



Travis County Commissioners Court Agenda Request

Meeting Date: October 14, 2014

Prepared By/Phone Number: Juanita Jackson - 854-4467

Elected/Appointed Official/Dept. Head: Sherri E. Fleming,
County Executive for Health and Human Services and Veterans Service

Commissioners Court Sponsor: Judge Samuel T. Biscoe

AGENDA LANGUAGE:

Consider and Take Appropriate Action to Approve Amendment No. 2, to the Interlocal Agreement between Travis County and the City of Austin to renew services in the Healthy Families Program

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

See attached resumes

STAFF RECOMMENDATIONS:

See attached

ISSUES AND OPPORTUNITIES:

See attached

FISCAL IMPACT AND SOURCE OF FUNDING:

See attached

REQUIRED AUTHORIZATIONS:

CC: Mary Etta Gerhardt, Assistant County Attorney
Cyd Grimes, C.P.M., Travis County Purchasing Agent
Nicki Riley, CPA, Travis County Auditor
Leroy Nellis, Acting County Executive, Planning and Budget
Aerin Pfaffenberger, Analyst, Planning and Budget Office
David Walch, Purchasing Agent Assistant, Travis County Purchasing
Sherri Fleming, County Executive, HHS and VS
Kathleen Haas, Financial Management



**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

MEMORANDUM

DATE: September 29, 2014

TO: Members of the Commissioners Court

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

SUBJECT: Healthy Families Program, Amendment No.2

Proposed Motion:

Consider and take appropriate action to approve amendment No. 2, to the Interlocal Agreement between Travis County and the City of Austin to renew services in the Healthy Families Program.

Summary and Staff Recommendation:

The Interlocal Agreement between Travis County and the City of Austin is designed to expand the county's Healthy Families Programs. The County provides home visiting and family support services and this agreement will allow the provision of these services in the City of Austin.

Budgetary and Fiscal Impact:

City agrees to pay County for services rendered under this Agreement in accordance with the terms set. The maximum amount payable by City under this Agreement shall

not exceed the amount approved by City Council. The FY15 amount for this agreement totals \$250,000

Contract Term: October 1, 2014 to September 30, 2015.

Issues and Opportunities:

The Healthy Families project will expand the existing home visiting program by adding an additional unit of staff comprised of a supervisor and (2) home visitors. Due to the high rates of infant mortality and low birth weight prevalent in African-American families in Travis County, one of the goals of Healthy Families will be to address both of these issues by improving access to comprehensive services, reducing barriers to access, integrating services into the management and service delivery system that are culturally competent, family centered, strength based and relationship focused. Serving a higher percentage of African-American families will address the disparity of over representation of African-American families and children in the protective services system.

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



**Amendment No. 2
to the
INTERLOCAL AGREEMENT No. NI130000016
for
THE HEALTHY FAMILIES PROGRAM
between
CITY OF AUSTIN
and
TRAVIS COUNTY**

- 1.0 The City of Austin and Travis County hereby agree to the Interlocal Agreement revisions listed below.
- 2.0 The following changes have been made to the original Agreement.

Section A. Term is amended by adding the following: "**Section A. Term** The 2014-15 Renewal Term of the Agreement shall be in effect for a term of twelve (12) months beginning October 1, 2014, and may be extended thereafter for up to two (2) additional twelve (12) month periods, subject to the approval of the Contractor and the City Purchasing Officer or his designee.

Section C.2. Financial Terms, Maximum Amount. The phrase "Two Hundred and Fifty Thousand Dollars (\$250,000)" is changed to "\$500,000" for the 2014-15 Renewal Term.

Exhibits A and B of the current Agreement are replaced for the 2014-15 Renewal Term with new Exhibits A and B that are attached to this Amendment No. 2. The new Exhibits are incorporated into this Agreement for all purposes.

- Exhibit A (Program Work Statement)
- Exhibit B (Program Budget)

- 3.0 Agreement History. The chart below shows the City's funding history of the Agreement, and is added to the Agreement.

Term	Agreement Change Amount	Total Agreement Amount
Initial Term: 5/01/2013 – 4/20/2014	n/a	\$250,000
Amendment No. 1: Extend Agreement term to end at 9/30/20140	n/a	\$250,000
Amendment No. 2: Renew Agreement; term: 10/1/2014 – 9/30/2015	\$250,000	\$500,000

- 4.0 MBE/WBE goals were not established for this Agreement.

- 5.0 By signing this Amendment, the County certifies that the County and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.
- 6.0 All other Agreement terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

TRAVIS COUNTY:

CITY OF AUSTIN

Signature _____

Signature: _____

Printed
Name: _____

Printed
Name: Bert Lumbreras

Title: _____

Title: Assistant City Manager

Date: _____

Date: _____

EXHIBIT A: PROGRAM WORK STATEMENT

Agency: Travis County Health & Human Services Department & Veteran Services

Program: Healthy Families Travis County Expansion Project

1. Program goals and objectives:

The Healthy Families Travis County (HFTC) Expansion program provides home visiting services to support the needs of first-time parents within the primary target population of the African American Community. Due to the high rates of infant mortality and low birth weight prevalent in African-American families in Travis County, one of the goals of Healthy Families will be to address both of these issues by improving access to comprehensive services, reducing barriers to access, integrating services into the management and service delivery system that are culturally competent, family centered, strength based and relationship focused. Serving a higher percentage of African-American families will address the disparity of over representation of African-American families and children in the protective services system.

Program goals include:

- Engage African American families overburdened by health disparities in home visiting services prenatally or at birth;
- Cultivate and strengthen nurturing parent-child relationships and promote healthy growth and development of the child;
- Connect families with community resources and monitor the development of participating infants and children;
- Enhance family functioning by reducing the risks, overcoming barriers and building protective factors;
- Improve birth outcomes and the family's nutritional status; and
- Decrease infant mortality and low birth weight rates.

2. Program clients served:

The early years are both the most critical and the most vulnerable time in any child's development; therefore, the nurturing experiences during the first three years help children form healthy relationships, read and understand social cues and stimulate their intellectual development.

The Expansion of the Healthy Families Program will continue to serve pregnant and first time parents through intensive home visiting services. The program will also serve moms who are having their second child when there is a determined need for the services.

Healthy Families services will focus on those families that reside in Austin and/or Travis County including targeted and unincorporated areas within Travis County. There is no income eligibility requirement to be enrolled into the program; however, outreach will focus on low income families including those who are Medicaid eligible and uninsured. Services are voluntary but require a commitment to maintain visits within the home environment in order to build on

strengths and resources. Services begin during the mother's pregnancy and may continue until the youngest child reaches three years of age.

Healthy Families Travis County (HFTC) currently provides services in various zip codes in north, south, and east Travis County. HFTC will continue to expand its service area to include those families targeted within the expansion project.

3. Program services and delivery:

Healthy Families Travis County is nationally accredited by Healthy Families America and Prevent Child Abuse America. The program was the first and now one of only two programs in Texas to hold this honor for adherence to best practices. The program follows the home visiting model developed by Healthy Families America and supported by Prevent Child Abuse America and adheres to the critical elements, which provide the framework for program development and implementation. All HFTC staff receive intensive training in the use and implementation of this model in order to offer the best and the most appropriate services for each family's unique situation.

Healthy Families Travis County implements the Growing Great Kids Curriculum (GGK), an evidence based curriculum that is promoted by Healthy Families America. This parenting and child development curriculum focuses on parent-child relationships and promotes healthy child growth and development. HFTC works closely with families to offer parenting education, child development screenings and helpful community resource information including group support in order to enhance the overall family functioning.

The Healthy Families Travis County Expansion staff includes a Supervisor and two Family Support Workers (Home Visitors). Additional staff may be utilized to enhance services and meet the 1115 waiver requirements. All staff have completed Healthy Families America core training as well as training in the program curriculum. The program supervisor supervises the two Family Support Workers and serves as a part-time Family Assessment Worker in order to accomplish outreach efforts and engage the families for enrollment into the program. In addition, the supervisor completes the assessments of those families referred to the program.

The Family Support Workers maintain caseloads of 12 to 20 families, depending on the level of families. New families are seen weekly, thus a caseload of new families would include a maximum of 12.

HFTC adheres to the following Critical Elements:

1. Initiate services prenatally or at birth.
2. Use a standardized (*i.e.*, in a consistent way for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes (*i.e.*, social isolation, substance abuse, parental history of abuse in childhood).
3. Offer services voluntarily and use positive outreach efforts to build family trust.

4. Offer services intensively (*i.e.*, at least once a week) with well-defined criteria for increasing or decreasing frequency of service and over the long-term (*i.e.*, three to five years).
5. Services are culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.
6. Services focus on supporting the parent as well as supporting parent-child interaction and child development.
7. At a minimum, all families are linked to a medical provider to assure optimal health and development (*i.e.*, timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.
8. Services are provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.
9. Service providers are selected because of their personal characteristics (*i.e.*, non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
10. Service providers have a framework, based on education or experience, for handling the variety of situations they may encounter when working with at-risk families. All service providers receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
11. Service providers receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so that they can see that they are making a difference and in order to avoid stress-related burnout.

HFTC utilizes program tools for building protective factors in the family unit such as parental resilience, nurturing and attachment, social connections, knowledge of parenting and child development, effective problem solving, communication skills, social and emotional competence of children, and healthy marriages/healthy parenting partners to the families within the program to prevent child maltreatment.

The staff receives intense training on community resources, dynamics of child abuse and neglect, confidentiality, professional boundaries, cultural sensitivity, family functioning, universal health precautions, mental health, and communication skills.

4. Service coordination and collaboration strategies:

Healthy Families Travis County (HFTC) collaborates effectively with local community partners who also serve families in order to avoid duplication of services and strategize new ways to create a safety net for families in crisis and encourage self-sufficiency.

HFTC supervisors participate in quarterly network meetings with Success By 6 (SB6) for home visiting collaboration efforts with the goal of increasing the number of families in poverty to participate in parenting education and child development. Those agencies that participate in this coalition include but are not limited to: Any Baby Can-Nurse Family Partnership, United Way, Avance, Child Incorporated, Lifeworks, and RIF. Those individuals that attend these meetings have a shared responsibility to improve access to research-based home visiting and parent education services to families with children under the age of 5. Attendance to these meetings allows the supervisors to keep abreast of newest trends, statistics and evidence based data information and practices.

Healthy Families Supervisors also attend the Regional Healthcare Coverage Collaborative (RHCC) community meetings to obtain current resource information, agency announcements, and legislative updates.

The HFTC Expansion staff collaborate with the City of Austin and other 1115 waiver recipients through monthly meetings and work groups. Meetings include coordination and collaboration on outreach strategies, referral systems, community resources, and service provision.

5. **OUTPUT** Performance

<u>OUTPUT # 1 (1115 Waiver Output)</u>	<u>City Funded Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (City Funded+ All Other) Annual Goal</u>
Total number of unduplicated clients served (includes all family members served)	75 Expansion	160 Existing	235

6. **OUTCOME** Performance Measures

Total Program Performance – OUTCOME # 1	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of Individuals demonstrating improved life skills (numerator)	*	Q4
Total number of families enrolled in home visiting services (denominator)	*	
Percentage of Individuals demonstrating improved life skills (outcome rate)	85%	

Total Program Performance – OUTCOME # 2 (1115 Waiver Outcome)	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of children screened for risk of developmental, behavioral and social delays using a standardized tool. (numerator)	*	Q2 and Q4
Total number of children enrolled in home visiting services (denominator)	*	
Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 26 months of age. (outcome rate)	90%	

Total Program Performance – OUTCOME #3 (1115 Waiver Outcome)	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of children who had their required vaccinations by their second birthday (numerator)	*	Q2 & Q4
Total number of children enrolled in home visiting services that are at least 2 years of age (denominator)	*	
Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type b (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. (outcome rate)	90%	

Total Program Performance – OUTCOME # 4 (1115 Waiver Outcome)	<u>Total Program Annual Goal</u>	If <u>not</u> reported every Quarter, in which Quarter(s)?
Number of children who received six or more well-child visits with a PCP during their first 15 months of life. (numerator)	*	Q2 & Q4
Number of children served who turned 15 months old during the measurement period. (denominator)	*	
Percentage of children who turned 15 months old during the measurement period and had six or more well-child visits with a PCP during their first 15 months of life.	90%	

7. Community planning activities:

The Healthy Families Family Assessment Workers provide ongoing information/outreach to the community referral sources on an ongoing basis. They conduct informative presentations regarding program services and referral criteria to existing and new referral partners. The Child Development Specialist/Family Assessment Worker participates in agency community fairs and conducts presentations to various community agencies on topics such as Parenting and Child Development.

Healthy Families Supervisors represent the department and the program in the community to build and maintain positive working relationships with other organizations. Supervisors maintain and enhance communication outreach efforts in the community, including program events, newsletter website, conferences, presentations and networking.

Healthy Families Supervisors participate in quarterly community meetings with various community agencies to address the target population served, child development and child mental health.

8. Program Evaluation Plan

- Performance Evaluation:

Policies and procedures are guiding practices that support staff in informed decision making. HFTC organizes its guidelines around the critical elements, which have been an important component in developing consistent and quality standards of operation.

Healthy Families Family Support Workers maintain a record on whether the families are achieving program goals. Quarterly reports are completed on the results of whether families:

- Use a consistent medical provider in order to increase overall family health and functioning;
- Value preventive medical care by keeping well child checks and immunizations current;
- Provide a caring and stimulating home environment to promote healthy development; and
- Learn developmentally appropriate discipline techniques to promote positive parent-child relationship.

Healthy Families tracks its performance on a quarterly basis. The agency reports this information to the Healthy Families Travis County Advisory Board on a quarterly basis. The supervisors meet twice a month for a performance analysis and to collect the reports and data. Healthy Families Travis County uses the Program Information Management System (PIMS) to capture information on the participants for intake, screening, and assessments. The home visitors utilize this system on a daily basis to document the activities of their home visit and their observations of the parent-child relationship. The program supervisors are responsible for collecting and reporting performance outcomes to the advisory board and director of the home visiting program.

Parent Surveys are provided to the families twice a year to obtain feedback on the services that they receive. Supervisors make phone calls to families or accompany staff on home visits to monitor the quality improvement effort.

Program performance is reported to the City of Austin HHSD quarterly and in April and October as required by the 1115 Waiver project as administered by Central Health, State of Texas HHSC and Federal CMS.

- Quality Improvement:

The Quality Improvement plan designed for Healthy Families to address problems or other issues within the service delivery consists of weekly supervision sessions and bi-monthly team meetings with staff. The supervisors meet regularly to discuss service delivery concerns and program development. They evaluate the overall program functioning, including employee's performance and families input. Additionally, ensure program compliance with the department

and Healthy Families America Standards, including investigating client or community complaints.

Supervisors offer program reviews and training during the team meetings in order to enhance staff skills so that they can be successfully integrated collectively into the social service delivery systems and enhance program goals. Staff are given the opportunity during team meetings or individual supervision to discuss their satisfaction about their work. In addition, supervisors will recommend the use of online training and technical assistance to address other staff concerns and encourage staff development and growth.

The program will strive to maintain full caseloads while continuing to enroll new families in a timely manner. Supervisors will monitor caseloads regularly in order to ensure that families' needs are met and to ensure that staff are effectively managing their workload. Program Full status may be used in order to maintain the programs commitment to quality.

FORM #4: PROGRAM BUDGET

Agency: Travis County

Program: Healthy Families Expa

<i>IMPORTANT: All \$ amounts must be whole dollars only (no cents)</i>			
PERSONNEL	Requested CITY Amount	Amount Funded by ALL OTHER Sources	* TOTAL Budget (ALL funding sources)
Direct Service Salaries - Regular Time	136,197	529,939	666,136
Benefits	58,730	240,346	299,076
A. SUBTOTALS: PERSONNEL	194,927	770,285	965,212
OPERATING EXPENSES			
General Operating Expenses	48,073	26,638	74,711
Consultants/Contractual <i>(provide details for this line item in the Subcontracted Expenses form)</i>	0	0	0
** Staff Travel - <u>out of County</u>	2,000	3,000	5,000
** Conferences/Seminars - <u>out of County</u>	5,000	7,000	12,000
B. SUBTOTALS: OPERATING EXPENSES	55,073	36,638	91,711
DIRECT ASSISTANCE			
Food/Beverage for Clients <i>(NOTE: Alcoholic beverage expenditures are not eligible or allowable)</i>	0	0	0
Financial Assistance for Clients (e.g. rent, mortgage, utilities)	0	0	0
Other (specify)	0	0	0
			0
C. SUBTOTALS: DIRECT ASSISTANCE	0	0	0
EQUIPMENT/CAPITAL OUTLAY			
** (specify equipment)	0	0	0
D. SUBTOTALS: EQUIPMENT/CAPITAL OUTLAY	0	0	0
GRAND TOTAL (A + B + C + D)	250,000	806,923	1,056,923
PERCENT SHARE of Total for Funding Sources:	23.7%	76.3%	100.0%

FORM # 5: Program Budget NARRATIVE

Agency: Travis County

Program: Healthy Families Expansion Project

PERSONNEL	NARRATIVE
Salaries and Benefits	Salaries - staff working directly in the program. Benefits include FICA, Medicare, Workers Comp, Retirement, Life Insurance, Medical Insurance, Longevity pay.
OPERATING EXPENSES	
General Operating Expenses	Office supplies, Cell phone allowance, Family supplies, Child Development materials, Child and Family Supplies (cribs, car seats, strollers, baby slings, pumps, diapers, etc.), Mileage reimbursement, Staff travel and training/conferences within Travis County, Healthy Families America Affiliation Fee and Software license.
Consultants/Contractual	NA
** Staff Travel - <u>out of County</u>	Travel costs associated with out of county conferences including travel, hotel, and per diem.
** Conferences/Seminars/Trng. - <u>out of County</u>	Out of county trainings focused on child abuse prevention, 0-3 services, child development and mental health, wraparound services, African American community engagement, etc.
DIRECT ASSISTANCE	
Food/Beverage for Clients (NOTE: Alcoholic beverage expenditures are not eligible or allowable)	N/A
Financial Assistance for Clients (e.g. rent, mortgage, utilities)	N/A
Other (specify)	N/A
EQUIPMENT/CAPITAL OUTLAY	
** (Specify)	Please refer to contract for capital outlay/equipment guidelines.

** These line items require prior approval – Refer to your Contract Language.