

**Community Services Block Grant
2025 Contract
Programmatic/Financial Report
July 8, 2025**

The Community Services Block Grant funds the delivery of services to low income Texas residents in all 254 counties. These funds support a variety of direct services in addition to helping maintain the core administrative elements of community action agencies.

For the City of Austin, the grant provides funding for the delivery of basic needs, case management, preventive health and employment support services through the City’s seven (7) Neighborhood Centers.

Mission: *The Neighborhood Services Unit improves the lives and health of people experiencing poverty by providing public health and social services and connecting residents of Austin and Travis County to community resources.*

- **Basic Needs** (food, clothing, information and referral, notary services, transportation, car safety education and car seats, tax preparation, fans, Thanksgiving food baskets and other seasonal activities);
- **Preventive Health** (screenings for blood pressure, blood sugar including a1C, and cholesterol; pregnancy testing; health promotion presentations, coordination and participation in health fairs, immunizations, coordination of wellness activities, linkages to medical home providers and diabetes case management);
- **Case Management** (individual/family support counseling, advocacy, self-sufficiency case management, crisis intervention, linkages with employers, educational opportunities and training, and working with individuals on quality of life issues);
- **Employment Support** (intake, assessment and goal setting, job readiness training, job placement assistance, and job retention services)

Expenditures Categories	2025 Contract Budget	Cumulative Expenditures as of 5/31/25	% of Total
Personnel		\$195,615.48	
Fringe Benefits		\$107,568.36	
Other		\$135	
Total	\$1,140,731.00	\$303,318.84	27%

Transition Out of Poverty Goal		Goal	Achieved		Success Rate%
TOP	Individuals who transitioned out of poverty	43	13		30%

Austin Public Health Report on PY24 Community Action Plan

MISSION: To prevent disease, promote health, and protect the well-being of our community.

TOP 5 NEEDS: Housing; Basic Needs; Employment; Health; Income

Report Date May

FNPI	Outcome Description	Target	#Enrolled	#Achieved	Success Rate %
4	Housing				
4E	Households who avoided eviction	1000	308	308	31%
5	Health and Social/Behavioral Development		#Enrolled	#Achieved	Success Rate %
5B	Individuals who demonstrated improved physical health and well being	20	15	11	55%
5D	Individuals who improved skills related to the adult role of parents/caregivers	50	34	31	62%
SRV	Service Description	Number Served		A Year Ago	
4C	Rent Payments	308			
4I	Utility Payments	63		115	
5A	Immunizations (Flu)				
5J	Food Distribution	36,318		50,563	
7A	Case Management	104			
7B	Eligibility Determinations	457			
7D	Transportation	14			
7N	Emergency Clothing	552		687	
3A.1	Total number of volunteer hours donated to the Agency	945			

Programmatic/Administrative Updates

- 1. Neighborhood Services** – We offer Basic Needs including Food Help, Emergency Rental assistance, Utility Assistance, Self-Sufficiency Case Management services, Bus Passes, Health Screenings, Information & Referrals, and Seasonal Services* at our seven Neighborhood Centers.**

*Child Safety Seats, Fans, and Income Tax filing.

** The South Austin Neighborhood Center is currently closed for major HVAC renovations. The public is being directed to the other Neighborhood Centers for services. Expected reopening: July.

- 2. Food Help** – The Neighborhood Centers in collaboration with the Central Texas Food Bank offers food distribution events that provide a variety of shelf-stable goods, fruits, vegetables and other fresh foods to low-income families. These distributions supplement existing grocery budgets with much-needed nutritious foods.
- 3. Financial Stability Rental Assistance Funding** – From January – June we assisted 360 people in 161 households avoid eviction using these funds. The total amount of rent assistance payments was \$439,368.37.
- 4. Austin Energy Plus 1 Program** – Serious illness, a recent job loss, or the pandemic can make it difficult for some customers to pay their utility bills. The Plus 1 fund helps by providing emergency financial aid to customers who have a temporary problem paying their utility bills.
- 5. NSU Public Health Nursing** - The Neighborhood Services nurses are offering free health screenings at the Neighborhood Centers. Services included: blood pressure screenings, blood sugar screenings, cholesterol screenings, health education, hemoglobin A1c, pregnancy tests, and general health information & resources. From March – May The ADA questionnaire was given to 431 individuals. A blood sugar screening was provided to 122 individuals who scored >5. These individuals were also provided counseling on risk factors. The NSU nurses also offer services at events at the Consulate of Mexico, Gus Garcia Recreation Center, Conley-Guerrero Senior Activity Center (CGSAC), and the Baptist Community Center Mission.
- 6. Self-Sufficiency Case Management Services** – The Neighborhood Services Unit social workers help clients reenter the world of work, connecting them with resources, agencies, and training opportunities; including assistance with housing stability, basic needs, and public transportation. They have provided case management services to 104 individuals this year.
- 7. Client Satisfaction Surveys** - In June we sent out this survey, (please see back-up for details) to the clients who received basic needs services from our agency. The results were overwhelmingly positive. For example, 90% of clients who received basic needs services were very satisfied/satisfied with the overall quality of the services they received and 87% would recommend a friend or relative get help at a neighborhood center.
- 8. Success Stories** – See below.

In the Nurse's own words:

I saw a client last year for health screenings at the Rosewood Zaragosa Neighborhood Center HUB. The client thought they had MAP but they had not been approved. I screened them and their A1C was 8. A good A1C level is below 5.7. I provided them with some information on nutrition and exercise and referred them to the HOPE Clinic to get a physical. They were able to get into the clinic within 4 weeks. They were diagnosed with Type 2 Diabetes and given medication and supplies. After that appointment, I met with the client at their home and assisted them with learning how to use the glucose monitor and when they should check their blood sugars the way their doctor wanted them too. I provided them with a notebook so they could keep track of their blood sugars. They found this helpful. We also discussed their medications and how they took them. I answered their other questions about diabetes and nutrition. They wanted to know what else they could do to lower their A1C. After answering their questions, I provided them with my contact information in case they thought of any other questions. Within 3 months, following the doctor's and my recommendations, the client lowered their A1C to 5.2. They lost some weight, started exercising, and watched their carbohydrates. They said they occasionally eat sweets and carbs but not that often. They continue to do well and to go to our Fresh Food for Families food distribution events to get fruits and vegetables. I schedule follow-ups as needed. They continue to call me when they have questions and/or see me at the food distribution Health HUBS.