Supportive Services for Community Living

2014 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

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

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

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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests nearly $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

Supportive Services for Community Living Goals and Services

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

Highlights of Community Conditions

Older adults who have experienced a decrease in mobility or cognitive functioning and persons with disabilities often need support to assist them with life's daily activities, such as bathing, dressing, shopping, or doing housework.[1] This type of assistance is typically referred to as long-term care or long-term services and supports. Services may be provided in a home or community-based setting or in an institution such as a nursing home or residential care facility for persons with intellectual or developmental disabilities. Long-term care recipients overwhelming prefer to receive services in a home or community-based setting rather than in an institution, and the law supports an individual's right to and the provision of community-based services. The 1999 Supreme Court case Olmstead vs. L.C. held that the medically unjustifiable institutionalization of persons with disabilities is a violation of the American of Disabilities Act,[2] and required states to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services, within certain conditions.[3,b] In response to the ruling, the Texas Health and Human Services Commission established the Texas Promoting Independence Plan, last revised in 2012.[4]

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

In addition to assistance meeting basic care and safety needs, persons with a disability or age-related decrease in functioning often need support to maximize their quality of life and engagement within the community. Limitations or poor enforcement of laws and regulations intended to assure access or accommodation, limited funding of programs, and societal prejudices often keep individuals with disabilities from being fully included in society, despite the many advances that have been made to address historical discrimination and exclusion.[5] Older adults—particularly those who live alone, have a physical impairment, have recently lost a partner, close friend or important role (such as employment), or have limited access to transportation or meaningful activities, among other risk factors—are more susceptible to isolation.[6]

System Overview: Long-Term Services and Supports

An estimated more than 12 million Americans need long-term services and supports to assist them in life's daily activities.[7,c] About half of these are older adults age 65 and over and about half are people under age 65 with a disability.[8] For those who are unable to depend on a family member or friend for help, or for those who need care beyond what a relative or friend can provide, cost can be a significant issue in obtaining care. For example, in the Austin-Round Rock-San Marcos area, the private pay annual cost of nursing home care is $68,620 (single occupancy) and the annual cost of in-home care is estimated at $29,640 (30 hours of care per week).[9] While some are able to pay for care out-of-pocket (15% of long-term care expenditures nationally) or through long-term care insurance (7% of expenditures), a significant portion of expenditures (40%) are paid through Medicaid, the public health coverage program that (among other purposes) provides assistance paying for long-term care for low-income individuals and those who have exhausted personal income and savings.[10]

In Texas, Medicaid-funded long-term care services are implemented jointly by the Health and Human Services Commission (HHSC) and the Department of Aging and Disability Services (DADS). HHSC administers Medicaid, including STAR+PLUS, a Texas Medicaid managed care program for people who have disabilities or are age 65and over.[11] People in STAR+PLUS get Medicaid health-care and long-term services and support through a medical plan that they choose.[12] DADS oversees the public system for long-term services and supports for older adults and for people with intellectual or developmental disabilities. This includes directly administering long-term services and supports (other than those provided through STAR+PLUS) and licensing and regulating providers of these services.[13] Medicaid-funded services administered through HHSC and DADS include home and community-based services as

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

well as institutional care.[14] Some of these long-term care programs are entitlement programs, meaning that federal law does not and the state cannot limit the number of eligible individuals who can enroll, while other programs have limited capacity and maintain a waiting list.[15,d]

Local agencies and family caregivers are also key players in the long-term care system. Community providers, including the Area Agencies on Aging and local mental health authorities, implement some DADS administered programs[16] and supplement these state administered programs with local resources and programs. Support from family caregivers is critical for many individuals with disabilities or chronic care needs to remain in their own homes or communities.[17] The AARP Public Policy Institute estimated that in 2009, approximately five million family caregivers in Texas provided 3.3 billion hours of care to adults with limitations in daily activities,[18] representing an economic value of $34 billion.[19,e] Family caregivers play a vital role both for the individual who is receiving care and in reducing financial strain on the long-term care system.[20]

Demand for Long-Term Services and Supports

Data on the national and state levels indicate a continuing shift toward home and community-based services and a demand for such services that outpaces the availability of funds. On a national level, the majority of Medicaid long-term care dollars still go to institutional care; however the percentage of Medicaid spending on home and community-based services has more than doubled in less than two decades, up from 20% in 1995 to 45% in 2011.[21] In Texas, 53.5% of expenditures for 2011 Medicaid and state-funded long-term support services for older adults and people with physical disabilities went to home and community-based services (compared with 50.0% in 2009).[22] Texas is ranked 7th highest nationally for the percent of Medicaid and state-funded long-term services and support spending going to home and community-based services as opposed to institutional care for older adults and people with physical disabilities;[f] New Mexico has the highest state rate with 65.4% in 2011.[23]

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

e The economic value of family caregiving is based on 3.42 million caregivers providing care on any given day of the year with an average of 18.4 hours of care per week to recipients age 18 and over at an average value of $10.35 per hour. For a more detailed description of the methodology see http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf.

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

Texas does not rank highly around indicators of community-based inclusion for people with intellectual and developmental disabilities (ID/DD). The United Cerebral Palsy's Case for Inclusion ranks Texas 50th out of 51 states and the District of Columbia in terms of how well state Medicaid programs serve those with ID/DD.[24] Texas is one of 13 states that does not meet the 80/80 community standard (at least 80 percent of all individuals with ID/DD are served in the community and 80 percent of all resources spent on those with ID/DD are for community support).[25] Still, enrollment data from the State Supportive Living Centers (SSLCs), which provide campus-based direct services and supports for individuals with ID/DD, indicate a shift away from institutional care. Over the past five years, enrollment in state supported living centers has decreased by 21%, from an average monthly enrollment of 4,629 in FY 2009[26] to an average monthly enrollment of 3,650 in FY 2013.[27] A May 2014 Sunset Advisory report notes that Texas is one of few states that continues to maintain a large system of public residential institutions. The report recommends that due to declining enrollment, increasing costs, and questionable care, Texas should close 6 of its 13 remaining centers (the Austin SSLC is the first center recommended for closure by August 2017) and focus its efforts on improving the remaining seven SSLCs and increasing the capacity of programs for people with ID/DD living in the community.[28]

Because the demand for community-based services and supports often outweighs available resources, applicants' names may be placed on an interest list until services are available. When an individual reaches the top of the list, he or she will be contacted by a caseworker to assess eligibility for services and will either be enrolled in services, be denied services due to ineligibility, or decline services. As of the end of FY 2014, 112,819 unduplicated individuals were on a DADS or STAR+PLUS interest list for one or more Medicaid community services waiver programs that provide comprehensive, individualized, community-based services and supports to those who qualify for admission to a nursing facility or an intermediate care facility.[29] The number of individuals on the list and the duration of the wait vary by program, as illustrated by a few examples at the end of FY14:

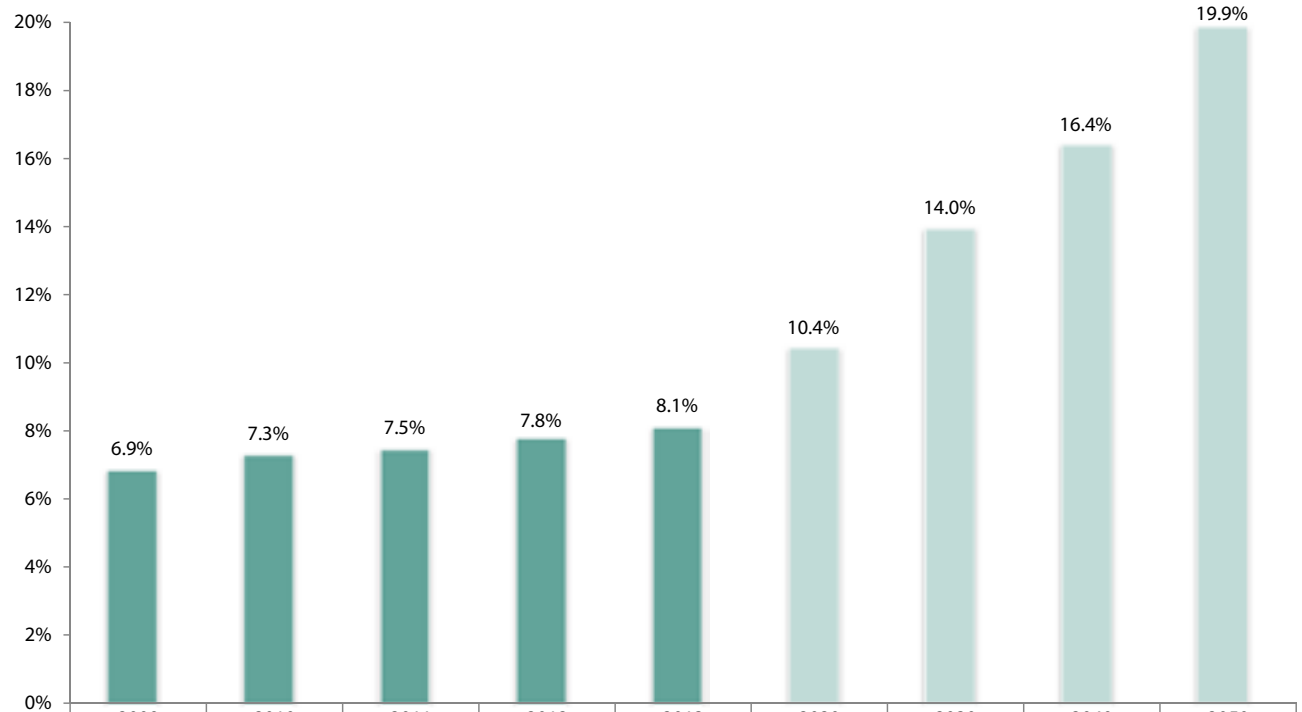
- There were a combined 14,573 people on the interest list for Community Based Alternatives and STAR+PLUS waiver services for persons 21 and over as an alternative to nursing facility care; more than 97% of these people have been on the lists for less than one year.[30]
- Of those on the interest lists for Home and Community Based Services (72,042 clients) and Community Living Assistance and Support Services (51,581 clients), about 70% have been waiting for three years or longer. Both of these programs provide services and supports for individuals of any age as an alternative to living in an intermediate care facility for individuals with an intellectual disability or related conditions.[31]

Demographic Trends

Demographic trends related to the aging of the population suggest that community support service needs will continue to grow. Between 2000 and 2010, the age 65 and over population in Travis County grew by 36%, and the 45 to 64 age group increased by 53%.[32] During the same time period, the Austin-Round Rock metropolitan area had the fastest growing "pre-senior" population (age 55 to 64) in the nation, with a 110% change from 2000 to 2010, and was ranked second in senior population (age 65 and over) growth, with a 53% change.[33] As shown in the following chart, the older adult population in Travis County has increased in number and share during recent years and is projected to comprise a larger percentage of the total population in the coming decades.

65 and Over Age Group as a Percent of the Population

Travis County, 2009-2013 and Future Projections



	2009	2010	2011	2012	2013	2020	2030	2040	2050
Pct. 65+	6.9%	7.3%	7.5%	7.8%	8.1%	10.4%	14.0%	16.4%	19.9%
Num. 65+	70,395	75,462	79,573	85,458	91,108	125,024	187,459	241,916	320,541

Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: U.S. Census Bureau, 2009-2013 American Community Survey 1-Year Estimates, B01001; 2014 Texas State Data Center Population Projections Release (Scenario 0.5)

Because the rate of disability increases with age, as the population grows older, the number of people living with a disability who may need services and supports will also likely increase. In 2013, 10% of the total Travis County population, or about 110,000 people, had one or more disabilities.[34] However among the older adult population, one-quarter (25%) of individuals age 65 to 74 and more than half (52%) of individuals age 75 and over had a disability.[35] The following table provides additional detail regarding the number and type of disabilities for the overall population and compares the disability status of those younger than age 65 with that of those age 65 and over.[g]

Disability Status, Number, and Type by Age
Civilian Non-institutionalized Population, Travis County, 2013

	Total Population N=1,113,959		*Population Under 65* N=1,025,333		*Population 65 and Over* N=88,626	
Disability Status and Number	***Number***	***Rate***	***Number***	***Rate***	***Number***	***Rate***
With a disability	110,447	10%	79,379	8%	31,068	35%
One type of disability	64,629	6%	50,152	5%	14,477	16%
Two or more types of disability	45,818	4%	29,227	3%	16,591	19%
Disability Type						
Ambulatory difficulty	48,899	4%	29,818	3%	19,081	22%
Cognitive difficulty	45,369	4%	37,251	4%	8,118	9%
Independent living difficulty	32,605	3%	20,442	2%	12,163	14%
Hearing difficulty	29,683	3%	15,500	2%	14,183	16%
Vision difficulty	23,183	2%	17,083	2%	6,100	7%
Self-care difficulty	19,258	2%	13,353	1%	5,905	7%

Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: 2013 American Community Survey 1–Year Estimates, S1810 & B18108

Further Resources

Supportive Services for Community Living has ties with the Public Health, Food and Transportation, and Housing Continuum issue areas. Access to healthcare may determine the availability of services and the quality of care received. Many low-income individuals living with a disability (22% of those living with a disability have incomes below the poverty threshold)[36] who require assistance securing supportive services may also need help meeting their nutrition and housing needs.

g For definitions of the types of disabilities, please see the 2013 American Community Survey Subject Definitions: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2013_ACSSubjectDefinitions.pdf.

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

The Kaiser Family Foundation

www.kff.org

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

The AARP Public Policy Institute

www.aarp.org/research/ppi/

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

The Arc

www.thearc.org

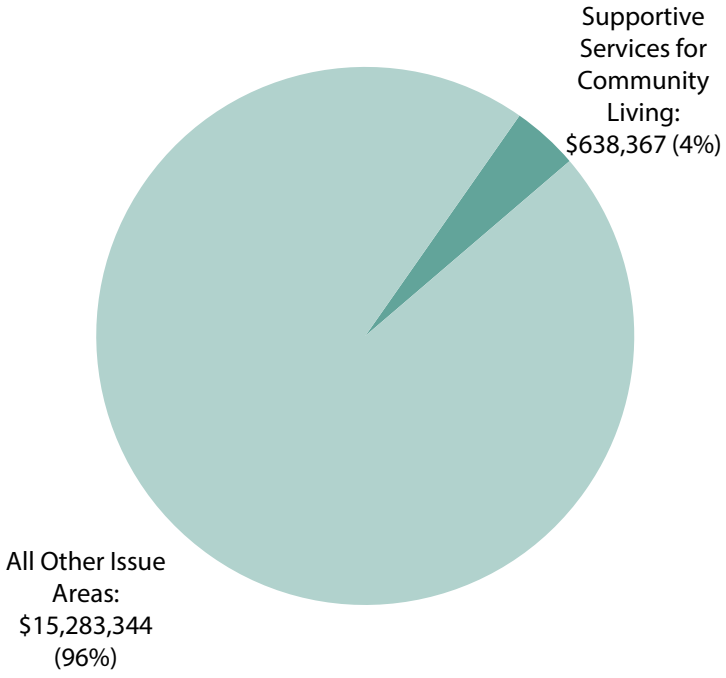
The Arc is a national organization with community-based chapters that advocates for and serves people with intellectual and developmental disabilities and their families. The Arc's website includes a variety of information about legislative and policy issues that affect people with disabilities.

Investment Overview

Our Investment

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

Investment in Supportive Services for Community Living and Other Issue Areas, 2014



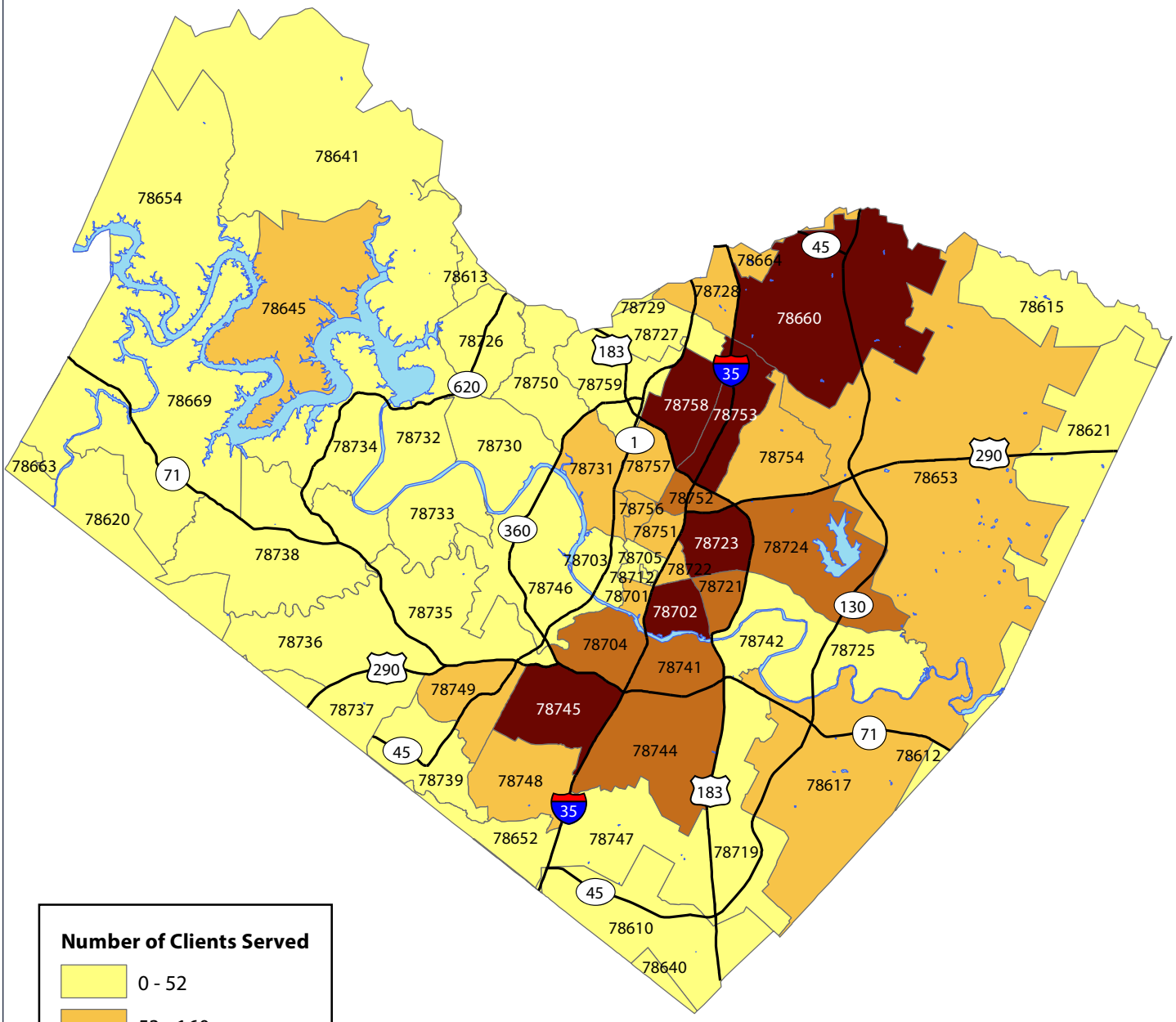
Funding Summary

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

Agency Name	Program Name	2014 Funding Amount
The Arc of The Capital Area	Case Management and Advocacy Services	$73,242
The Arc of The Capital Area	Guardianship Case Management	$15,000
Easter Seals Central Texas	Developmental and Clinical Solutions	$92,431
Easter Seals Central Texas	Employment Services and Supports	$48,375
Family Eldercare, Inc.	Money Management and In-Home Care Services	$95,576
Helping the Aging, Needy and Disabled, Inc.	Homemaker/Personal Attendant	$17,137
Meals on Wheels and More, Inc.	Congregate Meals	$122,564
Meals on Wheels and More, Inc.	Meals on Wheels	$138,620
Vaughn House, Inc.	Community Rehabilitation	$35,422

Supportive Services for Community Living

Clients Served by ZIP Code
Travis County, 2014



Number of Clients Served

- 0 - 52
- 53 - 160
- 161 - 308
- 309 - 518

Notes: This map shows 6,183 clients by ZIP code. 176 (3% 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.

N

0 2.5 5 Miles

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.

The Arc of The Capital Area

Case Management and Advocacy Services

Program Description

The Case Management and Advocacy Services program has two components: case management and advocacy for at risk juveniles, and case management for adults. The first component strives to prevent juvenile involvement in the criminal justice system. The program provides positive alternatives to criminal behavior among youth with developmental disabilities in order to prevent criminal involvement or re-offending and help these youth remain in school, reach graduation, and successfully transition into the community. The second component works towards prevention of institutional care of adults with intellectual and developmental disabilities. The program provides assistance to adults with intellectual and developmental disabilities to live independently in the community. For both components, services may include resource development, person-centered planning, legal and/or special education advocacy, and social/recreational opportunities.

Funding

The total TCHHS/VS investment in the Case Management and Advocacy Services program from January 1 through September 30, 2014 was $73,242. This investment comprised 52.2% of the total program budget. TCHHS/VS also funds the Guardianship Case Management program, which is described later in this report.

Eligibility Criteria

In the case management and advocacy for at risk juveniles component of the program, clients must: be between the ages of 11 and 17, reside in Travis County, be diagnosed as intellectually or developmentally disabled, have been involved in the juvenile justice system and/or be at risk of involvement, and be enrolled in special education.

In the case management for adults component of the program, clients must: be 18 years of age or older, reside in Travis County, and be diagnosed as intellectually or developmentally disabled.

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

Performance Goals and Results

The Case Management and Advocacy Services program met or exceeded goals for all but one performance measure. A large number of clients were carried over from last contract year, leading to more adult clients served than originally projected (see the second output). Staff attributed the larger than expected number of Special Education/ARD meetings and/or juvenile court appearances attended by staff (see the third output) to multiple factors: a high number of new clients in the first quarter of the year, continuing to receive new client referrals that require more frequent visits during initial set-up of services, an increased number of ARD/school visits at the beginning of the school year, and better agency coordination and communication with the campus administration. Staff explained that during the first quarter of the year, the agency had staff turnover and one staff member was on extended leave due to a catastrophic accident. During the second quarter, a number of clients left services for a variety of reasons (e.g., moving out of county, no longer in need of support). These events led to a lower number of case management service hours (see the fourth output) than expected. Staff continued to recruit new clients but were unable to make up for prior quarters' numbers. A high number of new clients who required more frequent visits during initial set-up of services led to more direct juvenile client visits (see the fifth output). Staff also noted that adult clients attended events more frequently due to staff's efforts to make events more exciting and enjoyable for clients (see the sixth output). Finally, high participation in services resulted in all juvenile clients remaining in school or working (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated juvenile clients served	33	34	97%
Number of unduplicated adult clients served	66	52	127%
Number of Special Education / Admission, Review, Dismissal meetings and/or juvenile court appearances attended by staff	258	187	138%
Number of case management service hours completed for Adult clients	971	1,155	84%
Number of direct juvenile client visits	294	105	280%
Number of direct adult client visits	571	472	121%
Outcomes			
Percentage of juvenile clients that remained in school or worked while receiving services	100% (31/31)	79% (27/34)	126%
Percentage of juvenile clients who did not offend / re-offend while receiving services	84% (26/31)	79% (27/34)	106%

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

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of adult clients achieving / maintaining self-sufficiency due to services, individual goals and service plans	97% (61/63)	88% (46/52)	109%
Percentage of adult clients with improved development and quality of life due to services, individual goals and service plans	97% (61/63)	88% (46/52)	109%

The Arc of The Capital Area

Guardianship Case Management

Program Description

The goal of the Guardianship Case Management program is to prepare guardianship and future care assistance for families of people with intellectual and developmental disabilities. The program helps program participants obtain court awarded guardianship for their family member with intellectual and developmental disabilities and case management assistance for their future care. Program activities include providing scheduled group and individual orientation sessions to educate parents and caregivers of their legal rights, responsibilities and resources related to guardianship; assisting program participants who are seeking to obtain court awarded guardianship by completing the guardianship forms and documents required by the Court; and preparing participants for appearances before the Court and for the Court's review of their application for guardianship.

Funding

The total TCHHS/VS investment in the Guardianship Case Management program from January 1 through September 30, 2014 was $15,000. This investment comprised 40.8% of the total program budget. TCHHS/VS also funds the Case Management and Advocacy Services program, which is described earlier in this report.

Eligibility Criteria

The program serves families who reside in Travis County, have family members with intellectual and developmental disabilities, are 18 years old or older, and have incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG).

The Arc of the Capital Area: Guardianship Case Management

The Guardianship Case Management program met both of its performance goals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	22	22	100%
Outcomes			
Percentage of clients applying for and receiving guardianship awards from the Court	82% (14/17)	82% (14/17)	100%

Easter Seals Central Texas

Developmental and Clinical Solutions

Program Description

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

Program services include:

- Early Childhood Intervention (ECI): provides pediatric family-centered services to children ages 0-3 with disabilities and delays in their home or community environment, including assistive technology; screening and assessment; family education; medical (diagnostic or evaluation services used to determine eligibility), nutrition, psychological, social work, respite care, deaf education, and vision services; special instruction; service coordination; speech-language, physical, occupational, and audiology therapies; and follow along services, which follows inactive clients for a change in their status.
- Comprehensive Outpatient Rehabilitation Program (CORP): a pediatric and adult medical rehabilitation program that includes physical, occupational, speech-language, and aquatic therapies in addition to service coordination, audiology, and transportation services.

Funding

The total TCHHS/VS investment in the Developmental and Clinical Solutions program from January 1 through September 30, 2014 was $92,431. This investment comprised 3.4% of the total program budget. TCHHS/VS also funds the Employment Services and Supports program, which is described later in this report.

Eligibility Criteria

The program serves individuals, ages birth through adulthood, with a documented physical, neurological, intellectual, or developmental disability or delay, and who have the goal to maintain or increase level of functioning or independence, a desire to improve quality of life, and a commitment to participate in a client centered plan of care. The population served is predominantly low-income, i.e. less than 200% of the Federal Poverty Income Guidelines (FPIG).

Easter Seals Central Texas: Developmental and Clinical Solutions

Easter Seals Central Texas met or exceeded the targeted range of performance for all outcome measures but fell short of expectations on two output measures. Staff explained that due to staff shortages, they were not able to enroll as many clients as anticipated in CORP (see the second output). Staff shortages also affected the number of hours of service delivered in CORP (see the fourth output). Two positions (Occupational Therapist and Speech-Language Pathologist) were vacant during the third quarter, so service hours were not able to be delivered for those disciplines. Further, the program was without an Occupational Therapist for about a month in June and their full-time Physical Therapist went out on leave in the beginning of May. The program was able to secure staffing to cover these absences but overall service hours were impacted. Finally, because of staff shortages many CORP clients chose to be discharged, often before they had achieved/maintained all goals on their plans of care (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served in ECI	1,033	1,043	99%
Number of unduplicated clients served in CORP	312	397	79%
Number of hours of service delivered in ECI	15,804	16,249	97%
Number of hours of service delivered in CORP	2,938	7,209	41%
Outcomes			
Percentage of clients reporting satisfaction with services received	97% (377/387)	90% (221/245)	108%
Percentage of ECI clients surveyed showing either improved functional outcomes or quality of life	92% (216/235)	80% (183/229)	115%
Percentage of CORP clients assessed who report achieving/maintaining all goals on their individualized plans of care	78% (47/60)	80% (70/87)	97%

Easter Seals Central Texas

Employment Services and Supports

Program Description

The Employment Services and Supports program seeks to reduce barriers and provide supports for clients in order to increase independence, through the development of employment opportunities and awareness of their community. The program identifies behavioral barriers to successful employment; increases client awareness of and ability to access and identify community resources that can provide assistance with basic needs, education, housing, and counseling; increases clients' ability to identify available employment and community choices; and increases participation in decision processes to allow clients to make choices that affect their lives. Four programs are offered under Employment Services and Supports:

- Transitions Program: provides skills training and the opportunity to develop a stable work history through experiences in the Easter Seals Central Texas (ESCT) Paid Job Training program in work tasks such as landscaping, creek clearing, and litter pick-up, and includes service coordination/case management to address the whole life needs of individuals in order to maximize independence.
- Follow Along Program: advocates for clients to ensure job satisfaction for the employee and employer, assisting in the identification/set-up of accommodation needs, assisting with conflict resolution, resolving issues related to equipment, behavior, and transportation, and assisting in the identification of supports needed for a client to maintain employment.
- Independent Living Program: provides community-based services to promote independence while striving to prevent and eliminate exploitation, neglect, and abuse and avoid isolation. Supports include money management, transportation training, advocacy and self-advocacy training, life skills training, crisis prevention and management, health monitoring, information and referrals, and participation in group social activities.
- Liberation Station Program: an assistive technology-equipped computer lab available to all clients served by ESCT. Computer access is offered for adults as they perform job searches, complete and submit online job applications, create résumés, as well as stay in touch with friends and family members.

Funding

The total TCHHS/VS investment in the Employment Services and Supports program from January 1 through September 30, 2014 was $48,375. This investment comprised 13.3% of the total program budget. TCHHS/VS also funds the Developmental and Clinical Solutions program, which is described earlier in the report.

Easter Seals Central Texas

Employment Services and Supports

Eligibility Criteria

Employment Services and Supports serves men and women residing in Travis County. Participants are of working age, frequently homeless, with intellectual/developmental and/or physical disabilities, chemical dependency, and mental health or criminal background issues. Referrals are received from homeless shelters, school systems, substance abuse facilities, the criminal justice system, other agencies or internal programs within ESCT, Austin Travis County Integral Care, and the Department of Assistive and Rehabilitative Services (DARS). There are no specific income eligibility guidelines for the program as the primary determinant for eligibility is a documented disability; however, clients served are primarily low income.

Easter Seals Central Texas: Employment Services and Supports

The Employment Services and Supports program exceeded all outcome goals but fell short of targets on most output measures. Staff explained that they did not reach goals for clients served due to limited capacity across all programs. There were limited referrals for the Follow Along Program (see the third output) and the Independent Living Program (see the fourth output). Although the program met the targeted range of performance for the Transitions Program (see the second output and first outcome), there were fewer employment opportunities for clients. Staff expect to see an increase in employment opportunities during fiscal year 2015. The program saw consistent visits to Liberation Station but were unable to adjust the hours of operation to increase client visits due to fewer staff available to work Liberation Station hours (see the fifth output).

Staff noted that clients who participate in Follow Along services consistently have a high success rate due to staff supports (see the second outcome). Finally, there is a stable client base and high participation in activities in the Independent Living Program (see the third outcome). Staff actively recruited new members, but transportation issues and limited referrals for new clients led to a decrease in overall numbers.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	268	311	86%
Number of unduplicated clients in Transitions Program	174	185	94%
Number of unduplicated clients in Follow Along Program	82	110	75%
Number of unduplicated clients in Independent Living Program	12	16	75%
Number of duplicated client visits to Liberation Station	169	225	75%
Outcomes			
Percentage of clients in Transitions Program who retained employment for 90 days	79% (93/118)	72% (134/185)	109%
Percentage of clients in Follow Along Program who retained employment for 180 days	97% (74/76)	80% (88/110)	122%
Percentage of duplicated clients in Independent Living Program who participated in an average of two activities per month enrolled	100% (30/30)	85% (41/48)	117%

Family Eldercare, Inc.

Money Management and In-Home Care Services

Program Description

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

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

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

Funding

The total TCHHS/VS investment in the Money Management and In-Home Care Services program from January 1 through September 30, 2014 was $95,576. This investment comprised 7.4% of the total program budget.

Eligibility Criteria

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

Family Eldercare, Inc.

Money Management and In-Home Care Services

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

Family Eldercare: Money Management and In-Home Care Services

The Money Management and In-Home Care Services program exceeded all but one performance goal. The program served fewer clients with In-Home Care services (see the first output). Program staff attributed this result to a number of factors. During the first quarter of the year, the program experienced a shortage of Care Attendants to provide services to clients. In addition, the Client Services Coordinator and Care Manager both left the agency in the spring. Both of these circumstances left the program unable to staff all new cases in a timely manner and led In-Home Care to institute a waiting list for services. While the program is fully staffed now, the supply of Care Attendants fluctuates, as there is a large market in Austin for Care Attendant services and the competition for employees is steep. There also is competition for clients; there are more than 200 in-home care service providers in the Austin area. When the program is unable to staff a case immediately, clients sometimes choose to go to another provider. Finally, while the program is making inroads in the medical and older adult services community, marketing efforts that began in 2013 have not generated as many additional clients as anticipated.

The program had a large number of carryover clients receiving Money Management services, leading to a higher than expected number of clients served (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 In-Home Care services	194	450	43%
Number of unduplicated clients provided Money Management services	408	270	151%
Outcomes			
Percentage of In-Home Care clients who are maintained in a safe environment where all basic needs are met	100% (131/131)	95% (321/338)	105%
Percentage of Money Management clients who are maintained in a safe environment where all basic needs are met	97% (361/373)	95% (257/270)	102%
Percentage of Money Management clients served who have no new incident of abuse, neglect or financial exploitation	99% (402/408)	95% (257/270)	104%

Helping the Aging, Needy and Disabled, Inc.

Homemaker/Personal Attendant

Program Description

The Homemaker/Personal Assistant Program is designed to provide in-home attendant services to elderly or disabled adults who are in immediate need. Many of these individuals qualify for in-home services funded by Medicaid but continue to live in unhealthy or dangerous conditions without assistance while they wait for eligibility procedures to be completed. The program can usually place an attendant in the home of a client within 10 days and provides a sliding scale fee for clients to receive services at little or no cost during this process. Generally clients are scheduled for no more than 12 hours of service per week. Services provided include personal care tasks, such as bathing, feeding, and dressing, as well as housekeeping tasks, including cleaning and laundry.

Funding

The total TCHHS/VS investment in the Homemaker/Personal Attendant program from January 1 through September 30, 2014 was $17,137. This investment comprised 9.1% of the total program budget.

Eligibility Criteria

The program serves individuals with disabilities over the age of 18 and individuals over the age of 60 with medical conditions that limit their ability to perform necessary activities of daily living. In addition, participants may have an income no greater than 250% of the Federal Poverty Income Guidelines (FPIG). Other individuals served may have incomes slightly above eligibility requirements for Medicaid, but are actually indigent due to extensive medical costs.

Helping the Aging, Needy and Disabled: Homemaker/Personal Attendant

Helping the Aging, Needy and Disabled had mixed performance results in 2014, exceeding two performance goals but falling short of targets on their other two measures. Staff explained that the number of individuals provided essential services (see the second output) and the percentage of clients able to achieve/maintain self-sufficiency due to receiving essential services (see the first outcome) were both lower than expected due to the number of individuals scheduled for home assessments who either cancelled at the time of the assessment or declined services after being assessed (due to being undecided as to when to initiate their services or who had family support at the time of the assessment). Most clients/households were satisfied with services and the attendants that provide the service (see the second outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	133	131	102%
Number of individuals provided essential services (in-home attendant care)	99	117	85%
Outcomes			
Percentage of clients able to achieve/maintain self-sufficiency due to receiving essential services	74% (99/133)	90% (117/131)	83%
Percentage of clients/households satisfied with services provided	98% (119/122)	90% (106/117)	108%

Meals on Wheels and More, Inc.

Congregate Meals

Program Description

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

Funding

The total TCHHS/VS investment in the Congregate Meals program from January 1 through September 30, 2014 was $122,564. This investment included both ongoing funding ($61,486) and single-term funding ($61,078); these funding amounts comprised 9.1% and 9.0% of the total program budget, respectively. TCHHS/VS also funds the Meals on Wheels program, which is described later in this report.

Eligibility Criteria

The Congregate Meals program provides meals and activities to individuals who are 60 years of age or older. The meal sites are located in diverse communities throughout the City of Austin and Travis County. Each site reflects the culture and ethnicity of the neighborhood.

Meals on Wheels and More: Congregate Meals

Performance Goals and Results

The Congregate Meals program exceeded goals across all output and outcome measures. Program staff reported that Congregate Meal sites experienced significant growth in the third quarter of the year due to a substantial outreach campaign County wide, leading to a higher number of clients served (see the first output). An increase in Travis County funding, volunteerism at the sites, and community organizations/ businesses allowed the program to provide a greater number of special events (see the third output). Nutrition education sessions were conducted one-on-one and closely matched the number of clients served (see the fourth output).

A greater number of activities, education sessions, and fitness programs helped seniors remain active and research shows that these activities help keep seniors in their homes. The significant in-home percentage (see the outcome) may be attributed to senior participation in activities outside of the home.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,268	1,125	113%
Number of meals provided	64,327	62,250	103%
Total number of activities and special events	196	78	251%
Total number of nutrition education sessions	1,111	937	119%
Outcomes			
Number of clients receiving essential services that maintain housing due to receiving essential services	92% (123/134)	81% (75/93)	114%

Meals on Wheels and More, Inc.

Meals on Wheels

Program Description

The Meals on Wheels program strives to ensure that homebound older adults and persons with disabilities live with dignity and independence in their own homes for as long as they can safely do so by providing nutritious meals and an array of supportive services. The program prepares and delivers high quality, nutritious lunchtime meals to Travis County residents who are unable to provide for themselves because of a physical or mental impairment that makes activities of daily living more difficult. Each client receives a meal that meets their unique dietary needs by providing five specialized diets that are designed by an on staff registered dietician and meet the US Department of Agriculture's Dietary Guidelines for Americans while providing one-third of the Dietary Reference Intake. The program also provides a safety net to clients; depending on the self-selected delivery schedule chosen by the clients, a dedicated volunteer or staff person will check in on each client. All volunteers and staff are trained to notify the assigned Meals on Wheels social worker/care manager if a volunteer or staff person is concerned about the health or welfare of the client. For frail, vulnerable populations living alone, this check-in service is invaluable.

Funding

The total TCHHS/VS investment in the Meals on Wheels program from January 1 through September 30, 2014 was $138,620. This investment included both ongoing funding ($86,270) and single-term funding ($52,350); these funding amounts comprised 2.8% and 1.7% of the total program budget, respectively. TCHHS/VS also funds the Congregate Meals program, which is described earlier in this report.

Eligibility Criteria

Potential meal recipients must meet basic guidelines for eligibility: 1) have a difficult time preparing an adequate meal, 2) be primarily homebound, 3) have a limited support system that is not available during the delivery hours, 4) live in the service delivery area, and 5) score a 20 or above on a functional screening tool. There is no age requirement to participate, and although having a low income is not an eligibility requirement, a majority of those served by the program live at or below 200% of the Federal Poverty Income Guidelines (FPIG).

Meals on Wheels and More: Meals on Wheels

Meals on Wheels met the targeted range of performance across all measures. Program staff reported that a higher number and percentage of nutritionally at risk clients improved or maintained their nutritional status (see the second outcome) due to providing 2nd meals to more clients, enrolling more clients in their HOPE program (which provides additional food items to Meals on Wheels and More clients who have been identified as being the most nutritionally at risk), and providing nutritional counseling. The program's social work team was also able to assess and rescore or re-evaluate more clients over the contract period with the introduction of laptops, which improved their productivity level.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,608	2,647	99%
Number of 1st meals prepared for clients	375,778	379,500	99%
Outcomes			
Percentage of returned client surveys which indicate that daily meals satisfy an essential part of their daily nutritional needs	90% (234/261)	90% (232/258)	100%
Percentage of nutritionally at risk clients who have improved or maintained their nutritional status while on meals for six months or longer	73% (852/1,162)	72% (634/880)	102%

Vaughn House, Inc.

Community Rehabilitation

Program Description

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

- Supported Employment: helps individuals achieve long-lasting employment through job readiness and on-the-job training and supervision.
- Day Habilitation: provides a safe and nurturing environment in the form of structured activities, as well as modest goals for self-improvement.
- Supported Home Living: provides oversight and support to help ensure individuals are living in a safe and healthy environment, as well as helping them meet shopping and appointment requirements, and often includes outside socialization goals.

Funding

The total TCHHS/VS investment in the Community Rehabilitation program from January 1 through September 30, 2014 was $35,422. This investment comprised 5.5% of the total program budget.

Eligibility Criteria

The primary targeted client population is individuals living in the City of Austin and Travis County who are deaf or hard of hearing and have intellectual and developmental disabilities. While there is no income eligibility requirement, many receive public assistance such as Supplemental Security Income and/or Social Security Disability Insurance, as well as case management from local social service agencies. Clients are also typically at risk of becoming homeless or institutionalized, and because they are deaf/hard of hearing, they risk being isolated and in danger of more serious consequences such as victimization or incarceration.

Vaughn House: Community Rehabilitation

Vaughn House met or exceeded the targeted range of performance across all output and outcome measures. Staff noted that they served slightly fewer clients than expected (see the first output) due to better than expected retention of client employees, which resulted in lower turnover. Further, a new custodial contract allowed the program to hire new client employees and led to a higher number of clients enrolled in Job Readiness Training (see the second output).

Because of the small number of clients in Job Readiness Training, a single client can impact performance variance (see the first outcome). A stable client workforce led to greater success for clients in Supported Employment who retained employment for 180 days (see the second outcome). Finally, staff reported that there is a very stable client population in the Supported Home Living and Day Habilitation programs (see the third outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	48	53	91%
Number of unduplicated clients enrolled in Job Readiness Training	6	5	120%
Number of unduplicated clients enrolled in Supported Employment	29	30	97%
Number of unduplicated clients enrolled in Supported Home Living and Day Habilitation	18	20	90%
Outcomes			
Percentage of clients who completed Job Readiness Training	75% (3/4)	60% (3/5)	125%
Percentage of clients in Supported Employment retaining employment for 180 days	96% (26/27)	83% (25/30)	116%
Percentage of clients remaining enrolled in Supported Home Living and Day Habilitation for 90 days	100% (16/16)	90% (18/20)	111%

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.

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