

FY 2026-2027 BUDGET QUESTION

Response to Request for Information

DEPARTMENT(S): Austin Budget & Organizational Excellence;

CBQ NO.: 111

REQUESTED BY: Mayor Kirk Watson

DATE REQUESTED: Tuesday, July 28, 2026 7:54 PM

DATE POSTED: Tuesday, August 11, 2026

REQUEST:

Please provide the scoring results from the Council's rubric for social services funding that determine nonprofit appropriations and provide a summary of the key decision points for funding awards.

RESPONSE:

The details of and results from the social services focus area prioritization rubric, developed in response to Council resolution, are below. Key points in the process for applying the rubric are:

1. Score focus areas using rubric (details below)
2. Determine focus area reduction percentages based on prioritization
3. Determine total focus area reduction amount by applying reduction percentage to total eligible contract amount in each focus area.
4. Determine department focus area reduction targets based on eligible contracts/grants in their portfolio.
5. Subject matter experts in departments determine which contracts/grants to maintain, reduce, or eliminate to reach department's focus area reduction targets. Decision are based on duplication, consolidation, performance, degree of strategic alignment with department and citywide plans and goals, and historical underspending.

Details and results of focus area prioritization rubric:

Social Services Focus Area Prioritization Framework

Austin Budget & Organizational Excellence - March 2026

This prioritization framework helps determine which social services Focus Areas the City should invest in, and at what relative levels. It is designed to be used regardless of resource surplus or constraints, and to serve as a methodology for investment and divestment decisions.

Three design principles guide this framework:

- Evidence-based indicators from the 2025 Austin/Travis County Community Health Assessment, Economic Mobility Index, Citywide Strategic Plan, and Joint Inclusion Committee recommendation, as directed by Council Resolution 20260226-056.
- Annually updatable: all indicators draw from publicly available data refreshed on a regular cycle (ACS, HMIS, SNAP, CoC PIT, partner budget submissions).
- Separates absolute need from City responsibility: high community need does not automatically mean high City priority if another entity is better positioned to lead.

This document defines Focus Area-level community need scoring (Dimensions 1-5). Department subject matter experts translate Focus Area prioritization into contract-level actions.

Framework Structure: Five Dimensions

Each focus area is scored across five dimensions for a total of 0-75 points. Dimensions 1-4 are indicator-based; Dimension 5 captures Council and community direction.

Dimension	Sub-Indicator	Score	Data Source
D1: Community Need (max 25 pts)	1.1 Prevalence: Scale of population affected or at risk; 1.2 Severity: Consequences without intervention (life/safety, stability, mobility); 1.3 Equity Gap: Disproportionate impact on low-income, BIPOC, marginalized populations; 1.4 Evidence Base: Focus area program types rated against validated evidence registries (Results First, EM Catalog, SAMHSA NREPP, What Works Clearinghouse), assessed at the focus area level; 1.5 Geographic Concentration (Deferred to FY28): Requires service-area data not yet available portfolio-wide, will be integrated as scored indicator in FY28	1–5 each	CHA, ACS 5-yr, HMIS, CoC PIT; Results First / EM Catalog
D2: Need Trajectory (max 15 pts)	2.1 Trend: Is need growing, stable, or declining? (3–5 yr direction) 2.2 Funding Gap Risk: Is partner/external funding	1–5 each	ACS YOY, HMIS trends, SNAP enrollment, CoC PIT, partner budgets

	keeping pace with need? 2.3 Local Pressure: Do Austin's growth patterns drive increasing demand?		
D3: City's Strategic Role (max 15 pts)	3.1 CSP Alignment: Direct support for Citywide Strategic Plan goals 3.2 Unique City Role: Is the City the most appropriate funder vs. partner options? 3.3 Cost Avoidance: Does City investment prevent higher downstream government costs?	1–5 each	FY25-26 CSP goals; Resolution 20260226-056; benchmarking analysis
D4: Investment Efficiency (max 10 pts)	4.1 Track Record: Do existing contracts produce strong, verified outcomes? 4.2 Leverage: Can City dollars unlock matching or external funding?	1–5 each	Contract performance data, dept. reports, grant eligibility data
D5: Community & Council Direction (max 10 pts)	5.1 Council Policy Signal: Resolution criteria, CSP alignment, JIC recommendation, CM direction 5.2 Community Voice: Public Health Committee, JIC, commission input; provider/resident feedback	1–5 each	Resolution 20260226-056; CSP; JIC Recommendation (Mar 25, 2026); engagement outputs
TOTAL (max 75 pts)	Tier A: 56–75 Tier B: 37–55 Tier C: 0–36		

Prioritization Sources

Community Health Assessment (CHA): Primary Driver of D1 and D2

The 2025 Austin/Travis County Community Health Assessment is the primary quantitative data source for Dimensions 1 and 2. Council Resolution 20260226-056 directs that the CHA be used in the prioritization rubric.

- D1 (Community Need): CHA provides prevalence data (1.1), severity evidence (1.2), equity gap data by race/income (1.3), and geographic concentration by census tract (1.5). CHA priority rankings directly inform the severity and prevalence sub-scores for each focus area.

- D2 (Need Trajectory): CHA three-year trend data drives sub-indicator 2.1 (trend direction). CHA demographic projections inform sub-indicator 2.3 (local pressure).
- The CHA is not used for D3–D5, which draw from strategic and policy sources.

Levers of Economic Mobility: Cross-Cutting Alignment Framework

The City Manager's Office and Council Resolution 20260226-056 direct that the Levers of Economic Mobility be explicitly integrated into the framework. The three Levers (Health & Wellbeing (Lever 1), Livelihood & Work (Lever 2), and Access & Belonging (Lever 3)) provide the conceptual architecture that connects CHA indicators to the specific sub-indicators scored in D1 and D2.

- For D1.1 (Prevalence), Lever indicators select relevant CHA data points for each focus area. For example: Homelessness uses eviction filing rate and household support risk (Lever 2); Behavioral Health uses health access and wellbeing indicators (Lever 1).
- The Levers do not produce a standalone score; they are the lens through which CHA data is applied to scoring.

Lever	Key Indicators	Directly Aligned Focus Areas
Lever 1: Health & Wellbeing	% uninsured; early education enrollment; life expectancy by tract; % with disability; early childhood services access	Behavioral Health, Health Equity/Clinical, Crisis Response, HIV Services, Basic Needs
Lever 2: Livelihood & Work	Median HH income; underemployment rate; % in poverty; eviction filing rate; household support risk; energy burden	Housing, Homelessness Services, Workforce Development, Legal Services (eviction), Basic Needs
Lever 3: Access & Belonging	% Limited English Proficiency; % without internet; % <HS diploma; concentrated poverty; heat disparity	Child & Youth, Workforce Development (education pathways), Health Equity, Legal Services (immigration), Violence Prevention, Equity & Inclusion

Citywide Strategic Plan (CSP): D3.1 and D5.1 (40% weight)

The Citywide Strategic Plan, published as part of the Approved Budget, contains 23 strategic goals across multiple outcome areas. CSP alignment is used in two dimensions:

- D3.1 (CSP Alignment): A focus area scores 5 if it is directly named in a CSP strategic goal with a measurable target; scores lower if alignment is indirect or absent. This sub-indicator drives D3 scores alongside Unique City Role and Cost Avoidance.
- D5.1 (Council Policy Signal): CSP is one of three sources weighted in D5.1 at 40%. It represents Council's formal long-term direction as expressed through the strategic plan adoption.

Council Resolution 20260226-056: D3 Framing and D5.1 (40% weight)

The February 2026 Council Resolution directs use of the CHA, Levers, and CSP in the prioritization rubric. It also signals Council's direct policy priorities. The Resolution is used in two ways:

- **D3 Framing:** The Resolution establishes the basis for why the City should prioritize evidence-based, community-need-driven decision-making, which grounds the D3 assessment.
- **D5.1 (Council Policy Signal):** The Resolution is one of three sources weighted in D5.1 at 40%. It represents Council's most recent formal budget direction prior to the JIC recommendation.

Joint Inclusion Committee Recommendation: D5.1 (20% weight)

The Joint Inclusion Committee voted 9-0 on March 25, 2026, requesting a moratorium on social services contract reductions. The JIC is a formal advisory body whose member commissions represent communities most impacted by social services cuts (African American Resource Advisory, Asian American Quality of Life, Commission on Aging, Hispanic/Latino Quality of Life, Human Rights, LGBTQ+ Quality of Life, and Mayor's Committee for People with Disabilities).

- The JIC recommendation is weighted at 20% of D5.1. It represents the most recent formal advisory body action and direct community voice through elected-adjacent governance structures.
- JIC explicitly named four priority categories: Basic Needs, Health Equity, Homelessness Services, and Workforce Development. Focus areas named by the JIC receive a D5.1 boost.
- JIC explicitly excluded 'Transportation/Roadway infrastructure' from its moratorium request, providing a clear signal that Transportation focus area contracts are lower priority relative to direct social services.
- Focus areas not named by the JIC (Legal Services, Arts & Entertainment) receive lower D5.1 scores reflecting the absence of an explicit JIC signal.

Community and Council Direction: Dimension 5

Dimensions 1-4 are indicator-based. Dimension 5 incorporates Council and community direction.

Dimension 5 sources and their roles:

- **5.1 Council Policy Signal:** Composite of three weighted signals: (1) Citywide Strategic Plan (40%), (2) Council Resolution 20260226-056 (40%), (3) JIC Recommendation, March 25, 2026 (20%). Score range 1-5.
- **5.2 Community Voice:** Provider engagement feedback (February–April 2026) and community input through public hearings. Score range 1–5.

A score of 5 indicates strong Council or community direction to maintain or increase investment; a score of 1 indicates no stated priority or explicit direction to deprioritize.

Scoring Guidance: Sub-Indicators 1–4

Dimension 1: Community Need (max 25 pts)

- 1.1 Prevalence: Score 5: >20% of Austin population affected or at risk (e.g., housing cost burden: ~50% of renters)
- 1.2 Severity: Score 5: Lack of intervention has immediate life/safety consequences; score 1: convenience/amenity impact
- 1.3 Equity Gap: Score 5: Impact 2x+ concentrated in low-income/BIPOC populations vs. general population
- 1.4 Evidence Base (assessed at the focus area level, not per contract): Score 5: program type rated effective in a validated evidence registry (Results First, Results for America EM Catalog, SAMHSA NREPP, What Works Clearinghouse, HUD Evidence Portal). Score 3: no available evidence (neutral absence of data). Scores 1–2: affirmative published evidence of ineffectiveness (rare; citation required). Because focus areas typically include multiple program types with varying evidence coverage, this score reflects judgment across the programs within the focus area rather than a single contract's rating.
- D1.5 Geographic Concentration: Deferred to FY28.

Dimension 2: Need Trajectory (max 15 pts)

- 2.1 Trend: Score 5: Need growing significantly year-over-year (ACS, HMIS, SNAP, CoC PIT over 3 available data years)
- 2.2 Funding Gap Risk: Score 5: External/partner funding declining or unable to keep pace; score 1: strong new partner funding entering the space. Consider elevated D2.2 scores in focus areas with post-January 2025 federal funding contractions, including: Housing/Homelessness (HOPWA gap due to federal rescissions); Behavioral Health (estimated \$2B federal BH rescission affecting state pass-throughs); and Basic Needs (EFSP/FEMA Emergency Food and Shelter Program delayed or reduced). The Nonprofit Pulse Survey (March 2026) independently corroborates that 68% of HIV/BH-focused providers reported active funding gap risk as of Q1 2026.
- 2.3 Local Pressure: Score 5: Austin's population growth and economic displacement directly driving demand increases

Dimensions 3–4: City Role and Efficiency

- 3.1 CSP Alignment: Score 5: Focus area directly named in a CSP strategic goal with measurable target; score 1: no CSP alignment
- 3.2 Unique City Role: Score 5: City is the only viable funder; score 1: another entity (hospital district, county, TWC) has statutory mandate and operational capacity. Score 4-5 where the City remains structurally central despite co-funders being present. For example, where City funding is a required grant match, satisfies a covenant obligation, or functions as the coordinating backbone for the service system. Reserve scores of 1-2 for cases where another entity holds a statutory or primary funding mandate for the service type itself.
- 3.3 Cost Avoidance: Score 5: Each City dollar prevents \$10+ in downstream government costs; score 1: no documented cost avoidance mechanism. Evaluators should derive cost avoidance estimates from the published sources below rather than asserting scores without citation. Where no published estimate exists for a focus area's own program type, evaluators may apply the closest analogous program type's cited ROI range only if the service delivery mechanism and target population substantially overlap; the Basis column must state explicitly that the score relies on an analogous

citation rather than a direct one. The \$10+ threshold for a score of 5 is calibrated against the published range for the highest-ROI program types in the portfolio. A score of 3 (“moderate cost avoidance, \$3–\$9 per dollar”) is appropriate where evidence exists but the ratio is less certain. Score 3 if no published cost avoidance estimate exists for this program type; absence of data is scored neutral, not negative. Scores 1-2 are reserved for program types with affirmative published evidence of negative downstream cost impact (e.g., evidence that the program type increases subsequent system costs).

- 4.1 Track Record: Score 5: Existing contracts show strong outcome and/or performance data; score 1: little performance data or consistent below-target performance
- 4.2 Leverage: Score 5: City dollars unlock significant matching/external funding; score 1: no leverage opportunity

Focus Area Scores

Scores below reflect the five-dimension framework as of April 2026.

Tier cutoffs: A = 56–75, B = 37–55, C = 0–36.

Focus Area	D1 /25	D2 /15	D3 /15	D4 /10	D5 /10	TOTAL /75	Tier
Housing	23	13	13	8	10	67	A
Behavioral Health	22	14	13	8	9	66	A
Homelessness Services	21	12	14	7	10	64	A
Health Equity/Clinical	21	12	12	7	10	62	A
Crisis Response & Rehab	21	11	13	7	8	60	A
Child & Youth	24	10	10	6	8	58	A
Violence Prevention	21	10	12	6	8	57	A
Basic Needs	19	11	8	7	9	54	B
Equity & Inclusion	18	9	9	6	10	52	B
HIV Services	19	9	8	9	5	50	B
Workforce Development	17	10	10	5	8	50	B
Family Services	16	9	8	6	7	46	B

Legal Services	16	10	10	5	3	44	B
Transportation	14	8	7	5	6	40	B
Community Planning	13	7	8	5	7	40	B
Arts & Entertainment	10	6	5	7	3	31	C

Tier	Score Range	Cut Rate Range	Rationale	Focus Areas
A	56–75	8–26%	Highest community need and City role; protect service levels but require efficiency.	Housing (8%), Behavioral Health (9%), Homelessness (10%), Health Equity (10%), Crisis Response (12%), Child & Youth (18%), Violence Prevention (26%)
B	37–55	25–50%	Significant City investment but meaningful partner capacity or lower priority signal.	Basic Needs (27%), E&I (28%), HIV (32%), Workforce (32%), Family (34%), Legal (35%), Transportation (38%), Community Planning (50%)
C	0–36	75%	Lowest priority; other funders better positioned or community	Arts & Entertainment (75%)

			need/City role is limited.	
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Appendix: Glossary of Acronyms, Terms, and Focus Area Definitions

Social Services Definition

Social services are coordinated programs and supports that help individuals and families meet essential needs and navigate social and economic challenges. These can include services related to education, healthcare access, workforce development, housing assistance, and income supports, and are intended to reduce disparities and promote stability and quality of life. A social service grant provides services to City residents or clients, rather than services to the City organization itself.

Glossary of Acronyms

Acronym	Full Term / Definition
ABOE	Austin Budget & Organizational Excellence
ACAR	Austin Community Assistance Resources (grant program administered by AHSO)
ACS	American Community Survey (U.S. Census Bureau)
AHSO	Austin Homelessness Strategy and Operations
AISD	Austin Independent School District
APH	Austin Public Health
ASA	AIDS Services of Austin
ATCIC	Austin Travis County Integral Care (also referred to as 'Integral Care')
BOE	Budget & Organizational Excellence (see ABOE)
CDBG	Community Development Block Grant
CHA	Community Health Assessment
CoC	Continuum of Care (HUD homeless assistance grant program)
CSP	Citywide Strategic Plan (FY25-26 Austin strategic plan)
CVI	Community Violence Intervention
DECA	Direct Emergency Community Assistance (grant program)
DOJ	U.S. Department of Justice
DSHS	Texas Department of State Health Services
ECHO	Ending Community Homelessness Coalition

EDD	Economic Development Department
EFSP	Emergency Food and Shelter Program
EM Catalog / RFA	Results for America Economic Mobility Catalog
ESG	Emergency Solutions Grant (HUD)
focus area	Focus Area (programmatic grouping used for scoring and budget allocation)
FQHC	Federally Qualified Health Center
GO Bond	General Obligation Bond
GTOPS	Go! Transportation Options program grants
HMIS	Homeless Management Information System
HOME	HOME Investment Partnerships Program (HUD)
HOPWA	Housing Opportunities for Persons With AIDS
HUD	U.S. Department of Housing and Urban Development
HVIP	Hospital-based Violence Intervention Program
IES	Institute of Education Sciences (U.S. Department of Education)
JIC	Joint Inclusion Committee (City of Austin formal advisory body)
NEA	National Endowment for the Arts
NREPP	National Registry of Evidence-Based Programs and Practices (SAMHSA)
OJJDP	Office of Juvenile Justice and Delinquency Prevention (DOJ)
Public Health Committee	Public Health Commission
PIT	Point-in-Time (count of persons experiencing homelessness on a single night)
PRF	Prior Reduction Flag (contract-level adjustment for FY26 budget reductions)
RCT	Randomized Controlled Trial
ROI	Return on Investment
SAMHSA	Substance Abuse and Mental Health Services Administration

SNAP	Supplemental Nutrition Assistance Program
SUD	Substance Use Disorder
TANF	Temporary Assistance for Needy Families
WIOA	Workforce Innovation and Opportunity Act
Workforce Development	Workforce Development (focus area abbreviation used internally)

Appendix: References

Category	Source	Publisher / Access
Local & Regional Data	2025 Austin/Travis County Community Health Assessment (CHA)	Austin Public Health, with Travis County HHS, Central Health, Integral Care, Dell Medical School, and other partners. austintexas.gov/health
Local & Regional Data	American Community Survey (ACS) 5-Year Estimates	U.S. Census Bureau. data.census.gov
Local & Regional Data	Homeless Management Information System (HMIS)	Local HMIS lead: ECHO (Ending Community Homelessness Coalition), per HUD data standards.
Local & Regional Data	Continuum of Care (CoC) Point-in-Time (PIT) Count	ECHO / HUD CoC Program. austinecho.org ; huduser.gov
Local & Regional Data	SNAP enrollment and participation data	USDA Economic Research Service; Texas Health and Human Services Commission. ers.usda.gov ; hhs.texas.gov
Local & Regional Data	Citywide Strategic Plan (CSP), FY25-26	City of Austin. austintexas.gov/page/performance
Local & Regional Data	Travis County Proposition A (“Raising Travis County” Child Care and Out-of-School Time Fund)	Travis County, approved by voters Nov. 5, 2024. traviscountytexas.gov/health-human-services/raising-travis-county
Local & Regional Data	Eviction filing data (13,209 filings, Travis County, 2024)	Eviction Lab, Princeton University. evictionlab.org/eviction-tracking/austin-tx
Local & Regional Data	ECHO 2025 State of the System Report (covers 2024 program-year data)	ECHO (Ending Community Homelessness Coalition). austinecho.org

Local & Regional Data	Overdose death and fentanyl trend data	Travis County Medical Examiner's Office. traviscountytx.gov
Local & Regional Data	Austin-Travis County Food Plan (2024)	City of Austin and community partners. austintexas.gov
City Governance (Internal)	Council Resolution 20260226-056	Austin City Council; City Clerk's Legistar system.
City Governance (Internal)	Joint Inclusion Committee recommendation, 9-0 vote, March 25, 2026	Joint Inclusion Committee (standing City advisory body); City Clerk's office.
City Governance (Internal)	Nonprofit Pulse Survey (March 2026)	Cited as “Austin nonprofit industry organizations”; publisher not further specified in this document.
Evidence Clearinghouses (1.4)	Results for America Economic Mobility Catalog	catalog.results4america.org
Evidence Clearinghouses (1.4)	Results First Clearinghouse	Penn State Evidence-to-Impact Collaborative (originally a Pew Charitable Trusts / MacArthur Foundation initiative, transferred to Penn State in 2021). evidence2impact.psu.edu
Evidence Clearinghouses (1.4)	SAMHSA Evidence-Based Practices Resource Center	samhsa.gov/libraries/evidence-based-practices-resource-center
Evidence Clearinghouses (1.4)	What Works Clearinghouse (IES)	ies.ed.gov/ncee/wwc
Evidence Clearinghouses (1.4)	HUD User / Evidence Matters	HUD Office of Policy Development & Research. huduser.gov/portal
Cost-Avoidance / ROI (3.3)	Legal Services Corporation, “The Economic Case for Civil Legal Aid”	lsc.gov
Cost-Avoidance / ROI (3.3)	National Alliance to End Homelessness, ROI and cost-savings research	endhomelessness.org
Cost-Avoidance / ROI (3.3)	SAMHSA, “Substance Abuse Prevention Dollars and	samhsa.gov

	Cents: A Cost-Benefit Analysis”	
Cost-Avoidance / ROI (3.3)	Heckman et al., “The Rate of Return to the HighScope Perry Preschool Program” (2010)	Journal of Public Economics; heckmanequation.org
Cost-Avoidance / ROI (3.3)	RAND, “Investing in the Early Years” (New Hampshire, 2017)	rand.org
Cost-Avoidance / ROI (3.3)	“Systematic Review of Violence Prevention Economic Evaluations, 2000–2019” (2021)	PMC / National Institutes of Health
Cost-Avoidance / ROI (3.3)	Vera Institute of Justice, “The Price of Prisons” and “The Price of Jails”	vera.org
Cost-Avoidance / ROI (3.3)	Center on Budget and Policy Priorities, SNAP health-cost research	cbpp.org
Cost-Avoidance / ROI (3.3)	USDA Economic Research Service, SNAP and food security research	ers.usda.gov
Cost-Avoidance / ROI (3.3)	Americans for the Arts, “Arts & Economic Prosperity 6”	americansforthearts.org
Cost-Avoidance / ROI (3.3)	Legal Services Corporation FY26 appropriation (\$540M) and proposed 46% House cut	lsc.gov
Partner Financial Data (Internal)	Travis County, Central Health, and Integral Care budget and ILA figures (see companion Partner Funding Landscape memo)	Compiled by ABOE from partner-reported budgets and interlocal agreement records.