Public Health and Access to Healthcare

2013 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 over $15 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 *2013 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 plus a summary of Planning and Evaluation investments. 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 included within that issue area. Each program is classified into the issue area most closely aligned to its central 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.

Performance highlights contribute to local knowledge about the Department's contracted community-based programs. 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. Most data included in the *2013 Community Impact Report* cover calendar year 2013, because the majority of the social service contracts included in the report follow a calendar year schedule. 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

Public Health and Access to Healthcare Goals and Services

Programs within this issue area are primarily intended to improve the physical well-being of community members by encouraging healthy behaviors (e.g., better eating habits, physical activity, improving disease management, reducing smoking, tobacco use, and substance abuse; etc.); preventing disease (reducing its occurrence and impact); increasing medical preparedness for emergencies; and increasing access to quality health care and counseling. Some examples of services provided by programs within this issue area are: provide education; improve treatment, care, and support for persons living with or facing health concerns; provide case-management advocacy to secure additional or other client services; and promote environmental health.

Highlights of Community Conditions

Public health is the practice of promoting good health and preventing disease within groups of people. Travis County invests in disease prevention and surveillance, supportive services that promote access to healthcare, and other services that contain local health care spending and ensure the health, well-being and productivity of Travis County residents.

The following sections outline data describing the public health status of Travis County residents. The Travis County population is slightly healthier than that of the state per almost every indicator examined below. Austin area residents in particular are known for their healthy lifestyles. However, an analysis of these health indicators at the sub-county level—either in smaller geographic units or by race/ethnicity—shows there are clear disparities in health status[a] in nearly all of the indicators. Single year data showing these disparities is not published here because it is not statistically reliable due to small sample sizes, although low-income pockets of the population show poorer health outcomes in general.

Data included below is the most recent available at the time of publication. Not all years of data are consistent across this report. National data is provided in the tables below for context only, as in many instances, available national data is not directly comparable to the state and local data provided.

a The Health Resources and Services Administration defines health disparities as population-specific differences in the presence of disease, health outcomes, or access to health care.

General Health Status

Below are the percentage estimates of adult county and state residents describing poor health status, and how these figures compare with national data.

General Health Status			
Indicator	***Travis County (2011-2012)***	***Texas (2011-2012)***	***U.S. (2012)***
Percent with fair to poor general health[1,2]	14%	19%	17%
Percent with poor physical health status[3,4]	15%	20%	17%
Percent with poor mental health[5,6]	19%	21%	18%
Premature death (years of potential life lost before age 75 per 100,000 population)[7]	5,392*	6,928*	7,714*

*These figures represent 2008-2010 data from the 2013 County Health Rankings National Benchmarks, which compile estimates from data from differing spans of time.

Notes: The indicator "percent of adults reporting fair or poor health" refers to adults reporting poor or fair health as opposed to excellent or good health. The indicator "percent with poor physical health status" captures the percentage of adults reporting that their physical health was poor on 5 or more days in the past 30 days. The indicator "percent with poor mental health" captures the percentage of adults reporting that their mental health was poor on 5 or more days in the past 30 days. Note that the national median represents the percentage of persons indicating that they have been told they have some form of depression. There was no national median available matching the state and local data points for this indicator.

Created by: Travis County HHS/VS Research & Planning Division, 2014

Source data: Behavioral Risk Factor Surveillance System, 2011-12 and County Health Rankings, 2013

Leading Causes of Death

These 2011 data inform the direction and efficacy of current and future prevention and intervention efforts.

Causes of Death				
Underlying Cause of Death	***Number of Deaths in Travis County (2011)[8]***	***Travis County Rank (2011)[9]***	***Texas Rank (2011)[10]***	***U.S. Rank (2011)[11]***
Malignant neoplasms (cancer)	1,101	1	2	2
Diseases of the heart	873	2	1	1
Accidents (injuries)	425	3	3	5
Cerebrovascular disease (stroke)	235	4	5	4
Chronic lower respiratory diseases	198	5	4	3
Alzheimer's disease	114	6	6	6
Intentional self-harm (suicide)	105	7	*	10
Diabetes mellitus	92	8	7	7
Chronic liver disease and cirrhosis	91	9	10	**
Nephritis, nephrotic syndrome, nephrosis	82	10	9	9

*The eighth leading cause of death in Texas is septicemia. Suicide is not one of the ten leading causes of death in Texas.
**The eighth leading cause of death in the U.S. is influenza/pneumonia. Chronic liver disease and cirrhosis is not one of the ten leading causes of death in the nation.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Texas Department of State Health Services, Center for Health Statistics, 2011, and the U.S. Centers for Disease Control and Prevention, 2011

Chronic Diseases and Related Risk Factors

Chronic diseases are characterized by gradually worsening symptoms that frequently don't manifest themselves until they are somewhat progressed. They require daily management by patients and, once diagnosed, by caregivers/providers. Along with their related risk factors, chronic diseases comprise the single largest category of health care expenditure.[12]

Chronic Diseases and Related Risk Factors

Chronic Disease and/or Related Risk Factor	*Percent with or at Risk of in Travis County (2011-2012)*[13]	*Percent with or at Risk of in Texas (2011-2012)*[14]	*Median Percent with or at Risk of in U.S. (2012 or 2013)*[15,16]
Heavy drinking	8%	7%	6%
No leisure time physical activity	22%	27%	23%
Overweight or obese (BMI>25)	58%	65%	63%
Current smoker	15%	19%	20%
Heart attack	2%	4%	5%
Angina or coronary heart disease	3%	4%	4%
Stroke	2%*	3%	3%
Diabetes	14%	10%	10%
Chronic obstructive pulmonary disease	4%*	5%	6%
Asthma	8%	7%	13%

*These estimates are unreliable at a 95% confidence interval.
Notes: State and local asthma figures represent persons who answer yes to the question "Have you ever been told you have asthma" and indicate that they still have asthma, whereas the median value among U.S. counties represents persons indicating that they have "ever been told they have asthma." Some of the national data in this table is from the 2012 BRFSS, and other data is from County Health Rankings 2013 National Benchmarks, which compiles estimates from data from differing spans of time. This data is provided here for context only and is not directly comparable to the state and local data provided.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Behavioral Risk Factor Surveillance System, 2011-12, and County Health Rankings, 2013

Sexually Transmitted Diseases

Individuals engaging in unprotected sex may contract and spread these diseases. STDs often go undetected, and left untreated, can cause serious health consequences, including infertility, cancer, and chronic illness.

Sexually Transmitted Diseases

Sexually Transmitted Disease	*Travis County Number of Cases (2012)*	*Travis County Rate (2012)*	*Texas Rate (2012)*	*U.S. Rate (2012)*
Chlamydia[17,18]	6,623	605	478	457
People Living with HIV[19,20]	4,155	379	280	282*
Gonorrhea[21,22]	1,637	149	123	108
Primary and Secondary Syphilis[23,24]	132	12	6	5

*This rate is from 2010.
Note: Rates are per 100,000 population.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: U.S. Centers for Disease Control and Prevention and Texas Department of State Health Services, 2011

Maternal and Child Health

The health of mothers and their children is an important barometer for the health of future generations and has critical predictive value in public health planning.

Maternal and Child Health

Indicator	*Travis County*	*Texas*	*U.S.*
Low birth weight (percent of live births for which the infant weighed less than 5 lbs., 8 oz.)[25]	8%	8%	8%
Infant mortality rate (number of infant deaths for every 1,000 live births)[26,27]	5.8	6.1	6.1
Teen birth rate (number of births per 1,000 female population ages 15-19)[28]	49	60	44

Notes: Low birth weight and teen pregnancy figures represent data from 2004 to 2010. Infant mortality figures represent data from 2006 to 2010 for the state and local level, but national data is from 2010.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Kids Count 2010, County Health Rankings, 2013

Access to Care and Preventive Services

These data illustrate barriers faced by many individuals in seeking healthcare: lack of insurance, high cost of care, and provider shortages.

Access to Care and Preventative Services

Indicator	*Travis County*	*Texas*	*U.S.*
Percent uninsured of all ages	19%	23%	15%
Percent kept from seeking medical help because of cost in the previous 12 months	17%	22%	16%
Ratio of population to primary care physicians	1,271:1	1,766:1	1,963:1
Ratio of population to dentists	1,705:1	2,200:1	2,868:1

Notes: For the indicator "percent kept from seeking medical help because of cost in the previous 12 months," the U.S. rate is a median value among all U.S. counties and reflects data from 2011. Ratios of population to providers are from 2011-2012. Uninsurance figures are from 2012. According to the American Community Survey 2012 Subject Definitions, people who had no reported health coverage or those whose only health coverage was Indian Health Service are considered uninsured. People are considered insured if they report having some type of private or public plan that provides comprehensive coverage. For more information see: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2012_ACSSubjectDefinitions.pdf.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Behavioral Risk Factor Surveillance System 2011-12, 2012 American Community Survey 1–Year Estimates, Table C27001, and County Health Rankings, 2013

Percent uninsured of all ages[29] Percent kept from seeking medical help because of cost in the previous 12 months[30,31] Ratio of population to primary care physicians[32] Ratio of population to dentists[33]

While the Affordable Care Act (ACA) offers subsidies for purchase of health insurance to more than 120,000 Travis County individuals who were uninsured in 2012, this leaves more than 85,000 uninsured without subsidized coverage. These persons are either undocumented immigrants, persons who earn too much to qualify for a subsidy or to be eligible for Medicaid, or children under 18 (most all of whom are eligible for either Medicaid or CHIP).[34,35] Areas of Travis County expected see the most gains in health insurance coverage among their populations under the ACA are southern Pflugerville, Leander, Manor, Elgin and Hornsby Bend.[36]

Emerging Issues

Medicaid 1115 Waiver

The Texas 1115 Medicaid Waiver operating in Regional Health Partnership (RHP) 7 as of December 2011 runs on a five year cycle. RHP 7 (the six county area including Travis, Lee, Williamson, Fayette, Caldwell and Bastrop) is currently in year three with 31 projects underway. While projects will have a regional impact, benefits to Travis County residents will be substantial. These projects are designed to manage and treat chronic disease, increase access to appropriate health care—including behavioral health care—and build infrastructure. Read more about the projects at http://texasregion7rhp.net/.

New Public Health Services/Resources

The Southeast Health and Wellness Center will provide primary, dental, specialty, and mental health care in Dove Springs, a low-income area of Travis County that has high rates of diabetes and obesity.[37] The clinic is set to open in October of 2014.

Dell Medical School at the University of Texas at Austin will open to students in 2016. Construction on a new teaching hospital to replace University Medical Center Brackenridge will begin this year and will open in 2017. The hospital will provide safety net care and will serve as the residency pipeline for the new medical school, easing some provider shortages in the region. The two facilities will be located adjacent to one another in Central Austin.

Affordable Care Act

Rates of health insurance coverage are expected to continue to climb as the Affordable Care Act (ACA) approaches full implementation. Nearly everyone must carry health insurance by March 31, 2014. The ACA offers subsidies to individuals and families between 100% and 400% of the federal poverty level (FPL) for the purchase of health insurance. Because optional Medicaid expansion was not pursued by Texas, persons who do not qualify for Medicaid but fall below 100% of the FPL will likely remain uninsured, as will undocumented immigrants.

Texas Women's Health Program

Legislative and budget activity in 2011 in the 82nd legislative session created substantive changes in publicly-funded preventative and reproductive health care for low income Texas women. Seventy-three million dollars were cut from the Department of State Health Services Family Planning Program, federal funds were forfeited, and key providers were excluded from participation in provision of this care. In 2013, $100 million was added back into the state budget to expand primary health care for women over the

2014-2015 biennium, with 60% of these funds allocated to family planning services.[b,38] The Texas Women's Health Program is in operation at the time of this writing, but changes in the pool of participating local providers is proving a barrier to access to comprehensive care for Travis County clients.[39]

House Bill 2

In 2013, the second special session of the 83rd legislative session saw the passage of House Bill 2,[40] which imposes new regulations on the provision of abortion in the state. Proponents of the bill state that it protects the health and safety of women and children, while opponents argue it not only restricts access to safe, legal abortion, it will also restrict access to preventative health services provided in clinic settings by mandating the closure of clinics that do not meet new standards, and by creating huge demand for clinic services at sites that are able to stay open. Low-income women make up the vast majority of those served at affected clinics.[41] The bill has survived several court challenges as of this writing, and will be considered in a Fifth Circuit Court of Appeals hearing in January 2014 and could be considered by the U.S. Supreme Court.[42]

Further Resources

Public Health has ties to the Behavioral Health issue area. Research has found that people who experience a physical health problem, such as diabetes or heart disease, are three times more likely to seek mental health care than those who report no physical ailment.[43]

Below are some selected resources that provide more information about public health data, research, and local planning efforts.

Austin/Travis County Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)

www.austintexas.gov/healthforum

This community planning effort examines the health of the Austin/Travis County community broadly, looking at the social determinants of health. These are the social and economic conditions that affect health and include an array of indicators such as transportation, housing, and unemployment. Mental illness and substance abuse disorders were identified as priorities through the planning effort, and implementation of programming to effect change in this area began in July of 2013. Stakeholder and community engagement activities are ongoing.

b For a description of family planning services see: http://www.dshs.state.tx.us/famplan/services.shtm.

Central Health

www.traviscountyhd.org

Central Health is the hospital district for Travis County, Texas and is charged with improving access to quality health care for low-income residents.

The Department of State Health Services' Center for Health Statistics

www.dshs.state.tx.us/chs/datalist.shtm

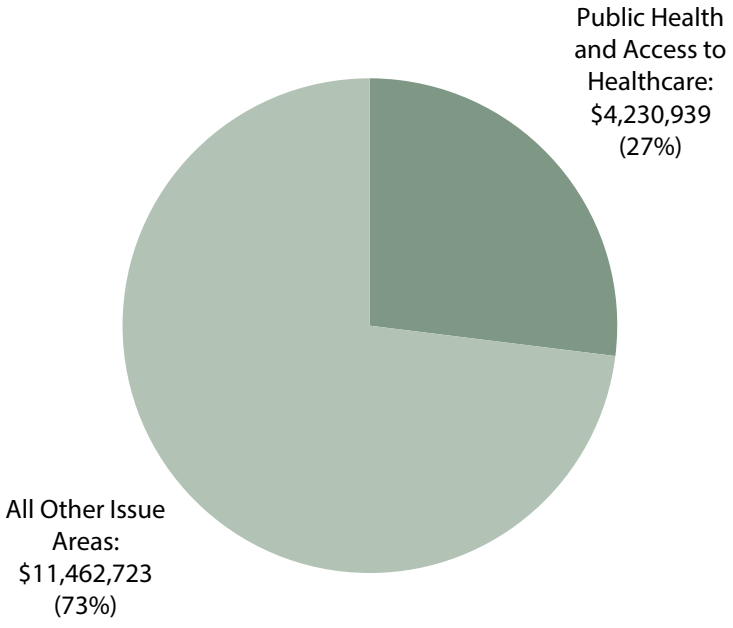
The Center for Health Statistics provides access to health-related data for Texas, including Texas counties.

Investment Overview

Our Investment

TCHHS/VS has departmental and contracted programs that offer public health and access to healthcare services. A significant portion of our Public Health and Access to Healthcare investments go to the Austin/Travis County Health and Human Services Department, as they carry out the county's responsibilities for public health on our behalf. The City of Austin also provides Animal Services for the entire county. Other services contracted through non-profits in this issue area focus their efforts on prevention of teen pregnancy and HIV/AIDS; promotion of better nutrition through increased accessibility to healthy foods; and improving outcomes for people living with HIV/AIDS. Please note that the scope of this summary does not include the roles and responsibilities assumed by Central Health (the Travis County Healthcare District).

Investment in Public Health and Access to Healthcare and Other Issue Areas, 2013



Funding Summary

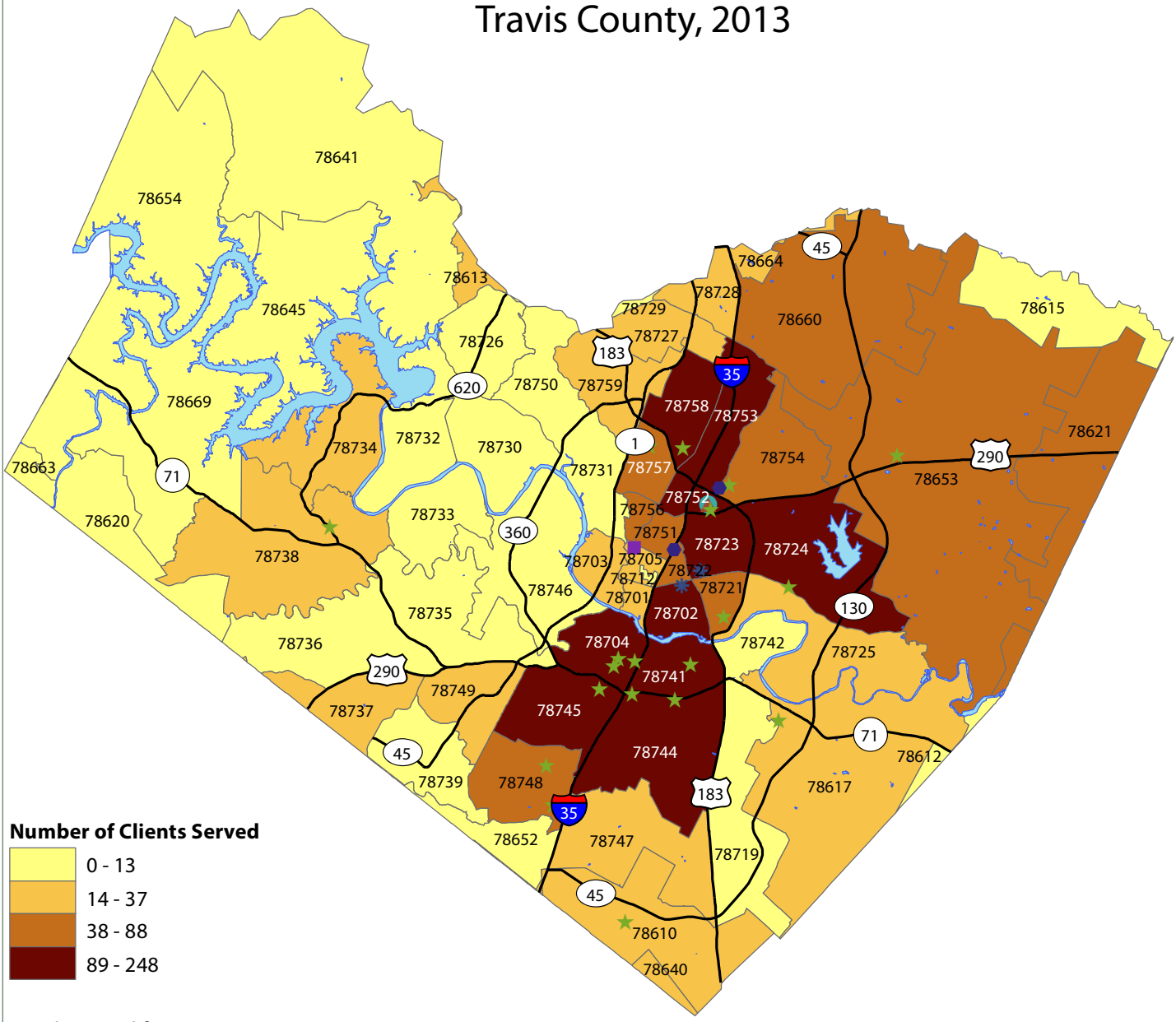
The 2013 Funding Amount reflects calendar year funding (January 1 through December 31, 2013) unless otherwise noted.

Agency Name	Program Name	2013 Funding Amount
AIDS Services of Austin	Food Bank	$62,500
AIDS Services of Austin	Mpowerment	$135,000
AIDS Services of Austin	Non-Medical Case Management	$193,937
Austin/Travis County Health and Human Services Department	Public Health Interlocal	$2,825,997*
City of Austin Animal Services Department	Animal Services	$888,883*
Planned Parenthood of Greater Texas, Inc.	Teen Pregnancy Prevention Program	$29,601
Sustainable Food Center	Grow Local	$19,321
The Wright House Wellness Center, Inc.	Case Management	$75,700

*Fiscal year funding (October 1, 2012 through September 30, 2013)

Public Health and Access to Healthcare

Service Provision Locations and Clients Served by ZIP Code
Travis County, 2013



Number of Clients Served

- 0 - 13
- 14 - 37
- 38 - 88
- 89 - 248

Service Providers

- AIDS Services of Austin: Food Bank
- AIDS Services of Austin: Mpowerment
- AIDS Services of Austin: Non-Medical Case Mgmt.
- Planned Parenthood of Greater Texas
- Sustainable Food Center
- The Wright House Wellness Center

Service provision locations are unavailable for the Austin/Travis County Health and Human Services Department and the City of Austin Animal Services Department.

Notes: This map shows 3,063 clients by ZIP code. 342 (10% 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. Client ZIP codes are not included for AIDS Services of Austin's Mpowerment program, the Austin/Travis County Health and Human Services Department, or the City of Austin Animal Services Department.

Source data: Contracted service providers, 2013-2014.
This map was created using City of Austin shapefiles.
Created by: Travis County HHS/VS Research & Planning Division, 2014.

N
0 2.5 5 Miles

AIDS Services of Austin

Food Bank

Program Description

The primary goals of the Food Bank program are to offer nutritional products that enable low-income HIV positive persons to improve or maintain their health, and to provide quality nutrition that meets the dietary health needs of people with HIV through products that supplement other food sources. The Food Bank menu offers nutritionally sound choices for client selection. Food Bank staff work with a dietitian to plan, order, and purchase nutritional products such as seasonal fruits; vegetables and herbs; whole grains and cereals; foods high in protein including meat, fish, beans, and legumes; dairy products; and nutritional products that are convenient to prepare yet nutritiously sound, such as low salt soups and broths, nuts, and dried fruit. In addition to quality nutritional products, the Food Bank offers personal and household products such as tooth brushes, floss, and tooth paste approved for patient care by the Dental Clinic's Registered Dental Hygienist, deodorant, shaving supplies, body lotion, laundry detergent, household cleaning supplies, toilet paper, paper towels, foil, plastic food wrap, and garbage bags. These costly products help to offset the limited income of HIV positive persons accessing services at the Food Bank.

Funding

The total TCHHS/VS investment in the Food Bank program for 2013 was $62,500. This investment comprised 25.2% of the total program budget. TCHHS/VS also funds the Mpowerment and Non-Medical Case Management programs, which are both described later in this report.

Eligibility Criteria

The target population for the Food Bank program is individuals symptomatic with HIV disease who reside in Travis County and have an annual income at or below 150% of Federal Poverty Guidelines (FPIG). Co-morbidities adversely affecting Food Bank clients include obesity, diabetes, malnutrition, cancer, hypertension and heart disease, neuropathy, difficulties with thought/memory, pneumocystis pneumonia, asthma, high cholesterol, Hepatitis B and C, tuberculosis, sexually transmitted diseases, depression, mental health complications, and renal problems.

AIDS Services of Austin: Food Bank

AIDS Services of Austin (ASA) met or exceeded the targeted range of performance across all measures. Staff noted that more clients than expected completed and were willing to complete the satisfaction survey (see the first outcome). The program's annual survey was offered to all clients who accessed Food Bank services during the course of three days of services, and more clients than expected completed the survey (see the second outcome). In addition to surveying clients regarding improved health, the survey also asked about access to nutritional foods and food in general. A total of 126 clients stated that they have more access to nutritional foods and 102 clients stated that they have more access to food in general. These responses align with some of the main goals of the Food and Nutrition program at ASA, in that clients recognize the nutritional value in food consumption and feel that they are receiving healthy food options as well as greater access to healthy food choices, thus improving their health.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	387	400	97%
Number of units delivered to unduplicated clients (unit of service equals food and hygiene products)	4,719	4,939	96%
Outcomes			
Percentage of clients surveyed who report satisfaction with quality of services	95% (157/166)	90% (81/90)	105%
Percentage of clients surveyed who report that foods from the Food Bank have improved their health	97% (176/182)	80% (64/80)	121%

AIDS Services of Austin

Mpowerment

Program Description

Mpowerment is a community-level HIV prevention program for young men who have sex with men (MSM). The program relies upon volunteers and peers in the young, gay community to assist in providing HIV prevention messages to MSM ages 18-29 through community, web-based social networking outreach, social events, and discussion groups for participants. Mpowerment addresses the underlying causes of risk-taking through its five activity components:

- Formal peer outreach includes team interventions targeting groups of young men accessing settings frequented by young gay and bisexual men to promote safer sex; recruitment of MSM for HIV testing; and online outreach and use of social media in disseminating safer sex messages.
- Small group sessions: The "Below the Belt" group is the primary mechanism by which the program delivers safer sex information to the target population. The group occurs on a monthly basis and seeks to recruit unduplicated MSM contacts for one-time participation. These sessions address factors that contribute to unsafe sex behaviors and include topics such as clarifying misconceptions about safer sex, increasing the enjoyment of safer sex, building communication skills for negotiating safer sex, and addressing interpersonal issues that may interfere with safer sex practice. "The Whole Package" weekly topic-based support group and the "QPoz" peer-led support group for clients who are HIV positive are also available.
- Social events create a positive venue for community building and safer sex promotion, and offer an alternative to the gay bar scene. Large events include dances, pool parties, and fashion shows, while smaller events include weekly video parties, sports activities, and field trips.
- Core Group is a strategic advisory group of MSM peers ages 18-29 who collaborate with staff in order to develop program events and promote leadership roles.
- The multi-faceted, ongoing publicity campaign works to attract the target population to the program's activities and reinforce its safe sex messages. The publicity campaign establishes an awareness of and legitimacy for the program, invites young men to become involved, and provides a continual reminder of the norm. The campaign includes articles and advertisements in newspapers; a website; online social networking sites such as Facebook and Twitter; emails and weekly texts to interested men; and "word of mouth" among Core Group members, volunteers and program participants within their informal friendship networks.

AIDS Services of Austin

Mpowerment

Funding

The total TCHHS/VS investment in the Mpowerment program for 2013 was $135,000. This investment comprised 50.0% of the total program budget. TCHHS/VS also funds the Food Bank and Non-Medical Case Management programs, which are both described in this report.

Eligibility Criteria

The target population for the Mpowerment program includes African American, Latino, and White men, ages 18 to 29 who have sex with men. Outreach is conducted in ZIP codes that have been identified by the Austin/Travis County Health and Human Services Department as High-risk Zones for HIV/AIDS, as well as in ZIP codes where MSM congregate via social venues, including 78701, 78702, 78703, 78704, 78705, 78745, 78741, 78723, 78724, 78753, 78758, 78744, 78732, and 78752.

AIDS Services of Austin: Mpowerment

Performance Goals and Results

The Mpowerment program met or exceeded all outcome goals, but fell short of targets on two output measures. Program staff explained that the hiring and training of a completely new team required some ramp-up time to establish a new client base and connections to the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community. Staff will continue to work with core group members and community allies to produce new fliers and social media content to promote Below the Belt (see the second output). Staff are also working to re-frame the Below the Belt recruitment process and are sensitive to the needs of community members not explicitly targeted by Mpowerment (i.e. lesbian, feminist, and transgender groups); therefore, they are proactively building relationships with other agencies and organizations that can address the needs of those populations.

Staffing changes led to a need to re-engage the community and specific target populations. Through the training that new staff attended, clarification was derived about the difference between social events versus outreach events (social events are initiated and hosted by Mpowerment while outreach events are hosted externally and attended by Mpowerment). As a result, some events have changed categories and this change impacted the number of social event participants (see the third output).

The program exceeded the number of online outreach and social events participants (see the fifth output). Staff noted that this is a new measure, and once the Mpowerment website was created, the original plan of creating a portal where unique users would have an account and log in for activities was no longer appropriate. Staff recognized that the Facebook page was a more appropriate way to facilitate this activity. The new website is best utilized for community education, to provide detailed information about groups and activities offered by Mpowerment, for volunteer sign up, contact information, and an events calendar. This output now reflects the number of fans the Mpowerment Facebook page currently has.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of core group contacts	136	140	97%
Number of unduplicated men who attend one Below the Belt session	32	105	30%
Number of social event participants	1,665	2,400	69%
Number of outreach activity participants	2,036	2,120	96%

AIDS Services of Austin: MPowerment

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Number of online outreach and social events participants	1,379	1,000	138%
Outcomes			
Percentage of men who attend a Below the Belt session and report an HIV risk reduction strategy they feel they can attempt when sexually aroused	94% (30/32)	80% (84/105)	117%
Percentage of men who attend a Below the Belt session and report a greater knowledge of their individual risk factors	75% (24/32)	66% (69/105)	114%
Percentage of men attending one Below the Belt session who are African-American	16% (5/32)	9% (9/105)	182%
Percentage of men attending one Below the Belt session who are Latino	28% (9/32)	10% (10/105)	295%
Percentage of online outreach and social events participants that report, through an online survey, increased knowledge of community resources aimed at reducing HIV infections (e.g., where to obtain condoms, where to access testing, etc.)	72% (13/18)	80% (800/1,000)	90%

AIDS Services of Austin

Non-Medical Case Management

Program Description

The Non-Medical Case Management program links clients to primary medical care and psychosocial, legal, financial, and other support services and coordinates and advocates for needed services. The goals of the Non-Medical Case Management program are achieved by:

- Providing eligibility screening and ongoing assessment to HIV positive individuals in order to link them to appropriate services.
- Facilitating the intake process for individuals eligible for the Case Management Program and referring individuals to the most appropriate HIV case management services in the community.
- Assuring that HIV positive individuals have access to, enter into, and remain in primary medical care in order to improve and maintain health.
- Linking HIV positive individuals to social and other support services in order to assist clients in remaining in primary medical care.
- Working with clients to help them meet service plan goals and increase self-sufficiency by addressing barriers to client needs through advocacy, assisting in applying for social and primary medical services, and teaching clients the appropriate skills for successful self-advocacy.

Funding

The total TCHHS/VS investment in the Non-Medical Case Management program for 2013 was $193,937. This investment comprised 55.1% of the total program budget. TCHHS/VS also funds the Food Bank and Mpowerment programs, which are both described earlier in this report.

Eligibility Criteria

To be eligible for the Non-Medical Case Management, clients must be HIV-positive, residents of Travis County, and willing to work on HIV service plan goals. While most clients are at or below 200% of the Federal Poverty Income Guidelines (FPIG), there are currently no income eligibility requirements in place in order to receive services.

AIDS Services of Austin: Non-Medical Case Management

The Non-Medical Case Management (NMCM) program exceeded both outcome goals but fell short of expectations for both output measures. Staff explained that administrative requirements (not considered billable units of service) for NMCM services continued to increase while staffing time decreased during 2013. A second challenge to fully achieving programmatic outputs resulted from staffing issues. A full-time case manager passed away unexpectedly and the position had not been refilled. The remaining programmatic staff diligently worked with clients to inform them of the loss of their case manager, assess needs, address emergencies and provide support services. Routine programmatic activities such as service plan updates were frozen until clients were reassigned. Additionally, funding uncertainties related to federal sequestration led AIDS Services of Austin (ASA) to hold open positions that directly impacted the program. These vacancies impacted intakes into case management, as a wait list was implemented to support staff shortages for all programs and to ensure that existing services were not interrupted. While ASA still maintains a wait list, any client during 2013 that presented with an urgent need was provided an intake and brought into services as all inquiring clients were thoroughly screened during this time to ensure emergency needs were met. At the end of 2013, only one client was left on the wait list.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	207	300	69%
Number of units of service	14,854	19,162	78%
Outcomes			
Percentage of clients making progress on service plan objectives	85% (176/207)	80% (240/300)	106%
Percentage of clients receiving primary medical care based on the "In-Care Verification Form" (ICVF)	88% (183/207)	85% (255/300)	104%

Austin/Travis County Health and Human Services Department

Public Health Interlocal

Program Description

The Public Health Interlocal with the Austin/Travis County Health and Human Services Department (HHSD) provides public health services through a number of programs: African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program. Information on each program is provided in the following pages.

Funding

The total TCHHS/VS investment in the Public Health Interlocal from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

Eligibility criteria vary by program. Please see the individual program pages for eligibility criteria information.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: African American Quality of Life Unit

Program Description

The African American Quality of Life Unit works to reduce health disparities through community outreach and partnership. The program provides community-based health screenings as well as information and referrals related to issues presented or detected by screenings. Services include blood pressure exams, blood sugar exams, pregnancy exams, and referrals to support services.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

Program services are free to all residents of Travis County. Youth under the age of 18 need parental consent for screenings.

Austin/Travis County HHSD: African American Quality of Life Unit

The African American Quality of Life Unit had mixed performance results this year. The number of units of preventative health services provided (see the first output) and number of clients served (see the second output) fell short of goals primarily due to van downtime for repair, as services are provided from metro-sized mobile vans fitted with exam rooms. Both vans were out for repair for two months and continued to be sporadically out for repair throughout the year. Van problems also led to canceling sites at the last minute or hurriedly making other arrangements for that day which resulted in a loss of time available to do screenings. One of the vans is set to be replaced in the next fiscal year. Finally, there were occasions of extreme weather conditions and rain that reduced use of services.

Job fairs (see the third output) were developed for the Dove Springs Recreation Center, Rosewood-Zaragosa Neighborhood Center, Dailey Middle School, St. John Community Center (two fairs), Turner-Roberts Recreation Center, and an H-E-B located on Ed Bluestein Boulevard.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of units of preventative health services (such as screenings and health education) provided by Austin Health Connection	3,404	4,000	85%
Number of clients served by the African American Quality of Life (AAQL) Preventive Team Initiative	4,801	6,000	80%
Number of job fairs developed in underserved areas	7	10	70%
Number of new locations for services by AAQL/ Community Health Initiative (CHI)	5	5	100%
Outcomes			
Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	96% (385/400)	95% (95/100)	101%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Chronic Disease Prevention and Control

Program Description

Chronic Disease Prevention and Control program activities promote a healthy community by preventing chronic and communicable diseases and promoting improvements in social/economic/environmental factors that result in an improved overall health status and a reduction of health disparities. The program exists to inspire people to take steps to adopt healthy lifestyles through promoting and modeling healthy behaviors, preventing and managing chronic disease, and promoting policy, systems and environmental change.

The Healthy Places, Healthy People program component addresses the needs of Austin/Travis County with special focus on the populations that experience health disparities. Programs are implemented across multiple sectors addressing where people work, play, learn and live. Tobacco prevention and control efforts work to prevent youth initiation of tobacco, increase cessation among youth and adults, ensure compliance with all tobacco laws, eliminate secondhand smoke, reduce health disparities and ensure sustainability of the community coalition. Finally, the Community Diabetes Program implements community walking/exercise groups through Walk Texas, provides Diabetes Empowerment Education Program classes and Road to Health diabetes prevention classes, and provides continuing education for health care providers in the Travis County community.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Chronic Disease Prevention and Control

Eligibility Criteria

Since strategies are policy, systems and environmental changes, the target population is jurisdiction-wide. However, all service-based strategies are targeted to those individuals, primarily adults and youth age 5-17 years old, who suffer disproportionately from chronic disease or risk factors for chronic disease. Strategies are targeted in areas of Travis County with high rates of health disparities, and include a high proportion of low socioeconomic health status individuals.

Austin/Travis County HHSD: Chronic Disease Prevention and Control

The Chronic Disease Prevention and Control program met or exceeded the targeted range of performance for all measures. The number of public activities (see the first output) greatly surpassed goals. Program staff explained that Tobacco Education activities were extremely active, particularly with schools. Other activities included Diabetes Education classes, Walk Texas, and tobacco outreach events.

Community changes (see the third output) include an increase in Farmers Markets accepting SNAP, the Boys and Girls Club implementing a new lifestyle program, and the Garden Terrace Apartments adopting a Smoke-free Multi Unit Housing Policy.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of Public Health Activities (i.e. a one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions)	351	120	293%
Number of Public Health Encounters (i.e. a person reached through health promotion/educational efforts)	19,044	20,000	95%
Number of Community Changes (i.e. a new or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer)	29	30	97%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Communicable Disease

Program Description

The Communicable Disease program provides Sexually Transmitted Disease (STD), Tuberculosis (TB), and HIV Prevention and Outreach Education in order to prevent disease morbidity and to protect the community from the spread of these communicable diseases.

STD comprehensive clinical services include testing for HIV (rapid testing), syphilis, gonorrhea and chlamydia. If a client presents with symptoms of herpes, testing is available at no additional cost. Treatment is provided at no additional cost for syphilis, gonorrhea, chlamydia and genital warts (HPV). HIV and STD testing is also provided in satellite locations throughout the city and county to make testing accessible to all residents, and the mobile outreach van targets areas with high-risk populations.

Comprehensive TB clinical services include medical evaluation, on-site x-ray and treatment for latent TB infection and active TB disease at no charge. Field staff assist with directly-observed therapy, where all clients on treatment for active TB and those suspected of active TB are observed taking their medications by a public health staff person. A weekly TB screening clinic is conducted for the general public one afternoon a week. If a clearance chest x-ray is needed for entry into a rehab facility or for immigration applications due to history of a positive TB screening test and/or previous treatment, a clearance x-ray can also be provided.

Public health follow-up for newly-identified HIV, syphilis and TB cases/suspects is conducted by Disease Intervention Specialists and TB Contact Investigators. Follow-up activities include interviewing clients to obtain necessary information on potentially-exposed individuals in order to conduct proper contact investigations and reduce the spread of disease.

Social work intervention is provided on a case-by-case basis for STD and TB clinic clients. HIV prevention case management is provided for individuals identified as HIV positive who continue to engage in high-risk behavior, and HIV medical case management is available for individuals who are identified as being HIV positive and who may be homeless, pediatric cases or pregnant women.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Communicable Disease

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

The STD clinic and HIV Outreach Prevention serves all clients 13 years of age and older. The TB clinic serves all clients requiring evaluation for TB infection and active disease. Individuals are not required to provide proof of residency or income, and no one is refused services due to their inability to pay.

Austin/Travis County HHSD: Communicable Disease

The Communicable Disease program met or exceeded goals on all but two performance measures. The number of STD tests provided in outreach settings (see the fourth output) and the number of HIV prevention counseling sessions provided (see the seventh output) fell short of targets. Program staff explained that these results were due to two staff vacancies and a supervisor who was out on leave through December. These vacancies and absences reduced the number of tests that could be performed.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served by the STD clinic	10,214	10,644	96%
Number of unduplicated clients served by the TB clinic	5,257	3,868	136%
Number of STD patient visits seen in clinic	12,873	13,000	99%
Number of STD tests provided in outreach settings	2,221	4,000	56%
Number of TB clinic patient visits	10,769	11,000	98%
Number of units of social work service provided to HIV clients (units are measured in 15 minute increments)	29,013	27,000	107%
Number of HIV prevention counseling sessions provided	437	1,300	34%
Outcomes			
Percentage of clients who come into the STD clinic who are examined, tested and/or treated the same day	98% (12,600/12,834)	90% (13,000/14,444)	109%
Percentage of TB cases completing therapy in 12 months	100% (37/37)	100% (70/70)	100%
Percentage of TB contacts evaluated	90% (1,112/1,241)	90%	100%
Percentage of clients in HIV program who received prevention counseling and returned for post-test counseling	97% (422/436)	91% (1,820/2,000)	106%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Environmental Health Services

Program Description

The Environmental Health Services program administratively performs inspections and investigates complaints relating to various state laws and local codes in the unincorporated areas of Travis County and within some less-populated municipalities within Travis County. Staff sanitarians inspect restaurants, grocery stores, food manufacturers, mobile food vendors, temporary event food vendors and custodial care foodservices. Annual environmental health and safety inspections of custodial care facilities and public schools are conducted, and general environmental complaints involving improper disposal of solid waste, high grass and weeds, animal pens, junk and abandoned vehicles, substandard buildings, and other public health/public nuisance issues are investigated.

Routine and requested inspections and complaints investigated by the program include:

- Retail food establishment permitting, inspection, and investigations
- Food products permitting, inspection, and investigations
- Food-borne illness and food sanitation investigations
- General environmental related
  - Public and semi-public swimming pools and spas permitting, inspection, and investigations
  - Custodial care environmental health and safety inspections
  - Junkyard, automotive wrecking and salvage-yard permitting, inspection, and investigations
  - School physical plant inspection for public and private schools
- Public nuisance complaint investigations, including high grass and weeds, improper disposal of solid waste, junk and abandoned vehicles on private property, dangerous buildings, odors, flies, stagnant water, and exposed wastewater/sewage related to foodservice or package treatment plants
- Public nuisance abatement on private property
- Miscellaneous health related inspections at funeral homes, cemeteries, crematoriums, mass gatherings, flea markets, farmers markets, and other locations

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Environmental Health Services

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

Environmental Health Services provides services to the following:

- Any persons operating or patronizing food enterprises located in Travis County that store, prepare, package, serve, vend or otherwise provide food for human consumption, whether it is conducted in a mobile, stationary, temporary or permanent facility or location
- Travis County residents using public or semi-public pools located in Travis County
- Travis County residents submitting complaints concerning any general environmental or public health nuisance occurring within Travis County
- Travis County residents wanting to adopt or foster a child, and day care operators
- Travis County residents requesting consultation and education on rodent and mosquito control measures

Austin/Travis County HHSD: Environmental Health Services

The Environmental Health Services program exceeded many performance targets but fell short of goals on two performance measures. Staff explained that the number of mobile vending permits issued (see the second output) can be lower in the winter months due to snow cones and ice cream stands not permitted until the spring and summer. A smaller percentage of field services resulted in control measures being applied (see the third outcome); staff note that West Nile Virus dropped off over the fiscal year, reducing the number of requested field services and locations requiring control measures. Finally, the number of fixed food establishment permits issued (see the first output) reflects the number of fixed establishments at a given time, so the results represent a duplicated count over the course of the year while the goal was based on an unduplicated count.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of fixed food establishment permits issued	20,309	4,900	414%
Number of mobile vending permits issued	1,239	1,490	83%
Number of rodent & vector field services performed	7,402	8,000	93%
Number of non-routine inspection performed	3,475	2,300	151%
Outcomes			
Percent of public pools and spas in compliance	99% (6,505/6,587)	97% (1,870/1,928)	102%
Percentage of food establishments with passing grades	99% (7,237/7,282)	98% (9,871/10,072)	101%
Percent of field services conducted that result in control measures being applied in the rodent & vector program	27% (1,984/7,402)	50% (4,000/8,000)	54%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Epidemiology and Health Statistics Unit

Program Description

The Epidemiology and Health Statistics Unit (EHSU) protects the public health of residents and visitors of Travis County through a number of activities including epidemiological surveillance and investigation, data collection and analysis, toxicological evaluation and risk assessment, and emergency preparedness and response planning. EHSU supports Travis County by:

- Analyzing health data to examine the burden of disease within the county for a variety of diseases, conditions and risk factors.
- Providing epidemiologic support for disease and outbreak investigations, which includes study design, survey design, data collection, analyses and interpretation, and report dissemination.
- Identifying, monitoring, and preventing the spread of disease in the community through the implementation of preventative measures and interventions.
- Conducting epidemiologic response and preparedness planning activities related to diseases and conditions and public health disasters (both natural and man-made) such as hurricane response, response to weapons of mass destruction, extreme weather events, and disease pandemics.
- Developing, revising, maintaining, and exercising public health emergency response plans.
- Conducting and providing toxicological evaluations, consultations, and recommendations for environmental permitting, monitoring and enforcement activities to ensure the protection of human health.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Epidemiology and Health Statistics Unit

Eligibility Criteria

Persons served by EHSU are all residents or visitors of Travis County. For some emergency response plans, pre-established agreements exist for response activities (e.g. mass sheltering for citizens of Galveston County, Texas). All employed and volunteer first responders are eligible for transport exposure services.

Austin/Travis County HHSD: Epidemiology and Health Statistics Unit

The Epidemiology and Health Statistics Unit met or exceeded most performance goals. Staff reported that the increase in bite reports (see the first output) can be attributed to education to medical providers to report bites to 3-1-1. Based on a four year review of a gradual decrease in investigations, the goal for the number of cases investigated (see the second output) has since been reduced; staff believe that the reduction can be attributed to an increase in media community awareness and early public health interventions. The program was able to participate in an increased number of exercises and drills, which impacted the third output. Program staff also received a larger than expected number of permits for review (see the fourth output).

Competing assignments resulted in delays in initiating some foodborne illness investigations (see the second outcome). Finally, the incidence rate of reported cases of Measles, Pertussis, Mumps, and Rubella was lower than projected (see the fourth outcome), exceeding program goals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of potential human rabies exposure consultation	4,702	1,300	362%
Number of cases investigated by Epidemiology and Health Statistics	1,458	1,900	77%
Number of emergency bioterrorism drills conducted	15	8	188%
Number of air, hazardous waste and water quality permits reviewed	58	30	193%
Outcomes			
Percentage of emergency plans reviewed and updated	89% (8/9)	92% (11/12)	97%
Percentage of all foodborne illnesses investigations initiated within 3 hours of notification	81% (42/52)	95%	85%
Percentage of all infectious diseases reported that result in intervention strategies implemented	73% (1,458/1,997)	75%	97%
Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served	7	25	26%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Immunizations

Program Description

The Immunizations program strives to improve immunization coverage levels and to prevent diseases which are vaccine-preventable. Services include:

- Shots for Tots/Big Shots: Two immunization clinics located within or in close proximity to high need/low income ZIP codes serve children and adults.
- Public Education and Awareness: The program supports over 15 community public health fairs and significant functions annually, and collaborates with partners to raise awareness about the importance of immunizations and vaccine-preventable diseases.
- High Risk Populations: The program provides on-site direct service to very high-risk and high-need clients seeking care, in collaboration with the Austin/Travis County HHSD STD clinics.
- Perinatal Hepatitis B Prevention: The program provides specific harm reduction outreach to pregnant mothers at risk for transmitting Hepatitis B to their children. A Nurse Senior (RN) provides case management to clients in addition to providing technical assistance and educational sessions to local hospitals.
- Vaccines for Children: This federal program guarantees vaccine availability for uninsured and low-income children. Vaccines are distributed to enrolled providers free of charge, and Austin/Travis County HHSD provides technical assistance and support to 100 Travis County Vaccines for Children providers. The program provides special training and assistance to ensure proper storage and handling techniques to providers.
- Mass Flu Clinics: The program plans and implements on average five mass flu clinics per year throughout Travis County. Two of these clinics are targeted toward county-centric population centers (i.e. Del Valle and Pflugerville Fire Hall).

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Immunizations

Eligibility Criteria

All clients in Travis County are potentially served through the Shots for Tots/Big Shots clinics and Vaccines for Children (VFC) community providers. Eligibility guidelines follow the Texas Department of State Health Services VFC eligibility requirements.

Austin/Travis County HHSD: Immunizations

The Immunizations program met or exceeded goals for two of three performance measures. The number of children's visits (see the first output) was significantly lower than projected due to no new requirements in 2013 for vaccinations for children under 5 years old. Staff noted that another reason for the lower numbers may be the increase in other immunization services provided in the community. The program experienced higher than normal adult visits during the year (see the second output) due to increased awareness around the flu.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of client visits (children) at Shots for Tots and Big Shots clinics	6,994	12,000	58%
Number of client visits (adults) at Big Shots clinics	3,238	3,000	108%
Outcomes			
Percentage of referred Perinatal Hepatitis B clients who receive follow-up education within 60 days of referral	100%	100%	100%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Injury Prevention

Program Description

The Injury Prevention program is dedicated to improving community health and well-being by building momentum for effective injury prevention. Injury prevention means taking action to prevent injuries before they occur. Services include:

- Car Seats: Child Passenger Safety Fitting Stations provide free car seats to clients who need them. The stations are held at Austin/Travis County HHSD Neighborhood Centers which provide the site and staff for the monthly event. The program also conducts classroom presentations on car seat safety and offers a 32–hour Child Passenger Safety Certification training to local partners to certify them as Child Passenger Safety Technicians. The program is an active member of Safe Kids Austin Child Passenger Safety Subcommittee.
- Bike Safety: Program staff are certified by the League of American Bicyclists as a League Cycling Instructor and conducts Youth Instructor Training quarterly to school staff, nonprofits, agencies, and individuals to provide them with knowledge, skills and abilities to conduct a community bicycle rodeo in their community. The program also conducts bike safety classes and bike skills rodeos for elementary schools.
- Infant Suffocation: Program staff are active participants in Safe Kids Austin Safe Sleep Task Force, where they analyze infant suffocation deaths to determine exact causes and identify prevention activities.
- Drowning Prevention: The program has active members of the Central Texas Water Safety Coalition, where they complete analysis of drowning deaths to determine exact causes and identify prevention activities.
- Child Fatalities: The program works with the Travis County Child Fatality Review Team that reviews all child deaths in Travis County.
- Childhood Injury: This program focuses on bringing together stakeholders from Travis and surrounding counties to identify specific causes of unintentional injuries and provides networking opportunities with partner agencies to strategize and implement injury prevention activities for children.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Injury Prevention

Eligibility Criteria

All Travis County residents are eligible.

Austin/Travis County HHSD: Injury Prevention

The Injury Prevention program fell short of goals for two performance measures. Staff explained that the number of encounters (see the first output) and the number of community changes (see the outcome) were low due to the program focus being switched from mainly providing one-on-one encounters to other means of creating sustainable, lasting change. The program is now working more closely on other initiatives within Austin/Travis County HHSD as well as working with community-based coalitions to reach a larger audience through consensus-building, social media, and direct encounters. Additionally, a grant staff had anticipated receiving for the program did not materialize during the fiscal year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of health promotion and education encounters in the area of injury prevention	2,128	2,500	85%
Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention	57	50	114%
Outcomes			
Number of community changes in the area of injury prevention	8	10	80%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Office of Vital Records

Program Description

The Austin/Travis County Office of Vital Records (OVR) is the Local Registrar for the City of Austin. The Local Registrar ensures proper registration of every birth, death, and fetal death within Austin/Travis County to record occurrence of event and to capture demographic and medical data used in public health planning. The OVR registers, archives, and issues certified copies of birth, death, and fetal death records, and reports demographic and medical data for the City of Austin area that falls in Travis, Hays and Williamson Counties. Supplemental to these duties, OVR offers multi-level technical assistance to the general public and social workers in order to facilitate navigating the legal systems associated with the modification and/or proper use of these documents. These systems include issues on paternity, dual citizenship, apostilles, adoptions, amendments, name changes, jurisdictional boundaries, and more. Technical assistance expands to multi-jurisdictional agencies and organizations, and some of the most prevalent customers are law enforcement representatives who call for verifications on fraud-related issues.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

The Office of Vital Records serves the general public without consideration of residency, income level, or age; the medical community; funeral home/mortuary representatives; and city, county, state, and federal agencies and organizations.

Austin/Travis County HHSD: Office of Vital Records

The Office of Vital Records exceeded goals on two measures but fell short of expectations on one measure. Staff noted that due to the retirement of the Local Registrar, and with the position vacant from May through July 15th, information was not accurately captured for the first two output measures. Once the new Registrar was hired, the data were cleaned up; however, staff were unable to duplicate the calculation for reporting and technical assistance counts, which are components of the first output measure.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of units of service (record processing, reporting, customer transactions and technical assistance) delivered by the Vital Records Unit	37,797	49,370	77%
Number of customer contacts via informational calls and/or referrals processed	18,791	10,000	188%
Number of records audited, registered and archived	27,584	25,619	108%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Sickle Cell Anemia Austin Association Marc Thomas Chapter

Program Description

The goal of the Sickle Cell Anemia Austin Association Marc Thomas Chapter is to enhance and improve the quality of life for families impacted by sickle cell disease. The program provides services in three major areas: education, client services and outreach. The program conducts home visits and hospital visits; coordinates and conducts educational sessions and health fairs; and coordinates with schools, churches, community agencies and groups to raise awareness about sickle cell disease.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

The program serves clients with sickle cell disease and their families and also targets at risk populations with outreach programs and educational sessions.

Austin/Travis County HHSD: Sickle Cell Anemia Austin Association Marc Thomas Chapter

Performance Goals and Results

The Sickle Cell Anemia Austin Association Marc Thomas Chapter met or exceeded all performance goals. Staff members explained that the number of county clients provided health screening services (see the first output) and health education (see the second output) are both above target goals because of an increase in outreach opportunities in the fourth quarter of the year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of county clients provided with the health screening services	305	250	122%
Number of county clients provided with the health education	305	250	122%
Outcomes			
Percentage of clients with sickle cell disease who were provided with the health screening services resulting in increased knowledge of sickle cell disease and/or better-managed care	99% (301/305)	100% (250/250)	99%
Percentage of clients affected by sickle cell disease (significant others, families, etc.) who were provided with educational sessions resulting in increased knowledge of sickle cell disease and/or better-managed care	99% (303/305)	100% (250/250)	99%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Teen Pregnancy Prevention Program

Program Description

The goal of the Teen Pregnancy Prevention Program is to improve adolescent sexual health outcomes within Travis County. The program provides direct sexuality education and skill development using promising practice curricula for youth at Travis County Juvenile Detention Facility and at least one other organization located in Travis County (outside of the City of Austin). Also provided is ongoing professional development and competency trainings for youth-serving service providers, primarily through monthly meetings and the annual Provider Conference of the Healthy Youth Partnership, as well as through the Austin Healthy Adolescent Initiative's Learning Community.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Chronic Disease Prevention and Control, Communicable Disease, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, Sickle Cell Anemia Austin Association Marc Thomas Chapter, and Teen Pregnancy Prevention Program, from October 1, 2012 through September 30, 2013 was $2,825,997.

Eligibility Criteria

Youth and parents served must reside in Travis County, and service providers must serve youth in Travis County.

Austin/Travis County HHSD: Teen Pregnancy Prevention Program

Performance Goals and Results

The Teen Pregnancy Prevention Program greatly exceeded goals on both performance measures. Program activities in 2013 included Gardner Betts trainings as well as Diversity Leadership Conference trainings, Young Artist Project trainings, and the BrdsNBz sexual health textline. Training attendees, youth who texted questions into the sexual health textline, and youth engaged in leadership programming through the Young Artist Project were included in the number of youth clients served (see the first output); however, these youth were not originally included in the performance goal. Of the 158 youth attending the 2013 Middle School Diversity Leadership Conference, 90 returned evaluations. Of those 90 youth, 80 were shown to have an increase in knowledge and or change in attitude as a result of the programmatic intervention (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth clients served	621	100	621%
Outcomes			
Percentage of youth reporting increase in knowledge or change in attitude on at least two evaluation questions	89% (80/90)	76% (38/50)	117%

City of Austin Animal Services Department

Animal Services

Program Description

The Animal Services program allows the City of Austin and Travis County to combine resources and capabilities in providing a collaborative animal control enforcement and shelter services program that serves a regional populace in the identification and vaccination of domestic pets, the maintenance of shelter facilities, and the control of animals at large (both domestic and wild). The program has three components:

- Animal Control: rabies control activities and other animal control services; assisting the Travis County Sheriff's Office (TCSO) with animal seizures; assisting TCSO or another emergency entity with animal transport; training Animal Control and TCSO staff; responding to calls and providing transport to shelter for sick and injured stray animals; conducting dangerous dog hearings; providing customer service; resolving customer complaints; and dispatch services, which includes management of field resources, distribution of service requests to field resources, customer service resolution by telephone, filing of citations, and bite report tracking for all reported animal bites requiring rabies quarantine.
- Shelter Services: the Austin Animal Center (AAC) accepts every Travis County animal delivered to the shelter by animal control, emergency service personnel and those brought in/dropped off by citizens. Each animal is provided food, water, shelter, waste management, and veterinary care. Additional shelter services include acceptance and maintenance of animals, quarantine, medical care, vaccinations, sterilization and immunization, euthanization, and adoption. Sterilization and immunization is performed in the shelter and at clinics throughout the county, targeting low-income neighborhoods with large numbers of stray animals. Rabies clinics provide free rabies vaccinations and a mobile veterinary service provides sterilization services and free rabies vaccinations; both services are provided in convenient neighborhood locations (e.g. parks, health clinics, and libraries) to eliminate transportation barriers.
- Prevention Services: education/outreach and prevention programs to impact animal welfare and reduce shelter intake. Programs are designed to improve the conditions and standards of care that animals experience as well as reduce the number of unwanted animals coming into the shelter. Programs include responsible pet owner classes, providing speakers for education opportunities in neighborhoods (e.g. group meetings, newsletters, church meetings, schools and clubs), free rabies vaccinations in economically disadvantaged neighborhoods (education about pet responsibility issues and animal welfare issues is also offered while conducting the clinic), and free weekly sterilization services in East Austin neighborhoods.

City of Austin Animal Services Department

Animal Services

Funding

The total TCHHS/VS investment in the Animal Services program from October 1, 2012 through September 30, 2013 was $888,883.

Eligibility Criteria

The Animal Services program serves residents of and animals within the City of Austin and Travis County.

City of Austin Animal Services Department: Animal Services

For Animal Control, the average response time was higher than projected due to staffing shortages for animal control officers and dispatchers (see the first measure). There were fewer citations processed to court (see the third measure) due to more voids of citations, fewer citations issued, and a higher number of responsible pet ownership class attendees. Finally, the number of attendees at responsible pet ownership classes exceeded expectations (see the fourth measure) due to a lack of control over how many attendees there are for each class; violators are offered the class but are not compelled to take it.

For Shelter Services, the number of animals adopted (see the second measure) was low due to the total number of intakes not being as high as expected. Due to frequent space concerns, the shelter has been focusing more on transfers to partner organizations, as transfers can expedite a live outcome compared to adoptions. In the past, the shelter might have tried to reach out to a possible owner after the animal has become the shelter's property; now animals might be transferred, which also lowers the number of animals returned to owner (see the third measure).

For Prevention Services, the number of animals sterilized at community clinics (see the second measure) fell slightly short of goals due to an increase in about 400 spay/neuter surgeries performed by Austin Animal Center. Surgeries performed in the community have never gone over 7,000 and there was only an increase of two community clinics compared with last fiscal year. A goal of 8,000 surgeries with the current infrastructure is most likely not possible.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Animal Control			
Average response time (in minutes)	152	85	Did Not Meet Goal
Number of citations issued for violations	1,232	1,310	94%
Number of citations that are processed to court as opposed to dropped due to compliance with officer-provided alternatives to court	687	1,085	63%
Number of attendees at responsible pet ownership classes	155	125	124%
Percentage of priority 1 and 2 activities completed	93%	95%	98%

City of Austin Animal Services Department: Animal Services

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Shelter Services			
Number of companion animals sheltered	18,679	20,000	93%
Number of animals adopted	7,416	10,200	73%
Number of animals returned to owner	3,331	4,320	77%
Prevention Services			
Number of animals sterilized at Austin Animal Center	6,492	6,412	101%
Number of animals sterilized at community clinics	6,625	8,000	83%
Number of spay/neuter clinics	203	190	107%

Planned Parenthood of Greater Texas, Inc.

Teen Pregnancy Prevention Program

Program Description

The Teen Pregnancy Prevention Program provides teens, their parents, and other adults who routinely interact with teens with the information needed to successfully avoid teen pregnancy. Program strategies include: providing health education programming designed to prevent pregnancy and sexually transmitted diseases (STDs) among teens (both boys and girls); educating teens about behaviors that can put them at risk for pregnancy and STDs; and helping them learn about making informed and responsible decisions about their sexual behavior, setting boundaries, and developing healthy communication with others (including their parents and potential partners) about these issues. These strategies utilize best practices, evidence-based interventions, and have demonstrated success. Educational presentations are available in Spanish.

Planned Parenthood also implements a promising program[c] with the Ann Richards School for Young Women Leaders to deliver a semester-long, weekly curriculum to 150 eighth grade girls. The curriculum addresses knowledge, values, and skill building for the refusal/delay of sex, as well as communication with parents and other trusted adults, two critical skills for healthy sexual decision making. Content includes medically accurate, age-appropriate information about human anatomy and sexuality, as well as identifying the qualities of healthy and unhealthy relationships, addressing obstacles to abstinence, methods of contraception, STD/HIV transmission, refusal skills for sexual activity, and goal setting and decision making. Girls work with their parents on up to nine optional parent-child homework assignments.

Finally, Planned Parenthood operates a health center in which teens can receive both clinical services as well as sexuality education specifically tailored for young people. Teens participate in 1:1 and group discussions about abstinence, birth control methods, identification and prevention of sexually transmitted infections, and other topics that are appropriate and relevant to their sexual health and general well-being.

Funding

The total TCHHS/VS investment in the Teen Pregnancy Prevention Program for 2013 was $29,601. This investment comprised 18.5% of the total program budget.

c A "promising program," as defined by the CDC, is one that has begun formal evaluation and has most of the characteristics of programs that have shown to be effective.

Planned Parenthood of Greater Texas, Inc.

Teen Pregnancy Prevention Program

Eligibility Criteria

The Teen Pregnancy Prevention Program provides health education to teens, their parents and other adults who routinely interact with adolescents, focusing on the central Austin area, in schools and neighborhoods at high risk for teen pregnancy. Educational sessions are regularly provided to diverse audiences across the Austin area and include public, charter, private, and vocational schools, religious institutions, youth and social service agencies, civic organizations, detention and probation service facilities, treatment centers, and agencies for the disabled. Planned Parenthood's health education staff provides educational sessions for several Austin ISD schools, as well as Austin area charter schools. Most of the schools serve students that live in ZIP codes identified by the Austin/Travis County Health and Human Services Department as areas in which residents are at high risk for unintended pregnancy, have a higher concentration of adverse health risks, and have a greater likelihood of dropping out of school. The Ann Richards School for Young Women Leaders serves girls from economically disadvantaged backgrounds. Recruitment and education also takes place at afterschool teen programs, recreational centers and other youth serving agencies.

Planned Parenthood of Greater Texas: Teen Pregnancy Prevention Program

Planned Parenthood met or exceeded the targeted range of expectations across all performance measures. Staff reported that, due to increasing concern regarding high teen birth rates in Travis County and Austin, requests for presentations exceeded expectations (see the third output). Parental involvement is encouraged as part of evidence-based and promising program best practices. All students are consistently encouraged to talk with their parents about issues discussed in class and are also encouraged to complete parent-teen communication homework assignments (see the second and third outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,358	1,400	97%
Number of unduplicated clients from Output #1 participating in evidence-based or promising programs	144	150	96%
Number of educational presentations provided by health educators	113	100	113%
Outcomes			
Percentage of participants who demonstrated increased knowledge about how to protect themselves from an unplanned pregnancy and STDs	79% (1,076/1,358)	80% (1,120/1,400)	99%
Percentage of evidence-based or promising program participants who report that they are more likely to discuss issues related to sex with a parent	88% (126/144)	70% (105/150)	125%
Percentage of evidence-based or promising program participants who complete three or more parent-teen homework activities designed to promote communication about sexual health, prevention of teen pregnancy and STDs, and healthy relationships with their parents	90% (129/144)	70% (105/150)	128%

Sustainable Food Center

Grow Local

Program Description

Grow Local is a community-based program that helps low-income individuals and families grow nutritious produce for their own consumption and encourages them to spread the harvest among their neighbors or through area food banks. Grow Local strives to increase the availability and consumption of locally-grown, healthy food by low-income children and adults. The program increases the food gardening skills of these children and adults by partnering with social services organizations, community gardens, schools, and other institutions to offer food gardening instruction and materials. The program also improves self-sufficiency and food security by helping gardeners produce enough fruits and vegetables for themselves and their families, to share with others, and to sell at local markets. Clients receive seeds, transplants, compost, and soil amendments, as well as access to tools and gardening books. In addition to these resources, the program also provides educational opportunities, such as workshops and informational emails, and offers technical assistance for clients in order to improve their food gardening skills and increase their yield.

Funding

The total TCHHS/VS investment in the Grow Local program for 2013 was $19,321. This investment comprised 35.5% of the total program budget.

Eligibility Criteria

The Grow Local program targets underserved children and adults within the City of Austin and Travis County, including: residents with incomes at or below 200% of the Federal Poverty Income Guidelines; children and adults who are at risk for household food insecurity and/or face a higher risk for diet-related problems; schools serving a majority of economically disadvantaged students, as defined by the percentage of students eligible for free or reduced-priced meals under the National School Lunch and Child Nutrition Program; and underserved residents of Sustainable Food Center's target geographic areas for services.

Sustainable Food Center: Grow Local

The Sustainable Food Center met or exceeded all performance goals. Staff noted that enrollment in the program this year was higher than expected, particularly for gardeners in housing, school, or other group programs (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated individual and non-institutional gardeners receiving resources and education through the Grow Local program (persons may receive services and resources on multiple occasions)	1,340	1,250	107%
Number of unduplicated gardeners in housing, school, or other group programs receiving resources and education through the Grow Local program (persons may receive services and resources on multiple occasions)	14,126	11,250	126%
Number of meal equivalents (garden fresh produce shared by gardeners; two meal equivalents fit into one plastic grocery store bag)	10,680	9,780	109%
Number of meal recipients (persons receiving one or more meal equivalents; duplicated)	10,498	10,432	101%
Outcomes			
Percentage of Grow Local gardeners reporting increased knowledge and skills on quarterly surveys	89% (590/661)	90% (588/652)	99%
Percentage of Grow Local gardeners satisfied with services provided who returned their quarterly surveys	92% (611/661)	95% (620/652)	97%

The Wright House Wellness Center, Inc.

Case Management

Program Description

The Case Management program assists HIV clients in: accessing and staying in primary medical care, adhering to medical treatment regimens, increasing self-sufficiency (as defined by the client and case manager in the service plan), and maintaining or increasing quality of life. The program provides a specialized approach to providing services to individuals who are HIV-positive and serves as clients' primary link to HIV medical care, re-entry resources, housing and other basic needs, other community resources, and information. Clients are also provided with a network of community resources and connections with which to empower themselves, such as the ability to earn sufficient wages, become involved in social and community matters, and pursue better physical and mental health. Specific services provided can include: intake and assessment, service planning, housing planning, medication adherence assistance, primary medical care retention assistance, information and referral, client advocacy, psychosocial support, and follow-up/re-evaluation.

Funding

The total TCHHS/VS investment in the Case Management program for 2013 was $75,700. This investment comprised 28.8% of the total program budget.

Eligibility Criteria

Services are provided to HIV-positive individuals living within Travis County who are not enrolled in any other HIV case management program. The program's target population includes: men, women and transgender persons; White, African American, Latino/a, and others; intravenous drug users; substance users; and recently incarcerated.

The Wright House Wellness Center: Case Management

The Wright House Wellness Center (WHWC) fell short of goals for most performance measures. Staff members explained that the number of unduplicated clients served was lower than expected (see the first output) for a number of reasons. Two case manager positions were vacant for some time over the last half of the year, during which enrollment of new clients was down. WHWC also stopped receiving State Services Funding for Case Management at the end of August 2013, which left the program with one fewer case manager for the last four months of the year.

Fewer clients had two or more case management care plan updates in the measurement year (see the first outcome). Staff noted that 18 of the 46 clients who did not receive two care plan updates spent less than 90 days in the program. Finally, a smaller number of clients had two or more medical visits in an HIV care setting in the measurement year (see the second outcome). WHWC is currently undertaking a rigorous re-training effort to improve Care Plan updating and documentation.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	113	135	84%
Number of units of service provided to HIV-positive clients (1 unit of service = 15 minutes of contact in person or by phone/email and administrative duties to carry out service)	6,569	6,582	100%
Outcomes			
Percentage of HIV-infected case management clients who had a case management care plan developed and/or updated two or more times in the measurement year	64% (72/113)	95% (128/135)	67%
Percentage of HIV-infected case management clients who had two or more medical visits in an HIV care setting in the measurement year	78% (88/113)	95% (128/135)	82%

Appendix

2013 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 for Threshold Levels				
	50%	100%	125%	150%	200%
1	$5,745	$11,490	$14,363	$17,235	$22,980
2	$7,755	$15,510	$19,388	$23,265	$31,020
3	$9,765	$19,530	$24,413	$29,295	$39,060
4	$11,775	$23,550	$29,438	$35,325	$47,100
5	$13,785	$27,570	$34,463	$41,355	$55,140
6	$15,795	$31,590	$39,488	$47,385	$63,180
7	$17,805	$35,610	$44,513	$53,415	$71,220
8	$19,815	$39,630	$49,538	$59,445	$79,260
For families/households with more than 8 persons, add $4,020 for each additional person.					

Data source: "2013 Poverty Guidelines," U.S. Department of Health & Human Services, *Federal Register*, Vol. 78, No. 16, January 24, 2013, pp. 5182-5183, http://aspe.hhs.gov/poverty/13poverty.cfm.

2013 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 Metropolitan Statistical Area.

Household Size	Income Limits for Threshold Levels		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1	$15,400	$25,650	$41,000
2	$17,600	$29,300	$46,850
3	$19,800	$32,950	$52,700
4	$21,950	$36,600	$58,550
5	$23,750	$39,550	$63,250
6	$25,500	$42,500	$67,950
7	$27,250	$45,400	$72,650
8	$29,000	$48,350	$77,300

Data source: "Austin–Round Rock–San Marcos, TX MSA FY 2013 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org.

Endnotes

1 Ella Puga, Epidemiologist, Department of State Health Services, Center for Health Statistics, email message to Elizabeth Vela, February 5, 2014.
2 "Prevalence Trends Data: Nationwide (States and DC)—2012," Centers for Disease Control and Prevention, accessed March 11, 2014, http://apps.nccd.cdc.gov/brfss/page.asp?cat=HS&yr=2012&state=UB#HS.
3 Ella Puga, Epidemiologist, Department of State Health Services, Center for Health Statistics, email message to Elizabeth Vela, February 5, 2014.
4 "Prevalence Trends Data: Nationwide (States and DC)—2012," Centers for Disease Control and Prevention, accessed March 11, 2014, http://apps.nccd.cdc.gov/brfss/page.asp?cat=HS&yr=2012&state=UB#HS.
5 Ella Puga, Epidemiologist, Department of State Health Services, Center for Health Statistics, email message to Elizabeth Vela, February 5, 2014.
6 "Prevalence and Trends Data: Nationwide (States and DC)—2012," Centers for Disease Control and Prevention, accessed March 11, 2014, http://apps.nccd.cdc.gov/brfss/display.asp?cat=CH&yr=2012&qkey=8441&state=UB.
7 "County Health Rankings," University of Wisconsin Population Health Institute, accessed December 20, 2013, http://www.countyhealthrankings.org/app/texas/2013/travis/county/factors/overall/snapshot/by-rank and http://www.countyhealthrankings.org/sites/default/files/resources/2013%20National%20Benchmarks.pdf.
8 Whitney Michael, Research Specialist, Center for Health Statistics, Texas Department of State Health Services, email message to Elizabeth Vela, December 20, 2013.
9 Ibid.
10 "Leading Causes of Death by Race and Ethnicity, Texas 2011," Texas Department of State Health Services, Center for Health Statistics, http://www.dshs.state.tx.us/chs/vstat/vs11/t16.shtm.
11 "National Vital Statistics Reports," U.S. Centers for Disease Control and Prevention, October 10, 2012, Vol. 61, No.6, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf.
12 "Region 7 Regional Health Care Partnership Section 1115 Medicaid Transformation Waiver Plan," Central Health, December 2012, p. 146, http://texasregion7rhp.net/rhp-plan.
13 Ella Puga, Epidemiologist, Department of State Health Services, Center for Health Statistics, email message to Elizabeth Vela, February 5, 2014.
14 Ibid.
15 "Prevalence Trends Data: Nationwide (States and DC)—2012," Centers for Disease Control and Prevention, accessed March 11, 2014, accessed March 11, 2014, http://apps.nccd.cdc.gov/brfss/page.asp?cat=HS&yr=2012&state=UB#HS.
16 "County Health Rankings: 2013 National Benchmarks," University of Wisconsin Population Health Institute, http://www.countyhealthrankings.org/sites/default/files/resources/2013%20National%20Benchmarks.pdf.
17 "STD Surveillance Report, 2012," Department of State Health Services, https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589969393.
18 "2012 Sexually Transmitted Diseases Surveillance, National Profile," U.S. Centers for Disease Control and Prevention, http://www.cdc.gov/std/stats12/toc.htm.
19 "HIV Surveillance Report, 2012," Texas Department of State Health Services, https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589972122.
20 "HIV Surveillance Report 2011," U.S. Centers for Disease Control and Prevention, Volume 23, Table 15a, 2011, http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=52.
21 "STD Surveillance Report, 2012," Department of State Health Services, https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589969393.
22 "2012 Sexually Transmitted Diseases Surveillance, National Profile," U.S. Centers for Disease Control and Prevention, http://www.cdc.gov/std/stats12/toc.htm.
23 "STD Surveillance Report, 2012," Department of State Health Services, https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589969393.
24 "2012 Sexually Transmitted Diseases Surveillance, National Profile," U.S. Centers for Disease Control and Prevention, http://www.cdc.gov/std/stats12/toc.htm.
25 "County Health Rankings," University of Wisconsin Population Health Institute, accessed December 20, 2013, http://www.countyhealthrankings.org/app/texas/2013/travis/county/factors/overall/snapshot/by-rank and http://www.countyhealthrankings.org/sites/default/files/resources/2013%20National%20Benchmarks.pdf.
26 Ibid.

27 "Kids Count Data Center," Annie E. Casey Foundation, accessed February 6, 2014, http://datacenter.kidscount.org/data/Tables/6051-infant-mortality?loc=1&loct=2#detailed/1/any/false/133,38,35,18,17/any/12718,12719.
28 "County Health Rankings," University of Wisconsin Population Health Institute, accessed December 20, 2013, http://www.countyhealthrankings.org/app/texas/2013/travis/county/factors/overall/snapshot/by-rank.
29 U.S. Census Bureau, 2012 American Community Survey 1-Year Estimates, Travis County, Texas and U.S., C27001. Health Insurance Coverage Status by Sex by Age—Universe: Civilian noninstitutionalized population, http://factfinder2.census.gov.
30 Ella Puga, Epidemiologist, Department of State Health Services, Center for Health Statistics, email message to Elizabeth Vela, February 5, 2014.
31 "Nevada Behavioral Risk Factor Surveillance System Annual Report," Nevada Department of Health and Human Services, October 2013, p. 60, http://health.nv.gov/PUBLICATIONS/2011_BRFSS_Annual_Report_e_1.0_2013-10-24.pdf.
32 "County Health Rankings," University of Wisconsin Population Health Institute, accessed December 20, 2013, http://www.countyhealthrankings.org/app/texas/2013/travis/county/factors/overall/snapshot/by-rank and http://www.countyhealthrankings.org/sites/default/files/resources/2013%20National%20Benchmarks.pdf.
33 Ibid.
34 Michael Cline and Steve Murdoch, "Estimates of the Impact of the Affordable Care Act on Texas Counties," 2012, http://www.mhm.org/images/stories/advocacy_and_public_policy/Estimates%20of%20the%20Impact%20of%20the%20ACA%20on%20Texas%20Counties_FINAL%20REPORT%20APRIL%202012.pdf.
35 "How Will the Uninsured in Texas Fare Under the Affordable Care Act?" Henry J. Kaiser Family Foundation, January 2014, http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-texas/.
36 Jennifer Lee, "The Effects of Implementation of the Affordable Care Act," LBJ School of Public Affairs Professional Report, CRP 386/PA388K, Fall 2012, http://soa.utexas.edu/files/gis/Lee.pdf.
37 Veronica Zaragovia, "A Tipping Point for Health Care in Dove Springs?" KUT News, August 30, 2013, http://kut.org/post/tipping-point-health-care-dove-springs.
38 Becca Aaronson, "Interactive: Track Texas' Spending on Primary Care for Women," Texas Tribune, January 14, 2014, http://www.texastribune.org/library/data/expanded-primary-health-care-awards-region/.
39 Becca Aaronson, "Providers Face Obstacles in New Women's Health Program," Texas Tribune, January 9, 2014, http://www.texastribune.org/2014/01/09/limited-scope-texas-womens-health-program-has-cons/.
40 Texas Legislature Online, accessed January 14, 2014, http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=832&Bill=HB2.
41 Brigit Benestante, "Panel Discusses Implications of HB 2," The Daily Texan, September 4, 2013, http://www.dailytexanonline.com/news/2013/09/04/panel-discusses-implications-of-house-bill-2.
42 Becca Aaronson, "5th Circuit Reverses Ruling on TX Abortion Regulations," Texas Tribune, October 31, 2013, http://www.texastribune.org/2013/10/31/5th-circuit-rules-texas-abortion-regulations/.
43 "Physical Health Problems Increase Use of Mental Health Services," Oregon State University, last modified July 17, 2012, http://oregonstate.edu/ua/ncs/archives/2012/jul/physical-health-problems-substantially-increase-use-mental-health-services-study-s, accessed January 17, 2014.