Planning and Evaluation

FY 2017 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

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Travis County Health and Human Services
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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

We value cooperation and collaboration in the community at large and within HHS.

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

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Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services Department (HHS), annually invests over $19.5 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2017 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as a pilot project under Holistic Family Services. The Investment Overview summarizes information from all nine issue areas and the pilot project. Each issue area section begins with community conditions information and then provides performance highlights about the programs within that issue area. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report highlights community conditions for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on community conditions.

This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2016 through September 30, 2017) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

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

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

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

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

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

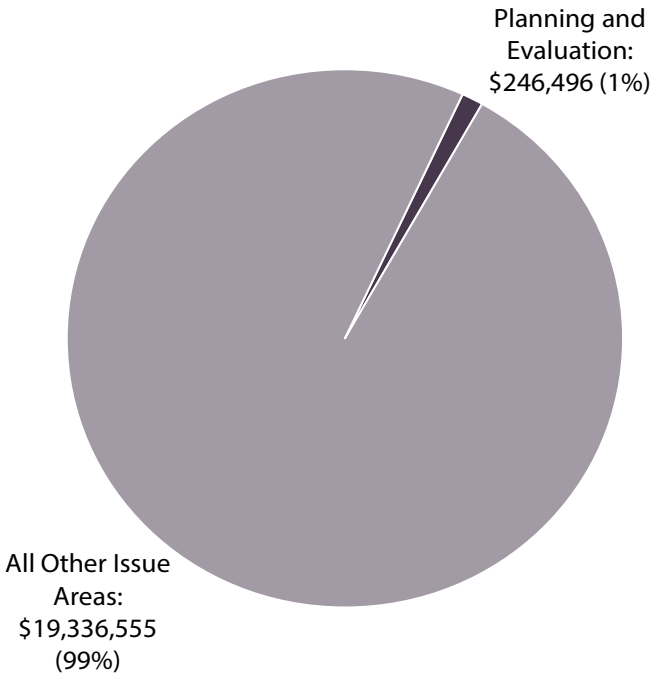
Finally, this report captures a selection of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. Performance measures may not all be equal in importance or value to the community.

Investment Overview

Our Investment

HHS invests in programs that provide planning and evaluation services to supplement the Department's own planning and evaluation work. Programs within this issue area provide assessment, planning, and evaluation services. These services are designed to improve knowledge of community conditions and needs and improve the effectiveness and efficiency of health and human services. Services may include: community assessment, analysis, and reporting; community engagement and outreach; support to community planning processes; and evaluation, performance measurement, and related activities.

Investment in Planning and Evaluation and Other Issue Areas, FY 2017



Funding Summary

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

Agency Name	Program Name	FY 2017 Funding Amount
Austin Independent School District	Austin/Travis County Mentoring Advisory Council	$15,000
Children's Optimal Health	Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership	$35,000
Ending Community Homelessness Coalition, Inc.	ECHO	$50,000
Integral Care	Community Advancement Network	$68,096
Ray Marshall Center for the Study of Human Resources	Evaluation Services	$78,400

Austin Independent School District

Austin/Travis County Mentoring Advisory Council

Program Description

The goals of the Austin/Travis County Mentoring Advisory Council (MAC) are to: define quality standards, articulate appropriate access to schools on behalf of service providers, create a system to build broad community support for mentor recruitment, oversee the creation and implementation of a data sharing system, implement the design of and launch of the entity's website, and explore funding models and models for healthy collaboration to ensure providers have the capacity to scale their services.

While the MAC does not directly serve clients, the efforts of the MAC are intended to provide mentoring service providers with best practices to best serve the mentoring needs children and youth in the community. Toward this end, the MAC members have created three committees to work toward the achievement of the goals of the MAC. The three committees are Standards, Funding and Advocacy and Marketing and Recruitment. Each committee will work on specific goals of the MAC and report final recommendations to the entire MAC for adoption and final for the approval of the Joint Subcommittees.

Funding

The total HHS investment in the Austin/Travis County Mentoring Advisory Council program from October 1, 2016 through September 30, 2017 was $15,000. This investment comprised 13.2% of the total program budget. HHS also funds the School-Based Family Resource Centers program, which is described in the Behavioral Health issue area report.

Eligibility Criteria

The MAC does not provide direct social services to clients. The efforts of the MAC are intended to provide service providers with best practices to best serve the mentoring needs of children and youth in the community.

Austin ISD: Austin/Travis County Mentoring Advisory Council

The Mentoring Advisory Council had mixed performance for the FY17 program year. The program decided to disband in May 2017 and the funding for this program has been transferred to Austin Independent School District's My Brothers Keeper program for FY18.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of Mentoring Advisory Council (MAC) meetings convened	5	6	83%
Number of unduplicated attendees participating in MAC meetings	31	14	221%
Number of Mentoring organizations certified by the required standards crafted by the Mentoring Advisory Council	11	4	275%
Number of not for profit organizations (businesses/ government entities) recruited to provide mentors for certified organizations	0	4	0%
Number of reports provided to AISD regarding the status of service providing entities	4	4	100%
Number of annual evaluations provided to AISD	1	1	100%
Outcomes			
Percentage of MAC members who participated in at least 75% of the MAC meetings	100% (31/31)	75% (14/18)	129%

Children's Optimal Health

Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership

Program Description

The goals of the Collaboration and Spatial Analysis Information Opportunities in Conjunction with Children's Optimal Health (COH) Board Membership program include to:

1. Provide data-driven maps and analyses of the status of Health Indicators informing intervention in and prevention of Child health risk factors. COH will provide the HHS leadership with information derived from studies done in subject areas related to the health and well-being of children;
2. Support Travis County with additional geo-spatial information of value to effective allocation of resources;
3. Through COH Board interaction, provide a collaborative leadership forum to share information, regarding healthcare, housing, education, economic development, and social/emotional development; thus, enhancing the ability to look at a broader definition of health; and
4. Provide the HHS leadership with information derived from COH community interactions with multiple direct service providers in subject areas related to the health and well-being of children for the purpose of targeting resources in the most effective manner. Additionally, the County will have multiple opportunities to be involved with and collaborate with other action partners in Travis County.

Funding

The total HHS investment in the Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership program from October 1, 2016 through September 30, 2017 was $35,000. This investment comprised 9.2% of the total program budget.

Children's Optimal Health

Collaboration and Spatial Analysis Information Opportunities in Conjunction with COH Board Membership

Eligibility Criteria

Children's Optimal Health does not provide direct social services to clients. Rather, COH provides data and information services most specifically for the benefit of Board Members which include Seton Healthcare Family, St. David's Foundation, Central Health, Superior HealthPlan, UT/Austin, City of Austin, Travis County, and others; as well as direct program providers; program planners and community collaborations; administrators and other staff within school districts; and Travis County who will use this data to inform decisions around program design, resource allocation and policy changes.

Children's Optimal Health: Collaboration and Spatial Analysis

The Collaboration and Spatial Analysis exceeded their FY17 performance goals. According to staff, as opportunities for program staff to collaborate and partner with other organizations have increased, staff are participating in a substantial number of meetings to explore possibilities and scope information gaps (see first output). Additional staff allowed the program to do some work with public data and prepare maps for a later project specific use (see second output). Staff changed the survey methodology for FY17, which resulted in a more targeted outreach with fewer survey responses (see outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of Community Meetings with COH representation which are related to Travis County	106	75	141%
Number of valid maps including Travis County geographic area created during the period of the grant	107	50	214%
Outcomes			
Percentage of COH partners and beneficiaries indicating usefulness of COH spatial information	96% (27/28)	90% (45/50)	107%

Ending Community Homelessness Coalition, Inc.

ECHO

Program Description

ECHO is designated by the community as the unifying agency of the U.S. Housing and Urban Development (HUD) Continuum of Care (COC), and as such is a key conduit between HUD and the community on homeless programs. ECHO is responsible for planning and implementing systems to understand the extent of homelessness, to provide and manage a database that tracks housing units and services to clients, and to maintain compliance with HUD regulations such as implementing coordinated assessment and creating community priorities for homeless services.

The program goals include: support HUD's COC services and the Austin/Travis County 10 Year Plan to End Chronic Homelessness; recruit and train volunteers and coordinate the annual Point In Time (PIT) Count ensuring adequate focus outside the City of Austin; provide Homeless Management Information System (HMIS) reporting required for HUD COC funds; provide leadership, advocacy and awareness regarding the prevention, challenges and solutions to homelessness outside the City of Austin; and implement system change via coordinated assessment, Permanent Supportive Housing (PSH) and rapid rehousing, ensuring adequate focus outside the urban core.

Funding

The total HHS investment in the ECHO program from October 1, 2016 through September 30, 2017 was $50,000. This investment comprised 3.1% of the total program budget.

Eligibility Criteria

ECHO does not provide direct social services to clients. As a coalition working to end homelessness, ECHO's constituency spans the continuum from homeless clients in Travis County, to individual volunteers and staff from local non-profits and government agencies to elected officials and other policy makers.

Ending Community Homelessness Coalition, Inc.: ECHO

ECHO had mixed performance for FY17. Staff report that ECHO exceeded the number of people assessed through the coordinated assessments (see first output). It is difficult for staff to estimate the number of homeless people counted in the Annual Point in Time Count and the percentage of those outside the City of Austin (see second output and third outcome). The number of awareness/engagement activities outside the City of Austin within Travis County was lower for this program year, but staff are working to increase the number for FY18 (see fourth output). An increased number of volunteers counting for the Point in Time Count caused the percentage of volunteers counting outside the City of Austin to be lower than anticipated (see first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of people assessed through the coordinated assessment system	3,694	1,600	231%
Number of homeless people counted in the Annual Point in Time (PIT) Count	2,028	1,600	127%
Number of Volunteers recruited to conduct the annual PIT Count	471	350	135%
Number of awareness/engagement activities outside the City of Austin within Travis County	3	6	50%
Outcomes			
Percentage of all PIT volunteers counting outside the City of Austin	15% (80/523)	21% (75/350)	71%
Percentage of people assessed through the coordinated assessment system who were outside the City of Austin	0% (2/3,694)	5% (80/1,600)	1%
Percentage of homeless people counted in the Annual PIT who were outside the City of Austin	0.1% (2/2,028)	1% (16/1,600)	10%

Integral Care

Community Advancement Network

Program Description

As a convener, connector and informer of individuals and organizations in Central Texas, the Community Advancement Network (CAN) provides a unique, cross-cutting, and collaborative forum to achieve CAN's vision and community goals: 1) We are safe, just and engaged, 2) Our basic needs are met, 3) We are healthy, and 4) We achieve our full potential. CAN's programmatic objectives are to connect efforts across issue areas, enhance awareness of issues, and promote collaboration and partnerships.

CAN's structure, services and products help individuals and organizations across issue areas, disciplines, sectors and jurisdictions to: connect efforts across issue areas by providing a forum for them to network and learn about each others' issues and work; enhance awareness of issues by compiling and sharing information on community issues, trends, needs, resources and initiatives; and promote collaboration and partnerships by providing a forum for people and organizations to gain a common understanding of issues, and identify common interests, goals and opportunities to collaborate and leverage resources.

Funding

The total HHS investment in the Community Advancement Network program from October 1, 2016 through September 30, 2017 was $68,096. This investment comprised 22.7% of the total program budget. HHS also funds the Main Mental Health Interlocal, Parenting In Recovery/ Family Drug Treatment Court, Substance Abuse Managed Services Organization, and System of Care Managed Services Organization programs, which are described in the Behavioral Health issue area report; and the Families With Voices/ Familias Con Voces Collaborative, which is described in the Holistic Family Services issue area report.

Eligibility Criteria

CAN does not provide direct social services to clients. CAN convenes, connects and informs individuals and organizations working to enhance the social, health, educational and economic well-being of Central Texas. These individuals and organizations include elected officials, policy-makers, agency executive managers, agency research and planning staff, issue area experts, community members, and service providers from the government, non-profit, private and faith-based sectors.

Integral Care: Community Advancement Network

The Community Advancement Network met most of the performance goals for FY17. Staff report that the number of meetings convened was less than anticipated due to other community planning efforts taking priority over program planning and work group development (see first output). The number of unduplicated people participating in at least one meeting convened by CAN staff was greater than anticipated due to teamwork planning occurring during the program year (see sixth output). The number of unduplicated people participating in large forums, summits, trainings or retreats convened by staff was lower than anticipated due to the focus on planning groups this contract year (see seventh output). The percentage of CAN partner organizations that participate in 70% or more of CAN Board meetings was less than expected due to change in leadership in several partner organizations (see first outcome). The response to the CAN survey was lower than anticipated and program staff plan to edit the survey to improve response rates in the next program year (see second, third, and fourth outcomes).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of meetings convened	53	65	82%
Number of presentations on CAN's Community Dashboard	32	30	107%
Number of visits to CAN website: canatx.org (duplicated)	21,175	12,500	169%
Number of visits to CAN Dashboard website: cancommunitydashboard.org (duplicated)	10,287	7,000	147%
Number of people viewing CANews (duplicated)	10,703	10,000	107%
Number of unduplicated people participating in at least one meeting convened by CAN staff	311	200	156%
Number of unduplicated people participating in at least one forum, summit, training, or retreat convened by CAN staff (annual county)	135	200	68%

Austin Travis County Integral Care: Community Advancement Network

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outcomes			
Percentage of CAN partner organizations that participate in 70% or more of CAN Board meetings	68% (17/25)	80% (20/25)	85%
Percentage of people who report that CAN promotes collaboration and partnerships	85% (89/105)	80% (100/125)	106%
Percentage of people who report that CAN's work helps them stay informed about community issues and efforts to enhance the community's well-being	88% (92/105)	80% (120/150)	110%
Percentage of people who report that CAN connects efforts across issue areas, disciplines, sectors, and jurisdictions	79% (83/105)	80% (100/125)	99%

Ray Marshall Center for the Study of Human Resources

Evaluation Services

Program Description

The Ray Marshall Center for the Study of Human Resources (RMC) at The University of Texas at Austin provides consulting and evaluation services to evaluate the impact of local investments in workforce development and other social service programs.

Travis County contracts for a wide range of Workforce Development (WFD) services for residents, including GED preparation, short-term job search and skill development, and longer-term occupational training. The workforce services evaluation component provides an evaluation of selected workforce development services for program participants in the 2011-2016 program years at American YouthWorks, Austin Area Urban League, Capital IDEA, Goodwill Industries of Central Texas (Ready to Work Plus program), Literacy Coalition of Central Texas (including the former Ascend Center for Learning), Skillpoint Alliance (Gateway program), and Workforce Solutions (Rapid Employment Model program), and includes both an outcome and impact evaluation. The outcome evaluation documents program results in terms of the number of clients completing training, number placed in employment, quarterly earnings, and other outputs/outcomes that can be determined largely through linked administrative data. The impact evaluation uses a quasi-experimental design to match program clients with similar individuals receiving other workforce services available in the region. By comparing the employment outcomes and receipt of Unemployment Insurance (UI) and public benefits between participants and non-participants, evaluators can estimate the impacts of program participation.

Travis County invests in a wide range of social services, including emergency rent/mortgage assistance, emergency utility payments, a food pantry, and family support services. The majority of these social services are provided directly by Travis County staff in the Family Support Services (FSS) division. The social services evaluation component offers an opportunity to understand participant outcomes with an evaluation of two different service delivery mechanisms FSS provides: Emergency Assistance County Only (EACO), and Best Single Source (BSS). Evaluation questions to be answered include: 1) Is the current BSS evaluation plan satisfactory for determining if the program is reaching its goal of achieving client self-sufficiency? and 2) Does the BSS model aid in achieving greater self-sufficiency of its clients than the standard delivery model? Evaluation work also includes a qualitative investigation of County processes compared to other programs with similar goals, with emphasis on other counties in Texas.

Ray Marshall Center for the Study of Human Resources

Evaluation Services

Funding

The total HHS investment in the Evaluation Services program from October 1, 2016 through September 30, 2017 was $78,400.

Eligibility Criteria

The Ray Marshall Center for the Study of Human Resources does not provide direct social services to clients.

Performance Goals and Results

The evaluation reports on the impact of local investments in workforce development produced by the Ray Marshall Center are available at: http://raymarshallcenter.org/2006/01/01/an-evaluation-of-workforce/. Social service evaluation reports are provided directly to Travis County staff.

Appendix A

2017 Federal Poverty Income Guidelines

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

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$6,030	$12,060	$15,075	$18,090	$24,120
2 persons	$8,120	$16,240	$20,300	$24,360	$32,480
3 persons	$10,210	$20,420	$25,525	$30,630	$40,840
4 persons	$12,300	$24,600	$30,750	$36,900	$49,200
5 persons	$14,390	$28,780	$35,975	$43,170	$57,560
6 persons	$16,480	$32,960	$41,200	$49,440	$65,920
7 persons	$18,570	$37,140	$46,425	$55,710	$74,280
8 persons	$20,660	$41,320	$51,650	$61,980	$82,640
For families/households with more than 8 persons, add $4,160 for each additional person.					

Data source: "2017 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 26, 2017, https://aspe.hhs.gov/poverty-guidelines.

2017 Austin Median Family Income Guidelines

Some programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$17,100	$28,500	$45,600
2 persons	$19,550	$32,600	$52,100
3 persons	$22,000	$36,650	$58,600
4 persons	$24,600	$40,700	$65,100
5 persons	$28,780	$44,000	$70,350
6 persons	$32,960	$47,250	$75,550
7 persons	$37,140	$50,500	$80,750
8 persons	$41,320	$53,750	$85,950

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50^{ths} (60%) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit.

Data source: "Austin-Round Rock, TX MSA FY 2017 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn.