2010 Community Impact Report Part I: Community Condition Highlights

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

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Travis County
Health and Human Services & Veterans Service

VISION

Optimizing Self-Sufficiency for Families and Individuals in Safe and Healthy Communities

MISSION

To work in partnership with the community to promote full development of individual, family, neighborhood, and community potential.

GOALS

1. **Reduce the adverse effects of poverty and the incidence of environmental, social, and health problems**
2. **Assure continuous improvement of the health, safety, and well-being of Travis County residents**
3. **Promote economic well-being and self-sufficiency**
4. **Honor veterans, and maximize access for veterans and their families to earned benefits**
5. **Ensure community-wide access to comprehensive health and human services.**
6. **Recruit and retain a diverse, skilled, and high-performing workforce in order to maintain an organization that is safe, affordable, efficient, and responsive.**

VALUES

- **Good customer service**
- **Public trust and accountability, ethical**
- **Open, honest communication, teamwork, personal, professional integrity, and ethics**
- **Quality, cost-effective service provided in a timely manner**
- **Respect for diversity**
- **Workforce selected with care, well-trained, treated with respect and rewarded for good performance**
- **Proactive, planned response to community needs, based on best available data**
- **Individual and community education**
- **Respect for the individual**
- **Creativity & innovation**

Table of Contents

Overview and Introduction 7
Basic Needs 11
Housing Continuum 19
Workforce Development 27
Child and Youth Development 31
Education 37
Behavioral Health 41
Public Health and Access to Healthcare 45
Supportive Services for Independent Living 51
Legal Services 57
Restorative Justice and Reentry 61
Appendix A 65
Appendix B 66
Endnotes 67

Overview and Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services & Veterans Service Department (TCHHS/VS), annually invests in community-based social service programs that align with and supplement our direct services. The Department has contracted with community-based organizations to meet the critical needs of local residents for more than fifteen years. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services. These services promote the Department's mission to optimize self-sufficiency for families and individuals in safe and healthy communities.

The annual Community Impact Report provides an overview of TCHHS/VS investments in health and human services. Part I of the 2010 Community Impact Report – Community Condition Highlights – provides a general overview of current community conditions. This overview is intended to offer highlights of community conditions most pertinent to the services purchased within a given issue area in 2010. To provide additional context, this report includes the principal goals for each issue area. Also captured are the 2010 purchased services. Community conditions discussed in this report reflect the most recent information available at the time of writing (November 2010 through January 2011).

Part II of the 2010 Community Impact Report – Performance Highlights – details investment, programmatic, and performance information on a subset[a] of the Department's social service contracts, amounting to over $6.3 million. Most data included in the 2010 Community Impact Report Part II cover calendar year 2010[b] and are drawn from contracts and reports provided by contracted service providers.

Highlights

Community conditions have an impact on 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.

Most social service programs included in the Community Impact Report serve Travis County residents who are in or near poverty. Some programs assist vulnerable populations, such as those experiencing abuse and neglect, irrespective of their income level. Current economic

[a] This subset includes, among others, those contracts transitioned in January 2007 from management by Austin/Travis County Health and Human Services to TCHHS/VS. The report will include additional social service investments each year as the Department goes through its strategic planning process.

[b] The report covers calendar year 2010 because the majority of the social service contracts included in the report follow a calendar year schedule.

trends and, in particular, the continued effects from the recent economic recession elevate the need for social services for Travis County residents:

- The most recent poverty data were collected in 2009. These data estimate that 16% of Travis County residents (163,630 people) lived in poverty, while more than one-third (35%) of residents (352,398 people) lived in households with incomes at or below 200% of the poverty level.[1]
- Austin Energy received 17,028 duplicated requests for utility assistance in 2010, a 13% increase from 2009 and nearly double the requests received in 2008.[2]
- The average number of Travis County residents enrolled in the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) has increased steadily during the past several years. In December 2010, 110,756 people received SNAP benefits.[3]
- Between 2007 and 2010, foreclosure postings in Travis County increased by 134%, from 3,482 postings in 2007 to 8,131 postings in 2010.[4]
- Over a third (38%) of Travis County residents experience a housing cost burden, which is defined as spending 30% or more of household income on housing costs (spending 50% or more constitutes a severe cost burden).[5] Almost 150,000 Travis County households experience a housing cost burden; for approximately 66,500 of those households, it is a severe housing cost burden.[6]
- A point-in-time count of the homeless population in 2010 reported a total of 2,087 homeless individuals, 60% of whom were sheltered (either emergency, transitional, or Safe Haven), and 40% of whom were unsheltered. Over one-quarter (29%) of the homeless population represented households with dependent children.[7]
- Unemployment rates have shown small improvements over the course of the year. The unemployment rate for the Austin-Round Rock Metropolitan Statistical Area (MSA) began 2010 at a high of 7.6% in January, dropped to 6.8% in October, but edged up to 7.1% in November.[8] The unemployment rate for Travis County remains slightly lower than the MSA: starting from a high of 7.3% in January, to a year-to-date low of 6.6% in September, before increasing to 6.9% in November.[9] Both the MSA and county unemployment rates remain lower than the state (8.3%) and national (9.3%) rates.[10]
- In 2009, an estimated 23% of the population – representing 234,453 individuals – lacked health insurance.[11] Nearly 17% of these individuals were under the age of 18.[12]
- An estimated 31,000 adults and 24,500 children in Travis County have mental health issues.[13] However, the number of mental health professionals, public psychiatric beds, and substance abuse treatment facilities are inadequate for the population.
- Since 2005, Travis County's student population has increased by 10%; the economically disadvantaged student population increased by 19%; the at-risk student population by 15%; and the Limited English Proficient (LEP) population by 35% over the same 5-year period.[14]

Cross Issue Connections

Although this report highlights community conditions for each issue area 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. Job growth and gross value added (a per capita measure of income) indicators show that the Austin area is recovering from the recent recession better than any other metro area in the country.[15] However, to provide for current services, and taking population growth and higher costs into account, Texas is facing a nearly $27 billion shortfall in the next two-year budget.[16] Texas lawmakers have historically balanced the budget at the expense of education, health care services, and other human services. Thus, higher demand for social services and smaller amounts of available resources are likely in the coming year.

Basic Needs

Goals and Services

Programs and services within this issue area are intended to **meet urgent, short-term food, housing, clothing and transportation needs**. Some examples of services provided by programs within this issue 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.

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 offer one-time and short-term rent, mortgage and utility assistance to prevent loss of housing and utilities. These contracted services work in tandem with services provided directly by the TCHHS/VS Department. The Department is the largest provider of basic needs assistance for individuals and families within Travis County.

Highlights of Community Conditions

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.[17] Another study demonstrated that adults age 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.[18]

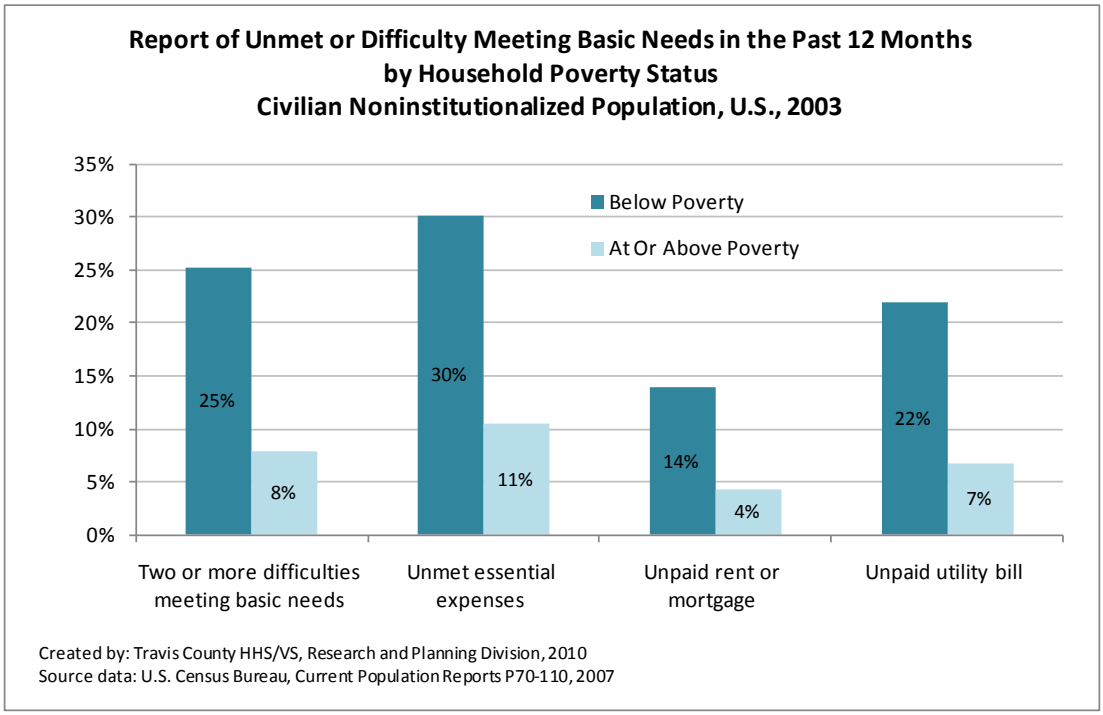
Ability to Meet Basic Needs: Income, Poverty and Costs

Income is the primary determinant of whether one can meet basic needs. The Federal Poverty Income Guideline (FPIG) level ($10,830 for an individual or $22,050 for a family of 4 in 2010)[19] is often used as a proxy measure for the number of people or share of the population who, because of income level, may face challenges meeting their basic needs. However, poverty statistics likely underestimate the extent of the issue.

The methodology for establishing the poverty threshold was created in the 1960s, based on the assumption that the cost of food accounts for one-third of the cost of household essential expenses. Although the poverty level is adjusted annually for inflation, these updates continue to only consider food costs and don't account for the significant shift in household expenses that have occurred since the 1960s including the increase in the cost of housing as a share of household income and rising out-of-pocket healthcare costs. Nor do they account for the variation in the local cost of living.[20] The most recent Center for Public Policy Priorities Family Budget Estimator project (updated in 2007) calculated that Travis County families typically need

incomes of at least double the poverty level to make ends meet.[c,21] **Currently in Travis County, about 16.2% of residents (163,630 people) live in poverty, while more than one-third (35%) of residents (352,398 people) live in households with incomes at or below 200% of the poverty level.**[22]

Measures in two U.S. Census Bureau surveys show a clear relationship between poverty and unmet basic needs. As displayed below, respondents to the Survey of Income and Program Participation who were living below the poverty level reported difficulty meeting basic needs at about three times the rate of those living at or above the poverty level.[23]



Poverty also has a significant impact on food security, or the ability to ensure access at all times to enough food for an active, healthy life for all household members. A recent report based on data from the 2009 Current Population Survey Food Security Supplement indicates that about 43% of households with incomes below the poverty level are food insecure[d] and more than one-third of low income families with incomes somewhat above the poverty level (up to 185%) also lack food security.[24]

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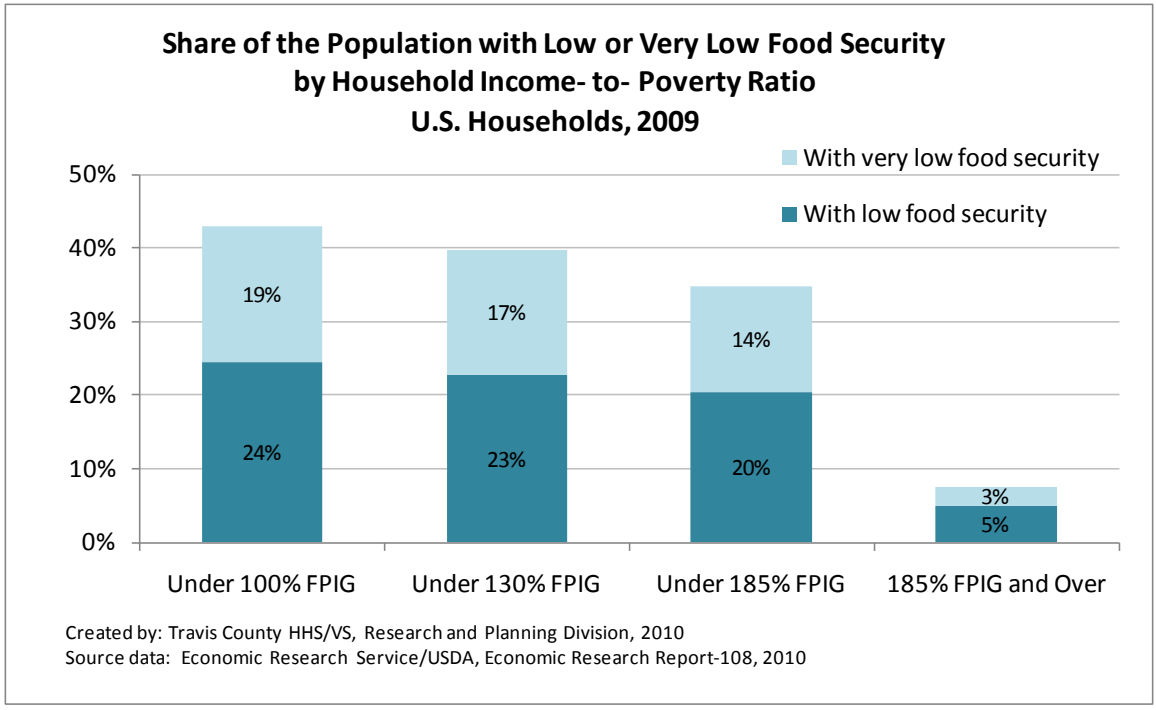
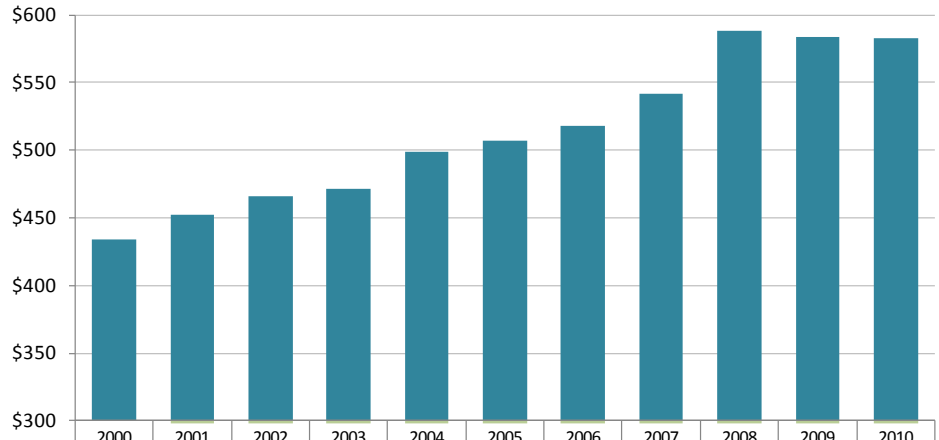
[c] Expenses covered in the analysis included the cost of housing, food, child care, medical insurance, medical out-of-pocket expenses, transportation, taxes less tax credits, and other necessities. Figures vary according to family size, type, and health insurance status. The project estimated that those with employer-sponsored insurance likely require incomes equivalent to 189%-253% of the poverty level; for example, a single person would need an income of about $19,258 (189% of FPIG in 2007) to meet basic expenses; a family of 4 with 2 children would likely need about $43,641 (211% of FPIG in 2007). Those without employer-sponsored insurance likely need incomes of 242%-290% of the poverty level to cover the costs of necessities including medical insurance.

[d] The USDA defines low food security as "reports of reduced quality, variety, or desirability of diet (with little or no indication of reduced food intake)" and very low food security as "reports of multiple indications of disrupted eating patterns and reduced food intake."



The cost of living also affects the ability to meet basic needs. The following chart shows monthly food costs for a family of four according to the USDA's Thrifty Food Plan, which serves as the national standard for a nutritious diet at minimal cost and is used as a basis for food stamp allotments. Food costs rose sharply beginning in 2007 (4.6% rise over the previous year), peaking in 2008 (8.5% rise over the previous year), and leveling off by 2009. In 2000, a family of four could manage on a food budget of about $434 per month; in 2010 this cost was $583, an increase of about 35%.[25]



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Monthly Cost	$434.2	$452.5	$465.8	$471.8	$499.2	$506.8	$518.1	$542.1	$588.3	$583.4	$582.6
Change from Prior Year		4.2%	2.9%	1.3%	5.8%	1.5%	2.2%	4.6%	8.5%	-0.8%	-0.1%

Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: United States Department of Agriculture, Center for Nutrition Policy and Nutrition, 2000-2010

While costs have risen significantly over the past decade, income has not increased at the same pace.[26,27] Overall costs of goods and services, as reported by the Consumer Price Index,[e] have also outpaced growth in income[28]—though overall costs do not appear to have grown quite as significantly as the cost of food, a primary basic need.

Change in Income and Costs, 1999-2009

	Cost of Food Monthly Cost of Thrifty Food Plan for a Family of Four U.S. Average	**Cost of Goods/Services** Consumer Price Index All Items – Annual Average South Urban Area	**Median Income** Annual Household Median Income Travis County
1999	$426.40	162.0	$46,761
2009	$583.40	207.8	$53,396
Percent Change	37%	29%	14%

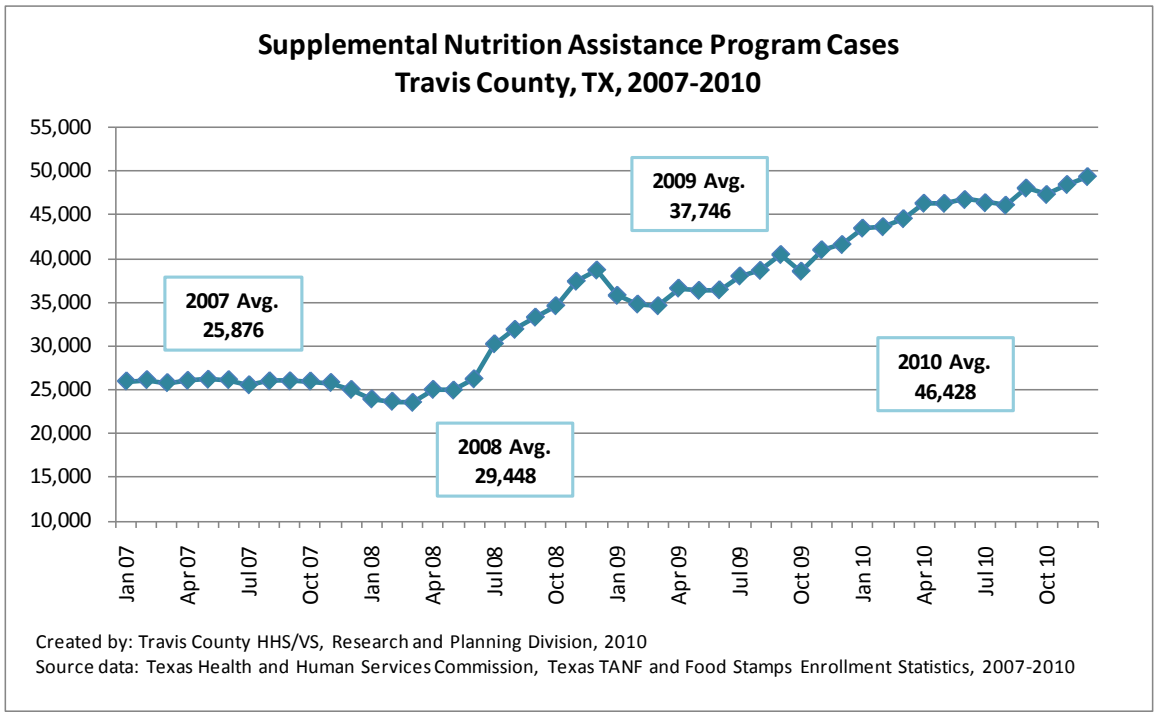
Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: USDA, Center for Nutrition Policy and Nutrition; Bureau of Labor Statistics, Consumer Price Index; 2000 Census, Summary File 3; 2009 American Community Survey 1-Year Estimates

[e] The Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.

Basic Needs Assistance

A safety net does exist to help low income individuals and families bridge the gap between available income and the cost of meeting basic needs. The safety net includes federally-funded, state-implemented benefits and a local network of nonprofit agencies, faith-based organizations, and city and county agencies that fund and/or provide services for a combination of emergency food, rent, mortgage, utility and clothing assistance to residents in need. **Calls to 211 Texas for the South Central Texas region continue to suggest a significant demand for these basic needs services**. Between 2008 and 2009, housing/shelter related calls — a category that includes utility assistance — increased by 25% (from 21,367 calls in 2008 to 26,736 calls in 2009). Food-related calls increased by 8% (from 6,457 calls in 2008 to 6,987 calls in 2009) and requests for assistance with material goods such as clothing, diapers, air conditioners, and furniture increased by 34% (from 2,073 calls in 2008 to 2,775 calls in 2009).[29]

Food-related statistics show both an increased need for and use of safety net services. For example, in 2009, 14.7% of U.S households were food insecure (essentially unchanged from the 2008 rate of 14.6%). These most recent figures reflect the highest rates of food insecurity to date; the next highest rate (11.9%) was reported in 2004.[30] Local data show significantly increased enrollment in the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program), suggesting that more individuals and families are seeking assistance to meet their food and nutrition needs. As shown in the chart below, the number of SNAP cases in Travis County has increased steadily during the past several years. In December 2010 there were 49,409 SNAP cases in Travis County with 110,756 people (about 11% of all Travis County residents) receiving benefits.[31]



Recent **Austin Energy data suggests a similar need for assistance in meeting utility costs**. Austin Energy's Customer Assistance Financial Support Program received 17,028 duplicated requests for utility assistance in 2010, a 13% increase from the 15,014 requests received in 2009 and nearly double the 8,578 requests received in 2008.[32] The number of deferred payment agreements (DPAs) established for Austin Energy customers also rose slightly between 2009 (144,450 DPAs) and 2010 (153,751 DPAs), continuing the trend of a growing number of DPAs established each year (103,235 DPAs in 2007 and 137,336 DPAs in 2008).[33]

Despite the availability of the aforementioned services, there are gaps in the safety net. In order to be eligible for federal safety net benefits, families must meet income eligibility guidelines typically set at or slightly above the poverty level.[34] Eligibility for the Supplemental Nutrition Assistance Program (SNAP) requires an income at or below 130% of FPIG,[35] and income eligibility for utility bill assistance through the Comprehensive Energy Assistance Program (CEAP) is typically set at 125% of FPIG.[f,36] However, as the cost of living in Travis County has been estimated to require an income of at least twice the poverty level,[37] **many families may be ineligible for assistance yet not earn enough to fully cover the cost of their basic expenses**. Some families may meet income guidelines for benefits but still be ineligible or face barriers to obtaining them. For example, even with legal status most immigrants are not eligible to receive SNAP benefits until they have lived in the United States for at least 5 years. Also, while U.S.-born children living in immigrant families may be eligible for SNAP benefits, they are less likely to receive them, perhaps due to parents' misperception about eligibility or fear of interaction with government officials.[38]

Travis County residents unable to access or fully meet their needs through federally-funded assistance programs may rely on local social service programs to help meet their basic needs. Continuing effects of the economic recession may increase the need for these services. To lessen the impact of the recession on families, local communities, and state and local governments, the federal government provided assistance through the American Recovery and Reinvestment Act (ARRA) by raising some benefit amounts (the federal stimulus included a 13.6% percent increase in monthly SNAP benefits)[39] or expanding eligibility (income eligibility for the CEAP program increased from 125% to 200% of FPIG in 2010 and will stay at 200% for 2011).[40] However, as this heightened level of federal financial support begins to expire, and in light of the expected state budget shortfall for the 2012-2013 biennium, the lingering effects of the recession will likely continue to put a strain on community residents and the local safety net.[41]

Cross Issue Connections

Community conditions discussed elsewhere in this report, particularly workforce and housing trends, also impact the ability to meet basic needs. Families facing unemployment or with limited earnings may need to rely on supports and services to bridge the gap between income and costs; those with a high housing cost burden may have less money left to cover other basic necessities.

[f] Income limits for CEAP increased to 200% of FPIG for years supplemented with stimulus funds.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- Capital Area Food Bank of Texas, Inc.: Food Bank
- Caritas of Austin: Basic Needs (Community Support and Kitchen)
- Meals on Wheels and More: Rural Congregate Program

Housing Continuum

Goals and Services

Programs and services within this issue area **promote both 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 issue 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.

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.[g] All services are intended to align with direct services to address challenges to housing stability.

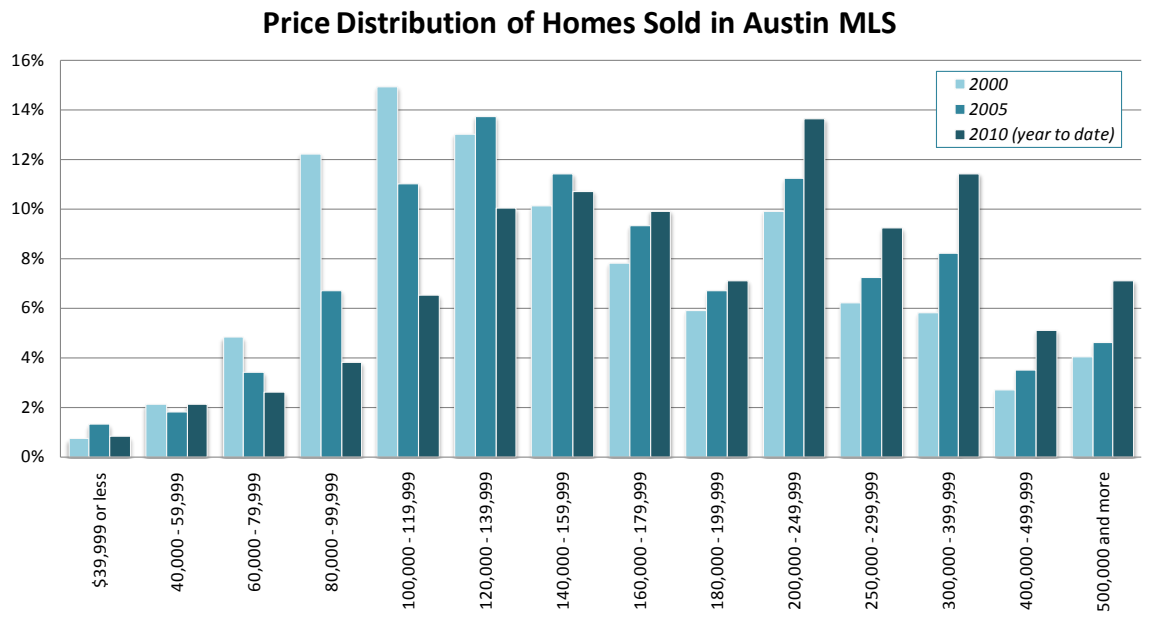
Highlights of Community Conditions

Owner Housing Market Conditions and Affordability

Over the last decade, **Austin's owner housing market has become increasingly expensive**, as the price distribution of available housing stock has skewed towards higher-priced housing. For example, in 2000, 20% of the homes sold in Austin were under $100,000; in 2010 (year-to-date[h]), only 9% of the homes sold were in this price range. During that same time period, the share of homes sold for $300,000 or more grew from 13% to 24%.[42]

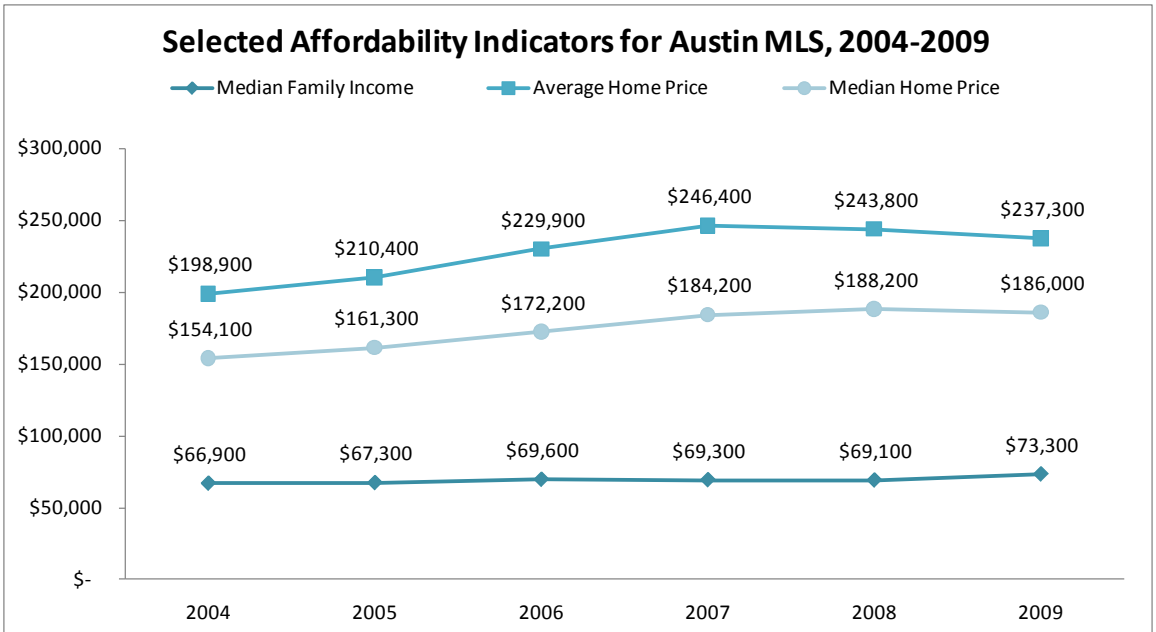
[g] Low-income families and individuals face other important housing issues such as housing quality (including substandard kitchen and plumbing facilities, and overcrowding). Due to space limitations, however, these issues are not discussed in this overview.

[h] Throughout this section, "2010 (year-to-date)" refers to 2010 data collected through the month of October 2010. This is due to availability of data at the time of the writing of this report.



Note: Residential data includes single-family, townhouses and condiminiums.
Created by: Travis County HHS/VS, Research & Planning Division, 2010.
Source data: The Real Estate Center at Texas A&M University.

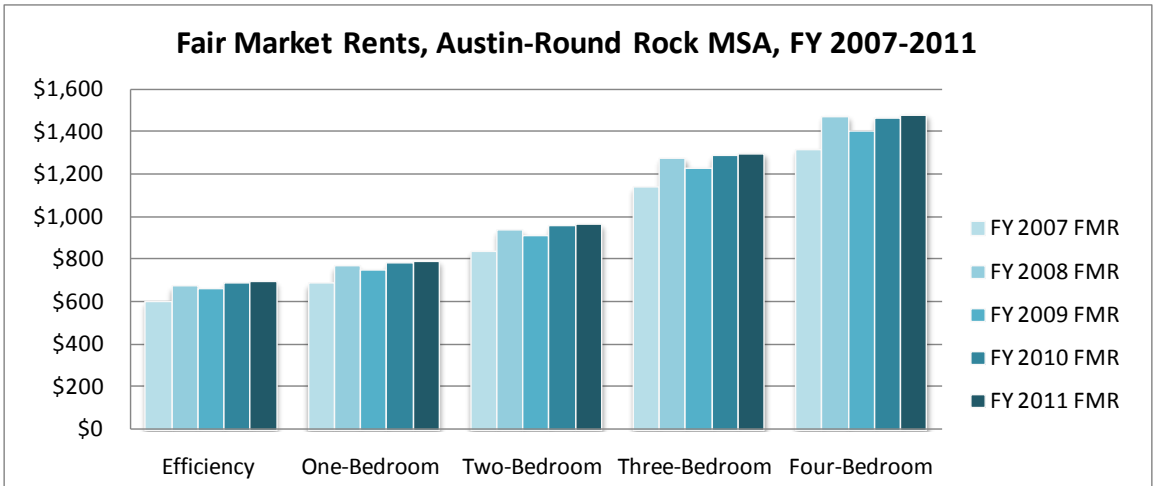
Austin's housing market also remains expensive as compared to other markets in the state of Texas. In 2010 (year-to-date), the Austin MLS had the fourth-highest median home price ($190,100) and second-highest average home price ($247,400) of the 48 Texas MLS areas tracked by the Real Estate Center at Texas A&M University.[43] Between 2004 and 2009, the Austin MLS median home price rose by 21% and the average home price rose by 19%, but median family income increased by only 10%.[44] Although home prices flattened or slightly declined from 2007 to 2009, in tandem with the recent recession, the gap between income and housing costs is still evident. The following chart illustrates this prevailing gap between what the median family earns and what the median home costs:



Note: Residential data includes single-family, townhouses and condominiums.
Created by: Travis County HHS/VS, Research & Planning Division, 2010.
Source data: Real Estate Center at Texas A&M University.

Rental Housing Market Conditions and Affordability

In the Austin area's rental market, fair market rents (the federal standard for what should be considered affordable), displayed in the chart below, have shown a general upward trend since 2007, despite a brief dip in FY 2009 (coinciding with the recession). For FY 2011, Austin's fair market rents for one-bedroom and two-bedroom units are the highest, and efficiency and three-bedroom units are the second-highest, of all Texas metropolitan areas.[45]



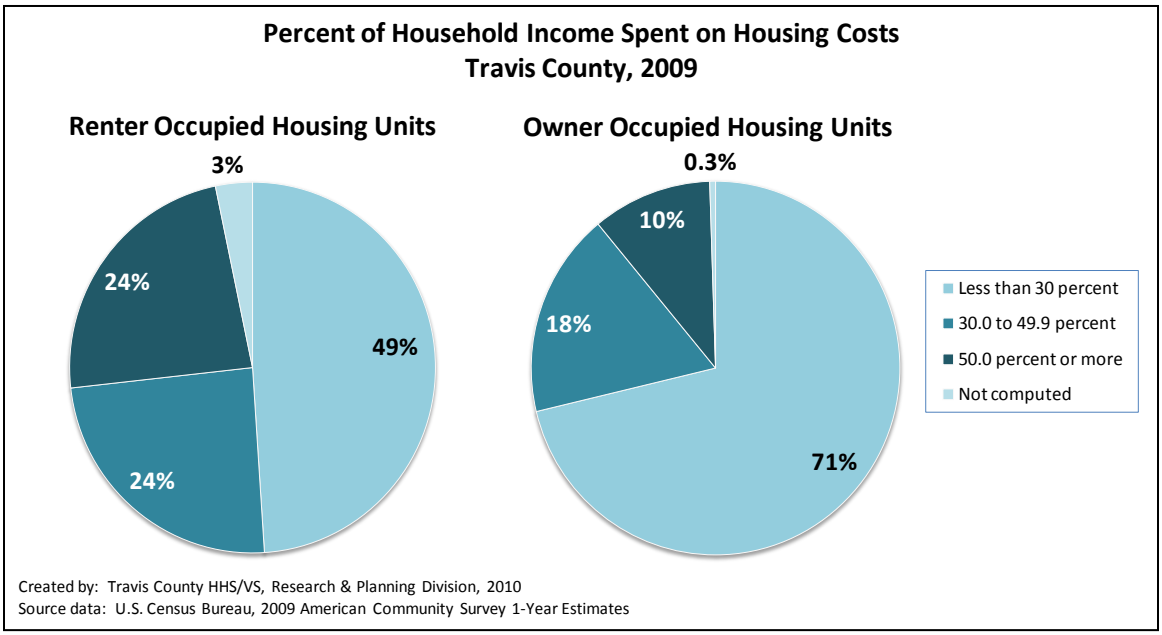
Created by: Travis County HHS/VS Research & Planning Division, 2010
Source data: HUD USER (U.S. Department of Housing and Urban Development, Office of Policy Development and Research), 2010

American Community Survey data confirm that **in terms of actual rents, costs are rising**: Between 2006 and 2009, Travis County's median contract rent rose 12%, from $677 to $758.[46] The Austin area also has high occupancy rates, currently 91% for Travis County. These conditions create a tight rental market, especially for those seeking more affordable housing.[47]

Cost Burden for Renters and Owners

Owners are in the slight majority in Travis County's housing market (52% of occupied housing units are owner occupied, 48% are renter occupied).[48] This owner-occupancy rate is slightly lower than that of the state (64%) and that of the nation (66%).[49] Although owner costs skew higher than renter costs,[50] renter incomes tend to be lower than owner incomes. The difference is striking: Travis County's owner-occupied median household income is $80,285, while the renter-occupied median household income is $35,723.[51]

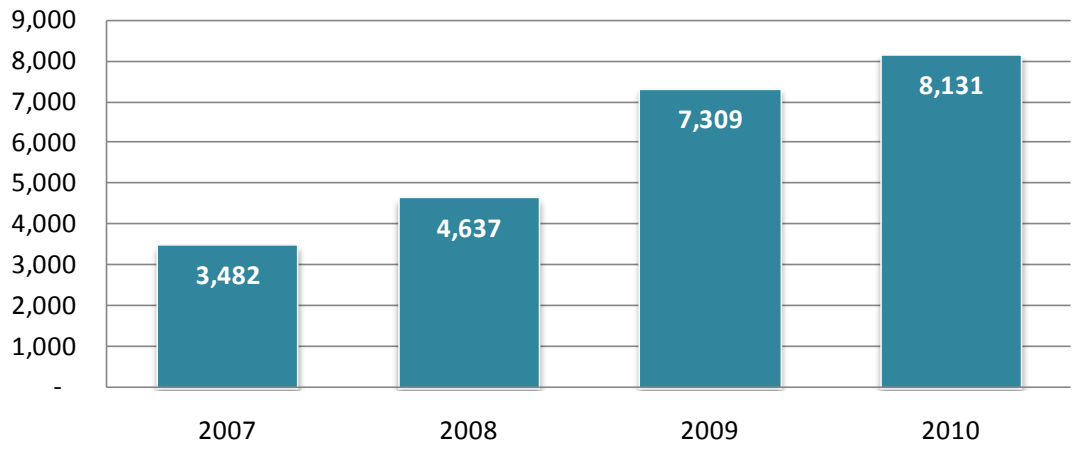
A large percentage of both renters and owners in Travis County experience a housing cost burden, which is defined as spending 30% or more of household income on housing costs (spending 50% or more constitutes a severe cost burden).[52] However, **the percent of households that are cost burdened is much higher among renters** than owners, as illustrated in the chart below: 48% of renter households in Travis County spend 30% or more of their income on rent, and about one quarter (24%) of them spend at least half of their income on rent.[53] Comparatively, 28% of owner households spend 30% or more of their income on housing costs and 10% spend at least half.[54]



In total, almost **150,000 Travis County households experience a housing cost burden**; for approximately 66,500 of those households, it is a severe housing cost burden.[55]

Foreclosure trends have received increasing attention during the recent economic recession, as many owners face challenges paying their monthly mortgage costs. Foreclosure trends are

complex and cannot stand alone as an accurate proxy measure for housing affordability, but the trend does reflect a certain amount of risk in the community. Foreclosure trends demonstrate an approximation of households on the threshold of losing their housing stability. In Travis County, **between 2007 and 2010, foreclosure postings[i] did show a significant increase** of 134%, from 3,482 postings in 2007 to 8,131 postings in 2010.[56]



Note: Annual totals reflect properties posted for auction (i.e. indicates pre-foreclosure status and a risk of foreclosure). A foreclosure posting may or may not result in an actual foreclosure. The same property may be posted multiple times over a series of months or years.

Created by: Travis County HHS/VS, Research & Planning Division, 2010.
Source data: Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin, 2006-2008 foreclosure data set (original data source: Foreclosure Listing Service, Inc.); Foreclosure Listing Service, Inc., 2009-2010 foreclosure data set.

Homelessness

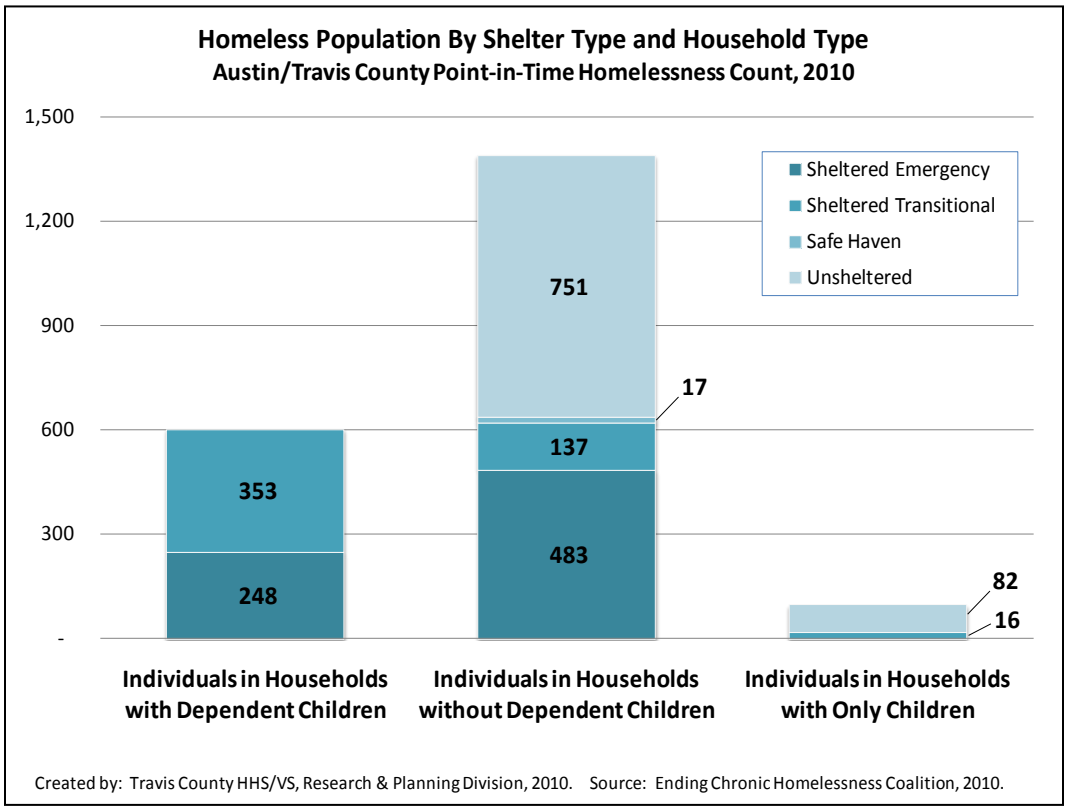
The primary causes of homelessness in the U.S. are poverty and the lack of affordable housing. Some other major factors that can contribute to homelessness include: economic factors such as insufficient income or loss of employment, domestic violence, mental illness, and substance abuse. Homelessness can be short-term or long-term, or even a chronic condition.[57]

The 2010 Annual Homelessness Count[j] provided a point-in-time snapshot of the Austin area homeless population, at **a total of 2,087 homeless individuals, 60% of whom were sheltered**

[i] This number reflects properties posted for auction (posted for auction indicates pre-foreclosure status, and reflects a risk of foreclosure). A foreclosure posting may or may not result in an actual foreclosure. The same property may be included in the list for foreclosure auction multiple times over a series of months or even years. Therefore some duplication does exist within these foreclosure postings annual totals; duplicate postings would indicate households finding themselves at risk of foreclosure multiple times.

[j] The Austin/Travis County homeless count was conducted on February 2, 2010, postponed from the original date of January 28, 2010 due to severe weather. The final count resulted in decreases across most of the categories counted in the survey. This could have been due to setting the rescheduled count date at the beginning of the month rather than the end, increased housing options in the community in 2010, and/or an undercount resulting from the lower number of volunteers available on the rescheduled date.

(either emergency, transitional, or Safe Haven),[k] and 40% of whom were unsheltered. Over one-quarter (29%) of the homeless population is comprised of individuals in households with dependent children, while about two-thirds (66%) are individuals in households without dependent children. The remaining 5% are individuals in households with only children.[58] The chart below provides additional detail by shelter and household type on the 2009 annual homelessness count.



The 2010 count also found that almost half (982 or 47%) of the homeless population was chronically homeless.[l] The following subpopulations[m] were also counted: people with severe mental illness (622 or 30%), chronic substance abusers (533 or 26%), victims of domestic

[k] Safe Haven is a HUD Supportive Housing Program that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and have been unable or unwilling to participate in housing or supportive services. For more information see: http://www.hud.gov/offices/cpd/homeless/library/shp/index.cfm.

[l] According to the federal definition of chronic homelessness used by the U.S. Department of Housing and Urban Development, which defines a chronically homeless person as: "Either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years." For the chronically homeless, "homeless" is defined as: "A person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter." (Source: *Defining Chronic Homelessness: A Technical Guide for HUD Programs*, published September 2007 by the U.S. Department of Housing and Urban Development.)

[m] Subpopulations refer only to adults and unaccompanied youth (not dependent children).

violence (443 or 21%), veterans (280 or 13%), people with HIV/AIDS (157 or 8%), and unaccompanied youth (98 or 5%).[59] The coexistence of two or more of these issues for many homeless individuals is part of what makes homelessness a very complex issue to address, requiring a spectrum of services and interventions.

It should also be noted that there are individuals without permanent housing who do not fall within traditional definitions of homelessness and who may not be included in the point-in-time count (for example, families who have lost their homes but are residing with friends or relatives). Therefore the point-in-time number shows us a snapshot of the community, but may not demonstrate the full picture of its homelessness needs.

Cross-Issue Connections

The Housing Continuum issue area has strong ties, as both a cause and an effect, with a number of other issue areas. Among the notable connections: a housing cost burden is likely to impact a family's ability to meet their basic needs; unstable employment or declining earnings influence the ability to maintain housing; conversely, unstable housing can be a challenge to gaining and retaining employment; student mobility, a byproduct of unstable housing, is a significant contributor to poor school attendance, poor academic performance, and student drop out rates.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- Austin Children's Shelter: Emergency Shelter and Assessment
- Austin Tenants' Council: Telephone Counseling and Mediation
- Blackland Community Development Corporation: Blackland Transitional Housing
- Caritas of Austin: Best Single Source
- Community Partnership for the Homeless (d.b.a. Green Doors): Supportive Housing Program
- Community Partnership for the Homeless (d.b.a. Green Doors): Veterans Transitional Rental Program
- Foundation for the Homeless, Inc.: 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

Workforce Development

Goals and Services

Programs and services within this issue area provide employment and training services to **help individuals improve workplace skills, obtain employment, succeed in the workplace, and help employers secure a skilled workforce**. Some examples of services provided by programs within this issue 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.

TCHHS/VS has departmental and contracted programs that offer workforce development services.[n] Contracted services in this issue 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.

Highlights of Community Conditions

The local, state, and national economy continues to struggle. As a result, the number of job seekers remains high while the supply of job opportunities remains low. High demand for workforce development services persists in response to these economic conditions as job seekers struggle to acquire the skills required by today's job market.

Employment

Federal, state, and local government together comprise the largest industry sector in Travis County, providing 23% of 564,288 total jobs in the 2nd quarter of 2010.[60] Other leading industries include Professional and Business Services (16%) and Trade, Transportation, and Utilities (15%).

The November 2010 industry breakdown for the Austin-Round Rock Metropolitan Statistical Area (MSA) is similar to the county with the same three leading industries: Government (22%), Trade, Transportation and Utilities (17%), and Professional and Business Services (14%). While these three remain the largest industries in the metropolitan area, the largest recent job growth is found in Leisure and Hospitality, which increased 8.9% from November 2009 to November 2010; this industry now represents 12% (91,800) of 778,500 total non-agricultural jobs.[61]

Most recently released unemployment rates (November 2010) remain high locally, but are still lower than the state (8.3%) and national (9.3%) rates (seasonally adjusted rates are 8.2% and 9.8%, respectively). The unemployment rate for the Austin-Round Rock MSA began the year at

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

a high of 7.6% in January 2010, dropped to 6.8% in October, but edged up to 7.1% in November.

While following the same trends, the unemployment rate for Travis County remains slightly lower than the MSA: starting from a high of 7.3% in January 2010, to a year-to-date low of 6.6% in September, before edging up to 6.9% in November. The unemployment rate in November 2010 was higher than November 2009 (6.9% compared to 6.8%). The number of people unemployed was also higher, up 1,567, but the number of people employed also rose, up 11,007.

Not included in the unemployment rate are those people who were "marginally attached to the labor force," that is, individuals who were not in the labor force, wanted and were available for work, and had looked for a job sometime in the prior 12 months. Nationwide, about 2.6 million persons fell into this category in October 2010, up from 2.4 million in October 2009. Of this group, 1.2 million were categorized as "discouraged workers," up 411,000 from a year earlier. Discouraged workers are persons not currently looking for work because they believe no jobs are available for them.[62] This data is not available at the state or local level.

Earnings

As we see hints of improvement in unemployment, we also find signs of improvement in hours and earnings data for Texas workers from the U.S. Department of Labor. For each of the past 7 months, the average weekly hours for all private sector employees was higher in 2010 than in 2009 by an average of 1 hour per week. The same trend is seen in average weekly earnings during 2010, showing a gain on average of $20.40 dollars per week over the same month in 2009. We do not, however, see the same trend in hourly earnings. Average hourly earnings remain essentially unchanged over the first 3 quarters of 2010 compared to 2009, averaging $21.34/hour over the first three quarters of 2009 and $21.35/hour over the first three quarters of 2010.

A powerful correlation between educational attainment and earnings persists. Among Travis County residents 25 and over with earnings in 2009, those who graduated high school earn 42% more per year than those who did not; those with some college or an associate's degree earn 19% more than those whose formal education stopped after high school; those with a bachelor's degree earned 54% more than those with some college or an associate's degree; those with a graduate or professional degree earn 36% more than those with a bachelor's degree.[63]

Cross-Issue Connections

Workforce Development is strongly linked to many issue areas, including:

- Education: as noted above, employment earnings are directly related to educational attainment;
- Child and Youth Development: the ability to secure affordable child care influences a parent's ability to find and retain employment;

- Housing Continuum: inability to secure and maintain stable housing is a significant barrier to gaining and retaining stable employment; conversely, unemployment or under-employment can make it difficult to maintain stable housing;
- Restorative Justice and Reentry: a criminal history is a major barrier to employment, while unemployment frequently correlates with recidivism.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- American YouthWorks: Workforce Development
- The Austin Academy: Workplace Competency Program
- Austin Community College: Early Childhood Teacher and Director TRAC
- Austin Area Urban League, Inc.: Workforce Training
- 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 / Gateway
- Workforce Solutions – Capital Area Workforce Board: Gainful Employment Model
- Workforce Solutions – Capital Area Workforce Board: Rapid Employment Model
- Vaughn House, Inc.: Community Rehabilitation Provider

Child and Youth Development

Goals and Services

Programs and services within this issue 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 issue area are direct services to enhance the child or youth's development and related skill development for the adults in their lives (e.g., parents, child care providers, teachers and community leaders).

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

Highlights of Community Conditions

Demographics

There are an estimated 246,455 children and youth under 18 in Travis County.[64] This segment of the population continues to grow at a faster rate than the population as a whole and increased 28% from 2000 to 2009, compared to the overall population growth of 26%.[65] The growth during the same period for the child population is significantly less across the state (17%) and the nation (3%).[o,66]

Growth in Population by Age
Travis County, 2000-2009

	2000	2009	Growth	% Change
Total population	812,280	1,026,158	213,878	26%
Under 18 years:	192,547	246,455	53,908	28%
Under 5 years	58,494	81,662	23,168	40%
5 to 9 years	53,931	69,084	15,153	28%
10 to 14 years	51,177	61,997	10,820	21%
15 to 17 years	28,945	33,712	4,767	16%

Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: 2000 Census and 2009 American Community Survey 1-Year Estimates

[o] A statistical test for sampling variability was not appropriate for changes over time or geographic comparison due to use of a controlled estimate. For more information on statistical testing, please refer to the U.S. Census Bureau's, *A Compass for Understanding and Using American Community Survey Data: What State and Local Governments Need to Know.* U.S. Government Printing Office, Washington, DC, 2009. Available at: http://www.census.gov/acs/www/guidance_for_data_users/handbooks/.

The number of children under age 5 has continued to grow at faster rate than the rest of the population with the exception of the 45 to 64 year old age group.[67] This increase in young children is a consistent trend in Texas and the Southern states (28% and 13% growth, respectively).[68] Conversely, the Midwestern and Northeastern regions of the country have experienced flat growth in this age group and overall population.[p,q]

Household Composition and Family Economic Security

Children and youth benefit greatly from healthy, stable relationships with adults, including familial relationships.[69] About one in three (33%) Travis County households include children; over half (68%) of those households are headed by married-couple families, 24% by single females and 8% by single males.[70]

Single parent households generally have lower incomes than two parent households. While it has been proven that single parent families are more likely to experience hardships associated with financial insecurity, researchers note that unmarried status is more often a result of living in poverty rather than the source of economic hardship. Rather, broader measures of economic well being, such as asset poverty, financial literacy and the ability to draw on resources of family and friends, must be considered.[71]

The child poverty rate in the county has reached a ten-year high with over 56,000 children (23.2%) living in households that reported incomes below the poverty threshold.[72] In 2009, over 23,000 households with children reported incomes below the poverty line. Of those families, almost half are female headed households (49%), followed by married couple households (39%).[73] While poverty status is the standard eligibility measure for many public assistance programs, it does not reflect true cost of living and families need to earn significantly more to meet basic needs. The most recent Center for Public Policy Priorities (CPPP) Family Budget Estimator Project (updated in 2007) calculated that Travis County families typically need incomes of at least double the poverty level to afford basic provisions.[74]

Asset poverty is another indicator of economic security. A household is considered asset poor if it lacks the net worth to subsist at the poverty level for three months in the absence of income. This translates into about $5,500 for a family of four.[75] Texas ranks 37th in the nation with an estimated one quarter (24.8%) of households considered asset poor.[76] Single parent

[p] The Northeast region includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The South region includes Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The West region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. The Midwest region includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

[q] A statistical test for sampling variability was not appropriate for changes over time or geographic comparison due to use of a controlled estimate. For more information on statistical testing, please refer to the U.S. Census Bureau's, *A Compass for Understanding and Using American Community Survey Data: What State and Local Governments Need to Know.* U.S. Government Printing Office, Washington, DC, 2009. Available at: http://www.census.gov/acs/www/guidance_for_data_users/handbooks/.

households are more likely than married households to be asset poor and 25% of middle-income families (those earning $44,801 - $68,800) are asset poor.[77]

Early Care and Education

Availability, affordability and quality of child care are key components to successful child development. Child care is also closely tied to workforce development and family economic security.

In 2009, based on a monthly snapshot, there were approximately 914 child care providers in Travis County with a capacity to serve 43,614 children.[78] Additional capacity is met by seven Travis County school districts' programs for four and five year olds.[r] Districts report the following capacity: 819 early childhood education slots and 7,004 prekindergarten slots.[s] Austin Independent School District has the greatest capacity of all seven Travis County school districts with 522 early education slots and 5,019 prekindergarten slots.[79]

Child care can comprise a substantial portion of family expenses. At licensed centers as of March 2010, the average cost of child care ranged from $832/month for a newborn to 11-month-old to $269/month for afterschool care for a school-aged child.[80] Registered and licensed home rates are considerably less for younger children - $624/month and $295/month for a newborn to 11-month-old and a school-aged child, respectively.[81]

Another indicator for child care demand is the length of the wait list for subsidized care available to low and moderate income parents through the local Workforce Solutions Board. Based on monthly snapshot counts for 2009, the average number of children on the waiting list each month was 1,887, with a range from 318 to 3,090 over the 12-month period.[82]

Research shows that high quality child care supports the successful cognitive, social, and emotional development of young children.[83] The Travis County community recognizes several systems that measure child care quality through a series of progressive standards including Texas Rising Star (TRS) and Austin Rising Star (ARS), through the Texas Workforce Commission and local workforce development boards, as well as the National Accreditation Commission (NAC) and National Association of the Education of Young Children (NAEYC). The National Association for Family Child Care (NAFCC) accredits family care providers.

The total number of providers accredited by any standard in Travis County increased from 80 to 97 providers (or 21.3%) from 2007 to 2008.[84] As of October 2009, the number of accredited centers was up to 131 – an increase of 64% from 2007.[t,85] The majority (114 or 87%) of

[r] Seven independent school districts serving Travis County include Austin, Del Valle, Eanes, Lago Vista, Lake Travis, Manor, and Pflugerville.

[s] Early Childhood and Prekindergarten programs may vary by district. Generally, Early Childhood programs are special education services provided in multiple settings for children ages 3-5 at no cost to parents. Prekindergarten programs are offered free of charge to children aged four by the first day of school who meet one of the following criteria: limited-English proficient (LEP), family income allows child to qualify for free or reduced lunch, child of active military parent, homeless, is or has ever been in the conservatorship of the Department of Family and Protective Services.

[t] These figures contain duplicates as some providers have TRS or ARS accreditation in addition to NAEYC- (19 providers), NAC- (8 providers) or NAFCC- (2 providers) accreditation.

providers were TRS or ARS accredited center and family-based programs; 30 were NAEYC-accredited; 11 were NAC-accredited and 5 were NAFCC-accredited.[86]

The federally funded Head Start program provides comprehensive child development and family supportive services to economically disadvantaged children from birth to age five. Texas had the 49th lowest Head Start participation rate (13.9%) in the nation in 2008.[87] The national average for the same year was 20.3%.[88]

Youth Risk Factors

Travis County is home to over 164,000 elementary, middle school and high school age children and youth.[89] The "out of school time" hours and other "gap times," including after school, weekends, holidays and during the summer, are prime opportunities for children and youth to participate in enrichment programs, such as school-sponsored activities, community-based programs, skill-development, employment training and paid work experiences. A 2009 study estimates that 26% of Texas kindergarten through twelfth grade children are responsible for caring for themselves during the afterschool hours while 15% (678,989) participate in afterschool programs. Participants spend an average of 9 hours per week in afterschool programs.[90]

Quality afterschool programming has been proven to positively affect attendance, test scores, and grade retention, especially for youth at risk of negative outcomes.[91] Conversely, 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.[92]

Family violence influences the entire spectrum of child and youth development. Children who are abused or neglected, including those who witness domestic violence, often exhibit emotional, cognitive, and behavioral problems, such as depression, low self-esteem, poor school performance, and lack of conflict resolution skills. Children who are abused or neglected also are more likely to have a higher tolerance for and use of violence in relationships and enter into violent relationships as teens and adults or abuse their own children.[93] In 2009, there were 10,786 alleged victims of child abuse/neglect in Travis County, with 1,777 confirmed victims.[94] In the same year there were 8,926 incidents of family violence in Travis County.[95] The rate of children in family violence shelters was 2.7 per 1,000 in 2007, slightly higher than the state rate of 2.4.[96]

Healthy behavior in youth strongly affects outcomes. Protective factors are defined as circumstances that promote healthy youth behaviors, decrease the chance that youth will engage in risky behaviors, and increase a young person's ability to recover from adverse life events.[97] External protective factors include caring relationships with adults and peers, high expectations, and opportunities for meaningful participation in home, school and community environments. Internal protective factors can include cooperation and communication, self-efficacy, empathy, problem solving, self-awareness, and goals and aspirations.[98] Some of the most prevalent risk taking behaviors that threaten the health and safety of youth include substance abuse (including tobacco), carrying a weapon, suicide attempts, fighting and risky sexual activity.[99]

According to results of the 2009 Youth Risk Behavior Survey of high school students, Texas students may be at greater risk for poor outcomes than youth nationally:

- Unintentional injuries: 91.8% of Texas respondents do not wear a helmet while bicycling and a third (33.5%) rode with a driver who had been drinking alcohol, greater than the national average of 84.7% and 28.3%, respectively.[100]
- Tobacco use: 50.3% of Texas respondents have tried smoking, slightly more than 46.3% nationally.[101]
- Illegal drug use: 8.5% of Texas respondents have used cocaine at least once and 9% have used ecstasy. The national average is 6.4% and 6.7%, respectively.[102]
- Sexual behavior: 37.7% of Texas respondents are sexually active and 17% report not learning about HIV or AIDS in school, greater than the national average of 34.2% and 13.0%, respectively.[103]
- Dietary behaviors: 32.8% of Texas respondents drank one or more soda per day (29.2% nationally).[104]

Cross-Issue Connections

Child and Youth Development influences the Education and Workforce Development issue areas. Quality early care and education helps prepare children for academic success. Child care is an essential support for many parents of young children to retain employment. Many other issues, if not adequately met, can be barriers to healthy child development; included among these are housing, behavioral health, public health, and basic needs.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- Any Baby Can of Austin, Inc.: Any Baby Can
- Austin Independent School District (AISD): After-School Program and Harvest Foundation Program
- Big Brothers Big Sisters of Central Texas, Inc.: Mentoring
- Child, Inc.: Early Education and Care
- Greater Calvary Rights of Passage, Inc.: Character Centered Leadership Development
- Pflugerville Independent School District (PISD): After the Bell Out-of-School Program
- River City Youth Foundation: Dove Springs Youth Services
- Workforce Solutions – Capital Area Workforce Board: Child Care Services – Early Childhood Local Match Agreement
- Workforce Solutions – Capital Area Workforce Board: Child Care Services – Quality Child Care Collaborative (QC3)
- Youth and Family Alliance (d.b.a. LifeWorks): Youth Development

Education

Goals and Services

Programs and services within this issue area **promote and support academic preparedness (school readiness) as well as educational attainment and success**. Some examples of services provided by programs within this issue 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.

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, as literacy is a key component for both employment and educational success.

Highlights of Community Conditions

Educational attainment greatly impacts earnings. Nationally, individuals with a bachelor's degree have median earnings 82% greater than high school graduates and 158% greater than individuals without a high school diploma or equivalent.[105] Travis County rates are similar, with an 83% difference between median earnings of those with a bachelor's degree compared to high school graduates and a 161% difference between those with a bachelor's degree and those without a high school diploma.[106]

Nativity influences educational attainment. Those who are native-born are more likely to have graduated from high school. Only 7% of the county's native-born population has less than a high school education, compared to 41% of foreign-born adults.[107] Among both native-born and foreign-born residents, 17% have only graduated high school (completed no higher education). The percentage of individuals with graduate or professional degrees is also very similar between the two populations, with 16% of native-born and 13% of foreign-born individuals attaining this level of education. However, there is a marked difference for overall college attendance and graduation. Only 42% of foreign-born individuals residing in Travis County have attended or graduated from college, compared to 76% of the native-born Travis County population.[108]

Educational Attainment by Nativity Travis County, 2009				
	Native-Born		Foreign-Born	
	Number	Percent	Number	Percent
Less than high school graduate	36,484	7%	63,640	41%
High school graduate (includes equivalency)	90,134	17%	25,843	17%
Some college or associate's degree	146,616	28%	19,818	13%
Bachelor's degree	164,684	31%	24,921	16%
Graduate or professional degree	85,014	16%	19,564	13%

Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

School-Aged Populations

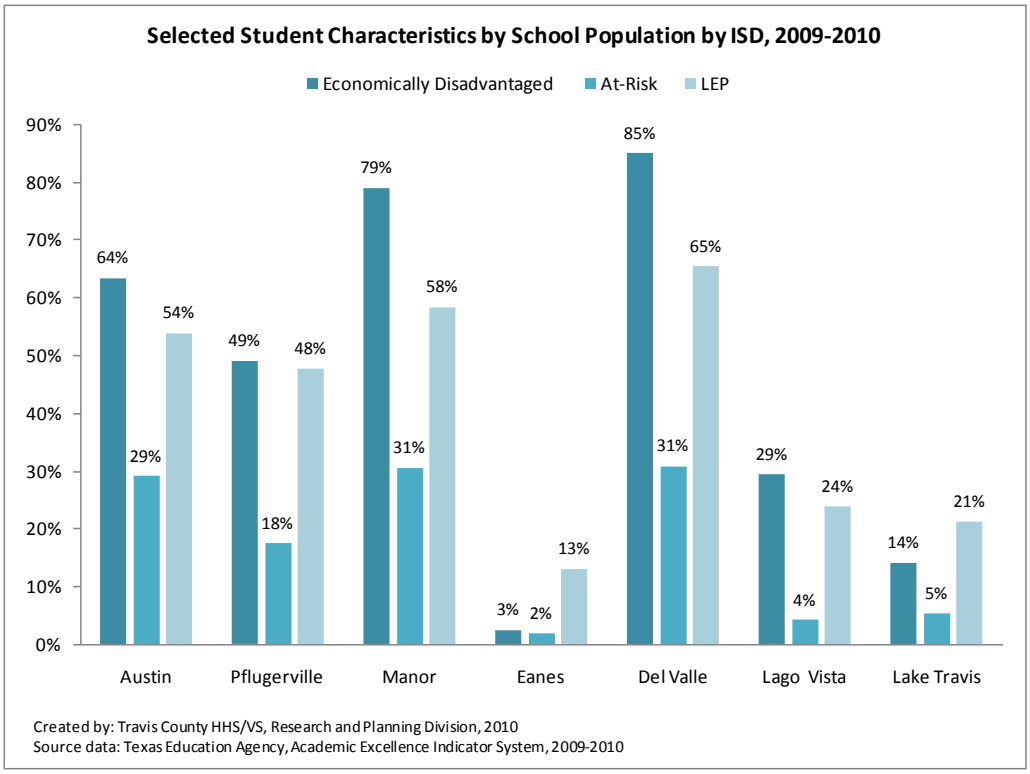
There are 138,449 students in schools serving Travis County.[u] Almost 60% of these students are designated as economically disadvantaged, half are at-risk and a quarter are Limited English Proficient (LEP). The county's percentage of LEP students exceeds that of the state (17%).

LEP, economically disadvantaged and at-risk student populations have been growing steadily and at a faster rate than the overall student population in Texas schools over the last few years. From 2005-2010, Texas' total student population has increased by 7% from 4.5 to 4.8 million, while the LEP statewide student population has grown by 15%, from 711,000 to 816,000.[109]

Travis County's student data mirror these statewide demographic trends. Since 2005, the county's total student population has increased by 10%; the economically disadvantaged student population increased by 19%; the at-risk[v] student population by 15%; and the LEP population by 35% over the same 5-year period.[110] 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 literacy-based educational services.

[u] Independent school districts (ISDs) serving Travis County include: Austin, Del Valle, Eanes, Lago Vista, Lake Travis, Manor, and Pflugerville. Other districts including Round Rock and Leander reach into Travis County, but are not included as most of their enrollment resides in other counties.

[v] A student is identified as at-risk of dropping out of school based on state-defined criteria. Please refer to the 2009-2010 AEIS Glossary for at-risk student criteria: http://ritter.tea.state.tx.us/perfreport/aeis/2010/glossary.pdf.



English proficiency and risk status correlate with both low TAKS scores and low high school graduation rates. 80% of the total student population (grades 3-11 in county schools) successfully met the 2010 TAKS standard; however, this percentage dropped to 58% for LEP students and 62% for at-risk students.[111] TAKS passing rates rose from 2009 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 graduation[w] rate for all students, grades 9-12, is 84%.[112] LEP student graduation rates are significantly lower at 50%[x], even less than the at-risk student graduation rate (77%).[113]

Adult Populations

Almost a third (31%) of the Travis County population speaks a language other than English in the home, and **15% of individuals report that they speak English less than "very well."**[114] Foreign-born individuals have greater difficulty with English. Over three-quarters (79%) of foreign-born Spanish speakers and 41% of foreign-born speakers of other languages report that they speak English less than "very well."[115] These difficulties may lead to an increased demand for ESL classes.

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[w] Graduation rates are calculated using the TEA AEIS Completion/Student Status Rate data, which reflects 4-year graduation rates for the 2009-2010 school year. Rates are averaged across the Independent School Districts serving Travis County. Graduation rates do not include students receiving a G.E.D. or continuing high school.

[x] The Limited English Proficient (LEP) student graduation rate was calculated using Austin, Del Valle, Lake Travis, Manor, and Pflugerville ISDs student data. Data were unavailable for the remaining two schools; results were masked due to small numbers to protect student confidentiality or zero observations were reported for the LEP student group.

Cross-Issue Connections

Education has strong ties with both the Child and Youth Development and Workforce Development issue areas. Investments in child and youth development provide wraparound supports that promote academic and social success for children and youth. Workforce Development investments offer vocational and technical training and related services that help translate academic learning into employment success. Other issues, such as housing, behavioral health, and basic needs, can have significant negative impacts on academic success.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- BookSpring: RIF Elementary School Program
- Youth and Family Alliance (d.b.a. LifeWorks): ABE / ESL

Behavioral Health

Goals and Services

Programs and services within this issue 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 issue area are mental health, psychiatric, marriage and family counseling; and substance abuse services.

TCHHS/VS offers both departmental and contracted behavioral health services which provide counseling, referral, and evaluation services to eligible individuals and families. Please note that the scope of this summary is limited to the Department's direct and contracted social service investments and does not include the county's responsibilities for behavioral health carried out via an Interlocal agreement with Austin Travis County Integral Care (formerly Austin/Travis County MHMR).

Highlights of Community Conditions

Statewide Need

Texas has the most residents (833,000 individuals) who are suffering from serious mental illness than any state in the nation except for California,[116] yet ranks 49th in per capita mental health expenditures in the nation.[117] Per capita mental health expenditures in Texas are $36, while the national average is $100.[118] The National Alliance on Mental Illness (NAMI) gave mental health services in the state of Texas a "D" in 2009, after having graded the state with a "C" for the previous three years.[119]

Local Need

Similarly, in Travis County the need for behavioral health services is greater than the existing capacity to deliver these services. While a local estimate of prevalence is not available, if the NAMI national prevalence estimates of mental illness (one in four adults and one in ten children) are applied to the 2009 county population, it can be estimated that there are more than **31,000 adults and 24,500 children with mental health issues in Travis County**.[120] In 2009, more than 18,000 individuals received services from the local mental health agency serving Travis County, Austin Travis County Integral Care (ATCIC). These service levels are up 18% from 2008 and 34% from 2006.[121] ATCIC reports ever-increasing numbers of clients in need on their waiting lists.[122]

2-1-1 Texas reported an increase in calls requesting mental health services in the Central Texas area in 2009, up 20% from the previous year.[123] Furthermore, in 2009, the ATCIC Crisis Hotline received nearly 78,000 calls, a 6% increase from 2008. In fact, since 2006, the number of crisis calls has increased by 34%.[124]

A private group of local mental health providers issued a recent report documenting an increasing need for mental health services, including the following:

- A 28% increase in visits to local emergency rooms by individuals presenting primarily with mental health issues between 2006 and 2008;[125]
- A more than 20% increase in caseloads of local law enforcement teams specializing in working with mentally ill individuals from 2005 to 2008 (though some or all of this increase may be due to increased awareness of this community resource); and
- An increase in the number of individuals with serious mental illness in both adult and juvenile justice systems in Travis County.[126]

Needs Among Incarcerated Populations

Behavioral health needs among local incarcerated populations are substantial. In 2009, it was reported that 1 in 4 (or 42,000) Texas inmates have received some kind of state-funded mental health services. Eight percent of these individuals (or 11,000) have been diagnosed with severe mental illness, and of these, nearly three-fourths also have a substance abuse disorder. More than 10,000 ex-offenders who are released annually from Texas prisons are on psychiatric medications. Few are released with more than a 10-day supply.[127]

Between the years of 2006 and 2008, **931 state prisoners who either had major depression, bipolar disorder, schizophrenia, or a developmental disability were released to Travis County**.[128] On any given day in the Travis County jail, 600 inmates (or 25% of the total number of inmates) are in need of mental health or substance abuse services.[129] Austin Travis County Re-Entry Initiative reports that in 2008, the 814 individuals officially assessed by jail staff and found to be mentally ill accounted for 2,580 arrests in the Travis County jail. Sixty-nine percent of these individuals had a co-occurring diagnosis, such as substance abuse, and all were homeless. These 814 individuals used 54,774 jail bed days in 2008. At $48 per day, the total cost to the county for this group adds up to more than $2.6 million dollars.[130]

According to a 2008 Travis County Inmate Profile report, local incarcerated populations show a larger alcohol and drug related offender population than the national average.[131]

Needs Among Youth

It is estimated that only half of youth with mental health issues actually receive treatment. The National Alliance on Mental Illness estimates that **70% of youths in the juvenile justice system have at least one mental health disorder**, with at least 20% experiencing significant functional impairment from a serious mental illness such as schizophrenia or bipolar disorder,[132] indicating that lack of treatment may contribute to involvement in the juvenile justice system.

Results from a 2009 survey examining school-based behavioral health services indicate that many Texas school staff are not aware of existing behavioral health services available at their schools. Furthermore, a majority of schools have not conducted assessments on behavioral health risk factors nor have they polled stakeholders on needed behavioral health services in schools.[133]

Needs Among Veterans

Returning veterans often have a number of behavioral health issues. These are often exacerbated by or otherwise linked to injuries they may have sustained in combat. More than 2 million soldiers have served or are expected to serve in Iraq or Afghanistan and an estimated **15 to 30 percent of these soldiers will return with post-traumatic stress disorder or major depression**.[134]

A report released by the Veterans Intervention Project, a local collaboration formed to increase awareness of veterans' involvement in the criminal justice system, indicates that about 150 veterans are incarcerated in the Travis County jail at any given time. One-third of them were arrested two or more times in the 90-day period in which the study was conducted. Of the charges filed against veterans, more than a quarter (27%) were felony charges. Additionally, more than 34% of all charges filed against the veterans arrested were related to drug and alcohol use: DWI, possession, public intoxication, vehicular manslaughter and other related crimes. **Most of the veterans described in the report had not obtained services of any kind**, either from the Veteran's Administration or from other service providers, such as counseling or substance abuse services.[135]

Gaps in Service: Infrastructure and Practitioners

The Travis County public hospital system offers very limited, dedicated psychiatric services compared to Texas counties of similar population size, according to the Mental Health Task Force (MHTF; formerly the Mayor's Mental Health Task Force Monitoring Committee).[136] Unlike other urban counties in the state, **Travis County has no psychiatric emergency room nor does it have any kind of crisis stabilization unit connected to any of the seven major hospital emergency departments in the area**.[137]

Statewide, Texas has only 2,400 beds in state mental hospitals, down from 2,800 in 1996.[138] The local rate of public psychiatric beds available to the population (11.4 per 100,000) is below the Austin Travis County Integral Care and the Mental Health Task Force standards for the Travis County community of 15.2 beds per 100,000 in population.[139] There are only 63 public beds in Travis County at present. State budget cuts proposed for the 2012-2013 biennium could eliminate funding for as many as 25 of these beds.[140] In addition, the MHTF reports that there are shortages in the number of mental health professionals practicing in Travis County.[141]

Gaps in Service: Substance Abuse Services

Substance abuse services in Travis County are also inadequate for the population. There are **no dedicated detoxification services in Travis County**,[142] and Travis County residential substance abuse treatment facilities operate with substantial **waiting lists, which "generally extend two months and beyond."**[143]

The Behavioral Risk Factor Surveillance System indicates that in 2009, more than 23% of individuals living in Travis County reported that they are binge drinkers. This proportion is higher than that of both the state (15%) and the nation (16%).[144] Local law enforcement and public health officials report a recent upward trend in opiate-related overdose deaths. Overdose deaths in Travis County have increased from 60 in 2005 to 100 in 2009, according to

medical records from the Travis County Medical Examiner's Office. There have been 61 overdose deaths in the county in the first nine months of 2010. This trend is linked primarily to the proliferation of prescription narcotics such as Vicodin and OxyContin.[145]

Systemic Factors Exacerbating Unmet Behavioral Healthcare Needs

Systemic factors exacerbate unmet behavioral healthcare needs, including the nearly 234,453 (or 23%) of Travis County residents who are living without health insurance.[146] While Travis County has fared better during the recent recession than much of the rest of the U.S., unemployment remained relatively high in 2010 for the region at 7%,[147] and the housing market remains sluggish.[148] 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,[149] and suicidal ideation**.[150] Stress also **heightens the risk of relapse, starting, or prolonging substance abuse**.[151] Behavioral health practitioners report an increase in the number of clients abusing substances since the beginning of the recent economic recession.[152]

Cross-Issue Connections

As described above, economic strains can increase risk of a number of behavioral health issues. These economic stressors can be found in a number of other issue areas: Workforce Development, Housing Continuum, and Basic Needs. Behavioral health issues can be a significant obstacle to improving one's status in most of the other issue areas. For example, untreated behavioral health issues can make it very difficult to maintain steady employment; this, in turn, directly impacts earnings, which then places housing and basic needs at risk.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- Austin Child Guidance Center: Children's Outpatient Mental Health and Evaluation Services
- Capital Area Counseling (formerly 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 (YWCA) of Greater Austin: YW Counseling and Referral Center
- Youth and Family Alliance (d.b.a. LifeWorks): Counseling

Public Health and Access to Healthcare

Goals and Services

Programs and services within this issue 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 issue area are to: provide education; improve access to 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.

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 people living with HIV/AIDS and individuals with disabilities. Please note that the scope of this summary is limited to the Department's social service investments and does not include the roles and responsibilities assumed by Central Health (the Travis County Healthcare District) or the County's responsibilities for public health carried out via an Interlocal agreement with the Austin/Travis County Health and Human Services Department.

Highlights of Community Conditions

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.[153] An additional focus of public health professionals is promotion of health care equity, quality, and accessibility, which requires addressing health disparities across all populations.[154]

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.

Prenatal Care and Pregnancy Outcomes

Women who begin prenatal care after the first trimester are at a higher risk for poor pregnancy outcomes, including premature births and low birth weight newborns (less than 5.5 pounds).[155] In 2007, the most recent year of available data, **over 38% of all Travis County mothers began prenatal care after the first trimester or received no prenatal care**.[156] A lack of or delayed

prenatal care was more prevalent for Hispanic mothers (53.6% of all Hispanic mothers) and African American mothers (43.7% of all African American mothers).[157] Further, almost two-thirds (64.8%) of teenage mothers under age 18 had delayed or no prenatal care.[158] Low birth weight is associated with poor outcomes later in life, such as asthma, lower IQ, and hypertension.[159] Premature and low birth weight babies also have an increased risk of hyperactivity disorder.[160] Low and very low birth weight babies comprised 9.1% of births in 2007.[161] African American babies had the largest percentage of low and very low birth weights (17.0%), roughly twice the rate of all other race/ethnic groups.[162] Nearly 11% of babies born to teenage mothers had low or very low birth weights.[163] African American mothers also had the largest percentage of premature births (17.7% of all African American mothers), while the percentage of premature births for White mothers (11.4% of White mothers) and Hispanic mothers (11.5% of Hispanic mothers) were nearly identical.[164] Over 14% of teenage mothers had premature births.[165]

Sexually Transmitted Diseases and Infections

The prevalence and incidence of sexually transmitted diseases (STDs) and infections (STIs) is another public health risk indicator. Individuals engaging in unprotected sex may contract or spread these diseases and infections; furthermore, unprotected sex can lead to HIV infections and unplanned pregnancies. STDs and STIs often go undiagnosed, and left untreated, can cause serious complications.[166]

In 2009, there were 66,126 Texans living with HIV.[167] African American individuals are disproportionately impacted, with a rate of 882.3 cases per 100,000 – over four times larger than any other race/ethnic group.[168] African Americans also comprise the largest percentage of individuals living with HIV (38.3%) although they represent only 11.5% of the total Texas population.[169] **In 2009, there were 3,844 people living with HIV in Travis County.**[170] Of those, 190 were new HIV cases and 142 were new AIDS cases.[171] The first quarter of 2010 (January – March) saw lower numbers of new HIV and AIDS cases, compared to the prior year's first quarter. There were 43 new HIV cases and 32 new AIDS cases in the first quarter of 2010, versus 46 new HIV cases and 40 new AIDS cases in the first quarter of 2009.[172]

Syphilis infections have grown substantially in Travis County, increasing nearly every year since 2002. From 2002 to 2009, syphilis cases increased from 101 to 317, representing a rate increase of 12.0 cases to 32.5 cases per 100,000, respectively.[173] Chlamydia cases also increased during this time period, from 3,661 cases in 2002 (a rate of 435.9 per 100,000) to 5,829 cases in 2009 (a rate of 598.2 per 100,000).[174] Though the number of cases has increased, gonorrhea rates have decreased over the same 8-year period – down from 165.6 cases to 147.6 cases per 100,000.[175]

Rates of Hepatitis A and B have declined across the state, and this decline is attributed to implementation of a successful immunization policy.[176] However, there is no vaccine for Hepatitis C and chronic Hepatitis A and B account for more than 50% of new cases of chronic liver disease, a leading cause of death.[177] About half of the number of people estimated to be living with Hepatitis B and C are unaware of their infection status.[178]

Chronic Health Conditions

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; more than 75% of U.S. health care expenses are for chronic conditions.[179] Indirect costs are more difficult to quantify but include absenteeism, missed work days, and reduced productivity.[180] Further, there are widespread health disparities in the incidence and mortality rates of chronic conditions among racial and ethnic minorities.[181] Other factors may contribute to chronic health conditions, including socioeconomic status, lack of access to environmental resources for physical activity (e.g., sidewalks and parks) and for healthier foods (e.g., full-service grocery stores, rather than convenience stores), and food insecurity (i.e., unreliable access to food).[182]

Risk factors associated with **diabetes** include high blood pressure, high cholesterol, obesity, and lack of physical activity.[183] Diabetes is the sixth leading cause of death in the state and the fourth leading cause of death among Hispanics and African-Americans.[184] Current projections show a quadrupling of the number of adult Texans with diabetes – from approximately 2.2 million in 2010 to almost 8 million in 2040.[185] Travis County projections also indicate an increase in the percentage of the population with diabetes – from 10.3% in 2010 to over a quarter (25.2%) in 2040.[186] In 2008, the prevalence of diabetes in Texas decreased to 9.7% (down from 10.3% in the prior year) but still exceeded the national average (8.8%).[187] African Americans, Hispanics, and adults ages 65 and older had the highest rates of diabetes among all race/ethnic and age groups while males and females had similar prevalence rates.[188]

Cardiovascular disease (CVD) risk factors include diabetes, smoking, obesity, poor nutrition, high cholesterol, high blood pressure, and physical inactivity.[189] Overall, Austin-Round Rock MSA residents have a smaller prevalence of CVD risk factors versus the rest of the state.[190] However, behavioral risk factor survey data show Austin-Round Rock MSA residents with higher rates of cardiovascular disease[y] (7.2%) compared to Texas as a whole (6.5%). Health disparities exist across education and income levels, particularly in increased prevalence rates for individuals without a high school diploma (12.5%) and those with incomes less than $25,000 (10.6%).[191] Age was the strongest determinant of cardiovascular disease, though, as individuals ages 65 and older had the highest prevalence rate (29.0%).[192]

[y] Cardiovascular disease rates, as reported by the Behavioral Risk Factor Surveillance System, includes respondents 18 years and older who report that they have been diagnosed as having had a Heart Attack, Myocardial Infarction, Angina, Coronary Heart Disease, or Stroke.

Cardiovascular Disease (CVD) Risk Factors Austin-Round Rock MSA and Texas, 2009		
Risk Factor	**Austin-Round Rock MSA**	**Texas**
Diabetes	6.5%	9.3%
Current Smoker	13.4%	17.9%
Obesity (Body Mass Index >=30)	28.1%	29.5%
Poor Nutrition[z]	71.4%	76.2%
High Blood Cholesterol	38.0%	40.9%
High Blood Pressure	27.8%	29.1%
No Leisure Time/Physical Activity	18.4%	27.3%

Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: Texas Department of State Health Services, Texas Behavioral Risk Factor Surveillance System, Texas Cardiovascular Disease and Stroke Program

Access to Healthcare

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 and the affordability of therapeutic interventions (e.g., medicine, physical therapy, and behavioral health). Individuals without health insurance are more than twice as likely to delay or forgo needed care, compared to those with health insurance; delaying or forgoing care can lead to serious health problems and hospitalizations for avoidable conditions.[193]

In 2008-2009, over a quarter of the population (26%) in Texas was uninsured, exceeding the U.S. rate (17%).[194] Rates in Travis County are lower than the state but still well above the national rate, with an **estimated 23% of the population lacking health insurance**.[195]

A prominent issue at the federal level is health reform. On March 23, 2010, the Patient Protection and Affordable Care Act was signed into law. The law focuses on provisions to expand health coverage, control health care costs, and improve the health care delivery system.[196] Key health care provisions include:

- Most individuals will be required to have health insurance beginning in 2014.
- Individuals who do not have access to affordable employer coverage will be able to purchase coverage through a Health Insurance Exchange with premium and cost-sharing credits available to some people to make coverage more affordable. Small businesses will be able to purchase coverage through a separate Exchange.
- Employers will be required to pay penalties for employees who receive tax credits for health insurance through the Exchange, with exceptions for small employers.
- New regulations will be imposed on all health plans that will prevent health insurers from denying coverage to people for any reason, including health status, and from charging higher premiums based on health status and gender.

[z] Poor nutrition is defined as eating less than 5 servings of fruits and vegetables per day.

- Medicaid will be expanded to 133% of the federal poverty level ($14,404 for an individual and $29,327 for a family of four in 2009) for all individuals under age 65.[197]

However, the November 2010 midterm elections have called into question the future of the health care law. Newly-elected lawmakers have stated their desire to repeal and replace the health care law; at a minimum, modifications to the existing law are likely.[198] The impact of the upcoming legislative session bears watching in the coming months.

Cross-Issue Connections

Public Health and Access to Healthcare has strong ties with the Behavioral Health issue area. Investments in behavioral health services provide prevention, intervention, and treatment to adults and children who have been impacted by issues of mental illness, substance abuse, and developmental disabilities. Research has found extensive evidence of a relationship between behavioral health and medical illnesses, including cardiovascular disease, diabetes, obesity, and cancer.[199] The incidence and outcomes of chronic disease are influenced by mental illness and the efficacy of treatment for mental illness is, in turn, influenced by the presence of chronic disease.[200]

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- AIDS Services of Austin, Inc.: Case Management
- AIDS Services of Austin, Inc.: Food Bank
- AIDS Services of Austin, Inc.: Mpowerment
- 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 Program
- Sustainable Food Center: Grow Local
- The Wright House Wellness Center, Inc.: Case Management

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: 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.

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.

Highlights of Community Conditions

Home- and community-based supportive services continue to be 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.[201] Following the U.S. Supreme Court's *Olmstead v. L.C.* ruling in 1999, the Texas Health and Human Services Commission established the Texas Promoting Independence Plan, last revised for 2008. The Court's ruling required states to provide community-based services for persons with disabilities who would otherwise be entitled to institutional service, within certain conditions.[202] In response, the share of U.S. Medicaid funding for long-term care devoted to community-based services has increased from 27% in 1999 to 45% in 2009.[203]

Shift to Home and Community Settings

The shift from institutional to home- and community-based settings is a nationwide trend. Between 1999 and 2004, the number of older adults in institutional settings decreased by 11%; during this same time period, the number of older adults with disabilities in community residential care facilities increased by 74%.[204]

From 1984 to 2004, there was a substantial increase in the number and percentage of older people living in the community at all levels of disabilities, with over two-thirds more older people with two or more disabilities living in the community.[205] The decrease in institutional use is due to the increased number of older people with disabilities who are able to live in

community setting, not declining disability rates.[206] This trend reinforces the growing use of home- and community-based services.

The shift to home- and community-based services is also seen in state supported living centers. **Enrollment in state supported living centers has decreased, with an average enrollment of 4,629 individuals in 2009, down from 4,985 individuals in 2004.**[207] In 2009, the number of admissions to these thirteen living centers (177) was less than the number of individuals moving to an alternate living environment (252).[208] Based on current and historical enrollment data, the Texas Department of Aging and Disability Services expects the average enrollment in these centers to continue its downward trend.[209]

Demand for Service

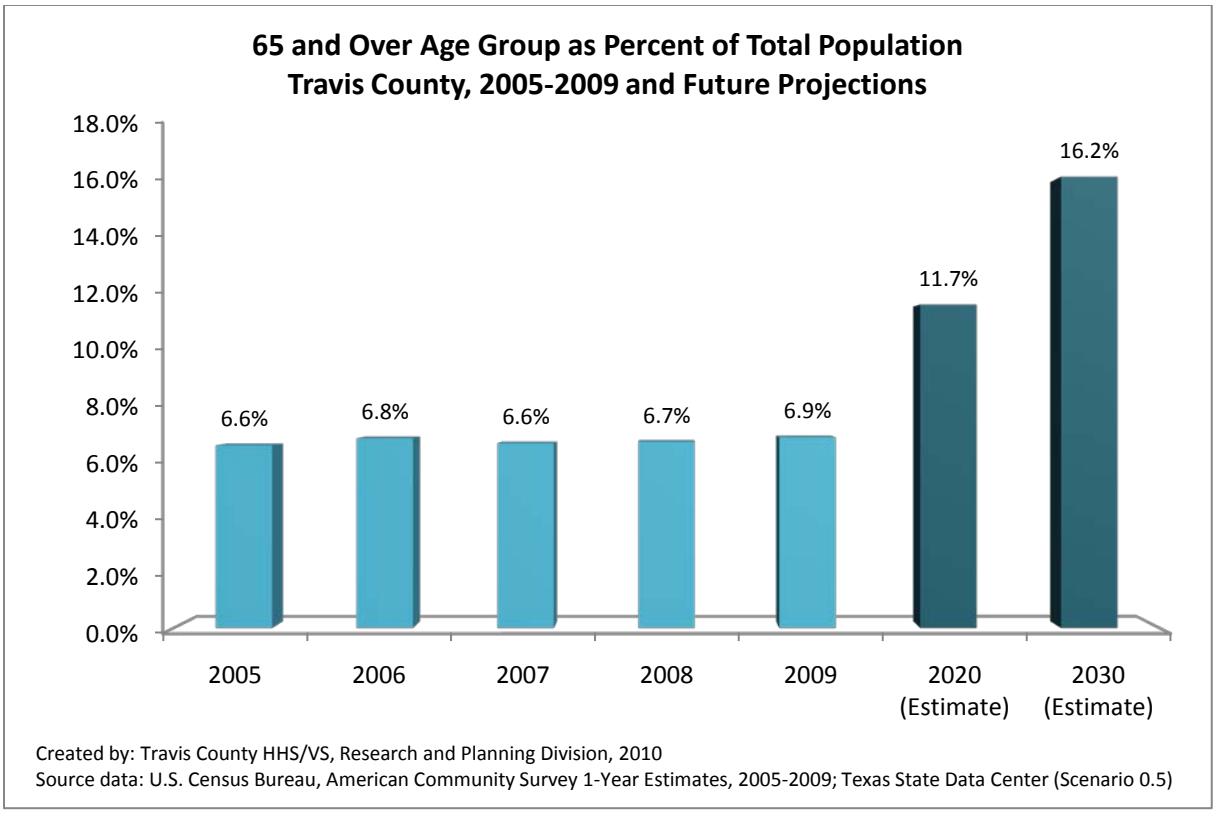
Demand for supportive services continues to exceed available resources. The Texas Department of Aging and Disability Services manages wait lists for home- and community-based services such as Community Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), and Home and Community Services (HCS). CBA and CLASS assist adults and children with mental or physical disabilities and provide services, such as minor home modifications, nursing services, and respite, as an alternative to institutional care.[210] HCS provides services and supports for adults and children with mental retardation, including day habilitation, employment assistance, respite, and specialized therapies.[211] As of November 30, 2010, across Texas there were 33,127 individuals on the CBA wait list; 33,461 interested in CLASS; and 47,243 waiting for HCS.[212] In general, **wait lists have grown over the past year; since November 30, 2009, the HCS wait list grew by 13% and CLASS increased by 16%.**[213] Only the CBA wait list decreased, down 5% from the previous year.[214] Time on a wait list varies by service; as of February 28, 2010, the average was 0.9 years for CBA, 2.7 years for CLASS, and 3.2 years for HCS.[215]

Continued or increased demand for supportive services is likely for several interrelated reasons: (1) life expectancy is rising; thus, there is increasing growth in the aging population; (2) the rate of disability increases with age; (3) adults trying to balance obligations for both their children and their parents may need to seek support to care for aging relatives.

Demographic Trends

Demographic trends suggest that community support service needs will continue to grow in the near future. The 65 and over population in Travis County grew by 28% between 2000 and 2009.[aa,216] The 45-64 age group increased 48% over the same time period.[217] Given this substantial growth, and as the population ages, it is likely that individuals 65 and over will comprise a larger percentage of the total population in the future.

[aa] A statistical test for sampling variability was not appropriate for changes over time or geographic comparison due to use of a controlled estimate. For more information on statistical testing, please refer to the U.S. Census Bureau's, *A Compass for Understanding and Using American Community Survey Data: What State and Local Governments Need to Know.* U.S. Government Printing Office, Washington, DC, 2009. Available at: http://www.census.gov/acs/www/guidance_for_data_users/handbooks/.



Aging and Disabilities

While the overall demand for supportive services is expected to increase, certain groups, including older adults and low-income individuals, may be even more likely to require services. Older individuals are more likely to have a disability. Slightly less than 9% of the Travis County population has one or more disabilities.[218] However, the rate of disability increases with age; **over a quarter (29.5%) of individuals aged 65 to 74 and over half (53.2%) of individuals 75 and older has a disability**.[219]

Disability Status by Age, Travis County, 2009		
	Total population	**65 years and over**
With an independent living difficulty[bb]	4.1%	20.8%
With a self-care difficulty[bb]	1.9%	12.1%
With one disability	4.8%	15.5%
With two or more disabilities	3.9%	24.0%

Created by: Travis County HHS/VS, Research and Planning Division, 2010
Source data: U.S. Census Bureau, 2009 American Community Survey 1-Year Estimates

[bb] An independent living difficulty is defined as difficulty "doing errands alone such as visiting a doctor's office or shopping" due to a physical, mental, or emotional condition. A self-care difficulty is defined as "difficulty dressing or bathing." Please see the American Community Survey Subject Definitions 2009 for further information: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2009_ACSSubjectDefinitions.pdf.

While U.S. Census Bureau data indicate that the rate of disability[cc] increases with age – i.e., older adults are more likely to have a disability than their younger counterparts – the rate of chronic disability among older adults has actually declined in recent years. Data from the National Long-Term Care Survey show that chronic disabilities in the older population declined from 22.8% to 18.9% between 1984 and 2004 (when age-adjusted to the 1984 population), representing a relative decline of 17%.[220]

Caregiving

Family caregivers comprise more than 90% of those caring for an individual over the age of 60.[221] Between 1984 and 2004, at least 90% of older people receiving care in the community received family care, either alone or in combination with formal home care services.[222] There was a sharp decline in the provision of formal care during this same time period, with the steepest drops for individuals with higher levels of disabilities, in-home nursing services, and for those people who did not pay for services out of pocket.[223] Family caregivers, however, cannot continue to provide the majority of long-term care. Future cohorts of older people likely have fewer children, and family members may be geographically dispersed or plan to remain in the labor force for a longer period of time.[224] These factors could lead to a greater need for formal home care services in the coming years.

Cross-Issue Connections

Supportive Services for Independent Living has ties including, but not limited to, both the Public Health and Access to Healthcare and the Behavioral Health issue areas. Access to healthcare – including mental health services – may determine the availability of services and the quality of care received. Further, the recent economic recession has likely strained families' resources for securing formal home care services. Despite the decline in the rate of disability among older adults, the need for supportive services will likely continue to grow, based on the expected growth of the aging population. Additionally, as 22.4% of all individuals with a disability are below the poverty level, compared to only 15.6% of the population without a disability, many low-income individuals with disabilities will likely require assistance securing these services.[225]

[cc] 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 American Community Survey Subject Definitions 2009 for further information: http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2009_ACSSubjectDefinitions.pdf.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

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

Legal Services

Goals and Services

Programs and services within this issue area 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 issue area include legal counseling, education and advocacy toward preventing homelessness, neglect and abuse, or financial insecurity among low income or otherwise vulnerable Travis County residents.

Legal services span a wide range of issues and serve a diverse array of clients. TCHHS/VS contracts with agencies offering legal services primarily focused on helping clients obtain financial security, serving at-risk children and youth, and assisting immigrants.

Highlights of Community Conditions

For many Texans, particularly those in poverty, access to effective legal services is limited. More than five million Texans qualify for legal aid services, but **due to a lack of funding for these services, only 20% to 25% of those in need receive them**.[226] In fact, Texas ranks 39th in per capita revenue spent to provide civil legal aid.[227] Funding for legal aid services comes from interest generated in lawyers' trust accounts through a program known as IOLTA (Interest on Lawyers Trust Accounts) which is administered by the Access to Justice Foundation. Because interest rates have plummeted in recent years, proceeds from these accounts are very low, falling from $20 million in 2007 to $12 million in 2008 to $5.5 million in 2009.[228] This decrease threatens the availability of legal assistance for thousands of low-income Texans.

Demand for Legal Services

The recent economic recession has increased the demand for legal services. A growing number of low-income individuals and families need assistance with a variety of civil legal issues, including domestic violence, employment disputes, veteran and elderly benefits, and foreclosures.[229] Local legal service providers report increased demand for services, particularly for public benefit and housing issues resulting from the recent economic recession.[230] **In 2009, 2-1-1 South Central Texas reported that requests for legal and criminal justice services in Central Texas rose by 34% from the previous year.**[231] However, the Lawyer Referral Service of Central Texas reports that the number of referrals for reduced-fee legal services made in fiscal year 2009-2010 (1,081) dropped 35% from the previous fiscal year (1,683). Agency officials report that this is not an indication of decreased demand but is due to the fact that clients cannot afford even the nominal fees the agency requires clients to pay for services. Agency officials report that clients, as a last resort, are choosing to represent themselves.[232]

Legal Services for Children and Youth

Children at risk of or suffering from abuse or neglect often require legal services. **In 2009, there were 11,956 alleged victims of child abuse/neglect in Travis County**[233] **and 228 children were removed from their homes.**[234] The Texas Department of Family and Protective Services (DFPS) maintains legal responsibility for children removed from their homes. In 2009, the Travis County rate of the number of children under DFPS legal responsibility (5.7 per 1,000 children) is very close to that of Texas as a whole (6.3 per 1,000 children).[235] Travis County's rate of confirmed victims of child abuse/neglect (8.1 per 1,000 children) is slightly lower than the state rate (10.5 per 1,000 children).[236]

Youth at risk of involvement or already involved in the juvenile justice system also require legal services. According to reporting by the Texas Department of Public Safety, from 2008 and 2009, arrests of Travis County residents under 18 for theft, drug abuse violations, vandalism and assault are on the rise.[237]

Legal Services for Immigrants

Immigrants, including refugees[dd], are provided legal services under the TCHHS/VS contracts. Specifically, they receive assistance to complete their applications for legal permanent residency, citizenship, and refugee status. According to the 2009 American Community Survey, **there are 188,675 immigrants living in Travis County (18% of the total population)**. In the nation as a whole, immigrants make up 13% of the population, and in Texas, they make up 16% of the population.[238] In 2009, 5,698 individuals in the Austin-Round Rock Core Based Statistical Area (CBSA)[ee] obtained legal permanent residency status.[239] In the same year, 2,829 people in the Austin-Round Rock CBSA became naturalized citizens.[240]

Cross-Issue Connections

Our investments in legal services are most closely tied to the Basic Needs, Housing Continuum, Child and Youth Development, Education and Behavioral Health issue areas. One set of services is intended to help secure public benefits and prevent financial instability and homelessness. Other services are focused on children and youth involved in the juvenile justice or child protection systems and are intended to minimize negative impacts as they move through these systems.

[dd] The program referred to here 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.

[ee] The Austin-Round Rock CBSA includes the following counties: Bastrop, Caldwell, Hays, Travis and Williamson.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

- The Arc of the Capital Area: Juvenile Justice Services
- CASA of Travis County, Inc.: Child Advocacy
- Immigration Counseling and Outreach Services: Status Improvement Assistance
- Texas RioGrande Legal Aid, Inc.: Legal Assistance

Restorative Justice and Reentry

Goals and Services

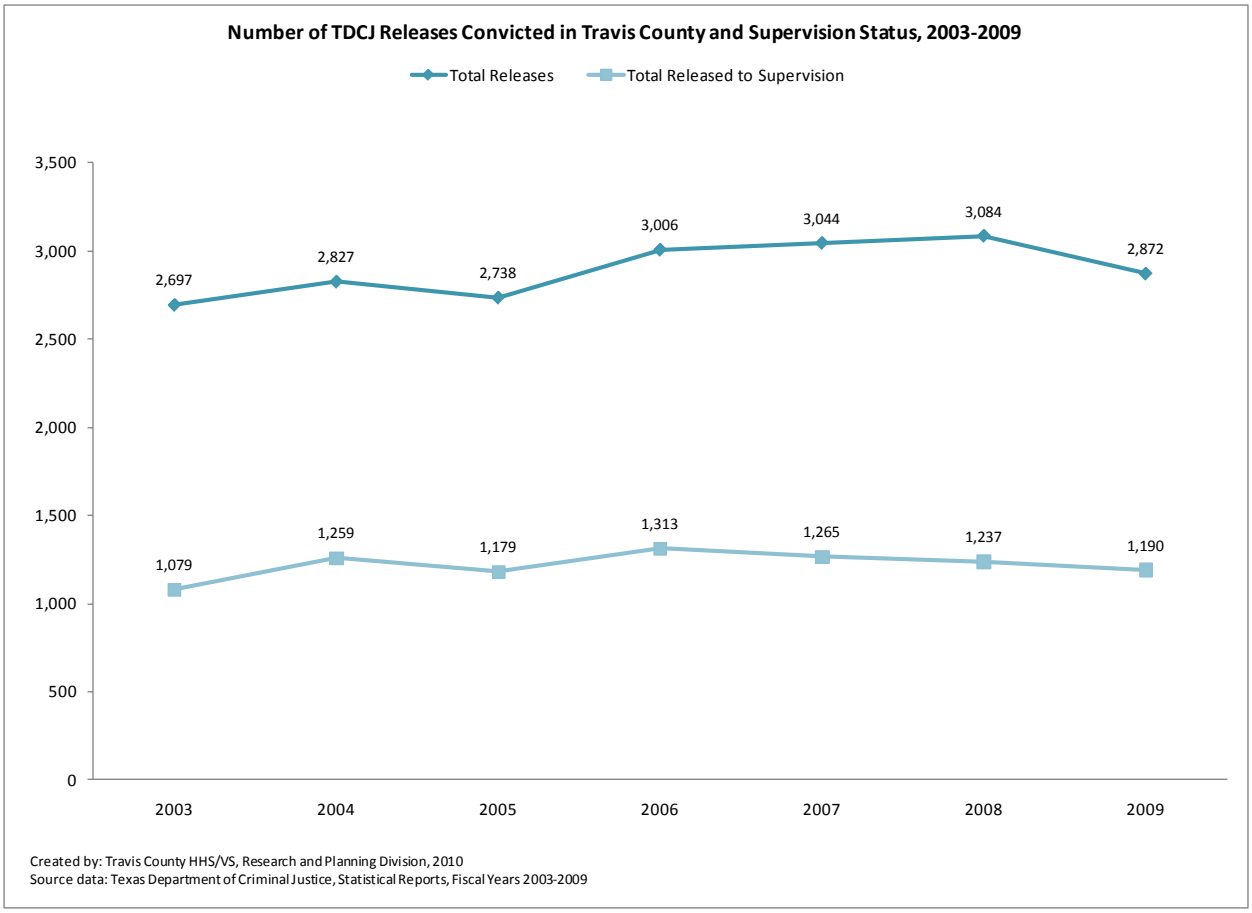
Programs and services within this issue area are intended to repair the loss or harm inflicted on victims and to provide alternative sanctions where possible, as well as to **promote successful re-integration of youth and adult offenders back into the community**. Some examples of services provided by programs within this issue area are reentry 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.

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

Highlights of Community Conditions

In this report, a prisoner's **county of conviction serves as an approximation of the county where prisoners will reside once released**.[ff] The following chart shows that 2009 marked the first year since 2005 that fewer people were released from TDCJ who were convicted in Travis County than the year before, a decrease of 212 people (or 7%) from 2008.[241] 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).[242] 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.[243]

[ff] Additional reentry populations in Travis County not reflected in this community condition overview include people released from the Travis County Jail, the Texas Youth Commission, and Travis County Juvenile Probation Detention and Residential Centers. This overview focuses on releases from TDCJ because this is the population targeted by the services purchased within this issue area.



Following are highlights of other characteristics of people released from TDCJ custody in 2009.

- The vast majority were male (85%), and the average age was 35.[244]
- Slightly more than a third (35%) were African American, 33% were Anglo, 31% were Hispanic, and the remainder was another race or ethnicity.[245]
- Few (18%) committed violent offenses, slightly more than a third (35%) committed drug offenses, 28% committed property offenses, and 19% committed other offenses such as driving-while-intoxicated and weapons offenses.[246]
- The majority (57%) were released from prison, 34% were released from State Jail, and 9% were released from Substance Abuse Felony Punishment facilities.[247]
- Nearly half (42%) were incarcerated for a period of 1 year or less, a quarter were incarcerated between 13 months and 2 years, and a third were incarcerated over 2 years.[248]

Cross-Issue Connections

Restorative Justice and Reentry has ties to the Workforce Development issue area, as purchased services emphasize the importance of securing employment for individuals recently incarcerated.

Programs Included in the Community Impact Report

The following contracted service providers and programs will be included in the 2010 Community Impact Report Part II to be released in March 2011.

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

Appendix A

Federal Poverty Income Guidelines – 2010

Most TCHHS/VS contracts require the programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline 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 Poverty Threshold Levels					
	50%	100%	125%	150%	200%	250%
1	5,415	10,830	13,538	16,245	21,660	27,075
2	7,285	14,570	18,213	21,855	29,140	36,425
3	9,155	18,310	22,888	27,465	36,620	45,775
4	11,025	22,050	27,563	33,075	44,100	55,125
5	12,895	25,790	32,238	38,685	51,580	64,475
6	14,765	29,530	36,913	44,295	59,060	73,825
7	16,635	33,270	41,588	49,905	66,540	83,175
8	18,505	37,010	46,263	55,515	74,020	92,525
For each additional household member add:						
	1,870	3,740	4,675	5,610	7,480	9,350

Data Source: U.S. Department of Health & Human Services, "The HHS Poverty Guidelines for the Remainder of 2010 (August 2010)," *Federal Register*, Vol. 75, No. 148, August 3, 2010, pp. 45628–45629, http://aspe.hhs.gov/poverty/10poverty.shtml (accessed December 28, 2010). Per the U.S. Department of Health & Human Services, "Legislation enacted in late 2009 and early 2010 prohibited publication of 2010 poverty guidelines before May 31, 2010, and required that the 2009 poverty guidelines remain in effect until publication of updated guidelines. Legislation to further delay publication of the 2010 guidelines did not pass. The procedure for updating the 2010 guidelines was modified to take into account the Consumer Price Index (CPI-U) for the period for which their publication was delayed. As a result, the poverty guideline figures for the remainder of 2010… were the same as the 2009 poverty guideline figures."

Appendix B

Austin Median Family Income Guidelines – 2010

The Blackland Community Development Corporation contract requires participants in their Transitional Housing program to have a household income at or below 50% of the Austin Median Family Income (MFI) level. A number of programs in the Housing Continuum issue area also use the Austin MFI level 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 Travis County.

Household Size	Income Limits for Threshold Levels				
	30%	50%	80%	100%	120%
1	15,550	25,850	41,350	51,660	62,000
2	17,750	29,550	47,250	59,040	70,850
3	19,950	33,250	53,150	66,420	79,700
4	22,150	36,900	59,050	73,800	88,550
5	23,950	39,900	63,800	79,704	95,650
6	25,700	42,850	68,500	85,608	102,750
7	27,500	45,800	73,250	91,512	109,800
8	29,250	48,750	77,950	97,416	116,990

Data Source: City of Austin Neighborhood Housing and Community Development / Austin Housing Finance Corp., "Income Limits by Household Size," City of Austin, May 14, 2010, http://www.ci.austin.tx.us/housing/downloads/mfi_chart_051410_final.pdf (accessed December 28, 2010).

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