PUBLIC HEALTH

2014 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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Public Health

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Travis County Health and Human Services & Veterans Service
Research & Planning Division

County Executive
Sherri E. Fleming

Project Leads
Courtney Bissonnet Lucas
Korey Darling
Lori Axler Miranda

Lead Writer
Elizabeth Vela

Research & Planning Division
Lawrence Lyman, Division Director
Lori Axler Miranda
DeAnna Ball
Courtney Bissonnet Lucas
Tara Carmean
Rachel Coff
Korey Darling
Amber Joiner-Hill
Brook Son
Sandra Valenzuela
Elizabeth Vela

Questions or Comments?

For questions or for more information, please contact the Research & Planning Division at HHS_R&P@traviscountytx.gov.

TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

We value cooperation and collaboration in the community at large and within TCHHS/VS.

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

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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests nearly $16 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 *2014 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas: Behavioral Health, Child and Youth Development, Food and Transportation, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development.[a] 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.

a TCHHS/VS issue areas were updated in February 2014 to more accurately reflect the Department's investment portfolio and priorities.

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. The majority of the social service contracts included in the report followed a calendar year schedule. Note that calendar year contracts are transitioning to a fiscal year for 2015; to assist with this transition, these contracts followed a 9–month (January–September) calendar during 2014. The remainder followed a fiscal year calendar (October 1, 2013 through September 30, 2014) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

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

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

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

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

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

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

Community Conditions

Public Health Goals and Services

Programs and services within this issue area work to improve the health and well-being of community members by encouraging healthy behaviors; providing health education programs; enforcing regulations that protect from injury and illness; reducing the occurrence and impact of disease; and increasing public health emergency preparedness. Services may include: education; improving treatment, care, and support for persons living with or facing health concerns; case management and advocacy for additional or other client services; promoting environmental health; and animal control and shelter services.

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 health care, 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[b] 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.

b 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 county and state adult residents describing health status, and how these figures compare with national data.

General Health Status

Indicator	*Travis County*	*Texas*	*U.S.*
A. Percent with fair to poor general health[1]	15%	19%	18%
B. Percent with poor physical health status[2]	16%	20%	21%
C. Percent with poor mental health[3]	20%	20%	22%
D. Premature death (age-adjusted mortality rate of residents under 75 per 100,000 population)[4]	5,392	6,928	7,714

Notes: Indicators A-C represent 2011-2013 data. Indicator D represents data from 2008-2010. Indicator A refers to adults reporting poor or fair health as opposed to excellent or good health. Indicator B captures the percentage of adults reporting that their physical health was poor on 5 or more days in the past 30 days. Indicator C captures the percentage of adults reporting that their mental health was poor on 5 or more days in the past 30 days.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Behavioral Risk Factor Surveillance System, 2011-13 and County Health Rankings, 2013

Leading Causes of Death

These 2012 data inform the direction and efficacy of current and future prevention and intervention efforts.

Leading Causes of Death, 2012

Underlying Cause of Death	*Travis County Number of Deaths*[5]	*Travis County Rank*[6]	*Texas Rank*[7]	*U.S. Rank*[8]
A. Malignant neoplasms (cancer)	1,116	1	2	2
B. Diseases of the heart	957	2	1	1
C. Accidents (injuries)	432	3	5	5
D. Cerebrovascular disease (stroke)	229	4	4	4
E. Chronic lower respiratory diseases	205	5	3	3
F. Intentional self-harm (suicide)	141	6	*	10
G. Alzheimer's disease	137	7	6	6
H. Diabetes mellitus	119	8	7	7
I. Chronic liver disease and cirrhosis	105	9	10	**
J. Nephritis, nephrotic syndrome, nephrosis	90	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, 2012 and the U.S. Centers for Disease Control and Prevention, 2012

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.[9]

Chronic Diseases and Related Risk Factors, 2011-2013[10]			
Chronic Disease and/or Related Risk Factor	*Percent with/at Risk of in Travis County*	*Percent with/at Risk of in Texas*	*Percent with/at Risk of in U.S.*
A. Heavy drinking	8%	6%	6%
B. No leisure time physical activity	21%	28%	25%
C. Overweight or obese (BMI>25)	58%	66%	64%
D. Current smoker	14%	18%	19%
E. Heart attack	2%	4%	4%
F. Angina or coronary heart disease	2%	4%	4%
G. Stroke	2%	3%	3%
H. Diabetes	8%	11%	10%
I. Chronic obstructive pulmonary disease	4%	5%	6%
J. Asthma	8%	7%	9%

Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Behavioral Risk Factor Surveillance System, 2011-13

Sexually Transmitted Diseases

Individuals engaging in unprotected sex may contract and spread these diseases. Sexually transmitted diseases 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, 2013*	*Travis County Rate, 2013*	*Texas Rate, 2013*	*U.S. Rate, 2012*
A. Chlamydia[11,12]	6,640	592	473	457
B. People Living with HIV[13,14]	3,858	344	290	285*
C. Gonorrhea[15,16]	1,907	170	125	108
D. Primary and Secondary Syphilis[17,18]	136	12	6	5

*This rate is from 2011.
Note: Rates are per 100,000 population. National STD data for 2013 was not available at the time of publication.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: U.S. Centers for Disease Control and Prevention, 2012, and Texas Department of State Health Services, 2013

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.*
A. Low birth weight (percent of live births for which the infant weighed less than 5 lbs., 8 oz.)[19]	8%	8%	8%
B. Infant mortality rate (number of all infant deaths within 1 year per 1,000 live births)[20,21]	5.8	6.4	6.1
C. Teen birth rate (number of births per 1,000 female population ages 15-19)[22]	49	60	44

Notes: For indicators A and C, state and local figures reflect 2006-2010 data, while the national figure is a 2013 median county value. For indicator B, data is from 2006-2010 for state and local figures, and 2011 for the national figure.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Kids Count, 2011, and 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.*
A. Percent uninsured of all ages[23]	18%	22%	15%
B. Percent kept from seeking medical help because of cost in the previous 12 months[24]	17%	21%	17%
C. Ratio of population to primary care physicians[25]	1,271:1	1,766:1	1,963:1
D. Ratio of population to dentists[26]	1,668:1	2,150:1	2,868:1

Notes: Uninsurance figures (A) are from 2013 and are estimates of all persons who had no reported health coverage or those whose only health coverage was Indian Health Service. For more information see: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2013_ACSSubjectDefinitions.pdf. Indicator B is from 2011-13 data. Indicator C is from 2011-12 data for state and local figures and 2013 data for the national figure. Indicator D represents 2011-12 data for state and local figures and 2013 for the national median.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: Behavioral Risk Factor Surveillance System, 2011-13, 2013 American Community Survey 1–Year Estimates, Table C27001, and County Health Rankings, 2013

New Public Health Services/Resources in Travis County

1115 Medicaid 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 four 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, and build infrastructure. Read more about RHP 7 1115 Waiver projects at http://texasregion7rhp.net/.

The Community Care Collaborative

The Community Care Collaborative (CCC) is a partnership between Central Health and Seton Healthcare Family created to develop an integrated delivery system (IDS) of health care in the Travis County community to improve clinical outcomes and increase patient satisfaction while lowering health care costs. The IDS will plan and implement an optimal healthcare delivery system for vulnerable Travis County residents (uninsured and under 200% Federal Poverty Level, including navigation and medical home centered-services. The CCC is the vehicle for implementation of 15 public health interventions (referred to as Delivery System Reform Incentive Payment or DSRIP) made possible by the 1115 Medicaid waiver.

The Southeast Health and Wellness Center

The Southeast Health and Wellness Center will provide primary, dental, specialty, and mental health care in Dove Springs, a low-income, medically underserved area of Travis County that has high rates of diabetes and obesity.[27] The clinic opened in October of 2014. Primary medical and dental care is provided by CommUnityCare, while Austin Travis County Integral Care provides integrated behavioral healthcare on site.[28]

Dell Medical School and Seton Medical Center at the University of Texas at Austin

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 has begun and will open in 2017. The new teaching hospital will be called the Seton Medical Center at the University of Texas at Austin. 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.

Expanded mental health crisis capacity

Expanded mental health crisis services described in the Behavioral Health section of this report free up critical space in area emergency departments for true medical emergencies.

Emerging Issues

Implementation of and Challenges to the Affordable Care Act (ACA)

Rates of health insurance coverage are expected to continue to climb as the nation enters the second enrollment period of the Affordable Care Act (ACA) in November 2014. Nearly everyone was mandated to carry health insurance by March 31, 2014. The ACA offers subsidies to more than 106,000 Travis County adults between 100% and 400% of the federal poverty level for the purchase of health insurance.[29] Central Health, Foundation Communities, People's Community Clinic and other local service providers are investing in local enrollment assistance to increase ACA plan enrollment in Travis County. 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.[30] The first enrollment period showed that 730,000 Texans enrolled—only 23% of those eligible.[31] While local enrollment data is not available, results of the first enrollment period show that ACA plan enrollment is relatively low among Hispanics in Travis County.[32] Because Medicaid expansion per the ACA (deemed optional by the Supreme Court) was not pursued by Texas, some 79,212 Travis County residents who are currently uninsured and do not qualify for Medicaid will remain uninsured, as will undocumented immigrants.[33] There is strong opposition in the state to Medicaid expansion.

There is continued, strong opposition in the state to the ACA as well. In July of 2014, appeals court rulings challenged subsidy and cost-sharing eligibility for Texans who enrolled in plans through the ACA marketplace. This decision is being challenged by the Obama administration. The ruling threatens to nullify the many thousands of subsidized policies that low- and moderate-income Travis County residents purchased to comply with the individual mandate.[34] Some threats to coverage expansion under the Act seen locally include lack of citizenship or immigration documentation for enrollees and failure to pay premiums, as well as new enrollees' lack of knowledge and understanding of what insurance is and how it works.[35]

Cuts to Supplemental Payments to Hospitals

Disproportionate Share Hospital (DSH) payments, along with other supplemental payments, compensate hospitals treating large numbers of Medicaid and uninsured patients. Because the original intent of the ACA was to expand healthcare coverage via both private sector coverage purchased on health insurance exchanges and through Medicaid expansion, the Act made cuts to DSH payments, as uncompensated care was expected to fall. But the Supreme Court ruled in June of 2012 that Medicaid expansion was optional. In states that have expanded Medicaid, uncompensated care costs are on a downward trend. DSH cuts under Medicaid were delayed until 2017 but will be in the billions of dollars. Texas is facing a 20% reduction in its federal Medicaid DSH allocation from 2017 to 2024.[36] Central Health uses tax funds to provide local match for federal hospital payment programs for Travis County hospitals.

As a result of these shortfalls and in preparation for impending cuts, many hospitals in states (such as Texas) in which Medicaid was not expanded are curtailing charity care requirements as a way to incentivize those who are eligible for ACA subsidies to apply for them. Some are charging co-pays to uninsured patients.[37] A recent study confirms that DSH cuts in many states that failed to expand Medicaid restrict vulnerable populations' access to healthcare.[38]

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.[39]

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.

City of Austin Critical Health Indicators Report

http://austintexas.gov/sites/default/files/files/Health/News_-_Home_Page/2012_critical_health_indicators.pdf

While not available at the time of this writing, a 2014 version is set to be released very soon. This report details key public health indicators for Travis County.

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.

Center for Health Statistics at the Department of State Health Services

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

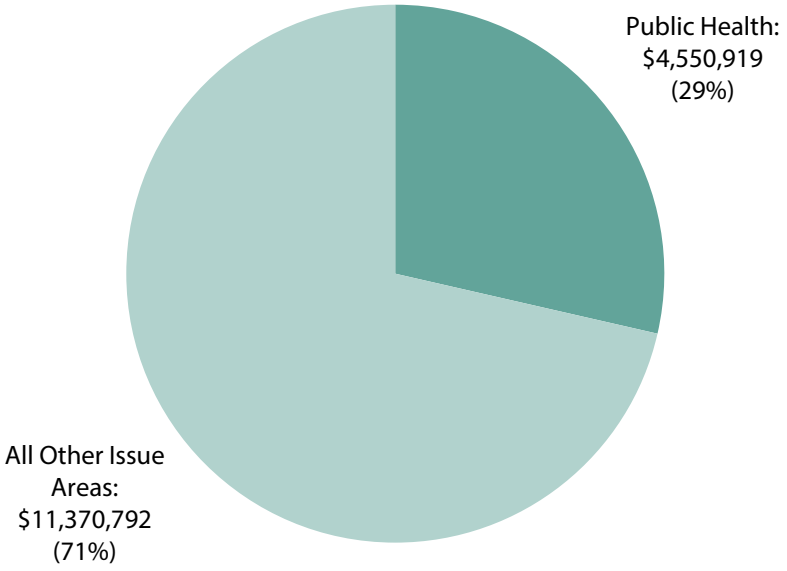
The Center for Health Statistics provides access to health-related data for Texas, including Texas counties.

Investment Overview

Our Investment

TCHHS/VS has departmental and contracted programs that offer public health services. A significant portion of our Public Health 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 Other Issue Areas, 2014



Funding Summary

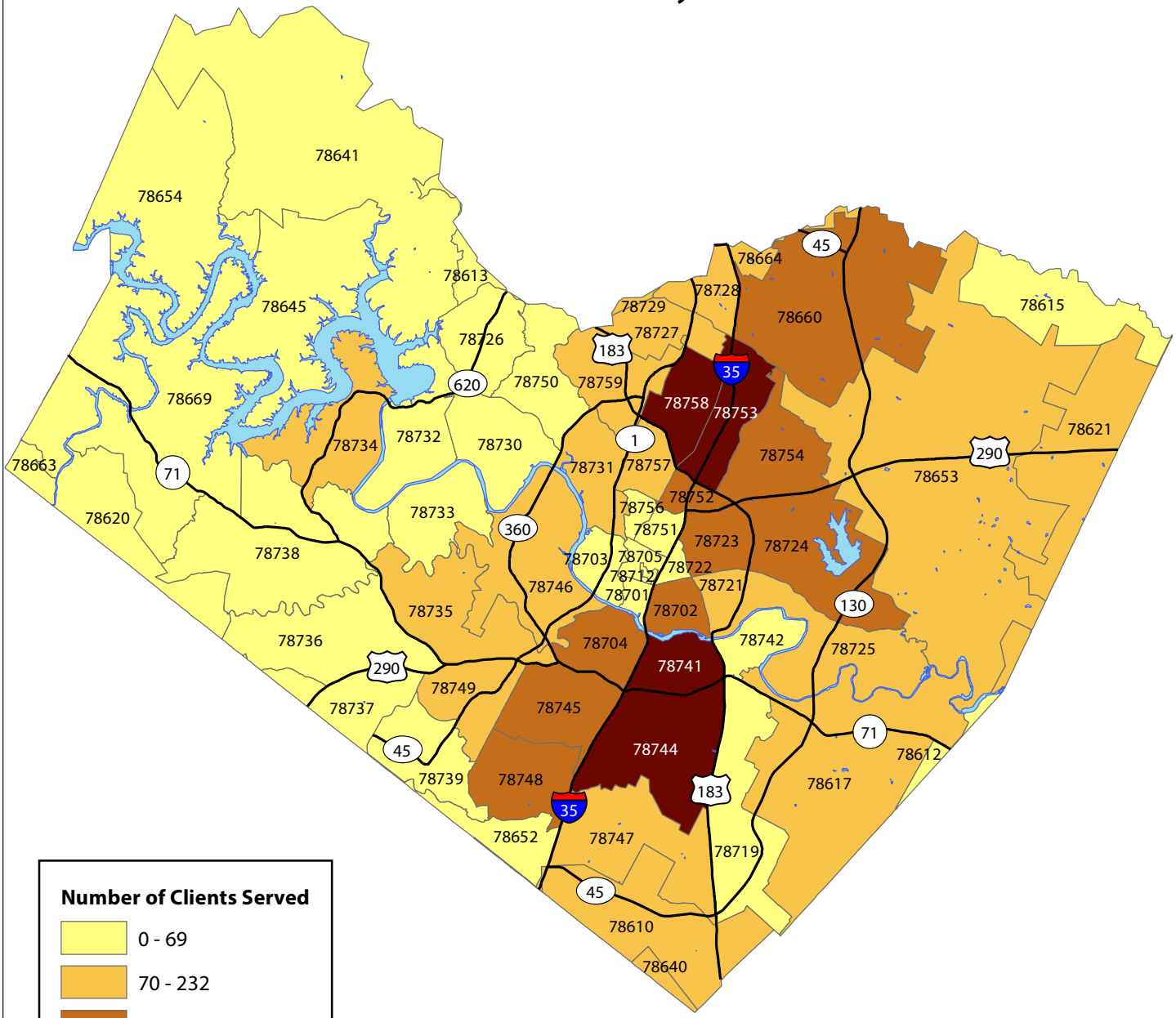
The 2014 Funding Amount reflects 9–month funding (January 1 through September 30, 2014) unless otherwise noted.

Agency Name	Program Name	2014 Funding Amount
AIDS Services of Austin	Food Bank	$46,875
AIDS Services of Austin	Mpowerment/The Q Austin	$101,250
AIDS Services of Austin	Non-Medical Case Management	$145,453
Austin/Travis County Health and Human Services Department	Public Health Interlocal	$3,062,893*
City of Austin Animal Services Office	Animal Services	$1,115,472*
Planned Parenthood of Greater Texas, Inc.	Teen Pregnancy Prevention Program	$22,201
The Wright House Wellness Center, Inc.	Case Management	$56,775

*Fiscal year funding (October 1, 2013 through September 30, 2014)

Public Health

Clients Served by ZIP Code
Travis County, 2014



Number of Clients Served

- 0 - 69
- 70 - 232
- 233 - 629
- 630 - 1,224

N

0 2.5 5 Miles

Notes: This map shows 11,051 clients by ZIP code. 1,120 (9% 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/ The Q Austin program or the City of Austin Animal Services Office. Client ZIP code data was only available for three Austin/Travis County Health and Human Services Department programs: the Austin Healthy Adolescent Program, Immunizations, and Sickle Cell Anemia Association of Austin.

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

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 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. The Food & Nutrition Services Manager plans menu selections, and orders and purchases healthy foods 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, including 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 quality toothbrushes, floss, and toothpaste 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 from January 1 through September 30, 2014 was $46,875. This investment comprised 23.4% of the total program budget. TCHHS/VS also funds the Mpowerment/The Q Austin and the 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 who have an annual income at or below 150% of the Federal Poverty Income Guidelines (FPIG). Co-morbidities adversely affecting Food Bank clients include malnutrition, diabetes, obesity, 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

The Food Bank program served more clients than expected (see the first output) but fell slightly short of goals for the number of units of service delivered (see the second output). Staff explained that they had fewer than expected clients receiving services due to case managers closing out clients because of eligibility criteria, as well as fewer new clients entering services due to the ongoing wait list to access case management services. Typically, new clients coming into the program replace old clients exiting the program (due to eligibility changes, moving, etc). With older clients exiting the program but fewer new clients entering the program, the number of units of service decreased as a result. AIDS Services of Austin opened up its eligibility in October 2014 to allow asymptomatic clients to receive Food Bank services to adapt to the changing needs and health status of their client population. This change, along with moving clients off the wait list, will facilitate an increase in units delivered.

Due to the abbreviated contract year, annual survey data was unavailable for the 2014 client satisfaction survey (see the outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	305	285	107%
Number of units (unit of service equals food and hygiene products) delivered to unduplicated clients	3,169	3,621	88%
Outcomes			
Percentage of clients surveyed who report satisfaction with quality of services	N/A	90% (56/62)	N/A

AIDS Services of Austin

Mpowerment/The Q Austin

Program Description

The Q Austin is a space in which community partners and target populations help create a safe milieu for Austin's lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) communities by organizing events and outreach to support effective and appealing opportunities to engage these communities. Mpowerment is the primary programming that is delivered at the space.

Mpowerment is a community-level HIV prevention intervention for young men who have sex with men (MSM) aimed at developing and supporting a gay-positive community where safer sex is the norm. To achieve this goal, the intervention 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 the 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 three times per month 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.

Mpowerment/The Q Austin

- A multi-faceted, ongoing publicity campaign works to attract the target population to its activities and to 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 Q Austin website; online social networking sites such as Facebook and Twitter, e-mails and weekly texts to interested men; and "word of mouth" among Core Group members, volunteers and Q program participants within their informal friendship networks.

Funding

The total TCHHS/VS investment in the Mpowerment/The Q Austin program from January 1 through September 30, 2014 was $101,250. This investment comprised 47.0% of the total program budget. TCHHS/VS also funds the Food Bank and the Non-Medical Case Management programs, which are both described in this report.

Eligibility Criteria

The target population for Mpowerment/The Q Austin includes African American, Latino, and White men, ages 18 to 29 with the risk factor MSM. Any individual in this target population who is interested in participating in HIV prevention activities is eligible for Mpowerment. Outreach is conducted in ZIP codes that are identified by the Austin/Travis County Health and Human Services Department as High-risk Zones for HIV/AIDS along with zip codes where MSM congregate via social venues: 78701, 78702, 78703, 78704, 78705, 78745, 78741, 78723, 78724, 78753, 78758, 78744, 78732, and 78752. Co-morbidities for this population include sexually transmitted diseases; injection drug use; substance abuse with alcohol, prescription medications, cocaine and methamphetamines being the primary drugs reported; and Hepatitis A, B, and/or C.

AIDS Services of Austin: Mpowerment/The Q Austin

Mpowerment/The Q Austin met or exceeded all outcome goals but fell short of expectations on two output measures. Staff noted that core group participation increased (see the first output) due to varied outreach strategies, increased frequency of social events and core group meetings. The new project space also afforded the program additional publicity and promotion.

However, staff explained that Below the Belt continues to be challenging to promote and recruit for (see the second output). Many of the young MSM feel separated from the effects of HIV and their sense of vulnerability. Moving forward, the program is looking at ways to effectively market this portion of the program so that it is more appealing to the targeted population. While participation was lower than anticipated, staff development around improved communication, a better understanding of individual participants' risks, and use of public health data with participants helped to increase the overall percentage of men reporting a greater knowledge of their individual risk factors (see the second outcome).

During the first quarter of the year, inclement weather reduced opportunities to drive attendance to social events, leading to fewer participants (see the third output). Further, in the third quarter much attention was directed toward developing social media for promotion and recruitment, which affected the number of social events that were planned and implemented.

Finally, the program streamlined its survey method to make it easier to capture information about referral sources for social event participants (see the third outcome). More of the target population is receiving outreach materials and information via online sources (such as Facebook, Instagram, and websites), and staff noted that this demonstrates that the hiring of the Promotions Specialist has been effective.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of core group duplicated participants	162	105	154%
Number of unduplicated men who attend one Below the Belt session	42	79	53%
Number of social event participants	788	1,350	58%
Number of outreach activity participants	1,627	1,590	102%
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	79% (33/42)	80% (63/79)	99%

AIDS Services of Austin: MPowerment/The Q Austin

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of men who attend a Below the Belt session and report a greater knowledge of their individual risk factors	76% (32/42)	66% (52/79)	116%
Percentage of surveyed social event participants that report online outreach as their source of referral	76% (162/212)	60% (112/188)	128%

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 and ensure clients receive the optimal benefits that they are eligible for;
- Facilitating the intake process for individuals eligible for the Non-Medical 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;
- Assuring that HIV positive individuals have access to health care and medications through both private insurance or other public benefits;
- Linking HIV positive individuals to social and other support services in order to assist clients in remaining in primary medical care;
- Working with clients accessing Health Insurance Continuation services to help them to maintain private insurance to ensure clients maintain access to primary medical care; and
- 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 from January 1 through September 30, 2014 was $145,453. This investment comprised 55.0% of the total program budget. TCHHS/VS also funds the Food Bank and the Mpowerment/The Q Austin programs, which are both described earlier in this report.

AIDS Services of Austin

Non-Medical Case Management

Eligibility Criteria

To be eligible for Non-Medical Case Management, clients must be HIV positive, a resident 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 order to receive services.

AIDS Services of Austin: Non-Medical Case Management

The Non-Medical Case Management program exceeded goals for all but one measure. Staff reported that the program exceeded expectations of clients served (see the first output) due to the number of continuing clients carried over in the contract year and the addition of new clients in the final quarter of the contract year. The program did not meet projections for the number of units of service (see the second output). This was due to the fact that the agency experienced a number of vacancies during the shortened contract period. In total, four Non-Medical Case Management positions became vacant for approximately five months time during the nine-month contract. Additionally, the agency experienced a vacancy in intake, which was quickly filled but left another part-time intake position vacant.

Staff vacancies are not always predictable and impact programmatic outputs. However, despite these vacancies, the case managers worked very closely with clients to ensure all needs were met. AIDS Services of Austin case management maintains a client-centered focus and ensures the mission of the agency is always met even during difficult staffing times, which staff attributed to the program's success across both client outcomes. Of note, the remaining case managers, as well as the case managers providing support to ensure services were not interrupted, worked closely with clients to maintain open discussion regarding client service plans. In doing so, clients remained engaged in their individual goals (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	253	225	112%
Number of units of service	11,248	13,875	81%
Outcomes			
Percentage of clients making progress on service plan objectives	90% (228/253)	80% (180/225)	113%
Percentage of clients receiving primary medical care based on the "In-Care Verification Form" (ICVF)	89% (225/253)	85% (191/225)	105%

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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin. Information on each program is provided in the following pages.

Funding

The total TCHHS/VS investment in the Public Health Interlocal from October 1, 2013 through September 30, 2014 was $3,062,893.

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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Eligibility Criteria

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

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

The African American Quality of Life Unit met or exceeded the targeted range of performance for all but one measure. The program provided more preventative health services (see the first output) than projected. This result was attributed to a revised data collection and reporting process, additional classes to seniors and mobile van clients who were interested in in-depth information about diabetes, partnering with Community Care Collaborative to provide health services at events and during community outreach, and coordinating with the Immunizations department at an annual event. The unit also participated in two major back-to-school events and helped provide screenings as well as resources/providers for sports physicals and vaccinations. The definition of "client served" and the associated data collection and reporting process was revised to more accurately reflect the number of individuals touched by the AAQL Prevention Team, which led to a lower count of clients served (see the second output). Staff explained that the number of mobile van clients who completed a survey was lower than projected (see the outcome), as the goals were set by previous unit management staff and were unrealistic relative to the total number of clients served; however, all but one client surveyed reported improved awareness of health status.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of preventative health services (such as screenings and education) by Austin Health Connection	7,815	4,000	195%
Number of clients served by the African American Quality of Life (AAQL) Preventive Team Initiative	5,046	6,000	84%
Number of job fairs conducted in underserved areas	9	10	90%
Outcomes			
Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	100% (401/402)	95% (950/1,000)	105%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Austin Healthy Adolescent Program

Program Description

The Austin Healthy Adolescent (AHA) program works to positively impact teen pregnancies and sexually transmitted infections through the dissemination and support of peer-to-peer education, youth engagement, and youth leadership. The goal of the AHA is to increase the number of Travis County youth who are active decision makers engaged in improving their own health and the health of their communities. AHA achieves this by providing opportunities for youth to engage in leadership, increasing the awareness of Travis County youth concerning their personal health and the health of their community, and building the capacity of youth service providers to implement best practices in youth leadership programming. Program activities include:

- Young Creative Artists Project: a partnership with youth hip-hop artists to take on leadership roles in the community, engaging in qualitative research and identifying youths' solutions to pressing community issues.
- Sexual Health Education Curriculum Delivery: direct sexual health education and skill development using the Big Decisions curriculum for youth at the Gardner Betts Travis County Juvenile Detention Facility.
- AHA Learning Community: provision of ongoing professional development and competency trainings for youth-serving service providers.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Austin Healthy Adolescent Program

Eligibility Criteria

This program serves Travis County youth 10 to 18 years of age. A majority of youth served reside in low to moderate income neighborhoods in central and eastern Travis County. Youth service providers participating in AHA's capacity building trainings serve youth primarily in the same target area.

Austin/Travis County HHSD: Austin Healthy Adolescent Program

The Austin Healthy Adolescent Program met or exceeded the targeted range of performance for both measures. Staff attributed their focus on the effectiveness of programming to the high percentage of youth reporting an increase in knowledge or a change in attitude.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated youth clients served	584	600	97%
Outcomes			
Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions	90% (224/249)	80% (80/100)	112%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Chronic Disease Prevention and Control

Program Description

The Chronic Disease Prevention and Control program strives 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. Program components include:

- Healthy Places, Healthy People-Community Transformation 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 subscribe to the Centers for Disease Control model for comprehensive tobacco control programs with an emphasis on policy, systems and environmental changes. Program goals are: 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.
- Community Diabetes Program implements eight community walking/exercise groups through Walk Texas, provides 24 Diabetes Empowerment Education Program classes and 12 Road to Health diabetes prevention classes, and provides continuing education for 130 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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Chronic Disease Prevention and Control

Eligibility Criteria

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

Austin/Travis County HHSD: Chronic Disease Prevention and Control

Performance Goals and Results

The Chronic Disease Prevention and Control program met or exceeded goals on two of three performance measures. Multiple City of Austin tobacco-free worksite presentations occurring in the last quarter of the contract year that were not anticipated and diabetes activities in the first and second quarters led to a higher-than-expected number of public health activities (see the first output). Due to a significant loss of grant funds from the Department of State Health Services, the program was unable to meet goals on the number of public health encounters (see the second output).

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)	165	120	138%
Number of Public Health Encounters (i.e., a person reached through health promotion/educational efforts)	3,666	20,000	18%
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)	30	30	100%

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), HIV prevention/outreach education, and refugee health screening services 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, decrease morbidity, and reduce/prevent 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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Eligibility Criteria

The STD clinic and HIV outreach prevention serves all clients 13 years of age and older. The TB clinic serves all clients in the community 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 for the services.

Austin/Travis County HHSD: Communicable Disease

The Communicable Disease program met or exceeded the targeted range of performance for all measures. Staff noted that the program has seen an increase in STD testing (see the third output) due to teaming up with Greater Than AIDS and Walgreens as well as promoting their testing sites on their Facebook and Twitter accounts.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of STD patient visits seen in clinic	12,956	13,000	100%
Number of TB clinic patient visits	10,214	11,000	93%
Number of STD tests provided in outreach settings	2,374	2,000	119%
Number of units of social work service provided to HIV clients (units are measured in 15 minute increments)	25,206	27,000	93%
Outcomes			
Percentage of clients who come into the STD clinic who are examined, tested and/or treated the same day	96% (12,588/13,072)	90% (13,000/14,444)	107%
Percentage of TB cases completing therapy in 12 months	98% (47/48)	100%	98%
Percentage of TB contacts evaluated	93% (1,437/1,541)	90%	104%

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Community Health Improvement Plan Implementation

Program Description

The Austin/Travis County Health and Human Services Department (HHSD) has coordinated two out of three interconnected phases of public health planning in Travis County, creating a Community Health Assessment and a Community Health Improvement Plan. A Community Health Assessment (CHA) engages community members and local public health system partners to collect and analyze health-related data from many sources, informs community decision-making, prioritizes health problems, and assists in development and implementation of community health improvement plans. A Community Health Improvement Plan (CHIP) is an action-oriented plan that outlines the priority community health issues based on CHA findings. The community and partners work together to identify how issues will be addressed and how to measure progress. The long-term goal is to ultimately improve the community's health.

For the third phase of public health planning, Austin/Travis County HHSD, along with its partners, stakeholders, and community members, coordinated the Community Health Improvement Plan Implementation in order to:

1. Engage community members on health issues.
2. Address health disparities in communities.
3. Differentiate needs in various communities
4. Enable leaders to allocate resources for the health priorities based on the community needs.
5. Assist local public health system to focus on programs/services that address community health needs.
6. Meet prerequisites for Public Health Accreditation.
7. Strengthen viability to successfully compete for funding opportunities.
8. Enable collaboration with partners and create opportunities for new partnerships.
9. Promote action planning among partners and stakeholders to achieve healthy communities and healthy behaviors.

Austin/Travis County HHSD activities include:

- Serving as a coordinator of the CHIP Implementation activities and an information provider that helps CHIP partners and stakeholders optimize their resources;

Public Health Interlocal: Community Health Improvement Plan Implementation

- Coordinating CHIP Core Coordinating Committee meetings where partners and stakeholders monitor and manage the CHIP Implementation;
- Coordinating CHIP Steering Committee meetings where executives representing partner agencies and stakeholders review, discuss, and approve CHIP Implementation activities;
- Coordinating CHIP Community meetings where community members, partners, and stakeholders review the CHIP and progress on the CHIP;
- Providing in-person training and presentations at conferences and/or meetings related to the CHIP Implementation;
- Facilitating meetings with community and partner work groups, in collaboration with Steering and Core Coordinating partners;
- Coordinating CHIP Implementation efforts in order to satisfy prerequisites for Public Health Accreditation;
- Providing Travis County with ongoing written updates of the CHIP Implementation process, including an annual CHIP report on progress; and
- Sharing research, data, and information through the Austin/Travis County HHSD website, community presentations, media/press releases, and other appropriate venues.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Community Health Improvement Plan Implementation

Eligibility Criteria

The Community Health Improvement Plan (CHIP) Implementation does not provide direct social services to clients. It provides coordination for the CHIP implementation efforts and facilitates a professional forum for creative and collaborative problem solving, inclusive community participation, and community consensus building.

Austin/Travis County HHSD: CHIP Implementation

The CHIP Implementation program met or exceeded the targeted range of performance for all output measures but fell short of goals on one outcome measure. Staff explained that the higher number of unduplicated attendees participating in Core Coordinating Committee and Steering Committee meetings (see the third output) was likely due to the engagement of Action Item Leads in Steering Committee events or Core Coordinating Committee events, such as Brake for Breakfast, Year 2 Planning Summit, and technical assistance phone calls. Staff noted that Community CHIP meetings have varying attendance and can be difficult to predict (see the sixth output).

Staff reported that the Steering Committee members participation rate (see the second outcome) was lower than anticipated for several reasons. One reason is that the first Steering Committee event was not well attended. The poor attendance was most likely due to the hazardous weather advisory and recommendation to not travel on roadways unless necessary. Another reason is that the program doesn't have representation of Austin Travis County Integral Care on the Core Coordinating Committee, which makes it less likely that they will have executive representation at the Steering Committee meetings.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of Core Coordinating Committee meetings convened	13	12	108%
Number of Steering Committee meetings convened	3	3	100%
Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (unduplicated)	118	32	369%
Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (duplicated)	219	244	90%
Number of Community CHIP meetings convened	2	2	100%
Number of Community CHIP meeting participants	58	50	116%
Outcomes			
Core Coordinating Committee members participation rate at Core Coordinating Committee meetings	76% (122/160)	71% (60/84)	107%
Steering Committee members participation rate at Steering Committee meetings	62% (28/45)	80% (24/30)	78%

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 to ensure compliance with various state laws and local codes in the unincorporated areas of Travis County. Staff Sanitarians inspect restaurants, grocery stores, food manufacturers, mobile food vendors, temporary event food vendors and custodial care foodservices. Requested annual environmental health and safety inspections of custodial care facilities are also conducted. 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 and nuisance issues are investigated and compliance actions taken when required. The Rodent and Vector Control program performs routine vector (mosquito) control and provides consultative outreach to residents and community groups.

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

- Retail food establishment permitting, inspection, and investigations
- Food products establishment permitting, inspection, and investigations
- Foodborne illness and food sanitation investigations
- Food enterprise and public pool plan review and approval
- General environmental related
  - Public and semi-public swimming pools and spas permitting, inspection, and investigation
  - Custodial care environmental health and safety inspections
  - Junkyard, automotive wrecking, and salvage-yard permitting, inspection, and investigations
- 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 when property owners are either unwilling or unable
- Application of routine mosquito control measures in Travis County.
- Miscellaneous health related inspections, including mass gatherings, flea markets, farmers markets, and others

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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

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; and
- 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 met performance goals for most measures. Staff noted that they are reporting the number of fixed food establishment (FFEs) permits active at the time of the report (see the first output) and are reporting on a quarterly basis, so the number of permitted FFEs is duplicated in the performance results but not the performance goal (which was originally set as an unduplicated value). There were fewer field services conducted in the Rodent and Vector program (see the third output). Staff explained that FY14 saw a significant reduction in West Nile Virus cases and a reduced number of rodent assessments in the second quarter. The growth in the economy created an increase in the number of "Change of Ownership" inspections and "Certificate of Occupancy" inspections for both food establishments and pools and spas, which led to higher numbers of non-routine health and safety inspections (see the fourth output).

Because of a lack of resources (inadequate staffing of inspectors and vacancies), the number of food establishment inspections was reduced. However the percentage of inspections passing as compared to the number of inspections conducted was in line with the goal (see the second outcome). Finally, the reduced prevalence of West Nile Virus led to a corresponding reduced number field services required (see the third outcome), and the field services that were conducted required a lower than expected need for the application of active control measures, such as rodent bating, larvaciding, etc.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of permitted (fixed) food establishments	20,817	5,050	412%
Number of mobile vending permits Issued	1,119	1,200	93%
Number of field services conducted in the Rodent and Vector program	6,095	8,000	76%
Number of non-routine health and safety inspections and training requests	4,529	2,300	197%
Outcomes			
Percentage of public pools and spas in compliance	95% (7,143/7,518)	97% (1,870/1,928)	98%
Percentage of food establishment inspections resulting in a passing grade (70 or greater) at the first inspection	99% (8,124/8,200)	98% (9,871/10,072)	101%
Percentage of field services conducted that result in control measures being applied in the Rodent and Vector program	29% (1,783/6,095)	50% (4,000/8,000)	59%

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 citizens and visitors of Travis County through a number of activities, including epidemiologic 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; and
- 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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

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, TX). 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 goals for a majority of performance measures. Staff noted that it is challenging to predict the number of rabies bite reports that come into their office (see the first output). There were fewer cases investigated by Epidemiology and Health Statistics (see the second output), in part due to a decrease in arbovirus investigations. Staff explained that there is no way of controlling the number of air, hazardous waste and water quality permits that come into the office for review (see the fourth output); however, the increase may be due to improvements in the economy as well as changes to facilities, which are dependent on industry and regulatory requirements.

A high number of foodborne illnesses investigations initiated in September 2014, as well as the demands in investigating several outbreaks, contributed to delays in initiating some of the investigations (see the second outcome). Finally, staff explained that they are seeing an increase in pertussis reports, which impacted the incidence rate of reported cases of measles, pertussis, mumps, and rubella (see the fourth outcome). Every four to six years the pertussis disease cycles and the community is approaching year five for a peak number of reports.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of potential human rabies exposure consultations	2,396	1,300	184%
Number of cases investigated by Epidemiology and Health Statistics	1,641	1,900	86%
Number of emergency bioterrorism drills conducted	8	8	100%
Number of air, hazardous waste and water quality permits reviewed	91	30	303%
Outcomes			
Percentage of emergency plans reviewed and updated	88% (7/8)	92% (11/12)	95%
Percentage of all foodborne illnesses investigations initiated within 3 hours of notification	84% (78/93)	95%	88%
Percentage of all infectious diseases reported that result in intervention strategies implemented	75% (1,641/2,188)	75%	100%
Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served	32	25	Did Not Meet Goal

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Immunizations

Program Description

The Immunizations program works to improve immunization coverage levels and to prevent diseases which are vaccine-preventable. Program services include:

- Shots for Tots/Big Shots: Two immunization clinics located within (and in close proximity to) high need/low income ZIP codes serve children and adults.
- Information, referral and appointment phone line: The program accepts between 16,000 and 18,000 phone calls annually for appointments, information, and referrals pertaining to immunizations for Travis County.
- Population assessment and audits: The program regularly audits immunization records at private and public childcare centers and schools assigned annually by the Texas Department of State Health Services. The team reviews over 10,000 immunization records annually and provides a follow-up to each audited facility. Additionally, the team provides technical assistance and educational information to clients as needed or requested.
- 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 Population Vaccinations: 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 (RN) Senior 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 or strike-team clinics throughout Travis County. Two of these clinics are targeted toward "Travis County only" population centers (i.e. Del Valle and Pflugerville Fire Hall) located within the unincorporated areas.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Immunizations

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Eligibility Criteria

All eligible clients in Travis County are potentially served through the Shots for Tots and 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 its outcome goal but fell short of goals on one of its two output measures. Fewer child visits at Shots for Tots (see the first output) was attributed to a number of factors. Staff noted that child visits are likely to level out between 7,500 and 9,000 visits annually as a result of increased access for providers and health care services. However, undocumented children will continue to require Austin/Travis County HHSD safety net services as they will not qualify for the Affordable Care Act and Medicaid services. The need for safety net vaccinations can fluctuate drastically due to provider capacity, changes in immunization requirements, and outbreaks of disease.

Adult visits at Big Shots clinics (see the second output) exceeded goals. Staff explained that many adults lack access to the Affordable Care Act health insurance marketplace, and without the expansion of Medicaid, the program will likely continue to see 2,500 to 3,500 adults needing low/no cost vaccinations the foreseeable future.

Finally, the Perinatal Hepatitis B program continues to case manage and refer 100% of clients within the required window (see the outcome).

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 clinics	7,463	12,000	62%
Number of client visits (adults) at Big Shots clinics	2,928	2,000	146%
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 strives to reduce the frequency and severity of injuries by adopting evidence-based programs and by assisting community partners with incorporating injury prevention strategies into their ongoing efforts. 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 conducts a 32–hour Child Passenger Safety Certification training to increase the number of Child Passenger Safety Technicians in Travis County.
- Bike Safety: The program staff is 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. The program also conducts bike safety classes and bike skills rodeos for elementary schools.
- Infant Suffocation: The program staff is an active participant in the Safe Kids Austin Safe Sleep Task Force, which analyzes infant suffocation deaths to determine exact causes and identify prevention activities.
- Drowning Prevention: The program staff is an active participant in the Central Texas Water Safety Coalition, which completes 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, which reviews all child deaths in Travis County.
- Safe Kids Austin: The program was a founding member of the Coalition, which focuses on bringing together stakeholders for 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.

Austin/Travis County Health and Human Services Department

Public Health Interlocal: Injury Prevention

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Eligibility Criteria

All Travis County residents are eligible.

Austin/Travis County HHSD: Injury Prevention

The Injury Prevention program exceeded both output goals. Staff reported that demand for car seat events increased unexpectedly, resulting in a higher number and increased frequency of events.

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 (i.e. a one-time interaction whereby an individual is provided information)	3,974	1,000	397%
Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (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)	70	35	200%

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 as well as 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; 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, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Eligibility Criteria

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

Austin/Travis County HHSD: Office of Vital Records

The Office of Vital Records (OVR) fell short of goals for the number of customer contacts via informational calls and/or referrals processed (see the first output). This measure was new and had no historical data, so the performance goal was an educated guess. OVR exceeded expectations for the number of records audited, registered and archived (see the second output). Staff explained that they are seeing an increase in births and deaths, possibly due to the increasing numbers of new residents moving into Austin. In addition, the State increased the parameters for the birth/death matching project, which is included in the record audit counts. Staff have been receiving a significantly higher number of notifications to flag birth records indicating the individual has died.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of customer contacts via informational calls and/or referrals processed	6,175	10,000	62%
Number of records audited, registered and archived	29,860	25,619	117%

Public Health Interlocal: Sickle Cell Anemia Association of Austin

Program Description

The Sickle Cell Anemia Association of Austin helps individuals, caregivers, and family members to gain access to resources, respite, newborn sickle cell trait notification, and other support. The Sickle Cell Anemia Association of Austin services are client-centered, community based and are approached on an individual basis with a community emphasis. The agency provides services in two categories:

10. Notification, Hemoglobinathy Education and Navigation Services: intake and navigation services, including doctor recommendations and hospital or clinic referrals for treatment; financial assistance for prescription medications, life situation hardships, and bereavement; monthly support group meetings for adults and children; liaison for clients and their medical doctors; newborn screening notification and education to new parents whose newborns have tested positive for sickle cell trait; sickle cell summer camp opportunities for children; and certified hemoglobinapathy education for parents, individuals, groups, and families about sickle cell disease and sickle cell trait in regards to symptoms, treatment and management.
11. Community Based Education: health education about sickle cell disease and sickle cell trait through facilitation of heath fairs and health presentations to community organizations; and outreach, awareness, and advocacy.

Funding

The total TCHHS/VS investment in the Public Health Interlocal, which includes African American Quality of Life Unit, Austin Healthy Adolescent Program, Chronic Disease Prevention and Control, Communicable Disease, Community Health Improvement Plan Implementation, Environmental Health Services, Epidemiology and Health Statistics Unit, Immunizations, Injury Prevention, Office of Vital Records, and Sickle Cell Anemia Association of Austin, from October 1, 2013 through September 30, 2014 was $3,062,893.

Public Health Interlocal: Sickle Cell Anemia Association of Austin

Eligibility Criteria

The Sickle Cell Anemia Association of Austin program is targeted to City of Austin/Travis County parents of newborns, children, adults, and individuals with sickle cell disease, those that carry sickle cell trait, or those who may carry the silent trait. All individuals with sickle cell disease or sickle cell trait are eligible to receive program services.

Austin/Travis County HHSD: Sickle Cell Anemia Association of Austin

The Sickle Cell Anemia Association of Austin exceeded all performance goals. Multiple health fairs, community events, and educational programs, as well as increased speaking opportunities, led to higher numbers of clients provided with community-based education (see the first output). Staff also reported that there was an increase in the number of newborns born with sickle cell trait, which impacted the number of clients provided with notification and hemoglobinathy education (see the second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients provided with community-based education	3,376	1,813	186%
Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	229	73	314%
Outcomes			
Percentage of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	97% (223/229)	92% (67/73)	106%

City of Austin Animal Services Office

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; training Animal Control and Travis County Sheriff's Office (TCSO) personnel; responding to calls for sick and injured stray animals and transporting those animals to the shelter for care; conducting dangerous dog hearings; providing customer service either by telephone or directly to citizens who visit the shelter; dispatching personnel to resolve customer complaints associated with enforcement of the "Regulations of Travis County, Texas Governing Animal Control" and referring customers to the appropriate agency when the issues or service request is outside the scope of the regulations or when the service required to resolve the issue is provided by another agency; and providing dispatch services, including management of field resources while in the field, 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 in low-income areas of Travis County. Pet owners in low-income neighborhoods can receive free rabies vaccinations if they are residents of Travis County. A mobile veterinary service provides sterilization services; animals are sterilized and also receive a rabies vaccination at no cost to the owner. Services are provided in convenient locations (e.g., parks, health clinics, libraries, etc.) within the neighborhood in order 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 class, providing speakers for education opportunities in neighborhoods (e.g., group meetings, newsletters, church meetings, schools, clubs, etc.), free rabies vaccinations in economically disadvantaged neighborhoods (education about pet responsibility issues and animal welfare issues is offered while conducting the clinic), free sterilization services in east Austin neighborhoods on a weekly basis, and free micro-chips and identification tags for all Travis County residents so that pets can avoid being impounded at the shelter.

City of Austin Animal Services Office

Animal Services

Funding

The total TCHHS/VS investment in the Animal Services program from October 1, 2014 through September 30, 2014 was $1,115,472.

Eligibility Criteria

The Animal Services program serves residents of and animals within the City of Austin and Travis County. Sterilization and immunization clinics target low-income neighborhoods with large numbers of stray animals. Pet owners in low-income neighborhoods can receive free rabies vaccinations if they are residents of Travis County.

City of Austin Animal Services Office: Animal Services

The Animal Services Office issued a higher number of citations for violations (see the first output) than projected. Staff reported that there were increased calls for service regarding animal bites/possible rabies exposures and had a higher number of citations for Failure to Quarantine (bite animals), Tethering, and Neglect. The increase in citations also increased the number of citations sent to Court (see the second output). Individuals issued Failure to Quarantine citations do not have the option of attending responsible pet ownership classes, decreasing the number of attendees (see the third output). Increased call volume, concurrent with increased population growth in Travis County, caused response times for priority 1[c] and 2[d] calls to be above the goal (see the fourth output). The FY15 goal was revised to allow a 2 hour response time window for priority 1 calls.

Companion animal intake has decreased, leading to fewer animals sheltered (see the fifth output). Partnerships with community based non-profits allow for pet owning residents to access free spay/neuter surgeries and low cost veterinary care. Free microchip and pet ID efforts are leading to more animals being returned directly to their owners by Animal Control officers in the field rather than being brought to the shelter for intake. Lower intakes in the shelter also led to fewer animals that could be reclaimed by their owners (see the seventh output).

Finally, lower intakes led to a lower inventory of available animals to be sterilized (see the eight output), especially since 584 fewer kittens (under 6 months at intake) entered the shelter in FY14 compared to FY13.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Animal Control			
Number of citations issued for violations	1,678	900	186%
Number of citations that are processed to Court (as opposed to dropped due to compliance with officer-provided alternatives to Court)	788	700	113%
Number of attendees at responsible pet ownership classes	146	200	73%
Average response time (in minutes)	149	81.4	Did Not Meet Goal
Percentage response to priority calls (priority 1 and 2 activities) completed	95% (13,281/14,012)	93% (1,720/1,850)	102%

c Priority 1: An active emergency is defined as an ongoing threat to public safety. All "Active Emergency Calls" must be responded to unless cancelled by the originating public safety agency.

d Priority 2: An "Inactive Emergency" is classified as a situation where potential danger to the public still exists, but is not likely.

City of Austin Animal Services Office: Animal Services

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Shelter Services			
Number of companion animals sheltered	16,936	19,000	89%
Number of animals adopted	7,190	7,980	90%
Number of animals returned to owner	2,716	3,420	79%
Prevention Services			
Number of spay/neuters performed at Austin Animal Center	6,140	7,500	82%
Number of animals sterilized at community clinics	7,636	7,500	102%
Number of spay/neuter community clinics	190	200	95%

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 utilize best practices and evidence-based interventions, have demonstrated success, and 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 teens 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.

Health educators facilitate one to three hour interactive discussions on how to successfully avoid teen pregnancy. Educational presentations routinely discuss abstinence, healthy relationships and dating, birth control methods, identification and prevention of STDs, and communication skills. Education staff participate in special events and health fairs, providing information and referrals. The *Talk First!* parent education program works to increase communication between parents and youth in order to assist young people in developing the necessary skills to make healthy decisions regarding sexuality and relationships, while Spanish-speaking parents can attend an *¡Hable Primero!* presentation and receive tools and resources to start having conversations about sexuality with their children to keep them safe and healthy.

Planned Parenthood implements a promising program[e] with the Ann Richards School for Young Women Leaders to deliver a semester-long, weekly curriculum to 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 have the opportunity to work with their parents on up to nine optional parent-child homework assignments.

e As defined by the CDC, a promising program 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

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 from January 1 through September 30, 2014 was $22,201. This investment comprised 18.5% of the total program budget.

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

The Teen Pregnancy Prevention Program met or exceeded the targeted range of performance for all but one measure. Because there are no opportunities to reach youth in schools during the summer months, staff explained that it is challenging to reach a large number of unduplicated clients (see the first output). Planned Parenthood is conducting more multi-lesson, evidence-based, and promising programs, which are best practices, but require that staff spend more time per client group and limit their availability to reach a larger number of one-time unduplicated clients. Many of the schools in which Planned Parenthood educators work have requested that presentations for the fall semester begin in October to accommodate scheduling needs, and staff anticipate that the number of unduplicated clients served will increase as a result.

Due to increased community demand, Planned Parenthood is conducting more multi-lesson, evidence-based and promising programs, which are best practices and result in a larger number of presentations per client group (see the third output).

Parental involvement outcomes (see the second and third outcomes) exceeded anticipated goals; staff attributed this result to the strong staff support at one of the schools in which Planned Parenthood educators facilitate promising programming, where teachers strongly encourage parent-child communication.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated participants served	837	1,050	80%
Number of unduplicated participants from Output #1 participating in evidence-based or promising programs	71	75	95%
Number of educational presentations provided by health educators	79	53	149%
Outcomes			
Percentage of participants who demonstrated increased knowledge about how to protect themselves from an unplanned pregnancy and STDs	79% (664/837)	80% (840/1,050)	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	90% (64/71)	69% (52/75)	130%

Planned Parenthood of Greater Texas: Teen Pregnancy Prevention Program

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of evidence-based or promising program participants who complete 3 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	96% (68/71)	69% (52/75)	138%

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 from January 1 through September 30, 2014 was $56,775. This investment comprised 26.1% 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 Wright House Wellness Center'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 Case Management program did not meet performance goals for most measures. Staff members explained that the number of unduplicated clients (see the first output) was less than expected primarily because program was not admitting new clients for much of the third quarter of the year due to staff vacancies.

Of the 28 clients not receiving two or more case management care plan updates in the contract year (see the first outcome), 19 were enrolled in the program for less than 90 days. Disregarding those 19 clients, 63 of 72 clients, or 88%, had two or more care plan updates in the reporting period. Of the 22 clients not receiving two or more medical visits in the contract year (see the second outcome), 10 were enrolled in the program less than 90 days and 4 of the 22 had requests for documentation of medical visits pending. Subtracting these 14 clients, 69 of 77 clients (90%) received two or more medical visits at least three months apart in the reporting period. Finally, since this was a nine month reporting period and some clients see only see their doctor every six months, some clients may not have been scheduled to receive two or more medical visits or two or more care plan updates in the reporting period.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	91	118	77%
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)	4,610	4,251	108%
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	69% (63/91)	95% (112/118)	73%
Percentage of HIV-infected case management clients who had two or more medical visits in an HIV care setting in the measurement year	76% (69/91)	95% (112/118)	80%

Appendix

2014 Federal Poverty Income Guidelines

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

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$5,835	$11,670	$14,588	$17,505	$23,340
2 persons	$7,865	$15,730	$19,663	$23,595	$31,460
3 persons	$9,895	$19,790	$24,738	$29,685	$39,580
4 persons	$11,925	$23,850	$29,813	$35,775	$47,700
5 persons	$13,955	$27,910	$34,888	$41,865	$55,820
6 persons	$15,985	$31,970	$39,963	$47,955	$63,940
7 persons	$18,015	$36,030	$45,038	$54,045	$72,060
8 persons	$20,045	$40,090	$50,113	$60,135	$80,180
For families/households with more than 8 persons, add $4,060 for each additional person.					

Data source: "2014 Poverty Guidelines," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 22, 2014, http://aspe.hhs.gov/poverty/14poverty.cfm.

2014 Austin Median Family Income Guidelines

The Blackland Community Development Corporation and Foundation for the Homeless contracts require participants in their programs to have a household income at or below 50% of the Austin Median Family Income (MFI) level. Other programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock-San Marcos, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	30% (Extremely Low)	50% (Very Low)	80% (Low)
1 person	15,850	26,400	42,250
2 persons	18,100	30,200	48,250
3 persons	20,350	33,950	54,300
4 persons	23,850	37,700	60,300
5 persons	27,910	40,750	65,150
6 persons	31,970	43,750	69,950
7 persons	36,030	46,750	74,800
8 persons	40,090	49,800	79,600

Data source: "Austin-Round Rock-San Marcos, TX MSA FY 2014 Income Limits Summary," U.S. Department of Housing and Urban Development, http://www.huduser.org.

Endnotes

1 Texas Behavioral Risk Factor Surveillance System Data, Center for Health Statistics, Austin, Texas: Texas Department of State Health Services, 2014.
2 Ibid.
3 Ibid.
4 "County Health Rankings," University of Wisconsin Population Health Institute, accessed November 4, 2014, 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.
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