Supportive Services for Community Living

FY 2017 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 over $19.5 million in community-based social service programs. 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 2017 Community Impact Report* offers highlights of community conditions 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 a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community conditions information and then provides performance highlights about the programs within that issue area. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report highlights community conditions 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 community conditions.

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 conditions discussed in this report reflect 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, 2016 through September 30, 2017) 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.

Community Conditions

Supportive Services for Community Living Goals and Services

Programs and services within this issue area work to promote independence and well-being of persons in need of and able to benefit from assistance to support community living. Toward this end, they work to empower these individuals to: make their own decisions and life choices; live in the home while ensuring the safety of the person and environment; and maximize quality of life and community engagement. Services may include: information, referral, and navigation; independent living skills training; home management and personal care services; counseling; case management; individual and systems advocacy; health and social services; improving access and reducing barriers to services; adult day care; and caregiver support.

Highlights of Community Conditions

Older adults who experience a decrease in mobility or cognitive functioning and people with disabilities often need support with life's daily activities, such as eating, bathing, dressing, managing medication, and housekeeping.[1] This type of assistance is referred to as long-term care or long-term services and supports. Services may be provided in a home or community-based setting, or in an institution such as a nursing home or intermediate care facility for individuals with intellectual and developmental disabilities. Due to changing federal policies and individual preference, there has been a significant shift to providing long term supports and services in the community setting rather than in an institution. The Americans with Disabilities Act (ADA) spurred the transition to community care in 1990 and was reinforced by the Supreme Court's Olmstead decision in 1999. In their decision, the Court held that the medically unjustifiable institutionalization of people with disabilities violates the ADA. The decision requires states to place individuals with disabilities in the community rather than in institutional settings when certain criteriaa are met.[2] In response to the Olmstead decision, the Texas Health and Human Services Commission established the Texas Promoting Independence Initiative in 2000 and issues a revised Promoting Independence Plan every two years, recently updated in 2017.[3]

a Criteria include: the state's treatment professionals determine that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated within state resources.

In addition to service and supports for basic care and safety needs, older adults with age-related decreases in functioning and individuals with disabilities often need support to maximize their quality of life and engagement with the community. Older adults—particularly those who live alone, have a physical impairment, have recently lost a partner close friend, or important role (such as employment), or have limited access to transportation or meaningful activities—are more susceptible to isolation.[4] Poor enforcement of policies intended to ensure access or accommodation, inadequate program funding, and societal prejudices often keep individuals with disabilities from being fully included in society, despite the many advances made to address historical discrimination and exclusion.[5]

System Overview: Long-Term Services and Supports

In 2014, about 13 million people age 18 and older needed assistance to perform daily activities.[6] Approximately 60% (7 million) adults needing help with daily activities were 65 or older.[7] Unpaid caregivers (relatives and friends) provide the majority of LTSS care in the United States.[8] For those who are unable to depend on a family member or friend for help, or for those who need care beyond what a relative or friend can provide, cost can be a significant barrier to obtaining care. For example, in the Austin area, the private pay annual cost of nursing home care is $83,950 (private room) and the annual cost of home health aide services is $49,764, based on 44 hours per week.[9] Nationally, Medicaid and Medicare cover 64.5% of LTSS spending and another 7% of total LTSS spending comes from other public funding sources.[b] Private funding sources cover 28.5% of LTSS funding with out-of-pocket expenses accounting for 17% of spending.[10]

In Texas, the Health and Human Services Commission (HHSC) implements Medicaid-funded long-term care services. HHSC administers Medicaid, including STAR+PLUS, a Texas Medicaid managed care program for people who have disabilities or are age 65 and over.[11] People in STAR+PLUS get Medicaid health-care and long-term services and supports through a medical plan that they choose.[12] HHSC also operates state supported living centers (SSCLs) and regulates nursing homes and intermediate care facilities, which can provide residential and long-term services for people aging and those with disabilities.

Despite federal and state programs, many individuals have outstanding needs or require additional supports. Local agencies and family caregivers often fill gaps in the long term care system that allow many older adults and people with disabilities to continue living in their homes and communities. Community providers, including the area agencies on aging and local mental health authorities, implement and supplement state administered programs with local resources and programs.[13] Support from family caregivers is critical for many individuals with disabilities and older adults with chronic care needs to

b Other public funding sources include the Children's Health Insurance Program, Veterans Health Administration, among others.

remain in their homes or communities.[14]

The AARP Public Policy Institute estimated that in 2013, over three million family caregivers in Texas provided 3.12 billion hours of care to adults with limitations in daily activities,[15] representing an economic value of $35.5 billion.[c,16] These additional services and supports from family and local resources reduce the financial strain on the long-term care system, but also highlight the shortcomings of the system that supports individuals and provides needed care to people in their communities.

Demand for Long-Term Services and Supports

Although more individuals want to receive long term services and supports in their homes and community, resources and funding have not kept up with increasing demand. In 2013, spending for home and community-based services accounted for 46 percent (or $56.6 billion) of total Medicaid long-term care funding, up from 32 percent (or $29.8 billion) in 2002.[17] In Texas, 55.4% of expenditures for Medicaid and state-funded long-term support services for older adults and people with physical disabilities went to home and community-based services.[18] Texas is ranked 7th nationally for the percent of Medicaid and state-funded long-term services and support spending going to home and community-based services as opposed to institutional care for older adults and people with physical disabilities.[d 19] However, the state ranks 31st national for percent of new Medicaid aged/disabled LTSS users first receiving services in the community.[20] Texas performs relatively well in the broad category of Affordability and Access (13th among the states), but is in the bottom half of states for Choice of Setting and Provider (26th), and Support for Family Caregivers (33rd), Quality of Life & Quality of Care (46th), and Effective Transitions (46th).[21]

Texas ranks nearly last around indicators of community-based inclusion for people with intellectual and developmental disabilities (IDD). The United Cerebral Palsy's *Case for Inclusion* ranks Texas 50th out of 51 (50 states and District of Columbia) in terms of how well state Medicaid programs serve those with IDD.[22] Texas is one of 19 states that does not meet the 80/80 community standard which requires that at least 80 percent of all individuals with IDD are served in the community and 80 percent of all resources spent on those with IDD are for community support.[23] While enrollment at the State Supported Living Centers (SSLCs) has been decreasing, Texas still operates more large public institutions than other states and houses more individuals in those institutions than most other states.[24]

c The estimates of the number of caregivers and care hours are based on a meta-analysis that synthesizes information from 11 nationally representative surveys of caregivers conducted between 2009 and 2014. The economic value per hour is based on state minimum wage, state home health aide median wage, and state median hourly cost of hiring a home health care worker. For a more detailed description of the methodology see http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-detailed-methodology.pdf.

d This data point is one of multiple indicators part of the Choice of Setting and Provider ranking available at www.longtermscorecard.org.

The May 2014 Sunset Advisory report recommended that due to declining enrollment, increasing costs, and questionable care, Texas should close 6 of its 13 remaining centers (the Austin SSLC was the first center recommended for closure by August 2017). The report proposed that the state focus its efforts on improving the remaining seven SSLCs and increasing the capacity of home and community-based programs for people with IDD.[25] This issue was taken up during the 85th Texas Legislature in 2017, but ultimately the bill that would have established a restructuring commission to determine up to five SSCLs for closure or consolidation did not pass.[26]

Texas offers waiver programs for people with IDD. These programs "waive off" traditional Medicaid rules and provide comprehensive, individualized, community-based services and supports to those who qualify as an alternative to institutionalization. Because the demand for community-based services and supports often outweighs available resources, applicants are placed on an interest list until waiver program services are available. When an individual reaches the top of the list, he or she is contacted by a caseworker to assess eligibility for services and will either be enrolled in services, denied services due to ineligibility, or declined services. As of August 2017, 141,065 unduplicated individuals were on an interest list for one or more Medicaid community service waivers.[27] The number of individuals on the list and the duration of the wait vary by waiver program. More than forty percent of the individuals on three of the five waiver program interest lists have to wait 5 years or longer or services.[28] Funding for interests lists is determined by the Texas Legislature and varies each biennium.

August 2017 Interest List Counts, by Years on List

Years on List	*Community Living Assistance and Support Services (CLASS)*		*Deaf Blind with Multiple Disabilities (DBMB)*		*Home and Community-based Services (HCS)*		*Medically Dependent Children Program (MDCP)*		*Star+Plus Waiver*		*Texas Home Living (TxHmL)*	
	Num.	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*	*Num.*	*Per.*
0-5	26,888	43%	302	100%	37,579	45%	18,764	100%	20,668	100%	39,270	59%
5-10	29,847	48%			37,802	43%					27,887	42%
10+	5,743	9%			10,115	12%					9	0.01%

Created by: Travis County HHS Research & Planning Division, 2017

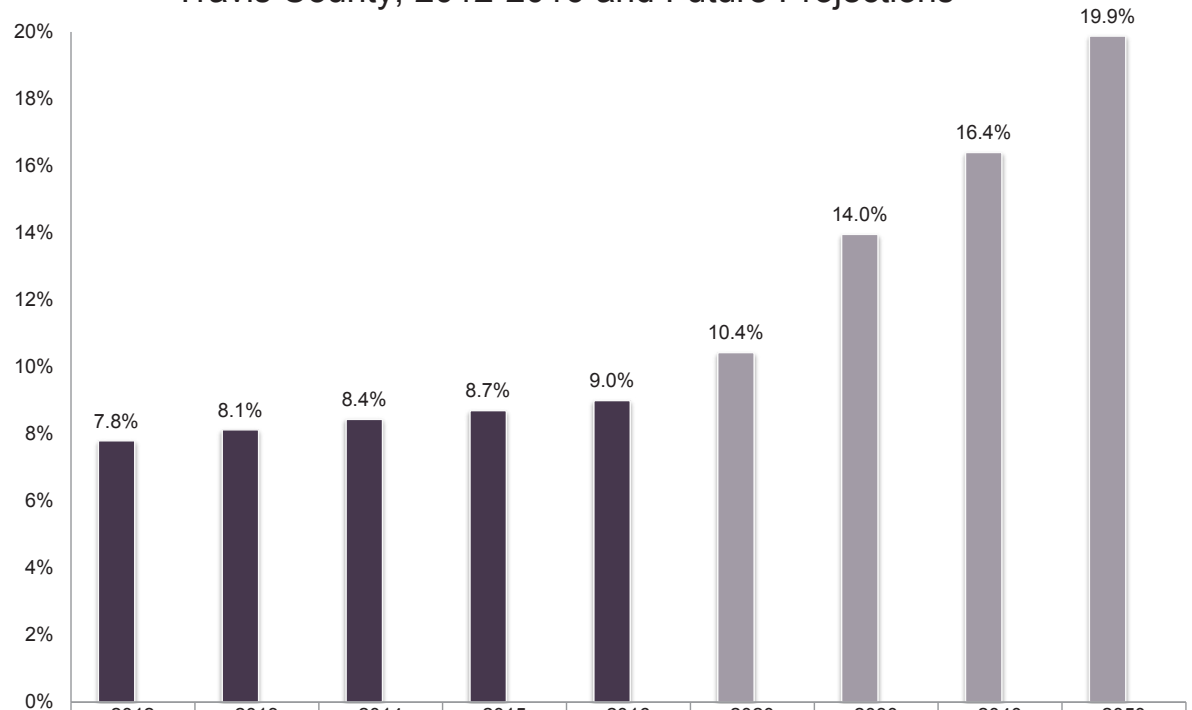
Data source: Texas Health and Human Services, https://hhs.texas.gov/about-hhs/records-statistics/interest-list-reduction

Demographic Trends

The aging population demographic trends suggest that long term supports and service needs will continue to rise. The older adult population in Travis County continues to increase in number and share

and is projected to comprise a growing percentage of the total population in the coming decades.

Adults Age 65 and Over as a Percent of the Population
Travis County, 2012-2016 and Future Projections



	2012	2013	2014	2015	2016	2020	2030	2040	2050
Pct. 65+	7.8%	8.1%	8.4%	8.7%	9.0%	10.4%	14.0%	16.4%	19.9%
Num. 65+	85,458	91,108	97,149	102,577	108,427	125,024	187,459	241,916	320,541

Created by: Travis County HHS, Research & Planning Division, 2017
Source data: U.S. Census Bureau, 2012-2016 American Community Survey 1-Year Estimates, B01001; 2014 Texas State Data Center Population Projections Release (Scenario 0.5)

Because the rate of disability increases with age, as the population grows older, the number of people living with a disability who may need services and supports will also likely increase. In 2016, 8% (96,303 individuals) of the total Travis County population had one or more disabilities.[29] However, among the older adult population, 32% (33,644 individuals) age 65 and over had a disability.[30] The following table provides additional detail regarding the number and type of disabilities for the overall population and compares the disability status of those younger than age 65 with that of those age 65 and over.[e]

e For definitions of the types of disabilities, please see the 2016 American Community Survey Subject Definitions: https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2016_ACSSubjectDefinitions.pdf

Disability Status, Number and Type by Age Civilian noninstitutionalized population, Travis County, 2016						
	Total Population *n=1,191,201*		*Population Under 65* *n=1,085,098*		*Population 65 and Over* *n=106,103*	
Disability Status	***Estimate***	***Percent***	***Estimate***	***Percent***	***Estimate***	***Percent***
With a disability	96,303	8%	62,659	6%	33,644	32%
One type of disability	52,999	4%	38,800	4%	14,199	13%
Two or more types of disability	43,304	4%	23,859	2%	19,445	18%
Disability Type						
Ambulatory difficulty	50,438	4%	27,674	3%	22,764	21%
Cognitive difficulty	39,245	3%	28,992	3%	10,253	10%
Hearing difficulty	27,835	2%	14,518	1%	13,317	13%
Independent living difficulty	31,928	3%	16,722	2%	15,206	14%
Self-care difficulty	20,072	2%	11,394	1%	8,678	8%
Vision difficulty	17,035	1%	11,045	1%	5,990	6%

Created by: Travis County HHS Research & Planning Division, 2017.

Source data: 2016 American Community Survey 1-Year Estimates, B18108 and S1810

Further Resources

Supportive Services for Community Living is related to the Public Health, Access to Basic Supports, and Housing Continuum issue areas. Access to healthcare providers and insurance may determine the availability or additional need for services and quality of care received. Many low-income older adults (8% in Travis County live below the poverty level[31]) and individuals with disabilities (16% in Travis County live below the poverty level[32]) likely need additional support to meet nutritional, transportation, and housing needs.

Below are some selected resources that provide more information about long-term care and issues effecting older adults and individuals with disabilities.

The Kaiser Family Foundation

www.kff.org

The Kaiser Family Foundation (KFF) is a major producer of policy analysis and research and a clearinghouse of news and information for the health policy community. Among a range of other topics, KFF provides extensive information about Medicaid (including long-term services and supports) and Medicare policy.

The AARP Public Policy Institute

www.aarp.org/research/ppi/

The AARP Public Policy Institute conducts and compiles research to inform the public debate on the issues we face as we age, and supports policy development to address our common need for economic security, health care, and quality of life.

The Arc

www.thearc.org

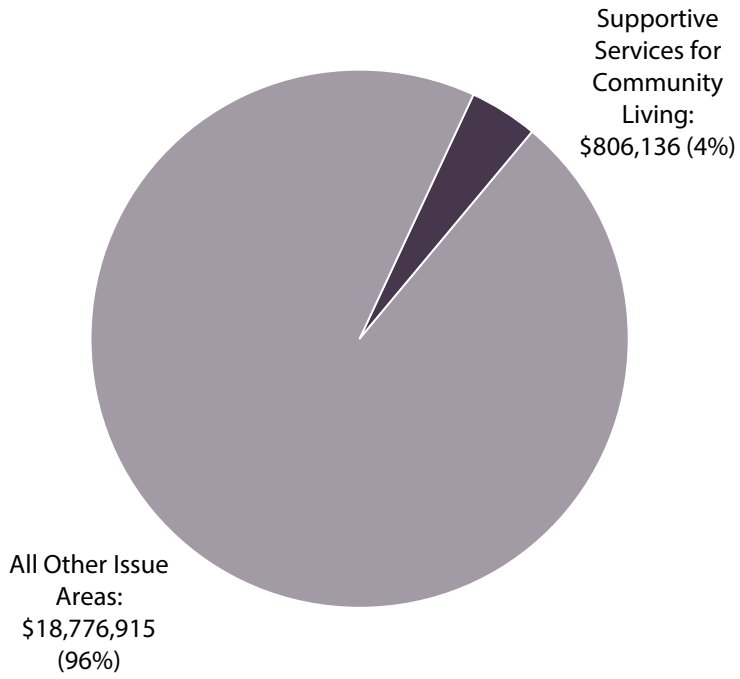
The Arc is a national organization with community-based chapters that advocates for and serves people with intellectual and developmental disabilities and their families. The Arc's website includes a variety of information about legislative and policy issues that affect people with disabilities.

Investment Overview

Our Investment

HHS has departmental and contracted programs that offer supportive services for community living. Contracted services in this issue area help the elderly and individuals with disabilities to remain in their homes and communities. Services are provided in the home or at the workplace and primarily focus on assistance with daily living activities or employment supports. The Department's Services for the Deaf and Hard of Hearing provides direct services to residents of Travis County. The Department's Family Support Services division also provides emergency assistance targeted to older adults and individuals with disabilities.

Investment in Supportive Services for Community Living and Other Issue Areas, FY 2017



Funding Summary

The FY 2017 Funding Amount reflects 12–month funding (October 1, 2016 through September 30, 2017) unless otherwise noted.

Agency Name	Program Name	FY 2017 Funding Amount
Any Baby Can of Austin, Inc.	Comprehensive Advocacy and Resources for Empowerment and Candlelighters Childhood Cancer Program	$9,538
Easter Seals Central Texas	Developmental and Clinical Solutions	$111,494
Easter Seals Central Texas	Employment Solutions	$64,500
Easter Seals Central Texas - Vaughn House, Inc.	Community Rehabilitation	$47,229
Family Eldercare, Inc.	Money Management and In-Home Care Services	$127,435
Helping the Aging, Needy and Disabled, Inc.	Homemaker Services/Personal Attendant	$22,849
Meals on Wheels and More, Inc.	Congregate Meals	$143,059
Meals on Wheels and More, Inc.	Meals on Wheels	$167,376
The Arc of the Capital Area	Case Management and Advocacy Services	$97,656
The Arc of the Capital Area	Guardianship Case Management Services	$15,000

Supportive Services for Community Living Client Demographics

The table below summarizes the demographics for clients served across Supportive Services for Community Living service providers. Note that clients participating in more than one supportive services for community living program are counted multiple times.

Gender	Num.	Pct.
Female	3,889	56%
Male	3,084	44%
Transgender	3	0.04%
Other or Not Specified	3	0.04%
Unknown	1	0.01%
Total	*6,980*	*100%*

Ethnicity		
Hispanic or Latino	1,937	28%
Not Hispanic or Latino	4,826	69%
Unknown	217	3%
Total	*6,980*	*100%*

Race		
American Indian and Alaska Native	36	1%
Asian	319	5%
Black or African American	1,679	24%
Native Hawaiian and Other Pacific Islander	12	0.2%
White	4,460	64%
Some other race	243	3%
Two or more races	47	1%
Unknown	184	3%
Total	*6,980*	*100%*

Age	Num.	Pct.
Under 5	95	1%
5 to 11	225	3%
12 to 14	86	1%
15 to 17	81	1%
18 to 24	128	2%
25 to 39	333	5%
40 to 54	746	11%
55 to 64	1,309	19%
65 to 74	1,773	25%
75 and over	2,191	31%
Unknown	13	0.2%
Total	*6,980*	*100%*

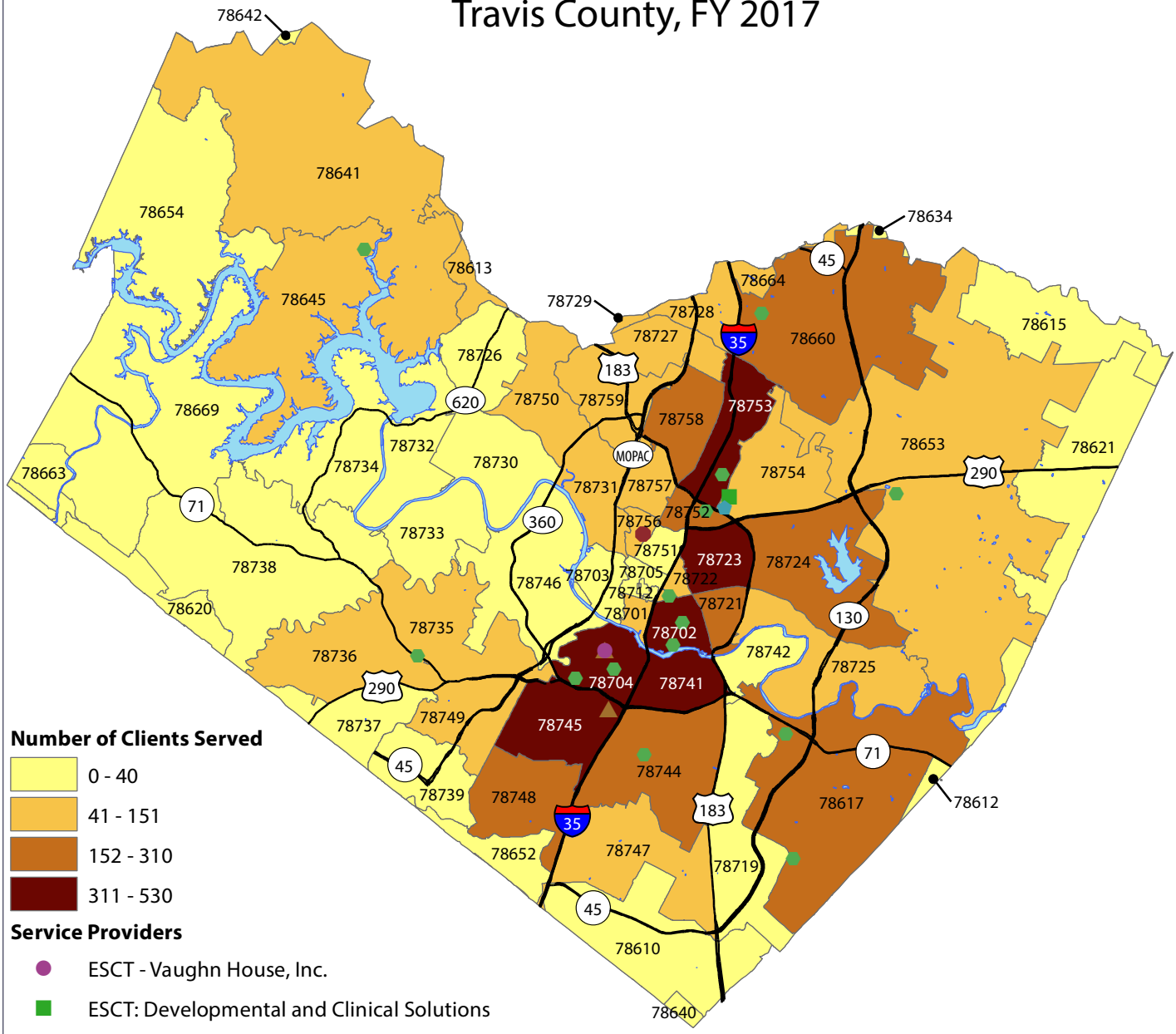
Income		
<50% of FPIG	1,306	19%
50% to 100%	2,707	39%
101% to 150%	1,481	21%
151% to 200%	602	9%
>200%	689	10%
Unknown	195	3%
Total	*6,980*	*100%*

Note: Percentages may not total to 100% due to rounding.

See Appendix for specific income guideline levels.

Supportive Services for Community Living

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2017



Number of Clients Served

- 0 - 40
- 41 - 151
- 152 - 310
- 311 - 530

Service Providers

- ESCT - Vaughn House, Inc.
- ESCT: Developmental and Clinical Solutions
- ESCT: Employment Solutions
- Family Eldercare, Inc.
- Meals on Wheels and More: Congregate Meals
- The Arc of The Capital Area

Service provision locations are not included for Any Baby Can of Austin, Helping the Aging, Needy, and Disabled, or Meals on Wheels and More: Meals on Wheels as services can be accessed anywhere the client is located.

Notes: This map shows 6,587 clients by ZIP code. 393 client (6% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless.

Source data: Contracted service providers, FY 2017.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2018.

N
0 2.5 5 Miles

Any Baby Can of Austin, Inc.

CARE and Candlelighters

Program Description

Any Baby Can's Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters Programs provide comprehensive medical case management services to or on behalf of children and youth with special health care needs and children with cancer. Any Baby Can's medical case management programs, which are provided by bilingual, bicultural Bachelor and Master's Level Social Workers, ensures that at-risk children, from families with limited resources, optimize their physical and emotional health by accessing primary care, specialist services, and supportive resources such as mental health services and basic needs assistance.

Funding

The total HHS investment in the CARE and Candlelighters program from October 1, 2016 through September 30, 2017 was $9,538. This investment comprised 1.7% of the total program budget. HHS also funds the Early Childhood Intervention Services and Professional Early Childhood Services programs, which are described in the Child and Youth Development issue area report.

Eligibility Criteria

The CARE program serves children between the ages of birth to 21 years old who have an unmet medical case management need, and reside in Travis, Williamson, Bastrop, and Hays Counties. The Candlelighters Program serves children ages birth to 21 years old who have a diagnosis of cancer or similarly treated blood disorder, and who reside in Travis, Williamson, Bastrop, Hays, Bell, Burnet, Caldwell, and Fayette Counties.

Any Baby Can of Austin, Inc.: CARE and Candlelighters

The CARE and Candlelighters program exceeded all of the performance goals for the year. Staff report that the program was able to have more direct client contacts and close out the medical case management for more clients due to being fully staffed for most of the program year (see second output and outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served through the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) programs	224	210	107%
Number of direct client contracts in the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) programs	1,328	745	178%
Outcomes			
Percentage of unduplicated children completing medical case management and achieving 75% of their service plan goals	89% (62/72)	80% (48/60)	111%

Easter Seals Central Texas

Developmental and Clinical Solutions

Program Description

The Developmental and Clinical Solutions program provides a continuum of care for individuals with disabilities in the areas of health, independent functioning, and clinical rehabilitation. The services will specifically provide comprehensive service coordination, wrap around services, training, and support services to individuals with significant disabilities to live within the community, and promoting improved functioning. The objectives are:

- Provide a significant level of health and clinical rehabilitation and wrap around services to a significant number of individuals
- Individuals served with Intellectual and Developmental Disabilities (formerly MR/DD) will improve in development, functioning, and/or quality of life and be satisfied with services
- Advocate for the rights of individuals with disabilities to participate in decisions, which affect their lives
- Increase knowledge and skill levels to identify and access community resources that can provide assistance with basic needs, education, housing, and counseling
- Identify and assist client in gaining access to community resources that will support in the maintenance of health/safety and basic needs.

Funding

The total HHS investment in the Developmental and Clinical Solutions program from October 1, 2016 through September 30, 2017 was $111,494. This investment comprised 49% of the total program budget. HHS also funds the Employment Solutions and Community Rehabilitation programs, which is described later in this report, and the Early Childhood Intervention program, which is described in the Child and Youth Development issue area report.

Easter Seals Central Texas

Developmental and Clinical Solutions

Eligibility Criteria

In order to be eligible for services, clients must demonstrate developmental skills which are at least one standard deviation below the mean in any one area of development (language, motor, or adaptive). Clients may be eligible if they demonstrate that their ability to function or participate in daily activities is inhibited by their delayed or atypical skills. Clients who receive speech, occupational, or physical therapy are eligible from age 3-18 years. After 18 years, clients may still be eligible for therapy and are evaluated on a case-by-case basis. There is no requirement for clients who receive audiology services. The population served is predominantly low-income (no greater than 200% of Federal Poverty Income Guidelines) individuals with disabilities.

Easter Seals Central Texas: Developmental and Clinical Solutions

The Developmental and Clinical Solutions program met most of the performance goals for this program year. According to staff, the number of unduplicated clients was less than anticipated due to a decrease in patients for audiological services, challenges with medical coverage for client services, and inconsistent follow up by clients (see first output). The number of hours of service delivered in the program was greater than the performance goal because there was a higher frequency of clients that staff treated on an ongoing basis in physical, occupational, and speech therapies (see second output). Clients attended therapies more consistently and therefore achieved and/or maintained the goals on the individualized plans of care (see second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in CORP	341	532	64%
Number of hours of service delivered in CORP (PT, OT, ST, and Audio services)	6,954	2,856	243%
Outcomes			
Percentage of clients reporting satisfaction with services received	99% (205/208)	95% (182/192)	104%
Percentage of CORP clients assessed who achieve/ maintain goals on their individualized plans of care	95% (125/131)	80% (91/114)	120%

Easter Seals Central Texas

Employment Solutions

Program Description

The Employment Solutions program strives to break down barriers to self-sufficiency by providing employment training, counseling, and other social service referrals for clients with intellectual, developmental, and/or physical disabilities. Four programs are offered under Employment Solutions.

- Transitions Program: provides skills training and the opportunity to develop a stable work history through experiences in the Easter Seals Central Texas (ESCT) Paid Job Training program in work tasks such as landscaping, creek clearing, and litter pick-up, and includes service coordination/case management and counseling to address the whole life needs of individuals in order to maximize independence. Referrals and linkages for housing, basic needs, and education are offered to each individual client based on their unique histories, goals, and needs identified during the paid job training experience.
- Follow Along Program: advocates to promote clients as viable candidates for jobs as well as provides support and counseling during employment to ensure satisfaction of both employer and employee and promote employee retention.
- Independent Living Program: promotes independence through the teaching and practice of life skills, decreases isolation within the disability community, and promotes an integrated community. Clients learn about various aspects of living independently, including: money management, transportation, self-advocacy, life skills, technology, crisis prevention and management, health monitoring, information and referrals, and participation in group social activities.
- Liberation Station Program: an assistive technology-equipped computer lab available to all clients served by ESCT. People with disabilities have access to the lab to perform job searches, complete and submit online job applications, create résumés, stay in touch with friends and family members, and enjoy the benefits that the internet offers.

Funding

The total HHS investment in the Employment Solutions program from October 1, 2016 through September 30, 2017 was $64,500. This investment comprised 15.4% of the total program budget. HHS also funds the Developmental and Clinical Solutions and the Community Rehabilitation program described in this report, and the Early Childhood Intervention program described in the Child and Youth Development issue area report.

Easter Seals Central Texas

Employment Solutions

Eligibility Criteria

Employment Solutions serves adults with intellectual, developmental, and/or physical disabilities, mental health disorders, chemical dependency, or a criminal background. In order to be eligible for services, clients must reside in Travis County and surrounding areas of Hays, Bastrop, and Williamson counties and report having a disability or other barrier to employment. Clients must be employed to enter the Follow Along program. For Transitions, clients are unemployed. For the Liberation Station and Independent Living programs, employment is not an eligibility factor. There are no specific income eligibility guidelines for Employment Solutions but the majority of clients served are at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Easter Seals Central Texas: Employment Solutions

The Employment Solutions program had mixed performance results. Staff report that the number of unduplicated clients served and the number of clients in the Transitions Program was higher than expected due to high carryover of participants and a high number of turnovers in the program (see first and second output). Due to employment opportunities within the county, clients left the Follow Along Program to pursue higher paying jobs in different settings (see third output). The Transition Program saw higher than expected turnover in clients potentially due to seasonal difficulties (see first outcome). The number of clients in Follow Along Program who retained employment for 90 days was lower than anticipated because of high turnover and fewer new referrals, while the percentage of clients retained in employment for 90 days is higher due to how Follow Along is calculated (see second outcome). The percentage of clients in Independent Living Program who participated in 2 or more activities per month enrolled was lower than expected due to difficulty scheduling and engaging clients in activities that were meaningful to them (see third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	413	284	145%
Number of unduplicated clients in the Transitions Program	317	180	176%
Number of unduplicated clients in Follow Along Program	64	88	73%
Number of unduplicated in Independent Living Program	15	16	94%
Number of client visits to Liberation Station	358	250	143%
Outcomes			
Percentage of clients in Transitions Program who retained employment for 90 days	26% (62/243)	60% (108/180)	43%
Percentage of clients in Follow Along who retained employment for 90 days	100% (64/64)	80% (70/88)	126%
Percentage of unduplicated clients in Independent Living Program who participated in 2 or more activities per month enrolled	7% (1/15)	88% (14/16)	8%

Easter Seals Central Texas - Vaughn House, Inc.

Community Rehabilitation

Program Description

The Community Rehabilitation program is dedicated to providing a support system for adults who are deaf/hard of hearing, the majority of which also have intellectual and developmental disabilities. The program aims to help them become as independent and self-supporting as their personal level of potential allows as well as to enhance their quality of life, safety and well-being. The Community Rehabilitation Program elements include:

- Supported Employment: The goal is to help individuals achieve long-lasting employment in a supervised environment.
- Day habilitation: The goal is to provide a safe and nurturing environment in the form of structured activities, with agreed upon goals for self-improvement directed by guardians and sponsors.
- Supported Home Living: The goal is to provide oversight and support to help ensure individuals are living in a safe and healthy environment, as well as helping them meet shopping and appointment requirements, and often includes outside socialization goals.

Funding

The total HHS investment in the Community Rehabilitation program from October 1, 2016 through September 30, 2017 was $47,229. This investment comprised 8.3% of the total program budget. HHS also funds the Developmental and Clinical Solutions and Employment Solutions programs, which are described earlier in this report, and the Early Childhood Intervention program, which is described in the Child and Youth Development issue area report.

Eligibility Criteria

The primary targeted client population is individuals living in Central Texas who are deaf or hard of hearing and have intellectual and developmental disabilities. While there is no income eligibility requirement, many clients receive public assistance such as Supplemental Security Income and/or Social Security Disability Insurance. Clients are also typically at risk of becoming homeless or institutionalized, and because they are deaf/hard of hearing, they risk being isolated and in danger of more serious consequences such as victimization or incarceration. The only program eligibility requirement is documentation confirming the client is deaf and diagnosed with a developmental disability.

Easter Seals Central Texas - Vaughn House, Inc.: Community Rehabilitation

The Community Rehabilitation program met most of the performance goals for the year. Staff report that due to extended retention in the janitorial training program, there were few openings for additional enrollment of new clients, resulting in fewer unduplicated clients served (see first output). The janitorial clients that required additional training influenced the high rate of retention in Supported Employment (see second outcome). The second output and first outcome were not reported due to changes in the program design during the program year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	48	55	87%
Number of unduplicated clients enrolled in Job Readiness Training	N/A	8	N/A
Number of unduplicated clients enrolled in Supported Employment	28	30	93%
Number of unduplicated clients enrolled in Supported Home Living and Day Habilitation	20	17	118%
Outcomes			
Percentage of clients who completed Job Readiness Training	N/A	63% (5/8)	N/A
Percentage of clients retained in Supported Employment for 180 days	100% (26/26)	80% (24/30)	125%
Percentage of clients remaining enrolled in Supported Home Living and Day Habilitation for 90 days	95% (18/19)	94% (16/17)	101%

Family Eldercare, Inc.

Money Management and In-Home Care Services

Program Description

The Money Management Program provides case management, bill payer, and representative payee services to adults who are unable to manage their own finances. Services provide a safety net to those at risk for premature institutionalization. This least restrictive form of assistance prolongs independent living by ensuring basic needs are met and prevents financial exploitation among frail and disabled adults.

The In-Home Care Services Program offers services on a sliding fee scale basis, which helps make services available to even very low income seniors and adults with disabilities. Services range from personal care, including feeding, bathing, and dressing, to homemaker services like housekeeping, errands, laundry, and transportation to medical appointments and other places clients may have difficulty reaching on their own. Services ensure that seniors are free of abuse, neglect, and exploitation, and ensure that their basic needs are met, including food, clothing, shelter, and medical care.

Funding

The total HHS investment in the Money Management and In-Home Care Services program from October 1, 2016 through September 30, 2017 was $127,435. This investment comprised 8.8% of the total program budget.

Eligibility Criteria

The Money Management Program targets adults with disabilities and seniors who are unable to manage their own finances and are at risk of financial exploitation, self-neglect, homelessness, and premature institutionalization. To be eligible for services the individual must live in Travis or Williamson County, have some form of income, and be an adult (age 18+) with a disability or a senior adult (age 55+).

The In-Home Care Services Program targets frail, low- and moderate-income seniors (age 55+) and adults with disabilities (age 18+) and their family members or other caregivers in Travis County. To be eligible for services an individual must be 18 years or older.

Family Eldercare, Inc.: Money Management and In-Home Care Services

The Money Management and In-Home Care Services programs met most of the performance goals for FY17. Staff report that due to problems recruiting and maintaining a stable workforce of Care Attendants, the number of clients served with In-Home care services was lower than expected (see first output). This was the first year that the program measures the number of clients assessed for in-home care and/or escorted medical transport provided Information & Referral to another resource, and the staff discovered they spend a lot of time providing these services to clients (see second output). The Money Management program exceeded performance goals due to serving more veterans (see third output, second and third outcome). The number of clients who responded to the In-Home Care and/or Escorted Medical Transport was less than anticipated (see first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated In-Home Care clients receiving In-Home Care Services and/or Escorted Medical Transport	132	200	66%
Number of clients assessed for In-Home Care Services and/or Escorted Medical Transport provided Information & Referral to another resource other than Family Eldercare	741	100	741%
Number of unduplicated clients served in the Money Management Program	670	495	135%
Outcomes			
Percentage of In-Home Care clients receiving In-Home Care Services and/or Escorted Medical Transport who responded favorably that services provided were beneficial in maintaining their independence	96% (27/28)	88% (35/40)	110%
Percentage of Money Management clients who are maintained in a safe environment where all basic needs are met for three months following initiation of services	97% (577/593)	95% (408/430)	103%
Percentage of Money Management clients served who have no new incidents of abuse, neglect or financial exploitation	99% (666/670)	95% (470/495)	105%

Helping the Aging, Needy, and Disabled, Inc.

Homemaker Services/Personal Attendant

Program Description

The Homemaker Services/Personal Attendant program at Helping the Aging, Needy and Disabled, Inc. (H.A.N.D.) is designed to provide in-home attendant services (non-medical) to elderly or disabled clients who are in immediate need of personal care. Some clients may qualify for Medicaid supports but are awaiting services, while others may need assistance but cannot afford private pay rates. This program provides a sliding scale fee for clients to receive services at little or no cost. The goal of the program is to maintain health, independence and assist the client in remaining in their own home setting and community for as long as possible. Clients generally receive 3-9 hours of care per week. Services provided include personal care tasks, such as bathing, feeding, and dressing, as well as housekeeping tasks, including cleaning and laundry.

Funding

The total HHS investment in the Homemaker Services/Personal Attendant program from October 1, 2016 through September 30, 2017 was $22,849. This investment comprised 9.1% of the total program budget.

Eligibility Criteria

This program serves Travis County residents with disabilities age 18 and older and residents over the age of 60 with conditions that limit their ability to perform necessary activities of daily living. Participants must have incomes at or below 250% of the Federal Poverty Income Guidelines (FPIG).

H.A.N.D. Inc.: Homemaker Services/Personal Attendant

The Homemaker Services/Personal Attendant program met nearly all the performance measures for this year. According to staff, the number of unduplicated individuals provided essential services was higher than expected due to an increase in referrals obtained through increased marketing outreach efforts in the community (see first and second output). The number of clients surveyed was lower than anticipated due to survey not reaching some client populations (see first and second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated individuals provided essential services (in home attendant care)	283	155	183%
Number of clients served with intake, assessment and referral services	346	175	198%
Outcomes			
Percentage of clients who report that services have helped them to remain in their own home	89% (84/94)	90% (99/110)	99%
Percentage of clients/households who report that H.A.N.D. provides quality home care services	85% (80/94)	90% (99/110)	95%

Meals on Wheels and More, Inc.

Congregate Meals

Program Description

The primary goal of the Congregate Meals program is to keep participants in their home by helping them maintain their highest level of cognitive and physical functioning through good nutritional choices in an inviting, active social setting. To achieve this, the program provides high quality, nutritious meals to adults, age 60 or older, that meet one-third of the Recommended Dietary Reference Intakes and the USDA's dietary guidelines for Americans meeting federal meal pattern requirements. The program provides nutrition and health education, exercise activities, social activities, and other community resource information to participants about the programs offered through Meals on Wheels and More and other service providers in Travis County. The program also solicits direct client feedback concerning satisfaction with the meals and social activities and recommendations for improvement.

Funding

The total HHS investment in the Congregate Meals program from October 1, 2016 through September 30, 2017 was $143,059. This investment comprised 14.5% of the total program budget. HHS also funds the Meals on Wheels program, which is described later in this report.

Eligibility Criteria

The Congregate Meals program serves individuals who are 60 years of age or older. Age is the only eligibility requirement. Meal sites are located in diverse communities throughout Travis County, and each site reflects the culture and ethnicity of the surrounding area.

Meals on Wheels and more, Inc.: Congregate Meals

The Congregate Meals program met or exceeded all the program goals for this fiscal year. Staff report that the program added additional locations during this year and increased outreach to certain populations which led to additional meals being served (see second output). The program continues to work with other agencies, community groups, and local groups to provide a variety of event options, which led to the number of events to be much higher than anticipated (see third output). The survey responses was greater than anticipated, which affected the outcome measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,549	1,500	103%
Number of meals provided	101,465	90,000	113%
Total number of events	756	350	216%
Total number of educational programs	74	80	93%
Outcomes			
Percentage of clients who report that if not at the Congregate Program they would be home alone	69% (624/905)	65% (406/625)	106%
Percentage of clients that report the congregate program is an important source of food for them during the week	84% (760/905)	80% (500/625)	105%

Meals on Wheels and More, Inc.

Meals on Wheels

Program Description

The Meals on Wheels program helps seniors and persons with disabilities "age in place" in the community and avoid premature or unnecessary institutionalization. The program delivers nutritious meals to clients, ensuring that they receive the nutrition they need to stay healthy and out of hospitals or nursing homes longer. The program provides a safety net for homebound, often frail, seniors and younger individuals with disabilities. Depending on the self-selected meal delivery schedule chosen by the clients, a dedicated volunteer or staff person from Meals on Wheels checks on the welfare of approximately 2,000 homebound individuals each day. Their professional case management team offers assistance to all clients who need help finding and enrolling in additional programs in the community or providing knowledge of resources offered by Meals on Wheels and More.

Funding

The total HHS investment in the Meals on Wheels program from October 1, 2016 through September 30, 2017 was $167,376. This investment comprised 3.9% of the total program budget. HHS also funds the Congregate Meals program, which is described later in this report.

Eligibility Criteria

The program aims to serve individuals with either or both physical or cognitive deficits. Potential meal recipients must meet basic guidelines for eligibility: 1) have a difficult time preparing an adequate meal, 2) be primarily homebound, 3) have a limited support system that is not available during the delivery hours, 4) is home to receive meals during normal delivery. There are no income requirements to participate in the home delivered meal program but many clients live at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Meals on Wheels and More, Inc.: Meals on Wheels

The Meals on Wheels program met the performance goals for FY17. According to staff, many clients fell within the time frame for re-evaluation of services, which affected the percentage of clients who improved or maintained their nutritional status while receiving meals (see second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	3,196	3,030	105%
Number of lunch meals prepared for clients	570,425	535,000	107%
Outcomes			
Percentage of returned client surveys which indicate that daily meals satisfy an essential part of their daily nutritional needs	88% (682/772)	90% (600/667)	98%
Percentage of nutritionally at risk clients who have improved or maintained their nutritional status while on meals for six months or longer	67% (1,125/1,687)	75% (1,082/1,442)	89%

The Arc of the Capital Area

Case Management and Advocacy Services

Program Description

The Case Management and Advocacy Services program has two components: case management and advocacy for juveniles, and case management for adults with intellectual and developmental disabilities. The first component strives to prevent juvenile involvement in the criminal justice system. The program provides positive alternatives to criminal behavior among youth with intellectual and developmental disabilities in order to prevent them from entering or re-entering the criminal justice system and to allow them to remain in school, reach graduation, and successfully transition into the community. The second component works to prevent institutionalization of adults with intellectual and developmental disabilities. The program provides direct assistance and referrals to adults with intellectual and developmental disabilities to live independently in the community. For both components, services may include home monitoring and visits, legal and/or special education advocacy, housing stability and crisis assistance, and relationship and self-esteem building.

Funding

The total HHS investment in the Case Management and Advocacy Services program from October 1, 2016 through September 30, 2017 was $97,656. This investment comprised 47.7% of the total program budget. HHS also funds the Guardianship Case Management Services program, which is described later in this report.

Eligibility Criteria

In the case management and advocacy for juveniles component of the program, clients must: be between the ages of 11 and 17, reside in Travis County, have a diagnosis of an intellectual or developmental disability, be currently involved in or at risk of involvement in the juvenile justice system (at-risk juveniles are defined by factors that would increase their chances of criminal activity; examples of factors include: another family member involved in the criminal justice system, significant number of missed school days and/or occurrence of disciplinary action at school), and be enrolled in special education.

In the case management for adults component of the program, clients must: be 18 years of age or older, reside in Travis County, and have a diagnosis of an intellectual or developmental disability.

The Arc of the Capital Area: Case Management and Advocacy Services

Performance Goals and Results

The Case Management and Advocacy Services program had mixed performance results for this program year. Staff report that due to turnover, client intake, visits, and hours spent with clients was lower than anticipated (see first, second, third, and fifth outputs and third and fourth outcomes). The number of Special Education/Admissions, Review, Dismissal meetings, and/or juvenile court appearances attended by staff and the number of direct juvenile client visits was lower than anticipated due to logistical challenges and not accounting for time spent with probation officers, as well as an increase in juvenile clients entering program services with probation officers, negating court appearances and processes (see fourth and sixth outputs). The low intake numbers of juvenile clients affected first and second outcome. There were also a high number of juvenile clients whose charges were being deferred into participation in COPE and/ or deferred adjudication (see second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	110	135	81%
Total number of unduplicated juvenile clients served	36	46	78%
Total number of unduplicated adult clients served	74	89	83%
Total number of Special Education/Admissions, Review, Dismissal meetings and/or juvenile court appearances attended by staff	62	276	22%
Total number of case management service hours completed for adult clients	1,374	1,848	74%
Total number of direct juvenile client visits	106	230	46%
Total number of direct adult client visits	821	756	109%
Outcomes			
Percentage of juvenile clients who remained in school or working while receiving services	88% (23/26)	86% (36/42)	103%
Percentage of juvenile clients who did not offend/ reoffend while receiving services	100% (26/26)	86% (36/42)	117%
Percentage of adult clients achieving/maintain self-sufficiency due to services, individual goals and service plans	97% (56/58)	88% (74/84)	110%
Percentage of adult clients with improved quality of life due to services, individual goals and service plans	97% (56/58)	88% (74/84)	110%

The Arc of the Capital Area

Guardianship Case Management Services

Program Description

The goal of the Guardianship Case Management Services program is to assist families of individuals with intellectual and developmental disabilities with applying for legal guardianship and other future care planning. Program participants receive assistance in obtaining court-awarded guardianship for their family member with an intellectual or developmental disability, in addition to case management assistance for other future care needs. Services available to program participants include:

- Interviews of potential participants to determine their eligibility and assess their individual needs to determine program suitability;
- Monthly scheduled group and individual orientation sessions to educate parents and caregivers of their legal rights, responsibilities, and resources related to guardianship and future care planning;
- Direct case management assistance to participants who are seeking to obtain court awarded guardianship, which includes assistance with completing the guardianship application and other legal documents, as is required by the Court;
- Coordination of pro-bono legal assistance for program participants and assignment of an attorney at court proceedings;
- Preparation for participants prior to appearances before the Court and the Court's review of their guardianship application.

Funding

The total HHS investment in the Guardianship Case Management Services program from October 1, 2016 through September 30, 2017 was $15,000. This investment comprised 38.7% of the total program budget. HHS also funds the Case Management and Advocacy Services program, which is described earlier in this report.

The Arc of the Capital Area

Guardianship Case Management Services

Eligibility Criteria

The Guardianship Case Management Services program targets family members and/or caregivers of an individual with an intellectual or developmental disability who is 18 years or older (at end of program) and requires partial or full guardianship. Eligible clients reside in Travis County, have a diagnosis of an intellectual or developmental disability, are age 18 years or older by the end of the program, and have an income at or below 200% of Federal Poverty Income Guidelines (FPIG).

The Arc of the Capital Area: Guardianship Case Management Services

The Guardianship Case Management program had mixed performance results this program year. According to staff, the number of clients served was lower than anticipated due to lesser outreach efforts (see output). The final number of clients was lower due to two families choosing alternatives to guardianship, and other families not meeting the income or program fee requirements (see outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	14	22	64%
Outcomes			
Percentage of clients receiving guardianship awards from the court	100% (9/9)	82% (14/17)	121%

Appendix

2017 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	$6,030	$12,060	$15,075	$18,090	$24,120
2 persons	$8,120	$16,240	$20,300	$24,360	$32,480
3 persons	$10,210	$20,420	$25,525	$30,630	$40,840
4 persons	$12,300	$24,600	$30,750	$36,900	$49,200
5 persons	$14,390	$28,780	$35,975	$43,170	$57,560
6 persons	$16,480	$32,960	$41,200	$49,440	$65,920
7 persons	$18,570	$37,140	$46,425	$55,710	$74,280
8 persons	$20,660	$41,320	$51,650	$61,980	$82,640
For families/households with more than 8 persons, add $4,160 for each additional person.					

Data source: "2017 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 26, 2017, https://aspe.hhs.gov/poverty-guidelines.

2017 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	$17,100	$28,500	$45,600
2 persons	$19,550	$32,600	$52,100
3 persons	$22,000	$36,650	$58,600
4 persons	$24,600	$40,700	$65,100
5 persons	$28,780	$44,000	$70,350
6 persons	$32,960	$47,250	$75,550
7 persons	$37,140	$50,500	$80,750
8 persons	$41,320	$53,750	$85,950

*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 2017 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn.

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32. U.S. Census Bureau, 2016 American Community Survey 1-year Estimates, Travis County, C18130, http://factfinder2.census.gov.