Supportive Services for Independent Living

2013 Community Impact Report

Travis County Health and Human Services & Veterans Service

Research & Planning Division

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES & VETERANS SERVICE

PURPOSE

Who we are:

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

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

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

VALUES

We value helping people.

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

We value the accountability and integrity of our staff.

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

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

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

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Introduction

The Travis County Commissioners Court, through Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over $15 million in community-based social service programs. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. The *2013 Community Impact Report* offers highlights of community conditions most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas plus a summary of Planning and Evaluation investments. The Investment Overview summarizes information from across all nine issue areas. Each issue area section begins with community conditions information and then provides performance highlights about the programs included within that issue area. Each program is classified into the issue area most closely aligned to its central goals and objectives.

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

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

Notes on Methodology

Community conditions discussed in this report reflect the most recent information available at the time of writing. Most data included in the *2013 Community Impact Report* cover calendar year 2013, because the majority of the social service contracts included in the report follow a calendar year schedule. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

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

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

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

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

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

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

Community Conditions

Supportive Services for Independent 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 with daily living activities. 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 continue to have regular social interactions. Some examples of services provided by programs within this issue area are: information and referral; independent living skills training; home management (homemaker) and personal care services; counseling; individual and systems advocacy; health, medical and social services (including nutrition); adult day care; and assisted living care.

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,a] In response to the ruling, the Texas Health and Human Services Commission established the Texas Promoting Independence Plan, last revised in 2010.[4]

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

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

System Overview: Long-Term Services and Supports

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

In Texas, the Texas Health and Human Services Commission (HHSC) administers Medicaid, and the Department of Aging and Disability Services (DADS) oversees the public system for long-term care services for people with physical, intellectual, or developmental disabilities. DADS services, many of which are funded through Medicaid, include home and community-based services as well as institutional care.[11] Some DADS 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.[12,c] In most urban areas of the state, including Travis and surrounding counties, people with physical disabilities or age 65 and over now receive the Medicaid home and community-

b This and the following statistic are drawn from Kaye, Harington, and LaPlante (2010) in which the authors explored data from five public use data sets to estimate the U.S. population in need of long-term care. Depending on the data source and variable definition, estimates for the broadly defined population needing long-term care vary from 10 million to 12.7 million. This report appears to be widely cited with significant variation in the specific figures utilized.

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

based long-term care services, formerly provided by DADS, through STAR+PLUS, a Medicaid managed care program administered by the HHSC.[13]

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[14] 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.[15] The AARP Public Policy Institute estimated that in 2009, approximately 5 million family caregivers in Texas provided 3.3 billion hours of care to adults with limitations in daily activities,[16] representing an economic value of $34 billion.[17,d] Family caregivers play a vital role both for the individual who is receiving care and in reducing financial strain on the long-term care system.[18]

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, up from 20% in 1995 to 45% in 2011.[19] In Texas, 50.8% of expenditures for 2009 Medicaid and state-funded long-term support services for older adults and people with physical disabilities went to home and community-based services. Texas is ranked 7th highest nationally for the percent of funding supporting home and community-based services as opposed to institutional care for older adults and people with physical disabilities; New Mexico has the highest state rate with 63.9% in 2009.[20]

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 49th out of 51 states and the District of Columbia in terms of how well state Medicaid programs serve those with ID/DD.[21] Still, enrollment data from the state supportive living centers, 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 20%, from an average monthly enrollment of 4,833 in FY 2008[22] to an average monthly enrollment of 3,875 in FY 2012.[23] The Texas Department of Aging and Disability Services expects the average enrollment in these centers to continue its downward trend.[24]

d 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 or older 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.

Because the demand for DADS community-based services and supports often outweighs available resources, applicants' names may be placed on an interest list until services are available. As of the end of FY 2013, 105,310 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.[25] 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 FY13:

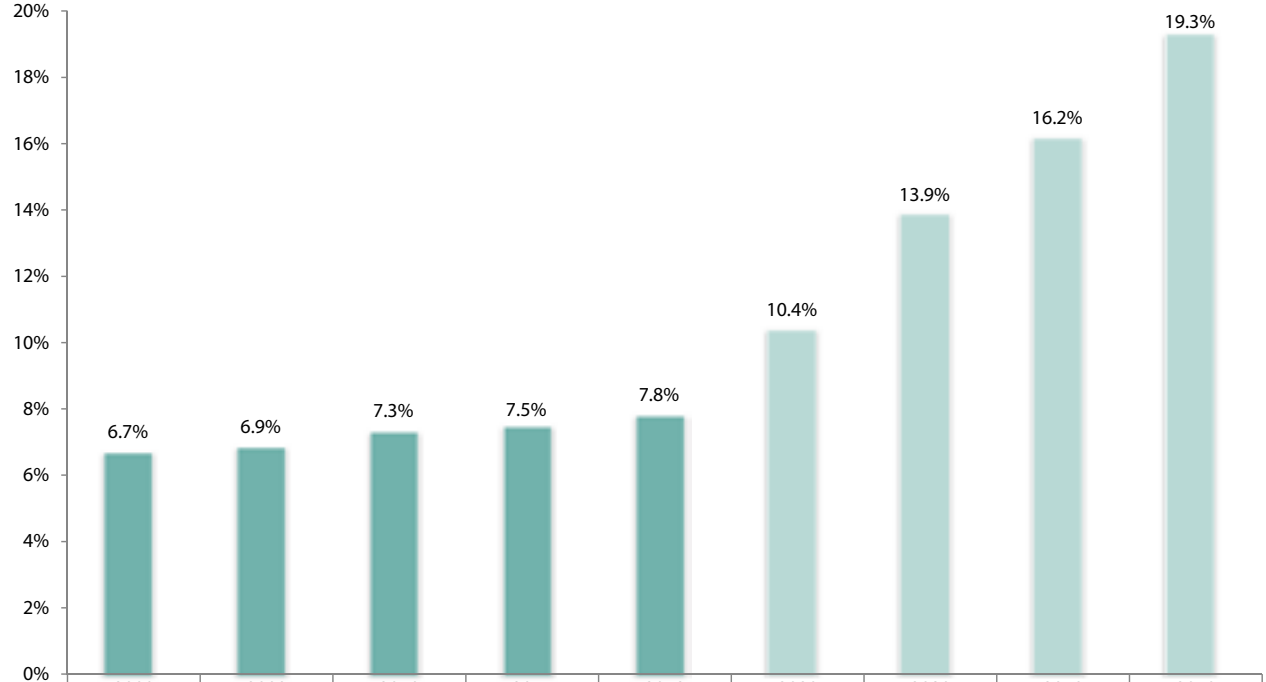
- There were a combined 11,613 people on the interest list for Community Based Alternatives and STAR+PLUS waiver services for persons 21 and older as an alternative to nursing facility care; more than 95% of these people have been on the lists for less than one year.[26]
- More than 60% of those on the interest lists for Home and Community Based Services (67,201 clients) and Community Living Assistance and Support Services (48,169 clients) 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. [27]

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%.[28] 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.[29] 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, 2008-2012 and Future Projections



	2008	2009	2010	2011	2012	2020	2030	2040	2050
% 65+	6.7%	6.9%	7.3%	7.5%	7.8%	10.4%	13.9%	16.2%	19.3%
# 65+	66,840	70,395	75,462	79,573	85,458	124,750	186,846	240,043	314,822

Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: U.S. Census Bureau, 2008-2012 American Community Survey 1-Year Estimates, B01001; 2012 Texas State Data Center Projections (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 2012, 9% of the total Travis County population had one or more disabilities.[30] However among the older adult population, more than one in five (22%) individuals age 65 to 74 and more than half (51%) of individuals age 75 and over had a disability.[31] The following table provides additional detail regarding the number and selected type of disability for the overall population and the population age 65 and over.[e]

e Disability status is defined as having one or more of the following difficulties: hearing, vision, cognitive, ambulatory, self-care, and independent living. Please see the 2012 American Community Survey Subject Definitions for further information: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2012_ACSSubjectDefinitions.pdf.

Disability Status by Age Civilian Non-Institutionalized Population, Travis County, 2012		
	Total Population	*Age 65 and over*
With an independent living disability	2.7%	15.4%
With a self-care disability	1.5%	7.7%
With one disability	5.2%	14.8%
With two or more disabilities	3.8%	19.0%

Note: An independent living disability refers to difficulty doing things such as visiting a doctor's office or shopping alone. A self-care difficulty refers to difficulty doing things such as dressing or bathing.
Created by: Travis County HHS/VS Research & Planning Division, 2014
Source data: U.S. Census Bureau, 2012 American Community Survey 1–Year Estimates, S1810 and B18018

Further Resources

Supportive Services for Independent Living has ties with the Public Health and Access to Healthcare, Basic Needs, 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 (27% of those living with a disability have incomes below the poverty threshold)[32] who require assistance securing supportive services may also need help meeting their nutrition and housing needs.

In Travis County, several organizations work collaboratively to help meet the needs of older adults and people with disabilities:

The Aging Services Council of Central Texas

www.agingservicescouncil.org

The Aging Services Council of Central Texas is a network of individuals and organizations who work together to ensure that older adults and caregivers have the information and services they need to support themselves and family members as they age. The Council endeavors to maximize resources for aging services and to promote community awareness and investment around aging issues.

The Mayor's Task Force on Aging

www.austintexas.gov/mayorstaskforce

The Mayor's Task Force on Aging was convened in early 2013 by Austin Mayor Lee Leffingwell to analyze the state of Central Texas's fast-growing senior population. The Task Force released a report and a set of recommendations in the summer of 2013.

The Intellectual and Developmental Disabilities Coalition

www.iddc-ctx.org

The Intellectual and Developmental Disabilities Coalition is made up of agencies, service providers, and interested citizens who want to educate the community about the needs of people with intellectual and developmental disabilities and promote a seamless continuum of services and supports.

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

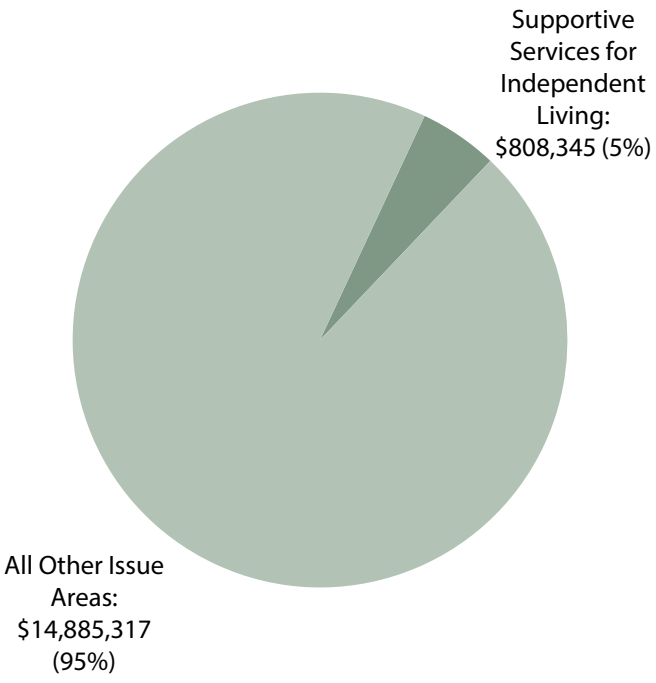
The Arc is a national organization with community-based chapters that advocates for and serves people with intellectual and developmental disabilities and their families. The Arc's website includes a variety of information about legislative and policy issues that affect people with disabilities.

Investment Overview

Our Investment

TCHHS/VS has departmental and contracted programs that offer supportive services for independent living. Contracted services in this issue area help elderly and individuals with disabilities to remain in their homes and communities. Services are provided in the home and primarily focus on assistance with daily living activities. 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 Independent Living and Other Issue Areas, 2013



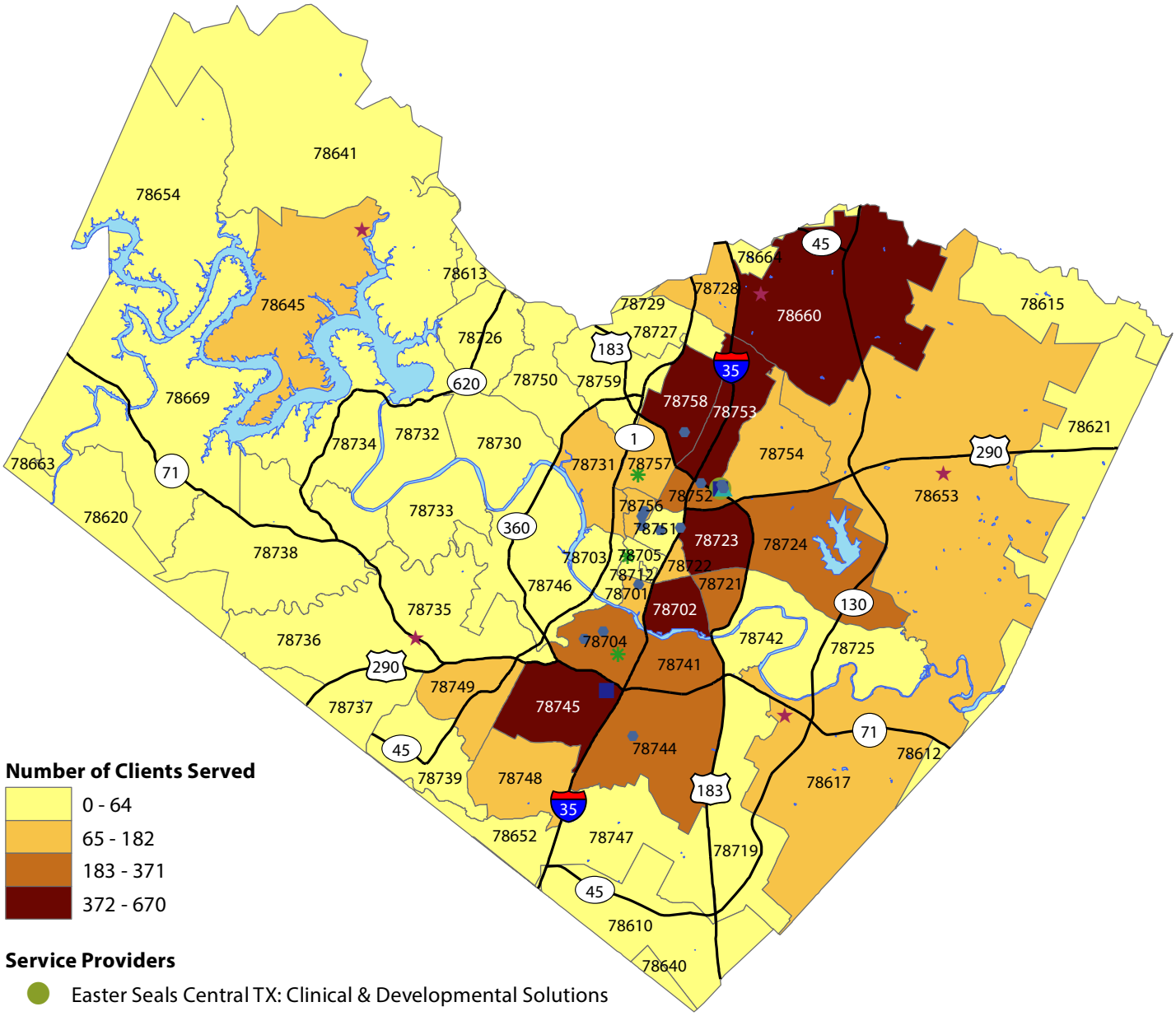
Funding Summary

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

Agency Name	Program Name	2013 Funding Amount
The Arc of The Capital Area	Case Management and Advocacy Services	$97,656
The Arc of The Capital Area	Guardianship Case Management	$15,000
Easter Seals Central Texas	Developmental and Clinical Solutions	$123,241
Easter Seals Central Texas	Employment Solutions	$64,500
Family Eldercare	Money Management and In-Home Care and Caregiver Services	$127,435
Helping the Aging, Needy and Disabled, Inc.	Homemaker/Personal Assistance	$22,849
Meals on Wheels and More, Inc.	Congregate Meal Program	$143,059
Meals on Wheels and More, Inc.	Meals on Wheels	$167,376
Vaughn House, Inc.	Community Rehabilitation	$47,229

Supportive Services for Independent Living

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



Number of Clients Served

- 0 - 64
- 65 - 182
- 183 - 371
- 372 - 670

Service Providers

- Easter Seals Central TX: Clinical & Developmental Solutions
- Easter Seals Central TX: Employment Solutions
- Family Eldercare
- Meals on Wheels and More: Congregate Meals
- The Arc of the Capital Area
- Vaughn House

Service provision locations are not included for Helping the Aging, Needy, and Disabled or Meals on Wheels and More: Meals on Wheels as services can be accessed anywhere the client is located.

Notes: This map shows 7,083 clients by ZIP code. 338 (5% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless. Client ZIP codes are not included for Easter Seals Central Texas's Employment Solutions program.

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

N
0 2.5 5 Miles

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 to 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 for 2013 was $97,656. This investment comprised 47.7% 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 and 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 Arc of the Capital Area met or exceeded most performance goals. The program surpassed expectations for adult clients (see the second, fourth, and sixth outputs); staff attributed these results to the number of clients continuing services at the beginning of the contract year, as well as an increase in clients' attendance at agency-sponsored events. Participation in events and case management activities also led to a high percentage of client success (see the third and fourth outcomes).

In the last quarter of the year, the agency experienced staff vacancies, staff transition, and program restructuring in juvenile case management. This resulted in fewer juvenile clients served (see the first output) and fewer meetings and/or juvenile court appearances by staff (see the third output). Staff expect improvement in the juvenile program during the 2014 contract year with new staff hires and additional outreach within the community.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated juvenile clients served	36	45	80%
Number of unduplicated adult clients served	82	70	117%
Number of Special Education / Admission, Review, Dismissal meetings and /or juvenile court appearances attended by staff	93	250	37%
Number of case management service hours completed for adult clients	1,747	1,540	113%
Number of direct juvenile client visits	128	140	91%
Number of direct adult client visits	1,044	630	166%
Outcomes			
Percentage of juvenile clients that remained in school or worked while receiving services	97% (35/36)	80% (36/45)	122%
Percentage of juvenile clients who did not offend / re-offend while receiving services	86% (31/36)	80% (36/45)	108%
Percentage of adult clients achieving / maintaining self-sufficiency due to services, individual goals and service plans	99% (81/82)	89% (62/70)	112%
Percentage of adult clients with improved development and quality of life due to services, individual goals and service plans	99% (81/82)	89% (62/70)	112%

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. Case managers interview families to determine their eligibility and their individual needs; schedule orientation sessions to educate parents and caregivers of their legal rights, responsibilities, and resources related to guardianship; assist program participants who are seeking to obtain court awarded guardianship by completing guardianship forms and documents required by the Court; coordinate pro-bono legal assistance for program participants provided by attorneys; and prepare 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 for 2013 was $15,000. This investment comprised 29.9% 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

Families served must reside in Travis County, have family members with intellectual and developmental disabilities, and be 18 years old or older. Families must have moderate to low incomes as determined by The Arc of the Capital Area (i.e. annual income is equal to or less than $60,000, as imposed by The Arc in collaboration with pro-bono attorneys).

The Arc of the Capital Area: Guardianship Case Management

Performance Goals and Results

The Guardianship Case Management program did not meet performance expectations in 2013. Program staff explained that guardians had unforeseen barriers to participation in the program and/or in receiving the guardianship award, such as lack of cooperation from other family members and financial barriers. The program utilized additional screening measurements during initial informational sessions to assess the potential ward's/potential guardian's suitability for the program and to determine their potential for success. In 2014, the outcome denominator will only reflect clients who requested guardianship from the Court, rather than all clients served; this will provide a more accurate picture of the program's success as not all clients receiving guardianship case management appear before the Court for the guardianship award from the probate judge.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	19	22	86%
Outcomes			
Percentage of clients receiving guardianship awards from the Court	63% (12/19)	82% (18/22)	77%

Easter Seals Central Texas

Developmental and Clinical Solutions

Program Description

The Developmental and Clinical Solutions program strives to provide 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, including assistive technology; screening and assessment; family counseling; family education; medical (diagnostic or evaluation services used to determine eligibility), nursing, nutrition, psychological, social work, respite care, deaf education, and vision services; special instruction and service coordination; and speech-language, physical, occupational, audiology therapies and follow along services which follows inactive clients for a change in their status. These services are provided in the child's natural environments such as the home or community setting.
- Comprehensive Outpatient Rehabilitation Program (CORP): a pediatric and adult rehabilitation program that includes physical, occupational, speech-language, and aquatic therapies in addition to service coordination, audiology, and transportation services. Recreational therapeutic respite camping services are also provided for children and adults.
- Family/Caregiver Support Services: support services and resources for families and caregivers of children and adults who have a disability.

Funding

The total TCHHS/VS investment in the Developmental and Clinical Solutions program for 2013 was $123,241. This investment comprised 2.7% of the total program budget. TCHHS/VS also funds the Employment Solutions program, which is described later in this report.

Easter Seals Central Texas

Developmental and Clinical Solutions

Eligibility Criteria

The program serves individuals, ages birth through adulthood, with a documented physical, neurological 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

The Developmental and Clinical Solutions program fell short all output goals but met or exceeded the targeted range of performance for all outcome measures. Staff members reported that a large number of clients aged out of the ECI program, decreasing the number of clients served (see the first output). With fewer ECI clients served, there were fewer hours of service delivered (see the third output). The number of hours of service delivered for Family Caregiver support also decreased as the program lost a Spanish speaking staff member (see the fourth output).

Staff were able to survey more clients for satisfaction than anticipated and continue to have high levels of client satisfaction (see the first outcome). The program also experienced a high level of improvement for the ECI clients measured (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 in ECI	1,267	1,616	78%
Number unduplicated clients served in CORP and Family Caregiver Support	430	539	80%
Number of hours of service delivered in ECI	23,076	29,532	78%
Number of hours of service delivered in CORP and Family Caregiver Support	6,679	9,845	68%
Outcomes			
Percentage of clients reporting satisfaction with services received	97% (507/521)	80% (304/380)	122%
Percentage of ECI clients surveyed showing either improved functional outcomes or quality of life	89% (276/310)	80% (285/356)	111%
Percentage of CORP clients surveyed who report achieving/maintaining goals on their individualized plans of care	76% (66/87)	80% (95/119)	95%
Percentage of clients in the CORP Parenting Program who learned of a new resource	95% (40/42)	90% (45/50)	106%

Easter Seals Central Texas

Employment Solutions

Program Description

Employment Solutions 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 community resources that can provide assistance with basic needs, education, housing, and counseling; increases clients' ability to identify employment and community choices available in the community; and increases participation in the decision-making process to allow clients to make choices that affect their lives. Four programs are offered under Employment Solutions:

- Transitions Program: provides skills training and the opportunity to develop a stable work history through experiences in the Easter Seals Central Texas (ESCT) Paid Job Training program in work tasks such as landscaping, creek clearing, and litter pick-up, and includes service coordination/case management to address the whole life needs of individuals in order to maximize independence.
- Follow-Along Program: advocates for consumers 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. Supports include money management, transportation training, advocacy and self-advocacy training, life skills training, crises prevention and management, health monitoring, information and referrals, and participation in group social activities.
- Liberation Station Program: an assistive technology-equipped computer lab that is available for 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 Solutions program for 2013 was $64,500. This investment comprised 11.1% 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 Solutions

Eligibility Criteria

Employment Solutions 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, 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 Solutions

Easter Seals Central Texas exceeded goals on all but one performance measure. Although there were fewer participants in the Follow-Along program than projected (see the third output), the program saw a higher rate of employment retention (see the second outcome), which staff attributed to more intense involvement of staff in support of clients' continued employment.

Due to increased social supports throughout the year, the program had a high carryover rate, leading to more clients served (see the first output). There were larger numbers of Transitions clients (see the second output) due to carryover from the prior year as well as a change in defining clients who were seasonally laid off as still employed. Staff reported a higher than usual amount of hiring during the end of the third and fourth quarters of 2013, increasing the number of persons obtaining employment 90 days prior (see the first outcome).

Finally, clients cycle out of the Independent Living program and then new clients are added, with a goal of maintaining nine individuals in the program (see the fourth output). Further, participation in the activities is reported for each quarter, thus the annual outcome totals for Independent Living (see the third outcome) reflect a duplicated client count.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	277	189	147%
Number of unduplicated clients in Transitions program	182	80	228%
Number of unduplicated clients in Follow-Along program	79	100	79%
Number of unduplicated clients in Independent Living program	16	9	178%
Number of client visits to Liberation Station	301	200	151%
Outcomes			
Percentage of clients in Transitions program who retained employment for 90 days	50% (59/119)	40% (29/72)	123%
Percentage of clients in Follow-Along program who retained employment for 180 days	100% (76/76)	75% (54/72)	133%

Easter Seals Central Texas: Employment Solutions

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Percentage of clients in Independent Living program who participated in an average of two activities per month enrolled (duplicated count of clients)	91% (32/35)	78% (7/9)	118%

Family Eldercare

Money Management and In-Home Care and Caregiver Services

Program Description

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

The In-Home Care program offers services on a sliding fee scale basis, helping 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 includes transportation to medical appointments and other places clients may have difficulty reaching on their own. Services help to ensure that seniors are free from abuse, neglect, and exploitation, and ensure that their basic needs are met, including food, clothing, shelter, and medical care.

Both the Money Management program and the In-Home Care program work to 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 and Caregiver Services program for 2013 was $127,435. This investment comprised 7.7% 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.

The In-Home Care program targets frail, low and moderate-income elders (age 55+), 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 & In-Home Care and Caregiver Services

Performance Goals and Results

Family Eldercare exceeded goals across all outcome measures but fell short of targeted performance for both output measures. Staff members explained that both the number of clients served (see the first output) and the number of clients provided care coordination and case management (see the second output) were lower than anticipated due to fewer In-Home Care clients. The reduced number was partially due to the fact that in June 2013 the program stopped counting individuals receiving telephone consultations and assessments as clients served. Although fewer clients were assessed for maintaining a safe environment (see the first outcome) and the program had a lower response rate on their annual survey (see the second outcome), the program surpassed its goals on these measures.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served (total number provided screening, assessment and/or In-Home Care or Money Management services)	963	1,297	74%
Number of unduplicated clients provided care coordination and case management	646	1,035	62%
Outcomes			
Percentage of clients who are maintained in a safe environment where all basic needs are met	100% (428/429)	95% (480/505)	105%
Percentage of clients who are satisfied with services	91% (287/315)	85% (391/460)	107%
Percentage of Money Management clients served who have no new incidents of abuse, neglect or financial exploitation	99% (389/391)	95% (371/390)	105%

Helping the Aging, Needy and Disabled, Inc.

Homemaker/Personal Assistance

Program Description

The Homemaker/Personal Assistance 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 Assistance program for 2013 was $22,849. This investment comprised 14.5% 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 income slightly above eligibility requirements for Medicaid, but are actually indigent due to extensive medical cost.

Helping the Aging, Needy and Disabled, Inc.: Homemaker/Personal Assistance

Performance Goals and Results

Helping the Aging, Needy and Disabled, Inc. (HAND) met or exceeded the targeted range of performance across all measures. The program had a large number of clients that continued in the program from the prior year, impacting both output measures. Staff members reported that they are experiencing an increase in referrals from Adult Protective Services, Family Eldercare, and AIDS Services of Austin, as well as high numbers of clients referred by the Texas Department of Aging and Disability Services while waiting for long-term services.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served with intake, assessment and referral services	226	168	135%
Number of individuals provided essential services (in-home attendant care)	195	151	129%
Outcomes			
Percentage of clients able to achieve/maintain self-sufficiency due to receiving essential services	86% (195/226)	90% (151/168)	96%
Percentage of clients/households satisfied with services provided	97% (142/146)	90% (136/151)	108%

Meals on Wheels and More, Inc.

Congregate Meal Program

Program Description

The Congregate Meal Program provides high-quality, nutritious meals to adults, age 60 or older, that meet one-third of the Recommended Dietary Reference Intakes and the USDA's dietary guidelines for Americans meeting federal meal pattern requirements. The program promotes and assists the congregate site participants in maintaining their highest level of cognitive and physical functioning by promoting good nutritional choices, while attending an inviting, active social setting. Program staff solicit direct client feedback so that their meals not only meet the nutritional needs of the participants but also incorporate client choice in the selection of menu items. Finally, the program provides periodic supplemental nutrition, health education, exercise, and other community resource information to participants about the programs offered through Meals on Wheels and More and other service providers in Travis County.

Funding

The total TCHHS/VS investment in the Congregate Meal Program for 2013 was $143,059. This investment included both on-going funding ($81,981) and one-time funding ($61,078); these funding amounts comprised 9.5% and 7.1% 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 Meal Program is targeted to reach adults who are 60 or older. The meal sites are located in diverse communities, and each site reflects the culture and ethnicity of the neighborhood.

Meals on Wheels and More, Inc: Congregate Meal Program

The Congregate Meal Program met or exceeded the targeted range of performance across all measures. Program staff reported that the addition of the Durwood Recreational facility increased the number of recreational locations to six. In addition, staff were able to locate a greater than expected number of volunteers, within the senior groups themselves and from the community, which helped grow programming for activities and special events (see the fourth output).

Staff also noted that the Healthy Aging Fair is now a Healthy Aging Series where participants are free to choose between and/or select to attend all five presentations at six social recreational locations. The Healthy Aging Series was also expanded over a longer period, starting as early as March 2013 and ending as late as November 2013, which allowed for increased participation. Participants were able to complete a survey for each presentation they attended, leading to a much greater number of surveys returned (see the first outcome).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,489	1,500	99%
Number of meals provided	84,620	87,000	97%
Number of nutrition presentations including Healthy Aging Fair sessions	33	31	106%
Number of activities and special events	260	105	248%
Outcomes			
Percentage of returned surveys from participants who reported they would attend another Healthy Aging Series in the future	96% (421/439)	93% (70/75)	103%

Meals on Wheels and More, Inc.

Meals on Wheels

Program Description

Meals on Wheels provides high-quality, nutritious meals to older adults and adults with disabilities that meet one-third of the Recommended Dietary Reference Intakes and the USDA's Dietary guidelines for Americans. The program promotes and helps clients maintain the highest level of cognitive and physical functioning through good nutritional status and nutrition education. Meals are delivered to clients' homes Monday through Friday. Meals on Wheels has a general diet that is nutritionally balanced and also offers specialized diets for those clients who have unique dietary needs. Specialized diets include a low-potassium diet for clients with kidney or renal disease, a bland diet for clients with gastrointestinal conditions, a soft diet for clients with dentures or arthritic difficulties, and a pureed diet for people with dysphasia or swallowing problems.

Funding

The total TCHHS/VS investment in the Meals on Wheels program for 2013 was $167,376. This investment included both on-going funding ($115,026) and one-time funding ($52,350); these funding amounts comprised 2.8% and 1.3% of the total program budget, respectively. TCHHS/VS also funds the Congregate Meal Program program, which is described earlier in this report.

Eligibility Criteria

Potential recipients must meet the following basic eligibility guidelines: 1) have difficulty preparing nutritious meals, 2) have no consistent daytime meal assistance during the delivery hours of 11:00 and 1:00, 3) be primarily homebound, 4) live in the Meals on Wheels service area, and 5) score 20 or more on their most recent functional assessment tool. Priority meal service is offered to potential clients who are deemed malnourished or at high risk for malnourishment. Many of the older people and people with disabilities served are at nutritional risk and live on limited, fixed incomes.

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

The Meals on Wheels program met the targeted range of expectations for all performance measures. The program served more clients than originally projected (see the first output). Staff explained that the Texas Department of Aging and Disability Services (DADS) asked Meals on Wheels and More to provide meals to their clients living in Williamson County. Meals on Wheels and More was able to implement the request but the increased referrals from DADS and a new contract were not anticipated. Staff reported that they were also able to move 41% of their waiting clients off of the waiting list.

Staff noted that a significant percentage of clients on their meal program improved or maintained their nutritional status while on the program for six months or longer (see the second outcome). However, with staff shortages and the holidays, there were fewer completed home visits and reassessments than what was originally anticipated. A change in structure of the Client Services Department was implemented in the beginning of January 2014 so the number of clients who are reassessed for services should increase during the 2014 reporting year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	2,890	2,828	102%
Number of 1st meals prepared for clients	502,648	517,000	97%
Outcomes			
Percentage of returned client surveys which indicate that daily meals satisfy an essential part of their daily nutritional needs	88% (232/265)	90% (239/265)	97%
Percentage of nutritionally at-risk meal clients who have improved or maintained their nutritional status while on meals for six months or longer	77% (918/1,200)	79% (1,175/1,484)	97%

Vaughn House, Inc.

Community Rehabilitation

Program Description

Vaughn House, Inc. is dedicated to providing a support system for helping adults who are deaf/hard of hearing with a dual diagnosis (i.e., have co-occurring disabilities, such as intellectual or developmental disabilities) to become as independent and self-supporting as their personal level of potential allows. Community Rehabilitation program elements include day habilitation, supported home living, and financial management assistance, plus helping train and/or coach individuals to qualify for, find, and maintain employment. The program's goal is to improve individual self-worth and financial stability and have less dependence on public assistance where possible.

Funding

The total TCHHS/VS investment in the Community Rehabilitation program for 2013 was $47,229. This investment comprised 7.4% 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/hard of hearing and have a dual diagnosis. Many also 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 societal consequences.

Vaughn House, Inc: Community Rehabilitation

Vaughn House met the targeted range of performance for most measures, falling short of goals for one output and one outcome. Program staff attributed the lower number of unduplicated clients served (see the first output) to lower than expected turnover in their workforce. Staff also explained that they are working to give more clients with marginal abilities the opportunity to try to succeed, leading to fewer clients who completed job readiness training (see the first outcome). Finally, the Day Habilitation program had unexpectedly low attrition, so all clients remained enrolled over the course of the year (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	50	58	86%
Number of clients receiving job readiness training	6	6	100%
Number of clients in supported employment	29	30	97%
Number of clients in Supported Home Living, Representative Payee and Day Habilitation	21	22	95%
Outcomes			
Percentage of clients who completed job readiness training	29% (2/7)	67% (4/6)	43%
Percentage of clients in supported employment who retained employment for a minimum of 6 months	93% (26/28)	87% (26/30)	107%
Percentage of clients remaining enrolled in Supported Home Living, Representative Payee and Day Habilitation 90 days or more	100% (21/21)	86% (19/22)	116%

Appendix

2013 Federal Poverty Income Guidelines

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

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

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

2013 Austin Median Family Income Guidelines

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

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

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

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