Supportive Services for Community Living

FY 2015 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

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 TCHHS/VS.
- 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 TCHHS/VS.

- 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 Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests nearly $17.5 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 TCHHS/VS investments in health and human services. The *FY 2015 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: Behavioral Health, Child and Youth Development, Food and Transportation, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development. The Investment Overview summarizes information from across all nine issue areas. 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, 2014 through September 30, 2015) 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 have experienced a decrease in mobility or cognitive functioning and persons with disabilities often need support to assist them with life's daily activities, such as bathing, dressing, shopping, or doing housework.[1] This type of assistance is typically 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 residential care facility for persons with intellectual or developmental disabilities. Long-term care recipients overwhelming prefer to receive services in a home or community-based setting rather than in an institution, and the law supports an individual's right to and the provision of community-based services. The 1999 Supreme Court case *Olmstead vs. L.C.* held that the medically unjustifiable institutionalization of persons with disabilities is a violation of the Americans with Disabilities Act,[2] and required states to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services, within certain conditions.[3,a] In response to the ruling, the Texas Health and Human Services Commission established the Texas Promoting Independence Plan, last revised in 2012.[4]

a Conditions include: the state's treatment professionals determine that such placement is appropriate; the affected persons do not oppose such treatment; and the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others who are receiving state supported disability services.

In addition to assistance meeting basic care and safety needs, persons with a disability or age-related decrease in functioning often need support to maximize their quality of life and engagement within the community. Limitations or poor enforcement of laws and regulations intended to assure access or accommodation, limited funding of programs, and societal prejudices often keep individuals with disabilities from being fully included in society, despite the many advances that have been made to address historical discrimination and exclusion.[5] 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, among other risk factors—are more susceptible to isolation.[6]

System Overview: Long-Term Services and Supports

An estimated more than 12 million Americans need long-term services and supports to assist them in life's daily activities.[7,b] About half of these are older adults age 65 and over and about half are people under age 65 with a disability.[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 issue in obtaining care. For example, in the Austin-Round Rock-San Marcos area, the private pay annual cost of nursing home care is $68,620 (single occupancy) and the annual cost of in-home care is estimated at $29,640 (30 hours of care per week).[9] While some are able to pay for care out-of-pocket (15% of long-term care expenditures nationally) or through long-term care insurance (7% of expenditures), a significant portion of expenditures (40%) are paid through Medicaid, the public health coverage program that (among other purposes) provides assistance paying for long-term care for low-income individuals and those who have exhausted personal income and savings.[10]

In Texas, Medicaid-funded long-term care services are implemented jointly by the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS). 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 support through a medical plan that they choose.[12] DADS oversees the public system for long-term services and supports for older adults and for people with intellectual or developmental disabilities. This includes directly administering long-term services and supports (other than those provided through STAR+PLUS) and licensing and regulating providers of these services.[13] Medicaid-

b This and the following statistic are drawn from Kaye, Harington, and LaPlante (2010), in which the authors explored data from five public use data sets to estimate the U.S. population in need of long-term care. Depending on the data source and variable definition, estimates for the broadly defined population needing long-term care vary from 10 million to 12.7 million. This report appears to be widely cited with significant variation in the specific figures utilized. No similar analysis appears to be available at a state or local level.

funded services administered through HHSC and DADS include home and community-based services as well as institutional care.[14] Some of these long-term care programs are entitlement programs, meaning that federal law does not and the state cannot limit the number of eligible individuals who can enroll, while other programs have limited capacity and maintain a waiting list.[15,c]

Local agencies and family caregivers are also key players in the long-term care system. Community providers, including the Area Agencies on Aging and local mental health authorities, implement some DADS administered programs[16] and supplement these state administered programs with local resources and programs. Support from family caregivers is critical for many individuals with disabilities or chronic care needs to remain in their own homes or communities.[17] The AARP Public Policy Institute estimated that in 2013, approximately 3.35 million family caregivers in Texas provided 3.12 billion hours of care to adults with limitations in daily activities,[18] representing an economic value of $35.5 billion.[19,d] Family caregivers play a vital role both for the individual who is receiving care and in reducing financial strain on the long-term care system.

Demand for Long-Term Services and Supports

Data on the national and state levels indicate a continuing shift toward home and community-based services and a demand for such services that outpaces the availability of funds. On a national level, 2013 was the first time that the majority of Medicaid long-term care dollars went towards home and community-based services rather than institutional care.[20] The percentage of Medicaid spending on home and community-based services has more than doubled in less than two decades, up from 18% in 1995 to 51% in 2013.[21] In Texas, 53.5% of expenditures for 2011 Medicaid and state-funded long-term support services for older adults and people with physical disabilities went to home and community-based services (compared with 50.0% in 2009).[22] Texas is ranked 7th highest 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;[e] New Mexico has the highest state rate with 65.4% in 2011.[23]

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c A description of each program in the wide range of DADS services is beyond the scope of this report. For a comprehensive overview see the Reference Guide available at http://dadscfo.dads.state.tx.us/ReferenceGuide/default.asp.

d 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.

e This data point is one of multiple indicators available at www.longtermscorecard.org. While Texas is ranked highly in this category, it is ranked 30th overall, performing relatively well in the broad categories of Affordability and Access (10th among the states), Choice of Setting and Provider (16th), and Support for Family Caregivers (11th), while ranking poorly in the categories of Quality of Life & Quality of Care (49th) and Effective Transitions (47th).

Texas does not rank highly around indicators of community-based inclusion for people with intellectual and developmental disabilities (ID/DD). The United Cerebral Palsy's Case for Inclusion ranks Texas 50th out of 50 states and the District of Columbia in terms of how well state Medicaid programs serve those with ID/DD.[24] Texas is one of 19 states that does not meet the 80/80 community standard (at least 80 percent of all individuals with ID/DD are served in the community and 80 percent of all resources spent on those with ID/DD are for community support).[25] Still, enrollment data from the State Supportive Living Centers (SSLCs), which provide campus-based direct services and supports for individuals with ID/DD, indicate a shift away from institutional care. Over the past five years, enrollment in state supported living centers has decreased by 16%, from an average monthly enrollment of 4,337 in FY 2010[26] to an average monthly enrollment of 3,439 in FY 2014.[27] A May 2014 Sunset Advisory report noted that Texas is one of few states that continues to maintain a large system of public residential institutions. The 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) and focus its efforts on improving the remaining seven SSLCs and increasing the capacity of programs for people with ID/DD living in the community.[28] This issue was taken up during the 84th Texas Legislature in 2015, but ultimately the bill that included the closing of the Austin center failed to pass.[29]

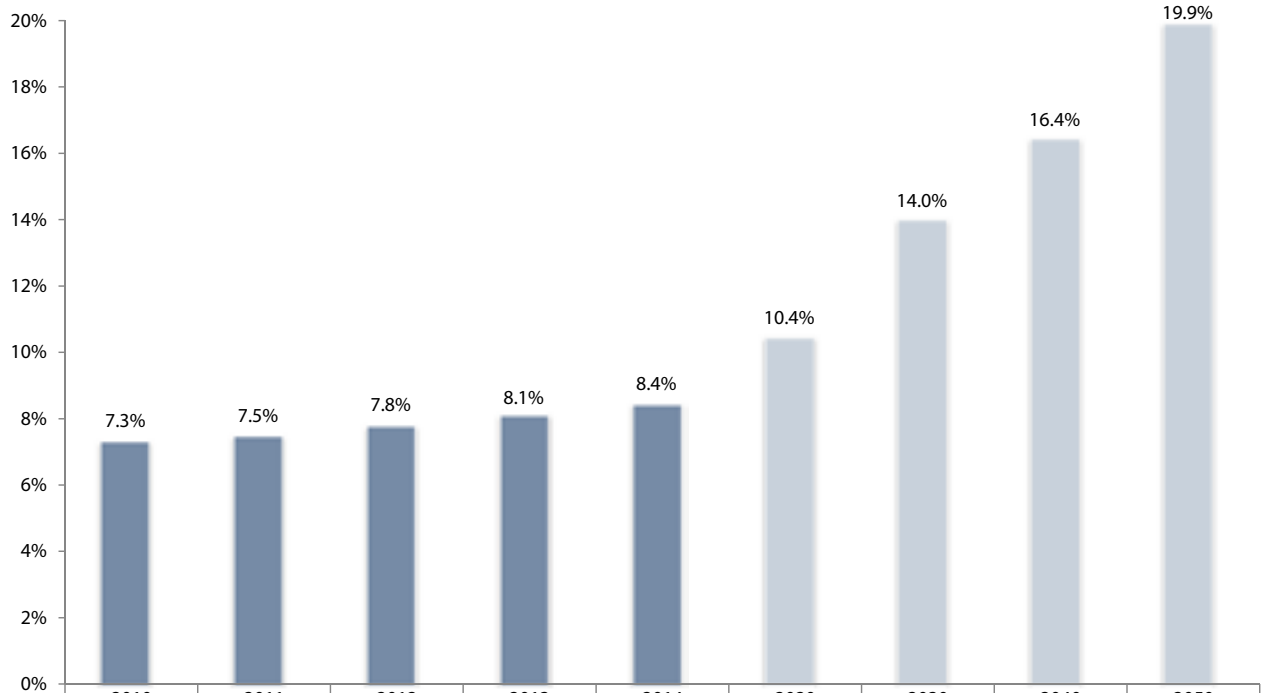
Because the demand for community-based services and supports often outweighs available resources, applicants' names may be placed on an interest list until services are available. When an individual reaches the top of the list, he or she will be contacted by a caseworker to assess eligibility for services and will either be enrolled in services, be denied services due to ineligibility, or decline services. As of the end of FY 2015, 102,037 unduplicated individuals were on a DADS interest list for one or more Medicaid community services waiver programs that provide comprehensive, individualized, community-based services and supports to those who qualify for admission to a nursing facility or an intermediate care facility.[30] The number of individuals on the list and the duration of the wait vary by program. Two of the longest lists are for the Home and Community Based Services (72,984 clients) and Community Living Assistance and Support Services (54,083 clients) programs, both of which provide services and supports for individuals of any age as an alternative to living in an intermediate care facility for individuals with an intellectual disability or related conditions.[31] About 70% of individuals on each of these two interest lists have been waiting for three years or longer; some individuals have been on these interest lists for more than 10 years.[32]

Demographic Trends

Demographic trends related to the aging of the population suggest that community support service needs will continue to grow. As shown in the following chart, the older adult population in Travis County has increased in number and share during recent years and is projected to comprise a larger percentage of the total population in the coming decades.

65 and Over Age Group as a Percent of the Population

Travis County, 2010-2014 and Future Projections



	2010	2011	2012	2013	2014	2020	2030	2040	2050
Pct. 65+	7.3%	7.5%	7.8%	8.1%	8.4%	10.4%	14.0%	16.4%	19.9%
Num. 65+	75,462	79,573	85,458	91,108	97,149	125,024	187,459	241,916	320,541

Created by: Travis County HHS/VS Research & Planning Division, 2015
Source data: U.S. Census Bureau, 2010-2014 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 2014, 8% of the total Travis County population, or about 96,242 people, had one or more disabilities.[33] However among the older adult population, 22% of individuals age 65 to 74 and more than half (53%) of individuals age 75 and over had a disability.[34] 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.[f]

Disability Status, Number and Type by Age Civilian Non-institutionalized Population, Travis County, 2014						
	Total Population		*Population Under 65*		*Population 65 and Over*	
	N=1,143,653		*N=1,048,908*		*N=94,745*	
Disability Status	***Number***	***Rate***	***Number***	***Rate***	***Number***	***Rate***
With a disability	96,242	8%	64,483	6%	31,759	34%
One type of disability	53,996	5%	38,956	4%	15,040	16%
Two or more types of disability	42,246	4%	25,527	2%	16,719	18%
Disability Type						
Ambulatory difficulty	47,321	4%	26,583	3%	20,738	22%
Cognitive difficulty	37,974	3%	31,223	3%	6,751	7%
Independent living difficulty	31,360	3%	17,926	2%	13,434	14%
Hearing difficulty	27,374	2%	15,300	1%	12,074	13%
Self-care difficulty	17,180	2%	10,589	1%	6,591	7%
Vision difficulty	16,555	1%	9,460	1%	7,095	7%

Created by: Travis County HHS/VS, Research & Planning Division, 2015
Source data: 2014 American Community Survey 1–Year Estimates, S1810 & B18108

Further Resources

Supportive Services for Community Living has ties with the Public Health, Food and Transportation, and Housing Continuum issue areas. Access to healthcare may determine the availability of services and the quality of care received. Many low-income individuals living with a disability (21% of those living with a disability have incomes below the poverty threshold)[35] who require assistance securing supportive services may also need help meeting their nutrition and housing needs.

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

f For definitions of the types of disabilities, please see the 2014 American Community Survey Subject Definitions: http://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2014_ACSSubjectDefinitions.pdf.

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

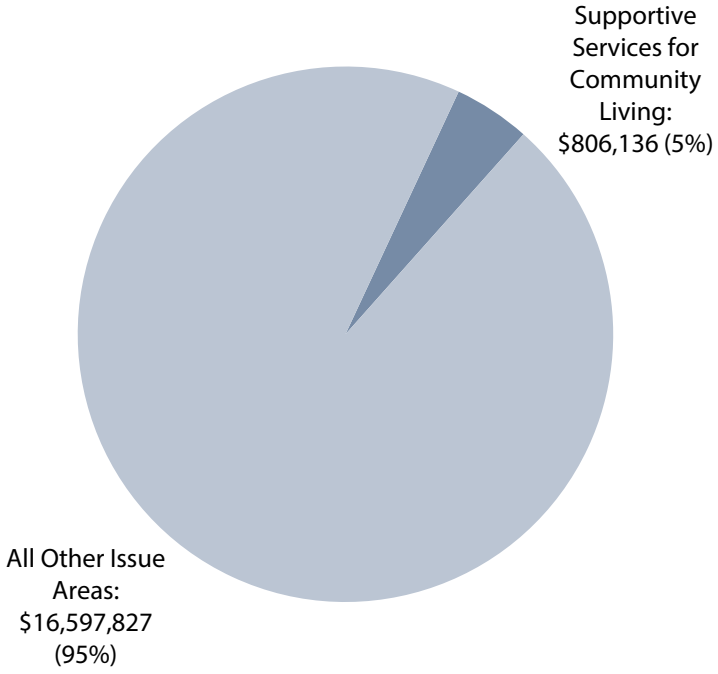
The Arc is a national organization with community-based chapters that advocates for and serves people with intellectual and developmental disabilities and their families. The Arc's website includes a variety of information about legislative and policy issues that affect people with disabilities.

Investment Overview

Our Investment

TCHHS/VS 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 2015



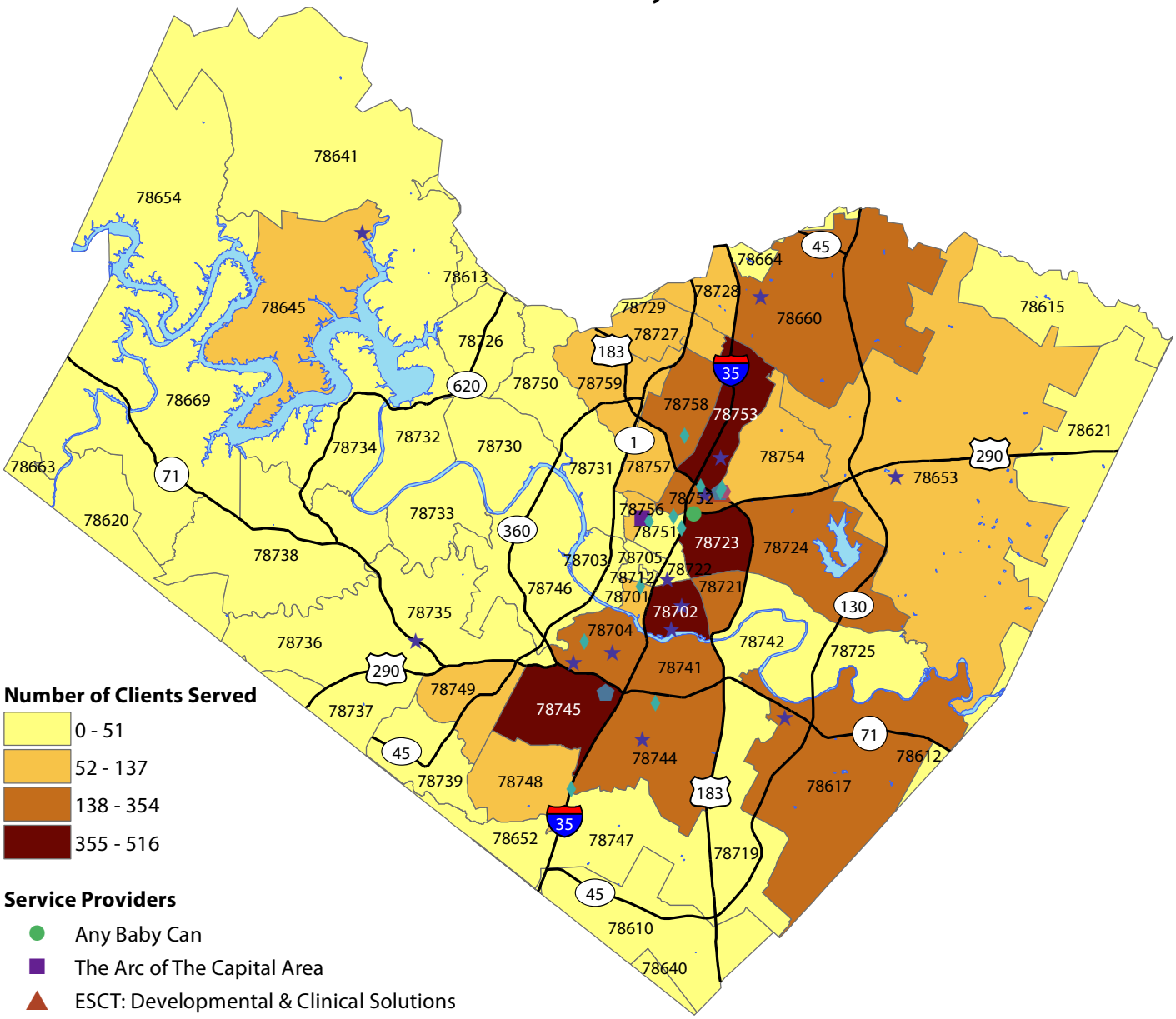
Funding Summary

The FY 2015 Funding Amount reflects 12–month funding (October 1, 2014 through September 30, 2015) unless otherwise noted.

Agency Name	Program Name	FY 2015 Funding Amount
Any Baby Can, Inc.	CARE and Candlelighters	$9,538
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
Easter Seals Central Texas	Developmental and Clinical Solutions	$111,494
Easter Seals Central Texas	Employment Solutions	$64,500
Family Eldercare	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
Vaughn House, Inc.	Community Rehabilitation	$47,229

Supportive Services for Community Living

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2015



Number of Clients Served

- 0 - 51
- 52 - 137
- 138 - 354
- 355 - 516

Service Providers

- Any Baby Can
- The Arc of The Capital Area
- ESCT: Developmental & Clinical Solutions
- ESCT: Employment Solutions
- Family Eldercare
- Meals on Wheels and More: Congregate Meals
- Vaughn House

Notes: This map shows 6,211 clients by ZIP code. 399 (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.

Service provision locations are not included for 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. Most of Any Baby Can's services are provided in the home.

Source data: Contracted service providers, 2015.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS, Research & Planning Division, 2015.

N

0 2.5 5 Miles

Any Baby Can, Inc.

CARE and Candlelighters

Program Description

The purpose of the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) Programs is to provide medical case management to assist families who have a child with special health care needs access and coordinate the use of needed services and resources. CARE and CDL program services increase the ability of families who have children with special health care needs to meet their children's needs and help them attain the highest level of functioning possible. In addition, the CDL Program provides case management services to help families of children throughout all stages of cancer, including initial diagnosis, treatment, remission, and bereavement. Both programs provide research-based case management and resource coordination in the homes of their clients weekly to monthly for 6 to 9 months. Program services include completion of a family needs assessment; creation of an individualized service plan; home visits to provide case management and support services; and referrals, advocacy, and support to help identify and create linkages to resources for the family.

Funding

The total TCHHS/VS investment in the CARE and Candlelighters program from October 1, 2014 through September 30, 2015 was $9,538. This investment comprised 1.6% of the total program budget. TCHHS/VS 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

Clients must be residents of Travis County and have a family income at or below 200% of the Federal Poverty Income Guidelines (FPIG). For the CARE program, children must be 21 years old or younger, have a chronic illness, physical or developmental disability, and must not currently receive Medicaid. For the CDL program, children must be 21 years old or younger and have been diagnosed with a childhood cancer or similarly treated blood disorder.

Any Baby Can, Inc.: CARE and Candlelighters

The CARE and Candlelighters program met two of three performance goals, falling slightly short of targets for the number of unduplicated clients served (see the first output). Staff explained that CARE experienced staff turnover several times throughout the year which caused the flow of cases to slow while current cases were re-assigned.

As new clients come into the program, staff spend a significant amount of time face-to-face with clients to build rapport and better understand and aid in the family's circumstances. Also, as new staff join the team and staff work to fill caseloads, there is an automatic increase in direct service hours. Finally, the CARE program participated in the Season for Caring campaign which supported one family with extra assistance and required the case manager to see the family face-to-face weekly, at minimum, for coordination of services. All of these factors contributed to a high number of direct client contacts (see the second output).

Due to staff turnover, service plan goals were extended and many clients stayed in the program longer to make sure all goals were addressed. This led to fewer clients exiting the program this year; however, most clients who completed medical case management achieved 75% of their service plan goals (see the 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	206	250	82%
Number of direct client contacts in the Comprehensive Advocacy and Resources for Empowerment (CARE) and Candlelighters (CDL) programs	1,646	1,200	137%
Outcomes			
Percentage of unduplicated children completing medical case management and achieving 75% of their service plan goals	98% (55/56)	90% (99/110)	109%

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. 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 resource development and referral, person-centered planning, legal and/or special education advocacy, and social/recreational opportunities.

Funding

The total TCHHS/VS investment in the Case Management and Advocacy Services program from October 1, 2014 through September 30, 2015 was $97,656. This investment comprised 47.7% of the total program budget. TCHHS/VS 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

This program had mixed performance results, exceeding goals on all outcome measures but falling short of expectations for most output measures. Staff explained that staff turnover led to fewer clients served overall (see the first output). In particular, staff turnover in the juvenile programs reduced the enrollment numbers across programs due to staff capacity (see the second and third outputs). Due to the smaller number of clients enrolled, fewer Special Education/Admission, Review, Dismissal meetings and/or juvenile court appearances were attended by staff (see the fourth output). Case management service hours (see the fifth output) were also lower than projected for a number of reasons: there were a large number of clients participating primarily in social events, versus one-on-one visits with their case manager; clients had decreased hours due to stabilization and less intensive case management needs; and clients who had been served with a high number of hours exited the program. Staff reported that positive relationships with probation officers and the court system has contributed to fewer clients offending/re-offending while receiving services (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	105	130	81%
Number of unduplicated juvenile clients served	34	46	74%
Number of unduplicated adult clients served	71	84	85%
Number of Special Education/Admission, Review, Dismissal meetings and/or juvenile court appearances attended by staff	192	276	70%
Number of case management service hours completed for adult clients	1,493	1,848	81%
Number of direct juvenile client visits	209	230	91%
Number of direct adult client visits	763	756	101%
Outcomes			
Percentage of juvenile clients who remained in school or working while receiving services	85% (29/34)	78% (36/46)	109%
Percentage of juvenile clients who did not offend/re-offend while receiving services	91% (31/34)	78% (36/46)	117%
Percentage of adult clients achieving/maintaining self-sufficiency due to services, individual goals and service plans	92% (65/71)	88% (74/84)	104%
Percentage of adult clients with improved quality of life due to services, individual goals and service plans	97% (69/71)	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 disabilities, in addition to case management assistance for other future care needs. Activities include: scheduled group and individual orientation sessions to educate parents and caregivers of their legal rights, responsibilities and resources related to guardianship; assistance to program participants who are seeking to obtain court-awarded guardianship in the completion of guardianship forms and other legal documents required by the Court; and preparing participants for appearances before the Court and for the Court's review of their guardianship application.

Funding

The total TCHHS/VS investment in the Guardianship Case Management Services program from October 1, 2014 through September 30, 2015 was $15,000. This investment comprised 38.7% of the total program budget. TCHHS/VS also funds the Case Management and Advocacy Services program, which is described earlier in this report.

Eligibility Criteria

Program participants must reside in Travis County, have a family member(s) with an intellectual or developmental disability (the individual with a disability must be 18 years or older by the end of the program), and have a household 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 Services program met the targeted range of performance for both measures. A slightly smaller number of clients chose to apply to the Court for guardianship awards than originally projected. Staff explained that some participants left the program due to issues obtaining waivers, assessments, and affordability barriers. However, a high percentage of participants was able to successfully complete the program, which staff attributed to their program's screening process and training materials.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	21	22	95%
Outcomes			
Percentage of clients applying to the Court for guardianship and receiving guardianship awards from the Court	93% (14/15)	82% (14/17)	113%

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 program provides comprehensive service coordination, wrap around services, training, and support services to individuals with significant disabilities to live within the community and promote improved functioning. Program services include the Comprehensive Outpatient Rehabilitation Program (CORP). CORP is a pediatric and adult medical rehabilitation program that includes physical, occupational, speech-language, and aquatic therapies in addition to service coordination, audiology, and transportation services. Licensed therapists provide one-on-one, and occasionally group, treatment for clients, focusing on teaching skills or compensatory techniques that enable clients to reach their maximum functional level.

Funding

The total TCHHS/VS investment in the Developmental and Clinical Solutions program from October 1, 2014 through September 30, 2015 was $111,494. This investment comprised 41.0% of the total program budget. TCHHS/VS also funds the Employment Solutions program, 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.

Eligibility Criteria

The program serves Travis County residents three years of age and older with a documented physical, neurological, intellectual, developmental disability or delay with the goals to maintain or increase level of functioning or independence, desire to improve quality of life, and commitment to participate in a client centered plan of care. The population served is predominantly low-income, i.e. less than 200% of Federal Poverty Income Guidelines (FPIG).

Easter Seals Central Texas: Developmental and Clinical Solutions

The Developmental and Clinical Solutions program met all but one performance goal. The program saw a lower percentage of CORP clients achieving/maintaining all goals on their individualized plan of care (see the second outcome). Staff noted that a number of clients discharged from the program due to relocation or other reasons other than achieving their goals. Further, the pool of clients assessed included clients who moved and clients that staff had lost contact with; these clients had not achieved or maintained all goals on their plan of care.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in CORP	502	532	94%
Number of hours of services delivered in CORP	9,213	9,648	95%
Outcomes			
Percentage of clients reporting satisfaction with services received	96% (245/255)	90% (173/192)	107%
Percentage of CORP clients assessed who report achieving/maintaining all goals on their individualized plan of care	57% (58/101)	80% (91/114)	72%

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 TCHHS/VS investment in the Employment Solutions program from October 1, 2014 through September 30, 2015 was $64,500. This investment comprised 30.8% of the total program budget. TCHHS/VS also funds the Developmental and Clinical Solutions program, which is described earlier in the report, and the Early Childhood Intervention program, which is 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 who reside in Travis County. The primary determinant for eligibility is a documented disability. There are no specific income eligibility guidelines for this program 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 met most of its goals, but fell short of targets on a few measures. Staff reported that the program had a higher than usual number of clients enter the Transitions Program due to increased employment opportunities and more work contracts available, which impacted the first and second output measures. Staff hoped to enroll more clients in Independent Living program (see the fourth output); however, the times available for activities and services limited the number of participants. Due to relocation of the Easter Seals administration office, there was no space to provide Liberation Services, causing a temporary delay in operation (see the fifth output). The program was moved to a satellite office and staff expect Liberation Station numbers to improve as more clients are able to participate at the new location. A slightly lower percentage of Transitions Program clients retained employment (see the first outcome); staff noted that seasonal layoffs and an unusually high rate of attrition, due to the availability of work hours and the type of work available, contributed to this result. Staff attributed the increased job stability for clients in the Follow Along Program (see the second outcome) to ongoing staff supports. Although fewer clients enrolled in the Independent Living program due to the activities schedule, activities were based on the schedules of a stable client population, which increased participation rates (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	354	284	125%
Number of unduplicated clients in Transitions Program	262	180	146%
Number of unduplicated clients in Follow-Along Program	82	88	93%
Number of unduplicated clients in Independent Living Program	13	16	81%
Number of client visits to Liberation Station	150	250	60%
Outcomes			
Percentage of clients in Transitions Program who retained employment for 90 days	51% (107/210)	60% (108/180)	85%
Percentage of clients in Follow Along Program who retained employment for 90 days	100% (78/78)	80% (70/88)	126%
Percentage of unduplicated clients in Independent Living Program who participated in 2 or more activities per month enrolled	100% (13/13)	88% (14/16)	114%

Family Eldercare

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.

Both programs prolong the time in which clients are able to live independently and not in a nursing home or similar institution.

Funding

The total TCHHS/VS investment in the Money Management and In-Home Care Services program from October 1, 2014 through September 30, 2015 was $127,435. This investment comprised 7.4% of the total program budget.

Eligibility Criteria

The Money Management Program targets adults (age 18+) in Travis County who are unable to manage their own finances and are at risk for financial exploitation, self-neglect, homelessness, and premature institutionalization. Clients served with Travis County funds are low-income (at or below 200% of the Federal Poverty Income Guidelines) and have no available or appropriate family or friends to assist in meeting their needs.

Family Eldercare

Money Management and In-Home Care Services

The In-Home Care Services Program targets frail, low- and moderate-income elders (age 55+) and adults with disabilities (age 18+) and their family members or other caregivers in Travis County. Clients served with Travis County funds are all at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Family Eldercare: Money Management and In-Home Care Services

Family Eldercare met or exceeded goals for all but one performance measure. There were fewer clients provided In-Home Care services than projected (see the first output) due to fewer than anticipated requests for services. Staff explained that they are competing with dozens of in-home care companies and their brand gets diluted in the process. Staff are actively working to increase their brand awareness and awareness of the program's sliding scale fees. The number of clients provided Money Management services exceeded goals (see the second output) due in large part to an influx of veteran clients that could be served under a grant the program was awarded in early 2015 by the Texas Veterans Commission. The additional funding allowed staff to serve a very specific population that is at high risk for financial exploitation.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients provided In-Home Care services	292	420	70%
Number of unduplicated clients provided Money Management services	585	360	163%
Outcomes			
Percentage of In-Home Care clients who are maintained in a safe environment where all basic needs are met	86% (165/191)	95% (190/200)	91%
Percentage of Money Management clients who are maintained in a safe environment where all basic needs are met	97% (505/523)	95% (342/360)	102%
Percentage of Money Management clients served who have no new incident of abuse, neglect or financial exploitation	99% (580/585)	95% (342/360)	104%

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 to elderly or disabled clients who are in immediate need. 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 is to maintain health and independence and assist clients in remaining in their own homes 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 TCHHS/VS investment in the Homemaker Services/Personal Attendant program from October 1, 2014 through September 30, 2015 was $22,849. This investment comprised 10.2% 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.: Homemaker Services/Personal Attendant

The Homemaker Services/Personal Attendant program met the targeted range of performance across all measures. Staff noted that they had a better response to customer surveys due to the use of telephone surveys (see the outcome measures).

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)	140	155	90%
Number of individuals served with intake, assessment, and referral services	181	175	103%
Outcomes			
Percentage of clients who report that services have helped them to remain in their own home	96% (128/133)	90% (99/110)	107%
Percentage of clients/households satisfied with services provided	95% (126/133)	90% (99/110)	105%

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 also 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. All of these essential services allow the participants to maintain and enhance their health and physical mobility, which are keys to maintaining their independence. Finally, the program solicits direct client feedback concerning satisfaction with the meals and social activities, and recommendations for improvement.

Funding

The total TCHHS/VS investment in the Congregate Meals program from October 1, 2014 through September 30, 2015 was $143,059. This investment comprised 16.2% of the total program budget. TCHHS/VS also funds the Meals on Wheels program, which is described later in this report.

Eligibility Criteria

The Congregate Meals program provides meals and activities to 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 goals for all but one performance measure. Fewer clients than expected reported that without the congregate program they would be home alone (see the first outcome). Social isolation is reduced by participation in community activities, so staff surmised that the longer individuals participate in the program, the more often they report a network of social contacts with whom they spend time outside of program hours. Staff plan to look into these results further and determine whether any changes are necessary.

A greater number of individuals from the community provided additional programming, including The University of Texas School of Nursing, Wesley Nurses, Pedernales Electric, Jonestown Police and Fire, and the Travis County Sheriff's Department, which increased the number of activities and special events (see the third output) and educational events (see the fourth output) offered. These activities resulted in an increase in the number of days participants attended the program each week, and thus in the number of meals provided (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,403	1,500	94%
Number of meals provided	93,769	83,000	113%
Number of activities and special events	255	126	202%
Number of educational events	136	30	453%
Outcomes			
Percentage of clients who report that without the congregate program they would be home alone	66% (333/505)	80% (360/450)	82%
Percentage of clients who report that the congregate program is an important source of food for them during the week	85% (429/505)	86% (385/450)	99%

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, providing a safety net for homebound, often frail elders and younger individuals with disabilities. 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.

The program delivers high quality, nutritious lunchtime meals to Travis County residents who are unable to provide for themselves because of a physical or mental impairment that makes activities of daily living more difficult. The program offers specially-designed meals to meet the client's health and dietary needs by providing five specialized diets that meet the US Department of Agriculture's Dietary Guidelines for Americans and provide one-third of the Dietary Reference Intake.

Funding

The total TCHHS/VS investment in the Meals on Wheels program from October 1, 2014 through September 30, 2015 was $167,376. This investment comprised 4.0% of the total program budget. TCHHS/VS also funds the Congregate Meals program, which is described earlier in this report.

Eligibility Criteria

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) live in the service delivery area, and 5) score a 20 or above on a functional screening tool. Caregivers who score below 20 on the functional tool may also receive meals through as program as a respite to the caregiver. There is no age requirement to participate, and although having a low income is not an eligibility requirement, a majority of those served by the program live at or below 200% of the Federal Poverty Income Guidelines (FPIG).

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

All measures fell within the targeted range of performance expectations. Staff members reported that their annual client survey was modified in appearance and new questions were asked. The new format may have inspired more people to respond to the survey (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,947	2,875	103%
Number of lunch meals prepared for clients	527,484	507,000	104%
Outcomes			
Percentage of returned client surveys which indicate that daily meals satisfy an essential part of their daily nutritional needs	90% (316/350)	90% (239/265)	100%
Percentage of nutritionally at risk clients who have improved or maintained their nutritional status while on meals for six months or longer	70% (1,040/1,493)	75% (1,020/1,360)	93%

Vaughn House, Inc.

Community Rehabilitation

Program Description

Vaughn House, Inc. is dedicated to providing a support system for adults who are deaf/hard of hearing and who may also have intellectual and developmental disabilities. The program works to help these adults become as independent and self-supporting as their personal level of potential allows, as well as enhance their quality of life. The Community Rehabilitation program elements include:

- Supported Employment: helps individuals achieve long-lasting employment
- Day Habilitation: provides a safe and nurturing environment in the form of structured activities, as well as appropriate goals for self-improvement
- Supported Home Living: provides 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 TCHHS/VS investment in the Community Rehabilitation program from October 1, 2014 through September 30, 2015 was $47,229. This investment comprised 7.3% of the total program budget.

Eligibility Criteria

The primary targeted client population is individuals living in the City of Austin and Travis County who are deaf or hard of hearing and have intellectual and developmental disabilities. While there is no income eligibility requirement, many receive public assistance such as Supplemental Security Income and/or Social Security Disability Insurance, as well as case management from local social service agencies. 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.

Vaughn House, Inc.: Community Rehabilitation

The Community Rehabilitation program met or exceeded all but one performance goal. Staff noted that they were unable to accept more clients in Supported Home Living and Day Habilitation due to a specified client to staff ratio of 5:1 or 1:1 based on level of need. There was at least one client needing a 1:1 ratio, thus limiting the program capacity and the total number of clients served (see the fourth output). Increased work opportunities for job readiness training and supported employment due to new custodial contracts influenced both the number of clients served by these programs (see the second and third outputs) as well as the Job Readiness completion rate and the Supported Employment retention rate (see the first and second outcomes, respectively).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	55	55	100%
Number of unduplicated clients enrolled in Job Readiness Training	12	6	200%
Number of unduplicated clients enrolled in Supported Employment	36	29	124%
Number of unduplicated clients enrolled in Supported Home Living and Day Habilitation	17	20	85%
Outcomes			
Percentage of clients who completed Job Readiness Training	83% (10/12)	67% (4/6)	125%
Percentage of clients retained in Supported Employment for 180 days	91% (29/32)	86% (25/29)	105%
Percentage of clients remaining enrolled in Supported Home Living and Day Habilitation for 90 days	94% (15/16)	90% (18/20)	104%

Appendix

2015 Federal Poverty Income Guidelines

Most TCHHS/VS 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	$5,885	$11,770	$14,713	$17,655	$23,540
2 persons	$7,965	$15,930	$19,913	$23,895	$31,860
3 persons	$10,045	$20,090	$25,113	$30,135	$40,180
4 persons	$12,125	$24,250	$30,313	$36,375	$48,500
5 persons	$14,205	$28,410	$35,513	$42,615	$56,820
6 persons	$16,285	$32,570	$40,713	$48,855	$65,140
7 persons	$18,365	$36,730	$45,913	$55,095	$73,460
8 persons	$20,445	$40,890	$51,113	$61,335	$81,780
For families/households with more than 8 persons, add $4,160 for each additional person.					

Data source: "2015 Poverty Guidelines," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 22, 2015, http://aspe.hhs.gov/poverty/15poverty.cfm.

2015 Austin Median Family Income Guidelines

The Blackland Community Development Corporation and Foundation for the Homeless contracts require participants in their programs to have a household income at or below 50% of the Austin Median Family Income (MFI) level. Other 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-San Marcos, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1 person	$16,150	$26,900	$43,050
2 persons	$18,450	$30,750	$49,200
3 persons	$20,750	$34,600	$55,350
4 persons	$24,250	$38,400	$61,450
5 persons	$28,410	$41,500	$66,400
6 persons	$32,570	$44,550	$71,300
7 persons	$36,730	$47,650	$76,200
8 persons	$40,890	$50,700	$81,150

Data source: "Austin-Round Rock-San Marcos, TX MSA FY2015 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org/portal/datasets/il/il15/FY2015_IL_tx.pdf.

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