

EXHIBIT -A

FY'12 PERFORMANCE MEASURES

October 1, 2011 – September 30, 2012

SUBSTANCE ABUSE MSO

A. Service Outputs

ATCIC will collect and report to the Department the following service outputs excluding clients served under the Parenting in Recovery grant:

1. Number of Unduplicated Clients Served

a. Information Required for Unduplicated Clients Served

ATCIC shall require treatment providers to report this information, which will include the following demographic information for each Eligible Client: gender, ethnicity, age, income status (percent of federal poverty level), zip code of residence (if available), and residence (which, as to services paid for by City funds, must be within the City of Austin, including those portions of Williamson and Hays counties located within the City of Austin; and, as to services paid for by County funds, must be within Travis County).

Referral Source (for each client, by target population) will also be reported.

For all homeless adult Eligible Client served, ATCIC will report the number served who were “literally homeless” and “marginally homeless” (as defined in this Agreement).

ATCIC also will report, by treatment provider, the number of Eligible Clients receiving treatment services who were engaged in case management services (external to the treatment provider network) as well, i.e., out of the total number of unduplicated Eligible Clients served.

b. Estimated Number of Unduplicated Eligible Clients to be Served

It is estimated that, during the FY'12 Renewal Term, approximately 481 unduplicated Eligible Clients will be served collectively from the homeless adult, high-risk women and high-risk youth target populations; plus approximately 65 unduplicated Eligible Clients referred by Downtown Austin Community Court; and approximately 20 unduplicated Eligible Clients referred by Parenting In Recovery. The total number of unduplicated Eligible Clients served during the year will depend on a number of variables, such as: (1) individual intervention/treatment needs (per clinical assessment); (2) treatment retention (per level of service and across the service continuum); (3) linkages between network providers; (4) service capacities available (at time of need); and (5) number of clients referred by Community Court; and (6) number of clients referred by Parenting In Recovery.

2. Units of Service Provided

This will be reported by type of service (in the continuum of services) for each target population: e.g., number of initial assessments completed, number of residential detoxification treatment days provided, number of intensive residential treatment days provided, number of hours of treatment provided for supportive outpatient services, etc.

Units of service provided are dependent upon several factors such as: (1) level(s) of service required by individual Eligible Clients and (2) length of stay at the different service levels (to be impacted by Utilization Management guidelines, individual client needs, and treatment retention).

3. **Funding Expended**

Funding expended by population (adult and youth) will be reported, to include projected expenditures (by population) for the contract period.

B. **Client Outcomes**

ATCIC will collect and report to the Department the following client outcomes for the FY'12 Renewal Term. Performance targets for these outcomes are shown below, specific to the particular target populations to be served under this Agreement.

	<u>Measure</u>	<u>Target Percentage</u>
1.	<i>Program Completion Rate (Treatment Retention). DSHS definition of "successful program completion" will be used for this measure.</i>	66%
2.	<i>Eligible Clients who completed detox services, who were referred to a subsequent level of treatment services.....</i>	100%
3.	<i>Eligible Clients discharged to a stable housing situation.</i>	80%
4.	<i>Eligible Clients employed or in school or training at discharge.</i>	55%
5.	<i>Eligible Clients satisfied with clinical services received.....</i>	95%
6.	<i>Eligible Client abstinence at 60-day follow-up.(non detox).....</i>	70%
7.	<i>Eligible Clients employed or in school or training at 60-day follow-up.</i>	60%
8.	<i>Eligible Clients living in a stable housing situation at 60-day follow-up.....</i>	85%
9.	<i>Reduction in criminal behavior (charges/arrests) at 60-day follow-up.</i>	90%

C. **Parenting in Recovery**

ATCIC, in lieu of direct reporting on PIR project participants, will collaborate with the PIR grant project by participating in sustainability meetings and providing expertise on substance abuse treatment, contracts and service funding.

D. **Managed Care "Systems" Outcomes**

These systems outcomes include the major benefits expected, over time, from the managed care arrangement described in this Agreement. ATCIC will be responsible for closely monitoring these indicators throughout the year to: (1) identify areas for improvement and (2) implement systems changes, as necessary, to promote the efficiency and effectiveness of the managed care network arrangement.

ATCIC will collect and report to the Department the following systems outcomes:

1. **Improved Client Access to Services**

This will be measured in two ways. First, the length of time from the time of request for assessment or services to benefit authorization by ATCIC. The target is 85% of requests will be authorized in 48 hours. Second, it will be measured by the length of time from benefit authorization by ATCIC to Eligible Client assessment or admission to service. The target is 100% of assessments or admissions to services will occur within 1 day or retroactively. MSO will report quarterly. **The reports are due by the 30th day of the months of January, April, July, and October 2012 .**

2. **Eligible Client Need to Level of Care and Length of Stay**

This will include a review of Utilization Management decisions by the MSO per client records and reconciliation of authorization, claims and Eligible Client records. MSO Provider Relations will provide the results in the Annual report. **The report is due by December 31, 2012 .**

3. **Annual Network Provider Satisfaction with ATCIC services**

This will include consideration of such factors as ease of communicating with the MSO; promptness of benefit authorizations; appropriateness of benefit authorizations; general customer service, etc. ATCIC will report detailed breakdowns of responses to network provider satisfaction survey questions annually. The target is 90% of those that complete the survey will indicate satisfaction with ATCIC service. **The report is due by December 31, 2012 .**

4. **Improvements in Network Continuum of Services**

This information will be provided in narrative form by ATCIC annually. This area will include, but is not limited to, the ATCIC's identification and closing of gaps in care; capacity obstacles addressed and remedied or improved; ATCIC's efforts with respect to Network development and marketing or community integration of the service system operated under this Agreement, etc.

ATCIC will report (in narrative form) monitoring activities of providers including number of monitoring visits per provider, summaries of findings and corrective actions taken by each provider to address under-performance. **The report is due by December 31, 2012 .**

E. ATCIC Services Outside the Agreement

Client services provided by ATCIC which are not considered to be reimbursable costs under this Agreement will not be counted in the service measures for this Agreement, but may be counted in the service measures for ATCIC under other Agreements between County, City and ATCIC for the purchase of direct client services, as determined by City and County to be appropriate under the terms of those agreements. ATCIC agrees to report to City and/or County under the terms of the relevant agreement any services that are provided as a result of provision of services to Eligible Clients served through this Agreement.