 - EMCOT - 911 and Telehealth	$ 591	$ 456	$ (135)	(22.85%)
	662	662 - Project 2 - Mobile Crisis Outreach Team (MCOT) Expans	$ 36,891	$ 36,823	$ (68)	(0.18%)
		Crisis Clinic/Community Total	**$ 163,141.49**	**$ 141,211.64**	**$ (21,929.85)**	**(13.44%)**
Crisis Residential	**Unit**	**Unit Name**				
	217	217 - Inn Program	$ 55,226	$ 833	$ (54,394)	(98.49%)
	283	283 - Extended Observation Unit	$ 59,635	$ 99,143	$ 39,508	66.25%
	400	400 - Competency Restoration	$ 5,365	$ 11,641	$ 6,275	116.96%
	425	425 - Project Recovery	$ 3,055	$ 9,742	$ 6,687	218.88%
	467	467 - Crisis Respite	$ 4,975	$ 11,804	$ 6,828	137.25%
	537	537 - Respite Expansion	$ 346	$ 759	$ 413	119.12%
	663	663 - Project 3 - Hospital and Jail Alternative Project	$ 92,152	$ 107,164	$ 15,012	16.29%
		Crisis Residential Total	**$ 220,755.35**	**$ 241,084.60**	**$ 20,329.25**	**9.21%**
IDD	**Unit**	**Unit Name**				
	544	544 - DADS Enhanced Community Coord Support	$ 17,795	$ 20,291	$ 2,496	14.03%
	546	546 - HCS CM	$ 1,354,846	$ 1,515,261	$ 160,415	11.84%
	552	552 - Crisis Respite	$ 15,630	$ -	$ (15,630)	(100.00%)
	554	554 - IDD WRAP Facilitation	$ 5,318	$ 3,870	$ (1,448)	(27.23%)
	664	664 - Project 4 - Community Behavioral Support (CBS) Team	$ 72,216	$ 67,747	$ (4,469)	(6.19%)
	706	706 - IDD PASRR	$ 252,510	$ 302,449	$ 49,940	19.78%
	710	710 - Diag Evaluation Admit.	$ 13,426	$ 3,582	$ (9,844)	(73.32%)
	711	711 - DD Service Coordination	$ 652,948	$ 709,217	$ 56,269	8.62%
	728	728 - Psychological Services	$ 23,577	$ 4,925	$ (18,653)	(79.11%)
	848	848 - PASRR Specialized Svcs - External	$ 19,600	$ 1,632	$ (17,967)	(91.67%)
		IDD Total	**$ 2,427,865.18**	**$ 2,628,974.23**	**$ 201,109.05**	**8.28%**
Centerwide Total			**$ 8,708,673**	**$8,392,079**	**$ (316,595)**	**(3.64%)**

Attachment 7: 1115 Waiver Metric Dashboard

The performance on the dashboard measures is impacted based on the majority of measures having a basis of face-to-face visits. CMH and HHSC have agreed that in-lieu of performance during the pandemic that the prior year achievement levels can be utilized for determining payments. Integral Care achieved 100% performance achievement for all measures in the prior year and will be deemed to have 100% achievement for the current calendar year as well.

January 2020-December 2020

Measures	Measure Name	Performance	DY9 Targets	Point Diff	Reporting_Period
M1_105	Tobacco, Adults	86.96	86.99	-0.026	Dec
M1_146	Clinical Depression Follow Up	64.37	47.28	17.087	Dec
M1_147	BMI, Adults	75.93	78.43	-2.497	Dec
M1_160_30	Hospital Follow Up, 30 Days	68.37	76.78	-8.409	Dec
M1_160_7	Hospital Follow Up, 7 Days	50.77	64.99	-14.217	Dec
M1_181	Depression Response	13.34	15.17	-1.825	Dec
M1_210	Blood Pressure	30.03	35.71	-5.678	Dec
M1_211_1	BMI Children, Percentile	27.66	58.32	-30.657	Dec
M1_211_2	BMI Children, Nutritional Counseling	11.07	55.16	-44.095	Dec
M1_211_3	BMI Children, Physical Counseling	10.79	48.27	-37.482	Dec
M1_255	ADHD Initial Follow Up	38.69	28.72	9.966	Dec
M1_255_B	ADHD Maintenance Follow Up	31.19	20.76	10.433	Dec
M1_261	Substance Use	49.49	28.43	21.063	Dec
M1_262	Risk to Self and Others	84.41	79.84	4.569	Dec
M1_265	Housing Schizophrenia	22.53	17.33	5.202	Dec
M1_287	Medication Documentation	36.95	14.52	22.432	Dec
M1_305	MDD, Children	85.74	84.02	1.723	Dec
M1_317	Alcohol Use	27.41	23.93	3.476	Dec
M1_319	MDD, Adults	77.39	73.56	3.825	Dec
M1_340	Opioid Use	60.90	56.54	4.364	Dec
M1_341	Alcohol Use	46.82	25.09	21.729	Dec
M1_342	Time To Evaluation, 10 Days	63.32	70.55	-7.234	Dec
M1_390	Time to Evaluation, Average	11.94	11.95	0.009	Dec
M1_400	Tobacco, Adolescents	84.47	90.81	-6.335	Dec
M1_405	Alcohol MDD Bipolar	48.26	26.88	21.377	Dec

January 2021-September 2021 (Performance Year Runs through December 2021)

Measures	Measure Name	Performance	Target	Difference
M1_105	Tobacco Use: Screening and Cessation Intervention	88.77	87.1	1.67
M1_146	Screening for Clinical Depression and Follow-Up Plan	58.14	47.72	10.42
M1_147	Body Mass Index (BMI) Screening and Follow-up	76.95	78.91	-1.96
M1_160_30	Follow-Up After Hospitalization for Mental Illness, 30 Days	67.38	77.03	-9.65
M1_160_7	Follow-Up After Hospitalization for Mental Illness , 7 Days	50.78	65.29	-14.51
M1_181	Depression Remission at 12 Months – Progress Towards Remission	16.79	15.89	0.9
M1_210	Screening for High Blood Pressure and Follow-Up Documented	29.78	36.26	-6.48
M1_211_1	Weight Assessment & Counseling for Nutritional/Physical Activity: Child , Percentile	69.69	59.28	10.41
M1_211_2	Weight Assessment & Counseling for Nutritional/Physical Activity: Child , Nutritional Counseling	67	55.99	11.01
M1_211_3	Weight Assessment & Counseling for Nutritional/Physical Activity: Child , Physical Counseling	61.19	49.06	12.13
M1_255	Follow-up Care for Children Prescribed ADHD Medication Initial Follow Up	36.36	29.33	7.03
M1_255_B	Follow-up Care for Children Prescribed ADHD Medication Maintenance Follow Up	27.74	21.43	6.31
M1_261	Assessment for Substance Abuse Problems of Psychiatric Patients	51.8	29.04	22.76
M1_262	Assessment of Risk to Self/Others	81.27	80.02	1.25
M1_265	Housing assessment for individuals with schizophrenia	19.39	18.04	1.35
M1_287	Documentation of Current Medications in the Medical Record	54.1	15.25	38.85
M1_305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	84.5	84.15	0.35
M1_317	Unhealthy Alcohol Use: Screening and Brief Counseling	33.82	24.57	9.25
M1_319	Adult Major Depression (MDD): Suicide Risk Disorder Assessment	75.09	73.79	1.3
M1_340	Substance Use Disorders: Treatment Options for Opioid Addiction	75.18	56.91	18.27
M1_341	Substance Use Disorders: Treatment Options for Alcohol Dependence	48.47	25.73	22.74
M1_342	Time Initial Evaluation: Eval within 10 Days	61.45	70.8	-9.35
M1_390	Time Initial Evaluation: Mean	11.84	11.84	0
M1_400	Tobacco Use and Help with Quitting Among Adolescents	91.62	90.89	0.73
M1_405	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	49.51	27.5	22.01

Attachment 8: Performance Contract Measures

Mental Health Potential 10% Recoupment Measures

(Note: Due to COVID-19 All Performance Measures are Currently Hold Harmless)

	Target	1st Half	2nd Half	Percentage of General Revenue at Risk
Mental Health Potential 10% Recoupment Measures				
Adult Improvement (Percentage of adults with 2 or more Adult Needs and Strength Assessments (ANSA) who show reliable improvement in at least 1 domain (Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Substance Use, Adjustment to Trauma)	>=20.0%	47%		2%
Adult Monthly Service Provision (Percent authorized in full level of care who received a face-to-face, telemedicine or telehealth service during the month)	>=65.6%	33.7%	55.1%	1%
Child and Youth Improvement (Percentage of children/youth with 2 or more Child and Adolescent Needs and Strengths (CANS) who show reliable improvement in at least 1 domain (Child Strengths, Behavioral and Emotional Needs, Life Domain Functioning, Child Risk Behaviors, Adjustment to Trauma, Substance Use)	>=25%	46.5%		2%
Child and Youth Monthly Service Provision (Percentage of children authorized in a full level of care or Youth Empowerment Services (YES) Waiver receiving a face-to-face, telemedicine or telehealth service during the month)	>=65.0%	63.0%	73.6%	1%
School (%age of children/youth authorized in full level of care with acceptable or improved school performance) (Hold harmless 1st half of fiscal year 20)	>=60%	71.2%	75.7%	1%
Community Tenure, Adults/Children/Adolescents (%age of individuals authorized in full level of care who avoid hospitalization in a System Agency Inpatient Bed)	>=96.8%	99.1%	99.4%	1%
Effective Crisis Response (%age of crisis episodes that are not followed by admission to a System Agency Inpatient Bed within 30 days of the 1st day of the crisis episode)	>=75.1%	96.97%	97.58%	1%
Hospital 7-Day Follow-Up, CARE based measure (%age of individuals discharged from a state hospital, System Agency Contracted Bed, community mental health hospital or private psychiatric bed who receive a face-to-face follow-up within seven days of discharge)	>=75.0%	19.10%	24.7%	1%
Hospital 7-Day Follow-Up, Encounter based measure *(%age of individuals discharged from a state hospital, System Agency Contracted Bed, community mental health hospital or private psychiatric bed who receive a face-to-face, telehealth or telemedicine follow-up within seven days of discharge) (Benchmark in fiscal year 20)*				
Crisis 7-Day Follow-up *(%age of crisis episodes in level of care authorized of 0 with a follow-up service contact one to seven days after the date of the last crisis service((Benchmark in fiscal year 20)*				

Primary Performance Contract Measures Beyond the 10% Recoupment Measures (Note: Due to COVID-19 All Performance Measures are Currently Hold Harmless) Measures Not Adjusted for New Service Modality Types	Target	1st Half/Third Quarter
General Adult Mental Health Performance Contract Measures		
Adult Mental Health Monthly (AMH) Number Served (Average monthly number of adults authorized in a full level of care as percentage of contract target)*	100%	83%/88%
AMH Counseling Target (Percentage of individuals recommended for level of care 2 that were authorized into level of care 2)	>=12%	32.2%/35.4%
AMH ACT Target (Percentage of individuals recommended for level of care 4 who were authorized into level of care 3 or 4)	>=54%	89.3%/87.8%
Employment Functioning (hold harmless) (%age of adults authorized in full level of care with acceptable or improved employment score)	>=39.8%	61.9%/59.9%
Educational or Volunteering Strengths (hold harmless) (%age of adults authorized in full level of care with acceptable or improved employment-preparatory skills as evidenced by either Educational or Volunteering Strengths rating)	>=26.5%	40.3%/36.4%
Residential Stability (hold harmless) (%age of adults in full level of care who show acceptable or improved residential stability)	>=84.0%	76.9%/73.4%
General Children's Mental Health Performance Contract Measures		
Children's Mental Health (CMH) Monthly Number Served (Average monthly number of children/youth authorized in a full level of care as percentage of contract target)*	100%	81%/87%
Juvenile Justice Avoidance (%age of children/youth authorized in full level of care who show no arrests or a reduction of arrests from time of initial assessment)	>=95%	99%/100%
Family Partner Support Services (Percentage of children/youth authorized to levels of care 2, 3, 4 or young child who receive Family Partner supports)	>=10%	1.15%/1.52%
Family Living Situation (hold harmless 1st half of fiscal year 20) (%age of children/youth authorized in full level of care with acceptable or improved family and living situations)	*>=67.5%*	*70.4%/69.1%*
Crisis Response System Outcomes		
Hospitalization (Equity-adjusted rate of System Agency Inpatient Bed Days in the population of the local service area)	<=1.9%	0.67%/0.59%
Frequent Admissions (%age of individuals authorized in a full level of care admitted to a System Agency Inpatient Bed three or more times within 180 days)	<0.30%	0%/0%
Access to Crisis Response Services (%age of crisis hotline calls resulting in face-to-face encounters)	>52.2%	54.9%/66.7%
Community Linkage within 14 days of Level of Care 0 closure (%age of individuals authorized in level of care 0 authorized into a full level of care or level or care 5 within 14 days of closure to level of care 0)	>=23%	24.0%/26.3%
Crisis Follow-up within 30 days of Level of Care 5 admission (%age of individuals authorized into level of care 5 receiving a follow-up service encounter within 30 days or authorization into level of care 5)	>=90%	100%/100%
Adult Jail Diversion (Equity-adjusted %age of valid Texas Law Enforcement Telecommunications System (TLETS) bookings across adult population with a match in CARE)	*<10.46%*	*8.38%/8.34%*
Intellectual and Developmental Disability Measure		
Monthly Number Served (Average monthly %age of target of number of nonMedicaid individuals receiving a service and Medicaid individuals receiving a nonMedicaid service)	100%	23.15%/27.47%
Long Term Service and Supports		
Long Term Service and Supports (%age of referrals from Long-term Services and Supports Screen of CARE acted upon within 15 calendar days)	>=70%	36.17%53.97%

Attachment 9: CLAS Standards Report

Strategy 1: Advertising targeted career opportunities to local minority groups

Frequency: Monthly

Evaluation Method: Increase in racial/ethnic representation of staff across all job levels with a focus on jobs classified as "Professionals" and "Managers" using e3 data

Target: Parity with Travis County and/or client populations, depending on racial/ethnic group. Integral Care's client population should be at parity with Travis County population, depending on the racial/ethnic group.

Job postings include the following language to help promote diversity:

"Integral Care strives to maintain a diverse workforce. We encourage all to apply, including those who have knowledge and/or experience working with underserved populations, including Asian and Pacific Islander, Black/African American, Hispanic/Latino, and LGBTQA communities.

For specific positions, additional compensation may be available to those who are bilingual in both English and one of the following languages: Spanish, Chinese, Vietnamese, Korean, or Burmese."

In February 2018, HR began advertising targeted career opportunities to the local Asian American Behavioral Health Network, African American Behavioral Health Network, and Latino Healthcare Forum. As of March 5, 2020, Integral Care has obtained an annual membership with the local Greater Austin Asian Chamber (GAAC) allowing us to also advertise our career opportunities on their job board and connecting us with more resources with this group.

HR also advertises career opportunities through a variety of free online, state, and local job boards, including local colleges/universities, and through Integral Care website.

Diversity Career Fairs attended:

Host	**Career Fair Title**	**Notes**
Austin Public Health/Health Equity Unit	Job Fair	Targets the African American, Hispanic, and Asian population
Huston-Tillotson	Career Fair	HBCU
MECA & City of Austin	Career Expo	Hosted by local Asian, Hispanic, Black, and LGBT Chamber of commerce
Texas Hire Ability	Capital Region Job Fair	Targets individuals with disabilities

Analysis of workforce data from FY 2017-FY 2020:

Integral Care still under employs Hispanic/Latino, Asian, and Black/African American staff classified as "Professionals" and "Managers" compared to non-Hispanic White staff in the same job classification.

From FY 2017-FY 2020,

- The number of Hispanic/Latino staff classified as "Professionals" **increased by 4%.**
- The number of Asian staff classified as "Professionals" remained the same.
- The number of Black/African American staff classified as "Professionals" **increased by 2%**
- The number of non-Hispanic White staff classified as "Professionals" **decreased by 5%**

Percentage of employees classified as "Professionals" by race/ethnicity

Race/Ethnicity	FY 2017		FY 2018		FY 2019		FY 2020	
Hispanic/Latino	141	27.2%	159	28.2%	155	25.5%	179	29.1%
Asian	27	5.2%	30	5.3%	34	5.6%	32	5.2%
Black	61	11.8%	67	11.9%	82	13.4%	93	15.1%
Non-Hispanic White	289	55.8%	308	54.6%	338	55.5%	311	50.6%
TOTAL	518	100.0%	564	100.0%	609	100%	615	100%

Source: e3

From FY 2017 to FY 2020,

- The number of Hispanic/Latino staff classified as "Managers" **increased 6%.**
- The number of Asian staff classified as "Managers" **decreased by 2%**
- The number of Black/African American staff classified as "Managers" remained the same.
- The number of non-Hispanic White staff classified as "Managers" **decreased by 3%.**

Percentage of employees classified as "Managers" by race/ethnicity

Race/Ethnicity	FY 2017		FY 2018		FY 2019		FY 2020	
Hispanic/Latino	16	18.1%	19	20.2%	19	20.4%	26	26.3%
Asian	4	4.5%	2	2.2%	5	5.4%	3	3%
Black	6	6.8%	8	8.5%	8	8.6%	8	8.1%
Non-Hispanic White	62	70.6%	65	69.1%	61	65.6%	62	62.6%
TOTAL	88	100.0%	94	100.0%	93	100%	99	100%

Source: e3

Analysis of workforce, client, and local service population data of FY 2017 & FY 2020:

Data from FY 2017 & FY 2020 show us the following:

- Compared to the Travis County census, the center employs a lower rate of Asian staff; however, the center's Asian client population is a much lower percentage than that of Travis County.
- Compared to the Travis County census, the center employs a higher rate of Black/African American staff; also, the center's Black/African American clients is a much higher percentage than that of Travis County.
- Hispanics are approximately equally represented across center clients, staff, and Travis County as a whole.

Percentage of Integral Care clients, employees, and Travis County population by race/ethnicity, FY 2017 & FY 2020

	FY 2017			FY 2020			
	Clients	**All Employees**	**Clinical Employees**	**Clients**	**All Employees**	**Clinical Employees***	**Travis County**
n=	32,629	1,034	920	31,934	928	826	1,203,166
Race							
Asian	1.5%	4.5%	4.5%	1.6%	4.2%	4.0%	6.5%
Black	18.9%	12.7%	12.6%	17.3%	13.4%	13.6%	7.9%
Hispanic (regardless of race)	29.7%	26.5%	28.0%	27.1%	28.3%	29.3%	33.9%
White	38.1%	51.8%	50.3%	36.0%	48.4%	47.3%	49.1%
Other	1.7%	4.1%	4.1%	1.5%	3.4%	3.4%	
Unknown	10.0%	0.4%	0.4%	16.6%	2.7%	2.4%	

NOTE: The way data is collected and reported at the County-level does not correspond to the data available at Integral Care, thus the percentages for each race category are estimated. Due to estimates, the total percentage is slightly greater than 100%.

Source: One Data

Attachment 10: Patient 360- Solution Recommendation

Scope, Goals & Objectives

- Scope: Build out "Patient centric" model to provide complete view of patient data across systems.

- Goals:
  - Capture and centralize Patient information across programs.
  - Understand the Patient profiles – demographics, clinical, location, financial, communications etc.
  - 360 view of Patient within the agency – entry, longitudinal services and exit.

- Objectives:
  - identify opportunities to assess and improve the client experience.
  - streamline the internal processes and systems used to deliver an optimal client experience.

Research Requirements

Views, Entry forms, Dashboards, reporting and metrics of:

- Capture patient data across programs into centralized system.
- Patient/client entry into the agency. How and where is the patient come into the agency? Call center? Mobile units? Referrals? From other agencies? Etc.
- Patient volumes – schedules, appointments, other categories.
- Patient demographics – age, Social status, Social determines, technology access, etc (mostly compiled in KPI Dashboards, need to integrate this in the new model).
- Patient financials around denials, payer mix.
- Patient longitudinal view in the system, mapped out against the business cycle process and care management.
- integration of multiple systems – Genesys, Incident management, Qualtrics etc. with EHRs data.
- Patient referral outs – where is the patient referred out to?
- Staff visibility into gaps in care.
- Staff and patient engagement management during transitions.
- Organizational silos between patients, providers, and insurers.

Research and Recommendation Process

- Approved initiative to be on the FY21 Business Plan.
- Defined scope, goals & objectives.
- Defined requirements.
- Researched Industry leaders that meet requirements.
- Researched vendors with solutions at the agency. Ex: Netsmart.
- Researched both internal and external vendors and their proposed concept solutions.
- Conduct analysis of the vendor concept solutions.
- Recommendations of the solutions that best meet agency requirements

Concept Solutions – SWOT Analysis

	Strengths/Opportunities	Cost, Weakness/Threat
Netsmart Technologies	• Internal vendor • System contains data needed for creating P360 models.	• Lacks resources to build the model. • Did not provide concept proposal.
salesforce	• Strong CRM solution. • Strong social media platform integrations. • Meets all requirements and plus more. • Strong data entry and visualization capabilities. • Strong integration capabilities, already available thru Genesys.	• $125K/yr license costs. 16 wks project w $110K impl costs. • Costs are about 3 times more than other proposals.
Sensa Analytics	• Platform as a Service, Build as we want. • Meets all requirements and room to build more models. • Integration solution leader in the industry. • Strong reporting capabilities. • Strong integration capabilities.	• $27K/yr license costs. 10 wks project w $40K impl costs.
SharePoint	• Internal solution with strong data capture/forms and flow capabilities. • Programs are adapting and in some cases creating their own data entry forms.	• Lacks data consolidation and reporting at the agency level. • Development resource constraints.

Recommendation

Expand Netsmart (CareManger or other) modules, and/or internal SharePoint implementations to close the gaps in the data capture and reporting needed to create Patient 360 view.

or

Approval to move towards RFP process to procure CRM solution that enable consolidation of data entry across agency to create 360 view

of the patient.

Attachment 11: Suicide Ideation AI Model Solution Recommendation

- Scope: Improve patient care quality and clinical decision support process through integration of Artificial Intelligent predictive risk models such as suicide ideation.

- Goals:
    - Analyze and develop prototype risk model that will identify suicide ideation.
    - Enable decision supported outcomes through use of data analytics, modeling and visualizer platform.
- Objectives:
    - identify opportunities to assess and improve the client care.
    - to accelerate agency ability to analyze data and decision support.

Research Requirements

- Integration with Netsmart EHRs system and other agency system to ingest agency relevant data into single analytics platform.

- Built text analytics models to analyze clinical progress notes to categorize unstructured data related to suicide ideation.

- Use innovative and proven text analytics results to build a predictive model that can identify suspected suicide ideation risk.

- Ability to develop decision support risk models with subject matter expert (SME) to understand unstructured data and build keyword terms related to suicide ideation.

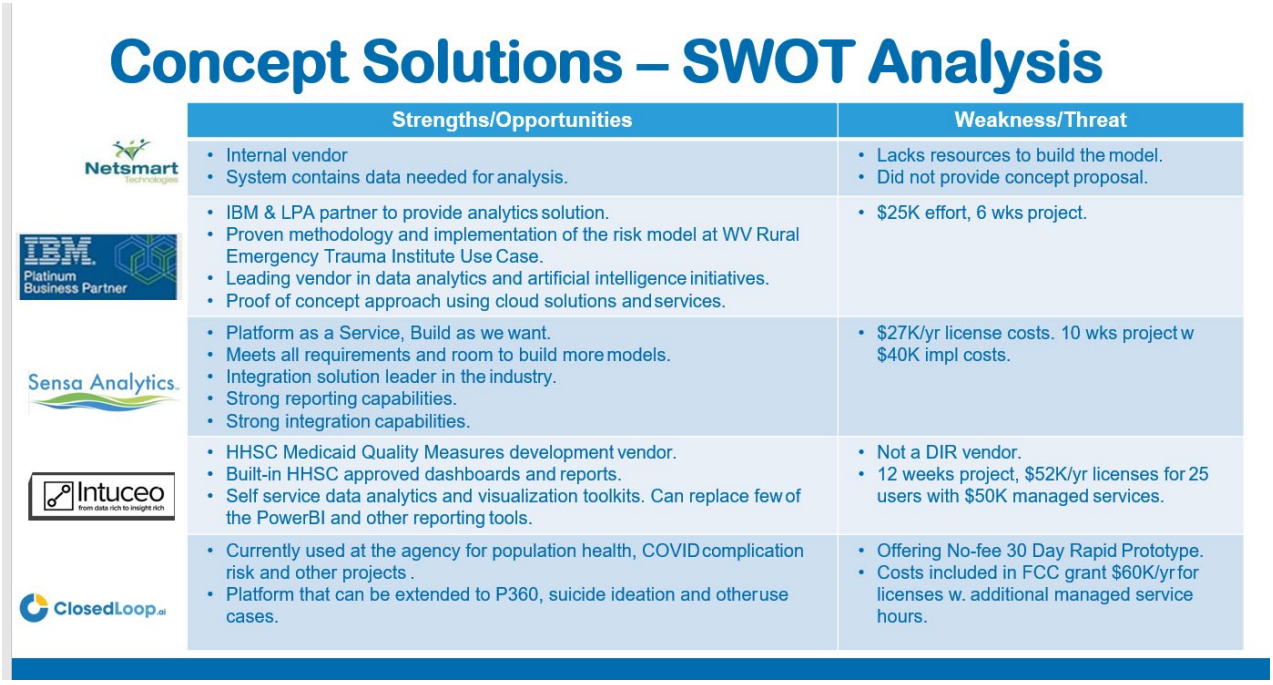
- Ability to analyze and model vast amounts of structured and unstructured data.

- Data transformation and visualizations projects for Mental and Behavioral Health outcomes.

- Platform supporting executive dashboard, text analytics, performance measures, business outcomes analysis, and intelligence.

Research and Recommendation Process

- Approved initiative to be on the FY21 Business Plan.
- Defined scope, goals & objectives.
- Defined requirements.
- Researched Industry leaders that meet requirements.
- Researched vendors with solutions at the agency. Ex: Netsmart.
- Researched both internal and external vendors and their proposed concept solutions.
- Conduct analysis of the vendor concept solutions.
- Recommendations of the solutions that best meet agency requirements.



Recommendation

Approval to move toward to engage IBM and/or ClosedLoop to build out the prototype to create AI supported Suicide Ideation predictive risk Model. Leaning toward moving forward taking advantage of the free rapid prototype with ClosedLoop to prove out value.

Attachment 11: EMCOT 2nd Quarter Reports

TOTAL PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE		YTD PERFORMANCE SUMMARY			
			Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program Contract Year Goal	% of Contract Year Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of unduplicated Clients served		485	466	951	2,000	48%	No Explanation Required
OP#2	Number of referrals that resulted in a dispatch to the Client's location		706	555	1,261	2,700	47%	No Explanation Required
OP#3	Number of unduplicated Clients referred from law enforcement		331	313	644	1,225	53%	No Explanation Required
OP#4	Number of unduplicated Clients referred from EMS		166	154	320	600	53%	No Explanation Required
OP#5	Number of unduplicated Clients referred from Travis County Central Booking and Travis County Correctional Complex		7	26	33	500	7%	Explanation Required
OP#6	Number of unduplicated Clients referred from 911 Call Center		102	81	183	baseline	N/A	N/A
OP#7	Number of first responders who received training from EMCOT		107	146	253	500	51%	No Explanation Required
OP#8	Number of times EMCOT was unable to respond to a referral		17	21	38	N/A	N/A	N/A
OUTCOMES								
OC#1a	Number of 911 referrals from law enforcement that resulted in diversions from arrest	(numerator)	256	235	491	1,239	40%	N/A
OC#1b	Total number of 911 referrals from law enforcement	(denominator)	257	235	492	1,252	39%	Explanation Required
OC#1c	Percentage of 911 referrals from law enforcement that resulted in diversion from arrest	(outcome rate)	**100%**	**100%**	**100%**	**99%**	**101%**	No Explanation Required
OC#2a	Number of 911 referrals from law enforcement that resulted in diversions from emergency detention	(numerator)	233	220	453	1,164	39%	N/A
OC#2b	Total number of 911 referrals from law enforcement	(denominator)	257	235	492	1,252	39%	Explanation Required
OC#2c	Percentage of 911 referrals from law enforcement that resulted in diversion from emergency detention	(outcome rate)	**91%**	**94%**	**92%**	**93%**	**99%**	No Explanation Required
OC#3a	Number of 911 referrals from EMS that resulted in diversions from transfer or admission to emergency department	(numerator)	141	126	267	580	46%	N/A
OC#3b	Total number of 911 referrals from Emergency Medical Services	(denominator)	180	154	334	774	43%	Explanation Required
OC#3c	Percentage of 911 referrals from EMS that resulted in diversion from transfer or admission to emergency department	(outcome rate)	**78%**	**82%**	**80%**	**75%**	**107%**	No Explanation Required
OC#4a	Number of Clients who received EMCOT services who were linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions	(numerator)	193	167	360	900	40%	N/A
OC#4b	Total number of Clients who received EMCOT services	(denominator)	485	466	951	2,000	48%	No Explanation Required
OC#4c	Percentage of Clients who received EMCOT services who were linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions	(outcome rate)	**40%**	**36%**	**38%**	**45%**	**84%**	Explanation Required

COMMENTS	
Performance To Date Explanations	OP#5: EMCOT leadership and Jail Leadership developed a process in which EMCOT has the ability to assess individuals at Central Booking (process started in October) and at Travis County Correctional Complex (process started beginning of January 2021), while mitigating risk of exposure and complying with jail standards regarding co-location and entry of EMCOT staff in to the jails. While number of referrals has increased from Q1 to Q2, a continued low number of referrals may be the result of initiatves by County and District Attorney to release individuals from jail prior to magistration. EMCOT Leadership and Jail Leadership will continue to strengthen referral process to ensure that justice involved individuals are provided with mental health screening and assessment at Central Booking and Travis County Correctional Complex. OC1b,1c: The number of 911 referrals from law enforcement may be lower due to the addition of EMCOT co-located at the 911 Call Center and our team's ability to divert calls from police response when there is not a public safety issue. EMCOT leadership will continue to monitor this trend and the impact that diversion at the 911 Call Center has on referrals from law enforcement partners. OC#4c: EMCOT linked 36% of clients to services and the goal is 45% per quarter.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female	218	217			435
Male	263	236			499
Other	4	5			9
Unknown	0	8			8
Total	485	466	0	0	951
ETHNICITY					
Hispanic or Latino	120	83			203
Not Hispanic or Latino	355	269			624
Unknown	10	114			124
Total	485	466	0	0	951
RACE					
American Indian and Alaska Native	2	3			5
Asian	16	7			23
Black or African American	86	76			162
Native Hawaiian and Other Pacific Islander	0	1			1
White	212	292			504
Some other race	0	5			5
Two or more races	8	8			16
Unknown	161	74			235
Total	485	466	0	0	951
AGE					
Under 5	1	1			2
5 to 11	7	5			12
12 to 14	11	8			19
15 to 17	16	15			31
18 to 24	59	57			116
25 to 39	191	180			371
40 to 54	102	106			208
55 to 64	49	52			101
65 to 74	34	23			57
75 and over	10	14			24
Unknown	5	5			10
Total	485	466	0	0	951
INCOME STATUS					
<50% of FPIG	163	163			326
50 to 100%	88	67			155
101% to 150%	22	22			44
151% to 200%	9	8			17
>200%	6	6			12
Unknown	197	200			397
Total	485	466	0	0	951

Dates Reports are Due to HHS	
Quarter 1 Report	**1/15/2021**
Quarter 2 Report	**4/15/2021**
Quarter 3 Report	**7/15/2021**
Quarter 4 Report	**10/15/2021**

Aggregated Age Distribution *for HHS use only*	
Under 5	0%
5 to 17	7%
18 to 24	12%
25 to 64	72%
65 and over	9%

COMMENTS

Due to the nature of crisis services, it may be inappropriate to gather race, ethnicity and income status from a client due to the focus of assessment needing to be on crisis safety planning and de-escalation. EMCOT staff will continue to make efforts to gather this information in order to ensure that they are providing culturally responsive and person-centered services.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
OUTPUT MEASURES					
Output #1	**Number of unduplicated Clients served**	Count of unique clients referred for an incident who received face-to-face, telephonic, or telehealth services. A client may be counted only once during the contract year.	Integral Care's Electronic Health Record (EHR-Cerner)	Count of clients who received a face-to-face, telephonic, or telehealth service that was scheduled or unscheduled. Reminder: OP3+OP4+OP5 should be AT LEAST equal to OP1. These three measures are unduplicated within each measure but not across the measures.	EMCOT Practice Manager/Integral Care's One Data Team
Output #2	**Number of referrals that resulted in a dispatch to the Client's location**	Count of referrals that generated a dispatch for EMCOT response.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Exclude Routine referrals that did not result in dispatch (i.e. client linked to ongoing outpatient treatment team and team has confirmed they will provide follow-up). Exclude dispatches that were cancelled by referral source prior to EMCOT's arrival. Exclude dispatches where EMCOT was unavailable to respond (during EMCOT hours of operation).	EMCOT Practice Manager/Integral Care's One Data Team
Output #3	**Number of unduplicated Clients referred from law enforcement**	Count of unique clients who received face-to-face, telephonic or telehealth services after a referral from law enforcement.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Include referrals from 911 co-response and "routine" referrals received from all law enforcement departments that have MOU with Integral Care. Referral data collected in program's spreadsheets; data will be combined with EHR data for calculation.	EMCOT Practice Manager/Integral Care's One Data Team
Output #4	**Number of unduplicated Clients referred from EMS**	Count of unique clients who received face-to-face, telephonic or telehealth services after a referral from Travis County Emergency Medical Services.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Include referrals from 911 co-response and "routine" referrals received from Austin Travis County Emergency Medical Services (EMS). Referral data collected in program's spreadsheets; data will be combined with EHR data for calculation.	EMCOT Practice Manager/Integral Care's One Data Team

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
OUTPUT MEASURES					
Output #5	**Number of unduplicated Clients referred from Travis County Central Booking and Travis County Correctional Complex**	Count of unique clients who received face-to-face services, telephonic or telehealth services after a referral from Travis County Central Booking or Travis County Correctional Complex.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Include referrals for clients provided with services at release from custody at Central Booking or Travis County Correctional Complex and referrals for jail diversion at Central Booking. Referral data collected in program's spreadsheets; data will be combined with EHR data for calculation.	EMCOT Practice Manager/Integral Care's One Data Team
Output #6	**Number of unduplicated Clients referred from 911 Call Center**	Count of unique clients who received telephonic or telehealth services after a call was transferred to EMCOT from 911 Call Taker	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Include referrals for clients who called 911 for emergency services and were transferred to EMCOT to provide de-escalation prior to first responders arriving and diversion from first responder response. Referral data collected in program's spreadsheets; data will be combined with EHR data for calculation.	EMCOT Practice Manager/Integral Care's One Data Team
Output #7	**Number of first responders who received training from EMCOT**	Count of first responders who received training from EMCOT during contract year. A first responder may be counted multiple times if he/she attends more than one training within the contract year.	Excel Spreadsheet	Includes out- of- county first responders who receive training from EMCOT through training held by a Travis County first responder department.	EMCOT Practice Manager/Integral Care's One Data Team
Output #8	**Number of times EMCOT was unable to respond to a referral**	Count of incidents that were referred to EMCOT and EMCOT was unavailable to respond	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Include referrals when EMCOT informed dispatch they were unavailable and then were cancelled to respond, prior to next available EMCOT able to respond to referral. Include referrals received only during EMCOT hours of operation.	EMCOT Practice Manager/Integral Care's One Data Team

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
OUTCOME MEASURES					
Outcome #1a (numerator)	**Number of 911 referrals from law enforcement that resulted in diversions from arrest**	Among referrals from law enforcement, count of referrals that resulted in the individual not being arrested.	Excel Spreadsheet	Includes any disposition for the client that did not result in arrest, including transport to Emergency Department or involuntary commitment (POED).	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #1b (denominator)	**Total number of 911 referrals from law enforcement**	Count of referrals received from 911 co-response	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Excludes routine referrals	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #1c (rate)	**Percentage of 911 referrals from law enforcement that resulted in diversion from arrest**	Divide OC#1a by OC#1b	Excel Spreadsheet	Excludes referrals that were cancelled by referral source and those where EMCOT was unavailable. Exclude "Routine" referrals.	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #2a (numerator)	**Number of 911 referrals from law enforcement that resulted in diversions from emergency detention**	Among referrals from law enforcement, count of referrals that resulted in the individual not being placed on an emergency detention.	Excel Spreadsheet	Includes any disposition for the client that did not result in emergency detention, including transport to Emergency Department and Arrest.	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #2b (denominator)	**Total number of 911 referrals from law enforcement**	Count of referrals received from 911 co-response	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Excludes routine referrals	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #2c (rate)	**Percentage of 911 referrals from law enforcement that resulted in diversion from emergency detention**	Divide OC#2a by OC#2b	Excel Spreadsheet	Excludes referrals that were cancelled by referral source and those where EMCOT was unavailable. Exclude "Routine" referrals.	EMCOT Practice Manager/Integral Care's One Data Team

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
OUTCOME MEASURES					
Outcome #3a (numerator)	**Number of 911 referrals from EMS that resulted in diversions from transfer or admission to emergency department**	Among referrals from EMS, count of referrals that resulted in the individual not being transported or admitted to an emergency department	Excel Spreadsheet	Includes any disposition for the client that did not result in transport or admission to Emergency Department, including Arrest and emergency detention	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #3b (denominator)	**Total number of 911 referrals from Emergency Medical Services**	Count of referrals received from 911 co-response	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Excludes routine referrals	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #3c (rate)	**Percentage of 911 referrals from EMS that resulted in diversion from transfer or admission to emergency department**	Divide OC#3a by OC#3b	Excel Spreadsheet	Excludes referrals that were cancelled by referral source and those where EMCOT was unavailable. Exclude "Routine" referrals.	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #4a (numerator)	**Number of Clients who received EMCOT services who were linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions**	Number of unique clients linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions. Includes individuals who were already receiving ongoing care at the time of the referral as well as those who were admitted to care within 1 month of the referral.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Clients will be counted only once in this measure. For clients who have more than one referral, client will be counted as linked to ongoing services if they were receiving or were admitted to care during/after any referral in the measurement period.	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #4b (denominator)	**Total number of Clients who received EMCOT services**	Equals Output #1	Excel Spreadsheet	Includes referrals from law enforcement, Emergency Medical Services, Central Booking and Travis County Correctional Complex.	EMCOT Practice Manager/Integral Care's One Data Team
Outcome #4c (rate)	**Percentage of Clients who received EMCOT services who were linked to Integral Care routine services, crisis respite or residential services, or psychiatric admissions**	Divide OC#4a by OC#4b	Excel Spreadsheet	N/A	EMCOT Practice Manager/Integral Care's One Data Team

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
DEMOGRAPHIC AND ZIP CODE REPORT					
Gender, Race, and Ethnicity	**Number of unduplicated clients by their gender, race, and ethnicity**	Count of clients referred who received face-to-face, telephonic, or telehealth services. A client may be counted only once during the contract year.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Gender categories: Male/Female Race/Ethnicity categories: White, Hispanic, Black, Asian, Other, Unknown	EMCOT Practice Manager/Integral Care's One Data Team
Age	**Number of unduplicated clients by their age, grouped into age categories**	Count of clients referred who received face-to-face, telephonic, or telehealth services. A client may be counted only once during the contract year.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Age captured as of date of first referral in the reporting period. Age Categories: <5 5-11 12-14 15-17 18-24 25-39 40-54 55-64 65-74 >=75 Unknown	EMCOT Practice Manager/Integral Care's One Data Team
Income Status	**Number of unduplicated clients by their income status, grouped into income categories**	Count of clients referred who received face-to-face, telephonic, or telehealth services. A client may be counted only once during the contract year.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Federal Poverty Guidelines Group: <50% of FPIG 50% - 100% FPIG 101% - 150% FPIG 151% - 200% FPIG Above 200% FPIG Unknown	EMCOT Practice Manager/Integral Care's One Data Team
ZIP Code	**Number of unduplicated clients by their ZIP code**	Count of clients referred who received face-to-face, telephonic, or telehealth services. A client may be counted only once during the contract year.	Integral Care's Electronic Health Record (EHR-Cerner); Excel Spreadsheet	Numbers will be provided on the referral response ZIP codes (data per referral) and ZIP codes where the client resides (data per client).	EMCOT Practice Manager/Integral Care's One Data Team

Attachment 12: Draft Health Disparities Report Card

Integral Care

Key Review Dates

Date	Action
9-22-20	Present concept to Diversity Council
11-11-20	Develop draft topics of interest for report card with Population Health Workgroup
12-15-20	Present draft topics of interest for report card at Diversity Council
1-14-20	Draft report card review and edits by Population Health Workgroup
1-21-21	Brainstorm key elements and draft review with Board Ad Hoc Committee
2-1-21	Brainstorm key elements and draft review with Operations Directors
2-2-21	Brainstorm key elements and draft review with Medical Directors
2-25-21	Draft presented to Zero Suicide Workgroup
3-1-21	Draft presented at Crisis Managers Monthly Meeting
3-8-21	Draft presented at Nutrition Services Team Meeting
3-17-21	Draft presented at Provider Network and Authority Team Meeting
4-2-21	Draft presented at Substance Use Disorder Managers Meeting
May 2021	Incorporate final feedback from staff and leadership reviews. Final draft to be reviewed with Operations Directors.

Integral Care

Introduction

The Integral Care Population Health/Accountable Care Team and the Integral Care Diversity and Inclusion Council are pleased to announce the first Integral Care Health Disparities report card for the fiscal year 2020.

Despite overall improvements in population health over time, many disparities have persisted and, in some cases, widened as the population becomes more diverse. Addressing disparities in health and health care is important not only from an equity standpoint, but also for improving health more broadly by achieving improvements in overall quality of care and population health.

In recent years, Integral Care has made significant commitments to strengthening the organization in areas of staff diversity and creating welcoming services for anyone seeking care. Advancements include establishing training requirements for all staff in care for culture and trauma informed care, casting the net wider when recruiting staff, making services accessible in 15 languages and staying focused on achieving the CLAS standards are ways the organization has made progress. Yet there is more to do - Integral Care must stay open to feedback, actively look for areas where we fall short, identify necessary changes and take action to ensure that Integral Care is a place all people want to work and/or receive care. To remain effective and sustainable, Integral Care must continue to evolve, building on the foundation we have laid in recent years.

As a key change agent in Travis County, Integral Care plans in the next two years to build upon our strong operational and clinical foundation to create more equitable access to services and continue to build an organization that values diversity and equity. In line with the goals set forth in the Integral Care FY2021-2022 Strategic Plan and by the Board/Staff Committee on Racial Equity, this report offers leadership a glance into potential inequities and gaps in care across the system, as well as opportunities to track progress as Integral Care continues to launch equity practices in these areas of care.

Integral Care

Legend

Disparity Grade	Disparity Ratio	Meaning/Interpretation
A	1.0 - 1.4	Little or no disparity.
B	1.5 - 1.9	A disparity exists and should be monitored. May require intervention.
C	2.0 - 2.4	The disparity requires intervention.
D	2.5 - 2.9	Major interventions are needed.
F	>=3.0	Urgent interventions are needed.
Reference Group		The group with the best rate (and 20 or more cases). It is the group to which all other groups are compared and therefore will not receive a rating.
Not Enough Data		Groups with less than 20 events during the time period. Disparity ratios and ratings are not calculated for populations with less than 20 events during the comparison time period.

Adapted from the New Mexico Department of Health Racial and Ethnic Health Disparities Report Card

In 2011, the Healthcare Cost and Utilization Project (HCUP) Agency for Healthcare Research and Quality released a paper focusing on eight states that the National Academy for State Health Policy (NASHP) identified as leaders in terms of their analysis and/or inclusion of data in strategic plans and reports to address health disparities: Colorado, Connecticut, Georgia, Maryland, New Jersey, New Mexico, Rhode Island, and Utah. Upon review of these reports, the Integral Care Population Health/Accountable Care Team chose to model the methodology of this report largely on the New Mexico Department of Health Racial and Ethnic Health Disparities Report Card due to its readability and framing of the data to include comparative data notes.

Integral Care

Largest Disparities

Condition	Population With Highest Rate	Highest Rate	Reference Group with Lowest Rate	Lowest Rate	Disparity Ratio	Disparity Grade
Schizophrenia	Black/African-American	344.2	White	159.6	2.2	Requires intervention
Oppositional Defiant Disorder	Hispanic or Latino	14.8	White	4.1	3.6	Requires urgent intervention
Conduct Disorder	Hispanic or Latino	9.1	White	2.1	4.3	Requires urgent intervention
Post-Traumatic Stress Disorder	Alaskan Native/American Indian	368.9	Asian	69.1	5.3	Requires urgent intervention
Homelessness	Alaskan Native/American Indian	291.3	Hispanic or Latino	71.6	4.1	Requires urgent intervention
Tobacco Use	Alaskan Native/American Indian	475.7	Asian	116.0	4.1	Requires urgent intervention
Psychiatric Hospitalizations	Black/African-American	104.4	Hispanic or Latino	87.2	1.2	Little or no disparity
Criminal Justice Involvement	Black/African-American	80.4	Hispanic or Latino	45.7	1.8	Needs monitoring
Deaths	White	5.8	Hispanic or Latino	1.5	3.8	Requires urgent intervention
Suicide	White	0.3	Hispanic or Latino	0.1	2.3	Requires intervention
COVID-19 Positivity	Hispanic or Latino	7.8	Black/African-American	4.3	1.8	Needs monitoring
Diabetes	Black/African-American	77.9	White	42.4	1.8	Needs monitoring
Hypertension	Black/African-American	215.1	Asian	64.2	3.3	Requires urgent intervention
Asthma	Black/African-American	78.1	Hispanic or Latino	27.4	2.8	Requires major intervention
Obesity	Black/African-American	49.1	White	26.3	1.9	Needs monitoring
Cannabis-related disorders	Black/African-American	139.8	Hispanic or Latino	98.3	1.4	Little or no disparity
Alcohol-related disorders	Alaskan Native/American Indian	233.0	Hispanic or Latino	100.3	2.3	Requires intervention
Opioid-related disorders	White	73.0	Black/African-American	18.7	3.9	Requires urgent intervention
Stimulant-related disorders	Black/African-American	126.6	Hispanic or Latino	89.4	1.4	Little or no disparity

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Disparities by Population (Race/Ethnicity)

Alaskan Natives/American Indians had the highest rates of:

Homelessness
Tobacco use
Post-traumatic stress disorder
Alcohol-related disorders

Asians had the highest rates of:

None

Blacks/African Americans had the highest rates of:

Schizophrenia
Psychiatric hospitalizations
Adult criminal justice involvement
Diabetes
Hypertension
Asthma
Obesity
Cannabis-related disorders
Stimulant-related disorders

Hispanics/Latinos had the highest rates of:

Oppositional defiant disorder
Conduct disorder
COVID-19 positivity

More Than One Race had the highest rates of:

None

Native Hawaiians/Pacific Islanders had the highest rates of:

None

Whites had the highest rates of:

Deaths
Suicide
Opioid-related disorders

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Disparities by Population (Gender Identity and Primary Language)

Gender Identity

Males had the highest rates of:

Schizophrenia
Oppositional defiant disorder
Conduct disorder
Homelessness
Tobacco use
Adult criminal justice involvement
Deaths
Hypertension
Cannabis-related disorders
Alcohol-related disorders
Opioid-related disorders

Females had the highest rates of:

COVID-19 positivity
Diabetes
Asthma
Obesity
Suicide
Post-traumatic stress disorder
Stimulant-related disorders

Transgenders had the highest rates of:

Psychiatric hospitalizations

Primary Language

English Speakers had the highest rates of:

Homelessness
Tobacco use
Psychiatric hospitalizations
Diabetes
Hypertension
Asthma
Obesity
Suicide
Adult criminal justice involvement
Cannabis-related disorders
Alcohol-related disorders
Opioid-related disorders
Stimulant-related disorders

Non-English Speakers (Overall) had the highest rates of:

None

Spanish Speakers had the highest rates of:

Oppositional defiant disorder
COVID-19 positivity

ASL Signers had the highest rates of:

Schizophrenia

Arabic Speakers had the highest rates of:

Post-traumatic stress disorder

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Disparities by Population (Integral Care Service Division)

Adult Behavioral Health had the highest rates of:

Criminal justice involvement
Diabetes
Hypertension
Asthma
Obesity

Crisis Services had the highest rates of:

None

Substance Use Services had the highest rates of:

Tobacco use
Suicides
Opioid-related disorders

Intellectual and Developmental Disabilities had the highest rates of:

Deaths
COVID-19 positivity

Residential Services had the highest rates of:

Schizophrenia
Post-traumatic stress disorder
Homelessness
Psychiatric hospitalizations
Cannabis-related disorders
Alcohol-related disorders
Stimulant-related disorders

Child and Family Services had the highest rates of:

Oppositional defiant disorder
Conduct disorder

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Integral Care Initiatives to Address Health Disparities

- Applied for CCBHC grant funding to address health disparities as identified in Report Card- will allow for remote patient monitoring devices for chronic disease management, expanded landlord/housing outreach, and other targeted supports.
- Integral Care partnership with Dell Medical School: Launched initiative to address the problem of diagnostic disparities, specifically over diagnosis of schizophrenia in African American males, using a differential diagnosis form in the Integral Care EHR system.
- Austin Homelessness Membership Council created the Equity Taskgroup to address the severe racial inequities within the homeless response system. Adopted additional prioritization factors that were proposed by the community to increase racial equity in who is offered formal housing interventions through the Coordinated Entry System.
- Integral Care applied for and was accepted as a member into the Government Alliance on Race and Equity (GARE) for Travis County TX. The GARE is a national network of government working to achieve racial equity and advance opportunities for all.
- Chart audits conducted by Associate Medical Director of all active oppositional defiant disorder and conduct disorder diagnoses for children, with ongoing review and manager consultation for all new diagnoses to ensure appropriate diagnosis
- In depth analysis conducted of FY20 criminal justice population - racial disparity data and findings presented to ANEW staff and pending presentation to external criminal justice partners to discuss strategies to address disparities in the local criminal justice system of care.
- COVID-19 analysis provided to leadership and used to support during Integral Care's COVID-19 response - predictive modeling used to provide targeted program outreach to confirm if individuals had access to food, medications and other resources. Disparity data also utilized to apply for emergency grant funding.
- Tobacco use health disparity data to be incorporated in all future tobacco cessation trainings

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Recommendations and Next Steps

- Remind staff to complete and routinely update client demographic data in order to allow for accurate and ongoing analysis of health disparities
- Utilize report card to assist in targeting efforts and resources to support policy and programmatic efforts that address the needs of clients in high-risk groups
- Direct staff to refer to Health Disparities Report Card when applying for grant funding to support new initiatives and/or programming in order to ensure objectives are effectively addressing health disparities
- Incorporate report card data elements in future Integral Care Cultural Competency trainings
- Document and share knowledge broadly - Hold presentations by Report Card lead at various internal team meetings to discuss health disparities at Integral Care
- Incorporate health disparity data in lateral justice meetings and in external meetings with criminal justice stakeholders
- Initiate monitoring process to ensure youth and adolescents are sent for psychiatric evaluation as follow-up to any new diagnoses of oppositional defiant disorder or conduct disorder to prevent misdiagnosis, per Associate Medical Director recommendation
- Increase documentation of chronic medical conditions in the EHR

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Data Sources

Condition	Data Source
Schizophrenia	MyAvatar EHR. Active diagnoses in FY20. Excludes diagnoses in full remission.
Oppositional Defiant Disorder	MyAvatar EHR. Active diagnoses in FY20.
Conduct Disorder	MyAvatar EHR. Active diagnoses in FY20.
Post-Traumatic Stress Disorder	MyAvatar EHR. Active diagnoses in FY20.
Homelessness	MyAvatar EHR. Based on client demographic information, including response to residential status questions and addresses written-in as HOMELESS.
Tobacco Use	MyAvatar EHR. Based on most recent response on Tobacco Use Assessment for all FY20 clients.
Psychiatric Hospitalizations	Hospital Discharge Forms completed in FY20 from MyAvatarEHR and Daily Hospital Discharge report released by Integral Care program specialists.
Adult Criminal Justice Involvement	FY20 data on individuals served by the ANEW program (on parole and probation) during FY20. Adult population only, excludes children and adolescents.
Deaths	FY20 data supplied by Integral Care Quality Management department.
Suicide	FY20 data supplied by Integral Care Quality Management department.
COVID-19 Positivity	PowerBI Dashboard developed by Integral Care OneData team. Covid_Dashboard. Data period 2/1/2020- August 31, 2020.
Diabetes	MyAvatar EHR. Active diagnoses in FY20.
Hypertension	MyAvatar EHR. Active diagnoses in FY20.
Asthma	MyAvatar EHR. Active diagnoses in FY20.
Obesity	MyAvatar EHR. Active diagnoses in FY20.
Division	Clients who received one or more face-to-face/telephone/telemedicine services from the given division during FY20.
Gender	MyAvatar EHR. Based on self-reported response to gender identify question in client demographic information.
Age Group	MyAvatar EHR. Based on age at most recent service in FY20. Adult includes clients aged 18 or older. Child includes clients aged 17 or younger.
Primary Language	MyAvatar EHR. Based on self-reported response to Primary Language question in client demographic information.

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Attachment 13: 3rd Quarter CLAS Report

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National Standards for Culturally and Linguistically Appropriate Services (CLAS) FY 21 (Goal 1-3)

Louise Lynch, MSSW,LMSW-AP,CHC
Provider Network and Authority Officer

Keisha C. Martinez, LPC-S
Pronouns (she/her/hers)
Program Manager

PRINCIPAL STANDARD

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural, health beliefs and practices, preferred languages, health literacy, and other communication needs.

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CONTEXT OF TRENDS IN HEALTH CARE

- Increase emphasis on outcomes of care, patient experience, and value-based care, along with increasingly diverse patient populations.
- Examining quality scores for overall population served will no longer be sufficient.
- Assess how those quality scores differ between clients belonging to different racial/ethnic groups or different language groups.
- Where gaps are found, develop interventions to reduce gaps and track improvements over time.

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GOVERNANCE AND LEADERSHIP

A goal of Integral Care's Strategic Plan is to Create Value:

Ensure Operational Excellence, Sustainability, Value and Equity

- Provide culturally competent and trauma informed care that fits the unique needs of people from different backgrounds and cultures
- Recruit and retain a workforce that reflects the communities that we serve

CCBHC Criteria requires:

- Interpretation service that are appropriate and timely
- Cultural competency training addresses diversity within the organization's service population

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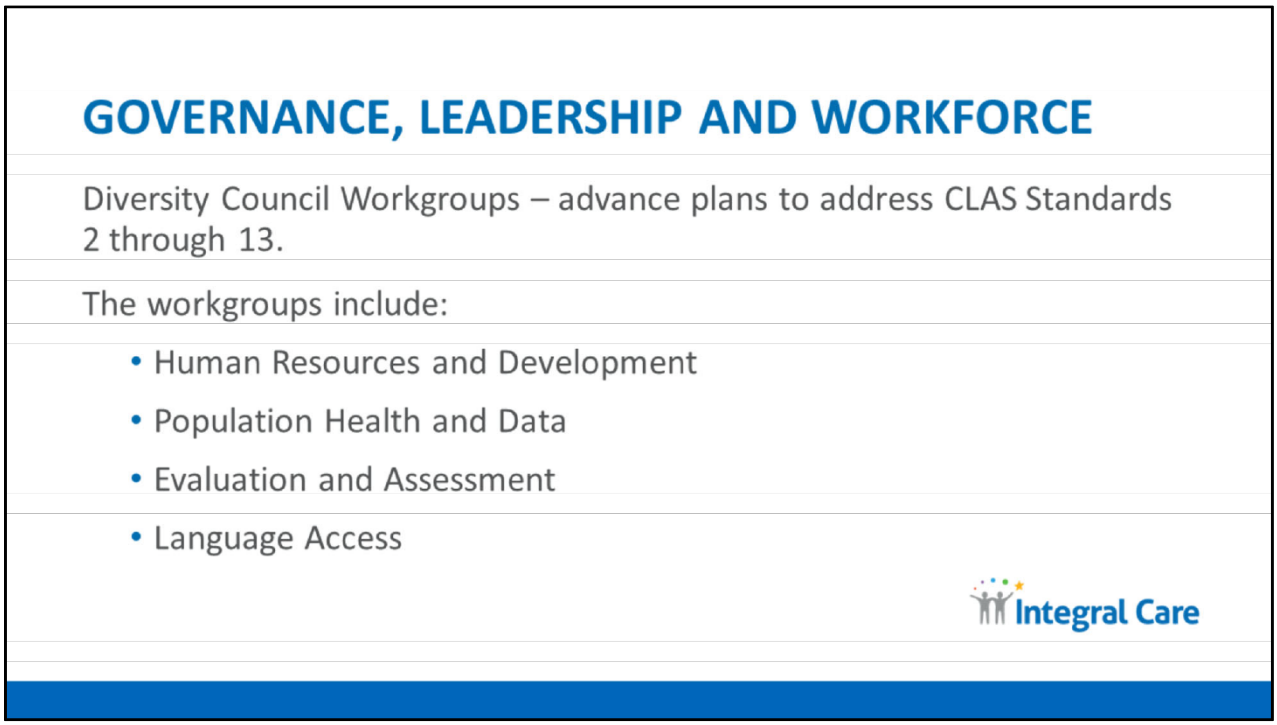

Evaluation & Assessment Workgroup FY21 Goal:

Support the Board/Staff Committee for Racial Equity in the evaluation and assessment of internal and external racial disparities

Following board assessment, evaluate results and feedback to make recommendations concerning changes in organizational practices, policy and resource allocation

Language Access Workgroup FY21 Goal:

Equitable Access:

(Element 2) Oral Interpretation: seek out video interpretation platform that is ADA compliant and supports multiple languages.

(Element 3) Written communication: streamline translation process to ensure client-facing documents are released in English and Spanish simultaneously with other languages available within 5 working days

Procedural:

(Element 10): Provider Assurance and Compliance: Update the Language in provider manual updated to include LEP requirements

(Element 7) Assessment: Access and Quality:

Develop allocation methodology to centralize costs associated with language access

Implement monitoring of language access through available data sources

Population Health & Data Workgroup FY21 Goals:

Increase data transparency

Develop dashboard/report card for Diversity Council metrics Identify new areas of interest for population health

Human Resources & Development Workgroup FY21 Goal:

Main Goal: Partner with the Live Well initiative to develop diverse lunch n' learns that will further enrich employees' cultural competence

Secondary Goals:

Provide statistics to the Population Health and Data Workgroup as needed Assist with promoting the following

Diversity and Inclusion Council Care for Culture

Book Club

Team Workshops

2nd edition of the quarterly diversity and inclusion council newletter was published May 2021

Goal 2

Create racial equity within an environment that fosters inclusion and belonging at Integral Care

Objective:

Remove racial inequities through allocation of appropriate resources and implementation of new policies, practices, and procedures

Action Steps:

Utilize Government Alliance on Race and Equity (GARE) as a foundation to build racial equity and anti-racist practices

Population Health and Data Workgroup

- An abbreviated Health Disparities Report card was created for a board level overview of the report findings.
- The Report card was updated to include whether or not disparities existed within substance use diagnosis.
- Health Disparities Report Card per division was developed

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Workforce Recruitment

Host	Career Fair Title	Notes
Austin Public Health/Health Equity Unit	Job Fair	Targets the African American, Hispanic, and Asian population
Huston-Tillotson	Career Fair	Historically Black College & University (HBCU)
University of Texas at San Antonio	HSI Virtual Summit & Expo	Hosted by UTSA and 13 other Hispanic-Serving Institutions (HSI)
MECA & City of Austin	Career Expo	Hosted by local Asian, Hispanic, Black, and LGBT Chamber of commerce
Texas Hire Ability	Capital Region Job Fair	Targets individuals with disabilities

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Percentage of Integral Care clients, employees, and Travis County population by race/ethnicity

	FY 2017			FY 2021 YTD			
	Clients	All Employees	Clinical Employees	Clients	All Employees	Clinical Employees*	Travis County
n=	32,629	1,034	920	28,669	910	652	1,273,954
Race							
Asian	1.5%	4.5%	4.5%	1.3%	4.1%	4.1%	7.4%
Black	18.9%	12.7%	12.6%	18.2%	14.4%	15.6%	8.9%
Hispanic (regardless of race)	29.7%	26.5%	28.0%	27.5%	29.9%	30.8%	33.6%
White	38.1%	51.8%	50.3%	34.0%	45.8%	43.7%	79.7%
Other	1.7%	4.1%	4.1%	1.6%	2.4%	2.3%	4.0%
Unknown	10.0%	0.4%	0.4%	17.4%	3.4%	3.4%	0.0%

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Analysis of workforce, client, and local service population data of FY 2017 & FY 2021 YTD:

Data from FY 2017 & FY 2021 YTD show us the following:

Compared to the Travis County census, the center employs a lower rate of Asian staff; however, the center's Asian client population is a much lower percentage than that of Travis County.

Compared to the Travis County census, the center employs a higher rate of Black/African American staff; also, the center's Black/African American clients is a much higher percentage than that of Travis County.

Hispanics are approximately equally represented across center clients, staff, and Travis County as a whole.

Percentage of employees classified as "Professionals" by race/ethnicity

Race/Ethnicity	FY 2017		FY 2018		FY 2019		FY 2020		FY 2021 YTD	
Hispanic/Latino	141	27.2%	159	28.2%	155	25.5%	179	29.1%	168	28.1%
Asian	27	5.2%	30	5.3%	34	5.6%	32	5.2%	29	4.8%
Black	61	11.8%	67	11.9%	82	13.4%	93	15.1%	100	16.7%
Non-Hispanic White	289	55.8%	308	54.6%	338	55.5%	311	50.6%	302	50.4%
TOTAL	518	100.0%	564	100.0%	609	100%	615	100%	599	100%

Source: e3

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Analysis of workforce data from FY 2017-FY 2021 YTD:

Integral Care still under employs Hispanic/Latino, Asian, and Black/African American staff classified as "Professionals" and "Managers" compared to non-Hispanic White staff in the same job classification.

From FY 2017-FY 2021 YTD,

The number of Hispanic/Latino staff classified as "Professionals" **increased by 1%.**

The number of Asian staff classified as "Professionals" remained about the same.

The number of Black/African American staff classified as "Professionals" **increased by 5%**

The number of non-Hispanic White staff classified as "Professionals" **decreased by 5%**

Percentage of employees classified as "Managers" by race/ethnicity

Race/Ethnicity	FY 2017		FY 2018		FY 2019		FY 2020		FY 2021 YTD	
Hispanic/Latino	16	18.1%	19	20.2%	19	20.4%	26	26.3%	29	28.4%
Asian	4	4.5%	2	2.2%	5	5.4%	3	3%	3	3.0%
Black	6	6.8%	8	8.5%	8	8.6%	8	8.1%	8	7.8%
Non-Hispanic White	62	70.6%	65	69.1%	61	65.6%	62	62.6%	62	60.8%
TOTAL	88	100.0%	94	100.0%	93	100%	99	100%	102	100%

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From FY 2017 to FY 2021 YTD,

The number of Hispanic/Latino staff classified as "Managers" **increased by 10%.**

The number of Asian staff classified as "Managers" **decreased by 1.5%.**

The number of Black/African American staff classified as "Managers" **increased by 1%.**

The number of non-Hispanic White staff classified as "Managers" **decreased by 10%.**

WORKFORCE EDUCATION AND TRAINING

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Educate and Train Workforce (Cont.)

Diversity Lunch N' Learns on "Identity" led by staff with lived experience on topics related to race, SES, gender/sexuality, familial identity, etc. begin May.

My Life in the Military and Life as a Veteran, featuring Josh Fourman was the first Diversity Lunch N' Learn had approx. 80 staff in attendance

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Educate and Train Workforce (Cont.)

Coming Soon: Episode 2*: Coming Out: A Battle for Acceptance*, featuring J.P. Cardenas

Reviewing feasibility of employee resource groups.

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Language by Division: FY21 to Date

Language by Division: FY21 to Date	Divisions				
LanguageCat	ABH	CFS	Crisis	IDD	Grand Total
ENGLISH	95.08%	84.38%	85.52%	84.47%	90.14%
SPANISH	2.41%	14.39%	2.67%	10.52%	4.99%
UNKNOWN	1.84%	0.86%	11.58%	2.30%	4.07%
AMER SIGN LANGUAGE	0.32%	0.23%	0.16%	1.64%	0.45%
OTHER	0.15%	0.00%	0.02%	0.78%	0.19%
ARABIC	0.20%	0.14%	0.05%	0.29%	0.17%
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

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Working efficiently to cut down the time it takes to translate materials into other languages.

Initial meeting between Language Access Workgroup and ASL interpreter to define requirements completed. Considerations include the ability connect with multiple telehealth providers (TEAMS, and future telehealth platform) as well as the ability to provide interpretation to multiple individuals in group settings. Group will also engage resource development team to identify potential funding to assist high level of care clients (deaf and hard of hearing) without access to technology or reliable internet service connection to interpreters

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CLAS Standard 6)

- **Document Translation**: Continue to work on releasing documents in top 5 languages
- **CAN Language Access Representative**: Working on website for community on language access
- **ADA Telehealth:** Teams update allows split screen, ADA compliant
- **ASL Technology Survey:** Link sent out on May 4, 2021
- **Language Access Training:** Developing updated Language Access Training
- **Update Interpreter Contracts:** In process

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ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

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ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

- RaceForward Racial Equity Assessment survey sent out to solicit staff perceptions
- Dr. Kendra Smith, Smith Research and Consulting was selected as the consultant to assist in building a Racial Equity Plan with established incremental goals for the next five years
- Integral Care Racial Equity Plan approved by the Board of Trustees on in May 2021.

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RESOURCES

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care www.ThinkCulturalHealth.hhs.gov
- Logic Model for Implementation of the National CLAS Standards Within the Behavioral Health Settings
- https://racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf
- https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

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Attachment 14: Economic Evaluation of a Crisis Residential Program

Todd A. Olmstead, Ph.D., Paul J. Rathouz, Ph.D., Kathleen A. Casey, Ph.D., Tracy A. Abzug, L.C.S.W., Stephen M. Strakowski, M.D.

This study assessed the cost savings to the local health care system from using a 16-bed crisis residential facility (the Inn) in Austin, Texas, instead of hospitalization, for individuals with acute psychiatric illness (N51,364) during FY2017–FY2019. Health service utilization data were obtained from the provider and Central Texas's regional health information exchange. Unit cost data were obtained from the provider, Austin State Hospital, the Healthcare Cost and Utilization Project, and the Medical Expenditure Panel Survey. Results indicated that the Inn saved the health care system up to $2.8 million annually. Future work can use these findings to improve the efficiency and effectiveness of the mental health care system.

Psychiatric Services in Advance doi: 10.1176/appi.ps.202100037

Integral Care has operated as the Local Mental Health and Intellectual and Developmental Disability Authority (LMHA) for Austin-Travis County, Texas, since 1967. With a mission of improving the lives of people affected by behavioral health and developmental and/or intellectual challenges, this LMHA supports the health and well-being of approximately 30,000 children, youths, and adults annually. In partnership with community organizations, Integral Care provides a crisis hot- line, mobile crisis response, residential treatment, integrated primary and behavioral health care, holistic prevention and wellness programs, housing services and wraparound rehabilitation support, and reentry services.

During fall 2019, Integral Care's board of trustees asked its leadership to evaluate the LMHA's value to the community. The leadership subsequently contracted researchers at the University of Texas at Austin's Dell Medical School and Lyndon B. Johnson School of Public Affairs to conduct the evaluation. On the basis of data availability and because of the significance of a community-based, crisis residential model to an ongoing regional effort to redevelop the state psychiatric hospital system (1), the group selected for evaluation one of Integral Care's key programs—a 16-bed crisis residen- tial facility in Austin, Texas (the Inn). Value was operational- ized as the cost savings to the health care system from using the Inn, instead of hospitalization, to treat individuals with acute psychiatric illness. This column provides the results of the economic evaluation of the Inn.

The Inn

Opened in 1995, the Inn provides short-term psychiatric crisis care in a safe, voluntary, residential environment for adults recovering from a mental health crisis. The Inn was created to provide a less restrictive and more efficient alternative care environment than inpatient hospitalization and is one of the core crisis services in a best practice continuum of care outlined by the Substance Abuse and Mental Health Services Administration (2) and the National Council for Behavioral Health (3). The Inn is staffed by an interdisciplin- ary treatment team that consists of a part-time advanced prac- tice nurse; a full-time program manager, who also serves as the program's licensed counselor; full-time case managers; and registered and licensed vocational nurses as well as men- tal health technicians who are onsite 24 hours a day. The Inn also has a full-time authorization specialist who verifies insur- ance and provides administrative support. Services provided include crisis assessment, crisis stabilization and observation, medication therapy, individual and group therapy, nursing services, case management, discharge planning, and linkage to ongoing community support. The Inn can serve individuals who are uninsured or homeless, do not speak English, or have criminal justice involvement, substance use issues, and/or medical needs. Because the Inn is a nonhospital setting,

HIGHLIGHTS

- This study estimated a cost savings to the local health care system of up to $2.8 million annually from using a 16-bed crisis residential facility, instead of hospitaliza- tion, for individuals with acute psychiatric illness.
- Future work can use these findings to create a higher- quality and more cost-effective approach to managing care for people diagnosed as having acute psychiatric conditions.

unstable medical and detoxification needs must be treated prior to admission.

As required by state law, Integral Care and other LMHAs across Texas use the Adult Needs and Strengths Assessment (4) to determine the appropriate level of care for each patient. Most individuals are referred to the Inn through Integral Care's Psychiatric Emergency Service, a walk-in crisis clinic colocated with the Inn that offers individuals treatment alternatives to hospitals, emergency departments, and sometimes jail. Approximately 3% of Inn patients are transferred to a psychiatric hospital during their episode of care.

The Inn is credentialed by the State of Texas as a crisis residential unit and is held to a standard of care (including staff- ing requirements) outlined in the Texas Administrative Code (5). The Inn is also accredited by the Joint Commission.

Economic Evaluation

Our economic evaluation of the Inn was conducted from the perspective of the health care system. The study period was 3 years (FY2017–FY2019), and the sample was the census of all people who stayed at the Inn during the study. During this time, the Inn provided care to 1,371 unique individuals who combined for 1,730 episodes of care, covering 15,328 bed-days. Eleven Inn episodes of care were excluded from analyses because of outlying lengths of stay (LOSs) exceeding 1 month, leaving 1,364 unique individuals with 1,719 episodes of care covering 14,837 bed-days in the final sample.

All costs were resource costs (not prices or charges) adjusted to 2019 U.S. dollars by using the "medical care in U.S., city average, all urban consumers" series of the Consumer Price Index. We obtained all health service utilization data for the analyses (including residential, inpatient, outpatient, emergency department, and emergency medical services) from Integral Care and Central Texas's regional health information exchange. We calculated resource costs by multiplying health service utilization data (e.g., number of bed days, number of clinic visits) by appropriate unit costs. Unit costs were obtained from the Healthcare Cost and Utilization Project (6), Medical Expenditure Panel Survey (7), Austin State Hospital (1) and Integral Care.

We estimated the annual cost savings to the health care system from using the Inn instead of local hospitals for individuals with acute psychiatric crises by comparing the actual episodic costs of individuals who resided at the Inn during the study period to estimated episodic costs had those individuals been treated instead at a local psychiatric or community hospital. We assumed that the cost savings from using the Inn occurred only during the time the individuals resided in the facility. This assumption was based on a systematic review (8) of cost comparison studies of acute residential programs similar to the Inn that found no significant cost difference for postdischarge follow-up care. All analyses for the present study were per- formed with Stata, version 14. The University of Texas at Austin Office of Research Support and Compliance determined that the work did not constitute regulated research, so no review by an institutional review board was required.

Demographic Characteristics of the Sample

The mean6SD age of the sample (N51,364) was 39612 years. Of participants, 68% (N5933) were male. Approximately half of the individuals were non-Hispanic, non-African American (51%, N5702); 26% (N5351) were non-Hispanic, African American; and 20% (N5276) were Hispanic. The mean annual income of the sample was $4,6506$6,304, and the majority of participants (N51,224, 89%) lived below the federal poverty level. Fifty-four percent (N5742) of the individuals were experiencing homelessness, 26% (N5354) were not experiencing homelessness, and 15% (N5209) were marginally homeless. Payer mix was a combination of state general revenue (N51,091, 80%), Medicaid (N5256, 19%), and miscellaneous other sources (N517, 1%).

Estimated Savings

We estimated that the Inn saved the health care system between $1.87 and $2.82 million annually during FY2017–FY2019. The average cost per episode during the study was $3,121 (mean LOS58.63 days), whereas the estimated average episodic cost at a local psychiatric or community hospital for a patient with an acute psychiatric diagnosis was $6,382 (mean LOS58.33 days 3 $766.17 per day) (1) and $8,035 (mean LOS58.74 days 3 $919.33 per day) (6), respectively. A total of 1,719 episodes were treated at the Inn during the 3-year study, so if all the individuals treated at the Inn had instead been treated at a local psychiatric hospital, the total extra cost to the health care system would have been $5.61 million (1,719 3 [$6,382–$3,121]), or $1.87 million annually ($5,605,659 3). Similarly, if all the individuals treated at the Inn had instead been treated at a local community hospi- tal, the total extra cost to the health care system would have been $8.45 million (1,719

3 [$8,035–$3,121]), or $2.82 million annually ($8,447,166 --; 3).

Discussion

We estimated the "system efficiency" (i.e., cost savings) gained by the health care system from using the Inn versus acute psychiatric hospitalization for people with acute psychiatric crises. The range of estimated cost savings ($1.87 million to $2.82 million annually) was due to different assumptions about what would happen to individuals if the Inn did not exist. Specifically, we estimated the Inn saved the health care system $1.87 million annually versus treatment in a local psychiatric hospital and $2.82 million annually versus treatment in a community hospital. Either way, using the Inn (as opposed to local hospitals) for people with acute psychiatric episodes clearly bestowed substantial cost savings to the local health care system. Because the average LOSs were similar across the three settings in this study (Inn, psychiatric hospital, community hospital), efficiency gained by using the Inn resulted from lower per diem costs (e.g., lower overhead and operating expenses). Importantly, the estimated cost savings to the local health care system were not necessarily enjoyed by the Inn. Indeed, one of the major challenges in redesigning a

fragmented health care system is that savings in one component often result in new costs to another. Consequently, despite an overall reduction in costs, the increased expenses in one setting may create a barrier to implementation. As system redesigns move forward, financial structural changes will have to occur to incentivize changes throughout the care pathway.

Our study had three main limitations. First, we did not include any personal outcomes. Fortunately, numerous studies (8) comparing acute psychiatric hospitalization with short- term residential alternatives have consistently shown that, compared with hospitalization, programs like the Inn typi- cally have similar clinical outcomes and greater patient satis- faction. Still, it is impossible to know with certainty whether people treated at the Inn would have had similar outcomes had they instead been treated in acute psychiatric hospital settings. Second, the study was conducted in a single acute resi- dential program located in Austin, Texas, thereby limiting the generalization of the findings. Third, in the absence of the Inn, we assumed individuals would have been treated at a local hospital for their acute crisis. If some of these individuals had instead gone to jail or remained untreated, then our results likely underestimated the community value of the Inn, because the "intersection between the mental health and legal systems is fraught with inefficiencies, delays, unnec- essary expenses and suboptimal outcomes, inadequately serv- ing both individuals seeking care and the court systems" (1). Untreated acute mental illness imposes substantial costs to the health care system and society in the form of substance use disorders, overdose, suicide, health care, lost productivity (for individuals with mental illness and their caregivers), and interactions with the criminal justice system. For example, studies show that jails can have difficulties providing psychi- atric support, thereby "extending people's illnesses, contribut- ing to poor clinical outcomes and increasing both local (jails) and state (hospitals) taxpayer costs" (1). In Austin State Hospital's service area, unmet mental health needs were responsible for $93 million in emergency department costs; $85 million in jail costs; and an additional $9 million in costs for mental health court, probation, and law enforcement during 2015–2016 (1). More generally, in a recent systematic review, the Government Accountability Office (9) reported that a majority of reviewed studies found higher mental health care costs associated with untreated (compared with treated) behavioral health conditions, and the National Alliance on Mental Illness (10) reported that untreated mental illness costs the United States as much as $300 billion each year.

Conclusions

We found that the Inn bestowed substantial efficiency benefits to the local health care system. Future work should focus on how providers can use these findings to advocate within the local community to direct public spending into supporting and expanding cost-saving crisis residential programs like the Inn to improve the effectiveness and efficiency of mental health care.

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