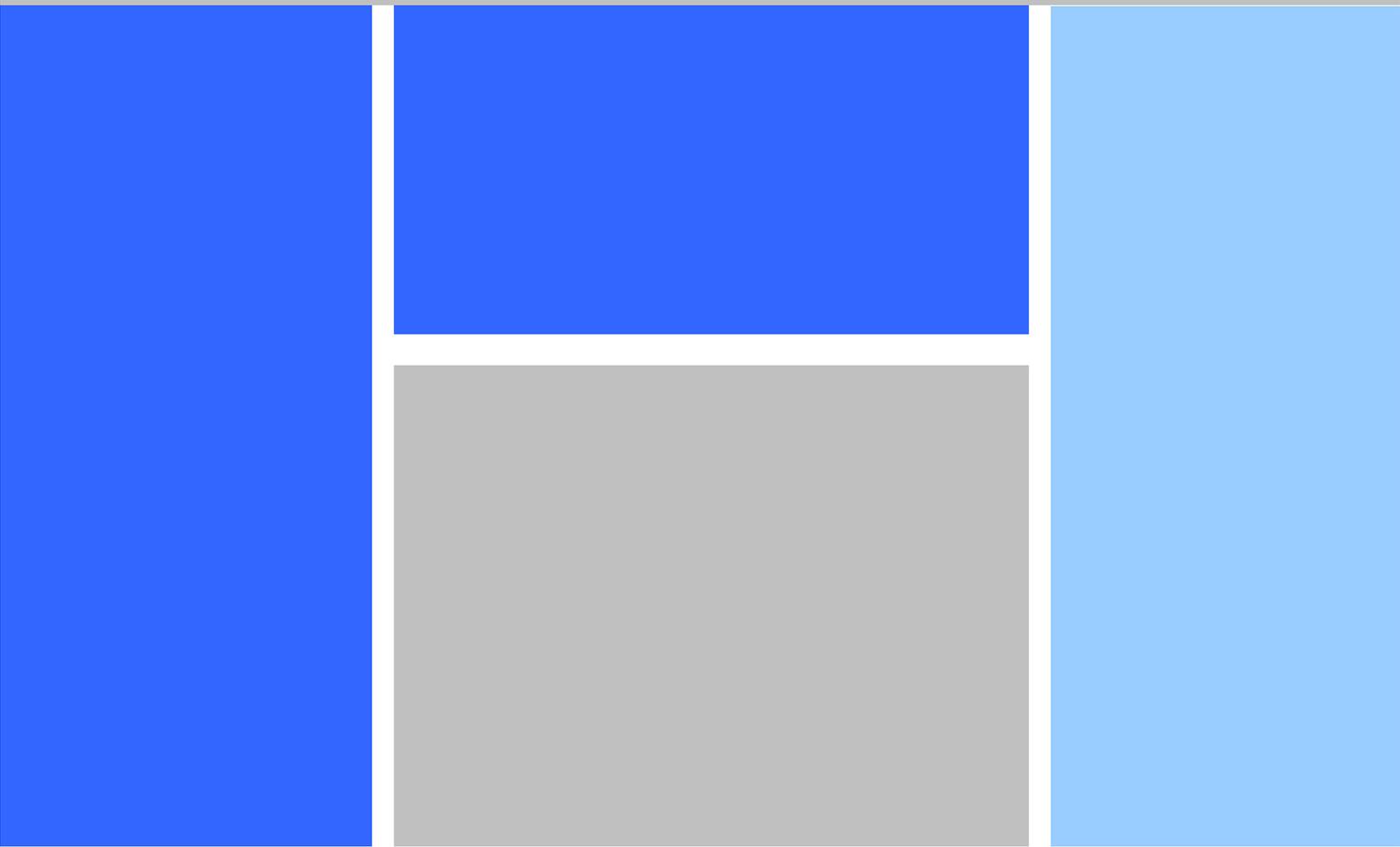




Community Impact Report 2008: Community Condition Highlights

A Compendium to the 2008 Community Impact Report

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



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A Compendium to the *Community Impact Report 2008*

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Executive Summary

Community conditions impact social service providers and their clients. Economics, demographics, as well as social structures and systems, all influence the level of need within a community and the resources available to successfully address community needs. Community conditions help determine service delivery approaches most effective in addressing community needs and issues. These conditions also inform public stakeholders of progress toward community goals and can help correlate particular program contributions and value in advancing those goals.

The most recent poverty data were collected in 2007, during a more robust economic period. These data estimated that 14.7% (or 141,223) of Travis County residents lived in poverty.¹ Current conditions indicate that the number of families and individuals in poverty is likely to continue to grow. Consider the following:

- The median income, once adjusted for inflation, fell 7% from \$56,730 in 2002 to \$52,937 in 2007.
- Between 2007 and 2008, Austin Energy received 41% more requests for utility assistance and experienced a 33% increase in the number of customers with deferred payment plans.
- Most (58%) Travis County residents receiving food stamps are children under 18 years of age. The number of food stamp recipients rose dramatically - by 57% - between May and December 2008. Hurricane Ike contributed to this increase but only partially so. Food stamp participation in Travis County rose sharply (29% or by 19,114 participants) in the four months prior to Ike (or between May and August 2008).
- Foreclosure rates rose 33% from nearly 3,500 in 2007 to nearly 5,000 in 2008.
- An estimated 6,509 people were homeless in Travis County at some point during 2007. On any given day, an estimated 4,468 people are homeless, nearly half (41%) of whom are children or adults with children.
- Students enrolled in the Austin Independent School District affected by homelessness totaled 1,970 in 2007, up 27% from 2006. Likewise, local U.S. Department of Housing and Homelessness (HUD) Continuum of Care organizations experienced a 37% rise in homeless people requesting shelter between the third quarters of 2007 and 2008.
- An estimated 76,768 households (or 20% of all households) in Travis County spent between 30% and 49.9% of their income on housing. HUD categorizes a household with this type of housing-expense ratio as moderately cost-burdened. An estimated 65,890 households (or 17% of all households) spent 50% or more of their income on housing, which HUD defines as severely cost burdened; renters accounted for more than two-thirds (68%) of this population.

- Unemployment rates rose steadily over the past year and are expected to rise further in 2009. The unemployment rate for the Austin-Round Rock Metropolitan Statistical Area (MSA) reached 6.4% in January 2009, up from 4.0% in January 2008. The unemployment rate for Travis County was slightly lower, at 6.1%. The Travis County unemployment rate remains lower than the state rate (6.4%) and both the county and MSA unemployment rates remain lower than the national rate (7.6%).
- Nearly one in five residents (19.3%) lack health insurance and the number will likely grow if unemployment and underemployment rates continue to rise.

Due to the current economic recession, higher demand for social services is expected. The impact of the American Recovery and Reinvestment Act and related legislative initiatives are currently unknown but bear watching in the coming year.

Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests over \$4.6 million in community-based social service programs. These services promote the Department's mission to optimize self-sufficiency for families and individuals in safe and healthy communities. The current economic recession, which began in December 2007, elevates the importance of these programs.

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services.¹ The report details investment, programmatic, client demographic, and performance information on 46 of the Department's social service contracts. This report also offers a snapshot of current community conditions in Travis County; and, it maps service provision locations and client zip codes. These 46 contracts represent a subset of TCHHS/VS investments, and in 2009, the Department will continue a strategic planning process that will align internal and other external contracted investments. Most data included in the *2008 Community Impact Report* cover calendar year 2008² and are drawn from contracts and reports provided by contracted service providers.

This document serves as a compendium to the *2008 Community Impact Report* and captures the community condition overviews included in this report. These overviews are intended to offer highlights of the community conditions most pertinent to the services purchased within a given service area in 2008. To provide additional context, this compendium includes the principal goals for each issue area as well as examples of related services that may be purchased. Also captured are the 2008 purchased programs. Please note that this community condition information reflects information primarily collected between November 2008 and January 2009.

An electronic copy of the full report is available to view and download at:

http://www.co.travis.tx.us/health_human_services/research_planning/publications.asp.

¹ This subset reflects those contracts transitioned in January 2007 from management by Austin/Travis County Health and Human Services to TCHHS/VS.

² The report covers calendar year 2008 because social service contracts typically follow a calendar year schedule. AIDS Services of Austin and The Wright House Wellness Center are the only exceptions. Their contracts begin on March 1st and end on February 28th. Therefore, information related to these two contracts cover the period from March 1, 2008, to February 28, 2009.

Overarching Community Conditions

Most social service programs described in this report serve Travis County residents who are in or near poverty. Some programs, though, do assist vulnerable populations, such as those experiencing abuse and neglect, irrespective of their income level. The recent economic trends and, in particular, the current economic recession elevates the need for these services for Travis County residents:

- The median income, once adjusted for inflation, fell 7% from \$56,730 in 2002 to \$52,937 in 2007;²
- The unemployment rate totaled 3.9% in January 2008 but rose to 6.1% by January 2009³ and is projected to rise further in 2009;⁴
- Nearly one in five residents (19.3%) lack health insurance and the number may grow if unemployment and underemployment rates continue to rise;⁵
- Foreclosure rates rose 33% from approximately 3,500 in 2007 to nearly 5,000 in 2008;⁶
- The cost of basic essentials such as food increased significantly over the past year⁷ and, while the price of gas has recently dropped to extremely low prices, it rose to unprecedented levels during this time;⁸ and
- Natural disasters – such as Hurricanes Katrina, Rita, and Ike – have unexpectedly tapped into state and local resources in recent years.

The economic downturn is expected to continue to create a higher demand for social services. Given the depth of the current downturn, this situation is expected to persist at least through the next year. At the same time, resources are diminishing. Donations to local nonprofit organizations are falling. Likewise, local, state, and federal revenue has declined.

However, some changes at the national and state level bear watching in the coming year. Texas could receive \$60 billion from the recent economic stimulus package. Deece Eckstein, Coordinator of Governmental Relations for Travis County, reported that local health and human service programs could benefit greatly from the federal stimulus bill that was recently passed on February 17, 2009. The impact of these economic trends and related legislative initiatives are currently unknown but may be significant.

Contracted Service Providers Interviews

In the spring of 2008, staff from Travis County Health and Human Services & Veterans Service (TCHHS/VS) visited several social service agencies contracted by TCHHS/VS.⁹ The purpose of the site visits was to ensure that services purchased by TCHHS/VS remain relevant to current community needs and to understand, explain, and provide context to investments' performance results.

At these visits, TCHHS/VS staff interviewed agency representatives to gather programmatic and community information. Visits were typically conducted with the agency's Executive Director and key programmatic personnel. Interviews were semi-structured, using open-ended questions. Visiting TCHHS/VS staff members had programmatic expertise and were responsible for the programmatic component of agency contracts.

Information obtained through open-ended interviews is classified as qualitative data. Qualitative data "includes virtually any information that can be captured that is not numerical in nature."¹⁰ The following qualitative information is intended to enrich readers' understanding of the underlying factors contributing to the quantitative results found in this report and of the larger community context in which these efforts occur. For example, underlying each agency's performance results are many factors, including client characteristics, funding changes, and staffing needs. Only through qualitative data can we better understand the factors contributing to agencies' performance results.

Some common themes emerged across agencies and service areas.

- Economic conditions have **increased client needs and demands on service providers**. Increased referrals, workloads, and/or demand for services were seen by seven agencies. Two of these agencies, plus an additional two agencies, noted the impact of the changing economic climate on their clients. Examples included increased housing and transportation costs and a reduction in work hours.
- **A more diverse client population** was seen by six agencies. Three agencies saw increases in Spanish-speaking clients. The remaining three agencies noted client growth in ethnic minorities, African-Americans, or populations from various foreign countries. Two of these agencies also had challenges hiring and training bilingual staff, and one had difficulty with language barriers.
- **An increase in client mental health/substance abuse issues** was reported by four agencies. Of those, one agency also observed a lack of adequate resources in the community for families with a history of mental illness/substance abuse. Another agency noted challenges with mental health and drug and alcohol services in two of their programs.
- Three agencies reported that their **clients are moving out of Austin** toward Del Valle, Pflugerville, and other outlying areas of the county. This shift in geographic location, coupled with fluctuating gas prices, impacts clients' access to affordable transportation and increases the financial burden on service delivery systems (noted by five agencies).

- Two agencies observed a **lack of affordable child care in the community**, with one specifically noting the unmet needs of teen parents.
- **Changes in funding** impacted a number of agencies. Agencies noticed more upheaval in the funding environment, with three agencies noting changes in United Way funding strategies and/or continuum of care shifts, and another three (including one agency above) experiencing challenges with decreasing funding or changes in funding requirements.
- Finally, agencies reported **increased staff and facility needs**. Staff turnover was a challenge for two agencies, and three agencies required additional staff (including the two abovementioned agencies lacking bilingual staff). Facility capacity issues were felt by three agencies; one of these agencies and an additional agency also saw a rise in crime in surrounding areas.

Basic Needs

Goals and Services

Programs within this service area meet urgent, short-term food, housing, clothing and transportation needs. Some examples of services provided by programs within this service area include provision of adequate and healthy food; financial assistance for rent, mortgage, or utilities; needed clothing; and assistance or transportation to meet specific public health or safety needs.

Contracted Service Providers and Programs included in this Service Area

- Capital Area Food Bank of Texas: Food Bank
- Caritas of Austin: Basic Needs

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer services to address residents' basic needs. This service area includes contracted services that provide food to avert hunger, and that offer one-time and short-term rent and utility assistance to prevent loss of housing and utilities. These contracted services work in tandem with those provided directly by the Travis County Health and Human Services & Veterans Service Department. The Department is the largest provider of emergency assistance for individuals and families within Travis County. For elderly or disabled individuals, the County emergency assistance program income guidelines limit participation to households at or below 125% of the Federal Poverty Income Guideline level (FPIG). The income guideline limit for all other people is 50% of the FPIG (see Appendix C for specific income limits). Among contracted service providers who serve individual clients directly, client income eligibility may go up to 150% of the FPIG.

Adequate **food and shelter are imperative to achieve healthy physical and psychological development.** A 2002 study that controlled for the influence of housing type, maternal distress, and stressful life occurrences (e.g., abuse) found that severe childhood hunger was a significant predictor of chronic illness and that it was linked to higher reported anxiety and depression among school-aged children.¹¹ Another study demonstrated that adults 65 and older who felt that their basic needs were not being met also experienced greater risk of death, signs of depression, and decline in function.¹²

Over the last several years, the **poverty rate in Travis County has been greater than the national rate but less than the state rate.**¹³ In 2007 (a year with a robust local economy), an estimated 14.7% (or 141,223) of Travis County residents lived in poverty.¹⁴ This rate was lower than the state poverty rate of 16.3% but higher than the national poverty rate of 13%.¹⁵

Need for Utility Assistance

Recent data suggest that **a growing number of residents face challenges paying for their utilities.** Austin Energy's Customer Assistance Financial Support Program received 8,578 duplicated requests for utility assistance in 2008, which is an increase of 41% from 6,067 in 2007.¹⁶ This increase in requests for assistance is much higher than the overall 3% growth in accounts that occurred during this time.¹⁷ Between 2007 and 2008, the number of Austin Energy customers with deferred payment plans rose by 33% – up from 103,325 (or 24% of all accounts) to 137,336 (or 31% of all accounts) respectively.¹⁸ In spite of this increase in assistance and other efforts, service was disconnected for non-payment of utility bills in an average of 4,100 households per month during 2008, compared with an average of 3,950 per month during 2007.¹⁹

Please refer to the Housing Continuum section of this report for additional information about community conditions related to housing.

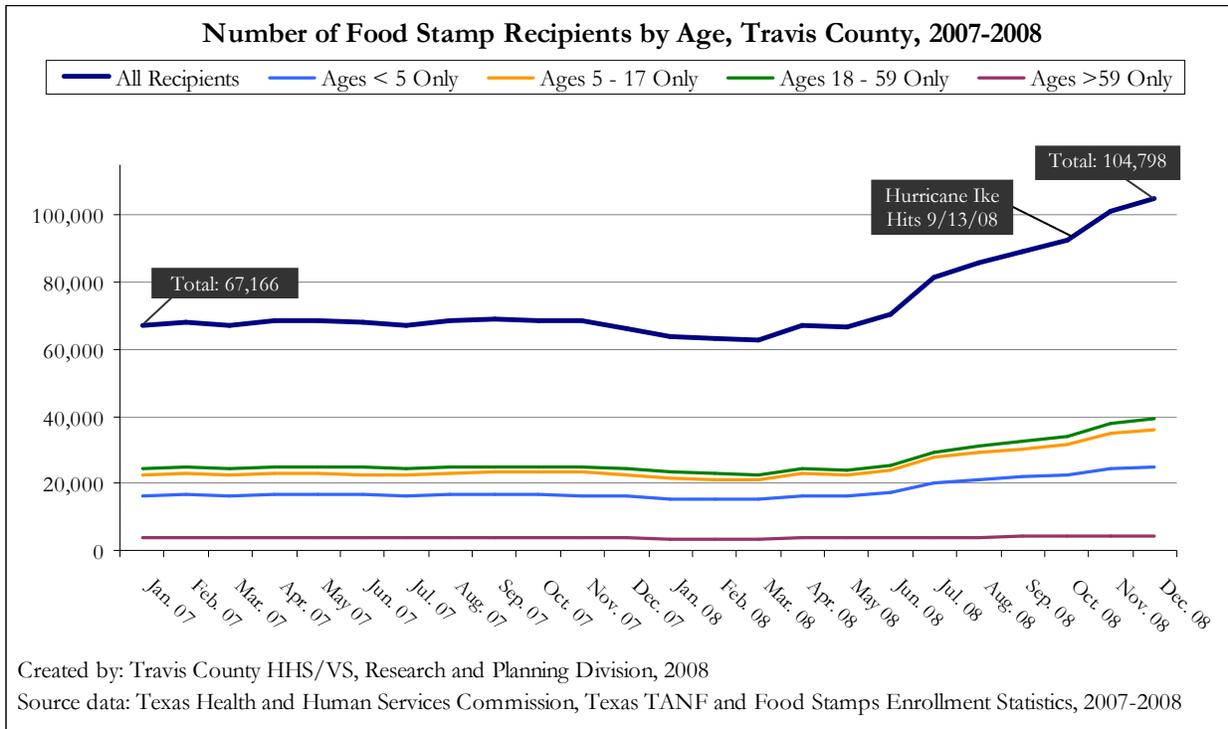
Need for Food Assistance

Other recent data, particularly food stamp participation data, suggest that **food instability is rising.** To be eligible for food stamps, a household must be living in poverty or approaching poverty (i.e., with resources at or below 130% of the poverty level).²⁰ Nationally, **the number and rate of people obtaining food stamps is approaching an all-time high.** In fiscal year 2008, 9.3% (or 28.4 million people) of the U.S. population participated in this federal program, up from 2.1% (or 4.3 million people) in fiscal year 1970.²¹

The number of food stamp recipients in Travis County remained relatively stable from January 2007 through May 2008 and then rose dramatically – by 57% – during the remainder of 2008.²² (See the graph below.) Hurricane Ike created a significant influx of food stamp recipients beginning in mid-September, but food stamp participation in Travis County had already risen sharply (29% or by 19,114 participants) in the four months prior to Ike (or between May and August 2008). Growing need is likely the primary contributor to rising food stamp participation, though increased outreach efforts and more timely application processing may also be pertinent factors.²³

These food stamp participation statistics likely underestimate the true need in Travis County. The most recent data indicate that in 2006 **41% of Texans who were eligible for food stamps did not receive this assistance.**²⁴ Food stamp participation statistics may serve, then, as a general gauge of food assistance need rather than a precise measure of need.

Most Travis County residents receiving food stamps are children. In December 2008, children under the age of 5 accounted for 24% of all food stamp recipients, and children between the ages of 5 and 17 comprised 34% of all food stamp recipients. Adults ages 18 to 59 represented 37% of the total population, and adults ages 60 and older constituted the remainder. As the chart illustrates, people of working age and children joined the rolls at the greatest pace since March 2008.

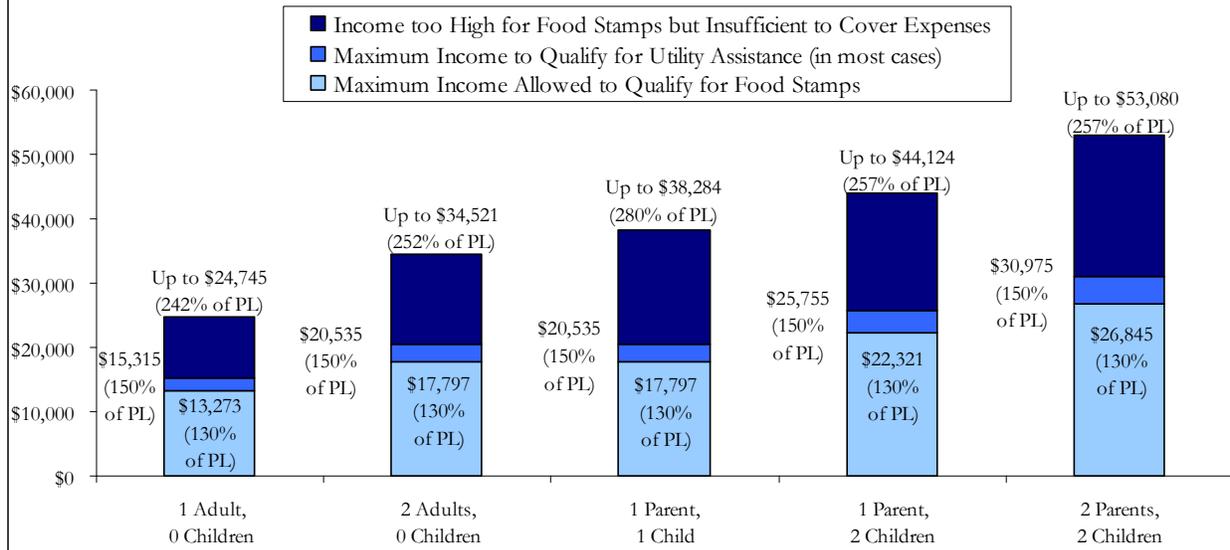


Current payment amounts are insufficient to cover rising food costs for most recipients. In October 2008, the average monthly food stamp payment totaled \$101 for each Travis County recipient. According to the United States Department of Agriculture (USDA), even on the thriftiest of meal plans in October 2008, \$101 per month would only cover the cost of a minimally nutritious diet for a child five years old or younger, a population that represents only around a quarter of all food stamp recipients.²⁵ The USDA reports that the lowest cost of a minimally nutritious meal for individuals over five years of age would range between \$127.70 and \$175.10 per month. In cases when the food stamp program is insufficient, Travis County residents may rely on local social service programs for supplemental food.

Many people struggling to meet their or their family’s basic needs may be ineligible for assistance yet not earn enough to meet the local cost of living. The following graph illustrates this gap.²⁶ For example, a family consisting of one parent and one child with an income between \$17,797 and \$38,284 faces challenges making ends meet *but* is left out of the safety net for food assistance. Expenses covered in this analysis include the cost of housing, food, child care, medical insurance, medical out-of-pocket expenses, transportation, taxes less tax credits, and other necessities.

Underemployed Travis County residents unable to access federally-funded food stamp assistance and other such basic needs assistance programs may also rely on local social service programs to help meet their basic needs. Recent changes in related community conditions such as rising unemployment, foreclosures, and cost of living (see Introduction) may greatly increase need for these services.

Annual Income Levels by Family Size, Austin-Round Rock Area, 2007



Created by: Travis County HHS/VS, Research and Planning Division, 2008

Source data: Austin Energy, 2007; Center for Public Policy Priorities, Family Budget Estimator, Data by Family Type and Metro Area, 2007

Housing Continuum

Goals and Services

Programs within this service area promote the availability of and access to temporary shelter and long-term housing retention for persons who are homeless or at risk of losing their housing. Some examples of services provided by programs within this service area include safe and affordable transitional housing; emergency shelter including food, bedding and needed supplies; case management and tenant education to promote housing stability; and repair of housing to prevent homelessness or energy inefficiency.

Contracted Service Providers and Programs included in this Service Area

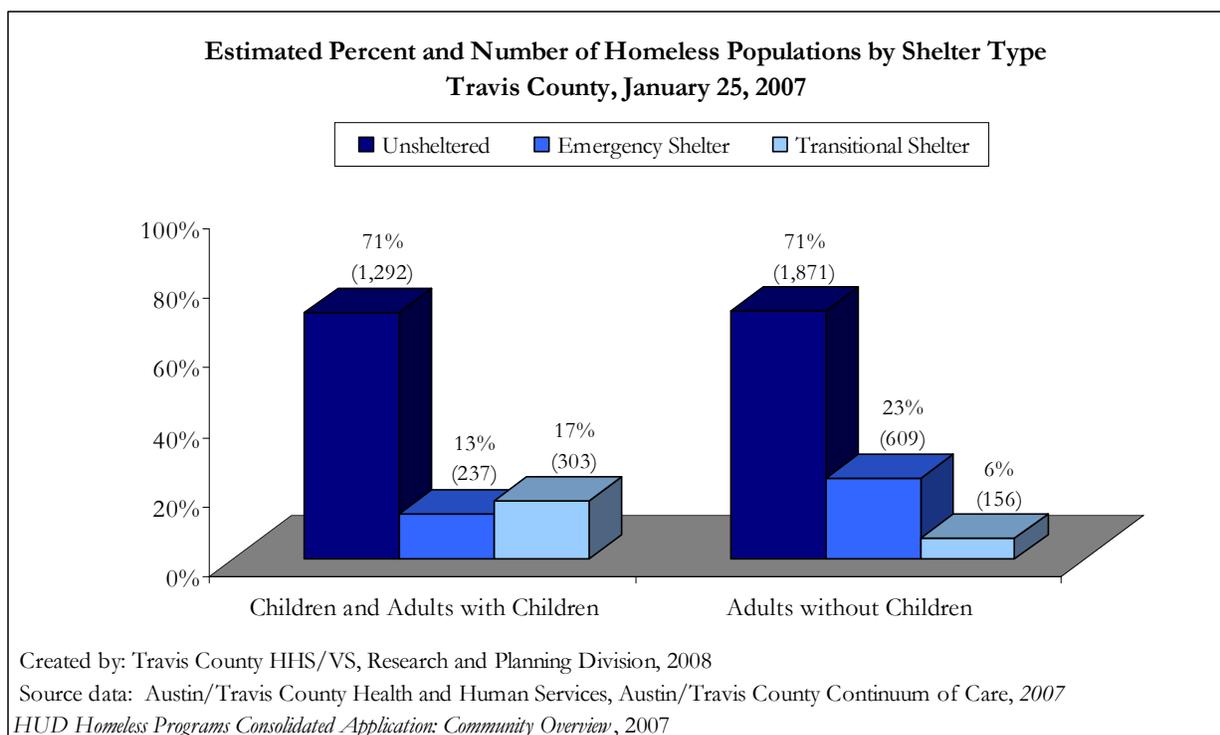
- Austin Children’s Shelter: Emergency Shelter and Assessment
- Austin Tenant’s Council: Telephone Counseling and Mediation
- Blackland Community Development Corporation: Transitional Housing
- Caritas of Austin: Best Single Source
- Foundation for the Homeless: Interfaith Hospitality Network
- The Salvation Army: Pathways and Partnerships
- Travis County Domestic Violence and Sexual Assault Survival Center (d.b.a. SafePlace): Domestic Violence and Sexual Assault Services
- Youth and Family Alliance (d.b.a. LifeWorks): Housing and Homeless Services

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer housing services. The contracted services encompassed in this service area primarily provide emergency and transitional shelter for youth and families who are homeless, near-homeless, or are experiencing abuse or neglect. Other services include counseling on housing rights, emergency landlord-tenant mediations, and financial assistance to maintain housing.²⁷

An estimated **6,509 people were homeless³ in Travis County** at some point during 2007.²⁸ On any given day in Travis County, an estimated 4,468 people are homeless; and, nearly three-quarters (71%) of these individuals are unsheltered, one in five (19%) are housed in emergency shelters, and 10% are housed in transitional shelters.²⁹ Of the people who are homeless on any given day, nearly half (41%) are children or adults with children. As the following chart illustrates, among those who are homeless on any given day, **the vast majority of these individuals are unsheltered.**³⁰

³ HUD defines a homeless person as one who “(1) lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is — (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” Data source: U.S. Department of Housing and Urban Development, “Federal Definition of Homeless,” U.S. Department of Housing and Urban Development, <http://www.hud.gov/homeless/definition.cfm> (accessed January 25, 2009).



National, state, and local data provide insight into the **characteristics of people who experience homelessness:**

- More than 30% are victims of **family violence**;³¹
- A quarter face **severe mental illness**;³²
- One in five (21%) have been released from a “**public institution**” (such as a hospital, mental health center, foster care, prison, or jail);³³
- Nearly one in five (18%) face **chronic substance abuse** challenges;³⁴
- One in seven (14%) are **veterans**;³⁵
- 13% have **physical health** issues that led to their homelessness;³⁶
- Approximately 10-15% are considered **chronically homeless**, meaning that they have been homeless for one or more years;³⁷
- 41% are **employed**;³⁸
- A quarter are **students** at Austin Independent School District (AISD);³⁹
- 8% are unaccompanied youth and, of all homeless youth, 27% have been in **foster care**.⁴⁰

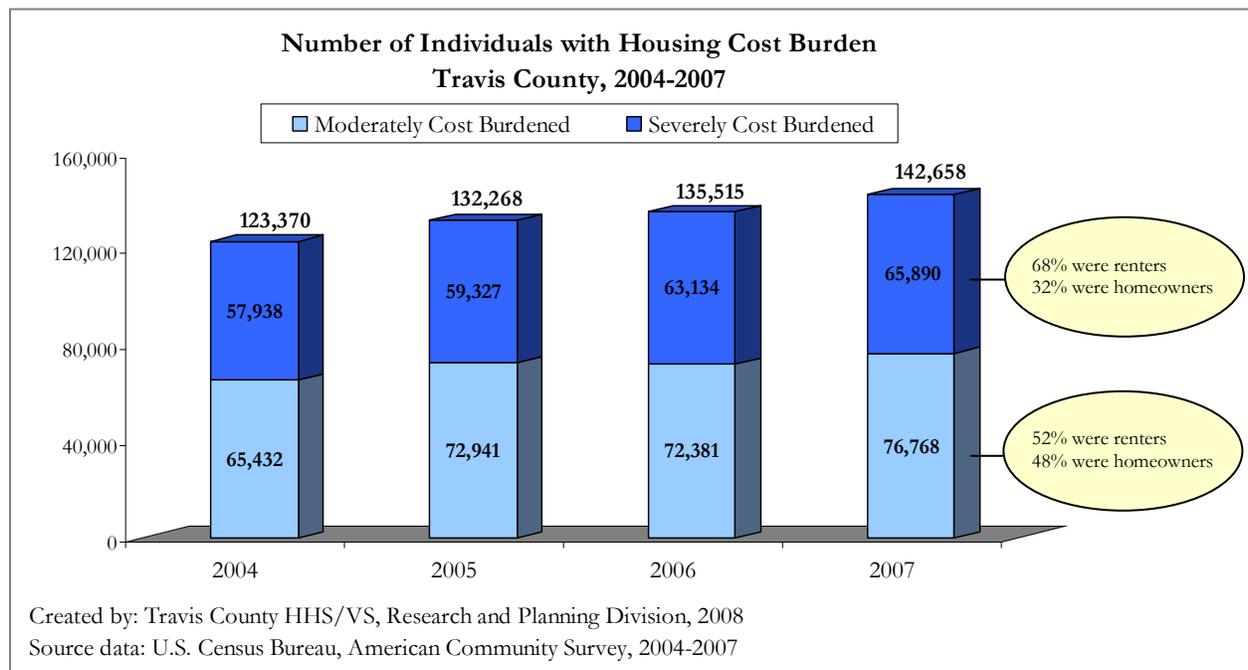
Homelessness raises barriers to securing and maintaining employment; heightens the risk of contracting and/or worsening physical health problems; and increases obstacles to youth registering for, regularly attending, achieving in, and completing school.⁴¹

A shortage of affordable housing and limited income are the principal causes of homelessness.⁴² As this report’s Introduction explains, recent trends indicate that these factors are worsening due to rising unemployment, rapidly increasing costs of living, and rising foreclosures. Indeed, current statistics suggest that **a growing number of Travis County residents are affected by**

homelessness or are at risk of becoming homeless. AISD students affected by homelessness totaled 1,970 in 2007, up 27% from 2006.⁴³ Likewise, local U.S. Department of Housing and Homelessness (HUD) Continuum of Care organizations experienced a 37% rise in homeless people requesting shelter between the third quarters of 2007 and 2008.⁴⁴

Several of the larger local housing assistance programs have limited resources to address community need. As of February 2, 2009, the Housing Authority of the City of Austin (HACA) had 1,929 fully-occupied public housing units and 7,798 households on a wait list for these units.⁴⁵ HACA also had 5,127 Section 8 housing vouchers and 4,810 households on the wait list for these vouchers.⁴⁶ The wait list for public housing units is typically between a year and 1.5 years for one-bedroom units, even with preferred populations such as the elderly and disabled.⁴⁷ The wait list for two-bedroom units is typically six to eight months.⁴⁸ For the Section 8 program, approximately 30 to 40 new households are able to begin participating in the program each month.⁴⁹

Even before the recent recession, many Travis County residents were experiencing a **housing cost burden**. As the next figure illustrates, in 2007, an estimated 76,768 households (or 20% of all households) spent between 30% and 49.9% of their income on housing. HUD categorizes a household with this type of housing-expense ratio as moderately cost-burdened.⁵⁰ An estimated 65,890 households (or 17% of all households) spent 50% or more of their income on housing, which HUD defines as severely cost burdened; renters accounted for more than two-thirds (68%) of this population. The majority of renters with household incomes less than \$35,000 are cost-burdened. A similar income threshold for home owners is \$50,000. High housing cost-burdens make many Travis County residents vulnerable to losing their housing. Recent changes in related community conditions such as rising unemployment and cost of living (see Introduction) may exacerbate such financial challenges.



Workforce Development

Goals and Services

Programs within this service area provide employment and training services to help individuals improve workplace skills and obtain employment. Some examples of services provided by programs within this service area include job readiness training, occupation-specific training, job search and job placement assistance, and related instruction, coaching or counseling leading to employment and earnings gain.

Contracted Service Providers and Programs included in this Service Area

- American YouthWorks: Workforce Development
- The Austin Academy: Workplace Competency
- Austin Area Urban League, Inc.: Workforce Training and Career Development
- Capital Investing in Development and Employment of Adults (d.b.a. Capital IDEA): Long-term Training
- Easter Seals Central Texas: Employment Solutions
- Goodwill Industries of Central Texas: Ready to Work
- Skillpoint Alliance: Youth, College and Career / Adult Workforce
- Vaughn House, Inc.: Community Rehabilitation

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer workforce development services.⁴ Contracted services in this service area help to ensure the development of a skilled workforce. Services focus on training and assistance designed to help individuals gain the skills and knowledge necessary to obtain and retain employment while helping meet employer demand for skilled workers.

Unemployment has risen steadily over the past year. The unemployment rate for the Austin-Round Rock Metropolitan Statistical Area (MSA) reached 6.4% in January 2009, up from 4.0% in January 2008.⁵¹ The unemployment rate for Travis County was slightly lower, at 6.1%.⁵² The Travis County unemployment rate remains lower than the state rate (6.4%)⁵³ and both the county and MSA unemployment rates remain lower than the national rate (7.6%).⁵⁴

The minimum wage increased to \$6.55/hour in July 2008 and will rise to \$7.25/hour in July 2009.⁵⁵ Nevertheless, **minimum wage remains well below the “living wage” for the area.** The Center for Public Policy Priorities Family Budget Estimator calculates that a single adult with employer-sponsored health insurance and no children must earn \$10.00/hour to live in the Austin-Round Rock MSA without relying on public assistance.⁵⁶ For families with children and/or without health insurance, the required hourly wage increases greatly – up to \$35.00/hour for a two-parent, three-child household without employer-sponsored health insurance.⁵⁷

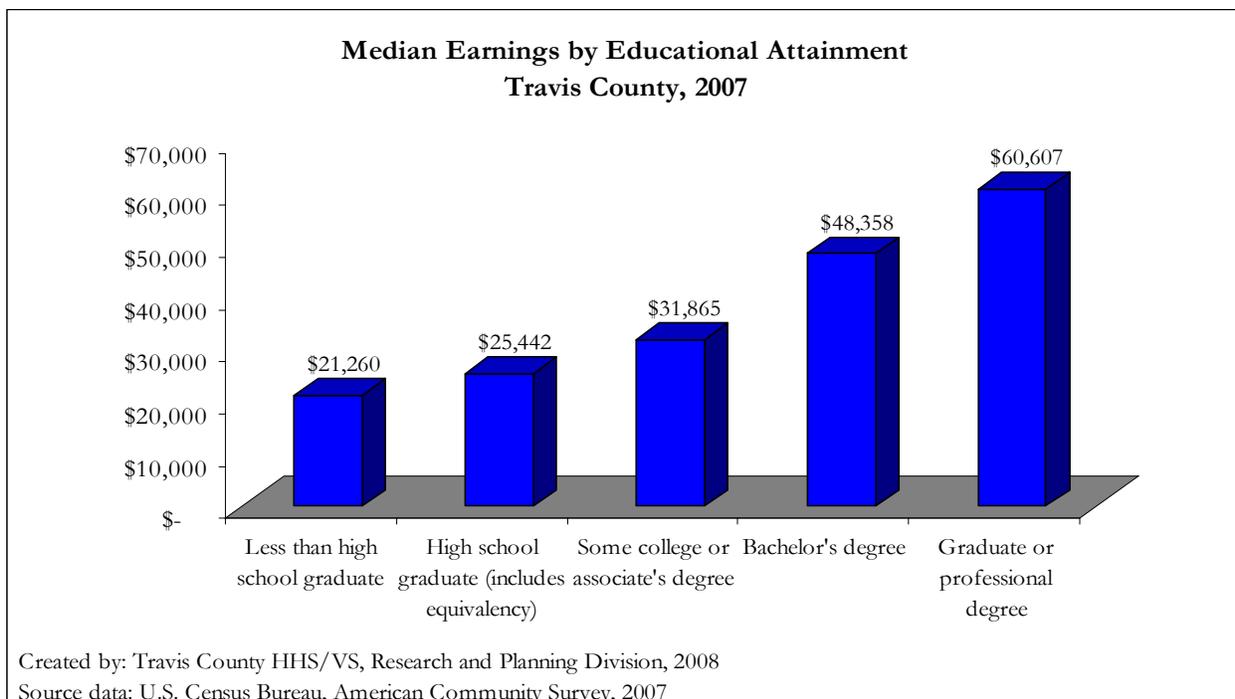
⁴ Results of the county-funded evaluation of local workforce investments are available on the Ray Marshall Center website: <http://www.utexas.edu/research/cshr>.

Changes in local businesses, such as workforce reductions or relocation of large employers, and changes in industry sectors **affect service needs**. Federal, state, and local government comprises the largest industry sector in Travis County, providing 21% of jobs.⁵⁸ Other leading industries include professional and business services (16%) and trade, transportation, and utilities (16%).⁵⁹ The MSA industry breakdown is similar to the county, with leading industries of government (21%), trade, transportation, and utilities (17%), and professional and business services (15%).⁶⁰ Of these, professional and business services had the largest recent job growth, up 5.1% from January 2008 to 2009.⁶¹

The U.S. Department of Labor has begun reporting **employee hours and earnings** at the state level. While the report is too new to illustrate any definitive trends, the most recent months show a decline in average weekly hours worked compared to the previous year, down 2.7% from December year-over-year to 36 hours per week.⁶² Average weekly earnings decreased in this same time period, down 4.1%, and average hourly earnings decreased by 1.4%.⁶³ A decline in hours and earnings is to be expected, given current economic conditions. Just as in past recessions and economic downturns, the local job market is tightening, particularly for those with less education and lower skills. Given the depth of the current downturn, this situation is expected to persist through the next year.

Workforce development has strong ties with both the Child and Youth Development and Education issue areas. Access to affordable **child care is a common barrier to finding and maintaining employment**. Subsidized child care is a support service aimed to increase participation in the workforce.⁶⁴ In their 2008-2009 budget, Workforce Solutions (the Capital Area Workforce Board) allocated over \$15 million in child care funding for low- to moderate-income families.⁶⁵

Educational attainment significantly impacts earnings. Individuals with a bachelor's degree have median earnings 90% greater than high school graduates and over 127% greater than individuals without a high school diploma or equivalent.⁶⁶



Through Travis County, City of Austin, Workforce Solutions, and the United Way, local investments in workforce development exceed \$10 million across a continuum of services ranging from adult basic education (e.g., literacy) to formal credentials (e.g., G.E.D. through college credit) to short-term vocational or work readiness and job placement. The current recession places an ever greater premium on effectively coordinating all of these investments for the greatest impact. While Travis County increased its investment through a competitive RFS in November/December 2008, Workforce Solutions has experienced significant reductions in funding from their core federal source, the Workforce Investment Act. The Austin/Travis County Health and Human Services department is contemplating potentially sweeping changes in its investments in social services. Outcomes of their processes bear watching for potential impact in workforce development and all other areas of social service investments. Outside funding sources continue to focus on industry-based efforts, particularly “emerging clusters.” Among the most relevant clusters for our community are green industries, convergence technologies, and established industries with strong, consistent growth, such as health care.⁶⁷

Child and Youth Development

Goals and Services

Programs within this service area promote the availability, affordability, accessibility, and quality of a continuum of services that advance the acquisition of assets that support social, emotional, cognitive, and physical well-being among children and youth. Some examples of services provided by programs within this service area are direct services to enhance the child's or youth's development and related skill development for the adults in their lives (e.g., parents, child care providers, teachers and community leaders).

Contracted Service Providers and Programs included in this Service Area

- Any Baby Can of Austin, Inc.: Any Baby Can
- Big Brothers Big Sisters of Central Texas: Mentoring
- Child, Inc.: Early Education and Care
- Greater Calvary Rights of Passage, Inc.: Servant Warrior Leader Rites of Passage
- River City Youth Foundation: Dove Springs Youth Services
- Youth and Family Alliance (d.b.a. LifeWorks): Youth Development

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer services for children and youth. Contracted services in this issue area help to ensure the successful development of children and youth from early childhood through young adulthood.

Some key indicators measure the community conditions of children and youth, their families, and their community.

In Travis County, the **under-18 population is growing at a faster rate than the population as a whole**, up 27% from 2000 to 2007, compared to an overall population growth of 20%.⁶⁸ The youngest of the under-18 population has the fastest growth, with a 35% increase in the population under 5-years-old and a 33% rise in the 5- to 9-year-old population.⁶⁹ This population growth is likely to increase demand for child and youth development services.

Growth in Population by Age				
Travis County, 2000-2007				
	2000	2007	Growth	% Change
Total population	812,280	974,365	162,085	20%
Under 18 years:	192,547	243,609	51,062	27%
• Under 5 years	58,494	78,684	20,190	35%
• 5 to 9 years	53,931	71,648	17,717	33%
• 10 to 14 years	51,177	58,091	6,914	14%
• 15 to 17 years	28,945	35,186	6,241	22%

Created by: Travis County HHS/VS, Research and Planning Division, 2008

Source data: U.S. Census Bureau, Census 2000 and American Community Survey, 2007

One important component of successful child development is the **quality of child care** available to families with young children. Research shows that children in “quality” child care settings are more successful in future years.⁷⁰ In our community, we have utilized a series of progressive standards to measure quality. Texas Rising Star and Austin Rising Star represent state- and local-level child care quality accreditation programs available to providers through the Texas Workforce Commission and local workforce development boards. Accredited providers must meet requirements that exceed the State’s Minimum Licensing Standards for child care facilities, and providers achieve graduated levels of certification by meeting progressively higher certification requirements.⁷¹ Child care providers meeting Rising Star accreditation standards increased by nearly 68% from 1999 to 2007.⁷² Providers seeking National Association of the Education of Young Children (NAEYC) accreditation are measured against national standards⁷³ on education, health, and safety.⁷⁴ While there has been an overall increase in local providers participating in quality accreditation programs, in 2007 there was a 13-center decrease in providers with NAEYC accreditation.⁷⁵

Child care is also closely tied to Workforce Development. Access to **affordable child care** is a common barrier to finding and maintaining employment. The average cost of child care in Travis County varies by the type of child care facility and age of the child. At licensed centers as of October 2008, the average cost of child care ranged from \$789/month for a newborn to 11-month-old to \$251/month for afterschool care for a school-aged child.⁷⁶ Registered and licensed home rates are similar - \$594/month and \$273/month for a newborn to 11-month-old and a school-aged child, respectively.⁷⁷ Child care can comprise a substantial portion of family expenses. The median gross household income for married-couple families with children under 18, in 2007 inflation-adjusted dollars, was \$85,399.⁷⁸ Male householders with children had a median income of \$31,801, while female householders with children had the lowest median income, at \$26,734.⁷⁹ Thus, a female householder earning the median income amount could pay up to 35% of her gross income in child care, using the \$789/month average rate.

Initial success in school (grades Kindergarten to 3) is influenced by a number of **family risk factors**, including:

- Household poverty: In Travis County, 10% of families and 19% of children under age 18 live in **poverty**.⁸⁰ Single female-headed households with children have a poverty rate (32%) that is roughly four times higher than the rate for married couples with children (8%) and double that of single male-headed households with children (16%).⁸¹
- A non-English primary home language: Almost a third of households in Travis County speak a language other than English at home, and of those, 42% report that they speak English “less than very well.”⁸²
- The mother’s education being less than a high school diploma/G.E.D.: Almost one quarter (23%) of female householders have less than a high school education.⁸³
- A single-parent household: 28% of families are headed by a single parent.⁸⁴

As the number of family risk factors increases, children’s achievement gains in reading and mathematics decrease.⁸⁵

Family violence influences the entire spectrum of child and youth development. In 2007, there were close to 12,000 alleged victims of child abuse/neglect in Travis County, with 2,280 confirmed victims.⁸⁶ In the same year there were 9,176 incidents of family violence in Travis County.⁸⁷ The

rate of children in family violence shelters was 2.9 per 1,000 in 2006, slightly higher than the state rate of 2.6.⁸⁸

These same family risk factors that influence early educational success are also likely to influence the overall success of children and youth of all ages. **Youth development** indicators focus on educational success and behavioral risk factors.

The student population in Travis County schools⁸⁹ classified as Limited English Proficient (LEP), economically disadvantaged, or otherwise “at-risk” has grown at a much higher rate than the total student population. **At-risk⁵ student growth has increased** 21% from 2004-2008, compared to an 8% growth in overall student population.⁹⁰ In 2007, the average graduation⁹¹ rate for all students, grades 9-12, was 82.0%.⁹² At-risk student graduation rates were lower, at 68.4%.⁹³ Successful completion of high school influences future career opportunities, and educational attainment greatly impacts earnings. Individuals without a high school education had 2007 median earnings of \$21,260, 16% less than individuals with a high school education or equivalent and 56% less than individuals with a bachelor’s degree.⁹⁴

One behavioral risk factor is **youth violence**. Over a third (35%) of Texas high school students were in a physical fight during 2007, 19% had carried a weapon, and 7% carried the weapon on school property.⁹⁵ The juvenile crime rate for Travis County in 2006 was 228.1 per 100,000, exceeding the state rate of 190.0 per 100,000.⁹⁶ The incidence of juvenile crime triples during afterschool hours, and children are at greater risk of being victims of crime during this same time period.⁹⁷

Teen **sexual activity** is another youth risk indicator. Over half (53%) of Texas high school students have had sexual intercourse, and 39% are sexually active.⁹⁸ In a 2005 Ready by 21 survey, only 54% of Travis County youth who were sexually active reported using any form of birth control.⁹⁹ However, the Travis County teen pregnancy rate remains one of the lowest in the state. In 2005, 10.3% of births were to teens aged 13-19 years old, less than the state rate of 13.5%.¹⁰⁰

⁵ A student is identified as at-risk of dropping out of school based on state-defined criteria. Please refer to the 2007-2008 AEIS Glossary for at-risk student criteria: <http://www.tea.state.tx.us/perfreport/aeis/2008/glossary.html>.

Education

Goals and Services

Programs within this service area promote and support academic preparedness (school readiness) as well as educational attainment and success. Some examples of services provided by programs within this service area include early childhood education; academic support or enrichment; literacy, G.E.D., and adult basic education; English as a Second Language (ESL) classes; out-of classroom activities or programs whose goals are academic-oriented (e.g. math or science camps), language or literacy fluency and/or proficiency classes; and computer or technology literacy.

Contracted Service Providers and Programs included in this Service Area

- Literacy Austin:⁶ Adult Basic Education and English as a Second Language
- Reading is Fundamental of Austin:⁷ Elementary School Program

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer education services. Contracted services in this issue area address literacy-based educational services for both school-aged and adult populations. Increases in Travis County’s Limited English Proficient (LEP) population and growth in economically disadvantaged and at-risk student populations may lead to an increased demand for these educational services.

Educational attainment greatly impacts earnings. Individuals with a bachelor’s degree have median earnings 90% greater than high school graduates and over 127% greater than individuals without a high school diploma or equivalent.¹⁰¹

Nativity influences educational attainment. Those who are native-born are more likely to have graduated from high school. Only 8% of the county’s native-born population has less than a high school education, compared to 41% of foreign-born adults.¹⁰² Among both native-born and foreign-born residents, the percentages are very similar (within 1-2%) for both high school graduates and graduate/professional degrees. However, there is a marked difference for college attendance and graduation. Only 41% of foreign-born individuals residing in Travis County have attended or graduated from college, compared to 74% of the native-born Travis County population.¹⁰³

Educational Attainment by Nativity				
Travis County, 2007				
	Native-Born		Foreign-Born	
	Number	Percent	Number	Percent
Less than high school graduate	39,935	8%	55,996	41%
High school graduate (includes equivalency)	85,370	18%	23,855	17%
Some college or associate's degree	132,397	28%	17,297	13%

⁶ Please note that Literacy Austin merged with LifeWorks in January 2008, after the TCHHS/VS contract was finalized.

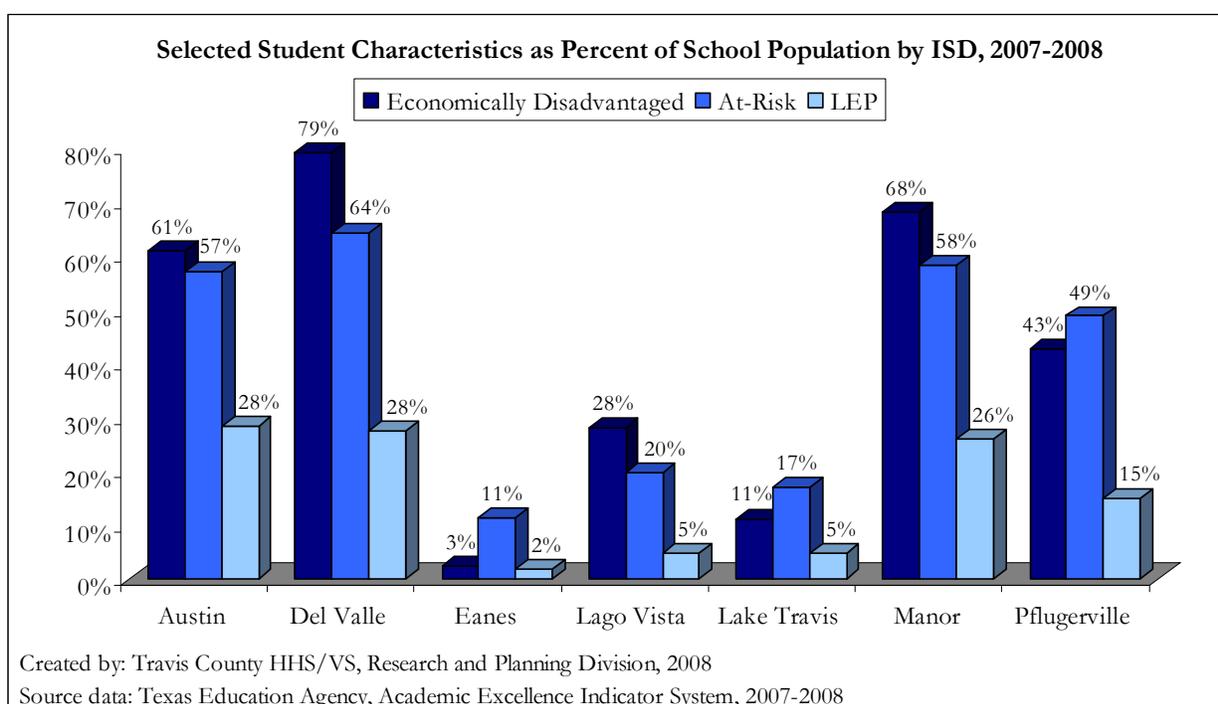
⁷ Please note that Reading is Fundamental of Austin and Capital Area Reach Out and Read have merged to form BookSpring.

Bachelor's degree	143,515	30%	19,696	14%
Graduate or professional degree	78,737	16%	19,535	14%

Created by: Travis County HHS/VS, Research and Planning Division, 2008

Source data: U.S. Census Bureau, American Community Survey, 2007

In schools serving Travis County,¹⁰⁴ 23% of students are classified as LEP, exceeding the statewide average of 17%.¹⁰⁵ **LEP, economically disadvantaged and at-risk student populations have grown at a rate double that of the total student population.** While the overall county school population increased 12% from 2003 to 2008, the economically disadvantaged student population increased by 24% and the LEP population by 45% over the same 5-year period.¹⁰⁶ At-risk⁸ student growth has also increased, 21% from 2004-2008, compared to an 8% growth in the overall student population.¹⁰⁷



English proficiency and risk status correlate with both low TAKS scores and low high school graduation rates. Three-quarters of the total student population (grades 3-11 in county schools) successfully met the 2008 TAKS standard; however, this percentage dropped to 51% for LEP students and 55% for at-risk students.¹⁰⁸ TAKS passing rates rose from 2007 across all of these populations, but an achievement gap remains for both LEP and at-risk students. Similarly, high school graduation rates vary according to these student characteristics. The average graduation¹⁰⁹ rate for all students, grades 9-12, is 82.0%.¹¹⁰ LEP student graduation rates are significantly lower at 40.7%¹¹¹, even less than the at-risk student graduation rate (68.4%).¹¹²

Almost a third (32.7%) of the Travis County population speaks a language other than English in the home, and **13.7% of individuals report that they speak English less than “very well.”**¹¹³

⁸ A student is identified as at-risk of dropping out of school based on state-defined criteria. Please refer to the 2007-2008 AEIS Glossary for at-risk student criteria: <http://www.tea.state.tx.us/perfreport/aeis/2008/glossary.html>. At-risk student data are unavailable prior to 2004.

Foreign-born individuals have greater difficulty with English. Over three-quarters (76%) of foreign-born Spanish speakers and over a third (36%) of foreign-born speakers of other languages report that they speak English less than “very well.”¹¹⁴ Contracting agencies in this issue area report an increased demand for classes of English as a Second Language.

Behavioral Health

Goals and Services

Programs within this service area provide prevention, intervention, and treatment to adults and children who have been impacted by issues of mental illness, substance abuse, and developmental disabilities. Some examples of services included in this service area are mental health, psychiatric, marriage and family counseling; addictions treatment; and substance abuse services.

Contracted Service Providers and Programs included in this Service Area

- Austin Child Guidance Center: Children's Outpatient Mental Health and Evaluation Services
- Capital Area Mental Health Center: Low-Cost, No-Session-Limit Outpatient Counseling
- Out Youth: Youth Development
- Worker's Assistance Program, Inc.: Youth Advocacy / Creating Lasting Family Connections
- Young Women's Christian Association of Greater Austin (d.b.a. YWCA): Counseling and Referral Center
- Youth and Family Alliance (d.b.a. LifeWorks): Counseling

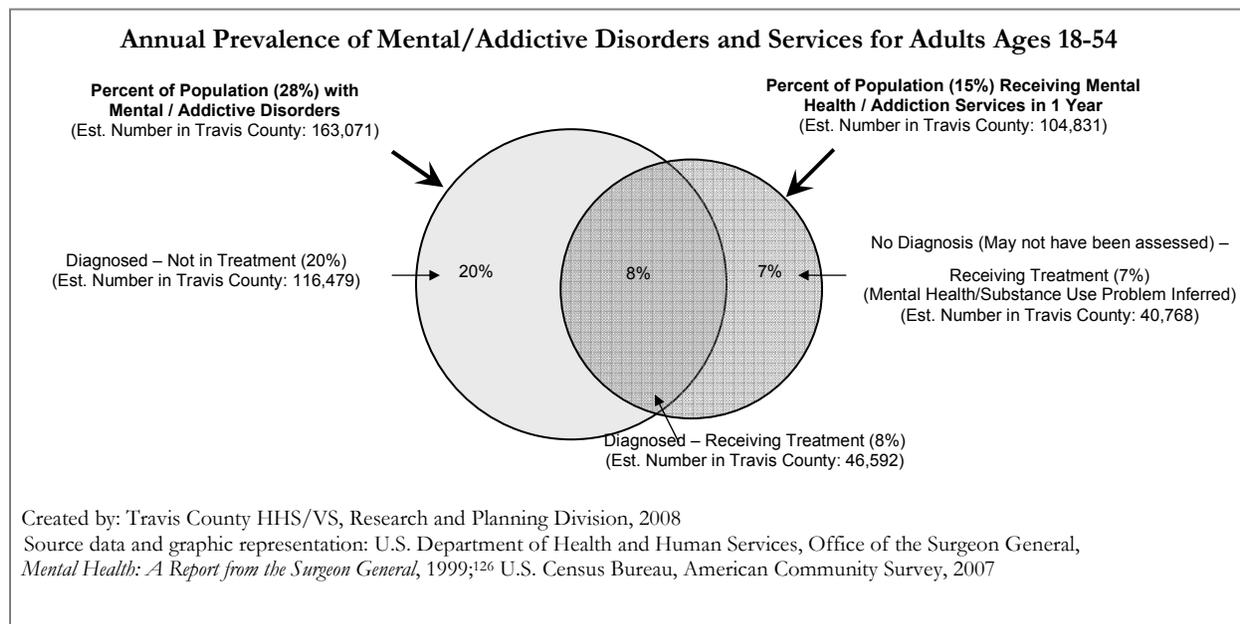
Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer behavioral health services. Contracted services included in this issue area primarily provide mental health and substance use counseling services. Other services include peer support and substance abuse education.

If serious behavioral health issues are unaddressed, the **consequences can be significant**. Mental health disorders, for example, can lead to lost earnings,¹¹⁵ a shorter life span,¹¹⁶ and reduced cognitive development for children of mentally-ill parents.¹¹⁷ Similarly, substance abuse and addiction can impair work productivity, cognition, physical health, and social relationships.¹¹⁸ Studies indicate that failure to treat behavioral health issues may take a considerable **economic toll** on society. The estimated fiscal cost of drug abuse totaled \$213.6 billion in 2008.¹¹⁹ Most (71%) of the cost resulted from lost productivity while health care accounted for 9% of the cost and other expenses, primarily consisting of criminal justice and crime victim expenses, led to 21% of these costs.¹²⁰ Researchers estimate that, in 2008, serious mental illness cost society \$228.13 billion in lost income alone.¹²¹

Prevalence and Service Rates for Adults

Nationally, 28% of adults ages 18 to 54 are estimated to have a diagnosable mental and/or addictive disorder in any given year.¹²² The vast majority (78%) of these adults with diagnosable mental disorders experience anxiety disorders, and most of the remainder (33%) have mood disorders (e.g., bipolar).¹²³ Nearly one in five adults (or 19%) are estimated to have a mental disorder only, 6% are estimated to have an addictive disorder only, and 3% are estimated to have dual diagnosis.¹²⁴ The share of adults estimated to have a *serious* mental illness, or a disorder that impedes social functioning, is 5.4% (or an estimated 31,449 adults in Travis County), and the share with a *severe and persistent* mental illness, which includes illnesses such as schizophrenia, bipolar disorder, and other types of severe depression, is 2.6% (or an estimated 15,142 adults in Travis County).¹²⁵

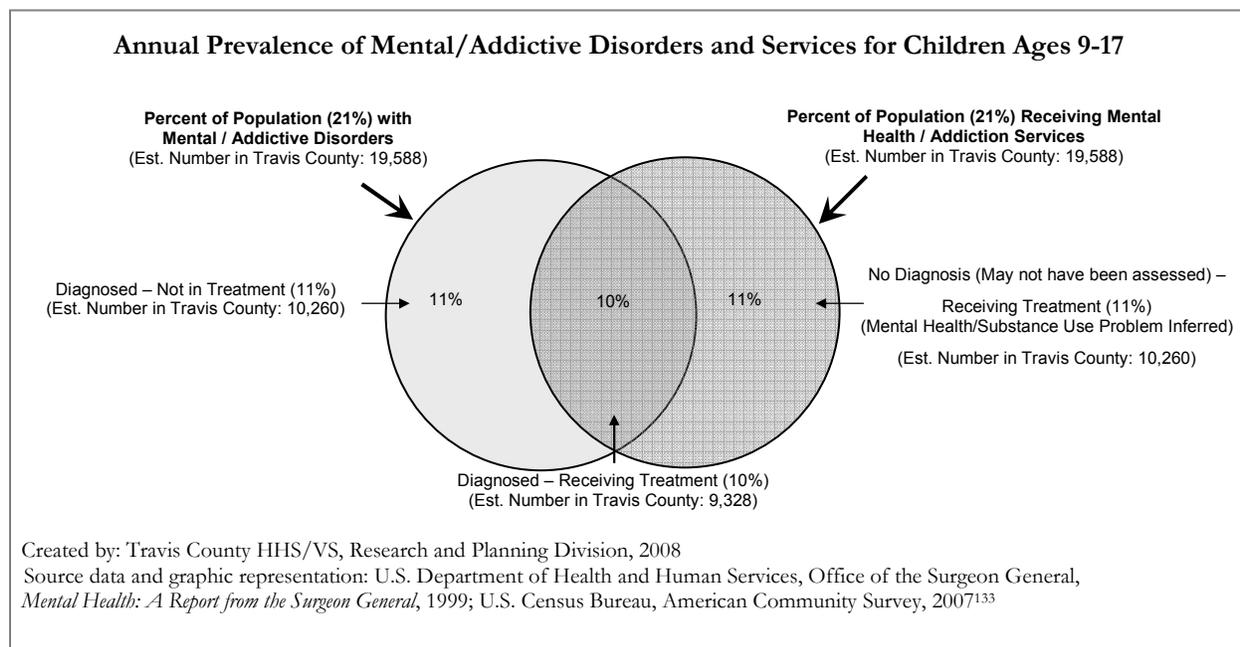


Only 29% of adults with a diagnosable disorder receive treatment. Cost is the most common impediment. Examples of other barriers include concerns about stigma, being hospitalized, time constraints, and the treatment not being effective.¹²⁷ Of adults with diagnosable disorders who receive treatment, 44% receive treatment from specialized mental health professionals (such as, psychiatrists and psychologists), 33% receive treatment from medical professionals (for instance, internist and nurse practitioner), and 22% receive treatment from other social service systems (for example, criminal justice, education, religious, and social service sectors) or volunteers (such as, self-help groups).¹²⁸

Prevalence and Service Rates for Children

Nationally, 21% of children ages 9 to 17 are estimated to have a diagnosable mental and/or addictive disorder during the course of a year.¹²⁹ A majority (62%) of these children with diagnosable mental disorders have anxiety disorders, approximately half (49%) have a disruptive disorder, and nearly a third (30%) have mood disorders.¹³⁰ One in five children (or 20%) are estimated to have a mental disorder “with at least mild functional impairment” and 2% are estimated to have a substance use disorder.¹³¹ The share of children estimated to experience a *severe* emotional disturbance, which seriously impairs social functioning, is 5% to 9% (or between approximately 4,500 and 8,500 children in Travis County).¹³²

Only 48% of children with a diagnosable disorder receive treatment. When seeking treatment for children, caretakers face similar barriers to those faced by adults seeking treatment. Of children with diagnosable disorders who receive treatment, 51% receive treatment from specialized mental health professionals, 40% receive treatment from school services, 6% receive treatment from medical professionals, and 3% receive treatment from other social service systems or volunteers.



Similarly, local statistics indicate that **many Travis County residents in need of behavioral health services are unable to receive services.**¹³⁴ For example, between September 2007 and July 2008, 1,763 adults were on the Austin Travis County Mental Health Mental Retardation Center (ATCMHMR) wait list for psychiatric services.¹³⁵ Individuals with moderate to severe mental disorders spend an average of around two months on this wait list before receiving treatment while individuals with less severe mental disorders have much longer waiting periods and may never leave the wait list.¹³⁶ Residential substance abuse treatment facilities face similar wait lists; and, an insufficient number of detoxification programs are available given the size of the population within Travis County.¹³⁷

The discrepancy between residents' need for services and their receipt of services also stems from the limited number of mental health providers in Travis County.¹³⁸ Additionally, the Travis County public hospital system has limited, dedicated psychiatric services compared to other sizable urban areas.¹³⁹

Impact of Economic Downturn

A growing number of Americans are losing their jobs, filing for bankruptcy, and losing their homes due to foreclosure (see the Introduction). Several studies have found that, across diverse populations, individuals facing significant economic strains are at an increased risk of experiencing depression, anxiety, irritability, anger, social isolation,¹⁴⁰ and suicidal ideation.¹⁴¹ Stress also heightens the risk of relapse or starting/prolonging substance abuse.¹⁴² Psychologists now report a greater number of clients drinking alcohol, experiencing or committing domestic violence, and facing marital troubles related to foreclosure.¹⁴³ Children are also vulnerable in times of economic uncertainty. One longitudinal study showed that the consequences of such crises in families can be significant and long-term for the children and may include adverse social, educational, and psychological outcomes.¹⁴⁴ Though the need for behavioral health treatment may be rising, people may face additional challenges to accessing treatment if they lose their jobs and, in turn, their health insurance.¹⁴⁵

Public Health and Access to Healthcare

Goals and Services

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

Contracted Service Providers and Programs included in this Service Area

- AIDS Services of Austin, Inc.: Case Management
- AIDS Services of Austin, Inc.: Food Bank / Nutritional Supplements
- AIDS Services of Austin, Inc.: Home Health Care Services
- AIDS Services of Austin, Inc.: Mpowerment
- AIDS Services of Austin, Inc.: Nutritional Counseling
- AIDS Services of Austin, Inc.: VOICES / VOCES
- Easter Seals Central Texas: Developmental and Clinical Solutions
- Planned Parenthood of Austin Family Planning, Inc.: Teen Pregnancy Prevention Grant
- Sustainable Food Center: Community and Youth Gardening
- The Wright House Wellness Center, Inc.: Case Management

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer public health and access to healthcare services. Services contracted through non-profits in this issue area focus their efforts on prevention of teen pregnancy and HIV/AIDS; promotion of better nutrition through increased accessibility to healthy foods; and improving outcomes for individuals with HIV/AIDS and individuals with disabilities. Please note that the scope of this summary is limited to our social service investments and does not include the roles and responsibilities assumed by the Travis County Healthcare District or the County's responsibilities for public health carried out via an Interlocal agreement with the City of Austin.

Public health encompasses an array of services that work to improve community health outcomes.

Prevention efforts focus on developing and implementing educational programs, policies, services, and research that target entire populations rather than individuals.¹⁴⁶ An additional focus of public health professionals is promotion of health care equity, quality, and accessibility, which requires addressing health disparities across all populations.¹⁴⁷

The overall health status of the community informs public health policies and practices. Key health indicators, such as **birth outcomes and chronic disease rates, can serve as proxy measures** of community health. These indicators often point to underlying health issues in the community, such

as high blood pressure, poor nutrition, or physical inactivity, and help to identify current community health needs.

- In 2004, the most recent year of available data, over a quarter of all Travis County mothers (26.5%) received inadequate prenatal care.¹⁴⁸ Inadequate prenatal care was more prevalent for African American mothers (28.6% of all African American mothers) and Hispanic mothers (35.2% of all Hispanic mothers).¹⁴⁹ An associated health outcome of inadequate prenatal care is **low birth weight** of the newborn (less than 5.5 pounds).¹⁵⁰ Low birth weight babies often have poorer health outcomes due to challenges in early stages of development.¹⁵¹ Low birth weight babies comprised 7.1% of births in 2004.¹⁵² African American babies had the largest percentage of low birth weights (13.1%), roughly twice the rate of all other race/ethnic groups.¹⁵³

The prevalence and **incidence of sexually transmitted diseases (STDs) is another public health risk indicator.** Individuals engaging in unprotected sex may contract or spread these diseases; furthermore, unprotected sex can lead to HIV infections and unplanned pregnancies. STDs often go undiagnosed, and left untreated, can cause serious complications.¹⁵⁴

- One in 378 Texans is living with **HIV/AIDS**, a 30% increase over the last five years.¹⁵⁵ African Americans are disproportionately impacted, comprising 11% of the total Texas population but representing 38% of individuals living with HIV/AIDS.¹⁵⁶ In 2007, there were 3,601 people living with HIV/AIDS in Travis County.¹⁵⁷ Of those, 164 were new HIV cases and 161 were new AIDS cases.¹⁵⁸ The first quarter of 2008 (January – March) saw higher numbers of new HIV and AIDS cases, compared to the prior year's first quarter. There were 48 new HIV cases and 51 new AIDS cases in the first quarter of 2008, versus 42 new HIV cases and 40 new AIDS cases in the first quarter of 2007.¹⁵⁹

Chronic health conditions, such as diabetes and cardiovascular disease have associated costs, both monetary and personal. Direct costs of chronic health conditions include substantially higher medical expenses, often including hospitalization.¹⁶⁰ Indirect costs are more difficult to quantify but include absenteeism, lost work days, reduced productivity and premature death.¹⁶¹

- The top risk factors associated with **diabetes** are high blood pressure, high cholesterol, and obesity.¹⁶² Diabetes prevalence in Texas rose to 10.3% of adults in 2007, and it continues to be the sixth leading cause of death in the state.¹⁶³ African Americans, Hispanics, and older adults have the highest rates of diabetes, and a substantial number of Texans are believed to have undiagnosed diabetes.¹⁶⁴ The prevalence of diabetes remains lower in Travis County, at 6.4%, and in the Austin-Round Rock Metropolitan Statistical Area (MSA), at 7.7%.¹⁶⁵
- **Cardiovascular disease** risk factors include diabetes, smoking, obesity, poor nutrition, high cholesterol, high blood pressure, and lack of leisure time or physical activity.¹⁶⁶ The prevalence of cardiovascular disease (CVD) is lower in the Austin-Round Rock MSA, at 6.5%, compared to Texas (8.3%).¹⁶⁷ However, African Americans in the MSA have a higher prevalence (10.6%) than African Americans in the state (8.6%) and their rate exceeds the rates for all other gender and race/ethnic groups.¹⁶⁸ Overall, Austin-Round Rock MSA residents have a smaller prevalence of CVD risk factors versus the rest of the state. However, health disparities exist across race/ethnic groups, particularly in increased prevalence rates for African Americans.¹⁶⁹

Cardiovascular Disease (CVD) Risk Factors		
Austin-Round Rock MSA and Texas, 2007		
Risk Factor	Austin-Round Rock MSA	Texas
Diabetes	7.7%	10.4%
Current Smoker	17.2%	19.3%
Obesity (Body Mass Index ≥ 30)	23.3%	28.6%
Poor Nutrition ⁹	73.1%	74.8%
High Blood Cholesterol	36.0%	38.5%
High Blood Pressure	24.1%	27.8%
No Leisure Time/Physical Activity	18.5%	28.3%

Created by: Travis County HHS/VS, Research and Planning Division, 2008

Source data: Texas Department of State Health Services, *Cardiovascular Health Facts 2005-2007*

Underlying our community response to these health conditions is access to affordable, quality care. **Health insurance** is an important component of health care accessibility as it directly impacts access to preventative healthcare, the affordability of therapeutic interventions (e.g., medicine, physical therapy, and behavioral health). Research indicates that individuals without health insurance are less likely to receive adequate preventative and therapeutic care and are more likely to experience adverse consequences of chronic diseases.¹⁷⁰ In 2007, a quarter of the population in Texas was uninsured.¹⁷¹ Rates in Travis County are lower, with an estimated 19.3% of the population lacking health insurance.¹⁷²

The 81st legislative session is likely to influence state and local public health policies, with potential implications for health insurance coverage and public health and wellness efforts.¹⁷³ Furthermore, the administration change in the White House may also impact public health and access to healthcare, as health care reform is a prominent item on the agenda.¹⁷⁴

⁹ Poor nutrition is defined as eating fruits and vegetables less than 5 times per day.

Supportive Services for Independent Living

Goals and Services

Programs within this service area are intended 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 service area: provide information and referral; independent living skills training; home management (homemaker) and personal care services; counseling; individual and systems advocacy; health, medical and social services; adult day care; and assisted living care.

Contracted Service Providers and Programs included in this Service Area

- The Arc of the Capital Area: Case Management
- Family Eldercare: In-Home Care and Bill Payer
- Helping the Needy, Aging, and Disabled (H.A.N.D.): Homemaker / Personal Assistant
- Meals on Wheels and More, Inc.: Meals on Wheels

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that offer supportive services for independent 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 and primarily focus on assistance with daily living activities.

Home- and community-based supportive services are increasingly seen as preferred alternatives to institutional care for the elderly and individuals with disabilities. Older individuals overwhelmingly prefer to remain in their homes for as long as they are able.¹⁷⁵ Following the U.S. Supreme Court's *Olmstead v. L.C.* decision in 1999, the Texas Health and Human Services Commission established the **Texas Promoting Independence Plan**, last revised in 2006. The Court's ruling required states to provide community-based services for persons with disabilities who would otherwise be entitled to institutional service.¹⁷⁶ Relative to other states, Texas chooses to allocate a greater percentage of its Medicaid long-term care spending to the elderly and individuals with disabilities to home- and community-based services.¹⁷⁷

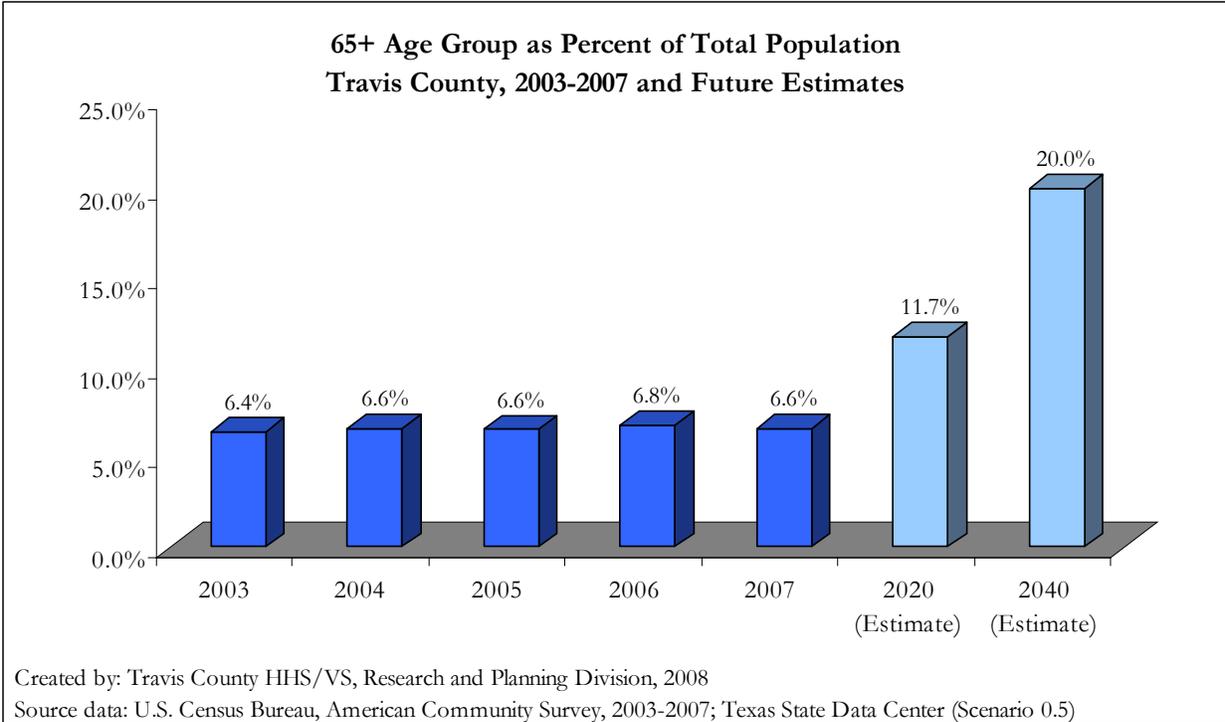
Demand for supportive services continues to exceed available resources. The Texas Department of Aging and Disability Services (DADS) manages wait lists for home- and community-based services such as Community Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), and Home and Community Services (HCS). As of November 30, 2008, there were 28,446 individuals on the CBA wait list; 23,713 interested in CLASS; and 38,917 waiting for HCS.¹⁷⁸ Time on a wait list varies by service; the average is 0.6 years for CBA, 2.5 years for CLASS, and 3.4 years for HCS.¹⁷⁹ The 80th Texas Legislature approved substantial funding in 2007

to address these wait lists, and the 2006 Revised Texas Promoting Independence Plan detailed a 10-year plan to eliminate the need for wait lists.¹⁸⁰

Continued or **increased demand for supportive services is likely for several interrelated reasons**. Life expectancy is rising, therefore, there is an increasing growth in the aging population; and, the rate of disability increases with age. Families may be waiting longer to have children, so middle aged parents with young children are in a position to balance workplace demands with caregiving duties for their children and aging relatives.¹⁸¹ The current economic crisis has made selling a home more challenging. Some older individuals wanting to move to assisted-living centers or retirement communities may consequently have to remain in their homes because they are unable to sell their homes. As a result, the need for in-home supportive services may rise.¹⁸²

The **population served in state schools, such as the Austin State School, is expected to decline** as individuals with disabilities opt to transition to home- and community-based services. The Texas Department of Aging and Disability Services estimates a decline of 100 individuals served in state schools per year over the next five years.¹⁸³ “While the average cost for state school residents exceeds the average cost for clients served in the Home and Community-based Services program, it can be expected that as residents with higher levels of need transition to the community, costs of services in the community will rise.”¹⁸⁴ This issue bears watching for local impact. The 81st legislative session is expected to focus on state school operations and may potentially revisit recommendations from some lawmakers for consolidation or closings.¹⁸⁵

Demographic trends indicate that **community support service needs will continue to grow in the near future**. The older adult population in Texas is expected to increase to 23% of the total Texas population by 2040, up from 13% in 2000.¹⁸⁶ The 45-64 age group in Travis County is growing at the fastest rate of all age groups – 45% between 2000 and 2007.¹⁸⁷ The 65-and-over age group is expected to account for 20% of the Travis County population by 2040, a projected increase in growth of over 400% from 2000 to 2040.¹⁸⁸



While the overall demand for supportive services is expected to increase, certain groups, including **older adults, women, and low-income individuals, may be even more likely to require services.** Both older individuals and women are more likely to have a disability. Approximately 10% of the Travis County population 5 years old and over have one or more disabilities.¹⁸⁹ Over a third (38.1%) of individuals 65 and older has at least one disability; within this age group, 35.1% of men and 40.4% of women have a disability.¹⁹⁰ Since 21% of individuals with a disability are below the poverty level, compared to only 13.3% of the population without a disability, many low-income individuals with disabilities may require assistance securing supportive services.¹⁹¹

Legal Services

Goals and Services

Programs within this service area have a central goal to provide legal assistance to improve the navigation of systems, access to services, and knowledge of legal rights. Some examples of services provided by programs within this service area include legal services such as legal education and advocacy.

Contracted Service Providers and Programs included in this Service Area

- The Arc of the Capital Area: Juvenile Justice Services
- Court Appointed Special Advocacy (CASA) of Travis County: Child Advocacy
- Immigration Counseling and Outreach Services: Refugee Adjustment of Status Assistance
- Texas RioGrande Legal Aid, Inc.: Legal Assistance

Highlights of Community Conditions

Legal services span a wide range of legal issues and serve a diverse array of clients. TCHHS/VS has contracted programs that offer legal services and related internal programs. Contracted services in this issue area primarily focus on at-risk children and youth or on immigration law. Legal services related to landlord and tenant issues are covered in the Housing Continuum issue area.

For many Texans, particularly those in poverty, access to the justice system is limited. Texas ranks 42nd in per capita funding for legal aid and **an estimated 20-25% of low-income Texans have unmet civil legal needs.**¹⁹² “The major problems that impact access to the justice system in Texas are limited resources, restrictions on uses of funding, scarcity of legal services in rural areas of the state, and a rapidly increasing poverty population.”¹⁹³ There is a shortage of attorneys who can provide long-term legal services. Thus, only counsel/advice or brief consultation periods may be available to clients unable to afford legal services, some of whom must be referred to non-profit or community resources to obtain necessary services.¹⁹⁴

Demand for legal services continues to grow in the community. In 2006, the South Central Texas area had a 25% increase in 2-1-1 calls with requests for legal assistance.¹⁹⁵ The Lawyer Referral Service of Central Texas, a local non-profit program, saw a 62% increase in clients requiring reduced-fee legal services in 2007-2008 compared to the previous year.¹⁹⁶ Several contracted agencies also reported an increase in referrals and caseloads in 2008.

At-risk children require legal services for **conservatorship proceedings**, and many of the cases are due to parental abuse or neglect. In 2007, there were close to 12,000 alleged victims of child abuse/neglect in Travis County.¹⁹⁷ Conservatorship was granted for 854 children, and 362 children were removed from their homes.¹⁹⁸ The Texas Department of Family and Protective Services (DFPS) maintains legal responsibility for children removed from their homes. The Travis County rate of the annual number of children in DFPS legal responsibility (8.3 per 1,000 children) exceeds that of Texas (7.4).¹⁹⁹ However, Travis County’s rate of 10.6 confirmed victims of child abuse/neglect per 1,000 children is lower than the state rate (11.2).²⁰⁰

Youth at risk of involvement or already involved in the **juvenile justice** system also require legal services. Contracted services assist at-risk youth enrolled in special education. A 2005 study by Texas A&M University's Public Policy Research Institute found that the most important predictor of involvement in the juvenile justice system was a history of disciplinary referrals at school.²⁰¹ Special education students statewide are disproportionately overrepresented in discretionary disciplinary referrals such as in-school and out-of-school suspension and Disciplinary Alternative Education Programs (DAEP).²⁰² In Travis County schools²⁰³, 10% of the student population receives special education services,²⁰⁴ but they comprise 28% of the students referred to DAEP.²⁰⁵

The immigrant population in Travis County (172,946 or 18% of the total population) impacts the need for **immigration-related legal services**.²⁰⁶ The social service contract funded by TCHHS/VS provides legal services to those individuals classified as refugees¹⁰ who have incomes at or below 200% of the Federal Poverty Income Guideline level. In 2007, 4,551 individuals in the Austin-Round Rock Metropolitan Statistical Area (MSA) obtained legal permanent residency status. In the same time period 77,278 individuals in the state of Texas obtained legal permanent residency.²⁰⁷

Travis County has historically had a proportionately larger immigrant population than that of both Texas and the United States. Due to recent economic conditions and increased enforcement efforts, the immigrant population is expected to decrease nationwide.²⁰⁸ With the immigrant population currently in a state of flux, this trend bears watching for potential impact in the local community. Immigrants may need assistance negotiating the complex systems, laws, and policies pertaining specifically to immigration, as well as legal services to help assert their rights in housing or work situations.²⁰⁹ Contracted agencies have noted increases in both the diversity of clients accessing services and in the number of Spanish-speaking clients; thus, language barriers may impact the types or complexity of legal service needs.

In an effort to revive the declining economy, the Federal Reserve Board has lowered interest rates significantly. This shift is likely to have an unintended negative impact on the provision of legal aid since the largest source of legal aid funding is the interest of bank accounts in which lawyers deposit revenue from their clients. An article in the Austin American-Statesman reports that "annual grants are expected to fall by at least 75 percent [in 2010] for agencies that address life-altering legal problems."²¹⁰ This issue bears watching for local impact.

¹⁰ This program defines refugees as: persons who, at least one year ago, have been admitted to the United States with the legal status of Refugee, or are Cuban nationals with the legal status of Parole, or have been granted political asylum in the United States and are residing in Travis County.

Restorative Justice and Reentry

Goals and Services

Programs within this service area are intended to repair the loss or harm inflicted on victims and to provide alternative sanctions where possible as well as to promote successful re-integration of youth and adult offenders back into the community. Some examples of services provided by programs within this service area are re-entry services such as substance use treatment, employment readiness, and case management; domestic abuse and neglect resources such as counseling and parenting classes; victim-offender mediation; and conflict resolution/interpersonal skills training.

Contracted Service Providers and Programs included in this Service Area

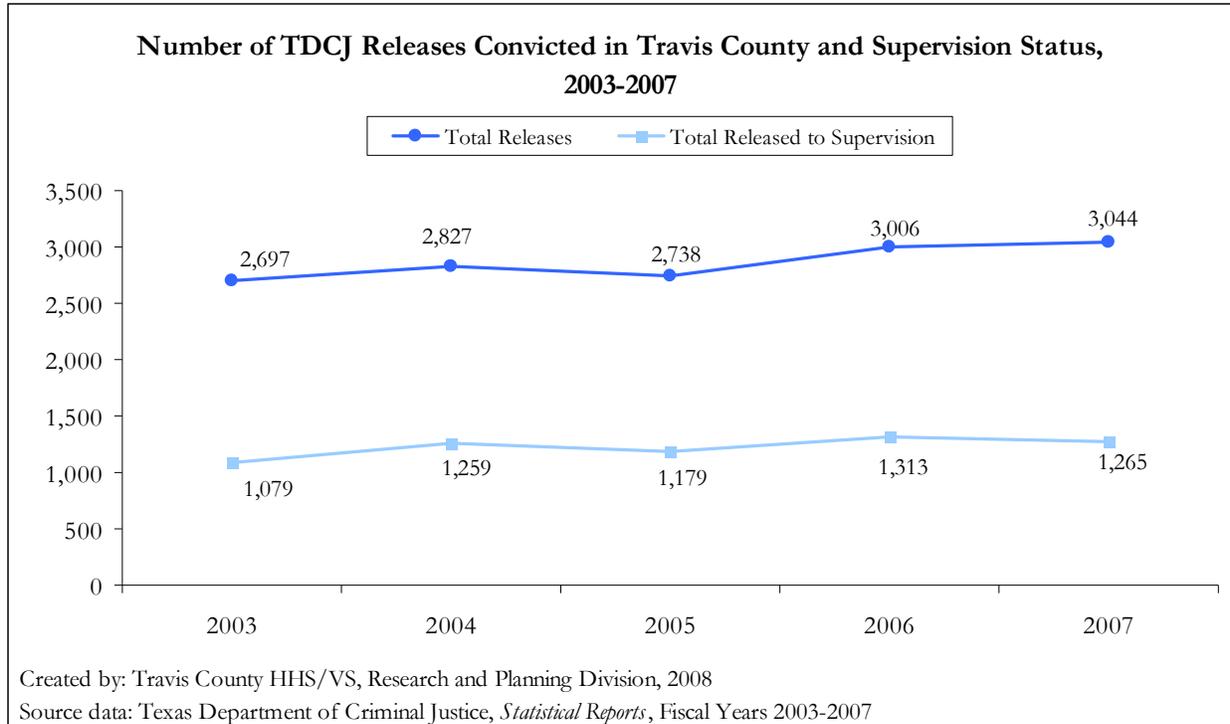
- Crime Prevention Institute, Inc.: Targeted Project Re-Enterprise

Highlights of Community Conditions

TCHHS/VS has departmental and contracted programs that provide both restorative justice and reentry services. Contracted services included in this current report and in this issue area focus on reentry services to support the reintegration of formerly incarcerated people back into the community. These services offer pre- and post-release reentry assistance for adults incarcerated in the Texas Department of Criminal Justice's (TDCJ) Travis County State Jail for non-violent felony offenses.

Successful **community reintegration following incarceration is critical** given that more than 95% of all state prisoners across the nation are ultimately released to the community.²¹¹ Reintegration has implications for public safety, neighborhood residents, and family members. Over half of all state prisoners across the nation have children less than 18 years of age.²¹² The risk of recidivism is significant: According to a 1994 national study by the Bureau of Justice Statistics, within three years of release, 68% of released prisoners were re-arrested and 52% were re-incarcerated for new offenses or violations of their parole or probation terms.²¹³

In this report, a prisoner's **county of conviction serves as an approximation of the county where prisoners will reside once released.**²¹⁴ The following graph shows that between 2003 and 2007 the number of people released from TDCJ who were convicted in Travis County increased slightly, rising by 13% or 347 people.²¹⁵ Research indicates that the actual number of ex-prisoners returning to Travis County is greater than this approximation suggests (perhaps by as much as 44% for parolees).²¹⁶ This approximation therefore provides a *general* indication of local reentry trends. The following graph also illustrates that, of those released, slightly more than half were released to supervision during this period.²¹⁷



The **challenges of reintegration** are well documented. Ex-prisoners often leave Texas prisons and state jails with extensive criminal histories, significant employment barriers, limited education levels, substance abuse challenges, and mental health issues.²¹⁸ Access to rehabilitation programs is particularly limited in Texas’ state jails.²¹⁹ A 2007 study suggested that former state jail confinees have higher rates of substance abuse, experience more difficulty securing employment upon release, and are more likely to be re-incarcerated than people released from prison.²²⁰ In accordance, services purchased in this issue area are directed at people released from the state jail.

Following are highlights of other **characteristics of people released from TDCJ** custody in 2007.

- The vast majority were male (85%), and the average age was 35.²²¹
- Slightly more than a third (35%) were African American, 34% were Anglo, 30% were Latino, and the remainder was another race or ethnicity.²²²
- Few (16%) committed violent offenses, slightly more than a third (36%) committed drug offenses, 30% committed property offenses, and 18% committed other offenses such as driving-while-intoxicated and weapons offenses.²²³
- A majority (58%) was released from prison, 34% were released from State Jail, and 8% were released from Substance Abuse Felony Punishment facilities.²²⁴
- Nearly half (41%) were incarcerated 1 year or less, a quarter were incarcerated between 13 months and 2 years, and a third were incarcerated over 2 years.²²⁵
- Half were supervised once released to the community.²²⁶

The faltering economy is likely to exacerbate reentry challenges if jobs commonly filled by ex-prisoners (e.g., construction) grow increasingly scarce.²²⁷ It is also likely to increase the burden on ex-prisoners’ families. Texas prisoners near release reported that “Family was the greatest anticipated source of financial resources, housing, and emotional support after release.”²²⁸ Many ex-

prisoners also face restrictions in accessing government assistance and are therefore unable to contribute these resources to the family as they seek employment.²²⁹ The economic downturn may only amplify the role that families play in the transition of formerly-incarcerated persons back into the community.

Endnotes

Executive Summary

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Overarching Community Conditions

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