Planning and Evaluation

FY 2019 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

A Department of Travis County that serves the community under the guidance of the Commissioner's Court

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

- Protect vulnerable populations
- Invest in social and economic well-being
- Promote healthy living: physical, behavioral, and environmental
- Build a shared understanding of our community

VALUES

We value helping people.

- We provide accessible, person-centered services with respect and care.
- We work to empower people through our service to them, always honoring the strengths and differences of the individuals and families of Travis County.

We value the accountability and integrity of our staff.

- We value the diversity of our staff and the experience each of us brings to HHS.
- We honor our collective service to the public, including the careful stewardship of public funds.
- We value the quality services we provide to the community in a spirit of shared responsibility.

We value cooperation and collaboration in the community at large and within HHS.

- We are interdependent and connected.
- We treat one another with respect and value effective communication and teamwork.
- We honor our partners in the community and engage with them to more efficiently and effectively serve our clients.

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Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services Department (HHS), annually invests nearly $22 million in community-based social service programs using one-time and ongoing funding structures. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2019 Community Impact Report* offers community context most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as pilot and one-time investments under Family Services. The Executive Summary aggregates financial, demographic, and geographic information for all issue areas, and offers a discussion of poverty as a framework for HHS investments. Each issue area section begins with community context and then provides performance highlights. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report provides community context for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on the community.

This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

Community context discussed in this report reflects the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2018 through September 30, 2019) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

Performance results provide only a starting point for understanding the impact of these programs. These summary statistics are not necessarily an indication of the programs' overall performance, but rather a snapshot of their performance over a one-year period. Within these reports, service providers offer explanations for variance in performance, which provides context and meaning to summary results.

Performance results do not reflect programs' full value to and impact on the community. Therefore, it is important to keep the following considerations in mind when reviewing program performance.

Readers should use caution when comparing output and outcome results across programs, as participant characteristics can significantly influence a given program's performance goals and results. For example, performance results may be lower for programs with clients who face considerable challenges (e.g., serious mental illness or addiction issues) and have little social support.

Factors beyond the program's control may also impact the program's performance. For example, the relative scarcity or abundance of jobs in the local economy will impact client employment rates for a workforce development program, regardless of the quality of training and support provided. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

Readers should also use caution when examining outcome results for programs with less than 30 clients, in which the outcome of just a few clients can greatly affect the program's total outcome result. In these instances, examining percentages may be less helpful than examining raw numbers.

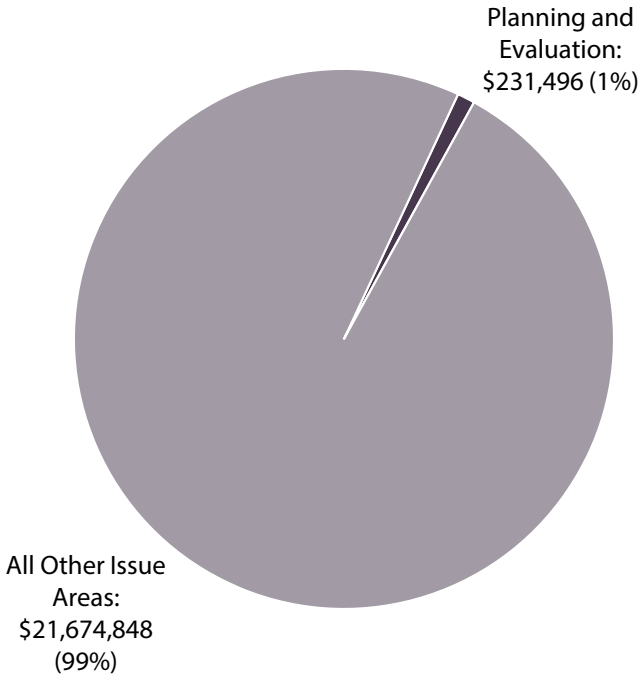
Finally, this report captures a selection of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. Performance measures may not all be equal in importance or value to the community.

Investment Overview

Goals and Services

HHS invests in programs that provide planning and evaluation services to supplement the Department's own planning and evaluation work. Programs within this issue area provide assessment, planning, and evaluation services. These services are designed to improve knowledge of community conditions and needs and improve the effectiveness and efficiency of health and human services. Services may include: community assessment, analysis, and reporting; community engagement and outreach; support to community planning processes; and evaluation, performance measurement, and related activities.

Investment in Planning and Evaluation and Other Issue Areas, FY 2019



Funding Summary

The FY 2019 Funding Amount reflects 12–month funding (October 1, 2018 through September 30, 2019) unless otherwise noted.

Agency Name	Program Name	FY 2019 Funding Amount
Children's Optimal Health	Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership	$35,000
Ending Community Homelessness Coalition, Inc.	ECHO	$50,000
Integral Care	Community Advancement Network	$68,096
Ray Marshall Center for the Study of Human Resources	Evaluation Services	$78,400

Children's Optimal Health

Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership

Program Description

The goals of the Collaboration and Spatial Analysis Information Opportunities in Conjunction with Children's Optimal Health (COH) Board Membership program include:

1. Provide data-driven maps and analyses of the status of health indicators, informing intervention in and prevention of child health risk factors. COH provides HHS leadership with information derived from studies done in subject areas related to the health and well-being of children.
2. Support Travis County with additional geo-spatial information of value to effective allocation of resources.
3. Through COH Board interaction, provide a collaborative leadership forum to share information regarding healthcare, housing, education, economic development, and social/emotional development, thus enhancing the ability to look at a broader definition of health.
4. Provide HHS leadership with information derived from COH community interactions with multiple direct service providers in subject areas related to the health and well-being of children for the purpose of targeting resources in the most effective manner. Additionally, COH provides the County multiple opportunities to be involved with and collaborate with other action partners in Travis County.

Funding

The total HHS investment in the Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership program from October 1, 2018 through September 30, 2019 was $35,000. This investment comprised 9.6% of their total program budget.

Children's Optimal Health

Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership

Targeted Stakeholders and Participants

Children's Optimal Health provides data and information services most specifically for the benefit of Board Members, which include Seton Healthcare Family, St. David's Foundation, Central Health, Superior HealthPlan, UT/Austin, City of Austin, Travis County, and others, as well as direct program providers, program planners and community collaborations, and administrators and other staff within school districts, all of whom use this data to inform decisions around program design, resource allocation and policy changes.

Children's Optimal Health: Collaboration and Spatial Analysis

The Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership program met or exceeded all but one performance goal, falling slightly short of targets for Board member participation (see the first outcome). Staff explained that Lone Star Circle of Care did not designate an attending Board member until the third Board meeting (May 2019) and United Way did not join until after the September 2019 Board meeting. These discrepancies have been rectified for the next fiscal year.

The number of investors increased by one in the last quarter of the year, with the addition of United Way to the Children's Optimal Health Board (see the second output). The number of new or updated legal agreements executed exceeded projections by one (see the fourth output). While the number of survey responses was lower than the goal, all organizational leaders reported that the information provided by COH was quite useful. The perceived explanation for the low return rate is continued 'survey apathy' based on increasing requests for survey participation through the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of voting members on the Board	16	15	107%
Number of investors in Children's Optimal Health	9	8	113%
Number of institutions with whom appropriate legal agreements for data receipt are in place at beginning of fiscal year	10	10	100%
Number of new or updated legal agreements for data receipt executed during the fiscal year	7	6	117%
Outcomes			
Percentage of voting members that participate in 70% or more of COH Board meetings (duplicated for each quarter)	69% (42/61)	80% (12/15)	86%
Percentage of organizational leaders who report that the spatial information provided by COH was quite useful	100% (16/16)	87% (26/30)	115%

Ending Community Homelessness Coalition, Inc.

ECHO

Program Description

ECHO is designated by the community as the unifying agency of the U.S. Housing and Urban Development (HUD) Continuum of Care (COC), and as such is a key conduit between HUD and the community on homeless programs. ECHO is responsible for planning and implementing systems to understand the extent of homelessness, to provide and manage a database that tracks housing units and services to clients, and to maintain compliance with HUD regulations such as implementing coordinated assessment and creating community priorities for homeless services.

Program goals include:

- Support HUD's COC services and the Austin/Travis County 10 Year Plan to End Chronic Homelessness and the Action Plan to End Homelessness;
- Conduct pulse counts and pop up events to count and assess hard to find people experiencing homelessness outside the urban core as bound by I-35, Lady Bird Lake, MOPAC and 38th street;
- Provide coordinated assessment, leadership, advocacy and awareness regarding the prevention, challenges and solutions to homelessness outside the City of Austin; and
- Implement system change via coordinated assessment, Permanent Supportive Housing and rapid rehousing, ensuring adequate focus outside the urban core.

Funding

The total HHS investment in the ECHO program from October 1, 2018 through September 30, 2019 was $50,000. This investment comprised 1.5% of their total program budget.

Targeted Stakeholders and Participants

As a coalition working to end homelessness, ECHO's constituency spans the continuum from homeless clients in Travis County, to individual volunteers and staff from local non-profits and government agencies, to elected officials and other policy makers.

Ending Community Homelessness Coalition, Inc.: ECHO

ECHO greatly exceeded the number and percentage of people living outside the Urban Core assessed through the coordinated assessment system (see the first output and the outcome). This result is due to a new required question on the Coordinated Assessment to determine geographically where homeless people typically reside, as well as the program's efforts described below.

ECHO did not conduct events outside the Urban Core during FY 2019 (see the second output). Upon consultation with Community Health Paramedics and the Healthcare for the Homeless team under Dr. Kuang, staff reported that ECHO instead pivoted in the third quarter from a one-time event strategy towards a strategy of better supporting the walk-in and navigation centers which were seeing the highest percentages of households who were from outside of the downtown core (primarily the Goodwill Norwood Career center up north, the Southeast Health and Wellness Center southeast, the Sunrise Navigation Center southwest, and the Care Connections Clinic south). These ongoing site-based efforts resulted in the near-doubling of assessments of clients from outside of the downtown core from the first two quarters of the year compared to the last two quarters.

Finally, ECHO staff noted that analyses of assessment results from clients who primarily reported to be living outside of the downtown core showed very broad similarities with the needs of clients who primarily reside downtown. However, on the whole, clients from outside the downtown core were found, on average, to score higher on the vulnerability index (an average of 10.3 vs. 9.7), more likely to report being female (49% vs. 36%), and more likely to have minor children in their household (20% vs. 12%).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of people, living outside the Urban Core, assessed through the coordinated assessment system	1,747	25	6988%
Number of Pulse Count / Pop Up Events outside the Urban Core	0	4	0%
Outcomes			
Percentage of people assessed through the coordinated assessment system who were outside the Urban Core	48% (1,747/3,614)	2% (25/1,600)	3094%

Integral Care

Community Advancement Network

Program Description

As a convener, connector and informer of individuals and organizations in Central Texas, the Community Advancement Network (CAN) provides a unique, cross-cutting, and collaborative forum to achieve CAN's vision and community goals: 1) We are safe, just and engaged, 2) Our basic needs are met, 3) We are healthy, and 4) We achieve our full potential. CAN's programmatic objectives are to connect efforts across issue areas, enhance awareness of issues, and promote collaboration and partnerships.

CAN's structure, services and products help individuals and organizations across issue areas, disciplines, sectors and jurisdictions to:

- Connect efforts across issue areas by providing a forum for them to network and learn about each others' issues and work;
- Enhance awareness of issues by compiling and sharing information on community issues, trends, needs, resources, and initiatives; and
- Promote collaboration and partnerships by providing a forum for people and organizations to gain a common understanding of issues, and identify common interests, goals, and opportunities to collaborate and leverage resources.

Funding

The total HHS investment in the Community Advancement Network program from October 1, 2018 through September 30, 2019 was $68,096. This investment comprised 21.4% of the total program budget. HHS also funds the Expanded Mobile Crisis Outreach Team, Main Mental Health Interlocal, Main Mental Health Interlocal: IDD Care Coordinator, Main Mental Health Interlocal: ThriveCare of Travis County, Parenting In Recovery/Family Drug Treatment Court, Substance Abuse Managed Services Organization, Substance Abuse Managed Services Organization: MAT, and System of Care Managed Services Organization, which are described in the Behavioral Health issue area report, and the Families With Voices/Familias Con Voces Collaborative, which is described in the Family Services report.

Integral Care

Community Advancement Network

Targeted Stakeholders and Participants

CAN convenes, connects, and informs individuals and organizations working to enhance the social, health, educational, and economic well-being of Central Texas. These individuals and organizations include elected officials, policy makers, agency executive managers, agency research and planning staff, issue area experts, community members, and service providers from the government, non-profit, private and faith-based sectors.

Integral Care: Community Advancement Network

The Community Advancement Network had mixed performance results for FY 2019. Staff reported that there were more people accessing data on the CAN Dashboard website than expected (see the fourth output). CAN convened State of the Safety Net Forums in March and June, and the publicity for these events may have led to increased visits to the CAN Dashboard site. The number of people opening the CAN Newsletter declined as the year progressed (see the fifth output). Staff noted that they are hosting more events, and all of those related communications may have discouraged subscribers to open other email communications from CAN. More unique individuals participated in CAN sponsored forums, summits, trainings or retreats than projected (see the seventh output). Staff believe that the series of State of the Safety Net Forums attracted individuals who would otherwise not have attended such an event.

The program did not meet the attendance goal for CAN partner organizations (see the first outcome). While 15 of the 26 partners attended 70% of board meeting, four other partners were one meeting shy of achieving this standard. Staff explained that there are several partners who have not attended regularly after changes in leadership. This situation makes it more difficult to meet the goal as these partners are inactive or only recently became reactivated.

The program fell short of goals on the percentage of survey respondents who reported that CAN activities promote collaboration and partnerships as well as those who reported that CAN's work helps them stay informed about community issues and efforts (see the second and third outcomes). Staff reported that a number of survey respondents chose to not answer the below survey questions, and others chose to remain neutral in their responses. Further, staff believe that these results could also be influenced by the fact that this year's survey was framed as input/feedback for creation of a strategic plan to set a future targets and directions rather than asking respondents about activities that they had previously attended.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of meetings convened	70	65	108%
Number of presentations on CAN Dashboard	28	30	93%
Number of visits to CAN website (duplicated)	19,028	20,000	95%
Number of visits to CAN Dashboard website (duplicated)	12,122	8,500	143%
Number of people viewing CANews (duplicated)	7,520	10,000	75%
Number of unduplicated people participating in at least one meeting convened by CAN staff	185	200	93%

Integral Care: Community Advancement Network

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of unduplicated people participating in at least one forum, summit, training, or retreat convened by CAN staff	270	200	135%
Outcomes			
Percentage of CAN partner organizations that participate in 70% or more of CAN Board meetings	58% (15/26)	72% (18/25)	80%
Percentage of people from the identified stakeholder groups who report that CAN promotes collaboration and partnerships	52% (49/94)	80% (100/125)	65%
Percentage of people who report that CAN's work helps them stay informed about community issues and efforts to enhance the community's well-being	70% (66/94)	80% (120/150)	88%
Percentage of people from the identified stakeholder groups who report that CAN connects efforts across issue areas, disciplines, sectors, and jurisdictions	73% (69/94)	80% (100/125)	92%

Ray Marshall Center for the Study of Human Resources

Evaluation Services

Program Description

Travis County annually invests in a range of workforce development activities and social services to support low-income residents who tend to face challenges to steady employment with sufficient earnings to support themselves and their families economically. To understand the impact of these services, Travis County has contracted with the Ray Marshall Center for the Study of Human Resources (RMC) at The University of Texas at Austin to conduct a longitudinal evaluation of its investments. In FY 2019, RMC prepared the third year analysis of outcomes and estimated net impacts of these investments across six contracted service providers.

Research questions to be addressed annually include the following:

- How effective are County-funded workforce development services, as measured by increased eligibility for unemployment insurance (UI) benefits, increased employment and employment retention, and increased earnings?
- What appears to impact service effectiveness and why?
- What changes can be made to services/treatments to improve outcomes for participants?
- How do participant outcomes compare to those of similar individuals who did not receive Travis County-funded workforce development services?

The outcomes evaluation documents the results of participation in each of the six workforce development programs based on five key measures of interest: the number of clients served; number employed; average quarterly earnings of those employed; monetary eligibility for UI benefits in the event of a job loss; and claims filed for UI benefits.

Funding

The total HHS investment in the Evaluation Services program from October 1, 2018 through September 30, 2019 was $78,400.

Ray Marshall Center for the Study of Human Resources

Evaluation Services

Targeted Stakeholders and Participants

The Ray Marshall Center for the Study of Human Resources does not provide direct social services to clients. Evaluation services are intended to inform policy makers, service providers, other research efforts, and the general public.

Performance Goals and Results

The evaluation reports on the impact of local investments in workforce development produced by the Ray Marshall Center are available at: http://raymarshallcenter.org/2006/01/01/an-evaluation-of-workforce/. Social service evaluation reports are provided directly to Travis County staff.

Appendix

2019 Federal Poverty Income Guidelines

Most HHS contracts require programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline (FPIG) level. Some programs have chosen to follow a more stringent threshold. The following table presents the federal poverty thresholds by household size and income.

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$6,245	$12,490	$15,613	$18,735	$24,980
2 persons	$8,455	$16,910	$21,138	$25,365	$33,820
3 persons	$10,665	$21,330	$26,663	$31,995	$42,660
4 persons	$12,875	$25,750	$32,188	$38,625	$51,500
5 persons	$15,085	$30,170	$37,713	$45,255	$60,340
6 persons	$17,295	$34,590	$43,238	$51,885	$69,180
7 persons	$19,505	$39,010	$48,763	$58,515	$78,020
8 persons	$21,715	$43,430	$54,288	$65,145	$86,860
For families/households with more than 8 persons, add $4,420 for each additional person.					

Data source: "2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 11, 2019, https://aspe.hhs.gov/poverty-guidelines.

2019 Austin Median Family Income Guidelines

Some programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$19,900	$33,150	$52,850
2 persons	$22,750	$37,850	$60,400
3 persons	$25,600	$42,600	$67,950
4 persons	$28,400	$47,300	$75,500
5 persons	$30,700	$51,100	$81,550
6 persons	$34,590	$54,900	$87,600
7 persons	$39,010	$58,700	$93,650
8 persons	$43,430	$62,450	$99,700

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50^{ths} (60%) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit.

Data source: "Austin-Round Rock, TX MSA FY 2019 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn.