Integral Care

Business Plan Update

3rd Quarter Fiscal Year 2022

Relating to

Strategic Plan

FY 2021-22

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Diversify alliances and utilize the unique strengths of all collaborators 53

Collaborate with LatinX and AAPI (Asian American Pacific Islanders) communities and stakeholders to learn about their needs, identify ways to work together and share information. Continue to build the Central Texas African American Family Support Conference in collaboration with the Planning Committee. 53

By the end of the 4th Quarter, work with the University of Texas Dell Medical School during the transition of the Dean to help maintain and advance the collaboration between the medical school and Integral Care.....54

Expand knowledge of the needs of all communities, and the best practices and solutions to meet diverse needs 55

Support collaborative planning initiatives and produce reports that are informed by stakeholders, and contribute to improvements in system development and access. Apply an equity lens in planning, reports and system development initiatives. 55

Identify and track trends, research, best practices and data and share information internally and externally through Quality Leadership Team (QLT), newsletters, social, forums, etc. Ensure that information shared considers needs of all communities. 56

Identify best practices in myAvatar and add-on modules and communicate this information internally and externally through various communication channels. 57

Share our expertise with all communities through training, publications and other methods 58

Demonstrate Integral Care's Leadership through participation in Intellectual and Developmental Disability community planning and leadership opportunities. 58

Demonstrate Integral Care's crisis and Criminal Justice Leadership through participation in Austin State Hospital redesign, community forums, collaborative, and trainings. 59

Work with University of Texas Austin on public health Information Technology and analytics projects for prioritizing health equity 61

By end of 4th Quarter, conduct at least six community forums, either in person or virtual, demonstrating appropriate outreach and engagement to diverse communities throughout Travis County and demonstrating Integral Care as a leader in Behavioral Health in Travis County. 63

Use all available tools and avenues to share information and expertise internally and externally including program focus and results, clients' stories, service impact and service challenges. Recognize the diversity of our staff, clients and community 64

Update providers on process changes, innovative clinical practices, quality and/or outcome measures, recognition of provider's utilizing best practices or provider successes, and survey results and action plans. 65

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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

Continue implementation of Board approved Language Access Plan

Quarter 1 Update:

Sharepoint site for Language Access updated and staff identified to assist in re-organizing and tagging translated documents for easier search. Initial overview of existing Relias training updates drafted.

Quarter 2 Update

The Language Access Sub-Committee has completed the update and re-organization of translated vital documents and are accessible to all staff under the Language Access Sharepoint site. Currently, Application Support is assisting in setting up bilingual forms that are frequently provided to clients. A new automated ASL Interpreter request form is under development and should allow for staff to easily request ASL and CDI Interpreters. The Language Access Training that is currently available in Relias covers required items and is not in need of a revision, however, test questions will be changed to mandatory.

Quarter 3 Update

-Language Access Training currently available in Relias. Request to make test questions mandatory submitted.

- Vital document translations completed and available on Language Access SharePoint site.

- Language Access Plan available to all staff on Language Access SharePoint site.

Ensure that client facing information is reviewed with an equity lens, designed with respect for culture and is available in a format that is user friendly, accessible and translated into appropriate languages and distributed to strengthen engagement

Quarter 1 Update

Launched bi-lingual Self Care campaign

Distributed over 14,000 Spanish magnets across community

Ran Spanish newspaper ad, readership of 36,000

Tested and ran 4 Spanish social media ads, reached over 50,000 people

Created 11 pieces of program/client-facing print collateral, such as Hospital Navigation program sheet or PASSR, written for equity and health literacy.

Translated 4 documents to Chinese, Arabic, and Vietnamese

Translated 24 documents to Spanish

Quarter 2 Update

- Continued bilingual Self-Care campaign, adding Vietnamese and Chinese to English and Spanish

- Ran 12 exterior Spanish Self-Care ads and 37 interior Spanish Self-Care ads on Cap Metro busses

- Distributed over Self-Care 4,000 Spanish magnets across the community

- Ran Self-Care Spanish newspaper ad, readership of 36,000

- Ran Spanish, Vietnamese, Chinese and Arabic social media ads and posts, reached over 133,000 people

- Ran Self-Care Spanish radio PSA on 1 station

- Ran Self-Care Spanish TV PSA on 2 stations

- Created Vietnamese and Chinese versions of Self-Care magnets

- Delivered 911/Helpline Explainer in Arabic, Hindi, Urdu, Korean, and Vietnamese

- Consulted for Vietnamese and Chinese communities organizations for translation review

Quarter 3 Update

- Launched Mental Health Month Toolkit with 6 in Spanish, 3 in Mandarin and 3 in Vietnamese

- Designed 5 Caring Contact cards in Spanish

- Translated Integral Care Halfsheet into Burmese and Nepalese

- Translated DocuSign email template for Telemedicine/Telehealth Consent into Spanish, Vietnamese, Mandarin and Arabic

- Translated Consent language for Telemedicine and Telehealth Services into Spanish, Vietnamese, Mandarin and Arabic

- Launched Respite Care Request form in Spanish

- Designed 18 graphics for fundraising, social media and newsletters in multiple languages

- Designed 6 graphics in Spanish, 3 graphics in Mandarin and 3 graphics in Vietnamese for the Mental Health Month Toolkit for social media

Develop curriculum plan for Care for Culture 2.0 using data from program evaluations and content experts

Quarter 1 Update

Due to Learning and Development turnover, plan proposals are in the early stages of development. The Public Broadcasting Service Series, Race, The Power of an Illusion, has been assigned to all staff for completion with a due date for completion by February 28, 2022. As of November 29th, 14.8% of staff have completed Video 1, 10.9% have completed Video 2, and 8.4% have completed all 3 videos.

Quarter 2 Update

In Progress-Learning and Development has a full team as of 3/23/22. Care for Culture 2.0 is still in early development stages, but we are currently exploring multiple options for this training, such as online training, live quarterly trainings with speakers that reflect current issues, and training specifically for face-to-face staff that work with clients and a training for supervisors/managers on culturally competent supervision.

Quarter 3 Update

Care for Culture 2.0 proposal is in development and on track to be finished by end of Q4. Looking at current trainings on how to update with a racial equity lens. Several sessions offering Diversity Equity and Inclusion were offered during 2022 employee conference in May. Streamlining training in Relias and working with multiple departments to add training trackers to assist with audit purposes. Will be launching Synapse program in June/July to assist with project requests and project management.

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

Create Care for Culture training 2.0 using data from program evaluations and content experts. Complete plan proposal by Quarter 4. Streamline training and use new tools to develop strategic and comprehensive training plans across the agency for training, tracking and compliance reporting.

Quarter 1 Update

Care for Culture 2.0 is on track to be finished by end of 4th Quarter. All current trainings are also being reviewed on how to update utilizing a racial equity lens.

Quarter 2 Update

Complete plan proposal by Quarter 4. Streamline training and use new tools to develop strategic and comprehensive training plans across the agency for training, tracking and compliance reporting

In progress-As mentioned in directive above, the L&D team is currently working on a plan proposal and fully anticipate the proposal being ready by Q4 with pieces of the training slowly rolling out in FY2023. New tools are being used and L&D will be launching Synapse in May to

streamline training requests. We are also exploring possible tools for our Instructional Designer to use to create online training experiences. We are still currently using Relias to monitor compliance for all staff on trainings such as Care for Culture and the PBS Race Series.

Quarter 3 Update

Care for Culture 2.0 proposal is in development and on track to be finished by end of Q4. Using data from previous Care for Culture evaluations and data from conference evaluations to help shape the program.

By the end of the 2nd Quarter, establish an Office of Racial Equity that is integrated within the agency to centralizing, monitoring, initiatives and progress on Integral Care's Racial Equity Plan.

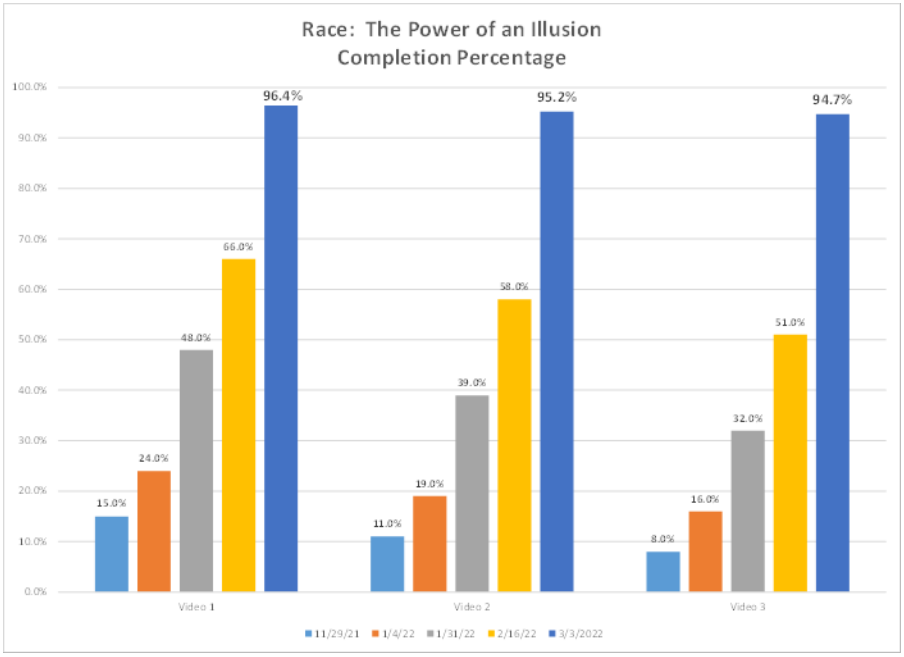
Quarter 1 Update

The Chief Equity Officer position was posted in late October. As of the end of November, 9 applicants passed the prescreen process and were reviewed for potential interviews. Three applicants were selected for interviews which are slated to occur in December.

Quarter 2 Update

George Muldrow was hired as the Chief Equity Officer and began serving in the role as of March 7, 2022. Mr. Muldrow comes to us with a vast array of experience working with Diversity, Equity, and Inclusion including serving as Chief Officer of Physician Global Diversity and Inclusion Recruitment for GlaxoSmithKline Pharmaceutical and Senior Regional Vice President of Diversity and Inclusion for Mount Sinai Hospital Doctors of Urgent Care.

The PBS Series, *Race, The Power of an Illusion* is being utilized to establish a baseline understanding regarding race and implicit bias. Following is the completion status of staff viewing the videos and passing competency tests



Enhance provider recruitment to address identified cultural service delivery gaps in areas identified in annual report. Identifying needs for services and researching/recruiting specific providers, for example: Substance Use Disorder Residential Treatment Center for women and children. Goal to use lens of recruiting providers with experience working with BIPOC populations.

Quarter 1 Update

One new IOP (Intensive Outpatient Program) Provider with experience serving BIPOC (Black Indigenous People of Color) populations was added to the SAMSO (Substance Abuse Managed Service Organization) Provider Network during Quarter 1. Three additional SUD (Substance Use Disorder) Providers with experience delivering services to BIPOC populations have submitted applications and contracts with these providers are in the process of being developed for one or more of the following services: residential treatment, residential treatment for women with minor children, IOP, Detoxification, and Individual Psychotherapy.

Two new bilingual respite providers were also added to the IDD (Intellectual and Developmental Disability) Provider Network during Quarter 1.

Quarter 2 Update

Conducted four site visits (Austin Turning Point) sites approved March 3, 2022.

Quarter 3 Update

During Quarter 3, 1 new transitional housing provider was added to the Substance Abuse Managed Services Organization Network, 1 new non-traditional provider was added to the Child and Family Services (CFS) Network, and 1 new provider of psychological services was added to the Intellectual and Developmental Disability (IDD) Network. 1 IDD non-traditional Provider's contract expired and was not renewed and 1 CFS Art Therapy Provider requested to mutually terminate her contract. This resulted in a net gain of 1 new provider this quarter.

By the end of the 3rd Quarter, complete a Job Classification Market Study that can be utilized to prioritize salary and benefit areas to address moving forward in order to remain competitive.

Quarter 1 Update

In November 2021, a contract was signed with a classification compensation consultant. Human Resources began the initial work with consultants on November 22, 2021. The consultants met with the Executive Management Team on December 13, 2021, to go over their process. Ten information sessions have been schedule over two days in January 2022 to inform all Integral Care staff of the project and expectation of the study.

Quarter 2 Update

The ten information sessions were held staff and each staff had the opportunity to review and provide feedback on their job description in relation to their day to day duties. The consultants are compiling all information received from the center as well as information from other entities in the area (such as the City of Austin, Travis County, Central Health, Dell Medical School, etc.) and organizations similar to Integral Care (Harris Center, Metrocare, Center for Healthcare Services, Bluebonnet Trails, etc.) The preliminary report is expected in mid-April.

Quarter 3 Update

MAG Inc presented the results of the classification/compensation study to the Integral Care Board at the May meeting and the Board authorized implementing the recommendations effective with the payroll period beginning May 29, 2022. Coupled with the Board's previous actions of adopting a $20 per hour minimum wage, employees, on average, have received a 13.23% increase since November 2022, with the range of increases running from 5% to 33%.

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

Within residential, crisis, justice and specialty substance use services, review curricula and practices currently in use with respect to alignment with culturally competent and trauma-informed care and identify curricula and practices needing revision and/or replacement.

Quarter 1 Update:

Gathering current curricula and identifying practice modalities currently in use, next step is reviewing relevant contractual requirements specific to curricula and practice modalities and evidence based practice options in light of prioritizing trauma informed and culturally sensitive curricula and practice. Determine any realignment and/or replacement needs.

Quarter 2 Update

Matrix identifying promising and evidence based practices and curricula completed by program (Attachment 11), identified if contractually required, reviewing towards realignment or replacement

Quarter 3 Update

Review is completed. The majority of curricula and practices are aligned with culturally sensitive and trauma-informed care. The next step is to develop opportunities to ensure staff are provided training so staff gain skills to use these tools trauma informed and culturally sensitive lens.

Participate in Workplace Satisfaction Committee, Diversity Council and RORR initiative; support the work of LIveWell, Learning and Development and the Adhoc Committee on Racial Equity; Office of Race Equity; produce internal all staff newsletter, CEO communications, incorporating appropriate information and screen with an equity lens.

Quarter 1 Update

Staff regularly attend Workforce Quality Satisfaction Committee and Diversity & Equity Council meetings

Staff serves as Care for Culture educator

Staff featured in Diversity Lunch & Learn regarding The Muslim Experience, sharing personal experience

Team leading Boost Morale component of RORR (Recruitment, Onboarding, Retention, Recognition) initiative

Launched 2 fun staff engagement activities: Halloween Contest and Recipe Swap

Continue to produce monthly staff newsletter and bi-weekly CEO (Chief Executive Officer) letters, providing updates on racial equity work

Collaborating with DEI (Diversity, Equity & Inclusion) Council, Race Equity Initiative to integrate communication and deepen impact across the agency

Quarter 2 Update

- Hosted All Staff Forum, attended by almost 270 staff.

- Launched Employee Advisory Council Staff Input survey, included review of draft charter

- Team leading Boost Morale component of RORR initiative

  * Holiday Photo Contest

  * Cookie Drop for staff working holidays

  * Teambuilding exercises for staff

  * Trail of Lights Ticket Giveaway to 50 staff

  * Lunar New Year Recipe Swap

- Continue to produce bi-weekly CEO letters, providing updates on racial equity work

- Shifted monthly staff newsletter to weekly staff newsletter with dedicated DEIB section plus

-Collaborating with DEI Council, Race Equity Initiative to integrate communication and deepen impact across the agency

- Staff regularly attend Workforce Quality Satisfaction Committee and Diversity & Equity Council meetings

- Staff serves as Care for Culture educator

- Staff joined Population Health and Data Workgroup

Quarter 3 Update

- Staff regularly attend Workforce Quality Satisfaction Committee, Diversity Equity Inclusion and Belonging (DEIB) Council meetings and serve as Care for Culture Educator

- Leading DEIB Communications Committee, joined quarterly DEIB Newsletter working group.

- Produced 9 newsletters and bi-weekly Chief Executive Officer (CEO) communications providing updates on racial equity work. Bi-weekly staff newsletters have a dedicated DEIB section

- Drafted First Employee Advisory Meeting held.

- Proposed and implemented input and offered resources in the redevelopment of Integral Care's exit interview questionnaire.

- Organized a second round of sweepstakes for the team which provided 4 sets of 4 tickets to a game of Austin FC to improve staff morale (RORR).

Complete unconscious bias training for all staff.

Quarter 1 Update

Unconscious Bias training and Interviewing/Hiring are in progress, expected to be completed by end of Quarter 3 once new Learning & Development specialists are hired. Supervisor training outline is complete, planning a survey to send to supervisors to get feedback on gap areas for curriculum development. Supervisor plan needs approval. Working with RORR (Recruitment, Onboarding, Retention, Recognition) to begin implementation and have reached out to TCRMF (Texas Council Risk Management Fund) to schedule potential trainings they already have while in-house curriculum is developed. Streamlining training in Relias and working with multiple departments to add training trackers to assist with audit purposes.

Quarter 2 Update

Based on feedback and research, Unconscious Bias training is still something that is being developed. The plan is to incorporate into aspects of Care for Culture 2.0, as well as into an interviewing and hiring training, discussing how to avoid unconscious bias when making hiring decisions.

Quarter 3 Update

Based on feedback and research, Unconscious Bias training will be incorporated into aspects of Care for Culture 2.0 Currently working with Human Resources to develop a supervisor training on the hiring process in e3 with rollout to all supervisors in early June. Continuing ongoing work with RORR (Recruitment Onboarding Retention Recognition) workgroup and Human Resources to develop other supervisor trainings.

Plan a seminar (i.e. Lunch & Learn, Teams Zoom) for Providers on race and equity.

Quarter 1 Update

The seminar for external providers regarding race and equity is still under development and will be rolled out in future quarters.

Quarter 2 Update

Committee meeting scheduled for March 21st at which time will review the Lunch and Learn draft presentation.

Quarter 3 Update

First Provider Lunch n Learn held 4/22/22 via Teams. Continuing Education Units (CEUs) were offered to attendees. Meeting scheduled 6/7/22 to discuss next steps and scheduling following Lunch n Learn.

Create provider profiles to include demographics with goals to increase client choice and educate community collaborators on available resources.

Quarter 1 Update

Brandi and Mary worked with Arnold Zimmerman to develop a SharePoint template of profile pages, which was finalized on 9/28/2021. Contract Managers opted to pend further development of profiles until demographic information could be verified and updated in Cactus. Upon completion of demographic updates, Contract Managers will complete provider profiles in SharePoint and provide a link to each provider for verification by 2/15/2022.

Quarter 2 Update

Provider profiles completed March 16th. Will meet with Management Information Services to export the SharePoint page to pdf.

Quarter 3 Update

SharePoint Administrator provided training to Contract Managers (CMs) on how to share each profile with the respective providers for review and verification. CMs emailed each provider a copy of their profile and made revision and/or corrections as requested by provider. Contract Managers continue to update profiles metric information as data is collected. CMs will continue to work with Quality Management on best way to present data (i.e. Power BI dashboard, Qualtrics, or SharePoint).

Increase the frequency of client and providers' satisfaction survey distribution.

Quarter 1 Update

Mary and Brandi worked with Quality Management and Communications Department to finalize an agency posting requesting feedback from clients using QR (Quick Response) codes, which was finalized on 09/03/2021. Mary and Brandi provided individual training to all 6 SAMSO (Substance Abuse Managed Service Organization) providers in Sept 2021 and a presented group training during the SAMSO meeting on 09/21/21. Mary has posted the approved agency communication at 6 of the 9 SAMSO sites. Brandi and Mary continue to assess the most effective use of QR codes with IDD (Intellectual and Developmental Disabilities) and CFS (Child & Family Services) providers and will implement a final process by 01/15/2022.

Quarter 2 Update

17 SAMSO (Substance Abuse Managed Service Organization) Survey responses have been received since 12/9/2021 - present (an increase from last year). Working with Providers to increase these efforts. IDD (Intellectual and Developmental Disabilities) & CFS (Child & Family Services) refrigerator magnet; pending Communication approval.

Quarter 3 Update

Communications sent out IDD/CFS survey magnets for translation 4/19/22. Awaiting confirmation from Communications on when magnets and letters will be ready to send to clients and families.

Mature, standardize and digitize new employee Electronic Health Record training

Quarter 1 Update

Creation of electronic training modules underway with various tracks depending on staff role. Application Support collected survey responses from Admin staff and used feedback to create admin track training courses. Courses ready to be published include tracks for General Avatar training, and Administrative staff. All videos have subtitles and will be checked for contrast. Those in progress include training modules for clinical staff. Scripts developed as we collect feedback from managers and staff. To check comprehension, 2-3 questions will be added to the end of each video.

Concerns - digital literacy and providing support to close digital skill gaps for efficient use of application.

Quarter 2 Update

Application Support developed and delivered a survey to new employees and super users to measure EHR system usability. We are moving to the analysis phase to analyze survey results and incorporate changes in training based upon feedback. The team has developed workflow based training programs with detailed electronic training videos available for initial and re-training. We are continuously analyzing gaps in training programs based on comprehension question results, navigational support requested and trends in EHR tickets. New pre and post

training surveys developed to gather feedback on new training methods. In Quarter 3, we will evaluate the different lab times for staff members to get help with deliverables at the end of modules to ensure adequate support is available, as well as continue to develop courses and gather feedback for ongoing support.

Quarter 3 Update

• Electronic training modules developed and deployed for various workflows including clinical, administrative and supervisor.

• Training evaluation based on survey results for 2021 developed and delivered to clinical leadership for review. Surveys implemented for pre- and post-training to evaluate training delivery and effectiveness.

• Continuous creation of training modules for additional workflows underway.

• Application Support now offers open lab office hours for new employees to practice their workflow and ask questions, as well as go over assigned tasks from supervisor based on program specific roles.

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

Develop Business Intelligence Dashboard that will provide overview of system of care to be used to drive programmatic decisions and monitor access, wellness, staff service delivery, and population health outcomes.

Quarter 1 Update

With the help of the Application Team, there are now seven measures included in the 1115 Waiver Console in MyAvatar. The console alerts staff to interventions required to maintain quality integrated care and client safety. It also streamlines visits by avoiding redundant assessments and reducing confusion around how to meet DSRIP (Delivery System Reform Incentive Payment) measures.

Initial System of Care Overview Dashboards complete, pending data validation. To be presented as part of COO (Chief Operations Officer) Report on a quarterly basis.

Quarter 2 Update

Quarterly COO dashboard is under development and covers overall system of care summaries, access to care, population health outcomes, call center access/volume, and services delivered by language. An additional Suicide Care dashboard is under development and will track the risk screenings and needed follow up to allow managers to provide additional supports and resources to employees and clients.

Transition activities for DPP continue including a review of three areas: (Number of Services by Unit; DPP Dashboard for services over 15 minutes, and a new Expiring Financials Widget on the NX 1115 Waiver Console). Additionally, a 3 year staffing and services analysis was conducted by the Population Health Administrator to identity trends related to client volume, service delivery,

staffing and turnover rates within programs pre-pandemic and post pandemic. This information will be utilized to assist with DPP planning efforts related to service delivery.

During Quarter 2, Lonestar Circle of Care began Primary Care operations out of the 3000 Oak Springs Clinic. Services began on 2/14/2022. During the month of February, there were 58 individuals served for Primary Care out of the Oak Springs Clinic. Additionally, during Quarter 2, the System of Care expanded MAT services out of the Stonegate clinic. Effective 2/1/22, Integral Care has a new expanded contract with Central Health to include an Integral Care MAT provider.

Quarter 3 Update

Quarterly Systems of Care dashboard completed on PowerBI. Suicide Care dashboard now complete and tracks risk screenings and follow up. Report easily allows managers to monitor risk for referrals to suicide care pathway.

A 6 year mortality analysis was conducted by the Population Health Administrator of all known deaths of Integral Care clients that occurred between January 1, 2016 and December 31, 2021. The analysis was conducted to better understand the mortality trends at Integral Care. It reviewed top causes of death, trends surrounding active diagnoses at time of death, tobacco use status, health/racial disparities, and more.

Establish Leadership Group to address Chronic Disease disparities identified in the Health Disparities report card.

Quarter 1 Update

Initial discussions of wellness leadership team participants to include population health, medical leadership, clinic leadership, and wellness.

Quarter 2 Update

Leadership team is using Population Health Scorecard developed by the Population Health Administrator to determine areas to focus wellness interventions. Q2 focused on updating the prescriber P&Ps to include a tobacco screening and tobacco treatment (if applicable) at every encounter.

Quarter 3 Update

Completed: wellness leadership team, analysis of available wellness draft, and plan for intervention.

Currently researching Organizational Wellness programs for possible certification recommendation.

Analyze, vet and incorporate data in grants, community planning, internal and external communications, and sustainability planning. Incorporate information and analyses on population changes in Travis County and populations served by Integral Care. Collaborate with One Data and Population Health teams.

Quarter 1 Update

Produced and distributed 6 Newsletters: Shared data and information in Transparencies and All Things Integral newsletters about the impact of the following: Medication assisted treatment and client population; TAOS (Terrace at Oak Springs) cost savings, homelessness data among client population and Austin population; Helpline data; info and data around Hispanic Travis County residents and language access

Social Media: Shared info and data on all of the above in addition to supported employment and 911 EMCOT (Expanded Mobile Crisis Outreach Team) team data, Native American mental health, Hispanic Mental Health

3 Materials: Shared data in new or updated print and digital pieces, such as Homeless & Housing Services Continuum

5 Grants: Included population health data and data on COVID-19 vaccine efforts in APH (Austin Public Health) COVID-19 Vaccine Outreach application, data on MHFA (Mental Health First Aid) services and outcomes in MHFA application to St. David's Foundation, housing and homeless services data in application to Austin Community Foundation, and data on transition-age youth services/CHR-P/RA1SE (Clinical High-Risk State for Psychosis/Recovery After an Initial Schizophrenia Episode) for application to Meadows Foundation.

Provided mental health call data to Austin Public Health for the upcoming Community Health Assessment.

Quarter 2 Update

- Provided 4 SAMHSA updates for Assististed Outpaitent Treatment, Mental Health Awareness Training, CCBHC, Community Mental Health Centers

- Provided mental health call data to Austin Public Health for the upcoming Community Health Assessment

- Provided program highlights to Austin Public Health CHA/CHIP on Integral Care's CMHC program that align with the Priority 4 Stress, Mental Health, and Wellbeing (Behavioral Health) Objectives

- Produced and distributed 10 newsletters: Shared data and information in Transparencies and All Things Integral newsletters about the impact of the following: OBOT, Taking Texas Tobacco Free, Self-Care Campaign (Helpline), 911 Call Center, IDD Mental Health Criminal Justice Collaborative, Terrace at Oak Springs

Quarter 3 Update

'- Produced and distributed 9 newsletters: Shared data in Transparencies and All Things Integral newsletters about the impact of the following: Wellness Services, Mental Health First Aid, Outpatient Biopsychosocial Approach for IDD Services (OBI)

- Incorporated housing data in presentation to the Psychiatric Services Stakeholder Committee on Permanent Supportive Housing Services.

Develop and implement more comprehensive contract provider monitoring tool to enhance provider oversight.

Quarter 1 Update

Brandi and Mary met with Application Support (9/29/2021) and Quality Managment (9/30/2021) to assess which platform would be most effective for use of contract monitoring reviews. Contract Managers worked with Molly to develop an updated tool after opting to use Qualtrics, which was finalized on 12/13/2021. CMs will implement new tool by scheduling monitoring reviews to begin in January 2022 – dates to be determined by provider availability.

Quarter 2 Update

Contract Monitors piloted new review tool on providers who billed more than $25,000 during Fiscal Year 2021. Of the providers meeting this criteria, 89% (17 reviews) have been completed or are scheduled to be completed by April 8. Reviews of inactive providers and providers billing less than $25,000 are pending.

Quarter 3 Update

Providers billing more than $25,000 in FY21 were completed in previous quarter. Contract Monitors continue to schedule and complete site visits for remaining providers who billed <$25,000. Site visits and a review of Relias training is pending for inactive providers.

Perform a statistically relevant stratified sample of clinical record documentation to ensure fidelity and compliance.

Quarter 1 Update

Target Date: January 2022

Quarter 2 Update

Contract has been finalized with Moss Adams. Executed March 10. Will be developing the statement of work for telehealth and telemed services.

Quarter 3 Update

The clinical record review (Moss Adams) sample has been identified and claims data is being gathered; confidentiality and access forms to Electronic Health Record are in process.

Implement Care Guidance modules, including CareConnect Inbox and CareQuality Network to all programs throughout organization to add secure and direct messaging capabilities to myAvatar, as well as the ability to query other organizations in the Network.

Quarter 1 Update

Functional testing completed successfully with Austin State Hospital and Kerrville State Hospital. Functionality will allow staff to send and receive continuity of care documents within myAvatar for chart reconciliation. State hospital systems are now working through implementation and will reach out to our team when ready for real data feed.

Working to leverage CareConnect Inbox and other interoperable solutions to assist with the Lone Star Circle of Care integration project.

Standing agenda item on core team meeting to operationalize and push the solutions out to staff.

Quarter 2 Update

Throughout Quarter 2, we have worked to establish a pilot with Austin State Hospital, and have completed all configuration necessary to begin pilot. This is anticipated to begin by 4/1/2022 and will eliminate the manual Global Scape process for the UM department. Direct addresses for ASH and Integral Care discharge and admission groups created and provisioned through MedAllies Direct HISP. Standing meeting in place to review live data and ensure no errors in delivery of notifications. We have also completed the configuration and setup with Lone Star Circle of Care to send and receive referral documents electronically between EHRs. Pending go-live as LSCC is training their teams on functionality.

Concerns: connection via CC Inbox with external EHRs requires a Health Information Service Provider (HISP) connection

Quarter 3 Update

• Successful pilot launch with Austin State Hospital and Lone Star Circle of Care. Staff are now sending and receiving hospital discharge and admission packets directly in the Electronic Health Record (HER), eliminating the manual Global Scape process.

• As more state hospitals onboard with CC Inbox, we will follow a similar release plan and move the data sharing efforts to myAvatar.

• Continued training, maintenance, and support provided to staff using the system during this pilot.

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

By end of 4th Quarter, demonstrate successful implementation of programs associated with New Funding in Behavioral Health.

Quarter 1 Update

During Quarter 1, the System of Care (SOC) leadership team began the Lean management for healthcare training courses which will train management staff to apply "lean principals" to identify waste and continuously process improve. Utilizing Lean principles, the SOC has updated internal outreach and engagement activities to refer individuals across divisions through a transition of care model. Additionally, the SOC is completing an intake optimization project, which has increased the number of intake slots in the clinics to account for increased and new funding opportunities.

In addition, Integral Care has implemented $2,000 sign on incentives, half paid upon beginning work and half paid upon completion of 6 months, in an effort to enhance recruitment efforts for the new positions funded by the new contracts. Integral Care has also added a referral incentive for employees who refer individuals who are eventually hired for positions. Integral Care will also host an agency on-line job fair in January at which time supervisors will be able to conduct interviews and offer contingent offers on the spot. During the first quarter of Fiscal Year 2021, Integral Care hired 102 individuals.

Quarter 2 Update

Systems of Care continued to successfully implement the Community Mental Health Center (CMHC) grant. Integral Care has hired staff and began completing NOMS (National Outcomes Measurement System) assessments for all clients enrolled within the scope of the grant. By the end of second quarter, Integral Care had completed approximately 200 NOMS and served an additional 200 clients through the funding.

Integral Care is currently pending finalization of the statements of work with Health and Human Services Commission for a Bridge to STAR+PLUS program and System Navigator Program that will be implemented once the statements of work are completed. The Bridge to STAR+PLUS program focuses on diverting individuals in the state psychiatric hospitals from nursing homes into the community. As part of the System Navigator program, Integral Care will be providing training and consultations with other Local Mental Health Authorities to assist them with designing local programs to navigate issues with children without placements and assisting them in receiving needed services.

Quarter 3 Update

From September 1, 2021 through June 1, 2022, Integral Care has spent $751,712 of pass through dollars from homeless diversion and prevention, TANF (Temporary Assistance to Needy Families), and HR133 funding. This has helped 369 unique families and individuals keep their housing. The average assistance per household was $2037.16.

Implement CardConnect to allow for additional methods of payment opportunities for the individuals we serve. This will allow clients to pay their balance in the patient portal, with their clinic admin staff directly in myAvatar, or over the phone.

Quarter 1 Update

Due to Netsmart resourcing constraints, project was pushed back slightly. Unsuccessful project launch took place on 10/7/21. Netsmart addressed the resourcing problems identified, and successfully completed project launch on 11/4/2021. This is now under configuration with internal Information Technology and Revenue Cycle Management teams, with an estimated release date in Q2.

Quarter 2 Update

During Quarter 2, we completed all configuration of posting and adjustment codes, credit card terminal configuration, and developed staff training materials to accept payments through the myAvatar CardConnect system. We launched a pilot on 3/1/2022 with the Stonegate clinic and will plan a full release to all clinic locations in Quarter 3.

Quarter 3 Update

• CardConnect was launched at the Stonegate clinic on 3/1/2021. Since launch, we have successfully received payments using the clinic terminals, as well as virtual payments over the phone.

• We are working to configure CardConnect within the myHealthPointe 2.0 solution to allow for payment transactions from the payment portal.

• The next phase of release includes the Riverside and Rundberg locations. Terminals have been assigned and configured.

Leverage existing resources and secure new funding from diverse sources

Expand value based payments and other innovative programming to ensure program sustainability

Quarter 1 Update

A 12-month Return on Investment analysis of the Terrace at Oak Springs program was conducted by the Population Health Administrator. Based on current utilization cost estimates, the 41 individuals who moved into Terrace at Oak Springs between 11/1/19 and 3/31/20, who remained for one year, experienced a cost savings of $14,486.10 per person the 12 months following move-in. When the total cost reduction is scaled to the full 50 residents, the estimated cost avoidance to the community is $724,305.00 per year.

A population analysis was conducted for the Optum Health Home population. Demographic trends were identified, such as a 92% comorbidity rate, with 45% of Optum attributed members having tri-morbid mental health, substance use, and chronic medical conditions.

A population analysis was conducted for the FY (Fiscal Year) 21 Homelessness population. The analysis provides an in-depth look at trends, demographics, and health disparities among the FY21 homelessness population. This informative data will inform targeted interventions with the population to reduce unnecessary emergency service utilization.

A Population Health Specialist was hired during Quarter 1. This position will collaborate with clinical staff and the Accountable Care team to conduct population health management and enhance client care.

At the end of Quarter 4, Optum Health Home enrolled 160 or 30% of members attributed. Currently, Integrated Behavioral Health Home (IBHH) care coordinators have enrolled about 60 members who reside north, 40 who reside south, and 60 who reside east. There is one staff member in the onboarding process who will help support enrollment for members who reside south. In addition, we are currently recruiting one additional staff member. Once onboarded, the unit team lead will transfer caseload and further support enrollment across all three clinics.

DSRIP (Delivery System Reform Incentive Payment) DY (Demonstration Year) 10 October reporting was completed with 100% achievement.

Two dashboards were created to support the transition to DPP-BHS (Directed Payment Program – Behavioral Health Services) that display data related to the six quality metrics and one set of enhanced payment procedure codes. All data has been QAed (Quality Assured) in preparation for the first round of DPP-BHS reporting, which will take place 12/20 – 1/6. In addition, a workgroup that will support the transition has been meeting bi-weekly to review program updates, track performance, and lead agency-wide communication.

Additionally, met with Sendero team to begin conversations on developing a value based program.

Quarter 2 Update

"The Accountable Care team developed ROI reports for Terrace at Oak Springs and the Downtown Community Court Project.

• Population Health Administrator Brittany Whittington and Practice Administrator of Housing and Health Care for the Homeless Initiatives Ruth Ahearn have been invited to present at the Housing First Partners Conference (HFPC) 2022 on the Return on Investment Analysis conducted for Terrace at Oak Springs, as well as Integral Care housing initiatives. The conference takes place April 12-14, 2022 in Seattle Washington.

• A 6 month Return on Investment analysis of the Health Care for the Homeless Health and Wellness Center was conducted by the Population Health Administrator. Based on utilization cost estimates, the 44 participants served by Health Care for the Homeless between 5/1/2021-7/31/2021 experienced a cost savings of $3,759.81 per person during the 6 months following their first service, totaling $165,431.50 in costs avoided during those 6 months. When the total cost reduction is scaled to the full 100 individuals anticipated to be served annually, this equates to a total cost savings of $751,961.36 per year.

Cost share models for the Optum Integrated Behavioral Health Home include over 160 members enrolled, a fully staffed program and reduced cost of care by 3rd quarter. Other: • Standardized and established cadence for data sharing between BCBSTX and Integral Care.

• Restructured BCBSTX Integral Care care coordinator workflow to reflect updated tools of evaluation and interventions available to care coordinators (i.e. incorporate new tools such as Care Manager and findhelp).

The Bridge to Star Plus project kick-off meeting is scheduled for April 5, 2022.

Transition activities for DPP continue including a review of three areas: (Number of Services by Unit; DPP Dashboard for services over 15 minutes, and a new Expiring Financials Widget on the NX 1115 Waiver Console.

Quarter 3 Update

In Quarter 3, value-based care continued. Optum end of year achievement included $1.6 million in health care cost savings. The contract reviews for Superior/Signify and Bridge-to-Star Plus commenced. Also, as bilingual Whole Health Specialist on-boarded and trained for BCBSTX (Blue Cross Blue Shield Texas) and is providing outreach to eligible clients.

In Quarter 4, the Population Health Administrator Brittany Whittington and Taking Texas Tobacco Free Project Manager Bryce Kyburz will be presenting a poster analysis at the 2022 National Conference on Tobacco or Health. The poster presentation is titled: Data Analysis on the Intersection of Smoking and Mortality at a Community Behavioral Health Center. The Population Health Administrator Brittany Whittington and Practice Administrator Stacy Spencer accepted an invitation to display their poster at the 2022 Texas Council Conference. The poster presentation is titled: Addressing Racial Disproportionality in Diagnosis Research.

• The final round of DSRIP (Delivery System Reform Incentive Payment) and DPP-BHS (Directed Payment Program Behavioral Health Services) Year 1 Report 2 reporting was accepted without need for additional information. • In collaboration with the revenue cycle director and health

informatics coordinator, the DPP-BHS workgroup developed a dashboard to review financial assessment compliance

• A DPP-BHS Plan for Fiscal Year 23 was developed that includes three goals with associated activities: GOAL 1: Increase the accuracy of financial information and Medicaid coverage in the EHR (electronic health record) for clients who meet measure denominator criteria and enhance payment criteria to 95%; GOAL 2: Maintain benchmark or DSRIP Demonstration Year 10 performance on all comparable DPP-BHS quality measures; and GOAL 3: Collaborate with community partners to develop methods for tracking and calculating MCO (Managed Care Organization) payments.

By the end of the 4th Quarter, advance Facility Master Plan by completion of renovation of American Founders Building on I35.

Quarter 1 Update

As of the end of November, the project was in final phase of permitting with the City of Austin and building permits are expected to be issued by mid-December. The Request for Proposal (RFP) for the general contractor for the project was issued with seven proposals being received. The proposals were being scored with a recommendation going to the Board at the December meeting. In addition, an item for approval of remaining financing needed for the project was being presented to the Board for approval at the December meeting.

Quarter 2 Update

All building permits required for the project were acquired at the beginning of December. In addition, at the December meeting, the Board approved the additional financing for the renovation and approved the general contractor for the project. The contract with Trimbuilt has since been finalized and the bank has also completed their due diligence. Financing for the project closed on March 23, 2022. Trimbuilt has since been given the notice to proceed on renovations. It is estimated the full project will take approximately 11 months to complete.

Quarter 3 Update

Financing for the project closed on March 23, 2022 and Trimbuilt was given notice to proceed on construction. As of the end of May, all interior demolition has been completed with the exception of the restroom floors and the flooring on the 3rd floor as these were found to require asbestos abatement before they could be demolished. Due to delays in finalizing the financing, the current estimated completed date for renovations is the end of February. Appropriate steps have been taken with other leases to accommodate services through that time period. The only item that is scheduled for beyond February is the installation of the back-up generator which in not anticipated until August 2023 due to supply chain issues.

By end of 4th Quarter, complete necessary outreach activities to demonstrate appropriate additional growth needed to achieve required thresholds of increased and new funding requirements

Quarter 1 Update

Through outreach efforts at the city, county, state and federal levels, Integral Care has acquired the following new funding for Fiscal Year 2022 to help address needs in the local community:

Health & Human Services Commission (HHSC) Block Grant Supported Housing	$3,250,000
SAMHSA Community Mental Health Centers Grant	2,500,000
SAMHSA Healthy Impacts through CCBHC	1,999,999
City of Austin Permanent Supportive Housing	1,558,200
Travis County Assertive Community Treatment (ACT)	1,291,579
HHSC Outpatient Expansion Program	1,237,757
HHSC Lifeline Expantion Planning	874,196
Travis County Jail Based Intake & Care Navigation	715,300
Travis County Intensive Mobile Crisis Outreath Team Services for Children and Families	503,681
Travis County Intellectual & Developmental Disability Crisis Respite Care	484,406
HHSC Coordinated Specialty Care	429,180
Downtown Austin Community Court Homeless Encampment Assistance Link (HEAL)	373,333
Travis County EMCOT 911 Expansion	350,280
Travis County ProLodge	325,000
City of Austin Rapid Rehousing	324,000
City of Austin Homeless Outreach Street Team	291,292
Travis County Intellectual & Developmental Disability In-Home Respite	256,174
City of Austin Bridge to Recovery	229,925
HHSC Bridge to STAR+PLUS	195,386
HHSC Forensic ACT	173,681
Front Steps Southbridge Shelter	165,539
Traivs County Intellectual & Developmental Disability Intake & Enrollment	126,073
HHSC Residency Program	100,797
Total	**$17,755,778**

Integral Care has also held needed discussions with Frost Bank to set the stage for acquiring an additional $8.5Million in funding for renovation of the American Founders Building on I35. Frost is currently completing due diligence and anticipates that the funding will be finalized near the end of January or beginning of February.

Integral Care is also working with the Travis County Supportive Housing Collaborative to identify funds for housing individuals. As part of the effort, The Travis County Commissioner's Court earmarked $50 Million for utilization of various housing projects. Integral Care is currently working with Capital A (the developer in the projects) to determine feasibility of a 45-unit permanent supportive housing project that would utilize a combination of funding from the funds earmarked by the county, Austin Housing Finance Corporation Rental Housing Development Assistance funds, and Texas Department of

Housing and Community Affairs Multi-Family Direct Loan funds. Estimated total funding for the project is $11.9Million.

Quarter 2 Update

During second quarter, Integral Care was awarded a $317,667 per year grant from Saint David's Foundation for provision of Mental Health First Aid training and $50,000 from Humana for the food pantry at Terrace at Oak Springs. In addition, Integral Care applied for $1.1 Million for Housing Stability Services from Texas Department of Housing and Community Affairs, $146K for community health workers through Austin Public Health, $1.6M over 3 years for expansion of primary care services and community health workers. Additionally, Integral Care continues to work with Elizabeth Group as well as Capital A and the Travis County Supportive Housing Collaborative to identify appropriate opportunities for permanent supportive and affordable housing developments.

Quarter 3 Update

Integral Care has been continuing to work with various developers for housing opportunities within the community. We are in the final steps of finalizing the contract for renovation of the former Texas Bungalows hotel for implementation of a permanent supportive housing site within the community. In addition, Integral Care has worked with Elizabeth Group and will have the title of 3300 Manor Road, the Kensington Apartments, transferred to Integral Care at the end of June. The site will be utilized for a combination of permanent supportive housing and affordable housing. Integral Care also submitted a joint application with NHP Foundation and Cap A for a combination permanent supportive housing and affordable housing complex to be constructed at 3515 Manor Road. The application has received the highest score by Austin Public Health and Austin Housing Finance Corporation and is expected to be recommended to City Council for approval of contract negotiation at the end of July.

On June 8, Episcopal Health Foundation finalized an agreement with Integral Care for provision of integrated care at 3000 Oak Springs. The 2 year award totals $1,088,544.

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

Quarter 1 Update

On November 15, 2021, the Centers for Medicare and Medicaid Services (CMS) issued a letter formally approving the Directed Payment Program – Behavioral Health Services (DPP-BHS) retroactive to September 1, 2021. Initial payments from the DPP-BHS are expected beginning in January. DPP-BHS is modeled to provide a uniform dollar amount increase of $23.77 per 15-minute unit of service for 20 procedure codes within STAR, STAR+PLUS, and STARKIDS. In addition, as a Certified Community Behavioral Health Clinic, the DPP-BHS also provides a 57.7% increase in the claim amount for 15 procedures codes within STAR, STAR+PLUS, and STARKIDS. As the uniform dollar increase will fluctuate based on Integral Care's utilization and the overall community center system utilization, Integral Care will be working with the Texas Council to

develop a method to estimate the final reconciliation of DPP-BHS in order to get a better estimate of the additional revenue the program will generate.

On November 15th, Health and Human Services Commission also requested that CMS clarify their stance regarding the potential impact if the Delivery System Reform Incentive Payment (DSRIP) program were extended an additional year. Based on concerns CMS has with Local Provider Participation Funds (LPPFs) which are a key component to financing the match for a number of hospital systems within DSRIP, it is anticipated that HHSC will not officially request an extension to DSRIP but will continue to attempt to work through the points of contention on the remaining directed payment programs for other portions of the healthcare system. As such, Integral Care will need to adjust the Fiscal Year 2021 budget, removing the initial portion of demonstration year 11 DSRIP from the budget and substituting with a portion of the new revenue from the DPP-BHS.

Through the Healthcare Opportunities Workgroup, Integral Care will continue to work with the Texas Council on the appropriate timing for proposing a diagnosis based eligibility for Medicaid coverage for individuals with Severe Mental Illness (SMI) as well as a state plan amendment that would recognize a Certified Community Behavioral Health Clinic (CCBHC) rate within Medicaid.

Quarter 2 Update

As anticipated, Health and Human Services Commission (HHSC) has not submitted a request to Centers for Medicare and Medicaid Services (CMS) regarding the possibility of extending the Delivery System Reform Incentive Payment Program an additional year. CMS and HHSC continue to have calls every other day regarding the directed payment programs that have not been approved as part of the 1115 Waiver extension and in regards to the financing strategies the state of Texas utilizes for the local match within the waiver programs.

Integral Care has begun receiving payment associated with the Directed Payment Program for Behavioral Health Services. The challenge centers are currently facing is that the uniform percentage increase portion of the payment, Component 2, is included in the explanation of benefit (EOB) files causing the files to be analyzed and posted manually. Through efforts with Tejas Health Management, of which Integral Care is a member center and I serve on the board, a utility has been constructed that will allow centers to automatically identify the portion of the EOB that is associated with the directed payment and create a new EOB that can be automatically posted to the electronic health record. Both streamlining the process and creating audit files regarding the directed payment program. HHSC is currently accepting applications for year two of the directed payment program and Integral Care is assisting with the analysis regarding the reconciliation process of directed payments.

The Healthcare Opportunities Workgroup (HOW) also continues to work with HHSC to receive clarification regarding parameters of the new Public Health Provider Charity Care Program in order to assist centers with being able to estimate future payments from the program. In addition, the HOW is having ongoing discussions regarding the best strategies moving forward in relation to the current payment structures, or if

federal legislation regarding further implementation of the Certified Community Behavioral Health Clinic (CCBHC) model and financing moves forward, the potential of readdressing the possibility of utilizing severe mental illness as a diagnosis based eligibility for Medicaid in Texas and implementing the CCBHC payment model in Medicaid through a state plan amendment.

Quarter 3 Update

On April 22, 2022, the Centers for Medicare and Medicaid Services (CMS) issued a letter rescinding their rescission of the 10 year approval of the 1115 Waiver in Texas. The letter becomes the approval of the 1115 Waiver extension through September 30, 2030, incorporating both the Public Health Provider Charity Care Pool (PHPCCP) and Directed Payment Program Behavioral Health Services (DPP-BHS) as available financing options for the community mental health center system moving forward. Both of these payment models are built on the Certified Community Behavioral Health Clinic (CCBHC) model of care. In addition, through support of the Health Opportunities Workgroup and the Texas Council, all 39 community mental health centers in Texas have achieved CCBHC certification. This places Texas in a very favorable position in preparing for expansion of the CCBHC Demonstration model that has just been authorized through the Safer Communities Act which allows for 10 additional states to be added to the CCBHC demonstration every 2 years. The advantages of moving from DPP-BHS to the demonstration would be an increased federal match of local funds, moving away from the intergovernmental transfer of funds, and the potential of the CCBHC payment model in regular Medicaid instead of just Medicaid Managed Care. The Healthcare Opportunities Workgroup will continue to work with Texas Council to strategize on the financing methods moving forward as well as on implementation of PHPCCP and DPP-BHS.

Create and launch community fundraising campaigns; Deploy community task force structure to build towards a fundraising affinity group; Identify and develop prospective funding; Steward existing foundation and individual donors

Quarter 1 Update

Created a 17-member task to support our Bridging the Gap campaign.

Raised $100,270 from 112 donors.

Met with 8 donors for stewardship and personal asks

Mailed stewardship packages/mailings to major donors and first time donors.

Delivered thank you gifts to task force members

Quarterly breakdown: Total Raised = $107,666 from 155 donors

50 of whom are new donors

14 of whom are recurring monthly donors

Quarter 2 Update

- Raised $46,559.15 from 71 donors: 18 are new donors, 10 are monthly

- Mailed Happy New Year cards to 140 donors as stewardship

- Completed two campaigns, Year End and Giving Tuesday:

*Raised $11,010.50 from 21 donors; 10 donors were new donors

-Hosted Safe Landing major donor forum

- Met with Froiland Consulting to engage Corporate donors

Quarter 3 Update

- Completed 3 campaigns: Amplify Austin, Data & Bridging the Gap/Mental Health Month.

- Total raised in campaigns was $22,939 from 130 total donors. Gained 10 new donors.

- Raised $13,491 due to an influx of memorial donations. 51 of these were new donors.

- Met with major donors for stewardship purposes.

Review and revise provider network participation processes, inclusive of Request for Applications (RFAs), application, credentialing and training to reduce barriers to equitable participation. Managed Service Organization (MSO) Project Workgroup working on improving application process by asking specific questions on provider's areas of expertise/experience with specific populations, for example: LGBTQ and BIPOC populations.

Quarter 1 Update

Currently surveying the provider for race, ethnicity and gender identification so we can have a complete picture of who is on the network. Currently the process has been completed for 76% of the solo network.

Quarter 2 Update

Managed Service Organization Provider Manual revisions almost complete. Working on sorting out links and other documents that need to be attached. Completed 79% of group member demographics. Completed 96% of Solo Providers.

Quarter 3 Update

Completed 91% of group member demographics. Completed 100% of Solo Providers.

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, demonstrate Integral Care's leadership through participation in state-wide planning efforts for implementation of 988

Quarter 1 Update

Active participation in all State led meetings to include the Texas 988 Stakeholder Meeting for the development of 988 rollout for Texas; HHSC (Health and Human Services Commission) Lifelline/988 Planning Grant; Vibrant 988 Meetings and Trainings. HHSC has submitted the 988 roll out plan to Vibrant and is in final discussions for plan approval.

Quarter 2 Update

The Integral Care Hotline is now taking National Suicide Prevention Lifeline (NSPL) calls for the assigned Central Texas Region (76 counties). We continue to work closely in planning activities with HHSC (Health and Human Services Commission) and actively participate in national efforts, including active participation in Rider 58 which requires a study of the adequacy and efficacy of existing National Suicide Prevention Lifeline infrastructure in Texas to determine state preparedness to comply with federal National Suicide Hotline Designation Act of 2020 (S. 2661). The current focus is to expand the American Association of Suicidology (AAS) certification to include Online Emotional Support (OES) to be able to successfully take text/chat messages through 988. HHSC has applied for additional funding through Substance Abuse and Mental Health Services Administration (SAMHSA) (to be awarded by April, 2022). Once this is completed, Integral Care will be in a position to expand the team as NSPL is transitioned to 988.

Quarter 3 Update

The Integral Care hotline team continues to work closely in all planning and training activities with Health and Human Services Commission and actively participate in planning efforts. June 6th, Teresa Williams participated in the "Fulfilling the Promise of 988" panel discussion with National Council for Mental Wellbeing. In addition, Integral Care is the site in Texas that is piloting the text and chat features of 988. 988 is set to go live on July 16, 2022. As per guidance from the federal level, the first year of 988 will be a soft launch with minimal advertising of the number. The current lifeline number will also continue to be active moving forward.

By the end of the 4th Quarter, implement pilot of FIRST curriculum in Child and Family Services and collaborate with University of Texas Dell Med to study results.

Quarter 1 Update

During quarter 1, Child and Family Services (CFS) finalized the FIRST (Feeling Calm, Increasing Motivation, Repairing Thoughts, Solving Problems, and Trying the Opposite) contract with The University of Texas (UT). UT provided training and technical assistance to the CFS clinicians on the FIRST curriculum in September 2021. Integral Care began recruitment for the Youth FIRST study on 10/1/21. So far 64 clients have been referred to the study. Of those referrals, 8 have been randomized into the FIRST (rather than control) condition. CFS continues to get referrals for the study on a daily basis.

Quarter 2 Update

During the second quarter, Child and Family Services (CFS) continued recruiting and training for the FIRST (Feeling Calm, Increasing Motivation, Repairing Thoughts, Solving Problems, and Trying the Opposite) contract with The University of Texas (UT). UT has provided training to 6 CFS staff who also participate in weekly consultation and technical assistance sessions. Integral Care began recruitment for the Youth FIRST study on 10/1/21. There are currently 16 clients enrolled in the project at Integral Care (6 in usual care condition and 10 in FIRST condition). There is 1 client who has completed treatment and was discharged from the FIRST condition.

Quarter 3 Update

During the third quarter, Child and Family Services (CFS) continued recruiting and training for the FIRST (Feeling Calm, Increasing Motivation, Repairing Thoughts, Solving Problems, and Trying the Opposite) contract with The University of Texas (UT). UT has provided training to 6 CFS staff who also participate in weekly consultation and technical assistance sessions. Integral Care began recruitment for the Youth FIRST study on 10/1/21. There have been 34 clients enrolled in the project at Integral Care (17 in usual care condition and 17 in FIRST condition). There are 5 clients who have completed treatment and were discharged from the FIRST condition and 2 clients who completed treatment under the usual care condition. This will be a 5 -year study. Clients provide feedback to study staff on a regular basis.

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

Received Austin Public Health Vaccine grant for people experiencing homelessness, starts in January

Implementing RORR (Recruitment, Onboarding, Retention, Recognition) staff morale initiatives and finalizing 6-month planning calendar

Redesigned Careers page to increase recruitment

Incorporating workforce recruitment and retention challenges into talking points with elected officials and other stakeholders

Quarter 2 Update

Collaborated with One Voice Central Texas and Mission Capital to provide information for non-profit employees on how to support their own mental health. Facilitated conversation with clinical Team member, Wendy Salazar, and provided follow-up resources.

Supporting EMT during workforce crisis through RROR

Provided communication support during early February inclement weather

Quarter 3 Update

Supporting EMT during workforce crisis through RORR (Recruitment, Onboarding, Retention, Recognition) and creation/launch of Employee Advisory Council

Provided media support in various stories about the United Workers of Integral Care

Provided Spanish-speaking expert to speak to children's mental health on Univision after the Uvalde tragedy.

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

Continue efforts in implementing integrated care across system of care

Quarter 1 Update

During Quarter 1, the System of Care has made great strides in implementing integrated care. Integral Care is in final negotiations on our contract with Lonestar Circle of Care with an anticipated start date of Primary Care Services at 3000 Oak Springs slated for Feb. 1st, 2022. Additionally, Integral Care has been working with AAYH (African American Youth Harvest) group to support an African American's Men's Health Clinic which will be located in Travis Counties Eastern Crescent. Finally, Integral Care is collaborating with Central Health to finalize a new MAT (Medication Assisted Treatment) contract which will expand MAT services at our Stonegate clinic beginning in Feb. 2022.

Quarter 2 Update

During Quarter 2, Lonestar Circle of Care began Primary Care operations out of the 3000 Oak Springs Clinic. Services began on 2/14/2022. During the month of February, there were 58 individuals served for Primary Care out of the Oak Springs Clinic. Additionally, during Quarter 2, the System of Care expanded MAT services out of the Stonegate clinic. Effective 2/1/22, Integral Care has a new expanded contract with Central Health to include an Integral Care MAT provider.

Quarter 3 Update

During Quarter 3, Lonestar Circle of Care (LSCC) continued Primary Care operations out of the 3000 Oak Springs Clinic. Since inception (mid-Februrary 2022) through April, LSCC has served a total of 389 individuals for PC services at 3000 Oak Springs. Additionally, during Quarter 3, our MAT collaboration with Central Health has continued to grow. Integral Care has hired a provider who will start services in the 4th quarter.

By end of 3rd Quarter, implement the plan for increasing Narcotic Treatment Program (NTP) funding and services

Quarter 1 Update

Build out of NTP (Narcotic Treatment Program) medication unit is completed pending receipt of safe (ordered in Aug). Have ordered dispensing equipment after consultation with Associate Medical Director. Upon receipt of all equipment and installations of cameras, contact HHSC (Health and Human Services Commission) regulatory and DEA (Drug Enforcement Agency) for walk through. All Positions posted. Expansion will permit program to fully draw down existing HHSC funding.

Quarter 2 Update

Completed onboard training of Registered Nurse assigned to medication unit. Continued to

interview potential Licensed Chemical Dependency Counselors. Purchased and received new dispensing equipment. Medication safe was delivered. Additional medication unit buildout has been completed. Security camera set-up and installation completed. Working on additional alarm system requirements per regulatory requirements.

Quarter 3 Update

Onboard training of Registered Nurse assigned to medication unit completed, but RN resigned. Position reposted. Continuing to interview potential Licensed Chemical Dependency Counselors. Additional medication unit buildout has been completed. Security camera set-up and installation completed. Working on additional alarm system requirements per regulatory requirements. Delivery of alarm hardware pending due to supply chain delays. After hardware is delivered and installed, Drug Enforcement Agency and Health and Human Services Commission regulatory will be notified to schedule required inspections.

Communicate program impact, coordinate with collaborators; Manage and strengthen government relations; Write grants and secure new individual donors; when possible demonstrate alignment of program impact with external community issues

Quarter 1 Update

Created and launched new System of Care Overview, which outlines agency impact across the community

8 programs, with data impact, highlighted in Transparencies & Donor Newsletters, 10 highlighted in ATI (All Things Integral), approximately 12 on social media, 4 highlighted in Public Funders newsletter.

Received 5 grant awards: SAMHSA (Substance Abuse and Mental Health Services Administration) CMHC (Community Mental Health Clinic) ($2.5 million per year; 2 years), SAMHSA MHAT (Mental Health Awareness Training) ($125,000 per year; 5 years), Religious Coalition to Assist the Homeless - PSH (Permanent Supported Housing) wraparound supports ($10,000), APH (Austin Public Health) Vaccine Outreach ($170,783; 18 months), and HHSC Children's Mental Health System Navigator ($155,329; 2 years)

Contacted State Representatives and Senators regarding ARPA (American Rescue Plan Act) funding, for additional funding toward the Texas Child Mental Health Care Consortium (TCMHCC) and the level of resources that are necessary to stabilize the mental health and IDD (Intellectual and Developmental Disability) workforce. SB (Senate Bill) 8 was finalized and passed by both chambers which included $113.1M for the TCMHCC.

Participated in the National Council's Hill Day at Home Day of Action and contacted US legislators to educate them on the needs of mental health and substance use treatment providers and organizations. Items included CCBHC (Certified Community Behavioral Health Clinic) expansion, workforce shortages, curbing the substance use crisis and fulfilling the promise of 988.

Provided bi-lingual Self Care magnets and Integral Care resource materials to all Austin City Council members and Travis County Commissioners and their staff.

Participated in County budget process, providing information and answering questions from staff and Commissioners. Supported significant increase in County funding.

Hosted press conference with the Mayor, County Judge, other stakeholders at TAOS (Terrace at Oak Springs) to highlight progress on housing and homelessness. Spoke to impact of housing on health and wellbeing.

Quarter 2 Update

- Delivered thank you notes and Self-Care kits to 12 City Council and County Commissioner staff

- Spoke at community event on Integral Care role in homelessness hosted by Starbucks. Networked with key stakeholders including city Staff, APD, DAA, Front Steps.

-Sent 9 emails to donors with agency updates and fundraising opportunities.

- Highlighted 8 programs, with data impact, in Transparencies, 3 in ATI and 13 on social media

-Awarded 5 grants: St. David's Foundation, Mental Health First Aid ($635,334; 2 years)

Austin Community Foundation, Client assistance for individuals transitioning into homes ($5,700)

Texas Council for Developmental Disabilities, speaker stipends for Central Texas African American Family Support Conference ($7,000)

Housing Authority City of Austin (HACA) awarded 45 Project-Based Vouchers for Studios at Menchaca

Humana, TAOS food pantry & food delivery service ($50,000)

- Submitted application to Episcopal Health Foundation, requested $1,632,816 for Expansion of Primary Care Services + Community Health Workers. 3 years. Total contract: $1,632,816

- Met with Senator Eckhardt's staff and shared information on the current challenges for behavioral health providers and areas to focus on for Senate interim charges.

- Provided feedback to HHSC on needs and gaps related to state psychiatric hospital services and community-based services.

Quarter 3 Update

- Highlighted 8 programs, with data impact, on social media, 2 in Transparencies and 2 in staff newsletter.

- Awarded 4 grants: APH (Austin Public Health) $333,572 for Ryan White Part A HIV services; Texas Department of Housing and Community Affairs, $778,907 for Housing Stability Services; APH, $124,697 for Behavioral Health Issue Area/Community Health Worker; EHF, $1,089,454 for Expansion of Primary Care Services & Community Health Workers for 2 years.

-Submitted 4 grants to APH for Homeless Housing Stabilization applications to fund Tenant Stability, Rapid Rehousing, Terrace at Oak Springs Studios at Menchaca and Support Services Team for a total of $3,777,724.

- Submitted a SAMHSA (Substance Abuse and Mental Health Services Administration) application to renew a community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis. Up to 4 years for $400,000.

- Shared the 2022 Mental Health Month Toolkit with Austin City Council members, Travis County Commissioner's Court, Mayor and County Judge offices.

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

By end of 3rd Quarter, analyze call patterns and client preferences for virtual services and implement a virtual queue for on-demand counseling and intake services for clients who are not in crisis

Quarter 1 Update

Draft Roadmap for optimization efforts to begin with access to programs and transitions of care for safer suicide care. Behavioral health clinics, Child and Family clinics, Residential and crisis teams participating. During the first quarter, the SOC (System of Care) has implemented an intake optimization project which focused on three main areas.

1. streamline and increase intake capacity.
2. utilizing a transition of care approach to transition clients between services
3. Offer services in the modality in which the client wants (face to face, telehealth).

Additionally, the SOC and the crisis division continued the ACT (Assertive Community Treatment) optimization project which focuses on ACT fidelity and access to ACT services. Draft charter is in place to launch SOC project for Residential units.

Quarter 2 Update

Suicide Care efforts continue to be incorporated into projects. Quarter 1 and Quarter 2 focused on the implementation of the Suicide Care Pathway as well as Transitions of Care from Child and Family Services and Crisis Programs to outpatient Behavioral Health. In development are the Caring Contact Cards as well as continued expansion of the Suicide Care Pathway to other areas of our System of Care.

- The ACT (Assertive Community Treatment) Optimization is in final stages. Work was driven by the Fidelity Model as well as input from clients and stakeholders (surveys). All trainings and Policies & Proceduress have been completed with the final pending item consisting of a data review.

- A new project focused on Residential Services is underway. The initial milestone is the development of a streamlined process for individuals and community partners to connect

individuals in crisis to care. New process should be fully implemented by end of Quarter 3.

- The Intake Project successfully implemented open access at all outpatient locations and has increased fill rates from 77% to 93%. An additional 81 individuals were also seen as a result of the cross-clinic support.

Quarter 3 Update

During this quarter, System of Care expansions continued with optimizing the client experience during their provider appointment. In March, the System of Care began offering "walk in" provider appointment a couple of days a week across various clinics to expand access. Through this pilot, individuals are offered a choice of a scheduled appointment or a walk in appointment to meet their same day needs.

The Residential units began working on optimization efforts. App support assisted in the development of a streamlined process for documentation between units. This form will populate a dashboard for teams to easily see status of referrals in real time. Form will also allow for detailed reporting. Residential units are also working on streamlining process and documentation to reduce duplication and shorten duration of intake process.

Due to staffing shortage, Adult Behavioral Health has currently used existing capacity to streamline the hospital discharge process. Workflows and procedures are now finalized. It is expected that recent salary adjustment will make the Licensed Professional of the Healing Arts position more competitive.

By the end of the 4th Quarter, demonstrate progress on achieving NCQA (National Committee for Quality Assurance) accreditation for Intellectual and Developmental Disability Case Management

Quarter 1 Update

Director and Practice Managers have completed a series of presentations across the center as well as to PNAC (Provider Network Advisory Committee) and the P&O (Policies and Operations). Fiscal Year 22 Quarter 1 the focus has been on finalizing all the documented processes required by NCQA standard are in place and implemented; the team has also worked extensively with MIS (Management Information Systems) and OneData to ensure forms, widgets, etc are created in myAvatar. Currently, all processes are being reviewed for final upload to NCQA portal on 1/18/22 in preparation for the audit in March, 2022.

Quarter 2 Update

In January, all required documentation was submitted to National Committee for Quality Assurance (NCQA) Interactive Review Tool portal. The survey by NCQA was completed in February. As of today, I am pleased to report that NCQA has awarded a 3 year case management accreditation for Case Management for Long-term Services and Supports.

Centralized knowledge repository to help data team have better and faster access to reports documentation and consequently help staff with any Electronic Health Record (EHR) based report requests.

Quarter 1 Update

OneData continues to the centralized knowledge repositories. Our Confluence wiki is growing as we document report content, purpose, data sources, location, stakeholders, and associated processes for all existing and new reports and data exchanges. While not all the previous reports have been added to the wiki, we aim to document them by the end of the second quarter. The GitHub data repository also continues to expand so that all App Support and OneData staff have access to queries for automated updates to the electronic health record and stored procedures used in Crystal Reports and PowerBi.

Quarter 2 Update

Report documentation is now live and available on the NX SharePoint site. The report is managed by Application Support and OneData when new reports are requested and released to production. This repository is a work in progress, but many gains have been made to develop a robust knowledge base for both staff and report writers. The data and application support teams are also leveraging GitHub to track and manage all code for reports to ensure proper version control.

Quarter 3 Update

Application Support and OneData continue to update report documentation as new reports are released. Consistent use and updates made to the Confluence wiki to store report content, development materials, and link data sources. Continued maintenance and use of the GitHub data repository by all developers and data analysts to ensure consistent queries and available access to stored procedures used in Crystal Reports and Power BI.

Build out call journey model (such as suicide risk)

Quarter 1 Update

Completed requests to vendor to develop models. Contract submitted for ongoing support to continue building dashboards to assist in analyzing call center data through speech analytics. Model for Intakes in final stage. Suicide Risk model to follow.

Quarter 2 Update

Call Journey has finalized the model to track appointments, intakes, substance use calls, risk, children in crisis. Scheduled to be completed this quarter is a model to track calls related to medications and refills as well as a model to track requests or concerns for housing.

Quarter 3 Update

Development of Call Journey models continue. Most recent models in development are related to housing and medication requests. Information will be included in System of Care dashboards once completed.

Leverage Artificial Intelligence for identifying people at higher risk of suicide and integrating with clinical decision support

Quarter 1 Update

As of November 30th, the project is pending. Integral Care received a signed Statement of Work from LPA Solutions in mid-November, indicating the plan to implement IBM text analytics tools to develop a prototype suicide risk score. The statement of work is under legal review and the project is pending the hiring of the new Director of One Data due to the heavy data analytics involved in the project.

Quarter 2 Update

We are working with Netsmart CareManager team to develop a state-wide risk stratification tool based on various factors such as hospitalizations, Social Determinants of Health, diagnoses, and co-morbidities. We are also an early adopter for the Bells AI solution to enhance progress noting and monitor trends in documentation. Clinical decision support with this product is on the planned roadmap.

Quarter 3 Update

Working with other Certified Community Behavioral Health Clinics in Texas, as well as the Netsmart engineering team to build a standardized risk stratification model in Netsmart's CareManger solution for Population Health. This work is currently pending the statement of work and cost sharing breakdown between the organizations. We are now in the pilot testing phase of Bells.AI to bring Artificial Intelligence into the progress noting process. Clinical decision support is on the roadmap for Bells, as well as other Netsmart solutions we are looking at implementing in the future.

Establishing data warehouse for analyzing data to provide meaningful insights into population profile in Aunt Bertha platform

Quarter 1 Update

Launch of Aunt Bertha (Find Help.org) featured in Dell Med News; Kathleen Casey was interviewed for the Austin-American Statesmen. Implementation continues.

Quarter 2 Update

Developed a new sign off function of Findhelp.org and relaunching trainings for Quarter 3 due to new staff members.

Quarter 3 Update

• In Quarter 3, the Findhelp refresher trainings offered to Housing First ACT(Assertive Community Treatment), Classic ACT, MCOT (Mobile Crisis Outreach Team), YES (Youth Empowerment Services) Waiver, and Value-Based Care teams. Monthly cadence meeting established with pilot teams to provide updates and support teams through implementation. The Single-sign on feature turned on for findhelp to simplify log-in experience, with the hope to capture a more accurate reflection of staff's work.

Quarter 1 Update

1-Teams collaboration implemented

2-capture/research solution to enhance service provide by MIS (Management Information Systems)

a) Cloud-based IaaS/SaaS (Infrastructure as a Service/Software as a Service) model to enhance security and resiliency

b) Plan network modernization and network equipment refresh

c) Inventory of electronic equipment/computer managed by MIS (Management Information Systems)

d) Review Crisis Line upcoming software application requirement

3)Ongoing meeting with units to capture business requirement and roadmap

4)Review capabilities and future requirement post COVID-9 landscape

Quarter 2 Update

Statement of Work for environment discovery, planning and implementation of project include assistance with Azure Always On VPN, Azure MFA and Azure

AD Conditional Access, and Microsoft Endpoint Manager Intune and Windows Autopilot is under review with Gartner.

Adopt Zero Trust best practices for user and admin MFA within Azure AD Premium Plan

1 (P1) / Microsoft 365 E3 licensing capabilities

Captured units needs to access several cloud-storage vendor. Unit reported impact on the work being provide. Since some of their partner does not use Microsof as cloud-based service. This has been impacted their service.

Current working in possible solution to let unit download/upload specific forms to different cloud-storage service. Supporting Crisis Line on 988 roll out.

Quarter 3 Update

Management Information Systems (MIS) is working on implementing Microsoft Always-On VPN, Intune (Endpoint Manager), and Auto-pilot. These services will help ensure better user connectivity as well as provide MIS support and control in more remote work places.

Create best practice network security architecture to support cloud based services, remote users and decrease on premise network equipment. Use Microsoft solution to deploy computer on demand with automated deployment

Quarter 1 Update

Currently scoping vendors to have the first draft on the statement of work, because the effort includes all three domains (network security, cloud-based infrastructure and device management). Integral Care expects to solve some cybersecurity challenges, such as on premise backup, upgrade network security equipment and no-touch solution to deploy new computers. We anticipate having recommendations and estimated costs by the end of January.

Quarter 2 Update

Integral Care currently has the initial Statement of Work (SOW) from vendor, we are reviewing the deliverables items and the cost of the project before sending it to CFO for review and approval. Since the cost of professional hours provided is not breaking down by skill level of labor such as Architecture hourly/rate, engineer hourly rate and Project Manager hourly I asked Greg to request this change so we can send it to review and approval.

Also, we just finished the proof of concept of network security equipment, due to the shortage of supply, Palo Alto delayed to send us the equipment so we can do the trial.

Because our current firewall is almost 7 years old it is recommended to upgrade it before we deploy the cloud-base backup system because of network thought put issue of our current device.

We have the security Life Cycle Review from the proof of concept, the vendor will send us SOW and quote for the replacement of the Firewall and IPS.

Greg is working with Dell to get quote for the new backup solution with cloud-based license, since our current data domain will reach end of life support in October

Quarter 3 Update

Management Information Systems (MIS) is working on implementing Microsoft Always-On VPN, Intune (Endpoint Manager), and Auto-pilot. These services will help ensure better user connectivity as well as provide MIS support and control in more remote work places.

Implement Provider Connect NX to allow for more integration with myAvatar and increase the provider functionality.

Quarter 1 Update

Successful project launch of ProviderConnect NX (PCNX) on 9/10/2021. Configuration of external provider system codes, user roles, and user definitions underway. Ongoing discussions and workgroups to determine best approach to setup, and define workflow from a system admin and network perspective. Project team is currently testing views and provider process in the testing environment, PCNX UAT(User Acceptance Testing).

Quarter 2 Update

Managed Service Organization, Business Office and Management Information Services staff continue to meet with Netsmart on a bi-weekly basis. Netsmart has been working to develop a couple of tools to resolve identified go-live gating issues and those are anticipated to be available for testing in April. Conducting system testing and requested further testing assistance from Quality Management A number of testing issues have been identified to date and those are pending resolution by Netsmart.

Currently pending release of the Provider File Attach functionality to ensure documents can be sent to myAvatar from contracting providers.

Quarter 3 Update

• Finalized credential reconciliation for the practitioner enrollment process for external providers.

• Weekly project meetings and bi-weekly internal meetings to prioritize development during Quarter 3.

• Configuration of many custom forms, views and widgets are now in development.

• Nearing the integration testing and go-live prep phase, with a goal of Quarter 4.

Implement upgraded version of the patient portal, myHelathPointe 2.0, to streamline medication refill requests, lab results, patient communication, and strengthen patient access to assessments and clinical information.

Quarter 1 Update

Successful project launch of myHealthPointe 2.0 (myHP 2.0) on 9/28/2021. Initial configuration and pilot super user training complete. Pilot sites include Riverside Clinic and North Service Center. These programs will launch an MVP (minimum viable product) solution, which will consist of very basic functionality.

Initially, clients will have the ability to view their clinical documentation, export CCDs (Continuity of Care Document), view upcoming appointments, and send messages to their care team. Estimated release date for pilot programs on MVP solution is 2/1/2022 with end user training and "smoke tests" scheduled in January.

Road mapped items, including direct integration with myAvatar, clinical assessment mapping, medication refill request and dynamic scheduling are expected to be available for release in Quarter 3 for testing, and Quarter 4 for general release. These are under configuration with the Netsmart development team.

Quarter 2 Update

Successful pilot launch in January with two clinic locations - Riverside and Rundberg. Once key functionality is released from Netsmart Development, we will release the portal to the entire organization. At this time, enrolled clients can view upcoming appointments, access clinical education, message their clinic or the medical records department, and view clinical documentation.

Quarter 3 Update

• myHealthPointe 2.0 currently has over 500 individuals with an active or pending Patient Portal account. These individuals are served primarily at the Riverside and Rundberg clinics during this pilot phase.

• Call Center staff have begun collecting email addresses to allow for portal access.

• The Patient Portal is available to clients via mobile application and in a web browser.

• Individuals can review upcoming appointments, export visit summary details, request medication refills, request information from the Medical Records department, download educational materials, and review documents sent directly to their portal.

• Coming soon: clients will be able to complete self-administered assessments, make payments toward their account, link wearable devices, and electronically sign documents.

Migrate all Electronic Health Record (EHR) related requests from the Track-IT based ticketing system to a custom developed ticketing dashboard in myAvatar.

Quarter 1 Update

Configuration and development of System Change Request form, Chart Merge Request form, and Application Support Helpdesk dashboard complete in myAvatar. Presented workflow to core team for feedback, review, and approval for release. Additional customizations underway, with plans for full release in Quarter 2 to staff.

Will continue to optimize workflow to best meet staff needs. Announcements related to upcoming changes released to the myAvatar/NX Home Page for staff awareness.

Quarter 2 Update

Configuration of dashboard and myAvatar forms complete. Staff training videos created and delivered to all staff with the February monthly newsletter, as well as via the NX Home Page on SharePoint. Soft-launch planned for early Quarter 3, with a full release by end of Quarter 3. This includes a system update request form, chart merge request form, service corrections request form, quick ticket form, and a full dashboard and reporting system to monitor requests and track progress.

Quarter 3 Update

- Application Support released a new process for development and change requests in myAvatar/NX during Q3.
- The System Change Request form is available to program managers, program specialists, and team leads.
- Staff now have visibility into the status of their requests via the System Change Request - Status widget located in NX.
- Application Support also developed a step-by-step instructions in the Manager Training manual (Pg. 40).
- The team will monitor and review the process for continuous optimization for staff.

Strengthen integration with third party applications by developing long-term solutions in house. Expand automations to alleviate burdens of repetitive tasks for clinical staff.

Quarter 1 Update

CCBHC/DSRIP (Certified Community Behavioral Health Clinic/Delivery System Reform Incentive Payment) dashboards and console views created in myAvatar to allow for client and staff based alerting. This automates the Accountable Care Team's workflow, and provides alerts to staff in real time regarding the status of measure compliance.

Additional automations released include the following:

ScriptLink AI (Artificial Intelligence) use to ensure the TRR (Texas Resiliency & Recovery) is approved prior to service entry when relevant

ScriptLink AI to ensure an eligible diagnosis is in place prior to service entry

.Net web API to send dispatch notifications via email and text to EMCOT team

Automated appointment scheduler web form to schedule multiple appointments simultaneously, with an automated Node.js backend API to send email notifications to clients with Teams link

ScriptLink AI used on over 20 forms throughout the EHR to ensure regulatory requirements are met when providing clinical services

Python script to bring call journey information from the AWS server to the Data Warehouse

Python script to post Employee Roster and Supervisor Map to CIP Reporting

Quarter 2 Update

Continuous development in myAvatar NX to optimize and incorporate dashboard views within the system. Migrated the CCBHC/DISRIP dashboard to align with Directed Payment Program. Additional managerial dashboards deployed for measures oversight and monitoring to reduce time conducting manual chart reviews. Piloting many early adopter solutions through Netsmart, including NX Client, integrated Telehealth, myHealthPointe 2.0, CardConnect, ProviderConnect

NX. Currently working toward a kick-off for the Artificial Intelligence solution known as Bells-AI to incorporate predictive analytics and more to the progress noting function.

Quarter 3 Update

• Ongoing development in NX to optimize and incorporate more dashboard views within the system, including the Directed Payment Program Behavioral Health Services, Open Access and Hotline/Call Center dashboards.

• Configuration underway for the upcoming Bells AI (Artificial Intelligence) pilot to streamline the progress noting process. Bells will incorporate AI and predictive analytics for faster, easier and higher quality documentation.

• Continued improvement and build out of the NX SharePoint site and internal communication tools to provide information, gather ideas from staff, and share resources.

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

Lead Integral Care efforts to adjust communications, trainings, policies and procedures to align with Austin Public Health and Center for Disease Control recommendations as it relates to COVID.

Quarter 1 Update

ABH material obtained for vaccine talking points and distributed (in October and November) in collaboration with IC communications.

i. Residential COVID testing standing order and procedure, training completed early November in collaboration with residential clinical and administrative leadership.

ii. Routine COVID PCR testing and tracing through ABH consultation.

iii. Rapid testing kits are purchased through IC pharmacy for urgent testing on residential units.

iv. See Attachments 8 COVID-19 Residential Program Testing Protocol.

Quarter 2 Update

CDC is currently recommending 2nd booster for individuals 50 years of age and above. Integral Care will offer such booster in accordance with CDC guidance. Additionally, concern exists for possible surge with new variant. In accordance with CDC guidance, masks will continue to be encouraged in all clinics and offices. However, all work may return to face to face in lieu of virtual, depending upon the discretion of relevant program leadership. All new staff will receive training in protocols and any future updates in COVID-related protocols will be communicated directly to operational and program leadership.

By the end of the 4th Quarter, develop a Strategic Housing Plan to outline Integral Care's future role and growth in addressing homelessness as well as Integral Care's role in helping the City of Austin advance their goal of housing 3,000 people experiencing homelessness over the next three years.

Quarter 1 Update

Continued work of Board Ad Hoc Committee on Housing and Homelessness and launched a Staff Work Group to develop a five-year Integral Care Housing Plan. Completed Strengths, Weaknesses, Opportunities and Threats Analysis and established framework for identifying goals in different housing "buckets".

Quarter 2 Update

The Integral Care team continued to engage in creating a Strategic Housing Plan. The Board Staff Ad Hoc Committee on Housing and Homelessness met regularly and continued to track data related to housing costs and projections for future housing goals. Integral Care continued to participate in ECHO's Leadership Council and the Travis County Supportive Housing Collaborative and is on schedule to have a plan for recommendation to the Board prior to the end of fourth quarter.

Quarter 3 Update

The Integral Care team continued to engage in creating a Strategic Housing Plan. The Board Staff Ad Hoc Committee on Housing and Homelessness met regularly and continued to track data related to housing costs, prevention spending, and projections for future housing goals. Integral Care continued to participate in ECHO's Leadership Council and the Travis County Supportive Housing Collaborative. The ad hoc committee presented to the board during this quarter and is on schedule to have a plan for recommendation to the Board prior to the end of fourth quarter.

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

Incorporate knowledge from Jaleni Consulting and other race equity resources to strengthen collaborations, communications, and engagement with all communities

Quarter 1 Update

Built new and expanded collaborations with organizations that have a high number of Spanish-speaking clients through self-care campaign outreach

Over 14,000 Spanish self-care magnets provided to: Any Baby Can, SAFE Alliance, Family Connects by Austin Public Health, Foundation Communities, Austin Independent School District, Junior League of Austin, Meals on Wheels, Austin Diaper Bank, Austin Voices for Education and Youth, Austin Public Library, City of Austin's recreation, community centers, and the Literacy Coalition.

Quarter 2 Update

- Continued to build new and expanded collaborations with organizations that have a high number of Spanish-speaking clients through self-care campaign outreach

- Over 4,000 Spanish self-care magnets provided to almost 20 organizations including Foundation Communities, YMCA, Coats for Kids

- Connected with the African American Youth Harvest Foundation to collaborate, to increase the reach of the Self-Care campaign through magnet distribution, and to promote CTAAFSC

Quarter 3 Update

Interviewing key staff of organizations serving the Asian community in order to provide feedback to Executive Management Team

Leading weekly outreach meeting that brings together staff working in outreach across the community to generate, implement, and incorporate new ways of conducting outreach efforts as well as avoiding duplication of efforts.

By the end of the 4th Quarter, demonstrate increased input from consumers and families, through methods including surveys, focus groups, and other means, and demonstrate appropriate steps taken to address concerns that arise from the feedback. Focus should be on the overall customer experience and include appropriate representative views from the diverse communities we serve.

Quarter 1 Update

The Director of Practice Management Intellectual and Developmental Disability Services, Director of System of Care, and Director of Practice Management Crisis and Substance Abuse Services have been meeting regularly with a Family Group to discuss the overall system of care and have taken specific steps and altered program policies as a result of the family feedback including related to "deterioration" and the commitment processes. Surveys have been sent out to clients on specific areas of satisfaction such as their experience with telehealth. The surveys are designed to provide input to help improve the virtual care experience.

In addition, the Racial Equity Consultant has been conducting focus groups with consumers and families and will be completing surveys with consumers in order to receive a broad range of feedback from the diverse communities we serve. This information will be coupled with information received from interviews with key stakeholders in helping determine areas for improvement.

Two of the recent projects demonstrating input from clients and community include:

Assertive Community Treatment (ACT) Optimization Project:

Survey was conducted with clients and their family/friends in order to focus on areas prioritized by the results.

Family and Friends Survey:

Completed by 21

Average Score out of 4

Sources Average

I would recommend these services to other family members or friends. 3.42
I am appreciated as a part of my family member or friend's care. 3.42
My family member or friend's team listened to me. 3.17
I am happy with the services my family member or friend has received. 3.08
I am given help on how I can best support my family member or friend. 3.08
I believe my family member or friend is getting the help they need. 2.92
My family member or friend's is doing better. 2.75

Client Survey:
Completed by 31
Average Score out of 4
Sources Average
My services were explained to me. 3.56
I was happy with the services I received. 3.52
My doctor helped me get the right meds. 3.48

My caseworker supported me. 3.48
I would recommend the services I received to family or friends. 3.44
I got the services I wanted. 3.41
My services helped the way I feel. 3.37
I was able to enroll in ACT or AOT quickly. 3.33
I helped to create my care plan. 3.30

Intake Optimization Project

Same-day surveys were conducted with individuals completing intakes and are utilizing feedback to build on project goals.

To date we have received 487 responses.
Question Average Breakdown [out of 4]
Sources Average
Intake staff supported me 3.70
My services were explained to me 3.64
I was happy with the services I received 3.59
I would recommend the services I received to family or friends 3.57
I got the services I wanted 3.56
I was able to enroll in Integral Care services quickly 3.51

Quarter 2 Update

The Systems' of Care Optimization projects are currently collecting surveys form stakeholders and clients. To date:

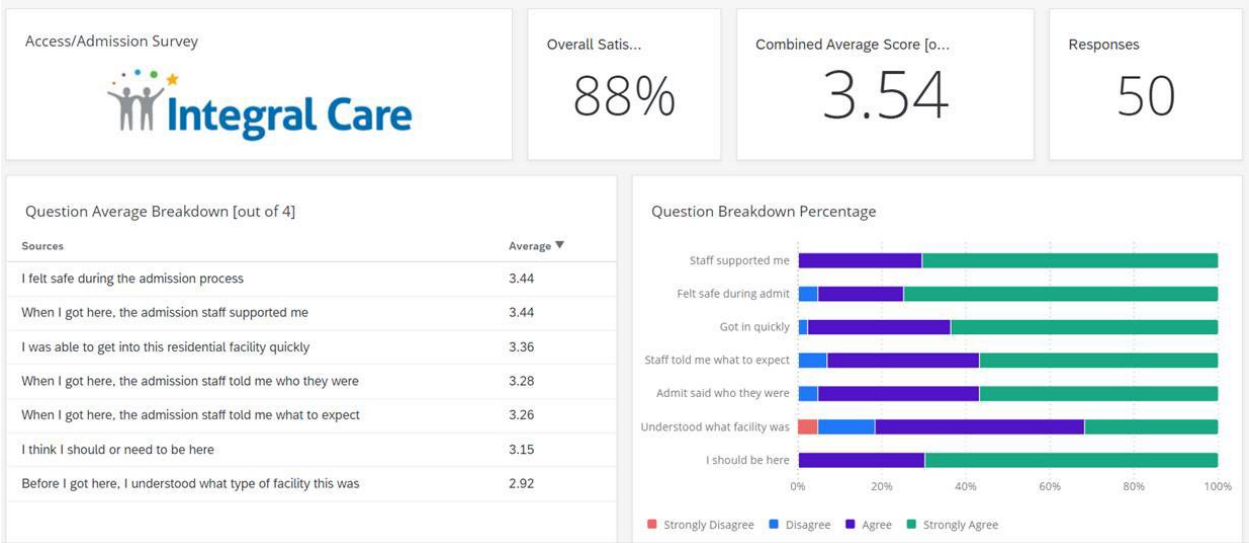
- The Intake project has collected 497 responses from individuals completing the intake process, with a combined average score of 3.6 out of 4,
- The Residential project has collected 88 responses form stakeholders involved in the referral process to residential units. The combined average score is 2.64 out of 4. Currently there is a project to streamline the referral process to residential units that will address most of the feedback provided.
- The Appointment scheduling project is in the process of setting up a workflow to capture client feedback to changes in scheduling process.

Quarter 3 Update

On May 26th, 2022 the IDD division held a stakeholder meeting to inform about new county-funded services. These related to funding to improve access to intake and enrollment services as well as respite and crisis respite services. The meeting was attended by fifty-nine participants. Families, clients, peer advocates, state and county staff had the opportunity ask questions and make recommendations regarding the implementation of these new services.

System of Care Optimization projects continue to include input from consumers, families, and stakeholders throughout project. Most recently, the Residential Optimization project developed client survey for admission to crisis residential units.

Feedback is used to drive project deliverables. 50 responses have been received with a combined average of 3.54 out of 4.



The Jail Based Intake and Care Navigation program and Outpatient Competency Restoration program host quarterly advisory meetings for stakeholders to gather stakeholder input and facilitate dialogue and create a feedback loop.

Diversify alliances and utilize the unique strengths of all collaborators

Collaborate with LatinX and AAPI (Asian American Pacific Islanders) communities and stakeholders to learn about their needs, identify ways to work together and share information. Continue to build the Central Texas African American Family Support Conference in collaboration with the Planning Committee.

Quarter 1 Update

Hired bi-lingual Community Engagement Manager in September

Built new and expanded collaborations with 13 organizations that have a high number of Spanish-speaking clients through self-care campaign outreach, distributed over 14,000 Spanish magnets across community

Met with 8 new organizations serving the AAPI community including Asian Family Support Services of Austin, Truc Viet, Asian American Health Initiative, Austin Asian Communities Civics Coalition, Starbucks Asian Partner Networks, City of Austin Language Access team, Austin Independent School District Welcome Center, and Austin Police Department Asian Outreach Liaisons.

Hosted 2 CTAAFSC (Central Texas African American Family Support Conference) #TogetherWeWillHeal forums, 38 people attended in Zoom, live stream reached 304 people on Facebook.

Built relationships with the Jasz Konnectziona and the South Sudanese Immigrant community in Pflugerville and Austin.

Met with Austin Public Health and other community collaborators to address mental health provider lists and gaps in services for communities of color, in order ensure individuals have access to providers with similar cultural backgrounds.

Quarter 2 Update

- Hosted the 22nd annual CTAAFSC. 650 attendees: from 8 states; 66 speakers, 19 workshops, 13 sponsors and 29 exhibitors;

80% increase in virtual workshop -
Collaborated with Gamma Gamma Boule and Hogg Foundation to host the 3rd Annual Yes2Best Youth Symposium; 45 youth and adults attended the virtual event

- Received support from AAPI organizations to review Manadrin and Vietnamese Self-Care materials

- Continued to build new and expanded collaborations with organizations that have a high number of Spanish-speaking clients through self-care campaign outreach, including distribution of over 4,000 Spanish self-care magnets provided to almost 20 organizations

- 3 Integral Care staff participated in the 2022 Austin Travis County Community Health Plan Annual Networking and Planning Summit as well as Action Planning for Behavioral Health with new opportunities for collaboration.

Quarter 3 Update

- Created a partnership with Divine 9 to attract the African American sorority and fraternity members to be involved with the Central Texas African American Family Support Conference.

- Continue to maintain existing relationships with other agencies, sponsors and collaborators within the black community.

- Joined CAN's (Community Action Network) language access Spanish committee to liaise, and to provide input and resources in the development of a mental health awareness campaign in various languages.

- Continued work with Austin Public Health on Culturally/Linguistically Mental Health Providers and Connect ATX.

By the end of the 4th Quarter, work with the University of Texas Dell Medical School during the transition of the Dean to help maintain and advance the collaboration between the medical school and Integral Care

Quarter 1 Update

Search for the new Dean has officially launched and we are in ongoing discussions with members of the Search Committee

Quarter 2 Update

The search process for the new Dean of Dell Medical School continues. As Integral Care's CEO, I regularly meet with members of the search committee and other high level Medical School and University of Texas leadership to maintain and strengthen our collaboration.

Quarter 3 Update

Met with members of the Medical School's Dean's Search Committee. Final candidates have been identified and the University President is expected to select a Dean in the coming weeks.

Met with the CFO of the Medical School to discuss DellMed/Integral Care collaborations and to discuss opportunities for future expansion.

David Evans and Kathleen Casey met with the Chair of Population Health and other local and University leaders to support strategic planning for the Department, which includes significant joint initiatives with Integral Care.

Met with the University President's Office and the newly appointed Dean of the School of Social Work to explore joint development of properties for supportive housing and initiatives for special populations

Met with the IC2 team and DellMed Business Development group to feature Integral Care in the upcoming 10 year community impact report for the Medical School.

Monthly meetings with the Chair of Psychiatry and Associate Chair for Systems Integration on joint recruitment of medical leadership for the Addiction Psychiatry Fellowship and a multiple of other collaborations.

Weekly meetings on ASH Redevelopment and Center of Excellence on Forensics

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 that are informed by stakeholders, and contribute to improvements in system development and access. Apply an equity lens in planning, reports and system development initiatives.

Quarter 1 Update

Facilitated a meeting with Kids Living Well to identify top priorities for implementation from the Travis County Plan for Children's Mental Health. Members supported focusing on 1) racial and geographic equity in access and outcomes, and 2) effective collaboration between schools and community providers to connect children and youth to mental health and substance use disorder treatment. Staff will facilitate this work moving forward.

Completed report on recommendations from the Service Continuum Advisory Group on ways to improve our local behavioral health continuum of services.

Participated in final Substance Use Disorder planning meetings hosted by Travis County. Focus was on developing a planning structure for Substance Use.

Participating in strategic system planning sessions hosted by Central Health.

Continued to convene Psychiatric Services Stakeholder Committee

Continued to participate in Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) initiative hosted by Austin Public Health.

Quarter 2 Update

- Facilitated 3 Kids Living Well Executive Committee meetings and 3 Kids Living Well general meetings. Each Kids Living Well meeting includes about 30 community stakeholders.

- Continued planning for Psychiatric Services Stakeholder Committee, with a focus on specialized housing.

- Continued to participate in Community Health Assessment and Community Health Improvement Plan (CHIP) initiative hosted by Austin Public Health.

Quarter 3 Update

- Working with Austin Public Health data initiative related to Substance Use Disorder and Overdose deaths. (1 meeting)

- Facilitating planning for an Education Summit that is co-sponsored by Region 13 and Kids Living Well. (3 meetings)

- Continue to facilitate children's mental health planning through Kids Living Well. 3 Executive Committee meetings and 3 general membership meetings.

- Hosted a meeting for the Psychiatric Services Stakeholder Committee with a focus on housing for individuals with complex needs. Presenters included representatives from ECHO, the City of Austin, the ASH Redesign Housing workgroup, and Integral Care. Currently creating a Housing Workgroup in order to produce recommendations.

Identify and track trends, research, best practices and data and share information internally and externally through Quality Leadership Team (QLT), newsletters, social, forums, etc. Ensure that information shared considers needs of all communities.

Quarter 1 Update

Compiled research to support strategic planning including trends in healthcare and contextual issues in local and state community.

Shared data and information on social media and in 3 Transparencies and 3 All Things Integral newsletters about the impact of the following: Medication assisted treatment and client population; TAOS (Terrace at Oak Springs) cost savings, homelessness data among client population and Austin population; Helpline data; info and data around Hispanic Travis County residents and language access

Quarter 2 Update

- Conducted research and developed presentations for the Staff Housing Work Group and the Board Ad Hoc Committee for Housing.

- Conducted research and developed an Environmental Scan presentation for the Strategic Plan Board Retreat to be held on 3/4/22.

- Prepared reports for staff about actions made at the City and County.

- Shared data and information about the impact of the OBOT, 911 Call Center, Self-Care Campaign (Helpline), Taking Texas Tobacco Free, IDD Mental Health Criminal Justice Collaborative, Terrace at Oak Springs on social media and in 1 Transparencies and 3 All Things Integral newsletters

Quarter 3 Update

- Shared data and information about the impact of M3, Summer Camps, 911 Call Center, SUD and Housing, Jobs Training & Employment Support, Mental Health First Aid, Wellness Services and Outpatient Biopsychosocial Approach for IDD Services (OBI) on social media and in 2 Transparencies and 2 staff newsletters

- Provided weekly updates from the City of Austin, Travis County and Central Health for internal staff.

- Contacted Senator Cornyn and Senator Cruz's offices to share information regarding the Pursuing Equity in Mental Health Act – S.1795 that would address growing issues of suicide and mental health facing young people, particularly in socially and economically disadvantaged

communities that have disproportionately faced disparities in access to mental health treatment and outcomes during the COVID-19 pandemic.

- Completed and submitted the Texas Council Community Center Profile Survey that included agency data and highlights of local initiatives and collaborations. The data drawn from the survey helps prepare legislative materials and convey the value of our system of care.

Identify best practices in myAvatar and add-on modules and communicate this information internally and externally through various communication channels.

Quarter 1 Update

Internal core team continues to attend the Netsmart Texas User Group meeting to learn from other Texas centers using myAvatar products. Tera Stallard is the current leader of the Clinical user group for Texas, and the center has much representation across other user groups including CCBHC/DSRIP, (Certified Community Behavioral Health Clinic/Delivery System Reform Incentive Payments) State Reporting, Care Manager, IT(Information Technology)/Technology Resources, Reporting/Business Intelligence, and more.

Internal wiki reference materials are released to staff, including a forum page through Yammer to allow all staff to communicate with one another, as well as with system experts, regarding myAvatar specific topics. 'myAvatar Monthly' Newsletter to be reinstated in January 2022.

Quarter 2 Update

Continuous participation and leadership across multiple Netsmart user group meetings. Worked with 5 Texas LMHAs (Local Mental Health Authorities) to standardize the risk stratification tool for the state in the Care Manager platform. The internal team assisted with the development of a shared LOE (Level of Effort) with the revenue cycle management teams to support the CARE to TMHP (Texas Medicaid Healthcare Partnership) migration, as well as a State Reporting effort to streamline the modifier update process. Internal participants are assisting with a clinical LOE development with the state to engineer a multi-service progress note within myAvatar to streamline clinical workflows.

Quarter 3 Update

- Continued participation and leadership during the Netsmart User Group meetings.

- Presented on our NX upgrade experience during the National Netsmart Conference to assist and support other organization across the United States.

- During Q3, the Application Support team proudly launched a new monthly series called "Talk with the Techs!". This is an open webinar where the EHR team will discuss the latest updates in myAvatar, go over the known issues, provide any tips and tricks, and answer any questions regarding the updates.

- Recordings for all sessions are posted to the NX home page and are linked on the monthly EHR Newsletter.

- The experts are here to guide staff to a smoother myAvatar user experience, with a focus on extreme usability.

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

Demonstrate Integral Care's Leadership through participation in Intellectual and Developmental Disability community planning and leadership opportunities.

Quarter 1 Update

STAR+PLUS Pilot Program Workgroup – Invited HHSC (Health and Human Services Commission) Policy and Program Development's Person-Centered Practices team to present to IDD-SRAC (Intellectual and Developmental Disability System Redesign Advisory Committee) and SP3W to emphasize importance of incorporating PCP (person centered planning) principles in all aspects of recommendations and planning by selected MCO(s)(Managed Care Organizations) ; On 11/9/21 Quality Subcommittee made formal recommendations to HHSC to consider using the National Core Indicator's IDD In-Person Survey and NCI (National Core Indicators) Adult Family Survey. Recommendation was approved and adopted by the full workgroup.

Transition Support Team (Hub) - 8 trainings/educational opportunities attended live by 131 individuals, and provided to over 300 individuals after the event; 14 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 24 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region. The products and resources created were shared with 134 external organizations.

Quarter 2 Update

STAR+PLUS Pilot Program Workgroup – Quality subcommittee invited HHSC (Health and Human Services Commission) Policy and Program Development's Person-Centered Practices team to present to IDD-SRAC (Intellectual and Developmental Disability System Redesign Advisory Committee) and SP3W to emphasize importance of incorporating PCP (person centered planning) principles in all aspects of recommendations and planning by selected MCO(s)(Managed Care Organizations) ; On 11/9/21 Quality Subcommittee made formal recommendations to HHSC to consider using the National Core Indicator's IDD In-Person Survey and NCI's Adult Family Survey. Recommendation was approved and adopted by the full workgroup.

Transition Support Team (Hub) - 7 trainings/educational opportunities this quarter; 118 individuals attended the live events. Each recorded training was provided to over 200 individuals after the events; 8 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 14 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region. The products and resources created were shared with 134 external organizations.

OBI - 25 clients served, provided skills training, motivational interviewing, strengthening systems of support, navigating healthcare programs and services, improving physical

health, medication monitoring, and complex case management. Skills Trainings provided on 27 different topics directly related to client needs ranging from behavior support to understanding medications. 32 participants provided training on engaging individuals with IDD.

Quarter 3 Update

14 trainings/educational opportunities this quarter; 234 individuals benefitted from these educational opportunities directly. Two recorded trainings were also provided to over 145 community agencies after the events. 12 clinical consultations were provided to paid professionals serving on treatment teams of specific high-risk client cases; 28 instances of technical assistance provided to Local IDD Authority (LIDDA) staff from the 5 LIDDAs in the Transition Support Team region including clinical referrals, resources, and information on best practice. The products and resources created were shared with all local IDD staff at the five LIDDA agencies in the TST region as well as 134

26 clients served. Adapting common therapeutic modalities like CBT and DBT to provide for people with IDD. Adapting skills training using visual aids to accommodate communication needs. Strengthening familial supports, provided therapist referrals; provided skills training on topics including mindfulness, emotional regulation, stress reduction skills. Accompanied clients to prescriber appointments, acting as a liaison to assist clients in communicating their needs to prescribers. Assisting clients in navigating legal issues. Helped with independent living skills. Helped people connect with transportation supports. Assisted clients in understanding their diagnoses, promoting greater understanding of symptoms. Worked with treatment team to improve accuracy of diagnoses and medication management.

Demonstrate Integral Care's crisis and Criminal Justice Leadership through participation in Austin State Hospital redesign, community forums, collaborative, and trainings.

Quarter 1 Update

Point in time study analyzing jail population data completed by Integral Care's Population Health Administrator in October 2021 (attached).

Established and met with advisory groups for the Jail Based Intake and Care Navigation Team (10/19) and Competency Restoration Expansion (11/15). Will be meeting with each group quarterly.

Provided 2 trainings at Texas Judicial Commission on Mental Health Conference 10/14 and 10/15 "Using Data to Make Programmatic Changes" and "Mental Health Services as an Option When Calling 911"

Provided training about Integral Care's residential programs hosted by Travis County Mental Health Defenders Office for local attorneys for CLE's in Sept. 2021

Provided Interlocal Presentation at BHCJAC on 10/8/21 on Jail Based Intake and Care Navigation Team and Expanded Competency Restoration

Provided Integral Care Interlocal Presentation at BHCJAC on 11/12/21 on Assertive Community Treatment Team (ACT) and Intellectual and Developmental Disabilities Projects

i. Intake and Enrollment Coordinator

ii. In-Home and In-Clinic Crisis Respite

iii. In-Home Crisis Respite

Quarter 2 Update

Training:

- 1/11: Verbal De-escalation Training provided to Family Eldercare (Presenters: Kedra Priest, Ashlyn Parks) 2 hours-virtual and about 30 participants
- 12/13-12/15 UTPD/Capital Police (4001 Mental Health Training (18 officers)
- 12/20/21 TCSO Call Takers (MHFA- 10 Call Takers/Dispatchers)
- 1/3/2022: EMS Cadets (10 participants)
- 1/3-1/6: TCSO 1850 Course (unsure number of participants, about 20)

Consultations: 8

12/6/2021 Jaime Young Maine- Mission Critical Partners Consulting Firm conference call on 911 integration, EMCOT and Lt. Murphy

12/9/2021 Robert Dole Deputy Associate Commissioner, System Integration IDD (HHSC) Conference call on 911 Integration, Integral Care (Dawn, Sherry, Marisa)

12/21/2021 Shay Lett Program Manager ICARE Call Center, Tarrant County MHMR Conference all on 911 integration, Integral Care

1/3/2022 Irina Yakhinitsky Director, Neighborhood Right Response Columbus, OH Conference call on 911 integration (EMCOT and Lt. Murphy)

1/13/2022 John Newcomer Thriving Mind- South Florida CEO (Behavioral Health/Child and Family) Conference call on 911 integration, EMCOT Marisa Aguilar and Sherry Blyth

2/7/2022 Aaron Zisser Consultant, King County Auditor's office (Seattle, WA) Conference call on 911 integration, EMCOT and Lt. Murphy

2/22/2022 Anne Jenks Urban Strategies Council, Oakland California Conference call on Austin sytem, EMCOT, Lt. Murphy, Sgt. King and Andy Hoffmeister

2/24/2022 Megan Szalwinski STRAC, Southwest Texas Regional Advisory Committee Conference call on 911 Integration, EMCOT Marisa Aguilar and Kedra Priest

• National Learning Collaborative:

o Early Adopter Crisis Learning Community – National Council (meeting monthly; learning from one another and completing report card)

• Jail Based Intake and Care Navigation Team – First client intake completed on 2/11/22! Team is fully operational. Held second advisory stakeholder meeting on 1/19/22. Next meeting scheduled in April.

• Outpatient Competency Restoration is open. Met with informal stakeholder group at Commissioner Shea's office on 12/20/21 to review data and answer questions. Held second advisory stakeholder meeting on 2/24/22, and provided data requested during 2/20/21 meeting to full advisory stakeholder committee.

Quarter 3 Update

BHCJAC (Behavioral Health Criminal Justice Advisory Committee) voted to provide a letter of support for continued funding for Integral Care's Jail Based Intake and Care Navigation Program (Feb meeting). Letter provided to Travis County HHS for Travis County Commissioners. A copy of the letter is included as Attachment 10.

Below is the training and consultation/site visit information from March-May 2022:

March

March 3-14- ATCEMS (Austin Travis County Emergency Management Services) Community Health Paramedics (Trained 2)

March 23- ATCEMS Cadets (Trained 14)

March 28-31- University of Texas Police Department (Trained 15)

April

April 18-22- University of Texas Police Department (trained 10)

April 27- ATCEMS Cadets (Trained 12)

May

May 3- Manor Police Department (Trained 13)

May 5- Manor Police Department (Trained 5)

May 9- Travis County Sheriff's Office (Trained 12)

May 9- Austin Comptroller (Trained 60)

May 10- Austin Comptroller (Trained 60)

May 11- Austin Library (Trained 12)

Site Visits/Consultations:

5/12/2022- Sedgwick County- Conference call on 911 Integration (Integral Care, Andy Hofmeister, Ann Kitchens, Rey Arellano)

Work with University of Texas Austin on public health Information Technology and analytics projects for prioritizing health equity

Quarter 1 Update

(1) waiting on ONC (Office of National Coordination for Health Information) determination for Public Information Technology workforce grant

(2) data sharing agreements are drafted and awaiting legal approval for Project Connect

Quarter 2 Update

Integral Care and Dell Medical School's Department of Population Health have launched the following 4 initiatives to advance health equity in Travis County. They are interconnected and harness cutting edge technology to integrate physical, mental, and substance abuse treatment, Social Determinates of Health services, and HIE (ICC) data.

SHIP- referral system for SDoH affiliated with the FindHelp (Aunt Bertha) Model Communities Initiative (MSDF sponsored) status- integrated into our EHR (as a sidekick not requiring log in) and rolled out with various programs within Integral Care. This is also a research study that will inform continuous quality improvements as well as scalability.

LEAP 2- pilot with Integral Care and People's Community Clinic that tests out the closed loop referral system with 1 or 2 CBOs as a use case (e.g. food bank). Planning is underway to establish clinic workflows and prioritized needs within Integral Care. Similar, to SHIP, this is a research study that will inform CQI and expansion.

FHRed app- (SDF and ONC sponsored) Client facing app that downloads and helps manage patient medical info from multiple portals into one. Integral Care will recruit 50 patients to test out over a 2-3 month period. The Statement of Work is under review by Integral Care's legal department. The app was developed through deep focus groups with BIPOC members over the past couple years.

Collective Medical- (similar to Netsmart Care Manager, but with added functionality) Provides real time access to hospital admissions, discharge, and other key utilization data. Integral Care is currently providing technical info on their system and determining clinical programs to prioritize testing. Contract between Integral Care and Collective Medical is signed.

Quarter 3 Update

The research study affiliated with the SHIP initiative has been approved by Integral Care's research review committee and program planning continues.

The LEAP 2 pilot has established the food bank as the use case for both Integral Care and People's. Operations teams have further refined implementation plans and legal agreements are being drafted by Dell Med.

FHRed app - Integral Care drafted a Memorandum of Understanding agreement to enable implementation of the application pilot and document is currently under review by Dell Med.

Collective Medical- Clinical programs within Integral Care have begun testing the enhanced data access and results will be reviewed next quarter.

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. Maintain SWAY resource library with current information.

Quarter 1 Update

Prepared 9 staff and created talking points for 6 media opportunities including CBS 60 Minutes

Quarter 2 Update

- Worked with clinical staff to prepare for the OVCT/Mission Capital MH/SUD conversation about how to support individual mental health.

- Worked with staff and prepared talking points for 1 TV media round table and 1 radio media round table

- Redesigned and tested the All Things Integral staff newsletter to a more user friendly format, now sent weekly and accompanied by an audio version to increase staff engagement.

Quarter 3 Update

- Worked with staff and prepared talking points for 2 TV media interviews and 1 radio interview focused on Mental Health Month and the Uvalde tragedy - all in Spanish and 1 TV media interview in English about the Bungalows at Century Park.

By end of 4th Quarter, conduct at least six community forums, either in person or virtual, demonstrating appropriate outreach and engagement to diverse communities throughout Travis County and demonstrating Integral Care as a leader in Behavioral Health in Travis County.

Quarter 1 Update

Co-hosted virtual community forum - Meaningful Steps to Prevent Youth Suicide - with Central Texas Chapter of the American Foundation for Suicide Prevention: 105 attendees virtually, 52 views on YouTube, and 393 views on Facebook.

Co-hosted virtual community forum – Evidence-Based Solutions to Homelessness - with Caritas of Austin. 127 attended virtually, 54 views on YouTube, and 286 views on Facebook.

2 CTAAFSC (Central Texas African American Family Support Center) #TogetherWeWillHeal Forums focused on black mental health: The POWER of Diversifying your Whole Health and Wellness Program and Mental Health in the South Sudanese Immigrant Community, 38 people attended in Zoom, live stream reached 304 people on Facebook.

Quarter 2 Update

Hosted the 22nd annual Central Texas African American Family Support Conference with 650 attendees from 8 states, 66 speakers, 19 workshops, 13 sponsors and 29 exhibitors.

Quarter 3 Update

Hosted a virtual forum with Disability Rights Texas on the Rights of Individuals Living with Mental health. 232 attended. Hosted a virtual forum with NAMI Central Texas in Spanish on 'Supporting Families of Individuals Living with Mental Health.' 73 people attended. The livestream on Facebook has 195 views and reached 377 people. Central Texas African American Family Support Conference hosted the Together We Will Heal forum in April on 'The role of peers support services in mental health care." In May, the forum talked about Faith and Mental health: Christian Perspective. Both attracted over 150 people in Zoom and has reached almost a 1000 people on Facebook.

Use all available tools and avenues to share information and expertise internally and externally including program focus and results, clients' stories, service impact and service challenges. Recognize the diversity of our staff, clients and community.

Quarter 1 Update

Shared news segments about Terrace at Oak Springs ROI (return on investment) in 3 newsletters - community, donor and staff and on social media

Success of 911 collaboration with Austin Police Department featured in 60 Minutes story

Featured success of M3 (Mobile, Medical, Mental Healthcare Team) client of color in news story in 3 newsletters - community, donor and staff and on social media

Released new TAOS (Terrace at Oak Springs) videos showing positive impact of TAOS community on one resident

Invited M3 client of color to participate as panelist in virtual community forum – Evidence-Based Solutions to Homelessness

Shared data and information on social media and in 3 Transparencies and 3 All Things Integral newsletters about the impact of the following: Medication assisted treatment and client population; TAOS cost savings, homelessness data among client population and Austin population; Helpline data; info and data around Hispanic Travis County residents and language access

Quarter 2 Update

- Held forum for major donors on CFS program Safe Landing

- Sent 8 email communications to donors; Year End; New Year; Valentine's; and Amplify notice.

- Emailed donors KVUE's story about Bungalows on Burnet.

- Communicated with foundations about Teen Depression and Suicide Prevention video series award.

- Added dedicated DEIB section to weekly version of staff newsletter

Quarter 3 Update

- Sent 8 emails to donors highlighting CFS, IDD, Crisis, Systems of Care

- Sent 3 emails to donors for Mental Health Awareness/May Bridging the Gap.

- 8 fundraising social media posts for May Bridging the Gap

Update providers on process changes, innovative clinical practices, quality and/or outcome measures, recognition of provider's utilizing best practices or provider successes, and survey results and action plans.

Quarter 1 Update

The encounter data problem is not solved. We are still working on processes. Ana Garza will meet with Monica Black to review the report that she needs to get on the report to resolve.

Quarter 2 Update

Regular updates are being done through ProviderConnect.

Quarter 3 Update

This is currently happening via ProviderConnect, however we will lose this functionality when we transition to ProviderConnect NX. A new strategy for provider communications needs to be developed and implemented.

Communicate our role, accountability and impact

By end of June, complete the FY2023-2025 Strategic Plan to help provide guidance to agency initiatives and the budget in upcoming years

Quarter 1 Update

Wrote statement of work for strategic planning services

Developed list of potential respondents to RFP and identified ways to share RFP more widely

Released Request for Proposal (RFP) for Strategic Planning services.

Began conducting environmental scan to support strategic planning.

Reviewed and scored 8 proposals for strategic planning services

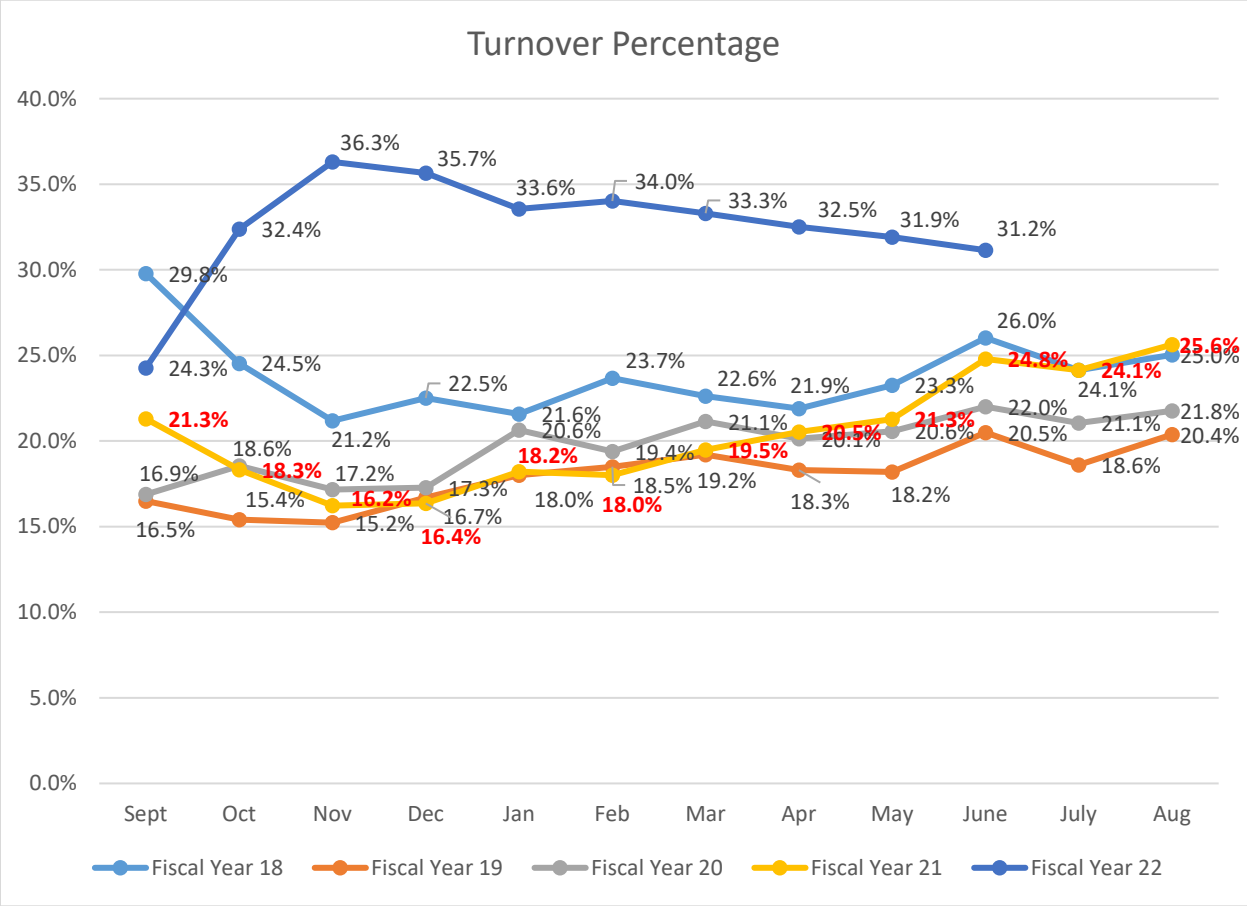
Quarter 2 Update

Launched Integral Care Strategic Planning for 2023-205. Worked with consultants to engage 18 stakeholders in individual interviews, 44 stakeholders in focus group sessions, and to develop and conduct an employee survey which was completed by 398 employees. Held ongoing work sessions with Executive Management Team and prepared for Board Retreat held on March 4.

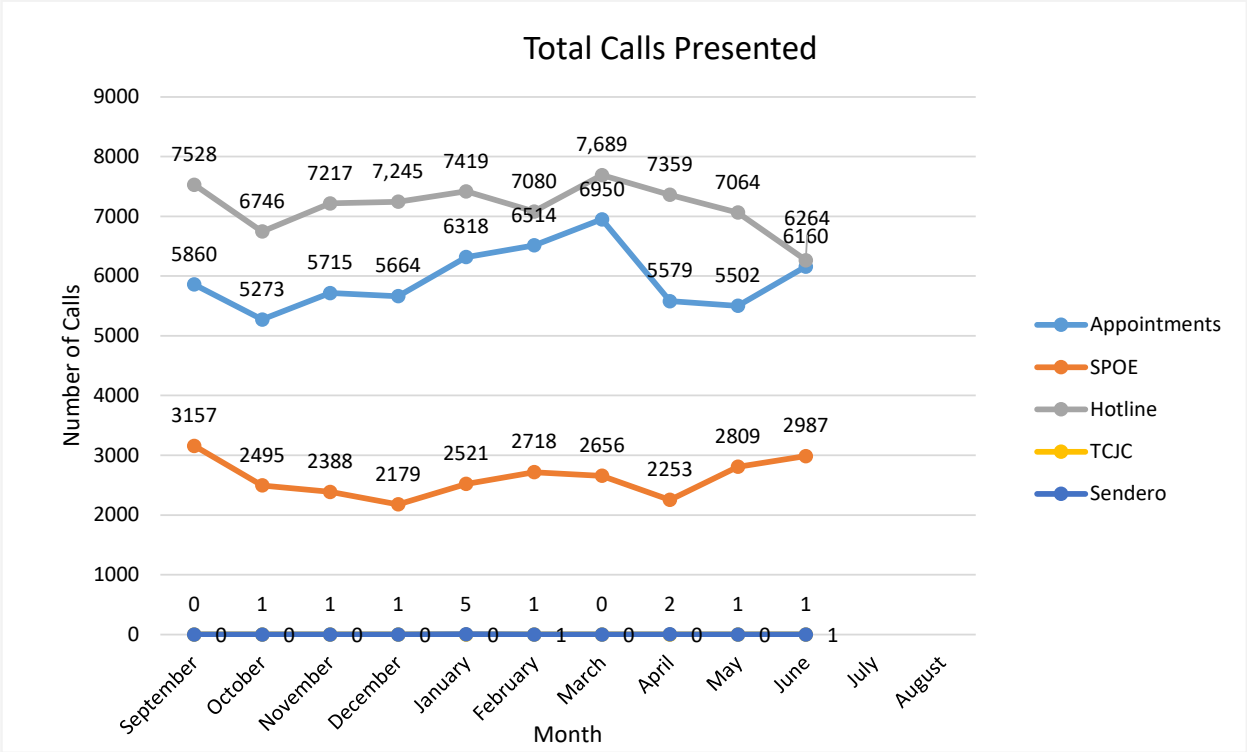
Quarter 3 Update

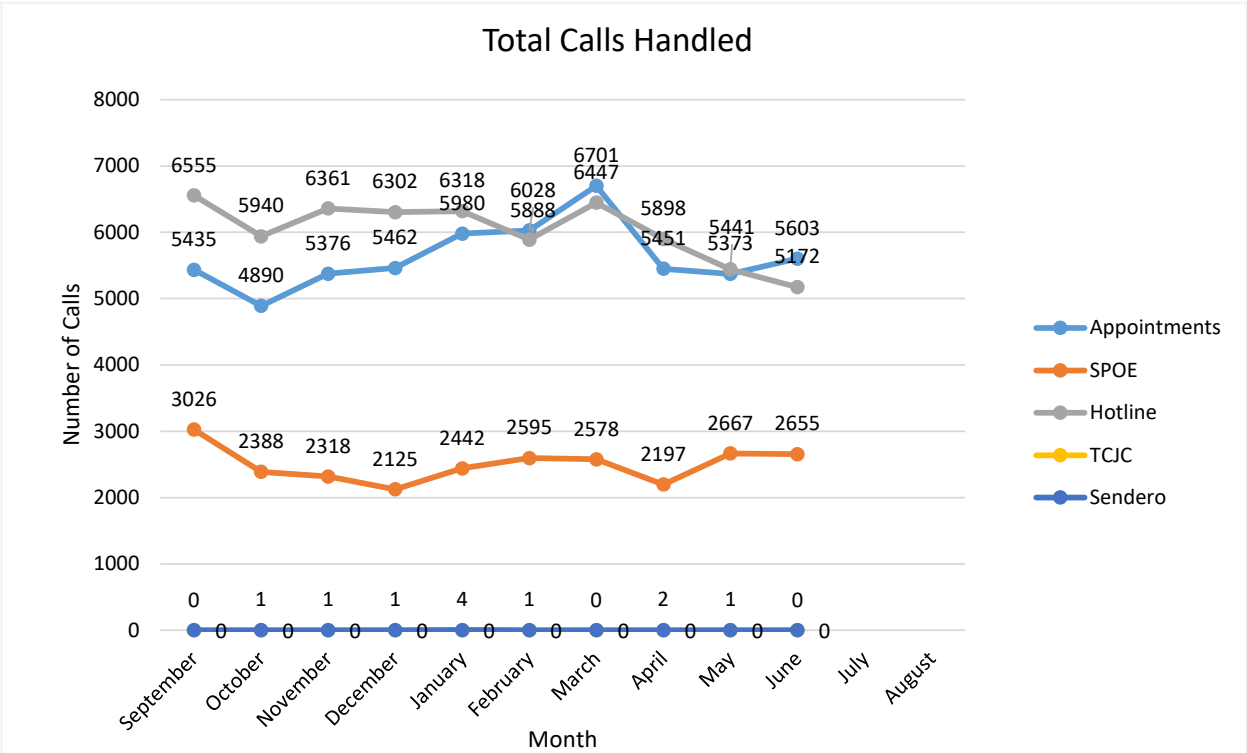
The FY23-25 Strategic Plan received final approval from the Board of Trustees in May. Staff are working with teams to identify FY23 Business Plan Strategies to implement the Strategic Plan moving forward.

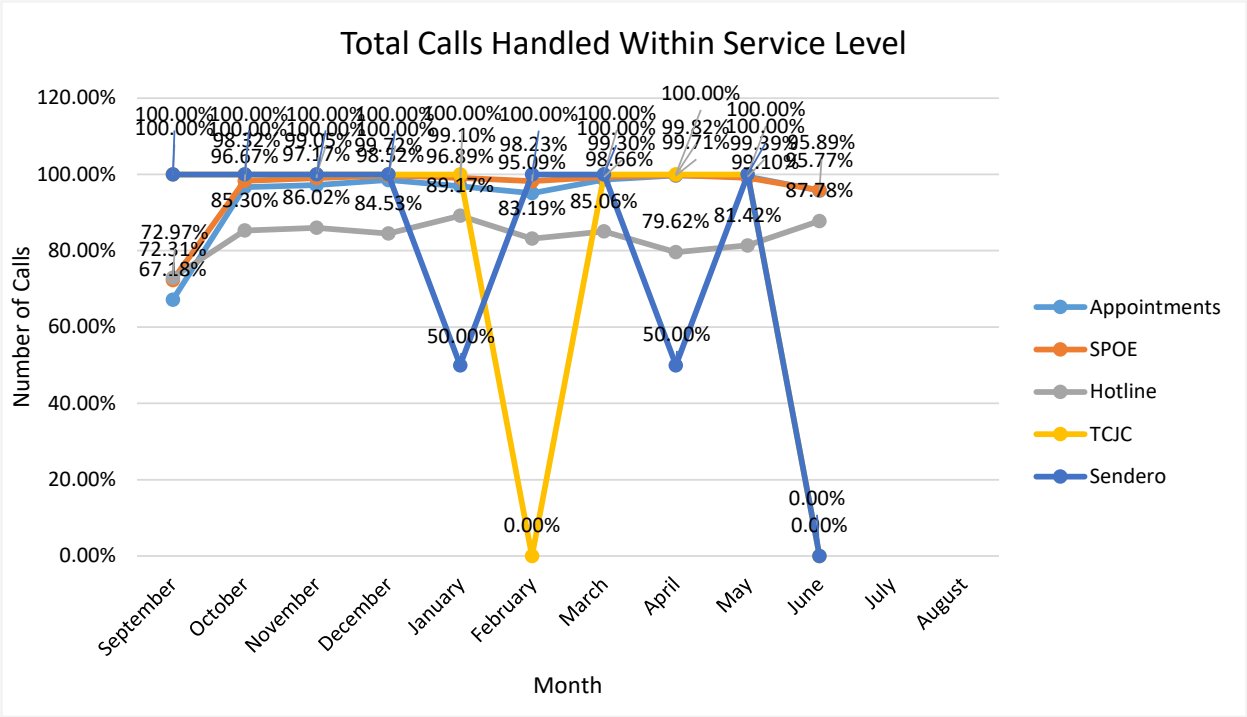
Attachment 1: Turnover Percentage



Attachment 2: Call Center Data



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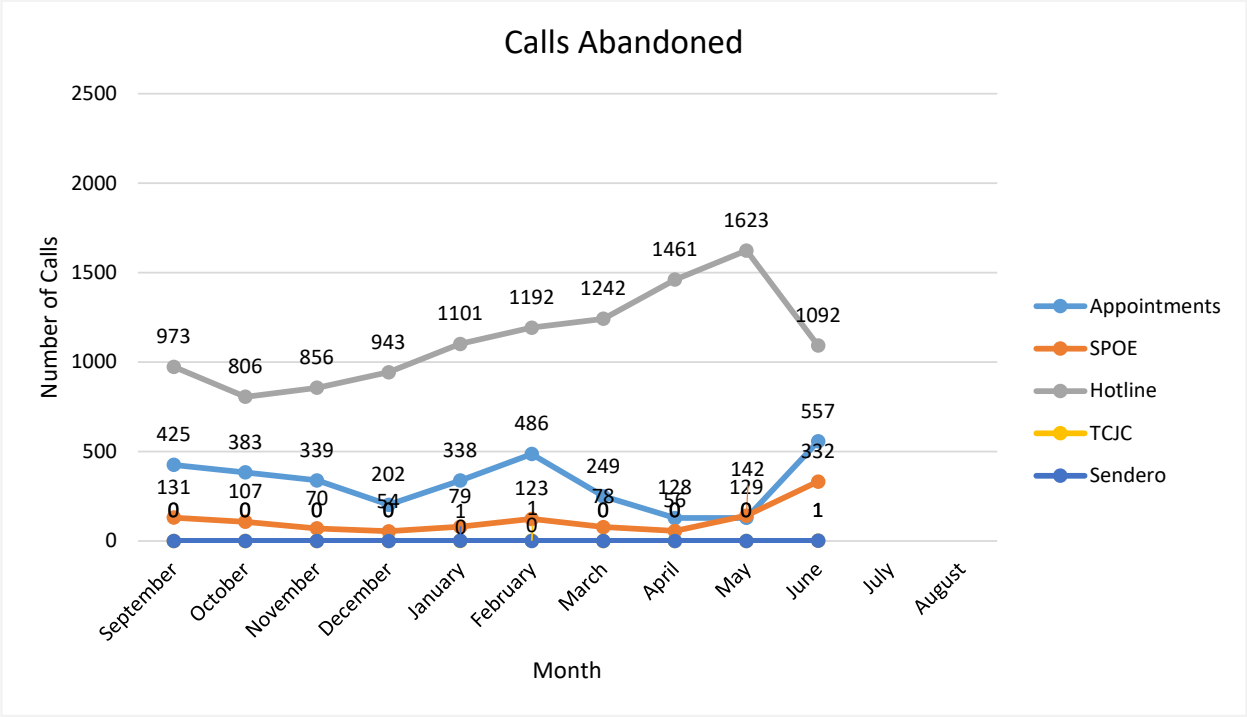
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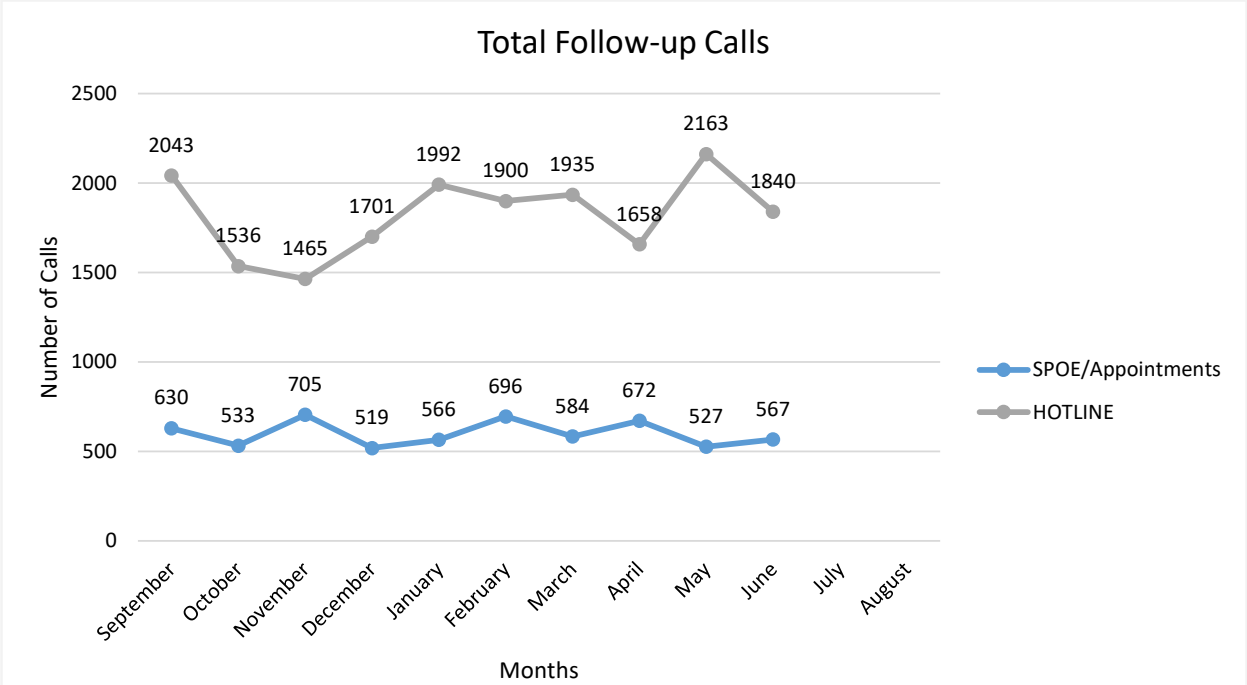
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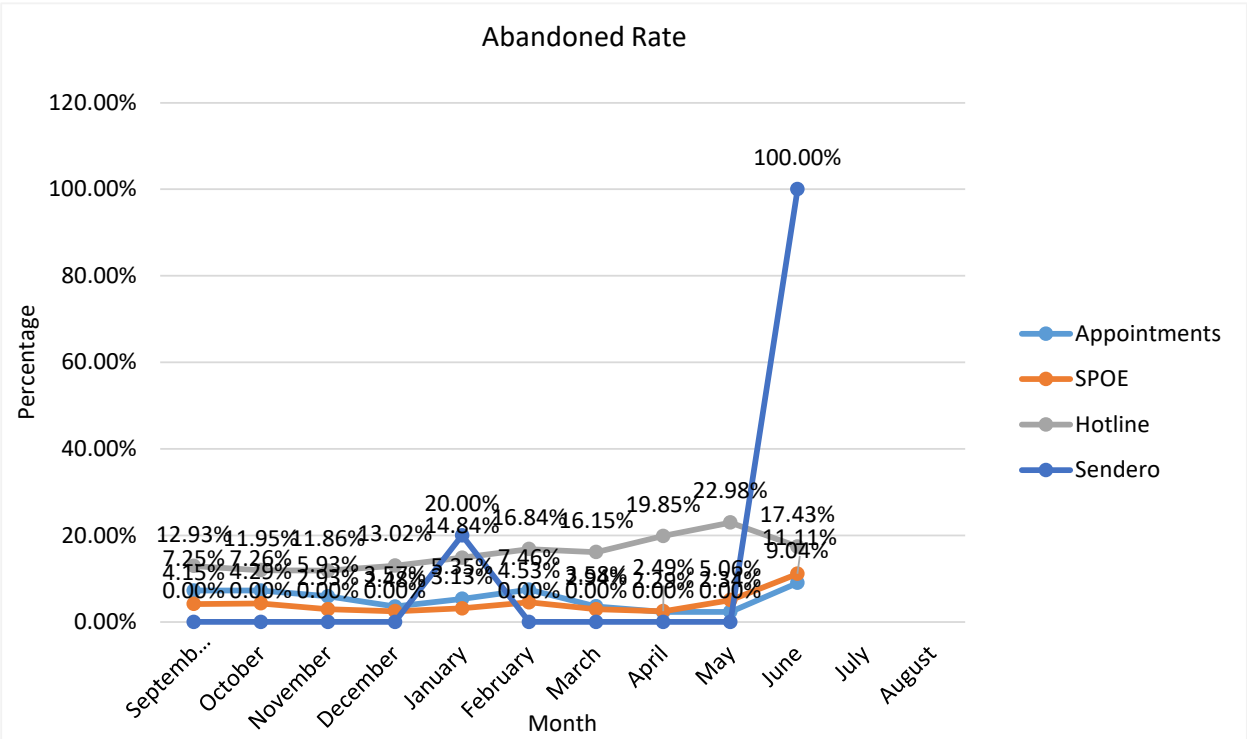
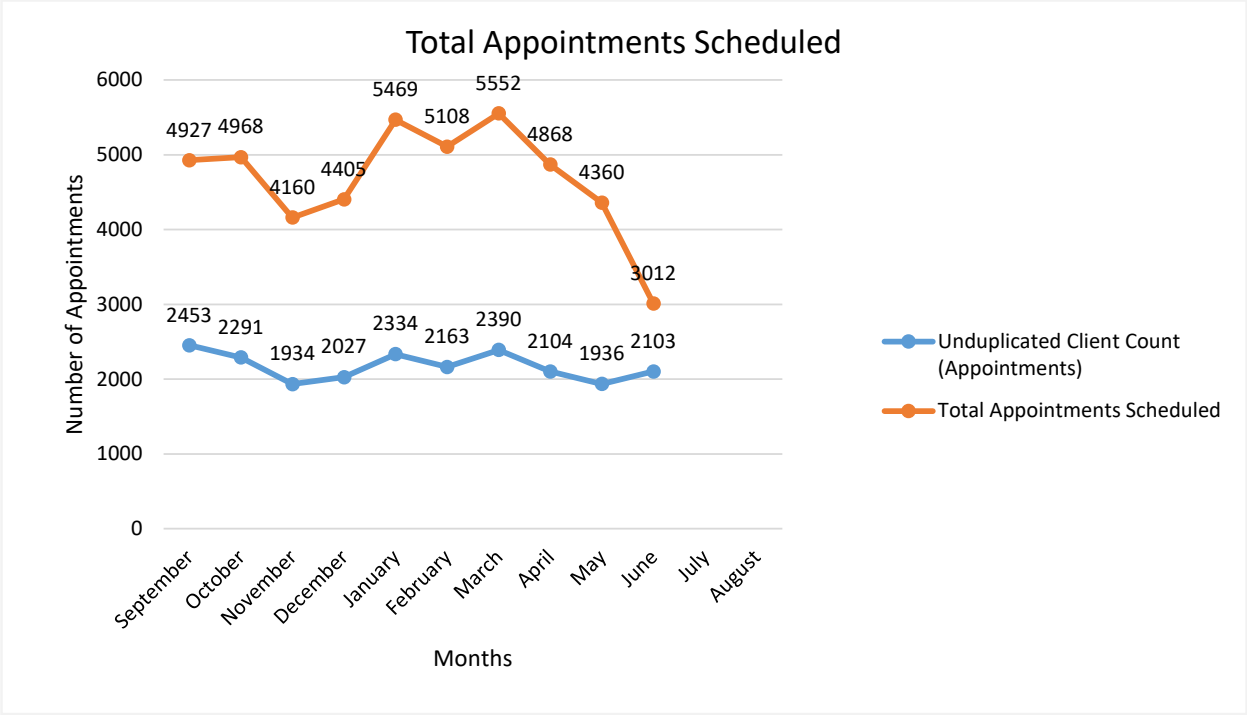
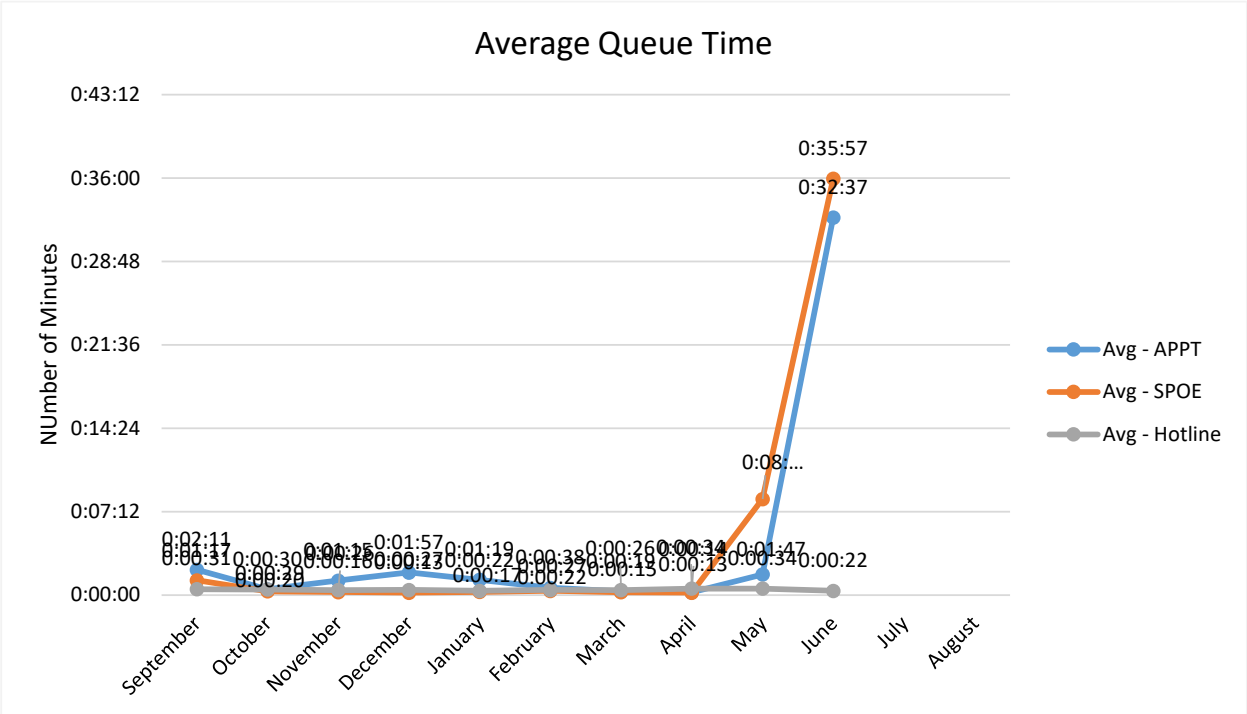
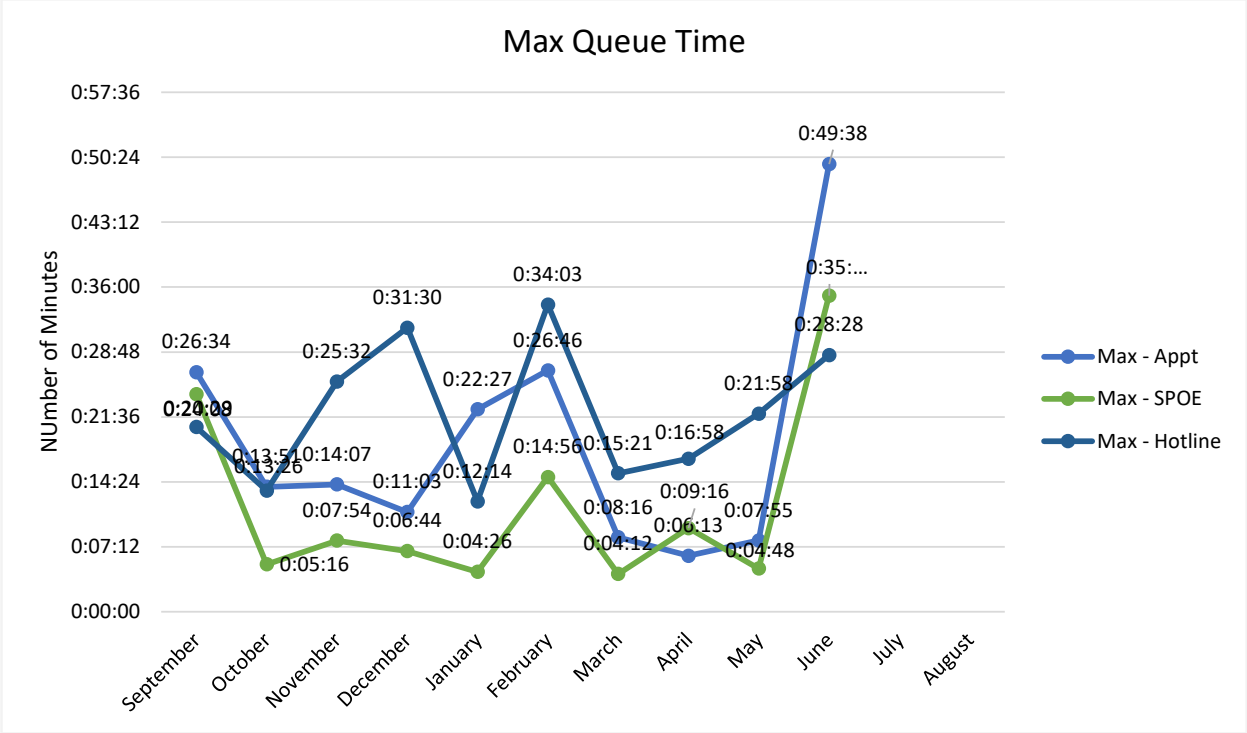
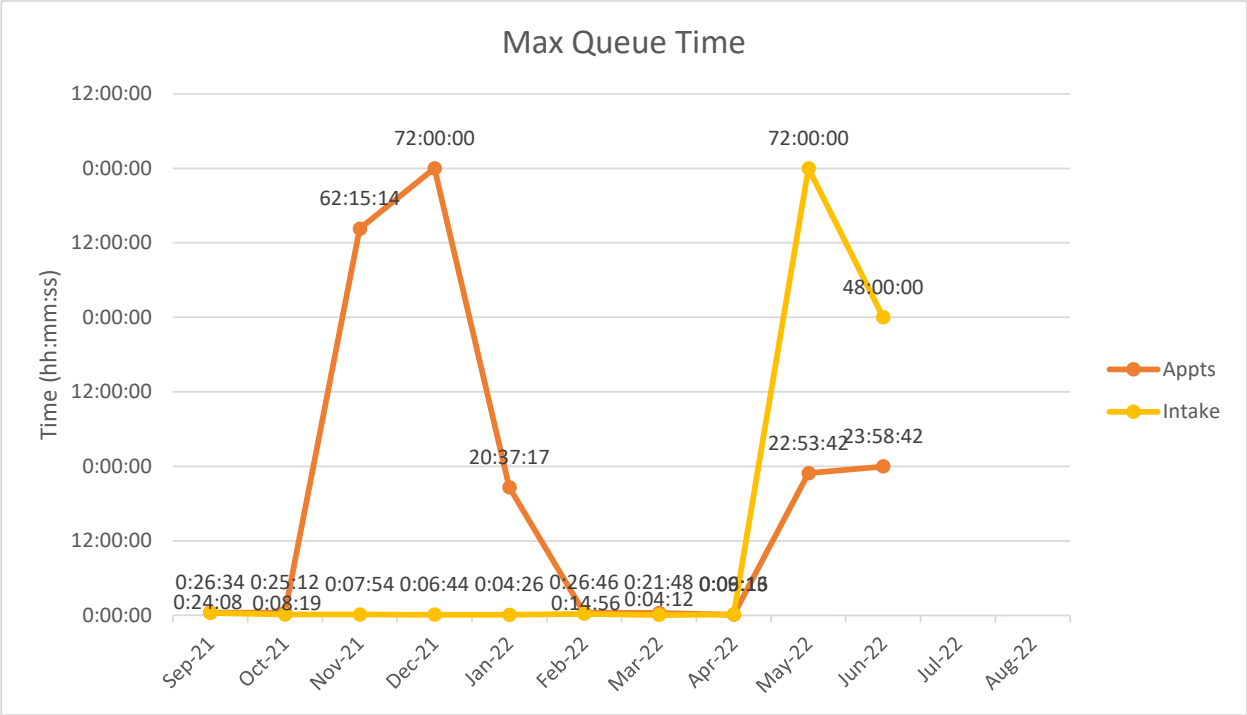
705
519
566
696
584
672
527
567
September
October
November
December
January
February
March
April
May
June
July
August
Months
SPOE/Appointments
HOTLINE

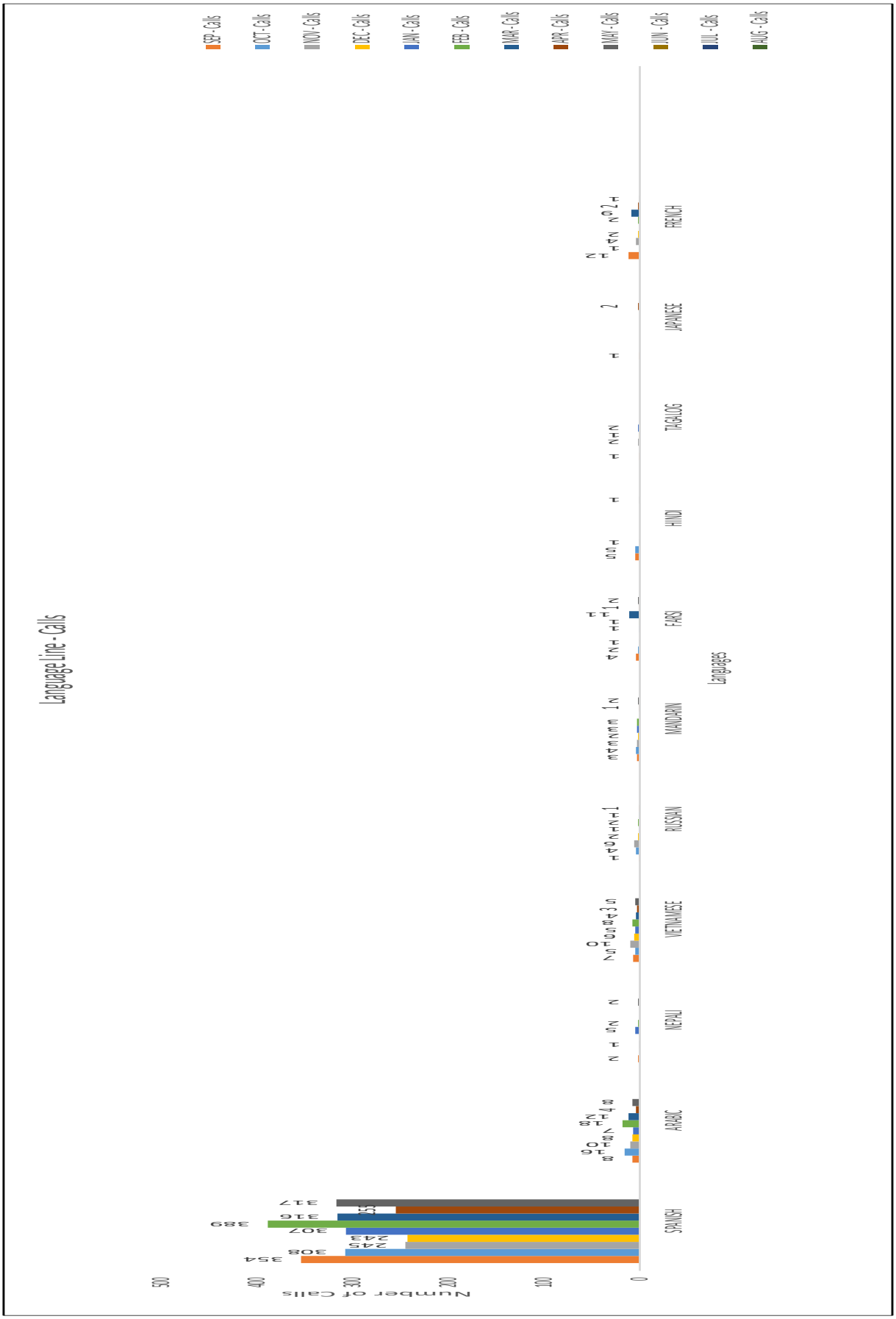

Abandoned Rate
Percentage
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
100.00%
22.98%
20.00%
19.85%
17.43%
16.84%
16.15%
14.84%
13.02%
12.93%
11.95%
11.86%
11.11%
9.04%
Septemb...
October
November
December
January
February
March
April
May
June
July
August
Month
Appointments
SPOE
Hotline
Sendero

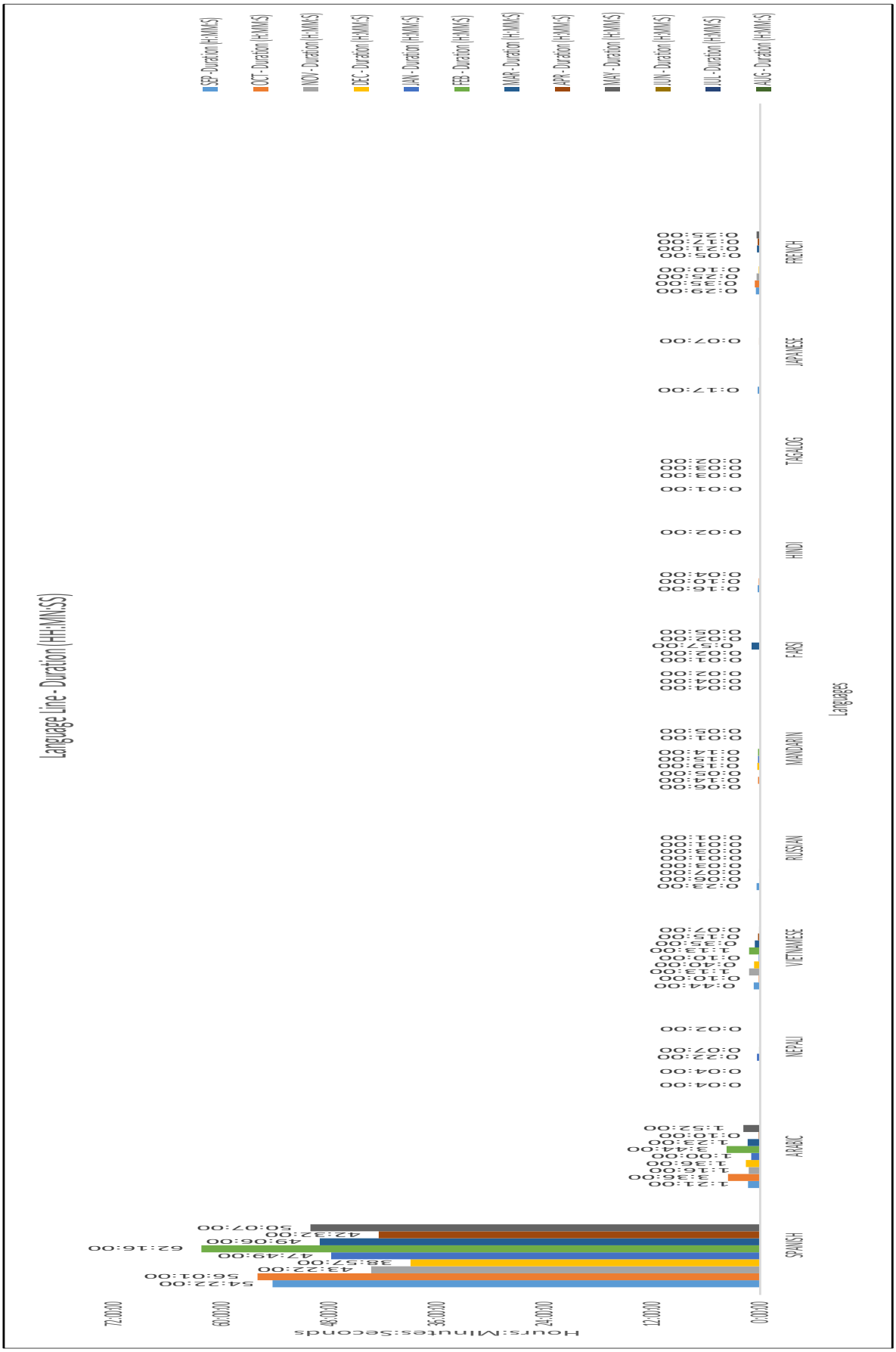

Total Appointments Scheduled
Number of Appointments
6000
5000
4000
3000
2000
1000
0
4927
4968
4160
4405
5469
5108
5552
4868
4360
3012
2453
2291
1934
2027
2334
2163
2390
2104
1936
2103
September
October
November
December
January
February
March
April
May
June
July
August
Months
Unduplicated Client Count (Appointments)
Total Appointments Scheduled


Average Queue Time
NUmber of Minutes
0:43:12
0:36:00
0:28:48
0:21:36
0:14:24
0:07:12
0:00:00
0:35:57
0:32:37
0:08:...
0:01:57
0:01:19
0:01:47
0:00:22
September
October
November
December
January
February
March
April
May
June
July
August
Avg - APPT
Avg - SPOE
Avg - Hotline

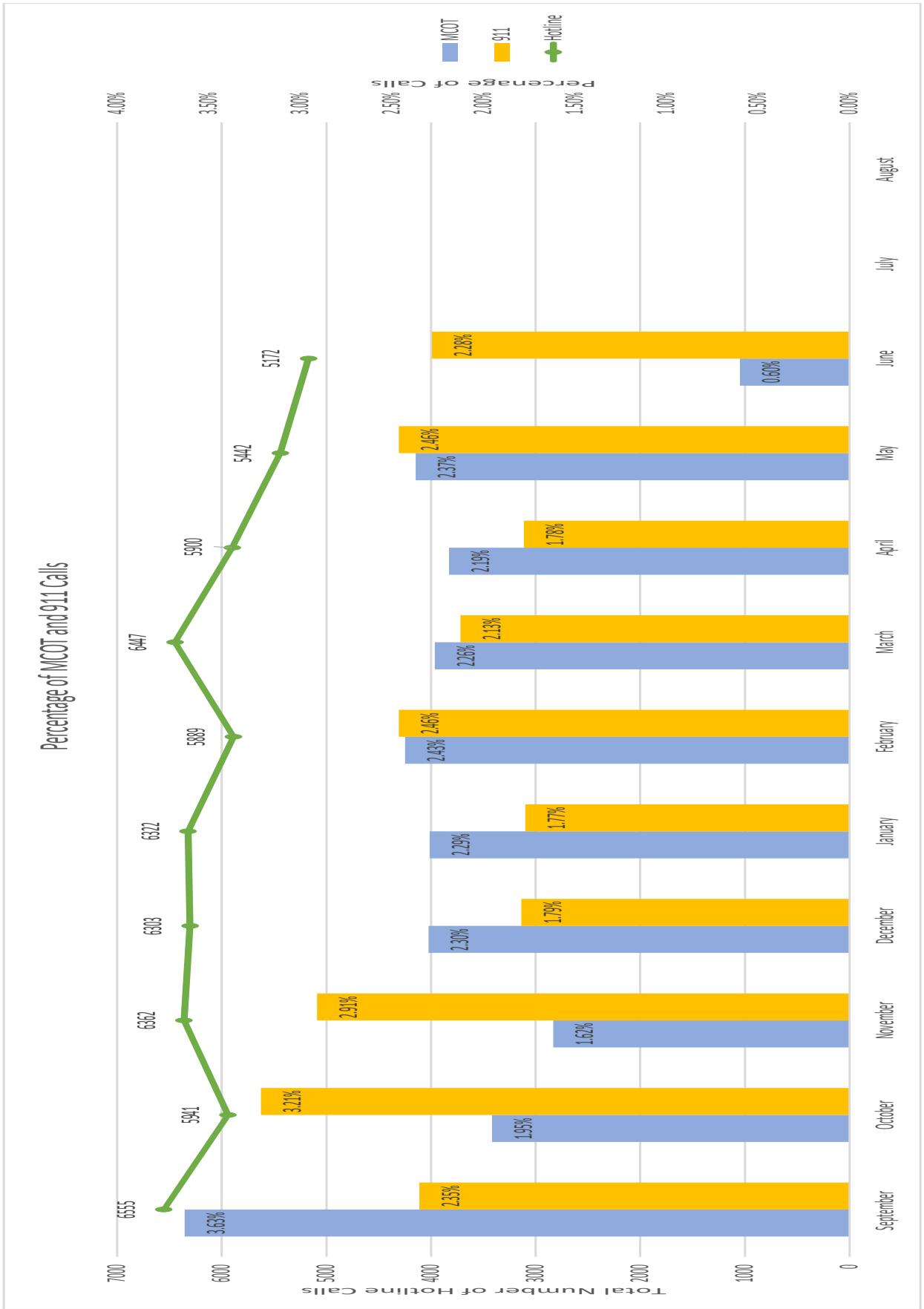

Max Queue Time
NUmber of Minutes
0:57:36
0:50:24
0:43:12
0:36:00
0:28:48
0:21:36
0:14:24
0:07:12
0:00:00
September
October
November
December
January
February
March
April
May
June
July
August
Max - Appt
Max - SPOE
Max - Hotline


Max Queue Time
Time (hh:mm:ss)
12:00:00
0:00:00
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
72:00:00
62:15:14
20:37:17
48:00:00
22:53:42
23:58:42
Appts
Intake

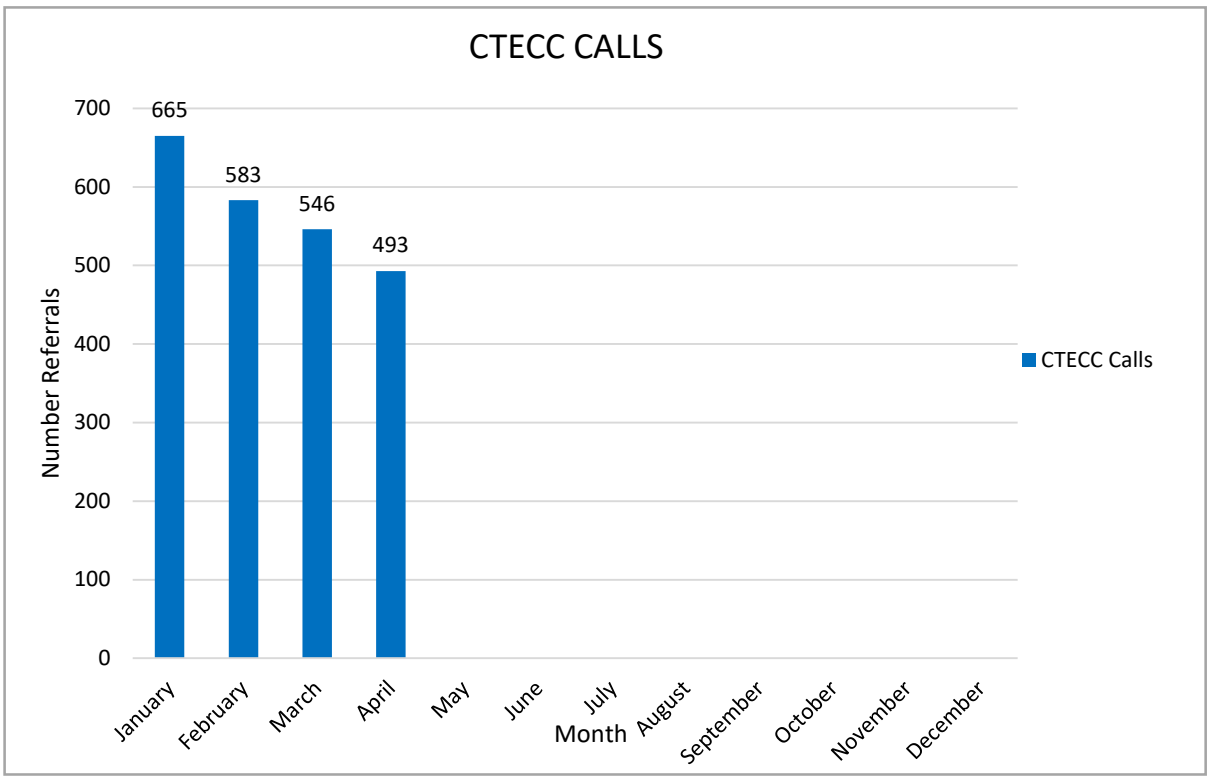

LanguageLine - Calls
Number of Calls
0
100
200
300
400
500
Languages
SPANISH
ARABIC
NEPALI
VIETNAMESE
RUSSIAN
MANDARIN
FARSI
HINDI
TAGALOG
JAPANESE
FRENCH
JAN - Calls
FEB - Calls
MAR - Calls
APR - Calls
MAY - Calls
JUN - Calls
JUL - Calls
AUG - Calls
SEP - Calls
OCT - Calls
NOV - Calls
DEC - Calls

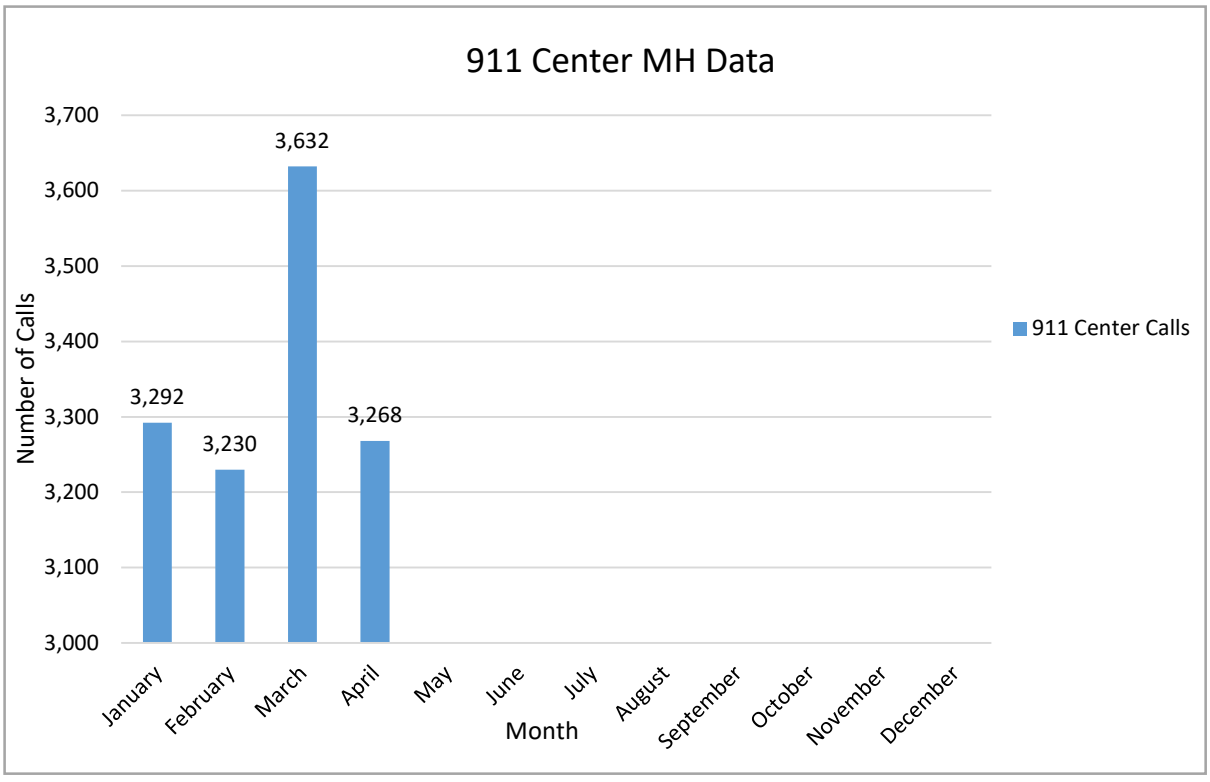

Language Line - Duration (HH:MM:SS)
SEP - Duration (H:MM:S)
OCT - Duration (H:MM:S)
NOV - Duration (H:MM:S)
DEC - Duration (H:MM:S)
JAN - Duration (H:MM:S)
FEB - Duration (H:MM:S)
MAR - Duration (H:MM:S)
APR - Duration (H:MM:S)
MAY - Duration (H:MM:S)
JUN - Duration (H:MM:S)
JUL - Duration (H:MM:S)
AVG - Duration (H:MM:S)
Hours:Minutes:Seconds
72:00:00
60:00:00
48:00:00
36:00:00
24:00:00
12:00:00
0:00:00
SPANISH
ARABIC
NEPALI
VIETNAMESE
RUSSIAN
MANDARIN
FARSI
HINDI
TAGALOG
JAPANESE
FRENCH
Languages

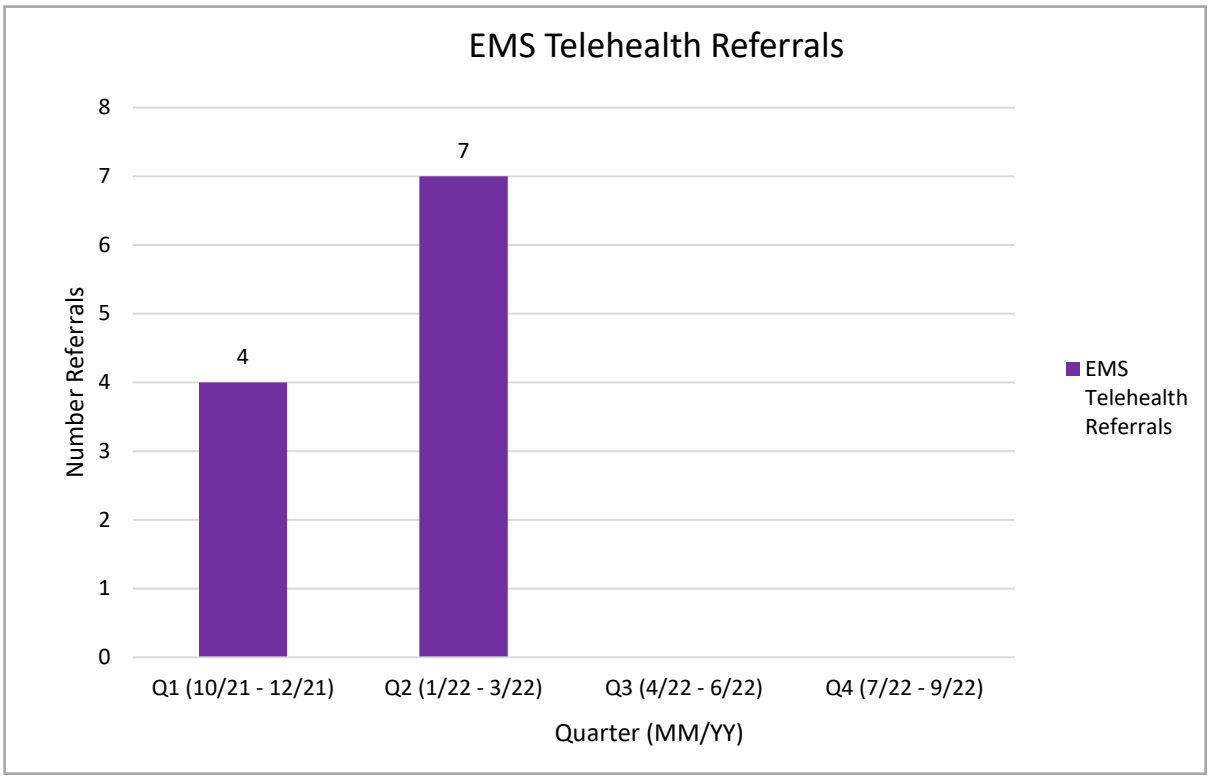
Language Line - Cost
Dollars
$0.00
$500.00
$1,000.00
$1,500.00
$2,000.00
Languages
SPANISH
ARABIC
NEPALI
VIETNAMESE
RUSSIAN
MANDARIN
FARSI
HINDI
TAGALOG
JAPANESE
FRENCH
AUG - Cost
SEP - Cost
OCT - Cost
NOV - Cost
DEC - Cost
JAN - Cost
FEB - Cost
MAR - Cost
APR - Cost
MAY - Cost
JUN - Cost
JUL - Cost

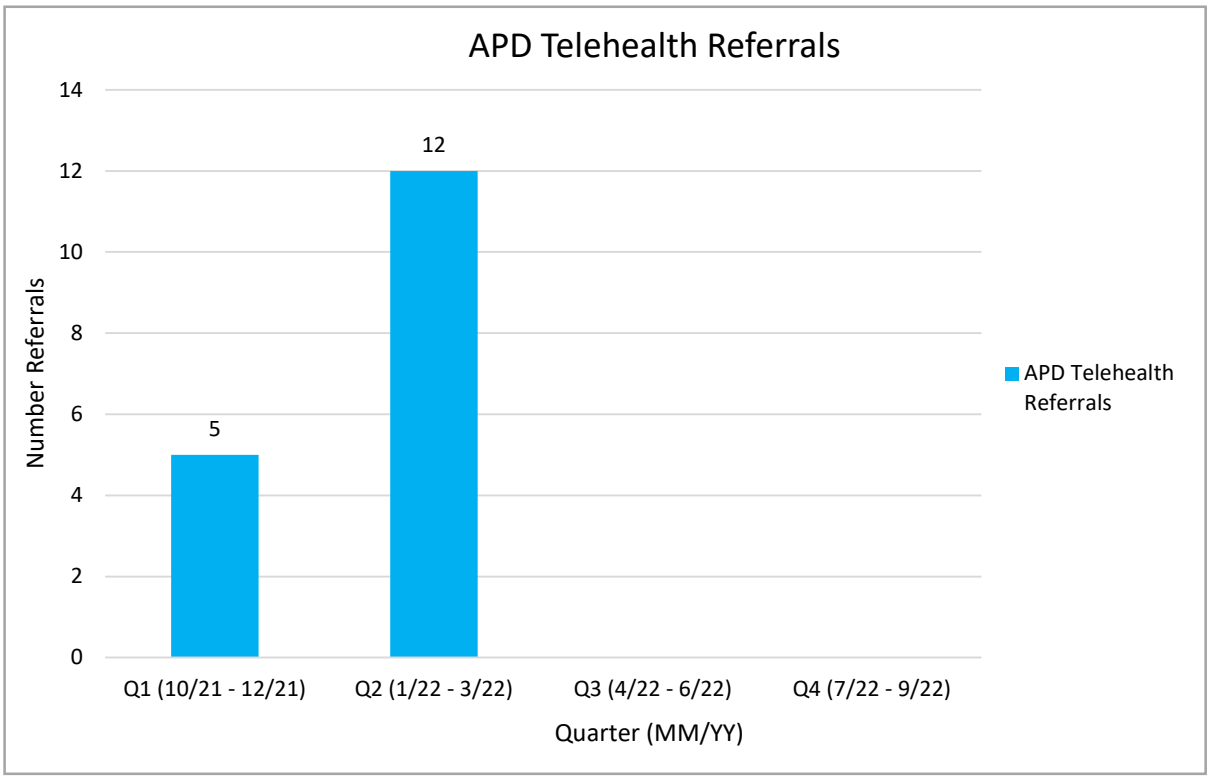

Percentage of MCOT and 911 Calls
Total Number of Hotline Calls
Percentage of Calls
MCOT
911
Hotline
0
1000
2000
3000
4000
5000
6000
7000
0.00%
0.50%
1.00%
1.50%
2.00%
2.50%
3.00%
3.50%
4.00%
September
October
November
December
January
February
March
April
May
June
July
August
6555
5941
6362
6303
6322
5889
6447
5800
5442
5172
3.63%
2.35%
3.21%
1.95%
2.91%
1.62%
2.30%
1.79%
2.29%
1.77%
2.43%
2.46%
2.26%
2.13%
2.19%
1.78%
2.37%
2.46%
0.60%
2.28%

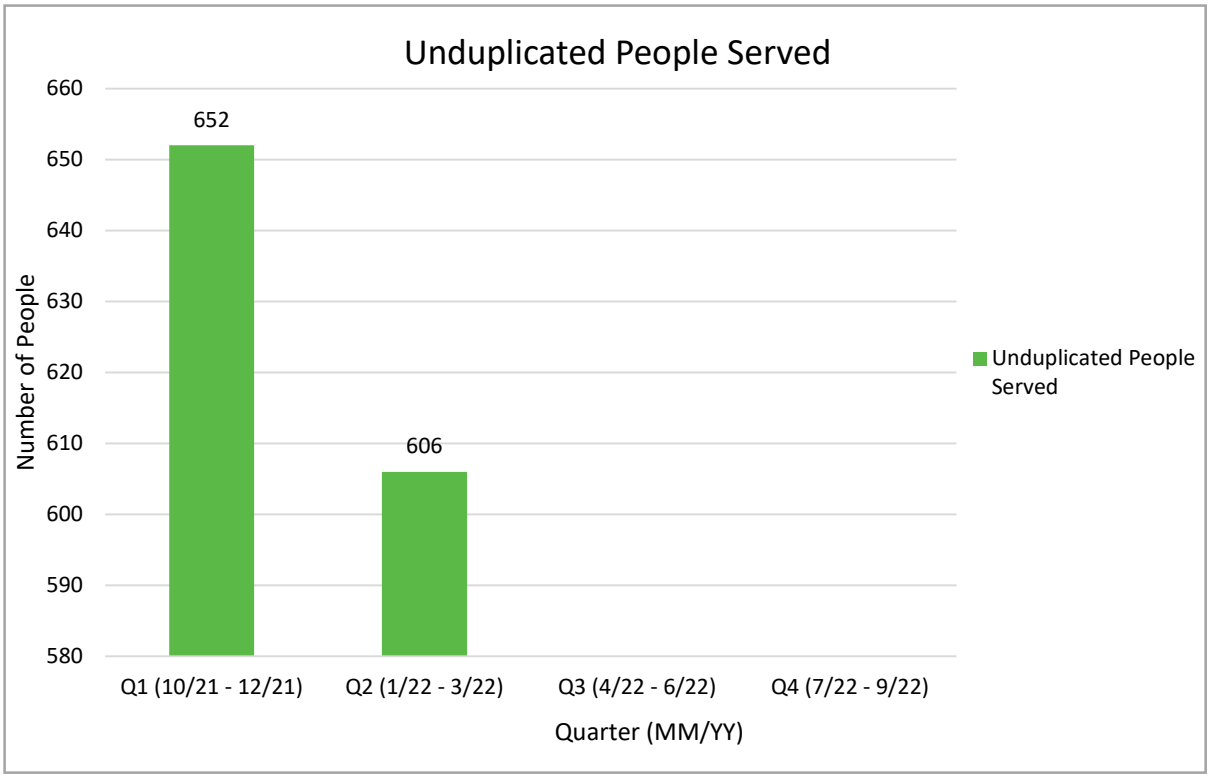
Attachment 3: EMCOT Data

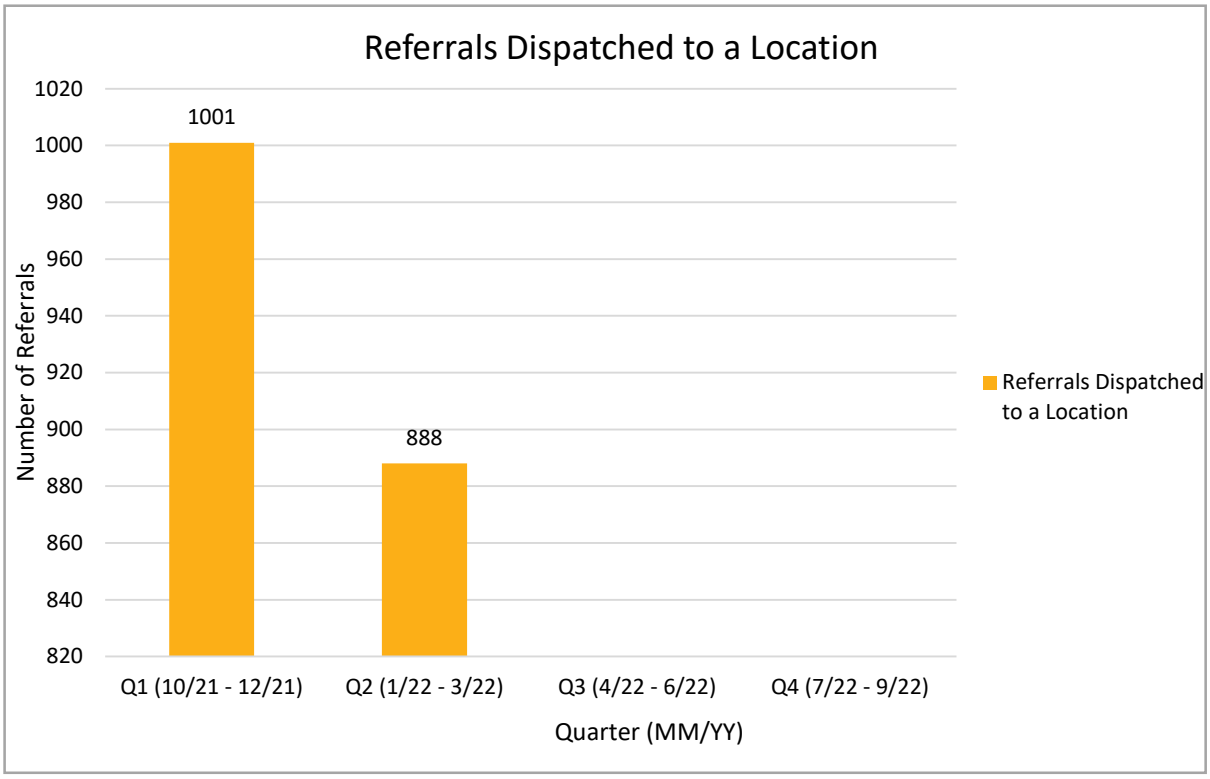


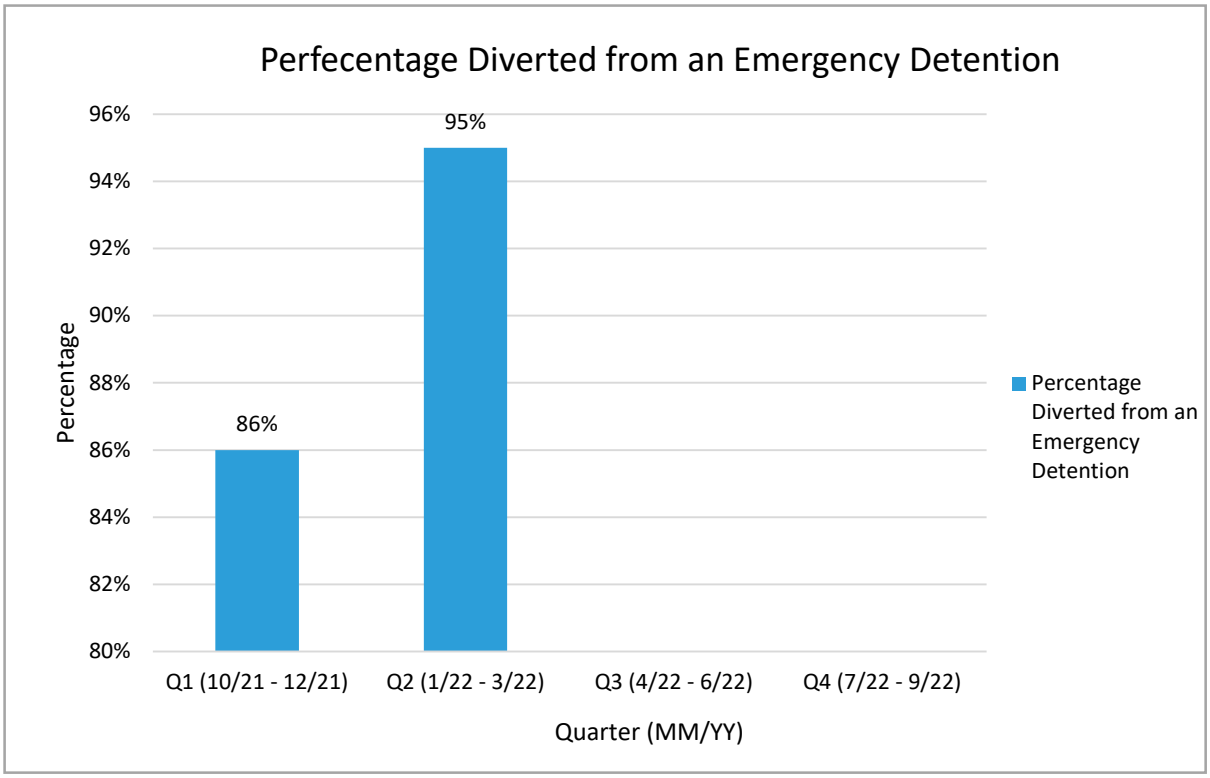


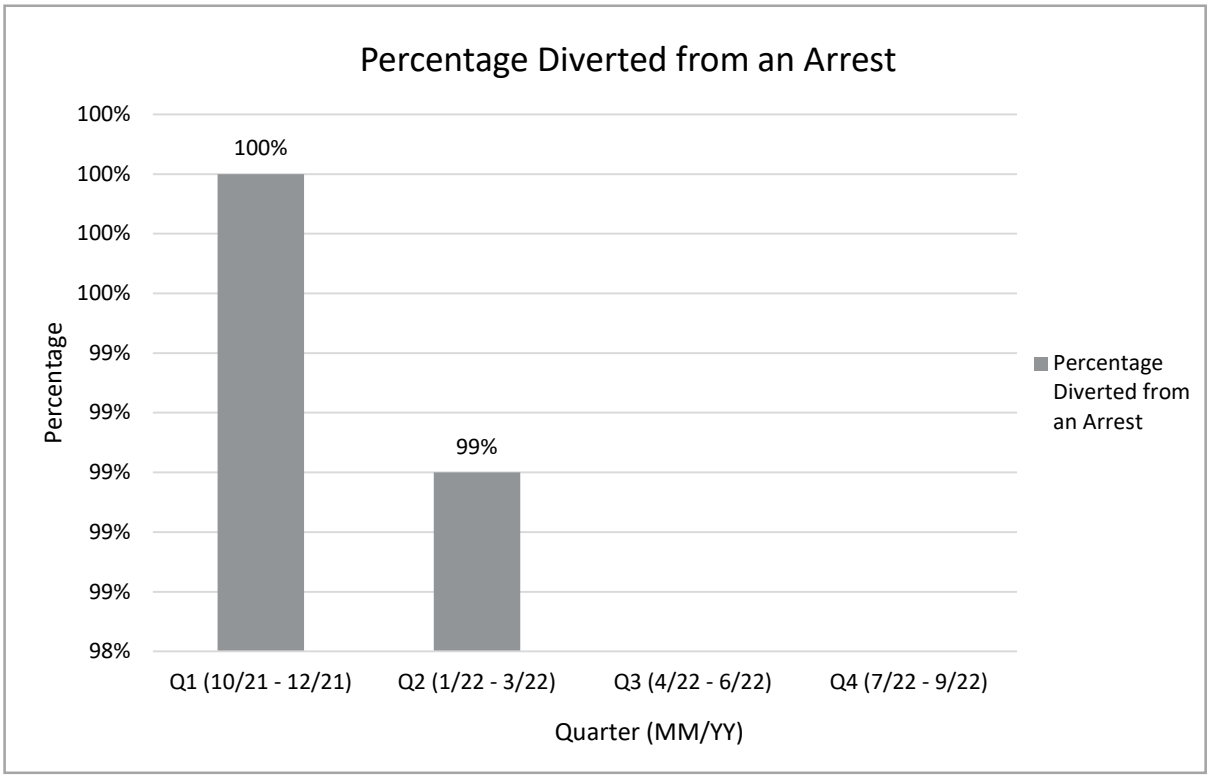

EMS Telehealth Referrals
Number Referrals
8
7
6
5
4
3
2
1
0
4
7
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
EMS Telehealth Referrals

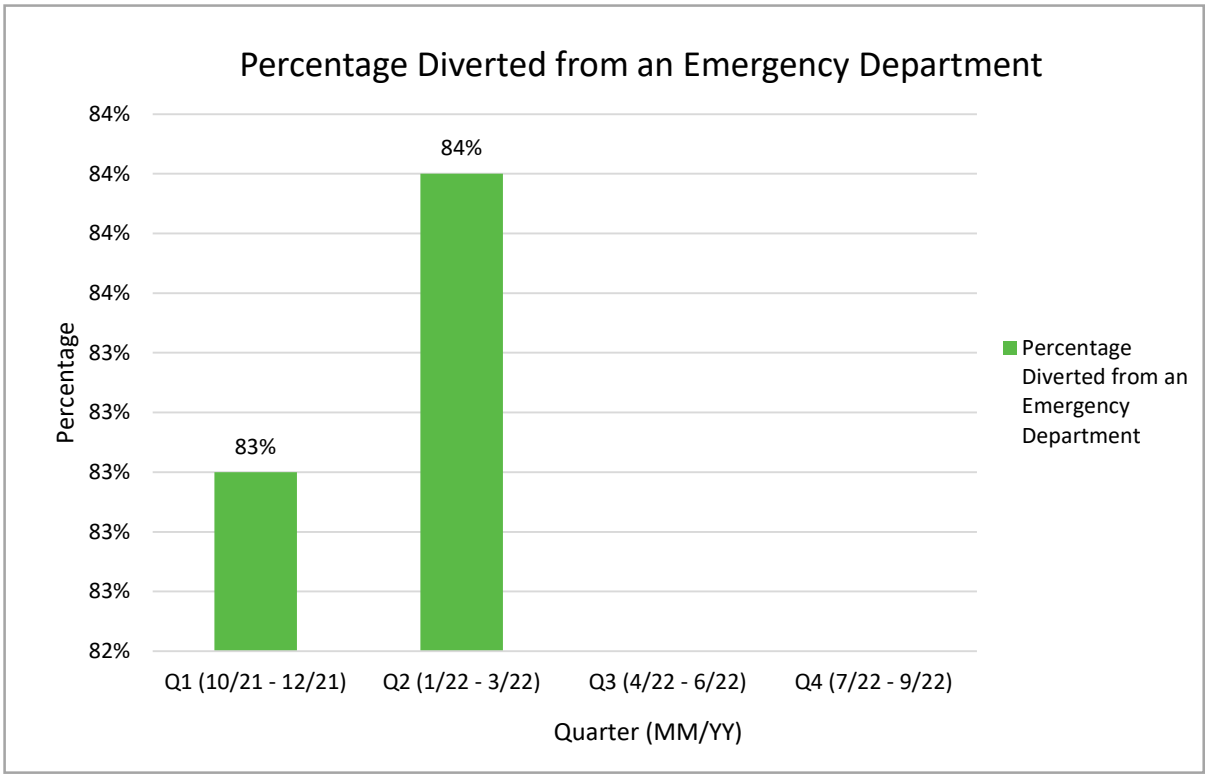

APD Telehealth Referrals
Number Referrals
14
12
10
8
6
4
2
0
5
12
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
APD Telehealth Referrals


Unduplicated People Served
660
650
640
630
620
610
600
590
580
652
606
Number of People
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
Unduplicated People Served


Referrals Dispatched to a Location
1020
1000
980
960
940
920
900
880
860
840
820
1001
888
Number of Referrals
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
Referrals Dispatched to a Location


Perfecentage Diverted from an Emergency Detention
96%
94%
92%
90%
88%
86%
84%
82%
80%
Percentage
95%
86%
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
Percentage Diverted from an Emergency Detention


Percentage Diverted from an Arrest
100%
100%
100%
100%
99%
99%
99%
99%
99%
98%
Percentage
100%
99%
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
Percentage Diverted from an Arrest


Percentage Diverted from an Emergency Department
84%
84%
84%
84%
83%
83%
83%
83%
83%
82%
Percentage
83%
84%
Q1 (10/21 - 12/21)
Q2 (1/22 - 3/22)
Q3 (4/22 - 6/22)
Q4 (7/22 - 9/22)
Quarter (MM/YY)
Percentage Diverted from an Emergency Department

Attachment 4: Budget to Actual Fee-for Service

Integral Care

Medicare and Medicaid Revenue
FY2022

Program Category	Unit	Unit Name	May 2022 Fiscal Period: 9 YTD Actual	YTD Budget	% of YTD Budget Earned	Over / (Under) Budget
Adult Homeless Outreach/Housing	255	255 - Housing Coordination	$ (807.90)	$ -	N/A	$ (807.90)
	276	276 - Healthy Community Collaborative	$ 71,258.37	$ 339,287	21%	$ (268,028.56)
	295	295 - HUD - Supported Housing	$ 6,549.86	$ 37,832	17%	$ (31,282.27)
	311	311 - COA Rapid ReHousing	$ 7,417.17	$ 3,743	198%	$ 3,674.03
	374	374 - DACC-DAA Homeless Health and Wellness	$ 34,784.38	$ -	N/A	$ 34,784.38
	381	381 - COA PSH North	$ 692.73	$ -	N/A	$ 692.73
	448	448 - TDHCA Housing Stability	$ 474.00	$ -	N/A	$ 474.00
	486	486 - PATH ACCESS	$ 4,456.88	$ 4,135	108%	$ 321.52
	516	516 - Foundation Communities MOU	$ 7,761.02	$ 16,584	47%	$ (8,823.04)
	587	587 - CARE Ryan White	$ 17,946.30	$ 38,838	46%	$ (20,891.96)
	681	681 - COA ACT 1115	$ 95,504.94	$ 146,554	65%	$ (51,048.73)
		Adult HOH Total	**$ 246,037.75**	**$ 586,974**	**42%**	**$ (340,935.81)**
Adult Outpatient MH	**Unit**	**Unit Name**				
	251	251 - MMS CM Team 1	$ 330,934.50	$ 547,052	60%	$ (216,117.93)
	257	257 - North Service Center - Adult	$ 310,699.94	$ 559,109	56%	$ (248,408.98)
	270	270 - MH PASRR	$ 40,689.98	$ 160,639	25%	$ (119,949.49)
	271	271 - ACT Team	$ 97,692.50	$ 204,577	48%	$ (106,884.08)
	307	307 - Mood Disorder IPU	$ 3,875.32	$ 8,296	47%	$ (4,420.98)
	314	314 - UT DMS ICRT - SAMHSA	$ 14,883.51	$ 24,590	61%	$ (9,706.95)
	326	326 - Terrace at Oak Springs - Clinic	$ 71,123.45	$ 186,202	38%	$ (115,078.50)
	353	353 - HHSC RA1SE Supplemental	$ 22,613.11	$ -	N/A	$ 22,613.11
	368	368 - OPTUM Home Healthcare	$ 75,874.22	$ 71,111	107%	$ 4,763.12
	460	460 - SAMHSA CMHC	$ 47,384.91	$ -	N/A	$ 47,384.91
	462	462 - TC ACT	$ 727.11	$ -	N/A	$ 727.11
	592	592 - DSHS RA1SE	$ 12,535.95	$ 18,767	67%	$ (6,230.90)
	595	595 - SAMHSA CCBHC SUD	$ -	$ -	N/A	$ -
	596	596 - COA HOST	$ 1,233.68	$ -	N/A	$ 1,233.68
	597	597 - SAMHSA CCBHC Health Navigation	$ 34,519.79	$ -	N/A	$ 34,519.79
	598	598 - SAMHSA CHR-P (RAISE)	$ 23,220.57	$ 18,716	124%	$ 4,504.88
	661	661 - Project 1 - Integrate Primary and Behavioral HCS	$ 221,621.00	$ 420,101	53%	$ (198,480.21)
	665	665 - Project 5 - Implementation of Chronic	$ -	$ 8,313	0%	$ (8,313.35)
		Adult O/P MH Total	**$ 1,309,629.54**	**$ 2,227,474**	**59%**	**$ (917,844.77)**
Adult SUD	**Unit**	**Unit Name**				
	202	202 - Ambulatory Detox	$ -	$ 3,967	0%	$ (3,967.08)
	222	222 - Oak Springs Day Trtmt	$ 1,212.69	$ 20,845	6%	$ (19,632.04)
	303	303 - DSHS Office Based Opioid Treatment	$ 14,059.16	$ 6,977	201%	$ 7,081.66
	308	308 - Medication Assisted Therapy	$ 589.91	$ 2,203	27%	$ (1,613.05)
	393	393 - B2R - no expense MY AVATAR	$ 494.63	$ -	N/A	$ 494.63
	475	475 - Narcotic Treatment Program	$ 266,664.35	$ 334,806	80%	$ (68,141.53)
	565	565 - Ryan White CMS SA Outpatient	$ (2,764.30)	$ 16,123	-17%	$ (18,887.15)
		Adult SUD Total	**$ 280,256.44**	**$ 384,921**	**73%**	**$ (104,664.56)**
CFS Outpatient MH	**Unit**	**Unit Name**				
	258	258 - North Service Center - Child	$ 136,346.49	$ 258,195	53%	$ (121,848.52)
	312	312 - Meadows TAY	$ 103.33	$ 4,230	2%	$ (4,126.79)
	432	432 - CMH Internal Provider	$ 422,916.10	$ 546,509	77%	$ (123,592.73)
	494	494 - CFS Intensive Case Management	$ 310,232.48	$ 645,667	48%	$ (335,434.58)
	502	502 - Tr. Co. Parenting in Recovery	$ 15,253.71	$ 18,576	82%	$ (3,322.04)
	505	505 - Holistic Family Program	$ 7,330.34	$ 7,523	97%	$ (192.79)
	508	508 - Yes Waiver External Provider	$ 35,767.35	$ 160,114	22%	$ (124,346.66)
	514	514 - Safe Landing	$ 36,356.94	$ 44,745	81%	$ (8,387.75)
	515	515 - Lifeworks MOU	$ 5,230.44	$ 9,581	55%	$ (4,350.83)
	556	556 - COA Teen Preg Prevent (DVHAP)	$ 17,714.07	$ -	N/A	$ 17,714.07
	671	671 - Dove Springs Clinic CFS	$ 141,783.56	$ 172,130	82%	$ (30,346.45)
		CFS O/P MH Total	**$ 1,129,034.81**	**$ 1,867,270**	**60%**	**$ (738,235.07)**

Integral Care

Medicare and Medicaid Revenue
FY2022

May 2022 Fiscal Period:	Year to Date
9	

Program Category	Unit	Unit Name	YTD Actual	YTD Budget	% of YTD Budget Earned	Over / (Under) Budget
CFS School Based	**Unit**	**Unit Name**				
	394	394 - HHSC CFS SOC	$ 3,376.42	$ -	N/A	$ 3,376.42
	519	519 - East Austin College Prep	$ 7,678.43	$ -	N/A	$ 7,678.43
	539	539 - HB13 Integrated Care in Schools Expansion	$ 112,106.79	$ 99,500	113%	$ 12,606.99
	563	563 - Del Valle VOCA	$ 64,138.84	$ -	N/A	$ 64,138.84
	652	652 - School Based BH Expansion	$ 352,842.41	$ 433,329	81%	$ (80,486.60)
		CFS School Based Total	**$ 540,142.89**	**$ 532,829**	**101%**	**$ 7,314.08**
Crisis Criminal Justice	**Unit**	**Unit Name**				
	343	343 - SAMHSA AOT	$ 29,806.80	$ 9,584	311%	$ 20,223.00
	422	422 - ANEW CHAMPS	$ 41,337.00	$ 94,755	44%	$ (53,418.12)
	493	493 - CFS TCOOMMI	$ 17,232.59	$ 61,762	28%	$ (44,528.92)
	635	635 - TC Jail-Based Intake & Care Nav	$ 937.65	$ -	N/A	$ 937.65
	691	691 - SB292 - FACT	$ 114,030.81	$ 151,763	75%	$ (37,732.56)
		Crisis CJ Total	**$ 203,344.85**	**$ 317,864**	64%	**$ (114,518.95)**
Crisis Clinic/Community	**Unit**	**Unit Name**				
	260	260 - Mobile Crisis Outreach Team	$ 13,586.94	$ 44,568	30%	$ (30,981.13)
	262	262 - Comp Psych Emgncy Svcs	$ 33,403.02	$ 90,449	37%	$ (57,046.21)
	266	266 - Community Physician Services	$ 74.50	$ -	N/A	$ 74.50
	367	367 - UT Youth Mental Health	$ 7,857.47	$ 1,962	401%	$ 5,895.67
	467	467 - Crisis Respite	$ 10,981.76	$ 7,546	146%	$ 3,435.80
	660	660 - EMCOT - 911 and Telehealth	$ 1,237.43	$ -	N/A	$ 1,237.43
	622	622 - TC CFS MCOT	$ 6,257.16	$ -	N/A	$ 6,257.16
	662	662 - Project 2 - Mobile Crisis Outreach Team	$ 24,682.91	$ 39,708	62%	$ (15,025.05)
		Crisis Clinic/Community Total	**$ 98,081.19**	**$ 184,233**	**53%**	**$ (86,151.84)**
Crisis Residential	**Unit**	**Unit Name**				
	217	217 - Inn Program	$ (15.44)	$ 104,808	0%	$ (104,823.32)
	283	283 - Extended Observation Unit	$ 71,668.64	$ 70,600	102%	$ 1,069.13
	400	400 - Competency Restoration	$ 3,902.39	$ 13,668	29%	$ (9,765.61)
	425	425 - Project Recovery	$ 728.07	$ 12,824	6%	$ (12,095.80)
	537	537 - Respite Expansion	$ -	$ -	N/A	$ -
	528	528 – OCR Expansion	$ 731.76	$ -	N/A	$ 731.76
	538	538 - Road to Recovery Expansion	$ -	$ -	N/A	$ -
	663	663 - Project 3 - Hospital and Jail Alternative Project	$ 117,439.96	$ 100,297	117%	$ 17,142.61
		Crisis Residential Total	**$ 194,455.38**	**$ 302,197**	**64%**	**$ (107,741.23)**
Crisis Disaster	**Unit**	**Unit Name**				
	124	124 - Disaster Relief	$ (1,655.52)	$ -	N/A	$ (1,655.52)
	125	125 - Cold Weather Shelters	$ -	$ -	N/A	$ -
		Crisis Disaster Total	**$ (1,655.52)**	**$ -**	**N/A**	**$ (1,655.52)**
IDD	**Unit**	**Unit Name**				
	544	544 - DADS Enhanced Community Coord Support	$ 8,676.80	$ 45,000	19%	$ (36,323.20)
	546	546 - HCS CM	$ 845,901.40	$ 1,199,997.00	70%	$ (354,095.60)
	552	552 - Crisis Respite	$ -	$ 18,702	0%	$ (18,702.00)
	554	554 - IDD WRAP Facilitation	$ 2,220.00	$ 5,337	42%	$ (3,117.00)
	664	664 - Project 4 - Community Behavioral Support	$ 25,421.84	$ 60,003	42%	$ (34,581.16)
	706	706 - IDD PASRR	$ 310,585.36	$ 287,181	108%	$ 23,404.36
	709	709 - CLOIP	$ -	$ 9,792	0%	$ (9,792.00)
	710	710 - Diag Evaluation Admit.	$ 946.80	$ 18,855	5%	$ (17,908.20)
	711	711 - DD Service Coordination	$ 362,217.60	$ 673,173	54%	$ (310,955.40)
	728	728 - Psychological Services	$ 15,423.53	$ 53,964	29%	$ (38,540.47)
	848	848 - PASRR Specialized Svcs - External	$ (1,254.97)	$ 18,252	-7%	$ (19,506.97)
		IDD Total	**$ 1,570,138**	**$ 2,390,256**	**66%**	$ (820,117.64)
Centerwide Total			**$5,569,466**	**$8,794,017**	**63%**	**$ (3,222,896)**

Attachment 5: Yearly Comparison Fee-for-Service

Integral Care

Medicare and Medicaid Revenue
FY2022

May 2022 Fiscal Period:
9

Program Category	Unit	Unit Name	Sep-May FY21	Sep-May FY22	FY22 Over / (Under) FY21	% FY22 Over / (Under) FY21
Adult Homeless Outreach/Housing	255	255 - Housing Coordination	$ 989	$ (808)	$ (1,797)	(182%)
	276	276 - Healthy Community Collaborative	$ 181,535	$ 71,258	$ (110,277)	(61%)
	295	295 - HUD - Supported Housing	$ 15,242	$ 6,550	$ (8,692)	(57%)
	311	311 - COA Rapid ReHousing	$ 3,958	$ 7,417	$ 3,459	87%
	374	374 - DACC-DAA Homeless Health and Wellness	$ 1,418	$ 34,784	$ 33,367	2354%
	381	381 - COA PSH North	$ -	$ 693	$ 693	N/A
	448	448 - TDHCA Housing Stability	$ -	$ 474	$ 474	N/A
	486	486 - PATH ACCESS	$ 4,600	$ 4,457	$ (143)	(3%)
	516	516 - Foundation Communities MOU	$ 12,721	$ 7,761	$ (4,960)	(39%)
	587	587 - CARE Ryan White	$ 29,200	$ 17,946	$ (11,254)	(39%)
	681	681 - COA ACT 1115	$ 50,833	$ 95,505	$ 44,672	88%
		Adult HOH Total	**$ 300,496**	**$ 246,038**	**$ (54,458)**	**(18%)**
Adult Outpatient MH	**Unit**	**Unit Name**				
	251	251 - MMS CM Team 1	$ 421,359	$ 330,935	$ (90,425)	(21%)
	257	257 - North Service Center - Adult	$ 406,411	$ 310,700	$ (95,711)	(24%)
	270	270 - MH PASRR	$ 61,191	$ 40,690	$ (20,501)	(34%)
	271	271 - ACT Team	$ 139,672	$ 97,693	$ (41,979)	(30%)
	307	307 - Mood Disorder IPU	$ 7,544	$ 3,875	$ (3,669)	(49%)
	313	313 - Pay For Success	$ 183	$ -	$ (183)	(100%)
	314	314 - UT DMS ICRT - SAMHSA	$ 26,571	$ 14,884	$ (11,687)	(44%)
	326	326 - Terrace at Oak Springs - Clinic	$ 87,426	$ 71,123	$ (16,302)	(19%)
	353	353 - HHSC RA1SE Supplemental	$ -	$ 22,613	$ 22,613	N/A
	368	368 - OPTUM Home Healthcare	$ 39,929	$ 75,874	$ 35,945	90%
	460	460 - SAMHSA CMHC	$ -	$ 47,385	$ 47,385	N/A
	462	462 - TC ACT	$ -	$ 727	$ 727	N/A
	592	592 - DSHS RA1SE	$ 14,771	$ 12,536	$ (2,235)	(15%)
	595	595 - SAMHSA CCBHC SUD	$ 10	$ -	$ (10)	(100%)
	596	596 - COA HOST	$ -	$ 1,234	$ 1,234	N/A
	597	597 - SAMHSA CCBHC Health Navigation	$ 28	$ 34,520	$ 34,492	125244%
	598	598 - SAMHSA CHR-P (RAISE)	$ 17,708	$ 23,221	$ 5,513	31%
	661	661 - Project 1 - Integrate Primary and Behavioral HCS	$ 237,888	$ 221,621	$ (16,267)	(7%)
	665	665 - Project 5 - Implementation of Chronic Disease Preventi	$ -	$ -	$ -	N/A
		Adult O/P MH Total	**$ 1,460,689.23**	**$ 1,309,629.54**	**$ (151,059.69)**	**(10%)**
Adult SUD	**Unit**	**Unit Name**				
	202	202 - Ambulatory Detox	$ 2,798	$ -	$ (2,798)	(100%)
	222	222 - Oak Springs Day Trtmt	$ 19,369	$ 1,213	$ (18,156)	(94%)
	303	303 - DSHS Office Based Opioid Treatment	$ 8,013	$ 14,059	$ 6,046	75%
	308	308 - Medication Assisted Therapy	$ 1,391	$ 590	$ (802)	(58%)
	393	393 - B2R - no expense MY AVATAR	$ -	$ 495	$ 495	N/A
	475	475 - Narcotic Treatment Program	$ 301,253	$ 266,664	$ (34,589)	(11%)
	565	565 - Ryan White CMS SA Outpatient	$ 16,532	$ (2,764)	$ (19,297)	(117%)
		Adult SUD Total	**$ 349,357.41**	**$ 280,256.44**	**$ (69,100.97)**	**(20%)**
CFS Outpatient MH	**Unit**	**Unit Name**				
	258	258 - North Service Center - Child	$ 156,610	$ 136,346	$ (20,264)	(13%)
	312	312 - Meadows TAY	$ 317	$ 103	$ (213)	(67%)
	432	432 - CMH Internal Provider	$ 431,527	$ 422,916	$ (8,611)	(2%)
	494	494 - CFS Intensive Case Management	$ 387,612	$ 310,232	$ (77,380)	(20%)
	502	502 - Tr. Co. Parenting in Recovery	$ 9,400	$ 15,254	$ 5,854	62%
	505	505 - Holistic Family Program	$ 2,331	$ 7,330	$ 5,000	215%
	508	508 - Yes Waiver External Provider	$ 96,516	$ 35,767	$ (60,749)	(63%)
	514	514 - Safe Landing	$ 47,617	$ 36,357	$ (11,260)	(24%)
	515	515 - Lifeworks MOU	$ 5,832	$ 5,230	$ (602)	(10%)
	556	556 - COA Teen Preg Prevent (DVHAP)	$ -	$ 17,714	$ 17,714	N/A
	671	671 - Dove Springs Clinic CFS	$ 130,448	$ 141,784	$ 11,336	9%
		CFS O/P MH Total	**$ 1,268,209.81**	**$ 1,129,034.81**	**$ (139,175.00)**	**(11%)**

Integral Care

Medicare and Medicaid Revenue
FY2022

May 2022 Fiscal Period:
9

Program Category	Unit	Unit Name	Sep-May FY21	Sep-May FY22	FY22 Over / (Under) FY21	% FY22 Over / (Under) FY21
CFS School Based	**Unit**	**Unit Name**				
	394	394 - HHSC CFS SOC	$ -	$ 3,376	$ 3,376	N/A
	519	519 - East Austin College Prep	$ 37,735	$ 7,678	$ (30,056)	(80%)
	539	539 - HB13 Integrated Care in Schools Expansion	$ 84,210	$ 112,107	$ 27,897	33%
	563	563 - Del Valle VOCA	$ 7,607	$ 64,139	$ 56,532	743%
	652	652 - School Based BH Expansion	$ 347,684	$ 352,842	$ 5,158	1%
		CFS School Based Total	**$ 477,236.31**	**$ 540,142.89**	**$ 62,906.58**	**13%**
Crisis Criminal Justice	**Unit**	**Unit Name**				
	343	343 - SAMHSA AOT	$ 6,791	$ 29,807	$ 23,016	339%
	422	422 - ANEW CHAMPS	$ 58,126	$ 41,337	$ (16,789)	(29%)
	493	493 - CFS TCOOMMI	$ 20,885	$ 17,233	$ (3,653)	(17%)
	635	635 - TC Jail-Based Intake & Care Nav	$ -	$ 938	$ 938	N/A
	691	691 - SB292 - FACT	$ 88,003	$ 114,031	$ 26,028	30%
		Crisis CJ Total	**$ 173,804.10**	**$ 203,344.85**	**$ 29,540.75**	**17%**
Crisis Clinic/Community	**Unit**	**Unit Name**				
	260	260 - Mobile Crisis Outreach Team	$ 30,211	$ 13,587	$ (16,624)	(55%)
	262	262 - Comp Psych Emgncy Svcs	$ 45,282	$ 33,403	$ (11,879)	(26%)
	266	266 - Community Physician Services	$ 124	$ 75	$ (50)	(40%)
	367	367 - UT Youth Mental Health	$ 2,627	$ 7,857	$ 5,230	199%
	467	467 - Crisis Respite	$ 9,887	$ 10,982	$ 1,095	11%
	660	660 - EMCOT - 911 and Telehealth	$ 242	$ 1,237	$ 996	412%
	622	622 - TC CFS MCOT	$ -	$ 6,257	$ 6,257	N/A
	662	662 - Project 2 - Mobile Crisis Outreach Team (MCOT) Expansi	$ 27,099	$ 24,683	$ (2,416)	(9%)
		Crisis Clinic/Community Total	**$ 115,471.98**	**$ 98,081.19**	**$ (17,390.79)**	**(15%)**
Crisis Residential	**Unit**	**Unit Name**				
	217	217 - Inn Program	$ 860	$ (15)	$ (875)	(102%)
	283	283 - Extended Observation Unit	$ 63,824	$ 71,669	$ 7,845	12%
	400	400 - Competency Restoration	$ 9,619	$ 3,902	$ (5,717)	(59%)
	425	425 - Project Recovery	$ 9,257	$ 728	$ (8,529)	(92%)
	528	528 – OCR Expansion	$ -	$ 732	$ 732	N/A
	537	537 - Respite Expansion	$ 759	$ -	$ (759)	(100%)
	538	538 - Road to Recovery Expansion	$ 1,937	$ -	$ (1,937)	(100%)
	663	663 - Project 3 - Hospital and Jail Alternative Project	$ 55,028	$ 117,440	$ 62,412	113%
		Crisis Residential Total	**$ 141,283.99**	**$ 194,455.38**	**$ 53,171.39**	**38%**
Crisis Disaster	**Unit**	**Unit Name**				
	124	124 - Disaster Relief	$ 8,604	$ (1,656)	$ (10,260)	(119%)
		Crisis Disaster Total	**$ 8,604.00**	**$ (1,655.52)**	**$ (10,259.52)**	**(119%)**
IDD	**Unit**	**Unit Name**				
	544	544 - DADS Enhanced Community Coord Support	$ 17,394	$ 8,677	$ (8,717)	(50%)
	546	546 - HCS CM	$ 1,209,312	$ 845,901	$ (363,410)	(30%)
	552	552 - Crisis Respite	$ -	$ -	$ -	N/A
	554	554 - IDD WRAP Facilitation	$ 5,130	$ 2,220	$ (2,910)	(57%)
	664	664 - Project 4 - Community Behavioral Support (CBS) Team	$ 51,968	$ 25,422	$ (26,547)	(51%)
	706	706 - IDD PASRR	$ 223,557	$ 310,585	$ 87,029	39%
	709	709 - CLOIP	$ -	$ -	$ -	N/A
	710	710 - Diag Evaluation Admit.	$ 4,133	$ 947	$ (3,186)	(77%)
	711	711 - DD Service Coordination	$ 592,233	$ 362,218	$ (230,016)	(39%)
	728	728 - Psychological Services	$ 4,767	$ 15,424	$ 10,656	224%
	848	848 - PASRR Specialized Svcs - External	$ 1,972	$ (1,255)	$ (3,227)	(164%)
		IDD Total	**$ 2,110,466.49**	**$ 1,570,138.36**	**$ (540,328.13)**	**(26%)**
Centerwide Total			##########	##########	**$(836,154)**	**(13%)**

Attachment 6: 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 2021-December 2021

Measures Currently at or Above Target (out of 21) :	MLIU Patient Population (82.93%):	DS
14	77.98%	

DSRIP Measure Performances vs. DY 10 Targets. (YTD)

Measures	Measure Name	Performance	DY10 Targets	Point Diff
M1_105	Tobacco, Adults	88.24	87.10	1.141
M1_146	Clinical Depression Follow Up	63.19	47.72	15.474
M1_147	BMI, Adults	79.15	78.91	0.242
M1_160_30	Hospital Follow Up, 30 Days	66.18	77.03	-10.846
M1_160_7	Hospital Follow Up, 7 Days	49.95	65.29	-15.342
M1_181	Depression Response	15.54	15.89	-0.353
M1_210	Blood Pressure	30.65	36.26	-5.605
M1_211_1	BMI Children, Percentile	75.27	59.28	15.988
M1_211_2	BMI Children, Nutritional Counseling	72.41	55.99	16.424
M1_211_3	BMI Children, Physical Counseling	64.68	49.06	15.625
M1_261	Substance Use	51.27	29.04	22.229
M1_262	Risk to Self and Others	82.19	80.02	2.172
M1_265	Housing Schizophrenia	17.53	18.04	-0.507
M1_287	Medication Documentation	56.16	15.25	40.912
M1_305	MDD, Children	85.48	84.15	1.333
M1_317	Alcohol Use	35.62	24.57	11.046
M1_319	MDD, Adults	78.59	73.79	4.801
M1_340	Opioid Use	75.63	56.91	18.719
M1_341	Alcohol Use	53.35	25.73	27.620
M1_342	Time To Evaluation, 10 Days	58.30	70.80	-12.505
M1_390	Time to Evaluation, Average	12.25	11.84	-0.411
M1_400	Tobacco, Adolescents	91.35	90.89	0.462
M1_405	Alcohol MDD Bipolar	50.02	27.50	22.519

Attachment 7: Performance Contract Measures

Mental Health Potential 10% Recoupment Measures

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

	Target	1st Half	March-May	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%	51%		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%	56.4%	55.3%	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%	45.0%		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%	73%	78.1%	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%	71.8%	70.6%	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%	99.3%	99.5%	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%	97.07%	96.49%	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%	45.6%		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 Quarter	March-May
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%	79%	80%
AMH Counseling Target (Percentage of individuals recommended for level of care 2 that were authorized into level of care 2)	>=12%	40.8%	39.8%
AMH ACT Target (Percentage of individuals recommended for level of care 4 who were authorized into level of care 3 or 4)	>=54%	83.4%	83.0$
Employment Functioning (hold harmless) (%age of adults authorized in full level of care with acceptable or improved employment score)	>=39.8%	65.3%	74.6%
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%	27%	40.2%
Residential Stability (hold harmless) (%age of adults in full level of care who show acceptable or improved residential stability)	>=84.0%	74.5%	78.7%
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%	87%	91%
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%	1.11%	4.59%
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%*	*69.5%*	*71.2%*
Crisis Response System Outcomes			
Hospitalization (Equity-adjusted rate of System Agency Inpatient Bed Days in the population of the local service area)	<=1.9%	0.52%	0.25%
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%	74.5%	75.0%
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%	20.6%	
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%	95.6%	97.4%
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%*	*7.61%*	*8.48%*
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%	28.0%	28.73%
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%	100%	93.75%

Attachment 8: COVID-19 Residential Program Testing Protocol

COVID-19 Testing Protocol for Residential Programs – October 2021

Purpose: To provide Integral Care program staff with guidance on COVID-19 testing options for residential clients.

Date: October xx, 2021

Responsible Staff: Practice Administrators, Program Managers/Practice Managers, RN Supervisors

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Overview

The COVID-19 pandemic has disproportionately affected individuals with serious mental illness (SMI) and/or substance use disorders (SUDs). CDC has updated its list of underlying conditions that contribute to adverse COVID-19 outcomes to include schizophrenia spectrum disorders, mood disorders including depression, and substance use disorders. These conditions combined with housing instability contribute significantly to risk for severe COVID-19 outcomes, including premature death and provide evidence for our continued efforts to provide clients with vaccines and testing.

Staff Training and Competency Assessment

Integral Care medical leadership, in collaboration with Austin Public Health, has determined that COVID-19 testing will be made available in all residential programs to (1) minimize exposure risk for clients and staff, and (2) promote case containment in our congregate settings.

All nursing staff and certified medical and nursing assistants in residential programs must complete annual training on COVID-19 test administration. RN Supervisors will be responsible for training all existing staff and new staff. Training must be completed and attestation documented in Relias prior to a staff member administering a COVID-19 test.

Room Occupancy Guidance

Residential clients can be assigned to double rooms, irrespective of vaccine status.

COVID-19 Screening

Guidance for COVID-19 screening of clients, staff, and visitors will be determined by the local epidemic stage published by Austin Public Health.

Generally, if a client reports they were (1) recently exposed to someone who tested positive for COVID-19 in the past 10 days, and/or (2) have possible COVID-19 alarm symptoms (i.e., cough, sore throat, fever/chills, loss of taste and/or smell), a formal screening should be completed and documented in myAvatar.

Testing Procedures

Integral Care and Austin Public Health have established a formal agreement by which APH will provide onsite testing at Integral Care residential programs. Instructions for requesting these services are noted below.

On weekends and holidays, Integral Care nursing staff (including CNAs and CMAs) who have been trained and deemed competent to do so, will be able to administer a rapid COVID-19 test to clients who screen positive for COVID-19.

If a client screens positive for COVID-19 (e.g., self-report of recent exposure to a COVID-19 positive person or alarm symptoms and/or presents with alarm symptoms on physical assessment), clinical staff will contact their program RN Supervisor or the RN Supervisor on call to determine the appropriate testing approach and isolation procedures for the situation.

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Isolation Precautions should be modified for clients who are mentally decompensated, i.e., having active hallucinations, delusional, etc. In such cases, nursing staff will assess the situation to determine if a 1:1 sitter is needed. If the 1:1 sitter is needed, an order must be obtained from a prescriber and the staff member providing the observation must don full PPE (i.e., mask, gown, gloves) for the duration of time they are with the client.

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1. **Austin Public Health Nurse Hotline – to be used when a single client screens positive for COVID-19** (as defined above). The RN Supervisor can delegate contacting the APH Nurse Hotline to any nursing or clinical staff member, as needed.

   Home testing units allow medical professionals to administer tests onsite at an Integral Care residential facility. This helps limit person-to-person spread by keeping potentially infected residents quarantined. In-home testing is ideal for anyone with mobility issues, underlying health issues, or those lacking transportation within the Austin-Travis County area.

   To sign up for a home test, please call the nurse hotline at 512-972-5560, where they will walk you through an assessment and then help schedule a home test. In-home testing is available Monday through Friday, 8 a.m. to 4 p.m.

2. **Austin Public Health Mobile Testing Unit – to be used when >1 client screens positive for COVID-19 or other clients have been exposed to 1 client who tests Positive for COVID-19.** The RN Supervisor or Practice/Program Manager will follow the steps noted below to request APH mobile testing.
   a. RN Supervisor to notify Integral Care Director of Nursing/IPC Officer of the need for APH Mobile Testing.
   b. Practice/Program Manager or RN Supervisor will complete the **Facility Testing Roster** (Excel Spreadsheet required by APH according to instructions noted below; *failure to*

complete the spreadsheet as instructed will delay testing). All columns on the spreadsheet need to be completed. Please note the following:

i. **First Name, Last Name, DOB and gender are mandatory**
ii. **Address and phone number for staff**: personal address and phone number
iii. **Address and phone number for residents**: facility address and phone number
iv. **One central email** (Jacqueline.mosley@integralcare.org) who will receive notification of test results. *Please **do not** include individual email addresses.*
v. **Language, Ethnicity and Race:** mandatory fields but you'll notice that each of the cells have drop downs. As needed, you can select "other," "unknown," or "prefer not to answer" as indicated.
vi. Once completed, please send to Anjum.hanafi@austintexas.gov and cc Jacqueline.mosley@integralcare.org.

Mobile testing is available Monday through Friday, 8 a.m. to 4 p.m.

3. **Onsite Rapid Testing by Integral Care Staff - to be used when a screens positive for COVID-19** (as defined above) on the weekends and holidays when APH testing is unavailable. The RN Supervisor will determine the following;
   a. If a rapid COVID-19 test is needed and which clients will be tested.
   b. If Isolation Precautions are needed.
   c. If higher level of care is needed due to physical symptoms, e.g., shortness of breath, chest pain.

Client Results Retrieval and Archival

Laboratory results will be delivered as noted below.

a. **Nurse Hotline testing:** Phone notification by APH Nurse Hotline. Integral Care staff to enter an Individual Note in myAvatar. The Individual Note should include the date of the test, indication for the test (e.g., recent COVID-19 exposure, COVID-19 symptoms, etc.), the test result, and date of the result.
b. **Mobile testing:** APH will email results to DoN/IPC Officer who will forward them to the Practice Manager and RN Supervisor to be uploaded to the client's chart in myAvatar.
c. **Rapid testing:** Nursing staff will enter an Individual Note in myAvatar. The Individual Note should include the date of the test, indication for the test (e.g., recent COVID-19 exposure, COVID-19 symptoms, etc.), the test result, and date of the result.

Client Notifications of Results

Program/Practice Managers will delegate client notification of COVID-19 test results to clinical or nursing staff. If a client reports they have not been vaccinated, Integral Care staff will provide the client with vaccine information and facilitate vaccination if the client verbalizes agreement.

Standing Orders

COVID-19 Testing for Residential Clients Standing Orders for the following will be available on SharePoint. Review and attestation must be completed by all current and future nursing staff (including CNAs and CMAs) working in residential settings.

a. Nurse Hotline COVID-19 test request.
b. Mobile COVID-19 test request.

c. Integral Care COVID-19 rapid test initiation and completion.

Facility Name:	

INSTRUCTIONS

We need the Primary & Secondary contact for your Facility. These are people who can access the new account

1. Enter below who will be the Primary & Secondary Contacts for the Facility:

	Primary	Secondary
Facility Name		
Contact Type		
FirstName		
LastName		
Contact: Physical Street		
Contact: Physical City		
Contact: Physical State/Province		
Contact: Physical Zip/Postal Code		
Contact: Mailing County		
Work Phone		
Home Phone		
Mobile Phone		
Email		
Birthdate		
Preferred Language		
Sex		
Race		
Ethnicity		
Staff Job Location in Facility		
Unit/Room#/Hall		

2. Next, we need the list of Residents & Staff.

Click the STEP 2 tab and either copy and paste or enter the information in the sheet. Columns labeled Required must be filled with the proper data.

3. Save the file, then email it back with the signed BAA Form

When you've entered all the information, save it then send it back with the signed BAA Form

Attachment 9: Criminal Trespassing Snapshot

Integral Care

Integral Care Client Population: Criminal Trespassing Jail Custody Snapshot Data Presentation

Brittany Whittington, Population Health Administrator, Accountable Care Team

Introduction

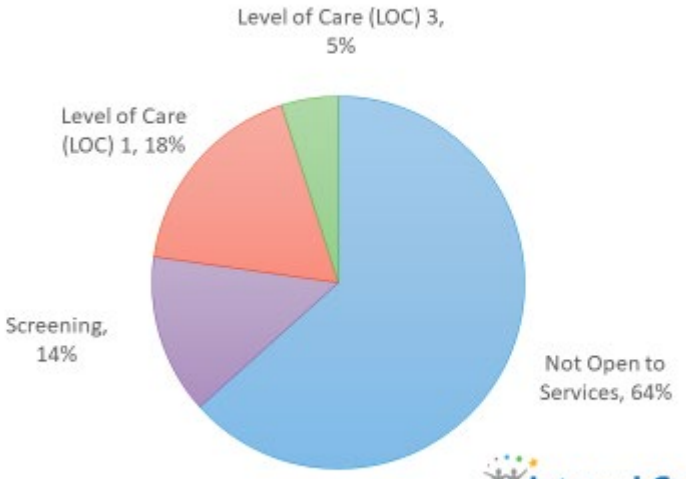
- A population analysis was conducted of 22 high utilizers of the criminal justice system as identified by the criminal trespassing custody snapshot that was taken on July 26, 2021
- Of the 22 individuals identified by the snapshot, 19 were known to Integral Care and therefore had demographic and/or service information available within Integral Care's Electronic Health Record

Integral Care

Current Level of Care Assignment: October 2021

Of those in the criminal trespassing custody snapshot, the majority (14 individuals) are not currently open to Integral Care services

Those who are currently being served by Integral Care (8 individuals) are more likely to be served in a LOC1 (18%) service package, followed by Screening/Outreach (14%)



Integral Care

Current Open Assignments, October 2021

Unit	Client Count	%
Not Open to Services	14	64%
North Service Center, Adult	3	14%
PATH	2	9%
East 2nd Street	1	5%
RA1SE Expansion, Adult	1	5%
Stonegate, Adult	1	5%

Integral Care

Services Utilization, by Division Subgroup

Service Division	Count
Adult Outpatient MH	70
Criminal Justice	53
Clinic/Community	43
Residential	40
Hotline/Call Center	39
Intellectual Developmental Disability	28
Disaster	4
Substance Use Disorders	3
Total	**283**

Integral Care

Types of Services Delivered 2020-Current

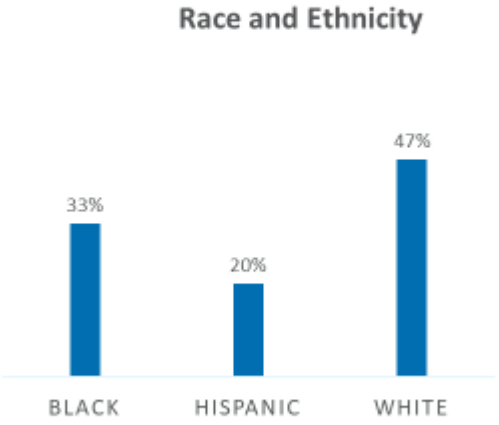
Encounter Type	Count of Services	%
Psychosocial Rehab Services	47	17%
Case Management	36	13%
Outreach and Engagement	35	12%
Screening & Triage	29	10%
Hotline Telephone Call	27	10%
Evaluation and Management	26	9%
Crisis Services	14	5%
Injection Administration	14	5%
Engagement Activity	10	4%
Coping Skills-Group	9	3%
Medication Review	9	3%
Diagnostic Evaluation	8	3%
Continuity of Services	5	2%
Supplemental Nursing Service	4	1%
CIS Screening	4	1%
Med Training & Support	3	1%
Grand Total	**283**	**100%**

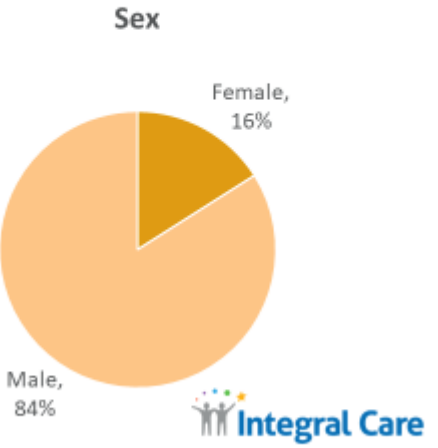
Average Services per Client	Number
Average No. of Services per Client	17

Total Services per Client	Count
10 or fewer services	12 clients
11-20 services	3 clients
21-30 services	2 clients
31-40 services	1 client
41- 50 services	--
50+ services	1 client

Integral Care

Demographics

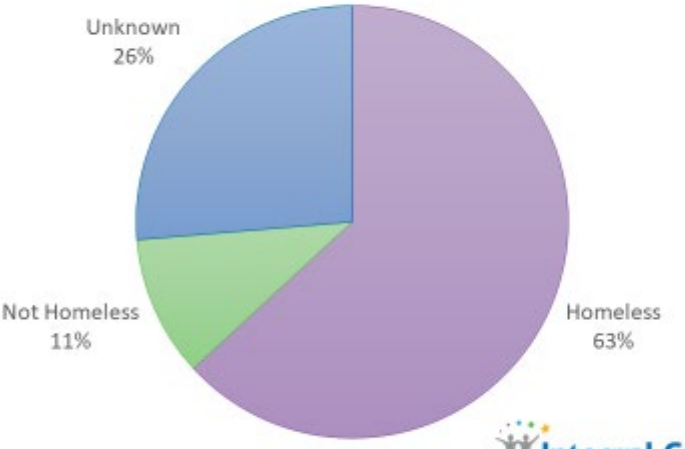




Integral Care

Housing Status

Individuals experiencing homelessness comprised at least 63% of those in the criminal trespassing custody snapshot



Integral Care

Diagnoses Snapshot, October 2021

- The average number of active axis I-III diagnoses= 5
- Percentage of clients with a diagnosis in the following categories:
  - Mental Health: 74%
  - Substance Use: 58%
  - Chronic Medical: 32%
  - Intellectual and Developmental Disabilities: 5%
  - No diagnosis documented: 26%
- 68% of clients had more than 1 active diagnosis or condition, regardless of diagnostic category
- 63% of clients had diagnoses across diagnostic categories
  - ex: Substance Use and Mental Health, Chronic Medical and IDD, etc.

Co-occurring Categories, October 2021

Comorbidity Categories	Snapshot Individuals
Co-occurring Substance Use	58%
Co-occurring Chronic Medical	32%
Co-occurring IDD	5%
Co-occurring Mental Health, Substance Use, and Chronic Medical	21%
Co-occurring Mental Health, Substance Use, Chronic Medical, IDD	5%

Note: Percentages do not add to 100% as clients can be in multiple categories. Categories are not mutually exclusive.

Integral Care

Top 10 Diagnoses

Rank	Primary Diagnosis	Snapshot Individuals
1	Schizophrenia spectrum and other psychotic disorders	58%
2	Bipolar and related disorders	53%
3	Cannabis-related disorders	47%
4	Tobacco-related disorders	42%
5	Stimulant-related disorders	37%
6	Alcohol-related disorders	16%
7	Other specified substance-related disorders	11%
8	Opioid-related disorders	11%
9	Asthma	11%
10	Attention-deficit hyperactivity disorder	11%

Integral Care

Attachment 10: BHCJAC Letter of Support

Travis County Behavioral Health and Criminal Justice Advisory Committee

To: The Travis County Commissioners Court
From: Judge Tamara Needles, Chair of the Travis County Behavioral Health & Criminal Justice Advisory Committee
Subject: Recommendation for Continued Funding for Integral Care's Jail-Based Intake Program Date: April 14, 2022

The Travis County Behavioral Health & Criminal Justice Advisory Committee (BHCJAC) is a collaborative association of Travis County criminal justice and behavioral health stakeholders. The mission of BHCJAC is to develop and sustain a planning partnership to support persons with behavioral health needs and to promote justice and public safety.

Using the Sequential Intercept Model as a conceptual framework, BHCJAC has adopted a set of guiding principles premised on the shared value that the behavioral health care needs of individuals in our community are not best addressed through the criminal justice system, jail or prison. BHCJAC upholds the principle that the dignity and rights of individuals with behavioral health disorders are safeguarded by seeking alternative solutions to traditional criminal justice responses at each intercept when appropriate.

On March 11, 2022, the BHCJAC voted unanimously to recommend continued funding of Integral Care's Jail-Based Intake Program, which was funded by Travis County via the county interlocal agreement with Integral Care. Many of our voting members were instrumental in advocating for this program to be created and funded, to address the county-wide gaps in services at Intercept Four (Reentry) of the Sequential Intercept Model. Additionally, many of our voting members are also members of the Jail-Based Intake Stakeholder Group, who meet quarterly, to receive updates about this program and provide feedback and guidance to help with program design and implementation.

We appreciate your consideration of continued funding for this program.

Tamara Needles

Chair, BHCJAC

Attachment 11: Review of Evidence Based Practices

	Within residential, crisis, justice and specialty substance use services, review curricula and practices currently in use with respect to alignment with culturally competent and trauma-informed care and identify curricula and practices needing revision and/or replacement
Step 1	*Gathering current curricula and identifying practice modalities currently in use, Determine any realignment and/or replacement needs.*
Step 2	*Review relevant contractual requirements specific to curricula and practice modalities and evidence based practice options in light of prioritizing trauma informed and culturally sensitive curricula and practice.*

Unit	Program	Current Curriculum/practices	Links to curriculum	Contractual requirement? Y or N	If Yes, name of specific contract	Any additional info
422	ANEW	IMR (illness Management and Recovery)	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Y	HHSC	Relias
422	ANEW	"Risk Needs Responsivity Model"	https://tools.gmuace.org/files/RNR_Practitioner_Pub_FINAL_2.12.13.pdf	Y	TCOOMMI	Assigns client to level of case, considering both criminogenic and clinical needs
422	ANEW	Anger Management Curriculum for Groups	https://atcic-my.sharepoint.com/:f:/g/personal/elizabeth_wong_integralcare_org/EiUww4Qh6v1Oqz-IUmk-s1YBkyicGNNKFn850NAS1Z4z7A?e=L5UxmQ	N	N/A	This is currently on hold and being reviewd by Travis County Probation Department to ensure it meets their requirements.
422	ANEW	EMDR (Eye Movement Desensitization and Reprocessing) Basic Protocol	https://compassionworks.com/wp-content/uploads/2018/10/11-Step-procedure-britt-jvs4.pdf	N	N/A	Requires staff member to have EMDR Basic Training Completed.
422	ANEW	DBT (Dialectical Behavior Therapy)	https://www.guilford.com/add/linehan6/lin-c-worksheets.pdf?t	N	N/A	Staff received training/certification to provide DBT services.
691	FACT	IMR (illness Management and Recovery)	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Y		Relias
691	FACT	Seeking Safety	https://www.samhsa.gov/resource/dbhis/seeking-safety	N		evidence based
592/692	RA1SE	On Track, CBTp (Cognitive Behavioral Therapy for Psychosis), Navigate	https://ontrackny.org/	Y - OnTrackNY is for fidelity	RA1SE HHSC	training provided by OnTrack NY
598/698	CHR-P	On Track, CBTp, Navigate, PQ-B(Prodromal Quesionnaire - Brief), SIPS	https://ontrackny.org/	Y	SAMHSA CHRP	training provided by OnTrack NY
353C	RA1SE	On Track, CBTp, Navigate	https://ontrackny.org/	Y - OnTrackNY is for fidelity	RA1SE HHSC	training provided by OnTrack NY
	Jail Based Intake	IMR	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Y	HHSC	Relias
	FACT	Forensic Assertive Community Treatment				
	RA1SE	Recovery After an Initial Schizophrenia Episode				
	CHR-P	Clinical High-Risk State for Psychosis				
	ANEW	Reentry and Reintegration Program for individuals on probation or parole				
	TCOOMMI	Texas Correctional Office on Offenders with Medical and Mental Impairments				
	SAMHSA	Substance Abuse and Mental Health Services Administration				
	HHSC	Texas Health and Human Services Commission				

Unit	Program	Current Curriculum/practices	Links to curriculum	Contractual requirement? Y or N	If Yes, name of specific contract	Any additional info
663	15th	IMR (Illness Management & Recovery)	Centralized Training	yes	HHSC OCR contract	Relias
663	15th	Living in Balance	15th SharePoint page	no		curriculum on file for use
663	15th	Integrated Dual Disorders Treatment	15th SharePoint page	no		curriculum on file for use
663	15th	Seeking Safety	https://www.samhsa.gov/resource/dbhis/seeking-safety	no		last use was by LPHA/Team Lead-for future use, I would recommend staff complete the training first
217	The Inn	IMR (Illness Management & Recovery)	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Yes		
567/400	Respite/CCRP	IMR (Illness Management & Recovery)	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Yes	HHSC OCR contract	
400/522	CCRP	Competency Restoration	sharepoint	yes	HHSC OCR contract	based on Ohio and Florida curricula
567/400	Respite & CCRP	Seeking Safety	https://www.samhsa.gov/resource/dbhis/seeking-safety	no		evidence based
567/400	Respite & CCRP	Motivational Interviewing	https://motivationalinterviewing.org/understanding-motivational-interviewing	no		evidence based
	CCRP	Community Competency Restoration Program				
	OCR	Outpatient Competency Restoration				

Unit	Program	Current Curriculum/practices	Links to curriculum	Contractual requirement? Y or N	If Yes, name of specific contract	Any additional info
260, 262, 660, 662	MCOT, PES, EMCOT field and 911 Call Center	Columbia Suicide Severity Rating Scale (C-SSRS)	https://zerosuicide.edc.org/resources/resource-database/columbia-suicide-severity-rating-scale-c-ssrs	Y	HHSC (info Item V pg 25 C. vi. -this is just one specific location in info item V for MCOT	Zero Suicide Iniativie, Relias
260, 262, 660, 662	MCOT, PES, EMCOT field and 911 Call Center	Counseling on Access to Lethal Means (CALM)	https://zerosuicide.edc.org/resources/trainings-courses/CALM-course	Y	HHSC Info Item V Pg.42 c. iv.	Zero Suicide Iniativie
260, 262, 660, 662	MCOT, PES, EMCOT field and 911 Call Center	Safety Planning Intervention Tool	https://zerosuicide.edc.org/resources/resource-database/safety-planning-intervention-brief-intervention-mitigate-suicide-risk	Y	HHSC Info Item V Pg 21 6.b.	Zero Suicide Iniativie
260, 262, 660, 662	MCOT, PES, EMCOT field and 911 Call Center	Motivational Interviewing		Y	TAC Rule 301.331 C.iii.	Relias, In person
260, 262, 662	MCOT, PES, EMCOT field and 911 Call Center	Co-occuring Psychiatric and Substance Use Disorders (COPSD)	https://store.centralizedtraining.com/product?catalog=COPSD2	Y	TAC Rule 301.331 C.viii. (references another specific TAC I couldn't find)	Centralized Training
260, 262, 662	MCOT, PES, EMCOT field	Illness, Management and Recovery (IMR)	https://store.samhsa.gov/sites/default/files/d7/priv/practitionerguidesandhandouts_0.pdf	Y	Agency HHSC	Centralized Training
260, 262, 662	MCOT, PES, EMCOT field	Adult Needs and Strengths Assessment (ANSA)	Schoox.com	Y	Agency HHSC	Relias
260,262, 662	MCOT, PES, EMCOT field	Child & Adolescent Strenghts and Needs Assessment (CANS)	Schoox.com	Y	Agency HHSC	Relias
260,262, 662	MCOT, PES, EMCOT field	Screening, Brief Intervention and Referral to Treatment (SBIRT)	Relias	Y	Agency HHSC	Relias, In person
260,262, 662	MCOT, PES, EMCOT field	Patient Health Questionaire (PHQ-9)	https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf	Y		Relias
262	PES	Brief Addiction Monitor (BAM)	https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/BAM_2017.pdf	Y	ThriveCare	
262	PES	Suicidal Thinking Behavior, Attempts Assessment (SAFE-T)	https://www.samhsa.gov/resource/dbhis/safe-t-pocket-card-suicide-assessment-five-step-evaluation-triage-safe-t-clinicians			
260, 262, 660, 662	MCOT, PES, EMCOT field	Psychological First Aid (PFA)	https://www.nctsn.org/resources/psychological-first-aid-pfa-online	Y	TAC RULE 415.257 c.7 Also in Info Item V	The website hasn't
260, 262, 660, 662	MCOT, PES, EMCOT field	Incident and Command System (ICS) 100,200	https://training.fema.gov/is/courseoverview.aspx?code=is-100.c	Unknown		
262,662	PES, EMCOT	National Outcomes Measure (NOMS)	https://spars.samhsa.gov/sites/default/files/C	Y	SAMHSA grants (CCBHC, CMHC, CHRP, AOT)	SAMHSA trains grant recipients
	MCOT	Mobile Crisis Outreach Team				
	PES	Psychiatric Emergency Services				
	EMCOT	Expanded Mobile Crisis Outreach Team				

Substance Use Disorder:

Unit	Program	Current Curriculum/practices	Links to curriculum	Contractual requirement? Y or N	If Yes, name of specific contract	Any additional info
222/475/303/202	HHSC funded	COPSD (Co-occurring Psychiatric and Substance Use Disorder)	https://store.centralizedtraining.com/product?catalog=COPSD2	Y	HHSC SUD Contracts	
222/475/303/202	HHSC funded	Cognitive Behavioral Therapy	samhsa.gov Trauma-Focused CBT	N		Relias
202/303/222/425/475/392/860	All	Columbia Suicide Severity Rating Scale (C-SSRS)	https://zerosuicide.edc.org/resources/resource-database/columbia-suicide-severity-rating-scale-c-ssrs	N		Zero Suicide/Joint Commission
202/303/222/425/475/392/860	All	Safety Planning Intervention (SPI)	https://zerosuicide.edc.org/resources/resource-database/safety-planning-intervention-brief-intervention-mitigate-suicide-risk	N		Zero Suicide/Joint Commission
202/303/222/425/475/392/860	All	PHQ-9 (Patient Health Quesionnaire - 9)	https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf	N		Joint Commission
222	OSTP	SAMHSA's Matrix Model	https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4152.pdf	N		HHSC-TRA requires use of EBP but does not designate with curriculum specifically
222	OSTP	Motivational Enhancement Therapy (Motivational Interviewing)	https://motivationalinterviewing.org/understanding-motivational-interviewing	Y	TRA-HHSC	
222	OSTP	Seeking Safety *	https://www.cebc4cw.org/program/seeking-safety-for-adults/detailed	N		Staff not yet trained but looking to integrate upon training completion
222	OSTP	Contingency Management	https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-1-evidenced-based-approach	N		
303		COWS (Clinical Opiate Withdrawal Scale)	https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2	N		
303	OBOT	Pharmacotherapy-Medication Assisted Treatment (MAT)	https://www.samhsa.gov/medication-assisted-treatment	Y		
303	OBOT	BAM (Breif Addiction Monitor)	https://www.mentalhealth.va.gov/providers/sud/docs/BAM_Scoring_Clinical_Guidelines_01-04-2011.pdf	N		
303	OBOT	Contingency Management	https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-1-evidenced-based-approach	N		
303	OBOT	Seeking Safety	https://www.cebc4cw.org/program/seeking-safety-for-adults/detailed	N		
303	OBOT	Peer Services	https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf	N		
202	AD	Relapse Prevention Program	https://www.hazelden.org/store/item/434137?The-Relapse-Prevention-Program	N		
303	OBOT	Motivational Enhancement Therapy (Motivational Interviewing)		Y	TxMOUD	
475	NTP	Pharmacotherapy-Medication Assisted Treatment (MAT)	https://www.samhsa.gov/medication-assisted-treatment	Y	MAT-HHSC	
475	NTP	Peer Services	https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf	N		Peer Support Services are an EBP
475	NTP	Motivational Enhancement Therapy (Motivational Interviewing)		Y	MAT-HHSC	
475	NTP	Contingency Management	https://attcnetwork.org/centers/attc-network-coordinating-office/contingency-management-part-1-evidenced-based-approach	N		
475	NTP	COWS (Clinical Opiate Withdrawal Scale)	https://nida.nih.gov/sites/default/files/ClinicalOpiateWithdrawalScale.pdf	N		
475	NTP	Brief Addiction Monitoring (BAM)	https://www.mentalhealth.va.gov/providers/sud/docs/BAM_Scoring_Clinical_Guidelines_01-04-2011.pdf	N		
202	AD	Clinical Opiate Withdrawal Scale (COWS)	https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2	Y	TAC 448	
202	AD	Clinical Institue Withdrawal Assessment (CIWA)		Y	TAC 448	
202	AD	BAM (Brief Addiction Monitor)	https://www.mentalhealth.va.gov/providers/sud/docs/BAM_Scoring_Clinical_Guidelines_01-04-2011.pdf	N		
202	AD	Seeking Safety	https://www.cebc4cw.org/program/seeking-safety-for-adults/detailed	N		
202	AD	Relapse Prevention Program	https://www.hazelden.org/store/item/434137?The-Relapse-Prevention-Program	N		
202	AD	Motivational Enhancement Therapy (Motivational Interviewing)	https://motivationalinterviewing.org/understanding-motivational-interviewing	Y	TRA-HHSC	
425/537/538	RTR	Seeking Safety	https://www.cebc4cw.org/program/seeking-safety-for-adults/detailed	N		
425/537/538	RTR	Anger Management-for substance abuse and mental health clients	https://store.samhsa.gov/sites/default/files/d7/priv/anger_management_workbook_508_compliant.pdf	N		
425/537/538	RTR	Understanding Depression and Addiction	https://www.hazelden.org/store/item/12888?Understanding-Depression-and-Addiction-DVD-CD-ROM	N		
425/537/538	RTR	A New Direction *(All sessions but Preparing for Release)*	https://www.hazelden.org/web/public/anewdirection.page	N		
425/537/538	RTR	The Relapse Syndrome	https://www.gorskibooks.com/	N		
425/537/538	RTR	Pathways to Recovery	https://kuscholarworks.ku.edu/handle/1808/32188	N		
425/537/538	RTR	Stop The Chaos	https://www.hazelden.org/store/item/31?Stop-the-Chaos-Workbook#:~:text=Stop%20the%20Chaos%2C%20a%20comprehensive,for%20healthy%20thinking%20and%20living.	N		
425/537/538	RTR	Criminal Conduct and Substance Abuse Treatment-Strategies for S	https://us.sagepub.com/en-us/nam/criminal-conduct-and-substance-abuse-treatment-the-providers-guide/book226610	N		
392	BTR	Motivational Enhancement Therapy (Motivational Interviewing)		N		
392	BTR	Recovery Capital	https://eipd.dcs.wisc.edu/non-credit/WI_Voices/Peer-Support-ED-Setting/story_content/external_files/Recovery%20Capital%20Scale-update.pdf	Y	Austin Public Health-Substance Misuse	
860	Peer	Peer Services	https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf	Y		
860	Peer	Motivational Interviewing	https://motivationalinterviewing.org/understanding-motivational-interviewing	N		

OBOT	Office Based Opioid Treatment
NTP	Narcotics Treatment Program
RTR	Road to Recovery
BTR	Bridge to Recovery

LEAP (Listen, Empathise, Agree, Partner) Method	https://leapinstitute.org/	N	N/A	EMCOT at 911 Call Center uses this as a brief introduction to working with individuals experiencing Schizophrenia. Recommend review to integrate agency-wide.
V-Risk-10, Broset Scale		N	N/A	EMCOT at 911 Call Center uses this to train staff to identify risk and protective factors for other directed violence. Recommend review to incorporate agency-wide.
The CASE (Chronological Assessment of Suicide Events) Approach	https://nam11.safelinks.protection.outlook.cor	N	N/A	Four crisis clinicians across PES/MCOT/EMCOT are being trained in this approach with the potential for incorporation agency-wide.
Cultural Assessment of Risk for Suicide (CARS)		N	N/A	tool to increase culturally-competency in suicide risk detection among sexual and ethnic minority groups, including LGBTQ community. It is a relatively short self-reporting tool. Reviewing to incorporate with crisis staff. Recommend review to incorporate agency-wide.