



Travis County Commissioners Court Agenda Request

Meeting Date: December 17, 2013

Prepared By/Phone Number: Shannon Pleasant, CTPM 854-1181 /
Marvin Brice, CPPB 854-9765

Elected/Appointed Official/Dept. Head: Cyd Grimes, C.P.M., CPPO

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Approve Interlocal Agreement No. 4400001726 with the City of Austin for Public Health Services

- **Purchasing Recommendation and Comments:** Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.

Travis County Health and Human Services and Veterans Service (TCHHSVS) is requesting the approval of the Public Health Interlocal Agreement with the City of Austin (COA). Historically the County and City have collaboratively provided public health and human services throughout Travis County and the City of Austin.

The agreement is designed to provide more efficient administration of public health assistances and covers a variety of services including HIV Outreach and Prevention, Immunization, Chronic Disease Prevention, Teen Pregnancy Prevention and Health and Safety Code Compliance.

The FY14 amount for this agreement totals \$3,122,526 for the period October 1, 2013 through September 30, 2014. As in previous years, this amount is offset by \$59,633 personnel credit received by the County under the agreement paid by the County. This credit results in a \$3,062,893 net amount paid by the County to the City for the contract year.

ID# 9872

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

This agreement was previously approved on the September 24, 2013 Court Agenda, Item No. 38 to prevent contract expiration, as the agreement was not ready for presentation due to TCHHSVS working with the COA and the County Attorney's office on finalizing the Statement of Work and funding. The agreement has been finalized and is being presented to the Court for signature.

➤ **Contract Expenditures:** Within the last 12 months \$0.00 has been spent against this contract/requirement.

➤ **Contract-Related Information:**

Award Amount: \$3,122,526

Contract Type: Interlocal Agreement

Contract Period: October 1, 2013 through September 30, 2014

➤ **Contract Modification Information:** Not Applicable

Modification Amount:

Modification Type:

Modification Period:

➤ **Solicitation-Related Information:** Not Applicable

Solicitations Sent:

Responses Received:

HUB Information:

% HUB Subcontractor:

➤ **Special Contract Considerations:** Not Applicable

Award has been protested; interested parties have been notified.

Award is not to the lowest bidder; interested parties have been notified.

Comments:

➤ **Funding Information:**

SAP Shopping Cart #: FR# 300000986

Funding Account(s): 1580090001

Comments:

ID# 9872

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.



Travis County Commissioners Court Agenda Request

Meeting Date: September 24, 2013

Prepared By/Phone Number: Shannon Pleasant, CTPM 854-1181 /
Marvin Brice, CPPB 854-9765

Elected/Appointed Official/Dept. Head: Cyd Grimes, C.P.M., CPPO
Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Consider and Take Appropriate Action on Request to Renew Certain Health and Human Services and Veterans Services Social Service Contracts which Expire September 30, 2013.

Travis County Health and Human Services and Veteran Services (TCHHSVS) Department has requested the Purchasing Office to place on the Court's Agenda the attached list of Social Services Contracts which will expire September 30, 2013. TCHHSVS is currently working with the County Attorney's office on finalizing the Statement of Work and funding of these contracts; and as such they were not ready for presentation to the Court at the time of this agenda preparation. Once the contracts are finalized, and funding secured, those contracts which require Court approval will be presented for the Judge's signature. However, in order to prevent contract expiration, the attached list (Attachment A) is being presented for approval.

REQUESTED ACTION:

APPROVE (4) DISAPPROVE ()

Samuel T. Biscoe

Samuel T. Biscoe, County Judge

9-24-13

Date

➤ Contract-Related Information: See Attachment A

#9423

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.



**TRAVIS COUNTY HEALTH and HUMAN SERVICES
and VETERANS SERVICE
502 E. Highland Mall Blvd.
P. O. Box 1748
Austin, Texas 78767**

**Sherri E. Fleming
County Executive
for TCHHSVS
(512) 854-4100
Fax (512) 279-1608**

DATE: September 9, 2013

TO: Cyd Grimes, Travis County Purchasing Agent, CPM, CPPO

FROM: *Sherri E. Fleming*
Sherri E. Fleming
County Executive for Travis County Health and Human Services
and Veterans Service

SUBJECT: Contract renewals

Proposed Motion:

Consider and take appropriate action to approve start dates for certain TCHHSVS contract renewals that have been drafted but are still in the process of being reviewed either by the vendor, a third party (ATCIC or the City of Austin) or one of the various county departments involved in the contracting process and will not be completed in time to be posted on the 9/24/13 Commissioners Court agenda. Final approval of the contracts will be based on the submitting of final documents to the Commissioners Court upon completion and execution by other parties.

Summary and Staff Recommendations:

1) Encompass Medical Management, Inc.
Contract Number: 4400000683
Contract Period: 9/30/13 – 9/29/14
Contract Amount: \$81,800

Funded through the Parenting in Recovery (PIR) grant, this contract provides data management, monitoring and processing services as well as training for the PIR project. TCHHSVS is waiting for the notice of grant award for the 9/30/13 – 9/29/14 grant year.

While TCHHSVS fully expects to receive another year's worth of grant funds, it will not execute this contract if the grant funds are not awarded.

2) Foundation Communities

Contract Number: 4400000694
 Contract Period: 9/30/13 – 9/29/14
 Contract Amount: \$15,144

Also funded through the PIR grant, this contract provides case management for PIR clients. This contract is in the same situation as the one for Encompass. TCHHSVS is waiting for the notice of grant award for the 9/30/13 – 9/29/14 grant year. While TCHHSVS fully expects to receive another year's worth of grant funds, it will not execute this contract if the grant funds are not awarded.

3) ATCIC SAMSO

Contract Number: 4400000372
 Contract Period: 10/1/13 – 9/30/14
 Contract Amount: \$1,285,851

Travis County, the City of Austin and Austin Travis County Integral Care (ATCIC) have a three-way interlocal agreement for the provision of substance abuse treatment services. Under the agreement, ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are linked or referred to case management and other support services as part of the treatment process.

Travis County is providing \$821,799 from the General Fund for the new contract. The City of Austin is expected to contribute \$310,921 and the PIR grant will contribute \$153,131. While TCHHSVS fully expects to receive another year's worth of PIR funds, the money will be taken out of this contract if the grant is not renewed.

4) ATCIC System of Care

Contract Number: 4400000374
 Contract Period: 10/1/13 – 9/30/14
 Contract Amount: \$723,002

TCHHSVS uses a contract with ATCIC to fund a variety of programs, known as the System of Care, for children and their families experiencing mental and behavioral challenges. ATCIC acts as the managed services organization, overseeing the services provided by a network of vendors. The contract also serves clients enrolled in the grant funded PIR project and The Children's Continuum (TCC).

The FY'14 contract has money from the following sources:

\$515,000 in General Fund money;
 \$75,000 from Allocated Reserves;

\$32,698 from the Milburn Trust;
 \$36,918 from TCC grant; and
 \$63,386 in PIR grant money.

While TCHHSVS fully expects to receive another year's worth of PIR funds, the money will be taken out of this contract if the grant is not renewed. TCC grant funds are in place.

5) Court Appointed Special Advocates (CASA)

Contract Number: 4400000996
 Contract Period: 10/1/13 – 9/30/14
 Contract Amount: \$11,930

Funded through the TCC grant, this contract provides 25% of the funding for a Child Advocate position to work as court-appointed guardian ad litem for children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

6) ATCIC Child Therapist and Supervisor

Contract Number: 4400001018
 Contract Period: 10/1/13 – 9/30/14
 Contract Amount: \$66,199

Also funded through the TCC grant, this contract funds 100% of a Child Therapist position and 5% of a supervisor's position at ATCIC. The therapist works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

7) PIR Child Therapist

Contract Number: 4400001362
 Contract Period: 9/30/13 – 9/29/14
 Contract Amount: \$67,651

Similar to #6 but funded through the PIR grant, this contract funds 100% of another Child Therapist position at ATCIC. While TCHHSVS fully expects to receive another year's worth of grant funds, it will not execute this contract if the PIR grant is not awarded.

8) Deaf Services contract with City of Austin (revenue contract)

Contract Number: 4500000107
 Contract Period: 10/1/13 – 9/30/14
 Contract Amount: In negotiation with city

Since 1996, Travis County and the City of Austin have had an interlocal agreement that allows Travis County Services for the Deaf and Hard of Hearing (TCSDHH) to provide interpreters for the City of Austin Health and Human Services Department, Community Care Services Department, and Municipal Court. The agreement allows TCSDHH to

provide interpreters for safety-net services such as clinic appointments and eligibility interviews in addition to hearings before Municipal Court.

9) Deaf Services contract with Communication Services for the Deaf

Contract Number: 4400000918

Contract Period: 10/1/13 – 9/30/14

Contract Amount: As needed

Communication Services for the Deaf (CSD) provides interpreter services in those situations where no staff interpreter from Travis County Services for the Deaf and Hard of Hearing (TCSDHH) is available. The contract also allows TCSDHH to provide interpreter services for CSD.

10) Ending Community Homelessness Coalition

Contract Number: 4400001133

Contract Period: 10/1/13 – 9/30/14

Contract Amount: \$50,000

Fund Reservation Number: 300000701

Contract provides office space and funds ECHO to oversee the Homeless Management Information System; coordinates the Continuum of Care application and advocates for homeless issues. ECHO is the HUD designated Continuum of Care for Austin and Travis County. ECHO coordinates the housing services system in ATX and applies for funding from HUD's competitive McKinney-Vento Act programs.

11) City/County, Public Health Interlocal Agreement

Contract Number: IL080042RE

Contract Period: 10/1/13 – 9/30/14

Contract Amount: \$3,138,560

Cost Center: 1580080001

Contract provides thirteen different health related programs for Austin and Travis County residents. Services include: Community Health Improvement Planning, Chronic Disease Prevention and Control, Communicable Disease prevention, Environmental Health Services, Epidemiology and Surveillance, Health Authority, Immunizations, Injury Prevention, Office of Vital Records and more.

12) City/County Animal Services Interlocal Agreement

Contract Number: 4400001169

Contract Period: 10/1/13 – 9/30/14

Contract Amount: 1,119,018

Cost Center: 1580080001

Contract provides animal control services including rabies and dispatch to the unincorporated areas of Travis County. Also provides prevention services, shelter services and spay and neuter clinics.

TCHHSVS staff recommends approving these renewals.

Budgetary and Fiscal Impact:

This information is included with each contract listed above.

Issues and Opportunities:

Once drafted by the Travis County Attorney's Office, these contracts get reviewed by TCHHSVS, the vendor, the City of Austin in the case of ATCIC SAMSO, the Travis County Auditor's Office and the Travis County Purchasing Office. The review process can take several weeks or even months depending on the complexity of the contract and response time of other parties.

The services provided by these contracts need to be continued while the drafts are reviewed. Those contracts funded solely by PIR grant money will not be executed if the grant is not renewed.

Background:

TCHHSVS is working with all parties concerned to get these contracts reviewed and executed as soon as possible.

Cc: Nicki Riley, Travis County Auditor
Janice Cohoon, Financial Analyst, Travis County Auditor's Office
Mary Etta Gerhardt, Assistant County Attorney, Travis County Attorney's Office
Leslie Browder, County Executive, Planning and Budget Office
Aerin Toussaint, Analyst, Planning and Budget Office
Shannon Pleasant, Purchasing Agent Assistant, Travis County Purchasing Office

Travis County Health and Human Services and Veteran Services Social Service Contracts**Attachment A**

Contract No.	Description	Renewal Period
4400000694	Foundation Communities	9/30/12 - 9/29/14
4400000372	Austin Travis County Integral Care - SAMSO	10/1/13 - 9/30/14
4400000374	Austin Travis County Integral Care - System of Care	10/1/13 - 9/30/14
4400000996	Court Appointed Special Advocates (CASA)	10/1/13 - 9/30/14
4400001018	Austin Travis County Integral Care - Child Therapist and Supervisor	10/1/13 - 9/30/14
4400001362	Austin Travis County Integral Care - Child Therapist	9/30/13 - 9/29/14
4500000107	City of Austin Deaf Interpreting Services	10/1/13 - 9/30/14
4400000918	Communication Services for the Deaf	10/1/13 - 9/30/14
4400001133	Ending Community Homelessness	10/1/13 - 9/30/14
4400000379	City of Austin Public Health Interlocal	10/1/13 - 9/30/14
4400001169	City of Austin Animal Services Interlocal	10/1/13 - 9/30/14



**TRAVIS COUNTY HEALTH and HUMAN SERVICES
and VETERANS SERVICE**
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P. O. Box 1748
Austin, Texas 78767

Sherri E. Fleming
County Executive
for TCHHSVS
(512) 854-4100
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MEMORANDUM

DATE: October 23, 2013

TO: ~~Cyd V. Grimes, C.P.M., GPPO, Travis County Purchasing Agent~~

FROM: *Sherri E. Fleming*
Sherri E. Fleming, County Executive
Health and Human Services and Veterans Service

SUBJECT: Public Health Interlocal Agreement

Proposed Motion:

Consider and take appropriate action to approve the Interlocal Agreement between Travis County and the City of Austin for the Provision of Public Health Services.

Summary and Staff Recommendation:

The Interlocal Agreement between Travis County and the City of Austin is designed to provide more efficient administration of public health services for county residents. The agreement covers a variety of services including HIV Outreach and Prevention, Immunization, Chronic Disease Prevention, Teen Pregnancy Prevention, Health and Safety Code Compliance among others.

Budgetary and Fiscal Impact:

The FY14 amount for this agreement totals \$3,122,526.00 for the period October 1, 2013 to September 30, 2014. As in previous years, this amount is offset by

\$59,633.00 personnel credit received by the County under the agreement paid by the County. This credit results in a **\$3,062,893.00** net amount paid by the County to the City of Austin for the 2013-2014 contract year.

Contract Term: October 1, 2013 – September 30, 2014

Cost Center#1580090001

Background:

City and County have historically operated to collaboratively provide public health and human services throughout Travis County and the City of Austin. Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The Interlocal Agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from this agreement and a separate Interlocal Agreement was created between the city and county.

Cc: Nicky Riley, CPA, Travis County Auditor
Jose Palacios, Chief Assistant County Auditor
Mary Etta Gerhardt, Assistant County Attorney
Leslie Browder, Executive Manager, Planning and Budget Office
Diana Ramirez, Analyst, Planning and Budget Office
Cyd Grimes, C.P.M., Travis County Purchasing Agent
Shannon Pleasant, Purchasing Agent Assistant, Travis County Purchasing Office
Ana Almaguel, Planning Project Manager
Kathleen Hass, Finance Manager
Caula McMarion, Accountant

SOCIAL SERVICES INTERLOCAL AGREEMENT

BETWEEN

TRAVIS COUNTY

AND

CITY OF AUSTIN

FOR

PUBLIC HEALTH SERVICES

CONTRACT NO. 4500001726



TRAVIS COUNTY PURCHASING OFFICE

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INTERLOCAL COOPERATION AGREEMENT
BETWEEN THE CITY OF AUSTIN AND TRAVIS COUNTY
FOR PUBLIC HEALTH SERVICES

PARTIES

This Interlocal Agreement ("Agreement") is entered into by the following parties: City of Austin, a municipal corporation and political subdivision of the State of Texas ("City") and Travis County, a political subdivision of the State of Texas ("County").

RECITALS

City and County have historically operated to collaboratively provide public health and human services throughout Travis County and the City of Austin.

The City of Austin Health and Human Services Department has the authority to perform all public health functions that the City of Austin and Travis County can perform through Texas Health and Safety Code, Chapter 121, and other applicable statutes.

Travis County Health, Human Services and Veterans' Services has the authority to perform all public health functions that County can perform through Texas Health and Safety Code Ann., Section 121.032, and other applicable statutes.

County has the authority to provide for public health, education and information services (Texas Health and Safety Code Chapters 121 and 122, and other statutes), and provision of those services constitutes a public purpose.

County has the authority to provide for the care of indigents and other qualified recipients (Tex. Loc. Gov't. Code, Section 81.027, and other statutes), and provision of those services constitutes a public purpose.

City and County have the authority to enter into an Interlocal Cooperation Agreement through Texas Constitution, Article 3, Sec. 64, and "The Interlocal Cooperation Act," Texas Government Code, Chapter 791.

Pursuant to the terms of this Agreement, City and County will provide personal, professional and other services for the care of qualified recipients and for public health education and information, thus providing services which will further the achievement of a public purpose.

NOW, THEREFORE, in consideration of the hereinafter set forth agreements, covenants and payments, the sufficiency of which are acknowledged, City and County agree to the terms and conditions stated in this Agreement as follows:

DEFINITIONS

1.0 TERMS DEFINED. In this Agreement, the following terms will have these meanings:

1.1 "Agreement Funds" means all funds paid by County to City pursuant to the applicable terms of this Agreement.

1.2 "Agreement Term" means the Initial Term and/or any subsequent Renewal Term(s) or any other period of time designated in writing as an Agreement Term by the Parties.

1.3 "City Council" means the City Council of the City of Austin, Texas.

- 1.4 "Commissioners Court" means the Commissioners Court of Travis County, Texas.
- 1.5 "County Auditor" means the Travis County Auditor, or their successor.
- 1.6 "County Purchasing Agent" means the Travis County Purchasing Agent, or their successor.
- 1.7 "Day(s)" means calendar day(s), unless otherwise specifically noted in any individual provision.
- 1.8 "Director" means the Director of HHSD, or their successor.
- 1.9 "County Executive" means the County Executive, TCHHSVS, or their successor.
- 1.10 "Fiscal Year" means that twelve-month time period between any October 1 and the next following September 30.
- 1.11 "HHSD" or "City Department" means the City of Austin Health and Human Services Department.
- 1.12 "Parties" and/or Party" means the County and/or City.
- 1.13 "Subcontract" means any agreement between City and another party to fulfill, either directly or indirectly, any of the requirements of this Agreement, in whole or in part.
- 1.14 "TCHHSVS" or "County Department" means Travis County Health Human Services & Veterans Services.

GENERAL TERMS.

2.0 PURPOSE AND SCOPE. The purpose of this Agreement is to continue to provide those public health services authorized to be provided by County through the collaborative use of City staff and a combination of City and County staff and other resources. The Parties commit to continuing to provide these services throughout the term(s) of this Agreement. The Parties also seek to continue to consider improvements to public health delivery in a way which will maximize the benefits and efficiencies for those persons who need such services in Travis County and the City of Austin.

3.0 AGREEMENT TERM.

3.1 Initial Term. The Initial Term of this Agreement begins on October 1, 2013, and shall continue through September 30, 2014, unless terminated earlier in accordance with the terms of this Agreement.

3.2 Renewal Term. Unless sooner terminated pursuant to the terms of this Agreement, and upon approval of funding by the Commissioners Court and City Council during their respective budget process relating to any Renewal Term, this Agreement shall renew, only as evidenced by written approval of the Parties, on October 1, 2014, for a term of one year, and each successive October 1 for up to an additional four years, as evidenced each year by written approval of the Parties prior to each renewal, or for any time period agreed to in writing by County and City. The exercise of any option to renew shall continue in full force and effect the terms and conditions of the Agreement except for such changes as are set out in a written renewal or amendment.

4.0 AMENDMENT

4.1 Written Amendment. Unless specifically provided otherwise in this Agreement, any change to the terms of this Agreement shall be in writing and signed by the Parties.

4.2 Acknowledgements as to Amendments. It is acknowledged by the Parties that no officer, agent, employee or representative of either Party has any authority to change the terms of this Agreement unless expressly granted that authority by the governing entity of that Party under a specific provision of this Agreement or by separate action of that governing entity.

4.3 Budget Submissions for Renewal Terms.

4.3.1 **Initial Budget Submission.** The Parties agree to exchange by April 1 of each year the information necessary to prepare and compile the forthcoming Fiscal Year's budget so that annual costs and expenses associated with the performance of this Agreement may be appropriately considered and budgeted. The "information necessary" will include updated cost model information reflecting updated population numbers; any cost drivers and other forecasting data being utilized by City; that information specified in this Agreement, including that information required in the quarterly and year-end report as set forth in Attachment D; all available projections for the next following fiscal year; and such other information as mutually agreed to by the Parties.

4.3.2 **Supplemental Budget Submission(s).** The Parties agree that the information exchanged under Section 4.3.1 above will be preliminary information and subject to updating and changes made as a result of the budget process of each Party. The Parties agree to communicate additional information between April and September of each year as that additional information becomes available. Final and complete numbers may not be available until, at the latest, September of each year, and will be exchanged at the earliest time possible as they become available.

4.4 Submission - Amendments. All requests for all changes, alterations, additions or deletions of the terms of this Agreement or any attachment to it shall be submitted to the County Executive, the Director and the County Purchasing Agent or their designees. Upon agreement by the City Department and County Department, the request will be presented by the County Purchasing Agent to the Commissioners Court and by the Director to the City Council or appropriate City authority for consideration.

5.0 ENTIRE AGREEMENT.

5.1 Inclusive Agreement. All oral and written agreements between the Parties to this Agreement relating to the subject matter of this Agreement that were made prior to the execution of this Agreement, including the applicable terms of the Agreement, have been reduced to writing and are contained in this Agreement. The "Interlocal Cooperation Agreement Between City of Austin and Travis County for Public Health Services" effective October 1, 2007, and subsequently amended is terminated as of the effective date of this Agreement.

5.2 Attachments. The attachments enumerated and denominated below are hereby made a part of this Agreement, and constitute promised performance by the Parties in accordance with the terms of this Agreement.

- 5.2.1 Attachment A, Work Statement
- 5.2.2 Attachment B, Cost Model
- 5.2.3 Attachment C, Financial Reports/Form
- 5.2.4 Attachment D, Work Statements and Performance Reports/Forms (Per Program)
- 5.2.5 Attachment E, County Personnel
- 5.2.6 Attachment F, Invoice Form

- 5.2.6 Attachment F, Invoice Form
- 5.2.7 Attachment G, Inventory of County Property

5.3 Outside Funding. While not specifically included in this Agreement, the Parties acknowledge that each entity secures and utilizes various grants and other funding that contributes to the provision of public health services to residents of the City of Austin and Travis County. As requested, the Parties may exchange information related to such grants in order to better evaluate and coordinate all such services.

5.4 Agreement Communications. City and County agree that, unless otherwise designated specifically in any provision, all communication, requests, questions, or other inquiries related to this Agreement shall initially be presented by and through the County Executive for the County and the Director for the City, or the designee.

6.0 PERFORMANCE.

6.1 Services and Activities.

6.1.1 Program Services. The Parties shall perform the services and activities stated in this Agreement, including the attached Work Statements, either directly or indirectly through Subcontracts, in accordance with the terms and conditions stated in this Agreement. The provision of services by the City under this Agreement does not include services required due to extraordinary or catastrophic events or disasters or that may be required due to changes in state or federal laws or regulations unless specifically provided for herein.

6.1.2 Extraordinary Events. In the event of any extraordinary emergency response or catastrophic event or disaster ("Extraordinary Event"), City Director and County Executive shall mutually agree as to the handling of such Extraordinary Event. At the earliest possible date, such agreement will be reduced to writing and signed by the Director and County Executive, with immediate notice to the City Council and Commissioners Court. County shall not be responsible for any costs for services and activities related to the Extraordinary Event without approval by the Commissioners Court. City and County will make a good faith effort to coordinate and work together to meet the needs of the community related to such Extraordinary Event. To clarify and illustrate, but not limit, examples of the types of events and responses that may be considered an Extraordinary Event include accommodating and assisting hurricane evacuees from other jurisdictions and addressing needs resulting from such things as severe weather events, epidemics, and acts of terrorism.

6.1.3 Coordination of Services and Major Changes in Services.

(a) Coordination. Where possible, City and County agree to combine efforts in order to maximize efficiency and effectiveness of personnel and work efforts.

(b) Review. City and County will work together to assess and evaluate performance under this Agreement, and to develop mutually agreeable plans to improve the system of public health provided under this Agreement based upon those reviews of the effectiveness of the program operated by the City. Such review will take place following the provision of the quarterly and end-of-year reports by City according to Attachment D, and at any time that either Party presents a need for review and consideration of identified problems or issues.

(c) Major Changes.

(i) Annual Major Changes. City and County agree that any major changes in programs/service/activities provided under this Agreement will be discussed by the Parties and agreed to during the budget process prior to each Renewal Term and agreed to only by written amendment to this Agreement.

(ii) Major Changes in an Agreement Term. No major changes in ongoing programs/services/activities provided to County under this Agreement will be made by City during an Agreement Term without prior written approval by County in the form of a written amendment to this Agreement. "Major" changes will be defined basically as any change which would increase or decrease program performance or cost by more than twenty-five percent (25%). "Program" will be defined as those program areas described in Attachment A, Work Statement, Sections III., A – L.

(iii) Changes Required by Law. The Parties agree that any change in the terms of this Agreement required by a change in federal, state, or local law, rule or regulation will be automatically incorporated herein effective on the date designated by such law, rule or regulation.

(iv) Failure to Agree. Either Party may seek termination under Section 14.2.1 if that Party is unable to conform to such changes required by federal, state and local laws or regulations or unable to agree to other major changes as set forth in this Section 6.1.3.

(v) Minor Changes. Any minor change ["minor" being defined as a change which would increase or decrease program performance or cost by more than ten percent (10%)] will be noted by City in each quarterly report for discussion with County as requested.

6.2 Supplies and Equipment.

6.2.1 Jointly Provided. County shall retain title to that equipment listed in Attachment G, "Inventory of County Property." City shall make such County Property available to County annually for inventory purposes and provide assistance pursuant to Section 6.4. City shall provide all other necessary supplies and equipment and shall provide for the maintenance of all such supplies and equipment (including that property owned by County).

6.2.2 Replacement.

(a) Capital Acquisition Property. For purposes of this Agreement, "Capital Acquisition Property ("Property") shall be considered to be any tangible, non-expendable property with a value of more than five thousand dollars (\$5,000.00). Only property within this definition will be considered for reimbursement by County under this Agreement.

(b) Cost to the City of Property required because of replacement or because of expanded services shall be:

(i) approved by City and County in the budget process related to the year in which the equipment will be purchased; and

(ii) charged to County in the year that the equipment was purchased. The County's responsibility for cost of equipment will be based on the percentage of the residents living in the unincorporated areas of Austin/Travis County.

(c) such purchases shall be made subject to the mutual agreement of the Parties as to the need, purchase price, and proportionate share of County.

(d) The County shall determine and be responsible for the disposition of County equipment that has been replaced. The City shall determine and be responsible for the disposition of City equipment that has been replaced.

(e) In the event of termination of this Agreement by either Party prior to the completion of the useful life of the asset, the Parties will mutually agree to settlement of costs related to such asset.

6.3 Fees.

6.3.1 Fees. City shall charge only those fees authorized by the County to be charged for the services to be provided by City under this Agreement in accordance with County policies and applicable law. No change in those fees or additional fees will be collected by City without prior approval of the Commissioners Court. The City shall have no duty to collect unpaid fees. In the event the City undertakes collection efforts pursuant to written authority by County, the City's costs shall be separately billed and paid according to the written authorization by County.

6.3.2 Payment to County. City shall deposit fees as they are collected to a designated County account. Fee deposit forms and/or receipts will include the following information:

Receipts: Payor information (Name -individual or company; phone number (if provided by payor); payment method; amount received; amount applied; department (HHSD); other receipt details if available.

Fee Deposits: Amount; purpose of fee or program for which fee collected; permit receipt number; payor check number; amount - check or cash; other, where available; copy of deposit slips; copy of check.

City shall make available (for inspection or copying) itemized deposit records as they are maintained by City.

6.3.3 Supporting Documentation for Collections. City shall make available to County, for viewing and copying, copies of the supporting documentation for any billing or collection (subject to Section 6.3.1) to be undertaken by the County or on its behalf.

6.3.4 Changes in County Fees. City understands and agrees that any changes in County fees charged under this Agreement must be processed according to County policies and procedures and applicable laws, including public hearings and Commissioner Court approval. No change in any County fee will be made without written notice from County of the completion of such process and the identification of the changes in fees.

6.4 County Property.

6.4.1 Annual Inventory. City shall provide an annual written inventory regarding all property received from the County to the County Purchasing Agent, with a copy to the County

Executive, pursuant to Section 6.2, and certifying the continued use of such property. Such inventory shall be reviewed by County and subject to County acceptance and approval.

6.4.2 Discontinued Use. Should County property or equipment (as listed in Attachment G) be deemed to no longer be of service or serviceable, City shall return such property to the County or request written disposition instructions. Property returned to the County shall be returned subject to ordinary wear and tear. When use of County property (as listed in Attachment G) is discontinued, City will obtain an appropriate replacement (which will be City property) pursuant to Section 6.2.2, and cost to County for such property will be as calculated under Section 6.2.2(b).

6.4.3 Responsibility. City shall take reasonable measures to protect County property provided under this Agreement.

6.4.4 Loss or Damage. City shall furnish County with a written, factual report of the theft, loss of, or damage to any County property by providing written notice to the County Executive with a copy to:

Travis County Risk Management
P. O. Box 1748
Austin, Texas 78767

Fixed Asset Manager
Travis County Purchasing Office
P. O. Box 1748
Austin, Texas 78767

In the event of any theft, vandalism, loss or other offense against the property, City shall notify the appropriate local law enforcement authorities and County immediately following such incident. The City shall repair or replace any County property lost or damaged due to the City's fault. Determination as to whether to repair or replace shall be the decision of City, with consultation with and agreement of County. County shall notify City in writing of such agreement (or disagreement) with the City's proposal within thirty (30) days of receiving written notification; if County does not notify City of County's decision within that thirty (30) day period, County will be presumed to have consented to City's recommendation. Any deficiency or delay in performing services under this Agreement due to a delay in repairing or obtaining replacement equipment shall not be deemed a default of this Agreement.

6.5 Insurance. City and County acknowledge and agree that each Party is self-insured and will maintain such coverage at a level sufficient to cover the needs of City and County, respectively, pursuant to applicable generally accepted business standards. Each Party shall require all subcontractors providing services under this Agreement to have insurance coverage sufficient to cover the needs of the Parties and/or subcontractor pursuant to applicable generally accepted business standards, and to indemnify the City and the County for any and all claims arising from and relating to their performance under the respective subcontracts.

6.6 Liabilities and Claims.

6.6.1 Liability. City shall not be liable for any claims, damages or attorney fees arising from any negligence or unlawful acts of the County or its employees in relation to this Agreement. County shall not be liable for any claims, damages or attorney's fees arising from any negligence or unlawful acts of the City or its employees in relation to this Agreement. City and County acknowledge that each entity is otherwise responsible for any claims or losses from personal injury or death or property damages that were caused by the acts or omissions of that entity, its agents, employees, or representatives in the performance of the services and activities under this Agreement; and that each entity will be responsible for the handling of the portion of any claim which is based solely on the assertion that a policy of that entity is illegal or unenforceable in any way.

6.6.2 Claims Notification. If City or County receives notice or becomes aware of any claim or other action, including proceedings before an administrative agency, which is made or brought by any person, firm, corporation, or other entity against City or County in relation to this Agreement, City or County shall give written notice to the other Party of the claim or other action within three (3) working days after being notified of it or the threat of it. The notice shall include: the name and address of the person, firm, corporation or other entity that made or threatened to make a claim, or that instituted or threatened to institute any type of action or proceeding; the basis of the claim, action or proceeding; the court or administrative tribunal, if any, where the claim, action or proceeding was instituted; and the name or names of any person against whom this claim is being made or threatened. This written notice shall be given in the manner provided in Section 19.0 of this Agreement. Except as otherwise directed, City or County shall furnish to the other Party copies of all pertinent papers received by the notifying Party with respect to these claims or actions.

6.7 Acknowledgements, Warrants, and Assurances.

6.7.1 Eligible Client Warranty. The Parties agree that, where any services provided under this Agreement are based upon specific eligibility requirements, County will provide the City with such requirements as a part of Attachment A, Work Statement.

6.7.2 Accurate Information. City warrants that all reports, data and information submitted to County will be accurate, reliable and verifiable. Approval by County of such information shall not constitute nor be deemed a release of the responsibility and liability of City, its employees, agents or associates for the accuracy and competency of their reports, information documents, or services, nor shall approval be deemed to be the assumption of such responsibility by County for any defect, error, omission, act or negligence or bad faith by City, its employees, agents, or associates.

6.7.3 No Duplication. City acknowledges and agrees that City will not accept payments from other sources for the same services paid for by County for the provision of services hereunder.

6.8 Personnel. To the extent County employee positions listed in Attachment E are engaged in directly providing services that would otherwise be provided by the City under this Agreement, the City shall make an appropriate adjustment in calculating total program costs to the County. At such time as the positions as listed become vacant, the City shall hire replacement personnel to provide the work or services and an adjustment to the cost and payment terms of the Agreement shall appropriately be made. It is understood that the costs of these personnel (with necessary adjustments) will be reflected as credits to County in the invoices for payment provided by City to County under Section 13.2, unless or until such positions are transferred to City. As long as such employees are employed by County, and during any Renewal Term, the Parties understand and agree that the employees referenced under this Section 6.8 will receive from County as a part of their compensation, cost-of-living increases approved by City during any budget process for the next Fiscal Year.

6.9 Forms - W-9 Taxpayer Identification Form. City shall provide the County Purchasing Agent with an Internal Revenue Service Form W-9 Request for Taxpayer Identification Number and Certification that is completed in compliance with the Internal Revenue Code and its rules and regulations, and a statement of entity status in a form satisfactory to the County Auditor, and with immediate notice of any changes to said forms. City understands that this W-9 form must be provided to the County Purchasing Agent before any Agreement Funds are payable.

6.10 Materials and Publications. City and County, as appropriate, must comply with the applicable standard patent rights clauses in 37 Code of Federal Regulations, Section 401.13 or Federal Acquisition Regulations, Section 52.227.1. All reports, charts, schedules, or other materials submitted by

either Party under the terms of this Agreement, and all work performed under this Agreement shall be the property of the creating Party. Either Party may publish the results of this Agreement performance at their own expense with notice to the other Party. Any publication or other use shall include acknowledgement of any support received from the other Party and the appropriate reference to any copyright. Subject to rights of third parties and compliance with confidentiality or privacy laws, each Party hereby grants the other Party an irrevocable, non-exclusive, non-transferable and royalty-free license to use, reproduce, publish, revise and make disposition of, prepare derivative works from, distribute to the public, to perform and display publicly, for or on behalf of that Party according to law, any material (including software) that may be developed as part of the work under this Agreement, provided that it is an original work of authorship under the U. S. Copyright Act. Each Party shall provide the other party with a courtesy copy of any publication made using the charts, schedules, seal, logo or other materials of the other party prior to publication or distribution. If County owns the copyright, any publication should include "© Travis County, P. O. Box 1748, Austin, Texas, 78767, (the year of publication), All Rights Reserved." If City owns the copyright, any publication should include "© City of Austin Health and Human Services, P. O. Box 1088, Austin, Texas, 78767, (the year of publication), All Rights Reserved."

6.11 Miscellaneous Responsibilities.

6.11.1 Employee Offenses. City will, and will require all subcontractors to, conduct criminal background checks (in accordance with City's standard process) on the following HHSD job applicants and employees ("employee" being defined under this Section as including all employees, volunteers, or other persons working under the direction of City or County, respectively, in the provision of services under this Agreement in a manner which involves direct Client contact) who will perform services under this Agreement: (a) those who work with youth; and (b) clinical social workers. In addition, City and County will make a good faith effort to ensure that no employee having direct client contact has been convicted of having committed an offense of abuse, neglect, or exploitation or an offense against the person, an offense against the family, or an offense involving public indecency under the Texas Penal Code. For any job applicant or employee who will come into contact with youth, the criminal background check conducted by the City will comply with Sections 411.129 and 411.1410 of the Texas Government Code, and all applicable laws.

6.11.2 Qualifications. If specific qualifications are set forth in the job descriptions required by either Party, or attached to any position related to providing of services under this Agreement, only personnel with the required qualifications will be assigned to fill functions unless a written waiver is granted by the other Party.

7.0 COMPLIANCE.

7.1 Federal, State and Local Laws. City shall provide all services and activities performed under the terms of this Agreement in compliance with the Constitutions of the United States and Texas and with all applicable federal, state, and local orders, laws, regulations, rules, policies and certifications governing any activities undertaken during the performance of this Agreement including, but not limited to: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973 (29 U.S.C., Section 794); the Americans With Disabilities Act of 1990, Public Law 101-336 (S.933) ("ADA"); Chapter 73, TEXAS ADMINISTRATIVE CODE, Section 85.113 (relating to workplace and confidentiality guidelines regarding AIDS and HIV); Health Insurance Portability and Accountability Act of 1996 (HIPAA). City shall not discriminate against any employee, applicant for employment, or Eligible Client based on race, religion, color, gender, national origin, age or handicapped condition. In performance of all Agreement services and activities, City will comply with applicable state and federal licensing and certification requirements, health and safety standards, and regulations prescribed by the U. S. Department of Health and Human Services and the Texas Department of State Health Services.

7.2 Confidentiality.

7.2.1 Method. Each Party shall secure the confidentiality of records and other information relating to clients served in accordance with the applicable Federal, state and local laws, rules and regulations and applicable professional ethical standards. This provision shall not be construed as limiting the right of access to otherwise disclosable client information.

7.2.2 Limited Access. Prior to a scheduled monitoring or audit, each Party agrees to submit to the other Party in writing any relevant requirement precluding that Party's access to client information including the correct citation of the legal authority on which the limiting Party relies to support its claim that the other Party is prohibited from access to the client information.

7.2.3 Masking. Upon authorization from either Party to render client files anonymous, the other Party agrees to mask information identifying clients in a way that will not obstruct the authorizing Party's monitoring and evaluative duties in any way.

7.2.4 Privacy. Each Party shall comply with state and federal laws relating to the privacy and confidentiality of patient and client records that contain protected health information, or other information made confidential by law, and shall maintain patient and client records in compliance with state laws relating to the security and retention of medical or patient records.

7.3 County Rules/Policies.

7.3.1 Applicable County Rules/Policies. In provision of services related to local rules and regulations, City shall administer and enforce County rules and policies within the unincorporated areas of the County (and the ETJ, where applicable). County agrees that said rules and policies will be written in compliance with all applicable federal, state and local laws, rules and regulations. County has provided City with current copies of all relevant rules/policies, and will provide City with copies of any amendments to those rules/policies. City may notify County of any issues with said policies by giving written notice including a description of that issue and recommended resolution. Such notice shall go to the County Executive with a copy to the County Attorney. County shall notify City in writing of such agreement (or disagreement) with the City's proposal for resolution at the earliest possible date, but no more than thirty (30) days of receiving written notification; if County does not notify City of County's decision or need for further review within that thirty (30) day period, County will be presumed to have consented to City's recommendation. If requested by County, City will work with County in the event that resolution of the issue requires an amendment to the County policy or this Agreement in order to allow sufficient time for consideration by the Commissioners Court.

7.3.2 Imminent Threat. If the City believes an imminent threat to public health or safety exists and a County policy or rule does not authorize prompt action, notice shall be provided to the County Judge, County Executive and County Attorney by confirmed facsimile, electronic mail or personal delivery, and the County Executive or her designee shall immediately respond to City and provide direction. The parties agree that City staff shall not be required to enforce a policy or rule that does not comply with applicable laws or regulations, and failure to enforce a policy or rule in such circumstance shall not be deemed a default under this Agreement.

8.0 RETENTION AND ACCESSIBILITY OF CLIENT & FISCAL RECORDS.

8.1 Retention and Maintenance of Agreement Records. City shall create and maintain all records and reports required and/or created relevant to performance under this Agreement, including but not

limited to those specifically set out in this Section 8.0 (and all other applicable provisions of this Agreement), including all fiscal records, documentation about operations and documentation for all expenditures pertaining to this Agreement, and all operational and statistical reports related to performance in a readily available state, until all evaluations, audits and other reviews have been completed and all questions or issues (including litigation) arising from those evaluations, audits and reviews are resolved satisfactorily to County. Such creation, maintenance and retention of records by City shall be in accordance with the schedule and requirements of City established pursuant to Local Government Records Act, Texas Local Government Code, Chapters 201 – 205, and the City of Austin Code, Chapter 2-11, and other applicable laws and regulations. City will provide County with a copy of such schedule annually.

8.2 Maintenance of Client Records.

8.2.1 Medical. City shall maintain all medical records in accordance with all applicable statutes and regulations governing medical information.

8.2.2 Other. If eligibility determinations are made under Section 6.7.1, then City will create and maintain records regarding such eligibility determination as specified by County under Section 6.7.1 pursuant to the requirements of Section 8.1 above.

8.3 Access. Subject to all applicable laws, City shall give County, and County shall give City, or any of their respective duly authorized representatives, access to and the right to examine all books, accounts, records, reports, files and other papers, things or property belonging to or in use by City or County, respectively, pertaining to this Agreement at reasonable times and for reasonable periods. These rights to access shall continue as long as the records are required to be retained by City and/or County, and for any additional time period that the records are retained by City and/or County. If there is any incident in which claims are made against the County or any County employee, or City or any City employee, as a result of the activities performed under this Agreement, the Party against whom the claim is made shall give the duly authorized representative(s) of the other Party full and reasonable access to and the right to examine documentation related to this matter at reasonable times and for reasonable periods. These rights to access shall continue until all claims are resolved or and according to the requirements of Local Government Records Act, Texas Local Government Code, Chapters 201 – 205, and the City of Austin Code, Chapter 2-11, and other applicable laws and regulations.

9.0 REPORTING REQUIREMENTS

9.1 Quarterly Performance/Financial Reports. City shall submit quarterly performance and financial data to the County as set forth in Attachment C and D within thirty(30) days after the end of the Term to which the report relates.

9.2 Annual Performance Close-Out Report. City shall deliver a performance close-out report to the County as set forth in Attachment D. This close-out report shall be submitted to County with the last quarter performance report.

9.3 Corrections. City agrees to correct or revise any errors, omissions or other deficiencies in any reports or services provided by the City to ensure that such reports and services provide accurate information. City shall make the required corrections or revisions without additional cost to County.

9.4 Legal Prohibition. If City is legally prohibited from providing any required or requested reports, it shall immediately notify County, through County Department, in writing of this fact. Such notice shall include specific identification of the basis of the prohibition, including statutory citations as applicable, and shall be reviewed by County for final resolution.

9.5 Additional Reports. County may make, and City will respond to, reasonable requests by County for City to produce additional reports based on available information. The Parties shall mutually agree to the timing, content and format of such reports.

9.6 Changes. City shall promptly provide County with written reports of any changes in any of the information, reports and/or records provided to County pursuant to this Agreement.

9.7 Annual update to Commissioners Court. As part of the year-end report, upon request by County, City will create a report covering service provision and program performance to be presented to the Commissioners Court. Scheduling will be coordinated with County Department, with provision for bioterrorism and other confidential matters update to be presented in Executive session as permitted under the Texas Open Meetings Act, Texas Government Code, Chapter 551, and other applicable laws.

10.0 NON-WAIVER

10.1 County Approval.

10.1.1 County's Satisfaction. The Parties expressly acknowledge and agree that County shall not be responsible for the cost of any services provided under this Agreement that are not substantially performed according to the terms of this Agreement and with County's approval, which shall not be unreasonably withheld.

10.1.2 Responsibility and Liability. Approval of County of any service, report or other performance by City under this Agreement shall not constitute nor be deemed a release of the responsibility and liability of City, its employees, agents or associates for the accuracy and competency of their reports, information, documents, or services, nor shall approval be deemed to be the assumption of such responsibility by County for any defect, error, omission, act or negligence or bad faith by City, its employees, agents, or associates.

11.0 PRIOR DEBTS. County shall not be liable for: costs incurred or performances rendered by City under this Agreement before or after the Agreement Term, although the Parties agree that this Agreement shall not affect County's obligation to pay City for services provided prior to the effective date of this Agreement under the terms of the previous agreement between City and County; expenses not billed to County within the applicable time frames set forth in this Agreement; or any payment for services or activities not provided pursuant to the terms of this Agreement.

12.0 LIMITATIONS.

12.1 Current Revenue Funds. County shall make payments for services provided as performance of governmental functions under this Agreement from current revenue funds available to County and set aside for this purpose. The payment is in an amount that fairly compensates City for the services or functions performed under this Agreement.

12.2 Immunity or Defense. It is expressly understood and agreed by all Parties that, neither the execution of this Agreement, nor any conduct of any representative of City or County relating to this Agreement, shall be considered to waive, nor shall it be deemed to have waived, any immunity or defense that would otherwise be available to that entity against claims arising in the exercise of its governmental powers and functions, nor shall it be considered a waiver of sovereign immunity to suit. It is understood and agreed that a decision by one Party to waive immunity or to compensate a claim for which immunity would have been a defense and would have operated to prevent payment does not operate as a waiver or decision to compensate by the other Party; nor will such action by one Party operate to incur any expense or charge to the other Party.

12.3 Training. The Parties agree, to the extent possible, to extend opportunities for training to each other's personnel on matters relevant to each department's functions on a space available basis.

FINANCIAL PROVISIONS

13.0 AGREEMENT FUNDS.

13.1 Fixed Price.

13.1.1 Initial Term Agreement Funds Amount. In consideration of full and satisfactory performance of the services and activities provided under the terms of this Agreement, and subject to other applicable provisions of this Agreement, County shall pay the City the following amount during the Initial Term:

<u>CATEGORY</u>	<u>NOT-TO-EXCEED AMOUNT</u>
GROSS Total:	<u>\$ 3,122,526.00</u>
LESS Personnel Credit:	<u>\$ 59,633.00</u>
NET Total:	<u>\$ 3,062,893.00</u>

City expressly acknowledges and agrees that the sum stated in this Section 13.1.1 is the not-to-exceed amount to be paid by County to City during the Initial Term unless an increase in the County budget for this Agreement is approved by Commissioners Court and this Agreement is appropriately amended. The amount is a not-to-exceed fixed cost provided by ATCHHSD in April of each year and modified through September with the approved City budget amount. The Parties agree that the amount provided in April of each year will be preliminary information and subject to updating and changes made as a result of the budget process of each Party. The Parties agree to communicate additional information between April and September of each year as that additional information becomes available. Final and complete numbers may not be available until, at the latest, September of each year, and will be exchanged at the earliest time possible as they become available.

13.1.2 Fiscal Year Limitation.

(a) City expressly acknowledges and agrees that County funding obligations can **ONLY** be incurred for the portion of the Agreement Term corresponding to a time period included in the approved budget for any one Fiscal Year unless services are requested (and approved in writing by Amendment to this Agreement) outside of the scope of the Agreement.

(b) In no event shall any provision of this Agreement or any agreement subject to this Agreement be interpreted to obligate the County beyond the funds approved by the Commissioners Court for any Fiscal Year/budget period. Payments by County during the Initial Term or any Agreement Term shall be subject to the Fiscal Year limitations applicable to this Agreement under Section 13.0. In no event shall any provision of this Agreement or any agreement subject to this Agreement be interpreted to obligate the City to provide services outside of the Scope of this Agreement.

(c) City understands and agrees that funds that apply to any subsequent Fiscal Year are contingent upon approval of such funding for this Agreement by the Commissioners Court in the budget process related to that Fiscal Year. This Section 13.1.2 shall apply to any future Agreement Term(s) within the Fiscal Year dates applicable to that Agreement Term.

13.2 Payments to City.

13.2.1 Quarterly Payment Dates. City shall invoice the County on a quarterly basis an amount which will reflect actual expenses incurred up to that period on or before the following dates of each Agreement Term:

- (a) January 31 (covering October 1 – December 31)
- (b) April 30 (covering January 1 – March 31)
- (c) July 31 (covering April 1 – June 30)
- (d) October 30 (covering July 1 – September 30)

County shall pay City the amount invoiced within 30 days of receipt of a complete and correct invoice.

13.2.3 Quarterly Invoice. On or before the last day of the months as set forth in Section 13.2.1 (a) - (d) above for payment, City shall provide County with quarterly invoices utilizing the form attached to this Agreement as Attachment F showing the invoiced quarterly amount, the assigned quarterly credit for personnel, and other information as set forth in the invoice form.

13.3 Cost Model.

13.3.1 Cost Model.

(a) General. City and County agree that the determination of costs for public health services under this Agreement have been made using a dual approach. For most public health services, the costs to County will be based upon the Travis County population-based percentage; however, for those services described in Subsection (c) below, the cost will be based on a combination of the population-based percentage and the cost allocation method described in subsection c.

(b) Population Based. The annual fixed price for public health services will be allocated based on the Travis County population percentage (provided on a yearly basis by the City Demographer), except as set forth in subsection (c) below. The Travis County population percentage will be calculated as described in Attachment B. County will be provided with a written copy of the methodology and calculations used by the City Demographer annually. Upon request by County, such methodology and calculations may be negotiated and revised by mutual agreement of the Parties.

(c) Dual Approach. The dual approach combining population and cost allocation will be utilized for Environmental Health Services. For this area, the fixed price will be calculated using a combination of the Travis County population percentage and a cost allocation method based on the percent of activities in the County food establishments.

County's portion of the fixed cost will be allocated as follows:

- a. Seventy Percent (70%) of County's portion will be based on cost and the % of activities in County food establishments in the unincorporated areas of the County:
of permitted food establishment activities
located in unincorporated Travis County
.70 X Cost X total # of permitted food establishment activities
in Austin/Travis County

b. Thirty Percent (30%) of County's portion will be based on population percentage:

$$.30 \times \text{Cost} \times \text{County population percentage}$$

c. County portion will be determined by applying the total from subsections "a" and "b" above.

(d) Application. The Parties agree that the Travis County population percentage calculation and the cost allocation methodology set forth in this Section 13.3.1 applies to the Initial Term and the first Renewal Term of this Agreement but is subject to re-negotiation as to any later Renewal Terms(s) based, in part, upon performance data received related to each Term. The Parties agree that the population based percentages will be updated annually based on current figures. The parties agree to work together in order to evaluate and develop the most efficient and effective provision of services in the community as a whole.

13.3.2 The cost model does NOT include, either directly or indirectly, any of the following:

(a) Other Post Employment Benefits (OPEB) for City employees whether or not those costs are for current year benefits, prior year benefits, or future year benefits;

(b) employee recognition, rewards or awards other than performance pay documented pursuant to Council adopted compensation schedules;

(c) entertainment and gifts, including meals or beverages, even if related to a business purpose. This subsection (c) notwithstanding, the cost model WILL allow for payment for meal and beverage expenses for employees incurred during out-of-town trips or conferences related to services provided under this Agreement and incurred according to the City travel policy (a current copy of which has been provided to County; copies of amendments will be provided to County whenever changes are made).

(d) legislative consultant services;

(e) donations to non-profit or private organizations;

(f) legal services (the Parties agree that the City has no obligation to provide legal services to County under this Agreement);

(g) consulting services. This subsection (g) notwithstanding, the cost model WILL allow for payment for consulting services related to services provided within the scope of this Agreement.

14.0 TERMINATION.

14.1 **Breach or Default - Option to Cure**. Termination for breach or default shall be as follows:

14.1.1 Actions of Breach/Default. Actions of breach or default of a material term of this Agreement shall include, but not be limited to the following where such action substantially impairs the value of the Agreement as a whole to the non-breaching/defaulting Party:

(a) for City: failure to provide or make available the services to be provided under this Agreement; failure to timely submit required reports, records, or notification; failure to

make corrections as required by this Agreement, and/or actions by City that would reasonably cause the Commissioners Court to believe that City is not using Agreement Funds in compliance with the terms of this Agreement, thereby necessitating a financial review or performance evaluation;

(b) for County: failure to timely submit any report, record or notification and failure to make timely payment.

14.1.2 Notice of Breach/Default. If either Party shall breach or be in default as set forth in Section 14.1.1, the other Party may provide written notice pursuant to Section 19.0, "Notices," to the breaching or defaulting Party, specifying the breach or default and requested correction.

14.1.3 Cure. Upon receipt of notice of breach/default under this Section 14.0, the Party receiving such notice shall have forty-five (45) calendar days in which to cure the alleged breach/default. If more than forty-five (45) days are required to cure such default or breach, a reasonable extension of such time may be established, provided both Parties agree in writing as to the time period to be substituted.

14.1.4 Failure to Cure. If the breaching/defaulting Party fails to cure the alleged breach/default within the time period under Section 14.1.3, the non-breaching Party may then, with written notice:

- (a) re-negotiate an extension of time for cure;
- (b) agree to continue performance under the terms of the Agreement; or
- (c) provide notice of termination pursuant to Section 14.3.2.

14.1.5 Liability for Repayment. City shall be liable to County for money paid and/or advanced to City by County under this Agreement upon a failure by City to provide or make available the services to be provided under this Agreement and a failure to cure under Section 14.1. Return of funds under this Section 14.1.5 shall be made by City to County within thirty (30) days of request by County.

14.2 **Other Reasons for Termination**. A Party may terminate this Agreement if:

14.2.1 it is unable to conform to changes required by federal or state laws or regulations;

14.2.2 during the budget planning and adoption process, the governing body fails to provide funding for this Agreement for the Fiscal Year following the beginning of that Agreement period.

14.2.3 such termination is provided for under any provision of this Agreement. Notice of termination under this Section 14.2 shall be given in writing as soon as the Party terminating becomes aware of the event warranting termination under this Section 14.2.

14.3 **Notice of Termination**.

14.3.1 Notice - Termination for Convenience. Either Party may terminate this Agreement, in whole or in part, without cause, if the Party wanting to terminate the Agreement notifies the other Party in compliance with the Notice provisions of this Agreement of the decision to terminate this Agreement, the effective date of termination, which must be at least six (6) months (or any time

period agreed to in writing by the Parties) after that notice, and, in the case of partial termination, the portion of the Agreement to be terminated.

14.3.2 **Notice - Termination for Other Reasons.** For termination under Sections 14.1 or any applicable provision of this Agreement, the terminating Party shall notify the other Party in compliance with the Notice provisions of this Agreement of the decision to terminate this Agreement, the effective date of termination, which must be at least ninety (90) days (or any other time period agreed to in writing by the Parties) after that notice, and, in the case of partial termination, the portion of the Agreement to be terminated.

14.4 **Limitation on Termination.** Nothing in the above Sections 14.1 and 14.2 prevents or prohibits either Party from taking any other action provided for under the terms of this Agreement or allowed by law.

14.5 **Mutual Termination.** Any Party has the right to terminate this Agreement, in whole or in part, when the Parties agree that the continuation of the activities funded under this Agreement would not produce beneficial results commensurate with the further expenditure of funds; provided that both Parties agree, in writing, upon the termination conditions, including the effective date of the termination, the provisions under which termination shall be accepted; and, in the case of partial termination, the portion of the Agreement to be terminated.

14.6 **Results of Termination.**

14.6.1 **Post-Termination Costs.** County shall not be liable to City or to City's Subcontractors, for costs incurred after the effective date of termination of this Agreement. County shall not under any circumstances be liable to City's Subcontractors for any payments under this Agreement.

14.6.2 **Continued Liability.** Notwithstanding any exercise by a Party of its right of termination under the provisions of this Agreement, a breaching Party shall not be relieved of any liability to the other Party for damages caused by virtue of any breach of this Agreement.

14.6.3 **Transition.** Where applicable, at the end of the Agreement Term or following any other Agreement termination, each Party shall, in good faith and in reasonable cooperation with the other Party, aid in transition to any new arrangement or provider of services which have been provided under this Agreement.

15.0 FINANCIAL AUDIT AND MONITORING

15.1 County/City Audit. County reserves the right to conduct an annual financial audit of City's performance of this Agreement. City agrees to permit County, or its authorized representatives, to audit and copy at its expense City's records that relate to this Agreement and to obtain any documents, materials, or information relating to this Agreement which are necessary to facilitate such audit. City reserves the right to conduct an annual financial audit of the County's performance of this Agreement. County agrees to permit City or its authorized representatives, to audit and copy at its expense County's records that relate to this Agreement and to obtain any documents, materials or information relating to this Agreement which are necessary to facilitate such audit.

15.2 Facilitation. City shall take whatever action is appropriate to facilitate the performance of any audits conducted pursuant to Section 15.0 that County may reasonably require of City. County shall take whatever action is appropriate to facilitate the performance of any audits conducted pursuant to Section 15.0 that City may reasonably require of County.

15.3 **County/City Monitoring.**

15.3.1 **Review of Records.** City shall give County, or any of its duly authorized representatives, access to and the right to examine all books, accounts, records, reports, files and other papers, things or property belonging to or in use by City pertaining to this Agreement at reasonable times and for reasonable periods. These rights to access shall continue as long as the records are required to be retained by City and for any additional time period that the records are retained by City.

15.3.2 **Adjustment in Records.** City and County agree to work together to develop and agree to reporting requirements, including the creation, maintenance and submission requirements that will allow County to more precisely evaluate the actual benefits of services and activities provided under this Agreement.

16.0 **MISCELLANEOUS PROVISIONS.**

16.1 **No Joint Enterprise.** The relationship of County and City under this Agreement is not and shall not be construed or interpreted to be a joint enterprise or joint venture. No employee of City shall be considered an employee of County or gain any rights against County pursuant to County's personnel policies. No employee of County shall be considered an employee of City or gain any rights against City pursuant to City's personnel policies. Neither Party shall have the authority to make any statements, representations or commitments of any kind, or to take any action which shall be binding on the other Party or which shall hold itself out to be binding on the other Party. The Parties expressly agree that each Party is an independent contractor, and that each Party assumes all of the rights, obligations and liabilities applicable to it as an independent contractor.

16.2 **Authority to Obligate.** It is acknowledged by City that no officer, agent, employee or representative of County other than the Commissioners Court has any authority to sign any document or make any type of agreement obligating County unless expressly granted that authority by the Commissioners Court under a specific provision of this Agreement or by separate action by Commissioners Court.

16.3 **Employees.** Except as specified in Section 6.8, this Agreement shall have no effect upon the personnel policies of the City or County; or employment status or benefits of any City or County employee. Each Party retains all authority and liability related to the employment of that Party's employees. This Agreement does not create an employment contract between the City or County and/or individuals with respect to continued employment or the provision of any benefit. Each Party acknowledges that the other Party intends that each employee is at will, and that either the employee or the City or County can terminate the employee's employment for any reason and at any time, with or without notice. The Parties shall not have any contractual or statutory liability for any employee of the other Party.

17.0 **SUBCONTRACTS.**

17.1 **City Responsibility.**

17.1.1 **Subcontractor Compliance.** City is wholly responsible to County for the performance under this Agreement, whether such performance is provided directly by City or indirectly by any subcontractor, and shall monitor both financial and programmatic performance and maintain pertinent records concerning Subcontractor(s) that shall be available for inspection by County. City shall ensure that its Subcontractors comply with all applicable terms of this Agreement (including terms related to records and reports) as if the performance rendered by the Subcontractor was being rendered by City. City shall inspect all Subcontractors' work and shall be responsible for ensuring that it is completed in a good and workmanlike manner pursuant to the

terms of this Agreement. City shall provide County with copies of any subcontract under which Agreement services are provided upon written request by County. Subcontracts shall include provisions ensuring that: Subcontractors will receive no duplicate payments from other sources or under other contracts for services/participants provided under this Agreement; that Subcontractor will cooperate with any County inquiries related to Agreement services; that Subcontractor agrees to comply with all laws and terms of this Agreement; and that City is solely responsible for payment.

17.1.2 Level of Service. City will ensure the provision of timely and quality professional services by individuals, agencies, or other Subcontractors which meet or exceed applicable licensing and regulatory standards applicable to the service provided and will provide County relevant documentation of such licenses and certifications upon request.

17.2 Agreement Limitation. This Agreement sets out the agreements and obligations between County and City only, and does not obligate County in any way to any of City's Subcontractors, nor to any other third party. This Agreement creates no third party beneficiary rights as between County and any of City's Subcontractors.

17.3 Minority Business Representation. City agrees to make a "good faith" effort to take all necessary and reasonable steps, in accordance with City's Minority and Women Owned Business Program (a copy of which has been provided to County, with changes to be provided as made) to ensure that minority businesses are given the maximum opportunity to be Subcontractors under this Agreement where such Subcontractors exist. City must report all expenditures made to minority Subcontractors to the County Purchasing Agent upon written request.

17.4 Payment to Subcontractors. City shall make its best effort to pay Subcontractors in a timely manner and shall make such payment pursuant to applicable law.

18.0 PERFORMANCE MONITORING. County shall have the right to perform periodic on-site monitoring of City's (and City's Subcontractor's) compliance/performance with the terms of this Agreement, and of the adequacy, effectiveness and timeliness of City's performance under this Agreement at reasonable times. Such monitoring visit may include review of any and all performance activities as well as any and all records or other documentation (including financial) maintained in relation to City's performance under this Agreement. City agrees to permit County, or its authorized representatives, to audit and copy at its expense City's records that relate to this Agreement and to obtain any documents, materials, or information relating to this Agreement which are necessary to facilitate such audit. Within thirty (30) days of each monitoring visit, County shall provide City with a written report of the monitor's findings. If the report notes deficiencies in City's performances under the terms of this Agreement, it shall include requirements and deadlines for the correction of those deficiencies by City as mutually agreed to by City and County. City shall take action specified in the monitoring report prior to the deadlines specified. City will include the above right to monitor provision in any Subcontract(s) entered into under this Agreement.

19.0 NOTICES.

19.1 Requirements. Except as otherwise specifically noted herein, any notice required or permitted to be given under this Agreement by one Party to the other shall be in writing and shall be given and deemed to have been given immediately if delivered in person to the address set forth in this section for the Party to whom the notice is given, or on the third day following mailing if placed in the United States Mail, postage prepaid, by registered or certified mail with return receipt requested, addressed to the Party at the address hereinafter specified.

19.2 County Address. The address of County for all purposes under this Agreement shall be:

Sherri Fleming, County Executive (or her successor)

Travis County Health, Human Services and Veterans Services
P. O. Box 1748
Austin, Texas 78767

With copies to (registered or certified mail with return receipt is not required):

Honorable David Escamilla (or his successor in office)
Travis County Attorney
P. O. Box 1748
Austin, Texas 78767
ATTENTION: Civil Transactions

and

Cyd Grimes (or her successor)
Travis County Purchasing Agent
P. O. Box 1748
Austin, Texas 78767

19.3 City Address. The address of the City for all purposes under this Agreement and for all notices hereunder shall be:

Marc Ott (or his successor in office)
City Manager
P. O. Box 1088
Austin, Texas 78767

With copy to (registered or certified mail with return receipt is not required):

Carlos Rivera
Health and Human Services Director (or his successor)
City of Austin
P. O. Box 1088
Austin, Texas 78767

and

City Attorney
301 West Second Street, Fourth Floor
Austin, Texas 78701

19.4 Change of Address. Each Party may change the address for notice to it by giving written notice of the change. Any change of address by City, including a change in the City's authorized representative, shall be reported to the County Executive and the Purchasing Agent within twenty (20) days of the change. Any change of address by County, including a change in the County's authorized representative, shall be reported to the Director within twenty (20) days of the change.

20.0 PROHIBITIONS.

20.1 Conflict of Interest. In performing duties under this Agreement, City employees shall comply with the conflict of interest requirements and ethics provisions set forth in the Austin City Code, Article 4, a copy of which has been provided to County, as well as with the conflict of interest provisions in Chapter 171 of the Texas Local Government Code.

20.2 Solicitation. City warrants that no persons or selling agency was or has been retained to solicit this Agreement upon an understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial selling agencies maintained by City to

secure business. For breach or violation of this warranty, County shall have the right to terminate this Agreement without liability, or, in its discretion, to, as applicable, add or to or deduct from the Agreement price for consideration, or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

20.3 Gratuities. County may cancel this Agreement if it is found that gratuities in the form of entertainment, gifts, or otherwise were offered or given by City or any agent or representative to any County official or employee with a view toward securing favorable treatment with respect to the performing of this Agreement. In the event this Agreement is cancelled by County pursuant to this provision, the County shall be entitled, in addition to any other rights and remedies, to recover from City a sum equal in amount to the cost incurred by City in providing such gratuities. City's employees, officers and agents shall neither solicit nor accept gratuities, favors or anything of monetary value from Subcontractors or potential Subcontractors.

20.4 Nepotism. City agrees that it will comply with TEX. GOVERNMENT CODE ANN., Ch. 573, by ensuring that no officer, employee or member of the governing body of City shall vote or confirm the employment of any person related within the second degree by affinity or third degree by consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person.

21.0 ASSIGNABILITY.

21.1 Written Approval. No Party may assign any of the rights or duties created by this Agreement without the prior written approval of the other Party. It is acknowledged by City that no officer, agent, employee or representative of County has any authority to assign any part of this Agreement unless expressly granted that authority by the Commissioners Court. Submission of a request by City for approval under this Section 26.1 shall be made in writing to the Purchasing Agent with a copy to the County Executive. Submission of a request by County for approval under this Section 26.1 shall be made in writing to the Director.

21.2 Binding Agreement. This Agreement shall be binding upon the successors, assigns, administrators, and legal representatives of the Parties to this Agreement.

22.0 LEGAL AUTHORITY. The person or persons signing this Agreement on behalf of each Party warrants that he, she or they have been duly authorized by their respective entities to sign this Agreement on behalf of the entity and to bind the entity validly and legally to all terms, performances, and provisions in this Agreement. Each Party warrants that the Party possesses the legal authority to enter into this Agreement, receive funds authorized by this Agreement, and to perform the services that Party has obligated itself to perform under this Agreement.

23.0 INTERPRETATIONAL GUIDELINES.

23.1 Computation of Time. When any period of time is stated in this Agreement, the time shall be computed to exclude the first day and include the last day of the period. If the last day of any period falls on a Saturday, Sunday or a day that the City or County has declared a holiday for its employees, these days shall be omitted from the computation.

23.2 Numbers and Gender. Words of any gender in this Agreement shall be construed to include any other gender and words in either number shall be construed to include the other unless the context in the Agreement clearly requires otherwise.

23.3 Headings. The headings at the beginning of the various provisions of this Agreement have been included only to make it easier to locate the subject matter covered by that section or subsection, and are not to be used in construing this Agreement.

24.0 OTHER PROVISIONS.

24.1 Survival of Conditions. Applicable provisions of this Agreement shall survive beyond termination or expiration of this Agreement until full and complete compliance with all aspects of these provisions has been achieved where the Parties have expressly agreed that those provisions should survive any such termination or expiration or where those provisions remain to be performed or by their nature would be intended to be applicable following any such termination or expiration.

24.2 Non-Waiver of Default. One or more acts of forbearance by any Party to enforce any provision of this Agreement or any payment, act or omission by any Party shall not constitute or be construed as a modification of this Agreement or a waiver of any breach or default which then exists or may subsequently exist.

24.3 Reservation of Rights. If any Party to this Agreement breaches this Agreement, the other Party(ies) shall be entitled to any and all rights and remedies provided for by Texas law and any applicable Federal laws or regulations. All rights of City and County under this Agreement are specifically reserved, and any payment, act or omission shall not impair or prejudice any remedy or right to County or City under it. The exercise or failure to exercise any right or remedy in this Agreement of City or County or the failure to act in accordance with law based upon the other Party's breach of the terms, covenants and conditions of this Agreement, or the failure to demand the prompt performance of any obligation under this Agreement shall not preclude the exercise of any other right or remedy under this Agreement or under any law, nor shall any action taken or not taken in the exercise of any right or remedy be deemed a waiver of any other rights or remedies.

24.4 Law and Venue. This Agreement is governed by the laws of the State of Texas and all obligations under this Agreement shall be performable in the City of Austin, Texas, or in Travis County, Texas. It is expressly understood that any lawsuit, litigation, or dispute arising out of or relating to this Agreement will take place in Travis County and the City of Austin.

24.5 Severability. If any portion of this Agreement is ruled invalid, illegal or unenforceable by a court of competent jurisdiction, the remainder of it shall remain valid and binding, and shall continue to have full force and effect and shall in no way be impaired or invalidated by that holding. If federal, state or local laws or other requirements are amended or judicially interpreted so as to render continued fulfillment of this Contract, on the part of either Party, substantially unreasonable or impossible, and if the Parties should be unable to agree upon any amendment that would therefore be needed to enable the substantial continuation of the services contemplated in this Contract, the Parties shall be discharged from any further obligations created under the terms of this Contract, except for the equitable settlement of the respective accrued interests or obligations incurred up to the date of termination.

24.6 Political Activity. City shall not use any of the Agreement Funds for any activity related to influencing the outcome of any election for public office, or any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of City from furnishing to any member of its governing body upon request or to any other local or state official or employee, or to any citizen, information in the hands of the employee or official not considered under law to be confidential. No Agreement Funds can be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive or judicial branches of the government of City, the State of Texas or the government of the United States.

24.7 Sectarian Activity. City shall ensure that provision of services under this Agreement shall be carried on in a manner free from religious influence. City shall not execute any agreement with any primarily religious organization to receive Agreement Funds from City unless the agreement includes provisions as necessary to effectuate this assurance. Neither City's nor County's selection of a Subcontractor

nor expenditure of funds under this Agreement is an endorsement of the Subcontractor's charitable or religious character, practices or expressions. No expenditures have as their objective the funding of sectarian worship, instruction or proselytization. City and County agree to be bound by the provisions of Section 702 of the Civil Rights Act [42 U.S.C., Section 2000E-1(a)] regarding employment practices and Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C., Section 604a) regarding additional rights and responsibilities for charitable and faith-based providers of social services, assisted individuals and providers of such services.

24.8 Dispute Resolution/Mediation. Initial disputes and unresolved questions or issues of City or County shall initially be presented by City to County by submission in writing to TCHHSVS with a copy to the County Purchasing Agent and by County to City by submission in writing to the Director. If satisfactory resolution cannot be achieved between the Parties within a reasonable time, and should mediation be acceptable to both Parties in resolving a dispute arising under this Agreement, the Parties agree to use the Dispute Resolution Center of Austin, Texas, as the provider of mediators for mediation as described in the TEX. CIV. PRAC. AND REM. CODE, Section 154.023. Unless both Parties are satisfied with the result of the mediation, the mediation will not constitute a final and binding resolution of the dispute. All communications within the scope of the mediation shall remain confidential as described in TEX. CIV. PRAC. AND REM. CODE, Sec. 154.073, unless both Parties agree, in writing, to waive the confidentiality.

24.9 County Public Purpose. By execution of this Agreement, the Commissioners Court hereby finds that the needs to be addressed by the services to be provided under the terms of this Agreement, including those specifically set forth in the attached Work Statement(Attachment A)constitute a significant public concern impacting members of the population which the County serves. The Commissioners Court further finds that the provision of services to be provided by City pursuant to this Agreement will further the public purpose of addressing those health and human services issues, problems and needs identified in this Agreement for identified and qualified individuals.

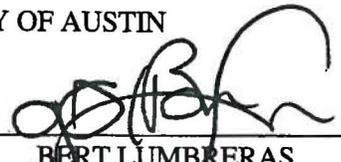
24.10 Force Majeure. Neither Party shall be financially liable to the other Party for delays or failures to perform under the Agreement where such failure is caused by force majeure (i.e. those causes generally recognized under Texas law as constituting impossible conditions). Such delays or failures to perform shall extend the period of performance until these exigencies have been removed or until the Parties agree in writing to either amend or terminate the Agreement. The Party seeking to avail itself of this clause shall notify the other Party within five (5) business days or otherwise waive the right as a defense, unless notification is impractical under the circumstances, in which case notification shall be done in as timely a manner as possible. City agrees that breach of this provision entitles County to reduce or stop payments or immediately terminate this Agreement.

24.11 Publicity. In any publicity prepared or distributed by or for City related to this Agreement, the funding through County shall be mentioned as having made the project possible, either through use of the County logo or in applicable text. Prior to publication or any disbursement of such publicity, City must provide a copy of the final form of the publicity to County. When appropriate as determined by County Executive, City shall publicize the services and activities of City and County under this Agreement. City shall work with County to allow for distribution from appropriate County locations

of any materials prepared related to services provided under this Agreement. All publicity will be subject to the requirements of Section 6.10 of this Agreement, as applicable.

24.12 Third Party Beneficiary. This Agreement sets out the agreements and obligations between City and County only, and does not obligate City or County in any way to any other third party. This Agreement creates no third party beneficiary rights as between City and any of County's Subcontractors or between County and any of City's Subcontractors. City and County, respectively, each have the sole responsibility for payment for services rendered by each Party's Subcontractors with Subcontractor's sole recourse in the event of non-payment, insolvency or cessation of operations being against the Party with whom the Subcontract was made. Neither Party shall under any circumstances be liable to the other Party's creditors or Subcontractors for any payments under this Agreement.

CITY OF AUSTIN

BY: 
BERT LUMBRERAS
Assistant City Manager
Date: 10/21/13

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES

BY: 
CARLOS RIVERA
Director, HHSD
Date: 10/18/13

TRAVIS COUNTY

BY: _____
SAMUEL T. BISCOE
Travis County Judge
Date: _____

County Approvals:
As to Legal Form: _____ Date: _____
Assistant County Attorney
Funds Certified By: _____ Date: _____
Nicki Riley, County Auditor
Purchasing: _____ Date: _____
Cyd Grimes, County Purchasing Agent

**WORK STATEMENT
PUBLIC HEALTH SERVICES
ATTACHMENT A**

I. PROGRAM SERVICES DESCRIPTION

A. **General Description.** The City of Austin and Travis County operate programs designed to promote and protect the public health. The protection of the public health is best served by a collaborative approach in monitoring and combating community health problems and hazards that occur without regard to jurisdictional boundaries. The provision of essential public health services by the City and the provision of the same or similar services under agreement with the County for the provision of County services, in combination with County resources made available is intended to result in a service delivery that is effective, efficient and accessible.

B. **General Reporting Requirements.** City and County agree to work together to develop improved reporting requirements as may be mutually agreed to by the Parties throughout the term(s) of this Agreement in order to better evaluate and develop the most efficient and effective provision of services to the community as a whole.

C. **Outreach.** County agrees to be a distribution source for all materials, communications, etc., related to outreach and publicity for those programs provided by City under this Agreement and described in this Attachment A and Attachment B, as applicable. City agrees to provide County with copies of all materials to be utilized, and with relevant schedules, locations, plans and other information that will allow County to participate in educating County clients as to the availability of services provided under this Agreement.

II. PURPOSE

The purpose of the Agreement is to allow the City and the County to combine resources to provide services to protect the entire population of the City of Austin and Travis County from disease by, among other things,

- promoting community-wide wellness
- preventing disease; and
- protecting the Community from infectious diseases, environmental hazards, and epidemics through one public health system of service delivery for the City and County.

III. STATEMENT OF RESPONSIBILITY – CITY

Pursuant to the terms of this Agreement, the City shall perform the following services:

A. HEALTH AUTHORITY.

1. City shall provide the services of the Health Authority as described in Section 121.024 of the Texas Health & Safety Code, as such law may be amended from time to time.

2. The Health Authority, or his designee, if a designee is permitted by law, will serve as hearing officer for environmental health laws and ordinances and other ordinances and rules as applicable.

3. Alternate Health Authority(ies) may be designated as necessary to act while the Health Authority is absent or incapacitated according to applicable law.

4. Commissioners Court shall approve the appointment of the Health Authority and the designation of any alternate Health Authority(ies). City will provide County with notice of the proposed appointment or re-appointment of the Health Authority and the designation of any alternate(s). Such notice shall include the documentation of the individual's qualifications, necessary Oath of Office and other relevant information. The

City shall ensure that procedures are in place to prevent duplication of authority and make information available to TCHHSVS upon request as to any transfer of authority between authorized individuals.

IV. SPECIAL CONDITIONS

1. Services to be provided under this Agreement are limited to activities occurring in those areas within the jurisdiction of Travis County, or as specifically described herein.

V. COST METHODOLOGY

By April 1 of each term year the Agreement is in force, City will provide to County the information necessary to prepare and compile the ensuing fiscal year's budget so that annual costs and expenses associated with the performance of the Agreement may be appropriately considered and budgeted. Information will be provided pursuant to all applicable terms of this Agreement.

Public Health Services are not always individual-client focused. A population-based delivery model is used to provide services related to the prevention of disease transmission and spread. The focus of public health is to protect the entire population from disease, including but not limited to

- Promoting community-wide wellness
- Preventing disease; and
- Protecting the Community from infectious diseases, environmental hazards, and epidemics.

The annual fixed price for public health services, will be allocated based on the Travis County population percentage, except for the following areas of Environmental and Consumer Health Unit (ECHU): 1) Information, Referral & Permitting and 2) Health & Safety Code Compliance; for these areas the fixed price will be calculated using a combination of the Travis County population percentage and a cost allocation method based on the number of County food establishments in the unincorporated areas of Travis County. The Parties agree that the population based percentages will be updated annually based on current figures. The Parties agree that the Travis County population percentage calculation and the cost allocation methodology set forth in this Section V. applies to the Initial Term and the first Renewal Term of this Agreement, but is subject to re-negotiation as to any later Renewal Terms(s) based, in part, upon performance data received related to each Term.

For the categories of 1) Health and Safety Code Compliance and 2) Information Referral & Permitting, County's portion of the fixed cost will be allocated as follows:

a. Eighty Percent (80%) of County's portion will be based on cost and the % of fixed food establishments in the unincorporated areas of the County:

$$.80 \times \text{Cost} \times \frac{\text{\# of permitted food establishments located in unincorporated Travis County}}{\text{total \# of permitted food establishments in Austin/Travis County}}$$

b. Twenty Percent (20%) of County's portion will be based on population percentage:

$$.20 \times \text{Cost} \times \text{County population percentage}$$

c. County portion will be determined by applying the total from subsections "a" and "b" above.

The population percentage is derived using the following calculation:

1. Using the April 1 U.S. Census Bureau projection of population for the following fiscal year, the City demographer will provide the calculation of population percentage as follows:
 - a. Step 1: Calculate the Travis County population outside of the City of Austin Full Purpose Area by subtracting full purpose City of Austin Population in Travis County from Travis County Population to determine NET TRAVIS COUNTY POPULATION.
 - b. Step 2: Calculate the total service area by adding the NET Travis County Population to the City of Austin Full Purpose population to arrive at the TOTAL POPULATION SERVED.
 - c. Step 3: Calculate Travis County percentage by dividing the TOTAL POPULATION SERVED into the NET TRAVIS COUNTY POPULATION.
2. Apply the derived percentage to the selected program cost to determine the annual fixed price due from Travis County.

The Parties acknowledge and agree that the above model description is the method utilized in determining terms for the Initial Agreement Term and first Renewal Term only and that subsequent Agreement provisions may be adjusted by the Parties based upon the reports received and decisions made as to the results and costs of the previous term.

VI. PERFORMANCE REPORTING

For Public Health Services, the City shall provide performance reports to the County per Sections 9.1 and 9.3 of the Agreement as set forth in this Attachment and as mutually agreed to by the Parties and in the format provided in Attachment C to this Agreement.

FY14 Proposed Funding for City/County Public Health and Human Services Interlocal Agreement
as of 9/19/13

6.50%

28.46%

Division	City of Austin	County Direct	Adjusted Program Total	Allocation of Admin	Total with Admin	FY 14 Proposed Revenue	Total with Revenues	Proposed County	Costing Basis	City Total
Public Health										
Program Costs										
African American Quality of Life (AAQL)	705,125		705,125	45,833	750,958	-	750,958	213,723	% of Population (28.46%)	537,235
Austin Healthy Adolescent (AHA)	171,305		171,305	11,135	182,440	-	182,440	51,922	% of Population (28.46%)	130,517
Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP)	372,710		372,710	-	372,710	-	372,710	34,000	current share	372,710
Chronic Disease Prevention and Control	436,911		436,911	28,399	465,310	-	465,310	132,427	% of Population (28.46%)	332,883
Communicable Disease	3,345,736		3,345,736	217,473	3,563,209	(50,023)	3,513,186	999,853	% of Population (28.46%)	2,513,333
Environmental Health Services	4,250,017	55,993	4,306,010	279,891	4,585,901	-	4,585,901	757,178	% Act. (DN Include Munis)	3,828,723
Epidemiology and Surveillance	729,505		729,505	47,418	776,923	-	776,923	221,112	% of Population (28.46%)	555,811
Health Authority	236,897		236,897	15,398	252,295	-	252,295	71,803	% of Population (28.46%)	180,492
Immunizations	1,649,221		1,649,221	107,199	1,756,420	-	1,756,420	499,877	% of Population (28.46%)	1,256,543
Injury Prevention	84,296		84,296	5,479	89,775	-	89,775	25,550	% of Population (28.46%)	64,225
Office of Vital Records	438,941		438,941	28,531	467,472	(176,401)	291,071	82,839	% of Population (28.46%)	208,232
Sickle Cell	132,241		132,241	-	132,241	-	132,241	32,241	current share	100,000
Total	12,552,905	55,993	12,608,898	786,757	13,395,655	(226,424)	13,169,231	3,122,526	-	10,080,705

*Rodent/Vector using population % as costing basis

Current County Funding	2,884,213
FY Proposed Funding	3,122,526
Difference	238,313

County Funding	3,122,526
Less 1 County Direct	(55,993)
Less 6.5% Admin	(3,640)
Result	3,062,893

Program	Program Total	FY14 Revenue	Total with Revenue	County Total	City Total		Year-to-Date Expenses through XX/XX/XX	Year-to-Date Admin Allocation through XX/XX/XX	Year-to-Date Revenue through XX/XX/XX	Net Total	Basis of Allocation	YTD County Portion	Difference between Prorated County Total and YTD County Portion	Percent Difference
Public Health														
Program Costs														
African American Quality of Life (AAQL)	750,958		750,958	213,723	537,235						% of Population (28.46%)			
Austin Healthy Adolescent (AHA)	182,440		182,440	51,922	130,517						% of Population (28.46%)			
(CHA)Community Health Improvement Plan (CHIP)	372,710		372,710	34,000	372,710						current share			
Chronic Disease Prevention and Control	465,310		465,310	132,427	332,883						% of Population (28.46%)			
Communicable Disease	3,563,209	(50,023)	3,513,186	999,853	2,513,333						% of Population (28.46%)			
Environmental Health Services	4,585,901		4,585,901	757,178	3,828,723						% Act. (DN Include Munis)			
Epidemiology and Surveillance	776,923		776,923	221,112	555,811						% of Population (28.46%)			
Health Authority	252,295		252,295	71,803	180,492						% of Population (28.46%)			
Immunizations	1,756,420		1,756,420	499,877	1,256,543						% of Population (28.46%)			
Injury Prevention	89,775		89,775	25,550	64,225						% of Population (28.46%)			
Office of Vital Records	467,472	(176,401)	291,071	82,839	208,232						% of Population (28.46%)			
Sickle Cell	132,241		132,241	32,241	100,000						current share			
Total	13,395,655	(226,424)	13,169,231	3,122,526	10,080,705									

	Total Expenditures	County Total
Quarter 1:		
Quarter 2:		
Quarter 3:		
Quarter 4:		
Total	0	0

Form #3: Program Work Statement
2013 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: [06/3/2013](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County HHSD Program: African American Quality of Life Unit

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

a. Reduce health disparities through community outreach and partnerships

(1) Provide community based health screenings

(2) Provide information and referrals related to issues presented or detected by screenings

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

Program services are free to all residents of Travis County. Youth (under 18 years) need parental consent for screenings.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

The services provided by HHSD include: Blood pressure exams, Blood sugar exams, pregnancy exams and referrals to support services.

The mobile van services are provided from a metro-sized mobile van fitted with exam rooms. Locations are selected by a zip code analysis of areas with high morbidity and mortality rates. The van develops a regular schedule based on those sites. On many occasions, the van staff is joined by other service providers from HHSD as well as representatives from the private sector, These representatives, such as Seton Family of Hospitals, Doctors on Wheels, Amerigroup Corporation and The Smile Dental Center, set up tents around the mobile van to provide information and education to participants on a range of health issues and services. Information is also distributed and promoted via use of fliers as well as announcements over HHSD radio talk show, Health Talk, on KAZI every Tuesday morning.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Since its start in 2005, the AAQL program has aligned its services with other health and social services providers in the community. The AAQL has interlocal agreements with Austin Parks and Recreation, Austin Independent School District, Del Valle Independent School District, and Santa Barbara Church. Within HHSD, the WIC and smoking cessation programs are regular attendance on the mobile van. Finally, there are a number of private organizations that join the mobile van at its regular sites.

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u> Blood pressure exams	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of preventative health services (such as screenings and education) by Austin Health Connection.	800	3,200	4,000

<u>OUTPUT # 2</u>	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of clients served by the AAQL Preventive Team Initiative.	1,200	4,800	6,000

<u>OUTPUT # 3</u>	<u>Travis County</u> Annual Goal	<u>All Other Funding Sources</u> Annual Goal	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of job fairs conducted - in underserved areas.	2	8	10

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures’ numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column’s shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of clients who report improved awareness of health status resulting from Prevention Team Initiative. satisfaction with services of mobile van staff (numerator)	950	Annually
Number of mobile van clients who complete a survey (denominator)	1000	
Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative. (outcome rate)	95%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

HHSD conducts community forums in order to receive input on the public's perception and impressions of health services. Additionally, the AAQL Unit conducts monthly meetings with community partners, church representatives and nonprofit service organization.

8. Program Evaluation Plan

- Performance evaluation:

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

The mobile van program is reviewed semi annually in three areas by the mobile van team and the Assistant Director:

- a. Screenings performed. Are the screenings in areas in the City or County with high morbidity and mortality?
- b. Are clients following recommendations regarding referrals?
- c. Annual client satisfaction survey

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

HHSD has three levels of quality assurance.

- a. Unit level. The services and programs delivered by the Unit are reviewed by staff and program manager every six months. The review includes staff performance, performance measures and recommendations for addressing any problems uncovered.
- b. Unit level. HHSD has an internal auditor that reviews program operations in order to identify risks and make recommendations to reduce or eliminate them.
- c. Department level. The department has an ongoing quality improvement committee. That committee meets monthly to discuss and offer recommendation to resolve operational and service delivery issues.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>African American Quality of Life Unit</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY					
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of preventative health services (such as screenings and education) by Austin Health Connection		0	4,000	1,000	0%	Explanation Required	
OP#2	Number of clients served by the AAQL Preventive Team Initiative		0	6,000	1,500	0%	Explanation Required	
OP#3	Number of job fairs conducted - in underserved areas		0	10	3	0%	Explanation Required	
OUTCOMES								
OC#1a	Number of clients who report improved awareness of health status resulting from Prevention Team Initiative. satisfaction with services of mobile van staff	(numerator)		0	950	238	0%	Explanation Required
OC#1b	Number of mobile van clients who complete a survey	(denominator)		0	1,000	250	0%	Explanation Required
OC#1c	Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	(outcome rate)	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	Austin/Travis County HHSD	Program Name:	African American Quality of Life Unit	Agency Contact Name & Phone No.:	0	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	Ana Almaguel 512-854-5870	TCHHS/VS Contract Specialist & Phone No.:	San Juana Gonzales 512-854-4122	Contract Term:	October 1, 2013 - September 30, 2014	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of preventative health services (such as screenings and education) by Austin Health Connection	0		0	4,000	2,000	0%	Explanation Required	
OP#2	Number of clients served by the AAQL Preventive Team Initiative	0		0	6,000	3,000	0%	Explanation Required	
OP#3	Number of job fairs conducted - in underserved areas	0		0	10	5	0%	Explanation Required	
OUTCOMES									
OC#1a	Number of clients who report improved awareness of health status resulting from Prevention Team Initiative. satisfaction with services of mobile van staff	(numerator)	0		0	950	475	0%	Explanation Required
OC#1b	Number of mobile van clients who complete a survey	(denominator)	0		0	1,000	500	0%	Explanation Required
OC#1c	Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
 - Document any known problems with the data and plans for addressing them; and
 - Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>African American Quality of Life Unit</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of preventative health services (such as screenings and education) by Austin Health Connection	0	0		0	4,000	3,000	0%	Explanation Required	
OP#2	Number of clients served by the AAQL Preventive Team Initiative	0	0		0	6,000	4,500	0%	Explanation Required	
OP#3	Number of job fairs conducted - in underserved areas	0	0		0	10	8	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of clients who report improved awareness of health status resulting from Prevention Team Initiative. satisfaction with services of mobile van staff	(numerator)	0	0		0	950	713	0%	Explanation Required
OC#1b	Number of mobile van clients who complete a survey	(denominator)	0	0		0	1,000	750	0%	Explanation Required
OC#1c	Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>African American Quality of Life Unit</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of preventative health services (such as screenings and education) by Austin Health Connection	0	0	0		0	4,000	0%	Explanation Required
OP#2	Number of clients served by the AAQL Preventive Team Initiative	0	0	0		0	6,000	0%	Explanation Required
OP#3	Number of job fairs conducted - in underserved areas	0	0	0		0	10	0%	Explanation Required
OUTCOMES									
OC#1a	Number of clients who report improved awareness of health status resulting from Prevention Team Initiative. satisfaction with services of mobile van staff	(numerator)	0	0	0	0	950	0%	Explanation Required
OC#1b	Number of mobile van clients who complete a survey	(denominator)	0	0	0	0	1,000	0%	Explanation Required
OC#1c	Percentage of clients who report improved awareness of health status resulting from the AAQL Prevention Team Initiative	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: African American Quality of Life Unit Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: African American Quality of Life Unit Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (will be denoted by **RED text**);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Additional Instructions

The following is offered as guidance on completing and modifying the Quarterly Program Performance Report for Travis County Health and Human Services & Veterans Service social service contracts:

Unduplicated clients. At the beginning of the contract year, all clients are counted as NEW and UNDUPLICATED. Furthermore, each individual client should be counted only once within each entire contract year. For contracted programs with a fiscal year term, this means that all individuals who were existing clients in September (counted in the previous contract year) AND who are continuing into October of the new contract year as "carryover clients" are counted again only once, in the first quarter (Q1) of the new contract term. This "carryover" number is added to the number of additional NEW clients who just started in the program during October through December, to make up the total Q1 unduplicated client count. From then on, only additional NEW clients who are just starting in the program are counted each quarter; therefore Q2, Q3, and Q4 often reflect fewer clients than Q1. Obviously, certain programs with different enrollment or demand cycles could reflect larger numbers in a different quarter, such as a school year-based program which may have the most new clients (and/or its own internal carryover from a previous program cycle) starting in August or September (Q4) instead, etc.

Proposed changes to measures always require careful review and advance approval. One of our goals is to keep performance measures and reporting both meaningful and simple, so adding or changing measures during the contract year is generally discouraged. If you would like to change one or more of your performance measures, please discuss with your Contract Specialist, Performance Specialist, and/or Program Lead for possible implementation in a future contract year.

Adjusting "Year To Date" (YTD) totals to reflect averages. In the performance reporting spreadsheet formulas, by default all quarterly numbers (but not percentages) are set to automatically add cumulatively across the page into a sum for the "YTD Total Program Actual Performance." However, certain contracts may have exceptions to this, such as a measure which is intended to capture an AVERAGE number over reporting periods instead. In these cases, the agency will need to contact the Performance Specialist to overwrite the formula in the YTD column for each quarterly report.

Ethnicity and Race reporting. The U.S. Census Bureau considers race and Hispanic origin as two separate and distinct concepts. Hispanics and Latinos may be of any race. Therefore, individuals reporting their race, such as White or Black or African American, may also be Hispanic or Latino. If your demographic forms combine these two categories and report Hispanic or Latino as a race, please count the clients in the Hispanic or Latino category for Ethnicity and in the Some other race category for Race.

Form # 3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: **05/22/2013**

Agency: Austin/Travis County HHSD Program: Austin Healthy Adolescent Program (AHA)

1. Program goals and objectives:

Many adolescents (10 to 18) in Austin/Travis County lack activities that provide them with opportunities to be active decision makers, engaged in improving their own health and wellbeing. Furthermore, activities to address adolescents' self-esteem, social/emotional health well being, service learning opportunities, and youth leadership opportunities are lacking.

In Travis County lack of adolescent engagement in their own health is reflected in the high rates of teen pregnancies and sexually transmitted infections. Through the dissemination and support of peer to peer education, youth engagement, and youth leadership AHA is working to positively affect these health issues. The goal of the AHA is to increase the number of Travis County youth who are active decision makers engaged in improving their own health and the health of their communities. AHA achieves this by:

- Providing opportunities for youth to engage in leadership.
- Increasing the awareness of Travis County youth concerning their personal health and the health of their community.
- Building the capacity of youth service providers to implement best practices in youth leadership programming.

2. Program clients served:

Youth served by AHA will reside in Travis County. The majority of youth (10 to 18 years) served will come from low to moderate income neighborhoods in central and eastern Travis County. Youth service providers participating in AHA's capacity building trainings will serve youth primarily in the same target area.

3. Program services and delivery:

We will work toward the objectives of our program through the following activities:

- *Young Creative Artists Project:* AHA will partner with youth hip-hop artists to take on a leadership role in the community by engaging in qualitative research and identifying youths' solutions to pressing community issues. Informal focus groups, conversations, and post-performance discussions may yield inspiring ideas, from the youth themselves, to address issues facing Travis County youth.
- *Sexual Health Education Curriculum Delivery:* Our program will provide direct sexual health education and skill development using the *Big Decisions* curriculum for youth at the Gardner Betts Travis County Juvenile Detention Facility. One staff person and **an** intern will provide the interactive curriculum to the youth in Garner Betts as possible.
- *AHA Learning Community:* We will also work to provide ongoing professional development and competency trainings for youth-serving service providers, primarily through monthly trainings of AHA's Learning Community. These trainings also provide leadership opportunities for youth and parents who often delivering AHA trainings alongside staff.

4. Service coordination and collaboration strategies:

Staff members serve on the steering committee of the Ready By 21 Coalition, a community coalition working to coordinate youth and family services in the Greater Austin Area. Staff members also partner with the United Way's Out of School time committee and the WorkSource' Opportunity Youth Network. In addition, AHA has launched the Alliance for Youth Leadership, which advocates for increased youth leadership opportunities in Travis County.

5. **OUTPUT** Performance Measures

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of unduplicated youth clients served	100	500	600

6. **OUTCOME** Performance Measures:

<u>Total Program Performance – OUTCOME # 1</u>	<u>Total Program Annual Goal</u>
Number of youth reporting increase in knowledge or change in attitude on at least two questions on the post-evaluation survey (numerator)	80
Total number of youth evaluated (at Garner Bets juvenile correction facility) (denominator)	100
Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions (outcome rate)	80%

7. Community planning activities:

The AHA Program is currently working with more than 15 governmental entities, nonprofits, and educational institutions as a part of the Opportunity Youth Network. This network is seeking to align and leverage resources for Opportunity Youth- youth who are age 16 to 24 not attending school or working.

The AHA Program is also working with the Alliance for Youth Leadership to plan the 3rd Annual Middle School Diversity Leadership Conference in 2014. This conference brings together more than 150 middle school youth from across Travis County to engage in leadership development and skill building workshops.

8. Program Evaluation Plan

- **Performance evaluation:**
Post-Test and satisfaction surveys are administered by the health educator to the youth groups at the end of each presentation series. Youth serving professionals, attending AHA trainings, receive an evaluation survey administered by the meeting facilitator at the end of the training.

- **Quality improvement:**

The AHA Program conducts quarterly quality improvement meetings to review evaluation results from Gardner Betts and assess the effectiveness of youth programming.

In addition, AHA staff meets after each AHA training to review evaluation results and discuss ways to continue improving the quality of AHA trainings.

AHA reports as part of the department's Continuous Quality Improvement (CQI) program. The program meets regularly on CQI and reports outcomes.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Austin Healthy Adolescent Program (AHA)</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of unduplicated youth clients served			0	600	150	0%	Explanation Required
OUTCOMES								
OC#1a	Number of youth reporting increase in knowledge or change in attitude on at least two questions on the post-evaluation survey	(numerator)		0	80	20	0%	Explanation Required
OC#1b	Total number of youth evaluated (at Garner Bets juvenile correction facility)	(denominator)		0	100	25	0%	Explanation Required
OC#1c	Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions	(outcome rate)	#DIV/0!	#DIV/0!	80%	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHS</u>	Program Name:	<u>Austin Healthy Adolescent Program (AHA)</u>	Agency Contact Name & Phone No.:	0	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of unduplicated youth clients served	0		0	600	300	0%	Explanation Required	
OUTCOMES									
OC#1a	Number of youth reporting increase in knowledge or change in attitude on at least two questions on the post-evaluation survey	(numerator)	0		0	80	40	0%	Explanation Required
OC#1b	Total number of youth evaluated (at Garner Bets juvenile correction facility)	(denominator)	0		0	100	50	0%	Explanation Required
OC#1c	Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	80%	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Austin Healthy Adolescent Program (AHA)</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of unduplicated youth clients served	0	0		0	600	450	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of youth reporting increase in knowledge or change in attitude on at least two questions on the post-evaluation survey	(numerator)	0	0		0	80	60	0%	Explanation Required
OC#1b	Total number of youth evaluated (at Garner Bets juvenile correction facility)	(denominator)	0	0		0	100	75	0%	Explanation Required
OC#1c	Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	80%	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Austin Healthy Adolescent Program (AHA)</u>	Agency Contact Name & Phone No.:	0	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of unduplicated youth clients served	0	0	0		0	600	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of youth reporting increase in knowledge or change in attitude on at least two questions on the post-evaluation survey	(numerator)	0	0	0	0	80	0%	Explanation Required	
OC#1b	Total number of youth evaluated (at Garner Bets juvenile correction facility)	(denominator)	0	0	0	0	100	0%	Explanation Required	
OC#1c	Percentage of youth reporting increase in knowledge or change in attitude (in sexuality health education) on at least two evaluation questions	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	80%	#DIV/0!	#DIV/0!	

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Austin Healthy Adolescent Program (AHA) Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Ana Almaguez 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Austin Healthy Adolescent Program (AHA) Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal

Date prepared/revised: 4/30/13

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County HHS D Program: Communicable Disease

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

Primary goal and objective of providing Sexually Transmitted Disease (STD), Tuberculosis (TB), HIV Prevention/Outreach Education and Refugee Health Screening Services is to prevent disease morbidity and to protect the community from the spread of these communicable diseases.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

The STD clinic and HIV Outreach Prevention serves all clients 13 years of age and older. The TB clinic serves all clients in the community requiring evaluation for TB infection and active disease. No other health care providers in the community provides these services and all are referred to the health department for management, treatment and public health investigation for the identification and evaluation of exposed individuals. Individuals are not required to provide proof of residency or income, and no one is refused services due to their inability to pay for the services.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

STD comprehensive clinical services are provided at the RBJ Health Center, by three full-time Nurse Practitioners and two on-call staff. Our business hours are Monday-Friday 8am-5pm. This includes testing for HIV (rapid testing), syphilis, gonorrhea and chlamydia. In addition, if a client presents with symptoms of herpes, we can test for herpes at no additional cost. Treatment is also provided at no additional cost for syphilis, gonorrhea, chlamydia and genital warts (HPV). In addition, services are also provided at the Del Valle Correctional Facility two half days a week (Mon. and Wed. afternoons) and Gardner Betts Juvenile Detention Center one half day a week (Tuesday morning).

In addition our HIV Outreach/Prevention staff provides HIV and STD testing in satellite locations throughout the city and county to make testing accessible to all residents; and they are able to take their mobile outreach van to target areas with high risk populations.

Comprehensive TB clinical services are provided at the RBJ Health Center Monday-Friday 8 a.m.-5p.m, by one Physician, one LVN, three Registered Nurses (RNs) and one radiology technologist, . This includes medical evaluation, on-site x-ray and treatment for latent TB infection and active TB disease at no charge. It is the standard of care to provide directly-observed therapy (whereby all on treatment for active TB are observed taking their medications by a public health staff person) in the field for all active/infectious TB cases and for those who are suspected of having active TB (are pending lab confirmation) by field staff at hours and locations agreed upon by the client and 4 outreach staff, which is most often done outside of normal business hours. A weekly TB screening clinic is conducted for the general public one afternoon a week, in which TB screening tests are provided to individuals needing TB screening for school, employment or other reasons. In addition, if a clearance chest x-ray is needed for entry into a rehab facility or for immigration applications, due to history of a positive TB screening test and/or previous treatment, a clearance x-ray can also be provided.

Public health follow-up for newly-identified HIV, Syphilis and TB cases/suspects is conducted by five Disease Intervention Specialists and two TB Contact Investigators. Follow-up activities include

Attachment D

interviewing clients to obtain necessary information on potentially-exposed individuals in order to conduct proper contact investigations, decrease morbidity and reduce/prevent the spread of disease.

Social Work intervention is provided as needed on a case-by-case basis for STD and TB clinic clients by one social worker. In addition, through state grant funds and federal Ryan White grants, we are able to provide HIV Prevention Case Management for individuals identified as HIV positive who continue to engage in high-risk behavior, as well as HIV Medical Case management for individuals who are identified as being HIV positive who may be homeless, pediatric cases and pregnant women. They work to link individuals to services, including medical care, housing assistance and to adhere to their treatment plans

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

We work in collaboration with ATCIC-CARE Program to provide HIV and Syphilis testing at the Del Valle Correctional facility and actively participate in the HIV Prevention Community Task Force, (newly named in 2013 as the HIV/STD Health Coalition) to maximize resources and avoid duplication of HIV/STD screening services in the community. We are the primary provider of TB management and treatment services other than the evaluation of hospitalized patients (which are referred to the health department for management and treatment upon discharge).

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of STD patient visits seen in clinic.	3,549	9,451	13,000

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of TB clinic patient visits	3,003	7,997	11,000

<u>OUTPUT # 3</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of STD tests provided in outreach settings	546	1,454	2,000

<u>OUTPUT # 4</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of units of social work service provided (units are measured in 15 minute increments) to HIV clients	7,371	19,629	27,000

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

Attachment D

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will *not* have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	Total Program Annual Goal	If <i>not</i> reported every Quarter, in which Quarter(s)?
Number of clients seen in STD clinic	13,000	
Total number of clients requesting STD services (# seen + # turned away)	14,444	
Percent of clients who come into the STD clinic who are examined, tested and/or treated the same day	90%	

Total Program Performance – OUTCOME # 2	Total Program Annual Goal	If <i>not</i> reported every Quarter, in which Quarter(s)?
Number of TB cases completing therapy	N/A	
Number of TB cases closed (# completed therapy + # lost before completing treatment)	N/A	
Percent of TB cases completing therapy in 12 months	100%	

Total Program Performance – OUTCOME # 3	Total Program Annual Goal	If <i>not</i> reported every Quarter, in which Quarter(s)?
Number of TB contacts fully evaluated (numerator)	N/A	
Total number of TB contacts identified (denominator)	N/A	
Percentage of TB contacts evaluated (outcome rate)	90%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

Staff participates in the following: HIV Return to Care Collaboration, HIV/STD Health Coalition, and Central Texas HIV Provider Network Group, as well as quarterly Ryan White providers meeting with the Administrative Agent.

8. Program Evaluation Plan

- Performance evaluation:**

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

Monthly reports are submitted to Unit Manager and HHSD Budget, and semiannual reports are also completed to look at program performance and submitted to grantors.

- Quality improvement:**

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

Chart reviews are conducted semiannually, incidents are investigated and systems/processes are evaluated to determine if changes need to be made (all submitted to Division QI Coordinator). Clients and staff are able to voice concerns/complaints and they are investigated to determine if system/process changes are necessary, and annual customer satisfaction surveys are conducted and the feedback is used to improve services.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Communicable Disease</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of STD patient visits seen in clinic			0	13,000	3,250	0%	Explanation Required
OP#2	Number of TB clinic patient visits			0	11,000	2,750	0%	Explanation Required
OP#3	Number of STD tests provided in outreach settings			0	2,000	500	0%	Explanation Required
OP#4	Number of units of social work service provided (units are measured in 15 minute increments) to HIV clients			0	27,000	6,750	0%	Explanation Required
OUTCOMES								
OC#1a	Number of clients seen in STD clinic	(numerator)		0	13,000	3,250	0%	Explanation Required
OC#1b	Total number of clients requesting STD services (# seen + # turned away)	(denominator)		0	14,444	3,611	0%	Explanation Required
OC#1c	Percent of clients who come into the STD clinic who are examined, tested and/or treated the same day	(outcome rate)	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!
OC#2a	Number of TB cases completing therapy	(numerator)		0	N/A	N/A	N/A	N/A
OC#2b	Number of TB cases closed (# completed therapy + # lost before completing treatment)	(denominator)		0	N/A	N/A	N/A	N/A
OC#2c	Percent of TB cases completing therapy in 12 months	(outcome rate)	#DIV/0!	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!
OC#3a	Number of TB contacts fully evaluated	(numerator)		0	N/A	N/A	N/A	N/A
OC#3b	Total number of TB contacts identified	(denominator)		0	N/A	N/A	N/A	N/A
OC#3c	Percent of TB contacts evaluated	(outcome rate)	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
 - Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Communicable Disease</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of STD patient visits seen in clinic	0		0	13,000	6,500	0%	Explanation Required	
OP#2	Number of TB clinic patient visits	0		0	11,000	5,500	0%	Explanation Required	
OP#3	Number of STD tests provided in outreach settings	0		0	2,000	1,000	0%	Explanation Required	
OP#4	Number of units of social work service provided (units are measured in 15 minute increments) to HIV clients	0		0	27,000	13,500	0%	Explanation Required	
OUTCOMES									
OCH1a	Number of clients seen in STD clinic	(numerator)	0		0	13,000	6,500	0%	Explanation Required
OCH1b	Total number of clients requesting STD services (# seen + # turned away)	(denominator)	0		0	14,444	7,222	0%	Explanation Required
OCH1c	Percent of clients who come into the STD clinic who are examined, tested and/or treated the same day	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!
OCH2a	Number of TB cases completing therapy	(numerator)	0		0	N/A	N/A	N/A	N/A
OCH2b	Number of TB cases closed (# completed therapy + # lost before completing treatment)	(denominator)	0		0	N/A	N/A	N/A	N/A
OCH2c	Percent of TB cases completing therapy in 12 months	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!
OCH3a	Number of TB contacts fully evaluated	(numerator)	0		0	N/A	N/A	N/A	N/A
OCH3b	Total number of TB contacts identified	(denominator)	0		0	N/A	N/A	N/A	N/A
OCH3c	Percent of TB contacts evaluated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Communicable Disease</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of STD patient visits seen in clinic	0	0		0	13,000	9,750	0%	Explanation Required	
OP#2	Number of TB clinic patient visits	0	0		0	11,000	8,250	0%	Explanation Required	
OP#3	Number of STD tests provided in outreach settings	0	0		0	2,000	1,500	0%	Explanation Required	
OP#4	Number of units of social work service provided (units are measured in 15 minute increments) to HIV clients	0	0		0	27,000	20,250	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of clients seen in STD clinic	(numerator)	0	0		0	13,000	9,750	0%	Explanation Required
OC#1b	Total number of clients requesting STD services (# seen + # turned away)	(denominator)	0	0		0	14,444	10,833	0%	Explanation Required
OC#1c	Percent of clients who come into the STD clinic who are examined, tested and/or treated the same day	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!
OC#2a	Number of TB cases completing therapy	(numerator)	0	0		0	N/A	N/A	N/A	N/A
OC#2b	Number of TB cases closed (# completed therapy + # lost before completing treatment)	(denominator)	0	0		0	N/A	N/A	N/A	N/A
OC#2c	Percent of TB cases completing therapy in 12 months	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	100%	#DIV/0!	#DIV/0!
OC#3a	Number of TB contacts fully evaluated	(numerator)	0	0		0	N/A	N/A	N/A	N/A
OC#3b	Total number of TB contacts identified	(denominator)	0	0		0	N/A	N/A	N/A	N/A
OC#3c	Percent of TB contacts evaluated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	90%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/Vs)
Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/Vs: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Communicable Disease</u>	Agency Contact Name & Phone No.:	<u>Q</u>	Original Submission Date:	
TCHHS/Vs Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/Vs Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/Vs and by sources other than TCHHS/Vs. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of STD patient visits seen in clinic	0	0	0		0	13,000	0%	Explanation Required	
OP#2	Number of TB clinic patient visits	0	0	0		0	11,000	0%	Explanation Required	
OP#3	Number of STD tests provided in outreach settings	0	0	0		0	2,000	0%	Explanation Required	
OP#4	Number of units of social work service provided (units are measured in 15 minute increments) to HIV clients	0	0	0		0	27,000	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of clients seen in STD clinic	(numerator)	0	0	0		0	13,000	0%	Explanation Required
OC#1b	Total number of clients requesting STD services (# seen + # turned away)	(denominator)	0	0	0		0	14,444	0%	Explanation Required
OC#1c	Percent of clients who come into the STD clinic who are examined, tested and/or treated the same day	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!
OC#2a	Number of TB cases completing therapy	(numerator)	0	0	0		0	N/A	N/A	N/A
OC#2b	Number of TB cases closed (# completed therapy + # lost before completing treatment)	(denominator)	0	0	0		0	N/A	N/A	N/A
OC#2c	Percent of TB cases completing therapy in 12 months	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!
OC#3a	Number of TB contacts fully evaluated	(numerator)	0	0	0		0	N/A	N/A	N/A
OC#3b	Total number of TB contacts identified	(denominator)	0	0	0		0	N/A	N/A	N/A
OC#3c	Percent of TB contacts evaluated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	90%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Communicable Disease Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Communicable Disease Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
for 2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: [05/30/2013](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: HHSD Program: Chronic Disease Prevention and Control

1. Program goals and objectives:

. The Chronic Disease Prevention and Control Program (CDPC Program) activities align with the HHSD Business Plan Goal for Health Services: Promote a healthy community by preventing chronic and communicable diseases and promoting improvements in social/economic/environmental factors that will result in an improved overall health status and a reduction of health disparities. The CDPC Program exists to inspire people to take steps to adopt healthy lifestyles through promoting and modeling healthy behaviors, preventing and managing chronic disease, and promoting policy, systems and environmental change

2. Program clients served:

Since strategies are policy, systems and environmental changes, the target population is jurisdiction-wide. However, all service-based strategies are targeted to those individuals, primarily adults and youth age 5-17 years old, who suffer disproportionately from chronic disease or risk factors for chronic disease. Strategies are targeted in areas of Travis County with high rates of health disparities, and include more low socioeconomic health status individuals.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

Healthy Places, Healthy People-Community Transformation

Healthy Places, Healthy People addresses the needs of Austin/Travis County with special focus on the populations that experience health disparities. Programs are implemented across multiple sectors addressing where people work, play, learn and live. These categories are Community, School, Worksite, Healthcare, Media and Disparities.

Tobacco Prevention and Control

The tobacco prevention and control efforts subscribe to the Centers for Disease Control model for comprehensive tobacco control programs with an emphasis on policy, systems and environmental changes. Program goals are: prevent youth initiation of tobacco, increase cessation among youth and adults, ensure compliance with all tobacco laws, eliminate secondhand smoke, reduce health disparities and ensure sustainability of the community coalition.

Community Diabetes Program

The Chronic Disease Prevention and Control Program implements eight community walking/exercise groups through Walk Texas, provides 24 Diabetes Empowerment Education Program classes and 12 Road to Health diabetes prevention classes, and provides continuing education for 130 health care providers in the Travis County community.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

A/TCHHSD relies on its network of Coalition and non-Coalition partner agencies in order to integrate our services into the existing network of public health and social services in Travis County. This allows us to be most effective and avoid duplication of services. Collaborative efforts include the Leadership Team which provides guidance on key initiatives; the Chronic Disease Coalition, the Central Texas Diabetes Coalition; the Austin/Travis County Tobacco Control Coalition; and the Integrated Care Collaborative which ATCHHSD is a member. These groups have diverse, multisector representation of community leaders representing all of Travis County

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of Public Health Activities Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	90	30	120

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of Public Health Encounters Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	4200	15800	20,000
	<u>Travis</u>	<u>All Other</u>	<u>TOTAL</u>

<u>OUTPUT # 3</u>	<u>County Annual Goal</u>	<u>Funding Sources Annual Goal</u>	(Travis County + All Other) Annual Goal
Number of Community Changes Definition: New or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer.	20	10	30

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (**replace the blue text in the left column below with the actual wording of your measures’ numerators, denominators, and outcome rates**):

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column’s shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

The Chronic Disease Prevention and Control Program has implemented several planning activities to develop grant applications, plan program strategies and interventions, media messages, to identify collaboration opportunities. These activities have included partner surveys, key informant surveys, focus groups and telephone surveys, and employee surveys. These efforts have informed the Obesity Strategic Plan, grant applications for the Community Transformation Grant and the Communities Putting Prevention to Work, the Live Tobacco Free Austin campaign, and multiple tobacco-free community changes.

8. Program Evaluation Plan

- Performance evaluation:

Describe how the agency will evaluate the program’s performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

The Chronic Disease Prevention and Control Program evaluation plan assesses the immediate, short-term, and long-term impact of multiple, broad-reaching strategies on mortality and morbidity due to chronic disease and chronic disease risk factors in Austin and Travis County. The goals of the evaluation are to use data to demonstrate progress toward program goals during their implementation, as well as evidence of program performance and public health effectiveness. The core evaluation plan includes both process and outcome evaluation. The process evaluation plan will regularly monitor for sufficient forward progress and ongoing program improvement. By monitoring ongoing and future activities and interaction of these activities among program objectives, ATCHHSD periodically assesses that interventions are timely, sufficiently staffed, and appropriate to the target population. ATCHHSD relates the information gleaned from this process evaluation back to programmatic staff, stakeholders, and community partners in order to optimize potential midcourse corrections when necessary. The outcome-based evaluation entails analysis of data from multiple sources to assess changes in the prevalence of risk behaviors and attitudes, trends in mortality and morbidity of chronic disease, and implementation of policies to combat the burden of chronic disease.

ATCHHSD uses a combination of ongoing data resources including vital statistics data, hospital discharge data, and adult and youth behavior surveys, to track trends in chronic disease mortality and morbidity, as well as activity-specific surveys to gauge behaviors and attitudes toward program policies

in the community. ATCHHSD works with community partners to report on ongoing program implementation, including development of policies, execution of strategies, and progress of activities. ATCHHSD utilizes media marketing reports to evaluate the impact of counter-advertising in the community.

For the long-term analysis of overall impact of strategies, ATCHHSD analyzes overall trends in data on mortality, hospitalizations, and cancer. The Texas Department of State Health Services (DSHS) maintains vital statistics data, including mortality data, hospital discharge data, and the cancer registry, all of which are available at the local level. These data tend to not be timely – with a lag of between 3 years (mortality data) to one year (hospital discharge data) – but have the advantage of standardization in data collection and analytic methods, which make them attractive choices for comparisons across and within communities and over time.

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

The Chronic Disease Prevention and Control program actively reports as part of the department's CQI (Continuous Quality Improvement) program. The conceptual framework of the Continuous Quality Improvement Program centers on broad vantage points from which total delivery of services can be viewed. Each parameter views service from a different vantage point. Each of these separate perspectives plays an important role in the total delivery of services within the Chronic Disease Prevention and Control Program. Parameters of Service to be monitored and evaluated are:

1. Financial Accounting
2. Customer Service
3. Incident Reporting
4. Safety Training
5. Health Education/Program Coordination
6. Supervision
7. Cultural Competency
8. Ethics
9. Records Management
10. Communication

The program meets regularly on CQI and reports outcomes as required by the departmental plan.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Chronic Disease Prevention and Control</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA							
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS							
OP#1	<i>Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.</i>		0	120	30	0%	Explanation Required
OP#2	Number of Public Health Encounters <i>Definition: A person reached through health promotion/educational efforts.</i>		0	20,000	5,000	0%	Explanation Required
OP#3	Number of Community Changes <i>Definition: New or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer.</i>		0	30	8	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Chronic Disease Prevention and Control</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	0		0	120	60	0%	Explanation Required
OP#2	Number of Public Health Encounters Definition: A person reached through health promotion/educational efforts.	0		0	20,000	10,000	0%	Explanation Required
OP#3	Number of Community Changes Definition: New or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer.	0		0	30	15	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	<u>0</u>
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Chronic Disease Prevention and Control</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of Public Health Activities Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	0	0		0	120	90	0%	Explanation Required
OP#2	Number of Public Health Encounters Definition: A person reached through health promotion/educational efforts.	0	0		0	20,000	15,000	0%	Explanation Required
OP#3	Number of Community Changes Definition: New or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer.	0	0		0	30	23	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Chronic Disease Prevention and Control</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of Public Health Activities Definition: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	0	0	0		0	120	0%	Explanation Required
OP#2	Number of Public Health Encounters Definition: A person reached through health promotion/educational efforts.	0	0	0		0	20,000	0%	Explanation Required
OP#3	Number of Community Changes Definition: New or modified program, practice, environmental, systems or policy in the community created through working with community partners, agencies/organizations, or other HHSD programs which may last six months or longer.	0	0	0		0	30	0%	Explanation Required

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
 - Document any known problems with the data and plans for addressing them; and
 - Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Chronic Disease Prevention and Control Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Chronic Disease Prevention and Control Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
for 2014 Social Service Contracts funded by Travis County

Date prepared: [05/01/2013](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County Health and Human Services Department Program: Community Health Improvement Plan (CHIP) Implementation

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

Austin/Travis County Health and Human Services Department (A/TCHHSD) coordinated so far two out of three interconnected phases of the public health planning in the Travis County, creation of the Community Health Assessment and Community Health Improvement Plan. The whole cycle is three to five years long and it will repeat at the end of the third phase. Per the National Association of County and City Health Officials, "A community health assessment (CHA) engages community members and local public health system partners to collect and analyze health-related data from many sources. A CHA (1) Informs community decision-making; (2) Prioritizes health problems; and (3) Assists in development and implementation of community health improvement plans. A Community health improvement plan (CHIP) is an action-oriented plan that outlines the priority community health issues based on CHA findings. The community and partners work together to identify how issues will be addressed and how to measure progress. The long-term goal is to ultimately improve the community's health."

For the third phase of the public health planning, Austin/Travis County HHSD along with its partners, stakeholders, and community members will coordinate Community Health Improvement Plan Implementation in order to:

- 1) Engage community members on health issues.
- 2) Address health disparities in communities.
- 3) Differentiate needs in various communities
- 4) Enable leaders to allocate resources for the health priorities based on the community needs.
- 5) Assist local public health system to focus on programs/services that address community health needs.
- 6) Meet prerequisites for the Public Health Accreditation.
- 7) Strengthen viability to successfully compete for funding opportunities.
- 8) Enable collaboration with partners and create opportunities for new partnerships.
- 9) Promote action planning among partners and stakeholders to achieve healthy communities and healthy behaviors.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

The Community Health Improvement Plan (CHIP) Implementation will not provide direct social services to clients. It will provide coordination for the CHIP implementation efforts and facilitate a professional forum for creative and collaborative problem solving, inclusive community participation, and community consensus building.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

1. Austin/Travis County Health and Human Services Department (A/TCHHSD) will continue to serve as a coordinator of the CHIP Implementation activities and information provider that helps CHIP partners and stakeholders optimize their resources.
2. A/TCHHSD will coordinate CHIP Core Coordinating Committee meetings where partners and stakeholders will monitor and manage the CHIP Implementation.
3. A/TCHHSD will coordinate CHIP Steering Committee meetings where executives representing partner agencies and stakeholders will review, discuss, and approve CHIP Implementation activities.
4. A/TCHHSD will coordinate CHIP Community meetings where community members, partners, and stakeholders will review the CHIP and progress on the CHIP.
5. A/TCHHSD will provide in-person training and presentations at conferences and/or meetings related to the CHIP Implementation.
6. A/TCHHSD, in collaboration with Steering and Core Coordinating partners, will facilitate meetings with community and partner work groups.
7. A/TCHHSD will coordinate CHIP Implementation efforts in order to satisfy prerequisites for ~~the~~ Public Health Accreditation.
8. A/TCHHSD will provide County with ongoing written updates of the CHIP Implementation process, including an Annual CHIP Report on progress.
9. A/TCHHSD will continue to share research, data, and information through A/TCHHSD website, community presentations, media/press releases, and other appropriate venue.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Austin/Travis County Health and Human Services Department (A/TCHHSD) has partnered with numerous public health and community services agencies in Travis County, including Travis County Health and Human Services and Veterans Services, Central Health, St. David's Foundation, Seton Healthcare Family, the University of Texas Health Science Center (UTHSC) at Houston School of Public Health Austin Regional Campus, Austin/Travis County Integral Care, Capital Metro, One Voice of Central Texas, Integrated Care Collaboration, Sustainable Food Center, and many others, to lead a comprehensive community health planning initiative.

A/TCHHSD is a coordinator and convener of two major CHIP planning committees (Core Coordinating Committee and Steering Committee) and numerous individual meetings with partners and stakeholders. In addition, A/TCHHSD regularly convenes and connects elected officials, policy-makers, agency executive managers, agency planners, government relations professionals, issue area group leaders, community advocates, and service providers. By linking stakeholders across the spectrum, A/TCHHSD coordinates cross-cutting issues that impact the Community Health Improvement Plan Implementation.

5. **OUTPUT** Performance Measures (**replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts**):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports. CAN does not provide direct services to clients. Deliverables are outlined in Section 3.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of Core Coordinating Committee meetings convened	6	6	12

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of Steering Committee meetings convened	1	2	3

<u>OUTPUT # 3</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (unduplicated)	12	20	32

<u>OUTPUT # 4</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (duplicated)	84	160	244

<u>OUTPUT # 5</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of Community CHIP meetings convened	1	1	2

<u>OUTPUT # 6</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of the Community CHIP meeting Participants	20	30	50

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (**replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates**):

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

Total Program Performance – OUTCOME # 1	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of CHIP Implementation partners represented at the Core Coordinating Committee meetings by at least one official member (numerator)	(5 reps x 12 meetings) 60	
Total number of CHIP Implementation Core Coordinating Committee meetings at which partners can be represented (denominator) - -	(7 reps x 12 meetings) 84	
Core Coordinating Committee members participation rate at Core Coordinating Committee meetings (outcome rate)	71%	

Total Program Performance – OUTCOME # 2	Total Program Annual Goal	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of CHIP Implementation partners represented at the Steering Committee meetings by at least one official member (numerator)	(8 reps x 3 meetings) 24	
Total number of CHIP Implementation Steering Committee meetings at which partners can be represented (denominator) - -	(10 reps x 3 meetings) 30	
Steering Committee members participation rate at Steering Committee meetings (outcome rate)	80%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

A/TCHHSD will undertake the following community planning activities:

1. As part of the action planning process, stakeholders and resources will be coordinated to ensure successful CHIP Implementation and coordination of activities and resources among key partners in Austin/Travis County.
2. A/TCHHSD will continue to coordinate the CHIP Steering Committee that will serve as the executive oversight for the improvement plan, progress, and process.
3. The Steering Committee and Core Coordinating Committee will expand agency membership to match the scope of the CHIP's four priority issue areas. The Steering Committee will meet four times a year while the Core Coordinating Committee will meet monthly.
4. Community dialogue sessions and forums will occur in order to engage residents in the implementation where appropriate, share progress, solicit feedback, and strengthen the CHIP Implementation.
5. Regular communication including via website to community members and stakeholders will occur throughout the CHIP Implementation.
6. New and creative ways to feasibly engage all parties will be explored at the aforementioned engagement opportunities.
7. Additional workgroup meetings and participants will be identified once the 1st year action plan is developed.
8. A CHIP Annual Report will be developed and shared with the partners, community members, and stakeholders.

8. Program Evaluation Plan

Performance evaluation:

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

A/TCHHSD will evaluate the CHIP Implementation process through several venues:

- 1) Through executive oversight by the A/TCHHSD Director's Office.
- 2) Through Core Coordinating and Steering Committee members' feedback.
- 3) Through designed web surveys distributed to the Core Coordinating and Steering Committee members and other partners and stakeholders when needed.
- 4) By reviewing Core Coordinating and Steering Committee meetings' minutes.
- 5) By matching the CHIP Implementation progress with the Accreditation requirements, including an Annual CHIP Report.

Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

There are several ways in which A/TCHHSD identifies problems and other issues related to the CHIP process:

- 1) Through regular Core Coordinating Committee meetings where all issues are discussed with the partners.
- 2) Through executive oversight by the A/TCHHSD Director's Office.
- 3) By reviewing the responses to evaluations and surveys to assess areas of improvement related to the CHIP Implementation activities.
- 4) By utilizing quality planning and improvement tools.

The same venues are used for designing activities to address the issues and for the corrective actions follow up.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Community Health Improvement Plan (CHIP) Implementation</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of Core Coordinating Committee meetings convened			0	12	3	0%	Explanation Required
OP#2	Number of Steering Committee meetings convened			0	3	1	0%	Explanation Required
OP#3	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (unduplicated)			0	32	8	0%	Explanation Required
OP#4	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (duplicated)			0	244	61	0%	Explanation Required
OP#5	Number of Community CHIP meetings convened			0	2	1	0%	Explanation Required
OP#6	Number of the Community CHIP meeting Participants			0	50	13	0%	Explanation Required
OUTCOMES								
OC#1a	Number of CHIP Implementation partners represented at the Core Coordinating Committee meetings by at least one official member	(numerator)		0	60	15	0%	Explanation Required
OC#1b	Total number of CHIP Implementation Core Coordinating Committee meetings at which partners can be represented	(denominator)		0	84	21	0%	Explanation Required
OC#1c	Core Coordinating Committee members participation rate at Core Coordinating Committee meetings	(outcome rate)		#DIV/0!	#DIV/0!	71%	71%	#DIV/0!
OC#2a	Number of CHIP Implementation partners represented at the Steering Committee meetings by at least one official member	(numerator)		0	24	6	0%	Explanation Required
OC#2b	Total number of CHIP Implementation Steering Committee meetings at which partners can be represented	(denominator)		0	30	8	0%	Explanation Required
OC#2c	Steering Committee members participation rate at Steering Committee meetings	(outcome rate)		#DIV/0!	#DIV/0!	80%	80%	#DIV/0!

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
 - Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Community Health Improvement Plan (CHIP) Implementation</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of Core Coordinating Committee meetings convened	0		0	12	6	0%	Explanation Required	
OP#2	Number of Steering Committee meetings convened	0		0	3	2	0%	Explanation Required	
OP#3	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (unduplicated)	0		0	32	16	0%	Explanation Required	
OP#4	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHSD staff (duplicated)	0		0	244	122	0%	Explanation Required	
OP#5	Number of Community CHIP meetings convened	0		0	2	1	0%	Explanation Required	
OP#6	Number of the Community CHIP meeting Participants	0		0	50	25	0%	Explanation Required	
OUTCOMES									
OCH#1a	Number of CHIP Implementation partners represented at the Core Coordinating Committee meetings by at least one official member	(numerator)	0		0	60	30	0%	Explanation Required
OCH#1b	Total number of CHIP Implementation Core Coordinating Committee meetings at which partners can be represented	(denominator)	0		0	84	42	0%	Explanation Required
OCH#1c	Core Coordinating Committee members participation rate at Core Coordinating Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	71%	71%	#DIV/0!	#DIV/0!
OCH#2a	Number of CHIP Implementation partners represented at the Steering Committee meetings by at least one official member	(numerator)	0		0	24	12	0%	Explanation Required
OCH#2b	Total number of CHIP Implementation Steering Committee meetings at which partners can be represented	(denominator)	0		0	30	15	0%	Explanation Required
OCH#2c	Steering Committee members participation rate at Steering Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	80%	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Community Health Improvement Plan (CHIP) Implementation</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of Core Coordinating Committee meetings convened	0	0		0	12	9	0%	Explanation Required	
OP#2	Number of Steering Committee meetings convened	0	0		0	3	2	0%	Explanation Required	
OP#3	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHS staff (unduplicated)	0	0		0	32	24	0%	Explanation Required	
OP#4	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHS staff (duplicated)	0	0		0	244	183	0%	Explanation Required	
OP#5	Number of Community CHIP meetings convened	0	0		0	2	2	0%	Explanation Required	
OP#6	Number of the Community CHIP meeting Participants	0	0		0	50	38	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of CHIP Implementation partners represented at the Core Coordinating Committee meetings by at least one official member	(numerator)	0	0		0	60	45	0%	Explanation Required
OC#1b	Total number of CHIP Implementation Core Coordinating Committee meetings at which partners can be represented	(denominator)	0	0		0	84	63	0%	Explanation Required
OC#1c	Core Coordinating Committee members participation rate at Core Coordinating Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	71%	71%	#DIV/0!	#DIV/0!
OC#2a	Number of CHIP Implementation partners represented at the Steering Committee meetings by at least one official member	(numerator)	0	0		0	24	18	0%	Explanation Required
OC#2b	Total number of CHIP Implementation Steering Committee meetings at which partners can be represented	(denominator)	0	0		0	30	23	0%	Explanation Required
OC#2c	Steering Committee members participation rate at Steering Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	80%	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Community Health Improvement Plan (CHIP) Implementation</u>	Agency Contact Name & Phone No.:	<u>Q</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of Core Coordinating Committee meetings convened	0	0	0		0	12	0%	Explanation Required	
OP#2	Number of Steering Committee meetings convened	0	0	0		0	3	0%	Explanation Required	
OP#3	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHS staff (unduplicated)	0	0	0		0	32	0%	Explanation Required	
OP#4	Number of attendees participating in Core Coordinating Committee and Steering Committee meetings convened by A/TCHHS staff (duplicated)	0	0	0		0	244	0%	Explanation Required	
OP#5	Number of Community CHIP meetings convened	0	0	0		0	2	0%	Explanation Required	
OP#6	Number of the Community CHIP meeting Participants	0	0	0		0	50	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of CHIP Implementation partners represented at the Core Coordinating Committee meetings by at least one official member	(numerator)	0	0	0		0	60	0%	Explanation Required
OC#1b	Total number of CHIP Implementation Core Coordinating Committee meetings at which partners can be represented	(denominator)	0	0	0		0	84	0%	Explanation Required
OC#1c	Core Coordinating Committee members participation rate at Core Coordinating Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	71%	#DIV/0!	#DIV/0!
OC#2a	Number of CHIP Implementation partners represented at the Steering Committee meetings by at least one official member	(numerator)	0	0	0		0	24	0%	Explanation Required
OC#2b	Total number of CHIP Implementation Steering Committee meetings at which partners can be represented	(denominator)	0	0	0		0	30	0%	Explanation Required
OC#2c	Steering Committee members participation rate at Steering Committee meetings	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	80%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Community Health Improvement Plan (CHIP) Implementation Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (will be denoted by **RED** text);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Community Health Improvement Plan (CHIP) Implementation Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis County

Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: [05/06/13](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County Health & Human Services

Program: Environmental Health Services

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

Austin/Travis County HHSD, Environmental Health Services Division operates programs designed to promote and protect the public health. The protection of the public health is best served by a collaborative approach in regulating and monitoring environmental and consumer health hazards that occur without regard to jurisdictional boundaries. The provision of essential public health services by the City and the provision of the same or similar services under agreement with the County is intended to result in a service delivery that is effective, efficient and accessible.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

- **Any persons operating or patronizing food enterprises located in Travis County, that store, prepare, package, serve, vend or otherwise provide food for human consumption, whether it is conducted in a mobile, stationary, temporary or permanent facility or location**
- **Travis County residents using public or semi-public pools located in Travis Co.**
- **Travis County residents submitting complaints concerning any general environmental or public health nuisance occurring within Travis County**
- **Travis County residents wanting to adopt or foster a child; and day care operators**
- **Travis County residents requesting consultation and education on rodent and mosquito control measures**

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

The Environmental Health Services Division administratively performs inspections and investigates complaints to ensure compliance with various state laws and local codes in the unincorporated areas of Travis County.

- I. Staff Sanitarians inspect restaurants, grocery stores, food manufacturers, mobile food vendors, temporary event food vendors and custodial care foodservices. Requested annual environmental health and safety inspections of custodial care facilities are also conducted.**
- II. General environmental complaints involving improper disposal of solid waste, high grass and weeds, animal pens, junk and abandoned vehicles, substandard buildings, and other public health and nuisance issues are investigated and compliance actions taken when required.**
- III. The Rodent and Vector Control Program performs routine vector (mosquito) control and provides consultative outreach to residents and community groups.**

Routine and requested inspections, and complaints investigated by the program include:

- **Retail Food Establishment permitting, inspection, and investigations**
- **Food Products Establishment permitting, inspection, and investigations**
- **Foodborne illness investigations, food sanitation investigations**
- **Food Enterprise and Public Pool plan review and approval**

Attachment D

■ **General Environmental Related**

- **Public and Semi-Public Swimming Pools and Spas Permitting, Inspection and Investigation**
- **Custodial Care Environmental Health and Safety Inspections**
- **Junkyard and Automotive Wrecking and Salvage-yard Permitting, Inspection and Investigations**
- **Public Nuisance Complaint Investigations – high grass and weeds, improper disposal of solid waste, junk and abandoned vehicles on private property, dangerous buildings, odors, flies, stagnant water, exposed wastewater/sewage related to foodservice or package treatment plants**
- **Public Nuisance Abatement – Abatement of nuisances on private property when property owners are either unwilling or unable**
- **Application of routine mosquito control measures in Travis County.**
- **Miscellaneous Health Related Inspections –mass gatherings, flea markets, farmers markets, and others.**

IV. In addition, City of Austin Customer Service support staff provides all of the administrative services and maintenance of the programs in the following areas: permit application intake; complaint and request processing; reception services; cashiering; data entry; and records management.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

- Texas Commission on Environmental Quality – Water Quality, Environmental Nuisances
- Texas Department of Family and Protective Services – Daycares, Schools, Adoptions, Foster Cares
- Texas Department of Aging and Disability Services – Group Homes, Nursing Homes, Senior Centers
- Texas Department of State Health Services – Food Services and related elements, Public Pools
- Travis County Commissioners Court – Public & Environmental Nuisances
- Travis County Transportation & Natural Resources – Sewage, Junkyards, Auto salvage operations
- Travis County Sheriff’s Department – Public and Environmental Nuisances

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of permitted (fixed) food establishments.	410	4,640	5050

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Mobile Vending Permits Issued	230	970	1,200

<u>OUTPUT # 3</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of field services conducted in the Rodent and Vector Program.	3,800	4,200	8,000

<u>OUTPUT # 4</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of Non-Routine health and safety inspections and training requests.	170	2130	2,300

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures’ numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column’s shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of pools/spas in the City and County in compliance in a time period (numerator)	1,870	
Total number of pools/spas registered with HHSD in the same time period (denominator)	1,928	
Percent of public pools and spas in compliance (outcome rate)	97%	

Total Program Performance – OUTCOME # 2	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of food establishment inspections with a passing grade (numerator)	9,871	
Total number of food establishments inspections (denominator)	10,072	
Percent of inspections resulting in a passing grade (70 or greater) at the first inspection. (outcome rate)	98%	

Total Program Performance – OUTCOME # 3	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of Rodent Vector field services in which control measures are applied (numerator)	4,000	
Total number of field services completed (denominator)	8,000	
Percent of field services conducted that result in control measures being applied in the Rodent & Vector program (outcome rate)	50%	

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

Community Health Assessment/Community Health Improvement Plan

8. Program Evaluation Plan

• **Performance evaluation:**

Describe how the agency will evaluate the program’s performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

- Use of database management system (AMANDA) to track all inspections, permitting fees, and follow-up inspections for all components of the contract
- Use of Excel and Access to ensure that goals are met through tracking databases looking at quarterly numbers compared to contractual agreed upon numbers
- Mid-year and Year-end performance evaluations of sanitarians responsible for these areas to ensure that inspections are completed and done according to standard operating procedures
- Dedicated consumer hotline for taking complaint calls and follow-ups done by inspectors.

9. Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

- **Investigation of consumer complaints**
- **Quarterly reviews to ensure Contractual numbers are met without any shortcomings**
- **Additional inspectors assigned as needed and follow-up next quarter to gauge effectiveness**

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Environmental Health Services</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of permitted (fixed) food establishments			0	5,050	1,263	0%	Explanation Required
OP#2	Mobile Vending Permits Issued			0	1,200	300	0%	Explanation Required
OP#3	Number of field services conducted in the Rodent and Vector Program			0	8,000	2,000	0%	Explanation Required
OP#4	Number of Non-Routine health and safety inspections and training requests			0	2,300	575	0%	Explanation Required
OUTCOMES								
OC#1a	Number of pools/spas in the City and County in compliance in a time period	(numerator)		0	1,870	468	0%	Explanation Required
OC#1b	Total number of pools/spas registered with HHSD in the same time period	(denominator)		0	1,928	482	0%	Explanation Required
OC#1c	Percent of public pools and spas in compliance	(outcome rate)	#DIV/0!	#DIV/0!	97%	97%	#DIV/0!	#DIV/0!
OC#2a	Number of food establishment inspections with a passing grade	(numerator)		0	9,871	2,468	0%	Explanation Required
OC#2b	Total number of food establishments inspections	(denominator)		0	10,072	2,518	0%	Explanation Required
OC#2c	Percent of inspections resulting in a passing grade (70 or greater) at the first inspection	(outcome rate)	#DIV/0!	#DIV/0!	98%	98%	#DIV/0!	#DIV/0!
OC#3a	Number of Rodent Vector field services in which control measures are applied	(numerator)		0	4,000	1,000	0%	Explanation Required
OC#3b	Total number of field services completed	(denominator)		0	8,000	2,000	0%	Explanation Required
OC#3c	Percent of field services conducted that result in control measures being applied in the Rodent & Vector program	(outcome rate)	#DIV/0!	#DIV/0!	50%	50%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code provide for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Environmental Health Services</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of permitted (fixed) food establishments	0		0	5,050	2,525	0%	Explanation Required	
OP#2	Mobile Vending Permits Issued	0		0	1,200	600	0%	Explanation Required	
OP#3	Number of field services conducted in the Rodent and Vector Program	0		0	8,000	4,000	0%	Explanation Required	
OP#4	Number of Non-Routine health and safety inspections and training requests	0		0	2,300	1,150	0%	Explanation Required	
OUTCOMES									
OCH1a	Number of pools/spas in the City and County in compliance in a time period	(numerator)	0		0	1,870	935	0%	Explanation Required
OCH1b	Total number of pools/spas registered with HHSD in the same time period	(denominator)	0		0	1,928	964	0%	Explanation Required
OCH1c	Percent of public pools and spas in compliance	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	97%	97%	#DIV/0!	#DIV/0!
OCH2a	Number of food establishment inspections with a passing grade	(numerator)	0		0	9,871	4,936	0%	Explanation Required
OCH2b	Total number of food establishments inspections	(denominator)	0		0	10,072	5,036	0%	Explanation Required
OCH2c	Percent of inspections resulting in a passing grade (70 or greater) at the first inspection	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	98%	98%	#DIV/0!	#DIV/0!
OCH3a	Number of Rodent Vector field services in which control measures are applied	(numerator)	0		0	4,000	2,000	0%	Explanation Required
OCH3b	Total number of field services completed	(denominator)	0		0	8,000	4,000	0%	Explanation Required
OCH3c	Percent of field services conducted that result in control measures being applied in the Rodent & Vector program	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	50%	50%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Environmental Health Services</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of permitted (fixed) food establishments	0	0		0	5,050	3,788	0%	Explanation Required	
OP#2	Mobile Vending Permits Issued	0	0		0	1,200	900	0%	Explanation Required	
OP#3	Number of field services conducted in the Rodent and Vector Program	0	0		0	8,000	6,000	0%	Explanation Required	
OP#4	Number of Non-Routine health and safety inspections and training requests	0	0		0	2,300	1,725	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of pools/spas in the City and County in compliance in a time period	(numerator)	0	0		0	1,870	1,403	0%	Explanation Required
OC#1b	Total number of pools/spas registered with HHSD in the same time period	(denominator)	0	0		0	1,928	1,446	0%	Explanation Required
OC#1c	Percent of public pools and spas in compliance	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	97%	97%	#DIV/0!	#DIV/0!
OC#2a	Number of food establishment inspections with a passing grade	(numerator)	0	0		0	9,871	7,403	0%	Explanation Required
OC#2b	Total number of food establishments inspections	(denominator)	0	0		0	10,072	7,554	0%	Explanation Required
OC#2c	Percent of inspections resulting in a passing grade (70 or greater) at the first inspection	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%	98%	#DIV/0!	#DIV/0!
OC#3a	Number of Rodent Vector field services in which control measures are applied	(numerator)	0	0		0	4,000	3,000	0%	Explanation Required
OC#3b	Total number of field services completed	(denominator)	0	0		0	8,000	6,000	0%	Explanation Required
OC#3c	Percent of field services conducted that result in control measures being applied in the Rodent & Vector program	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	50%	50%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/V)
Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/V: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	Austin/Travis County HHSD	Program Name:	Environmental Health Services	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/V	Ana Almaguel 512-854-5870	TCHHS/V Contract Specialist & Phone No.:	San Juana Gonzales 512-854-4122	Contract Term:	October 1, 2013 - September 30, 2014	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/V and by sources other than TCHHS/V. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of permitted (fixed) food establishments	0	0	0		0	5,050	0%	Explanation Required	
OP#2	Mobile Vending Permits Issued	0	0	0		0	1,200	0%	Explanation Required	
OP#3	Number of field services conducted in the Rodent and Vector Program	0	0	0		0	8,000	0%	Explanation Required	
OP#4	Number of Non-Routine health and safety inspections and training requests	0	0	0		0	2,300	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of pools/spas in the City and County in compliance in a time period	(numerator)	0	0	0		0	1,870	0%	Explanation Required
OC#1b	Total number of pools/spas registered with HHSD in the same time period	(denominator)	0	0	0		0	1,928	0%	Explanation Required
OC#1c	Percent of public pools and spas in compliance	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	97%	#DIV/0!	#DIV/0!
OC#2a	Number of food establishment inspections with a passing grade	(numerator)	0	0	0		0	9,871	0%	Explanation Required
OC#2b	Total number of food establishments inspections	(denominator)	0	0	0		0	10,072	0%	Explanation Required
OC#2c	Percent of inspections resulting in a passing grade (70 or greater) at the first inspection	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	98%	#DIV/0!	#DIV/0!
OC#3a	Number of Rodent Vector field services in which control measures are applied	(numerator)	0	0	0		0	4,000	0%	Explanation Required
OC#3b	Total number of field services completed	(denominator)	0	0	0		0	8,000	0%	Explanation Required
OC#3c	Percent of field services conducted that result in control measures being applied in the Rodent & Vector program	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	50%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Environmental Health Services Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Environmental Health Services Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: [05/22/2013](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: HHSD Program: Epidemiology and Health Statistics Unit

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

Epidemiology and Health Statistics Unit (EHSU) protects the public health of citizens and visitors of Travis County through a number of activities including epidemiologic surveillance and investigation, data collection and analysis, toxicological evaluation and risk assessment, and emergency preparedness and response planning. EHSU supports Travis County by:

- Analyzing health data to examine the burden of disease within the county for a variety of diseases, conditions and risk factors. .
- Providing epidemiologic support for disease and outbreak investigations, which includes study design, survey design, data collection, analyses and interpretation, and report dissemination.
- Identifying, monitoring, and preventing the spread of disease in our community through the implementation of preventative measures and interventions.
- Conducting epidemiologic response and preparedness planning activities related to diseases and conditions, and public health disasters (both natural and man-made) such as hurricane response, response to weapons of mass destruction, extreme weather events, and disease pandemics.
- Developing, revising, maintaining, exercising public health emergency response plans.
- Conducting and providing toxicological evaluations, consultations, and recommendations for environmental permitting, monitoring and enforcement activities to ensure the protection of human health.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

Persons served by EHSU are all residents or visitors of Travis County. For some emergency response plans, pre-established agreements exist for response activities (mass sheltering for citizens of Galveston County, TX). All employed and volunteer first responders are eligible for transport exposure services.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

The Epidemiology and Health Statistics Unit supports three 3 program areas –Disease Surveillance, Epidemiology, and Public Health Emergency Preparedness.

The Disease Surveillance Program, which provides 24/7 nurse on call after business hours, weekends and holidays, is responsible for receiving, reviewing, monitoring, investigating (as determined) and implementing control measures on 72 of the 77 conditions listed on the Texas Department of State Health Services (DSHS) Reportable Conditions list.

The Epidemiology Program conducts comprehensive epidemiologic surveillance and investigates clusters of acute and chronic illness within Travis County. Currently, the Epidemiology Program participates in

analyses, collection, and management of data related to infectious diseases and conditions, related health risk behaviors, syndromic surveillance, as well as clusters and/or outbreaks of gastrointestinal illness, foodborne illness, respiratory illness, and influenza, and responses to bioterrorism.

EHSU epidemiologists collect, analyze, and manage health data to identify burden of acute and chronic diseases within the community and risk factors for developing disease. Analyses are used in program evaluation to determine gaps in service delivery, community health needs, and the effectiveness of intervention and prevention strategies, and these analyses are reported to EHSU's partners. EHSU serves as the lead within HHSD for data analyses, management, and evaluation.

EHSU conducts toxicological reviews/evaluations of air quality, hazardous waste, and water quality permits for Travis County to determine whether releases or emissions will result in any adverse human health impacts. Review and evaluations are also conducted for monitoring data collected to determine the potential for adverse human effects from releases to air, water, and soil.

EHSU conducts public health emergency response planning and assesses hazards and vulnerabilities for all citizens, residents and visitors of Travis County with numerous external and internal partners. Plans are revised annually, tested through exercises or real events, and lessons learned are incorporated during plan revisions.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

For epidemiologic surveillance and response, all activities are coordinated through a variety of organizations including the health care system, school districts, responding agencies, and neighboring or affected counties. This is necessary to limit the spread of disease.

For emergency response planning, response plans and activities must be coordinated with a variety of local, regional, state and federal response agencies. All response activities rely on strong collaborations, mutual aid, and common operating picture. EHSU staff also works collaboratively with local, regional, state and federal partners, first responders and emergency management on biosurveillance planning and response initiatives.

The Unit has established a series of collaborative relationships for emergency response planning as well as epidemiologic surveillance and response, with the following organizations:

- Capital Area Public Health and Medical Coalition;
- All Independent School Districts;
- Capital Area Council of Governments Homeland Security Taskforce and Public Health and Medical Subcommittees;
- Central Texas School Safety Consortium;
- University of Texas at Austin Institutional Biosafety Committee;
- Capital Area Shelter HUB Core Team
- Health Advisory Board for Child, Inc.
- Safe Sleep Workgroup
- Central Texas Association of Professionals in Infection Control and Epidemiology (APIC) Chapter 116 (infection preventionists from area hospitals, health departments, clinics, and nursing homes)
- All independent school districts' health services
- University of Texas at Austin Schools of Nursing, Pharmacy and Social Work
- Community Hepatitis support groups

DSHS Central Office and Health Services Region

Collaborative partners include but is not limited to: *Texas DSHS: Central Office and Health Services Region 7; ISD- Health Services: Austin, Pflugerville, Manor, Del Valle, Lake Travis, Lago Vista, Eanes; IPs*

(Infection Preventionists) & Emergency Rooms: Dell Children's Medical Center, Seton Healthcare Family, St. David's Healthcare; St. David's Foundation, Community Action Network, Integrated Care Collaboration, Austin Travis County Integral Care, Medical Clinic IPs: Austin Regional Clinic, Austin Diagnostic Clinic, Central Health, CommUnity Care, Seton, Seton Specialty Care for Children, Seton Clinics; University and Colleges (health services and individual academic departments): University of Texas at Austin, Austin Community College, St. Edwards University, Concordia University, Huston-Tillotson University; Travis County Medical Society; Child Inc; Safe Kids; Travis County Medical Examiner's Office; Travis County Office of Emergency Management, Travis County Sheriff's Office, City of Austin departments: Animal Services, Law Department, Homeland Security Emergency Management, Parks and Recreation Department, Austin Police Department, Austin Travis County Emergency Medical Services and Austin Fire Department; all programs, units, and divisions within HHSD.

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of potential human rabies exposure consultation			1,300

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of cases investigated by Epidemiology and Health Statistics.			1900
<u>OUTPUT # 3</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of emergency bioterrorism drills conducted			8

<u>OUTPUT # 4</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of Air, Hazardous Waste and Water Quality Permits reviewed			30

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of emergency plans reviewed and updated (numerator)	11	Annual
Number of emergency plans (denominator)	12	
Percent of emergency plans reviewed and updated (outcome rate)	92%	

Total Program Performance – OUTCOME # 2	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of all foodborne illness investigations initiated within 3 hours of notification.	NA	Annual
Number of all foodborne illness investigations	NA	
Percent of all foodborne illnesses investigations initiated within 3 hours of notification.	95%	

Total Program Performance – OUTCOME # 3	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of all infectious diseases* reported that resulted in intervention strategies implemented. *Measure represent intervention strategies associated with notifiable conditions and does not include non-reportable conditions such as outbreaks associated with influenza or norovirus.	NA	Quarterly
Number of all infectious disease reported	NA	
Percent of all infectious diseases reported that result in intervention strategies implemented	75%	

Total Program Performance – OUTCOME # 4	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
		Annual
Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served.	25	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

EHSU is currently involved in the Community Health Assessment/ Community Health Improvement Planning for Travis County. Staff are currently collaborating a variety of planning partners and engaging the

community to determine the health needs of the community. EHSU collaborates on a regular basis with area hospitals, schools, daycares and other agencies to continue optimum reporting and monitoring of diseases and implementing strategies in prevention of disease spread. EHSU conducts program evaluation and data analyses to support grant-funded applications and activities (Ryan White, CPPW, CTG).

8. Program Evaluation Plan

- Performance evaluation:

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

EHSU conducts a variety of activities to evaluate performance. All epidemiology, disease surveillance and emergency response activities fall under the All-Hazards Response Plan, which requires annual review and revision. Many revisions are in response to actual incidents or exercises and are the result of after action reviews and corrective action plans that are prescribed by National Incident Management System.

EHSU staff participates in a yearly Hazard and Vulnerability Assessment and Capabilities Assessment along with City of Austin Homeland Security and Emergency Management and Travis County Office of Emergency Management, public safety agencies, and agencies representing critical infrastructure to prioritize emergency response planning activities. DSHS also requires a specific public health capabilities assessment and hazard and vulnerabilities assessment for Travis County, and yearly Technical Assessment Review of Strategic National Stockpile (SNS) activities/deliverables.

EHSU participates in monthly internal Continuous Quality Improvement meetings to ensure evaluation of program performance, policies and procedures and the need for training and professional development.

Clients who have recently communicated with EHSU via telephone are provided a survey to assess customer service. The program also annually surveys external reporting clients. Reports are reviewed at the Disease Surveillance Program quality assurance meeting.

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

Regular QA is conducted on the following procedures:

- Training, Exercises, After Action Reports, Corrective Action Plans
- SNS Technical Assessment Review
- Capabilities Assessment
- Hazard and Vulnerabilities Assessment
- Customer Service Survey
- Case Investigation Audit
- NEDSS Data Audit Tool

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Epidemiology and Health Statistics Unit</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/Vs Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/Vs Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/Vs and by sources other than TCHHS/Vs. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of potential human rabies exposure consultation			0	1,300	325	0%	Explanation Required
OP#2	Number of cases investigated by Epidemiology and Health Statistics			0	1,900	475	0%	Explanation Required
OP#3	Number of emergency bioterrorism drills conducted			0	8	2	0%	Explanation Required
OP#4	Number of Air, Hazardous Waste and Water Quality Permits reviewed			0	30	8	0%	Explanation Required
OUTCOMES								
OC#1a	Number of emergency plans reviewed and updated	(numerator)		0	11	3	0%	Explanation Required
OC#1b	Number of emergency plans	(denominator)		0	12	3	0%	Explanation Required
OC#1c	Percent of emergency plans reviewed and updated	(outcome rate)	#DIV/0!	#DIV/0!	92%	92%	#DIV/0!	#DIV/0!
OC#2a	Number of all foodborne illness investigations initiated within 3 hours of notification	(numerator)		0	N/A	N/A	N/A	N/A
OC#2b	Number of all foodborne illness investigations	(denominator)		0	N/A	N/A	N/A	N/A
OC#2c	Percent of all foodborne illnesses investigations initiated within 3 hours of notification	(outcome rate)	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!
OC#3a	Number of all infectious diseases* reported that resulted in intervention strategies implemented <i>*Measure represent intervention strategies associated with notifiable conditions and does not include non-reportable conditions such as outbreaks associated with influenza or norovirus.</i>	(numerator)		0	N/A	N/A	N/A	N/A
OC#3b	Number of all infectious diseases reported	(denominator)		0	N/A	N/A	N/A	N/A
OC#3c	Percent of all infectious diseases reported that result in intervention strategies implemented	(outcome rate)	#DIV/0!	#DIV/0!	75%	75%	#DIV/0!	#DIV/0!
OC#4	Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served			0	25	6	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Epidemiology and Health Statistics Unit</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of potential human rabies exposure consultation	0		0	1,300	650	0%	Explanation Required	
OP#2	Number of cases investigated by Epidemiology and Health Statistics	0		0	1,900	950	0%	Explanation Required	
OP#3	Number of emergency bioterrorism drills conducted	0		0	8	4	0%	Explanation Required	
OP#4	Number of Air, Hazardous Waste and Water Quality Permits reviewed	0		0	30	15	0%	Explanation Required	
OUTCOMES									
OC#1a	Number of emergency plans reviewed and updated	(numerator)	0		0	11	6	0%	Explanation Required
OC#1b	Number of emergency plans	(denominator)	0		0	12	6	0%	Explanation Required
OC#1c	Percent of emergency plans reviewed and updated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	92%	92%	#DIV/0!	#DIV/0!
OC#2a	Number of all foodborne illness investigations initiated within 3 hours of notification	(numerator)	0		0	N/A	N/A	N/A	N/A
OC#2b	Number of all foodborne illness investigations	(denominator)	0		0	N/A	N/A	N/A	N/A
OC#2c	Percent of all foodborne illnesses investigations initiated within 3 hours of notification	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!
OC#3a	Number of all infectious diseases* reported that resulted in intervention strategies implemented *Measure represent intervention strategies associated with notifiable conditions and does not include non-reportable conditions such as outbreaks associated with influenza or norovirus.	(numerator)	0		0	N/A	N/A	N/A	N/A
OC#3b	Number of all infectious diseases reported	(denominator)	0		0	N/A	N/A	N/A	N/A
OC#3c	Percent of all infectious diseases reported that result in intervention strategies implemented	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	75%	75%	#DIV/0!	#DIV/0!
OC#4	Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served		0		0	25	13	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/V)
Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/V: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Epidemiology and Health Statistics Unit</u>	Agency Contact Name & Phone No.:	<u>Q</u>	Original Submission Date:	
TCHHS/V	<u>Program Lead & Phone No.:</u>	TCHHS/V Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/V and by sources other than TCHHS/V. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of potential human rabies exposure consultation	0	0		0	1,300	975	0%	Explanation Required	
OP#2	Number of cases investigated by Epidemiology and Health Statistics	0	0		0	1,900	1,425	0%	Explanation Required	
OP#3	Number of emergency bioterrorism drills conducted	0	0		0	8	6	0%	Explanation Required	
OP#4	Number of Air, Hazardous Waste and Water Quality Permits reviewed	0	0		0	30	23	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of emergency plans reviewed and updated	(numerator)	0	0		0	11	8	0%	Explanation Required
OC#1b	Number of emergency plans	(denominator)	0	0		0	12	9	0%	Explanation Required
OC#1c	Percent of emergency plans reviewed and updated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%	92%	#DIV/0!	#DIV/0!
OC#2a	Number of all foodborne illness investigations initiated within 3 hours of notification	(numerator)	0	0		0	N/A	N/A	N/A	N/A
OC#2b	Number of all foodborne illness investigations	(denominator)	0	0		0	N/A	N/A	N/A	N/A
OC#2c	Percent of all foodborne illnesses investigations initiated within 3 hours of notification	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	95%	#DIV/0!	#DIV/0!
OC#3a	Number of all infectious diseases* reported that resulted in intervention strategies implemented *Measure represent intervention strategies associated with notifiable conditions and does not include non-reportable conditions such as outbreaks associated with influenza or norovirus.	(numerator)	0	0		0	N/A	N/A	N/A	N/A
OC#3b	Number of all infectious diseases reported	(denominator)	0	0		0	N/A	N/A	N/A	N/A
OC#3c	Percent of all infectious diseases reported that result in intervention strategies implemented	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	75%	75%	#DIV/0!	#DIV/0!
OC#4	Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served		0	0		0	25	19	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Epidemiology and Health Statistics Unit</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of potential human rabies exposure consultation	0	0	0		0	1,300	0%	Explanation Required	
OP#2	Number of cases investigated by Epidemiology and Health Statistics	0	0	0		0	1,900	0%	Explanation Required	
OP#3	Number of emergency bioterrorism drills conducted	0	0	0		0	8	0%	Explanation Required	
OP#4	Number of Air, Hazardous Waste and Water Quality Permits reviewed	0	0	0		0	30	0%	Explanation Required	
OUTCOMES										
OC#1a	Number of emergency plans reviewed and updated	(numerator)	0	0	0	0	11	0%	Explanation Required	
OC#1b	Number of emergency plans	(denominator)	0	0	0	0	12	0%	Explanation Required	
OC#1c	Percent of emergency plans reviewed and updated	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%	#DIV/0!	#DIV/0!	
OC#2a	Number of all foodborne illness investigations initiated within 3 hours of notification	(numerator)	0	0	0	0	N/A	N/A	N/A	
OC#2b	Number of all foodborne illness investigations	(denominator)	0	0	0	0	N/A	N/A	N/A	
OC#2c	Percent of all foodborne illnesses investigations initiated within 3 hours of notification	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	95%	#DIV/0!	#DIV/0!	
OC#3a	Number of all infectious diseases* reported that resulted in intervention strategies implemented *Measure represent intervention strategies associated with notifiable conditions and does not include non-reportable conditions such as outbreaks associated with influenza or norovirus.	(numerator)	0	0	0	0	N/A	N/A	N/A	
OC#3b	Number of all infectious diseases reported	(denominator)	0	0	0	0	N/A	N/A	N/A	
OC#3c	Percent of all infectious diseases reported that result in intervention strategies implemented	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	75%	#DIV/0!	#DIV/0!	
OC#4	Incidence rate per 100,000 population of reported cases of Measles, Pertussis, Mumps and Rubella in community served		0	0	0	0	25	0%	Explanation Required	

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Epidemiology and Health Statistics Unit Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Ana Almaguez 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Epidemiology and Health Statistics Unit Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: [05/21/13](#)

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County HHS Program: Immunizations

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

To improve immunization coverage levels and to prevent diseases which are vaccine-preventable.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

All eligible clients in Travis County are potentially served through the Shots-for-Tots and Big Shots clinics and Vaccines for Children (VFC) community providers. Eligibility guidelines follow the Texas Department of State Health Services (DSHS) VFC eligibility requirements. All other program outcomes are primarily DSHS grant driven, these include: public health education and outreach events, technical and administrative support to VFC providers, mass flu clinic events, and collaborative efforts with the Independent School Districts during the back to school period.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

Shots for Tots/Big Shots: There are two immunization clinics located within (and in close proximity to) high need/low income zip codes. There are a total of two nurses at St. Johns and one nurse at the Far South facility and the program has the capacity to serve approximately 12,000 children annually and up to 3000 adults. Children on average receive 2.9 doses per visit; adults 2.0.

Information, referral and appointment phone line: The program accepts between 16,000 and 18,000 phone calls annually for appointments, information and referrals pertaining to immunizations for Travis County. The program has two FTEs assigned to this function.

Population Assessment and Audits: The audit activities are a vital component to any successful immunization program. The auditing and monitoring ensure that children receive their vaccinations to provide optimal protection for themselves and their community. Activities such as assessments to validate coverage reports received from schools and exemption rates among childcare facility attendees help the immunization program evaluate progress toward immunization goals.

The program meets state requirements by regularly auditing immunization records at private and public childcare centers and schools assigned annually by the Texas DSHS.

The team reviews over 10,000 immunization records annually and provides a follow-up to each audited facility. Additionally, the team provides technical assistance and educational information to clients as needed or requested.

The following summarizes coverage assessments or surveys conducted in Texas:

- Texas Child-Care Immunization Assessment
- Childcare Audit
- Annual Report of Immunization Status
- School Audit
- Texas School Immunization Validation Survey
- Texas County Retrospective Immunization School Survey (TCRISS)

Public Education and Awareness: The program supports over 15 community public health fairs and significant functions annually and collaborates with partners to raise awareness about the importance of immunizations and vaccine preventable diseases.

High Risk Population Vaccinations: The program provides on-site direct service to very high risk and high need clients seeking care, in collaboration with the HHSD STD clinics.

Perinatal Hepatitis B Prevention: The program provides specific harm reduction outreach to pregnant mothers at risk for transmitting Hepatitis B to their children. A Nurse (RN) Senior provides case management to clients in addition to providing technical assistance and educational sessions to local hospitals.

Vaccines for Children: Vaccines for Children is a federal program that guarantees vaccine availability for uninsured and low-income children. Vaccine is distributed to enrolled providers free of charge. HHSD provides technical assistance and support to 100 Travis County Vaccines for Children providers. Over 1000 doses of vaccine are transferred between providers by HHSD staff each month. The program provides special training and assistance to ensure proper storage and handling techniques to providers.

Mass Flu Clinics: The program plans and implements on average five mass flu or strike-team clinics throughout Travis County. Two of these clinics are targeted toward “county only” population centers (i.e. Del Valle, and Pflugerville Fire Hall) located within the unincorporated areas.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Over the years the program has established a series of collaborative relationships. The program takes the lead in disseminating current information and news related to immunizations to the community through our partners. This is done primarily electronically via email; however the program meets at least annually and usually biannually with partners in preparation for back-to-school and flu clinic efforts. The program relies on collaborations with these partners to carry out the joint mission to diminish the number of vaccine preventable diseases in the City and County. The current list of collaborative partners includes: *Blue Cross Blueshield/Dallas; Peoples Community Clinic; HHSD internal partners (public health nurses; STD clinic); Texas DSHS; Sanofi Pasteur; Eanes ISD; Glaxo; MedImmune; Skippy Van/Marnie Paul Specialty Care Center/Dell Children's Medical Center; Lago Vista ISD; ISD/Manor; Glaxo Smithkline; Seton PR; ISD/Del Valle/ Health Services; ISD/Austin; Austin Care Van; St. David; Community Health Foundation (SDCHF); Austin Community College; ISD/Pflugerville; Seton clinics; ISD/Del Valle/Health Services; Austin Regional Clinic; 211-United Way Capital Area; Austin Diagnostic Clinics; Serene Hills Elementary; Seton PR; ISD Austin; Merck; Texas Medical Association; UT School of Public Health (Micro-biology).*

UT Public Health Partnership: The immunization program has strong ties to the UT School of Microbiology; as our program has been working in partnership with the School of Public Health in accepting students as part of an internship program. Each year students compete from this honors program at UT and are selected to work on unique and challenging immunization related issues. Past research has provided a series of “best practice” findings for the program from around Texas and the U.S.

STD Unit Partnership: Also noted above, the program has a very successful partnership with the STD unit in which together we serve minimally 1000 clients in need of vaccination services. These clients present to the clinicians in the STD unit and provide the best opportunity for our public health resources to prevent morbidity and mortality; however, at this time, due to space and nurse resource limitations, we estimate we are only able to meet 15% - 20% of this need.

Homeless Health Fair: For the first time in 2011 the program provided free immunization services at the homeless health fair. The program was able to provide nearly 100 free flu shots and other necessary preventative information to this hard to reach and high need population.

Flu Clinics: In preparation for annual flu clinics the immunization program will continue to collaborate with various Travis County sites for strike-team and mass clinic initiatives; providing a minimum of two events in the unincorporated areas. The program collaborates with numerous other facilities to provide mass clinic vaccinations, including the Virginia Brown Recreation Center, Pflugerville Hall, Rosewood-Zaragosa Center and other Parks and Recreation facilities.

Back-to-School Support: Prior to the back-to-school rush the immunization program hosts a collaborative meeting with the local independent schools in Travis County. The purpose of this meeting is to communicate resources and expectations; the meeting also helps the community to coordinate resources more effectively.

Medicaid and Fee for Service: The program collects a fee for service of \$10 per shot/per child and \$25 per shot for adults. The program has a policy of no refusal of service for inability to pay. The program generates approximately \$200,000.00 to offset the costs of service and grant support. The immunization program is currently the only program receiving Medicaid reimbursement in HHSD.

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of client visits (children) at Shots for Tots clinics			12,000

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of client visits (adults) at Big Shots clinics			2,000

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).**

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
		Annually
<u>% of referred Perinatal Hep B clients who receive follow-up education within 60 days of referral</u>	100%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

The Immunization Program collaborates on a regular basis with a number of key non-governmental organizations and community-based organizations in Travis County to provide information related to important immunization information as well as planning and coordinating flu and back-to-school events.

8. Program Evaluation Plan

- Performance evaluation:

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

The program provides surveys to all clients at the immunization clinics; in addition the program actively solicits input via surveys from the immunization collaborative group; school/day care audit clients; VFC providers and at various public health events (i.e. flu clinics). The program summarizes this information in an annual report as part of its CQI reporting requirements. Surveys evaluate a wide array of services (to internal and external customers), but in general we evaluate if clients report they were treated with respect (yes/no); and each has at least one question regarding how satisfied they were with the services (utilizing a Likert scale).

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

As noted above, the immunization program actively reports as part of the department's CQI (Continuous Quality Improvement) program. The conceptual framework of the Continuous Quality Improvement Program centers on broad vantage points from which total delivery of services can be viewed. Each parameter views service from a different vantage point. Each of these separate perspectives plays an important role in the total delivery of services within the Immunization Program. Parameters of Service to be monitored and evaluated are:

1. Client Record System
2. Fiscal
3. Customer Service
4. Social and Clinical Services
5. Client/Staff Interactions

The program meets regularly on CQI and reports outcomes as required by the departmental plan.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Immunizations</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA							
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS							
OP#1	Number of client visits (children) at Shots for Tots clinics		0	12,000	3,000	0%	Explanation Required
OP#2	Number of client visits (adults) at Big Shots clinics		0	2,000	500	0%	Explanation Required
OUTCOMES							
OC#1	Percentage of referred Perinatal Hep B clients who receive follow-up education within 60 days of referral		0%	100%	100%	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Immunizations</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of client visits (children) at Shots for Tots clinics	0		0	12,000	6,000	0%	Explanation Required
OP#2	Number of client visits (adults) at Big Shots clinics	0		0	2,000	1,000	0%	Explanation Required
OUTCOMES								
OC#1	Percentage of referred Perinatal Hep B clients who receive follow-up education within 60 days of referral	0%		0%	100%	100%	0%	Explanation Required

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
 - Document any known problems with the data and plans for addressing them; and
 - Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Immunizations</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of client visits (children) at Shots for Tots clinics	0	0		0	12,000	9,000	0%	Explanation Required
OP#2	Number of client visits (adults) at Big Shots clinics	0	0		0	2,000	1,500	0%	Explanation Required
OUTCOMES									
OC#1	Percentage of referred Perinatal Hep B clients who receive follow-up education within 60 days of referral	0%	0%		0%	100%	100%	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Immunizations</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of client visits (children) at Shots for Tots clinics	0	0	0		0	12,000	0%	Explanation Required
OP#2	Number of client visits (adults) at Big Shots clinics	0	0	0		0	2,000	0%	Explanation Required
OUTCOMES									
OC#1	Percentage of referred Perinatal Hep B clients who receive follow-up education within 60 days of referral	0%	0%	0%		0%	100%	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Immunizations Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguez 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Immunizations Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form # 3: **PROGRAM WORK STATEMENT**
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: 05/22/2013

Agency: Austin/Travis County HHSD Program: Injury Prevention

1. Program goals and objectives:

Injury prevention means taking action to prevent injuries before they occur. The Program's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among social and economic groups. Our mission is to reduce the frequency and severity of injuries by adopting evidence-based programs and by assisting community partners with incorporating injury prevention strategies into their on-going efforts.

The first step toward building a stronger injury prevention program in Travis County is to assess the injury problem locally. Ethnicity, age, and sex are important variables, which are necessary to understand better who, how, and why people are injured. For every fatality resulting from an injury, there are many more that have a wide range of severity. Additionally, injuries that result in morbidity have a wide range of effects on the individual, families, the health care system, etc.

Injuries affect the lives of individuals, their families, and communities, and society. During 2005, in the U.S., a total of 173,753 injury-related deaths occurred, and during 2006, an estimated 29,821,159 persons with nonfatal injuries were treated in U S hospital emergency departments. Injuries, including unintentional injuries, homicide, and suicide, are the leading cause of death for persons aged 1 to 44 years in Travis County and nationwide.

One of the most relevant means of assessing injury data is through Years of Potential Life Lost (YPPL), which takes into account the age of victims as well as the cause of death. YPPL is an estimate of the average years a person would have lived if he or she had not died prematurely. In YPLL in Texas, injuries account for 30.7% or 288,112 YPLL among Texans who die as a result of injuries. Injuries are the leading category in YPLL.

2. Program clients served:

All Travis County residents are eligible. The IPP is currently seeking partnerships within the unincorporated areas of Travis County to identify potential opportunities for service delivery. Within the unincorporated areas, the program will focus its efforts in the Del Valle and Pflugerville areas. Del Valle is identified as having gaps in services and a need in program delivery. Pflugerville is identified as a large growing population where city residents have been forced to move as part of the gentrification of Austin neighborhoods.

3. Program services and delivery:

- *Car Seats:* IIP staff member is certified as a child passenger safety technician. The A/TC HHSD Child Passenger Safety Fitting Stations provides monthly servicing totaling about 600 seats collectively per year. Seats are provided through a partnership with Safe Kids Austin free to clients. The stations are held in conjunction with the A/TC HHSD Neighborhood Centers, which **provide** the site and staff for the monthly event. The IP program also conducts classroom presentations on car seat safety. Additionally, the IPP partners with Safe Kids Austin and the TX DSHS Saferiders Program to conduct a 32-hour **Child** Passenger Safety Certification training to increase the number of Child Passenger Safety Technicians in Travis County. The Injury Prevention (IPP) co-chairs the Safe Kids Austin Child Passenger Safety Subcommittee.

Attachment D

- *Bike Safety:* IPP staff is certified by the League of American Bicyclists as a league cycling instructor **and** conducts Youth Instructor Training quarterly to school staff, nonprofits, agencies, and individuals. The program also conducts bike safety classes and bike skills rodeos for elementary schools
- *Infant Suffocation:* IPP is an active participant in Safe Kids Austin Safe Sleep Task Force where they analyze infant suffocation deaths to determine exact causes and identify prevention activities.
- *Drowning Prevention:* IPP is an active participant in the Central Texas Water Safety Coalition. The Coalition completes analysis of drowning deaths to determine exact causes and identify prevention activities.
- *Child Fatalities:* IPP works with the Travis County Child Fatality Review Team that reviews all child deaths in Travis County.
- *Safe Kids Austin:* IPP was a founding member of the Coalition in 1993 and has been an active member ever since. This program focuses on bringing together stakeholders for Travis and surrounding Counties to identify specific causes of unintentional injuries and provides networking opportunities with partner agencies to strategize and implement injury prevention activities for children.

4. Service coordination and collaboration strategies:

The IP Program shares information and partners to provide services with the following groups/agencies: Travis County Underage Drinking Prevention Program, Safe Kids Austin, Travis County Child Fatality Review Team, Travis County Medical Examiner’s Office, Bike Texas, Austin Cycling Association, Austin EMS; LCRA, American Red Cross, Tx DSHS Safe Riders Program, Safe Kids Austin, and Dell Children's Medical Center

5. **OUTPUT** Performance Measures

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	TOTAL (Travis County + All Other) Annual Goal
Number of health promotion and education encounters in the area of injury prevention (Encounter: A one-time interaction where by an individual is provided information)	100	900	1,000

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	TOTAL (Travis County + All Other) Annual Goal
Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.	3	32	35

6. Community planning activities:

IPP collaborates on a regular basis with a number of key groups and agencies in Travis County to share information related to important injury prevention information as well as planning and coordinating injury prevention activities and events. IPP seeks to build additional partnerships on an ongoing basis.

7. Program Evaluation Plan

- Performance evaluation:

The program provides customer satisfaction surveys to clients after services are delivered.

- Quality improvement:

IPP conducts quarterly quality improvement meetings with key leadership staff to review customer satisfaction survey results, assess effectiveness of community activities, and discuss ways to continue improving the quality of AHA trainings.

IPP reports as part of the department's Continuous Quality Improvement (CQI) program. The program meets regularly on CQI and reports outcomes as required by the departmental plan.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Injury Prevention</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA							
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS							
OP#1	Number of health promotion and education encounters in the area of injury prevention <i>(Encounter: A one-time interaction where by an individual is provided information.)</i>		0	1,000	250	0%	Explanation Required
OP#2	Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention <i>(Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.)</i>		0	35	9	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
- Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Injury Prevention</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of health promotion and education encounters in the area of injury prevention (Encounter: A one-time interaction where by an individual is provided information.)	0		0	1,000	500	0%	Explanation Required
OP#2	Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.)	0		0	35	18	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Injury Prevention</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of health promotion and education encounters in the area of injury prevention (Encounter: A one-time interaction where by an individual is provided information.)	0	0		0	1,000	750	0%	Explanation Required
OP#2	Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.)	0	0		0	35	26	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results. Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Injury Prevention</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of health promotion and education encounters in the area of injury prevention (Encounter: A one-time interaction where by an individual is provided information.)	0	0	0		0	1,000	0%	Explanation Required
OP#2	Number of health promotion/health education activities or programs conducted and/or facilitated in the area of injury prevention (Public Health Activity: A one-time, planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions.)	0	0	0		0	35	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Injury Prevention Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: [Redacted] TCHHS/VS Program Lead & Phone No.: Ana Almaguez 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Injury Prevention Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form #3: PROGRAM WORK STATEMENT
2014 City of Austin/Travis County Public Health Interlocal Agreement

Date prepared: 05/23/2013

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin/Travis County HHS D Program: Office of Vital Records

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

The Local Registrar ensures proper registration of every birth, death, and fetal death within Austin/Travis County to record occurrence of event and to capture demographic and medical data used in public health planning. [HSC§191.026]

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

The OVR office serves the general public without consideration of residency, income level, or age; the medical community; funeral home/mortuary representatives; city, county, state, and federal agencies and organizations.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

The Austin/Travis County Office of Vital Records (OVR) is the Local Registrar for the City of Austin. The jurisdiction follows the full purpose city limits. Currently, the City of Austin boundaries extend from Travis County into Bastrop, Hays and Williamson Counties. Consequently, OVR registers, archives, and issues certified copies of birth, death, and fetal death records; and reports demographic and medical data for the City of Austin area that falls in Travis, Hays and Williamson Counties. Supplemental to these duties, OVR offers multi-level technical assistance to the general public as well as social workers in order to facilitate navigating the legal systems associated with the modification and/or proper use of these documents. These systems include issues on paternity, dual citizenship, apostilles, adoptions, amendments, name changes, jurisdictional boundaries, and more.

Technical assistance expands to multi-jurisdictional agencies and organizations. One of the most prevalent customers is law enforcement representatives who call for verifications on fraud related issues.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

One primary user of OVR data is the Center's for Disease Control (CDC) that coordinates the 122 Cities Weekly Mortality Report providing data of deaths, deaths by pneumonia and deaths by influenza. These statistics are used to assess the general health of Texas citizens.

The A/TC Local Registrar, the A/TC Medical Director, and the Travis County Medical Examiners Office are working in tandem to improve demographic and health data reporting in our area through direct contact with physicians.

OVR further works with federal agencies in their fraud investigations in building cases through associating individuals into family groups, providing dates of document purchases, and verifying types of identification used to purchase documents. To facilitate immediate contact by law enforcement officials the OVR Registrar’s direct number is listed on each record issued from this office ensuring that we are informed of potential misuses of our documents allowing blocks on future issuance.

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of customer contacts via informational calls and/or referrals processed			10,000

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL</u> (Travis County + All Other) Annual Goal
Number of records audited, registered and archived			25,619

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures’ numerators, denominators, and outcome rates):

*Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column’s shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. **If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).***

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

The office is participates in various committees providing insight and data. One example is the Travis County Child Fatality Review Team who uses the data to review all deaths of minors and prepare their annual report. The office provides reporting to internal and external customers independently and through various means including in partnership with the HHSD epidemiology and public information offices.

8. Program Evaluation Plan

- **Performance evaluation:**

Describe how the agency will evaluate the program’s performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

Legal standards are monitored through the DSHS – Vital Statistics Unit through an online survey at <http://www.dshs.state.tx.us/vs/field/home/Local-Registrars.doc> and onsite visits. Performance measures are monitored monthly by the HHSD budget and monitoring units through reporting and on-site audits as well as direct supervisory oversight.

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

OVR uses direct monitoring as well as technical systems to evaluate workflow process. Customers are encouraged to complete satisfaction surveys and can always speak to a lead or the supervisor. Feedback is used as a training tool. Staff meetings are held quarterly to discuss trends and potential process changes.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Office of Vital Records</u>	Agency Contact Name & Phone No.:		Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA							
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS							
OP#1	Number of customer contacts via informational calls and/or referrals processed		0	10,000	2,500	0%	Explanation Required
OP#2	Number of records audited, registered and archived		0	25,619	6,405	0%	Explanation Required

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
 - Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Office of Vital Records</u>	Agency Contact Name & Phone No.:	0	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of customer contacts via informational calls and/or referrals processed	0		0	10,000	5,000	0%	Explanation Required
OP#2	Number of records audited, registered and archived	0		0	25,619	12,810	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VS: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Office of Vital Records</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of customer contacts via informational calls and/or referrals processed	0	0		0	10,000	7,500	0%	Explanation Required
OP#2	Number of records audited, registered and archived	0	0		0	25,619	19,214	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VS: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u>	Program Name:	<u>Office of Vital Records</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY			
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS									
OP#1	Number of customer contacts via informational calls and/or referrals processed	0	0	0		0	10,000	0%	Explanation Required
OP#2	Number of records audited, registered and archived	0	0	0		0	25,619	0%	Explanation Required

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Office of Vital Records Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101% to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Office of Vital Records Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:
 • To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
 • To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
 • Include clients served through funding provided by sources other than TCHHS/VS.
 • All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis
 Note: Please do not list other zip codes in this form.

Homeless					0
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:
 • Avoid acronyms and other jargon that would not be understood by lay persons;
 • Briefly explain any missing or incomplete data from Section II;
 • Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
 • Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
 • Document any known problems with the data and plans for addressing them; and
 • Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Form # 3: PROGRAM WORK STATEMENT
for 2014 Social Service Contracts funded by Travis County

Date prepared: [05/24/2013](#)

Instructions: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Sickle Cell Anemia Association of Austin (Subcontractor) Program: Sickle Cell

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

There are 2 million Americans that carry the “silent” sickle cell trait. It is often called silent because most individuals are not aware that they carry the trait. Populations impacted are primarily African Americans, Hispanics/Latinos, Asians, Italians, Greeks and people of Mediterranean descent as well as Caucasians. Sickle Cell Disease is a genetic blood disorder that attacks the red blood cells. It causes chronic pain, jaundice, strokes, organ damage, and other debilitating and life-threatening conditions. Life expectancy for this chronic condition is approximately 40 years of age and there is no cure.

The severity of this debilitating disease has been recognized by the state of Texas. The Texas Department of State Health Services screens for a total of 29 disorders including cystic fibrosis, Phenylketonuria (PKU), Congenital Hypothyroidism and Galactosemia (GAL) in newborns along with sickle cell hemoglobinopathies. Out of the 29 disorders tested, sickle cell disease is the most common disorder and it outnumbers all others by 5 to 1. Due to the magnitude of this severe public health condition, the Texas Department of State Health Services Newborn Screening Unit conducts mandatory newborn screening testing for sickle cell trait.

Sickle Cell Anemia Association of Austin is the only referral organization to provide resources, peer navigation assistance and education to populations affected by sickle cell disease in the Austin/Travis county region. Additionally, we are the only organization that serves this underserved population in Austin/Travis County and we are the only organization that local hospitals, the Texas 2-1-1 Referral line and the Department of State Health Services refer parents and individuals to regarding this condition.

Sickle Cell Anemia Association of Austin staff acts as navigators to help individuals, caregivers, and family members to gain access to resources, respite, newborn sickle cell trait notification, and other support. By educating those affected along with at risk populations our program provides resources that are essential to public health.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

The Sickle Cell Anemia Association of Austin program is targeted to the City of Austin/Travis County parents of newborns, children, adults and individuals with sickle cell disease, those that carry sickle cell trait, or those who may carry the silent trait. The program further raises awareness, increases knowledge, encourages early detection, prevention, educates about informed decision making and reproductive choices and treatment in this population.

All individuals with sickle cell disease or sickle cell trait regardless of income, race, ethnicity, sexual orientation, or religious affiliation are eligible to receive our program services in the City of

Austin/Travis County. Our agreement with the Texas Department of State Health Services provides services for the individuals with a medical diagnosis of sickle cell trait and a residence in the state of Texas.

According to the Department of State Health Services in 2011 and 2012 there were 9,258 babies born with sickle cell trait in Central Texas (Region 7/8). In terms of ethnicity, African Americans were the largest, followed by Hispanics and Whites and then others born. In addition, one in twelve African Americans carry the silent sickle cell trait and one in 36 Hispanics/Latinos in Travis County as per the City of Austin Chief Epidemiologist. According to the 2010 Census there were 87,308 African-Americans and 342,766 Hispanic/Latinos. That amounts to 7,275 African-American and 9,521 Hispanic/Latino potential sickle cell patients in Travis County.

3. Program services and delivery:

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

Clients referred to the Sickle Cell Anemia Association of Austin receive assistance through the numerous program services. The agency provides services in two categories:

- 1) Notification, Hemoglobinathy Education and Navigation Services and
- 2) Community based education.

The Sickle Cell Anemia Association of Austin services are client-centered, community based and are approached on an individual basis with a community emphasis:

1. Notification, Hemoglobinopathy Education and Navigation Services:

- i. Intake and Navigation Services- The Sickle Cell Anemia Association of Austin receives a new client and gathers information about his/her residency, sickle cell status, if known, and provides other resources that are needed. The clients will often need doctor recommendations and hospital or clinic referrals for treatment. The Sickle Cell Anemia Association of Austin also coordinates with the Texas 211 Referral Line for additional client services. After an initial intake the agency follows the clients through their disease or trait management. The agency's trained staff acts as a navigator for assistance, care-calls, and provides visits to the hospitalized clients.
- ii. Financial Assistance: The Sickle Cell Anemia Association of Austin provides limited financial assistance to clients in financial need with their prescription medications, life-situation hardships, and bereavement.
- iii. Support Group Meetings: The Sickle Cell Anemia Association of Austin provides monthly support group meetings for adults and children with sickle cell disease and/or sickle cell trait to provide unity and companionship while they are battling this disease. This therapeutic forum allows clients to express their concerns, gather support and work collaboratively at further benefiting the affected population.
- iv. Liaison for clients and their medical doctors: The Sickle Cell Anemia Association of Austin provides assistance and advocacy for clients and families who need assistance in speaking with medical doctors or nurses. At times clients cannot verbally express their concerns to medical doctors and nurses, and the agency provides support to them during their hospital stay or medical visits.
- v. Newborn screening notification and education: The Sickle Cell Anemia Association of Austin provides notification to the new parents that their newborn has tested positive for sickle cell trait. The agency provides education to the parents who have received this notice and explains, describes and provides details about sickle cell trait and hemoglobinathy. As certified hemoglobinopathy educators, the agency's staff

explains the effects of sickle cell trait on the newborns. The staff further educates parents on the need to know their sickle cell status if unknown or if known they are further educated about their status.

- vi. Sickle Cell Camp opportunities: The Sickle Cell Anemia Association of Austin provides sickle cell summer camp opportunities for children affected by sickle cell disease. This provides an educational and therapeutic environment for children with this condition while providing caregivers respite care.
- vii. Certified Hemoglobinopathy Education: The Sickle Cell Anemia Association of Austin educates parents, individuals, groups, and families about sickle cell disease and sickle cell trait in regards to symptoms, treatment and management in English and Spanish. The agency educates parents, groups and individuals about the genetics of the disease and preventative measures.

2. Community Based Education:

- i. Health Education about Sickle Cell Disease and Sickle Cell Trait: The Sickle Cell Anemia Association of Austin facilitates health fairs and health presentations to community organizations including but not limited to: churches, schools, state departments, businesses, volunteers, medical professionals, social workers, individuals with sickle cell disease or trait, and the at-risk population who are unaware of their status. The agency addresses different groups and individuals, by facilitating and participating in a comprehensive forum to gain better understanding, best practice and knowledge about sickle cell disease and sickle cell trait in the City of Austin/Travis County area while targeting at risk populations. The agency provides expertise in giving presentations and working with a number of community based organizations.
- ii. Outreach, awareness, and advocacy: The Sickle Cell Anemia Association of Austin provides outreach by going into the community and raising awareness and advocacy for families and individuals with sickle cell disease or sickle cell trait. The agency works on dispelling misconceptions, stereotypes, and further addressing the needs of this at-risk and underserved population.

All the listed services are provided in collaboration with other agencies in Travis County (please see the section below).

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

The Sickle Cell Anemia Association of Austin collaborates and coordinates its services with Seton Family of Hospitals, Texas Oncology, and Dell Children's Medical Center of Central Texas to ensure a continuum of care for those suffering from sickle cell disease. Clients are referred to the agency for resources, education and support by these entities. The agency in return recommends clients to these healthcare providers when necessary. In addition, the Sickle Cell Anemia Association of Austin partners with the above listed entities for a medical conference.

The Sickle Cell Anemia Association of Austin collaborates with the Department of State Health Services Newborn Screening Department. The Department of State Health Services Newborn Screening Department screens and tests newborn babies for sickle cell disease and sickle cell trait. The agency partners with this department in navigating the notification system for parents of newborns in Central Texas, region 7/8, and beyond. After notification has been sent to the parents of newborns the agency further educates these parents about this disorder along with future ramifications.

The Sickle Cell Anemia Association of Austin partners with many other community organizations that provide their services in Travis County, including but not limited to: the African American Quality of Life Initiative, African American Alliance, Austin Area African American Behavioral Health Network, Huston Tillotson University, March of Dimes, Texas Education Agency, Texas Department of Insurance, University of Texas at Austin, Univision, Nineteenth Street Baptist Church, Greater Mount Zion Church, Pleasant Grove Baptist Church, Greater Union Baptist Church, and Saint Mary’s Baptist Church.

Through the partnership with these organizations, the Sickle Cell Anemia Association of Austin secures presentation opportunities in front of various congregations, attends and participates in educational meetings that affect the Austin/Travis County population, navigates community health education, and collaborates and partners with community events and other services provided in Travis County.

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):
Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of unduplicated clients provided with community-based education	399	1,414	1,813

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	17	56	73

OUTCOME Performance Measures

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	<u>If not reported every Quarter, in which Quarter(s)?</u>
Total number of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services (numerator)	67	
Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education (denominator)	73	
Percent of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services (outcome rate)	92%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

6. Community planning activities:

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

The Sickle Cell Anemia Association of Austin is involved in numerous community planning activities. The agency is involved in the Department of State Health Services Hemoglobinopathy consultant's conference, African American Quality of Life Initiative, African American Alliance, and Univision. In addition, the agency participates in a variety of public health events throughout Travis County and contributes to the community planning activities.

7. Program Evaluation Plan

- Performance evaluation:

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

The Sickle Cell Anemia Association of Austin conducts monthly care calls for continuous feedback from the clients. The agency also provides an optional survey to collect feedback from the clients. The survey is available to clients during initial and follow-up meetings.

- Quality improvement:

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

The Sickle Cell Anemia Association of Austin Board reviews financial reports and receives progress updates about the agency. The Board is constantly evaluating and seeking opportunities for expanding the agency's services. Quarterly reports are sent to the Contract Manager for data review and performance monitoring.

The agency utilizes various ways of conducting quality improvement activities. For instance, the first annual Sickle Cell Anemia Association of Austin Board Meeting is conducted to establish the agency's annual strategic plan. The agency reviews the process issues with the Board and ensures that the annual strategic plan is followed. In addition, the operational issues are handled through the management chain-of-command and during staff meetings. Finally, the satisfaction surveys are offered to clients and reviewed to further implement improvements and quality control.

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 1 Report, FY 2014

Time Period Covered by Report: 10/1/2013 - 12/31/2013

Date Report is Due to TCHHS/VS: 1/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: <u>Austin/Travis County HHSD</u> (Subcontractor: <u>Sickle Cell Anemia Association of Austin</u>)	Program Name: <u>Sickle Cell</u>	Agency Contact Name & Phone No.: 	Original Submission Date:
TCHHS/VS Program Lead & Phone No.: <u>Ana Almaguel 512-854-5870</u>	TCHHS/VS Contract Specialist & Phone No.: <u>San Juana Gonzales 512-854-4122</u>	Contract Term: <u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):

Section II: Performance Data. In this next section, input the program's actual performance results for the quarter covered by this report. Include performance results achieved through funding provided by TCHHS/VS *and* by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

PROGRAM PERFORMANCE DATA								
Performance Measure	Performance Measure Title		TOTAL PROGRAM QUARTERLY PERFORMANCE RESULT	YTD PERFORMANCE SUMMARY				
			Q1 Oct. - Dec.	Total Program Q1 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q1 Goal (or, 25% of 12 Mo. Goal)	% of Q1 Goal Achieved	Explanation about Variance Required in Comments Section?
OUTPUTS								
OP#1	Number of unduplicated clients provided with community-based education			0	1,813	453	0%	Explanation Required
OP#2	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education			0	73	18	0%	Explanation Required
OUTCOMES								
OC#1a	Total number of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(numerator)		0	67	17	0%	Explanation Required
OC#1b	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	(denominator)		0	73	18	0%	Explanation Required
OC#1c	Percent of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(outcome rate)		#DIV/0!	#DIV/0!	92%	92%	#DIV/0!

- Section III: Comments.** When completing this section, please:
- Avoid acronyms and other jargon that would not be understood by lay persons;
 - Briefly explain any missing or incomplete data from Section II;
 - Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
 - Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring; and
 - Document any known problems with the data and plans for addressing them.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Quarter 1 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Program Performance - Quarter 2 Report, FY 2014

Time Period Covered by Report: 1/1/2014 - 3/31/2014

Date Report is Due to TCHHS/VS: 4/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	Austin/Travis County HHSD (Subcontractor: Sickle Cell Anemia Association of Austin)	Program Name:	Sickle Cell	Agency Contact Name & Phone No.:	0	Original Submission Date:	
TCHHS/VS Program Lead & Phone No.:	Ana Almaguel 512-854-5870	TCHHS/VS Contract Specialist & Phone No.:	San Juana Gonzales 512-854-4122	Contract Term:	October 1, 2013 - September 30, 2014	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VS and by sources other than TCHHS/VS. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA									
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS		YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Total Program Q1-Q2 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q2 Goal (or, 50% of 12 Mo. Goal)	% of Q2 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS									
OP#1	Number of unduplicated clients provided with community-based education	0		0	1,813	907	0%	Explanation Required	
OP#2	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	0		0	73	37	0%	Explanation Required	
OUTCOMES									
OC#1a	Total number of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(numerator)	0		0	67	34	0%	Explanation Required
OC#1b	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	(denominator)	0		0	73	37	0%	Explanation Required
OC#1c	Percent of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	92%	92%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.
Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Quarter 2 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VV)

Program Performance - Quarter 3 Report, FY 2014

Time Period Covered by Report: 4/1/2014 - 6/30/2014

Date Report is Due to TCHHS/VV: 7/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: <u>Austin/Travis County HHS (Subcontractor: Sickle Cell Anemia Association of Austin)</u>	Program Name: <u>Sickle Cell</u>	Agency Contact Name & Phone No.: <u>0</u>	Original Submission Date: <u></u>
TCHHS/VV Program Lead & Phone No.: <u>Ana Almaguel 512-854-5870</u>	TCHHS/VV Contract Specialist & Phone No.: <u>San Juana Gonzales 512-854-4122</u>	Contract Term: <u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable): <u></u>

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VV and by sources other than TCHHS/VV. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS			YTD PERFORMANCE SUMMARY					
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Total Program Q1-Q3 Actual Performance	Total Program 12 Mo. Goal (from contract)	Total Program Q3 Goal (or, 75% of 12 Mo. Goal)	% of Q3 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of unduplicated clients provided with community-based education	0	0		0	1,813	1,360	0%	Explanation Required	
OP#2	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	0	0		0	73	55	0%	Explanation Required	
OUTCOMES										
OC#1a	Total number of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(numerator)	0	0		0	67	50	0%	Explanation Required
OC#1b	Number of unduplicated clients with sickle cell trait or sickle cell disease provided with notification and hemoglobinathy education	(denominator)	0	0		0	73	55	0%	Explanation Required
OC#1c	Percent of unduplicated clients with sickle cell disease or sickle cell trait who were provided with navigation services	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%	92%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Quarter 3 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VV)

Program Performance - Quarter 4 Report, FY 2014

Time Period Covered by Report: 7/1/2014 - 9/30/2014

Date Report is Due to TCHHS/VV: 10/15/2014

Section I: Performance Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name:	<u>Austin/Travis County HHSD</u> (Subcontractor: Sickie Cell Anemia Association of Austin)	Program Name:	<u>Sickle Cell</u>	Agency Contact Name & Phone No.:	<u>0</u>	Original Submission Date:	
TCHHS/VV Program Lead & Phone No.:	<u>Ana Almaguel 512-854-5870</u>	TCHHS/VV Contract Specialist & Phone No.:	<u>San Juana Gonzales 512-854-4122</u>	Contract Term:	<u>October 1, 2013 - September 30, 2014</u>	Date Revised Report was Submitted (if applicable):	

Section II: Performance Data. In this next section, input this program's actual performance results for the quarter covered by this report. If the performance result submitted in a previous quarter was inaccurate, please update this information in this section and **do not change the information presented in previous quarters' worksheets**. Include performance results achieved through funding provided by TCHHS/VV and by sources other than TCHHS/VV. Please also ensure that all results presented in this section match when they should. For example, if Output #1 measures the total number of clients served and Outcome Denominator #1b also measures the total number of clients served, then their results (or numbers) should be the same.

TOTAL PROGRAM PERFORMANCE DATA										
Performance Measure	Performance Measure Title	TOTAL PROGRAM QUARTERLY PERFORMANCE RESULTS				YTD PERFORMANCE SUMMARY				
		Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total Program Q1-Q4 Actual Performance	Total Program 12 Mo. Goal (from contract)	% of Q4 Goal Achieved	Explanation about Variance Required in Comments Section?	
OUTPUTS										
OP#1	Number of unduplicated clients provided with community-based education	0	0	0		0	1,813	0%	Explanation Required	
OP#2	Number of unduplicated clients with sickie cell trait or sickie cell disease provided with notification and hemoglobinathy education	0	0	0		0	73	0%	Explanation Required	
OUTCOMES										
OC#1a	Total number of unduplicated clients with sickie cell disease or sickie cell trait who were provided with navigation services	(numerator)	0	0	0		0	67	0%	Explanation Required
OC#1b	Number of unduplicated clients with sickie cell trait or sickie cell disease provided with notification and hemoglobinathy education	(denominator)	0	0	0		0	73	0%	Explanation Required
OC#1c	Percent of unduplicated clients with sickie cell disease or sickie cell trait who were provided with navigation services	(outcome rate)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%	#DIV/0!	#DIV/0!

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Briefly explain every measure listed in Section II that requires an explanation for +/- 10% variance (e.g., "Output #1 is higher than expected because...");
- Provide any information that would be helpful in understanding significant trends or changes in performance levels that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

When budget shifts are expected to change performance +/- 10%, please document the amount of the funding change and the estimated impact on the performance results.

Please note that comments may be used verbatim in public reports.

COMMENTS	
Updates to Quarter 1 Comments	0
Updates to Quarter 2 Comments	0
Updates to Quarter 3 Comments	0
Quarter 4 Comments	

Travis County Health and Human Services & Veterans Service (TCHHS/VS)
Client Demographics - Year-to-Date Report, FY 2014

Section I: Demographic Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD
 (Subcontractor: Sickle Cell Anemia Association of Austin)
 Program Name: Sickle Cell Contract Term: October 1, 2013 - September 30, 2014
 Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Demographic Data. In this next section, for the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Zip Code Reports. More specifically, the Demographic Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Zip Code Report.

To be consistent with the methodology used by the U.S. Census Bureau and best practices, it is recommended that clients self-report their demographics when possible. Demographic categories are based on U.S. Census Bureau categories.

Demographic Category	Q1 Oct. - Dec.	Q2 Jan. - Mar.	Q3 Apr. - Jun.	Q4 Jul. - Sep.	Total YTD
GENDER					
Female					0
Male					0
Unknown					0
Total	0	0	0	0	0
ETHNICITY					
Hispanic or Latino					0
Not Hispanic or Latino					0
Unknown					0
Total	0	0	0	0	0
RACE					
American Indian and Alaska Native					0
Asian					0
Black or African American					0
Native Hawaiian and Other Pacific Islander					0
White					0
Some other race					0
Two or more races					0
Unknown					0
Total	0	0	0	0	0
AGE					
Under 5					0
5 to 9					0
10 to 14					0
15 to 17					0
18 to 24					0
25 to 39					0
40 to 59					0
60 to 74					0
75 and over					0
Unknown					0
Total	0	0	0	0	0
INCOME STATUS					
<50% of FPIG					0
50 to 100%					0
101 to 150%					0
151% to 200%					0
>200%					0
Unknown					0
Total	0	0	0	0	0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

Travis County Health and Human Services & Veterans Service (TCHHS/VS)

Client Zip Code at Entry into Program - Year-to-Date Report, FY 2014

Section I: Zip Code Report Information. Please only update the blue-shaded cells. The red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested. If you have other questions, please contact your Contract Specialist. Once you have completed the Performance, Demographic, and Zip Code forms for this quarter, please email this file to: CountyAgencyContact@co.travis.tx.us.

Agency Name: Austin/Travis County HHSD Program Name: Sickle Cell Contract Term: October 1, 2013 - September 30, 2014
 (Subcontractor: Sickle Cell)
Anemia Association of Austin)

Agency Contact Name & Phone No.: 0 TCHHS/VS Program Lead & Phone No.: Ana Almaguel 512-854-5870 TCHHS/VS Contract Specialist & Phone No.: San Juana Gonzales 512-854-4122

Section II: Zip Code Data. For the current quarter being reported, please input the number of new, unduplicated clients receiving this program's services by the zip code where the client resided at the time of entry into the program. Please note the following:

- To be counted as "new," the client must have begun the program within the contract period or have already been participating in the program the day the contract period began.
- To be counted as "unduplicated," the client must only be counted once during the contract period. The client should be counted in the quarter that includes his/her earliest participation in the program during the contract period.
- Include clients served through funding provided by sources other than TCHHS/VS.
- All results presented in this report should match similar results presented in the Performance and Demographics Reports. More specifically, the Zip Code Report's total count of clients should equal the total number of unduplicated clients served specified in the Performance Report and the total number of unduplicated clients counted in the Demographic Report.

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78610					0
78612					0
78613					0
78615					0
78617					0
78620					0
78621					0
78640					0
78641					0
78645					0
78652					0
78653					0
78654					0
78660					0
78663					0
78664					0
78669					0
78701					0
78702					0
78703					0
78704					0
78705					0
78712					0
78719					0
78721					0
78722					0
78723					0
78724					0
78725					0
78726					0
78727					0
78728					0
78729					0
78730					0

Zip Code	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
78731					0
78732					0
78733					0
78734					0
78735					0
78736					0
78737					0
78738					0
78739					0
78741					0
78742					0
78744					0
78745					0
78746					0
78747					0
78748					0
78749					0
78750					0
78751					0
78752					0
78753					0
78754					0
78756					0
78757					0
78758					0
78759					0

Dates Reports are Due to TCHHS/VS	
Quarter 1 Report	1/15/2014
Quarter 2 Report	4/15/2014
Quarter 3 Report	7/15/2014
Quarter 4 Report	10/15/2014

Homeless, Unknown Zip Codes and Zip Codes Outside Travis County

Note: Please do not list other zip codes in this form.

Homeless	Q1 Oct.-Dec.	Q2 Jan.-Mar.	Q3 Apr.-Jun.	Q4 Jul.-Sep.	Total YTD
Zip Codes Outside Travis Co.					0
Unknown Zip Codes					0
TOTAL	0	0	0	0	0

Section III: Comments. When completing this section, please:

- Avoid acronyms and other jargon that would not be understood by lay persons;
- Briefly explain any missing or incomplete data from Section II;
- Provide a brief explanation if the "Unknown" results from Section II constitute 10% or more of the total number of clients (*will be denoted by RED text*);
- Provide any information that would be helpful in understanding significant trends or changes that may be occurring;
- Document any known problems with the data and plans for addressing them; and
- Document any actions taken related to actions promised in previous quarters' comments.

COMMENTS

ATTACHMENT E
COUNTY PERSONNEL

As of October 1, 2013, County Personnel under this Agreement are:

	<u>NAME:</u>	<u>SLOT #</u>
1.	Lenora Guerrero	149

ATTACHMENT F - INVOICE FORM

INVOICE

QUARTERLY BILLING PUBLIC HEALTH INTERLOCAL

BILL TO:

Travis County Health & Human Services & Veteran Services

Date: _____

Attention: Sherri Fleming

AMOUNT: Fiscal Year 2014 Quarterly Billing

1st Qtr Expenditures (October 1, 2013 - December 31, 2014)

\$ _____

COUNTY PERSONNEL:

The following figures are based on County budgeted amounts for Fiscal Year 2014:

	<u>Slot # 149</u>
Regular Salaries	\$37,889.00
Overtime Salaries	
Longevity Pay	\$1,500.00
<u>TOTAL SALARIES</u>	<u>\$39,389.00</u>
FICA	\$2,354.00
Hospitalization	\$8,353.00
Life Insurance	\$99.00
Retirement Contribution Quarter Two, Three & Four	\$4,659.00
Workers' Compensation	\$675.00
Medicare	\$551.00
<u>TOTAL BENEFITS</u>	<u>\$16,691.00</u>
TOTAL SALARIES & Benefits	<u>\$56,080.00</u>
Administrative Allocation	\$3,553.00
<u>TOTAL OF ALL CREDITS:</u>	<u>\$59,633.00</u>

CREDIT:

Employee Credit for 1/4 of Fiscal Year 2013

Total: \$59,633.00

1/4:

(\$14,908.25)

TOTAL DUE TO CITY OF AUSTIN:

TOTAL CONTRACT: \$ 3,122,526.00

TOTAL NET CONTRACT: LESS CREDIT \$ 3,062,893.00

Contract Balance: \$ 3,062,893.00

Quarter 1 Billing: \$ 14,908.25

Quarter 3 Billing: _____

Quarter 2 Billing: _____

Quarter 4 Billing: _____

We certify that the above expenses are submitted pursuant to the Interlocal Agreement between the City of Austin and Travis County for Public Health.

AUTHORIZED SIGNATURE: _____

DATE: _____

FY 13 Public Health Interlocal- County Inventory
Attachment G

TAG #	SERIAL #	YEAR	DESCRIPTION	LOCATION	RP	MISC	CK DATE	
126758	CN06064646633621530	2006	MONITOR, 20" LCD FP DELL ULTRASHARP 2001FI	RLC	CHUCK CROW	12666 GWEN MEIGHAN	8/30/2012	
126759	CN06064646633621480	2006	MONITOR, 20" LCD FP DELL ULTRASHARP 2001FI	RLC	LEE KELLEY	12666 GWEN MEIGHAN	8/30/2012	
126760	CN0606464663362118F	2006	MONITOR, 20" LCD FP DELL ULTRASHARP 2001FI	RLC	LANIA SIBBLEY	12666 GWEN MEIGHAN	8/30/2012	
126761	CN060646466336214E5	2006	MONITOR, 20" LCD FP DELL ULTRASHARP 2001FI	RLC	GLENN BUCHHORN	12666 GWEN MEIGHAN	8/30/2012	
126895	6CA13118	2007	CAMERA, FUJIFILM S6000FD DIGITAL	R&V	JOE STAUDT	12666 GWEN MEIGHAN	8/29/2012	
126896	6CA13119	2007	CAMERA, FUJIFILM S6000FD DIGITAL	R&V	JOE STAUDT	12666 GWEN MEIGHAN	8/29/2012	
120602	77915008	2004	GPS UNITS GARMIN ETREX	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	
126747	51574429	2004	GPS UNITS GARMIN ETREX	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	
120605	77918677	2004	GPS UNITS GARMIN ETREX	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN		
141729	A2VAC10SA00292F	2010	SAMSUNG CL65	RLC	ANDREW THOMPSON	12666 GWEN MEIGHAN	8/30/2012	
120607	34A41862	2004	DIGITAL CAMERA-FUJI FINEPIX S3000	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	
141731	A2VAC10SA00290Y	2010	SAMSUNG CL65	RLC	DUSHUN PHILLIPS	12666 GWEN MEIGHAN	8/30/2012	
126756	75DNY51	2006	PROJECTOR, DELL 1100MP DLP	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	
126757	CN0606464663362142L	2006	MONITOR, 20" LCD FP DELL ULTRASHARP 2001FI	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	
126832	OXC528	2007	PRINTER, DELL 5110CN COLOR LASER	R&V	JOE STAUDT	12666 GWEN MEIGHAN	8/29/2012	
143011	MX0C9536466347832GW	2007	MONITOR, 20" LCD FLAT PANEL, DELL	R&V	JOE STAUDT	12666 GWEN MEIGHAN	8/29/2012	
143012	MX0C9536466347832GH	2007	MONITOR, 20" LCD FLAT PANEL, DELL	R&V	JOE STAUDT	12666 GWEN MEIGHAN	8/29/2012	
147716	H1V1V91	2006	NOTEBOOK, LATITUDE D610 MOBILE (NO PORT)	RLC-TR	GWEN MEIGHAN	12666 GWEN MEIGHAN	8/30/2012	Returned to HHSD IT
120601	77915020	2004	GPS UNITS GARMIN ETREX	RLC	GWEN MEIGHAN	12666 GWEN MEIGHAN		
141730	A2VAC1GSA00186W	2010	SAMSUNG CL65	RLC	ANDREA GARCIA	12666 GWEN MEIGHAN	8/30/2012	
141728	A2VAC10SA00183H	2010	SAMSUNG CL65	RLC	OLYMPIA ELLISON	12666 GWEN MEIGHAN	8/30/2012	
123116	CN377120RG	2004	PRINTER, PHOTOSMART 7690 PHOTC	RLC	LEE KELLEY	12666 GWEN MEIGHAN	8/30/2012	Returned to HHSD IT
127516	208	2005	PHOENIX 800 MD ULV MOSQUITO FOGGEE	R&V	JOE STAUDT		8/30/2012	
131367	274	2007	PHOENIX 800 MD ULV MOSQUITO FOGGEE	R&V	JOE STAUDT		8/30/2012	

TC VEHICLES

TAG #	VIN	GAS CARD	LOCATION/RESPONSIBLE PARTY	UNIT #	LICENSE PLATE #	YEAR/MAKE/MODEL	CK DATE	
100745	2B7JB21Y21K53860		RECEIVING Betty Dunkerley Campus		807-741	2001/VAN		Will be replaced in FY 14
129570	1FTSX21588EB6744	3000	OTC	H3000	100-0953	2008/FORD/F250	8/30/2012	
129507	1FMEU63E77UB3938	2953	RLC	H2953	100-0615	2007/FORD/EXPLORER	8/30/2012	
96438	1J4FF28S6XL67289	7051	RLC	H 403	775-382	1999/JEEP/CHEROKEE	8/30/2012	Has Been Retired
106451	2FTPX17Z63CA0282	2243	RLC	H2243	842-474	2003/FORD/F150 4X2	8/30/2012	
106453	2FTPX18Z33CA0430	2256	RLC	H2256	842-477	2003/FORD/F150 4X2	8/30/2012	
106457	2FTPX18ZX3CA0429	2257	RLC	H2257	843-888	2003/FORD/F150 4X2	8/30/2012	
100624	1FTZX1728YNC2391	8643	TODD LN	H1847	790-830	2000/FORD/F150 4X2	8/29/2012	
77130	1GCEC14H25Z24872	6809	TODD LN	H 300	685-235	1995/CHEVROLET/150C	8/29/2012	

TC RADIOS

TAG#	SERIAL NUMBER	LOCATED	NOMENCLATURE	CK DATE	RP
110007	205CDA1238	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110008	205CDA1233	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110009	205CDA1240	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110011	205CDA1248	R&V	PORTABLE RADIO	8/30/2012	JOE STAUDT
110013	205CDA1235	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110015	205CDA1241	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110018	205CDA1239	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110019	205CDA1242	R&V	PORTABLE RADIO	8/30/2012	JOE STAUDT
110020	205CDA1234	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN
110021	205CDA1243	RLC	PORTABLE RADIO	8/30/2012	GWEN MEIGHAN

RLC - RUTHERFORD LANE CAMPUS @ CAMERON ROAD
R&V - RODENT AND VECTOR @ TODD LANE