



Austin/Travis County Health and Human Services Department



TO: Mayor and City Council

FROM: Shannon W. Jones III, Director 

DATE: June 22, 2016

SUBJECT: Zika status and efforts

The City of Austin Health and Human Services Department (HHSD) continues its local public health efforts to prepare and respond to Zika virus. We wish to update you on these ongoing efforts.

As of June 8, a total of 691 laboratory-confirmed travel-associated Zika virus disease cases have been reported to Centers for Disease Control and Prevention (CDC) from 49 U.S. states and the District of Columbia. CDC reports that there are 206 pregnant women with any laboratory evidence of possible Zika virus infection within the U.S. states and the District of Columbia. Texas has 40 Zika virus disease cases.

City of Austin staff have identified 169 persons (62 percent are pregnant women) in the City of Austin and Travis County for whom clinical specimens have been submitted to the Texas Department of State Health Services (DSHS) for Zika virus testing. Results have been reported for 95 persons; two persons have been tested positive for Zika, two for Dengue, and two for Chikungunya. Testing results are pending for 30 persons (44 additional individual specimens were not able to be tested). Currently, two people in the Austin/Travis County area have tested positive for Zika. Both cases were infected during travel to Colombia.

Here are some of our current activities to date:

Planning— The Department has been actively participating on workgroups with the Texas Department of State Health Services (DSHS), the Centers for Disease Control and Prevention (CDC), the Texas Association of City and County Health Officials (TACCHO), the Texas Medical Association (TMA), the Travis County Medical Society, and other groups to coordinate planning efforts at the local, state and federal levels and have developed a local Zika Virus Strategic Action Plan.

Investigation of Human Cases – Department staff continue to follow up and investigate suspect cases of Zika infection, and work with local physicians and other healthcare providers to assess the need for laboratory testing and facilitate collection of lab specimens.

Integrated Mosquito Management -Since early May, our environmental health staff have been engaged in our mosquito integrated management program. Staff collect mosquito specimens throughout Travis County and send to the State lab for testing. We then get a picture of where there might be prevalence of disease in the County by zip code. Our program also involves property assessments, investigating mosquito complaints, engaging in larviciding activities to reduce the number of breeding sites, and assessing the need for other mosquito control activities.

Assessment and reporting of human and mosquito data – Department staff continually review reports of human cases and also review data from mosquito collection to assess the need for additional control measures. Data are analyzed with updated reports and maps.

Communications with area healthcare providers - We are in ongoing contact with the Travis County Medical Society (TCMS) and other area healthcare providers about any novel disease such as Zika. Our contacts include almost every medical provider and hospital in Central Texas. We send them medical guidance on testing, how to advise their patients who are currently pregnant, symptoms to check for and a reminder to report “notifiable conditions” to us, the local health department, as required by law. Notifiable conditions refers to diseases and sickness that state and local health authorities need to be notified about such as tuberculosis, Ebola, West Nile Virus, and now Zika.

Community Assessment for Public Health Emergency Response (CASPER) –Our public health department will conduct door-to-door surveys on June 17th and 18th to ask Travis County residents about their knowledge of mosquito-borne diseases, mosquito prevention, and household emergency preparedness. The information from the surveys will be used for future public health, emergency communications and planning efforts for the Central Texas region.

Videos - We have produced brief educational videos (in English and Spanish) on what people can do to reduce the mosquito population around their property and protect themselves from mosquito bites. <https://youtu.be/DUrpPkGr9AQ> <https://youtu.be/SxghipwnlX4>

Flyers: We have created and distributed flyers in English and four other languages with similar messages to limit mosquito populations and exposure to mosquito bites.
<https://www.austintexas.gov/zika>

Weekly Cross Surveillance discussions - Our disease surveillance staff, epidemiologists, Health Authority (Dr. Phil Huang), and others across the Department meet every Monday to discuss disease outbreaks, environmental health issues and other emerging public health issues in Austin. Each week, our epidemiological staff produces a “Zika Situational Report” and that report is linked it to our public website. <https://www.austintexas.gov/zika>

Partnerships -We’ve met with a dozen other city departments, city management, and external agencies to look out for standing water, to educate, and to notify us. For example, we partnered in early April with Keep Austin Beautiful to provide messaging during one of their biggest cleanups of the year. We also recently partnered with UT to receive feedback on our communications strategies, tools and tactics. The feedback we received positively reinforced our current efforts.

Other

- Working frequently with local media to conduct interviews and continuously educate the public.
- Using “Next Door” app we have communicated prevention tips to users of that list serve.
- Have presented at neighborhood community meetings about Zika virus upon request.

- Have worked with the local blood bank to plan for the impact on blood collection efforts if local transmission of Zika virus is identified.
- Our website www.austintexas.gov/zika contains the most current information and guidance for the general public, pregnant women, healthcare providers as well as travel alerts.
- Developed an article for the May 2016 “Power Plus” insert in Austin Energy bills that reached over 400,000 residents
- Worked with Austin Fit magazine to produce an educational story on Zika virus which appeared in their June 2016 issue.
- Our Facebook and Twitter sites have posted messaging regarding confirmed cases, guidance and prevention tips.
- Participating in discussions with experts who focus on clinical implications of the virus and mosquito control strategies.

Thank you in advance for your consideration of this response. We intend on dropping off some repellent wipes and flyers at your offices for your constituents. Please do not hesitate to let me know if you have questions or need additional information.

cc: Marc A. Ott, City Manager
 Bert Lumbreras, Assistant City Manger
 Dr. Philip Huang, Health Authority, Health and Human Services
 Janet Pichette, Chief Epidemiologist, Health and Human Services



Austin/Travis County Health & Human Services Department



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MEMORANDUM

To: Mayor and City Council

From: Shannon Jones III, Director

A handwritten signature in blue ink, appearing to read "Shannon Jones III".

Date: June 22, 2016

Subject: Resolution 20160414-004

On October 14, 2015, the Early Childhood Council passed a recommendation to allocate \$500,000 per year for the next five years to the Child Care Continuity Services (CCCS). The Austin City Council passed Resolution No. 20160414-004 directing the City Manager to work with Travis County, the Health and Human Services Department, the Early Childhood Council, and Workforce Solutions to develop recommendations for Council consideration during the Fiscal Year 2016-2017 budget process.

As directed by Resolution No. 20160414-004, Austin/Travis County Health and Human Services (HHSD) staff worked with the Early Childhood Council, Travis County HHS&VS, and WFS to gather current CCCS data on performance, funding levels, and impact of current services. The following data was requested to be included in the City Manager's report to Council:

- Current number of children served by CCCS
- Existing unmet need for these services in the community
- Outputs (i.e. number of children that would be served at each funding level)
- Anticipated performance measures for each proposed funding level
- Additional guidelines or recommendations pertaining to CCCS

Program Goals and Objectives:

CCCS serves as a dual-generation program for low income families in Travis County. CCCS ensures continuity of services in instances where child care would otherwise be terminated as a result of federal Child Care Development Fund (CCDF) rules. Such instances include when parents have lost employment or have completed workforce development programs and are currently seeking employment. The program is currently funded by Travis County Health and Human Services and Veterans Service (HHS&VS) and administered by the Workforce Solutions Capital Area Workforce Board (WFS).

Benefits of the Child Care Continuity Services Program:

- Ensures continuity of high-quality child care for low income families
- Serves as an investment rather than an expenditure to the City of Austin because it promotes family self-sufficiency by increasing family capacity to gain or maintain earnings
- Provides consistent high-quality child care which helps prepare children to enter kindergarten school ready

It should be noted that characteristics for high quality child care include low child/teacher ratios, small group sizes, staff with higher education, and on-going professional development, positive teacher/child interactions, and age-appropriate activities. High-quality child care is further defined as centers meeting State of Texas Rising Star Certification standards and/or National Accreditation standards.

Target Population:

Low income children in Travis County who are enrolled in a high-quality child care center and whose parents are at risk of termination as a result of CCDF rules. Family income must not exceed 200% Federal Poverty Income Guidelines (FPIG).

Relevant Data:

The following is the data that was requested in resolution 20160414-004:

1. Number of children served:

Travis County HHS & VS piloted CCCS in FY2014 with \$500,000 in funding. **Table 1** shows current number of children served from the initial pilot year through March 2016. In FY2015 and FY2016, the funding level dropped to \$235,758 resulting in a significant reduction in children served per year.

TABLE 1

CHILD CARE CONTINUITY DATES OF SERVICE	LENGTH OF CONTRACT	TOTAL CHILDREN SERVED	AMOUNT OF FUNDING
February 2014 – December 2014	11 months	305	\$500,000
January 2015 – September 2015	8 months	148	\$235,758
October 2015 – September 2016	12 months	124*	\$235,758
Total Children Served		577	

*Source: Travis County HHS & VS; *through March 2016*

2. Existing Unmet Need:

According to a 2015 report from The United Way for Greater Austin (UWATX) Navigation Center, 2-1-1 handled a total of 7354 calls about child care information. 2-1-1 serves as a hotline for Central Texas residents who need help connecting to a wide array of social services available including child care. Of those calls, over 3800 calls were from families specifically seeking assistance with child care expenses. Furthermore, there are over 1000 families with 1576 children in Travis County currently on the waiting list for subsidies for child care services.

CCCS serves two generations to help break the cycle of poverty. First, it helps families stabilize by removing barriers for parents to find and maintain high quality jobs. Second, high-quality child care is provided as a support service to assist parents in continuing their training program or finding employment.

The City of Austin currently has an investment of \$2,506,989 for the Workforce Education Readiness Continuum (WERC) Collaborative administered by WFS. WERC prepares Austin and Travis County residents with the skills and supports they need to increase their economic prosperity and achieve self-sufficiency by providing wrap-around education and workforce development services tailored to their current needs and long-term goals. WERC provides a part-time Child Care Navigator that assists parents in enrolling into federally funded child care and also accessing CCCS, as needed.

Based on data pulled from WERC partners for the time period of May 2015 to May 2016, approximately 5864-6384 WERC clients experienced a disruption, or inability to receive service due to a child care barrier as depicted in **Table 2**. Average length of disruption was approximately 70 days. This table illustrates the number of families who would benefit from increased funding to the CCCS program because they would potentially be eligible to utilize the program during disruptions.

TABLE 2

WERC PARTNER	NUMBER OF PARTICIPANTS THAT EXPERIENCED DISRUPTION IN CHILD CARE
El Buen Samaritano	300
Literacy Coalition of Central Texas	34
Manos de Cristo	80-100
C2GPS (Career Center for WFS)	1500-2000
Goodwill Industries of Central TX	3900
American YouthWorks	50
Austin Area Urban League	0
Foundation Communities	No Response
TOTAL DISRUPTIONS	5864-6384

Source: Workforce Solutions Capital Area Workforce Board

3. Funding Level Options and Corresponding Outputs:

The City of Austin measures progress of social service contracts through performance measures and outputs. All social service contracts with the City of Austin require that the number of unduplicated clients be reported as an output.

The Early Childhood Council recommended the City of Austin fund CCCS at \$500,000 and the Austin City Council requested multiple funding options to consider during the Fiscal Year 2016-17 budget process. **Table 3** outlines three different funding options for Council to consider.

Option 1 would match the current investment in CCCS by Travis County. Option 2 is the funding level that reflects a mid-level investment for WFS to expand the program. Option 3 reflects the recommendation of the Early Childhood Council to match Travis County's initial funding level for CCCS at \$500,000.

TABLE 3

CHILD CARE CONTINUITY SERVICES FUNDING OPTIONS	OPTION 1 Current 1 FTE	OPTION 2 Add'l 1.5 FTE	OPTION 3 Add'l 2 FTE
ADMIN	\$11,788	\$17,500	\$25,000
SUB-CONTRACTOR STAFF	\$62,920	\$94,380	\$125,840
SUB-CONTRACTOR OCCUPANCY	\$6,168	\$9,252	\$12,336
DIRECT CHILD CARE	\$154,882	\$228,868	\$336, 824
TOTAL	\$235,758	\$350,000	\$500,000

Source: Workforce Solutions Capital Area Workforce Board

Within each funding level, staffing for a Child Care Navigator is included to ensure that families are able to access CCCS. CCCS requires a complex level of case management that the Navigator provides. As more families are served, an increase in staffing is necessary to ensure that the same high level and quality of case management is maintained.

The Navigator serves as an advocate for families to continue their child care services. The Navigator also collaborates with C2GPS (WFS Board contractor for workforce development and child care services) to connect clients to the range of other workforce system services that may complement their education and employment goals.

Table 4 reflects number of unduplicated children served at the three different funding levels proposed.

Calculation: *Average children served per day = Direct Care Amount / 260 (care days in the year) / 22.68 (average daily rate unit)*

TABLE 4

CHILD CARE CONTINUITY SERVICES OUTPUTS	OPTION 1 Current Travis Co.	OPTION 2 Add'l 1.5 FTE	OPTION 3 Add'l 2 FTE
Funding Options	\$235,758	\$350,000	\$500,000
DIRECT CARE FUNDING AMOUNT	\$154,882	\$228,868	\$336,824
AVERAGE CHILDREN SERVED PER DAY	26	39	57

UNDUPLICATED COUNT OF CHILDREN	108	156	228
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Source: Workforce Solutions Capital Area Workforce Board

Because the CCCS requires enrollment at a high-quality child care center, the average daily rate unit reflects a higher rate per child paid to child care providers who meet the quality rating. Higher educated teachers, small group sizes, and lower child/teacher ratios contribute to the higher cost of providing high-quality child care.

As shown in **Table 4**, even with the highest funding level at \$500,000, only 228 unduplicated children per year would not experience a disruption in child care. However, as shown earlier in **Table 2**, the need is much higher with over 6000 WERC participants eligible for CCCS potentially needing the service.

4. Outcomes/Performance Measures:

The following outcomes/performance measures are recommended for this program. Both of these outcomes are consistent with the proposed FY 2017 measures for Travis County, which would allow reporting consistency for the program.

- Outcome #1: Percentage of children continuously enrolled in high quality child care 6 months after Continuity of Child Care Services begins
- Outcome #2: Percentage of children enrolled in Continuity of Child Care Services who experience parental wage increase

Research shows that it is important for families, particularly for vulnerable children and families, to be *consistently* engaged in high-quality child care and that they are able to build stable relationships with teachers who are familiar and sensitive to a young child's needs. Establishing this "continuity of care" ensures positive long-term outcomes in future academic and social success for young children. Furthermore, this program yields a significant return on investment rather than an expenditure to the City of Austin because data shows that family wages increase over time while enrolled in this program.

5. Additional Items for Consideration:

Resolution 20160414-004 requested additional recommendations for this program. Provided below is data regarding the difference in earning potential between families with and without access to CCCS.

As stated earlier, one of the benefits of the CCCS program is to promote family self-sufficiency by increasing family capacity to gain or maintain earnings. The tables below show a comparison study between two populations:

- Group 1 consisted of clients who entered CCCS funding in the 4th quarter of 2014 (Oct 1 to Dec 31).
- Group 2 consisted of clients who had their CCDF funding terminated during the same time frame. These are clients who would have been eligible for CCCS but there was not enough funding to serve them in this program.

Unemployment Insurance (UI) wages for both groups were pulled five quarters prior (Q3 2013) and five quarters following (Q1 2016) the initial funding quarter. Total wages were calculated for the

periods before and after termination of child care services, or when they would have been terminated in the case of CCCS.

Results:

The number of clients per group considered for this study was almost identical with 53 clients retaining access to CCCS and 55 clients having their access to CCCS terminated (**Table 5**).

TABLE 5

Client Type	Clients
Group 1 – Access to CCCS	53
Group 2 – Terminated Access to CCCS	55

Group 1, who received CCCS funding in that first quarter (Q4 2014), earned nearly **\$200,000 MORE** total combined additional earnings than they did in the previous five quarters (**Table 6**). In contrast, Group 2 made **\$130,000 LESS** total combined earnings than they did in the previous five quarters. The clients who participated in CCCS were able to find better paying jobs and increase their wages, resulting in a **NET WAGE DIFFERENCE of \$320,000** between the two groups.

TABLE 6

Client Type		
Values	Group 1	Group 2
Total Wages Q3 2013	\$1,041,704	\$1,179,325
Total Wages Q1 2016	\$1,222,797	\$1,041,145
Wage Difference	\$181,093 Gain	\$138,180 Loss

Recommendation:

Given the data presented to staff, we conclude that the CCCS produces improved outcomes for families by ensuring un-interrupted access to critical educational services for young children through high quality child care which in turn enables parents to focus on seeking employment that maintains or increases family wages. Data shows that allocations to support this program yield a high return on investment for the City of Austin.

We are recommending Option 3 for \$500,000 as the optimal funding level to consider for the initial year of the City's participation in this program. However, staff is supportive of funding at any level given the critical need families in our community have for this program.

Please contact me if you have any questions, 512-972-5010.

CC: Marc A. Ott, City Manager
Bert Lumbreras, Assistant City Manger