

PROGRAM WORK STATEMENT

FY 2017 Social Service Contract funded by Travis County

Date prepared: 05/26/2016

Instructions:

- Answer the following questions as they pertain to *only those programs and services in which Travis County invests*.
- Ensure that all language (e.g. agency and program names, performance measures, etc.) is consistent across all contract forms.
- Do not delete any instructions or question descriptions.
- The information contained in this document will be used to report on your program to the Travis County Commissioners Court and the public, so the information herein should accurately explain and reflect the program and services.

1. Program Information

Provide agency name and program name as they appear on all contract documents.

Agency name: Austin/Travis County Health and Human Services Department

Program name: Health Authority

2. Program Goals

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

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. The duties of the health authority include:
 - establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction;
 - aiding in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction;
 - reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction;
 - reporting on any subject on which it is proper to direct that a report be made; and
 - aiding in the enforcement of the following in the health authority's jurisdiction:
 - proper rules, requirements, and ordinances;
 - sanitation laws;
 - quarantine rules; and
 - vital statistics collections.
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.

3. Target Population

Briefly describe the target population of this program.

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.

4. Client Eligibility

List all eligibility requirements for clients to receive services in the program, and fully describe the criteria for each requirement (see Sample Table below for examples). If eligibility requirements vary by program component, please specify in the descriptions. If your contracted program includes multiple service components with varying eligibility criteria, you may copy/paste the table below, complete one table per component, and title each table accordingly.

Sample Table:

Eligibility Requirement	Description of Criteria	Verification Method
Income level	At least one-half of clients must be at or below 100% FPIG. Remainder can be up to 200% FPIG.	Income level is self-declared based on HUD 24 th Code of Federal Regulations, part 5.
Residency	Clients must be residents of the five county area: Travis, Williamson, Hayes, Bastrop, Caldwell.	Residency verified by utility bill, lease or rental agreement, or government-issued photo identification.

Program Component (if applicable): N/A

Eligibility Requirement	Description of Criteria	Verification Method

(If program has additional eligibility requirements, insert additional rows in table. Please delete empty rows.)

5. Service Delivery

Describe the services and how they are provided through the program. This should be a clear and concise summary of how clients move from initial contact through exit and follow-up. Include all relevant components of the core services, such as:

- Outreach
- Intake
- Eligibility determination process
- Service provision
- Duration of services
- Termination or discharge
- Coordination with and referral to/from other agencies
- If applicable, brief description of research or promising practice on which program is based
- Any other relevant components of service delivery for this program

N/A

6. Service Accessibility

Describe any relevant strategies employed by the program to ensure service access related to the following issues:

- *Cultural competence*
- *Language and communication access*
- *Geographical access*
- *Anti-discrimination strategies*
- *Other accessibility issues relevant to the program*

N/A

7. Program Staffing

List the staff positions (titles only, no individual names) that are essential to this program, and provide a brief description of duties as they relate to this program. If there are multiple staff positions with the same title and duties, you can note the number of positions with the position title, e.g. "Case Manager (5)."

Position Title	Description of Duties
Health Authority	<ul style="list-style-type: none">• establishing, maintaining, and enforcing quarantine in the health authority's jurisdiction;• aiding in relation to local quarantine, inspection, disease prevention and suppression, birth and death statistics, and general sanitation in the health authority's jurisdiction;• reporting the presence of contagious, infectious, and dangerous epidemic diseases in the health authority's jurisdiction;• reporting on any subject on which it is proper to direct that a report be made; and• aiding in the enforcement of the following in the health authority's jurisdiction:<ul style="list-style-type: none">• proper rules, requirements, and ordinances;• sanitation laws;• quarantine rules; and• vital statistics collections.▪ serve as hearing officer for environmental health laws and ordinances and other ordinances and rules as applicable.

(If program has additional staff positions, insert additional rows in table. Please delete empty rows.)

8. Program Evaluation

a) Information Management and Data Collection

- Describe the **tools and processes** used to collect program data, and the **systems** used to manage program data (i.e. client data, service information, or other data relevant to the program's overall service delivery and performance).
- If any surveys are used to collect information used in performance reporting, please provide a description of survey procedures (such as when, how, and by/to whom the survey is distributed, received, completed, and returned) and a copy of the most recent survey as an addendum.

N/A

b) Performance Evaluation

Describe how the agency uses the data it collects to evaluate both programmatic effectiveness (as described in questions 2 and 5 of this work statement) and progress towards performance goals (as described in 9 and 10 of this work statement).

N/A

c) Quality Improvement

Describe how the agency uses its evaluation results to: identify problems or areas for improvement in service delivery; design strategies to address these problems; implement those strategies; and follow up to ensure corrective actions have been effective.

N/A

9. Output Performance Measures

Enter the output performance measures to be reported for the program in quarterly performance reports. You must report the number of unduplicated clients served and at least one other output. Total annual goals should be 12-month goals. Outputs should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Output Measure	Total Annual Goal	Quarters Reported
1. Number of unduplicated clients served		
2. N/A		
3.		
4.		

(If approved for additional Output measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

10. Outcome Performance Measures

Enter the outcome performance measures (numerators, denominators, and outcome rates) to be reported for the program in quarterly performance reports. Total annual goals should be 12-month goals. Outcomes should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Outcome Measure			Total Annual Goal	Quarters Reported
1.	a. Number of N/A	(numerator)		
	b. Total number of	(denominator)		
	c. Percentage of	(rate)	%	
2.	a. Number of	(numerator)		

	b. Total number of	(denominator)		
	c. Percentage of	(rate)	%	
3.	a. Number of	(numerator)		
	b. Total number of	(denominator)		
	c. Percentage of	(rate)	%	
4.	a. Number of	(numerator)		
	b. Total number of	(denominator)		
	c. Percentage of	(rate)	%	

(If approved for additional outcome measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

11. Community Planning

a) Community Planning Group Participation

If the agency participates in any community planning groups relevant to the issue area and services under this contract, please list them here, along with the name and title of agency representatives who participate and a brief description of their role and participation in that planning group.

Community Planning Group	Agency Participant Name/Title	Participation Role/Description
N/A		

(If agency is involved in additional planning groups, insert additional rows in table. Please delete empty rows.)

b) Community Plan

If the agency aligns itself with a Community Plan, provide the name of the plan and its authoring body, and a brief description of how you align your agency with and respond to the plan's shared community goals. If there is not an established community plan in this issue area, describe what the agency uses to orient itself to community needs and goals.

N/A

c) Response to Community Change

Have there been, or do you anticipate, any changes to the community plan or community goals, that will impact how you provide services over the remainder of your contract period?

N/A